

Influenza Weekly Epidemiology Report, NSW

25 June to 1 July 2011

Produced by: Population Health Division, NSW Health.

This report describes the surveillance data collected for influenza and other respiratory pathogens, collected by NSW Health during the reporting period to identify changing trends in disease activity. This includes data collected from Emergency Department presentations data, sentinel laboratory testing data, and death registry data. Links are also provided at the end of the report to national and international influenza surveillance reports.

Information on the number of laboratory-confirmed influenza cases notified to NSW Health is available at the following website: <http://www.health.nsw.gov.au/data/diseases/influenza.asp>. Notified cases are likely to represent only a small proportion of the true number of influenza cases in the community as most cases are not confirmed by laboratory testing.

For weekly communicable disease surveillance updates refer to the NSW Health Communicable Disease Weekly Report at <http://www.health.nsw.gov.au/publichealth/infectious/index.asp>.

1. Summary

For the week ending 1 July 2011:

- The rate of influenza-like illness (ILI) presentations to selected emergency departments (EDs) increased compared to the prior week.
- Laboratory data indicated overall influenza activity continued to increase; influenza A(H1N1)2009 continued to be the predominant strain identified but influenza A(H3N2) and influenza B also continued to co-circulate.
- Respiratory syncytial virus (RSV), influenza and Rhinovirus were the most common respiratory viruses identified by sentinel laboratories.

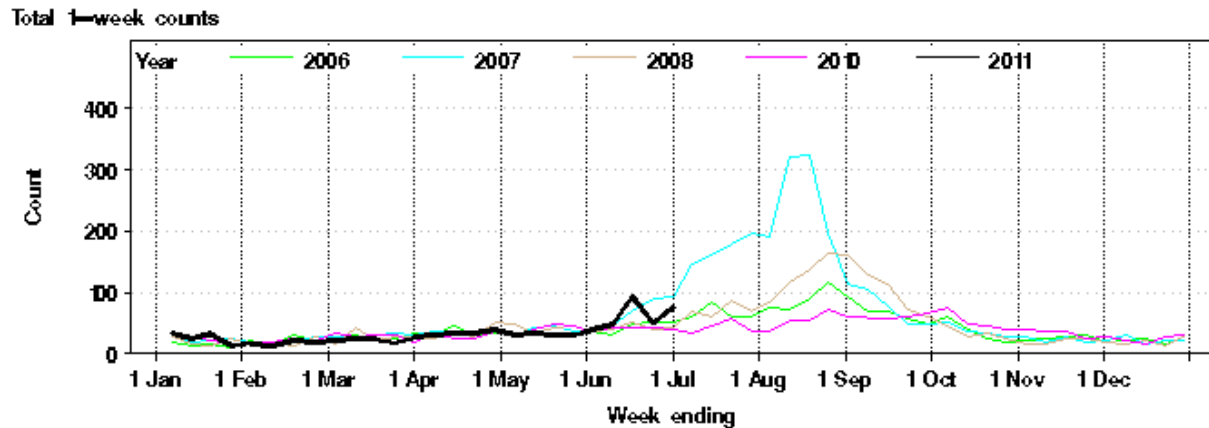
2. Emergency Department (ED) presentations

Data from 56 NSW emergency departments are included. Comparisons are made with data for the preceding six years. Recent counts are subject to change.

For the week ending 1 July 2011:

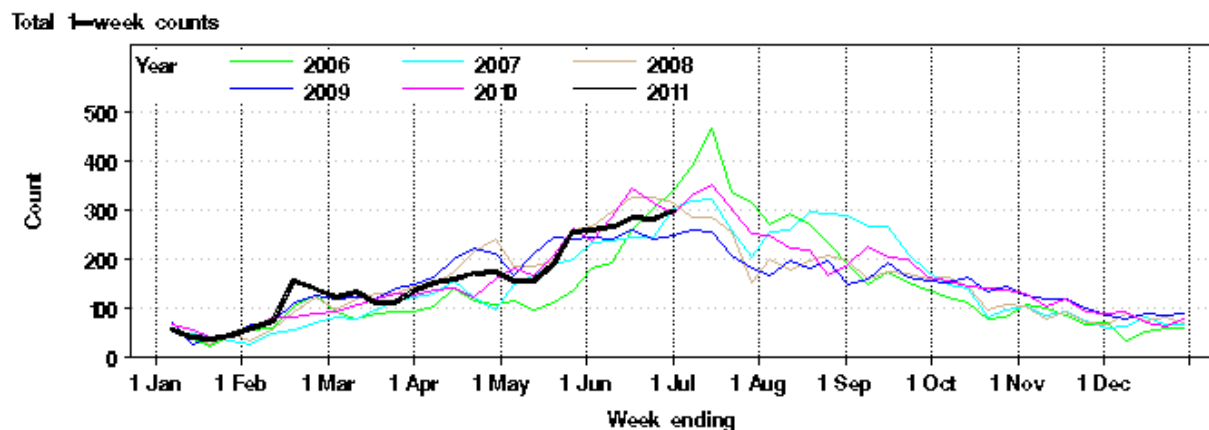
- The total number of patients presenting to EDs with influenza-like illness increased compared to the previous week. The count was within the usual range for this time of year (Figure 1 and Table 1).
- Significant local increases in ILI presentations to EDs were seen in the Hunter New England local health district and at Concord Hospital (Table 1).
- A high proportion of presentations were reported in people aged 5 to 44 years (65%).
- Total bronchiolitis presentations were within the normal range for this time of year (Figure 2), equal to a rate of 8.0 per 1000 presentations.
- Total admissions to critical care units decreased this week and were within the usual range for this time of year (Figure 3).

Figure 1: Comparison of weekly influenza-like illness presentations to NSW emergency departments, 2006-2011.



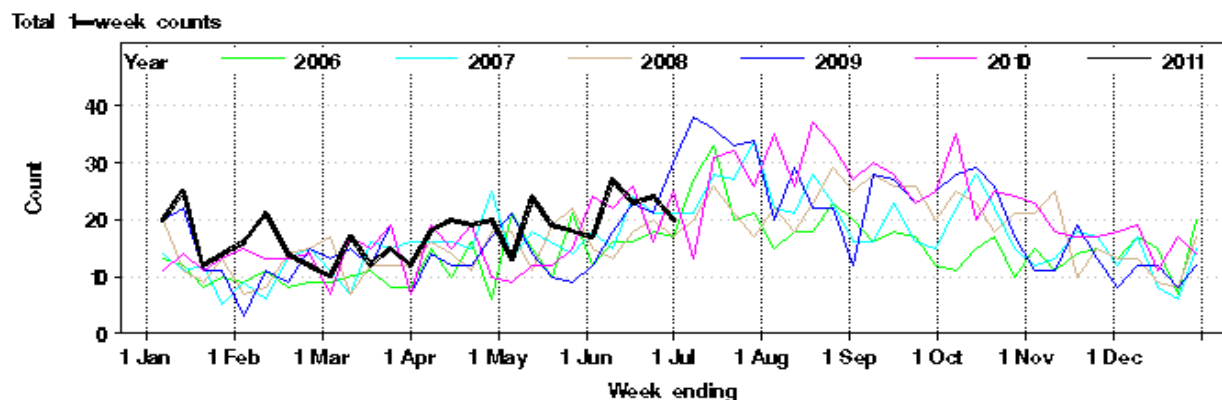
Note: Excludes data from 2009 to enable easier comparison of 2011 data with data from previous non-pandemic years. Includes data from 56 emergency departments. Source: NSW Health Public Health Real-time Emergency Department Surveillance System (PHREDSS) and the Centre for Epidemiology and Research, NSW Health Department.

Figure 2: Comparison of weekly bronchiolitis presentations to NSW emergency departments, 2006-2011.



Note: As for Figure 1, although includes 2009

Figure 3: Comparison of weekly admissions to hospital critical care units for influenza-like-illness and pneumonia, 2006-2011.



Note: As for Figure 1, although includes 2009

Table 1: Weekly Emergency Department and Ambulance Respiratory Activity Summary

Data source	Diagnosis or problem category	Trend since last week	Overall comparison with usual range for time of year	Statistically significant age groups (if any)	Statistically significant local increase (if any)	Action other than this report (if any)	Comment
ED presentations, 56 NSW hospitals	Influenza like illness (ILI)	Increased	Usual		Hunter New England LHD Concord Hospital	Situation reports for both HNELHD and all of NSW were sent out a few weeks ago.	
	Pneumonia	Increased	Usual				
	Pneumonia and ILI admissions	Increased	Usual				
	Pneumonia and ILI critical care admissions	Steady	Usual				
	Bronchiolitis	Steady	Usual				
	Respiratory, fever and unspecified infections	Increased	Below				
	Total presentations	Increased	Usual				
Ambulance calls, Sydney region	Breathing problems	Increased	Below				

Notes on Table 1.

- (1) Statistically significant increases are shown in **bold**.
- (2) This report summarises activity from 56 Emergency Departments (EDs) across NSW and the Sydney Ambulance Operations Region. It provides information on general respiratory activity. Recent activity counts are subject to change.
- (3) This is a routine general report for information on respiratory activity, and is additional to public health situation reports that advise of unusual increases in activity in particular provisional ED diagnosis groupings or Ambulance problem categories. It is prepared by the Centre for Epidemiology and Research.

3. Laboratory testing for influenza

For the week ending 1 July 2011:

- The total number of tests (995) for respiratory viruses performed at sentinel NSW laboratories was similar to earlier in the month; however the percentage of tests positive increased. Test results are presented in Table 2.
- The total number of positive influenza tests was above the expected level seen for this time of year.
- One hundred and five specimens tested positive for influenza A – 95 tested positive for A(H1N1)2009, while the remainder tested negative for A(H1N1)2009 and were presumed to be A(H3).
- A total of 36 specimens tested positive for influenza B.
- The rate of laboratory tests positive for influenza A (10.6%) continued to trend up (Table 2 and Figure 4).
- RSV continued to be commonly identified and there was a marked increase in the number tests positive for Rhinovirus compared to previous weeks.

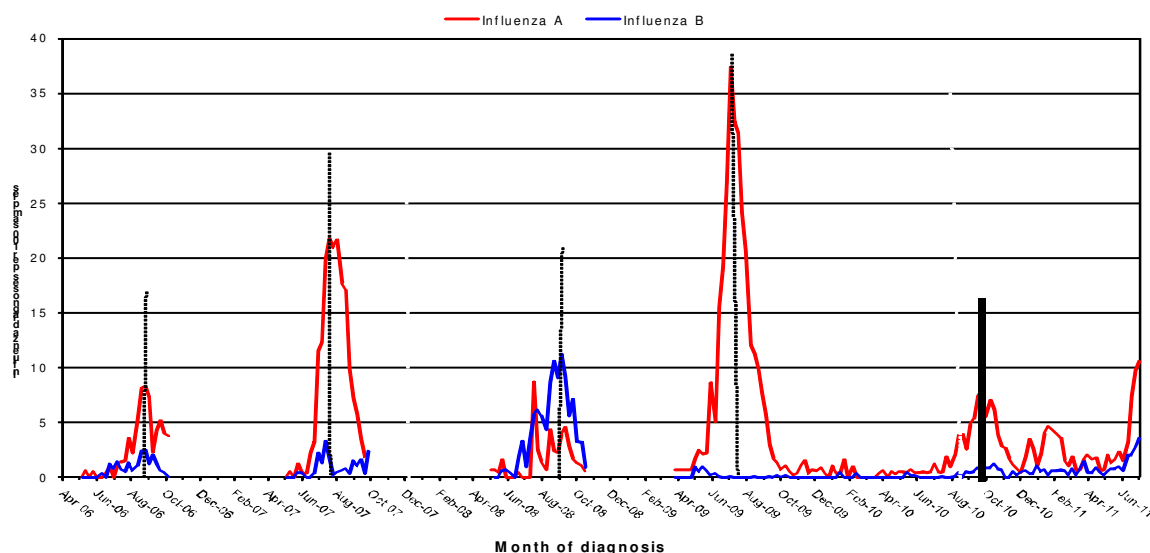
Table 2: Summary of testing for respiratory viruses and influenza at sentinel NSW laboratories, 1 January to 1 July 2011.

Four week period ending	Virology specimens tested	Influenza A (total pos) (%)	H1N1** influenza 09 (total pos) (%)	Influenza B (total pos) (%)	Adenovirus	Parainfluenza 1, 2 & 3	RSV	Rhinovirus	HMPV***
27/01/2011	1572	57 (3.7%)	36 (64%)	6 (0.4%)	22	50	36	97	20
25/02/2011	1842	43 (2.3%)	32 (74%)	9 (0.5%)	20	21	69	180	8
*01/04/2011	2697	36 (1.3%)	26 (72%)	18 (0.7%)	14	40	184	235	13
29/04/2011	2292	27 (1.1%)	14 (52%)	12 (0.5%)	22	36	288	174	29
27/05/2011	2595	49 (1.9%)	30 (61%)	24 (0.9%)	47	46	348	202	16
*01/07/2011	4991	332 (6.6%)	277 (83%)	108 (2.2%)	84	71	680	288	57
Week ending									
10/06/2011	926	29 (3.1%)	22 (76%)	17 (2.0%)	15	13	126	51	10
17/06/2011	993	72 (7.2%)	57 (82%)	19 (1.9%)	15	14	129	56	10
24/06/2011	1160	113 (9.7%)	93 (82%)	31 (2.7%)	16	19	160	50	14
#01/07/2011	995	105 (10.6%)	95 (90%)	36 (3.6%)	17	14	132	93	12

* Equals a five week period ** Subset of influenza A cases *** HMPV = Human metapneumovirus # does not include HAPS data

Note: Data is provided by laboratories on a weekly basis. Excludes point of care tests. Influenza laboratory diagnoses using virology are reported by South Eastern Area Laboratory Services (SEALS), Institute of Clinical Pathology and Medical Research (ICPMR), The Children's Hospital at Westmead (CHW), South West Area Pathology Services (SWAPS), Pacific Laboratory Medicine Services (PaLMS), Royal Prince Alfred Hospital (RPAH), Hunter Area Pathology Services (HAPS) (no data 1 July 2011), St Vincents (SydPath), Douglas Hanley Moir (DHM) and VDRLab, Nepean data recommenced 27 May 2011.

Figure 4: Percent of laboratory tests positive for influenza A and influenza B, 1 January 2006 – 1 July 2011, New South Wales.



Note: Data is provided by laboratories on a weekly basis. Excludes point of care tests. Influenza laboratory diagnoses using virology are reported by South Eastern Area Laboratory Services (SEALS), Institute of Clinical Pathology and Medical Research (ICPMR), The Children's Hospital at Westmead (CHW), South West Area Pathology Services (SWAPS), Pacific Laboratory Medicine Services (PaLMS), Royal Prince Alfred Hospital (RPAH), Hunter Area Pathology Services (HAPS) (no data 1 July 2011), St Vincents (SydPath), Nepean (no data between Oct 2010 to June 2011), Douglas Hanley Moir (DHM), VDRLab from 5 March 2010, Laverty (data from 1 April 2010 to February 2011) and St Vincent's (data since November 2010).

4. Deaths with pneumonia or influenza reported on the death certificate

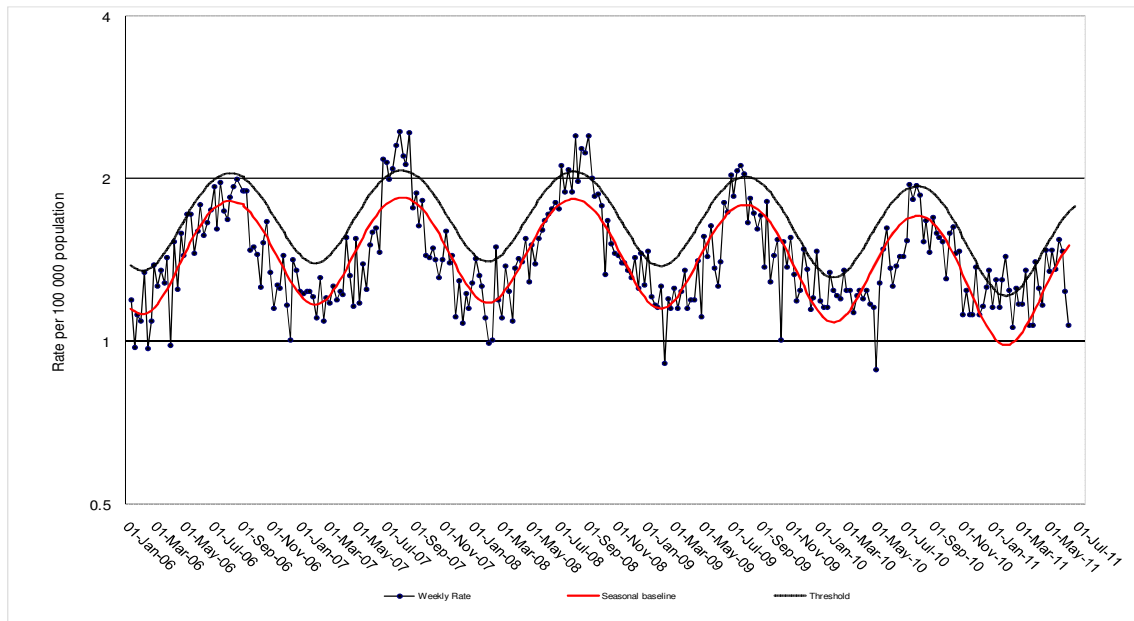
Deaths registration data is routinely reviewed for deaths attributed to pneumonia or influenza. While pneumonia has many causes, a well-known indicator of seasonal and pandemic influenza activity is an increase in the number of death certificates that mention pneumonia or influenza as a cause of death.

The predicted seasonal baseline estimates the predicted rate of influenza or pneumonia deaths in the absence of influenza epidemics. If deaths exceed the epidemic threshold, then it may be an indication that influenza is beginning to circulate widely.

For week ending 17 June:

- The most recent death registration data available showed that as of 17 June 2011 there were 1.1 pneumonia or influenza deaths per 100,000 NSW population, below the seasonal threshold of 1.7 per 100,000 population (Figure 5).*

Figure 5: Rate of deaths classified as influenza and pneumonia (by NSW Registered Death Certificates) per 100,000 NSW population, 2006-2011.*



Source: NSW Registry of Births, Deaths and Marriages.

*** Notes on interpreting death data:**

- (1) The number of deaths mentioning “Pneumonia or influenza” is reported as a rate per 100,000 NSW population. Using the NSW population provides a more stable and reliable denominator than deaths from all causes. This is because pneumonia and influenza are known to contribute to increases in deaths from non-respiratory illnesses, such as deaths due to ischaemic heart disease. As the number of these deaths will increase with rises in influenza activity, the actual effect of influenza on mortality rates will be obscured if all-cause mortality is used as the denominator. This limitation is avoided by using the NSW population, which is relatively constant throughout the year, as the denominator.
- (2) Deaths referred to a coroner during the reporting period may not be available for analysis. Deaths in younger people may be more likely to require a coronial inquest. Therefore influenza-related deaths in younger people may be under-represented in these data.
- (3) The interval between death and death data availability is usually at least 7 days, and so these data are one week behind reports from emergency departments and laboratories. In addition, previous weekly rates may also change due to longer delays in reporting some deaths.

5. National and International Influenza Surveillance Links

For the latest information on national influenza activity please see the Australian Influenza Surveillance Reports at the following website:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-ozflu-2011.htm>

For the latest information on international influenza activity please see the World Health Organization Influenza Updates at the following website:

<http://www.who.int/csr/disease/influenza/en/index.html>