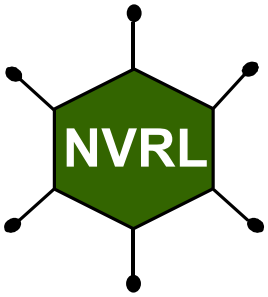
# Weekly Influenza Surveillance Report






## Week 7 2003

## Report produced: 20/02/2003

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

***Summary***
*The GP consultation rate for influenza–like illness continued to increase during week 7. In Ireland and Western Europe, the dominant circulating virus type is influenza B, mainly in younger age groups. Influenza A (H5N1) has been detected in a child in Hong Kong SAR.*

**Clinical data from sentinel GPs**

During week 7 2003 (the week ending the 16th of February 2003), 33 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 37.0 per 100,000 population. The consultation rate has increased from 23.6 per 100,000 in week 6 2003. Thirty-two of the 34 (94.1%) sentinel practices reported during week 7 2003, with 13 reporting ILI (figure 1). ILI cases were mainly among younger age groups, with 22 of the 33 cases (66.7%) aged between 0 and 19 years of age. No ILI cases were aged over 65 years of age.

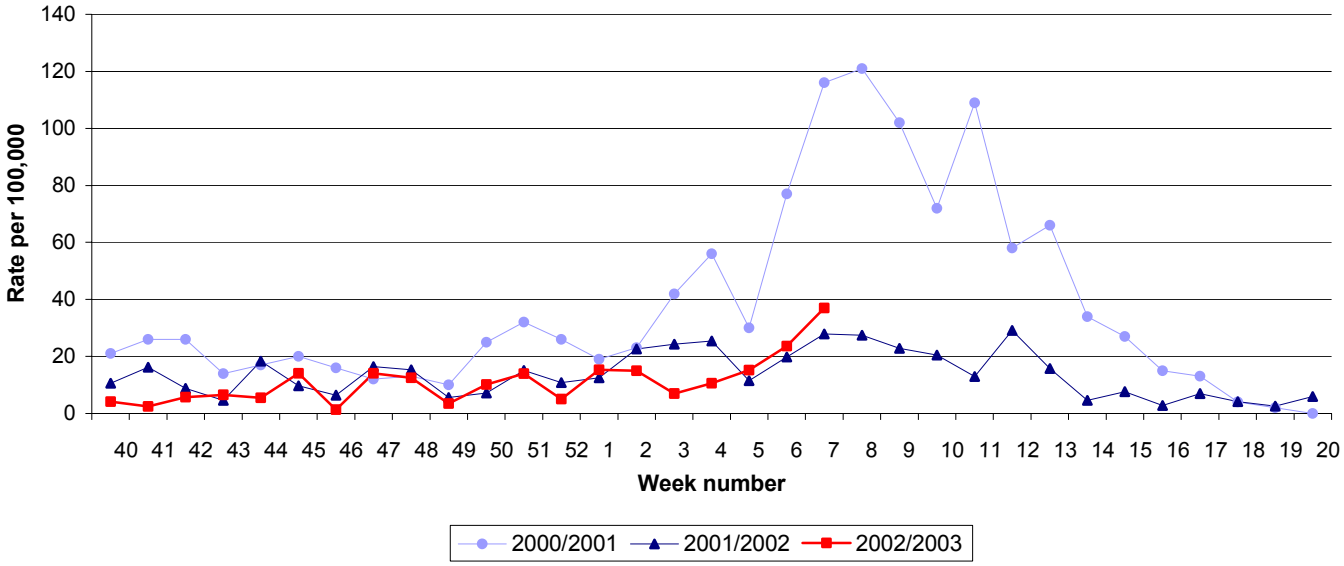



**Figure 1:** GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001, 2001/2002 and 2002/2003 influenza seasons.

**Virological data**

During week 7, the National Virus Reference Laboratory (NVRL) received 14 swabs from sentinel GPs. Nine swabs were positive for influenza B virus and one was positive for influenza A (table 1). Of the 9 cases positive for influenza B, 8 were aged between 10 and 19 years of age. Influenza-like illness due to influenza B tends to occur mostly in younger age groups, particularly in school aged children. Virological data for week 6 has been updated: 16 sentinel swabs were tested for influenza virus, of which 11 were positive for influenza B and one was positive for influenza A. The NVRL also tested 16 non-sentinel respiratory specimens mainly from hospitals during week 7; 2 were positive 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* |
|---|---|---|---|---|---|---|---|---|
| 7 | 14 | 10 | 71.4% | 1 | 0 | 0 | 0 | 9 |
| **Season Total** | **139** | **31** | **22.3%** | **3** | **0** | **0** | **2** | **26** |

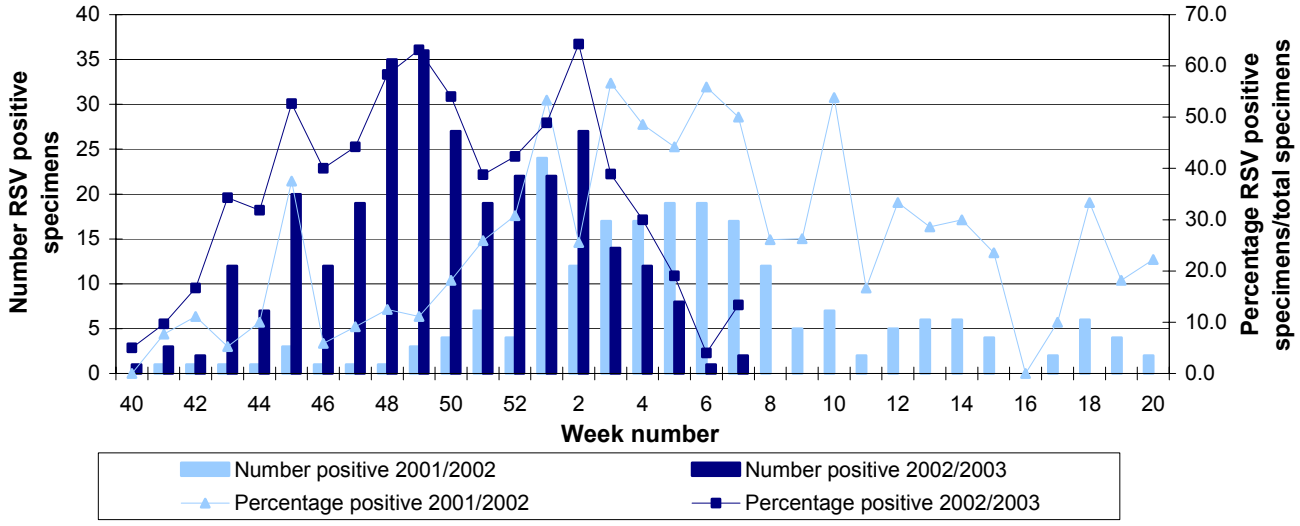



**Figure 2:** Number and percentage of non-sentinel RSV positive specimens detected during the 2001/2002 and 2002/2003 influenza seasons.

**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 6, 4 health boards (NEHB, ERHA, SEHB & MWHB) reported sporadic influenza activity and 4 reported no influenza activity (figure 3). Influenza B was the predominant circulating influenza type during week 6. School absenteeism associated with ILI remains at increased levels in 2 sentinel schools in the ERHA during week 7 and in one school in the NEHB. Increased school absenteeism in primary and secondary schools was also reported in the SEHB.

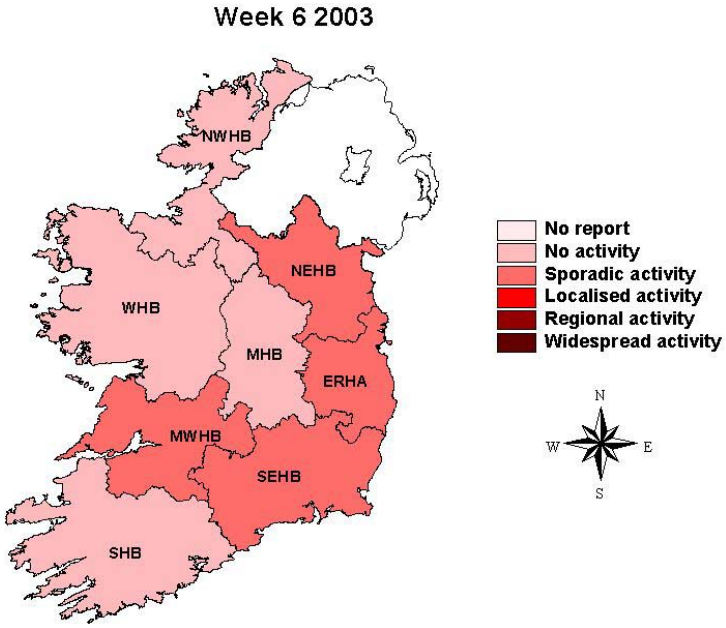



**Figure 3:** Map of influenza activity by health boards/authority during week 6 2003

**Influenza activity in Northern Ireland**
During week 7, 22/24 sentinel GPs reported an increased combined ILI and clinical influenza rate of 72.3 per 100,000 in Northern Ireland, compared to 49.3 per 100,000 in week 6. Fifty-two percent of ILI cases in week 7 were in school-aged children. There were no positive influenza detections during week 7. http://www.cdscni.org.uk/

**Influenza activity in England, Scotland and Wales**
In England, the GP consultation rate for ILI changed little from a rate of 26.3 per 100,000 in week 6 to a rate of 26.2 per 100,000 in week 7. In Wales the GP consultation rate for ILI increased to 4.65 per 100,000 in week 7. The consultation rate in Scotland decreased to a rate of 13 per 100,000 in week 7. Thirteen positive detections of influenza were referred to the ERNVL in week 7, 3 A (H3N untyped) and 10 B viruses. Reports of outbreaks of ILI in schools continue in central and southern England. http://www.phls.co.uk/topics_az/influenza/fluactivity0203.htm

**Influenza activity in Europe**
Belgium, the Czech Republic, France, Germany, Spain and Switzerland reported regional influenza activity during week 6. Eight influenza surveillance networks in Europe reported sporadic activity and 5 reported no influenza activity. Clinical morbidity rates were usually highest in 0 to 14 year olds. The percentage of sentinel specimens (n=997) positive for influenza increased to 23.4% and ranged from 0% (in 12 networks) to 46.7% (in Ireland). In week 6, influenza B predominated in Western Europe and influenza A in central Europe. Influenza A and B were co-circulating in Denmark and Norway. More than 99% of the viruses detected through the European Influenza Surveillance Scheme (EISS) network this season are closely related to the 2002/2003 vaccine strains. However, a very small number of influenza A (H3N2)

viruses detected in Norway and England in recent weeks have shown reduced reactivity to A/Panama/2007/99 antiserum. The epidemiological and virological significance of these viruses is presently unclear, however to date they are not associated with any unusually severe disease. http://www.eiss.org/index.cgi

**Influenza activity in Canada**
Localised influenza activity was reported in areas of British Columbia, Alberta, Ontario and Quebec during week 6. Nine provinces and territories reported either sporadic or no activity. Sentinel physicians reported 27 cases of ILI per 1000 patient visits. Health Canada received 1800 reports of laboratory tests for influenza: 137 were positive for influenza A and 32 were positive for influenza B. During week 6 outbreaks of ILI were reported in schools in Alberta and New Brunswick.
http://www.hc-sc.gc.ca/pphb-dgspsp/fluwatch/index.html

**Influenza activity in the United States**
During week 6, the proportion of patient visits to sentinel providers for ILI was 3.0%, which is above the national baseline. Thirteen state and territorial health departments reported widespread activity, 21 reported regional activity, and 15 reported sporadic activity. The WHO and NREVSS laboratories reported 2205 specimens tested for influenza virus, of which 459 were positive: 27 A (H1), 8 A (H3N2), 179 A (unsubtyped) and 245 B viruses. http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

**Influenza activity Worldwide**
During week 6, sporadic influenza activity was reported in Mexico (2 influenza A viruses detected). Localised influenza activity was reported in Israel, with influenza B detected throughout the country. Regional outbreaks were reported in the Russian Federation with 5 A (H3N2) influenza viruses detected, school children were most affected. Widespread influenza activity was reported in Finland with influenza B outbreaks most severe among children. http://oms2.b3e.jussieu.fr/flunet/.

Chlamydia has been identified as the cause of the acute respiratory syndrome in the Guangdong Province of China; which caused a total of 305 cases and 5 deaths from November 16th 2002 to February 9th 2003. http://www.promedmail.org

The detection of influenza A (H5N1), avian influenza virus, in a child in Hong Kong SAR was confirmed on the 19th of February. A similar virus caused an outbreak in Hong Kong SAR in 1997, with 18 cases detected and six deaths. In the current outbreak, a 9-year-old boy who traveled to Fujian Province (China) in January with his mother and two sisters became ill on February 9 and was admitted to a Hong Kong hospital on February 12. He has recovered and is in a stable condition. Other members of his family presented with a similar illness. The child's sister and father have died. The boy's mother was ill but has recovered. It is not yet known whether the other family members were also infected with influenza A (H5N1). A medical and epidemiological investigation is ongoing in Hong Kong to determine the cause of these illnesses. The World Health Organization is collaborating closely with health authorities in Hong Kong SAR and China in investigating the outbreak. The WHO Global Influenza Surveillance network has been alerted. http://www.who.int/csr/don

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