

ACT Influenza Surveillance Report – No. 4, 2022

Summary: Influenza activity has increased sharply in the last fortnight. Subtype A/H3 appears to be the predominant circulating strain. More than 55% of cases were aged between 20 and 64 years.

Reporting Period: 1 January to 8 May 2022

Between 1 January and 8 May 2022 there were 361 notifications of laboratory-confirmed influenza made to ACT Health (Figure). Three hundred and one (301) cases were notified in the last fortnight.

Almost all (360/361) cases notified so far in 2022 have been influenza A. Fifty-nine (59) of these had subtype information available, and 47 were A/H3 and 12 cases were A/H1. Most cases (330/361, 91%) were aged between 10 and 64 years (Table).

A substantial proportion of notifications received in the two weeks to 8 May 2022 are associated with transmission in low-risk workplaces and congregate living settings and reflect expanded testing protocols adopted by certain primary health service providers. The age range of these linked cases is 17 to 58 years (median 20 years).

Figure: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 8 May 2022, ACT.

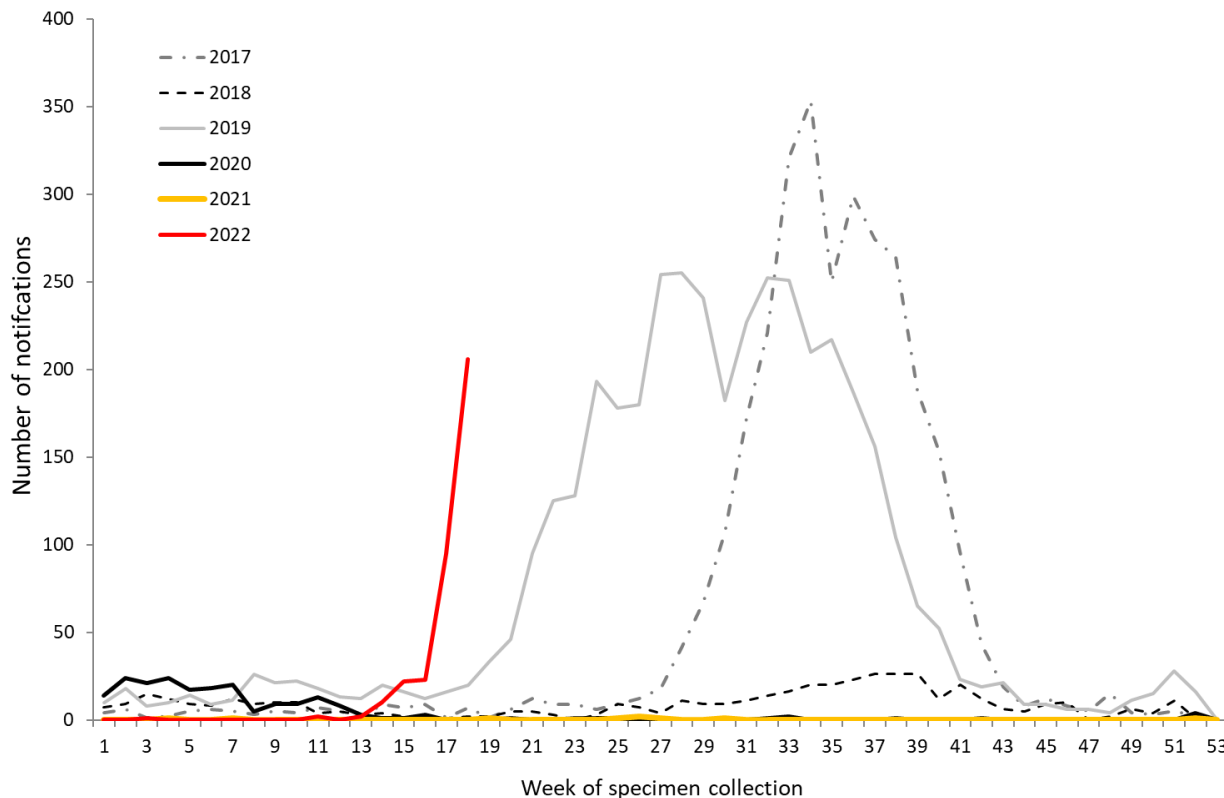


Table: Number and proportion of influenza notifications by age group 1 January 2022 to 8 May 2022, ACT.

Age Group	Number of notifications	Proportion of notifications
0-4 years	9	2%
5-9 years	8	2%
10-19 years	129	36%
20-64 years	201	56%
65+years	14	4%
Total	361	100%

Data Caveats

- Data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received. Notification data include all cases diagnosed in residents of the ACT. Generally, notified cases represent only a small proportion of cases of influenza occurring in the community. Due to the COVID-19 pandemic, interpretation of 2020-2022 influenza notification data should consider: the impact of travel restrictions, quarantine, and social distancing measures; likely changes in health seeking behaviour of the community; and focussed testing for COVID-19 response activities.
- From 01/01/2022, the laboratory-confirmed influenza case definition excludes those identified by single high antibody titre. This change has minimal impact on the interpretation of influenza notification trends.
- Notification data were exported on 10 May 2022 from the ACT Notifiable Disease Management System for the period 1 January 2017 to 8 May 2022, by date of specimen collection.