



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.

Report contents:

| [Summary](#) | [GP consultation rates](#) | [Community surveillance](#) | [Microbiological surveillance](#) | [Hospitalisations](#) | [All-cause mortality](#) | [Vaccination](#) | [International](#) | [Acknowledgements](#) | [Related links](#) |

## Summary

**Influenza continues to circulate as evidenced by ongoing influenza-confirmed ICU/HDU and hospital admissions. A [letter](#) has been issued recommending the use of antivirals where appropriate.**

- Overall weekly influenza GP consultation rates across the UK
  - In week 10 (ending 9 March 2014), overall weekly influenza GP consultations remained low in England (2.9 per 100,000), Wales (5.5 per 100,000), Scotland (14.4 per 100,000) and Northern Ireland (35.0 per 100,000).
  - In week 10 syndromic surveillance indicators for influenza remain stable and similar to seasonally expected levels.
  - Nine new acute respiratory influenza outbreaks have been reported in the past seven days across the UK (three in care homes (two A(H1N1)pdm09 and one A(not subtyped)), five in hospitals (four A(H1N1)pdm09, and one A(H3)) and one in a school (not tested).
- Virology
  - In week 10 2014, 143 influenza positive detections were recorded through the DataMart scheme (89 A(H1N1)pdm09, 23 A(H3), 30 A(not subtyped) and one B, a positivity of 16.1% compared to 18.9% in week 9), with the highest positivity reported in 15-44 year olds (20.8%).
  - 19 samples were positive for influenza through the English GP sentinel schemes (14 A(H1N1)pdm09 and five A(H3), positivity of 43%).
- Disease severity and mortality
  - 49 new admissions to ICU/HDU with confirmed influenza (24 A(H1N1)pdm09, four A(H3N2) and 21 A unknown subtype) and six confirmed influenza deaths were reported through the USISS mandatory ICU surveillance scheme across the UK (137 Trusts in England) in week 10. 60 new hospitalised confirmed influenza cases were reported through the USISS sentinel hospital network across England (28 Trusts).
  - In week 10 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.
  - Influenza transmission is continuing across the EU/EEA region with considerable variation between countries.

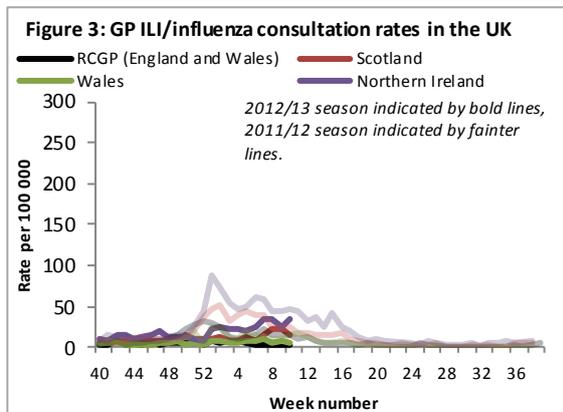
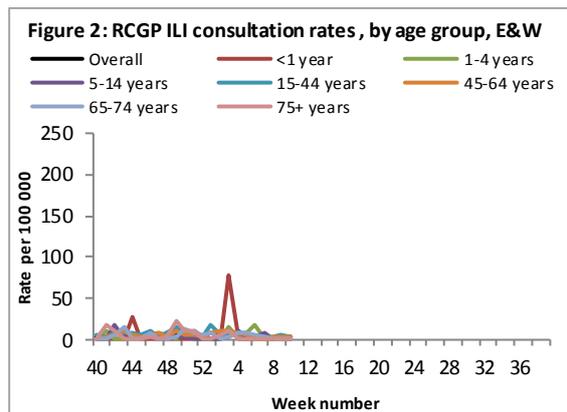
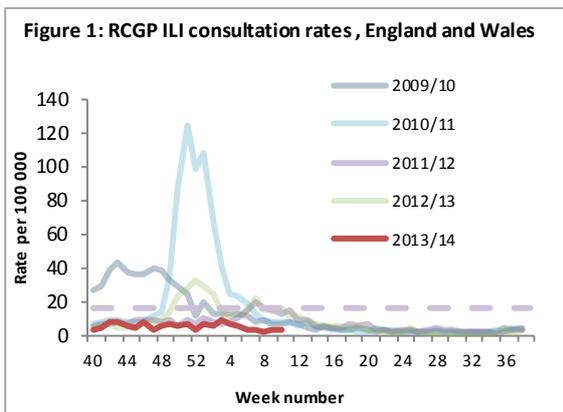
In week 10 (ending 9 March 2014), overall weekly influenza GP consultations remained low in England, Wales, Scotland and Northern Ireland.

- Influenza/Influenza-Like-Illness (ILI)

RCGP (England and Wales)

-The overall ILI consultation rate from RCGP for England and Wales remained stable at 2.9 per 100,000 in week 10 (Figure 1\*). ILI rates increased in the North (from 1.6 to 4.1 per 100,000), remained stable in the South (1.8 per 100,000) and decreased slightly in the Central region (from 6.5 to 4.0 per 100,000).

-In week 10 2014, ILI consultations were reported in 15-44 year olds (rate of 4.3 per 100,000), 45-64 year olds (4.0 per 100,000) and 65-74 year olds (1.4 per 100,000).



Northern Ireland

-The Northern Ireland influenza rate increased from 24.1 per 100,000 in week 9 to 35.0 per 100,000 in week 10 (Figure 3).

-In week 9 2014, the highest rates were seen in <1 year olds (105.2 per 100,000) and 15- year olds (43.1 per 100,000).

Wales

-The Welsh influenza rate remained stable at 5.5 per 100,000 in week 10 (Figure 3).

-The highest rate was seen in 45-64 year olds (8.2 per 100,000) and 15-44 year olds (7.3 per 100,000).

Scotland

-The Scottish ILI rate decreased from 21.3 per 100,000 in week 9 to 14.4 per 100,000 in week 10 (Figure 3).

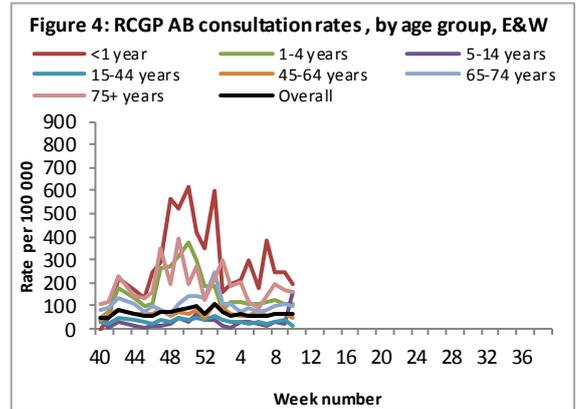
-The highest rate was seen in 15-44 year olds (17.8 per 100,000) followed by 45-64 year olds (17.5 per 100,000).

\*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 remained stable at 63.4 per 100,000 in week 10 (Figure 4). The highest rates were seen in <1 year olds (191.4 per 100,000) and 5-14 year olds (160.8 per 100,000).



**Community surveillance** | [Back to top](#) |

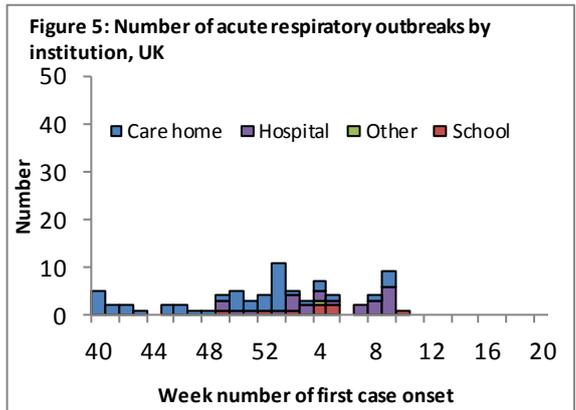
**In week 10 influenza syndromic indicators remained stable and nine new acute respiratory outbreak has been reported in the last seven days.**

- PHE Real-time Syndromic Surveillance

-In week 10 syndromic surveillance indicators for influenza remain stable and similar to seasonally expected levels.  
 -For further information, please see the syndromic surveillance [webpage](#).

- Acute respiratory disease outbreaks

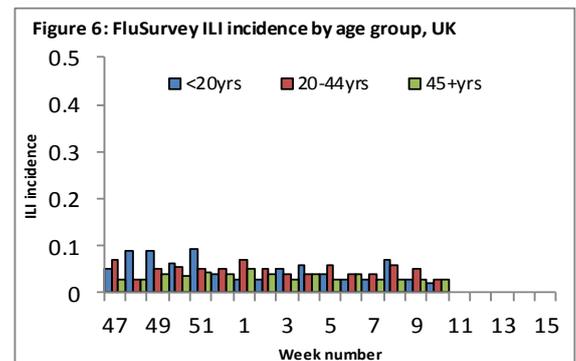
-Nine new acute respiratory outbreaks were reported in the last 7 days. Two were reported from hospitals in London (one A(H3) and one A(H1N1)pdm09), two from the North of England (one in a school (lab results not available) and one in a hospital (influenza A(H1N1)pdm09)), four from the South of England (all A(H1N1)pdm09, two in hospitals and two in care homes) and one from a care home in Northern Ireland (influenza A(not subtyped)). So far this season, 47 outbreaks have been reported in care homes, 28 in hospitals, nine in schools and one in a nursery (where tested, 18 influenza A(H1N1)pdm09, 12 influenza A (not subtyped), three influenza A(H3), nine RSV, nine rhinovirus, three parainfluenza, and five mixed infections of parainfluenza along with other viruses (one each of influenza A and influenza B, RSV, rhinovirus, hMPV and seasonal coronavirus).



-Outbreaks should be recorded on HPZone and reported to the local Health Protection Teams and [Respcidsc@phe.gov.uk](mailto: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 10, the incidence of ILI reports was low across all age groups (Figure 6).



In week 10 2014, 143 influenza positive detections were recorded through the DataMart scheme (89 A(H1N1)pdm09, 23 A(H3), 30 A(not subtyped) and one B), with the highest positivity reported in 15-44 year olds. 19 samples were positive for influenza through the English sentinel schemes (14 A(H1N1)pdm09 and five A(H3)).

• Respiratory DataMart System (England)

In week 10 2014, out of the 886 respiratory specimens reported through the Respiratory Datamart System, 89 (10.0%) were positive for flu A (H1N1) pdm09, 23 (2.6%) positive for influenza A(H3), 30 (3.4%) positive for flu A (not subtyped) and one sample was positive for influenza B (Figure 7) with the highest influenza positivity in 15-44 year olds (20.8%, Figure 8). The overall positivity for RSV remained low (2.5%) in week 10 with the highest positivity remained in the <5 years (6.3%, Figure 9). Rhinovirus positivity increased slightly from 9.5% in week 8 to 9.7% in week 10 but hMPV positivity decreased slightly from 4.1% in week 9 to 3.4% in week 10. Other respiratory viruses remained at low levels: adenovirus 4.7%, parainfluenza 2.5%,

Figure 7: DataMart samples positive for influenza, England

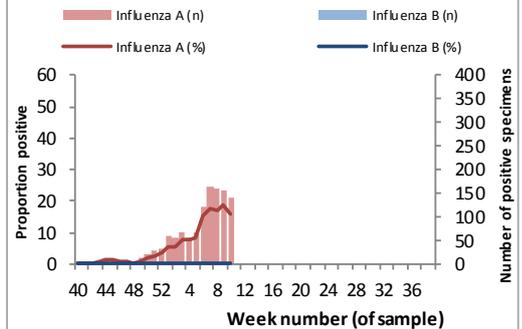
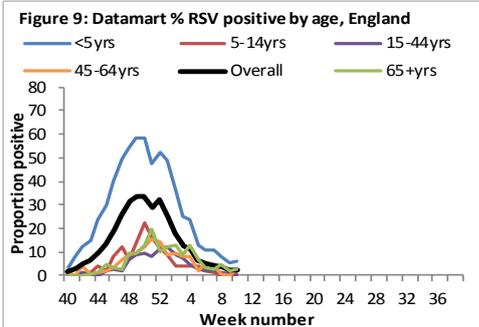
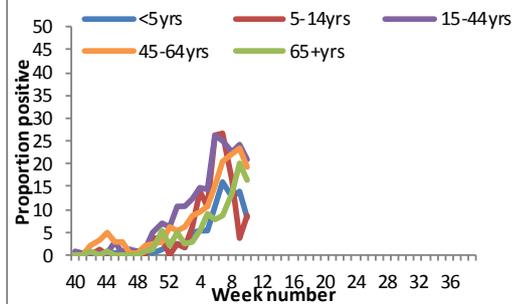


Figure 8: Datamart % positive for influenza by age, England



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

-In week 10, 19 samples from England were positive for influenza (14 A(H1N1)pdm09 and five A(H3)). Eleven samples from Scotland were positive for influenza (9 A(H1N1)pdm09, one A(H3) and one A(unsubtyped), four samples from Northern Ireland were positive for influenza (one A(H1N1)pdm09 and three A(unsubtyped) and one sample from Wales was positive for A(H1N1)pdm09 (Table 1).

Table 1: Sentinel influenza surveillance in the UK

Week	England	Scotland	Northern Ireland	Wales
07	31/75 (41.3%)	10/56 (17.9%)	1/5 (-)	2/9 (-)
08	21/70 (30%)	7/27 (25.9%)	1/4 (-)	1/1 (-)
09	19/67 (28.4%)	13/53 (24.5%)	1/4 (-)	2/3 (-)
10	19/44 (43.2%)	11/34 (32.4%)	4/5 (-)	1/2 (-)

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, 493 and 82 influenza viruses have been tested for Osetamivir and Zanamivir susceptibility, respectively, in the UK. Five (1.1%) of 470 flu A(H1N1)pdm09 and one (5.0%) of 20 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 2 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 2 March 2014, E&W

Organism	Tetracyclines		Co-amoxiclav	
	Specimens tested (N)	Specimens susceptible (%)	Specimens tested (N)	Specimens susceptible (%)
<i>S. aureus</i>	3,226	92	233	88
<i>S. pneumoniae</i>	2,546	84	2710*	92*
<i>H. influenzae</i>	10,238	99	9,763	93

\* *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.

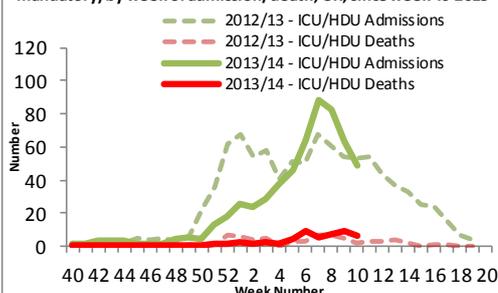
In week 10, 49 new admissions of confirmed influenza cases to ICU/HDU (24 A(H1N1)pdm09, four A(H3N2) and 21 A unknown subtype) and six confirmed influenza deaths in ICU/HDU have been reported through the national USISS mandatory ICU scheme across the UK (137 Trusts in England). 60 new hospitalised confirmed influenza cases have been reported through the USISS sentinel hospital network across England (28 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.

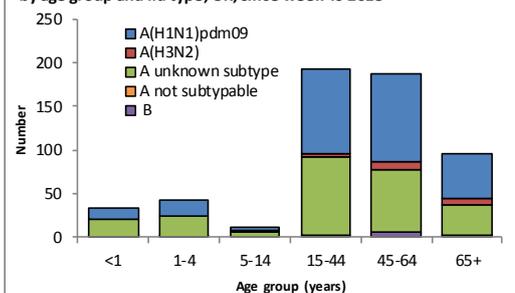
- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 10)

-In week 10, 49 new admissions to ICU/HDU with confirmed influenza infection (24 A(H1N1)pdm09, four A(H3N2) and 21 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 63 in week 9. Six new confirmed influenza deaths were reported in week 10 2014. A total of 566 admissions (290 A(H1N1)pdm09, 245 A(unknown), 19 A(H3N2) and 12 B) and 50 confirmed influenza deaths have been reported since week 40 2013.

**Figure 10: Weekly ICU influenza admissions and deaths (USISS mandatory) by week of admission/death, UK, since week 40 2013**



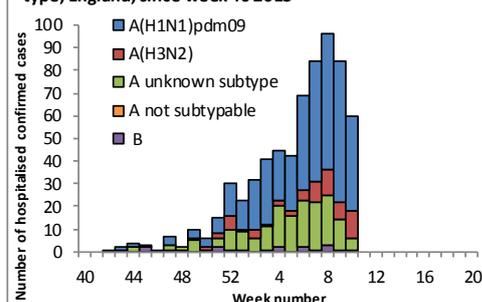
**Figure 11: Cumulative ICU influenza admissions (USISS mandatory) by age group and flu type, UK, since week 40 2013**



- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 10)

-In week 10, 60 new hospitalised confirmed influenza case were reported through the USISS sentinel hospital network from 28 NHS Trusts across England (Figure 12) compared to 84 in week 9. A total of 657 hospitalised confirmed influenza admissions (407 A(H1N1)pdm09, 165 A unknown, 66 A(H3N2) and 19 B) have been reported since week 40 2013.

**Figure 12: Weekly hospitalised cases (USISS sentinel) by flu type, England, since week 40 2013**

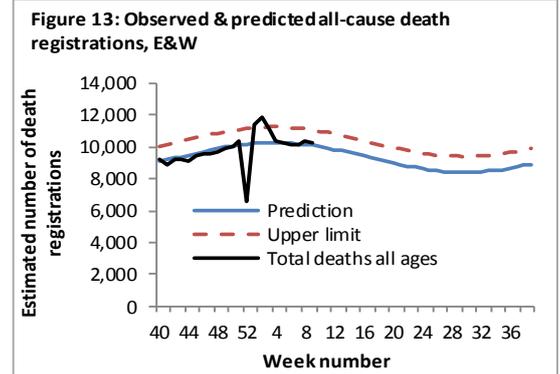


In week 10 2014, no excess all-cause mortality by week of death was seen in England through the EuroMOMO algorithm and none has been reported since week 40 2013.

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 9 2014, an estimated 10,208 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is slightly less than the 10,427 estimated death registrations in week 8 and remains below 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.



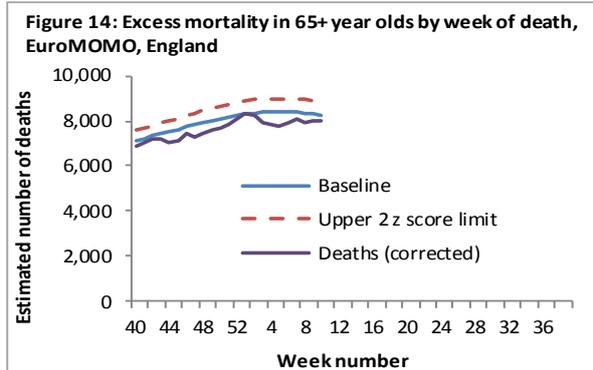
- Excess all-cause mortality by age group and PHE region, England, Wales, Scotland and Northern Ireland

-In week 10 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 10 (Table 4).

**Table 3: Excess mortality by age group, England\***

Age group (years)	Excess detected in week 10 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 10 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

[Back to top](#)

- 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. Influenza transmission is continuing across the EU/EEA region with considerable variation between countries.**

- [Europe](#) 7 March 2014 (European Centre for Disease Prevention and Control report)

In terms of influenza activity, Greece and Finland reported high intensity, ten countries reported medium intensity, and another 18 reported low intensity, the lowest category of reporting. Bulgaria and Greece have been reporting medium or high-intensity influenza activity for at least seven consecutive weeks. Geographic patterns of influenza activity varied across Europe: the Czech Republic, Latvia, Lithuania, Malta, Portugal and Slovakia reported sporadic influenza activity; Norway and Romania local activity; Bulgaria, Germany, Luxembourg, the Netherlands and Spain regional activity, while widespread activity was reported by the remaining 15 countries. Increasing trends were reported by seven countries, of which six (Austria, Belgium, Estonia, Greece, Poland and Romania) reported high ILI/ARI rates. Stable trends were reported by 14 countries and decreasing trends by nine. The decline in influenza activity in Bulgaria, Portugal and Spain, which began in week 5/2014, has continued.

For week 9/2014, 25 countries tested 1 152 sentinel specimens, 394 (34%) of which were positive for influenza virus. Of these, 383 (97%) were type A and 11 (3%) were type B. Since week 40/2013, of 5 488 sentinel specimens testing positive for influenza virus, 5 382 (98%) were type A and 106 (2%) were type B. Of the 4 902 subtyped influenza viruses, 2 792 (57%) were A(H1)pdm09 and 2 110 (43%) were A(H3). Countries have reported variable patterns of dominance and co-dominance involving A(H1)pdm09 and A(H3) subtypes. The proportion of sentinel specimens testing positive for influenza virus in reporting countries decreased for the sixth consecutive week after peaking in weeks 3/2014.

The results of antigenic and genetic characterisation of sentinel and non-sentinel viruses are displayed in Tables 3 and 4. Since week 40/2013, none of the 511 antigenically characterised viruses have differed substantially from the current vaccine viruses recommended by WHO. More details on viruses circulating since September 2013 can be found in the WHO CC Report, February 2014.

Since week 40/2013, 584 A(H1)pdm09, 109 A(H3) and 29 type B viruses have been tested for susceptibility to the neuraminidase inhibitors oseltamivir and zanamivir by genetic and/or phenotypic methods(IC50). Five A(H1)pdm09 and one A(H3) viruses showed evidence for highly reduced inhibition and reduced inhibition, respectively.

For week 9/2014, 18 countries reported 583 respiratory syncytial virus detections, maintaining the downward trend and indicating that the epidemic peak for the reporting countries appears to have occurred in week 1/2014 for this season.

For week 9/2014, 217 hospitalised, laboratory-confirmed influenza cases were reported by seven countries (Finland, France, Ireland, Romania, Spain, Sweden and the UK), of which 100 were admitted to intensive care units (ICU).

Since week 40/2013, seven countries have reported 3 400 hospitalised, laboratory-confirmed influenza cases: 3 367 (99%) were related to influenza virus type A infection and 33 (1%) to type B virus infection (Tables 5 and 6). A total of 2 275 influenza A viruses have been subtyped, 1 758 (77%) were A(H1)pdm09 and 517 (23%) were A(H3).

Seven countries reported a total of 284 fatal cases (Table 6), and 282 (99%) were associated with influenza virus type A infection and two (1%) with type B virus. Of 218 influenza A viruses subtyped for fatal cases, 182 (83%) were A(H1)pdm09 and 36 (17%) were A(H3). Of the 281 fatal cases with known age, 151 (54%) were over 65 years old.

- [United States of America](#) 7 March 2014 (Centre for Disease Control report)

During week 9 (February 23-March 1, 2014), influenza activity continued to decrease in the United States.

Nationwide during week 9, 2.0% 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 at the national baseline of 2.0%.

During week 9, 7.9% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I. This percentage was above the epidemic threshold of 7.4% for week 9. Four influenza-associated pediatric deaths were reported to CDC during week 9. Two deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 3 and 9 (weeks ending January 18 and March 1, 2014). One death was associated with an influenza B virus and occurred during week 8 (week ending February 22, 2014) and one death was associated with an influenza A and B virus co-infection and

occurred during week 8 (week ending February 22, 2014). A total of 65 influenza-associated pediatric deaths have been reported during the 2013-2014 season from Chicago [1], New York City [1] and 25 states (AR [4], AZ [1], CA [6]; FL [3], GA [1]; IA [1]; KS [2], KY [1]; LA [5]; MA [2]; MI [2], MS [1], NC [5]; NE [1], NV [1], OK [2]; OR [1], PA [1], SC [2], TN [4]; TX [11]; UT [2]; VA [1]; WI [1]; and WV [2]).

Of 6,748 specimens tested and reported during week 9 by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, 587 (8.7%) were positive for influenza. By type, 470 (80.1%) were influenza A (204 (43.4%) A(H1N1)pdm09, 217 subtyping not performed and 49 (10.4%) A(H3)) and 117 (19.9%) were influenza B.

- [Canada](#) 7 March 2014 (Public Health Agency report)

In week 09, influenza activity in Canada continues to decrease, following a pattern similar to the 2012-13 season. In week 09, influenza activity levels continued to decline. One region in Quebec reported widespread activity and seven regions in eastern Canada (ON(4), QC(2) and NS(1)) reported localized activity. The national influenza-like-illness (ILI) consultation rate increased from 20.3/1,000 in week 08 to 32.7/1,000 in week 09; which is within the expected range for week 09. In week 09, 18 new laboratory-confirmed influenza-associated paediatric ( $\leq 16$  years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network, compared to 30 in week 08. In week 09, influenza A was reported in 14 cases and influenza B in four cases. A greater proportion of cases have been reported with influenza B cases in recent weeks, following the trend in laboratory detections. Although the number of cases is small, a greater proportion of cases with influenza B have been children between 2 and 10 years of age compared to the younger age-groups affected by A(H1N1)pdm09 this season. No ICU admissions or deaths were reported in week 09.

- [Global influenza update](#) 10 March 2014 (WHO website)

In North America, influenza activity continued to decrease overall, but remained elevated in some regions. Influenza A(H1N1)pdm09 continued as the predominant circulating virus, and influenza B detections increased slightly throughout the region. In Europe, influenza activity was variable between countries. Overall trends showed slight increases in activity in the northern and eastern regions, and decreases in the southwestern region. Influenza A(H1N1)pdm09 and A(H3N2) continued to circulate with variable predominance among countries.

In Eastern Asia, influenza A(H1N1)pdm09 remained predominant and trends were inconsistent. Influenza activity in China began to decrease while activity in Mongolia continued to increase.

In Tropical Asia, influenza activity was largely decreased, however Thailand reported increasing influenza A(H1N1)pdm09 activity.

In Northern Africa and Western Asia, influenza activity varied, with Egypt continuing to report high activity of influenza A(H1N1)pdm09.

Based on FluNet reporting (as of 4 March 2014, 12:15 UTC), during weeks 7 to 8 (9 February 2014 to 22 February 2014), National Influenza Centres (NICs) and other national influenza laboratories from 80 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 80 809 specimens. 16 409 were positive for influenza viruses, of which 13 869 (84.5%) were typed as influenza A and 2540 (15.5%) as influenza B. Of the sub-typed influenza A viruses, 6283 (70.6%) were influenza A(H1N1)pdm09 and 2612 (29.4%) were influenza A(H3N2). Of the characterized B viruses, 124 (84.9%) belonged to the B-Yamagata lineage and 22 (15.1%) to the B-Victoria lineage.

- [Avian Influenza](#) 7 March 2014 (WHO website)

### **Influenza A(H7N9)**

In the past week, nine new hospitalised cases of human infection with influenza A(H7N9) in China have been reported by [WHO](#), including one death. 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 12 March 2014

Up to 12 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 185 confirmed cases have been reported internationally. This results in a current global total of [189 cases](#), 82 of which have died (case fatality ratio=44%). 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](#).

### Acknowledgements

[| Back to top |](#)

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[| Back to top |](#)

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- [Sentinel schemes operating across the UK](#)
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- [Real time syndromic surveillance](#)
- [MEM threshold paper](#)

#### Community surveillance

- [Outbreak reporting](#)
- [FluSurvey](#)
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#### Disease severity and mortality data

- [USISS](#) system
- [EuroMOMO](#) mortality project

#### Vaccination

- 2012/13 seasonal influenza vaccine programme ([Department of Health Book](#))
- Childhood flu programme Q&A for healthcare professionals ([Public Health England](#))
- 2013/14 Northern Hemisphere seasonal influenza vaccine recommendations ([WHO](#))