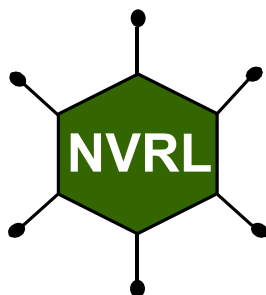


# Weekly Influenza Surveillance Report



**Week 9 2003**

**Report produced: 06/05/2003**

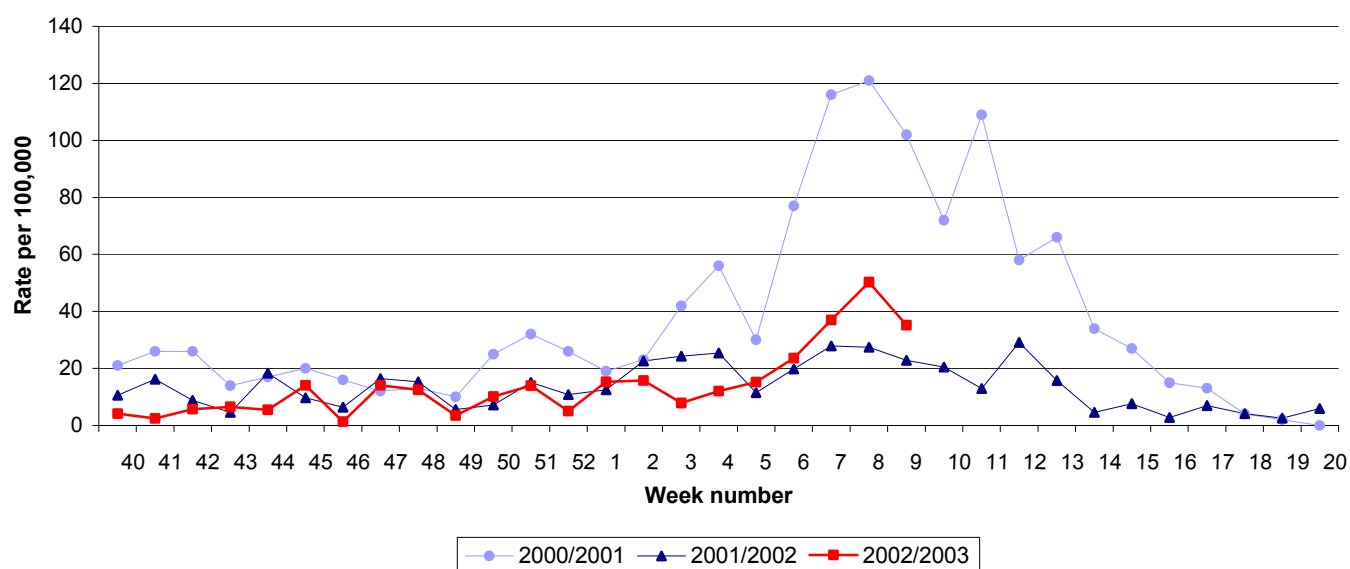
**This report is produced in collaboration with the Departments of Public Health**

## Summary

The GP consultation rate for influenza-like illness decreased during week 8. In Ireland and Western Europe, the dominant circulating virus type is influenza B, mainly in younger age groups.

## Clinical data from sentinel GPs

During week 9 2003 (the week ending the 2<sup>nd</sup> of March 2003), 23 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 35.2 per 100,000 population. The consultation rate has decreased from the updated rate of 50.3 per 100,000 in week 8 2003. Twenty-seven of the 34 (79.4%) sentinel practices reported during week 9 2003, with 9 reporting ILI (figure 1). ILI cases were mainly among younger age groups, with 10 of the 23 cases (43.4%) aged between 0 and 14 years of age. No ILI cases were over 65 years of age.



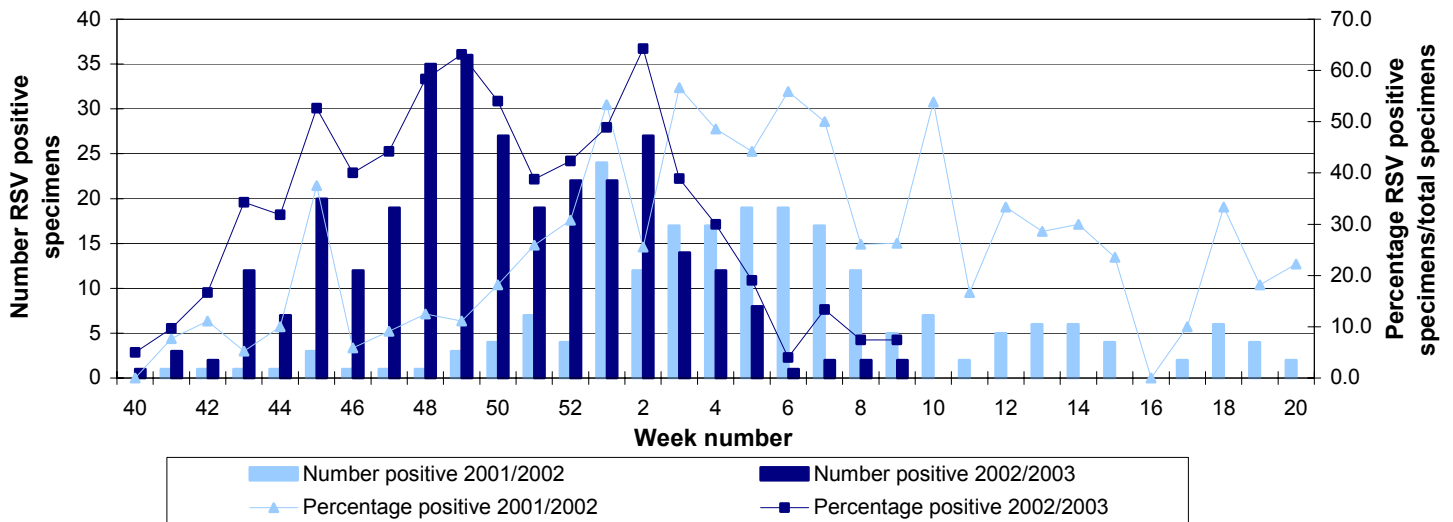
**Figure 1:** GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001, 2001/2002 and 2002/2003 influenza seasons.

## Virological data

During week 9, the National Virus Reference Laboratory (NVRL) received 10 swabs from sentinel GPs. Seven swabs were positive for influenza B virus (table 1). Three of the 7 influenza B positive specimens were aged between 0 and 19 years, a decrease on previous weeks. Influenza-like illness due to influenza B tends to occur mostly in younger age groups, particularly in school aged children. Data for week 8 has been updated; 10 of 21 sentinel specimens were positive for influenza B and one was positive for influenza A. The NVRL also tested 27 non-sentinel respiratory specimens mainly from hospitals during week 9; 2 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>
9	10	7	70.0%	0	0	0	0	7
<b>Season Total</b>	<b>170</b>	<b>49</b>	<b>28.8%</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>43</b>

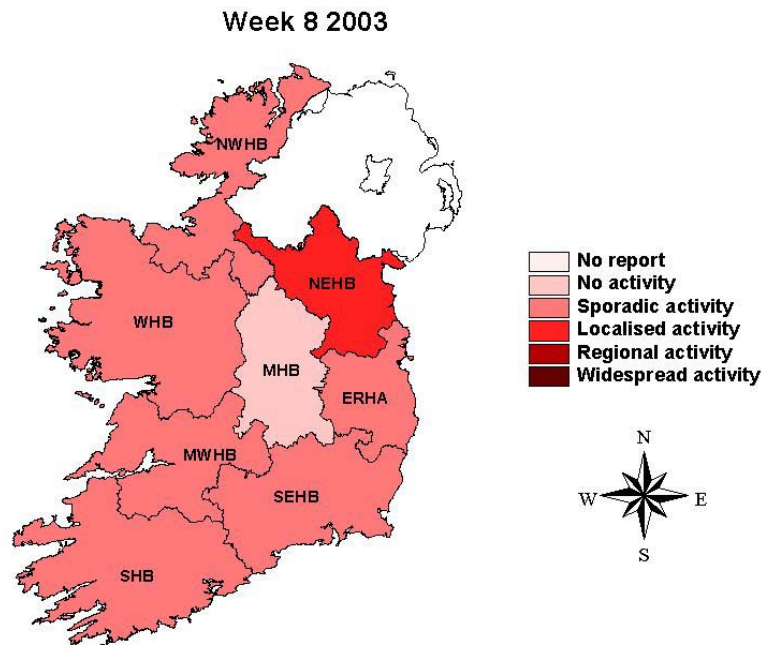


**Figure 2:** Number and percentage of non-sentinel RSV positive specimens detected during the 2001/2002 and 2002/2003 influenza seasons.

**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 8, the NEHB reported localised influenza activity. The number of health boards reporting sporadic influenza activity increased to 6 (NWHB, WHB, MWHB, SHB, SEHB & ERHA); the MHB reported no influenza activity (figure 3). Influenza B continued to be the dominant circulating virus type in most health boards during week 8.



**Figure 3:** Map of influenza activity by health boards/authority during week 8 2003

#### **Influenza activity in Northern Ireland**

During week 9, 22/24 sentinel GPs reported an increased combined ILI and clinical influenza rate of 44.7 per 100,000 in Northern Ireland, compared to 42.5 per 100,000 in week 8. ILI in 0-14 year old children has increased further. One non-sentinel swab from a hospitalized child was positive for influenza B.

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

In England, the GP consultation rate for ILI changed little from a rate of 23.4 per 100,000 in week 8 to a rate of 23.05 per 100,000 in week 9. The consultation rate for ILI in 0 to 14 year olds has decreased. In Wales, the GP consultation rate for ILI increased to 6.0 per 100,000 in week 9. The consultation rate in Scotland decreased to a rate of 15 per 100,000 in week 9. The number of positive detections of influenza virus referred to the ERNVL in week 9 increased to 29: 2 A (H1N untyped), 5 A H3N untyped and 22 B viruses.

[http://www.phls.co.uk/topics\\_az/influenza/fluactivity0203.htm](http://www.phls.co.uk/topics_az/influenza/fluactivity0203.htm)

#### **Influenza activity in Europe**

During week 8, Belgium, the Czech Republic, France, Italy and Switzerland reported widespread influenza activity. Spain reported regional activity and Denmark, Lithuania, Slovakia and Slovenia reported localised activity. Sporadic activity was reported in Poland, Portugal and Romania and no activity was reported in the Netherlands. An increase in clinical morbidity rates was reported in east and central Europe (the Czech Republic, Italy, Lithuania, Poland, Slovakia, Slovenia and Switzerland). When available, the clinical morbidity rates were highest among the 0 to 14-year-olds. As in previous weeks, influenza B was more common in Western

Europe and influenza A in Eastern and Central Europe. More than 99% of the viruses detected through the European Influenza Surveillance Scheme (EISS) network to date this season are closely related to the 2002/2003 vaccine strains. However, a very small number of H3N2 viruses have shown reduced reactivity to A/Panama/2007/99 antiserum, and have been detected in Norway and England in recent weeks. <http://www.eiss.org/index.cgi>

#### **Influenza activity in Canada**

Widespread influenza activity along with numerous ILI outbreaks in schools was reported in British Columbia during week 8. Localised activity was reported in Manitoba, Ontario, Quebec and New Brunswick. Sentinel physicians reported 27 cases of ILI per 1000 patient visits, which is below the expected rate for the time of year. Health Canada received 1979 reports of laboratory tests for influenza: 109 influenza A and 79 influenza B. All viruses identified to date 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**

During week 8, the proportion of patient visits to sentinel providers for ILI was 2.8%, which is above the national baseline. Thirteen state and territorial health departments reported widespread activity, 20 reported regional activity, and 16 reported sporadic activity. The WHO and NREVSS laboratories reported 2119 specimens tested for influenza virus, of which 361 were positive: 53 A (H1), 40 A (H3N2), 114 A (unsubtyped) and 154 B viruses. <http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

#### **Influenza activity Worldwide**

During week 8, sporadic influenza activity was reported in Iceland and the Balkans. Localised activity was reported in Belarus and Israel during week 8. The Russian Federation and the Czech Republic reported widespread influenza activity. <http://oms2.b3e.jussieu.fr/flunet/>

As of the 27<sup>th</sup> of February no further cases of human influenza A (H5N1) have been reported in Hong Kong. To date the current outbreak of influenza A (H5N1) in Hong Kong has been limited to two cases, one of whom has died; both cases were members of the same family. The results of laboratory tests have shown that the influenza virus that infected these two cases contained no human genes (the virus genes were purely avian in origin), therefore the risk of human-to-human transmission is very low and unlikely to lead to an epidemic. The virus belongs to a different genetic lineage than that of a similar H5N1 virus that caused an outbreak in Hong Kong in 1997, resulting in 18 human cases and six deaths. The Health authorities in China have investigated an outbreak of atypical pneumonia that occurred between November 2002 and February 2003 in Guandong province and have identified *Chlamydia pneumoniae* as the causative agent. The Ministry of Health in Beijing has informed WHO that the outbreak in Guandong is over and that there is no evidence of a link between the outbreak in Guandong and the H5N1 cases in Hong Kong. No unusual increase in influenza activity has been detected over the past few weeks in Hong Kong. Sporadic activity was reported in week 8, with influenza A (H3N2) and B being the dominant circulating strains. WHO is continuing to work closely with health authorities in Beijing, China and Hong Kong. [http://www.who.int/csr/don/2003\\_02\\_27a/en/](http://www.who.int/csr/don/2003_02_27a/en/)

**This report was produced by Dr Lisa Domegan, NDSC.**