



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

14 March 2019 – Week 11 report (up to week 10 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 10 (ending 10 March 2019)

- During week 10 influenza continued to circulate in the community with activity indicators decreasing and **Below Baseline**.
- The impact of flu on healthcare services is at **Medium** impact for hospitalisations and ICU/HDU influenza admissions.
- Influenza A(H1N1)pdm09 and influenza A(H3N2) are co-circulating. The Department of Health & Social Care has issued an [alert](#) on the prescription of antiviral medicines by GPs

Community

- Forty new acute respiratory outbreaks have been reported in the past 7 days. Twenty-seven outbreaks were reported from care homes where 6 tested positive for influenza A(not subtyped), 1 human metapneumovirus (hMPV) and 1 parainfluenza. Four outbreaks were reported from hospitals where 2 tested positive for influenza A(not subtyped). Six outbreaks were reported from schools where one tested positive for influenza A(not subtyped). The remaining 3 outbreaks were reported from the Other settings category where 1 tested positive for Group A Streptococcus.

Primary Care

- The rate of influenza-like illness (ILI) was **Below Baseline** threshold levels. The overall weekly ILI GP consultation rate was 9.1 per 100,000 registered population in participating GP practices for England, this is a decrease from 12.1 per 100,000 in week 09 2019.
- In the devolved administrations, ILI rates were **Below Baseline** threshold levels for Northern Ireland, Scotland and Wales.

GP ILI
Consultations
England



Secondary Care

- Hospitalisation rate observed was at **Medium impact** levels, with a rate of 1.55 per 100,000 trust catchment population for England (21 NHS Trusts), this is a decrease from 2.10 per 100,000 in week 09.
- ICU/HDU admission rate observed was at **Medium impact** levels, with a rate of 0.19 per 100,000 trust catchment population for England (139/143 NHS Trusts), this is a decrease from 0.24 per 100,000 in week 09.
- There was 1 new influenza admissions (1 influenza A(H1N1)pdm09) reported from the 6 Severe Respiratory Failure centres in the UK.

Hospitalisation



ICU/HDU



All-cause mortality

- In week 10 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 Wales and Northern Ireland in week 10 and in Scotland in week 08 2019

Microbiological surveillance

- **Primary care:** 14 samples tested positive for influenza (7 influenza A(H1N1)pdm09 and 7 influenza A(H3))with a positivity of 25.5% through the UK GP sentinel swabbing schemes in week 10 2019.
- **Secondary care:** Influenza percent positivity was 11.5%, **Above Baseline** threshold level, this is a decrease from 15.8% in week 09. There were 265 detections recorded through the DataMart scheme (36 influenza A(H1N1)pdm09, 111 influenza A(H3), 115 influenza A(not subtyped) and 3 influenza B).

Secondary
Care



Vaccination

- Provisional data from the fourth monthly collection of influenza vaccine uptake in GP patients shows that in 99.6% of GP practices the proportions of people in England who had received the 2018/19 influenza vaccine in targeted groups by 31 January 2019 were: 46.9% in under 65 years in a clinical risk group, 45.0% in pregnant women and 71.3% in 65+ year olds. In 99.4% of GP practices reporting for the childhood collection the provisional proportions vaccinated by 31 January 2019 were: 43.1% in 2 year olds and 45.2% in 3 year olds.
- Provisional data from the fourth monthly collection of influenza vaccine uptake by frontline healthcare workers show 68.6% were vaccinated by 31 January 2019, compared to 67.6% vaccinated in the previous season by 31 January 2018.
- Provisional data from the fourth monthly collection of influenza vaccine uptake for children of school years reception to year 5 shows 63.9% in school year reception age, 63.4% in school year 1 age, 61.4% in school year 2 age, 60.2% in school year 3 age, 58.0% in school year 4 age and 56.2% in school year 5 age were vaccinated by 31 January 2019.
- [WHO](#) have published their recommendations for the composition of the 2019/20 Northern hemisphere influenza vaccine

International situation

- In the temperate zone of the Northern hemisphere, influenza activity continued to increase with influenza A(H1N1)pdm09 predominating overall. In the temperate zones of the Southern hemisphere, influenza activity returned to inter-seasonal levels with the exception of some parts of Australia where influenza activity remained above inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

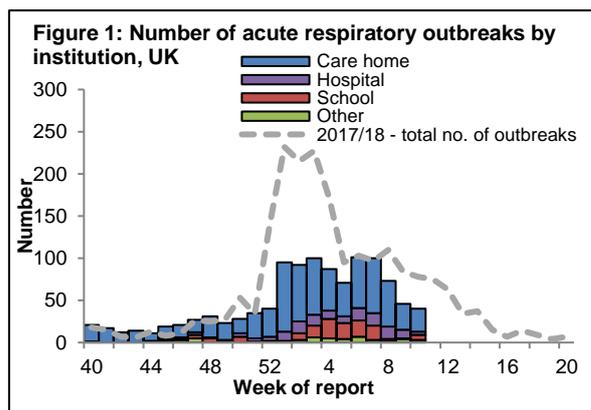
Arrows (vs previous week):	Colour (intensity according to MEM threshold):
Increase	Below Baseline
Decrease	Above Baseline/Low
Stable/No trend	High
	Very High
	Medium

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

- Acute respiratory disease outbreaks

- Forty new acute respiratory outbreaks have been reported in the past 7 days. Twenty-seven outbreaks were reported from care homes where 6 tested positive for influenza A(not subtyped), 1 human metapneumovirus (hMPV) and 1 parainfluenza. Four outbreaks were reported from hospitals where 2 tested positive for influenza A(not subtyped). Six outbreaks were reported from schools where one tested positive for influenza A(not subtyped). The remaining 3 outbreaks were reported from the Other settings category where 1 tested positive for Group A Streptococcus.

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



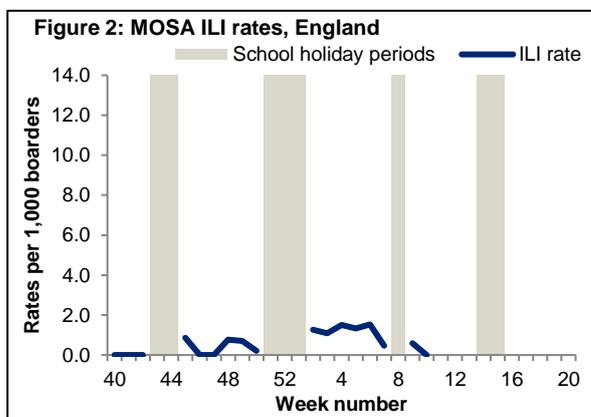
- Medical Officers of Schools Association (MOSA) & PHE surveillance scheme

- 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, 21 MOSA schools have agreed to participate in the scheme, including a total of 6,661 boarders.

- The overall rate (all boarders) for week 10 was 0.0 per 1,000 boarders compared to 0.6 per 1,000 boarders in week 09.

-Since week 40, there have been 16 outbreaks reported from 10 MOSA schools, with a total of 59 ILI cases identified. Of the 16 outbreaks, 2 outbreaks have tested positive for influenza A (H1N1)pdm09 and 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.

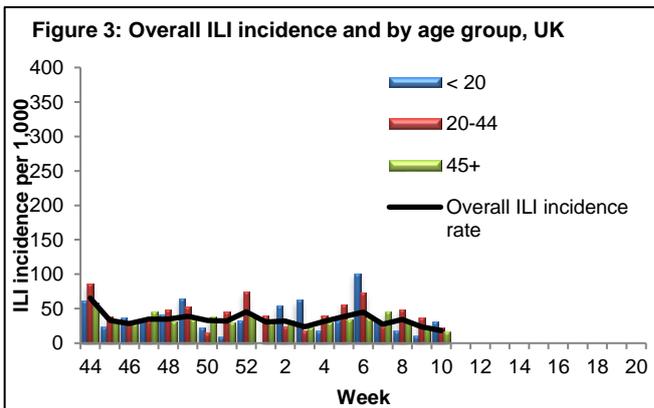


- FluSurvey

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

- The overall ILI rate (all age groups) for week 10 2019 was 18.2 per 1,000 (43/2,323 people reported at least 1 ILI) (Figure 3) compared to 23.6 per 1,000 in the previous week, with the highest rate seen in the 20-44 year olds (22.5 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.



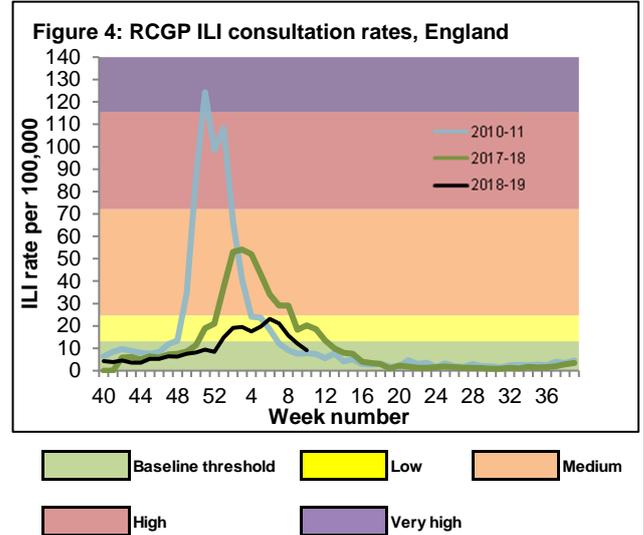
In week 10, the overall weekly influenza-like illness (ILI) GP consultation rate continued to decrease with ILI rate below baseline threshold levels in England. In the devolved administrations, ILI rates decreased or remained similar to week 09, below respective baselines in Scotland, Northern Ireland and Wales.

- GP ILI consultations in the UK

RCGP (England)

- The weekly ILI consultation rate through the RCGP surveillance was at 9.1 per 100,000 registered population in participating GP practices in week 10 2019, this is a decrease from 12.1 per 100,000 in week 09. This is below the baseline threshold (13.1 per 100,000) (Figure 4*). By age group, the highest rates were seen in <1 year olds (13.5 per 100,000) and in 45-64 year olds (12.3 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 10, overall weekly ILI consultation rates across countries of the UK either decreased or remained similar to the previous week, with all countries below their respective baseline threshold levels. (Table 1).

- By age group, the highest rates were seen in the 45-64 year olds in Scotland, Wales and Northern Ireland (14.2 per 100,000, 13.0 per 100,000 and 8.4 per 100,000 respectively).

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	5	6	7	8	9	10
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	19.2	19.6	17.5	19.7	23.1	21.1	15.7	12.1	9.1
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	20.5	22.9	15.7	20.5	21.4	17.2	17.5	8.2	8.7
Scotland	7.1	5.8	4.0	3.8	2.8	7.6	4.0	4.7	5.6	4.0	6.5	10.1	6.9	17.7	26.7	18.0	28.4	32.7	32.3	27.2	20.8	10.2	10.5
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	18.9	14.4	12.4	14.5	16.2	14.5	11.1	9.0	5.9

*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 6.9 per 100,000 in week 10 2019 (Figure 5).

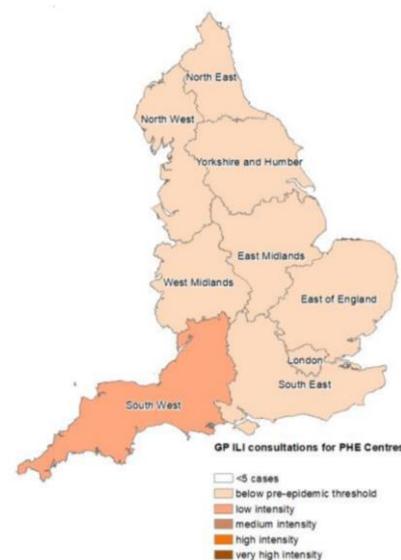
- During week 10, there were continued decreases in influenza-like illness (ILI) seen in ED attendances. GPOOH and GPIH also so decreases in ILI consultations with both returning to pre-epidemic levels. There were further decreases in NHS 111 cold/flu calls, which have returned to pre-epidemic levels.

- Figure 5 represents a map of GP ILI consultation rates in week 10 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 10

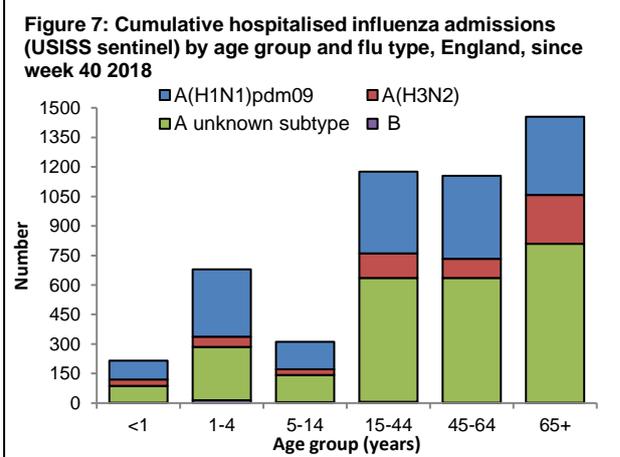
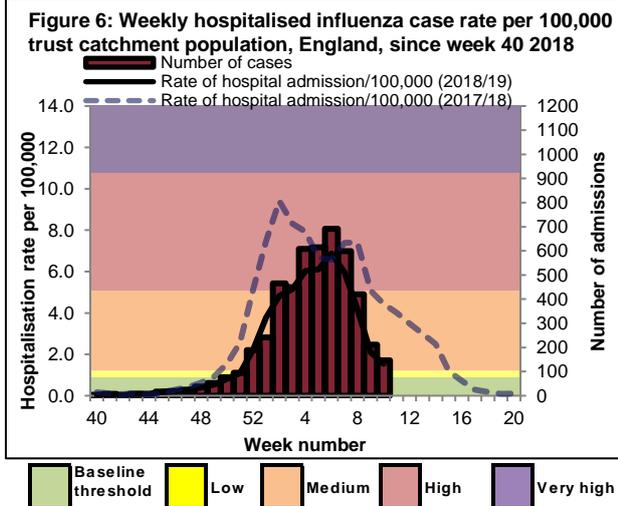


In week 10 2019, there were 147 hospitalised confirmed influenza cases (41 influenza A(H1N1)pdm09, 38 influenza A(H3N2), 67 in fluenza A(unknown subtype) and 1 influenza B) reported through the USISS sentinel hospital network across England (21 NHS Trusts). There were 99 new admissions to ICU/HDU with confirmed influenza (24 influenza A(H1N1)pdm09, 7 influenza A(H3N2), 65 influenza A(unknown subtype) and 3 influenza B) reported through the USISS mandatory ICU/HDU surveillance scheme across the UK (139/143 NHS Trusts in England).

- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 10)

- In week10 2019, there were 147 hospitalised laboratory confirmed influenza cases (41 influenza A(H1N1)pdm09, 38 influenza A(H3N2), 67 influenza A(unknown subtype) and 1 influenza B) reported from 21 NHS Trusts across England through the USISS sentinel hospital network, with a rate of 1.55 per 100,000 trust catchment population compared to 2.10 per 100,000 in the previous week (Figures 6 and 7). This is above the baseline impact threshold of 0.89 per 100,000 within the medium impact range of 1.22 to <5.08 per 100,000.

- A total of 4,991 hospitalised confirmed influenza admissions (1,810 influenza A(H1N1)pdm09, 583 influenza A(H3N2), 2,566 influenza A(unknown subtype) and 32 influenza B) and have been reported in the UK since week 40 2018 via the sentinel scheme.

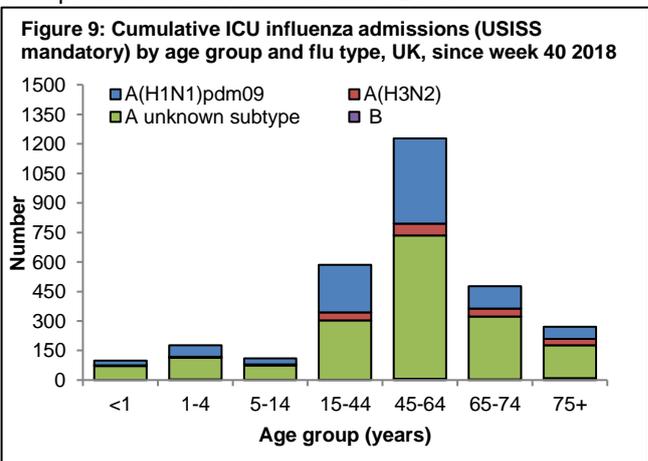
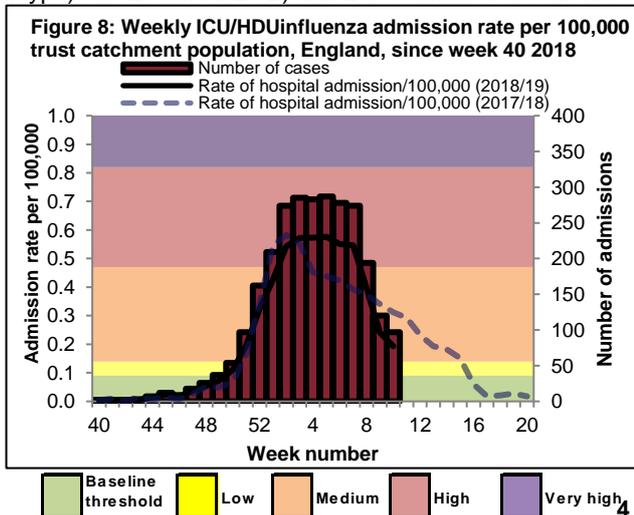


*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for ICU/HDU admission rates for the start of influenza activity (based on 6 seasons) in a standardised approach across Europe. For MEM threshold values, please visit: <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 10)

- In week 10 2019, there were 99 new admissions to ICU/HDU with confirmed influenza (24 influenza A(H1N1)pdm09, 7 influenza A(H3N2), 65 influenza A(unknown subtype) and 3 influenza B) reported across the UK (139/143 Trusts in England) through the USISS mandatory ICU scheme. The rate for England (n=97) was 0.19 per 100,000 trust catchment population compared to 0.24 per 100,000 in the previous week (Figures 8 and 9), above the baseline threshold of 0.09 per 100,000 within the medium impact range. Twelve influenza laboratory-confirmed deaths were reported to have occurred in ICU in week 10 in the UK.

- A total of 2,946 new ICU/HDU admissions (965 influenza A(H1N1)pdm09, 182 influenza A(H3N2), 1,770 influenza A(unknown subtype) and 29 influenza B) and 287 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 10)

- In week 10, there was 1 new admission for laboratory confirmed influenza (1 influenza A(H1N1)pdm09) among the 6 Severe Respiratory Failure (SRF) centres in the UK.

- Since week 40 there have been 92 confirmed influenza admissions (76 influenza A(H1N1)pdm09, 4 influenza A(H3N2) and 12 influenza A(unknown subtype)) to ECMO centres

All-cause mortality data

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In week 10 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 10 2019 and in Scotland in week 08 2019.

- All-cause death registrations, England and Wales

- In week 09 2019, an estimated 11,044 all-cause deaths were registered in England and Wales (source: [Office for National Statistics](#)). This is a decrease compared to the 11,295 estimated death registrations in week 08 2019.

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

- In week 10 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, statistically significant excess all-cause mortality for all ages was observed in Wales and Northern Ireland in week 10 2019 and in Scotland in week 08 2019 (Table 2).

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

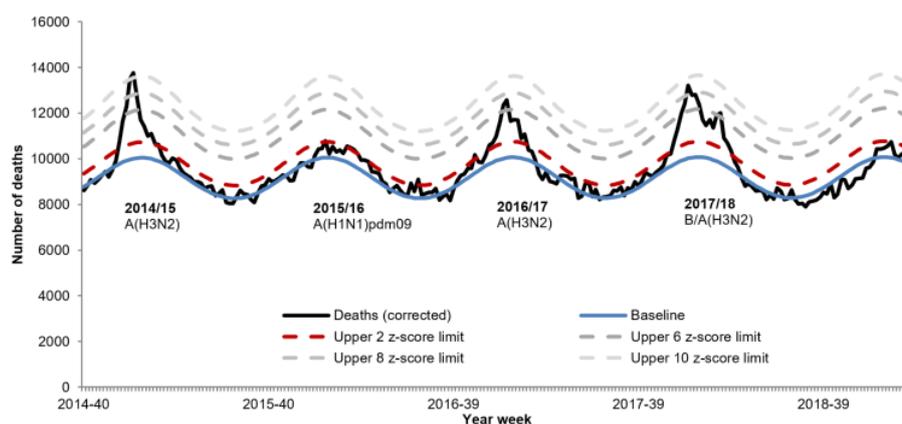
Country	Excess detected in week 10 2019?	Weeks with excess in 2018/19
England	×	6
Wales	×	NA
Northern Ireland	×	6; 9

Country	Excess detected in week 08 2019?	Weeks with excess in 2018/19
Scotland	×	52-2

* 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 10 2019



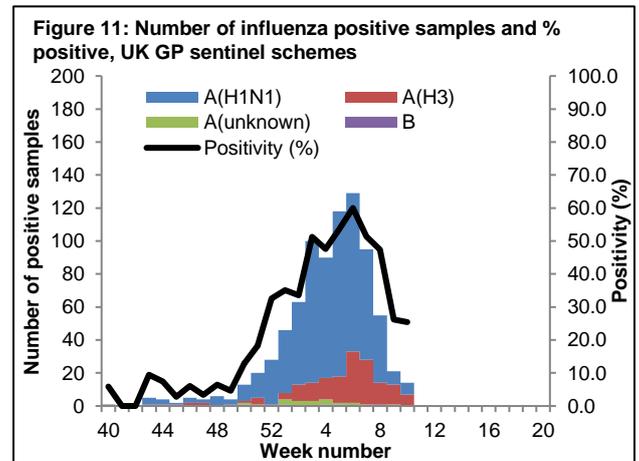
*Note: Delays in receiving all registered deaths from April 2018, following changes in IT systems at ONS, may result in some delays in the model to adjust for most recent deaths.

In week 10 2019, 14 samples tested positive for influenza (7 influenza A(H1N1)pdm09 and 7 influenza A(H3)) with a positivity of 25.5% through the UK GP sentinel schemes. 265 positive detections were recorded through the DataMart scheme (36 influenza A(H1N1)pdm09, 111 influenza A(H3), 115 influenza A(not subtyped) and 3 influenza B) with a positivity of 11.5%, this is above the baseline threshold of 9.2%.

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

- In week 10 2019, 14 samples tested positive for influenza (7 influenza A(H1N1)pdm09 and 7 influenza A(H3)) with an overall positivity of 25.5% compared to 26.3% in week 09 2019 through the UK GP sentinel swabbing schemes (Figure 11).

Since week 40, a total of 823 samples (640 influenza A(H1N1)pdm09, 156 influenza A(H3), 19 influenza A(unknown subtype) and 8 influenza B) tested positive for influenza through this scheme.

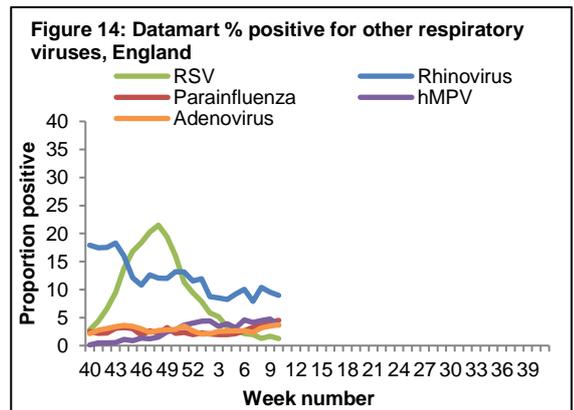
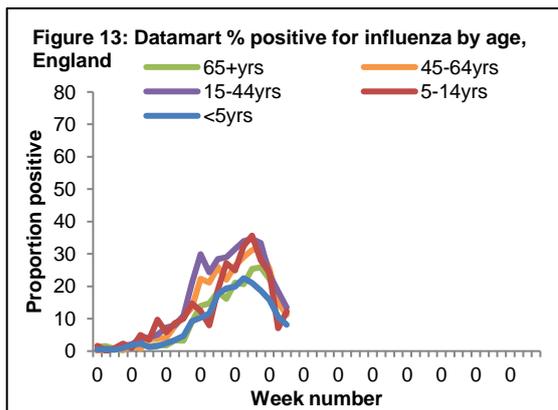
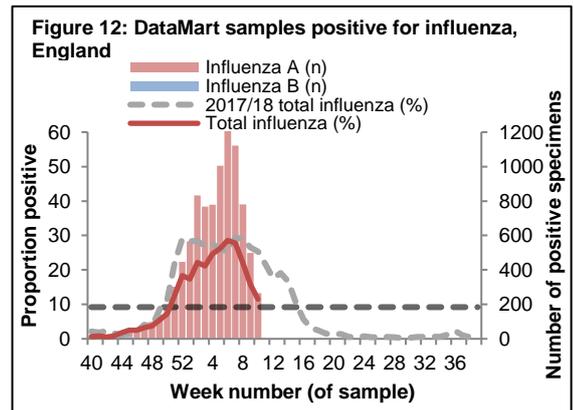


NB. Positivity (%) omitted when fewer than 10 specimens were tested

- Respiratory DataMart System (England)

- In week 10 2019, out of the 2,314 respiratory specimens reported through the Respiratory DataMart System, 265 samples were positive for influenza (36 influenza A(H1N1)pdm09, 111 influenza A(H3), 115 influenza A(not subtyped) and 3 influenza B) (Figure 12), with an overall positivity of 11.5% compared to 15.8% the previous week, 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 13.5% in week 10 (Figure 13).

RSV positivity remained low. Rhinovirus positivity decreased slightly from 9.5% in week 09 to 8.9% in week 10 2019. Human metapneumovirus (hMPV) positivity decreased slightly to 3.7% in week 10. Adenovirus and parainfluenza positivities increased slightly from 3.5% and 4.0% in week 09 to 3.7% and 4.5% in week 10 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.

The PHE Respiratory Virus Unit has characterised 719 influenza A(H1N1)pdm09 viruses detected since week 40. Genetic characterisation of 674 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. Two-hundred and forty-three 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.

Genetic characterisation of 140 A(H3N2) influenza viruses shows that they all belong to genetic subclade 3C.2a, with 134 belonging to a cluster within this genetic subclade designated as 3C.2a1. One virus belonging to the genetic subclade 3C.3a was detected. The Northern Hemisphere 2018/19 influenza A(H3N2) vaccine strain belongs in genetic subclade 3C.2a1.

Of three influenza B viruses characterised to date, two influenza B viruses have been characterised where sequencing of the haemagglutinin (HA) gene shows they belong within genetic clade 1A of the B/Victoria lineage. One of them clusters 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 genetically as belonging to genetic clade 3 of the B/Yamagata lineage and antigenically as 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	198	476	45	719
A(H3N2)	0	140	0	140
B/Yamagata-lineage	1	0	0	1
B/Victoria-lineage	0	2	0	2

- 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, 604 influenza A(H1N1)pdm09 viruses have been tested for oseltamivir susceptibility, 585 were fully susceptible and 19 were resistant confirmed by PHE-RVU. All 19 oseltamivir resistant cases have the H275Y amino acid substitution. 7 of the 19 cases are known to have received oseltamivir treatment. One case has no known exposure to oseltamivir. The remaining 11 cases are under investigation. 497 out of the 604 influenza A(H1N1)pdm09 virus have also been tested for zanamivir susceptibility and all were susceptible. 97 influenza A(H3N2) viruses have been tested for oseltamivir susceptibility and for zanamivir susceptibility and all were susceptible to both agents. Three influenza B viruses have been tested for susceptibility for both oseltamivir and zanamivir and all were susceptible to both agents

- Antimicrobial susceptibility

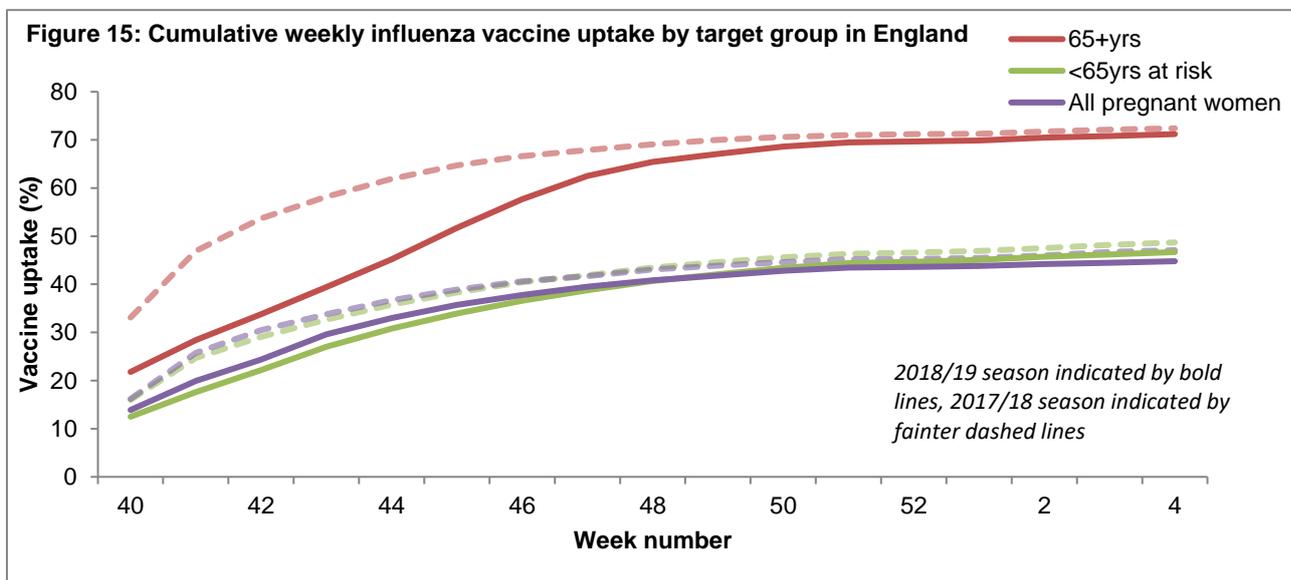
-Table 4 shows in the 12 weeks up to 10 March 2019, the proportion of all lower respiratory tract isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Staphylococcus aureus*, MRSA and MSSA tested and susceptible to antibiotics. These organisms are the key causes of community acquired pneumonia (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 10 March 2019, E&W

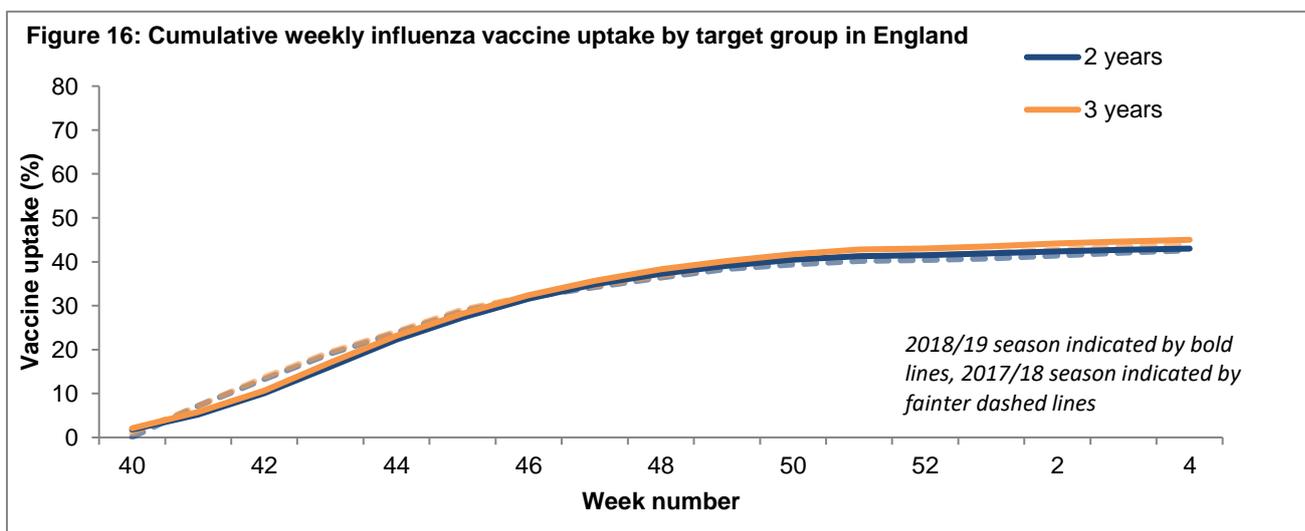
Organism	Antibiotic	Specimens tested (N)	Specimens susceptible (%)
<i>S. pneumoniae</i>	Penicillin	4613	89
	Macrolides	5006	83
	Tetracycline	4918	86
<i>H. influenzae</i>	Amoxicillin/ampicillin	18677	70
	Co-amoxiclav	20156	85
	Macrolides	4107	4
	Tetracycline	20149	98
<i>S. aureus</i>	Methicillin	7226	92
	Macrolides	8086	65
MRSA	Clindamycin	430	43
	Tetracycline	545	78
MSSA	Clindamycin	4518	76
	Tetracycline	6137	93

*Macrolides = erythromycin, azithromycin and clarithromycin

- Up to week 04 2019, in 97.4% 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):
 - 46.7% in under 65 years in a clinical risk group
 - 44.8% in pregnant women
 - 71.2% 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 04 2019, in 97.5% 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):
 - 43.0% in 2 year olds
 - 45.0% in 3 year olds



- Provisional data from the fourth monthly collection of the influenza vaccine uptake by frontline healthcare workers show 68.6% were vaccinated by 31 January 2019 from 97.9% of all organisations, compared to 67.6% vaccinated in the previous season by 31 January 2018. The [report](#) provides uptake at national, NHS England local team and Trust-level.

- Provisional data from the fourth [monthly](#) collection of influenza vaccine uptake for children of school years Reception, 1, 2, 3, 4 and 5 age (from a sample of 100% 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 31 January 2019 in targeted groups as follows:
 - 63.9% in children school year reception age (4-5 yrs) compared to 62.6% by 31 January 2018
 - 63.4% in children school year 1 age (5-6 yrs) compared to 60.9% by 31 January 2018
 - 61.4% in children school year 2 age (6-7 yrs) compared to 60.3% by 31 January 2018
 - 60.2% in children school year 3 age (7-8 yrs) compared to 57.5% by 31 January 2018
 - 58.0% in children school year 4 age (8-9 yrs) compared to 55.7% by 31 January 2018
 - 56.2% in children school year 5 age (9-10 yrs); age group not included in 2017/18 school vaccine programme.
- Provisional data from the fourth [monthly](#) collection of influenza vaccine uptake in GP patients up to 31 January 2019 show that in 99.6% of all GP practices in England responding to the main GP survey, the proportion of people in England who receive the 2018/19 influenza vaccine was as follows:
 - 46.9% under 65 year olds in a clinical risk group compared to 48.9% by 31 January 2018
 - 45.0% in pregnant women compared to 47.2% by 31 January 2018
 - 71.3% in 65+ year olds compared to 72.6% by 31 January 2018
- Provisional data from the fourth [monthly](#) collection of influenza vaccine uptake in GP patients up to 31 January 2019 show that in 99.4% of all GP practices in England responding to the child GP survey, the proportion of people in England who receive the 2018/19 influenza vaccine was as follows:
 - 43.1% in 2 year olds compared to 42.8% by 31 January 2018
 - 45.2% in 3 year olds compared to 44.2% by 31 January 2018
- The 2018/19 mid-season influenza vaccine effectiveness study was recently [published](#). The report is based on 6 European studies including the UK, analysing influenza data from October 2018 to January 2019.

International Situation

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In the temperate zone of the Northern hemisphere, influenza activity continued to increase with influenza A(H1N1)pdm09 predominating overall. In the temperate zones of the Southern hemisphere, influenza activity returned to inter-seasonal levels, with the exception of some parts of Australia where influenza activity remained above inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

- [Europe](#) updated on 08 March 2019 (Joint ECDC-WHO Europe Influenza weekly update)

In week 09 2019, influenza activity is widespread in the European Region. Influenza A virus detections dominated with slightly more A(H1N1)pdm09 viruses than A(H3N2) viruses with very few influenza B virus detected.

Of all the Member States and areas with influenza-like illness thresholds defined, countries in Eastern (Republic of Moldova and Russian Federation), Northern (Estonia, Iceland, Latvia, Lithuania and Norway), Southern (Cyprus, Greece, Italy, Montenegro, Republic of North Macedonia and Serbia) and Western (Belgium, Czech Republic, Hungary, Luxemburg, Netherlands, Poland, Slovakia and Spain) areas of the European region reported activity above baseline levels.

Of 48 Member States and areas reporting on intensity 2 reported baseline, 22 reported low (across the region), 22 reported medium (across the region) and 2 reported high (Southern, Western areas) intensity for week 09.

Of the 48 Member States reporting on geographic spread, 2 reported no activity, 5 reported sporadic cases, 5 reported local spread, 8 reported regional spread (in Eastern, Southern and Western areas) and 28 reported widespread activity (across the region).

For week 09, 751 (41.8%) of the 1,796 sentinel specimens tested positive for influenza viruses, 750 (99.9%) were influenza A and 1 (0.1%) was influenza B. Of the type A viruses subtyped, 52.4% were influenza A(H1N1)pdm09 and 47.6% were influenza A(H3N2).

For week 09, 232 laboratory-confirmed influenza cases were reported in ICUs, 229 (98.7%) were infected with influenza type A viruses and 3 (1.3%) were infected with influenza type B viruses. Among the 191 laboratory confirmed influenza cases in other wards reported, almost exclusively influenza type A viruses (99.5%) were detected.

For week 09, 9,046 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 9,046, 8,999 (99.5%) were type A and 47 (0.5%) were type B viruses. Of the 3,574 influenza A viruses that were subtyped, 1,816 (50.8%) were A(H1N1)pdm09 and 1,758 (49.2%) were A(H3N2). No B viruses were ascribed to a lineage

For week 09, data from the 23 Member States or areas reporting to the [EuroMOMO](#) project were included in pooled analyses. The pooled estimates indicated excess mortality among those aged 15-64 years and 65+ years observed in recent weeks has started to decline.

- [United States of America](#) updated on 08 March 2019 (Centre for Disease Control report)

During week 09, influenza activity in the United States (US) remains elevated. Influenza A and B viruses continue to co-circulate. Nationally, influenza A(H3) viruses were reported more frequently than influenza A(H1N1)pdm09.

A cumulative rate of 36.6 laboratory-confirmed influenza-associated hospitalisations per 100,000 population was reported, with the highest rate among those aged 65+ years old.

Nationwide during week 09, the proportion of outpatient visits for influenza-like illness (ILI) increased to 4.7% which is above the national baseline of 2.2%.

For week 08, the proportion of deaths attributed to pneumonia and influenza (P&I) was 7.5%, above the epidemic threshold (7.3% for week 08) in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

Eight influenza-associated pediatric deaths (4 influenza A(H1N1)pdm09, 1 influenza A(H3), 2 influenza A(not subtyped) and 1 influenza B) were reported to the CDC during week 09.

- [Canada](#) updated on 08 March 2019 (Public Health Agency report)

Overall, influenza activity is past the peak in most Western regions, but continues to circulate at higher levels in Eastern regions.

In week 09, a total of 1,692 laboratory confirmed detections of influenza were reported, of which 96% were influenza A, with influenza A(H3N2) accounting for 58% of subtyped A viruses. The percentage of tests positive for influenza from sentinel laboratories was 20.1%, which is above the seasonal threshold of 5.0%.

In week 09, 1.6% of visits to healthcare professionals were due to ILI, the percentage of visits for ILI is low compared to previous seasons.

To date this season, 2,214 influenza-associated hospitalisations have been reported by participating provinces and territories, of which 2,202 (99.5%) were associated with influenza A. To date this season, 403 ICU admissions and 93 deaths have been reported; all but 2 ICU admissions and all but 1 of the reported deaths were associated with influenza A.

- [Global influenza update](#) updated on 04 March 2019 (WHO website)

In the temperate zone of the Northern hemisphere, influenza activity continued to increase with influenza A(H1N1)pdm09 predominating overall. In the temperate zones of the Southern hemisphere, influenza activity returned to inter-seasonal, with the exception of some parts of Australia where influenza activity remained above inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

In North America, influenza activity continued, with influenza A(H1N1)pdm09 as the dominant subtype followed by influenza A(H3N2) virus. In Canada, at national level, influenza activity continued to decrease and appeared to have peaked with some subnational variations. In the United States, ILI activity continued to increase, at a national level ILI activity was low overall, with the exception of some parts of the country. In Mexico, influenza percent positivity remained elevated with influenza A(H1N1)pdm09 most frequently detected

In Europe, influenza activity remained elevated across the continent. High intensity was reported in 6 countries of South West Europe. Hospitalisation rates remained high in France and the UK. Although influenza A(H1N1)pdm09 was the most frequently detected virus overall, influenza A(H3N2) viruses co-circulated and predominated in some countries.

In Central Asia, increased levels of severe acute respiratory infections (SARI) remained elevated in Kazakhstan and Uzbekistan. Influenza activity of predominantly influenza A(H1N1)pdm09 virus was reported in Kazakhstan.

In Northern Africa, influenza activity remained high. ILI and influenza activity of predominantly influenza A(H1N1)pdm09 virus were high in Morocco. In Tunisia, influenza detections continued to increase with influenza A(H3N2) predominating.

In Western Asia, influenza activity peaked in some countries and increased in others, with all seasonal influenza subtypes co-circulating. Influenza A activity continued to increase in Cyprus and remained elevated in Armenia, Israel and Lebanon with influenza A(H1N1)pdm09 and A(H3N2) co-circulating. Across the Arabian Peninsula, influenza activity decreased overall except in Kuwait and Saudi Arabia where activity remained elevated.

In East Asia, influenza activity appeared to decrease overall. Although decreased ILI and influenza activity remained above seasonal threshold level in China and Hong Kong SAR, with influenza A(H1N1)pdm09 predominating. In Japan, Republic of Korea and Mongolia, influenza activity appeared to have returned to baseline levels.

In the Caribbean and Central American countries, influenza activity and RSV remained low overall. Increased detections of influenza A(H1N1)pdm09 were reported in Jamaica in recent weeks.

In the tropical countries of South America, influenza and RSV activity were low in general with exception of Suriname.

In Western and Middle Africa, Influenza virus detections were low across reporting countries. In Eastern Africa, low levels of influenza detections of mainly influenza A (H3N2) were reported in Kenya, Madagascar, Mozambique and Zambia.

In Southern Asia, influenza activity remained elevated with influenza A viruses predominating, except in Bangladesh. Influenza activity of predominantly influenza A(H1N1)pdm09 continued to increase in both Bhutan and India. In Iran, influenza activity peaked in week 02 with influenza A(H3N2) virus predominating over the season. In Afghanistan, influenza activity of predominantly (H1N1)pdm09 decreased although ILI remained elevated.

In South-East Asia, detection of predominantly influenza B-Victoria lineage virus continued to be reported in the Philippines. In Thailand, an increase in influenza activity was reported of all seasonal subtypes.

The WHO GISRS laboratories tested more than 220,347 specimens between 04 February 2019 and 17 February 2019. 74,302 were positive for influenza viruses, of which 73,225 (98.6%) were typed as influenza A and 1,077 (1.4%) as influenza B. Of the sub-typed influenza A viruses, 19,600 (65.2%) were influenza A (H1N1)pdm09 and 10,447 (34.8%) were influenza A (H3N2). Of the characterized B viruses, 82 (26.2%) belonged to the B-Yamagata lineage and 231 (73.8%) to the B-Victoria lineage.

- [Avian Influenza](#) latest update on 25 February 2019 (WHO website)

Influenza A(H5) viruses

Between [21 January 2018 and 12 February 2019](#), 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(H7N9)

Between [21 January 2018 and 12 February 2019](#), no new laboratory-confirmed human cases of influenza A(H7N9) virus infection were reported to WHO. There have been no publicly available reports from animal health authorities in China of influenza A(H7N9) virus detections in animals in recent months.

Influenza A(H9N2)

Between [21 January 2018 and 12 February 2019](#), 2 new laboratory-confirmed case of influenza A(H9N2) virus infection was reported to WHO, both from China. Avian influenza A(H9N2) viruses are enzootic in poultry in China.

Influenza A(H3N2)v virus

Between [21 January 2018 and 12 February 2019](#), 1 new laboratory-confirmed human case of influenza A(H3N2)v virus infection was reported from Australia.

- [Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#) latest update on 13 March 2019

Up to 13 March 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 1,460 suspected cases in the UK since September 2012 that have been investigated for MERS-CoV and tested negative.

The National IHR Focal Point of The Kingdom of Saudi Arabia notified WHO of an ongoing outbreak of Middle East Respiratory Syndrome coronavirus(MERS-CoV). Between [29 January 2019 and 13 February 2019](#), 39 cases of MERS-CoV were reported including 4 deaths.

Between [12 February and 18 February 2019](#), the National IHR Focal Point of Oman reported 8 additional cases of Middle East Respiratory Syndrome coronavirus(MERS-CoV).

Globally, since September 2012, [WHO](#) has been notified of 2,374 laboratory-confirmed cases of infection with MERS-CoV, including 823 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](#))
- 2018/19Northern Hemisphere seasonal influenza vaccine recommendations ([WHO](#))