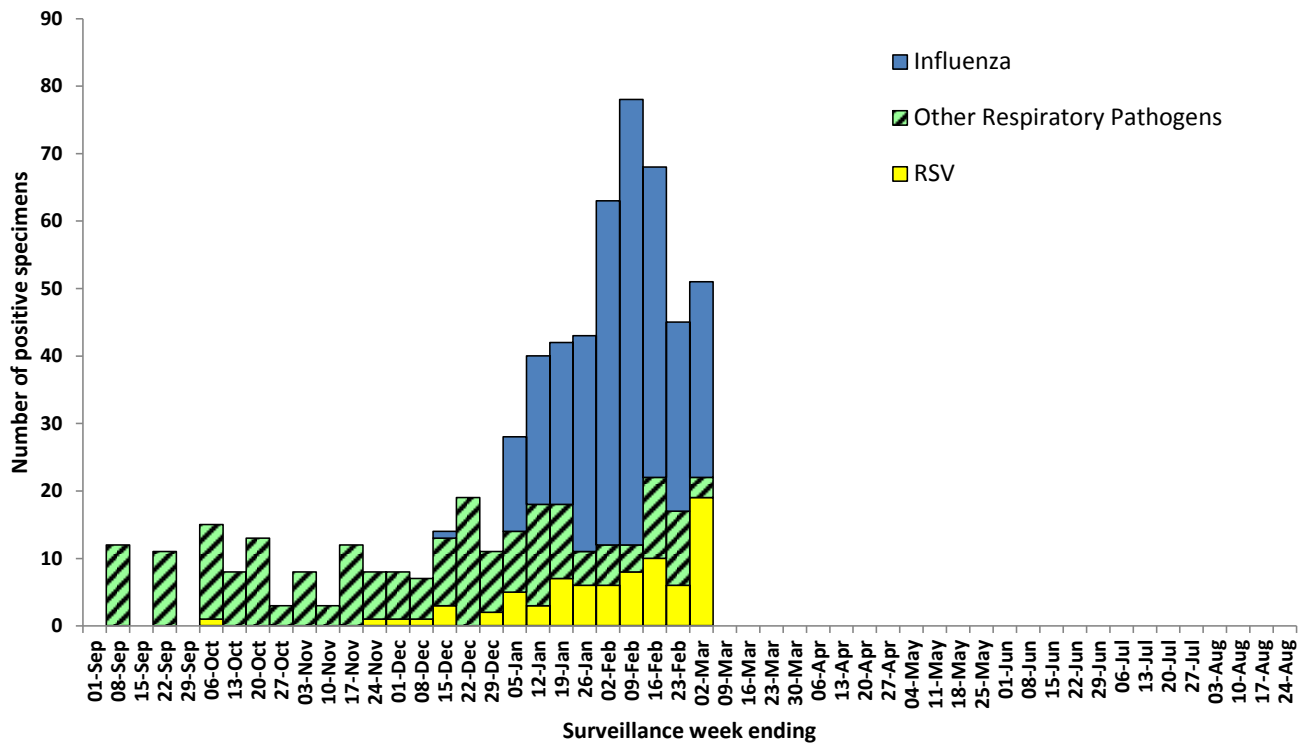


Summary of Nova Scotia surveillance findings, for the period ending March 2, 2013:

- Twenty-nine influenza positive lab results were reported this week.
- Other respiratory pathogen activity continues. Positive results were received for coronavirus, mycoplasma pneumoniae and RSV.
- The ILI rate for Nova Scotia for this reporting period was 1.7. Eighty percent of ER sites reported ILI data this week.
- Three specimens were submitted through the sentinel swabbing program from DHA 7 and 8.
- Sentinel physician data was received from 5 (of 30) physicians.

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



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

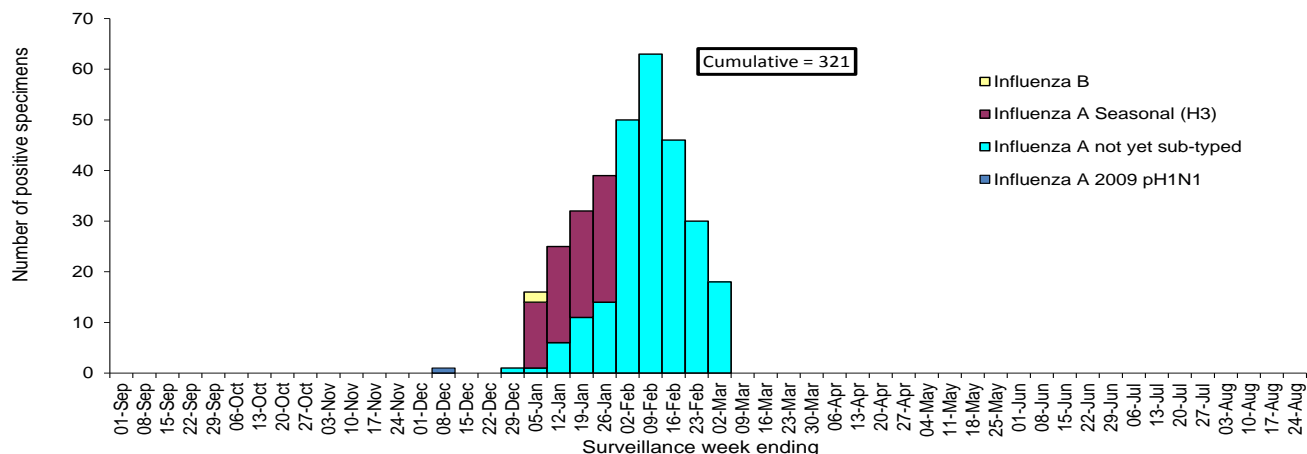
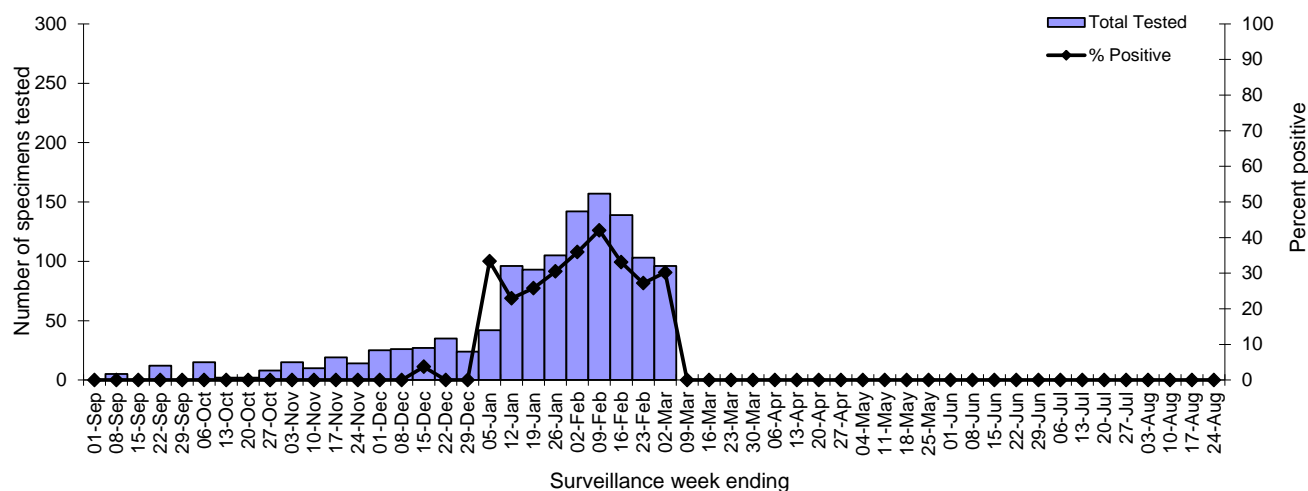


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



*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	1	1
Influenza A (not yet sub-typed)										
Current Week	1	0	1	0	0	1	0	1	14	18
Cumulative 2012 - 2013	18	1	4	6	8	20	8	42	133	240
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

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

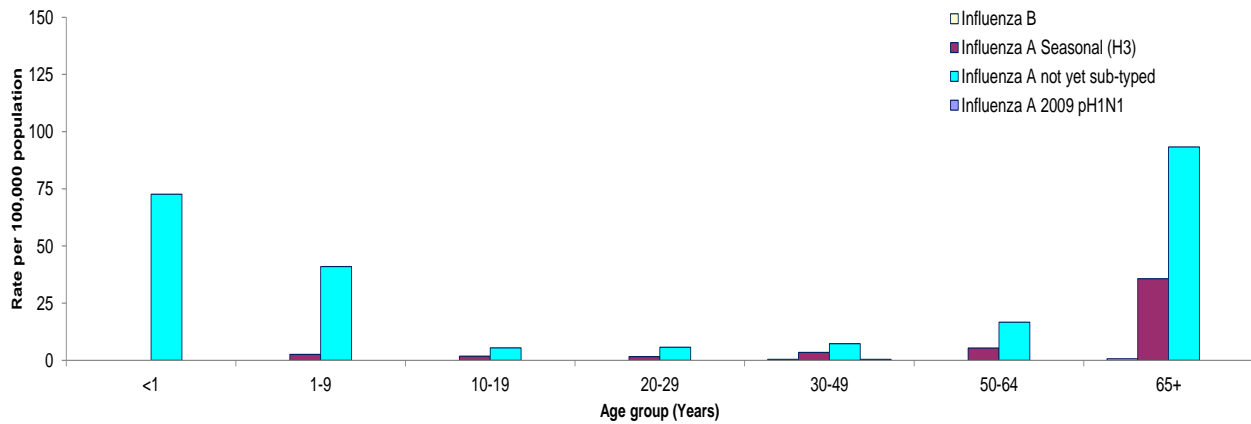


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013

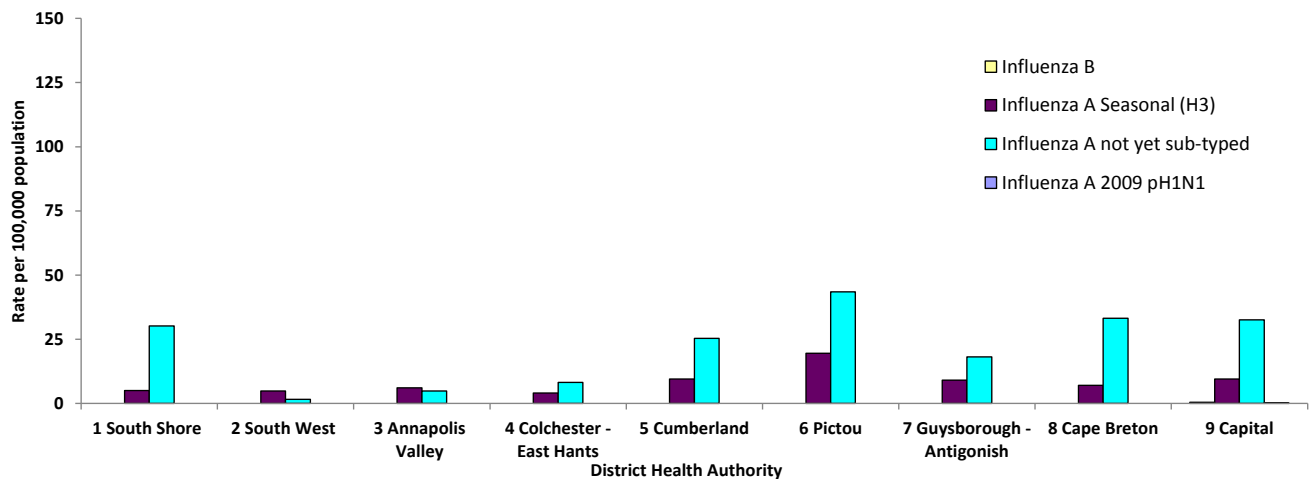


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*		SENTINEL SWABBING	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels	# Swabs	Sites Submitting Specimens
DHA 1	3.8	3 of 3	-	0 of 6	0	0 of 1
DHA 2	0.0	3 of 3	-	0 of 0	0	0 of 1
DHA 3	0.5	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	1.4	5 of 5	-	0 of 2	0	0 of 1
DHA 6	0.8	1 of 1	-	0 of 2	0	0 of 1
DHA 7	1.5	6 of 6	0.0	1 of 1	2	1 of 2
DHA 8	1.9	5 of 8	2.0	2 of 4	1	1 of 3
DHA 9	0.7	4 of 7	0.0	2 of 14		
IWK	9.4	1 of 1				
Nova Scotia (excl. IWK)†	1.1	32 of 40	80.0%		3	2 of 12
Nova Scotia (incl. IWK)	1.7	33 of 41	80.5%	0.8%	5 of 30	

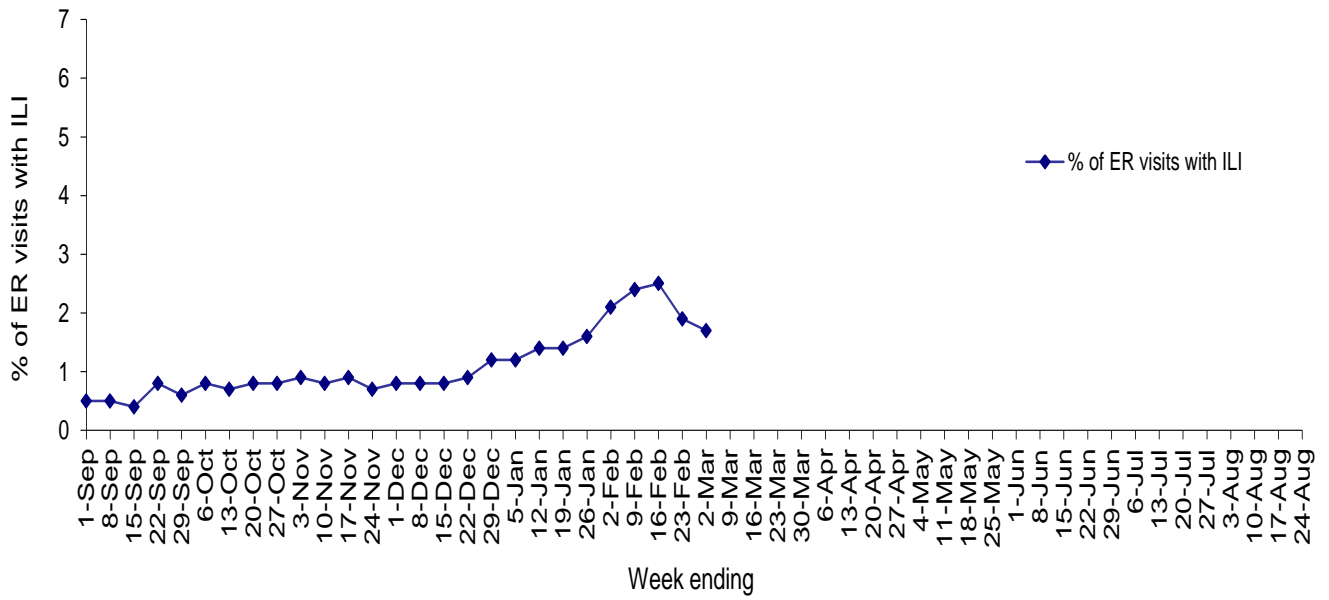
*Flu watch sentinels

†Excludes the children's ER from IWK

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



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RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

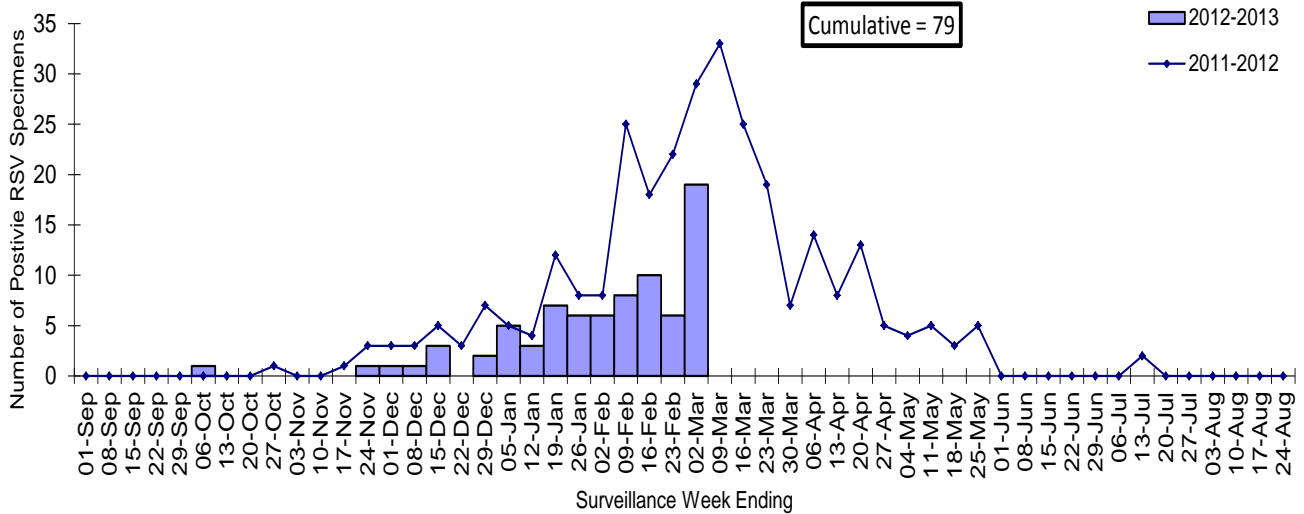
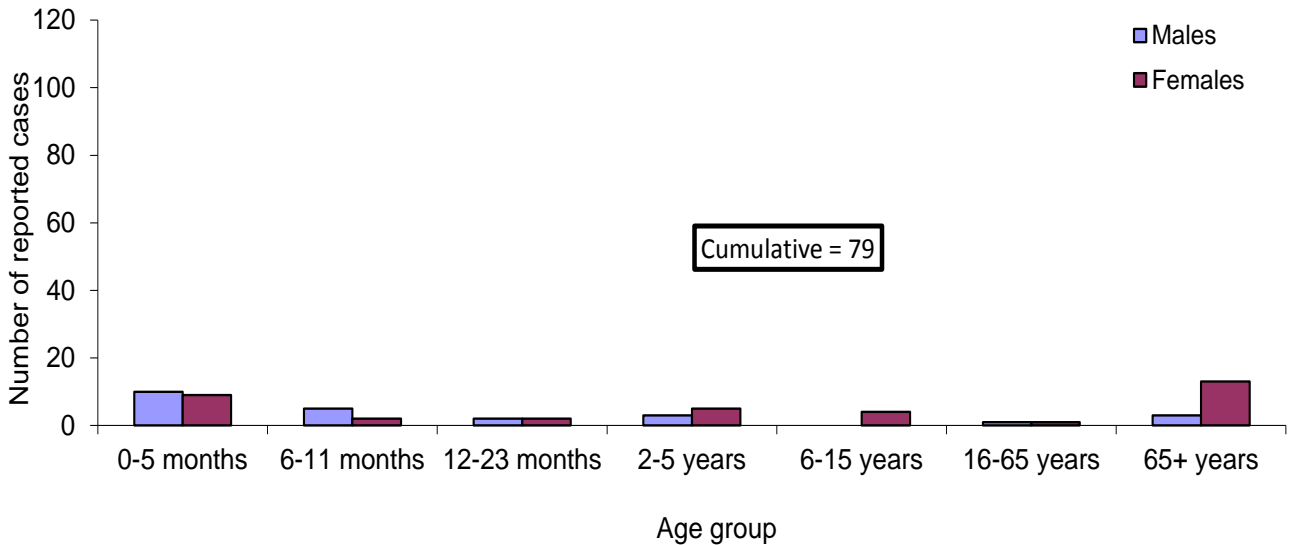


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



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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	14	0	0.0	458	0	0.0
Bocavirus	14	0	0.0	458	2	0.4
Chlamydophila pneumoniae	27	0	0.0	389	23	5.9
Coronavirus	14	1	7.1	458	24	5.2
Enterovirus	14	0	0.0	449	4	0.9
Metapneumovirus	14	0	0.0	458	9	2.0
Mycoplasma pneumoniae	27	2	7.4	389	64	16.5
Parainfluenza	14	0	0.0	458	25	5.5
Pertussis	18	0	0.0	201	14	7.0
Respiratory syncytial virus A	14	0	0.0	418	9	2.2
Respiratory syncytial virus B	14	0	0.0	418	1	0.2
Respiratory syncytial virus not typed	85	19	22.4	888	69	7.8
Rhinovirus	14	0	0.0	458	53	11.6

RESPIRATORY WATCH

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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.

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- 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