

IN SUMMARY...

Activity levels**
<ul style="list-style-type: none"> No activity in the province
Laboratory-confirmed cases***
<ul style="list-style-type: none"> There were no new cases of influenza during this period. There have been 547 lab confirmed cases of Influenza A and 297 influenza B reported during the 2017-2018 influenza season. Positive test results were received for bocavirus, enterovirus, metapneumovirus, parainfluenza, and rhinovirus.
Severity
<ul style="list-style-type: none"> There have been 57 ICU admissions and 63 deaths*** of laboratory confirmed influenza during the 2016-2017 influenza season.
Syndromic surveillance
<ul style="list-style-type: none"> The average ILI rate for Nova Scotia was 0.3. 92.5% of emergency rooms reported ILI data during this reporting period.

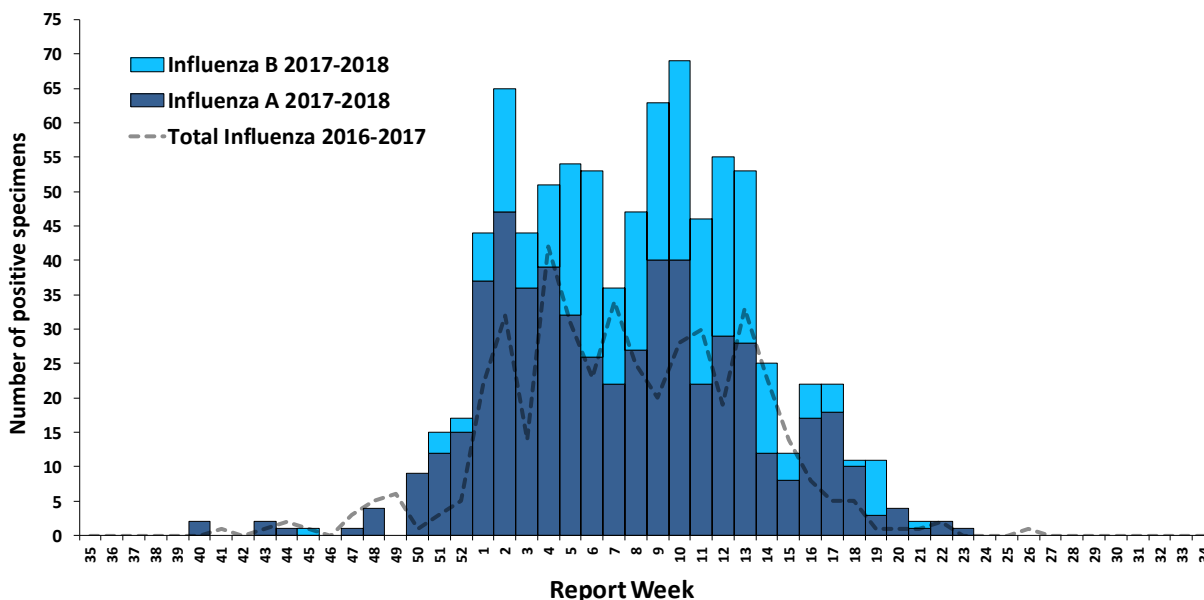
Notes: *Reporting weeks run from Sunday to Saturday. The 2016-2017 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2016 (Week 35) to August 26, 2017 (Week 34);

**Activity level data is obtained from CNPHI, see appendix for definitions;

***Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

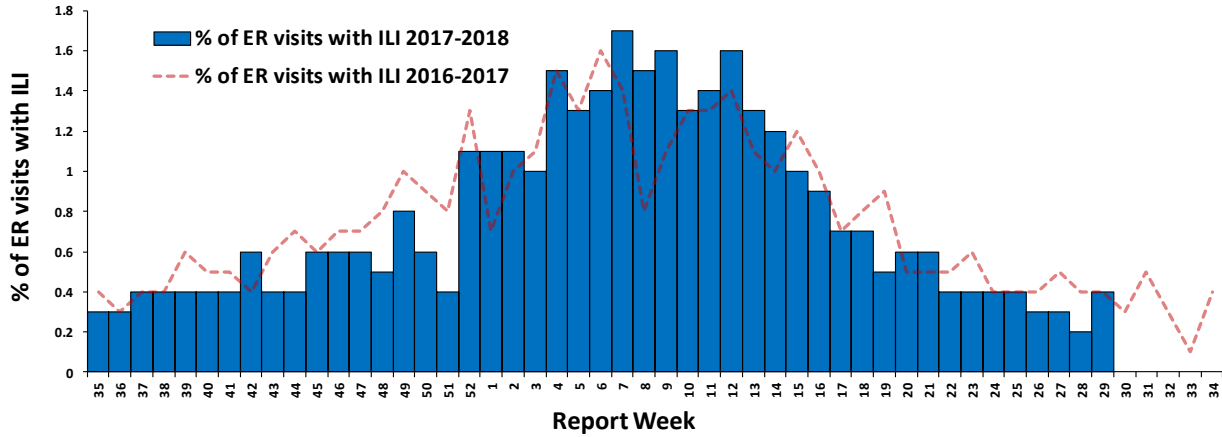
LABORATORY-CONFIRMED INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2017-2018 season, with trend-line comparison to 2016-2017 season, Nova Scotia



SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency room visits due to ILI by report week, 2017-2018 season, with trend-line comparison to 2016-2017 season, Nova Scotia



APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2017-2018

ACRONYM LIST

CNPHI Canadian Network for Public Health Intelligence

ICU Intensive care unit

ILI Influenza-like illness

RSV Respiratory syncytial virus

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 under 5 or 65 and older, fever may not be prominent.

MANAGEMENT ZONES

Zone 1 – Western

Zone 2 – Northern

Zone 3– Eastern

Zone 4 - Central

NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

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

LINKS TO OTHER WEEKLY INFLUENZA REPORTING BODIES

Canada: <http://www.phac-aspc.gc.ca/fluwatch/>

World: https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html

US: www.cdc.gov/flu/weekly