PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

17 July 2014 – Week 29 report (up to week 28 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 28	Week 27		
RCGP (England and Wales)	0.1	0.4	⇔	15-44yrs
Scotland	2.9	2.9	⇔	65-74yrs
Northern Ireland	1.7	5.9	⇩	15-44yrs
Wales	1.3	0.9	⇔	65-74yrs

Figure 1: RCGP ILI consultation rates , England and Wales

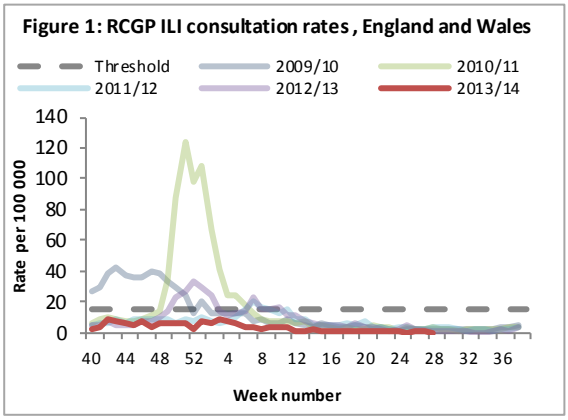
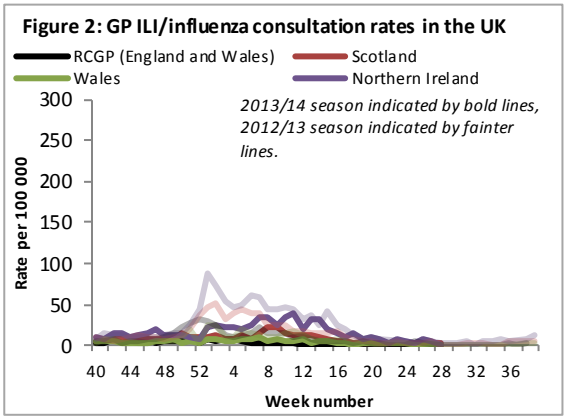


Figure 2: GP ILI/influenza consultation rates in the UK



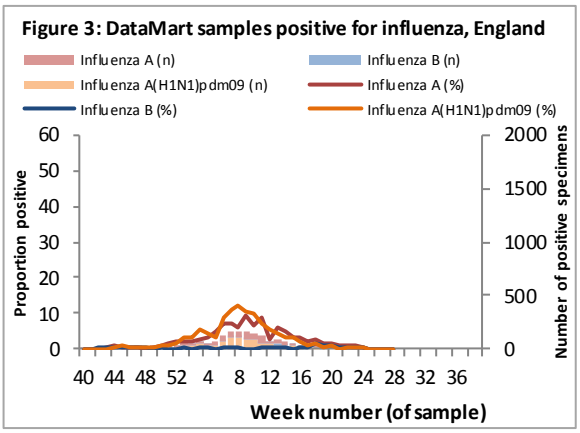
  - The overall weekly consultation rate for acute bronchitis in England and Wales through the RCGP scheme remained stable at 25.7 per 100,000 in week 28. 75+ year olds had the highest rate followed by <1 year olds.

- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in week 28 2014.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 28 2014, two (0.5%) of the 422 respiratory specimens tested were positive for influenza (two A(H3), Figure 3).
  - Positivity remained at a slightly increased level for rhinovirus (16.9%) and increased slightly for hMPV (1.7%). Positivity decreased for adenovirus (5.5%) and parainfluenza (4.8%), and remained low for RSV (0.9%).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 28 2014.

Figure 3: DataMart samples positive for influenza, England



Outbreak Reporting

- During weeks 27 and 28 2014, one new acute respiratory outbreak was reported in a care home from Midlands and East of England (no sample tested).
- Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 27 2014, an estimated 8,763 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is slightly less than the 8,931 estimated death registrations in week 26 and 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 28 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 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

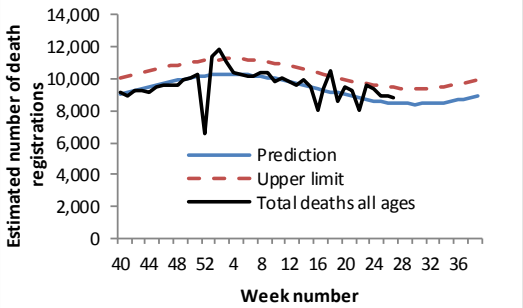


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 28 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 remained low, with gradual increase of influenza activity in the southern hemisphere, however in Chile influenza activity was relatively high.
  - In North America and Europe, overall influenza activity remained 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, although influenza activity was still slightly increasing in the south region of China, mainly due to influenza A(H3N2) viruses. In southern and south-eastern Asia, influenza activity continued to decline, except for Singapore that showed a sustained increase in influenza detection rates, even while the rate for influenza-like illness (ILI) activity and acute respiratory infections remained low.
  - In northern Africa and western Asia, influenza activity remained low.
  - In the southern hemisphere, influenza activity increased but was generally at a low level, except for Chile which showed influenza activity similar to last year's peak, with mainly influenza A(H3N2) detections. In South Africa the influenza detection rate increased mainly due to influenza A(H3N2).
  - Based on FluNet reporting, during weeks 25 to 26, 2748 specimens from 70 countries, areas or territories were positive for influenza viruses, of which 2230 (81.2%) were typed as influenza A and 517 (18.8%) as influenza B. Of the sub-typed influenza A viruses, 257 (12.9%) were influenza A(H1N1)pdm09 and 1740 (87.1%) were influenza A(H3N2). Of the characterized B viruses, 123 (93.9%) belong to the B-Yamagata lineage and 8 (6.1%) to the B-Victoria lineage.
  - For further information, please see the WHO website.
- MERS-CoV
  - Up to 16 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 830 confirmed cases have been reported internationally, resulting in a current global total of 834 cases, including at least 288 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.