



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.

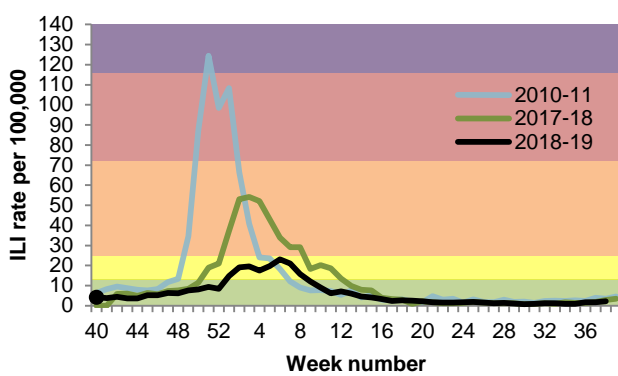
##### Community surveillance

- 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 37- 38 2019, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 37	Week 38		
England (RCGP)	1.7	2.2	↔	45-74 years
Scotland	2.6	1.9	↔	45-64 years
Northern Ireland	1.7	2.8	↔	15-44 years
Wales	1.2	0.8	↔	75+ years

Figure 1 : RCGP ILI consultation rates, England



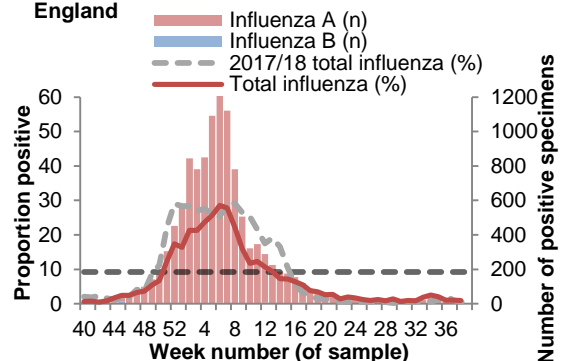
\*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 37 and 38 2019.
  - For further information, please see the Syndromic surveillance [webpage](#).

##### Virological surveillance

- English Respiratory DataMart system
  - In week 38 2019, 8 (1.0%) of the 814 respiratory specimens tested were positive for influenza (4 influenza A(H3), 2 influenza A(not subtyped) and 2 influenza B).
  - Respiratory Syncytial Virus (RSV) positivity remained low at 0.9% in week 38.
  - Rhinovirus positivity increased to 25.4% in week 38.
  - Parainfluenza positivity increased slightly in the past two weeks to 4.7% in week 38.
  - Human metapneumovirus (hMPV) and adenovirus positivities remained low at 0.2% and 2.2% respectively in week 38.

Figure 2: Datamart samples positive for influenza, England



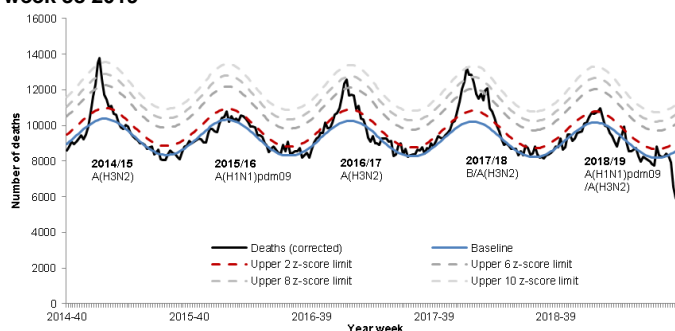
##### Outbreak Reporting

- Nineteen new acute respiratory outbreaks have been reported in the past 2 weeks. Sixteen outbreaks were reported from care homes with no test results available. Three outbreaks were from schools where one tested positive for influenza B and another was positive for parainfluenza. Outbreaks should be reported to the local Health Protection Team and [Respscisc@phe.gov.uk](mailto:Respscisc@phe.gov.uk).

## All-cause mortality surveillance

- In week 38 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 38 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 38 2019?	Weeks with excess in 2018/19
England	x	5-6; 16; 30
Wales	x	NA
Northern Ireland	x	1;6; 11; 18
Country	Excess detected in week 36 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 16 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 decreased across the transmission zone. In Australia, data up to 08 September 2019 indicate that overall influenza activity is lower than average for this time of the year compared to 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 a second wave of influenza activity of predominately B viruses was reported.
  - In the Caribbean, Central American countries and the tropical countries of South America, influenza activity remained low overall. RSV activity appeared to decrease in Cuba, Costa Rica and Peru; while continued to increase in Panama.
  - In Western, Middle and Eastern Africa, influenza detections were low across reporting countries.
  - In Southern Asia and South East Asia, influenza detections were low across reporting countries. With the exception of Bhutan where ILI were higher compared to the last two seasons.
  - The WHO GISRS laboratories tested more than 57,132 specimens between 19 August 2019 and 01 September 2019. 4,097 were positive for influenza viruses, of which 2,353 (57.4%) were typed as influenza A and 1,744 (42.6%) as influenza B. Of the sub-typed influenza A viruses, 501 (35.8%) were influenza A(H1N1)pdm09 and 899 (64.2%) were influenza A(H3N2). Of the characterized B viruses, 84 (15.4%) belonged to the B-Yamagata lineage and 462 (84.6%) to the B-Victoria lineage.
- MERS-CoV** updated on 25 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 1,661 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](#).