



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

5 June 2014 – Week 23 report (up to week 22 data)

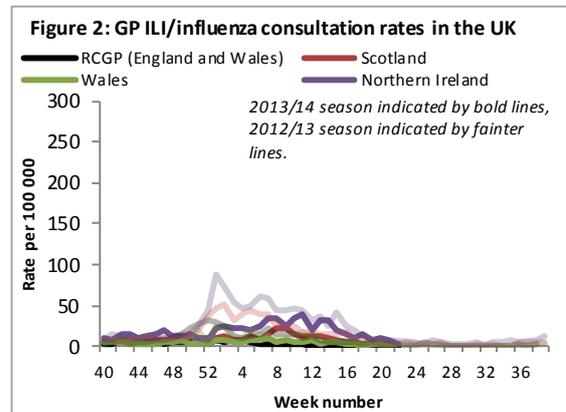
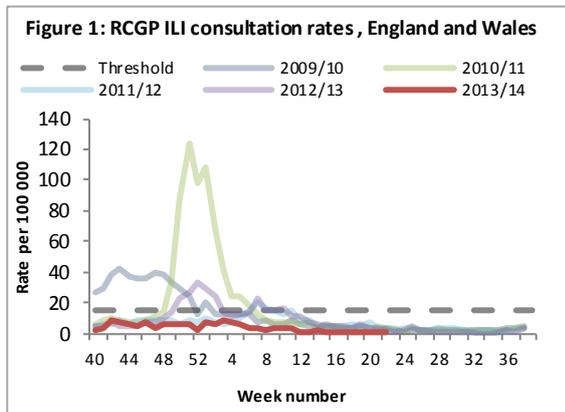
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

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).

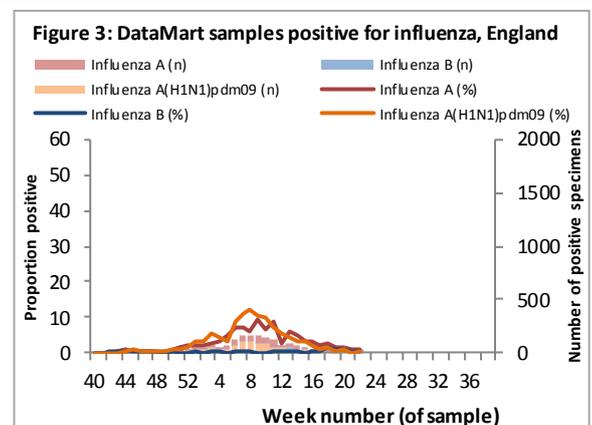
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 22	Week 21		
RCGP (England and Wales)	0.5	1.4	↔	15-44yrs
Scotland	3.2	2.7	↔	5-14yrs
Northern Ireland	2.5	8.7	↓	75+yrs
Wales	2.5	2.1	↔	65-74yrs



- The overall weekly consultation rate for acute bronchitis in England and Wales through the RCGP scheme decreased from 45.6 per 100,000 in week 21 to 40.9 per 100,000 in week 22 2014. 75+ year olds had the highest rate followed by <1 year olds.
- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in week 22 2014.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 22 2014, nine (1.7%) of the 535 respiratory specimens tested were positive for influenza (two A(H1N1)pdm09, three A(H3), one A(not subtyped) and three B, Figure 3).
 - Positivity increased for rhinovirus (18.2%) and adenovirus (7.8%), decreased for parainfluenza (7.0%) and remained low for hMPV (2.4%) and RSV (0.6%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 22 2014.



Outbreak Reporting

- During weeks 21 and 22 2014 no new acute respiratory outbreaks have been reported.
- Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 21 2014, an estimated 9,313 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 9,513 estimated death registrations in week 20 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 21 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.

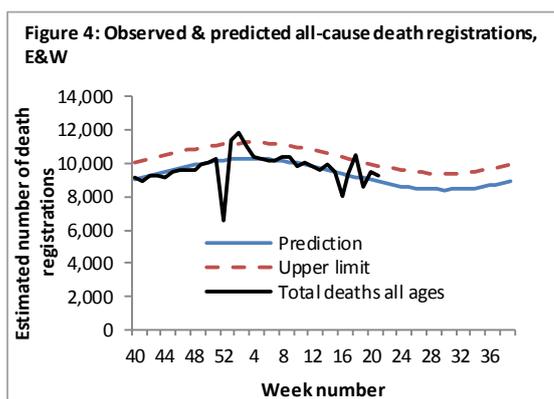


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 21 2014	Weeks with excess in summer 2014
<5	x	NA
5-14	x	NA
15-64	x	NA
65+	x	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 was at inter-seasonal levels in most countries
 - In North America, influenza levels were at inter-seasonal levels with influenza B circulation still detected.
 - In Europe, influenza activity remained at inter-seasonal levels in most countries.
 - In eastern Asia, influenza activity approached interseasonal levels in most countries with influenza B virus predominating at low levels.
 - In southern and south-eastern Asia, influenza activity continued to decline in most countries, except the Islamic Republic of Iran where a slight increase was observed. In northern Africa and western Asia, influenza activity remained low in most countries.
 - In the southern hemisphere, influenza activity remained low, although in some of the countries in the temperate zone of South America increase in ILI activity with small increase in influenza detections was observed.
 - Based on FluNet reporting (as of 2 June 2014, 12:25 UTC), during weeks 19 to 20 (4 May 2014 to 17 May 2014), National Influenza Centres (NICs) and other national influenza laboratories from 86 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 31 706 specimens. 2920 were positive for influenza viruses, of which 1417 (48.5%) were typed as influenza A and 1503 (51.5%) as influenza B. Of the sub-typed influenza A viruses, 241 (29.8%) were influenza A(H1N1)pdm09 and 568 (70.2%) were influenza A(H3N2). Of the characterized B viruses, 32 (94.1%) belong to the B-Yamagata lineage and 2 (5.9%) to the B-Victoria lineage
 - For further information, please see the [WHO website](#).
- MERS-CoV
 - Up to 28 May 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 165 suspect cases in the UK that have been investigated for MERS-CoV and tested negative. A further 632 confirmed cases have been reported internationally. This results in a current global total of [636 cases](#).
 - Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
 - In the past week, three 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.
 - For further updates please see the WHO website and for advice on clinical management please see information available [online](#).