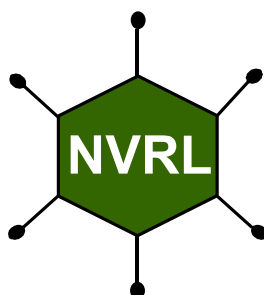


Weekly Influenza Surveillance Report



Week 12 2003

Report produced: 27/03/2003

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

Summary

The GP consultation rate for influenza-like illness changed little during week 12. There were 3 positive detections of influenza virus during week 12: 2 influenza A and 1 influenza B.

Clinical data from sentinel GPs

During week 12 2003 (the week ending the 23rd of March 2003), 15 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 18.3 per 100,000 population. The consultation rate has changed little from the rate of 18.8 per 100,000 in week 11 2003. Thirty of the 34 (88.2%) sentinel practices reported during week 12 2003, with 8 reporting ILI (figure 1). One ILI case was aged between 0 and 4 years, 2 were 5-14 years old, 12 were in the 15-64 year age group and there were no cases over 65 years of age.

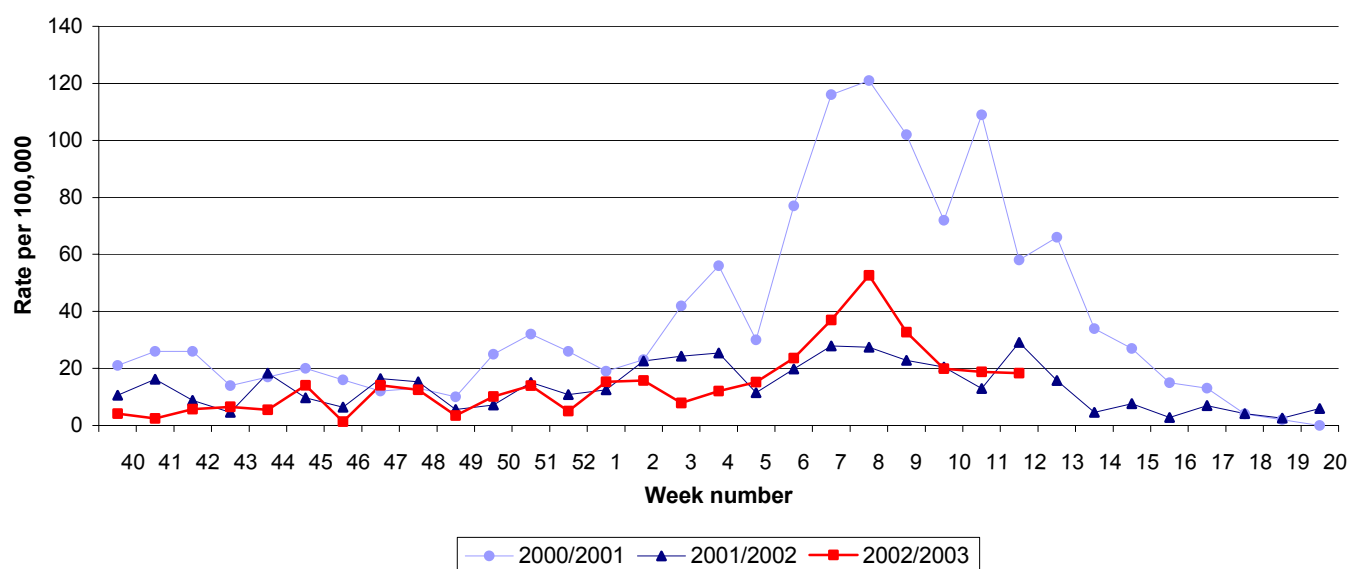


Figure 1: GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001, 2001/2002 and 2002/2003 influenza seasons.

Virological data

During week 12, the National Virus Reference Laboratory (NVRL) received 7 swabs from sentinel GPs. Three swabs were positive for influenza virus: 2 influenza A and 1 influenza B virus (table 1). The 2 influenza A cases were aged between 20 and 29 years of age, the influenza B case was aged between 15 and 19 years of age. The NVRL also tested 16 non-sentinel respiratory specimens mainly from hospitals during week 12; no specimens were positive for influenza virus or 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>
12	7	3	42.9%	2	0	0	0	1
Season Total	195	64	32.8%	8	0	0	2	54

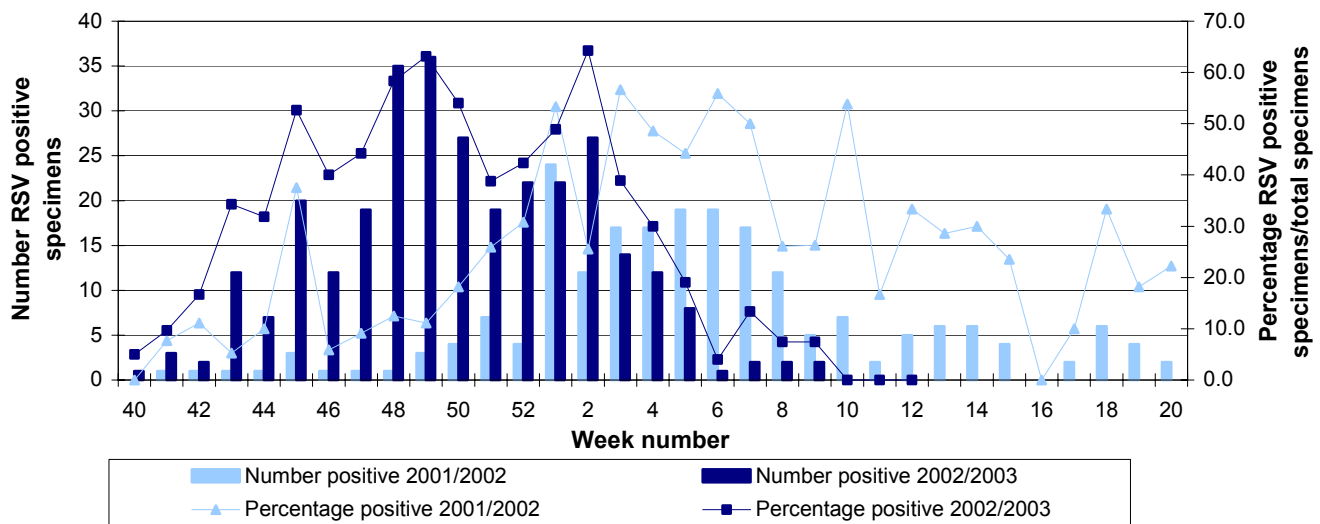


Figure 2: Number and percentage of non-sentinel RSV positive specimens detected during the 2001/2002 and 2002/2003 influenza seasons.

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 11, sporadic influenza activity was reported in 6 health boards (ERHA, MWHB, NEHB, SEHB, SHB & WHB) and no influenza activity was reported in the MHB and NWHB. Data for week 10 was updated: sporadic influenza activity was reported in 5 health boards (ERHA, NEHB, MWHB, SEHB, and the SHB); the MHB, NWHB and WHB all reported no influenza activity.

Week 11 2003

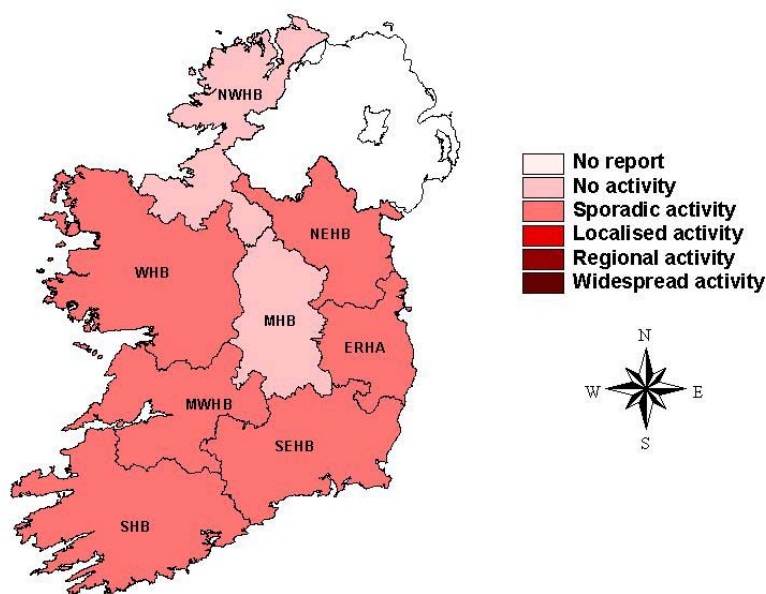


Figure 3: Map of influenza activity by health boards/authority during week 11 2003

Influenza activity in Northern Ireland

During week 12, 21 sentinel general practices reported a combined rate of influenza and ILI of 25.8 per 100,000 population. There were no positive detections of influenza virus from swabs submitted from sentinel or non-sentinel GPs or in hospitalized patients. <http://www.cdscni.org.uk/>

Influenza activity in England, Scotland and Wales

In England, GP consultations for ILI changed little from a rate of 19.6 per 100,000 in week 11 to 19 per 100,000 in week 12. In Wales, the GP consultation for ILL increased slightly from 1.86 per 100,000 in week 11 to 2.33 per 100,000 in week 12. The ILI consultation rate decreased in Scotland from 14 per 100,000 in week 11 to 7 per 100,000 in week 12. The ERNVL identified 32 positive detections for influenza: 3 A (H1), 14 A (H3), 6 A (H3N2) and 9 B viruses.

http://www.phls.co.uk/topics_az/influenza/fluactivity0203.htm

Influenza activity in Europe

During week 11, widespread influenza activity was reported in Denmark, Germany, Italy, the Slovak Republic, Slovenia and Switzerland. Poland reported regional activity and Belgium, France, Lithuania, Netherlands and Romania reported localised activity. Sporadic activity was reported in England, Ireland, Northern Ireland, Norway, Portugal, Scotland, Spain and Sweden. Only Romania and the Slovak Republic reported increasing clinical morbidity rates in week 11. As in previous weeks, influenza B was more common in the Western Europe and influenza A in central and Eastern Europe. Denmark, France and Norway reported co-circulation of both influenza A and B. During week 11, the percentage of sentinel specimens that

tested positive for influenza increased to 43.6% (38.7% in week 10). Influenza A was clearly the dominant virus circulating in Europe in week 11. <http://www.eiss.org/index.cgi>

Influenza activity in Canada

During week 11, Saskatchewan and parts of Alberta reported widespread influenza activity; British Columbia, parts of Alberta, Manitoba, Ontario, Nova Scotia and New Brunswick reported localised activity. Sentinel physicians reported 26 cases of ILI per 1000 patient visits, which is below the expected rate for the time of year. Health Canada received 2127 reports of laboratory tests for influenza, including 80 influenza A and 192 influenza B detections. All viruses identified to date 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

In the US during week 11, 5 state and territorial health departments reported widespread influenza activity, 19 reported regional activity, 24 reported sporadic activity and 1 reported no influenza activity. The proportion of patient visits to sentinel providers for ILI was 2.0%, which is above the national baseline. The WHO and NREVSS laboratories reported 1528 specimens tested for influenza viruses, of which 221 were positive: 55 A (H1), 3 A (H3N2), 111 A (unsubtyped) and 52 B viruses. <http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

Influenza activity Worldwide

Sporadic influenza activity was reported in Hong Kong during week 11, with influenza A (H3N2) being the predominant circulating strain. India and Finland also reported sporadic influenza activity. The Russian Federation reported regional influenza activity mainly associated with influenza A (H1N1). <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

The National Institute for Public Health and the Environment (RIVM) in the Netherlands, in collaboration with a multi organisation partnership, have implemented enhanced surveillance in response to the outbreak of highly pathogenic avian influenza, influenza A (H7N7) in several Dutch poultry farms. Up to the 19th of March 2003, there have been 169 persons with acute health problems among the

population exposed to infected poultry. Of the 169 patients, 20.7% tested positive for influenza A (H7N7), 5 were A (H3) positive, 25 were influenza negative, and results were pending in 104 patients. Of 132 patients with conjunctivitis, 32 of 54 test results available were positive for H7N7 (59.3 %). Three patients with positive H7N7 results had unknown or other (no conjunctivitis or ILI) symptoms. To date, no dual infections with influenza A (H7N7) virus and H1 or H3 influenza viruses have been found. Results strongly suggest person-to-person transmission of A (H7N7) virus.

All those involved in the control of infected poultry flocks have been provided with protective clothing, spectacles, and masks to cover the mouth and nose. The importance of hygiene measures has been emphasised. Those involved with the culling process, as well as families at the contaminated farms, are being vaccinated. <http://www.eurosurveillance.org/ew/2003/030320.asp>

Severe Acute Respiratory Syndrome (SARS)

As of the 26th of March 1323 suspected and probable cases of SARS, including 49 deaths, have been reported from 12 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/don/en/>

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