



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

10 January 2019 – Week 02 report (up to week 01 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.

[Summary](#) | [Community surveillance](#) | [GP consultation rates](#) | [Hospitalisations](#) | [All-cause mortality](#) | [Microbiological surveillance](#) | [Vaccination](#) | [International](#) | [Acknowledgements](#) | [Related links](#)

Summary – Week 01 (ending 06 January 2019)

- During week 01, allowing for Christmas and New Year reporting breaks, there is evidence that influenza is now circulating in the community as activity indicators breach baseline threshold levels at **Low** intensity.
- The impact of flu on healthcare services is at **Moderate** intensity levels for hospitalisations and ICU/HDU admissions.
- Influenza A(H1N1)pdm09 is the dominant subtype. The Department of Health & Social Care has issued an [alert](#) on the prescription of antiviral medicines by GPs

Community

- Ninety-seven new acute respiratory outbreaks have been reported in the past 7 days. Eighty-four outbreaks were reported from care homes where 15 tested positive for influenza A(not subtyped), 1 influenza A(H1N1)pdm09, 3 human metapneumovirus (hMPV), 1 picornavirus, 3 rhinovirus and 5 RSV, there were 2 mixed infections 1 influenza A(not subtyped) and RSV and 1 RSV and rhinovirus. Eleven outbreaks were reported from hospitals where 2 tested positive for influenza A(not subtyped), 1 influenza A(H3), 1 hMPV, 1 RSV and 1 mixed infection with influenza B and RSV. The remaining 2 outbreaks were reported from the Other settings category with 1 positive for influenza A(H1N1)pdm09.

Primary Care

- The rate of influenza-like illness (ILI) was at **Low intensity** threshold levels. The overall weekly ILI GP consultation rate was 14.8 per 100,000 registered population in participating GP practices for England, this is an increase from 8.4 per 100,000 in week 52 2018. Due to bank holidays in week 52, GP surgeries were only open for 4 days, so data should therefore be interpreted with caution
- In the devolved administrations, ILI rates were **Below Baseline** threshold levels for Northern Ireland and Scotland and were at **Low intensity** threshold levels for Wales

GP ILI
Consultations
England



Secondary Care

- Hospitalisation rate observed was at **Moderate impact** threshold levels, with a rate of 4.32 per 100,000 trust catchment population for England (14 NHS Trusts), this is an increase from 1.96 per 100,000 in week 52
- ICU/HDU admission rate observed was at **Moderate impact** threshold levels, with a rate of 0.40 per 100,000 trust catchment population for England (130/143 NHS Trusts), this is an increase from 0.32 per 100,000 in week 52.
- There were 8 new influenza admissions (7 influenza A(H1N1)pdm09 and 1 influenza A(H3N2)) reported from the 6 Severe Respiratory Failure centres in the UK.

Hospitalisation



ICU/HDU



All-cause mortality

- In week 01 2019, 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 Northern Ireland and Wales in week 01 and in Scotland in week 51 2018.

Microbiological surveillance

- **Primary care:** 25 sample tested positive for influenza (15 influenza A(H1N1)pdm09, 3 influenza A(H3), 6 influenza (not subtyped) and 1 influenza B) with a positivity of 56.8% through the UK GP sentinel swabbing schemes.
- **Secondary care:** Influenza percent positivity was 16.4%, **Above Baseline** threshold level, a slight decrease from 18.1% in week 52. There were 418 detections recorded through the DataMart scheme (233 influenza A(H1N1)pdm09, 53 influenza A(H3), 128 influenza A(not subtyped) and 4 influenza B).

Secondary
Care



Vaccination

- **Weekly uptake:** Up to week 01 2019, in 97.2% of GP practices the provisional proportion of people in England who had received the 2018/19 influenza vaccine in targeted groups was: 45.1% in under 65 years in a clinical risk group, 43.8% in pregnant women and 69.9% in 65+ year olds. In 97.4% of GP practices reporting for the childhood collection the provisional proportion vaccinated was: 41.9% in 2 year olds and 43.5% in 3 year olds.
- Provisional data from the second monthly collection of influenza vaccine uptake by frontline healthcare workers show 61.0% were vaccinated by 30 November 2018, compared to 59.3% vaccinated in the previous season by 30 November 2017.
- Provisional data from the second monthly collection of influenza vaccine uptake for children of school years reception to year 5 shows 49.6% in school year reception age, 49.4% in school year 1 age, 47.7% in school year 2 age, 46.8% in school year 3 age, 45.2% in school year 4 age and 43.7% in school year 5 age were vaccinated by 30 November 2018.

International situation

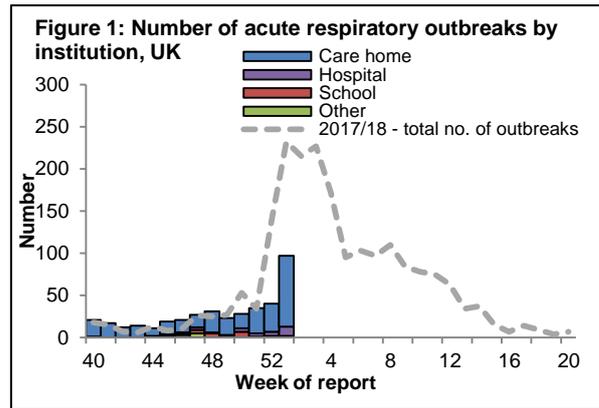
- In the temperate zone of the Northern hemisphere, influenza activity continued to increase slowly. In the temperate zones of the Southern hemisphere, influenza activity returned to inter-seasonal levels with exception of some parts in Australia. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

Key		
Arrows (vs previous week):	Colour (intensity according to MEM threshold):	
Increase	Below Baseline	High
Decrease	Above Baseline/Low	Very High
Stable/No trend	Moderate	

Ninety-seven new acute respiratory outbreaks were reported in the past 7 days.

- Acute respiratory disease outbreaks

- Ninety-seven new acute respiratory outbreaks have been reported in the past 7 days. Eighty-four outbreaks were reported from care homes where 15 tested positive for influenza A(not subtyped), 1 influenza A(H1N1)pdm09, 3 human metapneumovirus (hMPV), 1 picornavirus, 3 rhinovirus and 5 RSV, there were 2 mixed infections 1 influenza A(not subtyped) and RSV and 1 RSV and rhinovirus. Eleven outbreaks were reported from hospitals where 2 tested positive for influenza A(not subtyped), 1 influenza A(H3), 1 hMPV, 1 RSV and 1 mixed infection with influenza B and RSV. The remaining 2 outbreaks were reported from the Other settings category with 1 positive for influenza A(H1N1)pdm09.



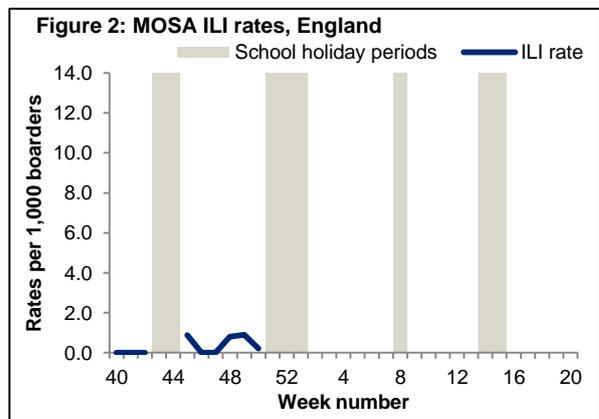
-Outbreaks should be recorded on HPZone and reported to the local Health Protection Teams and respscidsc@phe.gov.uk

- 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, 21 MOSA schools have agreed to participate in the scheme, including a total of 6,530 boarders.

- The overall rate (all boarders) for week 50 was 0.2 per 1,000 boarders compared to 0.9 per 1,000 boarders in the previous week.

-Since week 40, there have been 5 outbreaks reported with 15 ILI cases identified. Of the 5 outbreaks, 1 outbreak has tested positive for influenza B.



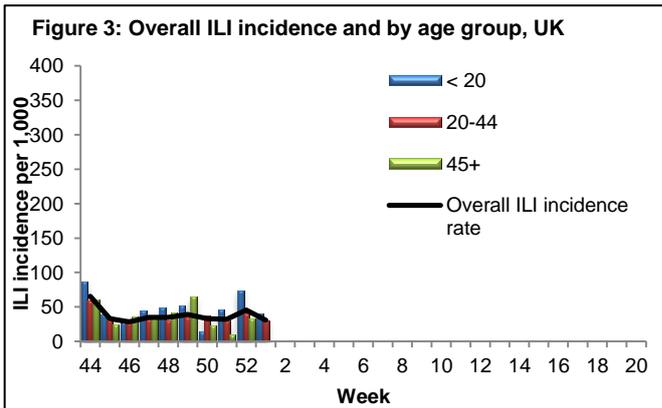
- If you are a MOSA school and would like to participate in this scheme, please email mosa@phe.gov.uk for more information.

- 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 01 2019 was 30.6 per 1,000 (75/2,453 people reported at least 1 ILI) (Figure 3) compared to 45.5 per 1,000 in the previous week, with the highest rate seen in the <20 year olds (40.0 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 01, the overall weekly influenza-like illness (ILI) GP consultation rate increased above baseline threshold in England. In the devolved administrations, ILI rates increased with Wales above baseline threshold.

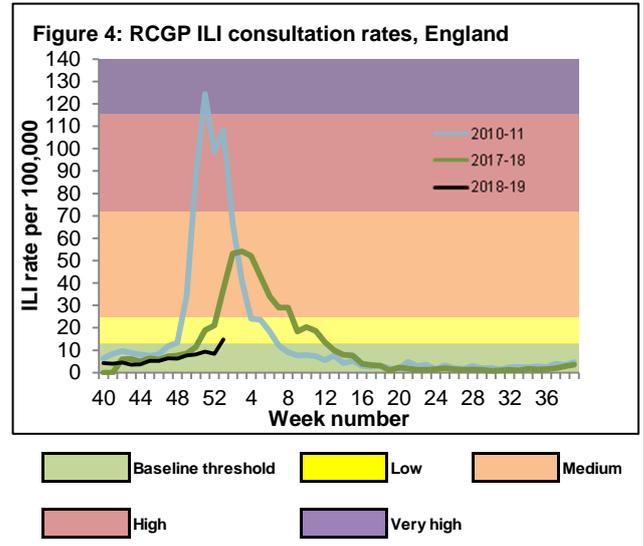
- GP ILI consultations in the UK

RCGP (England)

- The weekly ILI consultation rate through the RCGP surveillance was at 14.8 per 100,000 registered population in participating GP practices in week 01 2019, this is an increase from 8.4 per 100,000 in week 52 2018. This is above the baseline threshold (13.1 per 100,000) (Figure 4*). By age group, the highest rates were seen in 45-64 year olds (21.7 per 100,000) and 15-44 year olds (16.1 per 100,000).

-Due to bank holidays in week 01 (ending 06 January 2019), GP surgeries were only open for 4 days – data should therefore be interpreted with caution.

*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>



UK

- In week 01, overall weekly ILI consultation rates across the countries of the UK have increased and were above their respective baseline thresholds for England and Wales (Table 1) at low activity levels.

- By age group, the highest rates were seen in the 45-64 year olds in Scotland and Northern Ireland (25.3 per 100,000 and 19.5 per 100,000 respectively) and in the 15-44 year olds in Wales (20.7per 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	5.2	6.4	6.2	7.6	8.1	9.4	8.4	14.8			
Wales	7.0	3.6	4.2	6.6	6.3	6.4	4.5	4.7	6.5	3.2	4.5	9.0	9.5	14.7			
Scotland	7.1	5.1	3.6	4.5	2.9	7.3	4.2	5.2	5.9	4.1	6.8	10.5	7.1	17.0			
Northern Ireland	3.8	3.5	3.8	3.6	3.8	5.0	6.3	4.5	5.6	6.0	8.4	8.9	9.0	13.5			

*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 13.8 per 100,000 in week 01 2019 (Figure 5).

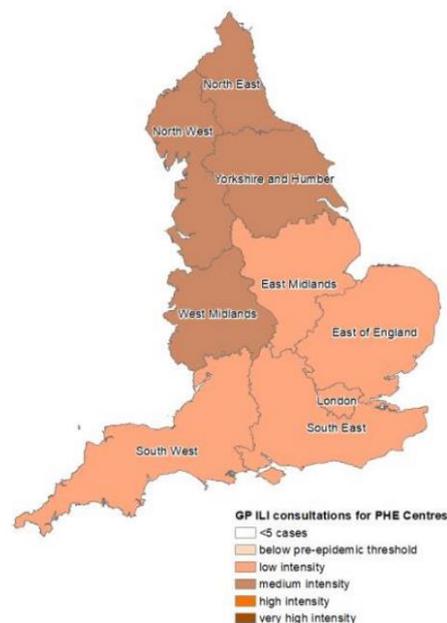
- During week 01, there was an increase in respiratory conditions including influenza-like illness (ILI) seen in GPOOH, ED attendances and GPIH. GPIH also saw an increase in asthma consultations, which remain above expected levels. ED attendances for other respiratory indicators decreased slightly. There were further small increases in NHS 111 calls for cold/flu in line with seasonal expected levels.

- Figure 5 represents a map of GP ILI consultation rates in week 52 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 01

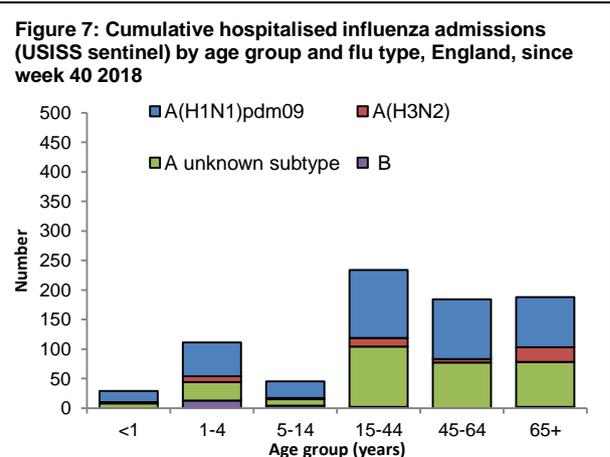
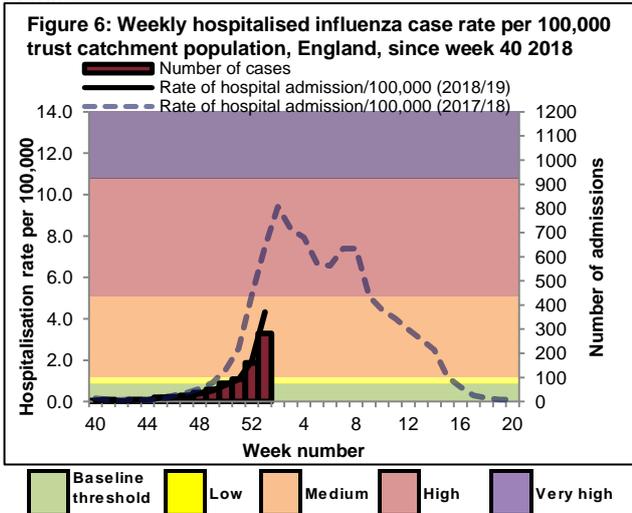


In week 01 2019, there were 282 hospitalised confirmed influenza cases (149 influenza A(H1N1)pdm09, 20 influenza A(H3N2), 111 influenza A(unknown subtype) and 2 influenza B) reported through the USISS sentinel hospital network across England (14 NHS Trusts). In week 01, there were 205 new admissions to ICU/HDU with confirmed influenza (53 influenza A(H1N1)pdm09, 7 influenza A(H3N2), 143 influenza A(unknown subtype) and 2 influenza B) reported through the USISS mandatory ICU/HDU surveillance scheme across the UK (130/143 NHS Trusts in England).

- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 01)

- In week 01 2018, there were 282 hospitalised laboratory confirmed influenza cases (149 influenza A(H1N1)pdm09, 20 influenza A(H3N2), 111 influenza A(unknown subtype) and 2 influenza B) reported from 14 NHS Trusts across England through the USISS sentinel hospital network, with a rate of 4.32 per 100,000 trust catchment population compared to 1.96 per 100,000 in the previous week (Figures 6 and 7). This is above the baseline impact threshold of 1.96 per 100,000 within the moderate impact range.

- A total of 791 hospitalised confirmed influenza admissions (405 influenza A(H1N1)pdm09, 60 influenza A(H3N2), 305 influenza A(unknown subtype) and 21 influenza B) and have been reported in the UK since week 40 2018 via the sentinel scheme.

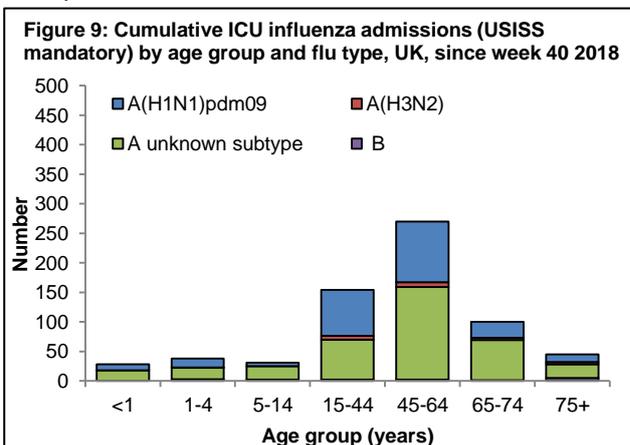
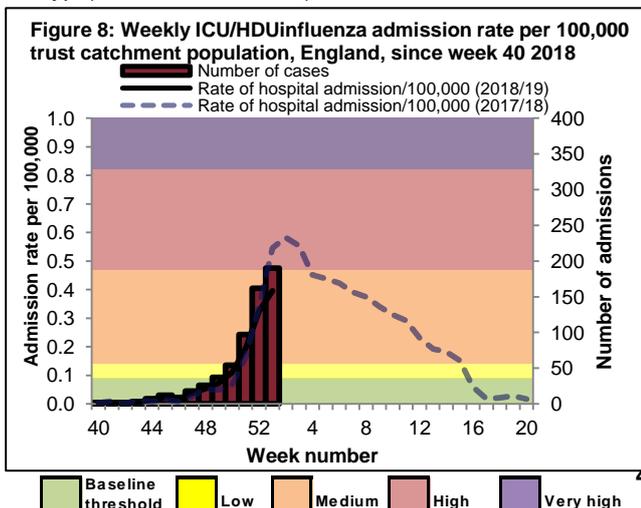


*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for ICU/HDU admission rates for the start of influenza activity (based on 6 seasons) in a standardised approach across Europe. For MEM threshold values, please visit: <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 01)

- In week 01 2019, there were 205 new admissions to ICU/HDU with confirmed influenza (53 influenza A(H1N1)pdm09, 7 influenza A(H3N2), 143 influenza A(unknown subtype) and 2 influenza B) reported across the UK (130/143 Trusts in England) through the USISS mandatory ICU scheme. The rate for England (n=190) was 0.40 per 100,000 trust catchment population compared to 0.32 per 100,000 in the previous week (Figures 8 and 9), above the baseline threshold of 0.09 per 100,000 within the moderate impact range. Ten influenza laboratory-confirmed deaths were reported to have occurred in ICU in week 01 in the UK.

- A total of 666 new ICU/HDU admissions (252 influenza A(H1N1)pdm09, 23 influenza A(H3N2), 376 influenza A(unknown subtype) and 15 influenza B) and 41 confirmed deaths have been reported in the UK since week 40 2018.



*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 01)

- In week 01, there were 8 new admissions for laboratory confirmed influenza (7 influenza A(H1N1)pdm09 and 1 influenza A(H3N2)) among the 6 Severe Respiratory Failure (SRF) centres in the UK.

- Since week 40 there has been 18 confirmed influenza admissions (16 influenza A(H1N1)pdm09 and 2 influenza A(H3N2)) to ECMO centres

All-cause mortality data

[| Back to top |](#)

In week 01 2019, 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 Wales and Northern Ireland in week 01 2019 and in Scotland in week 51 2018.

- All-cause death registrations, England and Wales

- In week 51 2018, an estimated 11,116 all-cause deaths were registered in England and Wales (source: [Office for National Statistics](#)). This is an increase compared to the 10,550 estimated death registrations in week 50 2018.

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

- In week 01 2019 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 sub-nationally (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 Wales, and Northern Ireland in week 01 2019, and in Scotland in week 51 2018 (Table 2).

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

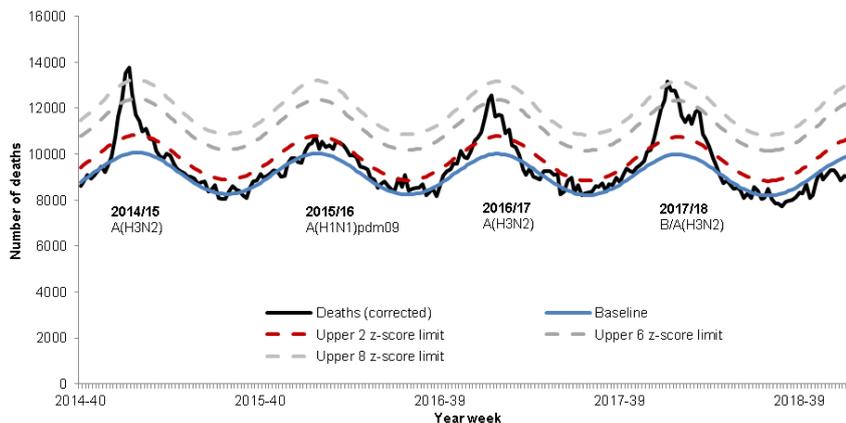
Country	Excess detected in week 01 2019?	Weeks with excess in 2018/19
England	x	NA
Wales	x	NA
Northern Ireland	x	NA

Country	Excess detected in week 51 2018?	Weeks with excess in 2018/19
Scotland	x	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, 201 to week 01 2019



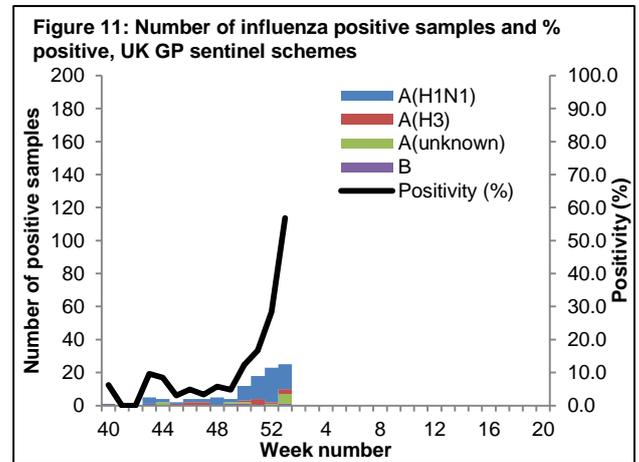
*Note: Delays in receiving all registered deaths from April 2018, following changes in IT systems at ONS, may result in some delays in the model to adjust for most recent deaths.

In week 01 2019, 25 samples tested positive for influenza (15 influenza A(H1N1)pdm09, 3 influenza A(H3), 6 influenza A(not subtyped) and 1 influenza B) with a positivity of 56.8% through the UK GP sentinel schemes. 414 positive detections were recorded through the DataMart scheme (233 influenza A(H1N1)pdm09, 53 influenza A(H3), 128 influenza A(not subtyped) and 4 influenza B) with a positivity of 18.1%, this is above the baseline threshold of 9.2%.

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

- In week 01 2019, 25 samples tested positive for influenza (15 influenza A(H1N1)pdm09, 3 influenza A(H3), 6 influenza A(not subtyped) and 1 influenza B) with an overall positivity of 56.8% compared to 28.4% in week 52 2018 through the UK GP sentinel swabbing schemes (Figure 11).

Since week 40, a total of 107 samples (77 influenza A(H1N1)pdm09, 14 influenza A(H3), 11 influenza A(unknown subtype) and 5 influenza B) tested positive for influenza through this scheme.

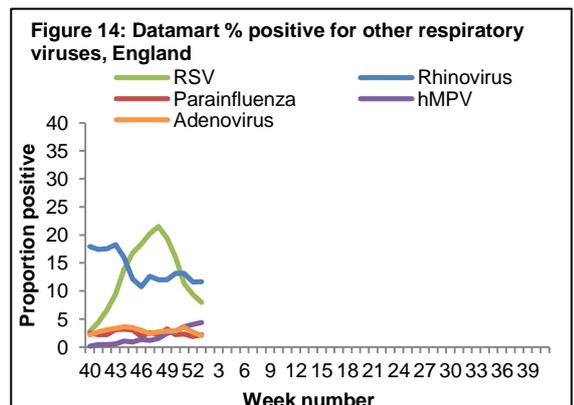
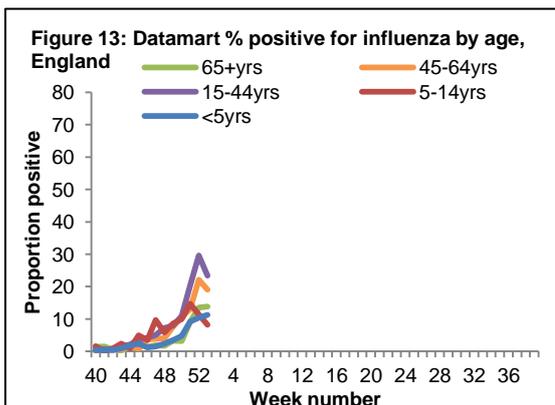
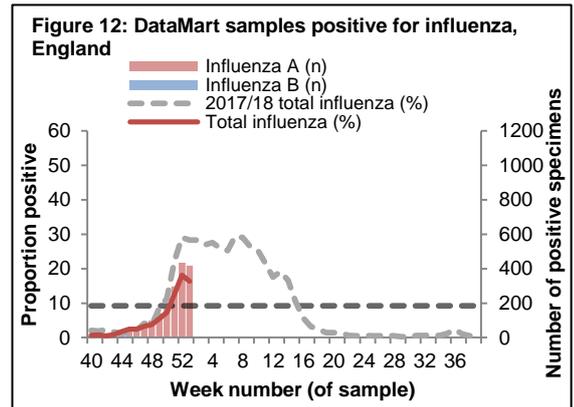


NB. Positivity (%) omitted when fewer than 10 specimens were tested

- Respiratory DataMart System (England)

- In week 01 2019, out of the 2,554 respiratory specimens reported through the Respiratory DataMart System, 418 samples (16.4%) were positive for influenza (233 influenza A(H1N1)pdm09, 53 influenza A(H3), 128 influenza A(not subtyped) and 4 influenza B) (Figure 12), which is above the MEM baseline threshold for this season of 9.2%. The highest positivity for influenza by age group was seen in the 15-44 year olds at 23.4% in week 01 (Figure 13). The overall positivity for RSV continued to decrease from 9.4% in week 52 to 8.0% week 01 2019 (Figure 14). Although the main affected population is in children <5 years the positivity continued to decrease in this group from 22.3% in week 52 to 21.6% in week 01 2019.

Rhinovirus positivity remained similar to the previous week at 11.6% in week 01 2019. Human metapneumovirus (hMPV) positivity continued its slow increasing trend from 4.0% in week 52 to 4.3% in week 01 2019. Adenovirus and parainfluenza positivities remained low at 2.0% and 2.2% respectively (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.

Genetic characterisation by the PHE Respiratory Virus Unit of 64 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. Sixty-six A(H1N1)pdm09 viruses have been antigenically characterised and are similar to the A/Michigan/45/2015-like Northern Hemisphere 2018/19 (H1N1)pdm09 vaccine strain.

The PHE Respiratory Virus Unit has characterised 15 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.

Of two influenza B viruses characterised to date, 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. The other influenza B virus has been characterised as antigenically similar to the B/Phuket/3073/2013 B/Yamagata lineage vaccine component in the N. Hemisphere 2018/19 quadrivalent vaccine.

Table 3: Viruses characterised by PHE Reference Laboratory, 2018/19

Virus	No. viruses characterised			
	Genetic and antigenic	Genetic only	Antigenic only	Total
A(H1N1)pdm09	39	25	27	91
A(H3N2)	0	15	0	15
B/Yamagata-lineage	0	0	1	1
B/Victoria-lineage	0	1	0	1

- 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.

During the current 2018/19 season since week 40 2018, 68 influenza A(H1N1)pdm09 viruses have been tested for oseltamivir susceptibility and all but two were fully susceptible. The two resistant cases had H275Y mutations. 56 out of the 67 influenza A(H1N1)pdm09 virus have also been tested for zanamivir susceptibility and all were susceptible. 17 influenza A(H3N2) viruses have been tested for oseltamivir susceptibility and all were susceptible. 16 out of the 77 influenza A(H3N2) viruses have also been tested for zanamivir susceptibility and all were susceptible. One influenza B virus has been tested for susceptibility for both oseltamivir and zanamivir and it was susceptible to both agents.

- Antimicrobial susceptibility

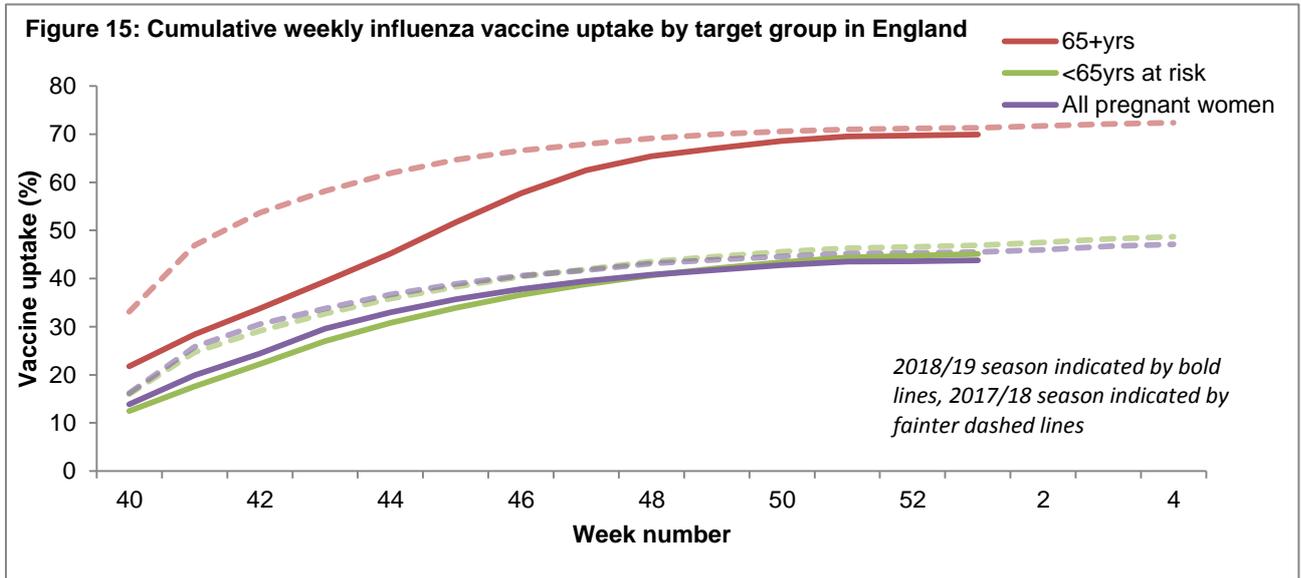
-Table 4 shows in the 12 weeks up to 06 January 2019, the proportion of all lower respiratory tract isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Staphylococcus aureus*, MRSA and MSSA tested and susceptible to antibiotics. These organisms are the key causes of community acquired pneumonia (CAP) and the choice of antibiotics reflects the British Thoracic Society empirical guidelines for management of CAP in adults.

Table 4: Antimicrobial susceptibility surveillance in lower respiratory tract isolates, 12 weeks up to 06 January 2019, E&W

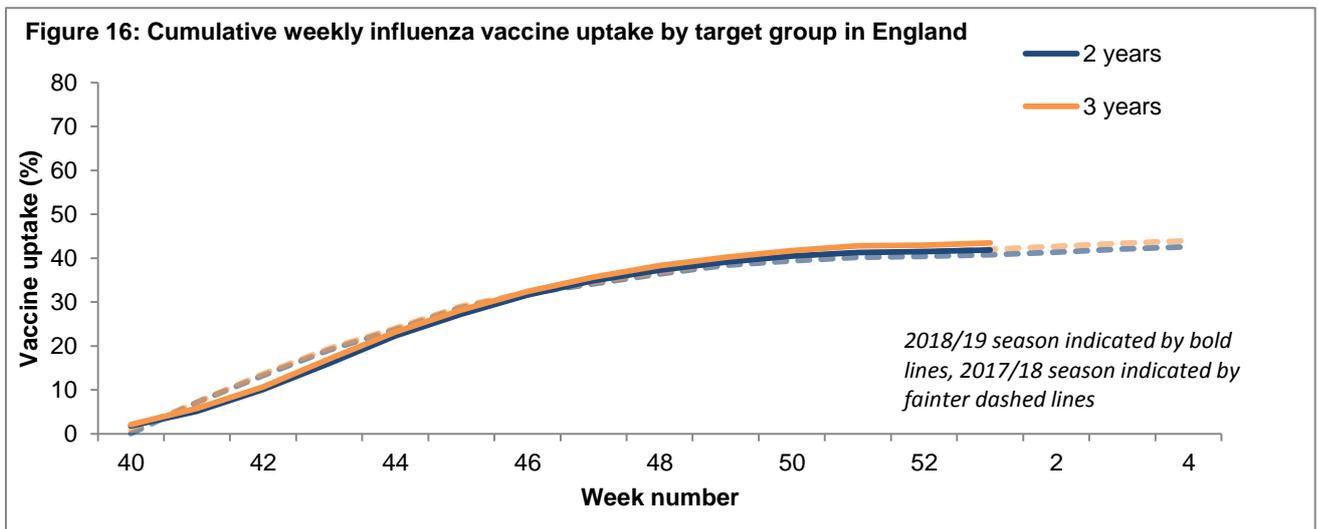
Organism	Antibiotic	Specimens tested (N)	Specimens susceptible (%)
<i>S. pneumoniae</i>	Penicillin	3682	89
	Macrolides	4025	83
	Tetracycline	3969	85
<i>H. influenzae</i>	Amoxicillin/ampicillin	13275	69
	Co-amoxiclav	14427	84
	Macrolides	3320	3
	Tetracycline	14456	98
<i>S. aureus</i>	Methicillin	6457	91
	Macrolides	7215	66
MRSA	Clindamycin	397	46
	Tetracycline	542	78
MSSA	Clindamycin	4110	76
	Tetracycline	5445	93

*Macrolides = erythromycin, azithromycin and clarithromycin

- Up to week 01 2019, in 97.2 % 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):
 - 45.1% in under 65 years in a clinical risk group
 - 43.8% in pregnant women
 - 69.9% 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 01 2019, in 97.4% 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):
 - 41.9% in 2 year olds
 - 43.5% in 3 year olds



- Provisional data from the second monthly collection of the influenza vaccine uptake by frontline healthcare workers show 61.0% were vaccinated by 30 November 2018 from 97.9% of all organisations, compared to 59.3% vaccinated in the previous season by 30 November 2017. The [report](#) provides uptake at national, NHS England local team and Trust-level.

- Provisional data from the second [monthly](#) collection of influenza vaccine uptake for children of school years Reception, 1, 2, 3, 4 and 5 age (from a sample of 97.4% of all Local Authorities in England) show the provisional proportion of children in England who received the 2018/19 influenza vaccine via school, pharmacy or GP practice by 30 November 2018 in targeted groups as follows:
 - 49.6% in children school year reception age (4-5 yrs)
 - 49.4% in children school year 1 age (5-6 yrs)
 - 47.7% in children school year 2 age (6-7 yrs)
 - 46.8% in children school year 3 age (7-8 yrs)
 - 45.2% in children school year 4 age (8-9 yrs)
 - 43.7% in children school year 5 age (9-10 yrs)

International Situation

[Back to top](#)

In the temperate zone of the Northern hemisphere, influenza activity continued to increase slowly. In the temperate zones of the Southern hemisphere, influenza activity returned to inter-seasonal levels with exception of some parts in Australia. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

- [Europe](#) updated on 04 January 2019 (Joint ECDC-WHO Europe Influenza weekly update)

In week 52 2018, influenza activity continued to increase in the European Region.

Of all the Member States and areas with influenza-like illness thresholds defined, only Israel reported activity above their baseline levels. Of 35 Member States and areas reporting on influenza activity, 11 reported baseline, 22 reported low (across the region) and 2 reported medium intensity (Netherlands and Turkey) for week 52.

Of the 34 Member States reporting on geographic spread, 5 reported no activity, 12 reported sporadic cases, 4 reported local spread (Greece, Latvia, Slovakia and Uzbekistan), 8 reported regional spread and 5 reported widespread activity (Iceland, Norway, Portugal, Sweden and Turkey).

For week 52, 233 (37.0%) of the 629 sentinel specimens tested positive for influenza viruses, 232 (99.6%) were influenza A and 1 (0.4%) was influenza B. Of the 112 type A viruses subtyped, 53 (47.3%) were influenza A(H1N1)pdm09 and 59 (52.7%) were influenza A(H3N2).

For week 52, 178 laboratory-confirmed influenza cases were reported in ICUs, 176 (98.9%) were infected with influenza type A viruses and 2 (1.1%) were infected with influenza type B viruses. Among the 20 laboratory confirmed influenza cases in other wards reported all were infected with influenza type A viruses.

For week 52, 1,714 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 1,714, 1,695 (98.9%) were type A and 19 (1.1%) were type B viruses. Of the 261 influenza A viruses that were subtyped, 166 (63.6%) were A(H1N1)pdm09 and 95 (36.4%) were A(H3N2). None of the influenza B viruses were assigned to a lineage

For week 52, data from the 13 Member States or areas 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 04 January 2019 (Centre for Disease Control report)

During week 52, influenza activity in the United States (US) is increasing. Influenza A and B viruses continue to co-circulate. Influenza A viruses have predominated since the start of the season with influenza A(H1N1)pdm09 predominating in most areas, however influenza A(H3) predominated in South-Eastern US.

A cumulative rate of 5.4 laboratory-confirmed influenza-associated hospitalisations per 100,000 population was reported, with the highest rate among children <5 years old.

Nationwide during week 52, the proportion of outpatient visits for influenza-like illness (ILI) increased to 4.1%, which is above the national baseline of 2.2%.

For week 51, the proportion of deaths attributed to pneumonia and influenza (P&I) was 6.1%, below the epidemic threshold (6.9%) in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

Two influenza-associated pediatric deaths (2 influenza A(H1N1)pdm09) were reported to the CDC during week 52.

- [Canada](#) updated on 04 January 2019 (Public Health Agency report)

Overall, influenza activity continued to increase in weeks 51 and 52. Influenza A is the most common influenza virus circulating and the majority of these viruses is influenza A(H1N1)pdm09.

In weeks 51 and 52, a total of 3,387 laboratory confirmed detections of influenza were reported, of which 99% were influenza A. The percentage of tests positive for influenza from sentinel laboratories continued to increase to from 25.1% in week 51 to 29.4% in week 52, which is above the seasonal threshold of 5.0%.

In week 50, 1.6% of visits to healthcare professionals were due to ILI, the percentage of visits for ILI is within expected levels.

To date this season, 1046 influenza-associated hospitalisations have been reported by participating provinces and territories, of which 1042 (99.6%) were associated with influenza A. To date this season, 119 ICU admissions and 24 deaths have been reported.

- [Global influenza update](#) updated on 07 January 2019 (WHO website)

In the temperate zone of the Northern hemisphere, influenza activity continued to increase slowly. In the temperate zones of the Southern hemisphere, influenza activity returned to inter-seasonal levels with exception of some parts in Australia. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

In North America, influenza activity continued to increase, with influenza A(H1N1)pdm09 virus predominating. In Canada, influenza activity continued to increase; paediatric hospitalisations remained stable and were close to the average number of hospitalisations seen in 2010-2011 season. In the United States, influenza activity increased, with mainly influenza A(H1N1)pdm09 virus detected. In Mexico, influenza A(H1N1)pdm09 continued to be reported.

In Europe, influenza activity continued to increase across the continent. Influenza A(H1N1)pdm09 and A(H3N2) viruses predominated and were detected at almost equal proportions.

In North Africa, there was an increase in influenza detections with mainly influenza A(H3N2) detections reported from Egypt.

In Western Asia, respiratory illness indicators increased in Armenia, Georgia, Israel, Lebanon and Turkey. Influenza A viruses predominated with various proportions of A(H1N1)pdm09 and A(H3N2) in different countries. In the Arabian Peninsula, elevated influenza activity continued to be reported across countries, but lower than previously reported.

In East Asia, influenza season appears to have started, with predominantly influenza A (H1N1)pdm09. ILI activity increased further in China and Hong Kong SAR and sharply increased in Republic of Korea, with mainly influenza A(H1N1)pdm09 detected. In Japan and Mongolia, influenza and ILI activity increased but remained low.

In the Caribbean, while influenza activity remained low overall, increase detections of influenza A(H1N1)pdm09 and B (Victoria lineage) viruses were reported in Cuba. In Central American countries, influenza activity was reported in Costa Rica (influenza A viruses) and Nicaragua (influenza A(H1N1)pdm09 and influenza B).

In the tropical countries of South America, influenza and RSV activity were low in general except for Ecuador where elevated RSV was reported.

In Western Africa, influenza detections (mainly influenza A(H3N2) and influenza B Victoria-lineage viruses) were reported. Low levels of influenza were reported in Niger (influenza B), Guinea and Mauritania (influenza AH3N2). In Middle Africa, Cameroon reported fewer influenza detections. In Eastern Africa, low levels of influenza B were detected in Madagascar and Mozambique. Kenya reported decreasing levels of influenza A(H3N2) virus detections.

In Southern Asia, influenza detections rose sharply in recent weeks mainly due to increased influenza A(H3N2) virus detections in Iran and A(H1N1)pdm09 virus detections in India. ILI levels increased in Afghanistan with influenza A(H1N1)pdm09 virus mainly detected.

In South-East Asia, Lao PDR continued to report influenza activity with influenza A(H1N1)pdm09 virus most frequently detected viruses. Although decreased, influenza activity continues to be reported in Thailand with influenza A(both subtypes) circulating

The WHO GISRS laboratories tested more than 97,188 specimens between 10 December 2018 and 23 December 2018. 12,945 were positive for influenza viruses, of which 12,148 (93.8%) were typed as influenza A and 797 (6.2%) as influenza B. Of the sub-typed influenza A viruses, 5,823 (77.0%) were influenza A (H1N1)pdm09 and 1,739 (23.0%) were influenza A (H3N2). Of the characterized B viruses, 40 (40.4%) belonged to the B-Yamagata lineage and 59 (59.6%) to the B-Victoria lineage.

- [Avian Influenza](#) latest update on 13 December 2018 (WHO website)

Influenza A(H5) viruses

Between [2 November 2018 and 13 December 2018](#), no new laboratory-confirmed human cases of influenza A(H5) virus infections were reported to WHO.

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(H7N2)

Between [2 November 2018 and 13 December 2018](#), 1 additional laboratory-confirmed human case of infection with an avian influenza A(H7N2)virus, associated with an outbreak in cats in the USA. This is the second human case of infection with influenza A(H7N2) virus transmitted from cats to humans.

Influenza A(H7N9)

According to reports from mainland and 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.

Influenza A(H9N2)

Between [2 November 2018 and 13 December 2018](#), 2 new laboratory-confirmed cases of influenza A(H9N2) virus infections were reported to WHO from China. Avian influenza A(H9N2) viruses are enzootic in poultry in China

- [Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#) latest update on 09 January 2019

Up to 09 January 2019, 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 1,393 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.

Between [16 October 2018 and 30 October 2018](#), the National IHR Focal Point of The Kingdom of Saudi Arabia reported 4 additional cases of Middle East Respiratory Syndrome (MERS), including 1 death.

Globally, since September 2012, WHO has been notified of 2,266 laboratory-confirmed cases of infection with MERS-CoV, including 804 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

[Back to top](#)

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Related links

[Back to top](#)

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](#))