



# PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

30 August 2018 – Week 35 report (up to week 34 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.

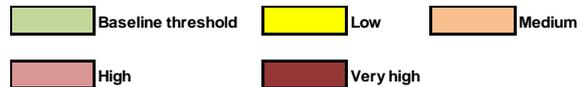
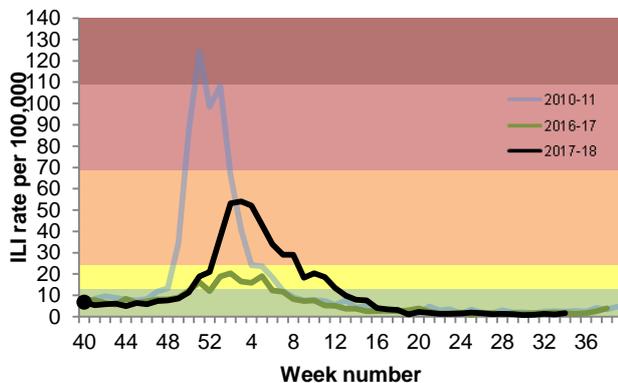
### Community surveillance

- 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 33- 34 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 33	Week 34		
England (RCGP)	1.0	1.7	↔	15-44 years
Scotland	1.7	0.8	↔	15-44 years
Northern Ireland	1.1	1.4	↔	15-44 & 65-74 years
Wales	1.1	1.3	↔	65-74 years

Figure 1: RCGP ILI consultation rates, England



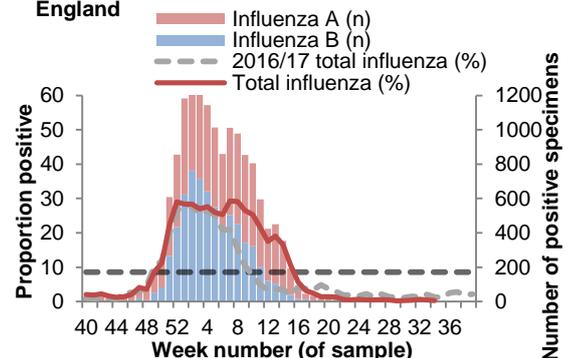
\*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 33 and 34 2018.
  - For further information, please see the Syndromic surveillance [webpage](#).

### Virological surveillance

- English Respiratory DataMart system
  - In week 34 2018, two (0.3%) of the 574 respiratory specimens tested were positive for influenza (one influenza A(H3) and one influenza B).
  - Rhinovirus positivity increased slightly from 10.8% in week 33 to 12.6% in week 34. 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 34 2018.

Figure 2: Datamart samples positive for influenza, England



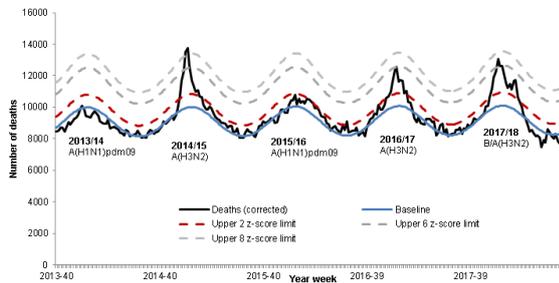
### Outbreak Reporting

- Five new acute respiratory outbreaks have been reported in the past two weeks. All outbreaks were reported from care homes where one tested positive for parainfluenza. Outbreaks should be reported to the local Health Protection Team and [Respscidsc@phe.gov.uk](mailto:Respscidsc@phe.gov.uk).

## All-cause mortality surveillance

- In week 34 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 34 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 34 2018?	Weeks with excess in 2017/18
England	×	49-12
Wales	×	52-07; 09-11
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

## International Surveillance

- Influenza** updated on 20 August 2018
  - In the temperate zone of the Southern hemisphere, influenza detections remained elevated in South America and continued 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 was reported as decreased 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, severe acute respiratory infection (SARI) and respiratory syncytial virus (RSV) levels were reported as decreased. Influenza-like illness (ILI) levels remained above seasonal threshold. Influenza (H1N1)pdm09 viruses were predominantly detected in Uruguay, where influenza levels remained elevated, and in Brazil, where influenza positivity decreased.
  - In Oceania, influenza activity remained low and below seasonal threshold in Australia and New Zealand in general, with some regional variation. Influenza A(H1N1)pdm09 was the most frequently detected influenza virus.
  - In the Caribbean, low detections of predominately influenza A viruses were reported and RSV activity remained low. In Central American countries influenza activities were low with the exception of Guatemala and Mexico where detections of predominately A(H1N1)pdm09 were reported.
  - In the tropical countries of South America, influenza activity varied by country with influenza A(H1N1)pdm09 virus detected.
  - In Western Africa, influenza A viruses and influenza B-Yamagata lineage viruses were detected. In Middle Africa, detections of influenza varied by country with A(H1N1)pdm09 and B-Yamagata lineage viruses reported. Influenza activity was low in Eastern Africa reporting countries with all subtypes detected.
  - In Southern Asia, influenza activity remained low across reporting countries with influenza A and B viruses detected.
  - In South East Asia, influenza activity remained low across reporting countries.
  - The WHO GISRS laboratories tested more than 42,056 specimens between 23 July 2018 and 05 August 2018. 916 were positive for influenza viruses, of which 799 (87.2%) were typed as influenza A and 117 (12.8%) as influenza B. Of the sub-typed influenza A viruses, 535 (79.6%) were influenza A(H1N1)pdm09 and 137 (20.4%) were influenza A(H3N2). Of the characterized B viruses, 39 (72.2%) belonged to the B-Yamagata lineage and 15 (27.8%) to the B-Victoria lineage
- MERS-CoV** updated on 29 August 2018
  - Up to 29 August 2018, a total of five cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (three imported and two linked cases) have been confirmed in the UK. On-going surveillance has identified 1,247 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 to 30 June 2018, 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 very low.
- Influenza A(H7N9)** updated on 29 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](#).