

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 increased during this reporting period (N=7) compared with last reporting period (N=0). <ul style="list-style-type: none"> The number of PCR positive cases in this reporting period is lower than the number in the same reporting period in the 2023/24 season (N=30). COVID-19 activity declined during this reporting period (N=59) compared with last reporting period (N=80). <ul style="list-style-type: none"> The number of PCR positive cases in this reporting period is lower than the number in the same reporting period in the 2023/24 season (N=334). RSV activity increased during this reporting period (N=21) compared with last reporting period (N=15). <ul style="list-style-type: none"> The number of PCR positive cases in this reporting period is lower than the number in the same reporting period in the 2023/24 season (N=81).

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	7	22	59	2419	21	76
Percent positivity (%) ³	1.2	-	5.7	-	2.0	-
Severe outcome⁴						
Hospitalizations (non-ICU)	1	5	0	327		
ICU admissions	0	0	0	34		
Deaths	0	0	0	36		
Outbreaks⁵						
Acute-care facility	0	0	0	19	0	1
Long-term care facility	0	0	1	77	0	0

ILI activity	During this reporting period, the percentage of emergency room visits for influenza like illness (ILI) was 0.9% which is lower than previous reporting period (1.4%)
---------------------	--

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.

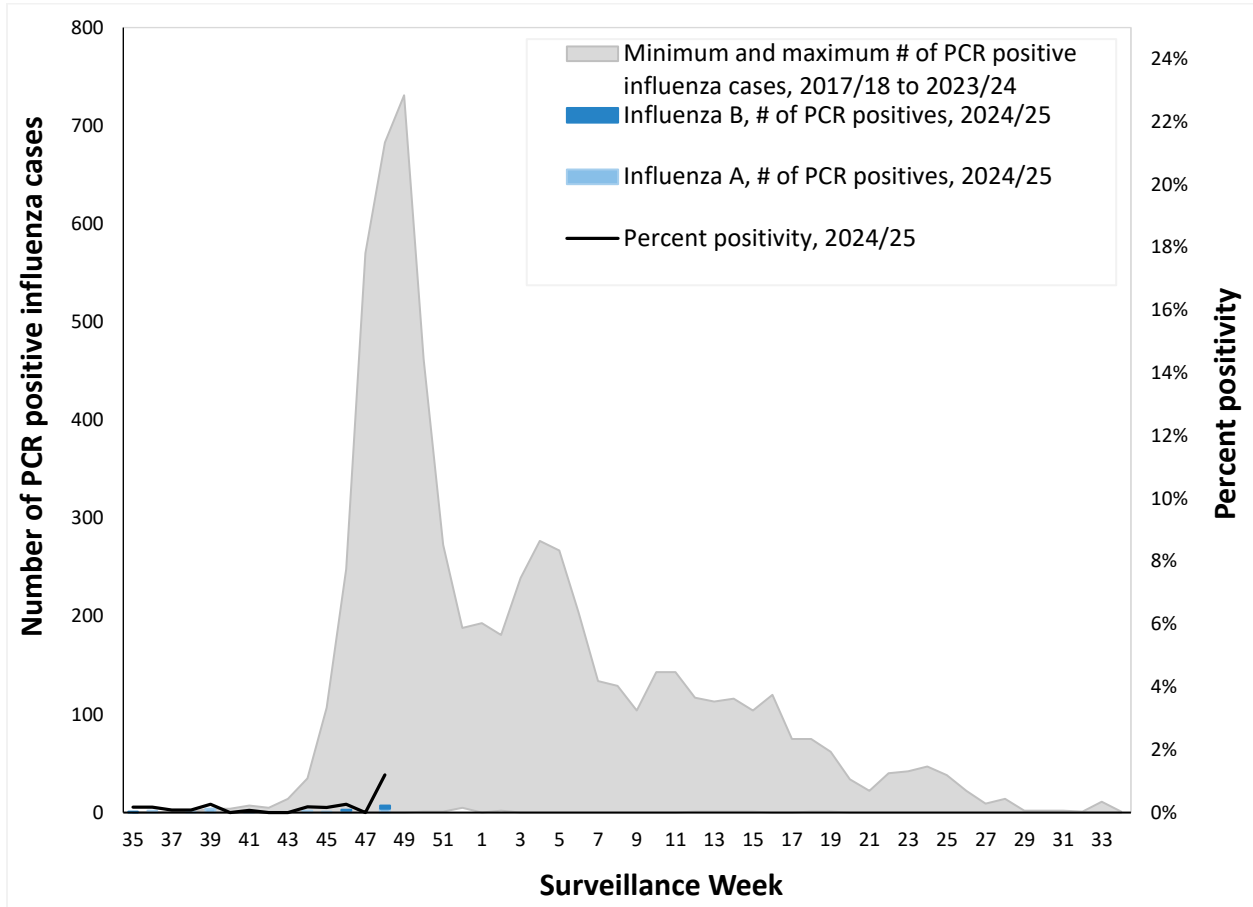
³ Percent positivity is useful for understanding current pathogen spread in the community.

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.

⁵ Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks.

Influenza

Figure 1: Laboratory-confirmed influenza cases (N=22) and percent positivity by surveillance week, 2024/25 season, compared with previous seasons, Nova Scotia⁶



⁶ 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 48 (November 24, 2024 to November 30, 2024)

Table 1: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia⁷

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	2	0	2	8	2	10
Eastern	0	0	0	3	0	3
Central	2	3	5	5	3	8
Nova Scotia Total	4	3	7	17	5	22

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	1	0	1	4	0	4
5-19	0	1	1	0	2	2
20-44	1	0	1	2	1	3
45-64	2	2	4	7	2	9
≥ 65	0	0	0	4	0	4
Nova Scotia Total	4	3	7	17	5	22

Table 3: Cumulative number of hospitalizations, ICU admissions, and deaths among lab-confirmed influenza positive patients, 2024/25 season, Nova Scotia⁸

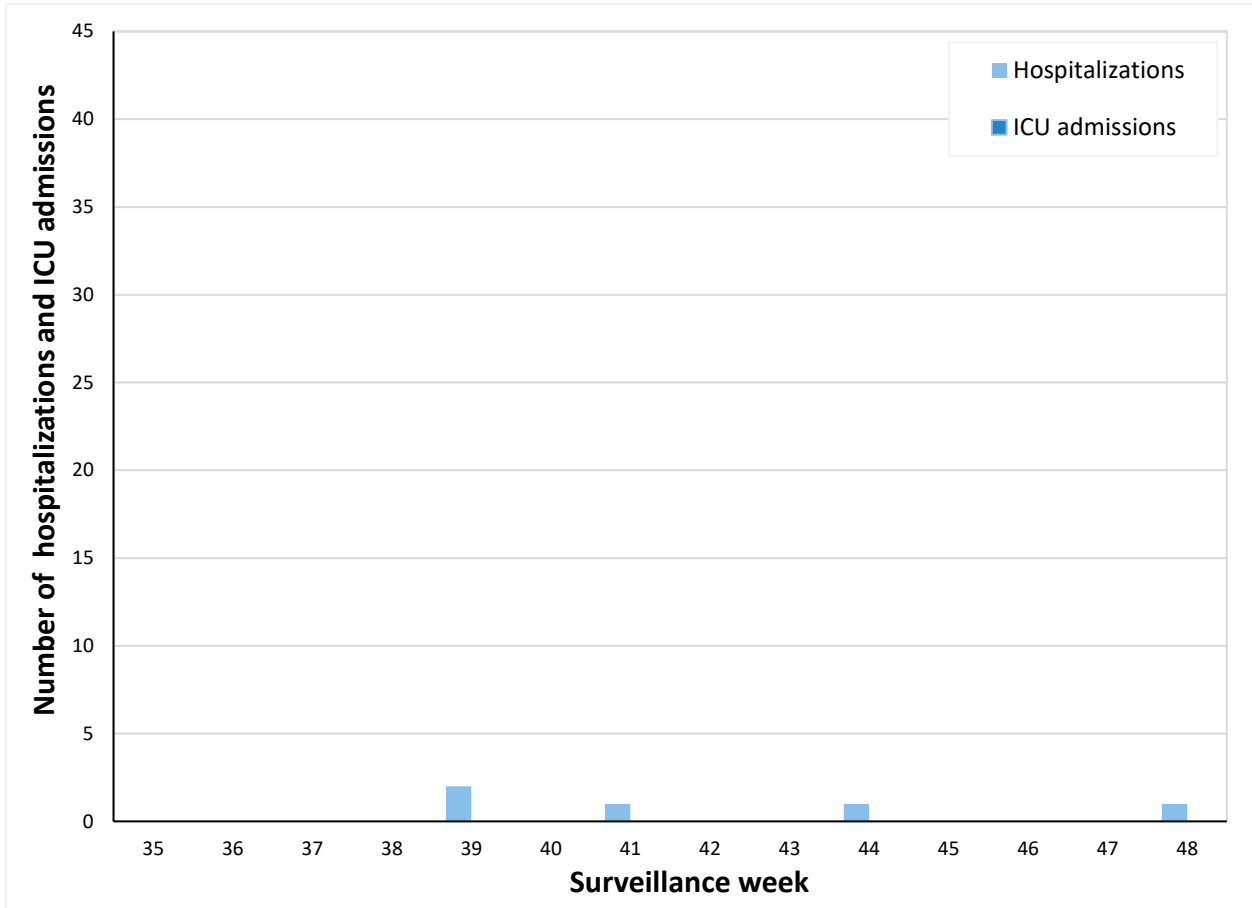
Age group (years)	Cumulative (2024/25)		
	Hospitalizations	ICU	Deaths
0-4	2	0	0
5-19	0	0	0
20-44	0	0	0
45-64	3	0	0
≥ 65	0	0	0
Nova Scotia Total	5	0	0

⁷ Local public health continuously enters and updates influenza case data. Counts may differ from previous surveillance weeks.

⁸ 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 48 (November 24, 2024 to November 30, 2024)

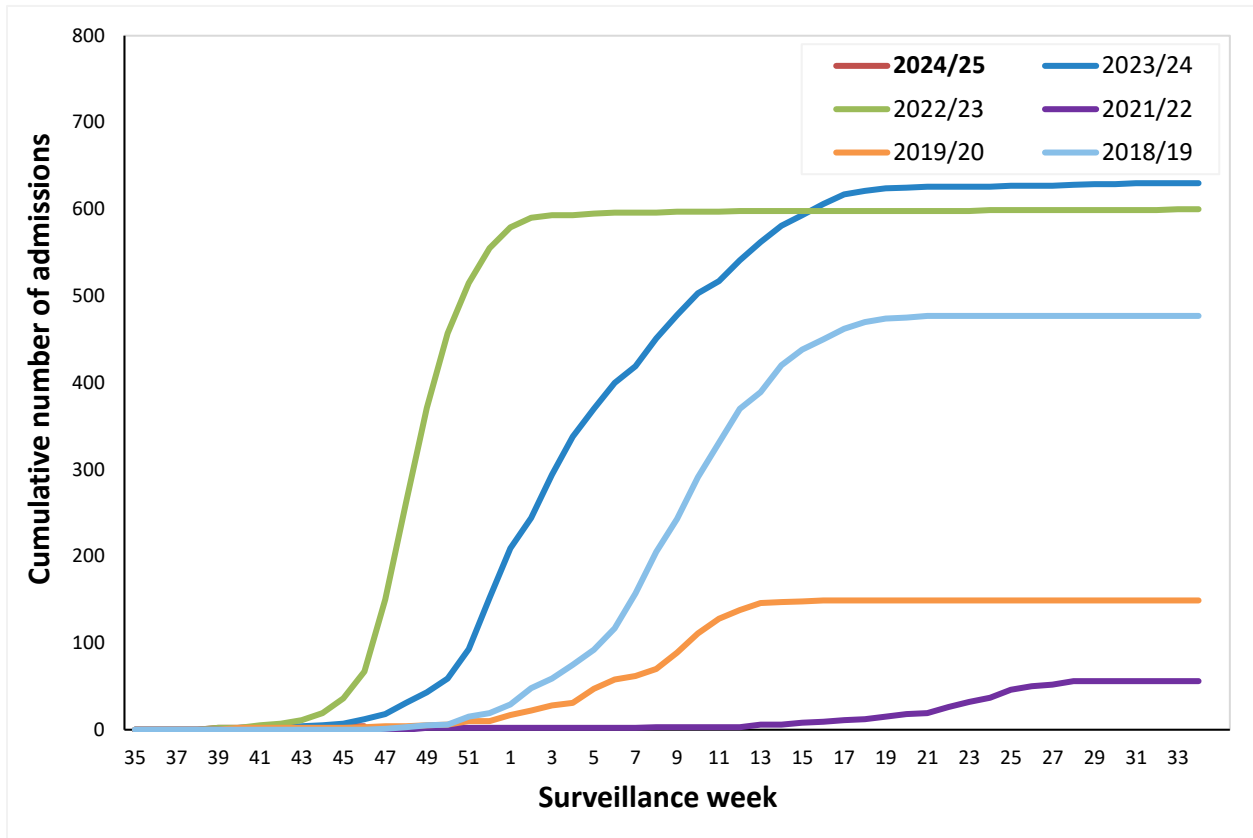
Figure 2: Number of influenza hospitalizations and ICU admissions by surveillance week, 2024/25 season, Nova Scotia⁹



⁹ 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 48 (November 24, 2024 to November 30, 2024)

Figure 3: Cumulative number of hospitalizations and ICU admissions for influenza by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia¹⁰



¹⁰ 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=2419) and percent positivity, 2024/25 season, compared with previous seasons, Nova Scotia

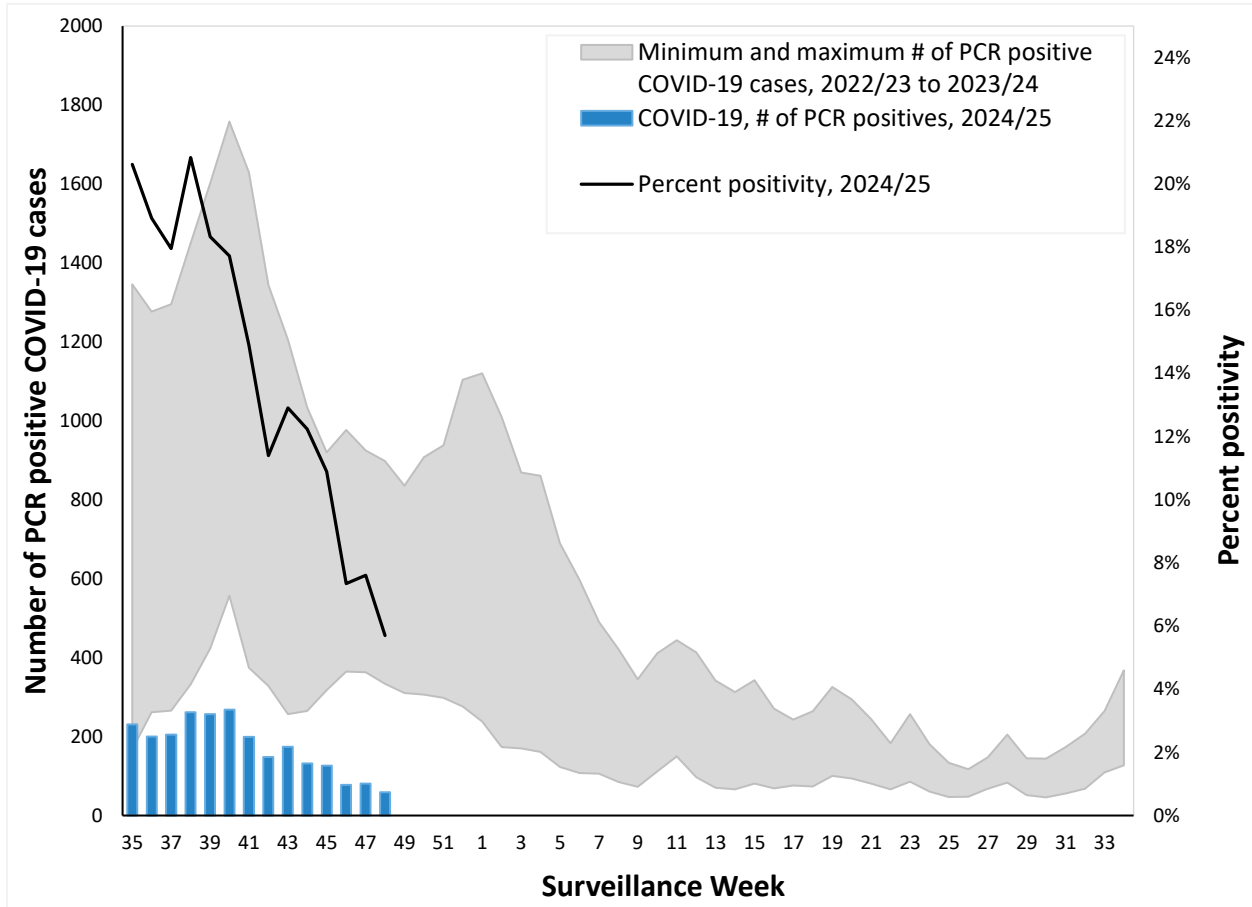


Table 4: Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia¹¹

Zone	Current reporting period	Cumulative (2024/25)
Western	15	487
Northern	10	554
Eastern	8	433
Central	26	945
Nova Scotia Total	59	2419

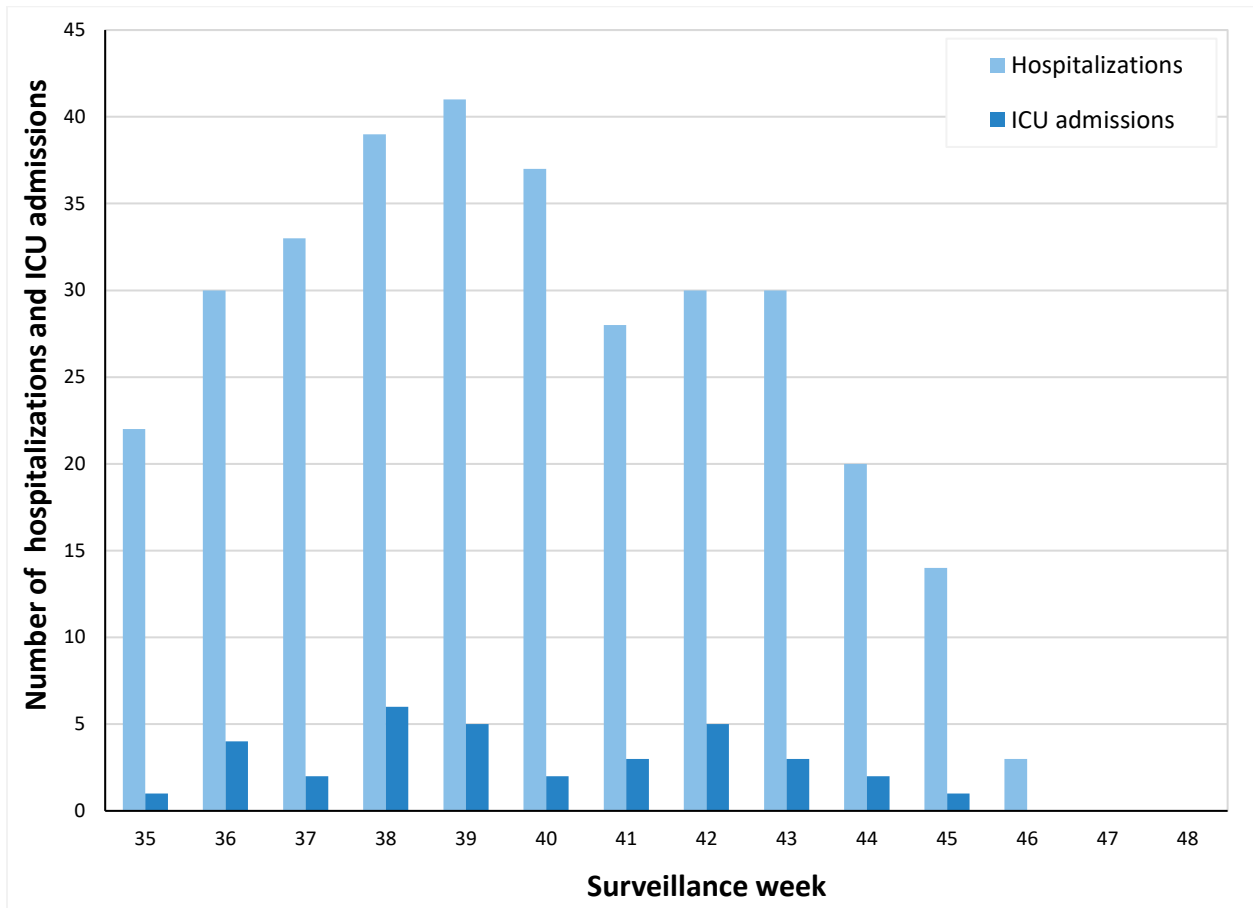
¹¹ Local public health continuously enters and updates COVID-19 case data. Counts may differ from previous surveillance weeks.

Week 48 (November 24, 2024 to November 30, 2024)

Table 5. Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by age group, Nova Scotia¹²

Age group (years)	Current reporting period	Cumulative (2024/25)
0-4	1	47
5-19	0	58
20-44	5	272
45-64	8	411
≥ 65	45	1631
Nova Scotia Total	59	2419

Figure 5: Number of COVID-19 hospitalizations and ICU admissions by week, 2024/25 season, Nova Scotia¹³



¹² Local public health continuously enters and updates COVID-19 case data. Counts may differ from previous surveillance weeks.

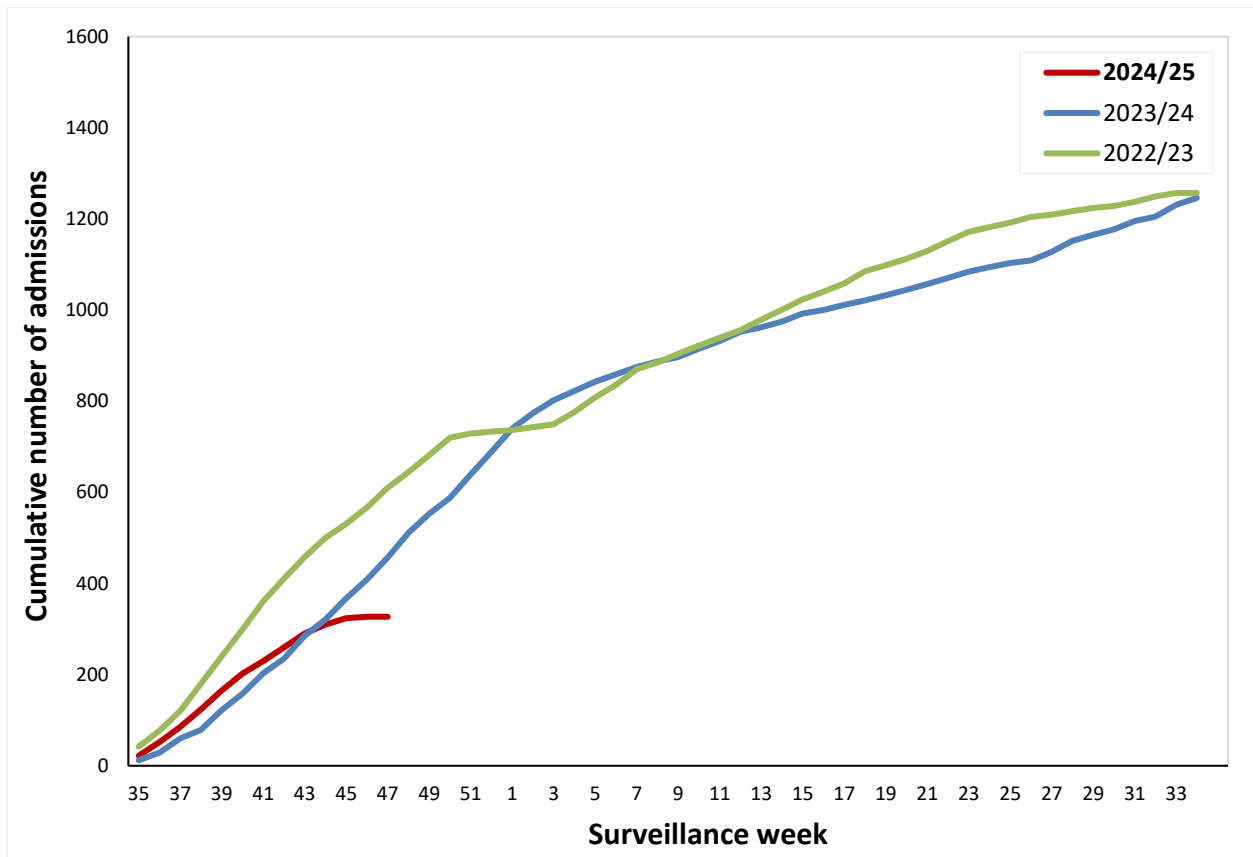
¹³ Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalizations and ICU admissions may be undercounted due to delays in reporting.

Week 48 (November 24, 2024 to November 30, 2024)

Table 6: Cumulative number of hospitalizations, ICU admissions, and deaths among COVID-19 positive patients, 2024/25 season, Nova Scotia¹⁴

Age group (years)	Cumulative (2024/25)		
	Hospitalizations	ICU admissions	Deaths
0-4	4	0	0
5-19	1	0	0
20-44	7	0	0
45-64	30	11	4
≥ 65	285	23	32
Nova Scotia Total	327	34	36

Figure 6: Cumulative number of COVID-19 hospitalizations and ICU admissions, by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia¹⁵



¹⁴ 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

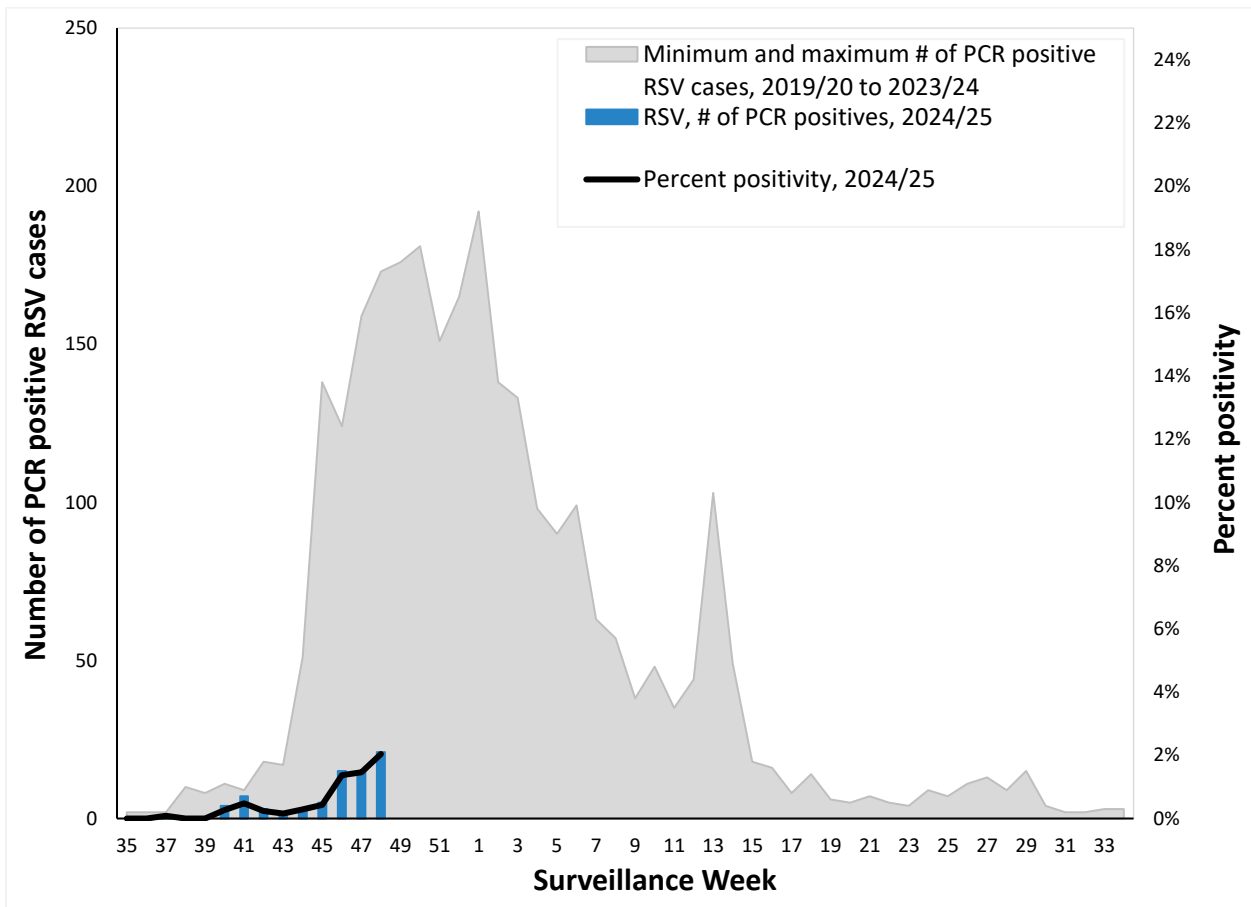
¹⁵ Figure 6 presents the cumulative number of cases who were admitted to hospital and/or ICU during the season. Cases are counted once.

RSV Respiratory Syncytial Virus (RSV)¹⁶

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	1	9
6-11 months	2	5
12-23 months	6	17
2-4 years	3	18
5-19 years	6	7
20-64 years	1	8
≥ 65 years	2	12
Nova Scotia Total	21	76

Figure 7: Laboratory-confirmed RSV cases (N=76) by week, 2024/25 season, compared with previous seasons, Nova Scotia¹⁷

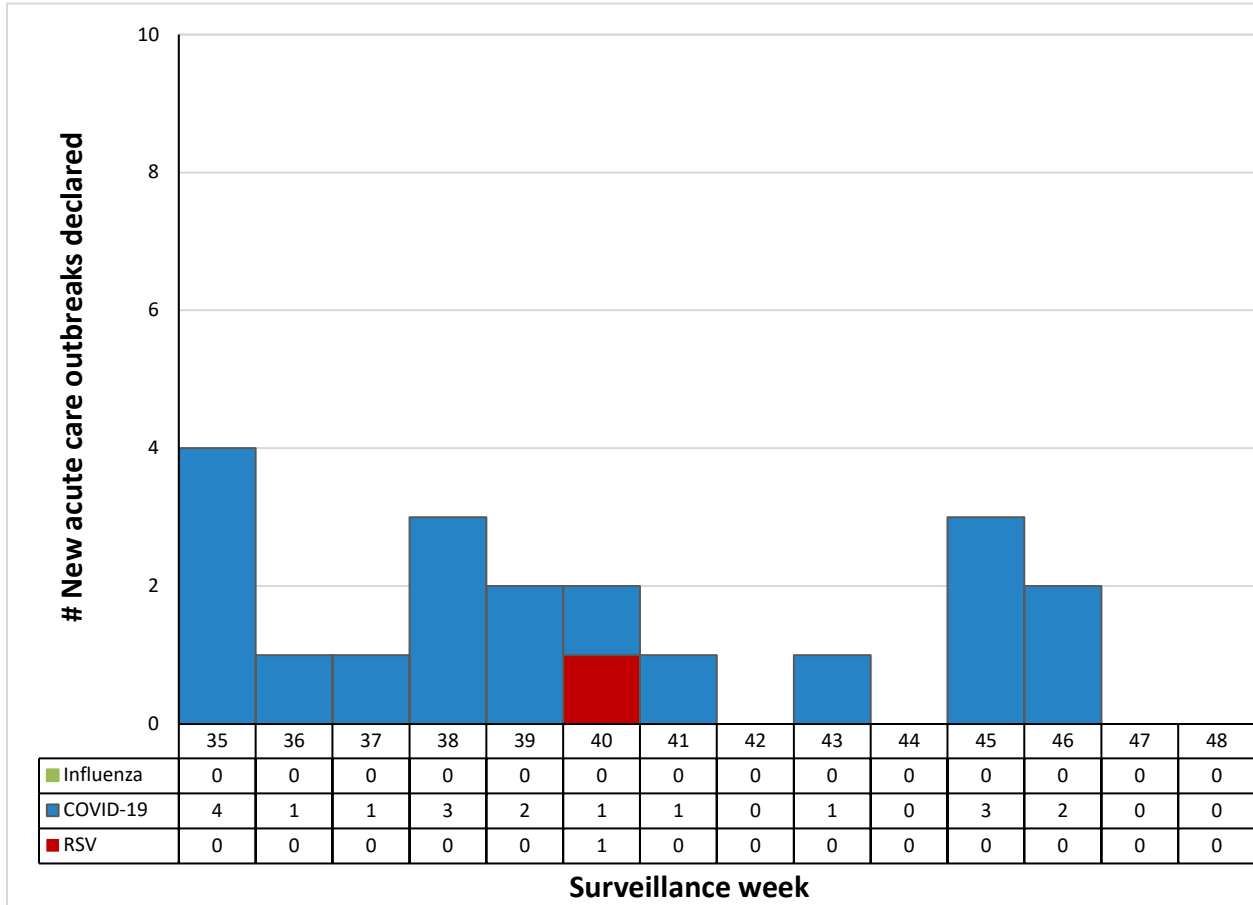


¹⁶ RSV is not a notifiable condition in Nova Scotia

¹⁷ 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

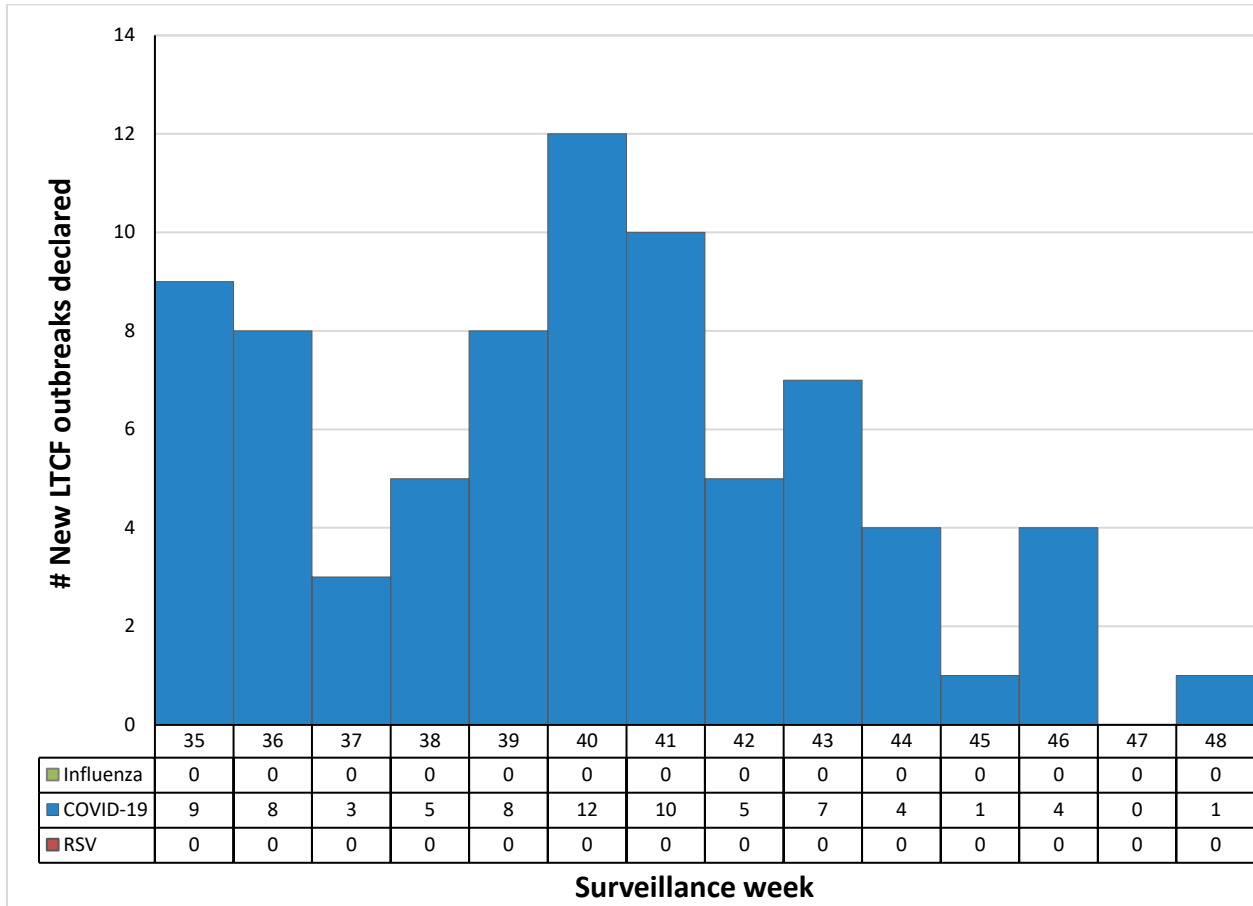
Figure 8. Number of new acute care facility respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia¹⁸



¹⁸ 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 48 (November 24, 2024 to November 30, 2024)

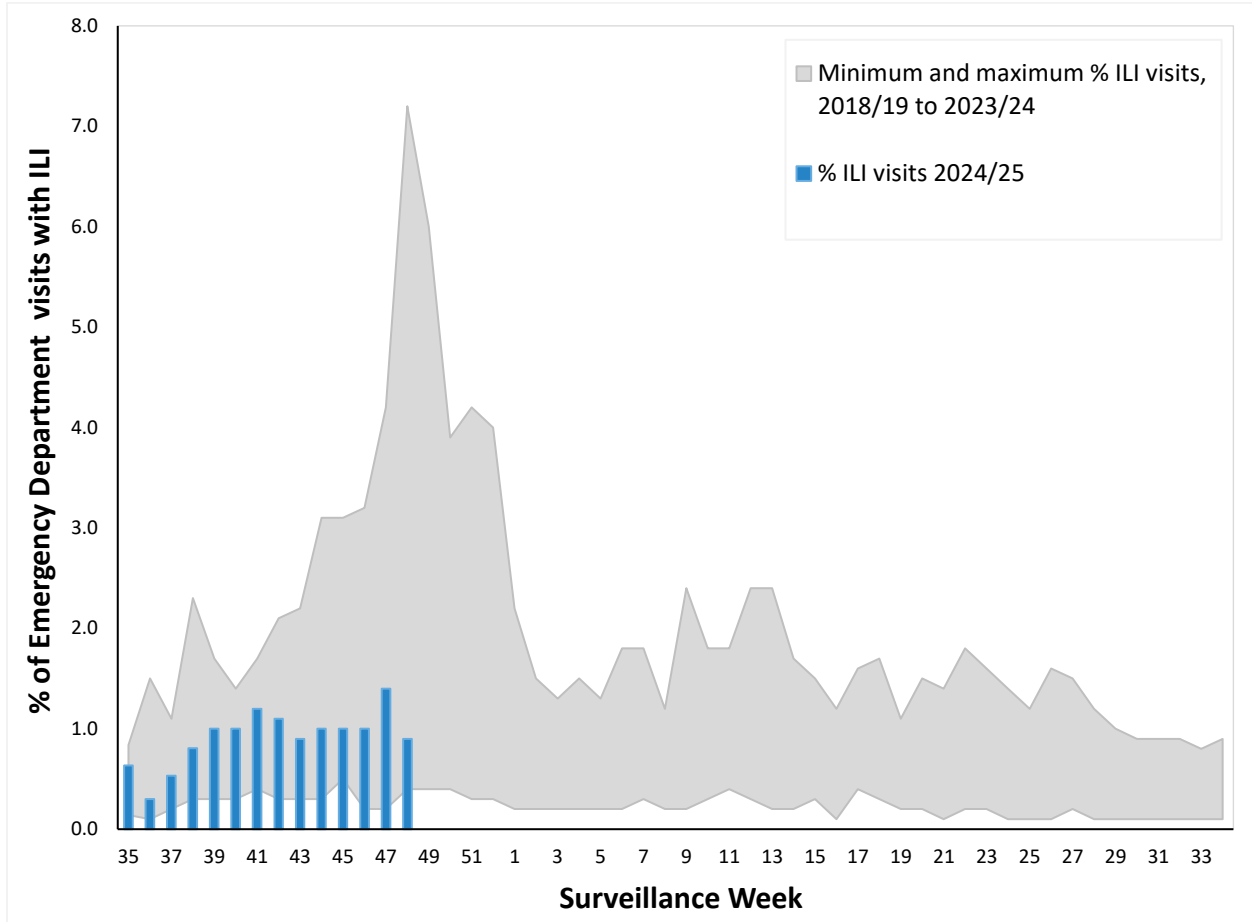
Figure 9. Number of new long-term care facility (LTCF) respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia¹⁹



¹⁹ LTCF outbreak definitions are described in the Appendix. Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks.

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 Scotia²⁰



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	0	11
Bocavirus	0	1
Coronavirus*	0	4
Enterovirus/Rhinovirus	15	178
Metapneumovirus	0	0
Parainfluenza	2	6

*Excludes COVID-19

²⁰ ILI percentages may be updated due to delays in reporting, as some acute care facilities may submit data retrospectively.

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

Week 48 (November 24, 2024 to November 30, 2024)

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
-----------------------------------	--	---

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](#)