



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

13 August 2015 – Week 33 report (up to week 32 data)

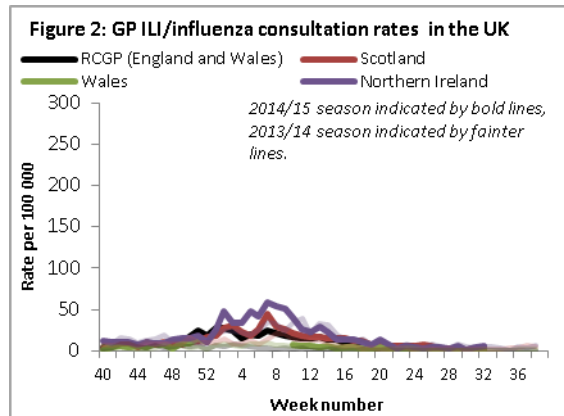
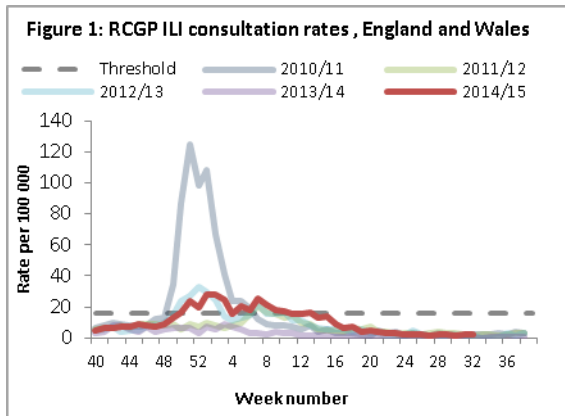
This report is published on the [PHE website](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the [PHE website](#).

Indicators of 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).

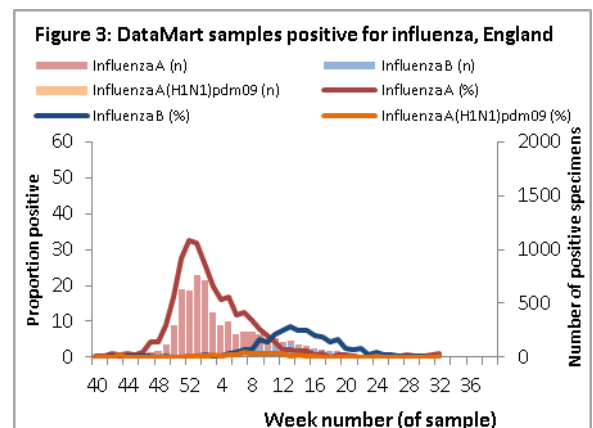
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 31	Week 32		
RCGP (England and Wales)	2.1	1.9	↔	15-44yrs & 45-64yrs
Scotland	3.3	2.6	↔	15-44yrs
Northern Ireland	4.1	6.0	↔	65-74yrs
Wales	0.8	1.5	↔	75+yrs



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 31 and 32 2015.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 32 2015, seven (1.4%) of the 511 respiratory specimens tested were positive for influenza (one influenza A(H1N1)pdm09, three influenza A(H3), two unsubtyped and one B) (Figure 3).
 - Rhinovirus positivity increased to 18.0% in week 32. Parainfluenza positivity remained low at 5.6% in week 32. RSV positivity remained low at 0.6% in week 32. Positivity remained stable and low for adenovirus (3.2%) and hMPV (1.3%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in weeks 31 and 32 2015.



Outbreak Reporting

- During weeks 31 and 32 2015 two new acute respiratory outbreaks in care homes (one rhinovirus and one unknown) were reported. Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 31 2015, an estimated 8,617 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 8,791 estimated death registrations in week 30 and is below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4).
- In week 32 2015, 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.

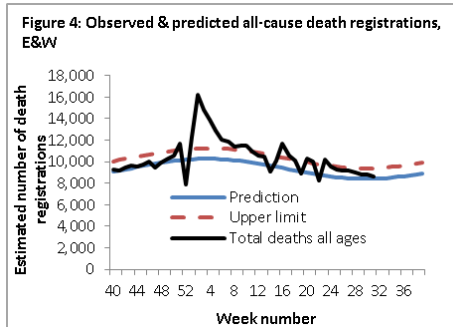


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 32 2015	Weeks with excess in summer 2015
<5	x	NA
5-14	x	NA
15-64	x	NA
65+	x	NA

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

International Surveillance

- Influenza
 - Globally, the Southern hemisphere had increased influenza activity whereas influenza activity was at low levels in the Northern Hemisphere.
 - In North America, Europe and temperate countries of Asia, influenza activity continued at low, inter-seasonal levels with influenza B predominating in sporadic detections.
 - In most of the countries in Africa, where reports were available, influenza activity remained at low levels except in Senegal which had increased detections of influenza B viruses.
 - In tropical countries of the Americas/Central America and the Caribbean, influenza activity was reported to be at low, inter-seasonal levels with only Cuba reporting an increase in detections of influenza A(H1N1)pdm09 and parainfluenza viruses.
 - In western and temperate countries of Asia, influenza activity was at low, inter-seasonal levels with influenza B predominating with co-circulation of influenza A(H1N1)pdm09 in western Asia.
 - In tropical Asia, countries in Southern Asia reported elevated but decreasing influenza activity with influenza A(H3N2) predominating. South East Asia reported low levels of activity; however Lao People's Democratic Republic and Viet Nam reported elevated influenza activity.
 - In temperate South America, influenza activity decreased with influenza A(H1N1) pdm09 and A(H3N2) predominating. Overall, influenza activity was at lower levels than in previous years.
 - In South Africa, influenza activity decreased with influenza A(H1N1) pdm09 and A(H3N2) predominating in recent weeks.
 - In Australia and New Zealand, influenza activity increased with both influenza A(H3N2) and B viruses in circulation.
 - The WHO GISRS laboratories tested more than 29 591 specimens during weeks 29 – 30 2015; 2699 were positive for influenza viruses, of which 2242 (83.1%) were typed as influenza A and 457 (16.9%) as influenza B. Of the sub-typed influenza A viruses, 61 (2.7%) were influenza A(H1N1)pdm09 and 2232 (97.3%) were influenza A(H3N2). Of the characterized B viruses, 143 (91.1%) belonged to the B-Yamagata lineage and 14 (8.9%) to the B-Victoria lineage. For further information, please see the [WHO website](#).
- MERS-CoV
 - Up to 12 August 2015, a total of four cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (two imported and two linked cases) have been confirmed in England. On-going surveillance has identified 343 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Between [3 and 9 August 2015](#), the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 17 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 3 deaths.
 - Up to [21 July 2015](#), a total of 186 MERS-CoV cases, including 36 deaths, have been reported by the National IHR Focal Point of the Republic of Korea. One of the 186 cases is the case that was confirmed in China and also notified by the National IHR Focal Point of China.
 - Globally, since September 2012, WHO has been notified of 1,401 laboratory-confirmed cases of infection with MERS-CoV, including at least 500 related deaths. Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
 - On [16 July 2015](#), the National Health and Family Planning Commission (NHFPC) of China notified WHO of 5 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including 3 deaths.
 - For further updates and WHO travel advice, please see the WHO website and for advice on clinical management please see information available [online](#).