PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

28 September 2017 – Week 39 report (up to week 38 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 37	Week 38		
England (RCGP)	2.5	3.9	⇧	15-44 years
Scotland	4.8	8.6	⇧	45-64 years
Northern Ireland	4.8	4.6	⇔	75+ years
Wales	2.4	2.7	⇔	45-64 years

Figure 1: RCGP ILI consultation rates , England and Wales

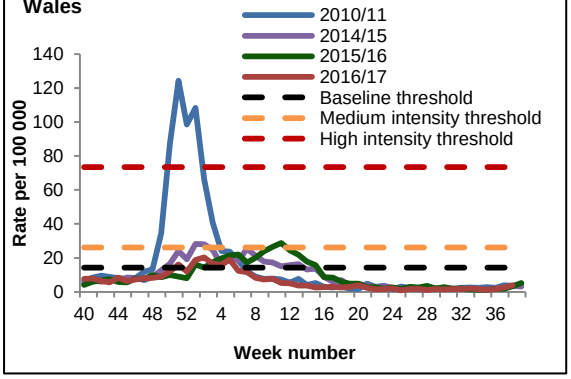
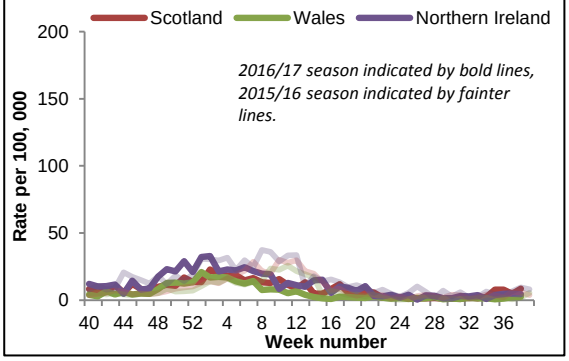


Figure 2: GP ILI/influenza consultation rates in the devolved administrations.

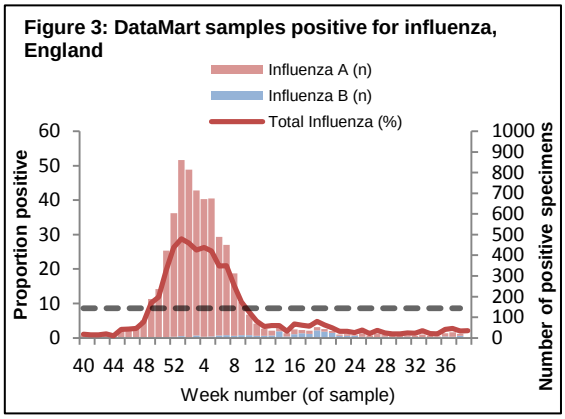


- Syndromic surveillance
  - Syndromic surveillance indicators for influenza were low in weeks 35 and 36 2017.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 38 2017, 20 (2.0%) of the 984 respiratory specimens tested were positive for influenza (5 influenza A(H3N2),5 influenza A(not subtyped) and 10 influenza B).
  - RSV positivity increased in the <5 year olds from 3.2% in week 37 to 5.5% in week 38. Rhinovirus positivity increased slightly from 22.2% in week 37 to 24% in week 38. Adenovirus positivity remained low in week 38. Human metapneumovirus (hMPV) positivity in the <5 year olds increased from 4.2% in week 37 to 8.4% in week 38. Parainfluenza positivity remained at an increased level at 5.5% in week 38 compared to 5.9% in week 37.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 38 2017.

Figure 3: DataMart samples positive for influenza, England



Outbreak Reporting

- Twenty-one new acute respiratory outbreaks have been reported in the past two weeks. Twenty of them were reported from care homes where one tested positive for rhinovirus, one for influenza A(not subtyped) and another for parainfluenza. The remaining outbreak was reported from a school 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 38 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

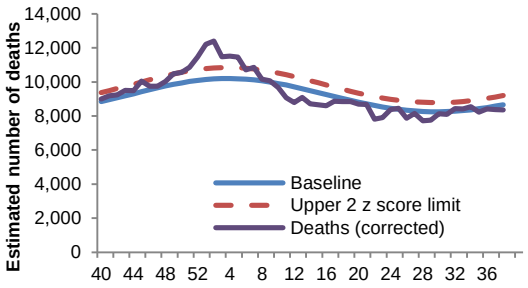


Table 1: Excess mortality by age group,England*

Age group (years)	Excess detected in week 38 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 18 September 2017
  - High levels of influenza activity continued to be reported in the temperate zone of the southern hemisphere and in some countries of South and South East Asia. In 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 were predominating.
  - In temperate South America, influenza and respiratory syncytial virus (RSV) activities continued to trend downwards throughout most of the sub-region. In tropical South America, influenza and other respiratory virus activity remained low.
  - In Southern Africa, influenza activity appeared to have plateaued in South Africa, with influenza B virus detections predominant in recent weeks.
  - In Oceania, seasonal influenza activity continued at elevated levels, with influenza A(H3N2) viruses predominant followed by influenza B viruses.
  - In the Caribbean and Central American countries, respiratory illness indicators and influenza activity remained low in general but RSV activity increased in several countries.
  - In East Asia, influenza activity remained low in general, however in Western Asia influenza activity increased slightly with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulating. In South East Asia, increased influenza activity was reported in recent weeks, with all seasonal influenza subtypes present in the region.
    In Southern Asia, influenza A(H1N1)pdm09 virus detections continued to be reported.
  - In Western Africa, influenza activity continued to be reported, with all seasonal influenza subtypes present in the region. Few influenza detections were reported in Middle and 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. Increases in RSV activity were noted in the United States of America.
  - The WHO GISRS laboratories tested more than 42,603 specimens between 21 August 2017 and 03 September 2017. 5,268 were positive for influenza viruses, of which 4,609 (87.5%) were typed as influenza A and 659 (12.5%) as influenza B. Of the sub-typed influenza A viruses, 3,243 (84.3%) were influenza A(H3N2) and 602 (15.7%) were influenza A(H1N1)pdm09. Of the characterized B viruses, 137 (67.2%) belonged to the B-Yamagata lineage and 67 (32.8%) to the B-Victoria lineage.
- MERS-CoV updated on 21 September 2017
  - Up to 27 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 1,073 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.
  - On 23 August 2017, the national IHR focal point of the United Arab Emirates (UAE) reported one additional case of Middle East Respiratory Syndrome (MERS-CoV) infection.
  - Globally, since September 2012, WHO has been notified of 2,081 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.