Indicators for influenza show low levels of activity.

**Primary care surveillance**

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

**Table 1: GP ILI consultations for all ages – week 36-37 2020, UK**

<table>
<thead>
<tr>
<th>GP ILI consultation rates (all ages)</th>
<th>Week number</th>
<th>Trend</th>
<th>Peak age group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>England (RCGP)</td>
<td>0.6</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Wales</td>
<td>0.3</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Scotland</td>
<td>0.5</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>1.0</td>
<td>1.4</td>
<td></td>
</tr>
</tbody>
</table>

**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.*

- Syndromic surveillance
  - There were increases in some syndromic surveillance indicators for influenza in weeks 36 and 37 2020.
  - For further information, please see the Syndromic surveillance webpage.
Virological surveillance

Respiratory DataMart system (England)

In week 37 2020, out of the 370 respiratory specimens reported through the Respiratory DataMart System, no sample tested positive for influenza.

RSV positivity remained low at 0.0% in week 37. Rhinovirus positivity increased from 10.5% in week 36 and 22.7% in week 37. Adenovirus positivity remained low at 2.6% in week 37. Parainfluenza positivity remained low at 0.0% in week 37. Human metapneumovirus (hMPV) positivity remained low at 0.0% in week 37 2020.

Figure 2: DataMart samples positive for influenza, England

Outbreak Reporting

763 acute respiratory outbreaks have been reported in week 37 in the UK. 332 outbreaks were from care homes where 240 tested positive for SARS-CoV-2. 198 outbreaks were from educational settings where 114 tested positive for SARS-CoV-2. 21 outbreaks were from hospitals where 16 tested positive for SARS-CoV-2. 4 outbreak was from prisons where 3 tested positive for SARS-CoV-2. 111 outbreaks were from workplace settings where 93 tested positive for SARS-CoV-2. 36 outbreaks were from food outlet/restaurants where 26 tested positive for SARS-CoV-2. 61 outbreaks were from the Other Settings category where 41 tested positive for SARS-CoV-2.
**All-cause mortality surveillance**

In week 37 2020 in England, no statistically significant excess mortality by week of death above the upper 2 z-score threshold was seen overall, by age group or sub nationally (all ages) 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 37 2020**

![Graph showing weekly observed and expected number of all-cause deaths in all ages, with the dominant circulating influenza A subtype, England, 2015 to week 37 2020.](image)

**Table 2: Excess mortality by UK country, for all ages**

<table>
<thead>
<tr>
<th>Country</th>
<th>Excess detected in week 37 2020?</th>
<th>Weeks with excess in 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>×</td>
<td>47; 50-02; 12-23; 33</td>
</tr>
<tr>
<td>Wales</td>
<td>×</td>
<td>01; 13-20</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>×</td>
<td>49-51; 02-03; 13-20, 22</td>
</tr>
</tbody>
</table>

**Country**

<table>
<thead>
<tr>
<th>Country</th>
<th>Excess detected in week 35 2020?</th>
<th>Weeks with excess in 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>×</td>
<td>41; 46; 49-51; 01-02; 13-22</td>
</tr>
</tbody>
</table>

*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 2020 (based on data up to 1 September 2020)
  - In the temperate zone of the northern hemisphere, influenza activity remained below inter-seasonal levels. In the temperate zones of the southern hemisphere, the influenza activity remained low in comparison with previous seasons. Worldwide, of the very low numbers of detections reported, seasonal influenza A viruses accounted for the majority of detections.
  - 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 and ILI levels were low 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 influenza detections were reported.
  - In tropical South American, tropical Africa and Southern Asia there were sporadic influenza virus or no detections across reporting countries.
  - In South East Asia, influenza A(H3N2) virus detection were reported in Cambodia.
  - The WHO GISRS laboratories tested more than 145,068 specimens between 17 August 2020 and 30 August 2020. 34 were positive for influenza viruses, of which 19 (55.9%) were typed as influenza A and 15 (44.1%) as influenza B. Of the sub-typed influenza A viruses, 11 (100%) were influenza A(H3N2). Of the characterised B viruses influenza B viruses 3 (37.5%) belonged to the B-Yamagata lineage and 5 (62.5%) belonged to the B-Victoria lineage.

- **MERS-CoV** latest update on 15 September 2020
  - Up to 15 September 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 14 September 2020
  - Up to 14 August 2020, a total of 371,125 cases of COVID-19 have been confirmed in the UK.
  - Globally, up to 13 September 2020, WHO has been notified of 28,637,952 confirmed cases of COVID-19 infection, including 917,417 related deaths.