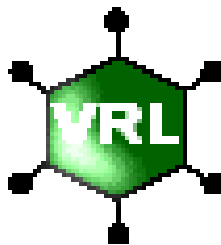


Weekly Influenza Surveillance Report



Week 6 2003

Report produced: 13/02/2003

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

Summary

The GP consultation rate for influenza-like illness increased during week 6. The dominant circulating virus type during week 6 was influenza B, mainly in younger age groups. Sentinel schools in two health boards have reported increased absenteeism levels associated with influenza-like illness.

Clinical data from sentinel GPs

During week 6 2003 (the week ending the 9th of February 2003), 21 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 23.6 per 100,000 population. The consultation rate has increased from the updated rate of 15.2 per 100,000 in week 5 2003. Thirty-two of the 34 (94.1%) sentinel practices reported during week 6 2003, with 10 reporting ILI (figure 1). Fourteen (66.7%) of the 21 ILI cases were aged between 0 and 19 years of age.

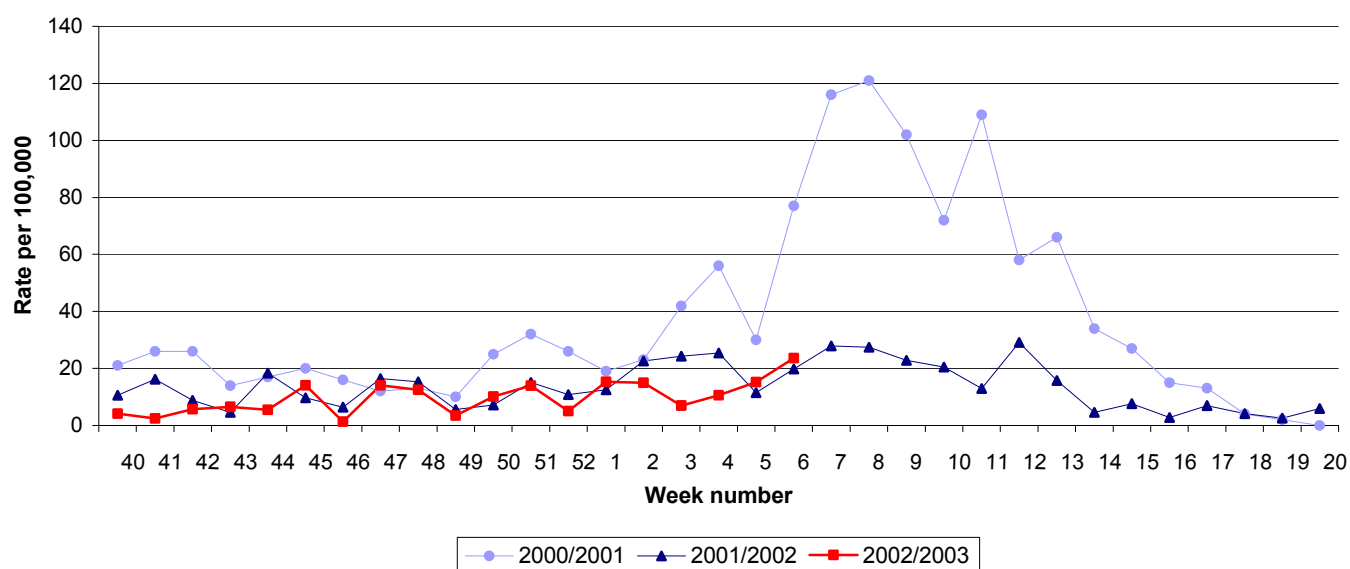


Figure 1: GP consultation rate for influenza-like illness per 100,000 population by report week, during the 2000/2001, 2001/2002 and 2002/2003 influenza seasons.

Virological data

During week 6, the National Virus Reference Laboratory (NVRL) received 15 swabs from sentinel GPs. Ten swabs were positive for influenza virus: 1 A (unsubtyped) and 9 influenza B (table 1). Eight of the 9 cases positive for influenza B were aged between 0 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.

Twenty-five respiratory specimens from non-sentinel sources (mainly hospitals) were referred to the NVRL during week 6, 1 (4.0%) was positive for respiratory syncytial virus (RSV), a decrease in the number and percentage positive specimens from previous weeks (RSV; figure 2). One non-sentinel respiratory specimen referred to the NVRL was positive for Adenovirus.

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>
6	15	10	66.66%	1	0	0	0	9
Season Total	124	19	15.32%	2	0	0	2	15

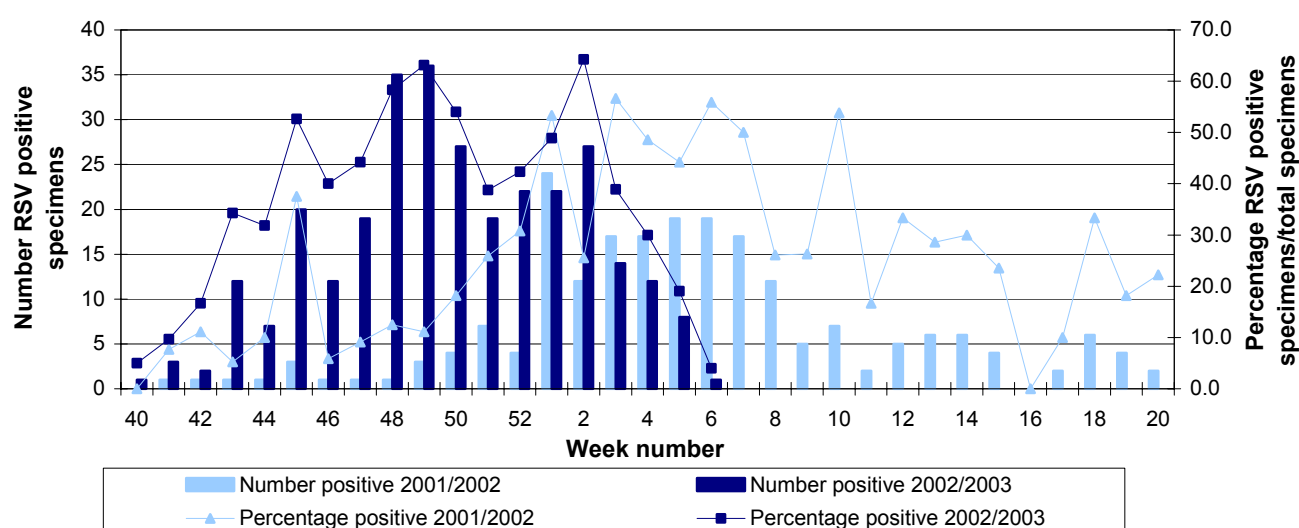


Figure 2: Number and percentage of non-sentinel RSV positive specimens detected during the 2001/2002 and 2002/2003 influenza seasons.

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 5, 5 health boards (SEHB, ERHA, NEHB, NWHB & WHB) reported sporadic influenza activity and 3 reported no influenza activity (figure 3). Influenza B was the predominant circulating influenza type during week 5.

During week 6, increased absenteeism associated with influenza-like illness was reported from a sentinel school in the ERHA and sentinel schools in the SEHB.

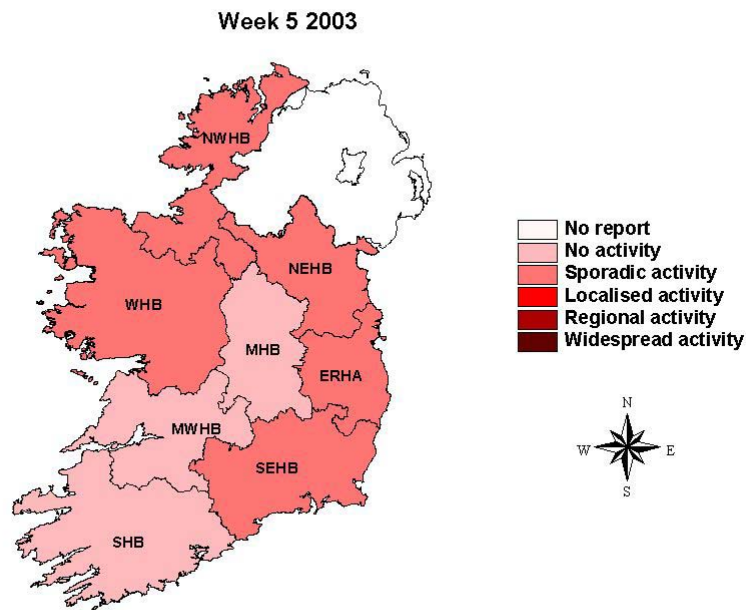


Figure 3: Map of influenza activity by health boards/authority during week 5 2003

Influenza activity in Northern Ireland

During week 6, 23/24 sentinel GPs reported a combined ILI and clinical influenza rate of 49.3 per 100,000 in Northern Ireland. Approximately, 50% of the ILI cases were in school-aged children. There were no positive influenza detections during week 6 <http://www.cdscni.org.uk/>

Influenza activity in England, Scotland and Wales

In England, GP consultations for ILI changed little from a rate of 24.5 per 100,000 in week 5 to 26.3 per 100,000 in week 6. In Wales, the GP consultation rate increased from a rate of 0.47 in week 5 to 1.4 per 100,000 in week 6. In Scotland the consultation rate decreased from 31.0 per 100,000 in week 5 to 24.0 per 100,000 in week 6. During week 6, there were 20 positive detections of influenza referred to the ERNVL: 6 A H3N untyped and 14 B viruses. In recent weeks, there have been reports of school outbreaks of ILI in central and southern England, with influenza B confirmed in a number of these outbreaks.

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

Influenza activity in Europe

During week 5, influenza activity remained at low to moderate levels in Europe. The number of networks reporting to the European Influenza Surveillance Scheme (EISS) detecting more than sporadic activity is gradually increasing. Clinical morbidity is focussed in younger age groups in most European countries. Eight networks reported no influenza activity during week 5, 6 reported sporadic activity, 3 reported localised activity and regional activity was reported in France, Italy and Spain. The total number of respiratory specimens collected by sentinel physicians in week 5 was 684, with 22.4% positive for influenza virus. Influenza B was the predominant circulating type in week 5, being clearly dominant in Portugal, Spain, France, Ireland and

England. Influenza A was more frequent in eastern European countries and was the dominant type in Germany. Influenza A and B were co-circulating in the Czech Republic, Denmark and Norway. <http://www.eiss.org/index.cgi>

Influenza activity in Canada

During week 5, localised influenza activity was reported in Ontario, New Brunswick, British Columbia and Quebec. Elsewhere in Canada, 10 provinces and territories reported sporadic or no influenza activity. Sentinel physicians reported 36 cases of ILI per 1000 patient visits. Health Canada received 1404 reports of laboratory tests for influenza: 104 were positive for influenza A and 16 were positive for influenza B. <http://www.hc-sc.gc.ca/pphb-dgsp/fluwatch/index.html>

Influenza activity in the United States

During week 5, the proportion of patient visits to sentinel providers was 2.5%, which is above the national baseline. Six state and territorial health departments reported widespread influenza activity, 18 reported regional activity, 24 reported sporadic activity and 2 reported no influenza activity. During week 5, WHO laboratories reported 1157 specimens tested for influenza viruses with 166 positive: 22 A (H1), 7 A (H3N2), 20 A (unsubtyped) and 117 B. A number of schools have closed in several states in the US, due to ILI outbreaks mainly associated with influenza B. <http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

Influenza activity Worldwide

No influenza activity was reported in Argentina or Mexico during week 5. Sporadic influenza activity was reported in Hong Kong (mainly associated with influenza B), Iceland and French Guiana. Regional influenza activity was reported in Russia with epidemic thresholds exceeded in 10 cities, the level of ILI has increased particularly among school children. In Finland, widespread influenza activity was reported with outbreaks distributed throughout the country, with influenza B predominating. <http://oms2.b3e.jussieu.fr/flunet/>

A total of 305 cases and 5 deaths of acute respiratory syndrome have been reported in the Guangdong Province of China from November 16th 2002 to February 9th 2003; to date virus isolation has been negative for influenza virus.

This report was produced by Dr Lisa Domegan, NDSC.