

# NSW Health Influenza Surveillance Report

Week 34 Ending 25 August 2013

## Influenza Surveillance Forecast (Update):

Influenza A(H1N1)pdm09 is currently the dominant circulating influenza A strain; younger people, including pregnant women, may be at greater risk of infection with this strain.

In 2012, influenza A(H3N2) A was the dominant circulating influenza A strain and people in older age groups were more at risk of infection.

While the currently circulating influenza A strains are well matched to the 2013 seasonal influenza vaccine there has been a slight drift in the circulating influenza B strains to B/Massachusetts/2/2012 –like viruses. The influenza B component of the 2013 seasonal influenza vaccine is a B/Wisconsin/1/2010 – like strain. Both the B/Massachusetts and B/Wisconsin strains are Yamagata-lineage viruses and it is expected that the 2013 seasonal influenza vaccine should provide some protection against the new strain.

## Summary:

**For the week ending 25 August 2013, influenza activity continued to increase. There is no indication yet that influenza activity has peaked in the current influenza season.**

- [Emergency Department surveillance](#) – the index of increase for influenza-like illness (ILI) presentations was above the seasonal threshold. The current level is consistent with the winter influenza season. Admissions to critical care wards also decreased overall but remained high for people aged 35 to 64 years.
- [Laboratory surveillance](#) – the proportion of respiratory samples positive for influenza A and B increased slightly this week (24.5%), predominantly influenza A(H1N1)pdm09. Other respiratory virus activity is also high.
- [Community illness surveillance](#) – data collected from eGPs, ASPREN and FluTracking on ILI activity in NSW eased slightly this week.
- [National and International influenza surveillance](#) – No new human cases of infection with the novel avian influenza A(H7N9) strain from China; otherwise low influenza activity worldwide.

## About this report:

Health Protection NSW collects and analyses surveillance data on influenza and related respiratory pathogens, and produces regular surveillance reports for the community and health professionals. Surveillance reports are produced weekly reports 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 see the [NSW Health Influenza website](#).

# 1. Emergency Department (ED) Surveillance

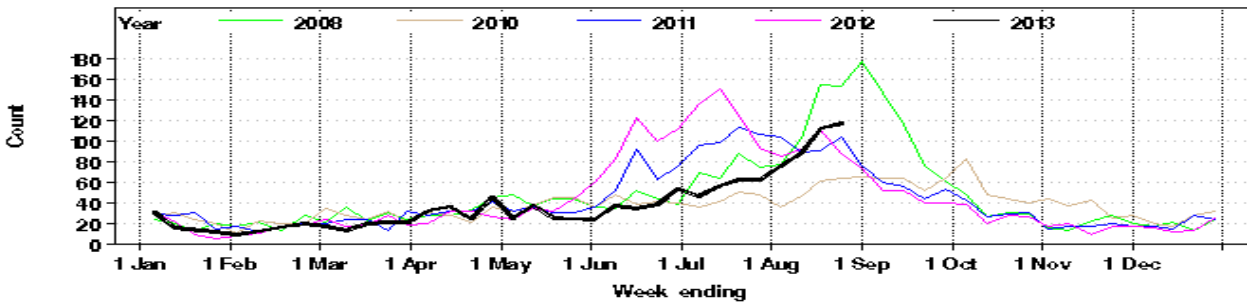
**Source:** NSW Health Public Health Real-time Emergency Department Surveillance System (PHREDSS) managed by the Centre for Epidemiology and Evidence, NSW Ministry of Health. Data from 59 NSW emergency departments (ED) are included. Comparisons are made with data for the preceding five years. Recent counts are subject to change.

## Presentations for influenza-like illness (ILI) and other respiratory illness

The ED surveillance system uses a statistic called the ‘index of increase’ to indicate when presentations are increasing at a statistically significant rate. It accumulates the difference between the previous day’s count of presentations and the average for that weekday over the previous 12 months. An index of increase value of 15 is considered an important signal for the start of the influenza season in NSW as it suggests influenza is circulating widely in the community.

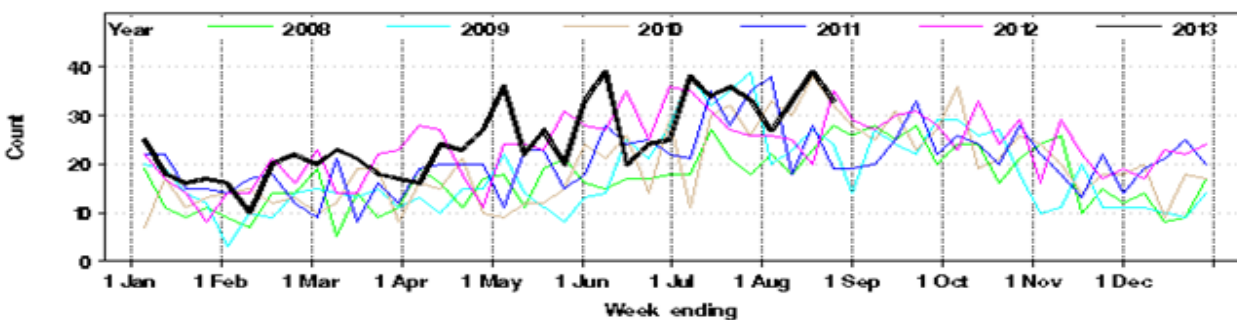
- On 25 August 2013, the index of increase for ILI presentations was 28.4, slightly less than the previous week (30) but consistent with the rising influenza activity since it crossed the threshold of 15 on 26 June 2013.
- ILI activity increased further this week to a rate of 2.9 cases per 1000 presentations. The total count for ILI presentations also increased further this week but was within the usual range (Figure 1 and Table 1).
- Combined ILI and pneumonia admissions to critical care wards increased this week and were higher than the usual range for this time of year (Figure 2 and Table 1). Critical care ward admissions among 35-64 year-olds were at the highest level in at least 6 years, excluding the pandemic year of 2009 (Figure 3 and Table 1).
- Presentations for respiratory illness, fever or unspecified infections in adults aged 35 years and over decreased but remained above the usual range for this time of year within the Western Sydney, South Western Sydney, Northern Sydney, Nepean Blue Mountains, South Eastern Sydney and Illawarra Shoalhaven Local Health Districts (Table 1).

**Figure 1:** Total weekly counts of ED visits for influenza-like illness, from January – 25 August 2013 (black line), compared with each of the 5 previous years (coloured lines).

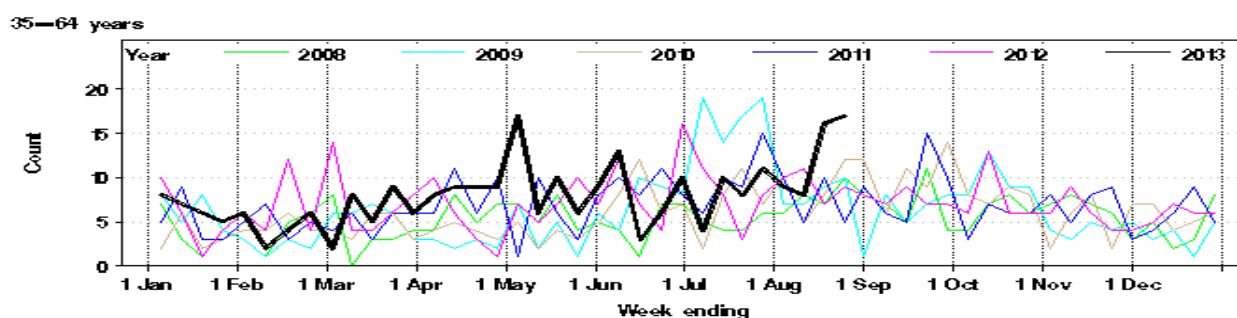


**\*Note:** Excludes 2009 data to enable comparison of 2013 data with data from previous non-pandemic years.

**Figure 2:** Total weekly counts of ED visits for pneumonia and ILI admitted to a critical care ward, from January –25 August 2013 (black line), compared with each of the 5 previous years (coloured lines).



**Figure 3:** Total weekly counts of ED visits for pneumonia and ILI admitted to a critical care ward, from January –25 August 2013 (black line) for people aged 35 to 64 years, compared with each of the 5 previous years (coloured lines).



**Table 1:** Weekly ED and Ambulance Respiratory Activity Summary. Includes data from 59 NSW EDs and the 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	Usual		Western Sydney LHD Children's Westmead, John Hunter, Westmead and Campbelltown hospitals		
	Pneumonia	Decreased	Above	35-64 years 65+ years	Westmead and Concord hospitals		This week saw the highest level in at least 6 years among 35-64 year-olds, except for the pandemic year, 2009.
	Pneumonia and ILI admissions	Decreased	Above	35-64 years	Camden, Westmead and Concord hospitals		
	Pneumonia and ILI critical care admissions	Decreased	Usual				
	Bronchiolitis	Decreased	Usual				
	Respiratory illness, fever or unspecified infections	Decreased	Above	35-64 years 65+ years	Western Sydney, South Western Sydney, Northern Sydney, Nepean Blue Mountains, South Eastern Sydney and Illawarra Shoalhaven LHDs		
	Asthma	Decreased	Usual				
Total presentations (compared with 2012 only)	Decreased	Above					Overall, 4.1% higher than the same week in 2012. Admissions from ED were 5.4% higher.

**Notes on Table 1:** Statistically significant increases are shown in bold. Recent activity counts are subject to change. 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.

## 2. Laboratory Surveillance

For the week ending 25 August 2013, the number and proportion of respiratory specimens reported by NSW sentinel laboratories which tested positive for influenza increased further (Table 2 and Figure 4). Influenza was the most common respiratory virus identified by NSW sentinel laboratories.

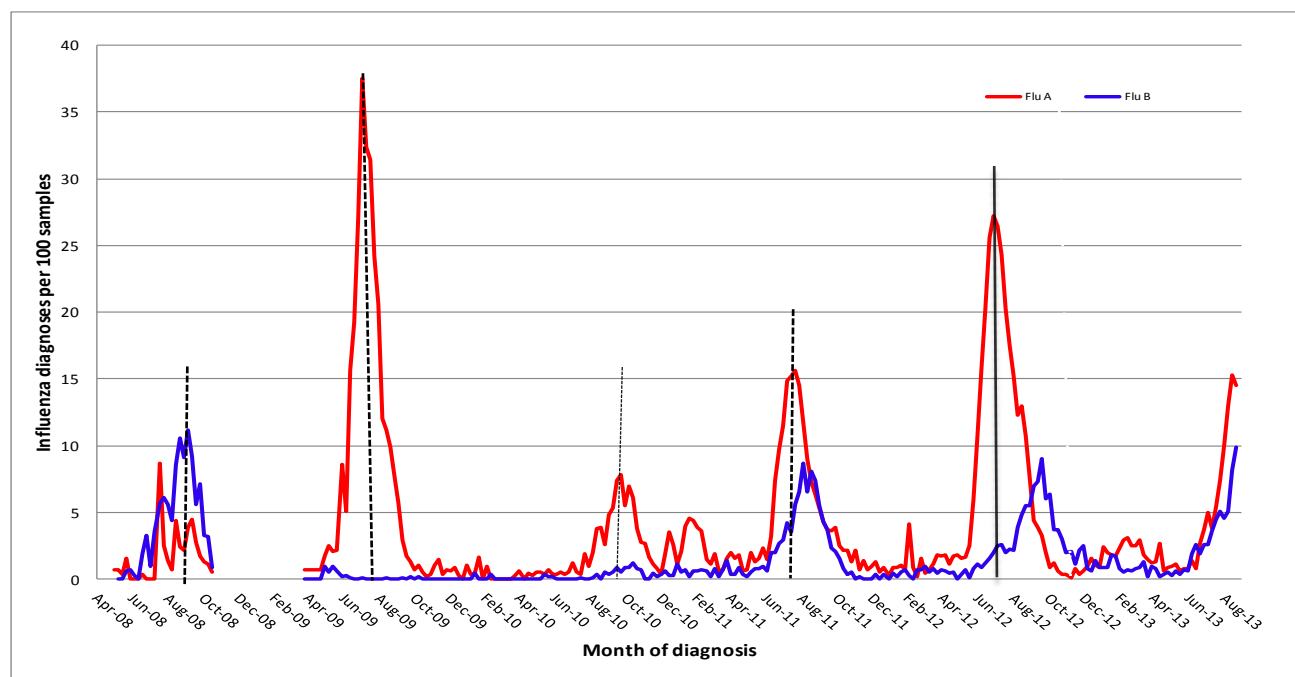
A total of 2282 tests for respiratory viruses were reported with 558 specimens (24.5%) testing positive for influenza viruses. Influenza A viruses were predominating, with A(H1N1)pdm09 circulating at higher levels than A(H3N2). Influenza B activity increased further this week.

**Table 2:** Summary of tests and results for influenza and other respiratory viruses at NSW laboratories, 1 January to 25 August 2013.

Month ending	Total Tests	TEST RESULTS *												
		Influenza A						Influenza B	Adeno.	Parainf. 1, 2 & 3	RSV	Rhino.	Entero.	HMPV
		Total		H3N2 **		H1N1 pdm09		A (Not typed)						
		Total	(%)	Total	(%A) **	Total	(%A)	Total	(%A)	Total	(%)			
01/02/2013*	2199	44 (2.0%)	13 (29.5%)	14 (31.8%)	17 (38.6%)	26 (1.2%)	68	87	81	328	37	59		
01/03/2013	2263	60 (2.7%)	17 (28.3%)	20 (33.3%)	23 (38.3%)	15 (0.7%)	55	41	119	452	29	31		
29/03/2013	2595	47 (1.8%)	9 (19.1%)	12 (25.5%)	26 (55.3%)	21 (0.8%)	82	59	333	488	53	33		
26/04/2013	3165	39 (1.2%)	13 (33.3%)	11 (28.2%)	15 (38.5%)	10 (0.3%)	92	188	599	586	61	54		
02/06/2013*	4885	38 (0.8%)	14 (36.8%)	12 (31.6%)	12 (31.6%)	23 (0.5%)	116	115	742	812	41	62		
30/06/2013	4855	106 (2.2%)	21 (19.8%)	45 (42.5%)	40 (37.7%)	108 (2.2%)	109	105	663	685	44	94		
28/07/2013	6051	397 (6.6%)	30 (7.6%)	151 (38.0%)	216 (54.4%)	240 (4.0%)	164	131	714	672	49	206		
Week ending														
04/08/2013	1667	167 (10.0%)	14 (8.4%)	70 (41.9%)	83 (49.7%)	76 (4.6%)	43	31	120	151	5	65		
11/08/2013	1756	228 (13.0%)	10 (4.4%)	131 (57.5%)	87 (38.2%)	90 (5.1%)	58	44	93	167	11	69		
18/08/2013	1969	302 (15.3%)	25 (8.3%)	170 (56.3%)	107 (35.4%)	160 (8.1%)	48	43	92	168	9	74		
25/08/2013	2282	333 (14.6%)	13 (3.9%)	187 (56.2%)	133 (39.9%)	225 (9.9%)	50	54	73	154	4	68		

\* All samples are tested for influenza viruses. Not all samples are tested for all of the other viruses listed.  
 \*\* Samples that test negative for A(H1N1)pdm09 are assumed to be A(H3N2).

**Figure 4:** Percent of respiratory samples positive for influenza A or influenza B, 1 January 2008 – 25 August 2013, New South Wales.



**Note:** Laboratory surveillance data is provided by laboratories on a weekly basis and includes point-of-care tests since 10 August 2012. Serological diagnoses are not included.

**Source:** Participating sentinel laboratories include the following: South Eastern Area Laboratory Services, Institute of Clinical Pathology and Medical Research, The Children’s Hospital at Westmead, Sydney South West Pathology Service, Pacific Laboratory Medicine Service, Royal Prince Alfred Hospital, Hunter Area Pathology Service, Nepean Hospital Pathology [no data from Oct 2010 to June 2011], Douglas Hanley Moir Pathology, VDRLab [data from 5 March 2010], Laverty Pathology [data from 1 April 2010 to February 2011] and SydPath (St Vincent’s) Pathology [data since Nov 2010].

## Laboratory-confirmed Influenza outbreaks in residential care facilities

In the year to date (up to week 34), there have been three laboratory-confirmed influenza A outbreaks, one influenza B outbreak and one mixed influenza A and B outbreak in institutions reported to NSW Public Health Units (Table 3). All but one outbreak occurred in an institution. At least 68 residents were reported to have had ILI symptoms and four required hospitalisation. No deaths in residents linked to the outbreaks have been reported.

**Table 3.** Reported influenza outbreaks in NSW institutions, 2005-2013.

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013*
No. of outbreaks	5	2	25	9	1	2	4	39	5

\* Outbreaks reported up to 25 August 2013.

Reports of influenza outbreaks in aged care facilities were uncommon from 2009 to 2011. This is thought to be as a result of the higher levels of sero-protection observed in people in older age-groups against the influenza A(H1N1)pdm strain which predominated in these years.

## 3. Community Illness Surveillance

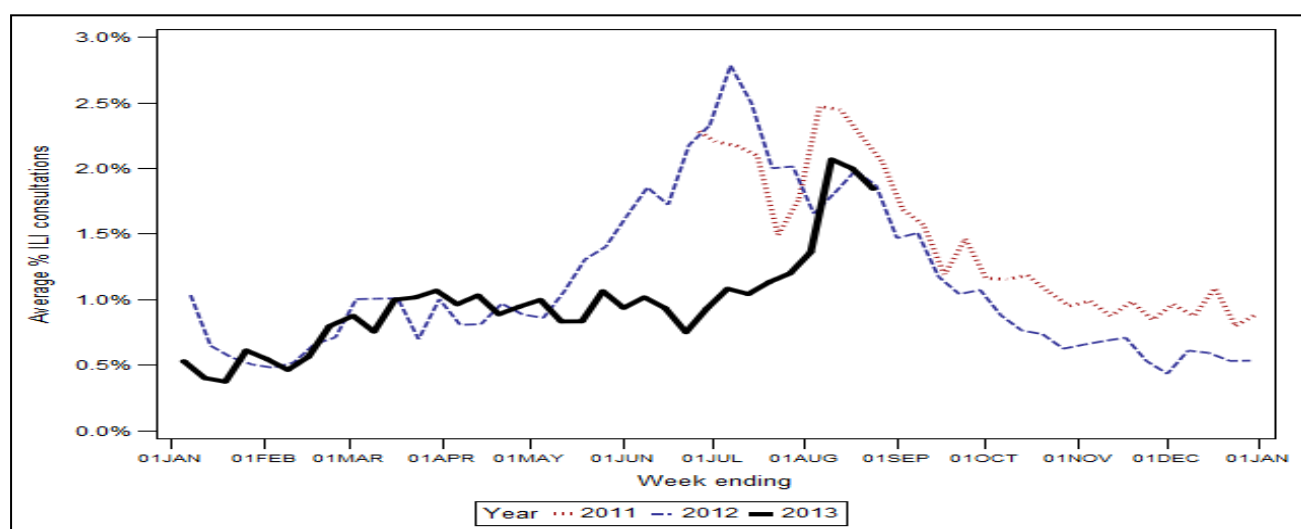
### Electronic General Practice Surveillance (eGPS)

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 it is not representative of all practices within the participating LHDs or across NSW.

- For week 34 (ending 22 August), reports were received from 18 sentinel practices.
- The average rate for patient consultations with ILI decreased to 1.8% (range 0.4 – 3.9%). This compares to 2.0% in the previous week (Figure 5) and is similar to activity seen at this time in the two previous years.

**Figure 5.** Average rate of influenza-like-presentations to sentinel General Practices, by week of consultation, 2011-2013.



**Note:** The number of practices reporting may vary from week to week. Data available from Week 29, 2011.

## The Australian Sentinel Practices Research Network (ASPREN)

ASPREN is a network of sentinel general practitioners (GPs) run through the RACGP and University of Adelaide that has collected de-identified information on influenza like illness and other conditions seen in general practice since 1991. GP's participating in the program report on the proportion of patients presenting with an ILI. The number of GP's participating on a weekly basis may vary.

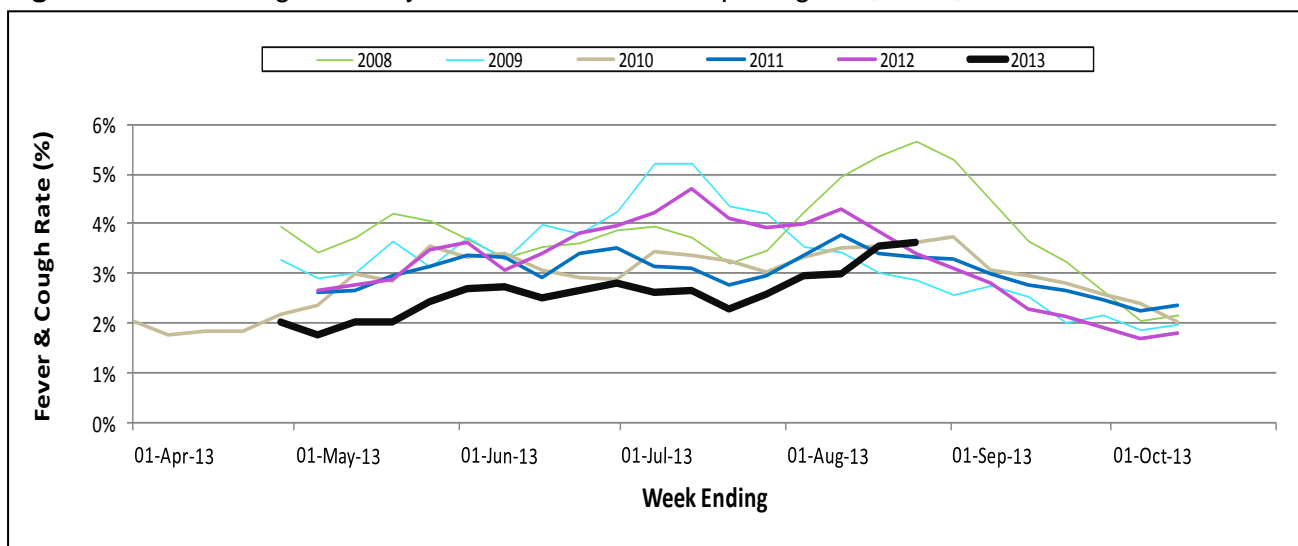
- For the week ending 25 August, there were 30 ASPREN reports received from NSW GP's. The average rate for people presenting with ILI was 4.9% of consultations, similar to the previous week (4.6%). For further information please see the [ASPREN](#) website.

## FluTracking.net

FluTracking.net is an online health surveillance system to detect epidemics of influenza. It involves participants from around Australia completing a simple online weekly survey which is used to generate data on the rate of ILI symptoms in communities.

- For the week ending 25 August, FluTracking received reports for 4899 people in NSW. The number of respondents reporting fever and cough this week was 3.6%, this was within the usual range for this time of year (Figure 6). Overall, 2.2% of respondents reported fever, cough and absence from normal duties.

**Figure 6:** FluTracking – Weekly influenza like illness reporting rate, NSW, 2008 – 2013.



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

## 4. National and International Influenza Surveillance

### Avian influenza A(H7N9) in China

The World Health Organization (WHO) has reported no new cases this week. The latest case reported, a 51 year-old woman from Guangdong province, is hospitalized and in a critical condition. This is the 1st new confirmed case of human infection with avian influenza A(H7N9) virus since 20 July 2013. To date, WHO has been informed of a total of 135 laboratory-confirmed cases, including 44 deaths.

### Influenza activity worldwide

In summary during weeks 30 and 31, WHO has reported:

- Influenza activity in the northern hemisphere temperate zones remained at inter-seasonal levels. The US CDC has reported 16 cases of human infection with swine influenza A(H3N2)v so far this year, with the first case reported in June. More details can be found at <http://www.cdc.gov/flu/swineflu/h3n2v-cases.htm>.
- In most regions of tropical Asia influenza activity decreased.
- In Central America and the Caribbean regions, influenza and Respiratory Syncytial Virus (RSV) transmission showed a decreasing trend. RSV and influenza A(H1N1)pdm09 were the main respiratory viruses reported. In Nicaragua transmission activity has decreased again after a sharp increase of transmission activity due to influenza A(H3N2) in the beginning of July.
- In tropical South America, influenza A(H1N1)pdm09 remained the most commonly detected respiratory virus in the region. A sharp increase in influenza A(H1N1)pdm09 transmission has been observed in Peru in the middle of July. Influenza activity is decreasing in Colombia, Venezuela, Bolivia and Brazil.
- Influenza transmission has peaked in the southern cone of South America and in South Africa in late June. In all of those areas, transmission was primarily associated with influenza A(H1N1)pdm09. In Australia and New Zealand, numbers of influenza viruses detected and rates of influenza-like illness have been lower than in previous years, but have not yet definitively peaked. Influenza A(H3N2) and type B have been much more commonly detected than A(H1N1)pdm09 in both countries. [WHO influenza update No192](#).

### Useful influenza surveillance links

- Follow the link for the [Australian Influenza Surveillance Reports](#) which provide the latest information on national influenza activity.
- Follow the link for the [World Health Organization Global Influenza Programme](#).
- Follow the link for Australia's [WHO Collaborating Centre for Reference and Research on Influenza](#), part of an international network of centres analysing influenza viruses currently circulating in the human population in different countries around the world. The centre also provides information on the [current vaccine recommendations](#) for influenza.