

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 13 2013 (25th – 31st March 2013)



Feilimeannacht na Seibhise Sláinte
Health Service Executive



 **Intensive Care Society of Ireland**

Summary

- **Influenza activity in Ireland remained stable during week 13 2013; however influenza-associated hospitalisations and outbreaks continue to be reported.**
- Influenza activity in the Eastern region remained at elevated levels, associated with continuing influenza/ILI outbreaks.
- The sentinel GP influenza-like illness (ILI) consultation rate was 23.8 per 100,000 population in week 13 2013, a slight increase compared to the updated rate of 18.4 per 100,000 during week 12 2013.
 - ♦ The ILI consultation rate was above the Irish baseline threshold (21.0 per 100,000 population).
 - ♦ ILI age specific rates were highest in those aged 15-64 years during week 13 2013.
- The proportion of influenza-related calls to GP Out-of-Hours services decreased slightly during week 13 2013, compared to the previous week.
- Influenza positivity increased slightly during week 13 2013 to 26.5%, compared to 20.1% during the previous week. Forty influenza A(H3), 14 influenza A(H1)pdm09, 9 influenza A (unsubtyped) and 5 influenza B positive specimens were reported from the NVRL for week 13 2013.
 - Influenza A(H3) was the predominant influenza virus circulating during week 13 2013.
- Positivity levels for parainfluenza virus type 3 and adenovirus increased slightly in recent weeks.
- Respiratory syncytial virus (RSV) positivity remained at low levels during week 13 2013.
- During week 13 2013, 28 confirmed influenza cases were reported as hospitalised, 21 associated with influenza A and 7 with influenza B. To date this season, 343 confirmed influenza cases were reported as hospitalised, 58.6% were associated with influenza B.
- Twenty-two adult and ten paediatric confirmed influenza cases have been admitted to critical care to date this season. Of these 32 cases, 16 were associated with influenza B, ten with influenza A (H1)pdm09, three influenza A (H3) and three with influenza A (unsubtyped). Thirty-two RSV* paediatric cases were also admitted to critical care this season.
- To date this season, five confirmed influenza associated deaths have been reported to HPSC, one associated with influenza A (H1)pdm2009, one with influenza A (unsubtyped) and three associated with influenza B.
- Eleven new acute respiratory outbreaks were reported to HPSC during week 13 2013. To date this season, 55 acute respiratory outbreaks were reported to HPSC.
- In Europe, influenza activity continued to decline or return to baseline levels during week 12 2013.
- Nine cases of human infection with influenza A(H7N9) in China have been reported by ECDC. Three of the cases have died and the remaining six are in a critical condition. For up to date information on the current case numbers and the WHO assessment of the situation please see [here](#). The European Centre for Disease Prevention and Control has published a rapid risk assessment of the situation, see [here](#).

*The majority of these RSV admissions to critical care were admitted during November and December 2012.

1. GP sentinel surveillance system

Clinical Data

During week 13 2013, 47 influenza-like illness (ILI) cases were reported from sentinel GPs, corresponding to an ILI consultation rate of 23.8 per 100,000 population, a slight increase compared to the updated rate of 18.4 per 100,000 in week 12 2013. Forty-three of 60 (71.7%) sentinel general practices provided data during week 13 2013, with 18 practices (41.9%) reporting ILI cases. The ILI consultation rate was above the Irish baseline threshold (21.0 per 100,000 population)[†] during week 13 2013. Figure 1 shows the ILI consultation rates, the baseline threshold rate and the number of positive specimens detected by the NVRL.

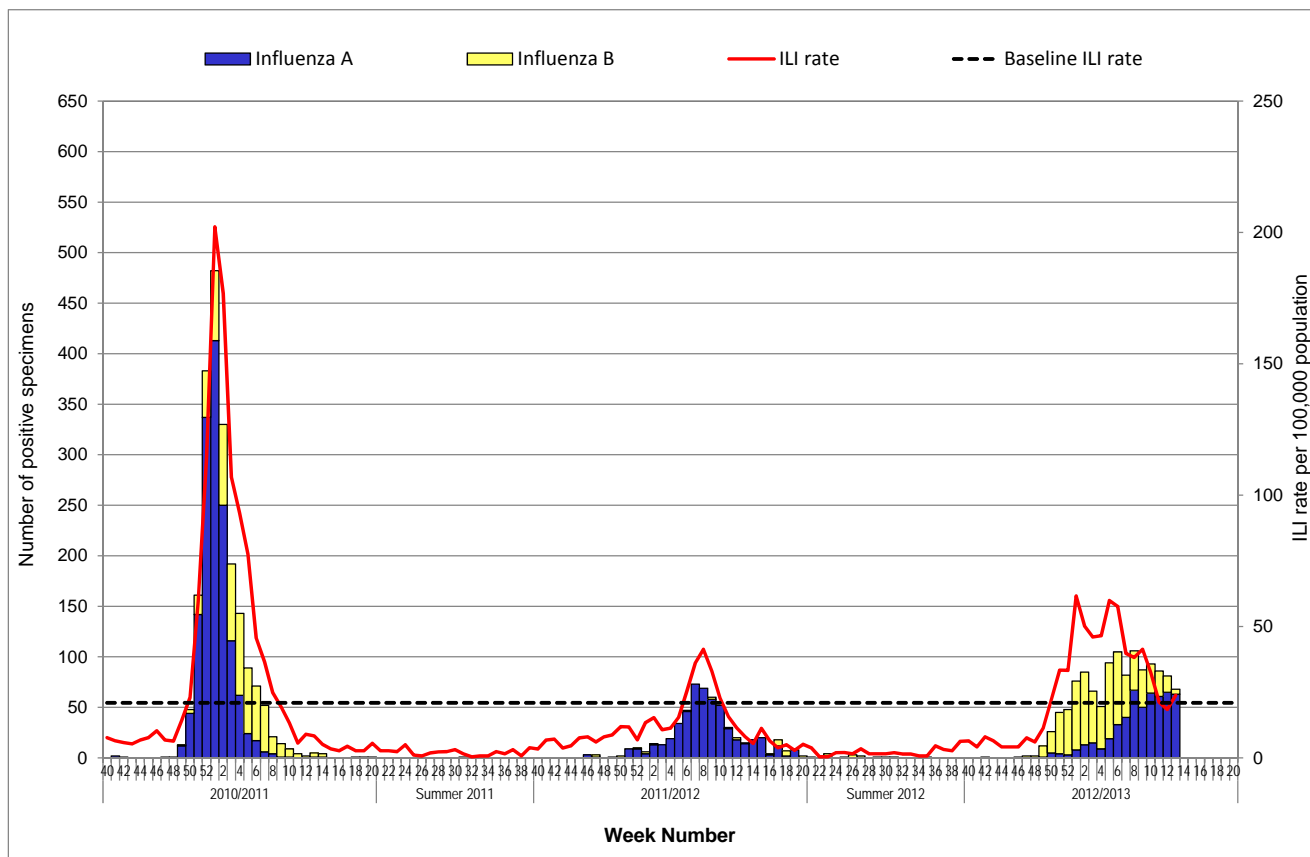


Figure 1. ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season.

Source: Clinical ILI data from ICGPand virological data from the NVRL[‡]

ILI age specific rates were highest in those aged 15-64 years during week 13 2013. During week 13 2013, one ILI case was reported in the 0-4 year age group (6.5 per 100,000), 4 ILI cases were reported in the 5-14 year age group (14.9 per 100,000), 37 cases in the 15-64 year age group (28.0 per 100,000) and 5 ILI cases were reported in those aged 65 years and older (21.7 per 100,000) (figure 2).

[†] HPSC in consultation with the European Centre for Disease Prevention and Control (ECDC) have revised the Irish baseline threshold for the 2012/2013 influenza season to 21.0 per 100,000 population.

[‡] Sentinel GP consultations and virological data are updated on an ongoing basis, ILI rates and virological data are adjusted accordingly.

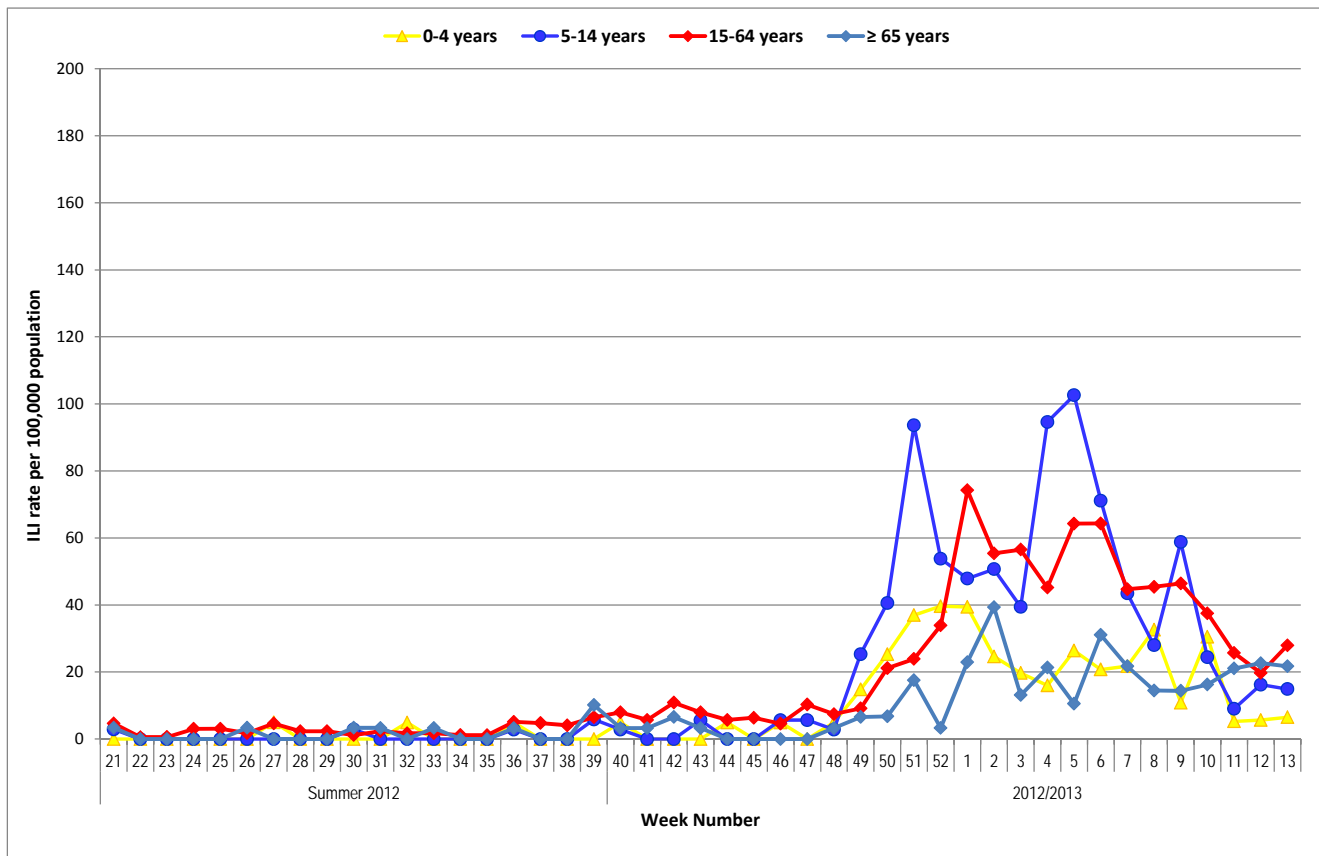


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2012 and the 2012/2013 influenza season to date. Source: ICGP ILI clinical data

2. Influenza and Other Respiratory Virus Detections - National Virus Reference Laboratory

The data reported in this section for the 2012/2013 influenza season refers to specimens tested by the National Virus Reference Laboratory (NVRL). The NVRL are now testing all sentinel and non-sentinel specimens for a panel of respiratory viruses: influenza A and B, respiratory syncytial virus (RSV), adenovirus, parainfluenza viruses types 1, 2, and 3 (PIV-1, -2 & -3) and human metapneumovirus.

During week 13 2013, a total of 257 specimens (10 sentinel and 247 non-sentinel[§] specimens) were tested by the NVRL. Sixty-eight (68/257; 26.5%) sentinel and non-sentinel specimens tested positive for influenza virus during week 13 2013: 40 A(H3), 14 A(H1)pdm09, 9 A (unsubtyped) and 5 B. Six (6/10; 60.0%) sentinel specimens tested positive for influenza virus during week 13 2013: 5 A(H3) and 1 B. Sixty-two (62/247; 25.1%) non-sentinel specimens tested positive for influenza virus during week 13 2013: 35 A(H3), 14 A(H1)pdm09, 9 A (unsubtyped) and 4 B (tables 1 & 2). Influenza A(H3) was the predominant influenza virus circulating during week 13 2013 (figures 3 & 4).

[§]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.

Influenza Virus Characterisation

Influenza B viruses have dominated the 2012/2013 influenza season in Ireland, although influenza A(H3N2) and influenza A(H1N1)pdm09 viruses have also been circulating. The National Virus Reference Laboratory (NVRL) has genetically characterised 32 influenza viruses this season. Of twenty-four influenza B viruses analysed, twenty-one (87.5%) belong to the B/Yamagata lineage (which is included in the 2012/2013 influenza vaccine) and three (12.5%) belong to the B/Victoria lineage. Seven influenza A(H3N2) viruses were genetically characterised and were similar to the vaccine strain A/Victoria/361/2011. Sequence analysis of one influenza A(H1N1)pdm09 virus identified it was related to the vaccine strain A/California/07/2009. As part of the WHO Global influenza surveillance programme, a proportion of influenza viruses are submitted to the WHO Collaborating Centre for Reference and Research on Influenza (Mill Hill, London) for characterisation of influenza strains. These viruses have been submitted for further antigenic characterisation and confirmatory testing.

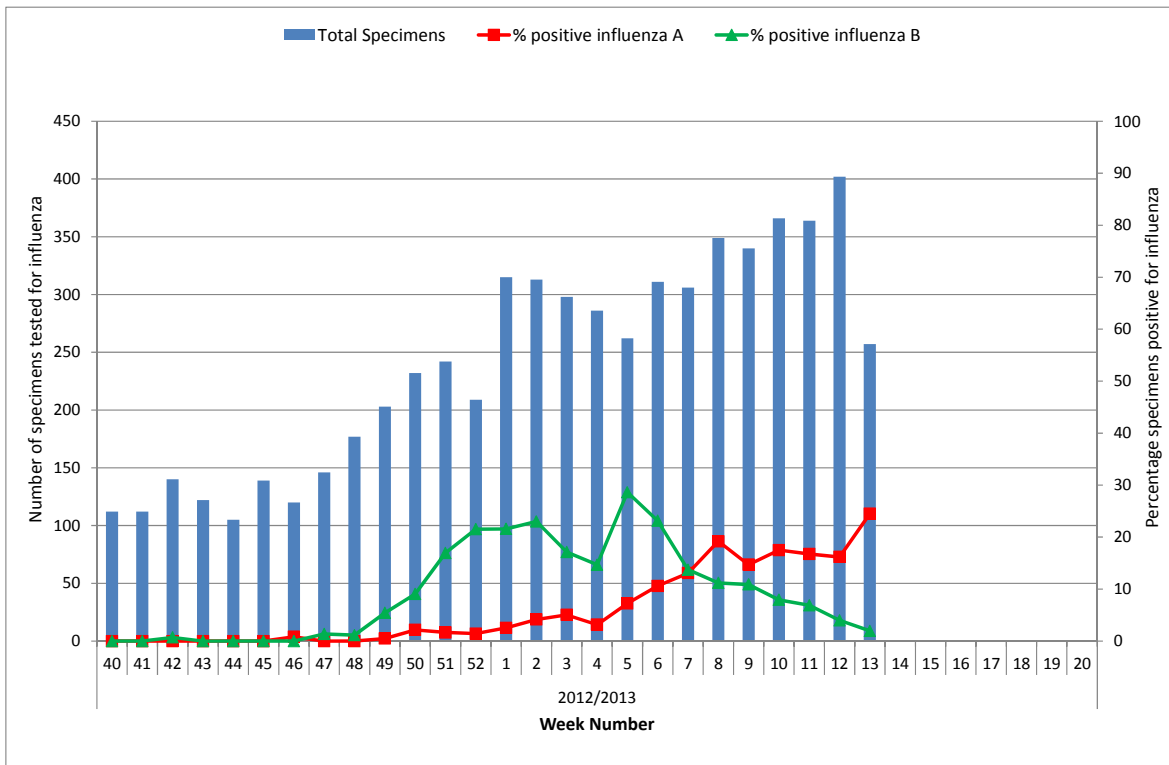


Figure 3: Number of sentinel and non-sentinel specimens tested for influenza and percentage of specimens tested positive for influenza A and B by week for the 2012/2013 influenza season. Source: NVRL

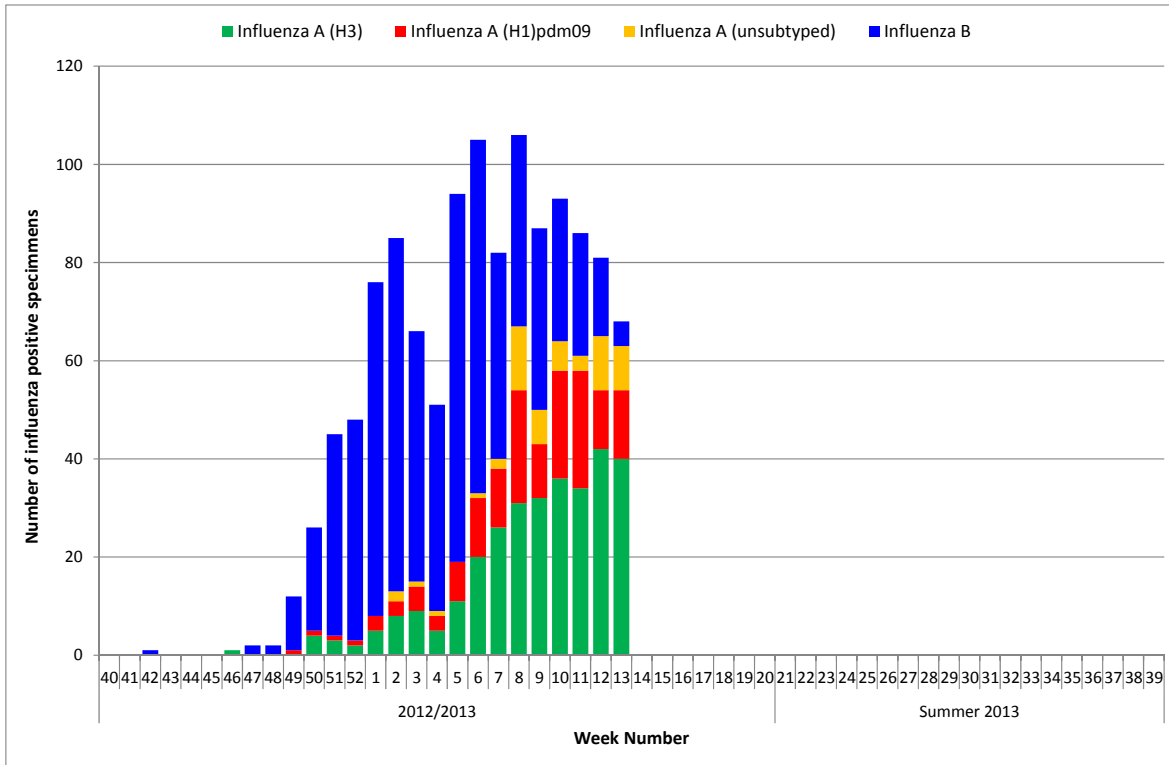


Figure 4: Number of positive influenza specimens by influenza type/subtype from sentinel and non-sentinel sources tested by the NVRL, by week for the 2012/2013 influenza season. Source: NVRL

Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus (RSV) positivity reported from the NVRL (non-sentinel sources) remained at low levels at 1.2% (3/247) during week 13 2013. RSV positivity peaked at 36.7% during week 51 2012 (figure 5). Sporadic cases of RSV have been detected this season from sentinel GP sources (table 2).

RSV was made notifiable in Ireland on 1st January 2012. During week 13 2013, 8 laboratory notifications of RSV were reported on Ireland’s Computerised Infectious Disease Reporting System (CIDR). Laboratory notifications of RSV are reported in more detail in the [Weekly Infectious Disease Report for Ireland](#).

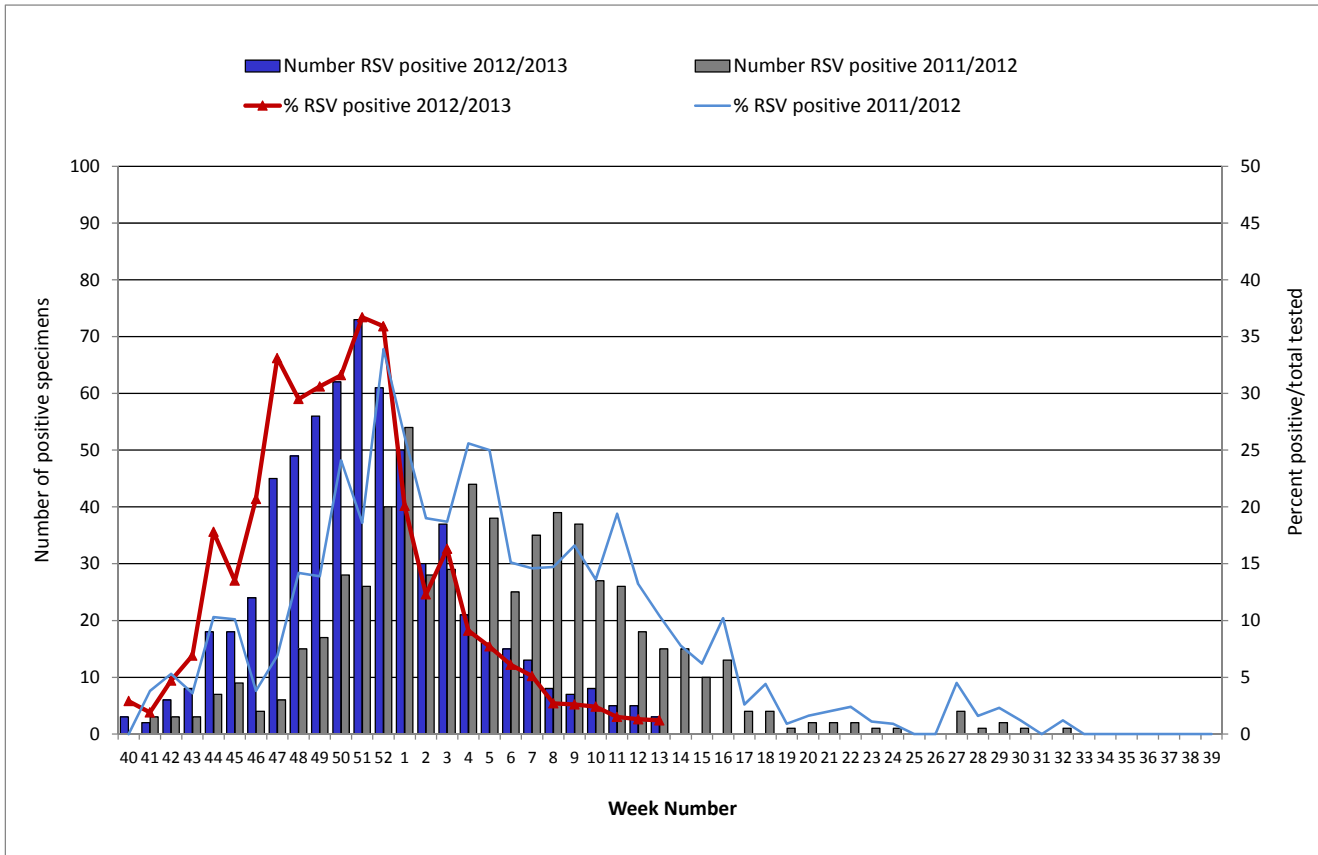


Figure 5: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2012/2013 season, compared to the 2011/2012 season. Source: NVRL

Other Respiratory Viruses

Ten adenovirus, 15 parainfluenza virus (PIV) type 3 and five human metapneumovirus positive specimens from non-sentinel sources were reported from the NVRL during week 13 2013. No adenovirus, parainfluenza viruses or hMPV positive detections were reported from the NVRL from sentinel GP sources during week 13 2013 (table 2). Positivity levels for adenovirus and PIV-3 are at slightly elevated levels in recent weeks.

Table 1: Number of sentinel and non-sentinel respiratory specimens tested by the NVRL and positive influenza results, for week 13 2013 and the 2012/2013 season to date. Source: NVRL**

Week	Specimen type	Total tested	Number influenza positive	% Influenza positive	Influenza A				Influenza B
					A (H1)pdm09	A (H3)	A (unsubtyped)	Total influenza A	
13 2013	Sentinel	10	6	60.0	0	5	0	5	1
	Non-sentinel	247	62	25.1	14	35	9	58	4
	Total	257	68	26.5	14	40	9	63	5
2012/2013	Sentinel	849	472	55.6	43	72	2	117	355
	Non-sentinel	5379	745	13.9	113	237	54	404	341
	Total	6228	1217	19.5	156	309	56	521	696

Table 2: Number of sentinel and non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 13 2013 and the 2012/2013 season to date. Source: NVRL

Week	Specimen type	Total tested	RSV	% RSV	Adenovirus	% Adenovirus	PIV-1	% PIV-1	PIV-2	% PIV-2	PIV-3	% PIV-3	hMPV	% hMPV
13 2013	Sentinel	10	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Non-sentinel	247	3	1.2	10	4.0	0	0.0	0	0.0	15	6.1	5	2.0
	Total	257	3	1.2	10	3.9	0	0.0	0	0.0	15	5.8	5	1.9
2012/2013	Sentinel	849	14	1.6	23	2.7	1	0.1	0	0.0	2	0.2	11	1.3
	Non-sentinel	5379	643	12.0	101	1.9	2	0.0	3	0.1	115	2.1	101	1.9
	Total	6228	657	10.5	124	2.0	3	0.0	3	0.0	117	1.9	112	1.8

** 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.

3. Regional Influenza Activity by HSE-Area

Influenza activity is reported on a weekly basis for each HSE area. Influenza activity is based on sentinel GP ILI consultation rates, laboratory confirmed influenza cases and ILI/influenza outbreaks.

Widespread influenza activity was reported from HSE-E, localised influenza activity was reported in HSE-S and -MW and sporadic influenza activity was reported from all other HSE-Areas (HSE-M, -NE, -NW, -SE and -W) during week 13 2013 (figure 6). The widespread influenza activity reported in HSE-E was mainly associated with ongoing influenza/ILI outbreaks in residential institutions.

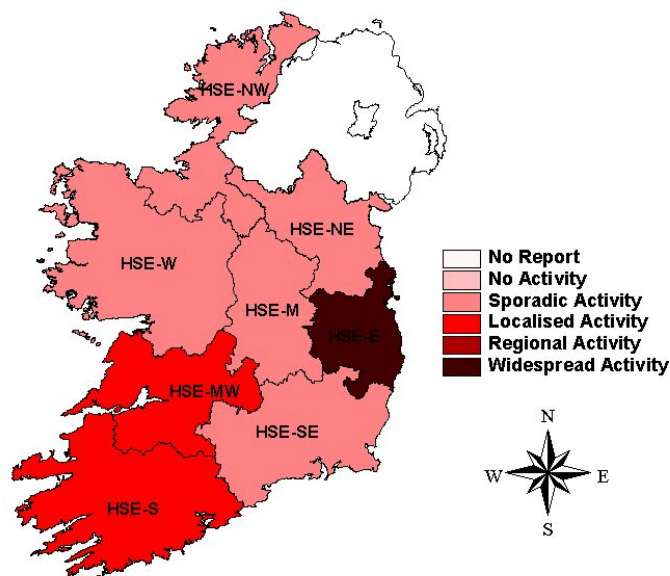


Figure 6: Map of provisional influenza activity by HSE-Area during week 13 2013

Sentinel Hospitals – Admissions Data

The Departments of Public Health have established at least one sentinel hospital in each HSE-Area, to report data on total hospital admissions, total emergency admissions and total respiratory admissions by age group on a weekly basis. Hospital admissions data act as a crude indicator for influenza activity.

Overall, the total number of respiratory admissions reported from sentinel hospitals was 251 during week 13 2013, remaining stable compared to 253 during week 12 2013. To date this season, hospital respiratory admissions peaked at 413 during week 50 2012 (figure 7).

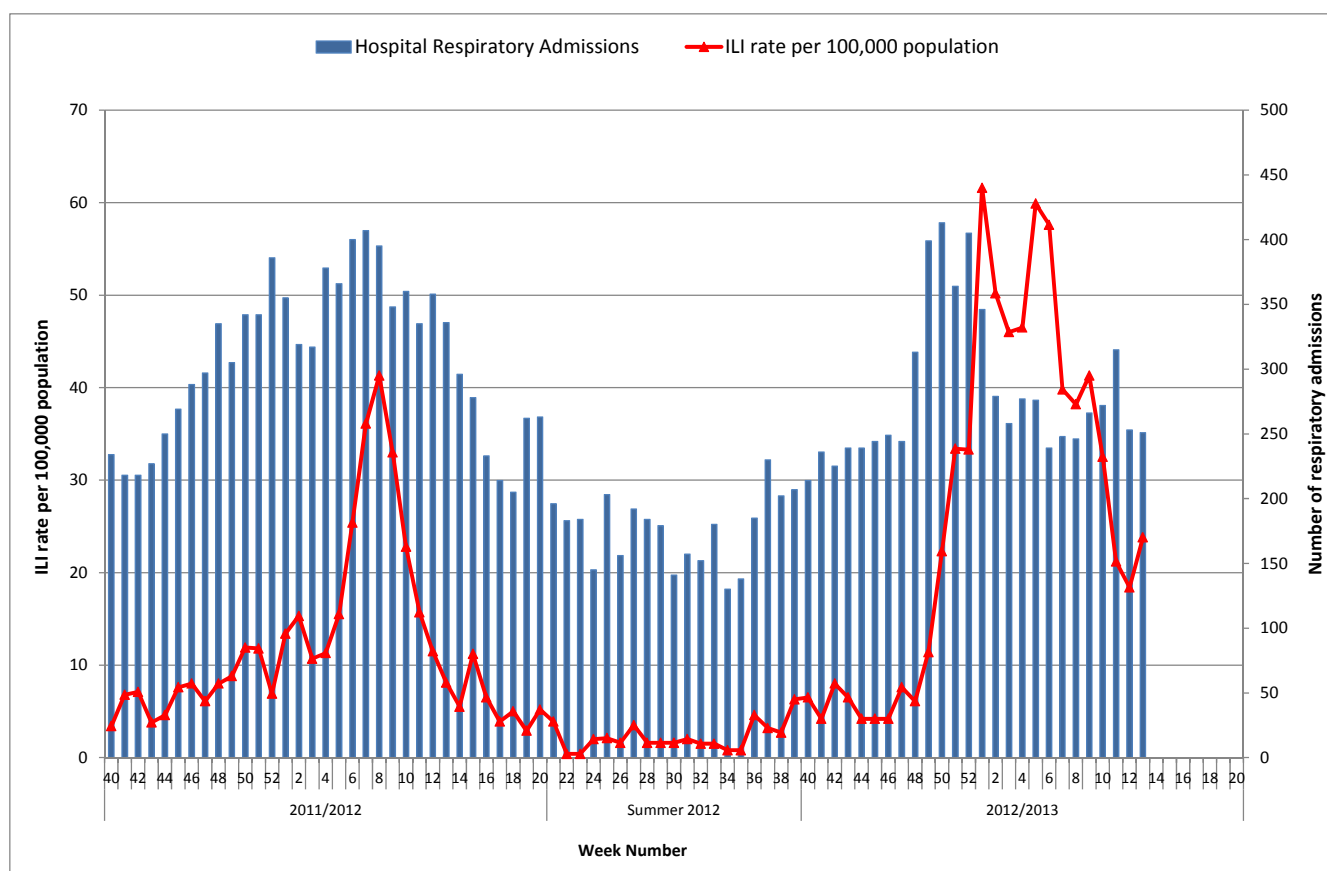


Figure 7: Number of respiratory admissions reported from sentinel hospitals and national sentinel GP ILI consultation rate per 100,000 population by week for the 2011/2012 season, summer 2012 and the 2012/2013 season to date.
 Source: Departments of Public Health - Sentinel Hospitals & ICGP.

4. GP Out-Of-Hours services surveillance

The Department of Public Health in 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 proportion of influenza-related calls to GP Out-of-Hours services during week 13 2013 decreased slightly to 3.1%, compared to the updated proportion of 3.3% in the previous week. Six GP Out-of-Hours services reported during week 13 2013. To date this season, the proportion of influenza-related calls to GP Out-of-Hours services peaked at 6.0% during week 1 2013 (figure 8).

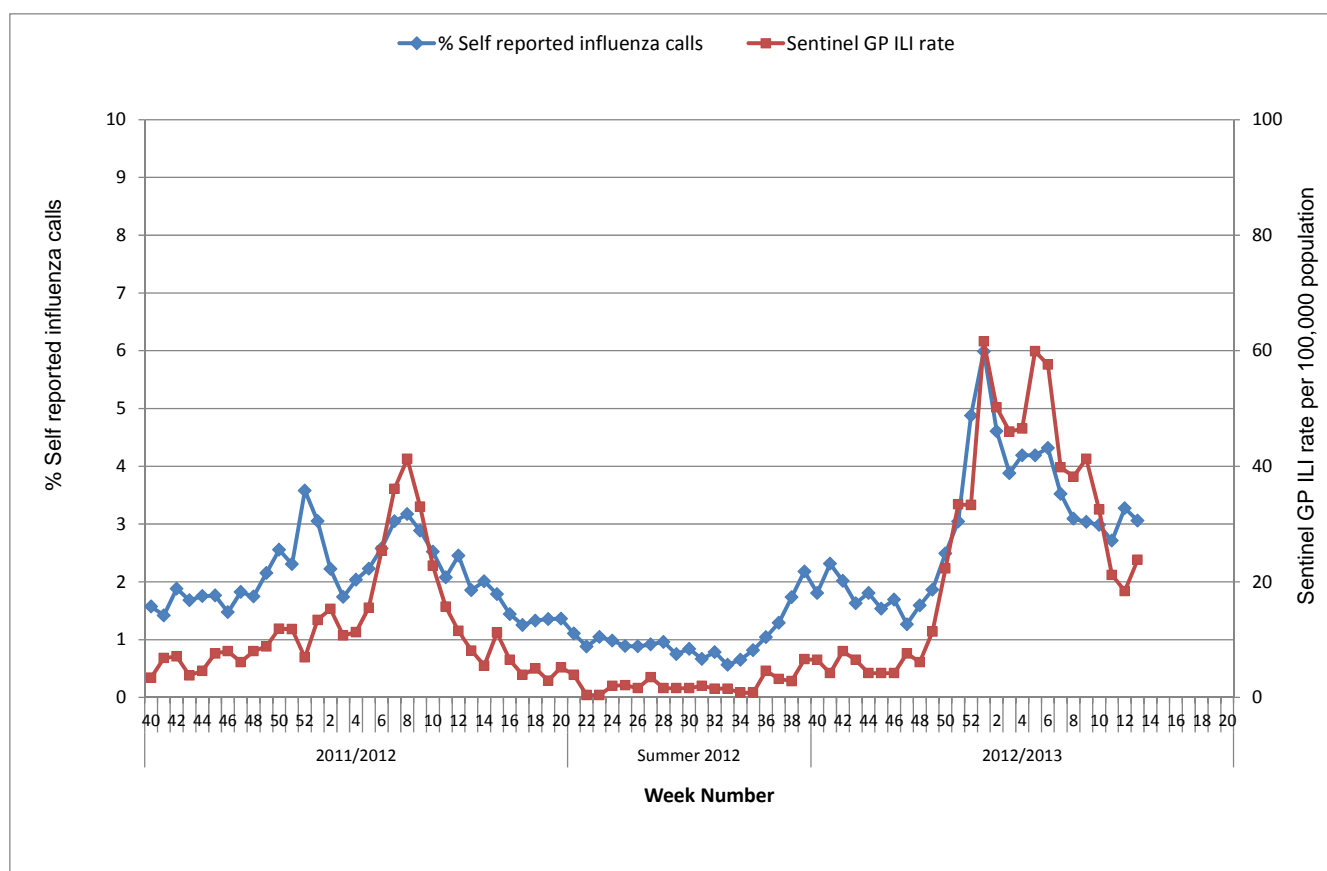


Figure 8: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and national sentinel GP ILI consultation rate per 100,000 population by week for the 2011/2012 and 2012/2013 seasons

Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.

5. Influenza notifications and hospitalisation status

Laboratory confirmed influenza cases notified on Ireland’s Computerised Infectious Disease Reporting System (CIDR) include all positive influenza specimens reported from all laboratories testing for influenza and reporting to CIDR. Currently, the NVRL is the only laboratory subtyping positive influenza A specimens for *all* influenza A subtypes.

One hundred and seven laboratory confirmed influenza cases were notified during week 13 2013, an increase compared to 96 notifications during week 12 2013. Of the 107 cases reported during week 13 2013, 87 were associated with influenza A (47 A(H3), 21 A(H1)pdm09 & 19 A(unsubtyped)) and 20 with influenza B.

The number of confirmed influenza cases reported as hospitalised during week 13 2013 was 28, compared to 20 during week 12 2013. Of the 28 cases reported as hospitalised during week 13 2013, 21 were associated with influenza A (8 A(H3), 7 A(H1)pdm09 & 6 A(unsubtyped)) and 7 were associated with influenza B. To date this season, 343 confirmed influenza cases (201 influenza B, 65 influenza A (H3), 51 A (H1)pdm09 and 26 influenza A (unsubtyped)) have been reported as hospitalised, 58.6% of these cases were associated with influenza B.

6. Critical care surveillance

The Intensive Care Society of Ireland (ICSI) are continuing with the enhanced surveillance system set up during the 2009 pandemic, on all critical care patients with confirmed influenza. A study on severe acute respiratory infections (SARI) in critical care at two pilot ICU sites which commenced during the 2011/2012 season will

continue during the 2012/2013 season. HPSC process and report on this information on behalf of the regional Directors of Public Health/Medical Officers of Health and ICSI.

To date this season, 22 adult and 10 paediatric confirmed influenza cases have been admitted to critical care. Of these 32 cases, 16 were associated with influenza B, ten with influenza A (H1)pdm09, three influenza A (H3) and three with influenza A (unsubtyped). Thirty-two RSV paediatric cases were also admitted to critical care this season. The majority (90.6%) of these reported RSV admissions to critical care were admitted during November and December 2012.

7. Mortality surveillance

To date this season, five confirmed influenza associated deaths have been reported to HPSC, one associated with influenza A(H1)pdm2009, one with influenza A (unsubtyped) and three associated with influenza B. Influenza-associated deaths include all deaths where influenza is reported as the primary/main cause of death by the physician or if influenza is listed anywhere on the death certificate as the cause of death.

HPSC receives daily mortality data from the General Register Office (GRO) on all deaths from all causes registered in Ireland. These data have been used to monitor excess all-cause and influenza and pneumonia deaths as part of the influenza surveillance system and the European Mortality Monitoring Project (Euro MoMo). During week 13 2013, no excess all-cause mortality was reported in Ireland after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm. However, during weeks 50 and 52 2012 and weeks 1, 2, 4, 5, 6, 9, 10 and 11 2013, excess all-cause mortality was reported. These data are provisional due to the time delay in deaths' registration in Ireland. <http://www.euromomo.eu/>

8. Outbreak surveillance

Eleven new acute respiratory outbreaks were reported to HPSC during week 13 2013, nine associated with influenza A, one with influenza B and one with human metapneumovirus (hMPV), all were in residential institutions/long stay units. Of the 11 outbreaks, eight were in HSE-E (5 influenza A(H3), two influenza A(unsubtyped) and one influenza B), one outbreak was in HSE-NE associated with hMPV and one outbreak was in HSE-NW associated with influenza A. To date this influenza season, 55 acute respiratory outbreaks have been reported to HPSC, 24 outbreaks associated with influenza A, 11 with influenza B, three with influenza A and B, three RSV, two hMPV and 12 associated with unidentified pathogens. The majority of these outbreaks have been associated with residential care facilities/long stay units for the elderly. It should be noted that family outbreaks are not recorded in this report.

9. International summary

United Kingdom

Indicators of influenza activity across England were decreasing during week 13 2013. Overall weekly influenza GP consultations decreased in England (7.7 per 100,000), Scotland (14.2 per 100,000) and Wales (9.5 per 100,000) and increased slightly in Northern Ireland (37.4 per 100,000). In week 13 2013, the weekly proportion of NHS Direct calls for colds/influenza and fever (in 5-14 year olds) remained below their respective influenza thresholds of 1.6% and 11.7%. Ten new acute respiratory disease outbreaks were reported during week 13 2013. Eight had a virological result available (four influenza A (unsubtyped), two A(H3) and two B). 134 influenza positive detections (54 A(H3), 40 A subtype not known, 25 B and 15 A(H1N1)pdm09) were recorded through the DataMart scheme (overall positivity of 14.9% compared to 19.1% the previous week). The proportion of samples positive in DataMart (England) increased slightly for hMPV and remained stable for adenovirus, parainfluenza, RSV and rhinovirus. Two influenza positive detections were recorded through the two English GP-based sentinel schemes in week 13 (2 A(H1N1)pdm09), giving a positivity of 15.4% compared to 28.0% in week 12. Twenty-six new admissions to ICU/HDU with confirmed influenza (15 A(subtype not known), six A(H3N2), four A(H1N1)pdm09 and one B) were reported across the UK in week 13. 38 new hospitalised

confirmed influenza cases have been reported across England. In week 13 2013, excess all-cause mortality was reported in England in those aged 65 years or older through the EuroMOMO algorithm. These data are provisional due to the time delay in death registration. Since week 40 2012, the HPA has isolated and antigenically characterised 256 influenza A(H3N2) viruses, all similar to the A/Victoria/361/2011 vaccine strain, and 59 influenza A(H1N1)pdm09 viruses similar to the A/California/07/2009 vaccine strain. Of 368 influenza B viruses isolated, 93% belong to the B-Yamagata lineage and are antigenically related to the influenza B vaccine strain, B/Wisconsin/1/2010, and 7% belong to the B-Victoria lineage.

Europe

In Europe, in all reporting countries, influenza activity continued to decline or return to baseline levels. After more than three months of active transmission, a long period compared to other years, the 2012/2013 influenza season is waning and slowly moving towards its close. Nine countries reported widespread influenza activity with seven countries reporting medium intensity activity during week 12 2013. Decreasing or stable trends were reported by almost all reporting countries. 45% of tested sentinel specimens were positive for influenza virus. This proportion has declined since week 5 2013, but still remained at a high level, consistent with continuing significant influenza activity. Since week 40 2012, 47% of sentinel surveillance specimens testing positive for influenza virus were influenza A and 53% were influenza B. Of the influenza A viruses subtyped, the proportion of A(H1N1)pdm09 viruses was 63%. For week 12 2013, 24 hospitalised laboratory-confirmed influenza cases were reported by four reporting countries. Of the 1781 antigenic characterisations of influenza A viruses reported for sentinel and non-sentinel specimens since week 40 2012, the majority (66%) have been characterised as A/Victoria/361/2011(H3N2)-like. Of the 1805 antigenic characterisations of influenza B viruses reported, 1597 (88%) belonged to the B/Yamagata/16/88-lineage and 208 (12%) to the B/Victoria /2/87-lineage. For those of the B/Yamagata/16/88-lineage, 88 (55%) have been characterised as B/Estonia/55669/2011-like and 401 (25%) as B/Wisconsin/1/2010-like. More details on circulating viruses can be found in the [February report](#) prepared by the Community Network of Reference Laboratories (CNRL) coordination team. The viruses circulating this season remain well matched with the vaccine viruses for the 2012/2013 season. However, observational studies, such as that made by the I-MOVE consortium, indicate that adjusted vaccine effectiveness is in the range 50–60% (see [I-MOVE Report](#)).

United States of America

During week 12 2013, influenza activity decreased in the United States. The proportion of outpatient visits for ILI was 1.8%, which was below the national baseline of 2.2%. Of 5332 specimens tested and reported by collaborating laboratories, 702 (13.2%) were positive for influenza. A cumulative rate for the season of 41.8 laboratory-confirmed influenza-associated hospitalisations per 100,000 population was reported. Of reported hospitalisations, 50% were among adults 65 years and older. The proportion of deaths attributed to pneumonia and influenza was at the epidemic threshold. CDC has antigenically characterised 1870 influenza viruses to date this season: 173 (98.3%) influenza A(H1N1)pdm09 viruses were similar to the vaccine strain A/California/7/2009-like, 1081 (99.6%) (H3N2) viruses were similar to the vaccine strain A/Victoria/361/2011-like, 426 (70.0%) influenza B viruses were similar to the vaccine strain B/Wisconsin/1/2010-like and 183 (30.0%) influenza B viruses were similar to the B/Victoria lineage of viruses.

Canada

In Canada, overall influenza activity continued to decline. In week 12, no region reported widespread activity, and many surveillance indicators decreased, including the ILI consultation rate, the antiviral prescription rate, and the number of paediatric hospitalisations with influenza. Detections of influenza were similar to week 11, and the proportion of influenza B continued to increase. In week 12, 89% of paediatric hospitalisations were associated with influenza B. From week 35 2012 to week 11 2013, the National Microbiology Laboratory (NML) has antigenically characterised 798 influenza viruses. The 470 influenza A(H3N2) viruses were antigenically similar to the vaccine strain A/Victoria/361/2011 and the 128 A(H1N1)pdm09 viruses were antigenically similar to the vaccine strain A/California/07/09. Among the influenza B viruses, 160 were antigenically similar to the

vaccine strain B/Wisconsin/01/2010 (Yamagata lineage) and 40 were similar to B/Brisbane/60/2008 (Victoria lineage; component of the 2011-2012 seasonal influenza vaccine).

Worldwide

The WHO Global Influenza Programme monitors influenza activity worldwide and publishes an update every two weeks. The most recent update of 2nd April 2013 stated that influenza activity in North America continued to decrease overall, though activity remained high in some areas. Proportionally influenza B increased although influenza A(H3N2) was the most commonly detected virus in North America overall for this season. In the United States of America this season has been more severe than any since 2003/2004 as reflected in numbers of pneumonia and influenza deaths with the highest impact for individuals over the age of 65 years. Influenza activity continued to decline in the most part of Western Europe, while it remained elevated in the eastern part of the region. The proportion of subtypes of viruses circulating was not uniform across the continent and has changed through the season. It has been notably different from North America with a mix of A(H3N2) and A(H1N1)pdm09 and B viruses. Influenza B mainly reported in western and northern countries and influenza A in eastern and central Europe. Excess mortality in most countries has been moderate and most deaths occurred among those aged 65 and older. Influenza activity throughout the temperate region of Asia decreased overall with the exception of Mongolia where activity levels were sustained but still within seasonal tolerance levels. Low levels of influenza activity continued to be reported across the tropical regions of the world and activity in countries of the southern hemisphere remained at inter-seasonal levels. Since the start of the season a few viruses with reduced susceptibility to neuraminidase inhibitors have been detected in the countries performing antiviral resistance testing. The majority of characterised influenza viruses were antigenically similar to the 2012/2013 northern hemisphere vaccine viruses.

Human Avian Influenza and Novel Coronavirus Updates

Influenza A(H5N1)

WHO report monthly risk assessments on influenza at the human-animal interface (HAI). The latest summary on 12th March 2013, stated that 622 laboratory-confirmed human cases with avian influenza A(H5N1) virus infection have been officially reported to WHO since 2003 from 15 countries, of which 371 died.

Influenza A(H7N9)

Since 31st March 2013, nine cases of human infection with influenza A(H7N9) in China have been reported by [ECDC](#). Three of the cases have died and the remaining six are in a critical condition. To date there is no epidemiological link between the cases and there is currently no evidence of human-to-human transmission of the influenza A(H7N9) virus. For up to date information on the current case numbers and the WHO assessment of the situation please see [here](#). The European Centre for Disease Prevention and Control has published a rapid risk assessment of the situation, see [here](#).

Novel Coronavirus

To date, WHO has been informed of a global total of 17 confirmed cases of human infection with novel coronavirus (nCoV), including 11 deaths. Based on the current situation and available information, WHO encourages all Member States (MS) to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns. WHO is currently working with international experts and countries where cases have been reported to assess the situation and review recommendations for surveillance and monitoring. ECDC have issued an updated [risk assessment](#). Further information is available on the [WHO website](#) and [ECDC website](#).

2013/2014 seasonal influenza vaccine recommendations – WHO

The WHO Consultation on the Composition of Influenza Virus Vaccines for the Northern Hemisphere 2013/2014 took place on the 21st February 2013. It is recommended that vaccines for use in the 2013/2014 influenza season (northern hemisphere winter) contain the following:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011;
- a B/Massachusetts/2/2012-like virus (Yamagata lineage).

Further details on these recommendations can be found [here](#).

Surveillance Systems

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

1. Irish College of General Practitioners (ICGP) GP sentinel surveillance system
2. Virological data from the National Virus Reference Laboratory (NVRL)
3. GP Out-of-Hours surveillance system
4. Influenza notifications reported on the Computerised Infectious Disease Reporting system (CIDR)
5. Enhanced surveillance of all hospitalised confirmed influenza cases aged 0-14 years
6. Intensive Care Society of Ireland (ICSI) enhanced surveillance of all critical care patients with confirmed influenza and enhanced surveillance of all severe acute respiratory infections (SARI) in two pilot ICU sites.
7. Outbreak reporting on CIDR
8. Network of sentinel hospitals reporting admission data

Further information on influenza in Ireland and internationally

Ireland	www.hpsc.ie
Northern Ireland	http://www.fluawareni.info/
Europe – ECDC	http://ecdc.europa.eu/

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