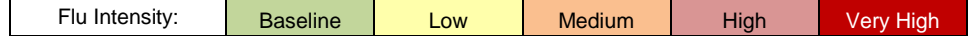


Influenza

Weekly Surveillance Bulletin

Weeks 40 - 41 (03 October — 16 October 2022)

Community Activity

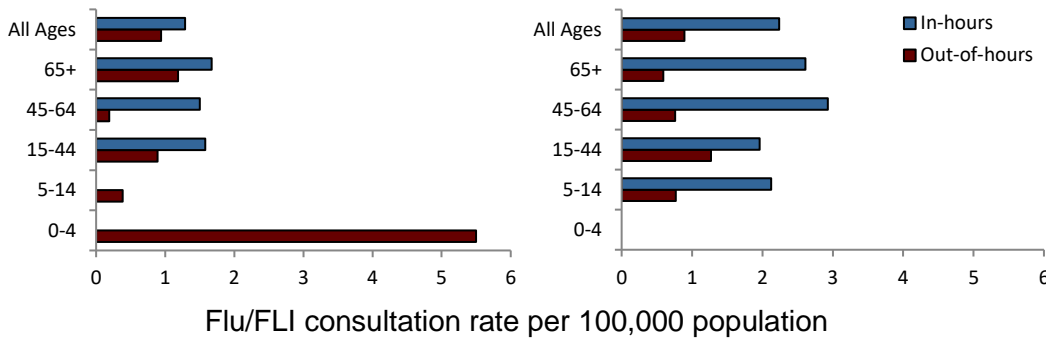


Week	October					November				December					January					February				March				April				May			
	40	41	42	43	44	45	46	47	48	49	50	51	52	53	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
2022/23																																			
2021/22																																			
2020/21																																			

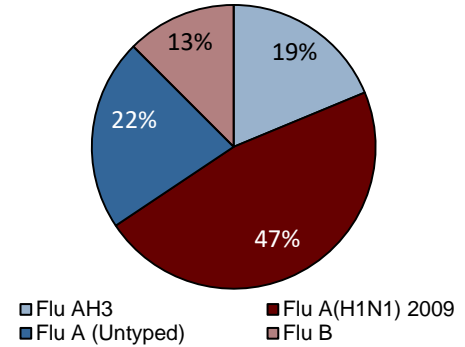
GP consultation rates for 'flu/flu-like-illness' ('flu/FLI')

(Wk 40: 03 Oct - 09 Oct 2022)

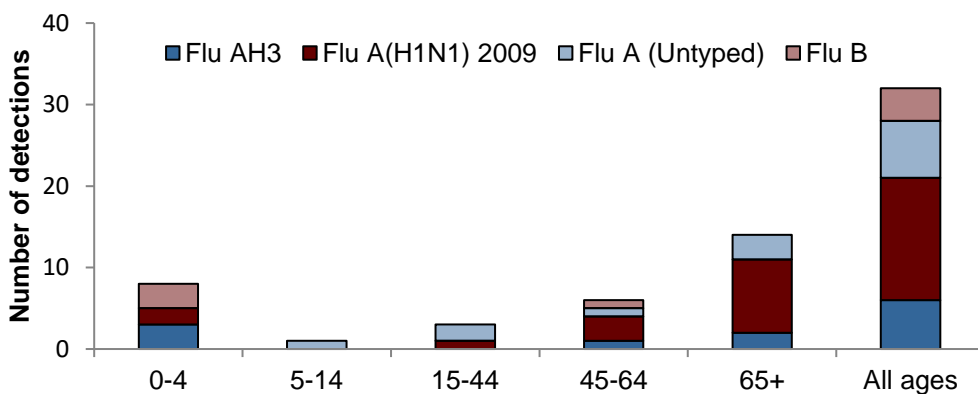
(Wk 41: 10 Oct - 16 Oct 2022)



Circulating strains this season to date



Number of hospital cases with confirmed flu (03 Oct - 16 Oct 2022)



Influenza Outbreaks (03 Oct - 16 Oct 2022)

1

To date there has been one flu outbreak reported this season.

Influenza vaccine uptake 2022/23

Vaccine uptake rates for 2022/23 will be available later in the season.

COVID-19 Epidemiological Bulletin

The weekly report outlining the recent epidemiology of COVID-19 disease in Northern Ireland is available to download [here](#).

Note

It is important to note that the influenza surveillance data contained within this report should be interpreted with caution due to the impact of the COVID-19 pandemic. This is true not only for the early stages of the pandemic in Northern Ireland from March 2020 (when there was an increase in the use of influenza-like illness (ILI) codes), but also when in making comparisons between different influenza seasons. Interpretation of data from week 10 (March), 2020 onwards should consider the implementation of episodic COVID-19 control measures. These include, but are not limited to, the wearing of face masks, hand hygiene practices, social and physical distancing measures, national lockdowns and travel restrictions. Changes in both health-seeking behaviours (including patient access to GP services) and in testing practices (including the introduction of laboratory multiplex testing for SARS-CoV/Flu/RSV in 2021) should also be considered.

Consultation rates for ‘flu/flu-like-illness’ (‘flu/FLI’)

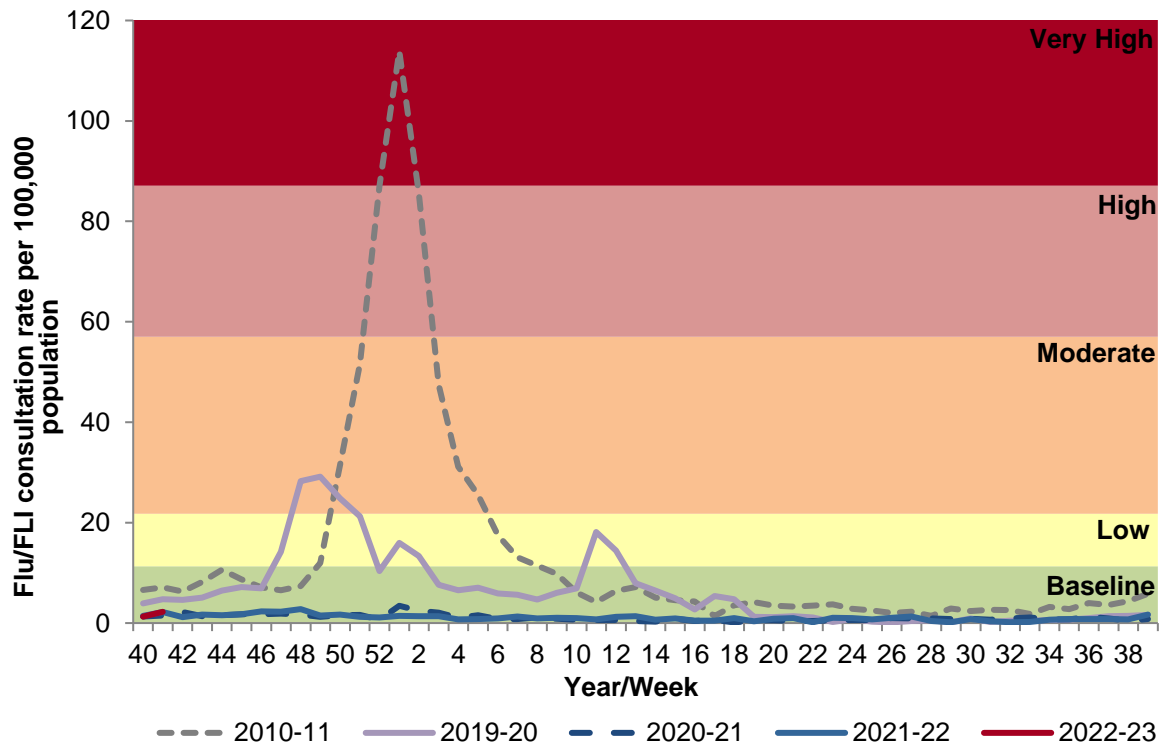


Figure 1. Northern Ireland GP consultation rates for ‘flu/FLI’ 2019/20 – 2022/23, 2010/11 for comparison

The baseline MEM threshold for Northern Ireland is 11.3 per 100,000 population for 2022-23. Low activity is 11.3 to <21.8, moderate activity 21.8 to <57.0, high activity 57.0 to <87.1 and very high activity is >87.1

Comment

GP flu/FLI consultation rates were 1.3 per 100,000 population in week 40 and 2.2 per 100,000 population in week 41. This is comparable to the same time in 2021-22 (1.5/100,000 in week 40 and 2.2/100,000 in week 41). Activity remains below the baseline threshold for Northern Ireland (<11.3 per 100,000) (Figure 1).

Flu/FLI consultation rates were highest in 65+ year olds in week 40 and in 45-64 year olds in week 41 (1.7 and 2.9 per 100,000, respectively). Rates are lower (or the same) in all age groups, except for those aged 15-44 and 5-14 which were higher than the same period in 2021-22 (week 40 and 41, respectively).

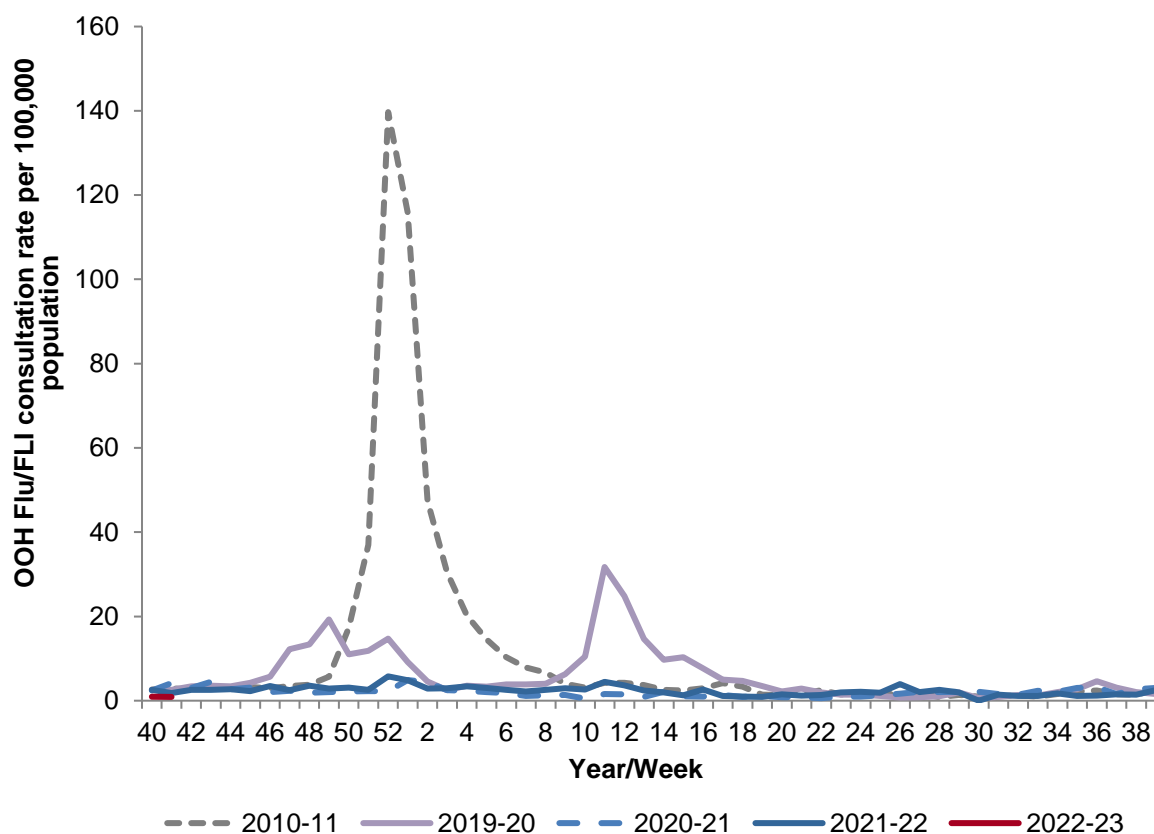


Figure 2. Northern Ireland Out of Hours (OOH) consultation rates for ‘flu/FLI’ 2019/20 – 2022/23, 2010/11 for comparison

Comment

Flu/FLI consultation rates in Primary Care Out-of-Hours (OOH) Centres were 0.9 per 100,000 population in weeks 40 and 41. This is lower than the same period in 2021-22 (2.6/100,000 in week 40 and 1.8/100,000 in week 41) (Figure 2).

In weeks 40 and 41 the percentage of calls to an OOH Centre due to flu/FLI was 0.28% and 0.38%, respectively. Week 40 has decreased compared with the same period last year (0.45%). Week 41 has increased compared with the same period last year (0.30%).

Rates were highest in those aged 0-4 years in week 40 (5.5/100,000 population) and highest in those aged 15-44 years in week 41 (1.3 per 100,000 population). In comparison to the same time in 2021-22, consultation rates were lower (or the same) in all age groups, except for those aged 65+ years which were higher in week 40.

Virology

Table 1. Virus activity in Northern Ireland by source, Weeks 40-41, 2022-23

Source	Specimens tested	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	RSV	Total Influenza Positive	% Influenza Positive
Sentinel	2	0	0	0	0	0	0	0.0%
Non-sentinel	2932	6	15	7	4	175	32	1.1%
Total	2934	6	15	7	4	175	32	1.1%

Table 2. Cumulative virus activity from all sources by age group, Week 40 - 41, 2022-23

Age Group	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV
0-4	3	2	0	3	8	140
5-14	0	0	1	0	1	4
15-64	1	4	3	1	9	18
65+	2	9	3	0	14	13
Unknown	0	0	0	0	0	0
All ages	6	15	7	4	32	175

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. Cumulative reports of influenza A (untyped) may vary from week to week as these may be subsequently typed in later reports.

Positive flu results (dual positive Flu A and Flu B) can occur when vaccine virus is detected in a specimen taken from a person (e.g. a child under 16 years) who recently received intranasal administration of live attenuated influenza virus vaccine (LAIV). The number of positive flu results should therefore be interpreted with caution.

Since week 34 of 2021, laboratories have used a mixture of multiplex and standard testing for SARS-CoV-2/Flu/RSV. As a result, positivity is not directly comparable between seasons.

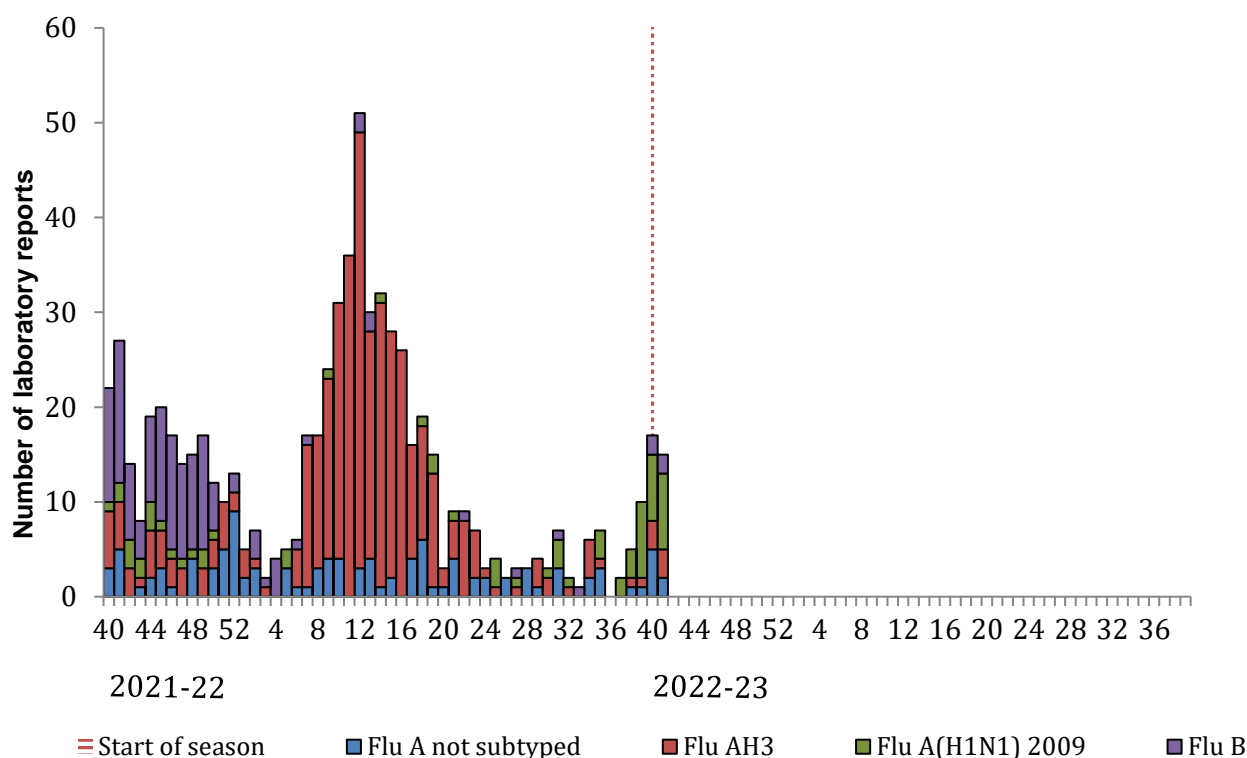


Figure 3. Weekly number of positive influenza laboratory reports, 2021/22 – 2022/23

Comment

Prior to the beginning of the 2022-23 flu season (week 40, 2022) 17 samples tested positive for flu in weeks 36-39, 2022 (13 Flu A(H1N1), two Flu A(H3) and two Flu A(untyped)). In weeks 40 and 41, 32 samples were positive for flu (15 Flu A(H1N1), seven Flu A(untyped), six Flu A(H3), and four Flu B) from 2934 samples submitted for testing in laboratories across Northern Ireland. The combined positivity for weeks 40-41 was 1.1%. For weeks 40-41, 44% of total influenza samples occurred in individuals aged 65+ years.

Similar to 2021-22, RSV activity occurred earlier than in 2019/20 (the last season with “normal activity”), after out-of-season increases in RSV during summer 2022. In weeks 40 and 41, 175 samples were positive for RSV (106 positives from week 41).

The majority (80%) of RSV positive samples since week 40 have occurred in children in the 0-4 age group category.

Hospital Surveillance (Non-ICU/HDU)

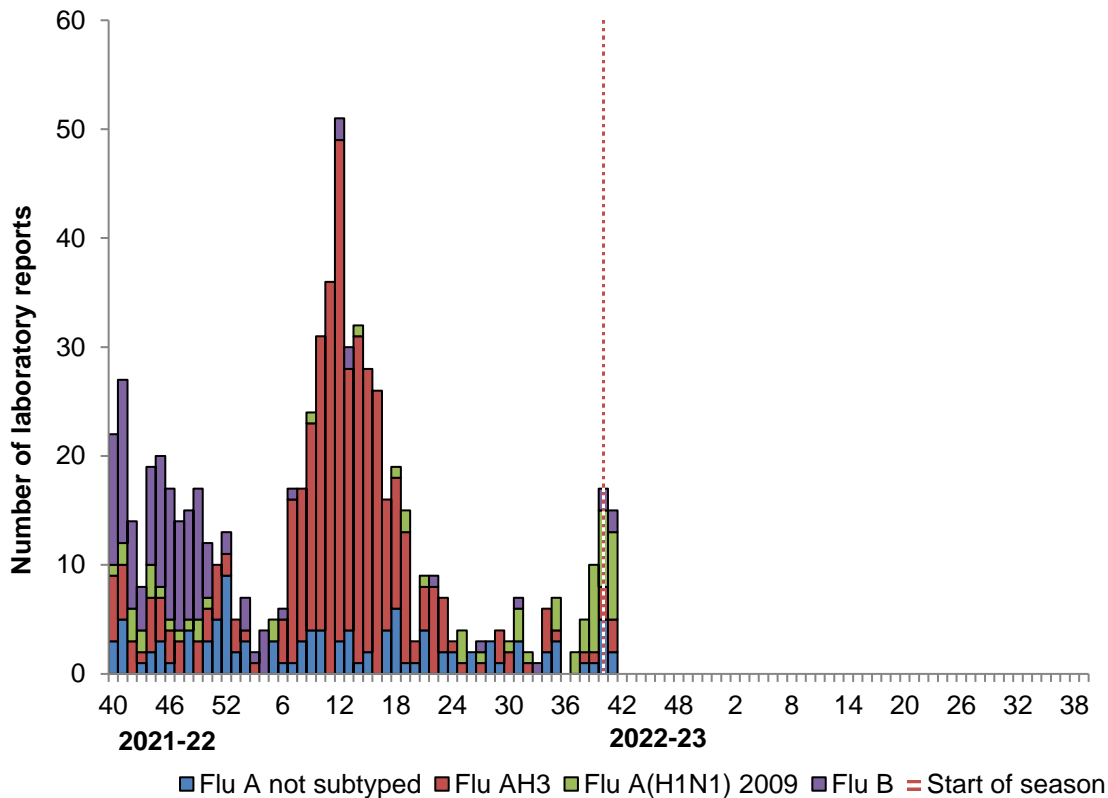


Figure 4. Weekly number of hospitalisations testing positive for influenza by week of specimen, 2021/22 – 2022/23

Comment

Prior to beginning of the 2022-23 flu season (week 40, 2022), 17 hospitalisations tested positive for flu in weeks 36-39, 2022 (13 Flu A(H1NI), two Flu A(H3), two Flu A(untyped)). In weeks 40 and 41, 32 hospitalisations were positive for flu (15 Flu A(H1NI), seven Flu A (untyped), six Flu A(H3), and four Flu B) from 2934 samples submitted for testing in laboratories across Northern Ireland.

Outbreaks

Comment

During week 40 there was one confirmed influenza outbreak reported to the PHA Health Protection acute response duty room. This outbreak took place in a care home setting.

Mortality

The Northern Ireland Statistics and Research Agency (NISRA) provide the weekly number of **respiratory associated deaths** and its proportion of all-cause registered deaths.

Respiratory associated deaths include those that are attributable to influenza, other respiratory infections or their complications. This includes “*bronchiolitis, bronchitis, influenza or pneumonia*” keywords recorded on the death certificate.

Please note, NISRA mortality data is not the same as the actual number of deaths during the reporting period

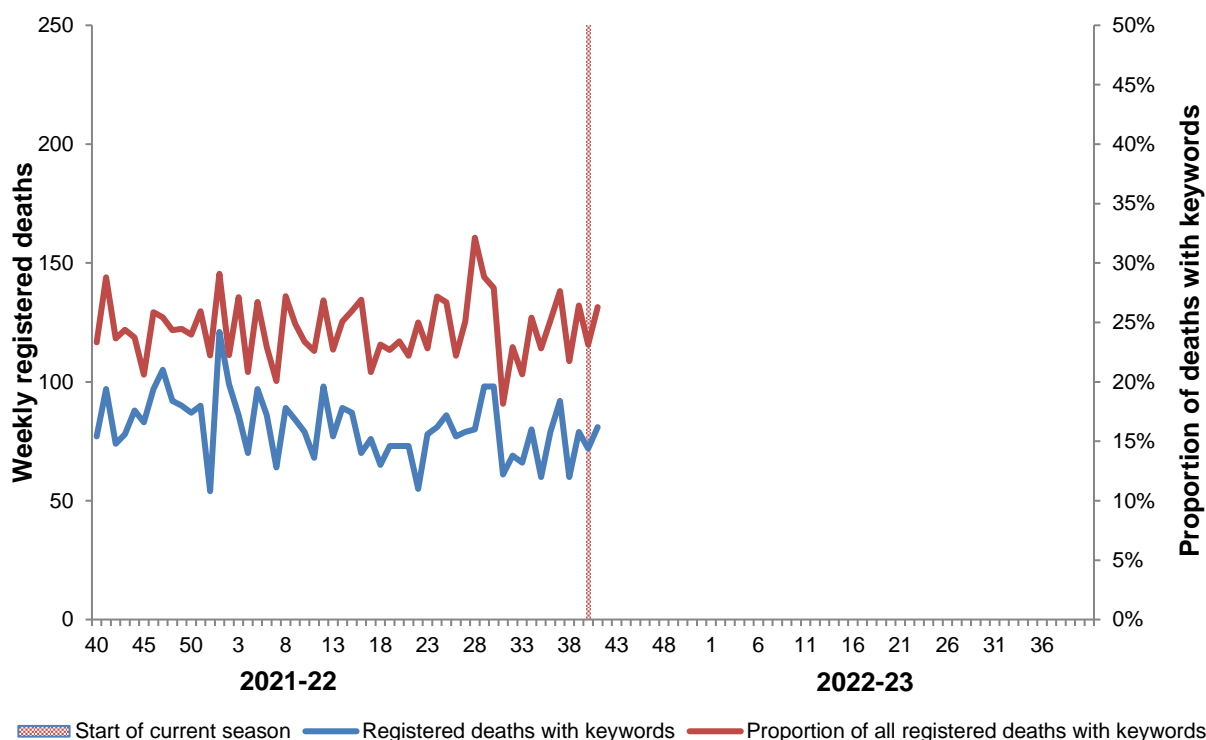


Figure 5. Weekly registered deaths and proportion of all deaths with keywords, by week of registration from week 40, 2021.

Comment

In week 40, 72 respiratory associated deaths out of 311 all-cause deaths were reported (23%). In week 41, 81 respiratory associated deaths out of 308 all-cause deaths were reported (26%). These trends are broadly similar to 2021/22 (23% in week 40 and 29% in week 41).

EuroMOMO

In 2022, based on NISRA death registrations and the EuroMoMo model, excess deaths were reported in week 29. Despite delay correction, reported mortality data are still provisional due to the time delay in registration and observations which can vary from week to week; not all registrations for the current week will have been included this bulletin.

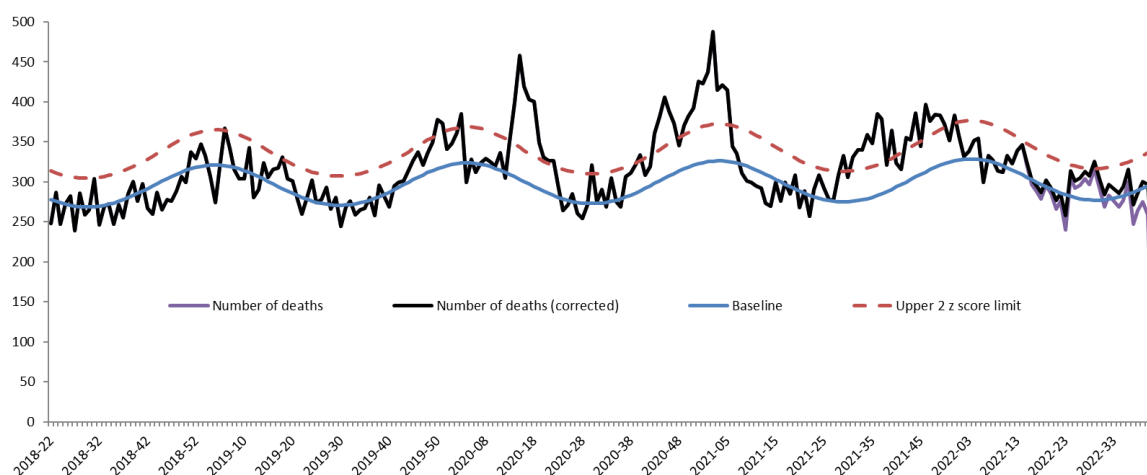


Figure 6. Weekly observed and expected number of all-cause deaths in all ages, week 22 2018 – week 40 2022.

Excess mortality is defined as a statistically significant increase in the number of deaths reported over the expected number for a given point in time. This calculation allows for a weekly variation in the number of deaths registered and takes account of deaths registered retrospectively. Information is used to provide an early warning to the health service of any seasonal increases in mortality to allow further investigation of excess detections.

There is no single cause of ‘additional’ deaths in the winter months but they are often attributed in part to cold weather (e.g. directly from falls, fractures, road traffic accidents), through worsening of chronic medical conditions e.g. heart and respiratory complaints and through respiratory infections including influenza.

For more information on EuroMOMO and interactive maps of reporting across the season please see <http://www.euromomo.eu/index.html>

Further Information and International/National Updates

Further information

Further information on influenza is available at the following websites:

[PHA Seasonal Influenza](#)

[nidirect Flu Vaccination](#)

[UKHSA Seasonal Influenza Guidance - Data and Analysis](#)

[Influenza \(seasonal\) \(who.int\)](#)

[ECDC Seasonal Influenza](#)

National updates

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

England [UKHSA Weekly National Flu Report](#)

Scotland [HPS Weekly National Seasonal Respiratory Report](#)

Wales [Public Health Wales Influenza Surveillance Report](#)

Republic of Ireland [HPSC Seasonal Influenza Surveillance Reports](#)

International updates

Europe (ECDC and WHO) [Flu News Europe](#)

Worldwide (WHO) [WHO Influenza Surveillance Monitoring](#)

Acknowledgements

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, Apollo Medical, and, the Regional Virus Laboratory. Their work is greatly appreciated and their support vital in the production of this bulletin.

We acknowledge the Northern Ireland Statistics and Research Agency (NISRA) and the General Register Office Northern Ireland (GRONI) for the supply of data used in this publication. NISRA and GRONI do not accept responsibility for any alteration or manipulation of data once it has been provided.

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: **Email:** flusurveillance@hscni.net