PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

08 June 2017 – Week 23 report (up to week 22 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 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 21	Week 22		
England (RCGP)	2.4	1.5	⇩	45-64yrs
Scotland	5.8	1.8	⇩	45-64yrs
Northern Ireland	3.1	2.8	⇩	15-44yrs
Wales	3.3	2.2	⇩	65-74yrs

Figure 1: RCGP ILI consultation rates , England and Wales

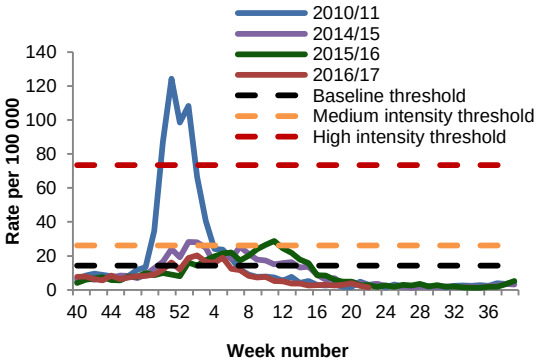
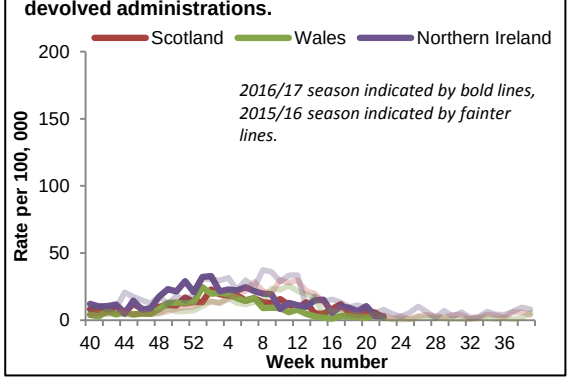


Figure 2: GP ILI/influenza consultation rates in the devolved administrations.

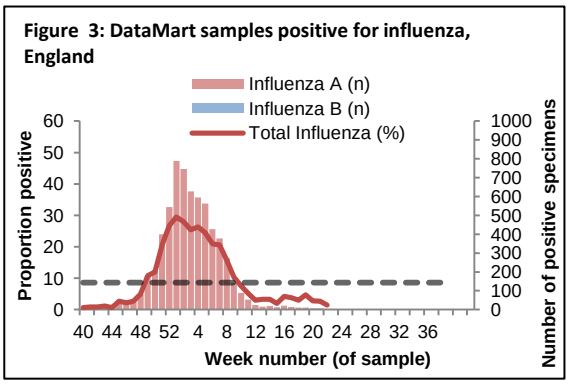


- Syndromic surveillance
  - Syndromic surveillance indicators for influenza continued to decrease in weeks 21 and 22 2017.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 22 2017, 29 (4.3%) of the 669 respiratory specimens tested were positive for influenza (4 influenza A(H3), 1 influenza A(H1N1)pdm09, 2 influenza A(not subtyped) and 22 influenza B).
  - RSV positivity remained low at 0.3% in week 22. Rhinovirus positivity decreased from 16.3% in week 21 to 13.6% in week 22. Adenovirus positivity increased to 6.3% in week 22. Parainfluenza positivity decreased to 5.6% in week 22. Human metapneumovirus (hMPV) remained low at 1.3% in week 22.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 22 2017.

Figure 3: DataMart samples positive for influenza, England



Outbreak Reporting

- Seven new acute respiratory outbreaks have been reported in the past 14 days. All of the outbreaks were reported from care homes, where one tested positive for influenza B. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 22 2017, 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: Excess mortality in all ages by week of death, EuroMOMO, England

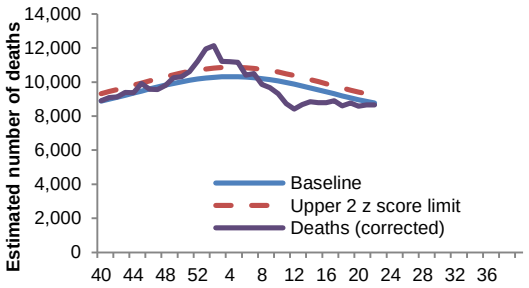


Table 1: Excess mortality by age group,England*

Age group (years)	Excess detected in week 22 2017?	Weeks with excess in 2016/17
<5	×	-
5-14	×	-
15-64	×	52-01
65+	×	45, 51-05

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

International Surveillance

- Influenza
  - In the temperate zone of the southern hemisphere, influenza activity started to increase slowly but remained low in general. Influenza activity in the temperate zone of the northern hemisphere continued to decrease. Worldwide, influenza B viruses were predominant.
  - In temperate and tropical South America, low influenza activity was reported, with co-circulation of influenza A(H3N2) and B viruses.
  - In Oceania, influenza activity was still low in Australia and New Zealand. A few detections of influenza A(H3N2) and A(H1N1)pdm09 were reported.
  - In the Caribbean and Central American countries, respiratory virus activity remained low.
  - In eastern and southern Asia, influenza activity continued to decrease. In western, central and south-east Asia, influenza activity was low in general.
  - In western Africa, few influenza detections were reported in with all seasonal influenza subtypes co-circulating in the region. In eastern Africa, influenza activity was reported in Kenya, Madagascar, Republic of Mauritius, and the United Republic of Tanzania with influenza A(H3N2) viruses predominant in the region.
  - In northern Africa, sporadic detections of all seasonal influenza subtypes were reported in recent weeks. In southern Africa influenza activity is still below seasonal threshold.
  - In Europe, influenza activity was low in general. In northern and eastern Europe, low levels of influenza B virus detections were reported. Little to no influenza activity was reported in south-west Europe.
  - In North America, influenza activity continued to decrease overall.
  - The WHO GISRS laboratories tested more than 63,766 specimens between 01 May 2017 and 14 May 2017. 5,518 were positive for influenza viruses, of which 2,655 (48.1%) were typed as influenza A and 2,863 (51.9%) as influenza B. Of the sub-typed influenza A viruses, 1,038 (51.2%) were influenza A(H1N1)pdm09 and 990 (48.8%) were influenza A(H3N2). Of the characterized B viruses, 190 (30.1%) belonged to the B-Yamagata lineage and 442 (69.9%) to the B-Victoria lineage.
- MERS-CoV
  - Up to 07 June 2017, 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 973 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Between 21 April and 29 May 2017, the National IHR Focal Point of Saudi Arabia reported 25 additional cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection including six fatal cases.
  - On 16 May 2017, the IHR NFP of the United Arab Emirates reported two (2) additional case of MERS-CoV. On 23 May 2017, the National IHR Focal Point of Qatar reported one additional case of MERS-CoV
  - Globally, since September 2012, WHO has been notified of 1,980 laboratory-confirmed cases of infection with MERS-CoV, including at least 699 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)
  - Between 21 April to 16 May 2017, 93 laboratory-confirmed human cases of influenza A(H7N9) virus infection were reported to WHO from China. Among these cases, two clusters of cases were reported. Cases were reported from Shaanxi province for the first time.
  - A total of 1,486 laboratory-confirmed human infections with avian influenza A(H7N9) virus, including at least 571 deaths, have been reported to WHO as of 16 May 2017.
  - For further updates please see the WHO website and for advice on clinical management please see information available online.