

Influenza Surveillance in Ireland - Weekly Update

Influenza Week 19 2010 (10th to 16th May 2010)



Summary

- All indicators of influenza activity in Ireland remained at low levels during week 19 2010:
 - ♦ The sentinel GP influenza-like illness (ILI) consultation rate was 4.9 per 100,000 population during week 19, a small increase compared to the updated rate of 1.3 per 100,000 reported during week 18*.
 - ♦ ILI consultation rates remain well below the Irish baseline threshold of 17.8 per 100,000 population.
 - ♦ ILI consultation rates were at low levels in all age groups.
 - ♦ No pandemic (H1N1) 2009 positive specimens were reported.
 - ♦ No cases of confirmed pandemic (H1N1) 2009 were admitted to hospital or ICU.
 - ♦ No pandemic (H1N1) 2009, influenza or ILI outbreaks were reported.
 - ♦ No respiratory syncytial virus (RSV) positive specimens were reported.
 - ♦ Detections of parainfluenza virus type 3 have increased slightly in recent weeks.
- Based on surveillance of laboratory confirmed cases of pandemic (H1N1) 2009 since the beginning of the pandemic:
 - ♦ 4,586 confirmed cases were notified in Ireland, as of 16th May 2010
 - ♦ Children and young adults were the most affected groups; 80.0% of cases were less than 35 years of age.
- Twenty-six deaths in confirmed cases of pandemic (H1N1) 2009 have been reported to date (16th May 2010).

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 Galway University Hospitals (GUH).[†]
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, additional information from sentinel GP consultations and positive influenza specimens was provided. ILI rates and virological data were adjusted accordingly.

† Galway University Hospitals (GUH) include University Hospital Galway and Merlin Park University Hospital Galway.

1. GP sentinel surveillance system

Clinical Data

During week 19 2010, 54 of 60 (90.0%) ICGP sentinel general practices provided data, with nine practices (15.0%) reporting influenza-like illness (ILI) cases and 51 (85.0%) practices reporting no ILI cases. Eleven ILI cases were reported during week 19 2010, corresponding to an ILI consultation rate of 4.9 per 100,000 population, which is an increase compared to the updated rate of 1.3 per 100,000 population reported during week 18 2010. ILI consultation rates remain well below the Irish baseline threshold of 17.8 per 100,000 population.

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 Galway University Hospitals (GUH).[‡] CUH and GUH have reported influenza non-sentinel data 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.

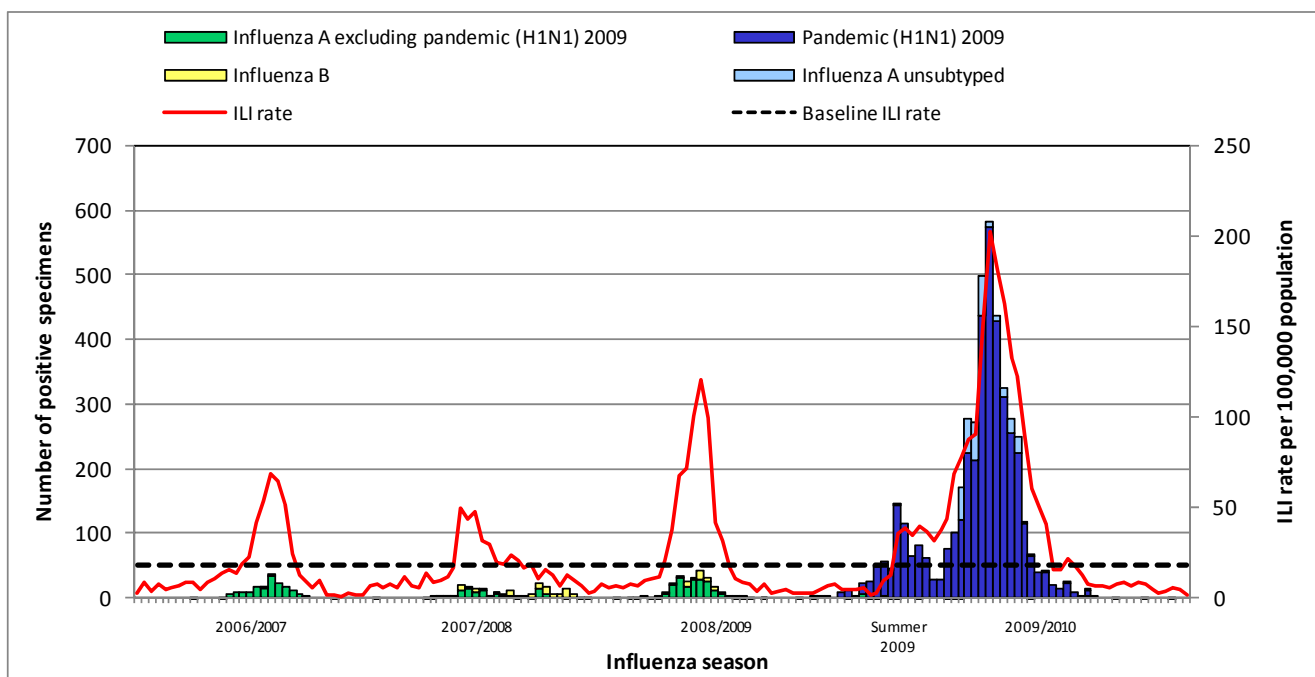


Figure 1: ILI GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza specimens, by influenza week and season[§]

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

During week 19 2010, sentinel GPs reported one case in the 5-14 year age group (3.4 per 100,000 population), nine cases in the 15-64 year age group (5.9 per 100,000 population) and one case in those aged 65 years and older (4.0 per 100,000 population) as shown in figure 2. No ILI cases were reported in the 0-4 year age group.

[‡] Since the last report, additional information from sentinel GP consultations and positive influenza specimens was provided. ILI rates and virological data were adjusted accordingly.

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

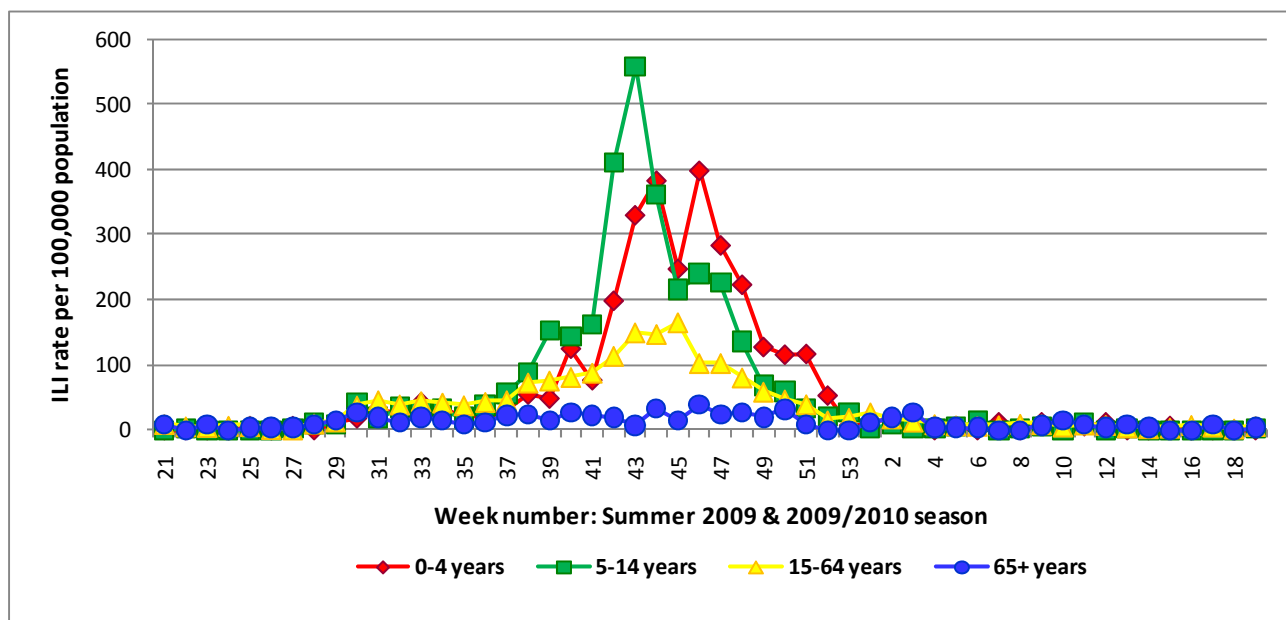


Figure 2: Age specific sentinel GP consultation rate for ILI per 100,000 population by week during the Summer 2009 and 2009/2010 influenza season

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 19 2010, sporadic influenza activity (due to isolated cases of ILI and/or isolated laboratory confirmed cases of influenza) was reported by HSE-E, -MW, -NE, -NW and -S while no influenza activity was reported by HSE-M, -SE and -W (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. Data were received from four HSE areas during week 19 2010. During week 19 2010, no significant increases in the proportion of respiratory admissions were reported by sentinel hospitals and no sentinel schools reported increases in absenteeism.

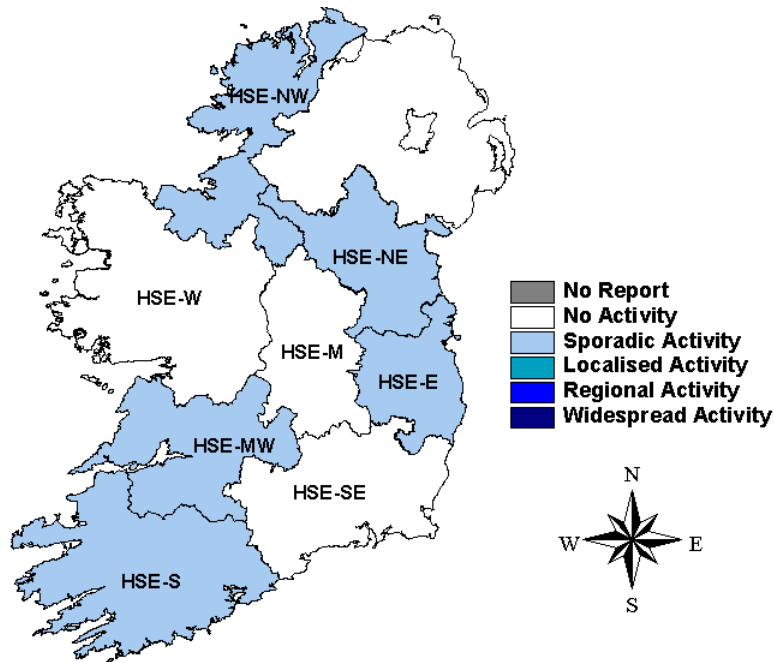


Figure 3: Map of provisional influenza activity by HSE area during influenza week 19 2010

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 has remained at low levels since the beginning of 2010. During week 18 2010, the percentage of flu-related calls was 1.0%, which remains stable compared to the proportion (0.9%) reported during week 17 2010 (figure 4). No data were received for week 19 2010.

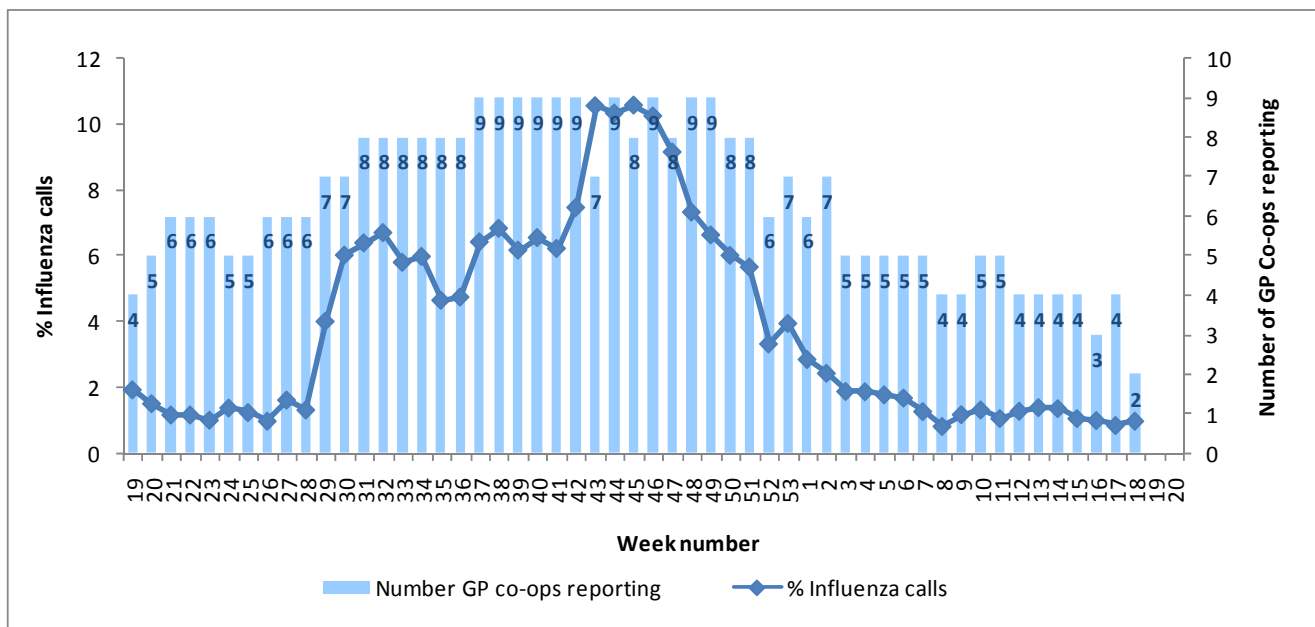


Figure 4: Flu-related calls as a proportion of total calls to out-of-hours GP Co-ops by week Source: HSE-NE.

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

During week 19 2010, no specimens from any reported source tested positive for influenza.

Two specimens taken by sentinel GPs during week 19 2010 were tested by the NVRL, both of which were negative for influenza. The NVRL also tested 48 non-sentinel specimens taken during week 19, all of which were negative for influenza. Three (6.2%) non-sentinel specimens tested by the NVRL were positive for parainfluenza virus type 3 (PIV-3) during week 19 2010. Detections of PIV-3 have increased slightly in recent weeks. None of the non-sentinel specimens tested by the NVRL were positive for adenovirus, RSV or PIV type 1 or type 2 during week 19 2010 (tables 1 and 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.**

CUH also tested one non-sentinel specimen taken during week 19 2010, which was negative for influenza (table 2).

During the 2009/2010 influenza season, pandemic (H1N1) 2009 has been the sole influenza virus circulating. Figure 6 shows the number of sentinel specimens tested by the NVRL for influenza and non-sentinel specimens tested by the NVRL, CUH and GUH for influenza and the percentage of specimens positive for influenza by week number for Summer 2009 and the 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 (i.e. specimens other than sentinel specimens) from the NVRL may include more than one specimen from each case

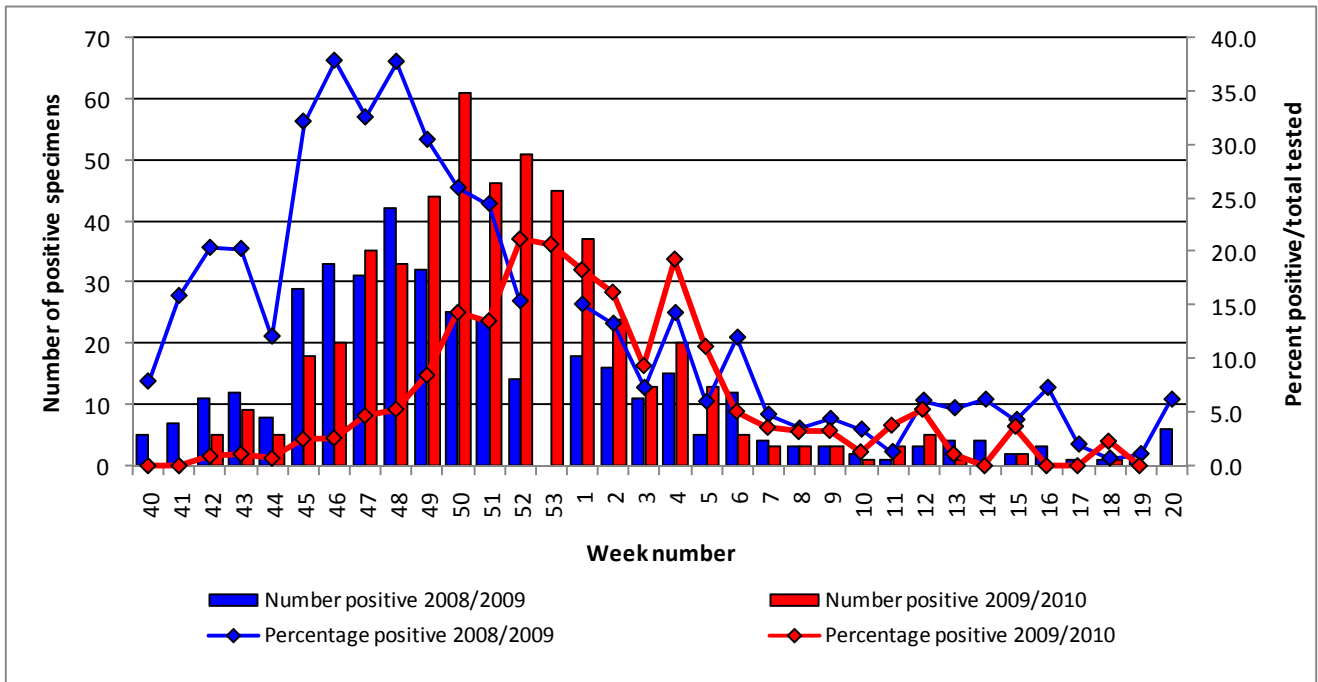


Figure 5: NVRL non-sentinel RSV activity for influenza season 2009/2010 compared to influenza season 2008/2009^{††}
 Source: NVRL

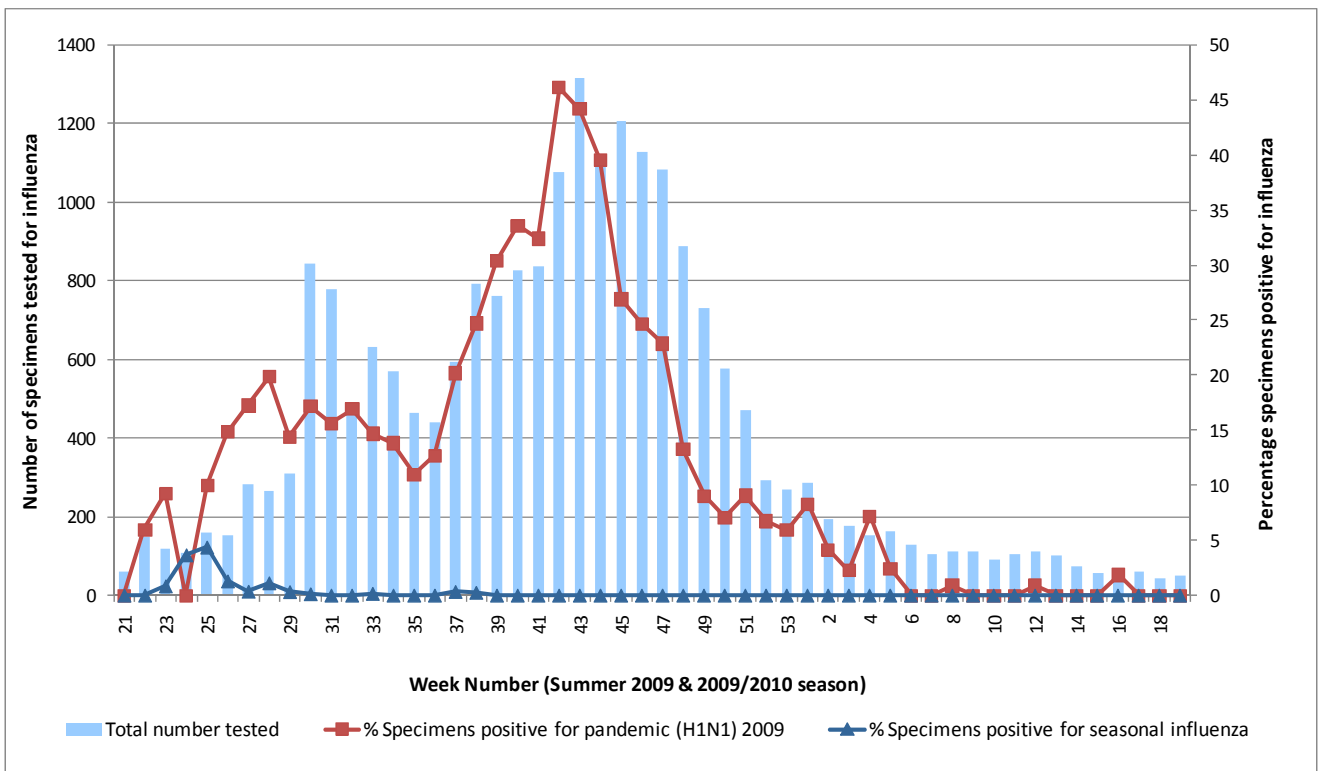


Figure 6: Number of sentinel and non-sentinel specimens tested for influenza and percentage influenza positive^{††}
 Source: NVRL, CUH & GUH

†† 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 GUH is from week 36 2009.

Table 1: Number of sentinel and non-sentinel respiratory specimens tested and positive results, influenza week 19 2010 and Summer 2009 & 2009/2010 season to date^{§§} Source: NVRL, CUH and GUH

Week number	Specimen type	Total Specimens tested for influenza	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
19 2010	Sentinel	2	0	0.0	0	0	0	0	0	0	0.0
	Non-sentinel	49	0	0.0	0	0	0	0	0	0	0.0
	Total	51	0	0.0	0	0	0	0	0	0	0.0
Summer 2009 & 2009/2010 season to date	Sentinel	2265	773	34.1	770	0	3	0	0	0	99.6
	Non-sentinel	19739	3908	19.8	3583	300	0	0	22	3	99.4
	Total	22004	4681	21.3	4353	300	3	0	22	3	99.4

Table 2: Number of non-sentinel respiratory specimens tested and positive results by laboratory, influenza week 19 2010 and Summer 2009 & 2009/2010 season to date^{§§} Source: NVRL, CUH and GUH

Week number	Laboratory	Total Specimens tested for influenza	Number Influenza Positive	% Influenza Positive	Confirmed Pandemic (H1N1) 2009	Probable Pandemic (H1N1) 2009	% Pandemic (H1N1) 2009	Influenza A (unsubtyped)	Influenza B
19 2010	NVRL	48	0	0.0	0	0	0.0	0	0
	CUH	1	0	0.0	0	0	0.0	0	0
	GUH	0	0	0.0	0	0	0.0	0	0
	Total	49	0	0.0	0	0	0.0	0	0
Summer 2009 & 2009/2010 season to date	NVRL	15407	2592	16.8	2563	5	99.1	21	3
	CUH	3041	833	27.4	538	295	100.0	0	0
	GUH	1291	483	37.4	482	0	99.8	1	0
	Total	19739	3908	19.8	3583	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 19 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
19 2010	48	0	0.0	0	0.0	0	0.0	0	0.0	3	6.2
Summer 2009	6093	21	0.3	4	0.1	4	0.1	0	0.0	6	0.1
2009/2010 season to date	9314	506	5.4	9	0.1	8	0.1	3	0.03	36	0.4

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

4. Laboratory confirmed cases of pandemic (H1N1) 2009 – reported to the Computerised Infectious Disease Reporting system (CIDR)

During the current pandemic phase, testing is focused on cases hospitalised for influenza, cases with severe clinical illness and in other situations such as clusters of ILI in institutions or unusual clusters of serious illness. As of 16th May 2010, a total of 4,586 confirmed cases of pandemic (H1N1) 2009 have been reported since the beginning of the pandemic. Figure 7 shows the number of confirmed pandemic (H1N1) 2009 cases by week of notification and hospitalisation status.

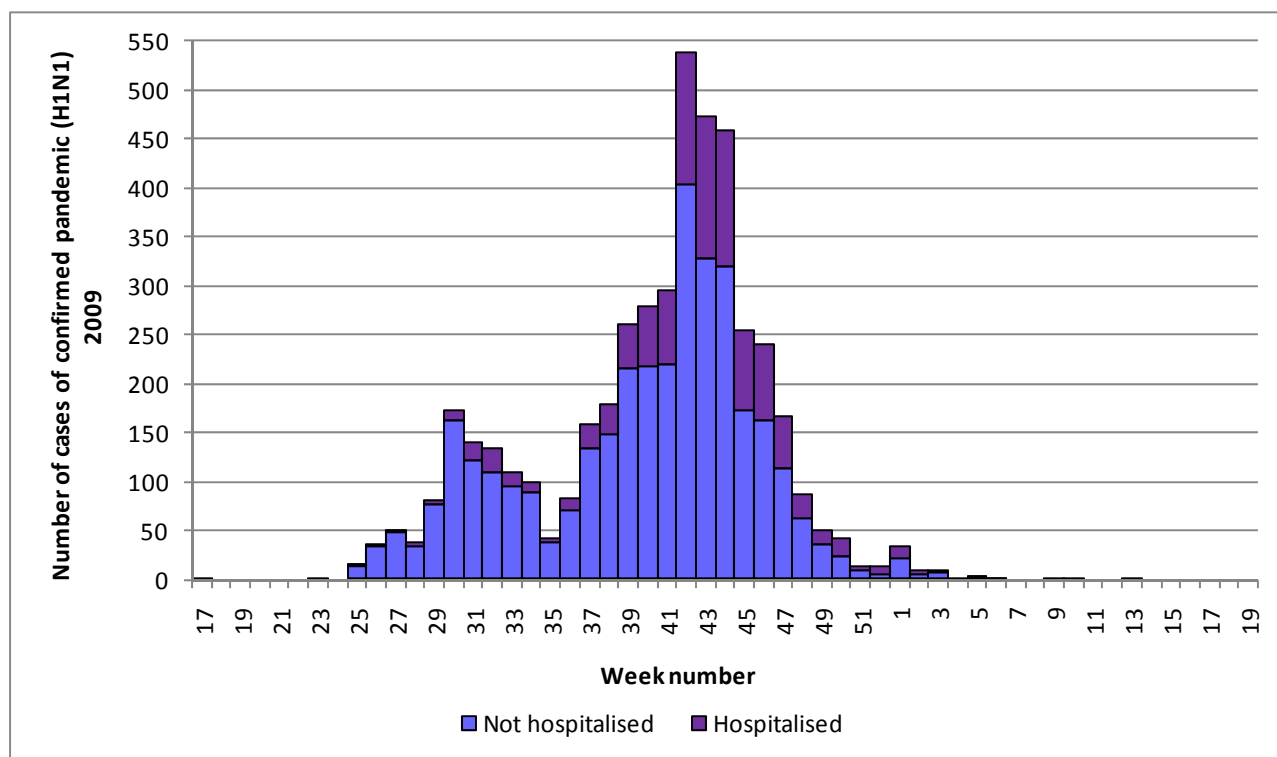


Figure 7: Number of confirmed cases of pandemic (H1N1) 2009 by week of notification and hospitalisation status ^{***}
 Source: CIDR

Age and Sex

Of the 4,586 confirmed pandemic (H1N1) 2009 cases reported (as of 16th May 2010), 2,441 were female (53.2%), 2,122 were male (46.3%) and sex was not reported for 23 cases (0.5%). The median age of cases was 18 years (range: 0-84 years) and 80.0% were less than 35 years of age.

Hospitalised cases

No laboratory confirmed cases of pandemic (H1N1) 2009 were admitted to hospital or ICU during week 18 2010. Of the 4,586 confirmed cases reported since the beginning of the pandemic, 1,069 (23.3%) were admitted to hospital. Of these, 100 (9.4%) were admitted to ICU. For hospitalised patients, the highest age-specific rates were in the 0-4 year age group. Of the 1,069 confirmed cases hospitalised, 465 (43.5%) had pre-existing clinical conditions.

^{***} 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.

Pandemic (H1N1) 2009 associated deaths

No pandemic (H1N1) 2009 associated deaths were reported to HPSC during week 19 2010. To date, 26 patients with confirmed pandemic (H1N1) 2009 have died, 11 males and 15 females. Nineteen (73.1%) deaths were in adults 35 years of age and older (Table 4). Underlying medical conditions (including pregnancy) were reported for 24 of the 26 deaths (92.3%) and two deaths had no reported underlying conditions. Some cases had more than one underlying condition. Underlying conditions included chronic respiratory disease (n=11), chronic neurological disease (n=9), immunosuppression (n=5), chronic heart disease (n=3), chronic liver disease (n=2), asthma (n=2), chronic renal disease (n=1), pregnancy (n=1) and severe obesity i.e. BMI ≥ 40 (n=1).

Table 4: Number of deaths in confirmed cases of pandemic (H1N1) 2009 by age group

Age group (years)	Total Number	Percentage of Total
0-4	0	0.0
5-14	3	11.5
15-24	2	7.7
25-34	2	7.7
35-44	5	19.2
45-54	3	11.5
55-64	6	23.1
65+	5	19.2
Unknown	0	0.0
All ages	26	100.0

5. Outbreak surveillance (CIDR)

No new outbreaks of pandemic (H1N1) 2009, influenza or ILI were reported during week 19 2010. As of 16th May 2010, 109 general outbreaks of pandemic (H1N1) 2009 and ILI have been reported in Ireland since week 23 2009. These outbreaks involved 2,578 people in total, of which 204 (7.9%) were laboratory confirmed cases of pandemic (H1N1) 2009. The number ill per outbreak has ranged between two and 150 people.

6. International summary

United Kingdom

During week 18 2010, pandemic influenza activity was very low and stable across the UK. The weekly influenza/ILI consultation rates in the UK was below baseline levels. RSV detections and the RCGP consultation rate for acute bronchitis were at low levels, as expected for the time of year. Of the forty specimens collected through English GP sentinel systems in weeks 17 and 18, none tested positive for pandemic (H1N1) 2009 influenza. No pandemic influenza cases were reported as admitted to hospital in the previous two weeks. Since the beginning of the pandemic, there have been 474 deaths reported due to pandemic (H1N1) 2009 in the UK. Forty-five of 6,379 pandemic viruses tested have been confirmed to carry a mutation which confers resistance to the antiviral drug oseltamivir; fifteen have been tested and confirmed to be phenotypically resistant to the drug but retain sensitivity to zanamivir.

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

Europe

During week 18 2010, all reporting countries experienced low intensity influenza activity for the tenth consecutive week and, at most, reported sporadic activity. Only 18 influenza viruses were detected by sentinel and non-sentinel sources, two (11.1%) of which were pandemic influenza A(H1N1), one (5.5%) was influenza A unsubtype and 15 (83.3%) were influenza B viruses. To date, only 2.5% of tested 2009 pandemic influenza A(H1N1) viruses have shown resistance to oseltamivir and none were resistant to zanamivir. All tested 2009 pandemic viruses have been resistant to M2 inhibitors. Influenza activity caused by the 2009 pandemic influenza A(H1N1) virus is well past its winter peak in EU/EEA countries but sporadic cases of confirmed infections continue to occur. The majority of ILI cases are not due to influenza virus infection. <http://ecdc.europa.eu/en/publications/Pages/Publications.aspx>

USA

During week 18 2010, influenza activity decreased in the USA. The proportion of outpatient visits for ILI was 1.1%, which is below the national baseline. Twenty-six (1.5%) specimens tested were positive for influenza; 17 were pandemic influenza A (H1N1), one was influenza A (H3) and eight were not subtyped. The proportion of deaths attributed to pneumonia and influenza was below the epidemic threshold. No influenza-associated paediatric deaths were reported. <http://www.cdc.gov/flu/weekly/>

Canada

In Canada, overall influenza activity continued to be low for at least 20 consecutive weeks. During week 18 2010, the national ILI consultation rate was 9.6 consultations per 1,000 patient visits, which is below the expected range for this time of year. Only two specimens (out of 1,419) tested positive for pandemic (H1N1) 2009 during week 18 2010. No new H1N1-related hospitalisations and deaths have been reported during this period. <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>

Worldwide

As of 9th May, more than 214 countries and overseas territories or communities worldwide have reported laboratory confirmed cases of pandemic influenza A(H1N1) 2009, including over 18,036 deaths. The most active areas of pandemic influenza virus transmission currently are in parts of the Caribbean and Central America, and to a lesser extent in West Africa and South/Southeast Asia. In the temperate zone of the northern and southern hemisphere, overall pandemic influenza activity remains sporadic. Seasonal influenza virus type B continues to be detected at low levels across parts of Asia, Africa, and Europe. The total numbers of confirmed pandemic (H1N1) 2009 deaths reported worldwide by the World Health Organization (WHO) region are shown in table 5.

Table 5: Reported number of confirmed pandemic (H1N1) 2009 deaths by WHO region

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

WHO Region	Cumulative total as of 9 th May 2010
	Deaths
Africa (AFRO)	168
Americas (AMRO)	At least 8361
Eastern Mediterranean (EMRO)	1019
Europe (EURO)	At least 4861
South-East Asia (SEARO)	1798
Western Pacific (WPRO)	1829
Total	At least 18036

Avian influenza (H5N1):

As of 6th May 2010, 498 confirmed human cases and 294 (59.0%) 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. To date in 2010, Cambodia, Egypt, Indonesia and Vietnam have all reported human H5N1 infections.

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

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

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

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

http://ecdc.europa.eu/en/healthtopics/Pages/Avian_Influenza.aspx

Northern hemisphere influenza vaccine for the 2010/2011 season:

For the 2010/2011 influenza season in the Northern Hemisphere, the members of the WHO Collaborating Centres on Influenza have recommended that seasonal influenza vaccines contain the following strains:

- an A/California/7/2009 (H1N1)-like virus
- an A/Perth/16/2009 (H3N2)-like virus^{†††}
- a B/Brisbane/60/2008-like virus

http://www.who.int/csr/disease/influenza/recommendations2010_11north/en/index.html

http://www.who.int/csr/disease/influenza/201002_Recommendation.pdf

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

^{†††} A/Wisconsin/15/2009 is an A/Perth/16/2009 (H3N2)-like virus and is a 2010 southern hemisphere vaccine virus.

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>