

In Summary...

Activity levels*
<ul style="list-style-type: none"> Sporadic activity was reported in the Northern, Eastern and Central Zone. No activity was reported in Western Zone during Week 4.
Laboratory-confirmed cases**
<ul style="list-style-type: none"> There were 3 new cases of Influenza A, and 0 new cases of Influenza B reported during Week 4. There have been 3,406 laboratory confirmed cases of Influenza A and 1 laboratory confirmed case of Influenza B reported during the 2022-2023 influenza season. There were also 1 Coronavirus***, 6 Enterovirus/Rhinovirus, 1 Metapneumovirus, and 98 Respiratory Syncytial Virus cases identified during this reporting period.
Severity
<ul style="list-style-type: none"> There were no hospitalizations (non-ICU), ICU admissions or deaths of Influenza cases reported during this reporting period. During the 2022-2023 influenza season there have been: <ul style="list-style-type: none"> 513 hospitalizations (non-ICU) 36 ICU admissions 55 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) was 1.3% during this reporting period.

Notes: A reporting week runs from Sunday to Saturday. The 2022-2023 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2022 (Week 35) to August 26, 2023 (Week 34).

Due to lag in notifications, some influenza cases, and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in; these cases will be included in cumulative counts.

Outcome categories (hospitalized, hospitalized-ICU, Deceased) are mutually exclusive, and the most severe outcome will be reported for an individual. If a case experiences a more severe outcome in a later reporting period, it is possible for case counts to decrease in a less severe outcome (e.g., move from ICU to death)

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

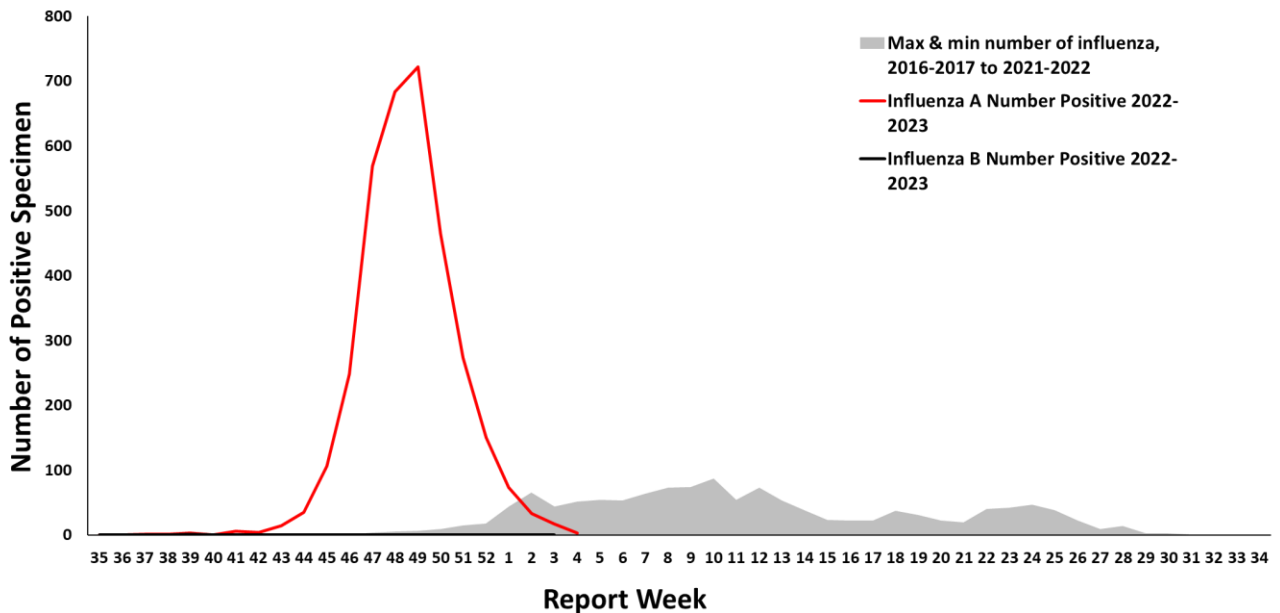
**There has been a change in testing methods with the implementation of multiplex respiratory virus PCR for 2019-nCoV. This may increase the number of cases detected through the flu season.

***Excludes novel coronavirus (2019-nCoV)

****Deaths include individuals with laboratory confirmed influenza. Influenza may or 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, 2022-2023 season, Nova Scotia



Notes: There has been a change in testing methods with the implementation of multiplex respiratory virus PCR for 2019-nCoV. This may increase the number of cases detected through the 2022-2023 flu season.

Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2022-2023 season in Nova Scotia

ZONE	WEEK 4			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	890	890	0
Northern	1	1	0	1089	1089	0
Eastern	1	1	0	632	632	0
Central	1	1	0	796	795	1
Nova Scotia Total	3	3	0	3407	3406	1

Notes: Due to lag in notifications, some influenza cases and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in; these cases will be included in cumulative counts.

Table 2: Number of laboratory-confirmed influenza cases by age (years), current week, and cumulative 2022-2023 season in Nova Scotia

AGE (YEARS)	WEEK 4			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	389	388	1
5-19	0	0	0	684	684	0
20-44	0	0	0	797	797	0
45-64	2	2	0	559	559	0
65+	1	1	0	978	978	0
Nova Scotia Total	3	3	0	3407	3406	1

Notes: Due to lag in notifications, some influenza cases and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in, these cases will be included in cumulative counts.

Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2022-2023 season, Nova Scotia

AGE (YEARS)	WEEK 4			CUMULATIVE 2022-2023		
	Hospitalized	Hospitalized - ICU	Deceased*	Hospitalized	Hospitalized - ICU	Deceased*
0-4	0	0	0	54	3	0
5-19	0	0	0	40	2	0
20-44	0	0	0	42	1	4
45-64	0	0	0	78	10	6
65+	0	0	0	299	20	45
Nova Scotia Total	0	0	0	513	36	55

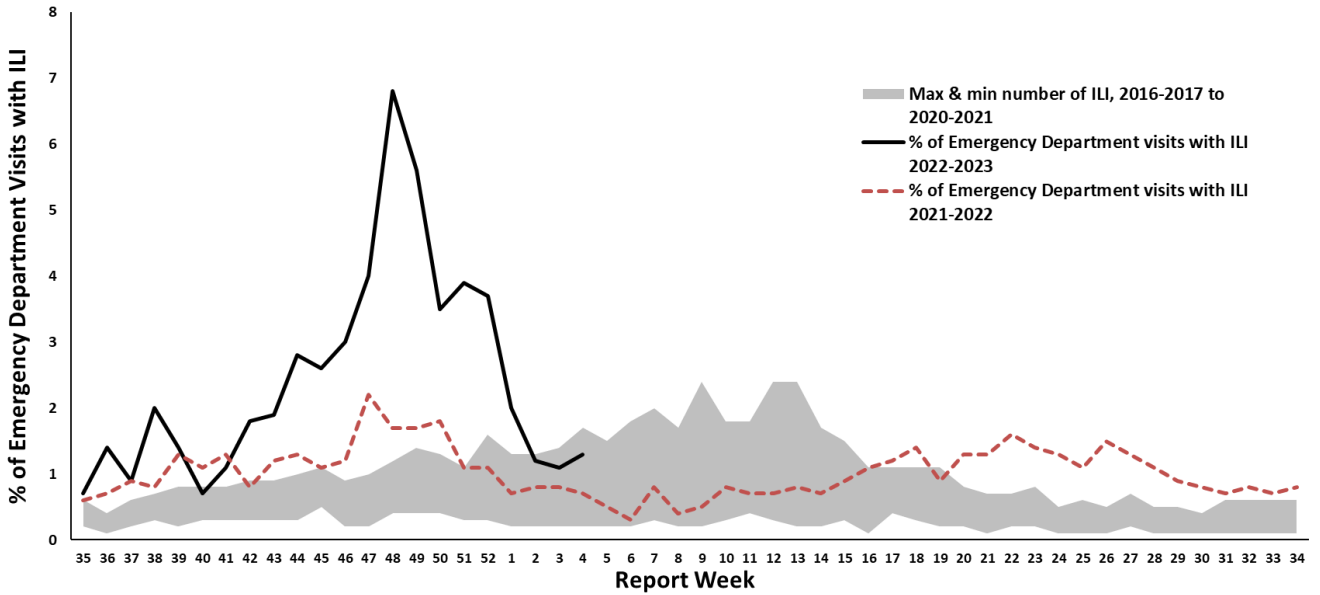
Notes: Due to lag in notifications, some influenza cases, and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in; these cases will be included in cumulative counts.

Outcome categories (hospitalized, hospitalized-ICU, Deceased) are mutually exclusive, and the most severe outcome will be reported for an individual. If a case experiences a more severe outcome in a later reporting period, it is possible for case counts to decrease in a less severe outcome (e.g., move from ICU to death)

** Deaths include individuals with laboratory confirmed influenza. Influenza may or may not have been the major contributing cause of death or hospitalization.*

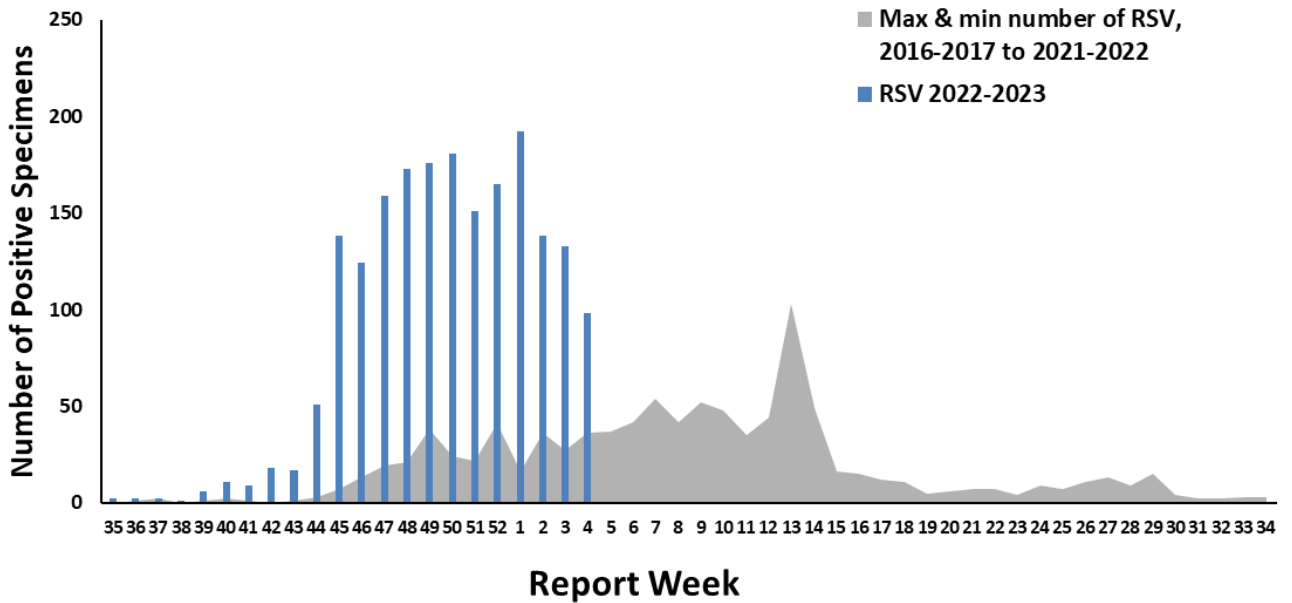
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency department visits due to ILI by report week, 2022-2023 season, with trend-line comparison to 2021-2022 season, Nova Scotia



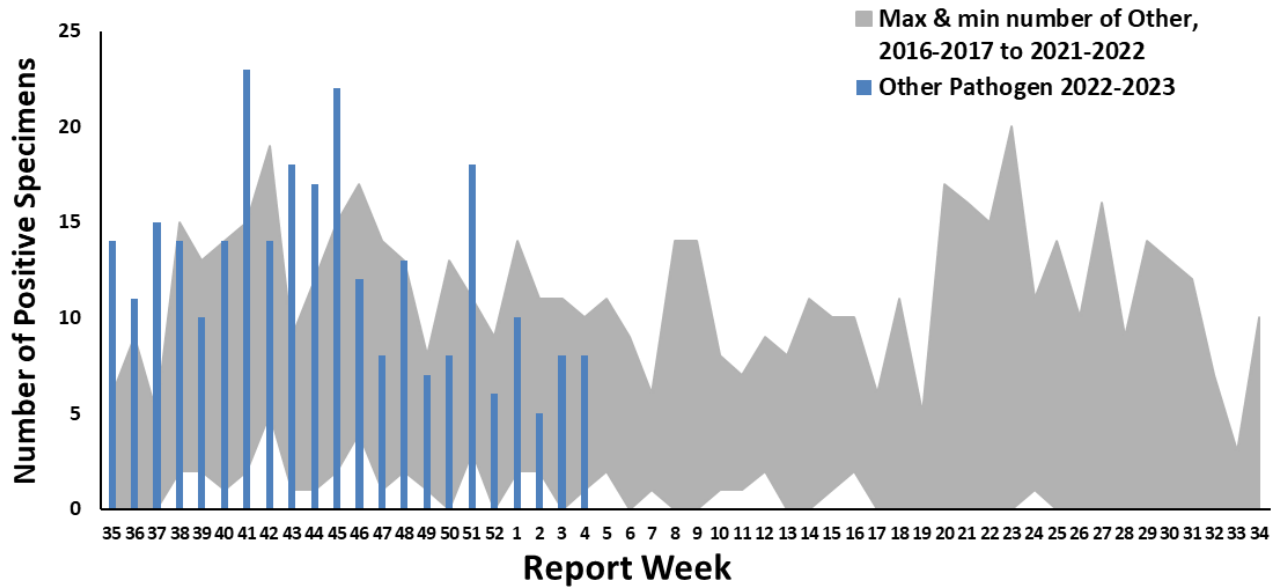
OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for RSV by report week, 2022-2023 season, Nova Scotia



Notes RSV is not a notifiable disease : in Nova Scotia.

Figure 4: Number of positive specimens tested for other respiratory pathogens by report week, 2022-2023 season, Nova Scotia



Notes: Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydomphila pneumonia, Coronavirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus. Data for this figure are obtained from provincial laboratories.

Table 4: Number of positive RSV specimens by age group, current report week and cumulative 2022-2023 season, Nova Scotia

AGE GROUP	Week 4	Cumulative 2022-2023
0-5 months	12	257
6-11 months	2	83
12-23 months	4	196
2-5 years	7	287
6-15 years	3	99
16-64 years	19	392
65+ years	51	633
Totals (n)	98	1947

Week 04 (January 22, 2023 to January 28, 2023)

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative 2022-2023 season, Nova Scotia

Pathogen	WEEK 4	CUMULATIVE 2022-2023
Adenovirus	0	35
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus*	1	24
Enterovirus/Rhinovirus	6	169
Metapneumovirus	1	3
Mycoplasma pneumoniae	0	0
Parainfluenza	0	44
Pertussis	0	0

*Notes: EXCLUDES novel coronavirus (2019-nCoV)

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE AND USEFUL LINKS, 2022-2023

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