INFLUENZA WEEKLY UPDATE
2012/36: 3 – 9 September 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 36 (3 – 9 September 2012).

Summary

- ILI through sentinel surveillance was reported from 19 out of 20 District Health Boards (DHB) with a national consultation rate of 33.1 per 100 000 (123 ILI consultations).
- A total of 346 swabs were received from sentinel (32) and non-sentinel (314) surveillance.
- 80 viruses were identified: A (Not subtyped) (34), A(H3N2) (32) including two A/Perth/16/2009 (H3N2)-like viruses, B (Lineage not determined) (13), and A(H1N1)pdm09 (1).

In week 36, ILI consultation rate has decreased below the baseline. The proportion of positive influenza samples has also 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 123 consultations for ILI were reported from 79 general practices in 19 out of 20 DHBs. This gives a weekly consultation rate 33.1 of per 100 000 patient population, a decrease from 36.7 per 100 000 reported in week 35. 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. MidCentral DHB had the highest consultation rate (96.6 per 100 000, 20 cases) followed by Whanganui (89.7 per 100 000, 7 cases). The following DHBs also had rates above the national average of 33.1 per 100 000: Southern (41.9 per 100 000, 24 cases), Capital and Coast (41.4 per 100 000, 9 cases), Nelson Marlborough (37.6 per 100 000, 5 cases), and Waikato (34.5 per 100 000, 7 cases).

Figure 2. Weekly consultation rates for ILI by DHB week ending 9 September 2012

[ ] Not participating in sentinel influenza surveillance.
Figure 3. Consultation rates for ILI mapped by DHB for week 36, 2012

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 32\(^1\), swabs were received by virology laboratories from sentinel surveillance. Of these, 15 viruses were identified (Figure 4): A(H3N2) (8), A/Perth/16/2009 (H3N2)-like (2), B (Lineage not determined) (4), and A (Not subtyped) (1). The distribution by DHB is shown in Table 1.

Table 1. Influenza viruses from sentinel surveillance for week 36 by DHB

<table>
<thead>
<tr>
<th>Antigenic strain</th>
<th>AK/WM</th>
<th>BP</th>
<th>TK</th>
<th>HB</th>
<th>WG</th>
<th>MC</th>
<th>CC</th>
<th>NM</th>
<th>SN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Not subtyped)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>A/Perth/16/2009 (H3N2)-like</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>B (Lineage not determined)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

In addition, 314\(^1\) swabs were received by virology laboratories from non-sentinel surveillance. Of these, 65 viruses were identified (Figure 5): A (Not subtyped) (33), A(H3N2) (22), B (Lineage not determined) (9), and A(H1N1)pdm09 (1). The distribution by DHB is shown in Table 2.

Figure 4. Total influenza viruses from sentinel surveillance by type and week reported, week 18–36

In addition, 314\(^1\) swabs were received by virology laboratories from non-sentinel surveillance. Of these, 65 viruses were identified (Figure 5): A (Not subtyped) (33), A(H3N2) (22), B (Lineage not determined) (9), and A(H1N1)pdm09 (1). The distribution by DHB is shown in Table 2.

\(^1\) Data is from 5/6 virology laboratories.
Table 2. Influenza viruses from non-sentinel surveillance for week 36 by DHB

<table>
<thead>
<tr>
<th>Antigenic strain</th>
<th>AK/WM</th>
<th>CM</th>
<th>WK</th>
<th>CC</th>
<th>CB</th>
<th>SC</th>
<th>SN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Not subtyped)</td>
<td>13</td>
<td>4</td>
<td>14</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>A(H1N1)pdm09</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>B (Lineage not determined)</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>20</strong></td>
<td><strong>14</strong></td>
<td><strong>12</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

Figure 5. Total influenza viruses from non-sentinel surveillance by type and week reported, week 18–36 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 36 (9 September 2012) in each DHB. A total of 2193 influenza viruses were identified: influenza A(H3N2) (1471) including 298 A/Perth/16/2009 (H3N2)-like viruses, B (206) including 11 of B/Brisbane/60/2008-like (belonging to the B/Victoria lineage) and 49 B/Wisconsin/1/2010-like viruses (belonging to the B/Yamagata lineage), A(H1N1)pdm09 (236) including 70 A/California/7/2009 (H1N1)-like virus, and A (Not subtyped) (280). 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 36, 9 September 2012