

HPS Monthly National Influenza Report

Summary of surveillance of influenza and other seasonal respiratory illnesses

Week ending 31 July 2016 – week 30

1 Summary

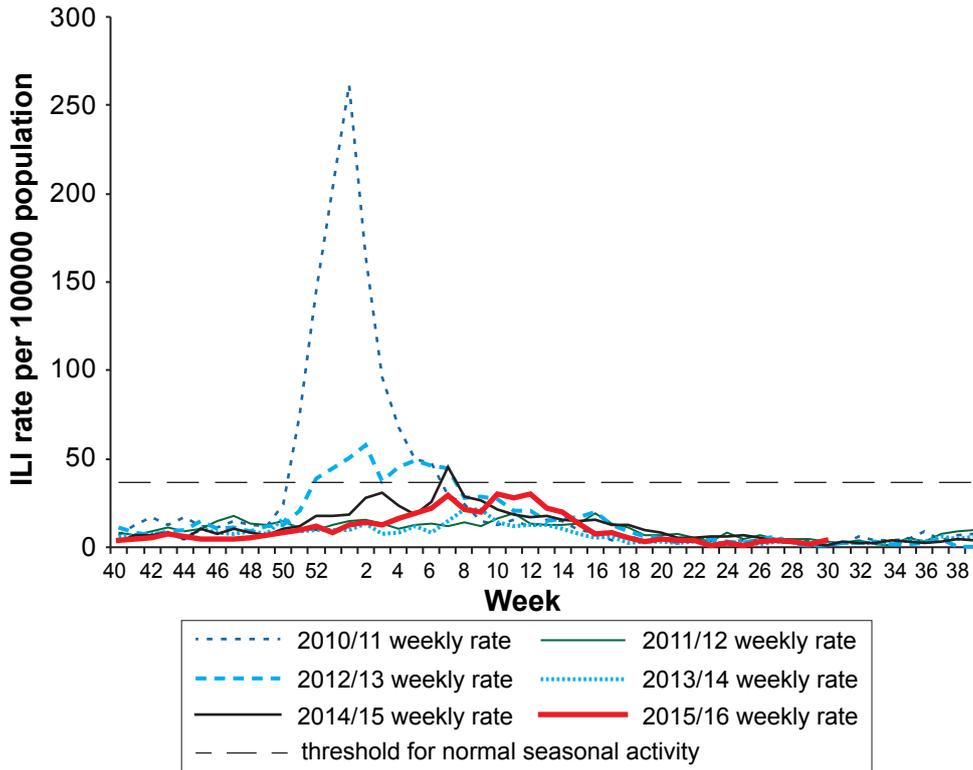
- The period of intensive Influenza surveillance for 2015/16 has ended. This is the second of our monthly bulletin reports over the summer period. It provides an update on influenza and other viral respiratory pathogen activity for the previous four weeks. Over the summer (weeks 21-39) an update report will be published every four weeks unless influenza (or other viral respiratory pathogen) activity increases significantly.
- In Scotland, both clinical and virological influenza activity was stable and at low levels.
- No laboratory confirmed influenza case with severe infection requiring intensive care management (ICU cases) was reported to HPS within the last four weeks.
- No new closed setting outbreak of acute respiratory infection was reported to HPS within the last four weeks.
- The levels of all seasonal respiratory pathogens (rhinovirus,¹ coronavirus and Mycoplasma pneumoniae (MPN)) reported through non-sentinel sources (ECOSS) were slightly increased and above expected seasonal levels within the last four weeks with the exception of human metapneumovirus (hMPV), levels of which were stable and within expected seasonal levels. The levels of RSV, parainfluenza and adenovirus were increased and above seasonal levels for two of the last four weeks but have now decreased and stable in line with previous seasons.

2 Community Surveillance – GP consultation rates and NHS 24 calls

- Over the last four weeks (week 27 2016 to week 30 2016), the GP consultation rate for ILI was low and stable, within expected levels for this time of year and below the threshold for normal seasonal activity (Figure 1). In week 30, the GP consultation rate for ILI was 4.2 per 100,000 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 compared to the previous weeks and remained at lower levels than expected for this time of the year.

1 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.

Figure 1: GP consultation rates for ILI in Scotland; weekly rates per 100000 population, week 40 2015 to week 22 2016, compared to last 4 seasons.



3 Severe Illness Surveillance

- Reports of severe influenza illness requiring intensive care management are reported in the influenza season only (weeks 40 2015 to week 20 2016). We will report on any severe influenza illness occurring over the summer period on an exception basis.
- No laboratory confirmed influenza case with severe infection requiring intensive care management (ICU cases) was 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) decreased with swab positivity rates for influenza low for all weeks. Influenza type B activity has decreased while influenza type A accounting for the small number of continuing influenza virus detections.
- The percentage of positive swabs for weeks 27 to 30 ranged between 0.5% in week 23 and 1.1% in week 25. The swab positivity for week 30 was 1.1%. From week 27 to week 30 2016, 22 influenza infections (three influenza A(H1N1)pdm09, eight influenza A(H3), four influenza A(not subtyped), and seven influenza B) were reported through ECOSS.

- The levels of seasonal respiratory pathogens (rhinovirus,² coronavirus and Mycoplasma pneumoniae (MPN)) reported through non-sentinel sources (ECOSS) were increased and slightly above expected seasonal levels within the last four weeks. The levels of RSV, parainfluenza and adenovirus were increased and above seasonal levels for two of the last four weeks but have now decreased in line with previous seasons. The levels of human metapneumovirus (hMPV) were stable and within expected seasonal levels in the past four weeks.
- The sentinel swabbing scheme has now stopped but will recommence in week 40 2016. Therefore, no further information on laboratory detections through this scheme will be provided in the reports over the summer period.

5 Outbreaks

- No new closed setting outbreak of acute respiratory infection was reported to HPS within the last four weeks. We will report on any outbreaks of respiratory illness occurring over the summer period on an exception basis.

6 Vaccine uptake

- The period for influenza vaccination for the 2015/16 season is now complete. Vaccine is not yet available for the 2016/17 season.
- Over the summer, HPS will use 'claims for payment' information provided by NSS Practitioner Services Division, to validate 2015/16 influenza vaccine uptake.

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 by age group 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](#) (21 July 2016): indicators of influenza remained low.

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.

HPS Monthly National Influenza Report

Published by: Health Protection Scotland

Meridian Court, 5 Cadogan Street, Glasgow G2 6QE

T: 0141 300 1100 **F:** 0141 300 1170 **W:** <http://www.hps.scot.nhs.uk>

Report produced by: HPS Flu Team **Email:** NSS.hpsflu@nhs.net

© Health Protection Scotland 2016