



PHE National norovirus and rotavirus Report

Summary of surveillance of norovirus and rotavirus

23 November 2017 – Week 47 report (data to week 45)

This report is published weekly on the PHE [website](#). For further information on the surveillance system mentioned in this report, please visit the [Hospital Norovirus Outbreak Reporting System website](#).

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Summary

The next report will be published next week on 30 November 2017.

Norovirus – routine laboratory reporting (SGSS)

- Since week 27, 2017 there have been 1134 laboratory reports of norovirus in England and Wales. This is 15 per cent lower than the average number for the same period in the previous 5 seasons from season 2012/13 to season 2016/17 (1327).

Norovirus – Hospital Norovirus Outbreak Reporting System (HNORS)

- Reports of suspected and confirmed outbreaks of norovirus in hospitals in England are currently at lower levels than in previous years (2009-2016).

Rotavirus – routine laboratory reporting (SGSS)

- Since week 27, 2017, there have been 459 laboratory reports of rotavirus in England and Wales. This is 44 per cent lower than the average for 2013/14 to 2016/17(815) (the period after vaccine was introduced).
- Following the introduction of the rotavirus vaccine into the routine childhood immunisation schedule in July 2013, the total number of laboratory-confirmed rotavirus infections each season has remained low compared to the pre-vaccine period.

Data sources

- Outbreaks of norovirus in hospitals are derived from the Hospital norovirus outbreak reporting system (HNORS).
- Frontline laboratory reports of positive norovirus and rotavirus samples are provided by the Second Generation Surveillance System (SGSS).
- Reports of outbreaks of diarrhoea and vomiting are provided by the Health and Justice Team, Public Health England.
- Norovirus genotype and GII.4 strain characterisation and other virology data are provided by the Virus Reference Department (VRD) from a national sentinel norovirus typing surveillance programme.

Interpretation of trends

- In order to capture the winter peak of activity in one season, for reporting purposes, the norovirus and rotavirus season runs from week 27 in year 1 to week 26 in year 2, i.e. week 27 2009 to week 26 2010, July to June.
- Norovirus activity varies from season-to-season; therefore it is most appropriate to use the 5 season average for comparison with the current season. Due to this variability between norovirus seasons, it is not possible to predict how the current season will progress.
- Norovirus is predominantly a winter pathogen; however, norovirus infections occur in the summer months.
- Data included in this report are provisional and are extracted from live reporting systems therefore numbers may fluctuate. Laboratory testing and reporting practices are known to vary. Data from laboratory reporting and HNORS are subject to a reporting delay and the number reported in the most recent weeks is likely to rise further as laboratory reports are received. Due to these reporting delays, data pertaining to the most recent two weeks are not included.

Hospital Norovirus Outbreak Reporting System (HNORS)

- Hospital norovirus outbreak reporting scheme (HNORS) data are for England only. Reporting to HNORS is voluntary and variations may reflect differences in ascertainment by region.
- Not all outbreaks reported to HNORS result in whole ward closure, some closures are restricted to bays only.
- It is important to note that not all suspected cases are tested for norovirus. Where there is an outbreak, a sample of individuals will be tested.

Frontline laboratory reporting (SGSS)

- Laboratory data are for England and Wales, as reported to Public Health England by laboratories in England and Wales, and are specimens taken from faeces and the lower gastrointestinal tract only. Reporting may be subject to differences in regional ascertainment. Reporting region is based on patient's area of residence.
- Most laboratory tests in use do not distinguish vaccine from wild-type rotavirus. In the post-vaccine period, further characterisation of laboratory-confirmed rotavirus infections and considering broader testing of cases among eligible infants for other enteric pathogens are increasingly important to avoid over-attributing rotavirus as a cause of diarrhoea in young children.

- For rotavirus, comparison is made with the 10 season period 2003/04 to 2012/13 prior to the vaccine introduction and the 4 season period 2013/14 to 2016/17 post vaccine introduction.

Norovirus genotype and GII.4 strain characterisation (VRD data)

- Virus genotype and GII.4 strain characterisation data from the reference laboratory are subject to a reporting delay, and the numbers reported in any week may rise further as specimens are referred and additional characterisation data become available.

Hospital Norovirus Outbreak Reporting System (HNORS) and laboratory reports (SGSS)–England [\[Back to top\]](#)

In weeks 44 and 45 (30/10/2017 to 12/11/2017 inclusive) the hospital norovirus outbreak reporting system (HNORS) recorded 6 outbreaks of suspected or confirmed norovirus in England, all of which led to ward/bay closures or restrictions to admissions and 5 of which (83 per cent) were laboratory confirmed as a norovirus outbreak.

This season (since week 27, 2017) there have been 44 outbreaks reported, 42 of which (95 per cent) resulted in ward/bay closures and 29 (66 per cent) were laboratory confirmed as norovirus.

Table 1: Reports of suspected and confirmed norovirus outbreaks in hospitals (HNORS) and laboratory reports to PHE- week 44 and 45 2017 (30/10/2017 to 12/11/2017)

Public Health England Region	Outbreaks			Laboratory reports*
	Outbreaks	Ward/bay closure	Lab confirmed	
East of England				8
East Midlands				19
London				26
North East				7
North West				15
South East				42
South West	5	5	4	50
West Midlands				7
Yorkshire and the Humber	1	1	1	44
Total	6	6	5	218

* By patient's area of residence

Norovirus Laboratory Reporting (SGSS) – England and Wales [\[Back to top\]](#)

The number of laboratory reports of norovirus in England and Wales, as reported to Public Health England, in this season (week 27, 2017 to week 45, 2017) is 1134.

This is 15 per cent lower than the average number for weeks 27 to 45 in the previous five seasons from season 2012/13 to season 2016/17 (1327), and 23 per cent lower than weeks 27 to 45 last season (1473).

Norovirus activity varies from season to season and no two seasons are the same. The emergence of novel strains of norovirus may result in shifts in seasonality (Allen et al, 2014).

Figure 1: Seasonal comparison of laboratory reports of norovirus 2009/10-2017/18 (England and Wales)

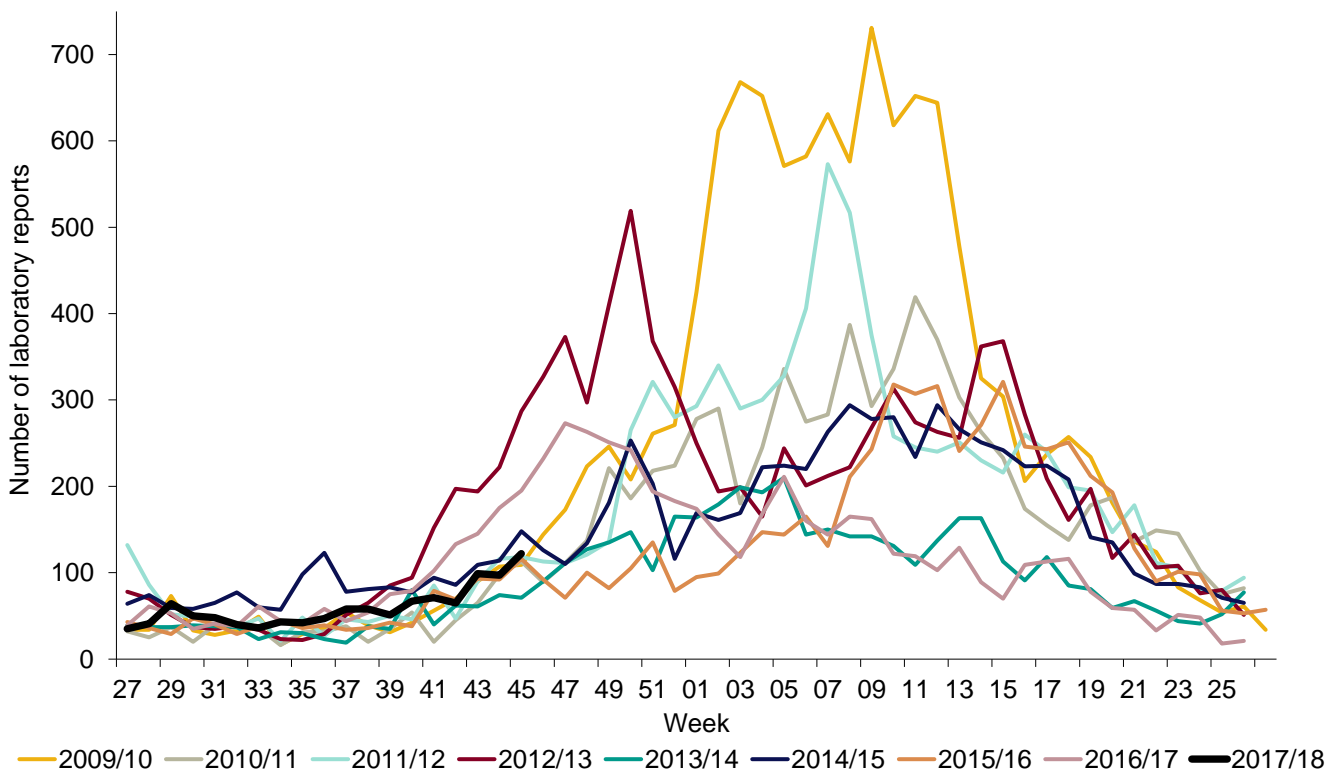


Figure 2: Laboratory (England and Wales) and hospital outbreak reports (England) by week of occurrence 2017/18 compared to five season average (2012/13-2016/17)

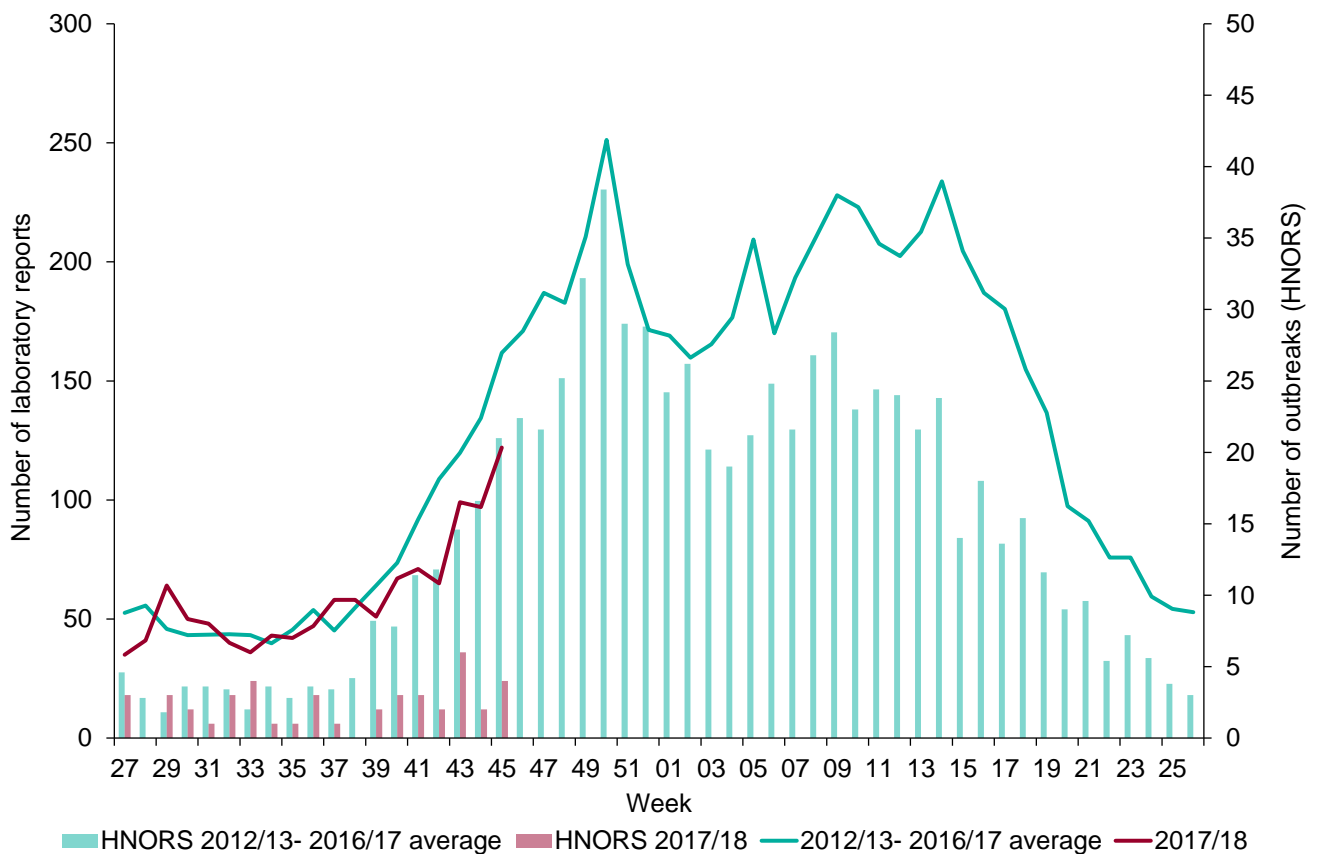


Figure 3: Cumulative number of laboratory reports of norovirus by season 2009/10-2017/18 (England and Wales)

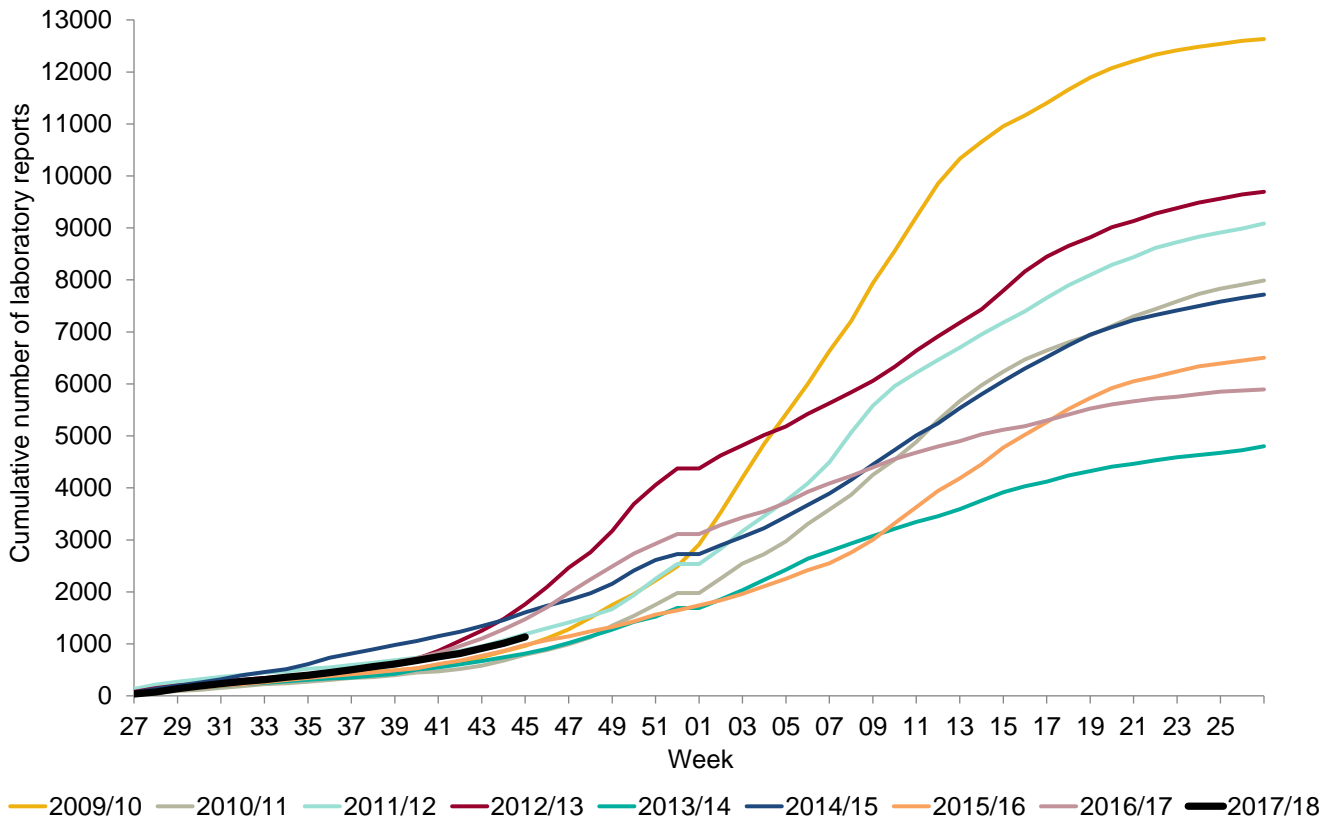


Figure 4: Laboratory reports of norovirus by week 2009-2017 (England and Wales)

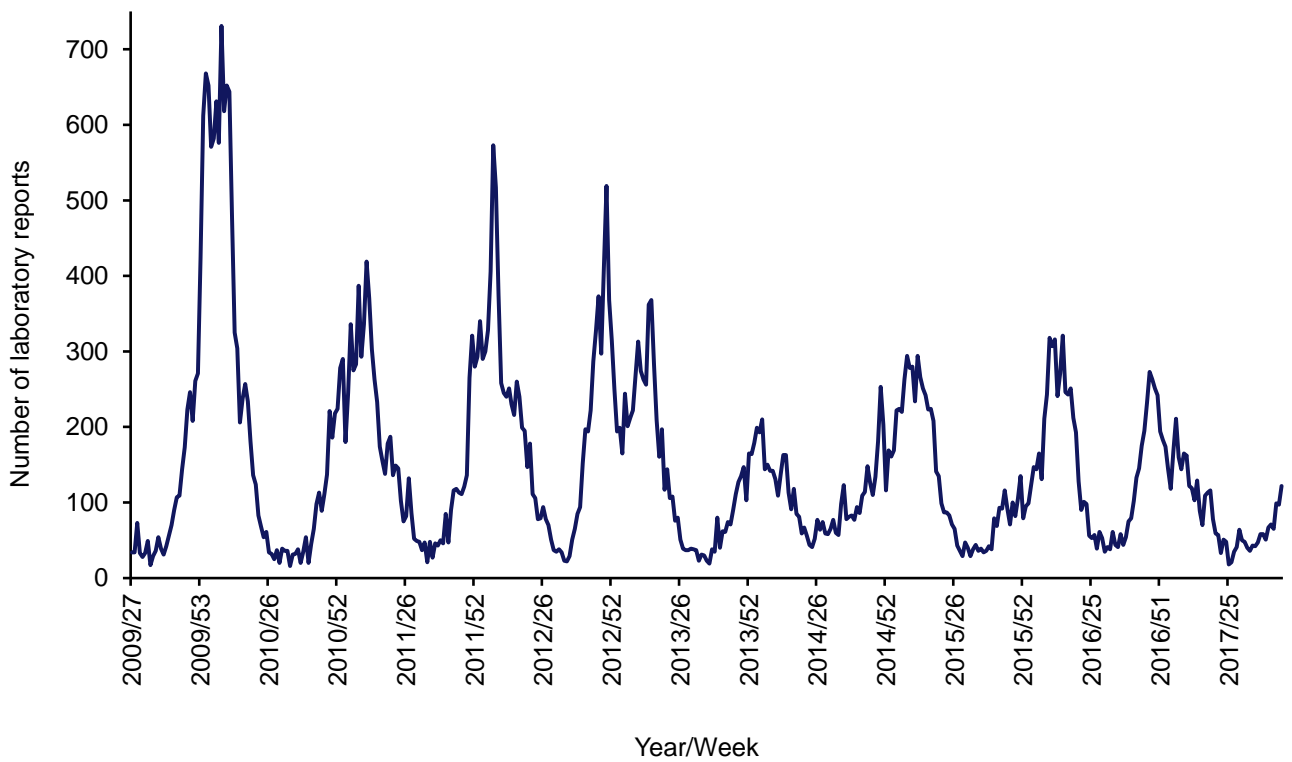
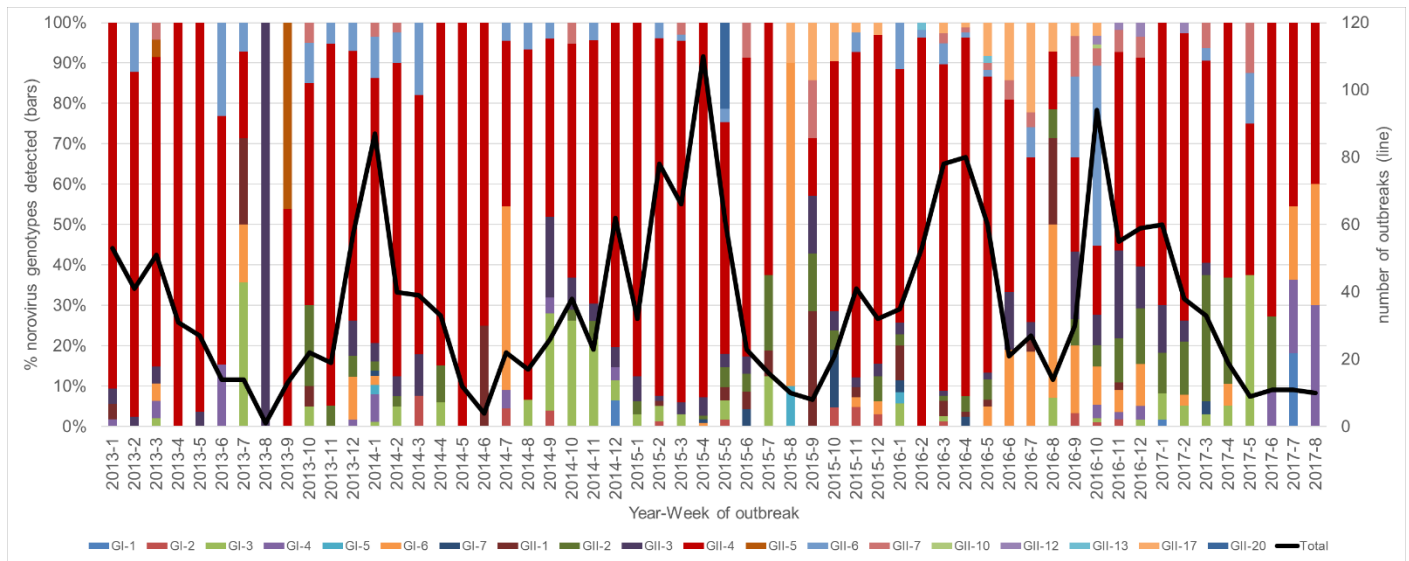
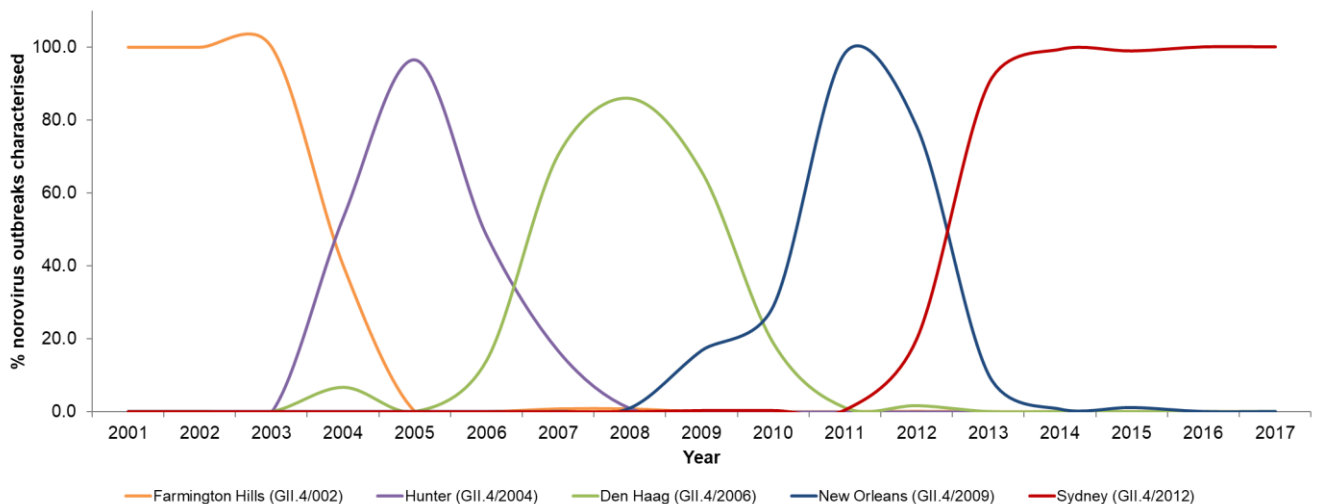


Figure 5: Norovirus-confirmed outbreaks (all settings, by month) referred to VRD (England and Wales), 2013-2017



- In the five year period 2013-2017, 19 norovirus genotypes have been detected circulating in England.
- Noroviruses of the genoccluster genogroup II-genotype 4 (GII.4) are the most commonly detected, accounting for 58%-79% of all noroviruses genotyped in a year.
- In 2017 (January-date), viruses belonging to the GII.4 genoccluster have been the most frequently detected in England and Wales.
- Noroviruses of the GII.4 genoccluster are the most commonly detected norovirus genotype worldwide.

Figure 6: GII-4 norovirus strains detected by year 2001-2017 (England and Wales)



- The Virus Reference Department monitors the genetic diversity of noroviruses belonging to the dominant GII.4 genotype that circulate in England and Wales.
- Since 2001, there have been five major GII.4 strains circulating in England and Wales (and worldwide), which have successively replaced one another. Replacement events are associated with antigenic drift in the virus (Allen et al 2008, 2009, Zakikhany et al 2012).
- Since the winter of 2012/13, the GII.4 strain Norovirus/GII.4/Sydney/2012 has been dominant worldwide, including in England and Wales (Allen, Adams, et al 2014).
- In 2017, GII.4/Sydney/2012 remains the dominant GII.4 norovirus circulating in England and Wales.

One outbreak of diarrhoea and vomiting was reported in prisons between weeks 44 and 45 2017.

For guidance on the management of outbreaks in prisons see:

<https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons>

Rotavirus Laboratory Reporting (SGSS) – England and Wales

The number of laboratory reports of rotavirus in England and Wales as reported to Public Health England, in this season (week 27, 2017 to week 45, 2017) is 459. This is 43 per cent lower than the ten season average (pre-vaccine) for the same period in the seasons 2003/04 to 2012/13 (802), and 44 per cent lower than the four season average (post-vaccine) for the same period in the seasons 2013/14 to 2016/17 (815).

Rotavirus particularly contributes to reported diarrhoea and vomiting illness in children aged under five however in the first season following the introduction of the rotavirus vaccine in July 2013, a 77 per cent decline in laboratory-confirmed rotavirus infections in infants was observed (Atchison et al, 2016). The total number of laboratory-confirmed rotavirus infections each season has since remained low compared to the pre-vaccine period.

Figure 7: Seasonal comparison of laboratory reports of rotavirus by week 2009/10-2017/18 (England and Wales)

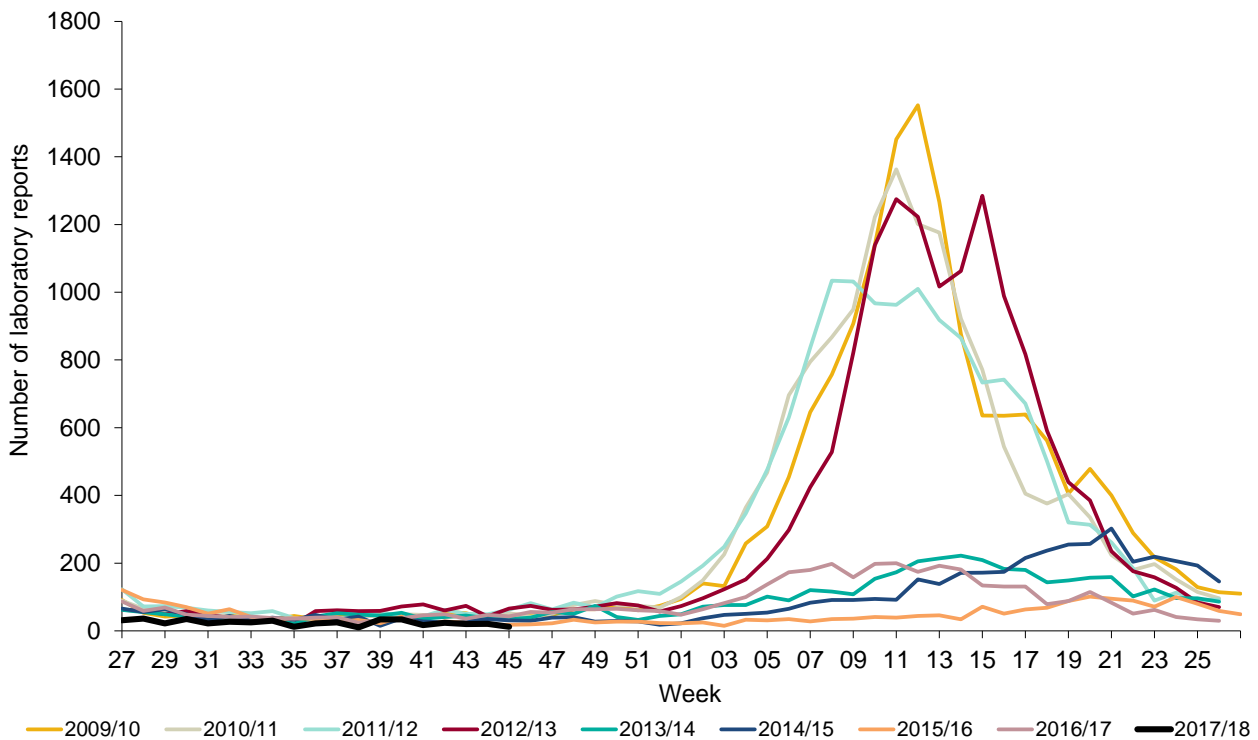
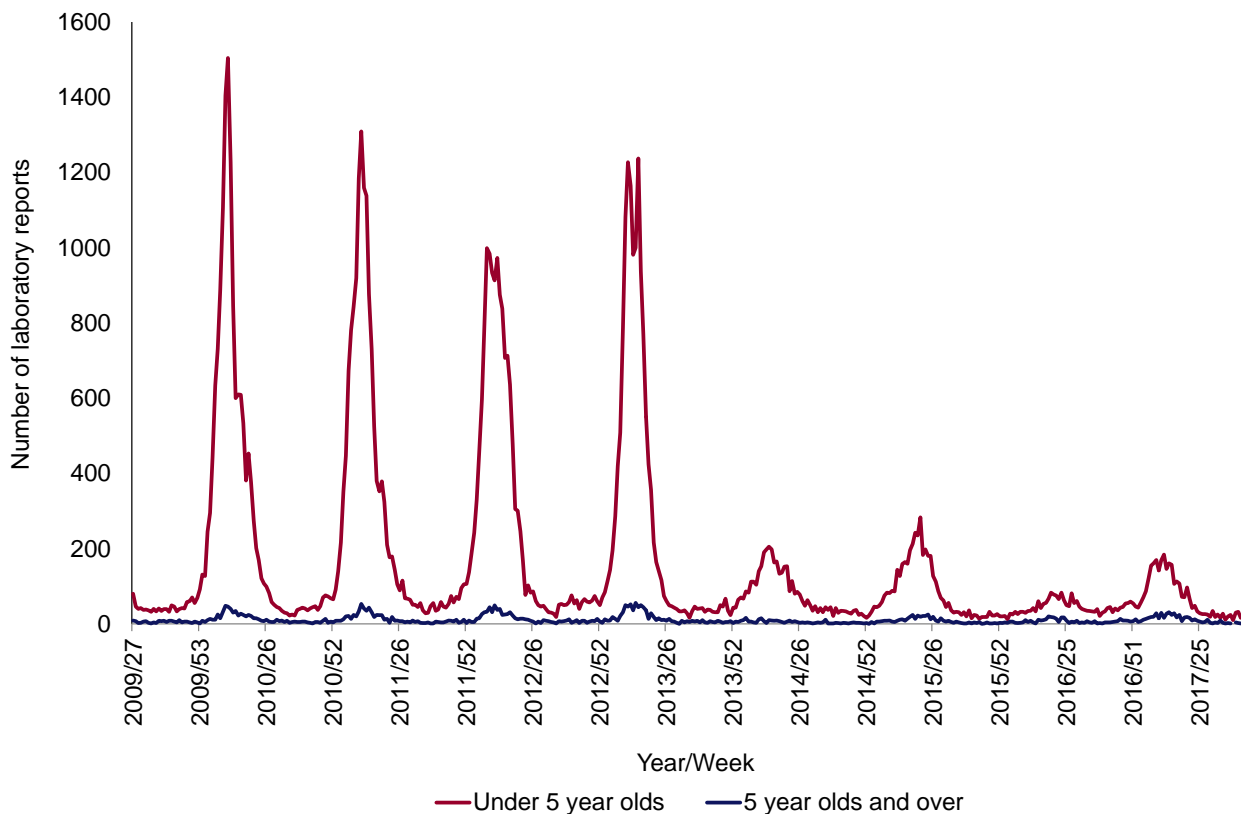


Figure 8: Laboratory reports of rotavirus by week and age group 2009-2017 (England and Wales)



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Any queries or comments can be directed to noroOBK@phe.gov.uk

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