

# 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 8 2009 (16<sup>th</sup> – 22<sup>nd</sup> February 2009)**

## Summary

During week 8 2009, influenza activity continued to decrease in Ireland. Influenza-like illness (ILI) consultation rates decreased and remain below baseline thresholds. Three specimens tested by the NVRL were positive for influenza during week 8 2009.

## Background

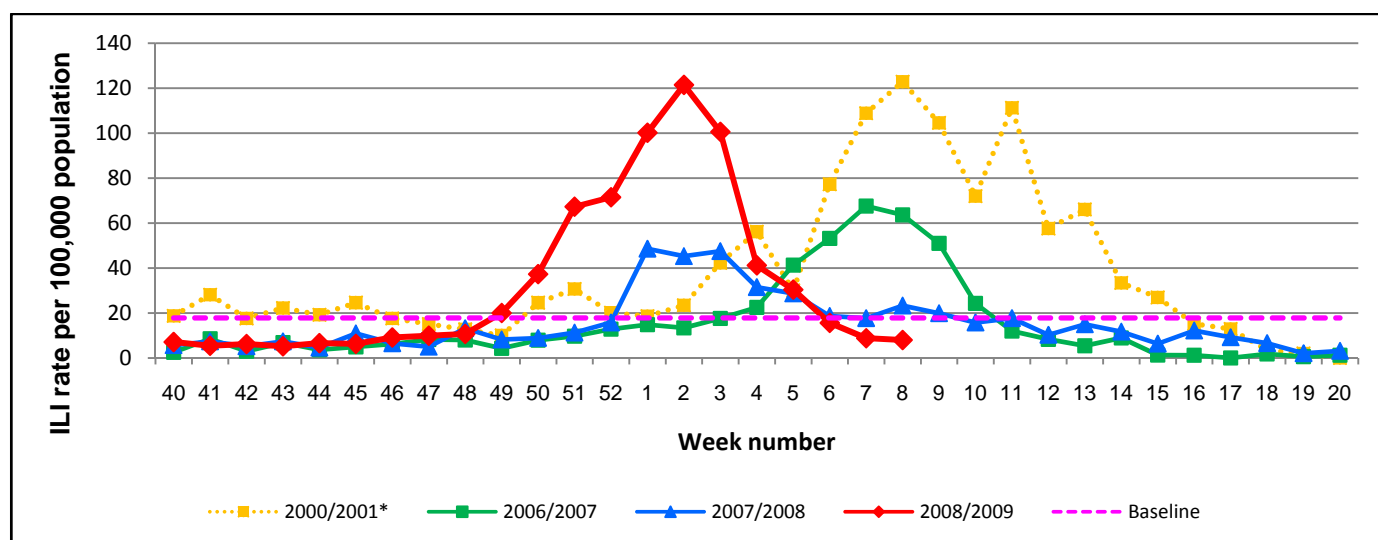
This is the ninth season of influenza surveillance using computerised sentinel general practices in Ireland. The Health Protection Surveillance Centre (HPSC) is working in collaboration with the Irish College of General Practitioners (ICGP), the National Virus Reference Laboratory (NVRL) and the Departments of Public Health on this sentinel surveillance project. Fifty-four 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°C 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 during the influenza season. 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

Sentinel GPs reported 13 ILI cases during week 8 2009. This corresponds to an ILI consultation rate of 8.0 per 100,000 population, a decrease from the updated rate of 8.8 per 100,000 population reported during week 7 2009 (figure 1). This rate is below the baseline threshold of 17.8 per 100,000 population. Thirty-eight of 54 (70.4%) sentinel general practices reported during week 8 2009, with nine reporting ILI cases.

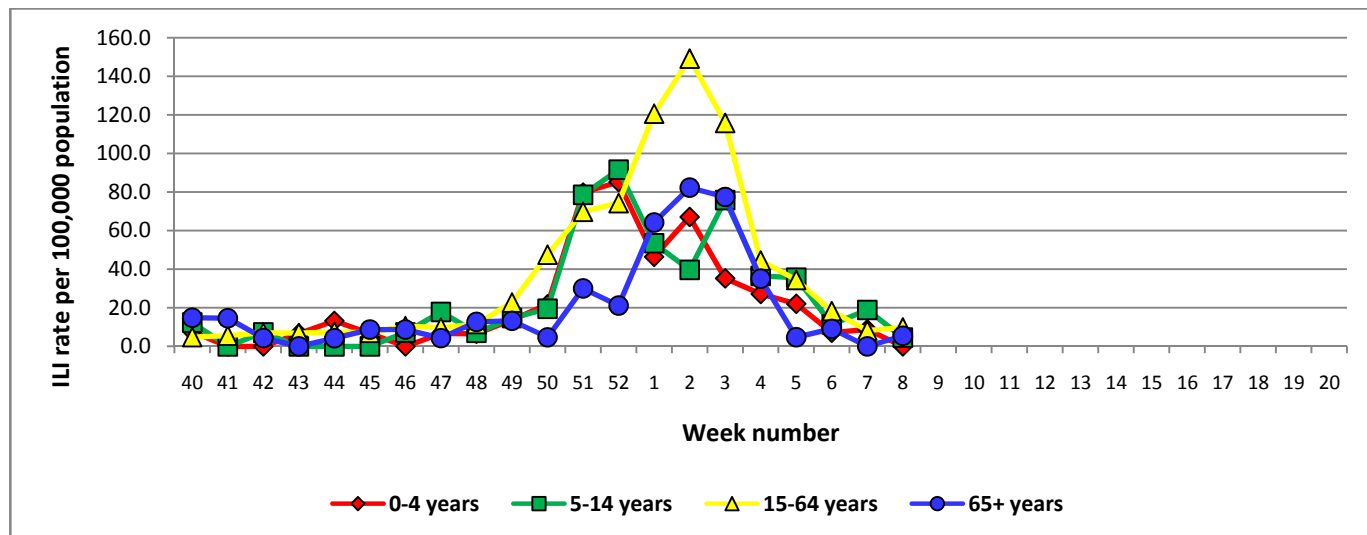


**Figure 1:** Influenza baseline activity threshold and GP consultation rate for ILI per 100,000 population by week, during the 2000/2001\*, 2006/2007, 2007/2008 and 2008/2009 influenza seasons.

\*Highest recorded levels of ILI activity since initiation of sentinel surveillance

## Results (continued)

During week 8 2009, one ILI case was reported in the 5-14 year age group (4.6 per 100,000 population), 11 ILI cases were reported in the 15-64 year age group (9.8 per 100,000 population) and one ILI case was reported in those aged 65 years and older (5.5 per 100,000 population). No ILI cases were reported in the 0-4 year age group, as shown in figure 2.



**Figure 2:** Age specific GP consultation rate\* for ILI per 100,000 population by week during the 2008/2009 influenza season

### *Oseltamivir Resistance in Europe*

During the 2008/2009 influenza season, the NVRL has conducted nucleotide sequencing on 10 influenza A(H1) specimens taken by sentinel GPs in Ireland, nine (90%) of which were resistant to oseltamivir and one was sensitive. During the 2007/2008-influenza season, seven of 63 specimens (11.1%) tested by the NVRL showed resistance to oseltamivir.

Preliminary results from antiviral drug susceptibility testing among seasonal influenza viruses circulating in Europe have revealed that some of the influenza A (H1N1) viruses in circulation this season are resistant to the antiviral drug, oseltamivir. In Europe, all influenza A(H3N2) viruses tested were sensitive to oseltamivir (n=302) and zanamivir (n=293), whereas 100% of the 198 A(H3N2) viruses tested were resistant to M2 inhibitors. All influenza A(H1N1) viruses analysed were sensitive to zanamivir (n=146) and M2 inhibitors (n=59) but 98% were resistant to oseltamivir. Twenty-seven influenza B viruses were analysed and all were sensitive to oseltamivir and zanamivir.

*Latest information on oseltamivir resistance in Europe:*

[http://ecdc.europa.eu/en/Health\\_topics/Seasonal%20Influenza/Epidemiological\\_updates.aspx](http://ecdc.europa.eu/en/Health_topics/Seasonal%20Influenza/Epidemiological_updates.aspx)

[http://ecdc.europa.eu/en/Health\\_Topics/influenza/antivirals.aspx](http://ecdc.europa.eu/en/Health_Topics/influenza/antivirals.aspx)

In the UK, since week 40 2008 all of the 193 influenza A(H3) isolates that have been tested for drug sensitivity have been found to be sensitive to oseltamivir and zanamivir, but resistant to amantadine. Sixty-two influenza A(H1) specimens have been tested for anti-viral drug resistance, 61 (98.4%) of these were resistant to oseltamivir and all were sensitive to zanamivir and amantadine. Eighteen influenza B specimens have been tested and all were sensitive to oseltamivir and zanamivir.

*Latest information on oseltamivir resistance in the UK:*

<http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1191942171468>

\* Please note the denominator used in the age specific consultation rate is from the 2006 census data; this assumes that the age distribution of the sentinel general practices is similar to the national age distribution.

### *Virological Data from the NVRL*

The NVRL tested three sentinel specimens during week 8 2009, two of which were positive for influenza B. The NVRL also tested 66 non-sentinel specimens taken during week 8 2009, mainly from hospitalised paediatric cases. One of the non-sentinel specimens was positive for influenza A and one non-sentinel specimen tested positive for respiratory syncytial virus (RSV) during week 8 2009 (table 1).

The NVRL has completed genetic characterisation for two influenza A (H3) and five influenza B viruses so far this season. Both A(H3) viruses were characterised as A/Brisbane/10/2007-like virus which is included in the 2008/2009 influenza vaccine. All five influenza B viruses were characterised as B/Malaysia/2506/2004-like (B/Victoria/2/87 lineage) which is not included in the 2008/2009 influenza vaccine. This reflects the situation in Europe where the majority of influenza B viruses characterised to date are B/Victoria lineage.

Table 2 shows the number and percentage of sentinel specimens that tested positive for influenza, by type and subtype, for the the 2008/2009-influenza season to date. Influenza positive specimens by HSE area and age group (in years), for week 8 2009 and the 2008/2009 season to date are shown in tables 3 and 4, respectively. Figure 3 compares the ILI consultation rates by season and the number of positive influenza specimens tested by the NVRL. Figure 4 compares the number and percentage of non-sentinel RSV positive specimens detected during the 2007/2008 and 2008/2009 influenza seasons.

**Table 1:** Number of sentinel and non-sentinel<sup>†</sup> respiratory specimens and positive results for week 8 2009 and season to date

Week Number	Specimen Type	Total Specimens	No. Influenza Positive	% Influenza Positive	Influenza A	Influenza B	RSV	% RSV Positive
<b>8 2009</b>	Sentinel	3	2	66.7	0	2	NA	NA
	Non-Sentinel	66	1	1.5	1	0	1	1.5
	<b>Total</b>	<b>69</b>	<b>3</b>	<b>4.3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1.4</b>
<b>Season to date</b>	Sentinel	321	196	61.1	144	52	NA	NA
	Non-Sentinel	1886	61	3.2	50	11	355	18.8
	<b>Total</b>	<b>2207</b>	<b>257</b>	<b>11.6</b>	<b>194</b>	<b>63</b>	<b>355</b>	<b>16.1</b>

**Table 2:** Number and percentage of positive sentinel specimens by type and subtype, 2008/2009 season to date

2008/2009 Season to date <sup>‡</sup>						
Influenza (all types)		Influenza A (all subtypes)	Influenza B	Influenza A Unsubtyped	Influenza A(H1)	Influenza A(H3)
		(n=196)		(n=144)		
<b>Number positive</b>	196	144	52	0	17	127
<b>% Positive</b>	<b>61.1</b>	<b>73.5</b>	<b>26.5</b>	<b>0.0</b>	<b>11.8</b>	<b>88.2</b>

<sup>†</sup> 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

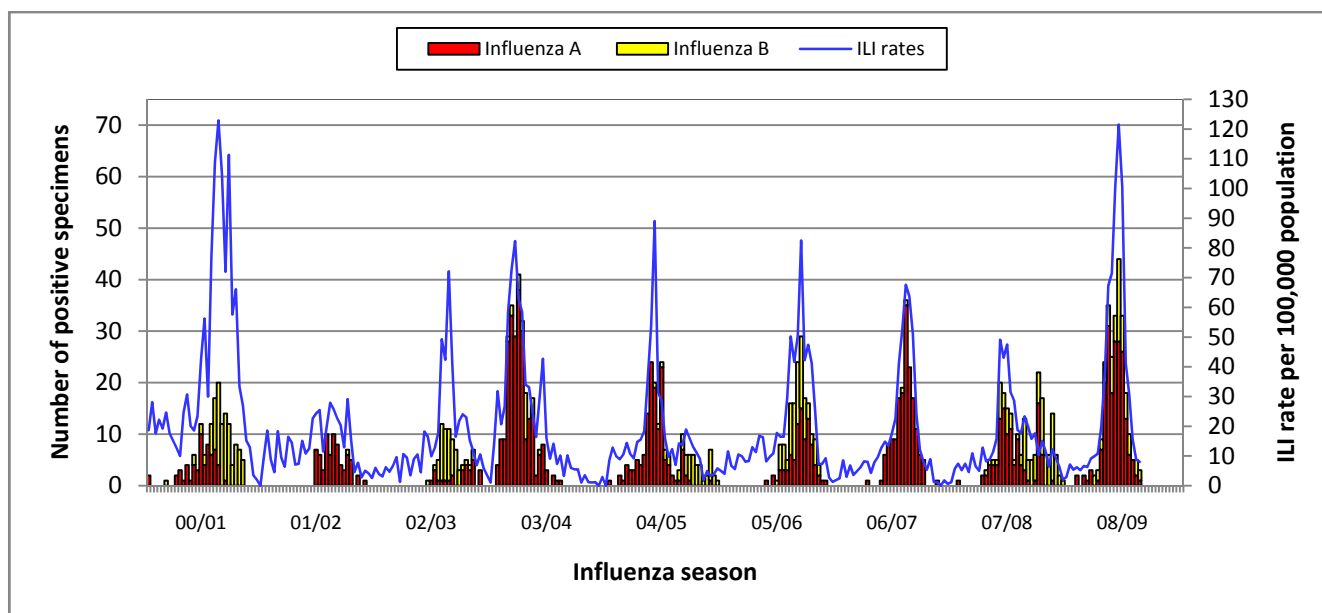
<sup>‡</sup> Number of sentinel specimens tested = 321

**Table 3:** Total number of sentinel and non-sentinel† influenza A and B positive specimens by HSE area for week 8 2009 and the 2008/2009 season to date

	Week 8 2009			Season to date		
	Flu A	Flu B	Total	Flu A	Flu B	Total
HSE-ER	0	1	1	74	19	93
HSE-M	0	0	0	13	10	23
HSE-MW	0	1	1	18	2	20
HSE-NE	0	0	0	17	2	19
HSE-NW	1	0	1	11	9	20
HSE-SE	0	0	0	26	3	29
HSE-S	0	0	0	22	6	28
HSE-W	0	0	0	4	12	16
HSE area unknown	0	0	0	9	0	9
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>194</b>	<b>63</b>	<b>257</b>

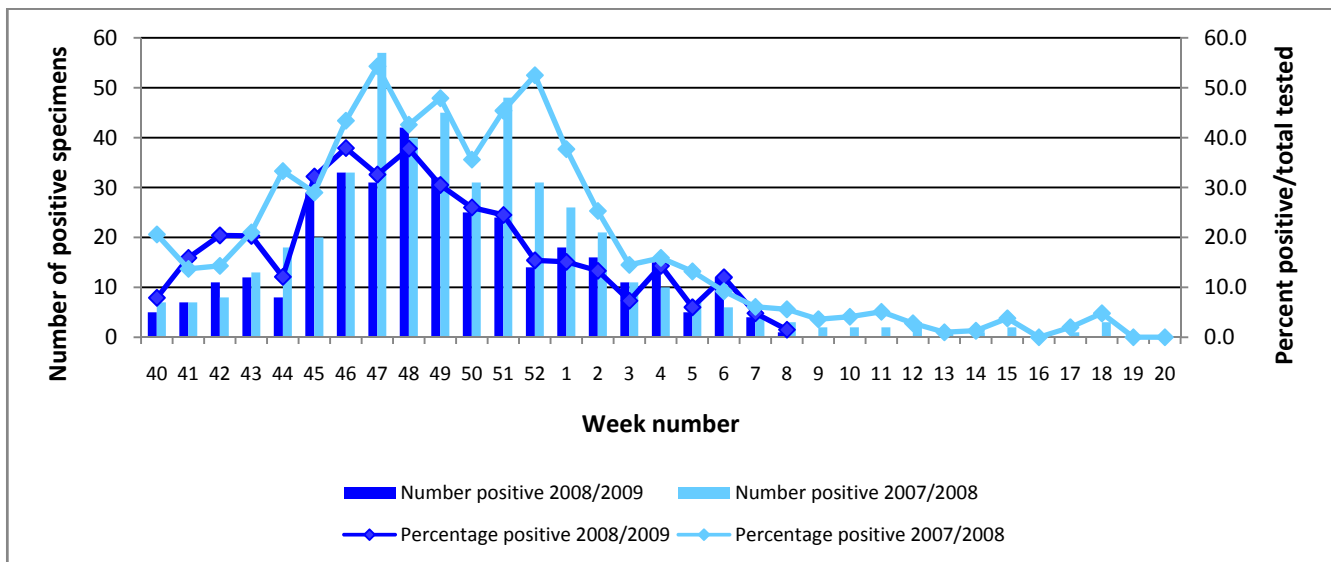
**Table 4:** Total number of sentinel and non-sentinel† influenza A and B positive specimens by age group (in years) for week 8 2009 and the 2008/2009 season to date

	Week 8 2009			Season to date		
	Flu A	Flu B	Total	Flu A	Flu B	Total
0-4 years	0	0	0	29	7	36
5-14 years	0	0	0	15	6	21
15-64 years	1	2	3	140	47	187
65 years and older	0	0	0	7	2	9
Age group unknown	0	0	0	3	1	4
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>194</b>	<b>63</b>	<b>257</b>



**Figure 3:** GP ILI consultation rate per 100,000 population and the number of positive influenza specimens detected by the NVRL by week and season, 2000/2001 - 2008/2009

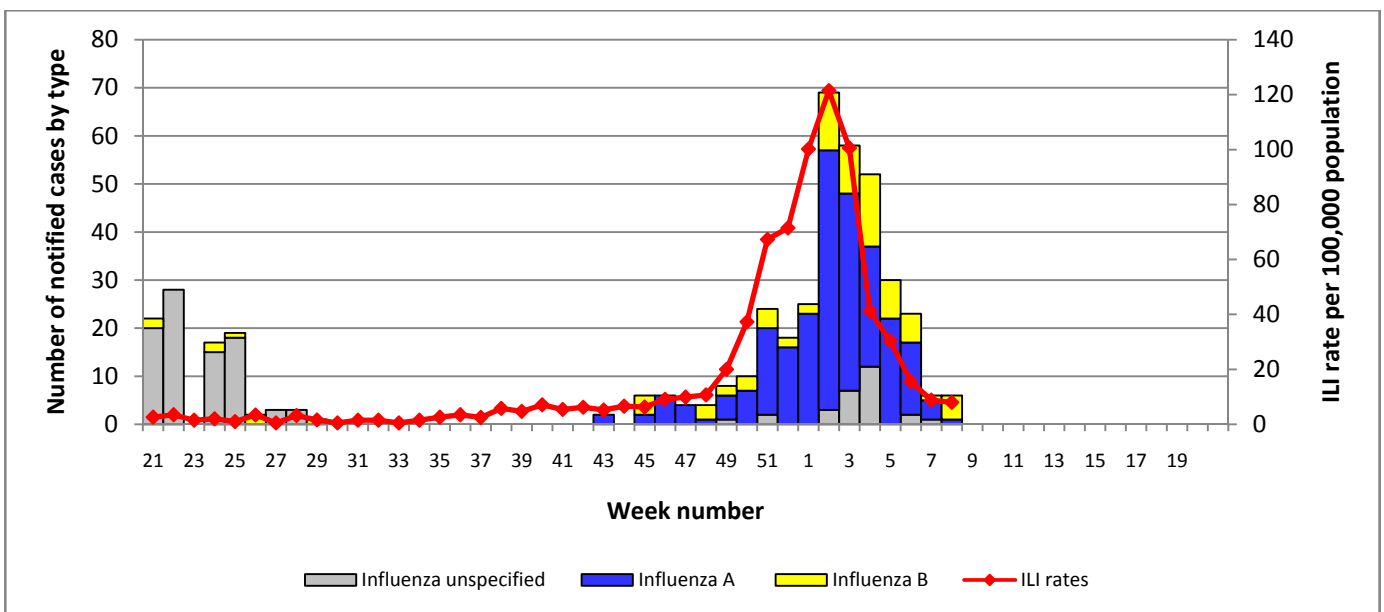
†Please note that non-sentinel specimens include all specimens referred to the NVRL, these specimens are mainly from hospitals and some GPs and may include more than one specimen from each case



**Figure 4.** Number and percentage of non-sentinel RSV positive specimens detected during the 2007/2008 and 2008/2009 influenza seasons

### Weekly Influenza Notifications

During week 8 2009 (week 7 2009 of epidemiological calendar), one influenza A and five influenza B were notified to HPSC. During week 8 2009, one influenza A and three influenza B were reported from HSE-E, one influenza B from HSE-NE and one influenza B from HSE-SE. It should be noted that 87 influenza (type unspecified) cases notified to HPSC during the 2008 summer season (weeks 21-39 2008) were possible cases (i.e. clinical cases with no laboratory confirmation). These were late GP notifications from HSE-E for 2007. Influenza cases notified to HPSC during the summer of 2008 and during the 2008/2009 influenza season are shown in figure 5 and compared to GP ILI consultation rates.



**Figure 5:** Number of notifications of influenza by type and week of notification compared to sentinel GP ILI consultation rates per 100,000 population during the summer of 2008 and the 2008/2009 influenza season<sup>§</sup>

<sup>§</sup> Notification data are provisional and were extracted from [CIDR](#) on the 23/02/2009 at 11.50

### **Baseline thresholds**

A baseline threshold of 17.8 cases per 100,000 population will be used alongside expert opinion to assess influenza activity during the 2008/2009 influenza season in Ireland. This baseline was derived from the EISS method using a mathematical algorithm to identify the influenza activity period of the previous eight seasons.

### **Mortality Data**

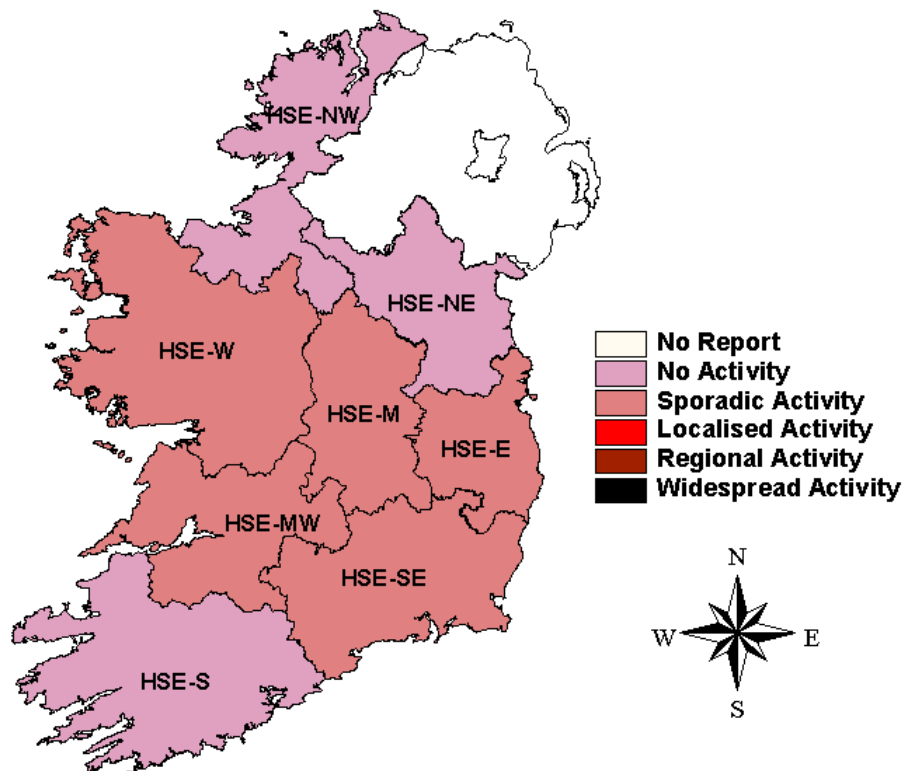
One death attributed to influenza was registered with the General Register Office during week 8 2009. The death was in an adult aged 65 years and older from HSE-S. Influenza was listed as the secondary cause of death.

### **Outbreak Reports**

No influenza/ILI outbreaks were reported to HPSC during week 8 2009. During the 2008/2009-influenza season to date, six influenza/ILI outbreaks have been reported to HPSC.

### **Regional Influenza Activity by HSE-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 ILI/influenza outbreaks. Each Department of Public Health has established one sentinel hospital in each HSE area, to report total hospital admissions, total emergency admissions and total respiratory admissions data on a weekly basis. Sentinel primary and secondary schools were also established in each HSE area in close proximity to the sentinel GPs, reporting absenteeism data on a weekly basis. During week 7 2009, no increases in respiratory admissions were reported by sentinel hospitals and no increases in school absenteeism were reported by sentinel schools. No activity was reported by HSE-NE, -NW and -S, while sporadic influenza activity (based on isolated cases of ILI and/or virological results) was reported in HSE-E, -M, -MW, -SE and -W during week 7 2009 (figure 6).



**Figure 6:** Map of influenza activity by HSE area during week 7 2009

### **Influenza Activity in Northern Ireland**

During week 8 2009, 25 ILI cases and six clinical influenza cases were reported in Northern Ireland, corresponding to a combined rate of 20.2 per 100,000 population, a slight decrease compared to the updated rate of 22.0 per 100,000 population reported during week 7 2009. During week 8 2009, one non-sentinel specimen tested positive for influenza B. <http://www.cdscni.org.uk>

### ***Influenza Activity in England, Scotland & Wales***

In England, an overall ILI incidence rate of 7.3 per 100,000 population was reported during week 8 2009, a slight decrease in comparison to the rate of 7.8 per 100,000 population reported in week 7 2009. Both rates are below the baseline activity threshold of 30 per 100,000 population. In Scotland, GP consultation rates for influenza were 9.0 per 100,000 population during week 8 2009, a marked decrease from the rate of 17.0 per 100,000 population reported during week 7 2009. Both rates are below the Scottish baseline threshold of 50 consultations per 100,000 population. GP consultation data for Wales were not available. During week 8 2009, nine samples referred to the Centre for Infections' Respiratory Virus Unit (RVU) tested positive for influenza A (7 A(H3) and 2 A(H1)) and 15 samples were positive for influenza B.

[http://www.hpa.org.uk/infections/topics%5Faz/influenza/seasonal/activity0809/weekly\\_summary.htm](http://www.hpa.org.uk/infections/topics%5Faz/influenza/seasonal/activity0809/weekly_summary.htm)

### ***Influenza Activity in Europe***

Influenza surveillance data for Europe can be accessed at the following link:

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

### ***Influenza Activity in Canada***

Influenza surveillance data for Canada can be accessed at the following link:

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

### ***Influenza Activity in the United States***

Influenza surveillance data for the United States can be accessed at the following link:

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

### ***Influenza Activity Worldwide***

Global influenza surveillance data can be accessed at the following link:

<http://gamapserver.who.int/GlobalAtlas/home.asp>

### ***Avian Influenza***

The Ministry of Health in Viet Nam reported a new confirmed case of human infection with the H5N1 avian influenza virus on 18<sup>th</sup> February 2009. The case was confirmed at the National Institute of Hygiene and Epidemiology (NIHE). The case is a 32 year old man from Kim Son district, Ninh Binh province. He developed symptoms on 5<sup>th</sup> February 2009 and was hospitalised on 13<sup>th</sup> February 2009. He is currently in a serious condition. The case is known to have had recent contact with sick poultry prior to the onset of his illness. Further investigations are currently underway. Control measures have been implemented and close contacts are being identified and monitored. The Ministry of Health in Viet Nam also announced the death of a previously confirmed case of H5N1 infection on 24<sup>th</sup> February 2009. The 23 year old female from Dam Ha District, Quang Ninh Province died on 21<sup>st</sup> February. Of the 109 cases confirmed to date in Viet Nam, 53 (48.6%) have been fatal.

As of the 24<sup>th</sup> February 2009, 408 confirmed human cases and 255 (62.5%) deaths from avian influenza A (H5N1) have been reported to the WHO from Azerbaijan, Bangladesh, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Lao Peoples Democratic Republic, Myanmar, Nigeria, Pakistan, Thailand, Turkey and Viet Nam.

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

WHO [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

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

ECDC <http://ecdc.europa.eu/en/>



### ***Northern Hemisphere Influenza Vaccine for the 2008/2009 and 2009/2010 Seasons***

For the 2008/2009 influenza season in the Northern Hemisphere, the members of the WHO Collaborating Centres on Influenza have recommended that influenza vaccines contain the following strains:

- an A/Brisbane/59/2007 (H1N1)-like virus
- an A/Brisbane/10/2007 (H3N2)-like virus<sup>§§</sup>
- a B/Florida/4/2006-like virus<sup>##</sup>

<sup>§§</sup>*A/Brisbane/10/2007 is a current southern hemisphere vaccine virus.*

<sup>##</sup>*B/Florida/4/2006 and B/Brisbane/3/2007 (a B/Florida/4/2006-like virus) are current southern hemisphere vaccine viruses.*

[http://www.who.int/csr/disease/influenza/recommendations2008\\_9north/en/index.html](http://www.who.int/csr/disease/influenza/recommendations2008_9north/en/index.html)

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- an A/Brisbane/59/2007 (H1N1)-like virus<sup>\*\*</sup>
- an A/Brisbane/10/2007 (H3N2)-like virus<sup>††</sup>
- a B/Brisbane/60/2008-like virus<sup>‡‡</sup>

<sup>\*\*</sup>*A/Brisbane/59/2007 is a current vaccine virus; A/South Dakota/6/2007 (an A/Brisbane/59/2007-like virus) is a current vaccine virus used in live attenuated vaccines.*

<sup>††</sup>*A/Brisbane/10/2007 and A/Uruguay/716/2007 (an A/Brisbane/10/2007-like virus) are current vaccine viruses.*

<sup>‡‡</sup>*B/Brisbane/33/2008 is a B/Brisbane/60/2008-like virus.*

[http://www.who.int/csr/disease/influenza/recommendations2009\\_10north/en/index.html](http://www.who.int/csr/disease/influenza/recommendations2009_10north/en/index.html).

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

#### **Acknowledgements**

HPSC, ICGP and NVRL wish to thank the sentinel GPs who have participated in the GP sentinel surveillance system and who have contributed towards this report

**This report was produced by Sarah Jackson and Dr. Joan O'Donnell, HPSC**