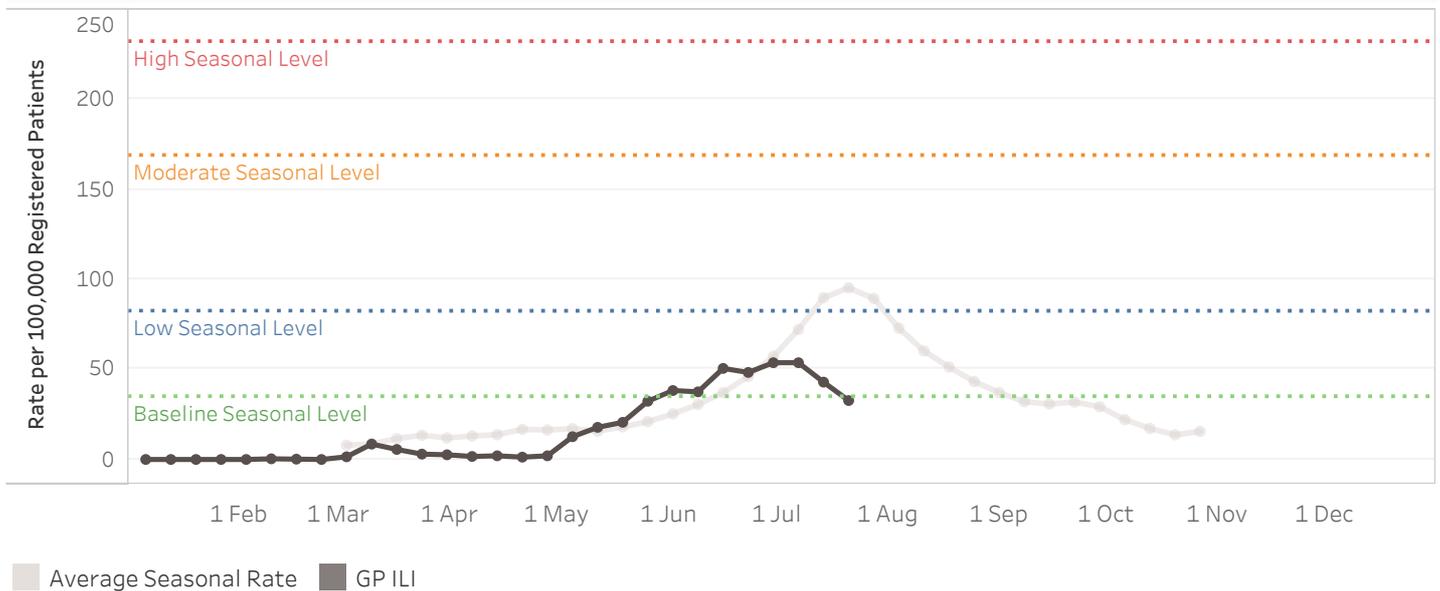


Week Ending 21 July 2019

National Overview

Influenza-like illness (ILI) activity is just below the baseline seasonal threshold this week, with a decrease in activity since last week. Influenza-positive ILI activity remains above the seasonal baseline threshold but there was also a decrease in activity since last week. Over 50% of samples tested in general practices (GPs) and over 40% of samples tested in hospitals are influenza positive, which is one of the highest positivity rates for this period in recent years. Currently, influenza A(H3N2) and B/Victoria viruses are co-circulating, with B/Victoria predominating in the community and influenza A viruses predominating in hospitals. The 2019 seasonal influenza vaccine strains remain a good match to influenza viruses detected in New Zealand.

Weekly General Practice Influenza-like Illness (ILI) Rates To 21 Jul 19

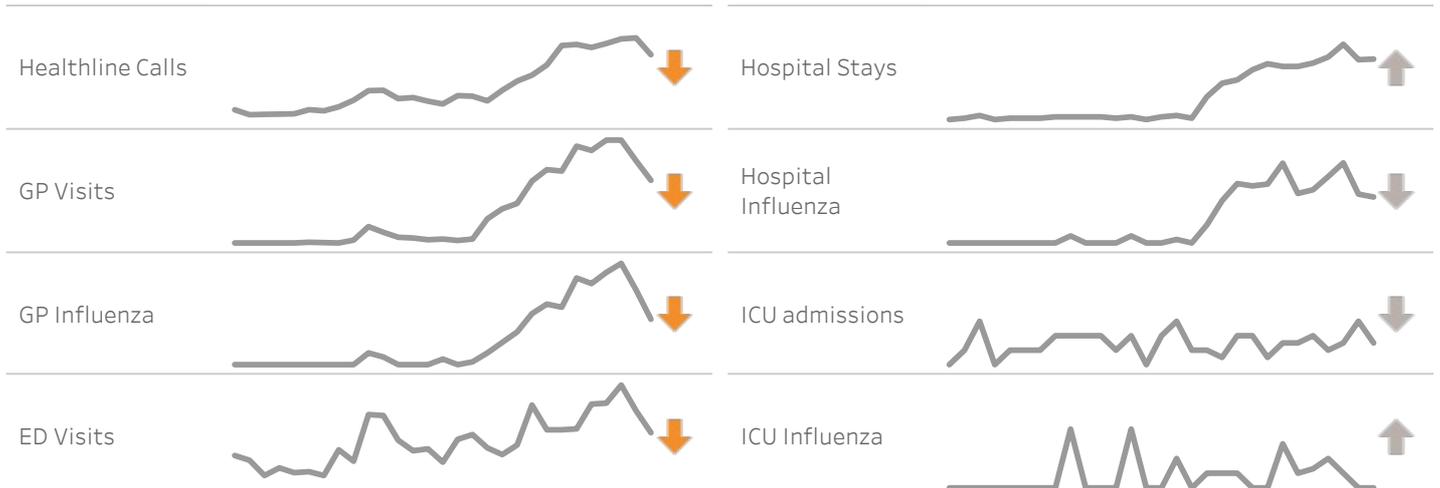


Community influenza-like illness (ILI) activity is just below the baseline threshold with a decrease in ILI activity since last week.

Indicators of severity remain low. 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. SARI activity is at the seasonal baseline level this week.

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

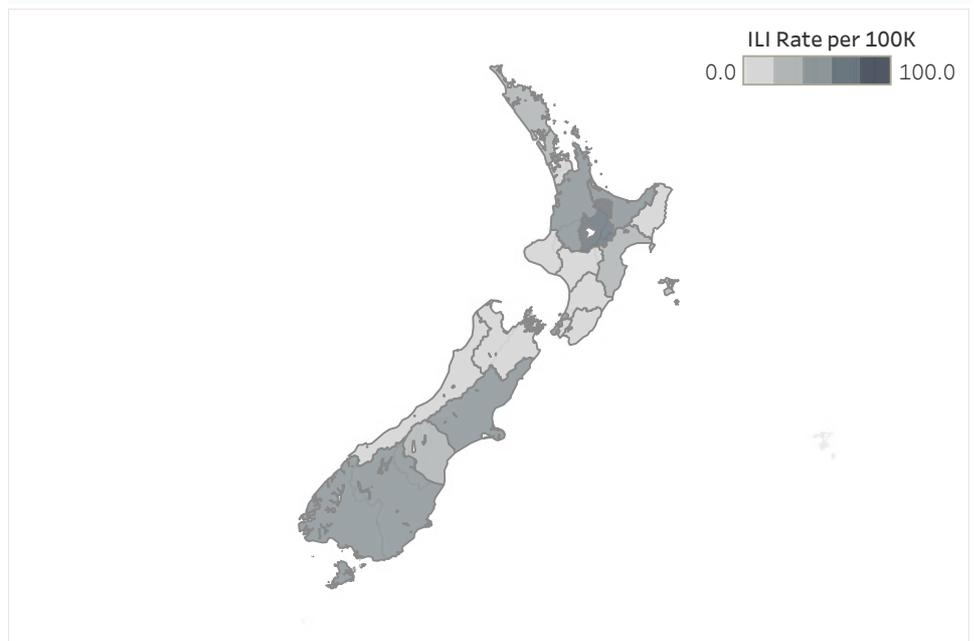
Arrow colour indicates whether the current weekly change is statistically significant.



Activity by DHB

Rates of General Practice (GP) visits for influenza-like illness (ILI) are now just below the baseline level, with a statistically significant decrease in activity compared with the previous week. Lakes, Auckland and Capital and Coast DHBs have recorded the highest ILI rates this week. Healthline calls for ILI also decreased significantly in the past week. West Coast, Hutt Valley and MidCentral DHBs had the highest rates of Healthline calls for ILI 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, influenza activity remained above average for this time of year. 1,2 Notifications of laboratory-confirmed influenza decreased, although this may be explained by data entry delays. Over the past two weeks, activity has increased in Victoria, Tasmania, the Central region of the Northern Territory and the Australian Capital Territory. Nationally, influenza A(H3N2) virus continues to predominate, with the proportion of influenza B cases decreasing compared to the previous fortnight. Clinical severity for the season to date is low. Circulating seasonal viruses remain a good match overall to the 2019 seasonal influenza vaccine strains. Influenza outbreaks continue to be reported in several Pacific Island Countries and Territories: influenza A in New Caledonia, and influenza A and B in Fiji.3 Activity has returned to baseline levels in Wallis and Futuna.
- Asia: Influenza activity was low in Southern Asia, with the exception of high activity in Bangladesh (A(H3N2) predominant).1 An increase in activity was reported in parts of South East Asia. Activity was high in Myanmar and Thailand, predominantly influenza A(H1N1)pdm09 and B, respectively.
- South and Central America: Trends in activity varied throughout temperate South America, with A(H1N1)pdm09 continuing to predominate. Activity decreased in Brazil, Chile and Paraguay and increased in Argentina and Uruguay.1 Activity was low in most tropical countries, with the exception of a slight increase in A(H3N2) detections in Peru. Overall activity remained low in Central America.1
- Africa: Low influenza activity was reported across most of Africa. Activity decreased in South Africa, with continued influenza A(H3N2) predominance. Influenza positivity remained moderate while influenza-associated hospitalisations decreased from high to moderate. 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) and A(H9N2) in China have been reported (associated with exposures to camels and birds, respectively).4,5. These emerging viruses (MERS-CoV, A(H7N9) and A(H9N2)) 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

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 24/07/19)
2. Australia: www.health.gov.au/flureport (accessed 24/07/2019)
3. Pacific: www.spc.int/phd/epidemics/ (accessed 24/07/19)
4. WHO Emergency Preparedness, response: www.who.int/csr/don/archive/year/2019/en/ (accessed 24/07/19)
5. WHO Avian and other zoonotic influenza: www.who.int/influenza/human_animal_interface/en/ (accessed 24/07/19)
6. WHO Influenza at the Human-Animal interface: https://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/ (accessed 24/07/2019)