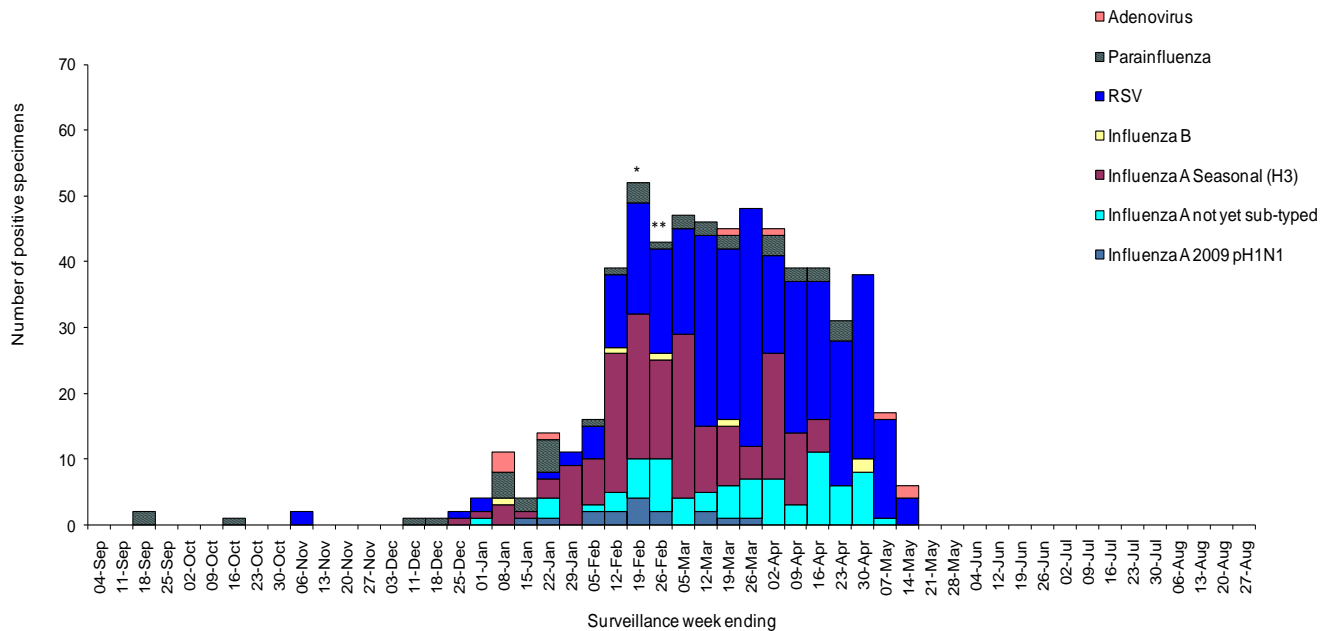


Summary of Nova Scotia surveillance findings, for the period ending May 14, 2011:

- No influenza activity reported in the province.
- There were 0 lab confirmed cases of nfluenza this week.
- Other respiratory pathogen activity continues. Positive results were received for adenovirus, human metapneumovirus, mycoplasma pneumonia, rhinovirus and RSV.
- For this reporting week, ILI outbreak activity was noted in 2 schools/daycares.

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



* Co-infections were noted for Influenza A not yet sub-typed and pH1N1, RSV B and Rhinovirus, RSV B and Coronavirus as well as RSV A and Coronavirus
 ** Co-Infection was noted for Influenza A not yet sub-typed and RSV not yet sub

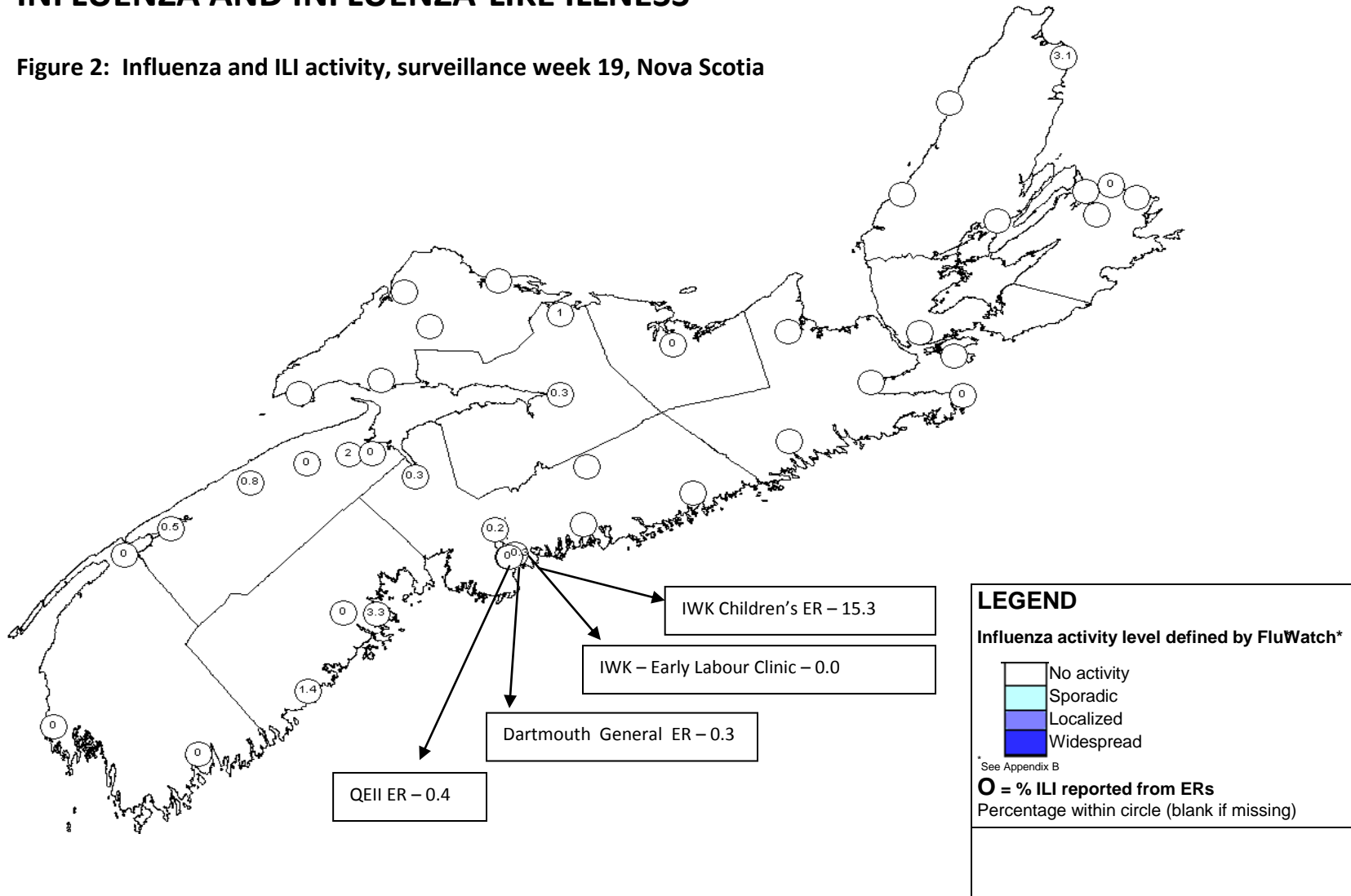


RESPIRATORY WATCH

Week 19 (May 8 to May 14, 2011)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 19, Nova Scotia



RESPIRATORY WATCH

Week 19 (May 8 to May 14, 2011)

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

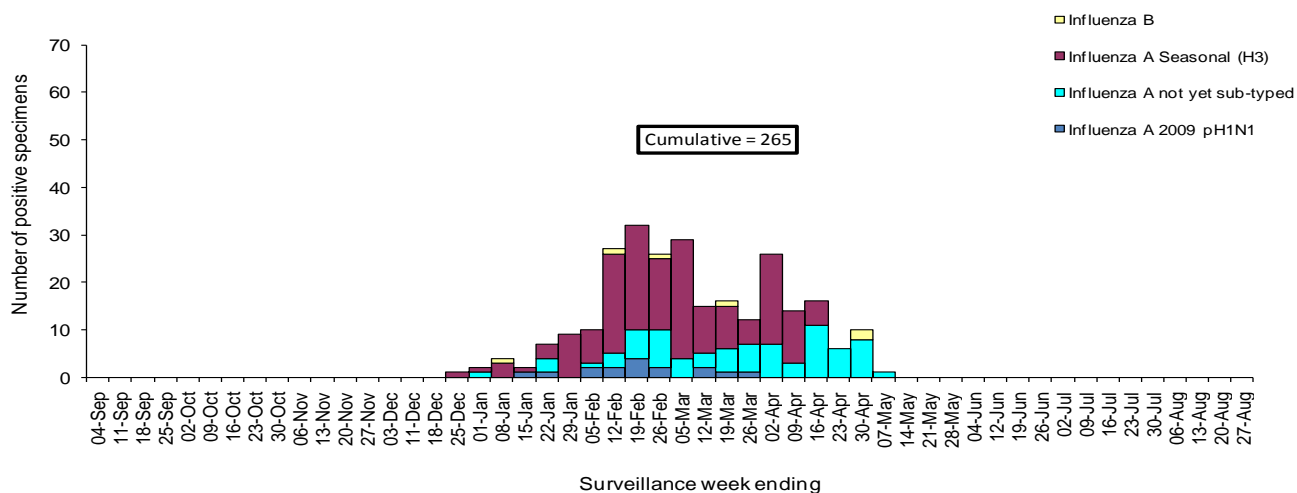
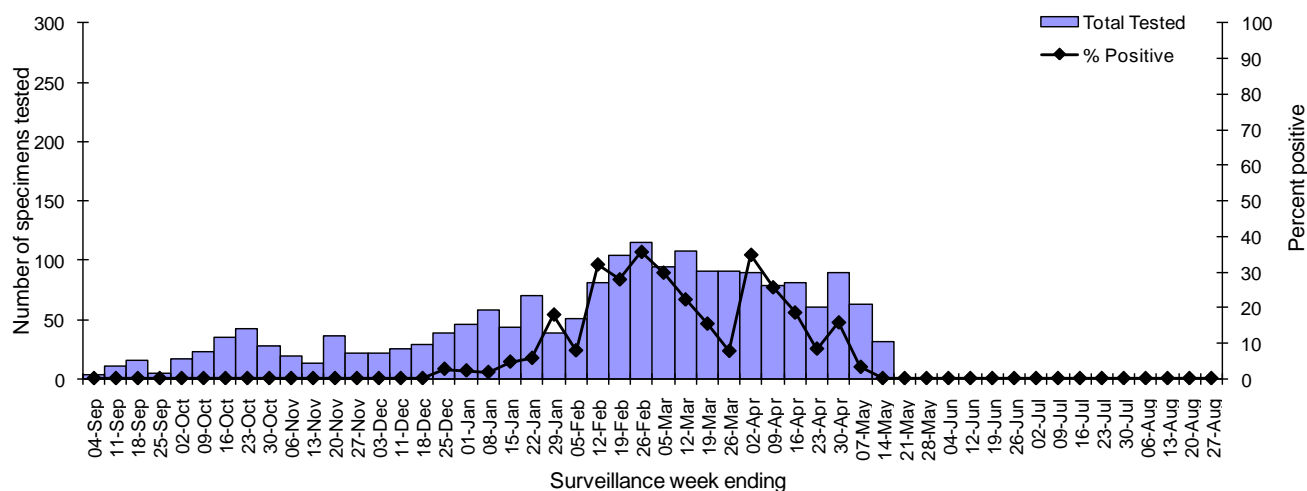


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2010–2011*



*Data presented in this figure refers to week specimen was tested.

Table 1: Influenza case counts by DHA, surveillance week 19 and cumulative, Nova Scotia, 2010–2011

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
Influenza A 2009 pH1N1*										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2010 - 2011	0	1	2	1	0	0	1	6	5	16
Influenza A (not yet sub-typed)*										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2010 - 2011	6	10	6	1	0	1	4	15	33	76
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2010 - 2011	10	2	11	8	7	7	19	45	58	167
Influenza B										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2010 - 2011	0	0	1	0	1	0	0	1	3	6

* Case positive for both Influenza A not yet sub-typed and pH1N1 in DHA 9

RESPIRATORY WATCH

Week 19 (May 8 to May 14, 2011)

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

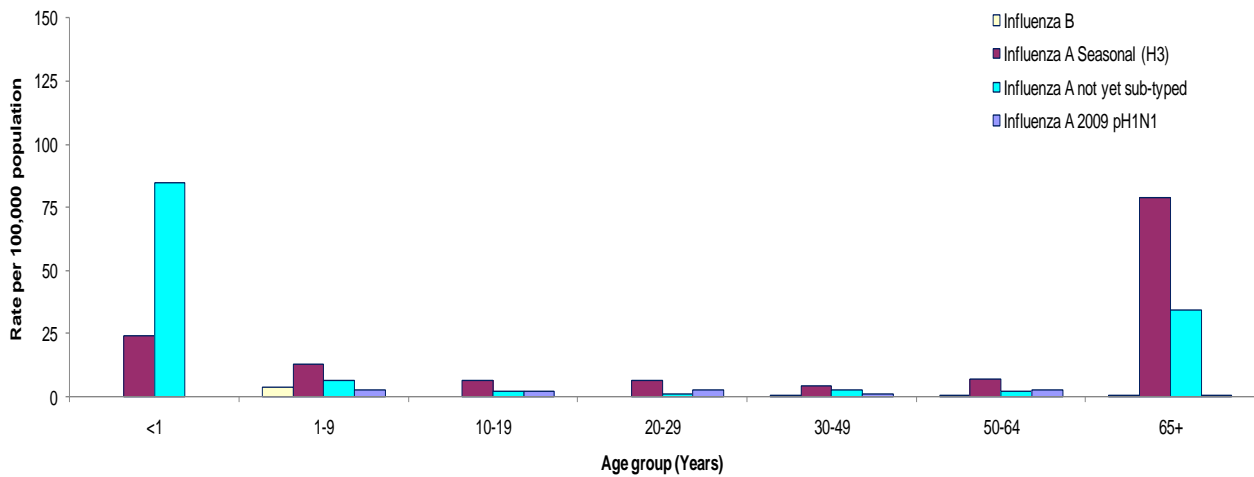


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2010–2011

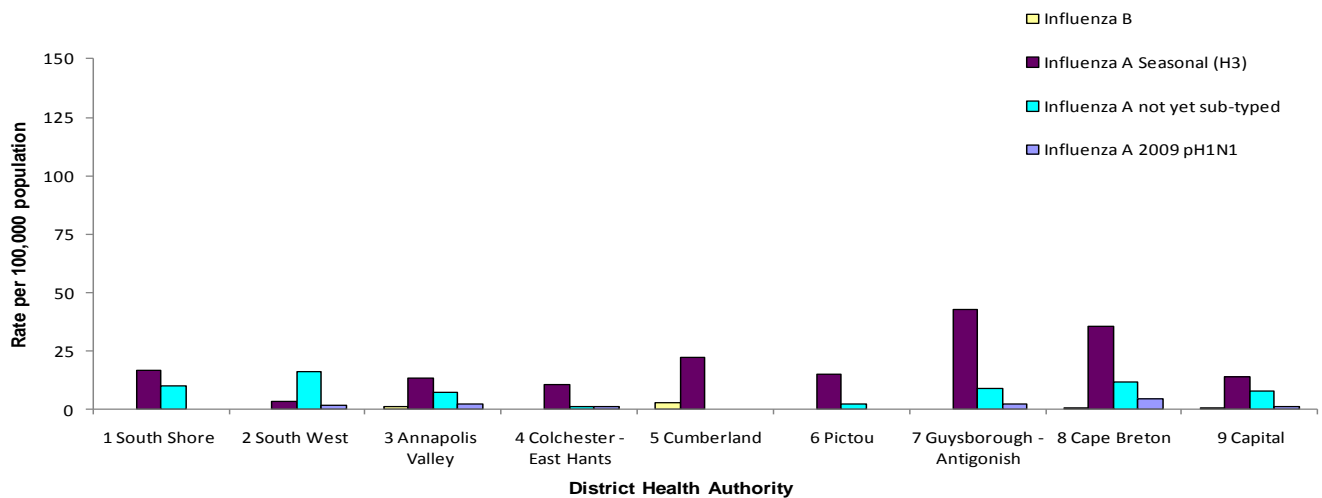


Table 2: Number of influenza hospitalizations by type and report week, Nova Scotia, 2010–2011

	Hospitalized	ICU	Total
Influenza A 2009 pH1N1			
Current Week	0	0	0
Cumulative 2010 - 2011	5	7	12
Influenza A (not yet sub-typed)			
Current Week	0	0	0
Cumulative 2010 - 2011	29	3	32
Influenza A Seasonal (H3)			
Current Week	0	0	0
Cumulative 2010 - 2011	48	4	52
Influenza B			
Current Week	0	0	0
Cumulative 2010 - 2011	1	0	1
Current Week Total	0	0	0
Season Total	83	14	97

* Note that Hospitalized cases exclude ICU admissions

RESPIRATORY WATCH

Week 19 (May 8 to May 14, 2011)

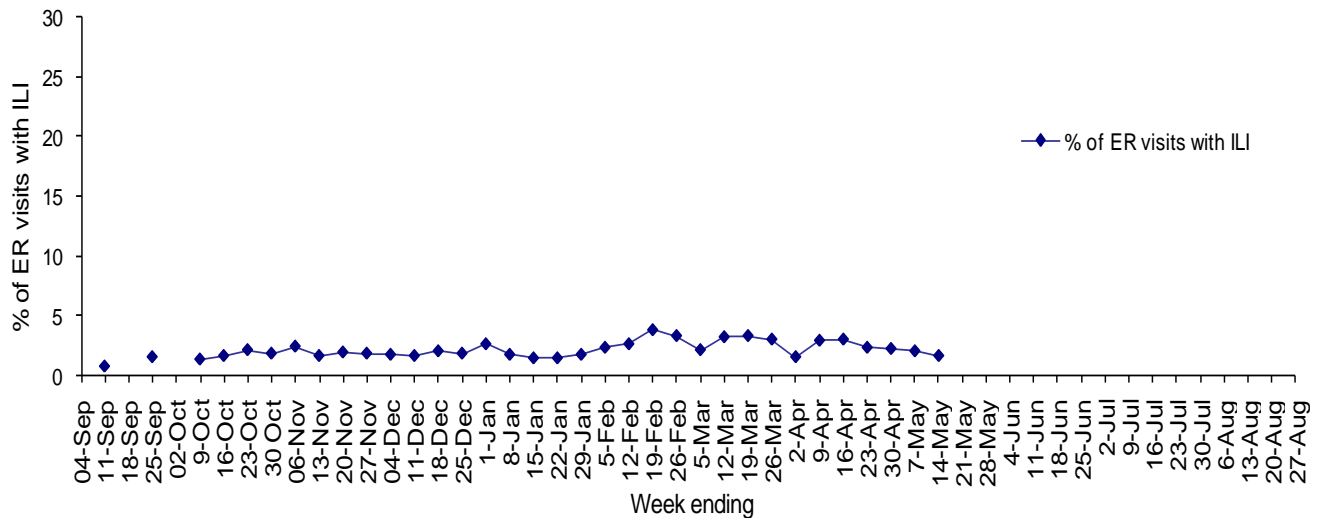
Table 3: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs		%ILI	Reporting Sentinels	
DHA 1	1.4	3	of 3	0.0	4	of 4
DHA 2	0.0	3	of 3	–	0	of 1
DHA 3	1.2	5	of 5	–	0	of 1
DHA 4	0.4	2	of 2	–	0	of 1
DHA 5	–	0	of 5	0.0	1	of 2
DHA 6	0.0	1	of 1	–	0	of 2
DHA 7	–	0	of 6	6.2	1	of 3
DHA 8	0.4	2	of 8	0.0	1	of 3
DHA 9	0.3	5	of 7	0.0	1	of 3
IWK	11.8	1	of 1			
Nova Scotia (excl. IWK)†	0.6	22 of 40	55.0%			
Nova Scotia (incl. IWK)	1.6	23 of 41	56.1%	1.0	8 of 18	44.4%

*Flu watch sentinels

†Excludes the children's ER from IWK

Figure 8: Percentage of ER visits with ILI, Nova Scotia, 2010–2011



RESPIRATORY WATCH

Week 19 (May 8 to May 14, 2011)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 10: Number of positive RSV specimens by report week, Nova Scotia, 2010–2011

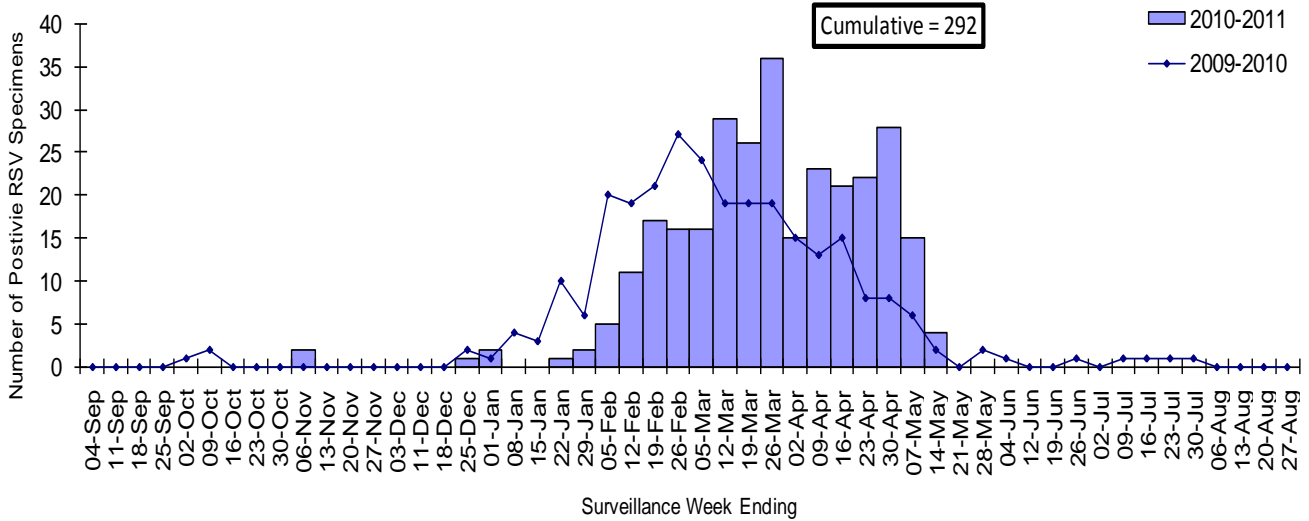
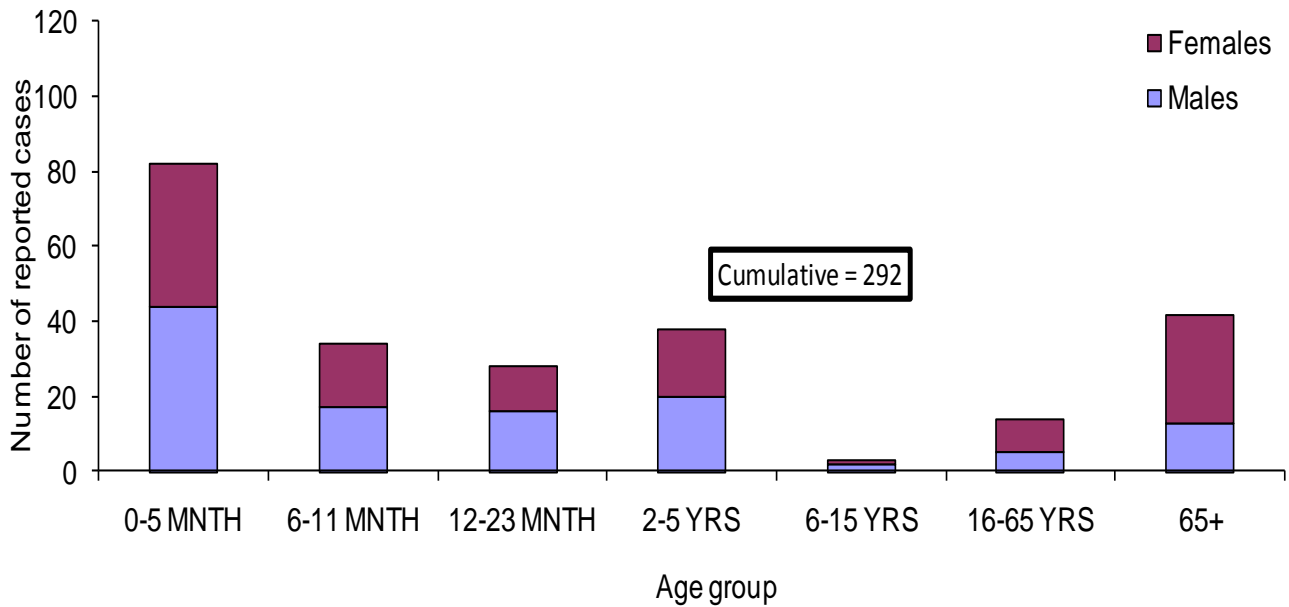


Figure 11: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2010-2011



RESPIRATORY WATCH

Week 19 (May 8 to May 14, 2011)

OTHER RESPIRATORY PATHOGENS

Table 4: 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			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	24	2	8.3	702	9	1.3
Bocavirus	24	0	0.0	498	0	0.0
Chlamydomphila pneumoniae	10	0	0.0	231	3	1.3
Coronavirus	24	0	0.0	498	24	4.8
Enterovirus	24	0	0.0	498	1	0.2
Metapneumovirus	24	3	12.5	498	21	4.2
Mycoplasma pneumoniae	10	1	10.0	231	32	13.9
Parainfluenza	24	0	0.0	738	38	5.1
Pertussis	1	0	0.0	198	7	3.5
Respiratory syncytial virus A	24	2	8.3	1063	21	2.0
Respiratory syncytial virus B	24	0	0.0	1063	20	1.9
Respiratory syncytial virus not typed	31	2	6.5	1950	251	12.9
Rhinovirus	24	5	20.8	503	28	5.6

RESPIRATORY WATCH

Week 19 (May 8 to May 14, 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 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.

2) Outbreaks of influenza / ILI by setting:

Schools and Daycares:

Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.

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. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.

Other Settings:

Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. workplace, closed communities.

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 than 50% of the influenza surveillance region(s) † |
| 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 greater than or equal to 50% of the influenza surveillance region(s) † |

* 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.

RESPIRATORY WATCH

Week 19 (May 8 to May 14, 2011)

- 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