



PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

18 August 2016 – Week 33 report (up to week 32 data)

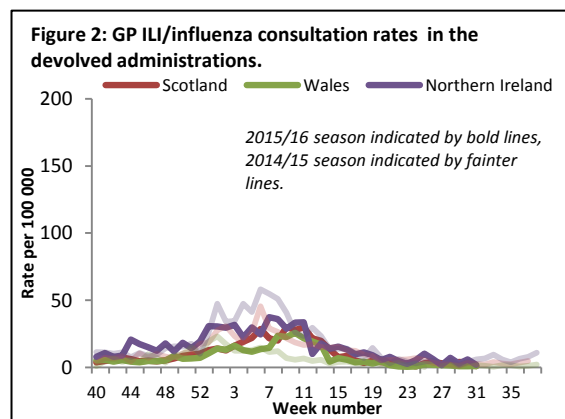
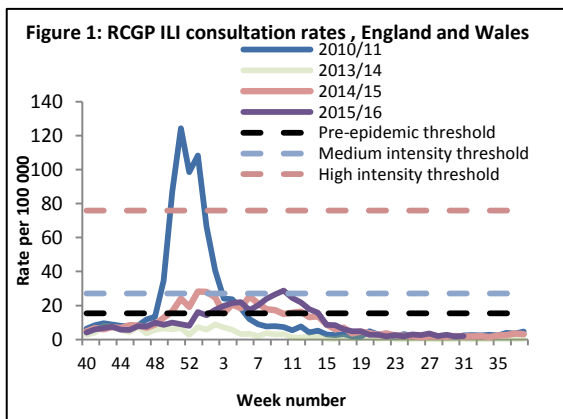
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

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 31	Week 32		
England (RCGP)	1.8	2.0	↔	75+ yrs
Scotland	3.8	1.1	↓	15-44yrs
Northern Ireland	6.0	2.0	↓	1-4 yrs
Wales	1.1	1.1	↔	5-14yrs



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 31 and 32 2016.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- No samples were positive for influenza in week 32 2016 through the UK GP-based sentinel schemes.

Outbreak Reporting

- No new outbreaks have been reported in the past 14 days. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 31 2016, an estimated 9,182 all-cause deaths were registered in England and Wales (source: [Office for National Statistics](#)). This is a decrease compared to the 9,335 estimated death registrations in week 30 2016, and is below the 95% upper limit of expected death registrations for the time of year as calculated by PHE (Figure 3). The drops in the number of deaths in weeks 53, 13, 18 and 22 correspond to weeks where there were bank holidays and fewer days when deaths were registered. Therefore these decreases are likely to be artificial.
- In week 32 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 3: Observed & predicted all-cause death registrations, E&W

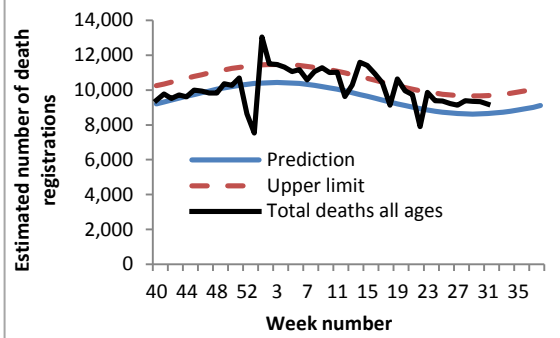


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 32 2016?	Weeks with excess in 2015/16
<5	x	40,05,19
5-14	x	NA
15-64	x	52-53, 02-03,05-07, 09-10
65+	x	NA

* 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 and increased steadily in the last few weeks in South Africa, but remained low overall in most of Oceania. Influenza activity in the temperate zone of the northern hemisphere was at inter-seasonal levels.
 - In temperate South America, influenza-like illness (ILI), acute respiratory infection (ARI) and severe acute respiratory infection (SARI) cases continued to increase, with influenza A(H1N1)pdm09 predominating and co-circulating with influenza B viruses in some countries. Respiratory syncytial virus (RSV) remained elevated in this region.
 - In the temperate countries of Southern Africa, influenza detections continued to increase among ILI consultations with a notable shift from influenza B to influenza A(H3N2) predominating. In the northern temperate and central tropical regions of Africa, influenza activity was generally low with influenza A(H3N2) virus detections predominant in Western Africa and influenza B virus detections predominant in Eastern and Northern Africa.
 - In Oceania, influenza virus activity slightly increased but remained low, mainly predominated by influenza A(H3N2).
 - In the Caribbean countries, influenza B detections continued at low levels. Other respiratory virus activity remained generally low. SARI cases and hospitalizations decreased slightly in several countries.
 - In Central America, detections of influenza A(H1N1)pdm09 continued in a decreasing trend while detections of non-influenza respiratory viruses increased.
 - In tropical South America, South America, influenza A(H1N1)pdm09 and RSV activities generally decreased in recent weeks or remained low in most of the countries. SARI activities were continuing to decrease but remained elevated compared to the same period last year in Colombia.
 - In tropical countries of South Asia, influenza activity was generally low with influenza A and B viruses co-circulating in the region.
 - The WHO GISRS laboratories tested more than 44,063 specimens between 11 July 2016 and 24 July 2016. 1,772 were positive for influenza viruses, of which 1,149 (64.8%) were typed as influenza A and 594 (33.5%) as influenza B. Of the sub-typed influenza A viruses, 453 (50.3%) were influenza A(H1N1)pdm09 and 447 (49.7%) were influenza A(H3N2). Of the characterized B viruses, 75 (29.6%) belonged to the B-Yamagata lineage and 178 (70.4%) to the B-Victoria lineage.
- MERS-CoV
 - Up to 17 August 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 790 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Between [2 and 14 July 2016](#) the National IHR Focal Point of Saudi Arabia reported 9 additional cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) including 2 deaths.
 - Globally, since September 2012, WHO has been notified of 1,791 laboratory-confirmed cases of infection with MERS-CoV, including at least 640 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](#).