



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

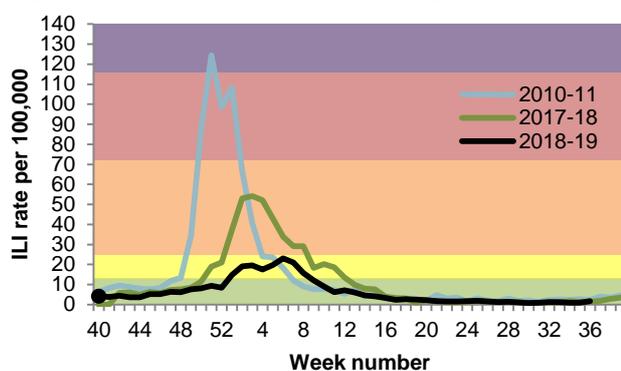
- GP consultation rates for influenza-like illness (ILI) remain low in all schemes in the UK (Table 1 & Figure 1).

Table 1: GP ILI consultations for all ages – week 35- 36 2019, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 35	Week 36		
England (RCGP)	0.9	1.7	↔	15-44 years
Scotland	2.6	1.5	↔	45-64 years
Northern Ireland	*	*	*	*
Wales	0.5	0.0	↔	*

*data not available

Figure 1 : RCGP ILI consultation rates, England



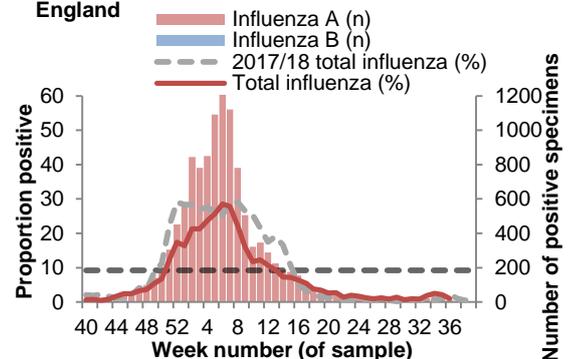
*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 35 and 36 2019.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory DataMart system
 - In week 36 2019, 12 (1.1%) of the 1,063 respiratory specimens tested were positive for influenza (2 influenza A(H1N1)pdm09, 7 influenza A(H3), 3 influenza A(not subtyped)).
 - RSV positivity remained low at 1.1%.
 - Rhinovirus positivity remained low and stable at 12.0% in week 36 2019.
 - Parainfluenza and adenovirus positivities remained low at 2.6% and 3.6%, respectively in week 36.
 - Human metapneumovirus (hMPV) positivity remained low at 0.2% in week 36.

Figure 2: Datamart samples positive for influenza, England



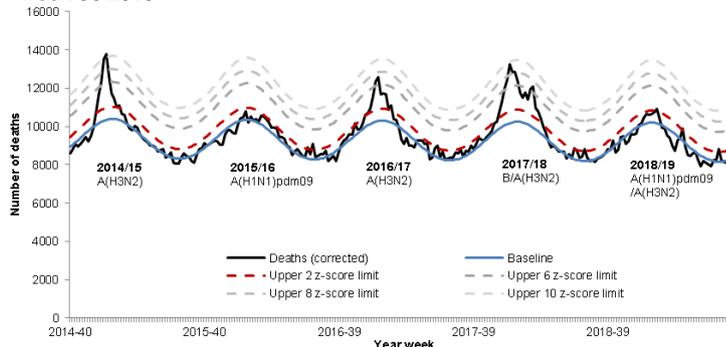
Outbreak Reporting

- Fourteen new acute respiratory outbreaks have been reported in the past 2 weeks. All outbreaks were reported from care homes where one tested positive for influenza A(H1N1)pdm09, one for influenza A(not subtyped) and one for rhinovirus. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 36 2019, no significant excess was reported overall, by age group or by region 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 36 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 36 2019?	Weeks with excess in 2018/19
England	x	6; 16; 30
Wales	x	NA
Northern Ireland	x	1; 6; 11; 18
Country	Excess detected in week 34 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 02 September 2019
 - In the temperate zone of the Southern hemisphere, influenza activity continued to decrease in most countries. 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 continued to have decreased across the transmission zone with influenza A(H3N2) predominating followed by B viruses. In Australia, data up to 26 August 2019 indicate that overall influenza activity is low and consistent with activity seen in previous years following a peak. At national level laboratory confirmed influenza detections continued to decrease over the past two weeks following a peak in early July and clinical severity is low. Influenza and ILI activity were below seasonal baseline threshold in New Zealand.
 - In South Africa, influenza activity was low with influenza A(H3N2) viruses continuing to predominate.
 - In temperate South America, influenza activity was reported as decreased in most countries with exception of Chile, where influenza activity appeared to increase in comparison to previous weeks with influenza B viruses predominantly detected.
 - In the Caribbean, Central American countries and the tropical countries of South America, influenza activity remained low overall. RSV activity increased in Cuba, Costa Rica and remained elevated in Columbia and Peru.
 - In Western and Middle Africa, influenza detections were low across reporting countries.
 - In Eastern Africa, influenza detections continued to be reported across reporting countries.
 - In Southern and South East Asia, influenza activity remained low with the exception of Bhutan (co-circulation of influenza A(H3N2) and B/Victoria viruses) and Myanmar (high detections of influenza A(H1N1)pdm09 viruses) In South East Asia, influenza activity decreased from previous weeks or was low in reporting countries.
 - The WHO GISRS laboratories tested more than 37,252 specimens between 05 August 2019 and 18 August 2019. 2,823 were positive for influenza viruses, of which 1,698 (60.1%) were typed as influenza A and 1,125 (39.9%) as influenza B. Of the sub-typed influenza A viruses, 461 (31.3%) were influenza A(H1N1)pdm09 and 1,014 (68.7%) were influenza A(H3N2). Of the characterized B viruses, 51 (8.4%) belonged to the B-Yamagata lineage and 555 (91.6%) to the B-Victoria lineage.
- MERS-CoV** updated on 11 September 2019
 - Since September 2012 up to 11 September 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 1,635 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Between [01 July and 31 July 2019](#), the National IHR Focal Point of Saudi Arabia reported 9 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 4 deaths.
 - Globally, since September 2012, WHO has been notified of 2,458 laboratory-confirmed cases of infection with MERS-CoV, including at least 848 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](#).