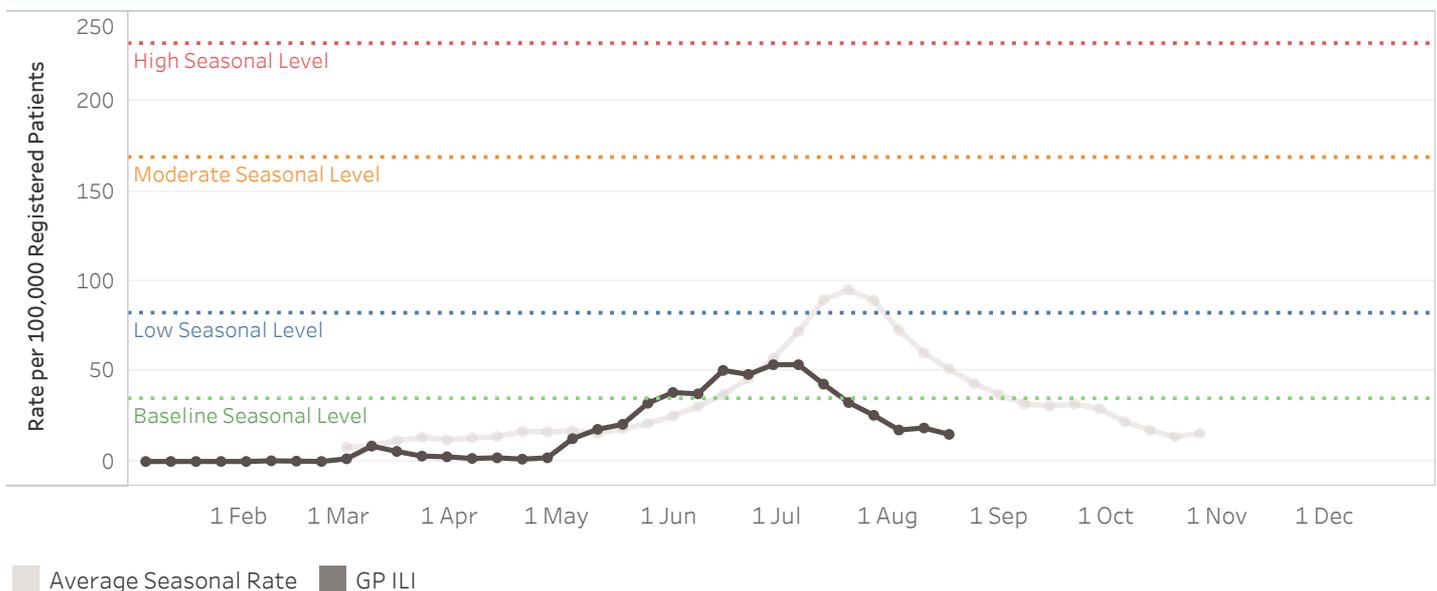


Week Ending 18 August 2019

National Overview

Influenza-like illness (ILI) activity remains below the seasonal baseline threshold this week, at a similar level to last week. The rate of people presenting to general practices (GP) with ILI who test positive for influenza virus is now also below the seasonal baseline threshold. Less than 50% of samples tested in GP clinics have been positive for influenza in the past few weeks, which also indicates there has been an overall decline in circulating influenza viruses. 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 18 Aug 19

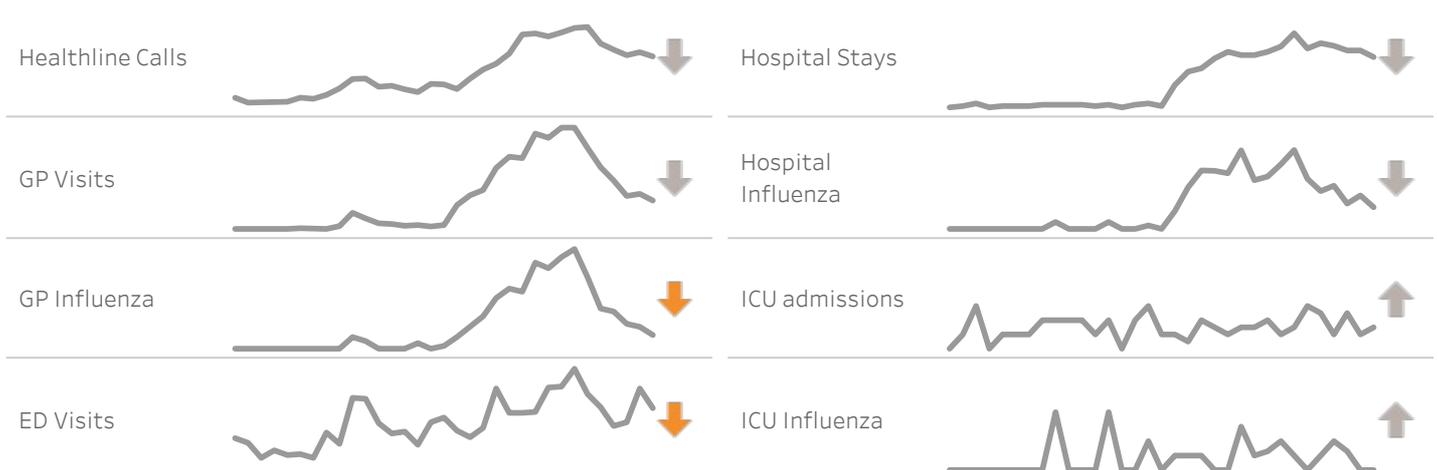


Indicators of community respiratory virus activity (Healthline calls and GP visits for ILI) are at low levels this week. There has also been a statistically significant decline in influenza positive people presenting to their GPs with ILI in the past week. There were 2 ILI outbreaks reported this week: 1 in West Coast DHB (influenza B in a school) and 1 in Southern DHB (influenza A in a long term care facility).

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

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

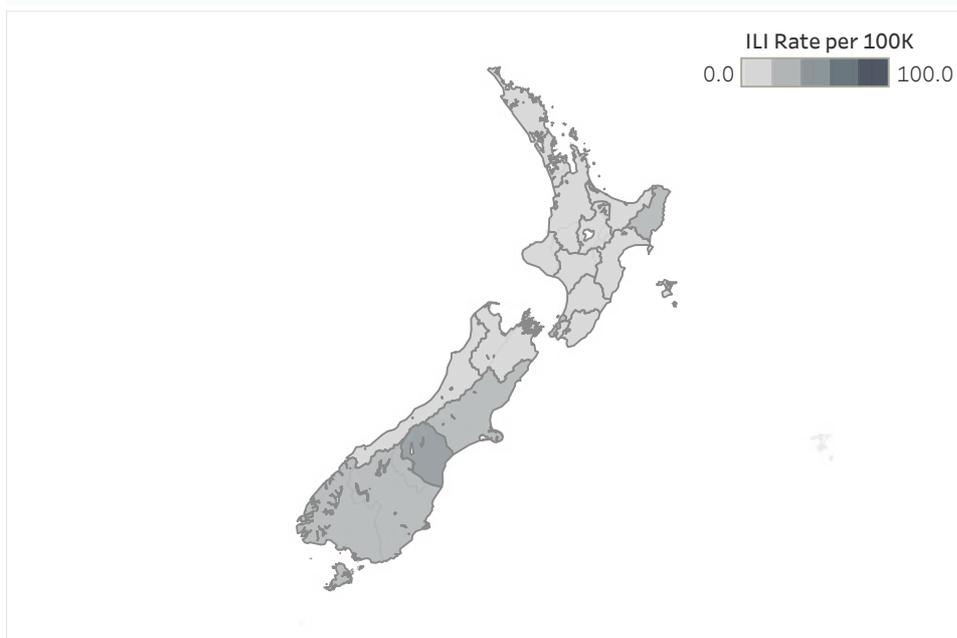
Arrow colour indicates whether the current weekly change is statistically significant.



Activity by DHB

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. South Canterbury, Tairāwhiti and Capital and Coast DHBs have recorded the highest ILI GP visit rates this week. Healthline calls for ILI also decreased this week compared to the previous week. MidCentral, Hutt Valley and Northland 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 and August and is now below the average for this time of year compared to 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 increased in Queensland, Tasmania, the Top End of the Northern Territory and the Australian Capital Territory, while it decreased in all other states and territories. Nationally, influenza A(H3N2) virus continues to predominate, with the proportion of influenza B cases slightly increasing in the past fortnight. 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

• Asia: Influenza activity remained low in Southern Asia.¹ Activity decreased or remained low in South East Asia, except in Myanmar where detections remained high (A(H1N1)pdm09 predominance). Activity decreased 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 Influenza A(H1N1)pdm09 slightly increased in Uruguay. 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 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. On 19 August, a confirmed human case of avian influenza A(H5N6) infection was reported in a 59-year-old woman from Beijing.⁷ Since 2014, all 24 human cases of A(H5N6) reported globally have occurred in Mainland China. The latest avian influenza A(H5) WHO risk assessment concluded that further human cases can be expected as the virus continues to be detected in animals and environments, including birds in Asia, Africa and Europe.⁵ A(H5N6) virus is not known to spread easily from person to person.

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 21/08/19)
2. Australia: www.health.gov.au/flureport (accessed 21/08/2019)
3. Pacific: www.spc.int/phd/epidemics/ (accessed 21/08/19)
4. WHO Emergency Preparedness, response: www.who.int/csr/don/archive/year/2019/en/ (accessed 21/08/19)
5. WHO Avian and other zoonotic influenza: www.who.int/influenza/human_animal_interface/en/ (accessed 21/08/19)
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 21/08/19)
7. Hong Kong Department of Health: https://www.chp.gov.hk/files/pdf/2019_avian_influenza_report_vol15_wk33.pdf (accessed 21/08/2019)