



This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

Indicators for influenza show low levels of activity.

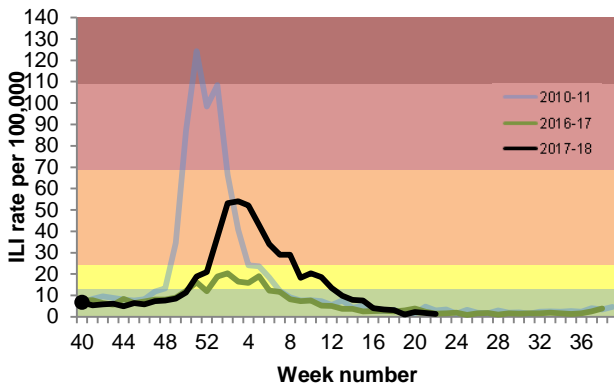
Community surveillance

- GP consultation rates for influenza-like illness (ILI) remain low in all schemes in the UK (Table 1 & Figure 1).

Table 1: GP ILI consultations for all ages – week 21-22 2018, UK

| Scheme | GP ILI consultation rate per 100,000 | | | Peak age group |
|------------------|--------------------------------------|---------|---|----------------|
| | Week 21 | Week 22 | | |
| England (RCGP) | 1.8 | 1.3 | ↓ | 75+ years |
| Scotland | 1.7 | 1.2 | ↓ | 75+ years |
| Northern Ireland | 2.1 | 1.7 | ↓ | 65-74 years |
| Wales | 1.8 | 2.3 | ↑ | 15-44 years |

Figure 1: RCGP ILI consultation rates, England



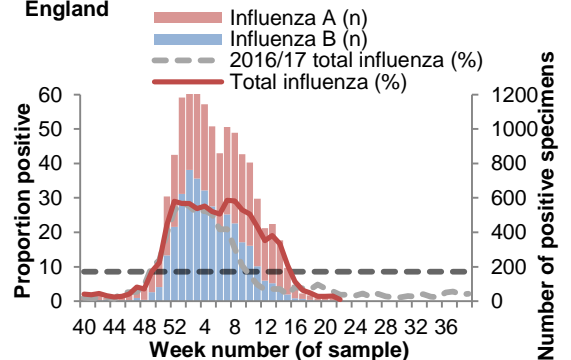
*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold values for this season, please visit: <https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#clinical-surveillance-through-primary-care>

- Syndromic surveillance
 - Syndromic surveillance indicators for influenza were low in weeks 21 and 22 2018.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 22 2018, four (0.5%) of the 869 respiratory specimens tested were positive for influenza (one influenza A(H3), one influenza A(not subtyped) and two influenza B).
 - Parainfluenza positivity continued its increasing trend to 9.9% in week 22 compared to 9.4% in week 21. Adenovirus positivity remained at a slightly increased level at 4.2% in week 22. Rhinovirus positivity decreased slightly from 17.8% in week 21 to 15.9% in week 22. RSV and human metapneumovirus (hMPV) positivities remained low in week 22.
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 22 2018.

Figure 2: Datamart samples positive for influenza, England



Outbreak Reporting

- Eight new acute respiratory outbreaks have been reported in the past two weeks. All eight outbreaks were reported from care homes where two tested positive for influenza A(not subtyped), two for rhinovirus and one for parainfluenza. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 22 2018, no significant excess was reported overall, by age group or by region in England after correcting ONS disaggregate data for reporting delay with the standardised weekly EuroMOMO algorithm (Table 2). This data is provisional due to the time delay in registration and so numbers may vary from week to week.

Figure 3: Weekly observed and expected number of all-cause deaths in all ages, with the dominant circulating influenza A subtype, England, 2013 to week 22 2018

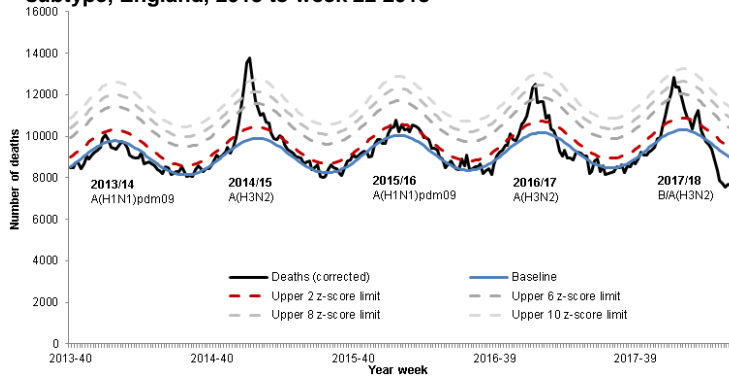


Table 2: Excess mortality by age group, England*

| Age group (years) | Excess detected in week 22 2018? | Weeks with excess in 2017/18 |
|-------------------|----------------------------------|------------------------------|
| <5 | x | NA |
| 5-14 | x | 50-51 |
| 15-64 | x | 51-04 |
| 65+ | x | 50-10 |

* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold

* NA refers to no excess seen

International Surveillance

- Influenza** updated on 28 May 2018
 - Influenza activity returned to inter-seasonal levels in most of the countries in the temperate zone of the northern hemisphere. Activity increased in some countries in tropical America. In the temperate zone of the southern hemisphere, influenza activity increased but remained below the seasonal thresholds in most countries. Worldwide, seasonal influenza subtypes A and B accounted for approximately the same proportion of influenza detections.
 - In North America and Europe, overall influenza activity decreased to inter-seasonal levels.
 - In Northern Africa, Western & Eastern Asia and Central Asia, low influenza activity was reported across the regions.
 - In the Caribbean, detections of all seasonal influenza subtypes continued to be reported in several countries while respiratory syncytial virus (RSV) activity remained low in the region.
 - In the tropical countries of South America, influenza activity varied by country.
 - In Eastern, Middle and Western Africa, influenza activity appeared to be low.
 - In Southern Asia and South East Asia, influenza activity remained low across countries.
 - In the temperate zone of the Southern Hemisphere, influenza activity increased slightly in most countries but remained below alert thresholds in general.
 - In Chile and Paraguay, SARI and ILI levels continued to increase while influenza percent positivity remained below seasonal thresholds. RSV percent positivity was high in Paraguay. In Brazil, influenza percent positivity continued to increase with detections of predominantly influenza A viruses.
 - In Southern Africa, South Africa reported the start of their influenza season in week 18, with low activity and predominantly influenza A (H1N1)pdm09 detected.
 - In Oceania, influenza activity remained at inter-seasonal levels in Australia and New Zealand but increased in New Caledonia in recent weeks with influenza A(H1N1)pdm09 predominating.
 - The WHO GISRS laboratories tested more than 80,749 specimens between 30 April 2018 and 13 May 2018. 4, 449 were positive for influenza viruses, of which 2, 581 (58%) were typed as influenza A and 1, 868 (42%) as influenza B. Of the sub-typed influenza A viruses, 888 (62.4%) were influenza A(H1N1)pdm09 and 536 (37.6%) were influenza A(H3N2). Of the characterized B viruses, 256 (85%) belonged to the B-Yamagata lineage and 45 (15%) to the B-Victoria lineage
- MERS-CoV** updated on 06 June 2018
 - Up to 06 June 2018, a total of four cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (two imported and two linked cases) have been confirmed in the UK. On-going surveillance has identified 1,206 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
 - On [16 May 2018](#), the National IHR Focal Point of the United Arab Emirates (UAE) reported one (1) laboratory-confirmed case of Middle East Respiratory Syndrome (MERS-CoV) infection to WHO.
 - Globally, since September 2012, WHO has been notified of 2,207 laboratory-confirmed cases of infection with MERS-CoV, including at least 787 related deaths. Further information on management and guidance of possible cases in the UK is available [online](#). The latest ECDC MERS-CoV risk assessment can be found [here](#), where it is highlighted that risk of widespread transmission of MERS-CoV remains low.
- Influenza A(H7N9)** updated on 06 June 2018
 - No new laboratory-confirmed human case of influenza A(H7N9) virus infection has been reported since 02 March 2018. Since 2013, a total of 1,567 laboratory-confirmed cases of human infection with avian influenza A(H7N9) viruses, including at least 615 deaths, have been reported to WHO.
 - For further updates please see the [WHO website](#) and for advice on clinical management in the UK please see information available [online](#).