

# Influenza Weekly Epidemiology Report, NSW

30 June to 6 July 2012

Produced by: Public and Population Health Division, NSW Ministry of 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 6 July 2012:

- The influenza-like illness (ILI) presentation rate to selected emergency departments (ED) increased and remained above the usual range for this time of year.
- ED admissions to critical care units for ILI and pneumonia decreased this week, but were above peak levels in recent years, particularly in the over 65 year age group.
- ED activity in a range of respiratory illness categories continued to be at or above peak levels in the over 65 year age group.
- Laboratory testing data shows that influenza A/H3N2 activity remains high.
- Almost all circulating influenza A (H3N2) viruses are A/Victoria/361/2011-like. The WHO Collaborating Centre for Reference and Research on Influenza advises that current influenza vaccines are likely to induce significant protection against this new H3N2 lineage.
- The population death rate for influenza and pneumonia was just below the epidemic threshold (as of 15 June).

## 2. Emergency Department (ED) presentations

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

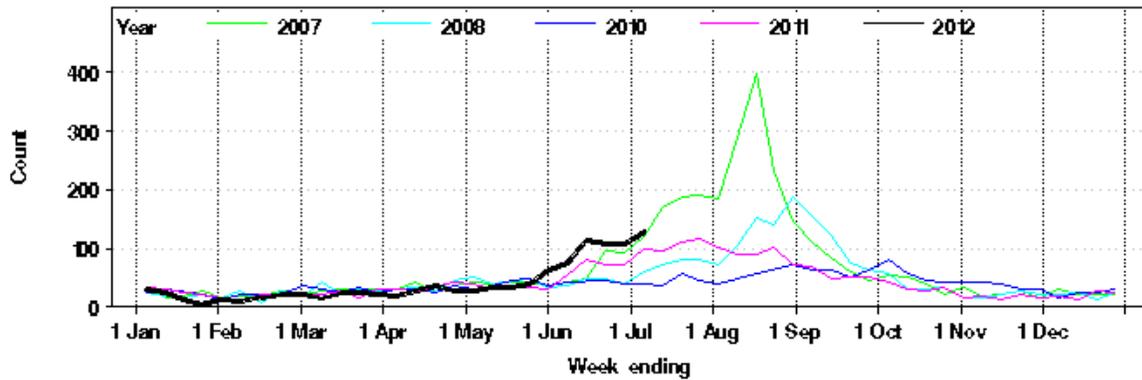
### Presentations for influenza-like illness and other respiratory illness

- Activity for respiratory illness in people aged 65 years or older was at or above peak levels in a range of ED categories, and for Ambulance calls in the Sydney region (Table 1).
- The total number of patients presenting to ED with influenza-like illness (ILI) increased this week (rate of 3.7 cases per 1000 presentations) and is above the usual range for this time of year (Figure 1 and Table 1). Activity remains well below the peak activity level seen in 2007.
- Total admissions from ED to critical care units for ILI and pneumonia decreased but remained above peak levels in recent years, particularly in the over 65 year age group. (Figure 2).
- Overall, respiratory illness presentations seen in NSW Emergency Departments were high, particularly in the Hunter New England Local Health District, but below peak levels of recent years. In the over 65 year age group, activity remained well above peak levels seen in recent years (Table 1).

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

**Category:** All visits with the above inclusions

Total 1-week counts

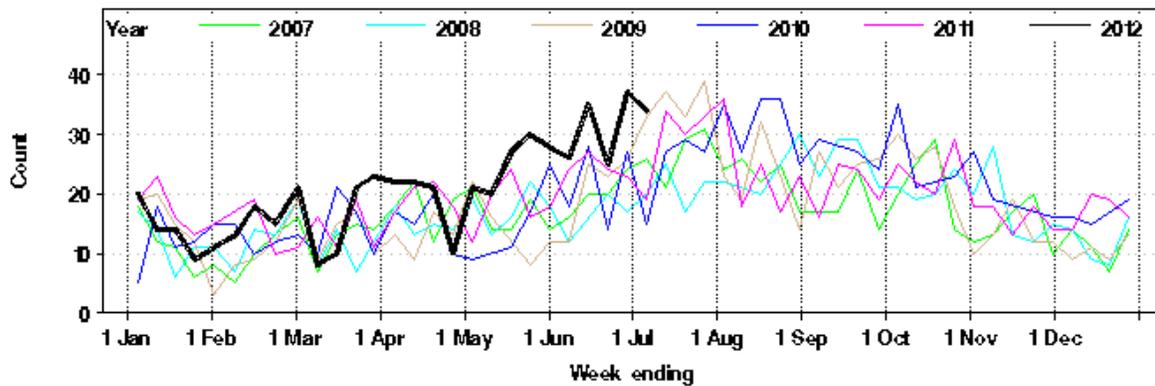


**Note:** Excludes data from 2009 to enable easier comparison of 2012 data with data from previous non-pandemic years. Includes data from 59 emergency departments. Source: NSW Health Public Health Real-time Emergency Department Surveillance System (PHREDSS) and the Centre for Epidemiology and Research, NSW Health Department.

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

**Category:** All visits with the above inclusions

Total 1-week counts

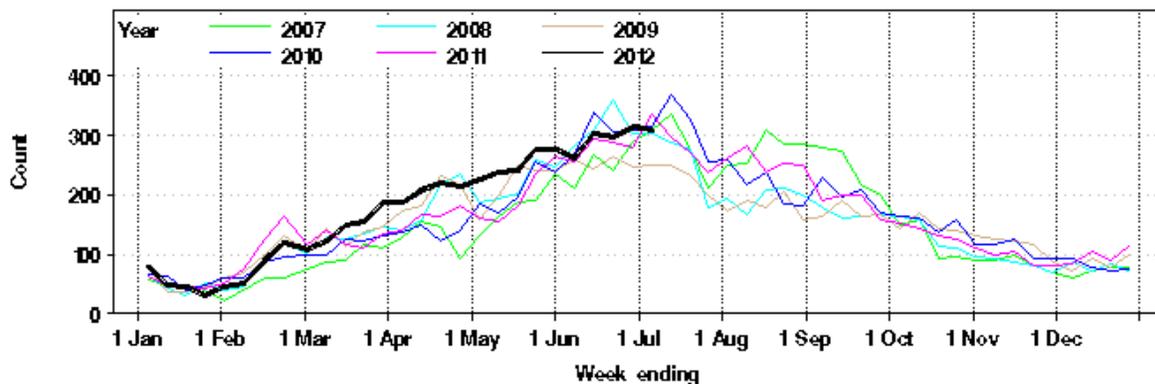


**Note:** As for Figure 1, although includes 2009

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

**Category:** All visits with the above inclusions

Total 1-week counts



**Note:** As for Figure 1, although includes 2009.

**Table 1: Weekly Emergency Department and Ambulance Respiratory Activity Summary**  
9 July 2012 (includes data up to 6 July 2012) – Includes 59 NSW Emergency Departments (EDs) and Sydney Ambulance Division

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)	Increased	Above	65+ years			In all ages and over 65 year-olds, levels were below previous peak seasonal levels in August 2007.
	Pneumonia	Increased	Above	65+ years			In over 65 year-olds, levels remained well above peak levels of recent years and were 45% higher than usual for this time of year.
	Pneumonia and ILI admissions	Increased	Above	65+ years			In over 65 year-olds, levels remained well above peak levels of recent years and were 45% higher than usual for this time of year.
	Pneumonia and ILI critical care admissions	Decreased					
	Bronchiolitis	Decreased	Usual				
	Respiratory, fever and unspecified infections	Increased	Above	65+ years	Hunter New England LHD		In over 65 year-olds, levels remained well above peak levels of recent years and were 43% higher than usual for this time of year. In HNELHD, levels are below peak levels in August 2007.
	Asthma	Decreased	Usual				
	Total presentations	Decreased	3.7% above 2011. In 65+ years, 11% above 2011.				Total inpatient admissions from ED were 5.6% above 2011 and in over 65 year-olds were 12% above.
Ambulance calls, Sydney region	Breathing problems	Decreased	Above	Not available.			

**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

For the week ending 6 July:

- A total of 1736 tests for respiratory viruses were performed at sentinel NSW laboratories (Table 2).
- Over 26% of specimens tested positive for influenza A. Of these, 277 tested positive for influenza A(H3N2). The remainder tested negative to influenza A(pH1N1) and are assumed to have been A(H3N2) (Table 2, Figure 4).
- A total of 44 specimens tested positive for influenza B (Table 2, Figure 4).
- The proportion of respiratory specimens positive for influenza A decreased slightly compared to the previous week whilst influenza B increased slightly. Influenza A diagnoses remain much higher than in the past two years.

Influenza continues to be the dominant respiratory virus identified by NSW laboratories.

NSW Health regularly sends a sample of influenza isolates to the WHO Collaborating Centre for Reference and Research on Influenza (WHOCC) in Melbourne for further characterisation. The most recent results indicate that the circulating influenza A (H3N2) viruses are almost all A/Victoria/361/2011-like, while influenza B isolates are mostly B/Brisbane/60/2008-like.

The A/Victoria/361/2011-like H3N2 virus lineage emerged after the production of the current Southern Hemisphere seasonal influenza vaccine and so is not specifically targeted by the vaccine. The WHOCC advises that the current influenza vaccine is still likely to induce significant protection against this new H3N2 lineage. The current vaccine does specifically target influenza B/Brisbane/60/2008-like viruses.

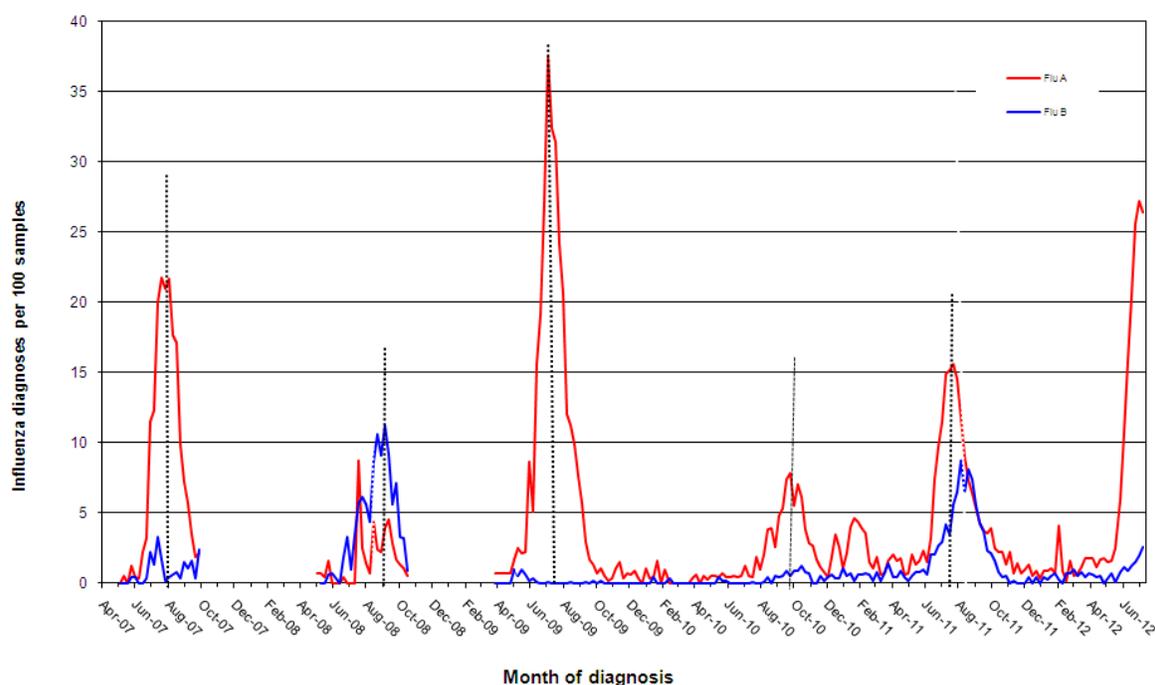
**Table 2:** Summary of testing for influenza and other respiratory viruses at NSW laboratories, 1 January to 6 July 2012.

Month ending	Virology specimens tested	Influenza A (total pos) (%)	Inf. A(H3N2) (total pos) (% Flu A) *	Inf. A(pH1N1) (total pos) (% Flu A) *	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 (11%)	11 (0.4%)	65	63	422 (14.7%)	231	114	28
01/06/2012	4394	209 (4.7%)	166 (79%)	2 (0.1%)	30 (0.7%)	91	76	574 (13.6%)	463	170	31
29/06/2012	5704	1316 (23%)	613 (46.6%)	2 (0.2%)	84 (1.5%)	96	68	558 (9.8%)	535	16	53
<b>Week ending</b>											
06/07/2012	1736	459 (26.4%)	277 (60.3%)	0	44 (2.5%)	34	13	146 (8.4%)	136	4	11

\* Subset of influenza A positive tests; \*\* 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), Sydney South West Area Services (SSWPS), 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.

**Figure 4:** Percent of respiratory samples positive for influenza A or influenza B, 1 January 2007 – 6 July 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), Sydney South West Pathology Services (SSWPS), 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, 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

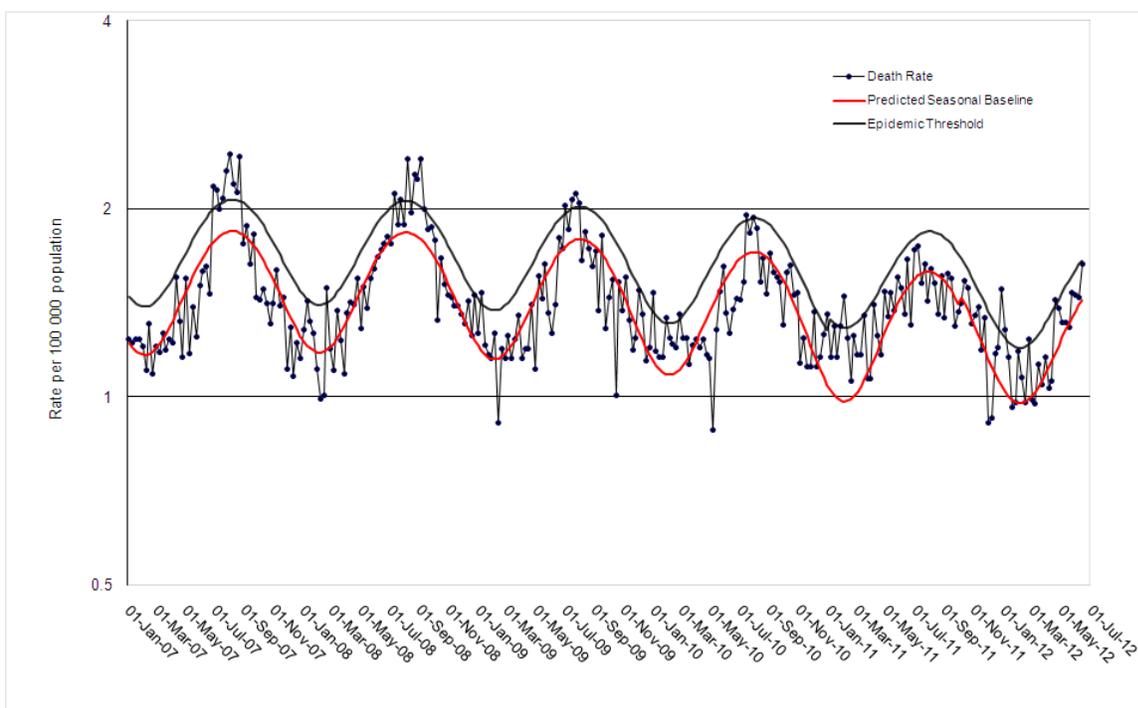
Deaths registration data is routinely reviewed for deaths attributed to pneumonia or influenza. While pneumonia has many causes, a well-known indicator of seasonal and pandemic influenza activity is an increase in the number of death certificates that mention pneumonia or influenza as a cause of death.

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 15 June:

- There were 1.63 pneumonia or influenza deaths per 100,000 NSW population, just below the epidemic threshold of 1.65 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, 2007 to 15 June 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

Australian Influenza Surveillance Reports:

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

World Health Organization Influenza Updates:

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

WHO Collaborating Centre for Reference and Research on Influenza (Melbourne):

<http://www.influenzacentre.org/index.htm>