

# Victorian Weekly Influenza Report

Health Protection Branch

Report: 6/2019 Issue date: 7 June 2019

**This report comprises data as at: week ending 1 June 2019**

## Summary

- **Notified cases<sup>1</sup>:**
  - Cases in **week ending 1 June** are **SLIGHTLY LOWER** 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 **A/H3N2 is predominating**
  - Geographical spread<sup>2</sup> is currently: **WIDESPREAD**
  - There were **four** new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in **week ending 1 June**
  
- **Vaccine distribution figures\*:**
  - Influenza vaccines distributed state-wide: **1,952,000** doses (as at **1 June 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>

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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;

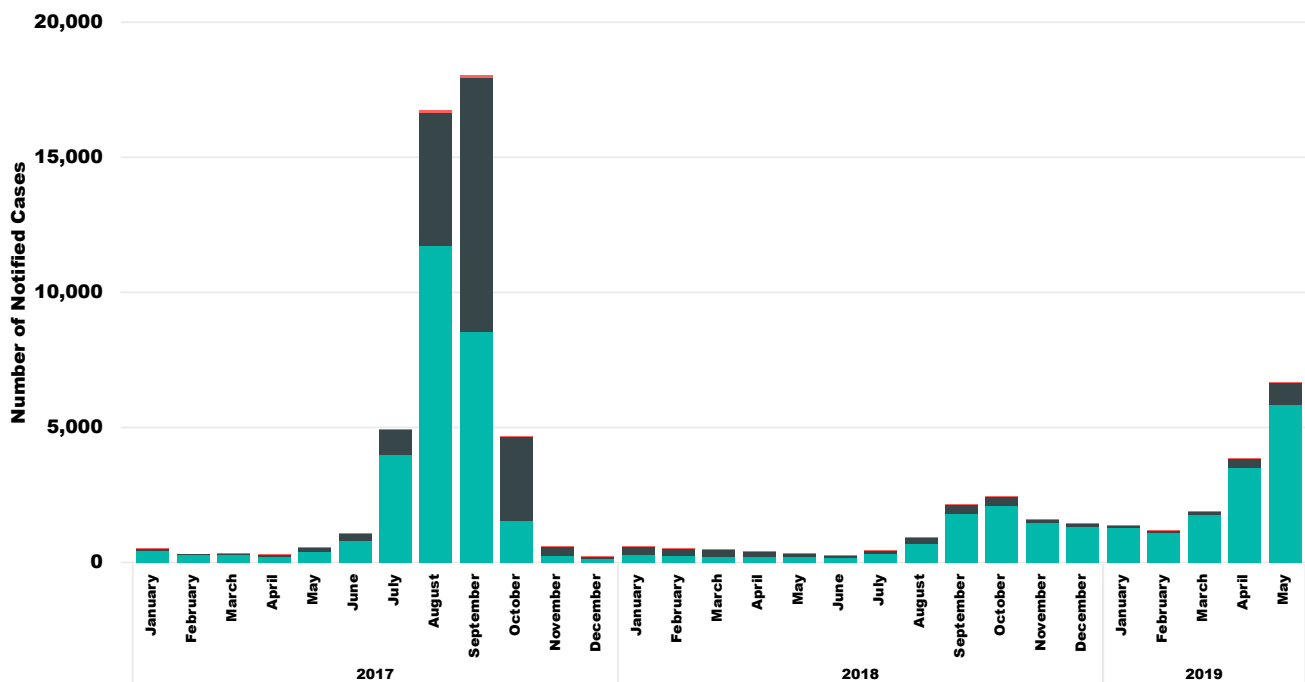
**Localised** – laboratory-confirmed influenza detections above background level in less than 50% of the state;

**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.

## Notified cases of laboratory-confirmed influenza at week ending: 01/06/2019

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



## Notified cases of laboratory-confirmed influenza as at week ending: 01/06/2019

Age group (years)	Week ending 01/06/2019	Week ending 25/05/2019	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	215	231	▽	-7%	1485	175	116.4	▲	1176 %
05 to 14	450	462	▽	-3%	2322	202	127.6	▲	1720 %
15 to 64	849	1084	▽	-22%	8519	1464	998.8	▲	753 %
65+	225	274	▽	-18%	2630	507	382.6	▲	587 %
Total	1739	2051	▽	-15%	14956	2348	1625.4	▲	820 %

## Respiratory outbreaks due to influenza in Residential Aged Care Facilities year-to-date as at: 01/06/2019

Year-to-date	Outbreaks	Resident cases	Hospitalisations	Deaths **
2019	58	790	76	27
2018	5	59	5	0
2017	10	105	12	2

\*\* 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

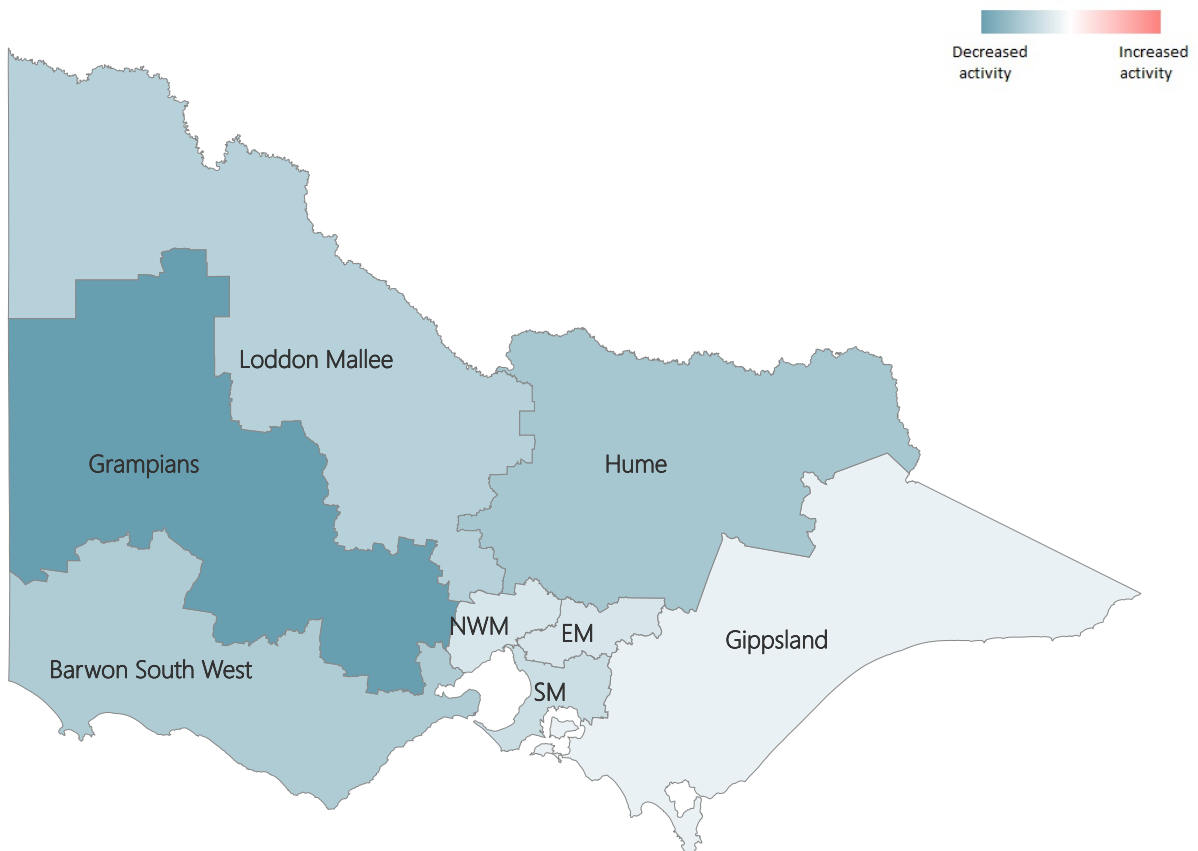
SPREAD / SEVERITY

# Influenza Snapshot by region

Report issued: 07/06/2019

Region	Week ending 01/06/2019	Week ending 25/05/2019	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)
<b>NORTHERN AND WESTERN METROPOLITAN</b>	550	622	▼	-12%	4849	663	476	▲	919 %
<b>SOUTHERN METROPOLITAN</b>	440	519	▼	-15%	3918	707	508.8	▲	670 %
<b>EASTERN METROPOLITAN</b>	351	396	▼	-11%	2822	573	334	▲	745 %
<b>BARWON SOUTH WEST</b>	93	121	▼	-23%	1016	116	99.4	▲	922 %
<b>HUME</b>	69	93	▼	-26%	519	72	45	▲	1053 %
<b>GIPPSLAND</b>	60	64	▼	-6%	481	67	60.8	▲	691 %
<b>GRAMPIANS</b>	59	105	▼	-44%	493	65	38.8	▲	1171 %
<b>LODDON MALLEE</b>	52	66	▼	-21%	552	61	46.6	▲	1085 %

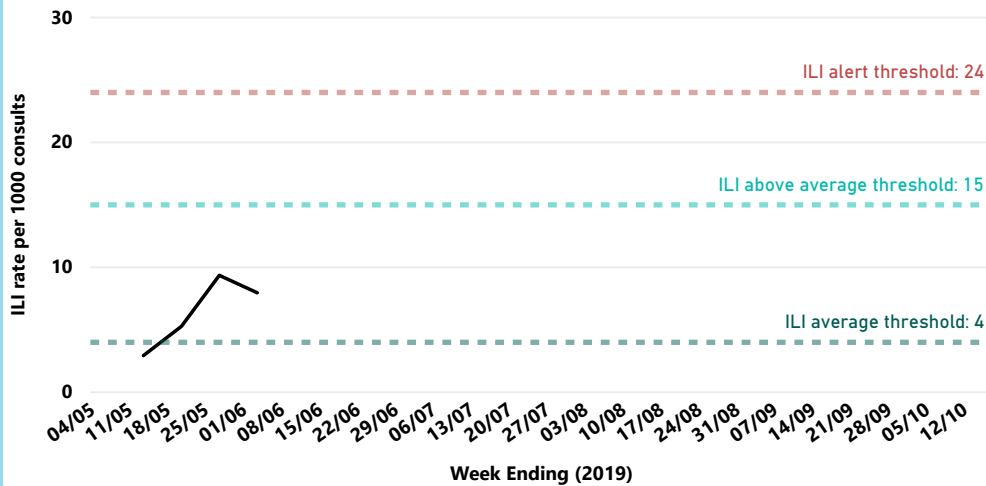
% Week on week change by region



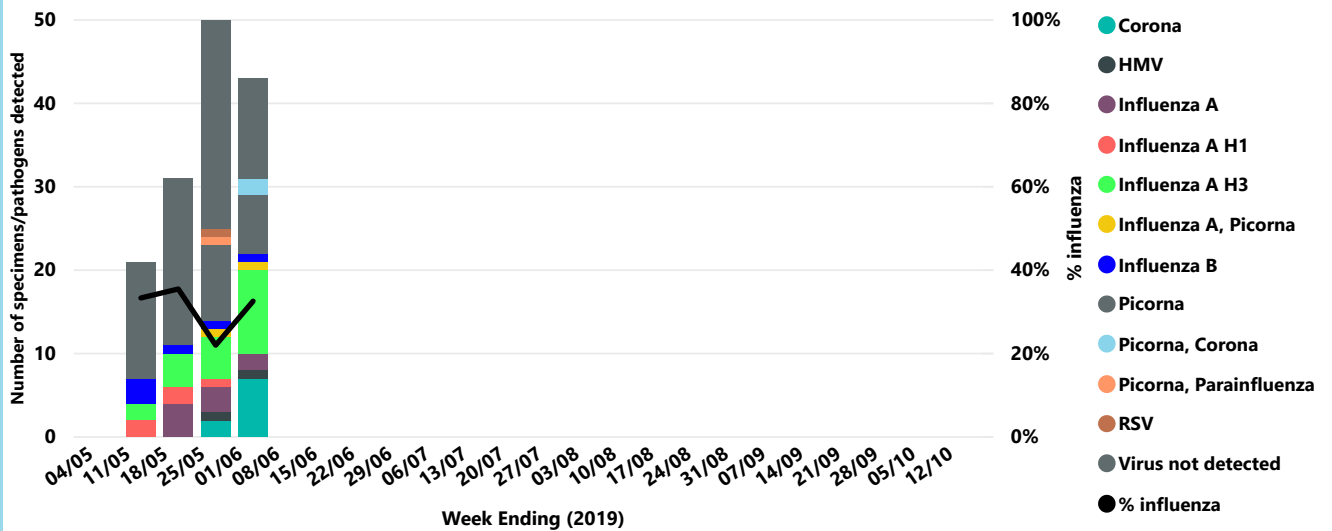
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SIZE / SEVERITY / SPREAD

VicSPIN Consultations rate for ILI (per 1,000 patients) as at : 1/06/2019



VicSPIN respiratory pathogens as at : 1/06/2019



SEVERITY

FluCAN sentinel hospital admissions for laboratory-confirmed influenza as at: 01/06/2019

	admissions per 100 beds		2019		2018		2017	
	WE 01/06/19	WE 25/05/19	admissions	ICU %	admissions	ICU %	admissions	ICU %
			year-to-date*	ICU %	year-to-date*	ICU %	year-to-date*	ICU %
Adult #	0.7	1.2	154	5.8	13	7.7	28	14.3
Paediatric #	4.0	5.2	195	5.6	11	9.1	--	--

\* Data include admissions from 1 April 2019  
# Data from some sites incomplete



## Weekly Influenza Report - Data sources

<p><b>Notified cases of laboratory-confirmed influenza</b></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><b>Respiratory outbreaks reported to the Health Protection Branch</b></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><b>VicSPIN</b></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.</p>
<p><b>FluCAN</b></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>