



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.

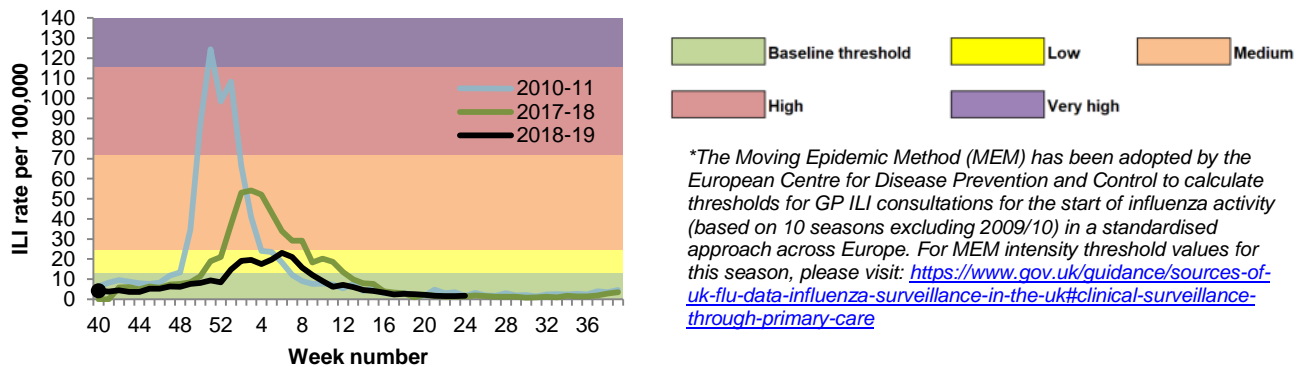
Community surveillance

- 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 23- 24 2019, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 23	Week 24		
England (RCGP)	1.6	1.8	↔	15-44 years
Scotland	3.9	2.6	↓	65-74 years
Northern Ireland	1.6	2.1	↔	45-64 years
Wales	1.2	2.5	↓	45-64 years

Figure 1 : RCGP ILI consultation rates, England

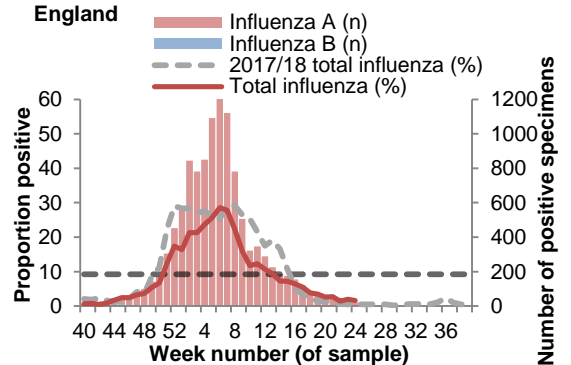


- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low, in weeks 23 and 24 2019.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory DataMart system
 - In week 24 2019, 21 (1.6%) of the 1,279 respiratory specimens tested were positive for influenza (3 influenza A(H1N1)pdm09, 9 influenza A(H3), and 8 influenza A(not subtyped) and one influenza B).
 - Rhinovirus positivity increased to 16.1% in week 24. Parainfluenza positivity decreased to 3.5% in week 24, whereas adenovirus positivity increased slightly to 5.5% in week 24. Human metapneumovirus (hMPV) positivity remained low at 2.0% in week 24.

Figure 2: Datamart samples positive for influenza, England



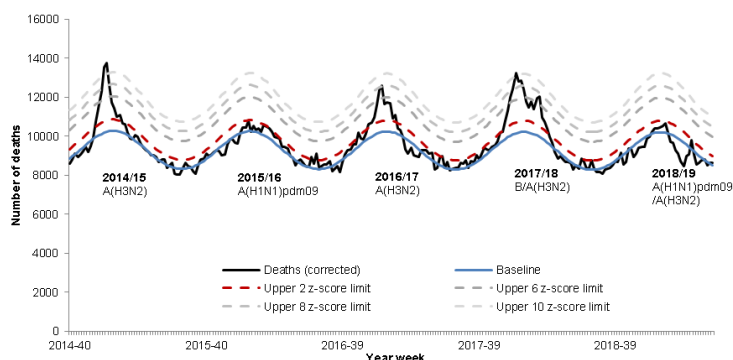
Outbreak Reporting

- Twenty-eight new acute respiratory outbreaks have been reported in the past two weeks. Twenty-four outbreaks were reported from care homes where three tested positive for influenza A(not subtyped), one for hMPV, one for parainfluenza, one for pneumococcus, 2 for rhinovirus and one mixed infection of parainfluenza and rhinovirus. Two outbreaks were reported from hospitals where one tested positive for Bordetella spp. One outbreak was reported from a school testing positive for Bordetella spp. The remaining outbreak was from the other settings category with no test results available. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 24 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 24 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 24 2019?	Weeks with excess in 2018/19
England	x	NA
Wales	x	NA
Northern Ireland	x	1;6;18
Country	Excess detected in week 22 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 10 June 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 and has returned to inter-seasonal level in most countries.
 - In Oceania, influenza activity increased across the continent, with influenza A(H3N2) being the dominant subtype. In Australia, influenza like illness (ILI) and influenza percent positive increased and were higher compared to the same period in previous years. Influenza season started earlier also in New Zealand, with influenza A(H3N2) and B (Victoria-lineage) viruses detected in similar proportions. Decreased influenza detections of predominantly influenza A(H1N1)pdm09 viruses were reported in New Caledonia.
 - In South Africa, the 2019 influenza season also appeared to have started earlier than previous years. ILI and influenza detections continued to increase with influenza A(H3N2) viruses predominating.
 - In South America, a sharp increase of influenza positivity and ILI was reported in Chile, with influenza A(H1N1)pdm09 viruses most frequently detected. Influenza detections reports remained low in Argentina, Brazil, Paraguay and Uruguay.
 - In the Caribbean, Central American countries and the tropical countries of South America, influenza activity remained low overall. In Western and Middle Africa, influenza detections were low across reporting countries.
 - 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 46,002 specimens between 13 May 2019 and 26 May 2019. 5,285 were positive for influenza viruses, of which 3,157 (59.7%) were typed as influenza A and 2,128 (40.3%) as influenza B. Of the sub-typed influenza A viruses, 620 (30.5%) were influenza A(H1N1)pdm09 and 1,414 (69.5%) were influenza A(H3N2). Of the characterized B viruses, 34 (3.0%) belonged to the B-Yamagata lineage and 1,104 (97.0%) to the B-Victoria lineage
- MERS-CoV** updated on 05 June 2019
 - Since September 2012 up to 19 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 1,525 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](#).