This report comprises data as at: week ending 18 May 2019 (week 20)

Summary

- Notified cases:
  - Cases in Week 20 are HIGHER when compared with cases for the week prior
  - 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
  - Weekly notifications of influenza (since 1 April 2019) are trending: UPWARDS
  - The predominant influenza type (and subtype) across the state is currently: Type A
  - National data indicate almost equal numbers of types A/H1N1 and A/H3N2 are circulating
  - Geographical spread$^2$ is currently: WIDESPREAD
  - There were three new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in Week 20

- Vaccine distribution figures$^*$:
  - Influenza vaccines distributed state-wide: 1,722,000 doses (as at 18 May 2019)

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


1. As of 1 September 2018, notification data includes only laboratory-confirmed influenza cases. As clinical information is no longer collected in the notification dataset, and timely mortality data are not available, number of deaths among all notified cases is not reported

2. 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.
FluCAN sentinel hospital data / ICU admissions will be available in late May.

VicSPIN sentinel GP data indicating community levels of influenza-like illness will be available in late May.
### Influenza Snapshot by region

#### Report issued: 24/05/2019

<table>
<thead>
<tr>
<th>Region</th>
<th>Week ending 18/05/2019</th>
<th>Week ending 11/05/2019</th>
<th>Trend</th>
<th>% change</th>
<th>2019 YTD</th>
<th>2018 YTD</th>
<th>5 yr avg YTD (2014-18)</th>
<th>Trend (5 yr avg to 2019 YTD)</th>
<th>% change (5 yr avg to 2019 YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHERN AND WESTERN METROPOLITAN</td>
<td>382</td>
<td>425</td>
<td>▼</td>
<td>-10%</td>
<td>3675</td>
<td>623</td>
<td>426.4</td>
<td>▲</td>
<td>762%</td>
</tr>
<tr>
<td>SOUTHERN METROPOLITAN</td>
<td>306</td>
<td>252</td>
<td>▲</td>
<td>21%</td>
<td>2956</td>
<td>657</td>
<td>449</td>
<td>▲</td>
<td>558%</td>
</tr>
<tr>
<td>EASTERN METROPOLITAN</td>
<td>229</td>
<td>202</td>
<td>▲</td>
<td>13%</td>
<td>2075</td>
<td>540</td>
<td>301.8</td>
<td>▲</td>
<td>588%</td>
</tr>
<tr>
<td>BARWON SOUTH WEST</td>
<td>97</td>
<td>81</td>
<td>▲</td>
<td>20%</td>
<td>801</td>
<td>107</td>
<td>89</td>
<td>▲</td>
<td>800%</td>
</tr>
<tr>
<td>HUME</td>
<td>75</td>
<td>52</td>
<td>▲</td>
<td>44%</td>
<td>357</td>
<td>68</td>
<td>41</td>
<td>▲</td>
<td>771%</td>
</tr>
<tr>
<td>LODDON MALLEE</td>
<td>48</td>
<td>39</td>
<td>▲</td>
<td>23%</td>
<td>434</td>
<td>56</td>
<td>39.6</td>
<td>▲</td>
<td>996%</td>
</tr>
<tr>
<td>GRAMPIANS</td>
<td>41</td>
<td>23</td>
<td>▲</td>
<td>78%</td>
<td>329</td>
<td>58</td>
<td>34.4</td>
<td>▲</td>
<td>856%</td>
</tr>
<tr>
<td>GIPPSLAND</td>
<td>28</td>
<td>25</td>
<td>▲</td>
<td>12%</td>
<td>357</td>
<td>64</td>
<td>53.4</td>
<td>▲</td>
<td>569%</td>
</tr>
</tbody>
</table>

#### % Week on week change by region

- **Decreased activity**
- **Increased activity**

- **NWM**
- **EM**
- **SM**

Data are subject to revision. Release dates vary by dataset.
### 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 reported to the Health Protection Branch

Reporting of respiratory outbreaks in aged care facilities to the department is not legislated, but is encouraged. Samples are not collected and tested for all residents during outbreaks, but if any case tests positive for influenza, the outbreak is deemed to be due to influenza. The cases included in this report are residents who experienced an influenza-like illness during the course of the outbreak, but not all cases, hospitalisations and deaths are necessarily 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.