

Victorian Weekly Influenza Report

Health Protection Branch

Report: 5/2019 Issue date: 3 June 2019

This report comprises data as at: week ending 25 May 2019 (week 21)

Summary

- **Notified cases¹:**
 - 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 **A/H3N2 is predominating**
 - Geographical spread² is currently: **WIDESPREAD**
 - There were **twelve** new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in **Week 21**

- **Vaccine distribution figures*:**
 - Influenza vaccines distributed state-wide: **1,835,270** doses (as at **25 May 2019**)
**excludes vaccines purchased from the private market, workplace programs, etc.*

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;

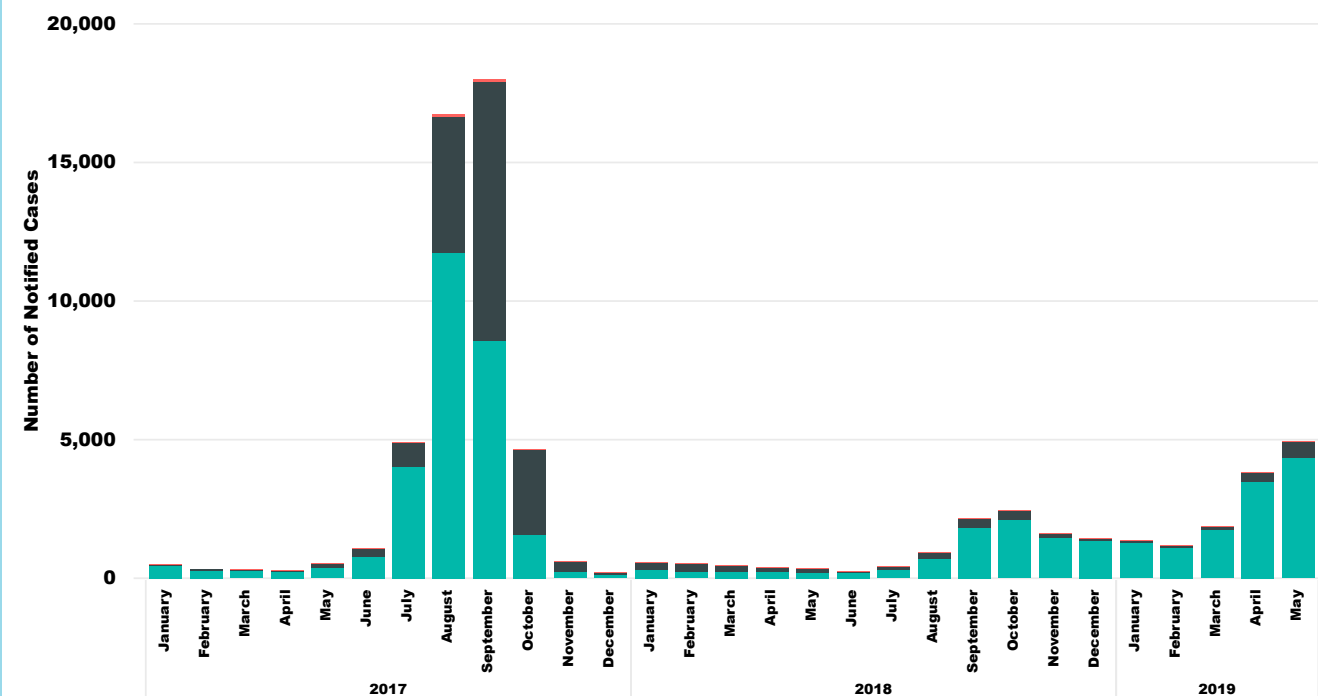
Localised – laboratory-confirmed influenza detections above background level in less than 50% of the state;

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.

Notified cases of laboratory-confirmed influenza at week ending: 25/5/2019

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



Notified cases of laboratory-confirmed influenza as at week ending: 25/5/2019

Age group (years)	Week ending 25/05/2019	Week ending 18/05/2019	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	231	140	▲	65%	1270	164	109.6	▲	1059 %
05 to 14	462	260	▲	78%	1872	190	113.2	▲	1554 %
15 to 64	1083	648	▲	67%	7668	1414	945.2	▲	711 %
65+	273	200	▲	37%	2404	501	367.8	▲	554 %
Total	2049	1248	▲	64%	13214	2269	1535.8	▲	760 %

Respiratory outbreaks due to influenza in Residential Aged Care Facilities year-to-date as at: 25/5/2019

Year-to-date	Outbreaks	Resident cases	Hospitalisations	Deaths **
2019	53	731	67	24
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

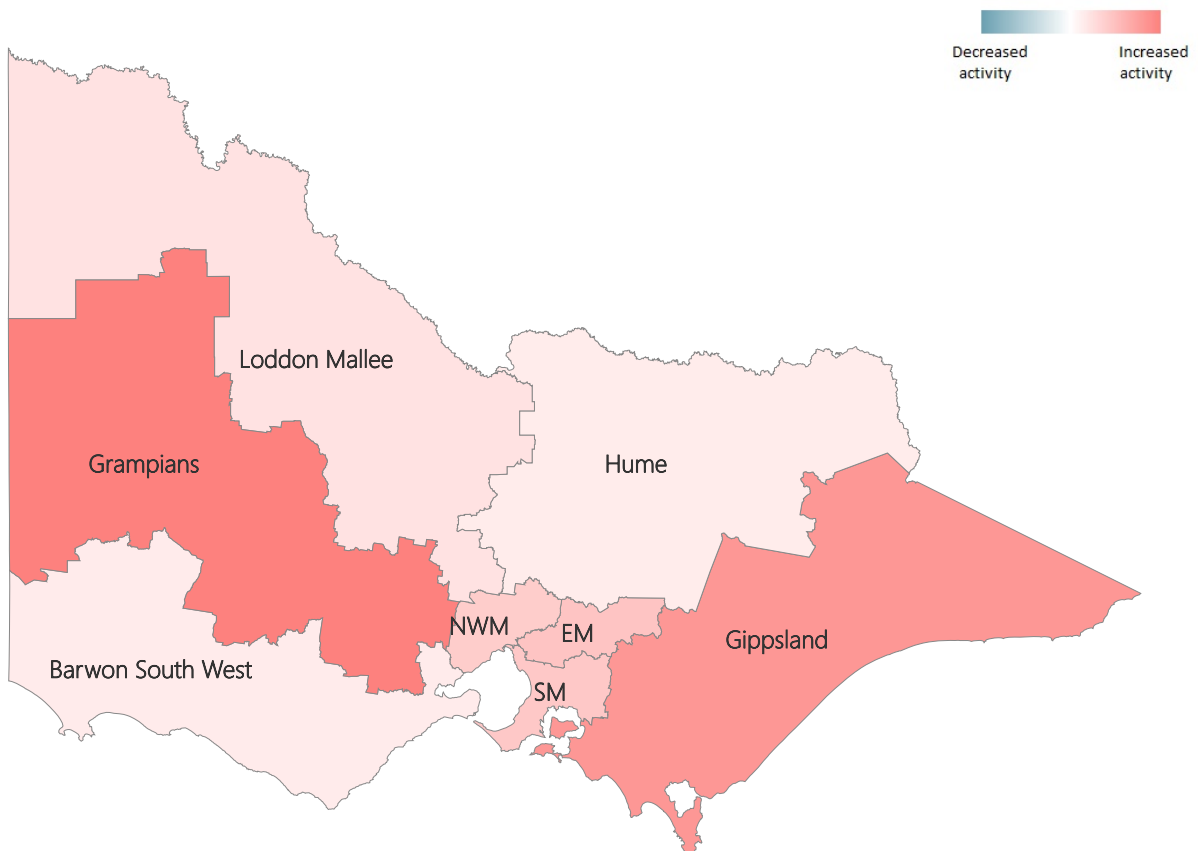
SPREAD / SEVERITY

Influenza Snapshot by region

Report issued: 03/06/2019

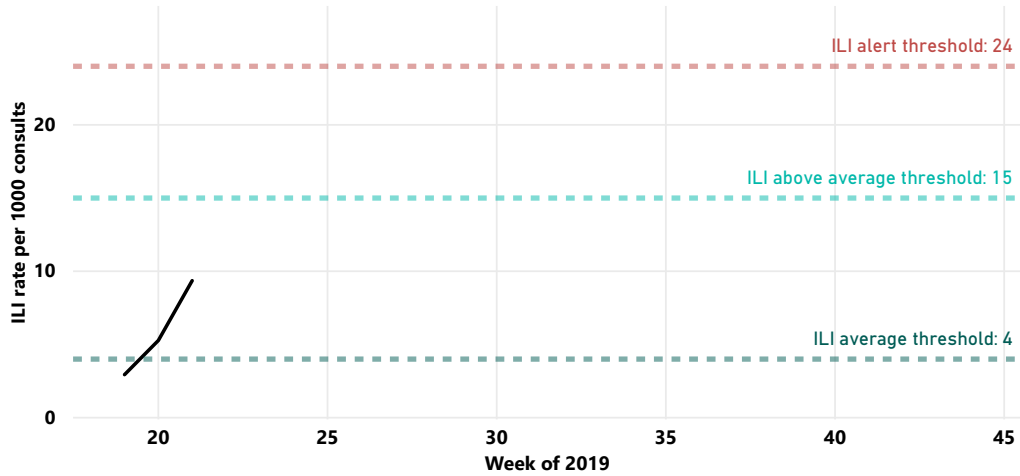
Region	Week ending 25/05/2019	Week ending 18/05/2019	Trend	% change	2019 YTD	2018 YTD	5 yr avg YTD (2014-18)	Trend (5 yr avg to 2019 YTD)	% change (5 yr avg to 2019 YTD)
NORTHERN AND WESTERN METROPOLITAN	622	383	▲	62%	4299	643	450.8	▲	854 %
SOUTHERN METROPOLITAN	518	308	▲	68%	3477	682	476	▲	630 %
EASTERN METROPOLITAN	396	229	▲	73%	2471	557	317.2	▲	679 %
BARWON SOUTH WEST	121	97	▲	25%	923	111	95.6	▲	865 %
GRAMPIANS	105	41	▲	156%	434	62	36.8	▲	1079 %
HUME	93	75	▲	24%	450	69	43	▲	947 %
LODDON MALLEE	65	48	▲	35%	499	57	42.8	▲	1066 %
GIPPSLAND	64	28	▲	129%	421	64	58	▲	626 %

% Week on week change by region

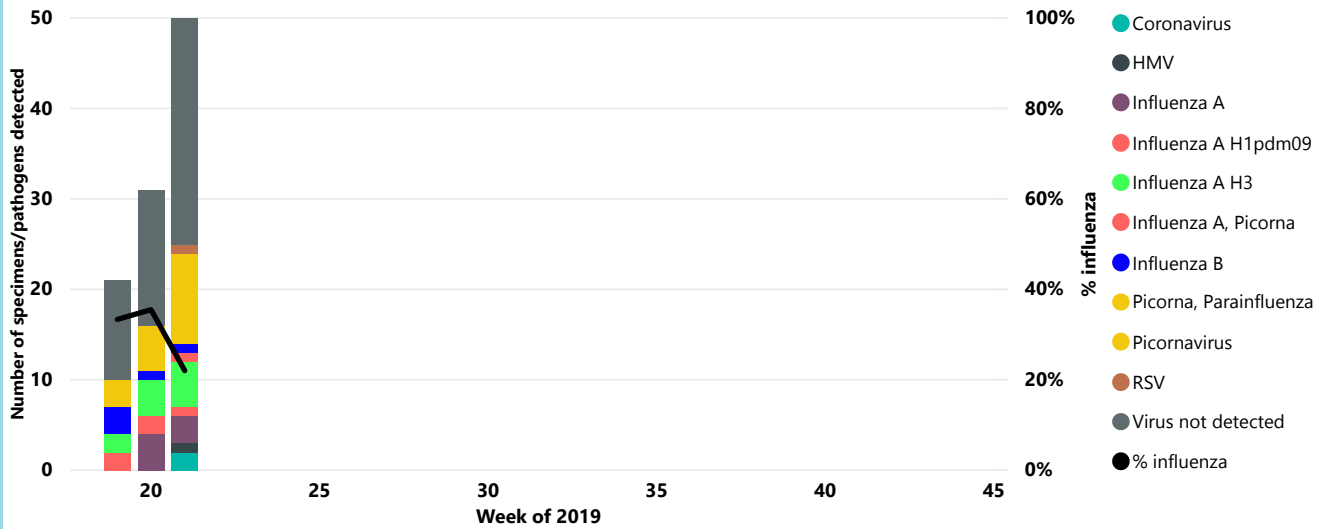


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VicSPIN Consultations rate for ILI (per 1,000 patients) as at : 25/05/2019



VicSPIN respiratory pathogens as at : 25/05/2019



FluCAN sentinel hospital admissions for laboratory-confirmed influenza as at: 25/05/2019

	admissions per 100 beds		2019		2018		2017	
	WE 25/05/19	WE 18/05/19	admissions	ICU %	admissions	ICU %	admissions	ICU %
			year-to-date*		year-to-date*		year-to-date*	
Adult #	0.6	0.2	83	9.6	13	7.7	22	13.6
Paediatric #	3.1	4.8	156	6	10	10	--	--

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



SIZE / SEVERITY / SPREAD

SEVERITY

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.</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>