

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 3 2014 (13th – 19th January 2014)



Summary

- Several indicators of influenza activity increased in Ireland during week 3 2014; however activity still remained at low levels. Respiratory syncytial virus (RSV) activity peaked during week 1 2014; and has decreased each week for the last two consecutive weeks.
- The sentinel GP influenza-like illness (ILI) consultation rate was 13.7 per 100,000 population during week 3 2014, a slight increase compared to the updated rate of 12.3 per 100,000 during week 2 2014.
 - ♦ ILI rates remained below the Irish baseline threshold (21.0 per 100,000 population)
 - ♦ ILI rates remained at low levels in all age groups, although were increasing in those aged 65 years and older.
- Influenza positivity increased during week 3 2014, with 33 (15.9%) influenza positive specimens reported from the National Virus Reference Laboratory (NVRL): 18 influenza A(H1)pdm09, 13 influenza A(H3), 1 influenza A (not subtyped) and 1 influenza B.
- Respiratory syncytial virus (RSV) positivity decreased during week 3 2014, with 25 (13.1%) RSV positive specimens reported from the NVRL.
- Sporadic detections of adenovirus, human metapneumovirus and parainfluenza viruses have been reported from the NVRL for the 2013/2014 season to date.
- Eleven confirmed influenza A hospitalised cases were reported to HPSC during week 3 2014, bringing the total number of hospitalised cases reported this season to 28.
- Five confirmed influenza cases were admitted to ICU and reported to HPSC to date this season, three associated with influenza A(H1)pdm09 and two with A(H3).
- There were no reports of any confirmed influenza-associated deaths occurring during this period.
- No acute respiratory outbreaks were reported during week 3 2014 to HPSC (via Ireland's Computerised Infectious Disease Reporting System).
- The 2013/2014 influenza season has now started in European countries with increasing ILI rates and influenza positivity being reported by a number of 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 one adult and one paediatric ICU sites.
7. Outbreak reporting on CIDR
8. Network of sentinel hospitals reporting hospital admission data

1. GP sentinel surveillance system - Clinical Data

During week 3 2014, 29 influenza-like illness (ILI) cases were reported from sentinel GPs, corresponding to an ILI consultation rate of 13.7 per 100,000 population, remaining low. The updated rate for week 2 2014 was 12.3 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 3 2014. There was a slight increase in ILI rates in those aged 65 years or older (to 20.3/100,000 population) compared to recent weeks (figures 1 & 2).

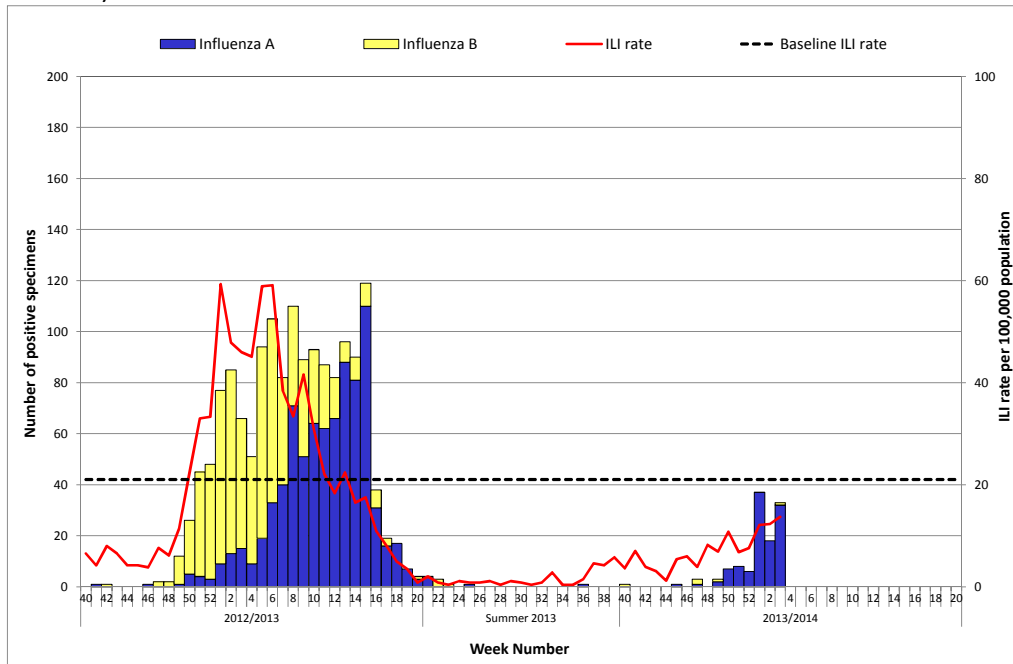


Figure 1. ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. *Source: ICGP and NVRL.*

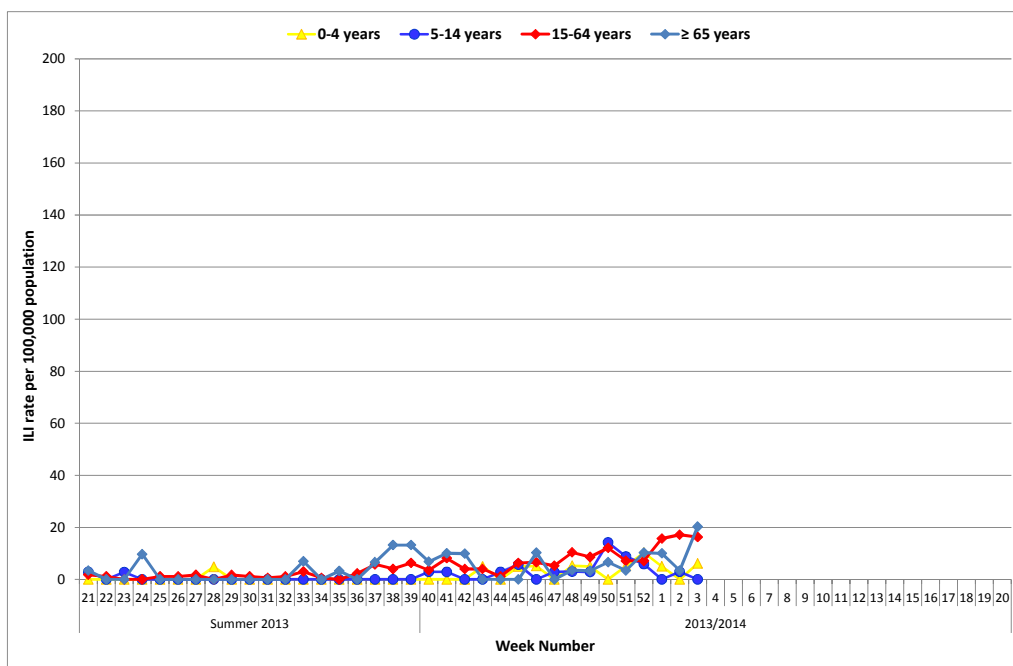


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2013 and the 2013/2014 influenza season to date. *Source: ICGP*

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 & 4 (PIV-1, -2, -3 & -4) and human metapneumovirus (hMPV) by the National Virus Reference Laboratory (NVRL) (figure 3, 4 & 5, tables 1 & 2).

- Influenza positivity increased during week 3 2014, with 33 (15.9%) influenza positive specimens reported from the National Virus Reference Laboratory (NVRL): 13 influenza A(H3), 18 influenza A(H1)pdm09, 1 influenza A (not subtyped) and 1 influenza B.
 - Four influenza A(H1)pdm09, 2 A(H3) and 1B positive specimens were reported from sentinel GP sources. Fourteen influenza A(H1)pdm09, 11 A(H3) and one influenza A (not subtyped) positive specimens were reported from non-sentinel sources.
- Respiratory syncytial virus (RSV) activity peaked during week 1 2014 and has decreased significantly since then, with 25 (13.1%) RSV positive specimens reported from the NVRL during week 3 2014.
- Sporadic detections of adenovirus, human metapneumovirus, and parainfluenza viruses have been reported from the NVRL for the 2013/2014 season to date.

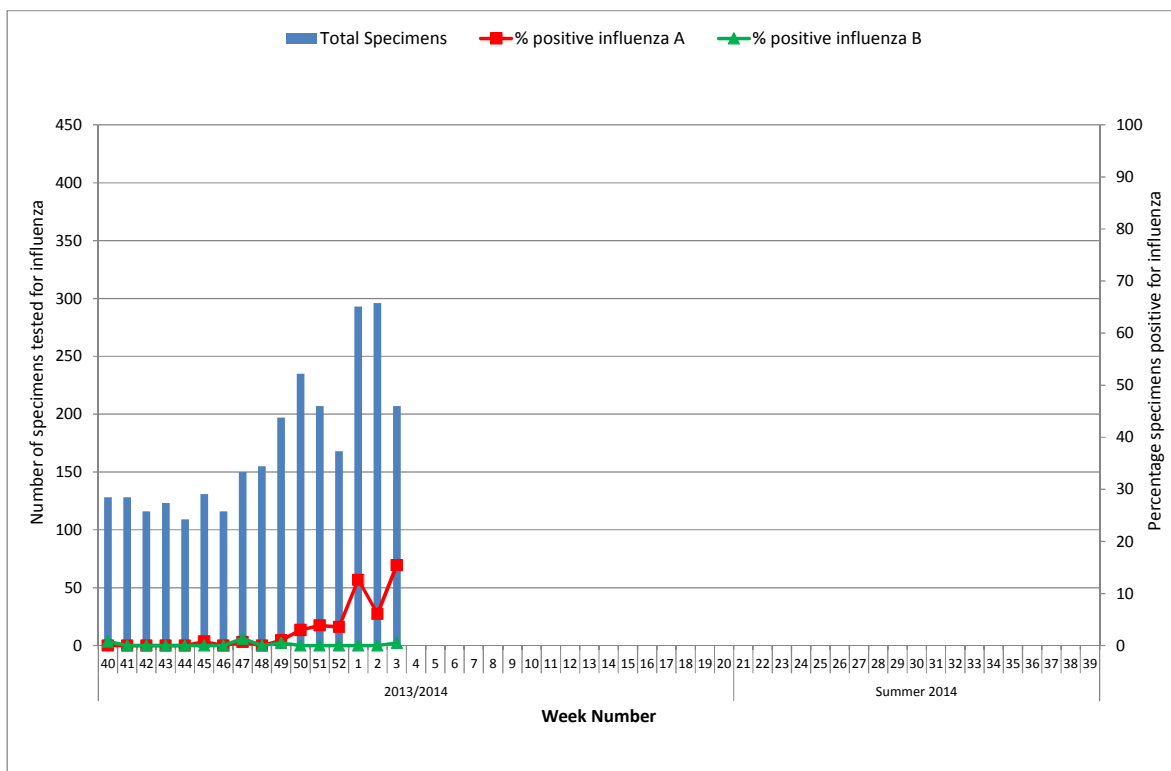


Figure 3: Number of sentinel and non-sentinel specimens tested for influenza and percentage influenza positive by week for the 2013/2014 influenza season. Source: NVRL

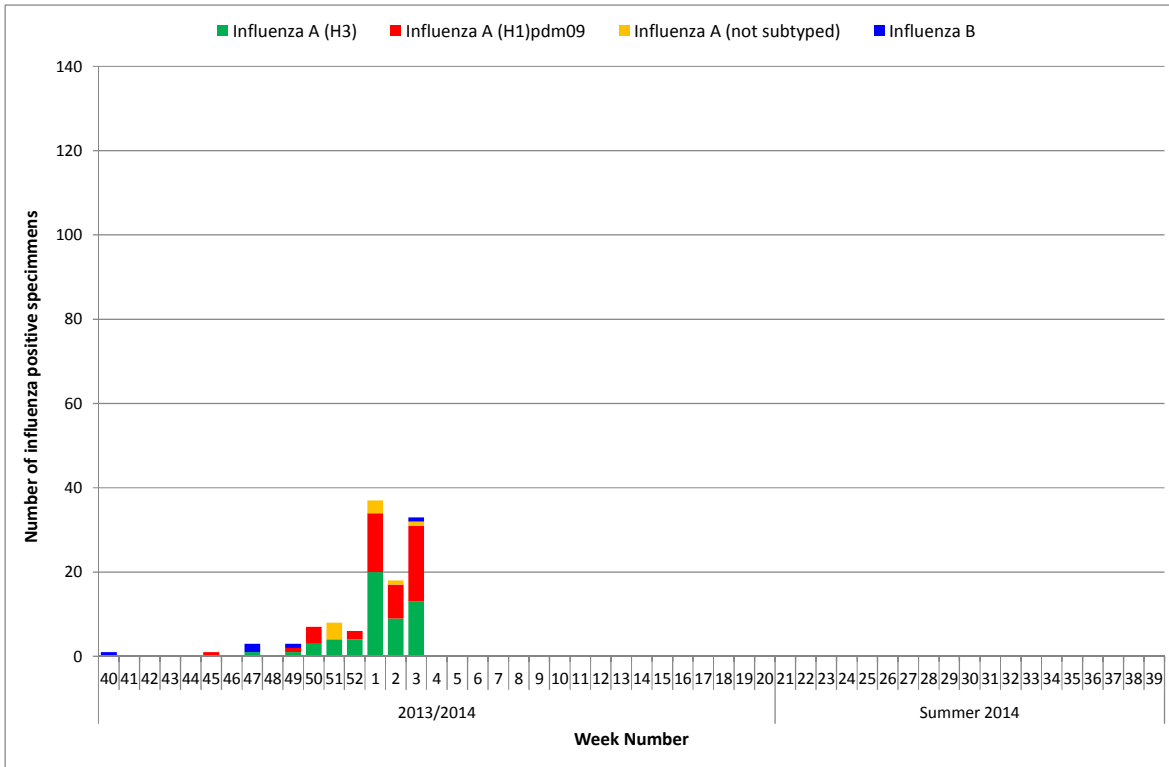


Figure 4: Number of positive influenza specimens by influenza type/subtype from sentinel and non-sentinel sources tested by the NVRL, by week for the 2013/2014 influenza season. Source: NVRL.

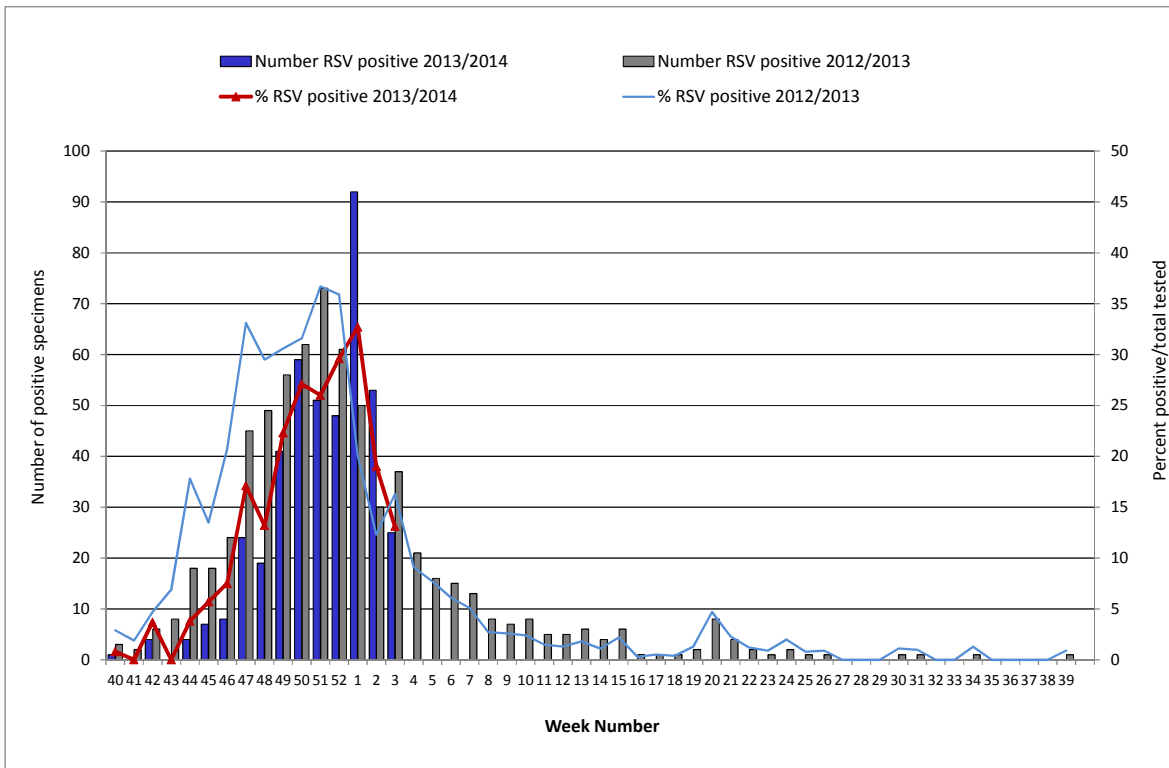


Figure 5: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2013/2014 season, compared to the 2012/2013 season. Source: NVRL.

Table 1: Number of sentinel and non-sentinel* respiratory specimens tested by the NVRL and positive influenza results, for week 3 2014 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	
3 2014	Sentinel	16	7	43.8	4	2	0	6	1
	Non-sentinel	191	26	13.6	14	11	1	26	0
	Total	207	33	15.9	18	13	1	32	1
2013/2014	Sentinel	169	32	18.9	9	17	2	28	4
	Non-sentinel	2590	85	3.3	39	38	7	84	1
	Total	2759	117	4.2	48	55	9	112	5

Table 2: Number of non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 3 2014 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	PIV-4	% PIV-4	hMPV	% hMPV
3 2014	Sentinel	16	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Non-sentinel	191	25	13.1	1	0.5	0	0.0	0	0.0	2	1.0	0	0.0	5	2.6
	Total	207	25	12.1	1	0.5	0	0.0	0	0.0	2	1.0	0	0.0	5	2.4
2013/2014	Sentinel	169	4	2.4	2	1.2	2	1.2	3	1.8	1	0.6	0	0.0	5	3.0
	Non-sentinel	2590	436	16.8	29	1.1	44	1.7	22	0.8	7	0.3	1	0.04	52	2.0
	Total	2759	440	15.9	31	1.1	46	1.7	25	0.9	8	0.3	1	0.04	57	2.1

* 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. Localised influenza activity was reported from HSE-E during week 3 2014. HSE-MW, -NE, -NW, -S, -SE and -W all reported sporadic influenza activity (based on confirmed influenza cases) and no influenza activity was reported from HSE-M during week 3 2014 (figure 6).

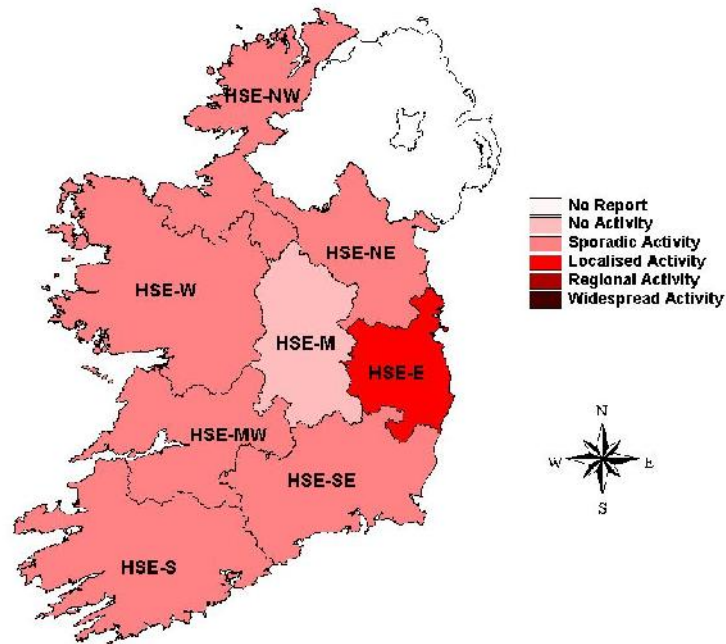


Figure 6: Map of provisional influenza activity by HSE-Area during week 3 2014

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.

During week 3 2014, 363 respiratory admissions were reported from sentinel hospitals, compared to 322 during week 2 2014. Data for week 3 2014 were incomplete; with only 6 of 8 sentinel hospitals reporting (fig 7).

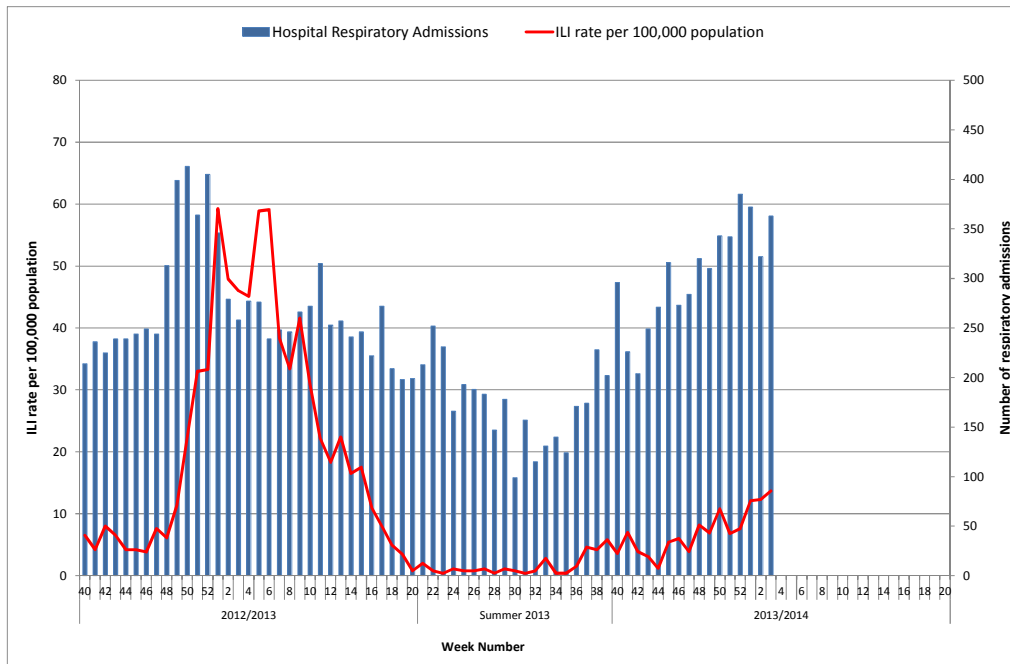


Figure 7: Number of respiratory admissions reported from sentinel hospitals and ILI sentinel GP consultation rate per 100,000 population by week and season. Source: Departments of Public Health - Sentinel Hospitals & ICGP.

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.

The proportion of influenza-related calls to GP Out-of-Hours services remained at 2.3% during week 3 2014.

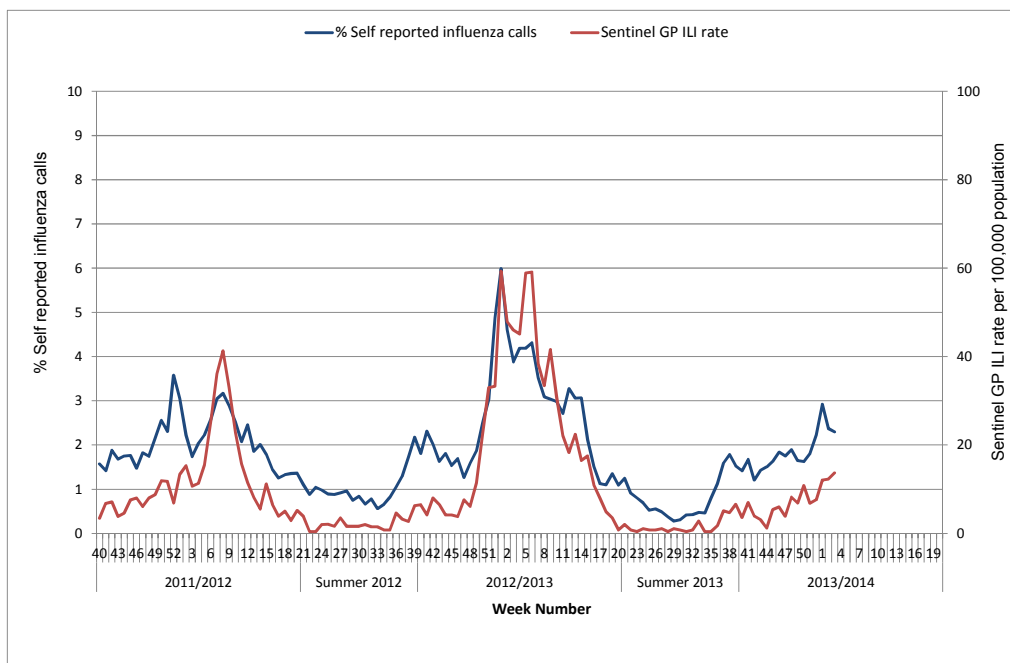


Figure 8: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and sentinel GP ILI consultation rate per 100,000 population by week and season. Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.

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

Eleven confirmed influenza hospitalised cases were reported to HPSC during week 3 2014: six cases were associated with influenza A(H1)pdm09, four with A(H3) and one with A (not subtyped). To date this season, 28 confirmed influenza hospitalised cases were reported to HPSC: 25 cases were associated with influenza A (13 A(H1)pdm09, 6 A(H3), 6 A (not subtyped)) and three with influenza B.

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.

- To date this season, five confirmed influenza cases were admitted to ICU and reported to HPSC, three were associated with influenza A(H1)pdm09 and two with influenza A(H3). Three cases were in the 15-64 year age group and two were over 65 years of age.
- Eleven paediatric cases with severe acute respiratory infections (SARI) have been admitted to ICU and reported to HPSC this season: two cases were associated with adenovirus, four with parainfluenza 1 and five with RSV.

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 confirmed influenza-associated deaths occurring during week 3 2014.
- No excess all-cause mortality was reported in Ireland after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm during week 3 2014.

9. Outbreak Surveillance

No acute respiratory outbreaks were reported to HPSC (via Ireland's Computerised Infectious Disease Reporting System) during week 3 2014. To date this season, eight acute respiratory outbreaks were reported to HPSC, two outbreaks were associated with influenza A (one with A(H3) and one A-not subtyped) in residential care facilities/long stay units for the elderly in HSE-E. The remaining six outbreaks (five in HSE-S and one in HSE-W) were in residential care facilities/community hospitals for the elderly and were associated with unknown pathogens (influenza negative).

10. International Summary

The 2013/2014 influenza season has now started in European countries with increasing ILI rates and influenza positivity being reported by a number of 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 WHO risk 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.
- For information on Flusurvey.ie, Ireland's first online influenza surveillance survey, please see the [here](#).

[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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