

RESPIRATORY WATCH

Week 42 (October 13, 2024 to October 19, 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 continued to be low during this reporting period with no PCR positive cases this week, compared with one PCR positive cases in the previous reporting period. <ul style="list-style-type: none"> There were 5 PCR positive cases during the same reporting period in 2023/24. COVID-19 activity has been decreasing over the last two reporting periods. The number of COVID-19 PCR positives decreased by approximately 25% since the previous reporting period. <ul style="list-style-type: none"> The number of PCR positive cases in this reporting period is approximately half (N=328) as the same reporting period in the 2023/24 season. RSV activity continues to be low during this reporting period <ul style="list-style-type: none"> The number of PCR positive cases in this reporting period is slightly lower than the number of cases (N=8) in 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	9	147	1769	3	15
Percent positivity (%) ³	0	-	11.4	-	0.2	-
Severe outcome⁴						
Hospitalizations (non-ICU)	0	3	7	205		
ICU admissions	0	0	2	22		
Deaths	0	0	3	16		
Outbreaks						
Acute-care facility	0	0	0	13	0	0
Long-term care facility	0	0	5	60	0	0

ILI activity	During this reporting period, the percentage of emergency room visits for influenza like illness (ILI) was 1.1% which is similar to the previous reporting period
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¹ See data notes in Appendix.

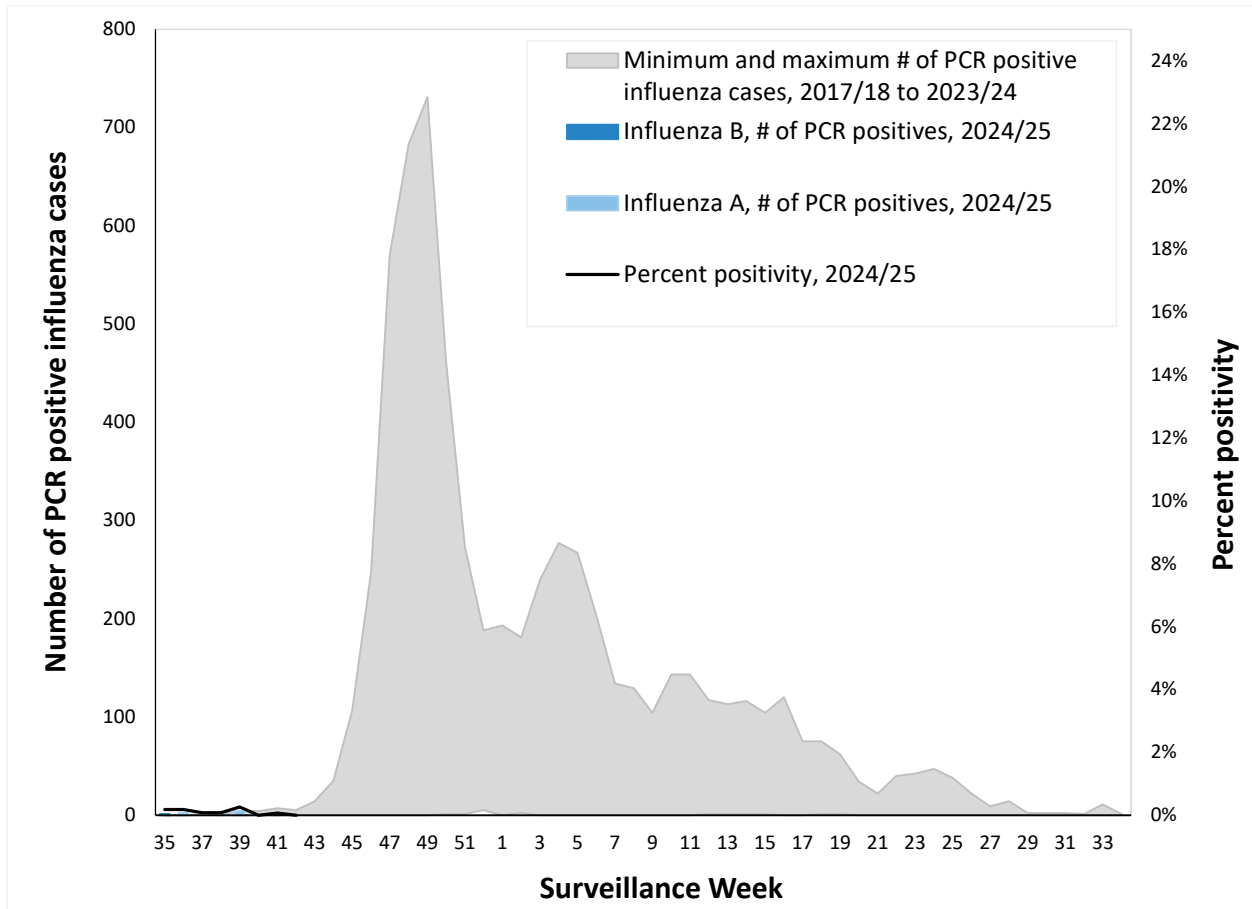
² use of multiplex polymerase chain reaction (PCR) respiratory virus testing may affect the number of tests conducted and number of cases identified and reported.

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 reporting delays. Outcomes are not reported for RSV because it is not a notifiable condition in Nova Scotia.

Influenza

Figure 1: Laboratory-confirmed influenza cases (N=9) 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 42 (October 13, 2024 to October 19, 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	4	1	5
Eastern	0	0	0	1	0	1
Central	0	0	0	2	0	2
Nova Scotia Total	0	0	0	8	1	9

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	3	0	3
≥ 65	0	0	0	3	0	3
Nova Scotia Total	0	0	0	8	1	9

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

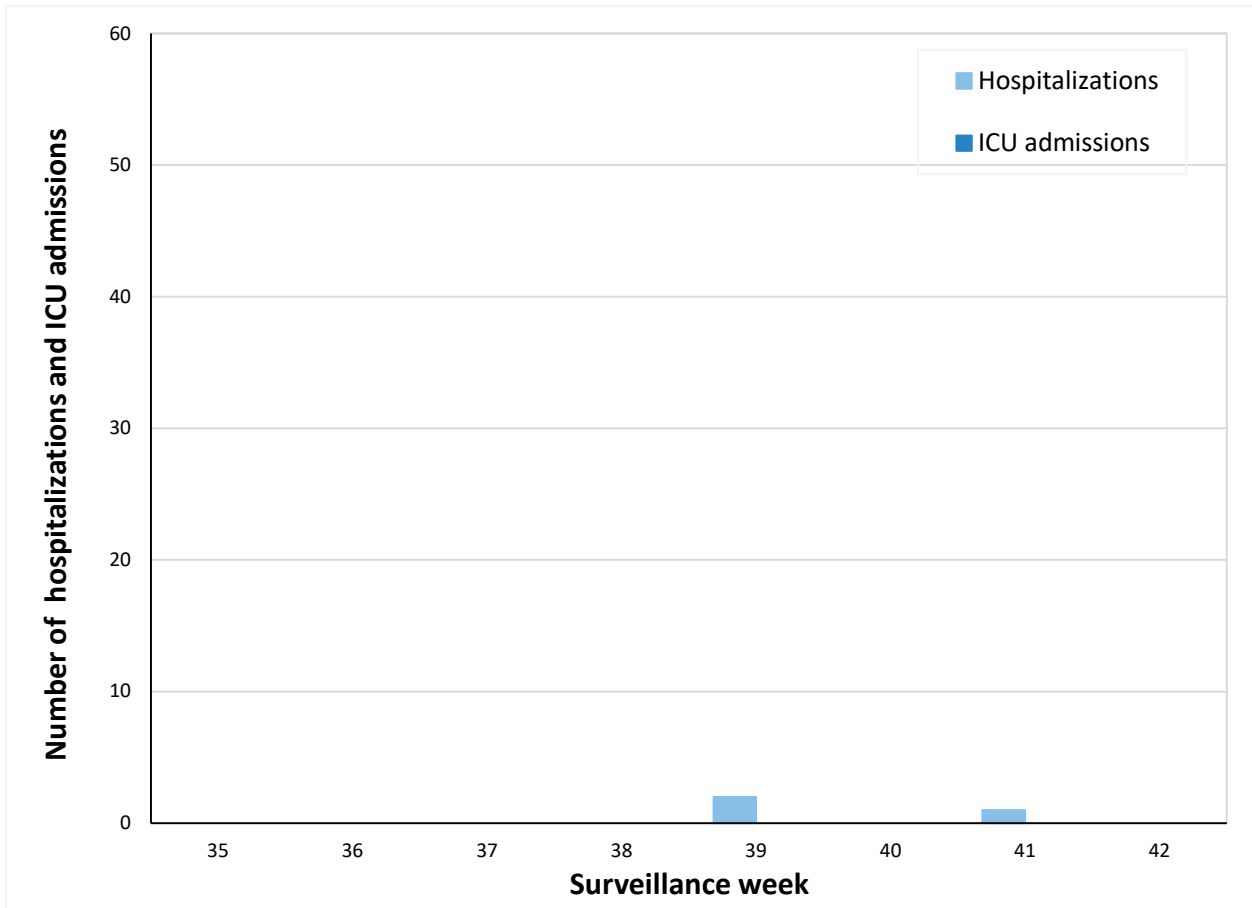
Age group (years)	Cumulative (2024/25)		
	Hospitalizations	ICU	Deaths
0-4	2	0	0
5-19	0	0	0
20-44	0	0	0
45-64	1	0	0
≥ 65	0	0	0
Nova Scotia Total	3	0	0

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

⁷ Individuals may be included in multiple columns 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.

Week 42 (October 13, 2024 to October 19, 2024)

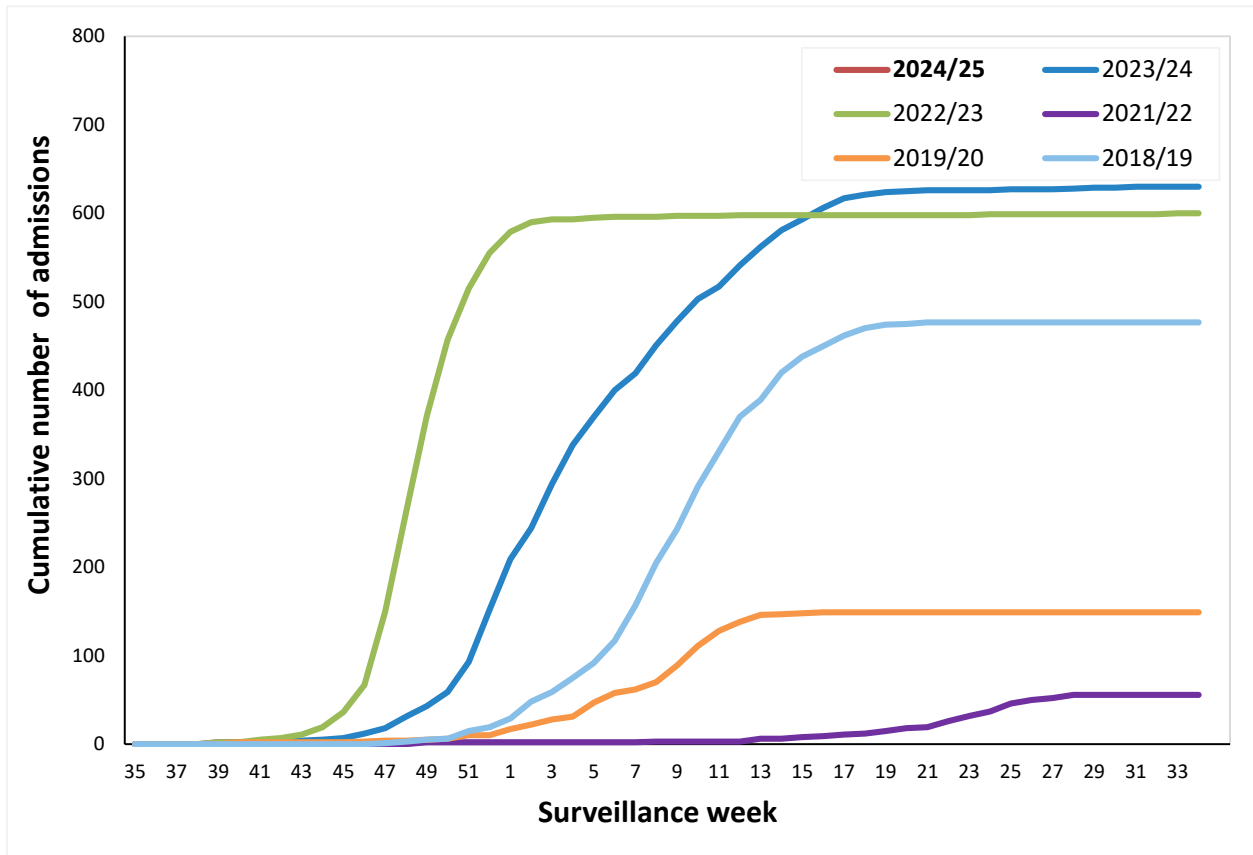
Figure 2: Number of influenza hospitalizations and ICU admissions by surveillance week, 2024/25 season, Nova Scotia⁸



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 and ICU admissions may be undercounted due to delays in reporting.

Week 42 (October 13, 2024 to October 19, 2024)

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



⁹ Figure 3 presents the cumulative number of cases who were admitted to hospital and/or ICU during the season. Cases are counted once. There were no reported cases of influenza during the 2020-2021 season.

COVID-19

Figure 4: Number of laboratory-confirmed COVID-19 cases (N=1769) and percent positivity, 2024/25 season, compared with previous seasons, Nova Scotia

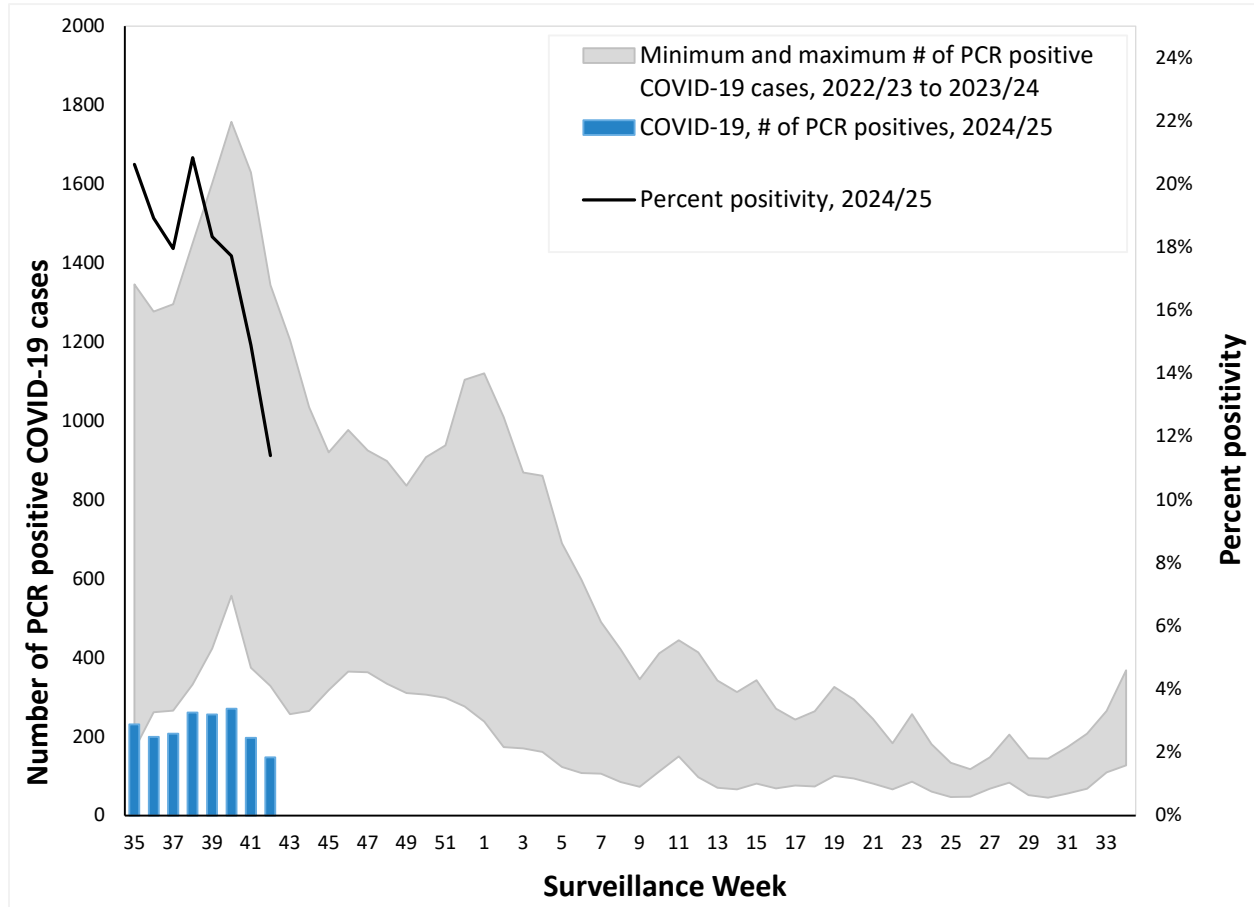


Table 4: Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia¹⁰

Zone	Current reporting period	Cumulative (2024/25)
Western	22	350
Northern	30	387
Eastern	41	323
Central	54	709
Nova Scotia Total	147	1769

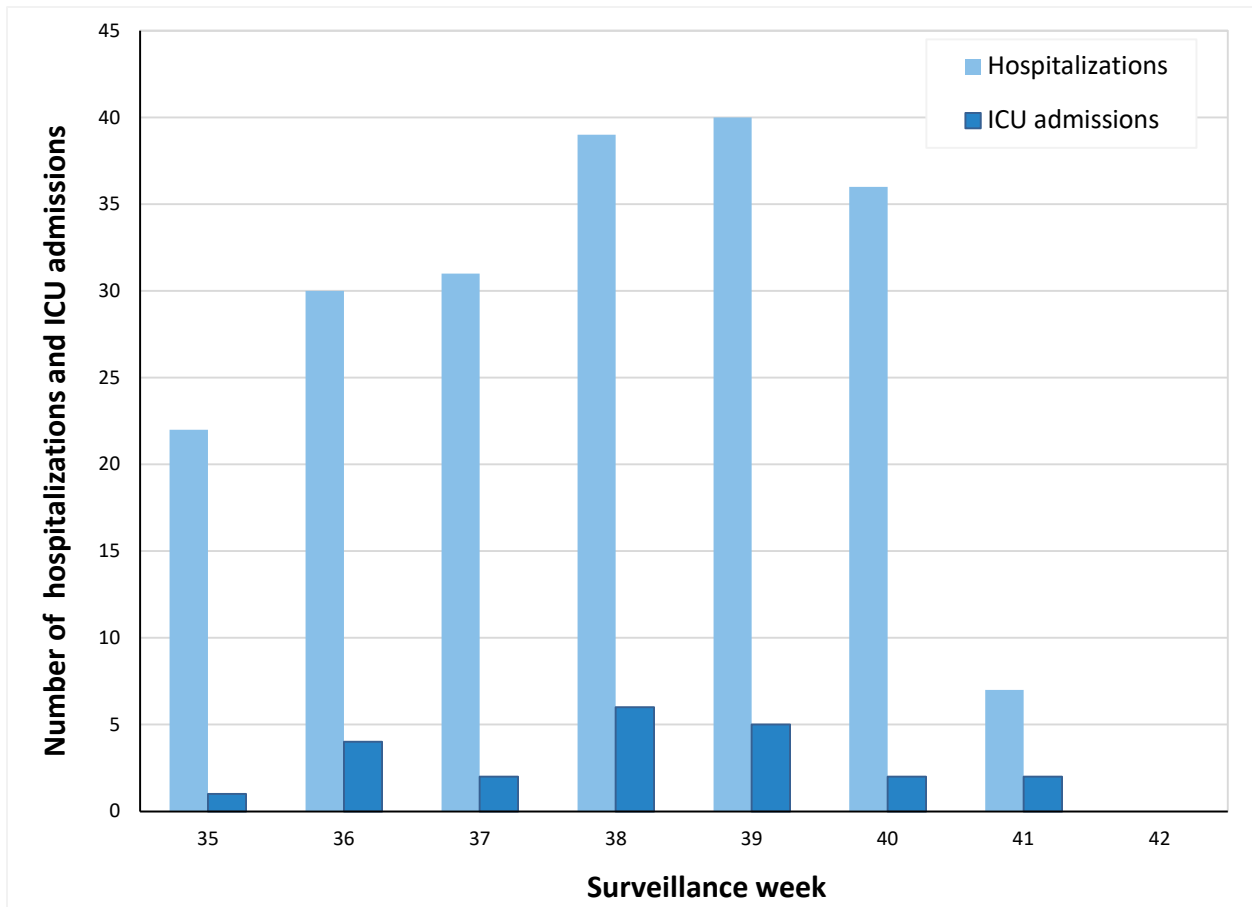
¹⁰ Local public health continuously enters and updates COVID-19 case data. Counts may differ from previous surveillance weeks.

Week 42 (October 13, 2024 to October 19, 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	4	32
5-19	2	47
20-44	15	207
45-64	18	307
≥ 65	108	1176
Nova Scotia Total	147	1769

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. Counts may differ from previous surveillance weeks.

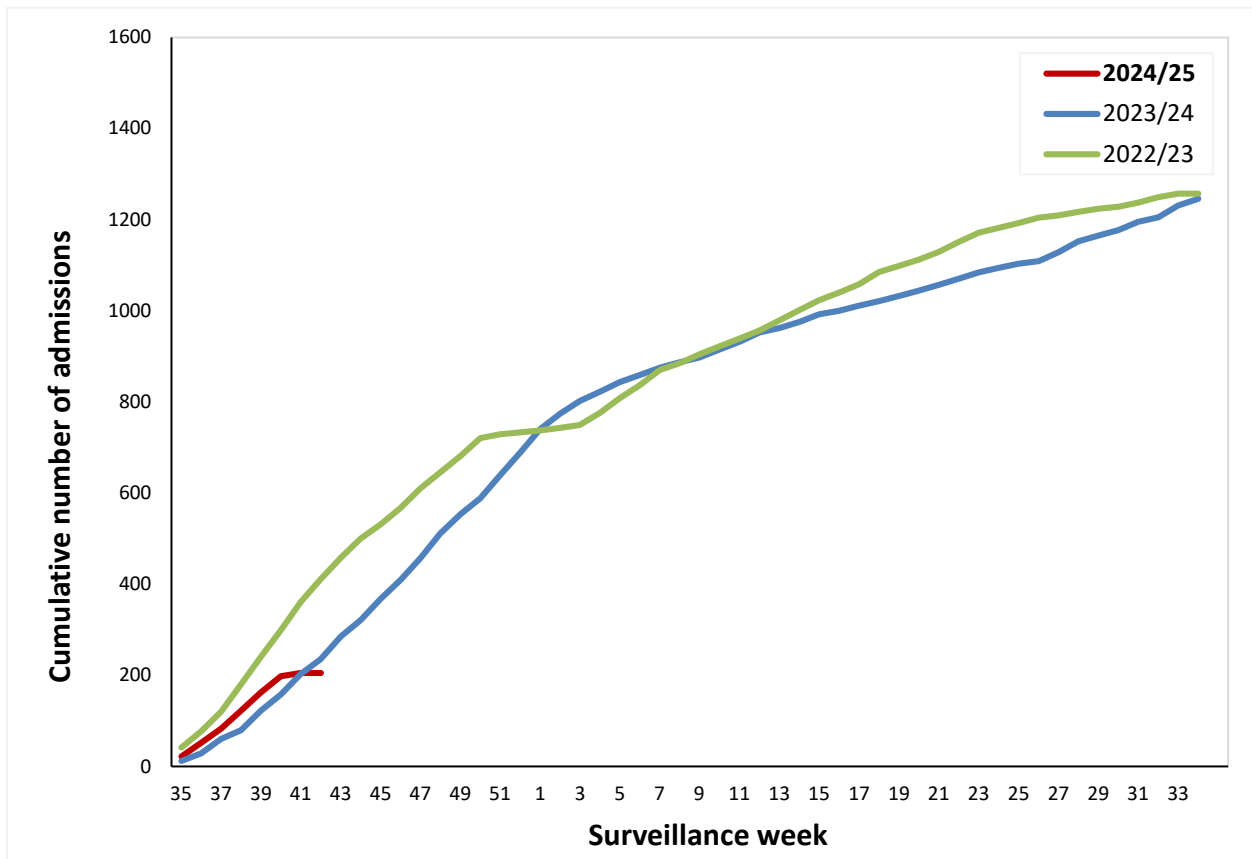
¹² Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalizations and ICU admissions may be undercounted due to delays in reporting.

Week 42 (October 13, 2024 to October 19, 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	3	0	0
5-19	1	0	0
20-44	6	0	0
45-64	21	6	2
≥ 65	174	16	14
Nova Scotia Total	205	22	16

Figure 6: Cumulative number of COVID-19 hospitalizations and ICU admissions, by surveillance week, 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

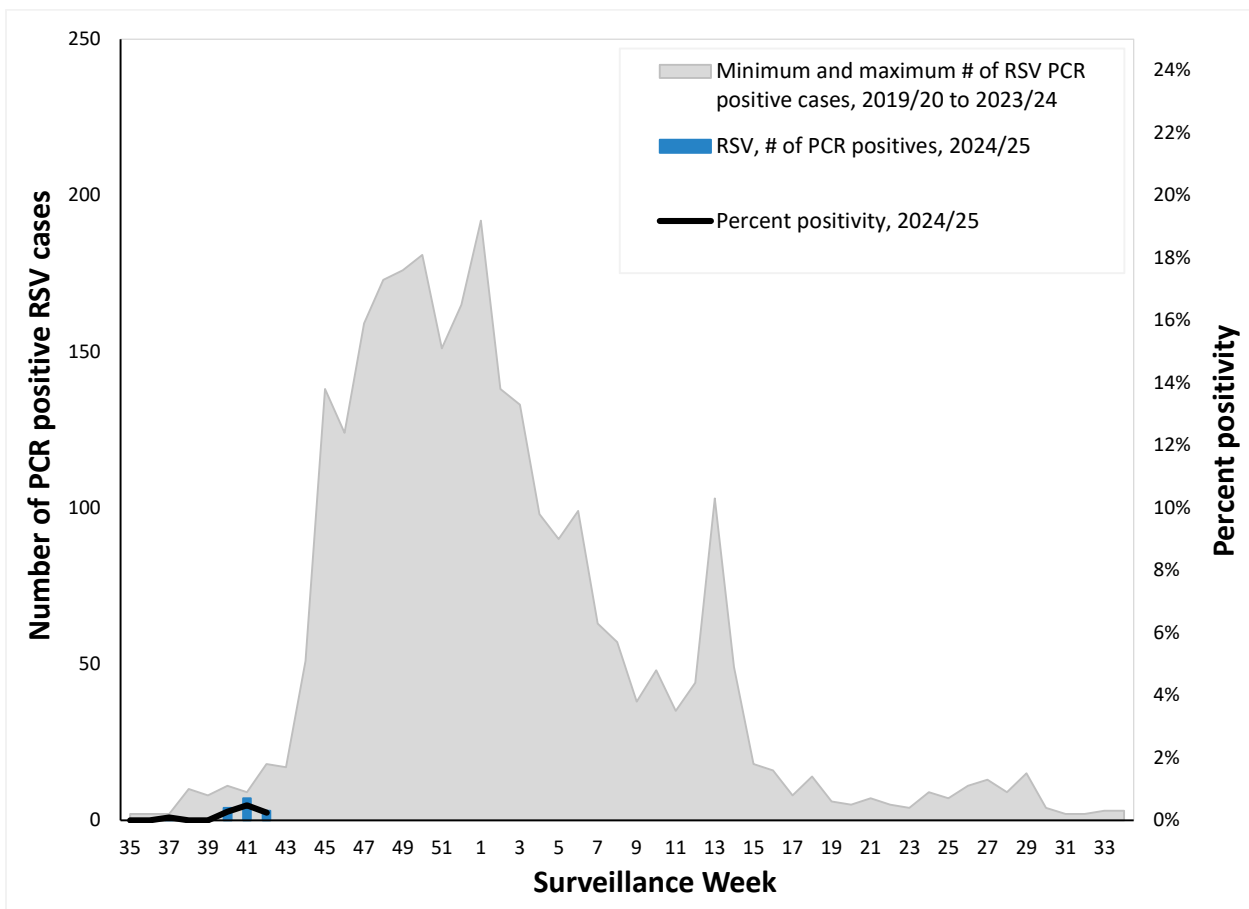
¹⁴ Figure 6 presents the cumulative number of cases who were admitted to hospital and/or ICU during the season. Cases are counted once.

RSV 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	1
12-23 months	1	2
2-4 years	1	5
5-19 years	0	0
20-64 years	0	2
≥ 65 years	1	5
Nova Scotia Total	3	15

Figure 7: Laboratory-confirmed RSV cases (N=15) by week, 2024/25 season, compared with previous seasons, Nova Scotia¹⁶

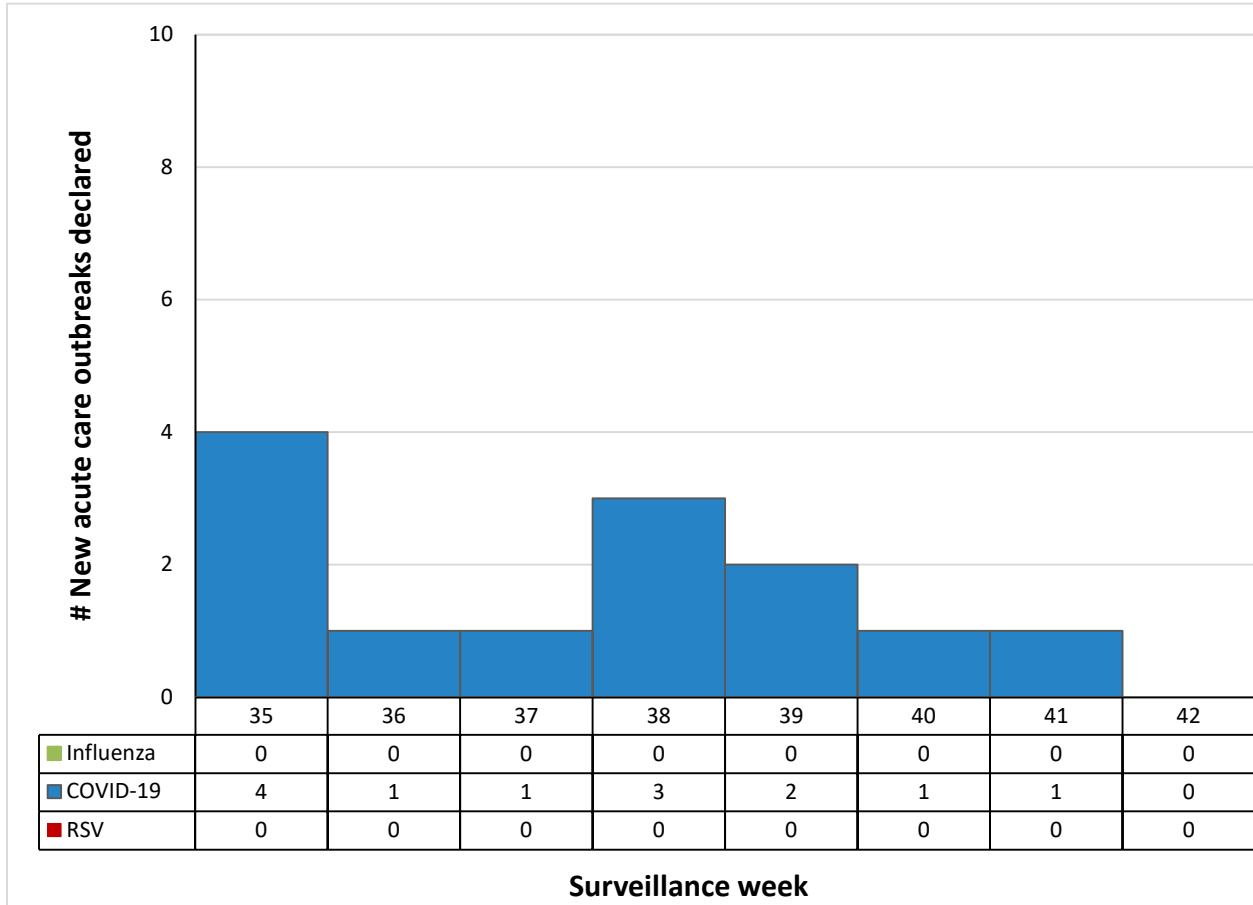


¹⁵ RSV is not a notifiable condition in Nova Scotia

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

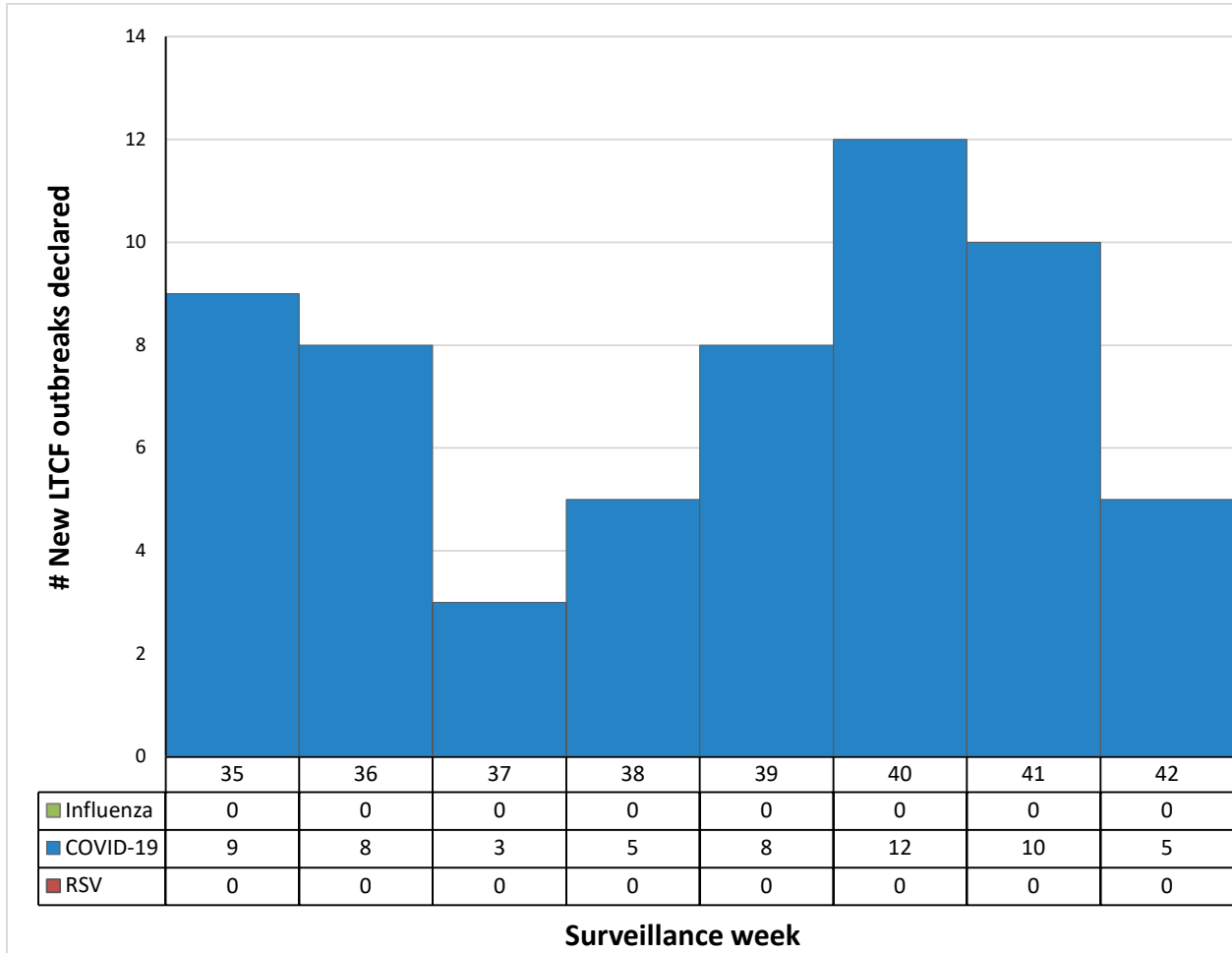
Figure 8. Number of new acute care facility respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia¹⁷



¹⁷ Acute care facility outbreak definitions are described in the Appendix. Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks.

Week 42 (October 13, 2024 to October 19, 2024)

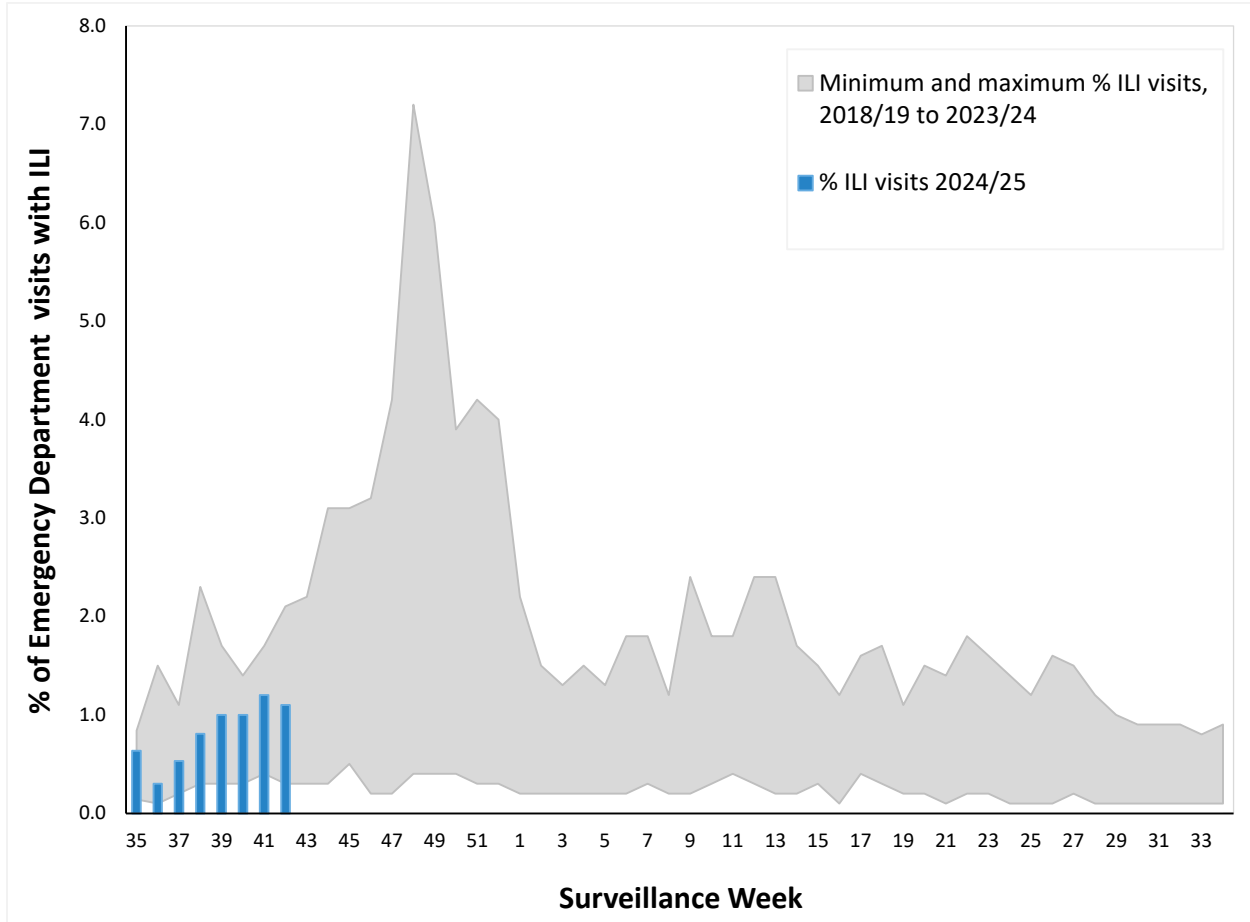
Figure 9. Number of new long-term care facility (LTCF) respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia¹⁸



¹⁸ LTCF outbreak definitions are described in the Appendix. Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks. Counts previously reported for surveillance week 41 were incorrect because of a data entry error and have been corrected.

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	6
Bocavirus	0	0
Coronavirus*	0	2
Enterovirus/Rhinovirus	16	97
Metapneumovirus	0	0
Parainfluenza	0	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](#)