PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

16 August 2018 – Week 33 report (up to week 32 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.

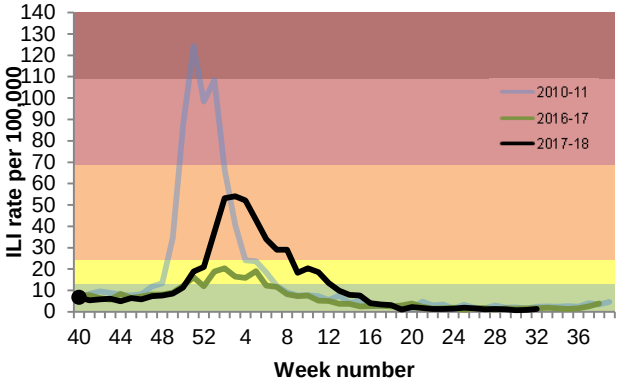
Community surveillance

- 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 31- 32 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 31	Week 32		
England (RCGP)	0.9	1.3	⇔	<1 years
Scotland	1.2	0.6	⇔	45-64 years
Northern Ireland	1.2	1.3	⇔	15-44 years
Wales	1.3	1.0	⇔	65-74 years

Figure 1: RCGP ILI consultation rates, England



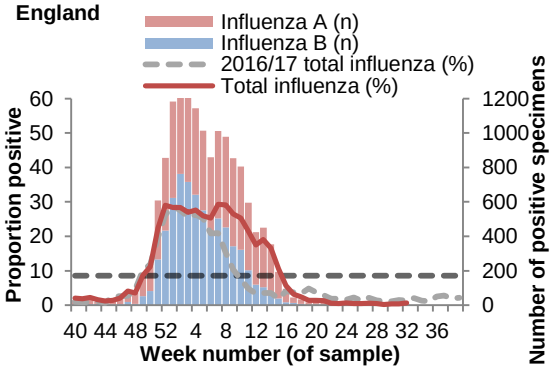
**The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 31 and 32 2018.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory DataMart system
  - In week 32 2018, four (0.7%) of the 570 respiratory specimens tested were positive for influenza (one influenza A(H1N1)pdm09, 2 influenza A(unknown subtype) and 1 influenza B).
  - Rhinovirus positivity decreased from 16.3% in week 31 to 14.3% in week 32. Parainfluenza, adenovirus, 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 32 2018.

Figure 2: Datamart samples positive for influenza, England



Outbreak Reporting

- Four new acute respiratory outbreaks have been reported in the past two weeks. All outbreaks were reported from care homes 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 32 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 32 2018

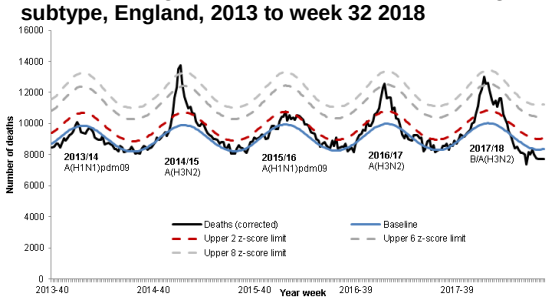


Table 2: Excess mortality by UK country, for all ages*

Country	Excess detected in week 32 2018?	Weeks with excess in 2017/18
England	×	49-12
Wales	×	51-11
Scotland	×	41;49-04;09
Northern Ireland	NA	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 06 August 2018
  - In the temperate zone of the Southern hemisphere, influenza detections remained elevated in South America and started to decrease in Southern Africa. Influenza activity remained below seasonal threshold in Australia and New Zealand. In the temperate zone of the northern hemisphere influenza activity was at inter-seasonal levels. Influenza activity appeared to decrease in some countries of tropical America. 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), and respiratory syncytial virus (RSV) were elevated with A(H3N2) virus predominating. In Brazil, influenza positivity decreased, with influenza A(H1N1)pdm09 and A(H3N2) viruses predominant. A decrease in influenza activity was reported in Southern Africa, with influenza A(H1N1)pdm09 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 Mexico where detections of predominantly A(H1N1)pdm09 were 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 Africa, increased detections of influenza A(H1N1)pdm09 were reported in Central African Republic. Influenza activity was low in Eastern Africa reporting countries.
  - 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 continued to increase with A(H1N1)pdm09 and B viruses predominating.
  - The WHO GISRS laboratories tested more than 47,497 specimens between 25 June 2018 and 08 July 2018. 1, 900 were positive for influenza viruses, of which 1,674 (88.1%) were typed as influenza A and 226 (11.9%) as influenza B. Of the sub-typed influenza A viruses, 964 (76.0%) were influenza A(H1N1)pdm09 and 305 (24.0%) were influenza A(H3N2). Of the characterized B viruses, 87 (75.7%) belonged to the B-Yamagata lineage and 28 (24.3%) to the B-Victoria lineage
- MERS-CoV updated on 15 August 2018
  - Up to 15 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 1,232 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 15 August 2018
  - No new laboratory-confirmed human case of influenza A(H7N9) virus infection has been reported since 29 May 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.