



# HPS Monthly National Seasonal Respiratory Report

Week ending 8 September 2019 – week 36



## 1 Overall assessment

In week 36, the overall assessment remains green (below baseline activity).

The period of intensive influenza surveillance for 2018/19 has ended. 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.

The colour indicators for community influenza transmission, influenza in closed settings and influenza associated mortality remained green (below baseline activity).

The period for influenza vaccination for the 2018/19 season is now complete. Over the summer, vaccine uptake data will be verified using general practice claims for payment data.

## 2 Summary

Indicator	Data	Comment	Change from previous week
Community Influenza Transmission	GP consultations	The ILI rate remained stable at 1.5 per 100,000 in week 36 (2.6 in week 35) and is below the threshold for normal seasonal activity (31.3 per 100,000 population).	↔
	NHS24 calls	The proportion of NHS24 calls for respiratory infection increased (15.6% in week 36 compared to 13.7% in week 35). The proportion for week 36 is lower than the same week last season (16.2%).	
	Primary care virology	The sentinel swabbing scheme for season 2018/19 stopped in week 20 2019. The new scheme for 2019/20 will commence in week 40 2019.	
Influenza in Closed Settings	Outbreaks	No new acute respiratory illness outbreaks were reported in week 36. The cumulative number of outbreaks since week 40 is 54, which is lower than the previous two seasons. Over the summer period, outbreak reporting will occur only on an exception basis.	↔
	Secondary care virology (ECOSS)	In week 36, the swab positivity was 1.1% (5/438) and is below the threshold for normal seasonal activity (6.3%). This compares to a swab positivity of 2.1% (10/466) in week 35.	
	Severe Acute Respiratory Illness (SARI)	Two new cases of laboratory confirmed influenza requiring ICU management were reported in week 36. The cumulative number of cases since week 40 2018 is 174. Over the summer period, SARI reporting will occur only on an exception basis.	
Influenza Associated Mortality	SARI mortality	No new SARI deaths were reported in week 36. The cumulative number of SARI deaths since week 40 is 35. The SARI case-fatality rate (CFR) is 20.1% (35/174) and is below the expected seasonal levels (range 22.9% - 35.6%).	↔
	Excess all-cause mortality	There was no statistically significant all-cause mortality excess observed in week 34. 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	Rhinovirus laboratory detections are increasing but remained within low activity levels, similarly to previous seasons.  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 – 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 Links for more information

- Provisional end-of-season results 2018 to 2019 have been published on the [UK annual influenza report](#). End-of-season data are due to be published in Vaccine (Pebody et al.) at a later date.
- The UK end-of-season 2017/18 influenza vaccine effectiveness results have now been published in [Eurosurveillance](#).
- The interim 2018/19 influenza vaccine effectiveness estimates from six European studies have been published on [Eurosurveillance](#).
- [WHO](#) have recommended that quadrivalent vaccines for use in the 2019-2020 northern hemisphere influenza season contain the following:
  - an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
  - an A/Kansas/14/2017 (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 2019-2020 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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