

4 June 2024

Update on the influenza season in South Africa, 2024

Since the start of the influenza season in week 17 (week starting 22 April 2024), there has been a steady increase in the number of influenza cases from the pneumonia (hospitalised cases) surveillance sentinel sites. Based on the circulation of influenza in 2016-2019 and 2022-2023, the 2024 flu season transmission and impact are at a moderate level (Figure 1 & 2). As of 26 May 2024 among patients enrolled in the Pneumonia Surveillance Programme, the most commonly detected subtype and lineage is influenza A(H1N1)pdm09 (90/116, 77.6%) followed by influenza B/Victoria (23/116, 19.8%) and influenza A(H3N2) (3/116, 2.6%) (Figure 3). Influenza detection rates from week 17 to week 21 in 2024 in the Pneumonia Surveillance Programme exceeded the average detection rates during the same weeks in previous seasons (2016-2019; 2022). However, it follows a similar trend compared to the 2023 influenza season (Figure 2). Similarly, the proportion of inpatient admissions and outpatient clinic consultations from a private hospital group and a network of general practitioners that are respiratoryrelated (based on ICD-10 codes, J00-J99) appears to be at a similar level to the peak in 2023 (Figure 4 & 5). Clinicians should include influenza as a possible diagnosis when managing patients with respiratory illness.

Although the majority of people with influenza will present with mild illness, influenza may cause severe illness, which may require hospitalisation or cause death, especially in individuals who are at risk of getting severe influenza complications. High-risk groups include pregnant women (up to 6 weeks post-partum), individuals living with HIV, those with chronic conditions such as diabetes, lung disease, tuberculosis, heart disease, renal disease, and obesity, older individuals (≥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/2024/05/Influenza-guidelines-2024_final.pdf

Even though the influenza season has started, the influenza vaccine remains the primary means for preventing seasonal influenza infection. Ideally, the influenza vaccine should be administered prior to the start of the influenza season. However, it is never too late to vaccinate, especially for individuals with underlying conditions which put them at increased risk of severe influenza illness or complications.

To prevent contracting or spreading the influenza virus, the following non-pharmaceutical measures are recommended: avoid close contact with sick individuals, stay home when sick, 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).

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: <u>https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/weekly-respiratory-pathogens-surveillance-report-week/</u>.



Figure 1: Influenza surveillance epidemic threshold summary using outpatient influenza-like illness (ILI) sentinel surveillance, South Africa, 1 January 2024 to 26 May 2024

thr. – Threshold

*Note: Thresholds based on 2016-2019 & 2022-2023 detection rates



Figure 2: Influenza surveillance epidemic threshold summary using inpatient pneumonia sentinel surveillance, South Africa, 1 January 2024 to 26 May 2024

thr. – Threshold

*Note: Thresholds based on 2016-2019 & 2022-2023 detection rates



Figure 3: Number of laboratory-confirmed influenza cases and detection rate by subtype and lineage in all ages, pneumonia surveillance in public hospitals, South Africa, 1 January 2024 to 26 May 2024.



Figure 4: Proportion of inpatient admissions in private hospitals with respiratory illness according to ICD-10 codes (J00-J99 codes), South Africa, 1 January 2023 to 20 May 2024



Figure 5: Proportion of outpatients visits in private clinics with respiratory illness according to ICD-10 codes (J00-J99 codes), South Africa, 1 January 2023 to 20 May 2024

*Note: no data was available for week 21 in 2023, however, the average between week 20 and week 22 was used.