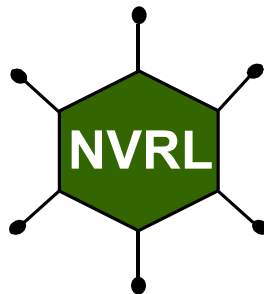


Weekly Influenza Surveillance Report



Week 11 2003

Report produced: 20/03/2003

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 11. In Ireland and Western Europe, the dominant circulating virus type is influenza B. As of the 20th of March, it is considered that there have been no cases of SARS in Ireland.

Clinical data from sentinel GPs

During week 11 2003 (the week ending the 16th of March 2003), 13 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 18.8 per 100,000 population. The consultation rate has changed little from the rate of 19.9 per 100,000 in week 10 2003. Twenty-five of the 34 (73.5%) sentinel practices reported during week 11 2003, with 6 reporting ILI (figure 1). ILI cases among younger age groups continued to decrease during week 11, with only 2 of the 13 cases (15.4%) aged between 0 and 14 years of age. Two ILI cases were over 65 years of age.

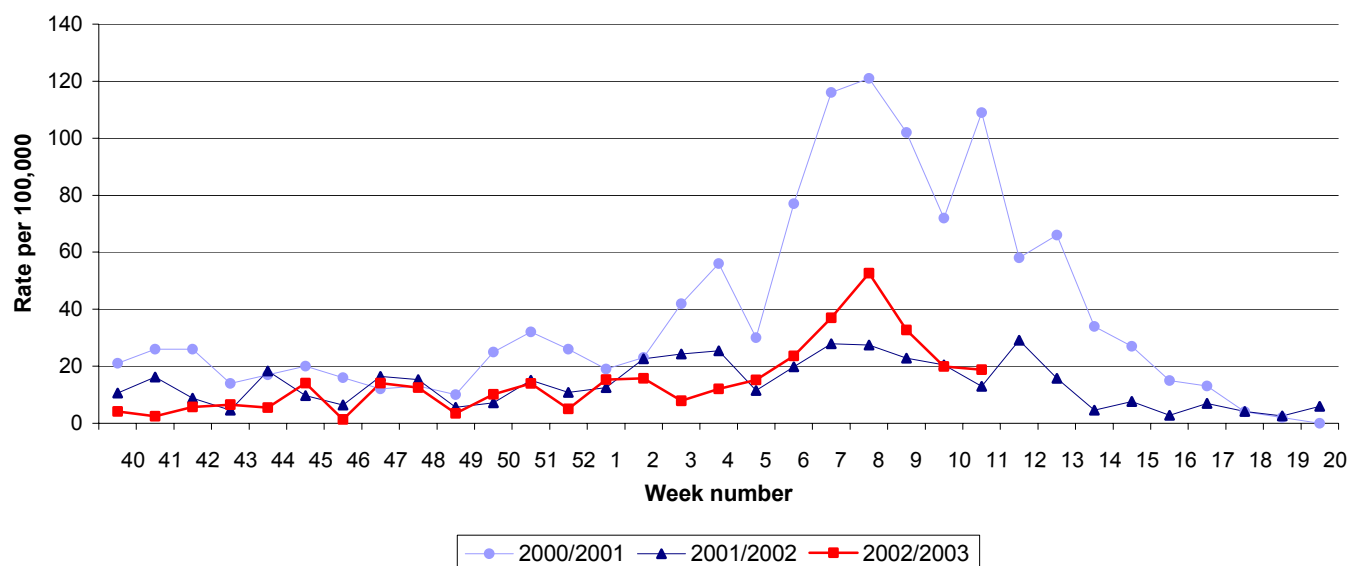


Figure 1: GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001, 2001/2002 and 2002/2003 influenza seasons.

Virological data

During week 11, the National Virus Reference Laboratory (NVRL) received 7 swabs from sentinel GPs. Three swabs were positive for influenza B virus and none were positive for influenza A (table 1). The 3 influenza B cases were aged between 10 and 19 years of age. The NVRL also tested 25 non-sentinel respiratory specimens mainly from hospitals during week 11; 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>
11	7	3	42.9%	0	0	0	0	3
Season Total	188	61	32.4%	6	0	0	2	53

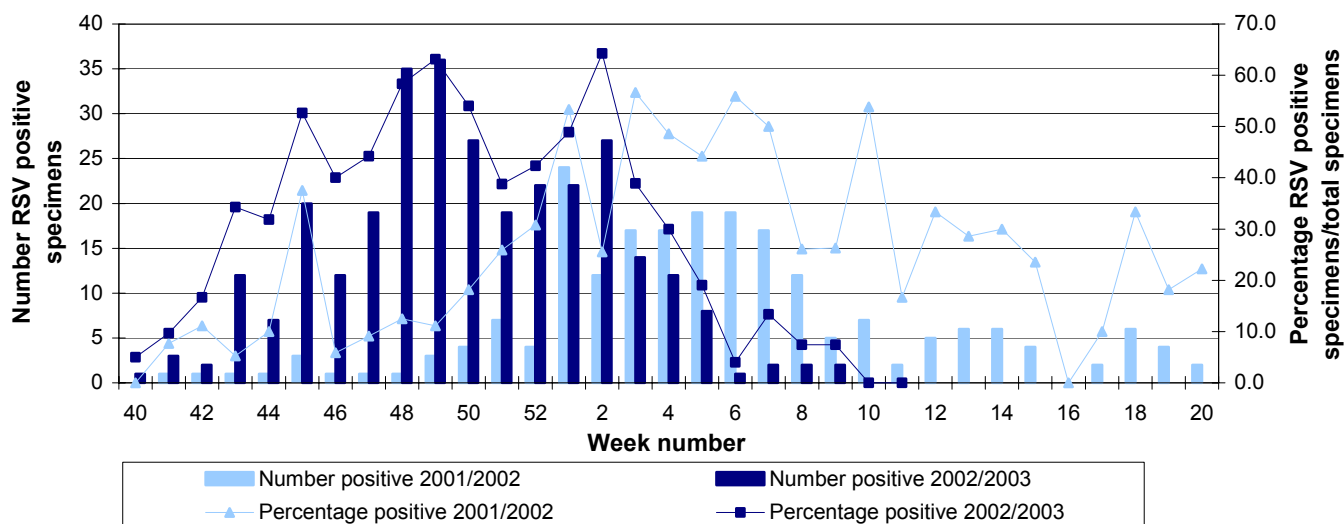


Figure 2: Number and percentage of non-sentinel RSV positive specimens detected during the 2001/2002 and 2002/2003 influenza seasons.

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 9, sporadic influenza activity was reported in 6 health boards (ERHA, MWHB, NEHB, NWHB, SEHB and the SHB), no influenza activity was reported in the MHB and WHB. During week 10, sporadic influenza activity decreased and was only reported in 4 health boards (ERHA, NEHB, SEHB, and the SHB); the MHB, MWHB, NWHB, and WHB all reported no influenza activity.

Influenza activity in Northern Ireland

During week 11, 20/24 sentinel GPs reported a decreased combined ILI and clinical influenza rate of 31.5 per 100,000 in Northern Ireland, compared to 39.7 per 100,000 in week 10. There was one positive sentinel swab for influenza B and no influenza virus detections detected through either hospitalised patients or non-sentinel GPs.
<http://www.cdscni.org.uk/>

Influenza activity in England, Scotland and Wales

Due to low levels of influenza currently circulating in the UK the next influenza surveillance report will be on the 26th of March.
http://www.phls.co.uk/topics_az/influenza/fluactivity0203.htm

Influenza activity in Europe

During week 10, widespread influenza activity was reported in the Czech Republic, Denmark, Germany, Italy, the Slovak Republic, Slovenia and Switzerland. Belgium and Poland reported regional activity and France, Lithuania, Netherlands, Romania and Spain reported localised activity. Sporadic activity was reported in Ireland, Norway, Scotland and Sweden. As in previous weeks, influenza B was more common in Western Europe and influenza A in Central and Eastern Europe. The Czech Republic, Denmark, France and Norway reported co-circulation of both influenza A and B. <http://www.eiss.org/index.cgi>

Avian influenza in the Netherlands

As of the 17th of March 2003, it became apparent that 31 people have caught eye infections caused by highly pathogenic avian influenza, HPAI, virus in the Netherlands. Almost all of them were involved in poultry depopulation activities on infected premises. One case of human-to-human transmission has been reported. Extraordinary preventive measures have been taken. The eye lesions are harmless, and will heal without medical treatment. Beginning the 15th of March 2003, the poultry-culling personnel are obliged to take an anti-viral preparation meant to prevent infection. The preparation will also be offered to people working or living on infected or suspected premises. All residents and workers in plants situated within the protection-zone of 3 km around the infected premises are advised to get vaccinations. All poultry depopulation workers have already been vaccinated. <http://www.promedmail.org>

Influenza activity in Canada

During week 10, British Columbia and parts of Saskatchewan reported widespread influenza activity and 3 regions reported localized activity. Sentinel physicians reported 26 cases of ILI per 1000 patient visits, which is below the expected rate for this time of year. Health Canada received 2294 reports of laboratory tests for influenza: 88 influenza A and 181 influenza B. 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

During week 10 the proportion of patient visits to sentinel providers for ILI was 2.0%, which is above the national baseline. Nine state and territorial health departments reported widespread activity, 23 reported regional activity and 14 reported sporadic influenza activity. The WHO and NREVSS laboratories reported 908 specimens tested for influenza viruses, of which 167 were positive: 49 influenza A (H1), 6 A (H3N2), 42 A (unsubtyped) and 70 B viruses. <http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

Influenza activity Worldwide

No influenza activity was reported in Chile and Argentina during week 10. Sporadic influenza activity was reported in Hong Kong, with 87 A (H3N2), 4 A (unsubtyped), and 44 B influenza viruses. Sporadic activity was also reported in India. Localised activity was reported in a garrison in Northern Finland, associated with influenza A (H1). Localised influenza B activity was reported in Iceland. Widespread activity was reported in the Russian Federation with influenza A (H1N1) predominating this season. <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. Because of insufficient data, a decision on the A (H3N2) component was deferred. Additional data has since confirmed that in haemagglutination-inhibition (HI) tests an increasing proportion of recent virus isolates was distinguishable from A/Panama/2007/99 and similar to A/Fujian/411/2002. However, since there is no A/Fujian/411/2002-like virus, isolated in embryonated eggs, suitable as a vaccine candidate and since many recent isolates are antigenically closely related to A/Panama/2007/99, it is recommended that the A (H3N2) component of vaccines to be used in the 2003-2004 season contain an A/Moscow/10/99 (H3N2)-like virus.

Accordingly, it is recommended that the vaccines used in the 2003-2004 season (northern hemisphere winter) contain the following:

- 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/>

Severe Acute Respiratory Syndrome (SARS)

As of the 20th of March, 306 suspected and probable cases of SARS, including 10 deaths, have been reported from eleven countries. These figures represent an additional 42 cases and one death compared with the previous day. Increases were reported in Canada (1), Hong Kong (23), Singapore (3), Taiwan, China (1), the United Kingdom (1), and Viet Nam (6). Switzerland, reporting 7 suspected cases, was added to the list. *As of the 20th of March, it is considered that there have been no cases of SARS in Ireland.*

The main symptoms of SARS are high fever (> 38° Celsius), dry cough, and shortness of breath or breathing difficulties. Changes in chest X-rays indicative of pneumonia also occur. SARS may be associated with other symptoms, including headache, muscular stiffness, loss of appetite, malaise, confusion, rash and diarrhoea. Based on currently available evidence, close contact with an infected person is needed for the infective agent to spread from one person to another. Close contact with aerosolised droplets and bodily secretions from an infected person appears to be important. To date, the majority of cases have occurred in hospital workers who have cared for SARS patients and the close family members of these patients. However, the amount of the infective agent needed to cause an infection has not yet been determined.

WHO is increasingly optimistic that conclusive identification of the causative agent can be announced soon. The development of a precise diagnostic test could follow quickly. Research is now focused on the Paramyxoviridae family of viruses. This family includes several well-known viruses, such as those causing mumps, measles and common respiratory ailments. It also includes a subfamily of viruses capable of

infecting multiple animal species, including humans. This subfamily was implicated in the emergence during the 1990s of new and severe diseases in humans caused by Hendra and Nipah viruses. The virus jumped directly from animal hosts (horses and pigs) to humans. No person-to-person transmission was documented in outbreaks caused by either virus.

For further information on SARS and daily updates:

www.ndsc.ie

<http://www.who.int/csr/don/en/>

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