

Influenza Weekly Surveillance Bulletin

Northern Ireland, Week 14 (03 April 2017 – 09 April 2017)

Summary

At this point in the 2016/17 influenza season, influenza continues to circulate across the region, while lab detections have decreased in comparison to the previous week. Influenza B remains the predominant strain in week 14 (week commencing 3rd April 2017).

Weekly Influenza GP Consultation Rates

- GP consultation rates for combined flu and flu-like illness (flu/FLI) have increased in week 14, 2017 to 14.9 per 100,000 population. Rates remain below the 2016/17 pre-epidemic threshold¹
- OOH GP consultation rates for flu/FLI remained relatively stable at 3.1 per 100,000 population in week 14, 2017

Microbiological Surveillance

- The proportion of positive influenza detections from both sentinel and non-sentinel sources was 9% in week 14

Respiratory Syncytial Virus (RSV) Activity

- RSV activity has decreased from week 13 with levels similar to the same period last season

Influenza Confirmed Intensive Care Unit (ICU) Cases and Deaths

- No new cases were reported in ICU with laboratory confirmed influenza in week 14, there have been a total of 43 cases this season
- No deaths were reported in week 14 among ICU patients with laboratory confirmed influenza; there have been a total of eight deaths in ICU patients with laboratory confirmed influenza this season

Influenza Outbreaks across Northern Ireland

- One confirmed influenza outbreak was reported to the PHA. There have been a total of 13 confirmed influenza outbreaks this season

EuroMOMO

- No excess all-cause mortality was reported through the EuroMOMO algorithm for week 14, 2017

Influenza Vaccine Uptake in Northern Ireland

- To 31st January 2017; uptake was 71.7% among those aged 65 years and over, 55.9% among those under 65 in an at risk group, 52.0% among 2-4 year olds and 78.2% among primary school children

¹ 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 3rd 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

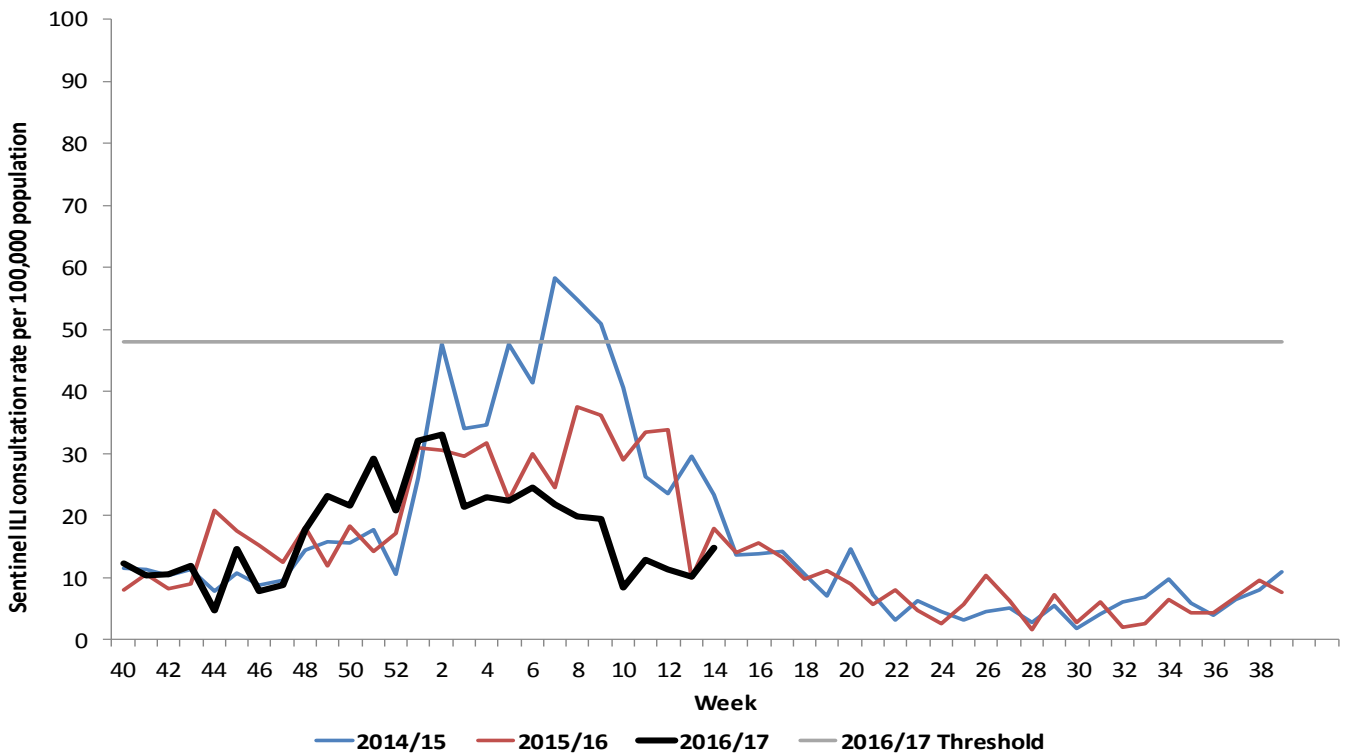


Figure 2. Sentinel GP combined consultation rates for flu/FLI and number of influenza positive detections 2011/12 – 2016/17

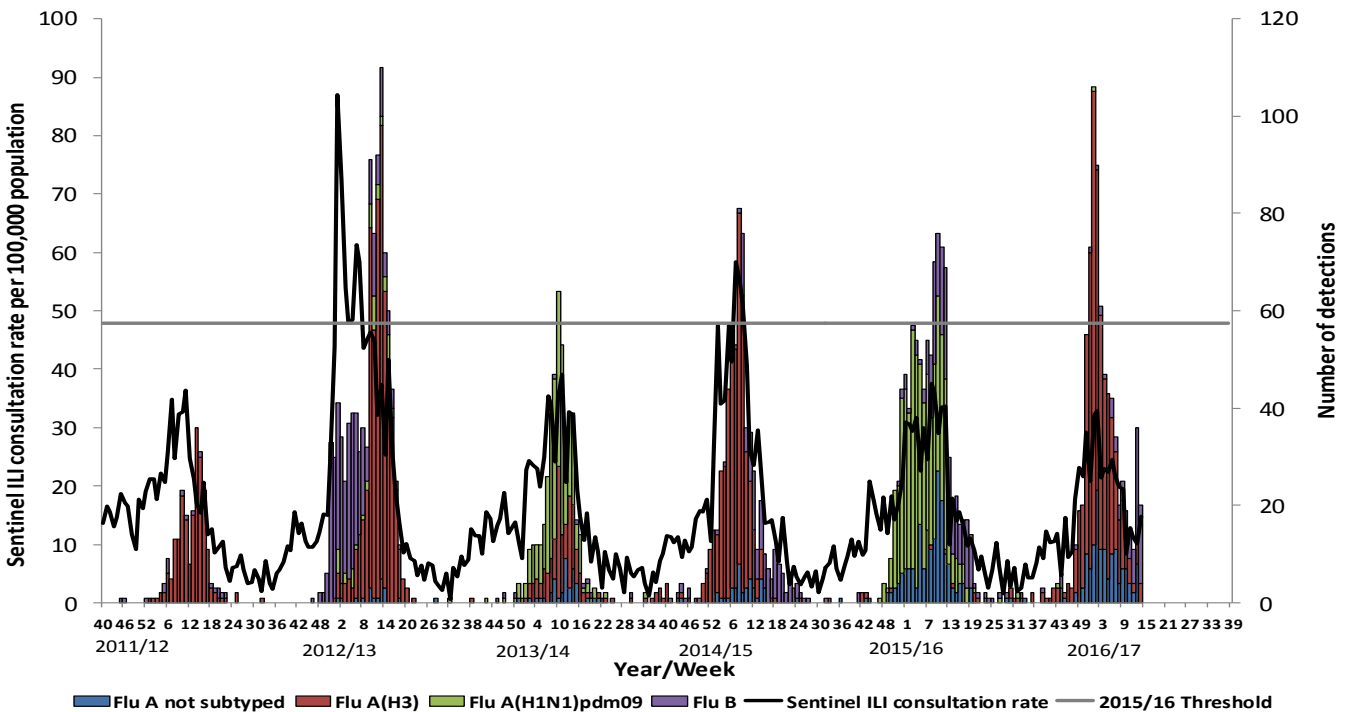
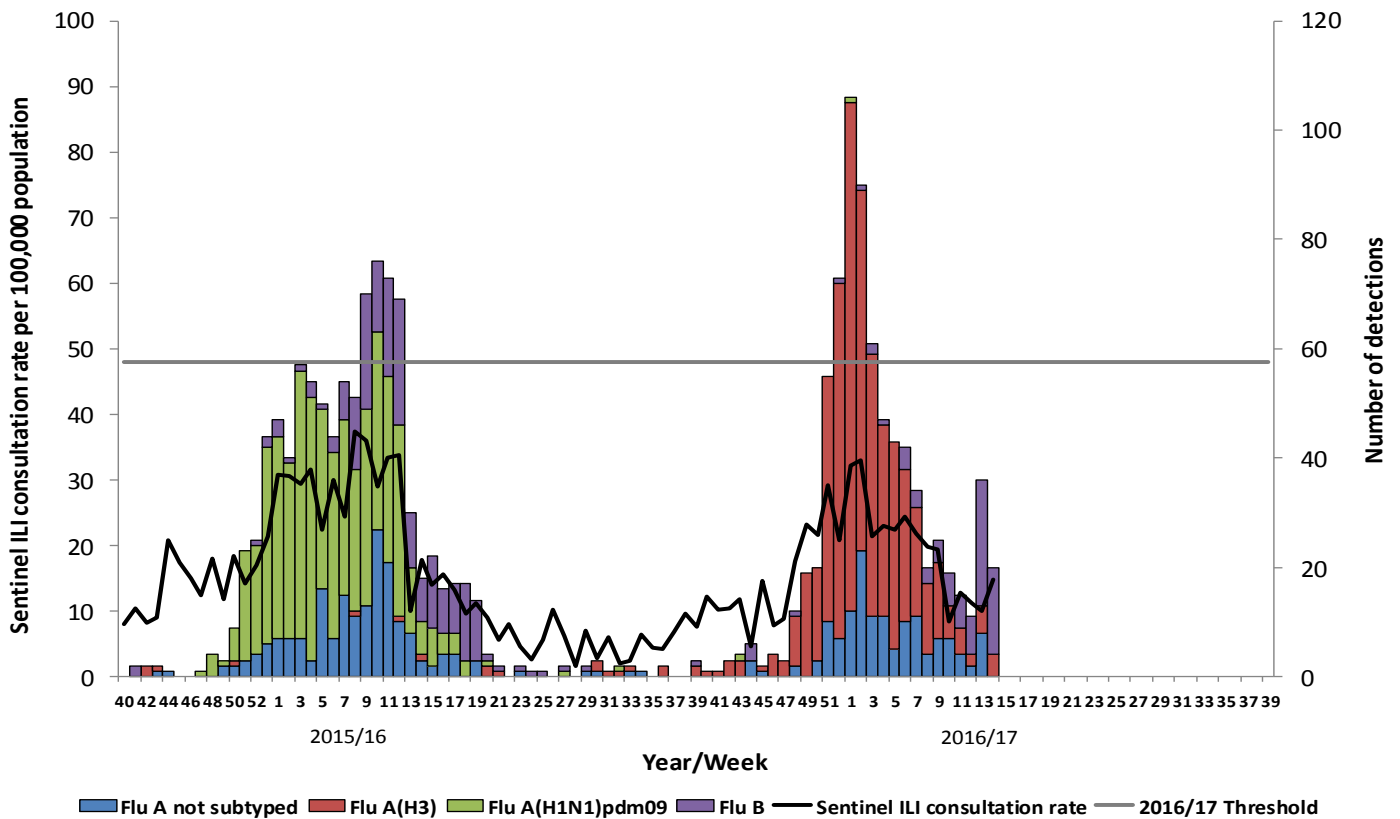


Figure 3. Sentinel GP consultation rates for flu/FLI and number of virology 'flu detections from week 40, 2015



Comment

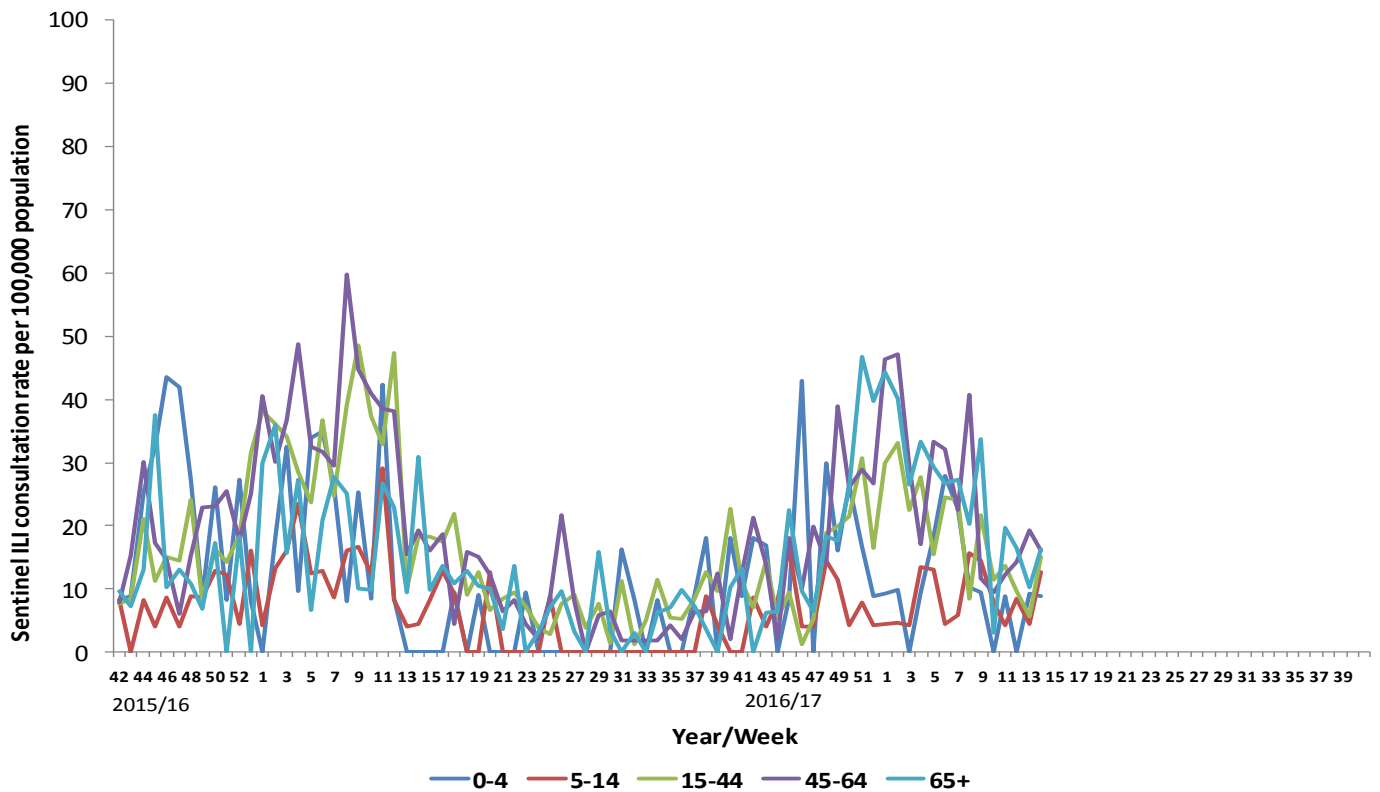
GP consultation rates have increased in week 14, 2017 to 14.9 per 100,000 population from 10.0 per 100,000 population in week 13. The GP consultation rate in week 14 is lower than the same period in 2015/16 (17.8 per 100,000 population) but lower than in 2014/15 (23.4 per 100,000 population).

Rates remain below the pre-epidemic Northern Ireland 2016/17 threshold of 47.9 per 100,000.

There has been a decrease in the number of influenza laboratory detections in week 14, with influenza B remaining the predominant strain in recent weeks (Figures 1, 2 and 3).

Further information about laboratory detections of influenza is detailed on page 9.

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



Comment

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

In week 14, 2017 the highest age-specific rate was noted jointly among those aged 45-64 years and 65 years and over (16.2 per 100,000 population), with the lowest rate represented by those aged 0-4 years (8.9 per 100,000 population).

Age-specific consultation rates in week 14 are generally higher among the youngest age groups but lower in all other age groups than the same time period in both 2015/16 and 2014/15 (Figure 4).

Out-of-Hours (OOH) Centres Call Data

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

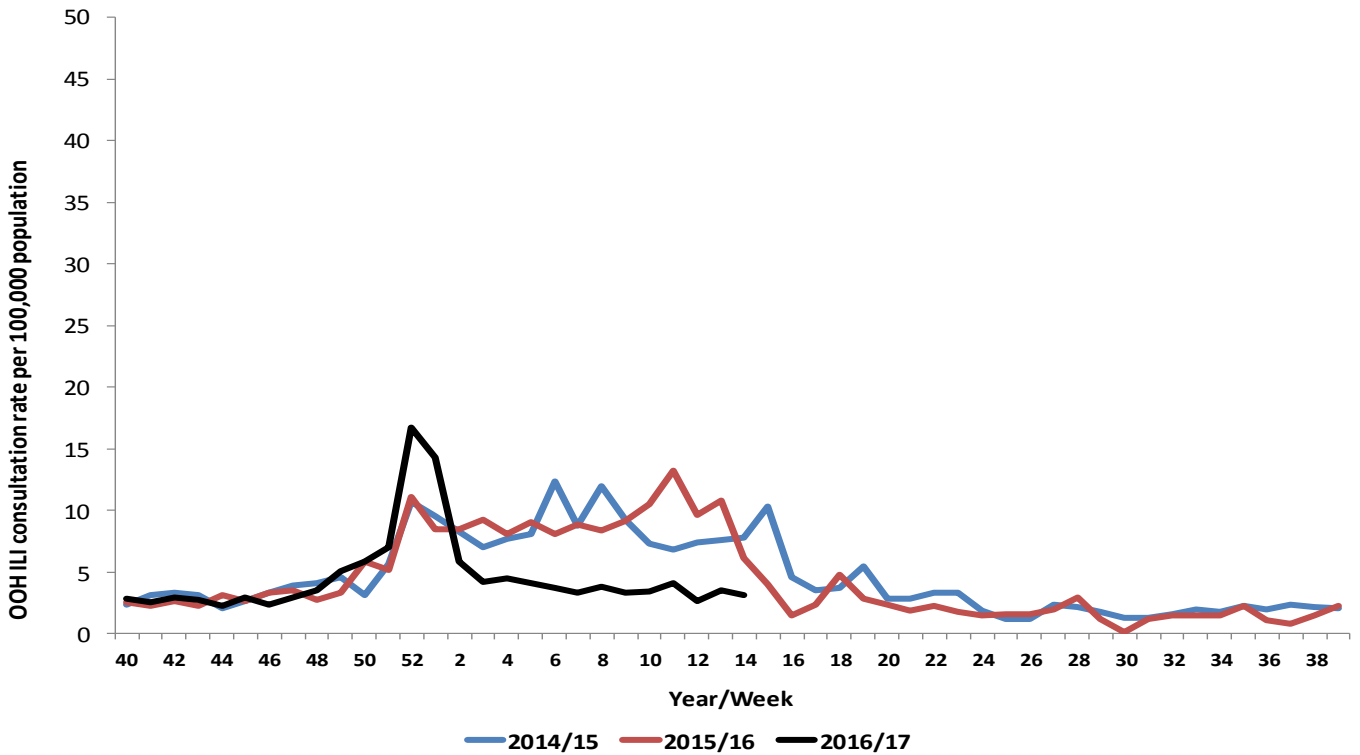
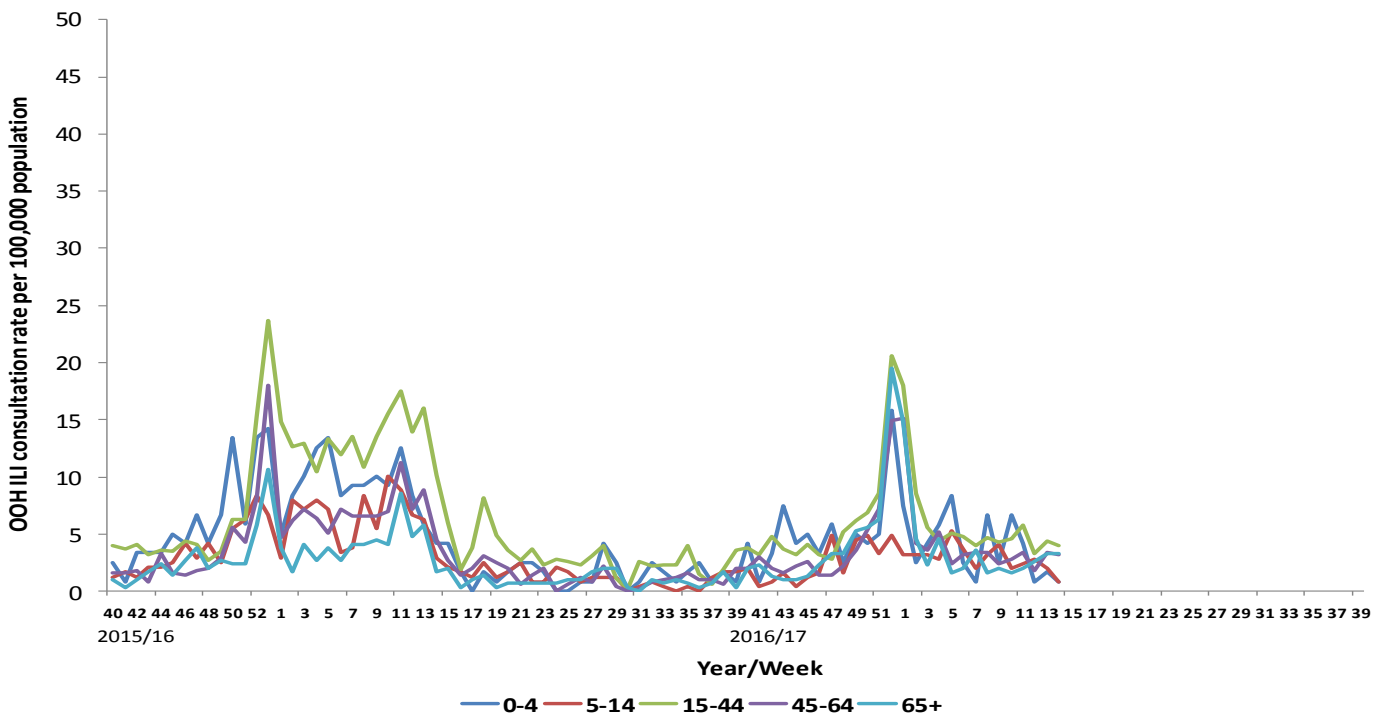


Figure 6. OOH Call rates of flu/FLI by age-group from week 40, 2015



Comment

During week 14, 2017 the OOH GP consultation rate remained relatively stable at 3.1 per 100,000 population from 3.5 per 100,000 population in week 13. The OOH GP consultation rate in week 14 is lower than the same period in both 2015/16 (6.2 per 100,000 population) and 2014/15 (7.8 per 100,000 population) (Figure 5).

The proportion of calls related to flu has also decreased and still represents less than 1% of total calls to the OOH service in week 14, 2017.

During week 14, OOH flu/FLI rates have slightly decreased among almost all age groups. The highest age-specific OOH flu/FLI rate in week 14 was again noted among the 15-44 years age group (4.0 per 100,000 population) while those aged 0-4 and 5-14 years jointly represented the lowest rate (0.8 per 100,000 population) (Figure 6).

Age-specific rates in week 14 are lower among almost all age groups than those noted during the same period in 2015/16 and all age groups in 2014/15.

Virology Data

Table 1. Virus activity in Northern Ireland by source, Week 14, 2016/17

Source	Specimens Tested	Flu AH3	Flu A(H1N1) 2009	A (untyped)	Flu B	RSV	Total influenza Positive	% Influenza Positive
Sentinel	9	0	0	0	6	0	6	67%
Non-sentinel	204	4	0	0	10	3	14	7%
Total	213	4	0	0	16	3	20	9%

Table 2. Cumulative virus activity from all sources by age group, Week 40 - 14, 2016/17

	Flu AH3	Flu A(H1N1) 2009	A (untyped)	Flu B	Total Influenza	RSV
0-4	20	0	6	2	28	456
5-14	12	0	3	2	17	16
15-64	236	1	57	34	328	99
65+	280	1	75	43	399	141
Unknown	0	0	0	0	0	0
All ages	548	2	141	81	772	712

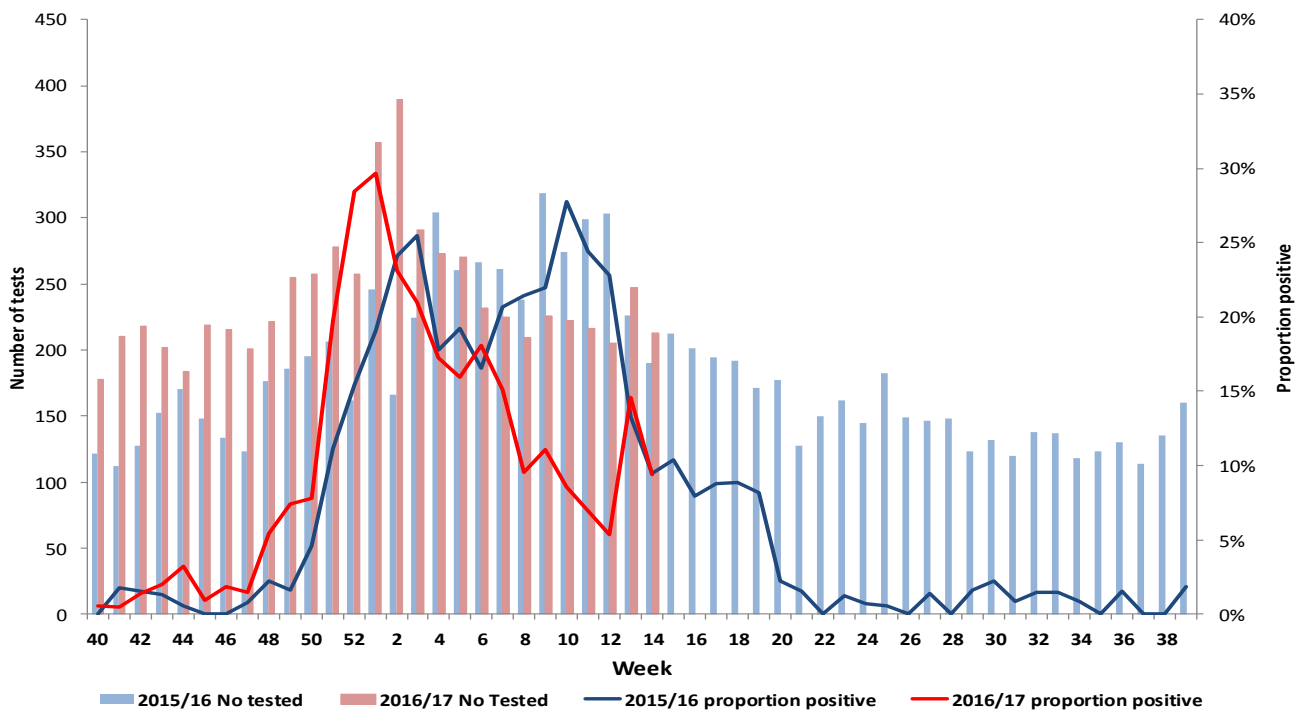
Table 3. Cumulative virus activity by age group and source, Week 40 - Week 14, 2016/17

	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	20	0	6	2	28	455
5-14	4	0	0	0	4	0	8	0	3	2	13	16
15-64	29	1	5	7	42	8	207	0	52	27	286	91
65+	5	1	2	4	12	3	275	0	73	39	387	138
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
All ages	38	2	7	11	58	12	510	0	134	70	714	700

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

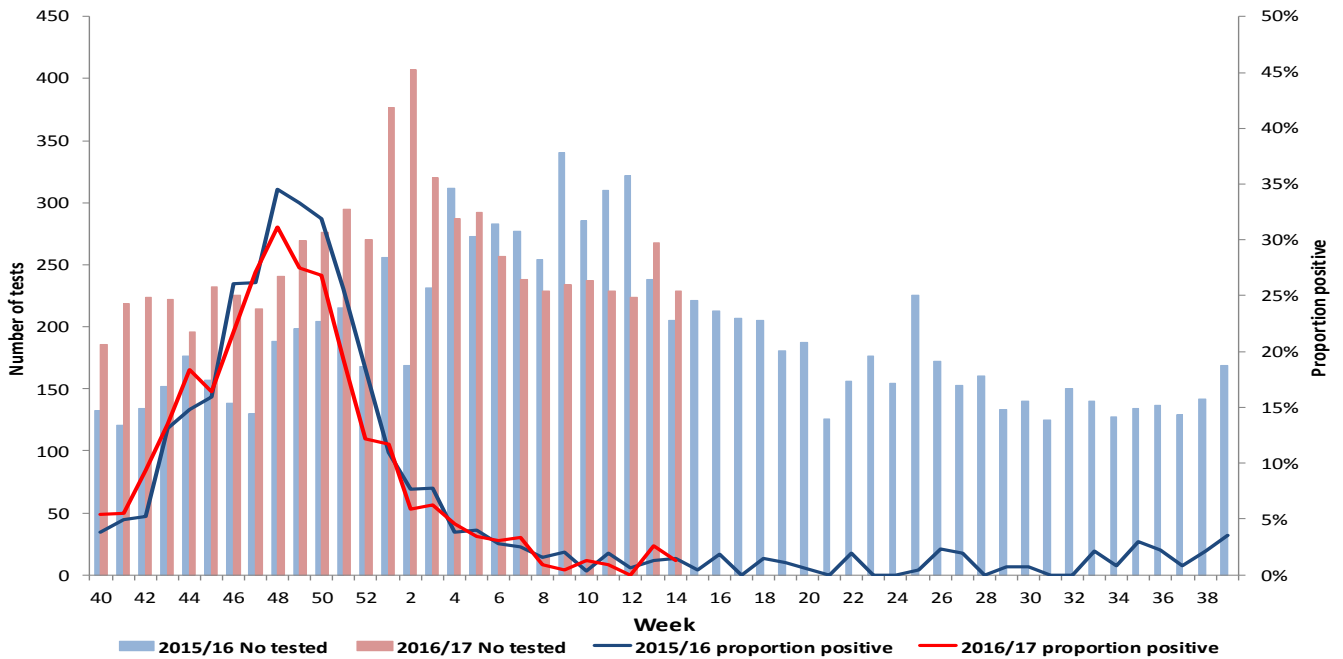
During week 14, 2017 there were 213 specimens submitted for virological testing. There were 20 detections of influenza in total (positivity rate of 9%) (Figure 7). There was 16 detections of influenza B and 4 detections of influenza A(H3). There were no detections of influenza A(H1N1)pdm09 or influenza A (typing awaited).

There were six samples positive for influenza submitted through the GP based sentinel scheme across Northern Ireland, all typed as influenza B.

This season to date there have been a total of 772 detections of influenza, of which 548 have been typed as influenza A(H3). There have been 81 detections of influenza B, 141 of influenza A (typing awaited), and 2 detections of influenza A(H1N1)pdm09 (Tables 1, 2, 3; Figures 2 and 3).

Respiratory Syncytial Virus

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

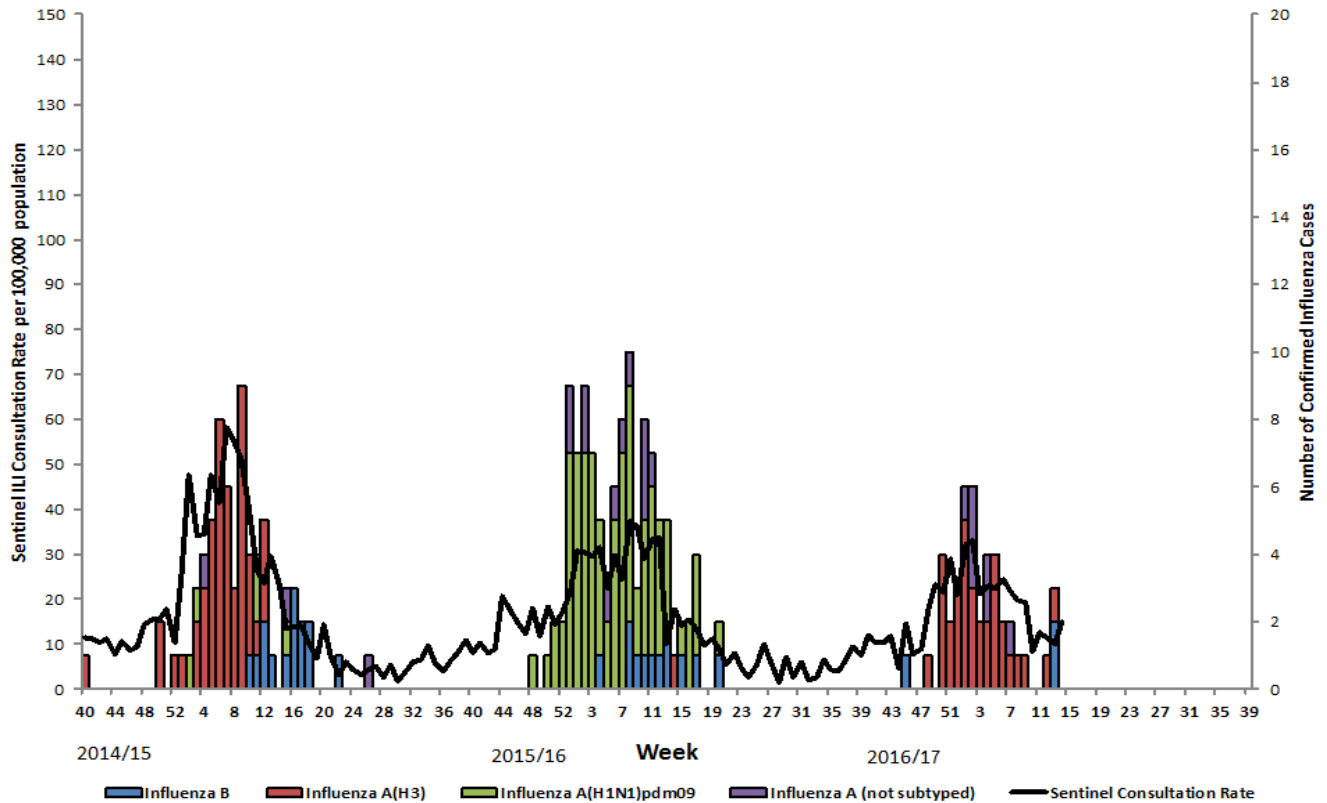


Comment

During week 14, 2017 there were 3 positive detections of RSV, giving a positivity rate of 1%, similar to the same period in 2015/16 (1%). To date there have been a total of 712 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 14, no confirmed cases of influenza in ICU were reported to the PHA. There were also no deaths reported in ICU patients with laboratory confirmed influenza.

There have been 43 confirmed cases of influenza in ICU reported this season to date, of which 32 have been typed as influenza A (H3), eight as influenza A (typing awaited) and three influenza B. There have been eight deaths reported in confirmed cases of influenza in ICU this season to date.

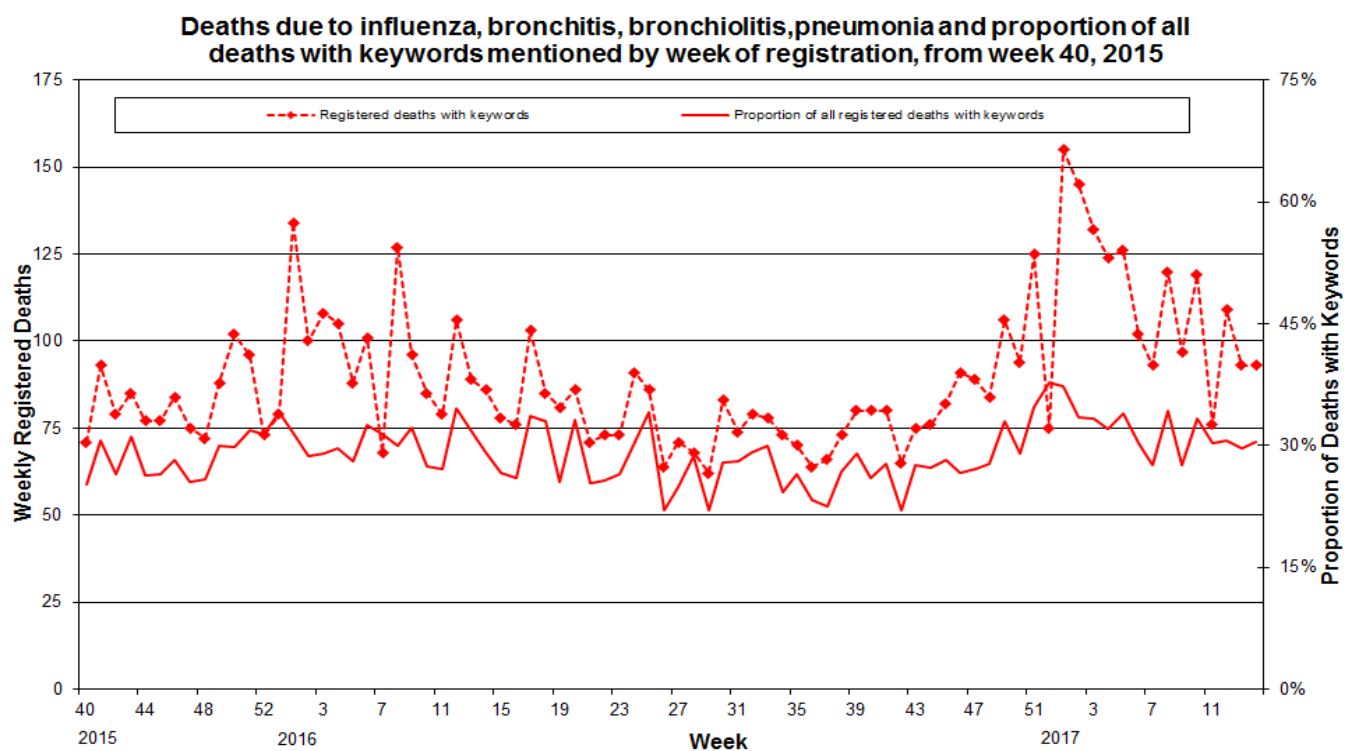
Outbreak Surveillance

During week 14, 2017 there was one confirmed influenza outbreak reported to the PHA, typed as influenza B. There have been a total of 13 confirmed influenza outbreaks reported this season to date, of which eight have been confirmed as influenza A(H3), three as influenza A (typing awaited) and two as influenza B.

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 14, 2017 the proportion of deaths related to respiratory keywords has remained stable at 30% from week 13. In week 14 there were 306 registered deaths, of which 93 related to specific respiratory infections (Figure 10).

The proportion of deaths attributed to specific respiratory infections is slightly higher at this point in the season than during the same period in both 2015/16 (29%) and 2014/15 (29%).

EuroMOMO

No significant excess all-cause mortality was reported for week 14 in Northern Ireland. During the 2016-17 influenza season, excess all-cause mortality has been reported in seven weeks (weeks 50, 51, 1, 2, 3, 7 and 8).

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

Influenza Vaccine Uptake

To 31st January 2017, provisional data suggested that vaccine uptake for those aged 65 years and over was 71.7%, higher than the same period in the 2015/16 (66.5%); while 55.9% of those under 65 and in an at risk group had received the vaccine, higher than in 2015/16 when 53.2% 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 31st January 2017, provisional data suggested that vaccine uptake among 2-4 year old children was 52.0%, higher than in 2015/16 when 45.9% had received the vaccine during the same period. Provisional data suggests uptake among children in primary school was 78.2%, also higher than in 2015/16 when 76.5% had received the vaccine during the same period.

International Summary

Europe

Week 13, 2017

- Influenza activity across the region continued to decrease with all countries reporting low intensity of influenza activity.
- The number of influenza virus detections further decreased, and the proportion of influenza virus detections (16%) among sentinel surveillance specimens was lower compared to the previous week.
- This was the third week during the season that the proportion of type B viruses exceeded the proportion of type A viruses in sentinel detections. However, the overall number of type B virus detections remained low.

Season Overview:

- Influenza activity started early this season, in week 46/2016, which is the earliest week of the overall influenza virus-positivity rate in sentinel specimens reaching 10% since the emergence of A(H1N1)pdm09 viruses in 2009/10
- Since week 40/2016, influenza A viruses have predominated, accounting for 91% of all sentinel detections; the great majority (99%) of subtyped influenza A viruses from sentinel sites were A(H3N2).
- Confirmed cases of influenza virus type A infection reported from hospitals have predominantly been in adults aged 65 years or older. Significant excess mortality from all causes has been observed in people aged 15–64 years and markedly so in people aged 65 years or older in the majority of the 19 reporting countries or regions. This is commonly seen when the predominant viruses circulating are A(H3N2).

- Significant excess mortality from all causes has been observed in people aged 15–64 years and markedly so in people aged 65 years or older in the majority of the 19 reporting countries or regions
- Two-thirds of the A(H3N2) viruses genetically characterized belong to subclade (3C.2a1), which is antigenically similar to the clade 3C.2a vaccine virus, as described in the [WHO recommendations for vaccine composition for the northern hemisphere 2017–18](#). See also [WHO CC report](#)
- Vaccine effectiveness estimates for all age groups against A(H3N2) illness suggest moderate effectiveness in [Canada](#) (42%), the [US](#) (43%) and [Europe](#) (38%) are consistent with early season estimates from [Finland](#) and [Sweden](#) for persons aged 65 years and older
- Given the suboptimal vaccination coverage and the moderate effectiveness of influenza vaccines, rapid use of neuraminidase inhibitors (NAIs) for laboratory-confirmed or probable cases of influenza virus-infection should be considered for vaccinated and non-vaccinated patients, especially if they are at risk of developing complications.
- Of the viruses tested so far, only one A(H3N2) virus (<1%) has shown reduced susceptibility to oseltamivir this season.
- The developments during the season have followed the conclusions of the ECDC [risk assessment](#) on seasonal influenza, [updated](#) on 25 January 2017, suggesting increased severe outcomes in the elderly due to the prevalence of A(H3N2) viruses, which has put health care systems under pressure.

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

Worldwide (WHO) and CDC

As at 3rd April 2017:

Influenza activity in the temperate zone of the northern hemisphere continued to decrease. Worldwide, influenza A(H3N2) and influenza B viruses were predominant during this reporting period. In South Asia, influenza activity with mainly influenza A(H1N1) remained elevated.

- In North America, overall influenza activity continued to decrease in Canada and United States of America, with influenza A(H3N2) virus predominating. In Mexico, influenza activity decreased slightly, but remained high, with influenza A(H1N1)pdm09 virus predominating.
- In Europe, influenza activity continued to decrease to low levels in general, but especially in South Western Europe. In Northern Europe, some countries reported continued influenza activity, with influenza A (H3N2) and influenza B viruses. In some countries in Eastern Europe, influenza activity decreased but the proportion of influenza B virus detections increased in recent weeks.
- In East Asia, low influenza activity was reported with influenza A(H3N2) virus predominant in the region.
- In Western Asia, influenza activity continued to decrease with influenza B virus predominant in the region. In Armenia and Georgia, high levels of severe acute respiratory infection were reported in the recent weeks.
- In Southern Asia, influenza activity continued to be reported in India, Maldives and Sri Lanka, with mainly influenza A(H1N1)pdm09 virus reported followed by influenza B virus.
- In South East Asia, influenza activity remained low.
- In Northern Africa, low influenza activity was reported in Morocco and Tunisia, with influenza A(H3N2) and influenza B viruses circulating in the region.
- In East and West Africa, low influenza activity was reported in the recent weeks, with influenza A(H1N1)pdm09, influenza A(H3N2) and influenza B viruses co-circulating.

- In the Caribbean and Central America countries, influenza and other respiratory virus activity remained low in general.
- In tropical South America, influenza and other respiratory virus activity remained low, although RSV activity remained elevated in Colombia.
- 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 98 countries, areas or territories reported data to FluNet for the time period from 06 March 2017 to 19 March 2017 (data as of 2017-03-31 08:43:43 UTC). The WHO GISRS laboratories tested more than 132 143 specimens during that time period. 23560 were positive for influenza viruses, of which 15 164 (64.4%) were typed as influenza A and 8396 (35.6%) as influenza B. Of the sub-typed influenza A viruses, 755 (15.1%) were influenza A(H1N1)pdm09 and 4247 (84.9%) were influenza A(H3N2). Of the characterized B viruses, 588 (77%) belonged to the B-Yamagata lineage and 176 (23%) 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, Apollo Medical, 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/statistics/weekly-national-flu-reports>

Scotland

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

Wales

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

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