



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

The majority of indicators of influenza activity are at similar levels in week 4 compared to week 3, although the number of influenza-confirmed admissions to ICU/HDU has increased. A [letter](#) has now been issued recommending the use of antivirals where appropriate.

- Overall weekly influenza GP consultation rates across the UK
 - In week 4 (ending 26 January 2014), overall weekly influenza GP consultations remained low in England (7.2 per 100,000), Wales (5.7 per 100,000), Scotland (8.4 per 100,000) and Northern Ireland (22.9 per 100,000).
 - Nationally, there have been slight increases in selected respiratory indicators during week 4 including acute respiratory and upper respiratory tract infections, particularly in children aged 0-4 years.
 - Seven new acute respiratory outbreaks have been reported in the past seven days across the UK (three in hospitals, two in care homes, one in a school and one in a nursery). Where tested, two were positive for A(H1N1)pdm09, one influenza A (not subtyped), one RSV and one rhinovirus.
- Virology
 - In week 4 2014, 57 influenza positive detections were recorded through the DataMart scheme (32 A(H1N1)pdm09, seven A(H3), 16 A(not subtyped) and two B, a positivity of 8.2% compared to 7.8% in week 3).
 - Five samples were positive for influenza through the English GP sentinel schemes (four A(H1N1)pdm09 and one A(H3), positivity of 9.1%).
- Disease severity and mortality
 - 31 new admissions to ICU/HDU with confirmed influenza (21 A unknown subtype, nine A(H1N1)pdm09 and one A(H3N2)) and no confirmed influenza deaths were reported through the USSS mandatory ICU surveillance scheme across the UK (137 Trusts in England) in week 4. 36 new hospitalised confirmed influenza cases were reported through the USSS sentinel hospital network across England (26 Trusts).
 - In week 4 2014, no excess all-cause mortality by week of death was seen across the UK through the EuroMOMO algorithm and none has been reported since week 40 2013.
- 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 increasing across the EU/EEA region.

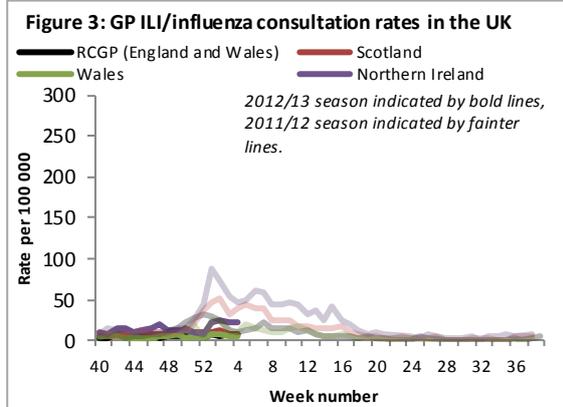
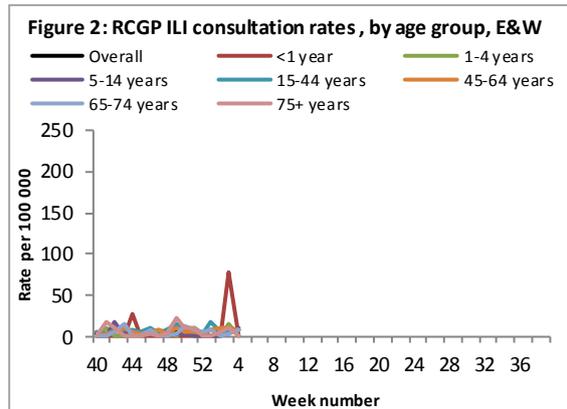
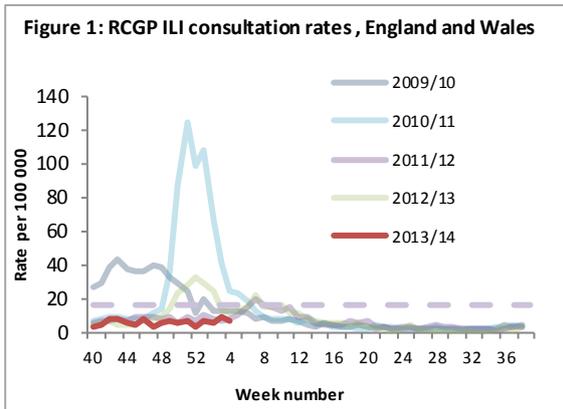
In week 4 (ending 26 January 2014), overall weekly influenza GP consultations remained low in England, Wales, Scotland and Northern Ireland.

- Influenza/Influenza-Like-Illness (ILI)

RCGP (England and Wales)

-The overall ILI consultation rate from RCGP for England and Wales remained stable at 7.2 per 100,000 in week 4 (Figure 1*). ILI rates decreased in the North (from 6.7 to 0.0 per 100,000) and South (from 17.3 to 8.7 per 100,000) and increased in the Central region (from 1.1 to 11.1 per 100,000).

-In week 4 2014, the highest ILI consultations were reported in 5-14 year olds (rate of 11.6 per 100,000), 65-74 year olds (8.9 per 100,000) and 45-64 year olds (8.2 per 100,000).



Northern Ireland

-The Northern Ireland influenza rate remained stable at 22.9 per 100,000 in week 4 (Figure 3).

-In week 3 2014, the highest rates were seen in 1-4 year olds (28.3 per 100,000) and 45-64 year olds (25.4 per 100,000).

Wales

-The Welsh influenza rate remained stable at 5.7 per 100,000 in week 4 (Figure 3).

-The highest rate was seen in 65-74 year olds (11.3 per 100,000) followed by 15-44 year olds (7.1 per 100,000).

Scotland

-The Scottish ILI rate remained stable at 8.4 per 100,000 in week 4 (Figure 3).

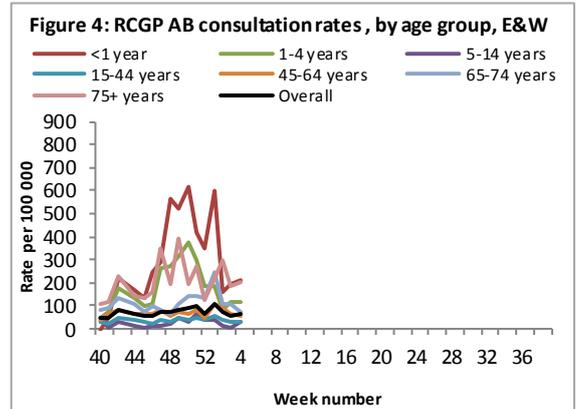
-The highest rate was seen in 45-64 year olds (13.4 per 100,000) followed by 15-44 year olds (8.6 per 100,000).

*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 62.6 per 100,000 in week 4 (Figure 4). The highest rates were seen in <1 year olds (214.7 per 100,000) and 75+ year olds (203.2 per 100,000).



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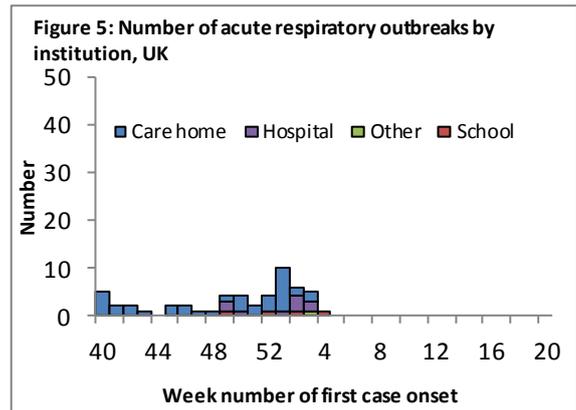
In week 4 slight increases in selected respiratory indicators have been seen and seven new acute respiratory outbreaks have been reported in the last seven days.

- PHE Real-time Syndromic Surveillance

-Nationally, there have been slight increases in selected respiratory indicators during week 4 including acute respiratory and upper respiratory tract infections, particularly in children aged 0-4 years. Indicators for influenza-like illness remained stable during week 4 and below seasonally expected levels.
 -For further information, please see the syndromic surveillance [webpage](#).

- Acute respiratory disease outbreaks

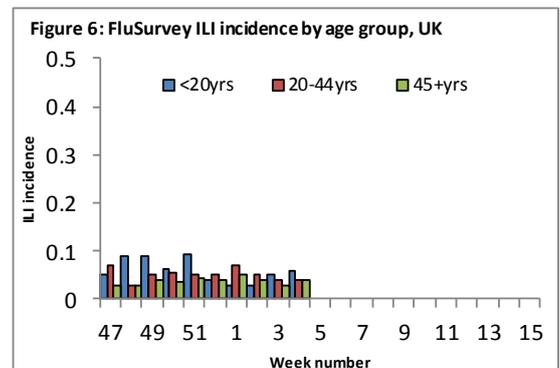
-Seven new acute respiratory outbreaks were reported in the last 7 days; four were reported in the North of England (one each in a care home, a hospital, a school and a nursery), one from a care home in the South of England, one from a hospital in the Midlands and East of England and one from a hospital in London. Where tested, two A(H1N1)pdm09, one influenza A (not subtyped), one RSV and one rhinovirus. So far this season, 39 outbreaks have been reported in care homes, nine in hospitals, four in schools and one in a nursery (where tested, four were influenza A(H1N1)pdm09, five influenza A (not subtyped), eight RSV, nine 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

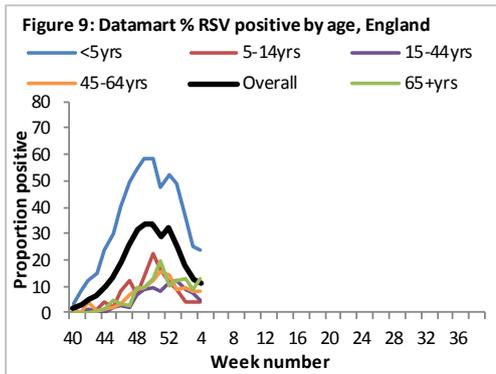
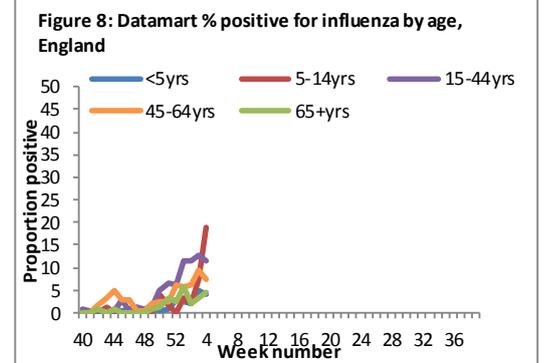
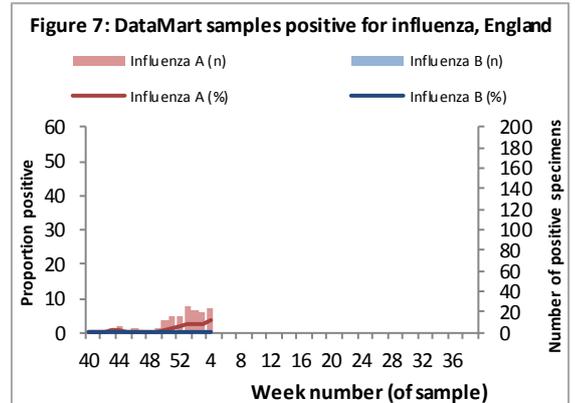
-Internet-based surveillance of influenza in the general population is undertaken through the FluSurvey project (<http://flusurvey.org.uk>) run by the London School of Hygiene and Tropical Medicine. Please see the website for information on how to register.
 In week 4, the incidence of ILI reports was low, with the highest value in <20yrs (Figure 6).



In week 4 2014, 57 influenza positive detections were recorded through the DataMart scheme (32 A(H1N1)pdm09, seven A(H3), 16 A(not subtyped) and two B), with the highest positivity reported in 5-14 year olds. Five samples were positive for influenza through the English sentinel schemes (four A(H1N1)pdm09 and one A(H3)).

- Respiratory DataMart System (England)

In week 4 2014, out of the 739 respiratory specimens reported through the Respiratory Datamart System, 32 (4.3%) were positive for flu A(H1N1)pdm09, seven (0.9%) positive for influenza A(H3), 16 (2.2%) positive for flu A (not subtyped) and two samples were positive for influenza B (Figure 7), with the highest positivity in 5-14 year olds (18.9%, Figure 8). The overall positivity for RSV continued to decrease from 12.3% in week 3 to 11.5% in week 4 with the highest positivity remaining in the <5 years (decrease from 24.9% in week 3 to 23.9% in week 4) (Figure 9). Positivity for rhinovirus increased slightly from 10.1% in week 03 to 13.7% in week 04. Other respiratory viruses remained at low levels (adenovirus 4.1%, parainfluenza 0.6% and hMPV 2.9%).



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

-In week 4, five samples from England were positive for influenza (four A(H1N1)pdm09 and one A(H3)). Three samples were positive from Scotland for influenza A(H1N1)pdm09 and three samples were positive from Northern Ireland for A(unsubtyped) (Table 1). No samples were positive through the Welsh scheme.

Table 1: Sentinel influenza surveillance in the UK

| Week | England | Scotland | Northern Ireland | Wales |
|------|---------------|-------------|------------------|---------|
| 01 | 2/58 (3.4%) | 0/18 (0%) | 1/12 (8.3%) | 0/0 (-) |
| 02 | 14/96 (14.6%) | 4/43 (9.3%) | 4/10 (40.0%) | 0/1 (-) |
| 03 | 12/55 (21.8%) | 2/36 (5.6%) | 5/12 (41.7%) | 0/0 (-) |
| 04 | 5/55 (9.1%) | 3/34 (8.8%) | 3/8 (-) | 0/4 (-) |

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 32 influenza A(H3N2) viruses, all similar to the A/Texas/50/2012 H3N2 2013/14 vaccine strain, and 33 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, 176 and 37 influenza viruses have been tested for Osetamivir and Zanamivir susceptibility, respectively, in the UK. Two (1.3%) of 155 flu A (H1N1) pdm09 viruses tested and one (5.0%) of 20 flu A (H3N2) viruses tested for susceptibility to Oseltamivir were found to be resistant. The flu A(H3N2) case found to be resistant to Oseltamivir is currently under investigation to ascertain treatment history. No viruses were found to be resistant to Zanamivir.

- Antimicrobial susceptibility

-In the 12 weeks up to 19 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 19 Jan 2014, E&W

| Organism | Tetracyclines | | Co-amoxiclav | |
|----------------------|----------------------|---------------------------|----------------------|---------------------------|
| | Specimens tested (N) | Specimens susceptible (%) | Specimens tested (N) | Specimens susceptible (%) |
| <i>S. aureus</i> | 3,075 | 92 | 197 | 91 |
| <i>S. pneumoniae</i> | 2,249 | 83 | 2362* | 90* |
| <i>H. influenzae</i> | 8,938 | 99 | 8,520 | 93 |

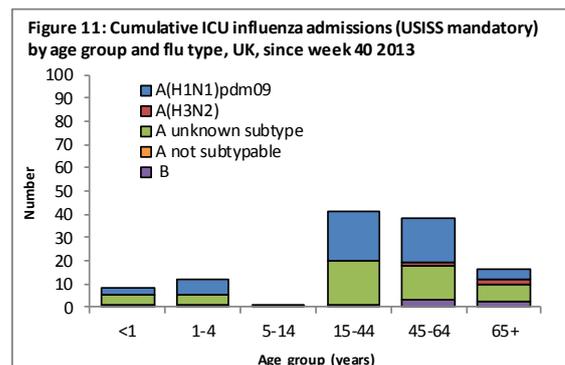
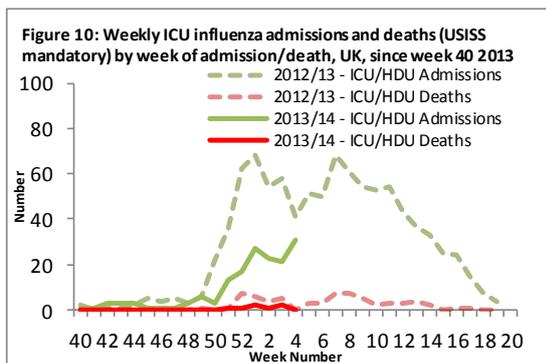
* *S. pneumoniae* isolates are not routinely tested for susceptibility to co-amoxiclav, however laboratory results for benzyl-penicillin are extrapolated to determine sensitivity to other beta-lactams such as co-amoxiclav.

In week 4, 31 new admissions of confirmed influenza cases to ICU/HDU (21 A unknown subtype, nine A(H1N1)pdm09 and one A(H3N2)) and no confirmed influenza deaths in ICU/HDU have been reported through the national USISS mandatory ICU scheme across the UK (137 Trusts in England). 36 new hospitalised confirmed influenza cases have been reported through the USISS sentinel hospital network across England (26 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.

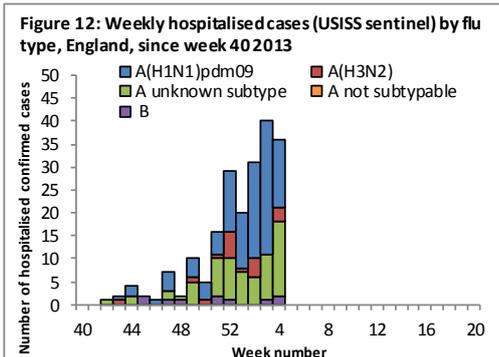
- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 4)

-In week 4, 31 new admissions to ICU/HDU with confirmed influenza infection (21 A unknown subtype, nine A(H1N1)pdm09 and one A(H3N2)) were reported across the UK (137/156 Trusts in England) through the USISS mandatory ICU scheme (Figures 10 and 11) compared to 21 in week 3. No new confirmed influenza deaths were reported in week 4 2013. A total of 158 admissions (67 A(H1N1)pdm09, 78 A(unknown), nine B and four A(H3N2)) and seven confirmed influenza deaths have been reported since week 40 2013.



- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 4)

-In week 4, 36 new hospitalised confirmed influenza case were reported through the USISS sentinel hospital network from 26 NHS Trusts across England (Figure 12) compared to 40 in week 3. A total of 206 hospitalised confirmed influenza admissions (111 A(H1N1)pdm09, 67 A unknown, 18 A(H3N2) and 10 B) have been reported since week 40 2013.



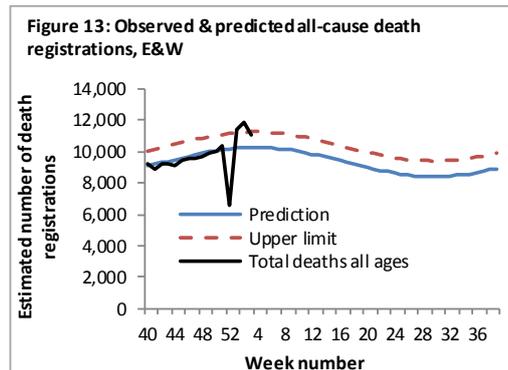
In week 4 2014, no excess all-cause mortality by week of death was seen across the UK through the EuroMOMO algorithm and none has been reported since week 40 2013.

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 3 2013, an estimated 11,061 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 11,847 estimated death registrations in week 2 and is now 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 4 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 by age group, subnationally or in the devolved administrations (Table 4).

Table 3: Excess mortality by age group, England*

| Age group (years) | Excess detected in week 4 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

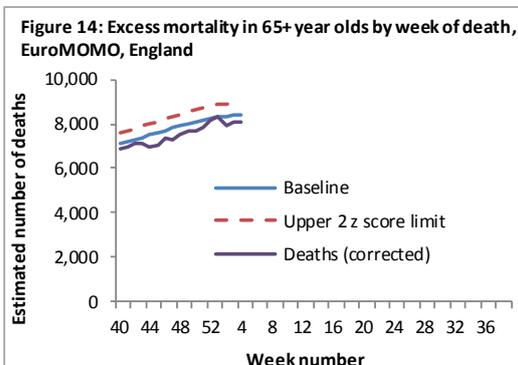


Table 4: Excess mortality by UK country*

| Country | Excess detected in week 4 2014? | Weeks with excess in 2013/14 |
|------------------|---------------------------------|------------------------------|
| England | NA | NA |
| Wales | NA | NA |
| Scotland | x | NA |
| Northern Ireland | x | NA |

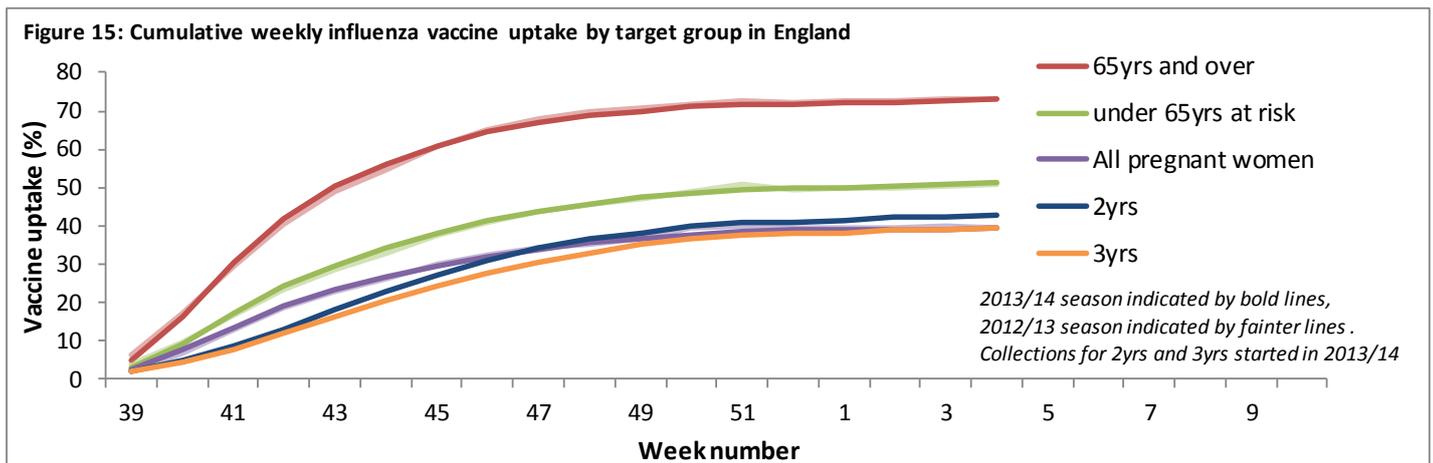
* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold

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 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 increasing across the EU/EEA region.

- [Europe](#) 24 January 2013 (European Centre for Disease Prevention and Control report)

For week 3/2014, epidemiological data were reported by 29 countries. As in the previous week, Bulgaria, Greece, Portugal and Spain reported medium-intensity influenza activity, 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, Spain and the UK (England) and regional by Bulgaria, Italy and the Netherlands. No activity was seen in Belgium, Cyprus, Malta, Poland and the UK (Wales), all other countries reported local or sporadic occurrence of cases. Increasing trends of influenza activity were reported by 15 countries and the UK (England), while all other countries had stable trends and the UK (Scotland) reported a decreasing trend. Increases in influenza-like illness rates were observed in 15 countries associated with increased numbers of influenza virus-positive sentinel specimens. In Bulgaria, ARI rates sharply increased over the last three weeks, with increased numbers of influenza-virus-positive sentinel specimens. Influenza transmission increased across the EU/EEA region in week 3/2014, with more countries reporting local or regional spread in addition to those reporting widespread influenza activity.

For week 3/2014, 27 countries tested 1 401 sentinel specimens, of which 447 (32%) from 21 countries (with a range of 3–70%) were positive for influenza virus. Bulgaria, Greece, Portugal, Spain, Sweden and the UK (Scotland) reported influenza A(H1)pdm09 virus and Slovenia A(H3) as their dominant viruses. In total, 442 were type A influenza viruses and five were type B. Of the 311 influenza A viruses subtyped, 188 (60%) were A(H1)pdm09 and 123 (40%) were A(H3). The proportion of specimens testing positive for influenza virus has steadily increased since week 47/2014, but was slightly lower for week 3/2014 than the previous week. Since week 40/2013, of the 1 274 sentinel specimens testing positive for influenza virus, 1 238 (97%) were type A and 36 (3%) were type B. Of the 1 018 influenza A viruses subtyped, 579 (57%) were A(H1)pdm09 and 439 (43%) were A(H3). In the last two weeks, the proportion of A(H1)pdm09 viruses among all subtyped influenza A viruses was higher than A(H3) (60% vs. 40%), indicating a dominance of A(H1)pdm09 viruses at this point in the season. However, this is still lower than the situation observed in North America where more than 90% of influenza A viruses are A(H1N1)pdm09.

Since week 40/2013, six countries have reported 759 hospitalised laboratory-confirmed influenza cases: 745 (98%) were related to influenza type A and 14 (2%) to type B. Of 484 subtyped influenza A viruses, 388 (80%) were A(H1)pdm09 and 96 (20%) were A(H3) viruses. In addition, of 641 hospitalised cases with

reported age, 261 (41%) were over 60 years old. France and Spain reported 33 fatal cases, 58% (19/33) of them male. All fatal cases were associated with influenza type A infection and 25 were subtyped: 19 (58%) as A(H1N1)pdm09 and six as A(H3N2). Twenty-one of 31 fatal cases with known age were at least 60 years old. Media stories in US and Spain have focused on severe and fatal cases among previously healthy individuals. These cases among unvaccinated individuals are to be expected in light of the dominant H1N1pdm09 strain. However there are no indications of increasing mortality or an unusually high number of severe cases in EU Member States at this time.

- [United States of America](#) 24 January 2013 (Centre for Disease Control report)

During week 3 (January 12-18, 2014), influenza activity remained high in the United States.

Nationwide during week 3, 3.4% 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%. All 10 regions reported ILI above region-specific baseline levels. Thirteen states experienced high ILI activity; seven states and New York City experienced moderate ILI activity; 15 states experienced low ILI activity; 15 states experienced minimal ILI activity, and the District of Columbia had insufficient data.

During week 3, 8.1% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I. This percentage was above the epidemic threshold of 7.2% for week 3. Eight influenza-associated pediatric deaths were reported to CDC during week 3. Five deaths were associated with a 2009 H1N1 virus and occurred during weeks 1, 2, and 3 (weeks ending January 4, January 11, and January 18, 2014). Three deaths were associated with an influenza A virus for which no subtyping was performed and occurred during week 2 (week ending January 11, 2014). A total of 28 influenza-associated pediatric deaths have been reported during the 2013-2014 season from 17 states.

Of 12,108 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 3, 2,793 (23.1%) were positive for influenza. By type, 2,707 (96.9%) were influenza A (1,727 (63.8%) A(H1N1)pdm09, 58 subtyping not performed and 922 (34.1%) A(H3N2)) and 86 (3.1%) were influenza B.

- [Canada](#) 24 January 2013 (Public Health Agency report)

In week 03, overall laboratory detections of influenza decreased slightly, reflecting decreased activity in some regions that experienced an earlier start to the influenza season, and increases in activity in other regions. Prescriptions for antiviral medications to treat influenza have also decreased. In week 03, three regions in Alberta reported widespread activity, and 19 regions reported localized activity. The national influenza-like-illness (ILI) consultation rate increased from 51.2/1,000 in week 02 to 66.8 in week 03, which is above the expected range for week 03. In week 03, 60 new laboratory-confirmed influenza-associated paediatric (≤ 16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network, compared to 55 in week 02. All but two of the hospitalizations in week 03 were cases with influenza A. Fifty (83%) of the cases were < 5 years of age. Nine ICU admissions were reported in week 03, one child under 6 months of age, two children 6-23 months of age, two 2-4 years of age, and four 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](#) 22 January 2013 (WHO website)

Influenza A(H7N9)

In the past seven days, 29 hospitalised cases of human infection with influenza A(H7N9) in China have been reported by [WHO](#), including three deaths, compared to 31 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, 648 human cases of H5N1 avian influenza have been officially reported to [WHO](#) from 15 countries, of which 384 (59%) died.

- Novel coronavirus 29 January 2013

Up to 29 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 176 confirmed cases have been reported internationally. This results in a current global total of [180 cases](#), 77 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](#).

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