



This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

Indicators for influenza show low levels of activity.

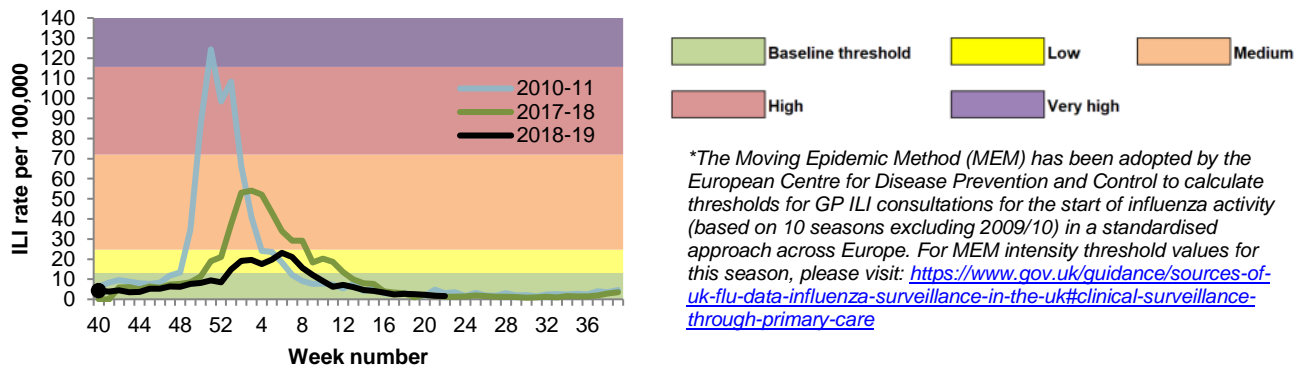
Community surveillance

- GP consultation rates for influenza-like illness (ILI) remain low in all schemes in the UK (Table 1 & Figure 1).

Table 1: GP ILI consultations for all ages – week 21- 22 2019, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 21	Week 22		
England (RCGP)	1.7	1.6	↔	<1 year
Scotland	3.0	0.8	↓	75+ years
Northern Ireland	2.2	1.4	↓	65-74 years
Wales	3.0	2.0	↓	45-64 years

Figure 1 : RCGP ILI consultation rates, England

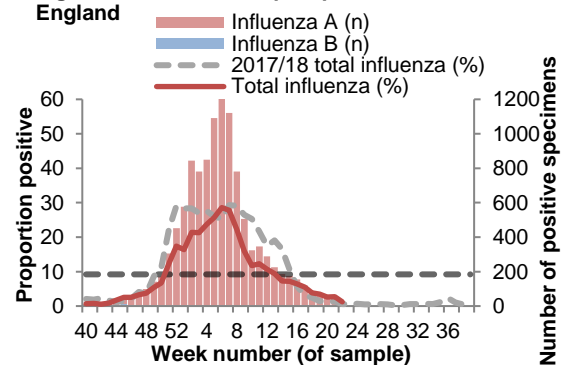


- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low, in weeks 21 and 22 2019.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory DataMart system
 - In week 22 2019, 14 (1.2%) of the 1,169 respiratory specimens tested were positive for influenza (one influenza A(H1N1)pdm09, 8 influenza A(H3), and 5 influenza A(not subtyped)).
 - Rhinovirus positivity remained at 14.9% in week 22. Parainfluenza positivity decreased from 7.1% in week 21 to 5.4% in week 22. RSV positivity remained low(<1%). Adenovirus and human metapneumovirus (hMPV) positivities remained low.

Figure 2: Datamart samples positive for influenza, England



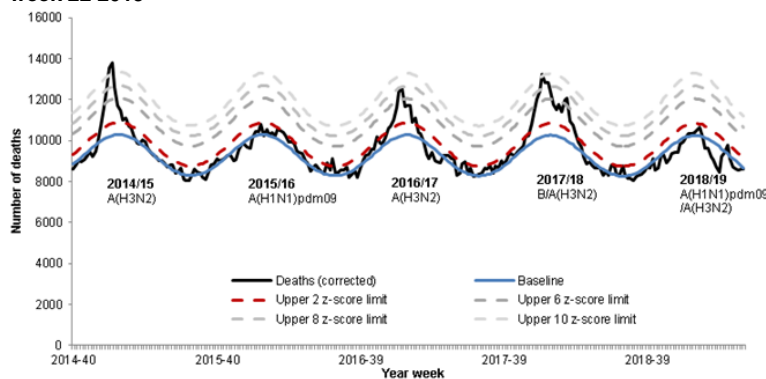
Outbreak Reporting

- Nineteen new acute respiratory outbreaks have been reported in the past two weeks. Eighteen outbreaks were reported from care homes where one tested positive for influenza A(not subtyped) and another for parainfluenza. One outbreak was reported from a hospital and tested positive for parainfluenza. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 22 2019, no significant excess was reported overall, by age group or by region in England after correcting ONS disaggregate data for reporting delay with the standardised weekly EuroMOMO algorithm (Table 2). This data is provisional due to the time delay in registration and so numbers may vary from week to week.

Figure 3: Weekly observed and expected number of all-cause deaths in all ages, with the dominant circulating influenza A subtype, England, 2014 to week 22 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.

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

Country	Excess detected in week 22 2019?	Weeks with excess in 2018/19
England	x	NA
Wales	x	NA
Northern Ireland	x	1,6;18

Country	Excess detected in week 20 2019?	Weeks with excess in 2018/19
Scotland	x	52-2

* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold

* NA refers to no excess seen

International Surveillance

- Influenza** updated on 27 May 2019
 - In the temperate zone of the Southern hemisphere, influenza activity increased overall with the majority of detections accounting for seasonal influenza A viruses. In the temperate zone of the northern hemisphere influenza activity was low overall.
 - In Oceania, Australia, ILI activity and influenza detections were higher compared to the same period in previous years. Increased detections of mainly influenza A(H3N2) viruses were reported. New Caledonia reported detections of predominantly influenza A(H1N1)pdm09 viruses. New Zealand reported increased detections of influenza A(H3N2) and influenza B Victoria lineage viruses. In New Zealand, ILI activity increased but remained below baseline. Influenza-associated hospitalizations also increased.
 - In South Africa, there were increased influenza detections, predominantly influenza A(H3N2).
 - In South America, influenza detections increased above baseline and ILI activity increased in Chile, with influenza A(H1N1)pdm09 predominant among influenza detections. In Paraguay, influenza detections, of predominantly influenza A(H1N1)pdm09, and ILI increased slightly but remained around the baseline while RSV detections increased. Influenza detections were low in Argentina, Brazil and Uruguay.
 - In the Caribbean, Central American countries and the tropical countries of South America, influenza activity remained low.
 - In Western and Middle Africa, influenza detections were low across reporting countries with small numbers of influenza A(H3N2) and influenza B viruses detected.
 - In Southern Asia and in South East Asia, influenza activity was low overall with influenza A(H1N1)pdm09 predominating.
 - The WHO GISRS laboratories tested more than 80,173 specimens between 29 April 2019 and 12 May 2019. 7,693 were positive for influenza viruses, of which 4,383 (57.0%) were typed as influenza A and 3,310 (43.0%) as influenza B. Of the sub-typed influenza A viruses, 707 (30.9%) were influenza A(H1N1)pdm09 and 1,578 (69.1%) were influenza A(H3N2). Of the characterized B viruses, 63 (2.9%) belonged to the B-Yamagata lineage and 2,075 (97.1%) to the B-Victoria lineage
- MERS-CoV** updated on 05 June 2019
 - Since September 2012 up to 05 June 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 1,520 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
 - From [09 April to 30 April 2019](#), the National IHR Focal Point of Saudi Arabia reported 9 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 3 deaths. Of the 9 MERS-CoV cases reported, 5 cases were associated with ongoing clusters in 3 cities.
 - Globally, since September 2012, WHO has been notified of 2,428 laboratory-confirmed cases of infection with MERS-CoV, including at least 838 related deaths. Further guidance on the management of possible cases in the UK is available [online](#). The latest ECDC MERS-CoV risk assessment can be found [here](#), where it is highlighted that risk of widespread transmission of MERS-CoV remains very low.
- Avian influenza** updated on 10 May 2019
 - Between [10 April and 10 May 2019](#), one new laboratory-confirmed human case of influenza A(H5N1) virus infection (from Nepal) and one new laboratory-confirmed human case of influenza A(H9N2) virus infection (from Oman) have been reported to WHO.
 - For further updates please see the [WHO website](#) and for advice on clinical management in the UK please see information available [online](#).