



PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

02 April 2020 – Week 14 report (up to week 13 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 have decreased across all indicators.

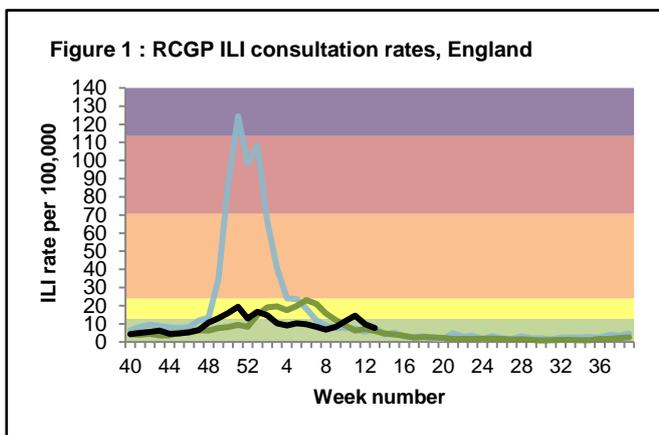
Primary care surveillance

- GP consultation rates for influenza-like illness (ILI) have decreased and are now below baseline intensity threshold in England, Scotland and Northern Ireland (Table 1 & Figure 1).

Table 1: GP ILI consultations for all ages – week 12- 13 2020, UK

GP ILI consultation rates (all ages)	Week number		Trend	Peak age group
	12	13		
England (RCGP)	9.8	7.6	↓	45-64
Wales	-	-	-	-
Scotland	38.0	24.3	↓	45-64
Northern Ireland	14.5	7.9	↓	45-64

*Data was not available from Wales in weeks 12 and 13.

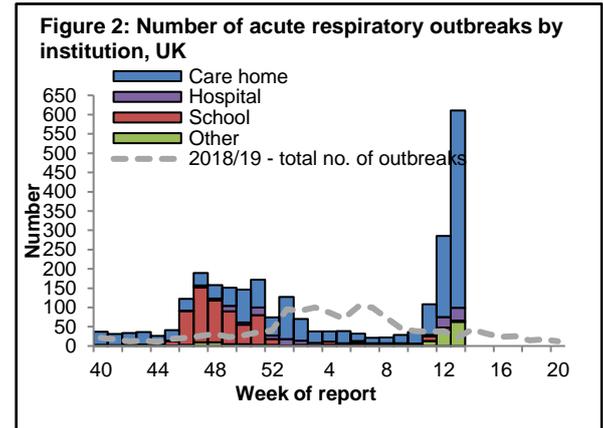


*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 (data up to 29 March 2020)
 - GP in Hours (GPIH) consultations for influenza-like illness (ILI) are decreasing and similar to baseline levels.
 - GP Out of Hours (GPOOH) contacts for ILI and difficulty breathing increased further. Increases were noted across all age groups and remain highest in the 15-44 and 45-64 year olds.
 - NHS 111 calls for cold/flu were below baseline levels, however this data should be treated with caution due to the recent change in guidance on where the public should seek health care and changes in coding.
 - Emergency Department attendances for ILI decreased however attendances for pneumonia increased.
 - For further information, please see the Syndromic surveillance [webpage](#).

Outbreak Reporting

- 611 new acute respiratory outbreaks have been reported in the past 7 days, compared to 285 in the previous 7 days (Figure 2).
 - 512 outbreaks were from care homes where 230 tested positive for SARS-CoV-2, 1 for influenza A(not subtyped), 1 for rhinovirus and 2 for seasonal coronavirus.
 - 3 outbreaks were from schools where one tested positive for SARS-CoV-2.
 - 33 outbreaks were from hospitals where 23 tested positive for SARS-CoV-2.
 - 63 outbreaks were from the Other Settings category where 24 tested positive for SARS-CoV-2.
- Outbreaks should be reported to the local Health Protection Teams and Respscidsc@phe.gov.uk.

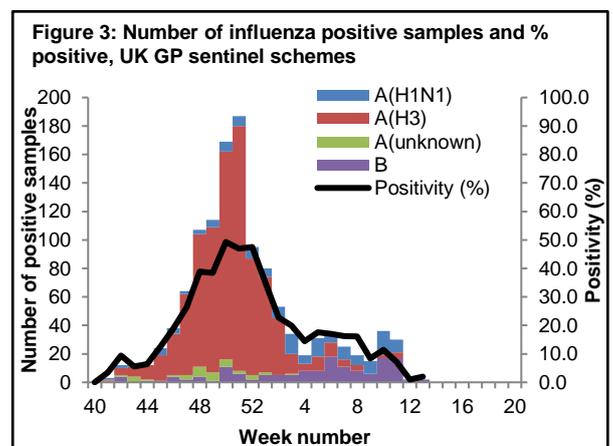


Virological surveillance

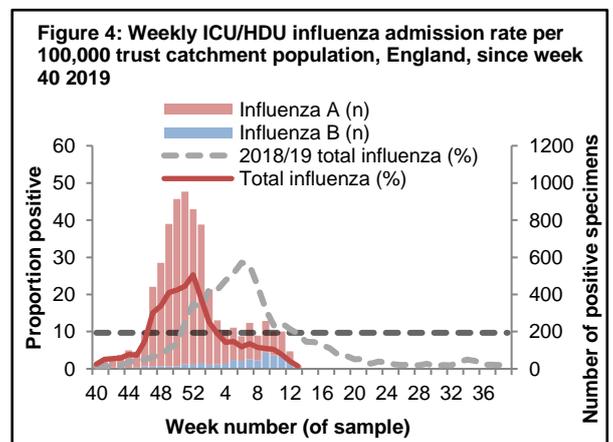
- UK GP sentinel swabbing schemes
In week 13 2020, two samples tested positive for influenza (2 influenza B) with an overall positivity of 2.0% compared to 1.0% in the previous week, through the UK GP sentinel swabbing schemes (Figure 3).

Since week 40, a total of 1,191 samples (144 influenza A(H1N1)pdm09, 874 influenza A(H3N2), 37 influenza A(not subtyped), 136 influenza B, five co-infection of influenza A(H3) and B, three co-infections of influenza A(H1N1)pdm09 and B, three co-infections of influenza A(H1N1)pdm09, influenza A(H3) and influenza B and one co-infection of influenza A(H1N1)pdm09 and influenza A(H3)) tested positive for influenza through this scheme.

*Data was not available from Wales for weeks 12 and 13.



- Respiratory DataMart system (England)
In week 13 2020, out of the 2,418 respiratory specimens reported through the Respiratory DataMart System, 18 samples were positive for influenza (4 influenza A(H1N1)pdm09, 2 influenza A(H3), 5 influenza A(not subtyped) and 7 influenza B) (Figure 4), with an overall positivity of 0.7%. This remains below the baseline threshold of 9.7% for this season. The highest positivity was seen among the <5 year olds at 1.6% in week 13. RSV positivity remained low at 0.1% in week 13. Rhinovirus positivity decreased slightly at 9.1% in week 13. Parainfluenza and adenovirus positivity remained low at 0.8% and 2.3% respectively in week 13. Human metapneumovirus (hMPV) positivity remained stable at 3.1% in week 13 2020.

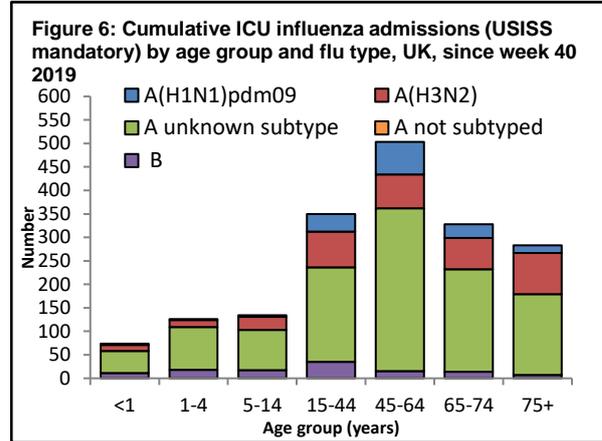
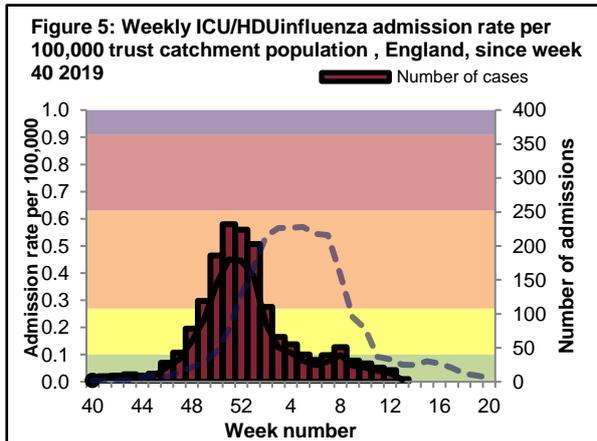


Secondary care surveillance

- USISS mandatory scheme – new ICU/HCU admissions and fatal confirmed cases, UK (provisional)

In week 13, there were 5 new admissions to ICU/HDU with confirmed influenza (1 influenza A(H3N2), 1 influenza A(not subtyped) and 3 influenza B) reported across the UK (134/143 Trusts in England) through the USISS mandatory ICU scheme, with a rate of 0.01 per 100,000 (Figures 5 and 6) compared to 0.03 per 100,000 in week 12. This is below the baseline threshold of 0.10 per 100,000. Two influenza laboratory confirmed deaths were reported to have occurred in ICU/HDU week 13 in the UK.

A total of 1,798 new admissions (160 influenza A(H1N1pdm09), 359 influenza A(H3N2), 1,162 influenza A(not subtyped) and 117 influenza B) and 103 confirmed deaths have been reported in the UK since week 40 2019.



*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for ICU/HDU admission rates for the start of influenza activity (based on 7 seasons) in a standardised approach across Europe. For MEM threshold values, please visit: <https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#disease-severity-and-mortality-data>

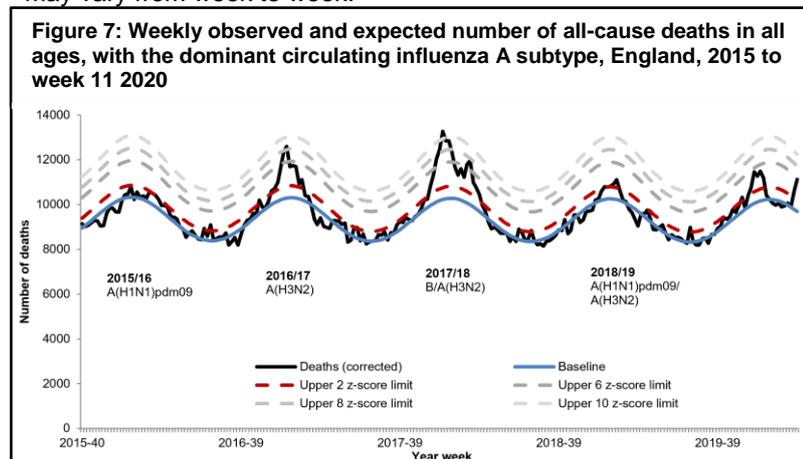
- USISS Severe Respiratory Failure Centre (SRF) confirmed influenza admissions, UK

No new admissions for laboratory confirmed influenza were reported in week 13 2020 among the six reporting Severe Respiratory Failure centres in the UK.

Since week 40 2019 a total of 37 confirmed influenza admissions (13 influenza A(H1N1)pdm09, 7 influenza A(H3N2), 14 influenza A(unknown subtype) and 3 influenza B) were reported among ECMO centres.

All-cause mortality surveillance

- In week 13 2020 in England, statistically significant excess mortality by week of death above the upper 2 z-score threshold was seen overall, by age group in the 65+ year olds and sub nationally (all ages) in the North West, East & West Midlands, London and South East regions after correcting GRO disaggregate data for reporting delay with the standardised EuroMOMO algorithm (Figure 1). This data is provisional due to the time delay in registration; numbers may vary from week to week.



Country	Excess detected in week 13 2020?	Weeks with excess in 2019/20
England	✓	47;49-02;12-13
Wales	x	01
Northern Ireland	x	50-51
Country	Excess detected in week 11 2020?	Weeks with excess in 2019/20
Scotland	x	41,46, 49-51, 01-02

* 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 March 2020 (based on data up to 01 March 2020)
 - In the temperate zone of the northern hemisphere, influenza activity appeared to decrease overall. In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels. Worldwide, seasonal influenza A viruses accounted for the majority of detections.
 - In North America, influenza activity continued to decline but influenza-like illness (ILI) levels remained elevated.
 - In Europe, influenza activity decreased in most countries, but increased ILI activity was reported in some countries.
 - In Central Asia, influenza activity was low.
 - In Northern Africa, decreasing influenza activity was reported in Tunisia.
 - In Western Asia, influenza activity was low in most reporting countries.
 - In East Asia, ILI and influenza activity returned to baseline levels.
 - In the Caribbean and Central American countries, influenza activity was reported in some countries. In Mexico, influenza activity continued to decrease, with influenza A(H1N1)pdm09 and B-Victoria lineage viruses co-circulating.
 - In tropical South American countries, influenza activity decreased from the previous reporting period.
 - In tropical Africa, influenza detections were low in most reporting countries.
 - In Southern Asia, increased ILI activity was reported in Bhutan.
 - In South East Asia, influenza activity decreased across reporting countries.
 - The WHO GISRS laboratories tested more than 213,931 specimens between 02 March 2020 and 15 March 2020. 35,618 were positive for influenza viruses, of which 25,675 (72.1%) were typed as influenza A and 9,943 (27.9%) as influenza B. Of the sub-typed influenza A viruses, 3,777 (77.7%) were influenza A(H1N1)pdm09 and 1,082 (22.3%) were influenza A(H3N2). Of the characterized B viruses, 14 (1.9%) belonged to the B-Yamagata lineage and 732 (98.1%) to the B-Victoria lineage.
- **MERS-CoV** latest update on 01 April 2020
 - Up to 01 April 2020, 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 1,814 suspected cases in the UK since September 2012 that have been investigated for MERS-CoV and tested negative.
 - On [18 February 2020](#), the National IHR Focal Point for Qatar reported one laboratory-confirmed case of Middle East Respiratory Syndrome coronavirus infection (MERS-CoV) to WHO.
 - Globally, since September 2012, WHO has been notified of 2,521 laboratory-confirmed cases of infection with MERS-CoV, including 866 associated 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** latest update on 28 February 2020
 - Between [21 January to 28 February 2019](#), two new human infections with avian A(H9N2) viruses (reported in China and Senegal respectively) and one new laboratory-confirmed human case of influenza A(H1N1)v virus infection (swine variant) (reported in China) have been reported.
 - For further updates please see the [WHO website](#) and for advice on clinical management in the UK please see information available [online](#).
- **Coronavirus Disease 2019 (COVID-19)** latest update 01 April 2020
 - Up to [01 April 2020](#), a total of 29,474 confirmed cases of COVID-19, have been confirmed in the UK. Of those hospitalised in the UK who tested positive, 2352 have died.
 - Globally, up to 01 April 2020, [WHO](#) has been notified of 823,626 laboratory-confirmed cases of COVID-19 infection, including 40,598 related deaths.