

**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. 2, 2018 - 15th January — 28th January 2018

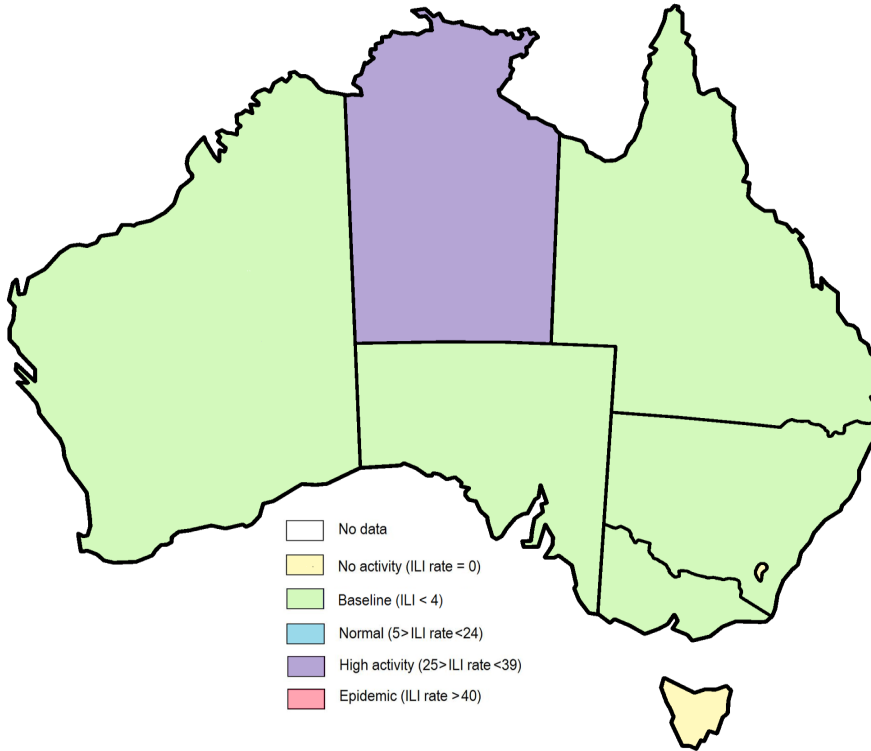


Figure 1. Map of ILI activity by jurisdiction, weeks 3 - 4, 2018.

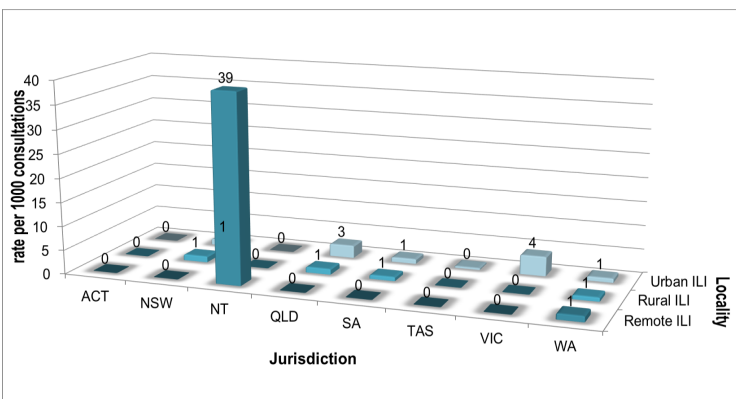


Figure 2. ASPREN + VicSPIN rate of ILI by locality and jurisdiction, weeks 3 - 4, 2018.

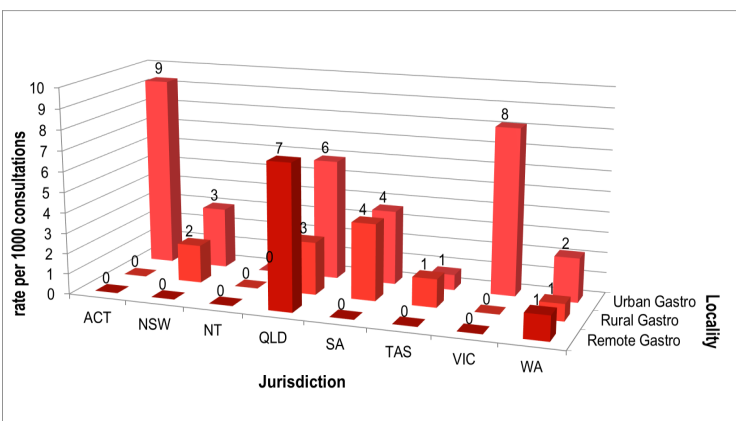



Figure 3. ASPREN rate of gastroenteritis by locality and jurisdiction, weeks 3 - 4, 2018.


NATIONAL SUMMARY

 Influenza-like-illness levels remain steady at baseline levels

9 Case of influenza have been detected in this reporting period
8 x Influenza A
1 x Influenza B

9% Influenza positivity during the reporting period.

10 Cases of influenza have been detected this year:
8 x Influenza A
2 x Influenza B

 Gastroenteritis levels remain steady at baseline levels

**SYNDROMIC SURVEILLANCE
REPORTING**

Reports were received from 258 reporters from 8 states and territories during the reporting period. During weeks 3 and 4 reporters saw a total of 35,833 patients.

INFLUENZA-LIKE-ILLNESS (ILI)

Nationally, ILI notifications slightly increased over the period with 53 notifications being reported in weeks 3—4. ILI rates reported in this period remained steady at 1 and 3 cases per 1000 consultations (weighted) in weeks 3 and 4 respectively. This was slightly higher than seen in the previous fortnight where rates were 1 and 2 cases per 1000 consultations. For the same reporting period in 2017, ILI rates were the same 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 104 notifications reported. Gastroenteritis rates reported in this period remained steady at 3 cases per 1000 consultations in both weeks 3 and 4, compared to 3 and 2 cases 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.

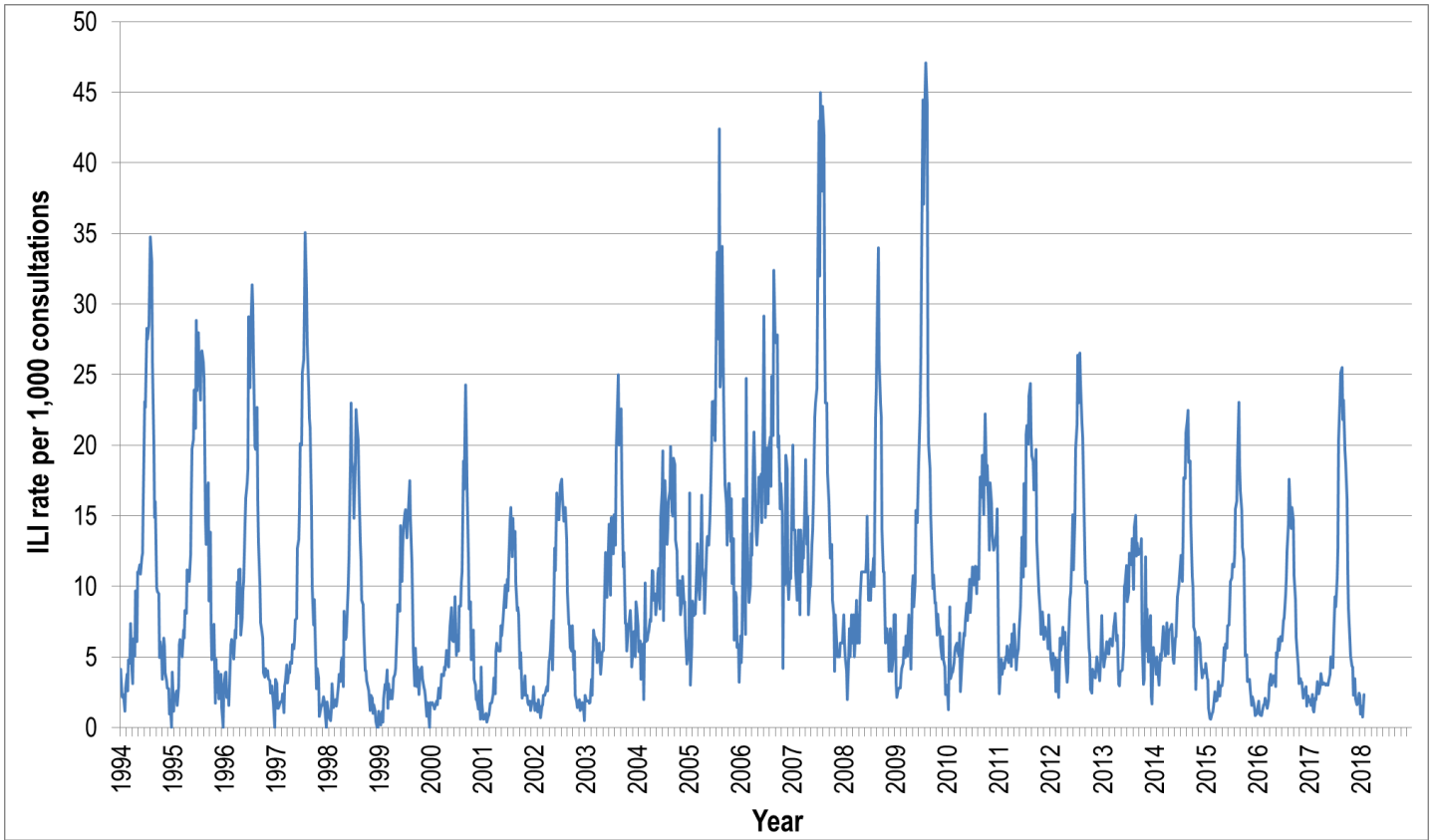


Figure 4. ASPREN ILI rates 1994 - 2017.

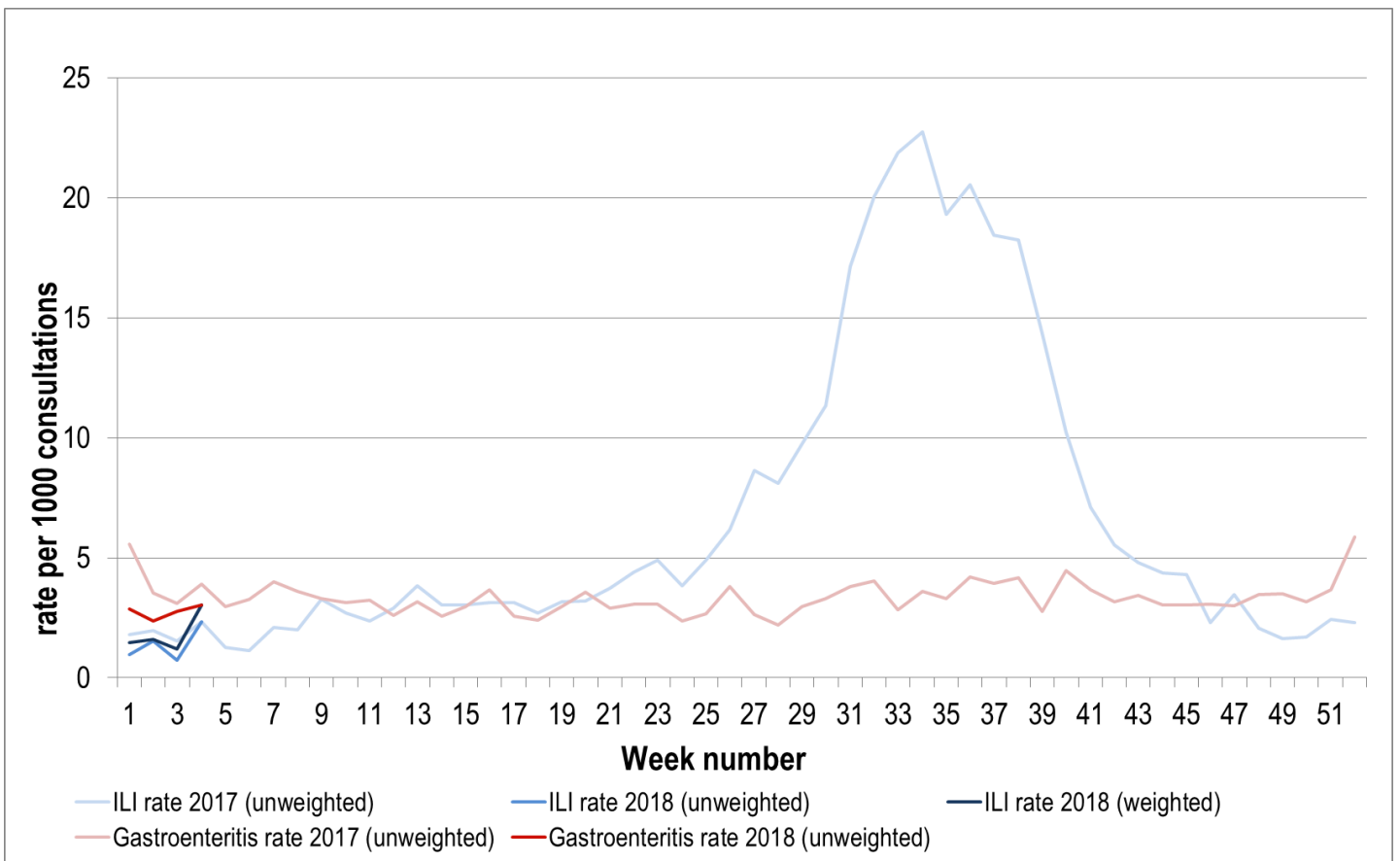


Figure 5. ASPREN + VicSPIN ILI and ASPREN gastroenteritis rates 2016-17. Weighted rates are weighted to account for population size differences between jurisdictions, using population estimates from the 2011 Australian Census.

VIROLOGICAL SURVEILLANCE

49% of all ILI patients were swab tested during weeks 3 - 4 (see Figure 6). 9 cases of Influenza were detected during this period. The majority of cases were attributed to an outbreak in the Northern Territory in a tourist centre in the bottom end. There were also 2 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, PathWest and VicSPIN laboratories.

	Reporting Period	YTD
	15 Jan - 28 Jan 2018	1 Jan - 28 Jan 2018
Total number of ILI notifications	53	97
Number of swab tests performed	26	37
% ILI patients tested	49%	38%
% of swab tests positive for influenza	35%	27%

Figure 6. ASPREN + VicSPIN virological surveillance results overview for 2018 #

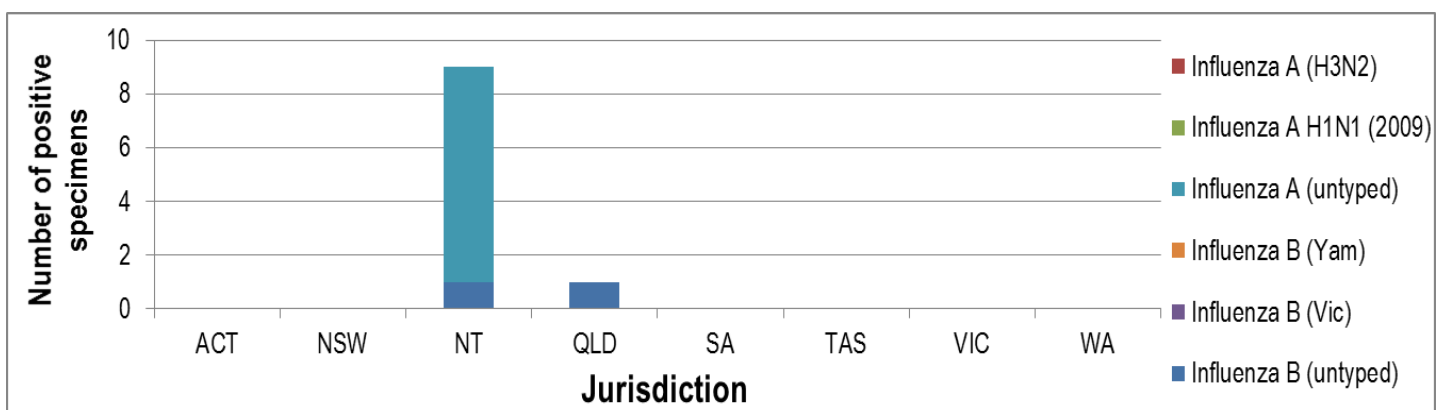


Figure 7. ASPREN + VicSPIN influenza subtype analysis by jurisdiction for 2018 #

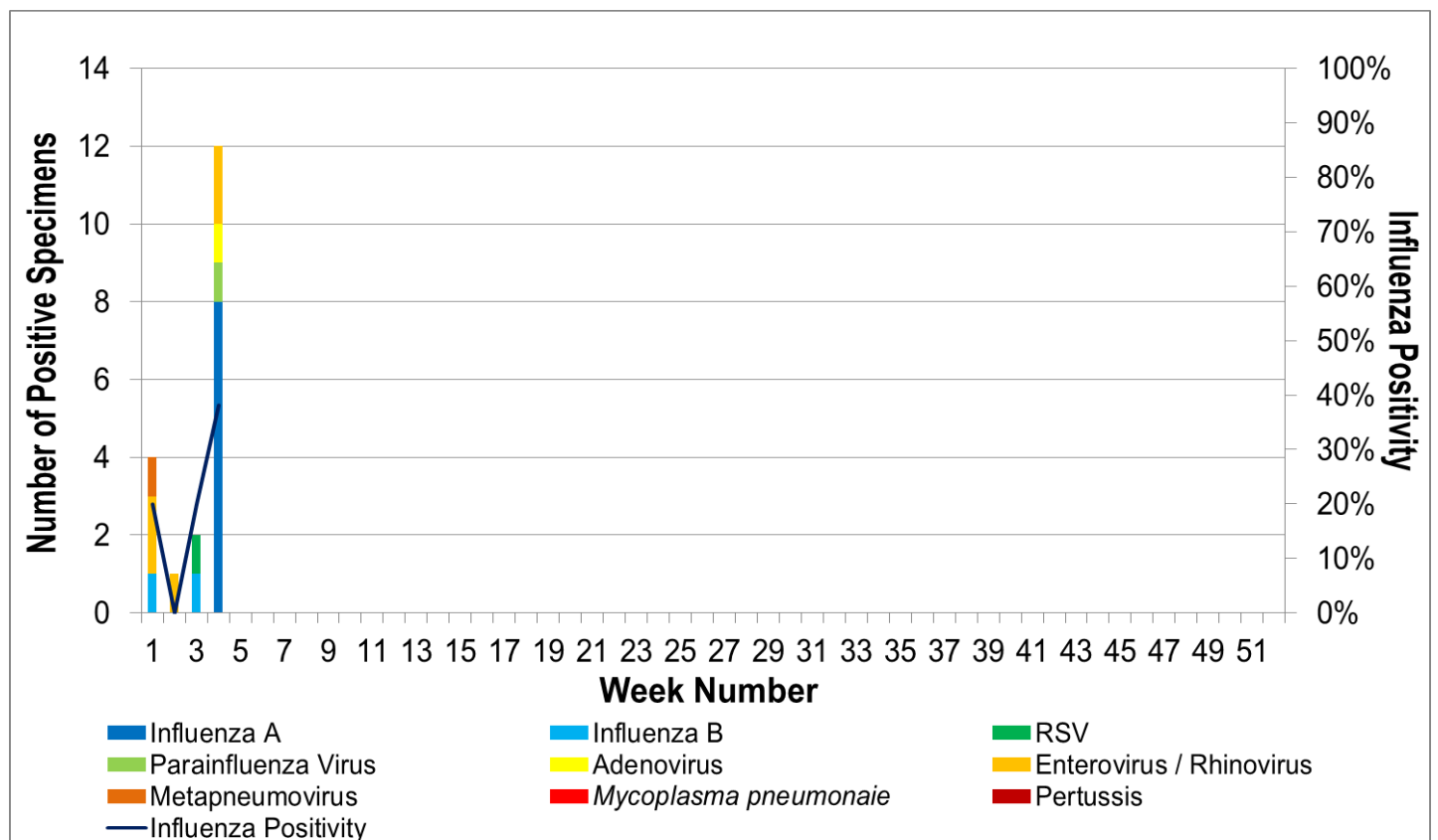


Figure 8. ASPREN, VicSPIN laboratory detection of influenza and other respiratory viruses for 2018 #

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 15 February 2018. Delays in the reporting of data may cause data to change retrospectively.