

# Victorian Weekly Influenza Report

Health Protection Branch

Report: 18/2018 Issue date: 25 September 2018 (Week 39)

**This report comprises data as at: Week 38** (week ending Sat 22 September)

## Summary

- **Notified cases:**

- Cases in **Week 38** are **HIGHER** when compared with cases for the week prior
- Cases (since 1 January 2018) are tracking **LOWER THAN** cases for the same time in 2017, but are **BELOW EXPECTED LEVELS** for this time of the season
- The influenza season (since 1 April 2018) is currently: **at baseline levels**
- The predominant influenza type (and subtype) across the state is currently: **Type A/H1N1 (Very limited typing available currently, and the predominant subtype may change as the season progresses)**
- Geographical spread<sup>1</sup> is currently: **LOCALISED**
- There were **no** new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities identified this week
- Rate of hospital admissions with confirmed influenza at the four sentinel sites in Victoria is **LOWER** when compared with the previous week

- **Vaccine distribution figures\*:**

Influenza vaccines distributed state-wide: **1,785,214** doses (as at **21 September 2018**)

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

*Distribution figures are reported from commencement of the 2018 Program (16 April 2018)*

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### 1. 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.

# Victorian Influenza Snapshot

Report issued: 25/09/2018

## Notified cases at week ending: 22/09/18

Influenza Type	Week -1 WE 22/09/18	Week -2 WE 15/09/18	Trend week-2 to week-1	% change (week-2 to week-1)	2018 YTD	2017 YTD	5 yr avg YTD (2013-17)	Trend 5 yr avg to 2018 YTD	% change (5 yr avg to 2018 YTD)
Other/not typed	10	20	▽	-50%	143	163	67.8	▲	111 %
Influenza B	72	75	▽	-4%	1715	13929	5265	▽	-67 %
Influenza A	490	353	▲	39%	3755	25469	10022.6	▽	-63 %

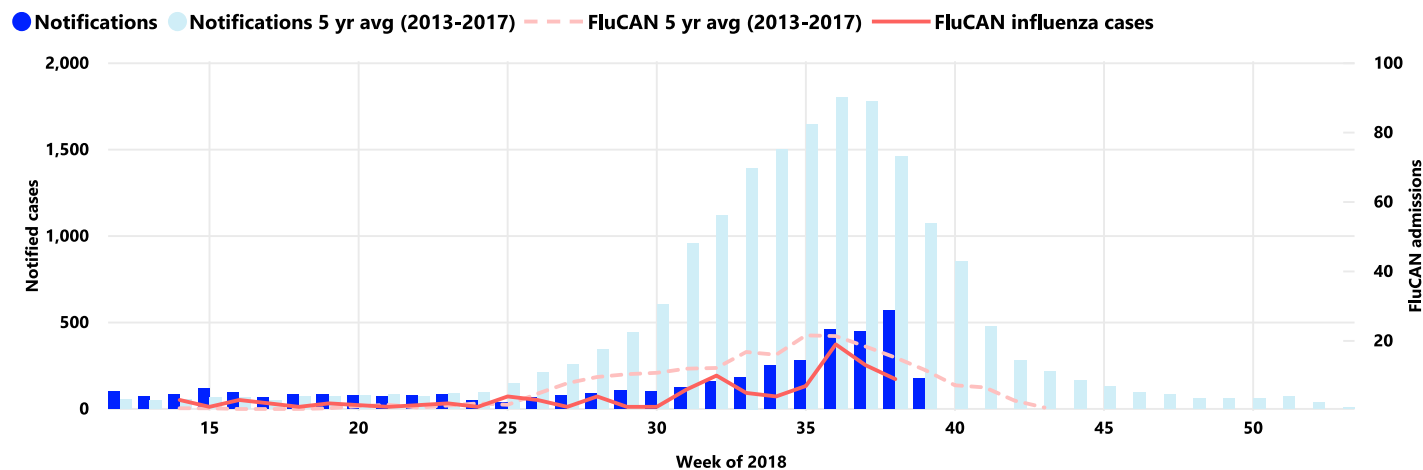
  

Age group (years)	Week -1 WE 22/09/18	Week -2 WE 15/09/18	Trend week-2 to week-1	% change (week-2 to week-1)	2018 YTD	2017 YTD	5 yr avg YTD (2013-17)	Trend 5 yr avg to 2018 YTD	% change (5 yr avg to 2018 YTD)
00 to 04	67	57	▲	18%	536	3181	1273.4	▽	-58 %
05 to 14	106	111	▽	-5%	848	6327	2351.6	▽	-64 %
15 to 64	341	227	▲	50%	3324	21310	8590.8	▽	-61 %
65+	58	53	▲	9%	903	8731	3127.6	▽	-71 %
Unknown	0	0	--	--		1	3		--
<b>Total</b>	<b>572</b>	<b>448</b>	<b>▲</b>	<b>28%</b>	<b>5611</b>	<b>39550</b>	<b>15346.4</b>	<b>▽</b>	<b>-63 %</b>

## FluCAN sentinel hospital admissions (at 4 sites) for laboratory-confirmed influenza as at: 24/09/18

	Admissions per 100 beds WE 22/09/18	Admissions per 100 beds WE 15/09/18	ICU proportion WE 22/09/18	ICU proportion WE 15/09/18	2018 admissions (YTD)	2017 admissions (YTD)	Admissions YTD 5 yr avg (2013- 2017)	% change (YTD 5 yr avg - 2018 YTD)
Victoria	0.49	0.70	0	0	103	943	188.6	-45%

## Epidemiological curves for influenza surveillance sources YTD 2018



## Respiratory outbreaks due to influenza in Residential Aged Care Facilities YTD as at: 22/09/18

Year	Outbreaks influenza	Resident cases	Hospitalisations
2018	15	222	26
2017	246	3587	426



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

Data are year to date

SIZE

SEVERITY

SIZE / SEVERITY / SPREAD

SPREAD/ SEVERITY

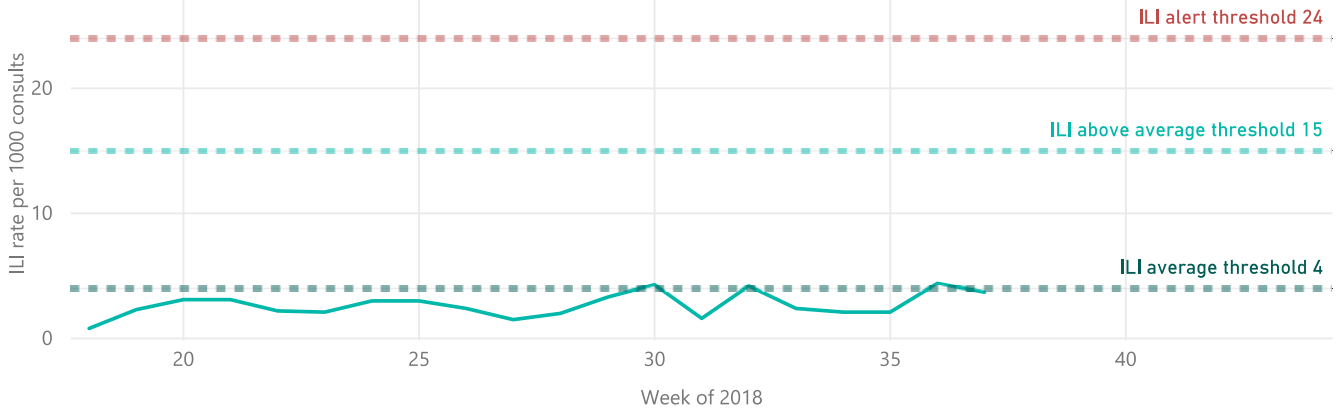
SPREAD/ SEVERITY

## VicSPIN sentinel GP consultations for influenza-like illness (ILI) as at: 17/09/18

ILI rate per 1000 consults	ILI rate per 1000 consults	ILI presentations	ILI presentations	ILI presentations (YTD)	% Pos specimens Influenza	% Pos specimens Influenza
▲ WE 15/09/18	WE 08/09/18	WE 15/09/18	WE 08/09/18		WE 15/09/18	WE 08/09/18
3.7	4.4	20	27	290	25 %	15 %

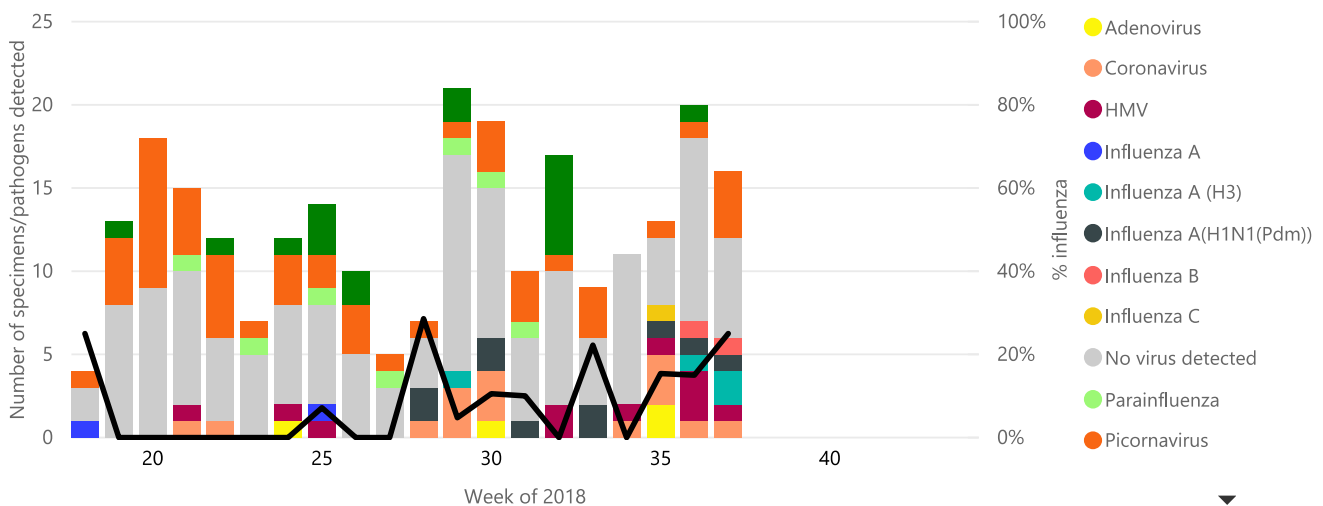
SPREAD/ SEVERITY

## VicSPIN consultation rate for ILI (per 1000 patients) as at: 17/09/18



SIZE / SEVERITY / SPREAD

## VicSPIN respiratory pathogens as at: 17/09/18

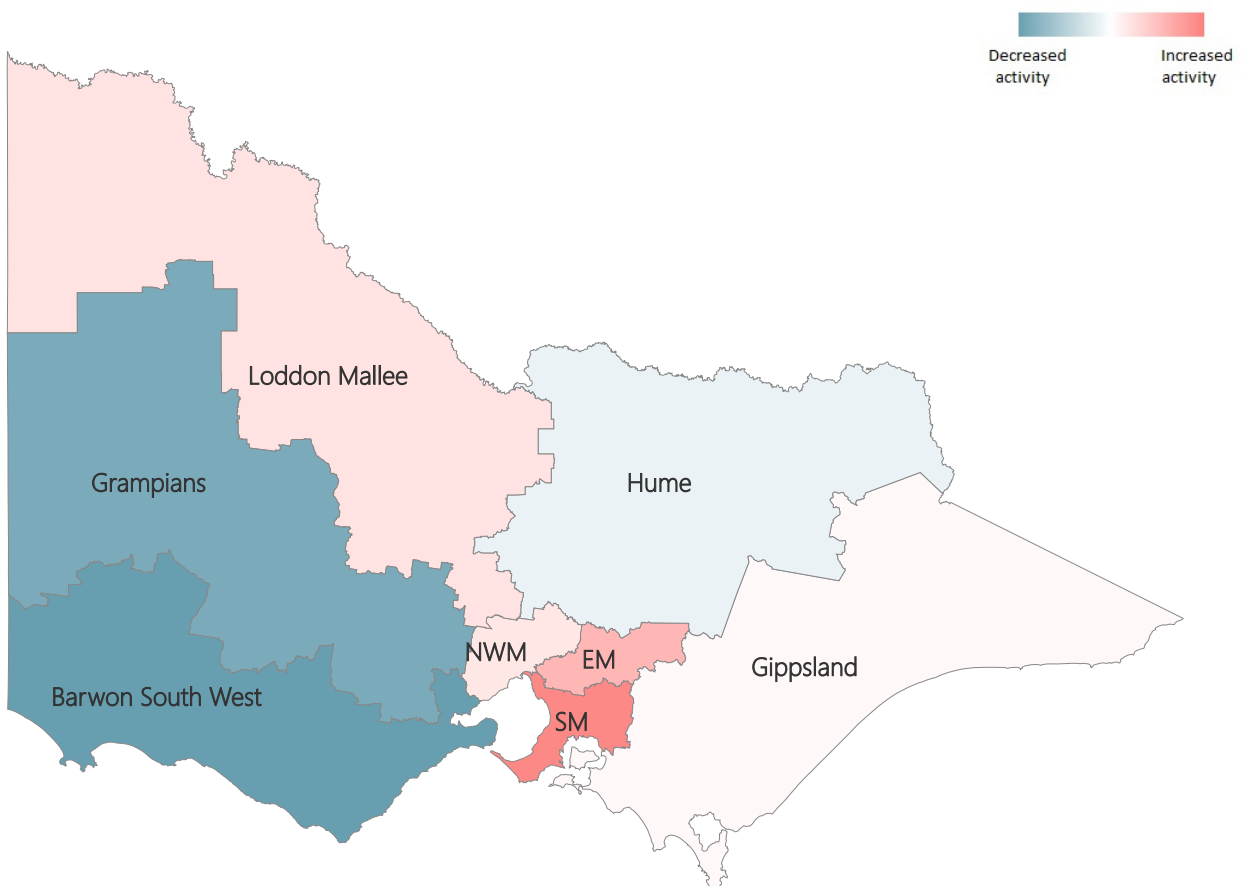


# Influenza Snapshot by region

Report issued: 25/09/2018

Region	Week -1	Week -2	Trend week-2 to week-1	% change (week-2 to week-1)	2018 YTD	2017 YTD	5 year avg YTD (2013-17)	Trend 5 yr avg to 2018 YTD	% change (5 year avg to 2018 YTD)
Unknown / blank	66	38	▲	74%	287	167	91	▲	215 %
BARWON SOUTH WEST	23	35	▼	-34%	314	2328	901.4	▼	-65 %
EASTERN METROPOLITAN	71	50	▲	42%	1019	7946	2896	▼	-65 %
GIPPSLAND	25	24	▲	4%	203	2214	757.2	▼	-73 %
GRAMPIANS	7	10	▼	-30%	149	1071	374	▼	-60 %
HUME	21	22	▼	-5%	215	1462	624.2	▼	-66 %
LODDON MALLEE	21	18	▲	17%	186	1342	476	▼	-61 %
NORTHERN AND WESTERN METROPOLITAN	179	157	▲	14%	1738	1144	4584.6	▼	-62 %
SOUTHERN METROPOLITAN	157	93	▲	69%	1498	1156	4642	▼	-68 %

% Week on week change (week 2-week1) by region



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

## Glossary of terms and data sources

<p>Notified cases of laboratory-confirmed influenza</p>	<p>It is a Victorian statutory requirement that laboratories and medical practitioners 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). Whilst laboratory reporting is increasing due to the widespread availability of influenza testing, notifications from medical practitioners are declining.</p>
<p>Respiratory outbreaks notified to the Health Protection Branch</p>	<p>A subset of the notifications dataset, respiratory outbreaks in residential aged care facilities are reported on a weekly basis. This report will focus primarily on Respiratory Outbreaks due to Laboratory-confirmed Influenza however a total of all Respiratory Outbreaks reported will also be provided (i.e. Respiratory Outbreaks due to other pathogens). Hospitalisations will also be reported.</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. VicSPIN defines influenza-like illness as: cough plus fever plus malaise and/or fatigue.</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 21 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. The rate of admissions with confirmed influenza is calculated per 100 hospital beds at respective FluCAN sites.</p>