



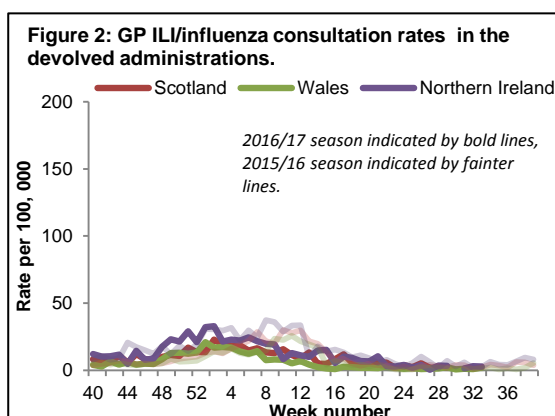
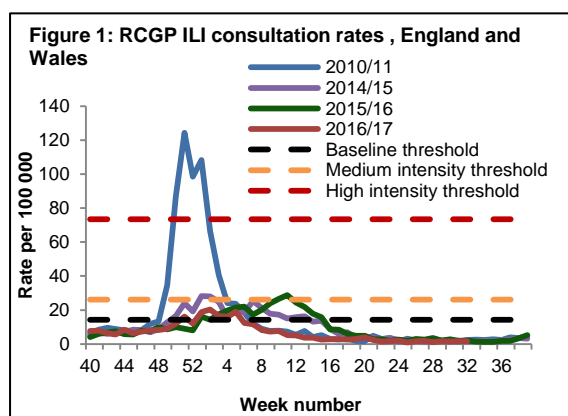
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

Indicators for influenza show low levels of activity.

Community surveillance

- GP consultation rates for influenza-like illness remain low in all schemes in the UK (Figures 1 and 2). Data for Scotland was not available.

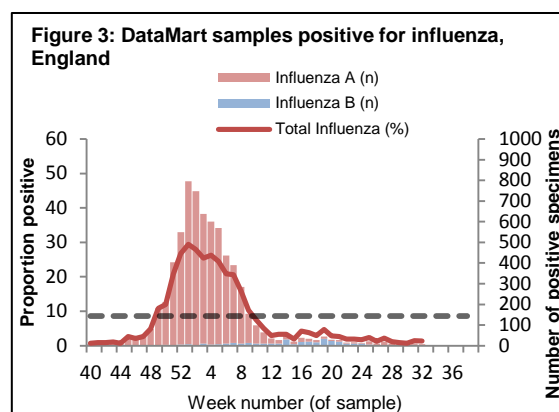
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 31	Week 32		
England (RCGP)	1.6	1.7	↔	45-64years
Scotland	-	-	-	-
Northern Ireland	3.2	3.0	↔	65-74years
Wales	1.1	2.1	↑	65-74years



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza were low in weeks 31 and 32 2017.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 32 2017, eight (1.4%) of the 590 respiratory specimens tested were positive for influenza (5 influenza A(H3), 1 influenza A(H1N1)pdm09, and 2 influenza B).
 - RSV positivity remained low (0.7%) in week 32. Rhinovirus positivity increased slightly from 13.2% in week 31 to 14.1% in week 32. Adenovirus positivity decreased from 6.1% in week 31 to 4.0% in week 32. Parainfluenza and human metapneumovirus (hMPV) positivity remained low at 4.8% and 0.4% respectively in week 32.
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 32 2017.



Outbreak Reporting

- Nine new acute respiratory outbreaks have been reported in the past two weeks. Eight of them were reported from care homes where one tested positive for rhinovirus. The remaining outbreak was reported from the Other settings category and tested positive for influenza A(H1N1)pdm09. Outbreaks should be reported to the local Health Protection Team and Respscids@phe.gov.uk.

All-cause mortality surveillance

- In week 32 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.

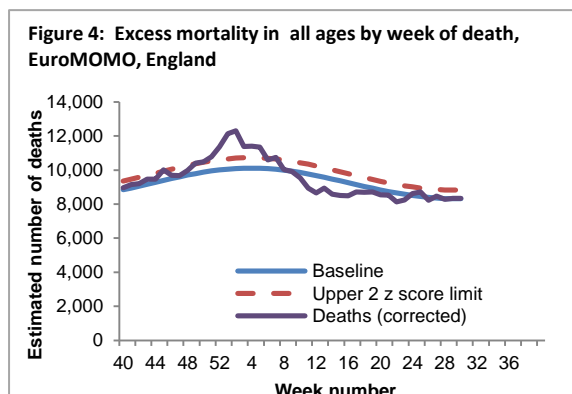


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 32 2017?	Weeks with excess in 2016/17
<5	x	23
5-14	x	02
15-64	x	52-02
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 07 August 2017
 - In the temperate zone of the southern hemisphere and in some countries of 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 the region.
 - In Southern Africa, seasonal activity continued to decrease after peaking in week 26 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 virus activity remained generally low, and increased in some countries.
 - In East, Southern and Western Asia, influenza activity remained low in general.
 - In South East Asia, influenza activity continued to be reported, with all seasonal influenza subtypes present in the region. High influenza activity was reported from some countries.
 - In Western Africa, low influenza activity was reported in Côte d'Ivoire, Ghana, and Togo, with influenza A(H3N2) and A(H1N1)pdm09 viruses co-circulating in the region. In Eastern Africa, few influenza A(H3N2) virus detections were reported.
 - In Northern Africa, no influenza virus detections were reported.
 - In Central Asia, there were no updated reports on virus detections or respiratory illness indicators.
 - In Europe and North America, little to no influenza activity was reported.
 - The WHO GISRS laboratories tested more than 58,087 specimens between 10 July 2017 and 23 July 2017. 9,972 were positive for influenza viruses, of which 9,149 (91.7%) were typed as influenza A and 823 (8.3%) as influenza B. Of the sub-typed influenza A viruses, 653 (8%) were influenza A (H1N1)pdm09 and 7,505 (92%) were influenza A (H3N2). Of the characterized B viruses, 173 (58.4%) belonged to the B-Yamagata lineage and 123 (41.6%) to the B-Victoria lineage.
- MERS-CoV** updated on 16 August 2017
 - Up to 16 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 994 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
 - No new cases of MERS-CoV infections have been reported by WHO.
 - Globally, since September 2012, WHO has been notified of 2,040 laboratory-confirmed cases of infection with MERS-CoV, including at least 712 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](#).