

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 49 2013 (2th – 8th December 2013)



Summary

- All indicators of influenza activity in Ireland were at low levels during week 49 2013.
- The sentinel GP influenza-like illness (ILI) consultation rate remained low at 6.1 per 100,000 population during week 49 2013. The updated rate for week 48 2013 was 8.2 per 100,000 population.
 - ◆ ILI rates remained below the Irish baseline threshold (21.0 per 100,000 population)
 - ◆ ILI rates remained at low levels in all age groups
- The proportion of influenza-related calls to GP Out-of-Hours services remained at low levels during week 49 2013.
- Influenza positivity remained low during week 49 2013, with only three (1.7%) influenza positive specimens reported from the National Virus Reference Laboratory (NVRL).
 - Two influenza positive specimens were reported from sentinel GP sources: one influenza A (not subtyped) and one influenza B. One influenza A (H3) positive specimen was reported from non-sentinel sources.
- Respiratory syncytial virus (RSV) positivity increased during week 49 2013, as expected at this time of year.
- Sporadic detections of adenovirus, parainfluenza viruses and human metapneumovirus (hMPV) have been reported from the NVRL for the 2013/2014 season to date.
- One confirmed influenza B hospitalised case was reported to HPSC during week 49 2013.
- No confirmed influenza cases were admitted to ICU and reported to HPSC to date this season.
- There were no reports of any influenza-associated deaths occurring during this period.
- No acute respiratory outbreaks were reported to HPSC (via Ireland's Computerised Infectious Disease Reporting System) during week 49 2013.
- There has been no evidence of sustained influenza activity as yet in Europe for the 2013/2014 season. The percentage of sentinel specimens testing positive for influenza is increasing in some countries, possibly indicating the start of the epidemic period in these countries.

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 ICU patients with confirmed influenza and enhanced surveillance of all severe acute respiratory infections (SARI) in two ICU sites (one adult and one paediatric).
7. Outbreak reporting on CIDR
8. Network of sentinel hospitals reporting hospital admission data

1. GP sentinel surveillance system - Clinical Data

During week 49 2013, 14 influenza-like illness (ILI) cases were reported from sentinel GPs, corresponding to an ILI consultation rate of 6.1 per 100,000 population, remaining low and stable. The updated rate for week 48 2013 was 8.2 per 100,000 population. To date this season, ILI rates have remained below the Irish baseline threshold (21/100,000 population). ILI age specific rates were low in all age groups during week 49 2013 (figures 1 & 2).

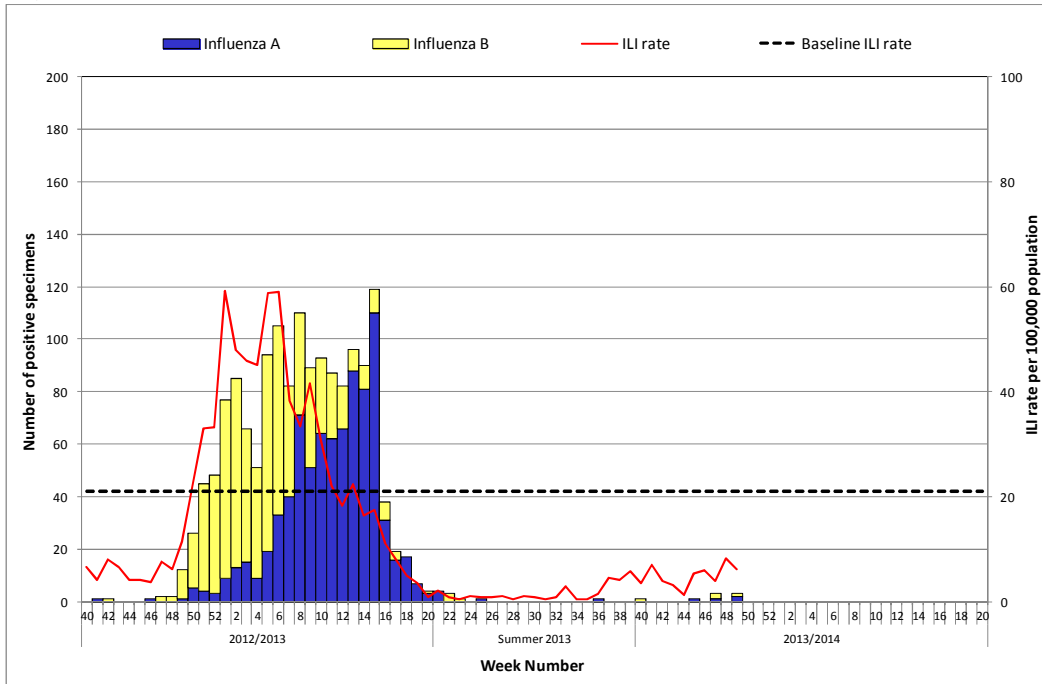


Figure 1. ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. *Source: ICGP and NVRL*

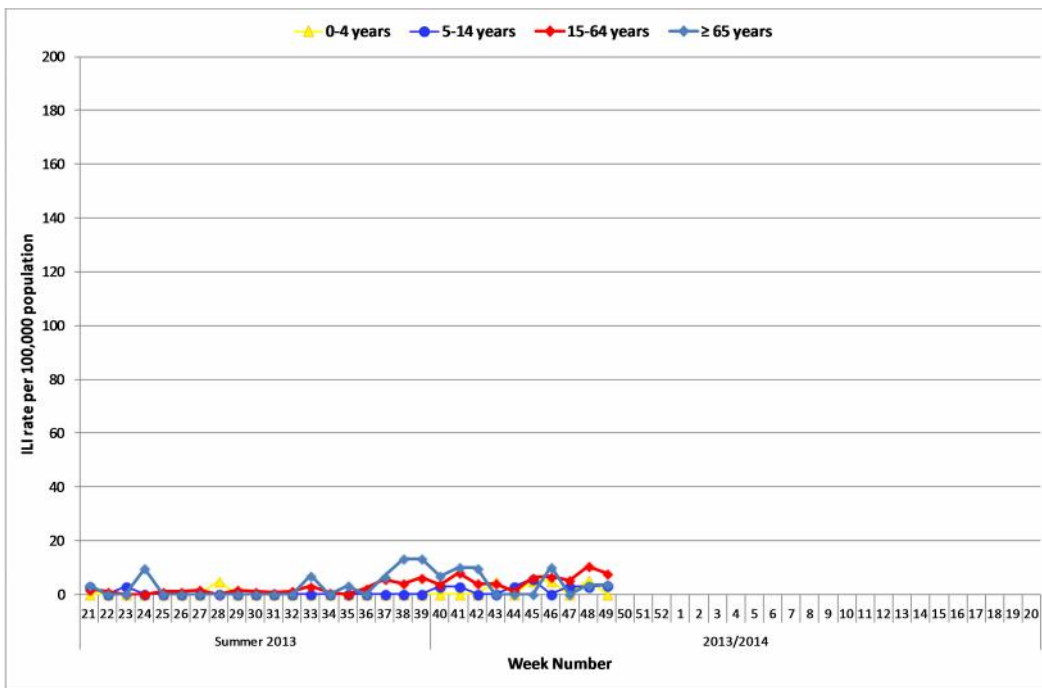


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2013 and the 2013/2014 influenza season to date. *Source: ICGP*

2. Influenza and Other Respiratory Viruses – National Virus Reference Laboratory

The data reported in this section for the 2013/2014 influenza season refer to sentinel and non-sentinel specimens tested for influenza, respiratory syncytial virus (RSV), adenovirus, parainfluenza viruses types 1, 2 & 3 (PIV-1, -2, & -3) and human metapneumovirus (hMPV) by the National Virus Reference Laboratory (NVRL) (figure 3, tables 1 & 2).

- Influenza positivity remained low during week 49 2013, with three (1.7%) influenza positive specimens reported from the National Virus Reference Laboratory (NVRL).
 - Two influenza positive specimens were reported from sentinel GP sources: one influenza A(not subtyped) and one influenza B. One influenza A(H3) positive specimen was reported from non-sentinel sources.
- Respiratory syncytial virus (RSV) positivity increased during week 49 2013, as expected for this time of year.
- Sporadic positive detections of adenovirus, parainfluenza viruses and hMPV have been reported from the NVRL for the 2013/2014 season to date.

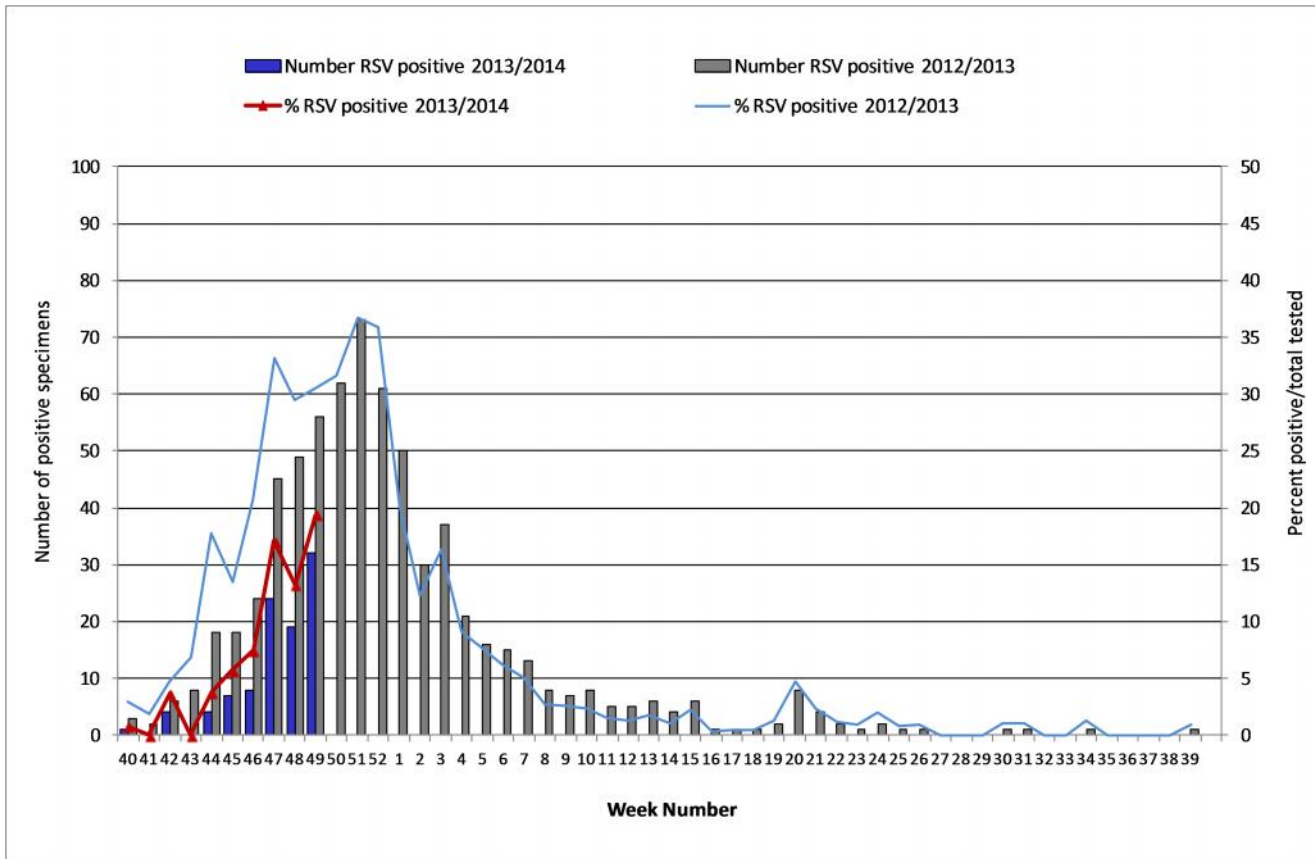


Figure 3: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2013/2014 season, compared to the 2012/2013 season. Source: NVRL.

Table 1: Number of sentinel and non-sentinel* respiratory specimens tested by the NVRL and positive influenza results, for week 49 2013 and the 2013/2014 influenza 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 (not subtyped)	Total influenza A	
49 2013	Sentinel	11	2	18.2	0	0	1	1	1
	Non-sentinel	165	1	0.6	0	1	0	1	0
	Total	176	3	1.7	0	1	1	2	1
2013/2014	Sentinel	88	5	5.7	0	1	1	2	3
	Non-sentinel	1244	3	0.2	1	1	0	2	1
	Total	1332	8	0.6	1	2	1	4	4

Table 2: Number of non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 49 2013 and the 2013/2014 influenza 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
49 2013	Sentinel	11	2	18.2	0	0.0	0	0.0	1	9.1	0	0.0	1	9.1
	Non-sentinel	165	32	19.4	3	1.8	1	0.6	3	1.8	1	0.6	3	1.8
	Total	176	34	19.3	3	1.7	1	0.6	4	2.3	1	0.6	4	2.3
2013/2014	Sentinel	88	2	2.3	1	1.1	2	2.3	3	3.4	1	1.1	1	1.1
	Non-sentinel	1244	99	8.0	14	1.1	39	3.1	16	1.3	4	0.3	13	1.0
	Total	1332	101	7.6	15	1.1	41	3.1	19	1.4	5	0.4	14	1.1

* 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 based on sentinel GP ILI consultation rates, laboratory data and outbreaks.

Sporadic influenza activity (based on ILI cases and/or confirmed influenza cases) was reported from HSE-E, -MW, -NE and -S during week 49 2013. All other HSE Areas reported no influenza activity during week 49 2013 (figure 4).

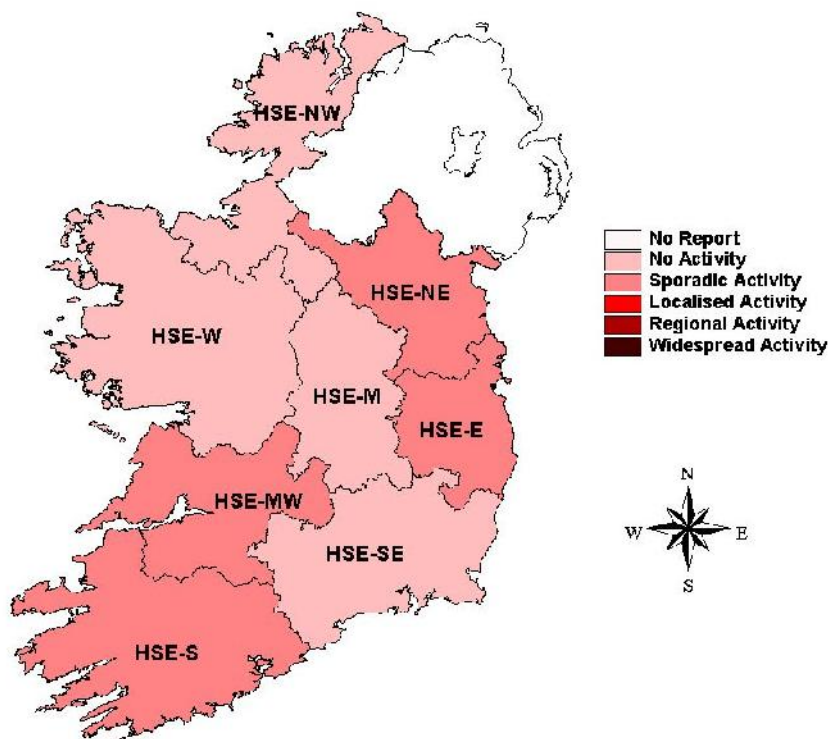


Figure 4: Map of provisional influenza activity by HSE-Area during week 49 2013.

Sentinel hospitals

The Departments of Public Health have established at least one sentinel hospital in each HSE-Area, to report data on total, emergency and respiratory admissions on a weekly basis. Respiratory admissions data are routinely reported from eight sentinel hospitals.

Respiratory admissions reported from sentinel hospitals decreased slightly to 233 during week 49 2013, compared to 300 during week 48 2013. It should be noted that respiratory admissions data for week 49 2013 were incomplete, with 6/8 sentinel hospitals reporting (figure 5).

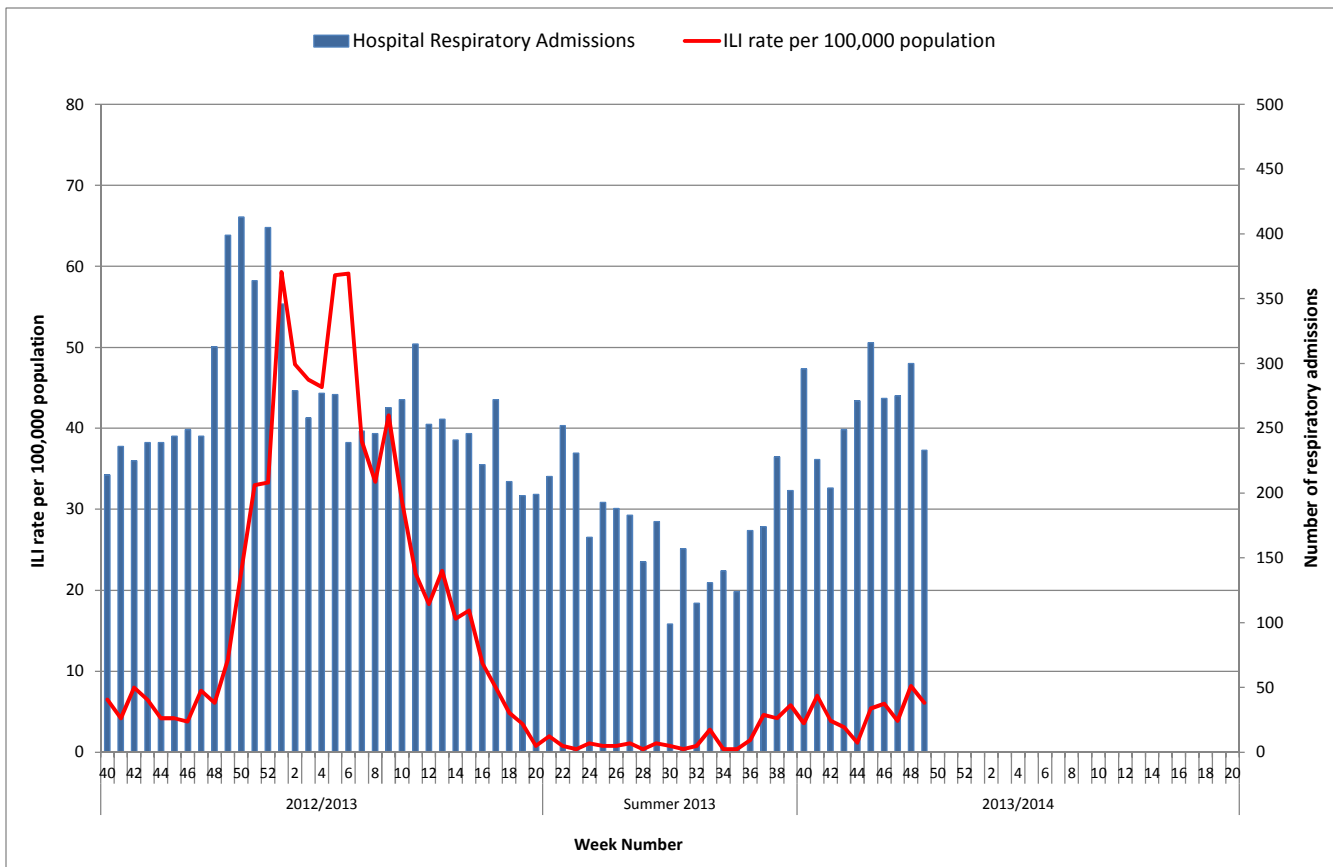


Figure 5: Number of respiratory admissions reported from sentinel hospitals and ILI sentinel GP consultation rate per 100,000 population by week and season. Source: Departments of Public Health - Sentinel Hospitals & ICGP.

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. 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 remained low during week 49 2013, at 1.8% (figure 6).

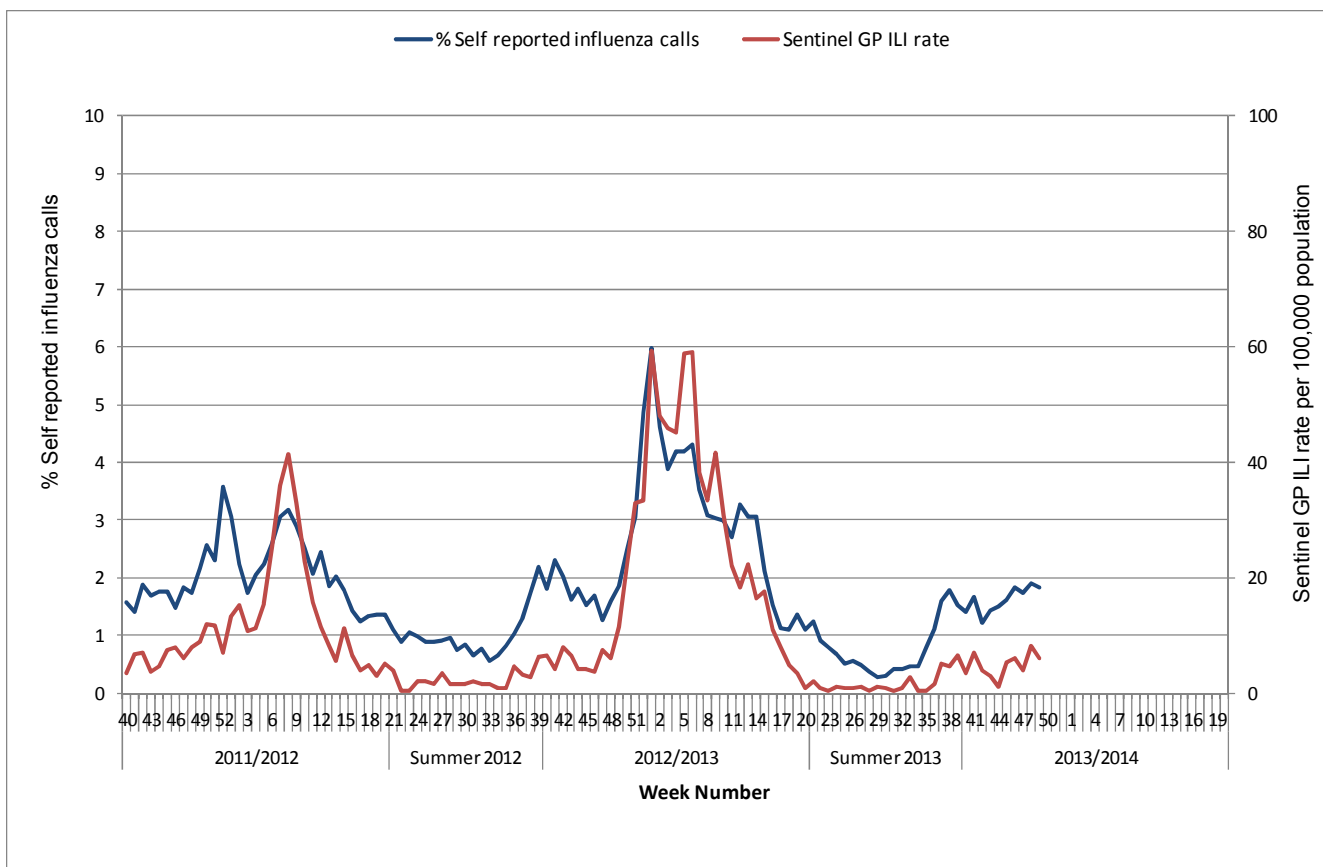


Figure 6: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and sentinel GP ILI consultation rate per 100,000 population by week and season. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*

5. Influenza & RSV notifications

Influenza and RSV cases notifications are reported on Ireland’s Computerised Infectious Disease Reporting System (CIDR), including all positive influenza/RSV specimens reported from all laboratories testing for influenza/RSV and reporting to CIDR.

Influenza and RSV notifications are reported in the [Weekly Infectious Disease Report for Ireland](#).

6. Influenza Hospitalisations

One influenza B laboratory confirmed hospitalised case was reported to HPSC during week 49 2013.

7. 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 ICU sites, one adult and one paediatric, will also continue during the 2013/2014 season. HPSC process and report on this information on behalf of the regional Directors of Public Health/Medical Officers of Health.

No confirmed influenza cases or severe acute respiratory infections (SARI) were admitted to critical care and reported to HPSC during week 49 2013 or the 2013/2014 season to date.

8. Mortality Surveillance

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. These data are provisional due to the time delay in deaths' registration in Ireland. <http://www.euromomo.eu/>

- There were no reports of any influenza-associated deaths occurring during week 49 2013.
- No excess all-cause mortality was reported in Ireland after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm during week 49 2013.

9. Outbreak Surveillance

No acute respiratory outbreaks were reported to HPSC (via Ireland's Computerised Infectious Disease Reporting System) during week 49 2013.

10. International Summary

There has been no evidence of sustained influenza activity in Europe for the 2013/2014 influenza season to date. The percentage of sentinel specimens testing positive for influenza is increasing in some countries, possibly indicating the start of the epidemic period in these countries. See [WHO](#) and [ECDC](#) influenza surveillance reports for further information.

- Further information is available on the following websites:
 - Northern Ireland <http://www.fluawareni.info/>
 - Public Health England <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/>
 - Europe – ECDC <http://ecdc.europa.eu/>
 - United States CDC <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>
 - Public Health Agency of Canada <http://www.phac-aspc.gc.ca/fluwatch/12-13/index-eng.php>
- For up to date information on human infection with avian influenza A(H7N9) virus in China including the current case numbers and the WHO assessment of the situation please see [here](#).
- Information on Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV), including the latest ECDC rapid risk assessment is available on the [ECDC website](#). Further information and guidance documents are also available on the [HPSC](#) and [WHO](#) websites.
- Flusurvey.ie, Ireland's first online influenza surveillance survey has been launched for 2013/2014. For further information and to register, please see the [website](#).

[WHO recommendations on the composition of influenza virus vaccines](#)

The WHO vaccine strain selection committee 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.

Further information on influenza is available at www.hpsc.ie

Acknowledgements

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