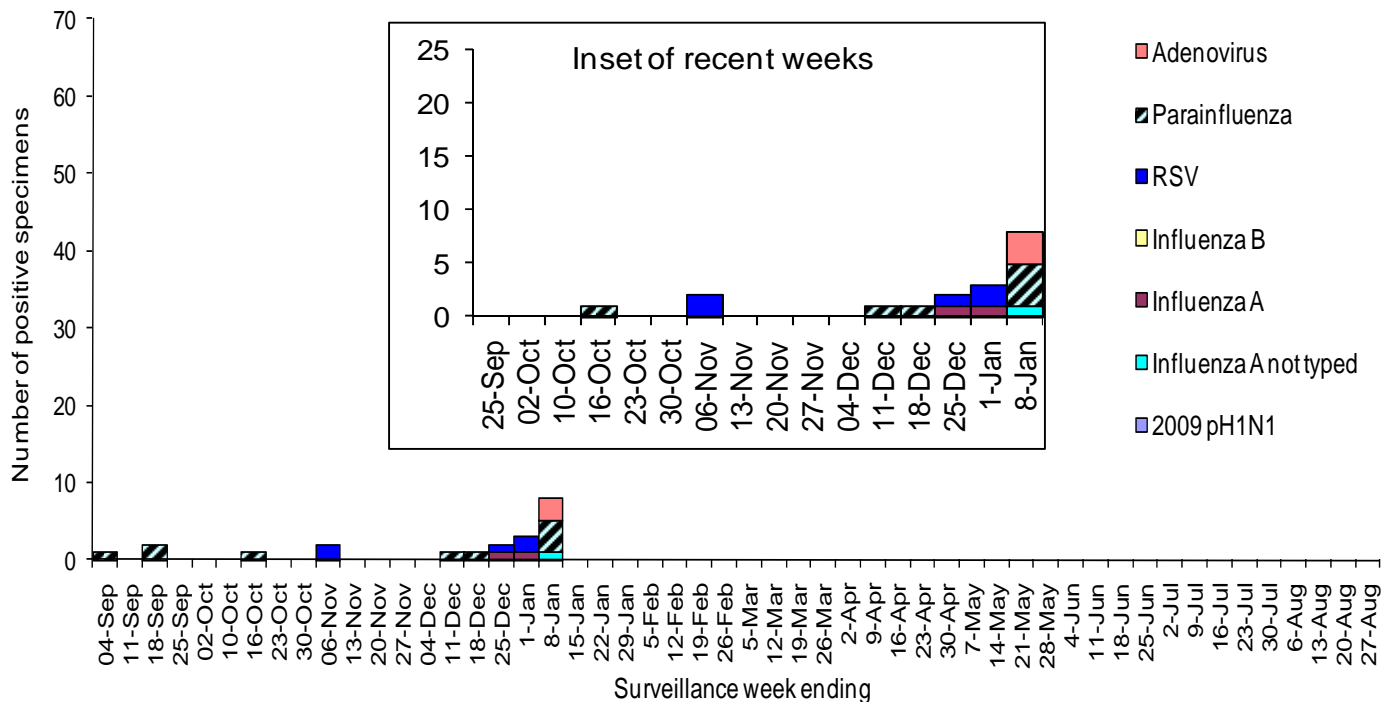


Summary of Nova Scotia surveillance findings, for the period ending January 8, 2011:

- Sporadic activity continues for the second week in Capital district Health Authority, while the rest of the province is reporting no activity.
- One lab confirmed case of Influenza A was detected this week, and the specimen has not been subtyped.
- *Mycoplasma pneumoniae* has been identified with 3 out of 6 tests positive. All cases are between 3 and 12 years of age.
- Testing for bocavirus, coronavirus, enterovirus, metapneumovirus, and rhinovirus began this week. Results can be found in Table 2.

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



RESPIRATORY WATCH

Week 1 (January 2 – January 8, 2011)

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

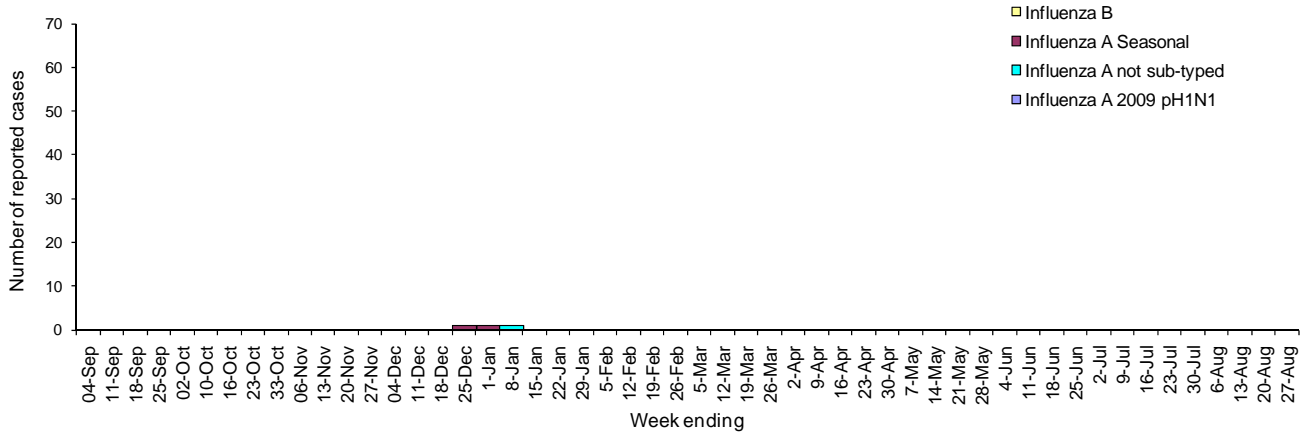
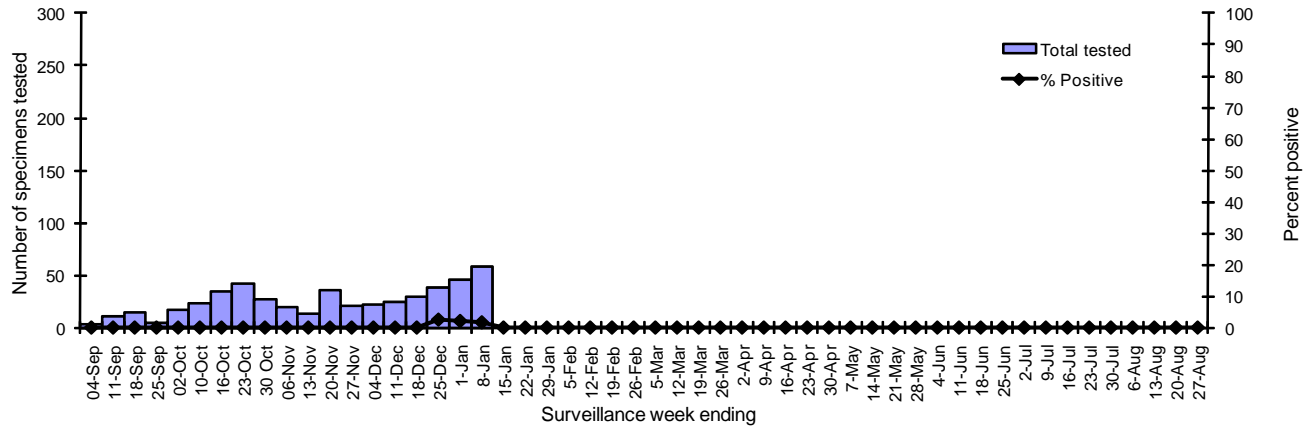
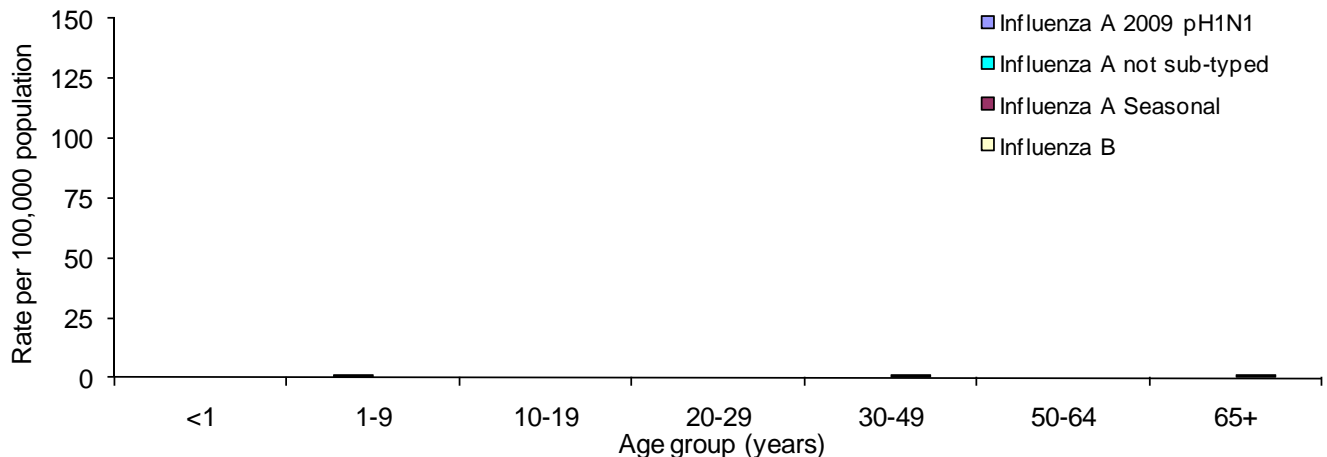


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2010–2011*



*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 1 (January 2 – January 8, 2011)

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

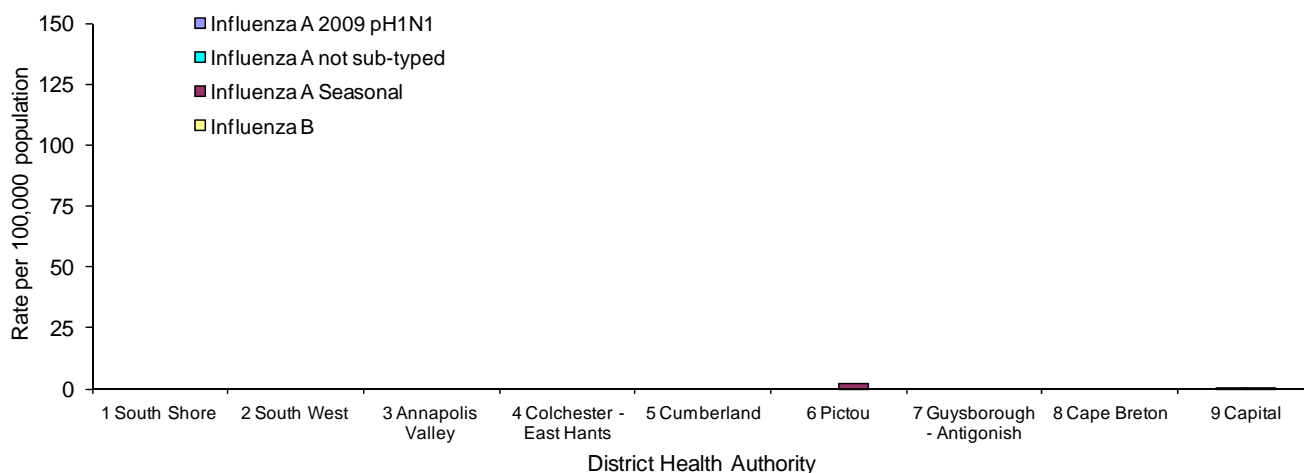


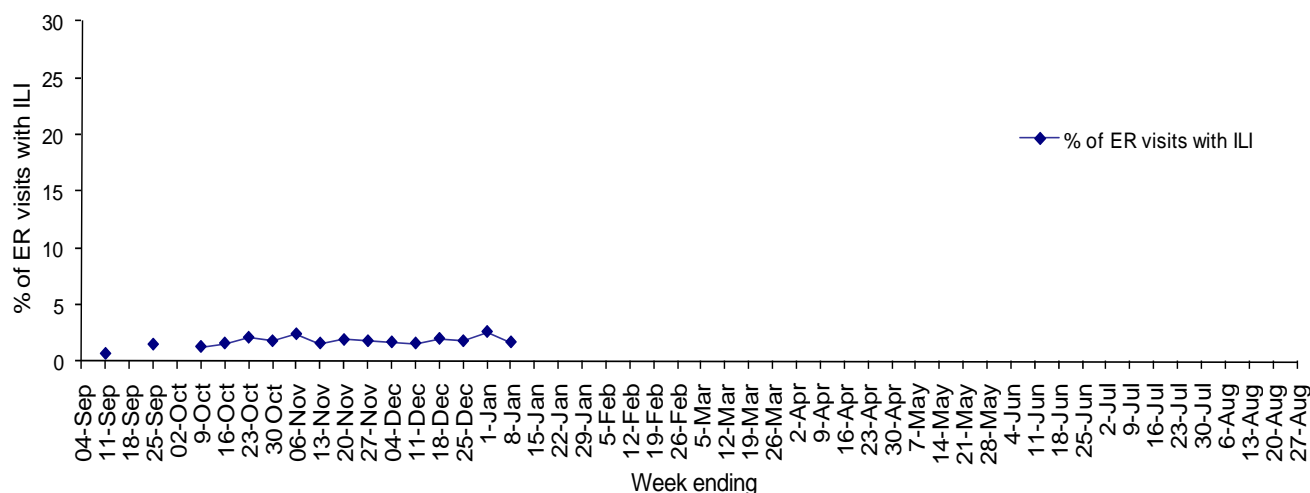
Table 1: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	% ILI	Reporting Practices
DHA 1	2.8	3 of 3	–	0 of 4
DHA 2	–	0 of 3	–	0 of 1
DHA 3	1.1	5 of 5	–	–
DHA 4	0.0	2 of 2	14.3	1 of 1
DHA 5	0.8	5 of 5	9.1	1 of 1
DHA 6	0.2	1 of 1	–	0 of 2
DHA 7	0.4	6 of 6	0.0	1 of 2
DHA 8	1.7	4 of 8	0.0	1 of 3
DHA 9	0.5	4 of 7	–	0 of 3
IWK	12.0	1 of 1	–	–
Nova Scotia (excl. IWK)†	1.0	30 of 40 (75.0%)		
Nova Scotia (incl. IWK)	1.7	31 of 41 (75.6%)	2.8	4 of 17 (23.5%)

*Flu watch sentinels

†Excludes the children's ER from IWK

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



RESPIRATORY WATCH

Week 1 (January 2 – January 8, 2011)

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=5)

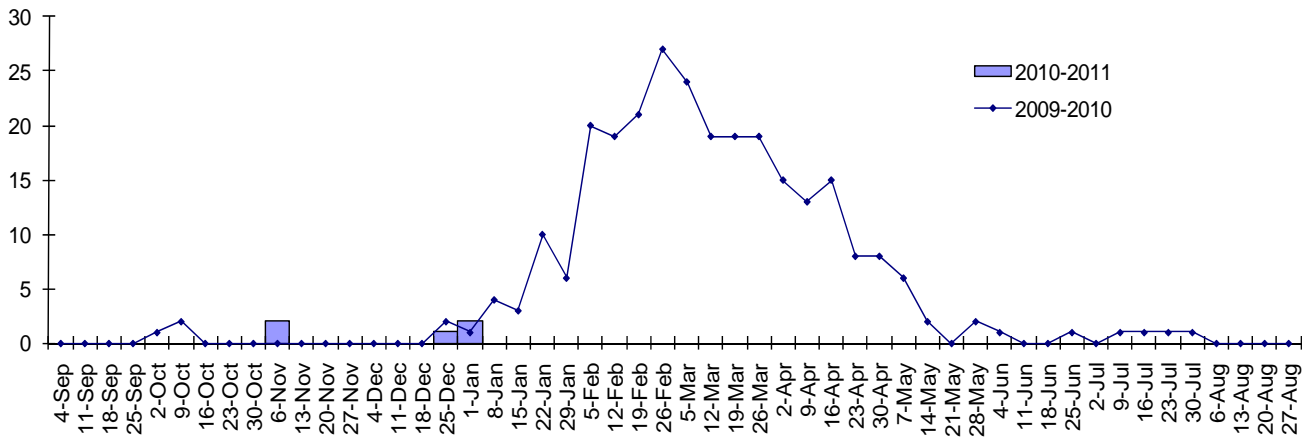
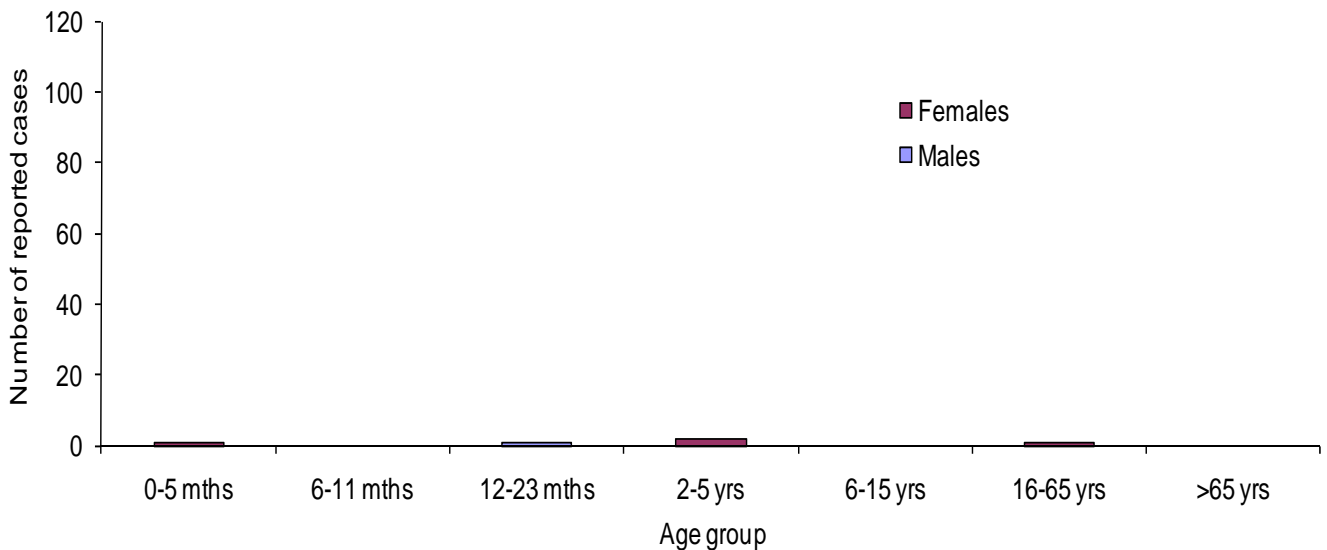


Figure 10: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2010-2011 (n=5)



RESPIRATORY WATCH

Week 1 (January 2 – January 8, 2011)

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 1 January 8, 2011			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	32	3	9.4	224	3	1.3
Bocavirus	17	0	0.0	17	0	0.0
Chlamydomphila pneumoniae	6	1	16.7	107	1	0.9
Coronavirus	17	1	5.9	17	1	5.9
Enterovirus	17	0	0.0	17	0	0.0
Metapneumovirus	17	0	0.0	17	0	0.0
Mycoplasma pneumoniae	6	3	50.0	107	25	23.4
Parainfluenza	32	4	12.5	224	9	4.0
Pertussis	9	0	0.0	89	4	4.5
Respiratory syncytial virus A	60	0	0.0	60	0	0.0
Respiratory syncytial virus B	60	0	0.0	60	0	0.0
Respiratory syncytial virus not typed	1	0	0.0	508	5	1.0
Rhinovirus	17	0	0.0	17	0	0.0

RESPIRATORY WATCH

Week 1 (January 2 – January 8, 2011)

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:

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