# Victorian Weekly Influenza Report

**Health Protection Branch** 

Report: 1/2019 Issue date: 01 May 2019

This report comprises data as at: week ending 20 April 2019 (week 16)

### **Summary**

- Notified cases<sup>1</sup>:
  - o Cases in Week 16 are HIGHER when compared with cases for the previous week
  - Cases (since 1 January 2019) are tracking HIGHER THAN cases for the same time in 2018, and are ABOVE EXPECTED LEVELS for this time of the year as a result of unprecedented interseasonal activity
  - The influenza season (since 1 April 2019) is currently: on the UPSLOPE
  - o The predominant influenza type across the state is currently: Type A/H1N1
  - Nationally, the predominating influenza type is: Type A, with roughly equal numbers of subtypes
     A/H1N1 and A/H3N2 circulating.
  - Geographical spread<sup>2</sup> is currently: WIDESPREAD
  - There were three new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in Week 16
- Vaccine distribution figures\*:

Number of influenza vaccine doses distributed state-wide: 1,270,000 (as at 1 May 2019)

\*excludes vaccines purchased from the private market, workplace programs, etc.

Notifiable disease reports are available at: <a href="https://www2.health.vic.gov.au/public-health/infectious-diseases/infectious-diseases-surveillance/interactive-infectious-disease-reports/state-wide-surveillance-report">https://www2.health.vic.gov.au/public-health/infectious-diseases/infectious-diseases-reports/state-wide-surveillance-report</a>

1. As of 1 September 2018, only pathology services are required to report influenza to the department. Clinical information, including number of deaths, is no longer available from the notifications dataset.

#### 2. Definitions of geographic spread:

Sporadic – small numbers of laboratory-confirmed influenza cases reported, not above expected background level;

Localised – laboratory-confirmed influenza detections above background level in less than 50% of the state;

Regional – significant numbers of laboratory-confirmed influenza cases reported above background level in less than 50% of the state;

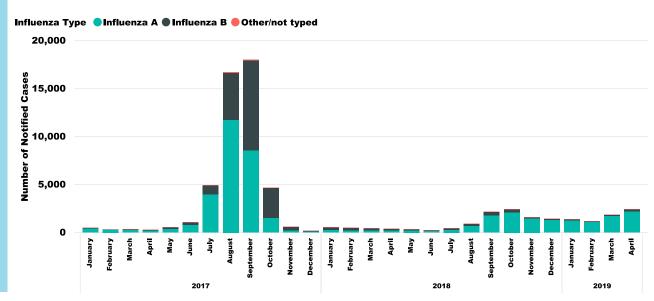
Widespread – significant numbers of laboratory confirmed influenza cases reported above background level in equal to or greater than 50% of the state.



SIZE / SEVERITY / SPREAD

SEVERITY

Notified cases of laboratory-confirmed influenza at week ending: 20/04/2019



FluCAN sentinel hospital data / ICU admissions will be available in mid-May.

VicSPIN sentinel GP data indicating community levels of influenza-like illness will be available in mid-May

#### Notified cases of laboratory-confirmed influenza as at week ending: 20/04/2019

Age group (years)	Week ending 20/04/2019	Week ending 13/04/2019	Trend	% change	2019 YTD	2018 YTD	5 yr avg YTD (2014-18)	Trend 5 yr avg to 2019 YTD	% change (5 yr avg to 2019 YTD)
00 to 04	112	56	<b>A</b>	100%	623	124	73.8	<b>A</b>	744 %
05 to 14	164	109	<b>A</b>	50%	780	124	65.2	<b>A</b>	1096 %
15 to 64	525	351	<b>A</b>	50%	4163	1186	687	<b>A</b>	506 %
65+	142	152	$\nabla$	-7%	1322	432	280.8	<b>A</b>	371 %
Total	943	668	<b>A</b>	41%	6888	1866	1106.8	<b>A</b>	522 %

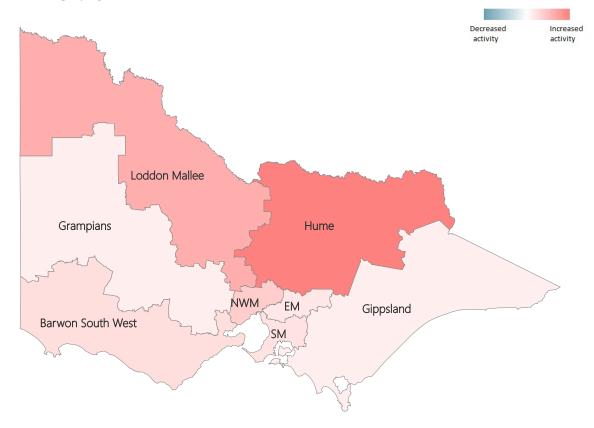
### Respiratory outbreaks due to influenza in Residential Aged Care Facilities YTD as at: 20/04/2019

Year-to-date	Outbreaks influenza	Resident cases influenza	Hospitalisations influenza	Deaths influenza		
2017	4	38	2	0		
2018	5	59	5	0		
2019	23	298	41	17		



Region	Week ending 20/04/2019	Week ending 13/04/2019	Trend	% cl	hange	2019 YTD	2018 YTD	5 yr avg YTD (2014-18)	Trend (5 yr avg to 2019 YTD)	% change (5 yr avg to 2019 YTD)
NORTHERN AND WESTERN METROPOLITAN	309	197	<b>A</b>	57%		2257	514	326.6	<b>A</b>	591 %
SOUTHERN METROPOLITAN	256	193	<b>A</b>	33%		1880	554	346.4	<b>A</b>	443 %
EASTERN METROPOLITAN	168	132	<b>A</b>	27%		1280	474	229.8	<b>A</b>	457 %
BARWON SOUTH WEST	59	43	<b>A</b>	37%		501	98	62.8	<b>A</b>	698 %
GIPPSLAND	50	42	<b>A</b>	19%		262	54	37	<b>A</b>	608 %
LODDON MALLEE	48	25	<b>A</b>	92%		265	50	34	<b>A</b>	679 %
GRAMPIANS	25	21	<b>A</b>	19%		199	45	25.2	<b>A</b>	690 %
HUME	22	9	<b>A</b>	144%		183	56	32	<b>A</b>	472 %

% Week on week change by region





## Weekly Influenza Report - Data sources

Notified cases of laboratory-confirmed influenza	It is a Victorian statutory requirement that pathology services notify the Department of Health and Human Services (the department) of a case of laboratory-confirmed influenza within five days of confirmation. These data are stored in the department's notifiable diseases database, the Public Health Event Surveillance System (PHESS). During influenza season, data on notified cases are reported weekly (a week is defined as Sunday to Saturday). Laboratory reporting is increasing due to the widespread availability of influenza testing. As of 1 September 2018, medical practitioners were no longer required to report influenza.
Respiratory outbreaks notified to the Health Protection Branch	A subset of the notifications dataset, respiratory outbreaks in residential aged care facilities are reported on a weekly basis. Only outbreaks due to influenza will be reported in 2019. As samples are not collected and tested for all residents during a respiratory outbreak, not all cases, hospitalisations and deaths are due to laboratory-confirmed influenza.
VicSPIN	The Victorian Sentinel Practice Influenza Network (VicSPIN) is a sentinel general practitioner (GP) surveillance program funded by the department, and coordinated by the Epidemiology Unit of the Victorian Infectious Diseases Reference Laboratory (VIDRL) based at the Peter Doherty Institute for Infection and Immunity. VIDRL is one of the department's two public health reference laboratories. Approximately 90 GPs submit weekly reports from May to October detailing the proportion of their consultations that were for patients with influenza-like illness and the proportion that were swabbed for virological testing.
FluCAN	The Influenza Complications Alert Network (FluCAN) is a rapid alert system for severe respiratory illness. The sentinel surveillance system is a national system (across major hospitals throughout Australia) providing both clinical and laboratory information for reported cases. The following four Victorian hospitals are participating: The Alfred Hospital, Royal Melbourne Hospital, Monash Medical Centre, and University Hospital Geelong.