

Victorian Weekly Influenza Report

Health Protection Branch

Report: 15/2018 Issue date: 4 September 2018 (Week 36)

This report comprises data as at: Week 35 (week ending Sat 1 September)

Summary

- **Notified cases:**

- Cases in **Week 35** 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 spread¹ is currently: **LOCALISED**
- There was **1** new respiratory outbreak due to laboratory-confirmed influenza in a Residential Aged Care Facility identified this week
- Rate of hospital admissions with confirmed influenza at the four sentinel sites in Victoria is **SLIGHTLY HIGHER** when compared with the previous week

- **Vaccine distribution figures*:**

Influenza vaccines distributed state-wide: **1,779,259** doses (as at **29 August 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: 04/09/2018

Notified cases at week ending: 01/09/18

Influenza types	Week -1 WE 01/09/18	Week -2 WE 25/08/18	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	13	4	▲	225%	117	104	49.2	▲	138 %
Influenza A	209	176	▲	19%	2453	18790	7258.2	▽	-66 %
Influenza B	59	69	▽	-14%	1476	7013	3262.2	▽	-55 %

Age group (years)	Week -1 WE 01/09/18	Week -2 WE 25/08/18	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	32	19	▲	68%	351	2105	883.4	▽	-60 %
05 to 14	50	54	▽	-7%	503	3893	1574.6	▽	-68 %
15 to 64	155	146	▲	6%	2453	14267	6033.4	▽	-59 %
65+	43	30	▲	43%	737	5632	2069.4	▽	-64 %
Unknown	0	0	--	--		1	2.6		--
Total	280	249	▲	12%	4044	25898	10563.4	▽	-62 %

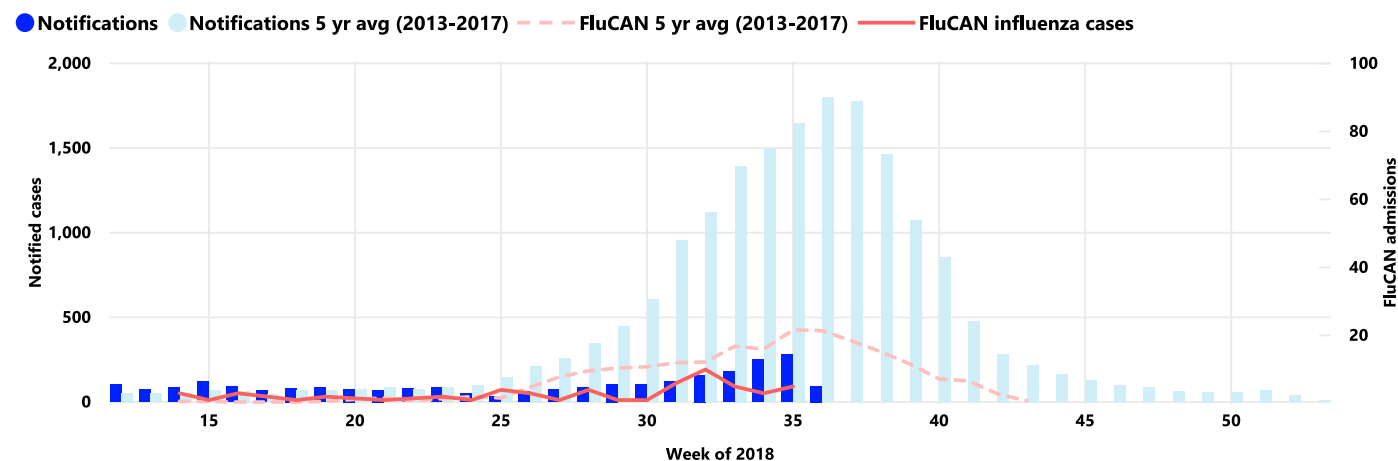
SIZE

FluCAN sentinel hospital admissions (at 4 sites) for laboratory-confirmed influenza as at: 27/08/18

	Admissions per 100 beds WE 01/09/18	Admissions per 100 beds WE 25/08/18	ICU proportion WE 01/09/18	ICU proportion WE 25/08/18	2018 admissions (YTD)	2017 admissions (YTD)	Admissions YTD 5 yr avg (2013- 2017)	% change (YTD 5 yr avg - 2018 YTD)
Victoria	0.27	0.16	20	33.3	59	668	133.6	-56%

SEVERITY

Epidemiological curves for influenza surveillance sources YTD 2018



SIZE / SEVERITY / SPREAD

Respiratory outbreaks due to influenza in Residential Aged Care Facilities YTD as at: 01/09/18

Year	Outbreaks influenza	Resident cases ▲	Hospitalisations
2018	12	176	20
2017	154	2407	283

SPREAD/ SEVERITY



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

Data are year to date

Victorian Influenza Snapshot

Report issued: 04/09/2018

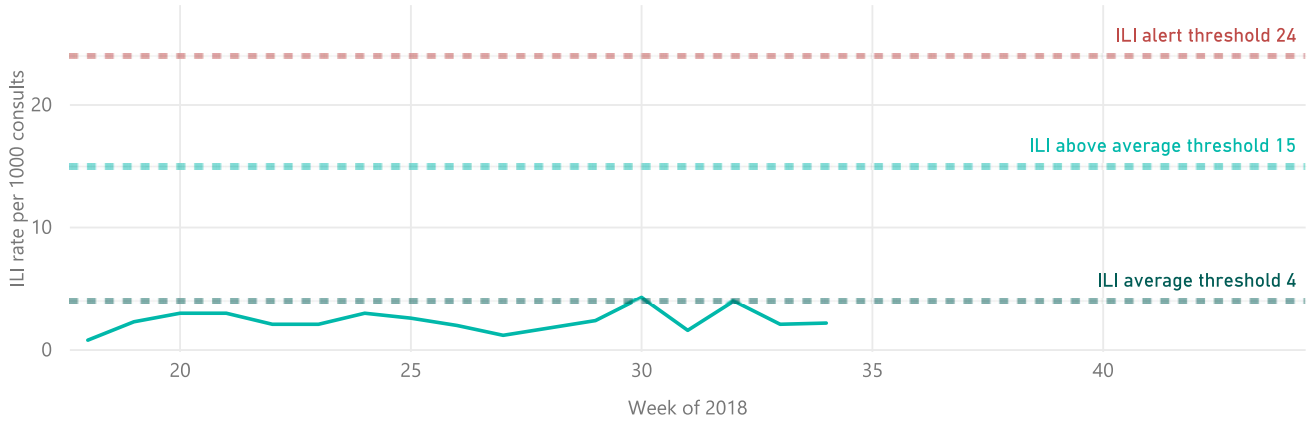
SPREAD/ SEVERITY

VicSPIN sentinel GP consultations for influenza-like illness (ILI) as at: 27/08/18

ILI rate per 1000 consultations	ILI rate per 1000 consultations	ILI presentations	ILI presentations	ILI presentations (YTD)	% Pos specimens Influenza	% Pos specimens Influenza
WE 25/08/18	WE 18/08/18	WE 25/08/18	WE 18/08/18		WE 25/08/18	WE 18/08/18
2.2	2.1	13	12	251	0 %	22 %

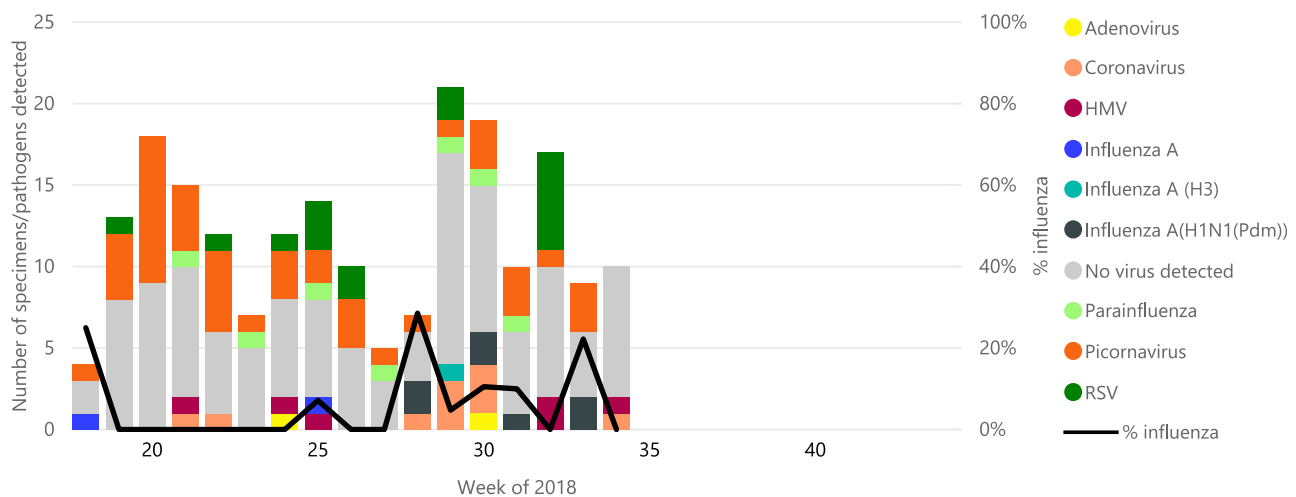
SPREAD/ SEVERITY

VicSPIN consultation rate for ILI (per 1000 patients) as at: 27/08/18



SIZE / SEVERITY / SPREAD

VicSPIN respiratory pathogens as at: 27/08/18

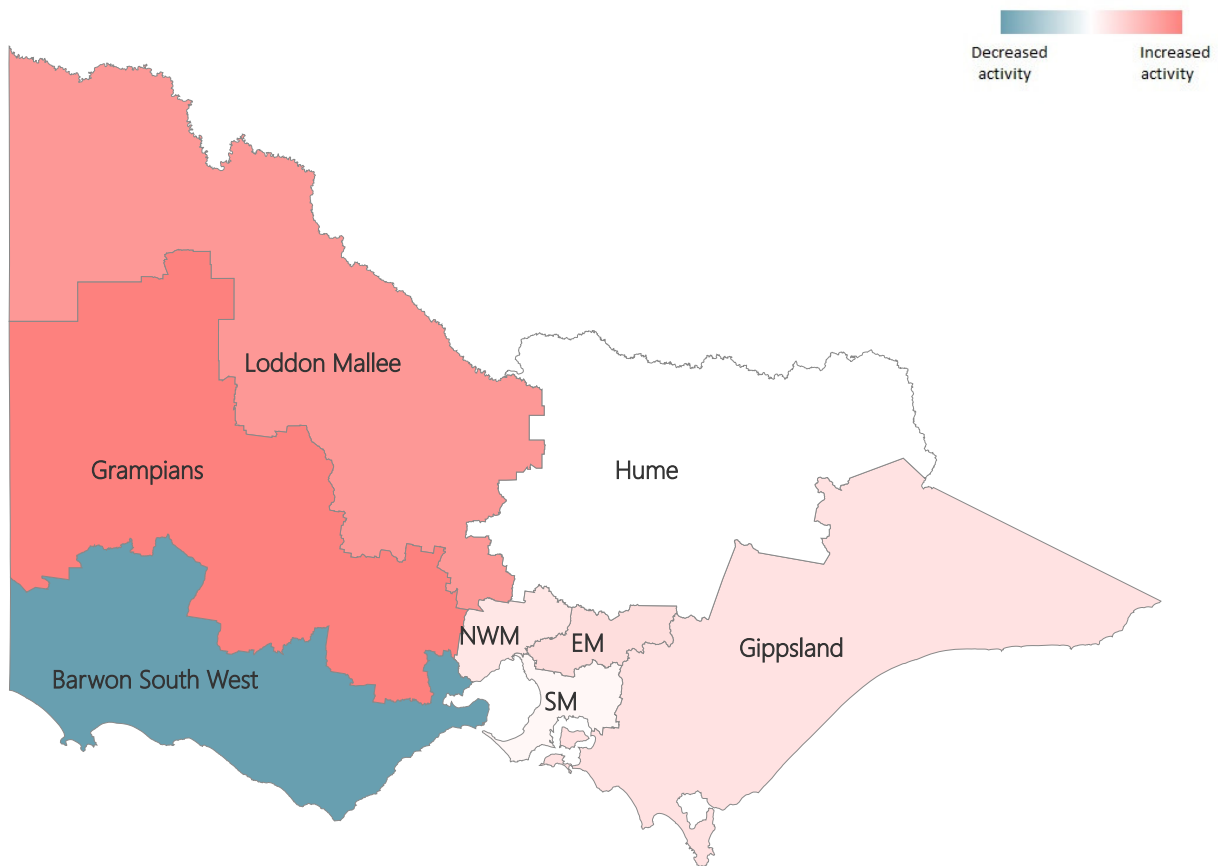


Influenza Snapshot by region

Report issued: 04/09/2018

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	1	0	▲	--	34	133	74	▽	-54 %
BARWON SOUTH WEST	15	24	▽	-38%	229	1692	646.6	▽	-65 %
EASTERN METROPOLITAN	43	35	▲	23%	852	5154	1967.6	▽	-57 %
GIPPSLAND	6	5	▲	20%	131	1627	555.6	▽	-76 %
GRAMPIANS	15	8	▲	88%	126	730	259.6	▽	-51 %
HUME	12	12	--	0%	159	816	407.6	▽	-61 %
LODDON MALLEE	12	7	▲	71%	128	835	310.2	▽	-59 %
NORTHERN AND WESTERN METROPOLITAN	105	90	▲	17%	1239	7428	3133	▽	-60 %
SOUTHERN METROPOLITAN	72	68	▲	6%	1148	7492	3215.4	▽	-64 %

% 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>