

## ACT Influenza Surveillance Report – No. 3, 2022

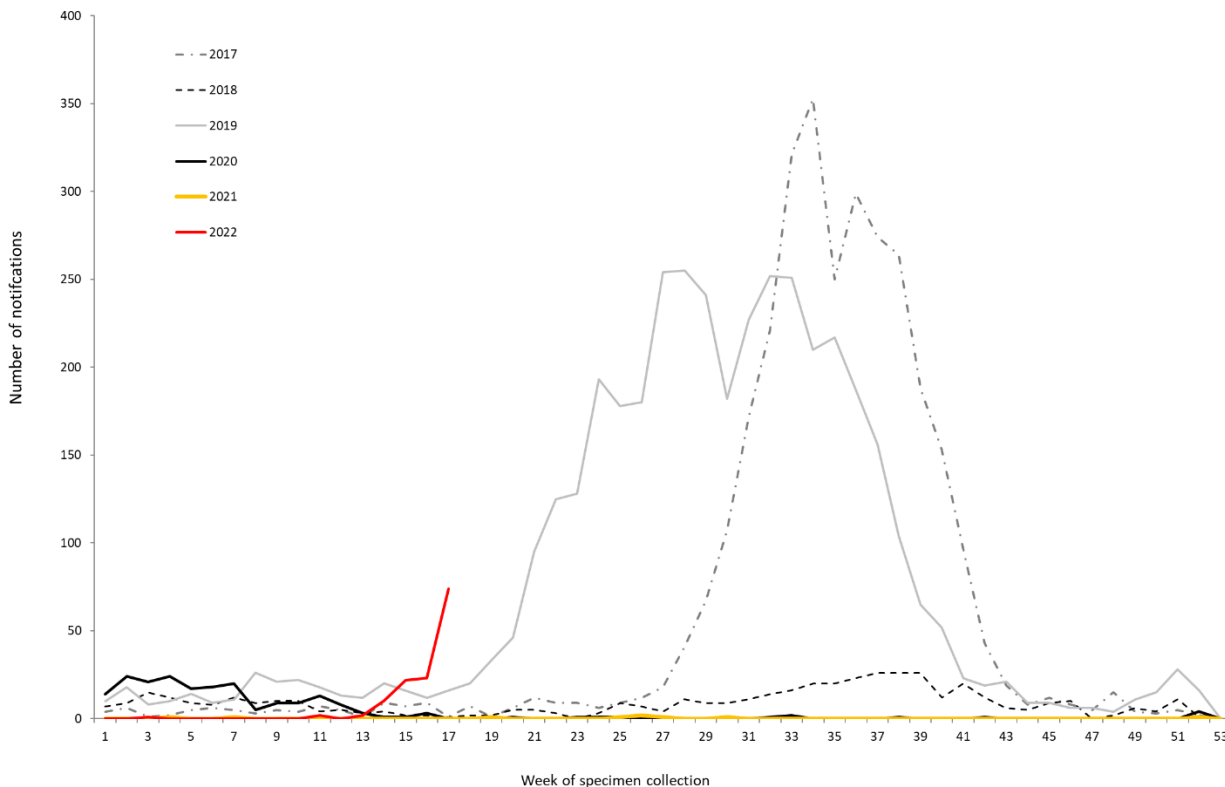
**Summary: Influenza activity has increased sharply in the last fortnight. Subtype A/H3 appears to be the predominant circulating strain.**

*Reporting Period: 1 January to 1 May 2022*

Between 1 January and 1 May 2022 there were 134 notifications of laboratory-confirmed influenza made to ACT Health (Figure). Ninety-seven (97) cases were notified in the last fortnight.

Almost all (133/134) cases notified so far in 2022 have been influenza A. Twenty-seven (27) of these had subtype information available, and 22 were A/H3 and five cases were A/H1. Most cases (118/134, 88%) were aged between 10 and 64 years (Table).

**Figure: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 1 May 2022, ACT.**



**Table: Number and proportion of influenza notifications by age group 1 January 2022 to 1 May 2022, ACT.**

Age Group	Number of notifications	Proportion of notifications
0-4 years	5	4%
5-9 years	3	2%
10-19 years	46	34%
20-64 years	72	54%
65 years and over	8	6%
<b>Total</b>	<b>134</b>	<b>100%</b>

### Data Caveats

- Data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received.
- Notification data include all cases diagnosed in residents of the ACT. Generally, notified cases represent only a small proportion of cases of influenza occurring in the community.
- Due to the COVID-19 pandemic, interpretation of 2020-2022 influenza notification data should consider: the impact of travel restrictions, quarantine, and social distancing measures; likely changes in health seeking behaviour of the community; and focussed testing for COVID-19 response activities.
- From 01/01/2022, the laboratory-confirmed influenza case definition excludes those identified by single high antibody titre. This change has minimal impact on the interpretation of influenza notification trends.
- Notification data were exported on 3 May 2022 from the ACT Notifiable Disease Management System for the period 1 January 2017 to 24 April 2022, by date of specimen collection.