1. Influenza Notifications in Queensland

Figure 1: Influenza notifications in Queensland by type and week of onset from 1st January 2011 to 3rd July 2011 and influenza like illness (ILI) presentation rates per 1000 consultations reported to the ASPREN sentinel network 1st January 2011 to 3rd July 2011.

Data Sources: Queensland Health Notifiable Conditions Register 4/07/2011 and ASPREN website 4/07/2011


Influenza Notifications
Year to date (YTD) there have been 2851 notifications of influenza in Queensland. Subtype is recorded for 1139 of the 2496 notifications of influenza A, comprising 804 pandemic (H1N1)2009 and 335 H3N2. There have been 353 notifications of influenza B. Typing data were unavailable for two notifications.

Figure 1 shows notifications for influenza A and B by week of onset and Influenza Like Illness (ILI) presentation rates, per 1000 consultations, by week. Please see section below for an explanation of the Australian Sentinel Practices Research Network (ASPREN). Untyped influenza notifications have been excluded from this graph.

The YTD notification count is 5.8 times the five year mean for the same period. The profile shows significant inter-seasonal activity at the beginning of 2011. There is a sustained increasing trend in notifications from around week 21, which is consistent with the 2011 influenza season having
Figure 2 shows 2011 influenza notifications and rates by age group and gender. The highest influenza notification rate occurred in the <1 age group (155.4 per 100,000 population) and the lowest rates occurred at 60-69 age group (39.5 per 100,000 population). The median age of notification was 29 years with an age range of <1 to 96 years. Influenza notifications were slightly higher in females (53%) than males (47%).
Figure 3 shows YTD 2011 influenza notifications, which ranged from 605 (21%) in the Townsville PHU area to 87 (3%) in Wide Bay PHU area. Cairns, Townsville, Rockhampton and Wide Bay, together, accounted for 919 (32%) of notifications.

Figure 4 shows YTD 2011 influenza notification rates per 100,000 population by Health Service District (HSD) in geographical order from north (left) to south (right), 1st January to 3rd July 2011.

Data Sources: Queensland Health Notifiable Conditions Register 4/07/2011
*The Estimated Resident Population – (ERP), 2009 was used

Figure 4 shows YTD 2011 influenza notification rates by HSD, which ranged from 217.7 per 100,000 in Townsville to 27.7 per 100,000 in the Torres Strait-Northern Peninsula. The notification rates in Townsville are approximately 7.8 times higher than the rate in Torres Strait-Northern Peninsula and approximately the same as Cape York. Comparison of crude rates can be misleading due to differences in underlying population structures in the areas being compared. Please interpret data cautiously.

ASPREN
ASPREN is a national syndromic surveillance program co-ordinated by the Discipline of General Practice at the University of Adelaide and The Royal Australian College of General Practitioners. One of the conditions under surveillance is influenza like illness (ILI).

General practitioners (GP) participating in the ASPREN program contribute data on the proportion of consultations which are ILI related. Currently there are 20 Queensland GPs participating in the program, although not all may participate each week.

Figure 1 shows ILI rates, as presentations per 1000 consultations, for Queensland GPs participating in the ASPREN program. The pattern is currently erratic but an upward trend is apparent between weeks 20 and 23, with the highest YTD value of 22.8 in week 23. Caution should be used in interpreting these data, which maybe subject to change due to delays in data submission. Recent week (27) data may be incomplete.
2. Influenza Activity in Australia (reporting period 11th June to 24th June, 2011)\(^1\)

- Levels of influenza-like illness (ILI) in the community have started to increase through both sentinel general practitioner surveillance systems and ILI presentations to emergency departments.
- Notifications have continued to rise nationally, with increases most notable in South Australia, Queensland and New South Wales.
- During this reporting period there were 574 laboratory confirmed notifications of influenza, with Queensland and South Australia reporting the highest number of notifications. The majority of virus detections have been pandemic (H1N1) 2009, with co-circulation of influenza B.
- Influenza B in South Australia has continued to represent 85% of their notifications, and also accounted for the majority of influenza B reported nationally over this period. Queensland has reported mostly pandemic (H1N1) 2009 with some co-circulation of influenza B and New South Wales has reported circulation of mostly pandemic (H1N1) 2009.
- As at 24 June 2011, there have been 5,640 confirmed cases of influenza reported to the National Notifiable Diseases Surveillance System (NNDSS) in 2011, compared with 1,088 for the same period in 2010.

**FluTracking**

FluTracking is a pilot online health surveillance system which aims to detect epidemics of influenza. It is a joint initiative of The University of Newcastle, Hunter New England Area Health Service (NSW Health) and Hunter Medical Research Institute. Participation is voluntary and involves the completion of a weekly online survey during the influenza season. Data are collected on basic demographics, symptoms of ILI and absenteeism. See the FluTracking website\(^2\) for further information about this program or to enrol as a ‘Flu Tracker’.

**Burden of Illness Pyramid**

![Influenza burden of illness pyramid](image-url)

Figure 5: Influenza burden of illness pyramid reproduced with permission from Dr Craig Dalton flutracking@hnehealth.nsw.gov.au.
3. International Influenza Activity (reporting period 11th June to 24th June, 2011) 1

The WHO has reported that as at 17 June 2011 the influenza season has finished in the temperate countries of the northern hemisphere, with only sporadic influenza virus detections occurring. Transmission in tropical areas remains low with localised circulations noted in the western and eastern regions of sub-Saharan Africa and low level circulation in some countries of northern South America. South Africa has reported a sharp increase in ILI and Severe Acute Respiratory Infection rates, primarily influenza A(H1N1)2009, consistent with the start of their winter influenza season. Influenza Activity remains low in other temperate countries of the southern hemisphere.

National Influenza Centres in 65 countries have reported that for the period 22 May to 4 June 2011, a total of 483 specimens were reported as positive for influenza viruses, 250 (51.8%) were typed as influenza A and 233 (48.2%) as influenza B. Of the sub-typed influenza A viruses reported, 68% were pandemic (H1N1)2009 and 32% were influenza A(H3N2).

WHO have released a summary review of the northern hemisphere winter influenza season. The summary review notes that the most commonly detected virus was different in North America, where influenza A(H3N2) and influenza type B co-circulated with pandemic (H1N1)2009, and Europe, where influenza A(H1N1)2009 was by far the most commonly detected virus. Although it was no longer the predominant influenza virus circulating in many parts of the world, pandemic (H1N1) 2009 otherwise behaved much the same way as it had during the pandemic in terms of the age groups most affected and the clinical pattern of illness. More than 90% of viruses detected around the world during the northern hemisphere influenza season were similar antigenically to those found in the seasonal trivalent influenza vaccine. Antiviral resistance in pandemic (H1N1)2009 remained at a very low level.

The WHO has released their recommendation for the antigen composition of 2011-2012 northern hemisphere influenza season trivalent flu vaccine. It is recommended that vaccines contain the following:
• an A/California/7/2009 (H1N1)-like virus;
• an A/Perth/16/2009 (H3N2)-like virus;
• a B/Brisbane/60/2008-like virus.

This recommended composition is the same as the 2010-2011 Northern Hemisphere and the 2011 Southern Hemisphere vaccine compositions.

4. Virology 1

*Typing and antigenic characterisation - WHO Collaborating Centre for Reference & Research on Influenza (WHO CC) in Melbourne*

From 1st January to 26th June 2011, there were 569 Australian influenza isolates processed by the WHO CC, with 78% (442/569) type A and 22% (127/569) type B. Subtyping of influenza A isolates indicated that 62% (274/442) were pandemic (H1N1) 2009 and 38% (168/442) were A/H3N2 (Table 1).
Table 1: Typing of influenza isolates from the WHO Collaborating Centre, from 1 January 2011 to 26 June 2011

<table>
<thead>
<tr>
<th>Type/Subtype</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pandemic (H1N1) 2009</td>
<td>0</td>
<td>13</td>
<td>28</td>
<td>177</td>
<td>0</td>
<td>15</td>
<td>19</td>
<td>22</td>
<td>274</td>
</tr>
<tr>
<td>A(H3N2)</td>
<td>0</td>
<td>1</td>
<td>48</td>
<td>105</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>168</td>
</tr>
<tr>
<td>B</td>
<td>0</td>
<td>8</td>
<td>32</td>
<td>29</td>
<td>42</td>
<td>1</td>
<td>11</td>
<td>4</td>
<td>127</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>22</td>
<td>108</td>
<td>311</td>
<td>43</td>
<td>17</td>
<td>34</td>
<td>34</td>
<td>569</td>
</tr>
</tbody>
</table>

Please note: There may be up to a month delay on reporting of samples. Isolates tested by the WHO CC are not necessarily a random sample of all those in the community.

Antigenic characterisation has shown influenza isolates to be a close match with the composition of the 2011 southern hemisphere influenza vaccine with some viruses showing reduced reactivity, however there has been insufficient testing to date to determine any general trends.

**Antiviral Resistance**

The WHO Collaborating Centre in Melbourne has reported that from 1 January 2011 to 26 June 2011, one isolate (out of 798 tested) has shown resistance to oseltamivir by enzyme inhibition assay (EIA). A further isolate, out of a total of 7 pandemic H1N1 (2009) tested by pyrosequencing, has shown the H275Y mutation known to confer resistance to oseltamivir.

**Reference**
