

9 May 2024

## Start of the 2024 influenza season

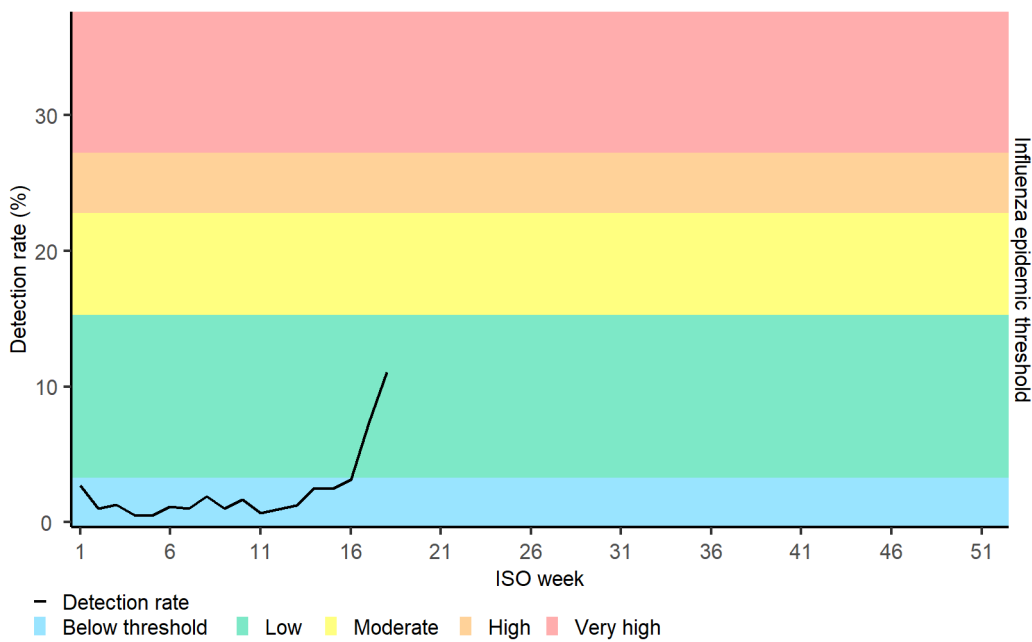
The 2024 influenza season has started. The influenza season started in week 17 (week starting 22 April 2024) when the influenza detection rate (3-week moving average) from the NICD inpatient pneumonia sentinel surveillance in public hospitals breached the seasonal threshold and remained above the threshold for two consecutive weeks (Figure 1). As of the 9 May 2024 within the pneumonia surveillance programme, the most commonly detected subtype and lineage is influenza A(H1N1)pdm09 (29/52, 55.8%) followed by influenza B/Victoria (7/52, 13.5%) and influenza A(H3N2) (2/52, 3.8%). Of the 52 samples that tested positive for influenza, 1 sample (1.9%) had inconclusive influenza A subtyping result, 7 samples (13.5%) were pending influenza A subtyping results, 1 sample (1.9%) had inconclusive influenza B lineage result, 3 samples (5.8%) were pending influenza B lineage results and 2 samples (3.8%) tested positive for influenza A(H1N1)pdm09 and influenza B/Victoria (Figure 2).

Influenza A(H3N2), A(H1N1)pdm09 and influenza B are common seasonal influenza strains in humans. The majority of people with influenza will present with mild illness, usually resolving within 3-7 days. However, influenza may cause severe illness leading to hospitalisation or possibly death, especially among those who are at risk of severe influenza illness or complications. High-risk groups include pregnant women, individuals living with HIV, those with chronic conditions such as diabetes, lung disease, tuberculosis, heart disease, renal disease, and obesity, older individuals ( $\geq$ aged 65) and children  $<$ 2 years old. These groups should be encouraged to seek medical help early. Updated guidelines on influenza diagnosis and management are available at: [https://www.nicd.ac.za/wp-content/uploads/2023/05/Influenza-guidelines\\_-25April-2023-final.pdf](https://www.nicd.ac.za/wp-content/uploads/2023/05/Influenza-guidelines_-25April-2023-final.pdf)

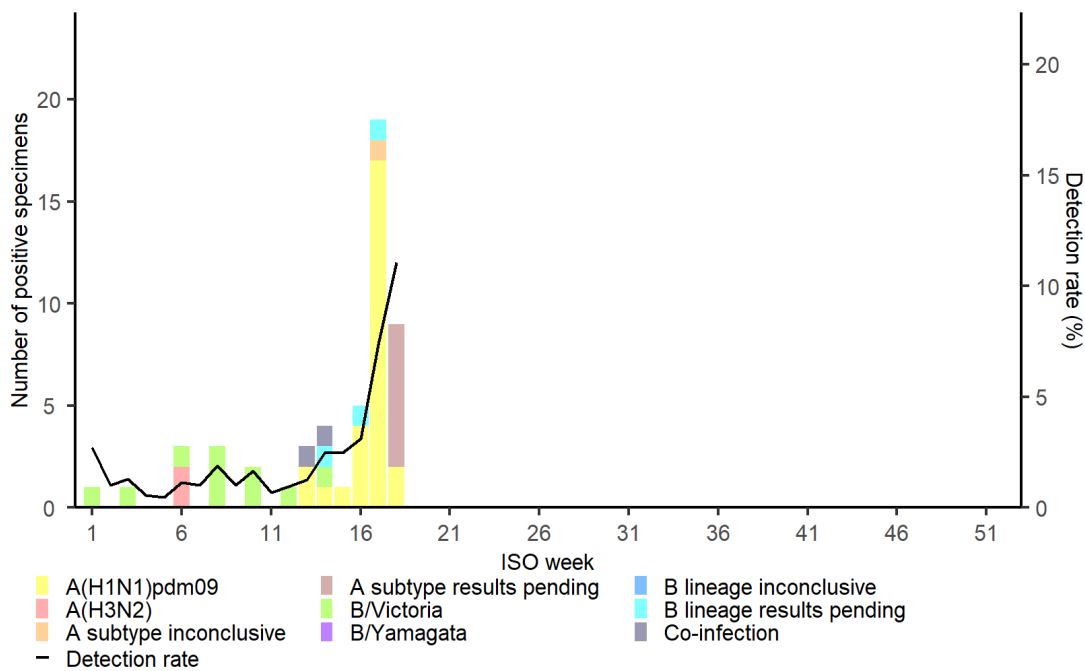
Influenza vaccination is recommended to protect against infection and severe illness. Ideally the influenza vaccine should be administered prior to the start of the influenza season because it takes about 2 weeks for antibodies to develop following vaccination. However, it is never too late to vaccinate. Individuals at risk for severe illness are strongly encouraged to seek the influenza vaccine from either a public health clinic or privately through general practitioners and pharmacies. Annual vaccination is needed as the influenza virus is constantly changing and immunity to the vaccine wanes with time. Receiving the vaccine can reduce visits to clinics or doctor's offices, absenteeism from work and school due to influenza illness, as well as prevent influenza-related hospitalizations.

To minimise the transmission of seasonal influenza the following non-pharmaceutical measures can be applied: avoid close contact with sick individuals, practice proper hygiene including frequent hand washing, avoid touching the mouth, eyes, and nose, and covering coughs and sneezes (preferably into your elbow or a tissue, which should be promptly disposed of away from others). Individuals experiencing flu-like symptoms should stay at home to avoid infecting others. It is advisable to seek medical attention if symptoms do not improve in 3-7 days or if symptoms worsen in that time. Clinicians should include influenza as a possible diagnosis when managing patients with respiratory illness.

Weekly reports documenting respiratory pathogen circulation in South Africa including influenza, respiratory syncytial Virus (RSV), Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and *Bordetella pertussis* are available on: <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/weekly-respiratory-pathogens-surveillance-report-week/>.



**Figure 1: Influenza percentage detections and epidemic thresholds among cases of all ages, pneumonia surveillance in public hospitals, 1 January 2024 to 5 May 2024**



**Figure 2: Number of laboratory-confirmed influenza cases and detection rate by subtype and lineage in all ages, pneumonia surveillance in public hospitals, 1 January 2024 to 5 May 2024.**

