SEASONAL DISEASES

Influenza, 2021 – Influenza activity increases

There has been a sustained increase in influenza cases from the influenza-like illness (ILI) (outpatient in public health clinics) and pneumonia (hospital) surveillance sentinel sites in recent weeks. The total number of influenza cases detected by the syndromic sentinel surveillance programmes conducted by the NICD as of week 45 of 2021 (week ending 14 November 2021) has increased from 154 in week 41 (date of last Communiqué) to 246.

As of week 45 2021, 131 influenza detections at pneumonia surveillance sentinel sites have been reported with the predominant subtype and lineage being B Victoria (50/131, 38.2%) followed by A (H1N1)pdm09 (33/131, 25.2%) and A (H3N2) (21/131, 16.0%) (Figure 4). For the ILI sentinel sites, 115 influenza cases have been reported, with the predominant subtype and lineage being B Victoria (44/115, 38.3%) followed by A (H3N2) (39/115, 33.9%) and A (H1N1)pdm09 (11/115, 9.6%) (Figure 4).

Clinicians are encouraged to consider influenza as part of a differential diagnosis when managing patients presenting with respiratory illness. It is also important to encourage patients, especially those at high risk for developing severe influenza illness and complications to take the influenza vaccine. Because of the recent changes in respiratory virus epidemiology as a result of non-pharmaceutical interventions (NPI) to control COVID-19, it is possible that we may see increasing influenza detections even as we enter the summer months, especially if compliance to NPIs is relaxed. For this reason, it is still not too late to vaccinate against influenza as long as influenza is circulating. Updated guidelines on influenza diagnosis and management are available at:

https://www.nicd.ac.za/wp-content/uploads/2021/07/Influenza-guidelines_-April-2021-final.pdf

The composition of the 2022 southern hemisphere influenza vaccines has been updated. WHO recommends that the egg-based trivalent vaccines should contain the following:

- an A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

In addition to the above, the quadrivalent vaccine should include a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus. These recommendations included two updates compared to the 2021 southern hemisphere vaccines, influenza A(H3N2) and B/ Victoria lineage components were updated. https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2022

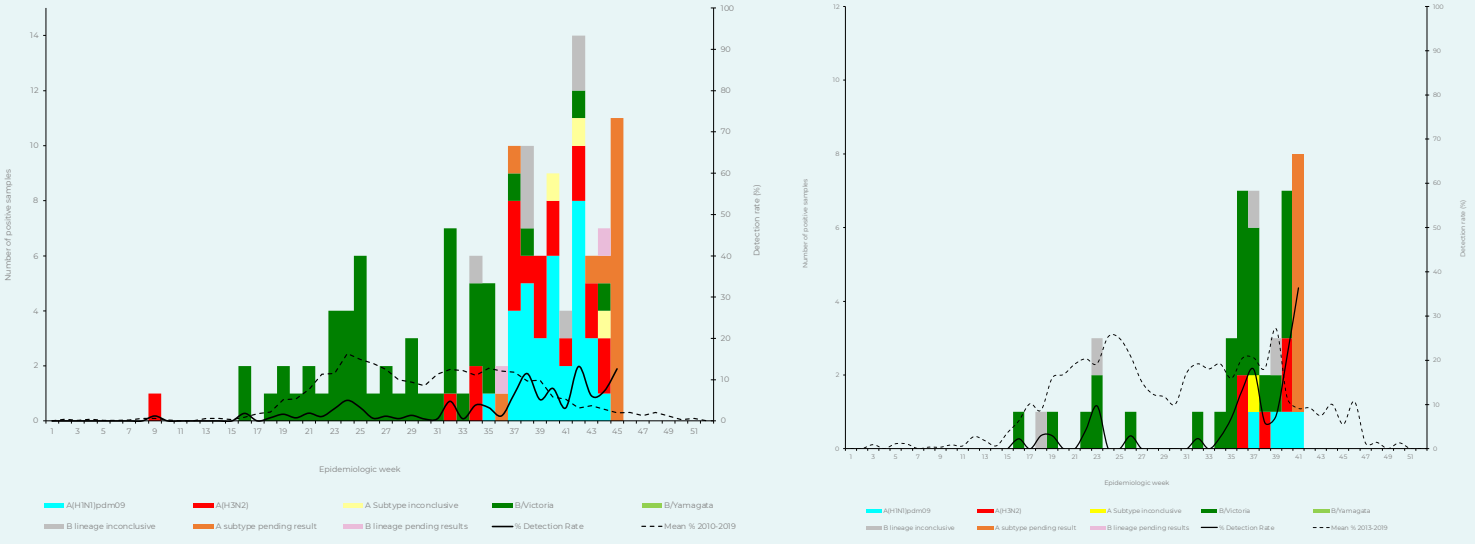

Figure 4. Number of positive cases by influenza subtype and lineage and detection rate, pneumonia surveillance (left) and ILI surveillance (right), 01 January – 14 November 2021