

Influenza Weekly Epidemiology Report, NSW

12 to 18 May 2012

Produced by: Population Health Division, NSW Health.

This report describes the surveillance for influenza and other respiratory pathogens, undertaken by NSW Health to date. This includes data from a range of surveillance systems.

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

1. Summary

For the week ending 18 May 2012:

- The rate of influenza-like illness (ILI) presentations to selected emergency departments (EDs) was low and within the usual range for this time of year.
- Laboratory testing data indicated overall influenza activity is increasing but still remains at low levels.
- Respiratory syncytial virus (RSV) was the most common respiratory virus identified by sentinel laboratories.
- Bronchiolitis activity in selected emergency departments was steady
- The rate of deaths due to pneumonia or influenza remained below the seasonal threshold.

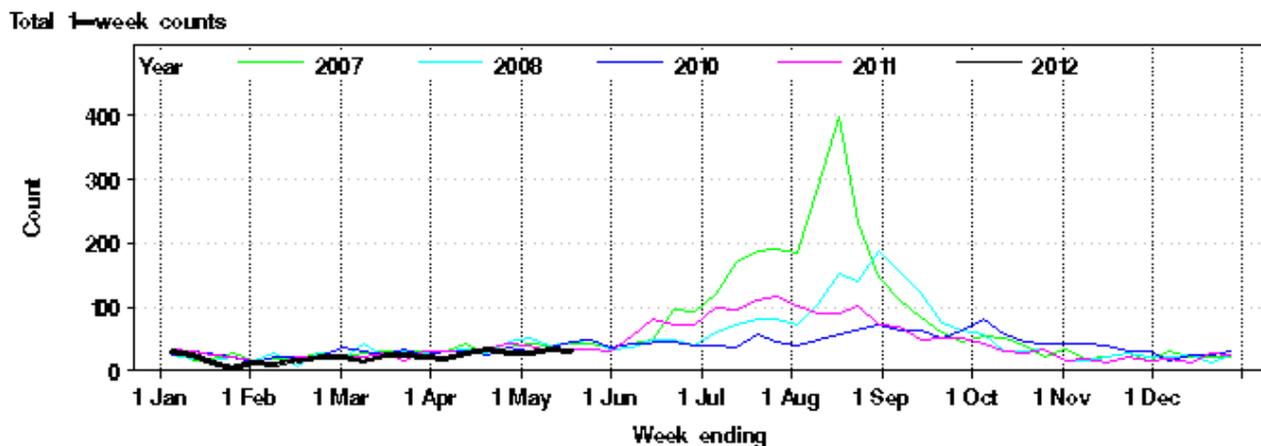
2. Emergency Department (ED) presentations

Data from 59 NSW emergency departments are included. Comparisons are made with data for the preceding six years. Recent counts are subject to change.

Presentations for influenza-like illness

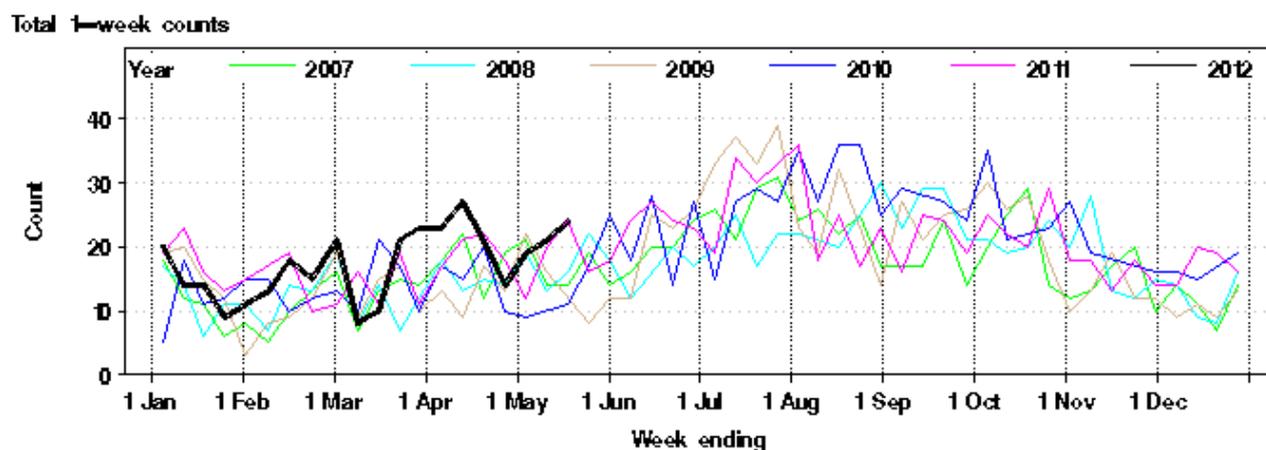
- The total number of patients presenting to EDs with influenza-like illness (ILI) was low this week (rate of 0.9 cases per 1000 presentations) and was within the usual range for this time of year (Figure 1 and Table 1).
- The majority (65%) of ILI presentations were reported in people aged 15 to 44 years of age.
- Total admissions from ED to critical care units for influenza-like illness and pneumonia continued to increase this week and were within the usual range for this time of year (Figure 2).
- Total ED presentations for bronchiolitis steadied this week and were within the usual range for this time of year (Figure 3). Bronchiolitis presentations to EDs tend to increase around this time each year, and usually reflect increasing circulation of respiratory syncytial virus (RSV) infection in the community.
- Total ED presentations for asthma increased this week and was above the usual range for this time of year (Figure 4). Asthma tends to increase in school aged children around this time of year following school vacations.

Figure 1: Comparison of weekly influenza-like illness presentations to NSW EDs, 2007-2012.*



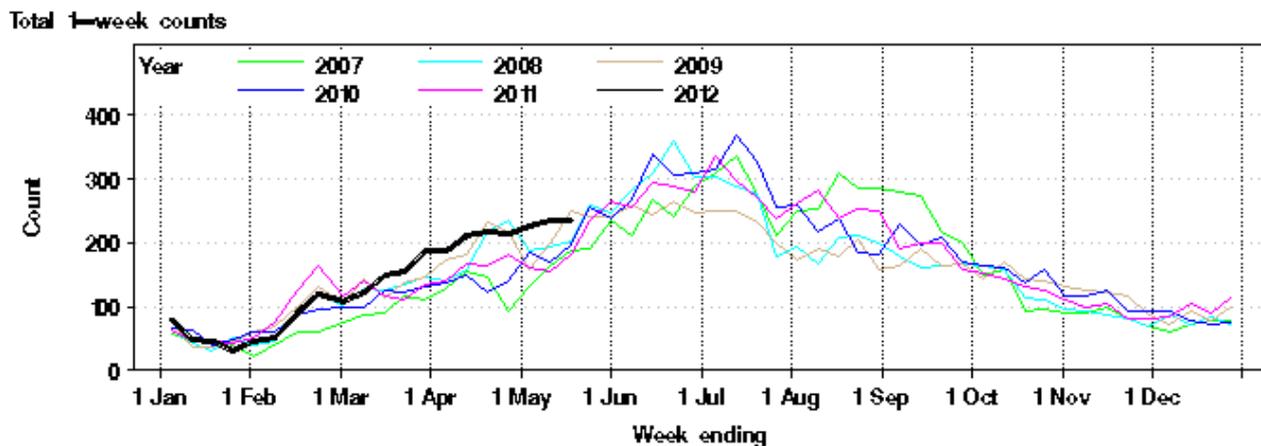
Note: Excludes data from 2009 to enable easier comparison of 2011 data with data from previous non-pandemic years. Includes data from 59 emergency departments. Source: NSW Health Public Health Real-time Emergency Department Surveillance System (PHREDSS) and the Centre for Epidemiology and Research, NSW Health Department.

Figure 2: Comparison of weekly admissions to hospital critical care units for ILI and pneumonia, 2007-2012.



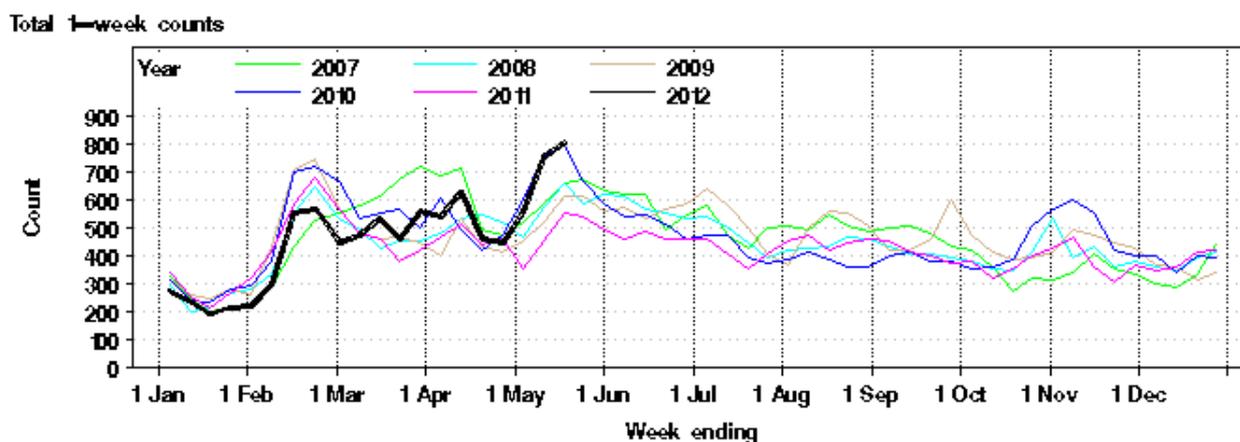
Note: As for Figure 1, although includes 2009

Figure 3: Comparison of weekly bronchiolitis presentations to NSW EDs, 2007-2012.



Note: As for Figure 1, although includes 2009

Figure 4: Comparison of weekly asthma presentations to NSW EDs, 2007-2012.



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, 59 NSW hospitals*	Influenza like illness (ILI)	Steady	Usual				
	Pneumonia	Increased	Slightly above				
	Pneumonia and ILI admissions	Increased	Slightly above				
	Pneumonia and ILI critical care admissions	Increased	Usual				
	Bronchiolitis	Steady	Usual				
	Respiratory, fever and unspecified infections	Increased	Slightly above		South Western Sydney LHD		Overall increase partly explained by higher asthma counts. South Western Sydney LHD has since decreased but remains above usual levels.
	Asthma	Increased	Slightly above	5-16 years			Increase in school-age children sometimes associated with return to school following vacations.
	Total presentations	Decreased	6.4% above 2011				
Ambulance calls, Sydney region	Breathing problems	Steady	Usual				

Notes on Table 1.

- (1) Statistically significant increases are shown in **bold**.
- (2) This report summarises activity from 59 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 summary for influenza

Week ending 18 May:

- 848 tests for respiratory viruses were performed at sentinel NSW laboratories (Table 2).
- 21 specimens tested positive for influenza A – 10 tested positive for influenza A (H3N2). The remainder tested negative to influenza A (pH1N1) and are assumed to also be A (H3N2) (Table 2, Figure 5).
- 1 case of influenza B was reported (Table 2, Figure 5).
- The proportion of respiratory samples that tested positive for influenza was slightly higher than the average for the same historical period.

Laboratory testing suggests influenza has occurred at low levels. Respiratory syncytial virus was the most common respiratory virus identified by laboratories.

Table 2: Summary of testing for respiratory viruses and influenza at NSW laboratories 1 January to 18 May 2012.

W/E	Virology specimens tested	Influenza A (total pos) (%)	Influenza A (H3) (total pos) (%)	H1N1** influenza 09 (total pos) (%)	Influenza B (total pos) (%)	Adenovirus	Parainfluenza 1, 2 & 3	RSV	Rhinovirus	Enterovirus	HMPV***
27/01/2012	1617	14 (0.9%)	6 (43%)	4 (29%)	7 (0.4%)	37	60	38	119	64	36
02/03/2012*	2520	31 (1.2%)	12 (39%)	1 (3%)	15 (0.6%)	44	65	156	224	128	30
30/03/2012	2573	36 (1.4%)	25 (69%)	3 (9%)	16 (0.6%)	59	79	269	263	114	40
27/04/2012	2857	46 (1.6%)	31 (67%)	5 (9%)	11 (0.4%)	65	63	422 (14.7%)	231	114	28
Week ending											
04/05/2012	784	12 (1.5%)	10 (83%)	0	4 (0.5%)	20	15	127 (16.2%)	63	32	4
11/05/2012	808	13 (1.6%)	9 (69%)	0	6 (0.7%)	8	15	114 (14.1%)	92	31	4
18/05/2012	848	21 (2.5%)	10 (48%)	0	1 (0.1%)	16	9	108 (12.7%)	108	38	7

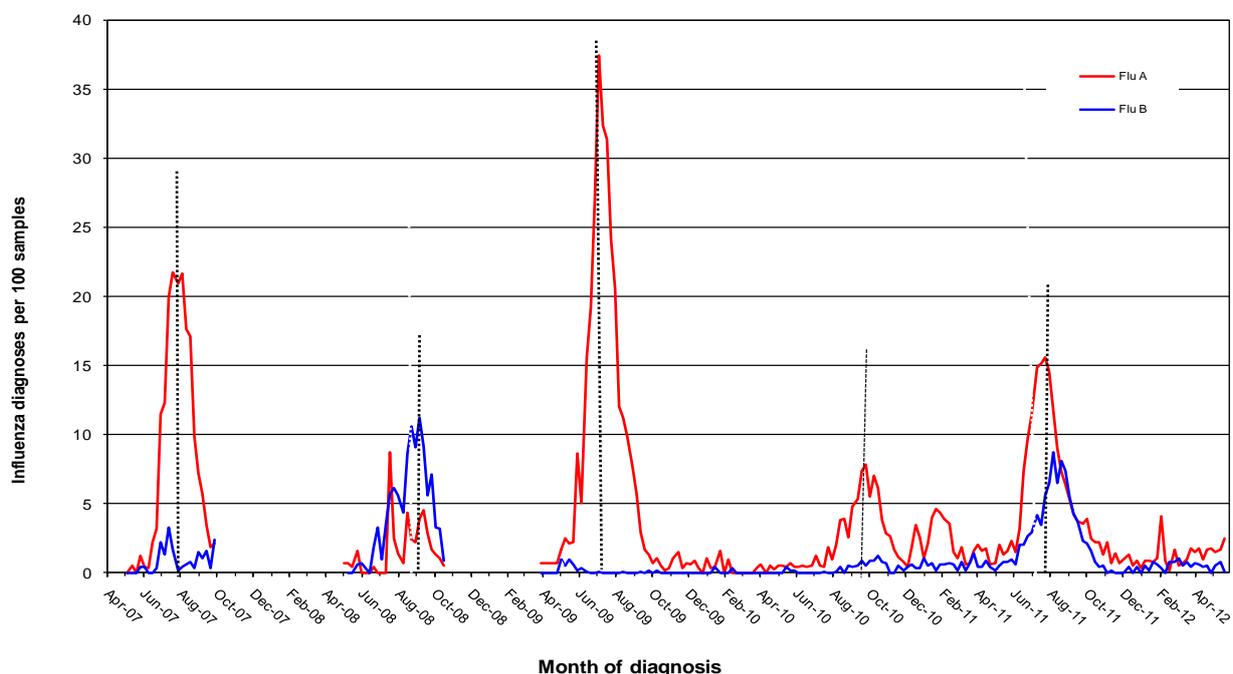
** Subset of influenza A cases *** HMPV = Human metapneumovirus

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 Service (HAPS), St Vincent's (SydPath), Nepean, Douglas Hanley Moir (DHM), VDRLab.

NSW health regularly sends a sample of influenza isolates to the World Health Organisation Collaborating Centre for Reference and Research on Influenza for further characterisation. For isolates submitted up to the end of March 2012:

- All influenza A/H3N2 isolates have been identified as A/Victoria/361/2011-like (not included in this year's vaccine)
- All influenza B isolates have been identified as B/Brisbane/60/2008-like (included in this year's vaccine)

Figure 5: Percent of laboratory tests positive for influenza A and influenza B, 1 January 2007 – 18 May 2012, 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), St Vincent’s (SydPath), Nepean (no data between Oct 2010 to June 2011), Douglas Hanley Moir (DHM), VDRLab from 5 March 2010, Lavery (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 the week ending 4 May:

- There were 1.0 pneumonia or influenza deaths per 100,000 NSW population, below the seasonal threshold of 1.5 per 100,000 population (Figure 6).*

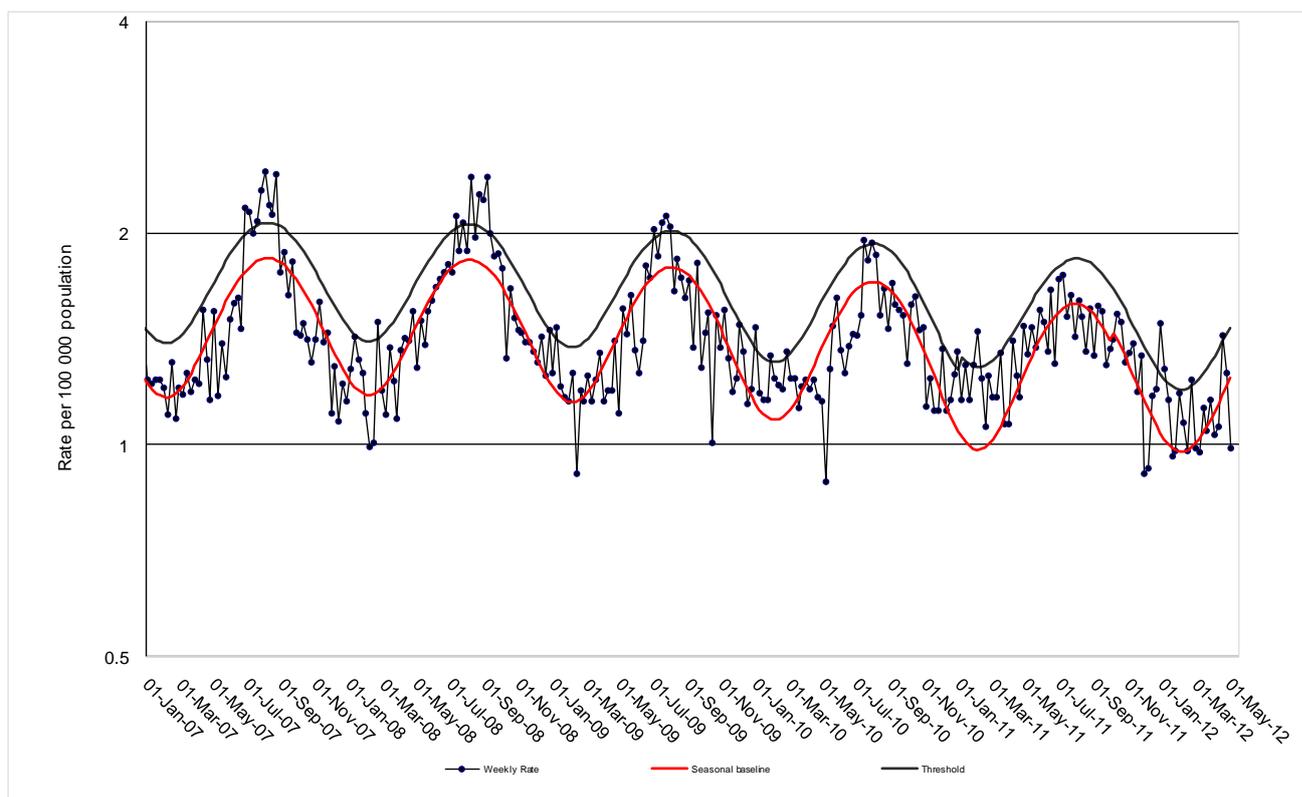


Figure 6: Rate of deaths classified as influenza and pneumonia (by NSW Registered Death Certificates) per 100,000 NSW population, 2007-2012

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>

For the information on current strains covered in this year's influenza vaccine see WHO Collaborating Centre for Reference and Research on Influenza at the following website:

http://www.influenzacentre.org/centre_vaccines.htm