

Influenza

Weekly Surveillance Bulletin

Week 3 (18 January 2021—24 January 2021)

Community Activity

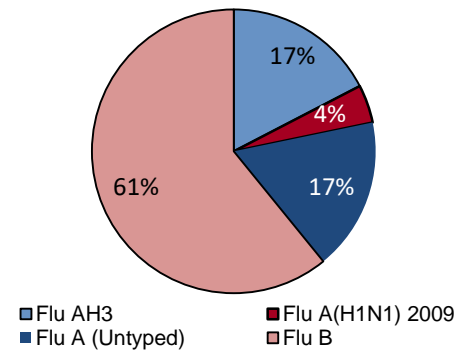
Flu Intensity:	Baseline	Low	Medium	High	Very High
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Week	October					November				December					January					February				March			April			May				
	40	41	42	43	44	45	46	47	48	49	50	51	52	53	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
2020/21																																		
2019/20																																		

GP consultation rates for 'flu/flu-like-illness' ('flu/FLI') (Wk 3: 18 Jan — 24 Jan 2021)

The data from Apollo is currently not available

Circulating strains this season to date



Number of hospital cases with confirmed flu (18 Jan – 24 Jan 2021)

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

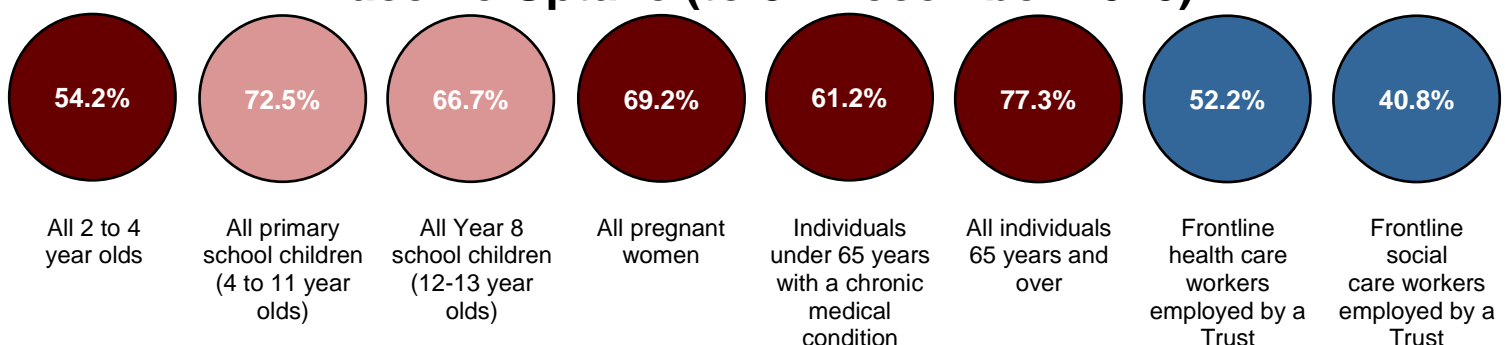
To date there has been 1 admission to ICU with confirmed influenza

Respiratory Outbreaks (18 Jan – 24 Jan 2021)

0

To date there have been no flu outbreaks reported

Vaccine Uptake (to 31 December 2020)



Virology

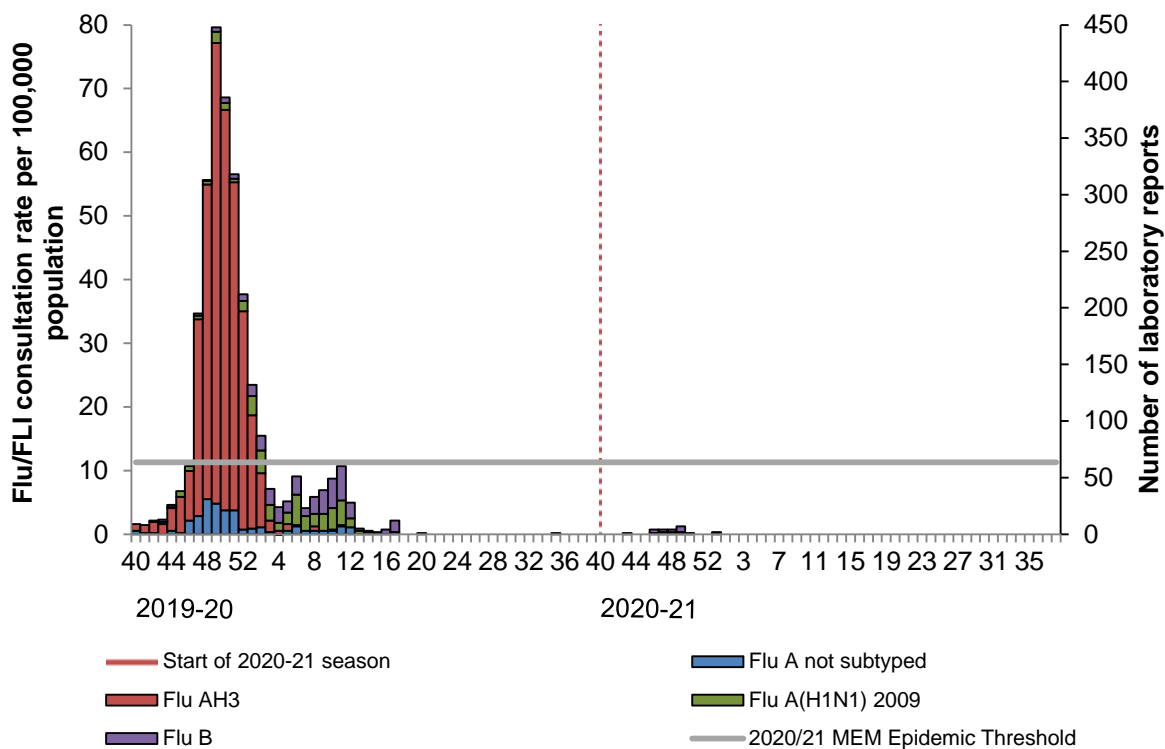


Figure 1. Weekly number of flu laboratory reports from week 40, 2019

Table 1. Virus activity in Northern Ireland by source, Week 3, 2020-21

Source	Specimens tested	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	RSV	Total Influenza Positive	% Influenza Positive
Sentinel	3	0	0	0	0	0	0	0%
Non-sentinel	1827	0	0	0	0	0	0	0%
Total	1830	0	0	0	0	0	0	0%

Table 2. Cumulative virus activity from all sources by age group, Week 40 - 3, 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	1	2	0
65+	0	0	1	1	2	0
Unknown	0	0	0	0	0	0
All ages	4	1	4	14	23	0

Table 3. Cumulative virus activity by age group and source, Week 40 - 3, 2020-21

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	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	1	2	0
65+	0	0	0	0	0	0	0	0	1	1	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
All ages	0	0	0	0	0	0	4	1	4	14	23	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.

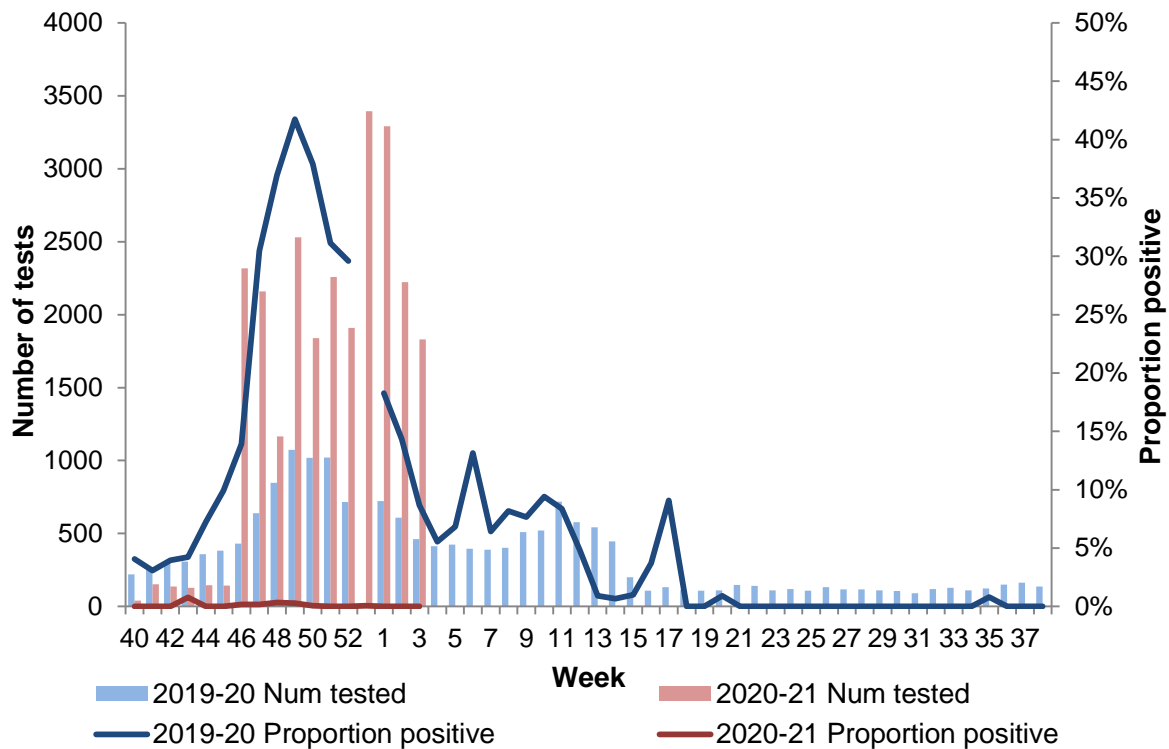


Figure 2. Number of samples tested for influenza and proportion positive, 2019/20 – 2020/21, all sources*

Comment

In week 3, no samples were positive for flu from 1830 submitted for testing in laboratories across Northern Ireland. Positivity for week 3 (0%) is lower than this time last year (9%).

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 1 and 2; 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.**

Respiratory Syncytial Virus (RSV)

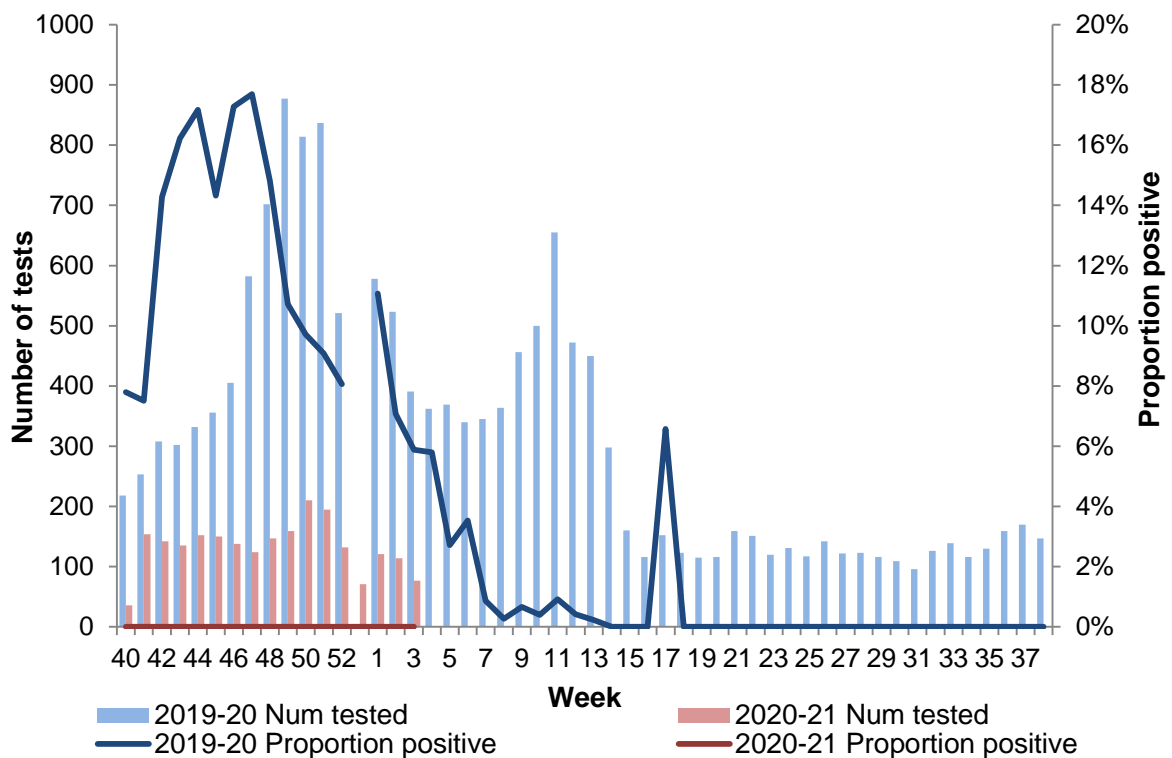


Figure 3. Number of samples tested for RSV and proportion positive, 2019/20 – 2020/21, all sources*

Comment

In week 3, no samples were positive for RSV, with positivity in week 3 (0%) lower than the same time last season (6%). (Table 2 and Figure 3).

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)

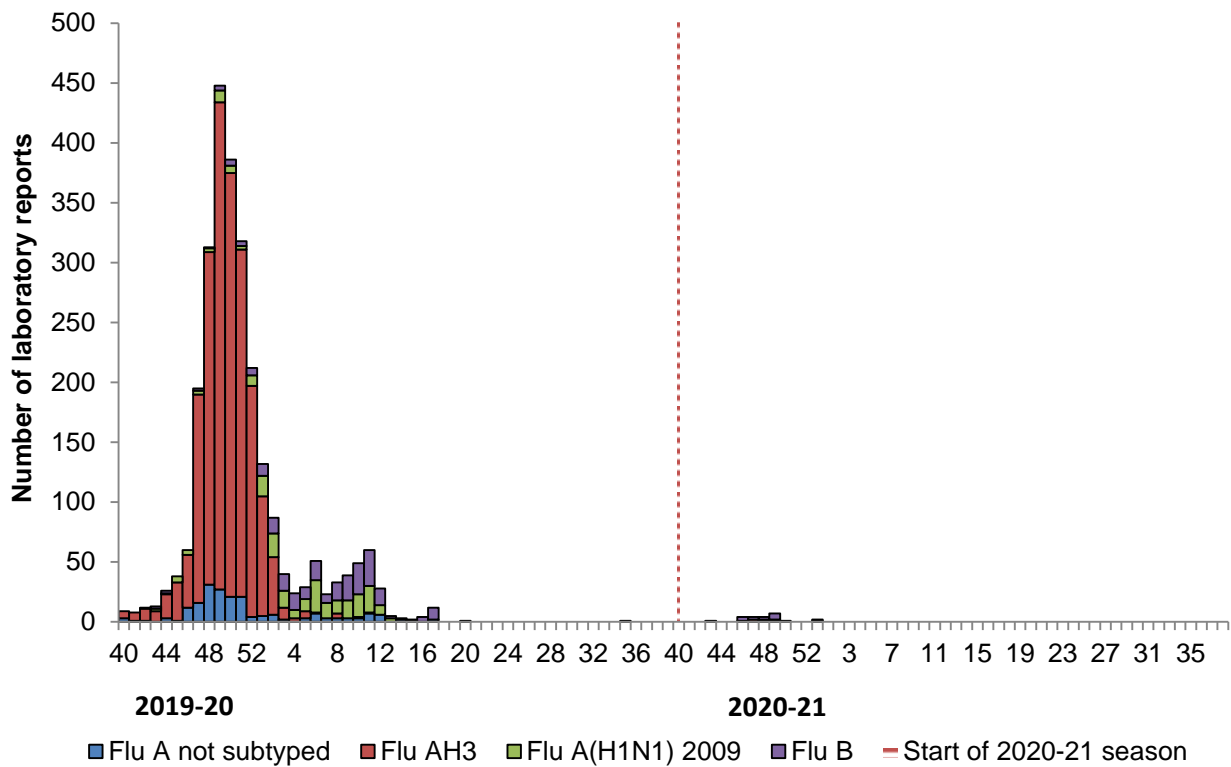


Figure 4. Weekly number of hospitalisations testing positive for influenza by week of specimen, 2019/20 – 2020/21

Comment

In week 3, no hospitalisations tested positive for flu. This is a decrease compared to the same time last year (Figure 4).

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

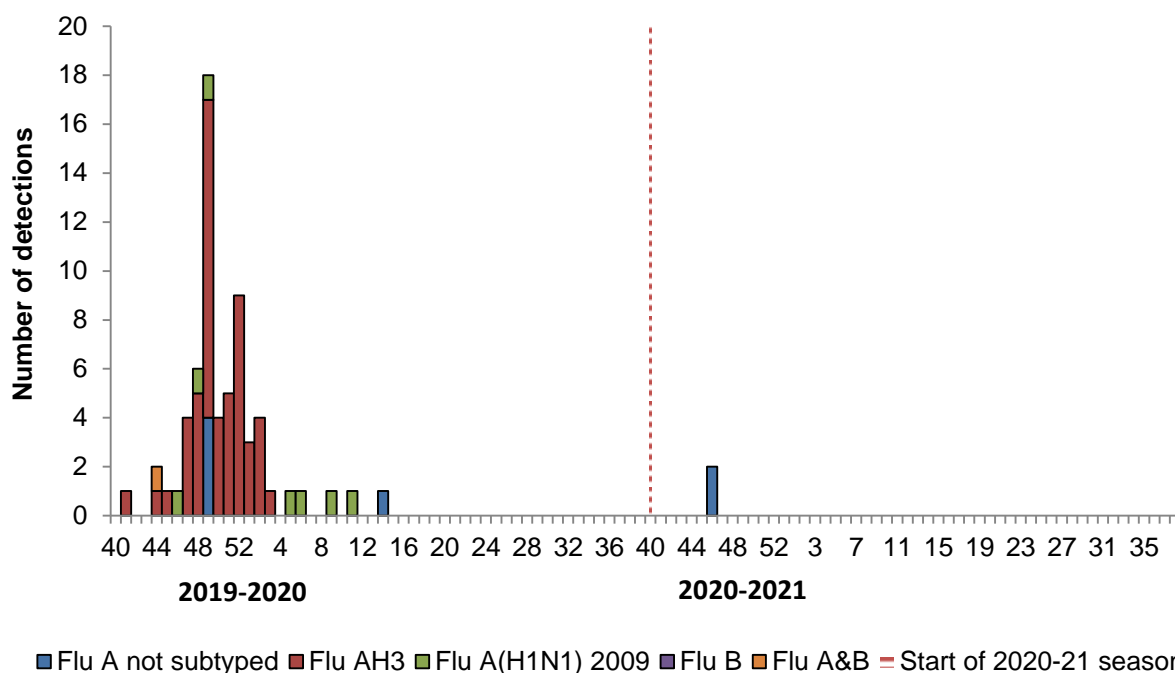


Figure 5. Confirmed ICU/HDU influenza cases by week of specimen, 2019/20 – 2020/21

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 week 3. To date this season there has been one admission to ICU with confirmed influenza reported to the PHA (week 46) (Figure 5).

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 week 3 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.

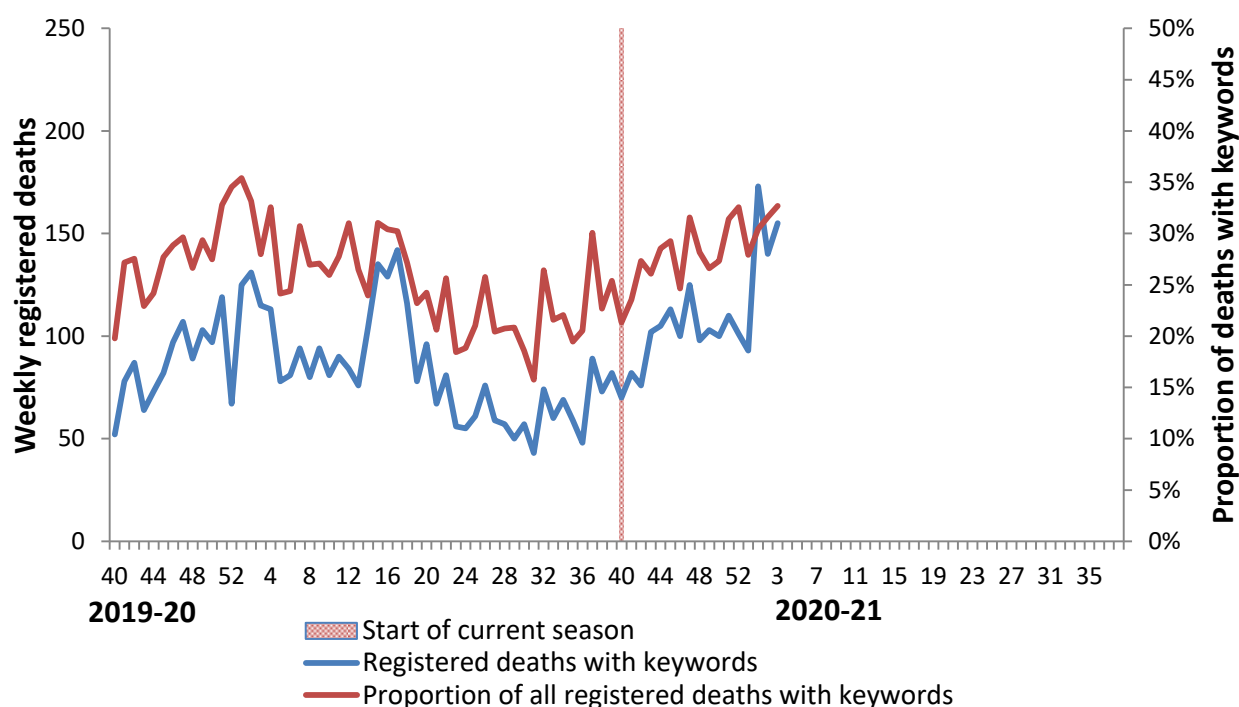


Figure 6. Weekly registered deaths and proportion of all deaths with keywords, by week of registration from week 40, 2019

Comment

In week 3, 155 respiratory associated deaths out of 474 all-cause deaths were reported (33%). Whilst total deaths and deaths with respiratory keywords have both increased, the proportion of all deaths is broadly the same as the same period in 2019/20 (Figure 6).

EuroMOMO

There was no excess all-cause mortality reported in Northern Ireland in week 3. Excess all-cause mortality was reported for two weeks in Northern Ireland to date this season (week 2 and week 45). This excess mortality was 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 December and so only reflect three months or less of data depending on the eligible group.

	Delivered by	2020/21 (to 31 Dec)	2019/20 (to 31 Dec)
All 2 to 4 year olds	GP	54.2%	37.2%
All pregnant women	GP	69.2%	44.9%
All Individuals under 65 years with a chronic medical condition	GP	61.2%	52.0%
All individuals 65 years and over	GP	77.3%	67.3%
% of all primary school children vaccinated to date	Trust School Nurse Service*	72.5%	59.9%
% of all year 8 school children vaccinated to date	Trust School Nurse Service	66.7%	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

	% of all frontline health care workers employed by a Trust		% of all frontline social care workers employed by a Trust	
	2020/21 (to 31 Dec)	2019/20 (to 31 Dec)	2020/21 (to 31 Dec)	2019/20 (to 31 Dec)
Belfast HSCT	49.4%	43.3%	41.8%	24.4%
South Eastern HSCT	59.1%	43.0%	48.5%	22.1%
Northern HSCT	54.7%	42.6%	40.1%	27.1%
Southern HSCT	50.8%	38.7%	36.3%	21.5%
Western HSCT	46.2%	28.2%	38.8%	10.6%
NIAS	77.3%	60.1%	n/a	n/a
Northern Ireland	52.2%	40.6%	40.8%	21.8%

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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