PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

03 August 2017 – Week 31 report (up to week 30 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.

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 29	Week 30		
England (RCGP)	1.7	1.5	⇔	45-64years
Scotland	1.6	Not available		
Northern Ireland	6.9	1.5	⇩	15-44years
Wales	2.4	0.8	⇩	15-44years

Figure 1: RCGP ILI consultation rates , England and Wales

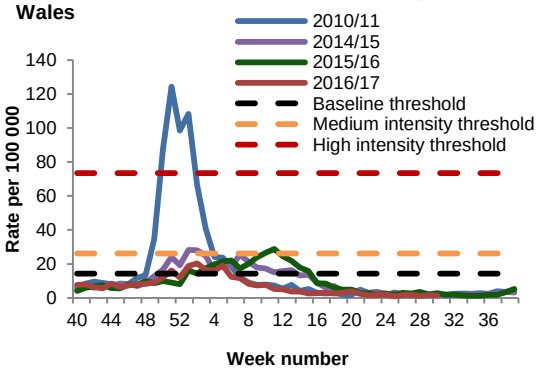
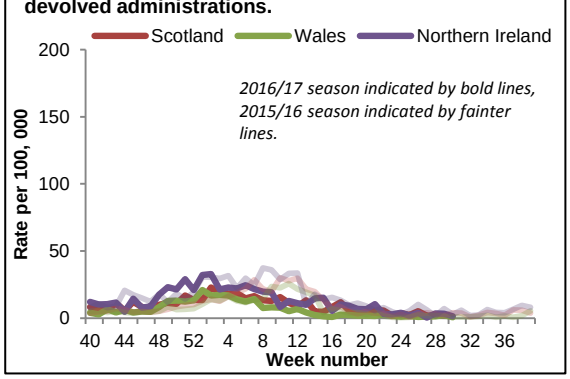


Figure 2: GP ILI/influenza consultation rates in the devolved administrations.

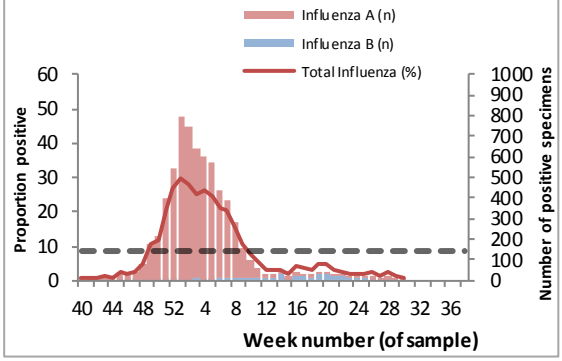


- Syndromic surveillance
  - Syndromic surveillance indicators for influenza were low in weeks 29 and 30 2017.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 30 2017, five (0.7%) of the 716 respiratory specimens tested were positive for influenza (1 influenza A(H3), 3 influenza A(not subtyped), and 1 influenza B).
  - RSV positivity remained low (0.6%) in week 30. Rhinovirus positivity decreased slightly from 16.9% in week 29 to 15.0% in week 30. Adenovirus positivity remained stable at 5.2% in week 30. Parainfluenza and human metapneumovirus (hMPV) positivity remained low at 4.6% and 0.7% respectively in week 30.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 30 2017.

Figure 3: DataMart samples positive for influenza, England



Outbreak Reporting

- Nine new acute respiratory outbreaks have been reported in the past 14 days. Eight of them were reported from care homes where one tested positive for influenza A(not subtyped) and one rhinovirus. The remaining one outbreak was reported from a hospital with no test results available. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 30 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

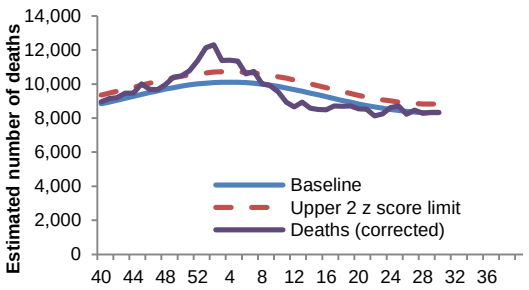


Table 1: Excess mortality by age group,England*

Age group (years)	Excess detected in week 30 2017?	Weeks with excess in 2016/17
<5	×	23, 48
5-14	×	NA
15-64	×	52-01
65+	×	45, 49-07

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

International Surveillance

- Influenza updated on 24 July 2017
  - In the temperate zone of the southern hemisphere, influenza activity continues to be reported with increases or peaks observed in most countries. Influenza activity in the temperate zone of the northern hemisphere was reported at low levels. Worldwide, influenza A(H3N2) and B viruses co-circulated.
  - In temperate South America, influenza activity remained high but appeared to have peaked in most of the countries. Influenza A(H3N2) viruses predominated in the region with some B virus activity 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 increase with influenza A(H3N2) being the most detected subtype followed by A(H1N1)pdm09.
  - In the Caribbean, respiratory virus activity remained low in most countries with the exception of Cuba reporting an increase of influenza A(H3N2) viruses and RSV detections in recent weeks. In Central America, influenza activity continued to increase in El Salvador and Honduras, and in Costa Rica and Nicaragua with influenza A(H3N2) and B viruses detected, respectively.
  - In Western and Eastern Africa, influenza activity continues to decrease, with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulating.
  - In Southern Asia, low levels of influenza activity continued to be reported, with influenza A(H1N1) virus predominant.
  - In South East Asia, influenza activity continued to increase in some countries and decreased in other countries. The predominant virus in Singapore and Southern China was influenza A(H3N2), whereas in the Philippines the dominant subtype was A(H1N1)pdm09. In Thailand, increased influenza activity with all seasonal influenza subtypes co-circulating was reported.
  - In Central Asia, there were no updated reports on virus detections or respiratory illness indicators.
  - In East Asia, low detections of influenza A(H3N2) were observed.
  - The WHO GISRS laboratories tested more than 50, 673 specimens between 26 June 2017 and 09 July 2017. 6,764 were positive for influenza viruses, of which 5,983 (88.5%) were typed as influenza A and 781 (11.5%) as influenza B. Of the sub-typed influenza A viruses, 680 (12.5%) were influenza A(H1N1)pdm09 and 4,762 (87.5%) were influenza A(H3N2). Of the characterized B viruses, 177 (58%) belonged to the B-Yamagata lineage and 128 (42%) to the B-Victoria lineage.
- MERS-CoV updated on 02 August 2017
  - Up to 02 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 989 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 02 August 2017
  - In the last two weeks, 16 new cases were reported to WHO from the National Health and Family Planning Commission of China (NHFPC).
  - For further updates please see the WHO website and for advice on clinical management in the UK please see information available online.