

## Influenza Weekly Surveillance Bulletin

Northern Ireland, Week 5 (30 January 2017 – 05 February 2017)

### Summary

At this point in the 2016/17 influenza season, influenza remained widespread across region with some indicators continuing to decrease in week 5 (week commencing 31<sup>st</sup> January 2017).

#### Weekly Influenza GP Consultation Rates

- GP consultation rates for combined flu and flu-like illness (flu/FLI) have decreased in week 5, 2017 to 22.3 per 100,000 population. Rates remain below the 2016/17 pre-epidemic threshold<sup>1</sup>
- OOH GP consultation rates for flu/FLI remained stable at 4.1 per 100,000 population in week 4, 2017

#### Microbiological Surveillance

- The proportion of positive influenza detections from both sentinel and non-sentinel sources has decreased to 16% in week 5

#### Respiratory Syncytial Virus (RSV) Activity

- RSV activity has decreased since week 4 with levels similar to the same period last season

#### Influenza Confirmed Intensive Care Unit (ICU) Cases and Deaths

- Four cases were reported in ICU with laboratory confirmed influenza in week 5, giving a total of 33 cases this season
- No deaths were reported in week 5 among ICU patients with laboratory confirmed influenza, there have been a total of six deaths in ICU patients with laboratory confirmed influenza this season

#### Influenza Outbreaks across Northern Ireland

- No confirmed influenza outbreaks were reported to the PHA. There have been a total of 11 confirmed influenza outbreaks this season

#### Influenza Vaccine Uptake in Northern Ireland

- To 31<sup>st</sup> December 2016; uptake was 69% among those aged 65 years and over, 51.6% among those under 65 in an at risk group, 49.4% among 2-4 year olds and 77.7% among primary school children

<sup>1</sup> The pre-epidemic threshold for Northern Ireland is 47.9 per 100,000 population this year (2016/17)

## Introduction

Influenza is an acute viral infection of the respiratory tract (nose, mouth, throat, bronchial tubes and lungs). There are three types of flu virus: A, B and C, with A and B responsible for most clinical illness. Influenza activity in Northern Ireland is monitored throughout the year to inform public health action and to prevent spread of the infection. The influenza season typically runs from week 40 to week 20. Week 40 for the 2016/17 season commenced on 3<sup>rd</sup> October 2016.

Surveillance systems used to monitor influenza activity include:

- GP sentinel surveillance representing 11.7% of Northern Ireland population;
- GP Out-of-Hours surveillance system representing the entire population;
- Virological reports from the Regional Virus Laboratory (RVL);
- Influenza outbreak report notification to PHA Duty Room;
- Critical Care Network for Northern Ireland reports on critical care patients with confirmed influenza;
- Mortality data from Northern Ireland Statistics and Research Agency (NISRA);
- Excess mortality estimations are also provided by Public Health England using the EuroMOMO (Mortality Monitoring in Europe) model based on raw death data supplied by NISRA

***NB: Please note changes in the y axes on figures 1 – 6 from last season's bulletin when interpreting the charts contained in this season's bulletin.***

## Sentinel GP Consultation Data

Figure 1. Sentinel GP consultation rates for flu/FLI 2014/15 - 2016/17

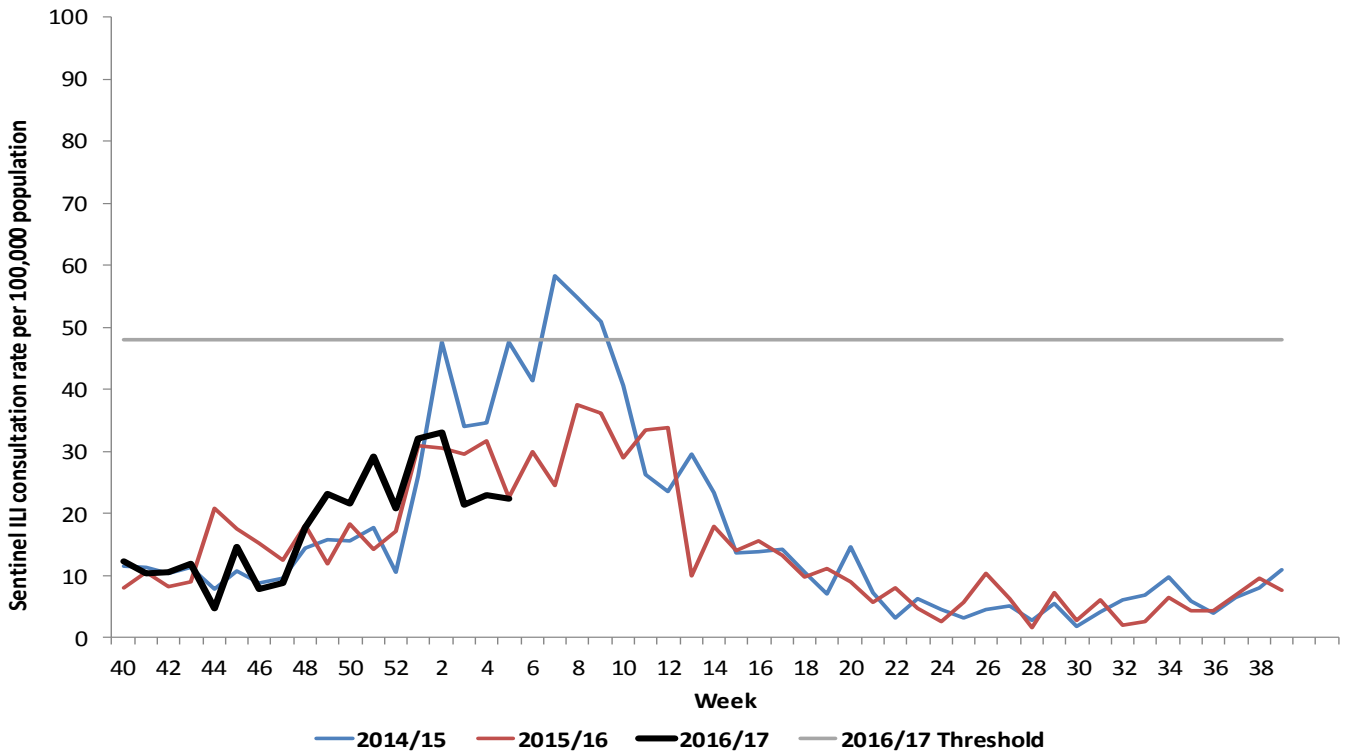
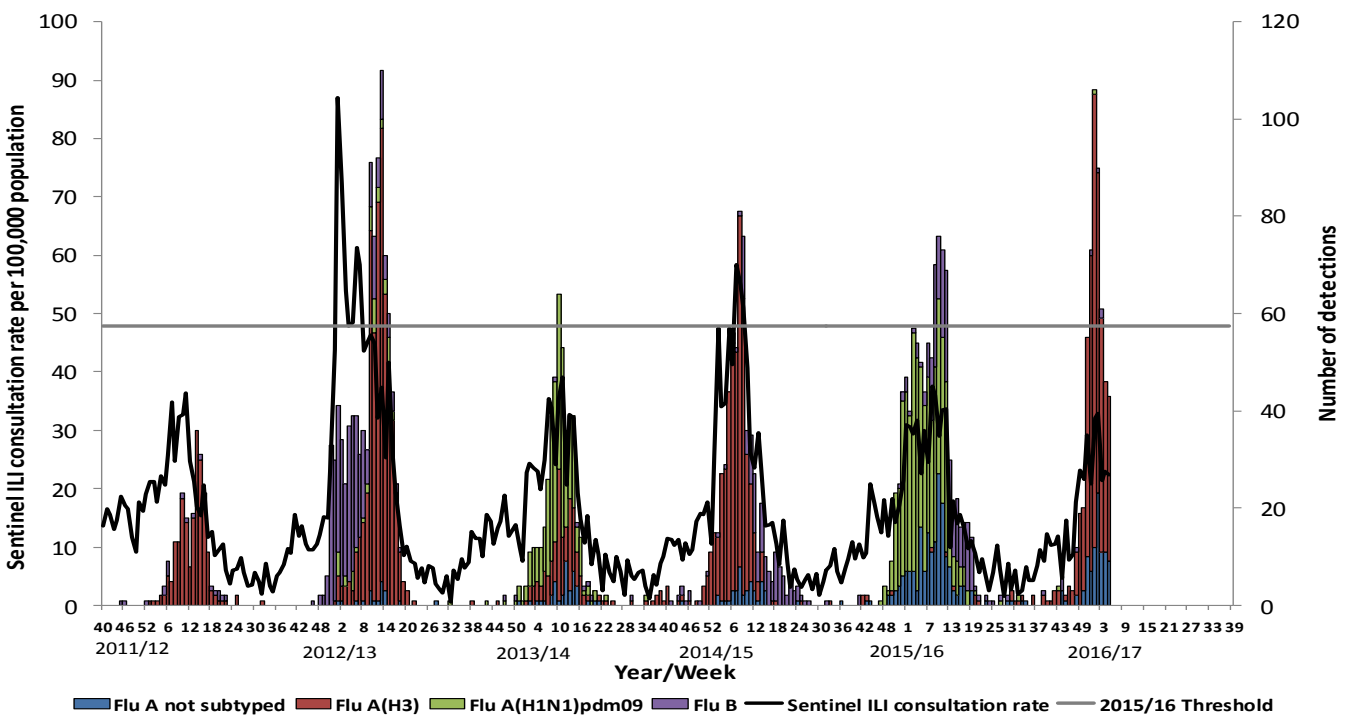
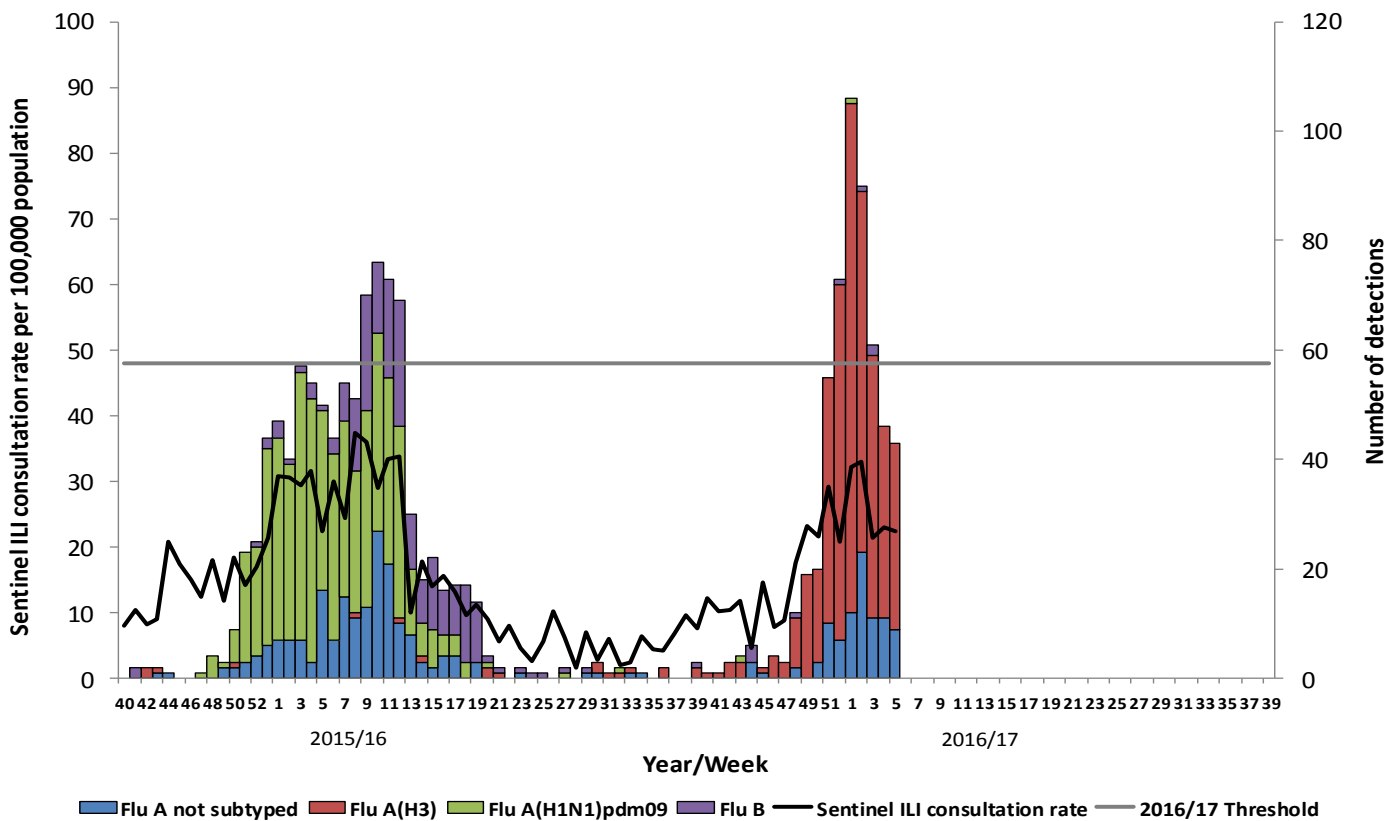


Figure 2. Sentinel GP combined consultation rates for flu/FLI and number of influenza positive detections 2011/12 – 2016/17



**Figure 3. Sentinel GP consultation rates for flu/FLI and number of virology 'flu detections from week 40, 2015**

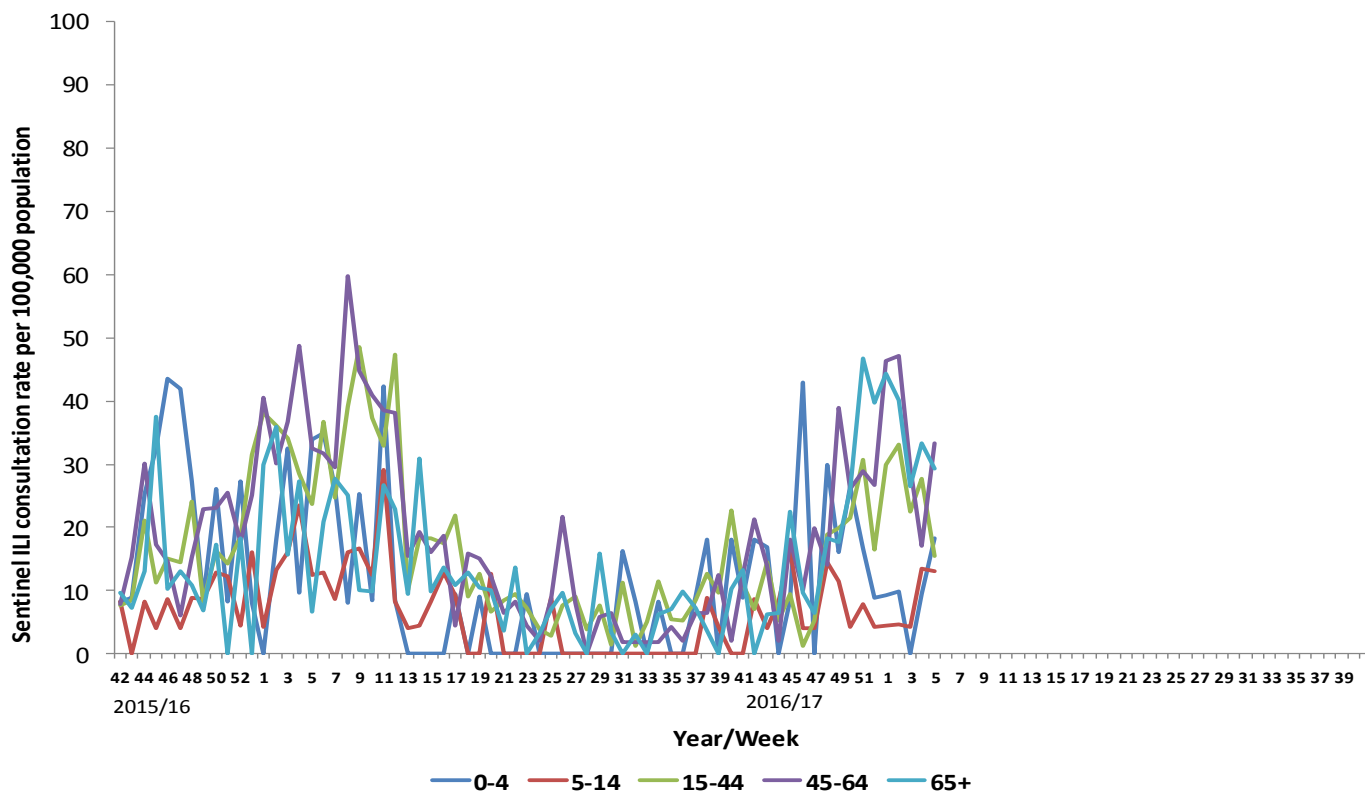


**Comment**

GP consultation rates have slightly decreased in week 5, 2017 to 22.3 per 100,000 population from 23.0 per 100,000 population in week 4. The GP consultation rate in week 5 is similar to the same period in 2015/16 (22.5 per 100,000 population) but lower than in 2014/15 (47.6 per 100,000 population).

Rates remain below the pre-epidemic Northern Ireland 2016/17 threshold of 47.9 per 100,000 (Figures 1, 2 and 3).

**Figure 4. Sentinel GP age-specific consultation rates for flu/FLI from week 40, 2015**



**Comment**

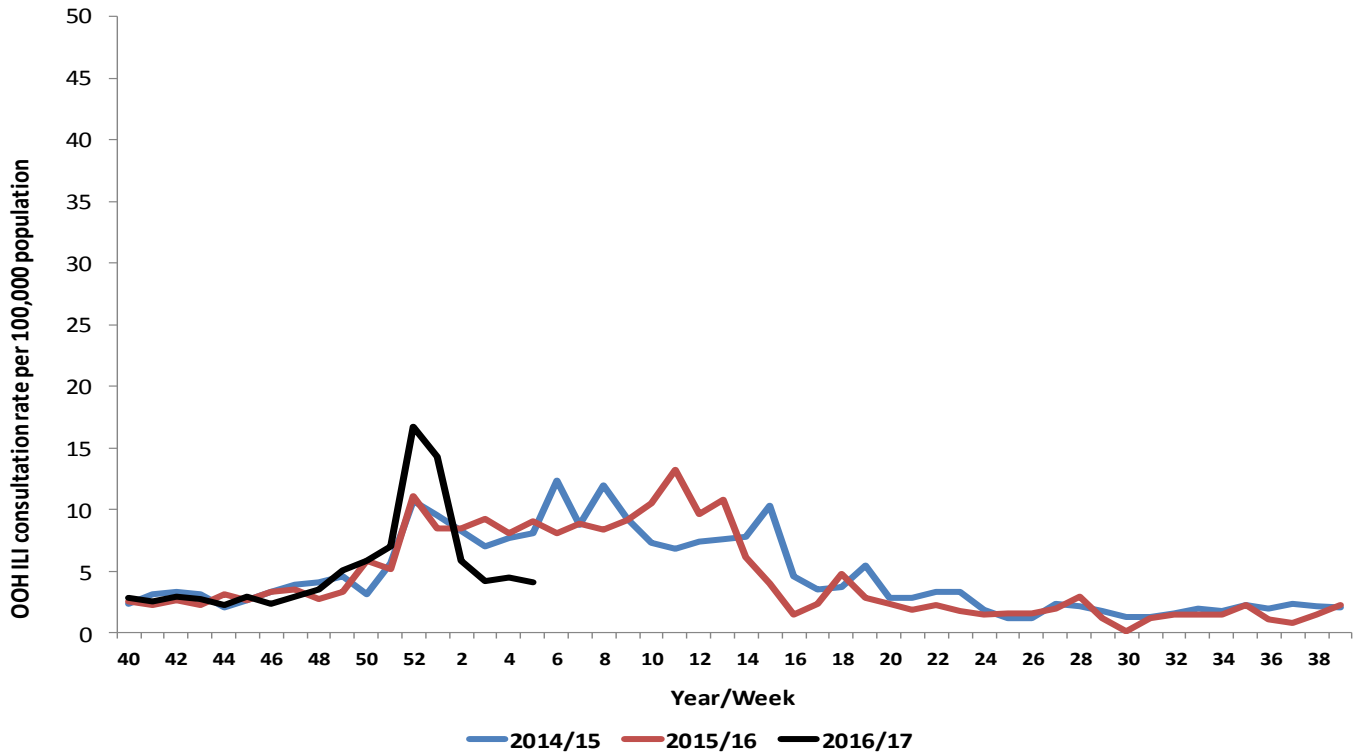
Sentinel GP flu/FLI consultations have increased among almost the 0-4 and 45-64 years age groups in week 5, with a decrease noted among the 15-44 and 65 years and over age groups. Rates remained stable among those aged 5-14 years.

In week 5, 2017 the highest age-specific rate was noted among those aged 45-64 years (33.4 per 100,000 population), with the lowest rate represented by those aged 5-14 years (13.0 per 100,000 population).

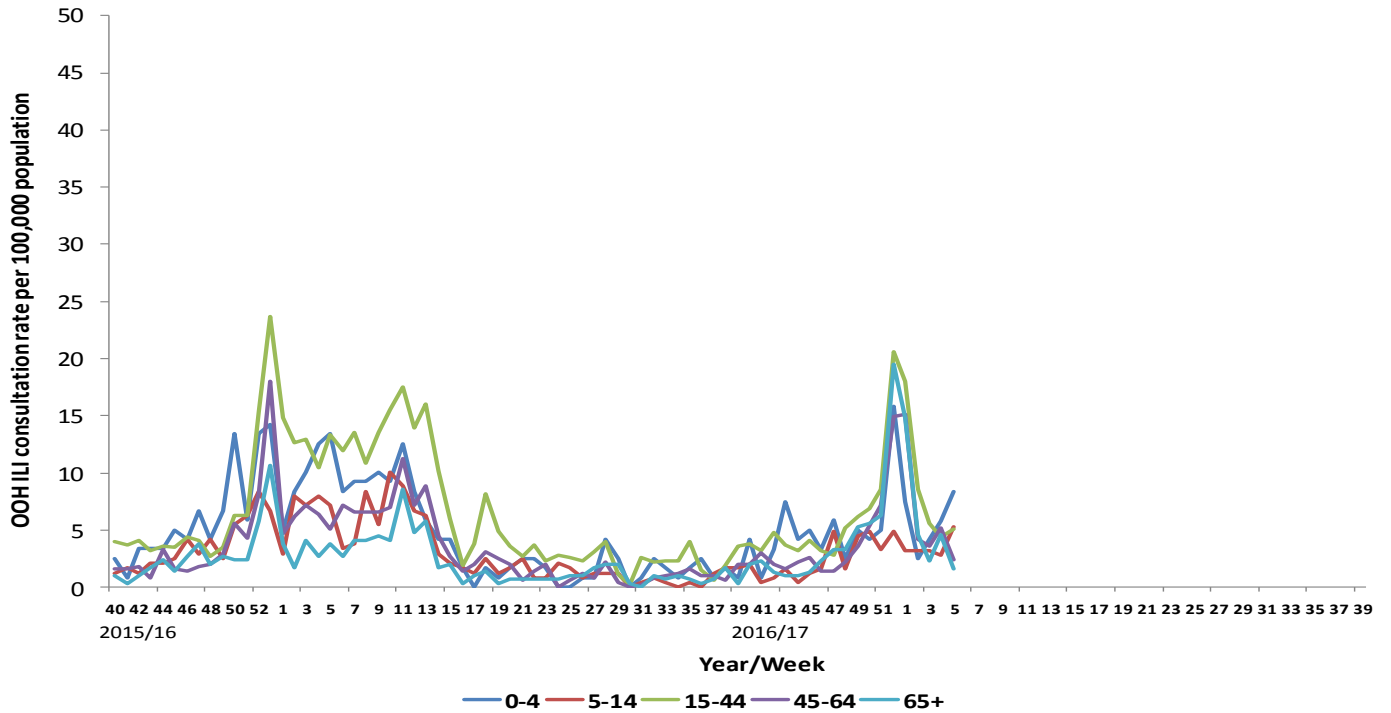
Age-specific consultation rates are lower among the 0-4 and 15-44 years age groups in week 5 than the same time period in 2015/16, but are higher among those aged 65 years and over. Rates among those aged 5-14 and 45-64 years are similar to the same period in 2015/16 (Figure 4).

## Out-of-Hours (OOH) Centres Call Data

**Figure 5. OOH call rate for flu/FLI, 2014/15 – 2016/17**



**Figure 6. OOH Call rates of flu/FLI by age-group from week 40, 2015**



### Comment

During week 5, 2017 the OOH GP consultation rate remained relatively stable at 4.1 per 100,000 population from 4.5 per 100,000 population in week 4. The OOH GP consultation rate in week 5

is lower than the same period in both 2015/16 (9.0 per 100,000 population) and 2014/15 (8.0 per 100,000 population) (Figure 5).

The proportion of calls related to flu has decreased and represents less than 1% of total calls to the OOH service in week 5, 2017.

During week 5, OOH flu/FLI rates have increased among the youngest age groups, with rates decreasing slightly among the oldest age groups but remaining stable among those aged 15-44 years. The highest age-specific OOH flu/FLI rate in week 5 was again noted among the 0-4 years age group (8.3 per 100,000 population) while those aged 65 years and over represented the lowest rate in week 5 (1.7 per 100,000 population) (Figure 6).

Age-specific rates in week 5 are lower among all age groups than those noted during the same period in both 2015/16 and 2014/15.

## Virology Data

**Table 1. Virus activity in Northern Ireland by source, Week 5, 2016/17**

Source	Specimens Tested	Flu AH3	Flu A(H1N1) 2009	A (untyped)	Flu B	RSV	Total influenza Positive	% Influenza Positive
Sentinel	4	0	0	0	0	0	0	0%
Non-sentinel	260	34	0	9	0	10	43	17%
<b>Total</b>	<b>264</b>	<b>34</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>10</b>	<b>43</b>	<b>16%</b>

**Table 2. Cumulative virus activity from all sources by age group, Week 40 - 5, 2016/17**

	Flu AH3	Flu A(H1N1) 2009	A (untyped)	Flu B	Total Influenza	RSV
0-4	14	0	4	1	19	436
5-14	10	0	1	1	12	16
15-64	194	1	41	5	241	93
65+	229	1	46	1	277	133
Unknown	0	0	0	0	0	0
<b>All ages</b>	<b>447</b>	<b>2</b>	<b>92</b>	<b>8</b>	<b>549</b>	<b>678</b>

**Table 3. Cumulative virus activity by age group and source, Week 40 - Week 5, 2016/17**

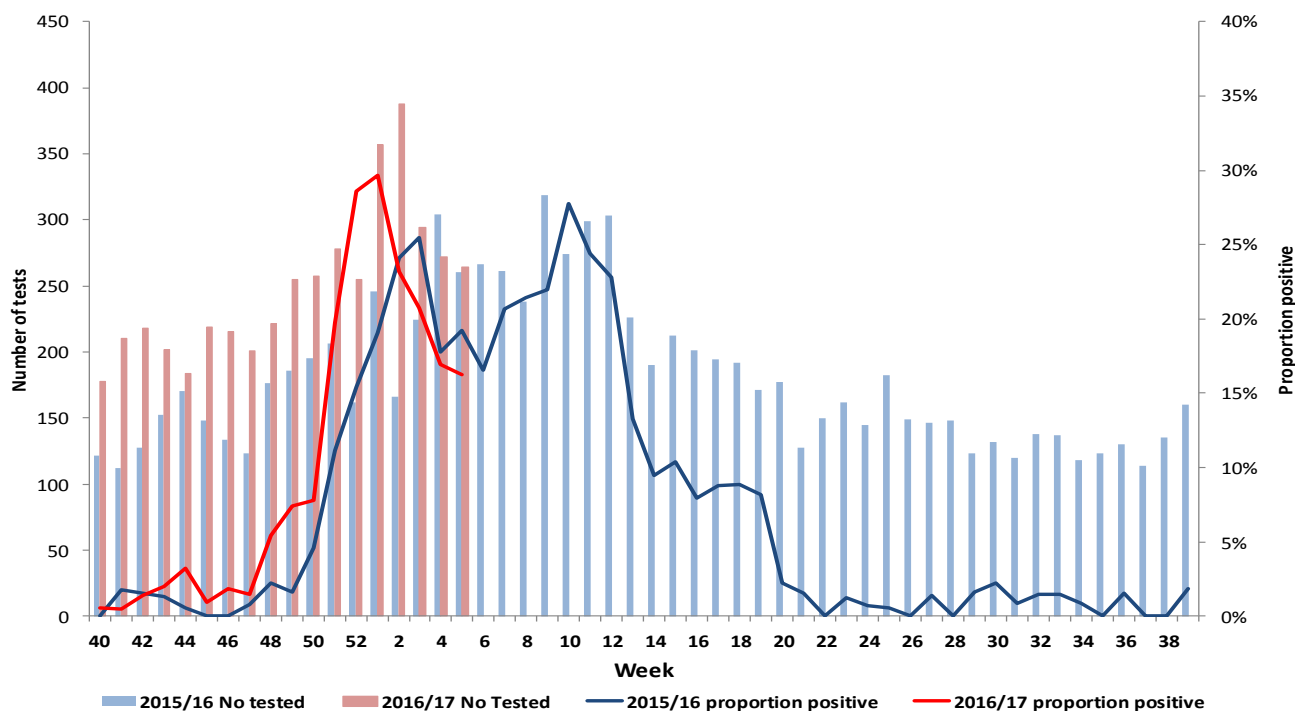
	Sentinel						Non-sentinel					
	Flu AH3	Flu A(H1N1) 2009	A (untyped)	Flu B	Total Influenza	RSV	Flu AH3	Flu A(H1N1) 2009	A (untyped)	Flu B	Total Influenza	RSV
0-4	0	0	0	0	0	1	14	0	4	1	19	435
5-14	4	0	0	0	4	0	6	0	1	1	8	16
15-64	23	1	4	0	28	8	171	0	37	5	213	85
65+	4	1	1	0	6	3	225	0	45	1	271	130
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>All ages</b>	<b>31</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>38</b>	<b>12</b>	<b>416</b>	<b>0</b>	<b>87</b>	<b>8</b>	<b>511</b>	<b>666</b>

### Note

All virology data are provisional. The virology figures for previous weeks included in this or future bulletins are updated with data from laboratory returns received after the production of the last bulletin. The current bulletin reflects the most up-to-date information available. Sentinel and non-sentinel samples are tested for influenza and for RSV. Cumulative reports of influenza A (untyped) may vary from week to week as these may be subsequently typed in later reports.



**Figure 7. Number of samples tested for influenza and proportion positive, 2015/16 and 2016/17, all sources**



**Comment**

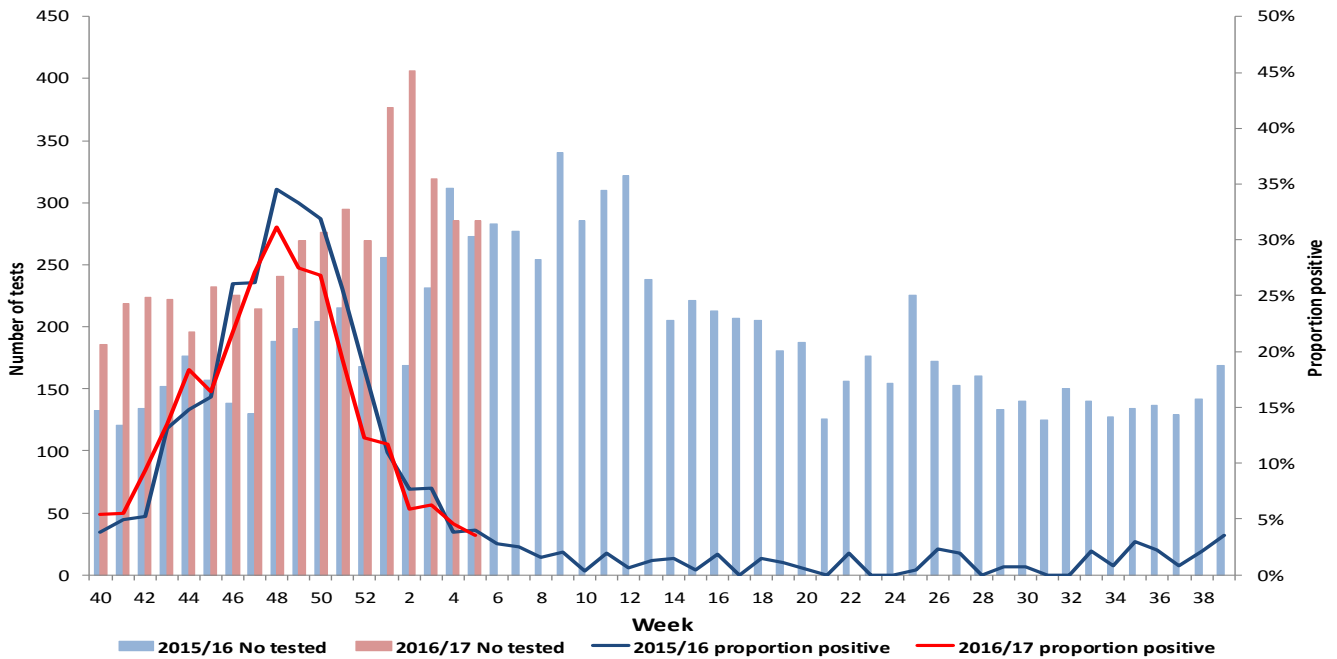
During week 5, 2017 there were 264 specimens submitted for virological testing. There were 43 detections of influenza in total (positivity rate of 16%) (Figure 7). There were 34 detections of influenza A(H3) and 9 detections of influenza A (typing awaited). There were no detections of influenza A(H1N1)pdm09 or influenza B.

There were no samples positive for influenza submitted through the GP based sentinel scheme across Northern Ireland.

This season to date there have been a total of 549 detections of influenza, of which 447 have been typed as influenza A(H3). There have been 8 detections of influenza B, 92 of influenza A (typing awaited), and 2 detections of influenza A(H1N1)pdm09 (Tables 1, 2, and 3).

## Respiratory Syncytial Virus

**Figure 8. Number of samples tested for RSV and proportion positive, 2015/16 and 2016/17, all sources**

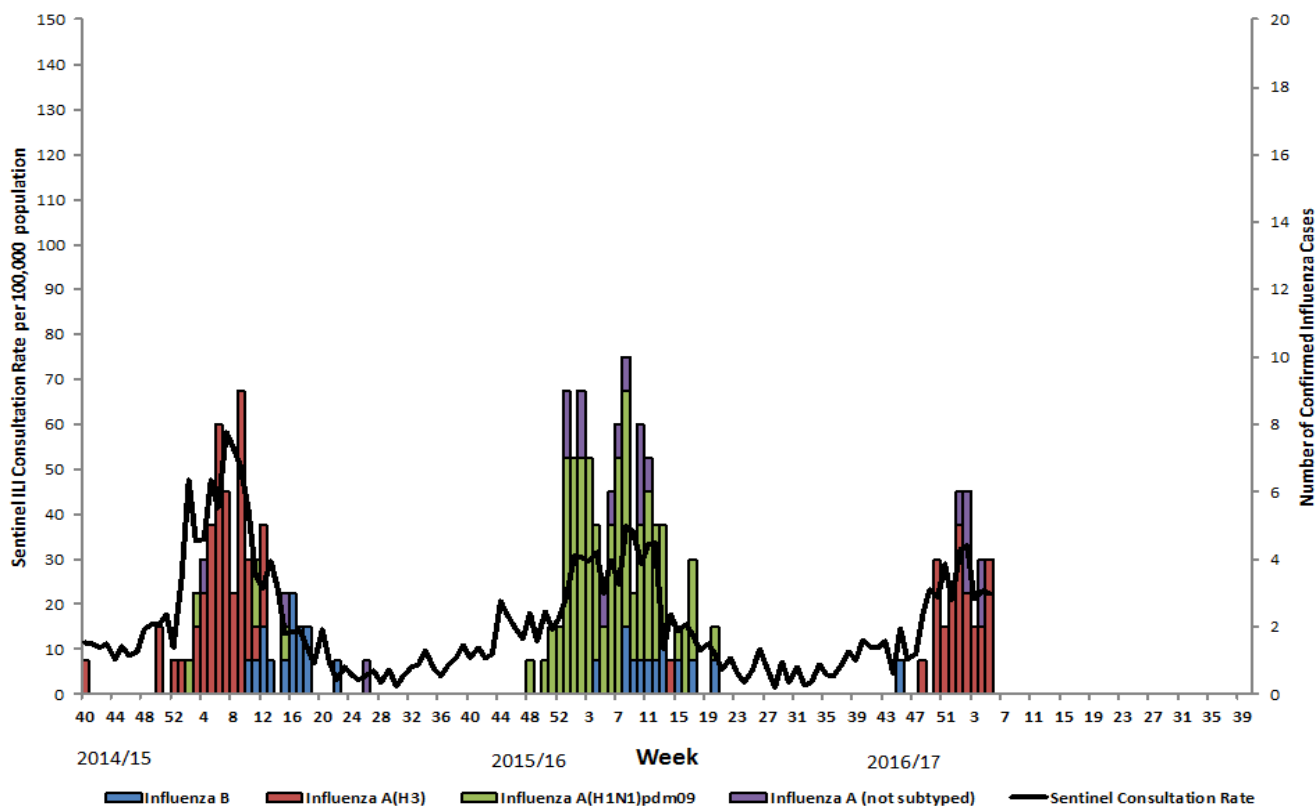


### Comment

During week 5, 2017 there were 10 positive detections of RSV, giving a positivity rate of 4%; similar to the same period in 2015/16 (4%). To date there have been a total of 678 detections of RSV of which the majority (64%) were in those aged 0-4 years (Figure 8 and Table 2).

## ICU/HDU Surveillance

**Figure 9. Confirmed ICU influenza cases by week of specimen, with sentinel ILI consultation rate, 2014/15 - 2016/17**



### Comment

Data are collected on laboratory confirmed influenza patients and deaths in critical care (level 2 and level 3).

During week 5, four confirmed cases of influenza in ICU were reported to the PHA, all of which were typed as influenza A(H3). There were no deaths reported in ICU patients with laboratory confirmed influenza.

There have been 33 confirmed cases of influenza in ICU reported this season to date, of which 26 have been typed as influenza A (H3), six as influenza A (typing awaited) and one influenza B. There have been six deaths reported in confirmed cases of influenza in ICU this season to date.

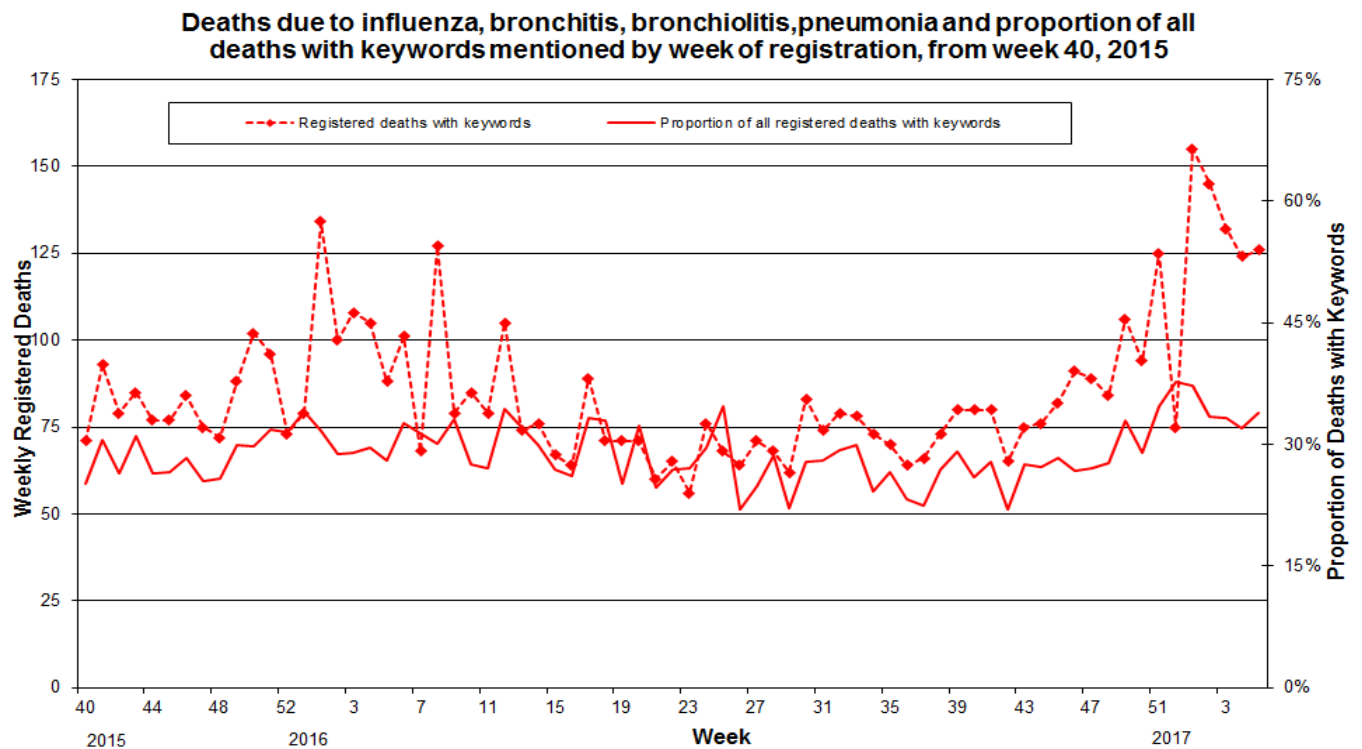
### Outbreak Surveillance

During week 5, 2017 there were no confirmed influenza outbreaks reported to the PHA. There have been a total of 11 confirmed influenza outbreaks reported this season to date, of which eight have been confirmed as influenza A(H3) and three as influenza A (typing awaited).

## Mortality Data

Weekly mortality data is provided from Northern Ireland Statistics and Research Agency. The data relates to the number of deaths from selected respiratory infections (some of which may be attributable to influenza, and other respiratory infections or complications thereof) registered each week in Northern Ireland. This is not necessarily the same as the number of deaths occurring in that period. Searches of the medical certificates of the cause of death are performed using a number of keywords that could be associated with influenza (bronchiolitis, bronchitis, influenza and pneumonia). Death registrations containing these keywords are presented as a proportion of all registered deaths.

**Figure 10. Weekly registered deaths**



## Comment

During week 5, 2017 the proportion of deaths related to respiratory keywords has increased to 34% from 32% in week 4. In week 5 there were 371 registered deaths, of which 126 related to specific respiratory infections (Figure 10).

The proportion of deaths attributed to specific respiratory infections is higher at this point in the season than during the same period during both 2015/16 (28%) and 2014/15 (32%).

## EuroMOMO

EuroMOMO data will be available later in the season.

## Influenza Vaccine Uptake

To 31<sup>st</sup> December 2016, provisional data suggested that vaccine uptake for those aged 65 years and over was 69%, higher than the same period in the 2015/16 (65.6%); while 51.6% of those under 65 and in an at risk group had received the vaccine, similar to 2015/16 when 52% had received the vaccine in this group during the same period.

Similar to last season, all children aged between 2 and 4 years and all primary school children in 2016/17 have been offered the seasonal influenza vaccine. To 31<sup>st</sup> December 2016, provisional data suggested that vaccine uptake among 2-4 year old children was 49.4%, higher than in 2015/16 when 45.4% had received the vaccine during the same period. Provisional data suggests uptake among children in primary school was 77.7%, also higher than in 2015/16 when 76.4% had received the vaccine during the same period.

## International Summary

### Europe

#### Week 4, 2017

- Influenza activity remained elevated across the region with 28 of 43 countries reporting increased activity.
- Most countries reported stable or decreasing activity compared to the previous week.
- Excess all-cause mortality has been observed among the 15-64 years and 65 years and over age groups in many of the 18 countries that provide data on excess all-cause mortality and, most likely, this is mainly due to the circulation of influenza A(H3N2) virus.
- The proportion of influenza virus detections among sentinel surveillance specimens was 51%, similar to that seen since week 51/2016.
- The great majority of influenza viruses detected were type A (95%) and, of those subtyped, 97% were A(H3N2).
- Most of the hospitalized laboratory-confirmed influenza cases reported have occurred in people aged 65 years or older.

#### Season Overview:

- Influenza activity started early this season compared to previous seasons. Influenza activity started early this season compared to previous seasons.
- Week 46/2016 is the earliest week that the overall influenza-positivity rate in sentinel specimens reached 10% since the emergence of A(H1N1)pdm09 viruses in the 2009 season; during the last 6 seasons this occurred between weeks 48 and 51.
- Since week 40/2016, influenza A viruses have predominated, accounting for 96% of all sentinel detections; the great majority (99%) of subtyped influenza A viruses from sentinel sites has been A(H3N2).
- In an influenza season in which A(H3N2) viruses predominate, elderly populations might be expected to be the most severely affected. Indeed, confirmed cases of influenza virus type A infection reported from hospitals have predominantly been in adults aged over 65 years.

- So far, circulating A(H3N2) viruses are antigenically similar to the vaccine virus. While about two-thirds of the A(H3N2) viruses genetically characterized belong to a new genetic subclade (3C.2a1), those that have been antigenically characterized are similar to the vaccine virus (clade 3C.2a).
- Early monitoring of vaccine effectiveness in [Finland](#) and [Sweden](#) suggests levels of effectiveness in persons aged 65 years and older similar to estimates from annual multi-country studies between the 2011–2012 and 2014–2015 seasons. Given typically suboptimal vaccination coverage and the partial effectiveness of influenza vaccines, rapid use of neuraminidase inhibitors (NAIs) for laboratory-confirmed or probable cases of influenza infection should be considered for vaccinated and non-vaccinated patients at risk of developing complications.
- Reduced susceptibility to Zanamivir has been observed for only one of the tested viruses so far this season.
- A [risk assessment](#) on seasonal influenza in EU/EEA countries was published by ECDC on 24 December 2016 and was [updated](#) on 25 January 2017. The above description is in line with the findings of these assessments.

<http://www.flunewseurope.org/>

## Worldwide (WHO) and CDC

### As at 23<sup>rd</sup> January 2017:

Influenza activity in the temperate zone of the northern hemisphere continued to increase, with many countries especially in East Asia and Europe having passed their seasonal threshold early in comparison with previous years. Worldwide, influenza A(H3N2) virus was predominant. The majority of influenza viruses characterized so far was similar antigenically to the reference viruses contained in vaccines for use in the 2016-2017 northern hemisphere influenza season. All tested viruses collected recently for antiviral sensitivity were susceptible to the neuraminidase inhibitor antiviral medications.

- In North America influenza activity continued to increase with influenza A(H3N2) virus predominating. In the United States of America, influenza-like illness (ILI) levels were above the seasonal thresholds and respiratory syncytial virus (RSV) activity continued to be reported.
- In Europe, influenza activity was high, with influenza A (H3N2) virus being the most prominent subtype. Persons aged over 65 years were most frequently associated with severe disease from influenza infection.
- In East Asia, high influenza activity continued to be reported with influenza A(H3N2) viruses predominant.
- In Western Asia, influenza activity slightly increased.
- In Southern Asia influenza activity remained low in most of the countries. Detection of influenza A (H3N2) virus continued to be reported by the Islamic Republic of Iran and Sri Lanka.
- In South East Asia, influenza activity remained low, with influenza A(H3N2) virus and influenza B predominating in the region.
- In Northern Africa, influenza detections continued to be reported in Morocco and Tunisia with influenza A(H3N2) virus dominating.
- In West Africa, influenza continued to be detected in Ghana with B viruses dominating.
- In the Caribbean countries and Central America, influenza and other respiratory virus activity remained low in general.
- In tropical South America, influenza and other respiratory viruses activity remained low.

- In the temperate zone of the Southern Hemisphere, influenza activity was at inter-seasonal levels.
- National Influenza Centres (NICs) and other national influenza laboratories from 97 countries, areas or territories reported data to FluNet for the time period from 26 December 2016 to 08 January 2017 (data as of 2017-01-20 09:52:23 UTC). The WHO GISRS laboratories tested more than 165297 specimens during that time period. 40259 were positive for influenza viruses, of which 38809 (96.4%) were typed as influenza A and 1450 (3.6%) as influenza B. Of the sub-typed influenza A viruses, 422 (2.6%) were influenza A(H1N1)pdm09 and 15893 (97.4%) were influenza A(H3N2). Of the characterized B viruses, 116 (49.8%) belonged to the B-Yamagata lineage and 117 (50.2%) to the B-Victoria lineage.

[http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/index.html](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html)

<http://www.cdc.gov/flu/weekly/>

## Acknowledgments

We would like to extend our thanks to all those who assist us in the surveillance of influenza in particular the sentinel GPs, Out-of-Hours Centres, Regional Virus Laboratory, Critical Care Network for Northern Ireland, Public Health England and NISRA. Their work is greatly appreciated and their support vital in the production of this bulletin.

## Further information

Further information on influenza is available at the following websites:

<http://www.fluawareni.info>

<https://www.gov.uk/government/organisations/public-health-england>

<http://www.publichealth.hscni.net>

<http://www.who.int>

<http://ecdc.europa.eu>

<http://euroflu.org>

Internet-based surveillance of influenza in the general population is undertaken through the FluSurvey. A project run jointly by PHE and the London School of Hygiene and Tropical Medicine. If you would like to become a participant of the FluSurvey project please do so by visiting the [Flusurvey website](#) for more information.

## Detailed influenza weekly reports can be found at the following websites:

Republic of Ireland:

<http://www.hpsc.ie/hpsc/A-Z/Respiratory/Influenza/SeasonalInfluenza/Surveillance/InfluenzaSurveillanceReports/>

England:

<https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis#epidemiology>

Scotland

<http://www.hps.scot.nhs.uk/resp/seasonallInfluenza.aspx>

Wales

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=34338>

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