PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

14 September 2017 – Week 37 report (up to week 36 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. Provisional end-of season vaccine effectiveness estimates for the 2016 to 2017 season have been published on Gov.uk.

Community surveillance

- GP consultation rates for influenza-like illness remain low in all schemes in the UK (Figures 1 and 2).

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 35	Week 36		
England (RCGP)	1.3	1.7	⇔	45-64 years
Scotland	2.1	2.5	⇔	75+ years
Northern Ireland	3.8	4.9	⇧	1-4 years
Wales	0.8	1.4	⇔	65-74 years

Figure 1: RCGP ILI consultation rates , England and Wales

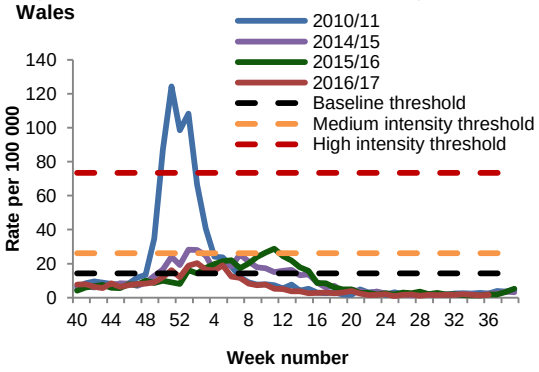
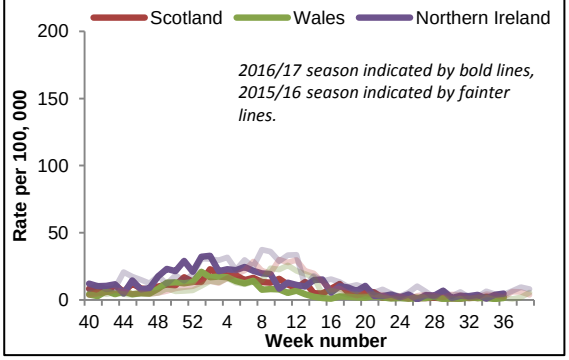


Figure 2: GP ILI/influenza consultation rates in the devolved administrations.

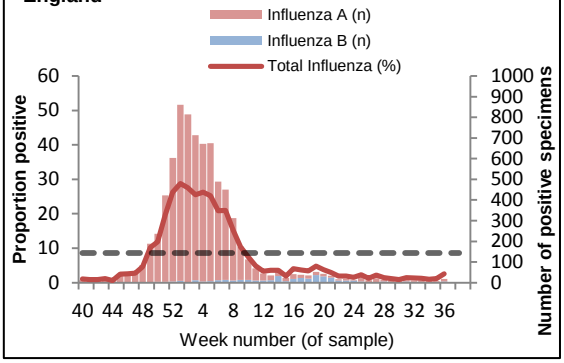


- Syndromic surveillance
  - Syndromic surveillance indicators for influenza were low in weeks 35 and 36 2017.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 36 2017, 18 (2.5%) of the 710 respiratory specimens tested were positive for influenza (9 influenza A(H3N2),3 influenza A(not subtyped) and 6 influenza B).
  - RSV positivity remained low (0.6%) in week 36. Rhinovirus positivity remained similar at 18.5% in week 36 compared to 18.3% in week 35. Adenovirus positivity decreased from 4.6% in week 35 to 3.6% in week 36. Parainfluenza positivity remained similar to the previous week at 4.5% in week 36. Human metapneumovirus (hMPV) positivity increased slightly to 1.4% in week 36.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 36 2017.

Figure 3: DataMart samples positive for influenza, England



Outbreak Reporting

- Fourteen new acute respiratory outbreaks have been reported in the past two weeks. Thirteen of them were reported from care homes where two tested positive for rhinovirus and another for hMPV. The remaining outbreak was reported from the Other settings category and tested positive for influenza A(not subtyped). Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 36 2017, no significant excess was reported overall, by age group or by region in England after correcting ONS disaggregate data for reporting delay with the standardised weekly EuroMOMO algorithm (Table 1). This data is provisional due to the time delay in registration and so numbers may vary from week to week.

Figure 4: Excess mortality in all ages by week of death, EuroMOMO, England

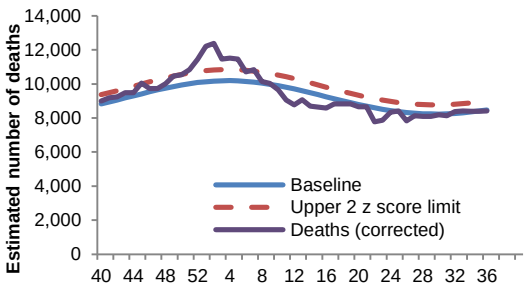


Table 1: Excess mortality by age group,England*

Age group (years)	Excess detected in week 36 2017?	Weeks with excess in 2016/17
<5	×	23
5-14	×	02
15-64	×	52-01
65+	×	45, 49,51-05,07

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

International Surveillance

- Influenza updated on 04 September 2017
  - In the temperate zone of the southern hemisphere and in some countries of the South and South East Asia, high levels of influenza activity continued to be reported. Central America and the Caribbean influenza activity continued to be reported in a few countries. Influenza activity remained at low levels in the temperate zone of the northern hemisphere. Worldwide, influenza A(H3N2) viruses are predominating.
  - In temperate South America, respiratory illness indicators and influenza activity decreased in most of the sub-region, with influenza A(H3N2) viruses predominating.
  - In Oceania, seasonal influenza activity continued to increase, with influenza A(H3N2) and B viruses present.
  - In Southern Africa, influenza activity appeared to have plateaued in South Africa, with influenza A(H3N2) viruses predominantly detected.
  - In tropical South America, influenza activity remained low.
  - In the Caribbean and Central American countries, respiratory illness indicators and influenza activity remained low in general with a few exceptions but Respiratory Syncytial Virus (RSV) activity was increasing.
  - In East and Western Asia, influenza activity remained low in general.
  - In South East Asia, increased influenza activity was reported in recent weeks, with all seasonal influenza subtypes present in the region.
  - In Southern Asia, increased influenza A(H1N1)pdm09 virus detections were reported in India.
  - In Western Africa, influenza activity continued to be reported, with all seasonal influenza subtypes present in the region. Few influenza detections were reported in Eastern Africa.
  - In Northern Africa and Central Asia, no updated influenza virus detections were reported.
  - In Europe and North America, little to no influenza activity was reported.
  - The WHO GISRS laboratories tested more than 48,522 specimens between 07 July 2017 and 20 August 2017. 7,438 were positive for influenza viruses, of which 6,637 (89.2%) were typed as influenza A and 801 (10.8%) as influenza B. Of the sub-typed influenza A viruses, 746 (14%) were influenza A(H1N1)pdm09 and 4,586 (86%) were influenza A(H3N2). Of the characterized B viruses, 99 (53.8%) belonged to the B-Yamagata lineage and 85 (46.2%) to the B-Victoria lineage.
- MERS-CoV updated on 12 August 2017
  - Up to 13 September 2017, a total of four cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (two imported and two linked cases) have been confirmed in the UK. On-going surveillance has identified 1,011 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - On 30 August 2017, the national IHR focal point of Oman reported one case of MERS-CoV.
  - Between 13 and 30 August 2017, the national IHR focal point of Saudi Arabia reported 12 additional cases of MERS-CoV, including one death, and one death from a previously reported case.
  - Globally, since September 2012, WHO has been notified of 2,080 laboratory-confirmed cases of infection with MERS-CoV, including at least 722 related deaths. Further information on management and guidance 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 low.
- Influenza A(H7N9) updated on 13 September 2017
  - On 18, 25 August and 4 September 2017, the National Health and Family Planning Commission of China (NHFPC) notified WHO of four additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus in China.
  - For further updates please see the WHO website and for advice on clinical management in the UK please see information available online.