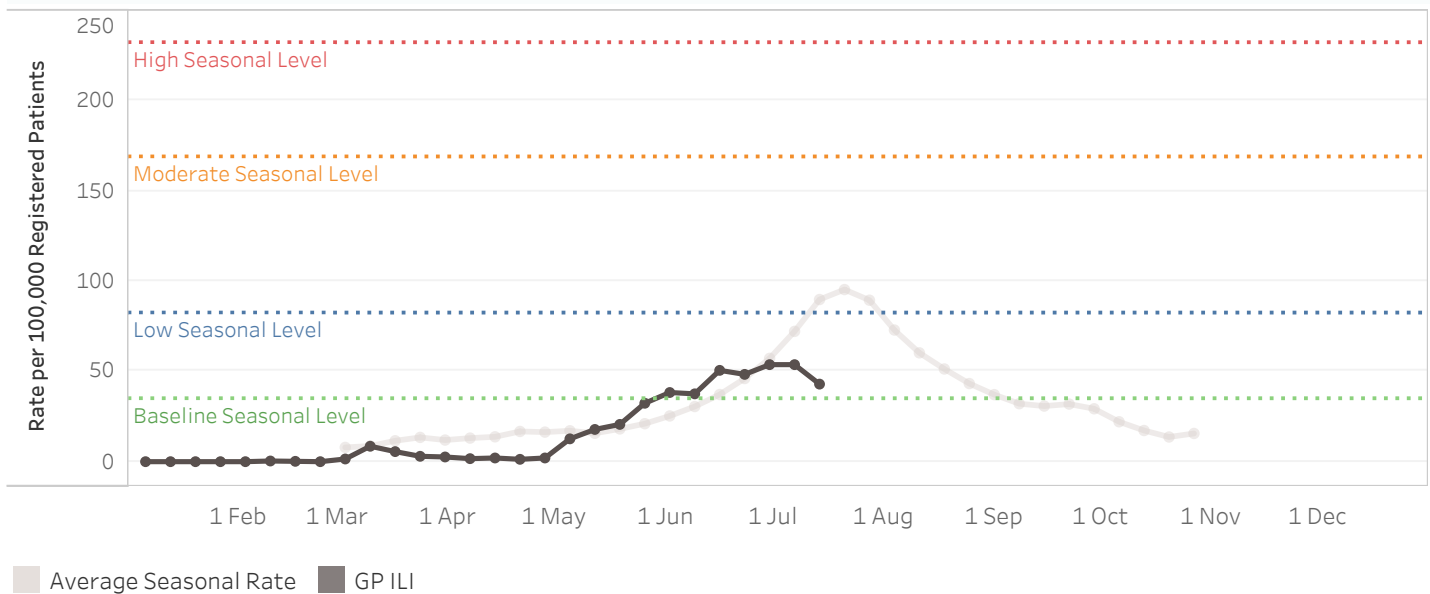


Week Ending 14 July 2019

National Overview

Influenza-like illness (ILI) and influenza positive illness activity remain above the seasonal baseline threshold, however there has been a significant decrease in activity since last week. Over 50% of samples tested in GPs and over 40% of samples tested in hospitals are influenza positive, which is one of the highest positivity rates for this period in recent years. Currently, influenza A(H3N2) and B/Victoria viruses are co-circulating, with B/Victoria predominating in the community and influenza A viruses predominating in hospitals. The 2019 seasonal influenza vaccine strains remain a good match to influenza viruses detected in New Zealand.

Weekly General Practice Influenza-like Illness (ILI) Rates To 14 Jul 19

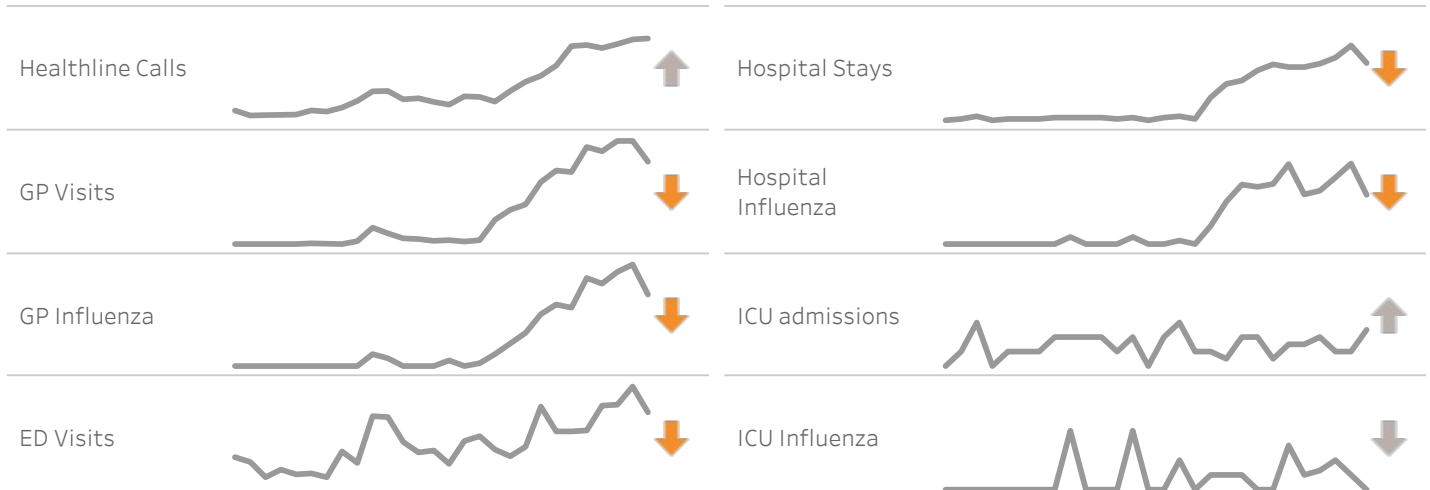


Community influenza-like illness (ILI) activity remains above the seasonal baseline threshold, however, there has been a significant decrease in ILI activity since last week.

Indicators of severity remain low. Severe acute respiratory infection (SARI) surveillance started on April 29th, but surveillance in intensive care units (ICU) for very severe or unusual presentations is year round. Activity in ICU is low. SARI activity is just below the seasonal baseline level this week (see Hospitalisation Rates tab).

Arrow colour indicates whether the current weekly change is statistically significant.

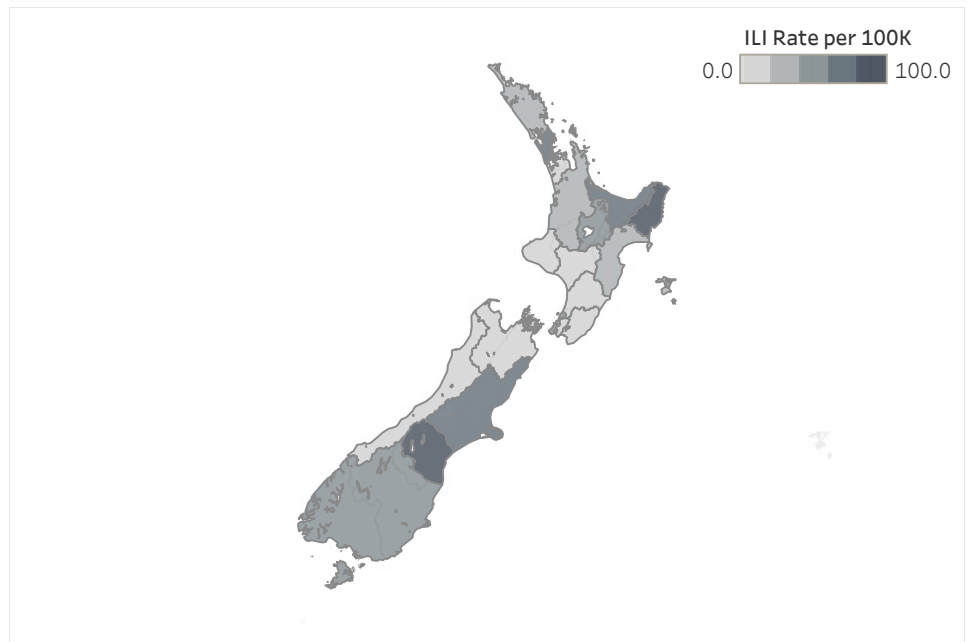
Arrow colour indicates whether the current weekly change is statistically significant.



Activity by DHB

General Practice (GP) visits for influenza-like illness (ILI) remain above the baseline levels, though rates have decreased compared with the previous week. South Canterbury, Tairāwhiti and Bay of Plenty DHBs have recorded the highest ILI rates this week. Healthline calls for ILI remain at expected levels for this time of year, and the national rate has remained steady this week. Hutt Valley and Wairarapa DHBs have the highest rates of Healthline calls for ILI this week.

GP Visits (ILI) Rate by DHB - Current Week



Control Measures

The 2019 publically funded seasonal Influenza vaccine contains the following four components (i.e. a quadrivalent vaccine):

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Switzerland/8060/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

Overseas acute respiratory disease surveillance

Pacific region: In Australia influenza activity continues to increase and is at high levels for this time of year in most states and territories.^{1,2} Over the past two weeks, activity has increased in New South Wales, Victoria, Tasmania, Southern Queensland and the Australian Capital Territory. Nationally, influenza A(H3N2) virus continues to predominate, though the proportion of influenza B cases has increased. Clinical severity for the season to date is low. Circulating seasonal viruses remain a good match overall to the 2019 seasonal influenza vaccine strains. Influenza outbreaks continue to be reported in several Pacific Island Countries and Territories: influenza A in Fiji and New Caledonia, and influenza B in Fiji and Wallis and Futuna.³ The outbreak of influenza B in Vanuatu has been declared over.

- Asia: Influenza activity was low across most of Asia.¹ Activity decreased or was low in South East Asia (predominantly A(H1N1)pdm09 and B viruses), except for increased A(H1N1)pdm09 in Myanmar.
- South and Central America: Influenza activity continued to increase in South America with A(H1N1)pdm09 predominance.¹ Influenza A(H3N2) activity also increased in Brazil, Chile and Uruguay. Activity remained low overall in Central America, with the exception of high influenza A activity in Costa Rica and Panama.
- Africa: Low influenza activity was reported across most of Africa except for increased detections continuing in South Africa, with A(H3N2) predominating.¹
- Northern Hemisphere: Currently low influenza activity overall.¹
- Emerging diseases: In 2019, ongoing detections of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in the Middle East and human infection with avian Influenza A(H7N9) and A(H9N2) in China have been reported (associated with exposures to camels and birds, respectively).^{4,5} A human case of influenza A(H1N1) variant virus infection was reported in the US on 31 May causing a mild illness and subsequent full recovery.⁶ The source of infection was unknown, although analysis found genes closely related to influenza viruses circulating in swine populations in the US in recent years. These emerging viruses (MERS-CoV, A(H7N9), A(H9N2), and A(H1N1)variant) are not known to spread easily from person-to-person at present and are classified by the WHO as being of low risk of international spread.⁵

Further information on overseas acute respiratory disease activity:

1. WHO Global Flu Update: www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/ (accessed 17/07/19)
2. Australia: www.health.gov.au/flureport (accessed 17/07/2019)
3. Pacific: www.spc.int/phd/epidemics/ (accessed 17/07/19)
4. WHO Emergency Preparedness, response: www.who.int/csr/don/archive/year/2019/en/ (accessed 17/07/19)
5. WHO Avian and other zoonotic influenza: www.who.int/influenza/human_animal_interface/en/ (accessed 17/07/19)
6. WHO Influenza at the Human-Animal interface: https://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/ (accessed 17/07/2019)