



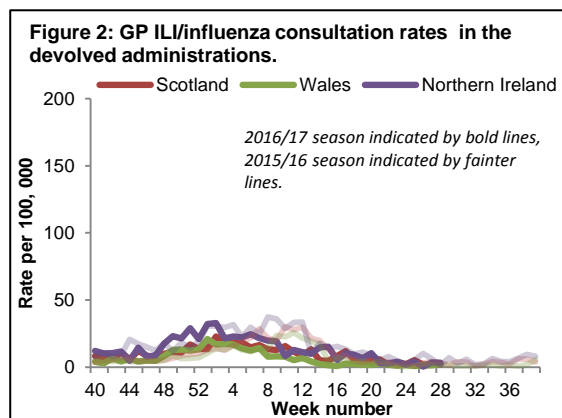
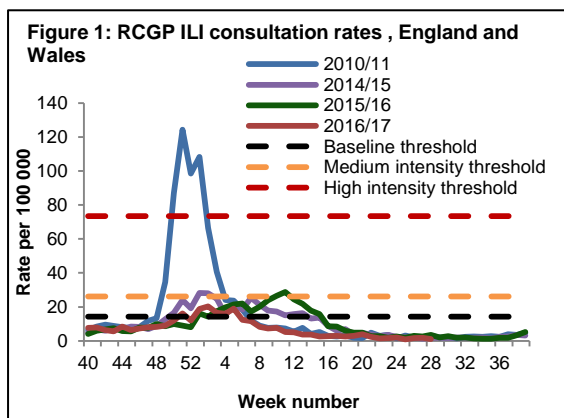
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

## 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).

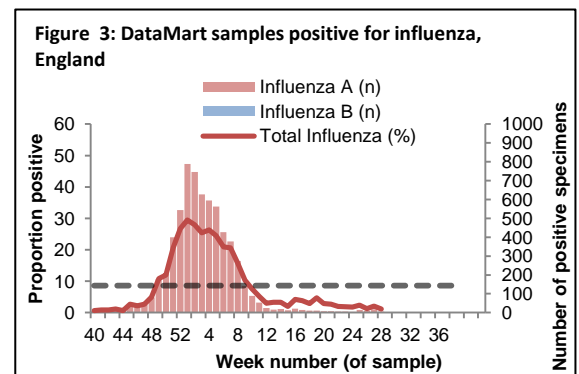
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 27	Week 28		
England (RCGP)	1.8	1.0	↔	45-64years
Scotland	2.1	2.3	↔	45-64years
Northern Ireland	3.5	3.3	↔	65-74years
Wales	1.4	2.5	↑	15-44years



- Syndromic surveillance
  - Syndromic surveillance indicators for influenza were low in weeks 27 and 28 2017.
  - For further information, please see the Syndromic surveillance [webpage](#).

### Virological surveillance

- English Respiratory Data Mart system
  - In week 28 2017, nine (1.1%) of the 789 respiratory specimens tested were positive for influenza (5 influenza A(H3), 1 influenza A(not subtyped), and 3 influenza B).
  - RSV positivity remained low (0.3%) in week 28. Rhinovirus positivity decreased from 17.9% in week 27 to 15.9% in week 28. Adenovirus positivity decreased from 5.9% in week 27 to 3.9% in week 28. Parainfluenza and human metapneumovirus (hMPV) positivity remained low at 4.3% and 0.9% respectively in week 28.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 28 2017.

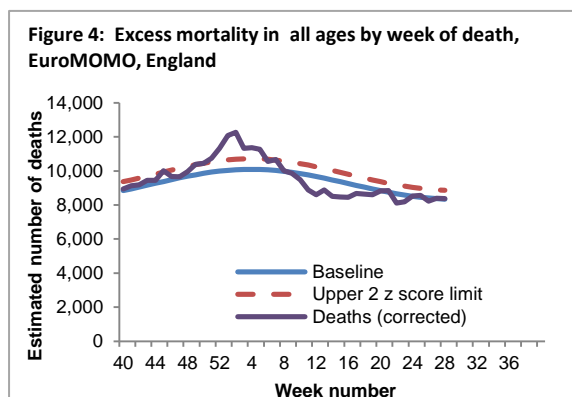


### Outbreak Reporting

- Five new acute respiratory outbreaks have been reported in the past 14 days. All five outbreaks were reported from care homes where one tested positive for rhinovirus. Outbreaks should be reported to the local Health Protection Team and [Respscids@phe.gov.uk](mailto:Respscids@phe.gov.uk).

## All-cause mortality surveillance

- In week 28 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 28 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 10 July 2017
  - In the temperate zone of the southern hemisphere, influenza activity continues. Influenza activity in the temperate zone of the northern hemisphere was reported at very low levels.
  - In temperate South America, influenza like illness (ILI) and SARI activities continued with influenza A(H3N2) viruses predominating in the region with some B virus activity reported as well. In tropical South America, influenza activity remained low.
  - In Oceania, seasonal influenza activity in Australia and New Zealand increased with both influenza A and B co-circulating. In New Zealand, of the influenza A viruses subtyped, A(H3N2) viruses predominated and viruses of the Yamagata lineage predominated among the B viruses characterized.
  - In Southern Africa, seasonal activity continued to increase with influenza A(H3N2) being the most detected subtype followed by A(H1N1)pdm09. In Northern Africa, no influenza virus detections were reported.
  - In the Caribbean and Central America countries, an increasing trend of detections of predominantly influenza A(H3N2) viruses was observed in some countries.
  - In Western and Eastern Africa, influenza activity appeared to decrease or have peaked with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulated.
  - In Southern Asia, low influenza activity continued to be reported, with detections of A(H3N2) and B viruses.
  - In South East Asia, influenza activity continued to increase in some countries and decreased in other countries. The predominant viruses in Singapore and Southern China were influenza A(H3N2) and B, whereas in Thailand a co-circulation of A(H3N2) and A(H1N1)pdm09 were observed.
  - In Europe and North America, little to no influenza activity 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) and B were observed.
  - The WHO GISRS laboratories tested more than 56,574 specimens between 12 June to 25 June 2017, 5,109 were positive for influenza viruses, of which 4,101 (80.3%) were typed as influenza A and 1,008 (19.7%) as influenza B. Of the sub-typed influenza A viruses, 447 (14.3%) were influenza A(H1N1)pdm09 and 2,688 (85.7%) were influenza A(H3N2). Of the characterized B viruses, 165 (49.4%) belonged to the B-Yamagata lineage and 169 (50.6%) to the B-Victoria lineage.
- MERS-CoV** updated on 19 July 2017
  - Up to 19 July 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 986 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Between [24 June and 3 July 2017](#), the national IHR Focal Point of Saudi Arabia reported three additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, and two deaths among previously reported cases.
  - 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 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 19 July 2017
  - Between [19 June and 30 June 2017](#), a total of 21 laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus 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 please see information available [online](#).