SESIAHS Influenza Update – September 2010

Notifications in SESIH have increased by 86% in the past 2 weeks and critical care admissions from EDs remain above the seasonal average but lower that the 2009 peak.

- 10/08/2010 - The Director General of WHO, Dr Margaret Chan, advised that the world is no longer in phase 6 of influenza pandemic alert, and will now move into the post pandemic period. Read the Director General’s statement - http://www.who.int/mediacentre/news/statements/2010/h1n1_vpc_20100810/en/index.html
- 16/08/2010 - PD2010_052 NSW Health Influenza Pandemic Plan has been signed off and released and can be accessed from the following link: http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_052.pdf
- 24/08/2010 - CMO announced Australia remains in the PROTECT phase despite WHO announcement of 10/08/2010 moving the Global phase to the post-pandemic period
- 26/08/2010 - CSL and Commonwealth Chief Medical Officer (CMO) have announced that Panvax Junior should no longer be administered due to reduced potency. CSL will contact providers to arrange retrieval of unused vaccine. The Australian Department of Health and Ageing’s website (http://www.healthemergency.gov.au) and the NSW Health website (http://www.health.nsw.gov.au/publichealth/immunisation/index.asp) have been updated. See CSL letter to providers attached.

Therefore, laboratory testing for influenza in Protect remains as recommended in the National Guidelines for Public Health Units http://www.health.nsw.gov.au/factsheets/guideline/influenza.html. Testing is recommended:
- for people with influenza-like illness who are hospitalised or who die
- for cases or outbreaks in high-risk settings where individuals are at increased risk for severe influenza
- for health care workers where it is important to facilitate early return to work in areas with critical staffing levels (HCW should also receive anti-influenza medication); ALSO where the HCW worked while infectious in a setting with vulnerable patients

Here are the links to the latest NSW, Australian and world-wide influenza surveillance reports. Feel free to circulate widely within SESIAHS.

SESIAHS (to 30/08/2010)

So far in 2010 among our residents we have been notified of (bold indicates an increase since last report):
- 103 (up 86% in past 2 weeks) cases of laboratory confirmed influenza (29 Pandemic (H1N1) 2009; 1 Influenza A H1 unspecified; 57 Influenza A unspecified; 7 Influenza B and 6 cases where serology was positive for both influenza A &B)
- 10 SESI residents have been admitted to hospital (8 pandemic; 2 other influenza)
- 4 SESI residents have been admitted to SESI ICUs

The epidemic curve for SESIH residents for 2010 by case status is attached. Counts are taken using date of first positive specimen as a proxy for onset date.

2 non-SESI residents with pandemic influenza have been transferred to St.Vincent's Hospital ICU for ECMO.
NSW (to 16/08/2010)

So far in 2010 in NSW there have been notified:

- 121 cases of Pandemic (H1N1) 2009
- 437 cases of other influenza
- 62 admitted to hospital; 24 admitted to ICU or HDU (critical care)

In the week to **14-20 August 2010**:

- the number of cases positive for influenza increased further this week but remains at low levels
- three cases with pandemic (H1N1) 2009 influenza were admitted to intensive care units
- in the week to 20 August, influenza-like illness (ILI) presentations to emergency departments (EDs) were at low levels (1.6 per 1,000 presentations). This rate is higher than the average rate reported for July (rate 1.2 per 1,000 presentations) but lower than the rate reported for the same period last year (rate 8.6 per 1,000 presentations).
- pneumonia presentations to selected emergency departments increased this week although these remained at low levels
- pneumonia and influenza presentations admitted to a critical care ward increased and were above the usual level for the time of year but lower than the 2009 peak
- laboratories reported an increase in respiratory samples positive for influenza however respiratory syncytial virus (RSV) continues to be the most commonly identified respiratory virus circulating

Latest NSW Weekly Influenza Report 14-20 August 2010:


Australia - Report No. 33 (14-20 August 2010)

- Levels of influenza and influenza-like illness (ILI) in the community are continuing to show signs of increasing through all surveillance systems.
- There have been 362 laboratory confirmed notifications of influenza during this reporting period, including 248 pandemic (H1N1) 2009 cases. Notifications of laboratory confirmed influenza were highest in VIC, SA and QLD during the current reporting period.
• Results from sentinel laboratory surveillance systems for this reporting period show that 14% of the respiratory tests conducted over this period were positive for influenza, which is similar to the last reporting period (15%). In 2010, a total of 448 specimens have been positive for influenza (of 9,275 specimens tested), of which 66% were pandemic (H1N1) 2009 and 16% were A/H3N2. The most common respiratory viruses diagnosed by sentinel laboratories this reporting period were respiratory syncytial virus (RSV) in WA, RSV and rhinovirus in NSW, and picornavirus in VIC.

• Of the 2,833 confirmed cases of influenza diagnosed during 2010 up to 20 August, 1,066 (38%) have been sub-typed as pandemic (H1N1) 2009. A total of 38,702 confirmed cases of pandemic (H1N1) 2009 have occurred in Australia since May 2009.

• Sentinel hospitals have reported ten hospitalisations for influenza in this reporting period, including seven for pandemic (H1N1) 2009. ANZICS reported ten ICU admissions for influenza during this period. APSU have reported 4 cases of influenza complications in children aged 15 years and under since 1 July 2010.

Latest Australian Surveillance report:

WHO (worldwide) - Report 115
27 August 2010 -- Worldwide, H1N1 2009 virus transmission remains most intense in parts of India and in parts of the temperate southern hemisphere, particularly New Zealand and more recently in Australia.