



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

27 August 2015 – Week 35 report (up to week 34 data)

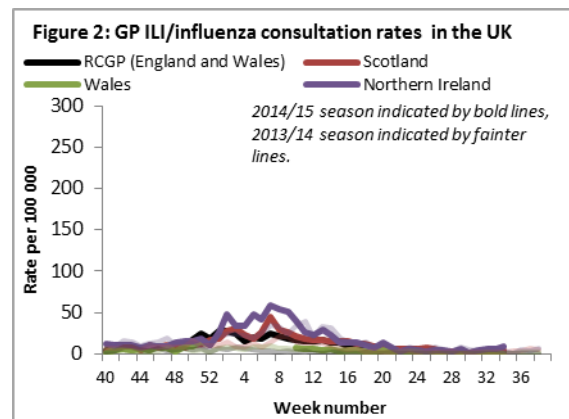
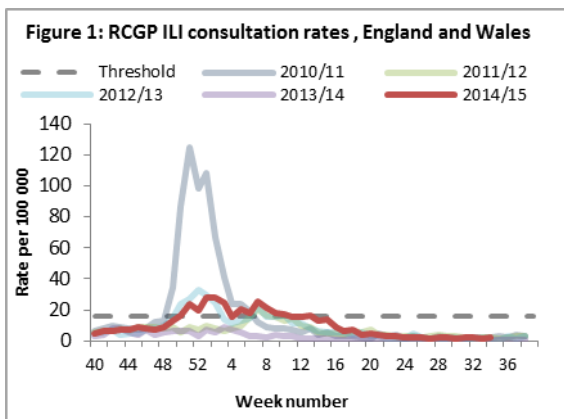
This report is published on the [PHE website](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the [PHE website](#).

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).

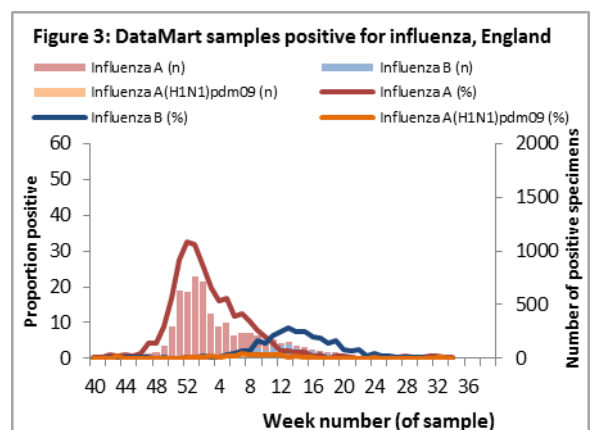
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 34	Week 33		
RCGP (England and Wales)	1.8	1.9	↔	15-44yrs
Scotland	2.2	4.0	↔	45-64yrs
Northern Ireland	6.7	9.7	↑	65-74yrs
Wales	1.1	0.6	↔	15-44yrs



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 33 and 34 2015.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 34 2015, two (0.5%) of the 432 respiratory specimens tested were positive for influenza (one influenza A(H3) and one A untyped) (Figure 3).
 - Rhinovirus positivity increased to 15.6% in week 34. Parainfluenza positivity remained low at 4.9% in week 34. Positivity remained stable and low for RSV (0.5%), adenovirus (3.6%) and hMPV (0.6%) in week 34.
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in weeks 33 and 34 2015.



Outbreak Reporting

- During weeks 33 and 34 2015 one new acute respiratory outbreak in a hospital (a mix of parainfluenza and adenovirus infections) were reported. Outbreaks should be reported to the local Health Protection Unit and Respscids@phe.gov.uk.

All-cause mortality surveillance

- In week 33 2015, an estimated 9,148 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is more than the 8,862 estimated death registrations in week 32 and is below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4).
- In week 34 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.

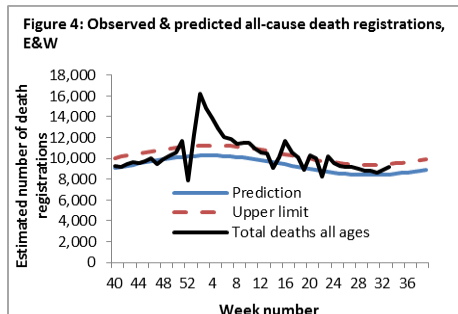


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 34 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, influenza activity remained at low levels in the Northern hemisphere and increased in some countries in the Southern hemisphere.
 - In North America, Europe and western and temperate countries of Asia, influenza activity remained at low, inter-seasonal levels with influenza B predominating in sporadic detections and co-circulation of influenza A(H1N1)pdm09 in western Asia.
 - In most of the countries in Africa, where reports were available, influenza activity remained at low levels except in Senegal which had increased detections of influenza B viruses.
 - In tropical countries of the Americas/Central America and the Caribbean, influenza activity was reported to be at low, inter-seasonal levels with only Cuba reporting an increase in detections of influenza A(H1N1)pdm09 and parainfluenza viruses.
 - In western and temperate countries of Asia, influenza activity was at low, inter-seasonal levels with influenza B predominating with co-circulation of influenza A(H1N1)pdm09 in western Asia.
 - In tropical Asia, countries in Southern Asia reported elevated but decreasing influenza activity with influenza A(H3N2) predominating. South East Asia reported low levels of activity; however Lao People's Democratic Republic and Viet Nam reported elevated influenza activity.
 - In temperate South America, influenza activity decreased with influenza A(H1N1) pdm09 and A(H3N2) predominating. Overall, influenza activity was at lower levels than in previous years.
 - In South Africa, influenza activity decreased with influenza A(H1N1)pdm09 and A(H3N2) predominating in recent weeks.
 - In Australia and New Zealand, influenza activity increased with both influenza A(H3N2) and B viruses in circulation.
 - The WHO GISRS laboratories tested more than 29 591 specimens during weeks 29 – 30 2015; 2699 were positive for influenza viruses, of which 2242 (83.1%) were typed as influenza A and 457 (16.9%) as influenza B. Of the sub-typed influenza A viruses, 61 (2.7%) were influenza A(H1N1)pdm09 and 2232 (97.3%) were influenza A(H3N2). Of the characterized B viruses, 143 (91.1%) belonged to the B-Yamagata lineage and 14 (8.9%) to the B-Victoria lineage. For further information, please see the [WHO website](#).
- MERS-CoV
 - Up to 26 August 2015, 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 352 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Between [18 and 21 August 2015](#) the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 29 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 6 deaths. Twenty-four of these reported cases are associated with a MERS-CoV outbreak currently occurring in Riyadh city.
 - Globally, since September 2012, WHO has been notified of 1,461 laboratory-confirmed cases of infection with MERS-CoV, including at least 514 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](#).