

Influenza

Weekly Surveillance Bulletin

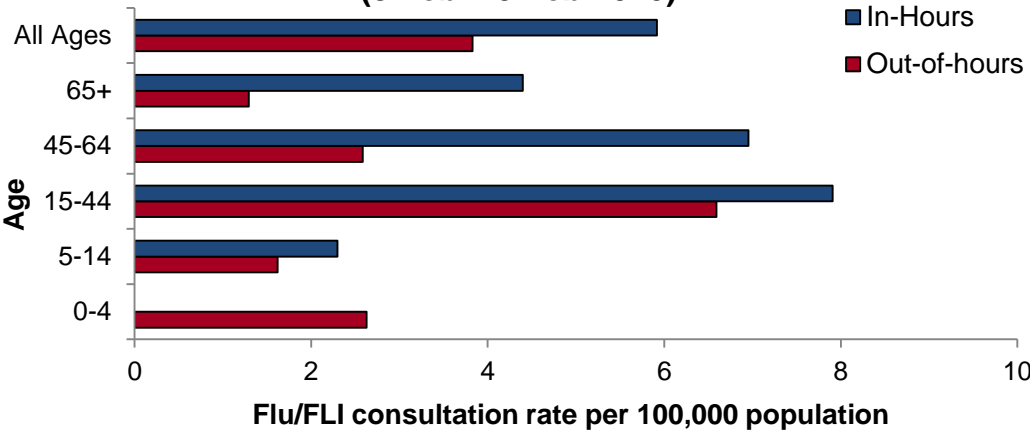
Week 6 (3 February – 9 February 2020)

Community Activity

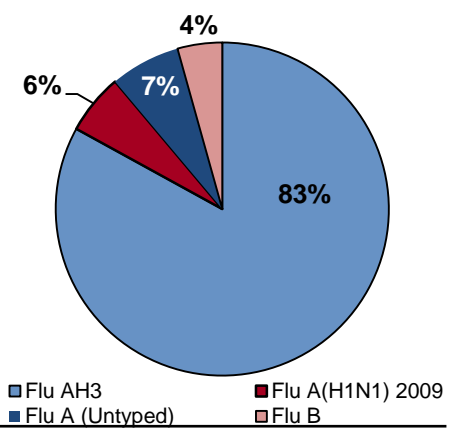
Flu Intensity: Baseline Low Medium High Very High

Week	October					November				December				January					February				March				April				May			
	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
2019/20																																		
2018/19																																		

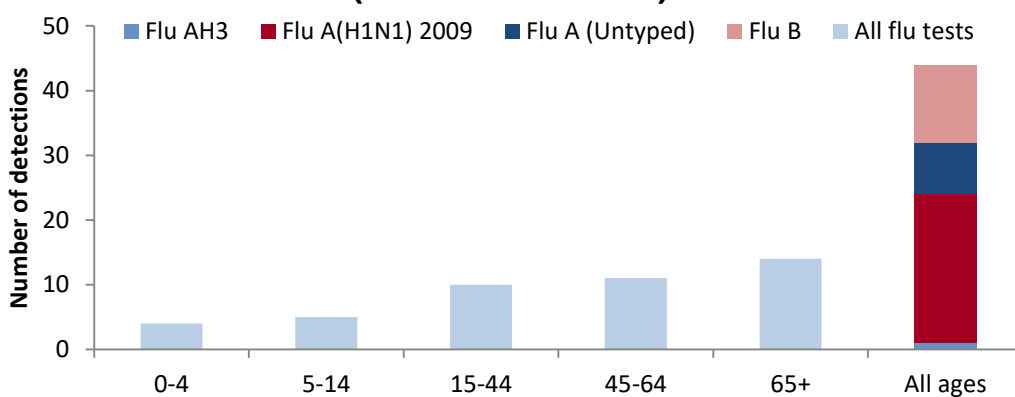
GP consultation rates for 'flu/flu-like-illness' ('flu/FLI') (3 Feb – 9 Feb 2020)



Circulating strains this season to date



Number of hospital cases with confirmed flu (3 Feb – 9 Feb 2020)



To date there have been 62 admissions to ICU with confirmed influenza

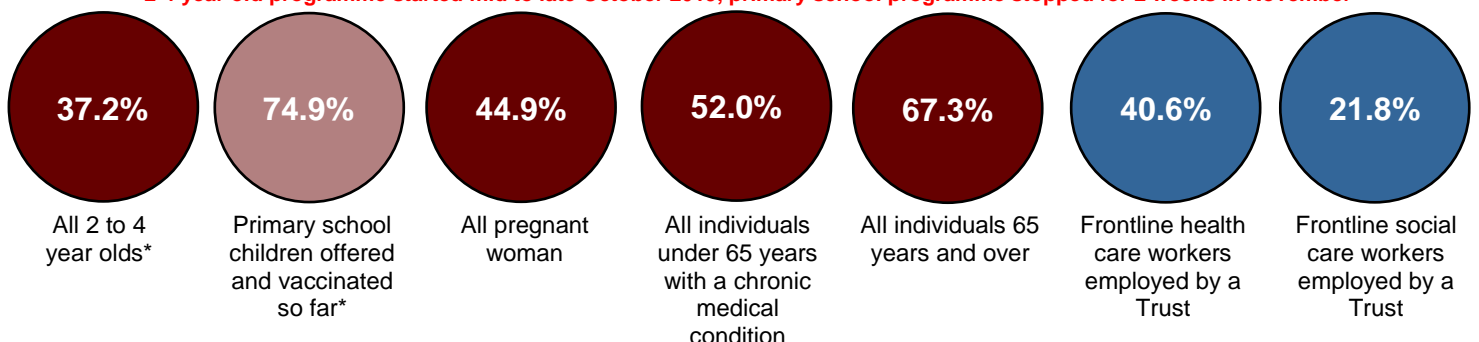
Respiratory Outbreaks this Week (3 Feb – 9 Feb 2020)

2

To date there have been ten flu outbreaks; five in a Care Home setting, four in a Hospital setting and one other

Vaccine Uptake (1 October - 31 December 2020)

* 2-4 year old programme started mid to late October 2019, primary school programme stopped for 2 weeks in November



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

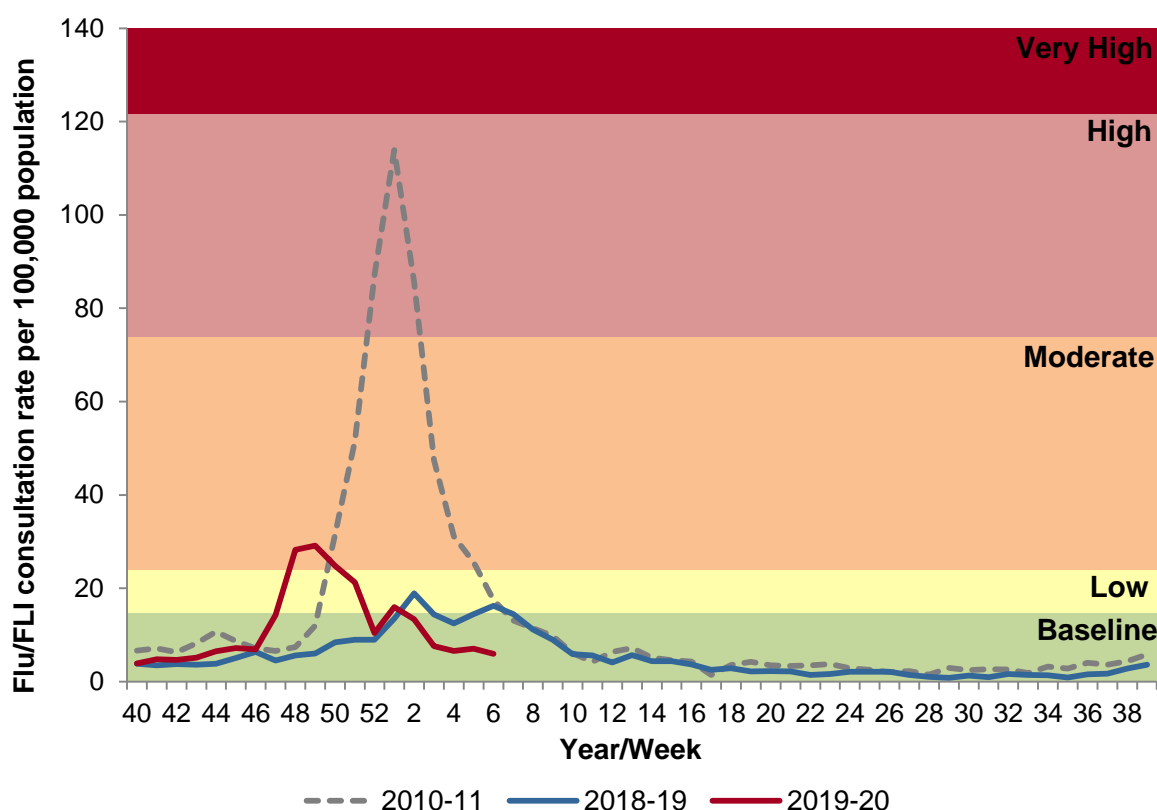


Figure 1. Northern Ireland GP consultation rates for ‘flu/FLI’ 2018/19 – 2019/20, 2010/11 for comparison

The baseline MEM threshold for Northern Ireland is 14.7 per 100,000 population for 2019-20. Low activity is 14.7 to <23.9, moderate activity 23.9 to <73.9, high activity 73.9 to <121.7 and very high activity is >121.7

Comment

The GP flu/FLI consultation rate during week 6, 2020 was 5.9 per 100,000 population, a decrease from week 5 (7.0 per 100,000). This is lower than the same time last year (16.2 per 100,000). Activity remains below the baseline threshold for Northern Ireland (<14.7 per 100,000) (Figure 1).

Flu/FLI consultation rates decreased in week 6 compared to week 5 in all age groups, except in those aged 45-64 years, which increased (6.0 to 7.0 per 100,000 population). Flu/FLI consultation rate was highest in those aged 15-44 years in week 6 (7.9 per 100,000). Rates are lower in all age groups compared to the same period last year (week 6, 2018-19).

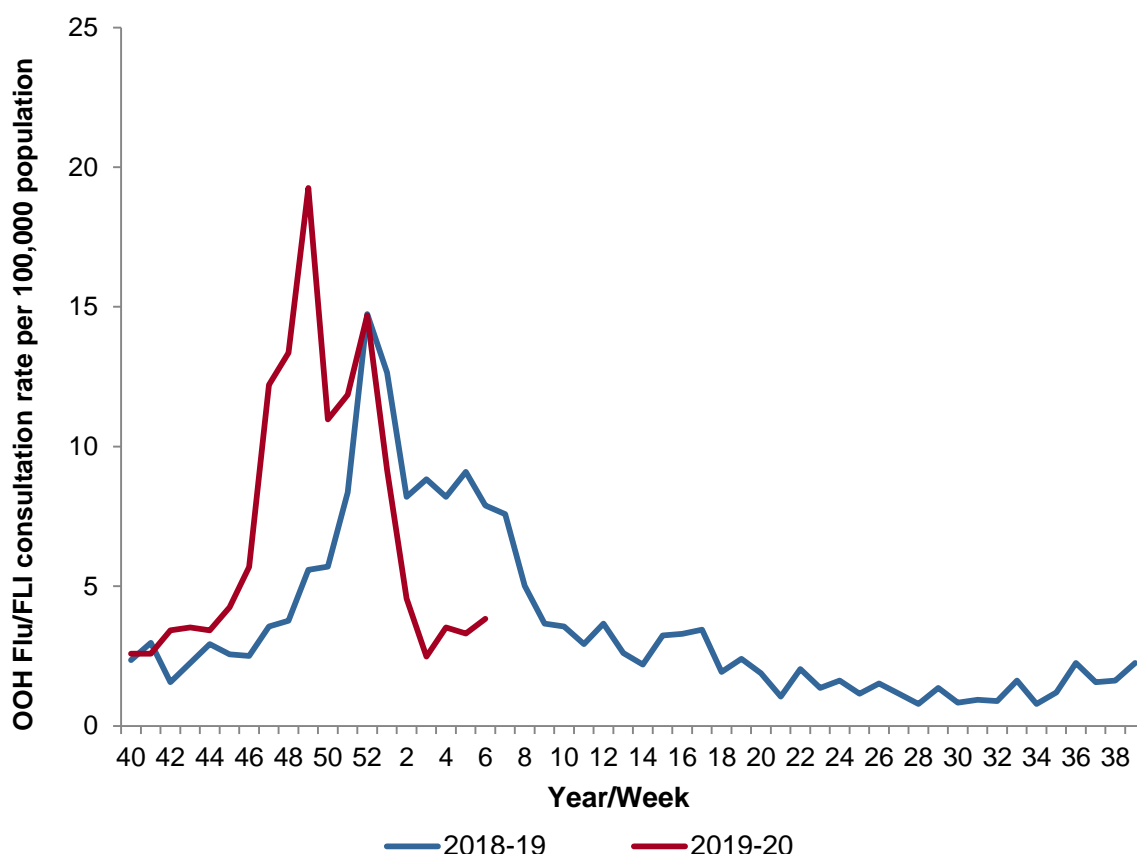


Figure 2. Northern Ireland Out of Hours (OOH) consultation rates for 'flu/FLI' 2018/19 – 2019/20

Comment

The flu/FLI consultation rate in Primary Care Out-of-Hours (OOH) Centres during week 6, 2020 was 3.8 per 100,000 population, an increase from week 5 (3.3 per 100,000). This is lower than the same time last year (7.9 per 100,000).

In week 6 the percentage of calls to an OOH Centre due to flu/FLI was 0.8%. This is a slight increase from week 5 (0.6%) and is lower than the same period last year (1.4%).

Consultation rates increased in week 6 compared to week 5 in the 15-44, 45-64 and 65+ year age groups, while decreasing in the 5-14 year age group. Rates remained constant in the 0-4 year age group. Consultation rates were highest in those aged 15-44 years in week 6 (6.6 per 100,000 population). Rates are lower in all age groups compared to the same period last year (week 6, 2018-19).

Virology

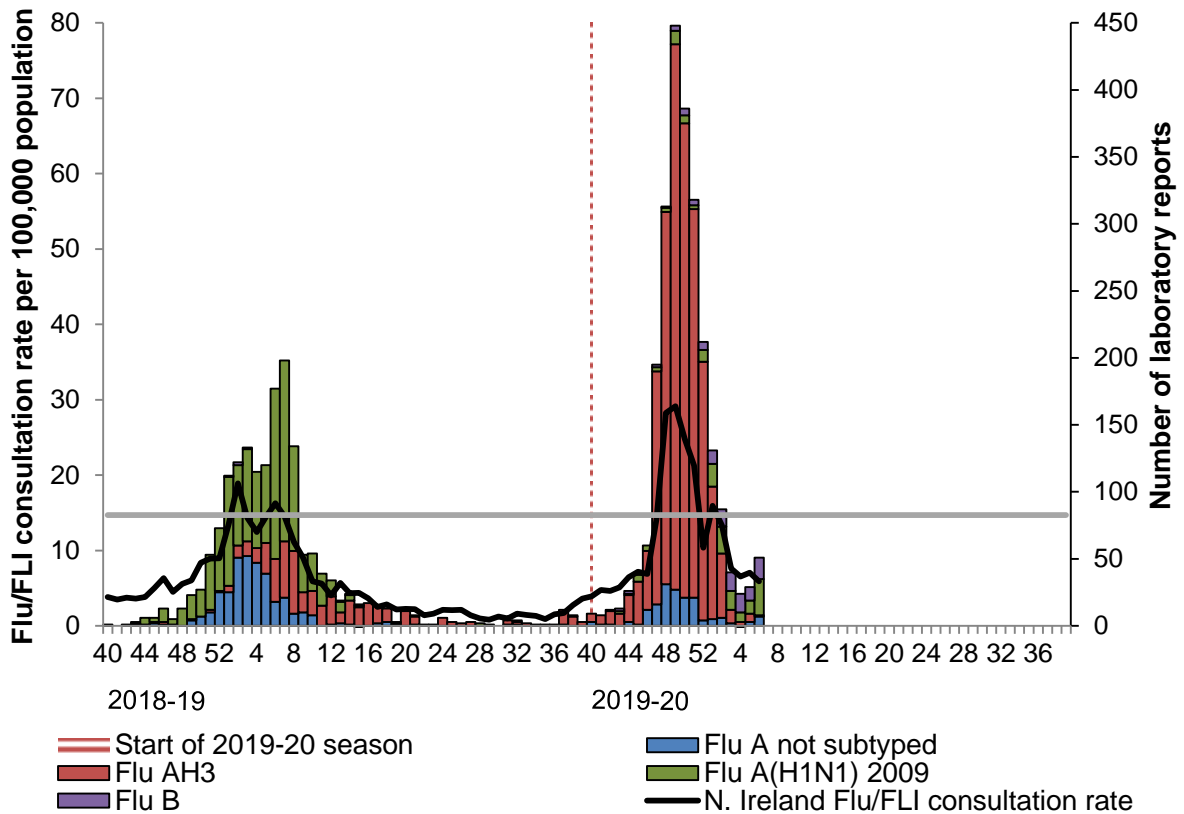


Figure 3. Weekly number of flu laboratory reports from week 40, 2018 with weekly GP consultation rates for ‘flu/FLI’

Table 1. Virus activity in Northern Ireland by source, Week 6, 2019-20

Source	Specimens tested	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	RSV	Total Influenza Positive	% Influenza Positive
Sentinel	6	0	1	0	2	0	3	50%
Non-sentinel	369	1	26	7	14	11	48	13%
Total	375	1	27	7	16	11	51	14%

Table 2. Cumulative virus activity from all sources by age group, Week 40 - 6, 2019-20

Age Group	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV
0-4	298	25	25	16	364	573
5-14	240	8	29	15	292	34
15-64	773	78	53	68	972	161
65+	680	30	56	5	771	201
Unknown	0	0	0	0	0	1
All ages	1991	141	163	104	2399	970

Table 3. Cumulative virus activity by age group and source, Week 40 - Week 6, 2019-20

Age Group	Sentinel						Non-sentinel					
	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV
0-4	11	0	0	0	11	0	287	25	25	16	353	573
5-14	32	0	0	1	33	0	208	8	29	14	259	34
15-64	66	7	0	7	80	15	707	71	53	61	892	146
65+	13	0	0	0	13	2	667	30	58	5	760	199
Unknown	0	0	0	0	0	0	0	0	0	0	0	1
All ages	122	7	0	8	137	17	1869	134	165	96	2264	953

Note

Additional virology testing has been undertaken at local laboratories. This bulletin includes this data along with the data from the Regional Virology Laboratory.

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.

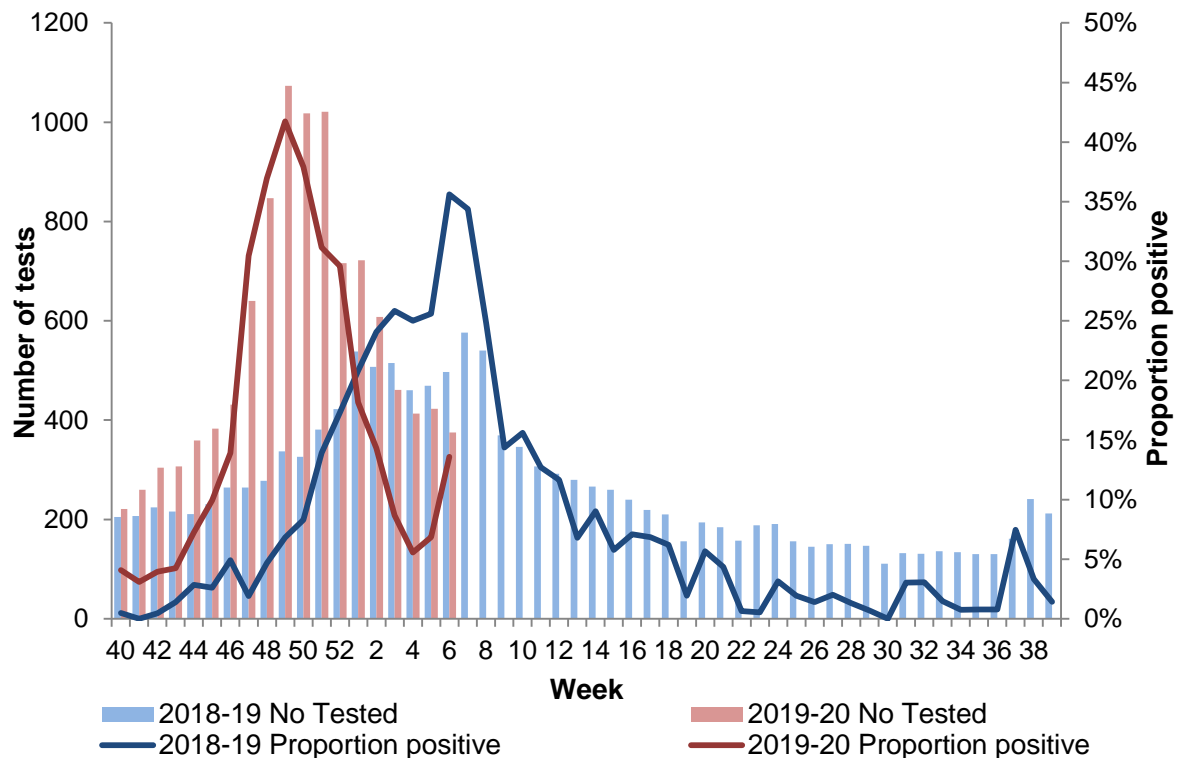


Figure 4. Number of samples tested for influenza and proportion positive, 2018/19 – 2019/20, all sources

Comment

In week 6, 2020, 51 samples were positive for flu (one Flu A(H3), 27 Flu A(H1N1), seven Flu A(untyped) and 16 Flu B) from 375 submitted for testing in laboratories across Northern Ireland.

Positivity increased in week 6 (14%) compared to week 5 (7%). Positivity is lower than this time last year (36%).

Three of the six samples submitted by the GP based sentinel scheme were positive for flu (one Flu A(H1N1) and two Flu B, 50% positivity) (Figures 3 and 4; Tables 1, 2 and 3).

Respiratory Syncytial Virus (RSV)

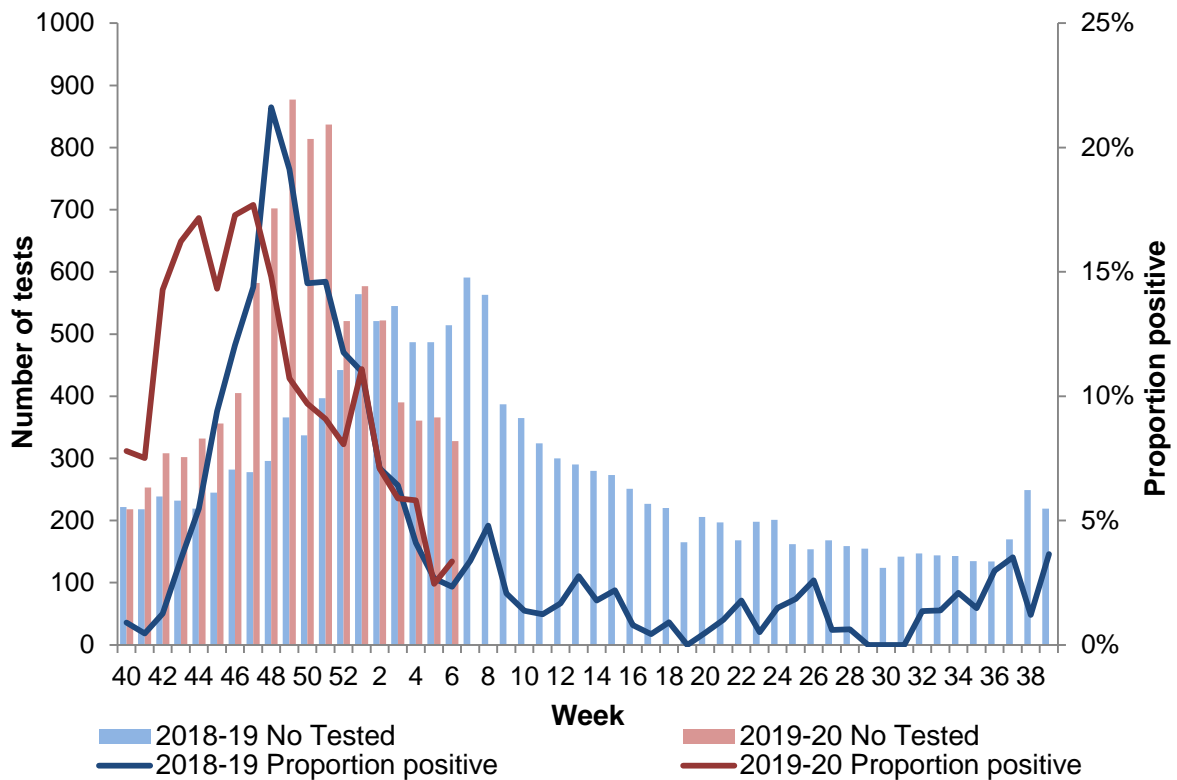


Figure 5. Number of samples tested for RSV and proportion positive, 2018/19 – 2019/20, all sources

Comment

In week 6, 11 samples were positive for RSV, with positivity (3%) similar to the same period last season (2%).

The majority (59%) of cases since week 40 have occurred in children aged 0-4 years (Table 2 and Figure 5).

Hospital Surveillance (Non-ICU/HDU)

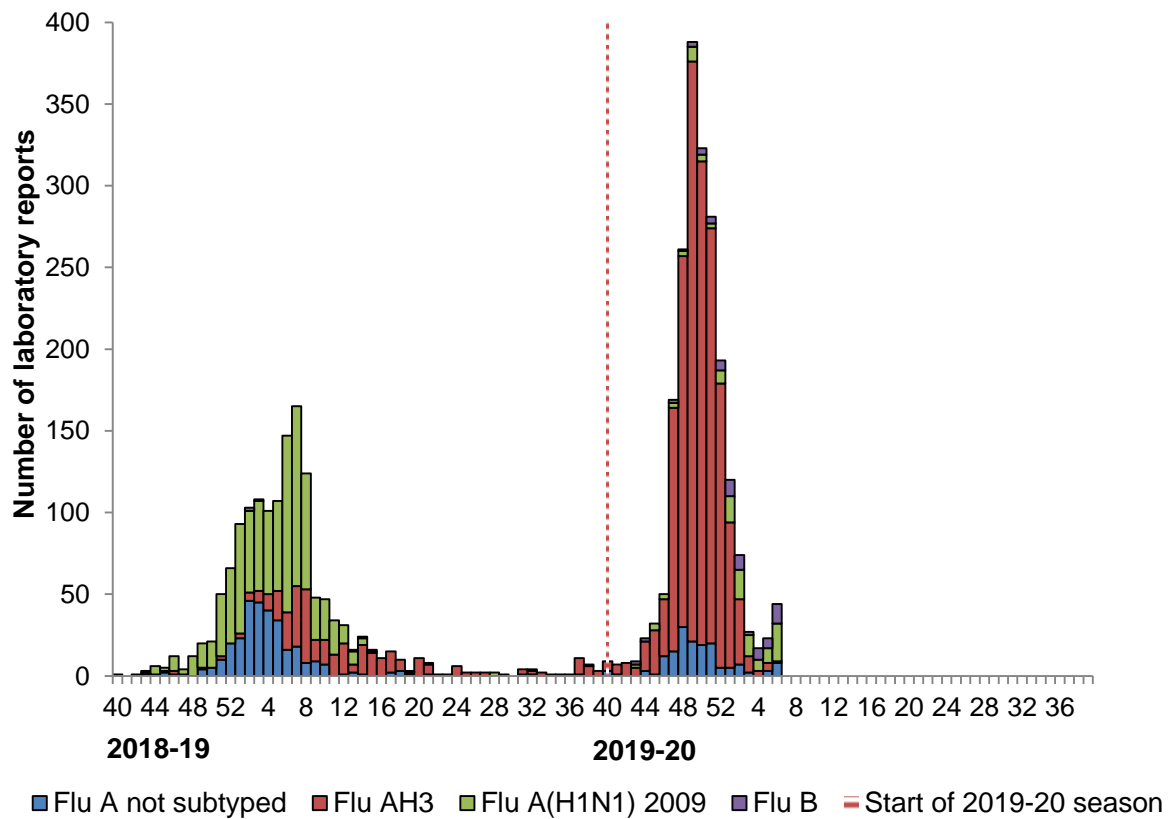


Figure 6. Weekly number of hospitalisations testing positive for influenza by week of specimen, 2018/19 – 2019/20

Comment

In week 6, 2020, 44 hospitalisations tested positive for flu (one Flu A(H3), 23 Flu A(H1N1), eight Flu A(untyped) and 12 Flu B). This is an increase from week 5 but lower than the same time last year (Figure 6).

Of note, not all positive specimens may have been reported as this point.

ICU/HDU Surveillance

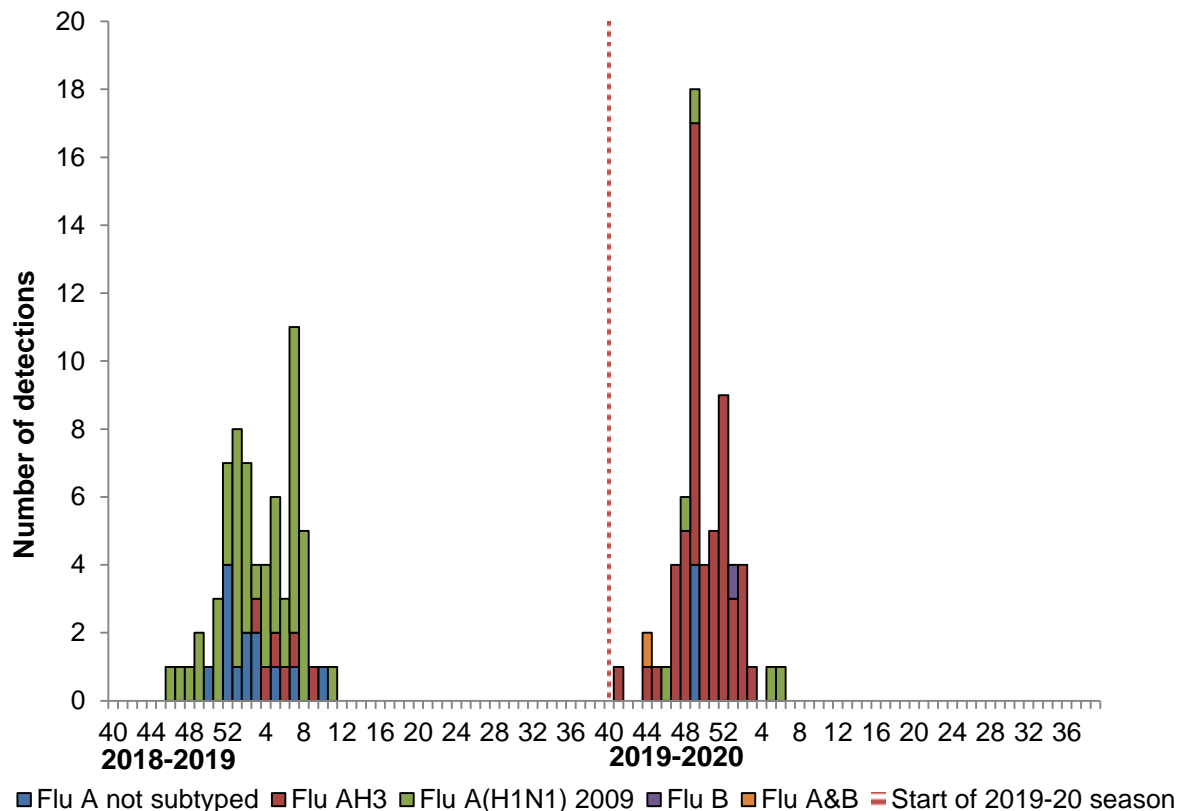


Figure 7. Confirmed ICU/HDU influenza cases by week of specimen, 2018/19 – 2019/20

Comment

Data are collected on laboratory confirmed influenza patients and deaths in critical care (level 2 and level 3). There was one new admission to ICU with confirmed influenza reported to the Public Health Agency (PHA) during week 6. So far this season there has been 62 admissions to ICU with confirmed influenza (51 Flu A(H3), five Flu A(H1N1), four Flu A(untyped), one Flu B and one Flu A&B) reported to the PHA (Figure 7).

Of the 62 admissions to ICU, 50% (n=31) were male. The ages ranged from <1 year to 86 years, with a median age of 59 years and a mean age of 50 years old. 74% (n=46) were classed as being in a vaccine risk group. Vaccination status was known for 74% (n=46); 12 were vaccinated this season. To date there have been 10 deaths reported among ICU admissions.

Outbreaks

During week 6, 2020 there were two confirmed respiratory outbreaks reported to the PHA Health Protection acute response duty room, both in a hospital setting (Flu A(untyped)). To date, there has been a total of ten confirmed respiratory outbreaks reported, five in a Care Home setting, four in a Hospital setting and one other (nine Flu A(untyped) and one Flu B).

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.

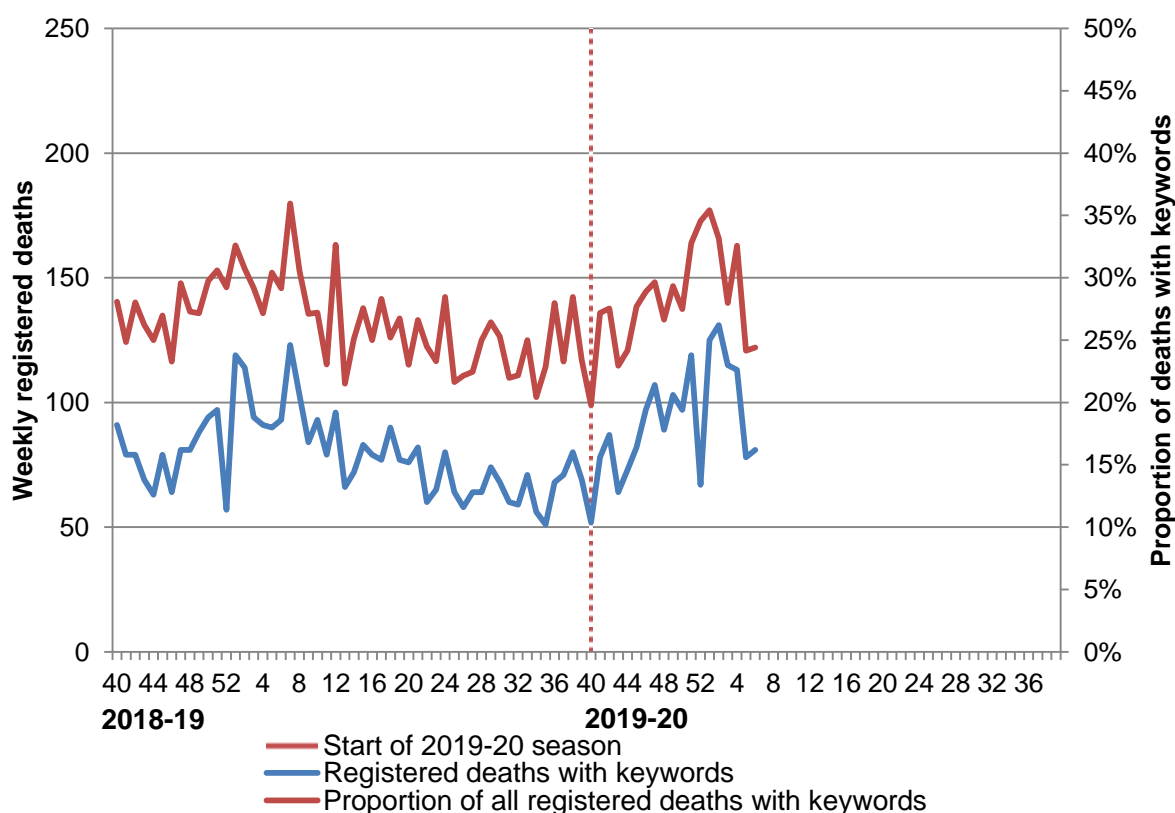


Figure 8. Weekly registered deaths and proportion of all deaths with keywords, by week of registration from week 40, 2018

Comment

In week 6, 2020, 81 respiratory associated deaths out of 332 all-cause deaths were reported (24%). These trends are broadly the same as the same period last year (Figure 8).

EuroMOMO

There was no excess all-cause mortality reported in Northern Ireland in week 6, 2020. Excess all-cause mortality was reported for four weeks in Northern Ireland to date this season (weeks 50, 51, 2 and 3). This excess mortality was mostly reported in those aged 65+ years.

Please note this data is provisional due to the time delay in registration; numbers may vary from week to week.

Information on mortality from all causes is provided for management purpose from Public Health England. 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>

Influenza Vaccine Uptake

Every year the seasonal flu vaccine programme officially commences on 1st October and is delivered by primary care, the Trust school nursing service (in school) and the Trust health and social care worker (HSCW) flu campaign. This year, the children's programme has been impacted on by temporary delays in the manufacturing of the flu vaccine given to children (see table 4 for details).

Uptake for primary school children is presented differently and is the proportion of children offered the vaccine between the start of the programme and 31st December and also received it.

	Delivered by	Start date	2019/20 (to 31 Dec)	2018/19 (to 31 Dec)
All 2 to 4 year olds	GP	Mid - late Oct 2019	37.2%	45.7%
All pregnant women	GP	1 st Oct 2019	44.9%	46.5%
All individuals under 65 years with a chronic medical condition	GP	1 st Oct 2019	52.0%	47.9%
All individuals 65 years and over	GP	1 st Oct 2019	67.3%	64.1%
% of primary school children offered and vaccinated the vaccine to date	Trust School Nurse Service*	1 st Oct 2019 2 week pause in Nov	74.9%	75.5%
% of all Frontline health care workers employed by a Trust	Trust HSCW Campaign	1 st Sept 2019	40.6%	38.4%
% of all Frontline social care workers employed by a Trust	Trust HSCW Campaign	1 st Sept 2019	21.8%	21.6%

*This figure also includes a small number vaccinated by their GP.

Further Information and International/National Updates

Further information

Further information on influenza is available at the following websites:

[PHA Seasonal Influenza](#)

[nidirect Flu Vaccination](#)

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

[WHO Influenza](#)

[ECDC Seasonal Influenza](#)

National updates

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

England [PHE 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](#)

USA (CDC) [Weekly U.S. Influenza Surveillance Report](#)

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, Regional Virus Laboratory, Critical Care Network for Northern Ireland and Public Health England. Their work is greatly appreciated and their support vital in the production of this bulletin.

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