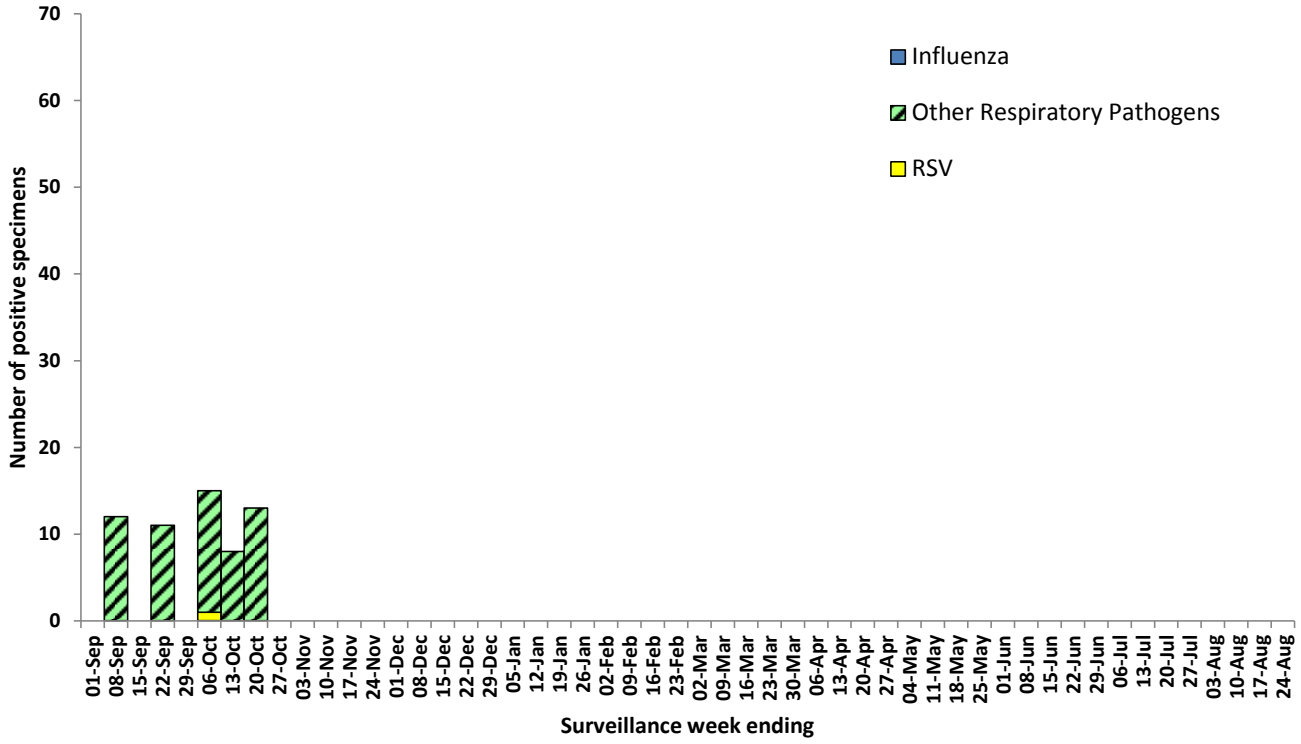
RESPIRATORY WATCH

Week 42 (October 14 to October 20, 2012)

Summary of Nova Scotia surveillance findings, for the period ending October 20, 2012:

- There were no laboratory confirmed cases of influenza reported in week 42.
- Other respiratory pathogen activity continues. Positive results were received for chlamydophila pneumonia and mycoplasma pneumonia.
- The ILI rate for Nova Scotia for this reporting period was 0.7. DHAs 2, 3 and 4 did not report. Only 39% of ER sites reported ILI data this week.
- The sentinel swabbing program will commence November 15, 2012.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2012–2013



RESPIRATORY WATCH

Week 42 (October 14 to October 20, 2012)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 42, Nova Scotia

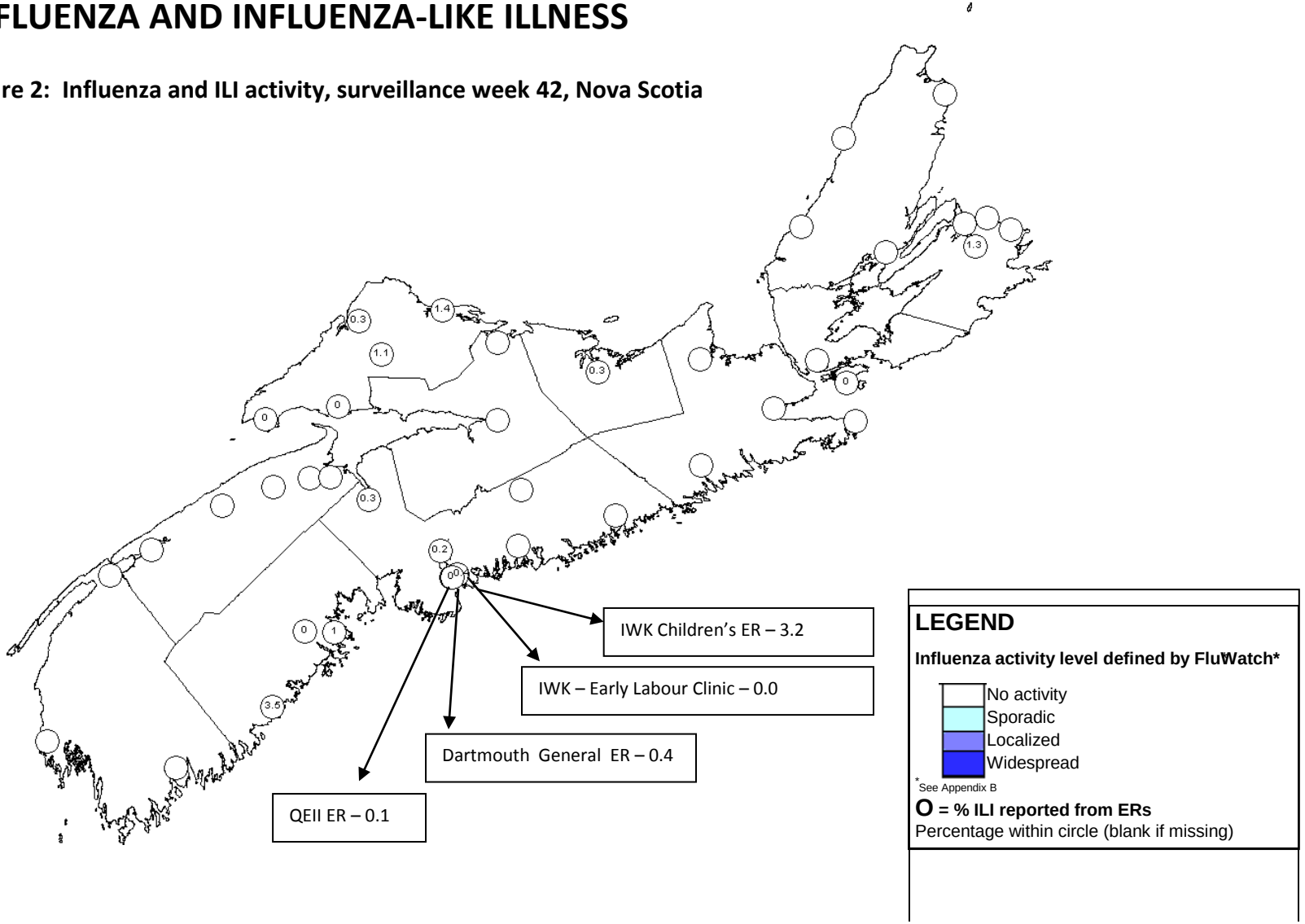


Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2012–2013

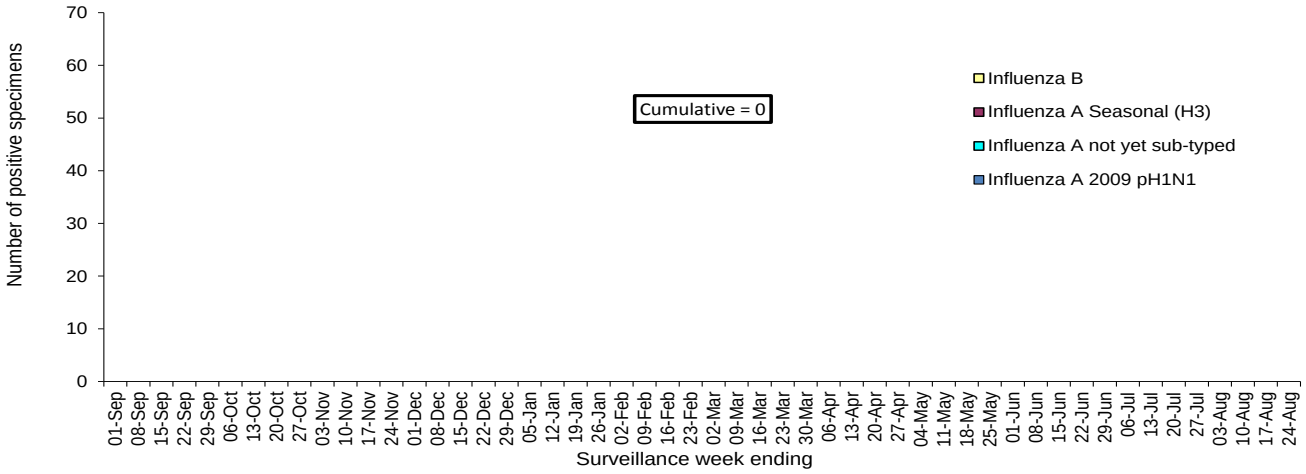
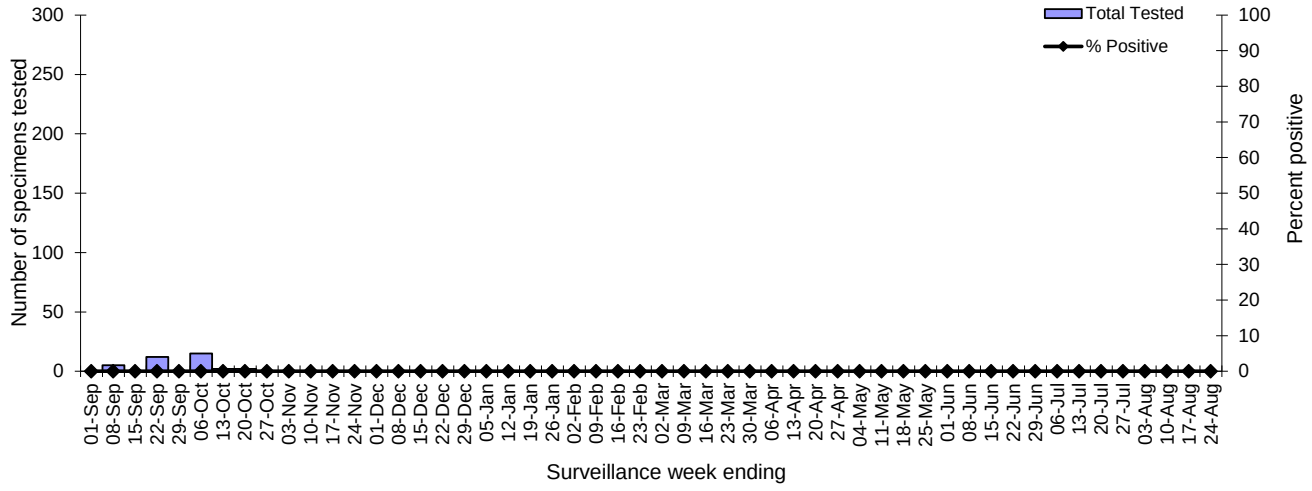


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



*Data presented in this figure refers to week specimen was tested.

Table 1: Influenza case counts by DHA, current surveillance week and cumulative, Nova Scotia, 2012–2013

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
Influenza A 2009 pH1N1										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza B										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0

RESPIRATORY WATCH

Week 42 (October 14 to October 20, 2012)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2012–2013

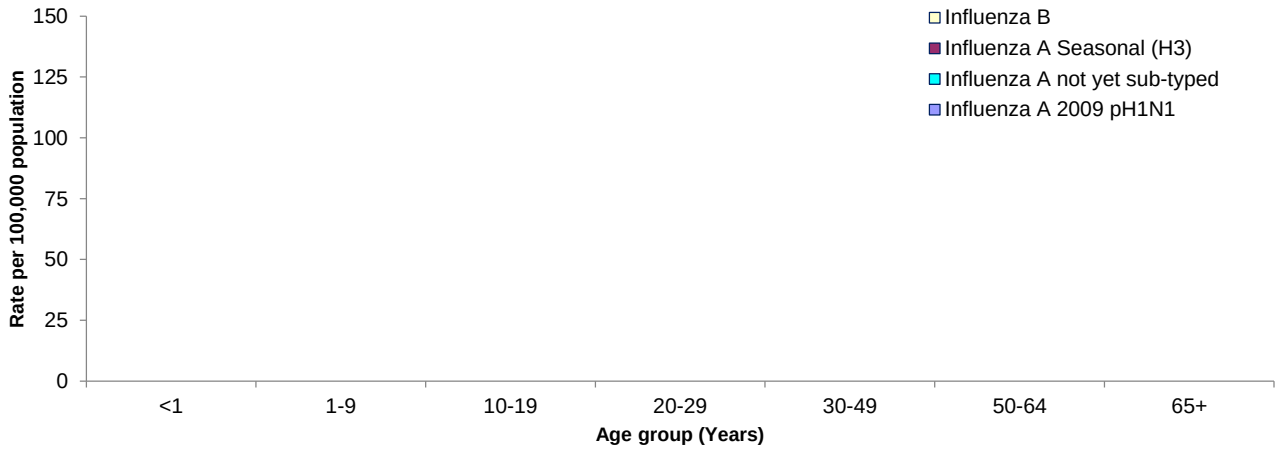


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013

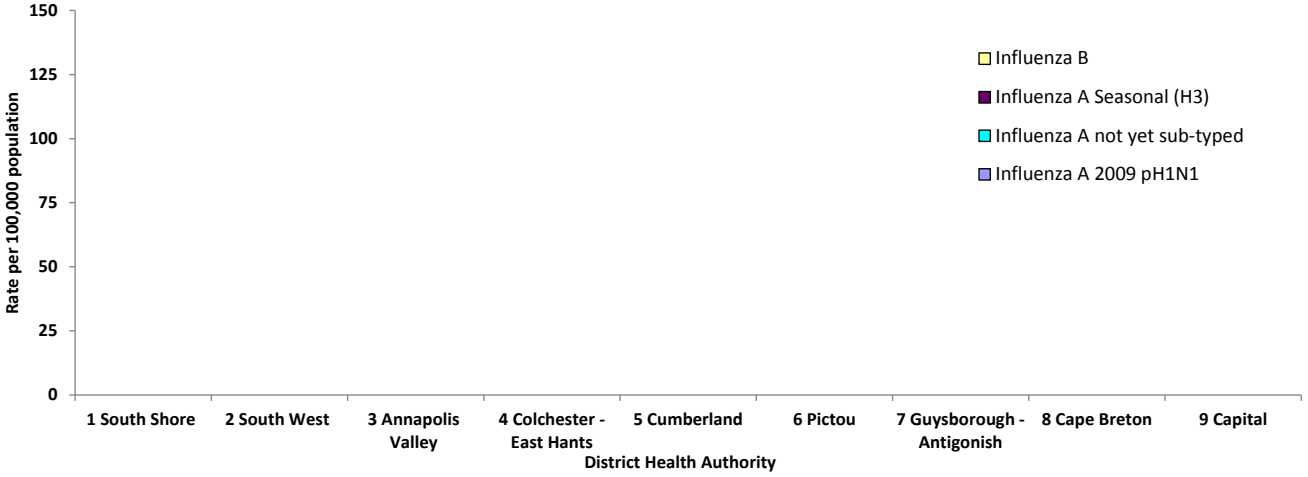


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE				SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs			%ILI	Reporting Sentinels	
DHA 1	1.2	3	of 3		2.5	2 of 6	
DHA 2	–	0	of 3		–	0 of 0	
DHA 3	–	0	of 5		–	0 of 1	
DHA 4	–	0	of 2		–	0 of 0	
DHA 5	0.4	5	of 5		5.3	1 of 2	
DHA 6	0.3	1	of 1		–	0 of 2	
DHA 7	0.0	1	of 6		–	0 of 1	
DHA 8	1.3	1	of 8		0.0	1 of 4	
DHA 9	0.2	4	of 7		–	0 of 14	
IWK	2.3	1	of 1				
Nova Scotia (excl. IWK)†	**0.5**	**15**	**of 40**	**37.5%**			
Nova Scotia (incl. IWK)	**0.7**	**16**	**of 41**	**39.0%**	**2.3**	**4 of 30**	**13.3%**

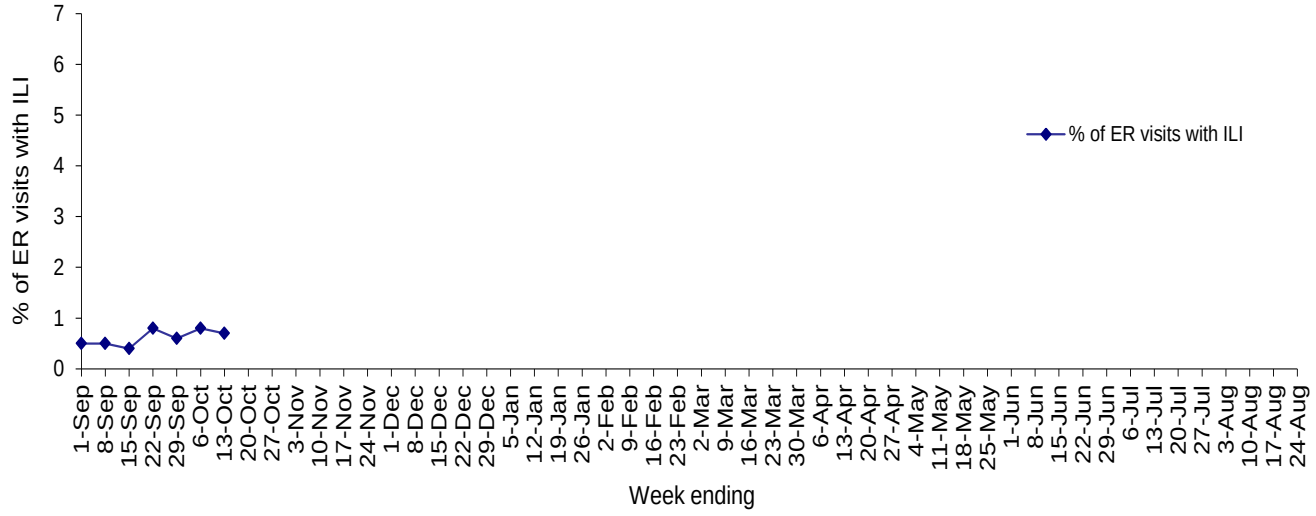
*Fluwatch sentinels

†Excludes the children's ER from IWK

RESPIRATORY WATCH

Week 42 (October 14 to October 20, 2012)

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2012–2013



RESPIRATORY WATCH

Week 42 (October 14 to October 20, 2012)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2012–2013

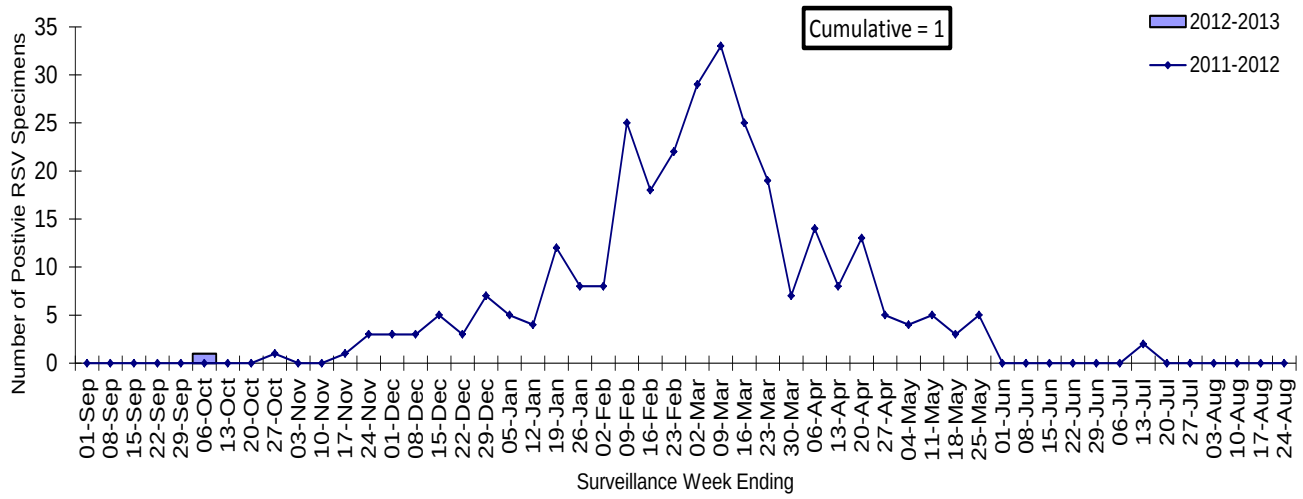
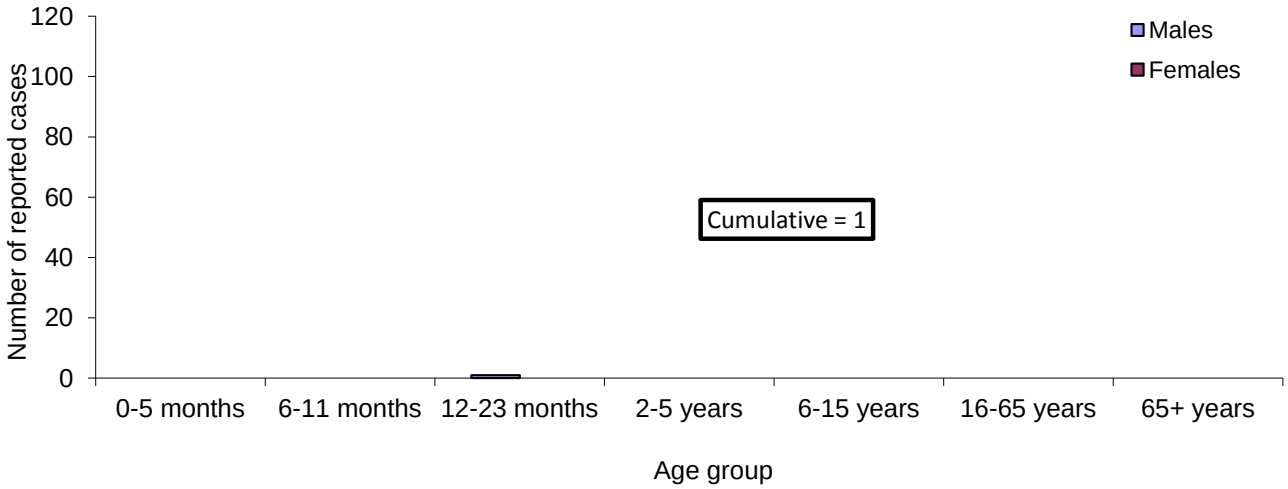


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



OTHER RESPIRATORY PATHOGENS

Table 3: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2012–2013

	Surveillance Week			Cumulative Season-to-Date Totals		
Number and percent positive for:	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	0	0	0.0	31	0	0.0
Bocavirus	0	0	0.0	31	0	0.0
Chlamydophila pneumoniae	18	3	16.7	99	16	16.2
Coronavirus	0	0	0.0	31	0	0.0
Enterovirus	0	0	0.0	31	1	3.2
Metapneumovirus	0	0	0.0	31	1	3.2
Mycoplasma pneumoniae	18	10	55.6	99	25	25.3
Parainfluenza	0	0	0.0	31	1	3.2
Pertussis	9	0	0.0	57	4	7.0
Respiratory syncytial virus A	0	0	0.0	31	0	0.0
Respiratory syncytial virus B	0	0	0.0	31	0	0.0
Respiratory syncytial virus not typed	4	0	0.0	36	1	2.8
Rhinovirus	0	0	0.0	31	10	32.3

APPENDIX: Definitions used in Influenza Surveillance, 2012-2013

1) ILI in the general population:

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.

2) Outbreaks of influenza / ILI by setting:

Schools and Daycares:
Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI.

Hospitals and residential institutions:
Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.

Other Settings:
Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. closed communities.

3) National FluWatch Definitions for Influenza Activity Levels:

Influenza activity levels are defined as:

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

* ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

† Sub-regions within the province or territory as defined by the provincial/territorial epidemiologist.

4) District Health Authorities (DHAs), Nova Scotia:
DHA 1 – South Shore Health
DHA 2 – South West Health
DHA 3 – Annapolis Valley Health
DHA 4 – Colchester East Hants Health Authority
DHA 5 – Cumberland Health Authority
DHA 6 – Pictou County Health Authority
DHA 7 – Guysborough Antigonish Strait Health Authority
DHA 8 – Cape Breton District Health Authority
DHA 9 – Capital Health