PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

05 July 2018 – Week 27 report (up to week 26 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.

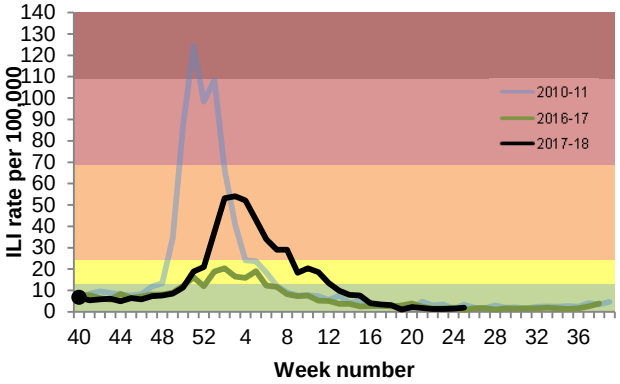
Community surveillance

- 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 25-26 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 25	Week 26		
England (RCGP)	1.9	1.6	⇔	15-44 years
Scotland	1.6	1.0	⇔	45-64 years
Northern Ireland	1.9	1.4	⇔	45-64 years
Wales	2.4	1.0	⇩	5-14 years

Figure 1: RCGP ILI consultation rates, England



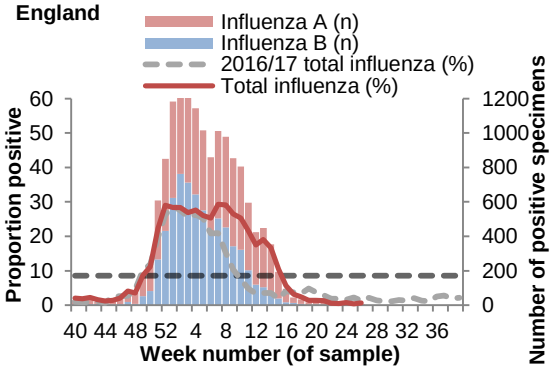
**The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 25 and 26 2018.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 26 2018, six (0.7%) of the 832 respiratory specimens tested were positive for influenza (one influenza A(H1N1)pdm09, one influenza A(H3) and four influenza A(unknown subtype)).
  - Rhinovirus positivity increased slightly from 16.8% in week 25 to 18.0% in week 26. Parainfluenza positivity decreased slightly from 5.9% in week 25 to 5.2% in week 26. Adenovirus positivity remained at a slightly increased level at 5.1% in week 26 compared to 5.2% in week 25. 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 26 2018.

Figure 2: Datamart samples positive for influenza, England



Outbreak Reporting

- Nine new acute respiratory outbreaks have been reported in the past two weeks. Eight outbreaks were reported from care homes where one tested positive for rhinovirus. The remaining outbreak was from a hospital with no test results available. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 26 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 26 2018

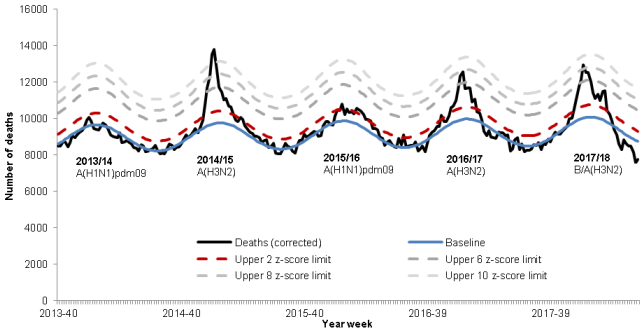


Table 2: Excess mortality by UK country, for all ages*

Country	Excess detected in week 26 2018?	Weeks with excess in 2017/18
England	×	49-11
Wales	×	51-07;09-10
Scotland	×	41;49-04;09
Northern Ireland	×	47;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 25 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 which has seen an increase in recent weeks. 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 remained low in most countries. In Chile and Paraguay, severe acute respiratory infection (SARI) and influenza like illness (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 detection rate continues to increase at moderate levels in South Africa. Influenza A(H1N1)pdm09 was the predominant virus detected.
  - In Oceania, influenza activity remained at inter-seasonal levels in Australia and New Zealand. New Caledonia however continued to report detections of predominantly influenza B virus Yamagata-lineage.
  - In the Caribbean, low detections of predominately influenza A(H1N1)pdm09 virus continued to be reported while respiratory syncytial virus (RSV) activity remained low in the region.
  - In the tropical countries of South America, influenza activity varied by country with dectections of influenza A(H1N1)pdm09 and B viruses detected.
  - In Western Africa, detections of predominately influenza B viruses were reported in Côte d'Ivoire and influenza A in Ghana and Togo.
  - In Southern Asia, influenza activity remained low across countries reporting in this period with the exception of the Maldives which saw a sharp increase in influenza A(H3N2) virus detections.
  - In South East Asia, influenza activity remained low across reporting countries.
  - The WHO GISRS laboratories tested more than 52,268 specimens between 28 May 2018 and 10 June 2018. 1, 106 were positive for influenza viruses, of which 786 (71.1%) were typed as influenza A and 320 (28.9%) as influenza B. Of the sub-typed influenza A viruses, 461 (72.8%) were influenza A(H1N1)pdm09 and 172 (27.2%) were influenza A(H3N2). Of the characterized B viruses, 77 (74.0%) belonged to the B-Yamagata lineage and 27 (26%) to the B-Victoria lineage
- MERS-CoV updated on 04 July 2018
  - Up to 04 July 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 1,225 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 04 July 2018
  - No new laboratory-confirmed human case of influenza A(H7N9) virus infection has been reported since 03 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.