

# RESPIRATORY WATCH

Week 17 (April 20, 2025 to April 26, 2025)

# Highlights of this reporting period<sup>1</sup>

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

#### Activity levels<sup>2</sup>

- Influenza activity week 17 (N=89) was lower than the previous reporting period, week 16 (N=106).
  - The number of PCR positive cases in this reporting period was higher than the number in the same reporting period in the 2023/24 season (N=75).
- COVID-19 activity in week 17 (N=34) was lower than the previous reporting period, week 16 (N=54).
  - The number of PCR positive cases in this reporting period was lower than the number in the same reporting period in the 2023/24 season (N=76).
- RSV activity in week 17 (N=20) was lower than the previous reporting period, week 16 (N=39).
  - The number of PCR-positive cases in this reporting period was higher than the number in the same reporting period in the 2023/24 season (N=7).

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

2024/23 3043011	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	89	5980	34		4173	20		2313
Percent positivity (%) <sup>3</sup>	7.9	_	3.5		-	1.6		-
Severe outcome <sup>4</sup>	_							
Hospitalizations (non-ICU)	20	1141	1		671			
ICU admissions	1	117	0		67			
Deaths	0	103	0		96			
Outbreaks <sup>5</sup>								
Acute-care facility	0	30	0		42	0		5
Long-term care facility	3	88	2		134	1		29

	During this reporting period, the percentage of emergency room visits for influenza
ILI activity <sup>6</sup>	like illness (ILI) was 1.1% in week 17, which was similar to the previous reporting
	period, week 16 (0.9%).

<sup>2</sup> Use of multiplex polymerase chain reaction (PCR) respiratory virus testing may affect the number of tests conducted and number of cases identified and reported.

<sup>&</sup>lt;sup>1</sup> See data notes in Appendix.

<sup>&</sup>lt;sup>3</sup> Percent positivity is useful for understanding current pathogen spread in the community.

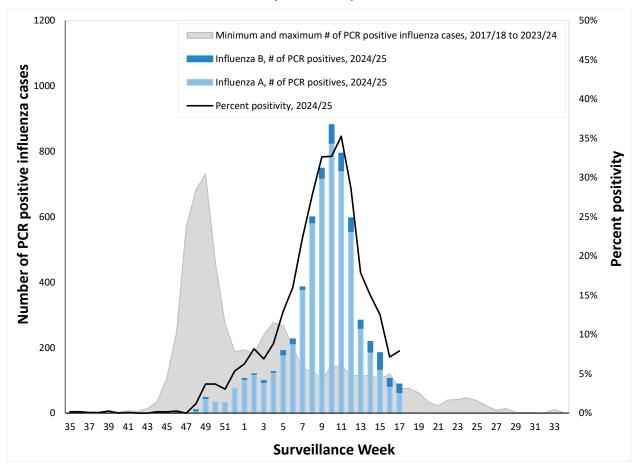
<sup>&</sup>lt;sup>4</sup> New hospitalizations, ICU admissions, and deaths in recent surveillance weeks may be undercounted because of reporting delays. Outcomes are not reported for RSV because it is not a notifiable condition in Nova Scotia.

<sup>&</sup>lt;sup>5</sup> Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks.

<sup>&</sup>lt;sup>6</sup> ILI percentages may vary from previous surveillance weeks as emergency departments continuously enter and update data.

#### Influenza

Figure 1: Laboratory-confirmed influenza cases (N=5980) and percent positivity by surveillance week, 2024/25 season, compared with previous seasons, Nova Scotia<sup>7</sup>



<sup>&</sup>lt;sup>7</sup> 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. Local public health continuously enters and updates influenza case data and counts may differ from previous surveillance weeks.

Table 1: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia<sup>8</sup>

7000	Current	t reporting perio	d	Cumulative (2024/25)		
Zone	Influenza A	Influenza B	Total	Influenza A	Influenza B	Total
Western	12	12	24	1378	61	1439
Northern	20	10	30	1407	234	1641
Eastern	10	1	11	1297	24	1321
Central	21	3	24	1483	96	1579
Nova Scotia Total	63	26	89	5565	415	5980

Table 2: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2024/25 season, by age groups, Nova Scotia<sup>8</sup>

A == ===== (====)	Current reporting period			Cumulative (2024/25)			
Age group (years)	Influenza A	Influenza B	Total	Influenza A	Influenza B	Total	
0-4	3	1	4	472	40	512	
5-19	4	10	14	642	169	811	
20-44	10	9	19	977	143	1120	
45-64	14	4	18	1282	42	1324	
≥ 65	32	2	34	2192	21	2213	
Nova Scotia Total	63	26	89	5565	415	5980	

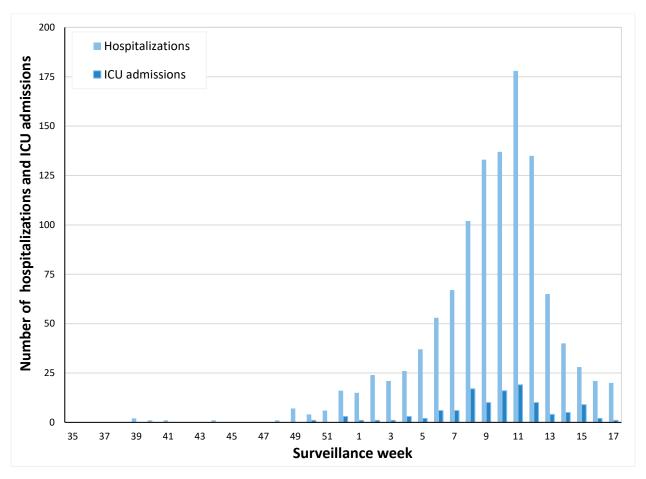
Table 3: Cumulative number of hospitalizations, ICU admissions, and deaths among lab-confirmed influenza positive patients, 2024/25 season, Nova Scotia<sup>9</sup>

Age group (veges)	Cum	Cumulative (2024/25)				
Age group (years)	Hospitalizations	ICU	Deaths			
0-4	48	1	0			
5-19	80	3	1			
20-44	76	11	2			
45-64	226	46	23			
≥ 65	711	56	77			
Nova Scotia Total	1141	117	103			

<sup>&</sup>lt;sup>8</sup> Local public health continuously enters and updates influenza case data and counts may differ from previous surveillance weeks.

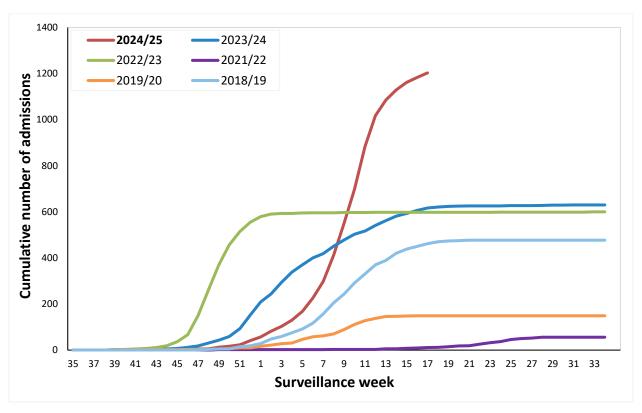
<sup>&</sup>lt;sup>9</sup> Individuals may be included in multiple columns if they have more than one severe outcome (i.e., categories are not mutually exclusive). Recent hospitalizations, ICU admissions, and deaths may be undercounted due to delays in reporting.

Figure 2: Number of influenza hospitalizations and ICU admissions by surveillance week, 2024/25 season, Nova Scotia<sup>10</sup>



<sup>&</sup>lt;sup>10</sup> 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.

Figure 3: Cumulative number of hospitalizations and ICU admissions for influenza by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia<sup>11</sup>



<sup>&</sup>lt;sup>11</sup> 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=4173) and percent positivity, 2024/25 season, compared with previous seasons, Nova Scotia<sup>12</sup>

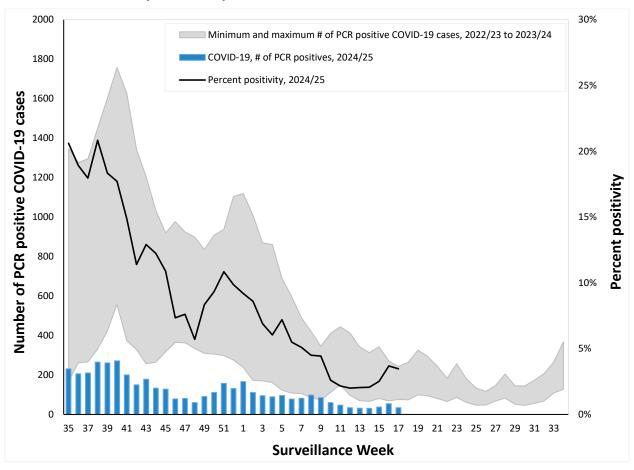


Table 4: Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia<sup>12</sup>

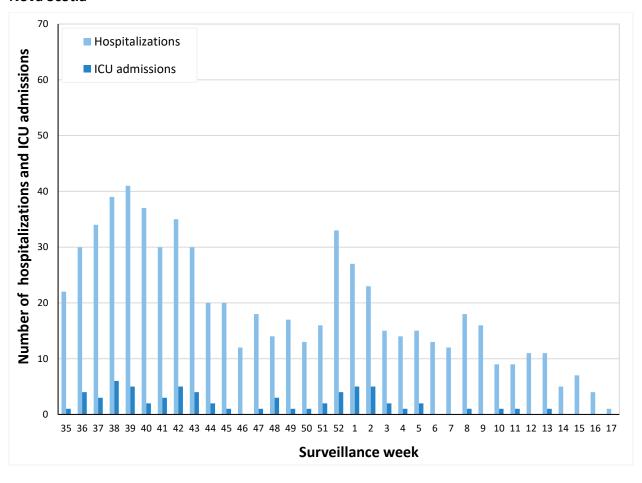
Zone	Current reporting period	<b>Cumulative (2024/25)</b>
Western	12	901
Northern	5	959
Eastern	11	725
Central	6	1588
Nova Scotia Total	34	4173

<sup>&</sup>lt;sup>12</sup> Local public health continuously enters and updates COVID-19 case data. Counts may differ from previous surveillance weeks.

Table 5. Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by age group, Nova Scotia<sup>13</sup>

Age group (years)	Current reporting period	<b>Cumulative (2024/25)</b>
0-4	1	117
5-19	1	115
20-44	4	473
45-64	6	677
≥ 65	22	2791
Nova Scotia Total	34	4173

Figure 5: Number of COVID-19 hospitalizations and ICU admissions by week, 2024/25 season, Nova Scotia<sup>14</sup>

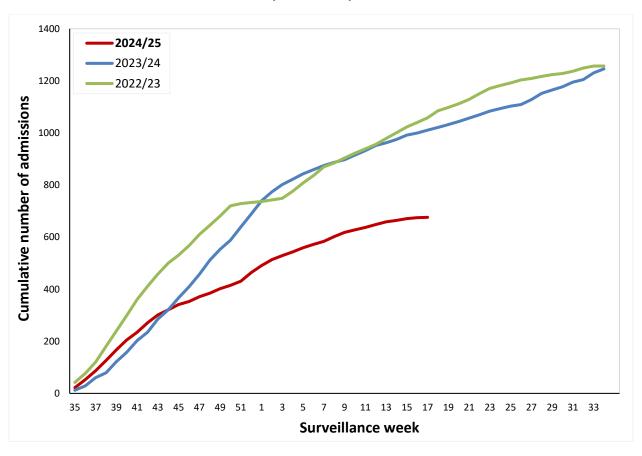


<sup>&</sup>lt;sup>13</sup> Local public health continuously enters and updates COVID-19 case data. Counts may differ from previous surveillance weeks. <sup>14</sup> Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalizations and ICU admissions may be undercounted due to delays in reporting.

Table 6: Cumulative number of hospitalizations, ICU admissions, and deaths among COVID-19 positive patients, 2024/25 season, Nova Scotia<sup>15</sup>

Ass success (consult	Cumulative (2024/25)				
Age group (years)	Hospitalizations	ICU admissions	Deaths		
0-4	16	2	0		
5-19	7	2	0		
20-44	16	2	3		
45-64	71	13	5		
≥ 65	561	48	88		
Nova Scotia Total	671	67	96		

Figure 6: Cumulative number of COVID-19 hospitalizations and ICU admissions, by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia<sup>16</sup>



<sup>&</sup>lt;sup>15</sup> 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

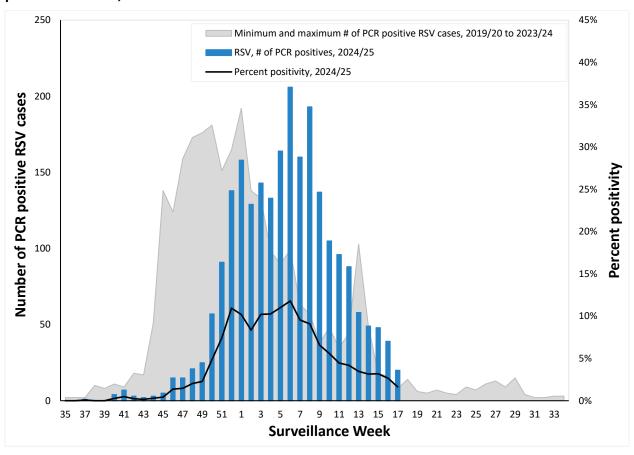
<sup>&</sup>lt;sup>16</sup> Figure 6 presents the cumulative number of cases who were admitted to hospital and/or ICU during the season. Cases are counted once.

# Respiratory Syncytial Virus (RSV) 17

Table 7: Number of laboratory-confirmed RSV cases by age group, current reporting period and cumulative 2024/25 season, Nova Scotia<sup>18</sup>

Age group	Current reporting period	<b>Cumulative (2024/25)</b>
0-5 months	2	235
6-11 months	0	152
12-23 months	3	245
2-4 years	1	370
5-19 years	0	166
20-64 years	3	415
≥ 65 years	11	720
Nova Scotia Total	20	2303

Figure 7: Laboratory-confirmed RSV cases (N=2313) by week, 2024/25 season, compared with previous seasons, Nova Scotia<sup>19</sup>



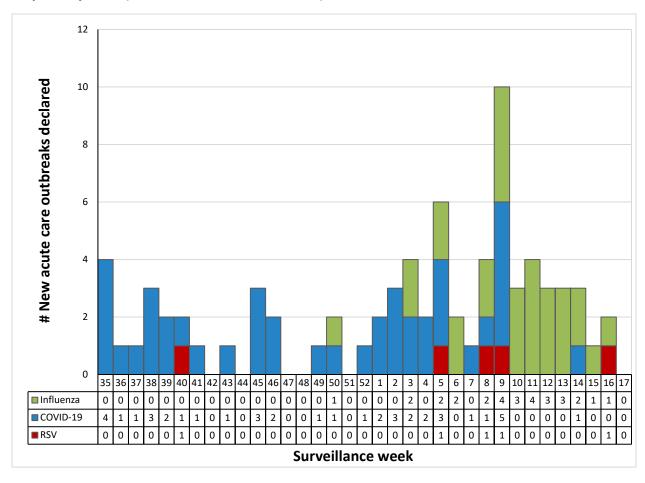
 $<sup>^{17}</sup>$  RSV is not a notifiable condition in Nova Scotia. Counts may differ from previous surveillance weeks because of reporting delays.

<sup>&</sup>lt;sup>18</sup> The total number of cases is less than the total count in Figure 7 because age is not reported for all cases.

<sup>&</sup>lt;sup>19</sup> 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.

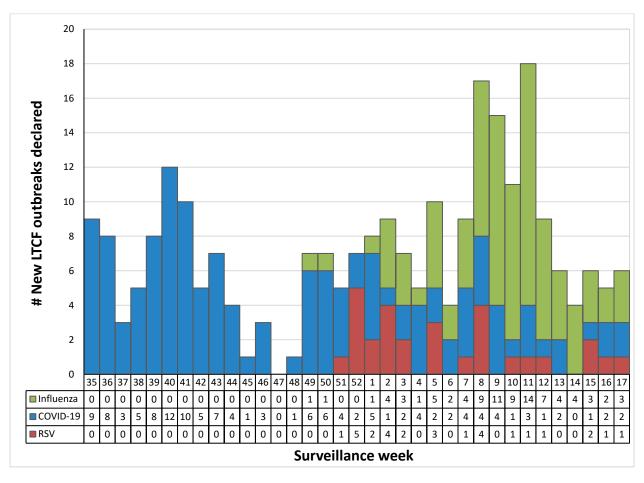
# **Respiratory Outbreaks**

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 Scotia<sup>20</sup>



<sup>&</sup>lt;sup>20</sup> 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.

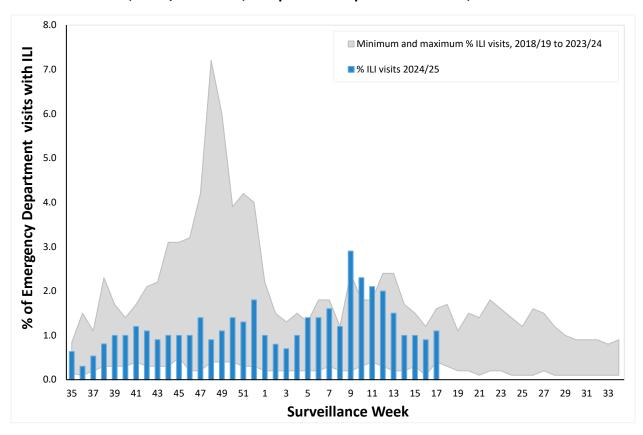
Figure 9. Number of new long-term care facility (LTCF) respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia<sup>21</sup>



<sup>&</sup>lt;sup>21</sup> 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 Scotia<sup>22</sup>



# **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	32
Bocavirus	0	2
Coronavirus*	0	62
Enterovirus/Rhinovirus	8	309
Metapneumovirus	4	23
Parainfluenza	2	49

<sup>\*</sup>Excludes COVID-19

<sup>&</sup>lt;sup>22</sup> ILI percentages may vary from previous surveillance weeks as emergency departments continuously enter and update data.

### Appendix – data notes and definitions

#### **Data Notes**

- A surveillance week runs from Sunday to Saturday. Nova Scotia's 2024/25 season aligns with the <u>Public</u> 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 by several weeks, and deaths are
  particularly affected. Additionally, data are incomplete for the most recent reporting period because of
  lags in local public health reporting of COVID-19 and influenza outcomes. 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 <u>Nova Scotia's Respiratory Surveillance Plan</u> 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 <u>specific populations</u> 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: <u>Nova Scotia's Respiratory Response Plan</u> and <u>Nova Scotia's Respiratory Surveillance Plan for Public</u> 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 (LCTF)
	≥ 2 symptomatic residents where at	≥ 2 resident cases of ILI (influenza-like
Influenza	least one is a laboratory confirmed case of influenza, epidemiologically linked within the patient care unit in a 7-day period	illness), where at least one is a laboratory confirmed case of influenza, within the LTCF in a <b>7-day period</b>
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 <b>10-day period</b>	≥ 2 laboratory-confirmed resident cases AND at least one is a facility acquired case, with all cases epidemiologically linked within the LTCF in a <b>10-day period</b>

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≥ 2 symptomatic residents where at	≥ 2 symptomatic residents where at least
least one is a laboratory confirmed	one is a laboratory confirmed case of
	RSV, epidemiologically linked within the
within the patient care unit in a 7-day	LTCF in a <b>7-day period</b>
period	
	least one is a laboratory confirmed case of RSV, epidemiologically linked within the patient care unit in a <b>7-day</b>

#### **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  $\ge 65$  years, fever may not be prominent.

## Other case definitions

See: <u>Surveillance Guidelines | novascotia.ca</u>

#### Links to other weekly influenza reports

Canada: <u>Weekly influenza reports - Canada.ca</u> World: <u>Global Influenza Programme (who.int)</u>

US: FluView | FluView | CDC