

INFLUENZA WEEKLY UPDATE

2014/30: 21–27 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 30 (21–27 July 2014).

Summary

- ILI through sentinel surveillance was reported from 16 out of 20 District Health Boards (DHB) with a national consultation rate of 39.9 per 100 000 (113 ILI consultations).
- A total of 618 swabs were received from sentinel (44) and non-sentinel (574) surveillance.
- 231 viruses were identified: A(H1N1)pdm09 (98) including nine A/California/7/2009 (H1N1), A(H3N2) (15), A (not sub-typed) (109), and B (not lineage typed) (9).

INFLUENZA-LIKE ILLNESS SURVEILLANCE

In the past week, a total of 113 consultations for influenza-like illness (ILI) were reported from 54 general practices in 16 out of 20 DHBs. This gives a weekly consultation rate of 39.9 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)

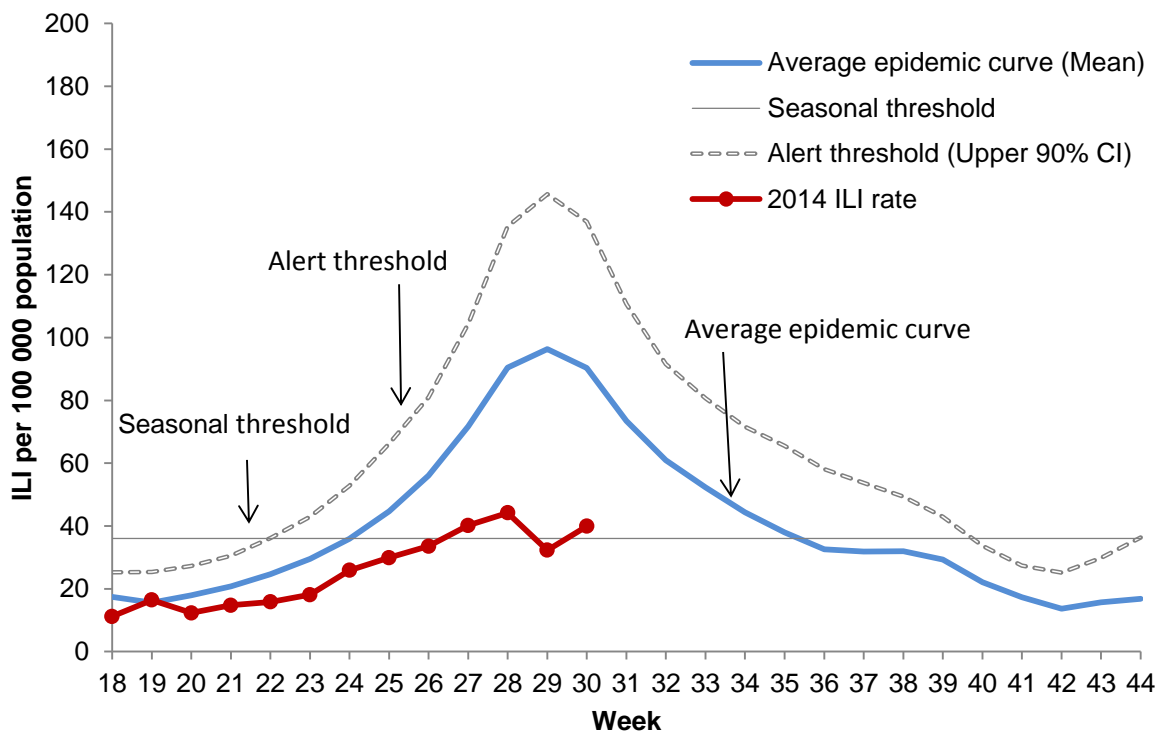


Figure 2 shows the weekly national consultation rate for 2014 in comparison to the previous years 2010–2013.

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

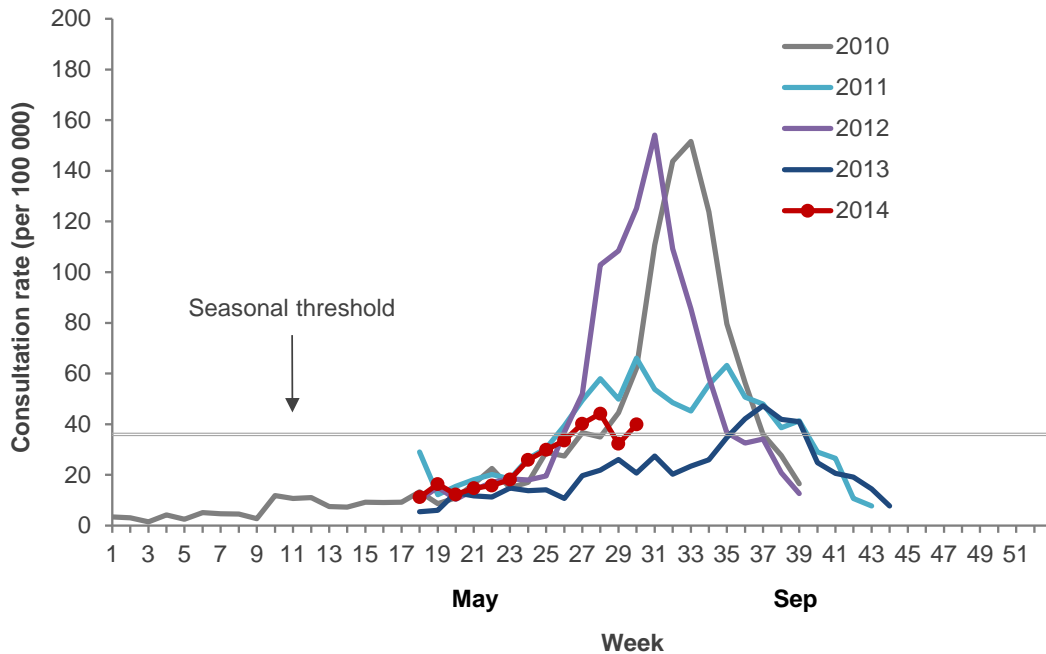
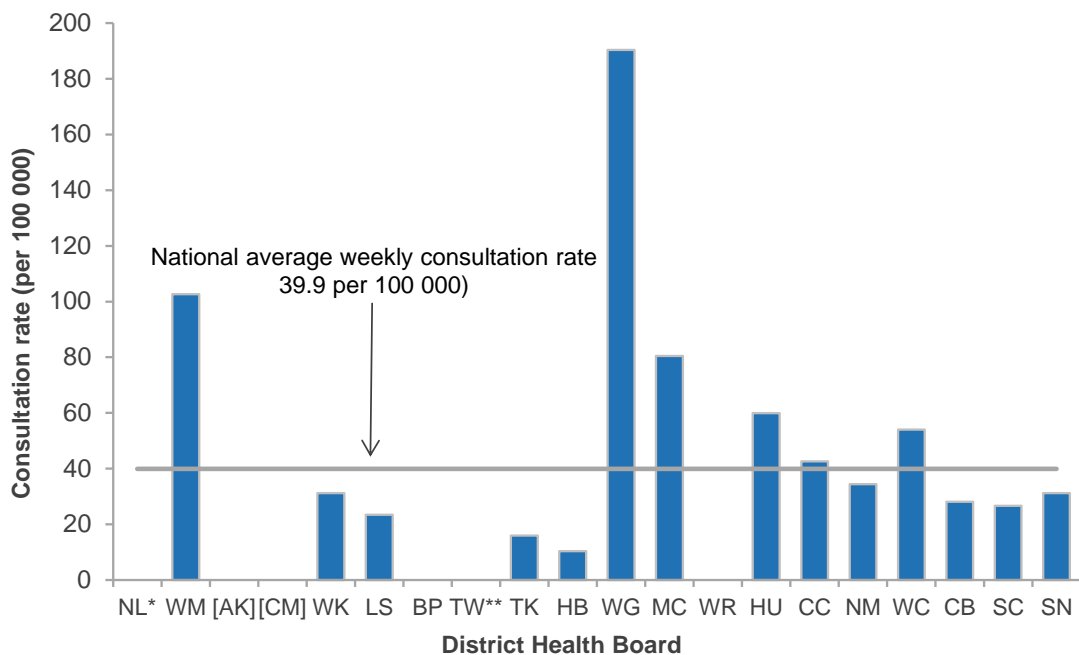


Figure 3 compares the consultation rates for influenza-like illness for each DHB over the past week. Whanganui DHB had the highest consultation rate (190.4 per 100 000, 9 cases) followed by Waitemata (102.6 per 100 000, 17 cases).

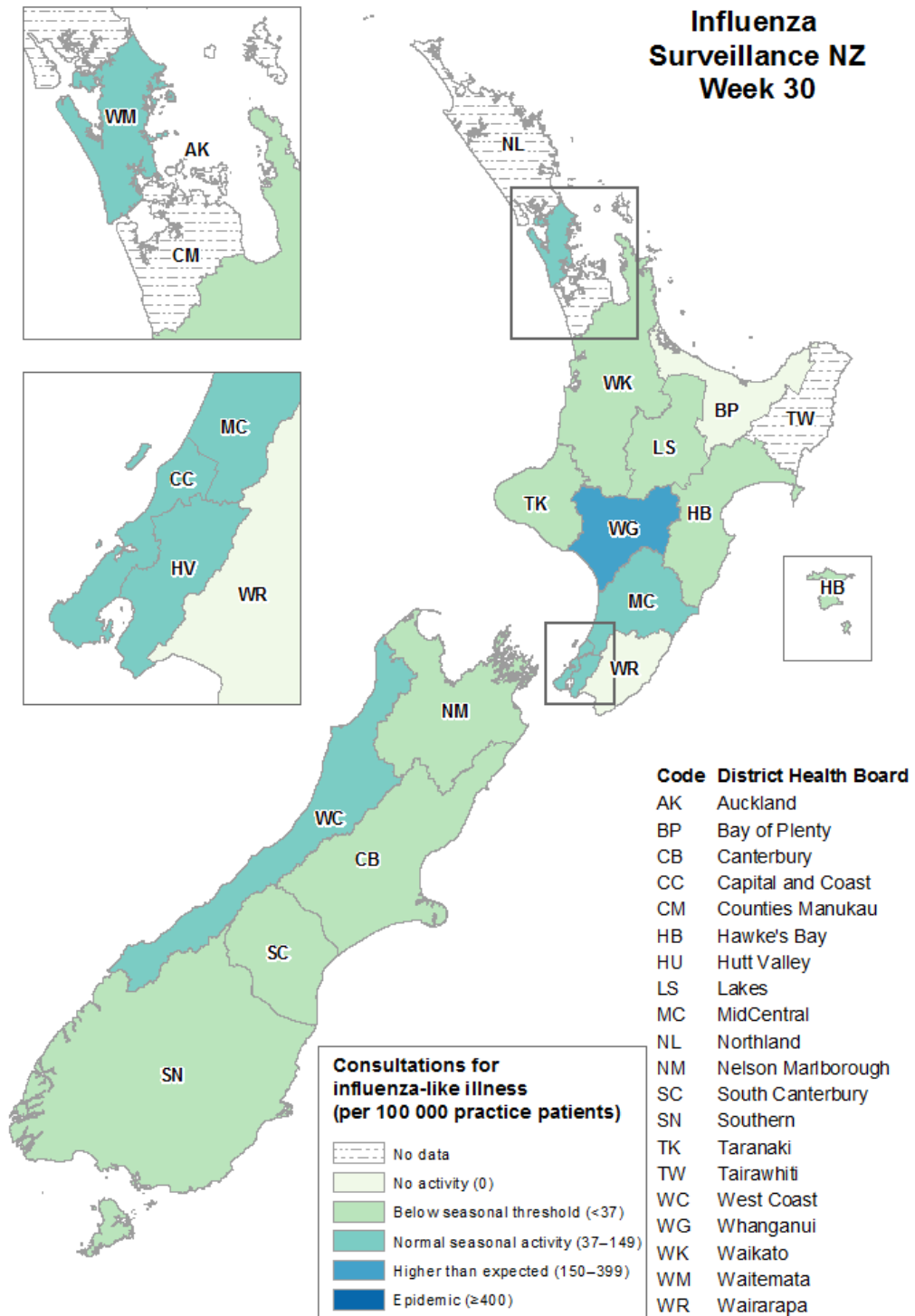
Figure 3. Weekly consultation rates for influenza-like illness by DHB week ending 27 July 2014



* Not participating in the influenza sentinel surveillance. ** No data for the week.

[] Participating in SHIVERS. Based on the SHIVERS weekly report, the ILI incidence for Auckland and Counties Manukau DHBs for week 30 were 104.2 per 100 000 and 47.4 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 30, 2014



VIROLOGICAL SURVEILLANCE

A total of 44 swabs were received from sentinel surveillance. Of these, 24 influenza viruses were identified: A(H1N1)pdm09 (8), A(H3N2) (2) and A (not sub-typed) (14). The distribution by DHB is shown in Table 1.

Table 1. Influenza viruses from sentinel surveillance for week 30 by DHB

Antigenic strain	DHB											Total
	WM	WK	TK	WG	MC	WR	CC	NM	WC	CB	SN	
A (not sub-typed)	1	4	1	2	1	0	1	1	0	0	3	14
A(H1N1)pdm09	0	0	0	0	1	1	0	0	1	3	2	8
A(H3N2)	0	0	0	0	0	0	1	0	0	1	0	2
Total	1	4	1	2	2	1	2	1	1	4	5	24

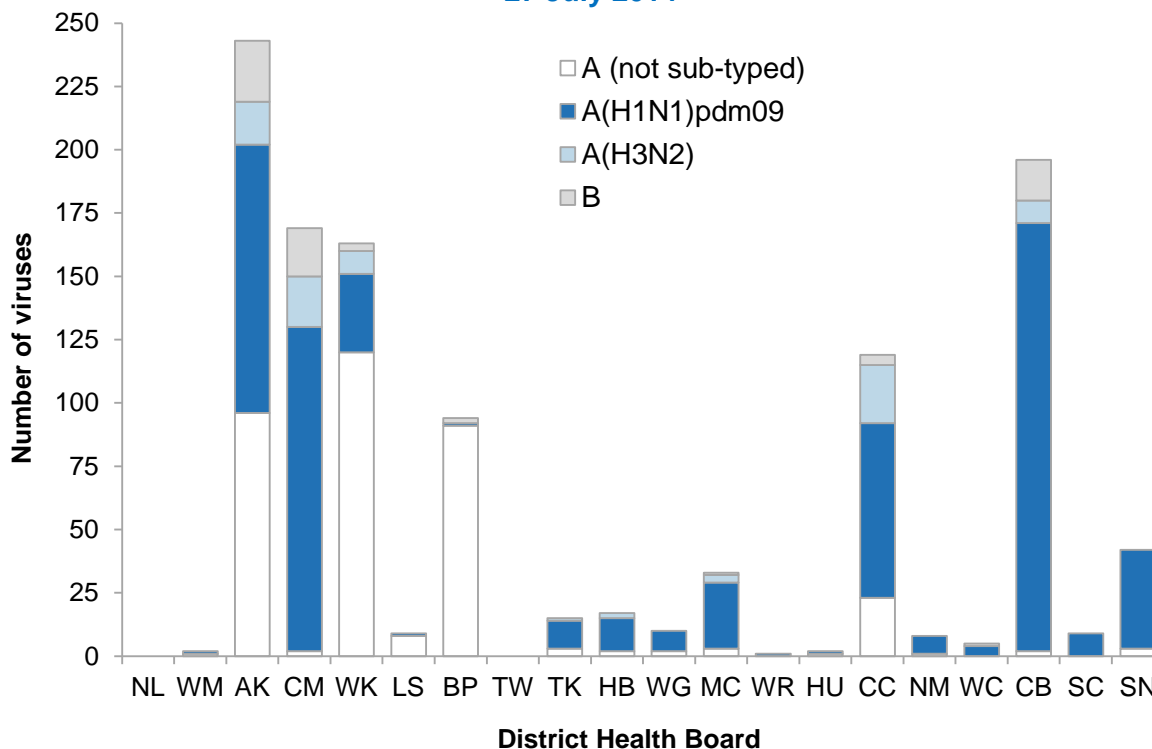
In addition, 574 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 207 influenza viruses were identified: A(H1N1)pdm09 (90) including nine A/California/7/2009 (H1N1)-like, A(H3N2) (13), A (not sub-typed) (95), and B (not lineage typed) (9). The distribution by DHB is shown in Table 2.

Table 2. Influenza viruses from non-sentinel surveillance for week 30 by DHB

Antigenic strain	DHB												Total
	WM	AK	CM	WK	LS	BP	TK	HB	MC	CC	NM	CB	
A (not sub-typed)	0	52	2	15	4	21	0	1	0	0	0	0	95
A(H1N1)pdm09	1	16	38	0	0	0	4	0	4	7	1	10	81
A/California/7/2009	0	4	4	1	0	0	0	0	0	0	0	0	9
A(H3N2)	0	0	4	0	0	0	0	0	0	8	0	1	13
B (not lineage type)	0	5	3	0	0	0	0	0	0	0	0	1	9
Total	1	77	51	16	4	21	4	1	4	15	1	12	207

Figure 5 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 30 (27 July 2014). A total of 1137 influenza viruses were identified: A(H1N1)pdm09 (625) including 93 A/California/7/2009 (H1N1)-like viruses, A(H3N2) (84) including 19 A/Victoria/361/2011 (H3N2)-like viruses, A (not sub-typed) (358), and B (70) including 18 B/Wisconsin/1/2010-like viruses and three of B/Brisbane/60/2008-like viruses.

Figure 5. Cumulative laboratory-confirmed viruses by DHB from week 1 to week 30, 27 July 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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