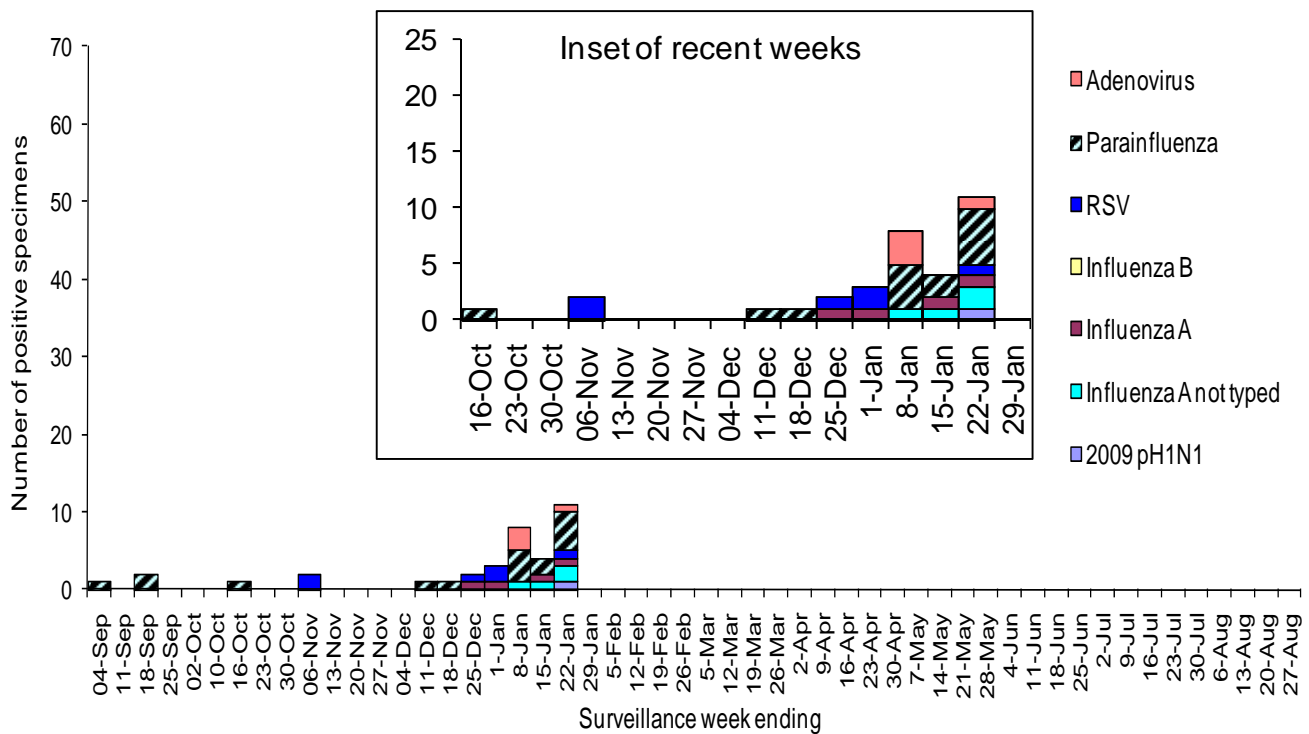


Summary of Nova Scotia surveillance findings, for the period ending January 22, 2011:

- Influenza activity is increasing in the province. DHA 7 and 8 report sporadic activity and DHA 9 reports localized activity.
- Four lab confirmed cases of Influenza A were detected this week. One specimen H3N2, 2 have not been sub-typed, and one pH1N1.
- Other respiratory pathogen activity is increasing. Positive results were received for RSV, parainfluenza, adenovirus, coronavirus, and rhinovirus.

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

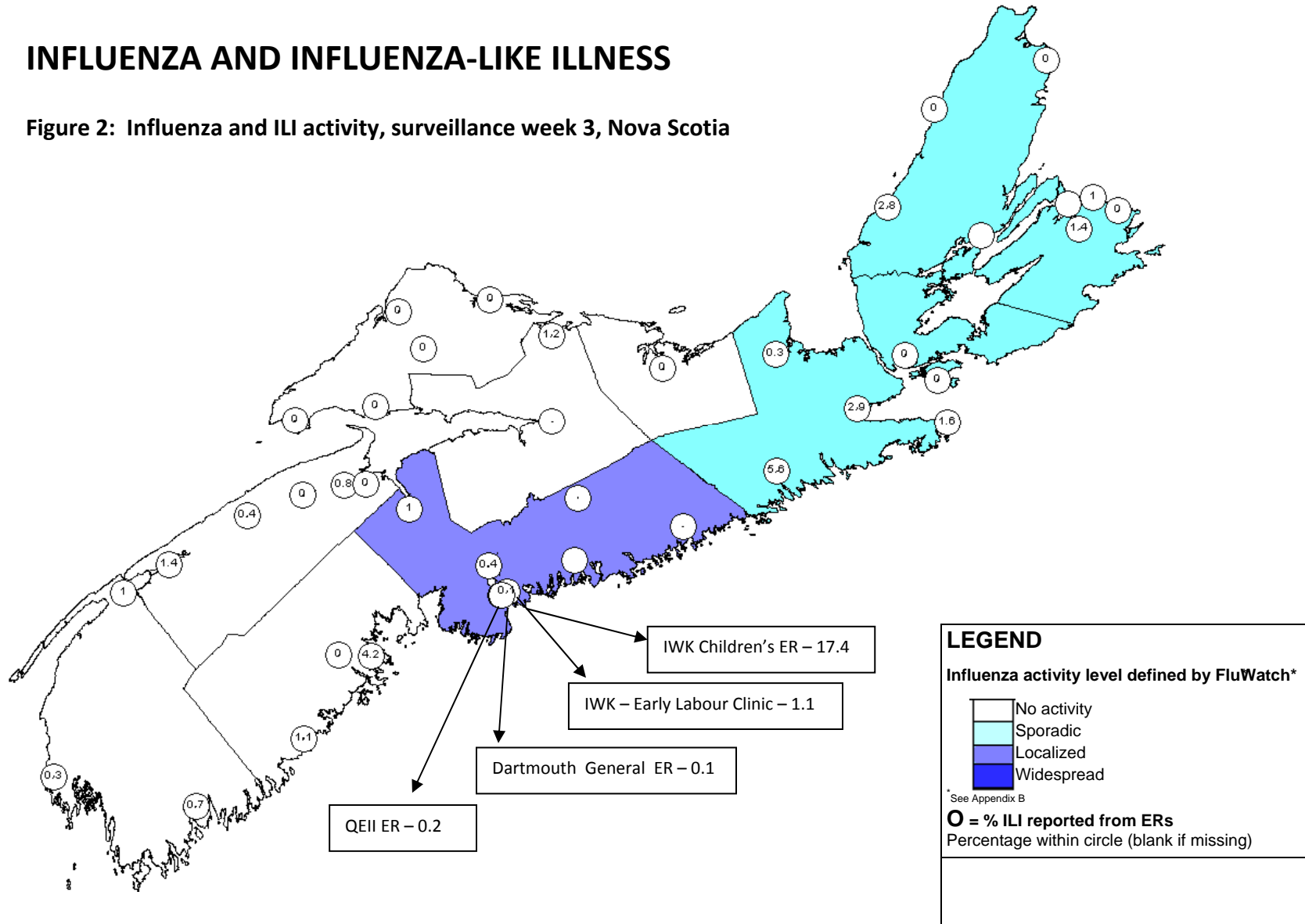


RESPIRATORY WATCH

Week 3 (January 16 - January 22, 2011)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

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



RESPIRATORY WATCH

Week 3 (January 16 – January 22, 2011)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2010–2011 (n=9)

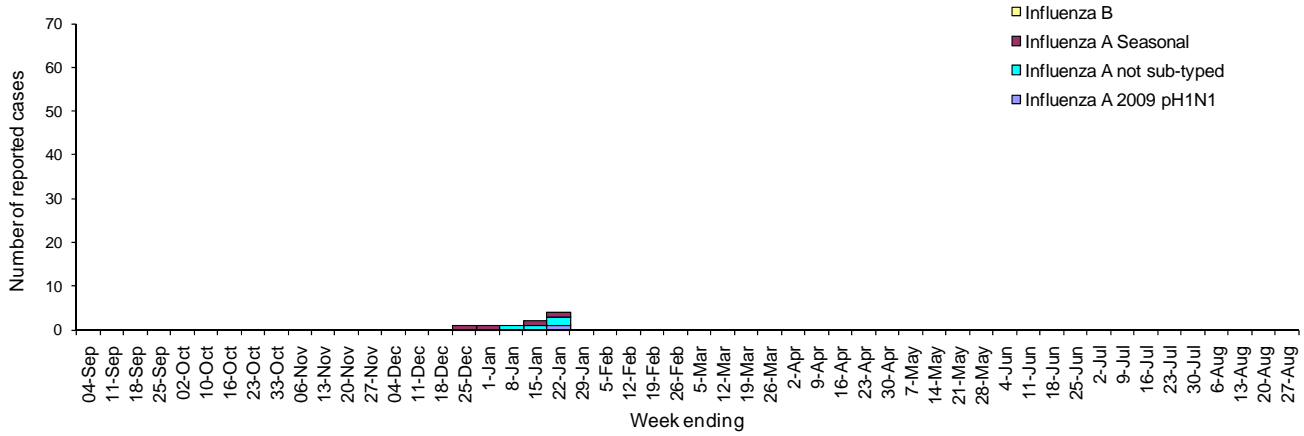
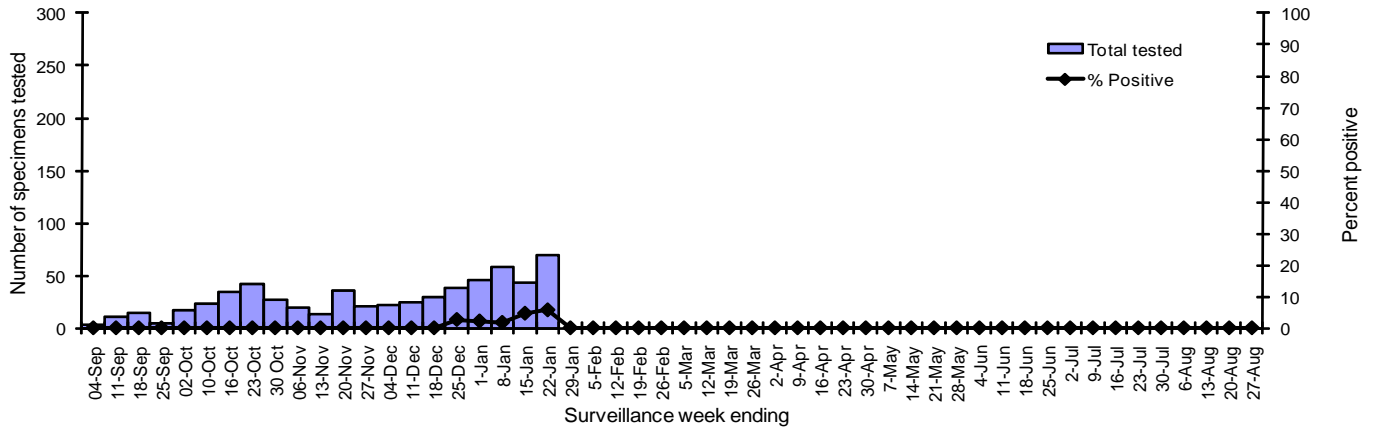
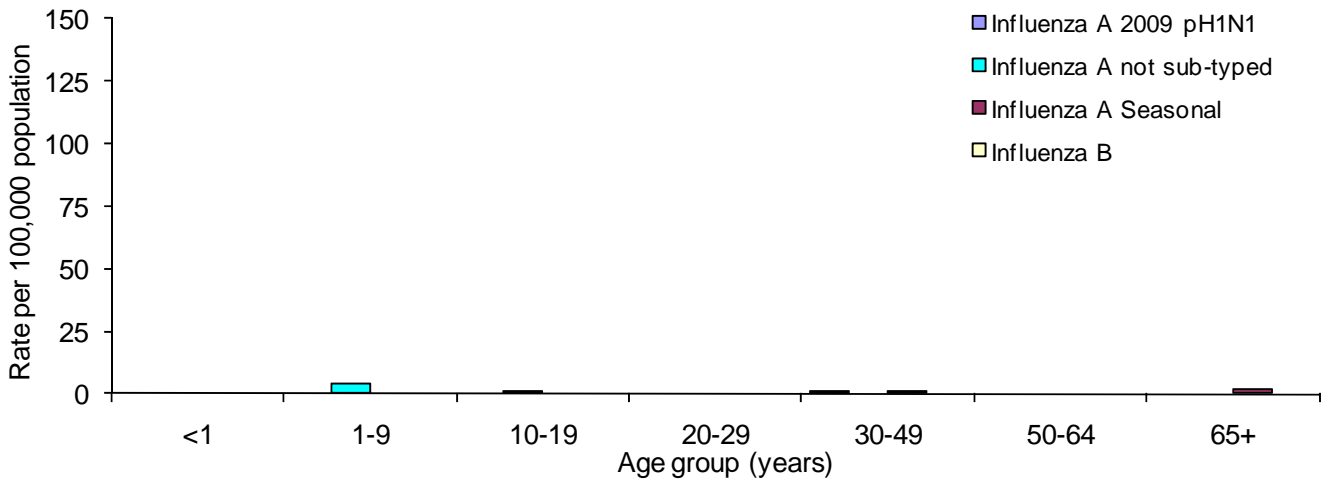


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2010–2011*



*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 3 (January 16 – January 22, 2011)

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

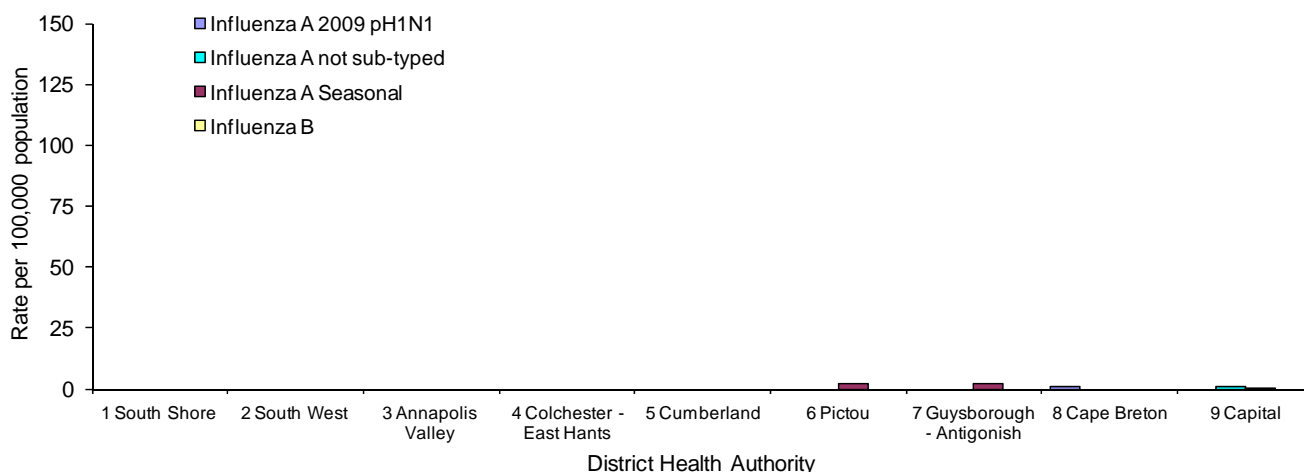


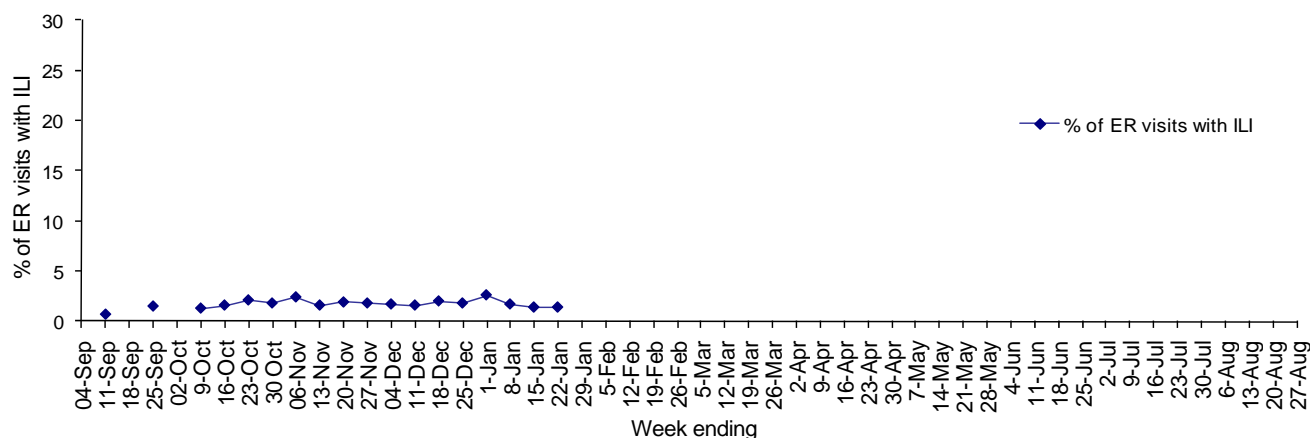
Table 1: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Practices
DHA 1	1.2	3 of 3	0.0	1 of 4
DHA 2	0.6	3 of 3	–	0 of 1
DHA 3	0.6	5 of 5	10.7	1 of 1
DHA 4	0.2	2 of 2	–	0 of 1
DHA 5	0.0	5 of 5	0.0	1 of 1
DHA 6	0.0	1 of 1	–	0 of 2
DHA 7	0.8	6 of 6	–	0 of 2
DHA 8	1.1	6 of 8	0.0	1 of 3
DHA 9	0.3	4 of 7	0.0	3 of 3
IWK	13.3	1 of 1		
Nova Scotia (excl. IWK)†	0.6	35 of 40 (87.5%)		
Nova Scotia (incl. IWK)	1.4	36 of 41 (87.8%)	3.0	7 of 17 (41.2%)

*Flu watch sentinels

†Excludes the children's ER from IWK

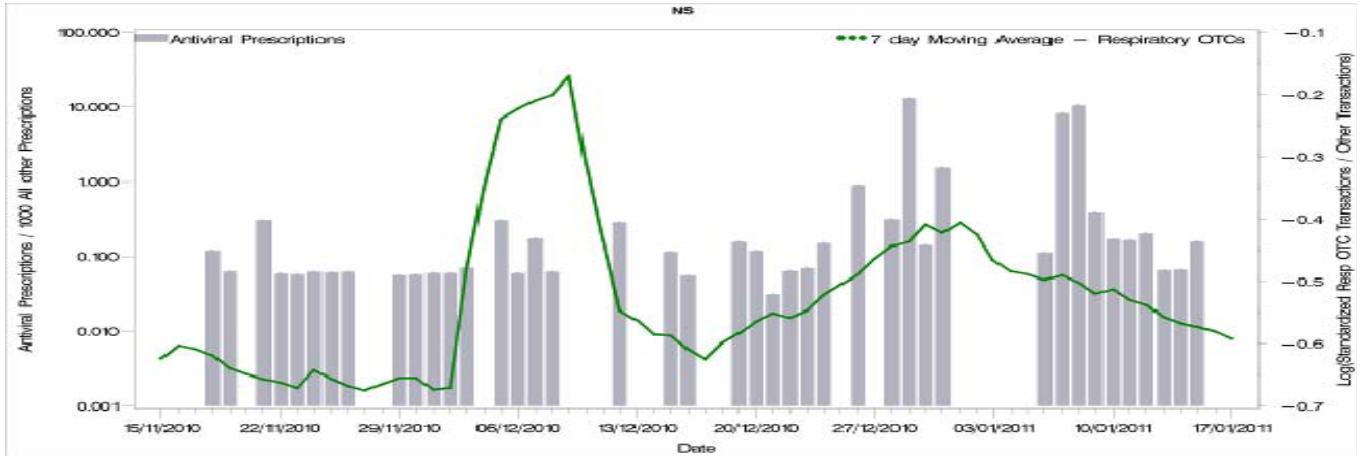
Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2010–2011



RESPIRATORY WATCH

Week 3 (January 16 - January 22, 2011)

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



RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 9: Number of positive RSV specimens by report week, Nova Scotia, 2010–2011 (n=6)

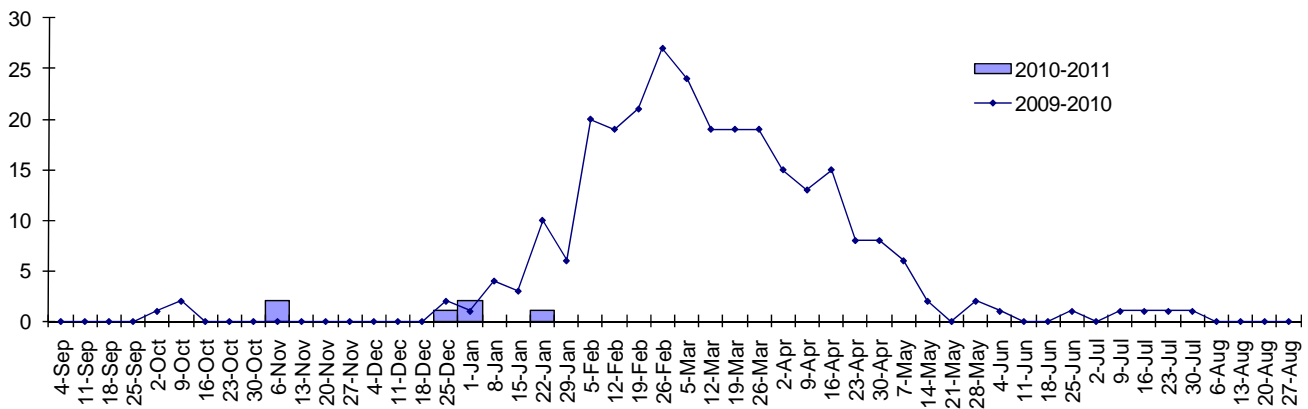
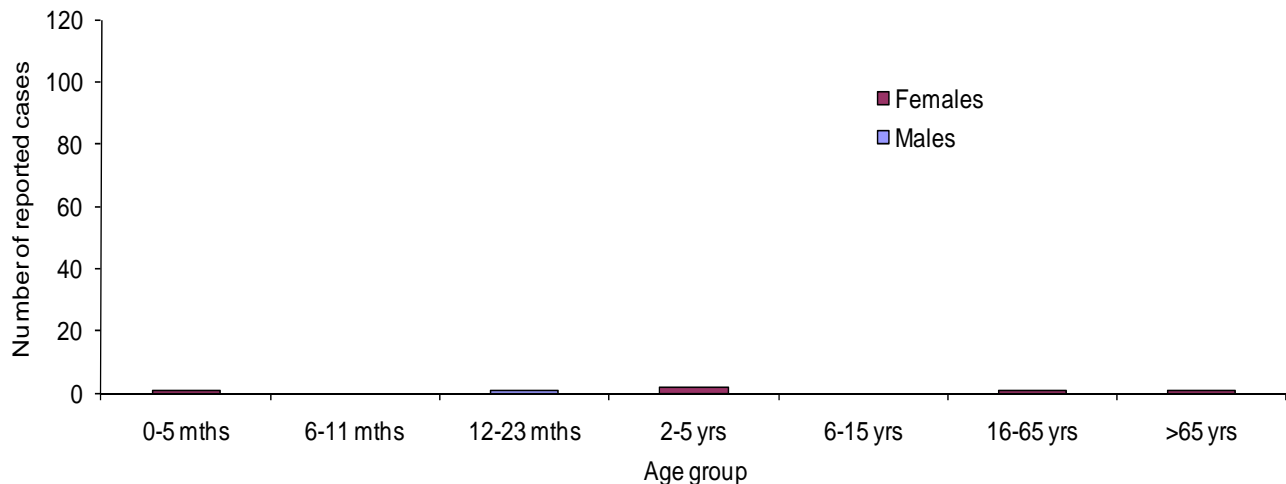


Figure 10: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2010-2011 (n=6)



RESPIRATORY WATCH

Week 3 (January 16 – January 22, 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 3 January 22, 2011			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	40	1	2.5	277	4	1.4
Bocavirus	40	0	0.0	73	0	0.0
Chlamydomphila pneumoniae	7	0	0.0	121	1	0.8
Coronavirus	40	3	7.5	73	5	6.8
Enterovirus	40	0	0.0	73	0	0.0
Metapneumovirus	40	0	0.0	73	0	0.0
Mycoplasma pneumoniae	7	0	0.0	121	25	20.7
Parainfluenza	40	5	12.5	280	16	5.7
Pertussis	5	0	0.0	98	4	4.1
Respiratory syncytial virus A	55	0	0.0	158	0	0.0
Respiratory syncytial virus B	55	1	1.8	158	1	0.6
Respiratory syncytial virus not typed	0	0	0.0	509	5	1.0
Rhinovirus	40	5	12.5	73	5	6.8

RESPIRATORY WATCH

Week 3 (January 16 – January 22, 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