PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

21 June 2018 – Week 25 report (up to week 24 data)

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.

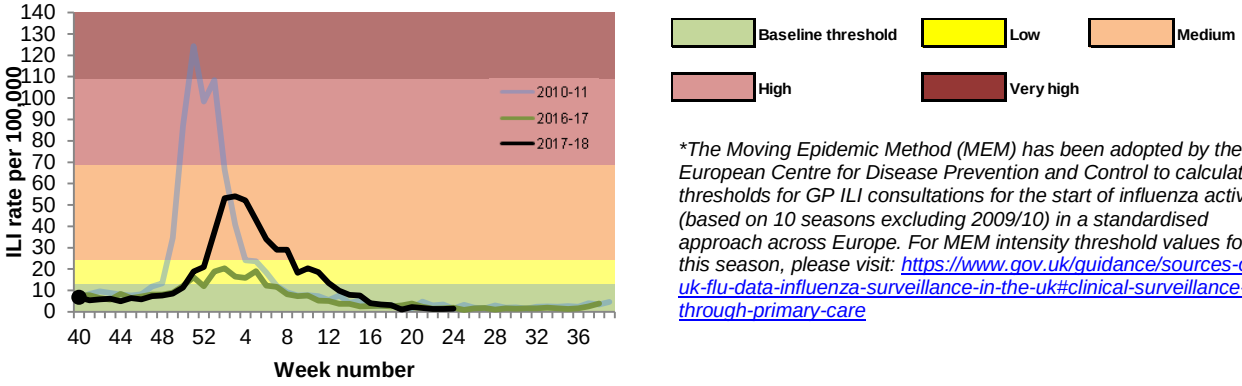
Community surveillance

- 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 23-24 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 23	Week 24		
England (RCGP)	1.3	1.5	⇔	15-44 years
Scotland	0.7	1.0	⇔	45-64 years
Northern Ireland	1.8	1.7	⇔	65-74 years
Wales	1.6	1.2	⇔	65-74 years

Figure 1: RCGP ILI consultation rates, England



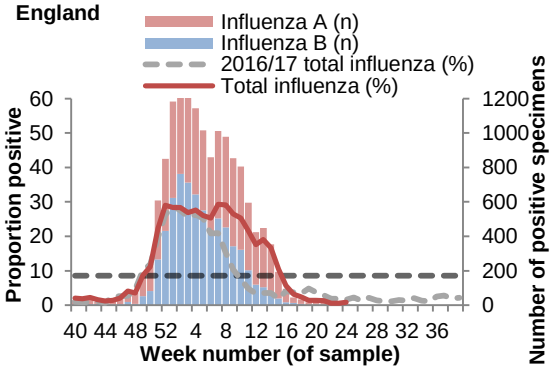
**The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 23 and 24 2018.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 24 2018, eight (0.3%) of the 908 respiratory specimens tested were positive for influenza (two influenza A(H3),three influenza A(not subtyped) and three influenza B).
  - Parainfluenza positivity remained the same at 7.4% in weeks 23 and 24 but decreased compared to week 22 (9.5%). Adenovirus positivity decreased to 3.8% from 5.7% in week 23. Rhinovirus positivity remained stable at 14.5% in week 23 and week 24 (14.5%). RSV and human metapneumovirus (hMPV) positivities remained low.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 24 2018.

Figure 2: Datamart samples positive for influenza, England



Outbreak Reporting

- Nine new acute respiratory outbreaks have been reported in the past two weeks. Six outbreaks were reported from care homes where two tested positive for rhinovirus and two for parainfluenza. The remaining three outbreaks were from hospitals where one tested positive for influenza A(unknown subtype) and one for pertussis. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 24 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 24 2018

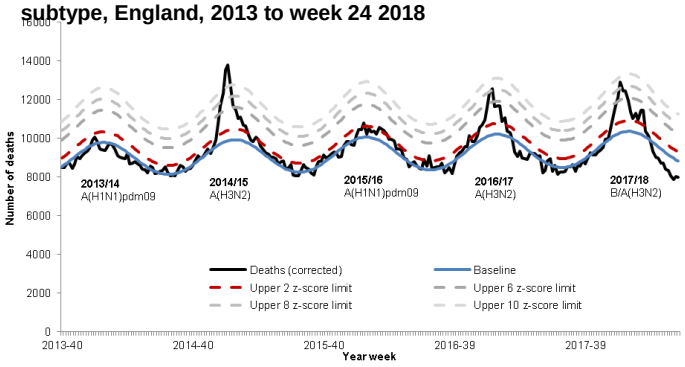


Table 2: Excess mortality by UK country, for all ages*

Country	Excess detected in week 24 2018?	Weeks with excess in 2017/18
England	×	50-10
Wales	×	52-03;06-07;09-10
Scotland	×	41, 49-04,09
Northern Ireland	×	49,51-05,07

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

** NA refers to data not available for this week*

International Surveillance

- Influenza updated on 11 June 2018
  - Influenza activity remained under seasonal thresholds in most countries of the temperate zone of the southern hemisphere with the exception of Southern Africa. In the temperate zone of the northern hemisphere influenza activity returned to inter-seasonal levels. Worldwide, seasonal influenza subtype A accounted for the majority of influenza detections.
  - In the temperate zone of the southern hemisphere, influenza activity increased slightly in most countries but remained low in general. In Chile and Paraguay, SARI and ILI levels continued to increase with few influenza detections but high percent positivity of respiratory syncytial virus (RSV). In Brazil, influenza percent positivity continued to increase with detections of predominantly influenza A(H1N1)pdm09 and A(H3N2) viruses.
  - In Southern Africa, influenza detections of predominantly influenza A(H1N1)pdm09 increased in recent weeks. ILI activity surpassed the seasonal threshold but remained low in South Africa.
  - In Oceania, influenza activity remained at inter-seasonal levels in Australia and New Zealand.
  - 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 Bolivia, SARI levels and detections of influenza A(H1N1)pdm09 and B viruses appeared to decrease in the tropical areas and increased in the temperate area. Influenza A(H1N1)pdm09 detections continued to increase in Peru.
  - Across reporting countries in Eastern, Middle and Western Africa, influenza activity was reported to be low. Detections of all seasonal influenza subtypes were reported in the United Republic of Tanzania in recent weeks.
  - In Southern Asia, influenza activity remained low across countries reporting in this period.
  - In South East Asia, influenza activity remained low in general. Influenza A(H1N1)pdm09 virus detections increased in Lao People's Democratic Republic and Singapore in recent weeks.
  - 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 20 June 2018
  - Up to 20 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 1,216 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Between 12 January through 31 May 2018, the National IHR Focal Point of The Kingdom of Saudi Arabia reported 75 laboratory confirmed cases of Middle East respiratory syndrome coronavirus (MERS_CoV), including twenty-three (23) deaths.
  - Globally, since September 2012, WHO has been notified of 2,220 laboratory-confirmed cases of infection with MERS-CoV, including at least 790 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 20 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.