

## b Preparations for the 2016 influenza season

The influenza season in South Africa, which usually begins between the last week of April and the first week of July, has not yet commenced. As is usual however, surveillance programmes run by the NICD have detected sporadic cases. In the first nine weeks of 2016, 39 specimens have been received from Viral Watch sites of which 3 yielded evidence of influenza. Influenza A(H1N1)pdm09 was detected in a patient who had visited a game reserve, and influenza B in two patients, one of whom was an adult female whose husband had returned from travelling abroad with influenza-like symptoms. During the same period, specimens from 171 patients were received from two influenza-like illness (ILI) surveillance sites. Influenza A(H3N2) was detected in one specimen from an adult patient and influenza B from a four-year-old. Both these patients had no travel history or known contact with people who had travelled to areas where influenza is currently circulating. Between 01 January and 03 March, specimens from 520 patients with severe respiratory illness admitted at the 6 pneumonia surveillance sentinel sites were tested for influenza. Influenza B was detected in the specimens of four patients.

In 2015, the flu season started in week 16 (ending 19 April), peaked in week 23 (ending 7 June) and ended in week 37 (ending 13 September). In past years the season has started as late as the first week of July. Data from 2015 indicated that the predominant circulating influenza subtype was influenza A(H1N1)pdm09, followed by influenza A

(H3N2). The vaccine for the Southern hemisphere in 2016 will contain an A/California/7/2009 (H1N1)pdm09-like virus, A/Hong Kong/4801/2014 (H3N2)-like virus and B Brisbane/60/2008-like virus. Vaccination is the most effective strategy to prevent influenza. It is recommended that health care practitioners discuss the benefits of influenza vaccination with their patients, especially among those who are at increased risk for severe influenza-associated complications, and to advise them to get vaccinated as soon as the vaccine becomes available. Influenza vaccine for the 2016 season is expected to be available at healthcare facilities by the end of March 2016.

Because it takes approximately two weeks after vaccination for protective antibodies to develop, it is recommended that persons receive the influenza vaccine as soon as it becomes available to ensure that as many people as possible are protected before influenza season starts. Detailed recommendations on target groups, dosages and contraindications for the 2016 can be accessed in the February issue of the South African Medical Journal: available at <http://www.samj.org.za/index.php/samj/article/view/10586>.

**Sources:** Centre for Respiratory Diseases and Meningitis, NICD-NHLS (cherylc@nicd.ac.za)