

**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. 06, 2019 - 11th March — 24th March 2019

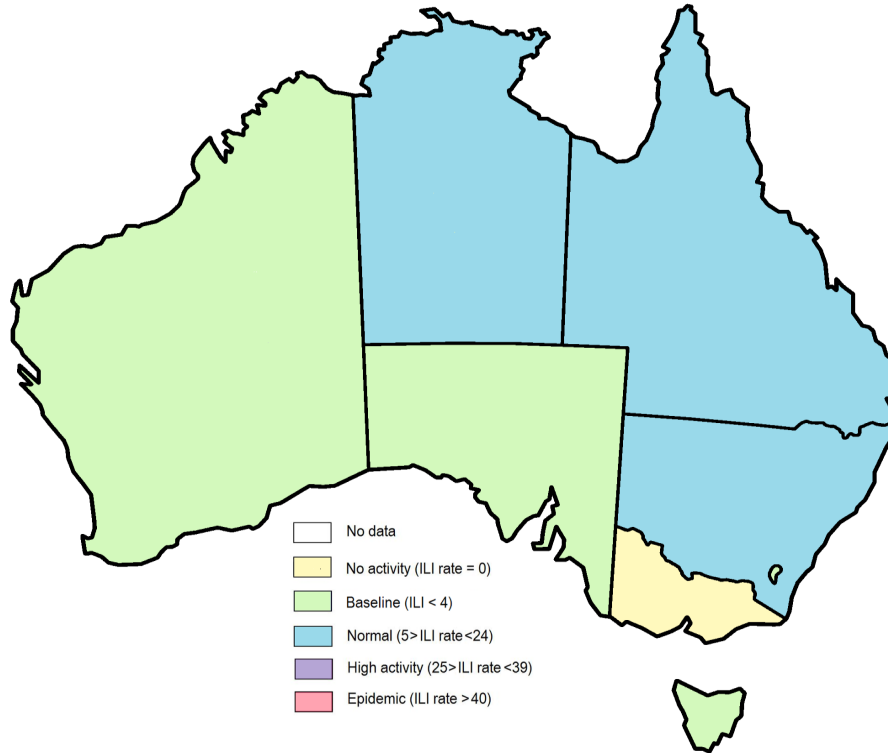


Figure 1. Map of ILI activity by jurisdiction, weeks 11 - 12, 2019.

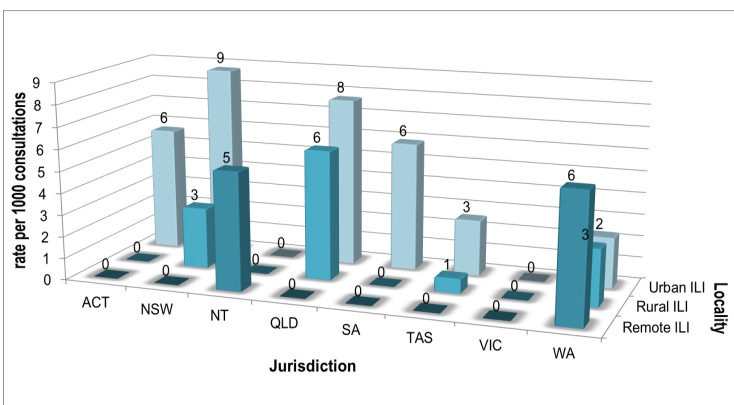


Figure 2. ASPREN + VicSPIN rate of ILI by locality and jurisdiction, weeks 11 - 12, 2019.

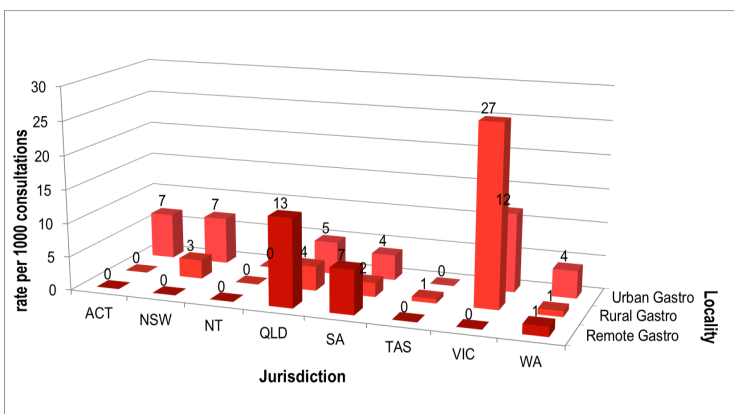


Figure 3. ASPREN rate of gastroenteritis by locality and jurisdiction, weeks 11 - 12, 2019.

**NATIONAL SUMMARY**

**14** Influenza-like-illness levels remain steady above baseline levels

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

**11%** Influenza positivity during the reporting period.

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

**52** Gastroenteritis levels remain steady at baseline levels

**SYNDROMIC SURVEILLANCE  
REPORTING**

Reports were received from 231 reporters from 8 states and territories during the reporting period. During weeks 9 and 10 reporters saw a total of 25,898 patients.

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

Nationally, ILI notifications increased during the period with 117 notifications being reported in weeks 11–12. ILI rates reported in this period remained steady at 4 cases per 1000 consultations (weighted) in weeks 11 and 12. This was similar to the previous fortnight where rates were 6 and 3 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 9 and 10 respectively (see Fig. 5).

**GASTROENTERITIS**

Nationally, gastroenteritis notifications decreased slightly over the period with 108 notifications reported. Gastroenteritis rates reported in this period remained steady at 4 cases per 1000 consultations in both weeks 11 and 12 respectively, compared to 4 per 1000 consultations in weeks 9 and 10 (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.

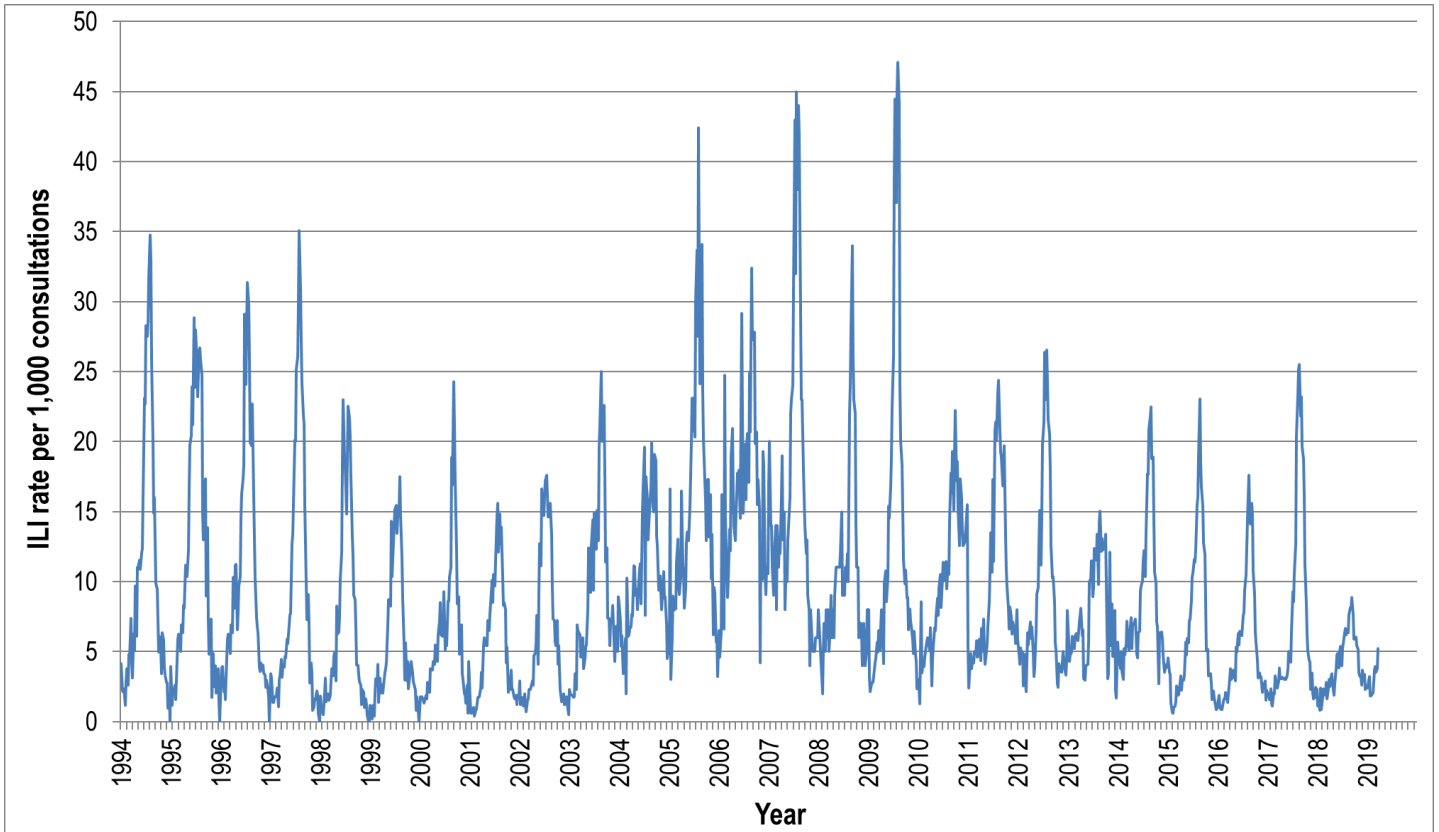


Figure 4. ASPREN ILI rates 1994 - 2019.

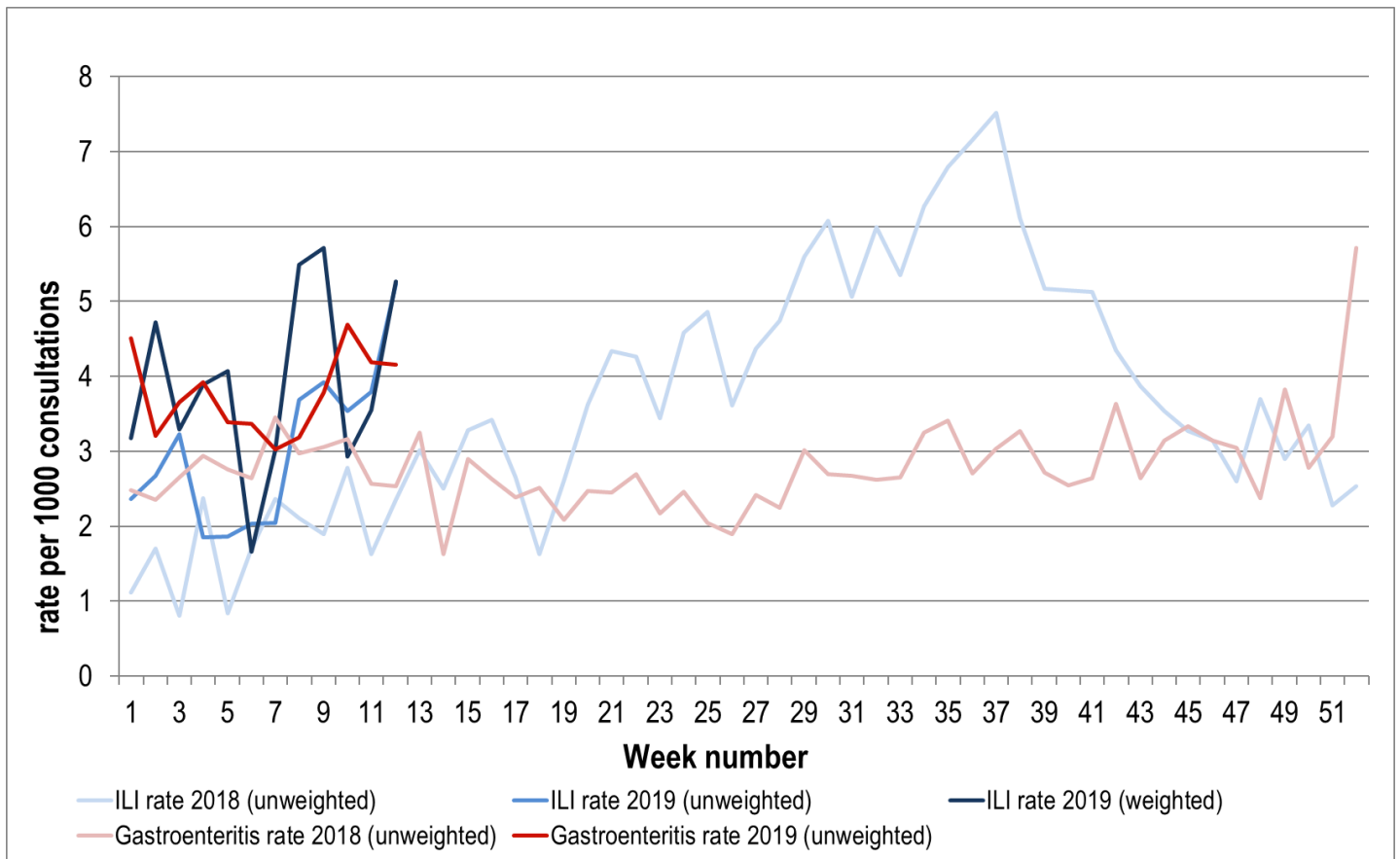


Figure 5. ASPREN + VicSPIN ILI and ASPREN gastroenteritis rates 2018-19. Weighted rates are weighted to account for population size differences between jurisdictions, using population estimates from the 2011 Australian Census.

### VIROLOGICAL SURVEILLANCE

39% of all ILI patients were swab tested during weeks 11 - 12 (see Figure 6). 14 cases of Influenza were detected during this period. There were also 11 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                   |
|--|--------------------------|-----------------------|
|  | 11 March - 24 March 2019 | 1 Jan - 24 March 2019 |
| Total number of ILI notifications      | 117                      | 470                   |
| Number of swab tests performed         | 46                       | 203                   |
| % ILI patients tested                  | 39%                      | 43%                   |
| % of swab tests positive for influenza | 30%                      | 26%                   |

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

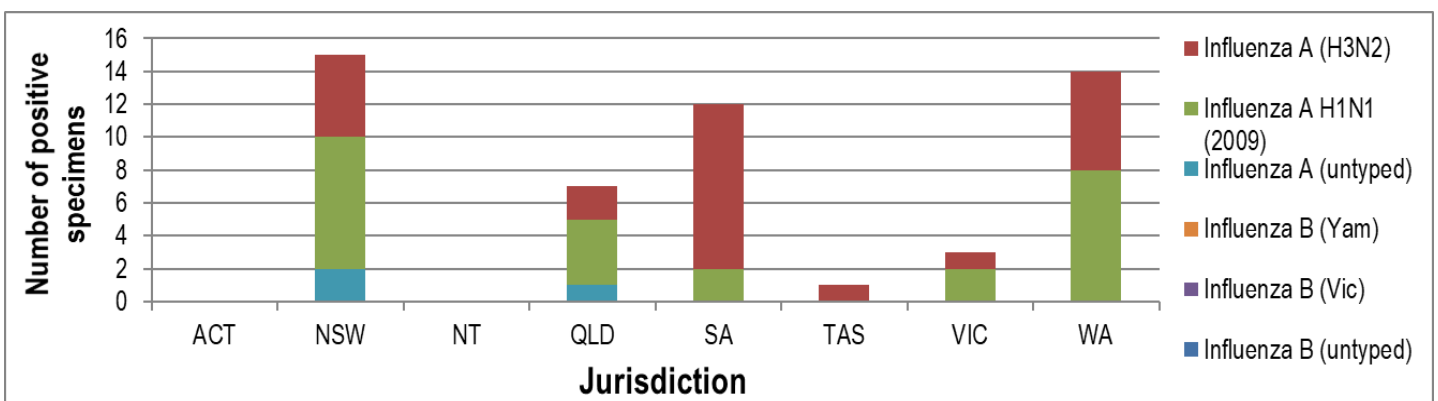


Figure 7. ASPREN + VicSPIN influenza subtype analysis by jurisdiction for 2019 #

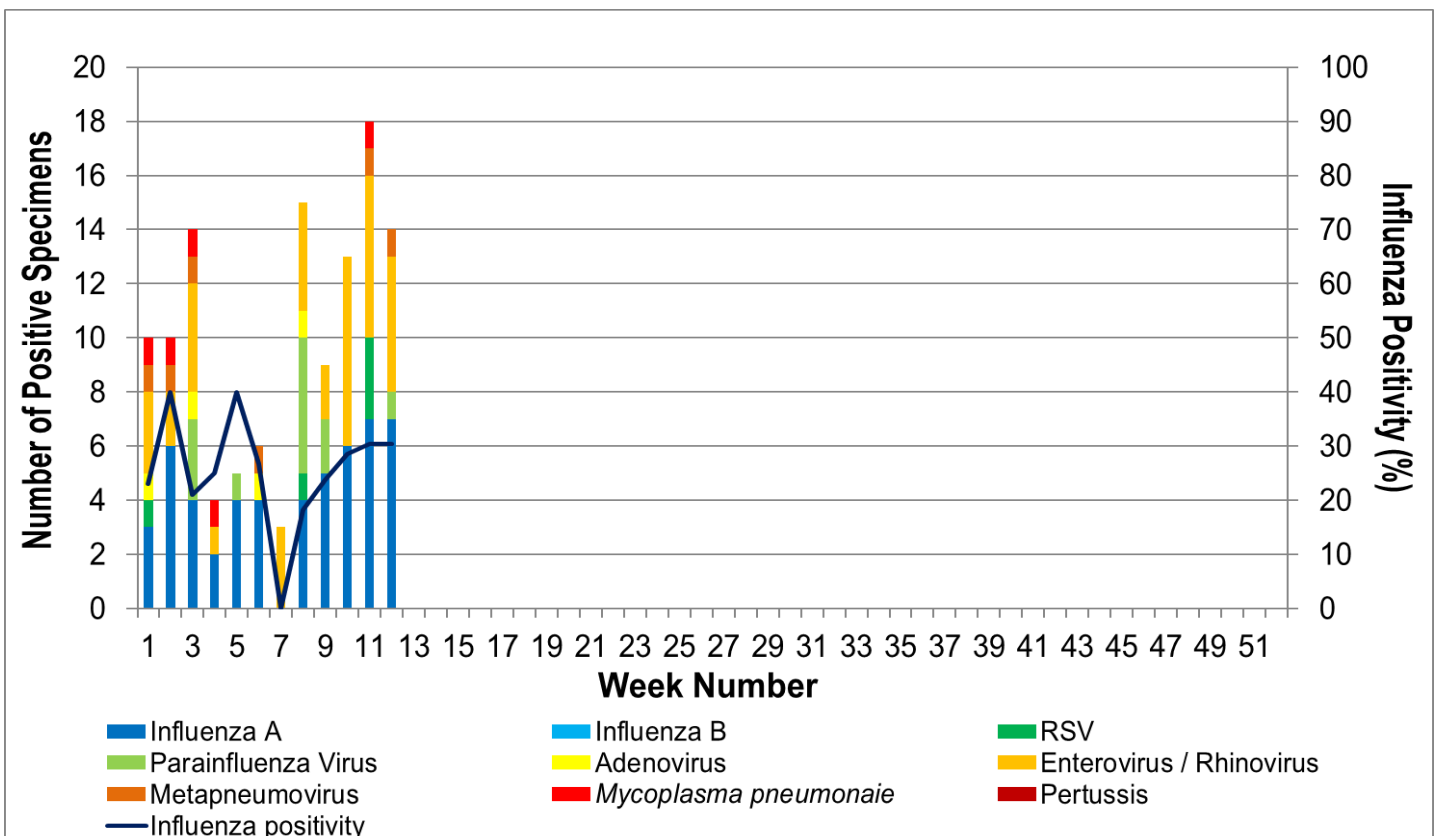


Figure 8. ASPREN, VicSPIN laboratory detection of influenza and other respiratory viruses for 2019 #

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 4 April 2019. Delays in the reporting of data may cause data to change retrospectively.