

Victorian Weekly Influenza Report

Health Protection Branch

Report: 24/2019 Issue date: 11 October 2019

This report comprises data as at: week ending 5 October 2019

Summary

- **Notified cases¹:**
 - Cases in **week ending 5 October** are **LOWER** when compared with cases for the week prior
 - Cases (since 1 January 2019) are tracking over nine times **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: **DECREASING**
 - The predominant influenza type across Victoria is currently: **Type A**
 - National data indicate **A/H3N2 is predominating**
 - Geographical spread² is currently: **WIDESPREAD**
 - There were eight new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in **week ending 5 October**

- **Vaccine distribution figures*:**
 - Influenza vaccines distributed state-wide: **2,134,454** doses (as at **9 October 2019**)
 - * includes vaccines distributed as part of Commonwealth and Victorian Immunisation Programs
 - * excludes vaccines purchased from the private market

Additional disease reports can be found at: <https://www2.health.vic.gov.au/public-health/infectious-diseases/infectious-diseases-surveillance/interactive-infectious-disease-reports/state-wide-surveillance-report>

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

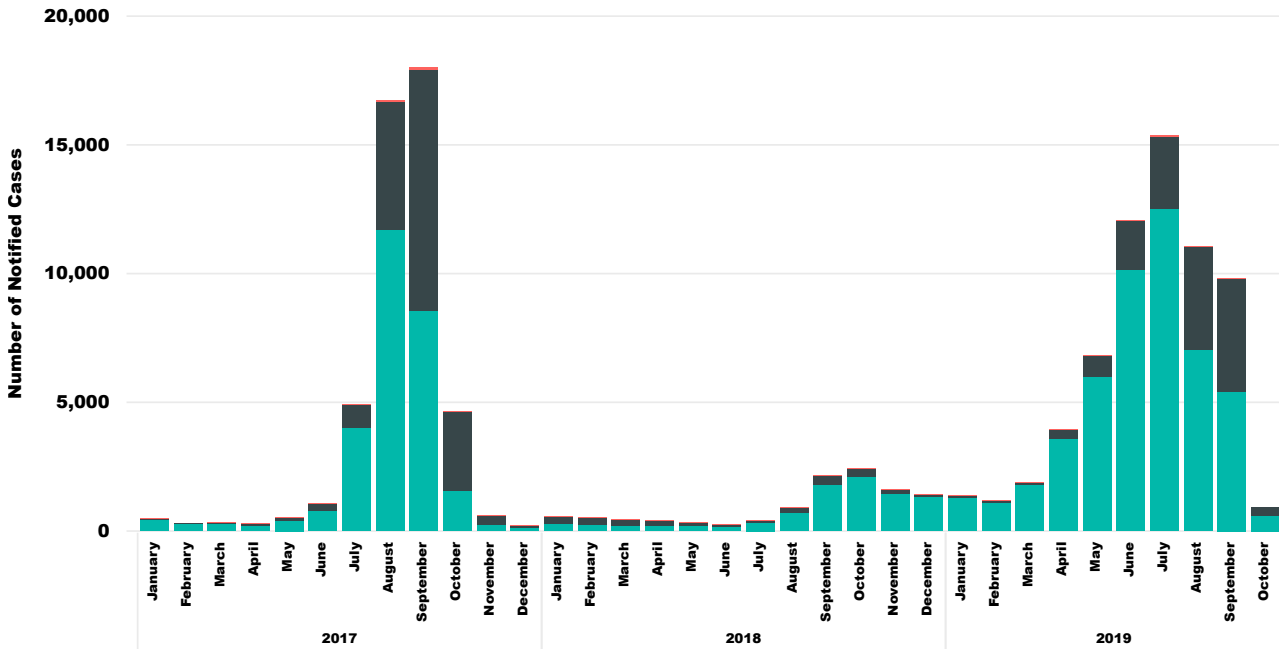
Widespread – significant numbers of laboratory confirmed influenza cases reported above background level in equal to or greater than 50% of the state

Victorian Influenza Snapshot

Report issued: 11/10/2019

Notified cases of laboratory-confirmed influenza at week ending: 05/10/2019

Influenza Type ● Influenza A ● Influenza B ● Other/not typed



Notified cases of laboratory-confirmed influenza as at week ending: 05/10/2019

Age group (years)	Week ending 05/10/2019	Week ending 28/09/2019	Trend	% change	2019 YTD	2018 YTD	2017 YTD	5 yr avg YTD (2014-18)	Trend 5 yr avg to 2019 YTD	% change (5 yr avg to 2019 YTD)
00 to 04	130	128	▲	2%	6689	673	3687	1477.2	▲	353 %
05 to 14	142	317	▼	-55%	12610	997	7094	2572.8	▲	390 %
15 to 64	724	747	▼	-3%	35293	3990	24262	9739.2	▲	262 %
65+	255	208	▲	23%	9871	1094	9992	3655.2	▲	170 %
Total	1251	1400	▼	-11%	64463	6754	45035	17444.4	▲	270 %

Data from some laboratories may be incomplete

Respiratory outbreaks due to influenza in Residential Aged Care Facilities year-to-date as at: 05/10/2019

Year-to-date	Outbreaks	Resident cases	Hospitalisations	Deaths **
2019	251	3369	318	126
2018	18	278	35	9
2017	263	3766	448	150

** Refer to last page of report for an explanation of the aged care respiratory outbreak dataset. Reported deaths are not necessarily due to laboratory-confirmed influenza.



Data are subject to revision. Release dates vary by dataset.

SIZE

SIZE / SEVERITY / SPREAD

SPREAD / SEVERITY

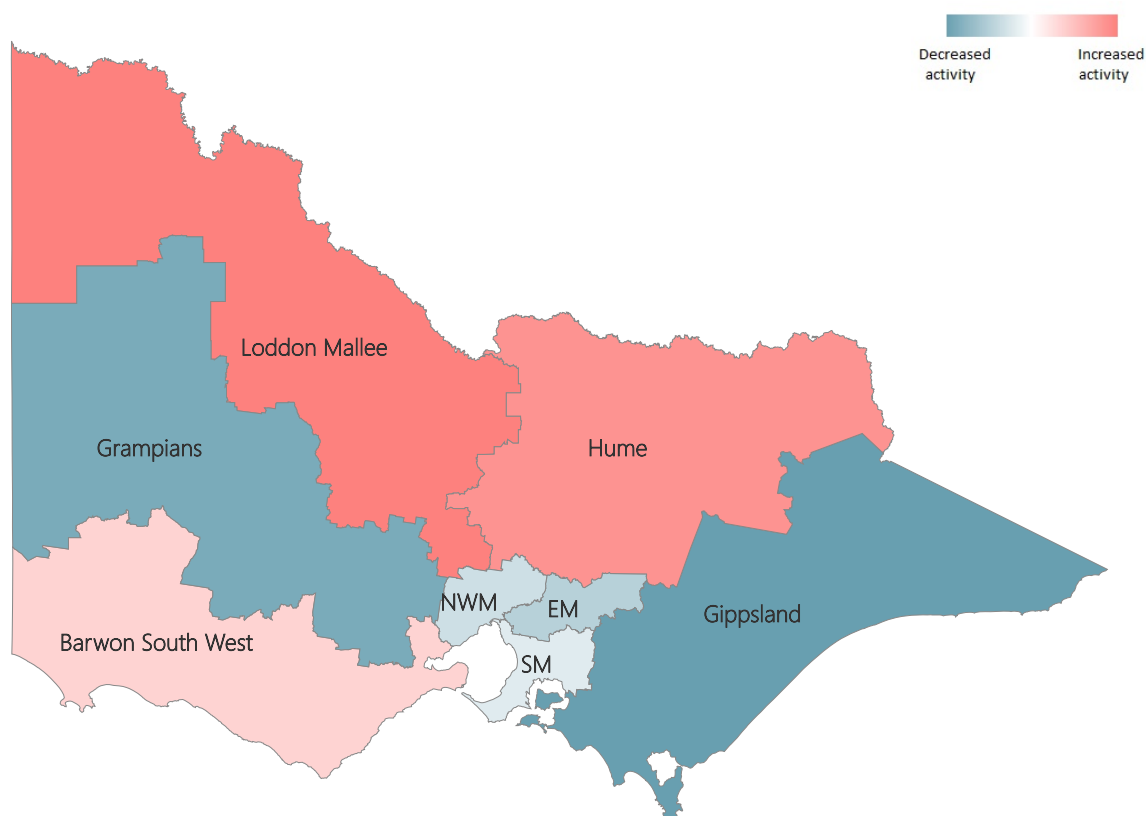
Influenza Snapshot by region

Report issued: 11/10/2019

Region	Week ending 05/10/2019	Week ending 28/08/2019	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)
GRAMPIANS	24	36	▽	-33%	1476	182	441.6	▲	234 %
GIPPSLAND	49	79	▽	-38%	2931	265	848.6	▲	245 %
BARWON SOUTH WEST	56	50	▲	12%	3295	363	1005.2	▲	228 %
LODDON MALLEE	63	47	▲	34%	2072	247	567.6	▲	265 %
HUME	71	55	▲	29%	2804	287	735.4	▲	281 %
EASTERN METROPOLITAN	218	266	▽	-18%	12114	1220	3294.8	▲	268 %
SOUTHERN METROPOLITAN	314	341	▽	-8%	17548	1909	5207.2	▲	237 %
NORTHERN AND WESTERN METROPOLITAN	452	517	▽	-13%	21886	2229	5243.4	▲	317 %

Data from some laboratories incomplete

% Week on week change by region



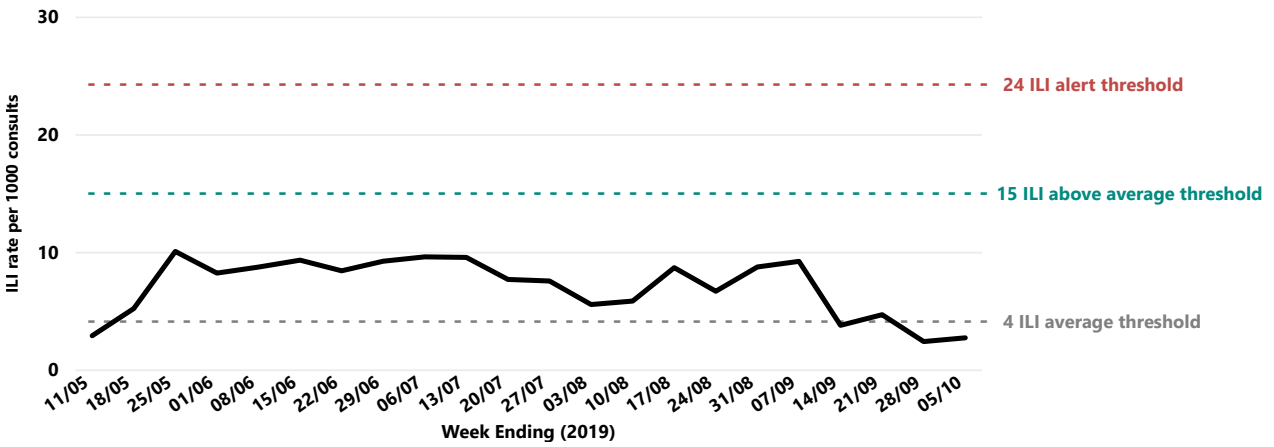
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Victorian Influenza Snapshot

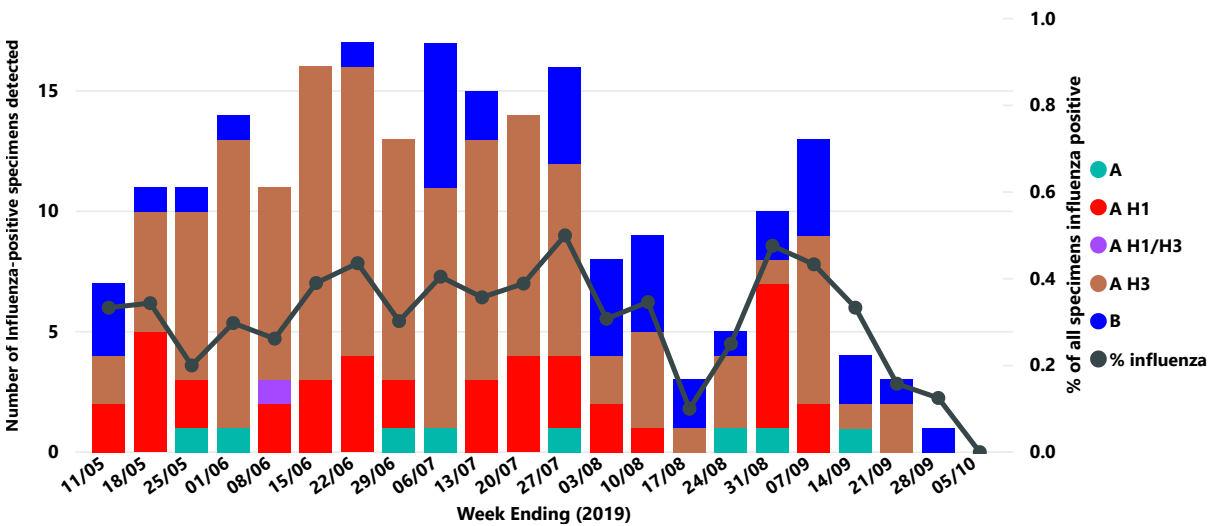
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SIZE / SEVERITY / SPREAD

VicSPIN Sentinel GP Consultations rate for ILI (per 1,000 patients) as at : 5/10/2019



VicSPIN Sentinel GP influenza types as at : 5/10/2019



SEVERITY

FluCAN sentinel hospital admissions for laboratory-confirmed influenza as at: 05/10/2019

Laboratory-confirmed influenza admissions from 1 April						
	2019		2018		2017	
	year-to-date	ICU %	year-to-date	ICU %	year-to-date	ICU %
Adult #	879	5.2	147	10.2	970	11.2
Paediatric #	676	9.8	104	6.7	--	--

Data from some sites incomplete



All data are subject to revision.

Weekly Influenza Report - Data sources

<p>Notified cases of laboratory-confirmed influenza</p>	<p>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.</p>
<p>Respiratory outbreaks reported to the Health Protection Branch</p>	<p>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.</p>
<p>VicSPIN</p>	<p>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. Refer to https://www.vidrl.org.au/surveillance/influenza-surveillance/ for full weekly reports.</p>
<p>FluCAN</p>	<p>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 six Victorian hospitals are participating: The Alfred Hospital, Royal Melbourne Hospital, Monash Medical Centre, University Hospital Geelong, Royal Children's Hospital and Monash Children's Hospital</p>