PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

01 August 2019 – 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 for influenza show low levels of activity.

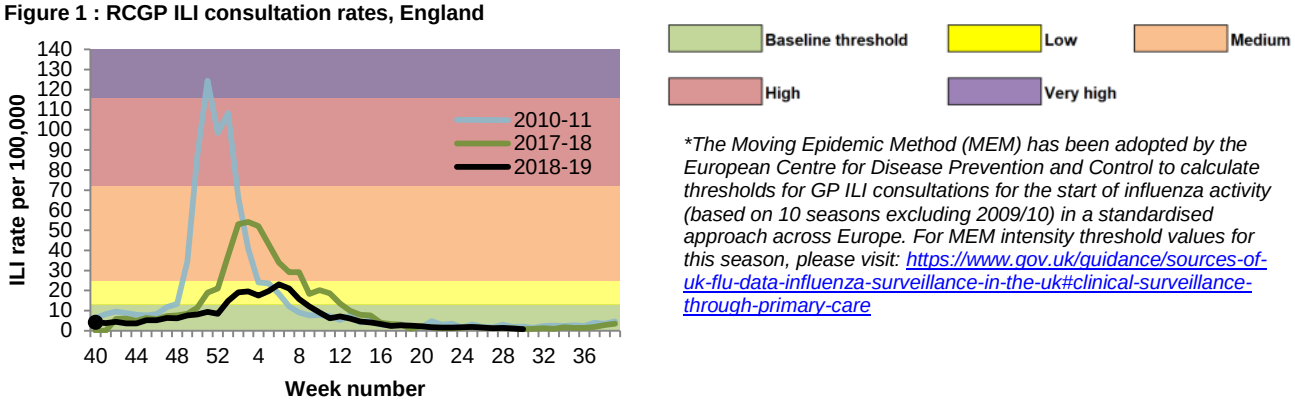
Community surveillance

- GP consultation rates for influenza-like illness (ILI) remain low in all schemes in the UK (Table 1 & Figure 1).

Table 1: GP ILI consultations for all ages – week 29- 30 2019, UK

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 29	Week 30		
England (RCGP)	1.1	0.8	⇔	15-44 years
Scotland	0.8	0.5	⇔	45-64 years
Northern Ireland	0.8	1.2	⇔	15-44 years
Wales	1.0	0.3	⇔	15-44 years

Figure 1 : RCGP ILI consultation rates, England



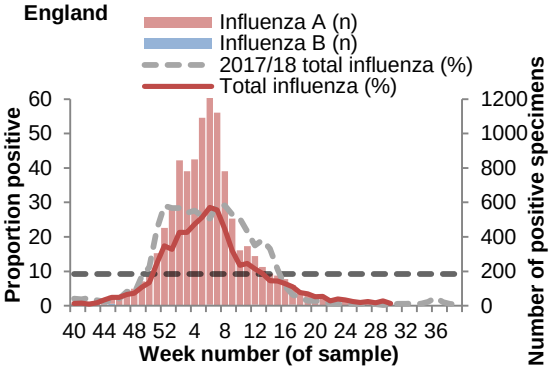
**The Moving Epidemic Method (MEM) has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity (based on 10 seasons excluding 2009/10) in a standardised approach across Europe. For MEM intensity threshold values for this season, please visit: https://www.gov.uk/guidance/sources-of-uk-flu-data-influenza-surveillance-in-the-uk#clinical-surveillance-through-primary-care*

- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low, in weeks 29 and 30 2019.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory DataMart system
  - In week 30 2019, 6 (0.7%) of the 921 respiratory specimens tested were positive for influenza (3 influenza A(H1N1)pdm09, 1 influenza A(H3) and 2 influenza A(not subtyped)).
  - RSV positivity remained low (<1%).
  - Rhinovirus and parainfluenza positivity increased slightly at 17.6 % and 5.3% respectively, in week 30.
  - Adenovirus positivity remained stable at 4.8% in week 30.
  - Human metapneumovirus (hMPV) positivity remained low at 1.1% in week 30.

Figure 2: Datamart samples positive for influenza, England



Outbreak Reporting

- Nine new acute respiratory outbreaks have been reported in the past two weeks. Six outbreaks were reported from care homes where one tested positive for rhinovirus. One outbreak was reported from a school which tested positive for *Bordetella spp*. The remaining two outbreaks were reported from the Other settings category where one tested positive for influenza A(not subtyped) and one for influenza B. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 30 2019, 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 2). This data is provisional due to the time delay in registration and so numbers may vary from week to week.

Figure 3: Weekly observed and expected number of all-cause deaths in all ages, with the dominant circulating influenza A subtype, England, 2014 to week 30 2019

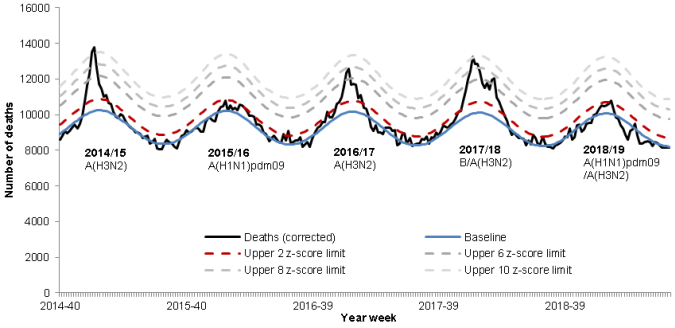


Table 2: Excess mortality by UK country, for all ages*

Country	Excess detected in week 30 2019?	Weeks with excess in 2018/19
England	×	6
Wales	×	NA
Northern Ireland	×	1;6
Country	Excess detected in week 28 2019?	Weeks with excess in 2018/19
Scotland	×	52-2; 19

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

** NA refers to no excess seen*

**Note: Delays in receiving all registered deaths from April 2018, following changes in IT systems at ONS, may result in some delays in the model to adjust for most recent deaths.*

International Surveillance

- Influenza updated on 22 July 2019
  - In the temperate zone of the Southern hemisphere, influenza activity varied across by country and region based on data up to 07 July 2019. Overall the majority of detections accounted for seasonal influenza A viruses. In the temperate zone of the northern hemisphere influenza activity returned to inter-seasonal level in most countries.
  - In Oceania, influenza activity continued across the transmission zone with influenza A(H3N2) predominating. In Australia, data up to 14 July 2019 indicate that at national level laboratory confirmed influenza detections have decreased over the previous two weeks and clinical severity is low. Influenza and ILI activity decreased in New Zealand this period. Influenza positivity rates remained high, with an increased proportion of influenza B/Victoria lineage viruses detected, especially in illnesses detected in the community, whereas influenza A(H3N2) viruses were more commonly detected among hospitalized patients. Indicators of severity of infection in New Zealand were also low. No alerts of unusual influenza activity were reported among the other countries in the transmission zone.
  - In South Africa, influenza activity continued to decrease with influenza A(H3N2) viruses predominating.
  - In temperate South America, trends in influenza activity varied by country. In Brazil, Chile and Paraguay, activity appeared to have peaked and is on a decreasing trend whereas activity increased in Argentina and Uruguay with influenza A(H1N1)pdm09 viruses predominating.
  - In the Caribbean, Central American countries and the tropical countries of South America, influenza activity remained low overall. In Western and Middle Africa, influenza detections were low across reporting countries.
  - In Eastern Africa, influenza detections continued to be reported with influenza A(H1N1)pdm09 predominating, followed by A(H3N2) and influenza B viruses.
  - In Southern Asia activity was low, however in South East Asia, an increase in influenza activity was observed in reporting countries. Influenza activity was high in Myanmar with influenza A(H1N1)pdm09 viruses predominating while influenza B viruses predominated in Thailand. Influenza activity remains low in the Philippines.
  - The WHO GISRS laboratories tested more than 49,384 specimens between 24 June 2019 and 07 July 2019. 5,748 were positive for influenza viruses, of which 3,894 (67.7%) were typed as influenza A and 1,854 (32.3%) as influenza B. Of the sub-typed influenza A viruses, 973 (37.3%) were influenza A(H1N1)pdm09 and 1,634 (62.7%) were influenza A(H3N2). Of the characterized B viruses, 43 (4.4%) belonged to the B-Yamagata lineage and 930 (95.6%) to the B-Victoria lineage.
- MERS-CoV updated on 31 July 2019
  - Since September 2012 up to 31 July 2019, a total of five cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (three imported and two linked cases) have been confirmed in the UK. On-going surveillance has identified 1,546 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Between 01 May and 30 June 2019, the National IHR Focal Point of Saudi Arabia reported 21 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 5 deaths.
  - Globally, since September 2012, WHO has been notified of 2,449 laboratory-confirmed cases of infection with MERS-CoV, including at least 845 related deaths. Further guidance on the management of possible cases in the UK is available online. The latest ECDC MERS-CoV risk assessment can be found here, where it is highlighted that risk of widespread transmission of MERS-CoV remains very low.
- Avian influenza updated on 24 June 2019
  - Between 11 May to 24 June 2019, one new laboratory-confirmed human case of influenza A(H1N1)v virus infection was reported from the United States of America. During the same period, no new laboratory-confirmed human case of influenza A(H5) or A(H7N9) virus infections have been reported to WHO.
  - For further updates please see the WHO website and for advice on clinical management in the UK please see information available online.