

## Summary of Nova Scotia surveillance findings, for the period ending December 11, 2010:

### INFLUENZA & ILI

- **Laboratory** - During this period (week 49), a total of 25 specimens were submitted for testing. None were positive for influenza.
- **Sentinel physicians** - The percentage of patient visits due to ILI reported by sentinel physicians for this period: 1.450% (3 ILI /206 patient visits); Week 48 was 0.0% (0 ILI /179 patient visits). Please refer to Appendix for the definition of ILI.
- **ILI in Emergency Rooms** - The percentage of patient visits due to ILI reported by emergency rooms for this period was 1.6.
- **Outbreaks** - No outbreaks of laboratory-confirmed influenza were reported this period.
- **Hospitalizations, ICU & Deaths** – No hospitalizations, ICU admissions or deaths.

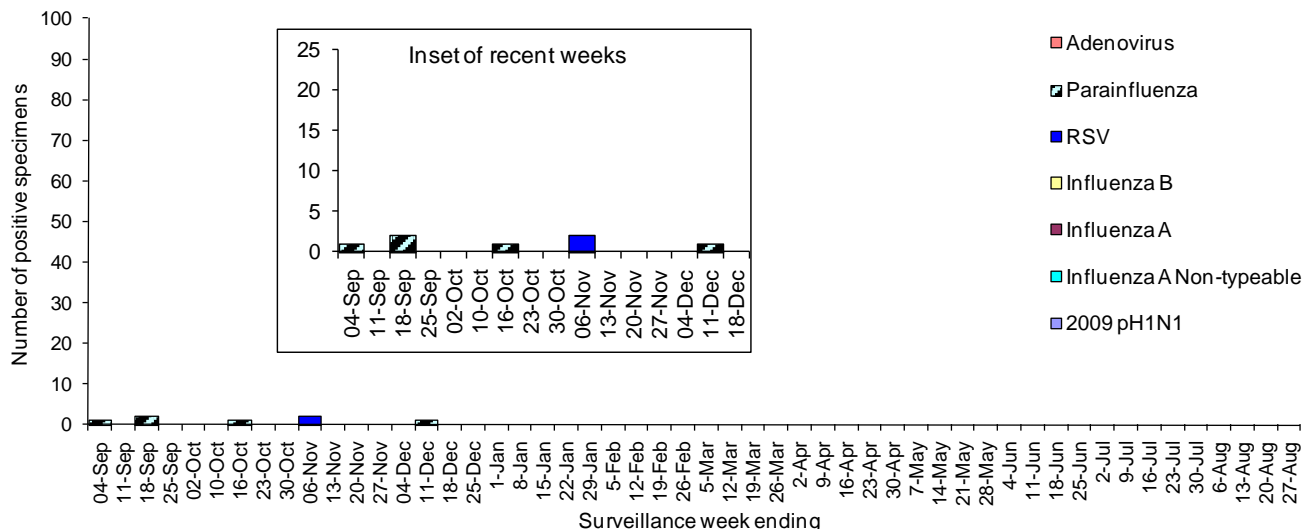
### RESPIRATORY SYNCYTIAL VIRUS (RSV)

- For this period, 34 specimens were submitted for RSV testing, none were positive.

### OTHER RESPIRATORY PATHOGENS

- Results for Chlamydomphila pneumonia, Pertussis and Mycoplasma pneumonie have been added to Respiratory Watch this week, and cumulative data for the season to date will be available shortly.
- 1 positive result for parainfluenza and 1 positive result for Mycoplasma pneumonia.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2010–2011

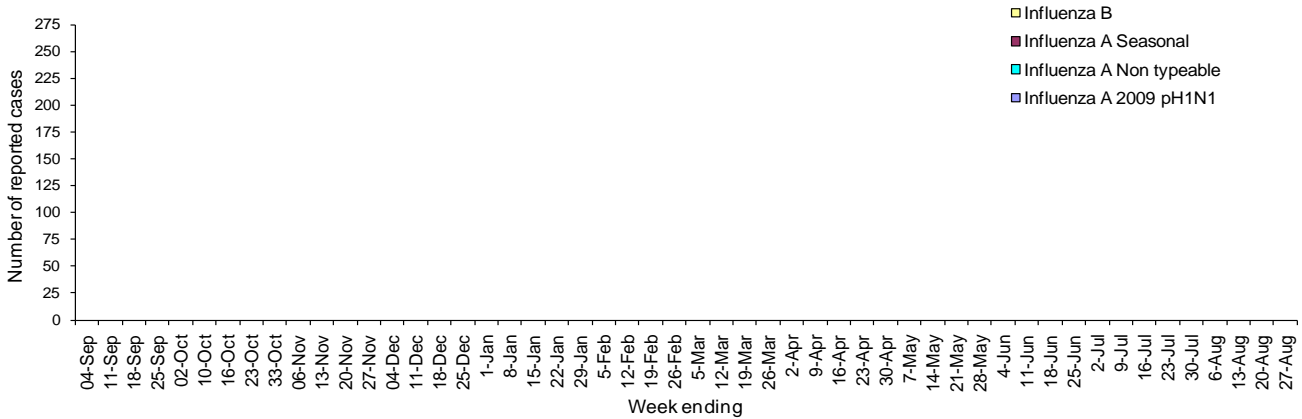




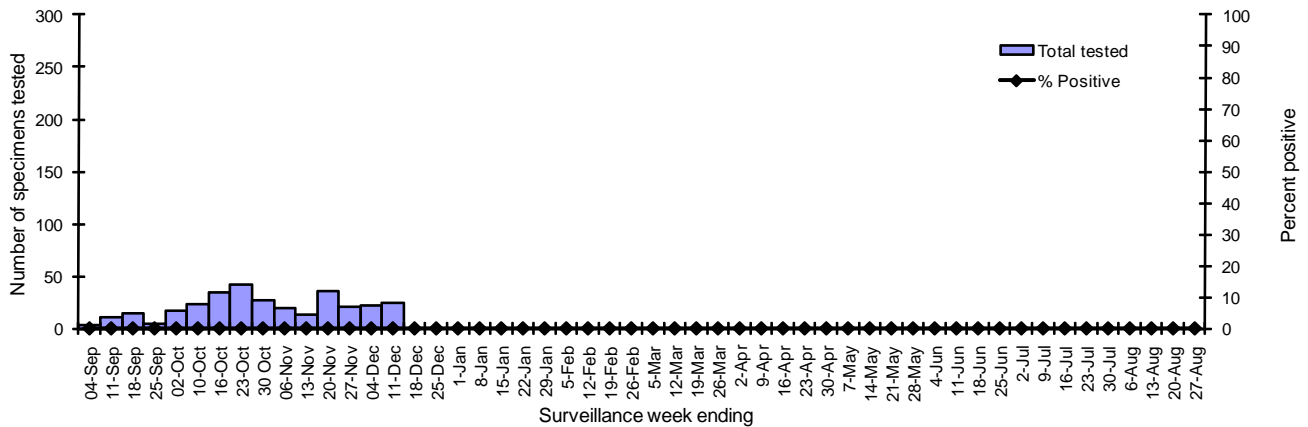
# RESPIRATORY WATCH

Week 49 (December 5 - 11, 2010)

**Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2010–2011 (n=0)**

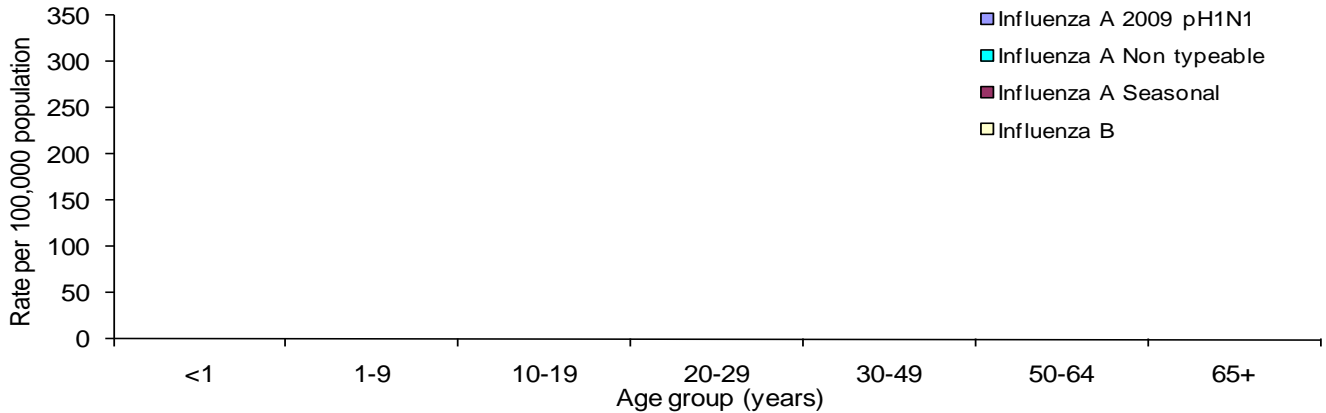


**Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2010–2011\***



\*Data presented in this figure refers to week specimen was tested. All other data in report refers to onset date of symptoms.

**Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2010–2011**



# RESPIRATORY WATCH

Week 49 (December 5 - 11, 2010)

Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2010–2011

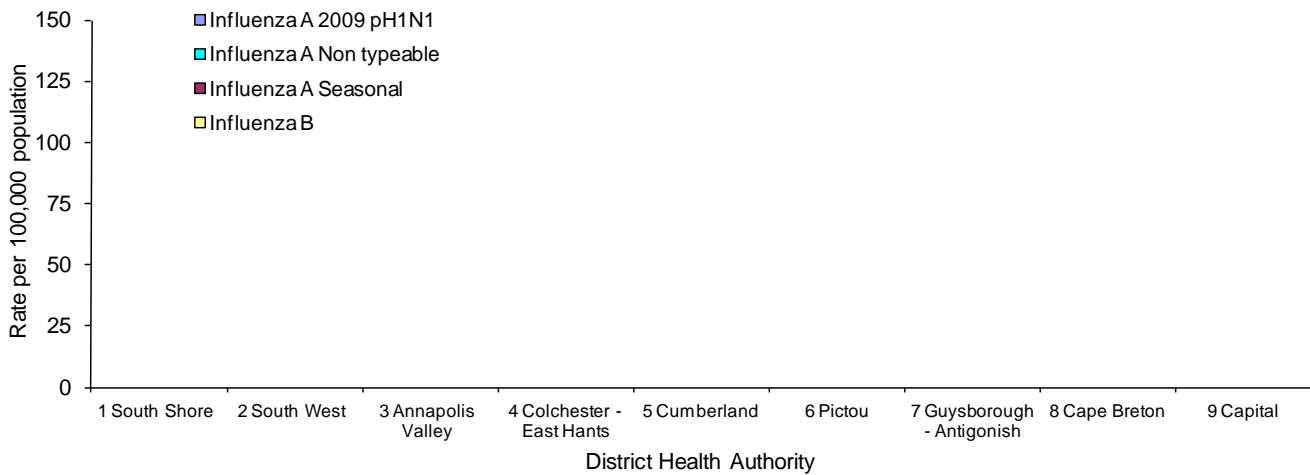


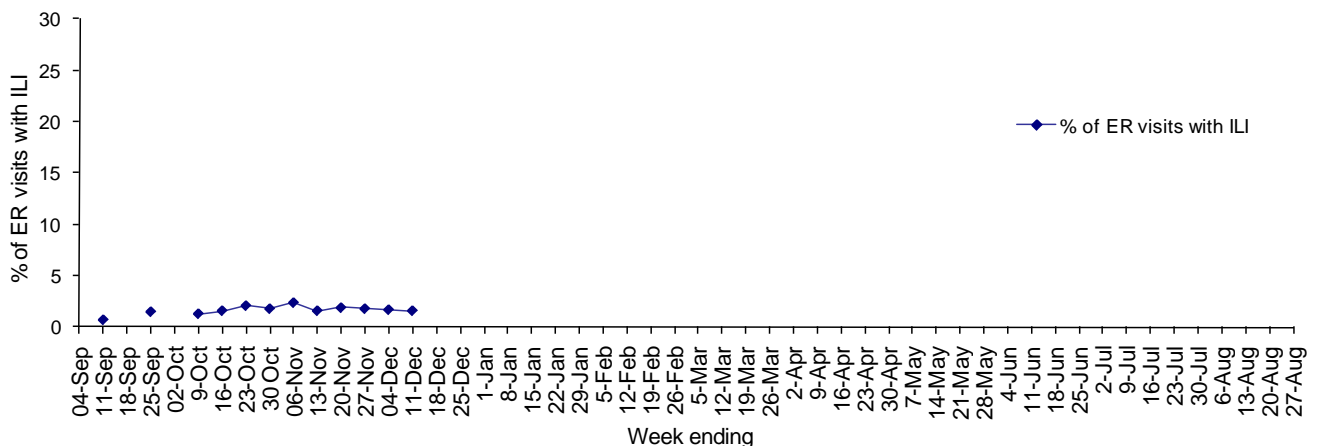
Table 1: Surveillance week 44 ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Practices
DHA 1	1.3	3 of 3	2.0	4 of 4
DHA 2	–	0 of 3	–	0 of 1
DHA 3	–	0 of 5	–	–
DHA 4	1.2	2 of 2	10.0	1 of 1
DHA 5	0.1	5 of 5	0.0	1 of 1
DHA 6	0.3	1 of 1	–	0 of 2
DHA 7	0.4	6 of 6	0.0	1 of 2
DHA 8	0.9	5 of 8	0.0	1 of 3
DHA 9	0.3	4 of 7	0.0	1 of 3
IWK	12.6	1 of 1		
<b>Nova Scotia (excl. IWK)<sup>†</sup></b>	<b>0.6</b>	<b>27 of 40 (67.5%)</b>		
<b>Nova Scotia (incl. IWK)</b>	<b>1.6</b>	<b>28 of 41 (68.3%)</b>		<b>9 of 17 (52.9%)</b>

\*Flu watch sentinels

<sup>†</sup>Excludes the children's ER from IWK

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2010–2011



# RESPIRATORY WATCH

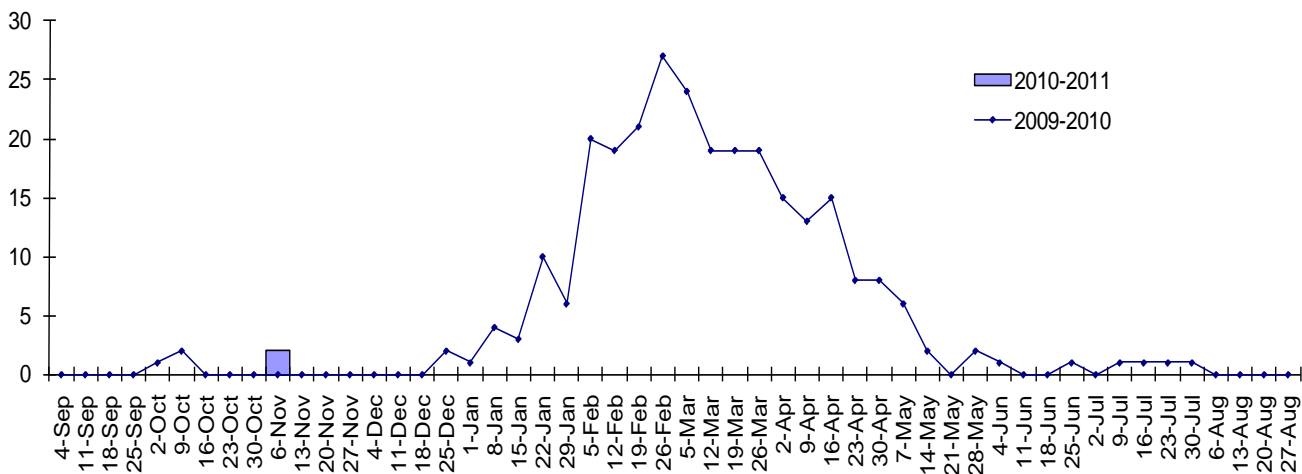
Week 49 (December 5 - 11, 2010)

**Figure 8: Seven day moving average of antivirals and respiratory over-the-counter medications dispensed in Nova Scotia**

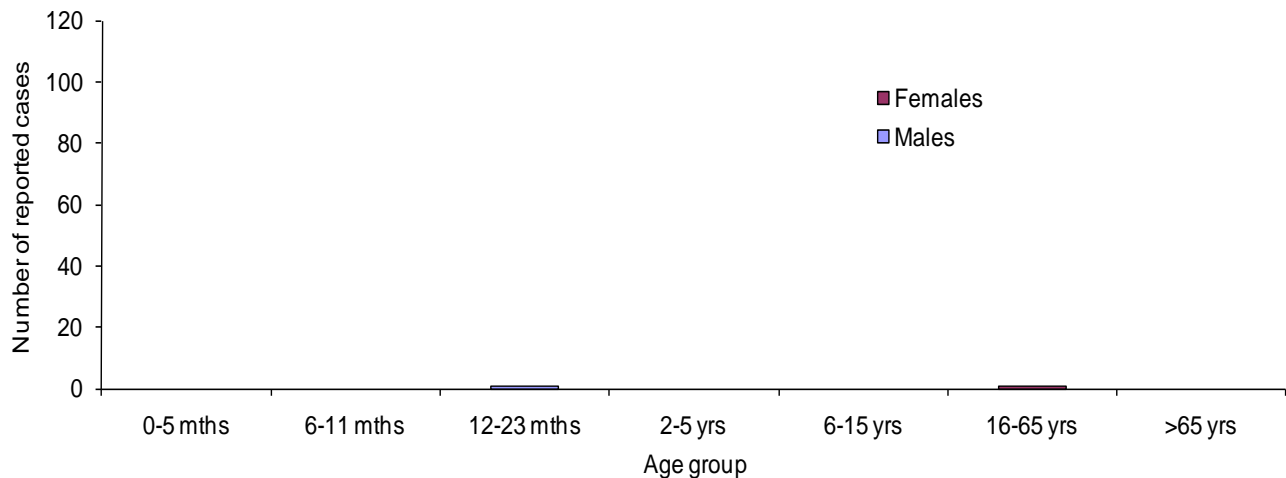
Data not received by reporting deadline

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

**Figure 9: Number of positive RSV specimens by report week, Nova Scotia, 2010–2011 (n=2)**



**Figure 10: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2010-2011 (n=2)**



# RESPIRATORY WATCH

Week 49 (December 5 - 11, 2010)

## OTHER RESPIRATORY PATHOGENS

**Table 2: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2010–2011**

Number and percent positive for:	Surveillance Week 49 December 11, 2010			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
<b>Adenovirus</b>	10	0	0.0	157	0	0.0
<b>Bocavirus</b>	-	-	-	-	-	-
<b>Chlamydophila pneumoniae</b>	6	0	0	*	*	*
<b>Coronavirus</b>	-	-	-	-	-	-
<b>Enterovirus</b>	-	-	-	-	-	-
<b>Metapneumovirus</b>	-	-	-	-	-	-
<b>Mycoplasma pneumoniae</b>	6	1	16.7	*	*	*
<b>Parainfluenza</b>	10	1	10.0	157	5	3.2
<b>Pertussis</b>	7	0	0.0	*	*	*
<b>Respiratory syncytial virus A</b>	-	-	-	-	-	-
<b>Respiratory syncytial virus B</b>	-	-	-	-	-	-
<b>Respiratory syncytial virus not typed</b>	34	0	0.0	383	2	0.1
<b>Rhinovirus</b>	-	-	-	-	-	-

\*Results for Chlamydophila pneumonia, Pertussis and Mycoplasma pneumoniae have been added to Respiratory Watch this week, and cumulative data for the season to date will be available shortly.

Testing for bocavirus, coronavirus, enterovirus, metapneumovirus, and rhinovirus is scheduled to begin later in the season.

# RESPIRATORY WATCH

Week 49 (December 5 - 11, 2010)

## APPENDIX: Definitions used in Influenza Surveillance, 2010-2011

- 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:

- |                         |  |
|-------------------------|--|
| <b>1 = No activity:</b> | i.e. no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported  |
| <b>2 = Sporadic:</b>    | sporadically occurring ILI* and lab confirmed influenza detection(s) with <b>NO ILI/influenza outbreaks</b> detected within the influenza surveillance region†   |
| <b>3 = Localized:</b>   | evidence of increased ILI* and lab confirmed influenza detection(s) together <b>with outbreaks</b> in schools, hospitals, residential institutions and/or other types of facilities occurring in <b>less</b> |
| <b>4 = Widespread:</b>  | evidence of increased ILI* and lab confirmed influenza detection(s) <b>together with outbreaks</b> in schools, hospitals, residential institutions and/or other types of facilities occurring in             |

\* ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

† 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