

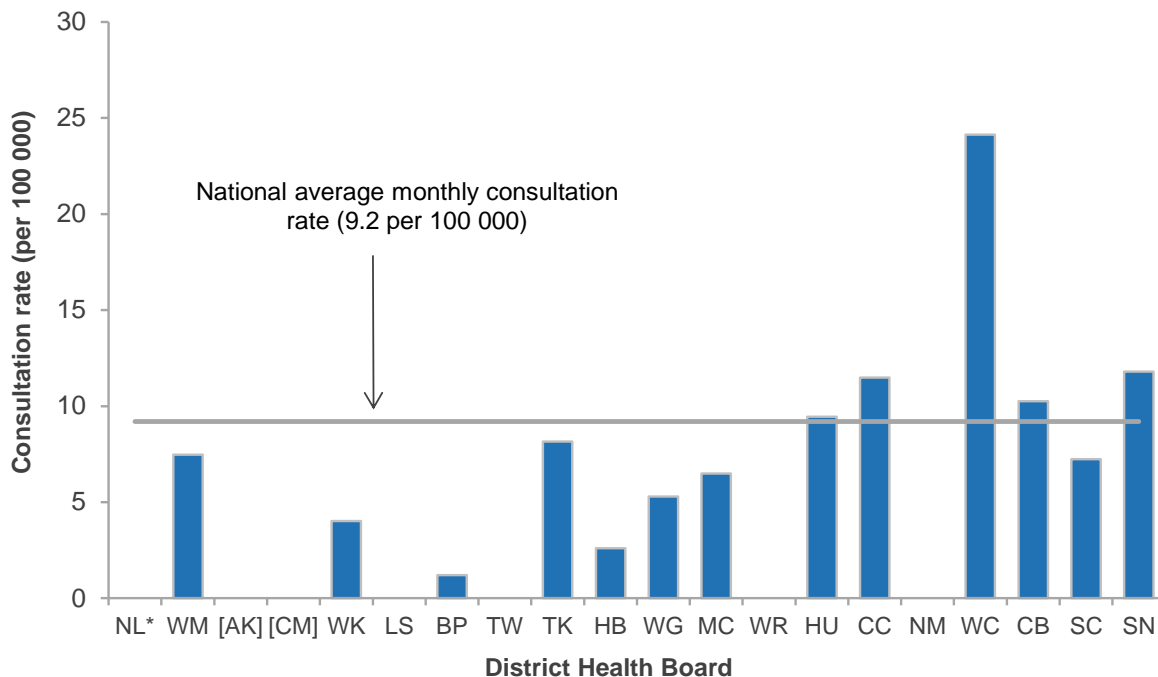


INFLUENZA SURVEILLANCE SUMMARY - MAY 2013

During May (weeks 18–21), 125 consultations for influenza-like illness were reported from 61 general practices (on average) in 17 of the 20 District Health Boards (DHB). The average monthly consultation rate for May was 9.2 per 100 000 patient population.

Figure 1 compares the average monthly consultation rates for influenza-like illness for each DHB during May. West Coast had the highest consultation rate (24.1 per 100 000, 19 cases), followed by Southern (11.8 per 100 000, 24 cases) and Capital & Coast (11.5 per 100 000, 14 cases).

Figure 1: Average monthly consultation rates for influenza-like illness by DHB, May 2013



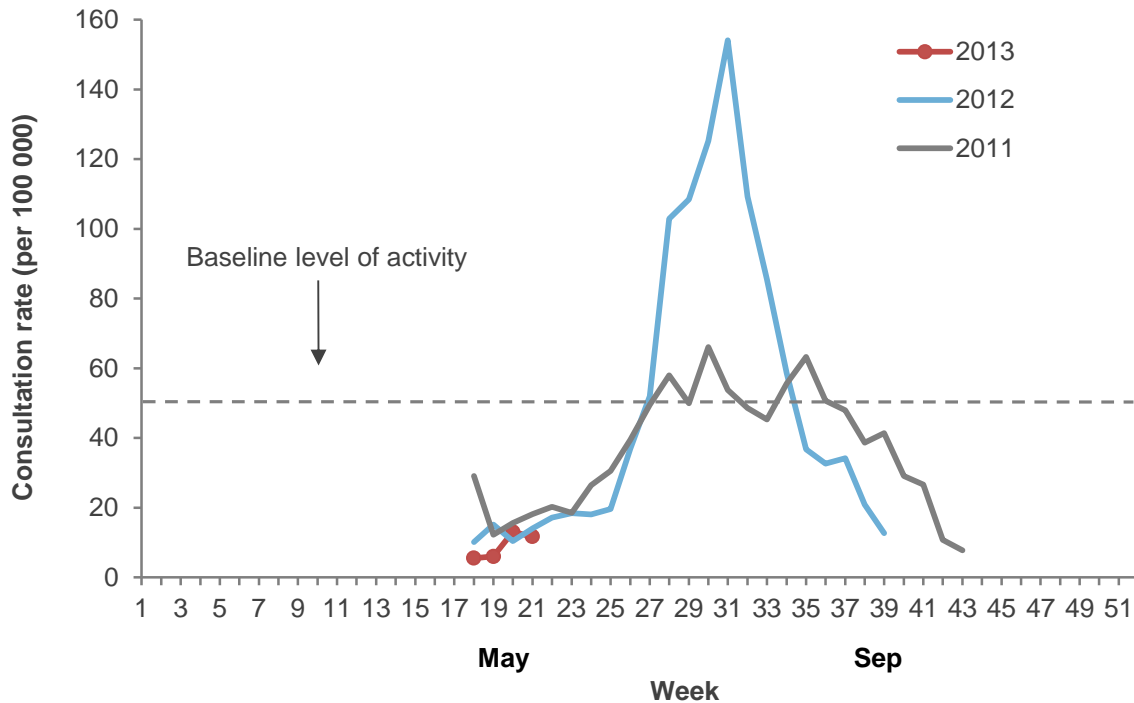
* No data for the month.

[] Not participating in the influenza sentinel surveillance.

Note: Auckland (AK) and Counties Manukau (CM) DHBs follow the Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) case definition which is different from this sentinel surveillance. Based on the SHIVERS weekly report, the ILI incidence for Auckland and Counties Manukau DHBs for May were 162.6 per 100 000 and 296.6 per 100 000 patient populations, respectively. For more details, please refer to the website: <http://www.esr.cri.nz/competencies/shivers/Pages/SHIVERSReports.aspx>

Figure 2 shows the national weekly consultation rates to the end of week 21, May 2013 and rates in 2012 and 2011.

Figure 2: Weekly consultation rates for influenza-like illness in New Zealand, 2011, 2012 and 2013



* A weekly rate <50 ILI consultations per 100 000 patient population is considered baseline activity. A rate of 50–249 is considered indicative of normal seasonal influenza activity, and a rate of 250–399 indicative of higher than expected influenza activity. A rate >400 ILI consultations per 100 000 patient population indicates an epidemic level of influenza

VIROLOGICAL SURVEILLANCE

A total of 53 swabs were received by virology laboratories from sentinel surveillance. Two influenza B viruses (lineage not determined) were identified from Capital & Coast and Canterbury DHBs.

In addition, 547 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 29 influenza viruses were identified: B (lineage not determined) (20), A (not sub-typed) (5), A(H1N1)pdm09 (2), and A(H3N2) (2). The distribution by DHB is shown in Table 1.

Table 1: Influenza viruses from non-sentinel surveillance for May by DHB

Antigenic Strain	DHB						Total
	AK	CM	WK	CC	CB	SN	
A (not sub-typed)	3	2	0	0	0	0	5
A(H1N1)pdm09	0	1	0	0	1	0	2
A(H3N2)	0	1	0	0	0	1	2
B (lineage not determined)	7	10	1	1	1	0	20
Total	10	14	1	1	2	1	29

Table 2: DHB codes and Descriptions

DHB code	DHB
NL	Northland
WM	Waitemata
AK	Auckland
CM	Counties Manukau
WK	Waikato
LS	Lakes
BP	Bay of Plenty
TW	Tairāwhiti
TK	Taranaki
HB	Hawke's Bay
WG	Whanganui
MC	MidCentral
WR	Wairarapa
HU	Hutt Valley
CC	Capital and Coast
NM	Nelson Marlborough
WC	West Coast
CB	Canterbury
SC	South Canterbury
SN	Southern

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