

Victorian Weekly Influenza Report

Health Protection Branch

Report: 12/2018 Issue date: 14 August 2018 (Week 33)

This report comprises data as at: Week 32 (week ending Sat 11 August)

Summary

- **Notified cases:**

- Cases in **Week 32** 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 **WITHIN EXPECTED LEVELS** for this time of the season
- The influenza season (since 1 April 2018) is currently: **at BASELINE LEVELS with increasing activity**
- 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
- There were **3** hospital admissions with confirmed influenza at the four sentinel sites in Victoria this week, slightly lower when compared with the previous week

- **Vaccine distribution figures*:**

Influenza vaccines distributed state-wide: **1,769,914** doses (as at **13 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: 14/08/2018

Notified cases at week ending: 11/08/18

Influenza types	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)
	WE 11/08/18	WE 04/08/18							
Influenza A	114	88	▲	29.5%	1872	10968	4208.4	▽	-56%
Influenza B	33	29	▲	13.8%	1291	2875	1638.8	▽	-21%
Other/not typed	10	6	▲	66.7%	100	46	26.6	▲	276%

Age group (years)	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)
	WE 11/08/18	WE 04/08/18							
00 to 04	17	8	▲	112.5%	281	1100	490	▽	-43%
05 to 14	27	16	▲	68.8%	345	1840	774.8	▽	-55%
15 to 64	95	89	▲	6.7%	2011	7797	3444.4	▽	-42%
65+	18	10	▲	80.0%	625	3143	1158.2	▽	-46%
Unknown	0	0	--	--		1	1.6		--
Total	157	123	▲	27.6%	3262	13881	5869	▽	-44%

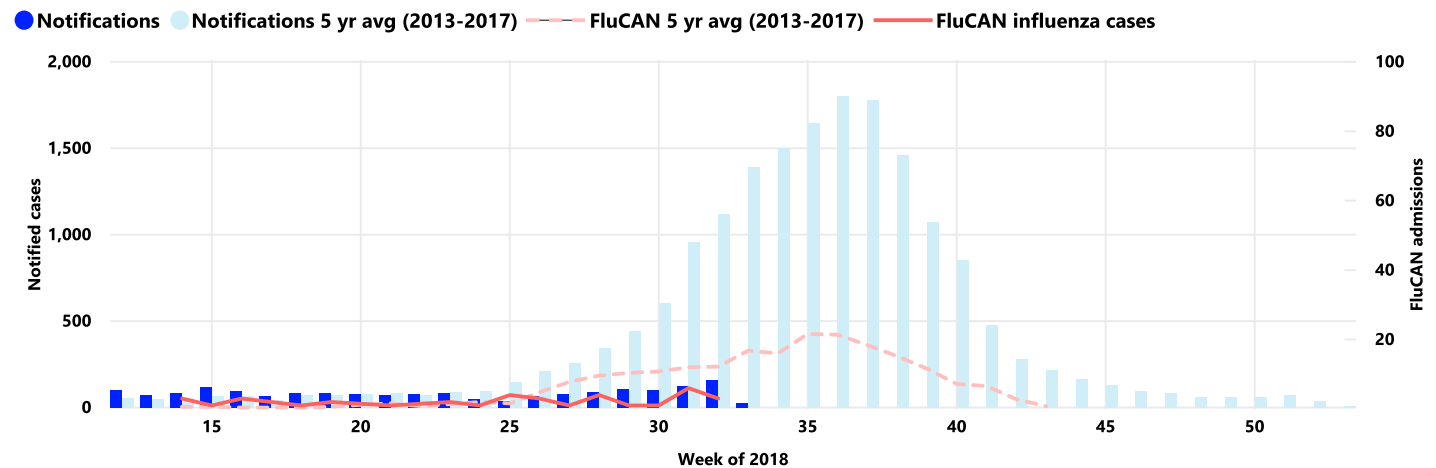
SIZE

FluCAN sentinel hospital admissions (at 4 sites) for laboratory-confirmed influenza as at: 13/08/18

	Admissions per 100 beds WE 11/08/18	Admissions per 100 beds WE 04/08/18	ICU proportion WE 11/08/18	ICU proportion WE 04/08/18	2018 admissions (YTD)	2017 admissions (YTD)	Admissions YTD 5 yr avg (2013-2017)	% change (YTD 5 yr avg - 2018 YTD)
Victoria	0.16	0.32	33	33.3	39	396	79.2	-51%

SEVERITY

Epidemiological curves for influenza surveillance sources YTD 2018



SIZE / SEVERITY / SPREAD

Respiratory outbreaks due to influenza in Residential Care Facilities YTD as at: 11/08/18

Year	Outbreaks influenza	Resident cases	Hospitalisations
2018	9	109	7
2017	83	1514	169



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

Data are year to date

SPREAD/ SEVERITY

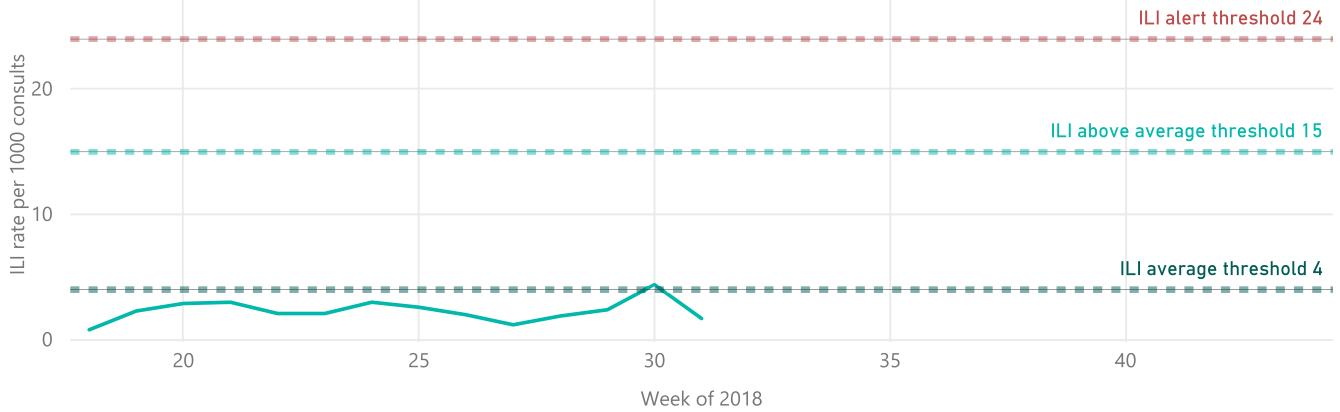
Victorian Influenza Snapshot

Report issued: 14/08/2018

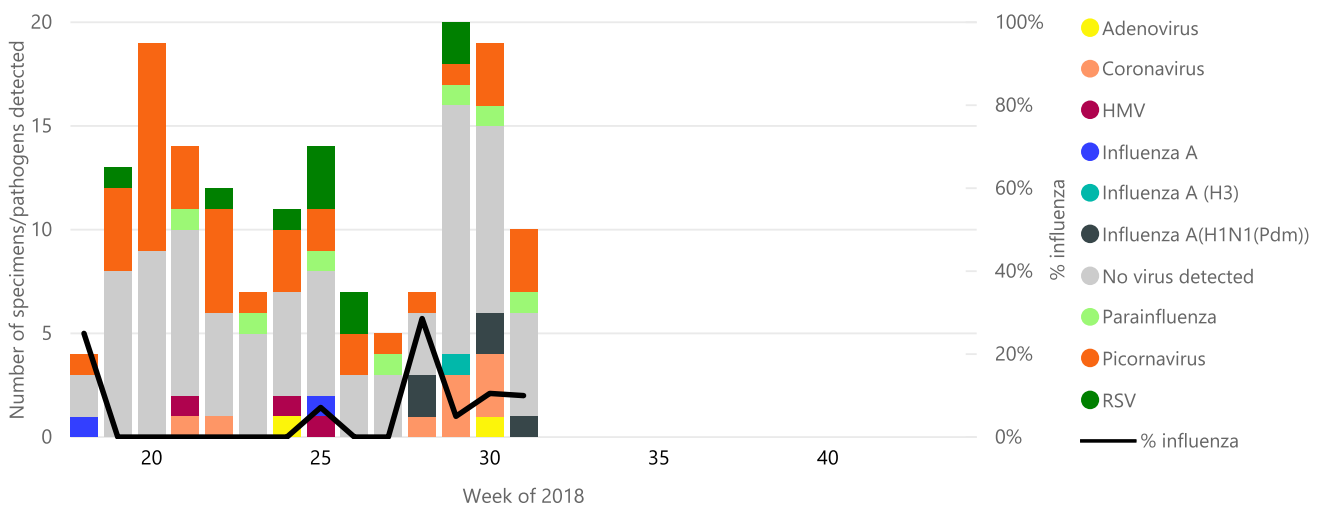
VicSPIN sentinel GP consultations for influenza-like illness (ILI) as at: 06/08/18

ILI rate per 1000 consultations	ILI rate per 1000 consultations	ILI presentations	ILI presentations	ILI presentations (YTD)	% Pos specimens Influenza	% Pos specimens Influenza
WE 04/08/18	WE 28/07/18	WE 04/08/18	WE 28/07/18		WE 04/08/18	WE 28/07/18
1.7	4.4	10	26	202	10%	11%

VicSPIN consultation rate for ILI (per 1000 patients) as at: 06/08/18



VicSPIN respiratory pathogens as at: 06/08/18

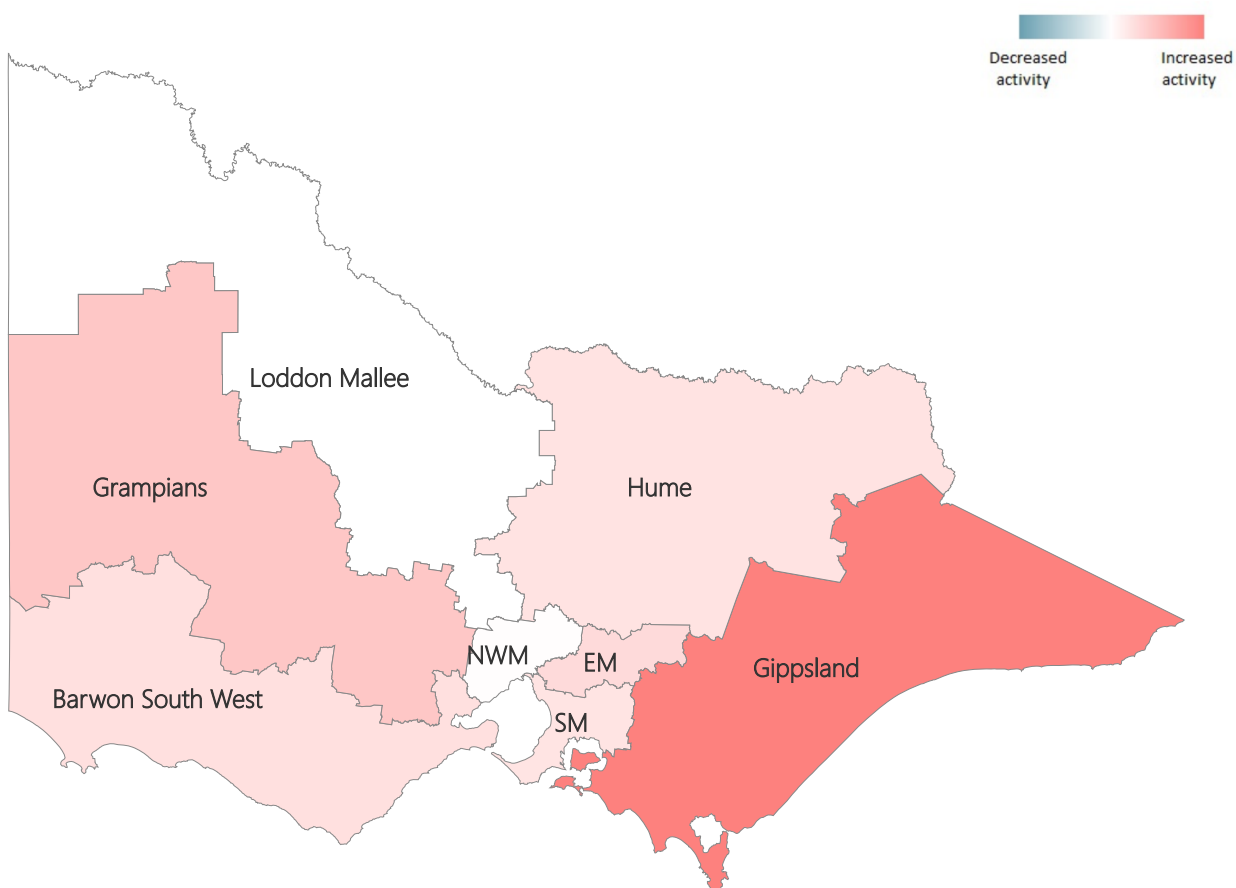


Influenza Snapshot by region

Report issued: 14/08/2018

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	2	▽	-50.0%	31	100	47.6	▽	-35%
BARWON SOUTH WEST	11	8	▲	37.5%	175	829	340.6	▽	-49%
EASTERN METROPOLITAN	33	23	▲	43.5%	730	2904	1115	▽	-35%
GIPPSLAND	10	4	▲	150.0%	112	901	316.8	▽	-65%
GRAMPIANS	5	3	▲	66.7%	99	373	132.6	▽	-25%
HUME	8	6	▲	33.3%	119	325	177	▽	-33%
LODDON MALLEE	5	5	--	0.0%	95	433	166.4	▽	-43%
NORTHERN AND WESTERN METROPOLITAN	39	38	▲	2.6%	961	4000	1782.4	▽	-46%
SOUTHERN METROPOLITAN	45	34	▲	32.4%	941	4024	1795.4	▽	-48%

% 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>