



# HPS Monthly National Influenza Report

## Summary of surveillance of influenza and other seasonal respiratory illnesses

Week ending 10 September 2017 – week 36

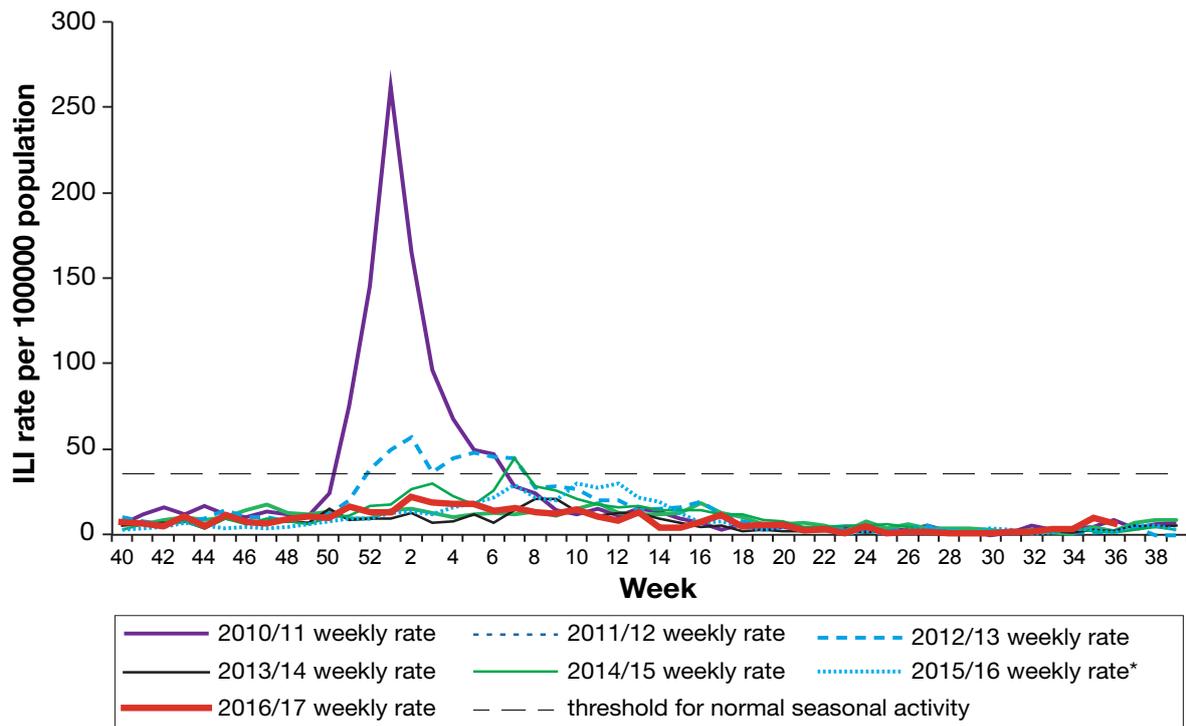
### 1 Summary

- The period of intensive Influenza surveillance for 2016/17 has ended. This is the last of our monthly bulletin reports over the summer period. It provides an update on influenza and other viral respiratory pathogen activity for the previous four weeks ending 10 September 2017. Over the summer (weeks 21-39) an influenza update report will be published every four weeks unless influenza (or other viral respiratory pathogen) activity increases significantly.
- In Scotland, clinical influenza activity in primary care and secondary care is stable and remains low. Virological activity for influenza remains low as would be expected this time of year. Influenza B is no longer the dominant strain and swab positivity for any flu type is low.
- The levels of coronavirus and parainfluenza reported through the non-sentinel sources (ECOSS) were slightly higher than seasonal expectations for at least one of the four previous weeks. All other respiratory pathogens were within the expected seasonal levels.

### 2 Community Surveillance – GP consultation rates and NHS 24 calls

- The GP consultation rate for influenza-like illness (ILI) and the threshold for normal seasonal activity have been calculated using a method this season which the European Centre for Disease Prevention and Control (ECDC) is recommending should be used across the EU. Please refer to the technical document for further information.
- In week 33 and 34, the GP consultation rate for ILI was low and stable at 1.4 and 2.5 per 100000 population, respectively. ILI consultation rates increased in week 35 to 10.9 and decreased to 7.2 per 100000 population in week 36. The GP consultation rate for ILI remained well below the threshold for normal seasonal activity (36.1 per 100000 population).
- GP consultation rates for ILI are estimated based on weekly data submissions by 99% of all Scottish GP's.
- The proportion of cold/flu calls to NHS 24 was stable and remained at lower levels than expected for this time of the year for Scotland overall. Some exceedances in respiratory complaints were observed at the health board level.

**Figure 1:** GP consultation rates for ILI in Scotland; weekly rates per 100000 population, week 40 2016 to week 20 2017, compared to last 6 seasons.



### 3 Severe Illness Surveillance

- Reports of severe influenza illness requiring intensive care management are reported in the influenza season only (weeks 40 2016 to week 20 2017). We will report on any severe influenza illness occurring over the summer period on an exception basis.
- No new confirmed influenza cases with severe infection requiring intensive care management (ICU cases) were reported to HPS within the last four weeks.

### 4 Virological Surveillance (non-sentinel)

- Over the last four weeks, virological influenza activity reported through non-sentinel sources (ECOSS) increased slightly but swab positivity for influenza was low for all weeks.
- For laboratory reports through ECOSS, from week 33 to week 36 2017, 42 influenza infections were detected (21 influenza A(H3), four influenza A(H1N1), ten influenza A(not subtyped) and seven influenza B). The ECOSS swab positivity<sup>1</sup> for any type of influenza for this period increased from 1% in week 33 to 2% in week 36. The swab positivity for both weeks 34 and 35 was 1.2%.

1 Percentage positive is derived from data from the Glasgow, Edinburgh, Inverness and Aberdeen laboratories, for which denominator data is available.

2 The rhinovirus PCR used by the majority Scottish labs also detects enterovirus. However, only a very small proportion of respiratory samples detected to be positive by this PCR are likely to be attributable to enterovirus.

- Over the past four weeks, the levels of seasonal non-influenza respiratory pathogens; respiratory syncytial virus (RSV), rhinovirus<sup>2</sup>, adenovirus, *Mycoplasma pneumoniae* (MPN) and human metapneumovirus (hMPV), reported through the non-sentinel sources (ECOSS) were stable and within expected seasonal levels. The levels of coronavirus and parainfluenza were slightly higher than seasonal expectations in weeks 34 and parainfluenza levels were higher than seasonal levels in week 35.
- The sentinel swabbing scheme has now stopped but will recommence in week 40 2017. Therefore, no further information on laboratory detections through this scheme will be provided in the reports over the summer period.

## 5 Outbreaks

- Reports of closed setting outbreaks of acute respiratory infection are reported in the influenza season only (weeks 40 2016 to week 20 2017). We will report on any outbreaks over the summer period on an exception basis.
- No new closed setting outbreaks of acute respiratory infection were reported to HPS within the last four weeks (Figure 3).

## 6 Vaccine uptake

- The period for influenza vaccination for the 2016/17 season is now complete. Vaccine is not yet available for the 2017/18 season.
- Influenza vaccine uptake in those aged 65 years and over had now been verified by general practice claims for payment data. Based on this data, vaccine uptake was 73% compared to 72.8% based on the HPS estimated electronic extract.
- Influenza vaccine uptake for under 65 years at-risk could not be calculated as only a small number of practices provided denominator data.

## 7 Mortality

- Information on mortality from all causes is available from the General Registrar's Office for Scotland (now part of National Records of Scotland). Excess deaths relating to all causes of death during the winter months are often attributed in part to influenza. Excess mortality is defined as a significant number of deaths reported over that expected for a given point in the year, allowing for weekly variation in the number of deaths.
- The number of deaths for all other age groups was within the expected levels for the past four weeks. This should be interpreted with caution as data, especially for the last two weeks, are still provisional.
- Please note, that information on laboratory confirmed influenza cases with severe infection requiring intensive care management (including deaths), are reported in section 3.

## 8 International Situation

- For the most up to date information on respiratory viral activity across the UK please see the most recent [PHE report](#) (31 August 2017):
  - Indicators of influenza show low levels of activity. Provisional end of season vaccine effectiveness estimates for the 2016 to 2017 season have been published on [Gov.uk](#).
- For the most recent update across Europe please see the [Joint ECDC-WHO/Europe Weekly Influenza Update](#) (week 30-34/ 2017):
  - Influenza activity remained at out-of-season levels in most countries. All reporting countries continued to report low influenza intensity.
  - Influenza viruses were detected sporadically both in sentinel and non-sentinel specimens, with only influenza type A and B viruses detected.
- For the most recent global update please see the [WHO influenza update](#) (04 September 2017):
  - In the temperate zone of the southern hemisphere and in some countries of South and South East Asia, high levels of influenza activity continued to be reported. In Central America and the Caribbean influenza activity continued to be reported in a few countries. Influenza activity remained at low levels in the temperate zone of the northern hemisphere. Worldwide, influenza A(H3N2) viruses are predominating.

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