

NSW Health Influenza Surveillance Report

Week 30: 25 July to 31 July 2016

Summary:

- **Seasonal influenza activity continues to rise steadily.**
- **Influenza A(H3N2) is the dominant circulating influenza strain.**

In this reporting week:

- [Hospital Surveillance](#) – the rate of influenza like illness (ILI) presentations to selected emergency departments was stable and remains well above the seasonal threshold.
- [Laboratory surveillance](#) – the proportion of respiratory samples positive for influenza increased to 21.4%, continuing its steady rise.
- [Community surveillance](#) – influenza notifications were increased across most local health districts (LHD). Influenza activity continues to impact heavily on the aged care sector with 4 new respiratory outbreaks reported this week in residential aged care facilities.
- [National and international influenza surveillance](#) – the most recent national reports suggest influenza activity is increasing across Australia, although activity is unchanged in some areas. Current influenza strains are well matched to the 2016 influenza vaccines. Influenza activity is increasing in some other regions in the Southern Hemisphere.

About this report:

Health Protection NSW collects and analyses surveillance data on influenza and other respiratory viruses. Surveillance reports are produced weekly commencing in May, and continuing until the end of the influenza season. Monthly reports are produced throughout the rest of the year.

The influenza surveillance reports include data from a range of surveillance systems and sources concerned with Emergency Department illness surveillance, laboratory (virological) surveillance, and community illness surveillance. Pneumonia and influenza mortality data are also monitored and reported upon periodically.

For further information on influenza see the [NSW Health Influenza website](#).

1. Hospital Surveillance

NSW emergency department (ED) presentations for influenza-like illness (ILI) and other respiratory illnesses

Source: PHREDSS [1]

For the week ending 31 July 2016:

- ILI presentations [2] increased this week and are expected to continue to increase further over the coming weeks (Figure 1 and Table 1). Presentations were significantly above the five-year mean at Children's Hospital at Westmead and Grafton Hospital.
- The index of increase for ILI presentations was 30.2 on 31 July, a slight decrease on the previous week (32.7).
- ED presentations for pneumonia [3] decreased slightly but remained within the usual range for this time of year (Figure 2). Presentations were particularly high at the Calvary Mater Hospital in Newcastle (Table 1.)
- Pneumonia or ILI presentations which resulted in admission decreased slightly but remained within the usual range for this time of year. (Figure 3 and Table 1).
- Bronchiolitis presentations decreased further this week and were within the usual range for this time of year (Table 1).
- The category combining all respiratory, fever and unspecified infection presentations increased but was within the usual range for this time of year (Table 1).

Figure 1: Total weekly counts of ED visits for influenza-like illness, all ages, from 1 January – 31 July 2016 (black line), compared with each of the 5 previous years (coloured lines).

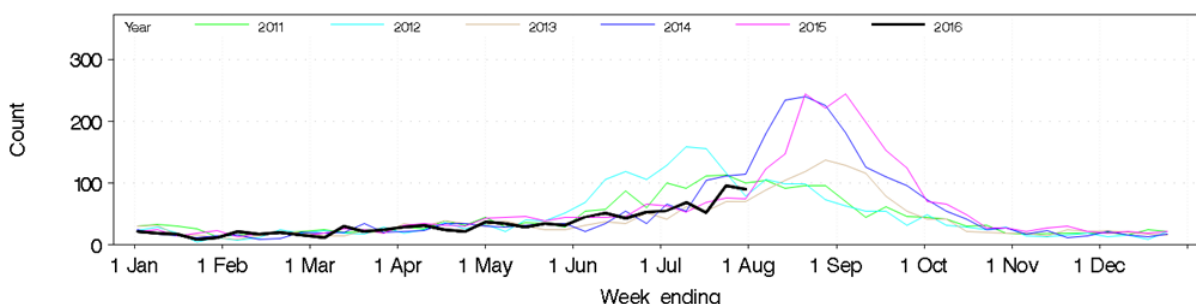
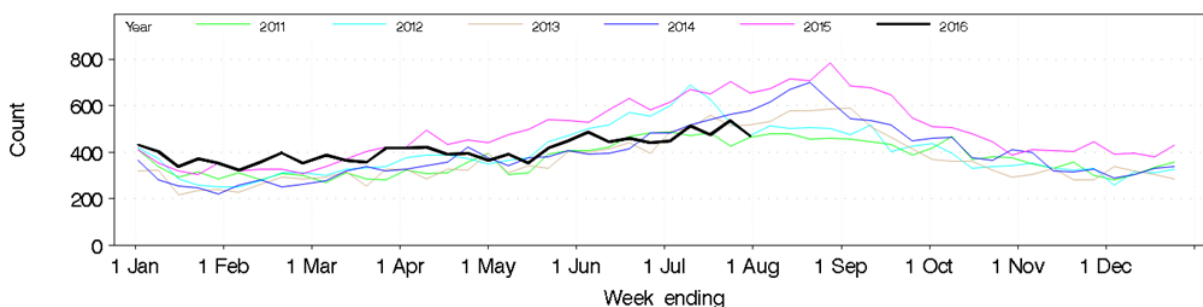


Figure 2: Total weekly counts of ED presentations for pneumonia, all ages, from 1 January – 31 July 2016 (black line), compared with each of the 5 previous years (coloured lines).



[1] NSW Health Public Health Rapid, Emergency Disease and Syndromic Surveillance system. Centre for Epidemiology and Evidence, NSW Ministry of Health. Comparisons are made with data for the preceding five years. Recent counts are subject to change. As of 31 March 2016, data from 60 NSW emergency departments are included representing approximately 82% of ED visits in the 2015-16 financial year. The coverage of rural EDs is lower than metropolitan EDs.

[2] Data shown represents unplanned presentations to hospital EDs.

[3] The ED 'ILI' syndrome includes provisional diagnoses selected by a clinician of 'influenza-like illness' or 'influenza' (including 'pneumonia with influenza'), avian and other new influenza viruses.

[4] The ED 'Pneumonia' syndrome includes provisional diagnoses selected by a clinician of 'viral, bacterial, atypical or unspecified pneumonia', 'SARS', or 'legionnaire's disease'. It excludes the diagnosis 'pneumonia with influenza'.

Figure 3: Total weekly counts of ED presentations for pneumonia or influenza-like illness and admitted, all ages, from 1 January – 31 July 2016 (black line), compared with each of the 5 previous years (coloured lines).

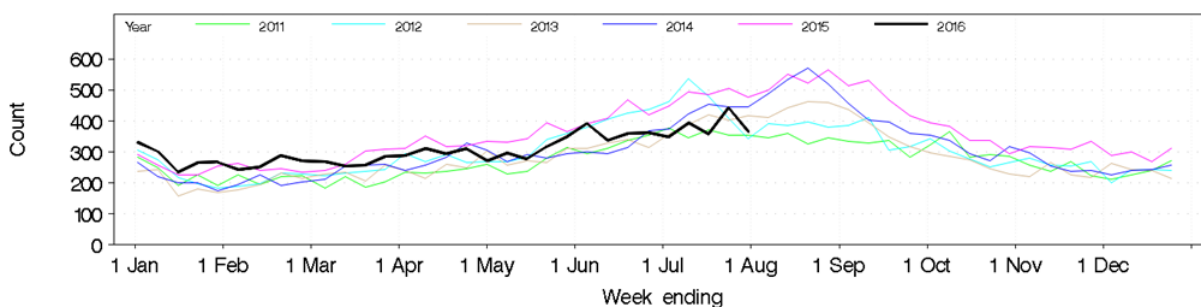


Table 1: Weekly ED and Ambulance Respiratory Activity Summary for the week ending 31 July 2016. Includes data from 60 NSW EDs and the NSW Ambulance Division. *

Data source	Diagnosis or problem category	Trend since last week	Comparison with usual range for time of year*	Statistically significant age groups (if any)	Locations with weekly counts significantly above the 5 year mean	Severity indicators** with weekly counts significantly above the 5 year mean	Comment
ED presentations, 60 NSW hospitals	Influenza-like illness (ILI)	Decreased	Usual		Children's Hospital at Westmead Grafton Hospital		Daily index of increase = 30.2 (season commenced on 26 June 2016)
	Pneumonia	Decreased	Usual				
	Pneumonia and ILI admissions	Decreased	Usual				
	Pneumonia and ILI critical care admissions	Decreased	Usual				
	Asthma	Increased	Below usual				
	Bronchiolitis	Decreased	Usual				Bronchiolitis is a disease of infants. Daily index of increase = 20.4
	Breathing problems	Decreased	Usual				
	All respiratory illness, fever and unspecified infections	Increased	Usual				Admitted to ward (not a critical care ward)

*** Notes on Table 1:**

The usual range for the time of year is the range of weekly counts for the same week in the previous five years for ED presentations. Key: Non-bold and green =usual range; Non-bold and orange= above usual range, but not significantly; Bold and red = statistically greater than usual range.

Counts are statistically significant if they are at least five standard deviations above the five-year mean for ED presentations; the ILI 'daily index of increase' is statistically significant above a threshold of 15.

FluCAN (The Influenza Complications Alert Network)

In 2009, the [FluCAN](#) surveillance system was created to be a rapid alert system for severe respiratory illness requiring hospitalisation. Data is provided on patients admitted with influenza confirmed by polymerase chain reaction (PCR) testing.

In NSW, three hospitals participate in providing weekly FluCAN data: Westmead Hospital, John Hunter Hospital and the Children's Hospital at Westmead.

Note that FluCAN data for week 30 were not available at the time of reporting.

2. Laboratory Surveillance

For the week ending 31 July 2016 the number and proportion of respiratory specimens reported by NSW sentinel laboratories [4] which tested positive for influenza A or influenza B increased and is expected to continue to rise (Table 2).

A total of 6,617 tests for respiratory viruses were reported this week with 21.4% testing positive for influenza viruses, up from 6,238 tests and an 18.7% influenza-positive rate in the previous week. Influenza A(H3N2) is the dominant circulating influenza strain circulating, although many influenza A strains are not further typed. Influenza B activity remains at a low level (Figure 4 and 5), in contrast to the 2015 season when B strains predominated.

Influenza was the leading respiratory virus reported, with other viruses circulating at usual levels for this time of year (Table 2).

Table 2: Summary of testing for influenza and other respiratory viruses at NSW laboratories, 1 January to 31 July 2016.

Month ending	Total Tests	TEST RESULTS											
		Influenza A				Influenza B		Adeno	Parainf 1, 2 & 3	RSV	Rhino	HMPV **	Enterov
		Total	H3N2	H1N1 pdm09	A (Not typed)	Total	Total						
Total (%)	Total (%A)	Total (%A)	Total (%A)	Total (%)									
31/01/2016	8079	270 (3.3%)	45 (16.7%)	114 (42.2%)	111 (41.1%)	38 (0.5%)	202	179	202	941	73	96	
28/02/2016	9810	397 (4.0%)	54 (13.6%)	199 (50.1%)	144 (36.3%)	96 (1.0%)	208	244	323	1484	80	150	
03/04/2016*	14699	555 (3.8%)	32 (5.8%)	271 (48.8%)	248 (44.7%)	138 (0.9%)	282	412	937	1862	68	188	
01/05/2016	13614	457 (3.4%)	16 (3.5%)	268 (58.6%)	173 (37.9%)	152 (1.1%)	271	371	1189	1470	71	128	
29/05/2016	15760	398 (2.5%)	57 (14.3%)	157 (39.4%)	184 (46.2%)	115 (0.7%)	350	358	1488	2211	111	138	
03/07/2016*	22487	1065 (4.7%)	227 (21.3%)	269 (25.3%)	569 (53.4%)	167 (0.7%)	707	636	2626	2866	300	420	
Week ending													
10/07/2016	5522	627 (11.4%)	140 (22.3%)	126 (20.1%)	361 (57.6%)	45 (0.8%)	188	134	588	621	86	89	
17/07/2016	5626	738 (13.1%)	170 (23.0%)	155 (21.0%)	412 (55.8%)	67 (1.2%)	159	125	596	565	110	112	
24/07/2016	6238	1076 (17.2%)	268 (24.9%)	209 (19.4%)	599 (55.7%)	90 (1.4%)	181	147	565	511	137	112	
31/07/2016	6617	1326 (20.0%)	384 (29.0%)	214 (16.1%)	728 (54.9%)	89 (1.3%)	225	121	590	543	151	91	

Notes: * Five-week reporting period. ** Human metapneumovirus

[4]: Preliminary laboratory data is provided by participating sentinel laboratories on a weekly basis and are subject to change. Point-of-care test results have been included since August 2012 but serological diagnoses are not included.

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Participating sentinel laboratories: Pathology North (Hunter, Royal North Shore Hospital), Pathology West (Nepean, Westmead), South Eastern Area Laboratory Services, Sydney South West Pathology Service (Liverpool, Royal Prince Alfred Hospital), The Children's Hospital at Westmead, Australian Clinical Labs, Douglas Hanly Moir Pathology, Laverty Pathology, Medlab, SydPath, VDRLab to June 2016. **Week 28, data were not provided by Seals and Laverty.**

Figure 4: Weekly influenza positive test results by type and sub-type reported by NSW sentinel laboratories, 1 January to 31 July 2016.

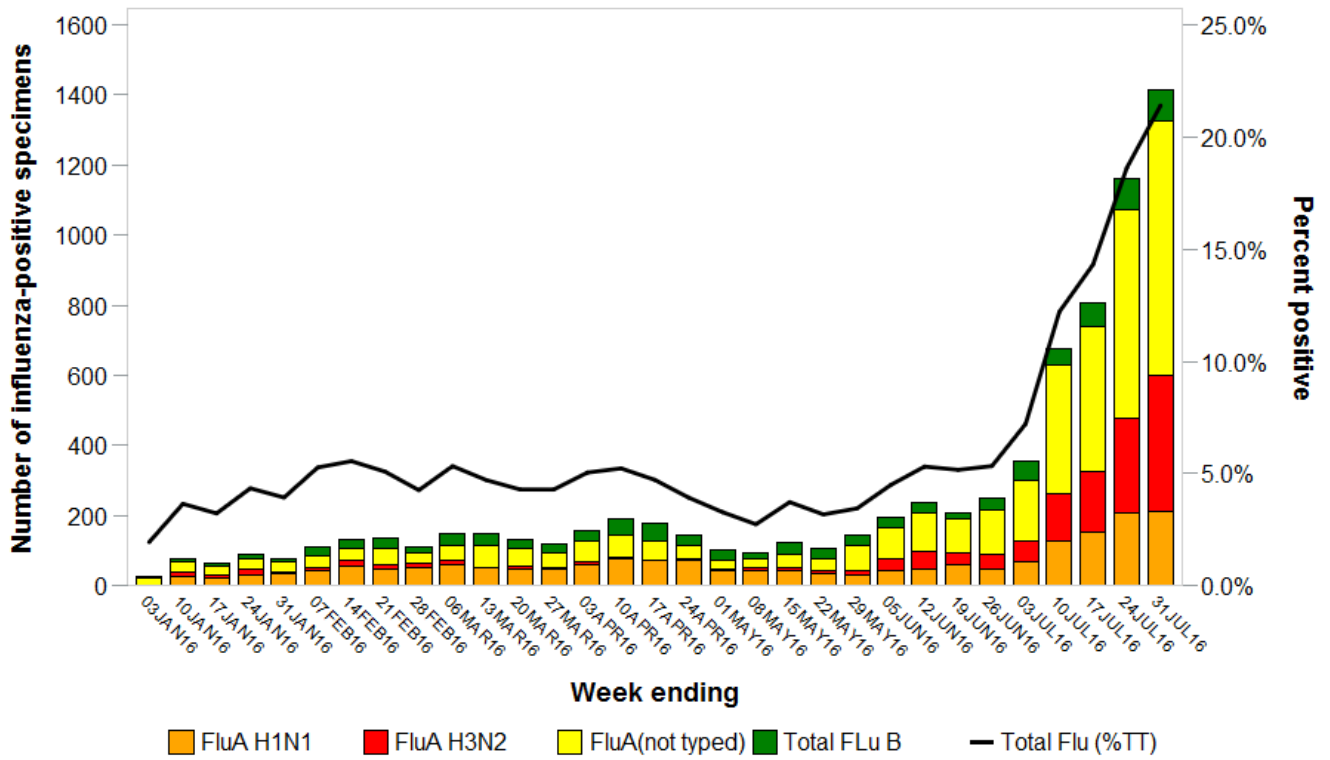
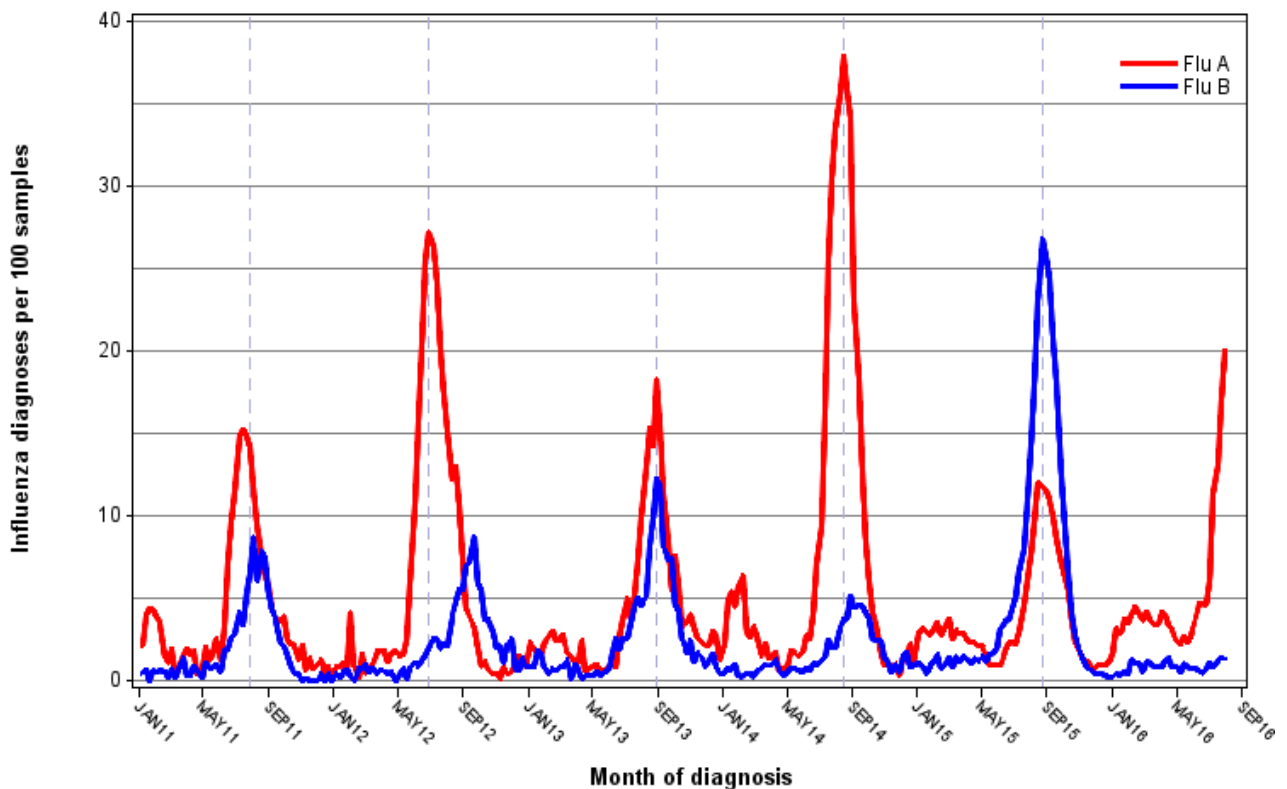


Figure 6: Percentage of laboratory tests positive for influenza A and influenza B by week, 1 January 2010 – 31 July 2016, New South Wales.



3. Community Surveillance

Influenza notifications by Local Health District (LHD)

In the week ending 31 July there were 1,205 notifications of influenza confirmed by polymerase chain reaction (PCR) testing, higher than the 915 notifications in the previous week.

Population rates were highest in the Western Sydney and Northern Sydney Local Health Districts (Table 3). Notifications continued to increase in most Districts.

Table 3: Weekly notifications of laboratory-confirmed influenza by Local Health District.

Local Health District	Week ending 31 Jul 2016		Previous 4 weeks	
	Number of notifications	Rate per 100 000 population	Number of notifications	Rate per 100 000 population
Central Coast	14	4.14	8	2.44
Far West	0	0	4	13.12
Hunter New England	71	7.75	34	3.68
Illawarra Shoalhaven	41	10.18	16	3.97
Mid North Coast	8	3.68	5	2.3
Murrumbidgee	11	4.61	7	2.83
Nepean Blue Mountains	72	19.21	53	14.14
Northern NSW	30	9.99	11	3.5
Northern Sydney	238	26.25	117	12.9
South Eastern Sydney	202	22.35	87	9.57
South Western Sydney	118	12.21	81	8.41
Southern NSW	10	4.79	7	3.36
Sydney	120	19.09	52	8.23
Western NSW	9	3.25	7	2.52
Western Sydney	261	27.57	125	13.15

Notes: * All data are preliminary and may change as more notifications are received. Excludes notifications based on serology.

Influenza outbreaks in institutions

There were 4 new respiratory outbreaks reported this week, of these 3 have been confirmed for influenza A. All were in aged care facilities (Table 4).

In the year to date there have been 45 laboratory confirmed influenza outbreaks in institutions reported to NSW public health units (Table 4): 39 have been due to influenza A, one was influenza B, and one was a combined influenza A and B outbreak. At least 496 residents were reported to have had ILI symptoms and 48 required hospitalisation. Twenty-six deaths in residents linked to these outbreaks have been reported, all of whom were noted to have other significant co-morbidities.

People in older age-groups are at higher risk of infection from influenza A(H3N2) strains than from the influenza A(H1N1) strain. The influenza A(H3N2) strain predominated in 2012 and 2014. In 2015, influenza B was the predominant strain, and was also associated with an increase in influenza outbreaks in institutions, particularly residential aged care facilities (Table 4).

Table 4: Reported influenza outbreaks in NSW institutions, January 2010 to 24 July 2016.

Year	2010	2011	2012	2013	2014	2015	2016*
Number of outbreaks	2	4	39	12	120	103	45

Notes: * Year to date.

Electronic General Practice Surveillance (eGPS)

eGPS is a primary care influenza surveillance system involving sentinel general practices within three NSW Local Health Districts (LHD): Northern Sydney (NS), South Eastern Sydney (SES) and Illawarra Shoalhaven (IS). The system monitors patient consultations for influenza-like illness (ILI) as an indicator of influenza activity. Consultations for ILI are identified each week by an automatic search of electronic records for validated combinations of ILI terms rather than diagnosis codes.

Data generated from eGPS should be interpreted with caution as they are not representative of all practices within the participating LHDs or across NSW.

Note that eGPS data for week 30 were not available at the time of reporting.

The Australian Sentinel Practices Research Network (ASPREN)

ASPREN is a network of sentinel general practitioners (GPs) run through the Royal Australian College of General Practitioners and the University of Adelaide which has collected de-identified information on influenza-like illness (ILI) and other conditions seen in general practice since 1991.

Participating GPs in the program report on the proportion of patients presenting with an ILI. The number of GPs participating on a weekly basis may vary.

Note that NSW ASPREN data for week 30 were not available at the time of reporting.

For further information please see the [ASPREN](#) website.

FluTracking.net

FluTracking.net is an online health surveillance system to detect epidemics of influenza. FluTracking is a project of the University of Newcastle, the Hunter New England Local Health District and the Hunter Medical Research Institute.

Participants complete a simple online weekly survey which is used to generate data on the rate of ILI symptoms in communities.

Note that FluTracking data for week 30 were not available at the time of reporting.

For further information please see the [FluTracking](#) website.

4. National and International Influenza Surveillance

National Influenza Surveillance

In the *Australian Surveillance Report No.4*, with data up to 22 July 2016, influenza activity at the national level was increasing and indicative of early influenza seasonal activity, however there were some regions within Australia where activity remained unchanged. Of note:

- Influenza was the most common cause of influenza-like illness (ILI) presentations to sentinel general practitioners.
- Influenza A(H3N2) was the predominant influenza virus circulating nationally in recent weeks, noting jurisdictional variation.
- So far this year, influenza notification rates have been highest in children aged less than 5 years and adults aged 85 years or older, with a secondary peak in adults aged 35-39 years.
- To date, the seasonal influenza vaccines appear to be a good match for circulating virus strains.

Follow the link for the [Australian Influenza Surveillance Reports](#) which provide the latest information on national influenza activity.

Global Influenza Update

The latest [WHO global update on 25 July 2016](#) provides data up to 10 July. Influenza activity varied in countries of temperate South America and increased steadily in the last few weeks in South Africa, but remained low overall in most of Oceania.

Influenza activity in the temperate zone of the northern hemisphere was at inter-seasonal levels.

Follow the link for the [WHO influenza surveillance reports](#).

Avian Influenza Update:

Human infections with avian influenza viruses

The monthly WHO risk assessment of human infections with avian and swine influenza viruses (see [Influenza at the human-animal interface](#)) was published on 19 July 2016. This report provides updated information on human cases of infection with animal influenza viruses and outbreaks among animals caused by novel influenza strains.

Of note:

- Since the previous update, new human infections with A(H5N1), A(H7N9), A(H9N2) and A(H1N2)v viruses were reported.
- The overall public health risk from currently known influenza viruses at the human-animal interface has not changed. Further human infections with viruses of animal origin can be expected, but the likelihood of sustained human-to-human transmission remains low.

Other sources of information on avian influenza and the risk of human infection include:

- US CDC [Avian influenza](#)
- European CDC (ECDC) [Avian influenza](#)
- Public Health Agency of Canada [Avian influenza H7N9](#).

5. Composition of 2016 Australian influenza vaccines

The National Immunisation Program (NIP) uses quadrivalent influenza vaccines in 2016 for the first time. The four strains chosen are based on the recommendations of the WHO Consultation on the Composition of Influenza Vaccines for the 2016 Southern Hemisphere. Following the Consultation, WHO announced its recommendations for the composition of trivalent and quadrivalent vaccines for use in the 2016 influenza season (southern hemisphere winter).

For trivalent vaccines:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus (Victoria lineage).

For quadrivalent vaccines it was recommended that a second influenza B virus be added:

- a B/Phuket/3073/2013-like virus (Yamagata lineage).

Of note, the trivalent vaccine recommendations included strain changes for both the A(H3N2) and B components. The recommended A(H1N1) strain has remained unchanged since 2010. More details about the most recent influenza vaccine recommendations can be found at:

http://www.who.int/influenza/vaccines/virus/recommendations/2016_south/en/.

The WHO consultation on the composition of influenza vaccines for the Northern Hemisphere 2016-2017 was held in February 2016. The recommended composition was unchanged from the

composition recommended for the 216 Southern Hemisphere vaccines (above). For information about the Northern Hemisphere vaccine recommendations can be found at:

http://www.who.int/influenza/vaccines/virus/recommendations/2016_17_north/en/