



INFLUENZA WEEKLY UPDATE

2012/31: 30 July – 5 August 2012

The national influenza surveillance system in New Zealand is an essential public health component for assessing and implementing strategies to control influenza. This report summarises the data collected on influenza-like illness (ILI) from sentinel general practice (GP) surveillance and non-sentinel surveillance for week 31 (30 July – 5 August 2012).

Summary

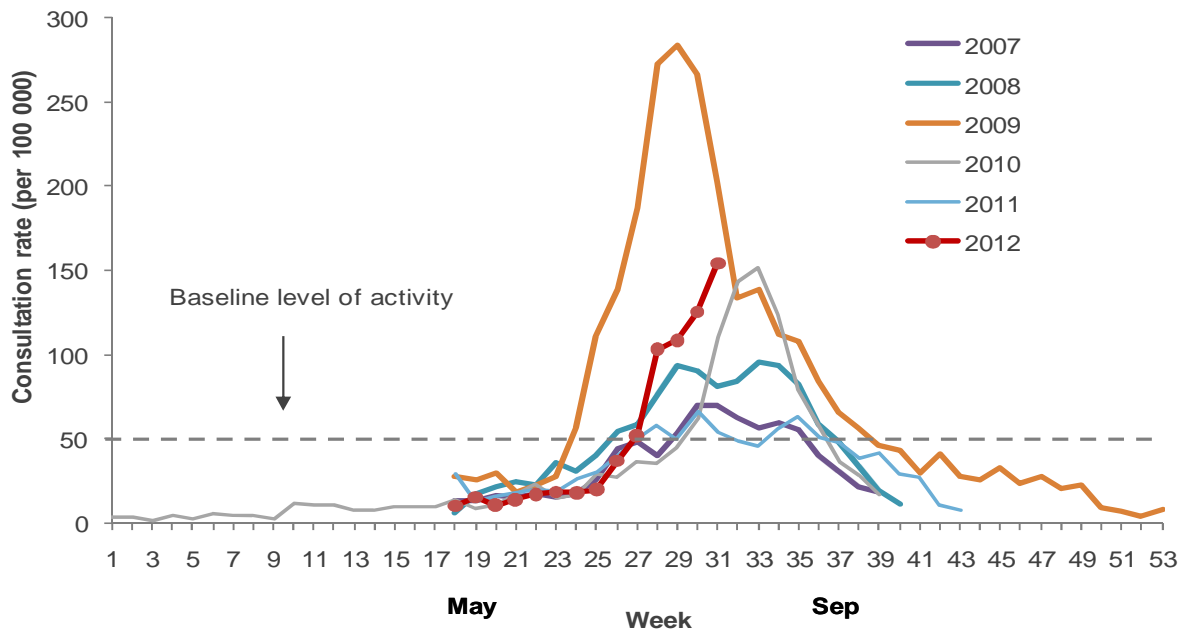
- ILI through sentinel surveillance was reported from 19 out of 20 District Health Boards (DHB) with a national consultation rate of 154.1 per 100 000 (581 ILI consultations).
- A total of 566 swabs were received from sentinel (79) and non-sentinel (487) surveillance.
- 238 viruses were identified: A(H3N2) (144) including one A/Perth/16/2009 (H3N2)-like virus, A (Not subtyped) (61), A(H1N1)pdm09 (19), and B (14) including one B/Brisbane/60/2008-like.

In week 31, influenza-like illness consultations continued to increase but the proportion of positive influenza samples have decreased. Influenza A(H3N2) viruses remain the predominant virus in many regions. These viruses do not appear to demonstrate a major antigenic drift.

INFLUENZA-LIKE ILLNESS SURVEILLANCE

In the past week, a total of 581 consultations for ILI were reported from 82 general practices in 19 out of 20 DHBs. This gives a weekly consultation rate of 154.1 per 100 000 patient population, an increase from 125.2 per 100 000 reported in week 30. Figure 1 shows the weekly national consultation rates for 2007–2012 to date.

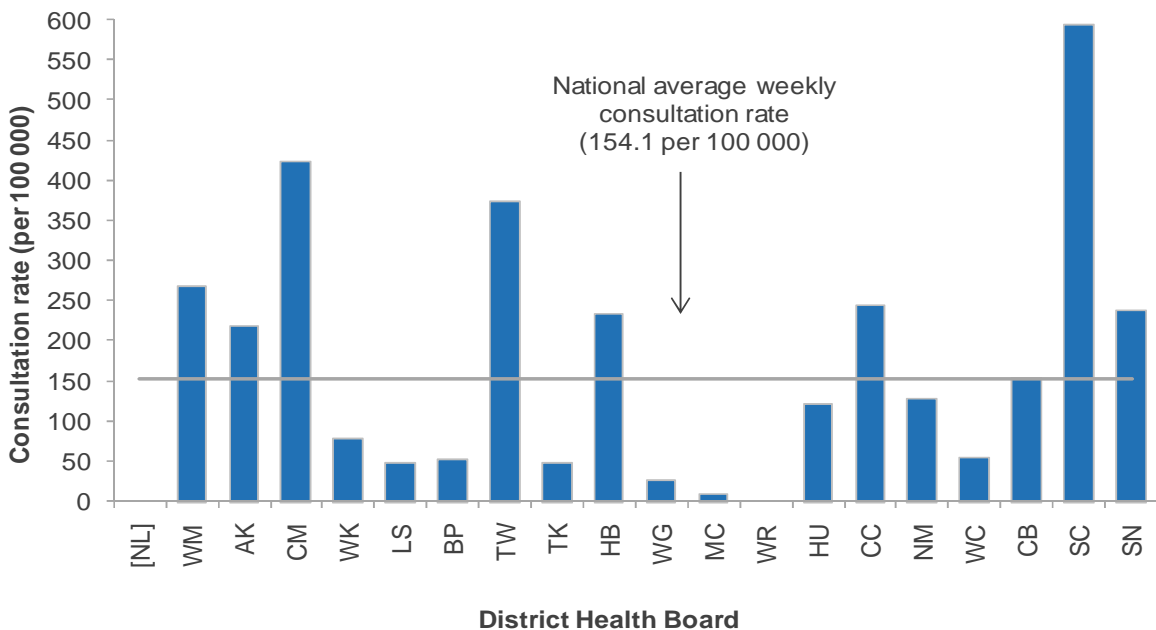
Figure 1. Weekly consultation rates for ILI in New Zealand, 2007–2012



* 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.

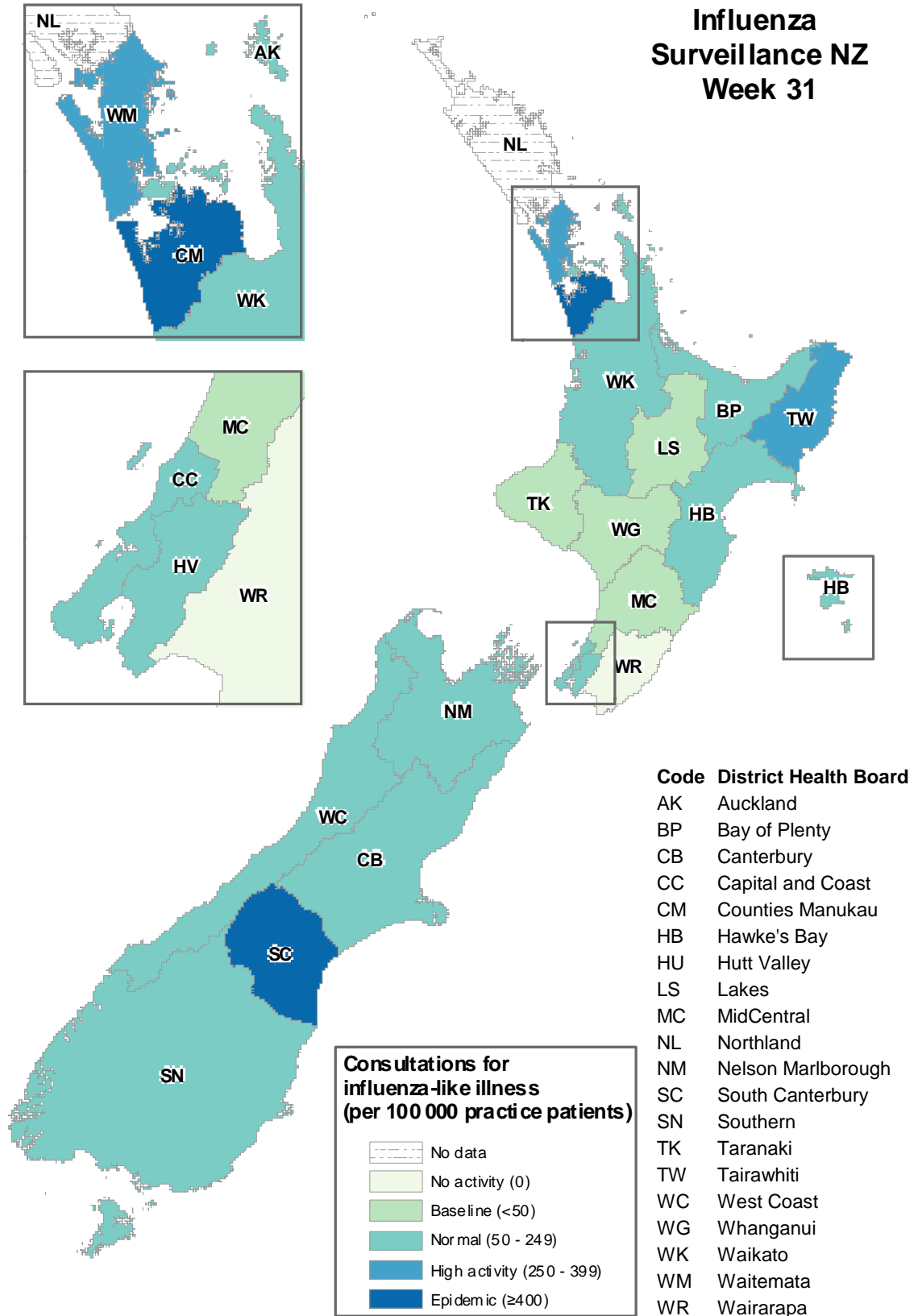
Figure 2 compares the consultation rates for ILI for each DHB over the past week. South Canterbury DHB had the highest consultation rate (594.9 per 100 000, 31 cases) followed by Counties Manukau (424.1 per 100 000, 5 cases). The following DHBs also had rates above the national average of 152.0 per 100 000: Tairāwhiti (373.4 per 100 000, 12 cases), Waitemata (268.3 per 100 000, 26 cases), Capital and Coast (245.0 per 100 000, 54 cases), Southern (238.9 per 100 000, 137 cases), Hawke’s Bay (233.8 per 100 000, 45 cases), Auckland (218.2 per 100 000, 48 cases), and Canterbury (155.1 per 100 000, 110 cases).

Figure 2. Weekly consultation rates for ILI by DHB week ending 5 August 2012



[] Not participating in sentinel influenza surveillance.

Figure 3. Consultation rates for ILI mapped by DHB for week 31, 2012



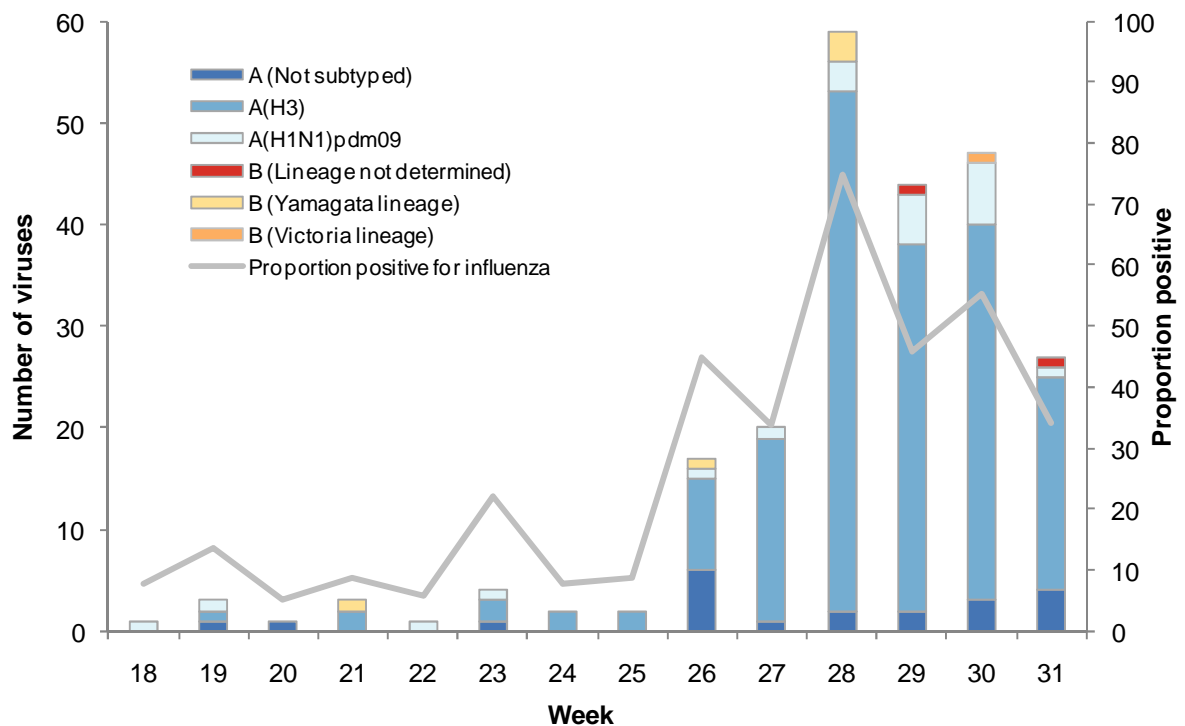
VIROLOGICAL SURVEILLANCE

A total of 79¹ swabs were received by virology laboratories from sentinel surveillance. Of these, 27 viruses were identified (Figure 4): A(H3N2) (21), A (Not subtyped) (4), A(H1N1)pdm09 (1), and B (Lineage not determined) (1). The distribution by DHB is shown in Table 1.

Table 1. Influenza viruses from sentinel surveillance for week 31 by DHB

DHB	Antigenic Strain				Total
	A (Not subtyped)	A(H1N1)pdm09	A(H3N2)	B (Lineage Not determined)	
AK	2	0	0	0	2
WK	2	0	0	0	2
LS	0	0	1	0	1
BP	0	0	2	0	2
TK	0	0	3	0	3
HB	0	1	2	0	3
WG	0	0	2	0	2
CC	0	0	2	1	3
NM	0	0	2	0	2
CB	0	0	5	0	5
SN	0	0	2	0	2
Total	4	1	21	1	27

Figure 4. Total influenza viruses from sentinel surveillance by type and week reported, week 18–31 and the total percentage positive from the swabs received



In addition, 487¹ swabs were received by virology laboratories from non-sentinel surveillance. Of these, 211 viruses were identified (Figure 5): A(H3N2) (122), A (Not

¹ Data is from 5/6 virology laboratories.

subtyped) (57), A(H1N1)pdm09 (18), B (Lineage not determined) (12), A/Perth/16/2009 (H3N2)-like (1), and B/Brisbane/60/2008-like (1). The distribution by DHB is shown in Table 2.

Table 2. Influenza viruses from non-sentinel surveillance for week 31 by DHB

DHB	Antigenic Strain						Total
	A (Not subtyped)	A(H1N1)pdm09	A(H3N2)	A/Perth/16/2009 (H3N2)-like	B (Lineage Not determined)	B/Brisbane/60/2008-like	
AK/WM	35	4	7	0	7	0	53
CM	7	11	13	0	2	0	33
WK	4	0	6	1	1	1	13
BP	0	0	1	0	0	0	1
TW	0	1	2	0	0	0	3
TK	0	0	3	0	0	0	3
WG	0	0	3	0	0	0	3
HU	0	0	7	0	1	0	8
CC	11	2	21	0	1	0	35
NM	0	0	3	0	0	0	3
CB	0	0	50	0	0	0	50
SC	0	0	5	0	0	0	5
SN	0	0	1	0	0	0	1
Total	57	18	122	1	12	1	211

Figure 5. Total influenza viruses from non-sentinel surveillance by type and week reported, week 18–31 and the total percentage positive from the swabs received

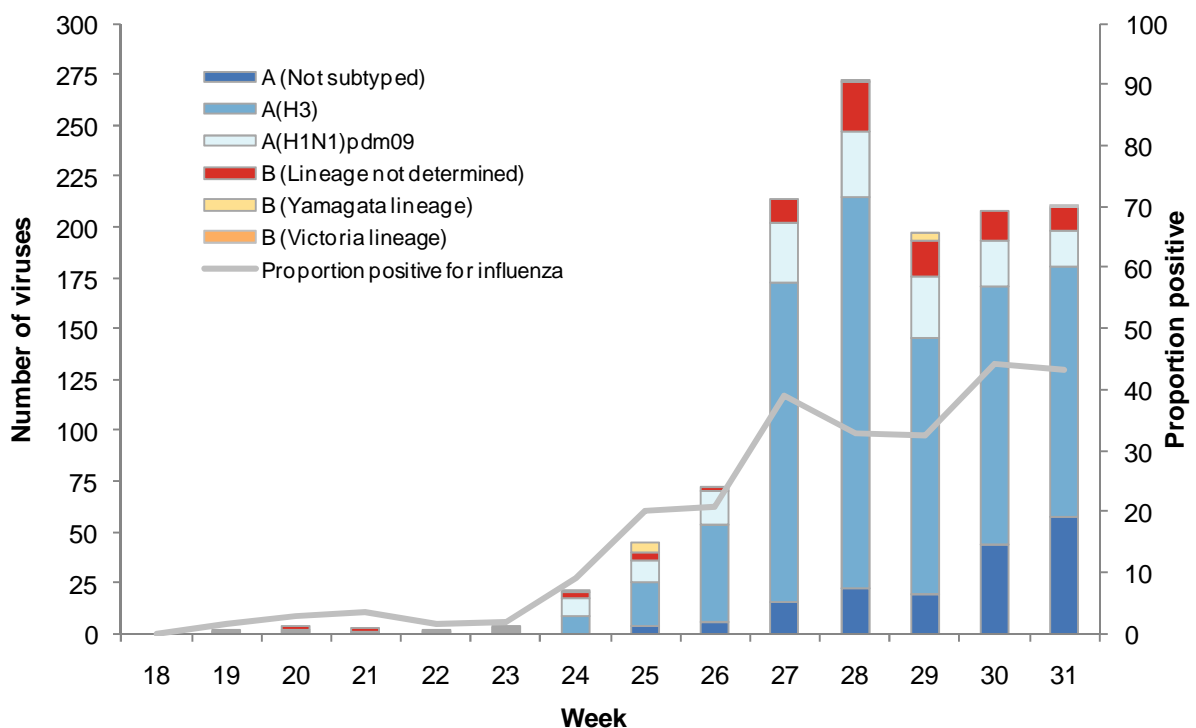
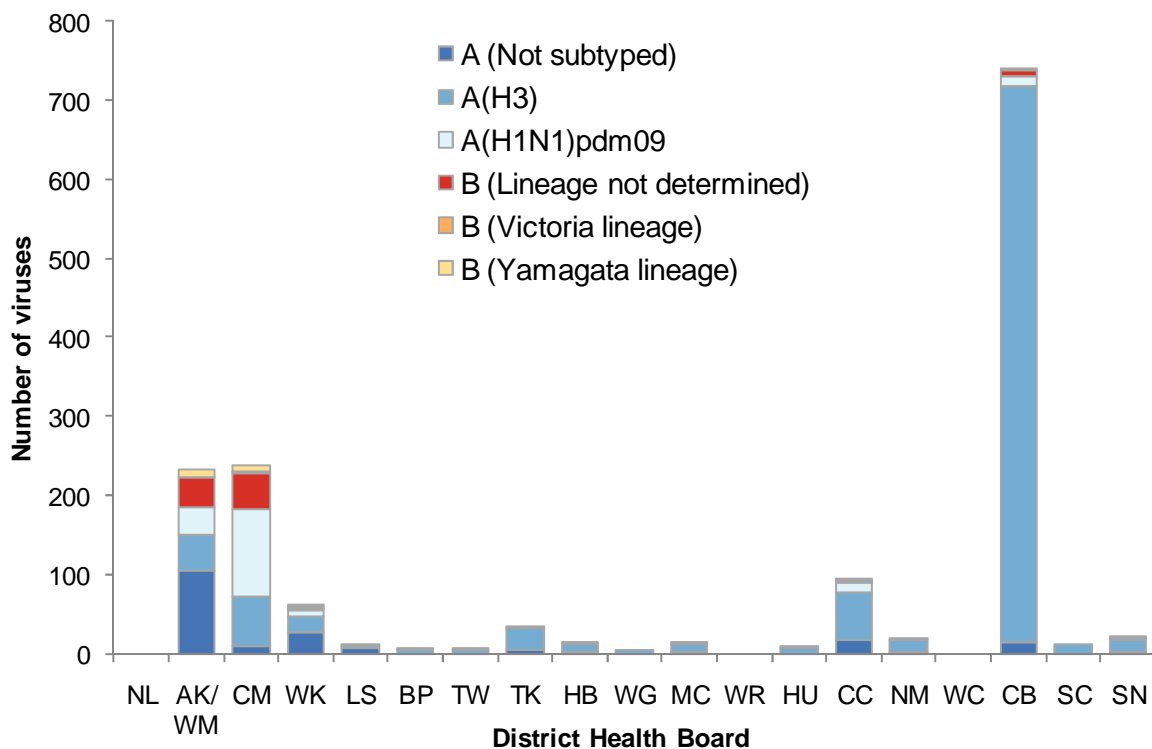


Figure 6 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 31 (5 August 2012) in each DHB. A total of 1512 influenza viruses were identified: influenza A(H3N2) (1005) including 90 A/Perth/16/2009 (H3N2)-like viruses, B (128) including six of B/Brisbane/60/2008-like (belonging to the B/Victoria lineage) and 21 B/Wisconsin/1/2010-like viruses (belonging to

the B/Yamagata lineage), A(H1N1)pdm09 (190) including 29 A/California/7/2009 (H1N1)-like virus, and A (Not subtyped) (189). The highest numbers were from the Canterbury DHB, followed by Counties Manukau and Auckland/Waitemata DHBs.

Note: The 2012 southern hemisphere winter influenza vaccine has the following composition: A/California/7/2009(H1N1)-like, A/Perth/16/2009(H3N2)-like and B/Brisbane/60/2008-like strains.

Figure 6. Cumulative laboratory-confirmed viruses by DHB from week 1 to week 31, 5 August July 2012



The currently circulating A(H3N2) viruses in New Zealand do not appear to demonstrate a major antigenic drift. The antigenic typing results to date characterises them as the A/Perth/16/2009-like strain that is included in the current Southern Hemisphere vaccine. The genetic sequencing results from ESR and WHOCC-Melbourne showed a minor drift for the most recent isolated A(H3N2) viruses from New Zealand. The current A(H3N2) viruses present a different picture from the situation that occurred in 1996 and 2003 when a major antigenic drift occurred for A(H3N2) resulting in a significant additional impact on morbidity and mortality.

Influenza A(H3N2) has been the most predominant subtype over the past 20 years in New Zealand. However, prior to 2012 it has not circulated widely in New Zealand since 2007. This may have led to some reduction in immunity in the general population who do not get the annual influenza immunisation, and therefore an increase in their susceptibility to A(H3N2) infections. This may be a contributing factor to the current A(H3N2) predominance in many regions in New Zealand.

In Australia, the antigenic typing results did not detect much antigenic drift for majority of their A(H3N2) viruses and the antigenic typing results showed that they were similar to

A/Perth/16/2009-like strain. However, genetic analysis indicated a minor drift and these A(H3N2) viruses are characterised as A/Victoria/361/2011-like viruses. The Australian Department of Health and Ageing noted that it is expected that the vaccine would still offer significant protection. This is based on the fact that the drift between the A/Perth/16/2009-like and A/Victoria/361/2011-like viruses is small.

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