

RESPIRATORY WATCH

Week 40 (September 29, 2024 to October 05, 2024)

Highlights of this reporting period¹

The 2024-2025 season runs from August 25, 2024 to August 29, 2025

Activity levels ²
<ul style="list-style-type: none"> Influenza activity continues to be low for season 2024/25 with no influenza cases during this reporting period. <ul style="list-style-type: none"> Activity was also low during this reporting period in the 2023/24 season. The number of COVID-19 cases during this week was slightly higher (5%) than the number of cases in the previous week (September 22, 2024 to September 28, 2024). <ul style="list-style-type: none"> The number of cases in this reporting period is approximately half the number of cases during the same reporting period in the 2023/24 season. RSV activity during this season continues to be low with only 4 cases this week, an increase from no cases in the previous week. <ul style="list-style-type: none"> The number of cases in this reporting period is comparable to the number of cases in the same reporting period in the 2023/24 season.

Influenza, COVID-19, and respiratory syncytial virus (RSV) activity during this reporting period and the 2024/25 season

	Influenza		COVID-19		RSV	
	This reporting period	2024/25 season	This reporting period	2024/25 season	This reporting period	2024/25 season
Laboratory testing						
New laboratory-confirmed cases	0	8	268	1422	4	5
Percent positivity (%) ³	< 0.1	-	17.7	-	0.3	-
Severe outcome⁴						
Hospitalizations (non-ICU)	0	2	0	102		
ICU stays	0	0	0	10		
Deaths	0	0	0	8		
Outbreaks						
Acute-care facility	0	0	1	12	0	0
Long-term care facility	0	0	12	44	0	0

ILI activity	During this reporting period, the percentage of emergency room visits for influenza like illness (ILI) was 0.8% which is similar to the previous week.
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¹ See data notes in Appendix.

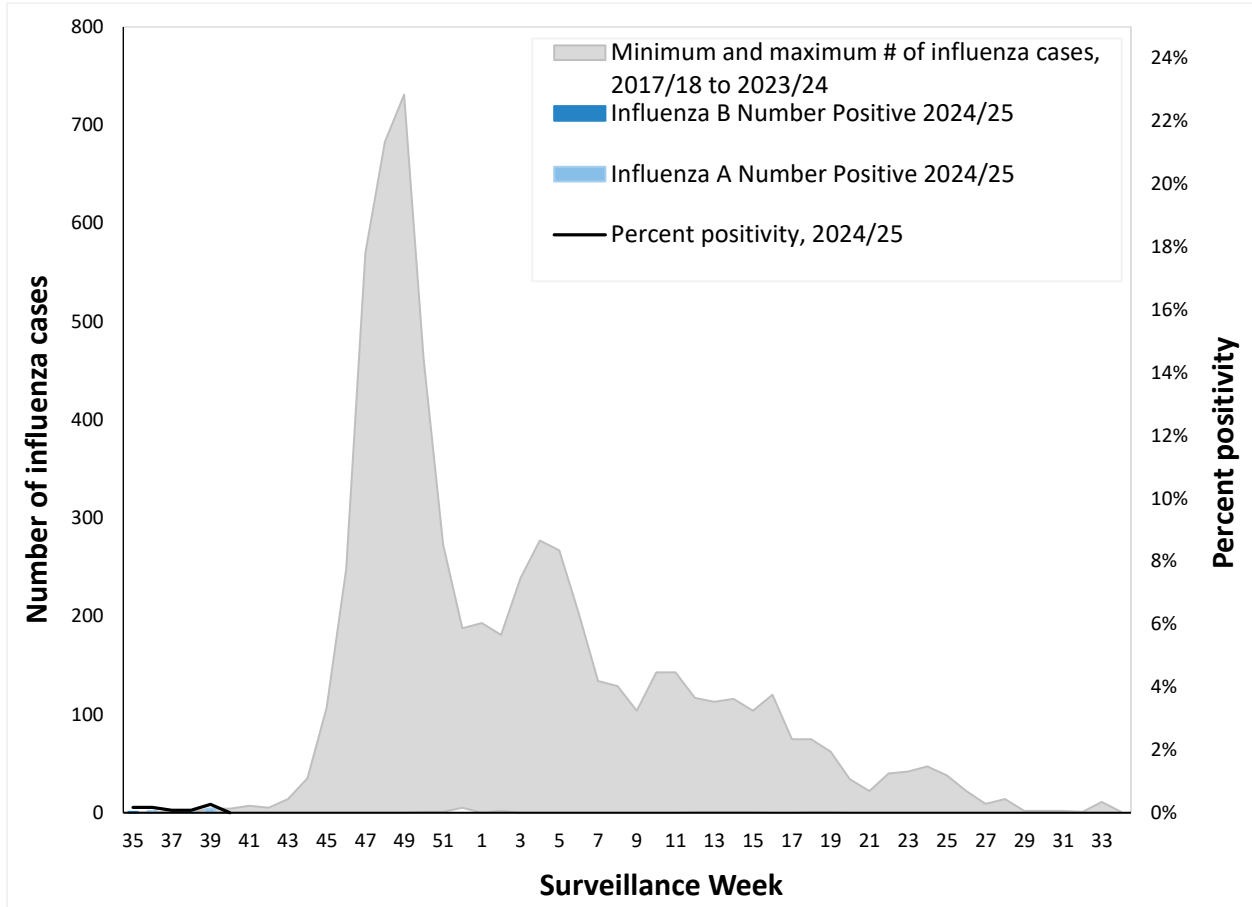
² Overall, use of multiplex polymerase chain reaction (PCR) respiratory virus testing may affect the number of tests conducted and number of cases identified and reported.

³ Percent positivity is useful for understanding current pathogen spread in the community.

⁴ New hospitalizations, ICU admissions, and deaths in recent surveillance weeks may be undercounted because of delays in reporting these outcomes. Outcomes are not reported for RSV because it is not a notifiable condition in Nova Scotia.

Influenza

Figure 1: Laboratory-confirmed influenza cases (N=8) and percent positivity by surveillance week, 2024/25 season, compared with previous seasons, Nova Scotia⁵



⁵ Minimum is zero during reporting weeks with no positive specimen in seasons 2019/20 to 2023/24. There were no influenza cases reported during the 2020-2021 season.

Week 40 (September 29, 2024 to October 05, 2024)

Table 1: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia⁶

Zone	Current reporting period			Cumulative (2024/25)		
	Influenza A	Influenza B	Total	Influenza A	Influenza B	Total
Western	0	0	0	1	0	1
Northern	0	0	0	3	1	4
Eastern	0	0	0	1	0	1
Central	0	0	0	2	0	2
Nova Scotia Total	0	0	0	7	1	8

Table 2: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2024/25 season, by age groups, Nova Scotia⁶

Age group (years)	Current reporting period			Cumulative (2024/25)		
	Influenza A	Influenza B	Total	Influenza A	Influenza B	Total
0-4	0	0	0	2	0	2
5-19	0	0	0	0	1	1
20-44	0	0	0	0	0	0
45-64	0	0	0	2	0	2
≥ 65	0	0	0	3	0	3
Nova Scotia Total	0	0	0	7	1	8

Table 3: Cumulative number of hospitalizations, ICU admissions, and deaths among influenza positive patients, 2024/25 season, Nova Scotia⁷

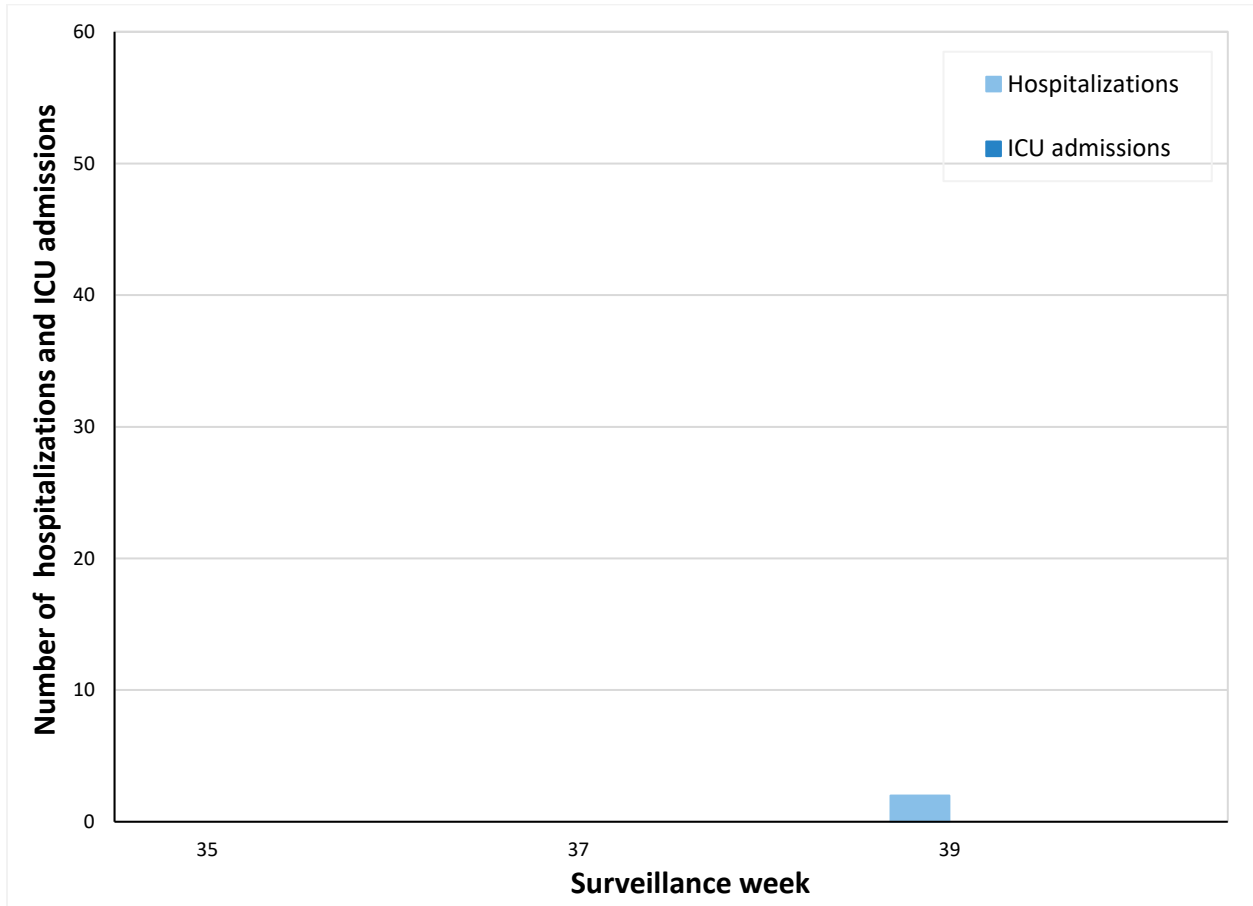
Age group (years)	Cumulative (2024/25)		
	Hospitalizations	ICU	Deaths
0-4	2	0	0
5-19	0	0	0
20-44	0	0	0
45-64	0	0	0
≥ 65	0	0	0
Nova Scotia Total	2	0	0

⁶ Local public health continuously enters and updates influenza case data. Therefore, counts may differ from previous surveillance weeks.

⁷ Cases can have more than one severe outcome (e.g., be hospitalized and then admitted to the ICU); therefore, cases may be counted multiple times if they have more than one severe outcome (i.e., categories are not mutually exclusive).

Week 40 (September 29, 2024 to October 05, 2024)

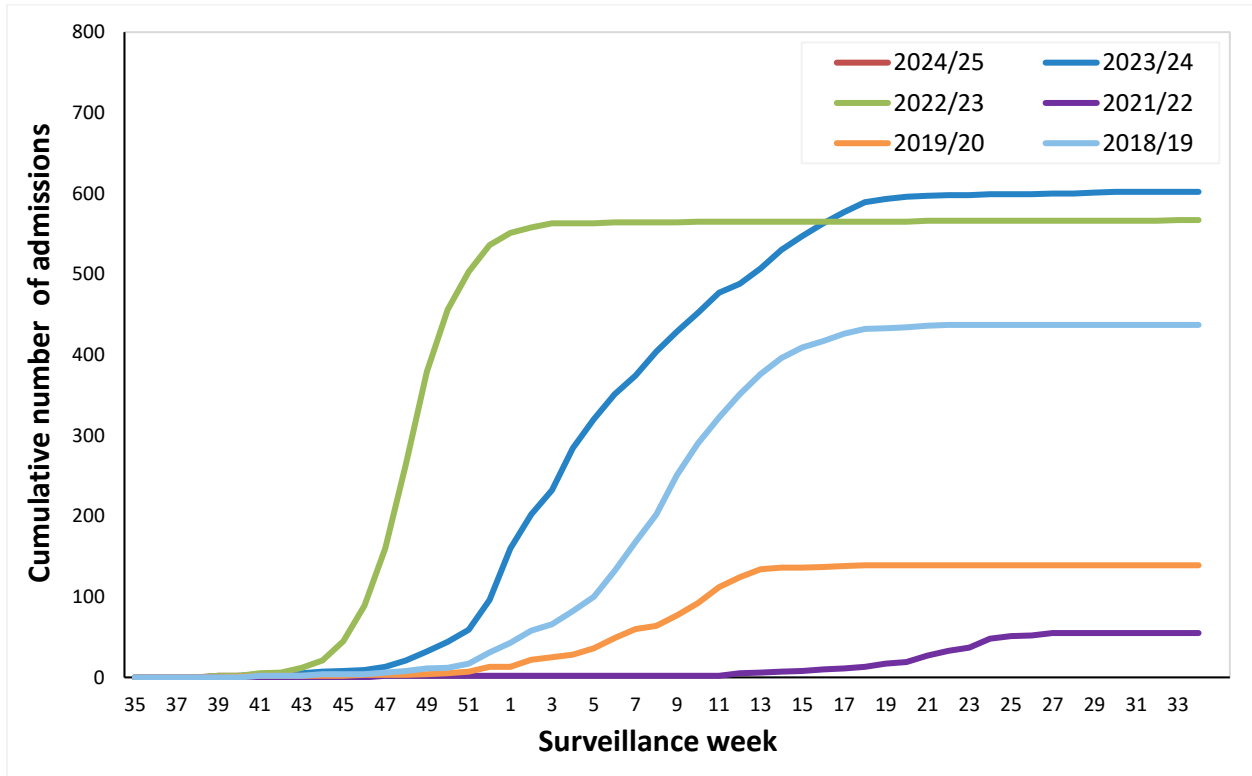
Figure 2: Number of influenza hospitalizations and ICU admissions by surveillance week, 2024/25 season, Nova Scotia⁸



⁸ Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalizations, ICU admissions, and deaths may be undercounted due to delays in reporting. This data delay prevents reporting on the latest surveillance week.

Week 40 (September 29, 2024 to October 05, 2024)

Figure 3: Cumulative number of hospitalizations and ICU admissions for influenza, based on most severe outcome, by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia⁹



⁹ Figure 3 presents the most severe outcome for a case across the entire season. Therefore, the number of hospitalizations and ICU admissions may decline during the season if a person counted in one of those groups progresses to a more severe outcome. There were no reported cases of influenza during the 2020-2021 season. Recent hospitalizations, ICU admissions, and deaths may be undercounted due to delays in reporting.

COVID-19

Figure 4: Number of laboratory-confirmed COVID-19 cases (N=1422) and percent positivity, 2024/25 season, compared with previous seasons, Nova Scotia

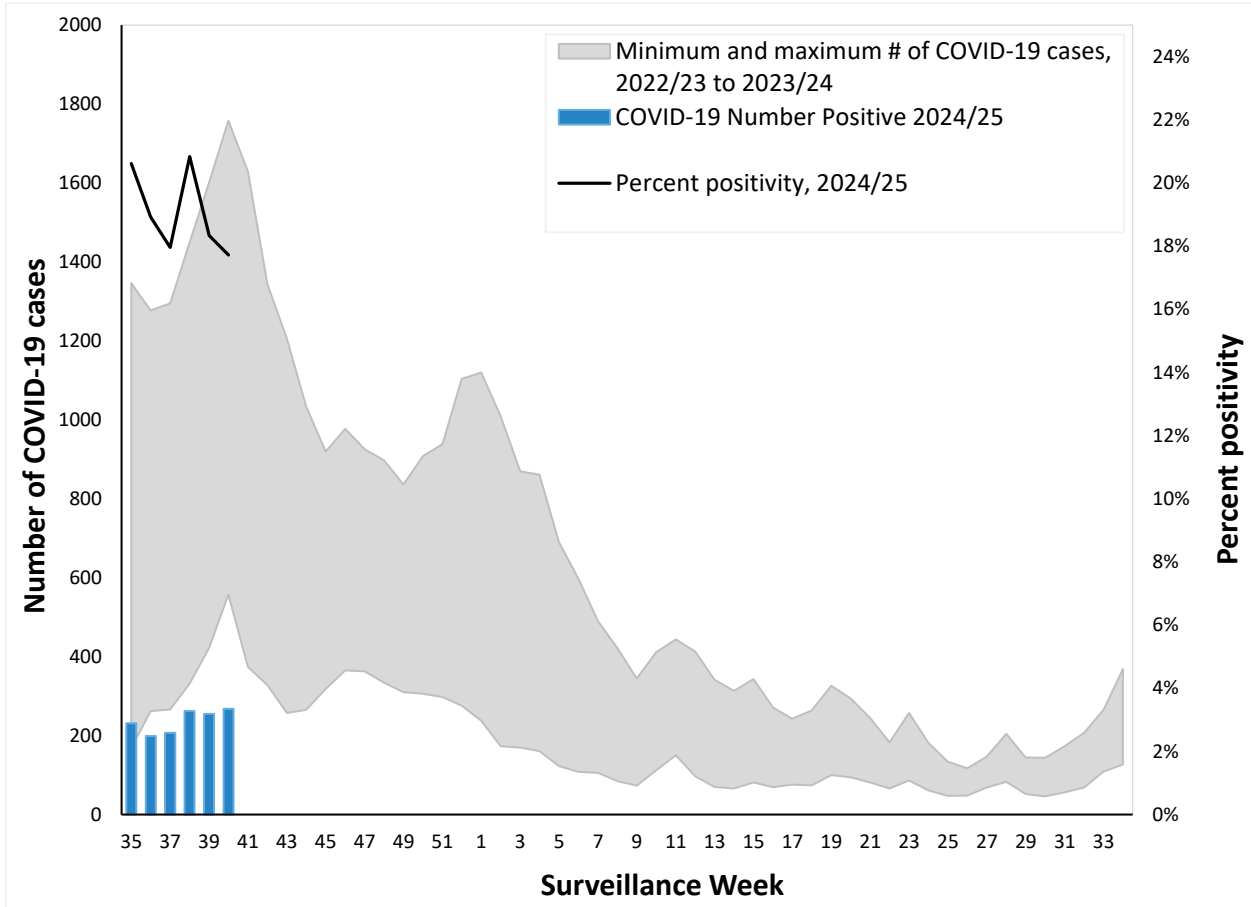


Table 4: Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia¹⁰

Zone	Current reporting period	Cumulative (2024/25)
Western	46	297
Northern	64	312
Eastern	51	249
Central	107	564
Nova Scotia Total	268	1422

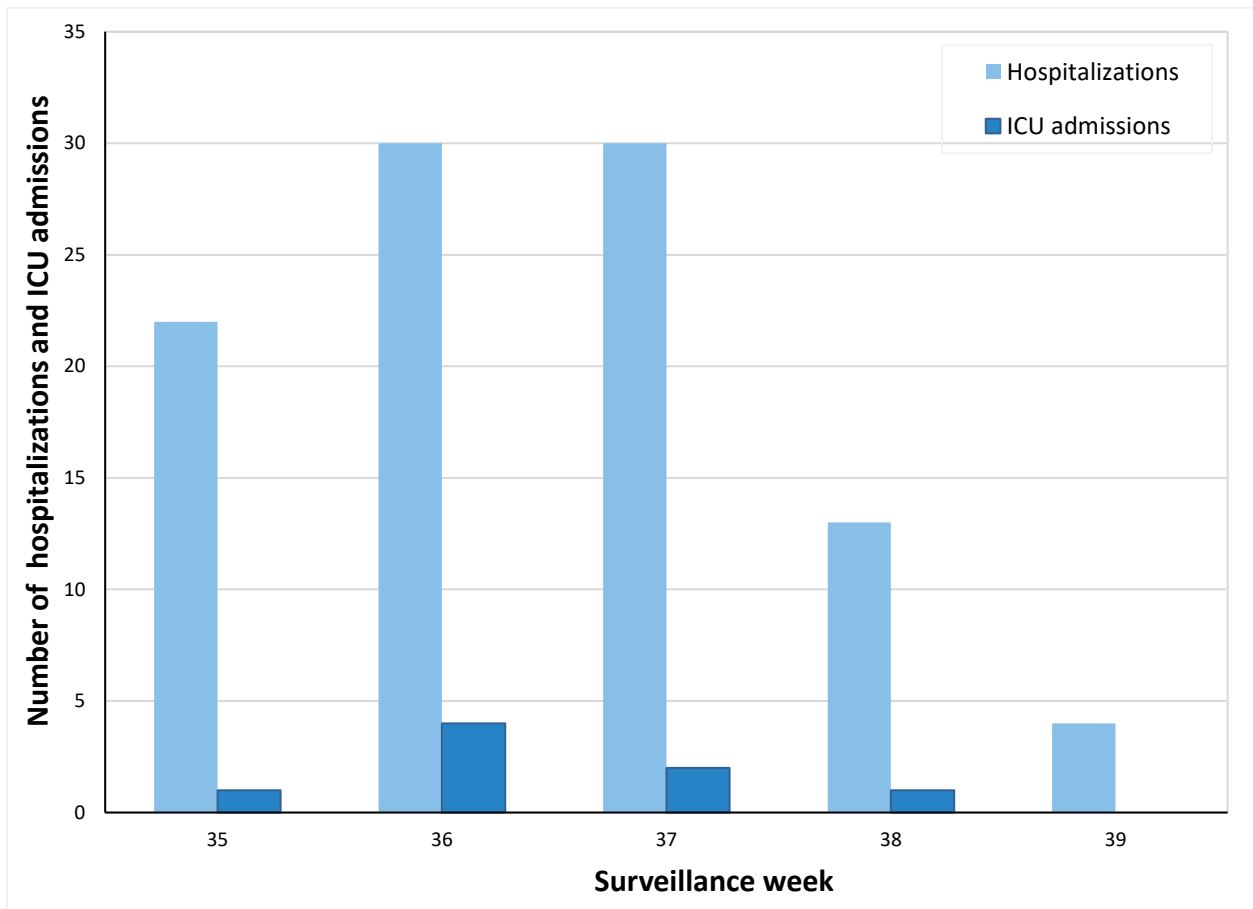
¹⁰ Local public health continuously enters and updates COVID-19 case data. Therefore, counts may differ from previous surveillance weeks.

Week 40 (September 29, 2024 to October 05, 2024)

Table 5. Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by age group, Nova Scotia¹¹

Age group (years)	Current reporting period	Cumulative (2024/25)
0-4	3	28
5-19	4	43
20-44	28	167
45-64	55	254
≥ 65	178	930
Nova Scotia Total	268	1422

Figure 5: Number of COVID-19 hospitalizations and ICU admissions by week, 2024/25 season, Nova Scotia¹²



¹¹ Local public health continuously enters and updates COVID-19 case data. Therefore, counts may differ from previous surveillance weeks.

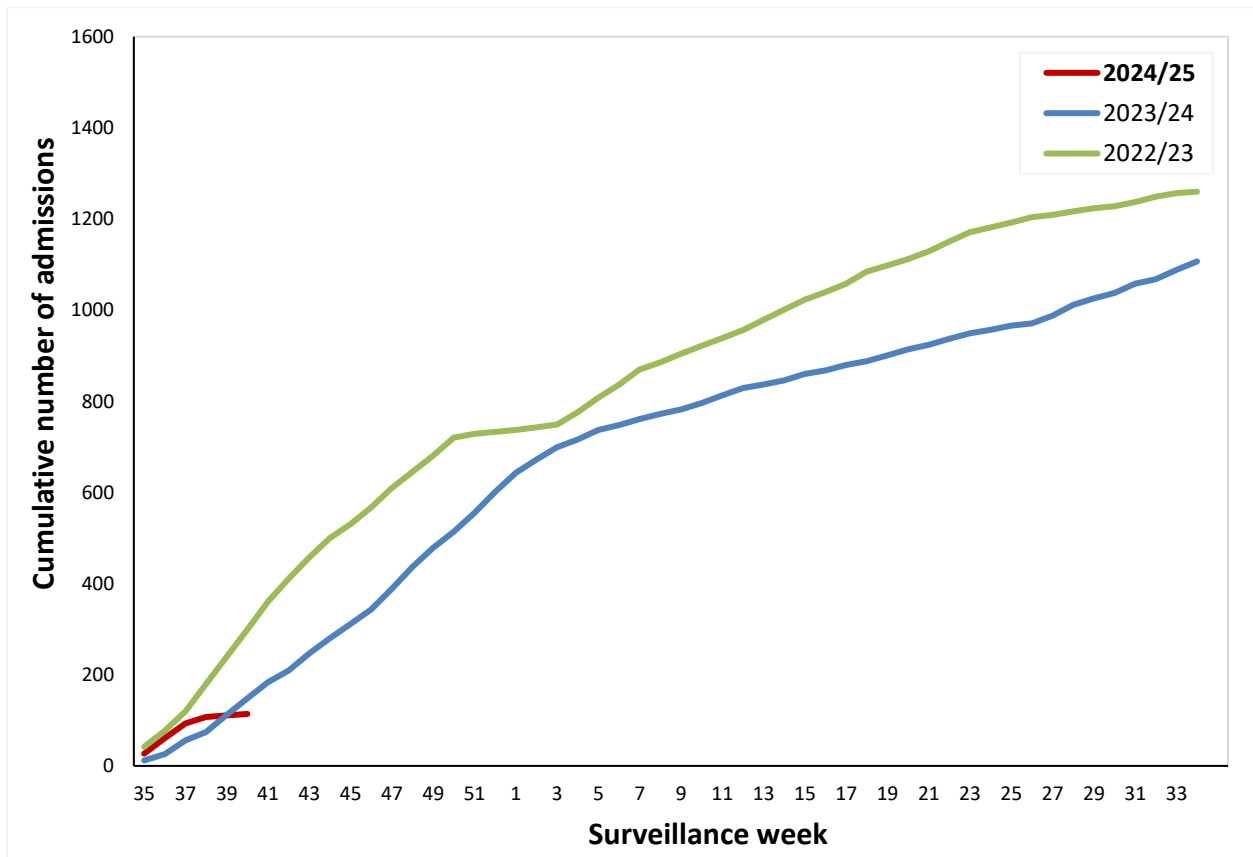
¹² Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalizations, ICU admissions, and deaths may be undercounted due to delays in reporting. This data delay prevents reporting on the latest surveillance week

Week 40 (September 29, 2024 to October 05, 2024)

Table 6: Cumulative number of hospitalizations, ICU admissions, and deaths among COVID-19 positive patients, 2024/25 season, Nova Scotia¹³

Age group (years)	Cumulative (2024/25)		
	Hospitalizations	ICU admissions	Deaths
0-4	2	0	0
5-19	1	0	0
20-44	5	0	0
45-64	10	4	1
≥ 65	84	6	7
Nova Scotia Total	102	10	8

Figure 6: Cumulative number of COVID-19 hospitalizations and ICU admissions, by surveillance week, based on most severe outcome, 2024/25 season compared with previous seasons, Nova Scotia¹⁴



¹³ Cases can have more than one severe outcome (e.g., be hospitalized and then admitted to the ICU); therefore, cases may be counted multiple times if they have more than one severe outcome (i.e., categories are not mutually exclusive). Recent hospitalizations, ICU admissions, and deaths may be undercounted due to delays in reporting

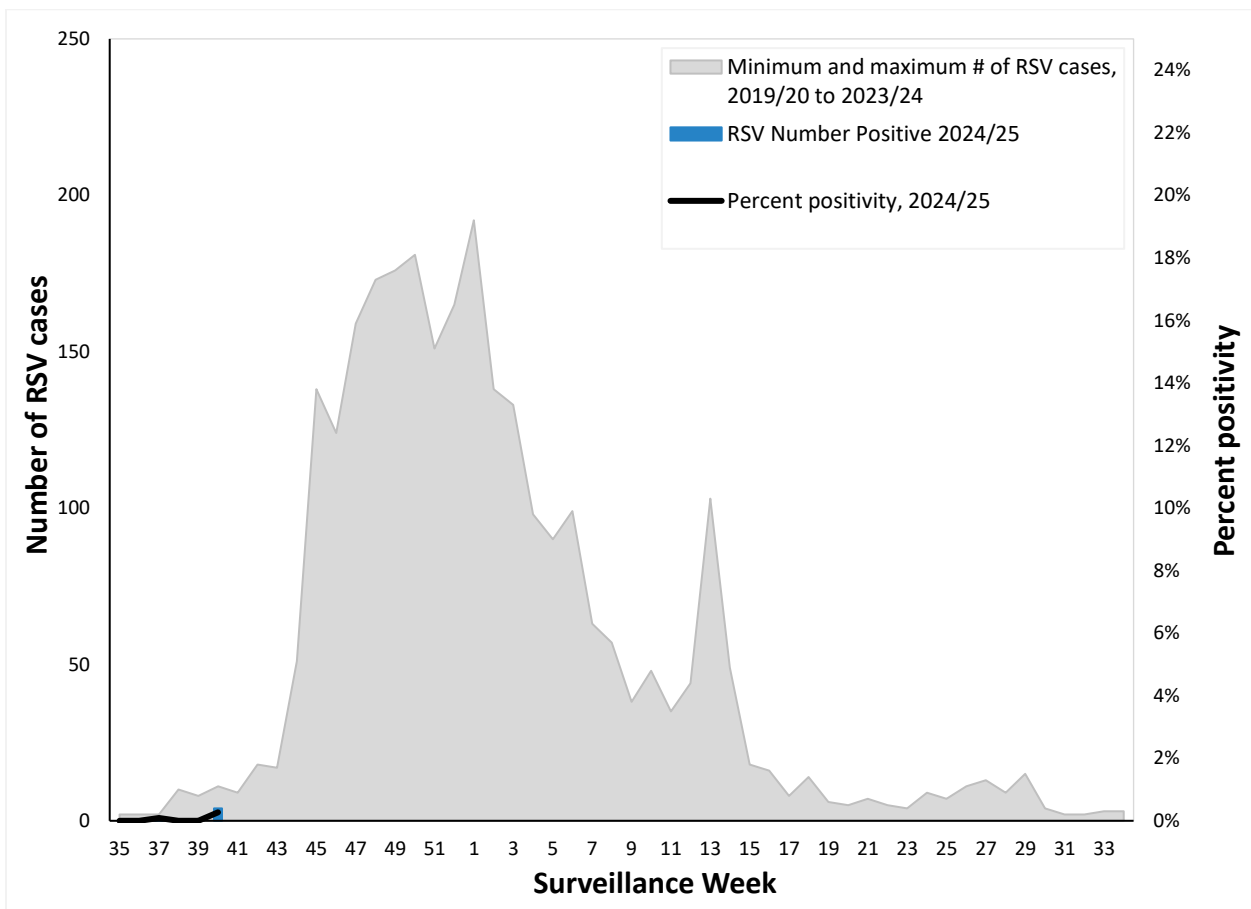
¹⁴ Figure 6 presents the most severe outcome for a case across the entire season. Therefore, the number of hospitalizations and ICU admissions may decline during the season if a person counted in one of those groups progresses to a more severe outcome. Recent hospitalizations, ICU admissions, and deaths may be undercounted due to delays in reporting

Respiratory Syncytial Virus (RSV)¹⁵

Table 7: Number of laboratory-confirmed RSV cases by age group, current reporting period and cumulative 2024/25 season, Nova Scotia

Age group	Current reporting period	Cumulative (2024/25)
0-5 months	0	0
6-11 months	0	0
12-23 months	0	0
2-4 years	1	2
5-19 years	0	0
20-64 years	1	1
≥ 65 years	2	2
Nova Scotia Total	4	5

Figure 7: Laboratory-confirmed RSV cases (N=5) by week, 2024/25 season, compared with previous seasons, Nova Scotia¹⁶

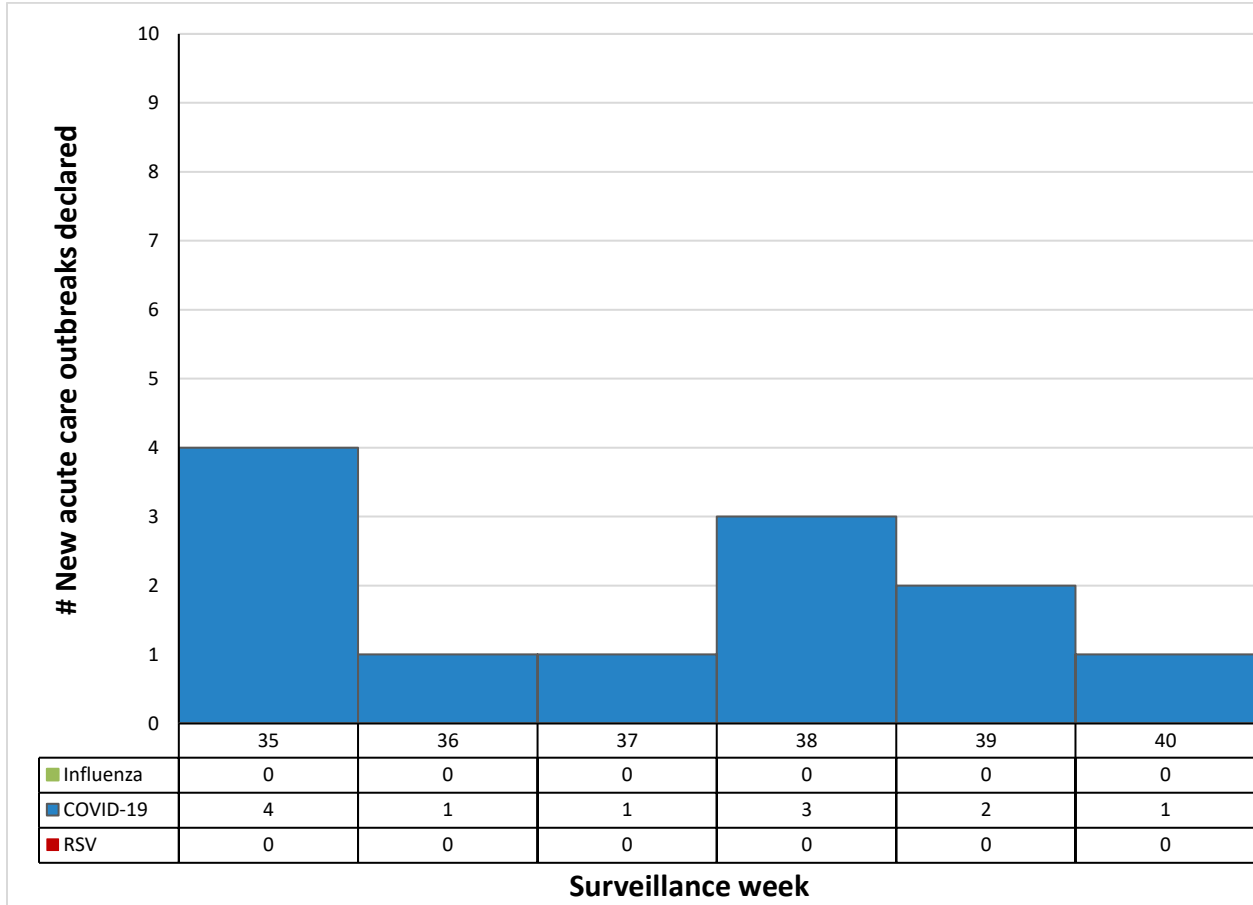


¹⁵ RSV is not a notifiable condition in Nova Scotia

¹⁶ There were no reported RSV cases during the 2020-2021 season. The implementation of the multiplex respiratory virus PCR testing in 2022/23 may increase the number of cases detected.

Respiratory Outbreaks

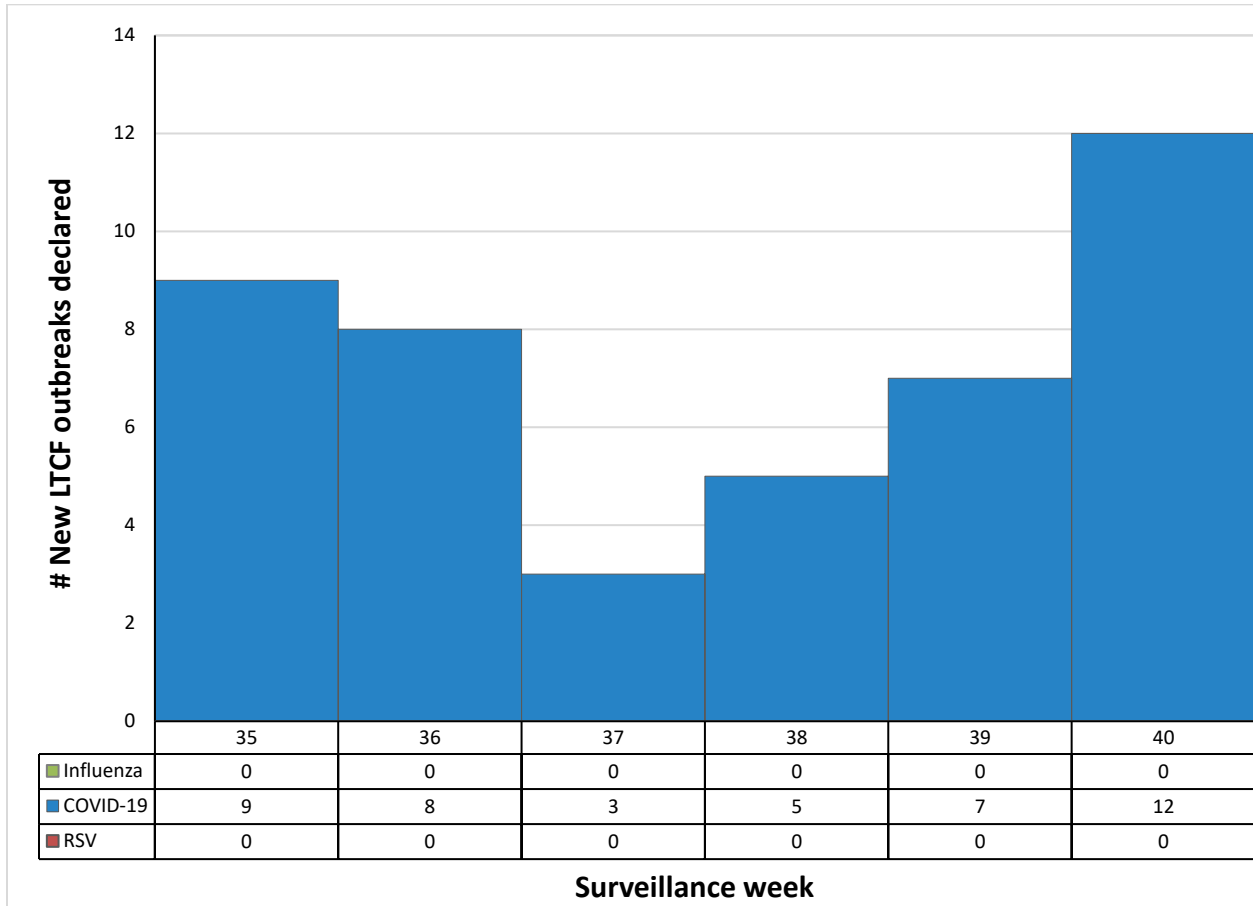
Figure 8. Number of new acute care facility respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia¹⁷



¹⁷ Acute care facility outbreak definitions are described in the Appendix.

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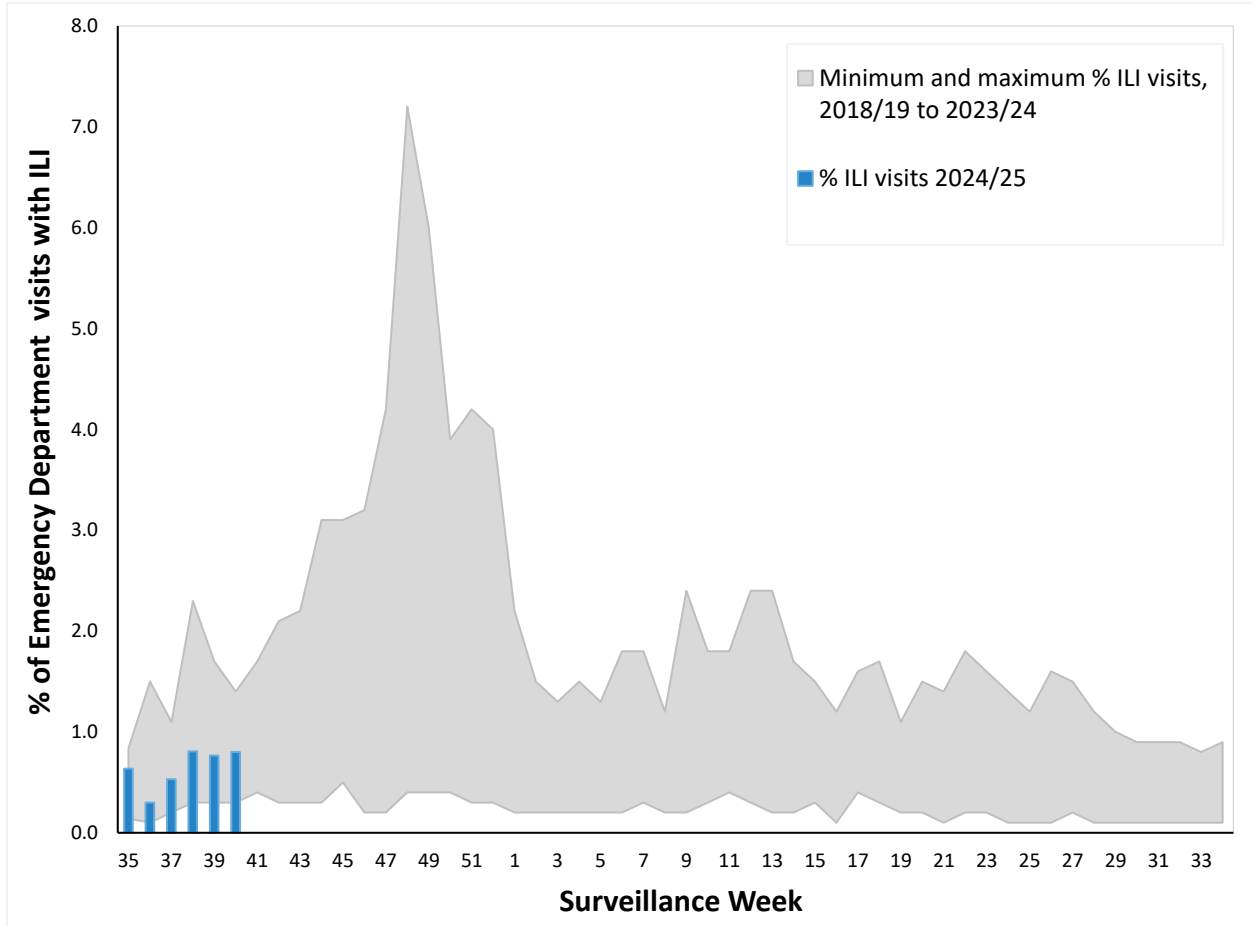
Figure 9. Number of new long-term care facility (LTCF) respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia¹⁸



¹⁸ LTCF outbreak definitions are described in the Appendix.

Syndromic Surveillance

Figure 10: Percentage of emergency department visits due to influenza-like illness (ILI) by surveillance week, 2024/25 season, compared with previous seasons, Nova Scotia



Other Respiratory Illness

Table 8: Number of positive specimens for other respiratory viruses, current reporting period and cumulative 2024/25 season, Nova Scotia

PATHOGEN	Current reporting period	Cumulative (2024/25)
Adenovirus	1	4
Bocavirus	0	0
Coronavirus*	0	2
Enterovirus/Rhinovirus	21	72
Metapneumovirus	0	0
Parainfluenza	1	1

*Excludes COVID-19

Appendix – data notes and definitions

Data Notes

- A surveillance week runs from Sunday to Saturday. Nova Scotia’s 2024/25 season aligns with the [Public Health Agency of Canada \(PHAC\) FluWatch surveillance weeks](#).
 - This year runs from August 25, 2024 (Week 35) to August 29, 2025 (Week 34).
- Notifications of hospitalizations, ICU admissions, and deaths may lag, and deaths are particularly affected. Additionally, data are incomplete for the most recent reporting period because local public health report COVID-19 and influenza outcomes on Wednesdays. Figures presenting outcomes by week do not include data for the most recent surveillance week.
- Definitions for hospitalizations and deaths related to each of COVID-19 and influenza were changed in August 2024. These case definitions are found in the [Surveillance guidelines](#).
- RSV is not a notifiable disease in Nova Scotia.
- Testing eligibility guidelines and the use of multiplex PCR testing affect the number of cases identified and reported.
 - A multiplex PCR tests for multiple respiratory pathogens simultaneously. Routine multiplex PCR tests include, but is not limited to, influenza, RSV, and COVID-19. See [Nova Scotia’s Respiratory Surveillance Plan](#) for a full list of what is tested.
 - In the 2022-2023 season, access to multiplex PCR testing in Nova Scotia increased testing accessibility which likely increased detection in community influenza and RSV.
 - Testing is limited to [specific populations](#) and the counts reported in this report under-represent the actual number of cases in the community.

Definitions used in respiratory surveillance, and useful links, 2024/25

See: [Nova Scotia’s Respiratory Response Plan](#) and [Nova Scotia’s Respiratory Surveillance Plan for Public Health](#)

Acronyms

ICU	Intensive care unit
ILI	Influenza-like illness
RSV	Respiratory syncytial virus
PCR	Polymerase chain reaction
LTCF	Long term care facilities

Outbreak Definitions

Pathogen	Acute care facility	Long-term care facility (LTCF)
Influenza	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of influenza, epidemiologically linked within the patient care unit in a 7-day period	≥ 2 resident cases of ILI (influenza-like illness), where at least one is a laboratory confirmed case of influenza, within the LTCF in a 7-day period
COVID-19	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of COVID-19, epidemiologically linked within the patient care unit in a 10-day period	≥ 2 laboratory-confirmed resident cases AND at least one is a facility acquired case, with all cases epidemiologically linked within the LTCF in a 10-day period

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Respiratory Syncytial Virus (RSV)	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of RSV, epidemiologically linked within the patient care unit in a 7-day period	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of RSV, epidemiologically linked within the LTCF in a 7-day period
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ILI Case Definition

Acute onset of respiratory illness with fever and cough and with one or more of the following – sore throat, arthralgia, myalgia or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients < 5 or ≥ 65 years, fever may not be prominent.

Other case definitions

See: [Surveillance Guidelines | novascotia.ca](#)

Links to other weekly influenza reports

Canada: [Weekly influenza reports - Canada.ca](#)
World: [Global Influenza Programme \(who.int\)](#)
US: [FluView | FluView | CDC](#)