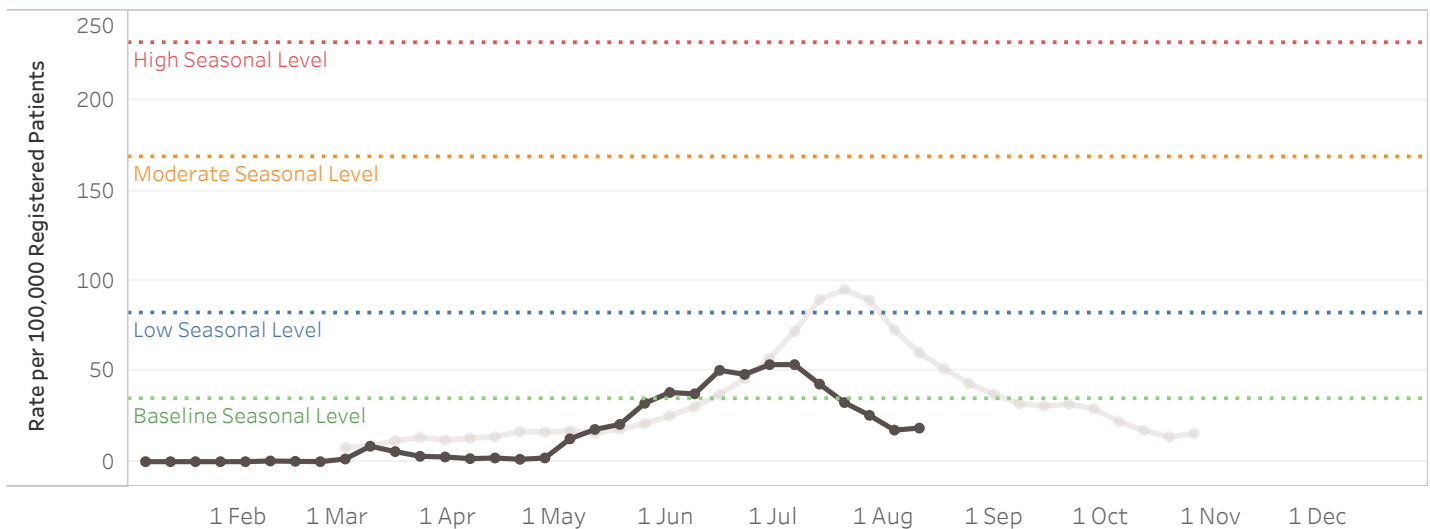


Week Ending 11 August 2019

National Overview

Influenza-like illness (ILI) activity remains below the seasonal baseline threshold this week, at a similar level to last week. Influenza-positive ILI activity remains just above the seasonal baseline threshold. Over 50% of samples tested in general practices (GPs) and 35% 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 in the community, but influenza A viruses are 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 11 Aug 19



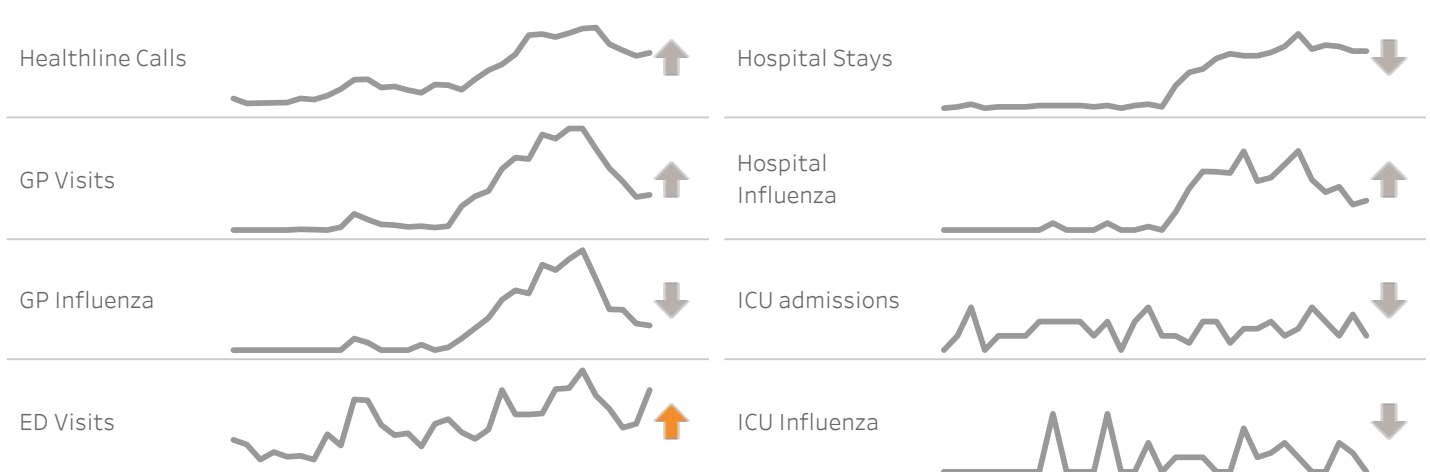
■ Average Seasonal Rate ■ GP ILI

Indicators of community respiratory virus activity (Healthline calls and GP visits for ILI) were still at low levels this week. There was an increase in ILI visits to the Emergency Department in Capital and Coast DHB this week. There are local variations in trends in community ILI activity. There were 4 ILI outbreaks reported this week: 2 in Capital and Coast DHB (influenza A in a long term care facility and ILI in a school), 1 in MidCentral DHB and 1 in Northland DHB (both ILI in long term care facilities).

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

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 approximately at the seasonal baseline level this week (see Hospitalisation Rates tab).

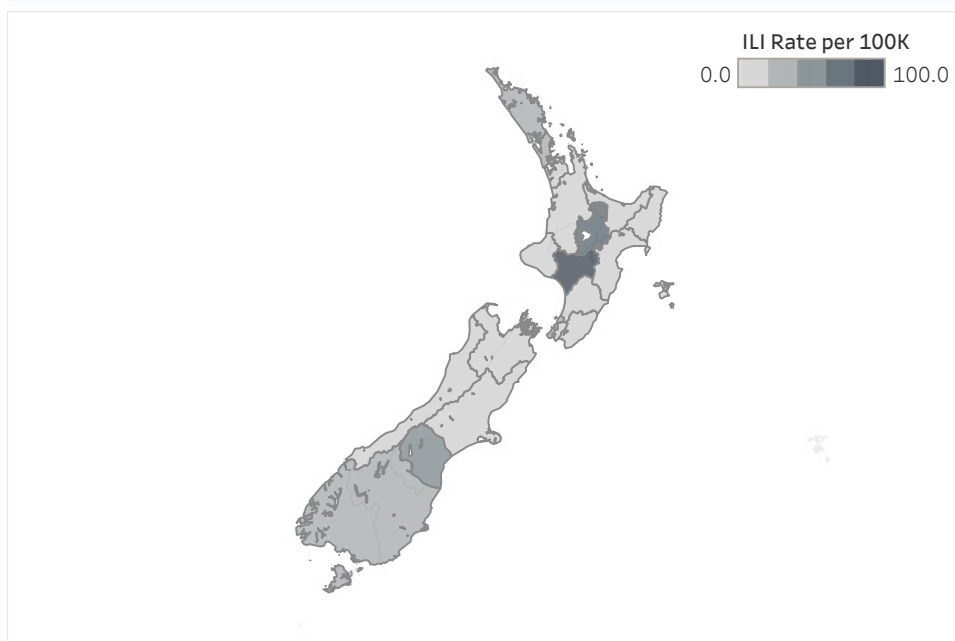
Arrow colour indicates whether the current weekly change is statistically significant.



Activity by DHB

The national rate of General Practice (GP) visits for influenza-like illness (ILI) remains below the seasonal baseline level, at a similar rate to last week. Lakes and South Canterbury DHBs have recorded the highest ILI GP visit rates this week. Healthline calls for ILI also increased slightly this week compared to the previous week. MidCentral, West Coast and Wairarapa DHBs had 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, early, high seasonal influenza and influenza-like illness (ILI) activity has been declining through July to rates nearing the average of previous years.^{1,2} Some of the reduction in laboratory-confirmed influenza notifications may be due to data entry delays. Over the past two weeks, activity has decreased in all states and territories except the Northern Territory and Queensland. Nationally, influenza A(H3N2) virus continues to predominate, with the proportion of influenza B cases decreasing in the past month. 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 and B in New Caledonia and influenza B in French Polynesia.³ Influenza activity in Fiji has returned to expected levels for this time of year.
- Asia: Influenza activity remained low in Southern Asia.¹ Activity increased in South East Asia, with continued high activity in Myanmar (A(H1N1)pdm09), and increased activity in Thailand (A(H3N2) and B/Victoria-lineage viruses co-circulating).
- South and Central America: Activity decreased across temperate South America, with all seasonal influenza subtypes co-circulating.¹ Overall activity remained low in tropical South America and Central America.
- Africa: Low influenza activity was reported across most of Africa, with the exception of a few countries in Eastern Africa.¹ Activity continued to decrease in South Africa, with influenza positivity returning to below threshold (A(H3N2) predominance).
- 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} These emerging viruses (MERS-CoV, A(H7N9) and A(H9N2)) 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. The latest annual global risk assessment of MERS-CoV by the WHO found the overall epidemiology, clinical presentation, transmission patterns and viral characteristics remain unchanged since the previous risk assessment.⁶ However, there is expected to be increased travel to Saudi Arabia during the Hajj pilgrimage, 9-14 August.

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 14/08/19)
2. Australia: www.health.gov.au/flureport (accessed 14/08/2019)
3. Pacific: www.spc.int/phd/epidemics/ (accessed 14/08/19)
4. WHO Emergency Preparedness, response: www.who.int/csr/don/archive/year/2019/en/ (accessed 14/08/19)
5. WHO Avian and other zoonotic influenza: www.who.int/influenza/human_animal_interface/en/ (accessed 14/08/19)
6. WHO Global Summary and Assessment of Risk: <https://apps.who.int/iris/bitstream/handle/10665/326126/WHO-MERS-RA-19.1-eng.pdf?ua=1> (accessed 14/08/19)