

INFLUENZA WEEKLY UPDATE

2014/25: 16–22 June 2014

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 from sentinel general practice (GP) surveillance and non-sentinel surveillance for week 25 (16–22 June 2014).

Summary

- ILI through sentinel surveillance was reported from 17 out of 20 District Health Boards (DHB) with a national consultation rate of 29.8 per 100 000 (87 ILI consultations).
- A total of 354 swabs were received from sentinel (34) and non-sentinel (320) surveillance.
- 70 viruses were identified: A(H1N1)pdm09 (32) including four A/California/7/2009 (H1N1)-like, A(H3N2) (1), A (not sub-typed) (26), and B (11) including four B/Wisconsin/1/2010-like viruses and one of B/Brisbane/60/2008-like viruses.

INFLUENZA-LIKE ILLNESS SURVEILLANCE

In the past week, a total of 87 consultations for influenza-like illness (ILI) were reported from 56 general practices in 17 out of 20 DHBs. This gives a weekly consultation rate of 29.8 per 100 000 patient population. Figure 1 shows the weekly national consultation rate for 2014 in comparison to the average epidemic curve in 2000–2013 (excluding 2009). For more details on threshold definitions, see Appendix. The current rate of influenza-like illness is below the seasonal threshold.

Figure 1. Weekly consultation rates for influenza-like illness in New Zealand in 2014 in comparison to the average epidemic curve in 2000–2013 (excluding 2009)

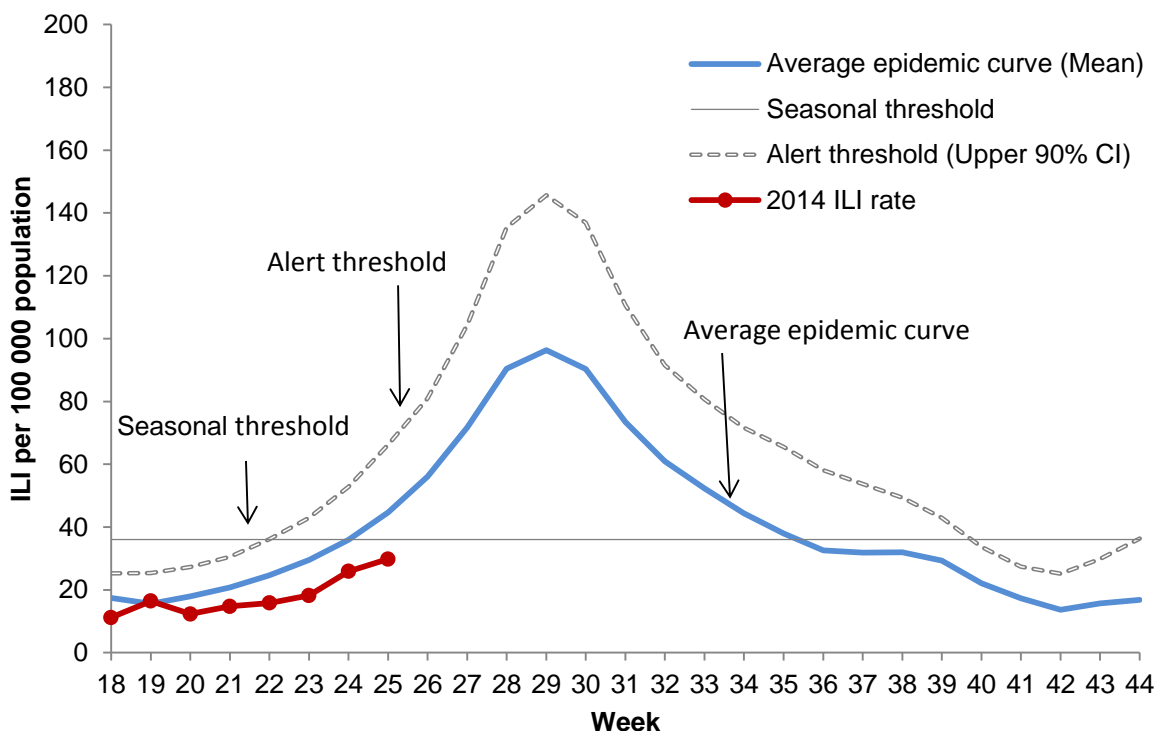


Figure 2 shows the weekly national consultation rate for 2014 in comparison to the previous years 2010–2013.

Figure 2. Weekly consultation rates for influenza-like illness in New Zealand, 2010–2014

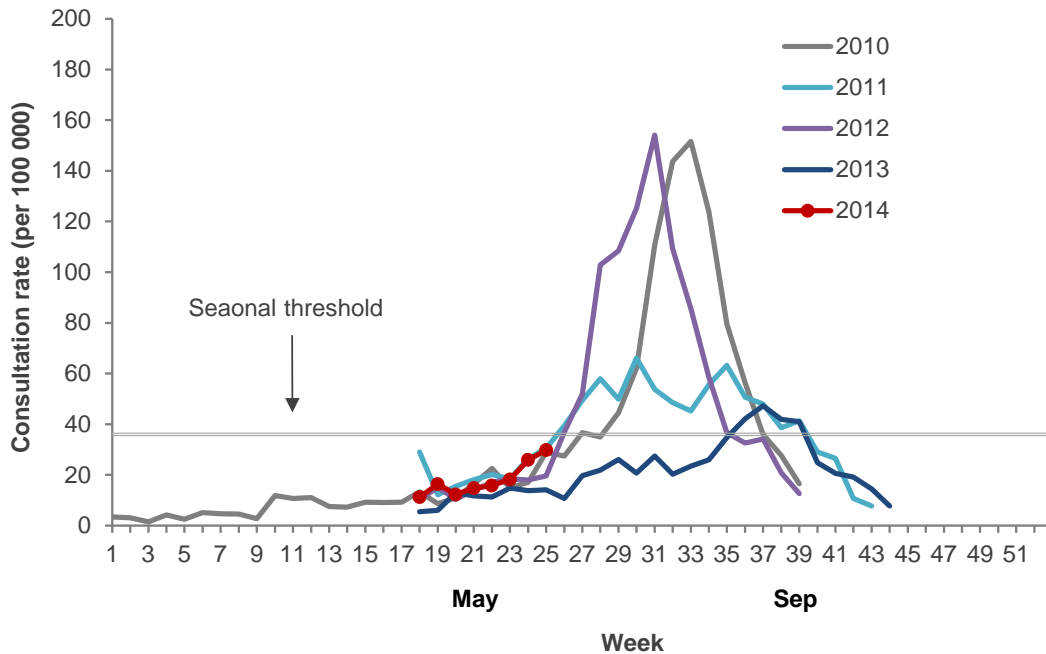
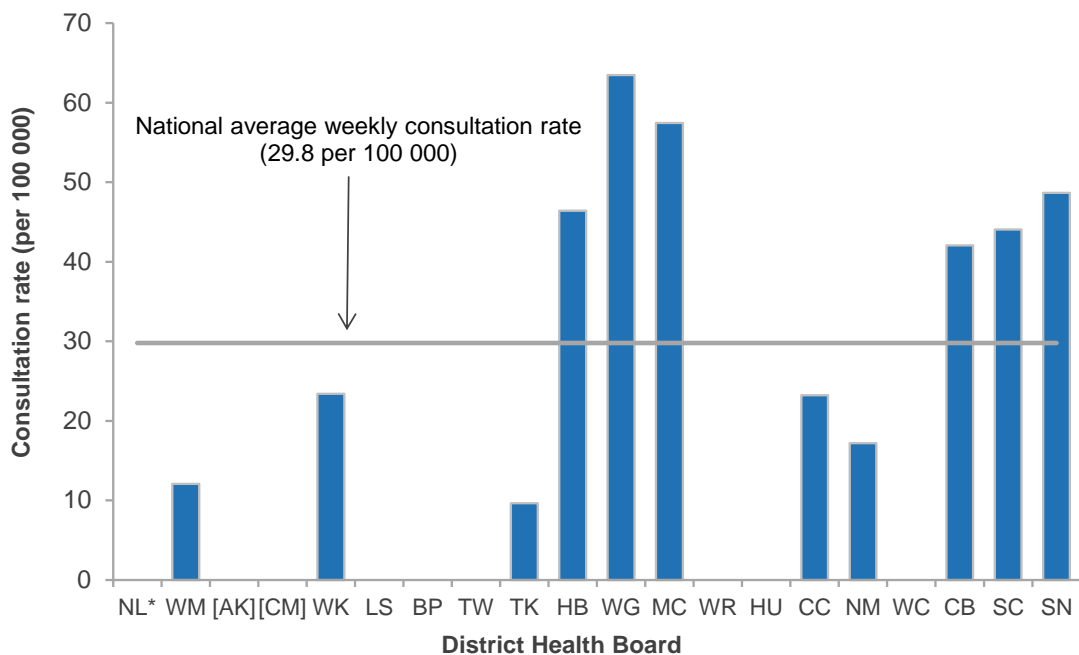


Figure 3 compares the consultation rates for influenza-like illness for each DHB over the past week. Whanganui DHB had the highest consultation rate (63.5 per 100 000, 3 cases) followed by MidCentral (57.4 per 100 000, 5 cases) and Southern (48.7 per 100 000, 25 cases).

Figure 3. Weekly consultation rates for influenza-like illness by DHB week ending 22 June 2014

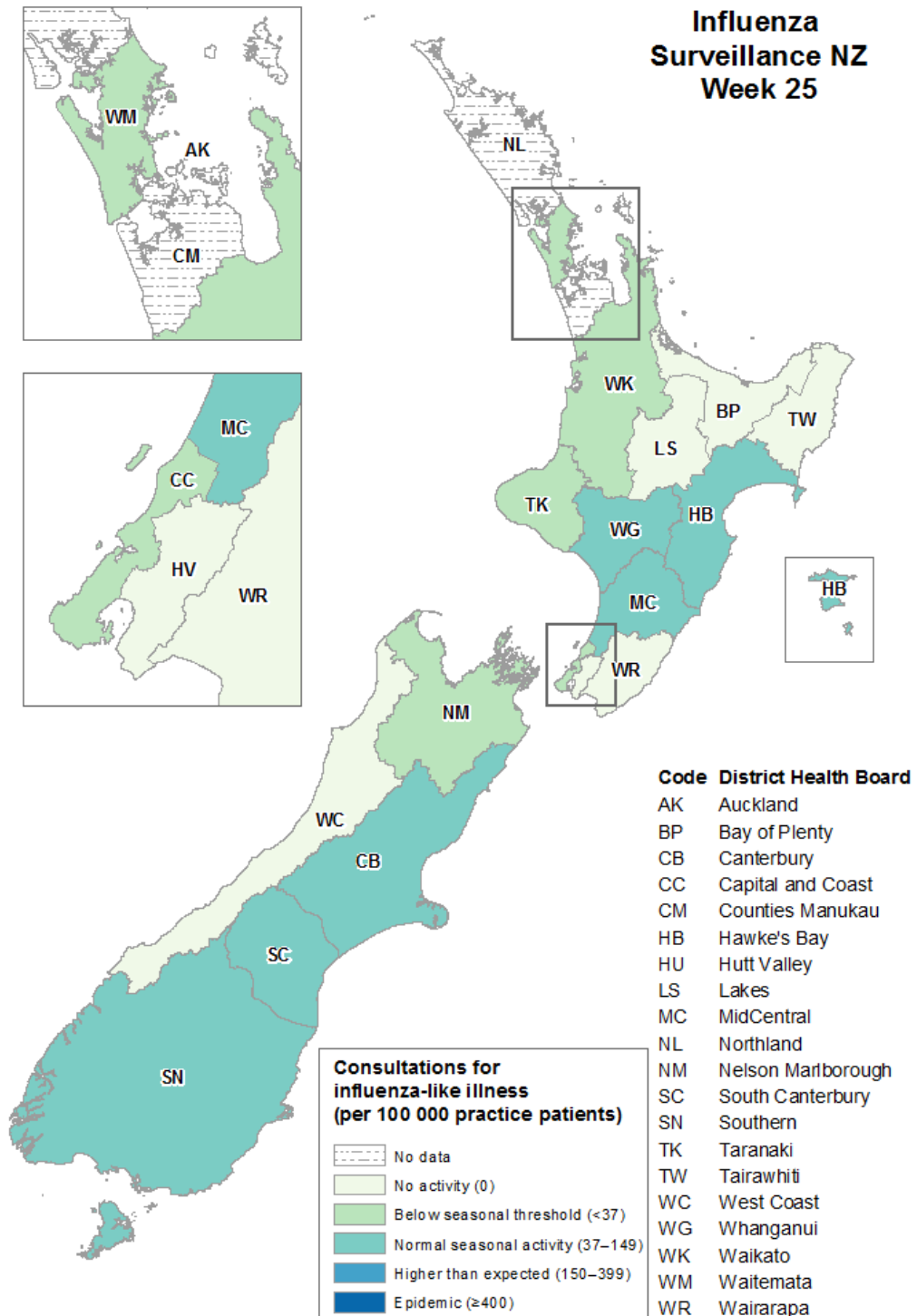


* Not data. [] Not participating in the influenza sentinel surveillance.

Based on the SHIVERS weekly report, the ILI incidence for Auckland and Counties Manukau DHBs for week 25 were 42.3 per 100 000 and 16.7 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 4. Consultation rates for influenza-like illness mapped by DHB for week 25, 2014



VIROLOGICAL SURVEILLANCE

A total of 34 swabs were received from sentinel surveillance. Of these, 10 influenza viruses were identified: A(H1N1)pdm09 (6) including one A/California/7/2009 (H1N1)-like and A (not sub-typed) (4). The distribution by DHB is shown in Table 1.

Table 1. Influenza viruses from sentinel surveillance for week 25 by DHB

Antigenic Strain	DHB				Total
	WK	NM	CB	SN	
A (not sub-typed)	2	1	0	1	4
A(H1N1)pdm09	0	0	5	0	5
A/California/7/2009 (H1N1)-like	0	0	0	1	1
Total	2	1	5	2	10

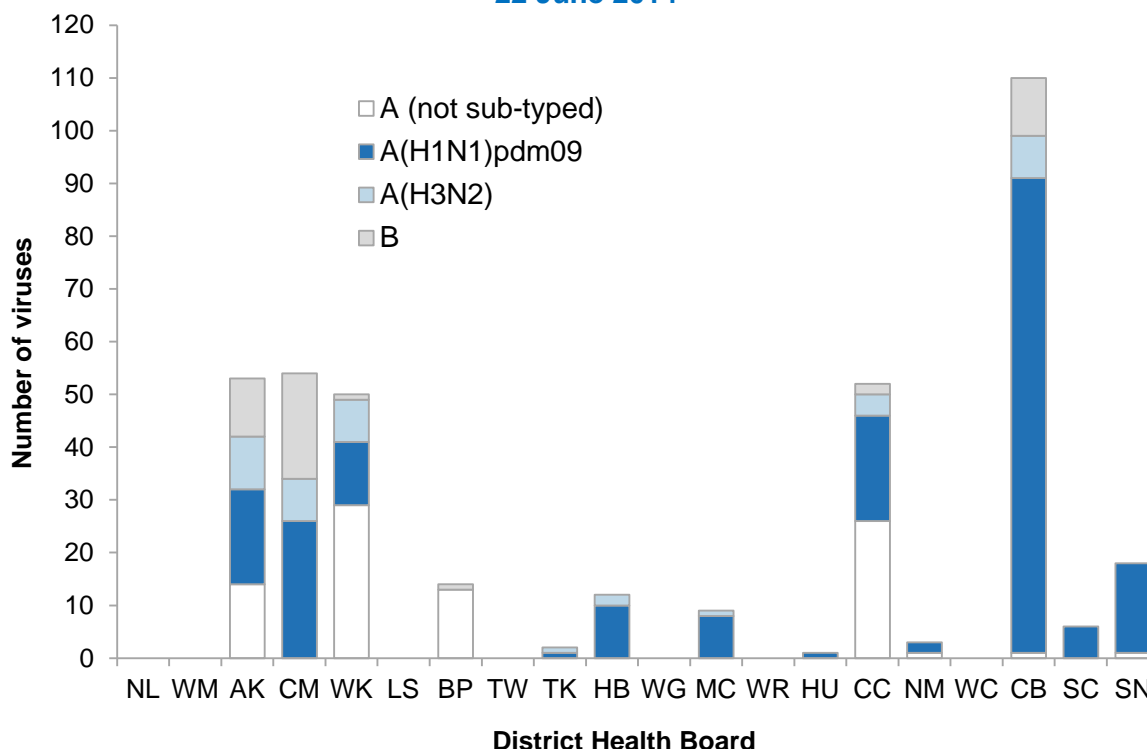
In addition, 320 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 60 influenza viruses were identified: A(H1N1)pdm09 (26) including three A/California/7/2009 (H1N1)-like, A(H3N2) (1), A (not sub-typed) (22), and B (11) including four B/Wisconsin/1/2010-like viruses and one of B/Brisbane/60/2008-like viruses. The distribution by DHB is shown in Table 2.

Table 2. Influenza viruses from non-sentinel surveillance for week 25 by DHB

Antigenic strain	DHB									Total
	AK	CM	WK	BP	MC	CC	CB	SC	SN	
A (not sub-typed)	7	0	8	4	0	3	0	0	0	22
A(H1N1)pdm09	4	5	0	0	3	0	6	1	4	23
A/California/7/2009 (H1N1)-like	0	1	2	0	0	0	0	0	0	3
A(H3N2)	1	0	0	0	0	0	0	0	0	1
B (not antigenically typed)	2	3	0	0	0	1	0	0	0	6
B/Brisbane/60/2008-like	0	1	0	0	0	0	0	0	0	1
B/Wisconsin/1/2010-like	1	3	0	0	0	0	0	0	0	4
Total	15	13	10	4	3	4	6	1	4	60

Figure 5 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 25 (22 June 2014). A total of 384 influenza viruses were identified: A(H1N1)pdm09 (211) including 37 A/California/7/2009 (H1N1)-like viruses, A(H3N2) (42) including 17 A/Victoria/361/2011 (H3N2)-like viruses, A (not sub-typed) (85), and B (46) including 16 B/Wisconsin/1/2010-like viruses and five of B/Brisbane/60/2008-like viruses.

Figure 5. Cumulative laboratory-confirmed viruses by DHB from week 1 to week 25, 22 June 2014



APPENDIX

New Zealand's ILI data in recent years was reviewed and updated:

- The average epidemic curve (based on the 2000–2013 ILI data, excluding 2009) is the usual level of influenza activity that may occur during a typical year using the method described in “*Global epidemiological surveillance standards for influenza*” (http://www.who.int/influenza/resources/documents/WHO_Epidemiological_Influenza_Surveillance_Standards_2014.pdf).
- The seasonal threshold is the level of influenza activity that signals the start and end of the annual influenza season and it was based on the 2000–2013 ILI data (excluding 2009) using the Moving Epidemic Method (Vega *et al. Influenza and other respiratory viruses* 2013;7(4):546-558). A weekly rate of 36 ILI consultations per 100 000 patient population is considered the seasonal threshold.
- Alert threshold (defined as 90% upper confidence interval of the mean) is a level above which, varying by time of year, influenza activity is higher than most years.
- A rate of 37–149 per 100 000 is used to describe normal seasonal influenza activity based on the 25th and 75th percentiles of the ILI data (2000–2013 excluding 2009). A rate of 150–399 is used to describe higher than expected influenza activity (i.e. 2009 pandemic). A rate of ≥ 400 is used to describe an epidemic level of influenza activity (i.e. 1996 experience).

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