



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

25 September 2014 – Week 39 report (up to week 38 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](#).

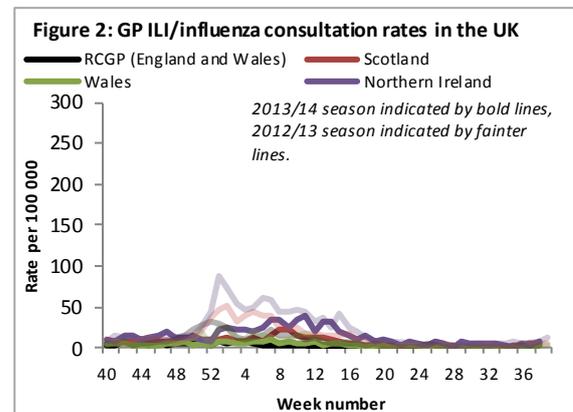
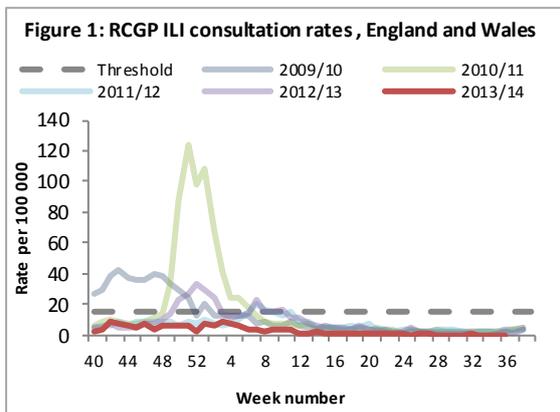
Indicators of influenza show very low levels of activity. This is the last summer summary report. Full weekly reports will resume each Thursday from 9 October onwards.

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 38	Week 37		
Scotland	5.0	6.3	↔	15-44yrs
Northern Ireland ¹	7.0	3.6	↑	15-44yrs
Wales	2.3	1.5	↔	15-44yrs

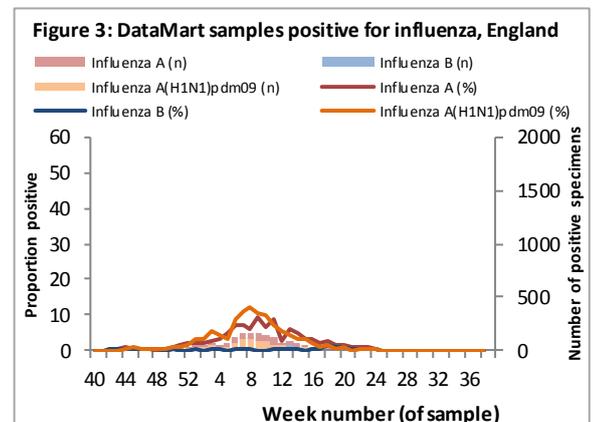
¹Please note rates for week 38 are based on a slightly lower return rate than usual



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 37 and 38 2014.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 38 2014, two (0.3%) of the 596 respiratory specimens tested were positive for influenza (one A(H3) and one B, Figure 3).
 - Rhinovirus positivity increased from 18.7% in week 37 to 29.8% in week 38. RSV positivity increased slightly from 1.0% in week 37 to 1.6% in week 38 which was mainly observed in children under 5 years. Positivity remained low for adenovirus (4.1%), parainfluenza (2.6%) and hMPV (0.0%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in weeks 37 and 38 2014.



Outbreak Reporting

- During weeks 37 and 38 one new acute respiratory outbreak (a laboratory confirmed flu A (not subtyped)) was reported in an elderly dementia unit from Scotland. Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 37 2014, an estimated 9,284 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 9,671 estimated death registrations in week 36 and is 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 38 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.

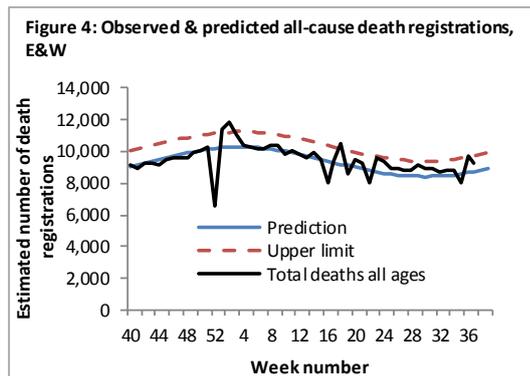


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 38 2014	Weeks with excess in summer 2014
<5	×	NA
5-14	×	NA
15-64	×	wk 26+28+34
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 was ongoing in the southern hemisphere. Elsewhere influenza activity remained low, except for some tropical countries in the Americas.
 - In Europe and North America, overall influenza activity remained at inter-seasonal levels.
 - In tropical countries of the Americas, influenza B was predominant with co-circulation of RSV.
 - In Africa (with exception of 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 B activity continued in south China.
 - In the southern hemisphere, the influenza season was ongoing. In the temperate zone of South America, influenza activity associated mainly with A(H3N2) viruses decreased. In Australia and New Zealand, the influenza season was ongoing. Australia reported continued high activity associated with A(H1N1)pdm09 and A(H3N2) viruses. In South Africa the influenza season continued with A(H3N2) predominating.
 - The WHO GISRS laboratories tested more than 22 607 specimens during weeks 35 – 36 2014; 2675 were positive for influenza viruses, of which 2168 (81%) were typed as influenza A and 507 (19%) as influenza B. Of the sub-typed influenza A viruses, 529 (30.1%) were influenza A(H1N1)pdm09 and 1231 (69.9%) were influenza A(H3N2). Of the characterized B viruses, 66 (98.5%) belonged to the B-Yamagata lineage and 1 (1.5%) to the B-Victoria lineage. For further information, please see the [WHO website](#).
 - The recommended composition of influenza virus vaccines for use in the 2015 southern hemisphere influenza season has been published by [WHO](#).
- MERS-CoV
 - Up to 24 September 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 infections with influenza A(H7N9) were reported by WHO on [2 September 2014](#) (two cases). 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](#).