The national influenza surveillance system in New Zealand is an essential public health tool for assessing incidence and trends as well as implementing strategies to control influenza. This report summarises the data collected from sentinel general practice (GP) surveillance and non-sentinel surveillance for week 40 (3 – 9 October 2011).

**SUMMARY OF THIS REPORT:**

Influenza-like illness (ILI) through sentinel surveillance was reported in all 20 District Health Boards (DHB) giving an overall national consultation rate of 29.0 per 100 000 (108 ILI consultations). Two hundred and ninety-five swabs were received from sentinel (29) and non-sentinel surveillance (266). Fifty-seven viruses were identified from sentinel (15) and non-sentinel surveillance (42). These were: A(H3N2) (22), B (14), A (not sub-typed) (13) and pandemic A(H1N1) 09 (8).

**INFLUENZA-LIKE ILLNESS SURVEILLANCE**

In the past week, a total of 108 consultations for influenza-like illness were reported from 83 general practices in all 20 DHBs. This gives a weekly national consultation rate of 29.0 per 100 000 patient population (lower than the consultation rate of 41.4 per 100 000 in week 39). Figure 1 shows the weekly national consultation rates for 2009, 2010 seasons, and 2011 so far. The current rate of influenza-like illness is below the baseline.

* Figure 1: Weekly consultation rates for influenza-like illness in New Zealand, 2009, 2010 and 2011

* 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 activity.
Figure 2 compares the consultation rates for influenza-like illness for each DHB over the past week. Tairawhiti DHB (96.9 per 100 000, 3 cases) had the highest consultation rate, followed by Whanganui (70.1 per 100 000, 6 cases) and West Coast (63.8 per 100 000, 11 cases).

**Figure 2: Weekly consultation rates for influenza-like illness by DHB, week ending 9 October 2011**

National average weekly consultation rate (29.0 per 100 000)
Figure 3 maps the consultation rates for influenza-like illness by DHB.

**Figure 3: Consultation rates for influenza-like illness mapped by DHB for week 40, 2011**

Consultations for influenza-like illness (per 100 000 practice patients)

- No data
- No activity (0)
- Baseline (< 50)
- Normal (50 - 249)
- High activity (250 - 399)
- Epidemic (≥ 400)

**Code** | **District Health Board**
---|---
AK | Auckland
BP | Bay of Plenty
CB | Canterbury
CC | Capital and Coast
CM | Counties Manukau
HB | Hawke's Bay
HU | Hutt Valley
LS | Lakes
MC | MidCentral
NL | Northland
NM | Nelson Marlborough
SC | South Canterbury
SN | Southern
TK | Taranaki
TW | Tairawhiti
WC | West Coast
WG | Whanganui
WK | Waikato
WM | Waitemata
WR | Wairarapa
VIROLOGICAL SURVEILLANCE

A total of 29 swabs were received by virology laboratories from sentinel surveillance. Of these, 15 viruses were identified: B (8), A(H3N2) (4), A (not sub-typed) (2) and pandemic A(H1N1) 09 (1). The distribution by DHB is shown in Table 1.

Table 1: Influenza viruses from sentinel surveillance for week 40 by DHB

<table>
<thead>
<tr>
<th>Antigenic Strain</th>
<th>AK</th>
<th>TK</th>
<th>CC</th>
<th>WC</th>
<th>CB</th>
<th>SN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Pandemic A(H1N1) 09</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>15</td>
</tr>
</tbody>
</table>

Figure 4: Total influenza viruses from sentinel surveillance by type and week reported, weeks 18–40 and the total percentage positive from the swabs received

In addition, 266 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 42 viruses were identified: A(H3N2) (18), A (not sub-typed) (11), pandemic A(H1N1) 09 (7) and B (6) (Figure 5). The distribution by DHB is shown in Table 2.

Table 2: Influenza viruses from non-sentinel surveillance for week 40 by DHB

<table>
<thead>
<tr>
<th>Antigenic Strain</th>
<th>NL</th>
<th>AK</th>
<th>CM</th>
<th>WK</th>
<th>WG</th>
<th>MC</th>
<th>CC</th>
<th>CB</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>B</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Pandemic A(H1N1) 09</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>12</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>12</td>
<td>42</td>
</tr>
</tbody>
</table>
Figure 6 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 40 (9 October 2011). A total of 1175 influenza viruses were identified: influenza B (577) including 255 of B/Brisbane/60/2008 - like viruses and three B/Florida/4/2006 - like virus, pandemic A(H1N1) 09 (101) including 17 A/California/7/2009 (H1N1) - like virus, A (H3N2) (364) including 147 A/Perth/16/2009 (H3N2) - like virus, and A (not sub-typed) (133). The major circulating influenza strains (B/Brisbane/60/2008 - like, A/California/7/2009 (H1N1) - like and A/Perth/16/2009 (H3N2) - like strains) are covered by the current influenza vaccine.