



PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

23 July 2020 – Week 30 report (up to week 29 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.

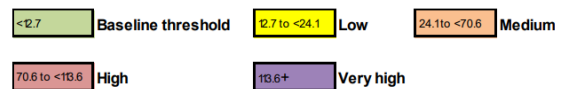
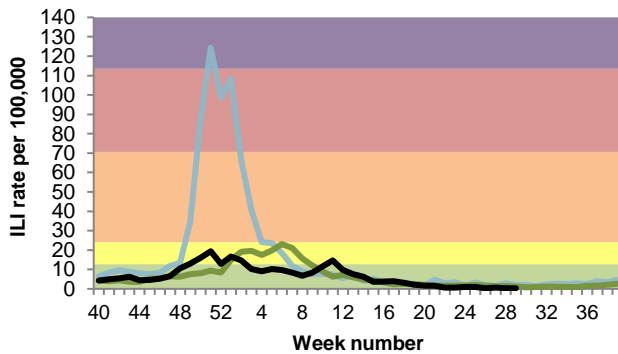
Primary care surveillance

- 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 28-29 2020, UK

GP ILI consultation rates (all ages)	Week number		Trend	Peak age group
	28	29		
England (RCGP)	0.4	0.4	↔	75+
Wales	0.3	0.5	↔	45-64
Scotland	0.2	0.3	↔	75+
Northern Ireland	0.5	0.2	↔	15-44

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 stable or increased slightly in weeks 28 and 29 2020.
 - For further information, please see the Syndromic surveillance [webpage](#).

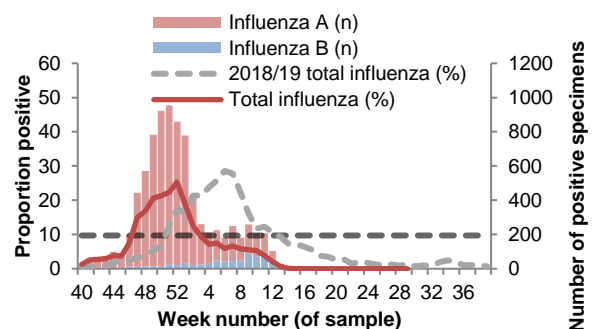
Virological surveillance

- Respiratory DataMart system (England)

In week 29 2020, out of the 365 respiratory specimens reported through the Respiratory DataMart System, no sample tested positive for influenza.

RSV positivity remained low at 0.0% in week 29. Rhinovirus positivity increased slightly at 4.2% in week 29. Adenovirus positivity increased slightly at 4.6% in week 29. Parainfluenza positivity remained low at 0.8% in week 29. Human metapneumovirus (hMPV) positivity remained low at 0.0% in week 29 2020.

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



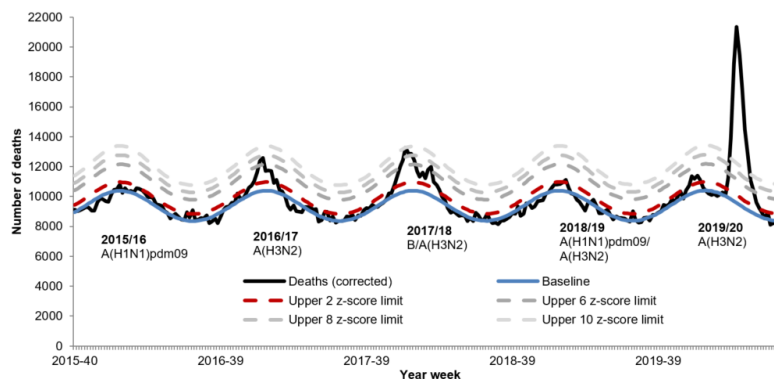
Outbreak Reporting

- 259 acute respiratory outbreaks have been reported in week 29 in the UK. 160 outbreaks were from care homes where 118 tested positive for SARS-CoV-2. 30 outbreaks were from educational settings where 11 tested positive for SARS-CoV-2. 30 outbreaks were from workplace settings where 24 tested positive for SARS-CoV-2. 15 outbreaks were from hospitals where 14 tested positive for SARS-CoV-2. 1 outbreak was from a prison with no test results available. 22 outbreaks were from the Other Settings category where 16 tested positive for SARS-CoV-2.

All-cause mortality surveillance

- In week 29 2020 in England, no statistically significant excess mortality by week of death above the upper 2 z-score threshold was seen overall. Statistically significant excess mortality was seen by age group in the 15-64 year olds and sub nationally (all ages) in the East Midlands region 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 29 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 29 2020?	Weeks with excess in 2019/20
England	x	50-02, 12-23
Wales	x	01, 13-20
Northern Ireland	x	49-51, 02-03, 13-22

Country	Excess detected in week 27 2020?	Weeks with excess in 2019/20
Scotland	x	41, 46, 49-51, 01-02, 13-22

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

International Surveillance

- Influenza** updated on 22 July 2020 (based on data up to 05 July 2020)
 - In the temperate zone of the northern hemisphere, influenza activity returned to inter-seasonal levels. In the temperate zones of the southern hemisphere, the influenza season has not commenced. Worldwide, seasonal influenza A and B viruses were detected in similar proportions.
 - In North America, influenza activity indicators were at very low levels.
 - In Europe, influenza activity remained at inter-seasonal levels.
 - In Central Asia, no influenza updates for this reporting period.
 - In Northern Africa, there were no influenza updates for this reporting period.
 - In Western Asia, there were no 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, sporadic influenza detections were reported in most reporting countries.
 - In tropical South American countries, there were no or sporadic influenza viruses detected across reporting countries.
 - In tropical Africa, there were no or sporadic influenza viruses detected across reporting countries.
 - In Southern Asia, no influenza detections were reported.
 - In South East Asia, no influenza detections were reported.
 - The WHO GISRS laboratories tested more than 441,667 specimens between 22 June 2020 and 05 July 2020. 43 were positive for influenza viruses, of which 21 (48.8%) were typed as influenza A and 22 (51.2%) as influenza B. Of the sub-typed influenza A viruses, 1 (100%) was influenza A(H1N1)pdm09. Of the characterised B viruses influenza B viruses 2 (100%) belonged to the B-Yamagata lineage.
- MERS-CoV** latest update on 21 July 2020
 - Up to 21 July 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 1,816 suspected cases in the UK since September 2012 that have been investigated for MERS-CoV and tested negative.
 - From 1 April to 31 May 2020, the National IHR Focal Point of Saudi Arabia reported 9 new cases of MERS-CoV infection, including five deaths.
 - Globally, since September 2012, WHO has been notified of 2,562 laboratory-confirmed cases of infection with MERS-CoV, including 881 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 22 July 2020
 - Between **9 May to 10 July 2020**, two new human infections with avian influenza A(H9N2) viruses were reported from China, one human infection with an influenza A(H1N1) variant virus was reported from Germany and one human infection with an influenza A(H1N2) variant virus was reported from Brazil.
 - 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 22 July 2020
 - Up to **21 July 2020**, a 295,817 total of cases of COVID-19 have been confirmed in the UK.
 - Globally, up to 21 July 2020, [WHO](#) has been notified of 14,562,550 confirmed cases of COVID-19 infection, including 607,781 related deaths.