

# Influenza Monthly Epidemiology Report, NSW

February 2012

Produced by: Population Health Division, NSW Health.

Please note influenza reports will now only be produced on a monthly basis until May 2012, unless unusual influenza activity becomes apparent prior to this time.

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

### In February 2012:

- the rate of influenza-like illness (ILI) presentations to selected emergency departments was low and was within the normal range expected for February
- 30 cases with laboratory-confirmed influenza A – predominantly H3N2 – and 15 cases of influenza B were identified by sentinel laboratories
- influenza B infection was confirmed in a two month old child who died
- Rhinovirus was the most common respiratory virus identified by sentinel laboratories.

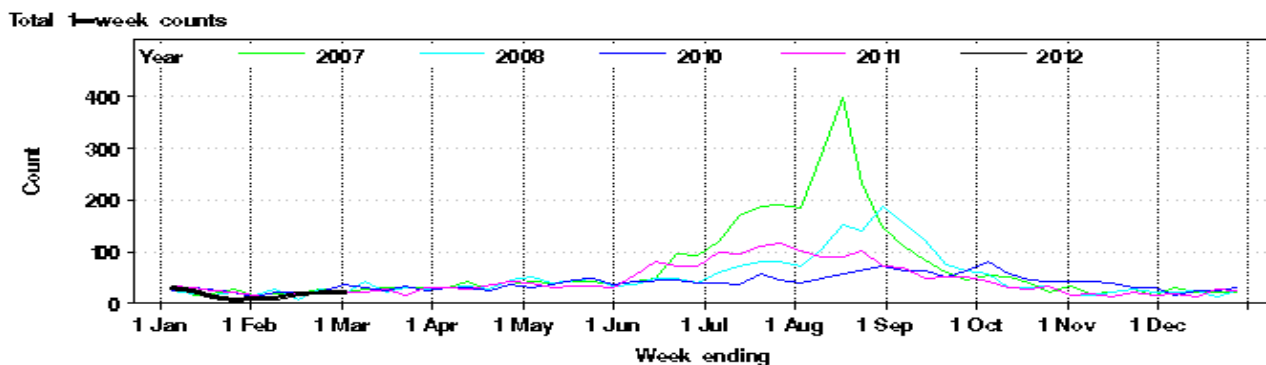
## 2. Emergency Department (ED) presentations

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

### Presentations for influenza-like illness

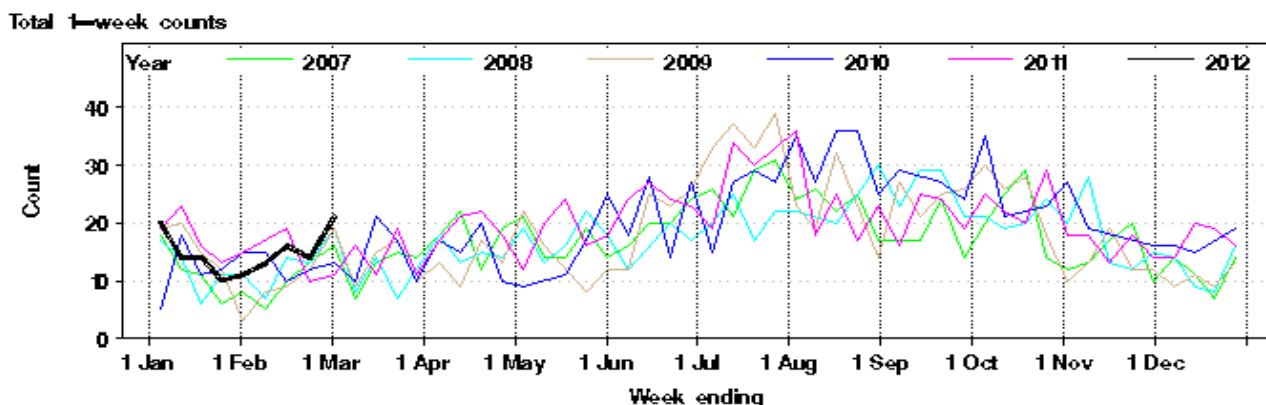
- In February 2012 there were 86 presentations with influenza-like illness (rate 0.4 per 1,000 presentations) (Figure 1). This is similar to the previous month (January - 67 presentations, rate 0.4 per 1,000 presentations), similar with the count of 73 (rate 0.5 per 1,000 presentations) for the month of February in 2011 and within the historical average for February.
- Total admissions from ED to critical care units for influenza-like illness and pneumonia have increased throughout February and overall were above the usual range for this time of year (Figure 2).
- Total ED presentations for bronchiolitis increased throughout February but were within the usual range (Figure 3) for this time of year.

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



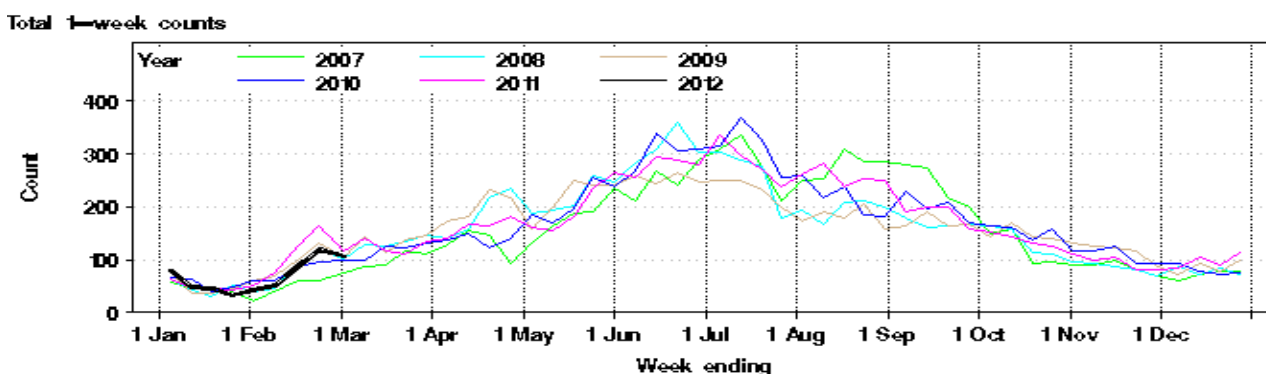
**Note:** Excludes data from 2009 to enable easier comparison of 2011 data with data from previous non-pandemic years. Includes data from 56 emergency departments. Source: NSW Health Public Health Real-time Emergency Department Surveillance System (PHREDSS) and the Centre for Epidemiology and Research,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

**Figure 2: Comparison of weekly 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

### 3. Laboratory testing summary for influenza

In February 2012:

- 2352 tests for respiratory viruses were performed at sentinel NSW laboratories (Table 1).
- 30 specimens tested positive for influenza A – nine tested positive for influenza A (H3N2) and only one of these have tested positive for A (pH1N1). The remainder tested negative to influenza A (pH1N1) and are assumed to be A (H3N2) (Table 1, Figure 4).
- 15 cases of influenza B were reported (Table 1, Figure 4).

- the number of positive influenza tests in February was higher than the previous month but similar to that for the same month in 2011.
- A respiratory outbreak was reported in an aged care facility in the Hunter affecting five residents (38%), no virus was isolated through laboratory testing.

Laboratory testing suggests influenza has occurred at low levels. Rhinoviruses were the most common respiratory viruses identified by laboratories.

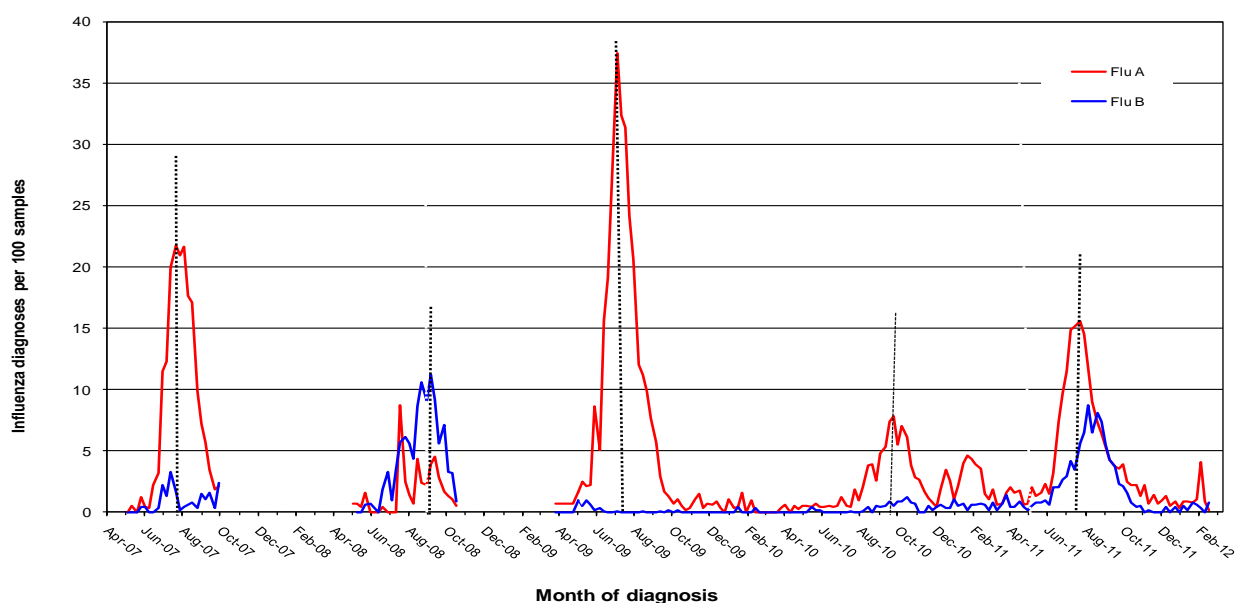
**Table 1:** Summary of testing for respiratory viruses and influenza at NSW public hospital laboratories, 1 January to 2 March 2012.

W/E	Virology specimens tested	Influenza A (total pos) (%)	H1N1** influenza 09 (total pos) (%)	Influenza B (total pos) (%)	Adenovirus	Parainfluenza 1, 2 & 3	RSV	Rhinovirus	Enterovirus	HMPV***
27/01/2012	1509	14 (0.9%)	4 (29%)	7 (0.5%)	37	59	37	112	64	34
02/03/2012*	2352	30 (1.3%)	1 (3%)	15 (0.6%)	42	60	147	208	128	28
<b>Week ending</b>										
03/02/2012	316	13 (4.1%)	0	1 (0.3%)	3	12	8	22	6	8
10/02/2012	436	4 (0.9%)	1 (25%)	0	10	9	23	29	28	4
17/02/2012	518	1 (0.2%)	0	4 (0.8%)	9	13	44	47	34	2
24/02/2012	530	9 (1.7%)	0	4 (0.8%)	12	14	40	58	27	6
02/03/2012	552	3 (0.5%)	0	6 (1.1%)	8	12	32	52	33	8

\*\* 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).

**Figure 4:** Percent of laboratory tests positive for influenza A and influenza B, 1 January 2007 – 2 March 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 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

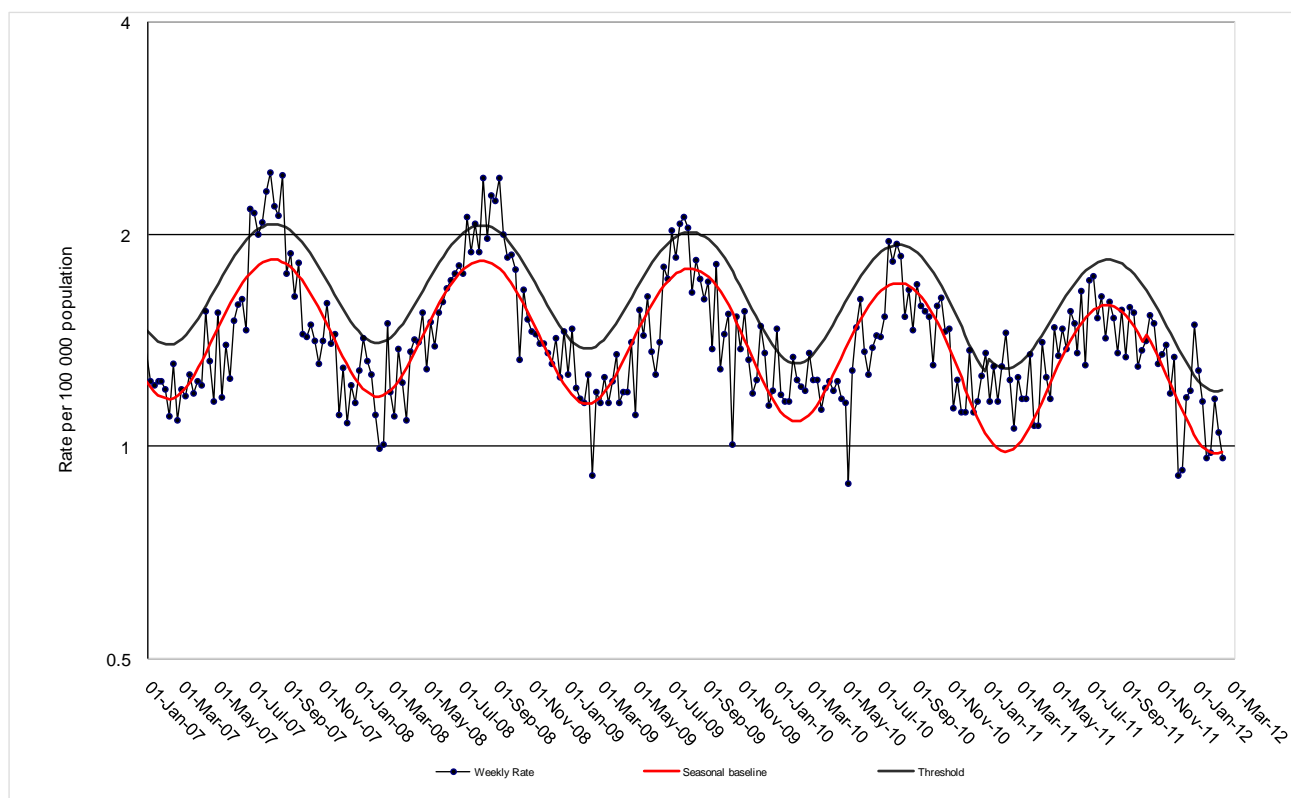
Deaths registration data is routinely reviewed for deaths attributed to pneumonia or influenza. While pneumonia has many causes, a well-known indicator of seasonal and pandemic influenza activity is an increase in the number of death certificates that mention pneumonia or influenza as a cause of death.

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 the week ending 24 February:

- There were 1.0 pneumonia or influenza deaths per 100,000 NSW population, below the seasonal threshold of 1.2 per 100,000 population (Figure 5).\*
- Influenza B infection was confirmed in a two month old child who died, the child had no underlying co-morbidities and there was no apparent ILI symptoms.

**Figure 5:** 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 years influenza vaccine see WHO Collaborating Centre for Reference and Research on Influenza at the following website:

[http://www.influenzacentre.org/centre\\_vaccines.htm](http://www.influenzacentre.org/centre_vaccines.htm)