

# Influenza Surveillance in Ireland – Weekly Report

Influenza Week 42 2021 (18<sup>th</sup> - 24<sup>th</sup> October 2021)



 **Intensive Care Society of Ireland**

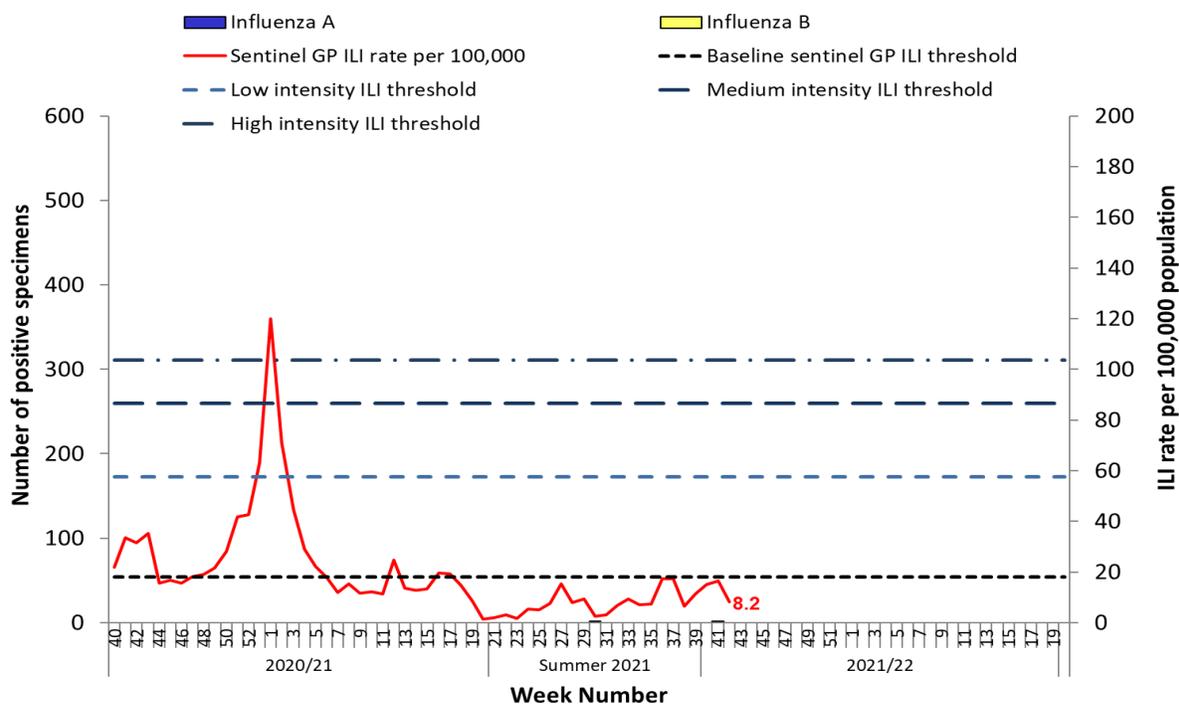
## Summary

Two laboratory confirmed influenza cases were notified during week 42 2021 (week ending 24/10/2021), the first influenza cases of the 2021/2022 season. Globally influenza virus detections have increased in recent weeks, albeit at low levels. **WHO is advising countries to remain vigilant for the likelihood of influenza circulation and to be prepared for co-circulation of SARS-CoV-2 and influenza this winter.** Respiratory syncytial virus (RSV) activity continued to increase in Ireland and remains at higher levels than usually observed at this time of year. COVID-19 epidemiology reports are published on [www.hpsc.ie](http://www.hpsc.ie).

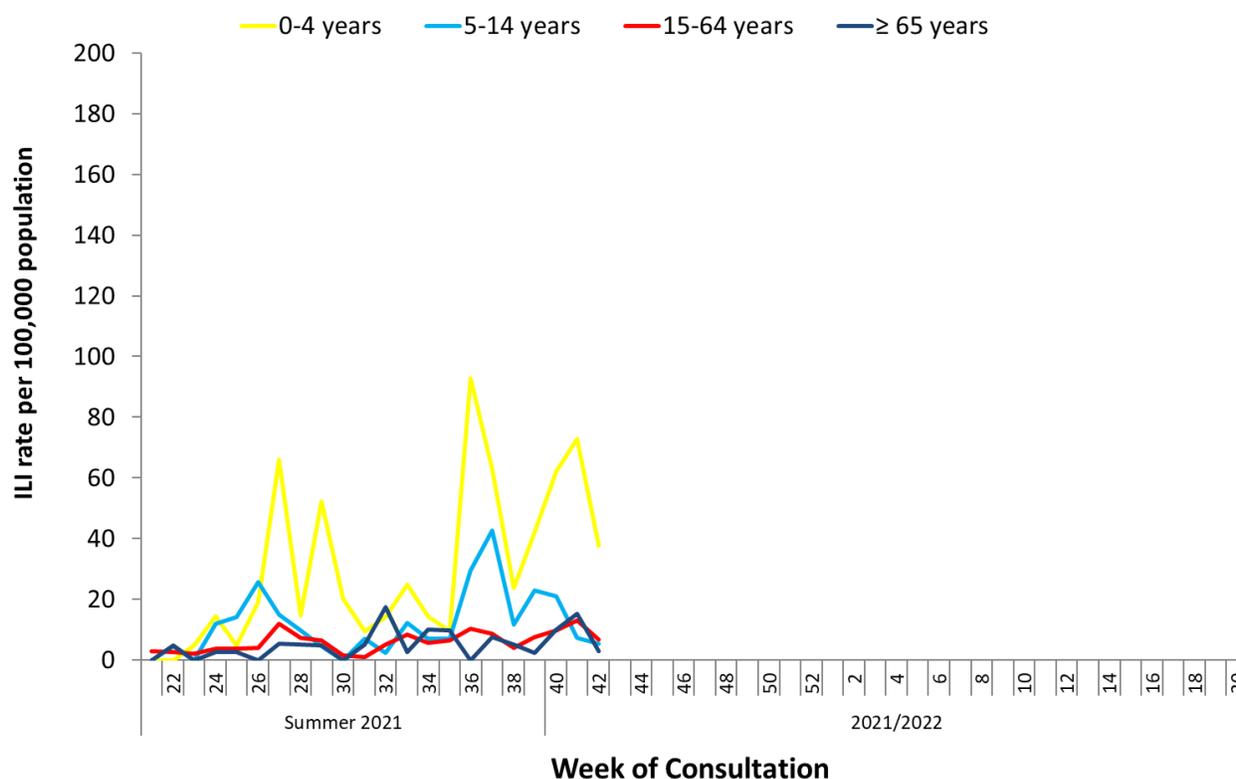
- The October bank holiday may have impacted data returns; data should be interpreted with caution.
- **Influenza-like illness (ILI):** The sentinel GP influenza-like illness (ILI) consultation rate was 8.2/100,000 population during week 42 2021, a decrease compared to the updated rate of 16.6/100,000 during week 41 2021.
  - Sentinel GP ILI consultation rates were below the Irish baseline threshold (18.1/100,000 population).
  - Sentinel GP ILI age specific rates were below baseline in the 0-14-year age group (15.9/100,000), 15-64 (13.8/100,000) and ≥65 (16.2/100,000) year age groups.
- **National Virus Reference Laboratory (NVRL):**
  - Of 36 sentinel GP ILI and 200 non-sentinel respiratory specimens tested and reported by the NVRL during week 42 2021, all were negative for influenza.
  - For weeks 40-42 2021, one (0.1%) non-sentinel respiratory specimen was positive for influenza A(H3).
  - RSV positivity (non-sentinel sources) is elevated for this time of year, at 11.0% (22/200) during week 42 2021, compared to a median positivity of 7.4% for the same week in the 2014-2019 time period.
  - Rhinovirus/enterovirus positive detections (non-sentinel sources) increased in September/October 2021, with positivity levels at 25.5% (51/121) during week 42 2021 and 35.1% (90/255) during week 41 2021. Other respiratory viruses (ORVs) are being detected at lower levels.
- **Influenza notifications:** Two confirmed influenza (one influenza A(H3) and one influenza B) cases were notified during week 42 2021; the first influenza cases notified during the 2021/2022 season.
- **RSV notifications:** 313 RSV cases were notified during week 42 2021, an increase compared to 222 cases during week 41 2021; 91% were in the 0-4-year age group. 177 RSV cases notified during week 42 2021 were reported as hospital inpatients, compared to 123 during week 41 2021.
- **Hospitalisations and Critical care admissions:** No confirmed influenza hospitalised or critical care cases were notified to HPSC during weeks 40-42 2021.
- **Mortality:** There were no reports of deaths occurring in notified influenza cases during weeks 40-42. No excess all-cause mortality was reported during week 41 2021 (data are reported with one-week lag time).
- **Outbreaks:** One acute respiratory infection (SARS-CoV-2 negative) outbreak was notified to HPSC during week 42 2021, no influenza or RSV outbreaks were notified.
- **International:** Globally, influenza detections have increased in recent weeks, albeit at levels lower than expected for this time of the year. In Europe, influenza activity is at low levels, with both influenza A and B detections reported, predominantly influenza A(H3N2).

## 1. GP sentinel surveillance system - Clinical Data

- During week 42 2021, 22 influenza-like illness (ILI) cases were reported from the Irish sentinel GP network, corresponding to an ILI consultation rate of 8.2 per 100,000 population, a decrease compared to the updated rate of 16.6 per 100,000 reported during week 41 2021 (Figure 1). Sentinel GP respiratory consultations are currently via phone consultations.
- Data returns during week 42 2021 may be lower than expected due to the October bank holiday.
- With very low numbers of laboratory confirmed influenza cases detected/notified in Ireland, sentinel GP ILI consultations are likely to be currently reflecting circulation of SARS-CoV-2 and other respiratory viruses (ORVs) in the community, rather than influenza viruses.
- The sentinel GP ILI consultation rate during week 42 2021 was below the Irish sentinel GP ILI baseline threshold (18.1/100,000 population).
- Sentinel GP ILI age specific consultation rates were below the age specific baseline for the 0-14 (15.9/100,000), 15-64 (6.9/100,000) and ≥65 (2.8/100,000) year age groups. Age specific rates for the 0-4-year age group decreased in week 42 2021 to 37.7/100,000, compared to 72.9/100,000 in week 41. (Figure 2, Table 1).
- HPSC has reviewed the Irish sentinel baseline ILI threshold for the 2021/2022 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. The current week sentinel GP ILI consultation rate (per 100,000 population) is highlighted in red text. *Source: ICGP and NVRL*



**Figure 2:** Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2021 and the 2021/2022 influenza season to date. *Source: ICGP.*

**Table 1:** Age specific sentinel GP ILI consultation rate per 100,000 population by week (weeks 21-42 2021), colour coded by sentinel GP ILI [age specific Moving Epidemic Method \(MEM\)](#) threshold levels. *Source: ICGP.*

Sentinel GP ILI Threshold Levels	Below Baseline		Low		Moderate		High		Extraordinary													
Age group (years)	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
All Ages	2.0	3.0	1.7	5.4	5.0	7.6	15.2	7.9	9.3	2.4	3.0	6.9	9.4	7.0	7.3	17.4	17.2	6.6	11.4	14.9	16.6	8.2
<15 yrs	0.0	3.1	1.6	12.7	11.1	23.5	31.8	11.3	20.3	6.6	7.9	6.3	16.4	9.5	7.8	50.4	49.3	15.7	29.3	34.6	28.8	15.9
15-64 yrs	3.0	2.5	2.1	3.6	3.6	4.0	11.9	7.3	6.6	1.6	1.0	5.1	8.5	5.6	6.6	10.4	8.7	4.1	7.5	9.6	12.9	6.9
≥65 yrs	0.0	4.9	0.0	2.5	2.5	0.0	5.3	5.1	4.9	0.0	5.0	17.3	2.6	10.0	9.9	0.0	7.5	5.0	2.4	9.9	15.2	2.8
Reporting practices (N=60)	56	56	55	55	55	56	55	55	56	51	55	56	52	56	55	58	56	56	57	57	56	48

## 2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2021/2022 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. Non-sentinel respiratory specimens relate to specimens referred to the NVRL (other than sentinel GP specimens) and may include more than one specimen from each case.

- Of 36 sentinel GP ILI and 200 non-sentinel respiratory specimens tested and reported by the NVRL during week 42 2021, all were negative for influenza (Table 2).
- During the 2021/2022 season (weeks 40-42 2021), 118 sentinel GP ILI and 668 non-sentinel respiratory specimens were tested and reported by the NVRL and one was positive for influenza, influenza A(H3) was detected.
- Respiratory syncytial virus (RSV) positivity (non-sentinel sources) remains at elevated levels for this time of year, at 11% (22/200) during week 42 2021 (Figure 3) and 23.5% (60/255) during week 21 2021.
- Rhinovirus/enterovirus positive detections (non-sentinel sources) increased in September/October 2021, with positivity at 25.5% (51/200) during week 42 2021 (Figure 4). Other respiratory viruses (ORVs) are being detected at lower levels (Table 3).

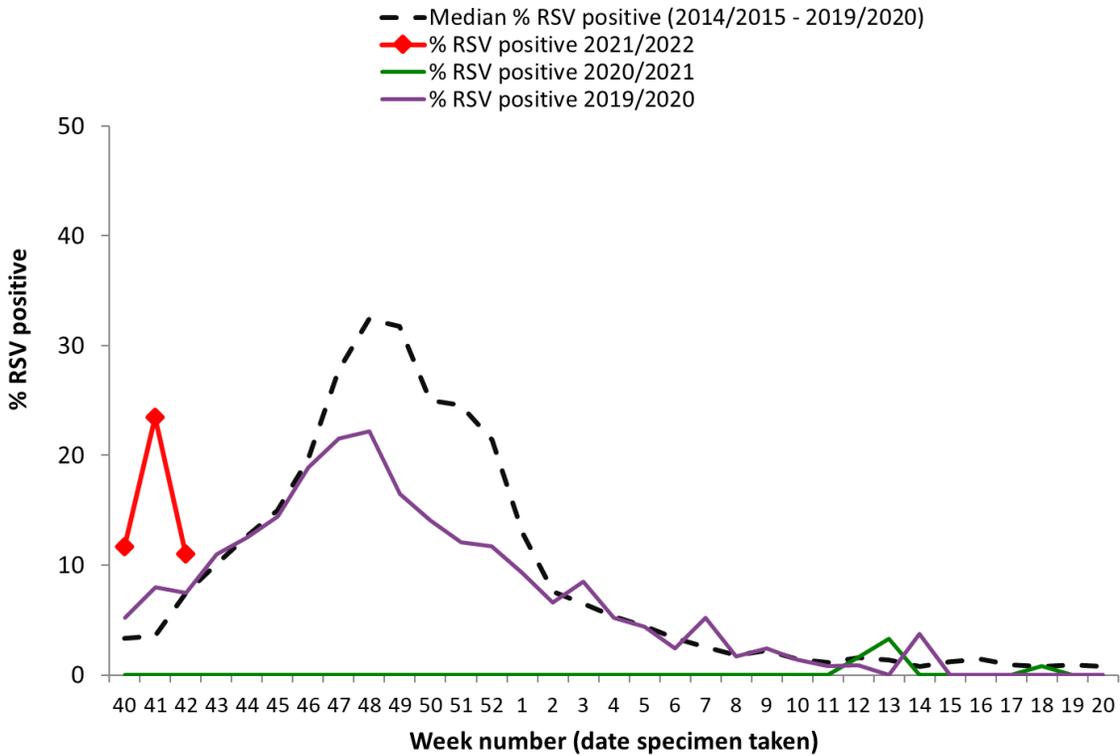
Due to ongoing analysis of specimens by the NVRL and a lag time receiving respiratory specimens from other laboratories, the data reported on sentinel GP ILI and non-sentinel respiratory specimens tested by the NVRL, may be under reported and is likely to be updated in subsequent weeks.

**Table 2:** Number of sentinel GP ILI and non-sentinel respiratory specimens tested by the NVRL and positive influenza and RSV results, for week 42 2021 and the 2021/2022 season (weeks 40-42 2021). *Source: NVRL*

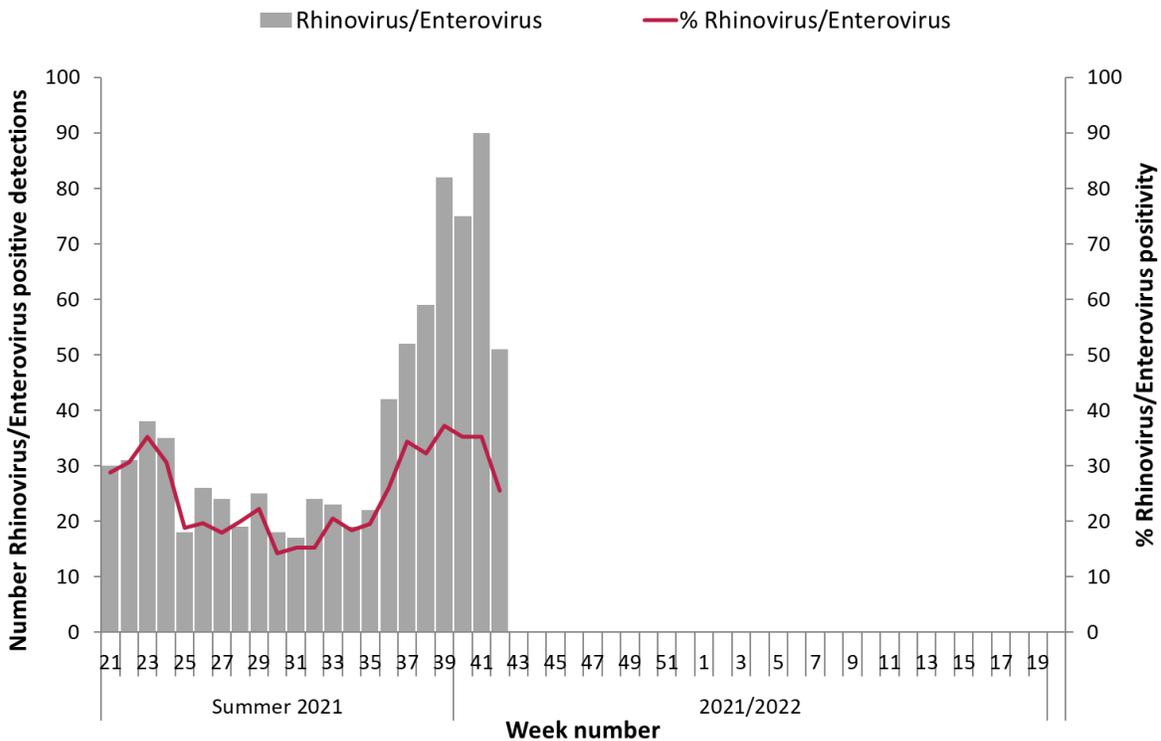
Surveillance period	Specimen type	Total tested	Influenza		RSV	
			Number positive	% positive	Number positive	% positive
42 2021	Sentinel GP ILI referral	36	0	0.0	2	5.6
	Non-sentinel	200	0	0.0	22	11.0
	<b>Total</b>	<b>236</b>	<b>0</b>	<b>0.0</b>	<b>24</b>	<b>10.2</b>
2021/2022	Sentinel GP ILI referral	118	0	0.0	12	10.2
	Non-sentinel	668	1	0.1	107	16.0
	<b>Total</b>	<b>786</b>	<b>1</b>	<b>0.1</b>	<b>119</b>	<b>15.1</b>

**Table 3:** Number of non-sentinel respiratory specimens tested by the NVRL for other respiratory viruses (ORVs) and positive results, for week 42 2021 (N=200) and the 2021/2022 season (weeks 40-42 2021, N=668). *Source: NVRL*

Virus	Week 42 2021		2021/2022 season	
	Total positive	% positive	Total positive	% positive
Influenza virus	0	0.0	1	0.1
Respiratory Syncytial Virus (RSV)	22	11.0	107	16.0
Rhino/enterovirus	51	25.5	216	32.3
Adenovirus	3	1.5	5	0.7
Bocavirus	6	3.0	17	2.5
Human metapneumovirus (hMPV)	2	1.0	6	0.9
Parainfluenza virus type 1 (PIV-1)	0	0.0	0	0.0
Parainfluenza virus type 2 (PIV-2)	0	0.0	1	0.1
Parainfluenza virus type 3 (PIV-3)	3	1.5	31	4.6
Parainfluenza virus type 4 (PIV-4)	4	2.0	9	1.3



**Figure 3:** NVRL non-sentinel RSV positivity by week specimen was taken for 2021/2022, 2020/2021 and 2019/2020 seasons compared to median % RSV positivity (2014/2015-2019/2020). *Source: NVRL.*



**Figure 4:** Number (and percentage) of non-sentinel rhinovirus/enterovirus positive detections by week specimen was taken for summer 2021 and 2021/2022 season. *Source: NVRL.*

### 3. Regional Influenza Activity by HSE-Area

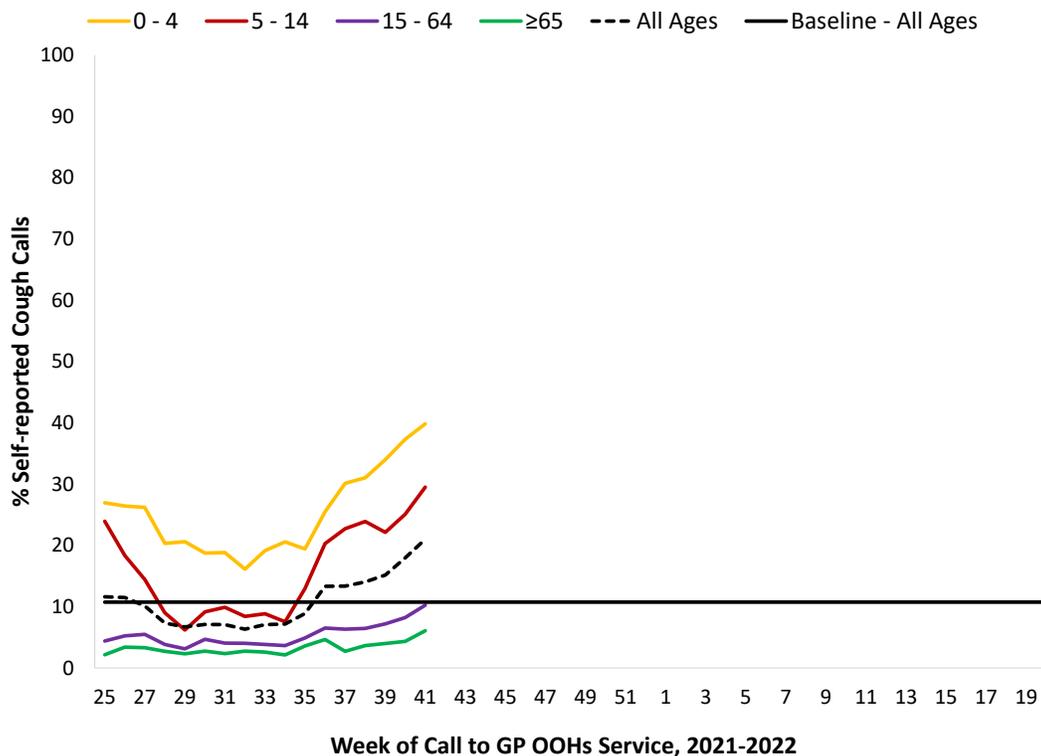
Regional influenza activity levels will be based on laboratory confirmed influenza cases and/or outbreaks.

Sporadic influenza activity was reported in HSE-NE during week 42 2021, with two laboratory confirmed cases notified.

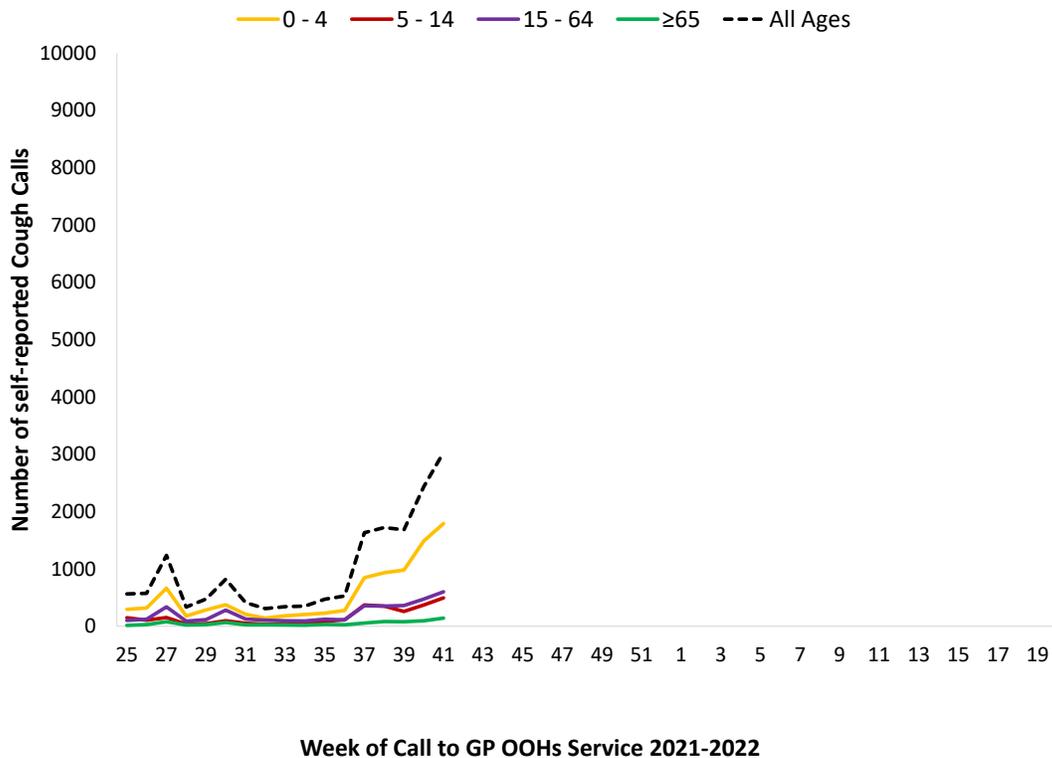
### 4. GP Out-Of-Hours services surveillance

The Department of Public Health in HSE-NE is collating national data on calls to nine of thirteen GP Out-of-Hours (GP OOHs) 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.

- 3033 (21% of total calls; N=14428) self-reported cough calls were reported by a network of GP OOHs services during week 41 2021, remaining above baseline levels for six consecutive weeks (Figures 5 & 6). The baseline threshold level for self-reported cough calls is 10.75%.
- Data on the proportion of self-reported 'flu' calls to GP OOHs services will be included in the coming weeks.
- **Data were not available for week 42 2021 at the time of report production.**



**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, weeks 25-41 2021. 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.*



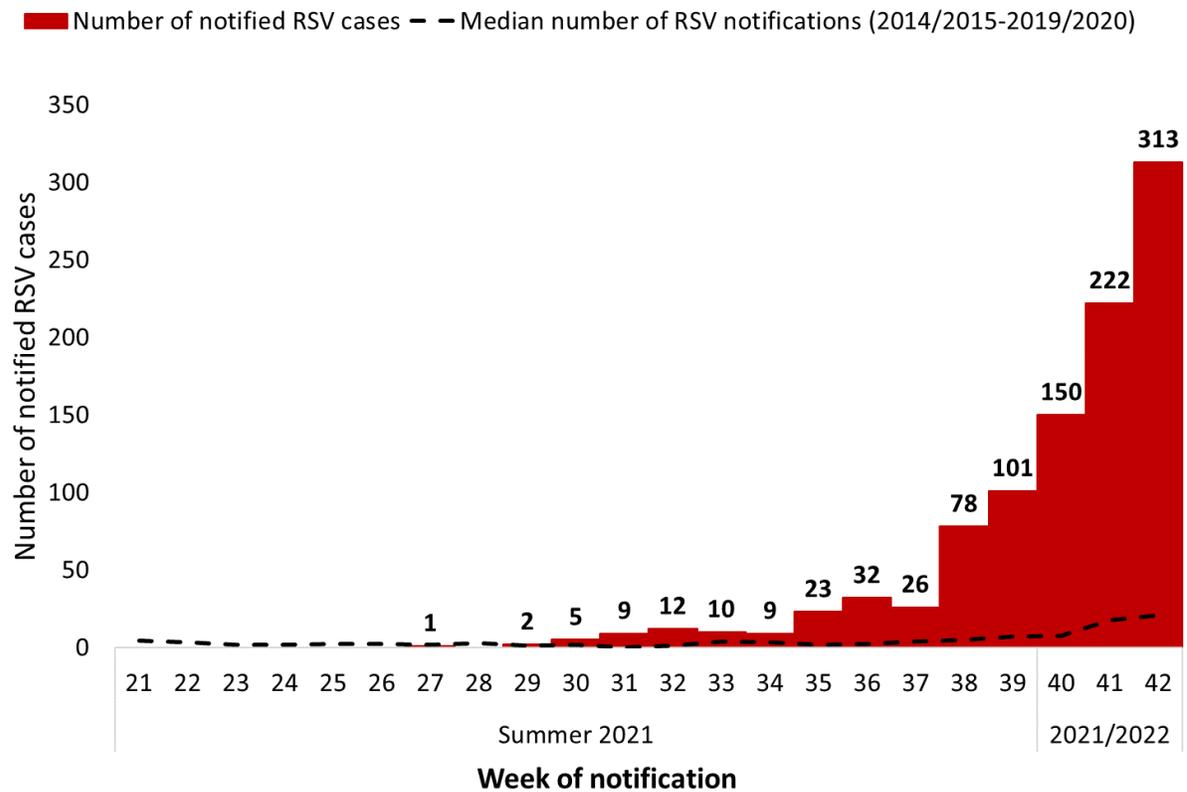
**Figure 6:** Number of self-reported COUGH calls for all ages and by age group to GP Out-of-Hours services by week, weeks 25-41 2021. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*

## 5. Influenza & RSV notifications

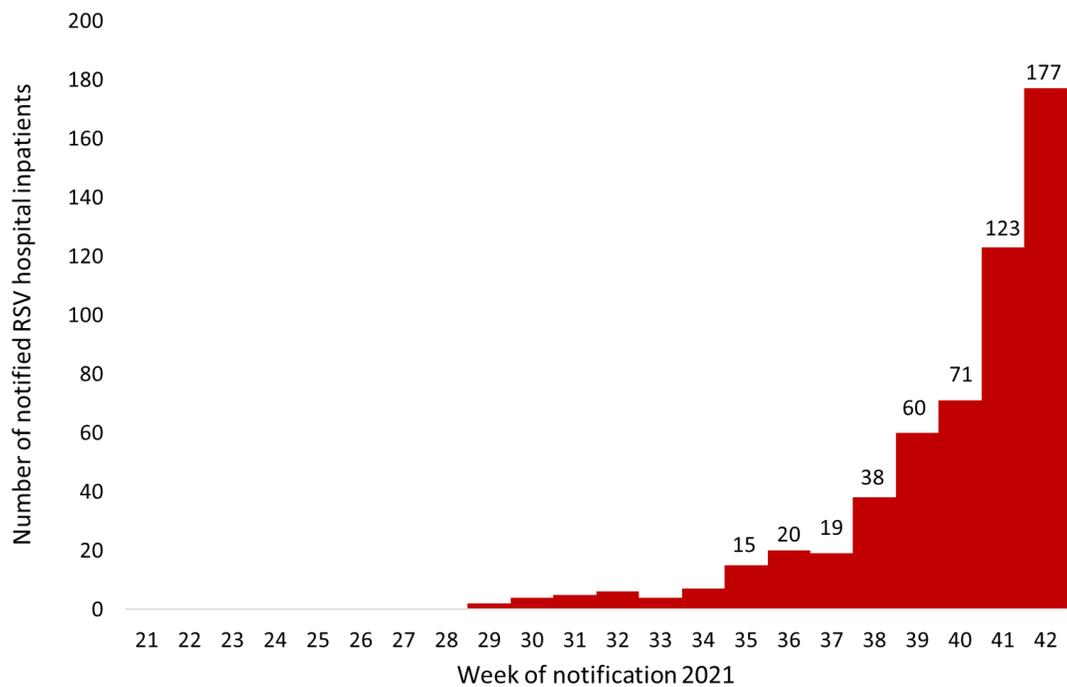
Influenza and RSV cases notifications are reported on Ireland’s Computerised Infectious Disease Reporting System (CIDR), including all positive influenza /RSV specimens reported from all laboratories testing for influenza/RSV and reporting to CIDR.

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

- Two confirmed influenza cases were notified during week 42 2021, one influenza A(H3) and one influenza B. A number of possible influenza cases were notified on CIDR and are undergoing further investigation.
- RSV notifications increased throughout August, September and October 2021 and are at higher levels than usually observed for this time of year.
  - During week 42 2021, 313 RSV cases were notified, an increase compared to 222 cases during week 41 2021 (Figure 7).
  - During weeks 40-42 2021, 91% of notified RSV cases were in the 0-4-year age group.
  - During week 42 2021, 177 notified RSV cases were reported as hospital inpatients, compared to 123 during week 41 2021 (Figure 8). It should be noted that patient type is not always reported/updated for RSV notified cases; a patient may be admitted to hospital and patient type not updated on CIDR.



**Figure 7:** Number of RSV cases notified by week of notification, summer 2021 and 2021/2022, and median number of RSV notifications (2014/2015-2019/2020). *Source: Ireland's Computerised Infectious Disease Reporting System.*



**Figure 8:** Number of notified RSV cases reported as hospital inpatients, by week of notification, summer 2021 and 2021/2022. *Source: Ireland's Computerised Infectious Disease Reporting System.*

## 6. Influenza Hospitalisations

No confirmed influenza hospitalised cases were notified to HPSC during weeks 40-42 2021.

## 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.

No confirmed influenza cases were admitted to critical care and reported to HPSC during weeks 40-42 2021.

## 8. Mortality Surveillance

Influenza 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/>

- There were no reports of any deaths occurring in notified influenza cases during weeks 40-42 2021.
- No excess all-cause deaths were observed during week 41 2021, 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 will be reported with 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/surveillance/>

- One acute respiratory infection (ARI - excluding COVID-19) was notified to HPSC during weeks 42 2021, the outbreak occurred in a nursing home.
- No influenza or RSV outbreaks have been notified during weeks 40-42 2021.

## 10. International Summary

Globally, influenza detections have increased in recent weeks, albeit at levels lower than expected for this time of the year. In Europe, influenza activity is at low levels, with both influenza A and B detections reported, predominantly influenza A(H3N2). Circulation of influenza viruses across Europe is anticipated in the coming weeks/months. 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 2021/2022 northern hemisphere influenza season contain the following:

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Cambodia/e0826360/2020 (H3N2)-like virus;
- a B/Washington/02/2019 (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](http://www.hpsc.ie)**

### Acknowledgements

This report was prepared by the HPSC influenza epidemiology team: Maeve Mc Enery, Lisa Domegan, Eva Kelly, Adele McKenna, Martha Neary and Joan O'Donnell. HPSC wishes to thank the sentinel GPs, the ICGP, NVRL, Departments of Public Health, ICSI, HSE-Healthlink and HSE-NE for providing data for this report.