



This report is published weekly on the [PHE website](#). For further information on the surveillance schemes mentioned in this report, please see the [PHE website](#) and the [related links](#) at the end of this document.

| [Summary](#) | [Community surveillance](#) | [GP consultation rates](#) | [Hospitalisations](#) | [All-cause mortality](#) | [Microbiological surveillance](#) | [Vaccination](#) | [International](#) | [Acknowledgements](#) | [Related links](#) |

Summary

Influenza activity remains at low levels in week 48 (ending 29 November 2015)

- [Community influenza surveillance](#)
 - In week 48, there were further increases in a number of respiratory indicators in children aged <5 year, these increases are in line with reports of increasing respiratory syncytial virus (RSV) activity.
 - Three new acute respiratory outbreaks have been reported in the past seven days. One from a hospital testing positive for RSV, one from a care home and another from a school with no test results available.
- [Overall weekly influenza GP consultation rates across the UK](#)
 - In week 48, overall weekly influenza-like illness GP consultations was low in England (9.9 per 100,000), Wales (4.8 per 100,000), Scotland (5.3 per 100,000) and Northern Ireland (18.0 per 100,000).
 - Weekly influenza-like illness consultations rates also remain low in week 48 through the GP In Hours Surveillance system.
- [Influenza-confirmed hospitalisations](#)
 - Five new admissions to ICU/HDU with confirmed influenza (one influenza A(H1N1pdm09), three A(unknown subtype) and one B) were reported through the USISS mandatory ICU/HDU surveillance scheme across the UK (128 Trusts in England) in week 47, a rate of 0.01 compared to 0.02 per 100,000 the previous week.
 - Four new hospitalised confirmed influenza cases (three influenza A(H1N1pdm09) and one B) were reported through the USISS sentinel hospital network across England (22 Trusts), a rate of 0.05 compared to 0.07 per 100,000 the previous week.
 - Since week 40, one confirmed influenza admission has been reported (influenza A unknown subtype) from the five Severe Respiratory Failure centres in England.
- [All-cause mortality data](#)
 - In week 48 2015, no statistically significant excess all-cause mortality by week of death was seen through the EuroMoMo algorithm in England overall and by age group.
 - In the devolved administrations, significant excess all-cause mortality was seen in Scotland.
- [Microbiological surveillance](#)
 - Two samples tested positive for influenza B through GP sentinel schemes across the UK.
 - Twenty-three influenza positive detections were recorded through the DataMart scheme (eight influenza A(H1N1)pdm09, three A(H3), one A(not subtyped) and eleven influenza B). A positivity of 1.8% was seen in week 48, a decrease from 2.0% seen in week 47, with the highest positivity in 5-14 year olds (4.8%).
- [Vaccination](#)
 - Up to week 48 2015 in 73.9% GP practices reporting weekly to Immform, the provisional proportion of people in England who had received the 2015/16 influenza vaccine in targeted groups was as follows: 38.1% in under 65 years in a clinical risk group, 37.0% in pregnant women, 66.3% in 65+ year olds, 28.4% in all 2 year olds, 29.5% in all 3 year olds and 24.0% in all 4 year olds.
 - Provisional data from the first monthly collection of influenza vaccine uptake by frontline healthcare workers show 32.4% were vaccinated by 31 October 2015 from 95.1% of Trusts, compared to 36.8% vaccinated in the previous season by 31 October 2014.
 - Provisional data from the first monthly collection of influenza vaccine uptake in children of school years 1 and 2 age show 11.8% of children of school year 1 and 11.4% of children school of school year 2 had received the 2015/16 live attenuated intranasal vaccine (LAIV) by 31 October 2015.
 - Provisional data from the first monthly collection of influenza vaccine uptake in GP patients up to 31 October 2015 has been published. The [report](#) provides uptake at national, area team and CCG level.
- [International situation](#)
 - Globally, influenza activity generally remained low in both hemispheres, with A(H3N2) detections predominating in the United States and Canada.
 - Influenza activity in Europe remains low and there is no indication that the influenza season has started. There has been more A(H1N1)pdm09 detections than A(H3N2) detections.

In week 48, there were further increases in a number of respiratory indicators in children aged <5 year, these increases are in line with reports of increasing respiratory syncytial virus (RSV) activity.

- PHE Real-time Syndromic Surveillance

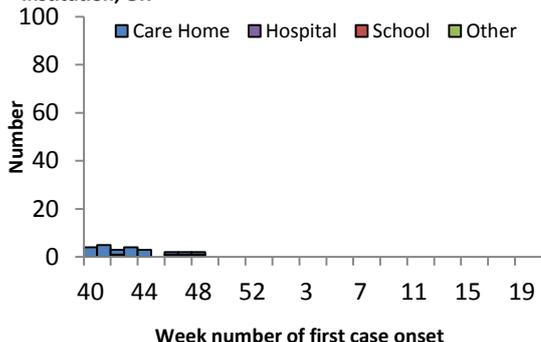
-During week 48, there were increases in a number of respiratory indicators in children aged <1 year across all syndromic surveillance systems. These increases are in line with recent reports of increasing respiratory syncytial virus (RSV) activity.

- Acute respiratory disease outbreaks

- Three new acute respiratory outbreaks have been reported in the past 7 days. One outbreak was reported in a hospital, testing positive for RSV, one from a care home and another from a school where test results are not available for both.

-Outbreaks should be recorded on HPZone and reported to the local Health Protection Teams and Respscidsc@phe.gov.uk.

Figure 1: Number of acute respiratory outbreaks by institution, UK

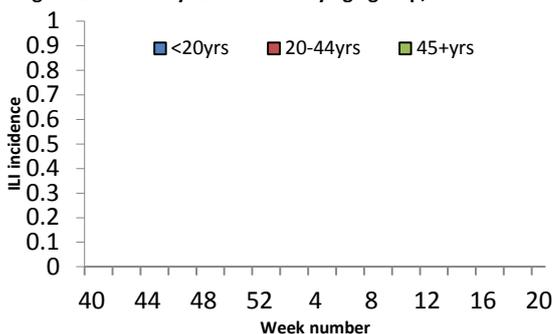


- FluSurvey

--Internet-based surveillance of influenza in the general population is undertaken through the FluSurvey project (<http://flusurvey.org.uk>), which is run jointly by PHE and LSHTM. Data for the 2015/2016 season is currently being collected.

-Last year there were more than 6,000 participants who completed the online FluSurvey. If you would like to become a participant of the FluSurvey project please do so by visiting the <http://flusurvey.org.uk> website for more information.

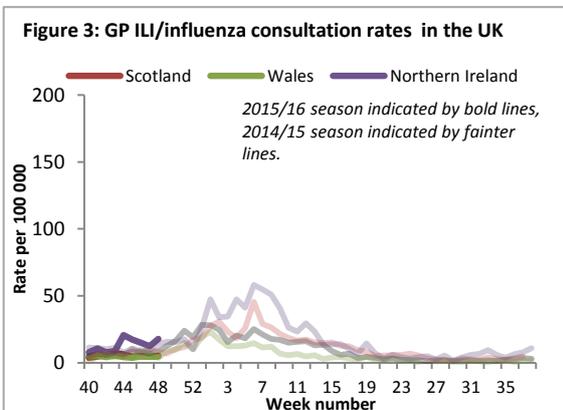
Figure 2: FluSurvey ILI incidence by age group, UK



Weekly consultation rates in national sentinel schemes

In week 48 overall weekly influenza-like illness GP consultations were moderate in England and low in Wales, Scotland and Northern Ireland.

- Influenza/Influenza-Like-Illness (ILI)



Northern Ireland

-The Northern Ireland influenza consultation rate was low at 18.0 per 100,000 in week 48 (Figure 3) and below the pre-epidemic threshold (49 per 100,000).

-The highest rates were seen in the <1 year olds (56.2 per 100,000), 15-44 year olds (24.1 per 100,000) and 1-4 year olds (21.7 per 100,000).

Wales

- The Welsh influenza rate was low at 4.8 per 100,000 in week 48 (Figure 3).
- The highest rates were seen in 45-64 year olds (8.6 per 100,000), 15-44 year olds (5.3 per 100,000) and 5-14 year olds (2.7 per 100,000).

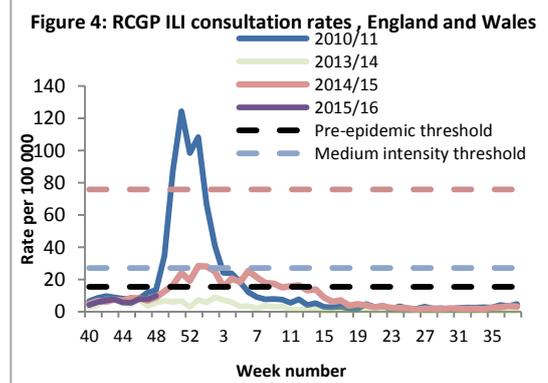
Scotland

- The Scottish ILI rate was low at 5.3 per 100,000 in week 48 (Figure 3) and below the pre-epidemic threshold (37 per 100,000).
- The highest rates were seen in 45-64 year olds (6.9 per 100,000) and 15-44 year olds (6.3 per 100,000).

RCGP (England and Wales)

-The weekly ILI consultation rate through the RCGP surveillance system was low at 9.9 in week 48 and below the pre-epidemic threshold (15.4 per 100,000) (Figure 4*). By age group, the highest rates were seen in 15-44 year olds (12.7 per 100,000) and 1-4 year olds (11.8 per 100,000).

**The Moving Epidemic Method has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity in a standardised approach across Europe. The threshold to indicate a likelihood of influenza community circulation for as calculated through the Moving Epidemic Method is 15.4 per 100,000.*



GP In Hours Syndromic Surveillance System (England)

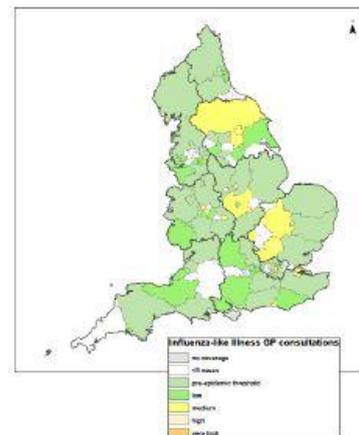
-The weekly ILI consultation rate through the GP In Hours Syndromic Surveillance system was low at 6.2 per 100,000 in week 48 (Figure 5).

Figure 5 represents a map of GP ILI consultation rates in Week 48 across England by Local Authorities, using influenza-like illness surveillance thresholds.

Thresholds are calculated using a standard methodology for setting ILI thresholds across Europe (the "Moving Epidemic Method" (MEM)) and are based on six previous influenza seasons (excluding the 2009/10 H1N1 pandemic)

-For further information, please see the syndromic surveillance [webpage](#).

Figure 5: Map of GP ILI consultation rates in Week 48



Influenza confirmed hospitalisations

[| Back to top |](#)

In week 48, five new admissions to ICU/HDU with confirmed influenza (one influenza A(H1N1pdm09), three A(unknown subtype) and one B) were reported through the national USISS mandatory ICU scheme across the UK (128 Trusts in England). Four new hospitalised confirmed influenza cases (three influenza A(H1N1pdm09) and one B) were reported through the USISS sentinel hospital network across England (22 Trusts).

A national mandatory collection (USISS mandatory ICU scheme) is operating in cooperation with the Department of Health to report the number of confirmed influenza cases admitted to Intensive Care Units (ICU) and High Dependency Units (HDU) and number of confirmed influenza deaths in ICU/HDU across the UK. A confirmed case is defined as an individual with a laboratory confirmed influenza infection admitted to ICU/HDU. In addition a sentinel network (USISS sentinel hospital network) of acute NHS trusts is established in England to report weekly laboratory confirmed hospital admissions. Further information on these systems is available through the [website](#). Please note data in previously reported weeks are updated and so may vary by week of reporting.

- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 48)

-In week 48, five new admissions to ICU/HDU with confirmed influenza (one influenza A(H1N1pdm09), three A(unknown subtype) and one B) were reported across the UK (128/156 Trusts in England) through the USISS mandatory ICU scheme (Figures 6 and 7), a rate of 0.01 per 100,000 compared to 0.02 per 100,000 the previous week. No new confirmed influenza deaths were reported in week 48 2015. A total of 33 admissions (five influenza A(H1N1)pdm09, two influenza A(H3N2), 22 influenza A unknown subtype and four influenza B) and no confirmed influenza deaths have been reported since week 40 2015.

Figure 6: Weekly ICU/HDU influenza admission rate per 100,000 trust catchment population, England, since week 40 2015

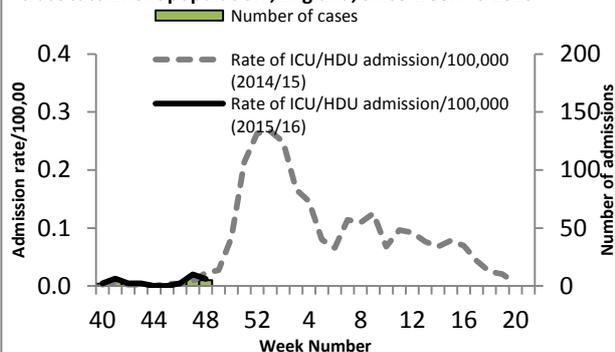
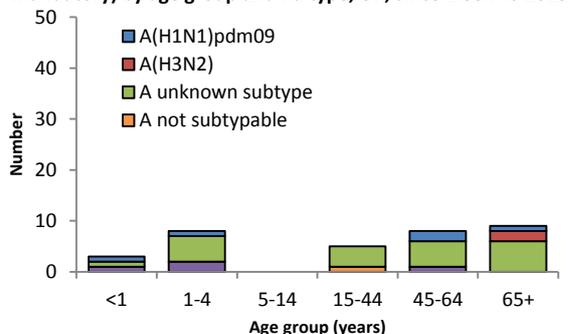


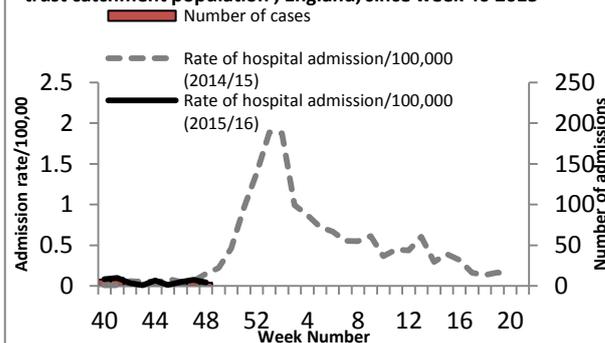
Figure 7: Cumulative ICU influenza admissions (USISS mandatory) by age group and flu type, UK, since week 40 2015



- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 48)

-In week 48, four new hospitalised confirmed influenza cases (three influenza A(H1N1pdm09) and one B) were reported through the USISS sentinel hospital network from 22 NHS Trusts across England (Figure 8), a rate of 0.05 per 100,000 compared to 0.07 per 100,000 the previous week. A total of 46 hospitalised confirmed influenza admissions (27 A(H1N1pdm09), eight A(H3N2), three A unknown subtype and eight B) have been reported since week 40.

Figure 8: Weekly hospitalised influenza case rate per 100,000 trust catchment population, England, since week 40 2015



- USISS Severe Respiratory Failure Centre confirmed influenza admissions, England (week 45)

-In week 48, no new confirmed influenza admissions to the five Severe Respiratory Failure Centres in England were reported. Since week 40, one confirmed influenza admission has been reported (influenza A unknown subtype).

All-cause mortality data

[| Back to top |](#)

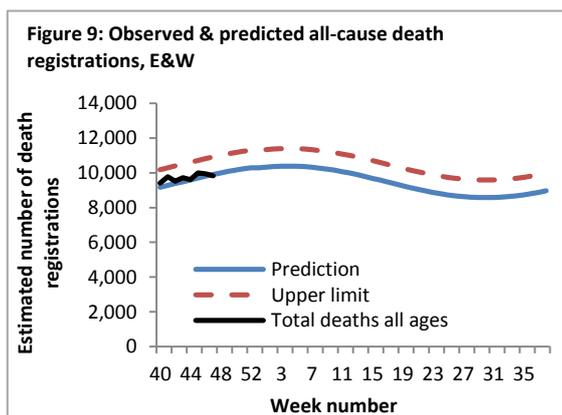
In week 48 2015, no statistically significant excess all-cause mortality by week of death was seen through the EuroMoMo algorithm in England overall and by age group. In the devolved administrations, significant excess all-cause mortality was seen in Scotland.

Seasonal mortality is seen each year in the UK, with a higher number of deaths in winter months compared to the summer. Additionally, peaks of mortality above this expected higher level typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza. Weekly mortality surveillance presented here aims to detect and report acute significant weekly excess mortality above normal seasonal levels in a timely fashion. Excess mortality is defined as a significant number of deaths reported over that expected for a given point in the year, allowing for weekly variation in the number of deaths. The aim is not to assess general mortality trends or precisely estimate the

excess attributable to different factors, although some end-of-winter estimates and more in-depth analyses (by age, geography etc.) are undertaken.

- Excess overall all-cause mortality, England and Wales

-In week 47 2015, an estimated 9,830 all-cause deaths were registered in England and Wales (source: [Office for National Statistics](#)). This is a decrease compared to the 9,938 estimated death registrations in week 46, and is below the 95% upper limit of expected death registrations for the time of year as calculated by PHE (Figure 1).



- Excess all-cause mortality by age group, England, Wales, Scotland and Northern Ireland

-In week 48 2015, no excess mortality by date of death above the upper 2 z-score threshold was seen in England after correcting ONS disaggregate data for reporting delay with the standardised EuroMoMo algorithm (Figure 2, Table 1), in any age group or subnationally. This data is provisional due to the time delay in registration; numbers may vary from week to week.

-In the devolved administrations, excess mortality above the threshold was seen in Scotland in week 48. No excess mortality was seen in Wales or Northern Ireland (Table 2).

Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 48 2015?	Weeks with excess in 2015/16
<5	x	NA
5-14	x	NA
15-64	x	NA
65+	x	NA

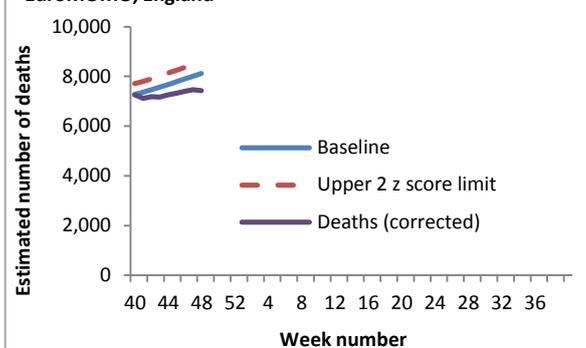
* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold

Table 2: Excess mortality by UK country*

Country	Excess detected in week 48 2015?	Weeks with excess in 2015/16
England	x	NA
Wales	x	NA
Scotland	✓	NA
Northern Ireland	x	NA

* Excess mortality is calculated as the observed minus the expected number of deaths in weeks above threshold
NB. Separate total and age-specific models are run for England which may lead to discrepancies between Tables 1 + 2

Figure 10: Excess mortality in 65+ year olds by week of death, EuroMOMO, England



Microbiological surveillance

[Back to top](#)

In week 48 2015, two samples tested for influenza through the UK GP sentinel schemes were positive. Twenty-three influenza positive detections were recorded through the DataMart scheme (eight influenza A(H1N1)pdm09, three A(H3), one A(not subtyped) and eleven influenza B).

- Sentinel swabbing schemes in England (RCGP) and the Devolved Administrations

-In week 48, two samples were positive in England for influenza B. No samples were positive in Scotland, Wales and Northern Ireland (Table 3).

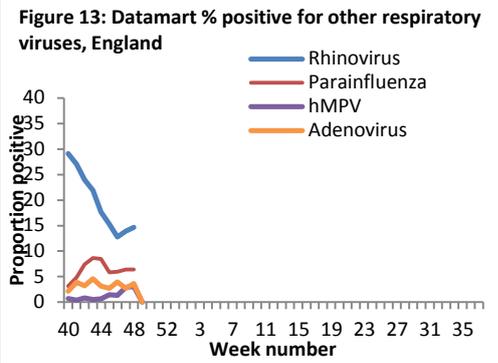
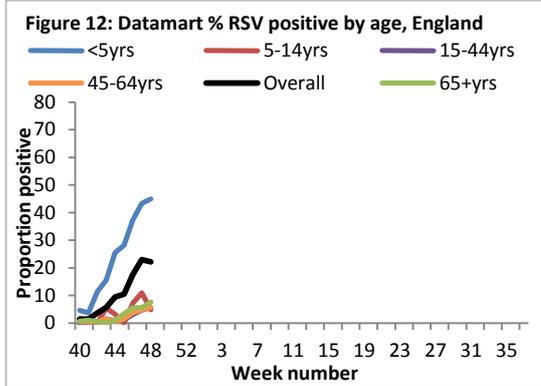
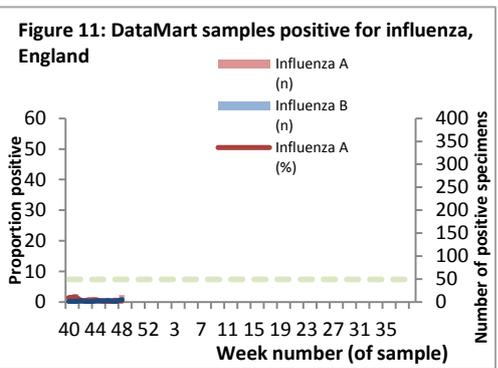
Table 3: Sentinel influenza surveillance in the UK

Week	England	Scotland	Northern Ireland	Wales
44	1/42 (2.4%)	1/68 (1.5%)	1/8 (-)	0/1 (-)
45	1/49 (2.0%)	2/81 (2.5%)	0/6 (-)	1/1 (-)
46	0/48 (0.0%)	1/63 (1.6%)	0/6 (-)	1/2 (-)
47	5/65 (7.7%)	1/76 (1.3%)	0/2 (-)	0/1 (-)
48	2/58 (3.4%)	0/68 (0.0%)	0/1 (-)	0/1 (-)

NB. Proportion positive omitted when fewer than 10 specimens tested

- Respiratory DataMart System (England)

In week 48 2015, out of the 1314 respiratory specimens reported through the Respiratory DataMart System, 23 samples (1.8%) were positive for influenza (8 A(H1N1)pdm, 3 A(H3), 1 A(not subtyped) and 11 B, Figure 9*). The highest positivity was in the 5-14 years, 4.8%. The overall positivity for RSV remained at the increased level in week 48 and the positivity continued to increase in children under 5 years (45.0%) (Figure 10). Positivity for rhinovirus increased slightly to 14.6%. hMPV increased to 3.1%. Parainfluenza remained at a slightly increased level at 6.4%. Adenovirus remained low at 3.7% (Figure 11).



*The Moving Epidemic Method has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for the start of influenza activity in a standardised approach across Europe. The threshold to indicate a likelihood of influenza community circulation for Datamart % positive as calculated through the Moving Epidemic Method is 7.4% in 2015/16.

- Virus characterisation

The PHE Respiratory Virus Unit has isolated and antigenically characterised twenty-four A(H1N1)pdm09 influenza viruses since the start of the 2015/16 winter influenza season in week 40 2015. These 24 viruses were antigenically similar to the A/California/7/2009 Northern Hemisphere 2015/16 (H1N1)pdm09 vaccine strain.

Four A(H3N2) influenza viruses have been isolated and antigenically characterised since week 38 2015. These four viruses were antigenically similar to the A/Switzerland/9715293/2013 H3N2 Northern Hemisphere 2015/16 vaccine strain. Genetic characterisation of six A(H3N2) influenza viruses since week 38 showed that they belong to genetic group 3C.2a, and are genetically similar to the majority of A(H3N2) viruses circulating in the 2014/15 season.

Two influenza B virus has been isolated and antigenically characterised since week 40 2015. These viruses were characterised as belonging to the B/Victoria/2/87 lineage and were antigenically similar to B/Brisbane/60/2008, the influenza B/Victoria-lineage component of 2015/16 Northern Hemisphere quadrivalent vaccines.

- Antiviral susceptibility

Since week 40 2014, 28 and 12 influenza viruses (A(H1N1)pdm09) have been tested for oseltamivir and zanamivir susceptibility, respectively, in the UK, and all were found to be sensitive.

- Antimicrobial susceptibility

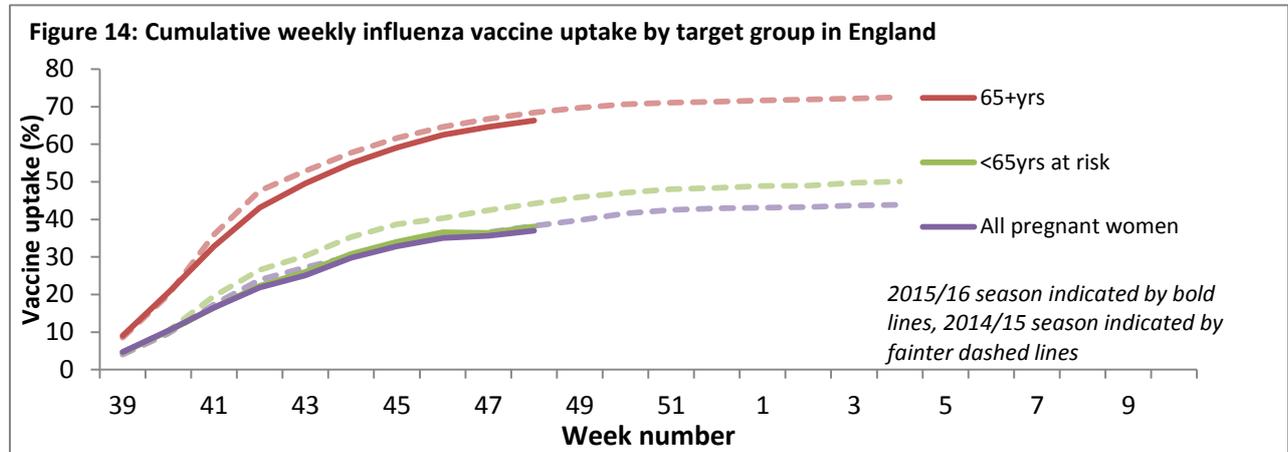
-Table 4 shows in the 12 weeks up to 29 November 2015, the proportion of all lower respiratory tract isolates of *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Staphylococcus aureus*, MRSA and MSSA tested and susceptible to antibiotics. These organisms are the key causes of community acquired pneumonia (CAP) and the choice of antibiotics reflects the British Thoracic Society empirical guidelines for management of CAP in adults.

Table 4: Antimicrobial susceptibility surveillance in lower respiratory tract isolates, 12 weeks up to 29 November 2015, E&W

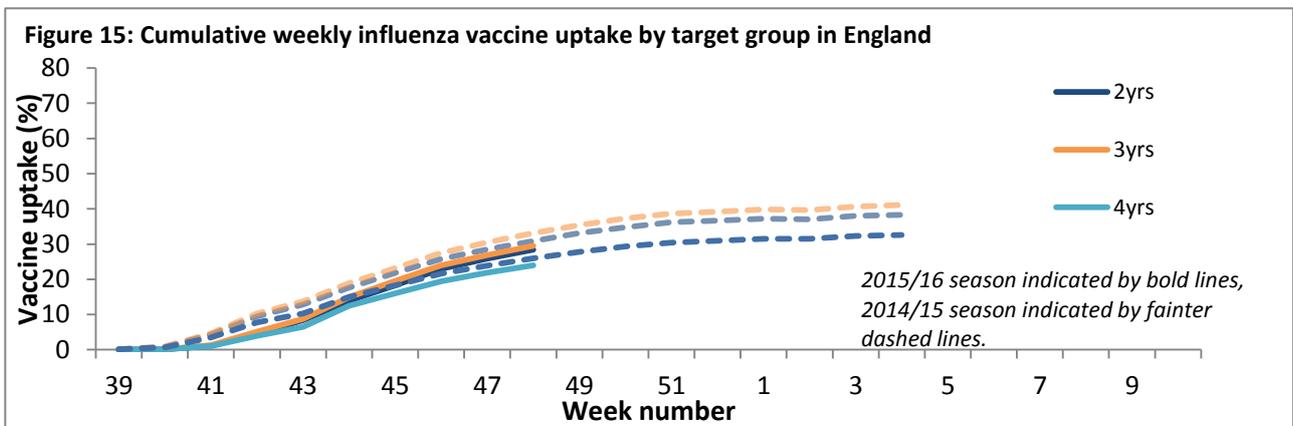
Organism	Antibiotic	Specimens tested (N)	Specimens susceptible (%)
<i>S. pneumoniae</i>	Penicillin	2,299	90
	Macrolides	2,649	81
	Tetracycline	2,550	82
<i>H. influenzae</i>	Amoxicillin/ampicillin	9,578	73
	Co-amoxiclav	9,160	92
	Macrolides	3,209	17
<i>S. aureus</i>	Tetracycline	9,337	98
	Methicillin	3,819	88
	Macrolides	3,742	72
MRSA	Clindamycin	375	45
	Tetracycline	429	89
MSSA	Clindamycin	2,032	78
	Tetracycline	3,123	93

*Macrolides = erythromycin, azithromycin and clarithromycin

- Up to week 48 2015 in 73.9% of GP practices reporting weekly to Immform, the provisional proportion of people in England who had received the 2015/16 influenza vaccine in targeted groups was as follows (Figure 14)
 - 38.1% in under 65 years in a clinical risk group
 - 37.0% in pregnant women
 - 66.3% in 65+ year olds



- In 2015/16, all two-, three- and four-year-olds continue to be eligible for flu vaccination. In addition, the programme has been extended to children of school years 1 and 2 age. Up to week 48 2015 in 73.9% of GP practices reporting weekly to Immform, the provisional proportion of people in England who had received the 2015/16 influenza vaccine in targeted groups was as follows (Figure 15)
 - 28.4% in all 2 year olds
 - 29.5% in all 3 year olds
 - 24.0% in all 4 year olds



- Provisional data from the first monthly collection of influenza vaccine uptake by frontline healthcare workers show 32.4% were vaccinated by 31 October 2015 from 95.1% of Trusts, compared to 36.8% vaccinated in the previous season by 31 October 2014. The [report](#) provides uptake at national, area team and CCG level.
- Provisional data from the first monthly collection of influenza vaccine uptake in children of school years 1 & 2 show the proportion of children in England who received the 2015/16 live attenuated intranasal vaccine (LAIV) by 31 October 2015, as follows 11.8% of children of school year 1 (5-6 year olds) and 11.4% of children school year 2 (6-7 year olds).

Globally, influenza activity generally remained low in both hemispheres.

- [Europe](#) updated on 27 November 2015 (Joint ECDC-WHO Influenza weekly update)

For week 47, influenza activity was at low levels in the 44 countries which reported.

For week 47/2015, 3% of specimens from sentinel sources and 1% of specimens from non-sentinel sources tested positive for influenza virus

For the 2015-2016 season so far, low numbers of viruses have been subtyped (type A) or ascribed to lineage (type B), A(H1N1)pdm09 viruses have been detected more often than A(H3N2) and B/Victoria lineage, more often than B/Yamagata in both sentinel and non-sentinel specimens than in the same period during the 2014–2015 season.

- [United States of America](#) Updated on 30 November 2015 (Centre for Disease Control report)

During week 46, influenza activity increased slightly in the United States, with the most frequently identified type reported to be influenza A with influenza A(H3) viruses predominating.

Nationwide during week 46, 1.6% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.1%.

During week 45, 6.0% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I. This percentage was below the epidemic threshold of 6.4%. One influenza-associated paediatric death was reported in week 46, which was associated with influenza B virus and occurred during week 44. A total of two influenza associated paediatric deaths have been reported during the 2015-2016 season.

- [Canada](#) Updated on 27 November 2015 (Public Health Agency report)

In week 46, overall influenza activity in Canada was low. So far this season, influenza A(H3N2) has been the most common subtype affecting Canadians.

The number of positive influenza detections increased from 1.40% in week 45 to 1.52% in week 46. To date, 91% of influenza detections have been influenza A and the majority of those subtyped have been A(H3) (86%).

The national influenza-like-illness (ILI) consultation rate has decreased slightly from 21.4 per 1,000 visits in week 45 to 21.1 per 1,000 visits in week 46. In week 45, the highest ILI consultation rate was found in the 20-64 age group and the lowest was found in the 4-19 years of age group.

To date this season, ten laboratory-confirmed influenza-associated paediatric (≤ 16 years of age) hospitalizations have been reported by the Immunization Monitoring Program Active (IMPACT) network. 66 laboratory-confirmed influenza-associated hospitalizations were reported from participating provinces and territories*. The majority (56%) of patients were ≥ 65 years of age.

- [Global influenza update](#) Updated on 16 November 2015 (WHO website)

Globally, influenza activity generally remained low in both hemispheres.

In Central and Eastern Asia, Europe, North Africa and North America, influenza activity continued at low, inter-seasonal levels with sporadic detections.

In western Asia, Bahrain, Oman and Qatar reported increased influenza activity, predominantly due to influenza A(H1N1)pdm09.

Few influenza virus detections were reported by countries in Africa.

In tropical countries of the Americas, Central America and the Caribbean, influenza activity remained at low levels, with the exception of Cuba.

In tropical Asia, countries in Southern and South East Asia reported low influenza activity overall except India, Lao People's Democratic Republic and Thailand where activity mainly due to A(H1N1)pdm09 viruses continued to be reported.

In temperate South America, respiratory virus activity was generally low in recent weeks, with mostly influenza B viruses circulating. A few countries reported fluctuations in respiratory illness indicators.

In Australia and South Africa, only sporadic influenza detections were reported.

Based on FluNet reporting, the WHO GISRS laboratories tested more than 75,360 specimens between 02 November 2015 and 15 November 2015. 1,663 were positive for influenza viruses, of which 1,125 (67.6%) were typed as influenza A and 538 (32.4%) as influenza B. Of the sub-typed influenza A viruses, 393 (48.5%) were influenza A(H1N1)pdm09 and 417 (51.5%) were influenza A(H3N2). Of the characterized B viruses, 168 (71.5%) belonged to the B-Yamagata lineage and 67 (28.5%) to the B-Victoria lineage.

- [Avian Influenza](#) latest update on 13 November 2015 (WHO website)

Influenza A(H7N9) latest update on 13 November 2015

On [11 November 2015](#) the National Health and Family Planning Commission (NHFPC) of China notified WHO of 2 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus. For further updates and WHO travel and clinical management advice, please see the [WHO website](#).

Influenza A(H5N1)

From 2003 through 13 November 2015, 844 laboratory-confirmed human cases of H5N1 avian influenza have been officially reported to [WHO](#) from 16 countries, of which 449 (53.2%) have died. Since the last WHO Influenza update on 15 October 2015, no new laboratory-confirmed human cases of avian influenza A(H5N1) virus infection were reported to WHO. Various influenza A(H5) subtypes, such as influenza A(H5N1), A(H5N2), A(H5N3), A(H5N6) and A(H5N8), continue to be detected in birds in West Africa, and Asia, according to recent reports received by OIE. Although these influenza A(H5) viruses might have the potential to cause disease in humans, so far no human cases of infection have been reported, with exception of the human infections with influenza A(H5N1) viruses and the four human infections with influenza A(H5N6) virus detected in China since 2014. Overall, the public health risk assessment for avian influenza A(H5) viruses remains unchanged since the assessment of [17 July 2015](#).

- [Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#) latest update on 13 November 2015

Between [26 October and 1 November 2015](#), the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 7 additional cases of MERS-CoV infection, including one death.

On [12 October 2015](#), the National IHR Focal Point for the Republic of Korea provided follow-up information on a previously reported case of Middle East respiratory syndrome coronavirus (MERS-CoV) infection. The patient, who was diagnosed from hospital on 3 October following two consecutive negative PCR tests for MERS-CoV, was readmitted to hospital with fever on 11 October and tested positive again for MERS-CoV on 12 October. A total of 186 MERS-CoV cases, including 36 deaths, have been associated with the outbreak in the Republic of Korea.

Up to 25 November 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 496 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.

Globally, WHO has been notified of 1,618 laboratory-confirmed cases of infection with MERS-CoV, including at least 579 related deaths. Further information on management and guidance of possible cases is available [online](#). The latest ECDC MERS-CoV risk assessment can be found [here](#), where it is highlighted that risk of widespread transmission of MERS-CoV remains low.

Acknowledgements

[| Back to top |](#)

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