



# PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

28 August 2014 – Week 35 report (up to week 34 data)

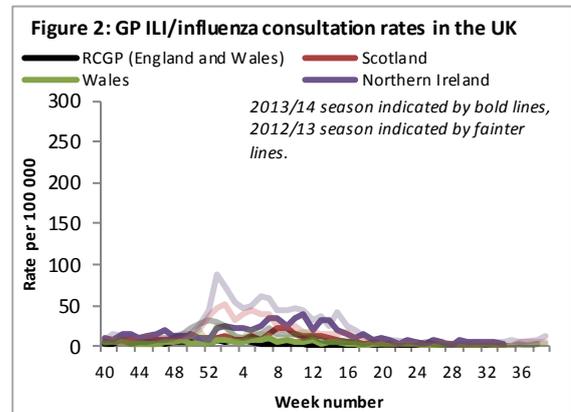
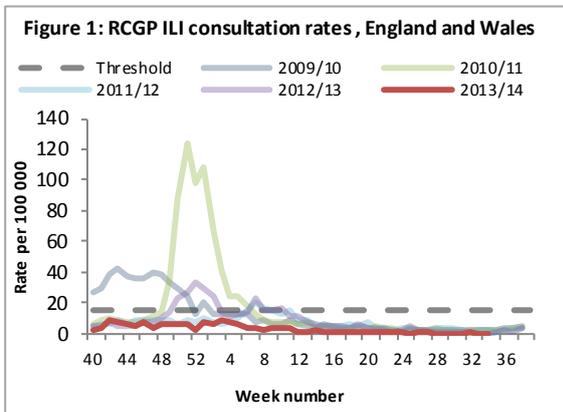
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

Indicators of influenza show very low levels of activity.

## Community surveillance

- GP consultation rates for influenza-like illness remain low in all schemes in the UK (Figures 1 and 2).

Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 34	Week 33		
RCGP (England and Wales)	0.2	0.1	↔	65-74yrs
Scotland	1.5	2.5	↔	75+yrs
Northern Ireland	3.3	6.0	↓	65-74yrs
Wales	0.4	0.3	↔	15-44yrs

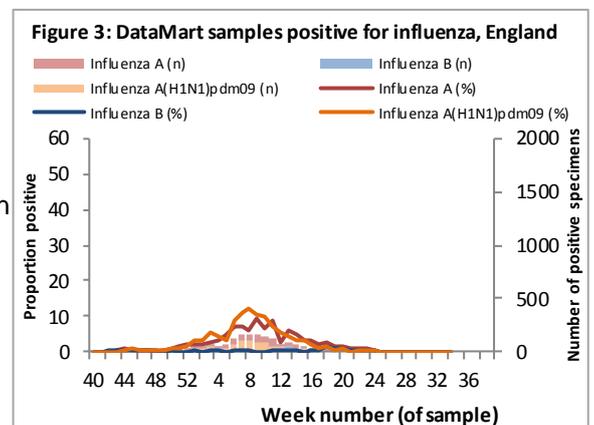


- The overall weekly consultation rate for acute bronchitis in England and Wales through the RCGP scheme remained stable at 26.6 per 100,000 in week 34 2014. 75+ year olds had the highest rate followed by <1 year olds.

- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in week 34 2014.
  - For further information, please see the Syndromic surveillance [webpage](#).

## Virological surveillance

- English Respiratory Data Mart system
  - In week 34 2014, three (0.8%) of the 359 respiratory specimens tested were positive for influenza (three A(H3), Figure 3).
  - Rhinovirus positivity remained stable at 12.0% and adenovirus positivity decreased slightly to 4.0%. Positivity remained low for parainfluenza (2.3%), human metapneumovirus (hMPV) (1.1%) and RSV (0.5%).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 34 2014.

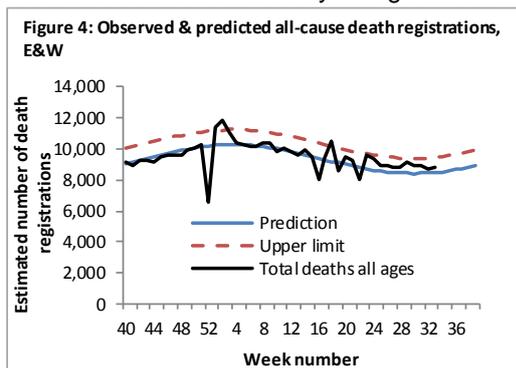


## Outbreak Reporting

- During weeks 33 and 34 2014, one new acute respiratory outbreak (influenza A(H3)) was reported in a care home in the North of England.
- Outbreaks should be reported to the local Health Protection Unit and [Respscidsc@phe.gov.uk](mailto:Respscidsc@phe.gov.uk).

## All-cause mortality surveillance

- In week 33 2014, an estimated 8,792 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is similar to the 8,755 estimated death registrations in week 32 and remains below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4). The sharp drops in number of deaths correspond to weeks when there were bank holidays, and fewer days when deaths were registered, and so are likely to be artificial and result in subsequent increases in following weeks.
- In week 34 2014, no significant excess was reported overall, by age group or by region in England after correcting ONS disaggregate data for reporting delay with the standardised weekly EuroMOMO algorithm (Table 1). This data is provisional due to the time delay in registration and so numbers may vary from week to week.



**Table 1: Excess mortality by age group, England\***

Age group (years)	Excess detected in week 34 2014	Weeks with excess in summer 2014
<5	x	NA
5-14	x	NA
15-64	x	wk 26
65+	x	NA

\* Excess mortality is calculated through the EuroMOMO algorithm as the observed minus the expected number of deaths that week for those weeks where the observed exceeds the upper threshold

## International Surveillance

- Influenza
  - Globally influenza activity continued to increase in the southern hemisphere, and remained low elsewhere.
  - In Europe and North America, overall influenza activity remained at inter-seasonal levels.
  - In Africa and western Asia, influenza activity was low.
  - In eastern Asia, influenza activity reached inter-seasonal levels in most countries with influenza A(H3N2) and influenza B virus predominating. Influenza A(H3N2) activity continued in south China.
  - In the southern hemisphere, influenza activity continued to increase in most countries. In the temperate zone of South America, influenza activity mainly associated with A(H3N2) virus continued to increase, while respiratory syncytial virus activity declined. In Australia and New Zealand, the influenza season appeared to have started with ILI and the number of influenza virus detections increased. Influenza A(H1N1)pdm09 was the most frequently detected virus. In South Africa the influenza detection rate increased, with A(H3N2) the most frequently detected.
  - During weeks 31 to 32, National Influenza Centres (NICs) and other national influenza laboratories from 51 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 26 644 specimens. 4014 were positive for influenza viruses, of which 3645 (90.8%) were typed as influenza A and 368 (9.2%) as influenza B. Of the sub-typed influenza A viruses, 534 (16.8%) were influenza A(H1N1)pdm09 and 2636 (83.2%) were influenza A(H3N2). Of the characterized B viruses, 37 (94.9%) belonged to the B-Yamagata lineage and 2 (5.1%) to the B-Victoria lineage.
  - For further information, please see the [WHO website](#).
- MERS-CoV
  - Up to 27 August 2014, a total of four cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (two imported and two linked cases) have been confirmed in England. On-going surveillance has identified 199 suspect cases in the UK that have been investigated for MERS-CoV and tested negative. A further 833 confirmed cases have been reported internationally, resulting in a current global total of [837 cases](#), including at least 291 related deaths, which have been officially reported to WHO, with the most recent case reported on 23 July 2014.
  - Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
  - The most recent human infection with influenza A(H7N9) reported by WHO was on [27 June 2014](#). The source of infection is still under investigation. So far, there is no evidence of sustained human-to-human transmission. WHO does not advise special screening at points of entry with regard to this event, nor does it currently recommend any travel or trade restrictions.
  - For further updates please see the WHO website and for advice on clinical management please see information available [online](#).