Influenza, RSV and Other Respiratory Viruses Surveillance Report Week 13 2024 (25th – 31st March 2024)



CII Intensive Care Society of Ireland



This report presents data on the epidemiology of influenza, respiratory syncytial virus (RSV) and other respiratory viruses (ORVs). For further information on the epidemiology of COVID-19, please refer to COVID-19 surveillance reports. Data for this report were extracted on 02/04/2024.

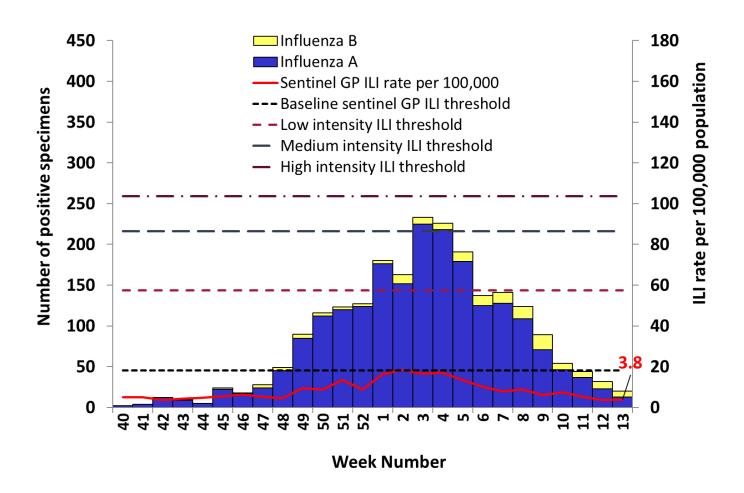
Summary Week 13 2024

Most indicators of influenza activity remained at low to moderate levels during week 13 2024. Influenza A viruses have predominated this season, with A(H3) and A(H1)pdm09 viruses co-circulating. In recent weeks, the proportion of circulating influenza B viruses has increased but numbers remain low.

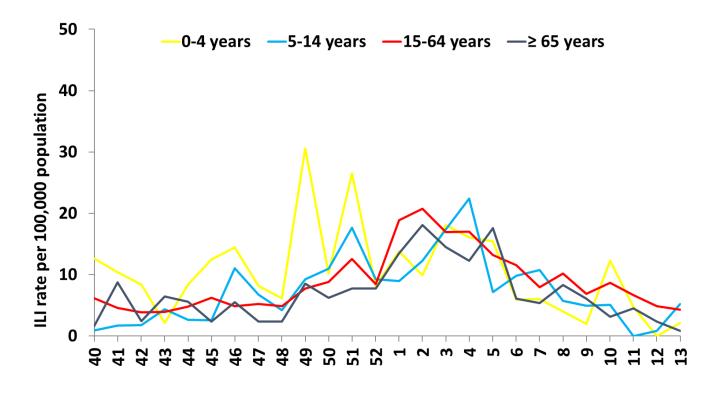
- Influenza-like illness (ILI): The sentinel GP influenza-like illness (ILI) consultation rate was 3.8/100,000 population during week 13 2024, which is below the Irish baseline threshold (18.1/100,000). ILI age specific rates were below the age specific baseline for all age groups since week 3 2024.
- National Virus Reference Laboratory (NVRL): Of 60 sentinel GP ARI specimens tested and reported by the NVRL during week 13 2024, seven (11.7%) were positive for influenza (one A(H3), one A(H1)pdm09 and five B) and 8 (13.3%) for rhino/enterovirus.
- Of 110 non-sentinel respiratory specimens tested and reported by the NVRL during week 13 2024, 13 (11.8%) were positive for influenza (nine A(H3), one A(H1)pdm09, one A (not subtyped) and two influenza B), two (1.8%) for SARS-CoV-2 and 15 (13.6%) for rhino/enterovirus.
- <u>GP Out of hours (OOHs)</u>: Cough calls comprised 21.6% (3498/16219) of all reported GP OOHs calls during week 13 2024 (above the baseline threshold of 10.8%); 36.7% (1283/3498) of cough calls were in those aged 0-4 years. Flu calls comprised 1.3% (213/16219) of all calls in week 13 2024, which is below the baseline threshold level (2.3%).
- <u>Influenza notifications</u>: 355 laboratory confirmed influenza cases were notified during week 13 2024: 21 A(H3), five A(H1)pdm09, 215 A (not subtyped) and 114 B. This is a decrease compared to 382 cases notified during week 12 2024. Influenza B accounted for 32% (114/355) of all notifications compared to 23% (86/381) in week 12. The proportion of influenza B viruses has increased in recent weeks although the overall number of notifications remains low. The highest number of notifications occurred in those aged 65 years and older at 29% (103/355) of all influenza notifications in week 13 2024.
- **<u>RSV notifications</u>**: Low numbers of sporadic RSV cases continue to be notified each week.
- <u>Hospitalisations</u>: 84 laboratory confirmed influenza hospitalised cases (one A(H3), one A(H1)pdm09, 66 A (not subtyped) and 16 B) were notified in week 13 2024, a decrease compared to 90 in week 12 2024. The number and proportion of hospitalisations attributable to influenza B has been declining for the past two weeks. During the 2023/2024 season to date, 3,860 laboratory confirmed influenza hospital inpatients were reported: 348 A(H3), 125 A(H1)pdm09, 3,091 A (not subtyped), 294 B and two A and B coinfections. RSV hospitalisations remained at low levels during week 13 2024, with only sporadic cases notified. For the 2023/2024 season to date, 3,271 RSV hospitalisations were reported.
- Intensive care admissions: There were no laboratory confirmed influenza cases admitted to intensive care unit (ICU) and notified to HPSC during week 13 2024. For the season to date, 108 influenza ICU cases (29 A(H3), 16 A(H1)pdm09, 61 A (not subtyped) and two influenza B) have been notified.
- <u>Mortality</u>: There was one death (influenza A not subtyped) in a notified influenza case reported to HPSC during week 13 2024. For the season to date, 182 deaths were reported – 44 A(H3), 16 A(H1)pdm09 and 120 A (not-subtyped and two influenza B).
- **Outbreaks:** During week 13 2024, three influenza A (not subtyped) outbreaks (two in nursing homes and one in acute hospitals and two ARI outbreaks (one rhino/enterovirus in a nursing home and one unknown pathogen in other settings) were reported to HPSC.
- International: In the EU/EEA during week 13 2024, influenza activity remains widespread, but is steadily decreasing across the region. RSV continues to circulate but has declined in recent months.

1. GP consultations for influenza-like illness - GP sentinel surveillance system

- During week 13 2024, 31 sentinel GP influenza-like illness (ILI) consultations were reported from the Irish sentinel GP network, corresponding to an ILI consultation rate of 3.8 per 100,000 population which is below the sentinel GP ILI baseline threshold (18.1/100,000 population). This is similar to an updated rate of 3.6 per 100,000 population during week 12 2024 (Figure 1).
- Of the 90 GP practices in the Irish sentinel GP network, 66 reported clinical consultation data (including data on non-respiratory clinical consultations) during week 13 2024 and 19 practices reported ILI data.
- Age specific ILI consultation rates were below the age specific baseline thresholds in all age groups during week 13 2024 (Figure 2, Table 1).
- The Irish sentinel baseline ILI threshold for the 2023/2024 influenza season is 18.1 per 100,000 population. ILI rates above this baseline threshold combined with sentinel GP influenza positivity >10% indicate the likelihood that influenza is circulating in the community. The Moving Epidemic Method (MEM) is used to calculate thresholds for GP ILI consultations in a standardised approach across Europe. The baseline ILI threshold (18.1/100,000 population), low (57.5/100,000 population), medium (86.5/100,000 population) and high (103.6/100,000 population) intensity ILI thresholds are shown in Figure 1. The age specific baseline threshold for those aged <15 is 17.1/100,000, for those aged 15-64 is 12.6/100,000 and for those aged ≥65 years is 11.6/100,000.







Week of Consultation

Figure 2: Age specific sentinel GP **ILI consultation** rate per 100,000 population by week (week 40 2023 to week 13 2024). *Source: ICGP.*

Table 1: Age specific sentinel GP ILI consultation rate per 100,000 population by week (week 40 2023 to week 13 2024), colour coded by sentinel GP ILI age specific Moving Epidemic Method (MEM) threshold levels. *Source: ICGP.*

MEM	Thre	Threshold Levels Below Baseline					Low Moderate			High			Extraordinary													
		2023/2024																								
Age group (years)	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13
All Ages	5.1	5.1	3.6	4.3	4.8	5.5	6.4	5.2	4.5	9.4	8.8	13.5	8.9	16.4	18.5	16.7	17.1	13.5	10.2	7.8	8.9	6.2	7.5	5.3	3.6	3.8
<15 yrs	4.0	4.0	3.4	3.4	4.0	5.1	11.2	6.7	4.4	14.4	10.0	18.8	8.3	9.6	10.7	16.4	19.1	8.9	8.1	8.7	4.9	3.8	6.7	1.3	0.6	4.0
15-64 yrs	6.1	4.6	3.9	3.9	4.8	6.2	4.9	5.2	4.9	7.7	8.8	12.6	8.4	18.9	20.7	17.0	17.0	13.2	11.5	7.9	10.2	6.8	8.6	6.6	4.9	4.3
≥65 yrs	1.6	8.7	2.4	6.4	5.6	2.4	5.5	2.3	2.3	8.5	6.2	7.8	7.8	13.5	18.1	14.5	12.3	17.6	6.1	5.3	8.3	6.1	3.1	4.5	2.3	0.8
Reporting practices (N=98)	92	94	92	90	92	93	94	96	95	96	95	97	97	96	95	94	94	98	97	98	97	97	96	84	95	90

2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2023/2024 influenza season refers to sentinel GP ARI and non-sentinel respiratory specimens routinely tested for influenza, SARS-CoV-2, respiratory syncytial virus (RSV), adenovirus, parainfluenza virus types 1-4 (PIV-1-4), human metapneumovirus (hMPV) and rhino/enteroviruses by the National Virus Reference Laboratory (NVRL) (Tables 2 & 3, Figure 3a, 3b, 4).

- A lag time with testing and reporting is noted for the most recent surveillance week.
- During week 13 2024, of 60 sentinel GP ARI specimens tested and reported by the NVRL, seven (11.7%) were positive for influenza (one A(H3), one A(H1)pdm09 and five B), 8 (13.3%) for rhino/enterovirus.
- In comparison during week 12 2024, of 77 sentinel GP ARI specimens tested and reported by the NVRL, 12 (15.6%) were positive for influenza (four A(H3), one A(H1)pdm09 and seven B), one (1.3%) for RSV, one (1.3%) for SARS-CoV-2, and 14 (18.2%) for rhino/enterovirus.
- For the 2023/2024 season to date (week 40 2023 to week 13 2024), of 3,838 sentinel GP ARI specimens tested and reported by the NVRL, 764 (20.0%) were positive for influenza (431 A(H3), 187 A(H1)pdm09, 44 A (not subtyped) and 102 influenza B), 261 (6.8%) for RSV, 225 (5.9%) for SARS-CoV-2, and 580 (15.1%) for rhino/enterovirus (Table 4).
- During week 13 2024, of 110 non-sentinel respiratory specimens tested and reported by the NVRL, 13 (11.8%) were positive for influenza (nine A(H3), one A(H1)pdm09, one A (not subtyped) and two influenza B), two (1.8%) for SARS-CoV-2 and 15 (13.6%) for rhino/enterovirus.
- During week 12 2024, of 180 non-sentinel respiratory specimens tested, 20 (11.1%) were positive for influenza (nine A(H3), six A(H1)pdm09, three A (not subtyped), and two B), seven (3.9%) for SARS-CoV-2and 24 (13.3%) for rhino/enterovirus (Figure 3b).
- For the 2023/2024 season to date (week 40 2023 to week 13 2024), of 6,404 non-sentinel respiratory specimens tested and reported by the NVRL, 1,478 (23.1%) were positive for influenza (983 A(H3), 377 A(H1)pdm09, 61 A (not subtyped) and 57 influenza B), 279 (4.4%) for RSV, 407 (6.4%) for SARS-CoV-2, and 594 (9.3%) for rhino/enterovirus (Table 5).
- Other respiratory viruses (ORVs) are being detected at lower levels (Figure 3a and 3b).
- Of 2,242 sentinel GP ARI specimens and non-sentinel specimens positive for influenza and reported by the NVRL during the 2023/2024 season, 139 (6.2%) were coinfected with other viruses.

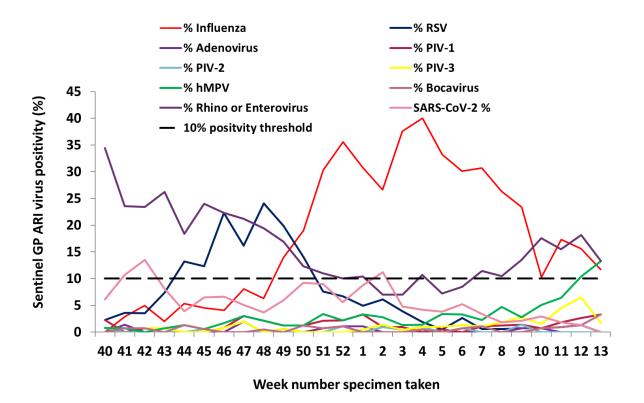


Figure 3a: Percentage positive results for **sentinel GP ARI** specimens tested by the NVRL for influenza, SARS-CoV-2, RSV and other respiratory viruses by week specimen was taken for the 2023/2024 season. *Source: NVRL*

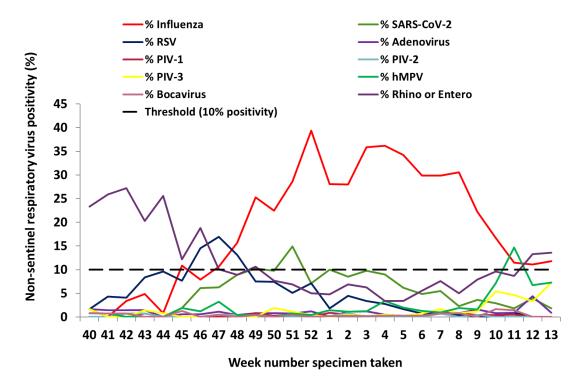
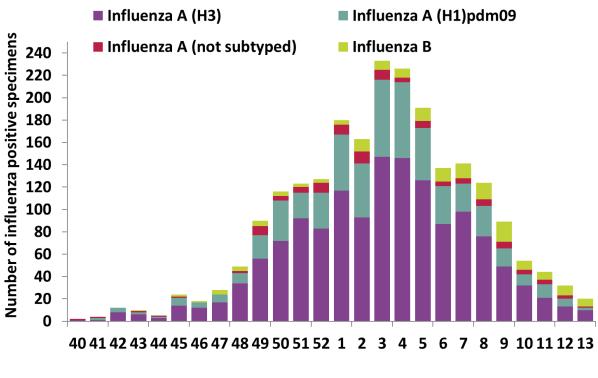


Figure 3b: Percentage positive results for **non-sentinel respiratory** specimens tested by the NVRL for influenza, SARS-CoV-2, RSV and other respiratory viruses by week specimen was taken for the 2023/2024 season. *Source: NVRL*



Week Specimen Taken

Figure 4: Number of positive **influenza** specimens (from sentinel GP ARI and non-sentinel respiratory sources) tested by the NVRL by influenza type/subtype and by week specimen was taken for the 2023/2024 season. *Source: NVRL*

Table 2: Number of sentinel GP ARI and non-sentinel respiratory specimens tested by the NVRL and positive **influenza** results, overall and by influenza type and subtype, for week 12 and week 13 2024, and the 2023/2024 Season. *Source: NVRL*

		Number				Infl	uenza A		Influenza B			
Surveillance period	Specimen type	Total tested	influenza positive	% Influenza positive	A(H1)pdm09	А(НЗ)	A (not subtyped)	Total influenza A	B (unspecified)	B Victoria lineage	B Yamagata lineage	Total influenza B
	Sentinel GP ARI	60	7	11.7	1	1	0	2	5	0	0	5
Week 13 2024	Non-sentinel respiratory	110	13	11.8	1	9	1	11	2	0	0	2
	Total	170	20	11.8	2	10	1	13	7	0	0	7
	Sentinel GP ARI	77	12	15.6	1	4	0	5	7	0	0	7
Week 12 2024	Non-sentinel respiratory	180	20	11.1	6	9	3	18	2	0	0	2
	Total	257	32	12.5	7	13	3	23	9	0	0	9
	Sentinel GP ARI	3838	764	19.9	187	431	44	662	102	0	0	102
2023/2024	Non-sentinel respiratory	6404	1478	23.1	377	983	61	1421	43	14	0	57
	Total	10242	2242	21.9	564	1414	105	2083	145	14	0	159

Table 3: Number of sentinel GP ARI and non-sentinel respiratory specimens tested by the NVRL and positive **RSV** results, overall and by RSV type, for week12 and week 13 2024, and the 2023/2024 Season. *Source: NVR*

Surveillance period	Specimen type	Total tested	Number RSV positive	% RSV positive	RSV A	RSV B	RSV (unspecified)
	Sentinel GP ARI	60	0	0.0	0	0	0
Week 13 2024	Non-sentinel	110	0	0.0	0	0	0
	Total	170	0	0.0	0	0	0
	Sentinel GP ARI	77	1	1.3	1	0	0
Week 12 2024	Non-sentinel	180	0	0.0	0	0	0
	Total	257	1	0.4	1	0	0
	Sentinel GP ILI/ARI	3838	261	6.8	196	65	0
	Non-sentinel	6404	279	4.4	215	64	0
	Total	10242	540	5.3	411	129	0

Table 4: Number and percentage positive sentinel GP ARI specimens by **respiratory virus**, week 12 and week 13 2024, and the 2023/2024 season. *Source: NVRL*

Virus	Week 13 20	024 (N=60)	Week 12 2	024 (N=77)	2023/2024 (N=3838)		
Virus	Total positive	% positive	Total positive	% positive	Total positive	% positive	
SARS-CoV-2	0	0.0	1	1.3	225	5.9	
Influenza virus	7	11.7	12	15.6	764	19.9	
Respiratory Syncytial Virus (RSV)	0	0.0	1	1.3	261	6.8	
Rhino/enterovirus	8	13.3	14	18.2	580	15.1	
Adenovirus	0	0.0	0	0.0	12	0.3	
Bocavirus	2	3.3	1	1.3	18	0.5	
Human metapneumovirus (hMPV)	8	13.3	8	10.4	101	2.6	
Parainfluenza virus type 1 (PIV-1)	2	3.3	2	2.6	46	1.2	
Parainfluenza virus type 2 (PIV-2)	0	0.0	0	0.0	11	0.3	
Parainfluenza virus type 3 (PIV-3)	1	1.7	5	6.5	40	1.0	
Parainfluenza virus type 4 (PIV-4)	0	0.0	0	0.0	42	1.1	

Table 5: Number and percentage positive non-sentinel respiratory specimens, by respiratory virus, week 12 and week 13 2024, and the 2023/2024season. Source: NVRL

Virus	Week 13 20	024 (N=110)	Week 12 20	024 (N=180)	2023/2024 (N=6404)		
VIIUS	Total positive	% positive	Total positive	% positive	Total positive	% positive	
SARS-CoV-2	2	1.8	7	3.9	407	6.4	
Influenza virus	13	11.8	20	11.1	1478	23.1	
Respiratory Syncytial Virus (RSV)	0	0.0	0	0.0	279	4.4	
Rhino/enterovirus	15	13.6	24	13.3	594	9.3	
Adenovirus	1	0.9	8	4.4	58	0.9	
Bocavirus	0	0.0	0	0.0	25	0.4	
Human metapneumovirus (hMPV)	8	7.3	12	6.7	138	2.2	
Parainfluenza virus type 1 (PIV-1)	0	0.0	0	0.0	21	2.2	
Parainfluenza virus type 2 (PIV-2)	0	0.0	0	0.0	12	0.2	
Parainfluenza virus type 3 (PIV-3)	8	7.3	6	3.3	72	1.1	
Parainfluenza virus type 4 (PIV-4)	0	0.0	1	0.6	28	0.4	

3. Influenza genetic characterisation data

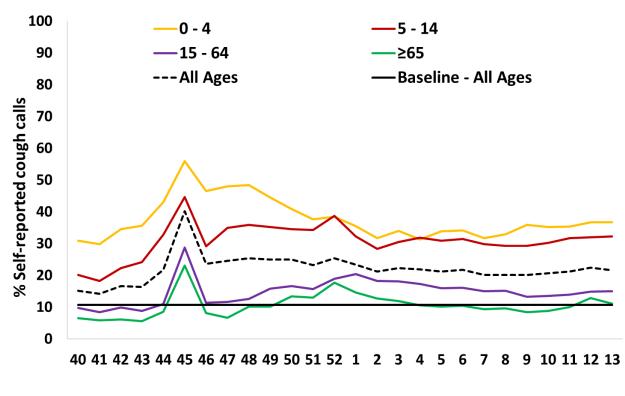
- The National Virus Reference Laboratory (NVRL) conducted genetic characterisation on 84 influenza positive cases detected between week 40 2023 and week 2 2024. This included 70 non-sentinel respiratory samples and 14 sentinel GP ARI samples. Of these, 55 were positive for influenza A(H3), 26 A(H1)pdm09 and three influenza B/Victoria viruses.
- Globally, all A(H1N1)pdm09 viruses detected recently descend from the 6B.1A.5a clade and therefore, new nomenclature has been introduced which drops the prefix 6B.1A. Clade 5a has split into two antigenically distinct clusters: Clade 5a.1 carries amino acid substitutions D187A, Q189E and is represented by the northern hemisphere 2020-2021 vaccine virus A/Guangdong-Maonan/SWL1536/2019 and Clade 5a.2 viruses carries amino acid substitutions K130N, N156K, A187D, L161I and V250A and is represented by the 2021/2022 and2022/2023 northern hemisphere and 2021/2022 southern hemisphere vaccine virus A/Victoria/2570/2019.
- In Ireland the hemagglutinin genes of influenza A(H1)pdm09 viruses characterised (n=26) since week 40 2022 were all attributed to clade 5a.2a of which 13 (50%) was represented by A/Sydney/5/2021 and 13 (50%) of which clustered with 5a.2a.1 virus represented by AH1/Wisconsin/67/2022 virus.
 A/Sydney/5/2021 group carries the same amino acid substitutions as the A/Victoria/2570/2019 group but with additional HA1 K54Q, D94N, A186T, Q189E, E224A, R259K, T261A and K308R substitutions and AH1/Wisconsin/67/2022 carrying P137S, K142R, D260E and T277A substitutions in the haemagglutinin.
- Globally recent antigenic analysis of viruses collected post-September 2023 found most viruses within subclades 5a.2a and 5a.2a.1 were effectively inhibited by post-ferret antisera raised against the 2024 Southern Hemisphere and 2023/2024 Northern Hemisphere influenza vaccine strains. This includes all Irish influenza A(H1)pdm09 viruses sequenced, which fall into these subclades, indicating that these strains are well protected by the current influenza vaccines for both the Southern and Northern Hemisphere seasons.
- Worldwide, all A(H3) viruses detected recently belong to clade 3C.2a1b.2a which has split into two clades, 3C.2a1b.2a.1 and 3C.2a1b.2a.2. The new nomenclature drops the prefix 3C.2a1b.2a, renaming these clades as 1 and 2. In particular, clade 2 has evolved further into clade 2a carrying Y159N, T160I (-CHO), L164Q, N171K, S186D, D190N, P198S with an additional H156S amino acid substitution and represented by A/Darwin/9/2021 virus which was recommended for use 2022/2023 northern hemisphere vaccine composition. Clade 2a viruses have further evolved into subclades 2a.1, 2a.2, and 2a.3. In particular clades 2a.3a and 2a.3a.1 have been circulating in Europe since the beginning of this year's influenza season. 2a.3a viruses carry an amino acid substitution E50K and is represented by A/Finland/402/2023 virus, while 2a.3a.1 virus carry additional I140K, I223V amino acid substitutions and are represented by the A/Thailand/8/2022 virus.

- Among the A(H3) viruses n=55 characterised in Ireland up to week 2 2024, all were attributed to clade 2a.3a.1, represented by the A/Thailand/8/2022 virus and contained the signature amino acid substitutions characterised by this clade. The 2023/2024 Northern Hemisphere influenza vaccine strains effectively recognized many clade 2 viruses but showed reduced effectiveness against viruses with HA genes from subclades 2a.3a.1 such as A/Thailand/8/2022 virus which were observed in Ireland.
- In recent months, the influenza B/Victoria virus landscape has primarily consisted of viruses from clade V1A.3a.2, characterised by a set of signature amino acid substitutions and represented by the B/Austria/1359417/2021 virus the recommended vaccine virus for Northern and southern hemisphere. Additionally, there have been several notable subclades of the influenza B virus, each identified by unique amino acid substitutions that contribute to the genetic diversity of the virus, such as the B/Connecticut/01/2021, B/Catalonia/2279261NS/2023, and B/Moldova/2030521/2023 viruses.
- In Ireland, all three characterised influenza B/Victoria viruses up to week 48 were classified under clade V1A.3a.2, represented by B/Catalonia/2279261NS/2023 virus and characterised by its key amino acid substitutions of D197E and E183K. Antigenic analysis showed that the ferret antisera produced for the B/Austria/1359417/2021-like vaccines, designed for the 2024 Southern Hemisphere and the 2023/2024 Northern Hemisphere influenza seasons, effectively neutralized these V1A.3a.2 subclade viruses, confirming the vaccine's protection against these currently circulating strains.
- Genetic characterisation suggests that the current vaccine will protect against the influenza A(H1)pdm09 viruses circulating in Ireland, however there may be reduced effectiveness against A(H3) viruses.

4. GP Out-Of-Hours Surveillance

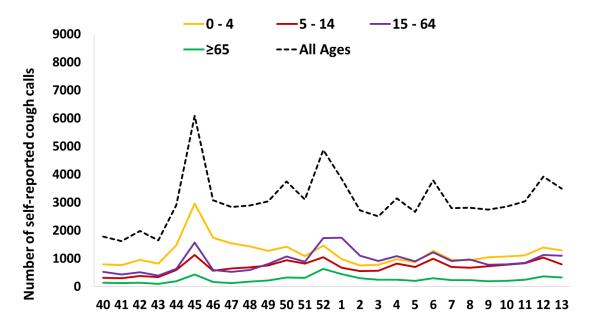
National data on calls to GP Out-of-Hours services in Ireland are collated by HPSC. Five out of 14 Out-of-Hours GP services currently participate in this programme. Records of calls with clinical symptoms self-reported as 'flu' or 'cough' are included in the analysis. This information may act as an early indicator of circulation of influenza viruses, SARS-CoV-2, or other respiratory viruses.

- All five participating GP OOH services provided data for week 13 2024.
- Out of a total of 16,219 calls made to the participating GP OOHs in week 13 2024:
 - 3,498 (21.6%) were for self-reported 'cough', which is above the baseline threshold of 10.8% for cough calls and is stable compared to recent weeks (Figures 5 and 6). The greatest burden of cough calls was in those aged 0-4 years at 36.7% (1283/3498).
 - 213 (1.3%) were for self-reported 'flu', which is below the baseline threshold of 2.3% for 'flu' calls (Figures 7 and 8). This is stable compared recent weeks.



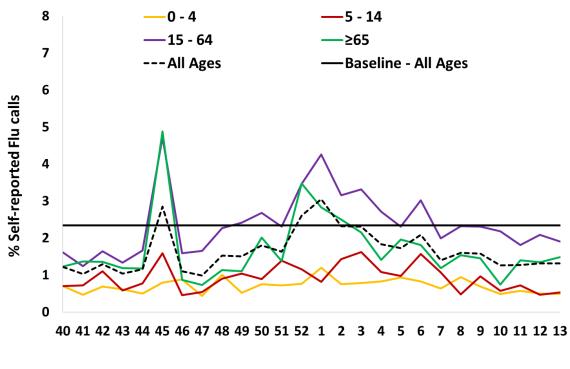
Week of Call to GP OOHs Service

Figure 5: Percentage of self-reported **COUGH** calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call for the 2023/2024 season. The baseline % cough calls for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in Ireland (collated by HSE & ICGP).*



Week of Call to GP OOHs Service

Figure 6: Number of self-reported **COUGH** calls for all ages and by age group to GP Out-of-Hours services by week of call for the 2023/2024 season. *Source: GP Out-Of-Hours services in Ireland (collated by HSE & ICGP).*



Week of Call to GP OOHs Service

Figure 7: Percentage of self-reported **FLU** calls for all ages and by age group as a proportion of total calls to GP Outof-Hours services by week of call for the 2023/2024 season. The baseline % flu calls for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in Ireland (collated by HSE & ICGP)*

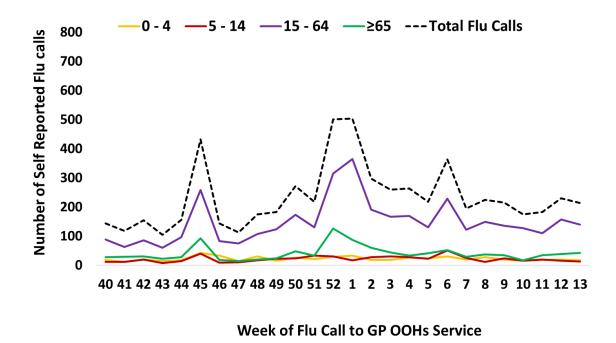


Figure 8: Number of self-reported **FLU** calls for all ages and by age group to GP Out-of-Hours services by week of call for the 2023/2024 season. *Source: GP Out-Of-Hours services in Ireland (collated by HSE & ICGP).*

5. Influenza & RSV notifications

Influenza and RSV case notifications are reported on Ireland's Computerised Infectious Disease Reporting System (CIDR), including all laboratory-confirmed influenza/RSV specimens reported from all laboratories testing for influenza/RSV. Influenza and RSV notifications are reported in the <u>Weekly Infectious Disease Report for Ireland</u>.

- 355 laboratory confirmed influenza cases were notified during week 13 2024 (Table 6); corresponding to an overall notification rate of 6.9/100,000 population: 21 A(H3), five A(H1)pdm09, 215 A (not subtyped) and 114 B. This is a decrease compared to 382 cases notified during week 12 2024 (Figure 10).
- Although the overall number of influenza notifications, continues to decline, the number and proportion of notifications attributable to influenza has been increasing, with influenza B accounting for 32% (114/355) of all notifications in week 13 compared to 23% (86/381) in week 12. Overall the number of influenza B notifications is low.
- 15,569 laboratory confirmed influenza cases were notified for the 2023/2024 season to date (week 40 2023 to week 13 2024): 1,719 A(H3), 679 A(H1)pdm09, 11,886 A (not subtyped), 1,276 B and nine influenza coinfections.
- Notification rates decreased in all age groups during week 13 2024 (Figure 11). Age specific influenza notification rates were highest in the 65 years and older age group at 13.3/100,000 population, followed by the 0-4 years age group at 12.5/100,000 during week 13 2024.
- The highest number of notifications occurred in those aged 65 years and older at 29% (103/355) of all influenza notifications in week 13 2024.
- The number and rate of influenza notifications were highest in the Dublin and South East health region (Table 6).
- RSV notifications remain at low levels in week 13 2024 with 16 cases notified compared to 19 cases during week 12 2024 (Figure 12).

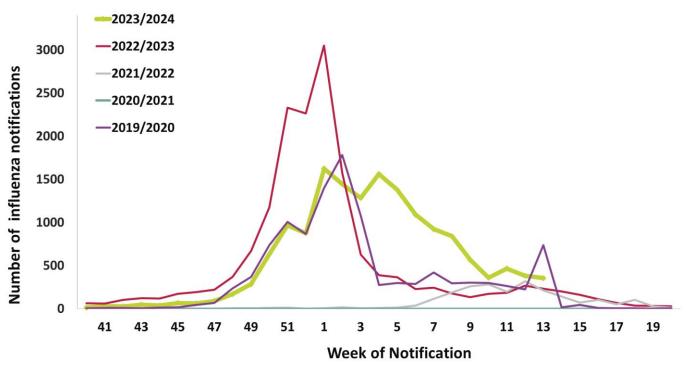


Figure 9: Number of laboratory confirmed **Influenza** notifications to HPSC by week of notification, 2019/2020 to 2023/2024 seasons. *Source: Ireland's Computerised Infectious Disease Reporting System*

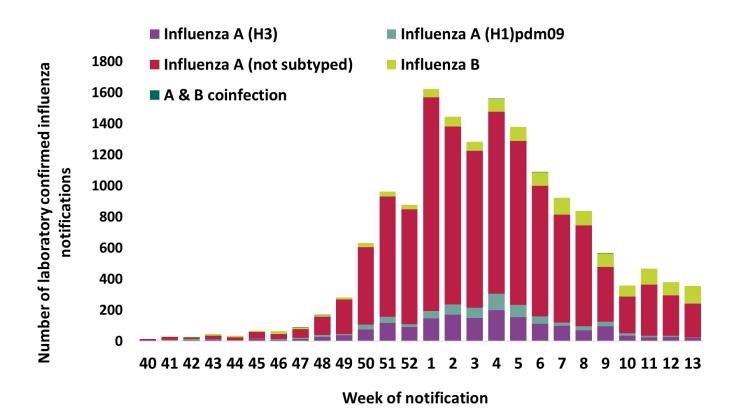


Figure 10: Number of laboratory confirmed **influenza** notifications by influenza type/subtype and week for the 2023/2024 season. *Source: Ireland's Computerised Infectious Disease Reporting System*

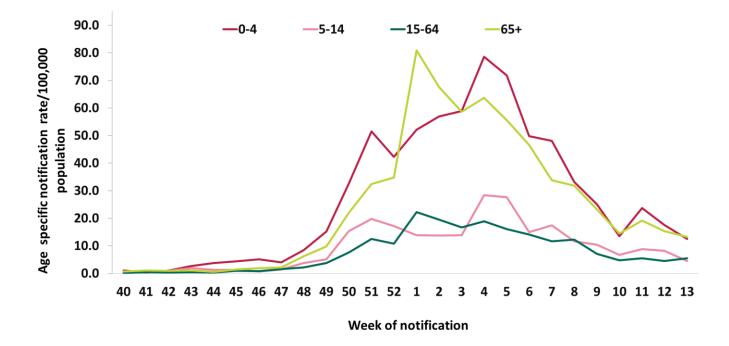


Figure 11: Age specific rates/100,000 population of laboratory confirmed **influenza** notifications to HPSC by week of notification for the 2023/2024 season. *Source: Ireland's Computerised Infectious Disease Reporting System.*

Table 6: Number and rate per 100,000 population of laboratory confirmed influenza notifications by HSE HealthRegion for week 13 2024 and the 2023/2024 season to date. Source: CIDR

HSE Health Region	W	eek 13 2024	2023/2024 season (W	/eek 40 2023 - Week 13 2024)
HSL Health Kegion	Number	Rate/100,000 population	Number	Rate/100,000 population
Dublin and North East	97	8.2	3794	319.6
Dublin and Midlands	65	6.0	2931	272.0
Dublin and South East	102	10.5	2753	283.5
South West	37	5.0	2070	279.5
Mid West	22	5.3	869	210.4
West and North West	32	4.2	3149	414.5
Unknown	0		3	
Total	355	6.9	15569	302.4

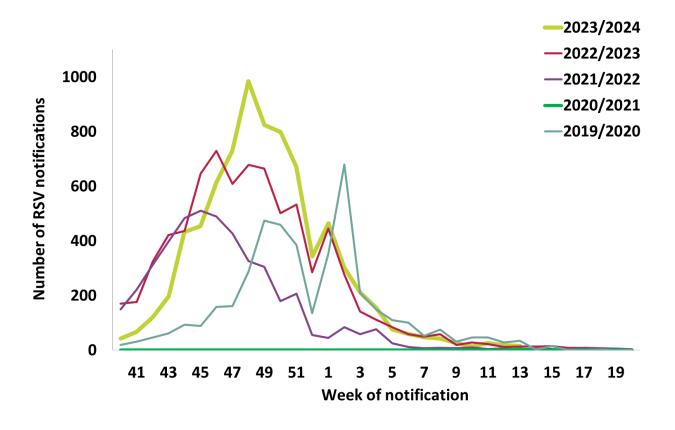
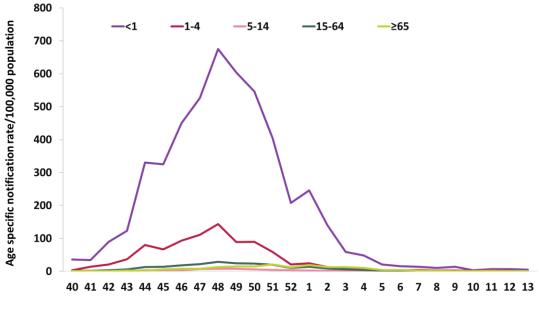


Figure 12: Number of laboratory confirmed **RSV** notifications to HPSC by week of notification, 2019/2020 to 2023/2024 seasons. *Source: Ireland's Computerised Infectious Disease Reporting System.*



Week of notification

Figure 13: Age specific rates/100,000 population for laboratory confirmed **RSV** notifications to HPSC by week of notification for the 2023/2024 season. *Source: Ireland's Computerised Infectious Disease Reporting System.*

Table 7: Number and rate/100,000 population of laboratory confirmed **RSV** notifications by HSE Health Region for week 13 2024 and the 2023/2024 season to date. *Source: CIDR*

HSE Health Region		Week 13 2024	2023/2024 season (Week 40 2023 - Week 13 2024)				
	Number	Rate/100,000 population	Number	Rate/100,000 population			
Dublin and North East	3	0.3	1506	126.9			
Dublin and Midlands	1	0.1	1640	152.2			
Dublin and South East	5	0.5	1155	118.9			
South West	2	0.3	950	128.3			
Mid West	2	0.5	639	154.7			
West and North West	3	0.4	1848	243.3			
Total	16	0.3	7738	150.3			

6. Hospitalisations

- During week 13 2024, 84 laboratory confirmed influenza hospital inpatients were notified (one A(H3), one A(H1)pdm09, 66 A (not subtyped) and 16 B), a decrease compared to 90 in week 12 2024. (Figures 14 and 15).
- During the 2023/2024 season to date, 3,860 laboratory confirmed influenza hospital inpatients were reported: 348 A(H3), 125 A(H1)pdm09, 3,091 A (not subtyped), 294 B and two A and B coinfections.
- Influenza B accounted for 19% (16/84) of all hospitalisations during week 13 compared to 22% (20/89) in week 12 and 27% (28/105) in week 11.
- During week 13 2024, the age specific influenza hospitalisation rates were low in all age groups (Figure 16) but have been increasing in those aged under four years in recent weeks. Of all hospitalisations in week 13, 46% (39/84) occurred in those aged 65 years and older (Table 8).
- RSV hospitalisations continued to decline during week 13 2024, four laboratory confirmed RSV hospitalised cases were notified, compared to seven cases in week 12 2024 (Figure 17).
- 3,271 RSV hospitalisations were reported for the 2023/2024 season to date.
- The number of laboratory confirmed influenza and RSV notifications by patient type and week for the 2023/2024 season are reported in Tables 9 and 11.

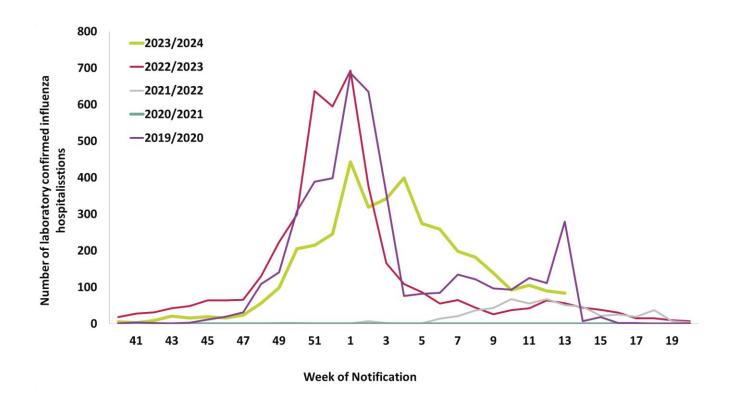


Figure 14: Number of notified **influenza** hospital inpatients, by week of notification and season, for the 2019/2020 to 2023/2024 seasons. *Source: Ireland's Computerised Infectious Disease Reporting System.*

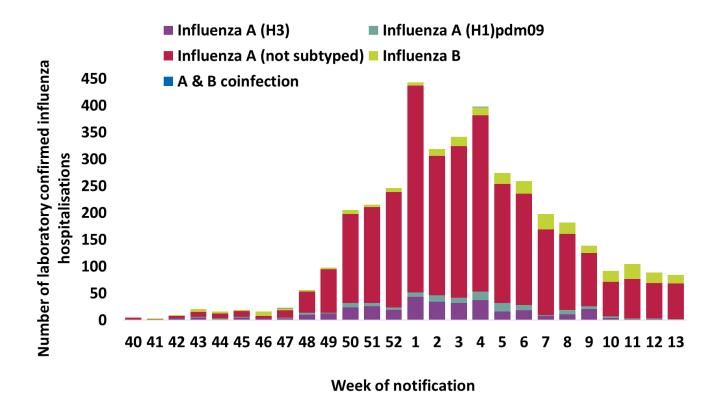


Figure 15: Number of notified laboratory confirmed **influenza** hospital inpatients by influenza type/subtype by week for the 2023/2024 season. *Source: Ireland's Computerised Infectious Disease Reporting System.*

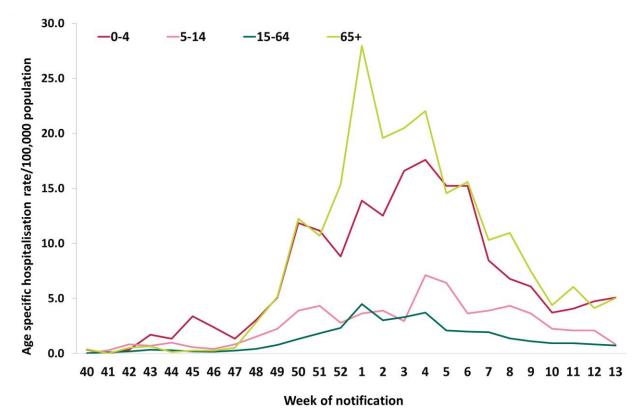


Figure 16: Age specific rates/100,000 population for laboratory confirmed **influenza** cases reported as **hospital inpatients** by week of notification for the 2023/2024 season. *Source: Ireland's Computerised Infectious Disease Reporting System.*

Table 8: Number, percentage and rate per 100,000 population of notified laboratory-confirmed influenzahospitalised cases notified in week 13 2024 and the 2023/2024 season (week 40 2023 onwards). Source: Ireland'sComputerised infectious Disease Reporting System

		Hospitalised (Week 1	3)	Season to date (Week 40 2023 - Week 13 2024)					
Age (years)	Number	% of all Hospitalisations	Rate/ 100,000	Number	% of all Hospitalisations	Rate/ 100,000			
<1	3	3.6	5.2	115	3.0	199.0			
1-4	12	14.3	5.1	424	11.0	178.4			
5-14	6	7.1	0.8	475	12.3	66.3			
15-24	2	2.4	0.3	159	4.1	24.7			
25-34	4	4.8	0.6	218	5.6	34.7			
35-44	6	7.1	0.8	242	6.3	30.5			
45-54	5	6.0	0.7	198	5.1	27.8			
55-64	7	8.3	1.2	325	8.4	56.1			
≥65	39	46.4	5.0	1704	44.1	219.5			
Total	84	100	1.6	3860	100	75.0			

Table 9: Number of notified laboratory-confirmed **influenza** cases by patient type and week of notification2023/2024 season (week 40 2023 onwards). Source: Ireland's Computerised infectious Disease Reporting System

				Patient Typ	e			
	GP Patient	ED patient	Hospital Inpatient	Hospital Day Patient	Hospital Outpatient	Other	Unknown	Total
Week 13	9	165	84	2	29	5	61	355
Week 12	28	184	90	1	21	4	54	382
Week 11	21	227	108	6	10	6	89	467
Week 10	26	176	92	3	24	9	28	358
Week 9	59	235	139	4	29	14	86	566
Week 8	74	409	182	6	30	5	133	839
Week 7	91	407	198	9	57	30	130	922
Week 6	75	544	259	9	71	18	114	1090
Week 5	130	645	274	8	50	30	242	1379
Week 4	139	683	398	12	83	47	200	1562
Week 3	117	592	342	16	49	33	134	1283
Week 2	111	802	319	17	55	30	110	1444
Week 1	96	809	443	14	73	28	161	1624
Week 52	56	451	246	11	33	14	66	877
Week 51	66	535	215	7	53	13	75	964
Week 50	40	309	205	5	35	3	35	632
Week 49	11	136	98	1	17	7	13	283
Week 48	19	63	56	1	11	6	14	170
Week 47	9	39	23	1	9	2	7	90
Week 46	8	28	16	0	5	1	5	63
Week 45	9	26	19	0	6	4	2	66
Week 44	2	15	16	1	1	0	1	36
Week 43	8	16	21	0	0	0	1	46
Week 42	8	9	9	0	1	0	1	28
Week 41	6	15	3	1	2	0	2	29
Week 40	0	6	5	0	3	0	0	14
Total	1218	7526	3860	135	757	309	1764	15569

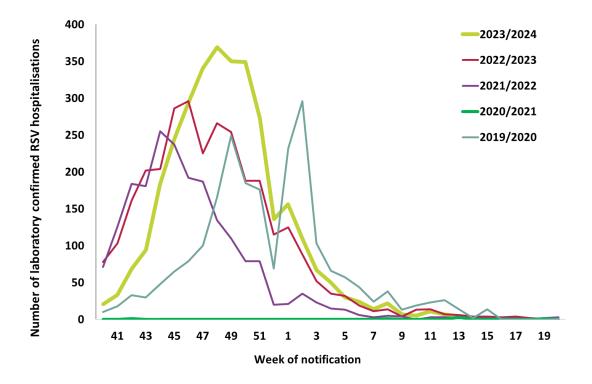


Figure 17: Number of notified **RSV** hospitalised cases notified, by week of notification and season, for the 2019/2020 to 2023/2024 seasons. *Source: Ireland's Computerised Infectious Disease Reporting System.*

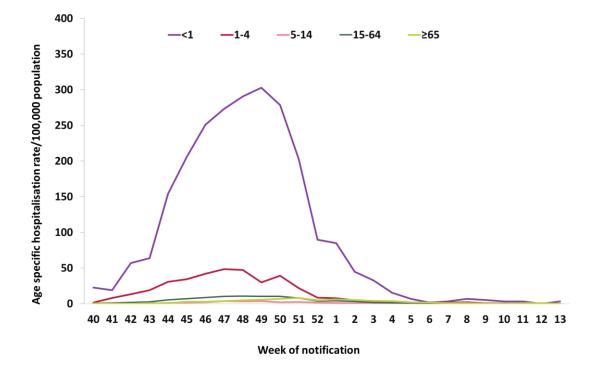


Figure 18: Age specific notification rates/100,000 population for laboratory confirmed **RSV** hospitalised cases notified by week of notification for the 2023/2024 season. *Source: Ireland's Computerised Infectious Disease Reporting System*

Table 10: Number, percentage and rate per 100,000 population of notified laboratory-confirmed **RSV hospitalised** cases notified in week 13 2024 and the 2023/2024 season (week 40 2023 onwards). *Source: Ireland's Computerised infectious Disease Reporting System*

0		Hospitalised (Week 13)		Season to date (Week 40 2023 - Week 13 2024)					
Age (years)	Number	% of all Hospitalisations	Rate/ 100,000 population	Number	% of all Hospitalisations	Rate/ 100,000 population			
<1	2	50.0	3.5	1416	43.3	2450.0			
1-4	0	0.0	0.0	888	27.1	373.7			
5-14	1	25.0	0.1	188	5.7	26.2			
15-24	0	0.0	0.0	28	0.9	4.3			
25-34	0	0.0	0.0	31	0.9	4.9			
35-44	0	0.0	0.0	39	1.2	4.9			
45-54	0	0.0	0.0	49	1.5	6.9			
55-64	0	0.0	0.0	91	2.8	15.7			
≥65	1	25.0	0.1	541	16.5	69.7			
Total	4	100	0.1	3271	100	63.5			

Table 11: Number of notified laboratory confirmed **RSV** cases by patient type and week of notification, 2023/2024

 season (week 40 2023 onwards). Source: Ireland's Computerised infectious Disease Reporting System

				Patient 1	Гуре			
	GP Patient	ED patient	Hospital Inpatient	Hospital Day Patient	Hospital Outpatient	Other	Unknown	Total
Week 13	0	6	4	0	0	0	6	16
Week 12	0	8	7	0	1	1	2	19
Week 11	0	10	11	0	1	1	3	26
Week 10	0	6	5	0	1	0	2	14
Week 9	1	10	7	4	0	1	3	26
Week 8	4	8	22	0	0	0	8	42
Week 7	6	12	14	1	0	1	13	47
Week 6	7	17	24	1	3	0	8	60
Week 5	3	19	30	2	1	1	20	76
Week 4	16	55	50	3	7	6	18	155
Week 3	18	60	67	2	9	26	29	211
Week 2	14	115	109	7	10	12	36	303
Week 1	17	145	156	10	14	16	106	464
Week 52	7	137	136	7	5	17	34	343
Week 51	33	264	273	8	13	9	71	671
Week 50	33	326	349	6	33	12	39	798
Week 49	26	344	351	8	19	9	68	825
Week 48	20	481	374	11	15	11	72	984
Week 47	14	283	342	3	18	17	52	729
Week 46	7	259	295	8	8	1	37	615
Week 45	7	167	245	5	6	2	22	454
Week 44	6	216	183	3	12	3	10	433
Week 43	2	74	94	0	4	2	21	197
Week 42	2	32	69	2	1	6	8	120
Week 41	1	23	33	1	1	1	7	67
Week 40	1	15	21	1	2	0	3	43
Total	245	3092	3271	93	184	155	698	7738

7. Intensive Care Surveillance

The Intensive Care Society of Ireland (ICSI) and the HSE Critical Care Programme conducts enhanced surveillance (established during the 2009 pandemic), on all intensive care patients with laboratory confirmed influenza. HPSC processes and reports on this information on behalf of the regional Directors of Public Health/Medical Officers of Health.

- There were no laboratory confirmed influenza cases admitted to intensive care unit (ICU) and notified to HPSC during week 13 2024.
- One-hundred and eight influenza cases (106 influenza A (29 A(H3), 16 A(H1)pdm09 and 61 A (not subtyped)) and two influenza B) have been notified for the season to date (weeks 40 2023- 13 2024).

Table 12: Cumulative number and age specific rate per 100,000 population of laboratory confirmed notifiedinfluenza hospitalised and intensive care cases, week 40 2023 – week 13 2024. Source: Ireland's Computerisedinfectious Disease Reporting System

Age-group		Hospitalised	Admitted to ICU				
(years)	Number	Rate/100,000 population	Number	Rate/100,000 population			
<1	115	199.0	4	6.9			
1-4	424	178.4	4	1.7			
5-14	475	66.3	7	1.0			
15-24	159	24.7	3	0.5			
25-34	218	34.7	5	0.8			
35-44	242	38.5	5	0.6			
45-54	198	27.8	16	2.2			
55-64	325	56.1	19	3.3			
≥65	1704	219.5	45	5.8			
Total	3860	75.0	108	2.1			

8. Mortality Surveillance

Influenza deaths include all deaths in notified influenza cases. HPSC receives daily mortality data from the General Register Office (GRO) on all deaths from all causes registered in Ireland. These data have been used to monitor excess all-cause and influenza and pneumonia mortality as part of the influenza surveillance system and the European Mortality Monitoring Project. Excess mortality analyses are corrected for reporting delays with the standardised EuroMOMO algorithm. Due to delays in death registrations in Ireland, excess mortality data included in this report are reported with a one-week lag time. These data are provisional due to the time delay in deaths' registration in Ireland. http://www.euromomo.eu/

- There was one influenza A (not subtyped) death in notified influenza cases reported to HPSC during week 13 2024.
- For the season to date (weeks 40 2023 13 2024), 182 deaths in notified influenza cases; 44 A(H3), 16 A(H1)pdm09, 120 A (not-subtyped) and two influenza B.
- There was no excess all-cause mortality for the entire population reported for week 12 2024.

9. Outbreak Surveillance

In this surveillance report, ARI outbreaks refer to outbreaks of acute respiratory infection caused by pathogens other than influenza, SARS-CoV-2 or RSV. COVID-19 outbreaks are not included in this report; surveillance data on COVID-19 outbreaks are detailed on the HPSC website. <u>https://www.hpsc.ie/a-</u> z/respiratory/coronavirus/novelcoronavirus/casesinireland/

- During week 13 2024, three influenza A (not subtyped) outbreaks (two in nursing homes and one in an acute hospital) were notified to HPSC (Tables 13 & 14).
- Two ARI outbreaks (one rhino/enterovirus in a nursing home and one unknown pathogen in another setting) were notified to HPSC during week 13 2024.
- There have been 297 ARI/influenza/RSV (excluding COVID-19) outbreaks notified to HPSC to date this season, including 218 influenza outbreaks, 37 RSV outbreaks and 42 ARI outbreaks.

Table 13: Summary of influenza, RSV and ARI (influenza/RSV/SARS-CoV-2 negative) outbreaks by HSE Health Regionduring week 13 2024 and the 2023/2024 season (week 40 2023 – week 13 2024) Source: CIDR

HSE Health Region	Influenza		RSV		ARI		Total	
	Week 13	2023/2024	Week 13	2023/2024	Week 13	2023/2024	Week 13	2023/2024
Dublin and North East	1	36	0	7	2	21	3	64
Dublin and Midlands	0	33	0	12	0	0	0	45
Dubin and South East	1	48	0	3	0	9	1	60
South West	1	27	0	1	0	5	1	33
Mid West	0	8	0	3	0	0	0	11
West and North West	0	65	0	9	0	7	0	81
Unknown	0	1	0	2	0	0	0	3
Total	3	218	0	37	2	42	5	297

Table 14: Summary of influenza, RSV and ARI (influenza/RSV/SARS-CoV-2 negative) outbreaks by outbreak setting during week 13 2024 and the 2023/2024 season (week 40 2023 – week 13 2024). *Source: CIDR*

Setting	Influenza		RSV		ARI		Total	
Setting	Week 13	2023/2024	Week 13	2023/2024	Week 13	2023/2024	Week 13	2023/2024
Community hospital/Long-stay unit	0	17	0	2	0	3	0	22
Nursing Home	2	78	0	15	1	30	3	123
Hospital	1	70	0	10	0	0	1	80
Residential Institution	0	27	0	4	0	5	0	36
Childcare facility	0	2	0	2	0	0	0	4
Other settings	0	24	0	4	1	4	1	32
Total	3	218	0	37	2	42	5	297

10. International Summary

According to the European Respiratory Virus Surveillance Summary, in the WHO European region during week 13 2024 (including data up to 31/03/2024), influenza activity remains widespread but is steadily decreasing; all three influenza virus types/subtypes - A(H1)pdm09, A(H3) and B - are co-circulating, A(H1)pdm09 continues to be dominant in most countries. While the proportion of influenza B detections has increased relative to type A, influenza B detections remain low overall. During the 2023/2024 season, RSV activity began increasing around week 41, reaching a peak in week 50 and has been declining to baseline levels in recent weeks.

As of 24th March 2024, WHO has reported that globally influenza detections continue to decrease in most countries in the Northern Hemisphere. In the countries of North Africa and Central America and the Caribbean, small increases were reported. Influenza A(H1N1)pdm09 viruses predominated among the subtyped influenza A viruses, with differences by influenza transmission zone. Influenza activity in the Southern Hemisphere is generally low, although some countries in Tropical South America and South East Asia reported increases in activity recently. Detections of influenza A viruses predominate with differences by influenza transmission zone.

See <u>ECDC</u> and <u>WHO</u> influenza surveillance reports for further information.

11. WHO recommendations on the composition of influenza virus vaccines

The WHO vaccine strain selection committee recommends that quadrivalent egg-based vaccines for use in the 2024/2025 northern hemisphere influenza season contain the following:

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Thailand/8/2022 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Recommended composition of influenza virus vaccines for use in the 2024-2025 northern hemisphere influenza season (who.int)

• Further information on influenza is available on the following websites:

European respiratory virus surveillance summary <u>https://erviss.org/</u>				
Europe – ECDC	http://ecdc.europa.eu/			
UK Health Security Agency	https://www.gov.uk/government/collections/weekly-national-flu-reports			
United States CDC	http://www.cdc.gov/flu/weekly/fluactivitysurv.htm			
Public Health Agency of Canada <u>http://www.phac-aspc.gc.ca/fluwatch/index-eng.php</u>				

- Influenza case definition in Ireland <u>https://www.hpsc.ie/a-z/respiratory/influenza/casedefinitions/</u>
- COVID-19 case definition in Ireland <u>https://www.hpsc.ie/a-</u> z/respiratory/coronavirus/novelcoronavirus/casedefinitions/
- Avian influenza overview May August 2020 <u>https://www.ecdc.europa.eu/en/publications-data/avian-influenza-overview-may-august-2020</u>
- Avian influenza: EU on alert for new outbreaks <u>https://www.ecdc.europa.eu/en/news-events/avian-influenza-eu-alert-new-outbreaks</u>
- Information on COVID-19 in Ireland is available on the HPSC website https://www.hpsc.ie/a-z/respiratory/coronavirus/
- The WHO categorised COVID-19 as a pandemic on 11 March 2020. For more information about the situation in the WHO European Region visit:
 - WHO website: <u>https://www.who.int/emergencies/diseases/novel-coronavirus-2019</u>
 - ECDC website: <u>https://www.ecdc.europa.eu/en/novel-coronavirus-china</u>

Further information on influenza in Ireland is available at www.hpsc.ie

Acknowledgements

This report was prepared by the HPSC influenza epidemiology team: Nancy Somi, Adele McKenna, Eva Kelly, Karen O'Reilly, Amy Griffin, Pamella Lima, Maureen O'Leary, Lisa Domegan and Joan O'Donnell. HPSC wishes to thank the sentinel GPs, the ICGP, NVRL, Departments of Public Health, ICSI and HSE-Healthlink for providing data for this report.