



**NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES**

Division of the National Health Laboratory Service



Weekly Influenza and Respiratory Syncytial Surveillance Report

Week 21, 2018

Page	Content
2	Surveillance programme description
3	Comments
4-7	Influenza-like illness (ILI) Viral Watch Influenza Respiratory syncytial virus
8-10	National syndromic surveillance for pneumonia Influenza Respiratory syncytial virus
11	Private Hospital Consultation Outpatient consultations In patient consultations

Weekly Influenza and Respiratory Syncytial Surveillance Report

Programme Descriptions

Programme	ILI	Viral Watch	National syndromic surveillance for pneumonia	Private hospital consultations
Start year	2012	1984	2009	2002
Provinces*	KZ NW MP	EC FS GP LP MP NC NW WC	GP KZ MP NW WC	EC FS GP LP MP NW WC
Type of site	Primary health care clinics	General practitioners	Public hospitals	Private hospitals
Case definition	An acute respiratory illness with a temperature ($\geq 38^{\circ}\text{C}$) and cough, & onset ≤ 10 days	An acute respiratory illness with a temperature ($\geq 38^{\circ}\text{C}$) and cough, & onset ≤ 10 days	Acute or chronic lower respiratory tract infection	ICD codes J10-J18
Specimens collected	≥ 5 years of age: oropharyngeal/nasopharyngeal swabs <5 years of age: nasopharyngeal aspirates	Throat and/or nasal swabs or Nasopharyngeal swabs	≥ 5 years of age: oropharyngeal/nasopharyngeal swabs <5 years of age: nasopharyngeal aspirates Induced/expectorated sputum	Not applicable
Main pathogens tested**	INF RSV BP	INF RSV BP	INF RSV SP BP	Not applicable

Epidemic Threshold

Thresholds are calculated using the Moving Epidemic Method (MEM), a sequential analysis using the R Language, available from: <http://CRAN.R-project.org/web/package=mem>) designed to calculate the duration, start and end of the annual influenza epidemic. MEM uses the 40th, 90th and 97.5th percentiles established from available years of historical data to calculate thresholds of activity. Thresholds of activity for influenza and RSV are defined as follows: Below seasonal threshold, Low activity, Moderate activity, High activity, Very high activity. For influenza, thresholds from outpatient influenza like illness (Viral Watch Programme) are used as an indicator of disease transmission in the community and thresholds from pneumonia surveillance are used as an indicator of impact of disease.

* EC: Eastern Cape; FS: Free State; GP: Gauteng; KZ: KwaZulu-Natal; LP: Limpopo; MP: Mpumalanga; NC: Northern Cape; NW: North West; WC: Western Cape

**INF: Influenza; RSV: respiratory syncytial virus; BP: Bordetella pertussis; SP: Streptococcus pneumoniae

Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 27/05/2018

Results until end of epidemiologic week 21(2018)

Comments:

Influenza

The 2018 influenza season started in week 18 (first week of May), when influenza detections in the Viral Watch programme rose above the seasonal threshold, as determined by the Moving Epidemic Method.

ILI programme: In 2018 to date, specimens from 479 patients were received from 3 ILI sites. Influenza was detected in 40 specimens, all identified as influenza A(H1N1)pdm09.

Viral Watch programme: During the same period, specimens from 266 patients were received from Viral Watch sites. Since April, when the number of specimens received started to increase, influenza has been detected in 66 specimens, 64 of which were identified as influenza A(H1N1)pdm09, one influenza A(H3N2) and one as influenza B. In addition, influenza A(H1N1)pdm09 was detected in 3 patients, and influenza B in six patients, most of whom had a history of travel or contact with tourists.

Pneumonia surveillance: In this time period, specimens from 2015 patients with severe respiratory illness (SRI) were received from the 6 sentinel sites. Influenza was detected in 39 specimens, all identified as A(H1N1)pdm09.

Respiratory syncytial virus

The 2018 RSV season started in week 9 (week starting 26 February) when RSV detections in pneumonia surveillance rose above the seasonal threshold, as determined by the Moving Epidemic Method, and is ongoing. The highest detection rate to date, was in week 13 (week starting 26 March) i.e. 41/82 (50%).

In 2018 to date, RSV has been detected in the specimens of 83 patients in the ILI programme, and 649 from patients in the pneumonia surveillance programme.

During the same period, 25 specimens from viral watch surveillance programme sites tested positive for RSV.

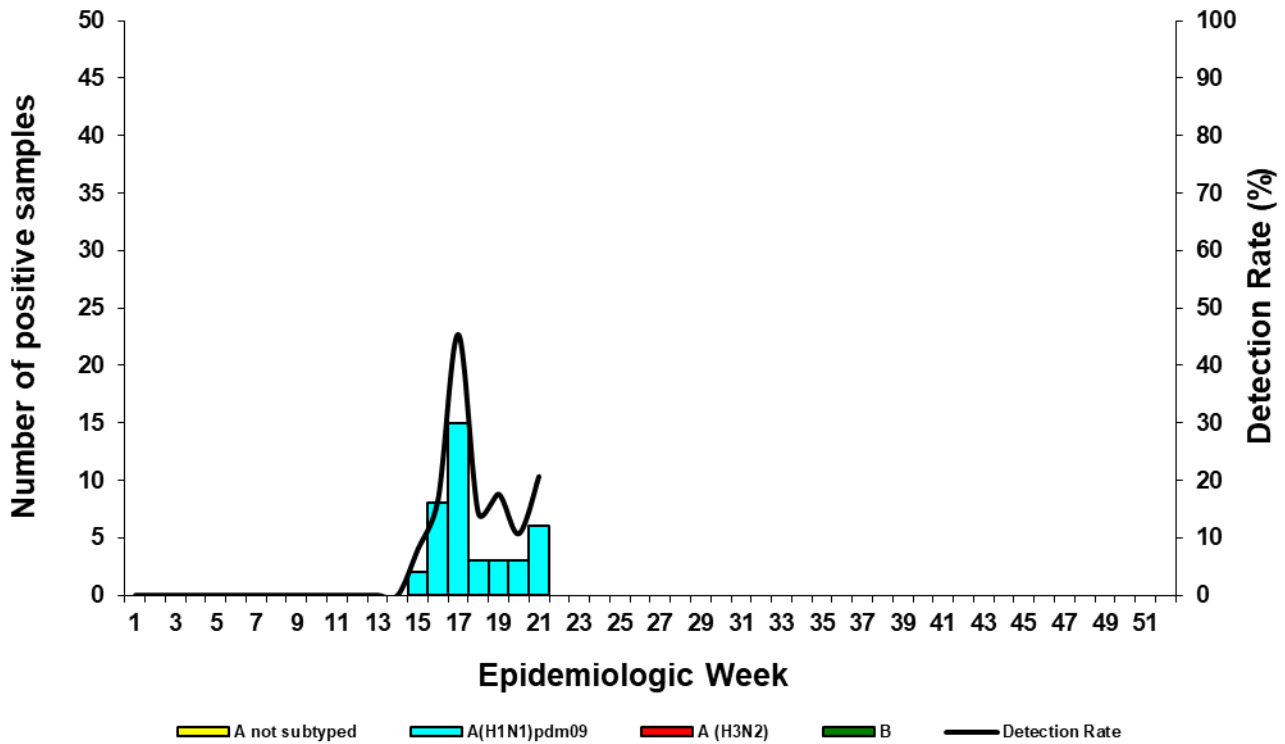
Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 27/05/2018

Results until end of epidemiologic week 21(2018)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 1. Number of positive samples* by influenza types and subtypes and detection rate** by week



*Specimens from patients with influenza-like illnesses at 3 sentinel sites in 3 provinces

**Only reported for weeks with >10 specimens submitted

Table 1. Cumulative number of influenza type and subtype and total number of samples tested by clinic and province

Clinic (Province)	A not typed as yet	A(H1N1)pdm09	A(H3N2)	B	Total samples
Agincourt Clinic (MP)		3			141
Edendale Gateway Clinic (KZ)		35			222
Jouberton Clinic (NW)		2			116
Total:		40			479

KZ: KwaZulu-Natal; NW: North West, MP: Mpumalanga

Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 27/05/2018

Results until end of epidemiologic week 21(2018)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 2. Number of samples testing positive for respiratory syncytial virus and detection rate by week

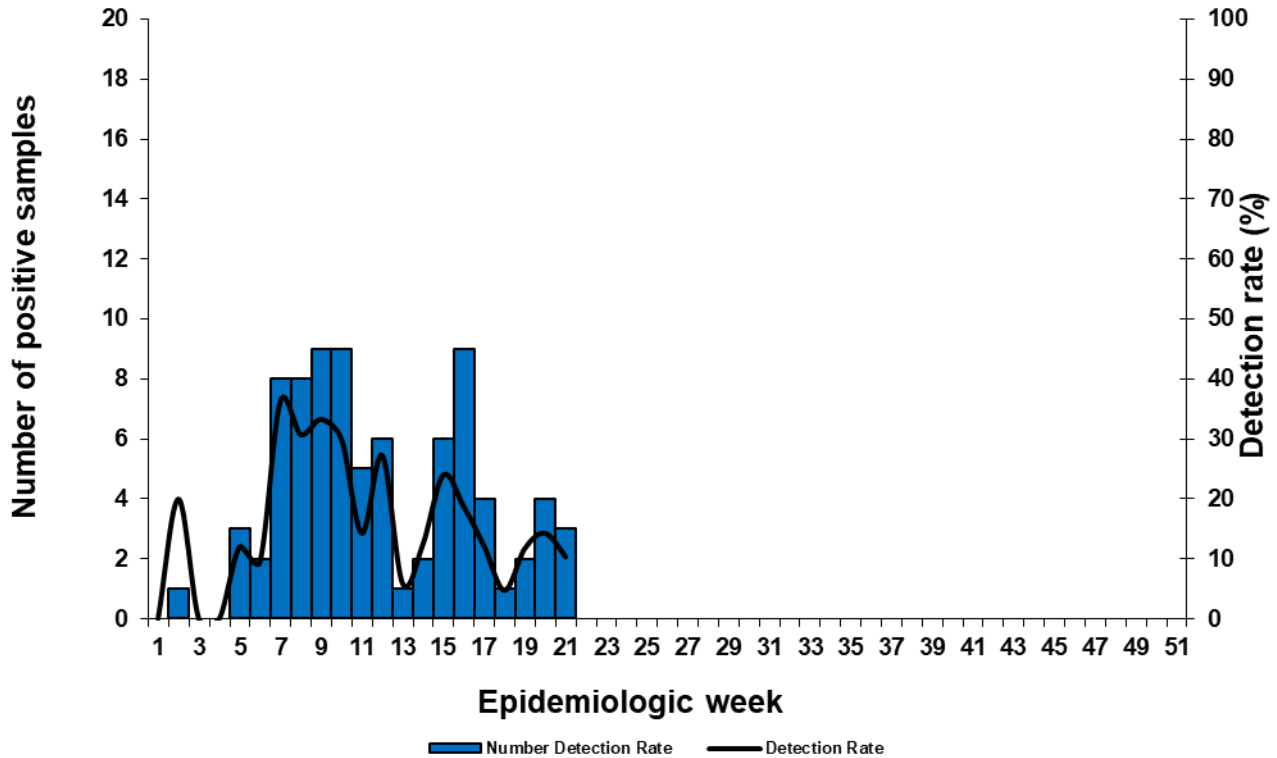


Table 2. Cumulative number of respiratory syncytial virus identified and total number of samples tested by clinic and province

Clinic (Province)	RSV Positive	Total samples
Agincourt Clinic (MP)	38	141
Edendale Gateway Clinic (KZ)	27	222
Jouberton Clinic (NWP)	18	116
Total:	83	479

KZ: KwaZulu-Natal; NW: North West, MP: Mpumalanga

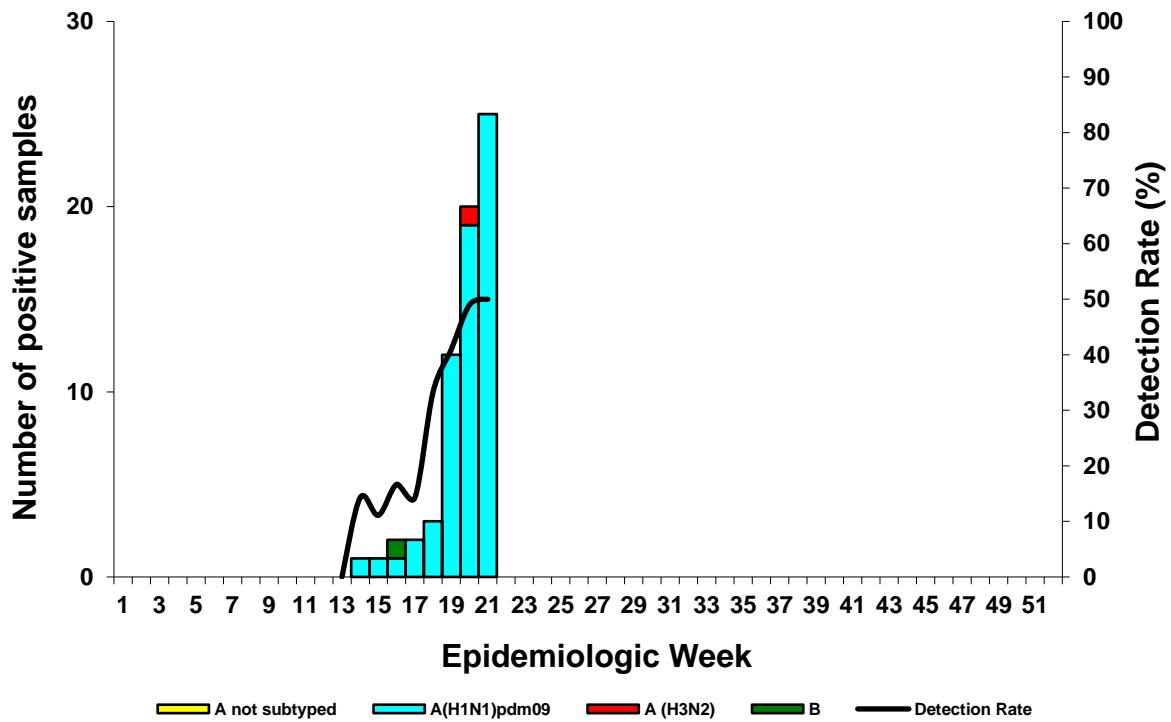
Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 27/05/2018

Results until end of epidemiologic week 21(2018)

Influenza-like illness (ILI) surveillance Viral Watch

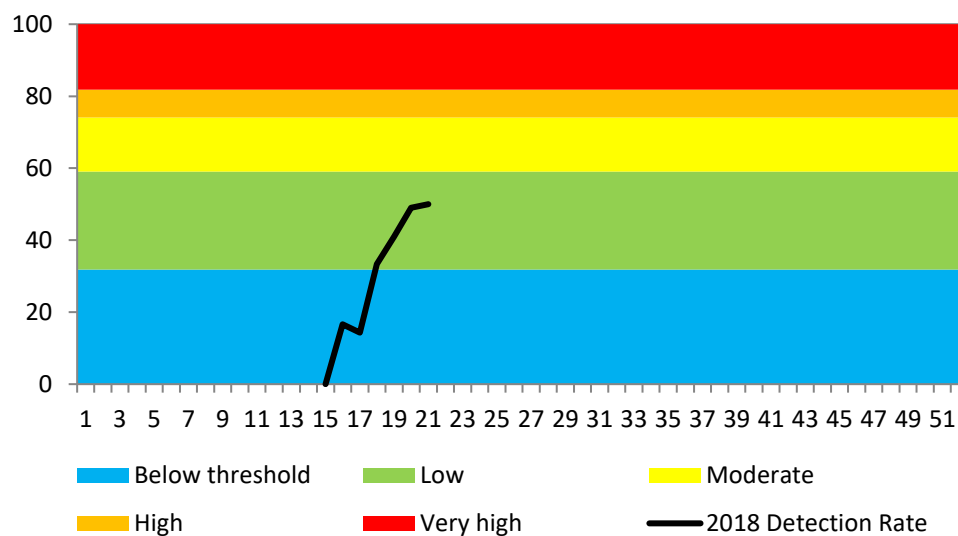
Figure 4. Number of positive samples* by influenza types and A not typed as yet and detection rate by week**



*Specimens from patients with Influenza-like illnesses at 90 sentinel sites in 8 provinces

** Only reported for weeks with >10 specimens submitted.

Figure 5. ILI surveillance Viral Watch percentage influenza detections and epidemic thresholds*



*Thresholds based on 2007-2017 data (Excluding 2009)

Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 27/05/2018

Results until end of epidemiologic week 21(2018)

Table 4. Cumulative number of influenza type and subtype and total number of samples tested by province

Province	A not typed as yet	A(H1N1)pdm09	A(H3N2)	B	Total samples
Eastern Cape		4			13
Free State					3
Gauteng		51	1		135
Limpopo					1
Mpumalanga		1			26
North West					1
Northern Cape					6
Western Cape		8		1	81
Total:		64	1	1	266

To date in 2018, 61 patients have been tested for influenza at the time of entry into South Africa following travel abroad and 22 have tested influenza positive.

Patients known to have acquired influenza abroad are not included in the table or epidemiological curve.

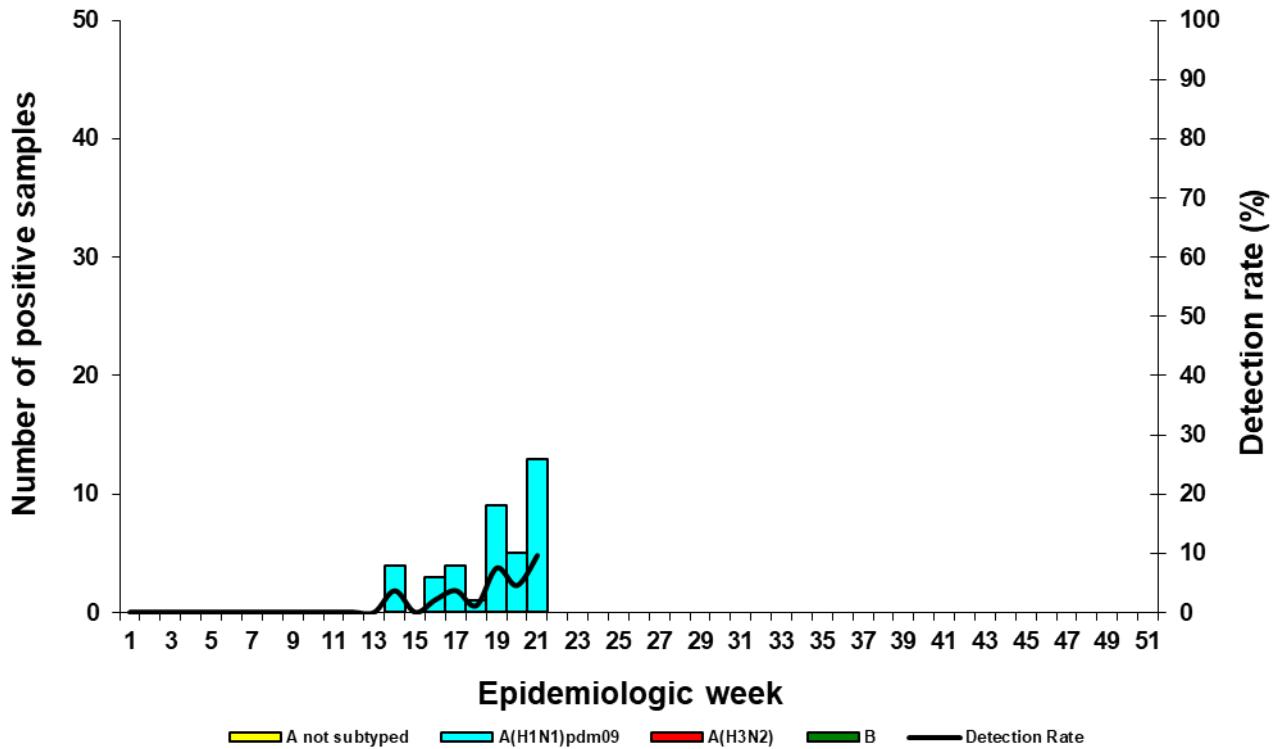
Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 27/05/2018

Results until end of epidemiologic week 21(2018)

National syndromic surveillance for pneumonia

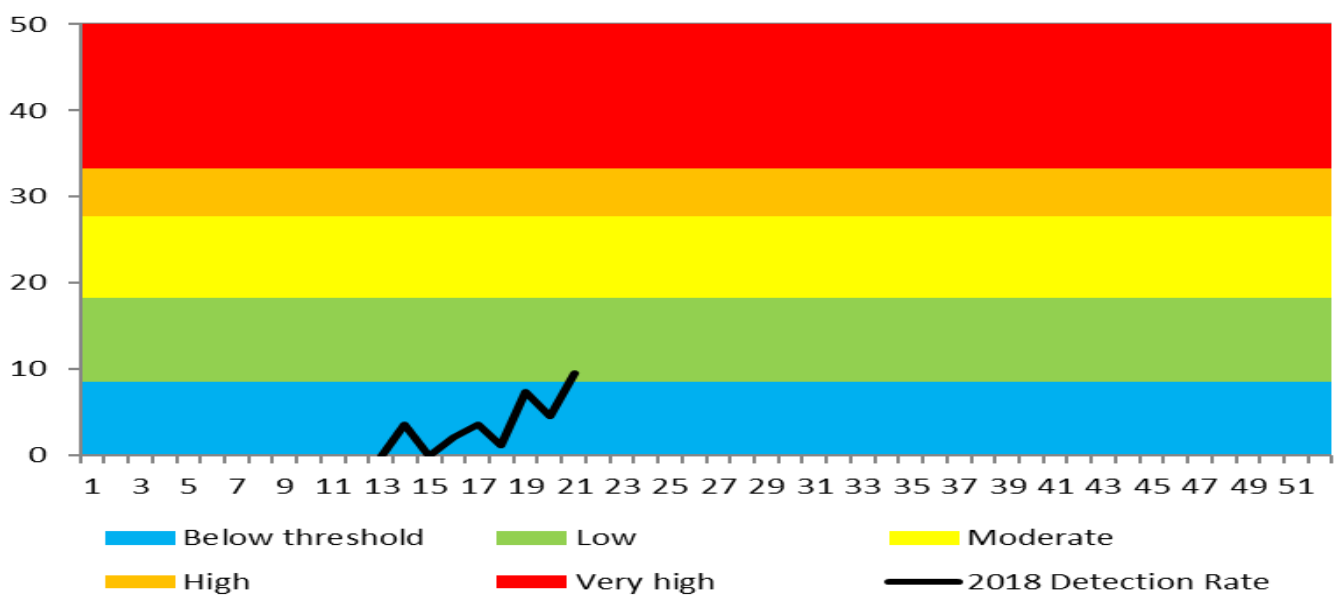
Figure 6. Number of positive samples* by influenza types and A not typed as yet and detection rate** by week



*Specimens from patients hospitalised with pneumonia at 6 sentinel sites in 5 provinces

**Only reported for weeks with >10 specimens submitted

Figure 7. National syndromic surveillance for pneumonia percentage influenza detections and epidemic thresholds*



*Thresholds based on 2010-2017 data

Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 20/05/2018

Results until end of epidemiologic week 20(2018)

Table 5. Cumulative number of identified influenza types and subtypes and total number of samples tested by hospital

Hospital (Province)	A not typed as yet	A(H1N1)pdm09	A(H3N2)	B	Total samples
Edendale (KZ)		21			353
Helen Joseph-Rahima Moosa (GP)		9			459
Klerksdorp-Tshepong (NW)		1			288
Mapulaneng-Matikwana (MP)		2			106
Red Cross (WC)		4			528
Mitchell's Plain (WC)		2			281
Total:		39			2015

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 01/01/2018 to 27/05/2018

Results until end of epidemiologic week 21(2018)

National syndromic surveillance for pneumonia

Figure 8. Number of samples testing positive for respiratory syncytial virus and detection rate by week

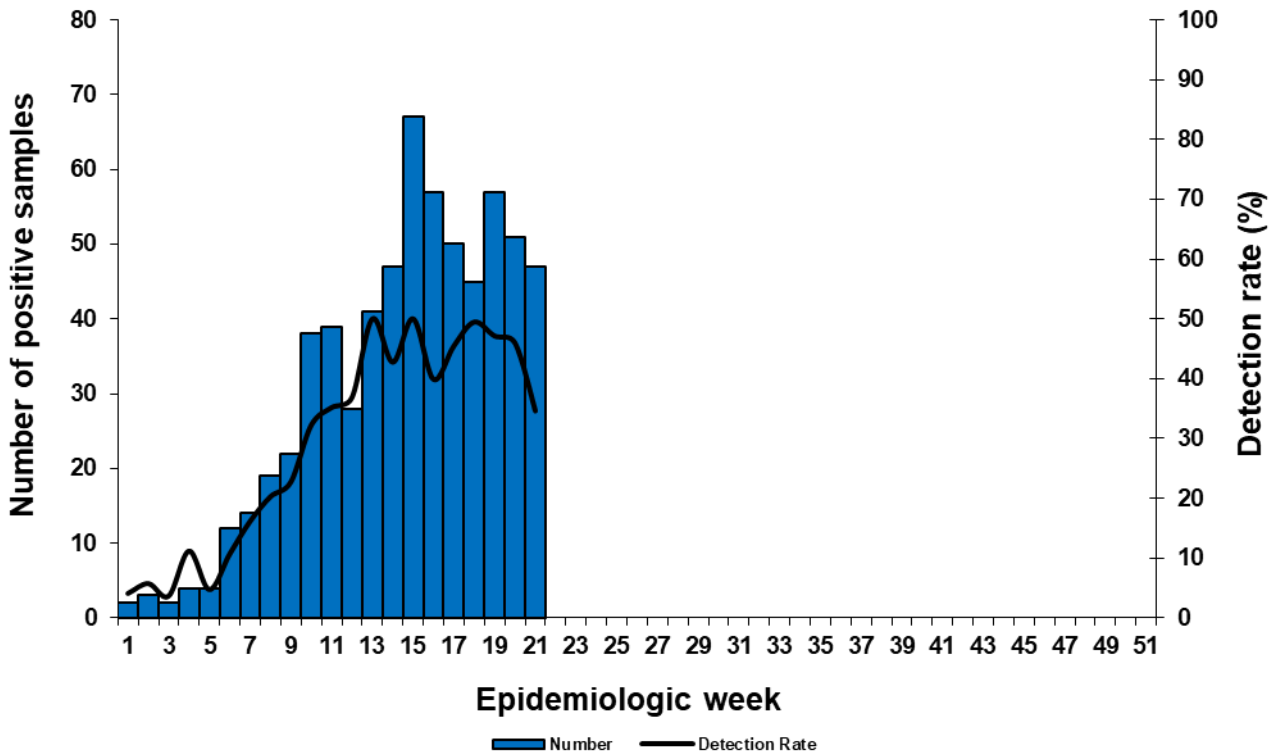


Table 6: Cumulative number of respiratory syncytial virus identified and total number of samples tested by hospital

Hospital (Province)	RSV Positive	Total samples
Edendale (KZ)	76	353
Helen Joseph-Rahima Moosa (GP)	146	459
Klerksdorp-Tshepong (NW)	36	288
Mapulaneng-Matikwana (MP)	45	106
Red Cross (WC)	237	528
Mitchel's Plain (WC)	109	281
Total:	649	2015

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

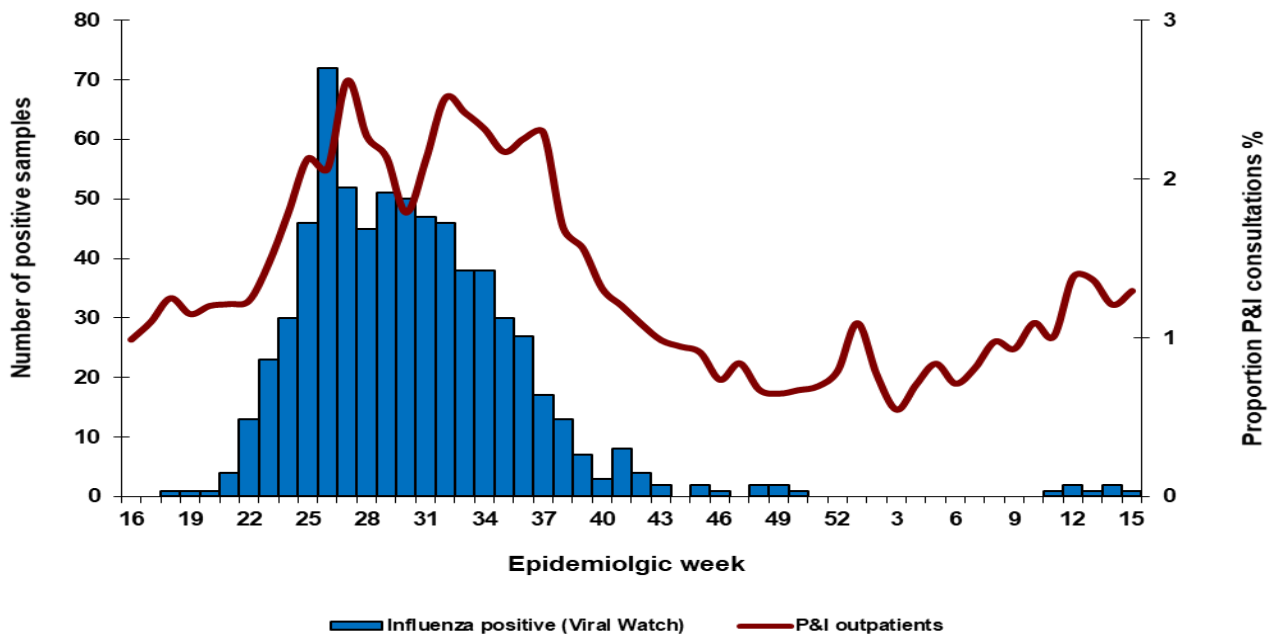
Weekly Influenza and Respiratory Syncytial Surveillance Report

Reporting period 17/04/2017 to 21/04/2018

Results until end of epidemiologic week 15(2018)

Private hospital consultations

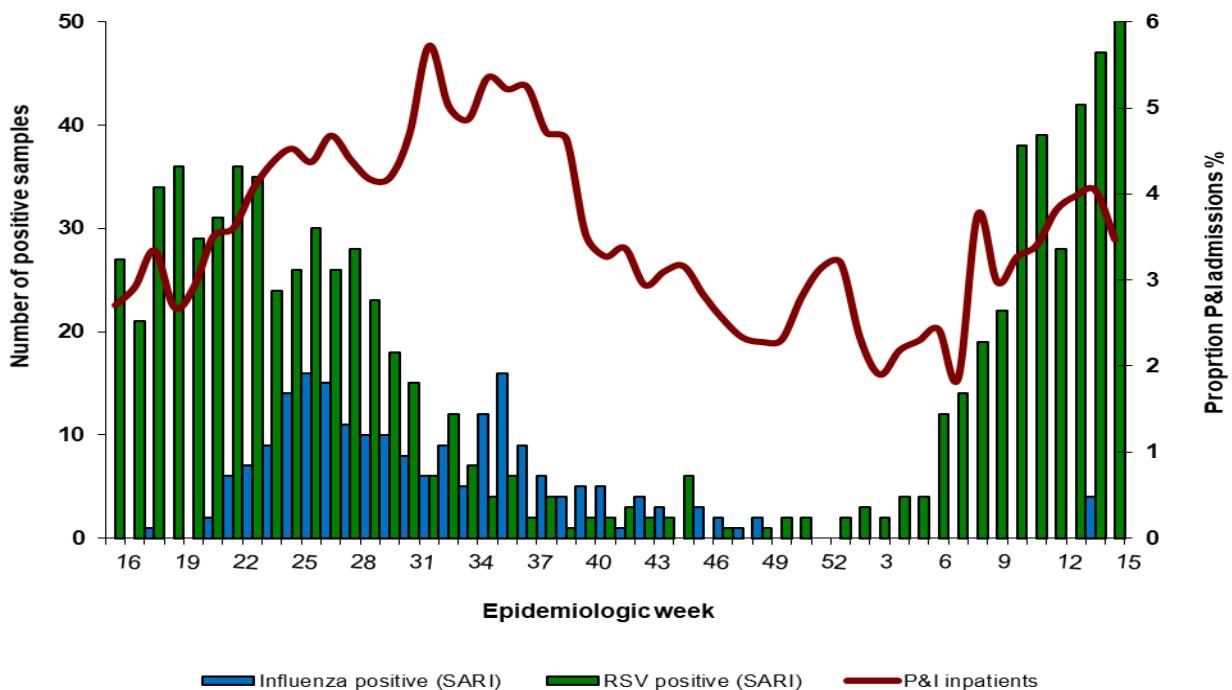
Figure 9. Number of private hospital outpatient consultations* with a diagnosis of pneumonia and influenza (P&I) and viral isolates**



* Hospital outpatient data from weekly reports of consultations to the Netcare hospital group. Discharge diagnosis is according to International Statistical Classification of Diseases and Related Health Problems coding by clinicians and does not represent laboratory confirmation of aetiology

** Influenza positive specimens from the Viral Watch surveillance programme

Figure 10. Number of private hospital admissions* with a discharge diagnosis of pneumonia and influenza (P&I) and viral isolates**



*Hospitalisation admission data from weekly reports of consultations to the Netcare hospital group. Discharge diagnosis is according to International Statistical Classification of diseases and Related Health Problems/ ICD by clinicians and does not represent laboratory confirmation of aetiology ** Influenza positive specimens from the national syndromic surveillance for pneumonia.