



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.

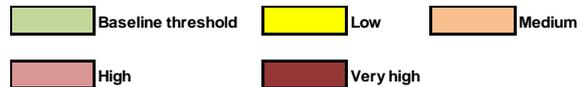
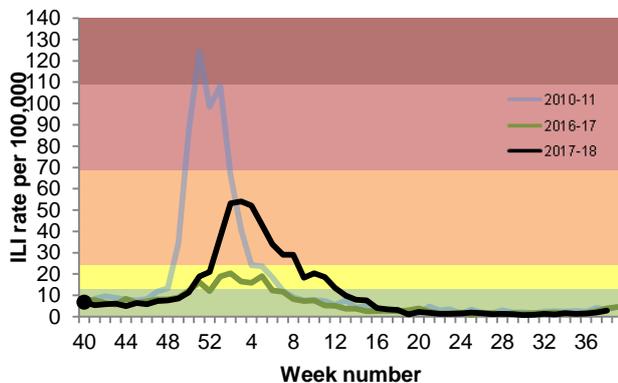
Community surveillance

- 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 37- 38 2018, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 37	Week 38		
England (RCGP)	2.0	2.8	↔	15-44 years
Scotland	5.2	4.3	↔	15-44 years
Northern Ireland	0.9	2.8	↑	45-64 years
Wales	2.3	2.8	↔	<1 year

Figure 1: RCGP ILI consultation rates, England



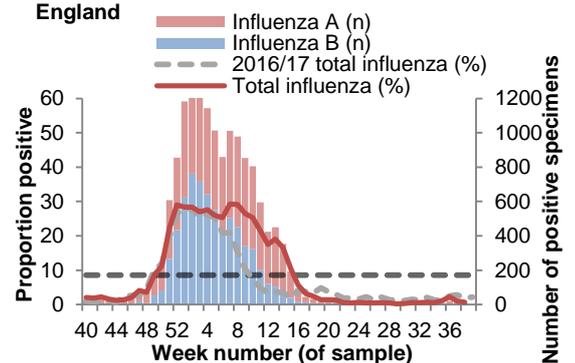
*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 remained low, in weeks 37 and 38 2018, however there were slight increases other respiratory indicators.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory DataMart system
 - In week 38 2018, six (0.6%) of the 943 respiratory specimens tested were positive for influenza (one influenza A(H1N1)pdm09, three influenza A(H3), and two influenza A(unknown subtype)).
 - Rhinovirus positivity continued to increase from 20.3% in week 37 to 24.6% in week 38. RSV positivity increased slightly from 1.6% in week 37 to 1.8% in week 38. Parainfluenza, 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 38 2018.

Figure 2: Datamart samples positive for influenza, England



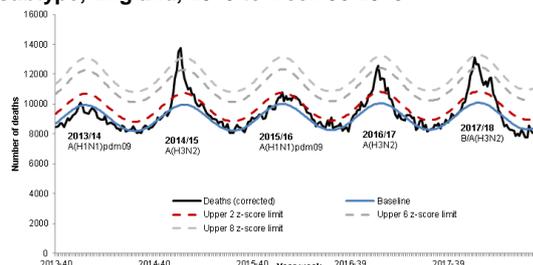
Outbreak Reporting

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

All-cause mortality surveillance

- In week 38 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 38 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 38 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 26 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. Decreased influenza activity was reported in most 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) and respiratory syncytial virus (RSV) activity levels decreased while influenza positivity increased. In Chile and Paraguay, influenza activity remained elevated. Influenza and SARI levels increased above seasonal threshold in Uruguay, with all seasonal influenza subtypes co-circulating. In Southern Africa, influenza B viruses (both lineages) continued to be 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 activity was generally low while RSV activity increased. In Guatemala, influenza percent positivity decreased below the seasonal threshold. RSV activity continued to increase in Guatemala and Panama.
 - In the tropical countries of South America, decreased influenza and RSV activity was reported in most countries. In Peru, influenza activity of predominantly A(H1N1)pdm09 virus were reported as decreased while RSV increased.
 - In Western and Middle Africa, influenza activity remained low across reporting countries. In Eastern Africa, influenza activity was reported as decreased in Kenya, with predominantly influenza A viruses detected.
 - In Southern Asia, influenza activity remained low across reporting countries.
 - In South East Asia, influenza activity remained low across reporting countries. In Cambodia detections of influenza A(H1N1)pdm09 and B-Yamagata lineage viruses continued to be reported. In the Philippines, influenza activity of predominantly A(H3N2) viruses appeared to decrease.
 - The WHO GISRS laboratories tested more than 47,128 specimens between 20 August 2018 and 02 September 2018. 1,934 were positive for influenza viruses, of which 1,597 (82.6%) were typed as influenza A and 337 (17.4%) as influenza B. Of the sub-typed influenza A viruses, 761 (64.9%) were influenza A(H1N1)pdm09 and 412 (35.1%) were influenza A(H3N2). Of the characterized B viruses, 81 (66.9%) belonged to the B-Yamagata lineage and 40 (33.1%) to the B-Victoria lineage
- MERS-CoV** updated on 26 September 2018
 - Since September 2012 Up to 26 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 1,316 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 26 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](#).