



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

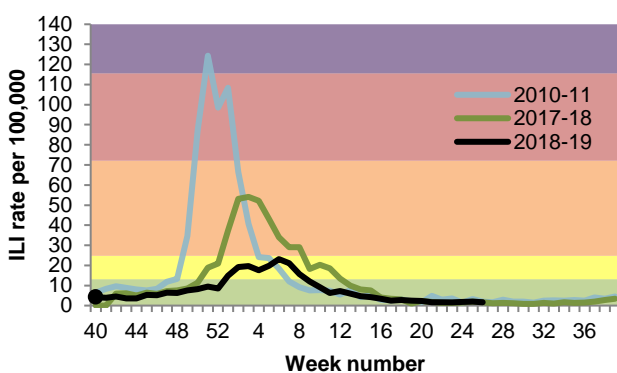
- GP consultation rates for influenza-like illness (ILI) remain low in all schemes in the UK (Table 1 & Figure 1).

Table 1: GP ILI consultations for all ages – week 25- 26 2019, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 25	Week 26		
England (RCGP)	1.9	1.6	↔	15-44 years
Scotland	1.7	2.7	↔	15-44 years
Northern Ireland	2.1	2.1	↔	15-44/45-64 years
Wales	2.0	*	*	*

*data not available

Figure 1 : RCGP ILI consultation rates, England



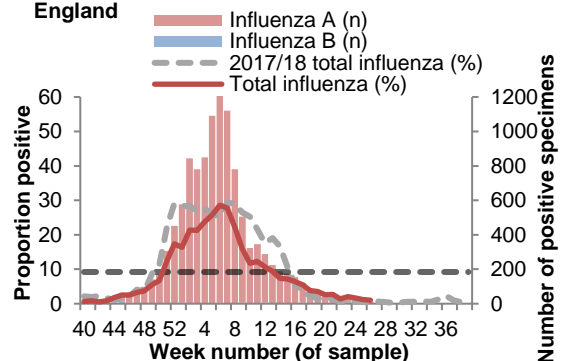
*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold values for this season, please visit: <https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#clinical-surveillance-through-primary-care>

- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low, in weeks 25 and 26 2019.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory DataMart system
 - In week 26 2019, 11 (1.0%) of the 1,071 respiratory specimens tested were positive for influenza (4 influenza A(H3), and 6 influenza A(not subtyped) and one influenza B).
 - RSV positivity remained low (<1%).
 - Rhinovirus positivity increased at 20.9% in week 26. Parainfluenza and adenovirus positivity decreased to 4.7% and 3.8% respectively in week 26. Human metapneumovirus (hMPV) positivity remained low at 1.4% in week 26.

Figure 2: Datamart samples positive for influenza, England



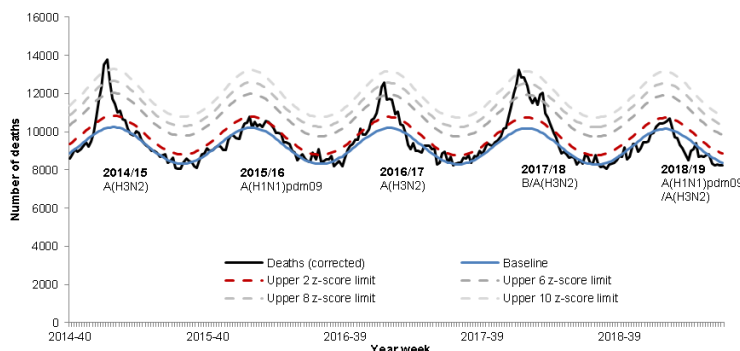
Outbreak Reporting

- Ten new acute respiratory outbreaks have been reported in the past two weeks. Nine outbreaks were reported from care homes where 1 tested positive for rhinovirus. The remaining outbreak was reported from the Other settings category and tested positive for Bordetella spp. Outbreaks should be reported to the local Health Protection Team and Respscids@phe.gov.uk.

All-cause mortality surveillance

- In week 26 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 26 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 26 2019?	Weeks with excess in 2018/19
England	x	NA
Wales	x	NA
Northern Ireland	x	1;6-7;11;18
Country	Excess detected in week 24 2019?	Weeks with excess in 2018/19
Scotland	x	52-2; 19

* 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 24 June 2019
 - In the temperate zone of the Southern hemisphere, influenza activity continued to increase and the influenza season appeared to have started earlier than previous years in Australia, Chile, South Africa and New Zealand. Overall the majority of detections accounted for seasonal influenza A viruses. In the temperate zone of the northern hemisphere influenza activity returned to inter-seasonal level in most countries.
 - In Oceania, influenza activity continued to increase across the continent, with influenza A(H3N2) being the dominant subtype. In Australia, weekly laboratory-confirmed notifications of influenza further increased, and the percent positivity increased in some states. Influenza A(H3N2) was the most frequently detected virus, followed by influenza B. Influenza activity continued to increase also in New Zealand, with influenza A(H3N2) and B (Victoria-lineage) viruses detected in similar proportions. Influenza percent positivity was reported to be over 50%, being the highest rate for this period in recent years.
 - In South Africa, influenza activity continued to increase with influenza A(H3N2) viruses predominating. Influenza percent positive among ILI cases was reported as very high based on epidemic thresholds.
 - In South America, ILI, severe acute respiratory infection (SARI) and influenza activity continued to increase in Chile and Paraguay, with influenza A(H1N1)pdm09 viruses most frequently detected.
 - 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 Eastern Africa, influenza detections continued to be reported with influenza B predominating followed by A(H3N2) and A(H1N1)pdm09 viruses.
 - In Southern Asia and in South East Asia, influenza activity was low overall with influenza A(H1N1)pdm09 and B viruses predominating.
 - The WHO GISRS laboratories tested more than 54,199 specimens between 27 May 2019 and 09 June 2019. 6,672 were positive for influenza viruses, of which 3,949 (59.2%) were typed as influenza A and 2,723 (40.8%) as influenza B. Of the sub-typed influenza A viruses, 781 (31.2%) were influenza A(H1N1)pdm09 and 1,725 (68.8%) were influenza A(H3N2). Of the characterized B viruses, 43 (2.3%) belonged to the B-Yamagata lineage and 1,828 (97.7%) to the B-Victoria lineage
- MERS-CoV** updated on 05 June 2019
 - Since September 2012 up to 03 July 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 1,534 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 24 June 2019
 - Between [11 May to 24 June 2019](#), one new laboratory-confirmed human case of influenza A(H1N1)v virus infection was reported from the United States of America. During the same period, no new laboratory-confirmed human case of influenza A(H5) or A(H7N9) virus infections 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](#).