

Victorian Weekly Influenza Report

Health Protection Branch

Report: 20/2019 Issue date: 13 September 2019

This report comprises data as at: week ending 7 September 2019

Summary

- **Notified cases¹:**
 - Cases in **week ending 7 September** are **HIGHER** when compared with cases for the week prior
 - Cases (since 1 January 2019) are tracking over twelve times **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: **DECREASING**
 - The predominant influenza type across Victoria is currently: **Type A**, although **Type B** is **INCREASING**
 - National data indicate **A/H3N2 is predominating**
 - Geographical spread² is currently: **WIDESPREAD**
 - There were nine new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in **week ending 7 September**

- **Vaccine distribution figures*:**
 - Influenza vaccines distributed state-wide: **2,129,431** doses (as at **6 September 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>

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

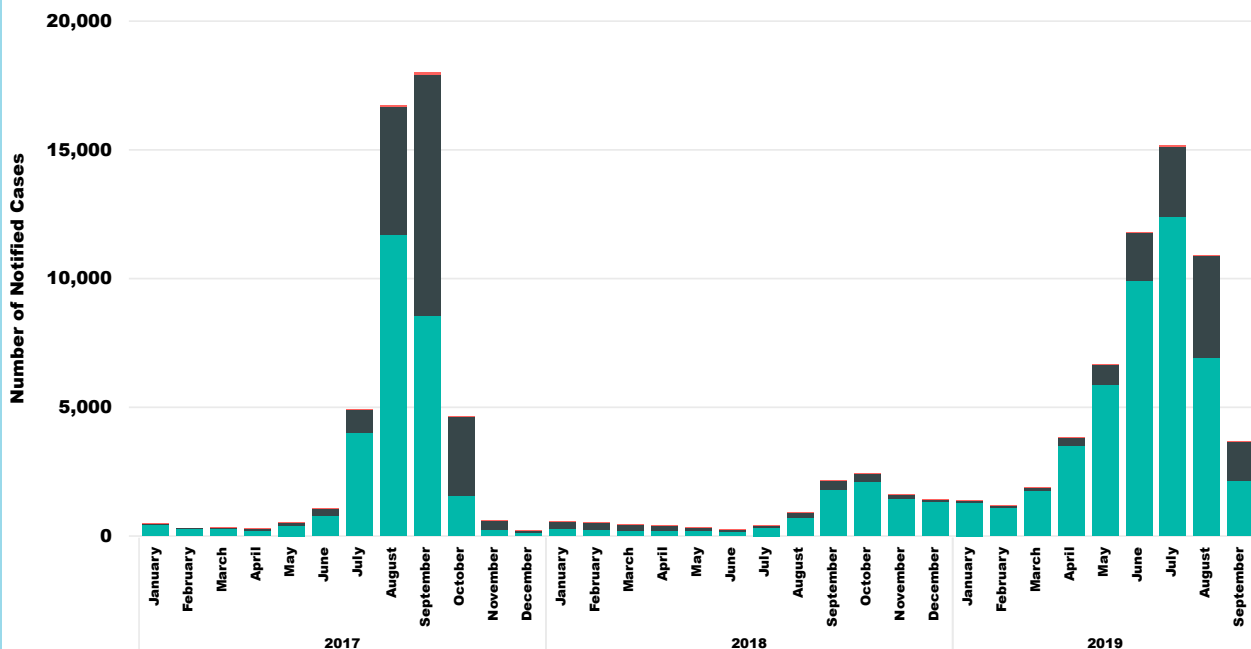
Widespread – significant numbers of laboratory confirmed influenza cases reported above background level in equal to or greater than 50% of the state

Victorian Influenza Snapshot

Report issued: 13/09/2019

Notified cases of laboratory-confirmed influenza at week ending: 07/09/2019

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



Notified cases of laboratory-confirmed influenza as at week ending: 07/09/2019

Age group (years)	Week ending 07/09/2019	Week ending 31/08/2019	Trend	% change	2019 YTD	2018 YTD	2017 YTD	5 yr avg YTD (2014-18)	Trend 5 yr avg to 2019 YTD	% change (5 yr avg to 2019 YTD)
00 to 04	340	174	▲	95%	5948	389	2378	1005.6	▲	491 %
05 to 14	919	485	▲	89%	10952	596	4581	1774.8	▲	517 %
15 to 64	1909	978	▲	95%	31027	2653	16349	6892	▲	350 %
65+	497	258	▲	93%	8617	783	6566	2456	▲	251 %
Total	3665	1895	▲	93%	56544	4421	29874	12128.4	▲	366 %

Data from some laboratories may be incomplete

Respiratory outbreaks due to influenza in Residential Aged Care Facilities year-to-date as at: 07/09/2019

Year-to-date	Outbreaks	Resident cases	Hospitalisations	Deaths **
2019	220	2993	278	111
2018	12	179	21	2
2017	190	2894	344	116

** 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.

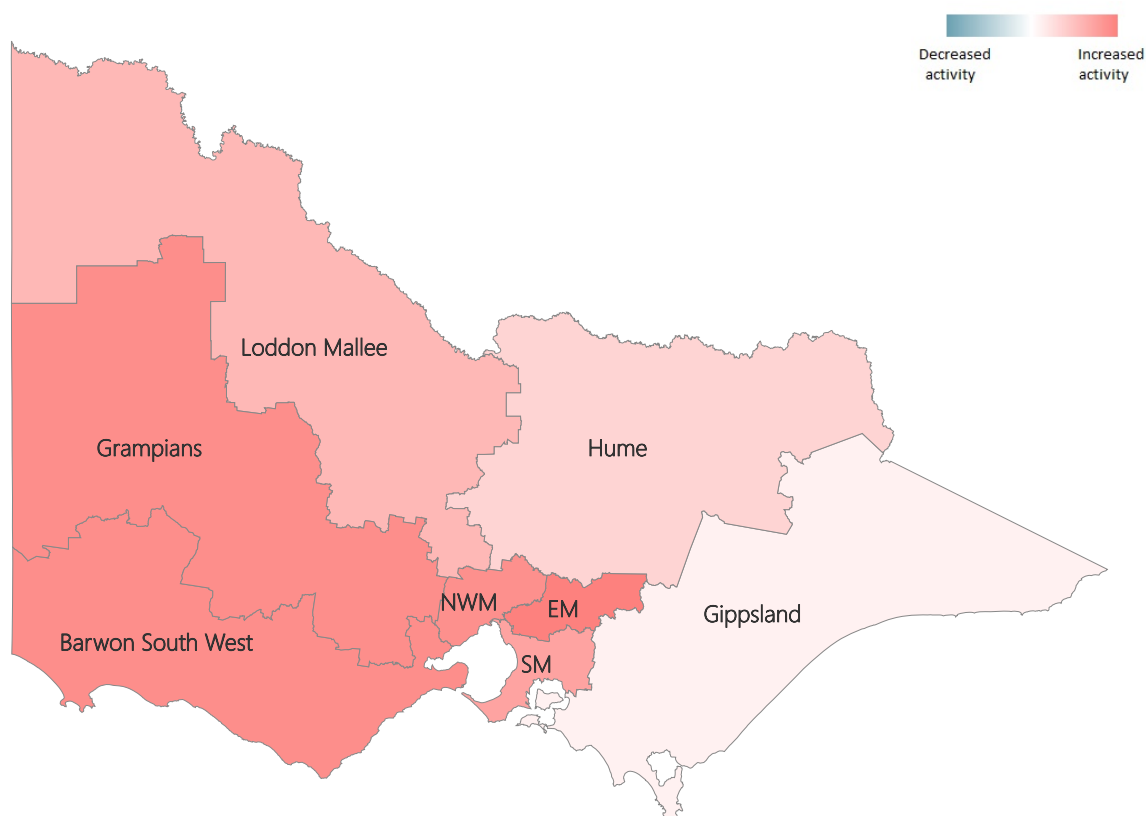
Influenza Snapshot by region

Report issued: 13/09/2019

Region	Week ending 07/09/2019	Week ending 31/08/2019	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)
GRAMPIANS	71	34	▲	109%	1333	133	304	▲	338 %
LODDON MALLEE	89	53	▲	68%	1834	143	370.4	▲	395 %
BARWON SOUTH WEST	125	60	▲	108%	3038	255	724.6	▲	319 %
HUME	144	102	▲	41%	2424	171	495.4	▲	389 %
GIPPSLAND	168	148	▲	14%	2542	148	626.2	▲	306 %
EASTERN METROPOLITAN	848	384	▲	121%	10709	905	2307.4	▲	364 %
SOUTHERN METROPOLITAN	1003	533	▲	88%	15735	1240	3652.6	▲	331 %
NORTHERN AND WESTERN METROPOLITAN	1193	577	▲	107%	18597	1389	3574.2	▲	420 %

Data from some laboratories incomplete

% Week on week change by region



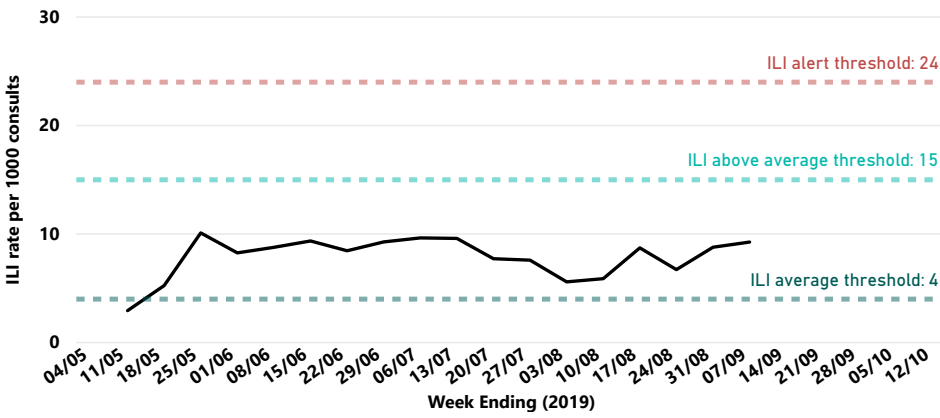
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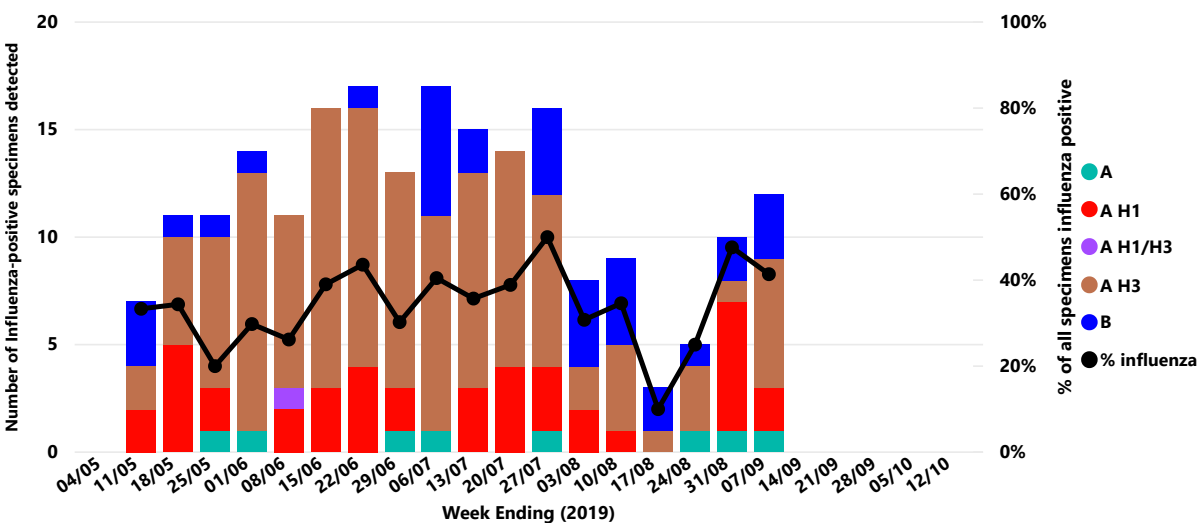
Victorian Influenza Snapshot

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VicSPIN Sentinel GP Consultations rate for ILI (per 1,000 patients) as at : 7/09/2019



VicSPIN Sentinel GP influenza types as at : 7/09/2019



FluCAN sentinel hospital admissions for laboratory-confirmed influenza as at: 07/09/2019

	Laboratory-confirmed influenza admissions from 1 April					
	2019		2018		2017	
	year-to-date	ICU %	year-to-date	ICU %	year-to-date	ICU %
Adult #	795	5.8	74	13.5	706	10.6
Paediatric #	616	8.0	53	7.6	--	--

Data from some sites incomplete



All data are subject to revision.

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. Refer to https://www.vidrl.org.au/surveillance/influenza-surveillance/ for full weekly reports.</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>