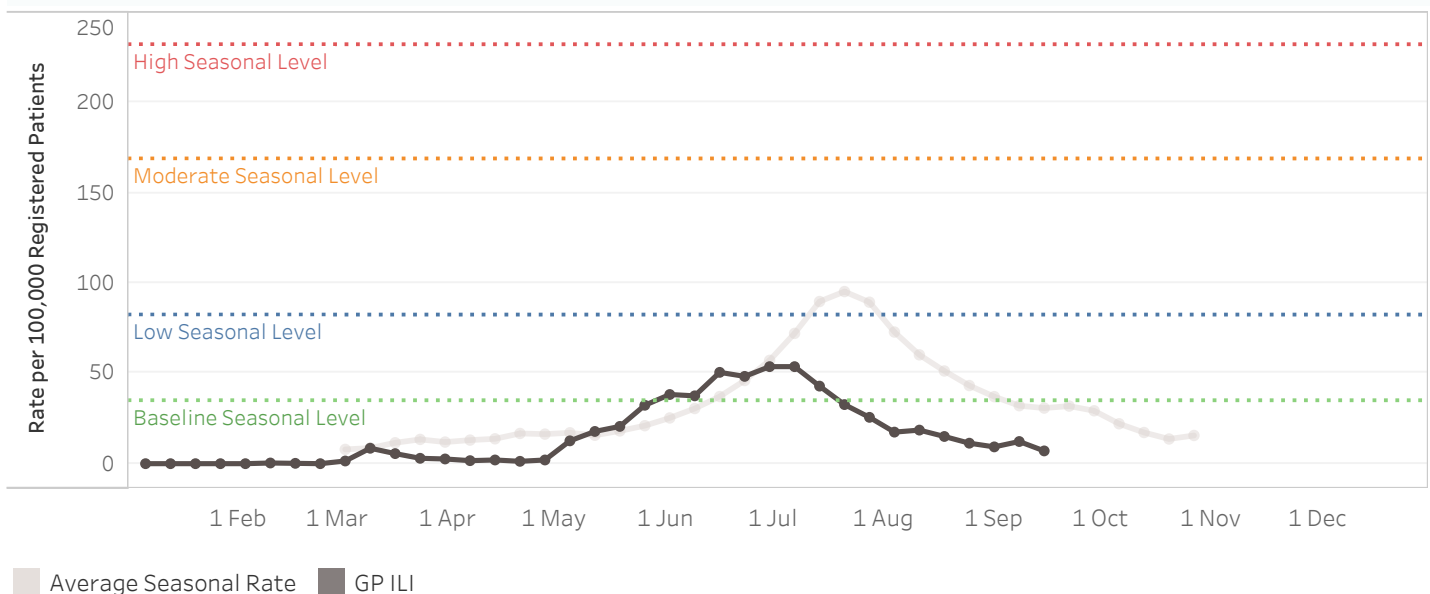


Week Ending 15 September 2019

National Overview

Indicators of influenza-like illness (ILI) activity in the community remained below the seasonal baseline threshold level this week. Both ILI activity and the rate of people presenting to general practices (GP) with ILI who test positive for influenza virus decreased slightly this week. Influenza A(H3N2) and B/Victoria viruses are co-circulating in the community and influenza A viruses are still predominating in hospitals. Recent virology reports suggest there has been a mutation in the influenza B/Victoria virus strain circulating in New Zealand during the 2019 season. This is expected to reduce the 2019 seasonal vaccine effectiveness for this influenza virus strain.

Weekly General Practice Influenza-like Illness (ILI) Rates To 15 Sep 19

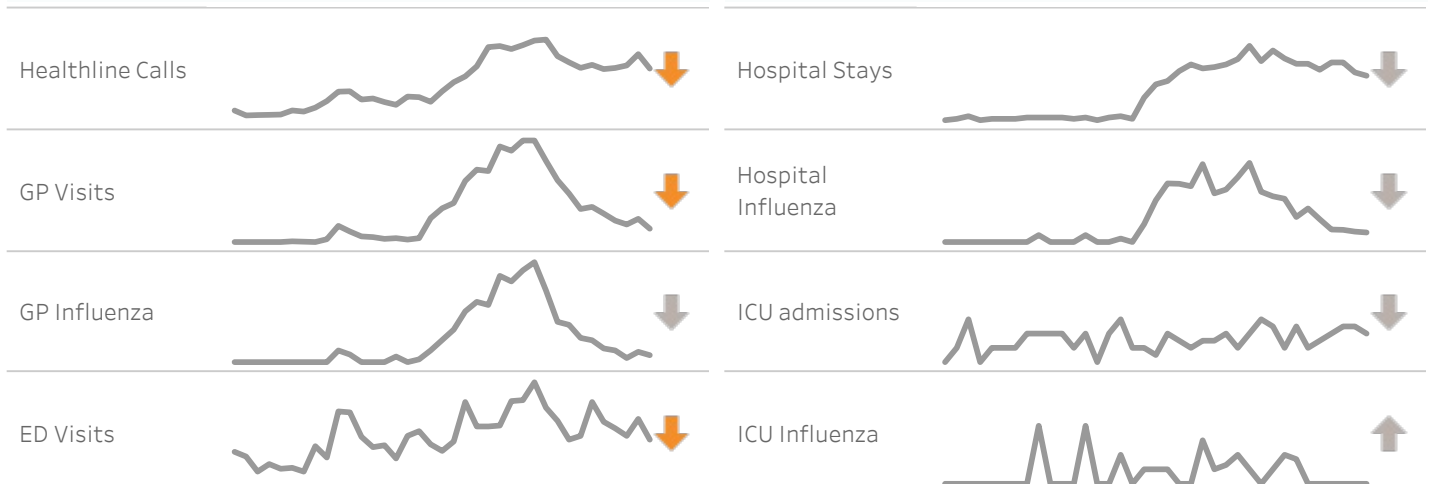


National indicators of community influenza-like illness (ILI) activity continue to decrease. There was one ILI outbreak reported in a longterm care facility in Southern DHB this week associated with a non-influenza virus: Respiratory Syncytial Virus (RSV).

Indicators of severity remain below seasonal baseline levels this week. Severe acute respiratory infection (SARI) surveillance started on April 29th, but surveillance in intensive care units (ICU) for very severe or unusual presentations is year round. Activity in ICU is low.

Arrow colour indicates whether the current weekly change is statistically significant.

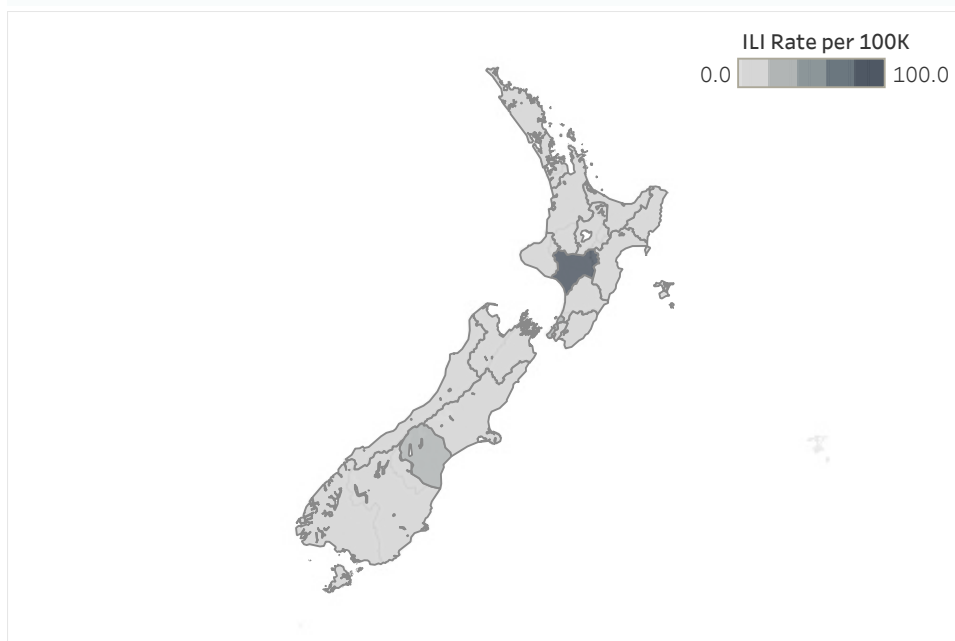
Arrow colour indicates whether the current weekly change is statistically significant.



Activity by DHB

The national rate of General Practice (GP) visits for influenza-like illness (ILI) remains below the seasonal baseline level, and continues to decline. South Canterbury, Capital & Coast and Waikato DHBs have recorded the highest ILI GP visit rates this week.

GP Visits (ILI) Rate by DHB - Current Week



Control Measures

The 2019 publically funded seasonal Influenza vaccine contains the following four components (i.e. a quadrivalent vaccine):

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Switzerland/8060/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

Overseas acute respiratory disease surveillance

• Pacific region: In Australia, following early, high seasonal influenza and ILI activity in May to July, activity has been continuing to decline in September.^{1,2} Over recent surveillance weeks, activity increased in South Australia and declined in all other states and territories except Victoria. Nationally, influenza A(H3N2) virus continues to predominate. Circulating influenza A(H1N1)pdm09 and influenza B/Yamagata-lineage viruses have been well matched to the 2019 vaccine while some A(H3N2) and B/Victoria-lineage viruses have been less well matched, although overall vaccine effectiveness is reportedly good from preliminary estimates. Clinical severity for the season to date is low.

Influenza outbreaks continue to be reported in several Pacific Island Countries and Territories: influenza A and B in New Caledonia and influenza B in French Polynesia.³

- Asia: Influenza activity remained low across Southern Asia, except in Bhutan (A(H3N2) and B/Victoria lineage circulating).¹ Activity was low in most of South East Asia, although detections of predominantly H(H1N1)pdm09 and B viruses continued in Myanmar and Thailand, respectively.
- South and Central America: Activity in South America was low overall.¹ In Central America, some countries reported increased detections with all seasonal subtypes co-circulating.
- Africa: Currently low influenza activity overall.¹
- Northern Hemisphere: Currently low influenza activity overall.¹
- Emerging diseases: In 2019, ongoing detections of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in the Middle East and human infection with avian Influenza A(H7N9), A(H9N2) and A(H5N6) in China have been reported (associated with exposures to camels and birds, respectively).^{4,5} These emerging viruses (MERS-CoV, A(H7N9), A(H9N2) and A(H5N6)) are not known to spread easily from person-to-person at present and are classified by the WHO as being of low risk of international spread.^{5,6}

Further information on overseas acute respiratory disease activity:

1. WHO Global Flu Update: www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/ (accessed 18/09/19)
2. Australia: www.health.gov.au/flureport (accessed 18/09/2019)
3. Pacific: www.spc.int/phd/epidemics/ (accessed 18/09/19)
4. WHO Emergency Preparedness, response: www.who.int/csr/don/archive/year/2019/en/ (accessed 18/09/19)
5. WHO Avian and other zoonotic influenza: www.who.int/influenza/human_animal_interface/en/ (accessed 18/09/19)
6. WHO Global Summary and Assessment of Risk: <https://apps.who.int/iris/bitstream/handle/10665/326126/WHO-MERS-RA-19.1-eng.pdf?ua=1> (accessed 18/09/19)