



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

Indicators of influenza activity remain at low levels of intensity with evidence of sporadic detections of influenza. However, increasing influenza positivity and influenza-confirmed hospitalisations in young adults (15-44 year olds) has been reported, with A(H1N1)pdm09 predominating.

- Overall weekly influenza GP consultation rates across the UK
 - In week 2 (ending 12 January 2014), overall weekly influenza GP consultations remained low in England (5.7 per 100,000), Wales (8.4 per 100,000), Scotland (14.0 per 100,000) and Northern Ireland (24.3 per 100,000).
 - In week 2, national attendances for bronchitis/bronchiolitis continue to decrease, particularly in young children. Selected indicators of influenza-like illness activity remain stable and below seasonally expected levels.
 - Eleven new acute respiratory outbreaks have been reported in the past seven days across the UK (seven in care homes, two in hospitals and two in schools). Where tested, four were positive for influenza A(not subtyped), one for rhinovirus and one for parainfluenza.
- Virology
 - In week 2 2014, 53 influenza positive detections were recorded through the DataMart scheme (28 A(H1N1)pdm09, five A(H3), 19 A(not subtyped) and one B), positivity of 5.8% compared to 4.2% in week 1).
 - 14 samples were positive through the English sentinel schemes (eleven A(H1N1)pdm09, two influenza A(H3) and one influenza B, positivity of 15.9%).
- Disease severity and mortality
 - 21 new admissions to ICU/HDU with confirmed influenza (11 A(H1N1)pdm09 and 10 A unknown subtype) and one confirmed influenza death were reported through the USISS mandatory ICU surveillance scheme across the UK (134 Trusts in England) in week 2. 25 new hospitalised confirmed influenza cases were reported through the USISS sentinel hospital network across England (23 Trusts).
 - In week 2 2014, no excess all-cause mortality was seen across in Scotland and Northern Ireland through the EuroMOMO algorithm and none has been reported since week 40 2013. This data is provisional due to the time delay in death registration. Please note there has been no update in recent weeks for England and Wales due to delays in reporting over the Christmas period (no excess all-cause mortality has been reported from week 40 to week 50 2013).
- Vaccination
 - Up to week 2 2014 in 77.8% 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: 42.2% in all 2 year olds, 39.0% in all 3 year olds, 50.5% in under 65 years in a clinical risk group, 39.1% in all pregnant women and 72.3% in 65+ year olds.
 - Provisional data from the second monthly collection of influenza vaccine uptake by frontline healthcare workers show 48.6% were vaccinated by 30 November 2013 from 95.9% of Trusts, compared to 40.8% vaccinated the previous season by 30 November 2012.
- International situation
 - Overall influenza activity in North America continues to increase. The predominant subtype of influenza viruses detected was A(H1N1)pdm09.
 - The influenza season is slowly getting started in EU/EEA countries.

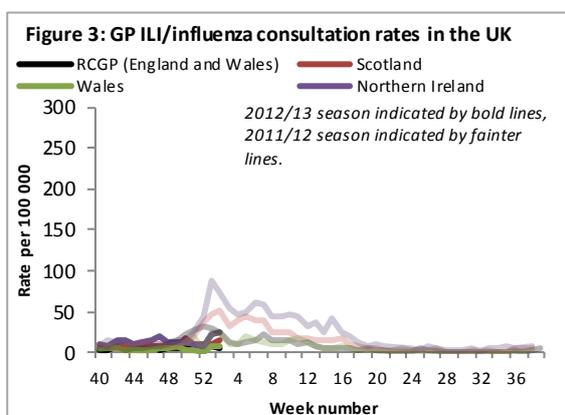
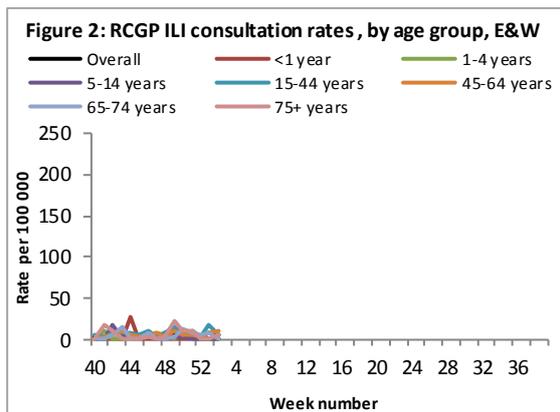
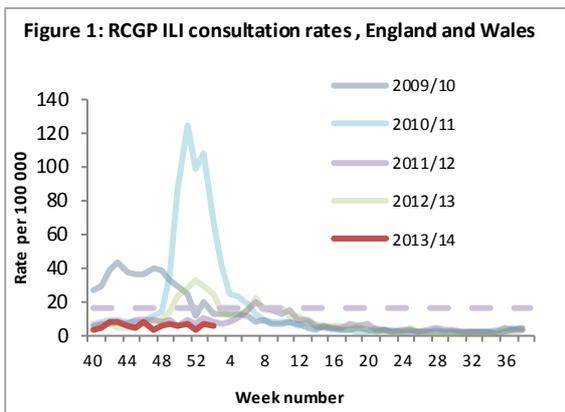
In week 2 (ending 12 January 2014), overall weekly influenza GP consultations remained low in England, Wales, Scotland and Northern Ireland.

- Influenza/Influenza-Like-Illness (ILI)

RCGP (England and Wales)

-The overall ILI consultation rate from RCGP for England and Wales remained stable in week 2 2014 (5.7 per 100,000) compared to week 1 (7.3 per 100,000) (Figure 1*). ILI rates decreased in the Central (from 10.6 to 6.1 per 100,000), and remained stable in the South region (from 6.1 to 4.6 per 100,000) and North region (5.0 per 100,000 to 6.7 per 100,000).

-In week 2 2014, ILI consultations were reported in 15-44 year olds (rate of 6.1 per 100,000), 45-64 year olds (11.1 per 100,000) and 75+ year olds (5.2 per 100,000).



Northern Ireland

-The Northern Ireland influenza rate remained stable from 22.8 per 100,000 in week 1 to 24.3 per 100,000 in week 2 (Figure 3).

-In week 2 2014, the highest rates were seen in 75+ year olds (46.6 per 100,000) and 45-64 year olds (from 29.1 to 33.2 to per 100,000).

Wales

-The Welsh influenza rate remained stable from 7.0 per 100,000 in week 1 to 8.4 per 100,000 in week 2 (Figure 3).

-The highest rate was seen in 45-64 year olds (from 6.4 to 13.1 per 100,000) followed by 15-44 year olds (from 8.8 to 9.9 per 100,000).

Scotland

-The Scottish ILI rate increased from 9.9 per 100,000 in week 1 to 14.0 per 100,000 in week 2 (Figure 3).

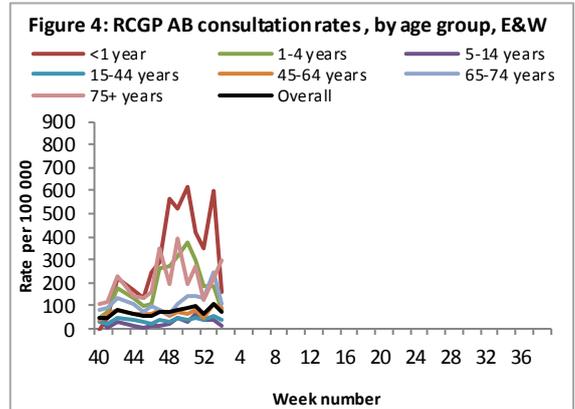
-The highest rate was seen in 75+ year olds (from 10.7 to 18.7 per 100,000) followed by 45-64 year olds (from 13.6 to 17.5 per 100,000).

*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 decreased from 106.3 per 100,000 in week 1 to 76.3 per 100,000 in week 2 (Figure 4). The highest rates were seen in 75+ year olds (300.1 per 100,000) and <1 year olds (159.6 per 100,000).



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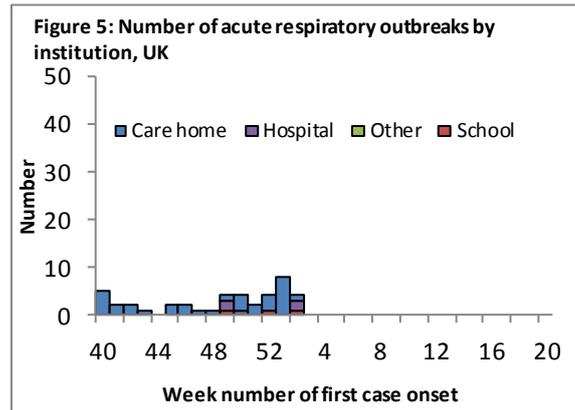
In week 2 national attendances for bronchitis/bronchiolitis continue to decrease and eleven new acute respiratory outbreaks have been reported in the last seven days.

- PHE Real-time Syndromic Surveillance

-In week 2 national attendances for bronchitis/bronchiolitis continue to decrease, particularly in young children. Selected indicators of influenza-like illness activity remain stable and below seasonally expected levels.
 -For further information, please see the syndromic surveillance [webpage](#).

- Acute respiratory disease outbreaks

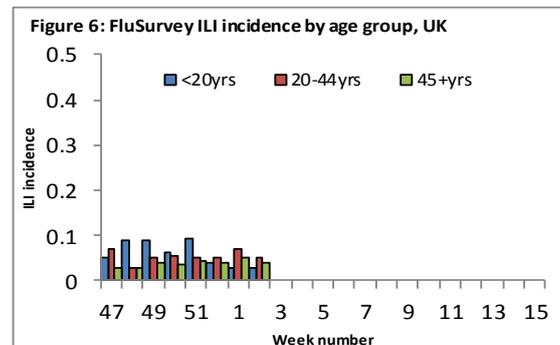
-Eleven new acute respiratory outbreaks were reported in the last 7 days; one from a care home in Scotland, one from a hospital and one from a school in the North of England, two from care homes in the Midlands and East of England; one each from a care home and a hospital in London, and four from the South of England (three in care homes and one in a school). Among these 11 outbreaks, four tested positive for influenza A(not subtyped), one for rhinovirus, one for parainfluenza, and others not tested. So far this season, 35 outbreaks have been reported in care homes, five in hospitals and two in schools (where tested, one influenza A(H1N1)pdm09, four influenza A (not subtyped), seven RSV, six rhinovirus, three parainfluenza, one parainfluenza/ RSV, and one parainfluenza.rhinovirus).



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

- FluSurvey

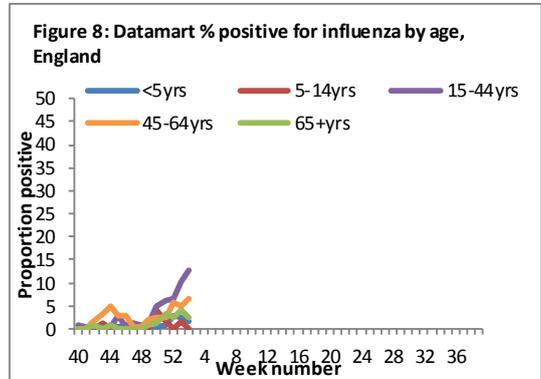
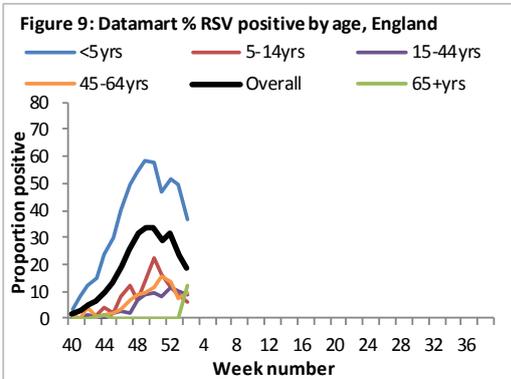
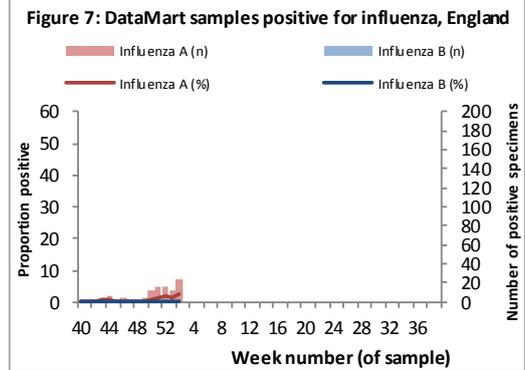
-Internet-based surveillance of influenza in the general population is undertaken through the FluSurvey project (<http://flusurvey.org.uk>) run by the London School of Hygiene and Tropical Medicine. Please see the website for information on how to register.
 In week 2, the incidence of ILI reports was low and highest in 20-44yrs (Figure 6).



In week 2 2014, 53 influenza positive detections were recorded through the DataMart scheme (28 A(H1N1)pdm09, five A(H3), 19 A(not subtyped) and one B), with increasing positivity in young adults (15-44 year olds) reported. Fourteen samples were positive through the English sentinel schemes (eleven A(H1N1)pdm09, two influenza A(H3) and one influenza B).

- Respiratory DataMart System (England)

In week 2 2014, out of the 921 respiratory specimens reported through the Respiratory Datamart System, 28 (3.0%) were positive for flu A (H1N1)pdm09, five (0.5%) were positive for influenza A(H3), 19 (2.1%) were positive for flu A (not subtyped) and one sample was positive for influenza B (Figure 7), with the highest positivity in 15-44 year olds (12.8%, Figure 8). The overall positivity for RSV continue to decrease from 24.1% in week 1 to 18.3% in week 2 with the highest positivity reported in the <5 years (decrease from 48.7% in week 1 to 36.6% in week 2, Figure 9). Positivity decreased slightly for rhinovirus (13.4% in week 1 to 11.8%) and for hMPV (3.8% in week 1 to 2.7% in week 2). Other respiratory viruses remained at low levels (adenovirus 3.5% and parainfluenza 1.4%).



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

-Fourteen samples from England were positive (eleven A(H1N1)pdm09, two influenza A(H3) and one influenza B). Two samples were positive from Scottish for influenza A(H1N1)pdm09 and two samples were positive from Northern Ireland for influenza A(unsubtyped) in week 2 (Table 1). No samples were tested through the Welsh scheme.

Table 1: Sentinel influenza surveillance in the UK

Week	England	Scotland	Northern Ireland	Wales
51	4/57 (7%)	1/59 (1.7%)	0/4 (-)	0/0 (-)
52	0/26 (0%)	2/30 (6.7%)	0/1 (-)	0/0 (-)
01	2/58 (3.4%)	0/18 (0%)	1/12 (8.3%)	0/0 (-)
02	14/88 (15.9%)	2/27 (7.4%)	2/8 (-)	0/0 (-)

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 18 influenza A(H3N2) viruses, all similar to the A/Texas/50/2012 H3N2 2013/14 vaccine strain, and 12 influenza A(H1N1)pdm09 viruses similar to the A/California/07/2009 vaccine strain for 2013/14. One influenza B isolate, belonging to the B-Yamagata lineage has been characterised.

- Antiviral susceptibility

Since week 40 2013, 27 and 6 influenza viruses have been tested for Osetamivir and Zanamivir susceptibility, respectively, in the UK, and no virus has been found to be resistant so far in this season.

- Antimicrobial susceptibility

-In the 12 weeks up to 5 January 2014, 83% 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 5 Jan 2014, E&W

Organism	Tetracyclines		Co-amoxiclav	
	Specimens tested (N)	Specimens susceptible (%)	Specimens tested (N)	Specimens susceptible (%)
<i>S. aureus</i>	3,049	92	190	88
<i>S. pneumoniae</i>	2,148	83	2270*	90*
<i>H. influenzae</i>	8,286	99	7,796	93

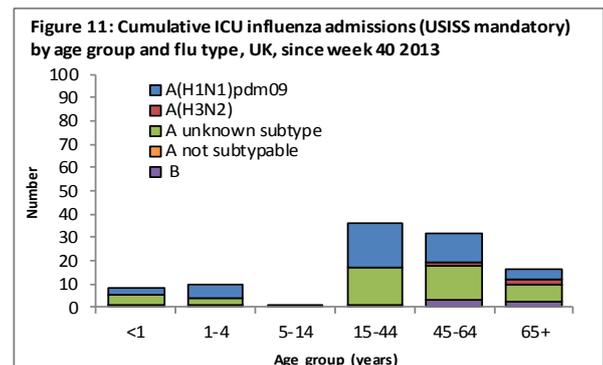
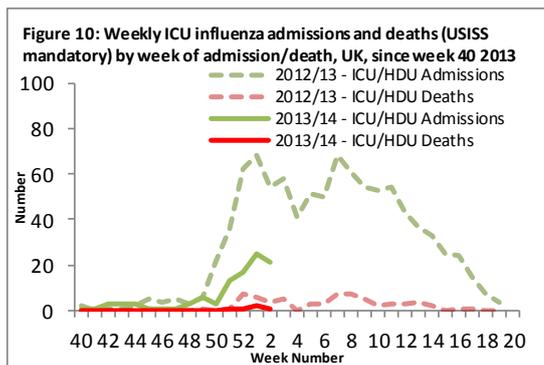
* *S. pneumoniae* isolates are not routinely tested for susceptibility to co-amoxiclav, however laboratory results for benzyl-penicillin are extrapolated to determine sensitivity to other beta-lactams such as co-amoxiclav.

In week 2, 21 new admissions of confirmed influenza cases to ICU/HDU (11 A(H1N1)pdm09 and ten A unknown subtype) and one confirmed influenza death in ICU/HDU have been reported through the national USISS mandatory ICU scheme across the UK (134 Trusts in England). 25 new hospitalised confirmed influenza cases have been reported through the USISS sentinel hospital network across England (23 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.

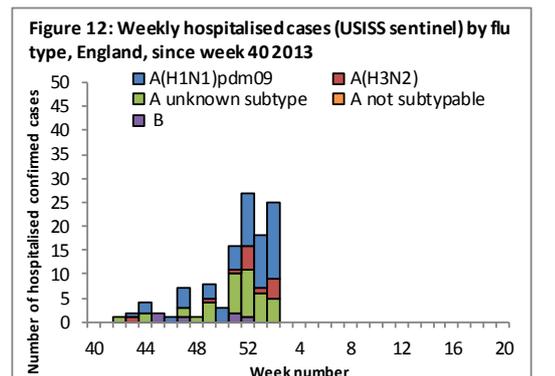
- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 2)

-In week 2, 21 new admissions to ICU/HDU with confirmed influenza infection (11 A(H1N1)pdm09 and 10 A unknown subtype) were reported across the UK (134/156 Trusts in England) through the USISS mandatory ICU scheme (Figures 10 and 11) compared to 25 in week 1. One new confirmed influenza death was reported in week 2 2013. A total of 103 admissions (46 A(H1N1)pdm09, 46 A(unknown), eight B and three A(H3N2)) and five confirmed influenza deaths have been reported since week 40 2013. The majority of cases reported to date have been in 15-44 year olds (35%).



- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 2)

-In week 2, 25 new hospitalised confirmed influenza cases were reported through the USISS sentinel hospital network from 23 NHS Trusts across England (Figure 12) compared to 18 in week 1. A total of 115 hospitalised confirmed influenza admissions (57 A(H1N1)pdm09, 39 A unknown, 13 A(H3N2) and six B) have been reported since week 40 2013.



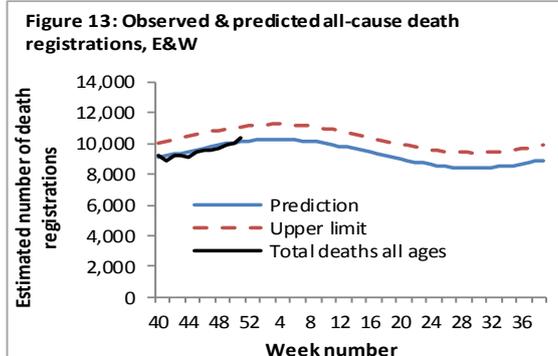
In week 2 2014, no excess all-cause mortality was seen across in Scotland and Northern Ireland through the EuroMOMO algorithm and none has been reported since week 40 2013. Please note there has been no update in recent weeks for England and Wales due to delays in reporting over the Christmas period (no excess all-cause mortality has been reported from week 40 to week 50 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 51 2013, an estimated 10,335 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is slightly more than the 10,033 estimated death registrations in week 50 but remains below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 13).



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

-In week 50 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). This data is provisional due to the time delay in registration and so numbers may vary from week to week.

-No excess mortality above the threshold through the same standardised algorithm was seen subnationally or in the devolved administrations (with no excess seen up to week 2 2014 in Scotland and Northern Ireland) (Table 4).

Table 3: Excess mortality by age group, England*

Age group (years)	Excess detected in week 50 2013?	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 2 2014?	Weeks with excess in 2013/14
England	NA	NA
Wales	NA	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

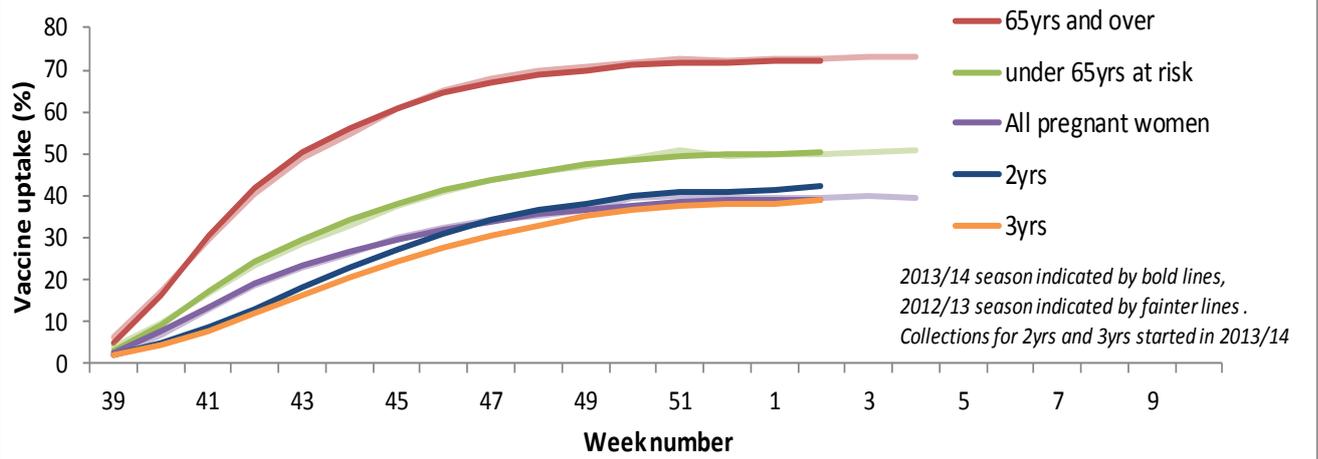
NB. Separate total and age-specific models are run for England which may lead to discrepancies between Tables 3 + 4

Vaccination

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- Up to week 2 2014 in 77.8% 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):
 - 42.2% in all 2 year olds
 - 39.0% in all 3 year olds
 - 50.5% in under 65 years in a clinical risk group
 - 39.1% in all pregnant women
 - 72.3% in 65+ year olds

Figure 15: Cumulative weekly influenza vaccine uptake by target group in England



- In the second monthly collection up to 30 November 2013, provisional cumulative seasonal influenza vaccine uptake from 95.6% of GP practices was 68.8% in 65 years and over, 45.8% in under 65 year olds at risk, 35.8% in all pregnant women, 36.5% in all 2 year olds and 33.6% in all 3 year olds. The [report](#) provides uptake to Area Team level, CCG level and in key targeted groups.
- Provisional data from the second monthly collection of influenza vaccine uptake by frontline healthcare workers show 48.6% were vaccinated by 30 November 2013 from 95.9% of Trusts, compared to 40.8% vaccinated the previous season by 30 November 2012. The [report](#) provides uptake to Trust level.

International Situation

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Overall influenza activity in North America continues to increase. The predominant subtype of influenza viruses detected was A(H1N1)pdm09. The influenza season is slowly getting started in EU/EEA countries.

- [Europe](#) 10 January 2013 (European Centre for Disease Prevention and Control report)

For week 1/2014, clinical data were reported by 29 countries. Spain reported medium intensity while all other countries experienced low-intensity influenza activity, which is the lowest category of reporting. Geographic patterns of influenza activity were reported as widespread by Portugal and local by France, Spain, Sweden and the UK (England). Thirteen countries and the UK (Northern Ireland and Scotland) reported sporadic geographic spread. Eleven countries and the UK (Wales) reported no activity. Increasing trends were reported by six countries (Bulgaria, Ireland, Malta, Portugal, Spain and the UK) while Poland reported a decreasing trend and all other countries had stable trends. Among the 11 countries reporting influenza virus-positive sentinel specimens, a substantial increase in influenza-like illness rates were observed only in Spain. The influenza season is slowly getting started in EU/EEA countries as approximately two thirds of countries reported local or sporadic spread for week 1/2014 and the proportion of specimens testing positive for influenza virus has increased for five consecutive weeks.

For week 1/2014, 24 countries tested 305 sentinel specimens, of which 70 (23%; range 0-75%) from eleven countries were positive for influenza virus. Sixty-nine were type A viruses and one was B. Of the 59 influenza A viruses subtyped, 30 (51%) were A(H1)pdm09 and 29 (49%) were A(H3). The proportion of specimens testing positive for influenza virus has increased since week 47/2014 for five consecutive weeks. Since week 40/2013, of the 390 sentinel specimens positive for influenza virus, 362 (93%) were type A and 28 (7%) were type B. Of the 291 influenza A viruses subtyped, 149 (51%) were A(H1)pdm09 and 142 (49%) were A(H3). This differs from the distribution seen in North America where more than 90% of influenza A viruses are A(H1N1)pdm09.

Since week 40/2013, five countries have reported 173 hospitalised laboratory-confirmed influenza cases. Three of these, all of which were patients ≥ 80 years of age, had a fatal outcome. For week 1/2014, 36 hospitalised laboratory-confirmed influenza cases were reported by four countries (Ireland, Spain, Sweden and the UK). Of these, 21 were related to A(H1)pdm09, two to A(H3) and 13 to non-subtyped influenza A viruses. Of the 173 hospitalised laboratory-confirmed influenza cases reported since week 40/2013, 160 (92%) were related to influenza type A and 13 (8%) to type B. Of 90 subtyped influenza A viruses, 75 (83%) were A(H1)pdm09 and 15 (17%) were A(H3) viruses.

- [United States of America](#) 10 January 2013 (Centre for Disease Control report)

During week 1 (December 29, 2013-January 4, 2014), influenza activity continued to increase in the United States.

Nationwide during week 1, 4.4% 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%. (*ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.*) The increase in the percentage of patient visits for ILI in previous weeks may be influenced in part by a reduction in routine healthcare visits during the holidays, as has occurred in previous seasons. Twenty states experienced high ILI activity; seven states and New York City experienced moderate ILI activity; 11 states experienced low ILI activity; 12 states experienced minimal ILI activity, and the District of Columbia had insufficient data.

During week 1, 6.9% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I. This percentage was below the epidemic threshold of 7.1% for week 1. Four influenza-associated pediatric deaths were reported to CDC during week 1. Three deaths were associated with a 2009 H1N1 virus and occurred during week 52 (week ending December 28, 2013) and week 1 (week ending January 4, 2014). One was associated with an influenza A virus for which no subtyping was performed and occurred during week 51 (week ending December 21, 2013). A total of 10 influenza-associated pediatric deaths for the 2013-2014 season have been reported.

Of 9,482 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 1, 2,486 (26.2%) were positive for influenza. By type, 2,421 (97.4%) were influenza A (1,372 (56.7%) A(H1N1)pdm09, 1,030 subtyping not performed and 19 (0.8%) A(H3)) and 65 (2.6%) were influenza B.

- [Canada](#) 10 January 2013 (Public Health Agency report)

Influenza activity in Canada continued to increase in week 01 with increases in laboratory detections of influenza, ILI consultations, hospitalizations with influenza and prescriptions for influenza antivirals. A(H1N1)pdm09 remains the predominant virus subtype this season. In week 01, two regions in Alberta continued to report widespread activity, and 12 regions (in AB(1), SK(1), MB(1) ON(4), QC(3), NS(1) and NT(1)) reported localized activity. The national influenza-like-illness (ILI) consultation rate increased from 36.2/1,000 in week 52 to 48.5/1,000 in week 01, but is still within the expected range for this time of year. In week 01, 40 new laboratory-confirmed influenza-associated paediatric (≤ 16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network, compared to 53 in week 52. All 40 hospitalizations in week 01 were cases with influenza A; 30% of these were A(H1N1)pdm09 and the remainder were A(unsubtyped). All but three of the cases were <5 years of age: of these, 13 (32.5%) were under 6 months of age, 9 (22.5%) 6-23 months of age, and 15 (37.5%) 2-4 years of age. Six ICU admissions were reported in week 01, two children 6-23 months of age, one 2-4 years of age, and three 5-9 years of age; all with influenza A. No deaths were reported.

- [Global influenza update](#) 13 December 2013 (WHO website)

In North America influenza activity has sharply increased over recent weeks. The predominant subtype of influenza viruses detected was A(H1N1)pdm09. In China influenza activity has been increasing with influenza (H1N1)pdm09, A(H3N2) and influenza B circulating. For the rest of the northern hemisphere as well as in the southern hemisphere influenza activity remained low.

In countries of tropical areas variable influenza activity was reported.

Based on FluNet reporting (as of 9 January 2014, 08:05 UTC), during weeks 50 to 52 (8 December 2013 to 28 December 2013), National Influenza Centres (NICs) and other national influenza laboratories from 99 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 88 471 specimens. 17 640 were positive for influenza viruses, of which 15 233 (86.4%) were typed as influenza A and 2406 (13.6%) as influenza B. Of the sub-typed influenza A viruses, 6889 (67.2%) were influenza A(H1N1)pdm09, and 3365 (32.8%) 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](#) 8 January 2013 (WHO website)

Influenza A(H7N9)

In the past seven days, 18 cases of human infection with influenza A(H7N9) in China have been reported by [WHO](#), including three deaths. 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, 648 human cases of H5N1 avian influenza have been officially reported to [WHO](#) from 15 countries, of which 384 (59%) died.

- Novel coronavirus 9 January 2013

Up to 9 January 2013, 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 159 confirmed cases have been reported internationally. This results in a current global total of [178 cases](#), 75 of which have died (case fatality ratio=42%). Further information on management and guidance of possible cases is available [online](#).

Acknowledgements

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Weekly consultation rates in national sentinel schemes

- [Sentinel schemes operating across the UK](#)
- [RCGP scheme](#)
- Northern Ireland surveillance ([Public Health Agency](#))
- Scotland surveillance ([Health Protection Scotland](#))
- Wales surveillance ([Public Health Wales](#))
- [Real time syndromic surveillance](#)
- [MEM threshold paper](#)

Community surveillance

- [Outbreak reporting](#)
- [FluSurvey](#)
- [MOSA](#)

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](#))