



# PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

01 September 2016 – Week 35 report (up to week 34 data)

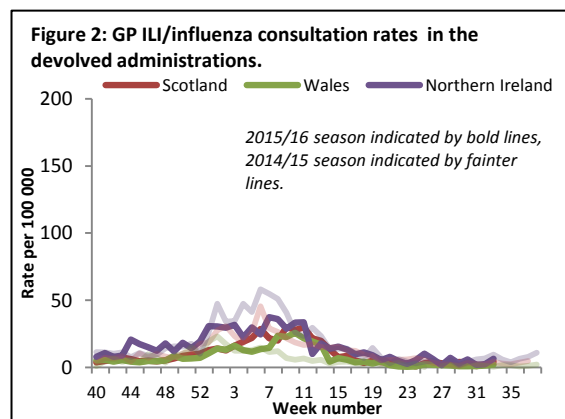
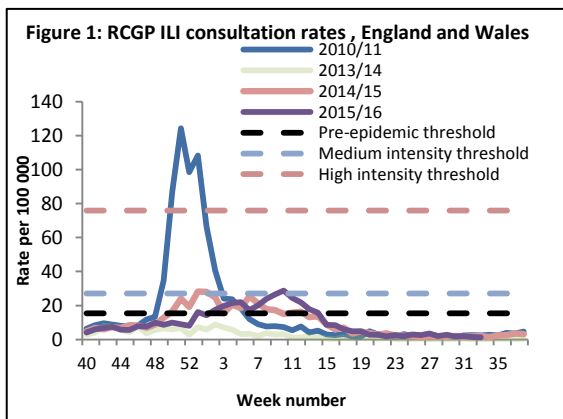
This report is published [online](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information available [online](#).

## 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).

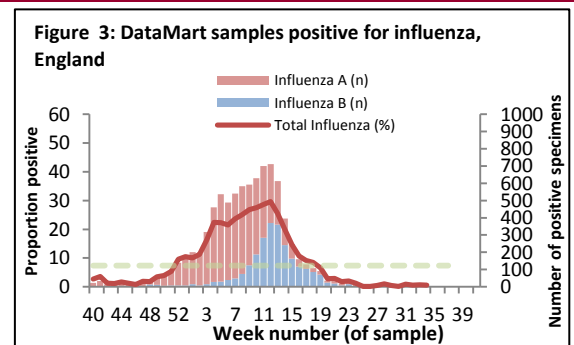
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 33	Week 34		
England (RCGP)	1.4	1.3	↔	15-44 & 75+yrs
Scotland	2.2	4.3	↑	75+yrs
Northern Ireland	2.5	6.5	↑	75+yrs
Wales	1.4	2.3	↔	15-44yrs



- Syndromic surveillance
  - Syndromic surveillance indicators for influenza remained low in weeks 33 and 34 2016.
  - For further information, please see the Syndromic surveillance [webpage](#).

### Virological surveillance

- English Respiratory Data Mart system
  - In week 34 2016, 4 (0.6%) of the 649 respiratory specimens tested were positive for influenza.
  - Rhinovirus positivity remained stable at 10.2% in week 34 comparing to 10.6% in week 33. Parainfluenza positivity decreased from 2.3% in week 33 to 1.5% in week 24. Positivity remained low for RSV (0.9%), hMPV (0.2%) and adenovirus (2.9 %).
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 34 2016.



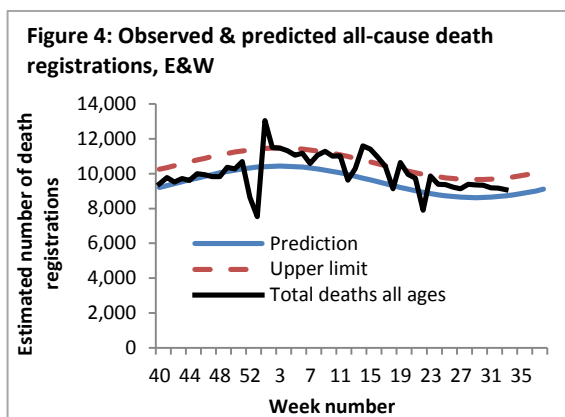
### Outbreak Reporting

- Nine new acute respiratory outbreaks have been reported in the past 14 days. One in a hospital with flu A(H3N2) infection and the remaining 8 outbreaks were reported from care homes with no test results available. Outbreaks should be reported to the local Health Protection Team and [Respscidsc@phe.gov.uk](mailto:Respscidsc@phe.gov.uk).

### All-cause mortality surveillance

- In week 33 2016, an estimated 9,070 all-cause deaths were registered in England and Wales (source: [Office for National Statistics](#)). This is a decrease compared to the 9,172 estimated death registrations in week 32 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 34 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.



**Table 1: Excess mortality by age group, England\***

Age group (years)	Excess detected in week 34 2016?	Weeks with excess in 2015/16
<5	x	40,05,19
5-14	x	NA
15-64	x	52-53, 02-03,05-07, 09-10
65+	x	29

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

## International Surveillance

- Influenza
  - Influenza activity varied in countries of temperate South America and increased steadily in the last few weeks in South Africa, increased slowly but remained still low overall in most of Oceania. Influenza activity in the temperate zone of the northern hemisphere was at inter-seasonal levels.
  - In temperate South America, influenza-like illness (ILI), acute respiratory infection (ARI) and severe acute respiratory infection (SARI) cases have stabilised, with influenza A(H1N1)pdm09 predominating and co-circulating with influenza B viruses in some countries. Respiratory syncytial virus (RSV) remained elevated in this region.
  - In the temperate countries of Southern Africa, influenza detections among ILI patients continued to rise, with a recent shift from influenza B to predominantly influenza A viruses. In the northern temperate and central tropical regions of Africa, influenza activity was generally low with influenza A(H3N2) virus detections predominant in Western Africa and influenza B virus detections predominant in Eastern and Northern Africa.
  - In Oceania, influenza virus activity slightly increased but remained low, mainly predominated by influenza A(H3N2).
  - In the Caribbean countries, influenza B detections continued at low levels. Other respiratory virus activity remained generally low. SARI cases and hospitalizations decreased slightly in several countries.
  - In Central America, In Central America, influenza and other respiratory virus activity remained low or decreased in most of the countries.
  - In tropical South America, South America, influenza A(H1N1)pdm09 and RSV activities generally decreased in recent weeks or remained low in most of the countries. SARI activities were continuing to decrease but remained elevated compared to the same period last year in Colombia.
  - In tropical countries of South Asia, influenza activity was generally low with influenza A and B viruses co-circulating in the region.
  - The WHO GISRS laboratories tested more than 31,890 specimens between 25 July 2016 and 07 August 2016. 1,654 were positive for influenza viruses, of which 1,096 (66.3%) were typed as influenza A and 558 (33.7%) as influenza B. Of the sub-typed influenza A viruses, 319 (32.9%) were influenza A(H1N1)pdm09 and 652 (67.1%) were influenza A(H3N2). Of the characterized B viruses, 70 (35.7%) belonged to the B-Yamagata lineage and 126 (64.3%) to the B-Victoria lineage.
- MERS-CoV
  - Up to 17 August 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 795 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - On [30 July 2016](#), the Ministry of Public Health, Thailand, announced a laboratory confirmed case of Middle East Respiratory Syndrome (MERS-CoV) in an 18-year-old Kuwaiti man who arrived in Thailand on 25 July with his family.
  - Globally, since September 2012, WHO has been notified of 1,791 laboratory-confirmed cases of infection with MERS-CoV, including at least 640 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 [11 August 2016](#), the National Health and Family Planning Commission of China notified WHO of five additional cases of laboratory-confirmed human infection with avian influenza A(H7N9) virus, including one death.
  - A total of 798 laboratory-confirmed cases of human infection with avian influenza A(H7N9) viruses, including at least 319 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](#).