PHE National Influenza Report
Summary of UK surveillance of influenza and other seasonal respiratory illnesses
26 September 2019 – Week 39 report (up to week 38 data)

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

<table>
<thead>
<tr>
<th>Scheme</th>
<th>GP ILI consultation rate per 100,000</th>
<th>Peak age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>England (RCGP)</td>
<td>1.7 (Week 37) 2.2 (Week 38)</td>
<td>45-74 years</td>
</tr>
<tr>
<td>Scotland</td>
<td>2.6 1.9</td>
<td>45-64 years</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>1.7 2.8</td>
<td>15-44 years</td>
</tr>
<tr>
<td>Wales</td>
<td>1.2 0.8</td>
<td>75+ years</td>
</tr>
</tbody>
</table>

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 Respcheidsc@phe.gov.uk.
Excess detected in week 38

5-6; 16; 30

58

or influenza appeared to decrease in Cuba, 1;6; 11; 18, the National IHR Focal -three

8

Excess detected in week 36

* NA refers to no excess seen

\[\text{Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold} \]

*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 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.