



# PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

30 July 2015 – Week 31 report (up to week 30 data)

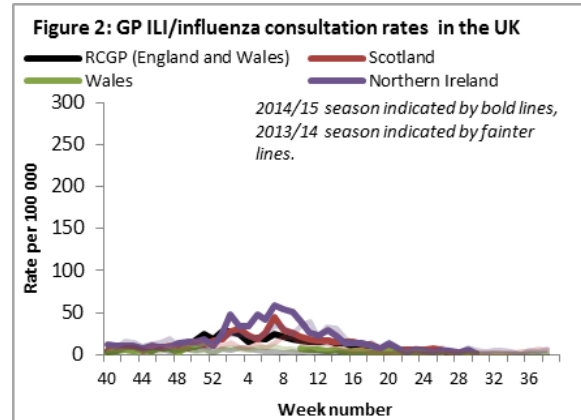
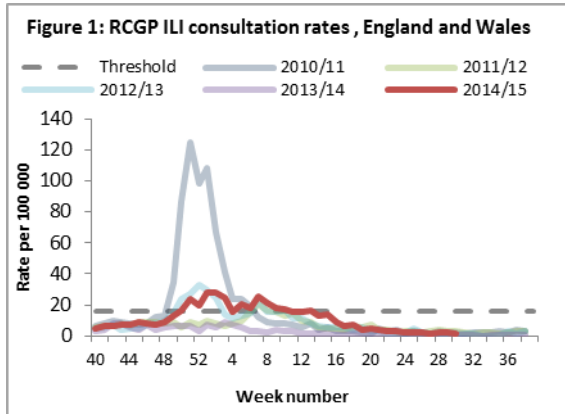
This report is published on the [PHE website](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the [PHE website](#).

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).

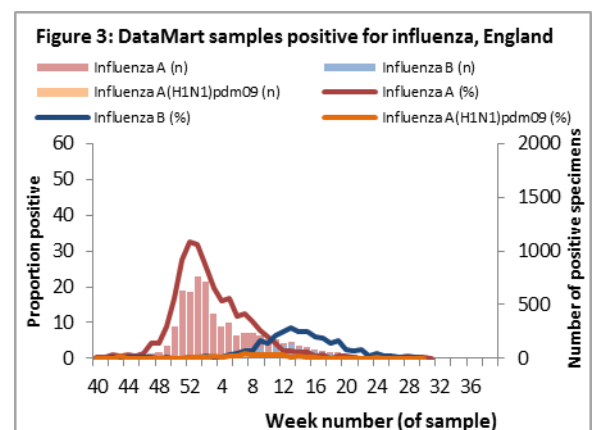
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 29	Week 30		
RCGP (England and Wales)	1.9	1.5	↔	<1yrs
Scotland	2.3	1.2	↔	65-74yrs
Northern Ireland	5.5	1.7	↓	65-74yrs
Wales	1.8	0.9	↔	15-44yrs



- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in weeks 29 and 30 2015.
  - For further information, please see the Syndromic surveillance [webpage](#).

## Virological surveillance

- English Respiratory Data Mart system
  - In week 30 2015, four (0.6%) of the 696 respiratory specimens tested were positive for influenza (one influenza A(H1N1)pdm09, two untyped and one B) (Figure 3).
  - Rhinovirus positivity decreased slightly to 13.6% in week 30 compared to 15.5% in week 29. Parainfluenza positivity decreased to low levels to 3.2% in week 30. RSV positivity remained low at 0.4% in week 30. Positivity remained stable and low for adenovirus (2.4%) and hMPV (0.6%).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in weeks 29 and 30 2015.

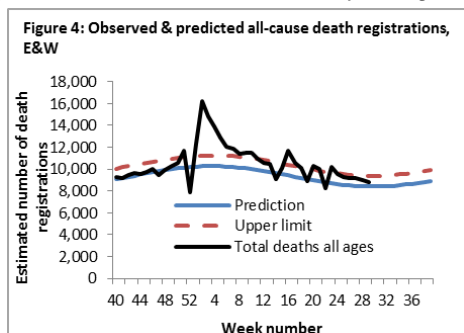


## Outbreak Reporting

- During weeks 29 and 30 2015 two new acute respiratory outbreaks in care homes (not tested) were reported. Outbreaks should be reported to the local Health Protection Unit and [Respscisc@phe.gov.uk](mailto:Respscisc@phe.gov.uk).

## All-cause mortality surveillance

- In week 29 2015, an estimated 8,802 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 9,015 estimated death registrations in week 28 and is below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4).
- In week 30 2015, 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 30 2015	Weeks with excess in summer 2015
<5	×	NA
5-14	×	NA
15-64	×	NA
65+	×	NA

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

## International Surveillance

- Influenza
  - Globally, the Southern hemisphere had increased influenza activity whereas influenza activity was at low levels in the Northern Hemisphere.
  - In North America, Europe and temperate countries of Asia, influenza activity continued at low, inter-seasonal levels with influenza B predominating in sporadic detections.
  - In northern, middle, eastern and western Africa, only a few countries reported low levels of influenza activity with influenza B predominating with low levels of co-circulation of influenza type A(H1N1)pdm09 and A(H3N2).
  - In tropical countries of the Americas/Central America and the Caribbean, overall influenza activity was reported to be at low, inter-seasonal levels with only Cuba reporting a slight increase in detections of influenza A(H1N1)pdm09.
  - In western and temperate countries of Asia, low levels of influenza activity were reported with influenza B predominating with co-circulation of influenza A(H1N1)pdm09 in western Asia in recent weeks. Northern China reported a slight increase in detections of influenza A(H3N2).
  - In tropical Asia, countries in Southern Asia reported elevated but decreasing influenza activity with influenza type A(H3N2) predominating. South East Asia reported low levels of activity with influenza type A(H3N2) predominating with co-circulation of influenza type A(H3N2) and B.
  - In temperate South America, influenza activity increased with influenza type A(H1N1)pdm09 and type A(H3N2) predominating in recent weeks. Overall, influenza activity is following seasonal trends although at lower levels than in previous years. There was a sharp increase in influenza activity in Paraguay.
  - Influenza activity decreased in South Africa with influenza type A(H1N1)pdm09 and A(H3N2) predominating in recent weeks.
  - In Australia and New Zealand, influenza activity continued to increase with both influenza type A(H3N2) and type B in circulation.
  - The WHO GISRS laboratories tested more than 21 868 specimens during weeks 27 – 28 2015; 2206 were positive for influenza viruses, of which 1680 (76.2%) were typed as influenza A and 525 (23.8%) as influenza B. Of the sub-typed influenza A viruses, 175 (12.9%) were influenza A(H1N1)pdm09 and 1178 (87.1%) were influenza A(H3N2). Of the characterized B viruses, 89 (94.7%) belonged to the B-Yamagata lineage and 5 (5.3%) to the B-Victoria lineage. For further information, please see the [WHO website](#).
- MERS-CoV
  - Up to 29 July, a total of four case of Middle East respiratory syndrome coronavirus, MERS-CoV, (two imported and two linked cases) have been confirmed in England prior to 2015. On-going surveillance has identified 331 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Up to [21 July](#), a total of 186 MERS-CoV cases, including 36 deaths, have been reported by the National IHR Focal Point of the Republic of Korea. One of the 186 cases is the case that was confirmed in China and also notified by the National IHR Focal Point of China.
  - Globally, since September 2012, WHO has been notified of 1,374 laboratory-confirmed cases of infection with MERS-CoV, including at least 490 related deaths. Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
  - On [16 July 2015](#), the National Health and Family Planning Commission (NHFPC) of China notified WHO of 5 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including 3 deaths.
  - For further updates and WHO travel advice, please see the WHO website and for advice on clinical management please see information available [online](#).