RESPIRATORY WATCH

Week 21 (May 22, 2022 to May 28, 2022)

In Summary…

Activity levels**
• Sporadic activity has been reported in the Northern and Eastern Zone in this reporting period. There was no activity reported in the Central or Western Zone.
Laboratory-confirmed cases*
• There were 15 new cases of Influenza A and 0 new cases of Influenza B during this reporting period. Laboratory confirmed case numbers have been decreasing over the past three weeks. • There have been 176 laboratory confirmed cases of Influenza A and 6 laboratory confirmed cases of Influenza B reported during the 2021-2022 influenza season. • There were also 1 Adenovirus, 1 Coronavirus****, 8 Enterovirus/Rhinovirus, 2 Metapneumovirus, 4 Parainfluenza and 7 Respiratory Syncytial Virus cases identified during this reporting period.
Severity

• This reporting period, there were 2 cases hospitalized with Influenza A.
• During the 2021-2022 influenza season,
  • there have been 16 hospitalizations; mostly from influenza A (n=14)
  • there have been 2 ICU admissions, both in adults aged 20+
  • there have been 0 deaths*** of laboratory confirmed influenza

Novel Coronavirus (COVID-19)
• For current epidemiology of COVID-19 please refer to: https://novascotia.ca/coronavirus/alerts-notices/#epidemiologic-summaries
Syndromic surveillance
• The percentage of visits for influenza-like illness (ILI) was 1.3% during this reporting period.

Notes: **Reporting weeks run from Sunday to Saturday. The 2021-2022 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 29, 2021 (Week 35) to August 27, 2022 (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.*

***** *EXCLUDES novel coronavirus 2019-nCoV*

LABORATORY-CONFIRMED INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2021-2022 season, Nova Scotia

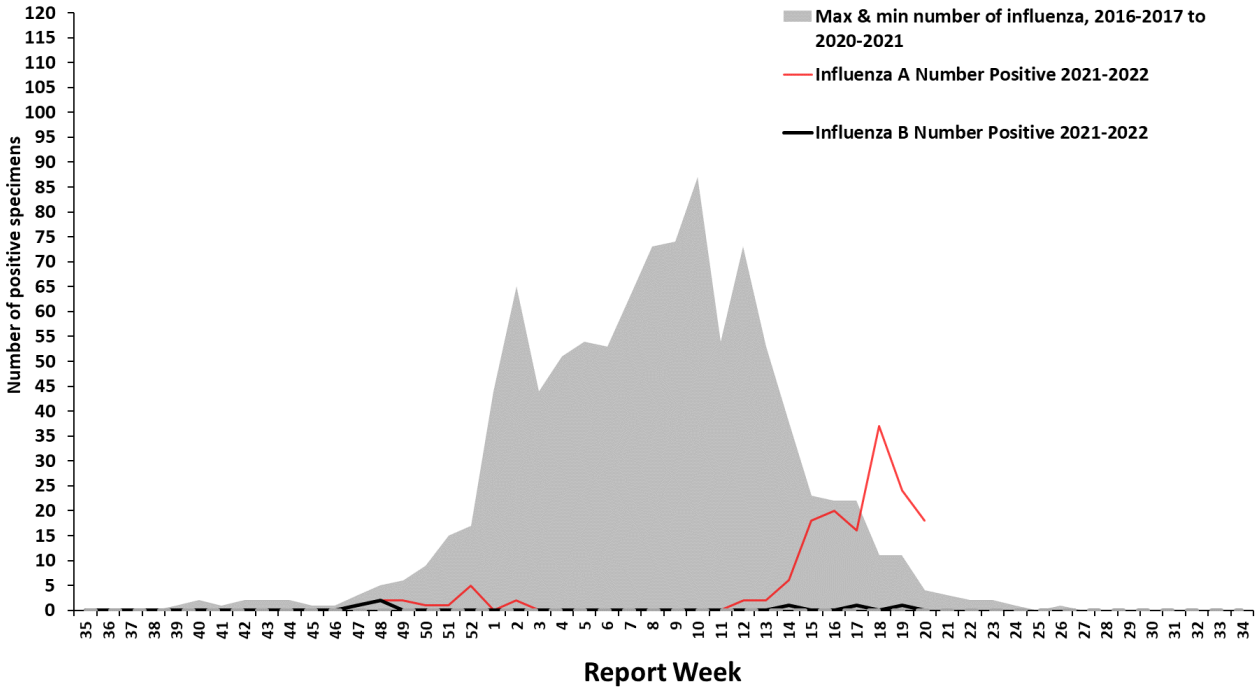


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2021-2022 season in Nova Scotia

ZONE	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	6	6	0
Northern	6	6	0	90	90	0
Eastern	9	9	0	47	45	2
Central	0	0	0	39	35	4
Nova Scotia Total	15	15	0	182	176	6

Table 2: Number of laboratory-confirmed influenza cases by age group (years), current week and cumulative 2021-2022 season in Nova Scotia

AGE (YEARS)	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	3	3	0	16	16	0
5-19	7	7	0	69	69	0
20-44	3	3	0	53	52	1
45-64	1	1	0	11	10	1
65+	1	1	0	33	29	4
Nova Scotia Total	15	15	0	182	176	6

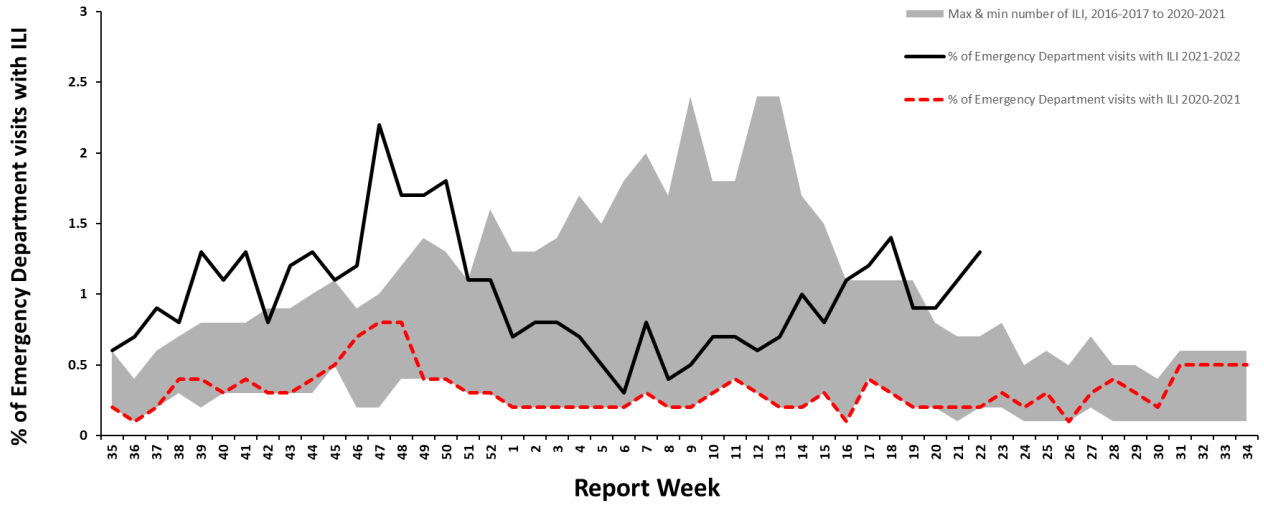
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2021-2022 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	2	2	0	16	14	2
Hospitalized - ICU	0	0	0	2	1	1
Deceased*	0	0	0	0	0	0
Nova Scotia Total	2	2	0	18	15	3

Notes: *Outcome categories (hospitalized hospitalized-ICU, Deceased) are mutually exclusive; Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.*

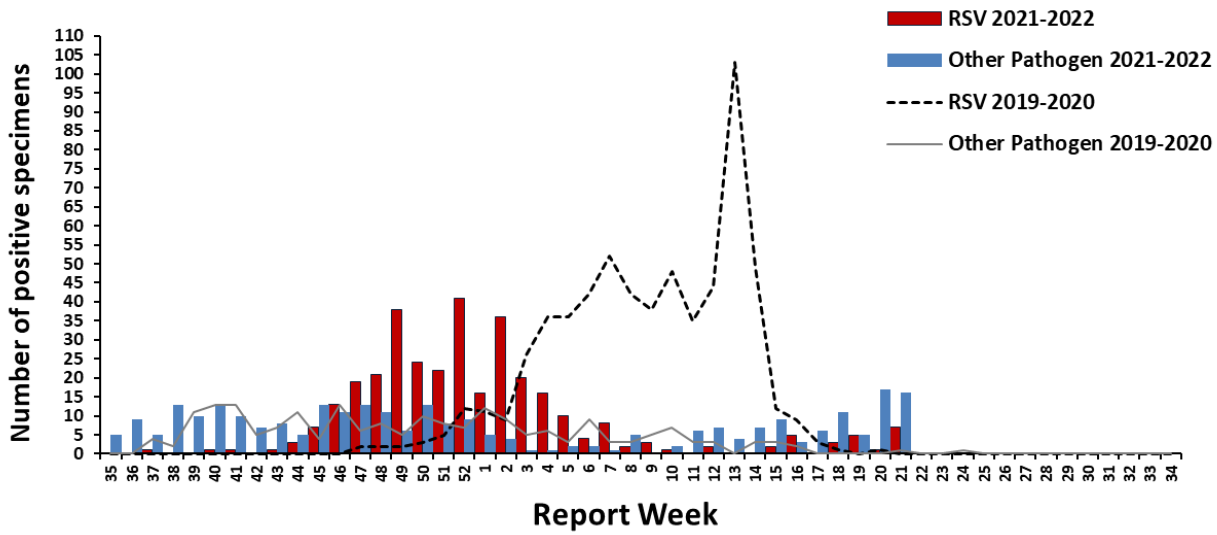
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency department visits due to ILI by report week, 2021-2022 season, with trend-line comparison to 2020-2021 season, Nova Scotia



OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens* and RSV by report week, 2021-2022 season, with trend-line comparison to 2019-2020 season, Nova Scotia



Notes: *Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydophila pneumonia, Coronavirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus.*
Note that data for this figure is obtained from provincial laboratories. There is no RSV 2020-2021 trend line visible because Nova Scotia did not identify any cases of RSV. For this season, 2019-2020 data will be used for a trend comparison.

Table 4: Number of positive RSV specimens by age group, 2021-2022 season, Nova Scotia

AGE GROUP	2021-2022
0-5 months	74
6-11 months	21
12-23 months	40
2-5 years	76
6-15 years	8
16-65 years	79
65+ years	35
Nova Scotia Total	333

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2021–2022

Pathogen	CURRENT WEEK (n positive)	CUMULATIVE 2021-2022
Adenovirus	1	16
Bocavirus	0	2
Chlamydophila pneumoniae	0	1
Coronavirus*	1	42
Enterovirus/Rhinovirus	8	135
Metapneumovirus	2	20
Mycoplasma pneumoniae	0	1
Parainfluenza	4	66
Pertussis	0	0
Respiratory Syncytial Virus	7	333

Notes: *EXCLUDES novel coronavirus 2019-nCoV*

Appendix: Definitions used in Influenza surveillance, and useful links, 2021-2022

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.

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/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update
US: www.cdc.gov/flu/weekly