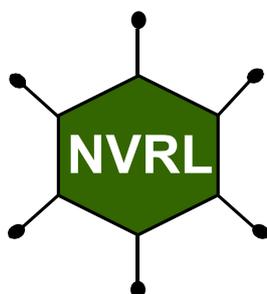


Weekly Influenza Surveillance Report



Week 13 2003

Report produced: 03/04/2003

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

Summary

The GP consultation rate for influenza-like illness increased during week 13. Influenza A was the dominant influenza type circulating in Ireland and Europe during week 13.

Clinical data from sentinel GPs

During week 13 2003 (the week ending the 30th of March 2003), 17 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 22.5 per 100,000 population. The consultation rate has increased from the updated rate of 17.4 per 100,000 in week 12 2003. Twenty-nine of the 34 (85.3%) sentinel practices reported during week 12 2003, with 8 reporting ILI (figure 1). Three ILI cases were aged between 0 and 4 years, one was in the 5-14 year age group, 12 were in the 15-64 year age group and one case was over 65 years of age.

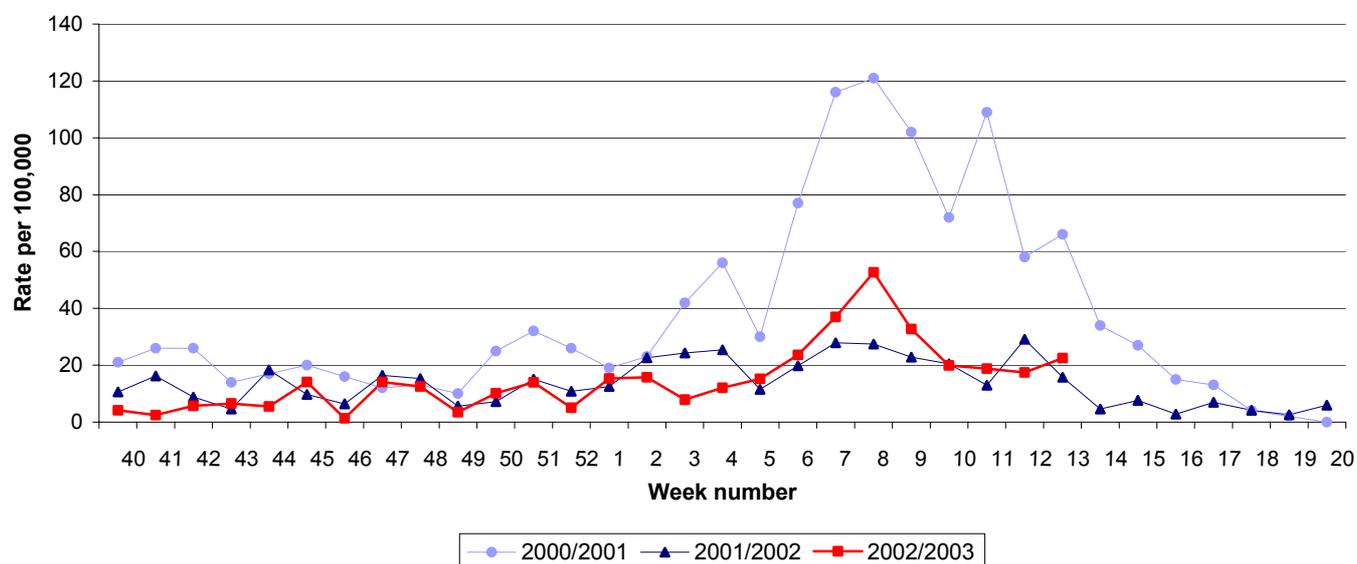


Figure 1: GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001, 2001/2002 and 2002/2003 influenza seasons.

Virological data

During week 12, the National Virus Reference Laboratory (NVRL) received 10 swabs from sentinel GPs. Five swabs were positive for influenza virus: 4 influenza A and 1 influenza B virus (table 1). Two influenza A cases were aged between 25 and 34 years of age and 2 influenza A and one influenza B cases were aged between 54 and 59 years of age. The NVRL also tested 32 non-sentinel respiratory specimens mainly from hospitals during week 13; three were positive for RSV (RSV; figure 2).

Table 1: Sentinel influenza results by type, subtype and report week for 2002/2003

<i>Week number</i>	<i>Total swabs</i>	<i>Positive swabs</i>	<i>Percentage positive</i>	<i>A (unsubtyped)</i>	<i>A (H1N1)</i>	<i>A (H1N2)</i>	<i>A (H3N2)</i>	<i>B</i>
13	10	5	50.0%	4	0	0	0	1
Season Total	205	70	34.2%	10	0	0	5	55

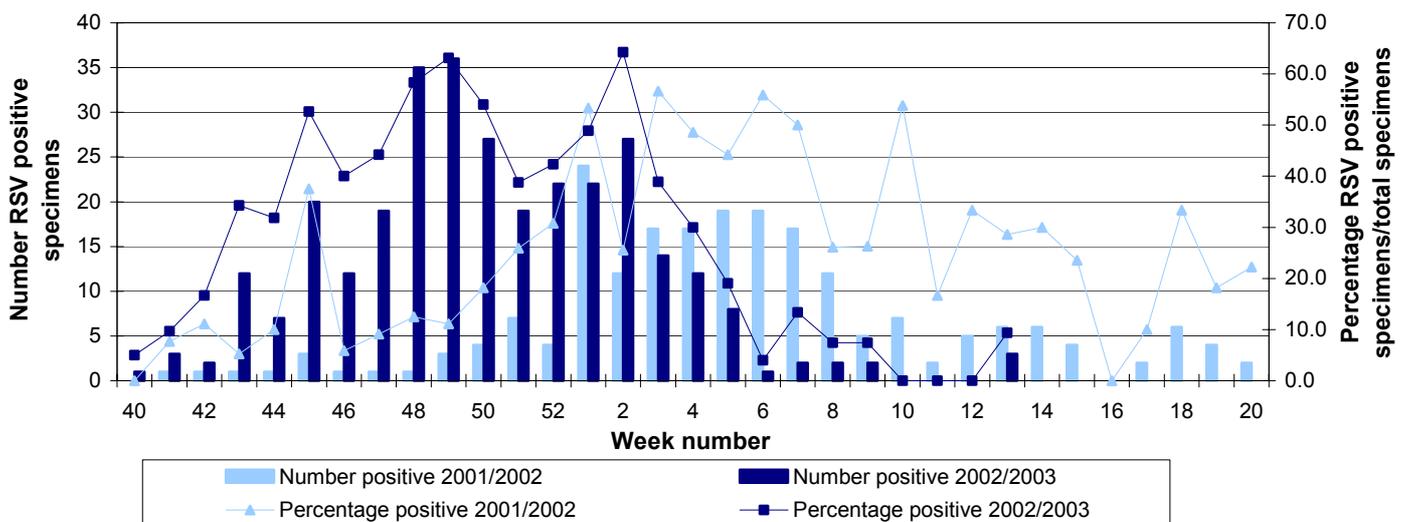


Figure 2: Number and percentage of non-sentinel RSV positive specimens detected during the 2001/2002 and 2002/2003 influenza seasons.

Influenza activity by health board/authority

Influenza activity is reported on a weekly basis from the Departments of Public Health. Influenza activity is based on sentinel GP ILI consultation rates, laboratory confirmed cases of influenza, sentinel hospital admissions data, and/or sentinel school absenteeism data. During week 12, sporadic influenza activity was reported in 4 health boards (MHB, MWHB, SEHB, & SHB) and no influenza activity was reported in the ERHA, NEHB, NWHB & WHB.

Week 12 2003

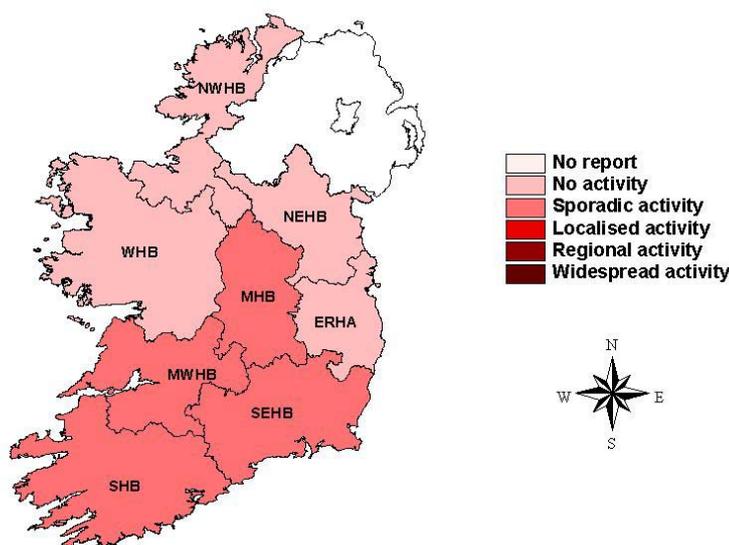


Figure 3: Map of influenza activity by health boards/authority during week 12 2003

Influenza activity in Northern Ireland

In Northern Ireland during week 13, 17 sentinel general practices reported a GP consultation rate for combined influenza and ILI of 26.5 per 100,000 population. One sentinel swab was tested for influenza virus and was negative. No influenza viruses were reported either through non-sentinel GPs or from hospital sources. <http://www.cdscni.org.uk/>

Influenza activity in England, Scotland and Wales

Due to the current low levels of influenza activity in the UK, the next PHLS influenza report will be published on the 9th of April, unless influenza activity increases again before this time. http://www.phls.co.uk/topics_az/influenza/fluactivity0203.htm

Influenza activity in Europe

Influenza activity was generally declining in Europe during week 12, compared to week 11, clinical morbidity rates declined in eleven networks and remained stable in five. Widespread influenza activity was reported in Denmark, Italy, the Slovak Republic, Slovenia and Switzerland during week 12. Poland and Germany reported regional activity and the Czech Republic, France, Lithuania, Netherlands and Romania reported localised activity. Sporadic activity was reported in Belgium, England, Ireland, Norway, Scotland and Spain. In Portugal and Northern Ireland no activity was recorded. Eleven influenza networks, reporting to the European Influenza Surveillance Scheme (EISS), reported influenza A as the dominant type and two reported influenza B as the dominant type during week 12. Three networks reported co-circulation of influenza A and B and 3 networks reported no dominant type. The percentage of sentinel specimens that tested positive for influenza decreased to 28.5%,

from 43.6% in week 11, and ranged from 0% (in ten networks) to 49% (in Romania). <http://www.eiss.org/index.cgi>

Influenza activity in Canada

Widespread influenza activity was reported in Saskatchewan during week 12. Quebec, parts of Alberta, Manitoba, Nunavut and Nova Scotia all reported localised activity during week 12. Sentinel physicians reported 27 cases of ILI per 1000 patient visits, which is the expected rate for the time of year. Health Canada received 2217 reports of laboratory tests for influenza virus, 75 were positive for influenza A and 184 were positive for influenza B. All viruses antigenically characterised to date this season are closely related to the current vaccine strains. <http://www.hc-sc.gc.ca/pphb-dgsp/fluwatch/index.html>

Influenza activity in the United States

During week 12, the proportion of patient visits to sentinel providers for ILI was 1.8%, which is below the national baseline. Three state and territorial health departments reported widespread influenza activity, 19 reported regional activity, 22 reported sporadic activity and 4 reported no influenza activity. The WHO and NREVSS laboratories reported 1265 specimens tested for influenza viruses, of which 139 were positive: 38 A (H1), 10 A (H3N2), 56 A (unsubtyped) and 35 B viruses were identified. <http://www.cdc.gov/ncidod/diseases/flu/fluivirus.htm>

Influenza activity Worldwide

No influenza activity was reported in Israel during week 12. Sporadic activity was reported in Hong Kong, with influenza A (H3N2) and influenza B continuing to be isolated. Sporadic activity was also reported in Chile and Hungary. In the Russian Federation, localised outbreaks continue among schoolchildren in some regions. <http://oms2.b3e.jussieu.fr/flunet/>

Influenza vaccine for the 2003/2004-influenza season

On February the 28th 2003, WHO published a recommendation on the composition of influenza vaccines for use in the 2003-2004 influenza season.

- A/New Caledonia/20/99(H1N1)-like virus
- A/Moscow/10/99(H3N2)-like virus*
- B/Hong Kong/330/2001-like virus**

* The widely used vaccine strain is A/Panama/2007/99

** Currently used vaccine strains include B/Shandong/7/97, B/Hong Kong/330/2001, B/Hong Kong/1434/2002

<http://www.who.int/csr/disease/influenza/vaccinerecommendations1/en/>

Avian Influenza in the Netherlands: At the beginning of March 2003, an outbreak of highly pathogenic avian influenza, influenza A (H7N7) was reported in several Dutch poultry farms. On the 11th March 2003, several workers, who had been exposed to A (H7N7) infected poultry, developed conjunctivitis. Some of them tested positive for influenza A (H7N7). One week later, two close contacts of a worker with H7N7 infection developed similar eye symptoms. They had also been infected with the avian influenza virus, although they had no exposure to infected poultry themselves, which strongly suggests human-to-human transmission of the virus.

As of March 26th 2003, 247 persons with acute health problems among the population exposed to infected poultry have been identified through the enhanced surveillance system established by the RIVM. Of these, 194 had conjunctivitis, 17 had ILI only, and 36 reported other symptoms such as diarrhoea and nausea. Of the 194 persons with conjunctivitis, 35 also reported ILI.

Of the 247 patients, 65 (26.3%) have tested positive for influenza A (H7N7), five were influenza A (H3) positive, 137 were influenza virus negative, and in 40 results are pending. Of 194 patients with conjunctivitis, 169 test results were available, 61 (36%) had conjunctival swabs positive for H7N7 and four (2%) had throat swabs positive for H3. Four patients with positive H7N7 results had unknown or other (no conjunctivitis or ILI) symptoms. No additional contacts, besides the two already mentioned, have been reported A (H7N7) positive.

No dual infections with influenza A (H7N7) virus and A (H1) or A (H3) influenza viruses have been found. Co-infection with both human and avian influenza virus could potentially lead to a reassortment of both viruses and result in a new pandemic.

Since the 13th of March, there has been a fall in the number of reported conjunctivitis patients; this decline may be due to control measures and the implementation of oseltamivir prophylaxis. <http://www.eurosurveillance.org/ew/2003/030327.asp>

Severe Acute Respiratory Syndrome (SARS)

As of April 2nd, 2223 suspected and probable cases of SARS, including 78 deaths, have been reported from 16 countries to the WHO. As of the 24th of March 2003, two probable cases of SARS are being investigated in Ireland, one in the Eastern Regional Health Authority and the other in the Western Health Board. No new cases of probable or suspected SARS have been reported to the NDSC since the 24th of March 2003.

For further information on SARS and daily updates:

<http://www.ndsc.ie/DiseaseTopicsA-Z/SevereAcuteRespiratorySyndrome/>
<http://www.who.int/csr/sars/en/>

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