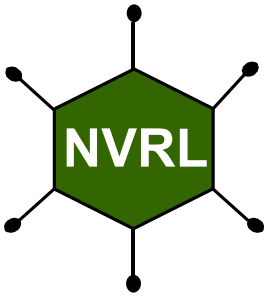
Weekly Influenza Surveillance Report



Week 10 2003

Report produced: 13/03/2003

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

Summary
The GP consultation rate for influenza–like illness decreased during week 10, particularly in younger age groups. In Ireland and Western Europe, the dominant circulating virus type is influenza B.

Clinical data from sentinel GPs

During week 10 2003 (the week ending the 9th of March 2003), 14 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 19.9 per 100,000 population. The consultation rate has decreased from the rate of 35.2 per 100,000 in week 9 2003. Twenty-eight of the 34 (82.4%) sentinel practices reported during week 10 2003, with 9 reporting ILI (figure 1). ILI cases decreased among younger age groups, with only 4 of the 14 cases (28.6%) aged between 0 and 14 years of age. One ILI case was over 65 years of age.

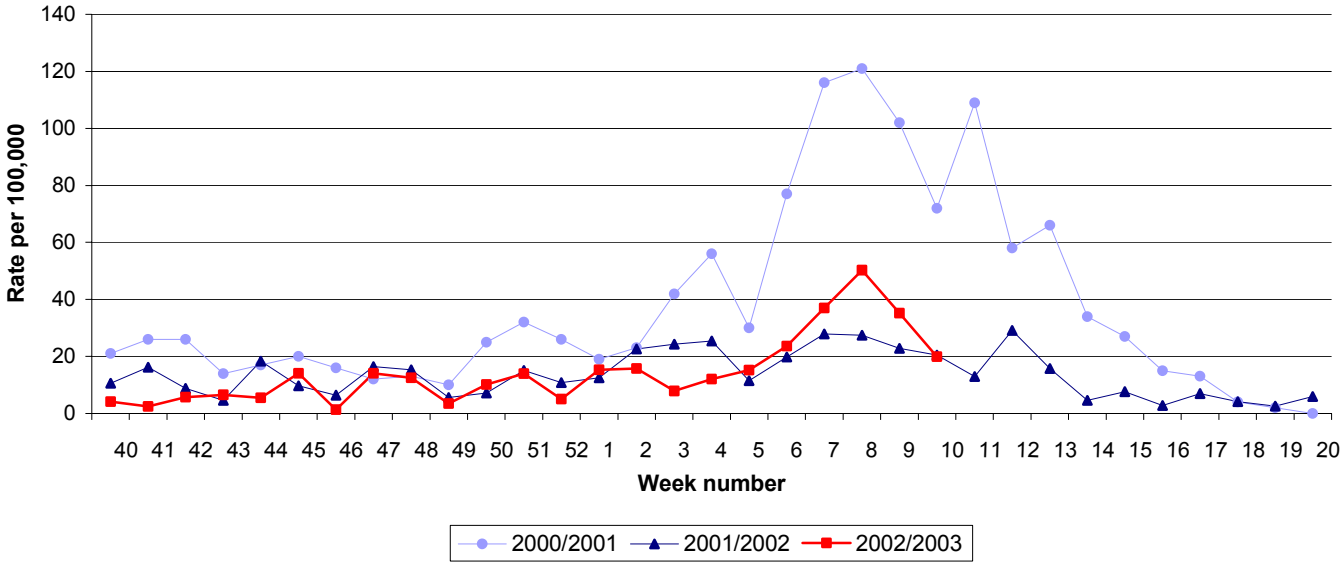


Figure 1: GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001, 2001/2002 and 2002/2003 influenza seasons.

Virological data

During week 10, the National Virus Reference Laboratory (NVRL) received 9 swabs from sentinel GPs. Seven swabs were positive for influenza B virus (table 1). Only 2 of the 7 influenza B positive specimens were aged between 0 and 19 years, a further decrease on previous weeks. Data for week 9 has been updated; 7 of 12 sentinel specimens were positive for influenza B and two were positive for influenza A. The NVRL also tested 15 non-sentinel respiratory specimens mainly from hospitals during week 10; 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

Week number	*Total swabs*	*Positive swabs*	*Percentage positive*	*A (unsubtyped)*	*A (H1N1)*	*A (H1N2)*	*A (H3N2)*	*B*
10	9	7	77.8%	0	0	0	0	7
Season Total	**181**	**58**	**32.0%**	**6**	**0**	**0**	**2**	**50**

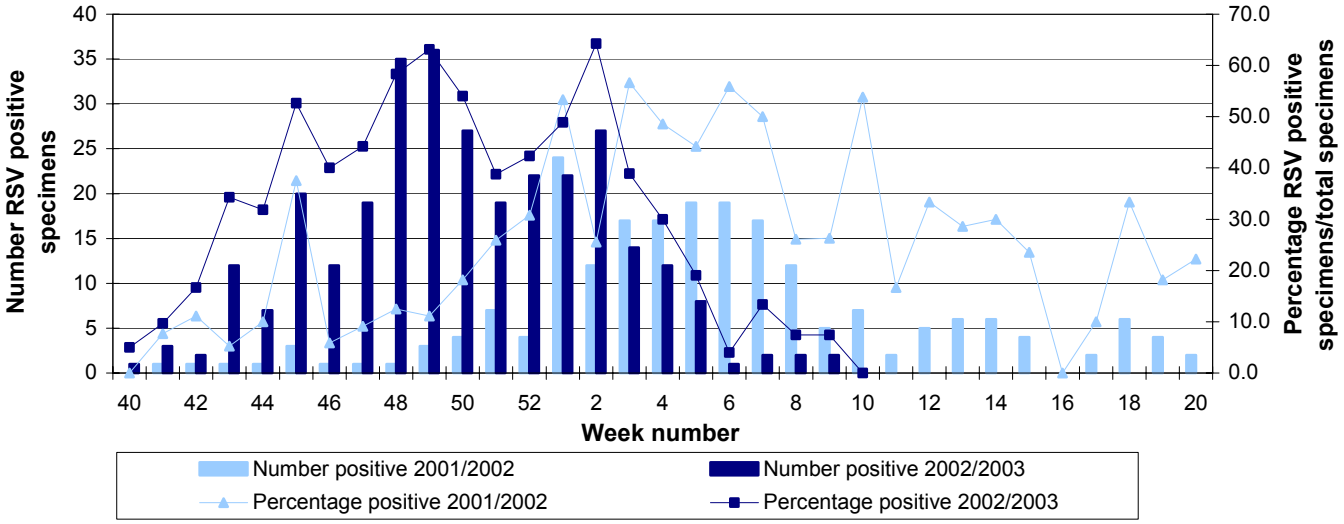


Figure 2: Number and percentage of non-sentinel RSV positive specimens detected during the 2001/2002 and 2002/2003 influenza seasons.

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. Data for weeks 9 and 10 will be reported in next weeks report.

Influenza activity in Northern Ireland
During week 10, 21/24 sentinel GPs reported a decreased combined ILI and clinical influenza rate of 39.7 per 100,000 in Northern Ireland, compared to 44.7 per 100,000 in week 9. There were no influenza virus detections either through normal laboratory testing or through the sentinel surveillance system. http://www.cdscni.org.uk/

Influenza activity in England, Scotland and Wales
The consultation rate for ILI in England showed little change from a rate of 23.1 per 100,000 in week 9 to a rate of 21.0 in week 10. In Wales and Scotland, the GP consultation rates decreased to 2.8 and 13 per 100,000, respectively in week 10. Six positive detections of influenza (2 A (H3) and 4 B) virus were referred to the ERNVL. http://www.phls.co.uk/topics_az/influenza/fluactivity0203.htm

Influenza activity in Europe
During week 9, widespread influenza activity was reported in Belgium, France, Germany, Italy, the Slovak Republic, Slovenia and Switzerland. Five networks reported localised activity (Denmark, Lithuania, Poland, Romania and Spain).

Sporadic activity was reported in Norway, Sweden, the Netherlands and Portugal. Nine networks in central and eastern Europe – reported increasing clinical morbidity rates in week 9 2003; all reporting influenza A as the dominant virus type. Clinical morbidity rates were highest among 0 to 14 year olds. Influenza A was the dominant virus circulating in Europe in week 9. Germany, Italy, the Netherlands and Switzerland reported that influenza A (H3N2) was the dominant virus subtype. As in previous weeks, influenza B was more common in Western Europe and influenza A in central and Eastern Europe. Denmark and Norway reported a co-circulation of both influenza A and B, and the dominant virus type in Romania was influenza B.
http://www.eiss.org/index.cgi

Influenza activity in Canada
During week 9, sentinel physicians reported 40 cases of ILI per 1000 patient visits, which is below the expected rate for the time of year. Influenza B activity affecting mostly children was increasing in Saskatchewan, Alberta and British Columbia. Influenza A activity was declining across most of the country, however localised activity was reported in Quebec and parts of Ontario. All viruses identified this season are closely related to the current vaccine strains.
http://www.hc-sc.gc.ca/pphb-dgspsp/fluwatch/index.html

Influenza activity in the United States
The proportion of patient visits to sentinel providers during week 9 was 2.3%, which is above the national baseline. Fourteen state and territorial health departments reported widespread activity, 20 reported regional activity and 12 reported sporadic influenza activity. The WHO and NREVSS laboratories reported 2086 specimens tested for influenza viruses, of which 310 were positive: 73 A (H1), 12 A (H3N2), 100 A (unsubtyped) and 125 influenza B.
http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

Influenza activity Worldwide
No influenza activity was reported in Chile and Argentina during week 9. Sporadic activity was reported in Hong Kong, associated with influenza A (H3N2) and influenza B. Widespread activity was reported in the Russian Federation, associated with influenza A (H1N1) and influenza A (H3N2).
http://oms2.b3e.jussieu.fr/flunet/

WHO Alert
The WHO has issued a global alert on cases of atypical pneumonia in Vietnam, Hong Kong SAR, China and Guangdong province in China. Overall the outbreaks in Hanoi and Hong Kong SAR appear to be confined to hospital environments. No link has so far been made between these outbreaks of acute respiratory illness in Hanoi and Hong Kong and the outbreak of avian influenza A (H5N1) in Hong Kong SAR. WHO is in close contact with relevant national authorities and has also offered epidemiological, laboratory and clinical support. WHO is working with national authorities to ensure appropriate investigation, reporting and containment of these outbreaks.
http://www.who.int/csr/don/2003_03_12/en/

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