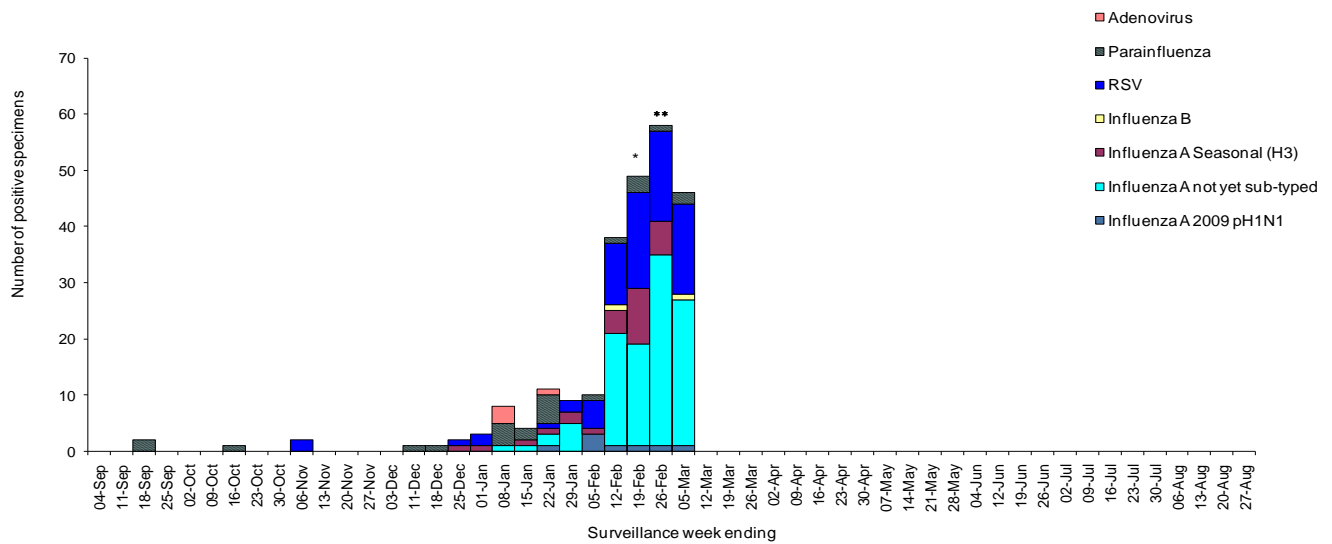


## Summary of Nova Scotia surveillance findings, for the period ending March 5, 2011:

- Localized influenza activity is reported in DHA's 3, 8 and 9 with sporadic activity in DHA's 1, 2 and 7.
- There were 27 lab confirmed cases of influenza A (26 not yet sub-typed and 1 pH1N1) this week and 1 lab confirmed case of influenza B.
- 2 deaths were reported in individuals over 80 years of age, and both with noted comorbidities.
- Other respiratory pathogen activity continues. Positive results were received for parainfluenza, metapneumovirus, coronavirus and RSV.
- For this reporting week outbreak activity was noted in 5 Long Term Care Facilities, 3 schools and 1 hospital.

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

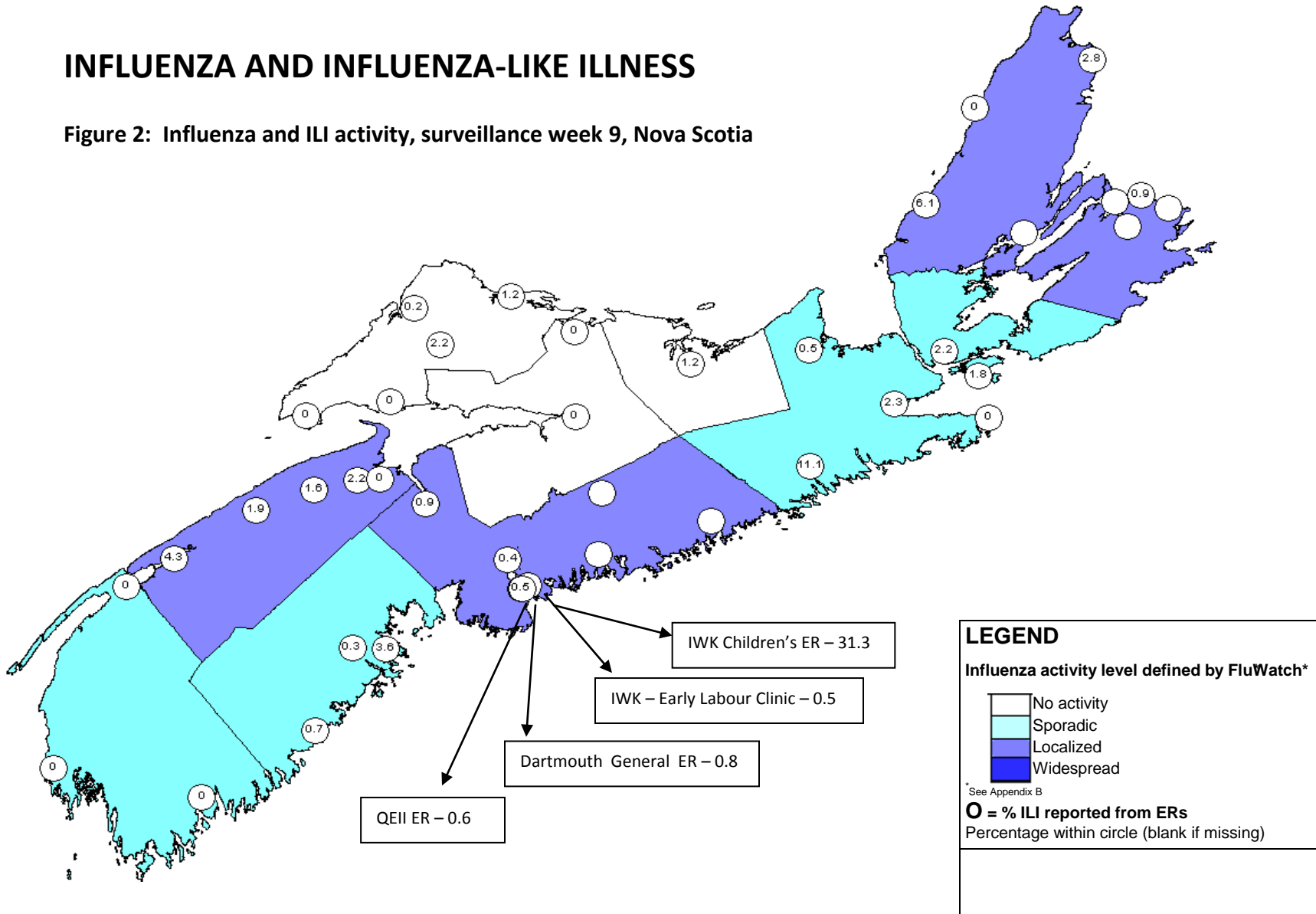


# RESPIRATORY WATCH

Week 9 (February 27 – March 5, 2011)

## INFLUENZA AND INFLUENZA-LIKE ILLNESS

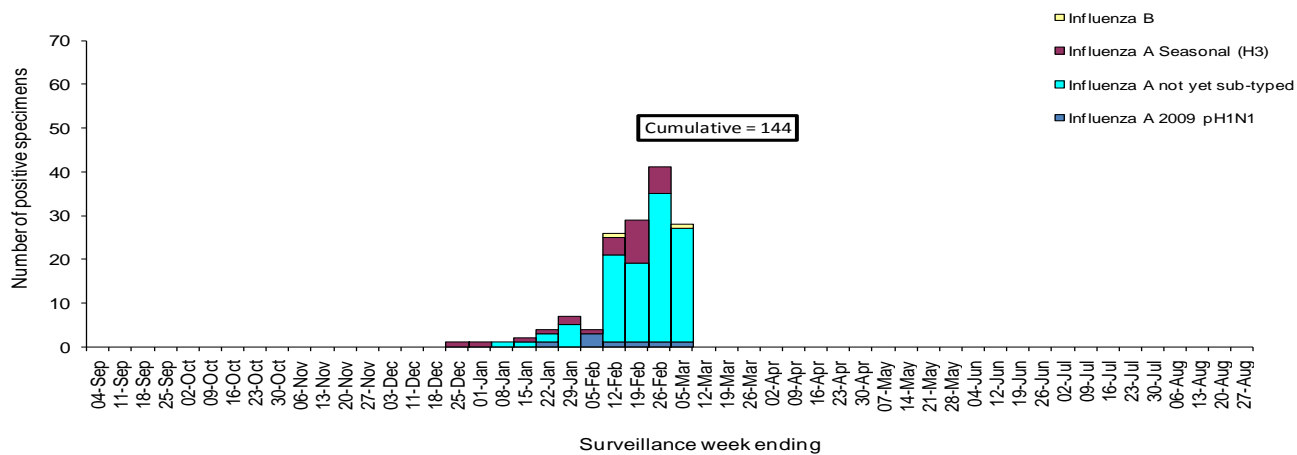
Figure 2: Influenza and ILI activity, surveillance week 9, Nova Scotia



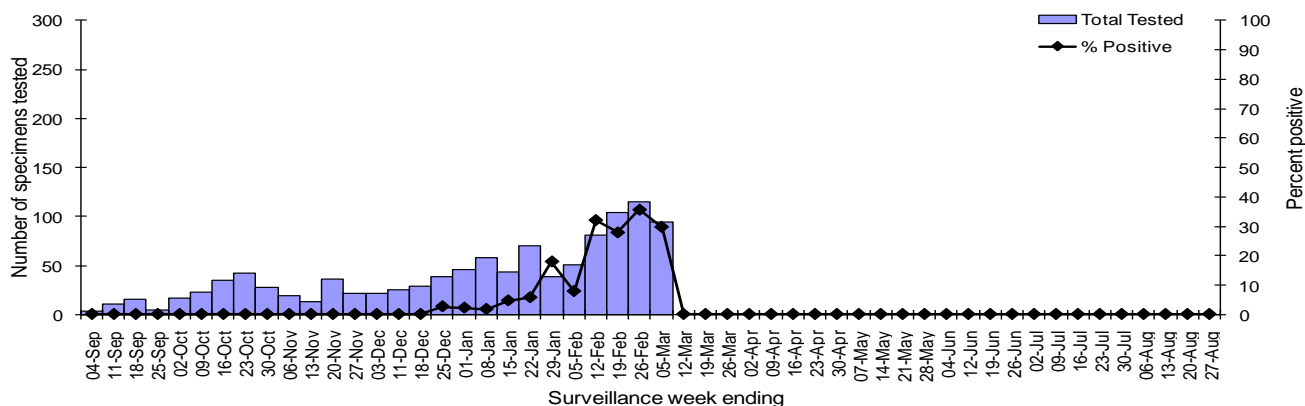
# RESPIRATORY WATCH

Week 9 (February 27 – March 5, 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 9 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
<b>Influenza A 2009 pH1N1*</b>										
Current Week	0	0	0	0	0	0	1	0	0	1
Cumulative 2010 - 2011	0	1	0	1	0	0	1	3	2	8
<b>Influenza A (not yet sub-typed)*</b>										
Current Week	1	0	0	0	0	3	4	3	15	26
Cumulative 2010 - 2011	7	0	2	0	3	6	16	31	48	113
<b>Influenza A Seasonal (H3)</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2010 - 2011	0	1	0	2	0	0	1	6	11	21
<b>Influenza B</b>										
Current Week	0	0	1	0	0	0	0	0	0	1
Cumulative 2010 - 2011	0	0	1	0	0	0	0	0	1	2

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

# RESPIRATORY WATCH

Week 9 (February 27 - March 5, 2011)

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

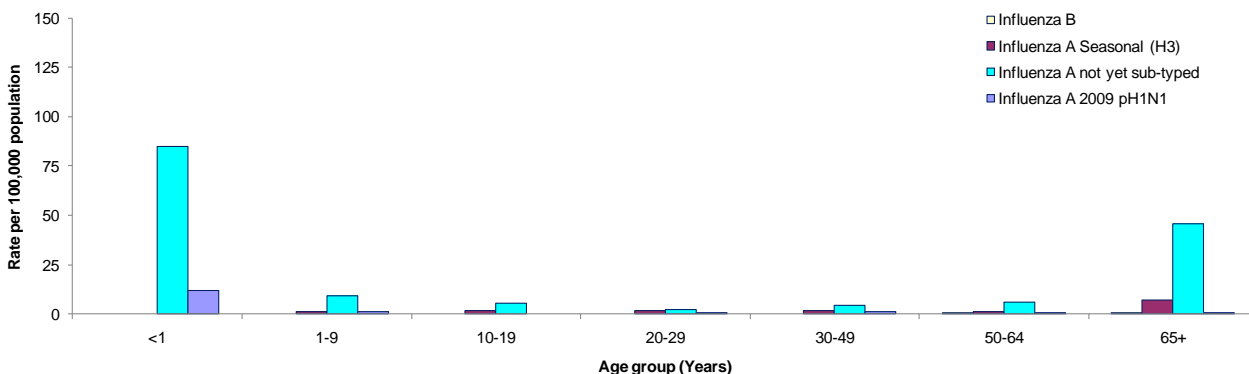


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2010–2011

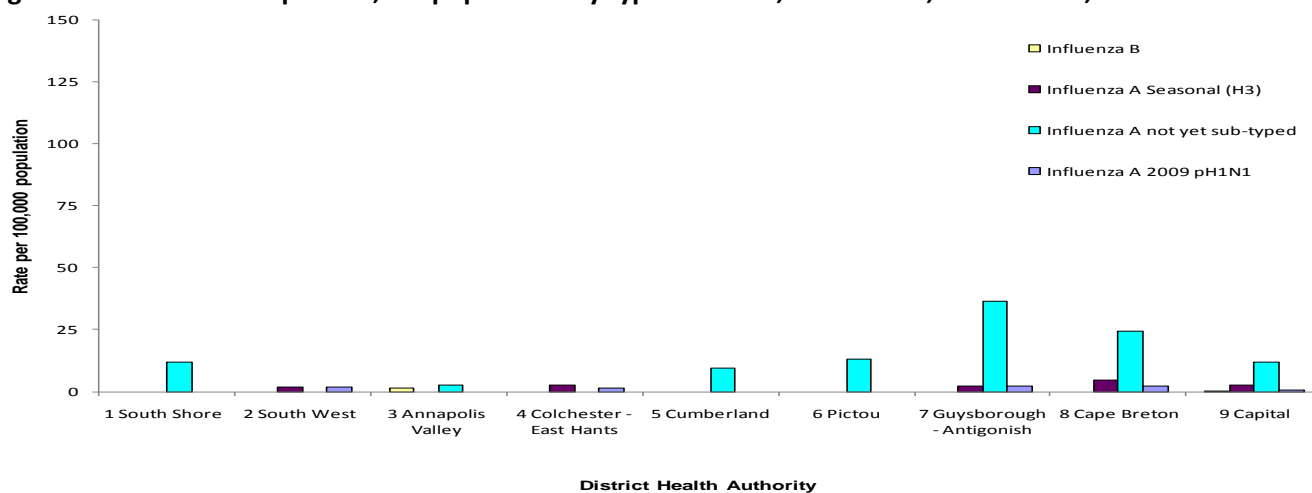


Table 2: Number of influenza hospitalizations by type and report week, Nova Scotia, 2010–2011

	Hospitalized	ICU	Total
<b>Influenza A 2009 pH1N1</b>			
Current Week	0	0	0
Cumulative 2010 - 2011	2	4	6
<b>Influenza A (not yet sub-typed)</b>			
Current Week	6	0	6
Cumulative 2010 - 2011	22	5	27
<b>Influenza A Seasonal (H3)</b>			
Current Week	1	0	1
Cumulative 2010 - 2011	15	0	15
<b>Influenza B</b>			
Current Week	0	0	0
Cumulative 2010 - 2011	0	0	0
<b>Current Week Total</b>	<b>7</b>	<b>0</b>	<b>7</b>
<b>Season Total</b>	<b>39</b>	<b>9</b>	<b>48</b>

\* Note that Hospitalized cases exclude ICU admissions

# RESPIRATORY WATCH

Week 9 (February 27 – March 5, 2011)

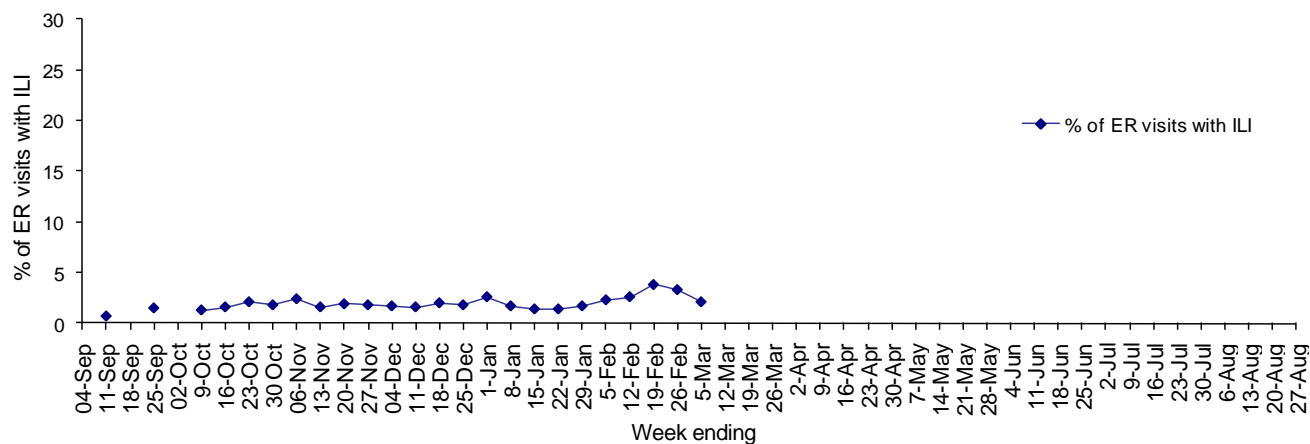
**Table 3: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia**

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs	%ILI	Reporting Sentinels	
DHA 1	1.2	3 of 3	–	0 of 4	
DHA 2	0.0	0 of 3	–	0 of 1	
DHA 3	2.5	5 of 5	18.8	1 of 1	
DHA 4	0.0	2 of 2	9.1	1 of 1	
DHA 5	1.0	4 of 5	0.0	2 of 2	
DHA 6	1.2	1 of 1	–	0 of 2	
DHA 7	1.5	6 of 6	6.4	3 of 3	
DHA 8	2.6	4 of 8	0.0	1 of 3	
DHA 9	0.6	4 of 7	0.0	1 of 3	
IWK	24.2	1 of 1			
<b>Nova Scotia (excl. IWK)†</b>	<b>1.0</b>	<b>30 of 40</b>	<b>75.0%</b>		
<b>Nova Scotia (incl. IWK)</b>	<b>2.1</b>	<b>31 of 41</b>	<b>75.6%</b>	<b>5.5</b>	<b>9 of 18 50.0%</b>

\*Flu watch sentinels

†Excludes the children's ER from IWK

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



**Figure 9: Seven day moving average of antivirals and respiratory over-the-counter medications dispensed in Nova Scotia**

DATA NOT AVAILABLE

# RESPIRATORY WATCH

Week 9 (February 27 - March 5, 2011)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

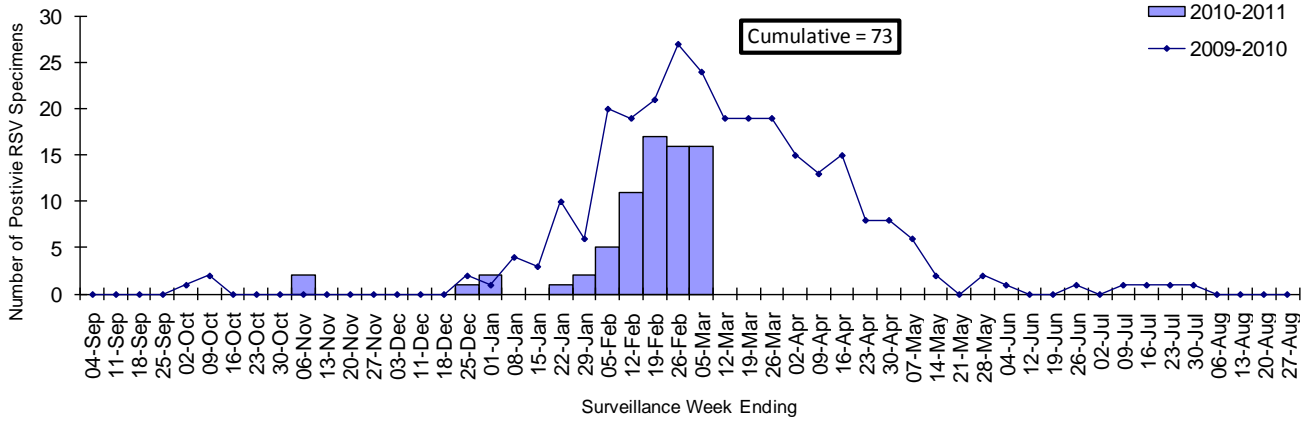
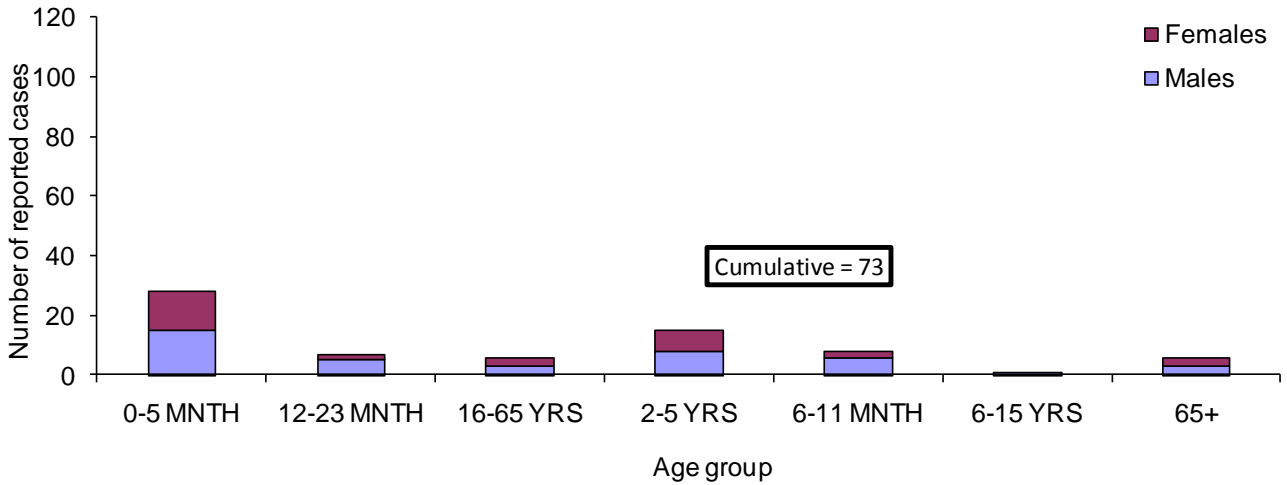


Figure 11: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2010-2011



# RESPIRATORY WATCH

Week 9 (February 27 – March 5, 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	26	0	0.0	399	4	1.0
Bocavirus	26	0	0.0	195	0	0.0
Chlamydomphila pneumoniae	8	0	0.0	165	2	1.2
Coronavirus*	26	3	11.5	195	16	8.2
Enterovirus	26	0	0.0	195	0	0.0
Metapneumovirus	26	1	3.8	195	1	0.5
Mycoplasma pneumoniae	8	0	0.0	165	29	17.6
Parainfluenza	26	2	7.7	402	24	6.0
Pertussis	7	0	0.0	144	6	4.2
Respiratory syncytial virus A*	94	1	0.0	504	2	0.4
Respiratory syncytial virus B*	94	0	0.0	490	6	1.2
Respiratory syncytial virus not typed	97	15	15.5	1077	0	0.1
Rhinovirus*	26	0	0.0	195	10	5.1

\* Co-Infections were noted for RSV B and Rhinovirus, RSV B and Coronavirus as well as RSV A and Coronavirus in Cumulative value

# RESPIRATORY WATCH

Week 9 (February 27 – March 5, 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:

- |                         |  |
|-------------------------|--|
| <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 <sup>†</sup>   |
| <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 than 50% of the influenza surveillance region(s) †</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 <b>greater than or equal to 50% of the influenza surveillance region(s) †</b> |

\* 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