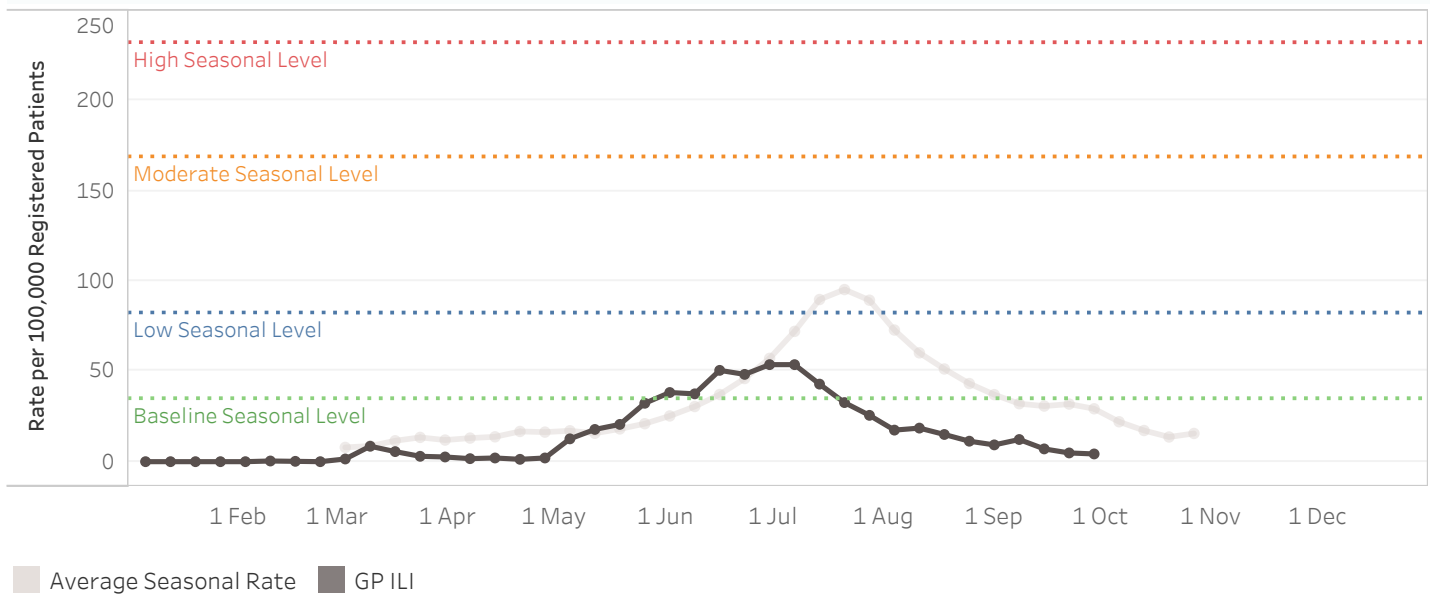


## Week Ending 29 September 2019

### National Overview

In the last week of seasonal influenza surveillance for the year, indicators of influenza-like illness (ILI) activity in the community have remained low. Both ILI activity and the rate of people presenting to general practices (GP) with ILI who test positive for influenza virus are below the baseline level. Influenza A(H3N2) and B/Victoria viruses are co-circulating in the community and influenza A viruses are still predominating in hospitals. Virology reports indicate there has been a mutation in the influenza B/Victoria virus strain circulating in New Zealand during the 2019 season. This is expected to reduce the 2019 seasonal vaccine effectiveness for this influenza virus strain.

### Weekly General Practice Influenza-like Illness (ILI) Rates To 29 Sep 19

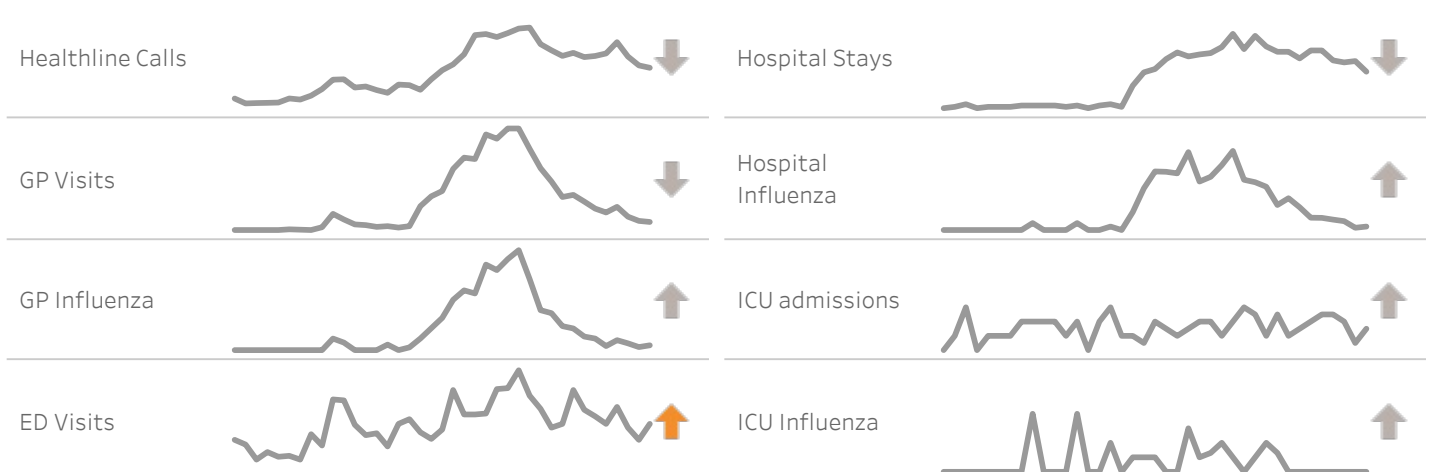


National indicators of community influenza-like illness (ILI) activity have mostly continued to decrease over the past few weeks.

Indicators of severity remain below seasonal baseline levels. Activity in Intensive Care Units is low.

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

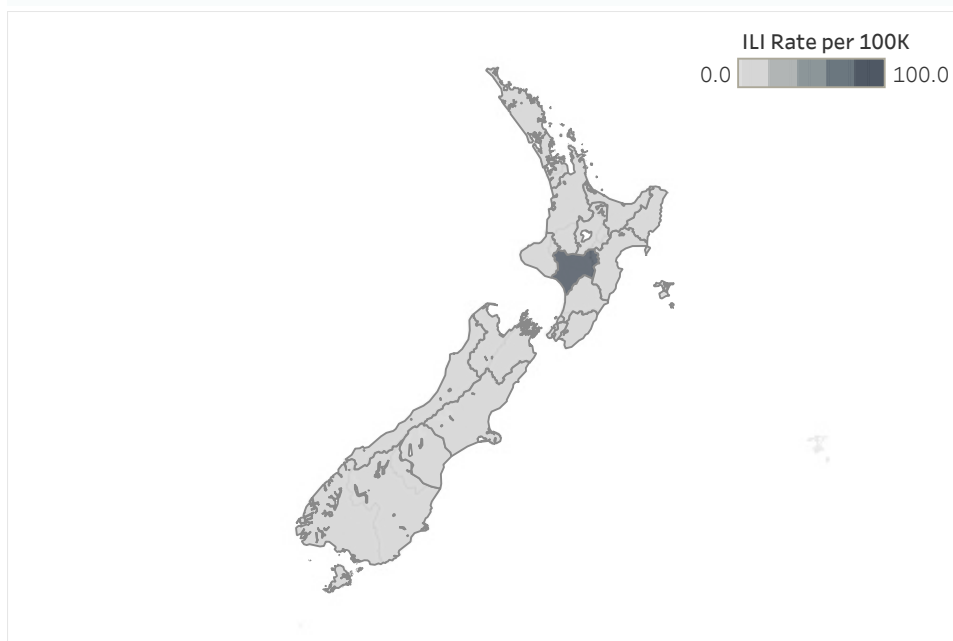
Arrow colour indicates whether the current weekly change is statistically significant.



## Activity by DHB

The national rate of General Practice (GP) visits for influenza-like illness (ILI) remains below the seasonal baseline level, and continues to decline. South Canterbury and Capital & Coast DHBs have recorded the highest ILI GP visit rates this week. Rates of Healthline calls for ILI also decreased in the last week. West Coast, Tairāwhiti and Hutt Valley DHBs had the highest rates of Healthline calls 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, following early, high seasonal influenza and ILI activity in May to July, activity has been continuing to decline through September.<sup>1,2</sup> Over recent surveillance weeks, activity decreased in most states and territories, except for some regions of the Northern Territory and Western Australia. Nationally, influenza A(H3N2) virus continues to predominate, while the proportion of cases attributed to influenza B viruses has been steadily increasing through August and September. Circulating influenza A(H1N1)pdm09 and influenza B/Yamagata-lineage viruses have been well matched to the 2019 vaccine while some A(H3N2) and B/Victoria-lineage viruses have been less well matched, although overall vaccine effectiveness is reportedly good from preliminary estimates. Clinical severity for the season to date is low.

Outbreaks of influenza A and B are continuing in New Caledonia.<sup>3</sup>

• Asia: Influenza activity remained low across Southern Asia, except for continued high activity in Bhutan and increased activity in Nepal (both A(H3N2) and B/Victoria lineage).<sup>1</sup> Activity was low in most of South East Asia, although moderate detections of predominantly H(H1N1)pdm09 and B viruses continued in Malaysia and Myanmar, and all seasonal sub-types co-circulated in Thailand.

• South and Central America: Activity in South America was low, except for an increase in predominantly B viruses in Chile.<sup>1</sup> In Central America, El Salvador reported an increase in A(H1N1)pdm09.

• Africa: Currently low influenza activity overall.<sup>1</sup> Activity in South Africa returned to below the seasonal threshold.

• Northern Hemisphere: Currently low influenza activity overall.<sup>1</sup>

• 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), A(H9N2) and A(H5N6) in China have been reported (associated with exposures to camels and birds, respectively).<sup>4,5</sup> These emerging viruses (MERS-CoV, A(H7N9), A(H9N2) and A(H5N6)) 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.<sup>5,6</sup>

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/](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/) (accessed 2/10/19)
2. Australia: [www.health.gov.au/flureport](http://www.health.gov.au/flureport) (accessed 2/10/2019)
3. Pacific: [www.spc.int/phd/epidemics/](http://www.spc.int/phd/epidemics/) (accessed 2/10/19)
4. WHO Emergency Preparedness, response: [www.who.int/csr/don/archive/year/2019/en/](http://www.who.int/csr/don/archive/year/2019/en/) (accessed 2/10/19)
5. WHO Avian and other zoonotic influenza: [www.who.int/influenza/human\\_animal\\_interface/en/](http://www.who.int/influenza/human_animal_interface/en/) (accessed 2/10/19)
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 2/10/19)