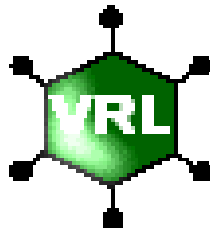


# Weekly Influenza Surveillance Report



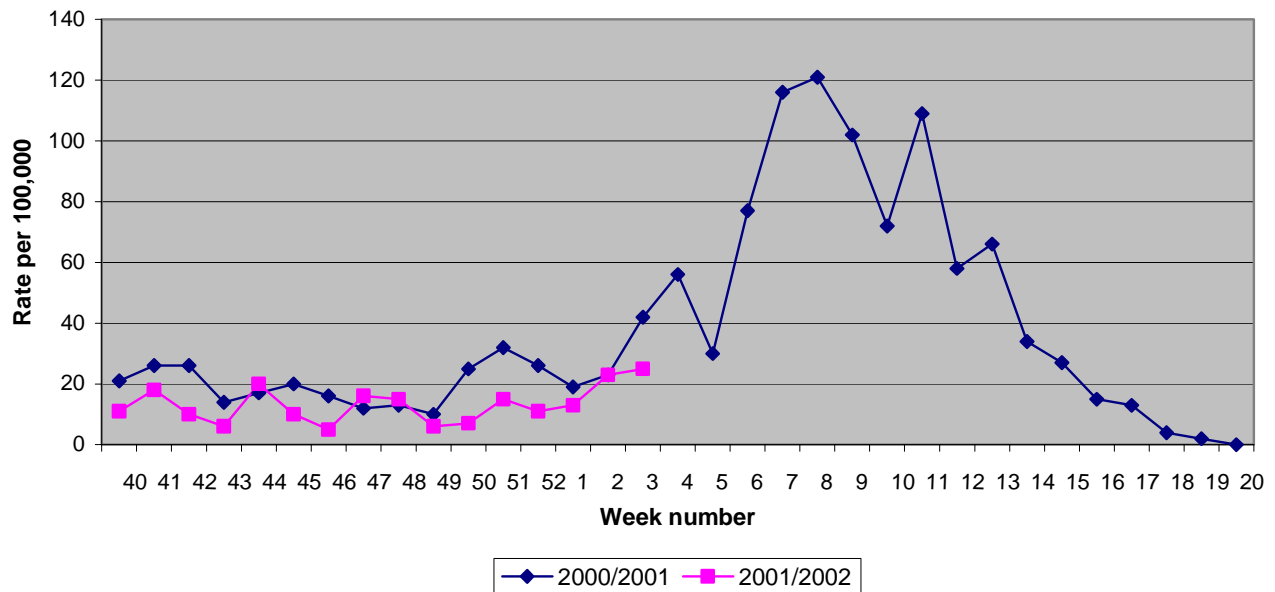
**Week 3 2002**

**Report produced: 23/01/2002**

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

### Influenza Activity in Ireland

During week 3, week ending the 20th of January 2002, 13 cases of influenza-like illness (ILI) were reported from sentinel general practices. This corresponds to a consultation rate of 25 per 100,000 population. Reports were received from 24 sentinel GPs, with 9 reporting ILI cases. Data for weeks 1 and 2, 2002 have been updated. During week 1, 6 ILI cases were reported, corresponding to a rate of 13 per 100,000. During week 2, 18 ILI cases were reported, corresponding to a rate of 23 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 3 2002, the VRL received 12 swabs from sentinel GPs. Influenza A was detected in three swabs (one H3N2 and two not subtyped). Two of these were from Kerry and one from Dublin. These are the first reports of influenza virus detection in the Republic of Ireland since the beginning of the flu season in week 40 (week ending 7<sup>th</sup> October 2001). The results of seven swabs were negative and two are pending. Since the start of the 2001/2002 flu season the VRL has received 96 swabs from sentinel GPs; influenza A has been detected in 3 swabs (see Table 1).

Between week 40 2001 and week 3 2002, the VRL have tested 325 respiratory specimens from non-sentinel sources (hospitals and GPs), 81 were positive for RSV, one was positive for parainfluenza type 3 and one was positive for adenovirus. The number of RSV cases has increased from 12 during week 2 to 17 during week 3.

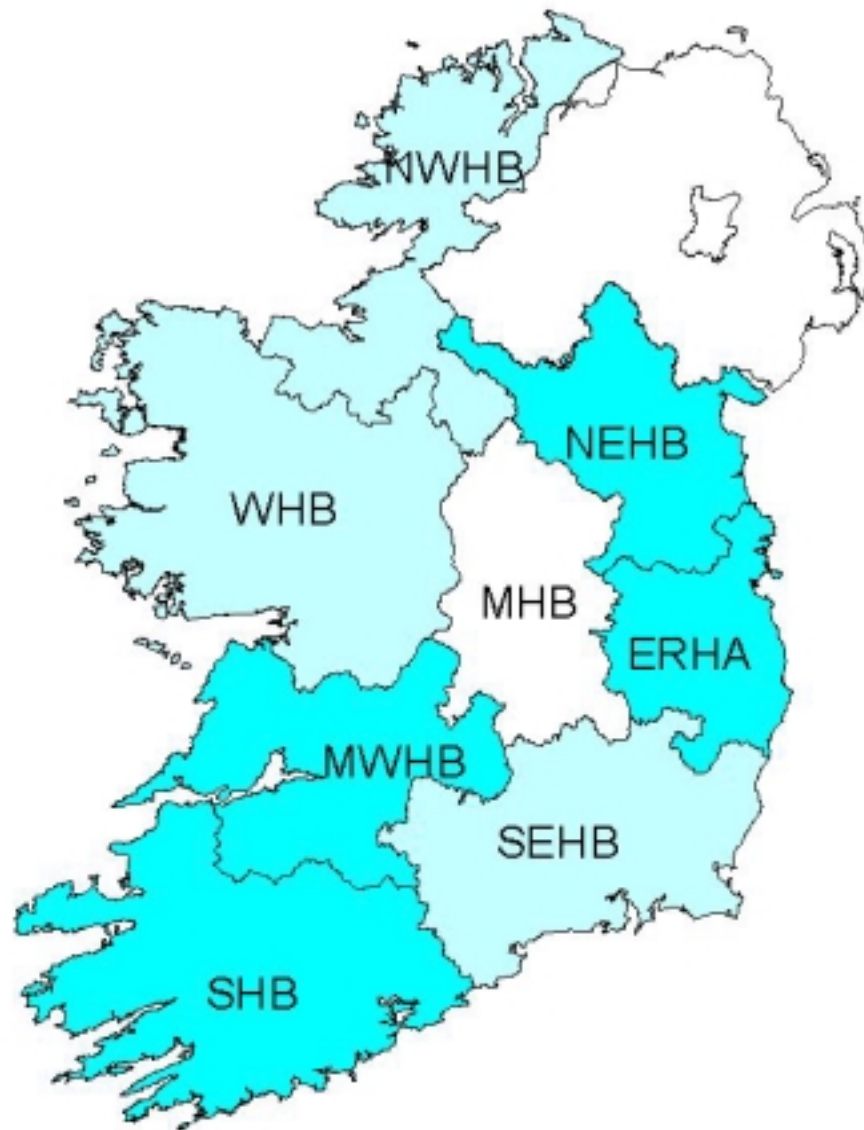
**Table 1: Sentinel influenza results by type, subtype and report week for 2001/2002**

<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%				
41	4	0%				
42	4	0%				
43	2	0%				
44	2	0%				
45	6	0%				
46	3	0%				
47	10	0%				
48	8	0%				
49	6	0%				
50	8	0%				
51	9	0%				
52	1	0%				
1	7	0%				
2	9	0%				
3	12	25%	2		1	
<b>Total</b>	<b>96</b>	<b>3%</b>	<b>2</b>		<b>1</b>	

**Influenza Activity by Health Board/Authority**

Influenza activity for week 2 (week ending the 13<sup>th</sup> of January 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 2, sporadic influenza activity was reported in four health boards. No influenza activity was reported in three health boards.

## Influenza Activity - Week 2



### **Influenza Activity in Northern Ireland**

In Northern Ireland, during week 2 the GP consultation rate for ILI was 39 per 100,000 population. A sample taken from general practice through the routine laboratory system during week 3 has tested positive for influenza H3N2 – this is the first report of influenza virus detection in Northern Ireland this flu season.

### **Influenza Activity in England, Scotland and Wales**

In England, the GP consultation rate for influenza and ILI has remained little changed with a rate of 31 per 100,000 in week 2. In Scotland, the GP consultation rate for ILI increased to a rate of 38 per 100,000. In Wales, the GP consultation rate for influenza and ILI has increased to 5 per 100,000. Influenza A (H3N2) has been detected by PCR in four isolates from a hospital outbreak of ILI in the north of England.

### **Influenza Activity in Europe**

During week 2, influenza activity in Europe is reported to be widespread in France and Spain and regional in Belgium. In other European countries reporting to the European Influenza Surveillance Scheme (EISS), influenza activity remains at low levels with local (Italy), sporadic (the Czech Republic, Germany, Norway, Portugal, Slovenia and Switzerland) or no activity (Denmark, Poland and Slovakia) reported.

Isolations/detections have shown that influenza A (H3N2) dominates in most countries with influenza B circulating to a lesser extent. H1N1 has been isolated sporadically in recent weeks.

### **Influenza Activity in Canada**

During week 2, influenza activity remains sporadic with sentinel physicians reporting 24 cases of ILI per 1000 patient visits, below the expected rate for the time of year. Of 1761 laboratory reports for influenza, 149 were positive for influenza A and 3 were positive for influenza B.

### **Influenza Activity in the United States**

In the US during week 2, the overall proportion of patient visits to sentinel physicians for ILI was 1.6%, which has decreased from last week to below the national baseline level of 1.9%. Three state and two territorial health departments reported widespread activity, 12 reported regional activity, 33 reported sporadic activity and two states reported no activity. During week 2, the WHO and NREVSS laboratories reported 1076 specimens tested for influenza viruses with 19 influenza A (H3N2) and 77 unsubtyped influenza A isolates identified. Since September 30, 22,888 specimens have been tested and 904 isolates identified. Of these, 98% were influenza A (40% were subtyped and of these 98% were H3N2 and 2% were H1N1). The Pacific region, in particular Hawaii and Alaska, accounts for 44% of all isolates.

### **Influenza Activity Worldwide**

During week 2, regional outbreaks were reported in the Russian Federation and Japan. Sporadic activity was reported in Austria, Egypt, Hong Kong, Latvia, Mexico and South Korea. No activity was reported in Croatia and Iceland.