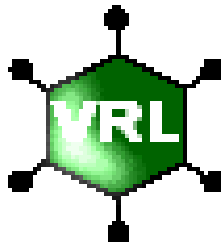


# Weekly Influenza Surveillance Report



**Week 45 2002**

**Report produced: 13/11/2002**

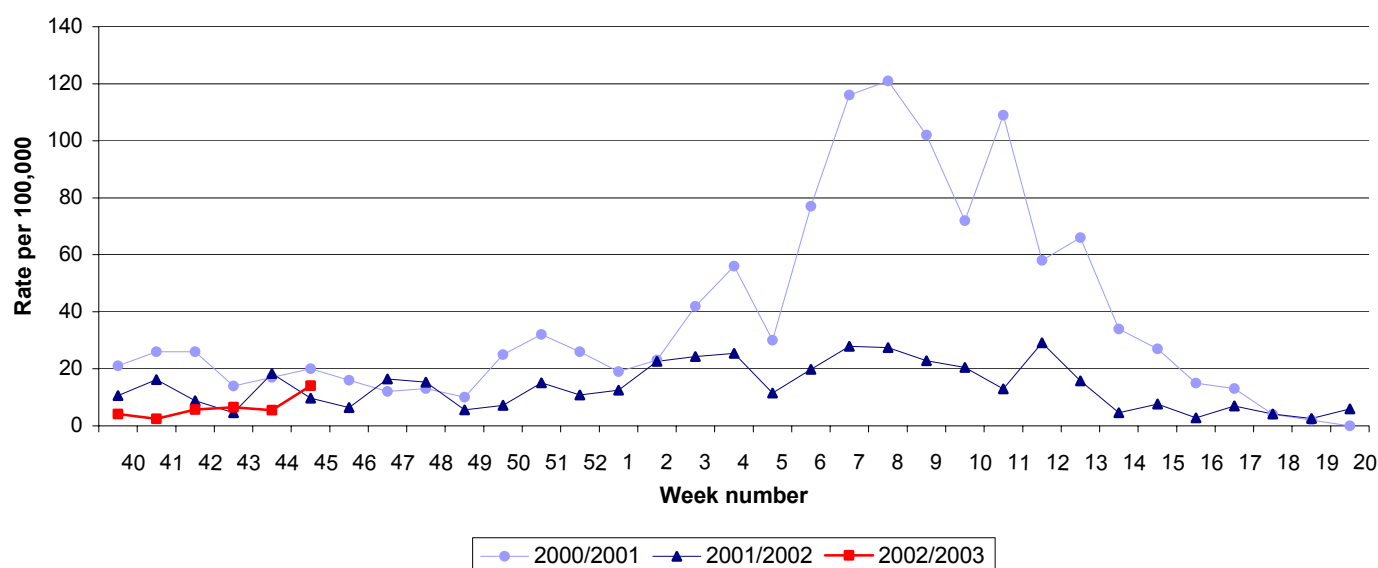
**This report is produced in collaboration with the Departments of Public Health**

### Summary

The sentinel GP consultation rate for influenza-like illness continues to remain at low levels. There have been no positive detections of influenza virus this season. The number of positive respiratory syncytial virus specimens from non-sentinel sources has continued to increase.

### Clinical data from sentinel GPs

During week 45 (week ending the 10<sup>th</sup> of November 2002), 6 influenza-like illness (ILI) cases were reported from sentinel general practices, corresponding to an ILI consultation rate of 14.1 per 100,000 population (figure 1). Nineteen (57.5%) of the 33 sentinel general practices reported during week 45, with 4 reporting ILI cases.



**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.

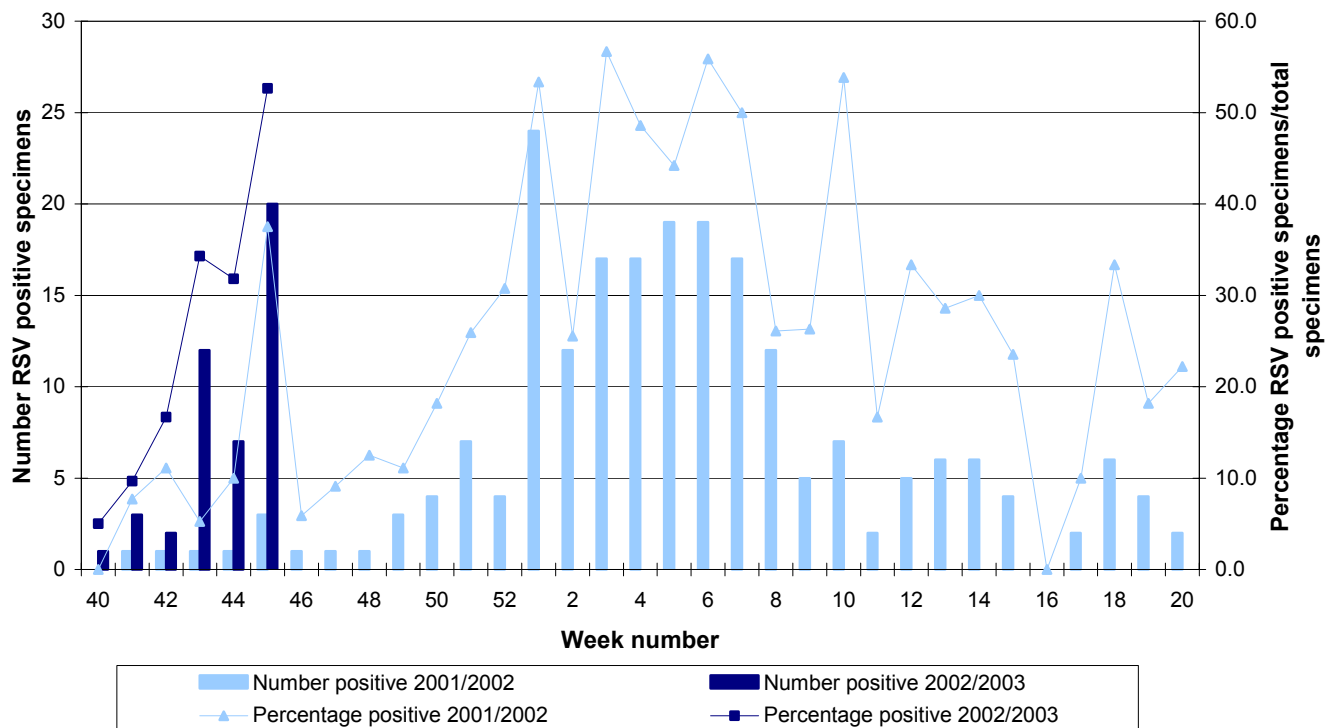
### Virological data

The National Virus Reference Laboratory (NVRL) received 7 swabs from sentinel GPs during week 45; all 7 were negative for influenza virus (table 1). There have been no positive detections of influenza virus this season.

The NVRL also tested 38 respiratory specimens from non-sentinel sources (GPs and hospitals) during week 45. No specimens were positive for influenza A or B, parainfluenza virus type 1, 2 or 3 or adenovirus. Fifty-three percent (20) of non-sentinel respiratory specimens were positive for respiratory syncytial virus (RSV; figure 2) during week 45. Since the start of the 2002/2003-influenza season, 45 RSV cases have been detected from non-sentinel sources; 42/45 cases were less than 12 months old and 3/45 cases were aged between 1 and 3 years of age. During week 45, 16/20 of the positive cases were reported from the Eastern Regional Health Authority.

**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>
40	4	0	0%	0	0	0	0	0
41	1	0	0%	0	0	0	0	0
42	4	0	0%	0	0	0	0	0
43	3	0	0%	0	0	0	0	0
44	3	0	0%	0	0	0	0	0
45	7	0	0%	0	0	0	0	0
<b>Total</b>	<b>22</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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. To date, this season, there have been no indications of influenza activity in any of the health boards.

**Influenza activity in Northern Ireland**

During week 45 in Northern Ireland, 23 of the 24 sentinel GPs reported. The combined influenza and ILI rate per 100,000 increased slightly from 21.5 in week 44 to 24.7 in week 45. No swabs were submitted from sentinel GPs during week 45 and there were no positive swabs identified from non-sentinel or routine laboratory testing.

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

In England, Scotland and Wales, indicators of ILI continue to remain within the range of baseline activity during week 44, with GP consultation rates at 11.4 per 100,000 in England, 0 per 100,000 in Wales and 22 per 100,000 in Scotland. Since week 40 2002, there has only been one positive detection of influenza virus, influenza A (H1N2) in a 2 month old male. There have been no other positive influenza detections from any specimens referred to ERNVL, NHS or PHLS laboratories. RSV and *Mycoplasma pneumoniae* numbers remain low as expected for the time of year.

### **Influenza activity in Europe**

During week 44, 18 networks reporting to the European Influenza Surveillance Scheme (EISS) reported no influenza activity. Although influenza activity is at low levels, influenza A and B have been sporadically detected/isolated across Europe. Between weeks 40 and 44, 7 respiratory specimens from sentinel sources were positive for influenza: 3 influenza B in Germany, 1 influenza B in Italy, 2 influenza A (H3N2) in Portugal, and 1 influenza B in Spain. During the same period, 5 respiratory specimens from non-sentinel sources (e.g. hospitals) were positive for influenza: 1 influenza A (H1N2) in England, 1 influenza A (H3N2) and 1 influenza B in France, 1 influenza B in Portugal and one influenza A (unsubtyped) in Wales.

### **Influenza activity in Canada**

In Canada, influenza activity continues to remain at low levels. Twelve provinces/territories reported no influenza activity during week 44. Sentinel physicians reported 15 cases of ILI per 1000 patient visits, which is the expected rate for the time of year. Health Canada received 874 reports of laboratory tests for influenza: one was positive for influenza. Detection of other respiratory viruses circulating in the Canadian population remains at moderate levels for RSV (3.1% of tests positive), parainfluenza viruses (5.3% of tests positive), and adenovirus (0.8% of tests positive).

### **Influenza activity in the United States**

In the US during week 44, the proportion of patient visits to sentinel providers for ILI was 1.2%; less than the national baseline. One state and territorial health department reported regional influenza activity, 14 reported sporadic activity and 34 reported no influenza activity. The WHO and NREVSS laboratories reported 884 specimens tested for influenza viruses, of which 4 (0.5%) were positive; 2 influenza A (unsubtyped) and 2 influenza B viruses.

### **Influenza activity Worldwide**

No influenza activity was reported in Australia, Mexico and Iceland during week 44. Chile, Hong Kong and Argentina all reported sporadic influenza activity in week 44. In Chile, sporadic influenza activity was associated with influenza B. In Hong Kong, 4 influenza A (H3N2) and 2 influenza B viruses were detected. In Argentina, 11 influenza A (unsubtyped) viruses were detected.

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