



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

15 November 2018 – Week 46 report (up to week 45 data)

This report is published weekly on the [PHE website](#). For further information on the surveillance schemes mentioned in this report, please see the [PHE website](#) and the [related links](#) at the end of this document.

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Summary – Week 45 (ending 11 November 2018)

- Influenza activity remains low with sporadic cases of influenza detected in the community and all indicators **Below Baseline** threshold levels.
- The impact of flu on healthcare services is **Below Baseline** threshold levels for hospitalisations and ICU/HDU admissions.
- RSV activity continues to increase with impact particularly in young children

Community

- Nineteen new acute respiratory outbreaks have been reported in the past 7 days. Fifteen outbreaks were reported from care homes where 3 tested positive for influenza A(not subtyped), 4 were positive for RSV and 1 tested positive for human metapneumovirus (hMPV). One outbreak was reported from a hospital which tested positive for influenza A(H3N2) and 1 outbreak was reported from a school with no test results available. The remaining 2 outbreaks were from the Other settings category, where 1 tested positive for influenza A(H1N1)pdm09.

Primary Care

- The rate of influenza-like illness (ILI) was **Below Baseline** threshold levels. The overall weekly ILI GP consultation rate was 5.3 per 100,000 registered population in participating GP practices for England, an increase from 3.6 per 100,000 in week 44.
- In the devolved administrations, ILI rates were also **Below Baseline** threshold levels.

GP ILI
Consultations
England



Secondary Care

- Hospitalisation rate observed was **Below Baseline** threshold levels, with a rate of 0.19 per 100,000 trust catchment population for England (19 NHS Trusts), an increase from 0.08 per 100,000 in week 44.
- ICU/HDU admission rate observed was **Below Baseline** threshold levels, with a rate of 0.02 per 100,000 trust catchment population for England (136/143 NHS Trusts), this is similar to 0.01 per 100,000 in week 44.
- There were no new influenza admissions reported from the 6 Severe Respiratory Failure centres in the UK.

Hospitalisation



ICU/HDU



All-cause mortality

- In week 45 2018, no statistically significant excess all-cause mortality by week of death was seen overall and by age group in England. In the devolved administrations, no statistically significant excess all-cause mortality for all ages was observed in Scotland, Northern Ireland and Wales.

Microbiological surveillance

- Primary care: 1 sample tested positive for influenza (1 influenza A(H1N1)pdm09) through the UK GP sentinel schemes.
- Secondary care: Influenza percent positivity was 2.6%, **Below Baseline** threshold levels, an increase from 1.7% in week 44. Forty-four detections were recorded through the DataMart scheme (13 influenza A(H1N1)pdm09, 5 influenza A(H3), 17 influenza A(unknown subtype) and 9 influenza B). RSV positivity continues to increase at 16.6% with the highest positivity amongst the <5 year olds at 40.4%.
- For further information and guidance on RSV see [NICE guidance](#)

Secondary
Care



Vaccination

- Weekly uptake: Up to week 45 2018, in 96.2% of GP practices the provisional proportion of people in England who had received the 2018/19 influenza vaccine in targeted groups was: 33.9% in under 65 years in a clinical risk group, 35.7% in pregnant women and 51.7% in 65+ year olds. In 96.5% of GP practices reporting for the childhood collection the provisional proportion vaccinated was: 27.3% in 2 year olds and 28.2% in 3 year olds.

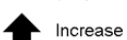
International situation

- In the temperate zone of the Northern hemisphere, influenza activity remained at inter-seasonal levels. Increased influenza was reported in some countries of Southern and South East Asia. In the temperate zones of the Southern hemisphere, influenza activity returned to nearly inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections

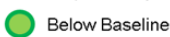
Key

Arrows (vs previous week):

Colour (intensity according to MEM threshold):



Increase



Below Baseline



High



Decrease



Low



Very High



Stable/No trend



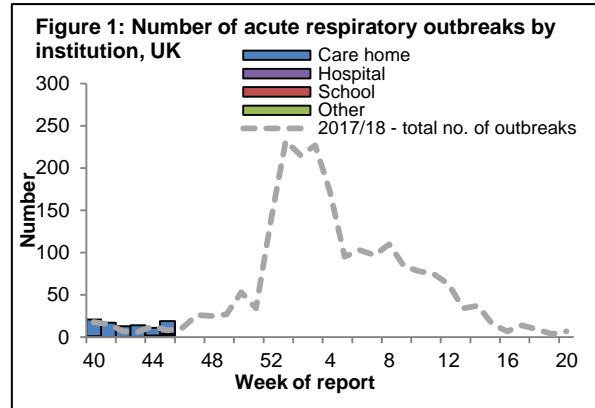
Moderate

Nineteen new acute respiratory outbreaks were reported in the past 7 days.

- Acute respiratory disease outbreaks

- Nineteen new acute respiratory outbreaks have been reported in the past 7 days. Fifteen outbreaks were reported from care homes where 3 tested positive for influenza A(not subtyped), 4 were positive for RSV and 1 tested positive for human metapneumovirus (hMPV). One outbreak was reported from a hospital which tested positive for influenza A(H3N2) and 1 outbreak was reported from a school with no test results available. The remaining 2 outbreaks were from the Other settings category, where 1 tested positive for influenza A(H1N1)pdm09

-Outbreaks should be recorded on HPZone and reported to the local Health Protection Teams and respscids@phe.gov.uk

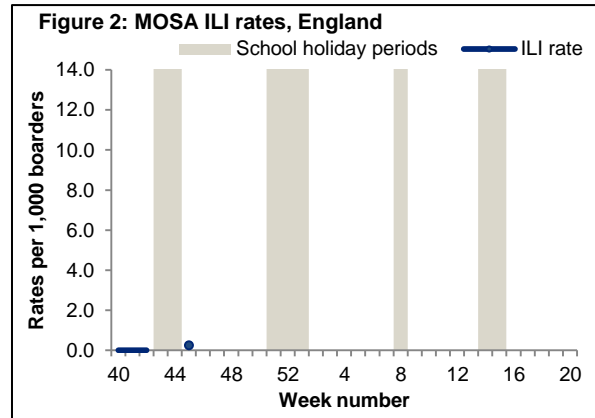


- Medical Officers of Schools Association (MOSA) & PHE surveillance scheme

- Boarding schools in England within the MOSA network are recruited each season to report various respiratory related illnesses including influenza like illnesses (ILI). For the 2018/19 season, 20 MOSA schools have agreed to participate in the scheme, including a total of 6,350 boarders.

- The overall rate (all boarders) for week 45 was 0.2 per 1,000 boarders

- If you are a MOSA school and would like to participate in this scheme, please email mosa@phe.gov.uk for more information.

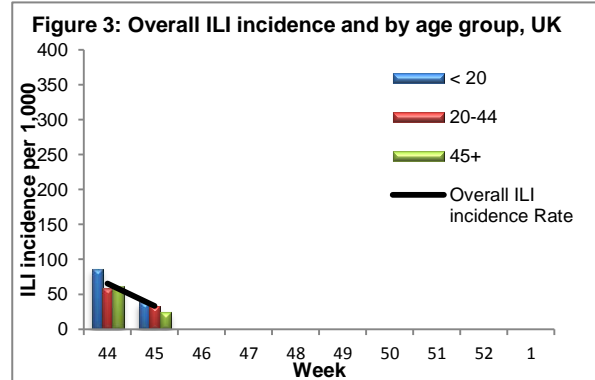


- FluSurvey

- Internet-based surveillance of influenza-like illness in the general population is undertaken through the FluSurvey. A project run by PHE to monitor ILI activity in the community.

- The overall ILI rate (all age groups) for week 45 was 33.2 per 1,000 (87/2,624 people reported at least 1 ILI) (Figure 3), with the highest rate seen in the under 20 year olds (38.5 per 1,000).

- If you would like to become a participant of the FluSurvey project please do so by visiting the <https://flusurvey.net/en/accounts/register/> website for more information.



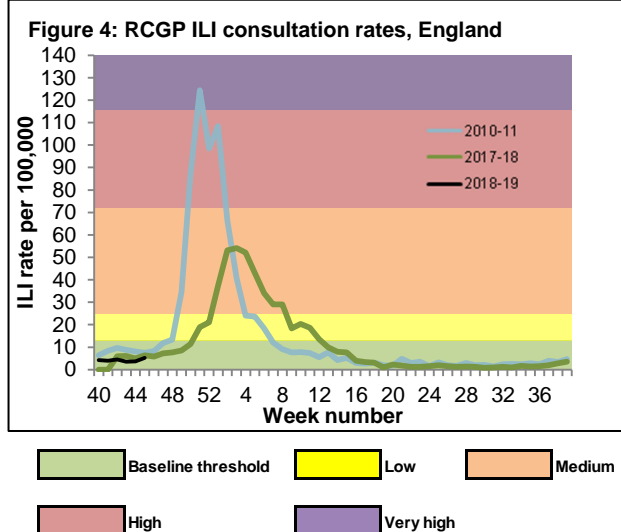
In week 45, the overall weekly influenza-like illness (ILI) GP consultation rate remained low and below the baseline threshold in England. In the devolved administrations, ILI rates were below baseline levels.

- GP ILI consultations in the UK

RCGP (England)

- The weekly ILI consultation rate through the RCGP surveillance was at 5.3 per 100,000 registered population in participating GP practices in week 45, this is the a slight increase from 3.6 per 100,000 in week 43. This is below the baseline threshold (13.1 per 100,000) (Figure 4*). By age group, the highest rates were seen in 1-4-year olds (7.4 per 100,000) and 15-44 year olds (6.5 per 100,000).

**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, please visit: <https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#clinical-surveillance-through-primary-care>*



UK

- In week 45, overall weekly ILI consultation rates across the countries of the UK were all below their respective baseline thresholds (Table 1).
- By age group, the highest rates were seen in the 15-44 year olds in Scotland and Wales (10.2 per 100,000 and 10.2 per 100,000 respectively) and in the 65-74 year olds in Northern Ireland (6.1 per 100,000).

Table 1: GP ILI consultations in the UK for all ages with MEM thresholds applied*

GP ILI consultation rates (all ages)	Week number																
	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4
England (RCGP)	4.2	3.9	4.5	3.6	3.6	5.3											
Wales	7.1	3.6	4.2	6.8	6.3	5.4											
Scotland	7.1	5.1	3.6	4.5	2.9	7.3											
Northern Ireland	3.8	3.5	3.8	3.6	3.8	5.0											

**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 threshold values for each country, please visit: <https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#clinical-surveillance-through-primary-care>*

GP In Hours Syndromic Surveillance System (England)

-The weekly ILI consultation rate through the GP In Hours Syndromic Surveillance system is at 3.9 per 100,000 in week 45 (Figure 5).

During week 45, there were further increases in respiratory syndromes, bronchiolitis (ED attendances) and bronchitis/bronchiolitis (GP OOH) in children aged <1 year. Calls for coughs in children aged <5 years and difficulty breathing in children aged <1 year also continued to increase (NHS 111). This is in line with recent increases in laboratory reports for respiratory syncytial virus (RSV). There were small increases in GP in hours consultations for respiratory indicators, including upper and lower respiratory tract infections.

Figure 5 represents a map of GP ILI consultation rates in week 45 across England by PHE centres, with influenza-like illness surveillance MEM thresholds applied.

ILI consultation rates presented for each utLA on the map should be interpreted in context of regional and national ILI activity; as MEM thresholds are calculated (based on previous influenza seasons from 2012/13 onwards) separately for each of the nine PHE centres and utLA rates are then compared to Centre-level thresholds only, therefore utLAs with higher background rates than the Centre may appear to have higher ILI activity.

-For further information, please see the syndromic surveillance [webpage](#).

Figure 5: Map of GP ILI consultation rates in week 45

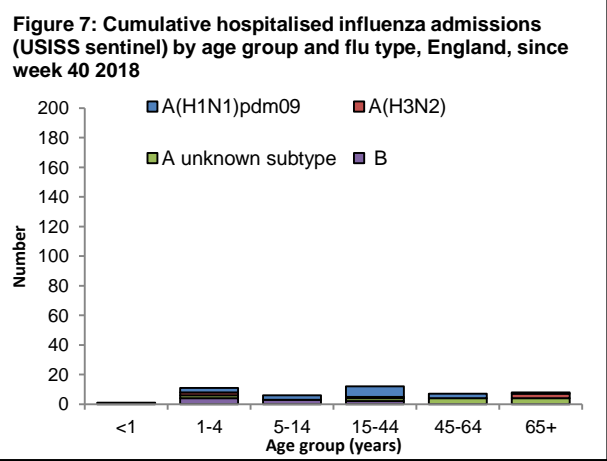
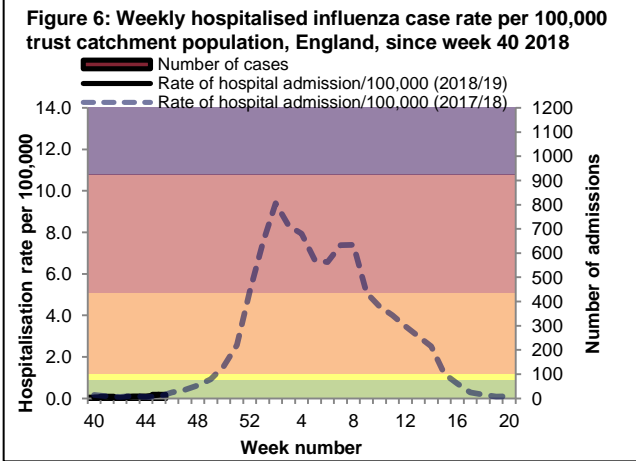


In week 45 2018, there were 16 hospitalised confirmed influenza cases (6 influenza A(H1N1)pdm09, 2 influenza A(H3N2), 4 influenza A(unknown subtype) and 4 influenza B) reported through the USISS sentinel hospital network across England (19 NHS Trusts). There were 10 new admissions to ICU/HDU with confirmed influenza (5 influenza A(H1N1)pdm09 and 5 influenza A(unknown subtype)) reported through the USISS mandatory ICU/HDU surveillance scheme across the UK (136/143 NHS Trusts in England).

- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 45)

- In week 45, there were 16 hospitalised laboratory confirmed influenza cases (6 influenza A(H1N1)pdm09, 2 influenza A(H3N2), 4 influenza A(unknown subtype) and 4 influenza B) reported from 19 NHS Trusts across England through the USISS sentinel hospital network, with a rate of 0.19 per 100,000 trust catchment population compared to 0.08 per 100,000 in the previous week (Figures 6 and 7). This is below the baseline impact threshold of 0.89 per 100,000.

- A total of 45 hospitalised confirmed influenza admissions (17 influenza A(H1N1)pdm09, 6 influenza A(H3N2), 13 influenza A(unknown subtype) and 9 influenza B) and have been reported in the UK since week 40 2018 via the sentinel scheme.



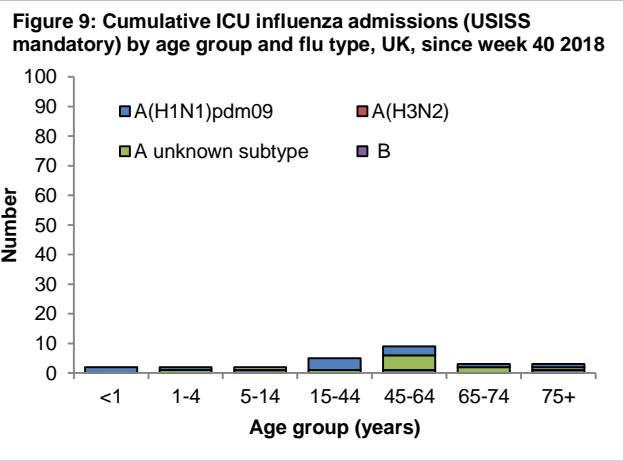
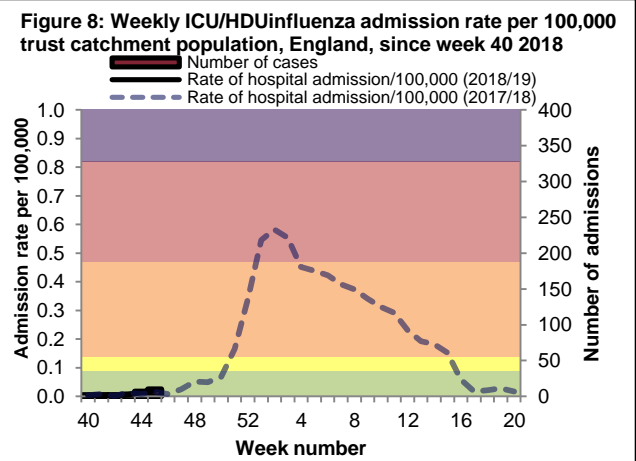
Baseline threshold
 Low
 Medium
 High
 Very high

*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for ICU/HDU admission rates for the start of influenza activity (based on 6 seasons) in a standardised approach across Europe. For MEM threshold values, please visit: <https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#disease-severity-and-mortality-data>

- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 45)

- In week 45, there were 10 new admissions to ICU/HDU with confirmed influenza (5 influenza A(H1N1)pdm09 and 5 influenza A(unknown subtype)) reported across the UK (136/143 Trusts in England) through the USISS mandatory ICU scheme, with a rate of 0.02 per 100,000 trust catchment population compared to 0.01 per 100,000 in the previous week (Figures 8 and 9). This is below the baseline impact threshold of 0.09 per 100,000. No flu laboratory confirmed deaths were reported to have occurred in ICU in week 45 in the UK.

- A total of 26 new ICU/HDU admissions (12 influenza A(H1N1)pdm09, 11 influenza A(unknown subtype) and 3 influenza B) and 1 confirmed death have been reported in the UK since week 40 2018.



Baseline threshold
 Low
 Medium
 High
 Very high

*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for ICU/HDU admission rates for the start of influenza activity (based on 6 seasons) in a standardised approach across Europe. For MEM threshold values, please visit: <https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#disease-severity-and-mortality-data>

- USISS Severe Respiratory Failure Centre confirmed influenza admissions, UK (week 45)

- In week 45, there were no new admissions for laboratory confirmed influenza among the 6 Severe Respiratory Failure (SRF) centres in the UK.

- Since week 40 there has been 1 confirmed influenza admission (1 influenza A(unknown subtype)) to ECMO centres

All-cause mortality data

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In week 45 2018, no statistically significant excess all-cause mortality by week of death was observed overall and by age group in England, through the EuroMOMO algorithm. In the devolved administrations, no statistically significant excess all-cause mortality for all ages was observed in Scotland, Wales and Northern Ireland in week 45 2018.

- All-cause death registrations, England and Wales

- In week 44 2018, an estimated 9,529 all-cause deaths were registered in England and Wales (source: [Office for National Statistics](#)). This is a decrease compared to the 9,603 estimated death registrations in week 43 2018.

- Excess all-cause mortality by age group, England, Wales, Scotland and Northern Ireland

- In week 45 2018 in England, no statistically significant excess mortality by week of death above the upper 2 z-score threshold was seen overall, by age group and subnationally (all ages), after correcting ONS disaggregate data for reporting delay with the standardised [EuroMOMO](#) algorithm. This data is provisional due to the time delay in registration; numbers may vary from week to week.

- In the devolved administrations, no statistically significant excess all-cause mortality for all ages was observed in Scotland, Wales and Northern Ireland in week 45 2018 (Table 2).

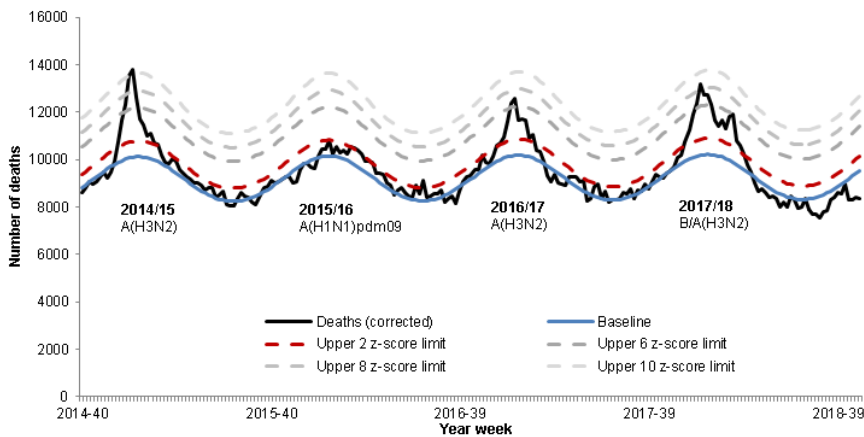
Table 2: Excess mortality by UK country, for all ages*

Country	Excess detected in week 45 2018?	Weeks with excess in 2018/19
England	×	NA
Wales	×	NA
Scotland	×	NA
Northern Ireland	×	NA

* 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

Figure 10: Weekly observed and expected number of all-age all-cause deaths, with the dominant circulating influenza A subtype, England, 2014 to week 45 2018



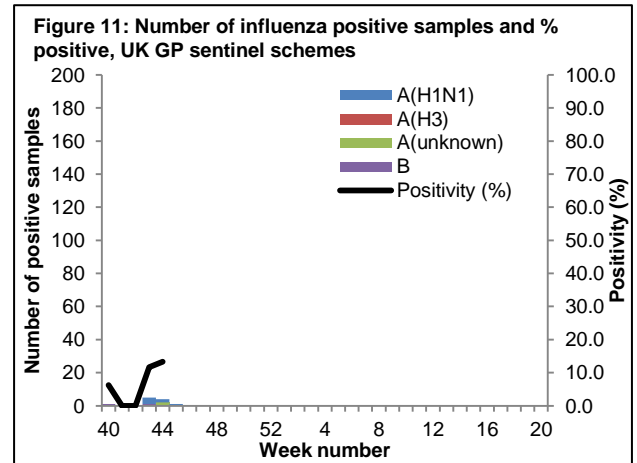
*Note: Delays in receiving all registered deaths from April 2018, following changes in IT systems at ONS, may result in some delays in the model to adjust for most recent deaths.

In week 45 2018, 1 sample tested positive for influenza (1 influenza A(H1N1)pdm09) through the UK GP sentinel schemes. Forty-four positive detections were recorded through the DataMart scheme (13 influenza A(H1N1)pdm09, 5 influenza A(H3), 17 influenza A(unknown subtype) and 9 influenza B) with a positivity of 2.6%, this is below the baseline threshold of 9.2%.

- Sentinel swabbing schemes in England (RCGP) and the Devolved Administrations

-In week 45, 1 sample tested positive for influenza (1 influenza A(H1N1)pdm09) through the UK GP sentinel swabbing schemes (Figure 11).

Since week 40, a total of 11 samples (7 influenza A(H1N1)pdm09, 2 influenza A(unknown subtype) and 2 influenza B) tested positive for influenza through this scheme.

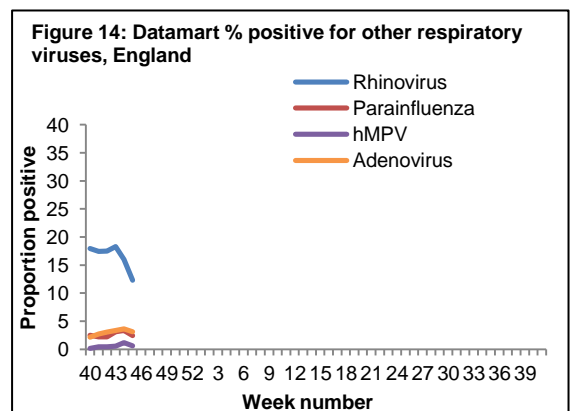
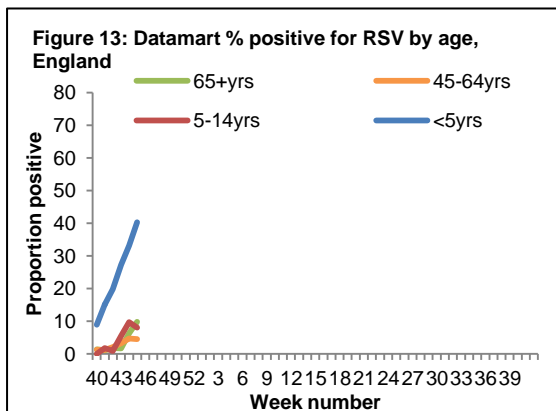
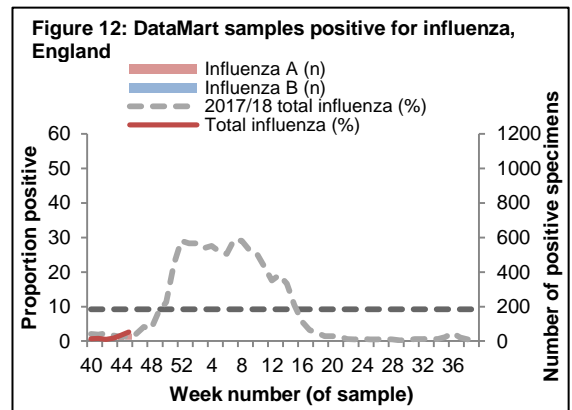


NB. Positivity (%) omitted when fewer than 10 specimens were tested

- Respiratory DataMart System (England)

In week 45 2018, out of the 1,693 respiratory specimens reported through the Respiratory DataMart System, 44 samples (2.6%) were positive for influenza (13 influenza A(H1N1)pdm09, 5 influenza A(H3), 17 influenza A(unknown subtype) and 9 influenza B) (Figure 12), which is below the MEM baseline threshold for this season of 9.2%. The overall positivity for RSV has continued to increase from 13.2% in week 44 to 16.6% in week 45. The highest positivity for RSV by age group was seen in the <5 year olds at 40.4% in week 45 (Figure 13).

Rhinovirus positivity decreased from 16.0% in week 44 to 12.3% in week 45. Adenovirus and human metapneumovirus (hMPV) positivities decreased slightly from 3.6% and 1.2% in week 44 to 3.1% and 0.6% in week 45, respectively. Parainfluenza positivity remained low (Figure 14).



*The Moving Epidemic Method 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 in a standardised approach across Europe. The threshold to indicate a likelihood of influenza community circulation for Datamart % positive as calculated through the Moving Epidemic Method is 9.2% in 2018/19.

- Virus characterisation

PHE characterises the properties of influenza viruses through one or more tests, including [genome sequencing](#) (genetic analysis) and [haemagglutination inhibition \(HI\)](#) assays (antigenic analysis). These data are used to compare how similar the currently circulating influenza viruses are to the strains included in seasonal influenza vaccines, and to monitor for changes in circulating influenza viruses. The interpretation of genetic and antigenic data sources is complex due to a number of factors, for example, not all viruses can be cultivated in sufficient quantity for antigenic characterisation, so that viruses with sequence information may not be able to be antigenically characterised as well. Occasionally, this can lead to a biased view of the properties of circulating viruses, as the viruses which can be recovered and analysed antigenically, may not be fully representative of majority variants, and genetic characterisation data does not always predict the antigenic characterisation.

The PHE Respiratory Virus Unit has characterised 3 influenza A(H3N2) viruses detected since week 40. Genetic characterisation of these A(H3N2) viruses shows that they belong to genetic subclade 3C.2a1. The Northern Hemisphere 2018/19 influenza A(H3N2) vaccine strain belongs in genetic subclade 3C.2a1.

Genetic characterisation of 5 influenza A(H1N1)pdm09 viruses detected since week 40 shows that they all belong in the genetic subgroup 6B.1, which was the predominant genetic subgroup in the 2017/18 season. One A(H1N1)pdm09 virus has been antigenically characterised and is similar to the A/Michigan/45/2015-like Northern Hemisphere 2018/19 (H1N1)pdm09 vaccine strain.

One influenza B virus has been characterised where sequencing of the haemagglutinin (HA) gene shows it belongs within genetic clade 1A of the B/Victoria lineage, in a subgroup characterised by deletion of two amino acids in the HA. The N.Hemisphere 2018/19 B/Victoria-lineage quadrivalent and trivalent vaccine component virus (a B/Colorado/06/2017-like virus), is a double deletion subgroup virus.

- Antiviral susceptibility

Influenza positive samples are screened for mutations in the virus neuraminidase gene known to confer oseltamivir and/or zanamivir resistance. Additionally, testing of influenza A(H1N1)pdm09, A(H3N2), and influenza B virus isolates for neuraminidase inhibitor susceptibility (oseltamivir and zanamivir) is performed at PHE-RVU using a functional assay. The data summarized below combine the results of both testing methods. The samples tested are routinely obtained for surveillance purposes, but diagnostic testing of patients suspected to be infected with neuraminidase inhibitor-resistant virus is also performed.

In week 45 2018, no influenza viruses were tested for antiviral susceptibility.

- Antimicrobial susceptibility

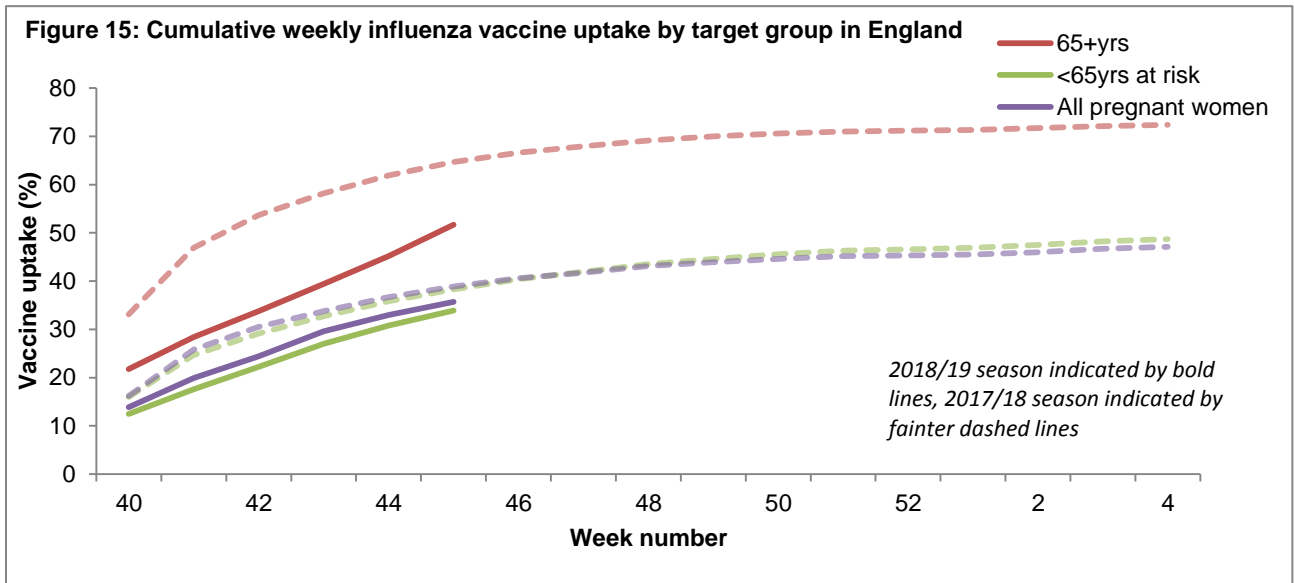
-Table 3 shows in the 12 weeks up to 11 November 2018, the proportion of all lower respiratory tract isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Staphylococcus aureus*, MRSA and MSSA tested and susceptible to antibiotics. These organisms are the key causes of community acquired pneumonia (CAP) and the choice of antibiotics reflects the British Thoracic Society empirical guidelines for management of CAP in adults.

Table 3: Antimicrobial susceptibility surveillance in lower respiratory tract isolates, 12 weeks up to 11 November 2018, E&W

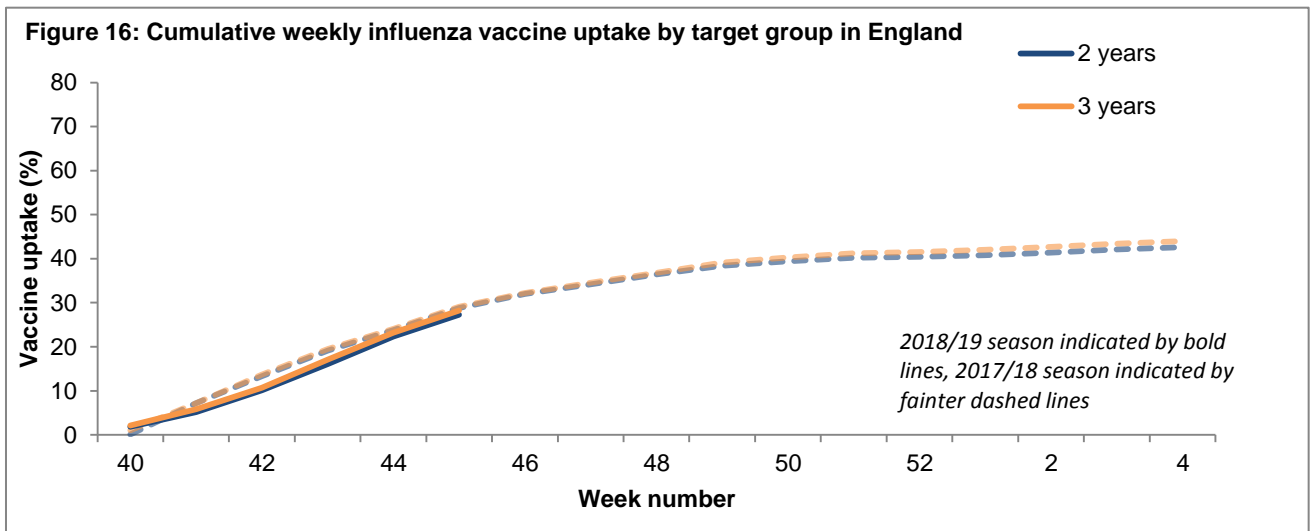
Organism	Antibiotic	Specimens tested (N)	Specimens susceptible (%)
<i>S. pneumoniae</i>	Penicillin	3030	89
	Macrolides	3271	82
	Tetracycline	3222	85
<i>H. influenzae</i>	Amoxicillin/ampicillin	11408	69
	Co-amoxiclav	12373	84
	Macrolides	2972	4
	Tetracycline	12381	98
<i>S. aureus</i>	Methicillin	6056	90
	Macrolides	6789	65
MRSA	Clindamycin	418	43
	Tetracycline	551	78
MSSA	Clindamycin	3911	77
	Tetracycline	5071	93

*Macrolides = erythromycin, azithromycin and clarithromycin

- Up to week 45 2018, in 96.2% of GP practices reporting weekly to Immform, the provisional proportion of people in England who had received the 2018/19 influenza vaccine in targeted groups was as follows (Figure 15):
 - 33.9% in under 65 years in a clinical risk group
 - 35.7% in pregnant women
 - 51.7% in 65+ year olds



- In 2018/19, all 2 and 3 year-olds continue to be eligible for flu vaccination, through their GPs. Up to week 45 2018, in 96.5% of GP practices reporting weekly to ImmForm, the provisional proportion of children in England who had received the 2018/19 influenza vaccine in targeted groups was as follows (Figure 16):
 - 27.3% in 2 year olds
 - 28.2% in 3 year olds



- In addition, the childhood programme has been extended to children of school years Reception (4 year olds), 1, 2, 3, 4 and 5 age. The data for the school programme, including 4 year olds, will be included in the monthly report to be published on 22 November 2018.

In the temperate zone of the Northern hemisphere, influenza activity remained at inter-seasonal levels. Increased influenza was reported in some countries of Southern and South East Asia. In the temperate zones of the Southern hemisphere, influenza activity returned to nearly inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections

- [Europe](#) updated on 09 November 2018 (Joint ECDC-WHO Europe Influenza weekly update)

Influenza activity was low throughout the European Region.

For week 44, 9 (1.7%) of the 524 sentinel specimens tested positive for influenza viruses. All 9 were type A viruses and of the 5 subtyped, 4 (80.0%) were influenza A(H1N1)pdm09 and 1 (20.0%) was influenza A(H3N2).

A subset of Member States monitor severe disease related to influenza virus infection by surveillance of hospitalised laboratory-confirmed influenza cases in ICUs or other wards or severe acute respiratory infections (SARI). Among the 7 hospitalised cases of laboratory confirmed influenza in ICUs reported during week 44, 6 were influenza type A and 1 was influenza type B. Three cases of hospitalised laboratory confirmed influenza in other wards was reported during week 44, all 3 were infected with influenza type A.

For week 44, 148 specimens from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions) tested positive for influenza viruses. Of the 148, 133 (89.9%) were type A and 15 (10.1%) type B viruses. Of the influenza A viruses that were subtyped, 30 (69.8%) were A(H1N1)pdm09 and 13 (30.2%) were A(H3N2). None of the influenza B viruses from non-sentinel specimens were assigned to a lineage

For week 44, data from the 18 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at expected levels for this time of year.

- [United States of America](#) updated on 09 November 2018 (Centre for Disease Control report)

During week 44, influenza activity remains low in the United States although small increases in activity were reported.

Influenza A and B viruses continue to co-circulate with influenza A(H1N1)pdm09 most commonly reported by public health laboratories.

Nationwide during week 44, the proportion of outpatient visits for influenza-like illness (ILI) remained stable at 1.8%, which is below the national baseline of 2.2%. One of 10 regions reported the proportion of outpatient visits for ILI at or above their region-specific baseline levels. The proportion of outpatient visits for ILI ranged from 0.7% to 2.7%

The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

- [Canada](#) updated on 09 November 2018 (Public Health Agency report)

Overall, influenza activity continued to increase in week 44. The influenza season has started earlier than in recent years.

In week 44, a total of 359 laboratory confirmed detections of influenza were reported, of which 98% were influenza A. The percentage of tests positive for influenza from sentinel laboratories remained above the seasonal threshold of 5.0% at 7.7%. The percentage of positive tests for influenza A is higher for this time of year compared to previous 8 seasons.

In week 44, 1.0% of visits to healthcare professionals were due to ILI, the percentage of visits for ILI is within expected levels.

To date this season, 129 influenza-associated hospitalisations were reported by participating provinces and territories, 98% of which were associated with influenza A.

- [Global influenza update](#) updated on 30 October 2018 (WHO website)

In the temperate zone of the Northern hemisphere, influenza activity remained at inter-seasonal levels. Increased influenza was reported in some countries of Southern and South East Asia. In the temperate

zones of the Southern hemisphere, influenza activity returned to nearly inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

In the temperate zone of the Northern hemisphere, influenza activity remained at inter-seasonal levels. In Europe and North America, influenza like illness (ILI) levels started to increase in some countries with low to no influenza virus detections. In Northern Africa, Egypt continued to report low detections of influenza A(H3N2) viruses. In Western Asia, increased influenza A detections were reported in Bahrain and Kuwait (predominantly A(H3N2)). Influenza percent positivity continued to increase in Qatar and Saudi Arabia, with detections of predominately influenza A(H1N1)pdm09 virus. In East Asia, influenza activity remained low in general.

In the Caribbean, influenza detections and respiratory syncytial virus (RSV) detections remained low in general with the exception of Haiti where influenza A(H1N1)pdm09 virus detections remained elevated. In Central American countries, influenza activity was reported in El Salvador and Nicaragua. RSV activity remained elevated in Guatemala, Nicaragua and Panama.

In the tropical countries of South America, influenza and RSV activity were low in most of the countries.

In Western Africa, influenza activity was reported in a number of countries with all seasonal influenza subtypes co-circulating. In Middle Africa, influenza A(H3N2) detections were reported in Cameroon and Central African Republic. In Eastern Africa, increased influenza detections were reported in Kenya and Mauritius.

In Southern Asia, influenza activity of predominantly influenza A(H1N1)pdm09 virus continued to be reported in India. In Nepal, decreased detections of influenza A(H3N2) and B viruses were reported.

In South East Asia, influenza activity continued to be reported in some countries. In Lao PDR, influenza percent positivity remained elevated with influenza A(H1N1)pdm09 predominantly detected. Increased influenza activity was reported in Cambodia and Thailand.

In temperate South America, influenza and RSV activity decreased across the countries of the sub-region.

In Southern Africa, influenza season appeared to have ended in South Africa, with influenza A (H1N1)pdm09 the predominant virus in the first half of the season and influenza B most frequently detected in the second half of the season.

In Oceania, influenza activity returned to approximate inter-seasonal levels. In Australia, influenza season appeared to have ended. In New Zealand, influenza activity declined further in recent weeks and remained below baseline levels.

The WHO GISRS laboratories tested more than 84,313 specimens between 15 October 2018 and 28 October 2018. 2,145 were positive for influenza viruses, of which 1,845 (86.0%) were typed as influenza A and 300 (14.0%) as influenza B. Of the sub-typed influenza A viruses, 905 (64.5%) were influenza A (H1N1)pdm09 and 499 (35.5%) were influenza A (H3N2). Of the characterized B viruses, 54 (52.4%) belonged to the B-Yamagata lineage and 49 (47.6%) to the B-Victoria lineage.

- [Avian Influenza](#) latest update on 01 November 2018 (WHO website)

Influenza A(H5) viruses

Between [22 September 2018 and 01 November 2018](#), 2 new laboratory-confirmed human case of influenza A(H5N6) virus infection were reported to WHO from China.

Since 2014 a total of 22 laboratory confirmed cases of human infection with influenza A(H5N6) virus have been reported to WHO from China.

According to reports received by the World Organization for Animal Health (OIE), various influenza A(H5) subtypes continue to be detected in birds in Africa, Europe and Asia.

Influenza A(H7N9)

According to reports from mainland the Hong Kong Special Administrative Region China and those received by the World Organisation for Animal Health (OIE), A(H7N9) avian influenza viruses continue to be detected

in China but at lower levels compared to previous years. A nationwide domestic poultry vaccination campaign began in 2017.

- [Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#) latest update on 14 November 2018

Up to 14 November 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 1,336 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.

Between [17 September 2018 and 15 October 2018](#), the National IHR Focal Point of The Kingdom of Saudi Arabia reported 8 additional cases of Middle East Respiratory Syndrome (MERS), including 3 deaths.

Globally, since September 2012 through to the end of September 2018, WHO has been notified of 2,260 laboratory-confirmed cases of infection with MERS-CoV, including 803 related deaths. Further information on management and guidance of possible cases 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.

Acknowledgements

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Related links

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Sources of flu data

- [Clinical surveillance through primary care in the UK](#)
- [Outbreak reporting](#)
- [FluSurvey](#)
- [MOSA](#)
- [Real time syndromic surveillance](#)
- MEM threshold [methodology paper](#) and [UK pilot paper](#)

Disease severity and mortality data

- [USISS](#) system
- [EuroMOMO](#) mortality project

Vaccination

- Seasonal influenza vaccine programme ([Department of Health Book](#))
- Childhood flu programme information for healthcare practitioners ([Public Health England](#))
- 2018/19 Northern Hemisphere seasonal influenza vaccine recommendations ([WHO](#))