

Influenza Weekly Surveillance Bulletin

Northern Ireland, Week 6 (02 February 2015 – 08 February 2015)

Summary

- GP Influenza activity in Northern Ireland has decreased although most indicators remain at a moderate level.
- GP consultation rates for combined flu and flu-like illness (flu/FLI) have decreased and remain below the pre-epidemic Northern Ireland threshold of 52.0 per 100,000 population at 41.4 per 100,000 population in week 6, 2015, with most indicators still higher than noted during the same period last year.
- The OOH consultation rate for flu/FLI has increased and represents the highest this season so far in week 6 at 12.4 per 100,000 population. The rate remained relatively low in all age groups with the highest rate noted among the 15-44 years age group.
- RSV activity has slightly increased in week 6, 2015.
- Influenza vaccine uptake to 31st December 2014 was 70.3% for those aged 65 and over, 66.4% for those aged under 65 and in an at risk group, 52.7% among 2-4 year old children and 79.4% among children in P1 to P7.
- There have been four new admissions to ICU with confirmed influenza reported since the last bulletin; there have been a total of 19 ICU patients with confirmed influenza this season to date.
- There were no deaths in ICU patients with laboratory confirmed influenza reported in week 6, 2015; there have been 4 deaths in ICU patients with laboratory confirmed influenza this season to date.
- There was one new confirmed influenza outbreak reported to PHA in week 6, 2015.
- In week 6 2015, significant all-cause excess mortality was reported through the EuroMOMO algorithm.
- In week 6, 2015 there were fewer than five attendances for influenza like illness across the contributing emergency departments.

Introduction

In order to monitor influenza activity in Northern Ireland a number of surveillance systems are in place.

Additional surveillance systems are:

- 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);
- 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;
- Critical Care Network for Northern Ireland reports on critical care patients with confirmed influenza;
- Emergency department syndromic surveillance system (EDSSS) which includes attendance data from 5 emergency departments in Northern Ireland.

Sentinel GP Consultation Data

Figure 1. Sentinel GP consultation rates for flu/FLI 2012/13 - 2014/15

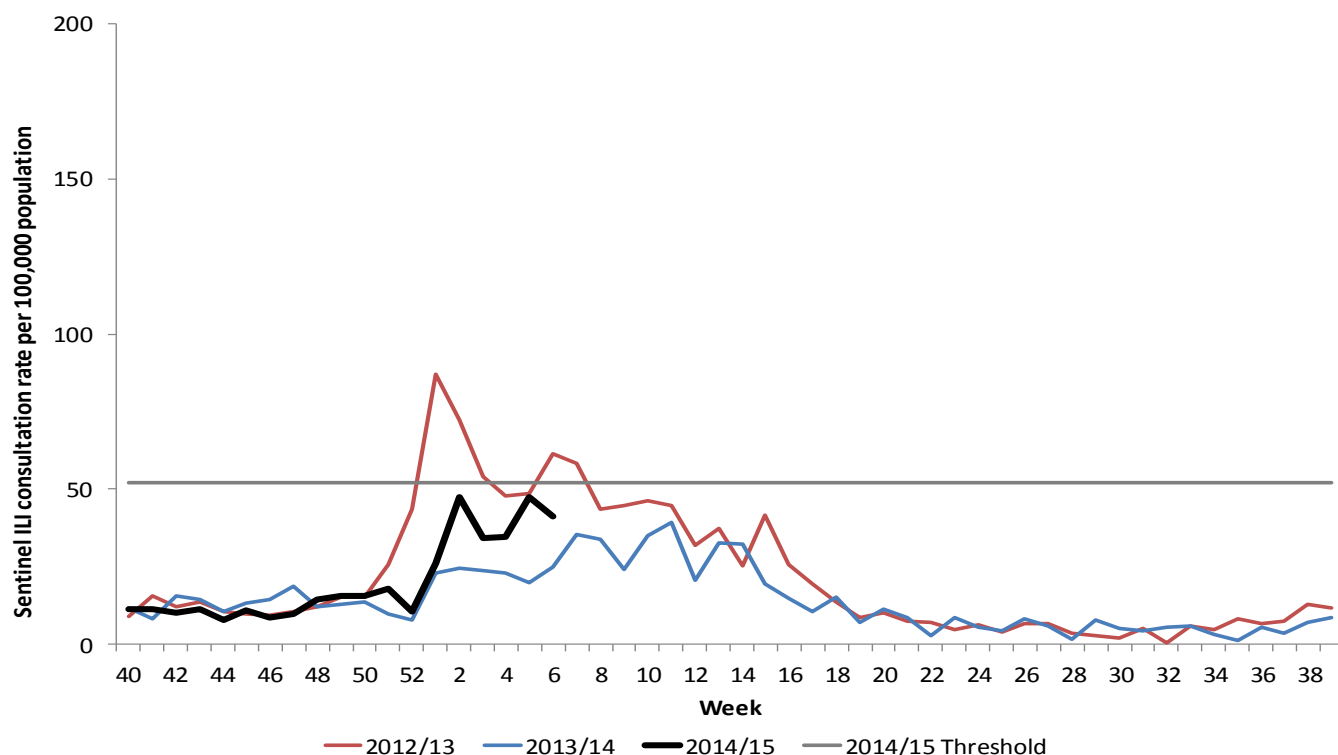


Figure 2. Sentinel GP combined consultation rates for flu/FLI and number of influenza positive detections 2009/10 – 2014/15

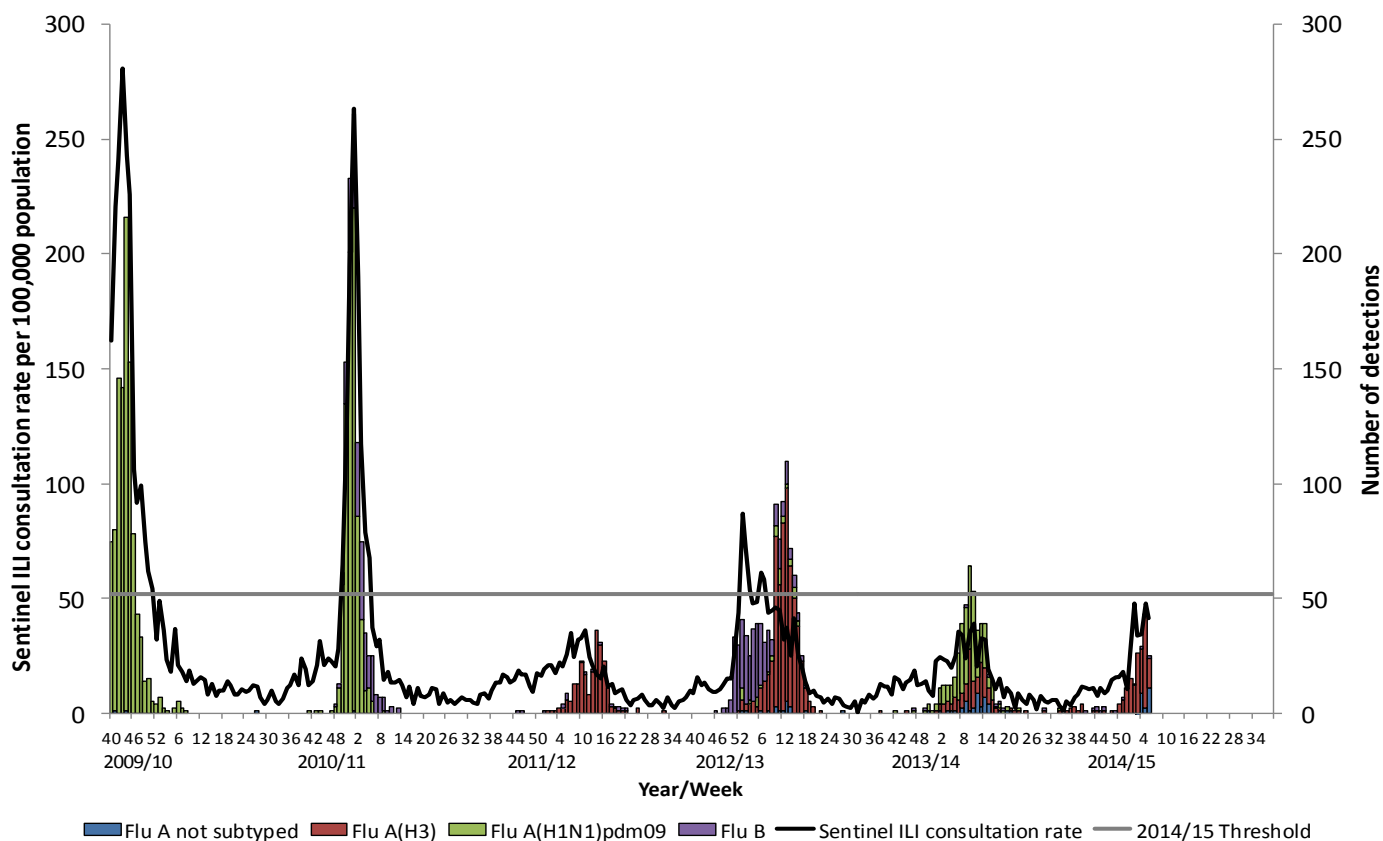
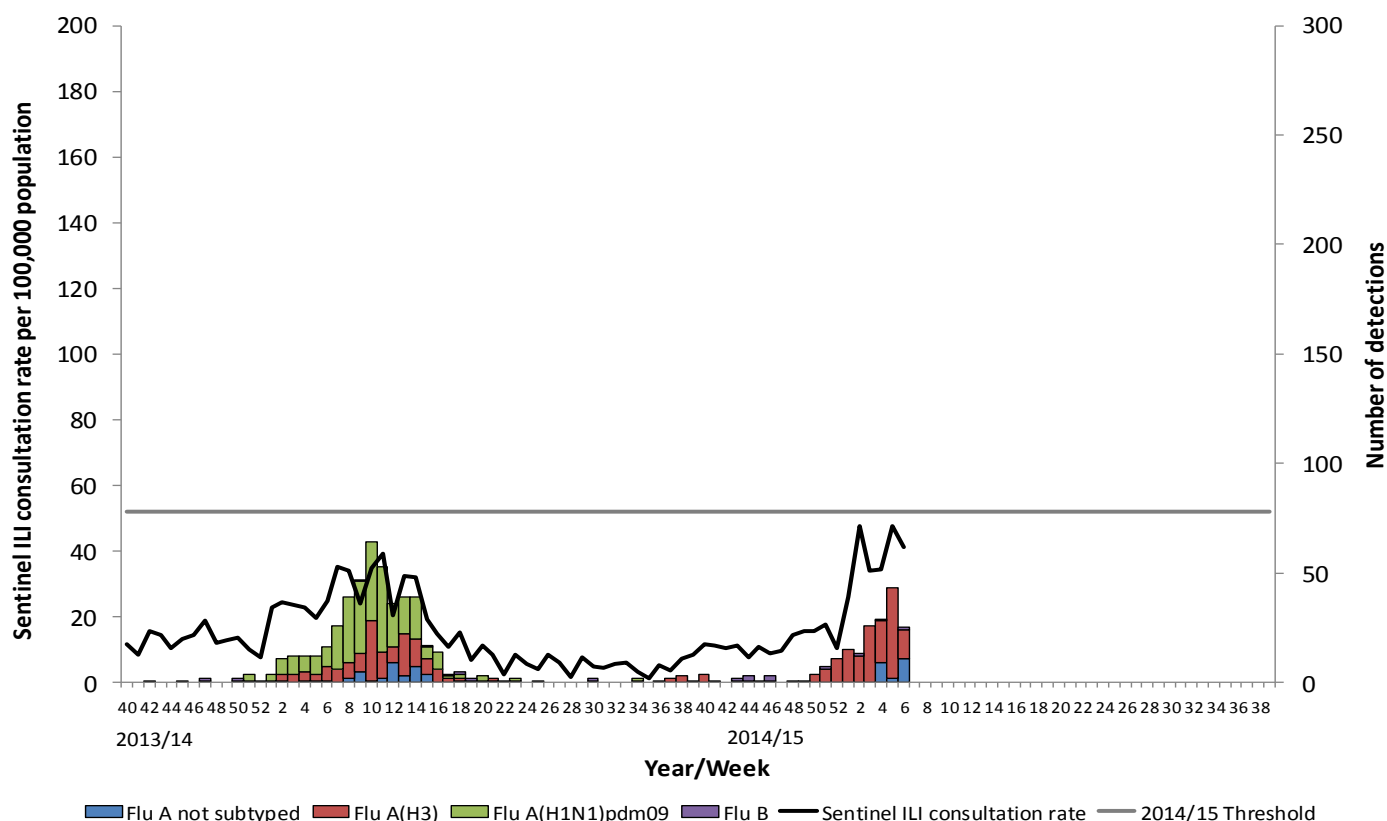


Figure 3. Sentinel GP consultation rates for flu/FLI and number of virology 'flu detections from week 40, 2013

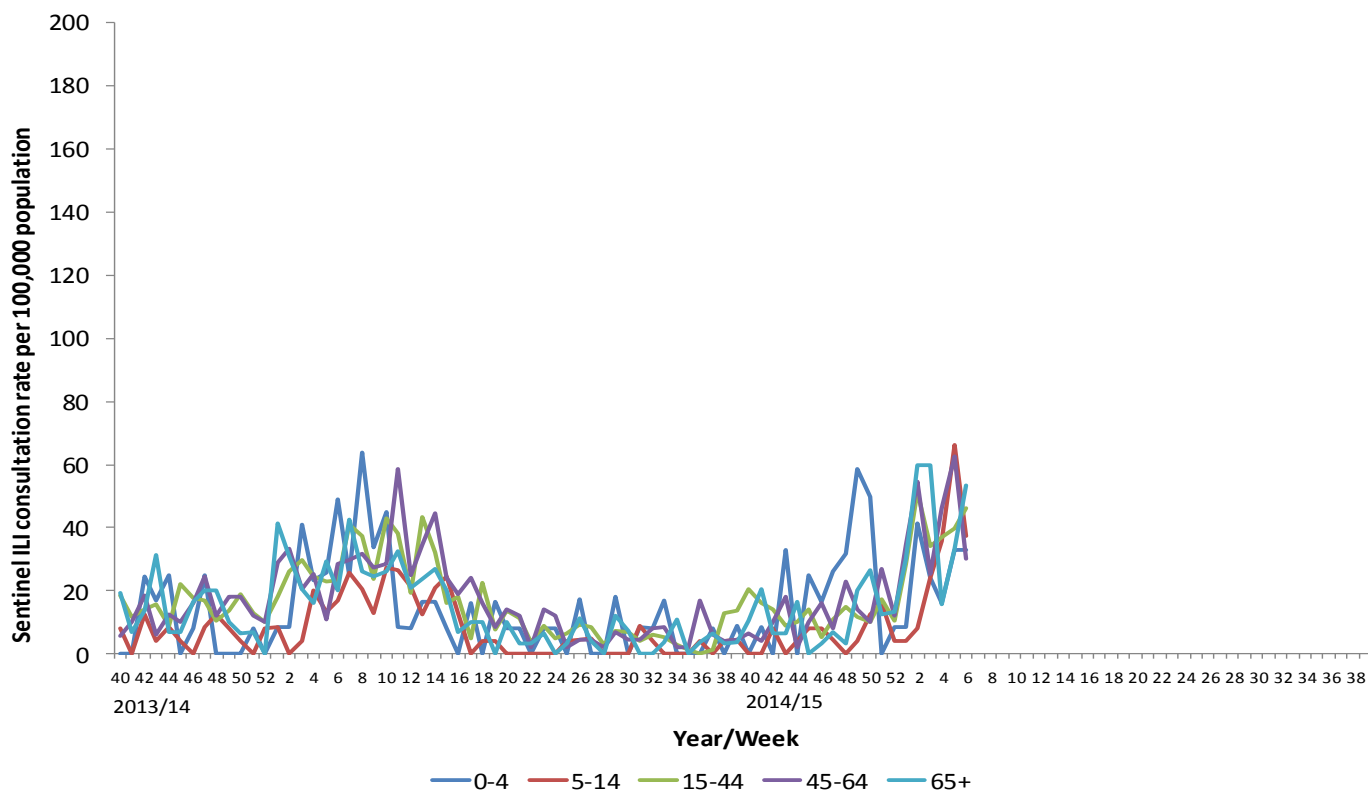


Comment

GP consultation rates have decreased in week 6 to 41.4 per 100,000 from 47.6 per 100,000 in week 5, 2015. GP flu/FLI consultation rates in week 5, 2015 despite decreasing, remain higher than noted earlier in the season and are also higher than noted during the same period in 2013/14 but lower than the same period in 2012/13.

Rates remain below the pre-epidemic Northern Ireland 2014/15 threshold of 52.0 per 100,000 population (Figures 1, 2 and 3).

Figure 4. Sentinel GP age-specific consultation rates for flu/FLI from week 40, 2013



Comment

Sentinel GP flu/FLI consultations have generally decreased among most age groups in week 6, 2015.

In week 6, an increase in consultation rates were noted among those aged 15-44 and 65 years and over while a decrease was displayed among those aged 5-14 and 45-64 years. Rates among those aged 0-4 years remained stable in week 6, 2015.

GP Flu/FLI consultation rates for combined flu' and flu'-like-illness have fluctuated among most age groups in recent weeks with a steady rise noted only in those aged 15-44 years. In week 6, 2015 rates among all age groups are lower than noted earlier in the season while those aged 65 years and over represented the highest age-specific consultation rate (Figure 4).

Out-of-Hours (OOH) Centres Call Data

Figure 5. OOH call rate for flu/FLI, 2012/13 – 2014/15

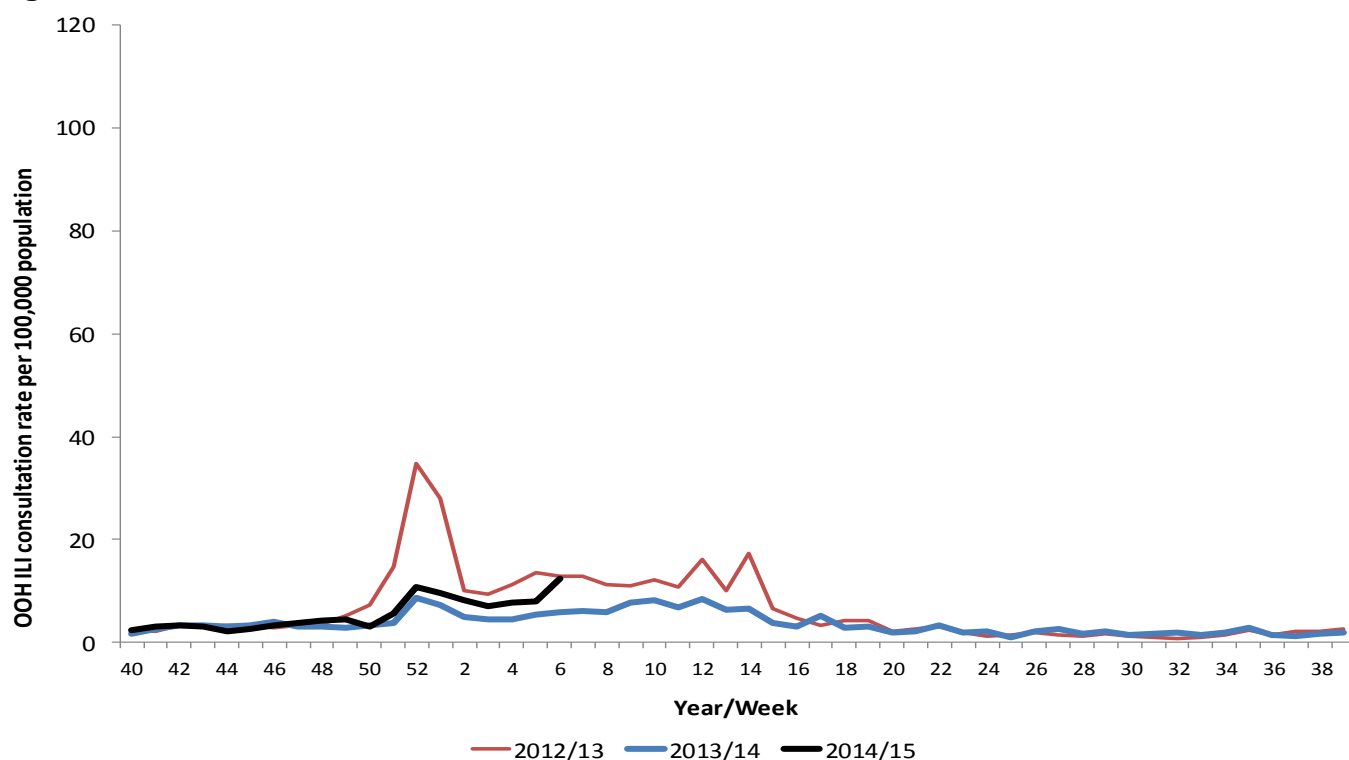
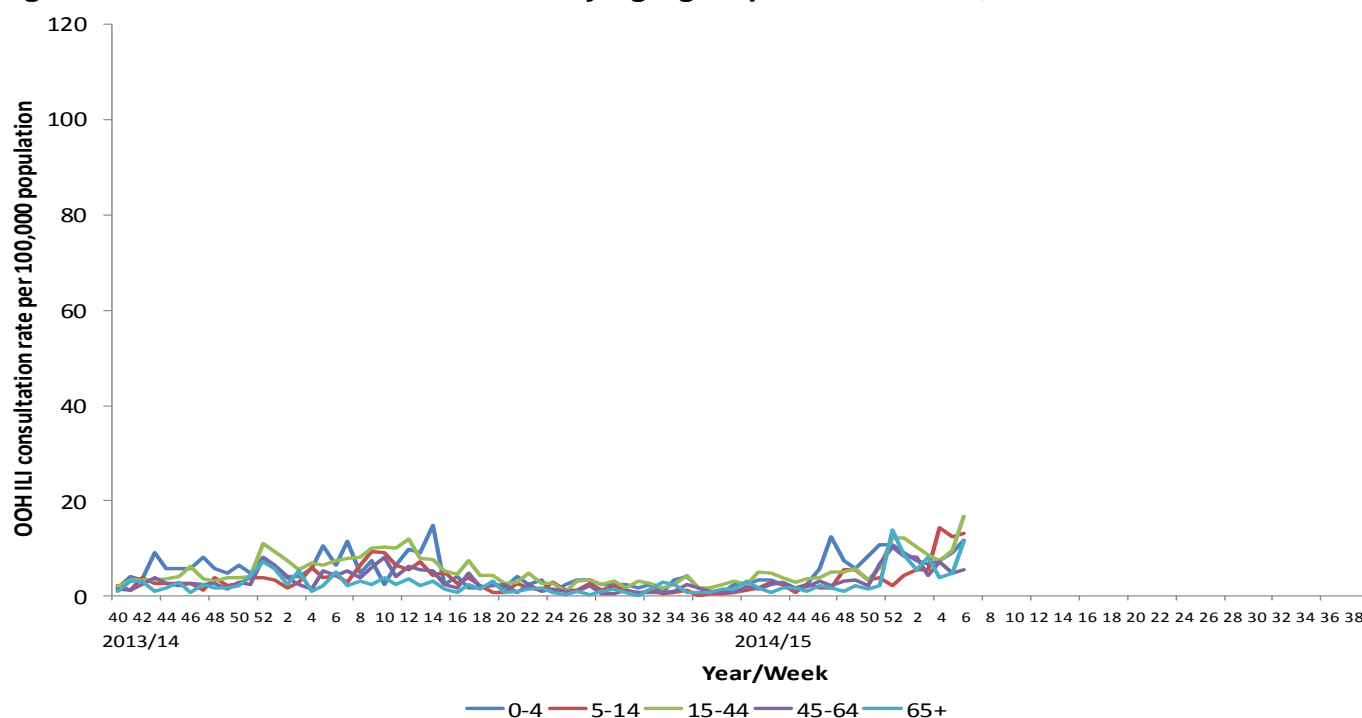


Figure 6. OOH Call rates of flu/FLI by age-group from week 40, 2013



Comment

The OOH consultation rate for flu/FLI has increased in week 6, and remains higher than the same period last year, but similar to 2012/13. Rates in week 6, 2015 increased to 12.4 per 100,000 population from 8.0 per 100,000 in week 5, and represent the highest OOH Flu/FLI consultation rate noted this season to date (Figures 5 and 6).

The OOH flu/FLI rate has increased among all age groups but remained relatively low. In week 6, 2015, an increase was noted in all age groups, with the most notable increases seen among those aged 15-44 and 65 years and over. The proportion of OOH total calls increased from 1.4% in week 5 to represent 2.0% of total calls to the OOH service in week 6, 2015.

Virology Data

Table 1. Virus activity in Northern Ireland, Week 6, 2014/15

Source	Specimens Tested	Flu AH3	Flu A (H1N1) 2009	A (untyped)	Flu B	RSV	Total influenza Positive	% Influenza Positive
Sentinel	8	1	0	2	0	0	3	38%
Non-sentinel	82	12	0	9	1	16	22	27%
Total	90	13	0	11	1	16	25	28%

Table 2. Cumulative virus activity in Northern Ireland, Week 40 - 6, 2014/15

	Flu AH3	Flu A (H1N1) 2009	A (untyped)	Flu B	Total Influenza	RSV
0-4	17	0	3	3	23	371
5-14	14	1	2	2	19	18
15-64	49	2	12	5	68	90
65+	75	1	4	2	82	79
Unknown	0	0	0	0	0	1
All ages	155	4	21	12	192	559

Table 3. Cumulative virus activity, Week 40 - Week 6, 2014/15

	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	1	0	0	0	1	0	16	0	3	3	22	371
5-14	3	0	0	0	3	1	11	1	2	2	16	17
15-64	12	1	6	1	20	15	37	1	6	4	48	75
65+	4	0	0	0	4	3	71	1	4	2	78	76
Unknown	0	0	0	0	0	0	0	0	0	0	0	1
All ages	20	1	6	1	28	19	135	3	15	11	164	540

Note

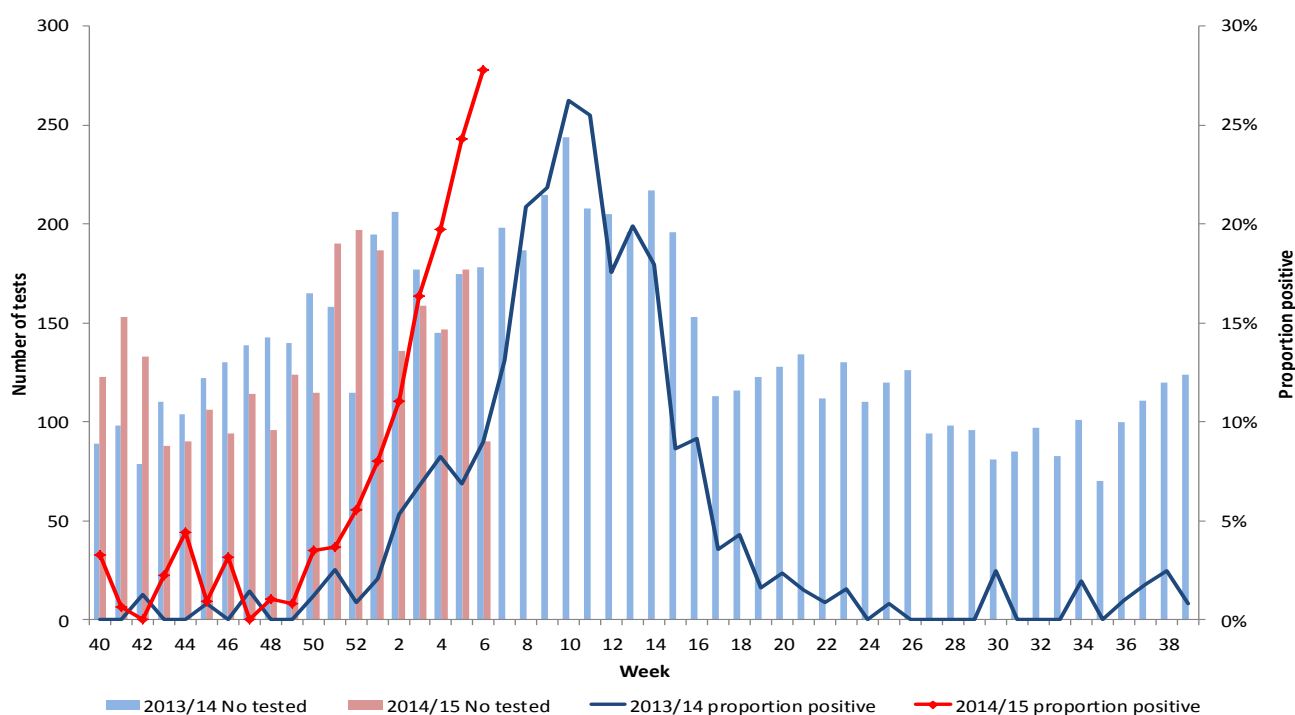
All virology data is provisional. The virology figures for previous weeks included in this or future bulletins are updated with data from laboratory returns received after the production of the last bulletin. The current bulletin reflects the most up-to-date information available.

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.

Comment

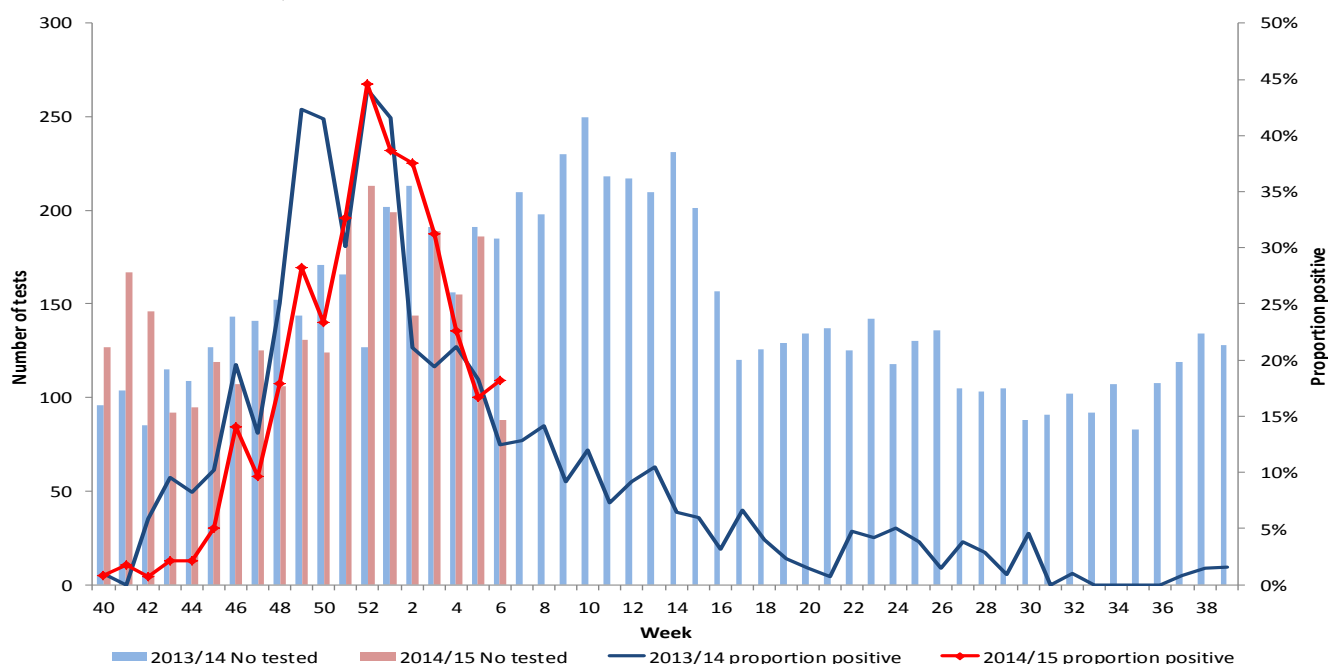
During week 6, 2015 there were 82 specimens submitted for testing, of which 13 were confirmed as influenza A(H3), 11 as influenza A untyped (typing awaited) and 1 as influenza B. This is lower than the number detected in week 5 but is higher than the number of positive detections during the same period last year. Positivity rates for influenza have however increased this week to 28% from 24% the previous week and represent the highest proportion positive noted this season to date. The proportion positive in week 6, 2015 is also higher than the same period in 2013/14 but similar to that noted in 2012/13 (Figure 7).

Figure 7. Number of samples tested for influenza and proportion positive, 2013/14 and 2014/15, all sources



Respiratory Syncytial Virus

Figure 8. Number of samples tested for RSV and proportion positive, 2013/14 and 2014/15, all sources



Comment

There were 16 RSV positive detections in week 6, 2015 with positivity rates increasing to 18% from 17% in week 5, however this should be interpreted with caution as the most recent week's data is at this stage incomplete- more accurate data will be available in the next bulletin. The positivity rate is higher than noted during the same period in recent seasons. There have been a total of 559 detections of RSV since the beginning of the 2014-15 influenza season of which 66% fall within the 0-4 years age group (Figure 8, Table 2).

Influenza Vaccine Uptake

To 31st December 2014, provisional data suggested that vaccine uptake for those aged 65 years and over was 70.3%, lower than the same period in last season (72.6%); while 66.4% of those under 65 and in an at risk group had received the vaccine, lower than in the 2013/14 season when 72.3% had received the vaccine during the same period.

This season for the first time, all children aged between 2 and 4 years and all those in P1 – P7 have been offered the seasonal influenza vaccine. To 31st December 2014, provisional data suggested that vaccine uptake among 2-4 year old children was 52.7%, while provisional uptake among children in P1 – P7 was 79.4%.

Emergency Department Syndromic Surveillance System

In week 6, 2015 there were fewer than five influenza-like-illness (ILI) attendances reported in EDSSS. Later in the season the bulletin will include a graphical representation of ILI attendances if numbers increase.

ICU/HDU Surveillance

There have been four ICU patients confirmed with influenza since the last bulletin. To date there have been nineteen ICU patients with confirmed influenza, of which fourteen have been confirmed as influenza A (H3), two as influenza A (H1N1)pdm09 and three as influenza A untyped (typing awaited).

There were no deaths in ICU patients with laboratory confirmed influenza reported in week 6 in the 2015. To date, there have been four deaths in ICU patients with laboratory confirmed influenza.

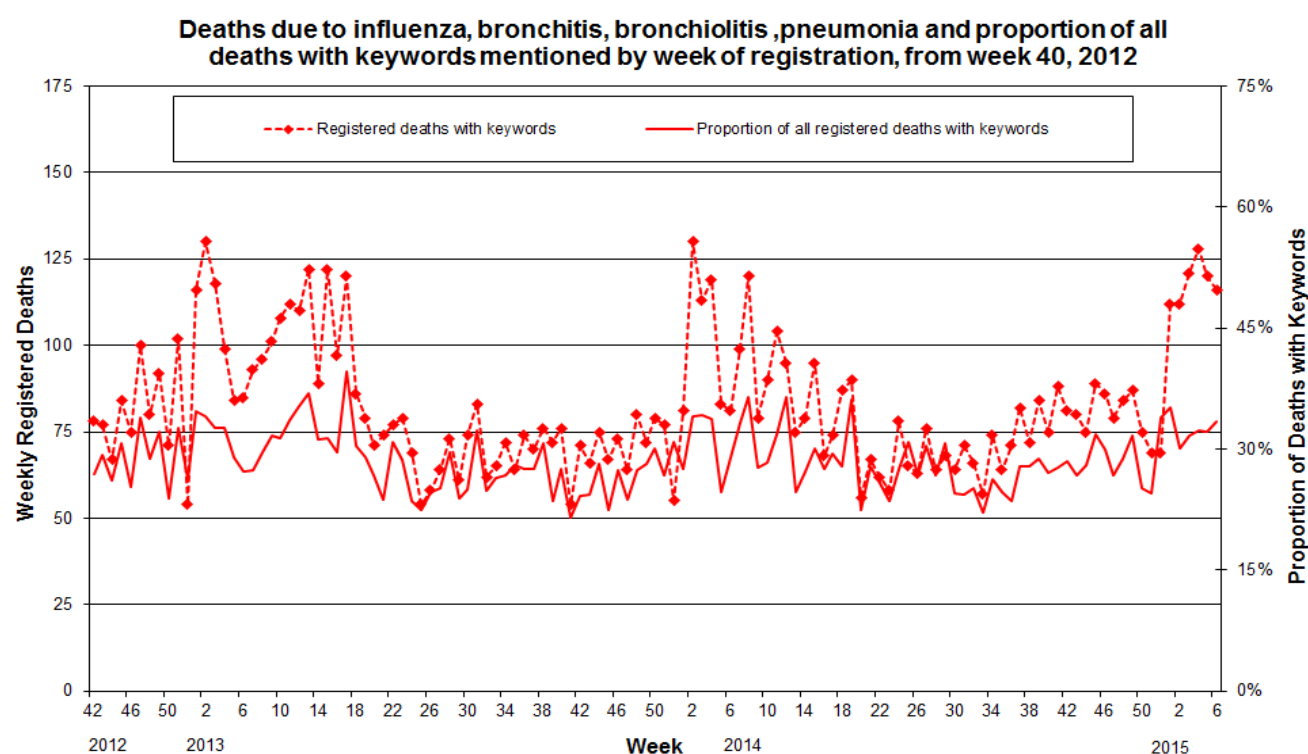
Outbreak Surveillance

There was one new confirmed influenza A (H3) outbreak reported in week 6, 2015. There have been a total of five confirmed influenza outbreaks reported so far this season, all of which have been confirmed as influenza A (H3). This compares with a total of three outbreaks for the duration of the 2013/14 season.

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 9. Weekly registered deaths



Comment

The proportion of deaths related to respiratory keywords has increased to 33% in week 6, 2015. This is higher than noted during week 6 in 2014 (29%). In week 6, 2015, there were 347 registered deaths of which 116 related to these specific respiratory infections.

EuroMOMO

Significant excess all-cause mortality was reported for week 6 in Northern Ireland, continuing the trend seen in weeks 3 – 5. This trend is being driven by excess mortality in the over 65 year age group. This data is provisional due to the time delay in registration; numbers may vary from week to week. To date this influenza season, excess all-cause mortality has been reported during four weeks of the season. This data will be presented in a chart later in the season.

International Summary

Europe

Week 5, 2015:

The influenza season is well under way, in particular in western and central European countries in the WHO European Region.

- For week 05/2015, 30 countries reported increasing influenza activity, and the overall proportion of influenza-virus-positive sentinel specimens was the same as in the previous week: 49%.
- Excess all-cause mortality among the elderly (aged ≥ 65 years), concomitant with increased influenza activity and the predominance of A(H3N2) viruses, has been observed in recent weeks in Belgium, France, Portugal, Spain, Switzerland and the United Kingdom (England, Scotland and Wales). Across all countries, a pooled analysis shows a higher level of mortality among elderly people than in the four previous seasons (see the European project for monitoring excess mortality for public health action (EuroMOMO – <http://www.euromomo.eu>)).
- About three quarters of A(H3N2) viruses characterized so far exhibit antigenic differences from the virus included in the 2014–2015 northern hemisphere influenza vaccine. A reduction in the effectiveness of the A(H3N2) component of the vaccine may be expected, which in turn may contribute to the excess mortality reported among elderly people in six European countries. The vaccine is still expected to provide some cross-protection against A(H3N2) viruses, which may reduce the likelihood of severe outcomes, such as hospitalization or death, in some cases. The A(H1N1)pdm09 and B components of the vaccine are effective.
- The circulation of respiratory syncytial virus (RSV) has decreased across Europe, with the peak of activity occurring during the first two weeks of 2015.

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

Worldwide (WHO)

As at 9th February 2015:

Globally, influenza activity remained high in the northern hemisphere with influenza A(H3N2) viruses predominating so far this season. Antigenic characterization of most recent A(H3N2) viruses thus far indicated differences from the A(H3N2) virus used in the influenza vaccines for the northern hemisphere 2014-2015. The vast majority of influenza A(H3N2) viruses tested to date this season were sensitive to neuraminidase inhibitors.

- In North America, the influenza activity seemed to have peaked. Influenza A(H3N2) virus predominated this season.
- In Europe, the influenza season is well under way, particularly in western and central countries in the WHO European Region. Influenza A(H3N2) was the dominant virus detected this season.
- In northern Africa and the middle East, influenza activity due to influenza A(H3N2) and B seemed to have peaked but increasing activity with influenza A(H1N1)pdm09 was reported by Algeria, and Iran.
- In the temperate countries of Asia, influenza activity appeared to have peaked in northern China, but was still increasing in Japan and the Republic of Korea. Influenza A(H3N2) virus predominated so far.
- In tropical countries of the Americas, influenza activity was low in most countries of the Caribbean, Central America and in the tropical countries of South America.
- In tropical Asia, influenza activity increased in south China; China Hong Kong Special Administrative Region and India.
- In the southern hemisphere, influenza activity remained at inter-seasonal levels.
- Based on FluNet reporting (as of 5 February 2015, 10:20 UTC), during weeks 2 to 3 (11 January 2015 to 24 January 2015), National Influenza Centres (NICs) and other national influenza laboratories from 93 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 135 489 specimens. 32 188 were positive for influenza viruses, of which 28 139 (87.4%) were typed as influenza A and 4049 (12.6%) as influenza B. Of the sub-typed influenza A viruses, 1151 (7.6%) were influenza A(H1N1)pdm09, 13 968 (92.4%) were A(H3N2). Of the characterized B viruses, 1463 (99%) belonged to the B-Yamagata lineage and 15 (1%) to the B-Victoria lineage.
- 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> Now on Facebook (Flu Aware NI)

<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>

Flusurvey, an online flu surveillance system run by the PHE and London School of Hygiene and Tropical Medicine was launched in 2013/14 and will continue into 2014/15. For further information and please see the [Flusurvey website](#).

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

Northern Ireland:

<http://www.publichealth.hscni.net/directorate-public-health/health-protection/seasonal-influenza>

England, Scotland and Wales:

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

Republic of Ireland:

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

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:

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