



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.

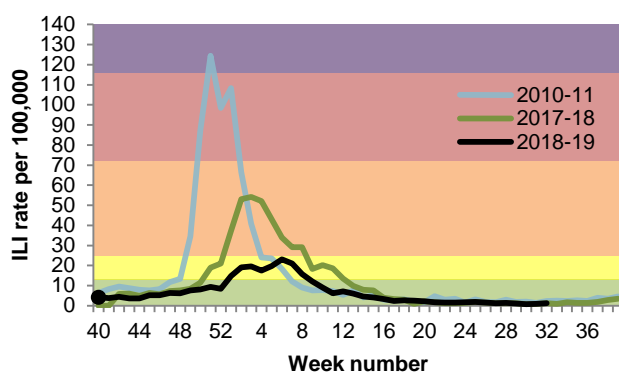
Community surveillance

- 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 31- 32 2019, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 31	Week 32		
England (RCGP)	1.0	1.2	↔	15-44 years
Scotland	0.7	0.7	↔	15-44 & 75+ years
Northern Ireland	1.0	1.6	↔	75+ years
Wales	1.5	1.2	↔	75+ years

Figure 1 : RCGP ILI consultation rates, England



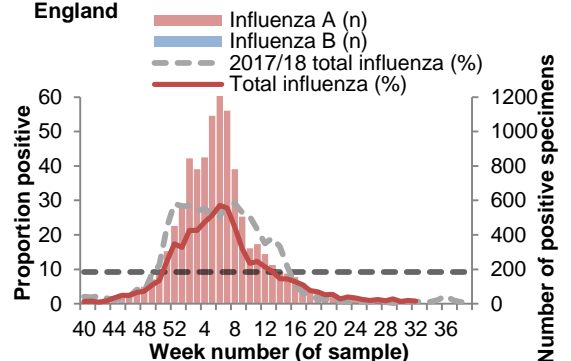
*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 31 and 32 2019.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory DataMart system
 - In week 32 2019, 8 (0.8%) of the 989 respiratory specimens tested were positive for influenza (1 influenza A(H3) and 4 influenza A(not subtyped)) and 3 influenza B.
 - RSV positivity remained low (<1%).
 - Rhinovirus decreased to 9.6% in week 32 whereas adenovirus positivity increased slightly to 4.6% in week 32.
 - Parainfluenza positivity remained stable at 4.2% in week 32.
 - Human metapneumovirus (hMPV) positivity remained low at 0.6% in week 32.

Figure 2: Datamart samples positive for influenza, England



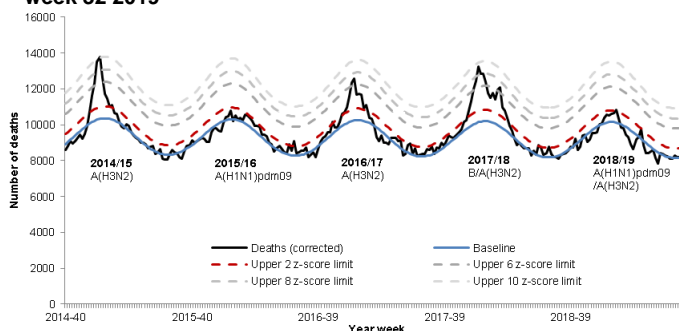
Outbreak Reporting

- Nine new acute respiratory outbreaks have been reported in the past two weeks. Seven outbreaks were reported from care homes. Two outbreaks were reported from hospitals where two tested positive for *Bordetella spp.* Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 32 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 32 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.

International Surveillance

- Influenza** updated on 22 July 2019
 - In the temperate zone of the Southern hemisphere, influenza activity appeared to have peaked and decreased in most countries, based on data up to 21 July 2019. Overall the majority of detections accounted for seasonal influenza A viruses. In the temperate zone of the northern hemisphere influenza activity remained at inter-seasonal levels.
 - In Oceania, influenza activity appeared to have decreased across the transmission zone with influenza A(H3N2) predominating. In Australia, data up to 28 July 2019 indicate that at national level laboratory confirmed influenza detections have decreased over the previous two weeks and clinical severity is low. Influenza and ILI activity decreased in New Zealand. Influenza positivity rates remained high, with influenza A(H3N2) and influenza B/Victoria lineage viruses detected.
 - In South Africa, influenza activity continued to decrease with influenza A(H3N2) viruses continuing to predominate.
 - In temperate South America, influenza activity appeared to decrease across the transmission zone, with all seasonal influenza subtypes co-circulating.
 - 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 A(H1N1)pdm09 predominating, followed by A(H3N2) and influenza B viruses.
 - In Southern Asia activity was low, however in South East Asia, an increase in influenza activity was observed in reporting countries. Influenza activity remained high in Myanmar with influenza A(H1N1)pdm09 viruses predominating. Increased influenza activity was reported in Thailand, with influenza A(H3N2) and B/Victoria-lineage viruses co-circulating.
 - The WHO GISRS laboratories tested more than 45,082 specimens between 08 July 2019 and 21 July 2019. 4,322 were positive for influenza viruses, of which 2,749 (63.6%) were typed as influenza A and 1,573 (36.4%) as influenza B. Of the sub-typed influenza A viruses, 942 (42.9%) were influenza A(H1N1)pdm09 and 1,256 (57.1%) were influenza A(H3N2). Of the characterized B viruses, 71 (7.1%) belonged to the B-Yamagata lineage and 923 (92.9%) to the B-Victoria lineage.
- MERS-CoV** updated on 14 August 2019
 - Since September 2012 up to 14 August 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 1,552 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Between [01 May and 30 June 2019](#), the National IHR Focal Point of Saudi Arabia reported 21 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 5 deaths.
 - Globally, since September 2012, WHO has been notified of 2,449 laboratory-confirmed cases of infection with MERS-CoV, including at least 845 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/Zoonotic 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 (swine variant) 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](#).

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

Country	Excess detected in week 32 2019?	Weeks with excess in 2018/19
England	x	6
Wales	x	NA
Northern Ireland	x	1;6-7; 11
Country	Excess detected in week 30 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