



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.

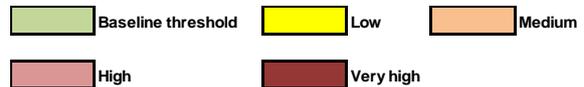
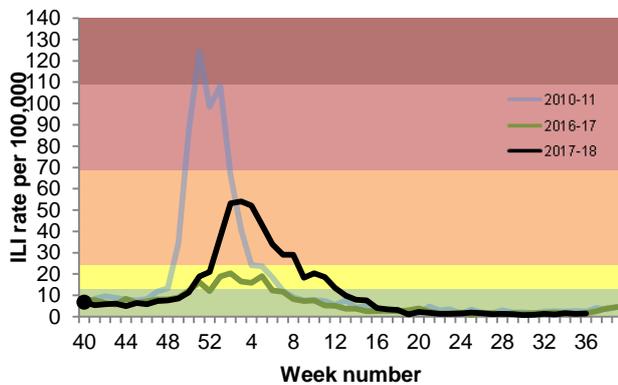
Community surveillance

- 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 35- 36 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 35	Week 36		
England (RCGP)	1.4	1.5	↔	<1 year
Scotland	1.4	2.3	↔	5-14 years
Northern Ireland	1.2	2.3	↑	<1 year
Wales	1.0	1.8	↔	15-45 years

Figure 1: RCGP ILI consultation rates, England



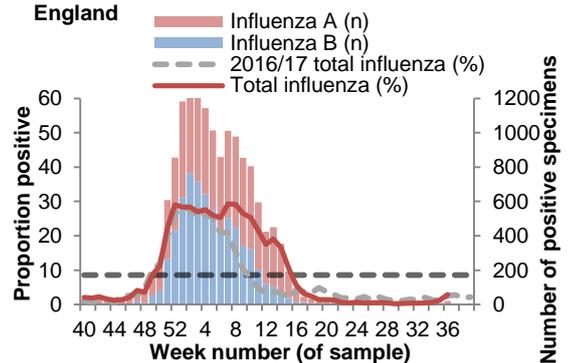
*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 35 and 36 2018.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory DataMart system
 - In week 36 2018, twenty-one (2.9%) of the 725 respiratory specimens tested were positive for influenza (three influenza A(H1N1)pdm09, 12 influenza A(H3), three influenza A(unknown subtype) and three influenza B).
 - Rhinovirus positivity increased slightly from 15.0% in week 35 to 16.9% in week 36. Parainfluenza, RSV, adenovirus 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 36 2018.

Figure 2: Datamart samples positive for influenza, England



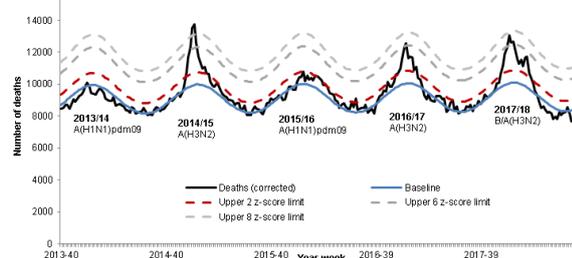
Outbreak Reporting

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

All-cause mortality surveillance

- In week 36 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 36 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 36 2018?	Weeks with excess in 2017/18
England	x	49-12
Wales	x	51-11
Scotland	x	41;49-04;09
Northern Ireland	x	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 12 September 2018
 - In the temperate zone of the Southern hemisphere, influenza activity remained elevated in South America and continued to decrease in Southern Africa. Influenza activity remained at low seasonal levels 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 Argentina, severe acute respiratory infection (SARI) levels decreased while respiratory syncytial virus (RSV) activity remained elevated. In Chile and Paraguay, increased influenza activity was reported. Influenza and SARI levels increased above seasonal threshold in Uruguay. In Southern Africa, decreased influenza activity was reported in South Africa.
 - 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, influenza detections and RSV activity remained low. In Central American countries influenza activities were low with the exception of Guatemala where detections of predominantly A(H1N1)pdm09 continued to be reported. Increase in RSV activity was reported in Guatemala and Panama.
 - In the tropical countries of South America, decreased influenza and RSV activity was reported in most countries with influenza A(H1N1)pdm09 virus predominantly detected.
 - In Western and Middle Africa, influenza activity remained low across reporting countries. In Eastern Africa, influenza activity was reported at high levels in Kenya in recent weeks.
 - In Southern Asia, influenza activity remained low across reporting countries. Increased detections of predominantly influenza A(H1N1)pdm09 virus have been reported in Bangladesh.
 - In South East Asia, influenza activity was reported in some countries across the region. A sharp increase in influenza A(H3N2) virus detections was reported in the Philippines.
 - The WHO GISRS laboratories tested more than 46,752 specimens between 06 August 2018 and 19 August 2018. 1806 were positive for influenza viruses, of which 1530 (84.7%) were typed as influenza A and 276 (15.3%) as influenza B. Of the sub-typed influenza A viruses, 634 (58.3%) were influenza A(H1N1)pdm09 and 453 (41.7%) were influenza A(H3N2). Of the characterized B viruses, 49 (50.5%) belonged to the B-Yamagata lineage and 48 (49.5%) to the B-Victoria lineage
- MERS-CoV** updated on 12 September 2018
 - Since September 2012 Up to 12 September 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 1,310 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 August 2018, WHO has been notified of 2,249 laboratory-confirmed cases of infection with MERS-CoV, including at least 798 related deaths. Further guidance on the management 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 12 September 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](#).