

Influenza Weekly Surveillance Report



A REPORT BY THE HEALTH PROTECTION SURVEILLANCE CENTRE IN COLLABORATION WITH THE IRISH COLLEGE OF GENERAL PRACTITIONERS, THE NATIONAL VIRUS REFERENCE LABORATORY & THE DEPARTMENTS OF PUBLIC HEALTH.

Week 42 2005 (17th to 23rd Oct 2005)

Summary

During week 42 2005, influenza activity was at low levels in Ireland, with eight influenza-like illness (ILI) cases reported by sentinel GPs. To date this season, no positive influenza specimens have been detected by the NVRL.

Background

This is the sixth season of influenza surveillance using computerised sentinel general practices in Ireland. The Health Protection Surveillance Centre (HPSC) is working in collaboration with the Irish College of General Practitioners (ICGP), the National Virus Reference Laboratory (NVRL) and the Departments of Public Health on this sentinel surveillance project. Thirty-eight sentinel general practices have been recruited to report on the number of patients with ILI on a weekly basis. ILI is defined as the sudden onset of symptoms with a temperature

of 38^oC or more, with two or more of the following: headache, sore throat, dry cough and myalgia.

Sentinel GPs send a combined nasal and throat swab, to the NVRL, on at least one patient per week where a clinical diagnosis of ILI is made. This report includes data on ILI cases reported by sentinel GPs, influenza test results from the NVRL, influenza notifications, registered deaths attributed to influenza, and regional influenza activity reported by the Departments of Public Health.

Results

Clinical Data

Eight ILI cases were reported from sentinel GPs during week 42 2005, corresponding to an ILI consultation rate of 8.1 per 100,000 population, a decrease from the updated rate of 13.8 per 100,000 population (figure 1).

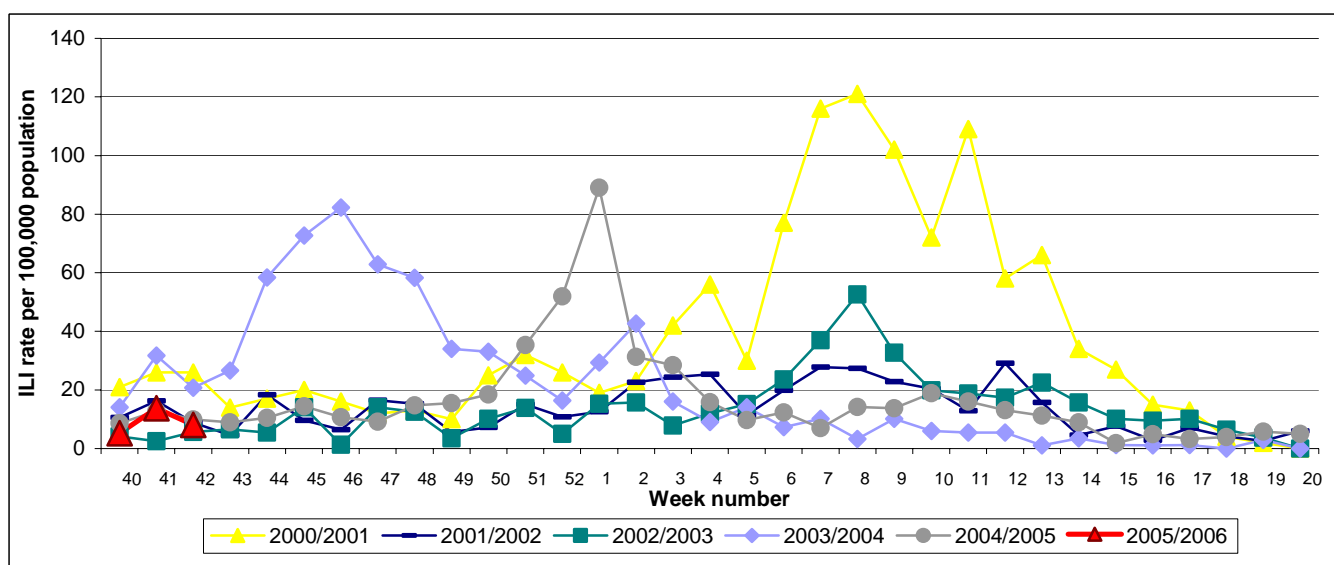


Figure 1: GP consultation rate for ILI per 100,000 population by week, during the 2000/2001, 2001/2002, 2002/2003, 2003/2004, 2004/2005 & 2005/2006 influenza seasons.

Results (continued)

One ILI case was aged between 0 and 4 years of age (14.3 per 100,000 population), six cases were aged between 15 and 64 years (9.0 per 100,000 population) and the age was unknown for one case (figure 2). Twenty-nine of the 38 (76.3%) sentinel general practices reported during week 42 2005, with eight reporting ILI.

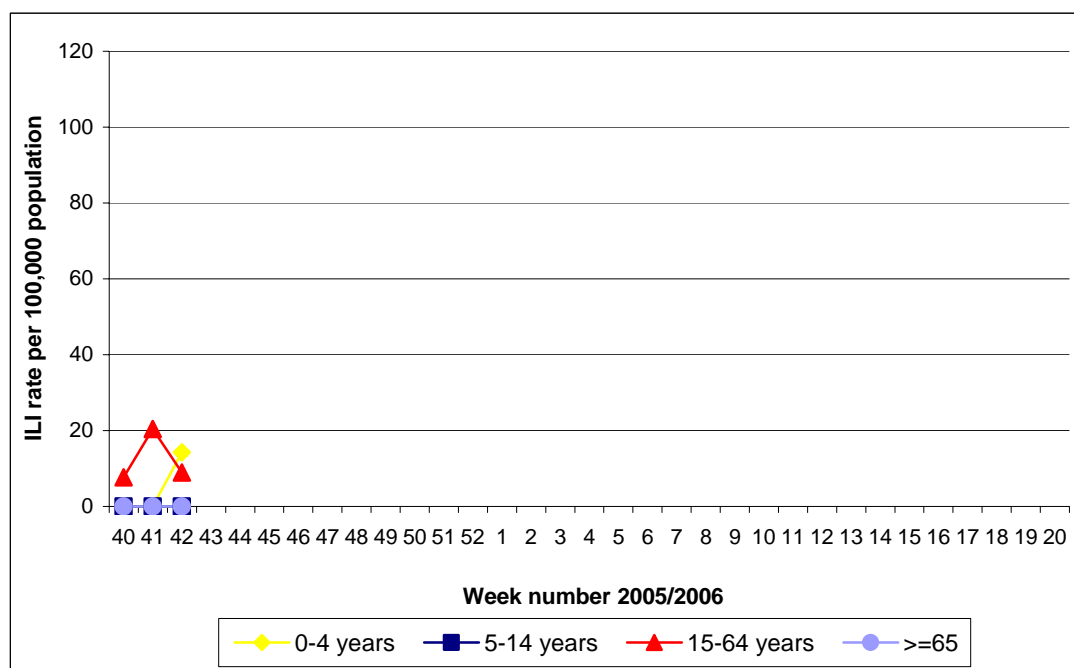


Figure 2: Age specific GP consultation rate* for ILI per 100,000 population by week during the 2005/2006 influenza season. *Please note the denominator used in the age specific consultation rate is from the 2002 census data; this assumes that the age distribution of the sentinel general practices is similar to the national age distribution.

Virological Data from the National Virus Reference Laboratory (NVRL)

To date this season, no positive influenza specimens have been detected by the NVRL. The NVRL tested six specimens taken by sentinel GPs during week 42 2005, all six specimens were negative for influenza virus. The NVRL also tested 29 non-sentinel specimens, taken during week 42 2005, mainly from hospitalised paediatric cases. All non-sentinel specimens were negative for influenza virus. Five non-sentinel specimens were positive for respiratory syncytial virus (RSV) and one was positive for Parainfluenza virus type 1. Figure 3 compares the ILI consultation rates by season and the number of positive influenza specimens tested by the NVRL.

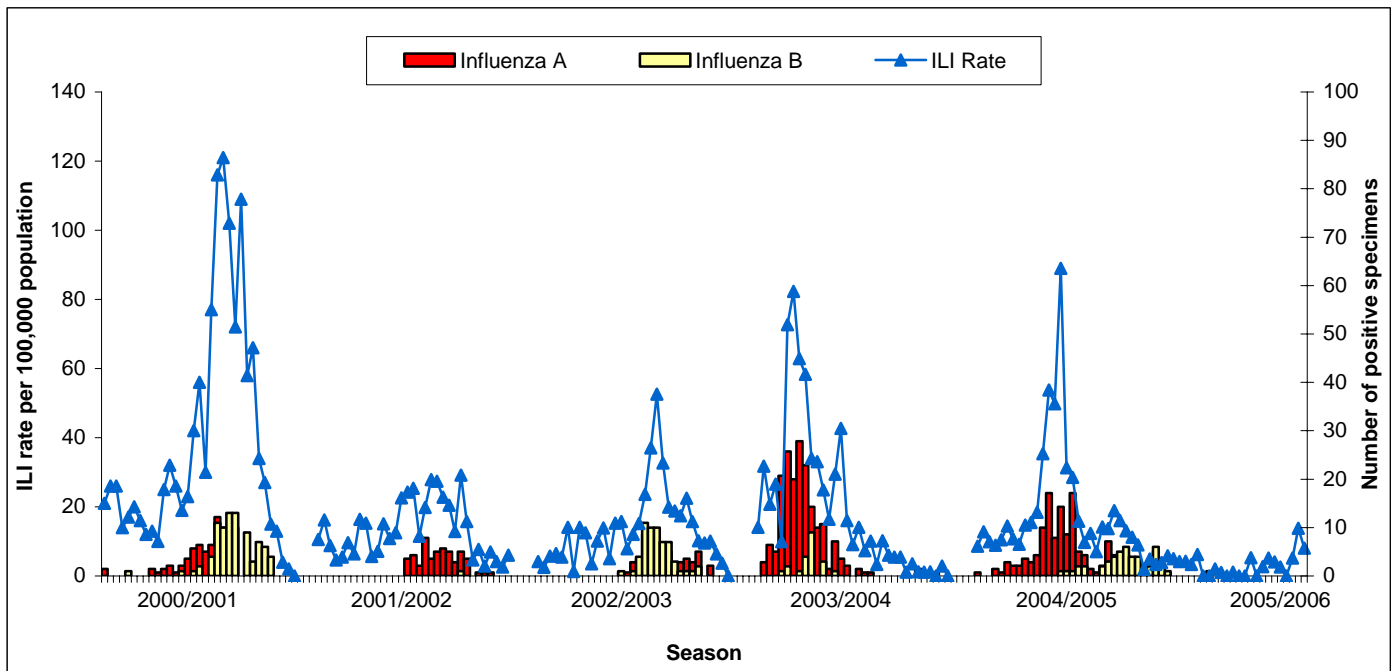


Figure 3: ILI rate per 100,000 population and the number of positive influenza specimens detected by the NVRL during the 2000/2001, 2001/2002, 2002/2003, 2003/2004 & 2004/2005 seasons, summer 2005 and the 2005/2006 season.

Weekly Influenza Notifications

No influenza notifications were reported to HPSC during week 42 2005. One influenza B case was notified to HPSC during week 40 2005, however this was a late notification from April 2005. Influenza cases notified to HPSC during the summer of 2005 and during the 2005/2006 influenza season are shown in figure 4, and compared to ILI consultation rates.

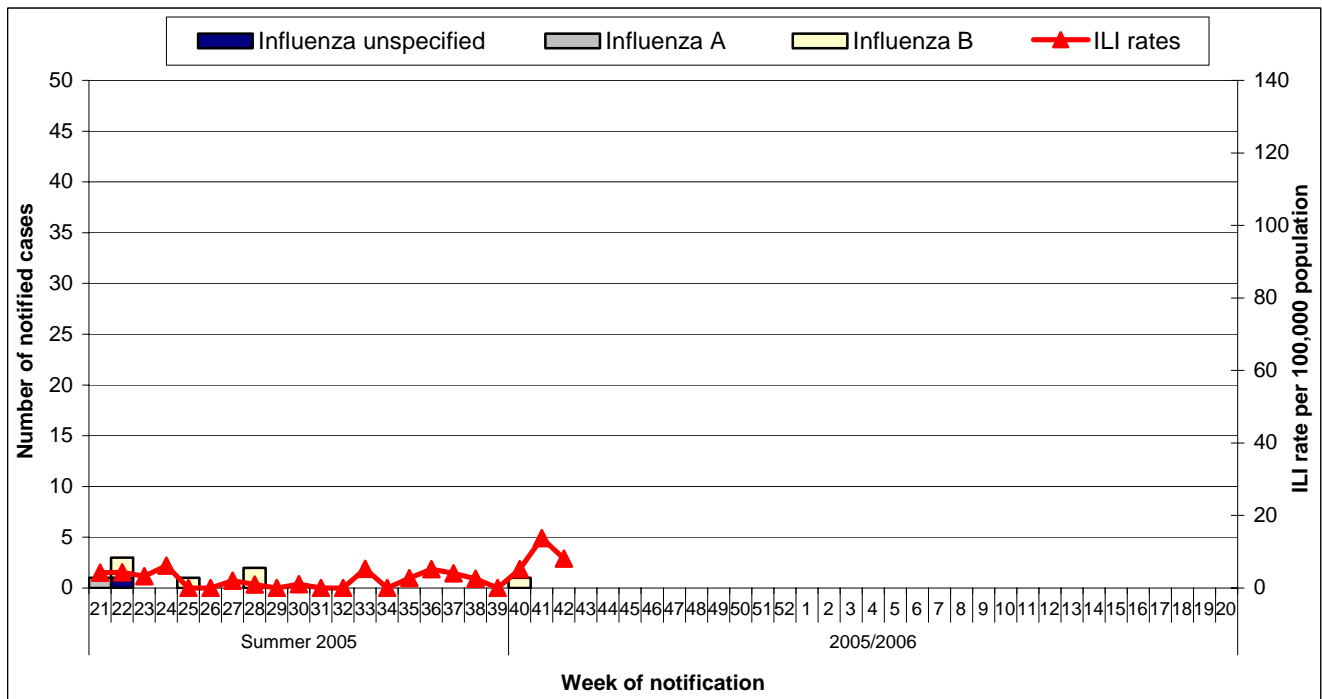


Figure 3: Number of notifications* of influenza (possible & confirmed) by type and by week of notification compared to sentinel GP ILI consultation rates per 100,000 population during the summer of 2005 and the 2005/2006 influenza season.

*Notification data are provisional and were extracted from [CIDR](#) on the 27/10/2005 at 12.19.

Mortality Data

No deaths registered to date this season were attributed to influenza.

Outbreak Reports

No influenza/ILI outbreaks were reported to HPSC to date this season.

Regional Influenza Activity by HSE-Health Area

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 influenza cases and influenza/ILI outbreaks. Each Department of Public Health has established one sentinel hospital in each HSE-Health Area, to report total hospital admissions, accident and emergency admissions and respiratory admissions data on a weekly basis. Sentinel primary and secondary schools were also established in each HSE-Health Area in close proximity to the sentinel GPs, reporting absenteeism data on a weekly basis. Five HSE-Health Areas reported sporadic influenza activity during week 41 2005 (figure 4), based on isolated cases of ILI. No significant increases in hospital admissions or sentinel school absenteeism were reported to HPSC to date this season.

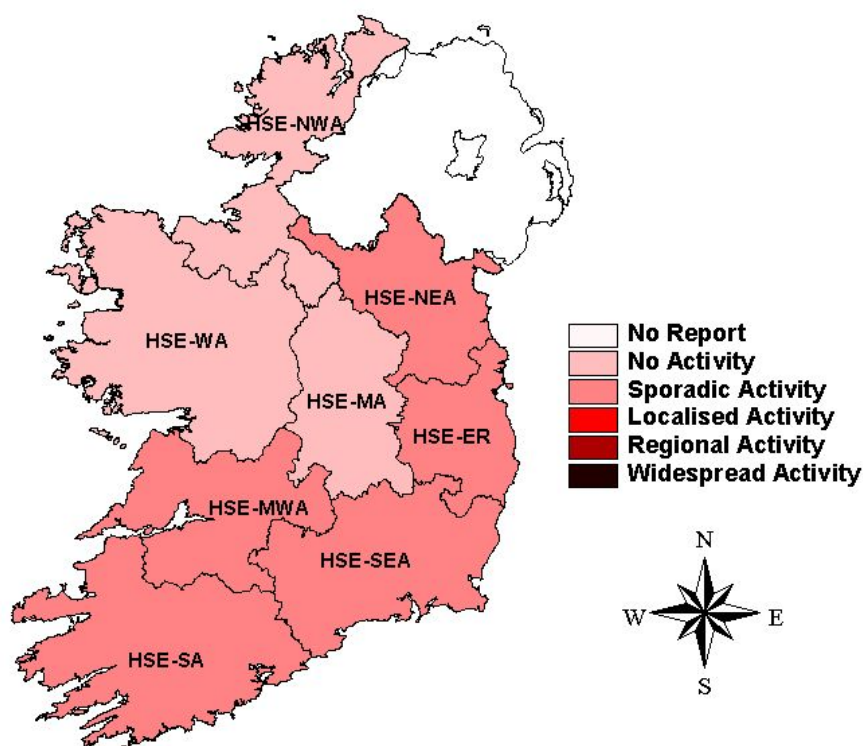


Figure 4: Map of influenza activity by HSE-Health Area during week 41 2005

Influenza Activity in Northern Ireland

Forty-two ILI cases were reported from sentinel GPs in Northern Ireland during week 42 2005, corresponding to a rate of 33.6 per 100,000 population, an increase from the rate of 19.6 per 100,000 in week 41. There have been no laboratory detections of influenza to date this season in Northern Ireland. <http://www.cdscni.org.uk>

Influenza Activity in England, Scotland & Wales

GP consultations for ILI in England, decreased during week 42 2005 with the highest rates of ILI recorded amongst those aged 15-64 years. GP ILI consultations continued to rise in Scotland and Wales during week 42 2005 and the percentage of cold/flu calls made in England and Wales to NHS Direct increased, but remained within baseline levels. Detections of influenza and other respiratory viruses from specimens sent from hospital and community sources remain within expected levels for this time of year. The Respiratory Virus Unit at the HPA Centre for Infections made no positive detections of influenza or other respiratory viruses from specimens referred to the unit. Of those samples, sent to NHS and HPA laboratories; one tested positive for influenza B during week 42 2005 and 47 tested positive for RSV. http://www.hpa.org.uk/infections/topics_az/influenza/flureports0506.htm

Influenza Activity in Europe

The intensity of clinical influenza activity was low in all parts of Europe during week 41. Increasing activity was reported in the Slovak Republic during week 41 2005, but the incidence of ILI was still at baseline levels. Between week 36 and week 41, three influenza A cases and two influenza B cases have been reported in Great Britain and one influenza A case in the Czech Republic. During week 41 2005, no sentinel and non-sentinel specimens were positive for influenza virus. No human cases of influenza A(H5N1) have been reported in Europe.

<http://www.eiss.org/index.cgi>

Influenza Activity in Canada

The influenza surveillance data for week 41 2005 was not available before this report was published. During week 40, localised influenza activity was reported in Saskatchewan, and sporadic activity was reported in British Columbia, while the rest of Canada reported no activity. The Public Health Agency of Canada received 883 reports of laboratory tests for influenza during week 40, with 8 influenza A reported in Saskatchewan. The ILI rate was 15 per 1000 patient visits in week 40. To date this season, one outbreak in a long-term care facility has been reported in Saskatchewan. Since the start of the 2005/2006-influenza season, five influenza viruses were antigenically characterised; four A/California/07/04-like viruses and one B/Shanghai/361/02-like.

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

Influenza Activity in the United States

During week 41 2005, influenza activity was at low levels in the United States. One (0.2%) specimen tested by U.S. WHO and NREVSS collaborating laboratories was positive for influenza (1 A untyped). The proportion of patient visits to sentinel providers for ILI and the proportion of deaths attributed to pneumonia and influenza were below baseline levels. One state reported local influenza activity, eight states and New York City reported sporadic influenza activity, and 40 states and the District of Columbia reported no influenza activity.

<http://www.cdc.gov/flu/>

Influenza Activity Worldwide

During week 41 2005, Brazil, China (3 AH1, 3AH3 and 3B), Mexico (3A untyped) and Mongolia all reported sporadic influenza activity. No influenza activity was reported in Chile, Uruguay and the Philippines for week 41 2005. <http://gamapserver.who.int/GlobalAtlas/home.asp>

Avian Influenza

As of the 24th of October 2005, 121 confirmed human cases and 62 deaths of avian influenza A (H5N1) cases have been reported to the WHO from Indonesian, Vietnam, Thailand and Cambodia.

Further information on avian influenza is available on the following websites:

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

HPSC <http://www.hpsc.ie/A-Z/Respiratory/AvianInfluenza/>

ECDC <http://www.ecdc.eu.int/>

Further information on influenza can be found on the [HPSC website](#)

Acknowledgements

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