The following report provides the most current information on laboratory-confirmed influenza infection and winter respiratory illness (WRI). WRI figures are compiled from hospital ED attendance ICD (International Classification of Diseases) codes and will include influenza infections but also other causes of illness that present with similar symptoms. Key information is presented below, and will be updated weekly, to provide an overview on the influenza season in Western Australia.

Influenza Weekly Update

<table>
<thead>
<tr>
<th>Laboratory-confirmed influenza infections</th>
<th>2019 Year to Date</th>
<th>2018 Same Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifications</td>
<td>5777</td>
<td>1293</td>
</tr>
<tr>
<td>Hospitalisations</td>
<td>791</td>
<td>268</td>
</tr>
<tr>
<td>Reported Deaths</td>
<td>15</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Influenza vaccinations administered as recorded in the Australian Immunisation Register</th>
<th>2019 Year to Date</th>
<th>2018 Same Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months &lt; 5 yrs</td>
<td>17.6%</td>
<td>9.5%</td>
</tr>
<tr>
<td>≥ 65 yrs</td>
<td>46.1%</td>
<td>38.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Influenza vaccine doses distributed</th>
<th>National Immunisation Program/WA-funded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>582,663</td>
</tr>
</tbody>
</table>

Notes:
- WRI has previously been referred to as Influenza-like Illness (ILI). The name has been revised to help reduce confusion. WRI is captured by hospital ED attendance coding and includes influenza and other causes of illness that give clinically similar symptoms on presentation.
- Data limitations:
  - The notification data reflects only laboratory-confirmed cases of influenza. The true number of infections is likely to be substantially higher, as not all persons with influenza illness will be tested. Interpretation of influenza notifications should therefore emphasize the trends, not the specific numbers.
  - The number of deaths reported is not a true reflection of the mortality due to influenza, as many influenza-associated deaths result from exacerbations of underlying medical conditions. Because the patient may not have been tested for influenza, or the death may occur well after the initial influenza infection, influenza may not be recorded on the death certificate.

Influenza notifications received by DoH for patients who were recorded as having a hospital admission and confirmed influenza infection with a specimen collection date before the end of the current reporting week on 02/06/2019. Paediatric notifications were defined as individuals less than 18 years of age.

Influenza notifications by age group, 2019, year to date

Influenza notifications in WA by week, 2015 to 2019

Influenza cases hospitalised 2009 to 2019

Influenza notifications received by DoH for patients who were recorded as having a hospital admission and confirmed influenza infection with a specimen collection date before the end of the current reporting week on 02/06/2019. Paediatric notifications were defined as individuals less than 18 years of age.

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How is the current flu season tracking in comparison to last year?

Influenza season began approximately two months earlier this year than in previous years.

It is too early in the season to know if it will also end earlier than previous years and ultimately be on a par with previous seasons in terms of overall severity.

It is not clear why the influenza season has started earlier this year than every year since 2009.

What have been the dominant influenza strains this year?

Influenza A/H3N2 comprised the largest proportion of influenza viruses sub-typed at PathWest this week (70%) followed by influenza B (24%). A/H3N2 viruses are often associated with more severe clinical illness; however, at this time, there is no information to indicate that the A/H3N2 influenza virus circulating in Western Australia is more severe than A/H3N2 viruses from previous seasons.

How do people know whether they have influenza or just a bad cold?

The symptoms of influenza can overlap with other illnesses common in winter. Symptoms that are more common with influenza that can help distinguish the flu from ordinary colds and coughs include:

- fever
- severe fatigue
- general aches and pains
- cough
- vomiting and diarrhoea (in children).

Vaccine availability

Is there a shortage of influenza vaccine?

There is currently no shortage of *government-funded* influenza vaccine.

Shortages have, however, been reported in the private market.

What is the difference between government and private-sector vaccines?

**Government-funded vaccines**

The Commonwealth and State governments fund influenza vaccine to enable those at risk of greatest harm from influenza illness to access free influenza vaccine.

The Commonwealth Government provides this free vaccine under its National Immunisation Program (NIP) for:

- people 65 years and older
- pregnant women (at any stage of pregnancy)
- Aboriginal people 6 months and older
- people with underlying medical conditions which place them at risk of serious influenza infection and complications.

The WA Government funds a vaccine for children aged 6 months to 5 years.

Both NIP and WA Government-funded vaccines are distributed in Western Australia by the WA Department of Health.

**Private sector vaccines**

Those who are not eligible for a free vaccine under either of the government programs are still encouraged to get vaccinated against the flu but they will need to source the vaccine privately – either through their GP or, if they are over 18 years, from a local pharmacy.

What advice do you have for families who are worried because they have kids aged 5-18 and can’t access vaccine?

If a child has a pre-disposing medical condition that places them at increased risk of serious influenza illness they are eligible for NIP-procured influenza vaccine.

If the child is not at increased risk of serious illness parents should continue checking with local GPs and pharmacies to ascertain availability of private stock.
Is everybody given the same vaccine?

No. The recommended vaccine varies by age. Persons under 65 years of age should receive the quadrivalent (four-strain) vaccine. Those 65 years of age and older should receive the trivalent (three-strain) vaccine which has been specially formulated to enhance the immune response in older individuals.

The **quadrivalent** influenza vaccines contain the following four viral strains:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Switzerland/8060/2017 (H3N2)-like virus
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage)
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

The **trivalent** influenza vaccines contain the following three viral strains:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Switzerland/8060/2017 (H3N2)-like virus; and
- a B/Phuket/3073/2013-like (B/Yamagata/16/88 lineage).

When is the best time for people to get vaccinated?

Optimal protection following influenza vaccination lasts between 3 and 4 months. Therefore, based on many previous influenza seasons, the best time for Western Australians to get vaccinated would typically be any time from the beginning of May and before flu season begins. This year the influenza season started unexpectedly early. Fortunately Australian Immunisation Register data shows a sharp increase in uptake of influenza vaccinations in WA just prior to the rapid rise in influenza cases. As long as influenza is circulating it’s not too late to get vaccinated.

Is there any point in getting vaccinated if you have already had the flu?

Yes. Many people who think they have had the flu have actually had a cold or other form of respiratory illness. Even if you have had a confirmed influenza diagnosis, vaccination can still protect you from other circulating strains of the virus.

Influenza symptoms

- Headache
- Weakness
- Fever
- Cough
- Muscle ache
- Chest discomfort

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