

HPS Weekly National Seasonal Respiratory Report

Week ending 18 November 2018 – week 46

1 Overall assessment

In week 46, influenza activity remains low in the community and in closed settings.

2 Summary

Indicator	Data	Comment	Change from previous week
Community Influenza Transmission	GP consultations	The ILI rate decreased and remained low and below the baseline threshold for normal seasonal activity (4.2 per 100,000 in week 46 compared to and 7.3 in week 45).	↔
	NHS24 calls	The proportion of NHS24 calls for respiratory infection symptoms increased slightly with 19.1% in week 46 compared to 18.0% in week 45. The proportion for week 46 is lower than the same week last season.	
	Primary care virology	No swab was positive for influenza in week 46 (0/4).	
Influenza in Closed Settings	Outbreaks	Two retrospective acute respiratory illness outbreaks were reported in week 46. Cumulative number of outbreaks since week 40 is three.	↔
	Secondary care virology (ECOSS)	The number of positive detections remained stable and swab positivity was 1.7% (14/815) in week 46. There were four influenza A(H1N1), three influenza A(H3N2), three influenza A(not subtyped) and four influenza B detections.	
	Severe Acute Respiratory Illness (SARI)	No cases of laboratory confirmed influenza requiring ICU management were reported in week 46.	
Influenza Associated Mortality	SARI mortality	No SARI deaths were reported in week 46.	↔
	Excess all-cause mortality	No statistically significant all cause mortality excess was observed in week 44 (For the 2018/19 season, HPS will only publish information on all-cause mortality two weeks after the week of the occurrence of the deaths to allow for reporting delay).	
Non-flu respiratory pathogens	Non-flu respiratory pathogens	All non-flu respiratory pathogens reported through secondary care remained within expected seasonal levels. RSV detections are above threshold for baseline activity and increasing in line with the expected winter RSV wave.	↔

3 Supporting data

Supporting data and further information is published in this section if any of the respiratory surveillance systems show a significant increase.

Summary table colour interpretation:

- Green – below baseline activity;
- Yellow – normal season activity;
- Amber – moderate activity (above normal activity);
- Red – high activity (above moderate activity);
- Dark red – very high activity (above high activity).

For detailed caveats and notes explaining the data and the methodologies used in this report, please see [HPS Weekly National Seasonal Respiratory Report – Notes and Caveats](#).

4 Vaccine uptake

A software issue has delayed the vaccine uptake submission from EMIS practices. The vaccine uptake estimates below have been derived from INPS Vision practices only (accounting for 44% of Scottish GP practices) and are compared to vaccine uptake estimates for INPS Visions practices only for previous season at the same point in time. Data from practices that use EMIS may be available from week 48 onwards.

Provisional data for week 43 suggests uptake rates of:

- 39.0% in people aged 65 years and over, compared with 45.0% in 2017-18;
- 19.7% in under 65's at-risk, compared with 22.8% in 2017-18;
- 27.0% in pregnant women (with other risk factors), compared with 30.3% in 2017-18;
- 21.5% in pregnant women (without other risk factors), compared with 23.2% in 2017-18;
- 18.3% in preschool children (2 to under 5 year olds), compared with 20.3% in 2017-18;
- 72.2% in primary school children, compared with 70.7% in 2017-18.

The next update of influenza vaccine uptake will be published in the report of week 48.

5 International situation

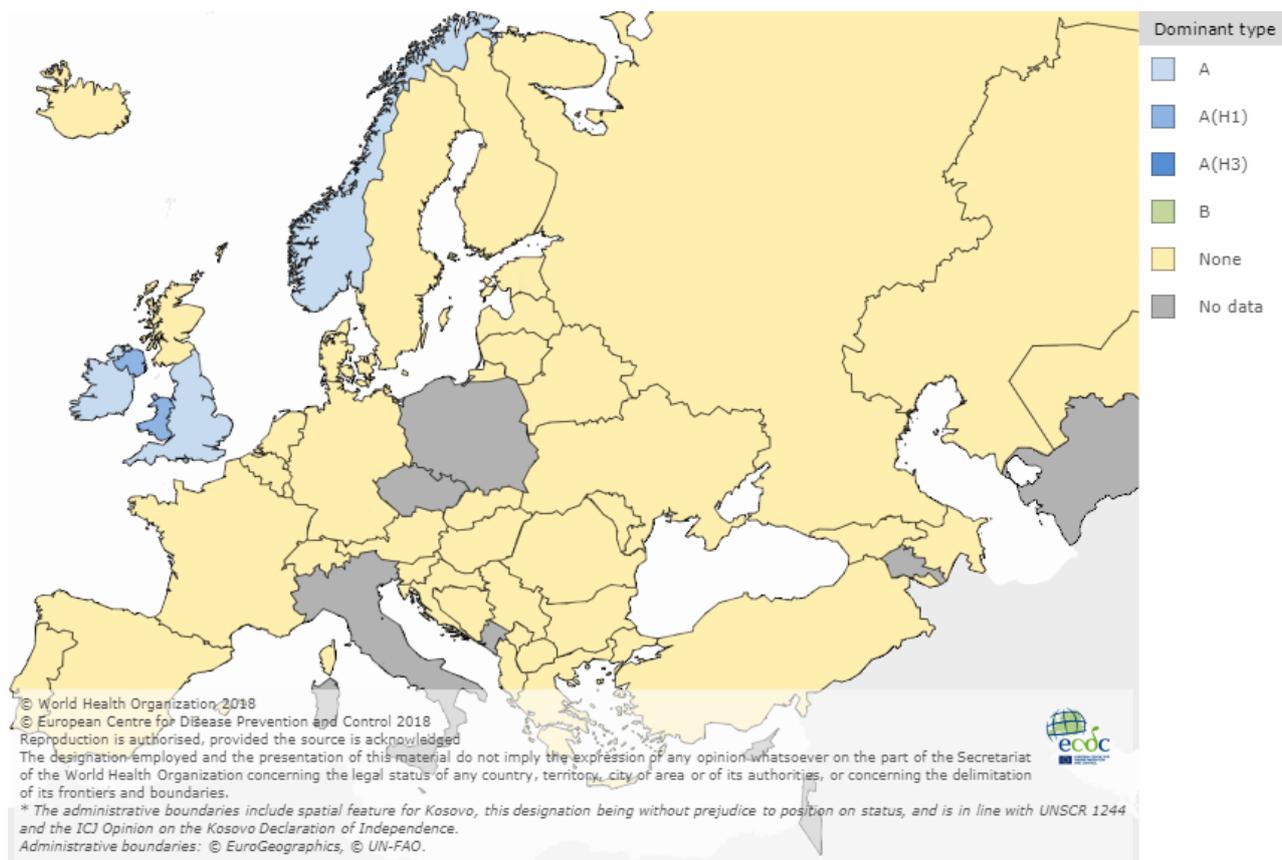
UK – week 44:

- Influenza activity remains low with only sporadic cases of influenza in the community with all indicators below baseline threshold levels.
- The impact on healthcare services is below baseline threshold levels for hospitalisations and ICU/HDU admissions.
- RSV activity continues to increase with impact particularly in young children.

Europe – week 44:

- Influenza activity was low throughout the European Region.
- Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care.
- Both influenza A and B type viruses were detected in low numbers.
- For week 45/2018, data from the 22 Member States and areas reporting to the [EuroMOMO](#) project indicated all-cause mortality to be at expected levels for this time of the year.

Figure 1: Geographical spread of influenza virus type/subtype among countries from the WHO Euro region – data to week 45 2018 (source: <https://flunewseurope.org/>).



6 Links for more information

- A summary of the provisional end-of-season results for 2017/18 influenza seasonal vaccine effectiveness has been published on the [PHE website](#).
- [WHO](#) have recommended that quadrivalent vaccines for use in the 2018-2019 northern hemisphere influenza season contain the following:
 - an A/Michigan/45/2015 (H1N1)pdm09-like virus;
 - an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus;
 - a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
 - a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).
- It is recommended that the influenza B virus component of trivalent vaccines for use in the 2018-2019 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

Further information for the Scottish 2018/19 season

- [HPS seasonal influenza web page](#)
- [Scottish Vaccine Update](#)
- [Historical end of season influenza vaccine uptake](#)

UK and international influenza reports

- [PHE Weekly national flu report](#)
- [Flu News Europe website](#)
- [WHO influenza update](#)
- [EuroMOMO website](#)

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