PHE National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

22 June 2017 – Week 25 report (up to week 24 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 23	Week 24		
England (RCGP)	1.6	2.0	⇔	15-44 years
Scotland	3.9	2.3	⇩	75+ years
Northern Ireland	4.1	2.0	⇩	65-74 years
Wales	1.5	2.0	⇔	5-14 years

Figure 1: RCGP ILI consultation rates , England and Wales

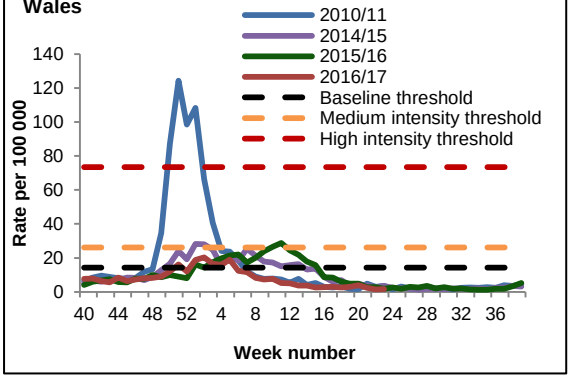
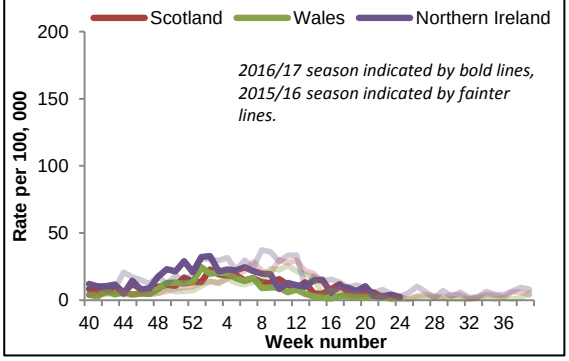


Figure 2: GP ILI/influenza consultation rates in the devolved administrations.

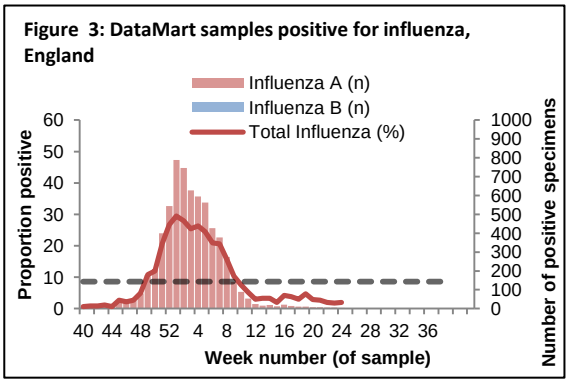


- Syndromic surveillance
  - Syndromic surveillance indicators for influenza were low in weeks 23 and 24 2017.
  - For further information, please see the Syndromic surveillance webpage.

Virological surveillance

- English Respiratory Data Mart system
  - In week 24 2017, 13 (2.0%) of the 656 respiratory specimens tested were positive for influenza (3 influenza A(H3), 1 influenza A(not subtyped) and 9 influenza B).
  - RSV positivity remained low in week 24. Rhinovirus positivity decreased from 16.9% in week 23 to 11.7% in week 24. Adenovirus positivity decreased from 5.7% in week 23 to 4.8% in week 24. Parainfluenza positivity continued to decrease at 4.1% in week 24. Human metapneumovirus (hMPV) remained low at 0.8% in week 24.
- UK GP-based sentinel schemes
  - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in week 24 2017.

Figure 3: DataMart samples positive for influenza, England



Outbreak Reporting

- Five 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 rhinovirus. Outbreaks should be reported to the local Health Protection Team and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 24 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

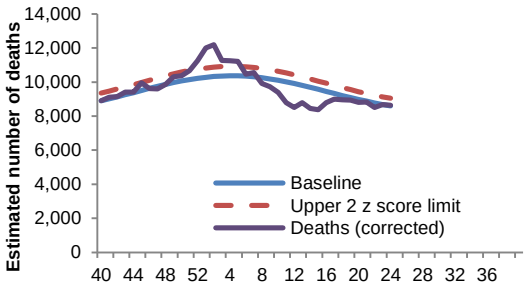


Table 1: Excess mortality by age group,England*

Age group (years)	Excess detected in week 24 2017?	Weeks with excess in 2016/17
<5	×	-
5-14	×	01
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 updated on 12 June 2017
  - 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 South America, influenza like illness (ILI) levels increased over the prior weeks and crossed the seasonal threshold in Chile and Paraguay, with influenza A(H3N2) viruses predominant.
  - In Southern Africa influenza activity remained low and below the seasonal threshold.
  - In Oceania, influenza activity remained low in Australia and New Zealand with influenza A and B viruses co-circulating.
  - In tropical South America, influenza activity remained low in most of the region, with influenza A(H3N2) and B viruses predominating.
  - In the Caribbean and Central America countries, respiratory virus activity remained low.
  - In Southern and Western Asia, influenza activity was low in general. A similar picture was seen in East Asia, except in China where detections of all seasonal influenza subtypes continued to be reported.
  - In South East Asia, influenza activity increased slightly in recent weeks, with all seasonal influenza subtypes present in the region. In Central Asia, available reports on respiratory illness indicators indicated low activity.
  - In Western Africa, few influenza detections were reported in Côte d'Ivoire and Ghana. In Eastern Africa, increased influenza activity was reported in Madagascar and the Republic of Mauritius, with influenza A(H3N2) and A(H1N1)pdm09 viruses predominant, respectively. In Northern Africa, no influenza detections were reported.
  - In Europe, influenza activity was low in general. In Northern and Eastern Europe, low levels of influenza B virus detections were reported. No influenza virus detections were reported in South West Europe.
  - In North America, influenza activity continued to decrease overall.
  - The WHO GISRS laboratories tested more than 69,469 specimens between 15 May 2017 and 28 May 2017. 5,598 were positive for influenza viruses, of which 2,798 (50.0%) were typed as influenza A and 2,800 (50.0%) as influenza B. Of the sub-typed influenza A viruses, 897 (40.1%) were influenza A(H1N1)pdm09 and 1,339 (59.9%) were influenza A(H3N2). Of the characterized B viruses, 216 (38.7%) belonged to the B-Yamagata lineage and 342 (61.3%) to the B-Victoria lineage.
- MERS-CoV updated on 19 June 2017
  - Up to 21 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 975 suspected cases in the UK that have been investigated for MERS-CoV and tested negative.
  - Between 1 June and 15 June 2017, the national IHR Focal Point of Saudi Arabia reported 49 additional cases of MERS-CoV infection including four fatal cases and one death among previously reported cases.
  - Globally, since September 2012, WHO has been notified of 2,029 laboratory-confirmed cases of infection with MERS-CoV, including at least 704 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) updated on 08 June 2017
  - On 19 May 2017, the National Health and Family Planning Commission of China (NHFPC) notified WHO of 17 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus in China. On 26 May 2017, the NHFPC notified WHO of nine additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus in China. 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.