



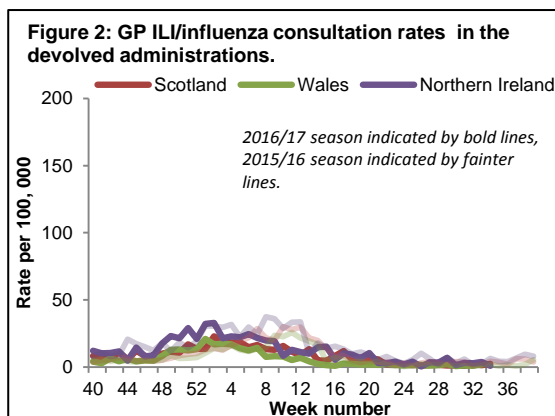
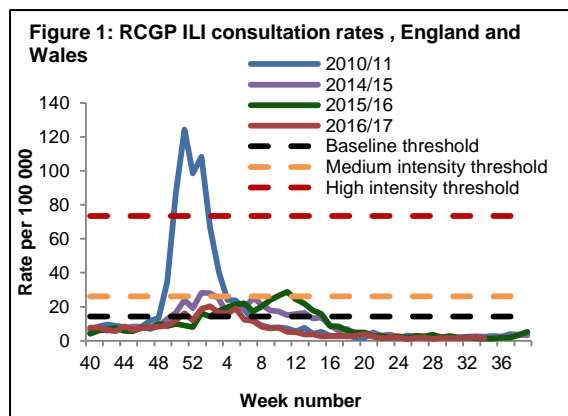
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

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). Data for Wales was not available.

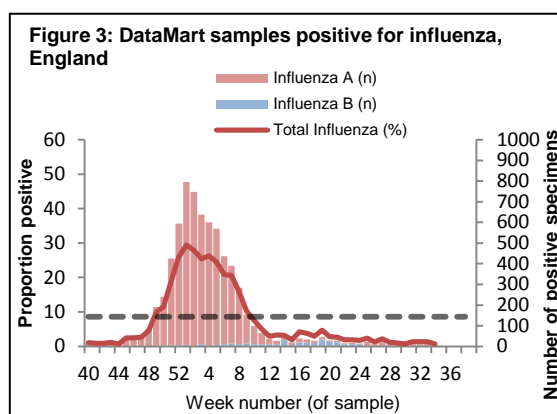
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 33	Week 34		
England (RCGP)	1.9	1.7	↔	45-64 years
Scotland	1.4	2.5	↑	75+ years
Northern Ireland	3.9	1.1	↓	45-64 years
Wales	-	-	-	-



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza were low in weeks 33 and 34 2017.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 34 2017, four (0.7%) of the 547 respiratory specimens tested were positive for influenza (3 influenza A(not subtyped) and 1 influenza B).
 - RSV positivity remained low (1.5%) in week 34. Rhinovirus positivity increased slightly from 15.1% in week 33 to 16.5% in week 34. Adenovirus positivity decreased from 4.6% in week 33 to 3.6% in week 34. Parainfluenza and human metapneumovirus (hMPV) positivity remained low at 3.9% and 0.2% respectively in week 34.
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 34 2017.



Outbreak Reporting

- Twelve new acute respiratory outbreaks have been reported in the past two weeks. Nine of them were reported from care homes where three tested positive for rhinovirus. Two outbreaks were reported from hospitals where one tested positive for influenza B and the other was positive for influenza A(H3). The remaining outbreak was reported from the Other settings category with no test results available. Outbreaks should be reported to the local Health Protection Team and Respscisc@phe.gov.uk.

All-cause mortality surveillance

- In week 34 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.

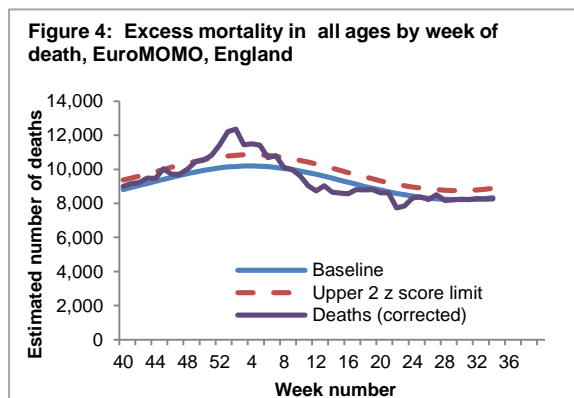


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 34 2017?	Weeks with excess in 2016/17
<5	x	23
5-14	x	02
15-64	x	52-01
65+	x	45, 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 21 August 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. Influenza activity in the temperate zone of the northern hemisphere was reported at low levels. Worldwide, influenza A(H3N2) viruses are predominating.
 - In temperate South America, influenza activity decreased with influenza A(H3N2) predominating in the region with some B virus activity being reported as well.
 - In Oceania, seasonal influenza activity continued to increase, with influenza A(H3N2) and B viruses present.
 - In Southern Africa, seasonal activity was reported in some countries but appeared to have peaked in South Africa with influenza A(H3N2) being the most detected subtype.
 - 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 with all seasonal influenza subtypes present in the region.
 - In Southern Asia, increased influenza A(H1N1)pdm09 virus detections were reported in India, Myanmar and Nepal.
 - In Western Africa, influenza activity continued to be reported, with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulating in Côte d'Ivoire, Ghana, and Togo, and influenza B Victoria lineage predominant in Senegal. Few influenza detections were reported in Eastern and Middle 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 50,456 specimens between 24 July 2017 and 06 August 2017. 8,401 were positive for influenza viruses, of which 7,644 (91%) were typed as influenza A and 757 (9%) as influenza B. Of the sub-typed influenza A viruses, 779 (11.6%) were influenza A(H1N1)pdm09 and 5,930 (88.4%) were influenza A(H3N2). Of the characterized B viruses, 168 (63.4%) belonged to the B-Yamagata lineage and 97 (36.6%) to the B-Victoria lineage.
- MERS-CoV** updated on 28 August 2017
 - Up to 30 August 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 997 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
 - On [29 July 2017](#), the national IHR focal point of the United Arab Emirates reported one case of MERS-CoV.
 - Between [4 July and 12 August 2017](#), the national IHR Focal Point of Saudi Arabia reported 26 additional cases of MERS-CoV infection including six deaths, and two deaths among previously reported cases.
 - Globally, since September 2012, WHO has been notified of 2,067 laboratory-confirmed cases of infection with MERS-CoV, including at least 720 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 07 August 2017
 - On [11, 14, and 21 July 2017](#), the National Health and Family Planning Commission of China (NHFPC) notified WHO of three individual 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](#).