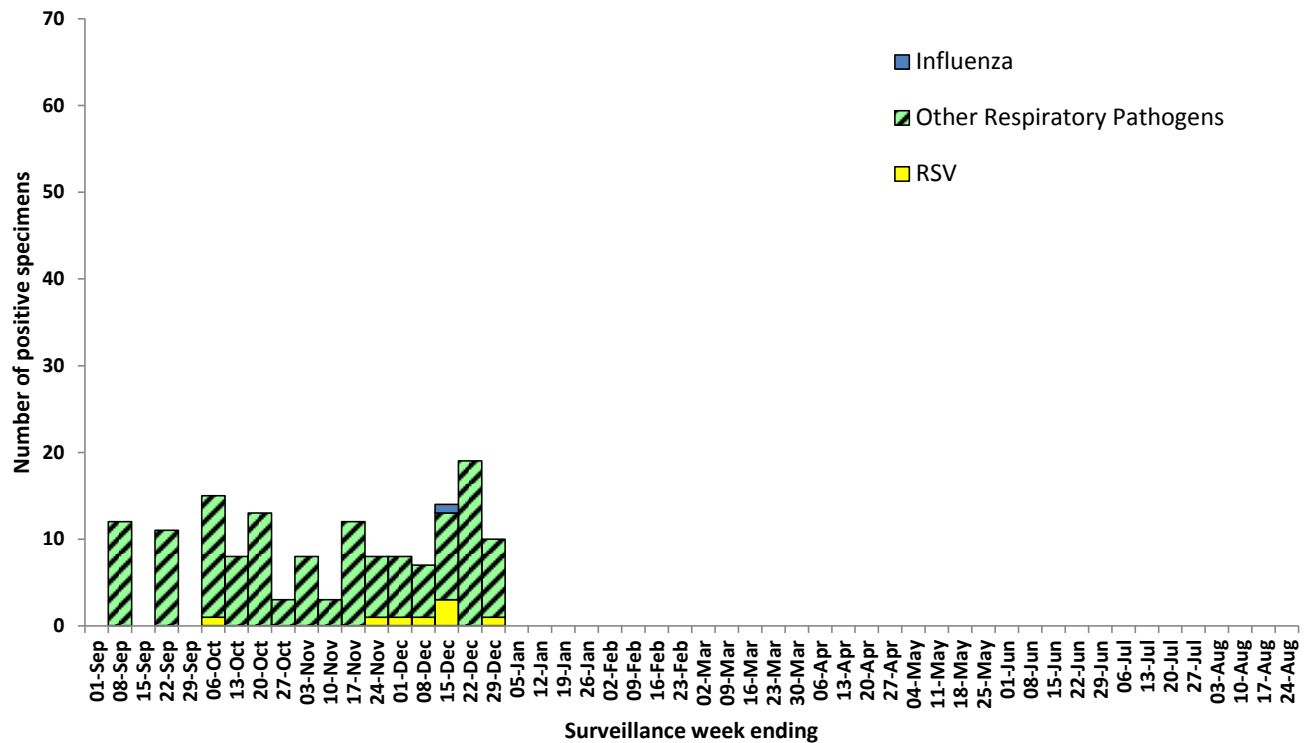


## Summary of Nova Scotia surveillance findings, for the period ending December 29, 2012:

- No influenza cases were reported this week.
- Other respiratory pathogen activity continues. Positive results were received for chlamydomphila pneumoniae, mycoplasma pneumoniae, parainfluenza, pertussis, rhinovirus and RSV.
- The ILI rate for Nova Scotia for this reporting period was 1.2. DHA 2 did not report. Seventy three percent of ER sites reported ILI data this week.
- Zero specimens were submitted for the sentinel swabbing program.
- Sentinel physician data was not received at time of report production.

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

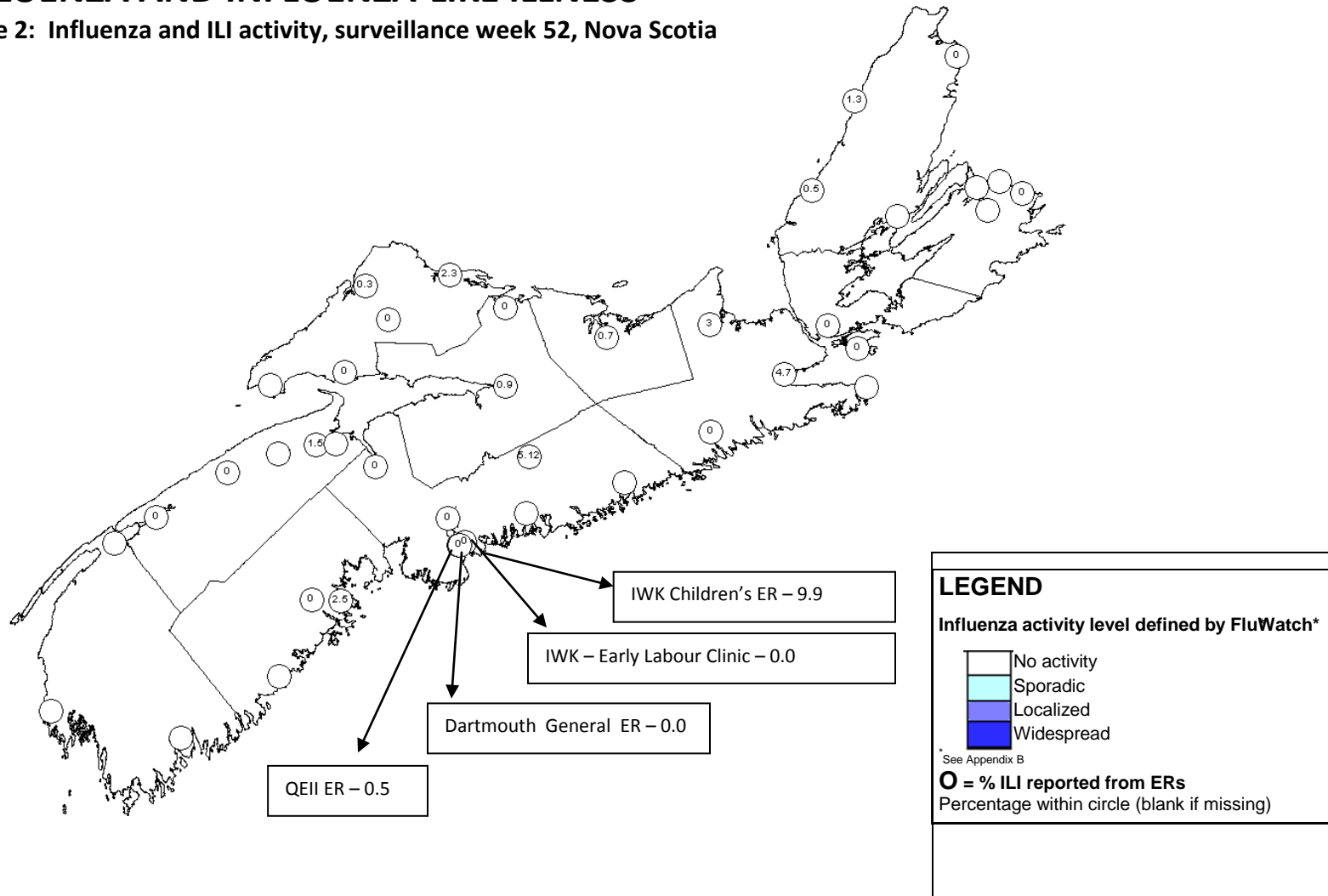


# RESPIRATORY WATCH

Week 52 (December 23 to December 29, 2012)

## INFLUENZA AND INFLUENZA-LIKE ILLNESS

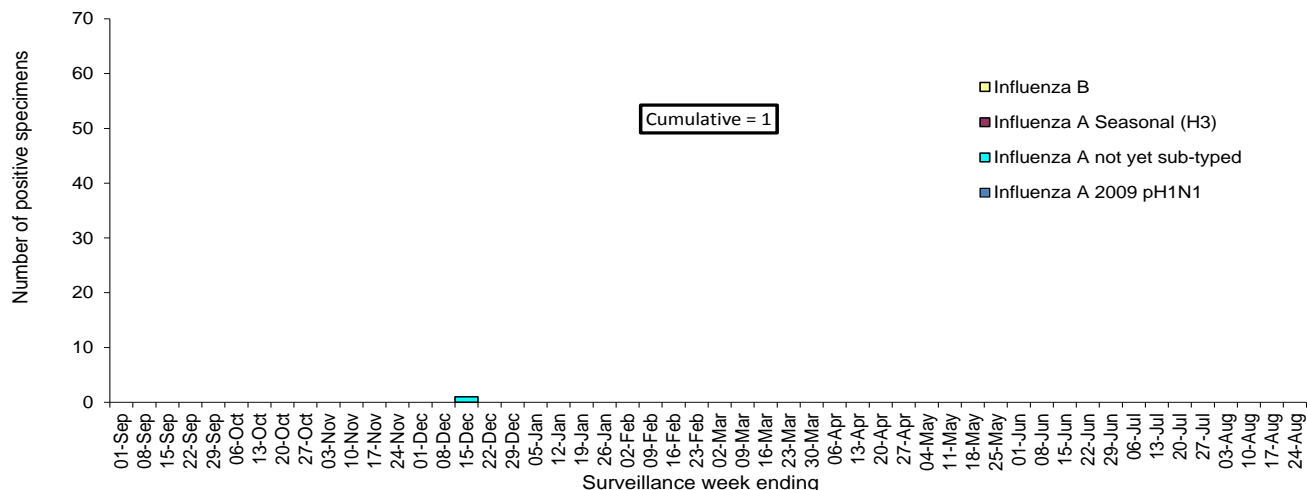
Figure 2: Influenza and ILI activity, surveillance week 52, Nova Scotia



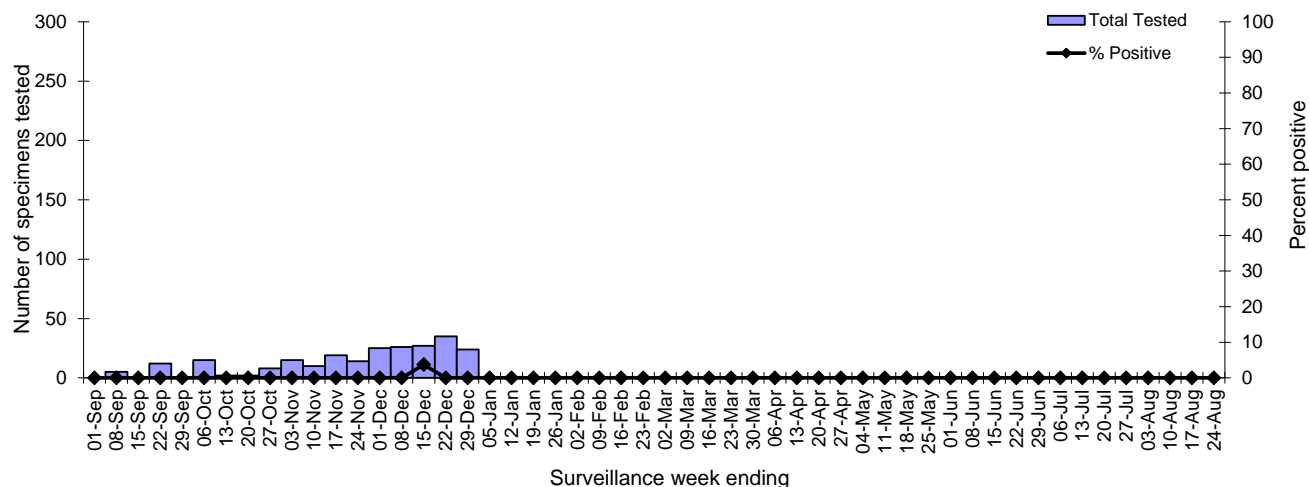
# RESPIRATORY WATCH

Week 52 (December 23 to December 29, 2012)

**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
<b>Influenza A 2009 pH1N1</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
<b>Influenza A (not yet sub-typed)</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	1	1
<b>Influenza A Seasonal (H3)</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
<b>Influenza B</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 52 (December 23 to December 29, 2012)

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

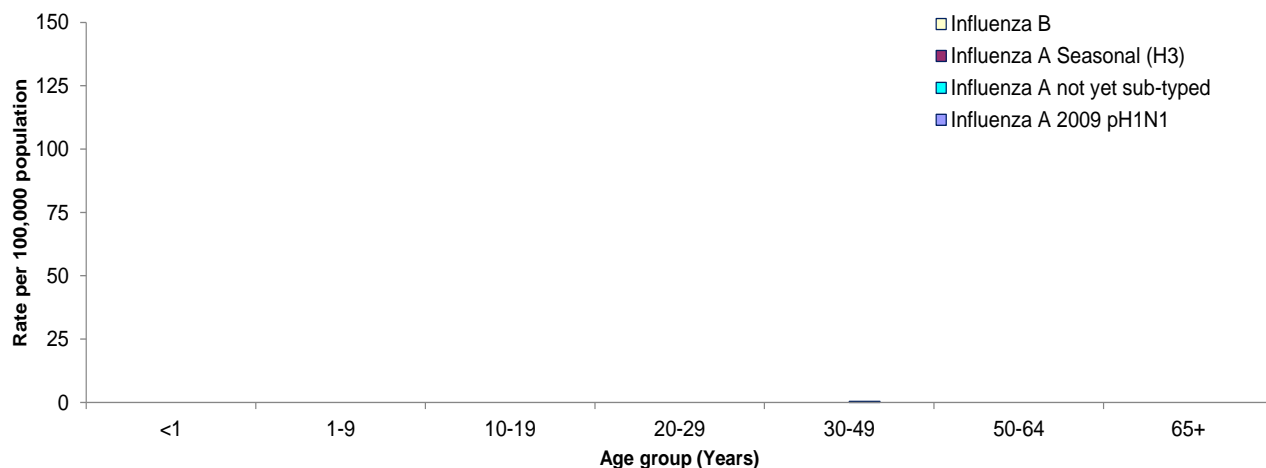


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013

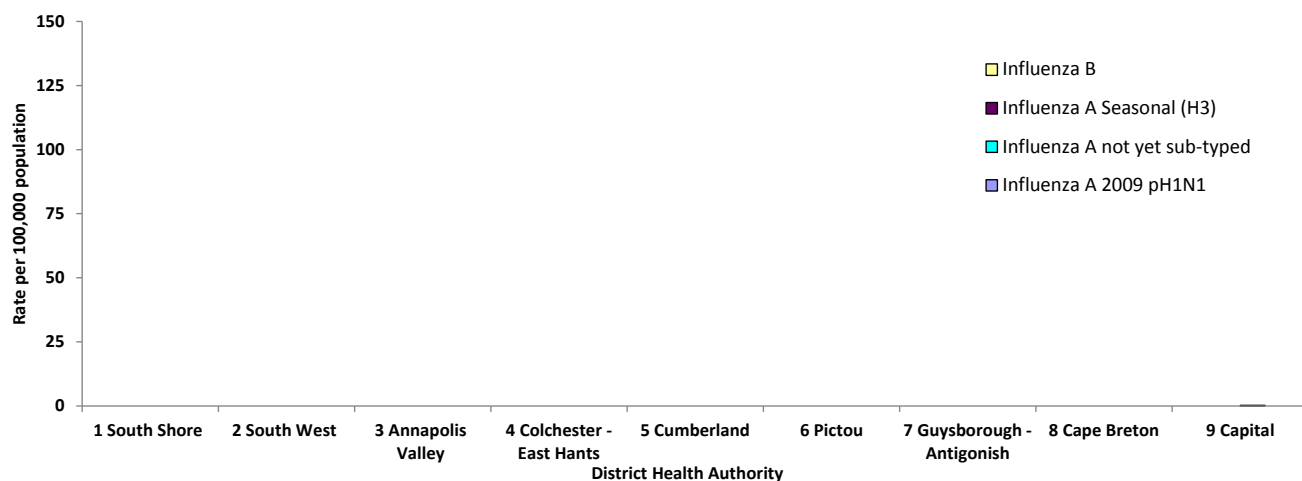


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*		SENTINEL SWABBING	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels	# Swabs	Sites Submitting Specimens
DHA 1	1.7	3 of 3	–	0 of 6	0	0 of 1
DHA 2	–	0 of 3	–	0 of 0	0	0 of 1
DHA 3	1.0	3 of 5	–	0 of 1	0	0 of 2
DHA 4	0.6	2 of 2	–	0 of 0	0	0 of 2
DHA 5	0.6	5 of 5	–	0 of 2	0	0 of 1
DHA 6	0.7	1 of 1	–	0 of 2	0	0 of 1
DHA 7	2.0	6 of 6	–	0 of 1	0	0 of 2
DHA 8	0.3	4 of 8	–	0 of 4	0	0 of 3
DHA 9	0.3	5 of 7	–	0 of 14	0	0 of 3
IWK	7.5	1 of 1	–	–	–	–
<b>Nova Scotia (excl. IWK)†</b>	<b>0.7</b>	<b>29 of 40</b>	<b>72.5%</b>	–	<b>0</b>	<b>0 of 12</b>
<b>Nova Scotia (incl. IWK)</b>	<b>1.2</b>	<b>30 of 41</b>	<b>73.2%</b>	<b>4.3</b>	<b>0 of 30</b>	<b>0.0%</b>

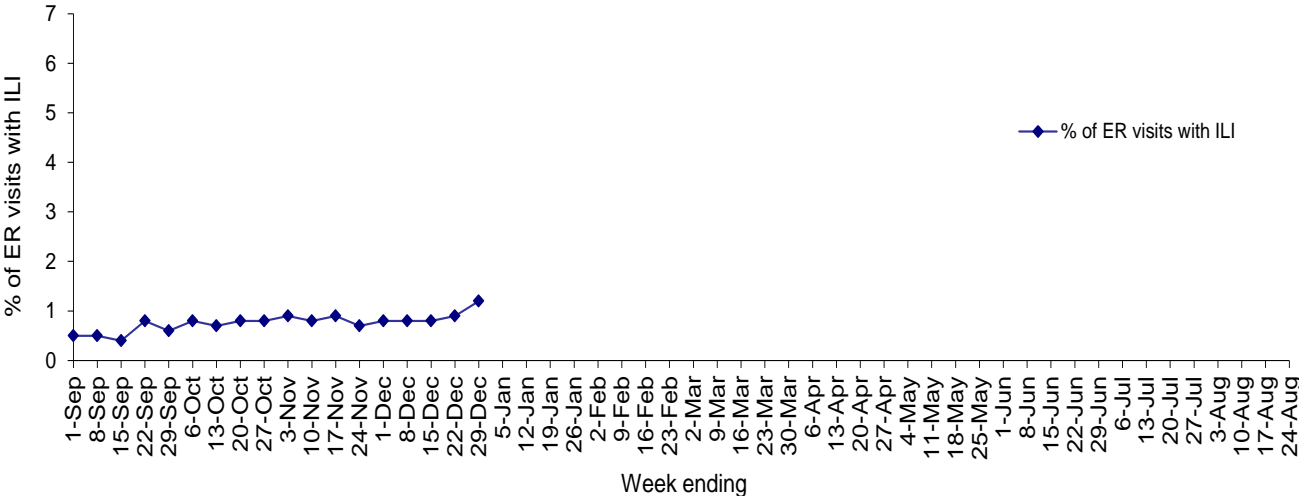
\*Flu watch sentinels

†Excludes the children's ER from IWK

# RESPIRATORY WATCH

Week 52 (December 23 to December 29, 2012)

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



# RESPIRATORY WATCH

Week 52 (December 23 to December 29, 2012)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

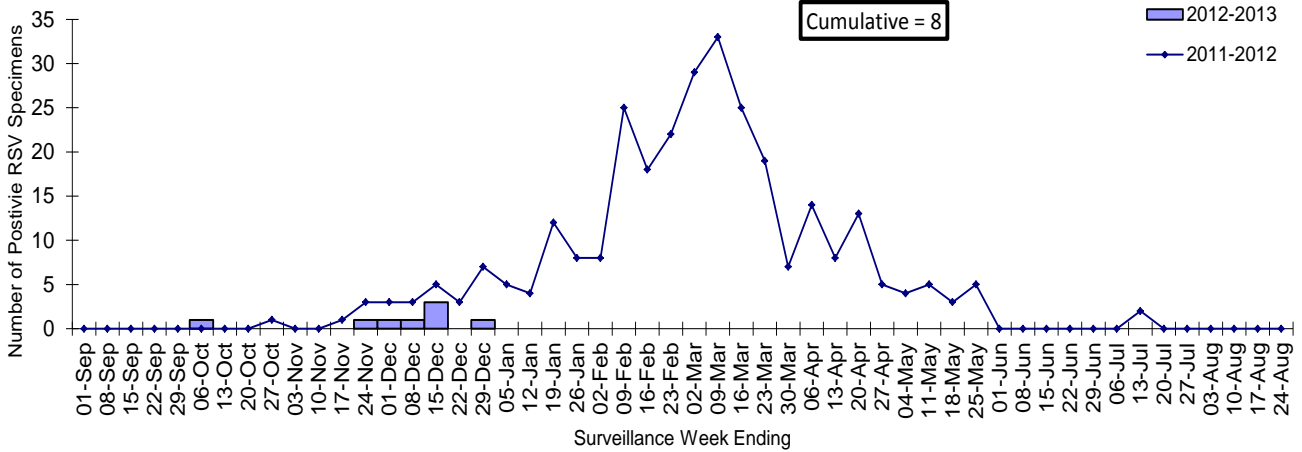


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



# RESPIRATORY WATCH

Week 52 (December 23 to December 29, 2012)

## 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

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	20	0	0.0	199	0	0.0
Bocavirus	20	0	0.0	199	1	0.5
Chlamydomphila pneumoniae	17	1	5.9	239	23	9.6
Coronavirus	20	0	0.0	199	0	0.0
Enterovirus	20	0	0.0	199	3	1.5
Metapneumovirus	20	0	0.0	199	4	2.0
Mycoplasma pneumoniae	17	3	17.6	239	53	22.2
Parainfluenza	20	1	5.0	199	11	5.5
Pertussis	9	1	11.1	125	12	9.6
Respiratory syncytial virus A	20	0	0.0	201	6	3.0
Respiratory syncytial virus B	20	0	0.0	201	0	0.0
Respiratory syncytial virus not typed	5	1	20.0	143	2	1.4
Rhinovirus	20	3	15.0	199	35	17.6

# RESPIRATORY WATCH

Week 52 (December 23 to December 29, 2012)

## 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:**

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

\* 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.



# RESPIRATORY WATCH

Week 52 (December 23 to December 29, 2012)

- 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