

# INFLUENZA WEEKLY UPDATE

2015/31: 27 July–2 August 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 31 (27 July–2 August 2015).

## Summary

- ILI through sentinel surveillance was reported from 18 out of 20 District Health Boards (DHB) with a national consultation rate of 112.2 per 100,000 (345 ILI consultations).
- A total of 910 swabs were received from sentinel (93) and non-sentinel (817) surveillance.
- 442 influenza viruses were identified: B (not lineage-typed) (193), A (not sub-typed) (191), A(H3N2) (54), B/Yamagata lineage (3) including two B/Phuket/3073/2013-like, and A(H1N1)pdm09 (1).

## INFLUENZA-LIKE ILLNESS SURVEILLANCE

In the past week, a total of 345 consultations for influenza-like illness were reported from 56 general practices in 18 out of 20 DHBs. This gives a weekly consultation rate of 112.2 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)**

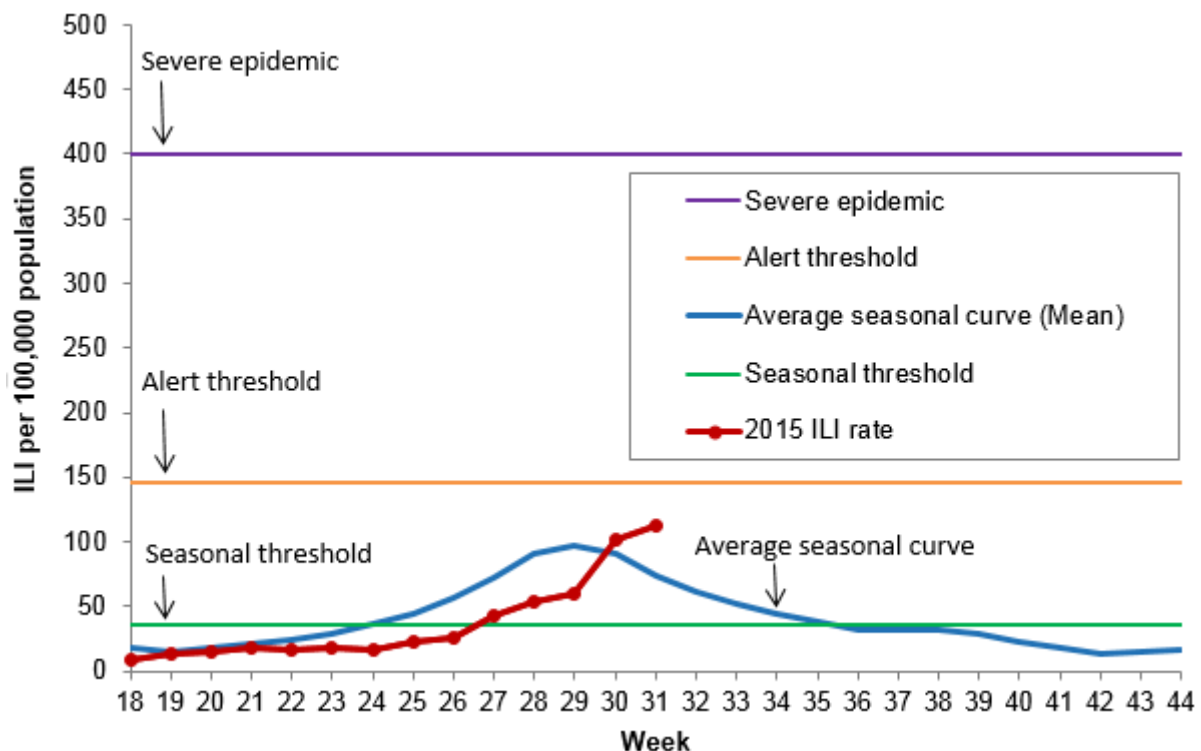


Figure 2 shows the weekly national consultation rate for 2015 in comparison to the previous years 2009–2014.

**Figure 2. Weekly consultation rates for influenza-like illness in New Zealand, 2009–2015**

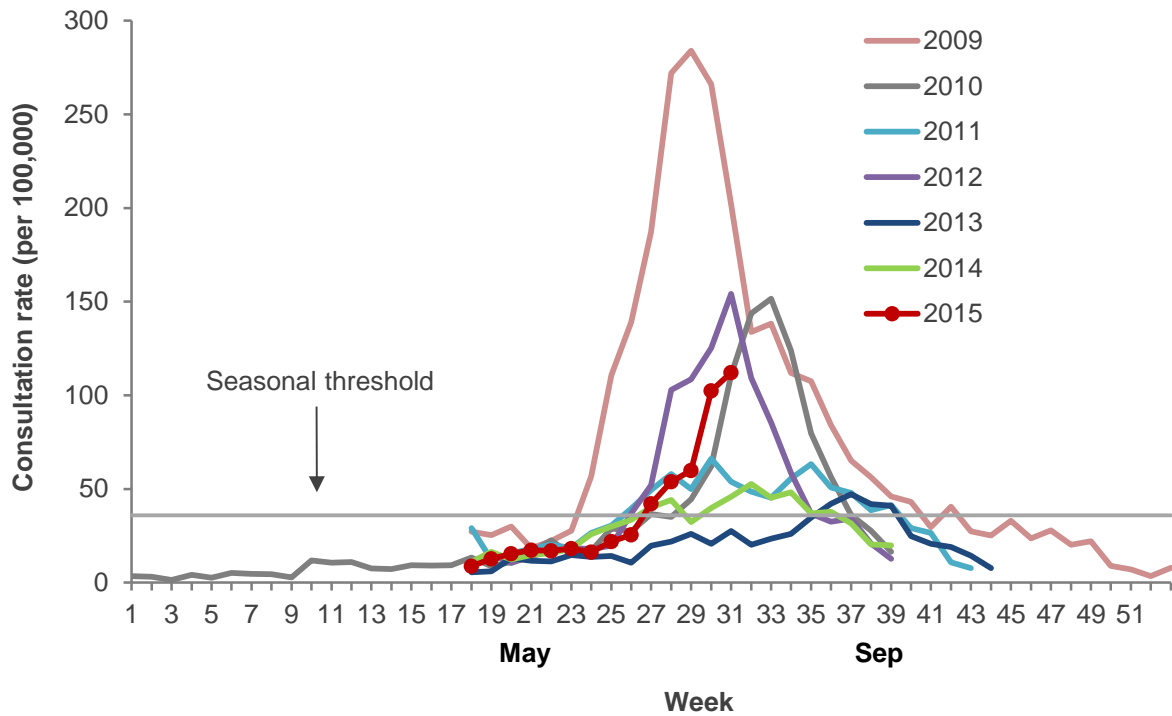
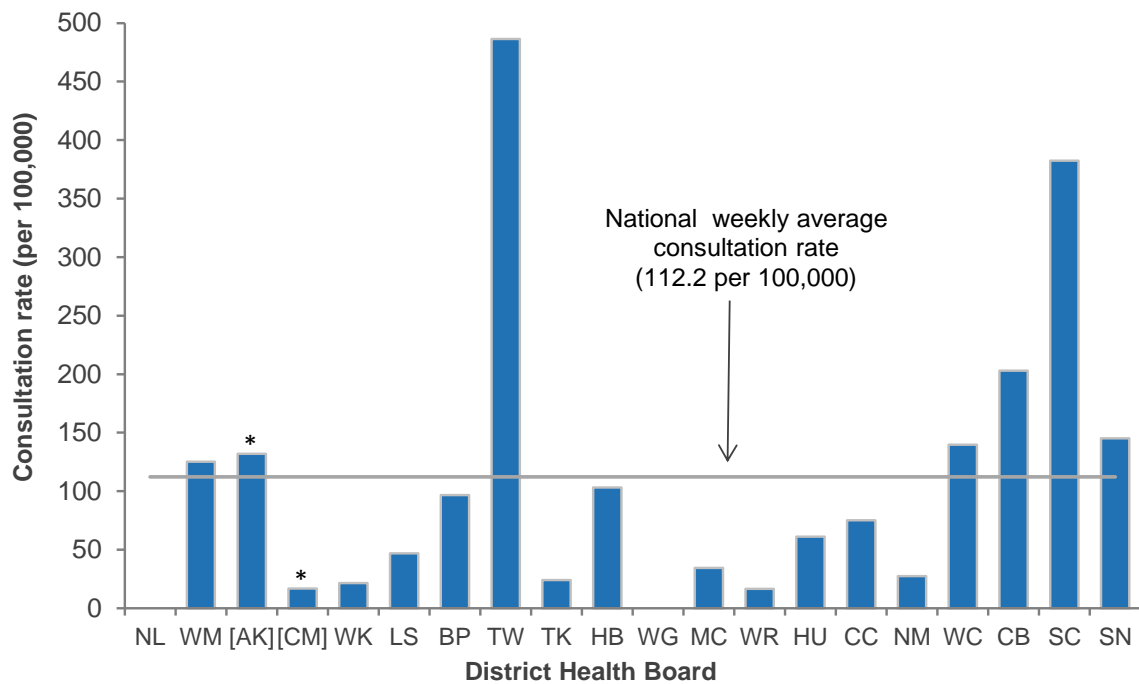


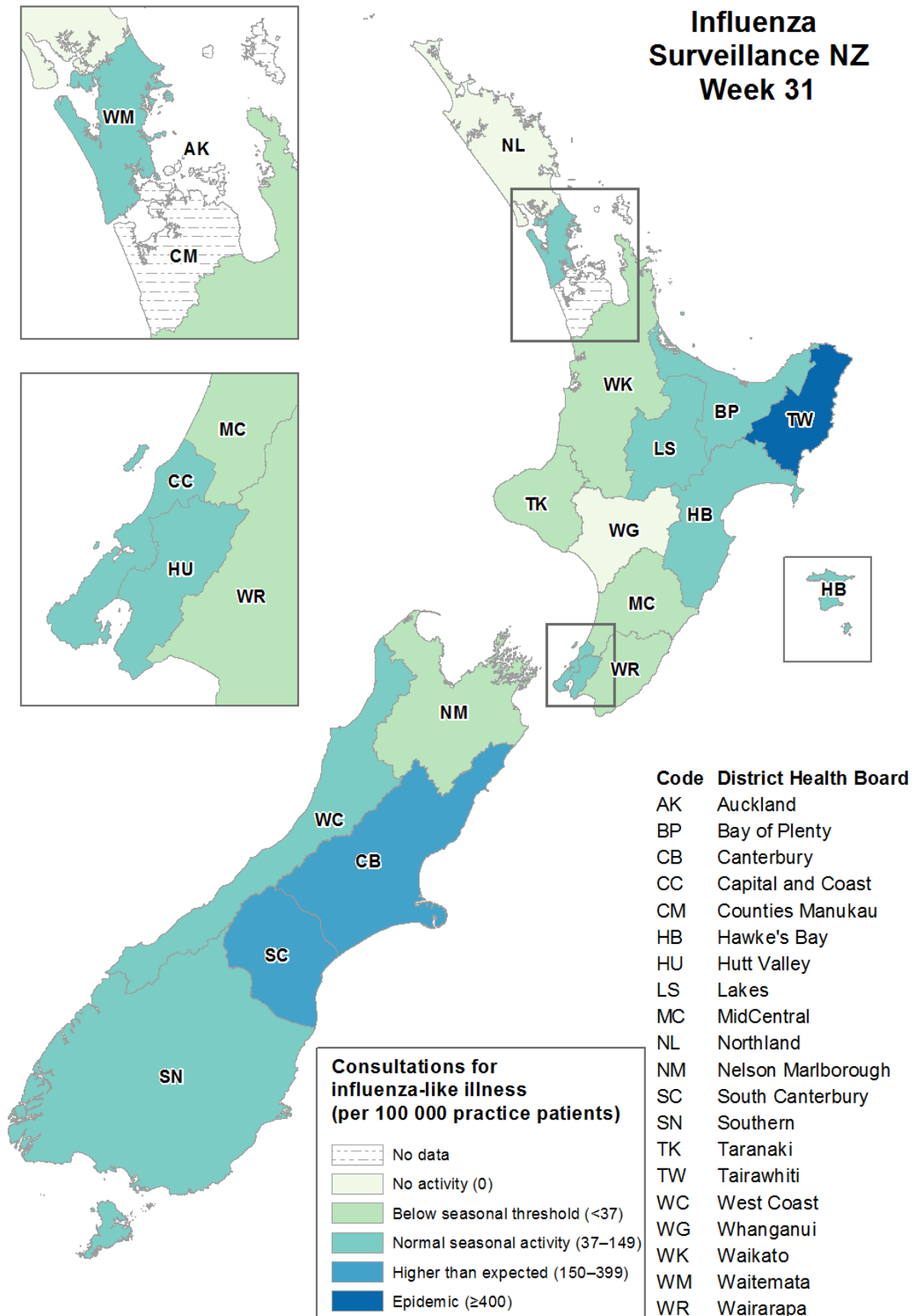
Figure 3 compares the consultation rates for influenza-like illness for each DHB over the past week. Tairāwhiti had the highest consultation rate (486.4 per 100,000, 5 cases) followed by South Canterbury (382.3 per 100,000, 35 cases), and Canterbury (203.1 per 100,000, 115 cases) DHBs.

**Figure 3. Weekly consultation rates for influenza-like illness by DHB week ending 2 August 2015**



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 31 were 131.9 per 100,000 and 16.7 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 31, 2015



## VIROLOGICAL SURVEILLANCE

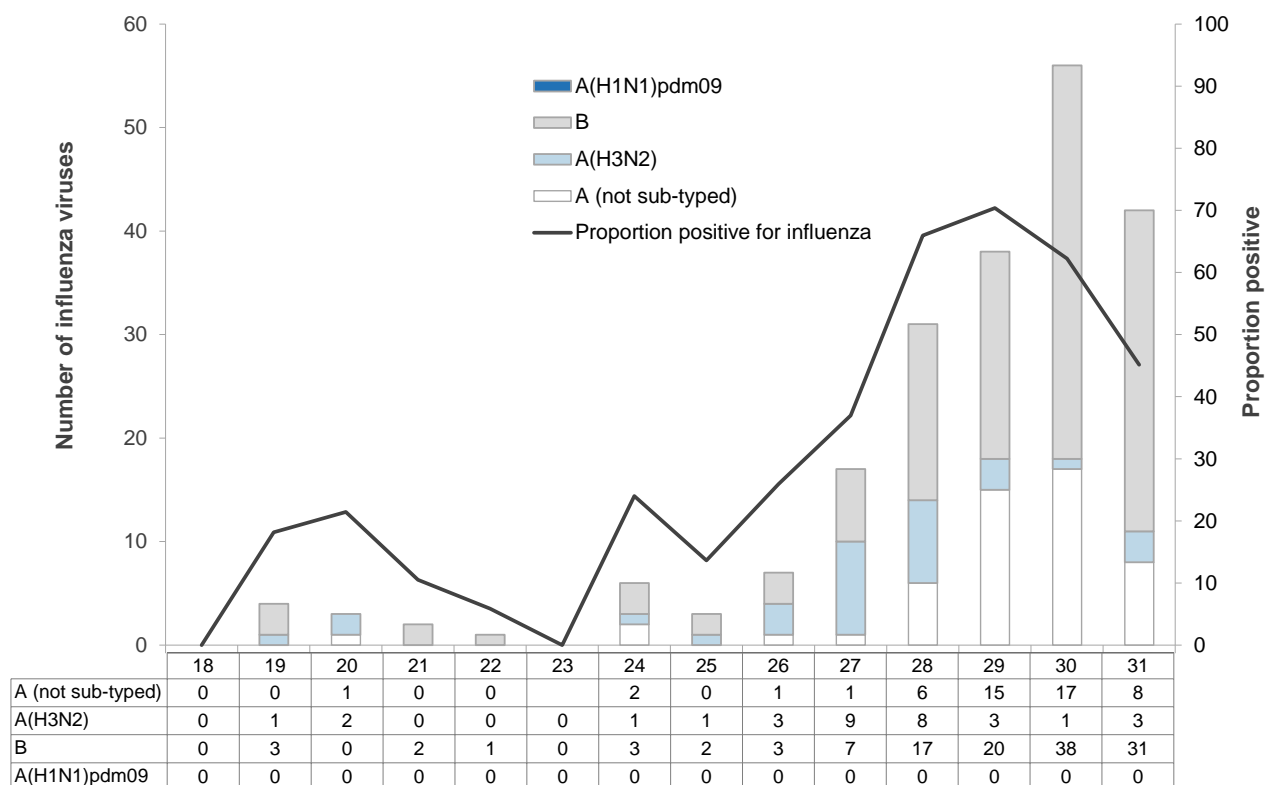
A total of 93 swabs were received from sentinel surveillance. Of these, 42 influenza viruses were identified: B (not lineage-typed) (31), A (not sub-typed) (8), and A(H3N2) (3). The distribution by DHB is shown in Table 1.

**Table 1. Influenza viruses from sentinel surveillance for week 31 by DHB**

Antigenic strain	DHB								Total
	NL	WK	WR	HU	CC	NM	CB	SN	
A (not sub-typed)	1	3	0	0	1	2	0	1	<b>8</b>
A(H3N2)	0	0	0	0	0	0	3	0	<b>3</b>
B (not lineage-typed)	0	0	1	1	2	1	25	1	<b>31</b>
<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>28</b>	<b>2</b>	<b>42</b>

The temporal distribution of influenza viruses is shown in Figure 5 below for sentinel surveillance from week 18 (27 April–3 May 2015) to week 31 (2 August 2015). The predominant type was influenza B.

**Figure 5. Total influenza viruses from sentinel surveillance by type and week reported, week 18–31 and the total percentage positive from the swabs received**



In addition, 817 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 400 influenza viruses were identified: A (not sub-typed) (183), B (not lineage-typed) (162), A(H3N2) (51), B/Yamagata lineage (3) including two B/Phuket/3073/2013-like, and A(H1N1)pdm09 (1). The distribution by DHB is shown in Table 2.

**Table 2. Influenza viruses from non-sentinel surveillance for week 31 by DHB**

Antigenic strain	DHB													Total
	WM	AK	CM	WK	BP	TK	HB	MC	HU	CC	NM	CB	SN	
A (not sub-typed)	0	100	12	27	9	0	0	0	10	25	0	0	0	<b>183</b>
A(H1N1)pdm09	0	0	0	0	0	0	0	0	0	0	0	1	0	<b>1</b>
A(H3N2)	0	1	26	0	0	3	4	3	0	2	1	11	0	<b>51</b>
B (not lineage-typed)	0	38	5	10	3	0	0	5	2	13	1	83	2	<b>162</b>
B/Yamagata lineage	0	1	0	0	0	0	0	0	0	0	0	0	0	<b>1</b>
B/Phuket/3073/2013-like	1	0	1	0	0	0	0	0	0	0	0	0	0	<b>2</b>
<b>Total</b>	<b>1</b>	<b>140</b>	<b>44</b>	<b>37</b>	<b>12</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>12</b>	<b>40</b>	<b>2</b>	<b>95</b>	<b>2</b>	<b>400</b>

The temporal distribution of influenza viruses is shown in Figure 6 below for non-sentinel surveillance from week 18 (27 April–3 May 2015) to week 31 (2 August 2015). The predominant type was influenza A. Influenza A(H3N2) was the predominant sub-type among typed and sub-typed viruses.

**Figure 6. Total influenza viruses from non-sentinel surveillance by type and week reported, week 18–31 and the total percentage positive from the swabs received**

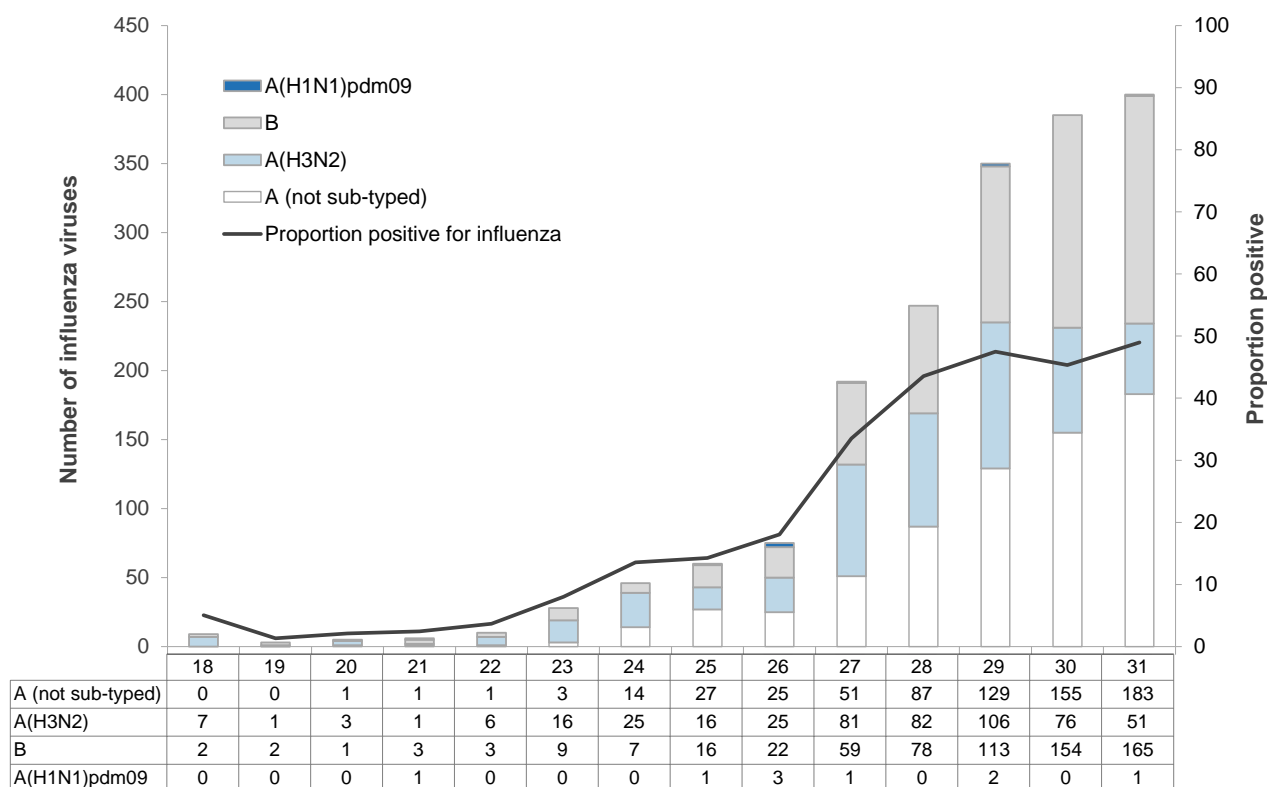
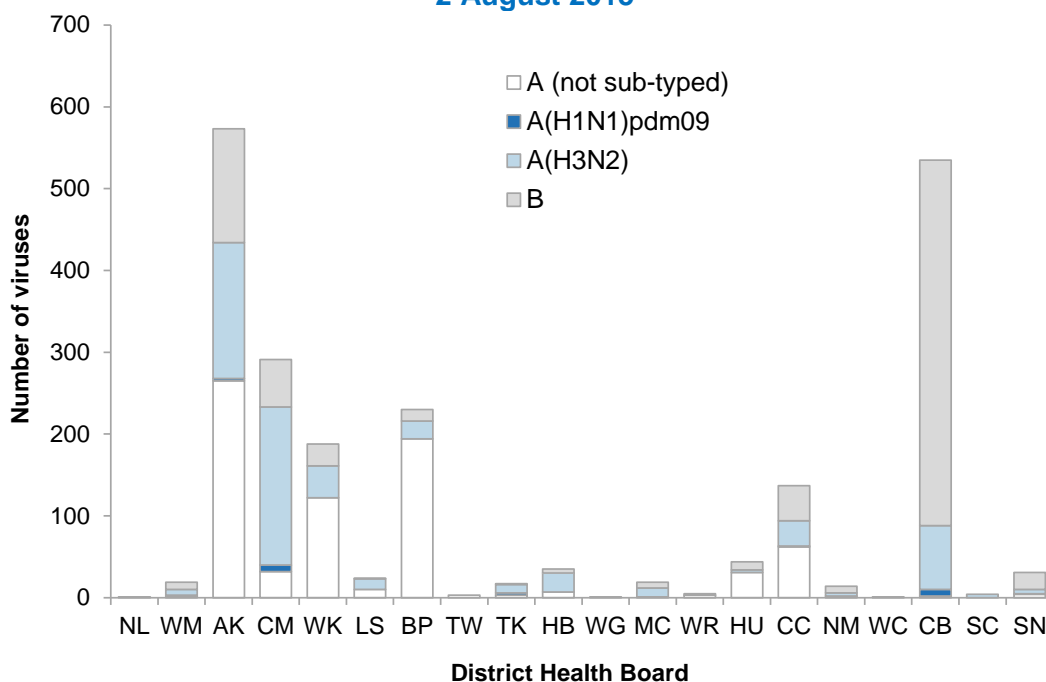


Figure 7 shows the cumulative total of influenza viruses confirmed (sentinel and non-sentinel surveillance) from week 1 to the end of week 31 (2 August 2015). A total of 2172 influenza viruses were identified: A(H3N2) (610) including 39 A/Switzerland/9715293/2013 (H3N2)-like and 29 A/Texas/50/2012 (H3N2)-like, B/Yamagata lineage (83) including 64 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) (698), A(H1N1)pdm09 (25) including five A/California/7/2009 (H1N1)-like, and A (not sub-typed) (744) viruses.

**Figure 7. Cumulative laboratory-confirmed viruses by DHB from week 1 to week 31, 2 August 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](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 25<sup>th</sup> and 75<sup>th</sup> 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  $\geq 400$  indicative of a severe epidemic level of influenza activity.

**Table 3. ILI activity threshold**

Term used		Consultation rate (per 100,000 population)
Baseline		$\leq 36$
Normal seasonal activity	low	37-70
	moderate	71-110
	high	111-150
Higher than expected		151-399
Severe epidemic		$\geq 400$

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