

ACT Influenza Surveillance Report – No. 9, 2022

Summary: Influenza notifications have increased marginally since the last report. Subtype A/H3 appears to be the predominant circulating strain. Although most cases so far have been aged between 20 and 64 years, cases aged 0 to 9 years have increased markedly in the last four weeks.

Reporting Period: 1 January to 12 June 2022

Between 1 January and 12 June 2022 there were 1,168 notifications of laboratory-confirmed influenza made to ACT Health (Figure), and 175 cases had their specimens collected in the week to 12 June 2022.

Almost all (1167/1168) cases notified so far in 2022 have been influenza A. Of the 264 with subtype information available, 214 (81%) were A/H3 and 50 cases were A/H1. Over the past four weeks, cases in the 10-64 year age groups have declined substantially, while cases aged 0 to 9 years have increased markedly (Table).

Figure: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 12 June 2022, ACT.

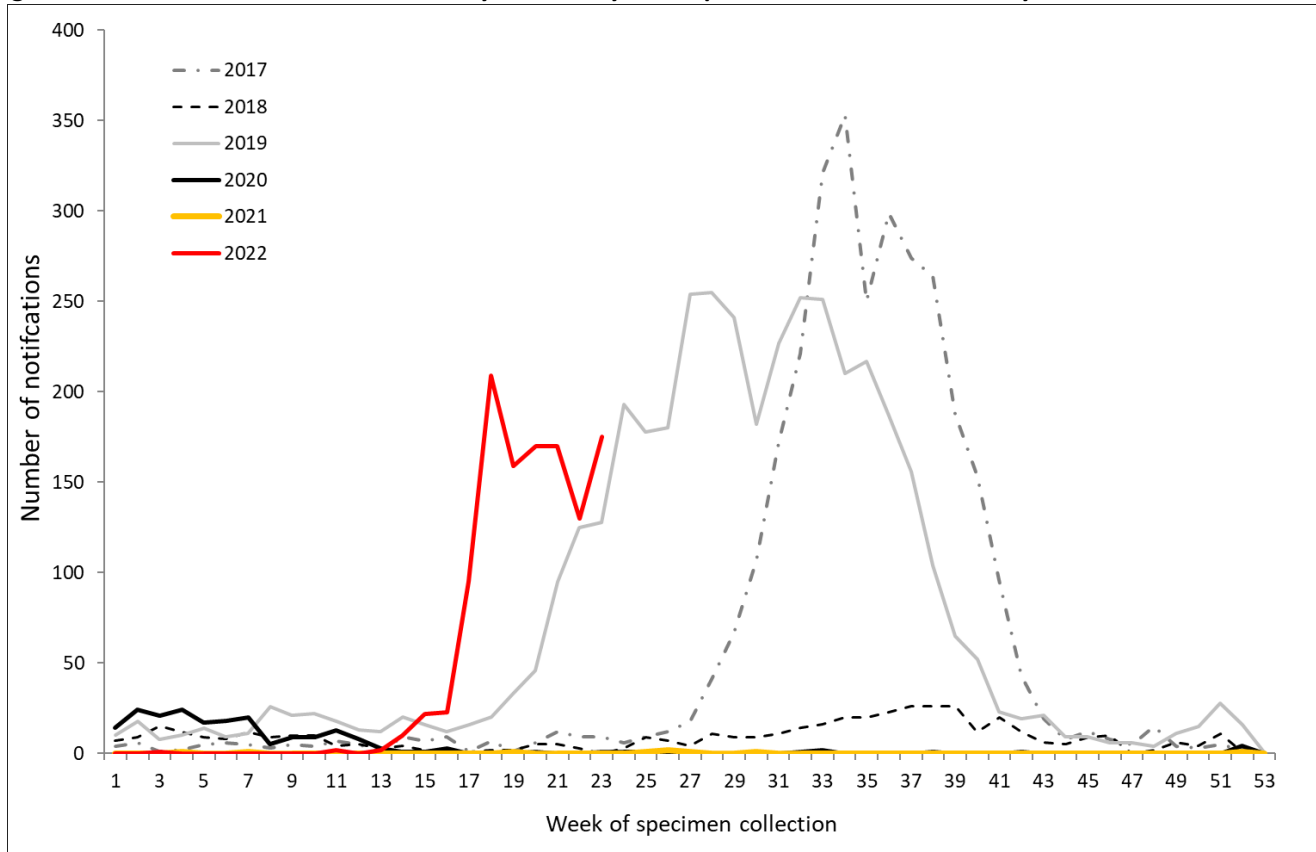


Table: Number and proportion of influenza notifications by age group 1 January 2022 to 12 June 2022, ACT.

Age Group	Number of notifications	Proportion of notifications	Rate (notifications per 100,000 age-specific population)
0-4 years	102	9%	376.0
5-9 years	149	13%	876.2
10-19 years	329	28%	653.6
20-64 years	513	44%	193.3
65 years and over	75	6%	125.7
Total	1168	100%	278.4

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. 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.
- 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.
- Notification data were exported on 14 June 2022 from the ACT Notifiable Disease Management System for the period 1 January 2017 to 12 June 2022, by date of specimen collection. Rates are calculated using ABS resident population estimates for September 2021.