



WEEK ENDING 6<sup>TH</sup> SEPTEMBER 2015

## KEY POINTS

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

**Summary:** Most direct and indirect indicators of influenza activity declined this week, suggesting we have passed the peak of the influenza season.

- ILI presentations to sentinel general practitioners (GPs) and emergency departments (EDs) decreased this week and are consistent with presentations rates during recent mild influenza seasons.
- Influenza virus detections, notifications and percent positivity decreased this week. The decline in overall influenza detections was almost entirely due to a 40% decrease in influenza B, with the result that the relative proportion of influenza A/H3N2 cases increased to 47% and influenza B declined to 46% of cases. Hospitalisations with confirmed influenza have been trending downwards over the past month, and are below the average observed at this time in recent seasons.
- Respiratory syncytial virus and other non-influenza respiratory virus activity continue to decline.

### GASTROENTERITIS

- Gastroenteritis presentations to sentinel GPs and EDs remain low.
- Rotavirus detections have decreased over recent weeks and norovirus activity remains low and relatively stable.

### VARICELLA AND VIRAL RASHES

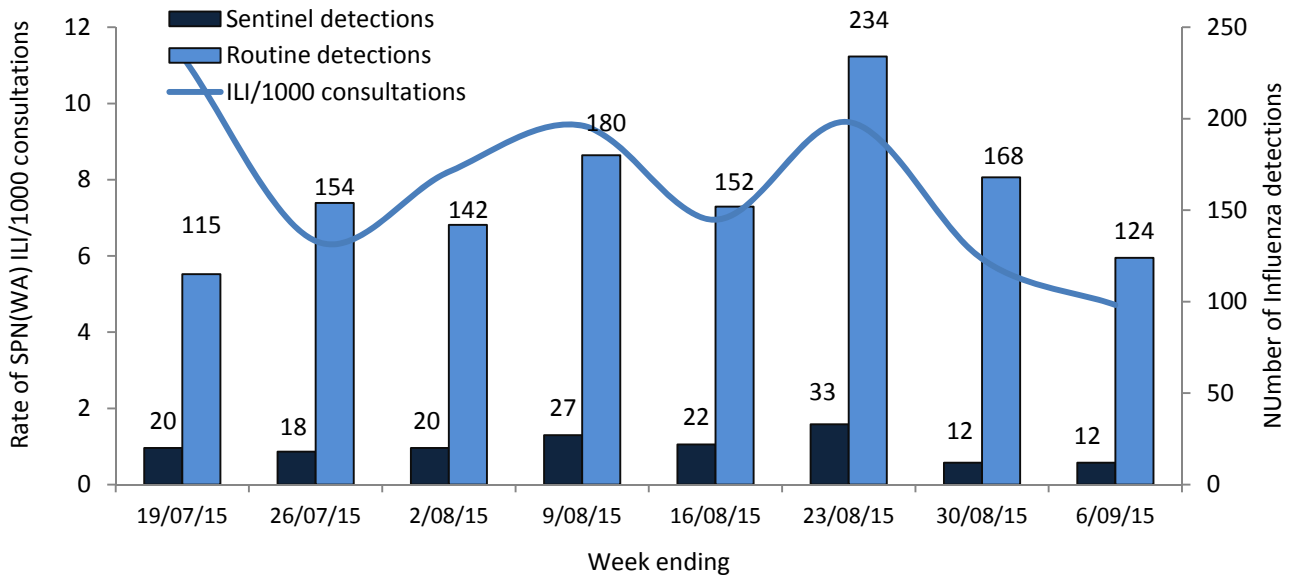
- Shingles and chickenpox presentations to sentinel EDs and GPs are near or below baseline levels.
- No cases of measles or rubella were confirmed.
- Further cases of mumps have been confirmed in the Kimberley and Pilbara regions, primarily among Aboriginal children, teenagers and young adults. Activity has declined in the Kimberley and increased in the Pilbara over recent weeks.

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.*

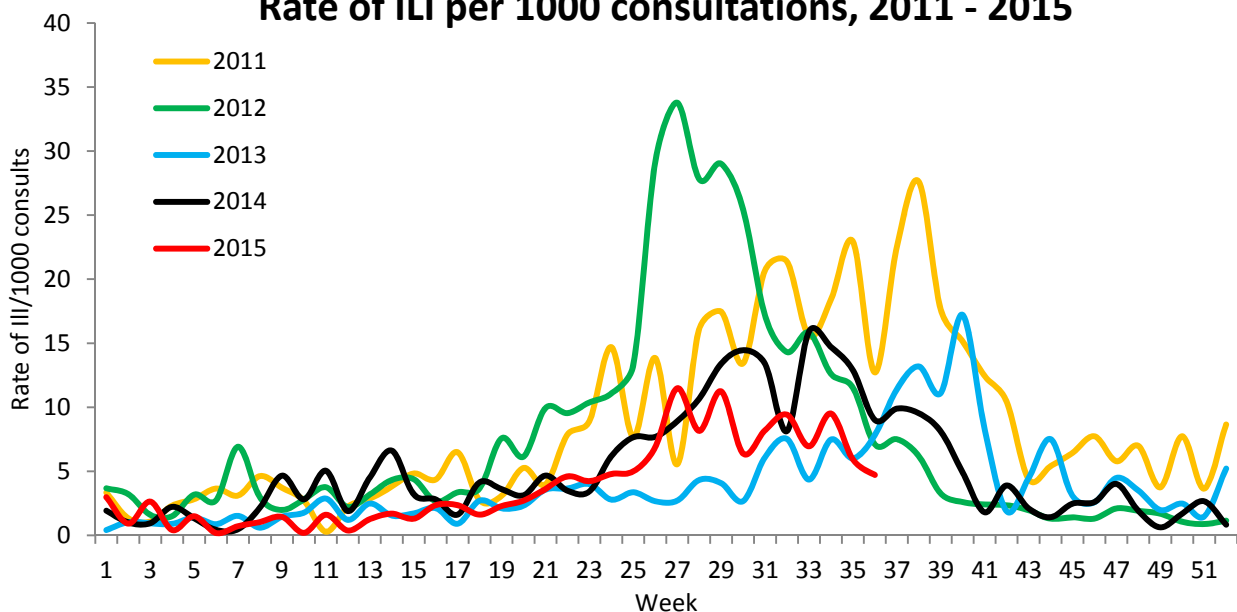
# Influenza and Influenza-like Illnesses

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



The rate of ILI seen at sentinel GPs continues decreased for the second consecutive week. Routine and sentinel site influenza virus detections are also declining. Of 610 routinely collected specimens, 124 (20%) tested positive for influenza virus; 30 specimens were collected at sentinel GP sites, 12 (40%) of which tested positive for influenza virus.

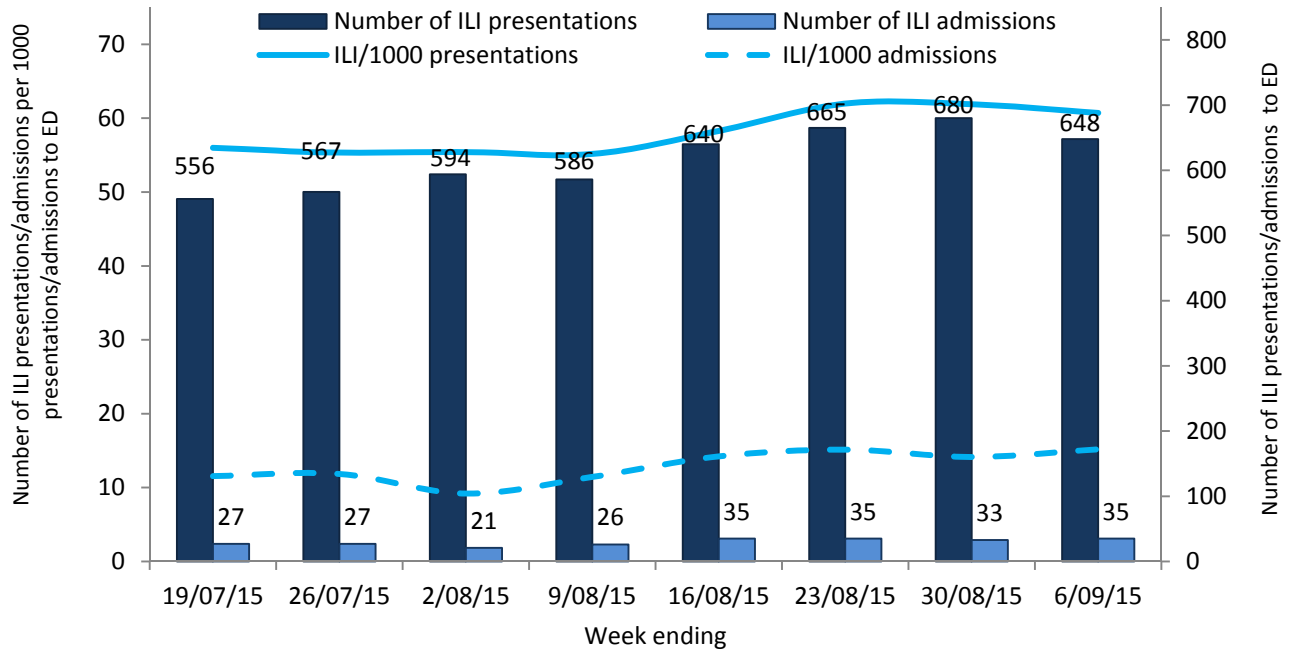
## Sentinel Practitioner Network of WA - GP surveillance Rate of ILI per 1000 consultations, 2011 - 2015



The rate of ILI presentations to SPN(WA) GPs declined to 4.7 ILI cases per 1,000 consultations this week.

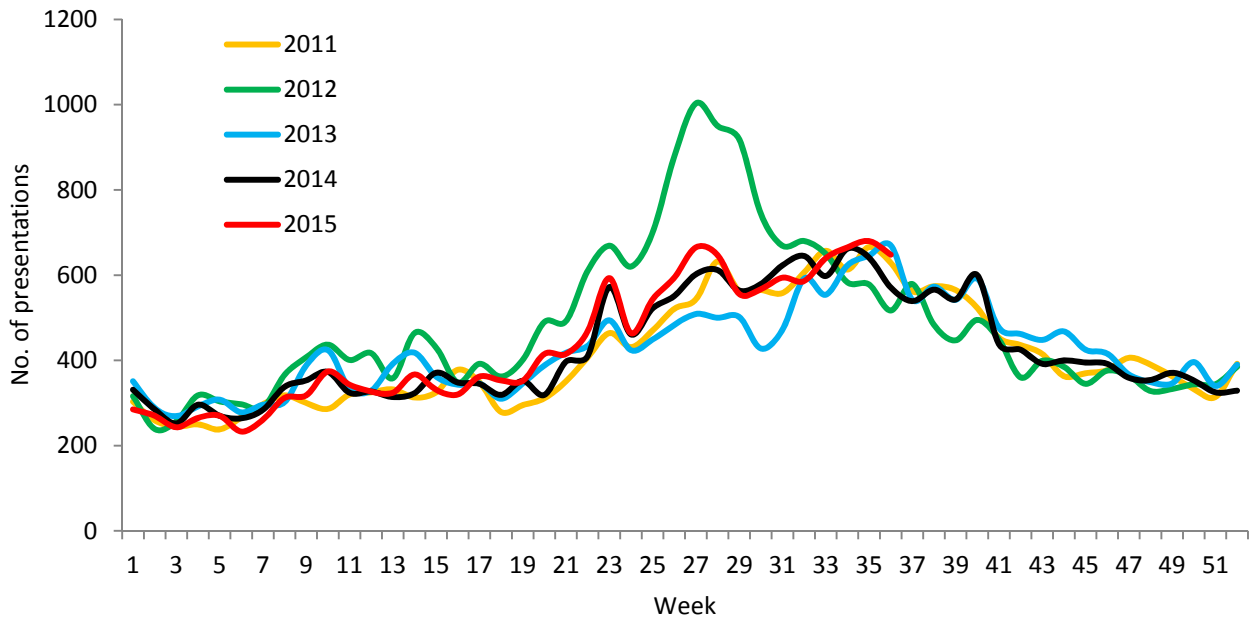
The following is a summary of current Emergency Department sentinel surveillance (EDSS) data for respiratory viral presentations.

### Viral Respiratory ED Presentations and Admissions



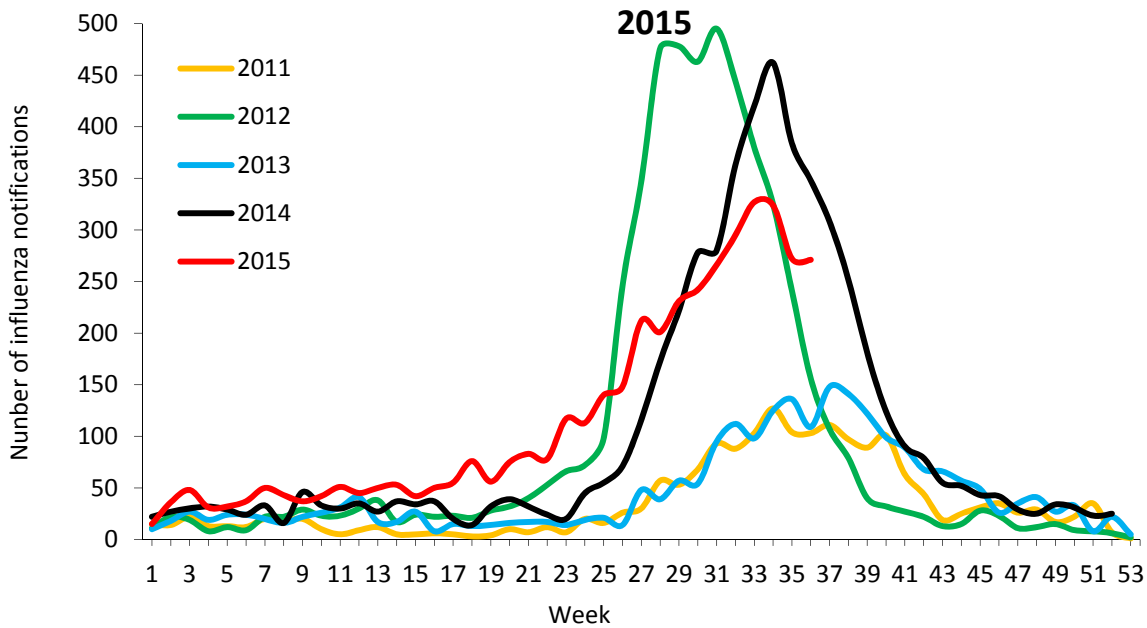
Presentations and admissions to sentinel EDs remain relatively stable, as they have been for the past several weeks.

### ED Respiratory Viral Presentations, 2011 - 2015



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

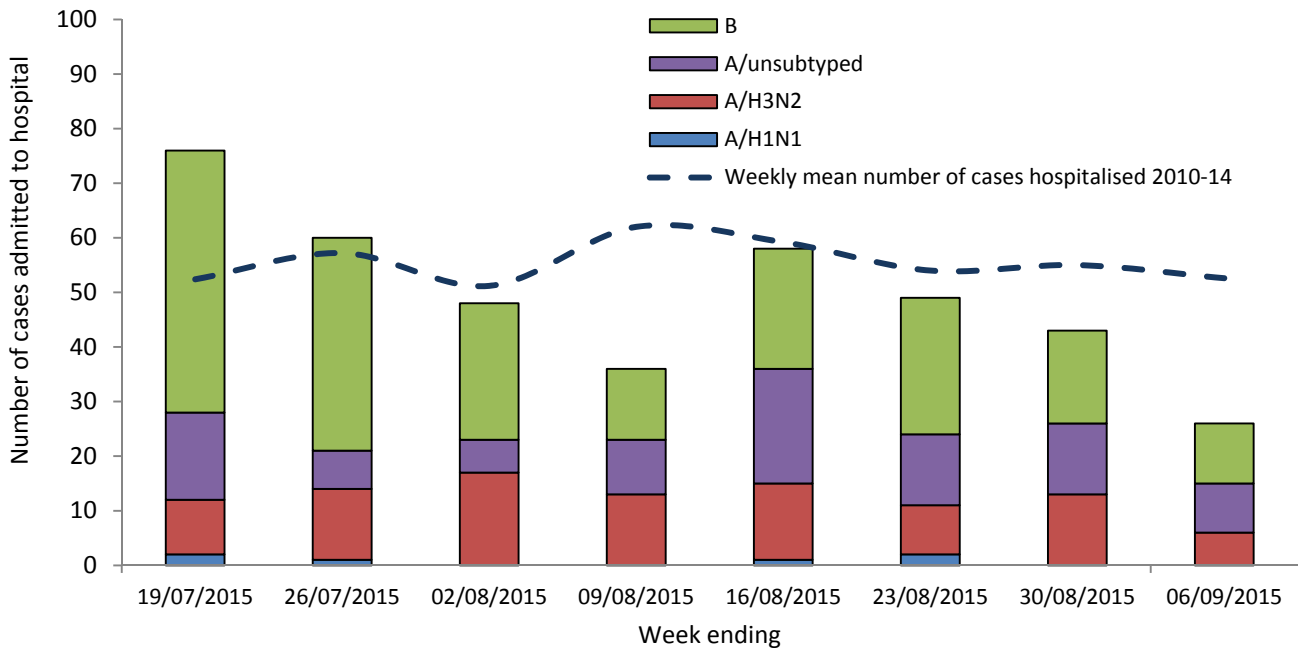
### Influenza notifications in Western Australia by week, 2011 to 2015



**Influenza notifications received by the Department of Health appear to indicate that we have passed the peak of the influenza season; 271 cases were notified this week.**

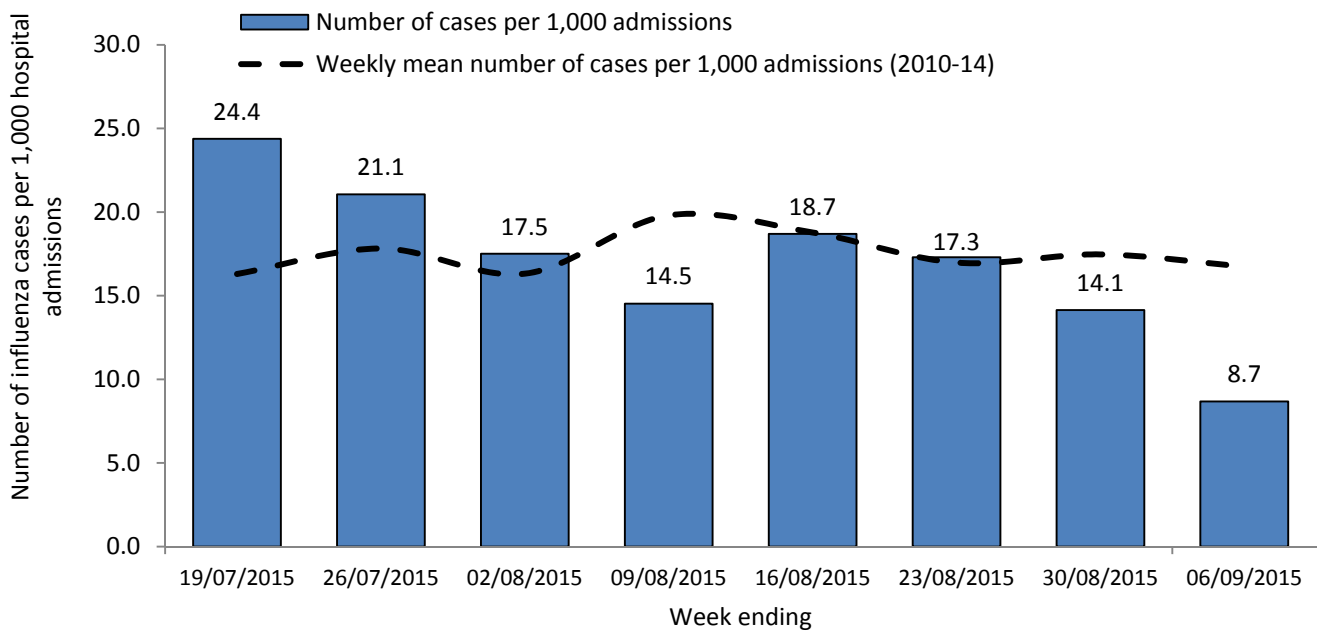
The graph is a summary of all influenza notifications received by the DoH, Western Australia to the end of the current reporting week, for which cases had date of symptom onset or specimen collection between 31/08/2015 and 06/09/2015.

### Number of influenza cases hospitalised



**The number of influenza cases hospitalised has been trending downwards over the past month. Of the 26 cases hospitalised in the past week, 11 (42%) had influenza B; 6 (23%) had influenza A/H3N2, 9 (35%) had influenza A/unsubtyped.**

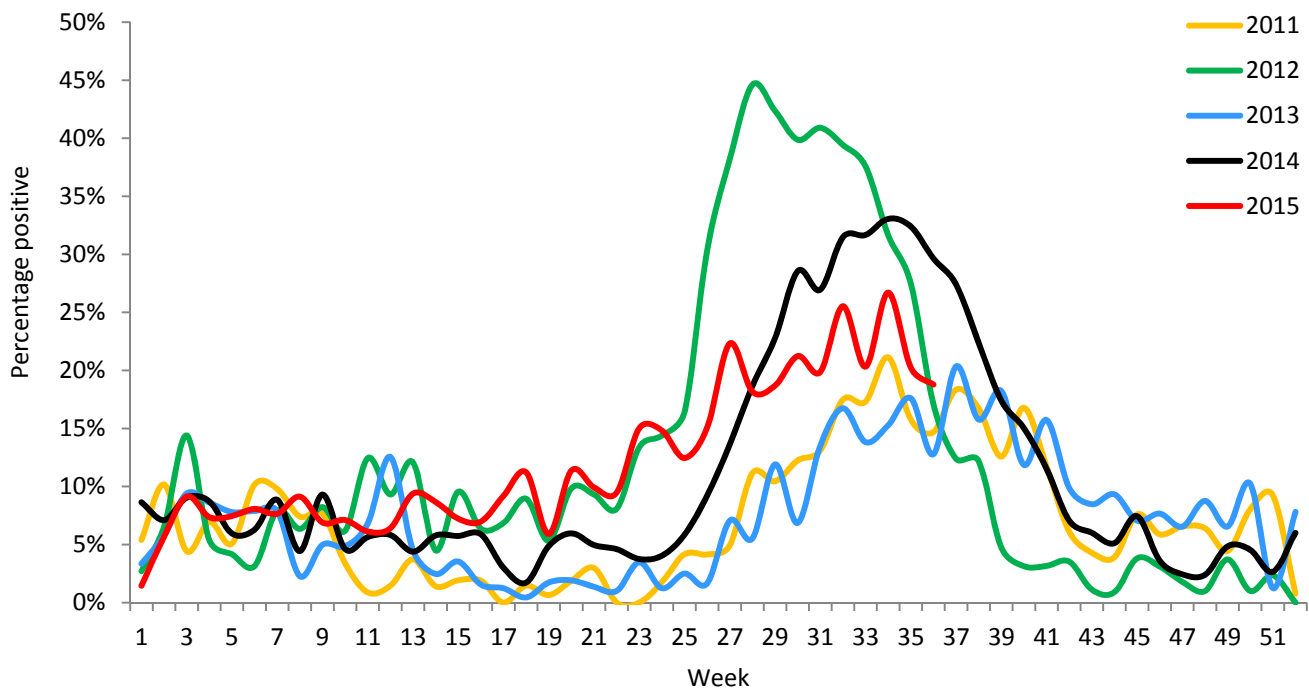
## Influenza cases per 1000 hospital admissions



The proportion of hospital admissions notified as having laboratory-confirmed influenza is currently below 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.

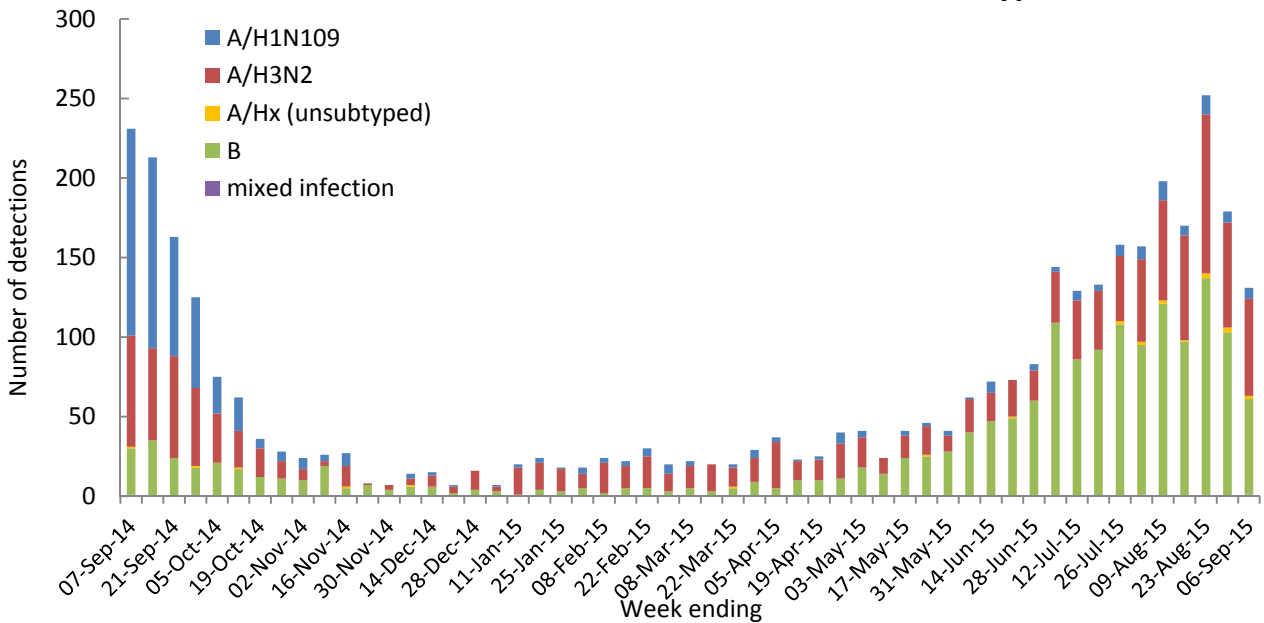
## PathWest-QEII-PMH influenza percentage positive 2011-2015



The percentage of specimens tested positive for influenza virus by PathWest-QEII-PMH decreased this week, with 18.8% of specimens testing positive.



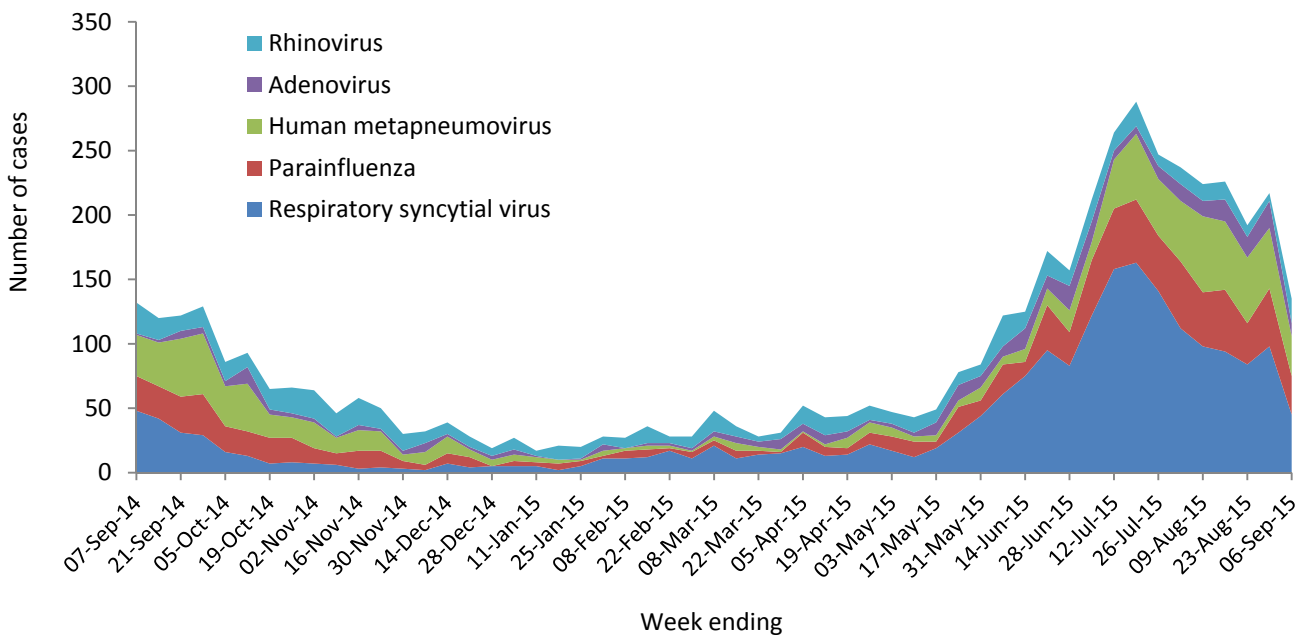
### PathWest-QEII-PMH 2014-2015 all influenza subtypes



One hundred and thirty specimens were subtyped by PathWest, QEII and PMH during this reporting week; 60 (46%) influenza B, 61 (47%) influenza A/H3N2, 7 (5%) influenza A/H1N1, and 2 (2%) influenza A/unsubtyped. The proportion of B/Victoria has remained relatively steady in recent weeks, and accounted for 28% of subtyped influenza in the past week.

The graph is a summary of all samples that have been recorded as subtyped at PathWest QEII as of 12.01am Wednesday 2<sup>nd</sup> September 2015. The number subtyped may not always correspond to the number of influenza detections.

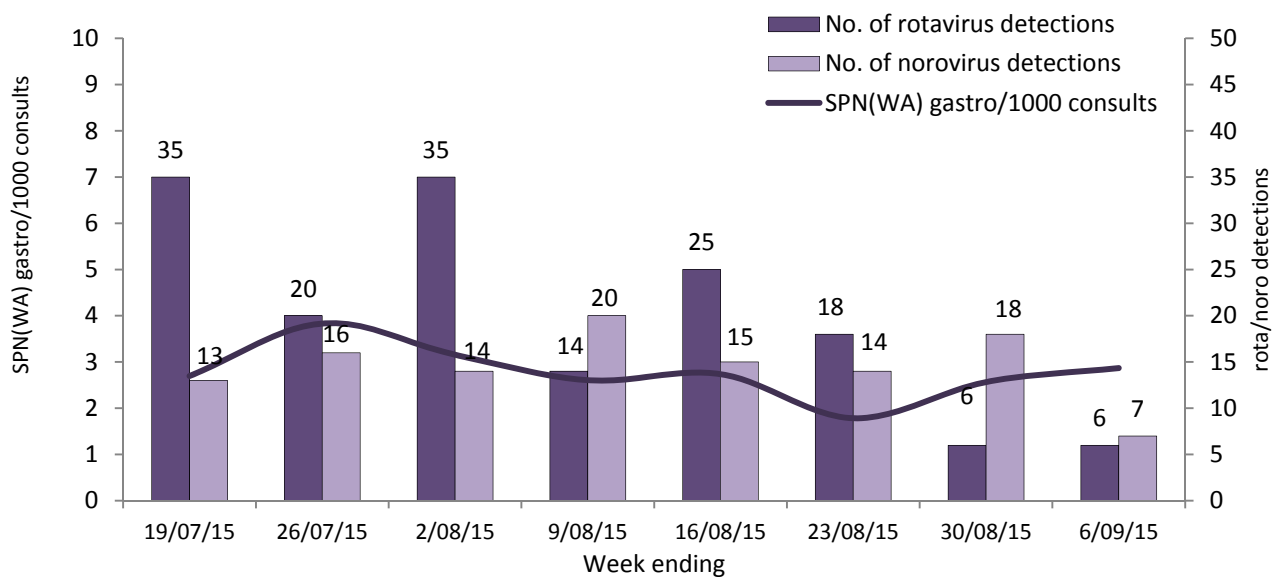
### 2014-2015 Non-influenza respiratory viruses - QEII and PMH



Non-influenza respiratory virus activity continues to decline.

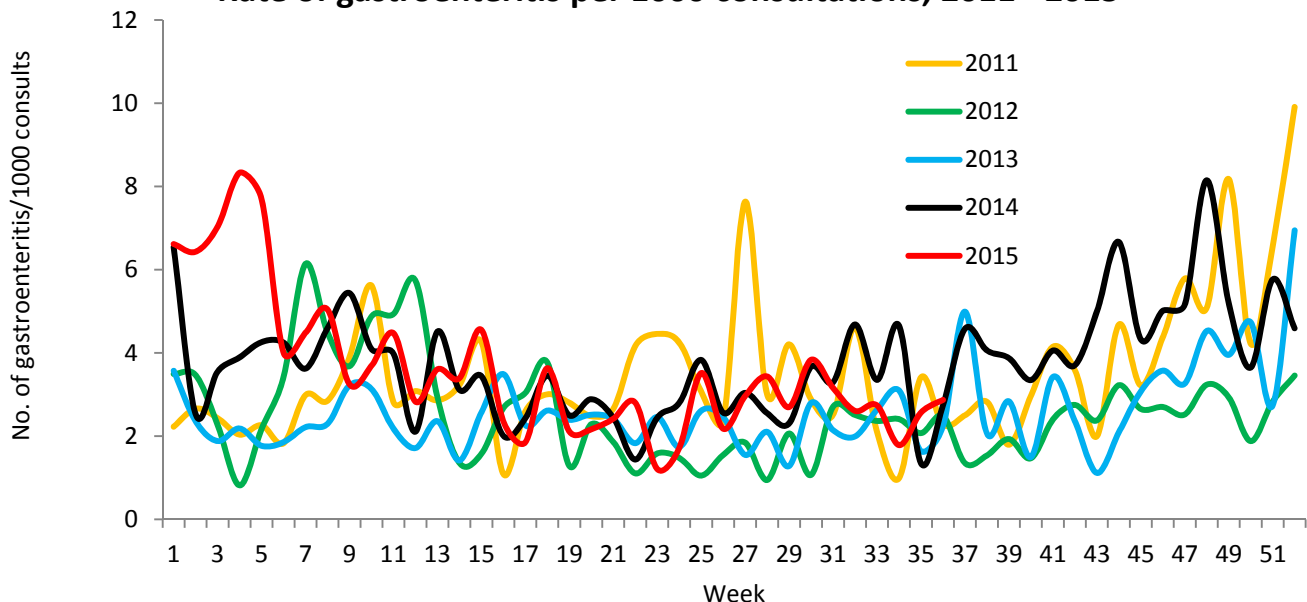
# Gastroenteritis

## Gastroenteritis virus detections and GP Presentations



Gastroenteritis presentations to SPN(WA) continue to fluctuate at a low level. Norovirus activity remains relatively low and steady and rotavirus activity has declined significantly over the past several weeks.

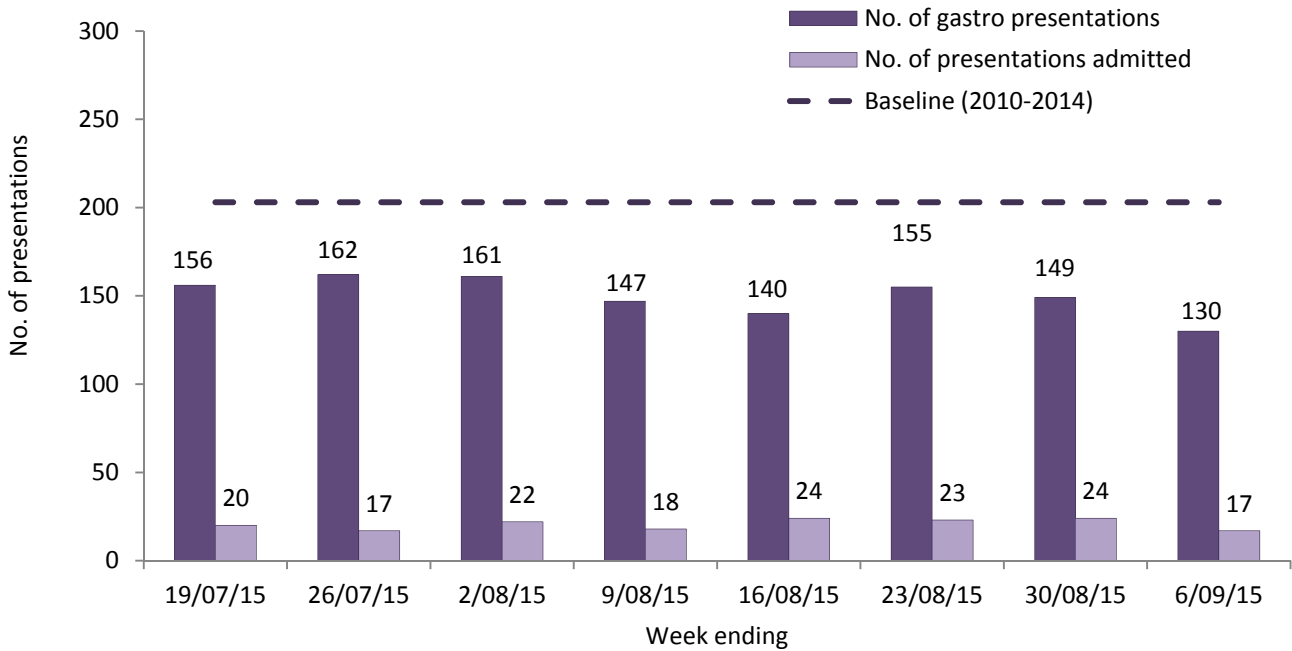
## Sentinel Practitioner's Network of WA SPN(WA) - GP surveillance Rate of gastroenteritis per 1000 consultations, 2011 - 2015



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

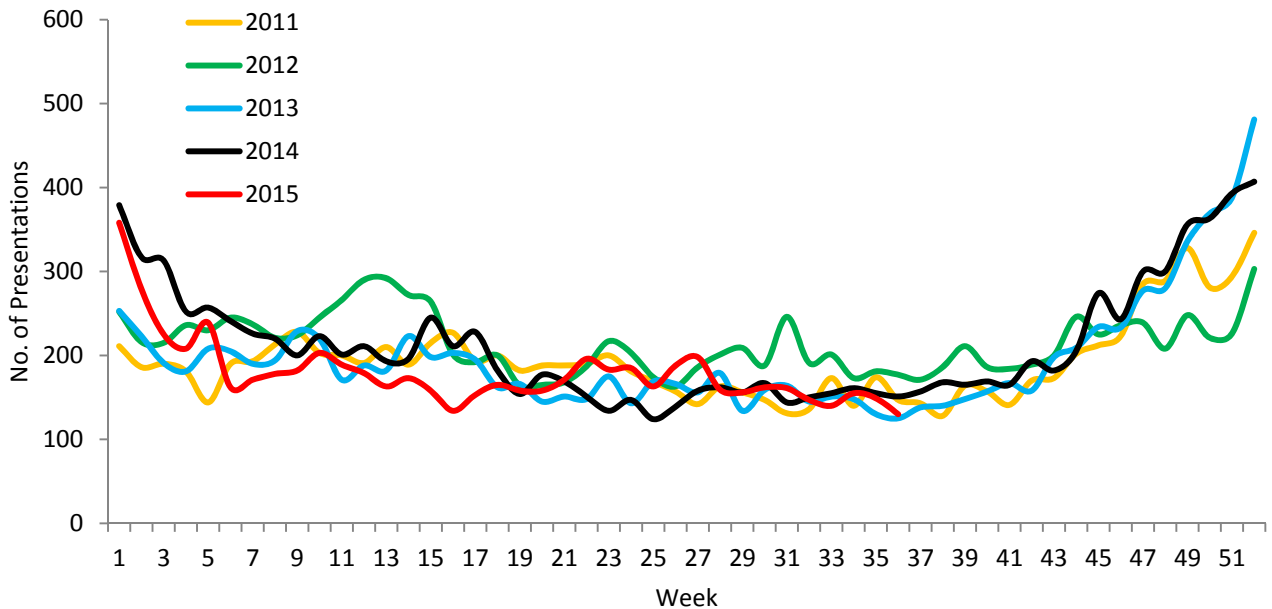
The following is a summary of current Emergency Department Sentinel Surveillance (EDSS) data for gastroenteritis presentations. Baseline levels for gastroenteritis presentations were calculated using the mean of weekly EDIS data from week 1, 2011 to week 52, 2014.

### Gastroenteritis ED Presentations



Gastroenteritis presentations to sentinel EDs remain below baseline level.

### ED Gastroenteritis Presentations 2011 - 2015

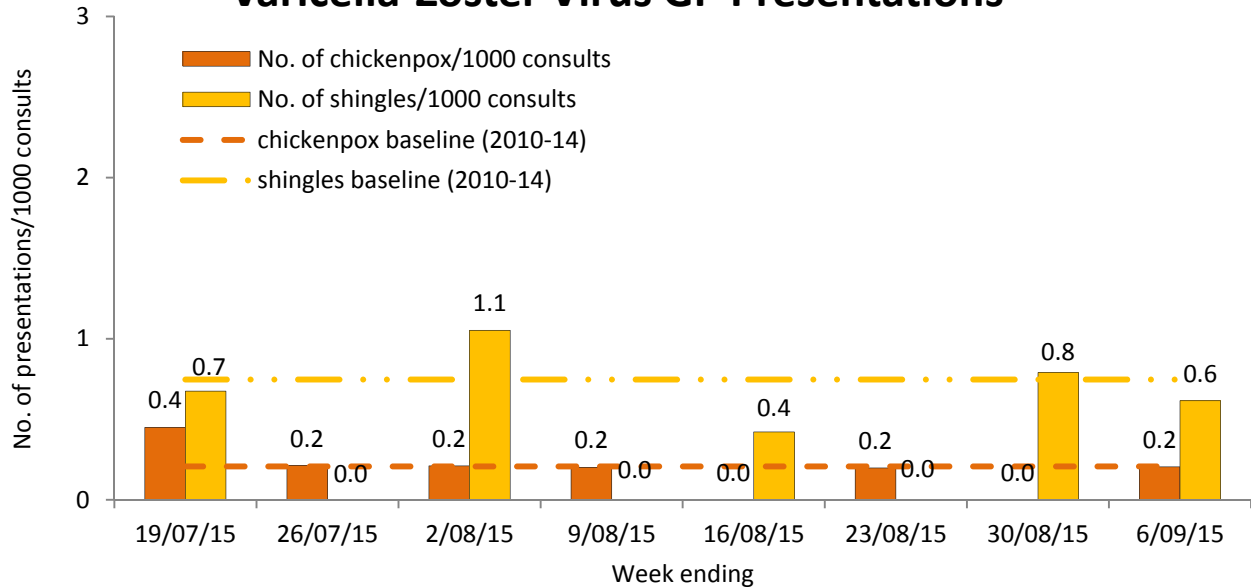


The number of gastroenteritis presentations to sentinel EDs is at the lower end of values seen during this week in recent years.



# Viral Rashes

## Varicella-Zoster Virus GP Presentations

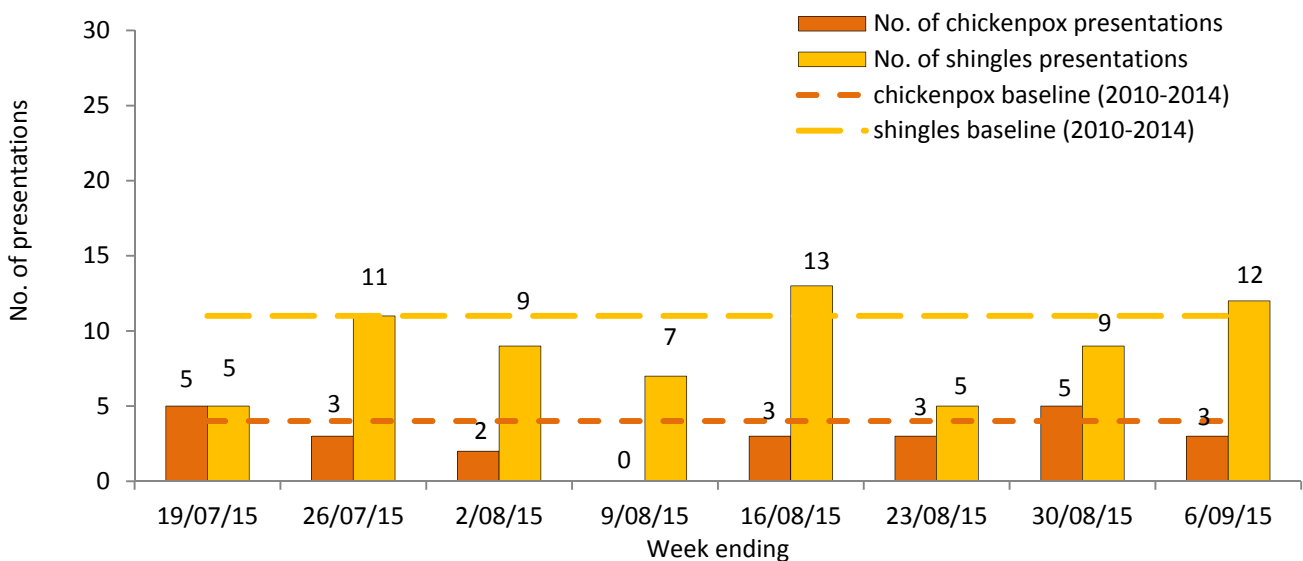


Shingles and chickenpox presentations to sentinel GPs are near or below baseline levels. No cases of measles or rubella were notified. Several further cases of mumps have been confirmed in the Kimberley and Pilbara regions, primarily among Aboriginal children, teenagers and young adults. Activity has declined in the Kimberley and increased in the Pilbara over recent weeks.

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 near or below baseline levels.

