

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

Combining data from The Australian Sentinel Practices Research Network *
And the Victorian Sentinel Practitioners Influenza Network *

No. 2, 2017 - 16th to 29th January 2017

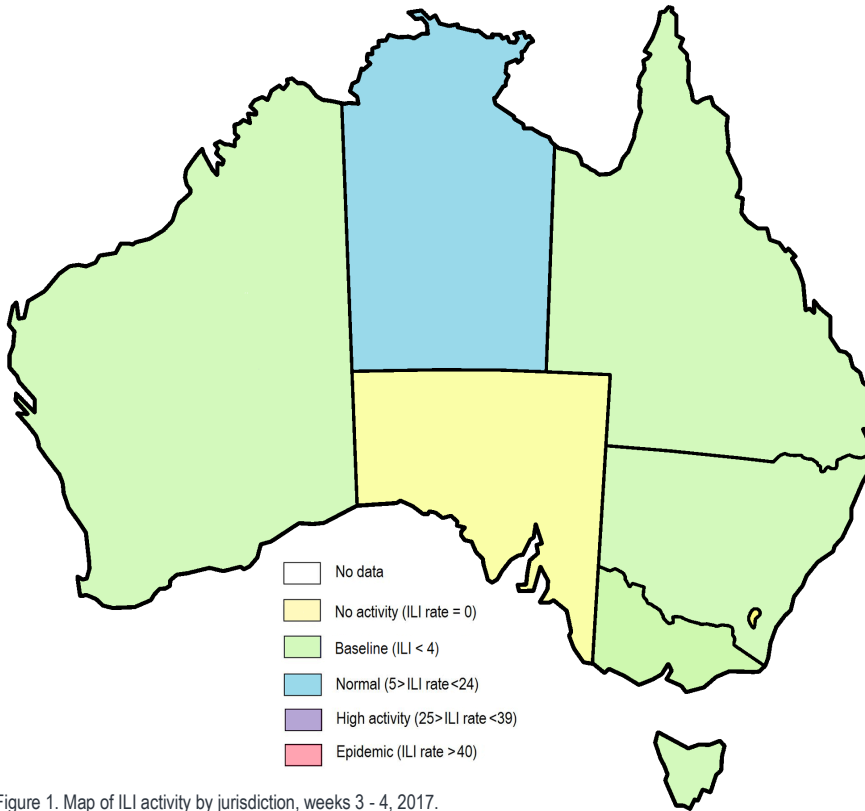


Figure 1. Map of ILI activity by jurisdiction, weeks 3 - 4, 2017.

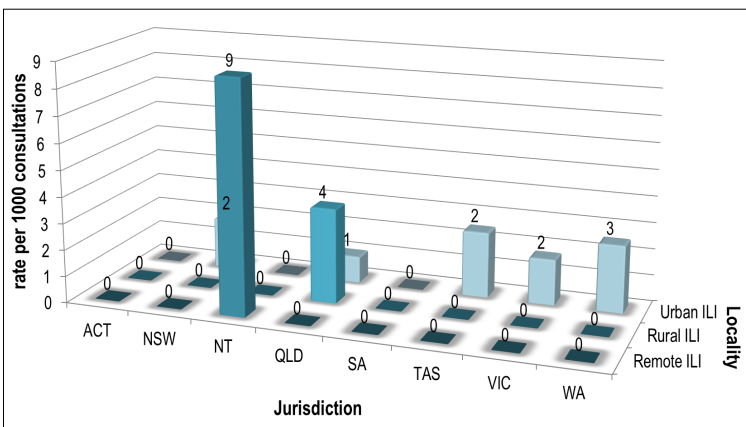


Figure 2. ASPREN + VicSPIN rate of ILI by locality and jurisdiction, weeks 3 - 4, 2017.

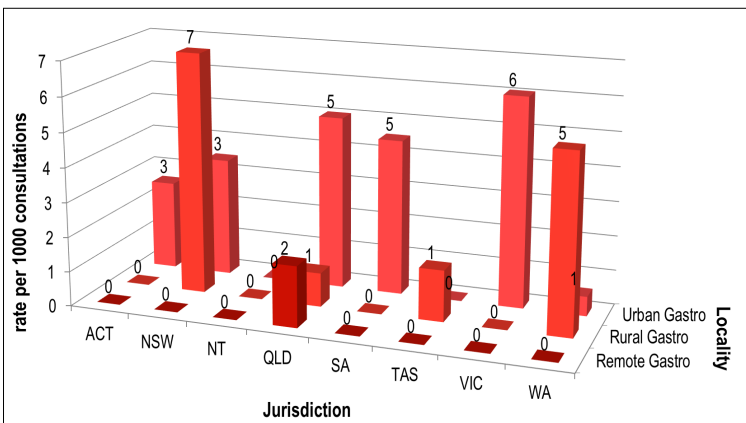


Figure 3. ASPREN rate of gastroenteritis by locality and jurisdiction, weeks 3 - 4, 2017.

NATIONAL SUMMARY



Influenza-like-illness levels remain steady below baseline level.

1

Case of influenza have been detected in this reporting period:
1 x Influenza A H1N1pdm09

11%

Influenza positivity during the reporting period.

3

Cases of influenza have been detected this year:
3 x Influenza A



Gastroenteritis levels remain steady at baseline level.

SYNDROMIC SURVEILLANCE

REPORTING

Reports were received from 151 GPs from 8 states and territories during the reporting period. During weeks 3 and 4 ASPREN reporters saw a total of 11,050 and 8,814 patients, respectively.

INFLUENZA-LIKE-ILLNESS (ILI)

Nationally, ILI notifications decreased over the period with 19 and 16 notifications in weeks 3 and 4 respectively. ILI rates reported in this period remained stable with 2 cases weighted and unweighted per 1000 consultations in both weeks 3 and 4, which was the same as the rates reported in the previous fortnight. For the same reporting period in 2016, ILI rates were similar at 1 –2 cases per 1000 consultations (see Figure 5). On a state-by-state basis, it is important to note the slightly elevated ILI rate in rural SA (see Figure 2).

GASTROENTERITIS

Nationally, gastroenteritis notifications slightly decreased over the period with 27 notifications in both weeks 3 and 4. Gastroenteritis rates reported in this period slightly decreased at 2 and 3 cases per 1000 consultations for weeks 3 and 4 respectively, compared to 3 and 4 cases per 1000 consultations for weeks 1 and 2 respectively (see Figure 5).

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

* VicSPIN is funded by Melbourne Health.

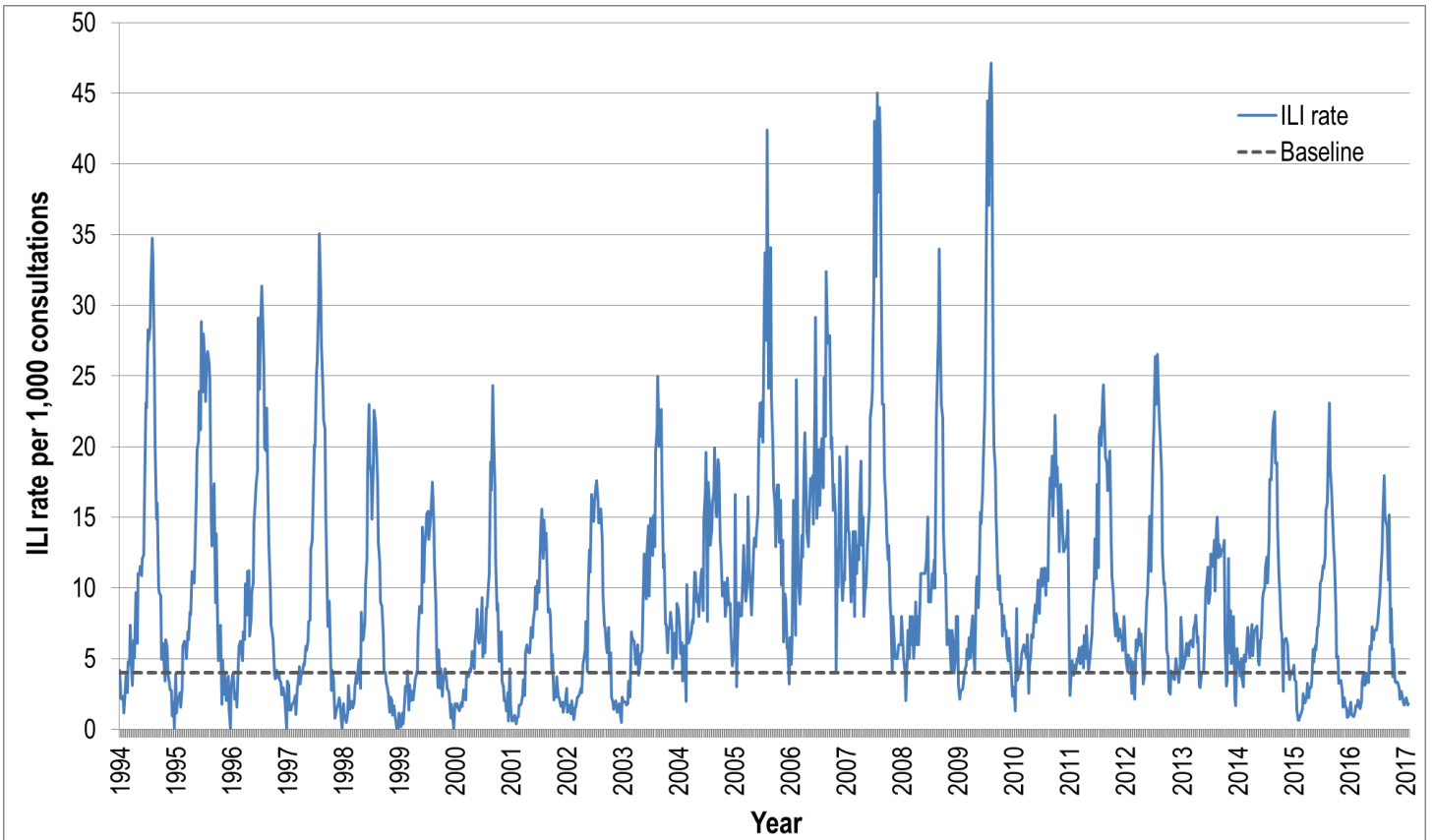


Figure 4. ASPREN ILI rates 1994 - 2017.

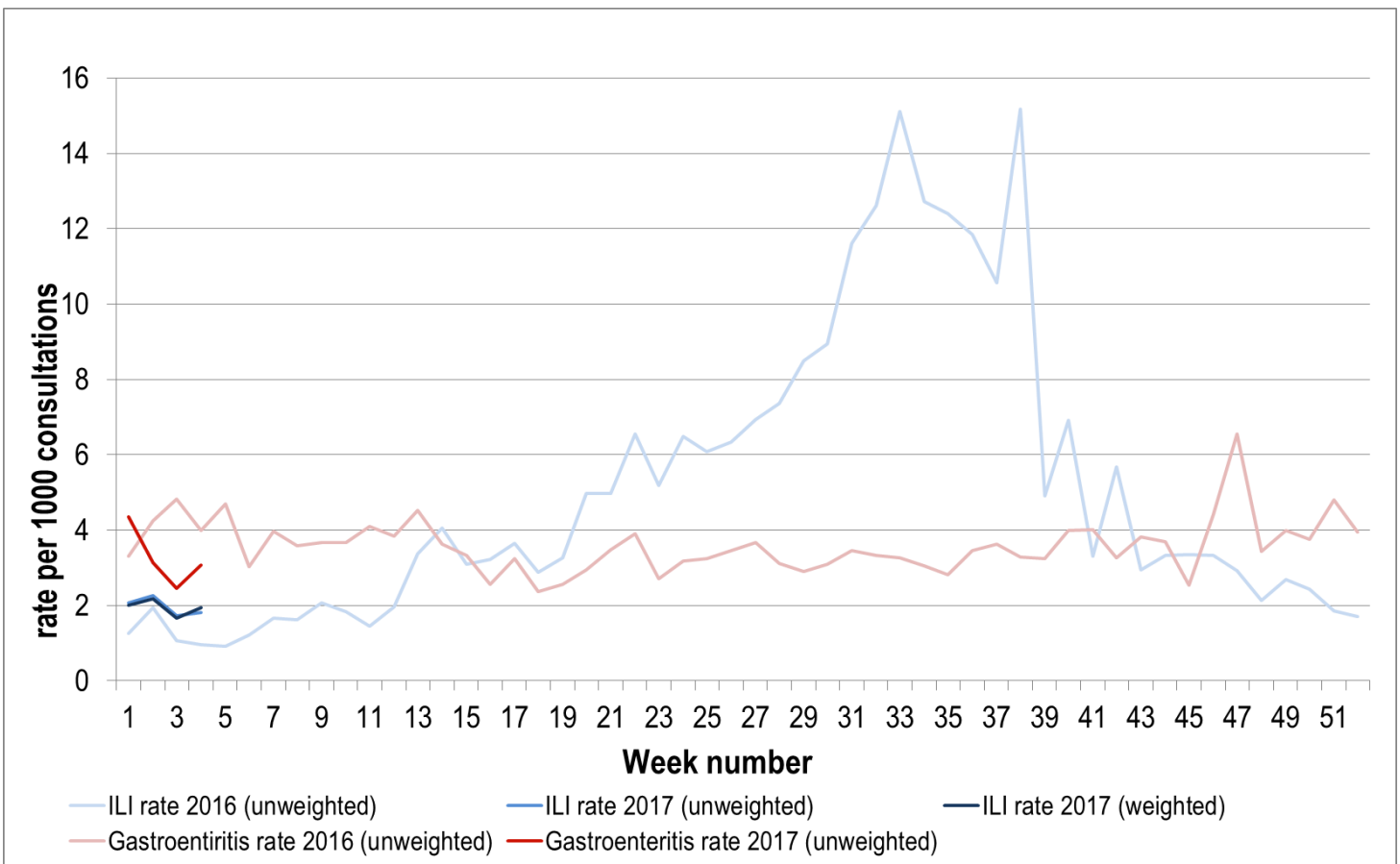


Figure 5. ASPREN + VicSPIN ILI and ASPREN gastroenteritis rates 2016-17. Weighted rates are weighted to account for population size differences between jurisdictions, using population estimates from the 2011 Australian Census.

VIROLOGICAL SURVEILLANCE

26% of all ILI patients were swab tested during 3 - 4 (see Figure 6). Notably, 1 case of Influenza was detected during this period which was influenza A H1N1pdm09 subtype. There were also 7 cases of Enterovirus / Rhinovirus making it the most common respiratory virus circulating the nation at present (see figure 8).

Viral laboratory data are provided by SA Pathology, PathWest and VIDRL laboratories.

	Reporting Period 16 - 29 January 2016	YTD 02 - 29 January 2016
Total number of ILI notifications	35	84
Number of swab tests performed	9	21
% ILI patients tested	26%	25%
% of swab tests positive for influenza	11%	14%

Figure 6. ASPREN + VicSPIN virological surveillance results overview for 2017 #

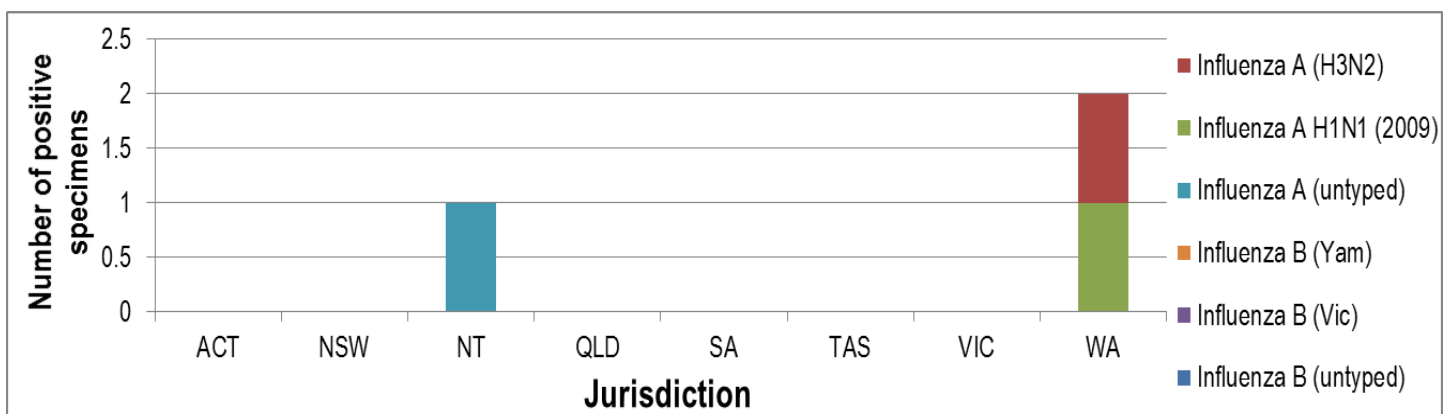


Figure 7. ASPREN + VicSPIN influenza subtype analysis by jurisdiction for 2017 #

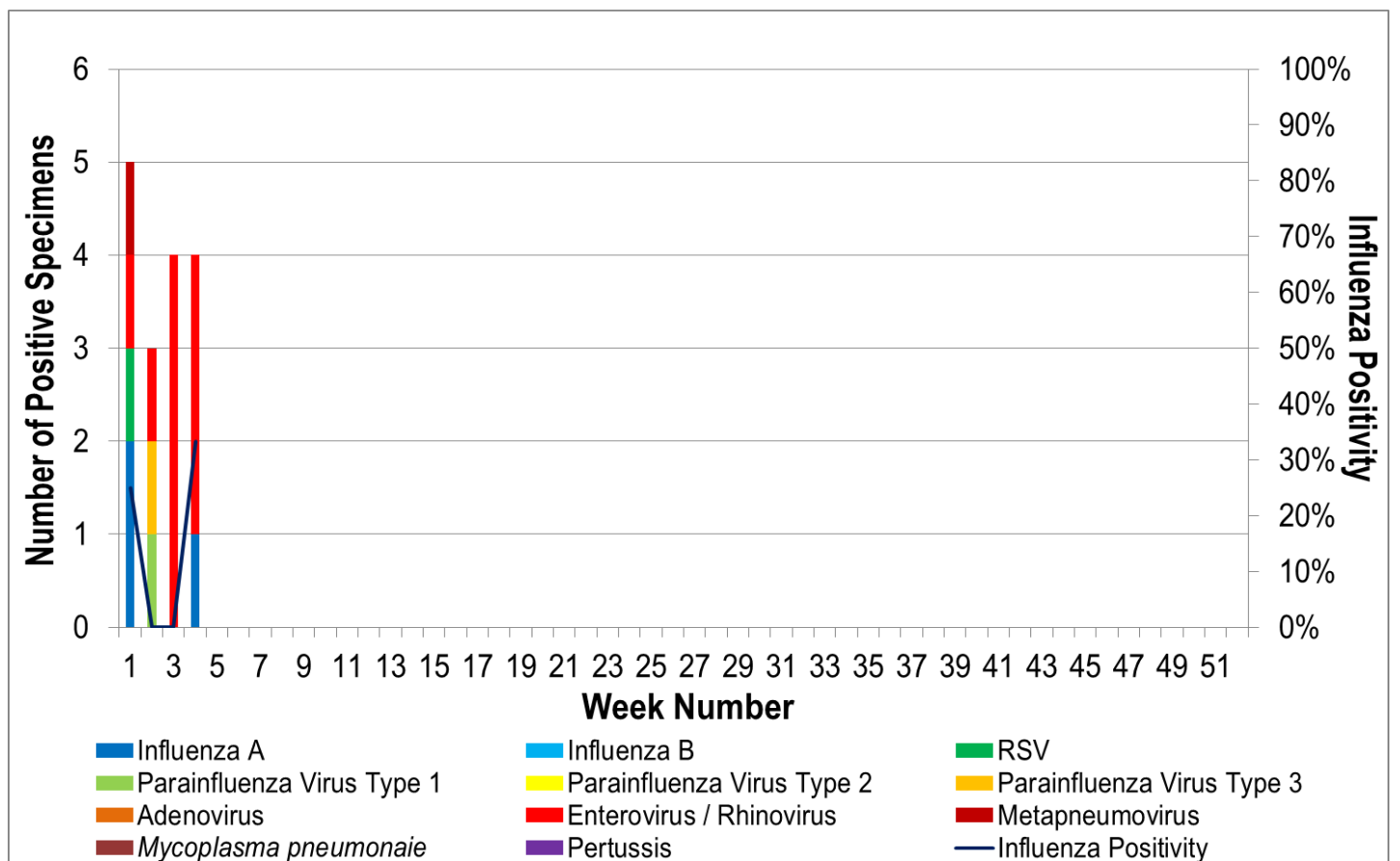


Figure 8. ASPREN, VicSPIN laboratory detection of influenza and other respiratory viruses for 2017 #