


**NATIONAL PRIMARY CARE INFECTIOUS DISEASES  
SENTINEL SURVEILLANCE FORTNIGHTLY REPORT**

Combining data from The Australian Sentinel Practices Research Network (ASPREN)\*  
and the Victorian Sentinel Practitioners Influenza Network (VicSPIN)\*

No. 02, 2019 - 14th January — 27th January 2019


**NATIONAL SUMMARY**

 Influenza-like-illness levels remain steady at baseline levels

**6** Case of influenza have been detected in this reporting period  
6 x Influenza A  
0 x Influenza B

**22%** Influenza positivity during the reporting period.

**15** Cases of influenza have been detected this year:  
15 x Influenza A  
0 x Influenza B

 Gastroenteritis levels remain steady at baseline levels

**SYNDROMIC SURVEILLANCE  
REPORTING**

Reports were received from 234 reporters from 8 states and territories during the reporting period. During weeks 3 and 4 reporters saw a total of 26,923 patients.

**INFLUENZA-LIKE-ILLNESS (ILI)**

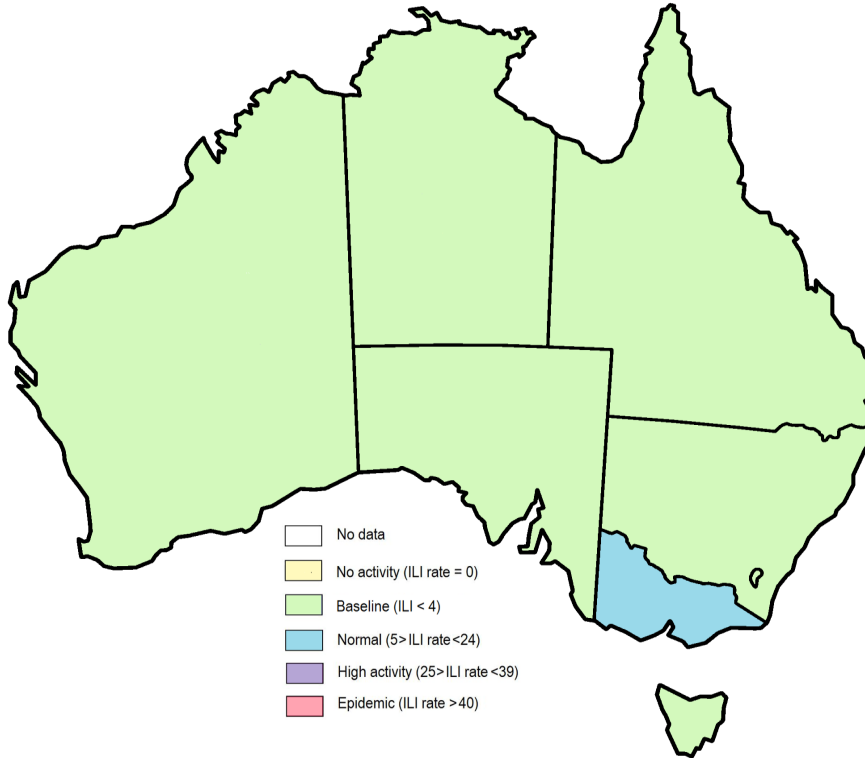
Nationally, ILI notifications increased during the period with 69 notifications being reported in weeks 3—4. ILI rates reported in this period remained steady at 3 and 4 cases per 1000 consultations (weighted) in weeks 3 and 4 respectively. This was similar to the previous fortnight where rates were 3 and 5 cases per 1000 consultations. For the same reporting period in 2018, ILI rates were lower at 1 and 3 cases per 1000 consultations for weeks 3 and 4 respectively (see Fig. 5).

**GASTROENTERITIS**

Nationally, gastroenteritis notifications increased over the period with 102 notifications reported. Gastroenteritis rates reported in this period remained steady at 4 cases per 1000 consultations in both weeks 3 and 4, compared to 5 and 3 per 1000 consultations in weeks 1 and 2 respectively (see Fig. 5).

\* ASPREN is funded by the Commonwealth's Department of Health, Office of Health Protection, Vaccine Preventable Disease Surveillance Section.

\* VicSPIN is funded by Melbourne Health and the Victorian Infectious Diseases Reference Laboratory.



Legend for Figure 1:  
 No data (White)  
 No activity (ILI rate = 0) (Yellow)  
 Baseline (ILI < 4) (Green)  
 Normal (5 > ILI rate < 24) (Blue)  
 High activity (25 > ILI rate < 39) (Purple)  
 Epidemic (ILI rate > 40) (Red)

Figure 1. Map of ILI activity by jurisdiction, weeks 03 - 04, 2019.

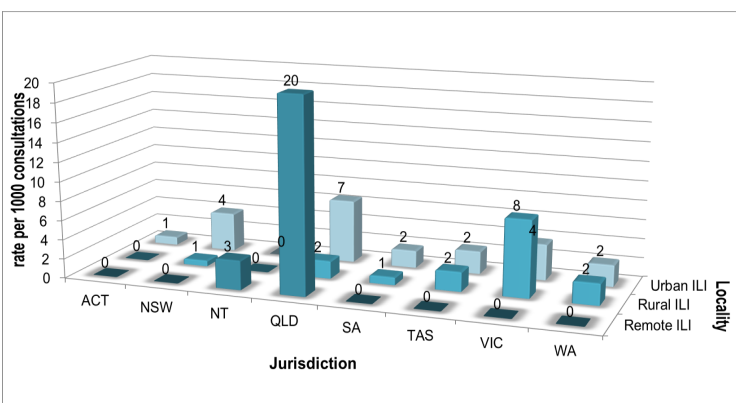


Figure 2. ASPREN + VicSPIN rate of ILI by locality and jurisdiction, weeks 03 - 04, 2019.

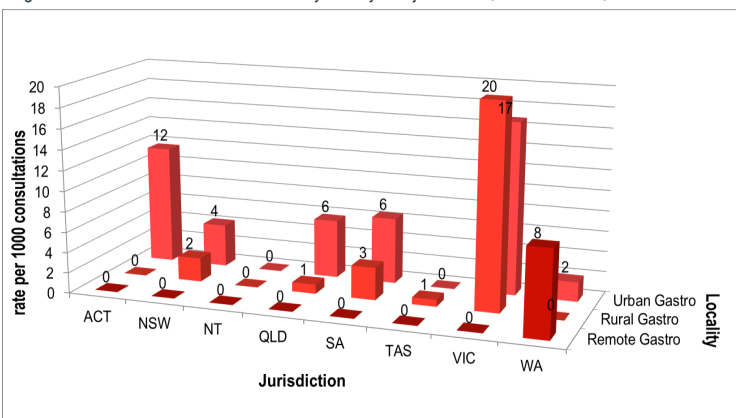


Figure 3. ASPREN rate of gastroenteritis by locality and jurisdiction, weeks 03 - 04, 2019.

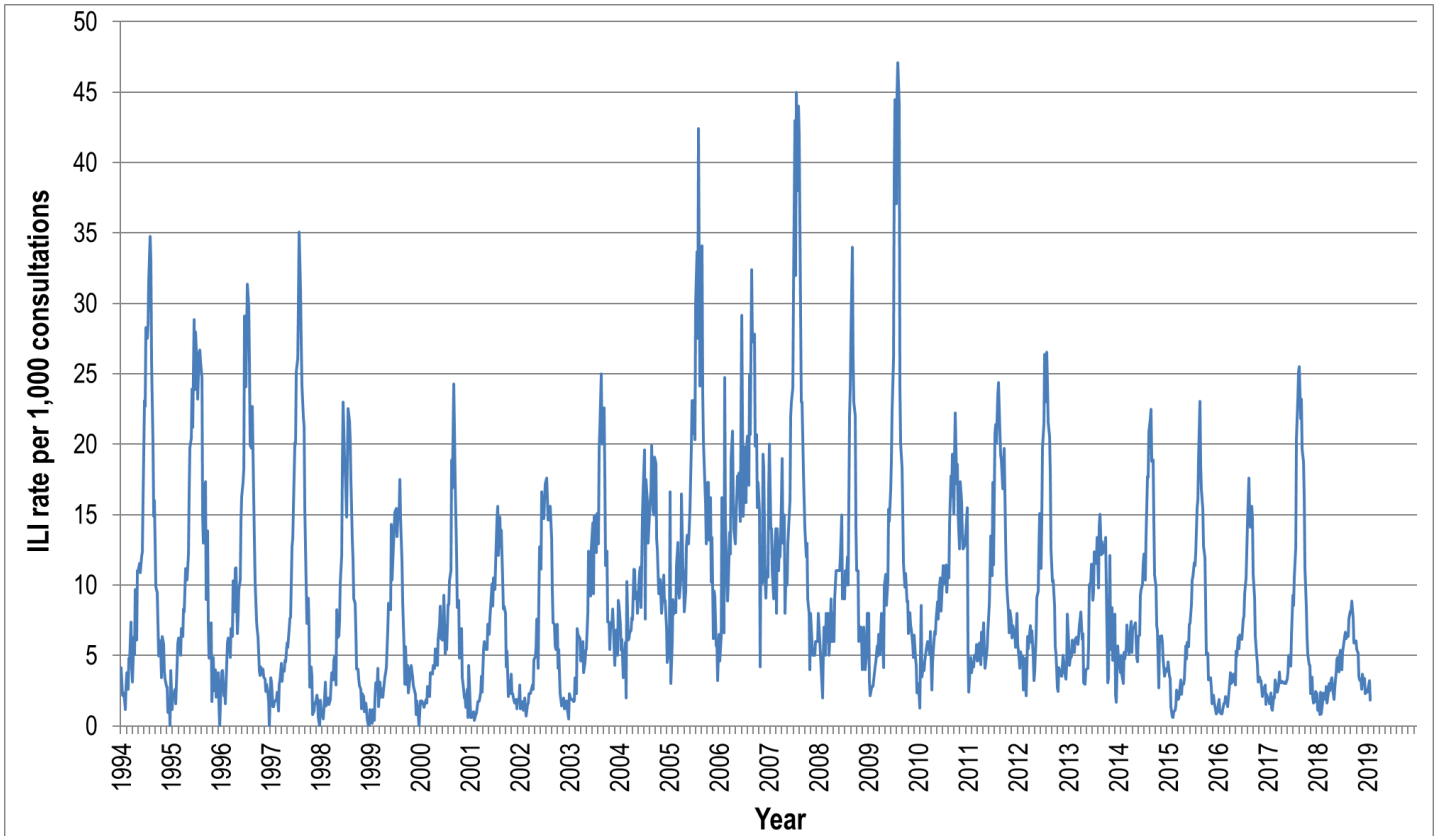


Figure 4. ASPREN ILI rates 1994 - 2019.

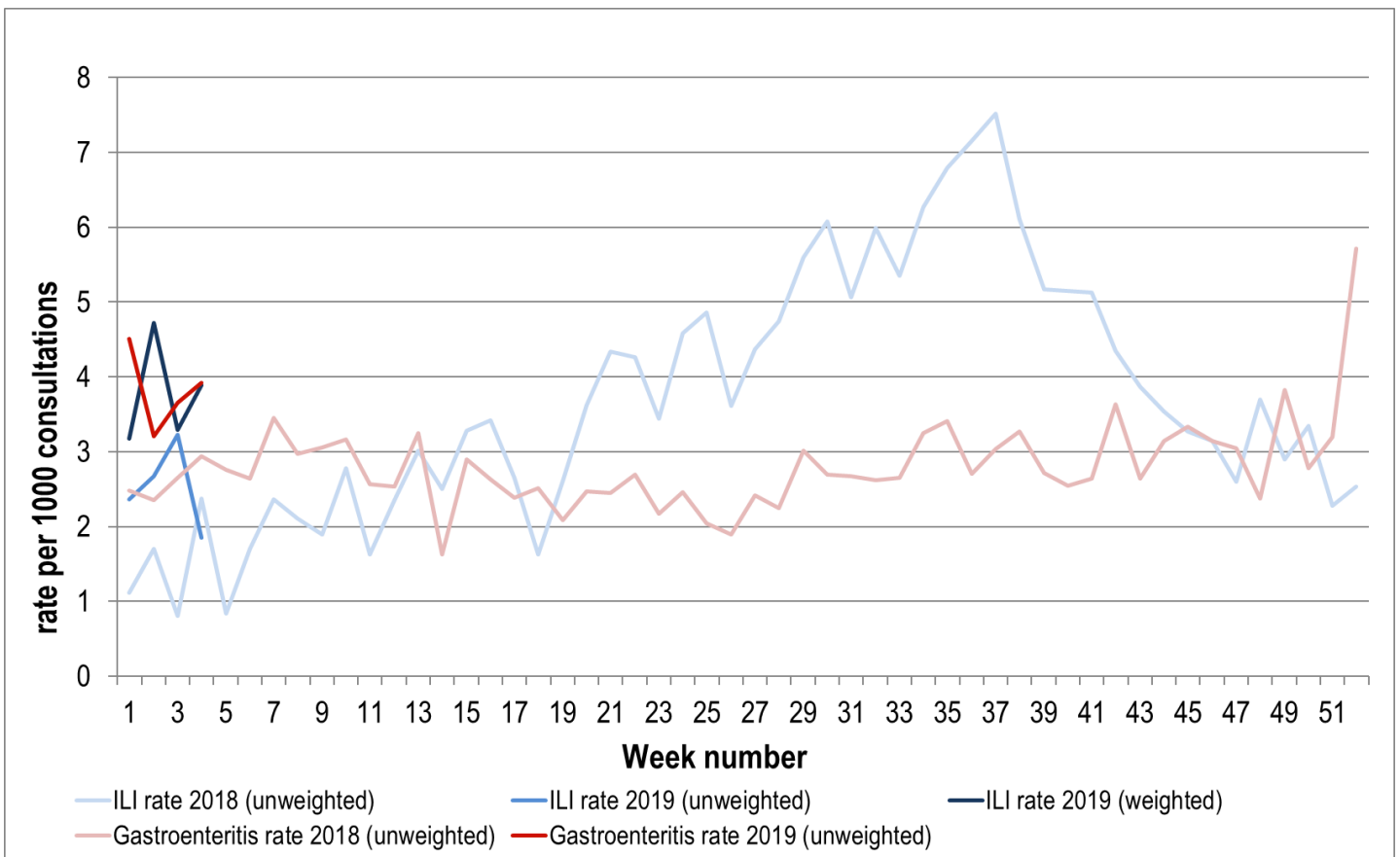


Figure 5. ASPREN + VicSPIN ILI and ASPREN gastroenteritis rates 2018-19. Weighted rates are weighted to account for population size differences between jurisdictions, using population estimates from the 2011 Australian Census.

### VIROLOGICAL SURVEILLANCE

39% of all ILI patients were swab tested during weeks 3 - 4 (see Figure 6). 6 cases of Influenza were detected during this period. There were also 5 cases of Rhinovirus detected making it the second most common respiratory virus circulating the nation at present (see figure 8).

# Viral laboratory data are provided by SA Pathology and VicSPIN laboratories.

	Reporting Period	YTD
	14 Jan - 27 Jan 2019	1 Jan - 27 Jan 2019
Total number of ILI notifications	69	120
Number of swab tests performed	27	55
% ILI patients tested	39%	46%
% of swab tests positive for influenza	22%	27%

Figure 6. ASPREN + VicSPIN virological surveillance results overview for 2019 #

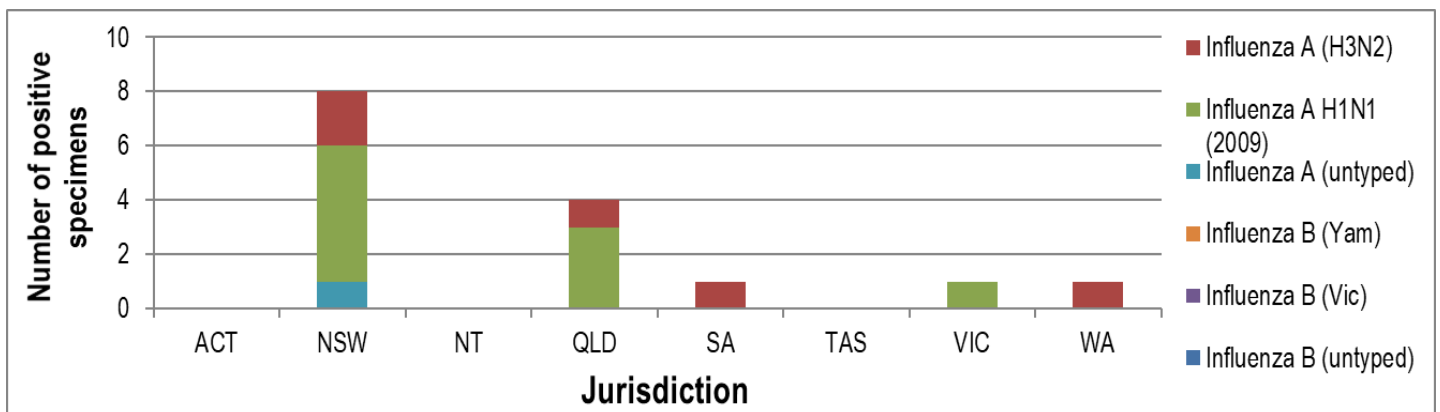


Figure 7. ASPREN + VicSPIN influenza subtype analysis by jurisdiction for 2019 #

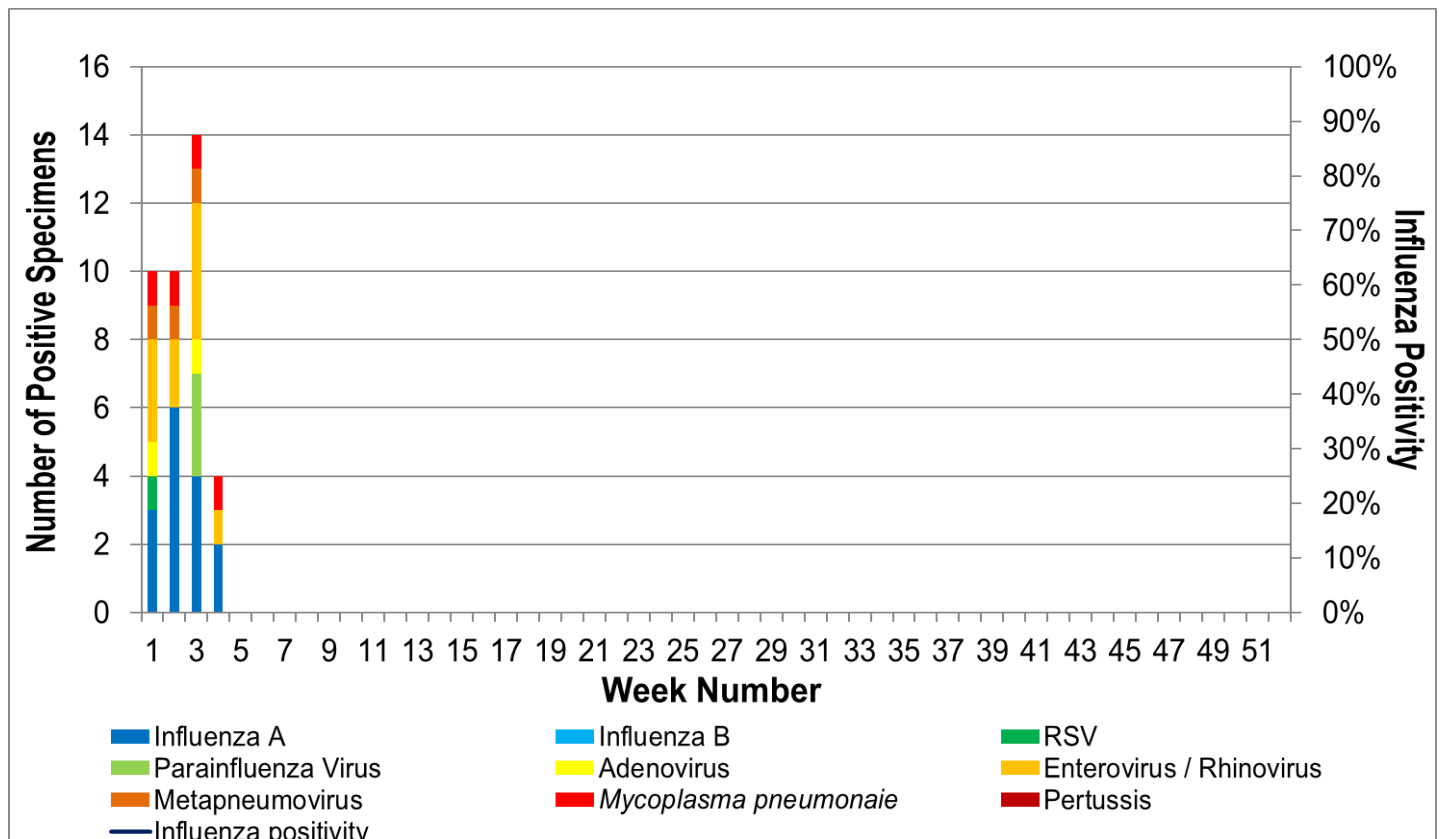


Figure 8. ASPREN, VicSPIN laboratory detection of influenza and other respiratory viruses for 2019 #

The Australian Sentinel Practices Research Network is supported by the Australian Government Department of Health (the Department). The opinions expressed in this paper are those of the authors, and do not necessarily represent the views of the Department.

Please note: This report is based on data available as at 14 February 2019. Delays in the reporting of data may cause data to change retrospectively.