PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

18 June 2015 – Week 25 report (up to week 24 data)

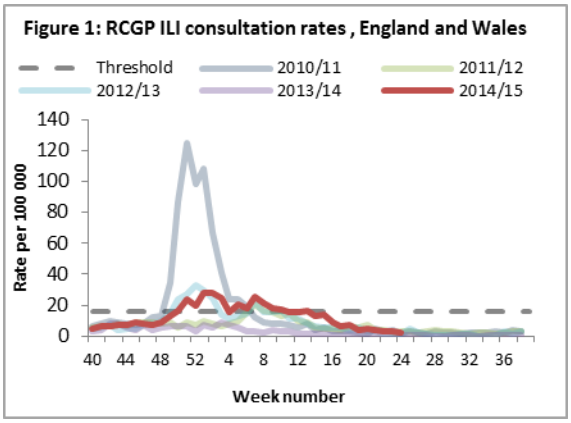
This report is published on the PHE website. A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the PHE website.

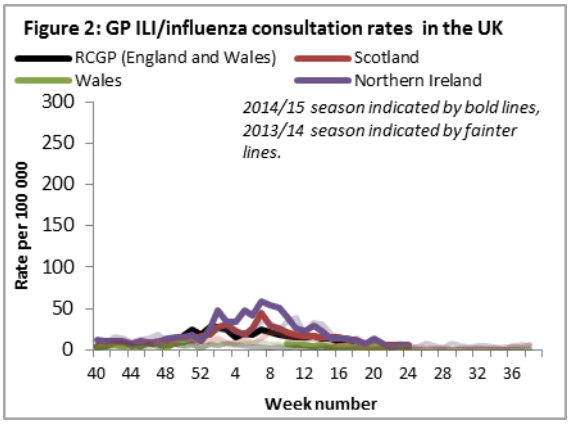
Indicators of influenza show very low levels of activity.

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 23	Week 24		
RCGP (England and Wales)	3.4	2.3	⇔	15-44yrs
Scotland	5.8	6.1	⇔	45-64yrs
Northern Ireland	6.2	4.4	⇔	65-74yrs
Wales	3.5	1.2	⇩	65-74yrs

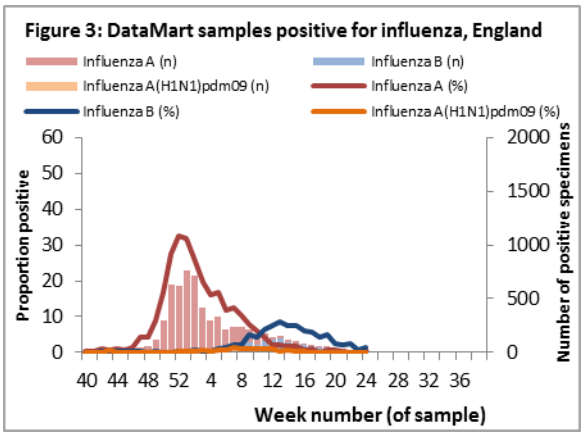




- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in weeks 23 and 24 2015.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 24 2015, 13 (2.0%) of the 639 respiratory specimens tested were positive for influenza (five influenza A(not subtyped) and eight B) (Figure 3).
  - Rhinovirus positivity decreased slightly from 16.1% in week 23 to 13.9% in week 24. RSV positivity remained low at 0.8% in week 24. Positivity also remained low for adenovirus (5.5%), parainfluenza (4.8%) and hMPV (1.5%).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in weeks 23 and 24 2015.



Outbreak Reporting

- During weeks 23 and 24 2015 five new acute respiratory outbreaks, four in care homes (two flu B and the other two not tested/results not available yet) and one in a hospital (flu B). Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 23 2015, an estimated 10,157 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is more than the 8,213 estimated death registrations in week 22 and is slightly above the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4).
- In week 24 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.

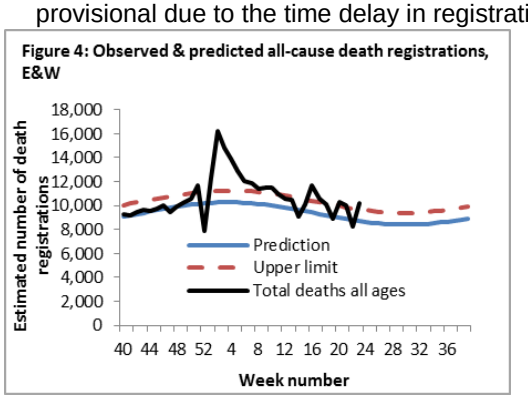


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 24 2015	Weeks with excess in summer 2015
<5	×	NA
5-14	×	NA
15-64	×	NA
65+	×	NA

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

International Surveillance

- Influenza
  - Globally influenza activity has decreased from its peak of influenza activity in early 2015 to low levels in the Northern Hemisphere.
  - In North America, influenza activity was at inter-seasonal levels. Influenza B remained predominant in recent weeks, but at low levels.
  - In Europe, countries reported low influenza activity levels with influenza B continuing to dominate in recent weeks.
  - In northern Africa and western Asia, influenza activity remained low in most countries with influenza A activity predominant.
  - In the temperate countries of Asia, influenza activity continued to remain at low levels in most countries.
  - In tropical countries of the Americas and tropical Asia, influenza activity continued to decrease and remained low in most countries. In China, Hong Kong (SAR) and Singapore had slight increases in influenza activity while Sri Lanka and Viet Nam both reported a higher level of activity compared to recent weeks.
  - In the southern hemisphere, influenza activity was slightly higher in most countries but remained at low levels. However, South Africa reported a greater increase in influenza activity in recent weeks, with co-circulation of A(H1N1)pdm09 and A(H3N2) viruses.
  - The WHO GISRS laboratories tested more than 42 971 specimens during weeks 21 – 22 2015; 2426 were positive for influenza viruses, of which 1174 (48.4%) were typed as influenza A and 1252 (51.6%) as influenza B. Of the sub-typed influenza A viruses, 212 (22.9%) were influenza A(H1N1)pdm09 and 712 (77.1%) were influenza A(H3N2). Of the characterized B viruses, 263 (93.3%) belonged to the B-Yamagata lineage and 19 (6.7%) to the B-Victoria lineage. For further information, please see the WHO website.

- MERS-CoV
  - Up to 17 June, 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 296 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Between 13 and 16 June 2015, the National IHR Focal Point of the Republic of Korea notified WHO of 28 additional confirmed cases of MERS-CoV infection alongside 8 additional deaths. To date, a total of 154 MERS-CoV cases, including 19 deaths, have been reported. One of the 154 cases is the case that was confirmed in China and also notified by the National IHR Focal Point of China.
  - The joint Republic of Korea-WHO high level MERS-CoV mission confirmed that the virus is currently clustered around health facilities and found no evidence that it was circulating in the community.
  - Globally, since September 2012, WHO has been notified of 1,321 laboratory-confirmed cases of infection with MERS-CoV, including at least 466 related deaths. Further information on management and guidance of possible cases is available online.

- Influenza A(H7N9)
  - On 12 June 2015, the National Health and Family Planning Commission (NHFPC) of Chine notified WHO of 15 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including 3 deaths.
  - WHO is assessing the epidemiological situation and conducting further risk assessment based on the latest information. Overall, the public health risk from avian influenza A(H7N9) viruses has not changed.
  - For further updates and WHO travel advice, please see the WHO website and for advice on clinical management please see information available online.