

INFLUENZA WEEKLY UPDATE

2014/28: 7-13 July 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 28 (7–13 July 2014).

Summary

- ILI through sentinel surveillance was reported from 16 out of 20 District Health Boards (DHB) with a national consultation rate of 44.2 per 100 000 (121 ILI consultations).
- A total of 472 swabs were received from sentinel (45) and non-sentinel (427) surveillance.
- 155 viruses were identified: A(H1N1)pdm09 (67), A(H3N2) (3), A (not sub-typed) (79), and B (not lineage typed) (6).

INFLUENZA-LIKE ILLNESS SURVEILLANCE

In the past week, a total of 121 consultations for influenza-like illness (ILI) were reported from 53 general practices in 16 out of 20 DHBs. This gives a weekly consultation rate of 44.2 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 above 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)

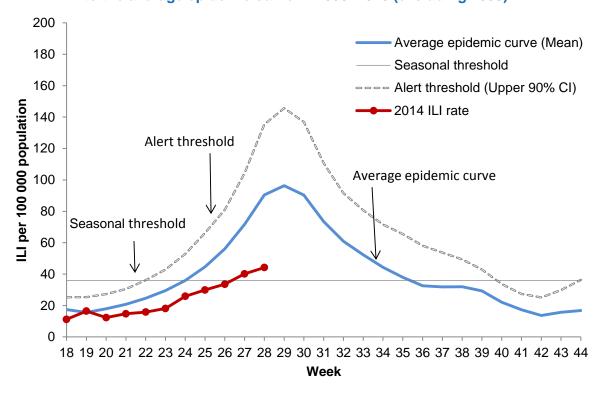


Figure 2 shows the weekly national consultation rate for 2014 in comparison to the previous years 2010–2013.

200 -2010 180 2011 Consultation rate (per 100 000) 160 2012 2013 140 **-**2014 120 100 Seasonal threshold 80 60 40 20 0 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 3 May Sep Week

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. South Canterbury DHB had the highest consultation rate (188.4 per 100 000, 13 cases) followed by Bay of Plenty (108.2 per 100 000, 2 cases).

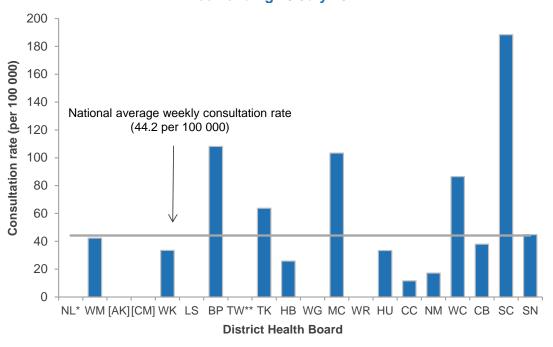
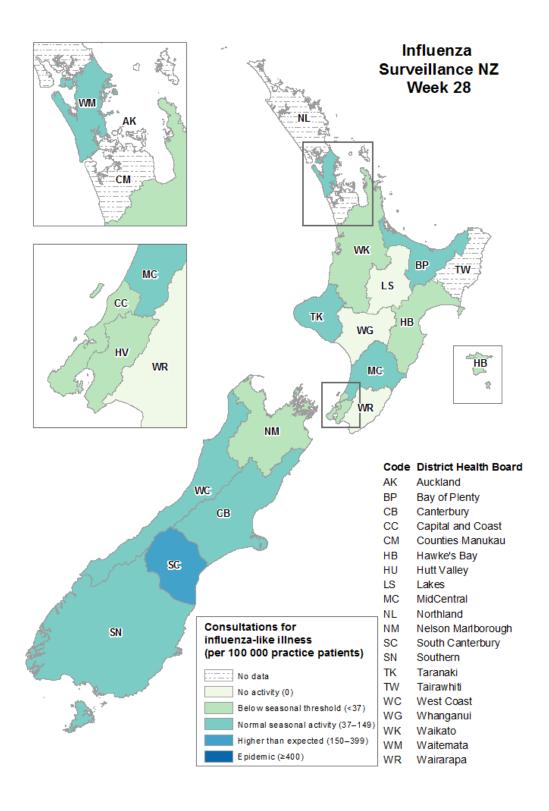


Figure 3. Weekly consultation rates for influenza-like illness by DHB week ending 13 July 2014

[] Participating in SHIVERS. Based on the SHIVERS weekly report, the ILI incidence for Auckland and Counties Manukau DHBs for week 28 were 50.5 per 100 000 and 30.7 per 100 000 patient populations, respectively. For more details, please refer to the website: http://www.esr.cri.nz/competencies/shivers/Pages/SHIVERSReports.aspx

 $[\]ensuremath{^{*}}$ Not participating in the influenza sentinel surveillance. $\ensuremath{^{**}}$ No data for the week.

Figure 4. Consultation rates for influenza-like illness mapped by DHB for week 28, 2014



VIROLOGICAL SURVEILLANCE

A total of 45 swabs were received from sentinel surveillance. Of these, 17 influenza viruses were identified: A(H1N1)pdm09 (8), A (not sub-typed) (8), and B (not lineage typed) (1). The distribution by DHB is shown in Table 1.

Table 1. Influenza viruses from sentinel surveillance for week 28 by DHB

Antigenic Strain		DHB								
	WK	TK	НВ	WG	MC	CC	WC	СВ	Total	
A (not sub-typed)	4	2	1	0	1	0	0	0	8	
A(H1N1)pdm09	0	0	0	3	0	1	2	2	8	
B (not lineage typed)	0	0	0	0	0	0	0	1	1	
Total	4	2	1	3	1	1	2	3	17	

In addition, 427 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 138 influenza viruses were identified: A(H1N1)pdm09 (59), A(H3N2) (3), A (not subtyped) (71), and B (not lineage typed) (5). The distribution by DHB is shown in Table 2.

Table 2. Influenza viruses from non-sentinel surveillance for week 28 by DHB

		DHB									
Antigenic strain	AK	CM	WK	BP	TK	MC	CC	NM	СВ	SN	Total
A (not sub-typed)	11	0	22	22	1	0	15	0	0	0	71
A(H1N1)pdm09	16	18	2	0	0	4	0	1	14	4	59
A(H3N2)	2	1	0	0	0	0	0	0	0	0	3
B (not lineage typed)	1	0	1	0	0	0	1	0	2	0	5
Total	30	19	25	22	1	4	16	1	16	4	138

Figure 5 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 28 (13 July 2014). A total of 729 influenza viruses were identified: A(H1N1)pdm09 (396) including 54 A/California/7/2009 (H1N1)-like viruses, A(H3N2) (52) including 19 A/Victoria/361/2011 (H3N2)-like viruses, A (not subtyped) (228), and B (53) including 18 B/Wisconsin/1/2010-like viruses and three of B/Brisbane/60/2008-like viruses.

13 July 2014 180 □ A (not sub-typed) 160 ■ A(H1N1)pdm09 ■ A(H3N2) 140 $\square B$ 120 Number of viruses 100 80 60 40 20 0 NL WM AK CM WK LS BP TW TK HB WG MC WR HU CC NM WC CB SC SN **District Health Board**

Figure 5. Cumulative laboratory-confirmed viruses by DHB from week 1 to week 28,

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 000is 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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