PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

02 August 2018 – Week 31 report (up to week 30 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.

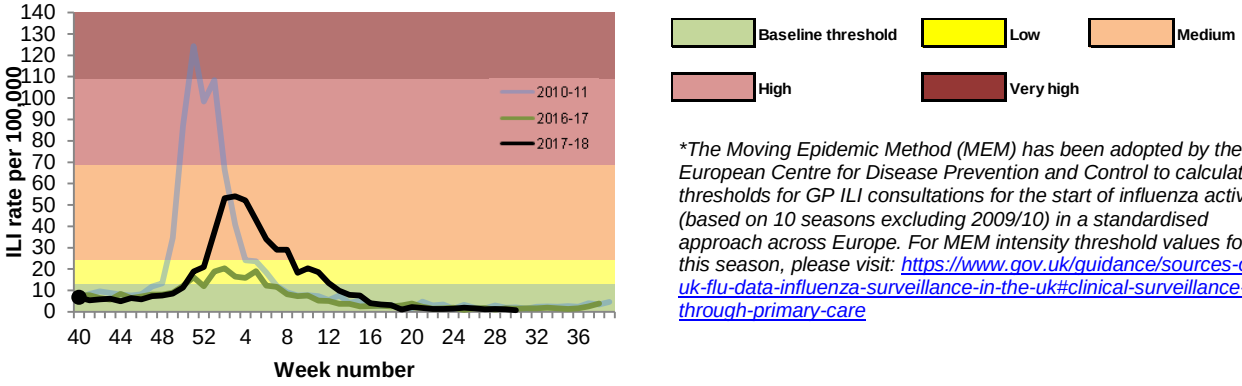
Community surveillance

- 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 29-30 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 29	Week 30		
England (RCGP)	1.2	0.8	⇔	65-74 years
Scotland	0.9	0.8	⇔	45-64 years
Northern Ireland	1.6	1.3	⇔	45-64 years
Wales	1.1	1.3	⇔	65-74 years

Figure 1: RCGP ILI consultation rates, England



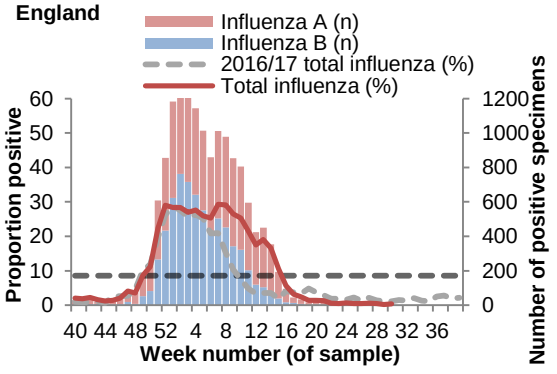
**The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 29 and 30 2018.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory DataMart system
  - In week 30 2018, three (0.4%) of the 677 respiratory specimens tested were positive for influenza (two influenza A(unknown subtype) and one influenza B).
  - Rhinovirus positivity decreased from 15.5% in week 29 to 12.8% in week 30. Parainfluenza positivity decreased to 4.3% in week 30. Adenovirus positivity decreased to 3.0% in week 30. 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 30 2018.

Figure 2: Datamart samples positive for influenza, England



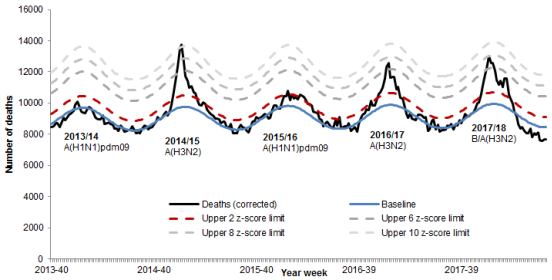
Outbreak Reporting

- Two new acute respiratory outbreaks have been reported in the past two weeks. Both outbreaks were reported from care homes where one tested positive for rhinovirus. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 30 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 30 2018



**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.*

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

Country	Excess detected in week 30 2018?	Weeks with excess in 2017/18
England	×	49-12
Wales	×	51-11
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*

International Surveillance

- Influenza updated on 23 July 2018
  - In the temperate zone of the Southern hemisphere, influenza detections increased in South America and may have peaked in Southern Africa, however activity remained below seasonal threshold in Australia and New Zealand. In the temperate zone of the northern hemisphere influenza activity returned to inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.
  - In temperate South America, influenza activity was reported in most countries. In Chile and Paraguay influenza like illness (ILI), severe acute respiratory infection (SARI) and respiratory syncytial virus (RSV) were elevated with A(H3N2) virus predominating. In Brazil, influenza percent positivity reporting decreased, with influenza A(H1N1)pdm09 and A(H3N2) viruses predominant. Influenza detections remained low with RSV activity increased in Uruguay and Argentina. In Southern Africa, influenza detection rate increased to moderate levels where it appears to have peaked. Influenza A(H1N1)pdm09 was the predominant virus detected .
  - In Oceania, influenza activity remained low and below seasonal threshold in Australia and New Zealand. Influenza A(H1N1)pdm09 was the most frequently detected influenza virus.
  - 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 and Honduras where detections of predominantly A(H1N1)pdm09 continued to be reported.
  - 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 of both lineages were reported in Côte d'Ivoire and influenza A(H1N1)pdm09 in Ghana. 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 South East Asia, influenza activity remained low across reporting countries. In Cambodia influenza percent positivity increased slightly with A(H1N1)pdm09 and B viruses predominating.
  - The WHO GISRS laboratories tested more than 46,938 specimens between 25 June 2018 and 08 July 2018. 1, 387 were positive for influenza viruses, of which 1,131 (81.5%) were typed as influenza A and 256 (18.5%) as influenza B. Of the sub-typed influenza A viruses, 689 (80.7%) were influenza A(H1N1)pdm09 and 165 (19.3%) were influenza A(H3N2). Of the characterized B viruses, 93 (75.0%) belonged to the B-Yamagata lineage and 31 (25.0%) to the B-Victoria lineage
- MERS-CoV updated on 01 August 2018
  - Up to 01 August 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 1,230 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 2,229 laboratory-confirmed cases of infection with MERS-CoV, including at least 791 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 01 August 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.