



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

4 June 2015 – Week 23 report (up to week 22 data)

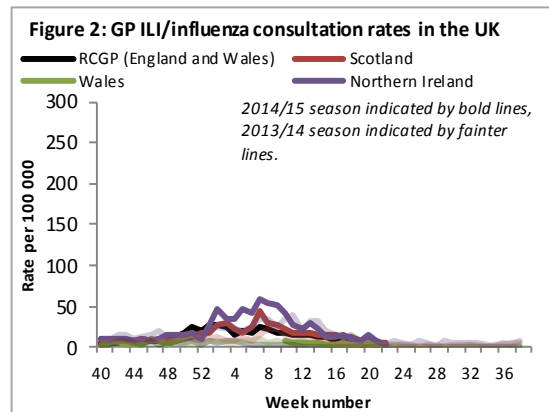
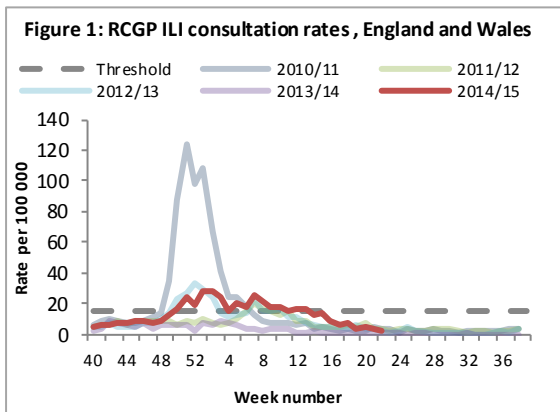
This report is published on the [PHE website](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the [PHE website](#).

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).

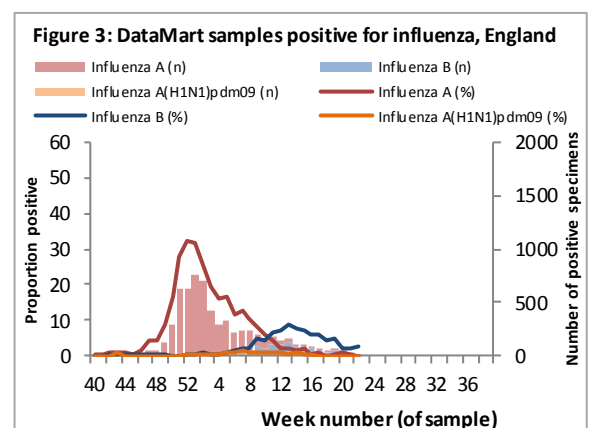
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 21	Week 22		
RCGP (England and Wales)	3.8	2.7	↔	15-44yrs
Scotland	5.4	5.4	↔	45-64yrs
Northern Ireland	7.2	3.1	↓	45-64yrs
Wales	2.2	1.7	↔	45-64yrs



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 21 and 22 2015.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 22 2015, 20 (2.7%) of the 752 respiratory specimens tested were positive for influenza (20 B, Figure 3).
 - Rhinovirus positivity remained stable at 17.6% in week 22 to 18.8% in week 21. RSV positivity remained stable at 0.4% in week 22 to 0.9% in week 21. Positivity remained low for adenovirus (4.8%), parainfluenza (6.8%) and hMPV (2.1%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, one sample was positive for influenza (one B) in weeks 21 and 22 2015.



Outbreak Reporting

- During weeks 21 and 22 2015 nine new acute respiratory outbreaks, eight in care homes (four flu B and the other four not tested/results not available yet) and one in a hospital (not tested/results not available yet). Outbreaks should be reported to the local Health Protection Unit and Respscids@phe.gov.uk.

All-cause mortality surveillance

- In week 21 2015, an estimated 10,005 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 10,290 estimated death registrations in week 20 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 22 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.

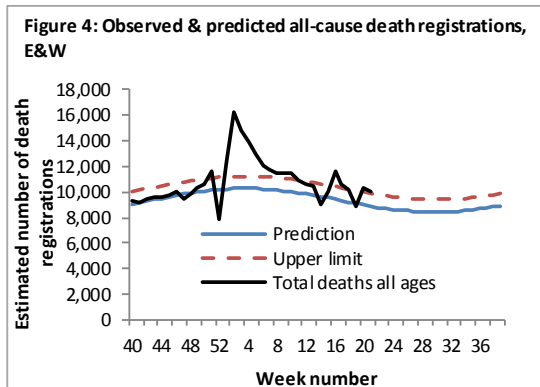


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 22 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 North America, influenza activity continued to decrease and was nearing inter-seasonal levels. Influenza type B has increased in recent weeks resulting in a slowed decline in overall influenza activity.
 - In Europe, influenza activity continued to decline with all countries reporting low levels. Although influenza A(H3N2)virus dominated for the season, influenza B continued to dominate in recent weeks.
 - In northern Africa, influenza activity has continued to decrease and remained low in general, with influenza A viruses predominant.
 - In western Asia, overall influenza activity, mainly associated with influenza A viruses, continued to decrease or remained low.
 - In the temperate countries of Asia, influenza activity continued to decrease and remained low in most countries.
 - In tropical countries of the Americas and Asia, influenza activity continued to decrease and remained low in most countries. However influenza activity increased in Sri Lanka.
 - In the southern hemisphere, influenza activity remained at inter-seasonal levels.
 - The WHO GISRS laboratories tested more than 39 635 specimens during weeks 19 – 20 2015; 2980 were positive for influenza viruses, of which 1044 (35%) were typed as influenza A and 1936 (65%) as influenza B. Of the sub-typed influenza A viruses, 359 (46.6%) were influenza A(H1N1)pdm09 and 412 (53.4%) were influenza A(H3N2). Of the characterized B viruses, 155 (95.1%) belonged to the B-Yamagata lineage and 8 (4.9%) to the B-Victoria lineage. For further information, please see the [WHO website](#).
- MERS-CoV
 - Up to 2 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 294 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
 - On [20 May 2015](#), the National IHR Focal Point of the Republic of Korea notified WHO of the first laboratory confirmed case of MERS-CoV infection. Between 21 May and 31 May, 13 additional confirmed cases have been identified. Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for acute respiratory infections and to carefully review any unusual patterns.
 - Globally, WHO has been notified of 1154 laboratory-confirmed cases of infection with MERS-CoV, including at least 434 related deaths. Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
 - On [9 May 2015](#), the National Health and Family Planning Commission (NHFPC) of China notified WHO of 6 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including 2 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](#).