



PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

14 May 2020 – Week 20 report (up to week 19 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](#).

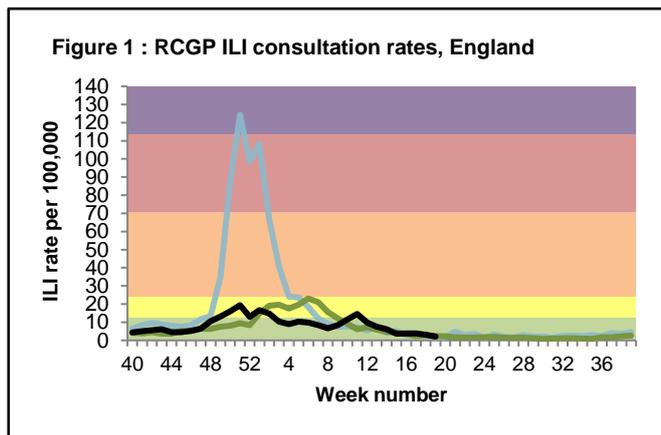
Indicators for influenza are below baseline across all indicators.

Primary care surveillance

- GP consultation rates for influenza-like illness (ILI) remain below baseline intensity threshold in all UK schemes (Table 1 & Figure 1).

Table 1: GP ILI consultations for all ages – week 18-19 2020, UK

GP ILI consultation rates (all ages)	Week number		Trend	Peak age group
	18	19		
England (RCGP)	3.1	2.1	↔	75+
Wales	0.7	0.0	↔	-
Scotland	0.8	0.7	↔	45-64
Northern Ireland	0.7	1.2	↔	75+

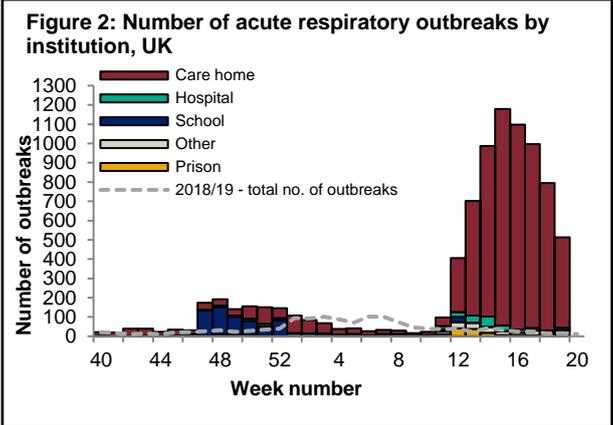


*The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold 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 10 May 2020)
 - GP in Hours (GPIH) consultation rates for all respiratory indicators decreased or remained stable.
 - GP Out of Hours (GPOOH) consultations for acute respiratory infection and influenza-like illness continued to decrease.
 - Emergency Department attendances for acute respiratory infections continued to decrease, and pneumonia attendances remained stable. Attendances for both ARI and pneumonia remained highest in the 65+ years age group
 - For further information, please see the Syndromic surveillance [webpage](#).

Outbreak Reporting

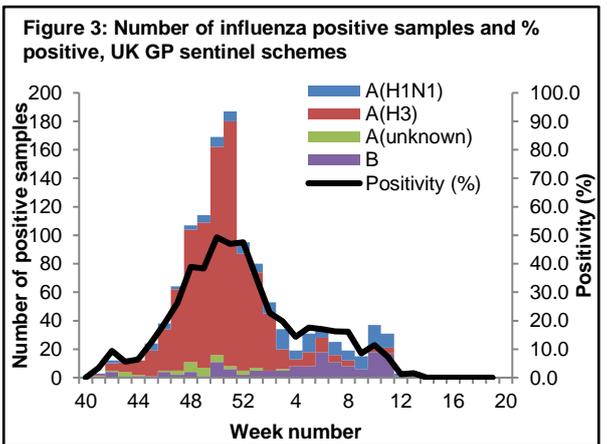
- 513 acute respiratory outbreaks have been reported in week 19 (Figure 2).
 - 468 outbreaks were from care homes where 176 tested positive for SARS-CoV-2.
 - 12 outbreaks were from hospitals where 5 tested positive for SARS-CoV-2.
 - 1 outbreaks was from prison with no test results available.
 - 1 outbreaks was from school with no test results available.
 - 31 outbreaks were from the Other Settings category where 8 tested positive for SARS-CoV-2.
- Outbreaks should be reported to the local Health Protection Teams and Respscidsc@phe.gov.uk.



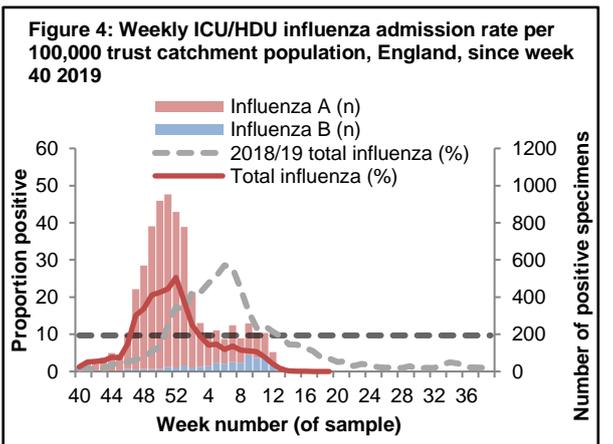
Virological surveillance

- UK GP sentinel swabbing schemes
In week 19 2020, 5 samples were tested for influenza with no samples testing positive through the UK GP sentinel swabbing schemes (Figure 3).

Since week 40, a total of 1,196 samples (147 influenza A(H1N1)pdm09, 874 influenza A(H3N2), 37 influenza A(not subtyped), 138 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.



- Respiratory DataMart system (England)
In week 19 2020, out of the 270 respiratory specimens reported through the Respiratory DataMart System, no samples tested positive for influenza. RSV positivity remained low at 0.7% in week 19. Rhinovirus positivity remained low at 4.4% in week 19. Parainfluenza and adenovirus positivity was 0% and 1.4% respectively in week 19. Human metapneumovirus (hMPV) positivity remained low at 0.4% in week 19 2020.

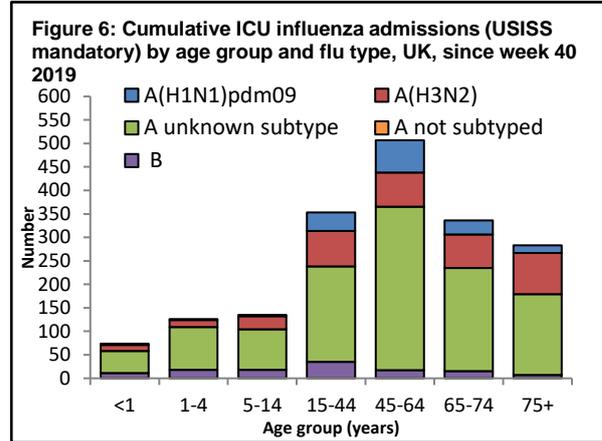
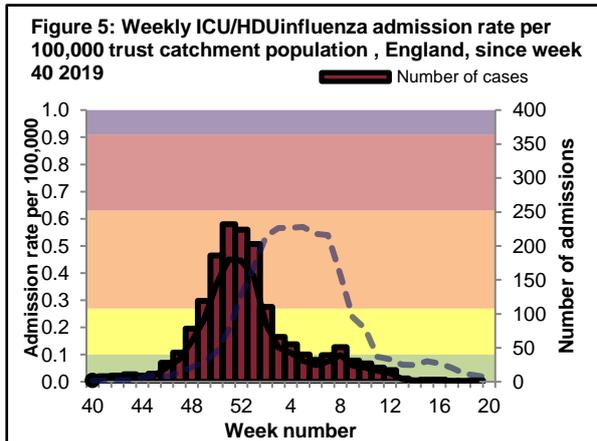


Secondary care surveillance

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

In week 19, there were 2 new admissions to ICU/HDU with confirmed influenza (1 influenza A(H3N2) and 1 influenza B) reported across the UK (136/143 Trusts in England) through the USISS mandatory ICU scheme, with a rate of 0.0 per 100,000 (Figures 5 and 6) compared to 0.00 per 100,000 in week 19. This is below the baseline threshold of 0.10 per 100,000. No influenza laboratory confirmed deaths were reported to have occurred in ICU/HDU week 19 in the UK.

A total of 1,814 new admissions (162 influenza A(H1N1pdm09), 364 influenza A(H3N2), 1,167 influenza A(not subtyped) and 121 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>

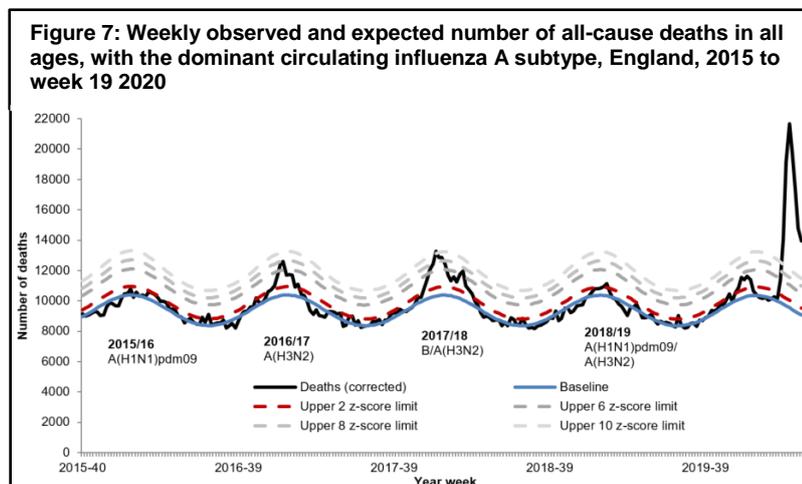
- USISS Severe Respiratory Failure Centre (SRF) confirmed influenza admissions, UK

No new admissions for laboratory confirmed influenza were reported in week 19 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 19 2020 in England, statistically significant excess mortality by week of death above the upper 10 z-score threshold was seen overall. Statistically significant excess mortality was seen by age group in the 15-64 and 65+ year olds and sub nationally (all ages) in all regions (North East, North West, Yorkshire & Humber, East & West Midlands, East of England, London and South East & West regions after correcting GRO disaggregate data for reporting delay with the standardised [EuroMOMO](#) algorithm (Figure 7). This data is provisional due to the time delay in registration; numbers may vary from week to week.



Country	Excess detected in week 19 2020?	Weeks with excess in 2019/20
England	✓	47; 49-02; 12-19
Wales	×	51; 01; 13-18
Northern Ireland	×	50-51; 03; 14-18
Country	Excess detected in week 17 2020?	Weeks with excess in 2019/20
Scotland	✓	41; 46; 49-51; 01-02; 13-17

* 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 13 May 2020 (based on data up to 26 April 2020)
 - In the temperate zone of the northern hemisphere, influenza activity was low overall. In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels overall. Worldwide, seasonal influenza A viruses accounted for the majority of detections.
 - In North America, influenza activity indicators have all decreased to very low levels.
 - In Europe, influenza activity was low across all reporting countries.
 - In Central Asia, no influenza detections were reported.
 - In Northern Africa, there were no influenza updates for this reporting period.
 - In Western Asia, there were no or low influenza detections across reporting countries.
 - In East Asia, influenza illness indicators and influenza activity remained at inter-seasonal levels across all countries.
 - In the Caribbean and Central American countries, severe acute respiratory infection (SARI) activity continued to be reported though decreased in most of the countries. Influenza virus detections remained low.
 - In tropical South American countries, influenza detections were low.
 - In tropical Africa, there were no or low influenza detections across most reporting countries.
 - In Southern Asia, ILI and SARI activity decreased in Bhutan and Nepal.
 - In South East Asia, low influenza detections were reported in Thailand.
 - The WHO GISRS laboratories tested more than 150,652 specimens between 13 April 2020 and 26 April 2020. 325 were positive for influenza viruses, of which 189 (58.2%) were typed as influenza A and 136 (41.8%) as influenza B. Of the sub-typed influenza A viruses, 57 (58.2%) were influenza A(H1N1)pdm09 and 41 (41.8%) were influenza A(H3N2). Of the characterized B viruses, 1 (14.3%) belonged to the B-Yamagata lineage and 6 (85.7%) to the B-Victoria lineage.
- [MERS-CoV](#) latest update on 13 May 2020
 - Up to 13 May 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 1,815 suspected cases in the UK since September 2012 that have been investigated for MERS-CoV and tested negative.
 - From 1 through 31 March 2020, the National IHR Focal Point of Saudi Arabia reported 15 additional cases of MERS-CoV infection, including five associated deaths.
 - Globally, since September 2012, WHO has been notified of 2,553 laboratory-confirmed cases of infection with MERS-CoV, including 876 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 13 May 2020
 - Between [28 February to 8 May 2020](#), two new laboratory-confirmed human cases of influenza A(H9N2) virus infections were reported from China.
 - 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 12 May 2020
 - Up to [12 May 2020](#), a total of 226,463 cases of COVID-19, have been confirmed in the UK.
 - Globally, up to 12 May 2020, [WHO](#) has been notified of 4,088,848 confirmed cases of COVID-19 infection, including 283,153 related deaths.