



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

10 September 2015 – Week 37 report (up to week 36 data)

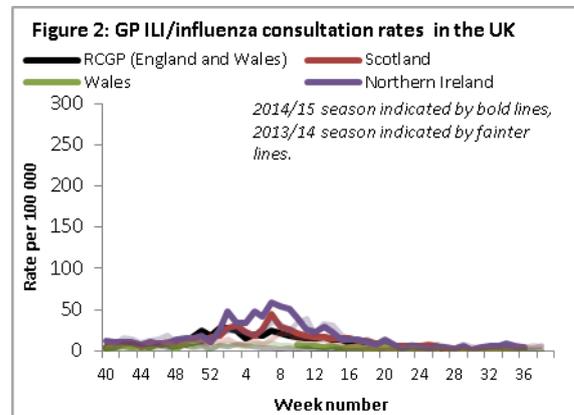
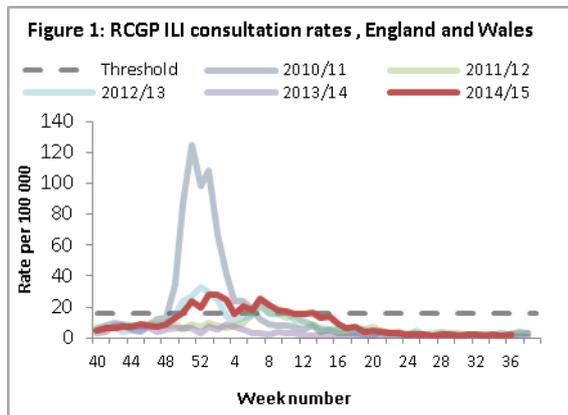
This report is published on the [PHE website](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the [PHE website](#).

Indicators of 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).

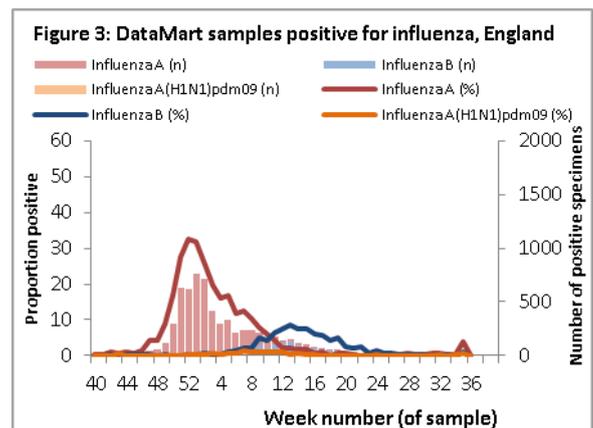
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 35	Week 36		
RCGP (England and Wales)	1.5	2.4	↔	65-74yrs
Scotland	3.0	2.3	↔	15-44yrs
Northern Ireland	5.9	4.0	↔	65-74yrs
Wales	1.8	1.9	↔	45-64yrs



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 35 and 36 2015.
 - For further information, please see the Syndromic surveillance [webpage](#).

Viological surveillance

- English Respiratory Data Mart system
 - In week 36 2015, six (1.1%) of the 552 respiratory specimens tested were positive for influenza (three influenza A(H3), one influenza A(H1N1)pdm09 and two influenza B) (Figure 3).
 - RSV positivity increased slightly to 1.8% while rhinovirus positivity decreased to 12.7% in week 36. Positivity remained low for adenovirus (3.0%), parainfluenza (3.0%) and hMPV (0.2%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in weeks 35 and 36 2015.



Outbreak Reporting

- During weeks 35 and 36 2015, three new acute respiratory outbreaks were reported, one in a hospital (rhinovirus) and two in care homes (not tested). Outbreaks should be reported to local Health Protection Teams and Respscidsc@phe.gov.uk.

All-cause mortality surveillance

- In week 35 2015, an estimated 9,026 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is less than the 9,121 estimated death registrations in week 34 and is below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4).
- In week 36 2015, 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.

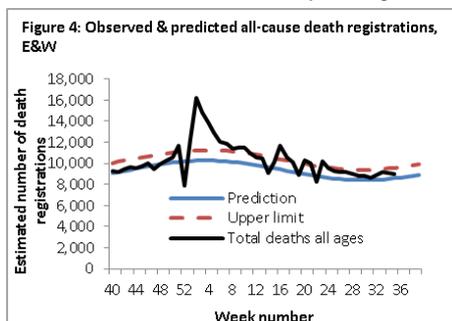


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 36 2015?	Weeks with excess in summer 2015
<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

International Surveillance

- Influenza
 - Globally, influenza activity continued in the Southern hemisphere, with an increase in Oceania peaking in temperate South America and decreased activity in South Africa.
 - In the Northern Hemisphere countries, respiratory virus activity remained low in general, and influenza activity continued at low, inter-seasonal levels. Influenza type A predominated in sporadic detections. A number of countries have also scaled down surveillance activity during the inter-seasonal period.
 - In Eastern Africa, in countries with reported influenza activity, influenza type A predominated. In Western Africa, influenza activity decreased overall, with influenza B predominating in Ghana and influenza A in Côte d'Ivoire.
 - In tropical countries of the Americas, Central America and the Caribbean, influenza activity remained at low levels, with the exception of Cuba, where high levels of influenza-like illness (ILI) and severe acute respiratory infections (SARI) were reported, associated with influenza A(H1N1)pdm09 and RSV viruses detections.
 - In tropical Asia, countries in Southern Asia and South East Asia reported an overall low influenza activity though India reported a minor increase in activity with predominantly A(H1N1)pdm09. Influenza activity was still high in southern China with influenza A(H3N2) predominating.
 - In temperate South America, ILI and SARI activity remained low and continued to decrease in general, except in Chile, where respiratory virus activity remained elevated. Influenza type A viruses predominated in the region.
 - In South Africa, influenza activity decreased with influenza type B predominating in recent weeks.
 - In Australia, influenza activity seemed to be still increasing with predominantly influenza B virus followed by influenza A(H3N2) detections. In New Zealand, influenza activity may have peaked in the second week of August with influenza A(H3N2) and B predominating.
 - The WHO GISRS laboratories tested more than 32 226 specimens during that time period. 4246 were positive for influenza viruses, of which 3219 (75.8%) were typed as influenza A and 1027 (24.2%) as influenza B. Of the sub-typed influenza A viruses, 326 (12.2%) were influenza A(H1N1)pdm09 and 2350 (87.8%) were influenza A(H3N2). Of the characterized B viruses, 126 (92%) belonged to the B-Yamagata lineage and 11 (8%) to the B-Victoria lineage. For further information, please see the [WHO website](#).
- MERS-CoV
 - Up to 26 August 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 355 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Between [26 and 31 August 2015](#), the National IHR Focal Point for the Kingdom of Saudi Arabia notified WHO of 22 additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection, including 3 deaths. Fifteen (15) of these reported cases are associated with a MERS-CoV outbreak currently occurring in a hospital in Riyadh city.
 - Globally, since September 2012, WHO has been notified of 1,517 laboratory-confirmed cases of infection with MERS-CoV, including at least 539 related deaths. Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
 - On [16 July 2015](#), 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 3 deaths.
 - For further updates and WHO travel advice, please see the WHO website and for advice on clinical management please see information available [online](#).