

Weekly Influenza Surveillance Report



Week 42 2004

**Week starting Monday 11^h October 2004 &
ending Sunday 17th October 2004**

Report produced: 21/10/2004

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

Summary

During week 42 2004, influenza activity remained at low levels in Ireland, with nine cases of influenza-like illness (ILI) reported by the sentinel GPs. Five sentinel swabs were submitted to the NVRL for testing. None tested positive for influenza. During week 40 one sentinel swab tested positive for influenza A. Subtyping and antigenic characterisation of this isolate are underway.

Clinical data

During week 42 (week ending 17th October 2004), nine ILI cases were reported by sentinel general practices, corresponding to an ILI consultation rate of 12.5 per 100,000 population (figure 1). This is a decrease from the updated rate of 15.2 per 100,000 population for week 41. Twenty-six of the 35 (74.3%) sentinel general practices reported during week 42, with six reporting ILI. All of the ILI cases were in the 15-64 age group.

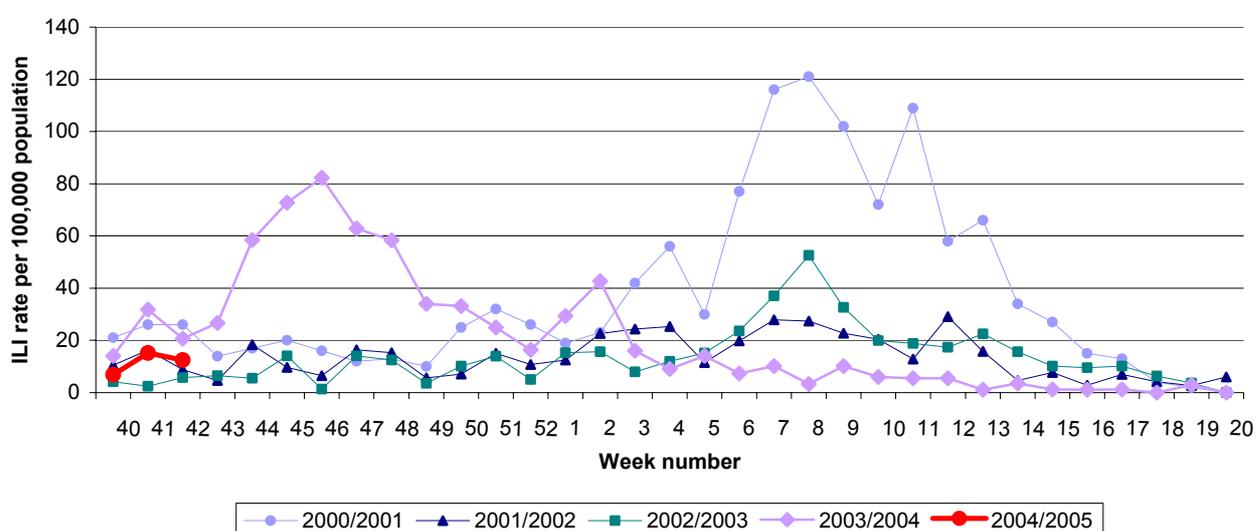


Figure 1. GP consultation rate for ILI per 100,000 population by week, during the 2000/2001, 2001/2002, 2002/2003, 2003/2004 & 2004/2005-influenza seasons.

Virological data from the National Virus Reference Laboratory

During week 42, the National Virus Reference Laboratory (NVRL) received five swabs from sentinel GPs. All tested negative for influenza (table 1). All RSV results are pending. An influenza A virus detected during week 40 was the first detection of influenza in Ireland this season and this isolate is currently undergoing subtyping and antigenic characterisation.

The NVRL also tested 27 respiratory non-sentinel specimens, mainly from hospitals and some GPs, during week 42. No specimens were positive for influenza A or B, parainfluenza virus type 1, 2 or 3 or respiratory syncytial virus (RSV).

Table 1: Sentinel GP influenza results by type, subtype and report week for the 2004/2005 influenza season

Week number	Total swabs	Positive swabs	Percentage positive	Influenza A (Unsubtyped)	Influenza B
40	2	1	50	1	0
41	7	0	0	0	0
42	5	0	0	0	0
Total	14	1	7.1	1	0

Table 2: Total number of sentinel and non-sentinel* respiratory specimens and positive results by week for the 2004/2005 season

Week number	Total specimens	Influenza positive specimens	% Influenza positive	Influenza A (Unsubtyped)	Influenza B	RSV
40	38	1	2.6	1	0	1
41	21	0	0	0	0	0
42	32	0	0	0	0	0
Total	91	1	1.1	1	0	1

* Please note that non-sentinel specimens include all specimens referred to the NVRL, these specimens are mainly from hospitals and some GPs and may include more than one specimen from each case.

Table 3: Total number of sentinel and non-sentinel* influenza A and B positive specimens by health board for week 42 and the 2004/2005 season to date

	Week 42 2004			Season to date		
	Flu A	Flu B	Total	Flu A	Flu B	Total
ERHA	0	0	0	0	0	0
MHB	0	0	0	0	0	0
MWHB	0	0	0	1	0	1
NEHB	0	0	0	0	0	0
NWHB	0	0	0	0	0	0
SEHB	0	0	0	0	0	0
SHB	0	0	0	0	0	0
WHB	0	0	0	0	0	0
Total	0	0	0	1	0	1

* Please note that non-sentinel specimens include all specimens referred to the NVRL, these specimens are mainly from hospitals and some GPs and may include more than one specimen from each case.

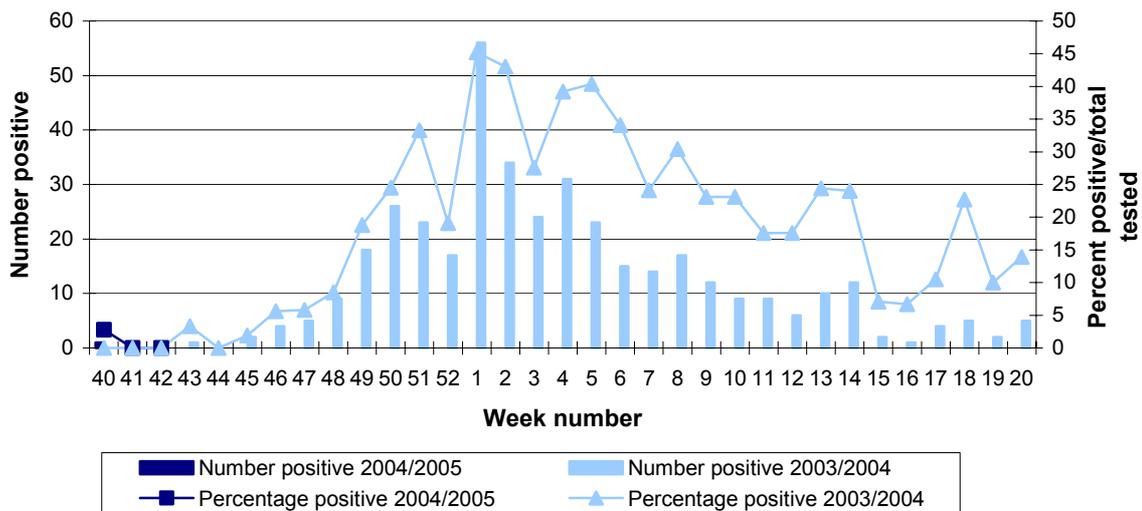


Figure 2. Number and percentage of non-sentinel RSV positive specimens detected during the 2004/2005 and 2003/2004 influenza seasons.

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 41, six health boards reported sporadic activity, one reported no activity and one health board had received no reports.

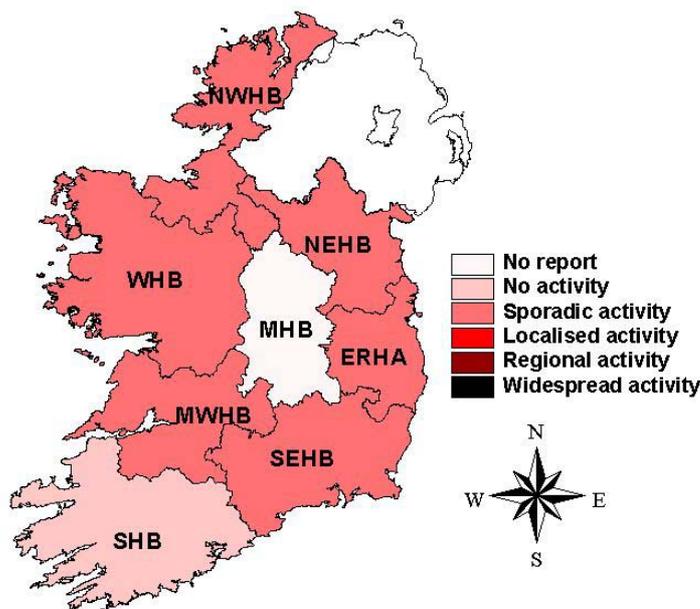


Figure 3: Map of influenza activity by health board/authority during week 41 2004

Influenza activity in Northern Ireland

The ILI rate was essentially unchanged during week 42 in Northern Ireland, and remained at low levels. Returns were received from 22 out of 23 sentinel GP practices, giving a population coverage of 8.2%. Thirty-eight cases of ILI were reported, corresponding to an ILI rate of 27.2 per 100,000 population. No sentinel swabs were submitted to the regional virus laboratory during week 42. Twenty-four specimens were submitted for routine laboratory testing. One of these was positive for RSV-B. There have been no reports of influenza virus detections in 2004/2005 to date.

<http://www.cdscni.org.uk/>

Influenza activity in England, Scotland and Wales

Clinical ILI activity remained low in the UK during week 42. The week 42 RCGP combined GP consultation rate for influenza and ILI was 9.9 per 100,000 population in England. This is similar to the week 41 rate. One non-sentinel specimen tested positive for influenza A (unsubtyped) in week 42. The ERNVL also detected two influenza A (H3) viruses from hospital samples in week 41. An increased ILI rate of 17 per 100,000 population was reported by the Scottish sentinel GP scheme (8.0 per 100,000 in week 41). This remains well within baseline levels. The rate for influenza consultations in Wales was 0.0 per 100,000 population. RSV was detected in England (18), Scotland (3) and Wales (2) in week 42.

SCIEH

<http://www.show.scot.nhs.uk/scieh/infectious/respiratory/influenzasurveillance/influenzasurveillance.htm>

HPA: http://www.hpa.org.uk/infections/topics_az/influenza/flu.htm

Influenza activity in Europe

During week 42, low levels of influenza activity were seen throughout Europe. The first influenza isolate in Germany was detected in week 42. The virus was subtyped as influenza A (H3N2) and antigenically characterised as A/Fujian/411/02-like. A sentinel specimen from the Czech Republic tested positive for influenza A (unsubtyped) and one from France tested positive for influenza A (H3). RSV was detected in France (7) and Slovenia (1). <http://www.eiss.org/>

Influenza activity in Canada

During week 41 (week ending 09/10/2004), localised activity was reported in Alberta, due to a hospital and school outbreak. Elsewhere in Canada influenza-like illness rates were low, with British Columbia, Ontario and Yukon reporting sporadic detections of influenza and the rest of the country reporting no activity. In week 41, there were 4 influenza A and 1 influenza B detections. The influenza A/Fujian/411/02(H3N2)-like virus remains the predominant circulating strain.

<http://www.phac-aspc.gc.ca/fluwatch/index.html>

Influenza activity in the United States

Low levels of influenza activity were seen in the US during week 40 (week ending 09/10/2004). WHO and NREVSS laboratories tested 518 specimens for influenza during week 40. Three were positive for influenza A (H3N2) and two were positive for influenza B.

<http://www.cdc.gov/flu/weekly/fluactivity.htm>

Influenza activity Worldwide

During week 42, sporadic influenza activity was reported in Australia (4 A (not subtyped) and 3 B) and China (11 A(H3), 1 A(H1) and 6 B).

<http://rhone.b3e.jussieu.fr/flunet/www/>

Influenza activity in New Zealand continued to decrease in week 42, with sentinel GPs reporting an ILI consultation rate of 30.2 per 100,000 population. Influenza activity in New Zealand in 2004 peaked in week 38, with an ILI consultation rate of 127.5 per 100,000 population. The influenza A/Fujian/411/2002 (H3N2)-like virus remains the predominant circulating strain.

http://www.surv.esr.cri.nz/virology/influenza_weekly_update.php

Avian influenza

Thailand

Since the beginning of 2004, Thailand has reported 16 laboratory confirmed cases of human infection with avian influenza A (H5N1). Eleven of these have been fatal. On the 28th of September, Thai officials announced a probable case of human-to-human transmission in a family cluster of cases. Specimens from this cluster are being analysed at a WHO collaborating laboratory to determine if the genetic makeup of the virus has changed. There is no evidence that efficient and sustained human-to-human transmission is currently occurring in Thailand.

Viet Nam

Since January 2004, Viet Nam has reported 27 laboratory confirmed cases of human infection with avian influenza A (H5N1). Twenty of these have been fatal. For further information on the avian influenza outbreaks please consult the following websites:

NDSC: <http://www.ndsc.ie/DiseaseTopicsA-Z/AvianInfluenza/>

WHO: http://www.who.int/csr/disease/avian_influenza/en/

Northern Hemisphere influenza vaccine for the 2004/2005

The WHO has published its recommendations on the composition of influenza vaccines for use in the 2004-2005 Northern Hemisphere influenza season.

- an A/New Caledonia/20/99(H1N1)-like virus
- an A/Fujian/411/2002(H3N2)-like virus^a
- a B/Shanghai/361/2002-like virus^b

^a The currently used vaccine virus is A/Wyoming/3/2003. A/Kumamoto/102/2002 is also available as a vaccine virus.

^b Candidate vaccine viruses include B/Shanghai/361/2002 and B/Jilin/20/2003, which is a B/Shanghai/361/2002-like virus.

<http://www.who.int/csr/disease/influenza/vaccinerecommendations1/en/>
www.emea.eu.int

Weekly influenza reports and further information on influenza are available on the NDSC website:

<http://www.ndsc.ie/Publications/InfluenzaWeeklySurveillanceReport/>

<http://www.ndsc.ie/DiseaseTopicsA-Z/InfluenzaFlu/>