

Victorian Weekly Influenza Report

Health Protection Branch

Report: 21/2019 Issue date: 20 September 2019

This report comprises data as at: week ending 14 September 2019

Summary

- **Notified cases¹:**
 - Cases in **week ending 14 September** are **LOWER** 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 eight new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in **week ending 14 September**

- **Vaccine distribution figures*:**
 - Influenza vaccines distributed state-wide: **2,131,118** doses (as at **19 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

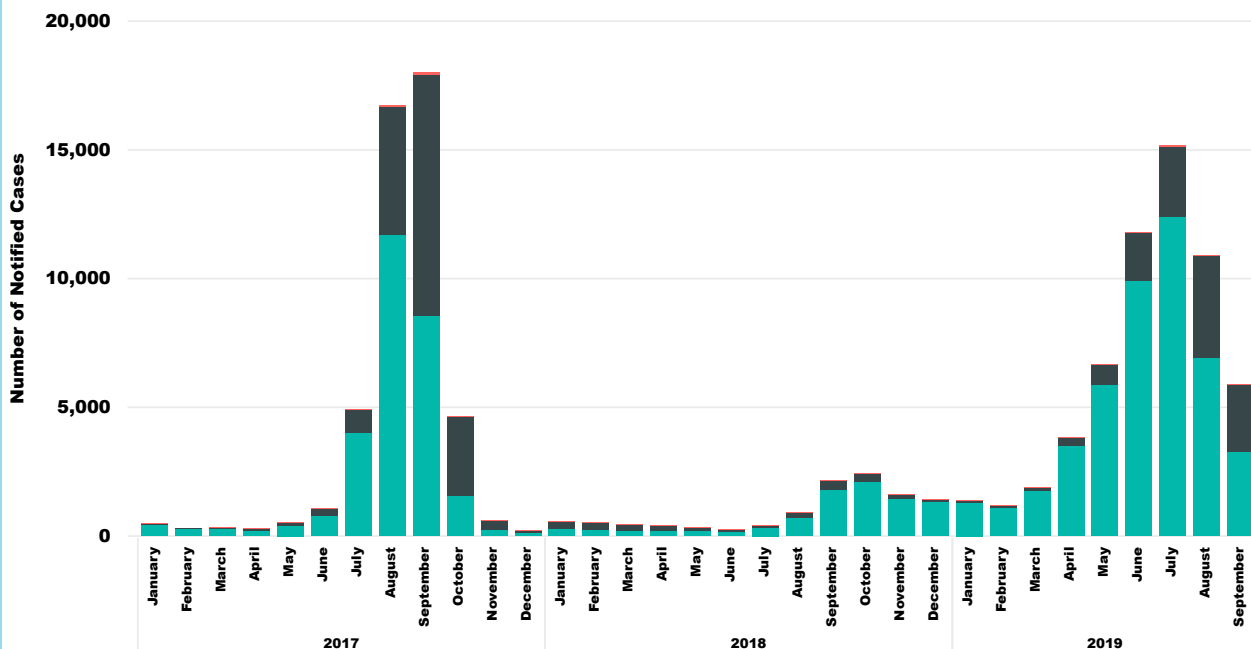
Widespread – significant numbers of laboratory confirmed influenza cases reported above background level in equal to or greater than 50% of the state

Victorian Influenza Snapshot

Report issued: 20/09/2019

Notified cases of laboratory-confirmed influenza at week ending: 14/09/2019

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



Notified cases of laboratory-confirmed influenza as at week ending: 14/09/2019

Age group (years)	Week ending 14/09/2019	Week ending 07/09/2019	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	194	345	▼	-44%	6146	447	2754	1145.6	▲	436 %
05 to 14	554	932	▼	-41%	11518	709	5400	2052.8	▲	461 %
15 to 64	1126	1932	▼	-42%	32179	2890	19018	7829.4	▲	311 %
65+	295	501	▼	-41%	8916	839	7721	2843.6	▲	214 %
Total	2169	3710	▼	-42%	58759	4885	34893	13871.4	▲	324 %

Data from some laboratories may be incomplete

Respiratory outbreaks due to influenza in Residential Aged Care Facilities year-to-date as at: 14/09/2019

Year-to-date	Outbreaks	Resident cases	Hospitalisations	Deaths **
2019	228	3075	283	112
2018	15	226	27	3
2017	220	3270	383	130

** 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.

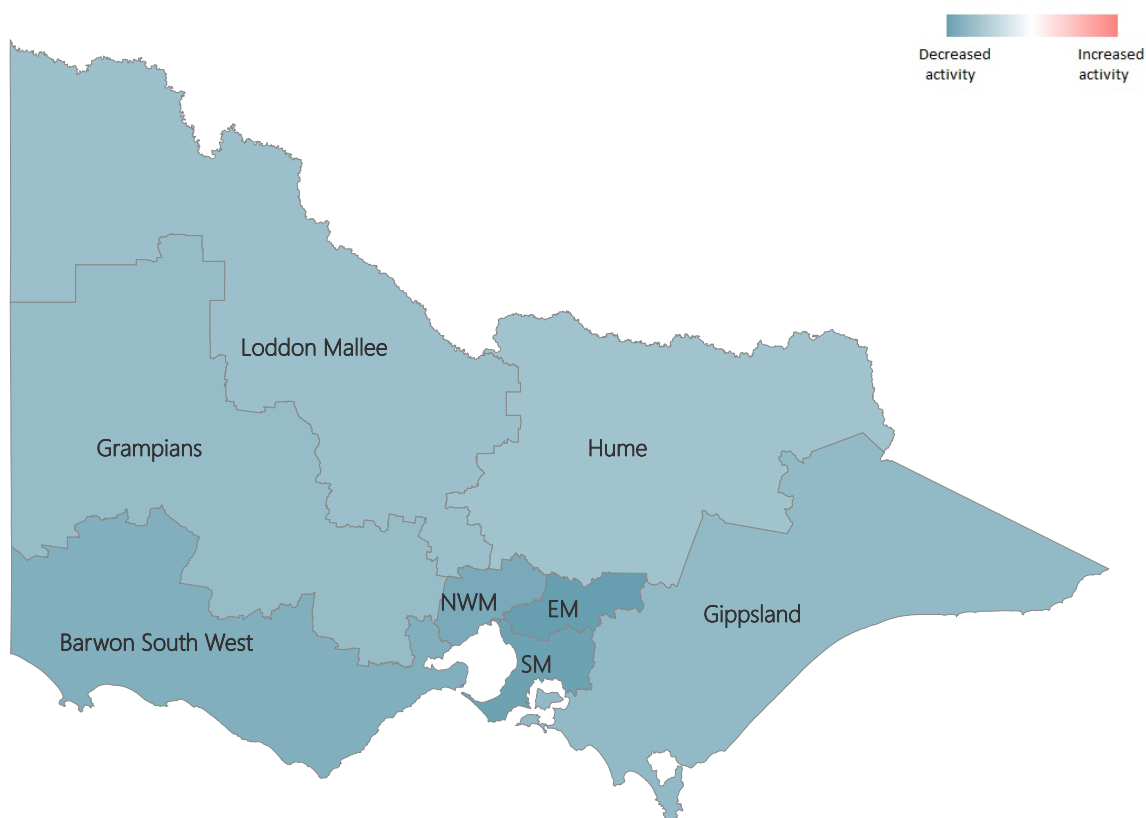
Influenza Snapshot by region

Report issued: 20/09/2019

Region	Week ending 14/09/2019	Week ending 07/08/2019	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	49	72	▼	-32%	1384	143	348.2	▲	297 %
LODDON MALLEE	63	90	▼	-30%	1898	163	429	▲	342 %
BARWON SOUTH WEST	79	128	▼	-38%	3120	290	817.4	▲	282 %
HUME	103	144	▼	-28%	2527	197	574.6	▲	340 %
GIPPSLAND	117	175	▼	-33%	2666	172	703.8	▲	279 %
EASTERN METROPOLITAN	465	858	▼	-46%	11184	962	2645.2	▲	323 %
SOUTHERN METROPOLITAN	564	1016	▼	-44%	16312	1357	4172	▲	291 %
NORTHERN AND WESTERN METROPOLITAN	723	1215	▼	-40%	19343	1562	4098.4	▲	372 %

Data from some laboratories incomplete

% Week on week change by region



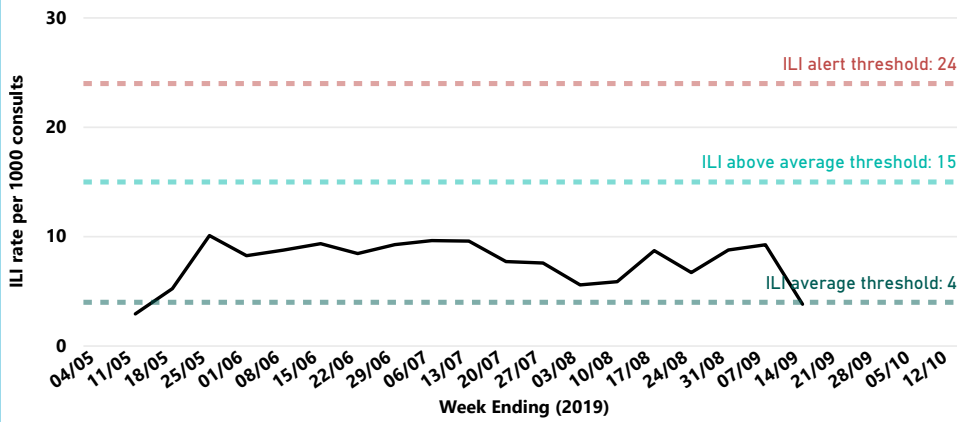
Data are subject to revision. Release dates vary by dataset.



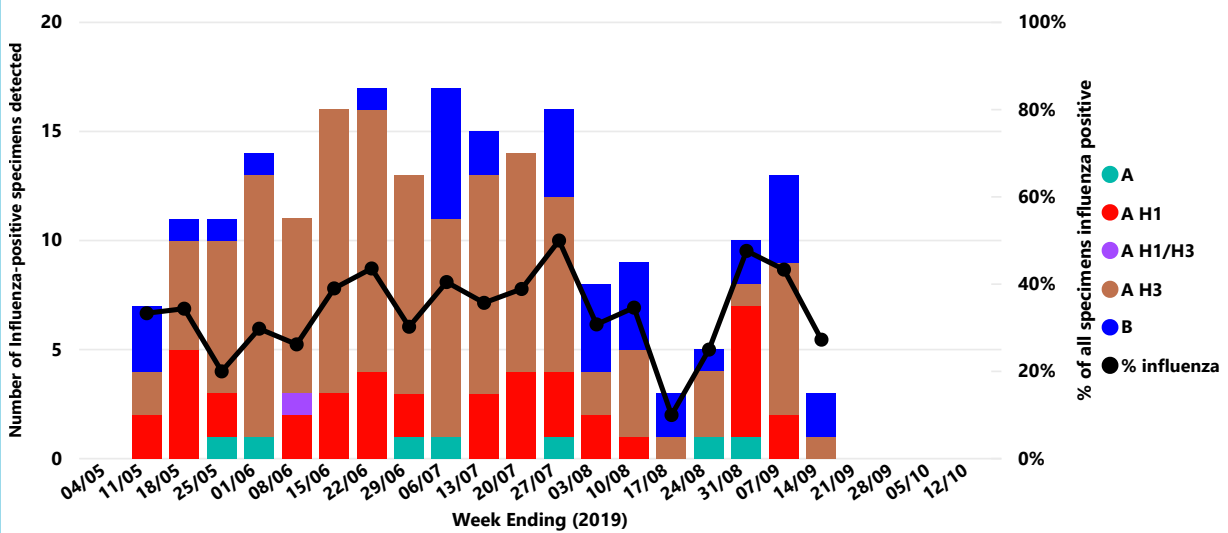
Victorian Influenza Snapshot

Report issued: 20/09/2019

VicSPIN Sentinel GP Consultations rate for ILI (per 1,000 patients) as at : 14/09/2019



VicSPIN Sentinel GP influenza types as at : 14/09/2019



FluCAN sentinel hospital admissions for laboratory-confirmed influenza as at: 14/09/2019

	Laboratory-confirmed influenza admissions from 1 April					
	2019		2018		2017	
	year-to-date	ICU %	year-to-date	ICU %	year-to-date	ICU %
Adult #	842	5.5	95	11.6	789	10.3
Paediatric #	632	9.2	66	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>