PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

29 September 2016 – Week 39 report (up to week 38 data)

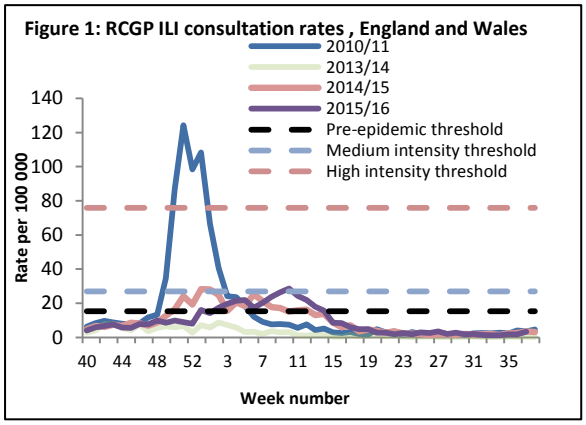
This report is published online. A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available online.

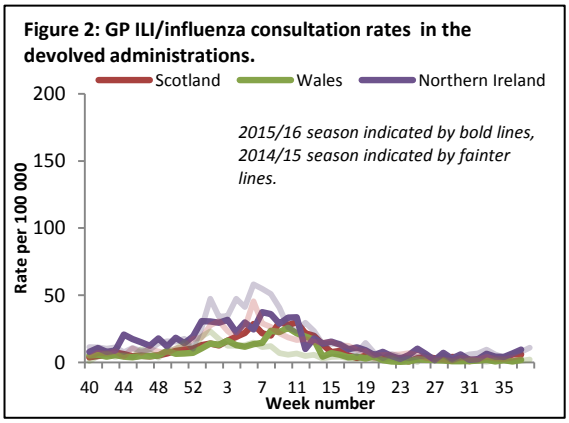
Indicators for influenza show very low levels of activity.

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)	1.8	3.4	⇧	15-44yrs
Scotland	6.2	6.0	⇔	15-44yrs
Northern Ireland	6.8	9.5	⇧	1-4yrs
Wales	0.8	1.9	⇧	45-64yrs

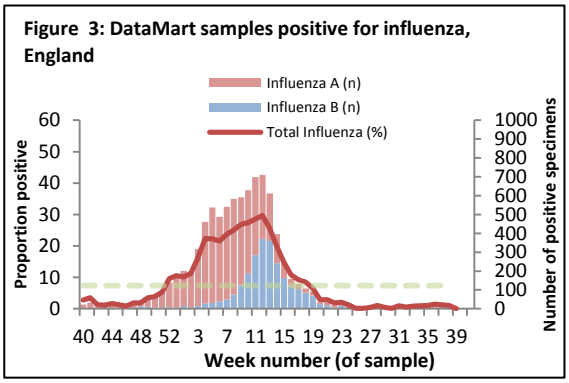




- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in weeks 37 and 38 2016.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 38 2016, 8 (1.1%) of the 751 respiratory specimens tested were positive for influenza (1 influenza A(H1N1)pdm09, 4 influenza A(H3), 1 influenza A(not subtyped) and 2 influenza B).
  - RSV positivity increased slightly from 0.9% in week 37 to 1.9% in week 38. Rhinovirus positivity also increased from 15.8% in week 37 to 22.7% in week 38. Positivity remained low for parainfluenza (1.4%), adenovirus (2.1%) and hMPV (0.2%) in week 38.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 38 2016.



Outbreak Reporting

- Ten new acute respiratory outbreaks (nine from care homes and one from a hospital) have been reported in the past 14 days. Virological test results were only available for one outbreak which was positve for rhinovirus. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 38 2016, 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

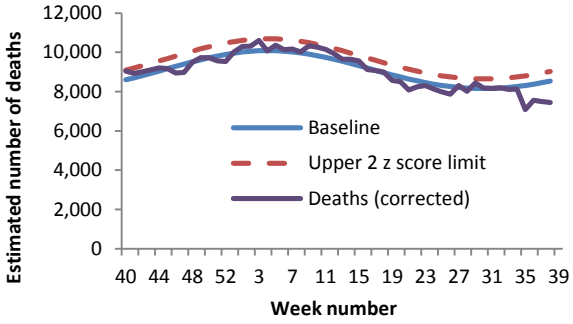


Table 1: Excess mortality by age group,England*

Age group (years)	Excess detected in week 38 2016?	Weeks with excess in 2015/16
<5	×	40,05,19
5-14	×	NA
15-64	×	52-53, 02-03,05-07, 09-10
65+	×	29

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

International Surveillance

- Influenza
  - Influenza activity varied in countries of temperate South America is ongoing in South Africa and increased steadily in the last few weeks in Oceania. Influenza activity in the temperate zone of the northern hemisphere was at inter-seasonal levels.
  - In the temperate countries of Southern Africa, influenza activity is ongoing, with co-circulation of influenza A(H1N1)pdm09, A(H3N2) and B viruses.
  - Sporadic cases of influenza A(H3N2) virus infection were reported from northern, middle and western Africa in recent weeks, among the few countries reporting data during this period.
  - In East Africa, ongoing elevated influenza B detections were reported by Madagascar. Kenya reported decreasing influenza A(H1N1)pdm09 and A(H3N2) activity.
  - In Oceania, influenza virus activity increased slightly in recent weeks, but seems to have reached its peak. Influenza A(H3N2) remained the dominant circulating influenza virus.
  - In the Caribbean countries, influenza virus activity remained low.
  - In Central America, influenza virus activity remained low but in most of the countries, detections of non-influenza respiratory viruses stayed elevated with RSV predominating.
  - In tropical South America, influenza A(H1N1)pdm09 and RSV virus detections generally decreased in recent weeks or remained low in most of the countries.
  - In tropical countries of South Asia, influenza activity was generally low with seasonal influenza A and B viruses co-circulating in the region.
  - Influenza activity was generally low in temperate Asia. In South East Asia, there was a decreasing trend in influenza detection in recent weeks, with co-circulation of seasonal influenza A and B viruses.
  - The WHO GISRS laboratories tested more than 42,184 specimens between 22 August 2016 and 04 September 2016. 2,911 were positive for influenza viruses, of which 2,271 (78.0%) were typed as influenza A and 640 (22.0%) as influenza B. Of the sub-typed influenza A viruses, 301 (18.6%) were influenza A(H1N1)pdm09 and 1,313 (81.4%) were influenza A(H3N2). Of the characterized B viruses, 44 (24.9%) belonged to the B-Yamagata lineage and 133 (75.1%) to the B-Victoria lineage.
- MERS-CoV
  - Up to 28 September 2016, 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 837 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - On 8 September 2016 the National IHR Focal Point for Austria notified WHO of a laboratory confirmed case of Middle-East respiratory syndrome coronavirus (MERS-CoV) infection. This is the second case of MERS-CoV in Austria. (The first MERS-CoV case in Austria was notified on 30 September 2014).
  - Between 23 August and 11 September 2016 the National IHR Focal Point of Saudi Arabia reported five (5) additional cases of Middle East Respiratory Syndrome (MERS).
  - Globally, since September 2012, WHO has been notified of 1,806 laboratory-confirmed cases of infection with MERS-CoV, including at least 643 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)
  - On 11 August 2016, the National Health and Family Planning Commission of China notified WHO of five additional cases of laboratory-confirmed human infection with avian influenza A(H7N9) virus, including one death.
  - A total of 798 laboratory-confirmed cases of human infection with avian influenza A(H7N9) viruses, including at least 319 deaths, have been reported to WHO. For further updates please see the WHO website and for advice on clinical management please see information available online.