

NSW Health Influenza Surveillance Report

Week 40: 28 September to 4 October 2015

Summary:

- **Influenza activity continues to trend down as we approach the end of the flu season.**
- **Influenza B strains are continuing to predominate.**
- **Based on previous seasons, influenza activity is likely to return to inter-season levels over the next few weeks.**

In this reporting week:

- [Hospital surveillance](#) – presentations to NSW emergency departments for influenza-like illness (ILI) decreased further this week and are now within the usual range seen for this time of year.
- [Laboratory surveillance](#) – the proportion of respiratory samples positive for influenza was moderate at 15.8%, and continues to trend down. Influenza B viruses continue to predominate.
- [Community surveillance](#) – influenza notifications across all local health districts decreased this week and are expected to decline further in the coming weeks. Data collected from ASPREN and Flu Tracking showed a decrease in activity and eGPS showed a slight increase in seasonal ILI activity. Three new outbreaks were reported in residential aged care facilities.
- [Deaths](#) - The NSW Registry of Births, Deaths, and Marriages have recorded 57 influenza deaths in 2015; influenza and pneumonia deaths rose above the epidemic threshold in late August and returned below the threshold on 11 September.
- [National and international influenza surveillance](#) – influenza activity was stable or decreasing across most regions in the country, with the exception of the Top End of the Northern Territory and Tasmania where activity continued to increase.
- [Recommended composition of 2016 influenza vaccines](#) – the World Health Organization (WHO) has provided recommendations for the 2016 southern hemisphere winter influenza season including two strain changes.

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

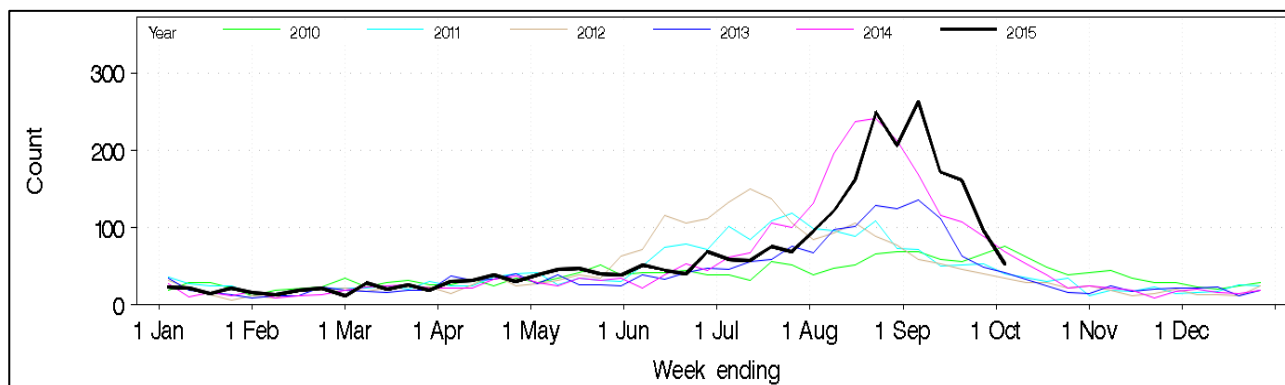
NSW emergency department (ED) presentations for influenza-like illness (ILI) and other respiratory illnesses

Source: PHREDSS [1]

For the week ending 4 October 2015:

- ILI presentations [2] continue to decrease this week. Activity is within the usual range of activity seen in recent years (Figure 1 and Table 1).
- The index of increase for ILI presentations is now well below the threshold at 5.3 on 4 October, lower than the previous week (10.9). The index crossed the threshold level of 15 on 26 June and peaked at 64.2 on 19 August (higher than the peak of 50.7 seen in 2014).
- The proportion of ILI presentations to all ED presentations is low at 1.3 per 1000 presentations down from the previous week (2.5 per 1000 presentations). (Table 1).
- ED presentations for pneumonia [3] were steady and remain above the usual range for this time of year. Presentations were particularly elevated at Westmead Hospital (Figure 2 and Table 1).
- Pneumonia or ILI presentations which resulted in admission continued to decrease, but remained above the usual range for this time of year. Admissions to critical care were steady but were within the usual range (Figure 3 and Table 1).
- The category combining all respiratory, fever and unspecified infection presentations decreased but remained above the usual range for this time of year. Presentations were elevated in all people 17 years and over and in Northern Sydney LHD (Table 1).

Figure 1: Total weekly counts of ED visits for influenza-like illness, from January – 4 October 2015 (black line), compared with each of the 5 previous years (coloured lines).



[1] NSW Health Public Health Rapid, Emergency Disease and Syndromic Surveillance system. Managed by the Centre for Epidemiology and Evidence, NSW Ministry of Health. Data from 59 NSW emergency departments are included. Comparisons are made with data for the preceding five years. Recent counts are subject to change. This includes data from 59 NSW emergency departments (EDs), representing approximately 85% of metropolitan ED presentations and approximately 60% of rural ED presentations.

[2] ILI is when the treating ED doctor makes a provisional clinical diagnosis of ILI Syndrome, which includes: 'influenza-like illness' or 'influenza' (including 'pneumonia with influenza').

[3] Pneumonia is when there is a provisional clinical diagnosis of Pneumonia Syndrome, which includes: 'viral, bacterial or unspecified pneumonia', 'SARS', or 'legionnaire's disease'. Excludes 'pneumonia with influenza'.

Figure 2: Total weekly counts of ED presentations for pneumonia, from January – 4 October 2015 (black line), compared with each of the 5 previous years (coloured lines).

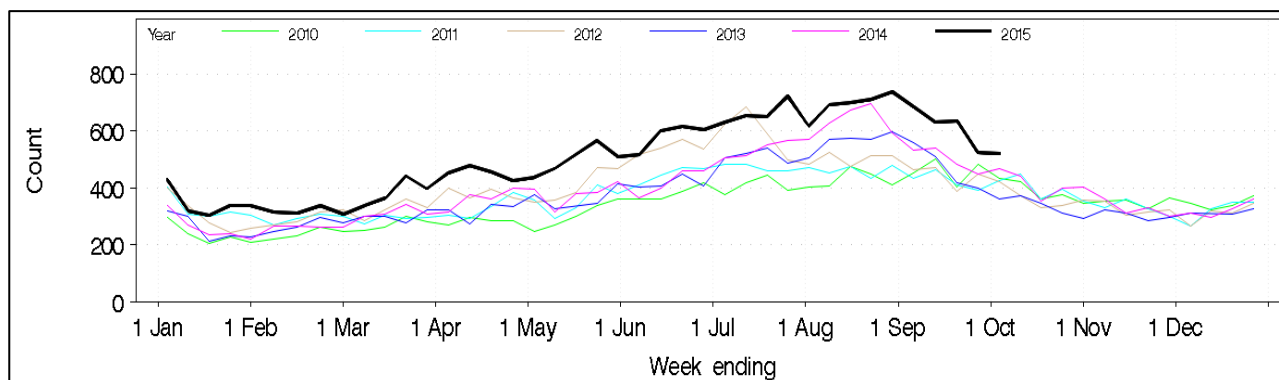


Figure 3: Total weekly counts of ED presentations for pneumonia or influenza-like illness and admitted to a critical care ward, from January – 4 October 2015 (black line), compared with each of the 5 previous years (coloured lines).

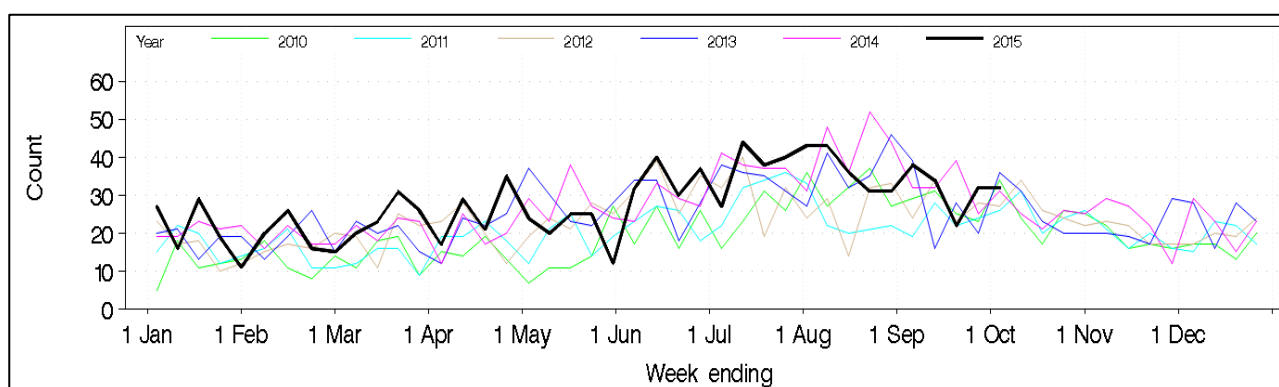


Table 1: Weekly ED and Ambulance Respiratory Activity Summary for the week ending 4 October 2015. Includes data from 59 NSW EDs and the NSW Ambulance Division. *

Data source	Diagnosis or problem category	Trend since last week	Comparison with usual range for time of year	Statistically significant age groups (if any)	Statistically significant local increase (if any)	Action other than this report (if any)	Comment
ED presentations, 59 NSW hospitals	Influenza like illness (ILI)	Decreased	Usual			ILI Situation reports to support LHD planning are now only produced on Monday and Thursday	
	Pneumonia	Steady	Above		Westmead Hospital		
	Pneumonia and ILI admissions	Decreased	Above				
	Pneumonia and ILI critical care admissions	Steady	Usual				
	Bronchiolitis	Decreased	Usual				Bronchiolitis is a disease of infants.
	Respiratory illness, fever or unspecified infections	Decreased	Above	17-34 35-64 65+	Northern Sydney		
	Asthma	Decreased	Usual				
Ambulance Triple Zero (000) calls, NSW	Breathing problems	Increased	Above	65+	Northern Sydney		

* **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.

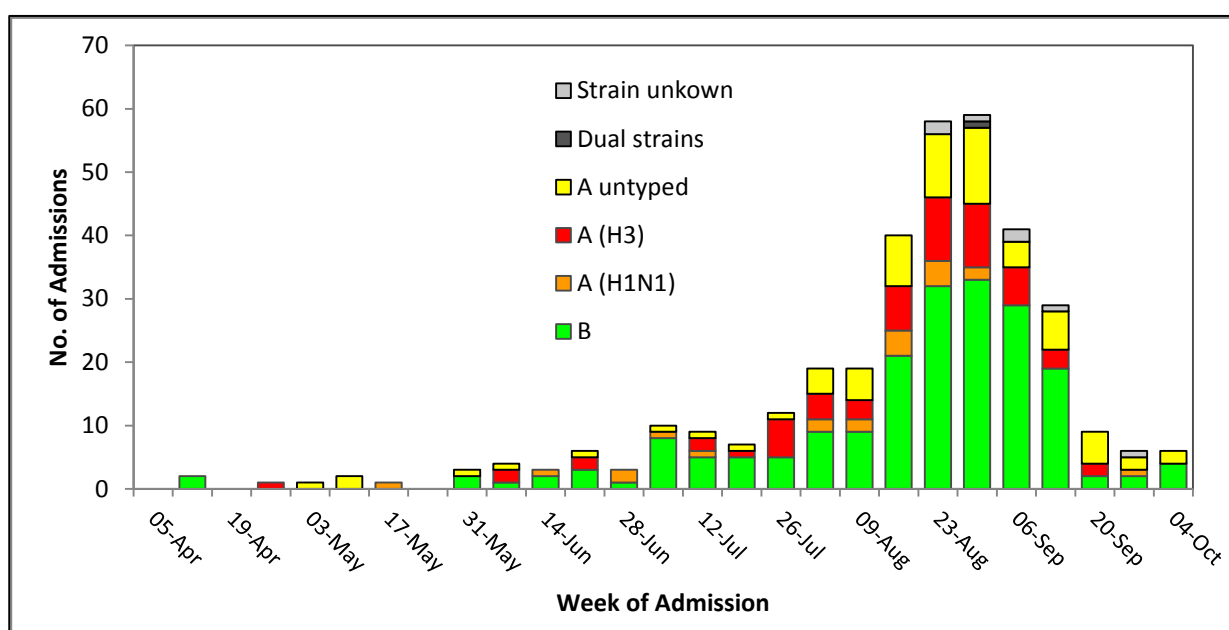
FluCAN (The Influenza Complications Alert Network)

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.

- During week 40 there were 36 (5 adults and 1 child) influenza admissions in NSW sentinel hospitals (Figure 4).
- Since 1 April 2015, there have been 350 hospital admissions reported for influenza; 148 with influenza A, 194 with influenza B, one dual infection, and 7 unknown (Figure 4).
- Of these admissions, 91 were paediatric (<16 years of age) cases and 259 were in adults. Thirty-one cases were admitted to ICU/HDU.

Figure 4: FluCAN – weekly number of confirmed influenza hospital admissions in NSW, April – October 2015.



2. Laboratory Surveillance

For the week ending 4 October 2015 the number and proportion of respiratory specimens reported by NSW sentinel laboratories [4] which tested positive for influenza A or influenza B continued to decrease.

Influenza positive tests peaked in the week ending 23 August at 38.7%. This was lower than the peak in 2014 (41.6%) (Table 2 and Figures 5-6).

A total of 5,651 tests for respiratory viruses were reported this week with 15.8% testing positive for influenza viruses, down from 19.6% in the previous week. Of these, influenza B viruses continued to predominate.

Influenza viruses were the leading respiratory viruses reported this week. Other viruses are circulating at usual levels for this time of year (Table 2).

[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.

Participating sentinel laboratories: South Eastern Area Laboratory Services, The Children's Hospital at Westmead, Sydney South West Pathology Service, Pacific Laboratory Medicine Service, Royal Prince Alfred Hospital, Hunter Area Pathology Service, Pathology West (Westmead & Nepean), Douglas Hanley Moir Pathology, VDRLab, Laverty Pathology, SydPath (St Vincent's), Medlab, and Laverty.

Table 2: Summary of testing for influenza and other respiratory viruses at NSW laboratories, 1 January to 4 October, 2015.

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	(%)	Total	(%A)	Total	(%A)	Total	(%A)	Total	(%)							
01/02/2015*	5920	182 (3.1%)	40 (22.0%)	11 (6.0%)	131 (72.0%)	55 (0.9%)					150	181	181	607	59	49
01/03/2015	6287	212 (3.4%)	72 (34.0%)	14 (6.6%)	126 (59.4%)	75 (1.2%)					128	83	271	842	24	29
29/03/2015	8577	242 (2.8%)	87 (36.0%)	21 (8.7%)	135 (55.8%)	108 (1.3%)					181	117	767	1084	52	34
03/05/2015*	12584	285 (2.3%)	125 (43.9%)	13 (4.6%)	147 (51.6%)	163 (1.3%)					257	187	1351	1443	59	78
31/05/2015	12244	128 (1.0%)	42 (32.8%)	9 (7.0%)	83 (64.8%)	200 (1.6%)					272	167	1276	1514	64	64
28/06/2015	15431	297 (1.9%)	56 (18.9%)	16 (5.4%)	225 (75.8%)	581 (3.8%)					378	183	1585	2027	96	135
02/08/2015*	22771	1125 (4.9%)	332 (29.5%)	141 (12.5%)	654 (58.1%)	2125 (9.3%)					721	273	1878	2484	149	425
30/08/2015	32606	3717 (11.4%)	1435 (38.6%)	599 (16.1%)	1715 (46.1%)	7819 (24.0%)					747	295	1014	2369	69	445
04/10/2015*	39698	3536 (8.9%)	1354 (38.3%)	595 (16.8%)	1587 (44.9%)	7092 (17.9%)					1159	577	745	2576	78	626

Week ending	Total Tests	Influenza A Total (%)	H3N2 Total (%A)	H1N1 pdm09 Total (%A)	A (Not typed) Total (%A)	Influenza B Total (%)	Adeno	Parainf 1, 2 & 3	RSV	Rhino	Entero	HMPV **
06/09/2015	9933	1093 (11.0%)	380 (34.8%)	203 (18.6%)	510 (46.7%)	2429 (24.5%)	235	101	180	600	16	137
13/09/2015	9540	914 (9.6%)	375 (41.0%)	136 (14.9%)	403 (44.1%)	1838 (19.3%)	370	127	227	545	17	129
20/09/2015	8176	711 (8.7%)	278 (39.1%)	137 (19.3%)	296 (41.6%)	1495 (18.3%)	221	130	152	506	16	135
27/09/2015	6398	458 (7.2%)	180 (39.3%)	70 (15.3%)	208 (45.4%)	796 (12.4%)	171	103	95	441	8	104
04/10/2015	5651	360 (6.4%)	141 (39.2%)	49 (13.6%)	170 (47.2%)	534 (9.4%)	162	116	91	484	21	121

Notes:

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

Figure 5: Weekly influenza positive test results by type and sub-type reported by NSW sentinel laboratories, 1 January to 4 October 2015.

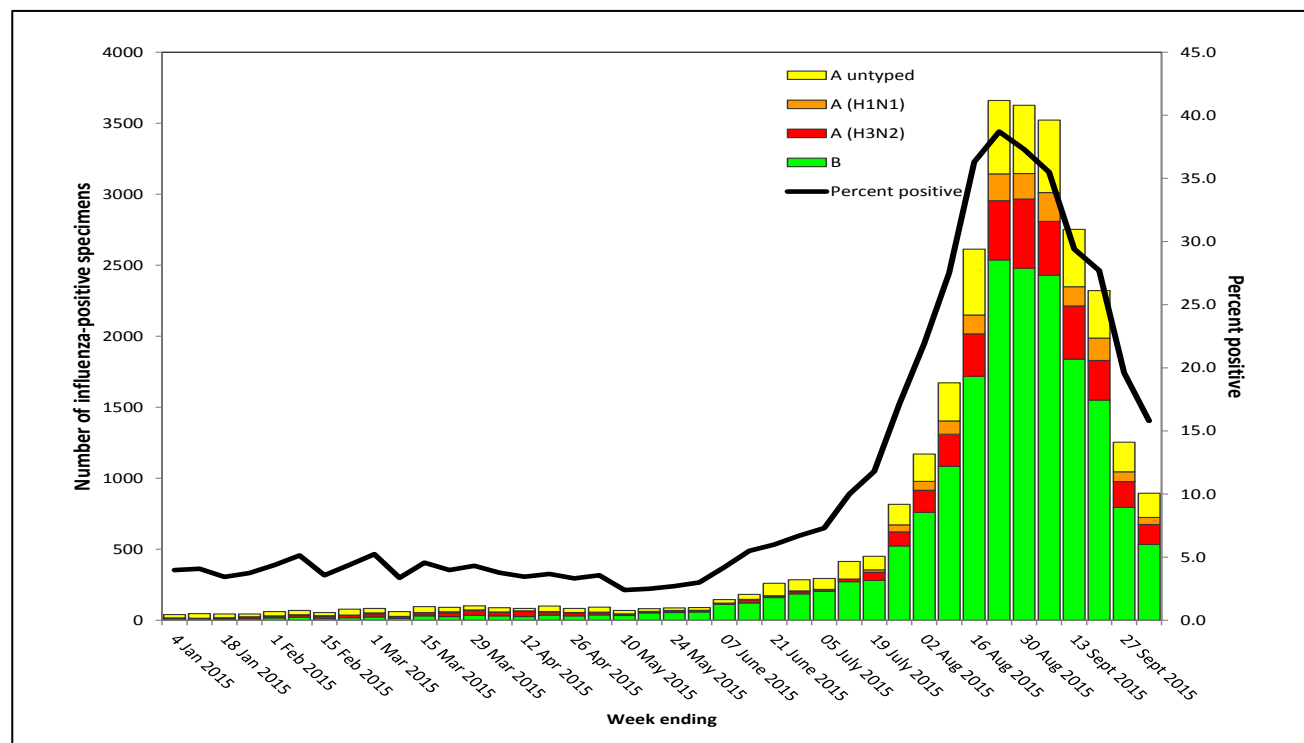
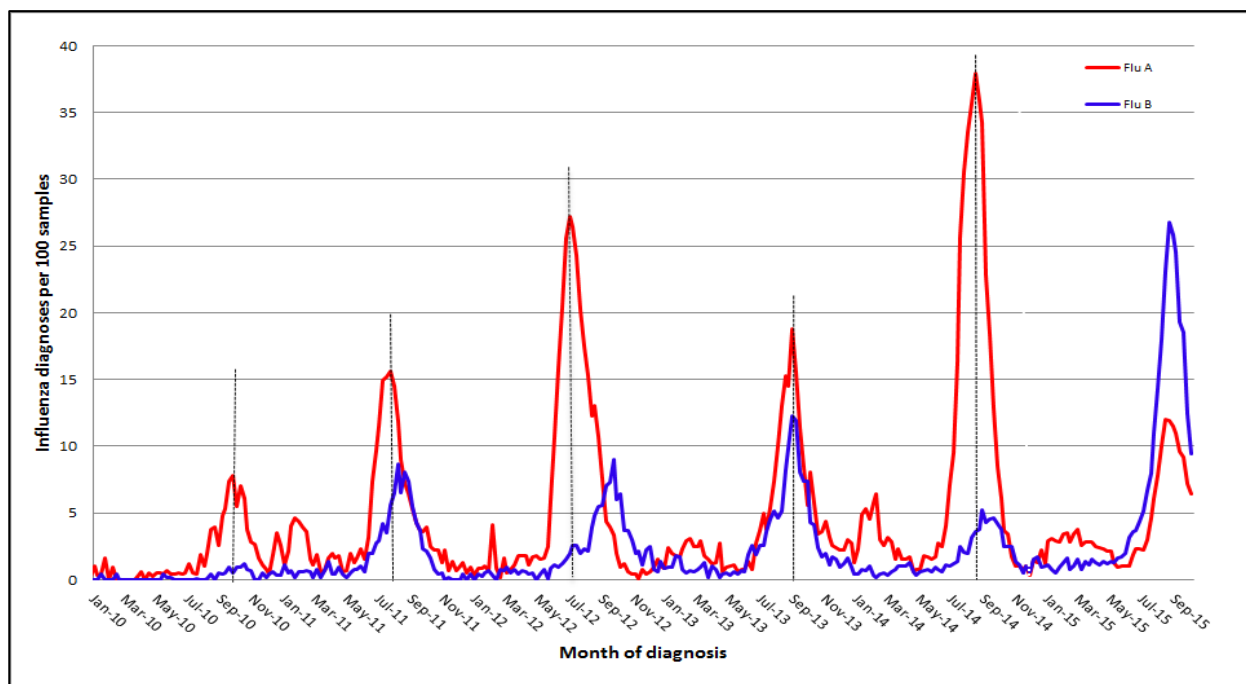


Figure 6: Percentage of laboratory tests positive for influenza A and influenza B by week, 1 January 2010 – 4 October 2015, New South Wales.



3. Community Surveillance

Influenza notifications by Local Health District (LHD)

In the week ending 4 October there were 1016 notifications of influenza confirmed by polymerase chain reaction (PCR) testing, down from 1389 notifications in the previous week.

Sydney South West LHD was the only district with a high notification rate compare with other districts (Table 3). Influenza notifications decreased across all LHDs with the exception of Far West.

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

Local Health District	Week ending 04 Oct 2015		Previous 4 weeks	
	Number of notifications	Rate per 100 000 population	Number of notifications	Rate per 100 000 population
Central Coast	22	6.58	64	19.13
Far West	1	3.26	1	3.26
Hunter New England	83	9.12	236	25.94
Illawarra Shoalhaven	26	6.51	74	18.53
Mid North Coast	29	13.5	40	18.46
Murrumbidgee	19	7.95	34	14.37
Nepean Blue Mountains	42	11.41	123	33.41
Northern NSW	14	4.71	45	15.25
Northern Sydney	111	12.36	375	41.73
South Eastern Sydney	122	13.67	273	30.58
South Western Sydney	278	29.42	346	36.62
Southern NSW	9	4.38	20	9.73
Sydney	85	13.7	216	34.82
Western NSW	31	11.18	49	17.55
Western Sydney	144	15.54	408	43.98

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

Influenza outbreaks in institutions

There were 3 influenza outbreaks reported in residential aged care facilities this week. All were due to influenza A.

In the year to date, there have been 95 laboratory confirmed influenza outbreaks in institutions reported to NSW public health units (Table 4): 53 have been due to influenza A, 26 due to influenza B, 11 were combined A and B, and 2 are unknown. At least 1207 residents were reported to have had ILI symptoms and 163 required hospitalisation. Thirty-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 and was associated with an increase in influenza outbreaks in institutions, particularly residential aged care facilities (Table 4).

Table 4. Reported influenza outbreaks in NSW institutions, 2010 to 4 October 2015.

Year	2010	2011	2012	2013	2014	2015 *
No. of outbreaks	2	4	39	12	120	95

* Year to date.

Electronic General Practice Surveillance (eGPS)

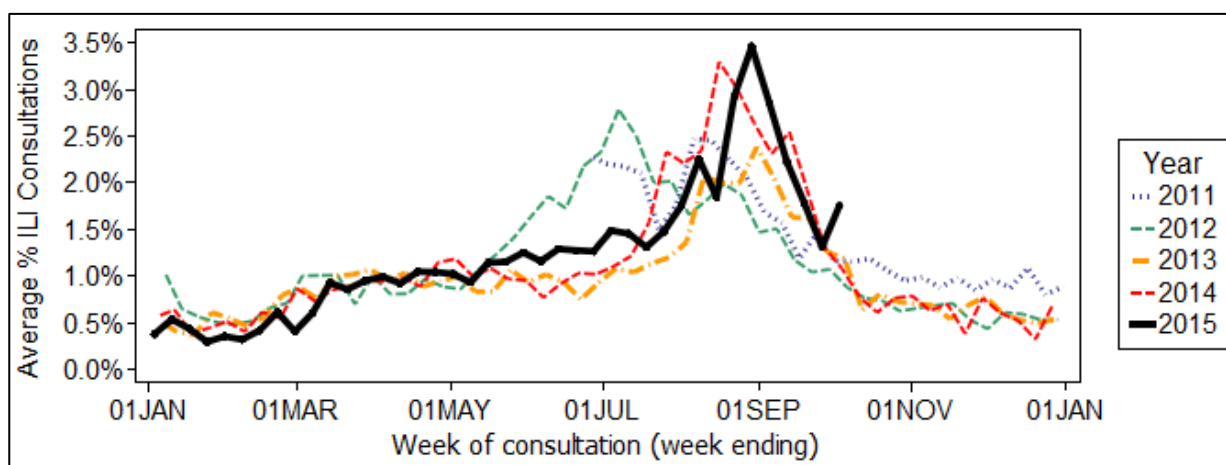
eGPS is a primary care influenza surveillance system involving sentinel general practices within three NSW Local Health Districts (LHD): Northern Sydney (NS), South Eastern Sydney (SES) and Illawarra Shoalhaven (IS). The system monitors patient consultations for influenza-like illness (ILI) as an indicator 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.

In Week 40:

- There were two surveillance reports received from eGPS sentinel practices in NSW; no reports were received from South Eastern Sydney and Illawarra Shoalhaven this week.
- The average rate of ILI patient consultations decreased to 1.8% (range 1.3 – 2.2%), up from 1.3% in the previous week and were slightly above the usual range seen for this time of year (Figure 7).

Figure 7. Average rate of influenza-like presentations to sentinel general practices by week of consultation 2011-2015 (year to date).



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.

In week 40 there were 23 ASPREN reports received from NSW GPs. The overall consultation rate for ILI was moderate at 2.1 %, down from the rate of 2.5% in the previous week.

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

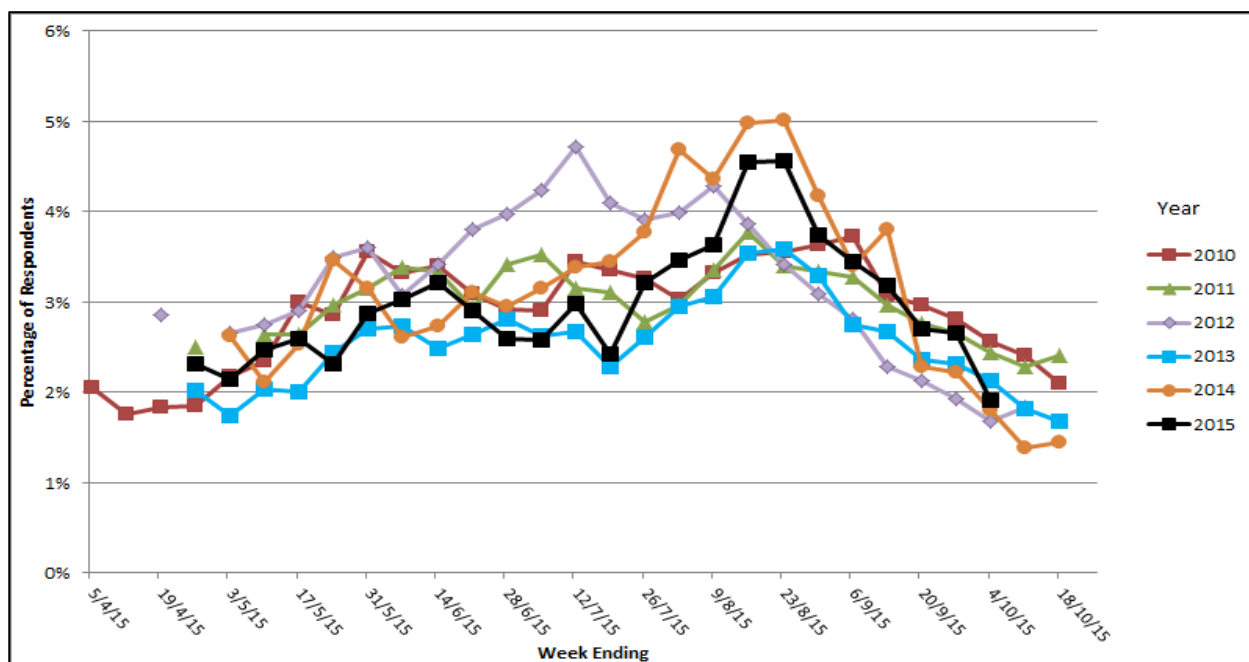
FluTracking.net

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. 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.

In week 40 FluTracking received reports for 6028 people in NSW with the following results:

- 1.9% of respondents reported fever and cough, down from the previous week (2.7%) (Figure 8).
- 1.1 % of respondents reported fever, cough and absence from normal duties, down from the previous week (data not shown).

Figure 8: FluTracking – weekly influenza-like illness reporting rate, NSW, 2010 – 2015.



For further information, including national estimates, please see the [FluTracking](#) website.

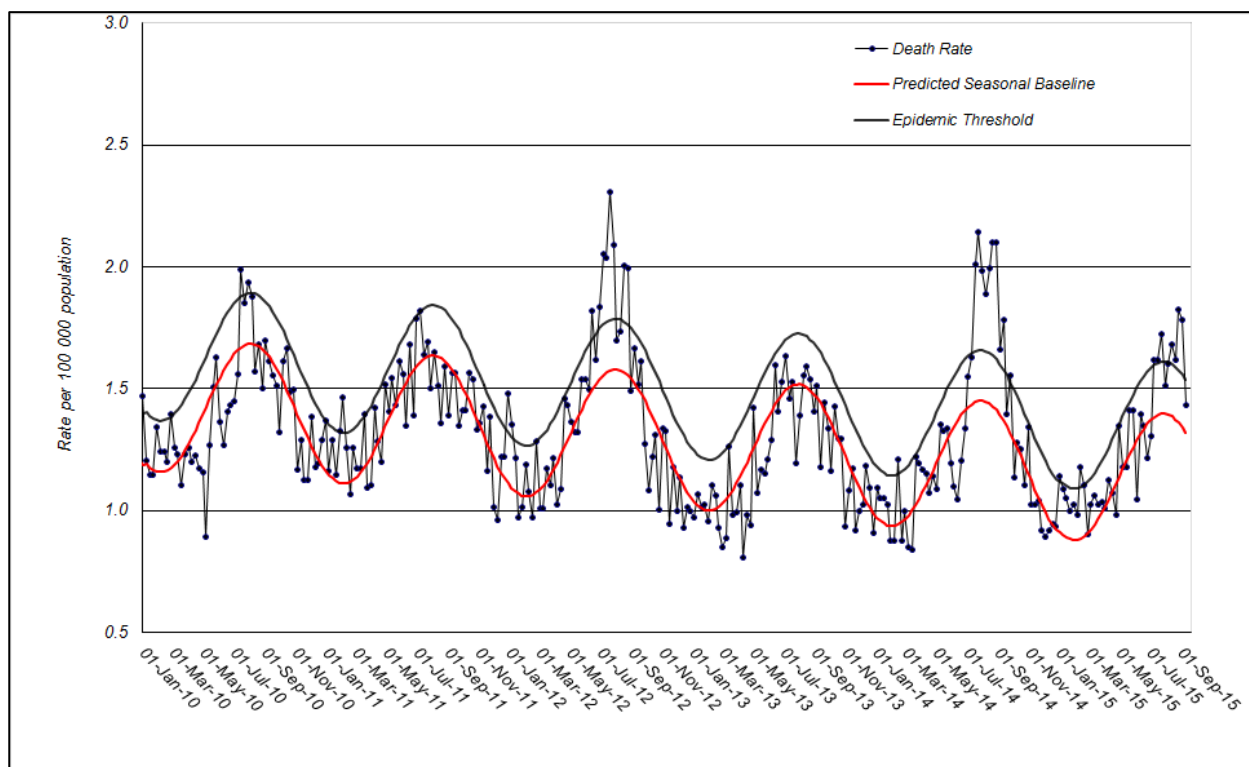
4. Deaths with pneumonia or influenza reported on the death certificate

Deaths registration data is routinely reviewed for deaths attributed to pneumonia or influenza. Pneumonia has many causes; however an increase in the number of death certificates that mention pneumonia or influenza as a cause of death is an indicator of seasonal and pandemic influenza activity. 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 11 September:

- In 2015 there have been 57 of 36 205 death certificates which mentioned influenza: two deaths were in children aged under 5 years, one death was in a person aged 35 years, three deaths were in people aged 55 to 64 years and the remainder were in people aged over 65 years.
- A total of 3,480 of 36 205 death certificates mentioned pneumonia.
- There were 1.43 influenza and pneumonia deaths per 100 000 NSW population, which was below the epidemic threshold of 1.53 per 100 000 population (Figure 9).

Figure 9: Rate of deaths classified as influenza and pneumonia per 100 000 NSW population, 2010 – 11 September 2015.



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 populations. 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 several weeks 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

National Influenza Surveillance

The Australian Department of Health has reported up to 11 September 2015.

Nationally, influenza activity has declined following a seasonal peak in mid-August.

- This fortnight, influenza activity was stable or decreasing across most regions in the country, with the exception of the Top End of the Northern Territory and Tasmania where activity continued to increase.
- This year children aged less than 15 years accounted for one-third of all influenza notifications, this compares with one-quarter of all notifications in 2014. Notification rates have been highest among those aged between 5 and 9 and over 85 years with a secondary peak in those aged 35-44 years.
- Influenza B continues to be the dominant influenza virus type circulating nationally this fortnight. Influenza A activity is stable nationally, however increases were seen in the Northern Territory, Queensland, South Australia and Western Australia.
- All systems that monitor influenza-like illness (ILI) activity continued to report decreasing activity this fortnight following a seasonal peak in mid-August. Influenza is the primary cause of ILI in the community this fortnight however other respiratory viruses continue to circulate at elevated levels.
- Hospitalisations with confirmed influenza have declined following a peak in mid-August. Influenza B continues to account for more than half of admissions.
- The seasonal influenza vaccines appear to be a good match for circulating strains with 80% of samples matching the trivalent seasonal vaccine (TIV).

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

Global Influenza Update

The World Health Organization (WHO) provides [weekly reports](#) of global influenza activity. As of 5 October 2015 (with data up to 20 September), global surveillance indicated that:

- In the Northern Hemisphere, influenza activity continued at low, inter-seasonal levels with sporadic detections. Increased respiratory syncytial virus (RSV) activity was reported in the United States of America (USA).
- Few influenza detections were reported by countries in Africa. In Eastern Africa, in countries with reported influenza activity, influenza type A viruses predominated. In Western Africa, influenza activity decreased overall.
- In tropical countries of the Americas, Central America and the Caribbean, influenza activity remained at low levels, with the exception of Cuba, where high numbers of severe acute respiratory infections (SARI) were still reported, associated with influenza A(H1N1)pdm09 virus and RSV. Colombia experienced slightly elevated acute respiratory activity (ARI) in recent weeks with elevated RSV activity.
- In tropical Asia, countries in Southern and South East Asia reported low influenza activity overall except in India and Lao People's Democratic Republic where increased activity mainly due to A(H1N1)pdm09 virus in India and A(H3N2) virus in Lao PDR continued to be reported. Influenza activity declined in southern China.
- In temperate South America, respiratory virus activity decreased or remained low in general. However, ILI activity remained elevated in Chile with increasing influenza A(H1N1)pdm09 detections.
- In South Africa, influenza activity remained at low levels with influenza type B viruses predominating in recent weeks.
- In New Zealand, influenza activity may have peaked in the second week of August with influenza A(H3N2) and B viruses predominating during the season. ILI activity was still above the seasonal threshold but below the alert threshold.

WHO reported global influenza laboratory data for the period 7 to 20 September 2015, which noted:

- Of the 35 084 specimens submitted for testing, 2096 were positive for influenza viruses, of which 1722 (82%) were typed as influenza A and 374 (18%) as influenza B.
- Of the sub-typed seasonal influenza A viruses, 305 (21%) were influenza A (H1N1) and 1124 (79%) were influenza A(H3N2).
- Of the characterized B viruses, 110 (92%) belonged to the B/Yamagata lineage and 9 (8%) to the B/Victoria lineage.

Avian influenza Update:

Human infection with avian influenza A(H5) viruses

WHO report that from 2003 through to 4 September 2015, 844 laboratory-confirmed human cases of avian influenza A(H5N1) virus infection have been officially reported to WHO from 16 countries. Of these cases, 449 have died.

Since the last WHO Influenza update on 17 July 2015, no new laboratory-confirmed human cases of avian influenza A(H5N1) virus infection were reported to WHO.

Overall public health risk assessment for avian influenza A(H5) viruses:

Whenever avian influenza viruses are circulating in poultry, sporadic infections and small clusters of human cases are possible in people exposed to infected poultry or contaminated environments, therefore sporadic human cases would not be unexpected.

Human infections with avian influenza A(H7N9) viruses in China

A total of 677 laboratory-confirmed cases of human infection with avian influenza A(H7N9) viruses, including at least 275 deaths have been reported to WHO. The majority of recently reported human cases are associated with exposure to infected live poultry or contaminated environments, including markets where live poultry are sold. WHO advises that further sporadic human cases of avian influenza A(H7N9) infection are expected in affected and possibly neighbouring areas.

WHO is assessing the epidemiological situation and conducting further risk assessment based on the latest information. Overall, the public health risk from avian influenza A(H7N9) viruses has not changed.

Human infections with avian influenza A(H9N2) viruses in Bangladesh

One laboratory-confirmed case of human infection with avian influenza A(H9N2) virus was reported to WHO from Bangladesh. The case was a 3.5-year-old girl who developed mild illness on 1 February 2015 and recovered from her illness by 7 February. The case had close contact with poultry, including sick quails, prior to her onset of illness. This is the second case of human infection with an avian influenza A(H9N2) virus reported to WHO from Bangladesh. The previous case occurred in 2011.

Overall public health risk assessment for avian influenza A(H9N2) viruses:

Further human cases and small clusters could occur as this virus is circulating in poultry populations across Asia and Middle East. This virus does not seem to transmit easily between humans and tends to result in mild clinical disease; therefore the current likelihood of community-level spread and public health impact of this virus is considered low.

Human infections with influenza A(H3N2)v viruses:

Two laboratory-confirmed cases of human infection with influenza A(H3N2)v viruses were detected in the United States of America. The first case, from the state of Minnesota, was reported to WHO in July and involved a young, immunocompromised individual who had direct contact with swine in the week prior to illness onset in July 2015. The second case occurred in the state of Michigan in

June 2015 and also had direct contact with swine prior to illness onset. Both cases were hospitalized as a result of their illnesses and no further cases were detected among the contacts of the patients. These are the first and second cases of human infection with influenza A(H3N2)v viruses detected in 2015 in the USA, bringing the total number of human infections with these viruses detected in the USA since December 2005 to 353.

Overall public health risk assessment for influenza A(H3N2)v viruses:

Further human cases and small clusters may be expected as this virus is circulating in the swine population in the USA. In past years, cases have been associated with agricultural fairs where people were in close contact with potentially infected swine populations. The current likelihood of community level spread and public health impact of this virus is considered low.

Human infection with an influenza A(H1N1)v virus

One case of human infection with influenza A(H1N1)v virus was detected in the United States of America (USA), bringing the total number of human infections with these viruses detected in the USA since December 2005 to 19.

Overall public health risk assessment for avian influenza A(H1N1)v viruses:

Further human cases and small clusters may be expected as this virus is circulating in the swine population in the USA. So far, human cases have been associated with close contact to potentially infected swine populations. The current likelihood of community level spread and public health impact of this virus is considered low.

The latest WHO monthly risk assessment report for human infections with avian influenza A strains H5, H7, H9 is available here: [WHO Avian influenza monthly summary](#) .

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

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

Composition of 2016 Australian influenza vaccines

The WHO Consultation on the Composition of Influenza Vaccines for the 2016 Southern Hemisphere was held in Memphis on 21-23 September 2015. Following the Consultation, WHO announced its recommendations for the composition of trivalent vaccines for use in the 2016 influenza season (southern hemisphere winter) as follows:

- 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).

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

This is a change to both the A/H3 (previously A/Switzerland) and B (previously B/Phuket Yamagata lineage) viruses from the vaccine recommendations for the southern hemisphere in 2015 and the northern hemisphere in 2015-2016. More details about the most recent recommendations can be found at: http://www.who.int/influenza/vaccines/virus/recommendations/2016_south/en/