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 (20–26 July 2015).

**Summary**
- ILI through sentinel surveillance was reported from 17 out of 20 District Health Boards (DHB) with a national consultation rate of 102.0 per 100,000 (319 ILI consultations).
- A total of 939 swabs were received from sentinel (90) and non-sentinel (849) surveillance.
- 441 influenza viruses were identified: B (not lineage-typed) (192), A (not sub-typed) (172) and A(H3N2) (77).

**INFLUENZA-LIKE ILLNESS SURVEILLANCE**

In the past week, a total of 319 consultations for influenza-like illness were reported from 58 general practices in 17 out of 20 DHBs. This gives a weekly consultation rate of 102.0 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 above 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. Tairawhiti had the highest consultation rate (291.8 per 100,000, 3 cases) followed by Whanganui (269.9 per 100,000, 14 cases), and South Canterbury (163.8 per 100,000, 15 cases) DHBs.

Figure 3. Weekly consultation rates for influenza-like illness by DHB
week ending 26 July 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. Based on the SHIVERS weekly report, the ILI incidence for Auckland and Counties Manukau DHBs for week 30 were 109.1 per 100,000 and 25.1 per 100,000 patient populations, respectively. For more details, please refer to the website: http://www.esr.cri.nz/health-science/our-work/shivers/reports/
Figure 4. Consultation rates for influenza-like illness mapped by DHB for week 30, 2015

Consultations for influenza-like illness (per 100,000 practice patients)

- No data
- No activity (0)
- Below seasonal threshold (<37)
- Normal seasonal activity (37-149)
- Higher than expected (150-399)
- Epidemic (>400)

Code | District Health Board
--- | ---
AK | Auckland
BP | Bay of Plenty
CB | Canterbury
CC | Capital and Coast
CM | Counties Manukau
HB | Hawke's Bay
HU | Hutt Valley
LS | Lakes
MC | MidCentral
NL | Northland
NM | Nelson Marlborough
SC | South Canterbury
SN | Southern
TK | Taranaki
TW | Tairawhiti
WC | West Coast
WG | Whanganui
WK | Waikato
WM | Waitemata
WR | Wairarapa
VIROLOGICAL SURVEILLANCE

A total of 90 swabs were received from sentinel surveillance. Of these, 56 influenza viruses were identified: B (not lineage-typed) (38), A (not sub-typed) (17), and A(H3N2) (1). The distribution by DHB is shown in Table 1.

<table>
<thead>
<tr>
<th>Antigenic strain</th>
<th>WM</th>
<th>WK</th>
<th>LS</th>
<th>TW</th>
<th>TK</th>
<th>HB</th>
<th>WG</th>
<th>WR</th>
<th>HU</th>
<th>CC</th>
<th>NM</th>
<th>CB</th>
<th>SN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>A(H3N2)</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>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>B (not lineage-typed)</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>24</td>
<td>6</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>25</td>
<td>8</td>
<td>56</td>
</tr>
</tbody>
</table>

The temporal distribution of influenza viruses is shown in the graphs below for sentinel and non-surveillance from week 18 (27 April–3 May 2015) to week 30 (20–26 July 2015). The predominant strain was influenza B in the sentinel (57.1%) and A(H3N2) (36.1%) in the non-sentinel surveillance.

**Figure 5. Total influenza viruses from sentinel surveillance by type and week reported, week 18–30 and the total percentage positive from the swabs received**

In addition, 849 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 385 influenza viruses were identified: A (not sub-typed) (155), B (not lineage-typed) (154), and A(H3N2) (76). The distribution by DHB is shown in Table 2.
Table 2. Influenza viruses from non-sentinel surveillance for week 30 by DHB

<table>
<thead>
<tr>
<th>Antigenic strain</th>
<th>AK</th>
<th>CM</th>
<th>WK</th>
<th>LS</th>
<th>BP</th>
<th>HB</th>
<th>MC</th>
<th>HU</th>
<th>CC</th>
<th>NM</th>
<th>CB</th>
<th>SN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>91</td>
<td>2</td>
<td>19</td>
<td>2</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>155</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>10</td>
<td>46</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>76</td>
</tr>
<tr>
<td>B (not lineage-typed)</td>
<td>30</td>
<td>12</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>90</td>
<td>5</td>
<td>154</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>131</td>
<td>60</td>
<td>28</td>
<td>2</td>
<td>15</td>
<td>1</td>
<td>3</td>
<td>14</td>
<td>18</td>
<td>2</td>
<td>106</td>
<td>5</td>
<td>385</td>
</tr>
</tbody>
</table>

Figure 6. Total influenza viruses from non-sentinel surveillance by type and week reported, week 18–30 and the total percentage positive from the swabs received.

Figure 7 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 30 (26 July 2015). A total of 1730 influenza viruses were identified: A(H3N2) (539) including 32 A/Switzerland/9715293/2013 (H3N2)-like and 29 A/Texas/50/2012 (H3N2)-like, B/Yamagata lineage (71) including 53 B/Phuket/3073/2013-like and seven B/Massachusetts/2/2012-like, B/Victoria lineage (12) including 11 B/Brisbane/60/2008-like, B (not lineage-typed) (514), A(H1N1)pdm09 (24) including five A/California/7/2009 (H1N1)-like, and A (not sub-typed) (570) viruses.
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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