

Influenza Surveillance in Ireland - Weekly Update

Influenza Week 5 2010 (1st to 7th February 2010)



Summary

- Influenza activity in Ireland continued to decrease during week 5:
 - ♦ The sentinel GP influenza-like illness (ILI) consultation rate was 6.8 per 100,000 population during week 5 which remains stable compared to the updated rate of 7.0 per 100,000 reported during week 4*. This rate is well below the Irish baseline threshold of 17.8 per 100,000 population.
 - ♦ The highest sentinel GP age-specific ILI consultation rate occurred in the 15-64 year age group (7.3 per 100,000 population) during week 5.
 - ♦ The number of laboratory confirmed cases of pandemic (H1N1) 2009 remained stable at four.
 - ♦ The number of hospitalised cases of confirmed pandemic (H1N1) 2009 also remained stable at one.
 - ♦ No hospitalised cases of confirmed pandemic (H1N1) 2009 were admitted to ICU.
 - ♦ No pandemic (H1N1) 2009, influenza or ILI outbreaks were reported.
 - ♦ Pandemic (H1N1) 2009 is the only influenza virus circulating; 100% of specimens positive for influenza were pandemic (H1N1) 2009.
 - ♦ Respiratory Syncytial Virus (RSV) activity decreased.
- Based on the surveillance of laboratory confirmed cases of pandemic (H1N1) 2009, as of 6th February:
 - ♦ 4,580 confirmed cases have been notified in Ireland.
 - ♦ Children and young adults remain the most affected groups; 80.1% of cases are less than 35 years of age.
 - ♦ Clinical illness continues to be mild in the majority of cases.
- Twenty-two deaths in confirmed cases of pandemic (H1N1) 2009 have been reported to date (10th February).

Introduction

In order to monitor influenza activity in Ireland a number of surveillance systems are in place:

1. Irish College of General Practitioners (ICGP) sentinel surveillance system
2. GP out-of-hours system
3. Virological data from the National Virus Reference Laboratory (NVRL), Cork University Hospital (CUH) and University College Hospital, Galway (UCHG)
4. Enhanced surveillance system for pandemic (H1N1) 2009 using the Computerised Infectious Disease Reporting system (CIDR)
5. Outbreak reporting (CIDR)
6. Pandemic (H1N1) ICU enhanced surveillance system

Details of these surveillance systems are provided in Appendix A at the back of this report.

* Since the last report, extra information on the number of ILI consultations and positive influenza specimens occurring in week 4 was provided by sentinel GPs and the NVRL and the rate for the week was adjusted accordingly

1. GP sentinel surveillance system

Clinical Data

During week 5 2010, 54 of 60 (90.0%) ICGP sentinel general practices provided data, with 12 practices (20.0%) reporting 15 influenza-like illness (ILI) cases and 48 practices reporting no ILI cases. This corresponds to an ILI consultation rate of 6.8 per 100,000 population, which remains stable compared to the updated rate of 7.0 per 100,000 population reported during week 4 2010 and is well below the Irish baseline threshold[†].

Figure 1 shows the ILI consultation rates, the baseline threshold rate and the number of positive specimens detected by the National Virus Reference Laboratory (NVRL), Cork University Hospital (CUH) and University College Hospital, Galway (UCHG). CUH and UCHG have reported influenza positive non-sentinel specimens since weeks 31 and 36, 2009, respectively and these are included in figure 1. Influenza A untyped isolates (probable pandemic (H1N1) 2009) are specimens that are awaiting laboratory confirmation as pandemic (H1N1) 2009.

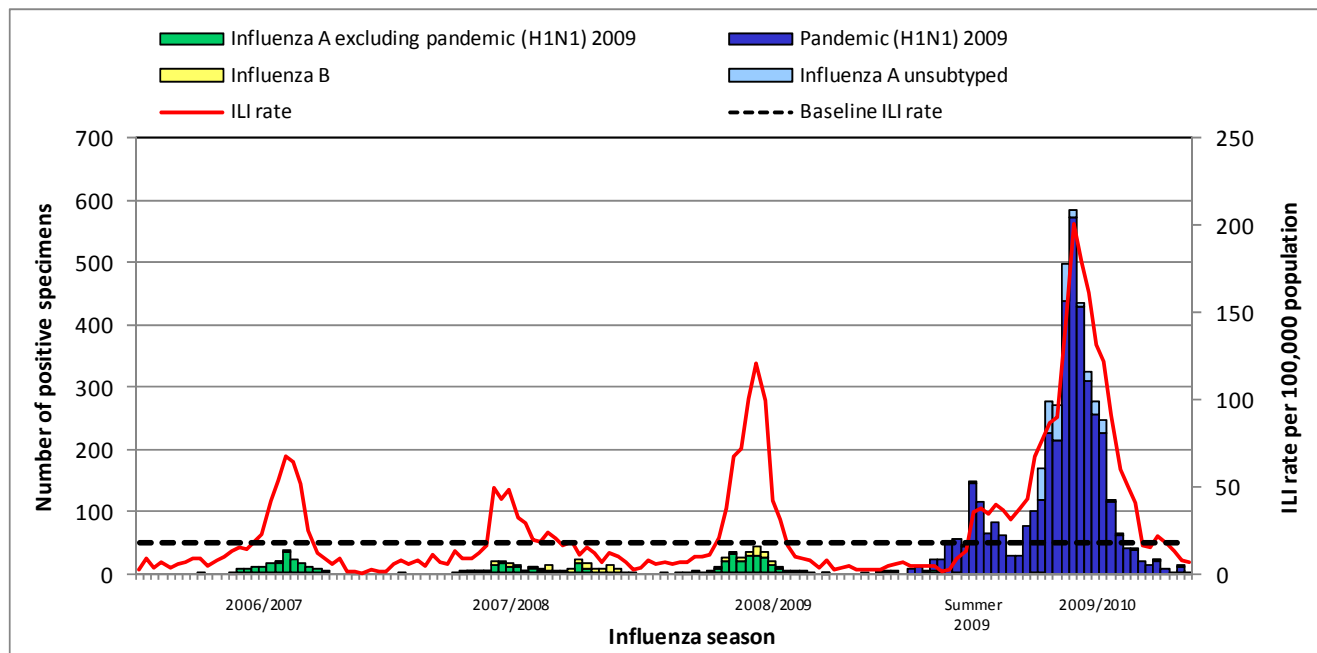


Figure 1: ILI GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza specimens, by influenza week and season[‡]

Source: NVRL, CUH and UCHG laboratory data and ICGP clinical ILI data

During week 5 2010, sentinel GPs reported one ILI case in the 0-4 year age group (6.4 per 100,000 population), two cases in the 5-14 year age group (6.8 per 100,000 population), 11 cases in the 15-64 year age group (7.3 per 100,000 population) and one case was reported in those aged 65 years and older (4.1 per 100,000 population), (figure 2).

[†] Since the last report, extra information on the number of ILI consultations and positive influenza specimens occurring in week 4 was provided by sentinel GPs and the NVRL and the rate for the week was adjusted accordingly

[‡] Please note that virological data for NVRL is for all seasons, for CUH is from week 31 2009 and for UCHG is from week 36 2009.

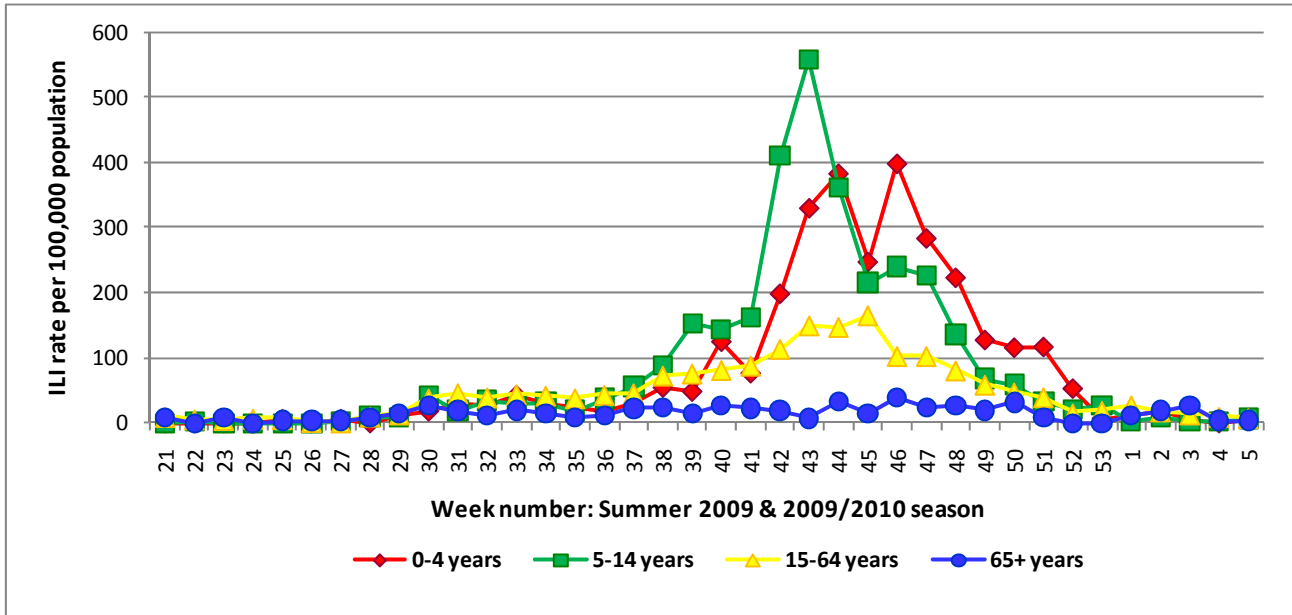


Figure 2: Age specific sentinel GP consultation rate for ILI per 100,000 population by week during the Summer 2009 and 2009/2010 influenza season

Source: ICGP ILI clinical data

Regional Influenza Activity by HSE-Area

Influenza activity is reported on a weekly basis from the Departments of Public Health in each HSE area. Influenza activity is based on sentinel GP ILI consultation rates, laboratory confirmed influenza cases and ILI/influenza outbreaks. During week 5 2010, no activity was reported by HSE-NE, -NW and -W while sporadic activity (due to isolated cases of ILI and/or isolated laboratory confirmed cases of influenza) was reported by HSE-E, -M, -MW, -S and -SE (figure 3).

Sentinel hospitals and schools

The Departments of Public Health have established at least one sentinel hospital in each HSE area (n=8), to report data on total hospital admissions, total emergency admissions and total respiratory admissions by age group on a weekly basis. Sentinel primary and secondary schools were also established in each area, in close proximity to the sentinel GPs, to report absenteeism data on a weekly basis. Sentinel school and hospital data were received from five HSE areas during week 5. No increases in the proportion of respiratory admissions were reported by sentinel hospitals and no increases in absenteeism were reported by sentinel schools during week 5.

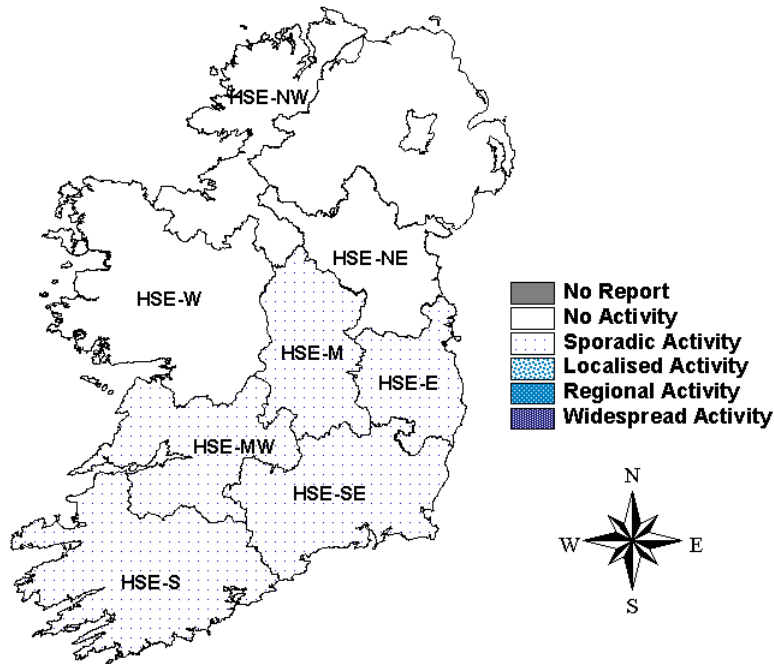


Figure 3: Map of provisional influenza activity by HSE area during influenza week 5 2010

2. GP Out-Of-Hours services surveillance

The Department of Public Health in the HSE-NE is collating national data on calls to nine of thirteen GP Out-of-Hours services in Ireland. Clinical details from all calls are recorded. Records with clinical symptoms reported as flu or influenza are extracted for analysis. This information may act as an early indicator of increased ILI activity. However, data are self-reported by callers and are not based on coded influenza diagnoses. The percentage of flu-related calls was 1.9% during week 4, the same as the proportion reported during week 3 (figure 4). No data were received by HPSC for week 5.

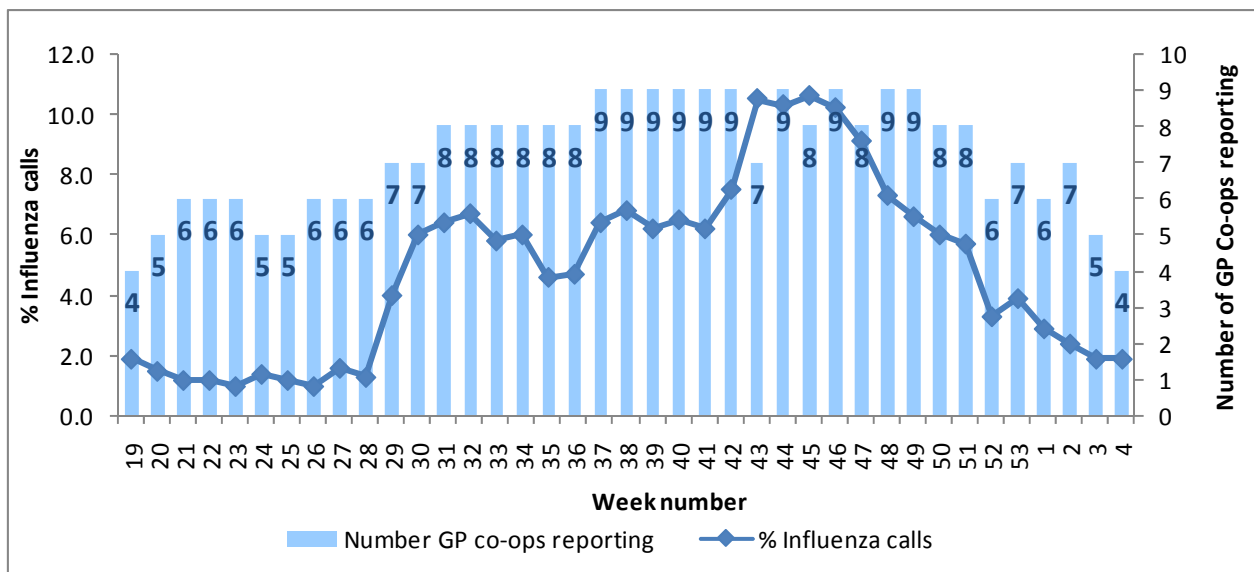


Figure 4: Flu-related calls as a proportion of total calls to out-of-hours GP Co-ops by week[§] Source: HSE-NE.

[§] Week 4: data received from CARE-Doc, D-Doc, Shan-Doc & South-Doc. Not all services provided data for all weeks.

3. Virological Data from the National Virus Reference Laboratory (NVRL), Cork University Hospital (CUH) and University College Hospital, Galway (UCHG)

Five specimens from sentinel GPs were tested by the NVRL during week 5 2010, none of which were positive for influenza.

The NVRL also tested 94 non-sentinel specimens taken during week 5, 2 (2.1%) of which were positive for pandemic (H1N1) 2009 and 10 specimens (10.6%) were positive for RSV. No specimens were positive for other influenza A subtypes, influenza B, adenovirus or parainfluenza virus (table 1 and table 3). Figure 5 shows the number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2009/2010 influenza season compared to the 2008/2009 influenza season. **

UCHG tested 15 non-sentinel specimens taken during week 5 2010, none of which were positive for influenza (table 2).

CUH tested 26 non-sentinel specimens taken during week 5 2010, one (3.8%) of which was positive for pandemic (H1N1) 2009 (table 2).

Pandemic (H1N1) 2009 is the only influenza virus circulating. During week 5, 100% of specimens positive for influenza were pandemic (H1N1) 2009. For summer 2009 and 2009/2010 influenza seasons to date, confirmed pandemic (H1N1) 2009 has accounted for 99.4% of influenza positive specimens (table 1).

During week 5, the percentage of sentinel and non-sentinel specimens testing positive for pandemic (H1N1) 2009 was 2.1%, a decrease compared to 7.2% of specimens testing positive during week 4. Figure 6 shows the number of sentinel specimens tested by the NVRL for influenza and non-sentinel specimens tested by the NVRL, CUH and UCHG for influenza and the percentage of specimens testing positive for influenza by week number for the Summer 2009 and 2009/2010 influenza season.

To date, the NVRL has performed neuraminidase sequencing on 23 non-sentinel pandemic (H1N1) 2009 isolates. Oseltamivir susceptibility results are available for 23 isolates, of which all were susceptible to oseltamivir. Zanamivir susceptibility results are available for 17 isolates, of which all were susceptible to zanamivir.

** Please note that non-sentinel specimens relate to specimens referred to the NVRL (other than sentinel specimens) and may include more than one specimen from each case

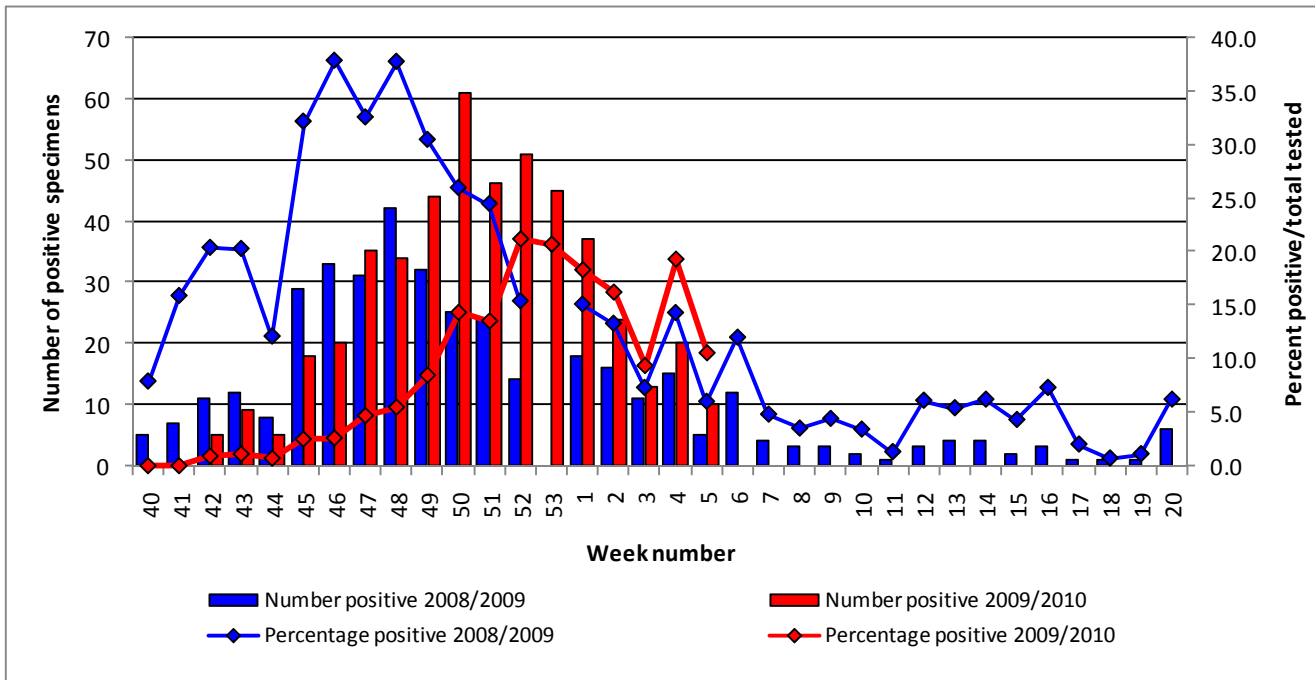


Figure 5: NVRL non-sentinel RSV activity for influenza season 2009/2010 compared to influenza season 2008/2009^{††}
 Source: NVRL

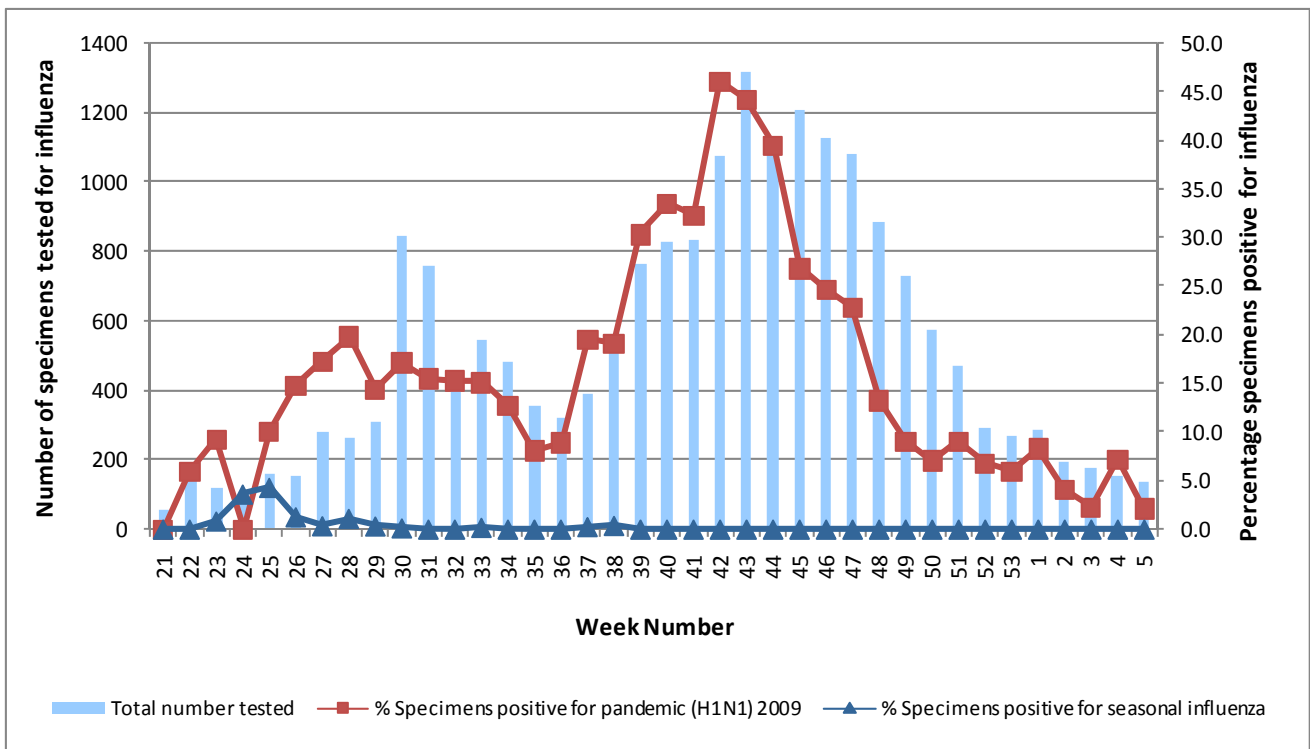


Figure 6: Number of sentinel and non-sentinel specimens tested for influenza and percentage influenza positive^{††}
 Source: NVRL, CUH & UCHG

^{††} Please note there was no week 53 in 2008.

^{††} Virological data for NVRL is from week 21 2009, for CUH is from week 31 2009 and for UCHG is from week 36 2009.

Table 1: Number of sentinel and non-sentinel respiratory specimens tested and positive results, influenza week 5 2010 and Summer 2009 & 2009/2010 season to date^{§§}

Source: NVRL, CUH and UCHG

Week number	Specimen type	Total Specimens tested	Number Influenza Positive	% Influenza Positive	Confirmed Pandemic (H1N1) 2009	Probable Pandemic (H1N1) 2009	Influenza A(H3)	Influenza A(H1)	Influenza A (unsubtyped)	Influenza B	% Pandemic (H1N1) 2009
5 2010	Sentinel	5	0	0.0	0	0	0	0	0	0	0.0
	Non-sentinel	135	3	2.2	3	0	0	0	0	0	100.0
	Total	140	3	2.1	3	0	0	0	0	0	100.0
Summer 2009 & 2009/2010 season to date	Sentinel	2170	773	35.6	770	0	3	0	0	0	99.6
	Non-sentinel	18587	3904	21.0	3579	300	0	0	22	3	99.4
	Total	20757	4677	22.5	4349	300	3	0	22	3	99.4

Table 2: Number of non-sentinel respiratory specimens tested and positive results by laboratory, influenza week 5 2010 and Summer 2009 & 2009/2010 season to date^{§§}

Source: NVRL, CUH and UCHG

Week number	Laboratory	Total specimens tested	Number influenza positive	% Influenza positive	Confirmed Pandemic (H1N1) 2009	Probable Pandemic (H1N1) 2009	% Pandemic (H1N1) 2009	Influenza A (unsubtyped)	Influenza B
5 2010	NVRL	94	2	2.1	2	0	100.0	0	0
	CUH	26	1	3.8	1	0	100.0	0	0
	UCHG	15	0	0.0	0	0	0.0	0	0
	Total	135	3	2.2	3	0	100.0	0	0
Summer 2009 & 2009/2010 season to date	NVRL	14360	2588	18.0	2559	5	99.1	21	3
	CUH	2975	833	28.0	538	295	100.0	0	0
	UCHG	1252	483	38.6	482	0	99.8	1	0
	Total	18587	3904	21.0	3579	300	99.4	22	3

Table 3: Number of non-sentinel specimens tested by the NVRL for other respiratory pathogens and positive results, influenza week 5 2010 and Summer 2009 & 2009/2010 season to date

Source: NVRL

Week number	Total specimens	RSV	% RSV Positive	Adenovirus	% Adenovirus positive	Parainfluenza virus type 1	% Parainfluenza virus type 1	Parainfluenza virus type 2	% Parainfluenza virus type 2	Parainfluenza virus type 3	% Parainfluenza virus type 3
5 2010	94	10	10.6	0	0.0	0	0.0	0	0.0	0	0.0
Summer 2009	6093	21	0.3	4	0.1	4	0.1	0	0.0	6	0.1
2009/2010 season to date	8267	476	5.8	5	0.1	6	0.1	3	0.0	1	0.0

§§ Please note that virological data for NVRL is from week 21 2009, for CUH is from week 31 2009 and for UCHG is from week 36 2009.

4. Laboratory confirmed cases of pandemic (H1N1) 2009 (CIDR)

As of 6th February 2010, a total of 4,580 confirmed cases of pandemic (H1N1) 2009 infection were reported.^{***} Figure 7 shows the number of confirmed pandemic (H1N1) 2009 cases by week of notification and hospitalisation status.

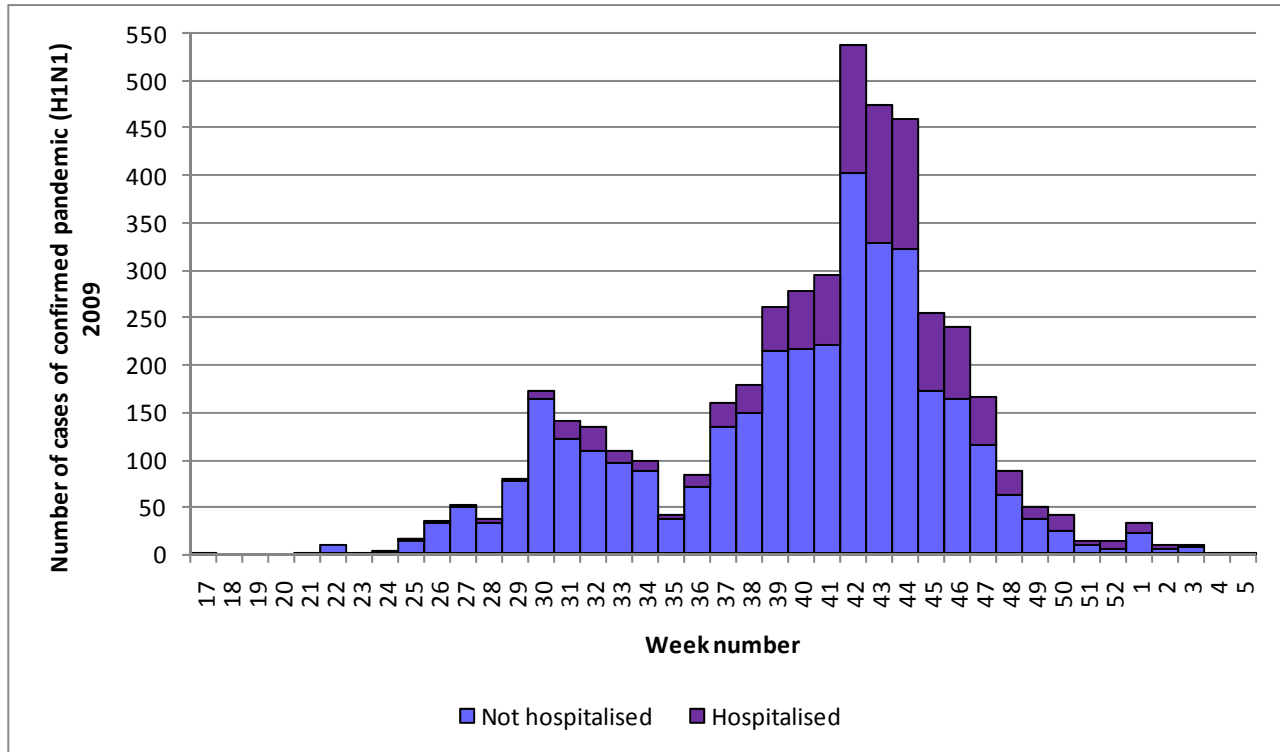


Figure 7: Number of confirmed cases of pandemic (H1N1) 2009 by week of notification and hospitalisation status⁺⁺⁺

Source: CIDR

Age and Sex

Of the 4,580 confirmed cases reported to 6th February, 2,439 were female (53.3%), 2,116 were male (46.2%) and sex was not reported for 25 cases (0.5%). The median age of cases was 18 years (range: 0-84 years) and 80.1% were less than 35 years of age.

Severity of illness

To date (10th February) 22 laboratory confirmed cases have died. No deaths were reported during week 5 2010.

Hospitalised cases

Of the 4,580 confirmed cases, 1,062 (23.2%) were admitted to hospital. Of these, 95 (8.9%) were admitted to ICU. One laboratory confirmed case was hospitalised during week 5, which remains stable compared to two cases hospitalised during week 4. No cases were admitted to ICU during week 5 compared to one case admitted to ICU in week 4. The highest age-specific rates for hospitalised patients are seen in the 0-4 year age group. Of the 1,062 confirmed cases hospitalised, 457 (43.0%) had pre-existing clinical conditions.

^{***} As WHO has advised Member States to reduce laboratory testing of suspect cases and to move to clinical diagnosis of influenza-like illness, the number of laboratory confirmed cases of pandemic (H1N1) 2009 reported here understates the actual number of cases in the population.

⁺⁺⁺ Week number on figure 7 is based on infectious disease notification week number, which was one week behind the international influenza week number during 2009. Therefore weeks 17-52 above are equivalent to weeks 18-53 on the influenza system. Epidemiological and influenza week numbering systems are the same for 2010.

5. Outbreak surveillance (CIDR)

No new outbreaks of pandemic (H1N1) 2009, influenza or ILI were reported during week 5 2010. As of 6th February 2010, 109 general outbreaks of pandemic (H1N1) 2009 and ILI have been reported in Ireland since week 23 2009. These outbreaks involved 2,399 people in total, of which 200 (8.3%) were laboratory confirmed cases of pandemic (H1N1) 2009. The number ill per outbreak has ranged between two and 150 people.

International summary

The total numbers of confirmed deaths reported worldwide by the World Health Organization (WHO) region are shown in table 4

Table 4: Reported number of confirmed pandemic (H1N1) 2009 deaths by WHO region

Source: WHO 5th February 2010

WHO Region	Cumulative total as of 5 th February 2010
	Deaths
Africa (AFRO)	167
Americas (AMRO)	At least 7261
Eastern Mediterranean (EMRO)	1014
Europe (EURO)	At least 3605
South-East Asia (SEARO)	1474
Western Pacific (WPRO)	1653
Total	At least 15174

United Kingdom

During week 4 (ending 31st January 2010), the weekly influenza/ILI consultation rate decreased or remained stable across the UK. The cumulative number of deaths reported to be due to pandemic (H1N1) 2009 is 391. The main influenza virus circulating in the UK continues to be the pandemic (H1N1) 2009 strain, with few influenza H1 (non-pandemic), H3 and B viruses detected. As of 3rd February, a total of 2,643 laboratory confirmed cases of pandemic (H1N1) 2009 have been hospitalised in England, 1,534 in Scotland, 446 in Wales and 574 in Northern Ireland. Thirty-eight (0.7%) of 5,174 pandemic viruses tested have been confirmed to carry a mutation which confers resistance to the antiviral drug oseltamivir; three are phenotypically resistant to the drug but retain sensitivity to zanamivir.

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1243928258754

Europe

During week 4 (25th – 31st January), 26 out of 29 countries reported epidemiological data. Five countries (Bulgaria, Greece, Malta, Romania and Slovakia) reported medium intensity while all other remaining countries reported low intensity. Widespread activity was reported in Greece and local or regional activity was reported in Austria, Bulgaria, Czech Republic, France, Germany, Italy, Malta, Romania, Slovakia and Sweden. Sporadic or no activity was reported in the remaining 14 countries. While the percentage of positive sentinel samples has decreased since week 47 2009, the 2009 pandemic influenza A (H1N1) virus still accounted for 99.4% of all subtyped viruses in sentinel patients. Oseltamivir resistance was detected in 37 (2.9%) of the 1,282 viruses tested and reported to EISN to date. Resistance to zanamivir was not detected in any of the 1,276 strains tested.

<http://ecdc.europa.eu/en/publications/Pages/Publications.aspx>

USA

During week 4 (24th – 30th January), influenza activity remained stable. The proportion of outpatient visits for ILI was 1.9%, which is below the national baseline of 2.3%. The proportion of deaths attributed to pneumonia and influenza (8.1%) in week 4 was above the epidemic threshold (7.8%) for the third consecutive week. Nine

influenza associated paediatric deaths were reported during week 4. Eight deaths were associated with pandemic influenza A (H1N1) 2009 infection and one was associated with an influenza A virus, for which the subtype was undetermined. During week 4, 119 (3.2%) specimens tested by collaborating laboratories and reported to CDC/Influenza Division were positive for influenza. Of the subtyped influenza A viruses being reported to CDC, 100% were pandemic influenza A (H1N1) 2009 viruses. <http://www.cdc.gov/flu/weekly/>

Canada

During week 4 (ending 30th January 2010), all influenza indicators remained low for this time of year. On January 27th, the Public Health Agency of Canada announced that the second wave of pandemic (H1N1) 2009 had tapered off. The ILI consultation rate was similar to that of the previous week and was still significantly below the expected range for this time of the year with only 0.6% of specimens testing positive for influenza. Thirty-one hospitalised cases, no ICU admissions and 1 death were reported during week 4. A total of 8,596 hospitalised cases including 1,446 (16.8%) cases admitted to ICU and 426 (5.0%) deaths of pandemic (H1N1) 2009 were reported since the beginning of the pandemic.

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

Other countries

As of 5th February 2010

<http://www.who.int/csr/disease/swineflu/updates/en/>

- **South/Southeast & East Asia:** In South/Southeast Asia, pandemic influenza transmission remains active but geographically localised to regional. In East Asia, pandemic influenza transmission remains active and geographically widespread across the region, however, overall activity continued to decline.
- **Americas, the Caribbean and the Southern Hemisphere:** Overall pandemic influenza activity continued to decline or remain low in most places. In temperate regions of the southern hemisphere, sporadic cases of pandemic influenza continued to be reported without evidence of sustained community transmission.
- **North Africa and Western Asia:** In North Africa, pandemic influenza transmission remains active and geographically widespread but overall activity has been declining since peaking during late December 2009 and early January 2010.

Pandemic influenza (H1N1) 2009 virus continues to be the predominant influenza virus circulating worldwide. In addition to the increasing proportion of seasonal influenza type B viruses recently detected in China, low levels of seasonal A(H3N2) and type B viruses are circulating in parts of Africa, East and Southeast Asia and are being detected only sporadically on other continents.

Avian influenza (H5N1):

On 8th February 2010, the Ministry of Health of Egypt announced two new cases of human H5N1 avian influenza infection. The first case is a 40 year old female from Banha District in Qalyubiya Governorate. She developed symptoms on 31st January and was hospitalised on 2nd February, where she received oseltamivir treatment. She is in a stable condition. The second case is a 29 year old female from Elsadat District, Menofya Governorate. She developed symptoms on 27th January and was hospitalised on 3rd February, where she received oseltamivir treatment. She is in a critical condition. Investigations into the source of infection indicated that both cases had exposure to sick and dead poultry. The cases were confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network (GISN). Of the 96 laboratory confirmed cases of Avian influenza A(H5N1) reported in Egypt, 27 (28.1%) have been fatal.

Further information on influenza in Ireland and internationally can be found on the following websites:

Ireland www.hpsc.ie

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

Europe – ECDC <http://ecdc.europa.eu/>

Europe – EISN <http://ecdc.europa.eu/en/activities/surveillance/EISN/Pages/home.aspx>

World Health Organization <http://www.who.int/topics/influenza/en/>

Acknowledgements

HPSC wishes to thank the Departments of Public Health, HSE-NE, ICGP, NVRL, CUH and UCHG for providing data for this report

Appendix A

Sentinel surveillance for influenza

This is the tenth 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. Sixty sentinel general practices covering 5.6% of the national population 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 five patients per week where a clinical diagnosis of ILI is made during the influenza season.

Influenza test results from the NVRL are provided on both sentinel and non-sentinel specimens. Influenza test results from Cork University Hospital (CUH) and University College Hospital, Galway (UCHG) are also provided on non-sentinel specimens.

Laboratory confirmed pandemic (H1N1) 2009

Since the end of April 2009, a case-based surveillance system for pandemic (H1N1) 2009 has been in operation in Ireland following the declaration by World Health Organization (WHO) of a public health emergency of international concern due to the virus. Basic demographic data are collected on all laboratory confirmed cases and additional enhanced data are collected on all hospitalised laboratory confirmed cases. Data are collated on the Computerised Infectious Disease Reporting (CIDR) system using information available from the National Virus Reference Laboratory (NVRL), Departments of Public Health, clinicians and a number of other laboratories. Data presented in this report are based on details recorded on the CIDR system.

ICU enhanced surveillance system:

On October 5th 2009, enhanced ICU surveillance system of confirmed cases of pandemic (H1N1) 2009 commenced in Ireland. It is a collaborative project between ICU medical and nursing staff, hospital administrators, departments of public health and the Health Protection Surveillance Centre. Forty hospitals (35 public and 5 private) currently participate in the surveillance scheme.

This system relates to adult, paediatric and neonatal confirmed and probable cases of pandemic (H1N1) 2009 admitted to intensive care units (ICU). The principal aim of the surveillance system is to report on the demographic profile (age, sex,) of all cases of pandemic (H1N1) 2009 admitted to ICU with details of predisposing risk factors, medical interventions and complications and clinical outcome. This information is used in conjunction with surveillance data from a number of other sources as follows: mortality data, data on laboratory confirmed cases, virology data and data on ILI consultation rates from sentinel GP practices.

A more detailed description of this system is available at:

<http://ndsc.newsweaver.ie/newepiinsight/rqng2ayeg0sugy02flxkl0>