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# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

## Programme Descriptions

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

\*\*Started in 2019

\*\*\*INF: influenza virus; RSV: respiratory syncytial virus; BP: *Bordetella pertussis*

# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 18/08/2019

Results until end of epidemiologic week 33 (2019)

## Comments:

### Influenza

The 2019 season started in week 16 (week ending 21 April) when influenza detection in the Viral Watch programme rose above the seasonal threshold, as determined by the Moving Epidemic Method. A sustained decline in influenza detection rate since week 25 (week ending 23 June) has been noticed. Influenza transmission is currently low and impact is moderate.

ILI programme: In 2019 to date, specimens from 1247 patients were received from 3 ILI sites. Influenza was detected in 150 specimens, 23 were identified as influenza A(H1N1)pdm09, 124 as influenza A(H3N2) and three A subtype inconclusive.

Viral Watch programme: During the same period, specimens were received from 1237 patients from Viral Watch sites in 7 provinces. Influenza was detected in 766 patients, of which 39 were influenza A(H1N1)pdm09, 709 influenza A(H3N2), 14 A subtype inconclusive, one influenza B(Victoria), two dual positive for influenza A(H1N1)pdm09 and A(H3N2) and one dual positive for influenza A(H3N2) and influenza B(Yamagata). Of these, 19 gave a history of travel to the Northern Hemisphere.

Pneumonia surveillance: In this time period, specimens from 2967 patients with severe respiratory illness (SRI) were received from the 6 sentinel sites. Influenza was detected in 205 patients, influenza A(H1N1)pdm09 in 11, influenza A(H3N2) in 184, A subtype inconclusive in seven and influenza B(Yamagata) in one. In addition, there was one dual positive for influenza A(H1N1)pdm09 and A(H3N2).

### Respiratory syncytial virus

The 2019 RSV season which started in week 8 (week starting 18 February) when RSV detections in pneumonia surveillance rose above the seasonal threshold as determined by the Moving Epidemic Method ended in week 25 (week starting 17 June). However, sporadic detections of RSV are still being made.

In 2019 to date, RSV has been detected in the specimens of 141 patients in the ILI programme, 755 patients in the pneumonia surveillance programme and in 26 patients in the Viral Watch programme.

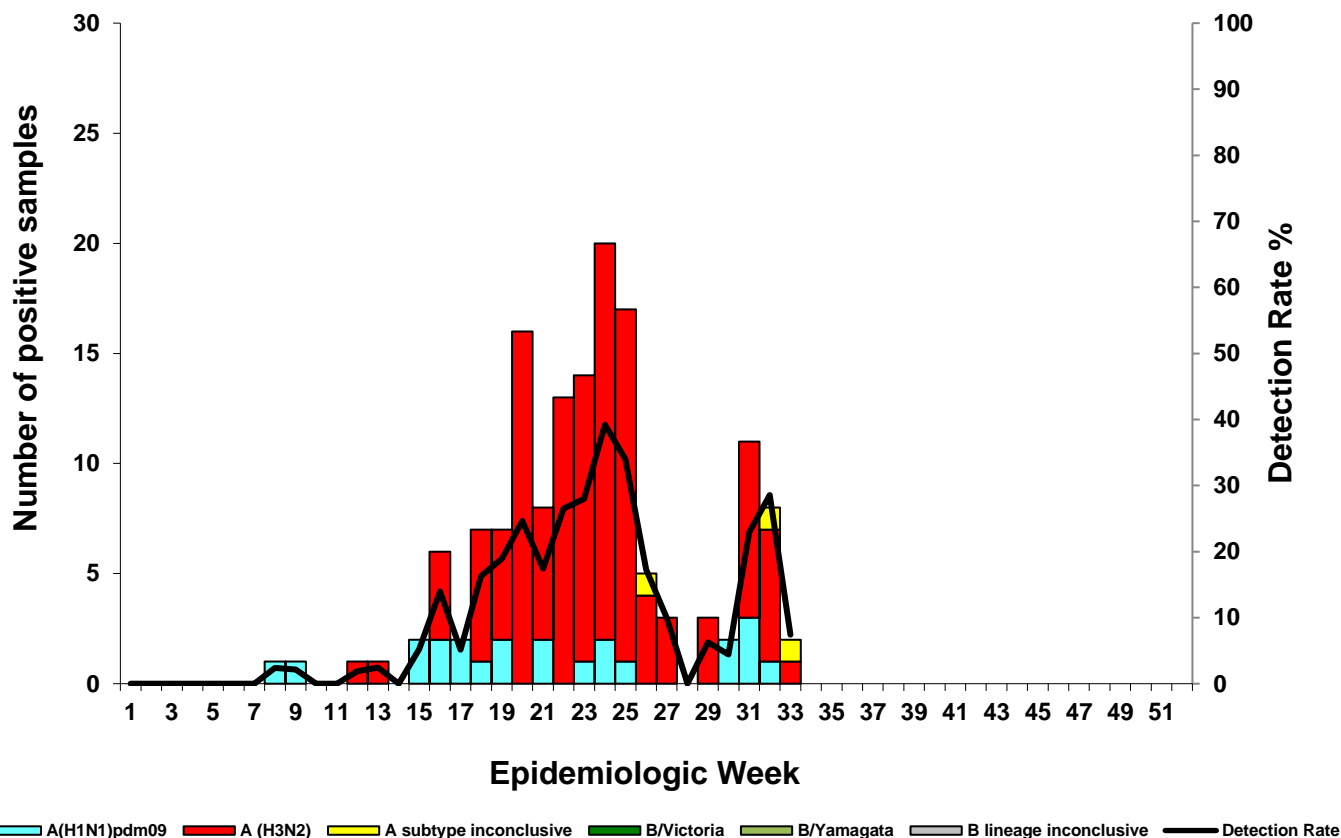
# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

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Results until end of epidemiologic week 33 (2019)

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

Figure 1. Number of positive samples\* by influenza subtype and lineage 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

Inconclusive: insufficient viral load in sample and unable to characterise further

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

Clinic (Province)	A(H1N1)pdm09	A(H3N2)	A subtype inconclusive	B/Victoria	B/Yamagata	B lineage inconclusive	Total samples
Eastridge (WC)	16	55	0	0	0	0	652
Edendale Gateway (KZ)	3	20	3	0	0	0	96
Jouberton (NW)	2	44	0	0	0	0	411
Mitchell's Plain (WC)	2	5	0	0	0	0	88
<b>Total:</b>	<b>23</b>	<b>124</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1247</b>

KZ: KwaZulu-Natal; NW: North West; WCP: Western Cape

Inconclusive: insufficient viral load in sample and unable to characterise further

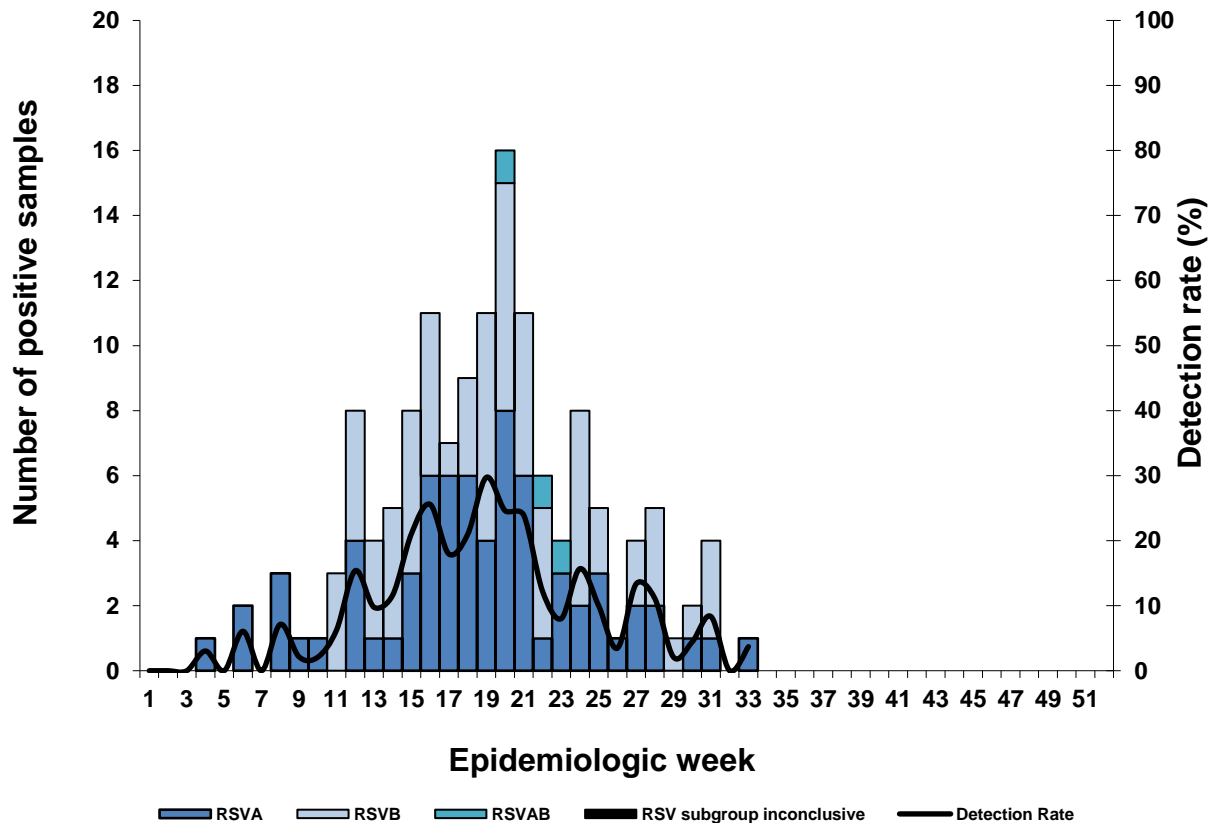
# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 18/08/2019

Results until end of epidemiologic week 33 (2019)

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

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



Inconclusive: insufficient viral load in sample and unable to characterise further  
 RSV AB: Both RSV A and B subgroup identified

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

Clinic (Province)	RSVA	RSVB	RSVAB	RSV subgroup inconclusive	Total samples
Eastridge (WC)	28	64	2	0	652
Edendale Gateway (KZ)	5	0	0	0	96
Jouberton (NW)	37	0	1	0	411
Mitchell's Plain (WC)	0	5	0	0	88
<b>Total</b>	<b>70</b>	<b>69</b>	<b>3</b>	<b>0</b>	<b>1247</b>

KZ: KwaZulu-Natal; NW: North West; WC: Western Cape  
 Inconclusive: insufficient viral load in sample and unable to characterise further  
 RSV AB: Both RSV A and B subgroup identified

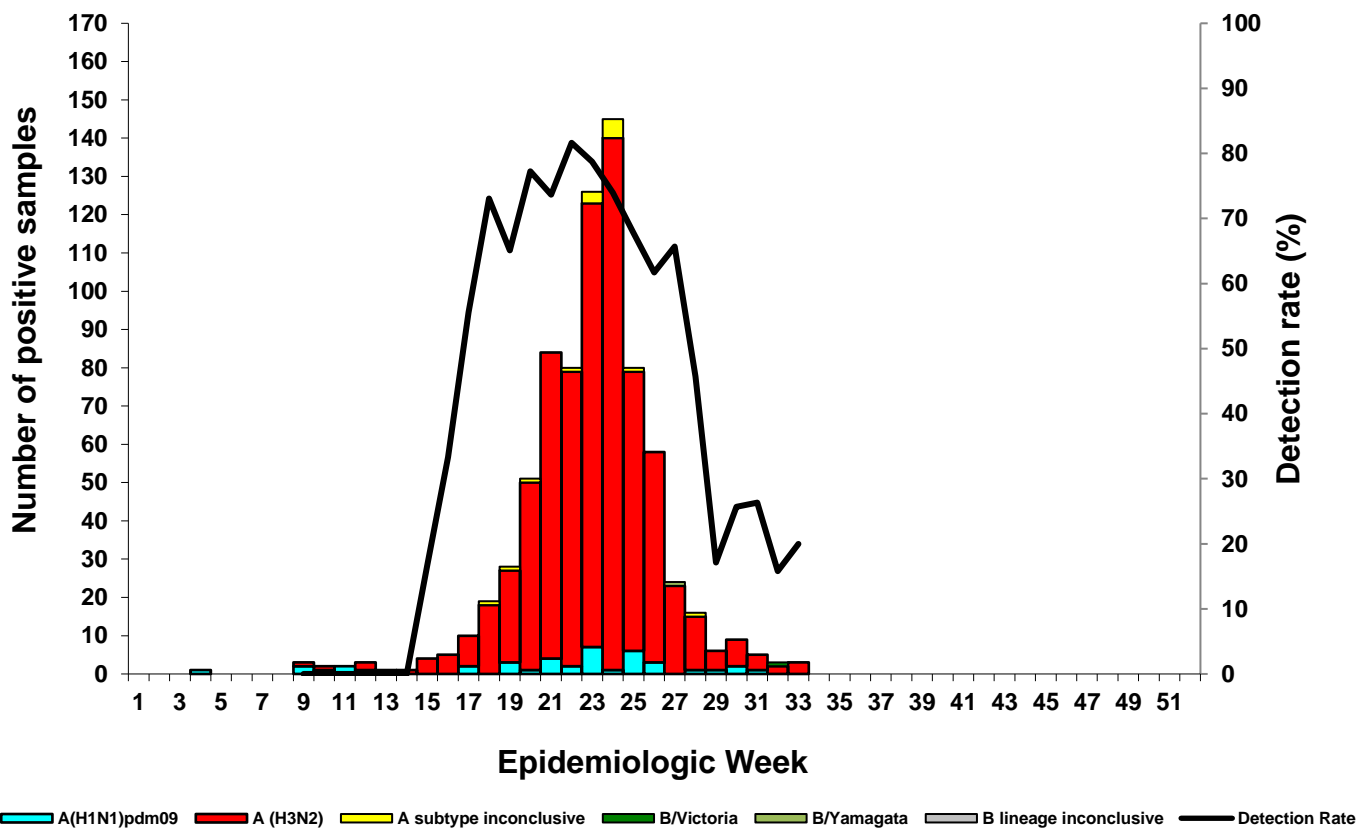
# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 18/08/2019

Results until end of epidemiologic week 33 (2019)

## Influenza-like illness (ILI) surveillance Viral Watch

Figure 4. Number of positive samples\* by influenza subtype and lineage and detection rate\*\* by week

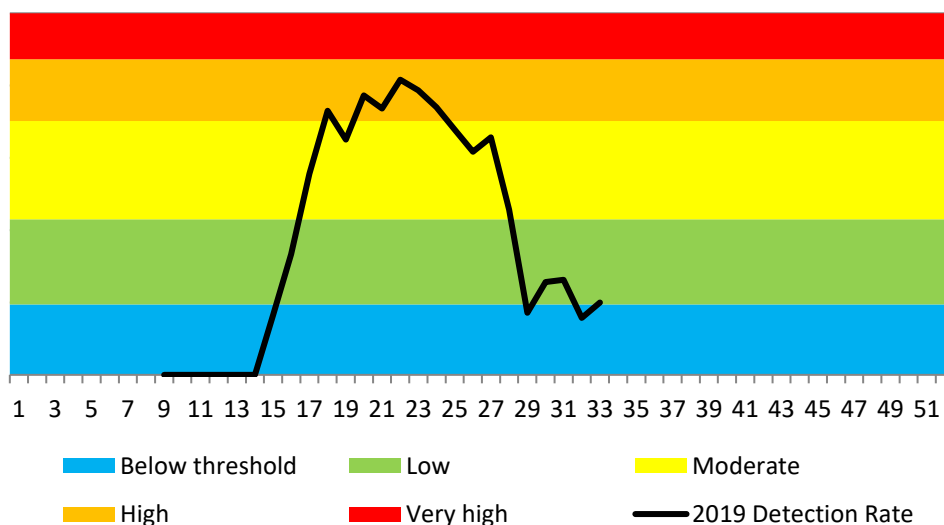


\*Specimens from patients with Influenza-like illnesses at 90 sentinel sites in 8 provinces

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

Inconclusive: insufficient viral load in sample and unable to characterise further

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



\*Thresholds based on 2008-2018 data (Excluding 2009)

# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 18/08/2019

Results until end of epidemiologic week 33 (2019)

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

Province	A(H1N1)pdm09	A(H3N2)	A subtype inconclusive	B/Victoria	B/Yamagata	B lineage inconclusive	Total samples
Eastern Cape	1	47	3	0	0	0	65
Free State	0	52	0	0	0	0	70
Gauteng	11	373	7	1	0	0	643
Limpopo	1	32	0	0	0	0	44
Mpumalanga	4	27	1	0	0	0	67
North West	0	4	0	0	0	0	8
Northern Cape	0	0	0	0	0	0	0
Western Cape	24	177	3	0	0	0	340
<b>Total:</b>	<b>41</b>	<b>712</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1237</b>

Inconclusive: insufficient viral load in sample and unable to characterise further

From 01 January 2019 to date, 31 patients were tested for influenza at the time of entry into South Africa following travel abroad and influenza was detected in four patients, of which one were influenza A(H1N1)pdm09, two influenza A(H3N2) and one influenza B (lineage inconclusive).

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

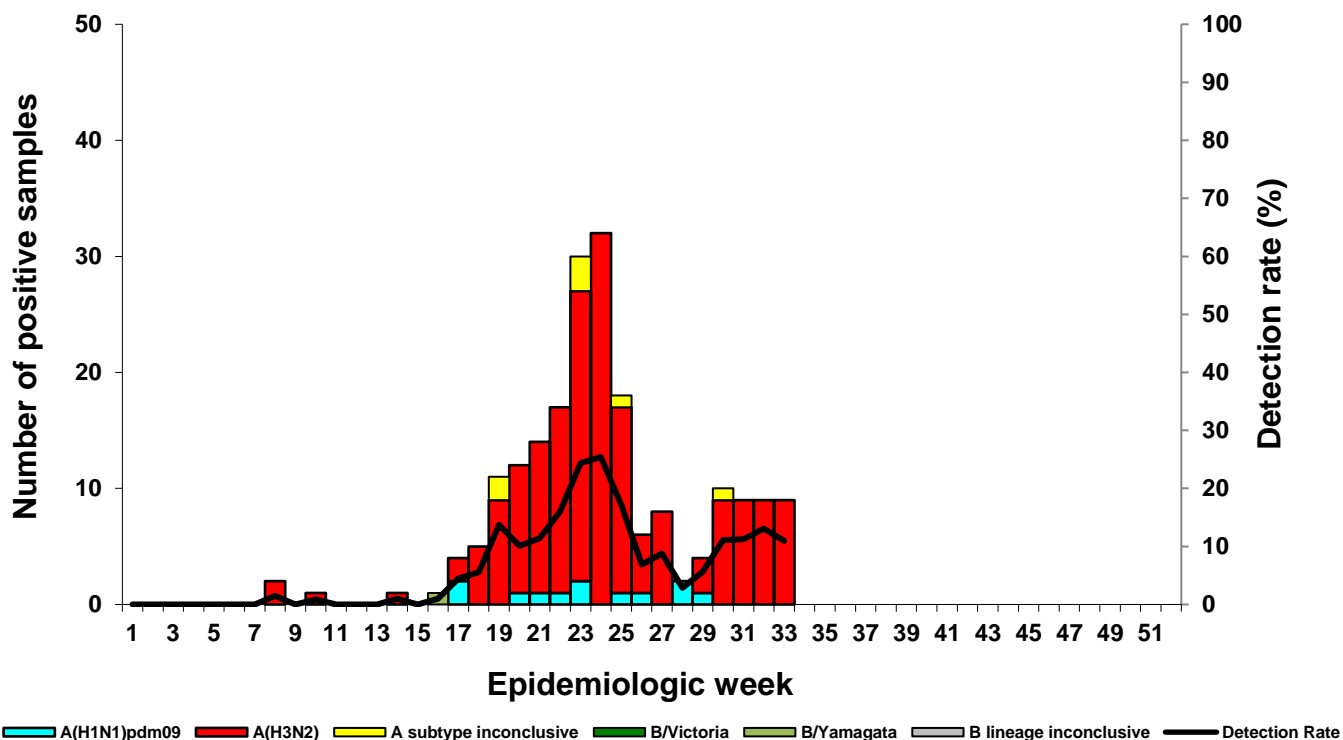
# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 18/08/2019

Results until end of epidemiologic week 33 (2019)

## National syndromic surveillance for pneumonia

Figure 6. Number of positive samples\* by influenza subtype and lineage and detection rate\*\* by week

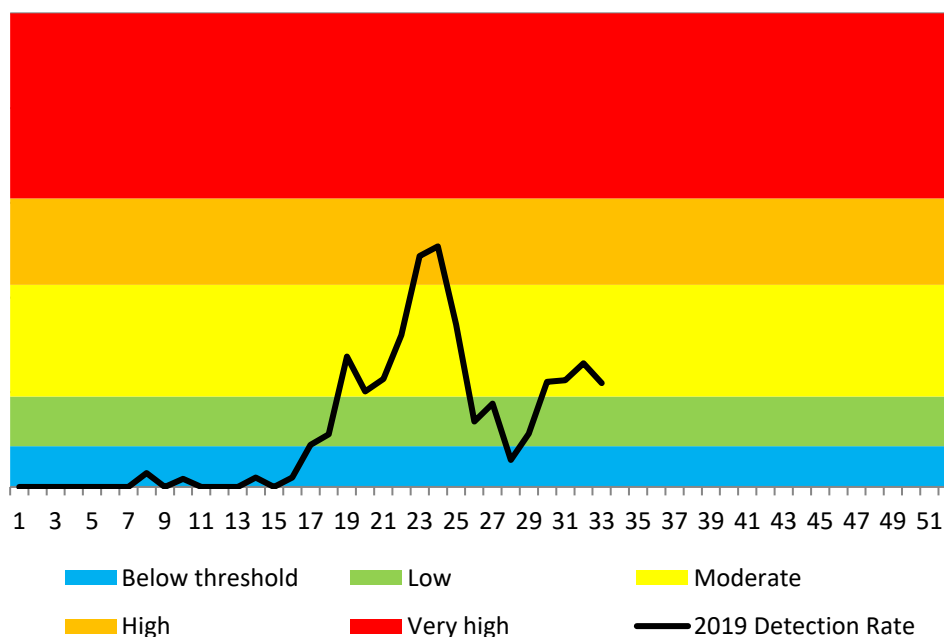


\*Specimens from patients hospitalised with pneumonia at 6 sentinel sites in 5 provinces

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

Inconclusive: insufficient viral load in sample and unable to characterise further

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



\*Thresholds based on 2010-2018 data



# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 18/08/2019

Results until end of epidemiologic week 33 (2019)

**Table 5. Cumulative number of identified influenza subtype and lineage and total number of samples tested by hospital**

Hospital (Province)	A subtype		B lineage inconclusive	B/Victoria	B/Yamagata	Total samples
	A(H1N1)pdm09	A(H3N2)				
Edendale (KZ)	7	28	2	0	0	515
Helen Joseph-Rahima Moosa (GP)	0	36	2	0	0	702
Klerksdorp-Tshepong (NW)	0	50	0	0	0	447
Mapulaneng-Matikwana (MP)	0	24	0	0	1	307
Red Cross (WC)	3	32	1	0	0	751
Mitchell's Plain (WC)	2	15	2	0	0	245
<b>Total:</b>	<b>12</b>	<b>185</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>2967</b>

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape  
 Inconclusive: insufficient viral load in sample and unable to characterise further

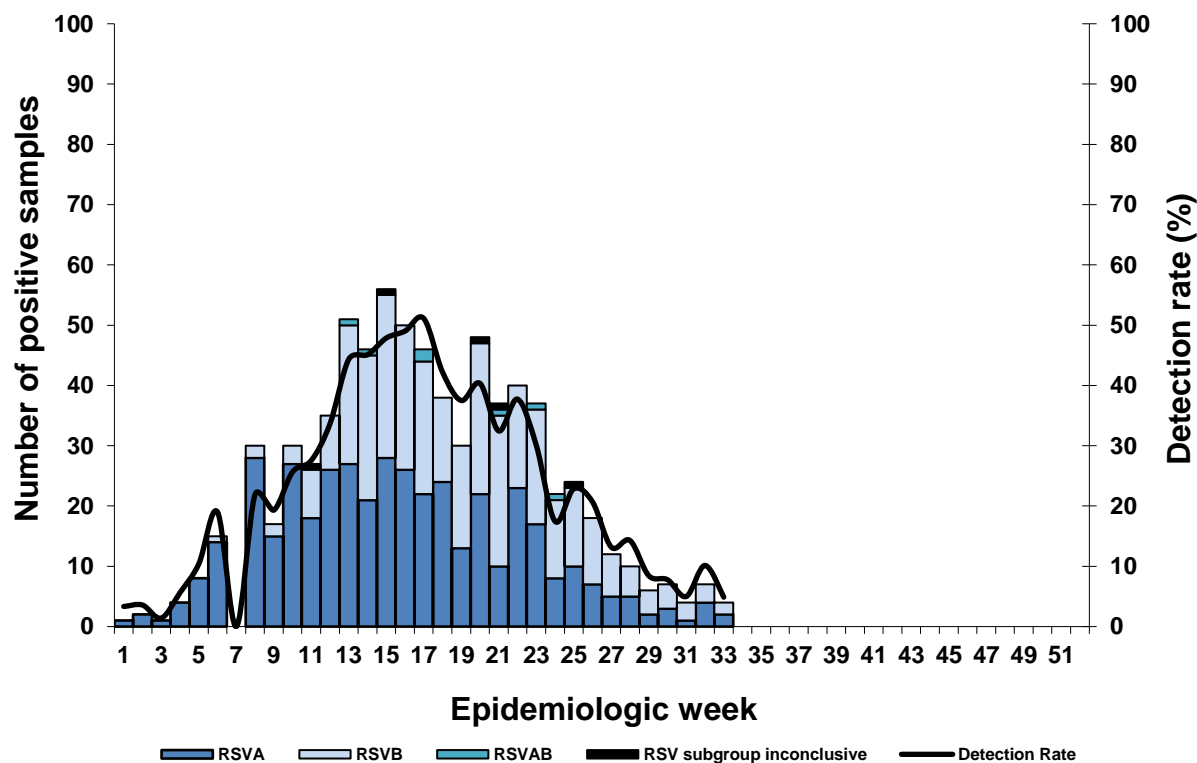
# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 18/08/2019

Results until end of epidemiologic week 33 (2019)

## National syndromic surveillance for pneumonia

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



Inconclusive: insufficient viral load in sample and unable to characterise further  
 RSV AB: Both RSV A and B subgroup identified

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

Hospital (Province)	RSVA	RSVB	RSVAB	RSV subgroup inconclusive	Total samples
Edendale (KZ)	123	5	0	1	515
Helen Joseph-Rahima Moosa (GP)	108	57	3	0	702
Klerksdorp-Tshepong (NW)	50	8	0	1	447
Mapulaneng-Matikwana (MP)	54	1	0	0	307
Red Cross (WC)	68	209	4	3	751
Mitchell's Plain (WC)	21	47	0	0	245
<b>Total:</b>	<b>424</b>	<b>327</b>	<b>7</b>	<b>5</b>	<b>2967</b>

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape  
 Inconclusive: insufficient viral load in sample and unable to characterise further  
 RSV AB: Both RSV A and B subgroup identified

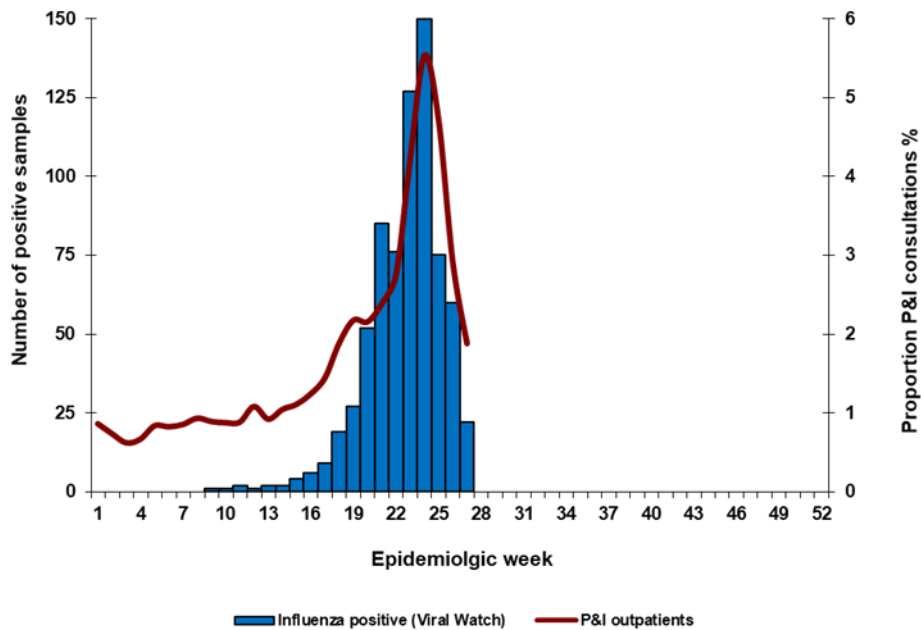
# Weekly Influenza and Respiratory Syncytial Virus Surveillance Report

Reporting period 01/01/2019 to 07/07/2019

Results until end of epidemiologic week 27 (2019)

## Private hospital consultations

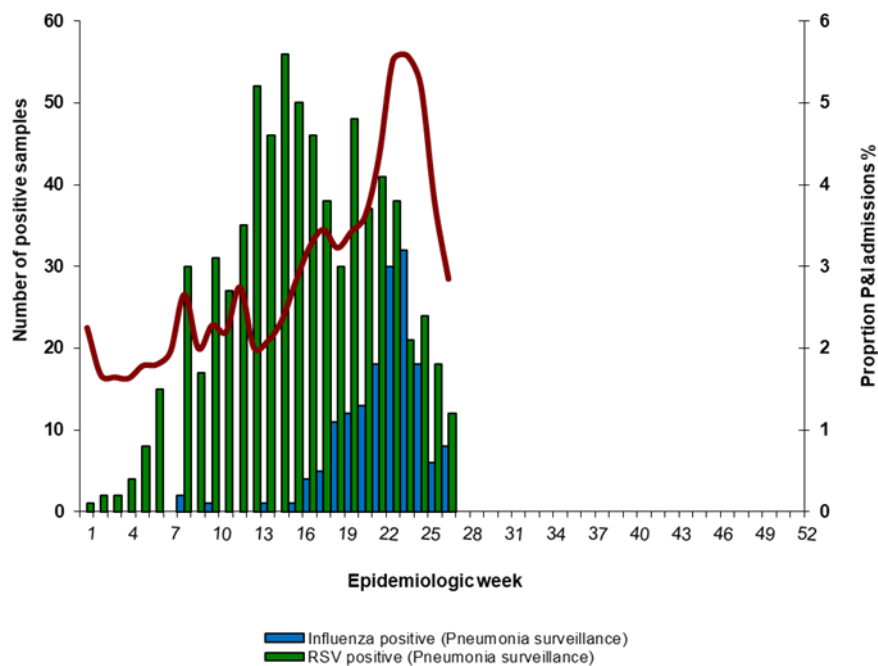
**Figure 9. Number of private hospital outpatient consultations\* with a diagnosis of pneumonia and influenza (P&I) and viral isolates\*\***



\* 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.