PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

07 July 2016 – Week 27 report (up to week 26 data)

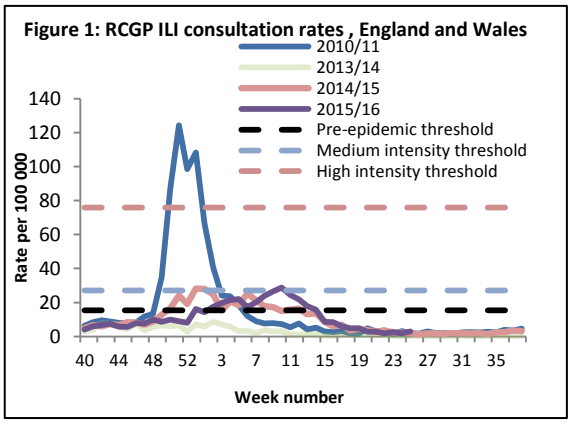
This report is published online. A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available online.

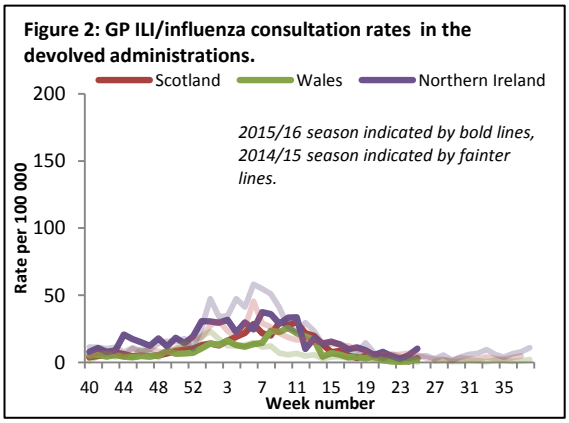
Indicators for influenza show very low levels of activity.

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 25	Week 26		
England (RCGP)	1.8	2.9	⇔	15-44yrs
Scotland	0.9	3.2	⇧	65-74yrs
Northern Ireland	5.6	10.2	⇧	45-64yrs
Wales	0.9	2.5	⇧	65-74yrs

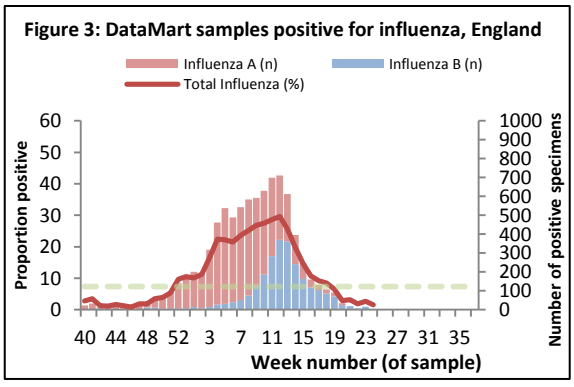




- Syndromic surveillance
  - There has been a slight increase in some respiratory indicators, including pharyngitis, sore throat and acute respiratory infections, particularly in children aged 5-14 years. However there has been a decrease in consultations for difficulty breathing indicators which were previously at elevated levels.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 26 2016, no samples (0.0%) of the 821 respiratory specimens tested were positive for influenza.
  - Rhinovirus positivity increased from 18.5% in week 25 to 22.3% in week 26. Parainfluenza positivity increased from 7.0% in week 25 to 9.4% in week 26. Positivity remained low for RSV (1.0%), hMPV (0.9%) and adenovirus (4.8%).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 26 2016.



Outbreak Reporting

- Ten new acute respiratory outbreaks were reported in the past 14 days. Nine were from care homes with no test results available and one was from a school with no test results available. Outbreaks should be reported to the local Health Protection Unit and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 25 2016, an estimated 9,365 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is a slight decreased compared to the 9,386 estimated death registrations in week 24 2016, and is below the 95% upper limit of expected death registrations for the time of year as calculated by PHE (Figure 4). The drops in the number of deaths in weeks 53, 13, 18 and 22 correspond to weeks where there were bank holidays and fewer days when deaths were registered. Therefore these decreases are likely to be artificial.

- In week 26 2016, 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.

Figure 4: Observed & predicted all-cause death registrations, E&W

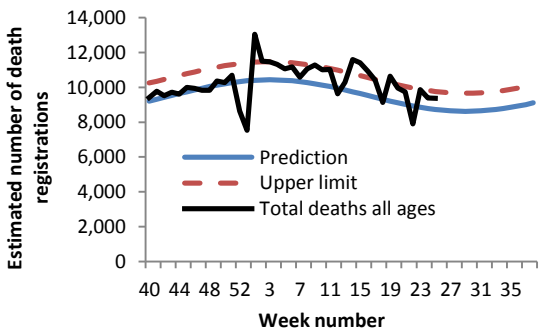


Table 1: Excess mortality by age group,England*

Age group (years)	Excess detected in week 26 2016?	Weeks with excess in 2015/16
<5	×	40,05,19
5-14	×	NA
15-64	×	52-53, 03,05-07, 09-10
65+	×	NA

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

International Surveillance

- Influenza
  - In temperate South America, influenza season has started with a steady increase in reports of influenza-like illness (ILI), with respiratory syncytial virus (RSV) and influenza A(H1N1)pdm09 being the predominant respiratory viruses.
  - In the temperate countries of Southern Africa, influenza detections continued to increase with predominantly influenza B viruses detected.
  - In Oceania, influenza virus activity remained low. Slight increases in ILI were detected in Australia.
  - In Central America, active circulation of influenza A(H1N1)pdm09 continued in El Salvador and increased in Panama. RSV activity continued in Costa Rica and Guatemala.
  - In tropical South America, active circulation of influenza A(H1N1)pdm09 and RSV continued in most countries in the region. Influenza detections increased in Bolivia and Colombia. ARI and SARI activities were elevated in Ecuador and Colombia. However, in Brazil, influenza detections and SARI indicators seemed to have peaked already.
  - In tropical countries of South Asia, influenza activity was generally low with influenza A and B co-circulating in the region.
  - In the northern temperate and central tropical regions of Africa, influenza activity was generally low with influenza A virus detections predominant in Western Africa and influenza B virus detections predominant in Eastern Africa and Northern Africa.
  - Influenza activity in the temperate zone of the northern hemisphere was back to inter-seasonal levels.
  - The WHO GISRS laboratories tested more than 55,586 specimens during that time period. 3,800 were positive for influenza viruses, of which 2,282 (60.1%) were typed as influenza A and 1,518 (39.9%) as influenza B. Of the sub-typed influenza A viruses, 1,426 (86.2%) were influenza A(H1N1)pdm09 and 228 (13.8%) were influenza A(H3N2). Of the characterized B viruses, 175 (32.1%) belonged to the B-Yamagata lineage and 371 (67.9%) to the B-Victoria lineage.
- MERS-CoV
  - Up to 06 July 2016, a total of four cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (two imported and two linked cases) have been confirmed in the UK. On-going surveillance has identified 758 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Between 19 and 20 June 2016 the National IHR Focal Point of Saudi Arabia reported six additional cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and on 16 June 2016, the National IHR Focal Point of United Arab Emirates (UAE) reported one additional case of MERS-CoV.
  - Globally, since September 2012, WHO has been notified of 1,769 laboratory-confirmed cases of infection with MERS-CoV, including at least 630 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.
- Influenza A(H7N9)
  - On 15 June 2016, 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 1 death.
  - A total of 781 laboratory-confirmed cases of human infection with avian influenza A(H7N9) viruses, including at least 313 deaths, have been reported to WHO. For further updates please see the WHO website and for advice on clinical management please see information available online.