

In Summary...

Activity levels**
<ul style="list-style-type: none"> Sporadic activity was reported in the Northern, Western and Central Zone. Localized activity was reported in the Eastern Zone during week 45.
Laboratory-confirmed cases*
<ul style="list-style-type: none"> There were 87 new cases of Influenza A, and 0 new cases of Influenza B reported during Week 45. There have been 147 laboratory confirmed cases of Influenza A and 1 laboratory confirmed case of Influenza B reported during the 2022-2023 influenza season. There were also 14 Enterovirus/Rhinovirus, 2 Parainfluenza, 1 Coronavirus****, 5 Adenovirus, and 138 Respiratory Syncytial Virus cases identified during this reporting period.
Severity
<ul style="list-style-type: none"> There were 15 cases hospitalized (non-ICU) and 0 ICU admission with Influenza A during this reporting period. During the 2022-2023 influenza season there have been: <ul style="list-style-type: none"> 33 hospitalizations (non-ICU) 1 ICU admissions 1 deaths*** of laboratory confirmed influenza
Novel Coronavirus (COVID-19)
<ul style="list-style-type: none"> For current epidemiology of COVID-19 please refer to: https://novascotia.ca/coronavirus/alerts-notices/#epidemiologic-summaries
Syndromic surveillance
<ul style="list-style-type: none"> The percentage of visits for influenza like illness (ILI) was 2.6% during this reporting period.

Notes: There has been a change in testing methods with the implementation of multiplex respiratory virus PCR for 2019-nCoV. This may increase the number of cases detected through the flu season.

*Reporting weeks run from Sunday to Saturday. The 2022-2023 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2022 (Week 35) to August 26, 2023 (Week 34);

**Activity level data is obtained from CNPHI, see appendix for definitions.

***Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

****Excludes novel coronavirus (2019-nCoV)

LABORATORY-CONFIRMED INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2022-2023 season, Nova Scotia

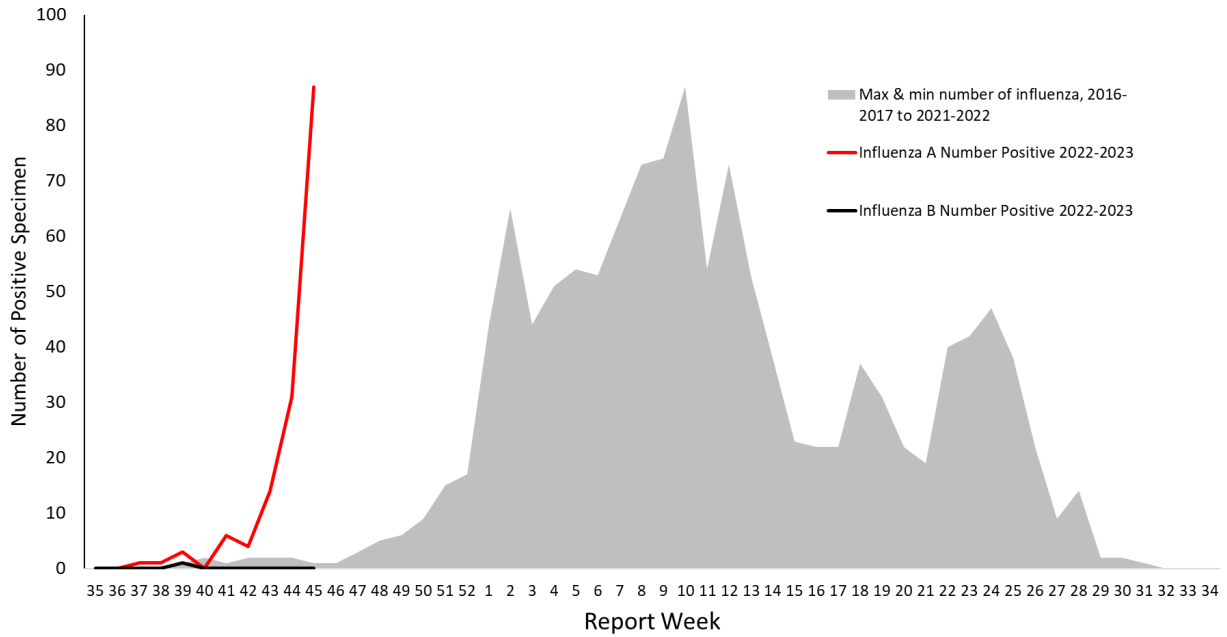


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2022-2023 season in Nova Scotia

ZONE	WEEK 45			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	47	47	0	60	60	0
Northern	19	19	0	40	40	0
Eastern	4	4	0	6	6	0
Central	17	17	0	42	41	1
Nova Scotia Total	87	87	0	148	147	1

Table 2: Number of laboratory-confirmed influenza cases by age group (years), current week and cumulative 2022-2023 season in Nova Scotia

AGE (YEARS)	WEEK 45			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	11	11	0	22	21	1
5-19	31	31	0	47	47	0
20-44	16	16	0	29	29	0
45-64	13	13	0	21	21	0
65+	16	16	0	29	29	0
Nova Scotia Total	87	87	0	148	147	1

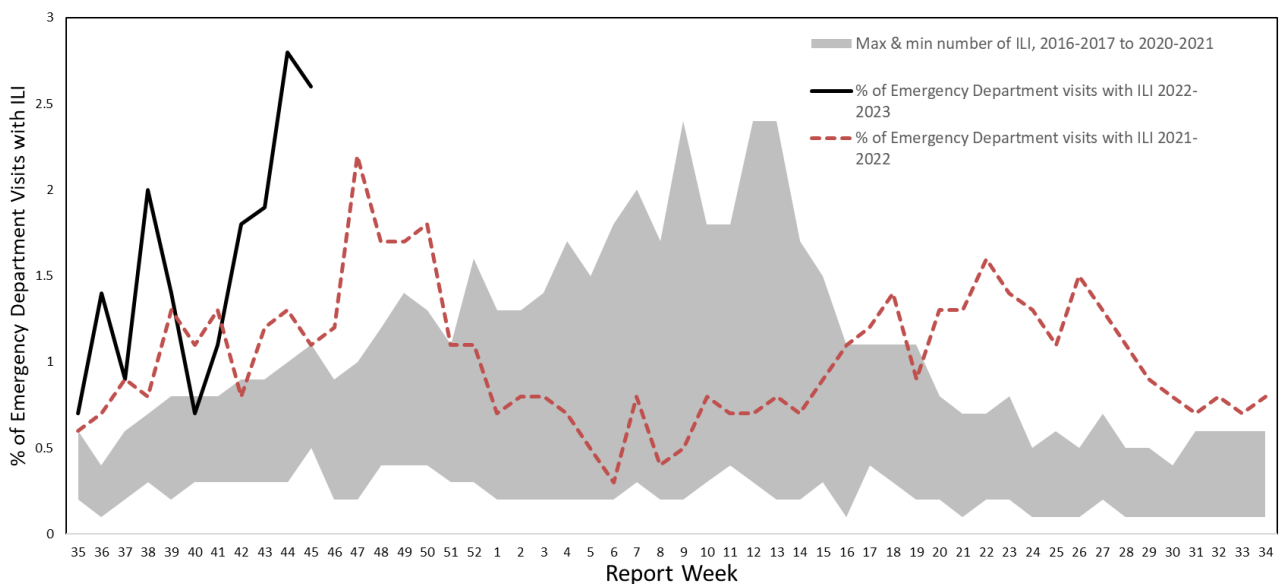
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2022-2023 season, Nova Scotia

	WEEK 45			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	15	15	0	33	33	0
Hospitalized - ICU	0	0	0	1	1	0
Deceased*	0	0	0	1	1	0
Nova Scotia Total	15	15	0	35	35	0

Notes: Outcome categories (hospitalized hospitalized-ICU, Deceased) are mutually exclusive; Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

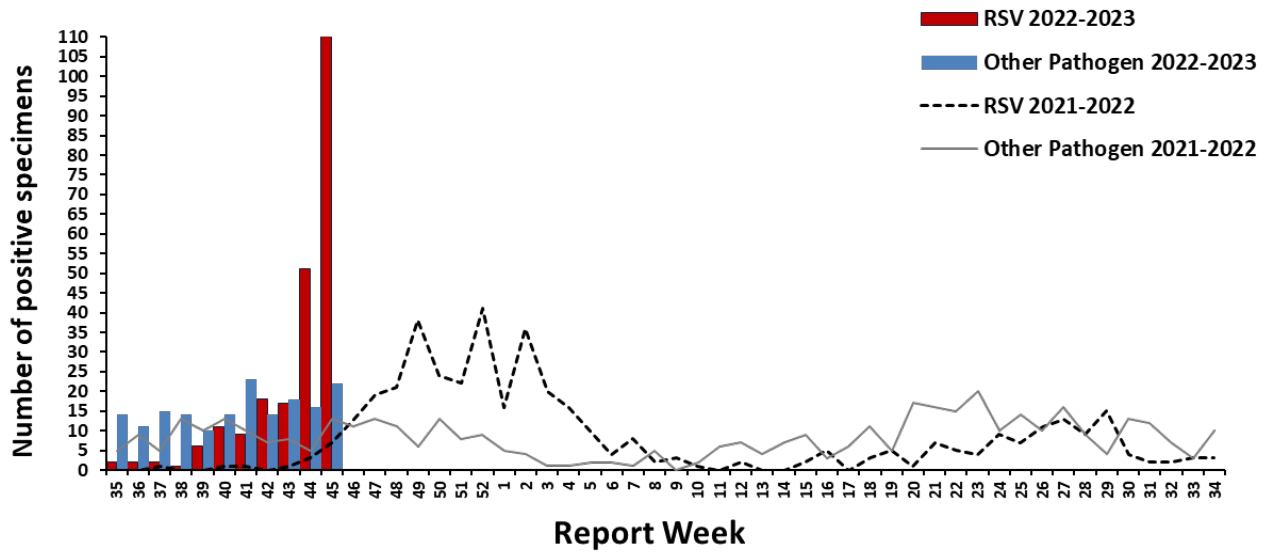
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency department visits due to ILI by report week, 2022-2023 season, with trend-line comparison to 2021-2022 season, Nova Scotia



OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens and RSV by report week, 2022-2023 season, with trend-line comparison to 2021-2022 season, Nova Scotia



Notes: Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydomphila pneumonia, Coronavirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus. Data for this figure is obtained from provincial laboratories.

Table 4: Number of positive RSV specimens by age group, 2022-2023 season, Nova Scotia

AGE GROUP	RSV Cumulative 2022-2023 Counts
0-5 months	52
6-11 months	21
12-23 months	56
2-5 years	66
6-15 years	18
16-65 years	24
65+ years	20
Totals (n)	257

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2022-2023

Pathogen	WEEK 45 (n positive)	CUMULATIVE 2022-2023
Adenovirus	5	20
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus*	1	4
Enterovirus/Rhinovirus	14	130
Metapneumovirus	0	0
Mycoplasma pneumoniae	0	0
Parainfluenza	2	17
Pertussis	0	0
Respiratory Syncytial Virus	138	257

*Notes: EXCLUDES novel coronavirus (2019-nCoV)

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2022-2023

ACRONYM LIST

CNPHI Canadian Network for Public Health Intelligence

ICU Intensive care unit

ILI Influenza-like illness

RSV Respiratory syncytial virus

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 under 5 or 65 and older, fever may not be prominent.

NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

No activity	No laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported
Sporadic	Sporadically occurring ILI* and lab confirmed influenza detection(s) with no outbreaks detected within the influenza surveillance region
Localized	(1) Evidence of increased ILI* and (2) lab confirmed influenza detection(s) together with (3) outbreaks occurring in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region
Widespread	(1) Evidence of increased ILI* and (2) lab confirmed influenza detection(s) together with (3) outbreaks occurring in schools, hospitals, residential institutions and/or other types of facilities occurring in greater than or equal to 50% of the influenza surveillance region

LINKS TO OTHER WEEKLY INFLUENZA REPORTING BODIES

Canada: <http://www.phac-aspc.gc.ca/fluwatch/>
 World: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>
 US: www.cdc.gov/flu/weekly