



PHE Weekly National Influenza Report

Summary of UK surveillance of influenza and other seasonal respiratory illnesses

16 July 2015 – Week 29 report (up to week 28 data)

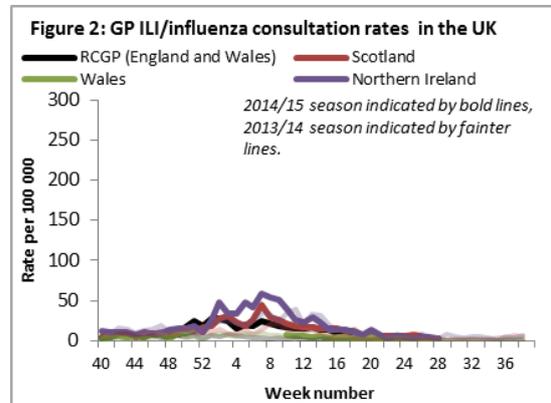
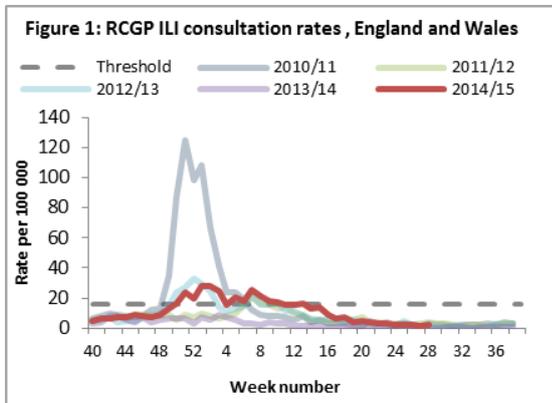
This report is published on the [PHE website](#). A summary report is being published once a fortnight while influenza activity is low. For further information on the surveillance schemes mentioned in this report, please see information the [PHE website](#).

Indicators of influenza show 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).

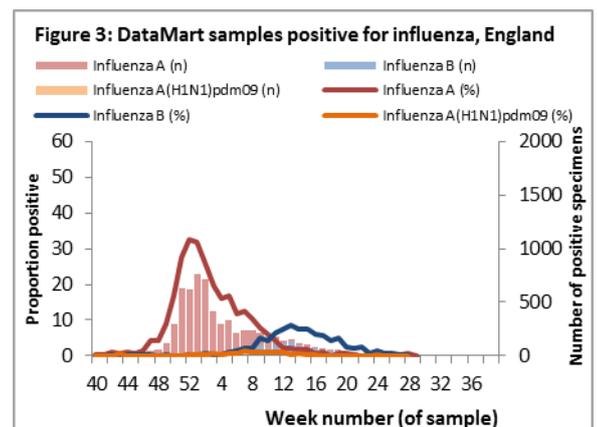
Scheme	GP ILI consultation rate per 100,000			Peak age group
	Week 27	Week 28		
RCGP (England and Wales)	1.3	1.8	↔	45-64yrs
Scotland	3.5	2.5	↔	5-14yrs
Northern Ireland	5.2	2.7	↓	45-64yrs
Wales	0.0	0.9	↔	15-44yrs



- Syndromic surveillance
 - Syndromic surveillance indicators for influenza remained low in weeks 27 and 28 2015.
 - For further information, please see the Syndromic surveillance [webpage](#).

Viological surveillance

- English Respiratory Data Mart system
 - In week 28 2015, five (0.8%) of the 613 respiratory specimens tested were positive for influenza (two influenza A(H3N2), two untyped and one B) (Figure 3).
 - Rhinovirus positivity decreased slightly to 14.4% in week 28 compared to 15.9% in week 27. Parainfluenza positivity increased slightly to 5.5% in week 28. RSV positivity remained low at 0.2% in week 28. Positivity remained stable for adenovirus (4.5%) and hMPV (0.6%).
- UK GP-based sentinel schemes
 - Through the GP-based sentinel schemes across the UK, no samples were positive for influenza in weeks 27 and 28 2015.



Outbreak Reporting

- During weeks 27 and 28 2015 one new acute respiratory outbreak in a hospital (parainfluenza) was reported. Outbreaks should be reported to the local Health Protection Unit and Respscisc@phe.gov.uk.

All-cause mortality surveillance

- In week 27 2015, an estimated 9,205 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is slightly more than the 9,190 estimated death registrations in week 26 and is below the 95% upper limit of expected death registrations for this time of year as calculated by PHE (Figure 4).
- In week 28 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.

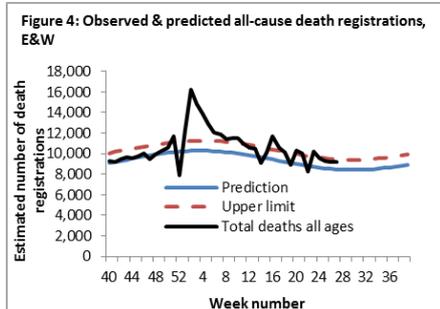


Table 1: Excess mortality by age group, England*

Age group (years)	Excess detected in week 28 2015	Weeks with excess in summer 2015
<5	×	NA
5-14	×	NA
15-64	×	NA
65+	×	NA

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

International Surveillance

- Influenza
 - Globally influenza activity increased or remained at elevated levels in the Southern Hemisphere whereas it continued at low levels in the Northern Hemisphere.
 - In North America, Europe and temperate countries in Asia, influenza activity remained at low, inter-seasonal levels in all regions with sporadic detections of mainly influenza B virus.
 - With the exception of southern Africa, only a few countries reported influenza data. Levels of influenza activity were low or decreasing in these countries.
 - In tropical countries of the Americas/Central America and the Caribbean, influenza activity was reported to be at inter-seasonal levels whereas RSV activity had increased.
 - In western and temperate countries of Asia, low levels of influenza activity were reported where influenza type A(H1N1)pdm09 and influenza B predominated in recent weeks.
 - In tropical Asia, influenza activity remained at elevated levels. Both influenza type A(H1N1)pdm09 and A(H3N2) were equally dominant during the last few weeks.
 - In temperate South America, influenza activity was low while RSV detections increased. However, Paraguay had decreasing RSV detections.
 - Influenza activity remained elevated in South Africa with influenza type A(H1N1)pdm09, A(H3N2), and B co-circulating.
 - In Australia and New Zealand, influenza activity continued to increase and surpassed the seasonal threshold in Australia.
 - The WHO GISRS laboratories tested more than 26 786 specimens during weeks 25 – 26 2015; 1476 were positive for influenza viruses, of which 1084 (73.4%) were typed as influenza A and 392 (26.6%) as influenza B. Of the sub-typed influenza A viruses, 230 (39.8%) were influenza A(H1N1)pdm09 and 348 (60.2%) were influenza A(H3N2). Of the characterized B viruses, 62 (96.9%) belonged to the B-Yamagata lineage and 2 (3.1%) to the B-Victoria lineage. For further information, please see the [WHO website](#).
- MERS-CoV
 - Up to 15 July, a total of four case of Middle East respiratory syndrome coronavirus, MERS-CoV, (two imported and two linked cases) have been confirmed in England. On-going surveillance has identified 314 suspect cases in the UK that have been investigated for MERS-CoV and tested negative.
 - Up to [14 July](#), a total of 186 MERS-CoV cases, including 36 deaths, have been reported by the National IHR Focal Point of the Republic of Korea. One of the 186 cases is the case that was confirmed in China and also notified by the National IHR Focal Point of China.
 - Globally, since September 2012, WHO has been notified of 1,368 laboratory-confirmed cases of infection with MERS-CoV, including at least 490 related deaths. Further information on management and guidance of possible cases is available [online](#).
- Influenza A(H7N9)
 - On [12 June 2015](#), the National Health and Family Planning Commission (NHFPC) of China notified WHO of 15 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](#).
- Influenza A(H5N6)
 - On [11 July 2015](#), the National Health and Family Planning Commission (NHFPC) of China notified WHO of one laboratory confirmed case of human infection with an avian influenza A(H5N6) virus.
 - WHO continues to closely monitor the influenza A(H5N6) situation and conduct risk assessments. So far, the overall risk associated with avian influenza A(H5N6) viruses has not changed.