

## ACT Influenza Surveillance Report – No. 5, 2022

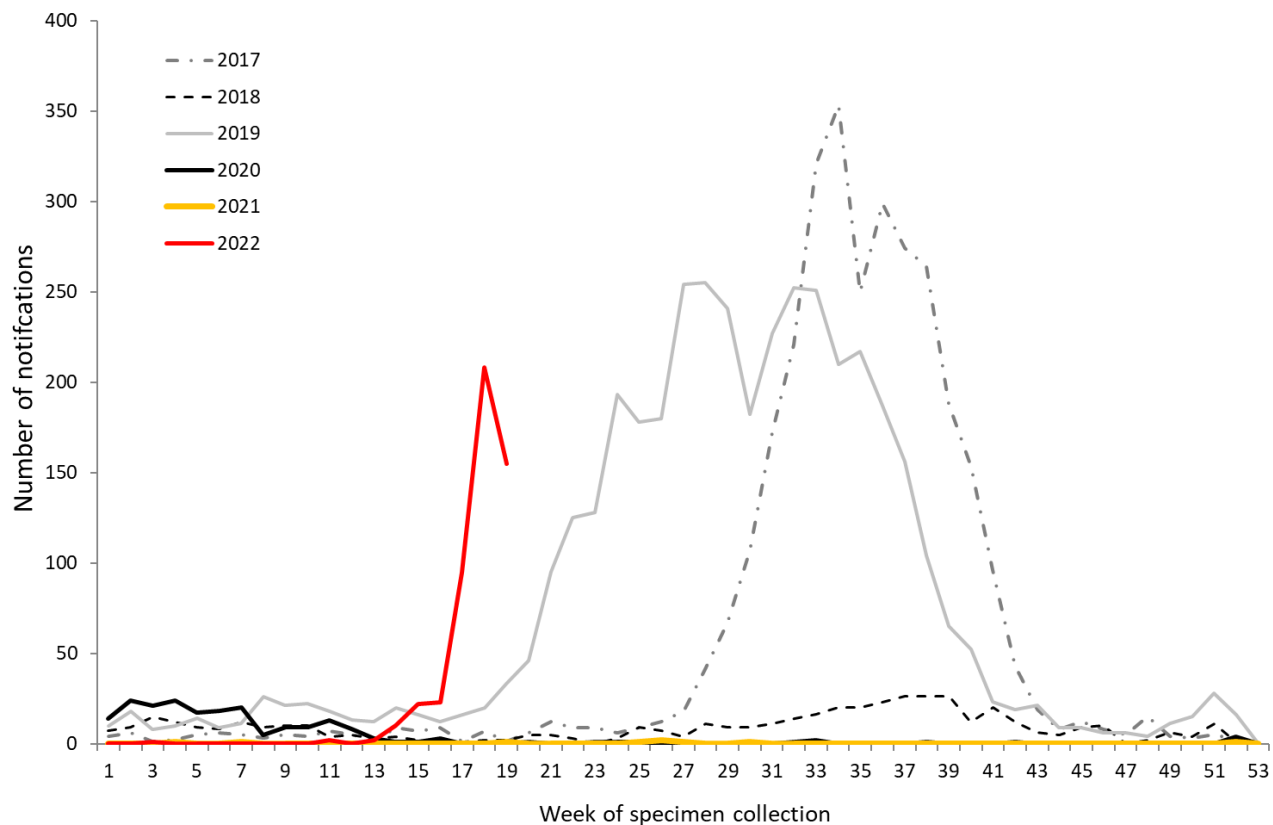
**Summary: Influenza notifications were high in the last fortnight. Subtype A/H3 appears to be the predominant circulating strain. More than half of cases notified this year were aged between 20 and 64 years.**

*Reporting Period: 1 January to 15 May 2022*

Between 1 January and 15 May 2022 there were 518 notifications of laboratory-confirmed influenza made to ACT Health (Figure). Three hundred and sixty-three (363) cases were notified in the last fortnight. A substantial proportion of notifications received in the four weeks to 15 May 2022 are associated with transmission in low-risk workplaces and congregate living settings and reflect expanded testing protocols adopted by certain primary health service providers. The age range of these linked cases is 17 to 58 years (median 20 years).

Almost all (517/518) cases notified so far in 2022 have been influenza A. Of the 114 with subtype information available, 99 were A/H3 and 15 cases were A/H1. Most cases (460/518, 89%) were aged between 10 and 64 years (Table).

**Figure: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 15 May 2022, ACT.**



**Table: Number and proportion of influenza notifications by age group 1 January 2022 to 15 May 2022, ACT.**

Age Group	Number of notifications	Proportion of notifications	Rate (notifications per 100,000 age-specific population)
0-4 years	19	4%	70.0
5-9 years	19	4%	65.5
10-19 years	189	36%	375.5
20-64 years	271	52%	96.8
65 years and over	20	4%	33.5
Total	518	100%	116.1

### 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. 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.
- 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.
- Notification data were exported on 18 May 2022 from the ACT Notifiable Disease Management System for the period 1 January 2017 to 15 May 2022, by date of specimen collection. Rates are calculated using ABS resident population estimates for September 2021.