

Influenza surveillance

The 2013 influenza season started in epidemiological week 17 (week ending 28 April) and is continuing, although the number of specimens submitted by the Viral Watch influenza surveillance programme has declined in the past four weeks (Figure 1). The influenza detection rate peaked at 64% in epidemiological week 24 (week ending 16 June). To date, influenza has been detected in the specimens of 654 patients: A(H1N1)pdm09 in 85% (558/654) of cases in all nine provinces; A(H3N2) in 9% (62/654) of cases in six provinces; influenza B in

4% (26/654) of cases in Gauteng, KwaZulu-Natal, Limpopo and Western Cape provinces; A(H1N1)pdm09 and A(H3N2) in five cases; and A(H3N2) and influenza B in one patient. Sixty-six patients positive for influenza were also positive for another respiratory virus, adenovirus being the most common (70%,46/66). In addition, other respiratory viruses were detected in 322 patients negative for influenza. The majority (46%, 152/322) of these were rhinovirus, followed by adenovirus (24%, 79/332).

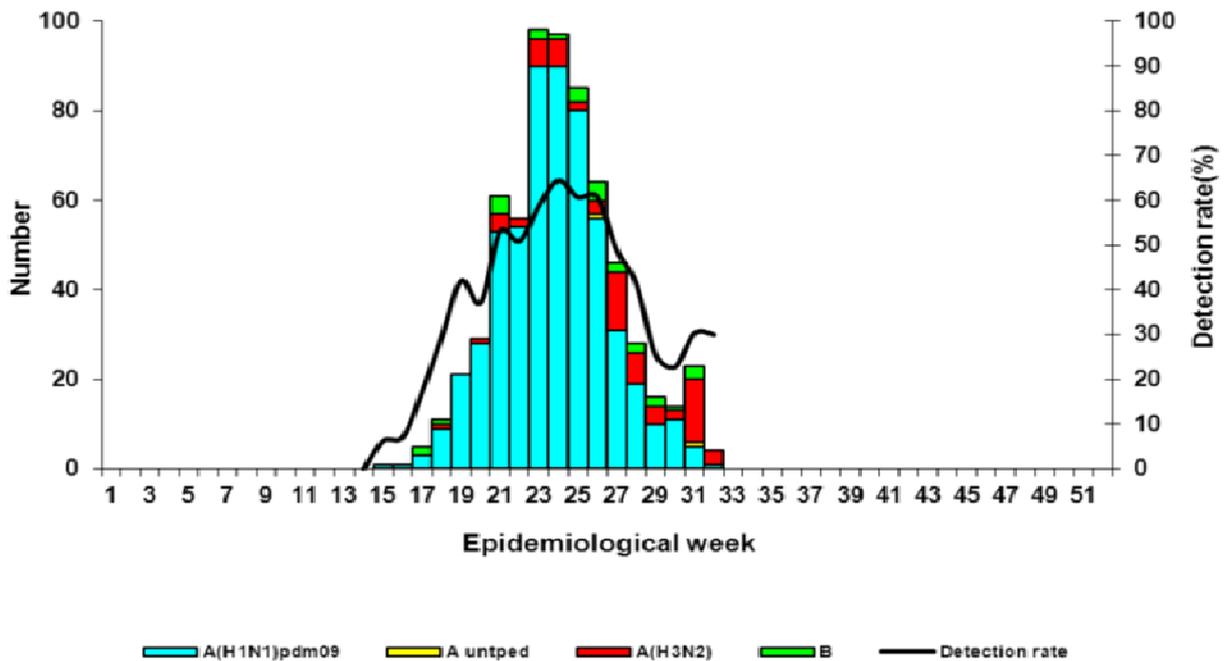


Figure 1. Number of positive samples by influenza types and subtypes and influenza detection rate by week, 2013, Viral Watch surveillance programme

To date, 1 869 specimens from patients admitted with severe acute respiratory illness (SARI) at the five SARI surveillance programme sites have been tested for influenza. Of these, 5% (94/1 869) were positive for influenza, with cases detected at all five SARI sites. Influenza A(H1N1)pdm09 was detected most commonly (84%, 79/94) followed by influenza A(H3N2) which accounted for 10% (10/94) of cases. Influenza B was detected in 3% (3/94) of

cases, and one case of mixed infection with influenza A(H1N1)pdm09 and A(H3N2) was identified; influenza A was detected but not subtyped in two cases (Table 2). In addition, 1 556 other respiratory viruses were detected in the specimens of 1 062 patients; rhinovirus accounted for the majority (35%, 546/1 556) followed by RSV (24%, 376/1 556) and adenovirus (21%, 334/1 556).

Table 2. Cumulative number of identified influenza types and subtypes and total number of samples tested by hospital, 2013, SARI surveillance programme

Hospital	A not subtyped	A(H1N1) pdm09	A(H3N2)	B	Total samples tested
Chris Hani Baragwanath (GP)	1	27	8	1	527
Edendale (KZ)	1	21	0	0	531
Klerksdorp-Tshepong (NW)		0	1	2	594
Mapulaneng (MP)	0	0	0	0	104
Matikwane (MP)	0	0	1	0	113
Total	2	79	10	3	1 869

As in the 2012 influenza season, influenza A(H1N1) pdm09 has been the predominant circulating seasonal strain. Although the influenza season is on the decline, healthcare workers are reminded to consider influenza as a differential diagnosis in patients admitted with severe acute respiratory illness. Detailed guidelines for the prevention and

treatment of influenza are available at: http://www.nicd.ac.za/assets/files/Healthcare%20Workers%20Handbook%20on%20Influenza%20in%20SA%20-10%20April%202013final%202_.pdf

Source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS

Source: Centre for Emerging and Zoonotic Diseases and Division of Public Health Surveillance and Response, NICD-NHLS