PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

19 July 2018 – Week 29 report (up to week 28 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.

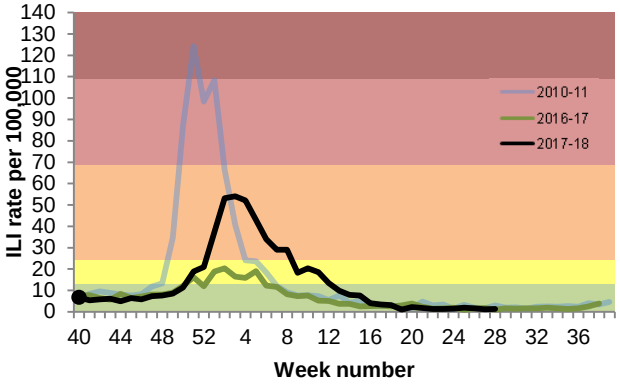
Community surveillance

- 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 27-28 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 27	Week 28		
England (RCGP)	1.3	1.3	⇔	15-44 years
Scotland	1.3	0.9	⇔	65-74 years
Northern Ireland	1.5	1.2	⇔	15-44 & 75+ years
Wales	0.9	0.3	⇔	5-14 years

Figure 1: RCGP ILI consultation rates, England



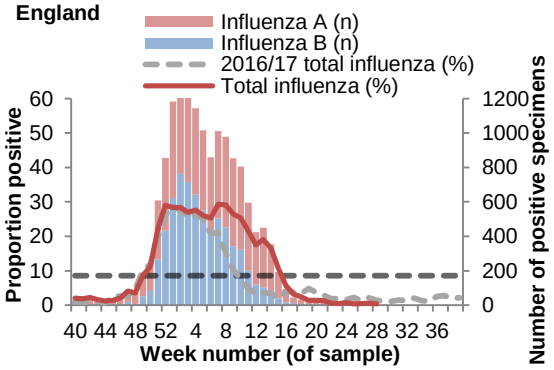
**The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 27 and 28 2018.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 28 2018, three (0.4%) of the 773 respiratory specimens tested were positive for influenza (one influenza A(H1N1)pdm09 and two influenza A(unknown subtype)).
  - Rhinovirus positivity decreased slightly from 18.6% in week 27 to 16.7% in week 28. Parainfluenza positivity remained stable at a slightly increased level at 6.7% in week 28. Adenovirus positivity remained at a slightly increased level at 5.6% in week 28. 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 28 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 outbreaks were reported from care homes where one tested positive for *Haemophilus influenzae*. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 28 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 28 2018

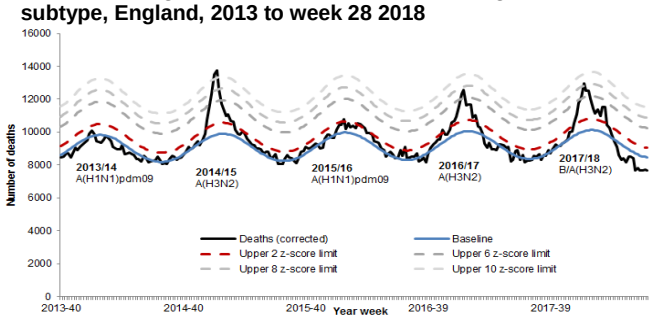


Table 2: Excess mortality by UK country, for all ages*

Country	Excess detected in week 28 2018?	Weeks with excess in 2017/18
England	×	49-10
Wales	×	51-07;09-11
Scotland	×	41;49-04;09
Northern Ireland	×	47;49;51-05;07-08

** 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*

**Note: Delays in receiving all registered deaths from April 2018, following changes in IT systems at ONS, may result in some delays in the model to adjust for most recent deaths.*

International Surveillance

- Influenza updated on 09 July 2018
  - In the temperate zone of the Southern hemisphere, influenza detections increased in Southern Africa, South America and some countries of tropical America, however activity remained at inter-seasonal levels in Australia and New Zealand. In the temperate zone of the northern hemisphere influenza activity was low. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.
  - In the temperate zone of the southern hemisphere, influenza activity continued to increase. In Chile and Paraguay influenza like illness (ILI) and severe acute respiratory infection (SARI) were elevated with A(H3N2) virus predominating. In Brazil, influenza detections were predominantly influenza A(H1N1)pdm09 and A(H3N2) viruses. Influenza detections remained low with respiratory syncytial virus (RSV) activity increased in Uruguay and Argentina. In Southern Africa, influenza detection rate increased to moderate levels. 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 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 RSV activity remained low. In Central American countries influenza activities were low with the exception of Guatemala were elevated levels of A(H1N1)pdm09 virus was detected.
  - In the tropical countries of South America, influenza activity varied by country with detections 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 Middle and Eastern Africa reporting countries influenza activity was low.
  - In Southern Asia, influenza activity remained low across countries reporting in this period. In the Maldives influenza A(H3N2) virus detections was reported as decreased.
  - In South East Asia, influenza activity remained low across reporting countries.
  - The WHO GISRS laboratories tested more than 52,621 specimens between 11 June 2018 and 24 June 2018. 1, 376 were positive for influenza viruses, of which 1,047 (76.1%) were typed as influenza A and 329 (23.9%) as influenza B. Of the sub-typed influenza A viruses, 760 (84.9%) were influenza A(H1N1)pdm09 and 135 (15.1%) were influenza A(H3N2). Of the characterized B viruses, 116 (77.3%) belonged to the B-Yamagata lineage and 34 (22.7%) to the B-Victoria lineage
- MERS-CoV updated on 18 July 2018
  - Up to 18 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 1,229 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 18 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.