

In Summary...

Activity levels**
<ul style="list-style-type: none"> Sporadic activity was reported in the Northern Zone while no activity was reported in Eastern, Central, and Western Zone during this reporting period.
Laboratory-confirmed cases*
<ul style="list-style-type: none"> There were 1 new cases of Influenza A and 0 new cases of Influenza B were reported during this reporting period. There have been 403 laboratory confirmed cases of Influenza A and 6 laboratory confirmed cases of Influenza B reported during the 2021-2022 influenza season. There were also 3 Adenovirus, 21 Enterovirus/Rhinovirus, 4 Metapneumovirus, 3 Parainfluenza and 10 Respiratory Syncytial Virus cases identified during this reporting period.
Severity
<ul style="list-style-type: none"> There were 0 cases hospitalized with Influenza during this reporting period. During the 2021-2022 influenza season there have been: <ul style="list-style-type: none"> 49 hospitalizations (non-ICU); mostly from influenza A (n=47) 6 ICU admissions, all in adults aged 20+ 0 deaths*** of laboratory confirmed influenza
Novel Coronavirus (COVID-19)
<ul style="list-style-type: none"> For current epidemiology of COVID-19 please refer to: https://novascotia.ca/coronavirus/alerts-notices/#epidemiologic-summaries
Syndromic surveillance
<ul style="list-style-type: none"> The percentage of visits for influenza-like illness (ILI) ranged between 0.7% - 0.8% 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

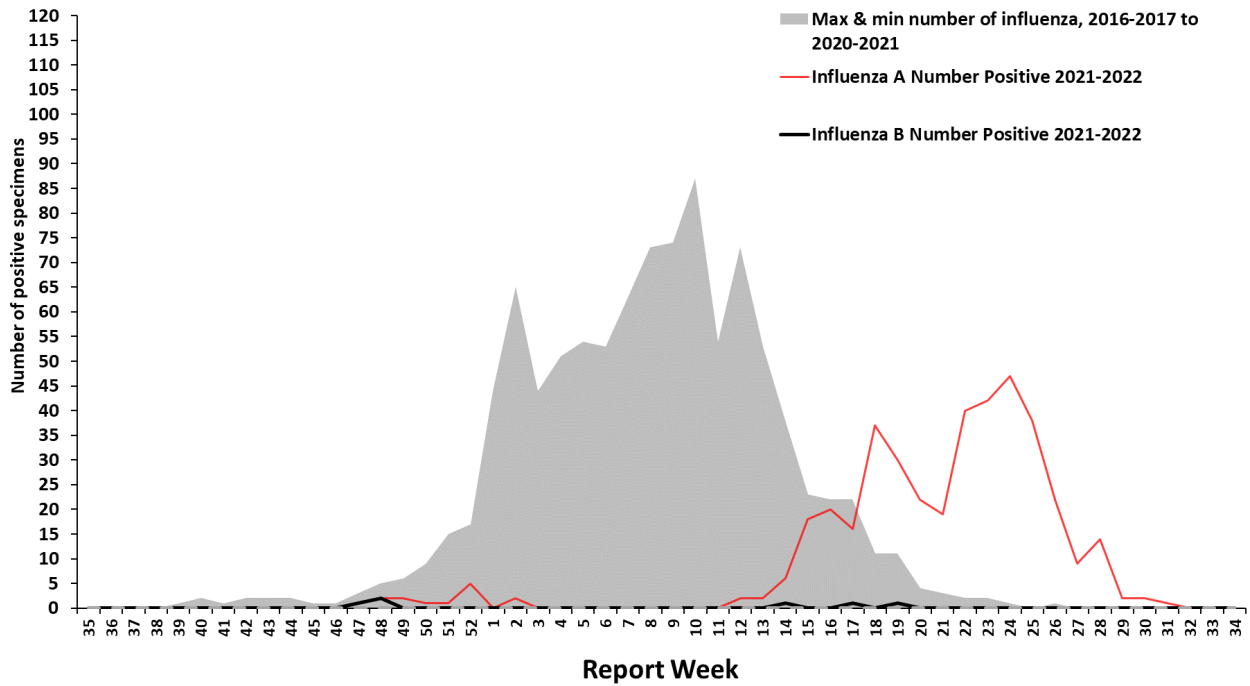


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2021-2022 season in Nova Scotia

ZONE	WEEK 31-34			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	27	27	0
Northern	1	1	0	183	183	0
Eastern	0	0	0	144	142	2
Central	0	0	0	55	51	4
Nova Scotia Total	1	1	0	409	403	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)	WEEK 31-34			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	55	55	0
5-19	1	1	0	140	140	0
20-44	0	0	0	103	102	1
45-64	0	0	0	37	36	1
65+	0	0	0	74	70	4
Nova Scotia Total	1	1	0	409	403	6

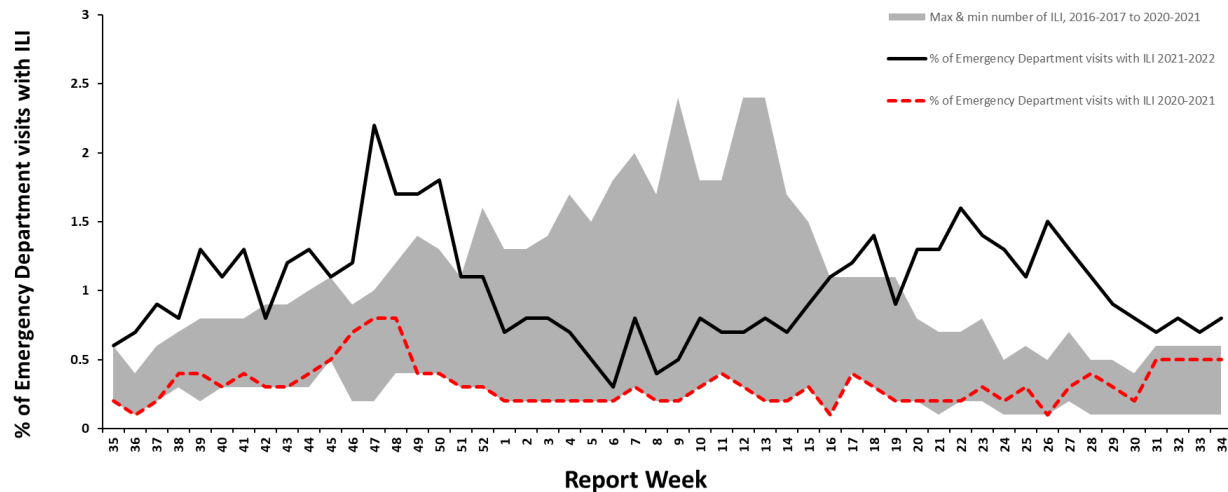
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2021-2022 season, Nova Scotia

	WEEK 31-34			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	0	0	0	49	47	2
Hospitalized - ICU	0	0	0	6	5	1
Deceased*	0	0	0	0	0	0
Nova Scotia Total	0	0	0	55	52	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.

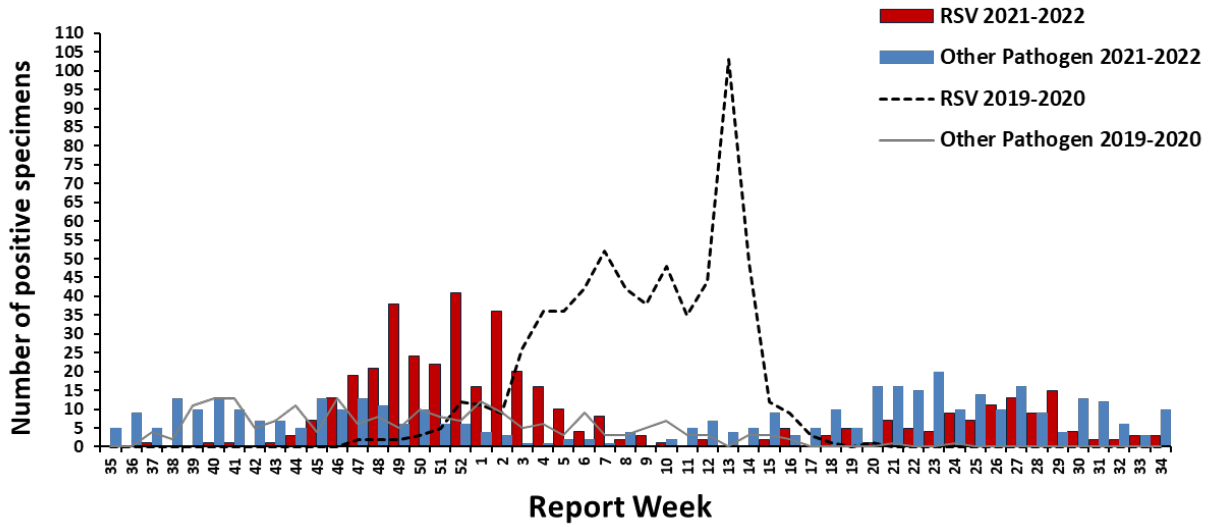
SYNDROMIC SURVEILLANCE

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, Chlamydomphila 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	89
6-11 months	31
12-23 months	55
2-5 years	97
6-15 years	13
16-65 years	89
65+ years	46
Nova Scotia Total	420

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

Pathogen	WEEK 31-34 (n positive)	CUMULATIVE 2021-2022
Adenovirus	3	29
Bocavirus	0	2
Chlamydomphila pneumoniae	0	1
Coronavirus*	0	49
Enterovirus/Rhinovirus	21	199
Metapneumovirus	4	63
Mycoplasma pneumoniae	0	1
Parainfluenza	3	82
Pertussis	0	0
Respiratory Syncytial Virus	10	420

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