

HPS Weekly National Seasonal Respiratory Report

Week ending 20 January 2019 – week 3



1 Overall assessment

In week 3, 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](#).

An increase in community circulation of influenza prompted the issue of a [CMO letter](#) in week 2 advising that GPs may prescribe antivirals.

2 Summary

Indicator	Data	Comment	Change from previous week
Community Influenza Transmission	GP consultations	The ILI rate decreased (19.5 per 100,000 in week 3 compared to 25.6 in week 2) and 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 remained similar to the previous week (20.7% in week 3 compared to 20.8% in week 2). The proportion for week 3 remains lower than the same week last season (23.3%).	
	Primary care virology	Six swabs were positive for influenza (five influenza A(H1N1) and one influenza A(H3N2)). The swab positivity was 54.5% (6/11) in week 3 compared to 18.2% (4/22) in week 2. This should be interpreted with caution due to the low number of samples received in week 3.	
Influenza in Closed Settings	Outbreaks	Nine new acute respiratory illness outbreaks were reported in week 3. The cumulative number of outbreaks since week 40 is 22, which is lower than the previous two seasons. The majority of these outbreaks were retrospective, due to non-influenza pathogens and reported in care homes.	↑
	Secondary care virology (ECOSS)	In week 3, the swab positivity was 24.9% (260/1044) and remained at the moderate seasonal activity level (range 17.8% - 34.4%). This compares to a swab positivity of 26.9% (389/1448) in week 2.	
	Severe Acute Respiratory Illness (SARI)	Sixteen new cases of laboratory confirmed influenza requiring ICU management were reported in week 3. The majority of these were retrospective cases. The cumulative number of cases since week 40 is 55.	
Influenza Associated Mortality	SARI mortality	Four SARI deaths were reported in week 3. The cumulative number of SARI deaths since week 40 is eleven. The SARI case-fatality rate (CFR) is 20.0% (11/55) and is below expected seasonal levels (range 22.9% - 35.6%).	↔
	Excess all-cause mortality	There was no statistically significant all cause mortality excess observed in week 1. 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 decreasing but remained at moderate activity levels. 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](#).

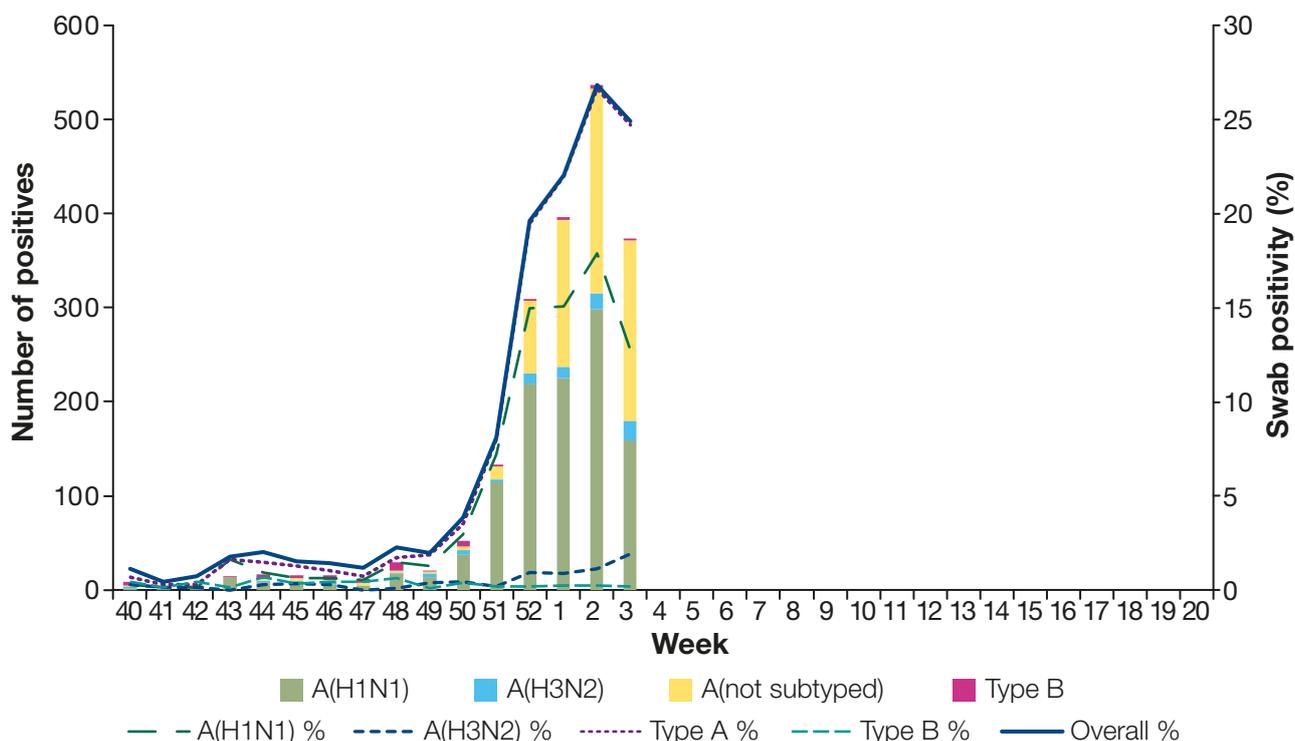
A. Influenza in Closed Settings

A.1 Secondary Care Virology (ECOSS)

In week 3 there were 374 influenza detections (159 influenza A(H1N1), 21 influenza A(H3N2), 192 influenza A(not subtyped) and 2 influenza B). Swab positivity was 24.9% (389/1448) and remained in the moderate seasonal activity level (range 17.8% - 34.4%).

The number of influenza detections and swab positivity has been increasing in recent weeks (Figure 1) but these have decreased in week 3. Influenza A(H1N1) is predominating subtype this season and similar to previous H1N1 dominated seasons, the majority of detections have been in younger and working age groups (15-64 years).

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

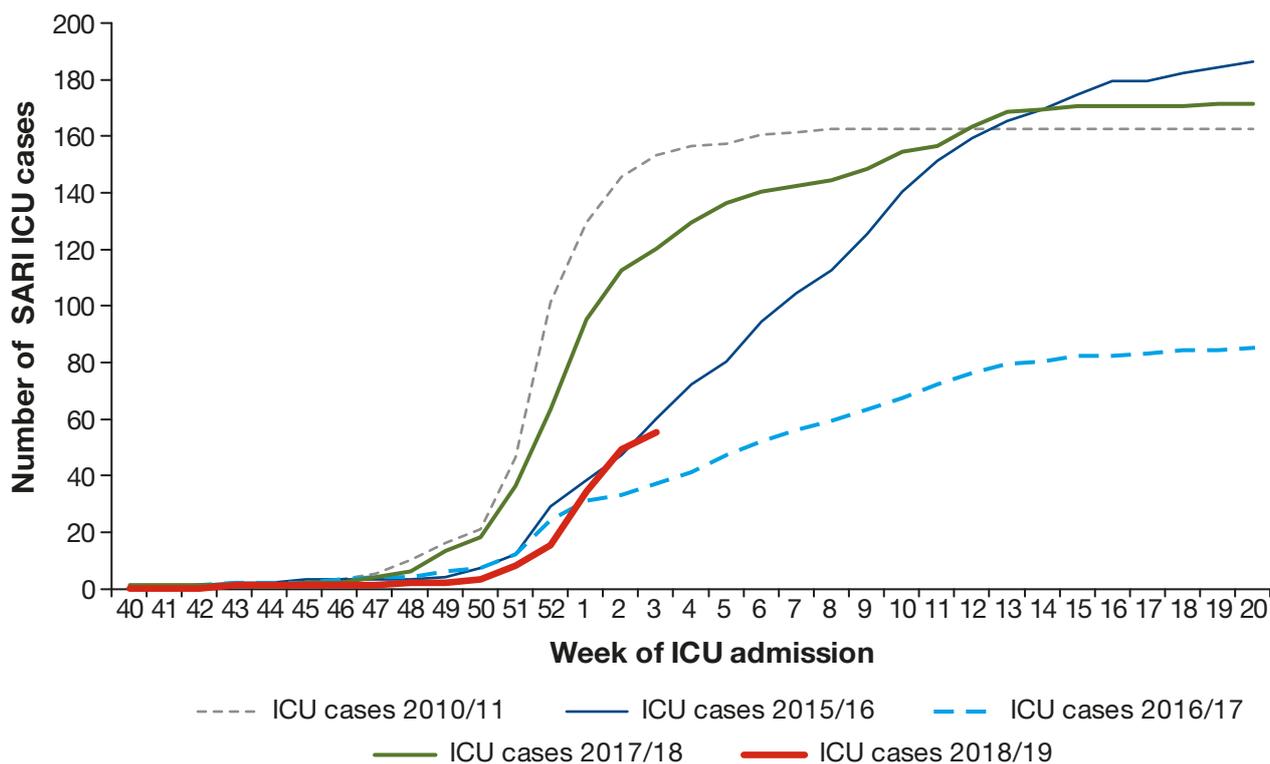


A.2 Severe Acute Respiratory Illness (SARI)

Sixteen influenza cases with severe infection requiring intensive care management were reported to HPS in week 3, ten of which were retrospective reports. The cumulative number of cases for this season is 55, which is lower than those reported in the same period for season 2017/18 but higher than season 2016/17 (Figure 2).

So far, the majority of SARI cases have been due to influenza A infection (96.4 %) 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

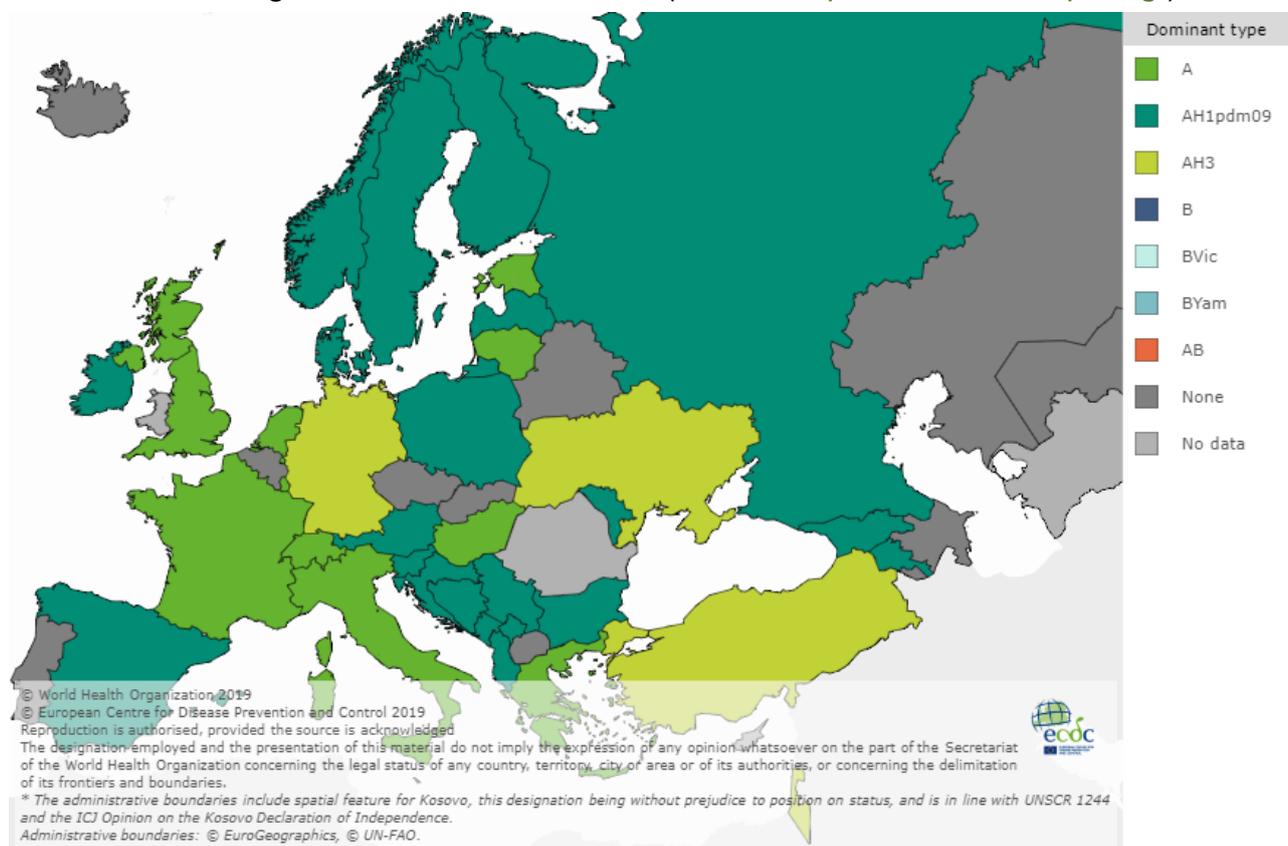
UK – week 2:

- During week 02, influenza is now circulating in the community with activity indicators at Low intensity.
- The impact of flu on healthcare services is at Medium impact for hospitalisations and High impact for ICU/HDU influenza admissions.
- Influenza A(H1N1)pdm09 is the dominant circulating subtype.
- The Department of Health & Social Care has issued an alert on the prescription of antiviral medicines by GPs

Europe – week 2:

- Influenza activity continued to increase in the European Region. Samples collected from individuals presenting with ILI or ARI to sentinel primary health care sites yielded an influenza-positivity rate of 42.2%.
- Influenza type A virus detections dominated with A(H1N1)pdm09 viruses being slightly more prevalent than A(H3N2). Very few influenza B viruses were detected.
- Data from the 23 Member States and areas reporting to the [EuroMOMO](#) project indicated that all-cause mortality was at expected levels for this time of year, but with a few countries starting to observe some excess mortality in elderly populations.

Figure 3: Geographical spread of influenza virus type/subtype among countries from the WHO Euro region – data to week 2 2019 (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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