

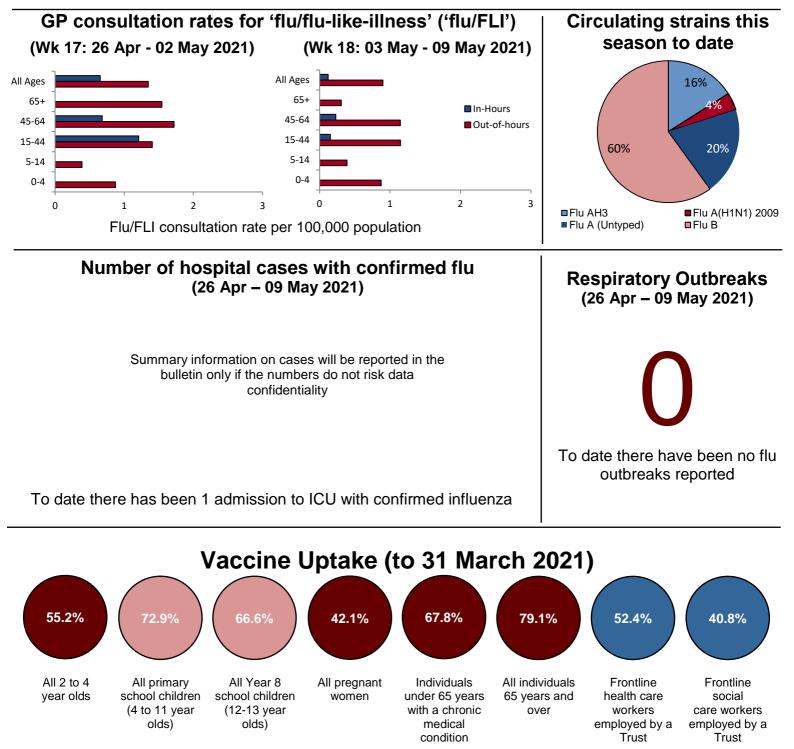


Influenza

Weekly Surveillance Bulletin

Weeks 17 - 18 (26 April 2021-09 May 2021)

Community Activity					F	lu li	nten	sity		E	Base	eline	;		Lov	V		Me	diu	m		Hi	gh		V	ery ⊦	ligh							
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Week	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
2020/21																																		
2019/20																																		



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

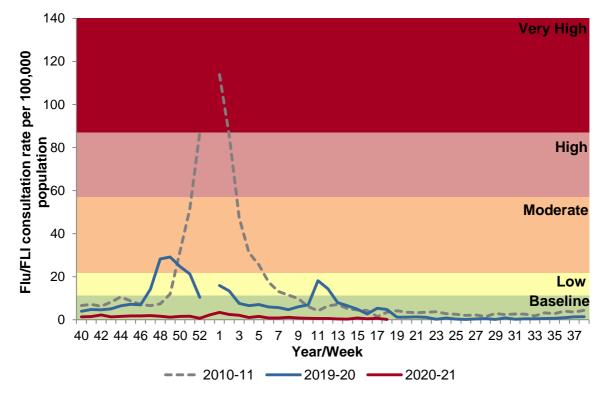


Figure 1. Northern Ireland GP consultation rates for 'flu/FLI' 2019/20 – 2020/21, 2010/11 for comparison*

The baseline MEM threshold for Northern Ireland is 11.3 per 100,000 population for 2020-21. 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 0.1 per 100,000 population in Week 17 and 0.7 per 100,000 population in Week 18, which is on average lower than the same time last year (0.4 vs 5.1 per 100,000). Activity remains below the baseline threshold for Northern Ireland (<11.3 per 100,000) (Figure 1).

Flu/FLI consultation rates were highest in 15-44 year olds in Week 17 (1.2 per 100,000) and highest in 15-44 and 45-64 year olds in Week 18 (0.2 per 100,000). Rates are lower in all age groups compared to the same time last year (Week 18, 2019-20).

Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.

* Please note that there was no epidemiological week 53 in the 2019-20 seasonal

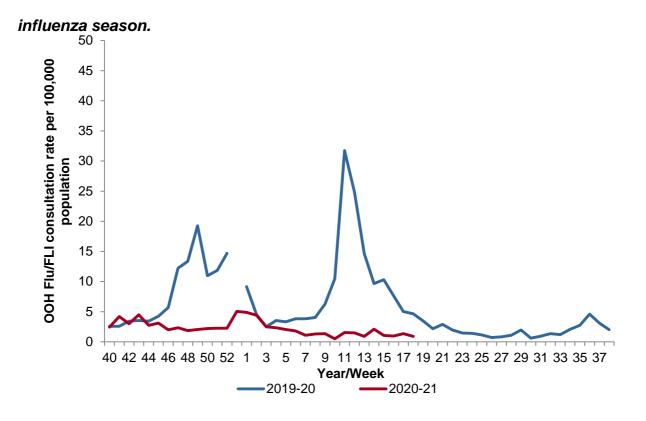


Figure 2. Northern Ireland Out of Hours (OOH) consultation rates for 'flu/FLI' 2019/20 – 2020/21*

Flu/FLI consultation rates in Primary Care Out-of-Hours (OOH) Centres were 1.3 per 100,000 population in Week 17 and 0.9 per 100,000 population in Week 18. This is lower than the same time last year (4.7 per 100,000 in Week 18, 2019-20) (Figure 2).

In Weeks 17 and 18 the percentage of calls to an OOH Centre due to flu/FLI was 0.2% and 0.1%, respectively. This is lower than the same period last year (1.0% in Week 18, 2019-20).

Rates were highest in those aged 45-64 years in Week 17 (1.7 per 100,000 population) and highest in 15-44 and 45-64 year olds in Week 18 (1.1 per 100,000 population). In comparison to Week 18, 2019-20, consultation rates were lower or unchanged in all age groups.

Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic. Virology

* Please note that there was no epidemiological week 53 in the 2019-20 seasonal influenza season.

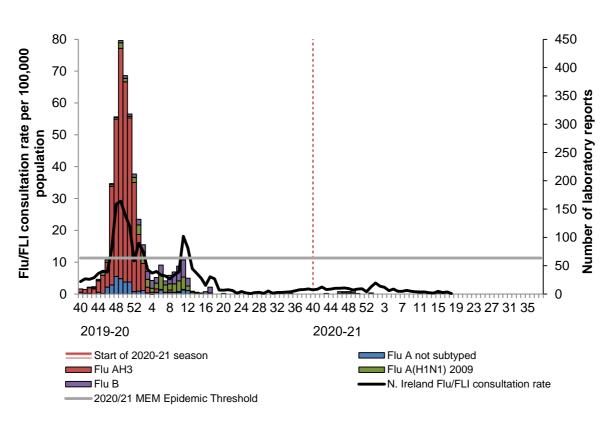


Figure 3. Weekly number of flu laboratory reports from week 40, 2019 with weekly GP consultation rates for 'flu/FLI'

Table 1. Virus activity in Northern Ireland by source, Weeks 17-18, 2020-21									
Source	Specimens tested	Flu AH3	Flu A(H1N1) 2009)	Flu A (Untyped)	Flu B	RSV	Total Influenza Positive	% Influenza Positive	
Sentinel	12	0	0	0	0	0	0	0%	
Non-sentinel	7267	0	0	0	0	0	0	0%	
Total	7279	0	0	0	0	0	0	0%	

Table 2. Cumula	Table 2. Cumulative virus activity from all sources by age group, Week 40 - 18, 2020-21										
Age Group	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV					
0-4	0	0	1	4	5	0					
5-14	4	1	1	8	14	0					
15-64	0	0	1	2	3	0					
65+	0	0	2	1	3	0					
Unknown	0	0	0	0	0	0					
All ages	4	1	5	15	25	0					

Table 3. C	Table 3. Cumulative virus activity by age group and source, Week 40 - 18, 2020-21													
	Sentinel							Non-sentinel						
Age Group	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	0	0	0	0	0	0	0	0	1	4	5	0		
5-14	0	0	0	0	0	0	4	1	1	8	14	0		
15-64	0	0	0	0	0	0	0	0	1	2	3	0		
65+	0	0	0	0	0	0	0	0	2	1	3	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
All ages	0	0	0	0	0	0	4	1	5	15	25	0		

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

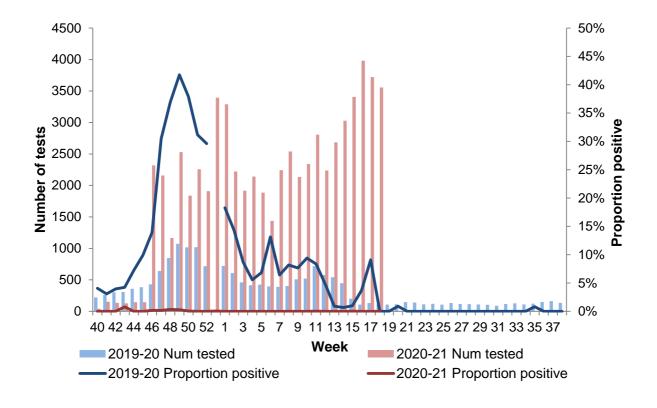


Figure 4. Number of samples tested for influenza and proportion positive, 2019/20 – 2020/21, all sources*

Comment

In Weeks 17 and 18, no samples were positive for flu from 7279 submitted for testing in laboratories across Northern Ireland. Positivity for Weeks 17 and 18 combined (0%) is lower than this time last year (5%).

The GP based sentinel programme is being redeveloped due to the impact of the COVID-19 pandemic. Therefore, preliminary sentinel testing needs to be interpreted with caution (Figures 3 and 4; Tables 1, 2 and 3)).

Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.

*Please note that a new testing platform at the regional Virology Laboratory includes both flu and COVID-19 from Week 46, therefore an increase in flu testing should be expected. Please note that there was no epidemiological week 53 in the 2019-20 seasonal influenza season.



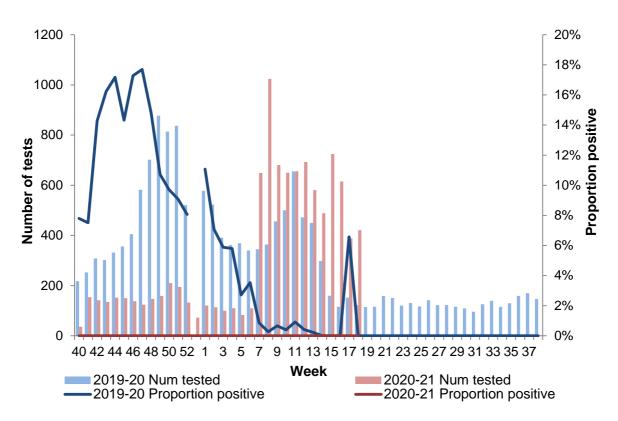


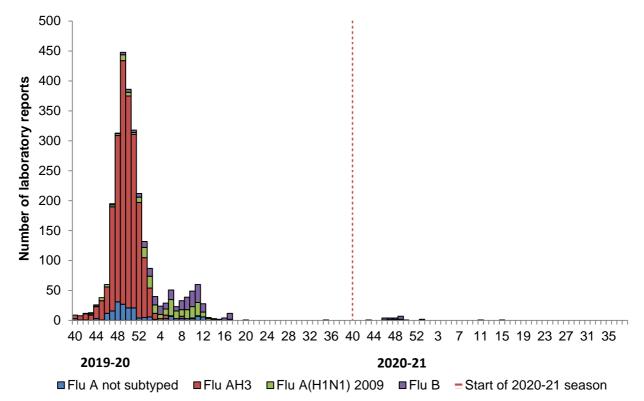
Figure 5. Number of samples tested for RSV and proportion positive, 2019/20 – 2020/21, all sources*

Comment

In Weeks 17 and 18, no samples were positive for RSV, with positivity in Week 18 (0%) unchanged from the same time last season (0%). (Table 2 and Figure 5).

Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.

* Please note that there was no epidemiological week 53 in the 2019-20 seasonal influenza season.



Hospital Surveillance (Non-ICU/HDU)

Figure 6. Weekly number of hospitalisations testing positive for influenza by week of specimen, 2019/20 – 2020/21*

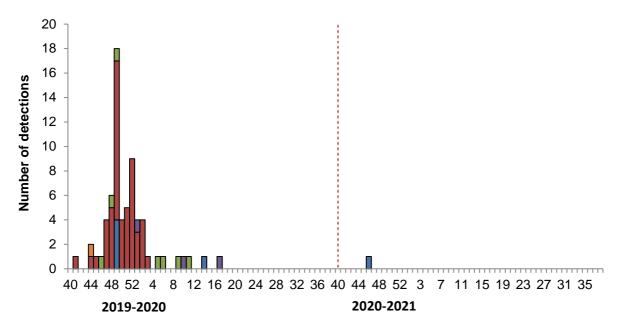
Comment

In Weeks 17 and 18, no hospitalisations tested positive for flu. This is a decrease compared to the same time last year (Figure 6).

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

Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.

ICU/HDU Surveillance



■ Flu A not subtyped ■ Flu AH3 ■ Flu A(H1N1) 2009 ■ Flu B ■ Flu A&B = Start of 2020-21 season

Figure 7. Confirmed ICU/HDU influenza cases by week of specimen, 2019/20 – 2020/21*

Comment

Data are collected on laboratory confirmed influenza patients and deaths in critical care (level 2 and level 3). There were no new admissions to ICU with confirmed influenza reported to the Public Health Agency (PHA) in Weeks 17 and 18. To date this season there has been one admission to ICU with confirmed influenza reported to the PHA (week 46) (Figure 7).

Summary information on cases will be reported in the bulletin only if the numbers do not risk data confidentiality.

Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.

Outbreaks

Comment

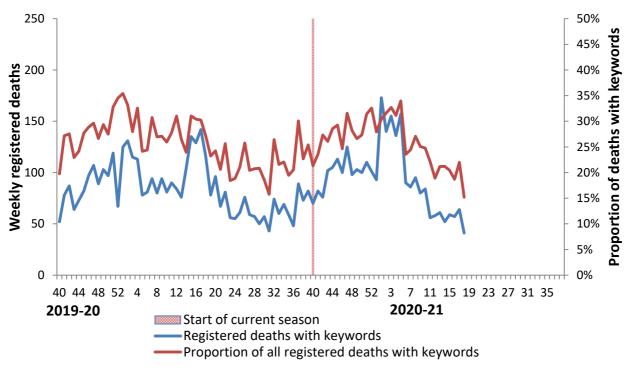
During Weeks 17 and 18 there were no confirmed influenza outbreaks reported to the PHA Health Protection acute response duty room.

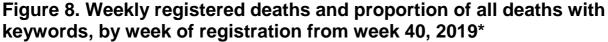
Mortality

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.





Comment

In Week 18, 41 respiratory associated deaths out of 270 all-cause deaths were reported (15%). The number of respiratory associated deaths and the number of total deaths are lower than the same period in 2019/20 (Figure 8).

EuroMOMO

There was no excess all-cause mortality reported in Northern Ireland in Weeks 17 and 18. Excess all-cause mortality was reported for one week in Northern Ireland to date this season (week 2). 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

The 2020-21 seasonal flu vaccine programme officially commenced on 1st October 2020.

Figures below represent the first figures collected up to 31st March and so only reflect six months or less of data depending on the eligible group.

Table 4. Influenza vaccine uptake rates (Public Programme), 2020-21 and 2019-20										
	Delivered by	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)							
All 2 to 4 year olds	GP	55.2%	48.5%							
All pregnant women	GP	42.1%	46.3%							
All Individuals under 65 years with a chronic medical condition	GP	67.8%	58.9%							
All individuals 65 years and over	GP	79.1%	74.8%							
% of all primary school children vaccinated to date	Trust School Nurse Service*	72.9%	72.1%							
% of all year 8 school children vaccinated to date	Trust School Nurse Service	66.6%	n/a							

* This figure includes nasal and injected vaccines delivered by the school, as well as a small number of nasal vaccines delivered by their GP

Table 5. Influenza vaccine uptake rates (Frontline), 2020-21 and 2019-20											
		ealth care workers by a Trust	% of all frontline social care workers employed by a Trust								
	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)	2020/21 (to 31 Mar)	2019/20 (to 31 Mar)							
Belfast HSCT*	50.0%	43.4%	41.8%	24.4%							
South Eastern HSCT	59.1%	43.6%	48.5%	22.9%							
Northern HSCT**	54.8%	43.5%	40.1%	27.9%							
Southern HSCT***	50.9%	39.6%	36.4%	23.5%							
Western HSCT	46.2%	29.1%	38.8%	12.1%							
NIAS****	77.3%	62.4%	n/a	n/a							
Northern Ireland	52.4%	41.2%	40.8%	22.8%							

*Belfast HSCT figures were reported up to 31st January 2021 **Northern HSCT figures were not reported for January or March 2021 ***Southern HSCT figures were reported up to 28th February 2021 ****NIAS figures were reported up to 31st December 2020

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

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. The author also acknowledges 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.

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