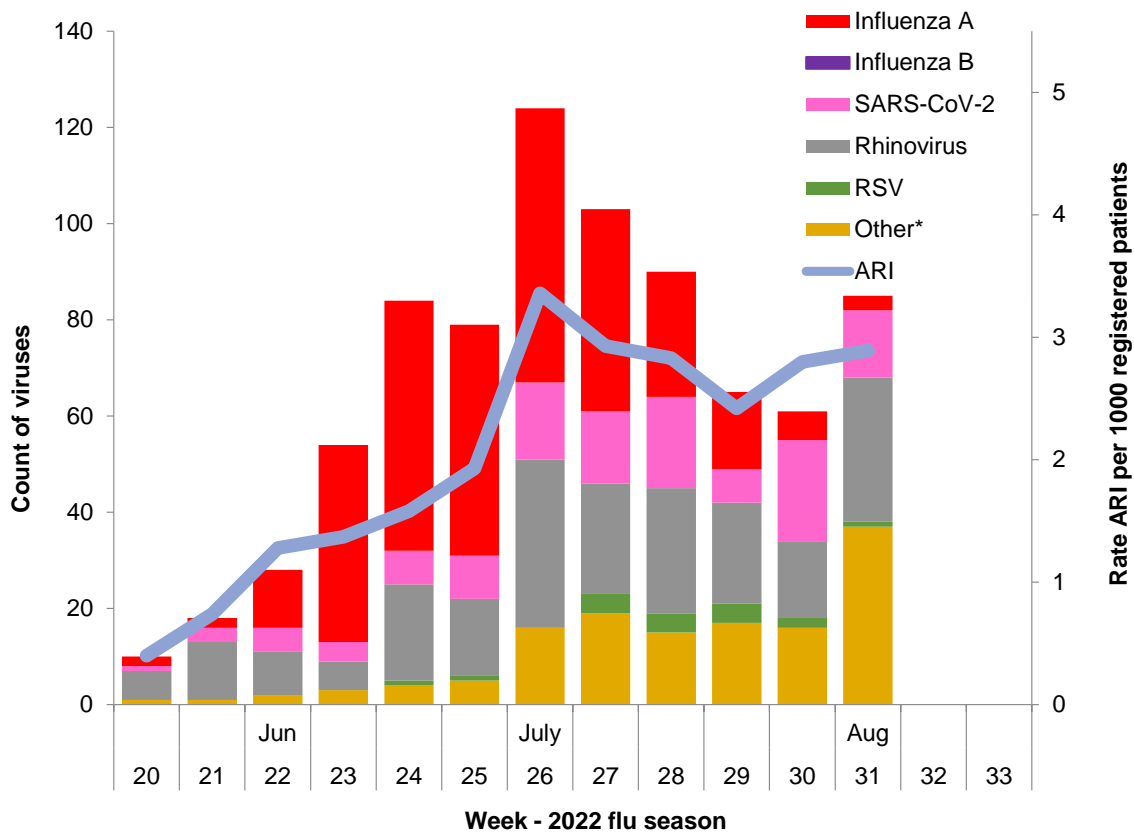


SHIVERS-V weekly report on acute respiratory illness and associated viruses among consultation seeking patients in sentinel general practices

Week 31 ending 7 August, 2022

The SHIVERS-V surveillance for sentinel general practice (GP) consultation seeking patients with acute respiratory illness (ARI) provides evidence to inform public health measures, to reduce the impact of influenza virus infection and other important respiratory pathogens in New Zealand. The report includes incidence and viruses among consultation seeking patients with ARI in those sentinel general practices for the past month as well as the cumulative virus counts since 16 May 2022.

Figure 1 show the weekly rate of acute respiratory illness (ARI) and associated viruses detected among GP consultation seeking patients during the surveillance period.



*Note: other viruses include enterovirus, adenovirus, parainfluenza virus types 1-3 and human metapneumovirus. The increase of other viruses in week 31 was mainly due to the increase of detection of human metapneumovirus and parainfluenza virus type 3. The left axis indicates number of respiratory viruses detected among registered patients with acute respiratory illnesses each week. The different coloured bars on the graph represent the count of the different respiratory viruses detected. The right axis shows weekly ARI rates - the blue line is the weekly rate of ARI reported by registered patients (per 100,000), meeting the case definition^[1].

^[1] The case definition: any acute respiratory illness with at least one of the following symptoms (with or without fever): new or worsening cough, fever (at least 38°C), shortness of breath, sore throat, coryza (runny nose), anosmia (loss of sense of smell, dysgeusia (loss of sense of taste). Some people may present with less typical symptoms such as only fever, diarrhoea, headache, myalgia (muscle aches), nausea/vomiting, or confusion/irritability. For people with less typical symptoms, if there is not another more likely diagnosis, they should also be tested.

New Zealand's public health measures (including border restrictions) have eliminated COVID-19 infection in our communities during most of the time in 2020-2021. It also altered the predictable seasonal circulation patterns of many respiratory viruses including almost non-existence of influenza virus circulation during 2020-2021. Therefore, it is important to understand influenza and non-influenza respiratory virus transmission in our communities in the post-COVID-19 world. Table 1 below indicates all swabs tested for influenza and non-influenza respiratory viruses since 16 May 2022.

Table 1 Respiratory viruses among GP consultation seeking patients with ARI, since 16 May 2022

<i>Respiratory viruses</i>	Total
No. of specimens tested	1276
No. of positive specimens (%)	741 (58.1)
Influenza A	307
Influenza B	0
Respiratory syncytial virus (RSV)	17
Parainfluenza 1 (PIV1)	0
Parainfluenza 2 (PIV2)	1
Parainfluenza 3 (PIV3)	24
Rhinovirus (RV)	220
Adenovirus (AdV)	14
Human metapneumovirus (hMPV)	97
Enterovirus	0
SARS-CoV-2	121
Single virus detection (% of positives)	684 (92.3)
Multiple virus detection (% of positives)	57 (7.7)

APPENDIX

SHIVERS-V is a study to understand the impact of border restrictions and other public health measures on the transmission and disease burden of influenza and other respiratory viruses in New Zealand.

Led by University of Auckland, SHIVERS-V is a multi-centre and multi-disciplinary collaboration between University of Auckland, ESR, UniServices, Counties Manukau District Health Board and the Immunisation Advisory Centre (IMAC). SHIVERS-V is the fifth iteration of research programmes into influenza viruses and vaccines called SHIVERS (Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance).

ESR leads an objective of SHIVERS-V – surveillance of influenza and other respiratory viral infections among GP consultation seeking patients with acute respiratory illness. This sub-study is also a multi-centre and multi-disciplinary collaboration among ESR, IMAC, primary care advisory group, sentinel general practices in Wellington, Auckland, and Dunedin. These practices began to provide swabs for those GP patients with ARI at different time points between May to June 2022.

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