



Summary

The **fluTAS report** is a monthly update on the influenza season produced by the Communicable Diseases Prevention Unit to inform healthcare organisations and the public about the current level of influenza activity within Tasmania. Multiple data sources are used to obtain measures of influenza activity in the community.

This report describes **influenza** activity within Tasmanian during June 2014 up to and including **Sunday 29 June 2014**. Available data indicate:

- During the last week (ending 29 June 2014) the number of notifications of laboratory-diagnosed influenza suddenly increased to well above the inter-seasonal baseline level.
- The majority of influenza notifications continue to be Influenza A infections. The most frequently reported Influenza A subtype is A(H1N1)pdm09.
- State-wide influenza testing levels increased during June. The proportion of tests positive for influenza has increased above the average inter-seasonal baseline.
- General respiratory pathogen testing indicates the non-influenza viruses RSV and Rhinovirus are currently contributing to influenza-like illness within Tasmania.

Influenza notifications

Tasmanian laboratories are required to notify the Director of Public Health of evidence of influenza infection in specimens collected from patients. These specimens are usually nose or throat swabs but can also include a blood sample. The best test for influenza involves PCR¹ to detect influenza virus RNA present in a nose or throat swab.

Since the last report a further 38 notifications of laboratory-diagnosed influenza have been notified, taking the 2014 total to 124 notifications. Twenty-two of these 38 notifications were reported during the most recent week of reporting; the highest number of weekly notifications since the start of 2014 (see Figure 1). In previous years a sudden increase in weekly notifications of this level has marked the commencement of an influenza season in Tasmania.

Of the 124 influenza notifications received since the start of 2014, 111 (90%) were due to Influenza A virus infections. The remaining 13 (10%) notifications were infections of Influenza B virus (see Table 1). Some influenza laboratory isolates undergo further testing to identify subtypes. The most frequently identified Influenza A subtype of 2014 is currently the A(H1N1)pdm09 subtype².

Residents from the more populous southern region of Tasmania make up the largest proportion (62%) of the 124 influenza notifications since the start of 2014. Adults aged 30-34 years are the 5-year age group with the greatest number of notifications since the start of 2014.

¹ Polymerase Chain Reaction.

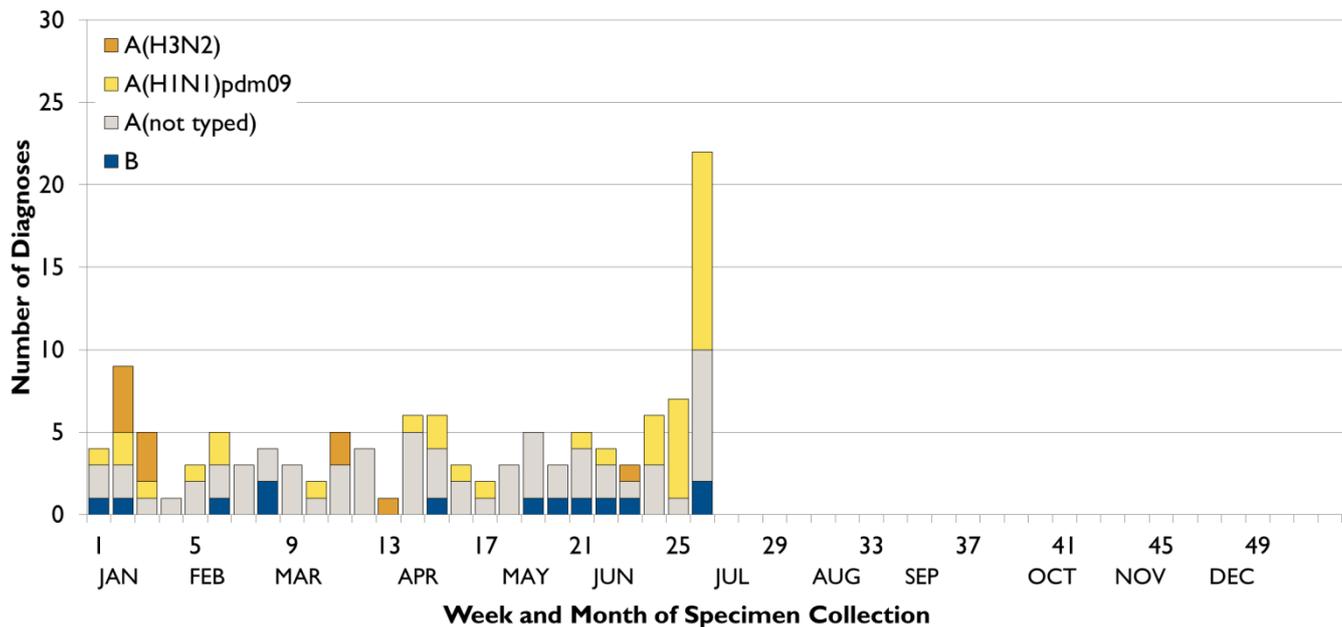
² This subtype was first associated with the 2009 swine influenza pandemic. It continues to circulate globally as a typical seasonal influenza subtype.

Table 1: Laboratory-diagnosed Influenza, Tasmania, 29 June 2014

	2007	2008	2009	2010	2011	2012	2013	2014 ³
Influenza A	389	208	1,294	95	189	1,008	206	111
Influenza B	26	176	1	12	174	85	90	13
Total Influenza	415	384	1,295	107	363	1,093	296	124
Predominant subtype of Influenza A	unknown	unknown	H1N1	H1N1	H1N1	H3N2	H1N1	H1N1

Note: H1N1 from 2009 onwards refers to the specific subtype A(H1N1)pdm09

Figure 1: Laboratory-diagnosed influenza by subtype and week of specimen collection up to 29 June 2014 (week 26)



Laboratory Testing

Laboratory Testing Effort

A wide range of pathogens (mostly viruses) commonly cause winter coughs, colds and influenza-like illnesses. Some people with these symptoms will visit their doctor. The decision whether to test someone for influenza rests with their treating doctor, and depends on their symptoms. The best test for influenza is a PCR test, which detects influenza virus RNA in a nose or throat swab. The number of these tests being performed in public and private Tasmanian laboratories is a useful indicator of the level of respiratory illness in the community.

Since the start of 2014 a majority of influenza cases have been diagnosed via PCR tests (67%). The amount of influenza PCR testing undertaken since the start of 2014 is 20% greater than the amount performed during the same period of 2013.

During June 2014 the mean number of weekly influenza PCR tests performed by Tasmanian laboratories increased. The largest increase occurred during the last week ending 29 June and coincided with an increase in the percentage of tests positive for influenza above the inter-seasonal baseline (see Figure 2).

³ Current number of diagnoses up to and including 29 June 2014

Influenza-like illnesses (Syndromic Surveillance)

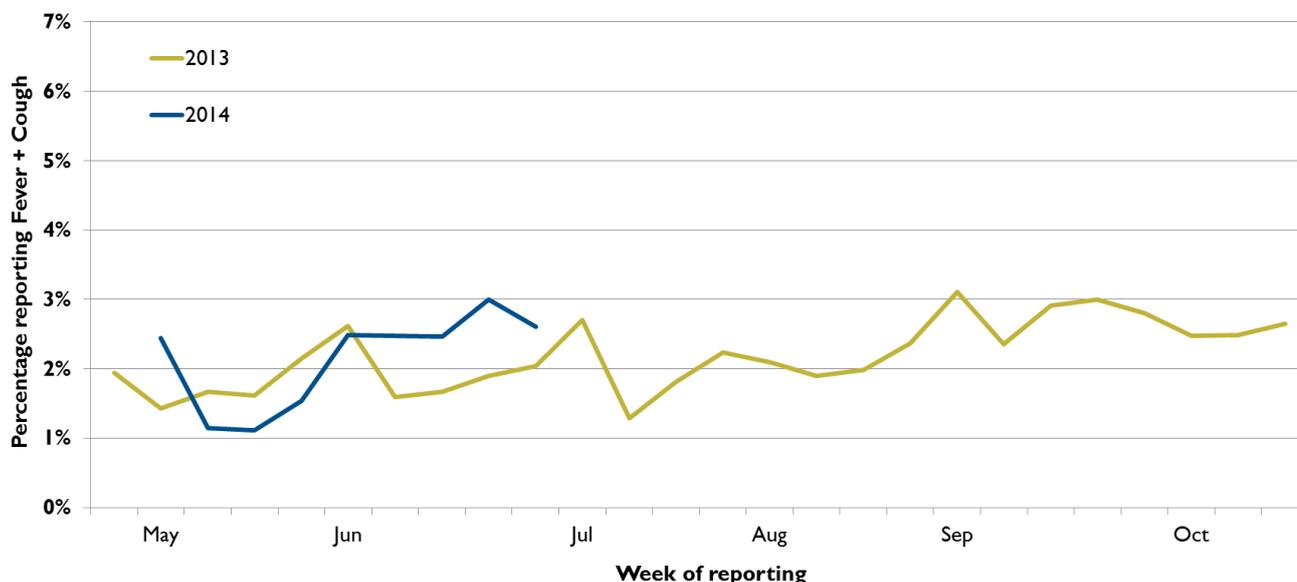
Influenza-like illness (ILI) is much more common than laboratory diagnosed influenza. For much of the year, common colds and other respiratory illnesses make up most of the ILI occurring in the community. However, during the annual influenza season, the proportion of the population experiencing symptoms of ILI who have influenza usually increases. It is therefore useful to monitor the proportion of people reporting ILI, regardless of the cause.

FluTracking

FluTracking is a weekly online survey that asks participants to report whether they have had fever and cough in the preceding week. It is a joint initiative of Newcastle University, Hunter New England Population Health and the Hunter Medical Research Institute. *FluTracking* information is available at www.flutracking.net.

The proportion of Tasmanian participants reporting ILI has increased over recent weeks (see Figure 4).

Figure 4: Percentage of Tasmanian *FluTracking* participants reporting fever and cough, 29 June 2014



General Practice surveillance

ASPREN is a network of registered sentinel GPs throughout the state who report fortnightly on the number and proportion of presentations of patients with fever, cough and fatigue. ASPREN is a joint initiative of the Royal Australian College of General Practitioners and University of Adelaide. Further information is available at www.dmac.adelaide.edu.au/aspren.

Tasmanian data from participating General Practices up to fortnight ending 31 May 2014 indicated very few influenza-like illness (ILI) presentations. Similarly few ILI presentations were reported during the same period of 2013.

Other measures of influenza activity

FluCAN

The Influenza Complications Alert Network (FluCAN) reports on influenza related hospitalisations and complications in sentinel hospitals in each state including Tasmania. At 30 June 2014 the national FluCAN data showed evidence of increasing influenza hospitalisation in a number of participating hospitals in mainland States.

Interstate activity

The Australian Influenza Surveillance Report is compiled from a number of data sources, including laboratory-confirmed notifications to NNDSS, sentinel influenza-like illness reporting from general practitioners and emergency departments, workplace absenteeism, and laboratory testing. The current national report is available at <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-ozflu-flucurr.htm>.

The national update for the week ending 20 June indicated influenza activity is increasing in some jurisdictions. To date Influenza A remains the predominant influenza virus type and A/H1N1 (2009 pandemic) the predominant subtype.

Annual Influenza Vaccine

The contents of the annual influenza vaccine are reviewed late each year with the aim to produce vaccines for the following year that provide protection from influenza strains likely to be common during winter. The recommended formulation of the 2014 vaccine is described at <http://www.tga.gov.au/about/committees-aivc.htm>.

Annual vaccination is recommended in the National Immunisation Program and is free* for Tasmanians at risk of severe influenza, including:

- anyone aged 65 and over
- Indigenous people who are aged 15 years or over
- pregnant women
- any person six months of age and over with a chronic condition predisposing to severe influenza illness that requires regular medical follow-up or hospitalisation such as: cardiac disease, respiratory disease including severe asthmatics, kidney disease, diabetes, impaired immunity, neuromuscular disease.

* The cost of the vaccine is covered for these groups; there may be a consultation fee for the medical provider to administer the vaccine.



The **fluTAS Report** is a fortnightly flu season update produced by the DHHS Public and Environmental Health Service to inform healthcare organisations and the public about the current level of flu activity in Tasmania.

Alongside routine surveillance of diseases in Tasmania, the report combines multiple data sources to obtain a measure of flu activity in the community, which can be used by our health system to prepare and respond.

To provide feedback on the fluTAS Report, email the [Communicable Disease Prevention Unit](#) or call the Public Health Hotline on 1800 671 738.