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 34 (18–24 August 2014).

**Summary**

- ILI through sentinel surveillance was reported from 17 out of 20 District Health Boards (DHB) with a national consultation rate of 48.2 per 100,000 (147 ILI consultations).
- A total of 592 swabs were received from sentinel (58) and non-sentinel (534) surveillance.
- 377 viruses were identified: A(H1N1)pdm09 (192), A(H3N2) (18), A (not sub-typed) (135), and B (not lineage typed) (32).

**INFLUENZA-LIKE ILLNESS SURVEILLANCE**

In the past week, a total of 147 consultations for influenza-like illness (ILI) were reported from 59 general practices in 17 out of 20 DHBs. This gives a weekly consultation rate of 48.2 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.

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. Tairawhiti DHB had the highest consultation rate (122.3¹ per 100 000, 2 cases) followed by Lakes (117.2 per 100 000, 5 cases), and South Canterbury (88.1 per 100 000, 8 cases).

Figure 3. Weekly consultation rates for influenza-like illness by DHB week ending 24 August 2014

* Not participating in the influenza sentinel surveillance. ¹ Interpret with caution as DHB has low coverage.
[ ] Participating in SHIVERS. Based on the SHIVERS weekly report, the ILL incidence for Auckland and Counties Manukau DHBs for week 34 were 156.3 per 100 000 and 39.0 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 34, 2014
Virological Surveillance

A total of 58 swabs were received from sentinel surveillance. Of these, 28 influenza viruses were identified: A(H1N1)pdm09 (22), A(H3N2) (4), A (not sub-typed) (1), and B (not lineage typed) (1) (Figure 5). The distribution by DHB is shown in Table 1.

Table 1. Influenza viruses from sentinel surveillance for week 34 by DHB

<table>
<thead>
<tr>
<th>Antigenic strain</th>
<th>WM</th>
<th>AK</th>
<th>CM</th>
<th>WK</th>
<th>LS</th>
<th>BP</th>
<th>WG</th>
<th>MC</th>
<th>HU</th>
<th>CC</th>
<th>WC</th>
<th>CB</th>
<th>SN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A(H1N1)pdm09</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>8</td>
<td>2</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>B (not lineage typed)</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>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td></td>
<td></td>
<td>28</td>
</tr>
</tbody>
</table>

The temporal distribution of influenza viruses is shown in the graphs below for sentinel and non-sentinel surveillance from week 18 (28 April – 4 May 2014) to week 34 (18 – 24 August 2014). The predominant strain was influenza A(H1N1)pdm09 in the sentinel and non-sentinel surveillance (75.3% and 59.4%, respectively).

Figure 5. Total influenza viruses from sentinel surveillance by type and week reported, week 18–34 and the total percentage positive from the swabs received

In addition, 534 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 349 influenza viruses were identified: A(H1N1)pdm09 (170), A(H3N2) (14), A (not sub-typed) (134), and B (not lineage typed) (31) (Figure 6). The distribution by DHB is shown in Table 2.

Table 2. Influenza viruses from non-sentinel surveillance for week 34 by DHB

<table>
<thead>
<tr>
<th>Antigenic strain</th>
<th>WM</th>
<th>AK</th>
<th>CM</th>
<th>WK</th>
<th>LS</th>
<th>BP</th>
<th>TK</th>
<th>HB</th>
<th>MC</th>
<th>CC</th>
<th>CB</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>0</td>
<td>81</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>134</td>
</tr>
<tr>
<td>A(H1N1)pdm09</td>
<td>1</td>
<td>32</td>
<td>75</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>37</td>
<td>170</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>B (not lineage typed)</td>
<td>0</td>
<td>16</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>134</td>
<td>91</td>
<td>6</td>
<td>6</td>
<td>35</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>24</td>
<td>41</td>
<td>349</td>
</tr>
</tbody>
</table>
Figure 6. Total influenza viruses from non-sentinel surveillance by type and week reported, week 18–34 and the total percentage positive from the swabs received

*Data shown from week 18 only. One laboratory did not provide the number of swabs tested. One extra laboratory joined in week 24 (week ending 15 June 2014).

Figure 7 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 34 (24 August 2014). A total of 2483 influenza viruses were identified: A(H1N1)pdm09 (1502) including 246 A/California/7/2009 (H1N1)-like viruses, A(H3N2) (193) including 27 A/Texas/50/2012 (H3N2)-like and 15 A/Victoria/361/2011 (H3N2)-like viruses, A (not sub-typed) (618), and B (170) including 20 B/Massachusetts/02/2012-like and 17 B/Wisconsin/1/2010-like, and three of B/Brisbane/60/2008-like viruses.

The recommended influenza vaccine formulation for New Zealand in 2014 is:

A(H1N1) an A/California/7/2009 (H1N1)pdm-like strain*
A(H3N2) an A/Texas/50/2012 (H3N2)-like strain
B a B/Massachusetts/2/2012-like strain

* Note: A/California/7/2009 (H1N1)-like strain is an influenza A(H1N1)pdm09 strain.
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).