

**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. 03, 2022 - 31st January — 13th February 2022

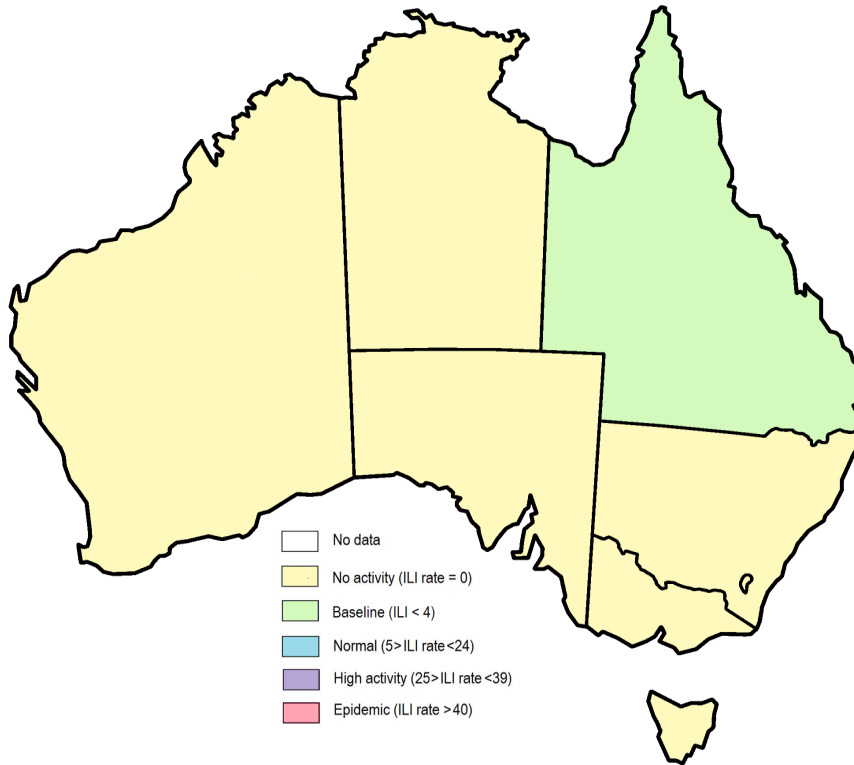


Figure 1. Map of ILI activity by jurisdiction, weeks 05 - 06, 2022.

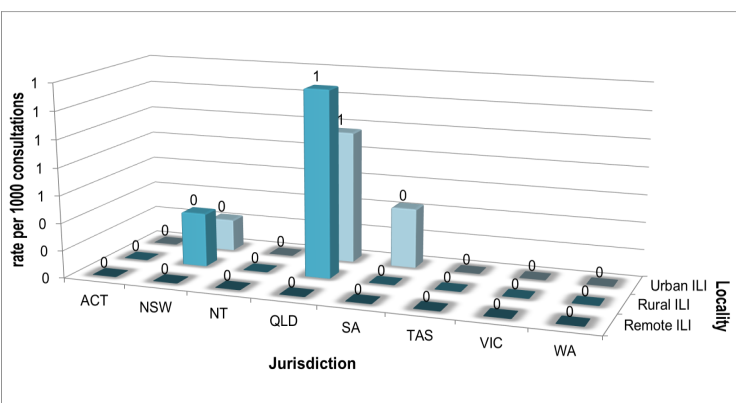


Figure 2. ASPREN rate of ILI by locality and jurisdiction, weeks 05 - 06, 2022.

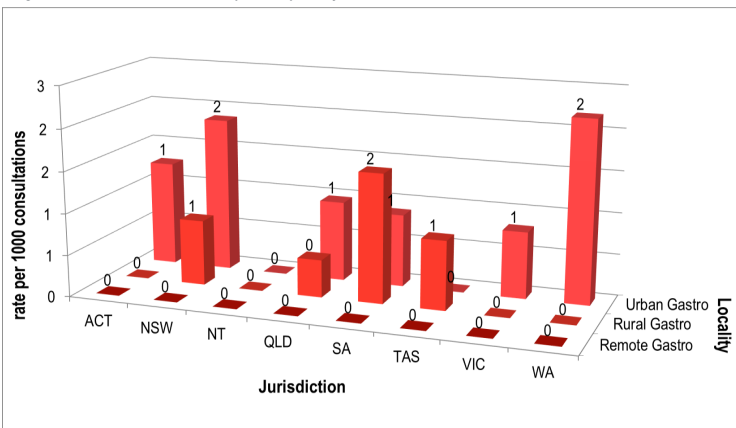



Figure 3. ASPREN rate of gastroenteritis by locality and jurisdiction, weeks 05 - 06, 2022.


NATIONAL SUMMARY

 Influenza-like-illness levels remain steady below baseline levels

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

0% Influenza positivity during the reporting period.

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

 Gastroenteritis levels remain steady below baseline levels

**SYNDROMIC SURVEILLANCE
REPORTING**

Reports were received from 184 reporters from 8 states and territories during the reporting period. During weeks 5 and 6 reporters saw a total of 33,588 patients.

INFLUENZA-LIKE-ILLNESS (ILI)

Nationally, ILI notifications remained steady during the period with 13 notifications being reported in weeks 5—6. ILI rates reported in this period were 1 case per 1000 consultations (weighted). This was similar to the previous fortnight where rates were 1 cases per 1000 consultations in weeks 3 and 4. For the same reporting period in 2021, ILI rates were similar at 1 case per 1000 consultations for weeks 5 and 6 (see Fig. 5).

GASTROENTERITIS

Nationally, gastroenteritis notifications decreased slightly over the period with 40 notifications reported. Gastroenteritis rates reported in this period were similar at 1 case per 1000 consultations in both weeks 5 and 6, compared to 1 case per 1000 consultations in weeks 3 and 4 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.

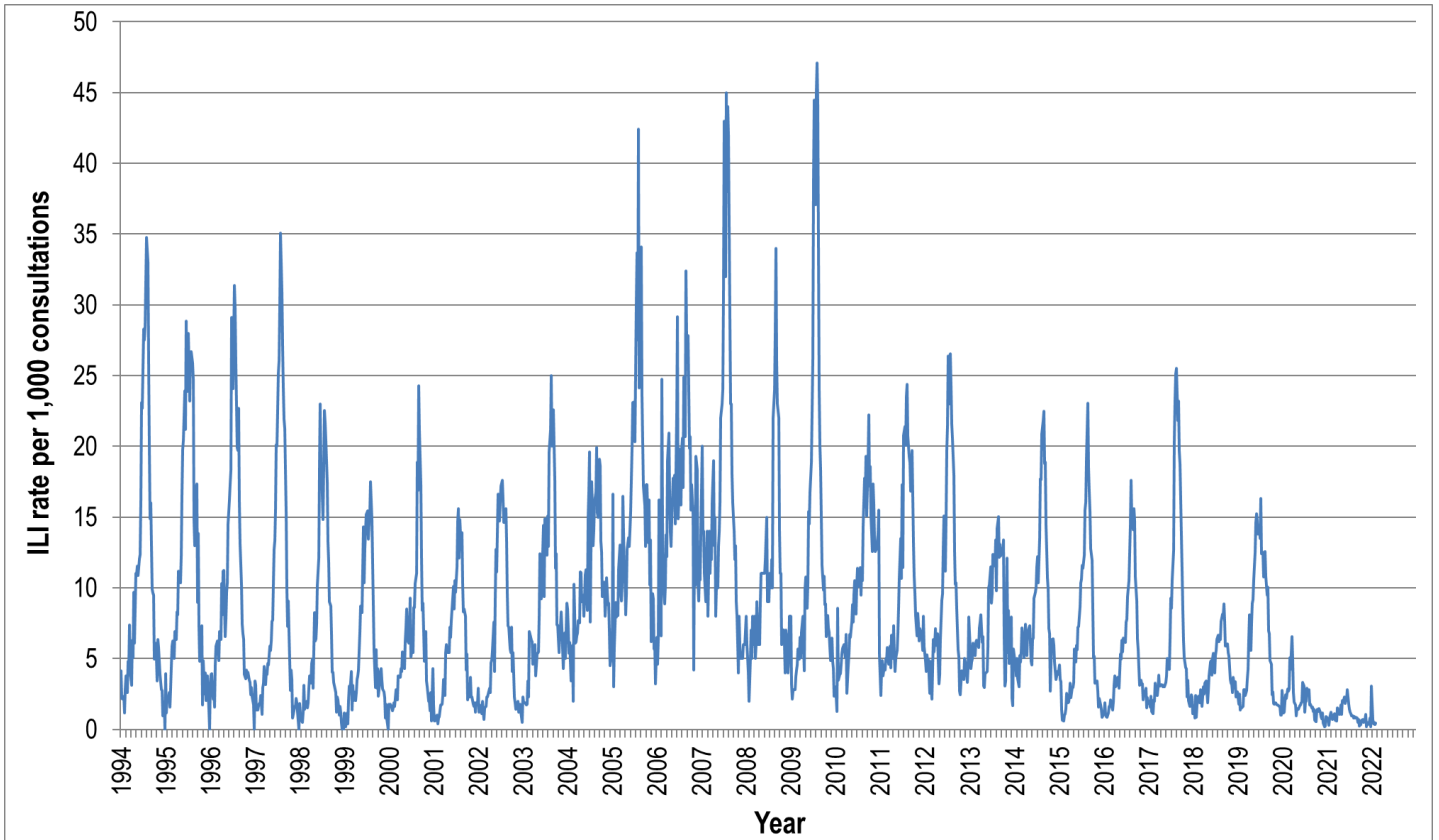


Figure 4. ASPREN ILI rates 1994 - 2022.

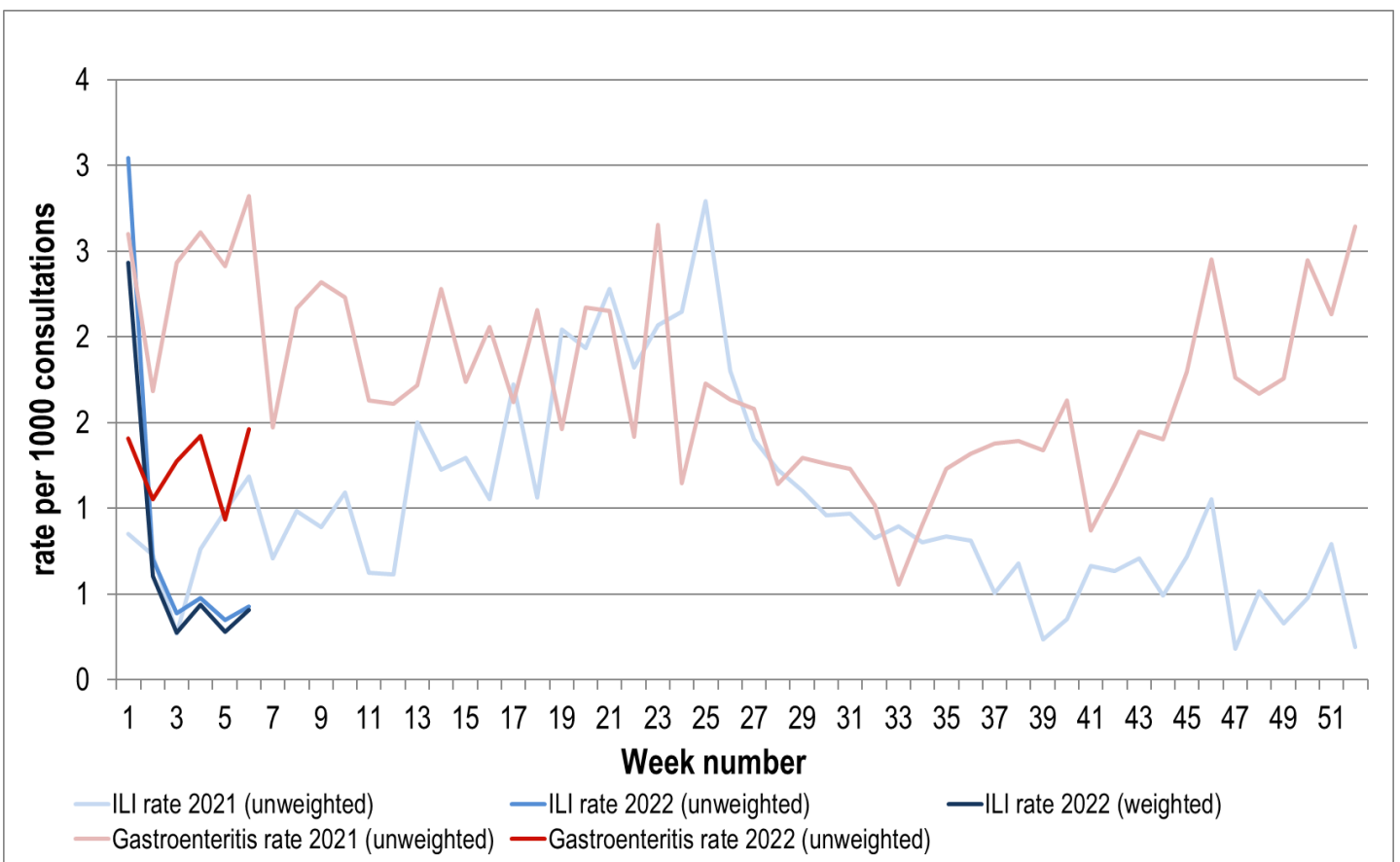


Figure 5. ASPREN + VicSPIN ILI and ASPREN gastroenteritis rates 2021-22. Weighted rates are weighted to account for population size differences between jurisdictions, using population estimates from the 2011 Australian Census.

VIROLOGICAL SURVEILLANCE

38% of all ILI patients were swab tested during weeks 5 and 6 (see Figure 6).

No cases of Influenza were detected during this period. There was 1 case of Rhinovirus detected making it the 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
	31 Jan - 13 Feb 2022	1 Jan - 13 Feb 2022
Total number of ILI notifications	13	80
Number of swab tests performed	5	13
% ILI patients tested	38%	16%
% of swab tests positive for influenza	0%	0%

Figure 6. ASPREN + VicSPIN virological surveillance results overview for 2022 #

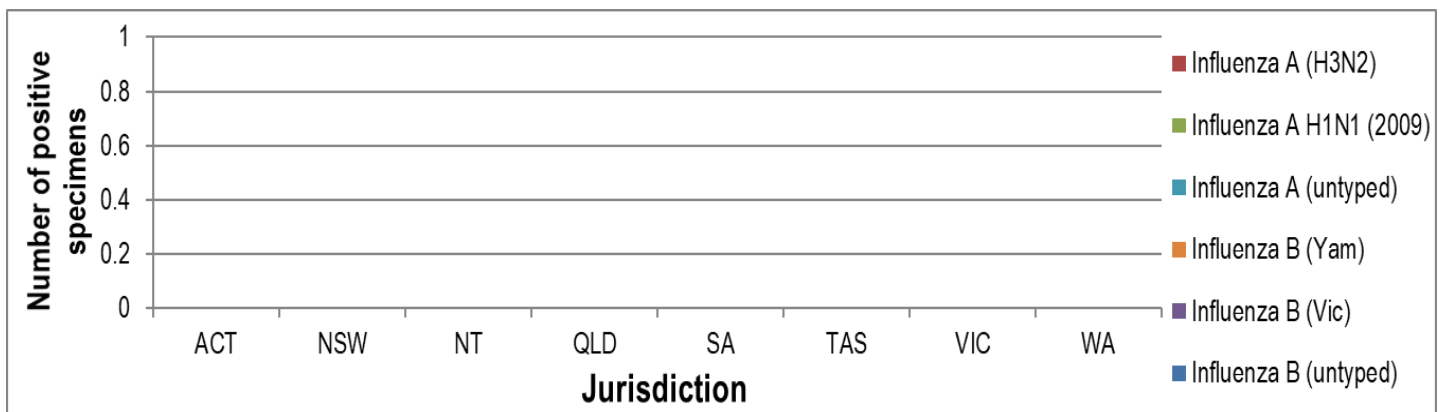


Figure 7. ASPREN + VicSPIN influenza subtype analysis by jurisdiction for 2022 #

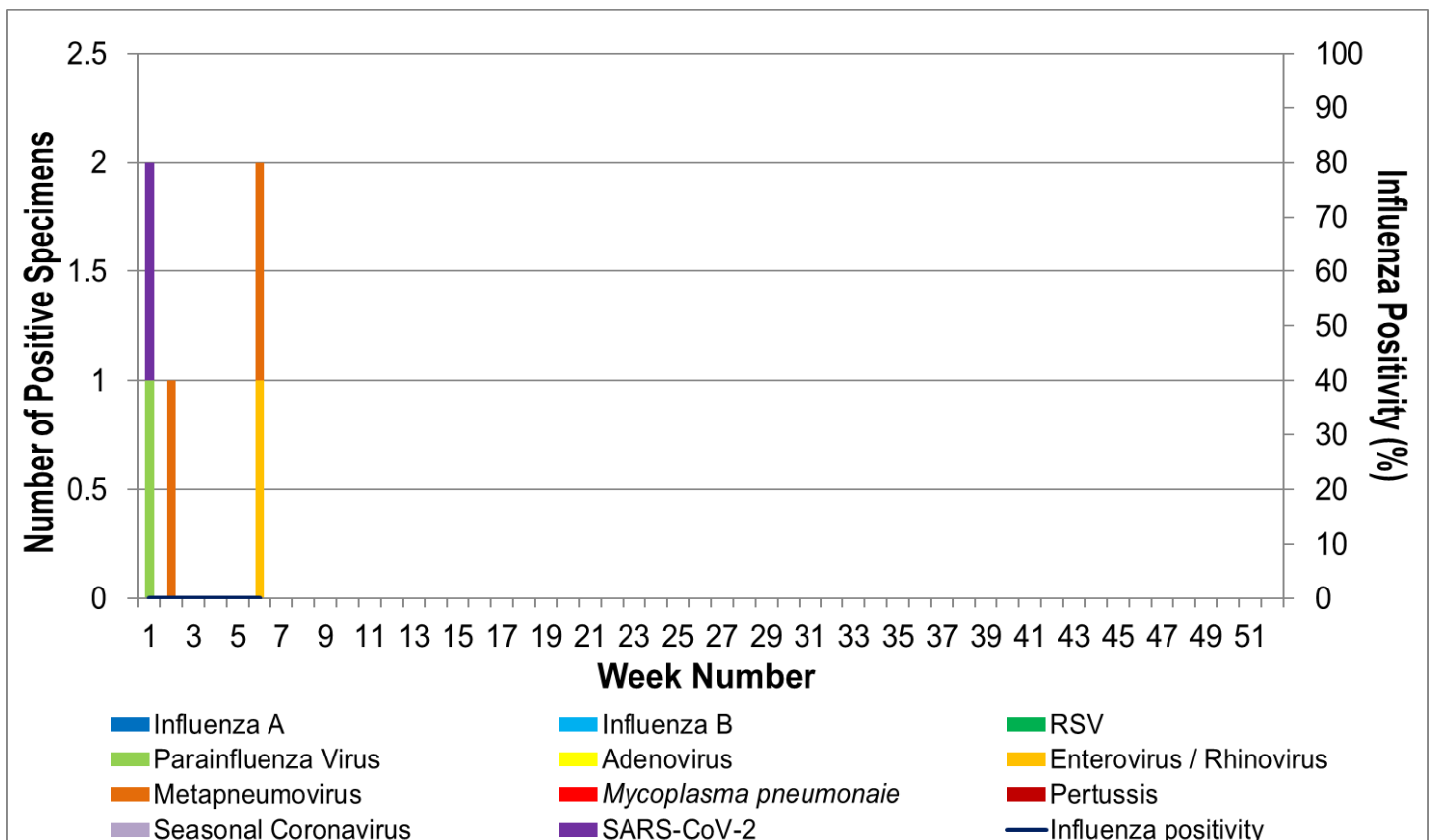


Figure 8. ASPREN, VicSPIN laboratory detection of influenza and other respiratory viruses for 2022 #

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 24 February 2022. Delays in the reporting of data may cause data to change retrospectively.