2015 Influenza Season Review

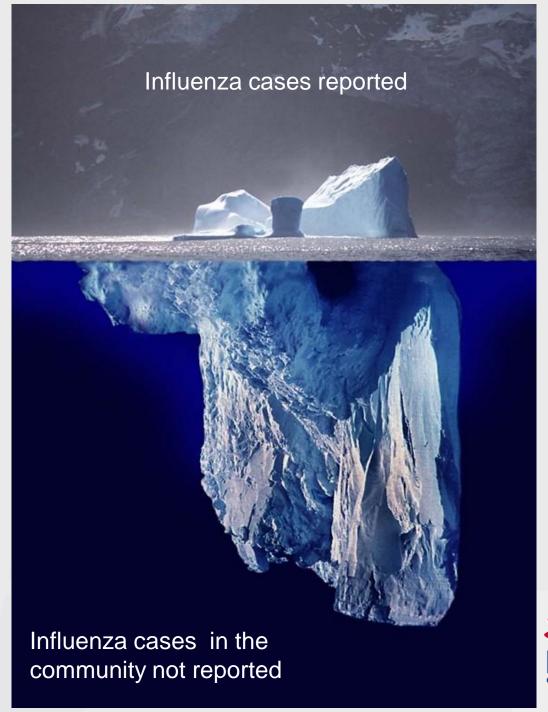
Dr Sean Tobin
Communicable Diseases Branch
Health Protection NSW



Outline

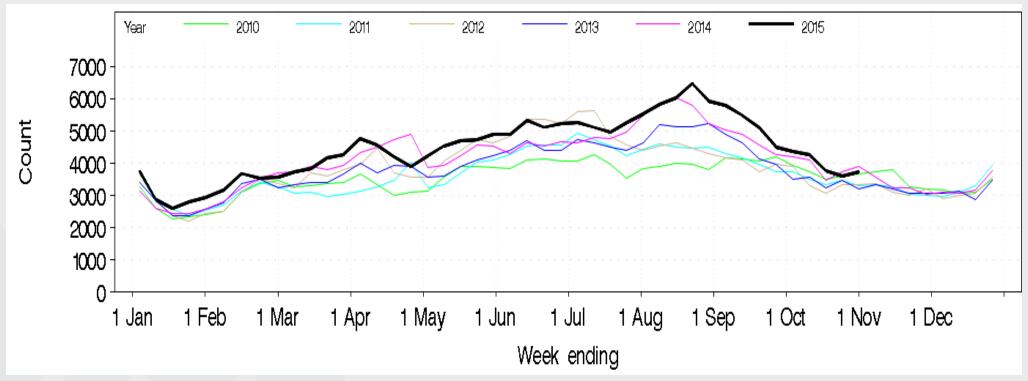
- NSW ED and hospital influenza surveillance overview
- Other indicators of influenza activity
- Influenza vaccine efficacy and changes in 2016





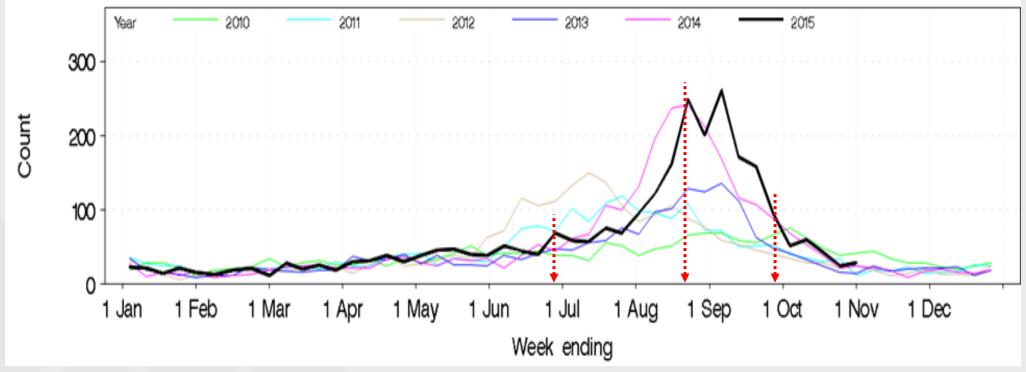


Emergency Department syndromic surveillance – respiratory illness



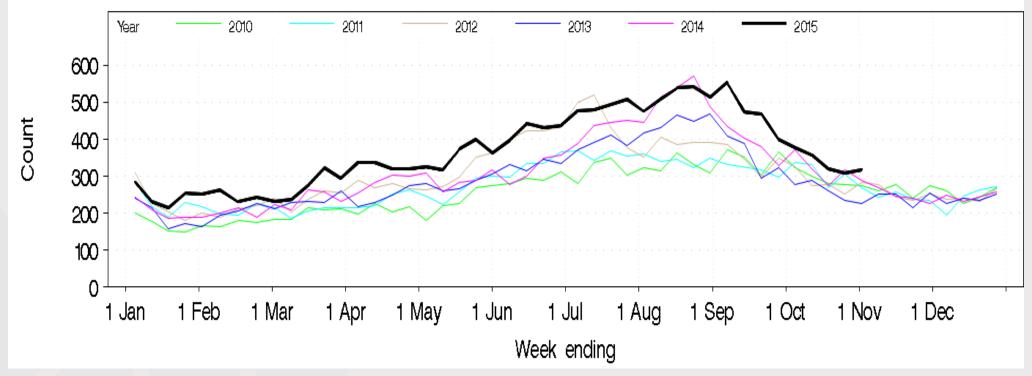
Total weekly counts of Emergency Department presentations for any respiratory illness, for 2015 (black line), compared with each of the five previous years (coloured lines), persons of all ages, for 59 NSW hospitals.

EDs – Influenza-like illness



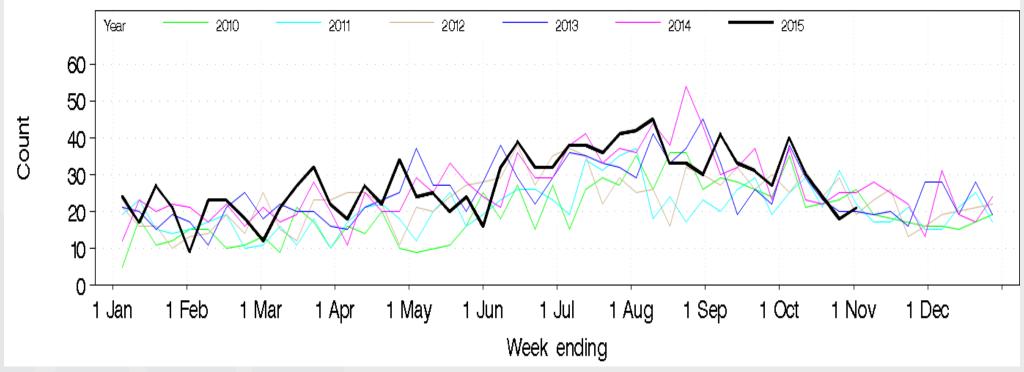
Total weekly counts of Emergency Department presentations for influenza-like illness, for 2015 (black line), compared with each of the five previous years (coloured lines), persons of all ages, for 59 NSW hospitals.

EDs - admissions



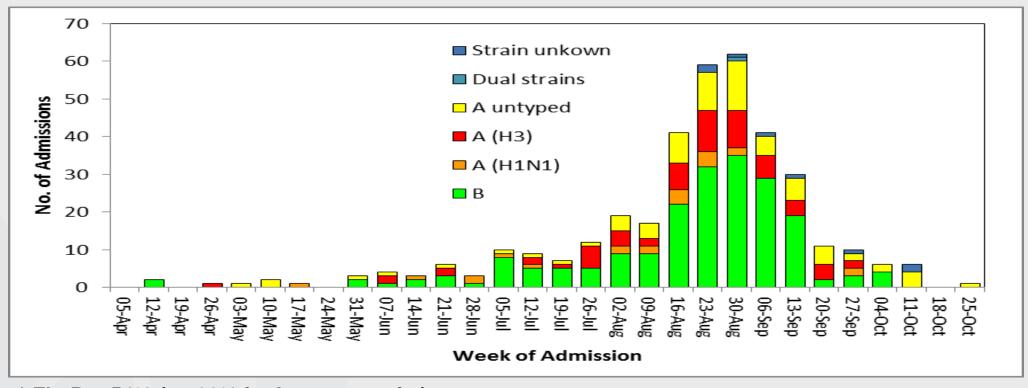
Total weekly counts of ED presentations for pneumonia or influenza-like illness admitted to ward (not critical care), for 2015 (black line), compared with each of the five previous years (coloured lines), persons of all ages, for 59 NSW hospitals.

EDs – critical care admissions



Total weekly counts of ED presentations for pneumonia or influenza-like illness admitted to critical care ward, for 2015 (black line), compared with each of the five previous years (coloured lines), persons of all ages, for 59 NSW hospitals.

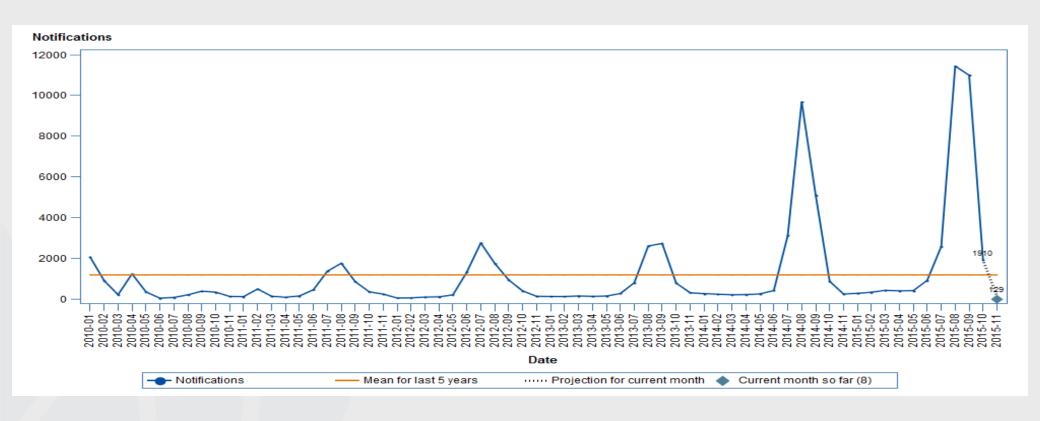
FluCAN – sentinel hospital surveillance



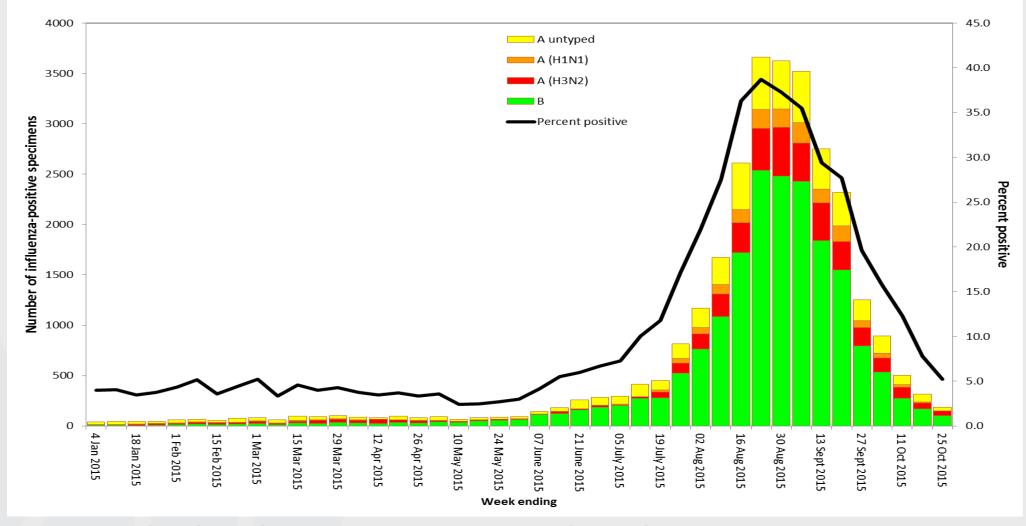
* Flu B = 54% (vs 66% in the community)



Influenza laboratory notifications

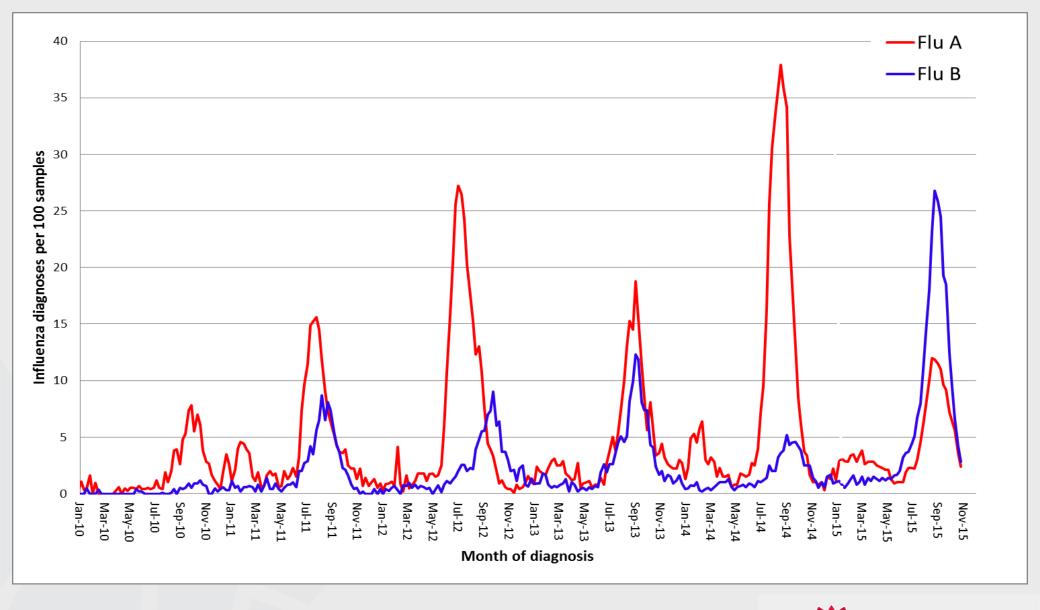






All Flu A strains circulating were well-matched to vaccine strains
Two Flu B strains circulating were well-matched to vaccine strains *







Season summary

- Commenced in late June and peaked in late August
- High activity levels in the community similar to 2014
- Influenza B viruses predominated 2:1
 - Four strains circulating 2 Flu A and 2 Flu B
 - Good match to vaccine strains; B-Victoria only in the 4-valent vaccine
- Hospital surveillance
 - moderate impact year; high ED activity but less severe hospitalisations than in 2014 (when A/H3N2 predominated)



Influenza B background

- Just in humans (....and seals) unlike A strains
- Grouped by lineage
 - Current: B-Yamagata, B-Victoria
- Have not caused pandemics
 - Slower mutation rate
- Less severe than Flu A? *





Flu vaccines used in 2015

- Trivalent inactivated vaccines (TIV)
 - Covered three flu strains (2 influenza A and 1 influenza B)
 - Two strain changes from 2014: A/H3N2 and B-Yamagata
 - Funded under the National Immunisation program (NIP)
- Quadrivalent inactivated vaccine (QIV)
 - Covered the same 3 strains as TIV plus a second B strain
 - Added B-Victoria; strain used in 2014 TIV
 - Turned out to be as commonly reported as B-Yamagata



Flu vaccines for 2016

- All quadrivalent vaccines in the National Immunisation Program
 - Fluarix Tetra® (GSK) for eligible people aged ≥ 3 years
 - FluQuadri® Junior (Sanofi) for 6 months to < 3 years.
- QIV also for NSW Health healthcare workers
- Flu strains covered in the 2016 QIV vaccine
 - same B strains as in the 2015 QIV
 - new A/H3N2 strain; same A/H1N1 strain



Flu vaccine effectiveness

- Influenza vaccine effectiveness (VE)
 - ~60% in adults (range 45 85%) Lower for ≥ 65 years *
 - depends on strain match
- Hospitalisations

 - ↓ people ≥ 50 years (61%), with diabetes (79%) or COPD (52%).
- Cardiac events
 - ↓ incident AMI (29%)
 - ↓ cardiac events in people with heart disease (36%)
- 2016 Winter Flu Campaign * increased focus on vaccination



More information

- NSW Health Flu website and surveillance reports:
 - www.health.nsw.gov.au/Infectious/Influenza/
 - www.health.nsw.gov.au/Infectious/Influenza/Pages/reports.aspx
- NSW Health Flu vaccines information:
 - www.health.nsw.gov.au/immunisation/Pages/seasonal_flu_vaccination.aspx
- Immunise Australia Program Flu website
 - www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-influenza

