



WEEK ENDING 9<sup>TH</sup> AUGUST 2015

## KEY POINTS

### INFLUENZA AND INFLUENZA-LIKE ILLNESSES (ILI)

**Summary:** Indicators of influenza activity remain relatively steady, indicating we may be at or near the peak of the influenza season. Non-influenza virus activity continues to decline.

- ILI presentations to sentinel general practitioners (GPs) and emergency departments (EDs) have plateaued.
- Influenza virus detections and notifications have plateaued, but percent positivity increased this week. Influenza B virus (61% of detections) continues to predominate, but is gradually declining in relative terms, with influenza A/H3N2 now comprising 32% of cases.
- Hospitalisations with confirmed influenza have plateaued and may be declining..
- Non-influenza respiratory virus activity, and particularly RSV, continued to decrease this week.

### GASTROENTERITIS

- Gastroenteritis presentations to sentinel GPs and EDs are relatively steady and consistent with levels experienced previously at this time of the year.
- Norovirus detections are low and steady, and although rotavirus detections decreased this week, several rotavirus outbreaks have been identified recently in residential aged care and childcare facilities.

### VARICELLA AND VIRAL RASHES

- Shingles and chickenpox presentations to sentinel EDs and GPs are near or below baseline levels.
- No cases of measles were confirmed.
- One probable case of rubella was reported in an unvaccinated young adult who had returned recently from Indonesia.

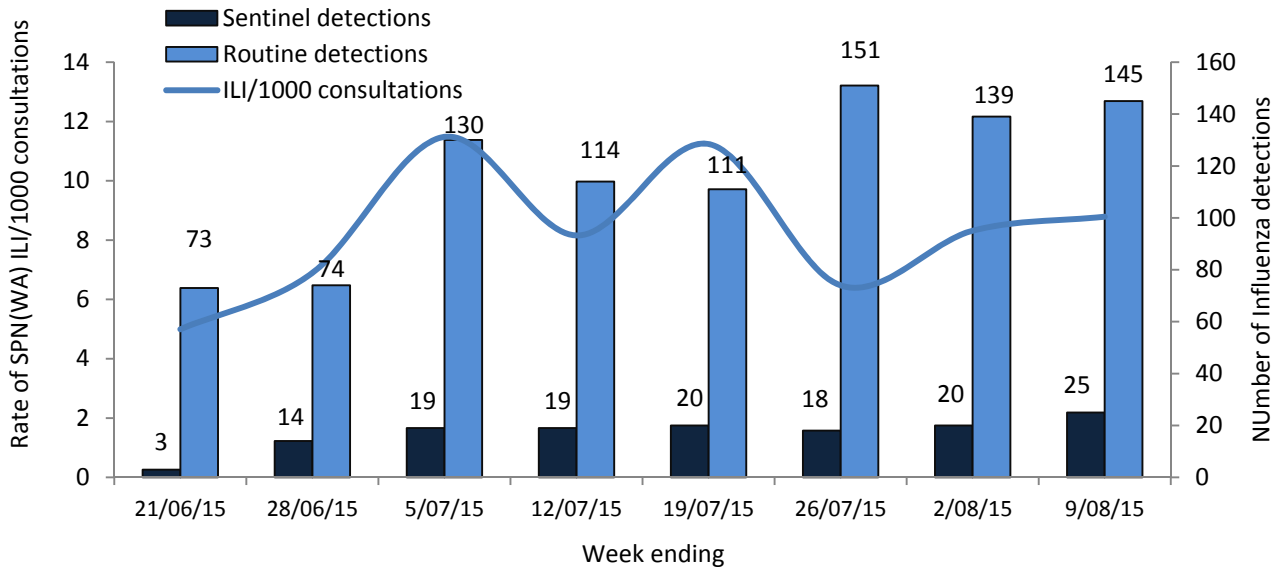
Several further cases of mumps have been confirmed in the Kimberley and Pilbara regions, primarily among Aboriginal children, teenagers and young adults. Most recent cases are residents of Broome or Port Hedland, or nearby communities.

Current and archived issues of Virus Watch [http://www.public.health.wa.gov.au/3/487/3/virus\\_watch.pm](http://www.public.health.wa.gov.au/3/487/3/virus_watch.pm)

*Virus Watch is a weekly electronic publication by the Communicable Disease Control Directorate (CDCD) and key collaborators. It provides a brief summary of General Practice and Hospital Emergency Department sentinel surveillance data on influenza-like illness, gastroenteritis and varicella-zoster disease, together with relevant laboratory information, to alert health care workers in WA to important circulating viruses. General Practice data are collected by members of the Sentinel Practitioners Network of Western Australia - SPN(WA). Emergency Department data are provided by the Emergency Department Information System (EDIS), which incorporates data from the following hospitals: Fiona Stanley Hospital, Royal Perth Hospital, Princess Margaret Hospital, King Edward Memorial Hospital, Bunbury Hospital, Armadale Hospital, Joondalup Health Campus, Swan District Hospital and Rockingham General Hospital. Viral laboratory data are obtained from PathWest laboratories at QEII Medical Centre and Princess Margaret Hospital for Children, as well as via notification data sent by all WA laboratories to CDCD, WA Department of Health. All figures and data were accurate at time of publication, but subject to change.*

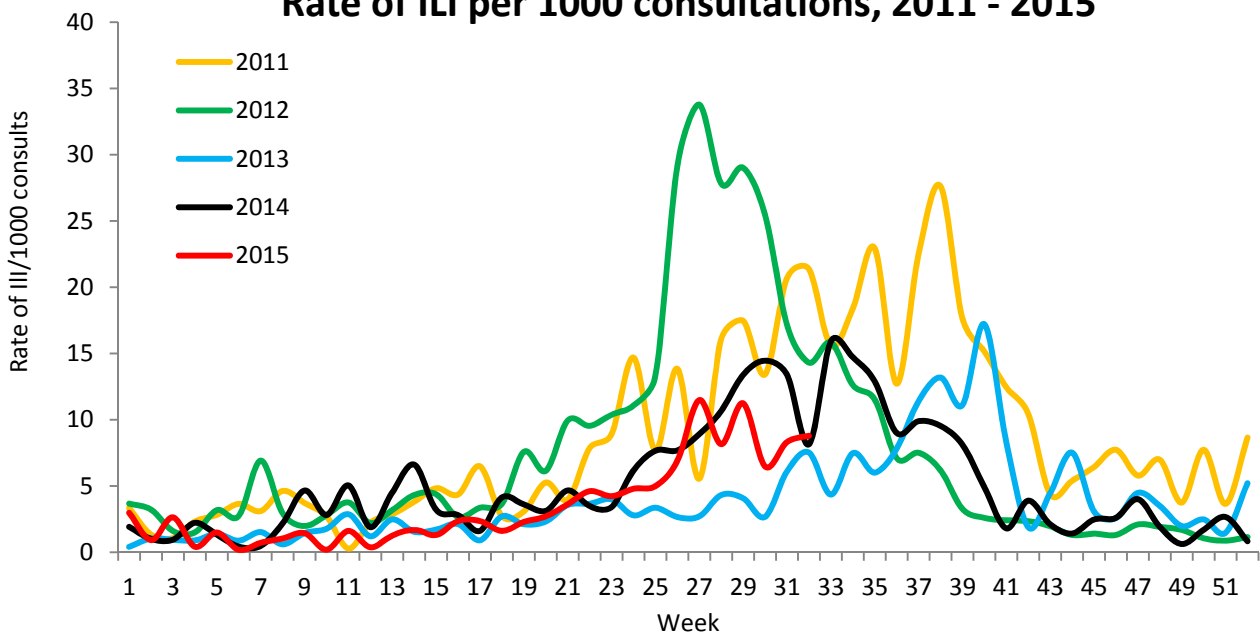
# Influenza and Influenza-like Illnesses

## Sentinel and Routine Influenza and Influenza-like Illness detections



The rate of ILI seen at sentinel GPs continues to fluctuate between 6-10 ILI per 1,000 consultations. Routine influenza virus detections have plateaued, and sentinel site detections remain relatively steady. Of 569 routinely collected specimens, 145 (25%) tested positive for influenza virus; 63 specimens were collected at sentinel GP sites, 25 (40%) of which tested positive for influenza virus.

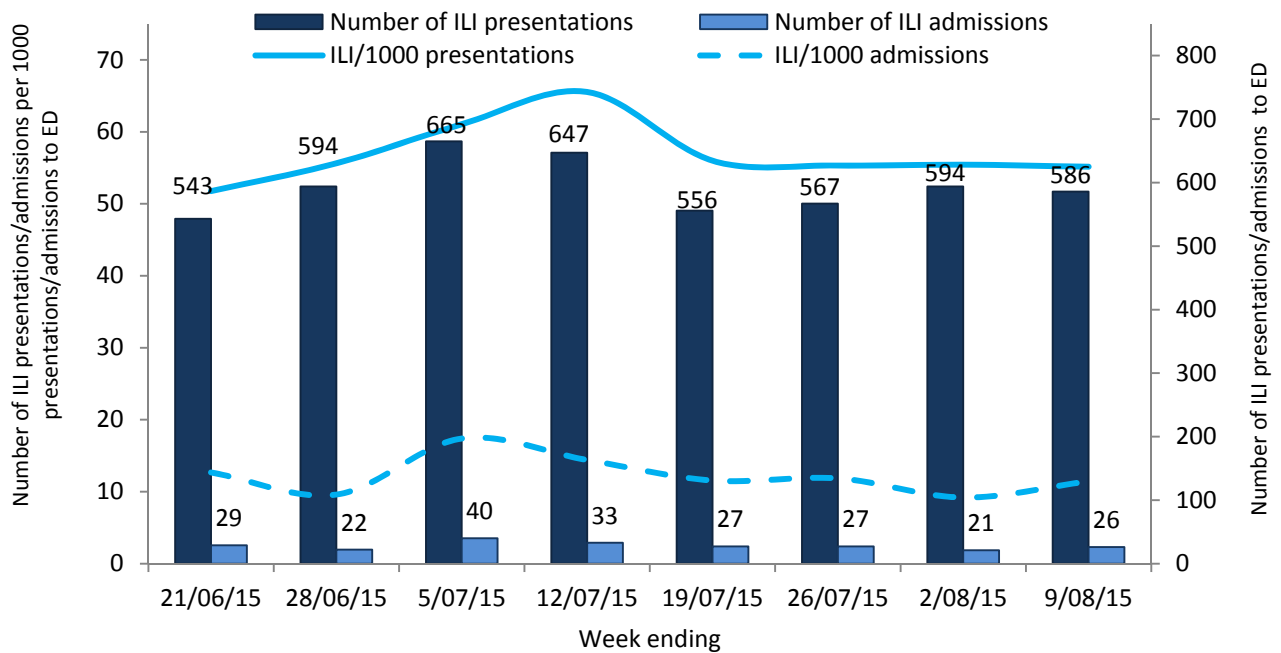
## Sentinel Practitioner Network of WA - GP surveillance Rate of ILI per 1000 consultations, 2011 - 2015



The rate of ILI presentations to SPN(WA) GPs continues to fluctuate within the level of presentations seen during recent mild seasons.

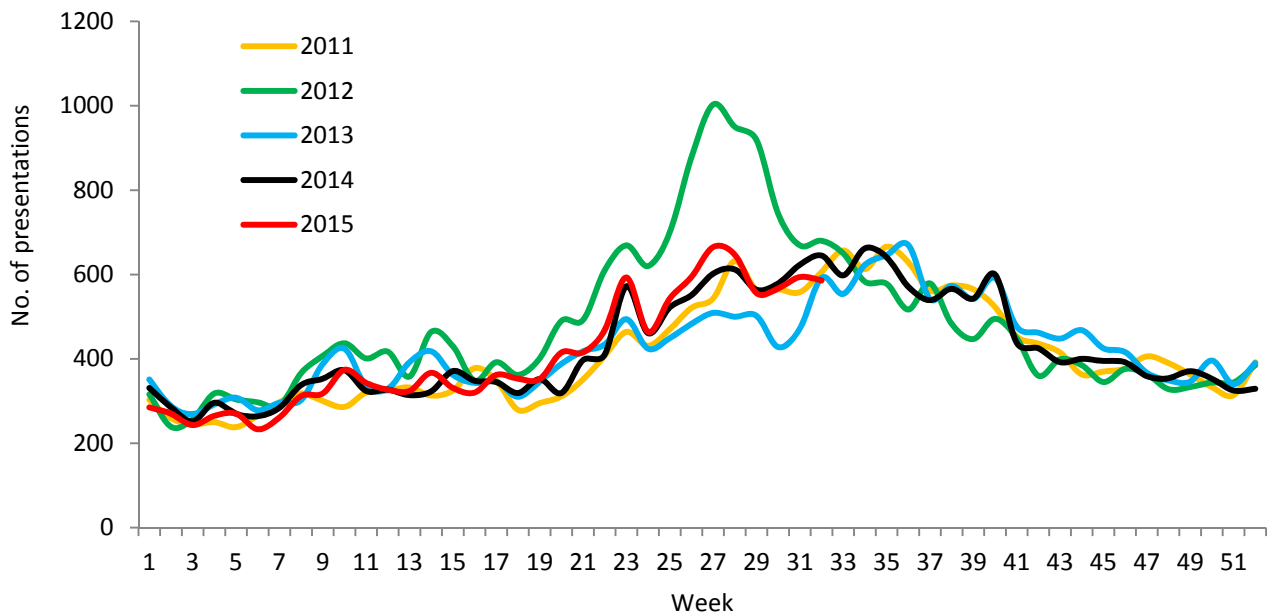
The following is a summary of current Emergency Department sentinel surveillance (EDSS) data for respiratory viral presentations.

### Viral Respiratory ED Presentations and Admissions



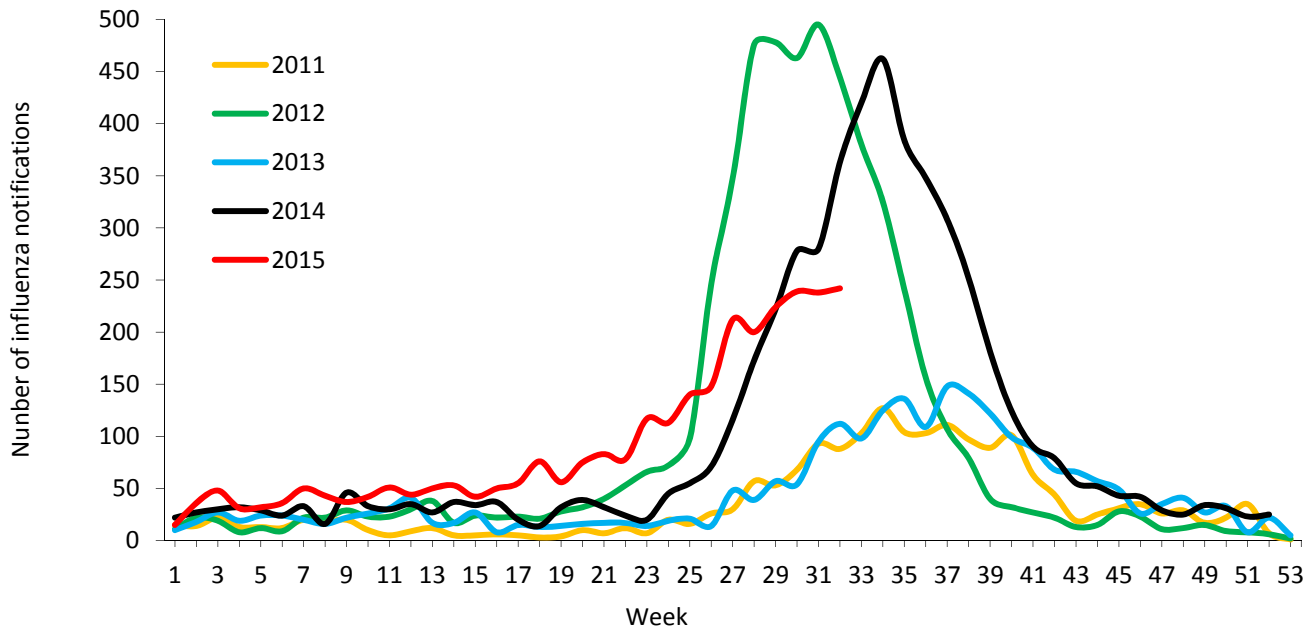
Presentations and admissions to sentinel EDs remain fairly stable this week.

### ED Respiratory Viral Presentations, 2011 - 2015



The number of respiratory viral infection presentations to sentinel EDs is consistent with recent mild influenza seasons.

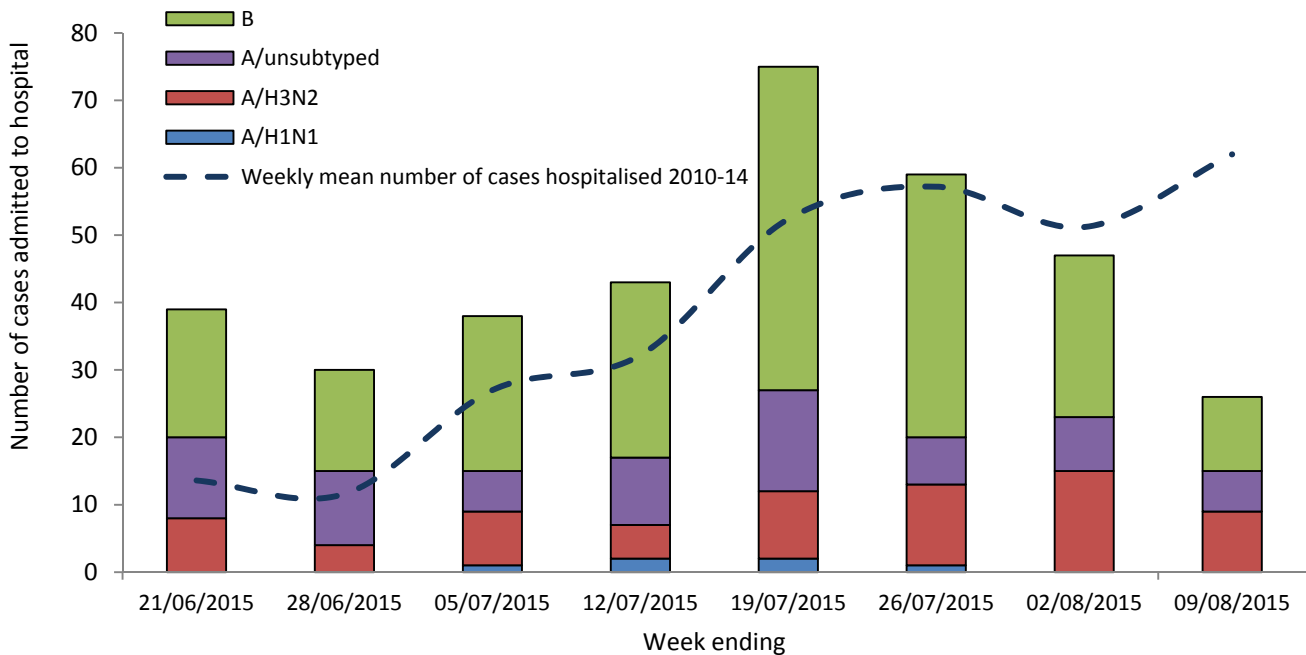
### Influenza notifications in Western Australia by week, 2011 to 2015



The rate of increase of influenza cases notified to the Department of Health has slowed. A total of 242 cases of influenza were notified to the Department of Health this week.

The graph is a summary of all influenza notifications received by the DoH, Western Australia to the end of the current reporting week, for which cases had date of symptom onset or specimen collection between 03/08/2015 and 09/08/2015.

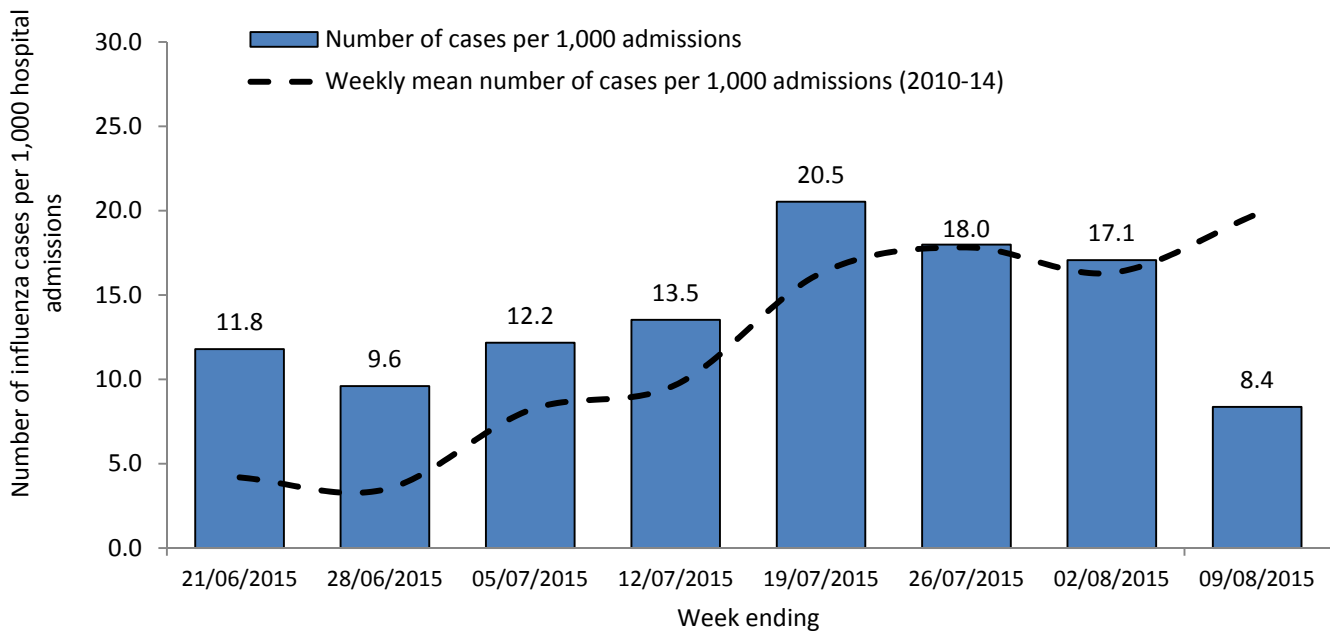
### Number of influenza cases hospitalised



The number of influenza cases hospitalised has plateaued or may be falling. Of the 26 hospitalised cases 11 (42%) had influenza B; 9 (35%) had influenza A/H3N2, and 6 (23%) were influenza A/unsubtyped.



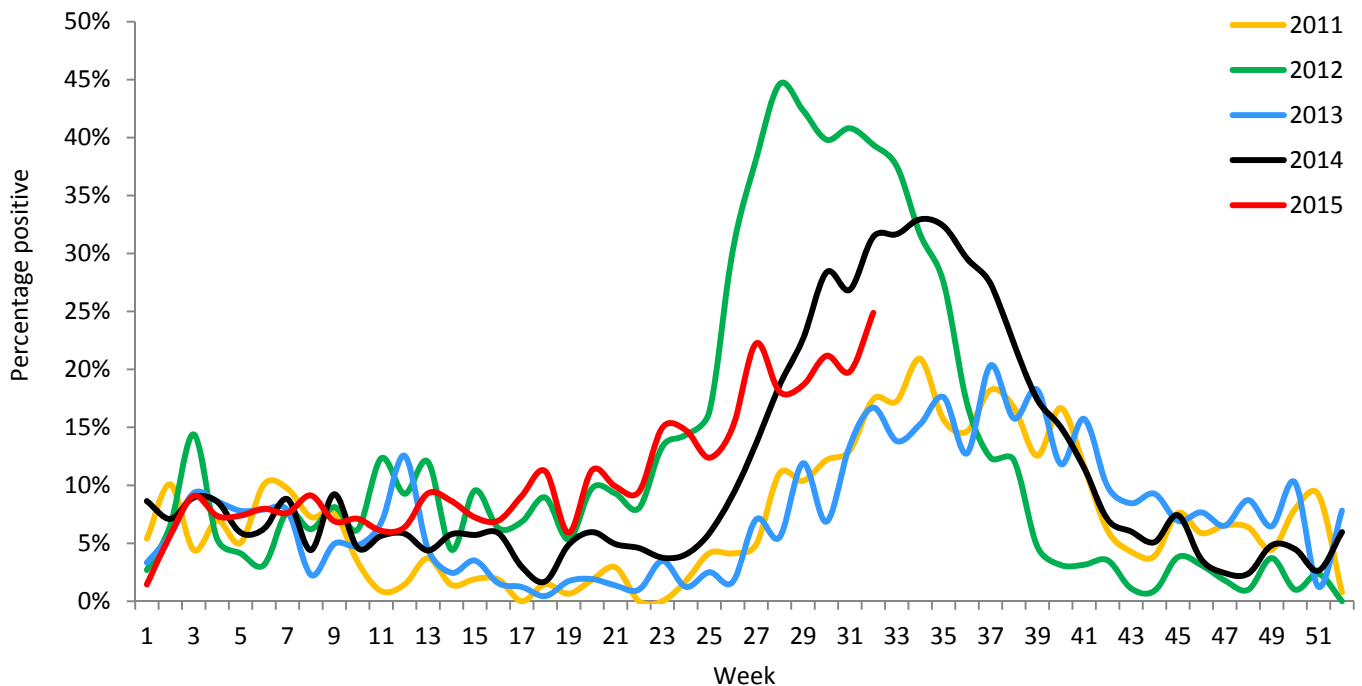
## Influenza cases per 1000 hospital admissions



**The proportion of hospital admissions notified as having laboratory-confirmed influenza remains below or near the average rate of hospitalised cases for recent years.**

The graph is a summary of influenza notifications received by the DoH who were recorded as having a hospital admission, expressed per 1,000 admissions. Data for the current reporting week may be incomplete.

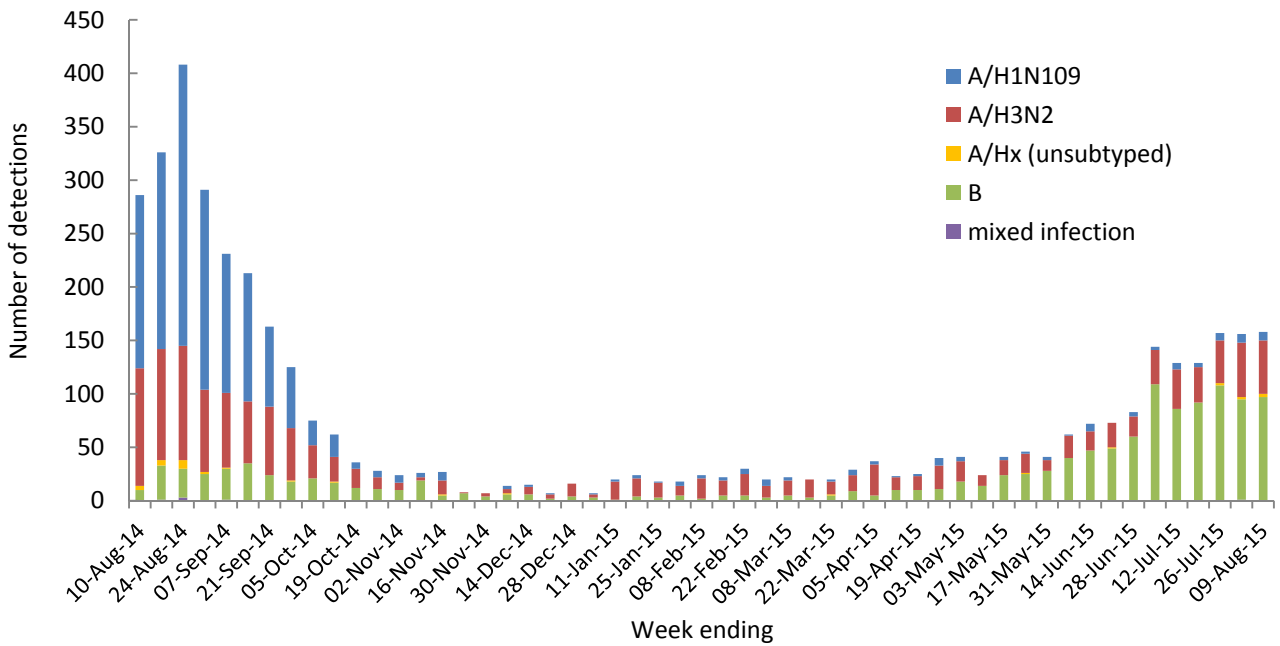
## PathWest-QEII-PMH influenza percentage positive 2011-2015



**The percentage of specimens tested by PathWest-QEII-PMH positive for influenza virus increased to 24.9% this week.**



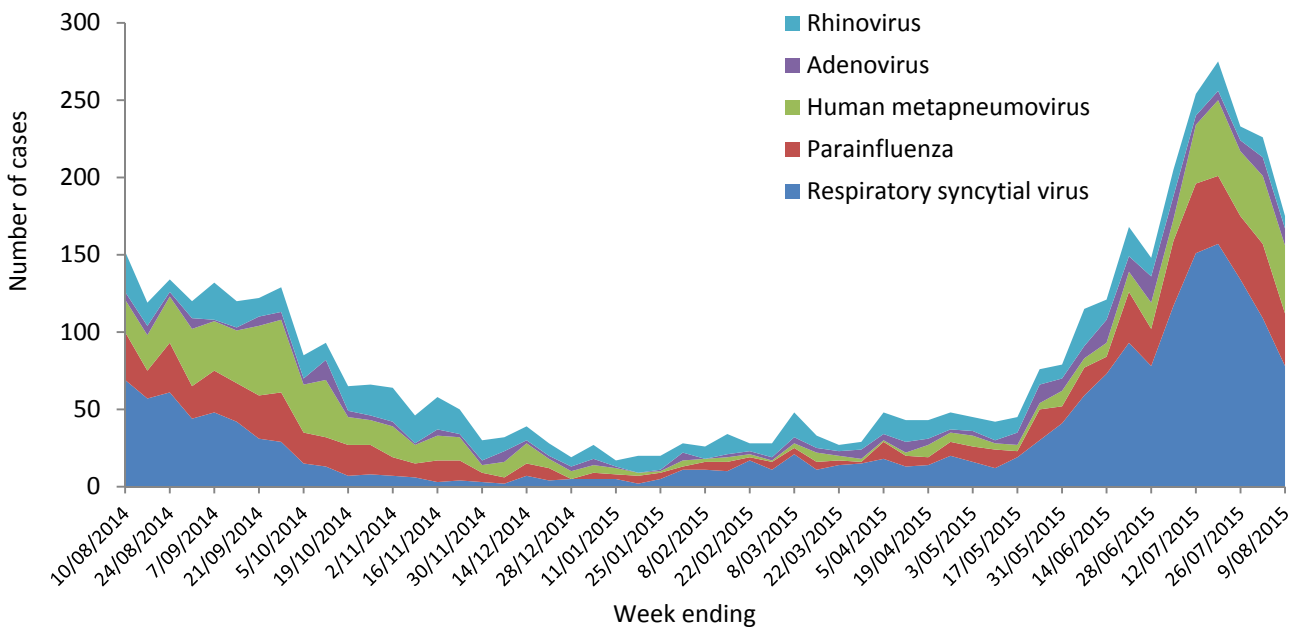
### PathWest-QEII-PMH 2014-2015 all influenza subtypes



**One hundred and fifty eight specimens were subtyped by PathWest, QEII and PMH during this reporting week; 97 (61%) influenza B, 50 (32%) influenza A/H3N2, 8 (5%) influenza A/H1N1, and 3 (2%) influenza A/unsubtyped. In the past fortnight around 65% of the influenza B strains circulating in WA have been Yamagata lineage, matching the trivalent influenza vaccine strain.**

The graph is a summary of all samples that have been recorded as subtyped at PathWest QEII as of 12.01am Wednesday 13<sup>th</sup> August 2015. The number subtyped may not always correspond to the number of influenza detections.

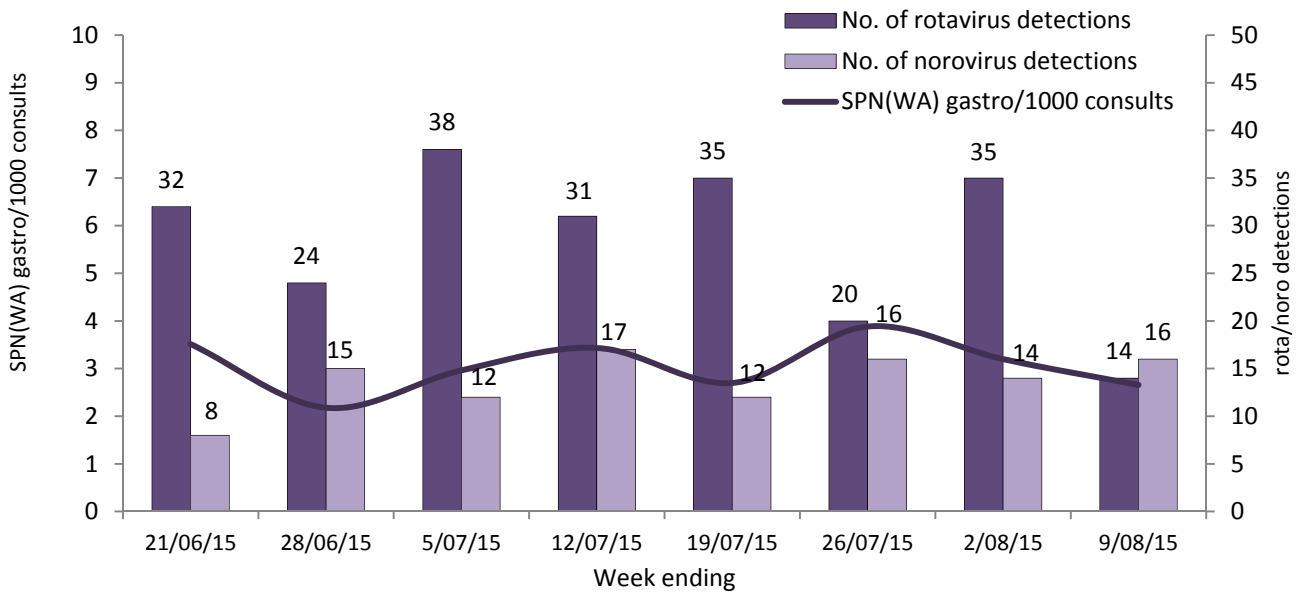
### 2014-2015 Non-influenza respiratory viruses - QEII and PMH



**Non-influenza respiratory virus activity continues to decline this week.**

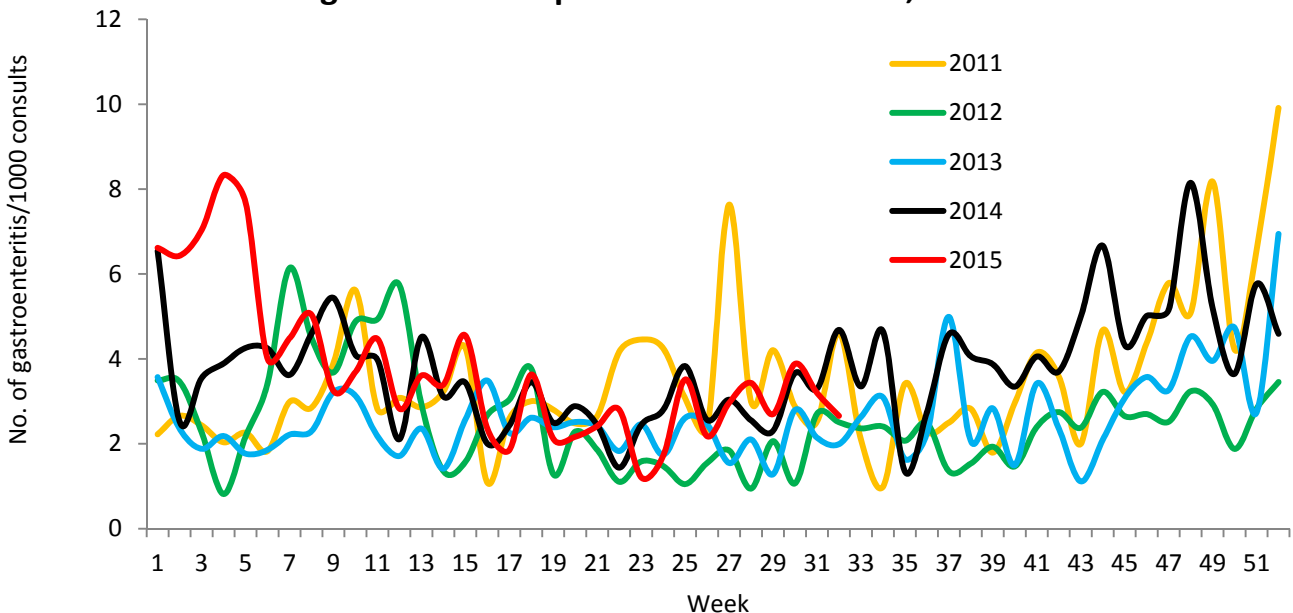
# Gastroenteritis

## Gastroenteritis virus detections and GP Presentations



Gastroenteritis presentations to SPN(WA) remain between 3-4 cases per 1,000 consultations. Norovirus activity remains relatively low and steady; rotavirus detections decreased this week, although several outbreaks have been reported recently in residential aged care and child-care facilities.

## Sentinel Practitioner's Network of WA SPN(WA) - GP surveillance Rate of gastroenteritis per 1000 consultations, 2011 - 2015

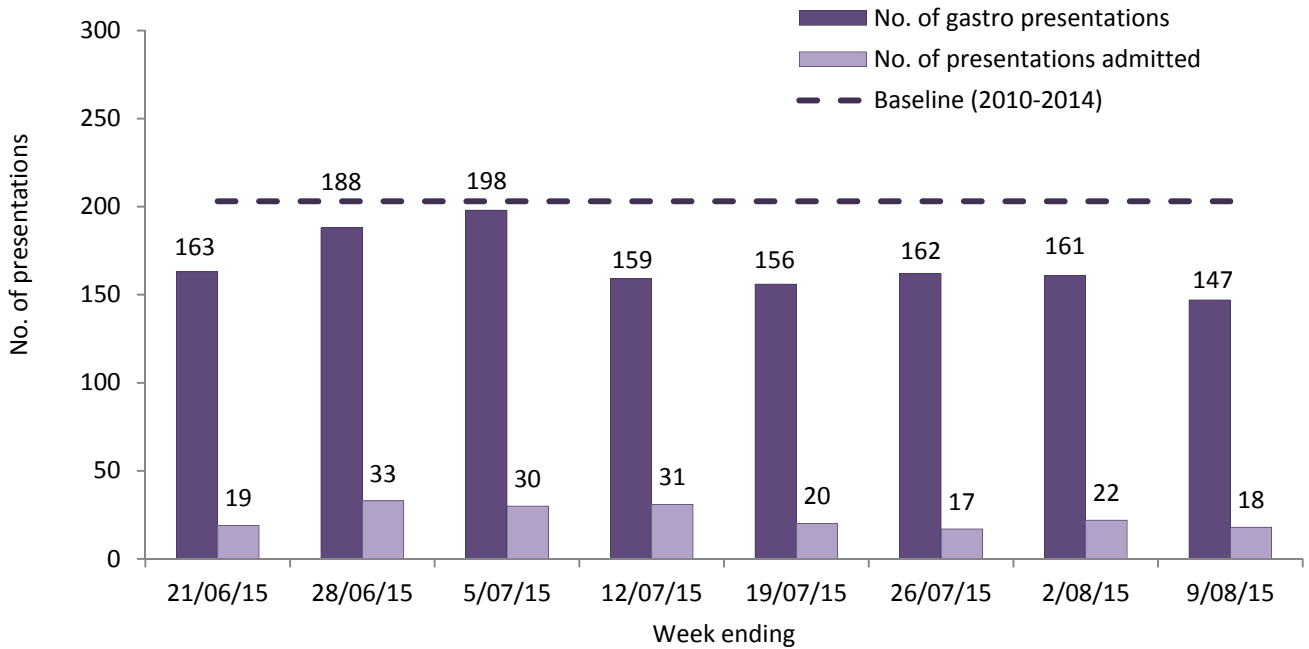


The rate of gastroenteritis presentations to sentinel GPs continues to fluctuate within the levels of presentations seen during this time period in recent years.



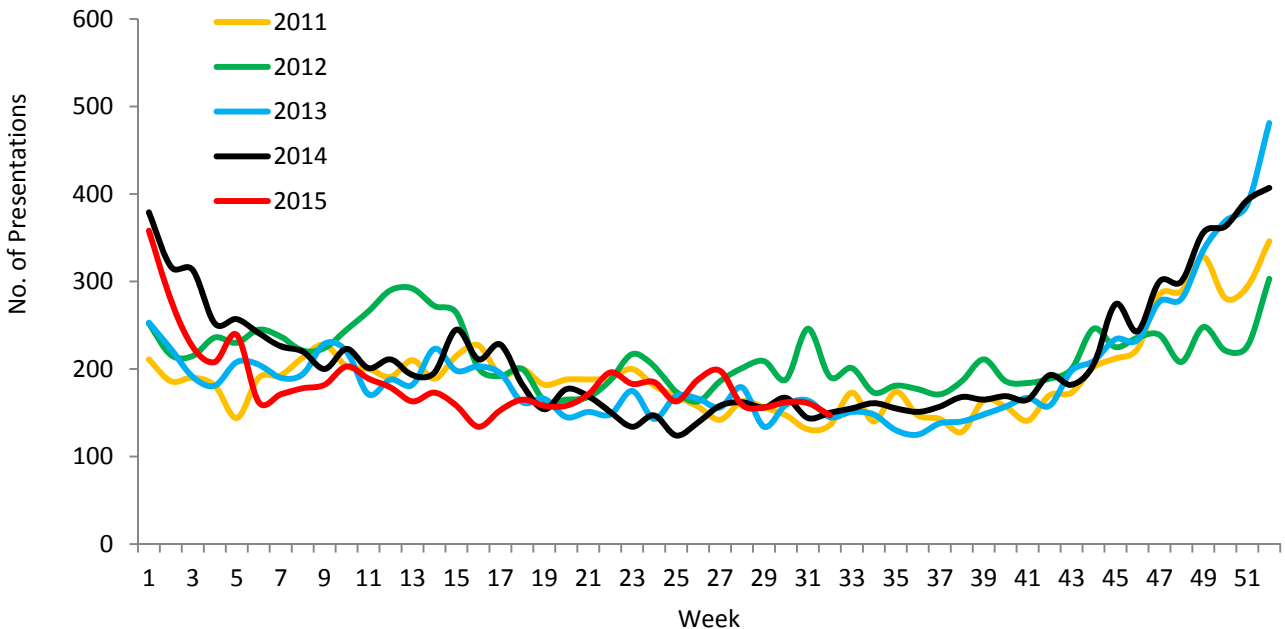
The following is a summary of current Emergency Department Sentinel Surveillance (EDSS) data for gastroenteritis presentations. Baseline levels for gastroenteritis presentations were calculated using the mean of weekly EDIS data from week 1, 2011 to week 52, 2014.

### Gastroenteritis ED Presentations



Gastroenteritis presentations to sentinel EDs remain below baseline level.

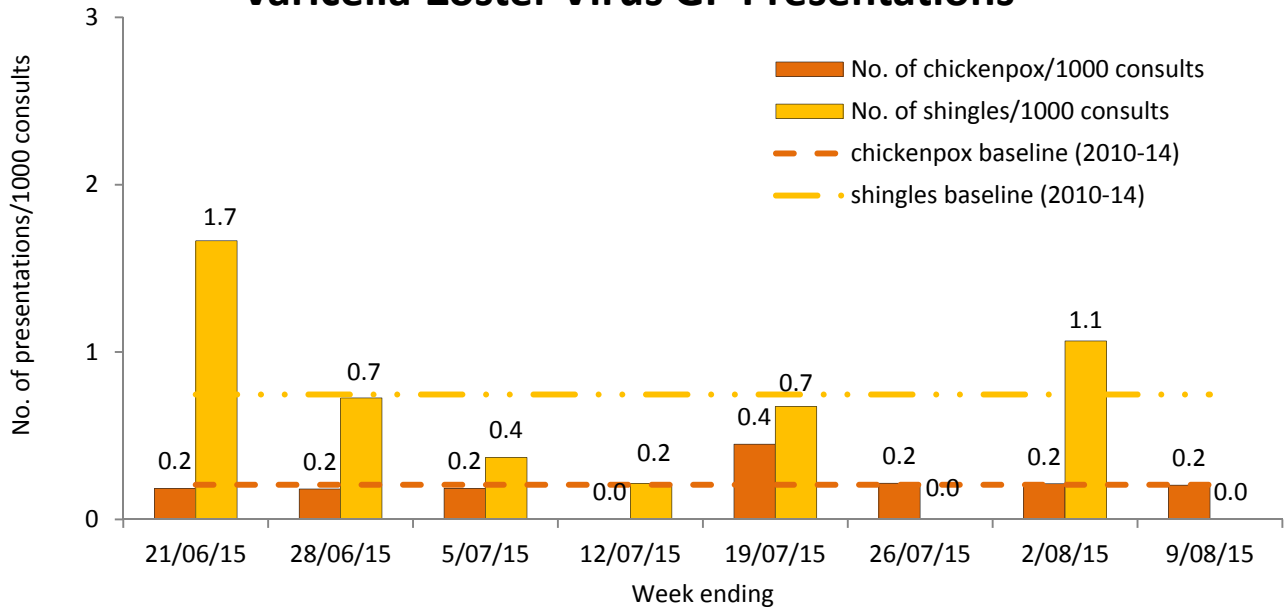
### ED Gastroenteritis Presentations 2011 - 2015



The number of gastroenteritis presentations to sentinel EDs remains consistent with values seen during this week in recent years.

# Viral Rashes

## Varicella-Zoster Virus GP Presentations

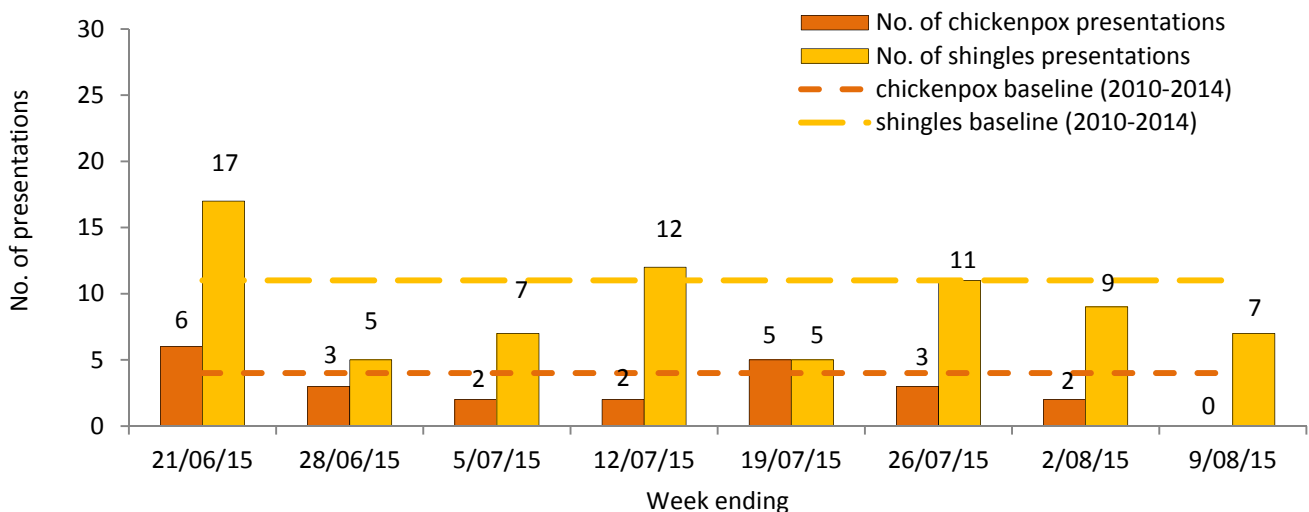


**Shingles and chickenpox presentations to sentinel GPs are both below baseline levels. No cases of measles notified. One probable case of rubella was reported in an unvaccinated young adult who had returned recently from Indonesia. Several further cases of mumps have been confirmed as part of the outbreak among Aboriginal children, teenagers and young adults in the Kimberley region, including in Broome, with transmission now also occurring in the Pilbara region.**

Baseline levels for chickenpox and shingles presentations to SPN(WA) GPs per thousand consultations were calculated using the mean of weekly WA ASPREN data from week 1, 2010 to week 52, 2014.

The following is a summary of current Emergency Department sentinel surveillance (EDSS) data for varicella-zoster virus presentations. Baseline levels for varicella-zoster virus presentations were calculated using the mean of weekly EDIS data from week 1, 2010 to week 52, 2014.

## Varicella-Zoster virus ED Presentations



**Shingles and chickenpox presentations to sentinel EDs are below baseline levels.**

