PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

02 June 2016 – Week 22 report (up to week 21 data)

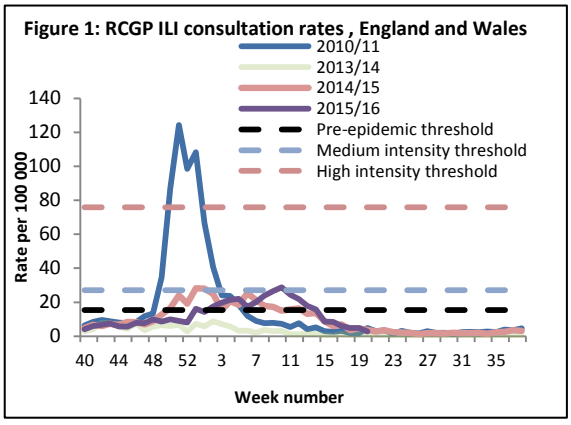
This report is published online. A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available online.

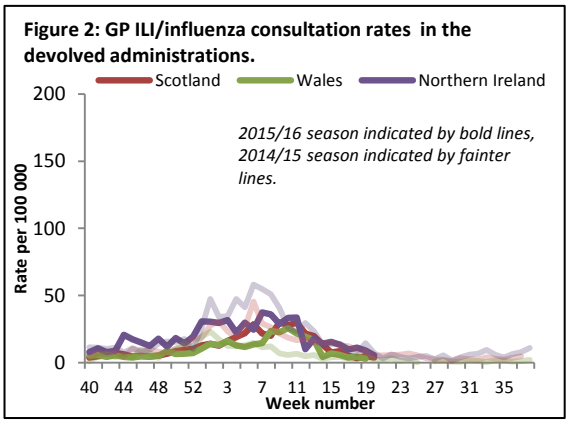
In week 21 2016 (ending 29 May 2016), influenza activity continues to decrease and is below baseline levels across surveillance schemes.

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 20	Week 21		
England	4.9	2.8	⇩	15-44yrs
Scotland	5.0	3.8	⇩	45-64yrs
Northern Ireland	9.0	5.6	⇩	15-44yrs
Wales	2.9	3.6	⇔	15-44yrs

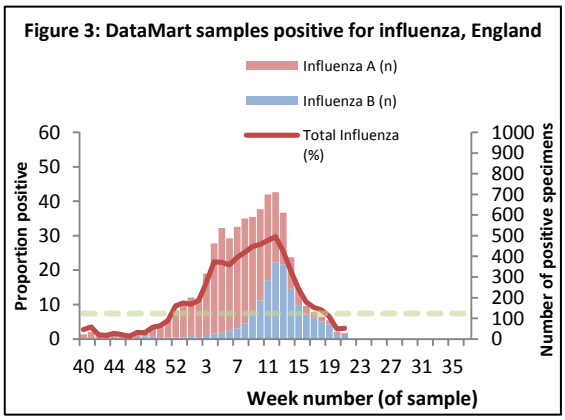




- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in weeks 21 2016.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 21 2016, twenty-nine (3.1%) of the 936 respiratory specimens tested were positive for influenza (8 A(H1N1)pdm09, 1 A(H3N2), 5 A(untyped) and 15 B, Figure 3).
  - Rhinovirus positivity increased slightly from 14.7% in week 20 to 15.3% in week 21. RSV positivity decreased slightly from 0.3% in week 20 to 0.1% in week 21. Positivity remained low for adenovirus (4.6%), parainfluenza (10.7%) and hMPV (0.4%).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 21 2016.



Outbreak Reporting

- During week 21, no new acute respiratory outbreaks were reported in the past 7 days. Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

International Surveillance

- Influenza
  - Globally, influenza activity in the northern hemisphere continued to decrease. A predominance of influenza B virus activity continued to be reported in most of the northern hemisphere and in some tropical areas. In a few countries in the southern hemisphere, slight increases in influenza-like illness (ILI) activity were reported.
  - In the WHO European Region in week 20/2016, influenza activity continued to decrease with most countries reporting low intensity.
  - Influenza activity decreased during week 20 (May 15-21, 2016) in the United States. Influenza A was the most frequently identified influenza virus type reported by public health laboratories.
  - In Canada, all influenza indicators declined in weeks 18-20, however elevated influenza B activity persisted in many regions accounting for the majority of the outbreaks reported in week 20.
  - In North Africa, influenza activity continued to decrease in general, except in Egypt where in recent weeks' influenza B activity continued.
  - Influenza A virus was reported predominant in Eastern and Western Africa.
  - In Central America and the Caribbean countries, influenza and other respiratory virus activity remained generally low, although levels of A(H1N1)pdm09 virus activity remained elevated in El Salvador and Guatemala. Active circulation of influenza A(H1N1)pdm09 activity was also reported in several countries in the Caribbean.
  - In parts of tropical South America, low but increasing influenza A(H1N1)pdm09 activity was reported in Bolivia and Ecuador. In Peru, influenza detections decreased. In Brazil, influenza activity continued at elevated levels with a predominance of influenza A(H1N1)pdm09 virus. Respiratory syncytial virus (RSV) activity remained elevated in Colombia.
  - In tropical countries of South Asia, influenza activity decreased with influenza B virus predominant.
  - In temperate South America, respiratory virus activity remained low. ILI activity increased slightly in a few countries but remained below seasonal thresholds.
  - In the temperate countries of Southern Africa and Oceania, influenza virus activity remained low. Some islands in the Pacific reported increased ILI activity.
  - National Influenza Centres (NICs) and other national influenza laboratories from 90 countries, areas or territories reported data to FluNet for the time period from 18 April 2016 to 01 May 2016 (data as of 2016-05-13 03:33:09 UTC).The WHO GISRS laboratories tested more than 85968 specimens during that time period. 12819 were positive for influenza viruses, of which 4580 (35.7%) were typed as influenza A and 8239 (64.3%) as influenza B. Of the sub-typed influenza A viruses, 1728 (81.5%) were influenza A(H1N1)pdm09 and 391 (18.5%) were influenza A(H3N2). Of the characterized B viruses, 353 (20.6%) belonged to the B-Yamagata lineage and 1358 (79.4%) to the B-Victoria lineage. For further information, please see the WHO website.
  - The recommended composition of influenza virus vaccines for use in the 2015 southern hemisphere influenza season has been published by WHO.

- MERS-CoV
  - Up to 01 June 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 750 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Globally, since September 2012, WHO has been notified of 1,728 laboratory-confirmed cases of infection with MERS-CoV, including at least 624 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 10 May 2016, the National Health and Family Planning Commission (NHFPC) of China notified WHO of 11 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus, including 4 deaths.
  - A total of 770 laboratory-confirmed cases of human infection with avian influenza A(H7N9) viruses, including at least 306 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.