

RESPIRATORY WATCH

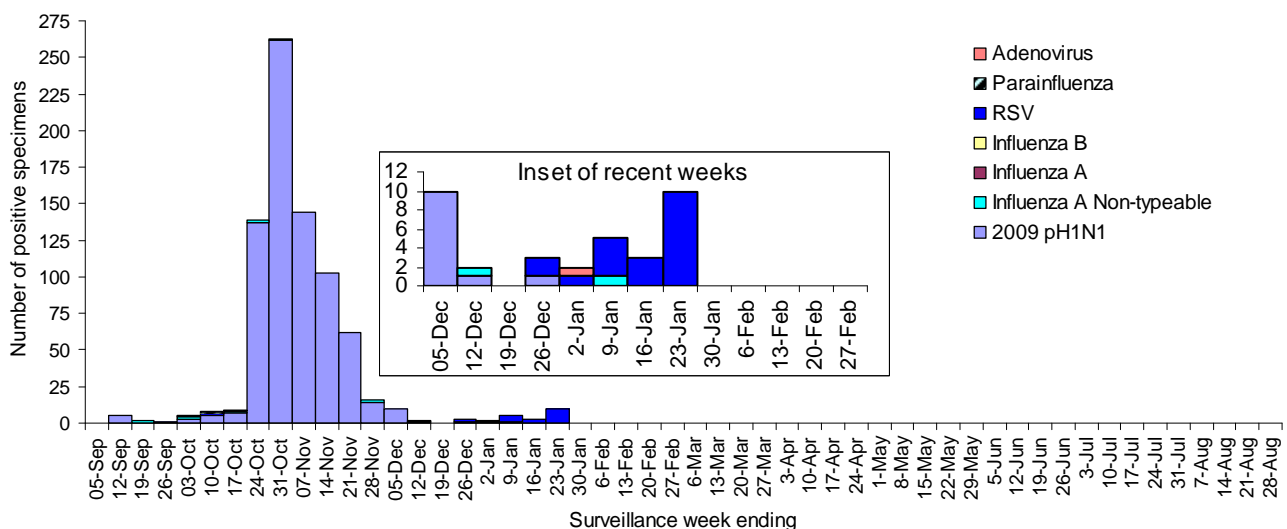
Week 3 (January 17 to January 23, 2010)

Summary of Nova Scotia surveillance findings, week ending January 23, 2010:

- 2009 pH1N1 activity remains very low in Nova Scotia. There have been 755 lab-confirmed cases to date for the 2009–2010 influenza season. No lab-confirmed cases of pH1N1 were reported during week 3.
- All DHAs other than DHA 8 reported no influenza activity during surveillance week 3; DHA 8 reported sporadic influenza activity.
- The percentage of ER visits with ILI was 3% (compared to 4% in week 2).
- ILI from sentinel physicians was 0.6% (similar to 0.5% in week 2).
- There have been 271 hospitalizations and six deaths due to pH1N1 reported so far this season. No hospitalizations were reported in week 3.
- During the current surveillance week circulating viruses detected by laboratory testing included RSV (10 RSV cases were detected in week 3).

Figure 1 summarizes all laboratory detected respiratory pathogens for the 2009-2010 season. Some influenza A viruses are not typeable (as seasonal versus pandemic). These non-typeable influenza A cases are now included for the 2009-2010 season and presented in Figure 1 below. (This is a new addition to this report.)

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2009–2010



INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 3, Nova Scotia

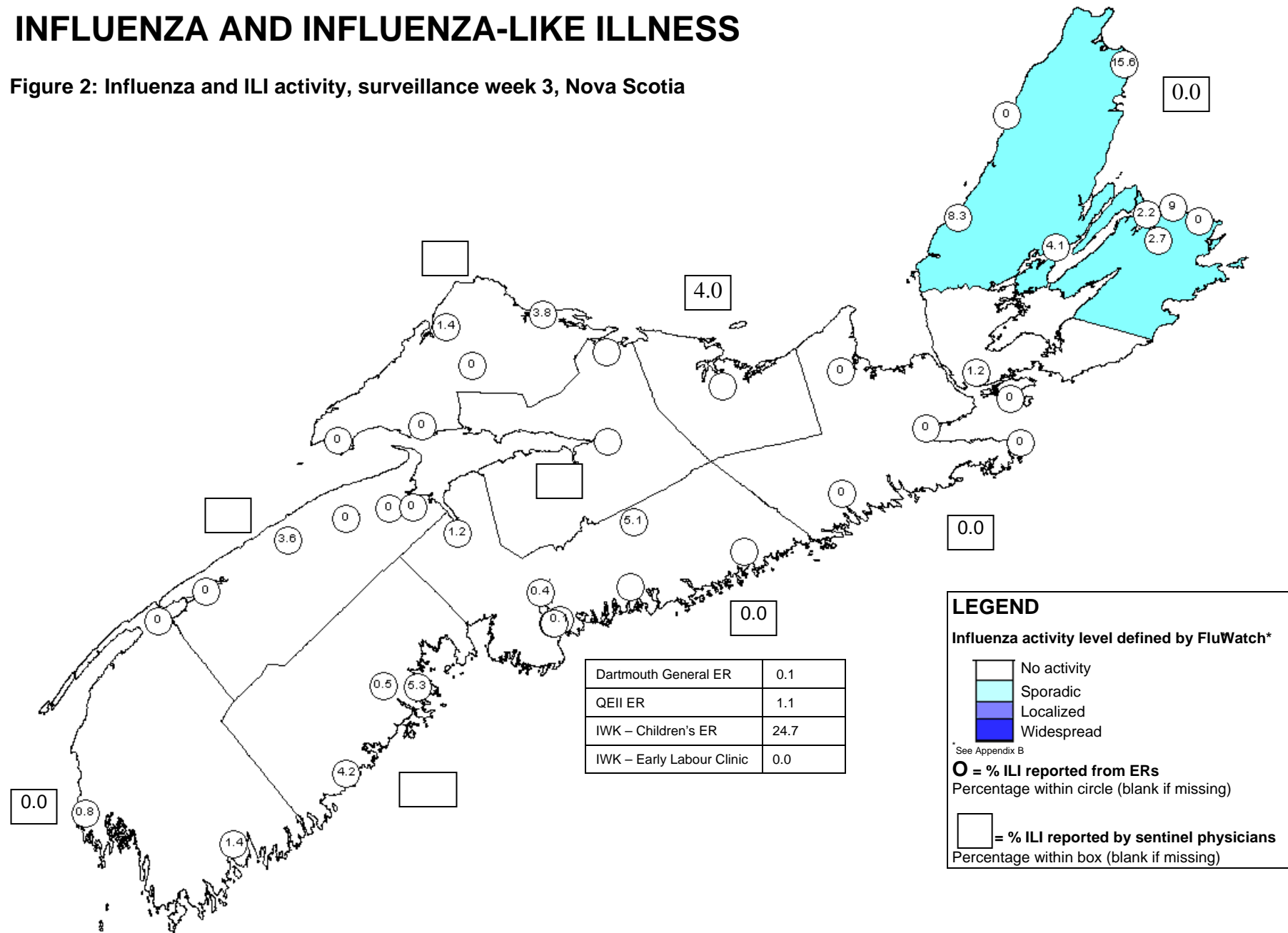
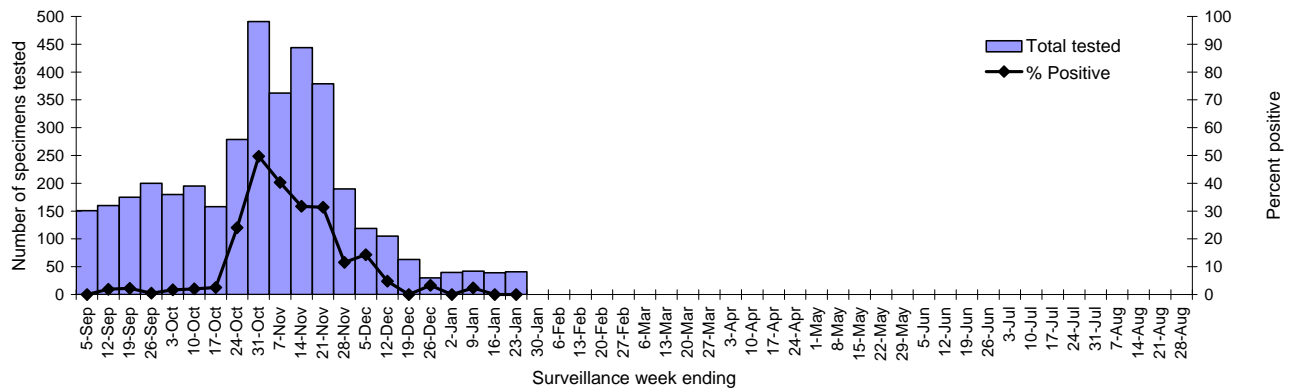
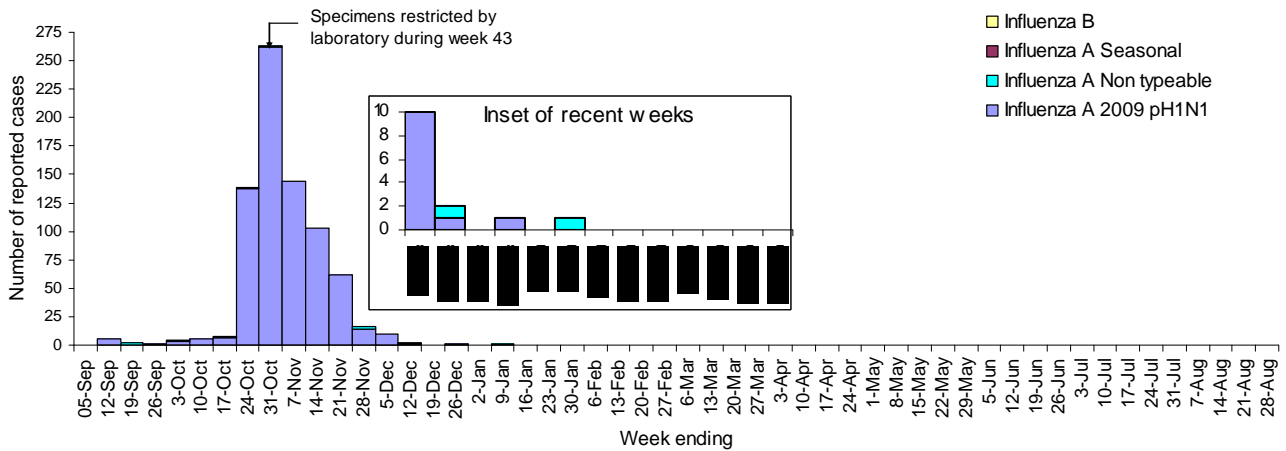


Figure 3: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network and IWK, 2009–2010*



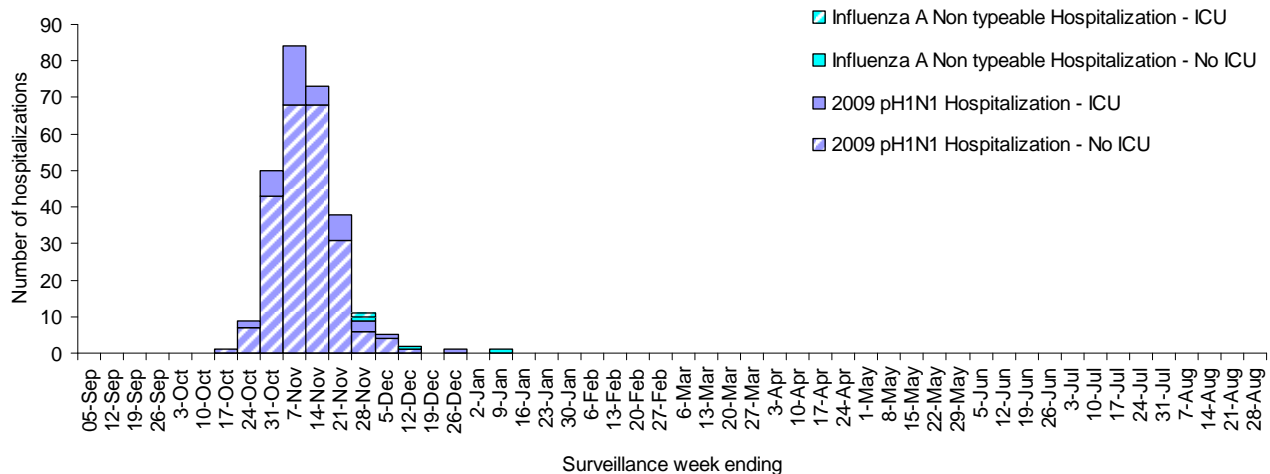
*Data presented in this figure refers to week specimen was tested. All other data in report refers to onset date of symptoms. Due to a dramatic increase in the number of specimens submitted for influenza testing, the PPHLN restricted testing to hospitalized patients only during week 43 (October 27, 2009).

Figure 4: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2009–2010 (n=766)



Source: Application for Notifiable Disease Surveillance System (ANDS), December 15, 2009

Figure 5: Number of influenza hospitalizations by type and report week, Nova Scotia, 2009–2010 (n=275)*



*Note that this does not represent individuals currently admitted to hospital; patients may be discharged home by time of report to NSHPP. Hospitalizations for influenza A and B will be added as they are reported.

Figure 6: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2009–2010

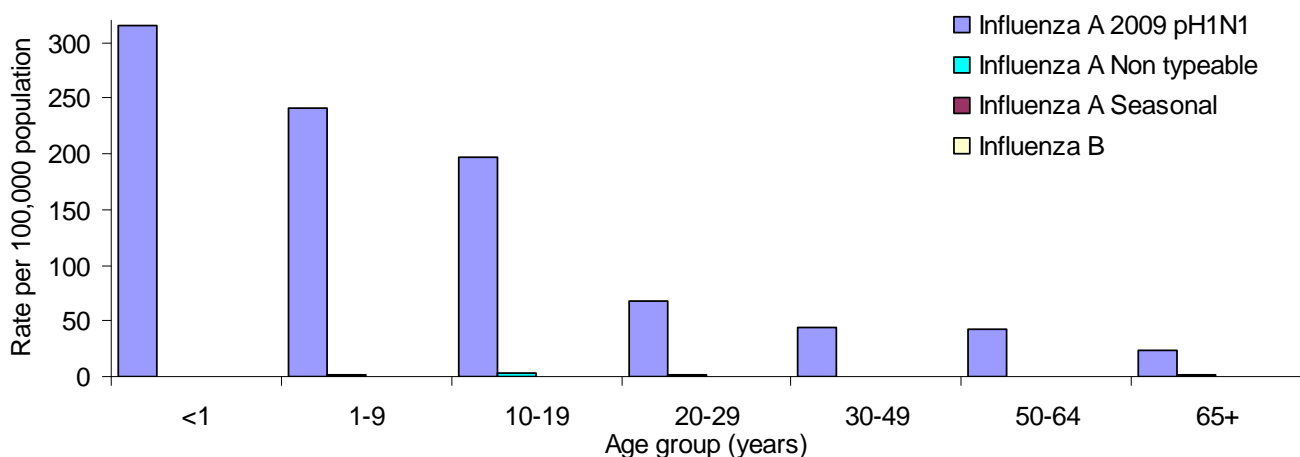


Figure 7: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2009–2010

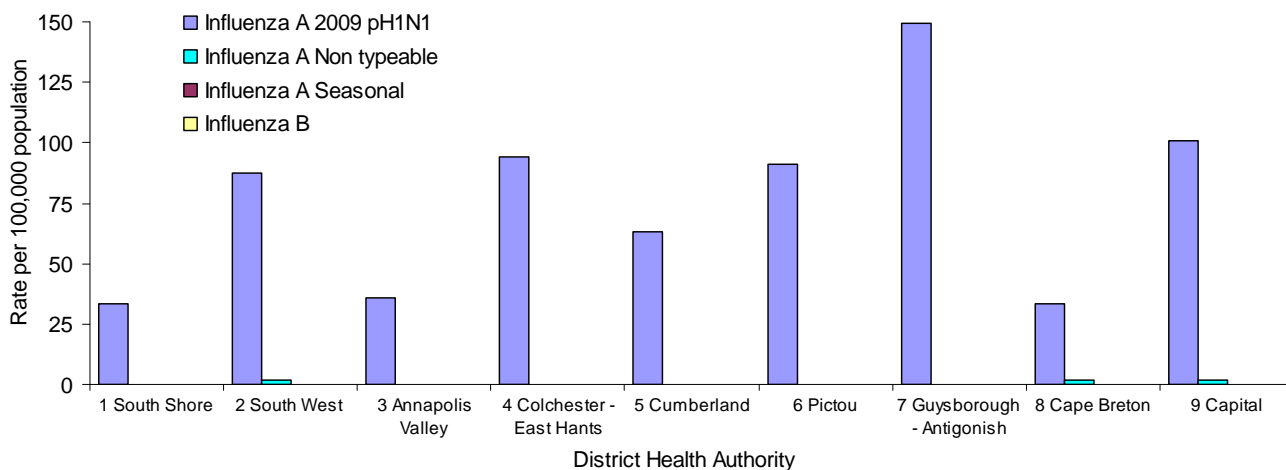


Table 1: Influenza case counts by DHA, surveillance week 3 and cumulative, Nova Scotia, 2009–2010

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
2009 pH1N1										
Week 03	0	0	0	0	0	0	0	0	0	0
Cumulative	20	54	29	69	20	42	66	42	413	755
2008–2009 season	7	15	26	17	4	4	12	47	450	582
Influenza A (non-typeable)*										
Week 03	0	0	0	0	0	0	0	0	0	0
Cumulative	0	1	0	0	0	0	0	2	8	11
Influenza A (seasonal)										
Week 03	0	0	0	0	0	0	0	0	0	0
Cumulative	0	0	0	0	0	0	0	0	0	0
2008–2009 season	6	4	7	5	0	1	7	13	56	99
Influenza B										
Week 03	0	0	0	0	0	0	0	0	0	0
Cumulative	0	0	0	0	0	0	0	0	0	0
2008–2009 season	3	5	5	6	2	1	4	8	30	64

*non-typeable influenza A cases presented for 2009-2010 season only

Note: Given the influenza situation in the province, the QE II Health Sciences Centre has streamlined laboratory practices and is not currently testing community specimens for influenza B.

Table 2: Influenza case demographics, surveillance week 3 and cumulative, Nova Scotia, 2009–2010

	n	Rate (CI)*	% Male	Mean age	Median age	Age range
Week 03						
2009 pH1N1						
Cases	0	–	–	–	–	–
Total hospitalizations	0	–	–	–	–	–
Non-ICU	0	–	–	–	–	–
ICU	0	–	–	–	–	–
Deaths**	0	–	–	–	–	–
Influenza A (seasonal)						
Cases	0	–	–	–	–	–
Total hospitalizations	0	–	–	–	–	–
Non-ICU	0	–	–	–	–	–
ICU	0	–	–	–	–	–
Deaths	0	–	–	–	–	–
Influenza A (non-typeable)						
Cases	0	–	–	–	–	–
Total hospitalizations	0	–	–	–	–	–
Non-ICU	0	–	–	–	–	–
ICU	0	–	–	–	–	–
Deaths	0	–	–	–	–	–
Influenza B						
Cases	0	–	–	–	–	–
Total hospitalizations	0	–	–	–	–	–
Non-ICU	0	–	–	–	–	–
ICU	0	–	–	–	–	–
Deaths	0	–	–	–	–	–
Cumulative 2009–2010 season						
2009 pH1N1						
Cases	755	80.9 (75.2–86.7)	49.0	24.1	17.0	2 wks–91 yrs
Total hospitalizations	271	29.0 (25.6–32.5)	50.6	29	23.0	2 wks–91 yrs
Non-ICU	229	24.5 (21.4–27.7)	51.5	27.5	19.0	2 wks–91 yrs
ICU	42	4.5 (3.1–5.9)	42.9	42.8	47.5	7–67 yrs
Deaths**	6	0.6 (0.1–1.1)	33.3	50.5	44.5	40+
Influenza A (seasonal)						
Cases	0	–	–	–	–	–
Total hospitalizations	0	–	–	–	–	–
Non-ICU	0	–	–	–	–	–
ICU	0	–	–	–	–	–
Deaths	0	–	–	–	–	–
Influenza A (non-typeable)						
Cases	11	1.2 (0.5-1.9)	36.4	37.2	25.0	7-74 yrs
Total hospitalizations	4	0.4 (0-0.8)	25.0	59.5	59.5	45-74 yrs
Non-ICU	3	0.3 (0-0.7)	33.3	54.7	54.0	40+
ICU	1	0.1 (0-0.3)	–	–	–	40+
Deaths	0	–	–	–	–	–
Influenza B						
Cases	0	–	–	–	–	–
Total hospitalizations	0	–	–	–	–	–
Non-ICU	0	–	–	–	–	–
ICU	0	–	–	–	–	–
Deaths	0	–	–	–	–	–

*Rate per 100,000 population; CI = confidence interval for rate.

**Age group rather than age presented for deaths due to small numbers.

Table 3: Surveillance week 3 ILI reporting from emergency departments, FluWatch sentinel physicians and provincial sentinel physicians, Nova Scotia

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Practices
DHA 1	2.7	3 of 3	–	0 of 1**
DHA 2	0.8	3 of 3	0.0	1 of 4
DHA 3	0.8	5 of 5	–	0 of 2**
DHA 4	–	0 of 2	–	–**
DHA 5	1.2	5 of 5	–	0 of 1**
DHA 6	–	0 of 1	4.0	2 of 2
DHA 7	0.3	6 of 6	0.0	2 of 4**
DHA 8	3.4	8 of 8	0.0	1 of 5**
DHA 9	0.8	5 of 7	0.0	1 of 7
Nova Scotia (excl. IWK)	1.5	36 of 41 (88%)	0.6	7 of 26 (27%)
Nova Scotia (incl. IWK)	2.8			
IWK	18.4	1 of 1		

* Includes Nova Scotia Sentinel Network and Fluwatch sentinels

** Recruitment ongoing. Please call 722-1494 if you are interested in participation in the Nova Scotia Sentinel Network

Figure 8: Percentage of ER visits with ILI, Nova Scotia, 2009–2010

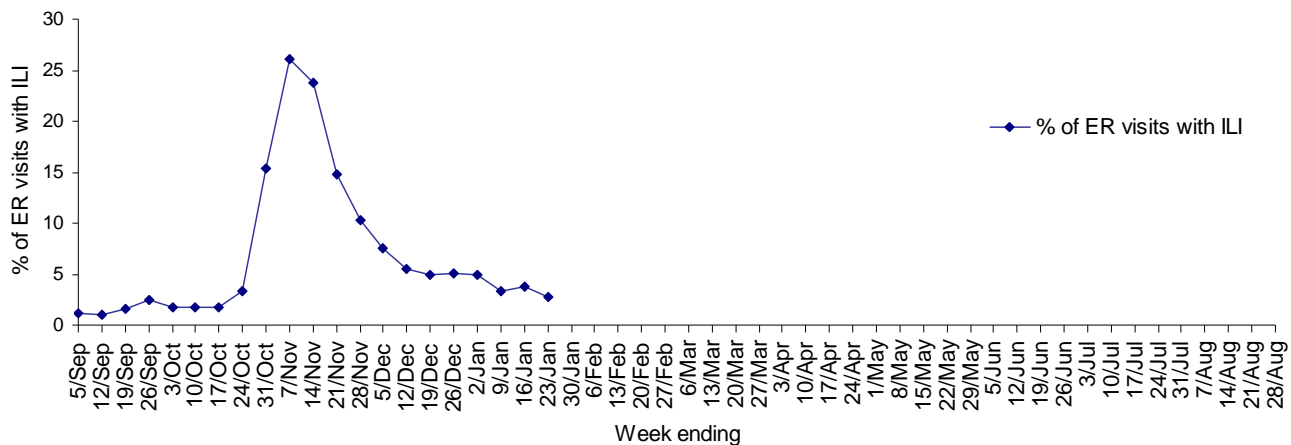
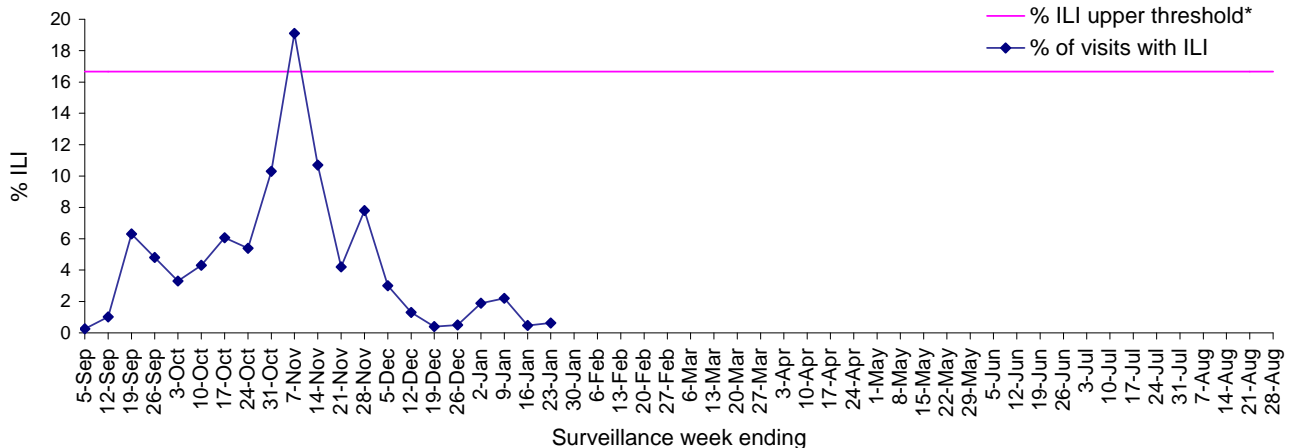


Figure 9: Percent of patient visits to FluWatch and provincial sentinel physicians with ILI, Nova Scotia, 2009–2010



*Note: Threshold ILI rate of 16.7% represents the highest proportion of patient visits reported with ILI over the past five influenza seasons.

Figure 10: Percent of patient visits to FluWatch and provincial sentinel physicians with ILI by age group, Nova Scotia, 2009–2010

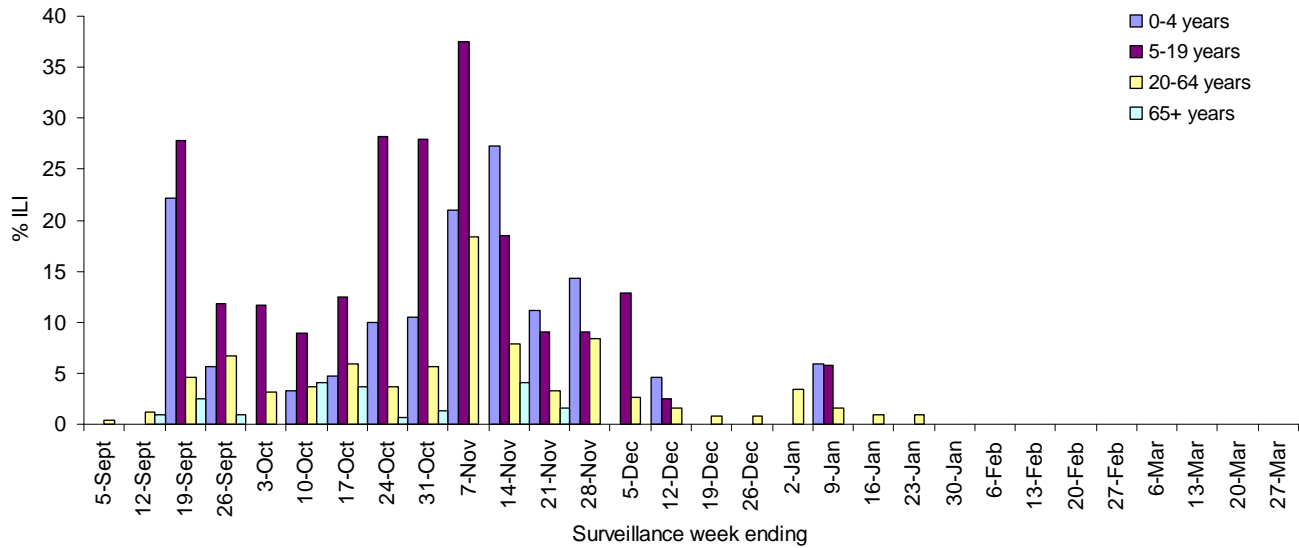
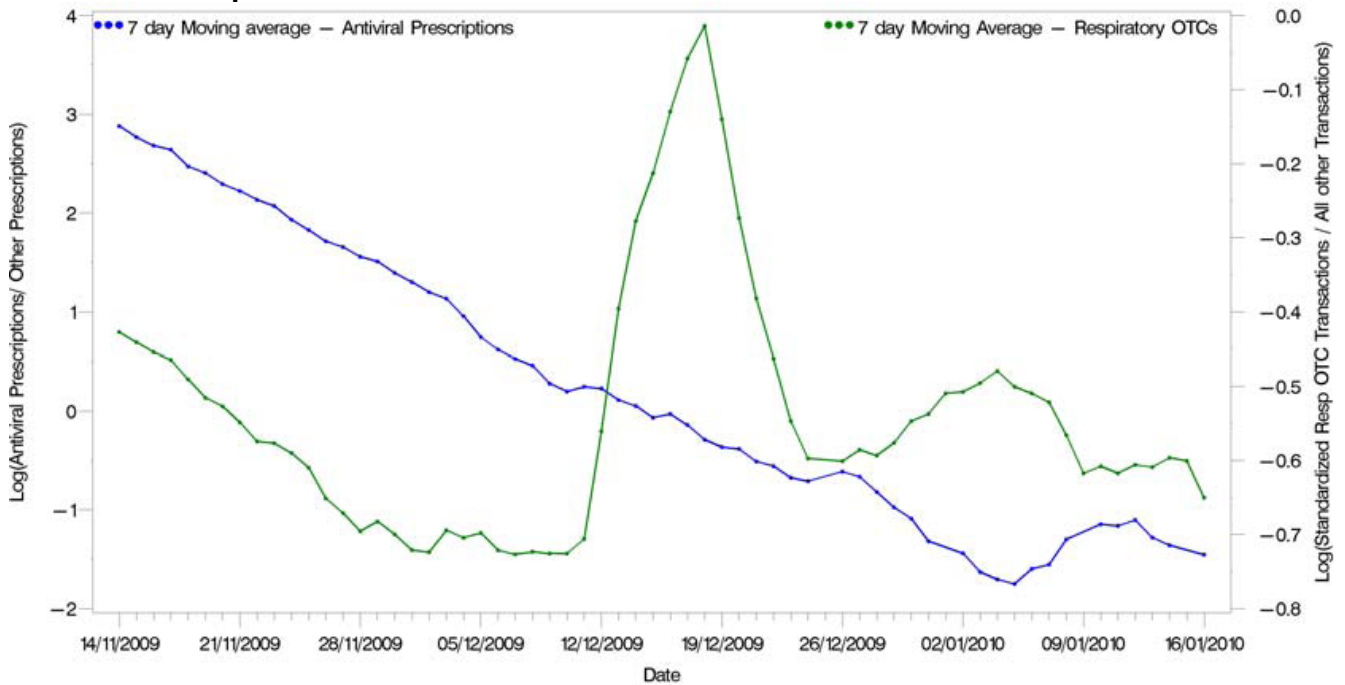


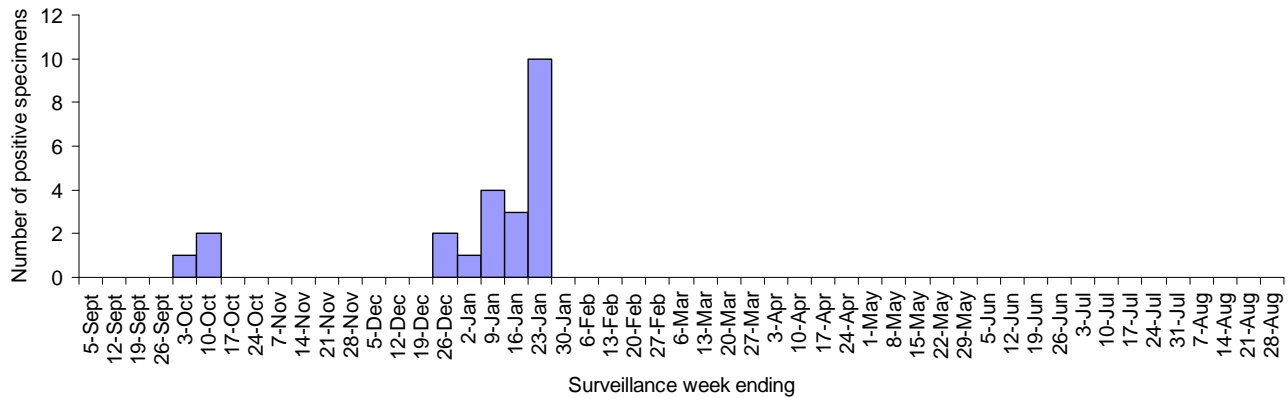
Figure 11: Seven day moving average of antivirals and respiratory over-the-counter medications dispensed in Nova Scotia



Reference: H1N1 Antiviral and OTC Surveillance Weekly Report. 2010. Rx Canada.

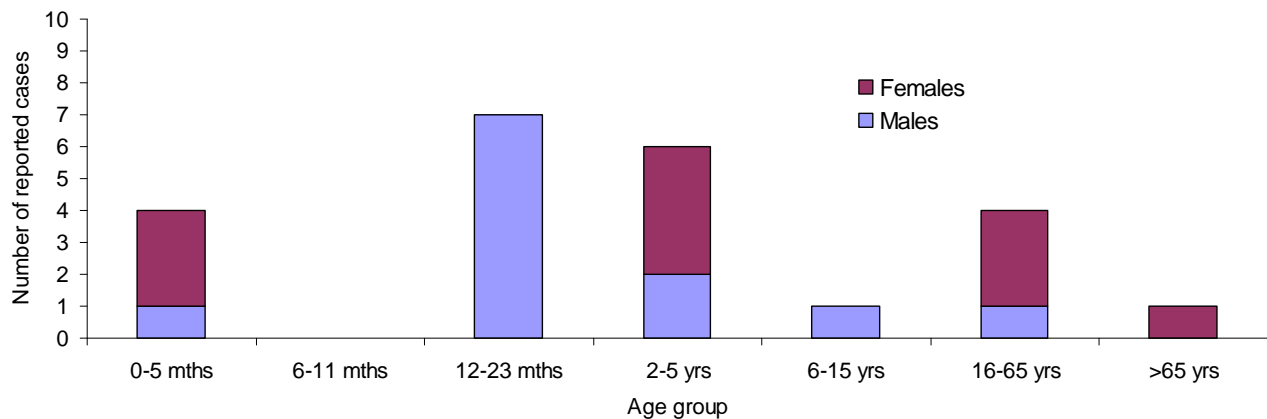
RESPIRATORY SYNCYTIAL VIRUS (RSV)*

Figure 12: Number of positive RSV specimens by report week, Nova Scotia, 2009–2010 (n=23)



*Note: Given the influenza situation in the province, the QE II Health Sciences Centre has streamlined laboratory practices and stopped routine RSV testing on April 27th 2009.

Figure 13: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2009–2010 (n=23)



PARAINFLUENZA VIRUS (PIV) and ADENOVIRUS

Table 5: Total number of specimens tested and number (%) positive for parainfluenza and adenovirus by report week and cumulative season, Nova Scotia, 2009–2010

	Surveillance Week 03 January 17-23, 2010		Cumulative Season-to-Date Totals	
Number of specimens tested:	8		234	
Number and percent positive for:	n positive	% positive	n positive	% positive
Parainfluenza virus 1	0	0.0	2	0.9
Parainfluenza virus 2	0	0.0	0	0.0
Parainfluenza virus 3	0	0.0	0	0.0
Parainfluenza virus 4	0	0.0	0	0.0
Total parainfluenza virus	0	0.0	2	0.9
Adenovirus	0	0.0	1	0.4

*Note: Given the influenza situation in the province, the QE II Health Sciences Centre has streamlined laboratory practices and stopped routine parainfluenza and adenovirus testing on April 27th 2009.

APPENDIX A: Definitions used in Influenza Surveillance, 2009-2010

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 could be due to influenza virus. In children under five years, gastrointestinal symptoms may also be present. In patients under five or over 65, fever may not be prominent.

2) **Outbreaks of influenza / ILI by setting:**

Schools and work sites:

Greater than 10% absenteeism on any day that is most likely due to ILI.

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.

3) **National FluWatch Definitions for Influenza Activity Levels:**

Influenza activity levels are defined as:

- 1 = **No activity:** i.e. no laboratory confirmed influenza detections during the past four weeks; however, sporadically occurring ILI may be reported
- 2 = **Sporadic:** Sporadically occurring **ILI and confirmed influenza*** with **NO outbreaks** detected within the influenza surveillance region†
- 3 = **Localized:** Sporadically occurring **ILI and confirmed influenza* together with outbreaks of ILI** in schools and worksites or laboratory confirmed influenza in residential institutions occurring **in less than 50% of the influenza surveillance region(s)†**
- 4 = **Widespread:** Sporadically occurring **ILI and confirmed influenza* together with outbreaks of ILI** in schools and worksites or laboratory confirmed influenza in residential institutions occurring **in greater than or equal to 50% of the influenza surveillance region(s)†**

* Confirmation of influenza within the surveillance region at any time within the prior four weeks

† sub-regions within the province or territory as defined by the provincial/territorial epidemiologist

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