

Influenza Weekly Surveillance Bulletin

Northern Ireland, Weeks 41 and 42 (10 – 23 October 2011)

Initially, this bulletin will be released on a bi-weekly basis. However, once flu activity begins to increase, it will be produced on a weekly basis.

As the season develops, additional charts and tables will be added where necessary.

Summary

- GP consultation rates for combined flu/ FLI increased from 14.6 in week 40 to 17.5/100,000 population in week 42. Rates in weeks 41 and 42 are similar to the same weeks last year but remain well below the Northern Ireland threshold (70/100,000 population).
- Out of hours flu/FLI call rates remain stable and low.
- No influenza detections.
- There were no RSV detections in weeks 41 and 42.

Introduction

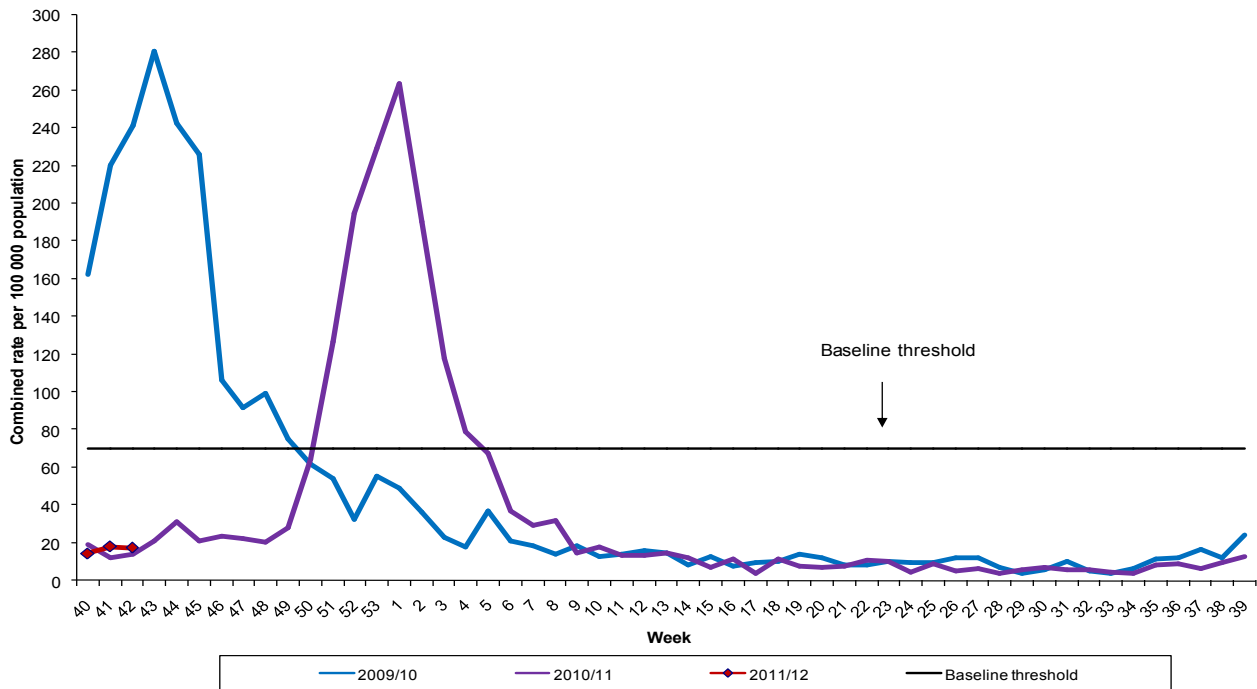
To monitor influenza activity in Northern Ireland, a number of surveillance systems are in place. A new development for this winter will be surveillance of critical care patients in hospitals with confirmed influenza.

Additional surveillance systems are:

- GP sentinel surveillance representing 11.7% of the Northern Ireland population;
- a GP out-of-hours surveillance system;
- virological reports from the Regional Virus Laboratory (RVL);
- mortality data from the Northern Ireland Statistics and Research Agency (NISRA).

Sentinel GP consultation data

Figure 1: Sentinel GP consultation rate for combined flu and flu-like illness, 2009/10–2011/12



Note: 2009 had 53 weeks for surveillance purposes, therefore an additional data point has been inserted in the graph for 2010/11 at week 53 based on the average of weeks 52 and 1.

Figure 2: Sentinel GP consultation rate for combined flu and flu-like illness, and number of virology flu detections, from week 40 2010

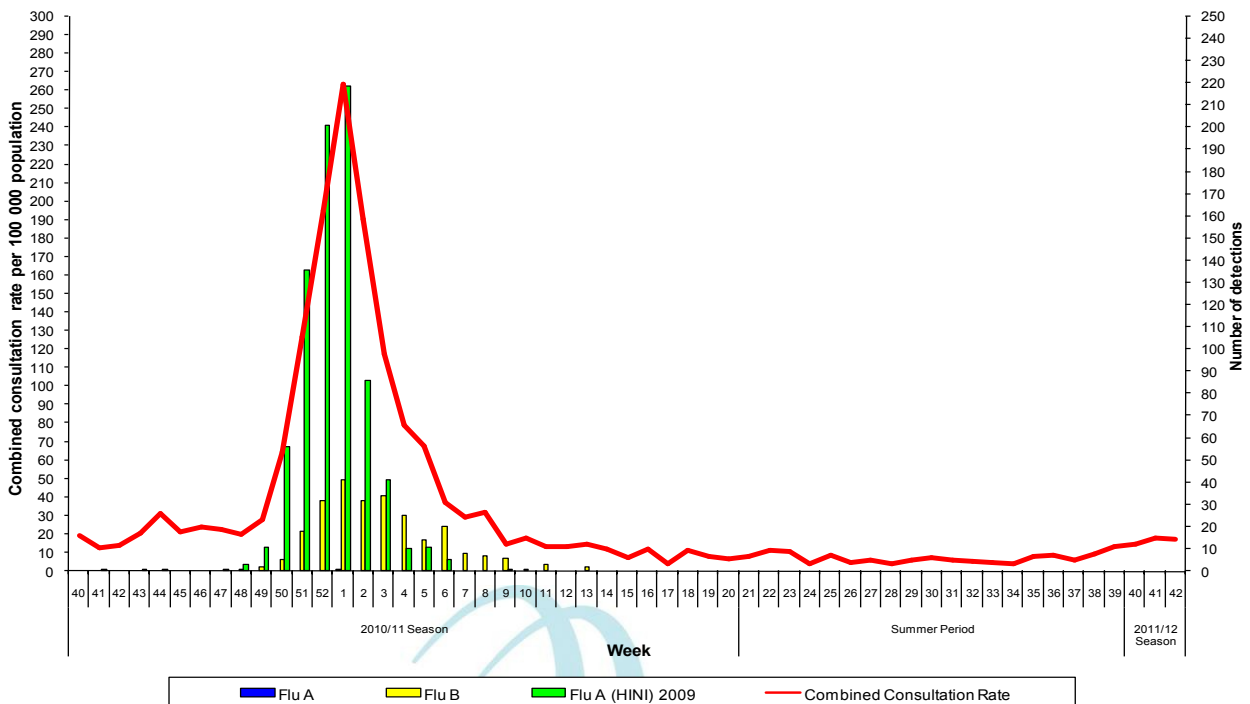
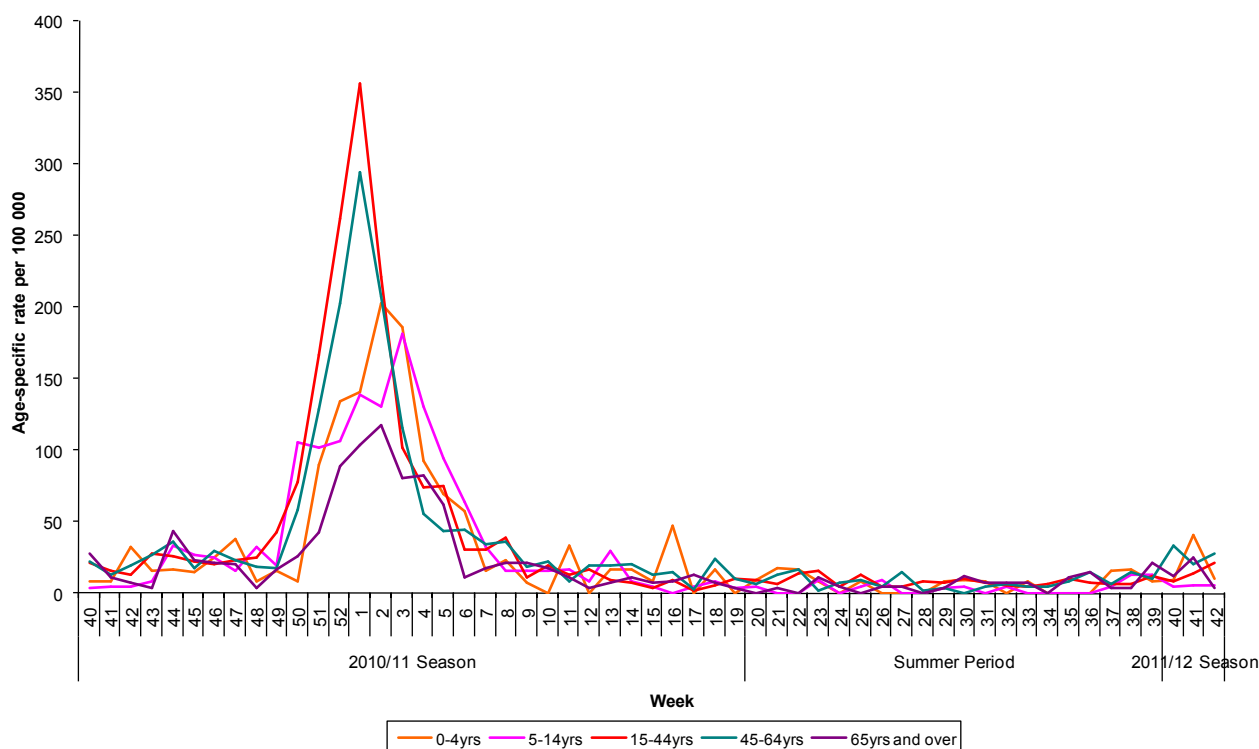


Figure 3: Sentinel GP age-specific consultation rates for combined flu and flu-like illness, from week 40 2010



Comment

The GP combined consultation rate has increased from 14.6 per 100,000 population in week 40 to 17.5 per 100,000 population in week 42 (20% increase). Rates for week 41 and 42 are similar to the same weeks last year (12.4 and 13.7 per 100,000 population respectively) and are well below the Northern Ireland threshold of 70 per 100,000 population (Figure 1).

Age-specific rates remain low, with the highest age-specific combined rates in week 41 in the 0–4 years age group, and in week 42, the 45–64 years age group. Small numbers in some of the age groups will contribute to weekly fluctuation in rates.

Out-of-hours (OOH) centres call data

Figure 4: OOH total call rate (all diagnoses) and call rate for flu and flu-like illness, from week 40 2010

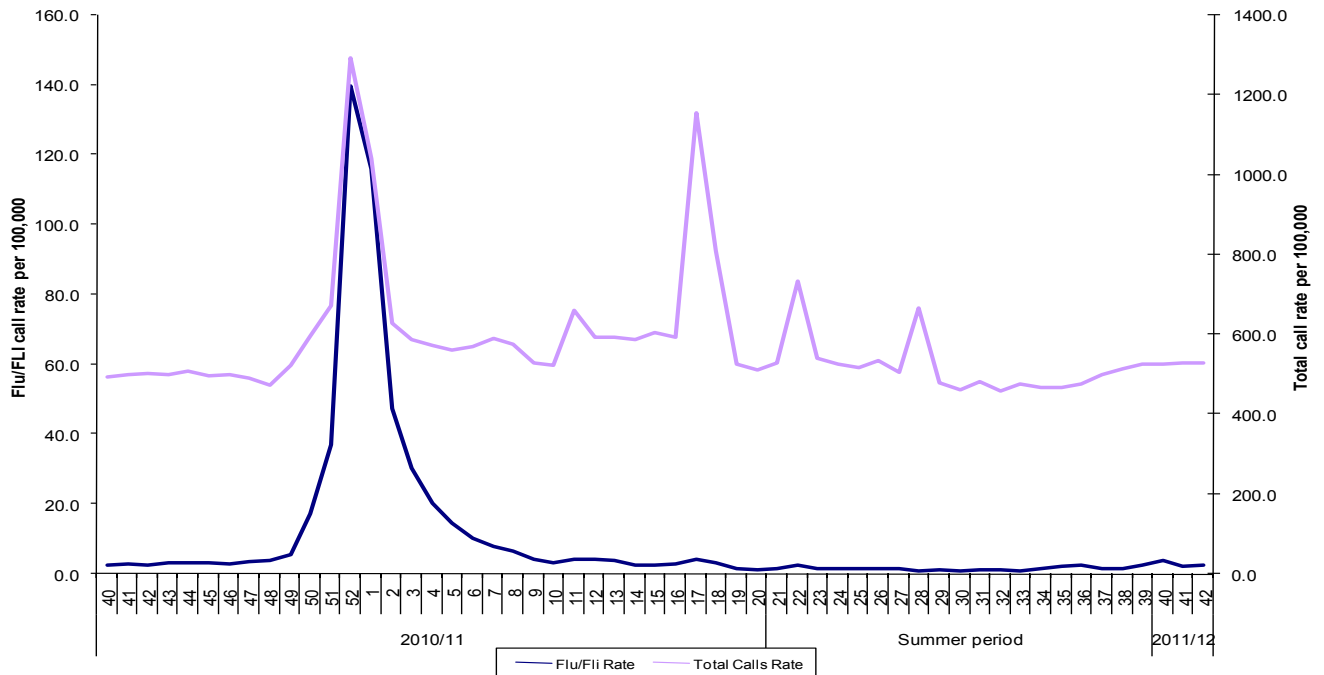
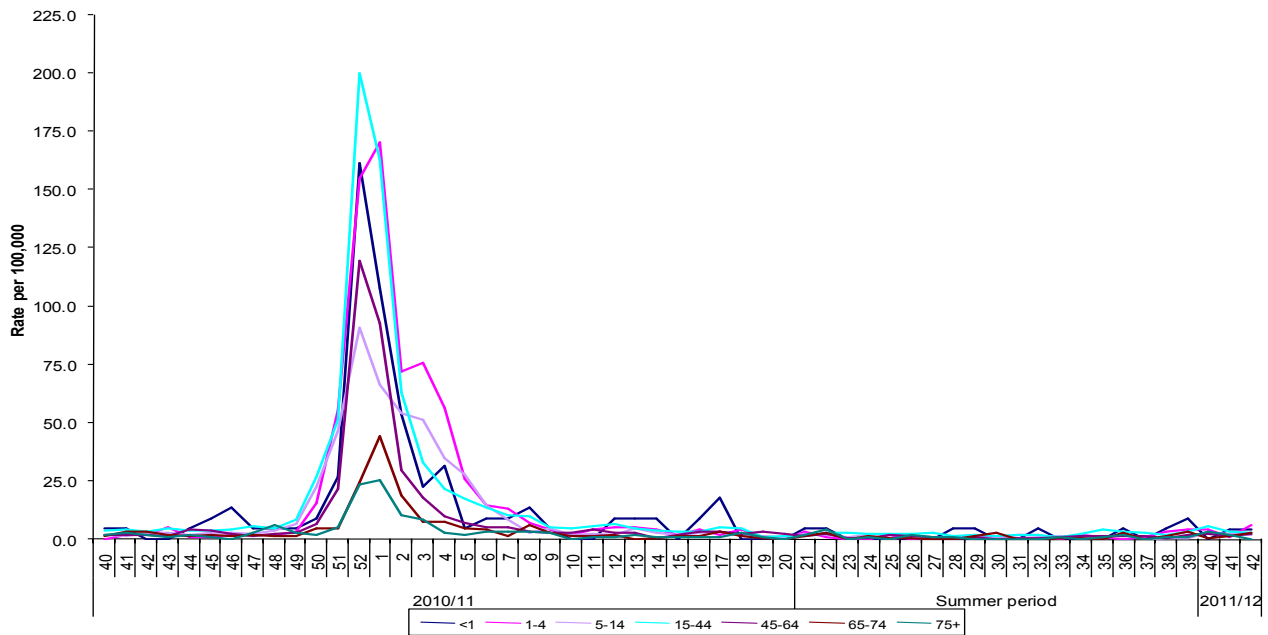


Figure 5: OOH call rates of flu and flu-like illness, by age group, from week 40 2010



Comment

OOH call rates for flu/FLI in weeks 41 and 42 remain low (2.3 and 2.6 per 100,000 population respectively) and stable. In week 41, the highest flu/FLI consultation rate was in the under one year age group, and in week 42, in the 15–44 years age group (4.5 and 6.0 per 100,000 population respectively). Small numbers in some of the age groups will contribute to weekly fluctuation in rates.

Virology data

Table 1: Virus activity in Northern Ireland, weeks 41 and 42 2011

Source	Specimens Tested	(H1N1) 2009	Influenza B	RSV	Total influenza positive	% influenza positive
Sentinel	3	0	0	0	0	0%
Non-sentinel	74	0	0	0	0	0%
Total	77	0	0	0	0	0%

Note

All virology data are provisional.

Sentinel and non-sentinel samples are tested for influenza and RSV.

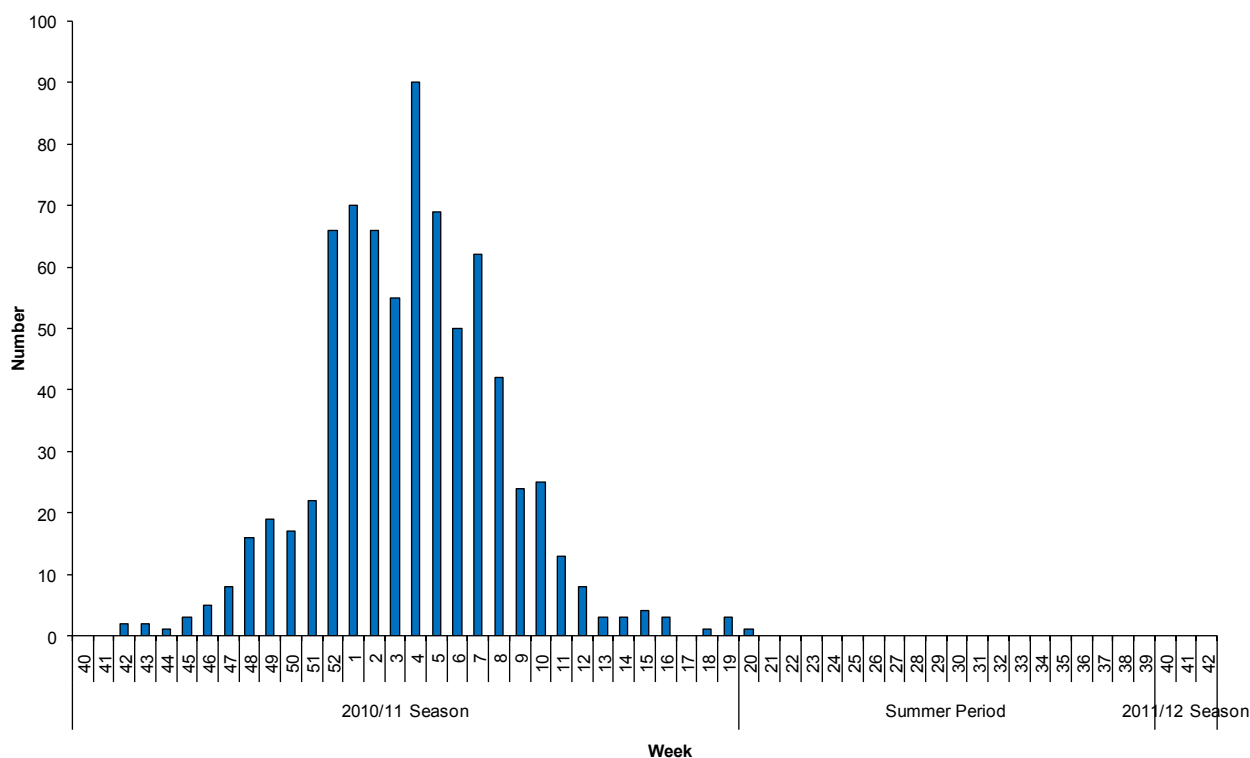
Comment

The number of specimens submitted for testing remains low. There were no samples that tested positive for influenza in weeks 41 and 42, with the last confirmed flu detection in week 13 (week commencing 26 March 2011).

During weeks 41 and 42, a total of 77 specimens (three sentinel) were tested by the Regional Virus Laboratory.

Other respiratory viruses

Figure 6: Weekly cases of RSV viruses in Northern Ireland, from week 40 2010



Comment

There were no RSV detections in weeks 41 and 42, with the last RSV detection in week 20 (week commencing 14 May 2010).

Hospital surveillance

There were no confirmed influenza patients or confirmed influenza deaths in critical care (level 2 and 3) in Northern Ireland in weeks 41 and 42.

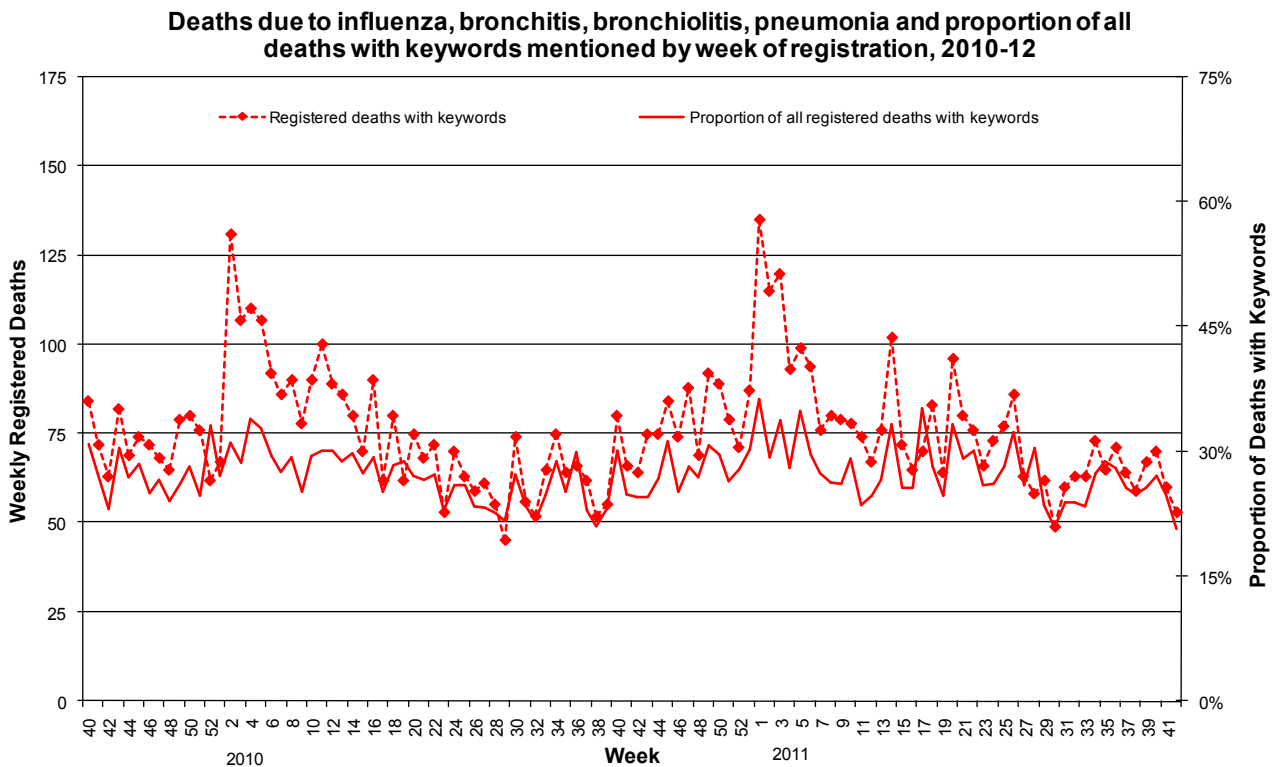
Additional information on confirmed influenza hospitalised patients will be available from the Health and Social Care Board (HSCB) once influenza starts to circulate.

Mortality data

Weekly mortality data are provided by the Northern Ireland Statistics and Research Agency (NISRA). The data relate 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 on 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.

In addition, this winter the deaths of patients in critical care (level 2 and level 3) who have confirmed influenza will be reported.

Figure 7: Weekly registered deaths



Comment

The proportion of deaths related to respiratory keywords over this period decreased from 27% in week 40 to 21% in week 42. In weeks 41 and 42, there were 497 registered deaths, of which 113 related to these specific respiratory infections.

International summary

Europe

During week 41 2011, low influenza activity was notified by 25 European countries.

No influenza viruses were detected in sentinel specimens. Four influenza A viruses were detected in non-sentinel specimens. One of these was subtyped as A(H3) influenza virus. Five specimens were typed as influenza B virus.

http://ecdc.europa.eu/EN/HEALTHTOPICS/SEASONAL_INFLUENZA/EPIDEMIOLOGICAL_DATA/Pages/Weekly_Influenza_Surveillance_Overview.aspx

USA

Overall influenza activity in the USA remains low and below baseline levels. An overview of US influenza can be viewed at: <http://www.cdc.gov/flu/weekly/>

Canada

Influenza activity in Canada remains at low inter-seasonal levels, with two regions (in Quebec and British Columbia) reporting sporadic influenza activity and the ILI consultation rate remaining low. Only three detections of influenza were reported across Canada in week 41, two A/H3N2 (BC) and one unsubtyped influenza A (QC).

http://www.phac-aspc.gc.ca/fluwatch/11-12/w41_11/index-eng.php

Worldwide (WHO)

Influenza activity in the temperate regions of the northern hemisphere remains low or undetectable. Influenza activity in the tropical zone is active in a few countries of the Americas (Cuba, Honduras and El Salvador), central Africa (Cameroon), and southern and southeast Asia (Bangladesh, Cambodia, Thailand, Lao People's Democratic Republic and Vietnam).

Transmission in South Africa and South America remains low and the season appears largely over.

Influenza activity has peaked in Australia and New Zealand, though there are regional variations in the timing of the peaks and the season has not yet finished. Australia continues to see regional differences in the predominant virus subtype.

http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html

Further information

Further information on influenza is available on the following websites:

www.hpa.org.uk/

www.who.int/en/

<http://euroflu.org/>

www.publichealth.hscni.net/

<http://ecdc.europa.eu/en/Pages/home.aspx>

Detailed influenza weekly reports can be found on the following websites:

England, Scotland and Wales:

www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/EpidemiologicalData/

Republic of Ireland:

www.hpsc.ie/hpsc/A-Z/Respiratory/Influenza/SeasonalInfluenza/Surveillance/InfluenzaSurveillanceReports/20112012Season/

For further information on the Enhanced Surveillance of Influenza in Northern Ireland scheme, or to be added to the circulation list for this bulletin, please contact:

Paul Cabrey
Information Officer
Public Health Agency
028 9026 3386

Cathriona Kearns
Epidemiological Scientist
Public Health Agency
028 9026 3386

Email: flusurveillance@hscni.net

Acknowledgements

The Public Health Agency wishes to thank NISRA, sentinel GPs, OOH centres, the Regional Virus Laboratory and all who have contributed to the surveillance system and towards this report.

This report was compiled by Cathriona Kearns, Paul Cabrey, and Dr Brian Smyth.