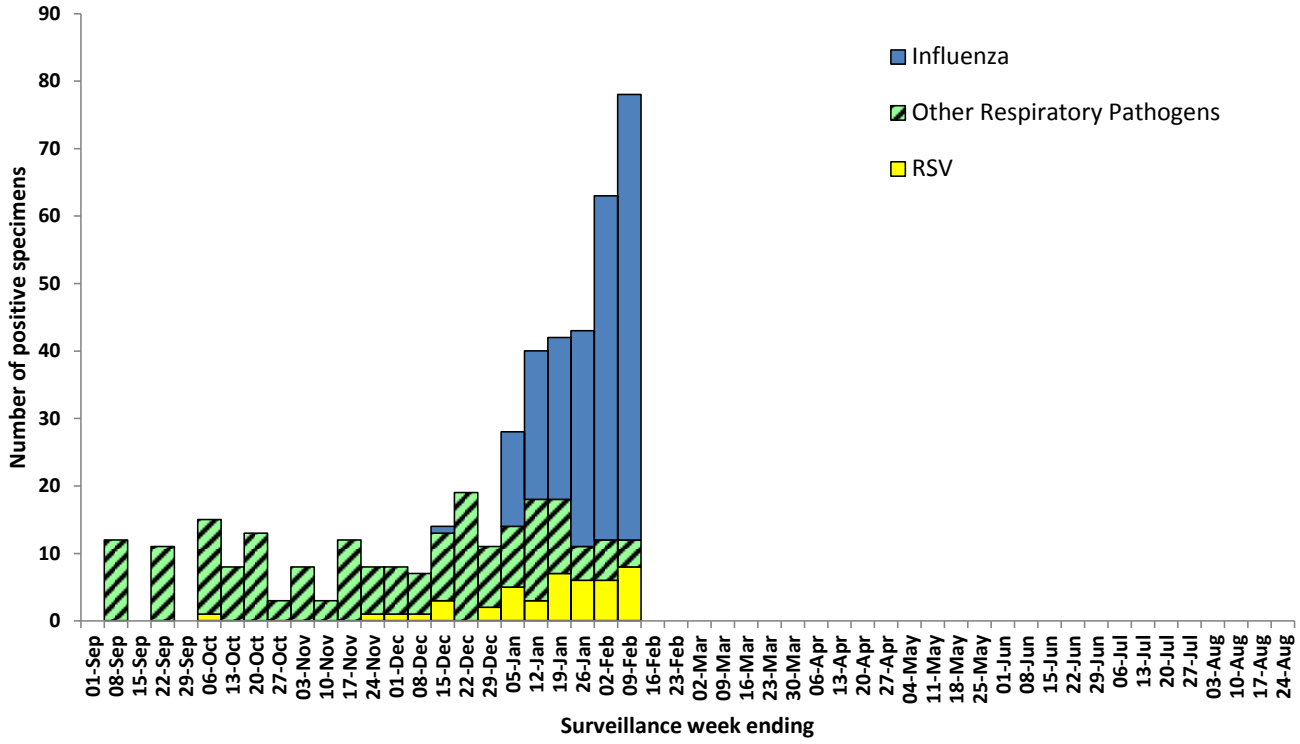
RESPIRATORY WATCH

Week 6 (February 3 to February 9, 2013)

Summary of Nova Scotia surveillance findings, for the period ending February 9, 2013:

- Sixty-one influenza A positive lab results were reported this week.
- Other respiratory pathogen activity continues. Positive results were received for coronavirus, parainfluenza, and RSV.
- The ILI rate for Nova Scotia for this reporting period was 2.4. Eighty percent of ER sites reported ILI data this week.
- Five specimens were submitted through the sentinel swabbing program. Three from DHA 1, one from DHA 3 and one from DHA 7.
- Sentinel physician data was received from 6 (of 30) physicians.

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

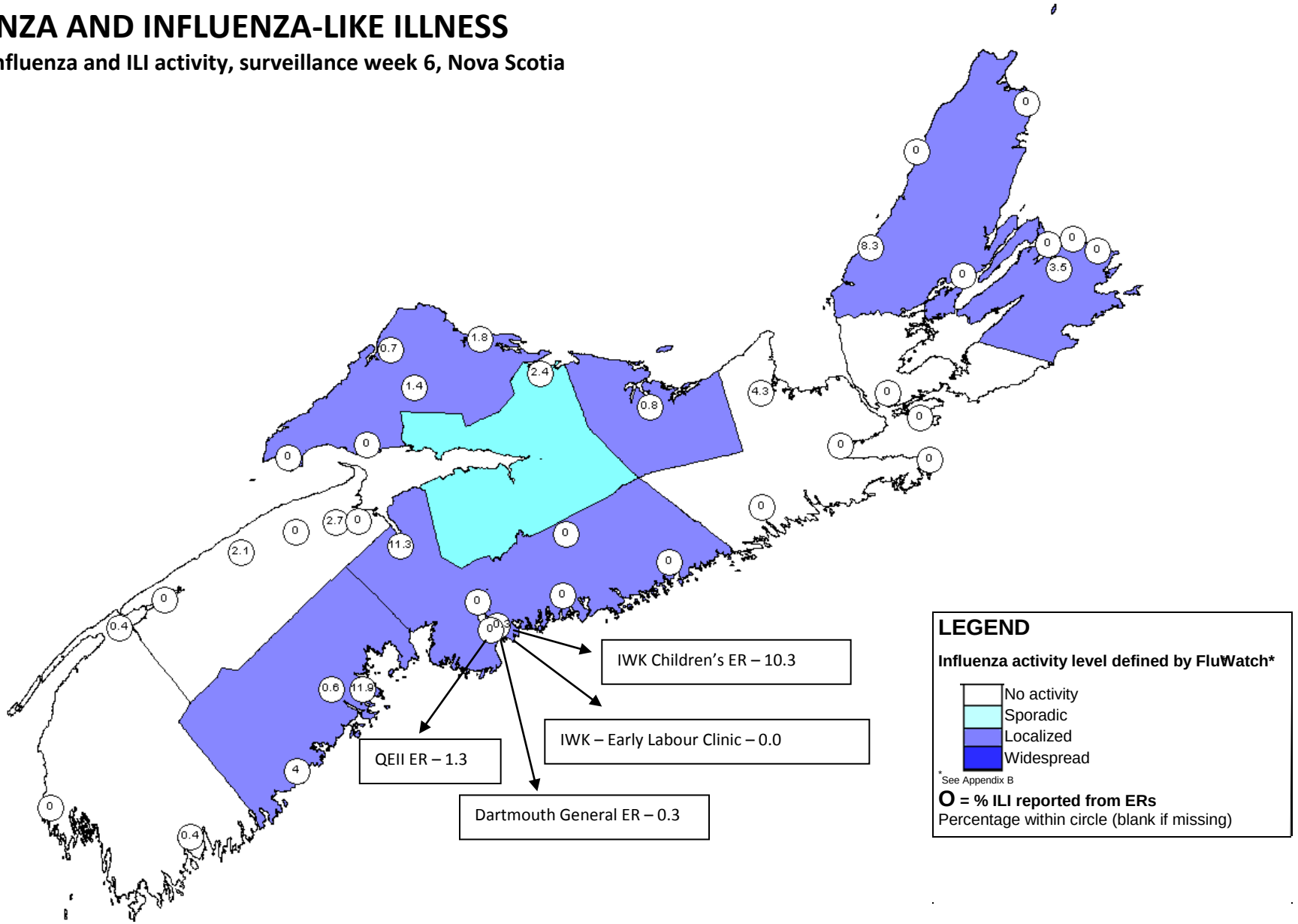


RESPIRATORY WATCH

Week 6 (February 3 to February 9, 2013)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 6, Nova Scotia



RESPIRATORY WATCH

Week 6 (February 3 to February 9, 2013)

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

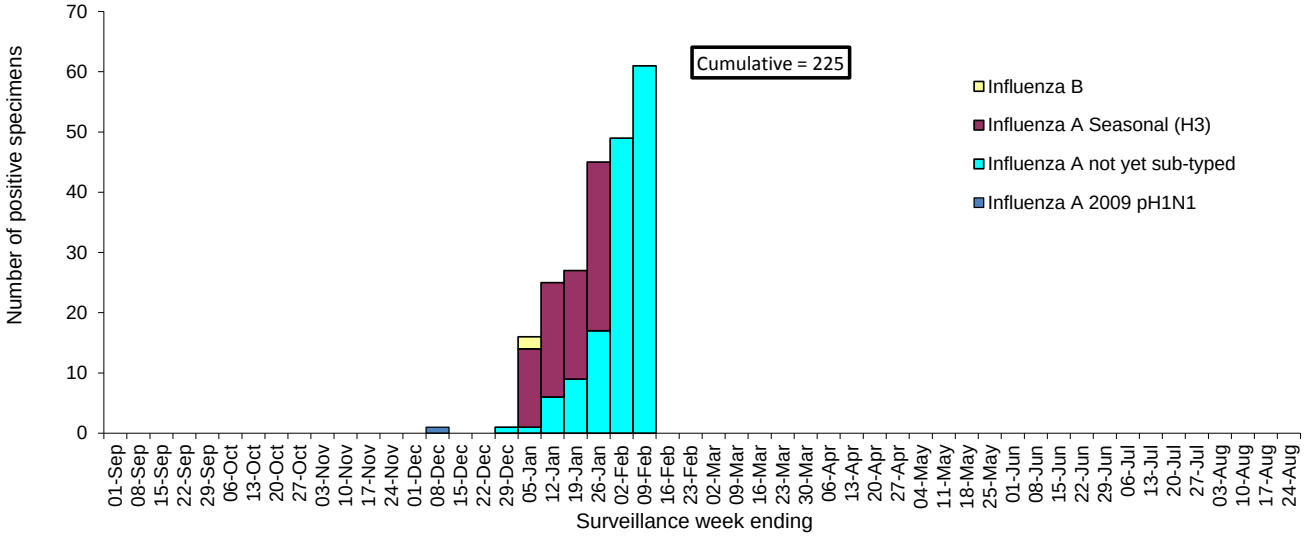
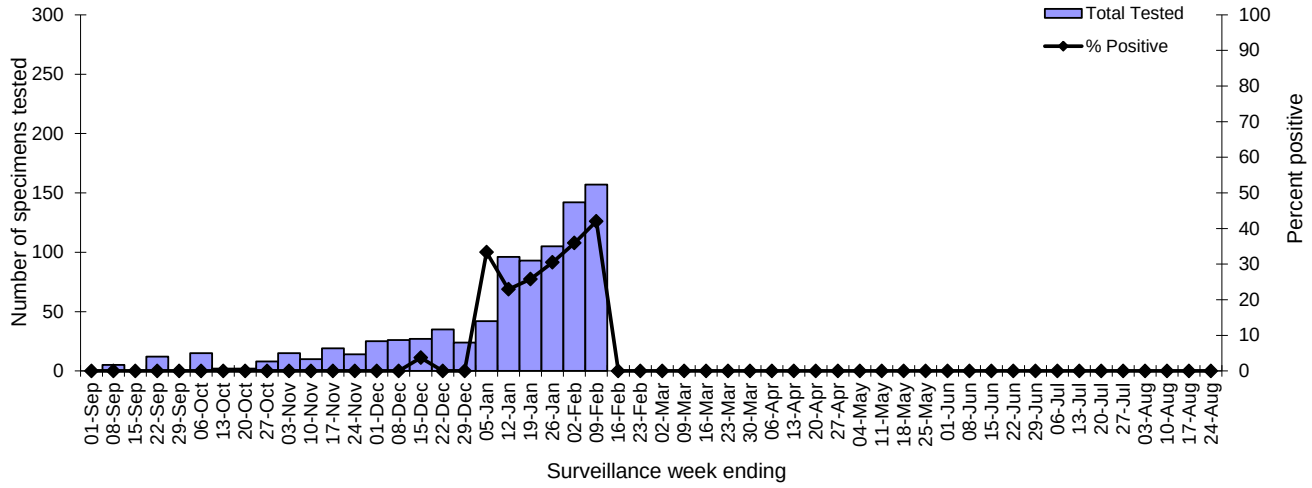


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



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

RESPIRATORY WATCH

Week 6 (February 3 to February 9, 2013)

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	1	1
Influenza A (not yet sub-typed)										
Current Week	7	0	0	0	1	4	0	11	38	61
Cumulative 2012 - 2013	9	1	1	2	6	14	2	29	80	144
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	3	3	5	3	3	9	4	9	39	78
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	2	2

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

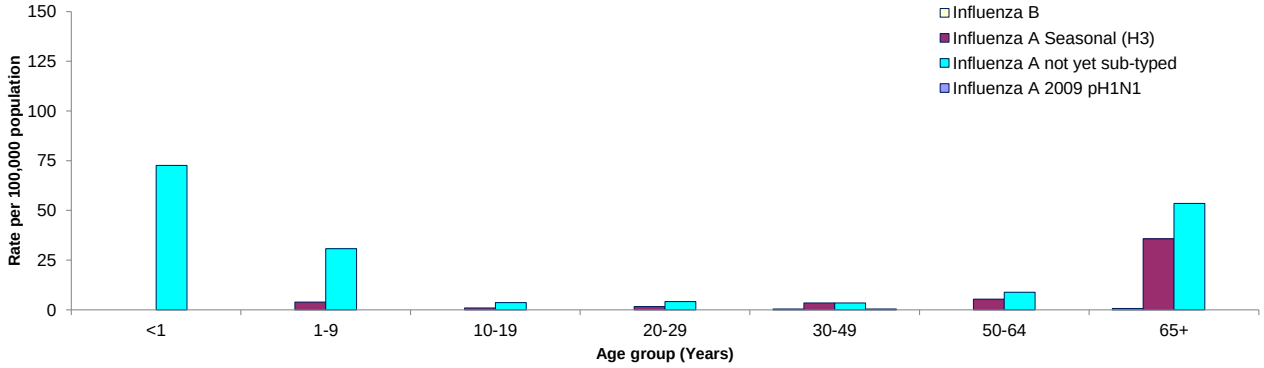
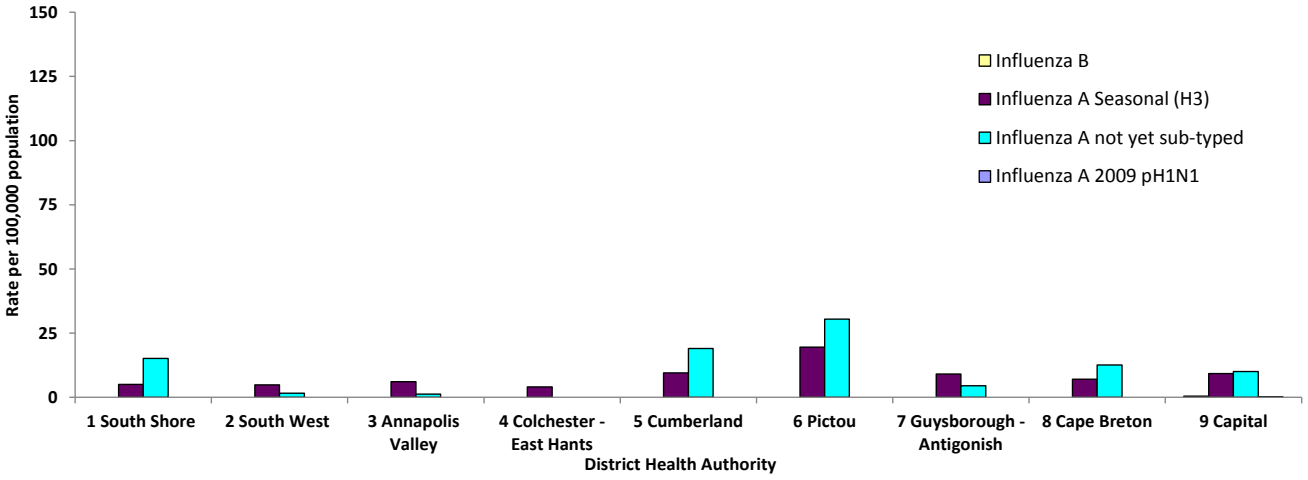


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013



RESPIRATORY WATCH

Week 6 (February 3 to February 9, 2013)

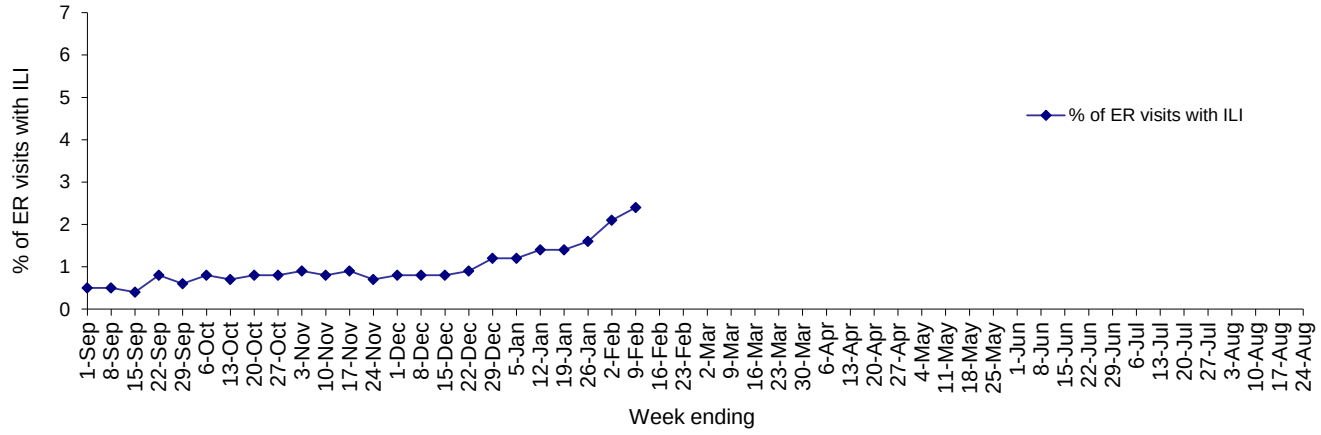
Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER SURVEILLANCE				SENTINEL SURVEILLANCE*			SENTINEL SWABBING	
	%ILI	Reporting ERs			%ILI	Reporting Sentinels		# Swabs	Sites Submitting Specimens
DHA 1	4.8	3	of 3		17.4	2 of 6		3	1 of 1
DHA 2	0.1	3	of 3		–	0 of 0		0	0 of 1
DHA 3	2.2	3	of 5		–	0 of 1		1	1 of 2
DHA 4	2.6	2	of 2		–	0 of 0		0	0 of 2
DHA 5	1.1	5	of 5		10.0	1 of 2		0	0 of 1
DHA 6	0.8	1	of 1		–	0 of 2		0	0 of 1
DHA 7	2.4	6	of 6		0.0	0 of 1		1	1 of 2
DHA 8	2.4	5	of 8		0.0	1 of 4		0	0 of 3
DHA 9	1.7	4	of 7		17.8	2 of 14			
IWK	7.6	1	of 1						
Nova Scotia (excl. IWK)†	**1.9**		**32 of 40**	**80.0%**				**5**	**3 of 12**
Nova Scotia (incl. IWK)	**2.4**		**33 of 41**	**80.5%**	**13.5%**	**6 of 30**	**20.0%**		

*Fluw atch sentinels

†Excludes the children's ER from IWK

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



RESPIRATORY WATCH

Week 6 (February 3 to February 9, 2013)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

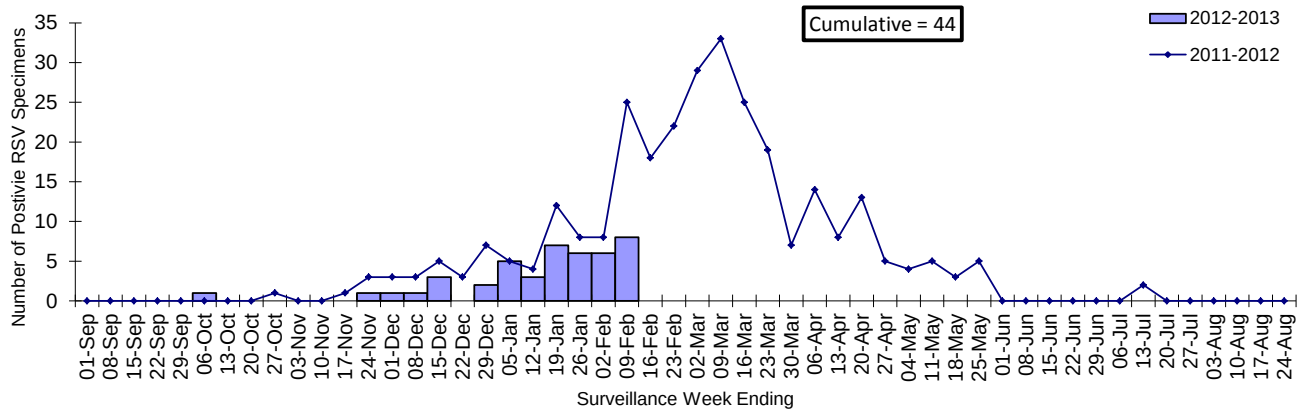
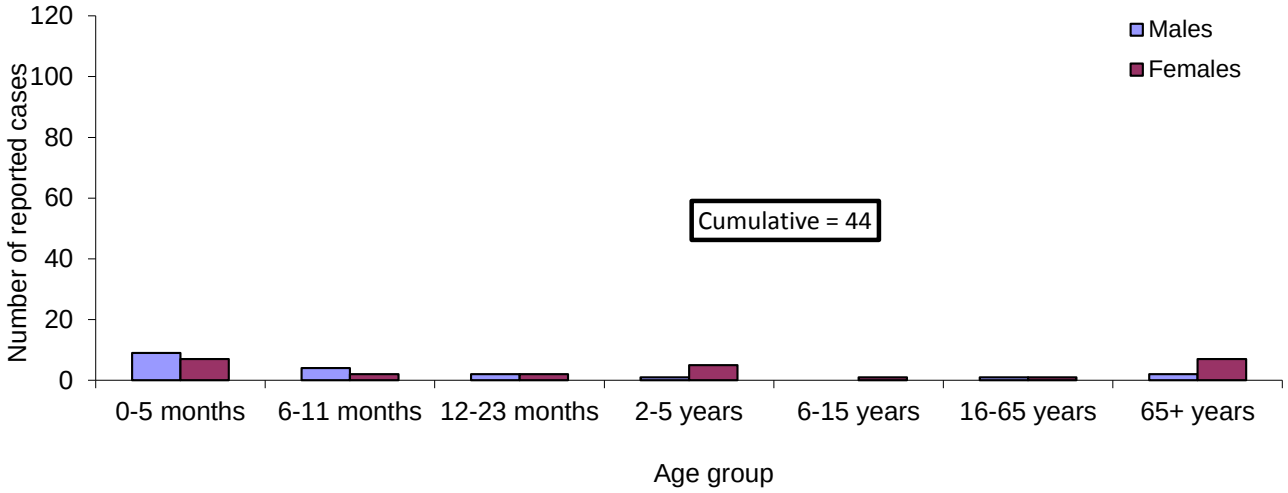


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



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	14	0	0.0	383	0	0.0
Bocavirus	14	0	0.0	383	1	0.3
Chlamydophila pneumoniae	25	0	0.0	351	23	6.6
Coronavirus	14	2	14.3	383	13	3.4
Enterovirus	14	0	0.0	383	4	1.0
Metapneumovirus	14	0	0.0	383	6	1.6
Mycoplasma pneumoniae	25	0	0.0	351	62	17.7
Parainfluenza	14	2	14.3	383	20	5.2
Pertussis	1	0	0.0	177	14	7.9
Respiratory syncytial virus A	14	0	0.0	343	9	2.6
Respiratory syncytial virus B	14	0	0.0	343	0	0.0
Respiratory syncytial virus not typed	149	8	5.4	617	35	5.7
Rhinovirus	14	0	0.0	383	49	12.8

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