

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 6 2014 (3rd – 9th February 2014)



 **Intensive Care Society of Ireland**



Summary

- Influenza activity continued to increase in Ireland during week 6 2014. Influenza-like illness consultation rates are now above baseline levels. Influenza A(H3) and A(H1)pdm09 are currently co-circulating.
- The sentinel GP influenza-like illness (ILI) consultation rate was 32.4 per 100,000 population during week 6 2014, an increase compared to the updated rate of 20.5 per 100,000 during week 5 2014.
 - ♦ ILI rates were above the Irish baseline threshold (21.0 per 100,000 population) during week 6 2014, for the first time this season.
 - ♦ ILI age specific rates increased in all age groups, with the highest age specific rates in the 15-64 year age group.
- Influenza positivity decreased slightly during week 6 2014, with 68 (20.2%) influenza positive specimens reported from the National Virus Reference Laboratory (NVRL): 26 influenza A(H1)pdm09, 23 influenza A(H3), 18 influenza A (not subtyped) and one influenza B.
- Respiratory syncytial virus (RSV) positivity decreased further during week 6 2014, with 24 (7.1%) 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.
- Twenty-six confirmed influenza hospitalised cases were reported to HPSC during week 6 2014, bringing the total number of hospitalised cases reported this season to 82.
- Twenty-three confirmed influenza cases were admitted to ICU and reported to HPSC to date this season, nine associated with influenza A(H1)pdm09, seven with A(H3), six A (not subtyped) and one B.
- Five influenza-associated deaths were reported to HPSC to date this season.
- No acute respiratory outbreaks were reported to HPSC during week 6 2014 (via Ireland's Computerised Infectious Disease Reporting System).
- Influenza activity is currently very diverse within Europe; with reports of activity still increasing or having already peaked in some countries, while in other countries baseline levels are still being reported. Influenza A(H1)pdm09 and A(H3) viruses are co-circulating in Europe.

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 site.
7. Outbreak reporting on CIDR
8. Network of sentinel hospitals reporting hospital admission data

1. GP sentinel surveillance system - Clinical Data

During week 6 2014, 74 influenza-like illness (ILI) cases were reported from sentinel GPs, corresponding to an ILI consultation rate of 32.4 per 100,000 population, an increase compared to the updated rate for week 5 2014 which was 20.5 per 100,000 population. ILI rates were above the Irish baseline threshold (21.0 per 100,000 population) during week 6 2014, for the first time this season. ILI age specific rates increased in all age groups, with the highest age specific rates in the 15-64 year age group (figures 1 & 2).

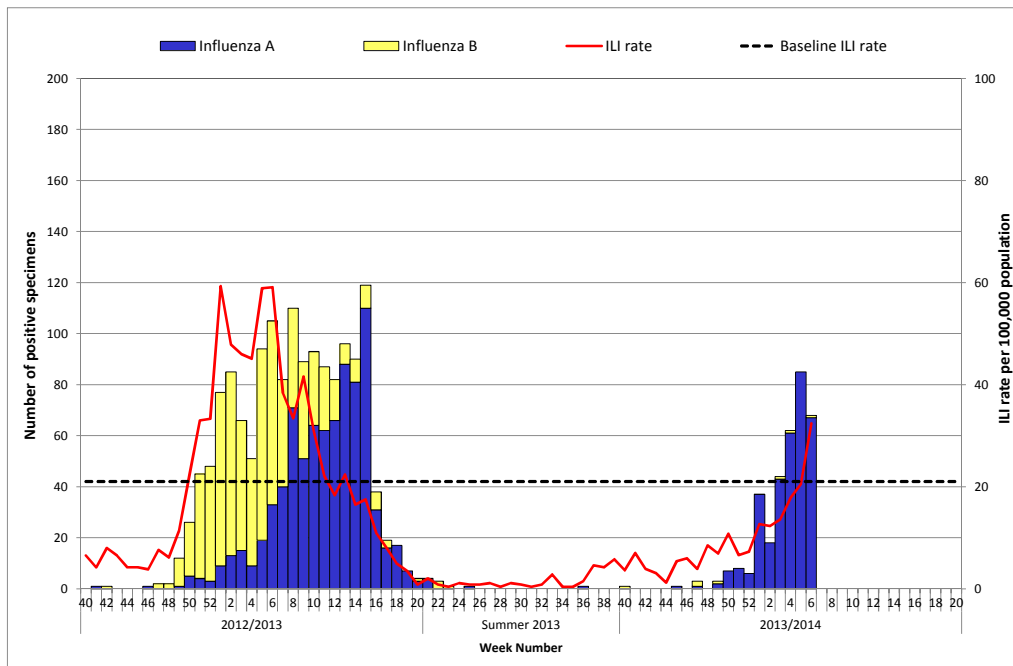


Figure 1. ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. *Source: ICGP and NVRL.*

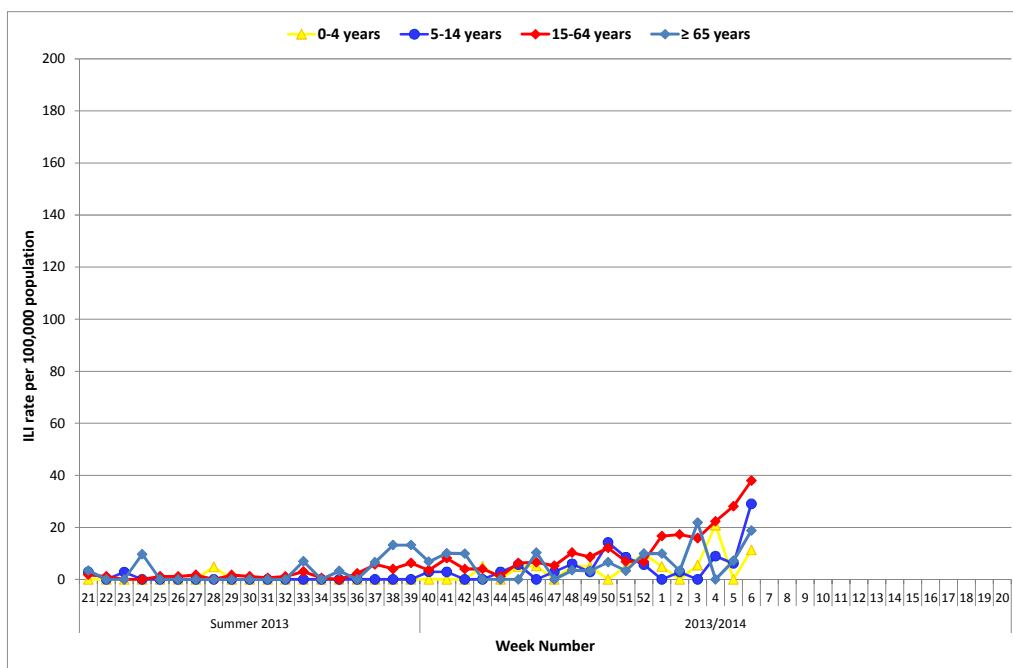


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2013 and the 2013/2014 influenza season to date. *Source: ICGP*

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

The data reported in this section refer to sentinel and non-sentinel specimens tested for influenza, respiratory syncytial virus (RSV), adenovirus, parainfluenza viruses types 1-4 (PIV-1-4) and human metapneumovirus (hMPV) by the National Virus Reference Laboratory (NVRL) (figure 3, 4 & 5, tables 1 & 2).

- Influenza positivity decreased slightly during week 6 2014, with 68 (20.2%) influenza positive specimens reported from the National Virus Reference Laboratory (NVRL): 23 influenza A(H3), 26 influenza A(H1)pdm09, 18 influenza A (not subtyped) and one influenza B.
 - Nine influenza A(H1)pdm09, four A(H3), one A (not subtyped) and one influenza B positive specimens were reported from sentinel GP sources. Nineteen influenza A(H3), 17 A(H1)pdm09 and 17 influenza A (not subtyped) positive specimens were reported from non-sentinel sources.
- RSV activity decreased significantly during week 6 2014, with 24 (7.1%) RSV positive sentinel and non-sentinel specimens reported from the NVRL.
- Sporadic detections of adenovirus, hMPV and parainfluenza viruses have been reported from the NVRL for the 2013/2014 season to date.

- Genetic characterisation of influenza viruses circulating this season has been carried out by the NVRL on 12 positive samples to date. All Influenza A(H1)pdm09 viruses characterised (N=4) clustered as A/St. Petersburg/27/2011-like (Group 6). All known viruses in this genetic group remain antigenically similar to the clade representative vaccine strain A/California/7/2009. Influenza A(H3) sequences (n=4) clustered closely with the influenza A(H3) vaccine strain for this season and were A/Victoria/361/2011-like (Group 3C). All influenza B strains characterised (n=4) belong to the Yamagata lineage of viruses. Two influenza B strains characterised at the beginning of the season were B/Massachusetts/02/2012-like (Clade 2), which is the influenza B vaccine component for this season. The other two influenza B strains clustered in clade 3 and were B/Wisconsin/1/2010-like, which was the influenza B vaccine component for the 2012/2013 influenza season.
- The [European Centre for Disease Control \(ECDC\)](#) have reported that since week 40 2013, none of the 225 antigenically characterised viruses have differed substantially from the current influenza vaccine viruses recommended by WHO.

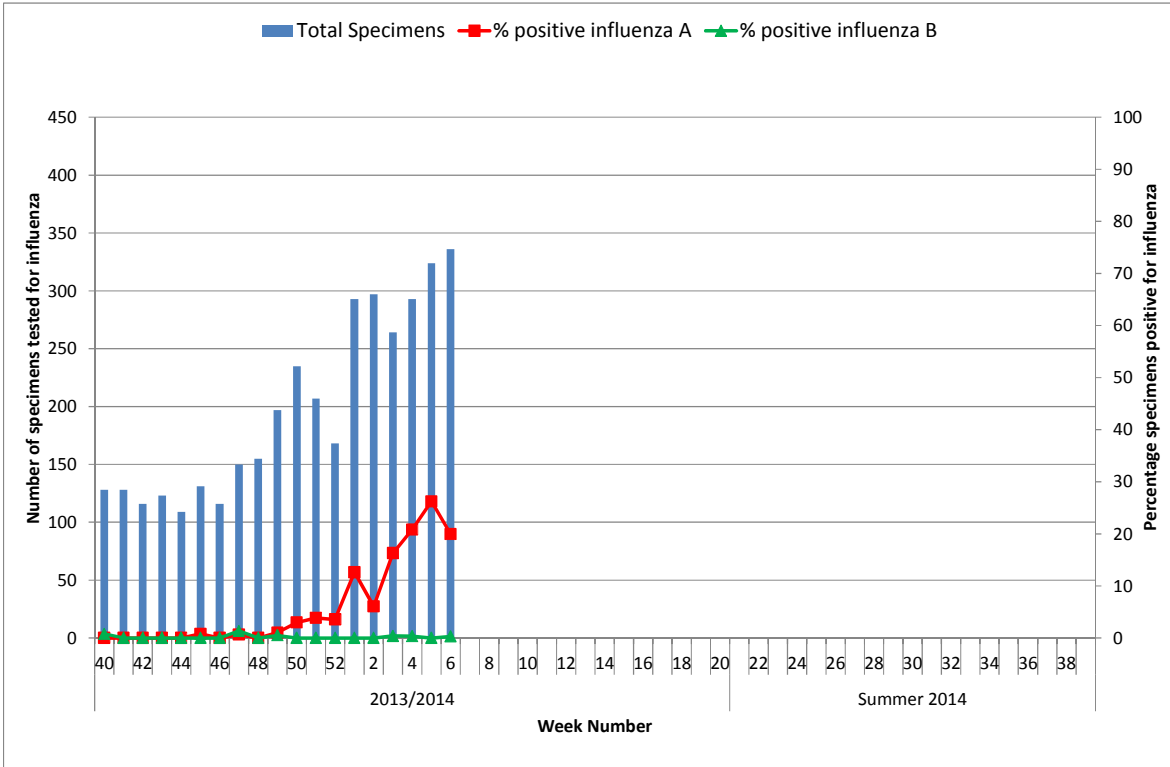


Figure 3: Number of sentinel and non-sentinel specimens tested for influenza and percentage influenza positive by week for the 2013/2014 influenza season. *Source: NVRL*

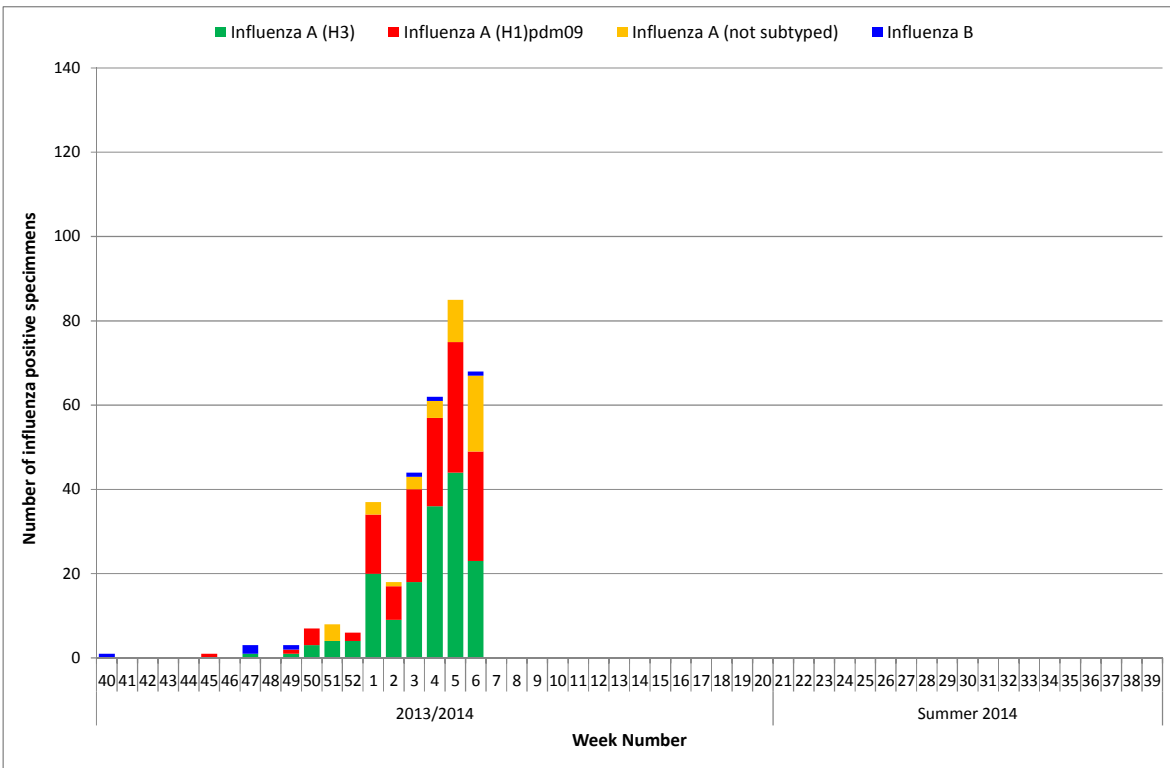


Figure 4: Number of positive influenza specimens by influenza type/subtype from sentinel and non-sentinel sources tested by the NVRL, by week for the 2013/2014 influenza season. *Source: NVRL.*

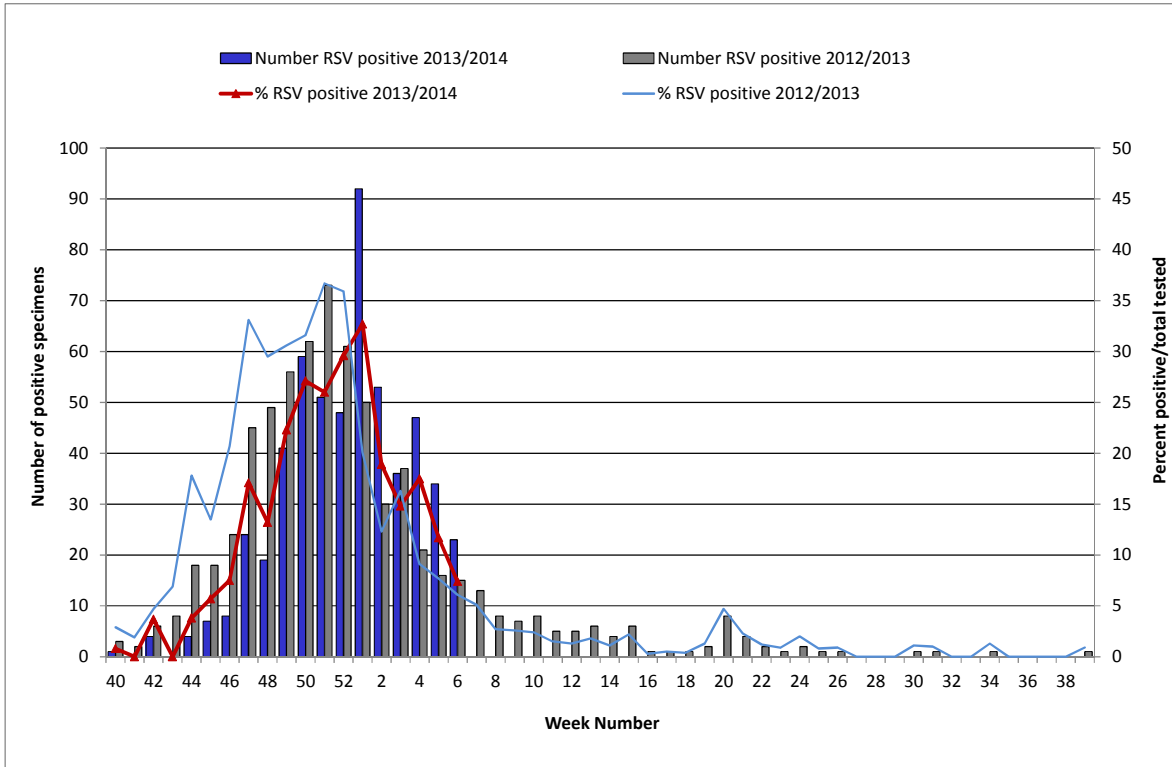


Figure 5: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2013/2014 season, compared to the 2012/2013 season. Source: NVRL.

Table 1: Number of sentinel and non-sentinel* respiratory specimens tested by the NVRL and positive influenza results, for week 6 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	
6 2014	Sentinel	26	15	57.7	9	4	1	14	1
	Non-sentinel	310	53	17.1	17	19	17	53	0
	Total	336	68	20.2	26	23	18	67	1
2013/2014	Sentinel	257	87	33.9	39	40	3	82	5
	Non-sentinel	3513	256	7.3	91	123	40	254	2
	Total	3770	343	9.1	130	163	43	336	7

Table 2: Number of non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 6 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
6 2014	Sentinel	26	1	3.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Non-sentinel	310	23	7.4	3	1.0	3	1.0	1	0.3	0	0.0	0	0.0	6	1.9
	Total	336	24	7.1	3	0.9	3	0.9	1	0.3	0	0.0	0	0.0	6	1.8
2013/2014	Sentinel	257	6	2.3	2	0.8	3	1.2	3	1.2	1	0.4	0	0.0	6	2.3
	Non-sentinel	3513	551	15.7	43	1.2	47	1.3	26	0.7	12	0.3	1	0.03	77	2.2
	Total	3770	557	14.8	45	1.2	50	1.3	29	0.8	13	0.3	1	0.03	83	2.2

* 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. Regional influenza activity was reported from HSE-E and localised activity was reported from HSE-NE, -SE, -S and -MW during week 6 2014. HSE-NW, -M and -W all reported sporadic influenza activity during week 6 2014 (figure 6).

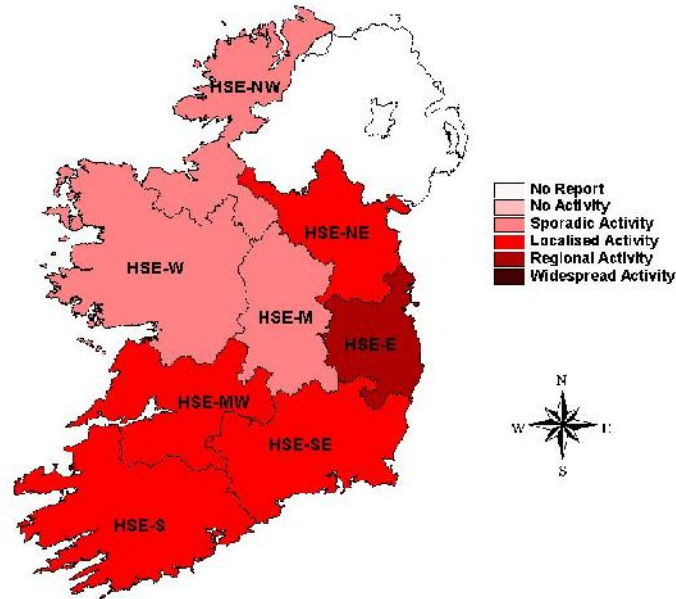


Figure 6: Map of provisional influenza activity by HSE-Area during week 6 2014

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 6 2014, 316 respiratory admissions were reported from sentinel hospitals, compared to 301 during week 5 2014. Data for week 6 2014 were incomplete; with only 7 of 8 sentinel hospitals reporting (fig 7).

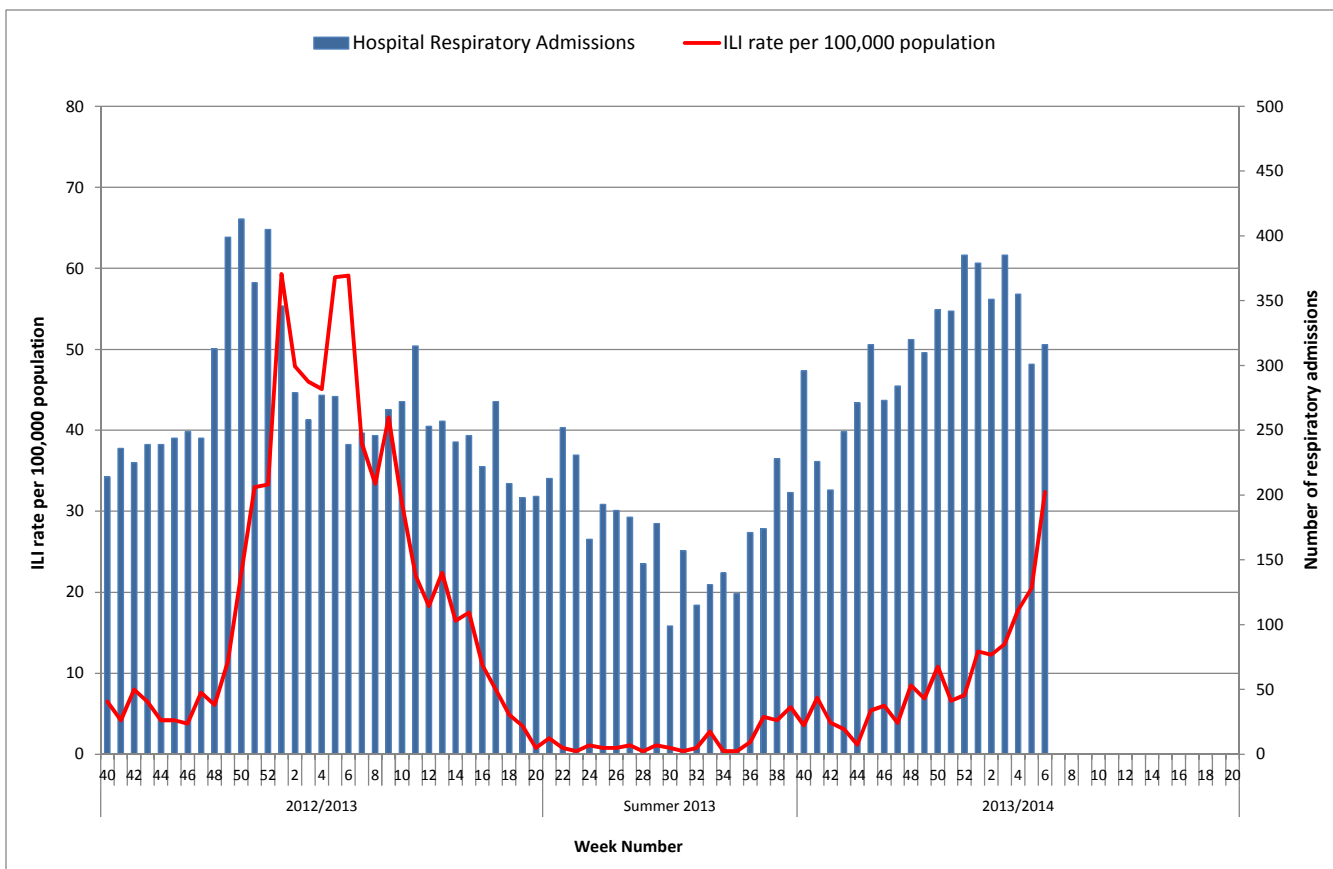


Figure 7: Number of respiratory admissions reported from sentinel hospitals and ILI sentinel GP consultation rate per 100,000 population by week and season. Source: Departments of Public Health - Sentinel Hospitals & ICGP.

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 increased to 3.4% during week 6 2014, compared to 2.8% during week 5 2014.

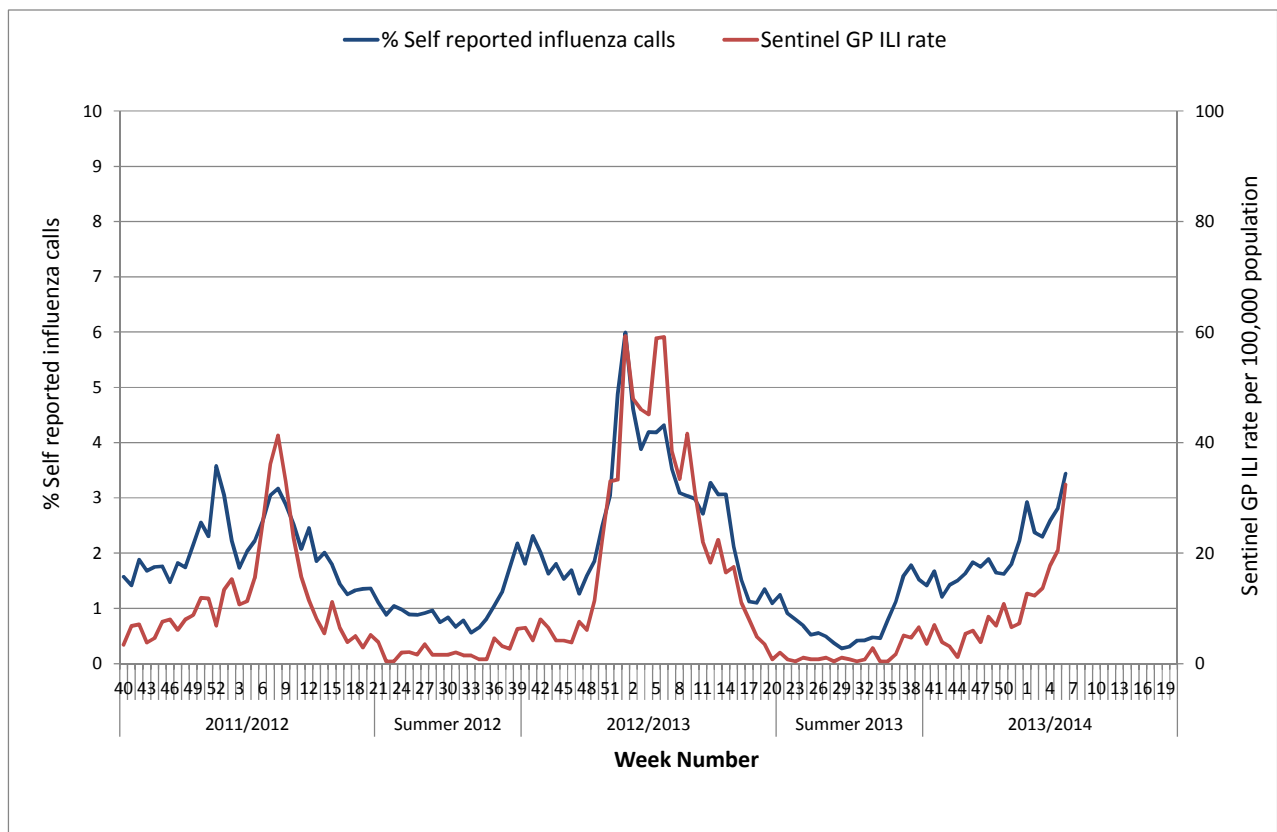


Figure 8: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and sentinel GP ILI consultation rate per 100,000 population by week and season. Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.

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

- Twenty-six confirmed influenza hospitalised cases were reported to HPSC during week 6 2014: 11 cases were associated with influenza A(H1)pdm09, nine with A(H3) and six with A (not subtyped). To date this season, 82 confirmed influenza hospitalised cases were reported to HPSC: 79 cases were associated with influenza A (39 A(H1)pdm09, 25 A(H3), 15 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, 23 confirmed influenza cases were admitted to ICU and reported to HPSC, nine were associated with influenza A(H1)pdm09, seven with influenza A(H3), six with influenza A (not subtyped) and one influenza B. Two cases were aged 0-4 years, one case was aged 5-14 years, 13 were in the 15-64 year age group and seven were over 65 years of age.
- Thirty-seven paediatric cases with severe acute respiratory infections (SARI) have been admitted to ICU and reported to HPSC this season: three associated with influenza A(H1)pdm09 (reported above), three with adenovirus, four with parainfluenza 1, one with human metapneumovirus and 26 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/>

- Five influenza-associated deaths were reported to HPSC this season; one in a 0-4 year old, one in a 15-64 year old and three deaths were in patients over 65 years of age.
- No excess all-cause mortality was reported in Ireland after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm during week 6 2014.

9. Outbreak Surveillance

No acute respiratory outbreaks were reported to HPSC (via Ireland's Computerised Infectious Disease Reporting System) during week 6 2014. To date this season, 19 acute respiratory outbreaks were reported to HPSC from HSE-E, -NE, -NW, -MW, -S and -W. Nine outbreaks were associated with influenza A (7 A(H3) and 2 A-not subtyped) in HSE-E, -NE, -NW and -MW. The remaining 10 outbreaks were influenza negative (2 were associated with RSV, one with hMPV and seven were associated with unidentified pathogens). The majority of these outbreaks were in residential care facilities for the elderly.

10. International Summary

Influenza activity is currently very diverse within Europe; with reports of activity still increasing or having already peaked in some countries, while in other countries baseline levels are still being reported. Influenza A(H1)pdm09 and A(H3) viruses are co-circulating in Europe. In North America, influenza activity decreased in the United States of America and Canada, and increased in Mexico with A(H1N1)pdm09 virus predominating. 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>

11. Novel viruses

- 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.

12. Flusurvey

- For information on Flusurvey.ie, Ireland's first online influenza surveillance survey, please see the [here](#).

13. Influenza Vaccine Recommendations

[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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