

Influenza Week 43 2022 (24th – 30th October 2022)



 **Intensive Care Society of Ireland**

Summary

Some indicators of influenza activity increased in Ireland during week 43 2022 (week ending 30/10/2022), however overall activity remained at low levels. Sporadic detections of influenza A(H3), A(H1)pdm09 and B have been detected this season to date. Notified cases of Respiratory syncytial virus (RSV) including hospitalised cases increased and are at high levels in Ireland.

Influenza-like illness (ILI): The sentinel GP influenza-like illness (ILI) ILI consultation rate was 12.2 per 100,000 population during week 43 2022, an increase compared to the updated rate of 11.3 per 100,000 reported during week 42 2022.

- Sentinel GP ILI consultation rates were below the Irish baseline threshold (18.1/100,000 population) during week 43 2022.
- Sentinel GP ILI age specific consultation rates were all below age specific baselines during week 43 2022.

National Virus Reference Laboratory (NVRL):

- Of seven sentinel GP ILI specimens tested during weeks 42 and 43 2022, one was positive for influenza A(H1)pdm09.
- Of 311 non-sentinel respiratory specimens tested and reported by the NVRL during weeks 43 and 42 2022, 10 (3.2%) were positive for influenza: seven A(H3), one A(H1)pdm09 and two influenza A (not subtyped).
- Respiratory syncytial virus (RSV) positivity (non-sentinel respiratory specimens) remained high in recent weeks, at 8% (10/125) during week 43 2022 and 18.3% (34/186) during week 42 2022. During weeks 42 and 43 2022, no sentinel GP ILI specimens were RSV positive.
- Influenza notifications: 126 laboratory confirmed influenza cases were notified during week 43 2022 – 10 A(H3), three A(H1)pdm09, 109 influenza A (not subtyped) and four influenza B. This is an increase compared to 102 influenza notifications during week 42 2022.
- RSV notifications: 421 RSV cases were notified during week 43 2022, an increase compared to 325 cases notified during week 42 2022. During week 43 2022, 71% of notified RSV cases were in the 0-4-year age group.
- Hospitalisations and Critical care admissions: 43 laboratory confirmed influenza hospitalised cases were notified during week 43: 41 influenza A (not subtyped) and two influenza B. One laboratory confirmed critical care influenza A (not subtyped) case was notified to HPSC during week 43 2022.
- Mortality: No deaths in notified influenza cases were reported to HPSC during week 43 2022. During the 2022/2023 season (weeks 40 2022- 43 2022), one death was notified in an influenza A (not subtyped) case.
- Outbreaks: One influenza A (not subtyped) outbreak in a hospital was reported during week 43 2022. Two RSV outbreaks, one in a childcare facility and one family outbreak, were reported to HPSC in week 43 2022.
- International: In Europe, overall influenza activity remained at inter-seasonal levels, influenza detections and ILI activity increased in a few countries; Germany reported regional influenza activity and Kazakhstan and Scotland reported widespread activity. WHO is advising countries to remain vigilant for the likelihood of influenza circulating and to be prepared for co-circulation of SARS-CoV-2 and influenza.

1. GP sentinel surveillance system - Clinical Data

- During week 43 2022, 36 sentinel GP influenza-like illness (ILI) consultations were reported from the Irish sentinel GP network, corresponding to an ILI consultation rate of 12.2 per 100,000 population, an increase compared to the updated rate of 11.3 per 100,000 reported during week 42 2022 (Figure 1).
- The sentinel GP ILI consultation rate during week 43 2022 was below the Irish sentinel GP ILI baseline threshold (18.1/100,000 population).
- Sentinel GP ILI age specific consultation rates were below baseline in the ≥ 65 (15.2/100,000), 15-64 (12.4/100,000) and 0-14 (12.2/100,000) year age groups during week 43 2022 (Figure 2, Table 1).
- HPSC has reviewed the Irish sentinel baseline ILI threshold for the 2022/2023 influenza season, which will remain at 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), medium (57.5/100,000 population) and high (86.5/100,000 population) intensity ILI thresholds are shown in Figure 1. Age specific MEM threshold levels are shown in Table 1.

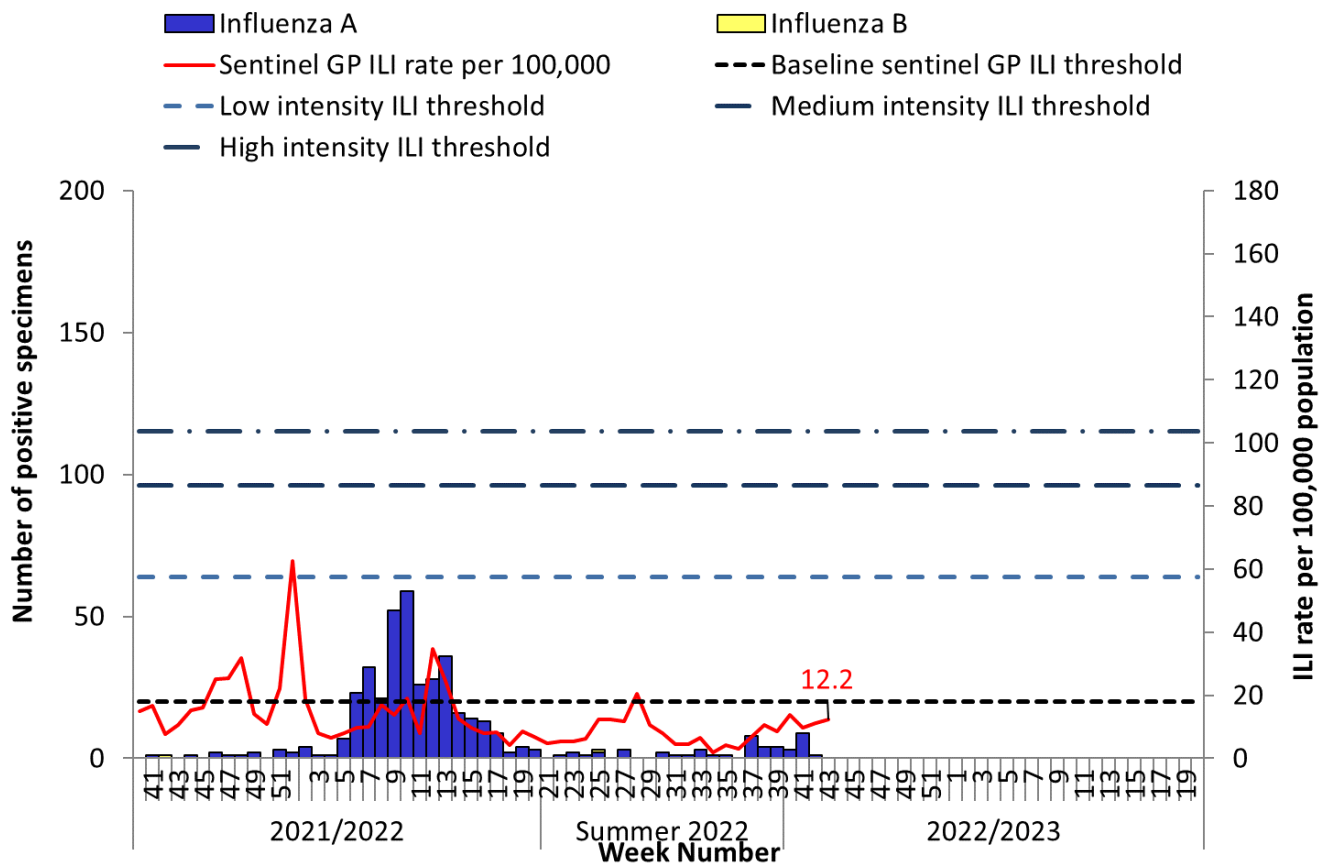


Figure 1: Sentinel GP Influenza-like illness (ILI) consultation rates per 100,000 population, baseline ILI threshold, medium and high intensity ILI thresholds and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. *Source: ICGP and NVRL*

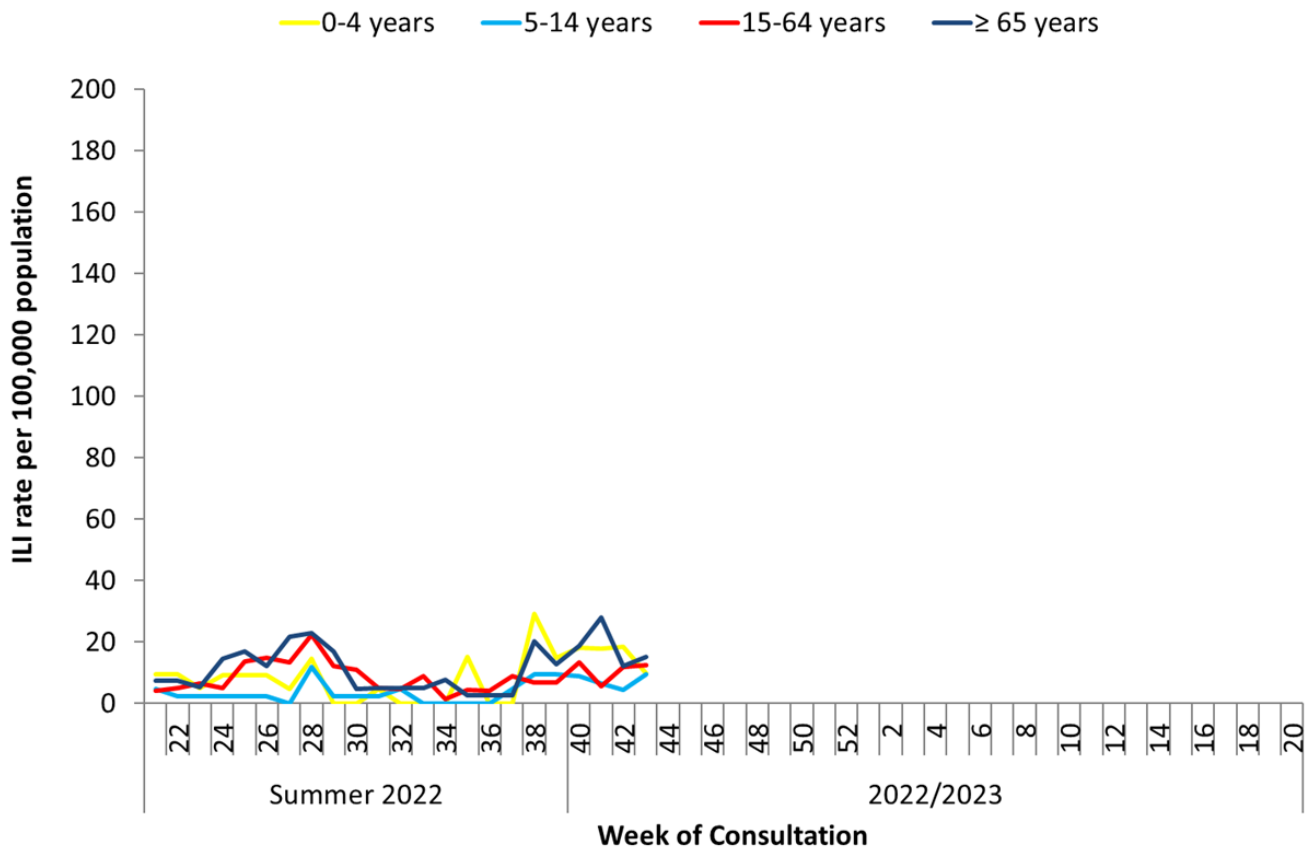


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2022 and the 2022/2023 influenza season to date. *Source: ICGP.*

Table 1: Age specific sentinel GP ILI consultation rate per 100,000 population by week (weeks 24-43 2022), colour coded by sentinel GP ILI age specific Moving Epidemic Method (MEM) threshold levels. *Source: ICGP.*

| MEM Threshold Levels | Below Baseline | | Low | | Moderate | | High | | Extraordinary | | | | | | | | | | | |
|----------------------------|----------------|------|------|------|----------|------|------|-----|---------------|-----|-----|-----|-----|-----|------|------|------|------|------|------|
| Age group (years) | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 |
| All Ages | 6.1 | 12.2 | 12.2 | 11.9 | 20.4 | 10.6 | 8.0 | 4.6 | 4.4 | 6.6 | 2.0 | 4.2 | 3.0 | 6.8 | 10.5 | 8.7 | 13.8 | 9.7 | 11.3 | 12.2 |
| <15 yrs | 4.6 | 4.6 | 4.6 | 1.5 | 12.9 | 1.5 | 1.5 | 3.1 | 3.2 | 0.0 | 0.0 | 5.0 | 0.0 | 3.2 | 16.0 | 11.3 | 11.9 | 10.3 | 9.1 | 9.6 |
| 15-64 yrs | 4.9 | 13.8 | 14.7 | 13.3 | 22.3 | 12.3 | 10.8 | 5.0 | 4.6 | 9.0 | 1.5 | 4.3 | 4.0 | 8.8 | 6.7 | 6.8 | 13.4 | 5.7 | 11.8 | 12.4 |
| ≥65 yrs | 14.4 | 16.8 | 12.0 | 21.6 | 22.8 | 16.8 | 4.8 | 4.9 | 5.0 | 4.9 | 7.5 | 2.6 | 2.5 | 2.5 | 20.2 | 12.7 | 18.8 | 27.9 | 12.0 | 15.2 |
| Reporting practices (N=61) | 57 | 57 | 57 | 57 | 55 | 57 | 57 | 56 | 54 | 57 | 56 | 57 | 58 | 57 | 57 | 56 | 59 | 59 | 58 | 52 |

2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2022/2023 influenza season refers to sentinel GP ILI and non-sentinel respiratory specimens routinely tested for influenza, 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 3). In Ireland, virological surveillance for influenza, RSV and other respiratory viruses (ORVs) undertaken by the Irish sentinel GP network is integrated into current testing structures for COVID-19 primary care referrals.

- Of seven sentinel GP ILI specimens tested during weeks 42 and 43 2022, one was positive for influenza A(H1)pdm09. Of 311 non-sentinel respiratory specimens tested and reported by the NVRL during weeks 43 and 42 2022, 10 (3.2%) were positive for influenza: seven A(H3), one A(H1)pdm09 and two influenza A (not subtyped); a lag time with testing and reporting is noted.
- Respiratory syncytial virus (RSV) positivity (non-sentinel respiratory specimens) remained high in recent weeks at 8% (10/125) during week 43 2022 and 18.3% (34/186) during week 42 2022. During weeks 42 and 43 2022, no sentinel GP ILI specimens were RSV positive.
- Rhinovirus/enterovirus positive detections from non-sentinel respiratory specimens were detected at a positivity rate of 13.6% (17/125) during week 43 2022, a slight increase from 11.3% (21/186) during week 42 2022 (Figure 5).
- Other respiratory viruses (ORVs) are being detected at lower levels (Figure 3).

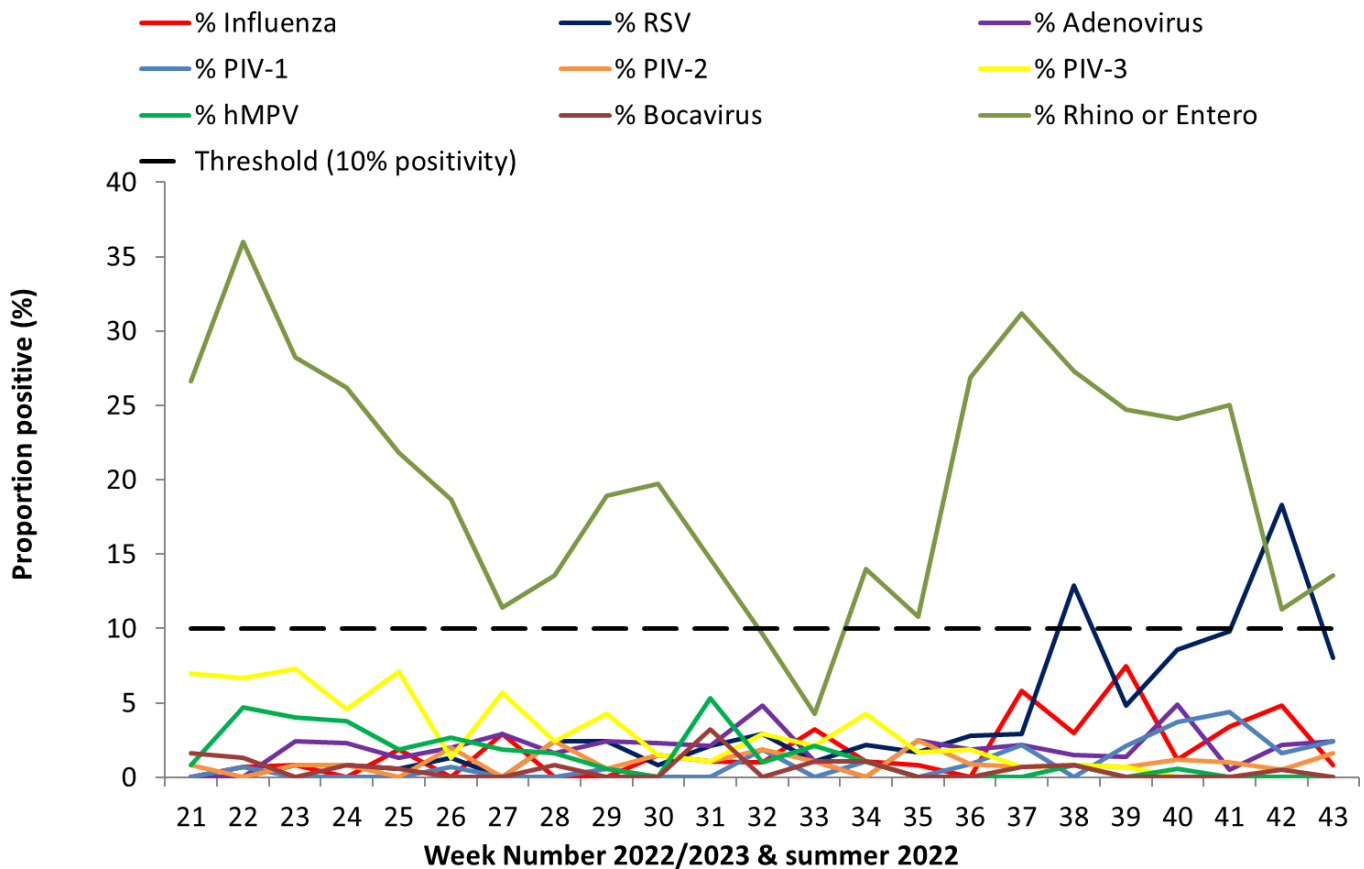


Figure 3: Percentage positive results for non-sentinel respiratory specimens tested by the NVRL for influenza, RSV and other respiratory viruses, weeks 21-43 2022. *Source: ICGP.*

Table 2: Number of sentinel GP ILI and non-sentinel respiratory specimens tested by the NVRL and positive influenza results, for weeks 42 and 43 2022 and the 2022/2023 season (weeks 40-43 2022). *Source: NVRL*

| Surveillance period | Specimen type | Total tested | Number influenza | % Influenza positive | Influenza A | | | | Influenza B | | | |
|---------------------|--------------------------|--------------|------------------|----------------------|-------------|-----------|----------|-----------|-------------|------------|------------|----------|
| | | | | | A(H1)pdm09 | A(H3) | A (not) | Total | B | B Victoria | B Yamagata | Total |
| 43 2022 | Sentinel GP ILI referral | 4 | 0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Non-sentinel | 125 | 1 | 0.8 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| | Total | 129 | 1 | 0.8 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| 42 2022 | Sentinel GP ILI referral | 3 | 1 | 33.3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| | Non-sentinel | 186 | 9 | 4.8 | 1 | 6 | 2 | 9 | 0 | 0 | 0 | 0 |
| | Total | 189 | 10 | 5.3 | 2 | 6 | 2 | 10 | 0 | 0 | 0 | 0 |
| 2022/2023 | Sentinel GP ILI referral | 24 | 4 | 16.7 | 2 | 2 | 0 | 4 | 0 | 0 | 0 | 0 |
| | Non-sentinel | 677 | 19 | 2.8 | 6 | 11 | 2 | 19 | 0 | 0 | 0 | 0 |
| | Total | 701 | 23 | 3.3 | 8 | 13 | 2 | 23 | 0 | 0 | 0 | 0 |

Table 3: Number of sentinel GP ILI and non-sentinel respiratory specimens tested by the NVRL and positive RSV results, for weeks 42 and 43 2022 and the 2022/2023 season (weeks 40-43 2022). *Source: NVRL*

| Surveillance period | Specimen type | Total tested | Number RSV positive | % RSV positive | RSV A | RSV B | RSV (unspecified) |
|---------------------|-----------------|--------------|---------------------|----------------|-----------|-----------|-------------------|
| Week 43 2022 | Sentinel GP ILI | 4 | 0 | 0.0 | 0 | 0 | 0 |
| | Non-sentinel | 125 | 10 | 8.0 | 2 | 8 | 0 |
| | Total | 129 | 10 | 7.8 | 2 | 8 | 0 |
| Week 42 2022 | Sentinel GP ILI | 3 | 0 | 0.0 | 0 | 0 | 0 |
| | Non-sentinel | 186 | 34 | 18.3 | 6 | 28 | 0 |
| | Total | 189 | 34 | 18.0 | 6 | 28 | 0 |
| 2022/2023 | Sentinel GP ILI | 24 | 3 | 12.5 | 0 | 3 | 0 |
| | Non-sentinel | 677 | 78 | 11.5 | 25 | 53 | 0 |
| | Total | 701 | 81 | 11.6 | 25 | 56 | 0 |

Table 4: Number of non-sentinel respiratory specimens tested by the NVRL for respiratory viruses and positive results, for weeks 42 and 43 2022 and 2022/2023 season (weeks 40-43 2022). *Source: NVRL*

| Virus | Week 43 2022 (N=125) | | Week 42 2022 (N=186) | | 2022/2023 (N=677) | |
|------------------------------------|----------------------|------------|----------------------|------------|-------------------|------------|
| | Total positive | % positive | Total positive | % positive | Total positive | % positive |
| Influenza virus | 1 | 0.8 | 9 | 4.8 | 19 | 2.8 |
| Respiratory Syncytial Virus (RSV) | 10 | 8.0 | 34 | 18.3 | 78 | 11.5 |
| Rhino/enterovirus | 17 | 13.6 | 21 | 11.3 | 128 | 18.9 |
| Adenovirus | 3 | 2.4 | 4 | 2.2 | 16 | 2.4 |
| Bocavirus | 0 | 0.0 | 1 | 0.5 | 1 | 0.1 |
| Human metapneumovirus (hMPV) | 0 | 0.0 | 0 | 0.0 | 1 | 0.1 |
| Parainfluenza virus type 1 (PIV-1) | 3 | 2.4 | 3 | 1.6 | 21 | 0.1 |
| Parainfluenza virus type 2 (PIV-2) | 2 | 1.6 | 1 | 0.5 | 7 | 1.0 |
| Parainfluenza virus type 3 (PIV-3) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Parainfluenza virus type 4 (PIV-4) | 0 | 0.0 | 3 | 1.6 | 5 | 0.7 |

Table 5: Number of sentinel GP ILI specimens tested by the NVRL for respiratory viruses and positive results, for weeks 42 and 43 2022 and 2022/2023 season (weeks 40-43 2022). *Source: NVRL*

| Virus | Week 43 2022 (N=4) | | Week 42 2022 (N=3) | | 2022/2023 (N=24) | |
|------------------------------------|--------------------|------------|--------------------|------------|------------------|------------|
| | Total | % positive | Total | % positive | Total positive | % positive |
| SARS-CoV-2 | 0 | 0.0 | 1 | 33.3 | 1 | 1.0 |
| Influenza virus | 0 | 0.0 | 1 | 33.3 | 4 | 16.7 |
| Respiratory Syncytial Virus (RSV) | 0 | 0.0 | 0 | 0.0 | 3 | 12.5 |
| Rhino/enterovirus | 1 | 25.0 | 1 | 33.3 | 4 | 16.7 |
| Adenovirus | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Bocavirus | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Human metapneumovirus (hMPV) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Parainfluenza virus type 1 (PIV-1) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Parainfluenza virus type 2 (PIV-2) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Parainfluenza virus type 3 (PIV-3) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Parainfluenza virus type 4 (PIV-4) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

4. GP Out-Of-Hours services surveillance

The Department of Public Health in HSE-NE is collating national data on calls to nine of thirteen GP Out-of-Hours services in Ireland. Records with clinical symptoms reported as flu/influenza or cough are extracted for analysis. This information may act as an early indicator of circulation of influenza, SARS-CoV-2 or other respiratory viruses. Data are self-reported by callers and are not based on coded diagnoses.

- 6046 (40.9% of total calls; N=14,785) self-reported cough calls were reported by a network of GP OOHs services during week 43 2022, which was above baseline levels (10.7%) (Figure 4). An increase in both the cough calls and cough calls as a percentage of all calls in the 0 – 4 year age group in recent weeks is evident.
- 126 (0.9% of total calls; N=14,785) self-reported ‘flu’ calls were reported by a network of GP OOHs services during week 43 2022. The baseline threshold level for self-reported ‘flu’ calls is 2.3% (Figure 6).
- Five GP OOH services provided data for week 43 2022.

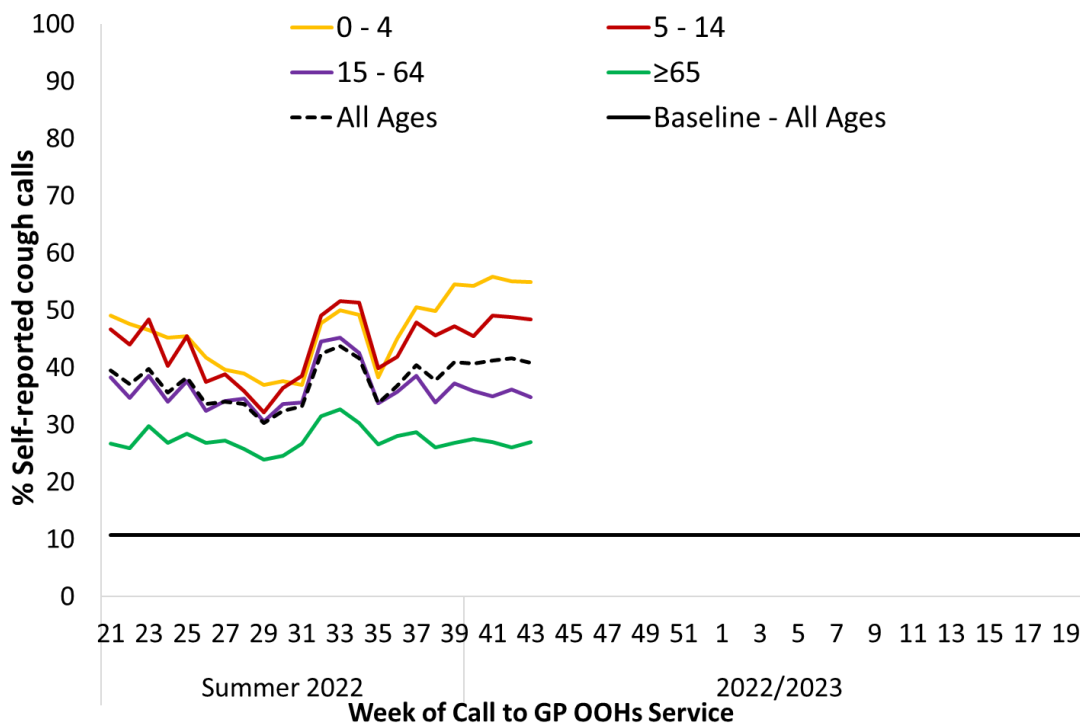


Figure 4: Percentage of self-reported COUGH calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call, summer 2022 and the 2022/2023 season. The % cough calls baseline for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*

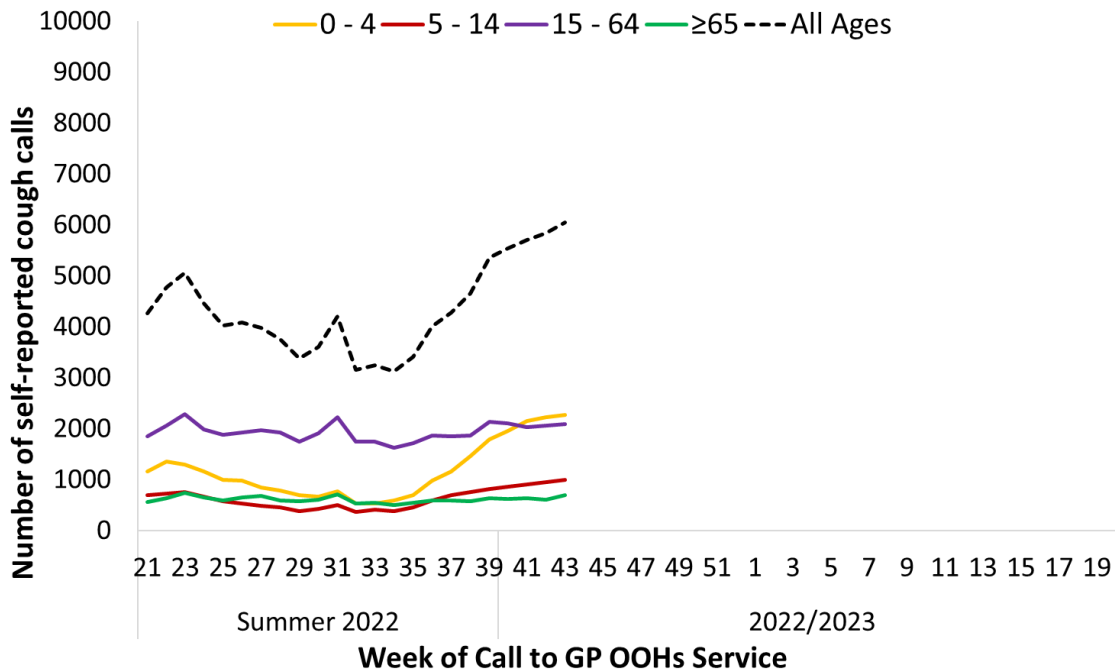


Figure 5: Number of self-reported COUGH calls for all ages and by age group to GP Out-of-Hours services by week of call, 2022-2023. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*

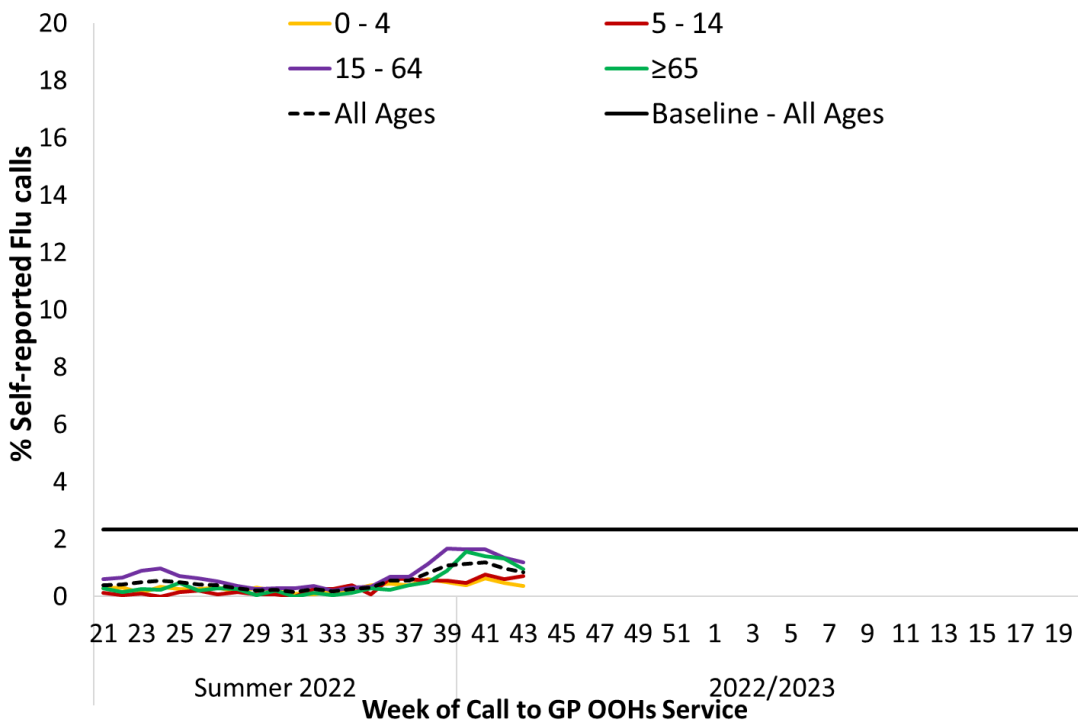


Figure 6: Percentage of self-reported FLU calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call, Summer 2022 and 2022/2023. The % flu calls baseline for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP*

5. Influenza & RSV notifications

Influenza and RSV cases notifications are reported on Ireland's Computerised Infectious Disease Reporting System (CIDR), including all positive influenza /RSV specimens reported from all laboratories testing for influenza/RSV and reporting to CIDR.

Influenza and RSV notifications are reported in the [Weekly Infectious Disease Report for Ireland](#).

- 126 laboratory confirmed influenza cases were notified during week 43 2022 – 10 A(H3), three A(H1)pdm09, 109 influenza A (not subtyped) and four influenza B. This is an increase compared to 102 influenza notifications during week 42 2022 (Figure 7). During the 2022/2023 season to date (weeks 40-43 2022) 349 cases of influenza have been reported to HPSC.
- Confirmed influenza cases for week 43 2022 were notified in the following HSE areas: HSE-East (n=49), HSE-MidWest (n=11), HSE-Midlands (n=7), HSE-Northeast (n=9), HSE-Northwest (n=21), HSE-Southeast (n=10), HSE-South (n=10) and HSE-West (n=9).
- Age specific rates in notified laboratory confirmed influenza cases were highest in those aged ≥ 65 years (Figure 8).
- 421 RSV cases were notified during week 43 2022, an increase compared to 325 cases notified during week 42 2022 (Figure 9).
- During week 43 2022, 71% of notified RSV cases were in the 0-4-year age group, age specific rates in notified laboratory confirmed RSV cases were highest in those aged 0-4 years (Figure 10).

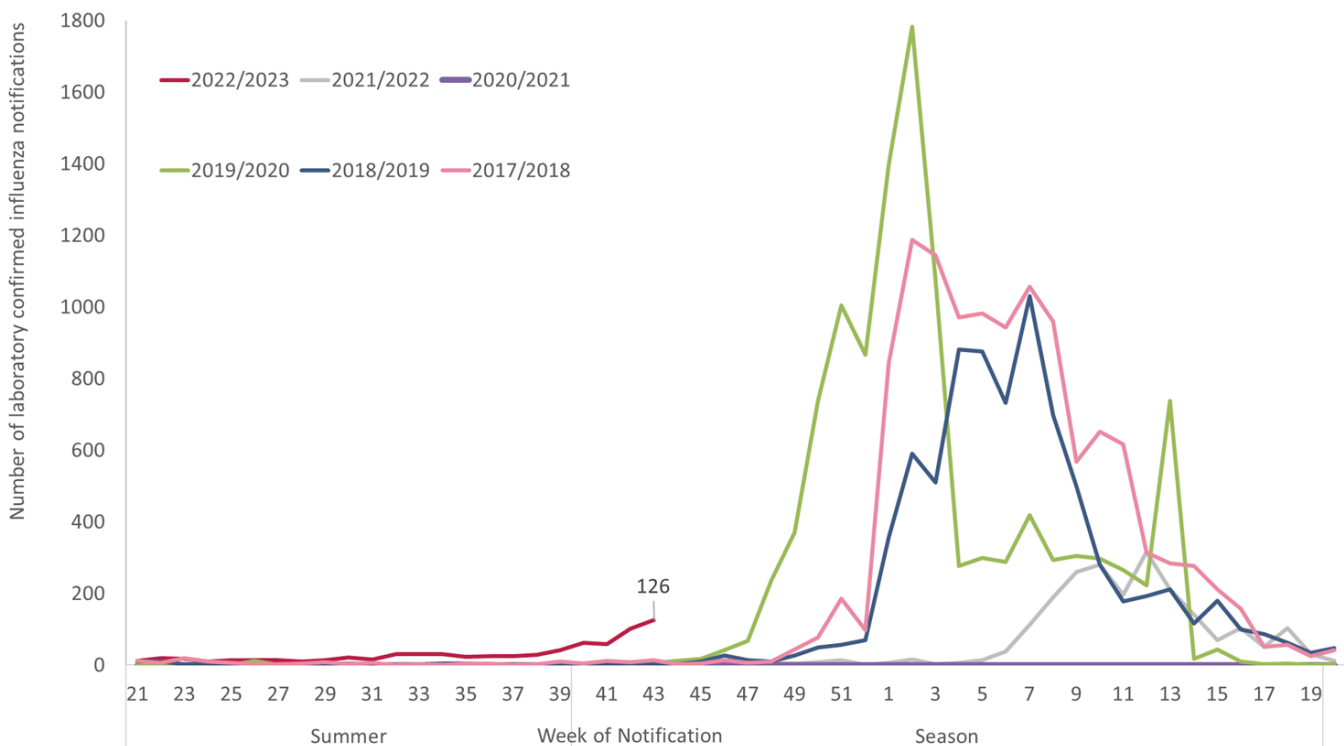


Figure 7: Laboratory confirmed influenza notifications to HSPC by week and season of notification, 2017/2018 to 2022/2023 influenza seasons. *Source: Ireland's Computerised Infectious Disease Reporting System.*

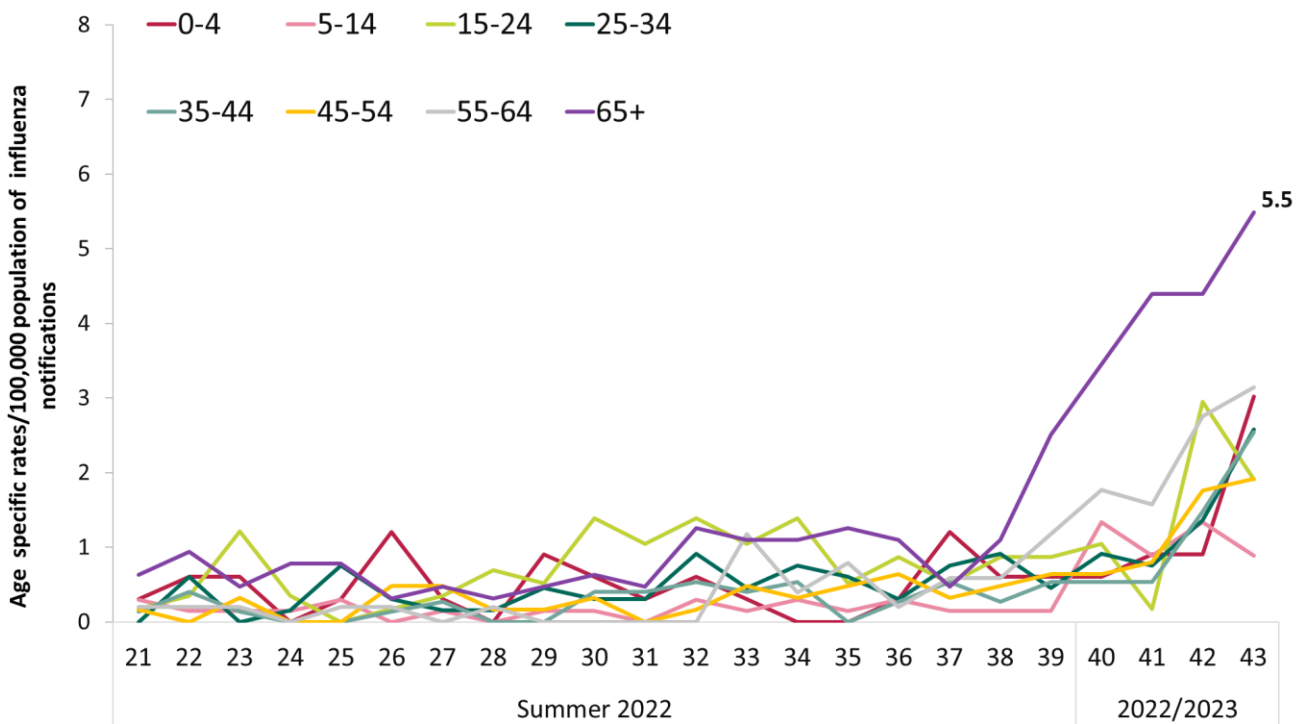


Figure 8: Age specific rates per 100,000 population for laboratory confirmed influenza notifications to HSPC by week of notification. *Source: Ireland's Computerised Infectious Disease Reporting System.*

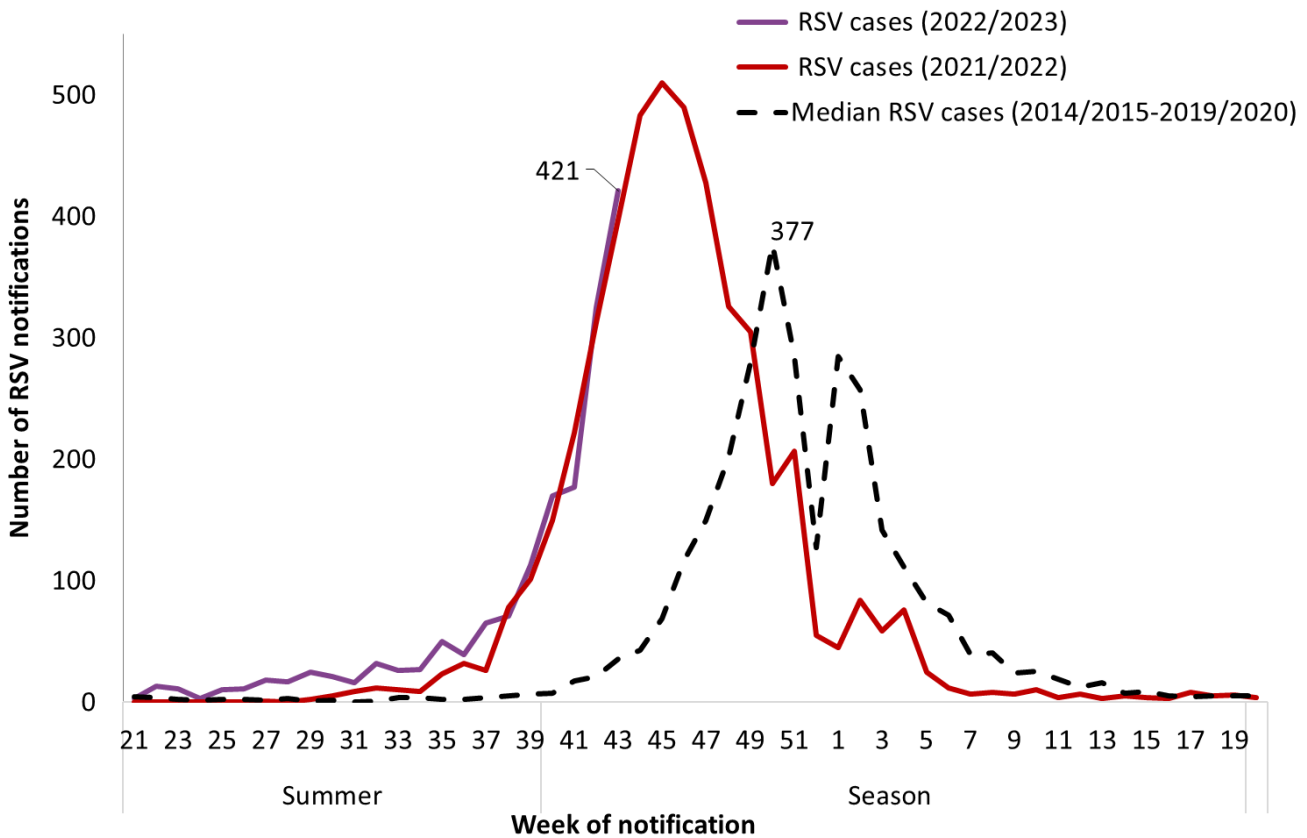


Figure 9: Number of laboratory confirmed RSV notifications to HPSC by week of notification 2022/2023 season 2021/2022 season and median number of RSV notifications by week (2014/2015-2019/2020). *Source: Ireland's Computerised Infectious Disease Reporting System.*

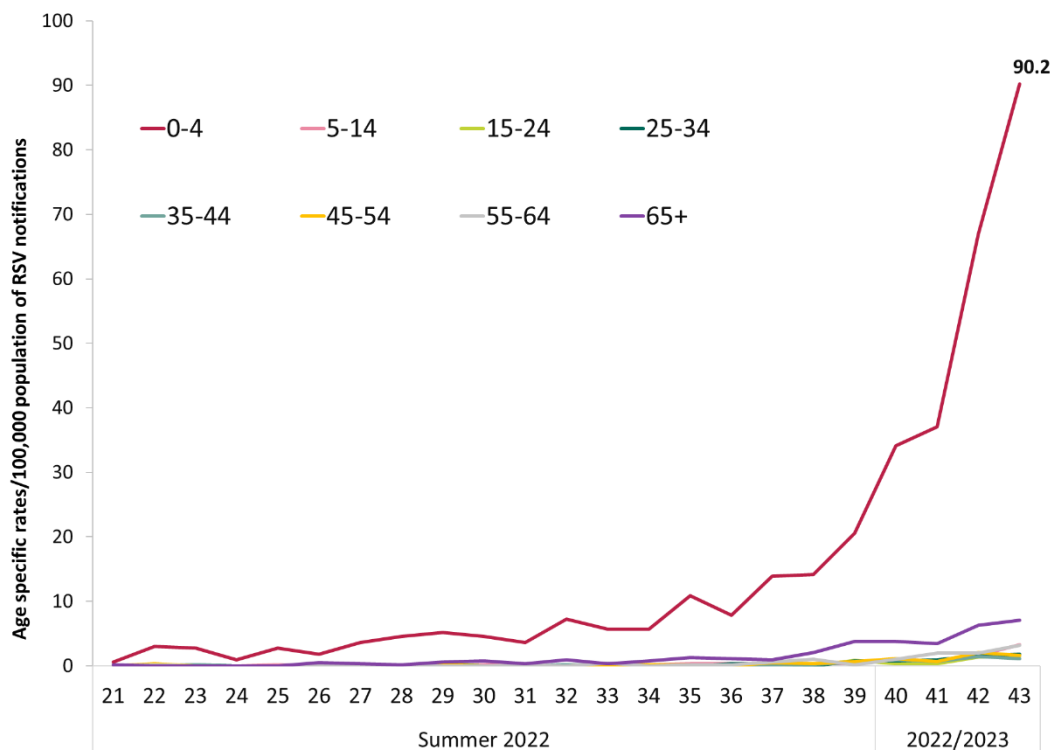


Figure 10: Age specific rates per 100,000 population for laboratory confirmed RSV notifications to HSPC by week of notification. *Source: Ireland's Computerised Infectious Disease Reporting System.*

6. Hospitalisations

- During week 43 2022, 43 laboratory confirmed influenza cases were reported as hospital inpatients, - 41 influenza A (not subtyped) and two influenza B (Figure 11). This is an increase compared to 31 laboratory confirmed influenza notifications reported as hospital inpatients during week 42 2022. During the 2022/2023 season to date (weeks 40-43 2022) 120 laboratory confirmed influenza patients have been reported as being hospitalised.
- In week 43 2022, age specific rates in notified laboratory confirmed hospitalised influenza cases were highest in those aged ≥ 65 years (Figure 12).
- The number (and age specific rate per 100,000 population) of laboratory confirmed notified influenza hospitalised and critical care cases for the 2022/2023 season are detailed in Table 8.
- In week 43 2022, of the 126 laboratory confirmed influenza cases notified, 34 notifications were reported in Emergency Department patients (Table 6).
- During week 43 2022, 195 RSV cases out of 421 (46%) were reported as hospital inpatients (Figure 13). It should be noted that patient type is not always reported/updated for RSV notified cases; an RSV patient may be admitted to hospital and patient type not updated on CIDR.
- In week 43 2022, age specific rates in notified laboratory confirmed hospitalised RSV cases were highest in those aged 0-4 years (Figure 14).
- In week 43 2022, of the 421 RSV notifications, 152 were reported in Emergency Department patients. (Table 7).

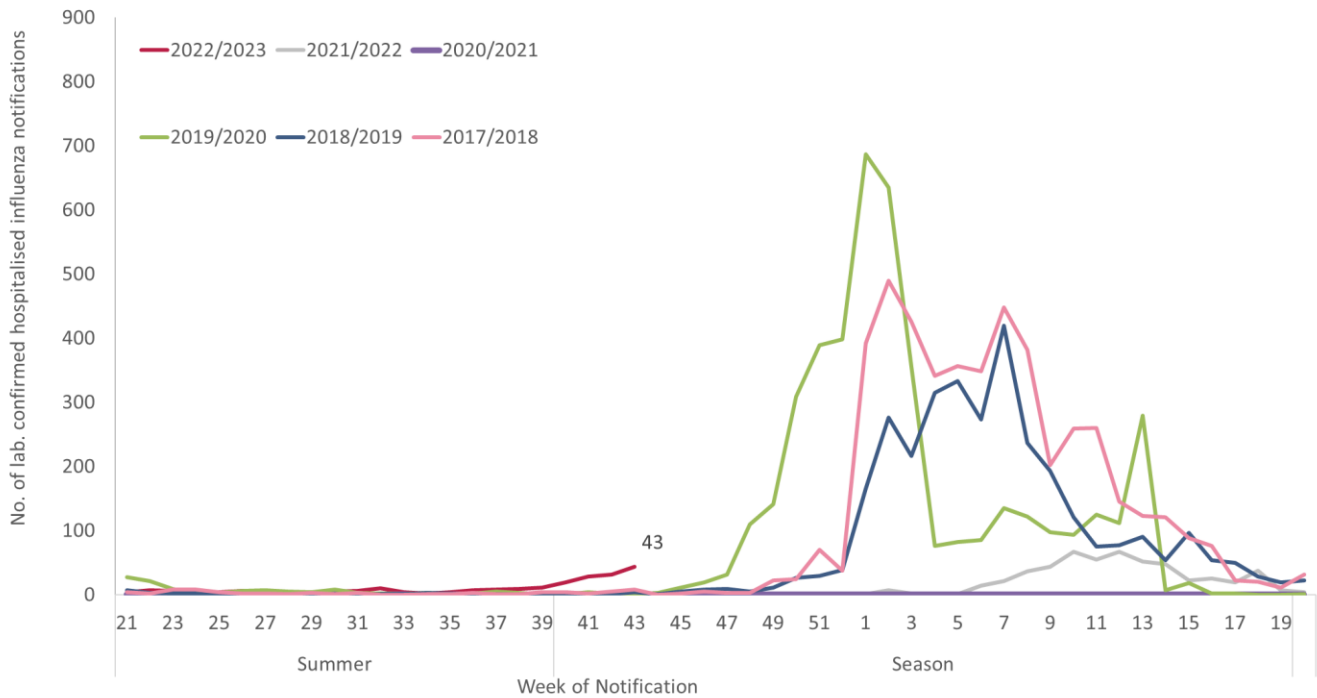


Figure 11: Number of notified laboratory confirmed influenza cases reported as hospital inpatients, for the 2017/2018 to 2022/2023 season. *Source: Ireland’s Computerised Infectious Disease Reporting System*

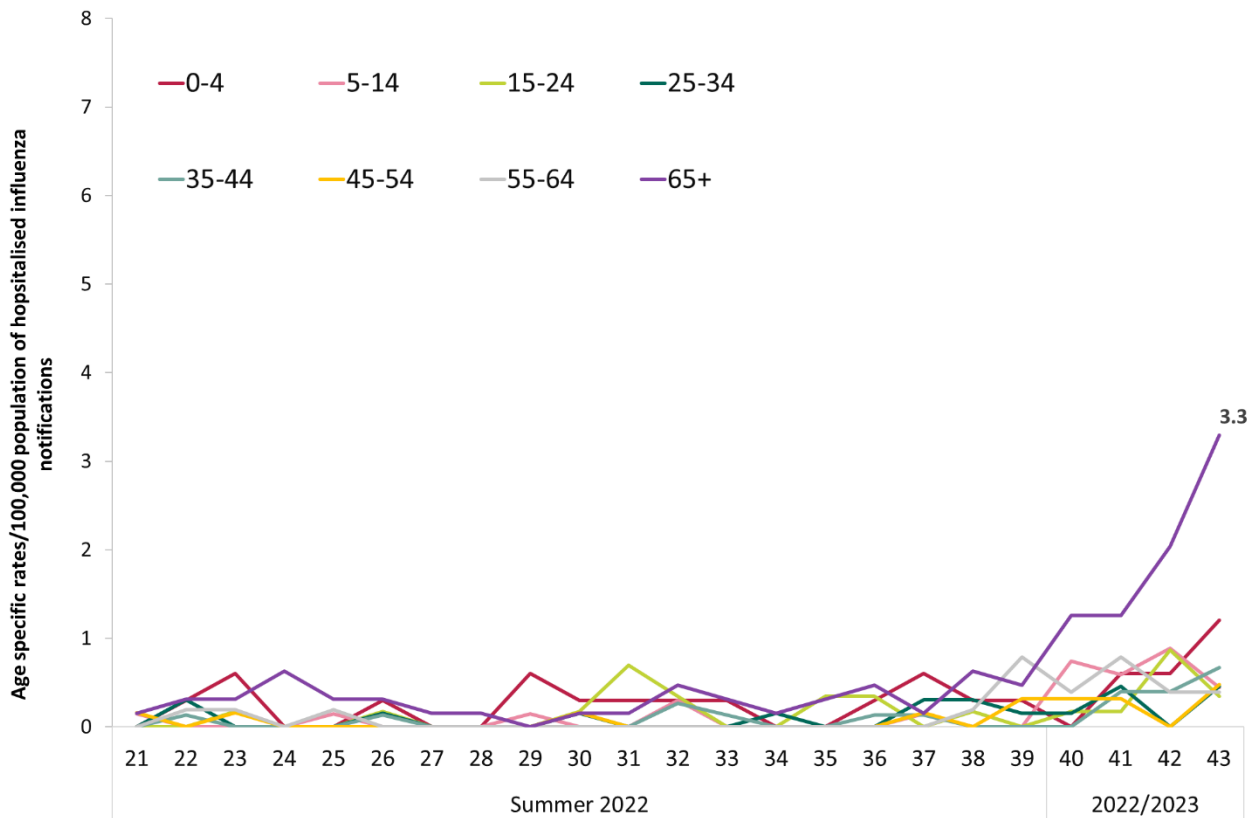


Figure 12: Age specific rates per 100,000 population for laboratory confirmed influenza cases reported as hospital inpatients by week of notification. *Source: Ireland’s Computerised Infectious Disease Reporting System.*

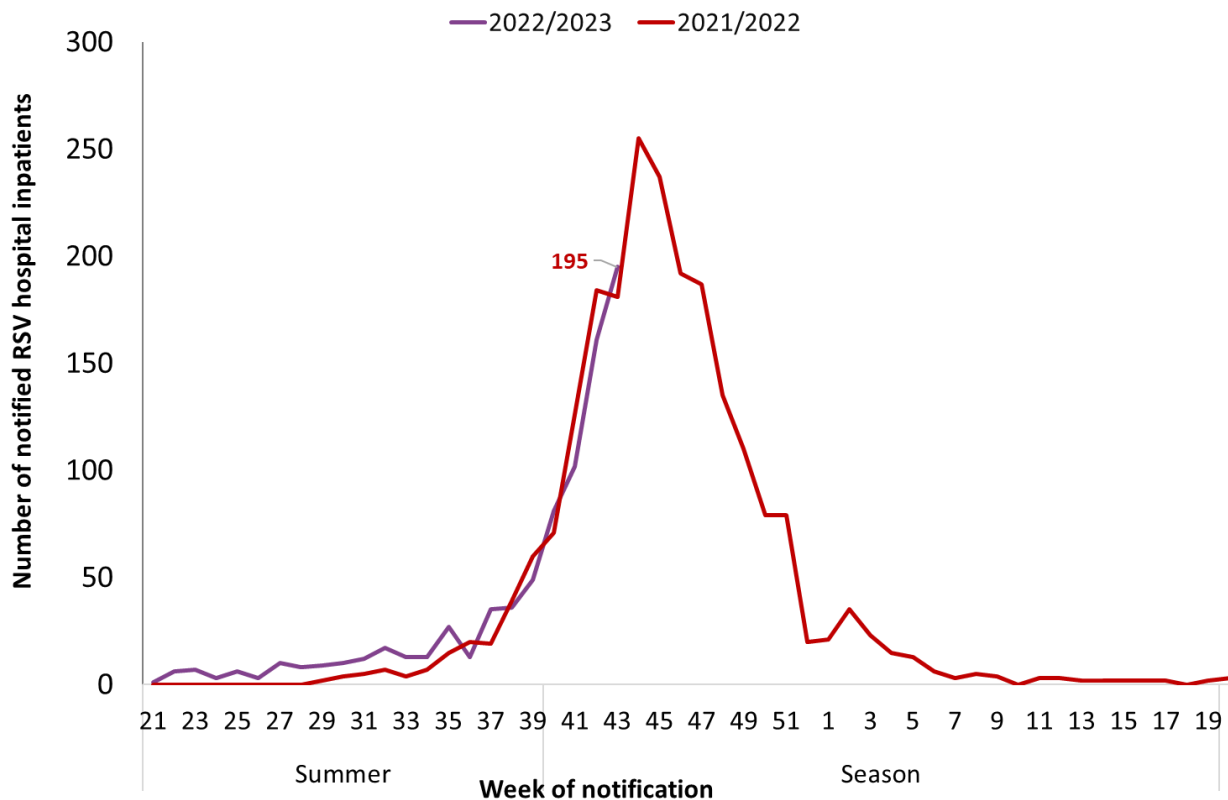


Figure 13: Number of notified RSV cases reported as hospital inpatients, by week of notification and season, Summer 2021/2022 and 2022/2023. *Source: Ireland's Computerised Infectious Disease Reporting System.*

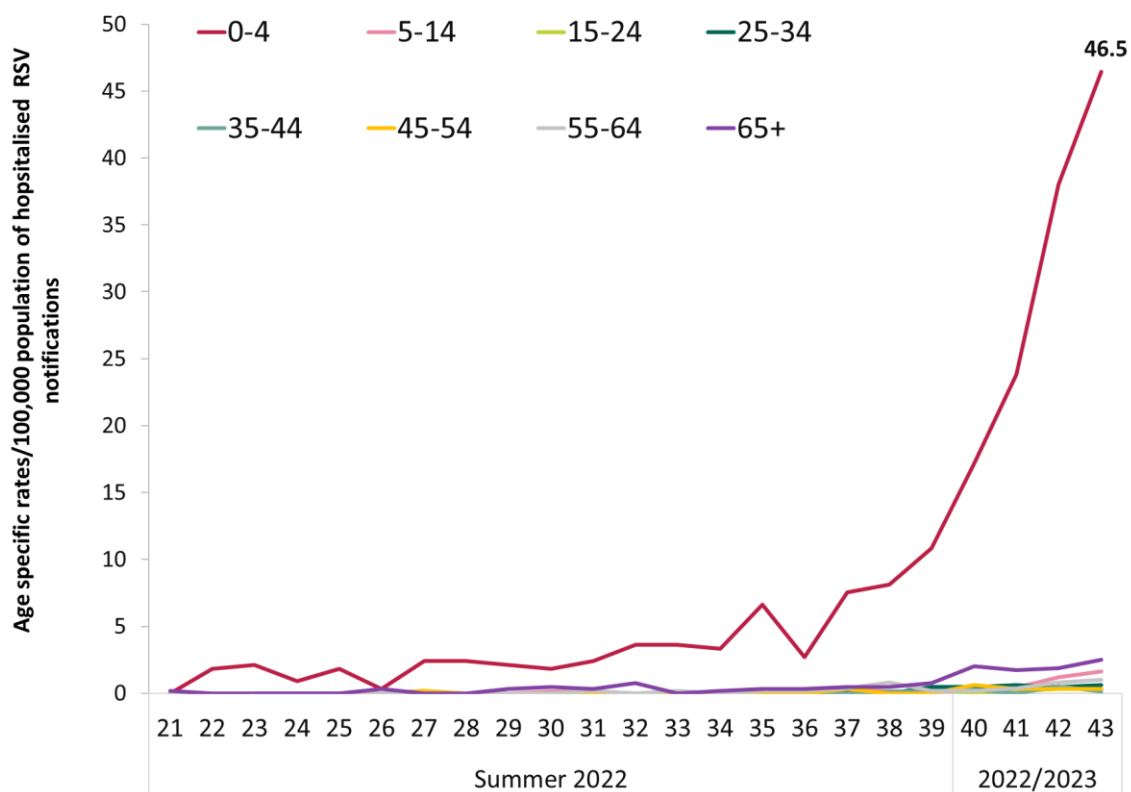


Figure 14: Age specific rates per 100,000 population for laboratory confirmed cases reported as hospital inpatients by week of notification. *Source: Ireland's Computerised Infectious Disease Reporting System*

Table 6: Number of notified influenza cases reported by patient type and week of notification and 2022/2023 season (weeks 40-43 2022). *Source: Ireland's Computerised infectious Disease Reporting System*

| Patient type | Week of notification | | | | Season total |
|----------------------|----------------------|-----------|------------|------------|--------------|
| | 40 | 41 | 42 | 43 | |
| GP Patient | 2 | 4 | 1 | 7 | 14 |
| ED Patient | 11 | 21 | 45 | 34 | 111 |
| Hospital Inpatient | 19 | 27 | 31 | 43 | 120 |
| Hospital Day Patient | 2 | 0 | 1 | 6 | 9 |
| Hospital Outpatient | 9 | 3 | 16 | 21 | 49 |
| Other | 7 | 2 | 3 | 8 | 20 |
| Not Specified | 1 | 0 | 0 | 2 | 3 |
| Unknown | 11 | 2 | 5 | 5 | 23 |
| Total | 62 | 59 | 102 | 126 | 349 |

Table 7: Number of notified RSV cases reported by patient type and week of notification and 2022/2023 season (weeks 40-43 2022). *Source: Ireland's Computerised infectious Disease Reporting System*

| Patient type | Week of notification | | | | Season total |
|----------------------|----------------------|------------|------------|------------|--------------|
| | 40 | 41 | 42 | 43 | |
| GP Patient | 5 | 3 | 5 | 5 | 18 |
| ED Patient | 52 | 45 | 121 | 152 | 370 |
| Hospital Inpatient | 81 | 102 | 161 | 195 | 539 |
| Hospital Day Patient | 1 | 2 | 2 | 9 | 14 |
| Hospital Outpatient | 13 | 14 | 14 | 22 | 63 |
| Other | 7 | 5 | 7 | 20 | 39 |
| Not Specified | 1 | 2 | 1 | 1 | 5 |
| Unknown | 10 | 4 | 14 | 17 | 45 |
| Total | 170 | 177 | 325 | 421 | 1093 |

7. Critical Care Surveillance

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

- One laboratory confirmed influenza A (not subtyped) case was admitted to critical care and notified to HPSC during week 43 2022.
- During 2022/2023 season to date (weeks 40-43), four laboratory confirmed influenza A (not subtyped) cases have been admitted to critical care and notified to HPSC.
- The number (and age specific rate per 100,000 population) of laboratory confirmed notified influenza hospitalised and critical care cases for the 2022/2023 season are detailed in Table 8.

Table 8: Number (and age specific rate per 100,000 population) of laboratory confirmed notified influenza hospitalised and critical care cases, weeks 40-43 2022. *Source: Ireland's Computerised Infectious Disease Reporting System.*

| Age (years) | Hospitalised | | Admitted to ICU | |
|--------------|--------------|------------------------------------|-----------------|------------------------------------|
| | Number | Age specific rate per 100,000 pop. | Number | Age specific rate per 100,000 pop. |
| <1 | 2 | 3.2 | 0 | 0.0 |
| 1-4 | 6 | 2.2 | 0 | 0.0 |
| 5-14 | 18 | 2.7 | 0 | 0.0 |
| 15-24 | 9 | 1.6 | 1 | 0.2 |
| 25-34 | 7 | 1.1 | 0 | 0.0 |
| 35-44 | 11 | 1.7 | 0 | 0.0 |
| 45-54 | 7 | 1.1 | 0 | 0.0 |
| 55-64 | 10 | 2.0 | 0 | 0.0 |
| ≥65 | 50 | 7.8 | 3 | 0.5 |
| Unknown | | – | | – |
| Total | 120 | 2.5 | 4 | 0.1 |

8. Mortality Surveillance

Influenza-associated deaths include all deaths where influenza is reported as the primary/main cause of death by the physician or if influenza is listed anywhere on the death certificate as the cause of death. 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 deaths as part of the influenza surveillance system and the European Mortality Monitoring Project. These data are provisional due to the time delay in deaths' registration in Ireland. <http://www.euromomo.eu/>

- No deaths in notified influenza cases were reported to HPSC during week 43 2022. During the 2022/2023 season (weeks 40 2022- 43 2022), one death was notified in an influenza A (not subtyped) case. No excess all-cause mortality was reported during week 42 2022, after correcting data 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.

9. Outbreak Surveillance

COVID-19 outbreaks are not included in this report; surveillance data on COVID-19 outbreaks are detailed on the HPSC website. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casesinireland/>

- One influenza A (not subtyped) outbreak in a hospital in the North-West was reported during week 43 2022. Two RSV outbreaks, one in a childcare facility and one family outbreak were reported to HPSC in week 43 2022.
- For the season to date (weeks 40-43 2022) three influenza outbreaks, two in nursing homes and one in a hospital, five RSV outbreaks, four family outbreaks and one in a childcare facility and one ARI (SARS-CoV-2 negative) outbreak in a community hospital/long-stay unit were notified to HPSC.

10. International Summary

In the European region, during week 42 2022 (week ending 23/10/2022), influenza virus positivity in sentinel primary care specimens was 6%, which is below the threshold of 10% positivity. For week 42 2022, 135 (6%) of 2,084 sentinel GP specimens tested positive for an influenza virus; 90% were type A and 10% were type B. Of 92 subtyped A viruses, 90% were A(H3) and 10% were A(H1)pdm09. Of five B viruses ascribed to a lineage, all were B/Victoria. For week 42 2022, 750 of 38,688 specimens from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions) tested positive for an influenza virus; 654 (87%) were type A and 96 (13%) were type B. Of 198 subtyped A viruses, 103 (52%) were A(H3) and 95 (48%) were A(H1)pdm09. One type B virus ascribed to a lineage was of B/Victoria lineage. Of 40 countries and areas reporting on geographic spread of influenza viruses, 17 reported no activity (across the Region), 17 reported sporadic spread (across the Region), three reported local spread (Malta, Belarus and Northern Ireland), one reported regional spread (Germany) and two reported widespread activity (Kazakhstan and Scotland).

WHO are advising countries to remain vigilant for the likelihood of influenza circulating and to be prepared for co-circulation of SARS-CoV-2 and influenza. See [ECDC](#) and [WHO](#) influenza surveillance reports for further information.

- Further information on influenza is available on the following websites:
 - Europe – ECDC <http://ecdc.europa.eu/>
 - Public Health England <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 <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>
- Influenza case definition in Ireland <https://www.hpsc.ie/a-z/respiratory/influenza/casedefinitions/>
- COVID-19 case definition in Ireland <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/>
- Avian influenza overview May – August 2020 <https://www.ecdc.europa.eu/en/publications-data/avian-influenza-overview-may-august-2020>
- Avian influenza: EU on alert for new outbreaks <https://www.ecdc.europa.eu/en/news-events/avian-influenza-eu-alert-new-outbreaks>
- Information on COVID-19 in Ireland is available on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- 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: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
 - ECDC website: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

11. WHO recommendations on the composition of influenza virus vaccines

The WHO vaccine strain selection committee recommend that quadrivalent egg-based vaccines for use in the 2022/2023 northern hemisphere influenza season contain the following:

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

<https://www.who.int/teams/global-influenza-programme/vaccines/who-recommendations>

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

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