

INFLUENZA WEEKLY UPDATE

2015/19: 4 – 10 May 2015

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 19 (4 – 10 May 2015).

Summary

- ILI through sentinel surveillance was reported from 16 out of 20 District Health Boards (DHB) with a national consultation rate of 12.7 per 100 000 (36 ILI consultations).
- A total of 243 swabs were received from sentinel (22) and non-sentinel (221) surveillance.
- Seven influenza viruses were identified: B (5) including one B/Victoria, A(H3N2) (1) and A (not sub-typed) (1).

INFLUENZA-LIKE ILLNESS SURVEILLANCE

In the past week, a total of 36 consultations for influenza-like illness were reported from 53 general practices in 16 out of 20 DHBs. This gives a weekly consultation rate of 12.7 per 100,000 patient population. Figure 1 shows the weekly national consultation rate for 2015 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 2015 in comparison to the average epidemic curve in 2000–2013 (excluding 2009)

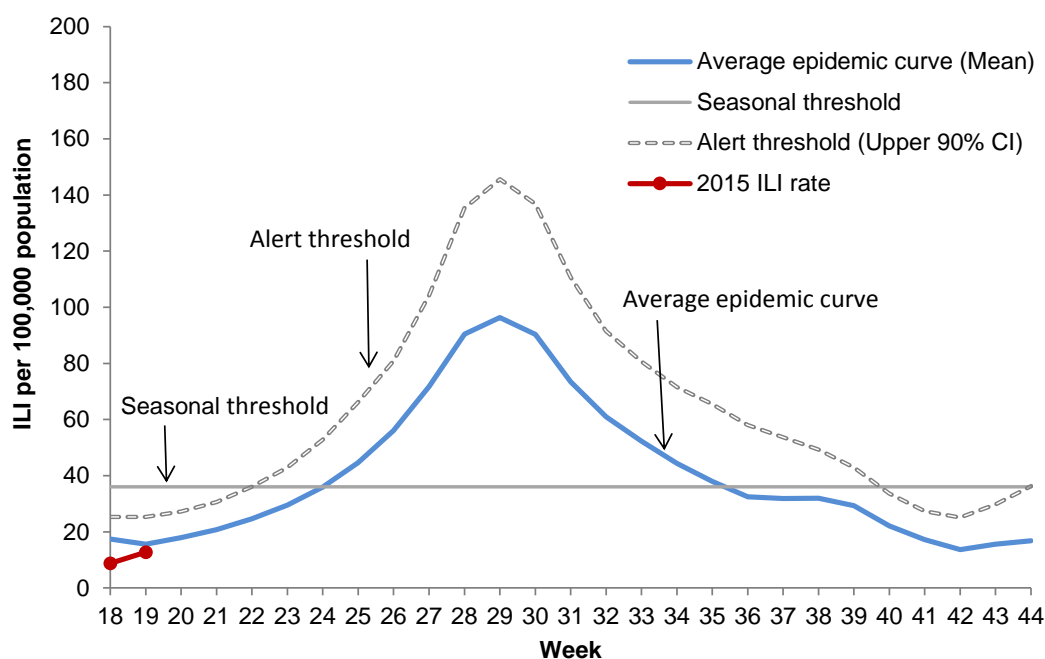


Figure 2 shows the weekly national consultation rate for 2015 in comparison to the previous years 2010–2014.

Figure 2. Weekly consultation rates for influenza-like illness in New Zealand, 2010–2015

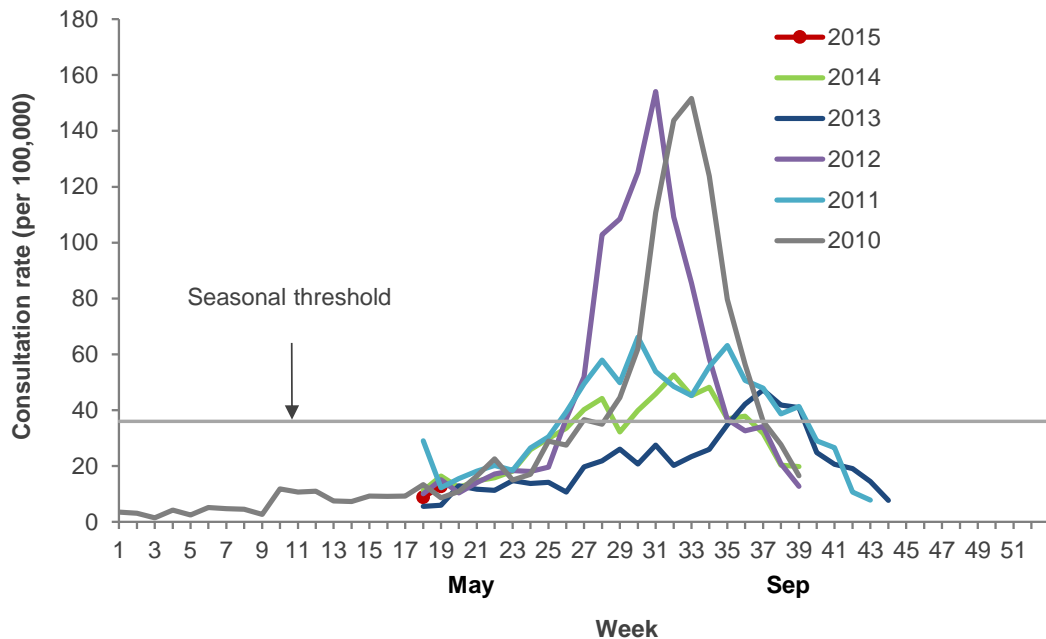
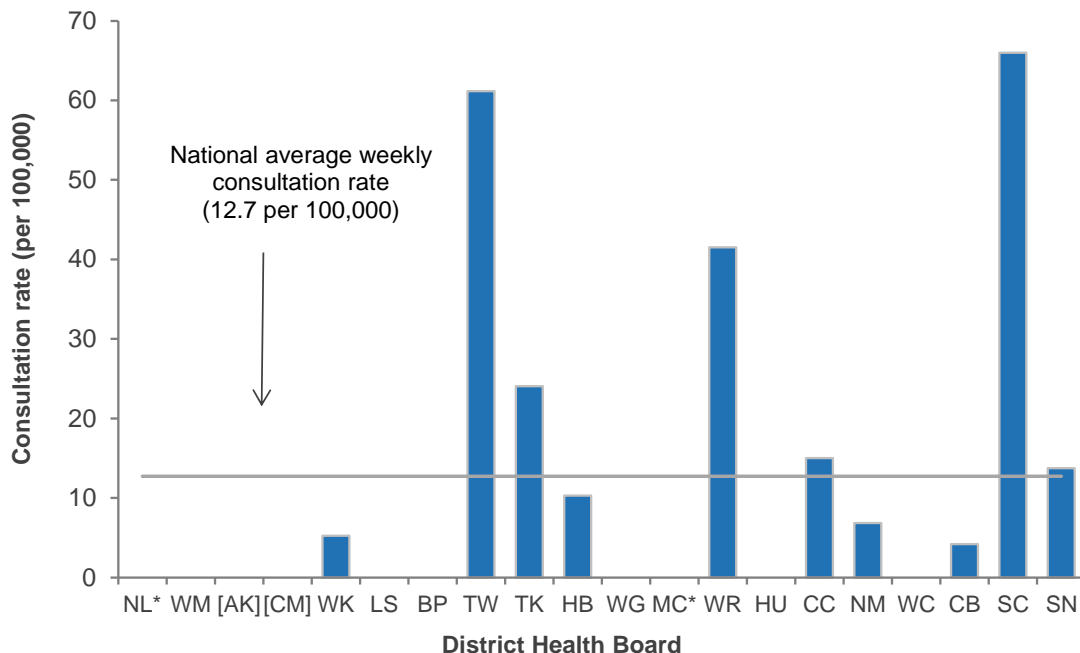


Figure 3 compares the consultation rates for influenza-like illness for each DHB over the past week. South Canterbury DHB had the highest consultation rate (66.0 per 100,000, 5 cases) followed by Tairāwhiti (61.2 per 100,000, 1 case) and Wairarapa (41.5 per 100,000, 10 cases).

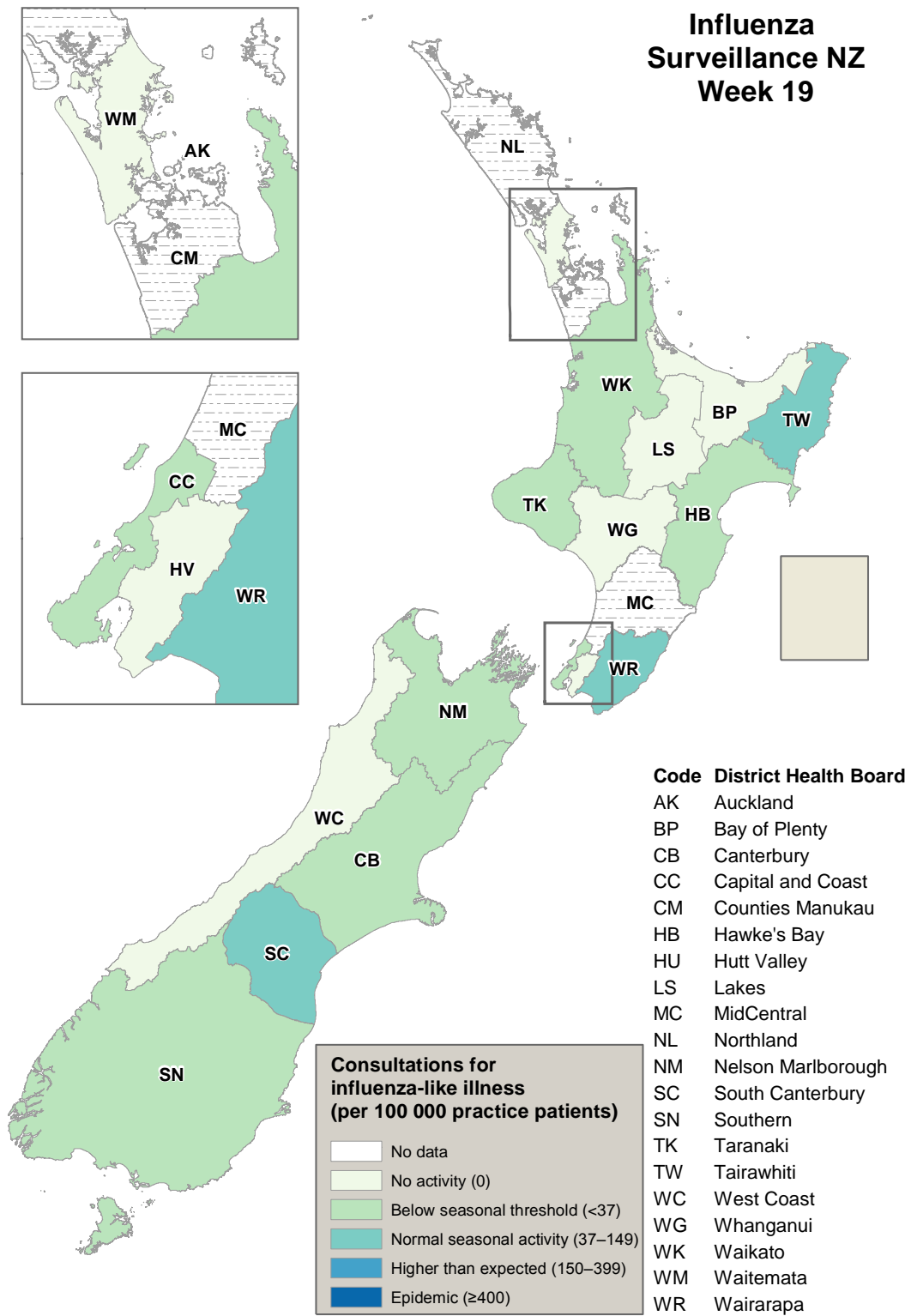
Figure 3. Weekly consultation rates for influenza-like illness by DHB week ending 10 May 2015



* No data for the week.

Note: Auckland (AK) and Counties Manukau (CM) DHBs follow the Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) case definition which is different from this sentinel surveillance. 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 19, 2015



VIROLOGICAL SURVEILLANCE

A total of 22 swabs were received from sentinel surveillance. Of these, four influenza viruses were identified: B (3) including one B/Victoria lineage and A (not sub-typed) (1). The distribution by DHB is shown in Table 1.

Table 1. Influenza viruses from sentinel surveillance for week 19 by DHB

Antigenic strain	DHB				Total
	TK	CC	CB	SN	
A (not sub-typed)	0	1	0	0	1
B (not antigenically typed)	1	0	1	0	2
B/Victoria lineage	0	0	0	1	1
Total	1	1	1	1	4

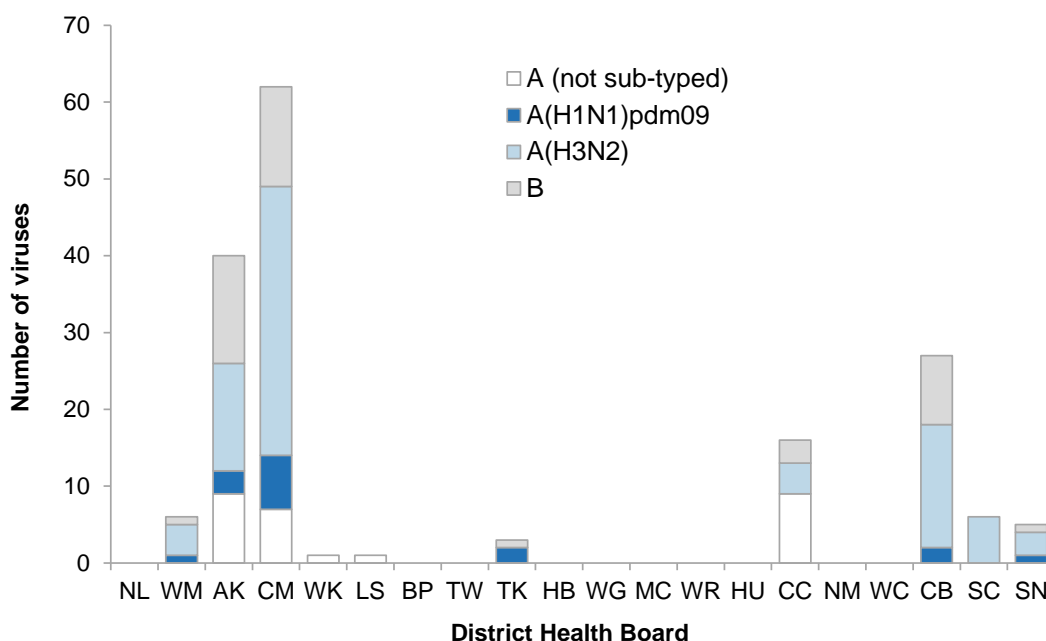
In addition, 221 swabs were received by virology laboratories from non-sentinel surveillance. Of these, three influenza viruses were identified: B (2) and A(H3N2) (1). The distribution by DHB is shown in Table 2.

Table 2. Influenza viruses from non-sentinel surveillance for week 19 by DHB

Antigenic strain	DHB			Total
	AK	CM	CB	
A(H3N2)	0	0	1	1
B (not antigenically typed)	1	1	0	2
Total	1	1	1	3

Figure 5 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 19 (10 May 2015). A total of 167 influenza viruses were identified: A(H3N2) (82) including 27 A/Texas/50/2012 (H3N2)-like viruses, B (42) including 12 B/Massachusetts/2/2012, B/Yamagata lineage (3), B/Victoria lineage (2), A(H1N1)pdm09 (16) including three A/California/7/2009 (H1N1)-like viruses, and A (not sub-typed) (27).

Figure 5. Cumulative laboratory-confirmed viruses by DHB from week 1 to week 19, 10 May 2015



APPENDIX

* New Zealand's ILI data during 2000–2013 (excluding 2009) was reviewed and updated:

- The average epidemic curve indicated here 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 indicated here is the level of influenza activity that signals the start and end of the annual influenza season and it was based on 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) indicated here is a level above which, varying by time of year, influenza activity is higher than most years.
- The ILI rates used here to describe different level of influenza activity is based on the 25th and 75th percentiles of the ILI data. A rate of 37–149 per 100,000 patient population is considered indicative of normal seasonal influenza activity; a rate of 150–399 indicative of higher than expected influenza activity; a rate of ≥ 400 indicative of a severe epidemic level of influenza activity.

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