NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

# Communicable Diseases Communiqué

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## 1 SEASONAL DISEASES

### a Influenza

Data from two influenza surveillance programmes (the Viral Watch programme, which monitors influenza-like illness (ILI), and the severe acute respiratory illness (SARI) programme, which monitors severe disease in hospitalised patients), show that during the 2013 influenza season the predominant circulating influenza subtype was influenza A(H1N1)pdm09. The season started in epidemiologic week 17 (week ending 28 April 2013), peaked in week 24 (week ending 16 June 2013) and ended in week 41 (week ending 6 October 2013).

In the first five weeks of 2014, ten specimens were received from Viral Watch sites; influenza A(H3N2) was detected in one patient from Western Cape Province who had been in contact with travellers from Russia, and influenza B in a patient from KwaZulu-Natal Province who had no travel history. Influenza A(H1N1)pdm09 was detected in a patient from Eastern Cape Province who had recently returned from Germany. In addition, eight patients were tested at time of entry into South Africa following travel abroad and 3 have tested positive for influenza.

In this same time period, 77 patients with SARI were identified at the four sentinel sites. Influenza has not been detected in any of these specimens. However, 42 other respiratory viruses were detected in the specimens of 37 patients; rhinovirus being the most common (20/42, 48%) followed by RSV (9/42, 21%) and adenovirus (7/42, 17%).

The start of the annual influenza season in South Africa has typically been defined as the week during which the influenza detection rate has risen above 10% and is sustained at ≥10% for two consecutive weeks or more.

Recommended composition of influenza virus vaccine for use in the 2014 southern hemisphere influenza season

The following strains have been recommended by the World Health Organization (WHO) for inclusion in the 2014 southern hemisphere influenza vaccine:

* an A/California/7/2009 (H1N1)pdm09-like virus[a]
* an A/Texas/50/2012 (H3N2)-like virus[b]
* a B/Massachusetts/2/2012-like virus.

[a] A/Christchurch/16/2010 is an A/California/7/2009-like virus.

[b] A/Texas/50/2012 is an A(H3N2) virus that following adaptation to growth in eggs has maintained antigenic properties similar to the majority of recently circulating cell-propagated A (H3N2) viruses including A/Victoria/361/2011.

The WHO recommendations are available at: http://www.who.int/influenza/vaccines/virus/recommendations/201309_recommendation.pdf?ua=1.

Indications for influenza vaccine

* Persons (adults or children) who are at high risk for influenza and its complications because of underlying medical conditions and who are receiving regular medical care for such conditions, including: chronic pulmonary and cardiac diseases, chronic renal diseases, diabetes mellitus and similar metabolic disorders; individuals who are immunosuppressed (including HIV-infected persons with CD4 counts >100 cells/µl); and individuals who are morbidly obese (BMI ≥40 kg/m$^2$)
* Pregnant women – irrespective of the stage of pregnancy
* Residents of old-age homes, chronic care and rehabilitation institutions
* Children on long-term aspirin therapy
* Medical and nursing staff responsible for the care of high-risk cases
* Adults and children who are family contacts of high-risk cases
* All persons aged >65 years
* Any persons wishing to protect themselves from the risk of contracting influenza, especially in industrial settings, where large-scale absenteeism could cause significant economic losses.

Detailed recommendations on target groups, dosages and contraindications for the 2014 influenza vaccine will be published in the March issue of the South African Medical Journal (in press).

Timing of influenza vaccine availability

Influenza vaccine will be available at public sector clinics and private pharmacies from the beginning of March. Since it takes about two weeks after vaccination for protective antibodies to develop, it is recommended that people be vaccinated as soon as vaccine becomes available to ensure that they are protected before the influenza season starts.

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