



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

24 September 2015 – Week 39 report (up to week 38 data)

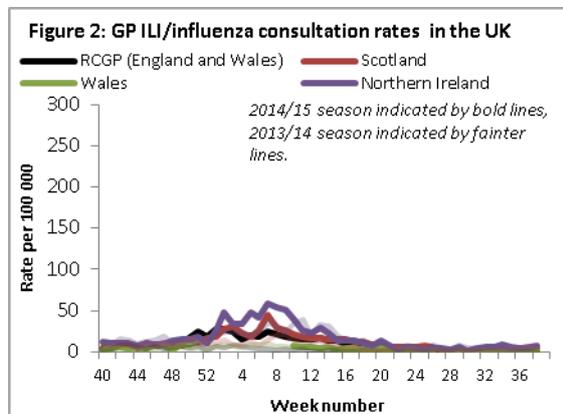
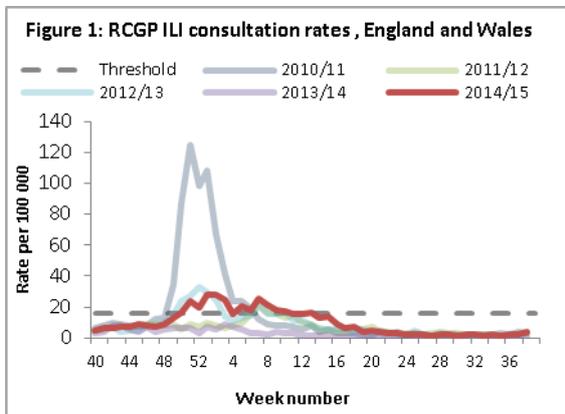
This report is published on the [PHE website](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the [PHE website](#).

Indicators of influenza show 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).

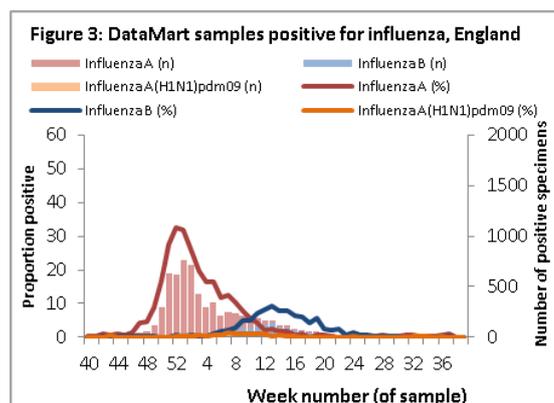
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 37	Week 38		
RCGP (England and Wales)	2.6	3.5	↔	15-44yrs
Scotland	0.9	1.1	↔	75+yrs
Northern Ireland	3.6	4.8	↔	45-64/75+yrs
Wales	6.5	8.0	↔	45-64yrs



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 37 and 38 2015, however there were slight increases in other respiratory indicators.
 - For further information, please see the Syndromic surveillance [webpage](#).

Virological surveillance

- English Respiratory Data Mart system
 - In week 38 2015, 1 of 640 (0.2%) respiratory specimens was tested positive for influenza B (Figure 3).
 - Rhinovirus positivity increased significantly to 32.2% while other viruses' activity remained low: RSV: 0.5%, adenovirus: 2.4%, parainfluenza: 2.8%, and hMPV: 0.4%.
- 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 2015.



Outbreak Reporting

- During weeks 37 and 38 2015, an increased number of new acute respiratory outbreaks were reported. Seven were reported in care homes (one rhinovirus, one mixed infection with rhinovirus and adenovirus, and one parainfluenza virus where test results were available), one in a hospital (test results unknown). Outbreaks should be reported to local Health Protection Teams, HPZone and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 37 2015, an estimated 9,258 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is more than the 7,878 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).
- In week 38 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.

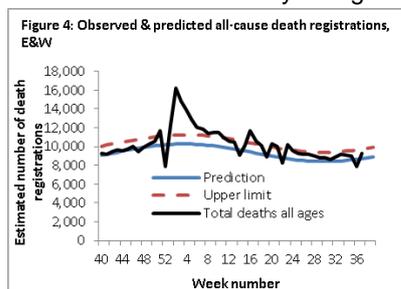


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 38 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 continued in the Southern hemisphere, with overall slightly decreased activity in Oceania, further decreases in temperate South America and low activity in South Africa.
 - In the Northern hemisphere countries, respiratory virus activity remained low in general and influenza activity continued at low, inter-seasonal levels. Influenza type A predominated in sporadic detections.
 - Few influenza detections were reported from Africa. In Eastern Africa, in countries with reported influenza activity, influenza type A predominated. In Western Africa, influenza activity decreased overall. In South Africa, influenza activity remained at low levels with influenza type B viruses predominating in recent weeks.
 - In tropical countries of the Americas, Central America and the Caribbean, influenza activity remained at low levels, with the exception of Cuba, where still high although decreasing levels of influenza-like illness (ILI) and severe acute respiratory infections (SARI) were reported, associated with influenza A(H1N1)pdm09 and respiratory syncytial virus (RSV) detections.
 - In tropical Asia, countries in Southern Asia and South East Asia reported overall low influenza activity although India reported a minor increase in activity predominantly with A(H1N1)pdm09. Influenza activity showed a decline but was still at mid-levels in southern China with influenza A(H3N2) predominating.
 - In temperate South America, influenza activity remained low in general. However, ILI activity sharply increased in Chile with increasing influenza detections. Influenza A remained the most detected influenza virus while RSV detections decreased in the region.
 - In Australia, influenza activity seemed to be past the peak except in South Australia where it continued to rise with predominantly influenza B viruses followed by influenza A(H3N2) virus detections. In New Zealand, influenza activity may have peaked in the second week of August with influenza A(H3N2) and B viruses predominating during the season. ILI activity was still above the seasonal threshold but below the alert threshold.
 - The WHO GISRS laboratories tested more than 24 771 specimens during that time period. 2514 were positive for influenza viruses, of which 1872 (74.5%) were typed as influenza A and 642 (25.5%) as influenza B. Of the sub-typed influenza A viruses, 354 (25.8%) were influenza A(H1N1)pdm09 and 1016 (74.2%) were influenza A(H3N2). Of the characterized B viruses, 60 (85.7%) belonged to the B-Yamagata lineage and 10 (14.3%) 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 360 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Between [6 and 11 September](#), the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 22 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection. Three (3) of these reported cases are associated with a MERS-CoV outbreak currently occurring in a hospital in Riyadh city. Five (5) of these reported cases are associated with another MERS-CoV outbreak occurring in a hospital in Madinah city.
 - Globally, since September 2012, WHO has been notified of 1,564 laboratory-confirmed cases of infection with MERS-CoV, including at least 551 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](#).