



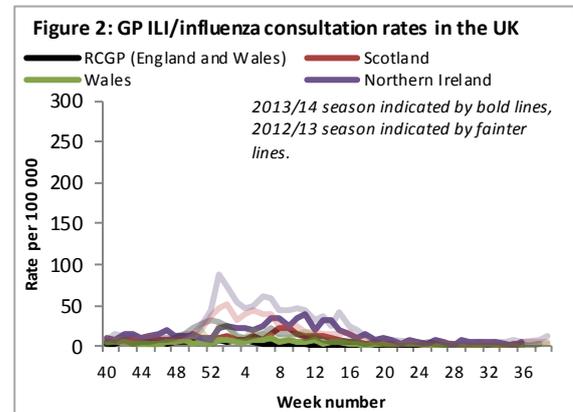
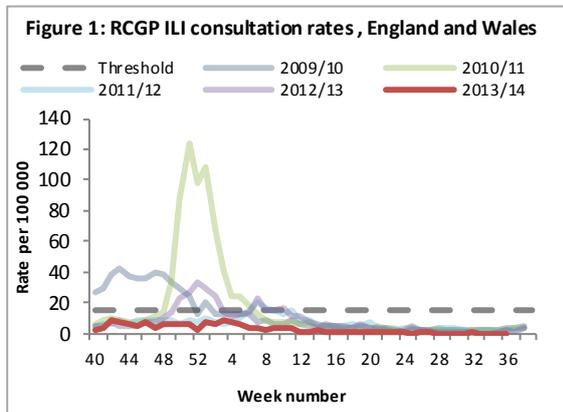
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

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).

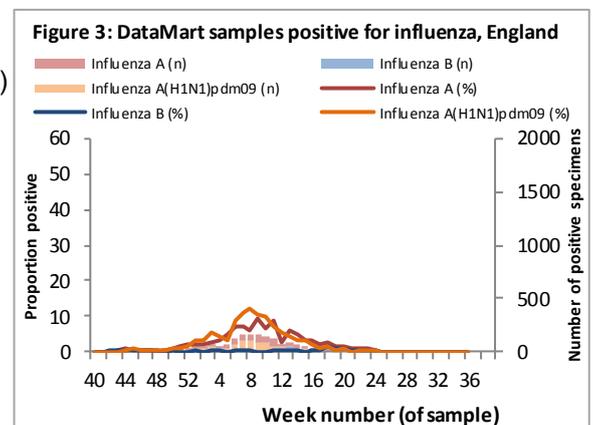
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 36	Week 35		
RCGP (England and Wales)	0.2	0.2	↔	45-64yrs
Scotland	3.0	3.9	↔	45-64yrs
Northern Ireland	5.3	1.1	↑	45-64yrs
Wales	1.8	1.1	↔	15-44yrs



- The overall weekly consultation rate for acute bronchitis in England and Wales through the RCGP scheme remained stable at 24.0 per 100,000 in week 36 2014. 75+ year olds had the highest rate followed by <1 year olds.
- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in week 36 2014.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 36 2014, six (1.7%) of the 362 respiratory specimens tested were positive for influenza (five A(H3) and one B, Figure 3).
 - Rhinovirus positivity remained stable at 12.8% and adenovirus positivity decreased to 2.9%. Positivity remained low for parainfluenza (2.5%), human metapneumovirus (hMPV) (0.1%) and RSV (0.8%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 36 2014.



Outbreak Reporting

- During weeks 35 and 36 2014, one new acute respiratory outbreak (a laboratory confirmed hMPV infection) was reported in a care home from Midlands and East of England.
- Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 35 2014, an estimated 8,027 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 8,769 estimated death registrations in week 34 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 36 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.

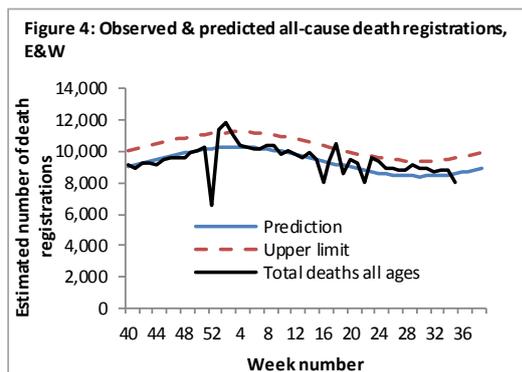


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 36 2014	Weeks with excess in summer 2014
<5	×	NA
5-14	×	NA
15-64	×	wk 26+28
65+	×	NA

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

International Surveillance

- Influenza
 - Globally the influenza season is ongoing in the southern hemisphere. Elsewhere influenza activity remained low.
 - In Europe and North America, overall influenza activity remained at inter-seasonal levels.
 - In Africa (except the southern cone) and western Asia, influenza activity was low.
 - In eastern Asia, influenza activity remained low in most countries with influenza A(H3N2) the main detected virus subtype. Influenza A(H3N2) and some influenza B activity continued in south China.
 - In the temperate zone of South America, influenza activity mainly associated with A(H3N2) virus decreased. In Australia and New Zealand, the influenza season was ongoing. Australia reported a sharp increase in activity associated with A(H1N1)pdm09 and A(H3N2) viruses in recent weeks with the highest number of influenza-like illness (ILI) rates and weekly notifications of influenza confirmed cases in the last five years. In South Africa the influenza season continued with A(H3N2) most frequently detected.
 - Based on FluNet reporting during weeks 33 to 34 (10 August 2014 to 23 August 2014), National Influenza Centres (NICs) and other national influenza laboratories from 51 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 26 262 specimens. 3222 were positive for influenza viruses, of which 2632 (81.7%) were typed as influenza A and 590 (18.3%) as influenza B. Of the sub-typed influenza A viruses, 416 (17.8%) were influenza A(H1N1)pdm09 and 1920 (82.2%) were influenza A(H3N2). Of the characterized B viruses, 88 (98.9%) belonged to the B-Yamagata lineage and 1 (1.1%) 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)
 - Two human infections with influenza A(H7N9) were reported recently by WHO on [2 September 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](#).