



This report is published weekly on the [website](#). For further information on the surveillance schemes mentioned in this report, please see the [website](#) and the [related links](#) at the end of this document.

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Summary

Influenza continues to circulate but with declining influenza-confirmed ICU/HDU and hospital admissions.

- Overall weekly influenza GP consultation rates across the UK
 - In week 14 (ending 6 April 2014), overall weekly influenza GP consultations remained low in England (1.7 per 100,000), Wales (5.9 per 100,000), Scotland (10.4 per 100,000) and Northern Ireland (32.1 per 100,000).
 - In week 14 syndromic surveillance indicators for influenza remain low.
 - Two new acute respiratory outbreaks have been reported in the past seven days across the UK in hospitals (both influenza A(not subtyped)).
- Virology
 - In week 14 2014, 70 influenza positive detections were recorded through the DataMart scheme (28 A(H1N1)pdm09, 24 A(H3), 12 A(not subtyped) and six B, a positivity of 8.2% compared to 10.5% in week 13), with the highest positivity reported in 15-44 year olds (12.3%).
 - Two samples were positive for influenza through the English GP sentinel schemes (one A(H1N1)pdm09 and one A(H3)), giving a positivity of 7% compared to 21% the previous week).
- Disease severity and mortality
 - 20 new admissions to ICU/HDU with confirmed influenza (13 A(H1N1)pdm09, one A(H3N2) and six A unknown subtype) and six confirmed influenza death were reported through the USISS mandatory ICU surveillance scheme across the UK (137 Trusts in England) in week 14. 24 new hospitalised confirmed influenza cases were reported through the USISS sentinel hospital network across England (26 Trusts).
 - In week 14 2014, no excess all-cause mortality by week of death was seen across the UK through the EuroMOMO algorithm.
- Vaccination
 - In the final monthly collection up to 31 January 2014, provisional cumulative seasonal influenza vaccine uptake from 99.8% of GP practices was 73.2% in 65 years and over (73.4% in 2012/13), 52.3% in under 65 year olds at risk (51.3% in 2012/13), 39.8% in all pregnant women (40.3% in 2012/13), 42.6% in all 2 year olds and 39.6% in all 3 year olds.
 - Provisional data from the final monthly collection of influenza vaccine uptake by frontline healthcare workers show 54.8% were vaccinated by 31 January 2014 from 99.3% of Trusts, compared to 45.9% in 2012/13.
 - WHO has published recommendations for the [composition](#) of influenza virus vaccines for use in the 2014/15 northern hemisphere influenza season.
- International situation
 - Overall influenza activity in North America continues to decrease, with an increasing proportion of influenza B circulating.
 - Across Europe, influenza activity is declining towards interseasonal levels.

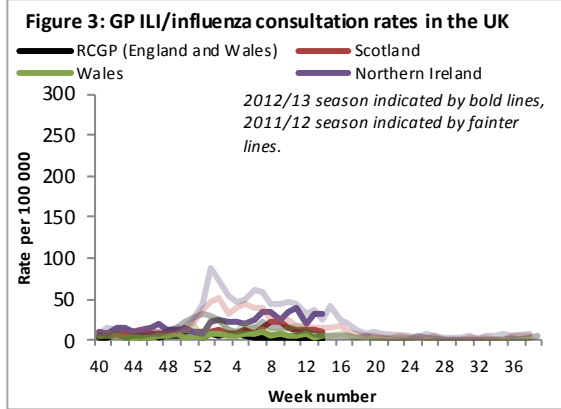
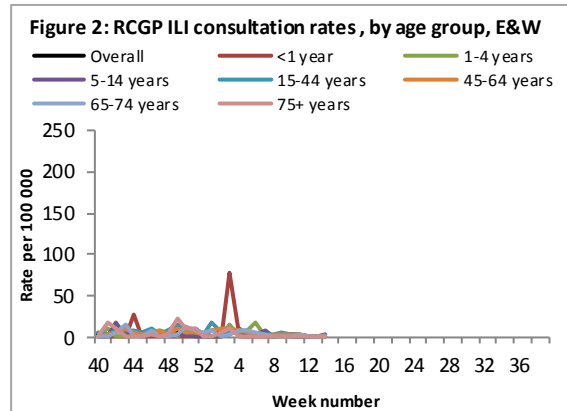
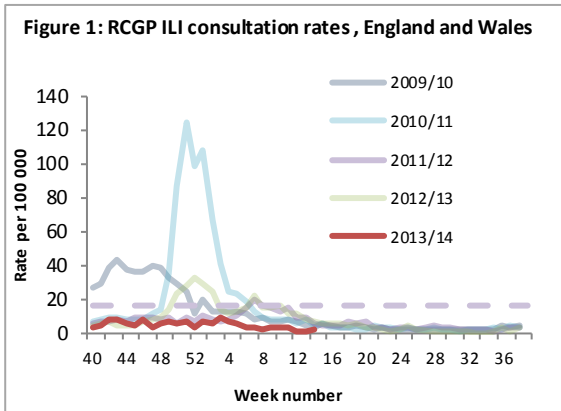
In week 14 (ending 6 April 2014), overall weekly influenza GP consultations remained low in England, Wales, Scotland and Northern Ireland.

- Influenza/Influenza-Like-Illness (ILI)

RCGP (England and Wales)

-The overall ILI consultation rate from RCGP for England and Wales remained stable at 1.7 per 100,000 in week 14 (Figure 1*). ILI rates remained stable in the North at 1.2 per 100,000, Central at 3.2 per 100,000 and South region at 0.8 per 100,000.

-In week 14 2014, ILI consultations were highest in 15-44 year olds (2.6 per 100,000) and 5-14 year olds (2.4 per 100,000).



Northern Ireland

-The Northern Ireland influenza rate remained stable at 32.1 per 100,000 in week 14 (Figure 3).

-In week 14 2014, the highest rates were seen in 45-64 year olds (44.7 per 100,000) followed by 15-44 year olds (32.0 per 100,000).

Wales

-The Welsh influenza rate remained stable at 5.9 per 100,000 in week 14 (Figure 3).

-The highest rate was seen in 15-44 year olds (8.5 per 100,000) and 65-74 year olds (8.2 per 100,000).

Scotland

-The Scottish ILI rate remained stable at 10.4 per 100,000 in week 14 (Figure 3).

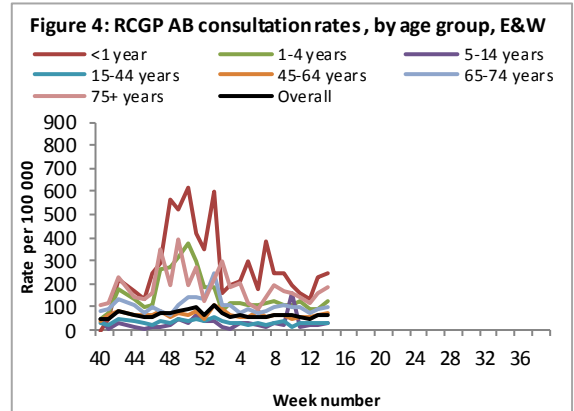
-The highest rate was seen in 15-44 year olds (14.6 per 100,000) and 45-64 year olds (11.1 per 100,000).

*The Moving Epidemic Method has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity in a standardised approach across Europe. The threshold calculated for RCGP ILI consultation rates for 2013/14 is 15.6 per 100,000.

- Other respiratory indicators

Acute bronchitis (AB)

The overall weekly consultation rate for acute bronchitis (AB) in England and Wales through the RCGP scheme increased from 61.4 per 100,000 in week 13 to 68.5 per 100,000 in week 14 (Figure 4). The highest rates were seen in <1 year olds (244.6 per 100,000) and 75+ year olds (182.5 per 100,000).



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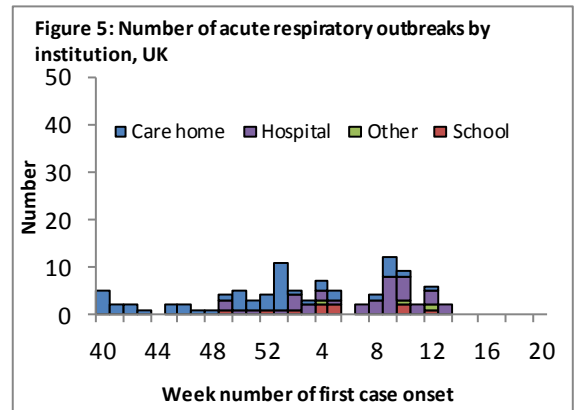
In week 14 influenza syndromic indicators remained low and two new acute respiratory outbreak has been reported in the last seven days.

- PHE Real-time Syndromic Surveillance

-In week 14 syndromic surveillance indicators for influenza remain low.
 -For further information, please see the syndromic surveillance [webpage](#).

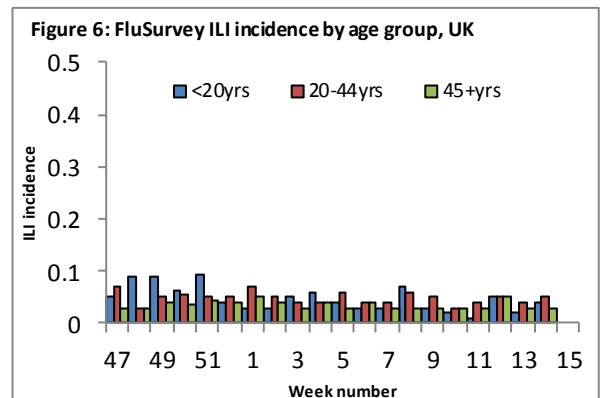
- Acute respiratory disease outbreaks

-Two new acute respiratory outbreaks from hospitals were reported in the last seven days: one from London and one from South of England (both influenza A(not subtyped)). So far this season, 50 outbreaks have been reported in care homes, 39 in hospitals, 10 in schools and three in other settings (where tested, 25 influenza A(H1N1)pdm09, 19 influenza A(not subtyped), four influenza A(H3), nine RSV, nine rhinovirus, three parainfluenza, and seven mixed infections of various pathogens). -Outbreaks should be recorded on HPZone and reported to the local Health Protection Teams and Respcidsc@phe.gov.uk.



- FluSurvey

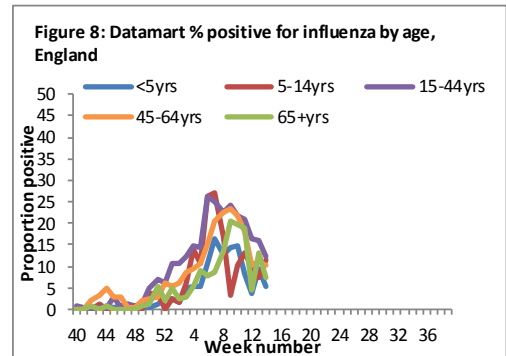
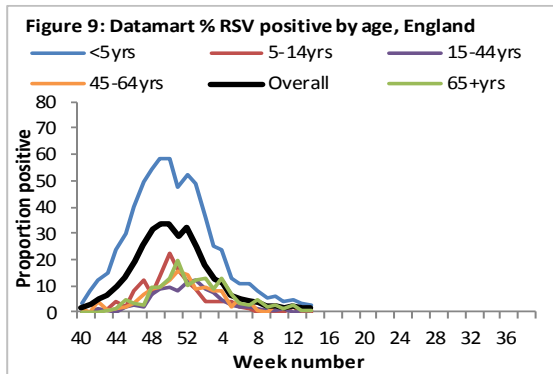
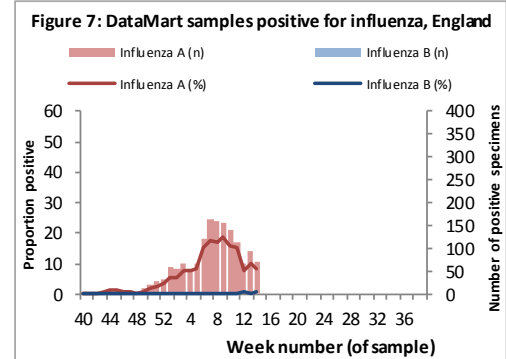
-Internet-based surveillance of influenza in the general population is undertaken through the FluSurvey project (<http://flusurvey.org.uk>) run by the London School of Hygiene and Tropical Medicine. Please see the website for information on how to register. In week 14, the incidence of ILI reports was low across age groups (Figure 6).



In week 14 2014, 70 influenza positive detections were recorded through the DataMart scheme (28 A(H1N1)pdm09, 24 A(H3), 12 A(not subtyped) and six B), with the highest positivity reported in 15-44 year olds. Two samples were positive for influenza through the English sentinel schemes (one A(H1N1)pdm09 and one A(H3)).

• Respiratory DataMart System (England)

In week 14 2014, out of the 855 respiratory specimens reported through the Respiratory Datamart System, 28 (3.3%) were positive for flu A(H1N1) pdm09, 24 (2.8%) positive for influenza A(H3), 12 (1.4%) positive for flu A(not subtyped) and six samples were positive for influenza B (Figure 7), with the highest influenza positivity in 15-44 year olds (12.2%, Figure 8). The overall positivity for RSV remained low (1.3%) in week 14 (Figure 9). Positivity increased slightly for rhinovirus (from 13.6% to 14.3%) and hMPV (from 4.5% to 5.2%). Positivity decreased slightly for parainfluenza to 3.6 and adenovirus remained low at 4.6%.



• Sentinel swabbing schemes in England (RCGP/SMN) and the Devolved Administrations

-In week 14, two samples from England were positive for influenza (one A(H1N1)pdm09 and one A(H3)). Two samples from Scotland were positive for influenza A(H1N1)pdm09, one sample from Northern Ireland was positive for influenza A(subtyped) and one sample from Welsh scheme was positive for influenza A(H1N1)pdm09 (Table 1).

Table 1: Sentinel influenza surveillance in the UK

Week	England	Scotland	Northern Ireland	Wales
11	26/60 (43.3%)	13/44 (29.5%)	5/10 (50%)	0/3 (-)
12	11/47 (23.4%)	5/41 (12.2%)	1/5 (-)	0/2 (-)
13	10/48 (20.8%)	4/40 (10%)	2/6 (-)	0/2 (-)
14	2/28 (7.1%)	2/15 (13.3%)	1/4 (-)	1/6 (-)

NB. Proportion positive omitted when fewer than 10 specimens tested

• Virus characterisation

Since week 40 2013, the PHE Respiratory Virus Unit (RVU) has isolated and antigenically characterised 59 influenza A(H3N2) viruses, all similar to the A/Texas/50/2012 H3N2 2013/14 vaccine strain, and 193 influenza A(H1N1)pdm09 viruses similar to the A/California/07/2009 vaccine strain for 2013/14. Of the few influenza B viruses isolated and characterised, 4 belong to the B-Yamagata lineage as does the 2013/14 influenza B vaccine strain, whilst 6 belong to the B-Victoria lineage.

• Antiviral susceptibility

Since week 40 2013, 837 and 133 influenza viruses have been tested for Osetamivir and Zanamivir susceptibility respectively in the UK. Eighteen (2.2%) of 831 flu A(H1N1)pdm09 and one (4.5%) of 22 flu A(H3) viruses have been found to be resistant to Osetamivir. No viruses were found to be resistant to Zanamivir.

• Antimicrobial susceptibility

-In the 12 weeks up to 30 March 2014, 84% or greater of all lower respiratory tract isolates of *Staphylococcus aureus*, *Streptococcus pneumoniae* and *Haemophilus influenzae* reported as tested were susceptible to the antibiotics tetracycline and co-amoxiclav (Table 2). There have been no significant changes in susceptibility in recent years.

Table 2: Antimicrobial susceptibility surveillance in lower respiratory tract isolates, 23 weeks up to 30 March 2014, E&W

Organism	Tetracyclines		Co-amoxiclav	
	Specimens tested (N)	Specimens susceptible (%)	Specimens tested (N)	Specimens susceptible (%)
<i>S. aureus</i>	3,300	92	240	87
<i>S. pneumoniae</i>	2,659	84	2827*	92*
<i>H. influenzae</i>	11,097	99	10,551	94

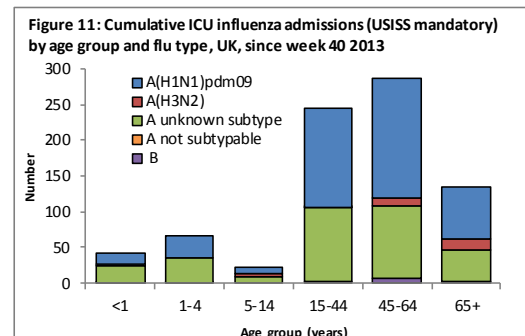
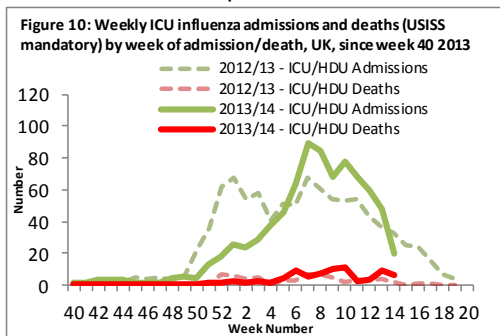
* *S. pneumoniae* isolates are not routinely tested for susceptibility to co-amoxiclav, however laboratory results for benzyl-penicillin are extrapolated to determine sensitivity to other beta-lactams such as co-amoxiclav.

In week 14, 30 new admissions of confirmed influenza cases to ICU/HDU (13 A(H1N1)pdm09, one A(H3N2) and six A unknown subtype) and six confirmed influenza deaths in ICU/HDU have been reported through the national USISS mandatory ICU scheme across the UK (137 Trusts in England). 24 new hospitalised confirmed influenza cases have been reported through the USISS sentinel hospital network across England (26 Trusts).

A national mandatory collection (USISS mandatory ICU scheme) is operating in cooperation with the Department of Health to report the number of confirmed influenza cases admitted to Intensive Care Units (ICU) and High Dependency Units (HDU) and number of confirmed influenza deaths in ICU/HDU across the UK. A confirmed case is defined as an individual with a laboratory confirmed influenza infection admitted to ICU/HDU. In addition a sentinel network (USISS sentinel hospital network) of acute NHS trusts has been established in England to report weekly laboratory confirmed hospital admissions. Further information on these systems is available through the [website](#). Please note data in previously reported weeks are updated and so may vary by week of reporting.

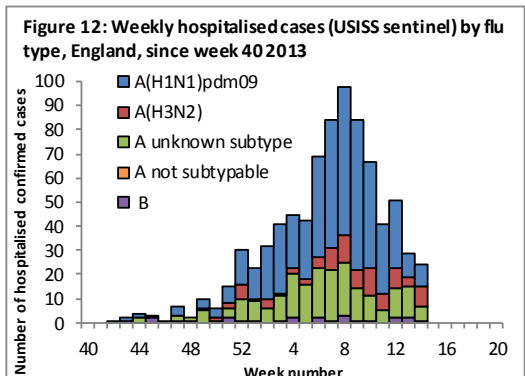
- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 14)

-In week 14, 20 new admissions to ICU/HDU with confirmed influenza infection (13 A(H1N1)pdm09, one A(H3N2) and six A unknown subtype) were reported across the UK (137/156 Trusts in England) through the USISS mandatory ICU scheme (Figures 10 and 11) compared to 48 in week 13. Six new confirmed influenza deaths were reported in week 14 2014. A total of 797 admissions (436 A(H1N1)pdm09, 315 A(unknown), 32 A(H3N2) and 14 B) and 74 confirmed influenza deaths have been reported since week 40 2013.



- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 14)

-In week 14, 24 new hospitalised confirmed influenza case were reported through the USISS sentinel hospital network from 26 NHS Trusts across England (Figure 12) compared to 29 in week 13. A total of 811 hospitalised confirmed influenza admissions (487 A(H1N1)pdm09, 206 A unknown, 94 A(H3N2) and 24 B) have been reported since week 40 2013.

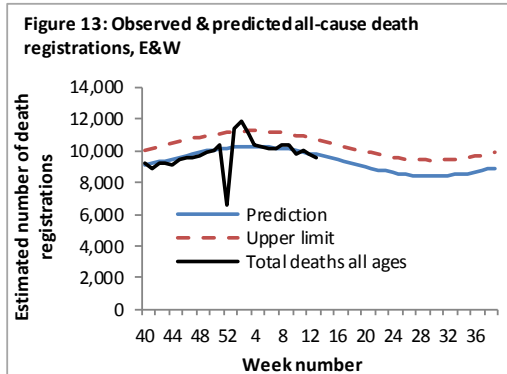


In week 14 2014, no excess all-cause mortality by week of death was seen in England through the EuroMOMO algorithm and none has been reported since week 40 2013.

Seasonal mortality is seen each year in the UK, with a higher number of deaths in winter months compared to the summer. Additionally, peaks of mortality above this expected higher level typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza. Weekly mortality surveillance presented here aims to detect and report acute significant weekly excess mortality above normal seasonal levels in a timely fashion. Excess mortality is defined as a significant number of deaths reported over that expected for a given point in the year, allowing for weekly variation in the number of deaths. The aim is not to assess general mortality trends or precisely estimate the excess attributable to different factors, although some end-of-winter estimates and more in-depth analyses (by age, geography etc.) are undertaken.

- Excess overall all-cause mortality, England and Wales

-In week 13 2014, an estimated 9,622 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is slightly less than the 9832 estimated death registrations in week 12 and remains below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 13). The sharp drop in number of deaths correspond to weeks when there were bank holidays and fewer days when deaths were registered and so is likely to be artificial.



- Excess all-cause mortality by age group and PHE region, England, Wales, Scotland and Northern Ireland

-In week 14 2014, no excess mortality by date of death above the upper 2 z-score threshold was seen in 65+ year olds in England after correcting ONS disaggregate data for reporting delay with the standardised EuroMOMO algorithm (Figure 14, Table 3), in other age groups or subnationally. This data is provisional due to the time delay in registration; numbers may vary from week to week.
-No excess mortality above the threshold through the same standardised algorithm was seen across Wales, Scotland or Northern Ireland in week 14 (Table 4).

Table 3: Excess mortality by age group, England*

Age group (years)	Excess detected in week 14 2014?	Weeks with excess in 2013/14
<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

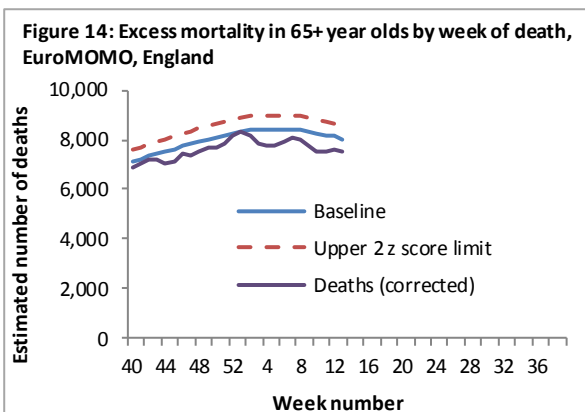


Table 4: Excess mortality by UK country*

Country	Excess detected in week 14 2014?	Weeks with excess in 2013/14
England	x	NA
Wales	x	NA
Scotland	x	NA
Northern Ireland	x	NA

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

NB. Separate total and age-specific models are run for England which may lead to discrepancies between Tables 3 + 4

Vaccination

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- In the final monthly collection up to 31 January 2014, provisional cumulative seasonal influenza vaccine uptake from 99.8% of GP practices was 73.2% in 65 years and over (73.4% in 2012/13), 52.3% in under 65 year olds at risk (51.3% in 2012/13), 39.8% in all pregnant women (40.3% in 2012/13), 42.6% in all 2 year olds and 39.6% in all 3 year olds. The [report](#) provides uptake to Area Team level, CCG level and in key targeted groups.
- Provisional data from the final monthly collection of influenza vaccine uptake by frontline healthcare workers show 54.8% were vaccinated by 31 January 2014 from 99.3% of Trusts, compared to 45.9% in 2012/13. The [report](#) provides uptake to Trust level.
- WHO has recommended the composition of influenza virus vaccines for use in the 2014/15 northern hemisphere influenza season. The same viruses are recommended as for the 2013-2014 northern hemisphere influenza season and 2014 southern hemisphere season (an A/California/7/2009 (H1N1)pdm09-like virus; an A/Texas/50/2012 (H3N2)-like virus; a B/Massachusetts/2/2012-like virus (Yamagata lineage) and for quadrivalent vaccines containing two influenza B viruses, to additionally include a B/Brisbane/60/2008-like virus (Victoria lineage). For further information, please see the [full report](#).

Overall influenza activity in North America continues to decrease, with an increasing proportion of influenza B circulating. Across Europe, influenza activity is declining towards interseasonal levels.

- [Europe](#) 4 April 2014 (European Centre for Disease Prevention and Control report)

No country reported high-intensity influenza activity. Greece and the UK (Northern Ireland) reported medium intensity and all other countries low intensity, the lowest category of reporting. Geographic patterns of influenza activity varied across Europe: widespread activity was reported by four countries, (Croatia, Estonia, Greece and Ireland) and regional activity by three countries and the UK (England and Scotland). Local or sporadic activity was reported by 16 countries and the UK (Northern Ireland). Cyprus, Malta and Poland reported no influenza activity. Increasing trends were reported by Croatia and the UK (Northern Ireland). Thirteen countries and the UK (Scotland) reported stable trends, 12 countries and UK (England) reported decreasing trends. The number of countries reporting low intensity and local or sporadic geographical spread has increased over the last four weeks.

For week 13/2014, 718 sentinel specimens were tested across 25 countries and 121 (17%) were positive for influenza virus (Tables 1–2, Figures 1–2). Of these, 117 (97%) were type A, with 67 subtyped as A(H3) and 27 as A(H1)pdm09, and four (3%) were type B. Since week 40/2013, of 6 690 sentinel specimens testing positive for influenza virus, 6 549 (98%) were type A and 141 (2%) were type B. Of the 6 072 subtyped influenza A viruses, 3 303 (54%) were A(H1)pdm09 and 2 769 (46%) were A(H3). Countries have reported varying patterns of A(H1)pdm09 and A(H3) as the dominant subtype. The proportion of sentinel specimens testing positive for influenza virus has been decreasing substantially compared to the previous week.

Since week 40/2013, none of the 1 184 antigenically characterised viruses have differed significantly from the current vaccine viruses recommended by WHO. Nine were reported to be unattributable to a category. More details on viruses circulating since September 2013 can be found in the WHO CC Report, February 2014.

Since week 40/2013, 970 A(H1)pdm09, 248 A(H3) and 42 type B viruses have been tested for susceptibility to the neuraminidase inhibitors oseltamivir and zanamivir by genetic and/or phenotypic methods. Fifteen A(H1N1)pdm09 viruses carried the NA-H275Y amino acid substitution associated with highly reduced inhibition by oseltamivir. One of these viruses showed highly reduced inhibition by oseltamivir and normal inhibition by zanamivir. However, in 11 of the 15 cases, virus carrying the NA-H275Y substitution was detected, mixed with 275H oseltamivir normal inhibited wildtype virus in the clinical specimen; NA-H275Y median 5% (range 18–80%). One A(H3N2) virus carrying the NA-E119V amino acid substitution showed reduced inhibition by oseltamivir in phenotypic testing and normal inhibition by zanamivir.

For week 13/2014, 17 countries reported 287 respiratory syncytial virus detections, maintaining the downward trend observed since week 1/2014.

In week 13/2014, 92 hospitalised, laboratory-confirmed influenza cases were reported by five countries (France, Ireland, Romania, Spain and the UK). Influenza A virus was detected in 89 cases and influenza B virus in three patients. Of those hospitalised cases, 51 were admitted to intensive care units (ICU).

Since week 40/2013, seven countries have reported 4 390 hospitalised, laboratory-confirmed influenza cases: 4 339 (99%) were related to influenza virus type A infection and 51 (1%) to type B virus infection. Of 2 956 subtyped influenza A viruses, 2 209 (75%) were A(H1)pdm09 and 747 (25%) were A(H3) (Table 5). A higher proportion of A(H1)pdm09 viruses has been detected in ICU patients (1 265 of 1 481 subtyped, 85%) than in patients on other wards (944 of 1 475 subtyped, 64%).

Of the 3 612 hospitalised cases with reported age, 1 361 (38%) were 40–64 years old and 1 319 (37%) were over 64 years of age, the same distribution as in the previous week.

Five countries reported a total of 368 fatal cases (Table 6): 365 (99%) cases were associated with influenza virus type A infection and three (1%) with type B virus. Of 269 influenza A viruses subtyped from fatal cases, 218 (81%) were A(H1)pdm09 and 51 (19%) were A(H3). The age was reported for 364 of the fatal cases: 196 (54%) were 65 years or older.

- [United States of America](#) 4 April 2014 (Centre for Disease Control report)

During week 13 (March 23-29, 2014), influenza activity continued to decrease in most regions of the United States.

Nationwide during week 13, 1.6% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.0%.

During week 13, 6.5% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I. This percentage was below the epidemic threshold of 7.3% for week 13. Three influenza-associated pediatric deaths were reported to CDC during week 13. Two deaths were associated with influenza A viruses for which no subtyping was performed and occurred during weeks 9 and 12 (weeks ending March 1 and March 22, 2014). One death was associated with an influenza B virus and occurred during week 13 (week ending March 29, 2014). A total of 82 influenza-associated pediatric deaths have been reported during the 2013-2014 season from Chicago [1], New York City [2] and 29 states (AR [4]; AZ [1]; CA [8]; FL [4]; GA [1]; IA [1]; IL [1]; KS [2]; KY [1]; LA [5]; MA [2]; MD [1]; ME [1]; MI [2]; MS [1]; NC [5]; NE [1]; NJ [1]; NV [1]; OK [2]; OR [1]; PA [3]; SC [2]; TN [4]; TX [17]; UT [2]; VA [1]; WI [2]; and WV [2]).

Of 5,206 specimens tested and reported during week 13 by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, 652 (12.5%) were positive for influenza. By type, 315 (48.3%) were influenza A (68 (21.6%) A(H1N1)pdm09, 157 subtyping not performed and 90 (28.6%) A(H3)) and 337 (51.7%) were influenza B.

- [Canada](#) 4 April 2014 (Public Health Agency report)

In week 13, the decline in influenza activity in Canada has been slowed by continued circulation of influenza B. The number of regions reporting localized or widespread influenza activity has been stable in recent weeks, with the majority of activity reported in Eastern Canada. In week 13, no regions reported widespread activity and eight regions (ON(5) and QC(3)) reported localized activity. The national influenza-like-illness (ILI) consultation rate decreased from 37.5/1,000 in week 12 to 25.9/1,000 in week 13; which was within the expected range for week 13. In week 13, 15 new laboratory-confirmed influenza-associated paediatric (≤ 16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network, compared to 13 in week 12. Influenza B was reported in 11 of the 15 cases in week 13. Although the number of cases is small, a greater proportion of cases with influenza B this season have been children between 2 and 10 years of age compared to A(H1N1)pdm09. No ICU admissions or deaths were reported in week 13.

- [Global influenza update](#) 7 April 2014 (WHO website)

Globally, the northern hemisphere influenza season appeared to be approaching interseasonal levels in most countries. The proportion of influenza B detections however increased slightly in many regions, especially Asia, the Middle East, and North America.

In North America, influenza levels continued to decline and the season was coming to its end. Late season circulation of influenza B continued, however, the overall levels of influenza remained low.

In Eastern Asia, influenza activity was approaching interseasonal levels, with influenza B emerging as the current predominant virus. This timing aligns with previous seasonal influenza trends in the region. Mongolia continues to experience elevated influenza activity, despite levels beginning to decline.

In Tropical Asia, influenza activity continued to decline, aligning with global seasonal trends. While in Thailand influenza activity remained elevated, small decreases were seen.

In Northern Africa and Western Asia, influenza activity remained low despite the increasing proportion of influenza B positive samples.

In the Caribbean, influenza activity remained low and at interseasonal levels in most countries, however ILI activity and influenza detections increased in Guyana and Guadeloupe.

In the Southern Hemisphere, influenza activity remained low and detections were sporadic.

Based on FluNet reporting (as of 3 April 2014, 12:35 UTC), during weeks 11 to 12 (9 March 2014 to 22 March 2014), National Influenza Centres (NICs) and other national influenza laboratories from 96 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 65 498 specimens. 10 986 were positive for influenza viruses, of which 7407 (67.4%) were typed as influenza A and 3579 (32.6%) as influenza B. Of the sub-typed influenza A viruses, 2747 (57%) were influenza A(H1N1)pdm09 and 2072

(43%) were influenza A(H3N2). Of the characterized B viruses, 222 (87.1%) belong to the B-Yamagata lineage and 33 (12.9%) to the B-Victoria lineage.

- [Avian Influenza](#) 8 April 2014 (WHO website)

Influenza A(H7N9)

In the past week, eight new hospitalised cases of human infection with influenza A(H7N9) in China have been reported by [WHO](#). 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.

Influenza A(H5N1)

From 2003 through to 20 December 2013, 649 human cases of H5N1 avian influenza have been officially reported to [WHO](#) from 15 countries, of which 385 (59%) died.

- Novel coronavirus 27 March 2014

Up to 27 March 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 133 suspect cases in the UK that have been investigated for MERS-CoV and tested negative. A further 202 confirmed cases have been reported internationally. This results in a current global total of [206 cases](#), 86 of which have died (case fatality ratio=42%). Two recent fatal cases were reported from Saudi Arabia and Jordan, both with underlying health conditions. Further information on management and guidance of possible cases is available [online](#).

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