

Victorian Weekly Influenza Report

Health Protection Branch

Report: 2/2019 Issue date: 10 May 2019

This report comprises data as at: week ending 4 May 2019 (week 18)

Summary

- **Notified cases¹:**

- Cases in **Week 18** 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
- The influenza season (since 1 April 2019) is currently: **fluctuating**
- The predominant influenza type (and subtype) across the state is currently: **Type A**.
- National data indicate roughly equal numbers of **Types A/H1N1** and **A/H3N2** are circulating.
- Geographical spread² is currently: **WIDESPREAD**
- There were **six** new respiratory outbreaks due to laboratory-confirmed influenza in Residential Aged Care Facilities reported in **Week 18**

- **Vaccine distribution figures*:**

Influenza vaccines distributed state-wide: **1,530,000** doses (as at **10 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 is not reported

2. 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;

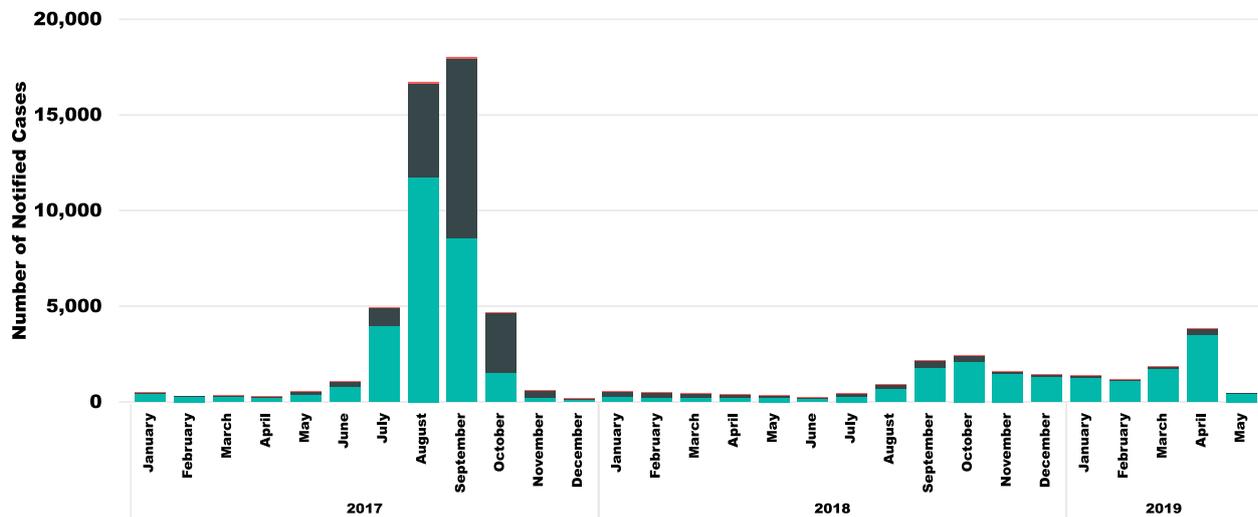
Widespread – significant numbers of laboratory confirmed influenza cases reported above background level in equal to or greater than 50% of the state.

Victorian Influenza Snapshot

Report issued: 10/05/2019

Notified cases of laboratory-confirmed influenza at week ending: 04/05/2019

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



SIZE

SEVERITY

FluCAN sentinel hospital data / ICU admissions will be available in mid-May.

VicSPIN sentinel GP data indicating community levels of influenza-like illness will be available in mid-May

Notified cases of laboratory-confirmed influenza as at week ending: 04/05/2019

Age group (years)	Week ending 04/05/2019	Week ending 27/05/2019	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	107	69	▲	55%	799	140	84.4	▲	847 %
05 to 14	133	60	▲	122%	974	149	81.2	▲	1100 %
15 to 64	690	397	▲	74%	5251	1276	793.4	▲	562 %
65+	240	137	▲	75%	1699	470	323.4	▲	425 %
Total	1170	663	▲	76%	8723	2035	1282.4	▲	580 %

SIZE / SEVERITY / SPREAD

Respiratory outbreaks due to influenza in Residential Aged Care Facilities YTD as at: 04/05/2019

Year-to-date	Outbreaks influenza ▼	Resident cases
2019	27	330
2018	5	59
2017	4	38

SPREAD / SEVERITY



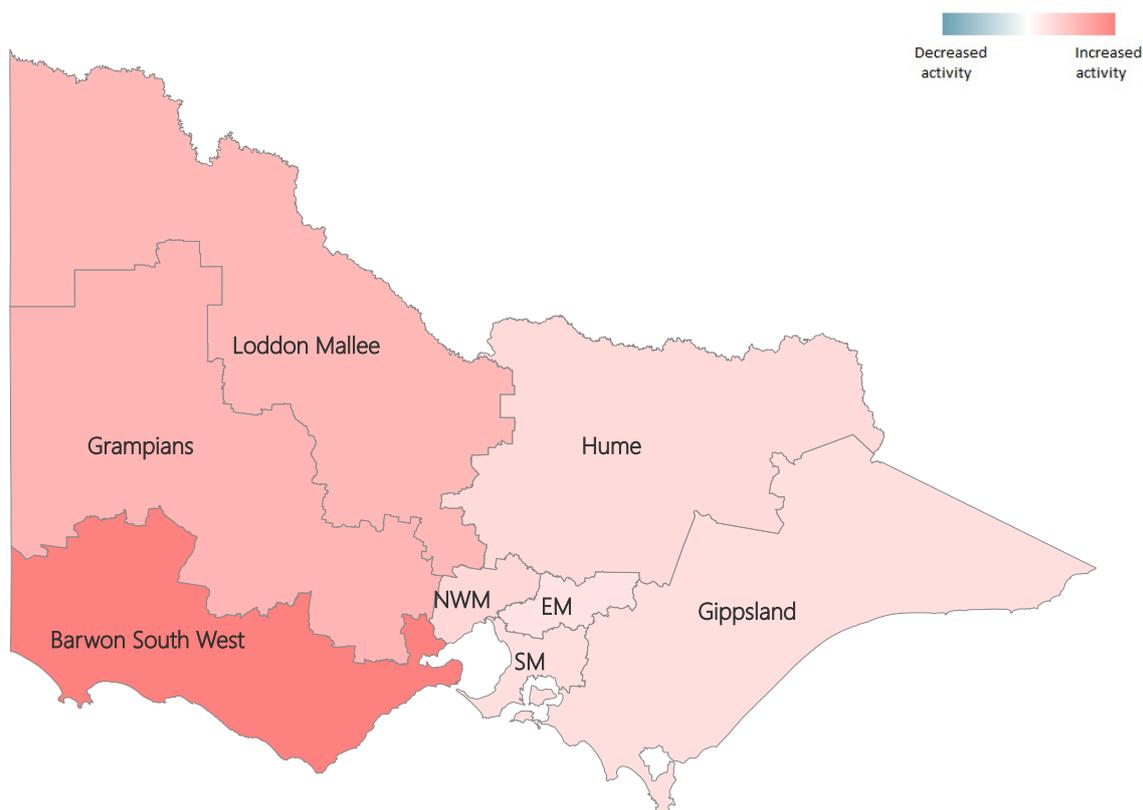
Data are subject to revision.
Release dates vary by dataset.

Influenza Snapshot by region

Report issued: 10/05/2019

Region	Week ending 04/05/2019	Week ending 27/04/2019	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	364	215	▲	69%	2837	568	377.8	▲	651 %
SOUTHERN METROPOLITAN	304	194	▲	57%	2378	610	399.8	▲	495 %
EASTERN METROPOLITAN	210	140	▲	50%	1630	510	266	▲	513 %
BARWON SOUTH WEST	87	27	▲	222%	615	100	74.4	▲	727 %
LODDON MALLEE	56	25	▲	124%	346	55	37	▲	835 %
GRAMPIANS	46	20	▲	130%	265	47	29.2	▲	808 %
HUME	28	17	▲	65%	228	59	36.2	▲	530 %
GIPPSLAND	25	16	▲	56%	303	63	47.4	▲	539 %

% Week on week change by region



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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 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 four Victorian hospitals are participating: The Alfred Hospital, Royal Melbourne Hospital, Monash Medical Centre, and University Hospital Geelong.</p>