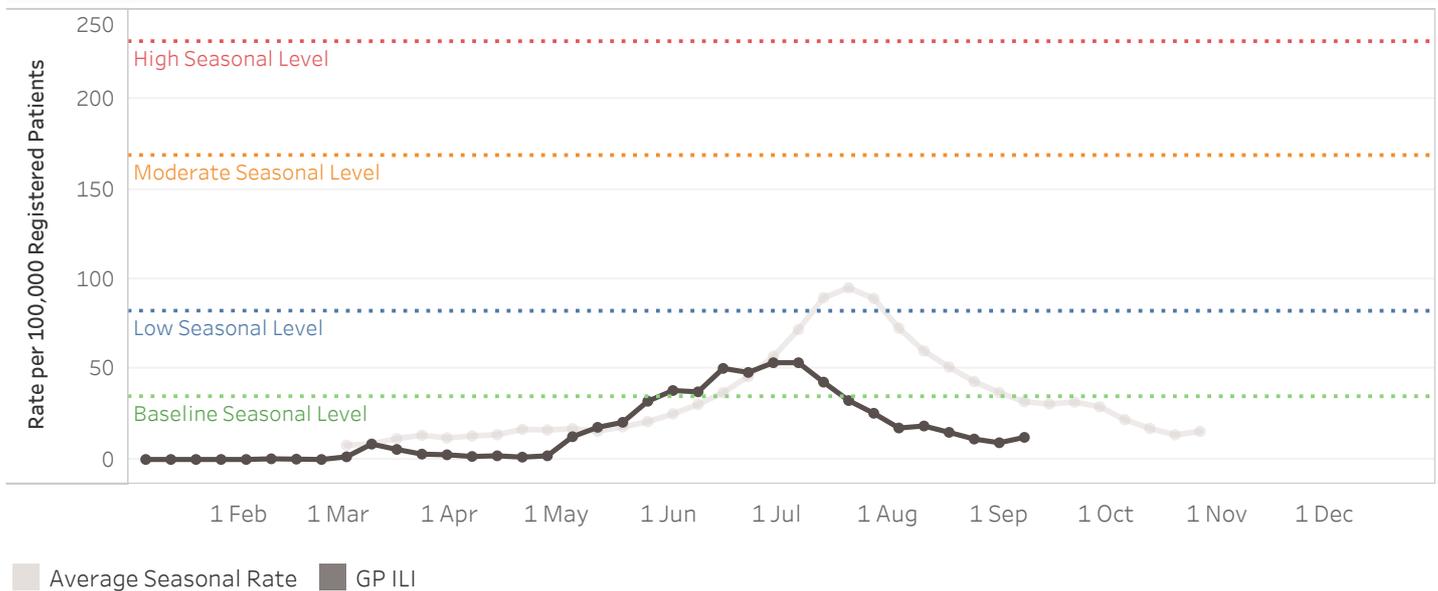


Week Ending 8 September 2019

National Overview

Indicators of influenza-like illness (ILI) activity in the community remained below the seasonal baseline threshold levels this week. Both ILI activity and the rate of people presenting to general practices (GP) with ILI who test positive for influenza virus increased 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 vaccine effectiveness for this influenza virus strain.

Weekly General Practice Influenza-like Illness (ILI) Rates To 08 Sep 19

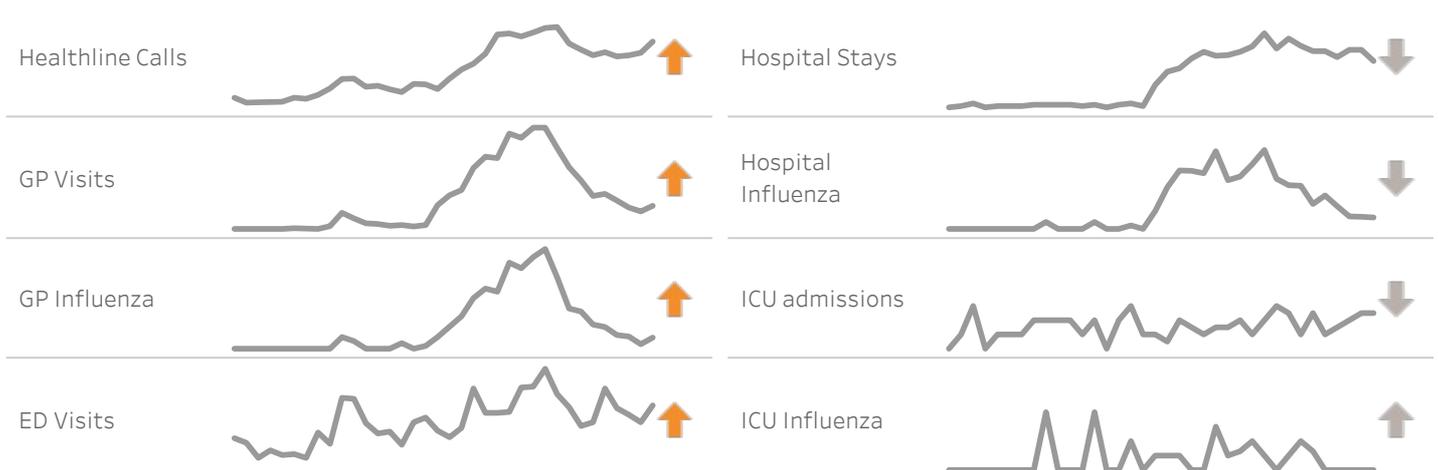


National indicators of community influenza-like illness (ILI) activity remain low this week, though there has been a slight increase in ILI associated influenza. There was one outbreak of influenza reported this week in a long term care facility.

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.

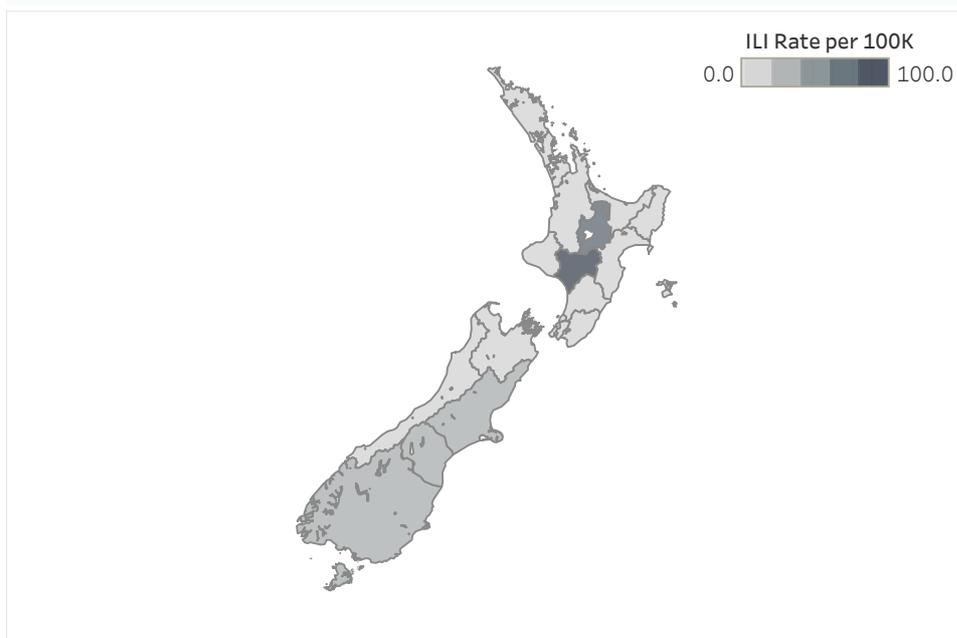
Arrow colour indicates whether the current weekly change is statistically significant.



Activity by DHB

The national rate of General Practice (GP) visits for influenza-like illness (ILI) remains below the seasonal baseline level, though the rate has increased slightly in the past week. Lakes, Southern, and South Canterbury DHBs have recorded the highest ILI GP visit rates this week. Healthline calls for ILI increased slightly compared to the previous 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, early, high seasonal influenza and influenza-like illness (ILI) activity has been declining through July and August and is now below the average for this time of year compared to previous years.^{1,2} Over recent surveillance weeks, activity increased in New South Wales, South Australia and Tasmania. Nationally, influenza A(H3N2) virus continues to predominate, but with the proportion of influenza B cases slightly increasing in the past fortnight. Influenza A(H1N1)pdm09 and influenza B/Yamagata-lineage viruses are well matched to the 2019 vaccine while some A(H3N2) and B/Victoria-lineage viruses are less well matched. 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.¹ Activity was low in most of South East Asia, although detections in Myanmar remained high (A(H1N1)pdm09 predominance). Activity decreased in Thailand (A(H3N2) and B/Victoria-lineage viruses co-circulating).
- South and Central America: Activity decreased in most countries of temperate South America, except in Chile (influenza B predominating). Overall activity remained low in tropical South America and Central America.
- Africa: Low influenza activity was reported across most of Africa, with the exception of a few countries in Eastern and Western Africa.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 11/09/19)
2. Australia: www.health.gov.au/flureport (accessed 11/09/2019)
3. Pacific: www.spc.int/phd/epidemics/ (accessed 11/09/19 – last update as of 3/09/2019)
4. WHO Emergency Preparedness, response: www.who.int/csr/don/archive/year/2019/en/ (accessed 11/09/19)
5. WHO Avian and other zoonotic influenza: www.who.int/influenza/human_animal_interface/en/ (accessed 11/09/19)
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 11/09/19)