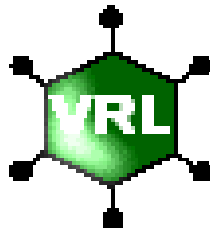


Weekly Influenza Surveillance Report



Week 9 2002

Report produced: 06/03/2002

This report is produced in collaboration with the Departments of Public Health

Influenza Activity in Ireland

During week 9, the week ending the 3rd of March 2002, the GP consultation rate for influenza-like illness (ILI) has remained unchanged. Eleven ILI cases were reported from sentinel general practices, corresponding to a consultation rate of 27 per 100,000 population. Reports were received from 19 sentinel GPs, with 8 reporting ILI cases. The GP consultation rate for ILI has been updated for week 8, to 27 per 100,000.

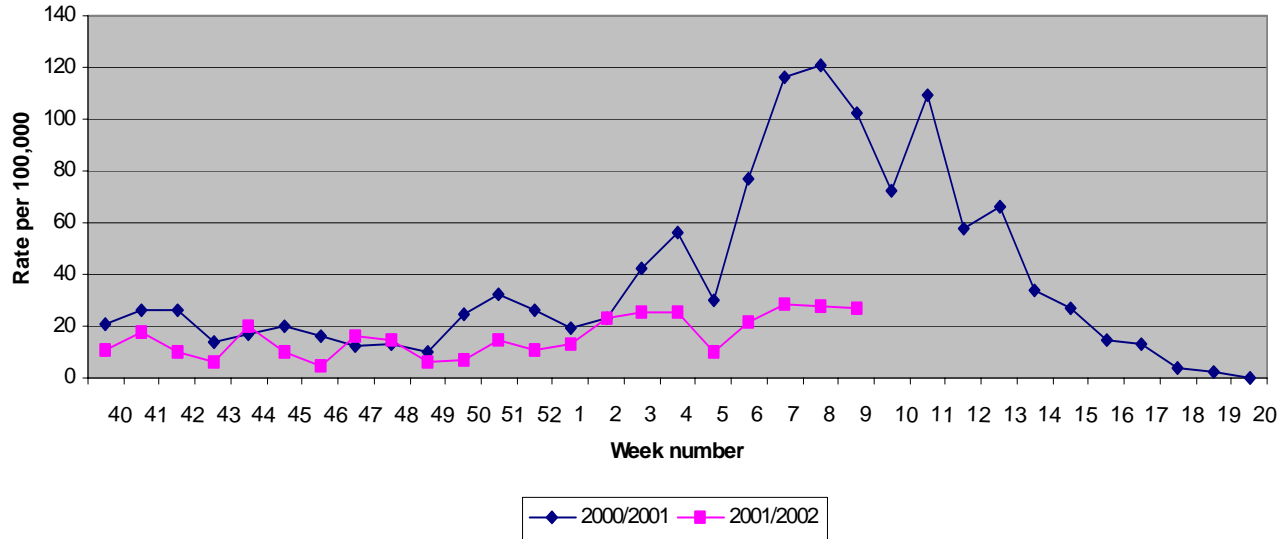


Figure 1: GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001 and 2001/2002 influenza seasons.

Virological Data from the Virus Reference Laboratory (VRL)

During week 9 2002, 14 swabs were received from sentinel GPs, 8 of these were positive for influenza A (unsubtyped). Data for week 8 has been updated: 6 swabs were positive for influenza A (unsubtyped). To date this season, 43 swabs were positive for influenza viruses: 26 influenza A (unsubtyped), 2 influenza A (H1N1) and 15 influenza A (H3N2) viruses. There have been no laboratory confirmed cases of the new strain of influenza, A (H1N2) or influenza B in Ireland this season.

The VRL have tested 536 respiratory specimens from non-sentinel specimens (hospitals and GPs), since the start of the influenza season. The first positive specimen for influenza A (unsubtyped) was detected during week 9. Five specimens were positive for RSV, bringing the total RSV cases detected this season to 170.

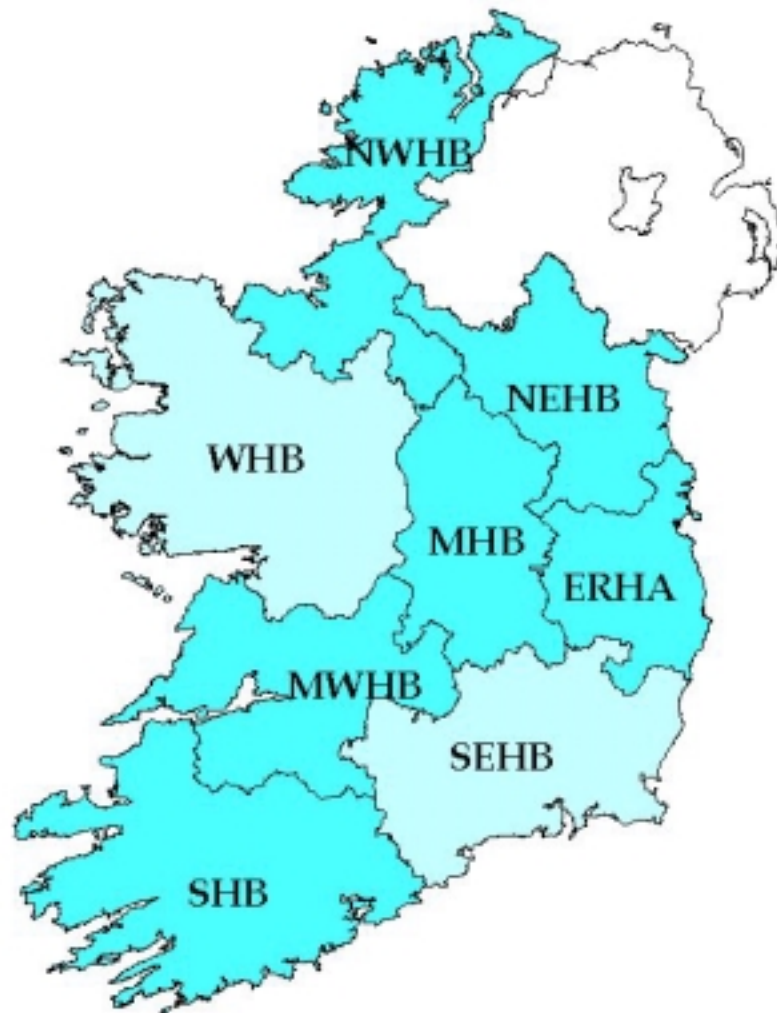
Table 1: Sentinel influenza results by type, subtype and report week for 2001/2002

<i>Week number</i>	<i>Number of swabs</i>	<i>Percentage Positive</i>	<i>Influenza A (unsubtyped)</i>	<i>Influenza A (H1N1)</i>	<i>Influenza A (H3N2)</i>	<i>Influenza B</i>
40	5	0%	0	0	0	0
41	4	0%	0	0	0	0
42	4	0%	0	0	0	0
43	2	0%	0	0	0	0
44	2	0%	0	0	0	0
45	6	0%	0	0	0	0
46	3	0%	0	0	0	0
47	10	0%	0	0	0	0
48	8	0%	0	0	0	0
49	6	0%	0	0	0	0
50	8	0%	0	0	0	0
51	9	0%	0	0	0	0
52	1	0%	0	0	0	0
1	7	0%	0	0	0	0
2	9	0%	0	0	0	0
3	12	33%	0	1	3	0
4	14	43%	0	0	6	0
5	15	20%	1	1	1	0
6	16	69%	8	0	3	0
7	16	31%	3	0	2	0
8	13	46%	6	0	0	0
9	14	57%	8	0	0	0
Total	184	23%	26	2	15	0

Influenza Activity by Health Board/Authority

Influenza activity for week 8 (week ending the 24th of February 2002) was reported from the Departments of Public Health. Influenza activity is based on sentinel GP ILI consultation rates, laboratory confirmed cases of influenza, hospital admissions data, and/or school absenteeism levels. During week 8, 6 health boards reported sporadic influenza activity and 2 reported no influenza activity.

Influenza Activity - Week 8



Influenza Activity in Northern Ireland

During week 9, the GP consultation rate for influenza and ILI was 29.3 per 100,000. Three influenza A viruses were detected in week 9: two influenza A (H3) and one influenza A (H1) viruses from hospital inpatients.

Influenza Activity in England, Scotland and Wales

The GP consultation rates for influenza and ILI have decreased during week 9, in England and Scotland, to rates of 20 and 28 per 100,000, respectively. In Wales, the GP consultation rate for influenza and ILI remained little changed, with a rate of 5 per 100,000. The ERNVL detected 9 influenza A (H1) and 18 influenza A (H3N2) viruses during week 9. The number of positive detections by community-based surveillance is beginning to decrease.

Influenza Activity in Europe

During week 8, influenza activity was decreasing in Belgium, the Czech Republic, France, and Slovenia. Widespread activity was reported in Norway, Italy, Portugal, Spain, and Switzerland. Influenza A was the dominant influenza type in the majority of European countries, with influenza A (H3N2) being the dominant subtype, during week 8. Recently, 2 influenza viruses were isolated in Europe that were not included in the 2001/2002 influenza vaccine: influenza A (H1N2) isolated in England, Scotland and France and influenza B/Victoria/2/87-like viruses isolated in Germany, Italy and the Netherlands. The 2001/2002 influenza vaccine should provide a good level of immunity to the influenza A (H1N2) subtype, as it is a combination of two antigens currently contained in the vaccine. The 2001/2002 vaccine will provide limited protection against B/Victoria/2/87-like viruses; however, data from the European Influenza Surveillance Scheme suggests that there have only been rare cases (0.4% of the influenza B viruses isolated so far this season) of this virus in Europe.

Influenza Activity in Canada

During week 8, sentinel physicians reported 44 cases of ILI per 1000 patient visits, which is the expected rate for this time of year. Four hundred and thirty-nine laboratory tests for influenza were positive for influenza A and 64 were positive for influenza B. To date this season, 3 influenza A (H1N2) viruses and 61 B/Hong Kong/22/01-like viruses have been antigenically characterised. The current vaccine strain is expected to provide limited cross protection against the B/Hong Kong/22/01-like viruses.

Influenza Activity in the United States

During week 8, the overall proportion of patient visits to sentinel physicians for ILI was 3.5%, which is above the national baseline. Fourteen state and territorial health departments reported widespread influenza activity, 24 reported regional and 11 reported sporadic influenza activity. Since October 1st, CDC has antigenically characterised 225 influenza A (H3N2), 5 influenza A (H1) and 28 influenza B viruses. The influenza A viruses were similar to the current vaccine. However, four of the influenza B viruses belong to the B/Victoria lineage, the current vaccine is expected to provide lower levels of protection against viruses of the B/Victoria lineage.

Influenza Activity Worldwide

No influenza activity was reported in Chile and Argentina during week 8. Sporadic influenza activity was reported in Hong Kong. Regional activity was reported in Finland and the Russian Federation. In the Russian Federation the levels of ILI were above epidemic thresholds in 2 regions.

This report was produced by Dr Lisa Domegan, Surveillance Scientist, NDSC