



# PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

11 June 2020 – Week 24 report (up to week 23 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.

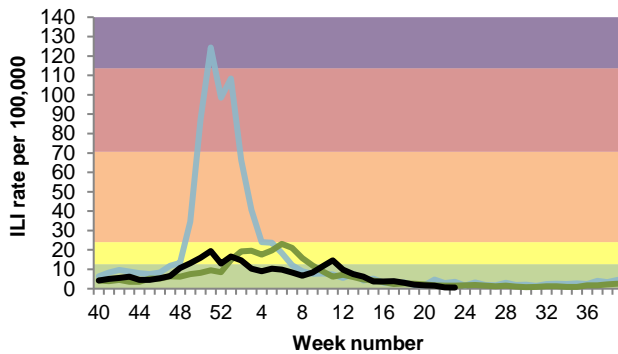
### Primary care surveillance

- 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 22-23 2020, UK

GP ILI consultation rates (all ages)	Week number		Trend	Peak age group
	22	23		
England (RCGP)	0.7	0.7	↔	75+
Wales	0.3	0.0	↔	-
Scotland	0.2	0.2	↔	45-64, 65-74, 75+
Northern Ireland	1.1	0.2	↔	45-64

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 decreased or remained stable in weeks 22 and 23 2020.
  - For further information, please see the Syndromic surveillance [webpage](#).

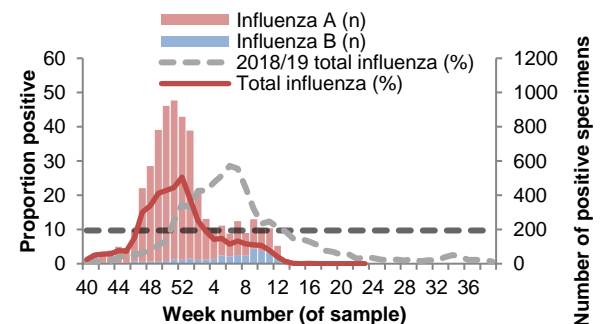
### Virological surveillance

- Respiratory DataMart system (England)

In week 23 2020, out of the 479 respiratory specimens reported through the Respiratory DataMart System, no samples tested positive for influenza.

RSV positivity remained low at 0.2% in week 23. Rhinovirus positivity remained low at 1.6% in week 23. Parainfluenza and adenovirus positivity was 0.3% and 0.8% respectively in week 23. Human metapneumovirus (hMPV) positivity remained low at 0.2% in week 23 2020.

Figure 2: Weekly ICU/HDU influenza admission rate per 100,000 trust catchment population, England, since week 40 2019



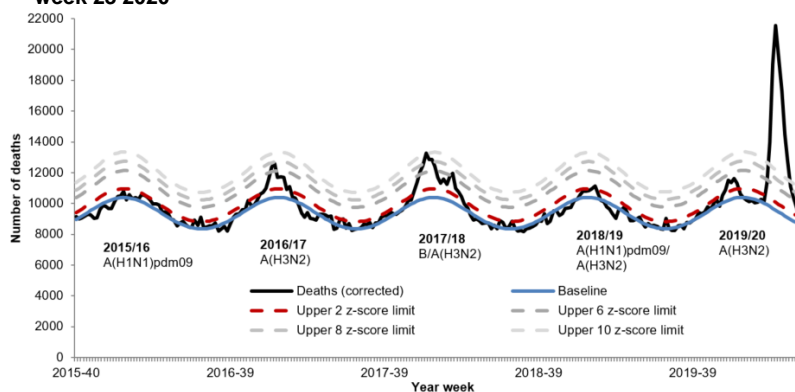
### Outbreak Reporting

- 206 acute respiratory outbreaks have been reported in week 23 in the UK. 110 outbreaks were from care homes where 72 tested positive for SARS-CoV-2. 37 outbreaks were from hospitals where 31 tested positive for SARS-CoV-2. 3 outbreaks were from prison where 2 tested positive for SARS-CoV-2. 14 outbreaks were from schools where 9 tested positive for SARS-CoV-2. 42 outbreaks were from the Other Settings category where 28 tested positive for SARS-CoV-2.
- Outbreaks should be reported to the local Health Protection Teams and [Respscidsc@phe.gov.uk](mailto:Respscidsc@phe.gov.uk).

## All-cause mortality surveillance

- In week 23 2020 in England, no statistically significant excess mortality by week of death above the upper 2 z-score threshold was seen overall or by age group. Statistically significant excess mortality was seen sub nationally (all ages) in Yorkshire & Humber and East Midlands regions after correcting GRO disaggregate data for reporting delay with the standardised [EuroMOMO](#) algorithm (Figure 3). This data is provisional due to the time delay in registration; 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, 2015 to week 23 2020**



\*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 23 2020?	Weeks with excess in 2019/20
England	x	50-02;12-22
Wales	x	51; 01;13-20
Northern Ireland	x	49-51; 02-03; 13-19
Country	Excess detected in week 21 2020?	Weeks with excess in 2019/20
Scotland	✓	41; 46; 49-51; 01-02; 13-21

\* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold

NB. Separate total and age-specific models are run for England which may lead to discrepancies between Tables 1 + 2

\* NA refers to no excess seen

## International Surveillance

- Influenza** updated on 25 May 2020 (based on data up to 10 May 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 remained at very low levels.
  - In Europe, there was no or low influenza activity across 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, no or low influenza detections were reported in most reporting countries.
  - In tropical South American countries, influenza detections were low.
  - In tropical Africa, there were no influenza detections reported in this period.
  - In Southern Asia, ILI and SARI activity was low in Bhutan and Nepal.
  - In South East Asia, no influenza detections were reported.
  - The WHO GISRS laboratories tested more than 176,833 specimens between 27 April 2020 and 10 May 2020. 149 were positive for influenza viruses, of which 88 (59.1%) were typed as influenza A and 61 (40.9%) as influenza B. Of the sub-typed influenza A viruses, 14 (73.7%) were influenza A(H1N1)pdm09 and 5 (26.3%) were influenza A(H3N2). Of the characterized B viruses, 1 (100%) belonged to the B-Yamagata lineage.
- MERS-CoV** latest update on 10 June 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 2,519 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 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 10 June 2020
  - Up to [9 June 2020](#), a total of 289,140 cases of COVID-19, have been confirmed in the UK.
  - Globally, up to 9 June 2020, [WHO](#) has been notified of 7,039,918 confirmed cases of COVID-19 infection, including 404,396 related deaths.