PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

31 July 2014 – Week 31 report (up to week 30 data)

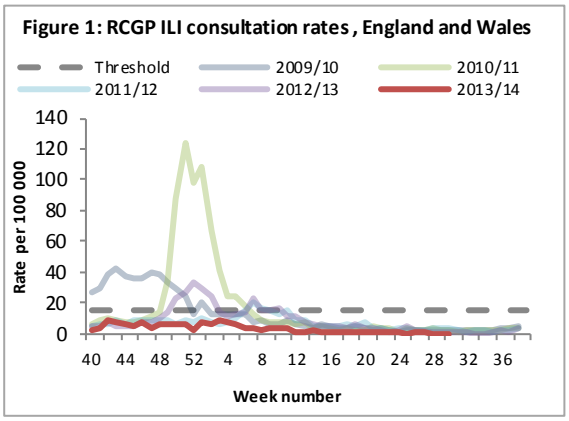
This report is published online. A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available online.

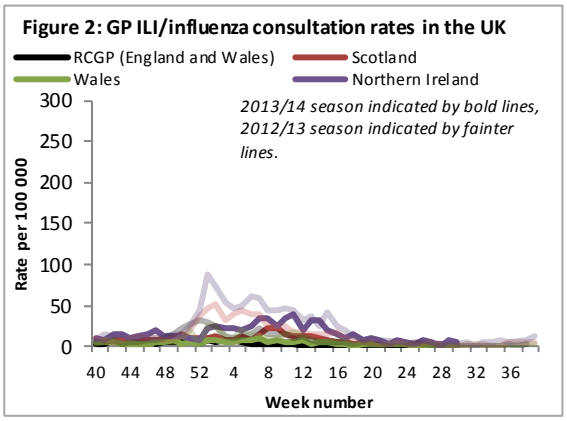
Indicators of influenza show very low levels of activity.

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 30	Week 29		
RCGP (England and Wales)	0.2	0.2	⇔	45-64yrs
Scotland	1.9	1.3	⇔	75+yrs
Northern Ireland	5.5	7.7	⇩	75+yrs
Wales	0.0	1.3	⇔	NA



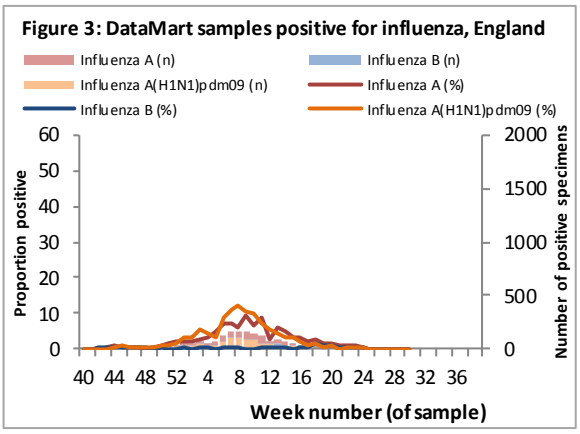


  - The overall weekly consultation rate for acute bronchitis in England and Wales through the RCGP scheme remained stable at 24.8 per 100,000 in week 30. 75+ year olds had the highest rate followed by 1-4 year olds.

- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in week 30 2014.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 30 2014, two (0.4%) of the 456 respiratory specimens tested were positive for influenza (one A(H3) and one B, Figure 3).
  - Rhinovirus positivity decreased slightly to 17.5% while adenovirus positivity remained at 6.3%. Positivity remained low for parainfluenza (4.9%), human metapneumovirus (hMPV) (1.3%) and RSV (0.4%).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 30 2014.



Outbreak Reporting

- During weeks 29 and 30 2014, two new acute respiratory outbreaks were reported from Midlands and East of England: one in a hospital (parainfluenza) and one in a care home (rhinovirus).
- Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 29 2014, an estimated 9,119 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is slightly more than the 8,784 estimated death registrations in week 28 but remains below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4). The sharp drops in number of deaths correspond to weeks when there were bank holidays, and fewer days when deaths were registered, and so are likely to be artificial and result in subsequent increases in following weeks.
- In week 30 2014, 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 4: Observed & predicted all-cause death registrations, E&W

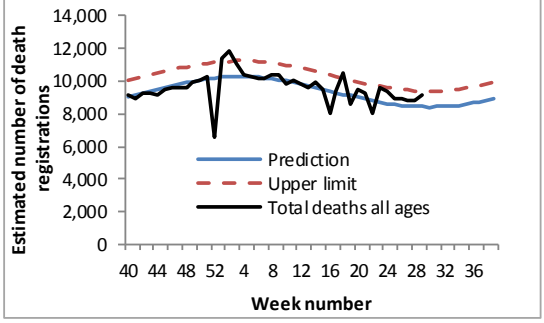


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 30 2014	Weeks with excess in summer 2014
<5	×	NA
5-14	×	NA
15-64	×	NA
65+	×	NA

** Excess mortality is calculated through the EuroMOMO algorithm as the observed minus the expected number of deaths that week for those weeks where the observed exceeds the upper threshold*

International Surveillance

- Influenza
  - Globally influenza activity remains low, but has been gradually increasing in the southern hemisphere.
  - In North America and Europe, overall influenza activity remains at inter-seasonal levels.
  - In eastern Asia, influenza activity reached inter-seasonal levels in most countries with influenza A(H3N2) and influenza B virus predominating. Influenza activity still increased slightly in the southern region of China however, mainly due to influenza A(H3N2) viruses.
  - In northern Africa and western Asia, influenza activity remains low.
  - In the southern hemisphere, influenza activity continued to increase in most countries. In the temperate zone of South America influenza-like illness (ILI) continued to increase but was predominantly due to respiratory syncytial virus (RSV). Influenza A(H3N2) was the most common detected influenza virus. In Australia and New Zealand, the influenza season seemed to have started with ILI and the number of influenza detections increasing. Influenza A(H1N1)pdm09 was the most commonly detected virus in these countries. In South Africa the influenza detection rate increased with influenza A(H3N2) the most frequently detected virus.
  - During weeks 27 to 28 2014, National Influenza Centres and other national influenza laboratories from 55 countries, areas or territories reported data to FluNet. The WHO Global Influenza Surveillance and Response System) laboratories tested more than 25675 specimens. 3184 were positive for influenza viruses, of which 2844 (89.3%) were typed as influenza A and 340 (10.7%) as influenza B. Of the sub-typed influenza A viruses, 416 (17.6%) were influenza A(H1N1)pdm09 and 1948 (82.4%) were influenza A(H3N2). Of the characterized B viruses, 89 (97.8%) belong to the B-Yamagata lineage and 2 (2.2%) to the B-Victoria lineage.
  - For further information, please see the WHO website.
- MERS-CoV
  - Up to 30 July 2014, 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 199 suspect cases in the UK that have been investigated for MERS-CoV and tested negative. A further 833 confirmed cases have been reported internationally, resulting in a current global total of 837 cases, including at least 291 related deaths, which have been officially reported to WHO.
  - Further information on management and guidance of possible cases is available online.
- Influenza A(H7N9)
  - The most recent human infection with influenza A(H7N9) reported by WHO was on 27 June 2014. The source of infection is still under investigation. So far, there is no evidence of sustained human-to-human transmission. WHO does not advise special screening at points of entry with regard to this event, nor does it currently recommend any travel or trade restrictions.
  - For further updates please see the WHO website and for advice on clinical management please see information available online.