

Victorian Weekly Influenza Report

Health Protection Branch

Report: 22/2018 Issue date: 23 October 2018 (Week 43)

This report comprises data as at: Week 42 (week ending Sat 20 October)

Summary

- **Notified cases:**

- Cases in **Week 42** are slightly **LOWER** when compared with cases for the week prior
- Cases (since 1 January 2018) are tracking **LOWER THAN** cases for the same time in 2017, and are **at EXPECTED LEVELS** for this time of the season
- The influenza season (since 1 April 2018) is currently: **around baseline levels, with a late peak**
- 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 spread¹ is currently: **LOCALISED**
- There was 1 new respiratory outbreak 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: **1,788,977** doses (as at **22 October 2018**)

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

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

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: 23/10/2018

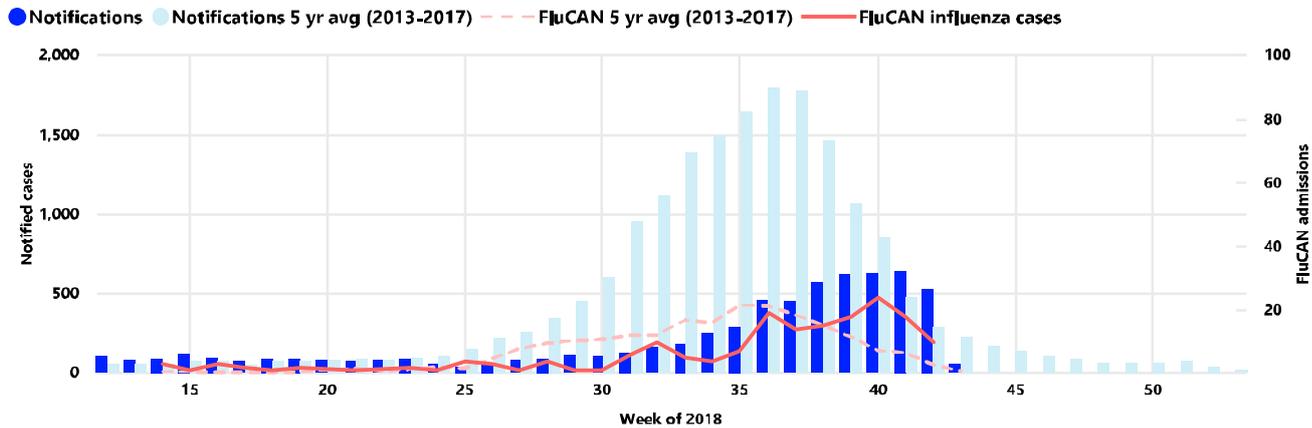
Notified cases at week ending: 20/10/18

Influenza Type	Week -1 WE 20/10/18	Week -2 WE 13/10/18	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)
Influenza A	434	549	▽	-21%	5706	28108	11327.8	▽	-50 %
Influenza B	88	90	▽	-2%	2040	18674	6445.2	▽	-68 %
Other/not typed	8	3	▲	167%	152	200	79.8	▲	90 %
Age group (years)	Week -1 WE 20/10/18	Week -2 WE 13/10/18	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	41	53	▽	-23%	763	3850	1489	▽	-49 %
05 to 14	58	46	▲	26%	1091	7268	2613.6	▽	-58 %
15 to 64	341	438	▽	-22%	4768	25361	9974.6	▽	-52 %
65+	89	104	▽	-14%	1272	10491	3763	▽	-66 %
Unknown	0	0	--	--		1	3.2		--
Total	529	641	▽	-17%	7894	46971	17843.4	▽	-56 %

FluCAN sentinel hospital admissions (at 4 sites) for laboratory-confirmed influenza as at: 22/10/18

	Admissions per 100 beds WE 20/10/18	Admissions per 100 beds WE 13/10/18	ICU proportion WE 20/10/18	ICU proportion WE 13/10/18	2018 admissions (YTD)	2017 admissions (YTD)	Admissions YTD 5 yr avg (2013- 2017)	% change (YTD 5 yr avg - 2018 YTD)
Victoria	0.54	0.97	10	5.6	180	1084	216.8	-17%

Epidemiological curves for influenza surveillance sources YTD 2018



Respiratory outbreaks due to influenza in Residential Aged Care Facilities YTD as at: 20/10/18

Year	Outbreaks influenza	Resident cases	Hospitalisations
2018	20	292	36
2017	272	3849	456



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

Data are year to date

SIZE

SEVERITY

SIZE / SEVERITY / SPREAD

SPREAD/ SEVERITY

Victorian Influenza Snapshot

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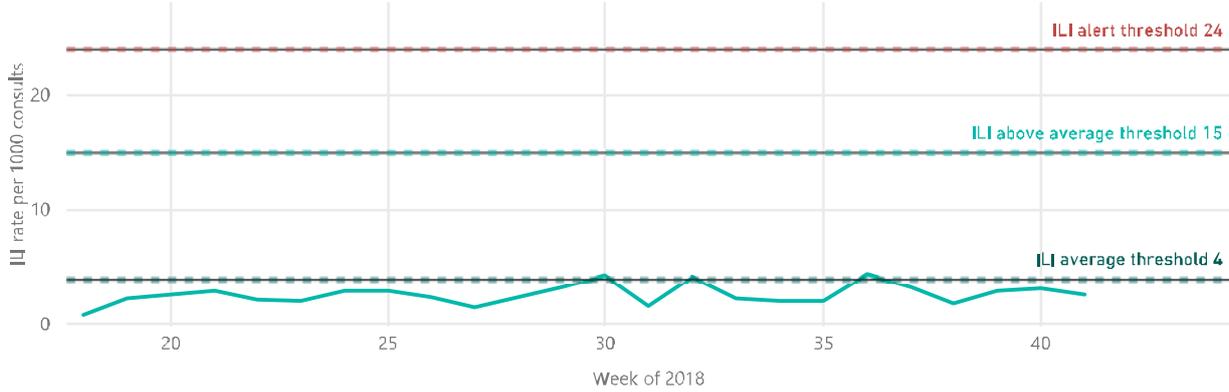
SPREAD/ SEVERITY

VicSPIN sentinel GP consultations for influenza-like illness (ILI) as at: 13/10/18

ILI rate per 1000 consults WE 13/10/18	ILI rate per 1000 consults WE 06/10/18	ILI presentations WE 13/10/18	ILI presentations WE 06/10/18	ILI presentations (YTD)	% Pos specimens Influenza WE 13/10/18	% Pos specimens Influenza WE 06/10/18
2.6	3.2	15	17	388	45 %	40 %

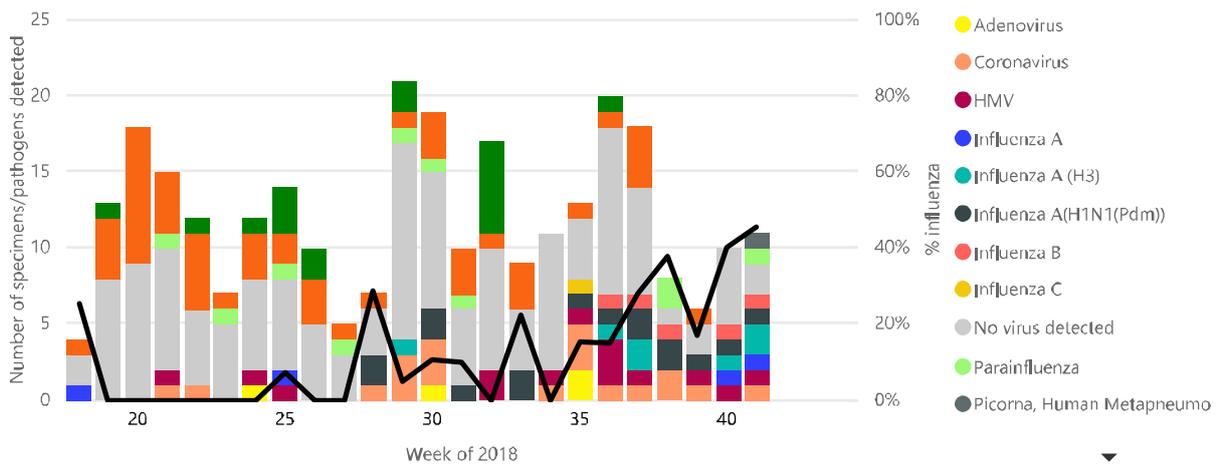
SPREAD/ SEVERITY

VicSPIN consultation rate for ILI (per 1000 patients) as at: 13/10/18



SIZE / SEVERITY / SPREAD

VicSPIN respiratory pathogens as at: 13/10/18



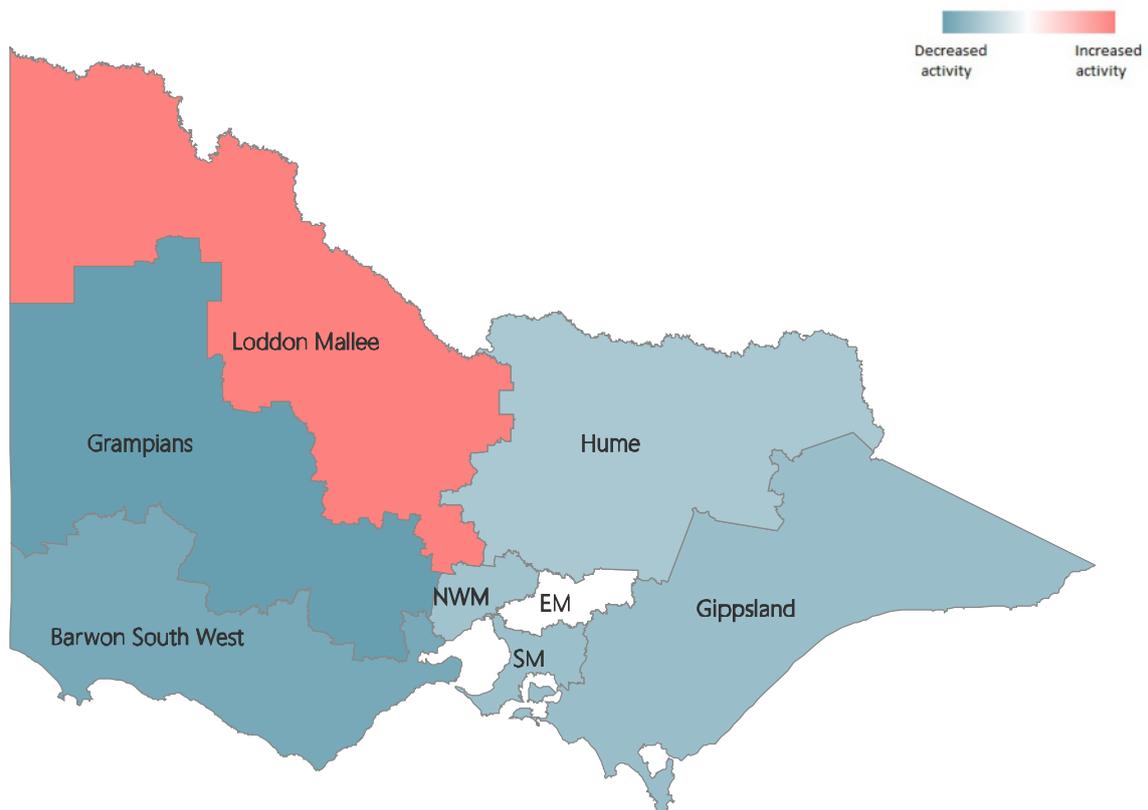
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Influenza Snapshot by region

Report issued: 23/10/2018

Region	Week -1	Week -2	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)
BARWON SOUTH WEST	20	33	▽	-39%	419	2658	1042	▽	-60 %
EASTERN METROPOLITAN	83	83	--	0%	1381	9348	3359.4	▽	-59 %
GIPPSLAND	24	34	▽	-29%	323	2521	864.2	▽	-63 %
GRAMPIANS	9	16	▽	-44%	207	1279	442.4	▽	-53 %
HUME	27	36	▽	-25%	349	1855	733.8	▽	-52 %
LODDON MALLEE	26	23	▲	13%	296	1641	573.2	▽	-48 %
NORTHERN AND WESTERN METROPOLITAN	174	240	▽	-28%	2650	13787	5360.4	▽	-51 %
SOUTHERN METROPOLITAN	120	168	▽	-29%	2145	13667	5362.2	▽	-60 %

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



Data are subject to revision. Please 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>