



The **fluTAS report** is a fortnightly influenza season update produced by the Communicable Disease Prevention Unit to inform healthcare organisations and the public about the current level of influenza disease activity in Tasmania. Multiple data sources are used to obtain some measure of influenza disease activity in the community.

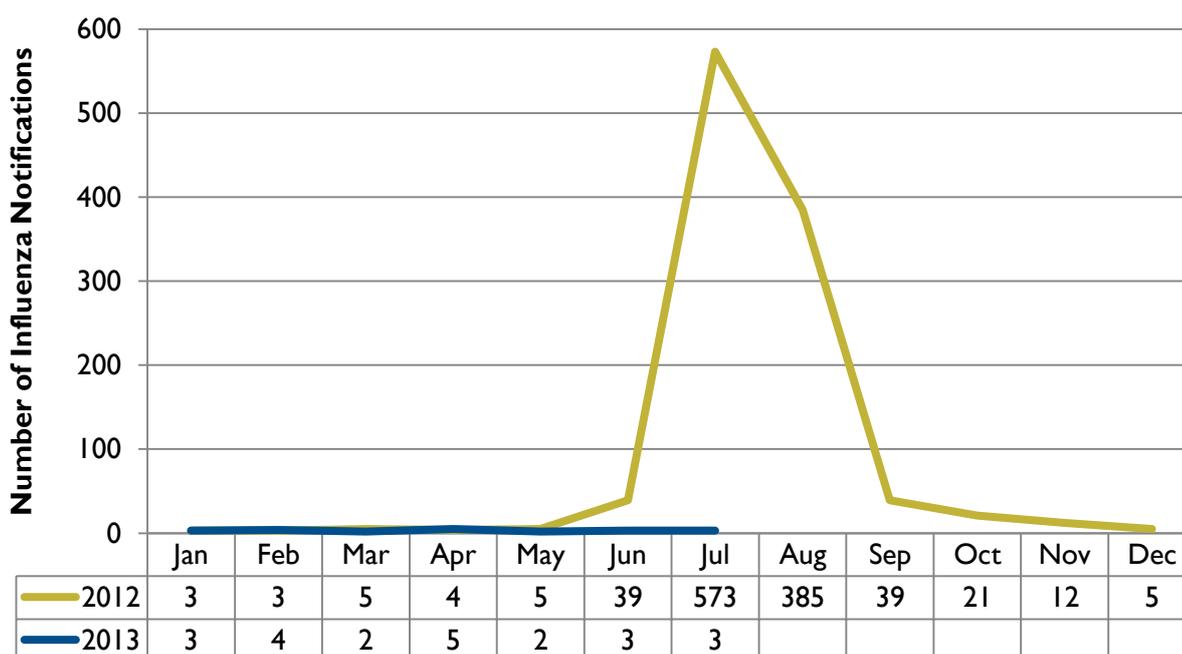
## Summary

- Systems are reporting a recent increase in influenza like illness in Tasmania, though at levels lower than at this time in 2012. Influenza notification data and respiratory pathogen testing suggests that this increase is likely to be due to viruses other than influenza.

## Influenza notifications

Tasmanian laboratories are required to notify evidence of influenza infection in specimens collected from patients. These specimens are usually nose or throat swabs but sometimes blood tests.

### Influenza notifications 2012 - 2013 (at 7-Jul 2013)



22 influenza notifications have been received during 2013 up to 7 July. This low level of activity is typical outside of the peak season, when there is limited circulation of influenza in the community.

## Influenza types

During 2013 up to 7 July, 17 influenza A notifications and 5 influenza B notification were received.

Influenza type in confirmed cases 2013 (at 7 July 2013)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>Influenza A</b>	2	4	2	3	2	3	1						17
<b>Influenza B</b>	1	0	0	2	0	0	2						5

## Geographic distribution of Influenza

Differences in notifications for the year to date may not reflect the different level of influenza between regions. Apart from differences in regional populations, this is also affected by how many people seek medical care and get tested for influenza.

### Location of influenza notifications 2013 (at 7 July 2013)

	SOUTH	NORTH	NORTH WEST	TOTAL
Notifications	15	4	3	22

## Laboratory testing

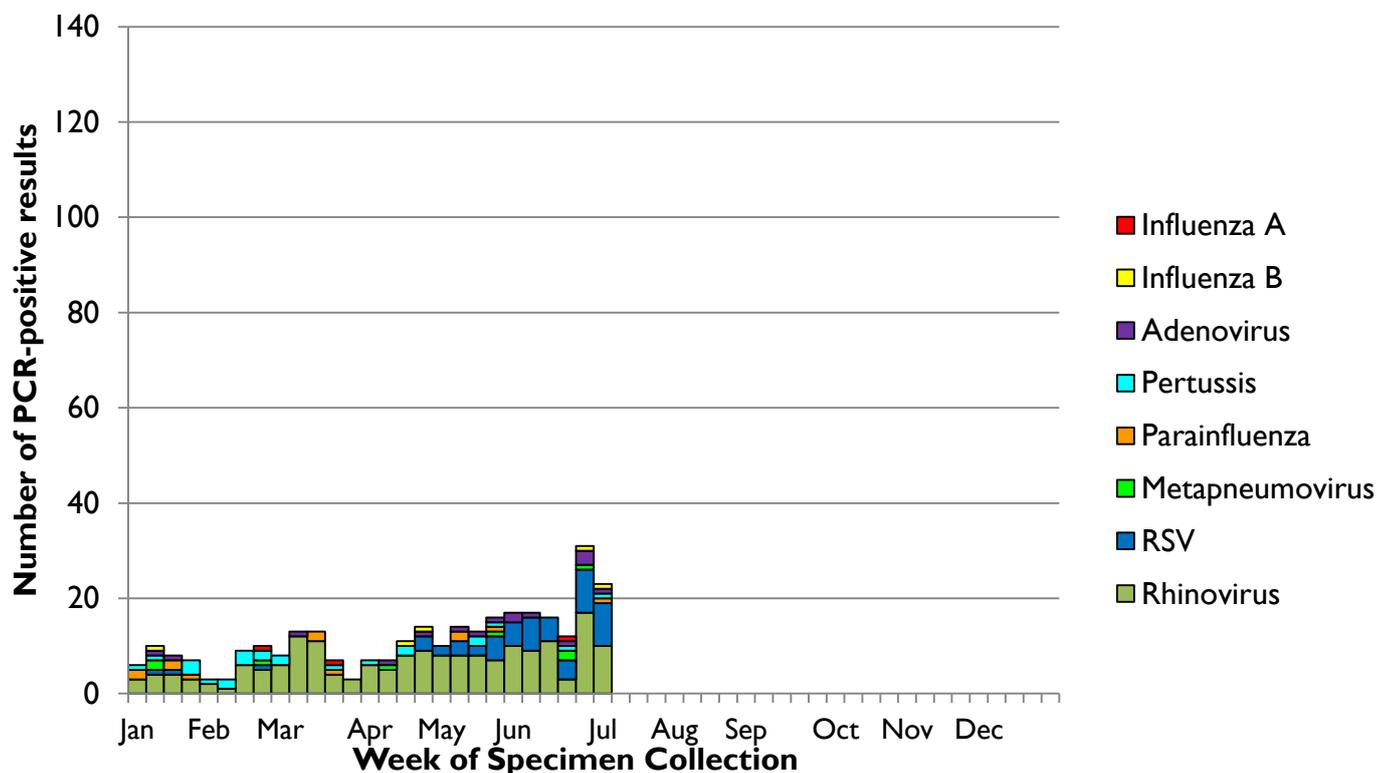
A wide range of infectious germs (mostly viruses) commonly cause winter coughs, colds and influenza-like illnesses. Some people with these symptoms will visit their doctor. The decision whether to test someone for influenza rests with their treating doctor, and depends on their symptoms. The best test 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.

The number of weekly influenza PCR tests has remained relatively stable. Very few influenza PCR tests were positive.

## Respiratory pathogen types

The Royal Hobart Hospital (RHH) performs additional PCR tests on nose and throat swabs to detect the other non-influenza respiratory pathogens which cause illness. These specimens have been mostly collected from state-wide Emergency Department or hospitalised patients. There has been an increase in PCR testing at the RHH during the previous fortnight. Respiratory pathogens other than influenza have been detected more frequently than influenza A or B. These include Rhinovirus and Respiratory Syncytial Virus (RSV) and are indicated in the chart below.

### RHH respiratory pathogen testing 2013 (1-Jan to 7-Jul)



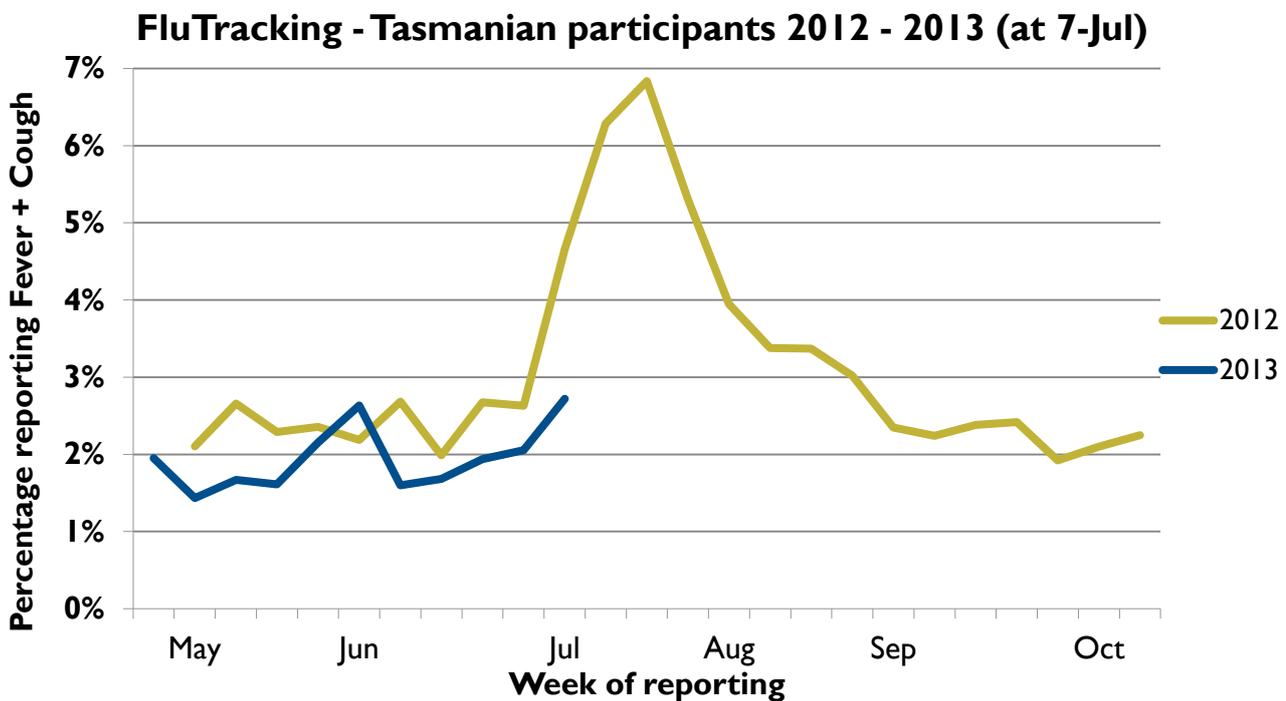
## Influenza-like illnesses (Syndromic Surveillance)

Influenza-like illness (ILI) is much more common than microbiologically confirmed 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 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. For more information, go to [www.flutracking.net](http://www.flutracking.net).

FluTracking is reporting over recent weeks an increase in ILI activity in Tasmania, though at levels lower than at this time during 2012.



### 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: [www.dmac.adelaide.edu.au/aspren](http://www.dmac.adelaide.edu.au/aspren).

Tasmanian data from participating General Practices up to the fortnight ending 30 June 2013 indicated that the level of influenza-like illness presentations remains at levels lower than at this time during 2012.

## 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. During 2013 up to 9 July there have been low numbers of admissions to national sentinel hospitals with confirmed influenza.

## Interstate activity

The Australian Influenza 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 will be available soon at <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-ozflu-flucurr.htm>.

While some mainland states have experienced higher levels of influenza during the summer inter-epidemic period, national influenza activity has remained relatively stable.

## Annual Influenza Vaccine

The contents of the annual influenza vaccine are reviewed late each year, aiming to have vaccines produced for the following year that provide protection from the strains of influenza that are likely to be common during winter. The recommended formulation of the 2013 vaccine includes two significant changes from the vaccines used in 2011 and 2012. These are described at <http://www.tga.gov.au/about/committees-aivc.htm>.

Annual vaccination is recommended 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.

## Help prevent the spread of flu and other respiratory viruses

Flu and other respiratory viruses are easily passed from person to person through the air when infected people cough or sneeze without covering their mouths or noses. As well as getting the seasonal flu vaccination, there are some basic things you can do to help prevent the spread of flu and other respiratory viruses.



Wash your hands regularly, especially before touching your face, food or utensils.



If you do get sick, please don't share it – cover your mouth when you cough or sneeze with the inside of your elbow. If you cover a cough or sneeze with your hands, remember to wash your hands afterwards.



Stay away from work or school if you are ill.



The **fluTAS Report** is a fortnightly flu season update produced by the 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.