



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

Surveillance indicators continue to show that influenza is circulating in the community. A [letter](#) has been issued recommending the use of antivirals where appropriate.

- Overall weekly influenza GP consultation rates across the UK
 - In week 6 (ending 9 February 2014), overall weekly influenza GP consultations remained low in England (3.1 per 100,000), Wales (9.1 per 100,000), Scotland (8.0 per 100,000) and Northern Ireland (25.0 per 100,000).
 - Influenza-like illness GP in-hours rates remained low during week 6, however there has been a small rise in 25-44 year olds.
 - Five new acute respiratory outbreaks have been reported in the past seven days across the UK (two in schools, one in a care home and two in hospitals). Where tested, one was positive for influenza A(H1N1)pdm09 (hospital), one influenza A(H3) (school) and one influenza A (not subtyped) (hospital).
- Virology
 - In week 6 2014, 124 influenza positive detections were recorded through the DataMart scheme (71 A(H1N1)pdm09, 18 A(H3), 33 A(not subtyped) and two B, a positivity of 15.7% compared to 8.5% in week 5).
 - 26 samples were positive for influenza through the English GP sentinel schemes (21 A(H1N1)pdm09, four A(H3) and one Flu B), positivity of 33%).
- Disease severity and mortality
 - 39 new admissions to ICU/HDU with confirmed influenza (23 A unknown subtype, 15 A(H1N1)pdm09 and one A(H3N2)) and six confirmed influenza deaths were reported through the USSS mandatory ICU surveillance scheme across the UK (123 Trusts in England) in week 6. 45 new hospitalised confirmed influenza cases were reported through the USSS sentinel hospital network across England (24 Trusts).
 - In week 6 2014, no excess all-cause mortality by week of death was seen across the UK through the EuroMOMO algorithm.
- Vaccination
 - Up to week 4 2014 in 71.3% of GP practices reporting weekly to Immform, the provisional proportion of people in England who had received the 2013/14 influenza vaccine in targeted groups was as follows: 42.6% in all 2 year olds, 39.3% in all 3 year olds, 51.3% in under 65 years in a clinical risk group, 39.6% in all pregnant women and 72.9% in 65+ year olds.
 - Provisional data from the third monthly collection of influenza vaccine uptake in health care workers show 53.1% were vaccinated by 31 December 2013 from 95.2% of Trusts, compared to 44.0% vaccinated the previous season by 30 December 2012.
- International situation
 - Overall influenza activity in North America remains high.
 - Influenza transmission is continuing across the EU/EEA region with diverse activity between countries.

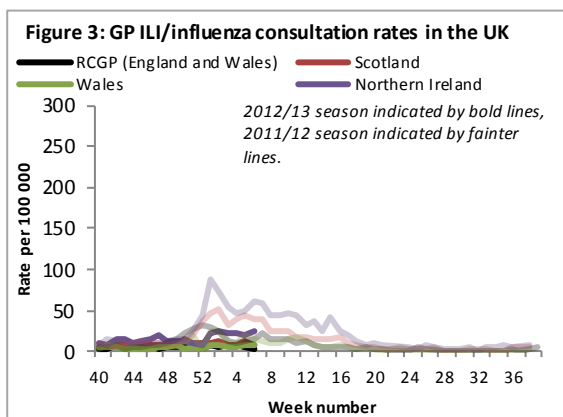
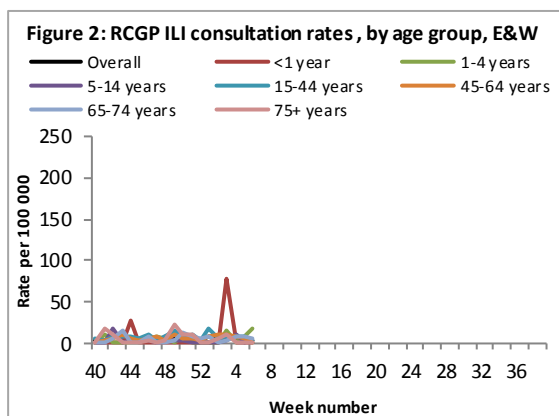
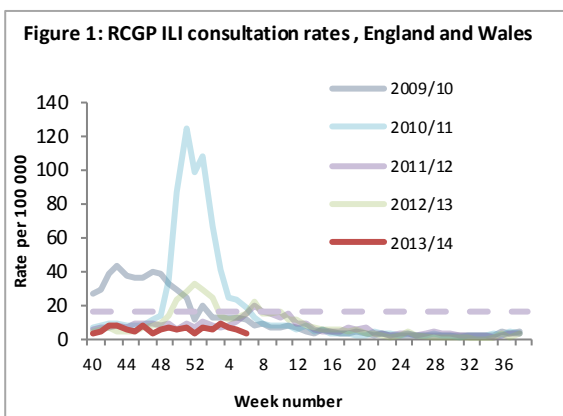
In week 6 (ending 9 February 2014), overall weekly influenza GP consultations remained low in England, Wales, Scotland and Northern Ireland.

- Influenza/Influenza-Like-Illness (ILI)

RCGP (England and Wales)

-The overall ILI consultation rate from RCGP for England and Wales remained stable at 3.1 per 100,000 in week 6 (Figure 1*). ILI rates decreased in the North (from 6.0 to 0.0 per 100,000) and remained stable in Central (at 1.2 per 100,000) and South region (from 9.8 to 7.5 per 100,000).

-In week 6 2014, the highest ILI consultations were reported in 1-4 year olds (rate of 18.5 per 100,000), 65-74 year olds (4.6 per 100,000) and 5-14 year olds (4.0 per 100,000).



Northern Ireland

-The Northern Ireland influenza rate increased from 19.8 per 100,000 in week 5 to 25.0 per 100,000 in week 6 (Figure 3).

-In week 6 2014, the highest rates were seen in <1 year olds (94.7 per 100,000) and 1-4 year olds (39.4 per 100,000).

Wales

-The Welsh influenza rate remained stable at 9.1 per 100,000 in week 6 (Figure 3).

-The highest rate was seen in 15-44 year olds (15.2 per 100,000) followed by 75+ year olds (12.0 per 100,000).

Scotland

-The Scottish ILI rate decreased from 12.5 per 100,000 in week 5 to 8.0 per 100,000 in week 6 (Figure 3).

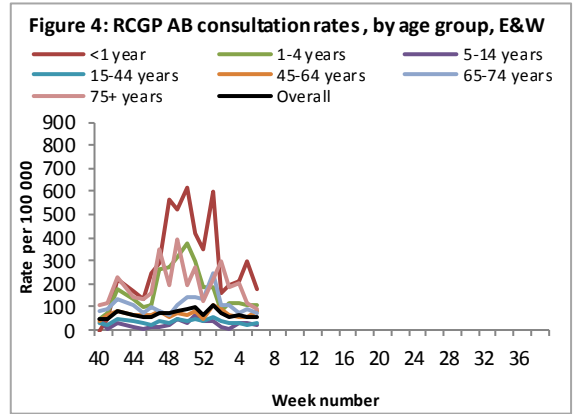
-The highest rate was seen in 15-44 year olds (9.9 per 100,000) followed by 45-64 year olds (9.0 per 100,000).

*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 53.8 per 100,000 in week 5 to 57.8 per 100,000 in week 6 (Figure 4). The highest rates were seen in <1 year olds (173.5 per 100,000) and 1-4 year olds (111.0 per 100,000).



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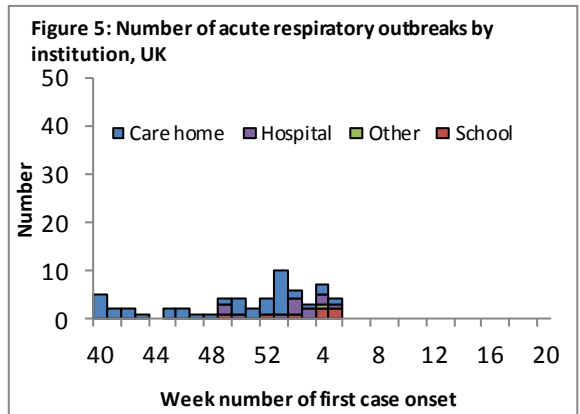
In week 6 ILI GP in-hours rates remained low and five new acute respiratory outbreaks have been reported in the last seven days.

- PHE Real-time Syndromic Surveillance

-Influenza-like illness GP in-hours rates remained low during week 6, however there has been a small rise in 25-44 year olds.
 -For further information, please see the syndromic surveillance [webpage](#).

- Acute respiratory disease outbreaks

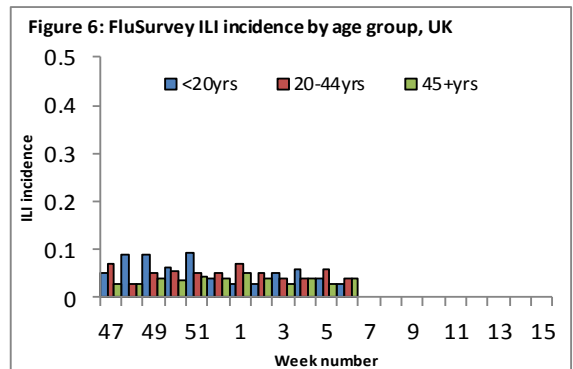
-Five new acute respiratory outbreaks were reported in the last 7 days; two in schools in the North of England, one from a care home in the Midlands and East of England, one from a hospital in London and one from a hospital in Scotland. Where tested, one tested positive for influenza A(H1N1)pdm09 (hospital), one influenza A (H3) (school) and one influenza A (not sub-typed) (hospital). So far this season, 41 outbreaks have been reported in care homes, 13 in hospitals, seven in schools and one in a nursery (where tested, five influenza A(H1N1)pdm09, eight influenza A (not subtyped), one influenza A(H3), nine RSV, nine rhinovirus, three parainfluenza, and three mixed infection of parainfluenza with other viruses (one RSV, one rhinovirus and one hMPV).



-Outbreaks should be recorded on HPZone and reported to the local Health Protection Teams and Respcidsc@phe.gov.uk.

- FluSurvey

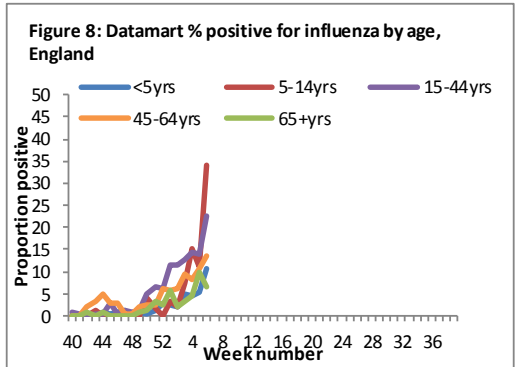
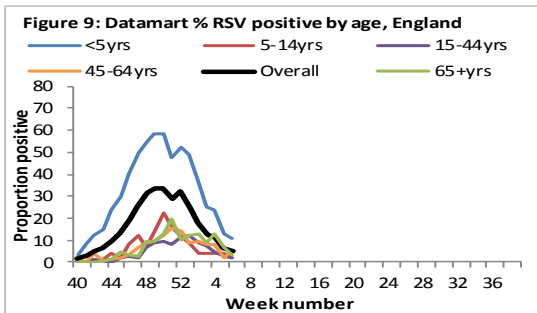
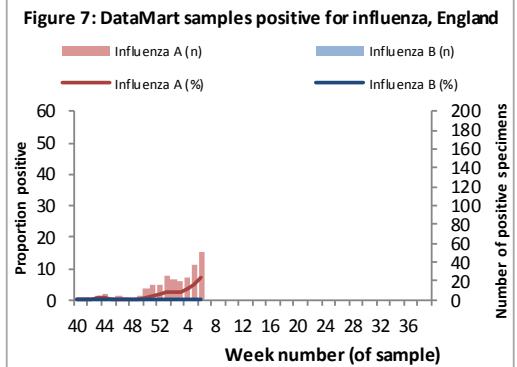
-Internet-based surveillance of influenza in the general population is undertaken through the FluSurvey project (<http://flusurvey.org.uk>) run by the London School of Hygiene and Tropical Medicine. Please see the website for information on how to register.
 In week 6, the incidence of ILI reports was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



In week 6 2014, 124 influenza positive detections were recorded through the DataMart scheme (71 A(H1N1)pdm09, 18 A(H3), 33 A(not subtyped) and two B), with the highest positivity reported in 5-14 year olds. 26 samples were positive for influenza through the English sentinel schemes (21 A(H1N1)pdm09, four A(H3) and one Flu B).

• Respiratory DataMart System (England)

In week 6 2014, out of the 790 respiratory specimens reported through the Respiratory Datamart System, 71 (9.0%) were positive for flu A(H1N1)pdm09, 18 (2.3%) positive for influenza A(H3), 33 (4.2%) positive for flu A (not subtyped) and two sample was positive for influenza B (Figure 7), with an overall influenza positivity of 15.7% with the highest by age group in 5-14 year olds (34.0%, Figure 8). The overall positivity for RSV continued to decrease from 6.3% in week 05 to 5.1% in week 06 with the highest positivity remaining in the <5 years (from 13.5% in week 5 to 10.5% in week 6) (Figure 9). Positivity for rhinovirus was stable at 13.8% in week 6. Other respiratory viruses remained at low levels(adenovirus 2.8%, parainfluenza 1.8% and hMPV 2.2%).



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

-In week 6, 26 samples from England were positive for influenza (21 A(H1N1)pdm09, four A(H3) and one Flu B). Three samples were positive from Scotland for influenza A(H1N1)pdm09, two samples were positive from Wales (1 A(H1N1)pdm09 and one A(H3)) and no sample was positive through the Northern Ireland scheme for influenza (Table 1).

Table 1: Sentinel influenza surveillance in the UK

Week	England	Scotland	Northern Ireland	Wales
03	12/56 (21.4%)	2/36 (5.6%)	5/12 (41.7%)	0/0 (-)
04	10/63 (15.9%)	4/56 (7.1%)	7/15 (46.7%)	0/4 (-)
05	10/71 (14.1%)	8/37 (21.6%)	1/7 (-)	1/5 (-)
06	26/80 (32.5%)	3/23 (13%)	0/3 (-)	2/9 (-)

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 36 influenza A(H3N2) viruses, all similar to the A/Texas/50/2012 H3N2 2013/14 vaccine strain, and 71 influenza A(H1N1)pdm09 viruses similar to the A/California/07/2009 vaccine strain for 2013/14. Three influenza B isolates, belonging to the B-Yamagata lineage have been characterised, and one from the B-Victoria lineage.

• Antiviral susceptibility

Since week 40 2013, 250 and 54 influenza viruses have been tested for Osetamivir and Zanamivir susceptibility, respectively, in the UK. Two (0.9%) of 231 flu A(H1N1)pdm09 and one (5.6%) of 18 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 February 2014, 82% 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, 12 weeks up to 2 Feb 2014, E&W

Organism	Tetracyclines		Co-amoxiclav	
	Specimens tested (N)	Specimens susceptible (%)	Specimens tested (N)	Specimens susceptible (%)
<i>S. aureus</i>	3,145	92	220	90
<i>S. pneumoniae</i>	2,339	82	2469*	91*
<i>H. influenzae</i>	9,316	99	8,893	93

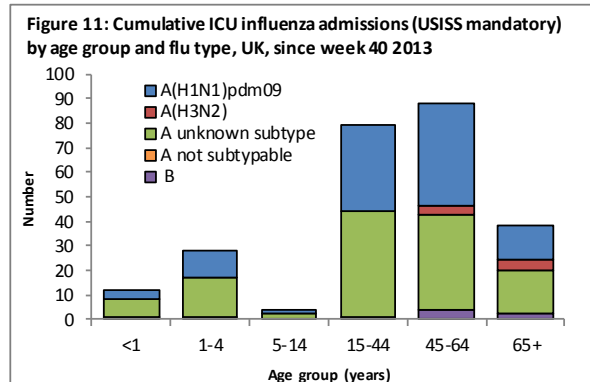
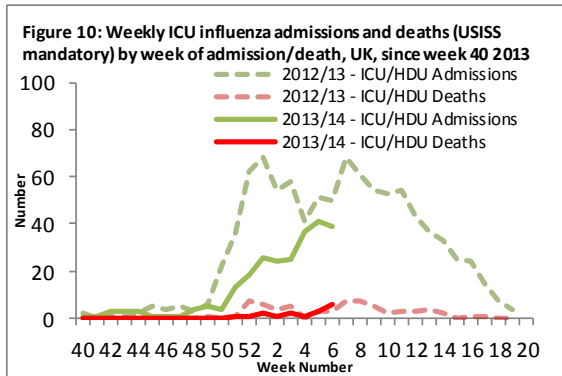
* *S. pneumoniae* isolates are not routinely tested for susceptibility to co-amoxiclav, however laboratory results for benzyl-penicillin are extrapolated to determine sensitivity to other beta-lactams such as co-amoxiclav.

In week 6, 39 new admissions of confirmed influenza cases to ICU/HDU (23 A unknown subtype, 15 A(H1N1)pdm09 and one A(H3N2)) and six confirmed influenza deaths in ICU/HDU have been reported through the national USISS mandatory ICU scheme across the UK (123 Trusts in England). 45 new hospitalised confirmed influenza cases have been reported through the USISS sentinel hospital network across England (24 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.

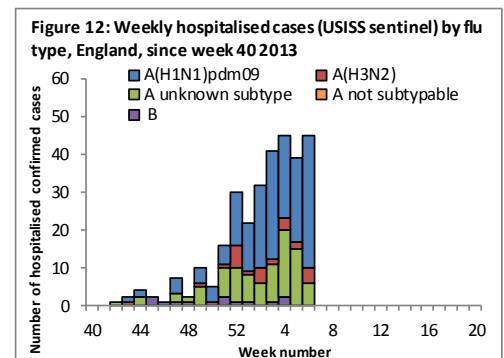
- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 6)

-In week 6, 39 new admissions to ICU/HDU with confirmed influenza infection (23 A unknown subtype, 15 A(H1N1)pdm09 and one A(H3N2)) were reported across the UK (123/156 Trusts in England) through the USISS mandatory ICU scheme (Figures 10 and 11) compared to 41 in week 5. Six new confirmed influenza deaths were reported in week 4 2013. A total of 249 admissions (125 A(unknown), 108 A(H1N1)pdm09, nine B and seven A(H3N2)) and 16 confirmed influenza deaths have been reported since week 40 2013.



- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 6)

-In week 6, 45 new hospitalised confirmed influenza case were reported through the USISS sentinel hospital network from 24 NHS Trusts across England (Figure 12) compared to 39 in week 5. A total of 304 hospitalised confirmed influenza admissions (178 A(H1N1)pdm09, 90 A unknown, 25 A(H3N2) and 11 B) have been reported since week 40 2013.



In week 6 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.

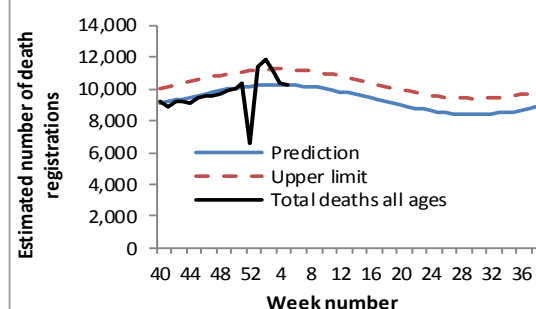
Seasonal mortality is seen each year in the UK, with a higher number of deaths in winter months compared to the summer. Additionally, peaks of mortality above this expected higher level typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory 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 5 2013, an estimated 10,258 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 10,374 estimated death registrations in week 4 and is 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.

Figure 13: Observed & predicted all-cause death registrations, E&W



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

-In week 6 2013, 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 in Wales or Scotland, with excess above the upper 2 z-score threshold seen in Northern Ireland in week 3 (Table 4).

Table 3: Excess mortality by age group, England*

Age group (years)	Excess detected in week 6 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

Figure 14: Excess mortality in 65+ year olds by week of death, EuroMOMO, England

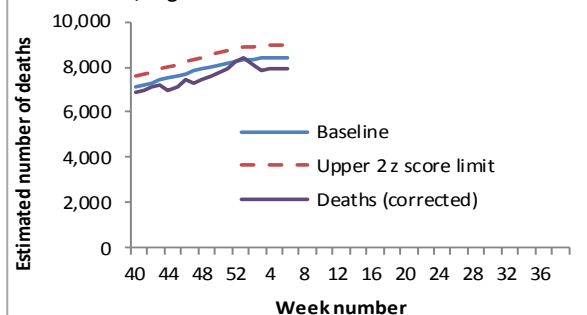


Table 4: Excess mortality by UK country*

Country	Excess detected in week 6 2014?	Weeks with excess in 2013/14
England	x	NA
Wales	x	NA
Scotland	x	NA
Northern Ireland	x	3

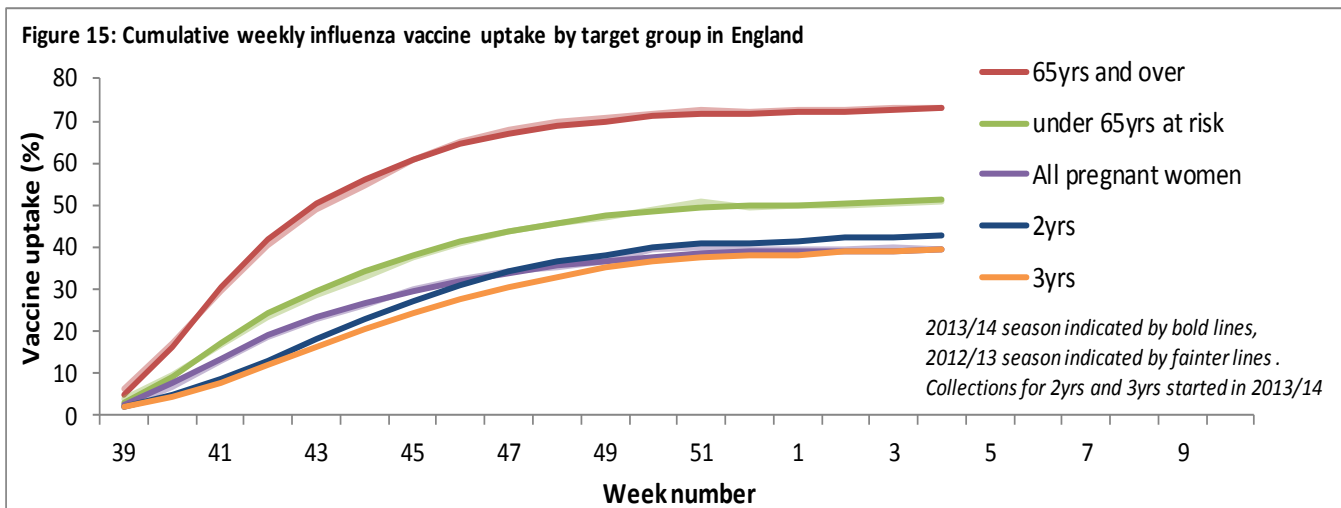
* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold

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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- Up to week 4 2014 in 71.3% of GP practices reporting weekly to Immform, the provisional proportion of people in England who had received the 2013/14 influenza vaccine in targeted groups was as follows (Figure 15):
 - 42.6% in all 2 year olds
 - 39.3% in all 3 year olds
 - 51.3% in under 65 years in a clinical risk group
 - 39.6% in all pregnant women
 - 72.9% in 65+ year olds



- In the third monthly collection up to 31 December 2013, provisional cumulative seasonal influenza vaccine uptake from 98.5% of GP practices was 72.0% in 65 years and over, 50.2% in under 65 year olds at risk, 38.9% in all pregnant women, 41.2% in all 2 year olds and 38.1% in all 3 year olds. The [report](#) provides uptake to Area Team level, CCG level and in key targeted groups.
- Provisional data from the third monthly collection of influenza vaccine uptake by frontline healthcare workers show 53.1% were vaccinated by 31 December 2013 from 95.2% of Trusts, compared to 44.0% vaccinated the previous season by 31 December 2012. The [report](#) provides uptake to Trust level.

International Situation

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Overall influenza activity in North America remains high. Influenza transmission is continuing across the EU/EEA region with diverse activity between countries.

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

For week 5/2014, clinical data were reported by 29 countries; Greece reported high-intensity influenza activity, while Bulgaria, Finland, France, Luxembourg, Malta and Spain reported medium influenza activity and 22 countries experienced low-intensity influenza activity. Geographical patterns of influenza activity were reported as widespread by eight countries (Bulgaria, Finland, France, Greece, Italy, Malta, Spain and UK (England)). No activity was experienced by Cyprus, Malta or Slovakia, while all other countries reported sporadic, local or regional influenza activity. The number of countries with regional or widespread influenza activity increased against the previous week. Increasing trends were reported by 17 countries and UK (Scotland and Wales), while Bulgaria, Spain and UK (Northern Ireland) reported decreasing trends. Stable trends were observed in nine countries. In week 5/2014, ILI/ARI rates and influenza virus detections in sentinel specimens decreased in Bulgaria, Portugal and Spain, indicating declining influenza activity in these countries Italy and Greece reported increasing ILI rates over the last five weeks, with increasing influenza virus detections in sentinel specimens in Italy and decreasing influenza virus detections in Greece. Other countries reported continuing low ILI/ARI rates and low influenza activity. Influenza activity is very diverse within Europe at the moment. It seems that in some countries activity has already peaked or is increasing, while in other countries baseline levels are still being reported.

For week 5/2014, 26 countries tested 1 513 sentinel specimens; 394 (26%) from 23 countries were positive for influenza virus. Influenza A(H1)pdm09 was reported as the dominant virus by Bulgaria, Hungary, Iceland, Latvia, Norway, Spain, Sweden and UK (Scotland), while Italy and Slovenia reported A(H3) as dominant. Both subtypes co-circulated in France, Greece and Ireland. Influenza A virus was detected in 393 specimens, with 157 (49%) subtyped as A(H1)pdm09 and 163 (51%) as A(H3). One influenza B virus of the B/Yamagata/16/88 lineage was reported. In addition, 1 452 non-sentinel source specimens (e.g. specimens collected for diagnostic purposes, mainly in hospitals) were found to be positive for influenza virus; 1 415 (97%) for type A virus and 37 (3%) for type B virus. In contrast to the subtype distribution in the sentinel surveillance, 608 (80%) of 759 subtyped influenza A viruses in the non-sentinel surveillance were of subtype A(H1)pdm09. The proportion of specimens testing positive for influenza virus has decreased since week 2/2014

Since week 40/2013, of the 2 635 sentinel specimens testing positive for influenza virus, 2 589 (98%) were type A and 46 (2%) were type B. Of the 2 303 influenza A viruses subtyped, 1 301 (56%) were A(H1)pdm09

and 1 002 (44%) were A(H3). Of the 14 influenza B viruses, 13 were of the B/Yamagata/16/88 lineage and one was of the B/Victoria/2/87 lineage. In the last two weeks, the proportion of A(H1)pdm09 viruses among all subtyped sentinel influenza A viruses has decreased and this week was lower than the proportion of A(H3), indicating a circulation of both viruses with varying dominance across Europe at this point in the season.

For week 5/2014, 17 countries reported 965 respiratory syncytial virus detections, maintaining the downward trend and indicating a peak for this season in week 1/2014. The number of RSV detections was lower than the number observed during the same period last year.

For week 5/2014, 182 hospitalised, laboratory-confirmed influenza cases were reported by five countries (France, Ireland, Romania, Spain and UK) (Table 5). Of the subtyped influenza A viruses, 85 (80%) were related to A(H1)pdm09 and 21 (20%) to A(H3), which is in accordance with the non-sentinel virological surveillance results displayed in Table 2.

Since week 40/2013, six countries have reported 1 605 hospitalised, laboratory-confirmed influenza cases: 1 588 (99%) were related to influenza virus type A infection and 17 (1%) to type B virus infection (Tables 5 and 6). Of 1 078 subtyped influenza A viruses, 878 (81%) were A(H1)pdm09 and 200 (19%) were A(H3) (Table 5). Of the 1 443 hospitalised cases with reported age, 554 (38%) were 40–64 years and 494 (34%) were over 60 years. Five countries reported a total of 124 fatal cases (Table 6). All fatal cases were associated with influenza virus type A infection and 86 of them were subtyped: 70 (81%) as A(H1)pdm09 and 16 (19%) as A(H3). The age was reported for 122 of the fatal cases: 68 (56%) were over 65 years.

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

During week 5 (January 26-February 1, 2014), influenza activity remained high in the United States.

Nationwide during week 5, 3.2% 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 above the national baseline of 2.0%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.7% to 5.1% during week 5. All 10 regions reported a proportion of outpatient visits for ILI above their region-specific baseline level.

During week 5, 8.6% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I. This percentage was above the epidemic threshold of 7.3% for week 5. Three influenza-associated pediatric deaths were reported to CDC during week 5. All three deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 1, 3 and 4 (weeks ending January 4, January 18, and January 25, 2014). Three influenza-associated pediatric deaths were reported. A total of 40 influenza-associated pediatric deaths have been reported during the 2013-2014 season from New York City [1] and 19 states (AR [3], CA [4], FL [3], GA [1], IA [1], KY [1], LA [2], MA [1], MI [1], MS [1], NC [1], OK [2], OR [1], TN [4], TX [9], UT [1], VA [1], WI [1], and WV [1]).

Of 8,282 specimens tested and reported during week 5 by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, 1,626 (19.6%) were positive for influenza. By type, 1,511 (92.9%) were influenza A (1,116 (58.6%) A(H1N1)pdm09, 759 subtyping not performed and 31 (1.6%) A(H3)) and 100 (5.0%) were influenza B.

- [Canada](#) 07 February 2014 (Public Health Agency report)

In week 05, overall influenza activity continued to decrease in Canada, with most activity identified in eastern provinces. In week 05, one region in Quebec and one in Manitoba reported widespread activity, and 15 regions (in AB(1), ON(6), QC(4), NB(3) and NS(1)) reported localized activity. Compared to week 04, activity was stable or decreased in regions in AB, ON, PE, NL and NU; stable in BC, SK, NT and YT; and stable or increased in regions in MB and QC. A mixed pattern of activity was reported among regions in NB and NS. The national influenza-like-illness (ILI) consultation rate continued to decrease from 34.6/1,000 in week 04 to 28.8/1,000 in week 05; which is within the expected range for week 05. In week 05, 50 new laboratory-confirmed influenza-associated paediatric (≤ 16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network, compared to 56 in week 04. All but one of the hospitalizations in week 05 were cases with influenza A. Forty-one (82%) of the cases were < 5 years of age. Eight ICU admissions were reported in week 05, one child under 6 months of age, two children 6-23 months of age, three 2-4 years of age, and two 5-9 years of age; all with influenza A. No deaths were reported.

- [Global influenza update](#) 27 January 2014 (WHO website)

In North America influenza activity remained high in recent weeks with A(H1N1)pdm09 predominant. In Europe, a slight increase in influenza activity has been observed, which may indicate the start of the influenza season. In China influenza activity continued to increase with influenza (H1N1)pdm09, A(H3N2) and influenza B co-circulating. In the southern hemisphere influenza activity remained low.

In countries of tropical areas variable influenza activity was reported.

Based on FluNet reporting (as of 23 January 2014), during weeks 1 to 2 (29 December 2013 to 11 January 2014), National Influenza Centres (NICs) and other national influenza laboratories from 72 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 81 261 specimens. 24 494 were positive for influenza viruses, of which 22 425 (91.6%) were typed as influenza A and 2069 (8.4%) as influenza B. Of the sub-typed influenza A viruses, 11 033 (80.5%) were influenza A(H1N1)pdm09 and 2669 (19.5%) were influenza A(H3N2). Of the characterized B viruses, 220 (84%) belonged to the B-Yamagata lineage and 42 (16%) to the B-Victoria lineage) were influenza A(H3N2). Of the characterized B viruses, 352 (81.1%) belong to the B-Yamagata lineage and 82 (18.9%) to the B-Victoria lineage.

- [Avian Influenza](#) 10 February 2014 (WHO website)

Influenza A(H7N9)

Since 23 January 2014, 114 hospitalised cases of human infection with influenza A(H7N9) in China have been reported by [WHO](#), including eight deaths, compared to 77 the previous week. 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 7 February 2014

Up to 7 February 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 108 suspect cases in the UK that have been investigated for MERS-CoV and tested negative. A further 178 confirmed cases have been reported internationally. This results in a current global total of [182 cases](#), 79 of which have died (case fatality ratio=43%). 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

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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](#))