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 35 (24–30 August 2015).

### Summary
- Influenza-like illness (ILI) through sentinel surveillance was reported from 18 out of 20 District Health Boards (DHB) with a national consultation rate of 88.7 per 100,000 (290 ILI consultations).
- A total of 994 swabs were received from sentinel (68) and non-sentinel (926) surveillance.
- 422 influenza viruses were identified: B (not lineage-typed) (243), A (not sub-typed) (85), A(H3N2) (84) including one A/Switzerland/9715293/2013 (H3N2), B/Victoria lineage (7) including five B/Brisbane/60/2008-like, and B/Yamagata lineage (3) including two B/Phuket/3073/2013.

### INFLUENZA-LIKE ILLNESS SURVEILLANCE

In the past week, a total of 290 consultations for influenza-like illness were reported from 60 general practices in 18 out of 20 DHBs. This gives a weekly consultation rate of 88.7 per 100,000 patient population. Figure 1 shows the weekly national consultation rate for 2015 in comparison to the average seasonal curve in 2000–2013 (excluding 2009). For more details on threshold definitions, see Appendix. The current rate of influenza-like illness is below the alert threshold.

**Figure 1. Weekly consultation rates for influenza-like illness in New Zealand in 2015 in comparison to the average seasonal 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**

The figure displays the consultation rates for influenza-like illness in New Zealand from 2009 to 2015, with each year represented by a different color. The seasonal threshold is marked by an arrow at the beginning of each season.

Figure 3 compares the consultation rates for influenza-like illness for each DHB over the past week. South Canterbury (262.2 per 100,000, 24 cases), Whanganui (250.6 per 100,000, 13 cases), and West Coast (133.4 per 100,000, 21 cases) DHBs had the highest consultation rates.

**Figure 3. Weekly consultation rates for influenza-like illness by DHB week ending 30 August 2015**

The chart shows the consultation rates for each District Health Board (DHB) in New Zealand for the week ending 30 August 2015. The national weekly average consultation rate is indicated by a blue asterisk and is 88.7 per 100,000.

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 35 were 218.2 per 100,000 and 27.9 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 35, 2015

Influenza Surveillance NZ
Week 35

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)
A total of 68 swabs were received from sentinel surveillance. Of these, 31 influenza viruses were identified: B (not lineage-typed) (20), 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 35 by DHB

<table>
<thead>
<tr>
<th>Antigenic Strain</th>
<th>WK</th>
<th>HB</th>
<th>WG</th>
<th>MC</th>
<th>WR</th>
<th>CC</th>
<th>CB</th>
<th>SN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (not sub-typed)</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>8</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>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>B (not lineage-typed)</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>10</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>11</td>
<td>2</td>
<td>31</td>
</tr>
</tbody>
</table>

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 35 (30 August 2015). The predominant type was influenza B.

In addition, 926 swabs were received by virology laboratories from non-sentinel surveillance. Of these, 391 influenza viruses were identified: B (not lineage-typed) (223), A(H3N2) (81) including one A/Switzerland/9715293/2013 (H3N2)-like, A (not sub-typed) (77), B/Victoria lineage (7) including five B/Brisbane/60/2008-like, and B/Yamagata lineage (3) including two B/Phuket/3073/2013-like. The distribution by DHB is shown in Table 2.
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 35 (30 August 2015). Overall, the predominant type was influenza A. However, since week 33 more influenza B than influenza A were detected.

Figure 6. Total influenza viruses from non-sentinel surveillance by type and week reported, week 18–35 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 35 (30 August 2015). A total of 4064 influenza viruses were identified: A(H3N2) (1299) including 71 A/Switzerland/9715293/2013 (H3N2)-like and 15 A/Texas/50/2012 (H3N2)-like, B/Yamagata lineage (159) including 114 B/Phuket/3073/2013-like and six B/Massachusetts/2/2012-like, B/Victoria lineage (70) including 49 B/Brisbane/60/2008-like, B (not lineage-typed) (1609), A(H1N1)pdm09 (29) including six A/California/7/2009 (H1N1)-like, and A (not sub-typed) (898) viruses.

The recommended influenza vaccine formulation for New Zealand in 2015 is:
- A(H1N1) an A/California/7/2009 (H1N1)pdm-like virus*
- A(H3N2) an A/Switzerland/9715293/2013 (H3N2)-like virus
- B a B/Phuket/3073/2013-like virus

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

* New Zealand’s ILI data during 2000–2013 (excluding 2009) was reviewed and updated:
  - The average seasonal 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.

<table>
<thead>
<tr>
<th>Term used</th>
<th>Consultation rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>≤36</td>
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<tr>
<td>Normal seasonal activity</td>
<td></td>
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<tr>
<td>low</td>
<td>37-70</td>
</tr>
<tr>
<td>moderate</td>
<td>71-110</td>
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<tr>
<td>high</td>
<td>111-149</td>
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<tr>
<td>Higher than expected</td>
<td>150-399</td>
</tr>
<tr>
<td>Severe epidemic</td>
<td>≥400</td>
</tr>
</tbody>
</table>

Table 3. ILI activity threshold

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