



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

3 July 2014 – Week 27 report (up to week 26 data)

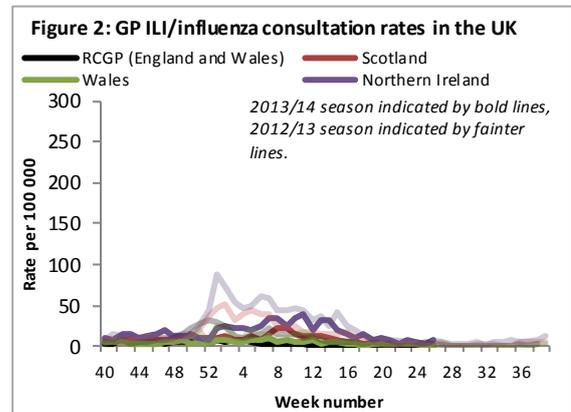
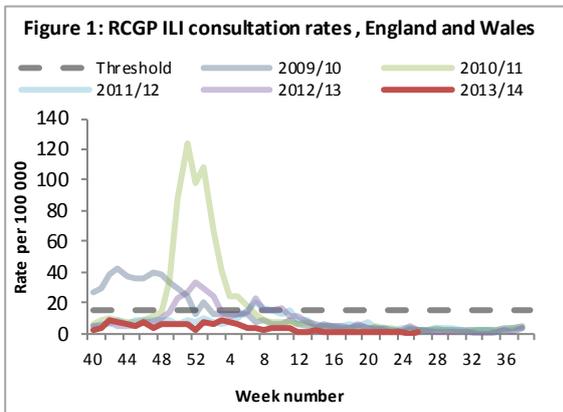
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

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).

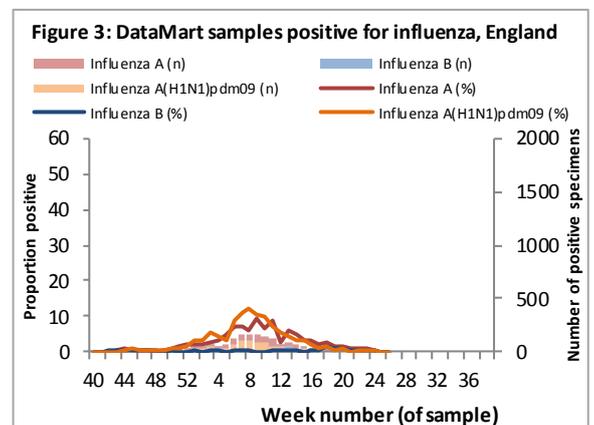
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 26	Week 25		
RCGP (England and Wales)	0.4	0.2	↔	15-44yrs
Scotland	0.4	0.7	↔	15-44yrs
Northern Ireland	8.3	4.1	↑	<1yrs
Wales	0.9	0.6	↔	5-14yrs



- The overall weekly consultation rate for acute bronchitis in England and Wales through the RCGP scheme remained stable at 29.6 per 100,000 in week 26. 75+ year olds had the highest rate followed by <1 year olds.
- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in week 26 2014.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 26 2014, one (0.2%) of the 525 respiratory specimens tested was positive for influenza (one B, Figure 3).
 - Positivity increased slightly for rhinovirus (14.4%) but remained low for adenovirus (4.1%), parainfluenza (5.1%), hMPV (1.9%) and RSV (0.4%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 26 2014.



Outbreak Reporting

- During weeks 25 and 26 2014, one new acute respiratory outbreak was reported in a care home from North 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 25 2014, an estimated 8,946 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 9,414 estimated death registrations in week 24 and is 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 26 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.

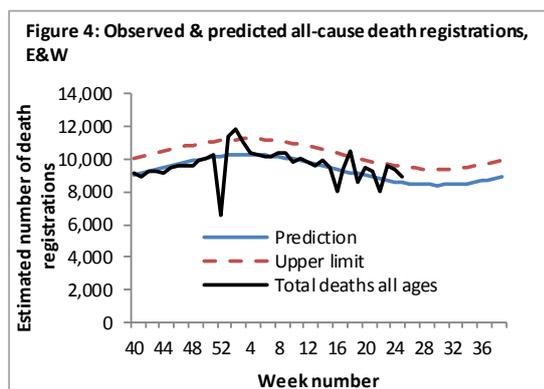


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 26 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 was low.
 - In North America and Europe, overall influenza activity was at inter-seasonal levels.
 - In eastern Asia, influenza activity approached inter-seasonal levels in most countries. Influenza activity slightly increased however in the southern region of China mainly due to influenza A(H3N2) viruses.
 - In southern and south-eastern Asia, influenza activity continued to decline, except for Singapore where an increase was noticed, although the acute respiratory infections rate remained low.
 - In northern Africa and western Asia, influenza activity remained low.
 - In the southern hemisphere, influenza activity remained low, although some countries in the temperate zone of South America showed higher influenza-like illness (ILI) activity with an increase in influenza virus detections.
 - Based on FluNet reporting during weeks 23 to 24 (1 June 2014 to 14 June 2014), National Influenza Centres (NICs) and other national influenza laboratories from 76 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 26 592 specimens. 1838 were positive for influenza viruses, of which 1345 (73.2%) were typed as influenza A and 493 (26.8%) as influenza B. Of the sub-typed influenza A viruses, 207 (18.9%) were influenza A(H1N1)pdm09 and 888 (81.1%) were influenza A(H3N2). Of the characterized B viruses, 10 (71.4%) belong to the B-Yamagata lineage and 4 (28.6%) to the B-Victoria lineage.
 - For further information, please see the [WHO website](#).
- MERS-CoV
 - Up to 2 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 820 confirmed cases have been reported internationally. This results in a current global total of [824 cases](#), including at least 286 related deaths, which have been officially reported to WHO.
 - Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
 - In the past two weeks, one 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.
 - For further updates please see the WHO website and for advice on clinical management please see information available [online](#).