

HPS Weekly National Seasonal Respiratory Report

Week ending 6 January 2019 – week 1



1 Overall assessment

In week 1, the rate of GP consultations for ILI remained below the baseline threshold for normal seasonal activity.

Influenza laboratory detections are at moderate activity levels in secondary care and normal seasonal activity levels in general practices. Influenza A(H1N1) is the dominant influenza strain thus far this season and is affecting a younger age group than observed last season which had been dominated by influenza A(H3N2).

A Scottish addendum to the Public Health England guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza has been published on the [HPS website](#).

Please note that due to the reduced number of working days in weeks 52 and 1, data and trends in this report must be interpreted with caution. Further data is expected retrospectively for the last two weeks.

2 Summary

| Indicator | Data | Comment | Change from previous week |
|----------------------------------|---|---|---------------------------|
| Community Influenza Transmission | GP consultations | The ILI rate increased (17.0 per 100,000 in week 1 compared to 7.1 in week 52) but remained below the baseline threshold for normal seasonal activity (31.3 per 100,000 population). | ↑ |
| | NHS24 calls | The proportion of NHS24 calls for respiratory infection symptoms decreased compared to the previous week (23.6% in week 1 compared to 24.4% in week 52). The proportion for week 1 remains lower than the same week last season (31.1%). | |
| | Primary care virology | Three swabs were positive for influenza (all influenza A(not subtyped)). Swab positivity was 50.0% (3/6) in week 1 compared to 30.8% (4/13) in week 52. This should be interpreted with caution due to the low number of samples received and the reduced number of working days in week 1. | |
| Influenza in Closed Settings | Outbreaks | One new acute respiratory illness outbreaks was reported in week 1. Since week 40, nine non-influenza outbreaks have been reported and the majority of these were in care homes. | ↑ |
| | Secondary care virology (ECOSS) | In week 1, the swab positivity was 17.9% (162/905) and breached the threshold for moderate seasonal activity (17.8%). This compares to a swab positivity of 19.7% (239/1216) in week 52. | |
| | Severe Acute Respiratory Illness (SARI) | Fifteen new cases of laboratory confirmed influenza requiring ICU management were reported in week 1. The cumulative number of cases since week 40 is 23. | |
| Influenza Associated Mortality | SARI mortality | One SARI deaths was reported in week 1. The cumulative number of SARI deaths since week 40 is three. The SARI case-fatality rate (CFR) is 13.6% (3/22) and is below expected seasonal levels (range 22.9% - 35.6%). | ↔ |
| | Excess all-cause mortality | No statistically significant all cause mortality excess was observed in week 51. 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 | Coronavirus detections are at moderate activity levels in line with seasonal trend. RSV detections are decreasing and are at normal season activity levels. All other non-flu respiratory pathogens reported through secondary care remained within expected or below seasonal levels. | ↔ |

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](#).

Please note that due to the reduced number of working days in week 52 and 1, data in this report must be interpreted with caution. Further data is expected retrospectively for the last two weeks.

A. Influenza in Closed Settings

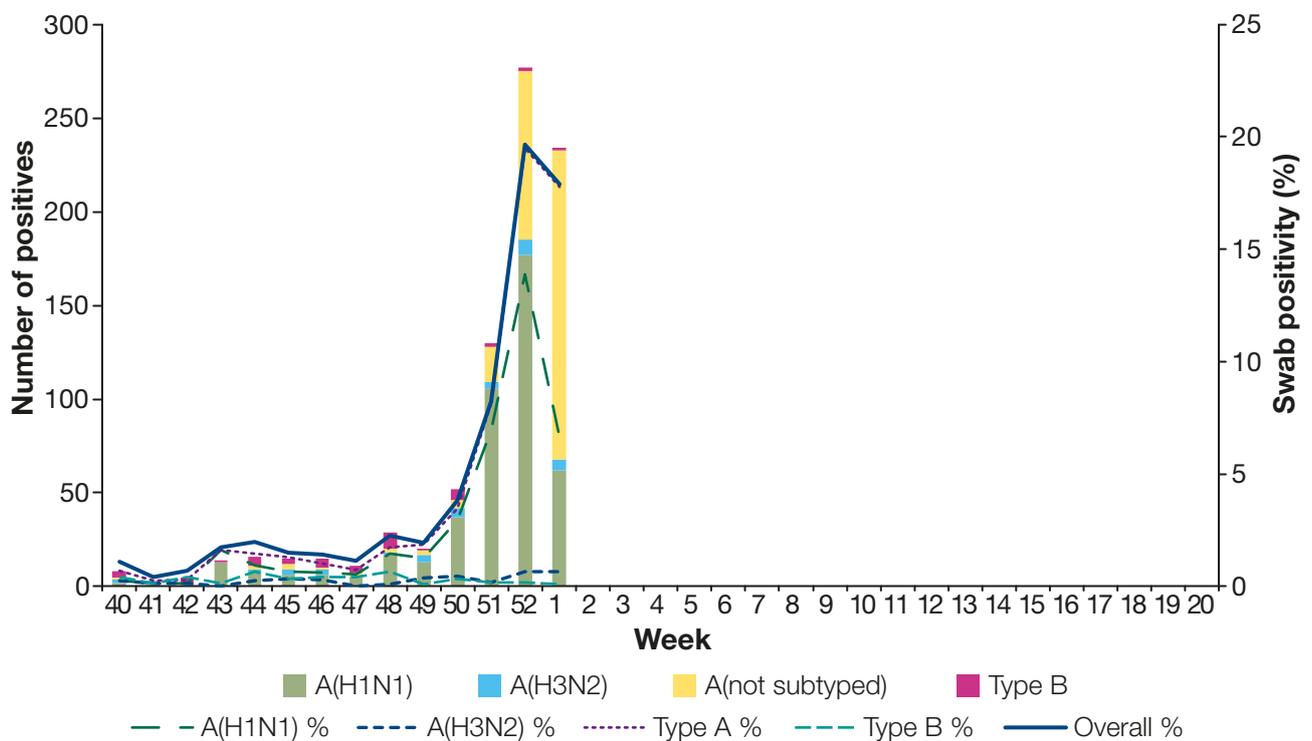
A.1 Secondary Care Virology (ECOSS)

Virology data for week 1 are likely to be incomplete due to reporting delays following public holidays. This data should therefore be interpreted with caution.

In week 1 there were 234 influenza detections (62 influenza A(H1N1), six influenza A(H3N2), 165 influenza A(not subtyped) and one influenza B). Swab positivity was 17.9% (162/905) and just breached the threshold for moderate seasonal activity (17.8%).

The number of influenza detections and swab positivity has been increasing in recent weeks (Figure 1). Influenza A(H1N1) is predominating this season and similar to previous H1N1 dominated seasons, the majority of detections have been in younger age groups (15-64 years).

Figure 1: Weekly summary of ECOSS swab positivity (number and percentage positive) by influenza subtype.

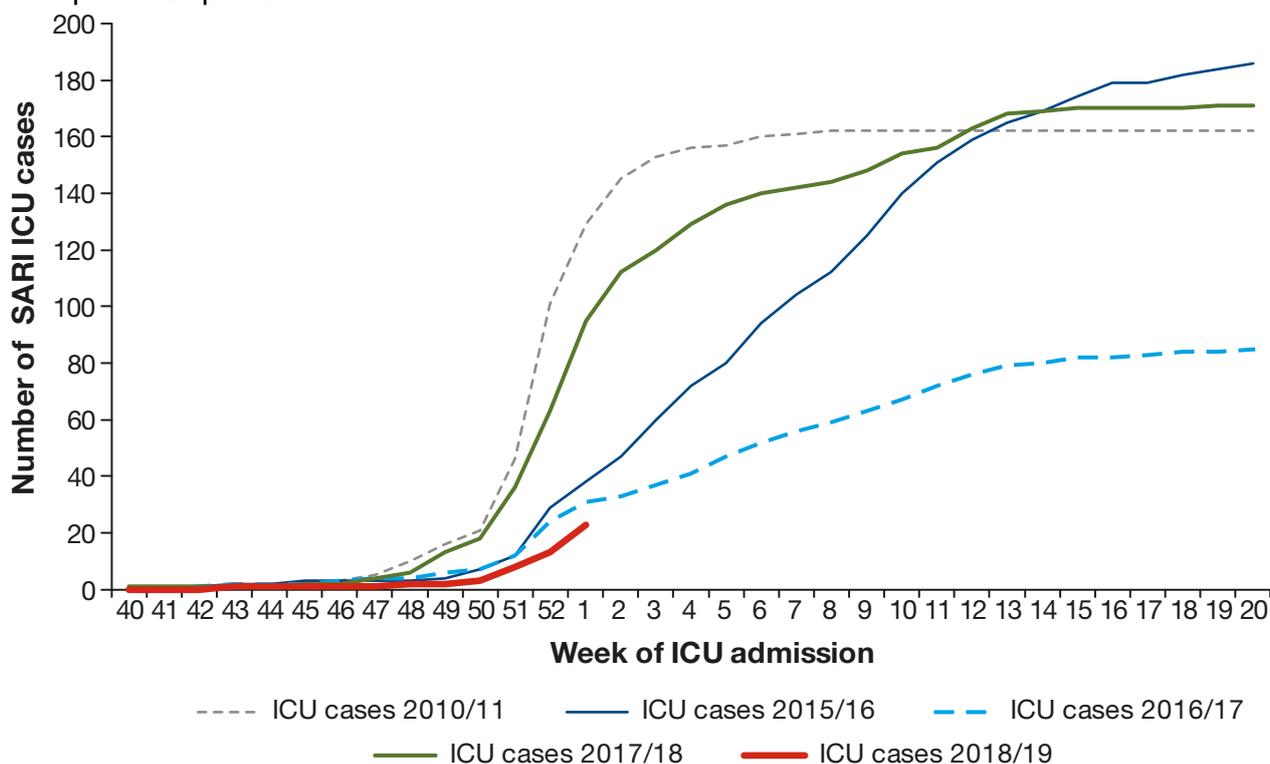


A.2 Severe Acute Respiratory Illness (SARI)

Fifteen influenza cases with severe infection requiring intensive care management were reported to HPS in week 1, five of which were retrospective reports. The cumulative number of cases is 23 and is lower than the same period for the previous three seasons.

So far, the majority of SARI cases have been due to influenza A infection (78.3%) and, of those subtyped, influenza A(H1N1) is predominant.

Figure 2: Cumulative number of influenza cases with severe infection requiring intensive care management by week of hospital admission, week 40 2018 to week 20 2019, compared to previous seasons.



4 Vaccine uptake

A software issue affecting the vaccine uptake submission from EMIS practices has now been resolved and the vaccine uptake estimates below have been derived from both EMIS and INPS Vision practices (accounting for > 95% of Scottish GP practices).

Provisional data for week 51 suggests uptake rates of:

- 71.2% in people aged 65 years and over, compared with 71.1% in 2017-18
- 39.7% in under 65's at-risk, compared with 41.4% in 2017-18
- 55.4% in pregnant women (with other risk factors), compared with 57.7% in 2017-18
- 43.2% in pregnant women (without other risk factors), compared with 44.1% in 2017-18
- 51.9% in preschool children (2 to under 5 year olds), compared with 52.6% in 2017-18
- 71.5% in primary school children, compared with 71.0% in 2017-18.

The next update of influenza vaccine uptake will be published in the report of week 4.

5 International situation

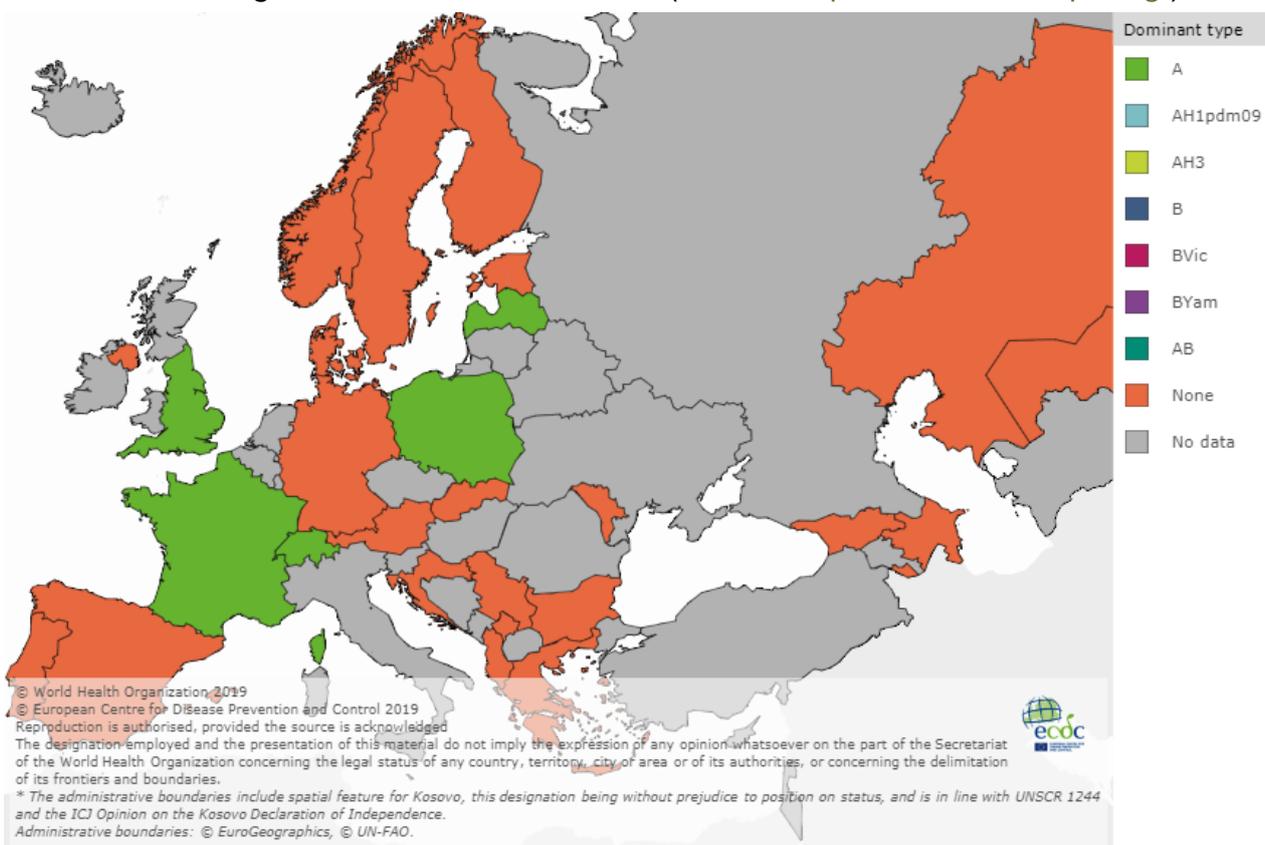
UK – week 52:

- Allowing for Christmas reporting breaks there is evidence now that influenza is starting to circulate in the community with activity indicators approaching Baseline threshold levels.
- The impact of flu on healthcare services is at Moderate intensity levels for hospitalisations and ICU/HDU admissions.
- Influenza A(H1N1)pdm09 is the dominant subtype.

Europe – week 52:

- Influenza activity continued to increase in the European Region. Among the individuals sampled after presenting with ILI or ARI to sentinel primary healthcare sites, 37% tested positive for influenza viruses.
- The majority of influenza virus detections were type A among both inpatients and outpatients.
- For week 52/2018, data from the 13 Member States and areas reporting to the [EuroMOMO](#) project indicated all-cause mortality to be at expected levels for this time of year.

Figure 3: Geographical spread of influenza virus type/subtype among countries from the WHO Euro region – data to week 52 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.
- The technical document on **Reporting rates of influenza-like illness (ILI) consultations from General Practitioners in Scotland** has been published on [HPS Website](#). This report provides background to reporting of primary care consultation rates for ILI in Scotland plus 1) a description of the 2017/18 data issues and end of season revision of ILI consultation rates; and 2) the application of the Moving Epidemic Method (MEM) to Scottish ILI consultation rate data.

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](#)

HPS National Seasonal Respiratory Report

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