

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 20 2014 (12th – 18th May 2014)



 **Intensive Care Society of Ireland**



This is the final report of the 2013/2014 influenza season. Influenza activity will continue to be monitored during the summer period and brief reports will be published throughout the summer.

Summary

- All indicators of influenza activity in Ireland remained at low levels during week 20 2014.
- **Influenza-like illness (ILI):** The sentinel GP ILI consultation rates remained low during week 20 2014, at 1.3/100,000 population.
 - ILI rates remained below the Irish baseline threshold (21.0 per 100,000 population).
 - Age specific ILI rates were low in all age groups.
- **National Virus Reference Laboratory (NVRL):** Influenza positivity reported from the NVRL remained low during week 20 2014. Two (1.7%) influenza positive specimens were reported from the NVRL during week 20 2014, both influenza A(H3). Influenza A(H3) has been the predominant virus circulating this season, co-circulating with influenza A(H1)pdm09.
- **Hospitalisation:** No confirmed influenza hospitalised cases were reported to HPSC during week 20 2014. The total number of confirmed influenza hospitalised cases reported to HPSC this season was 670.
 - The highest age specific rates for confirmed influenza cases admitted to hospital were in those aged less than 1 year and those aged 65 years and older.
- **ICU admissions:** 82 confirmed influenza cases were admitted to ICU and reported to HPSC this season, 41 associated with influenza A(H1)pdm09, 31 with A(H3), 9 A (not subtyped) and one influenza B.
- **Mortality:** 34 influenza-associated deaths have been reported to HPSC this season.
- **Outbreaks:** No acute respiratory outbreaks were reported to HPSC during week 20 2014.
- **Europe:** Influenza activity is at interseasonal levels in most countries in the northern hemisphere as the influenza season draws to a close.

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 20 2014, influenza-like illness (ILI) sentinel GP consultation rates remained at low levels at 1.3 per 100,000 population. ILI rates remained below the Irish baseline threshold (21.0 per 100,000 population). Age specific ILI rates remained low in all age groups (figures 1 & 2). ILI sentinel GP consultation rates peaked at 54.1/100,000 population during week 9 2014.

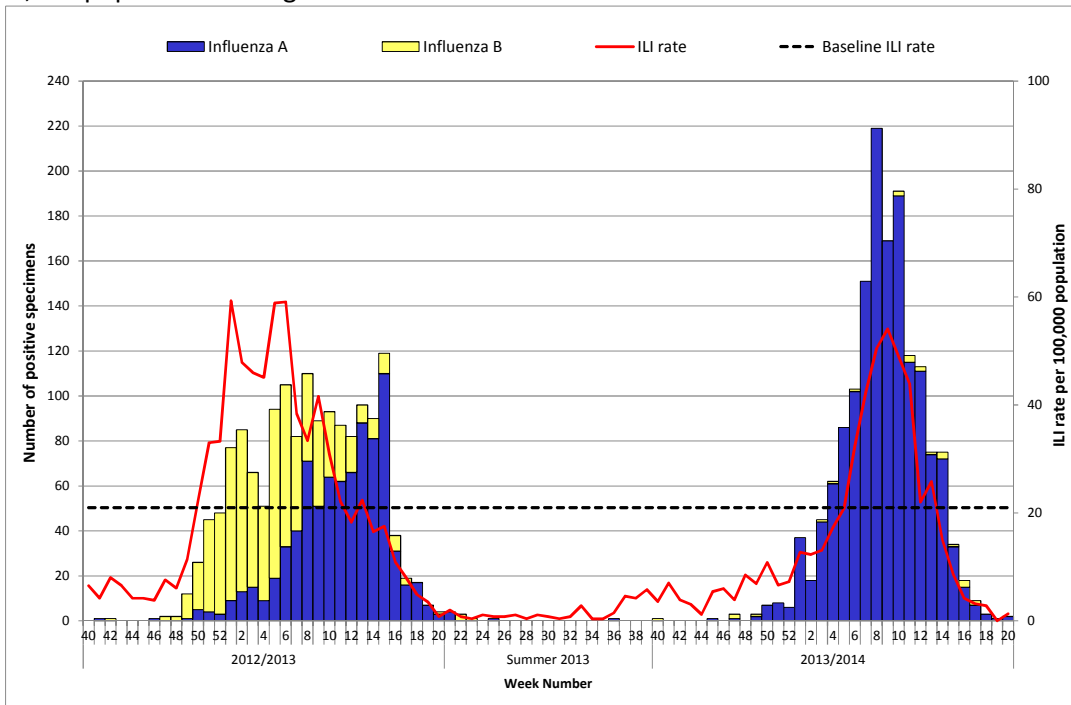


Figure 1. ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. *Source: ICGP and NVRL.*

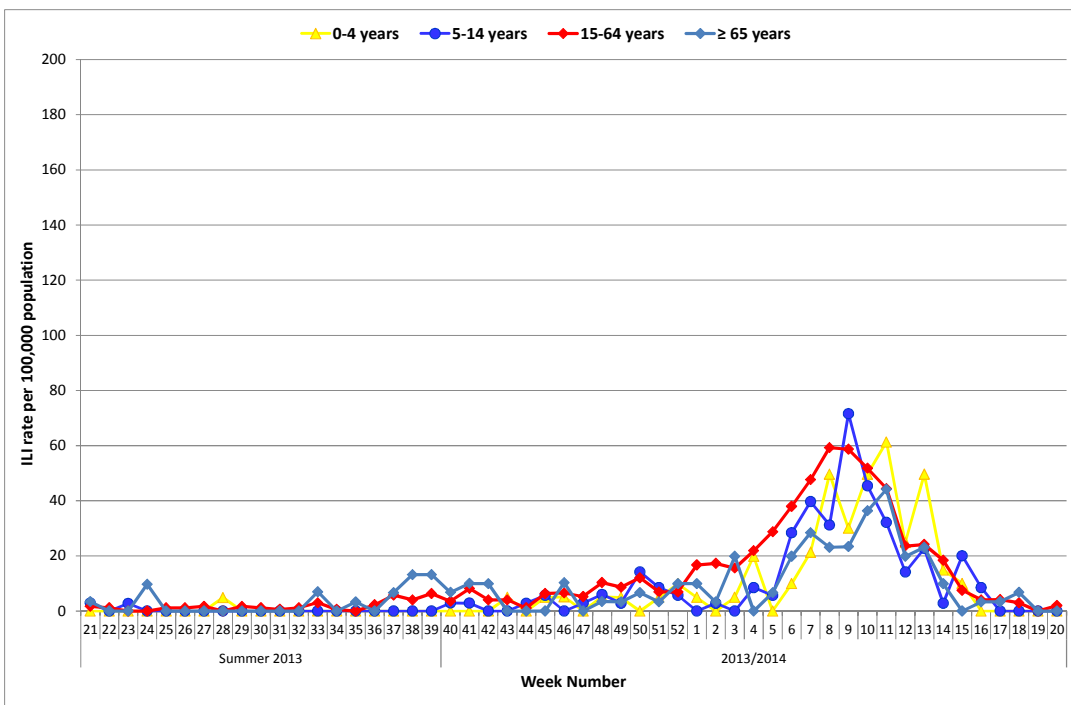


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2013 and the 2013/2014 influenza season to date. *Source: ICGP*

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) (figures 3, 4 & 5, tables 1 & 2).

- Influenza positivity reported from the NVRL remained low during week 20 2014, with two (1.7%) influenza positive specimens reported (both influenza A(H3)), one from sentinel and one from non-sentinel sources.
- During the 2013/2014 influenza season, the NVRL reported a total of 1558 (17.4%; n=8957) sentinel and non-sentinel influenza positive specimens: 936 A(H3), 464 A(H1)pdm09, 134 A (not subtyped) and 24 B.
 - 275 of 581 (47.3%) sentinel specimens were influenza positive: 158 A(H3), 97 A(H1)pdm09, 9 A (not subtyped) and 11 B.
 - 1283 of 8376 (15.3%) non-sentinel specimens were influenza positive: 778 influenza A(H3), 367 A(H1)pdm09, 125 influenza A (not subtyped) and 13 B.
- Influenza A(H3) was the predominant circulating influenza virus this season, accounting for 66.9% of all influenza A typed specimens reported from the NVRL.
- RSV activity remained at low levels during week 20 2014. Peak RSV positivity was reported during week 1 2014.
- Sporadic detections of adenovirus, hMPV and parainfluenza viruses have been reported from the NVRL for the 2013/2014 season to date.

- The [European Centre for Disease Control \(ECDC\)](#) have reported that since week 40 2013, none of the 1423 antigenically characterised viruses have differed significantly from the current influenza vaccine viruses recommended by WHO.
- **Virus characterisation:** For the 2013/2014 influenza season to date, the National Virus Reference Laboratory (NVRL) has isolated and antigenically characterised 17 influenza A(H3N2) viruses, the vast majority (16/17; 94.1%) were similar to the A/Texas/50/2012 H3N2 2013/2014 vaccine strain. Of the two influenza A(H1N1)pdm09 viruses antigenically characterised, both were similar to the A/California/07/2009 2013/2014 vaccine strain. Of the influenza B viruses isolated and characterised, three were antigenically characterised as similar to the vaccine strain B/Massachusetts/02/2012. Further confirmatory testing is being conducted on these and additional specimens by the WHO Collaborating Centre for Reference and Research on Influenza, Mill Hill.
- **Antiviral susceptibility:** For the 2013/2014 season to date, the NVRL sent seven influenza specimens to the WHO Collaborating Centre for Reference and Research on Influenza, Mill Hill for Oseltamivir and Zanamivir susceptibility testing. None of these influenza viruses were found to be resistant to either Oseltamivir or Zanamivir.

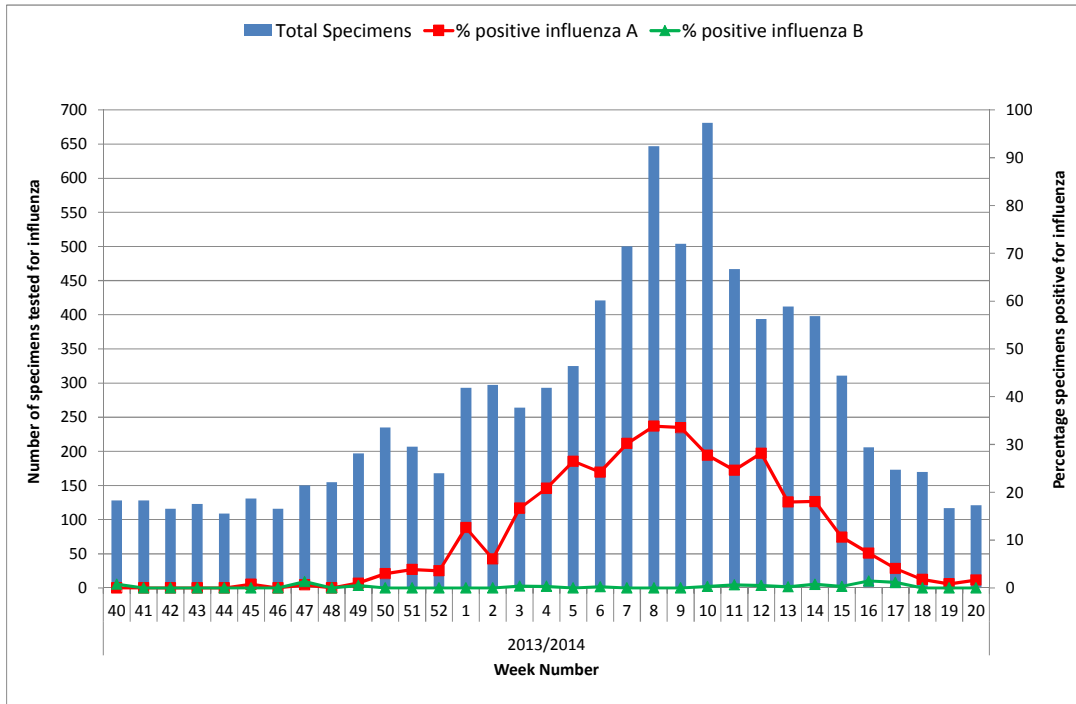


Figure 3: Number of sentinel and non-sentinel specimens tested for influenza and percentage influenza positive by week for the 2013/2014 influenza season. Source: NVRL

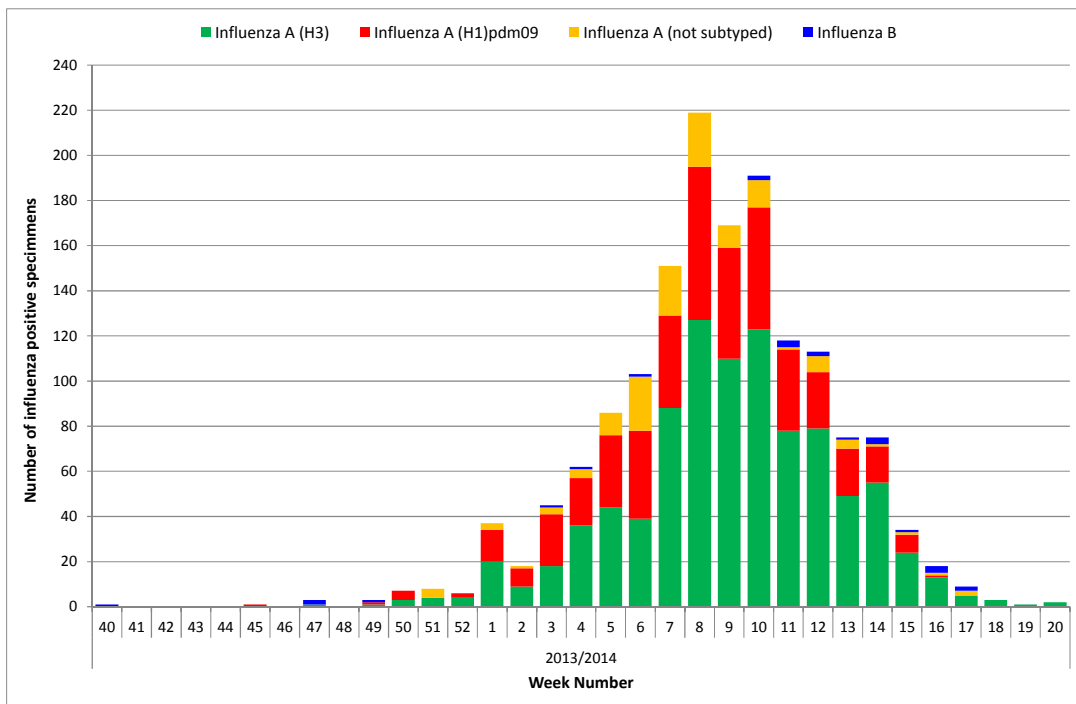


Figure 4: Number of positive influenza specimens by influenza type/subtype from sentinel and non-sentinel sources tested by the NVRL, by week for the 2013/2014 influenza season. Source: NVRL.

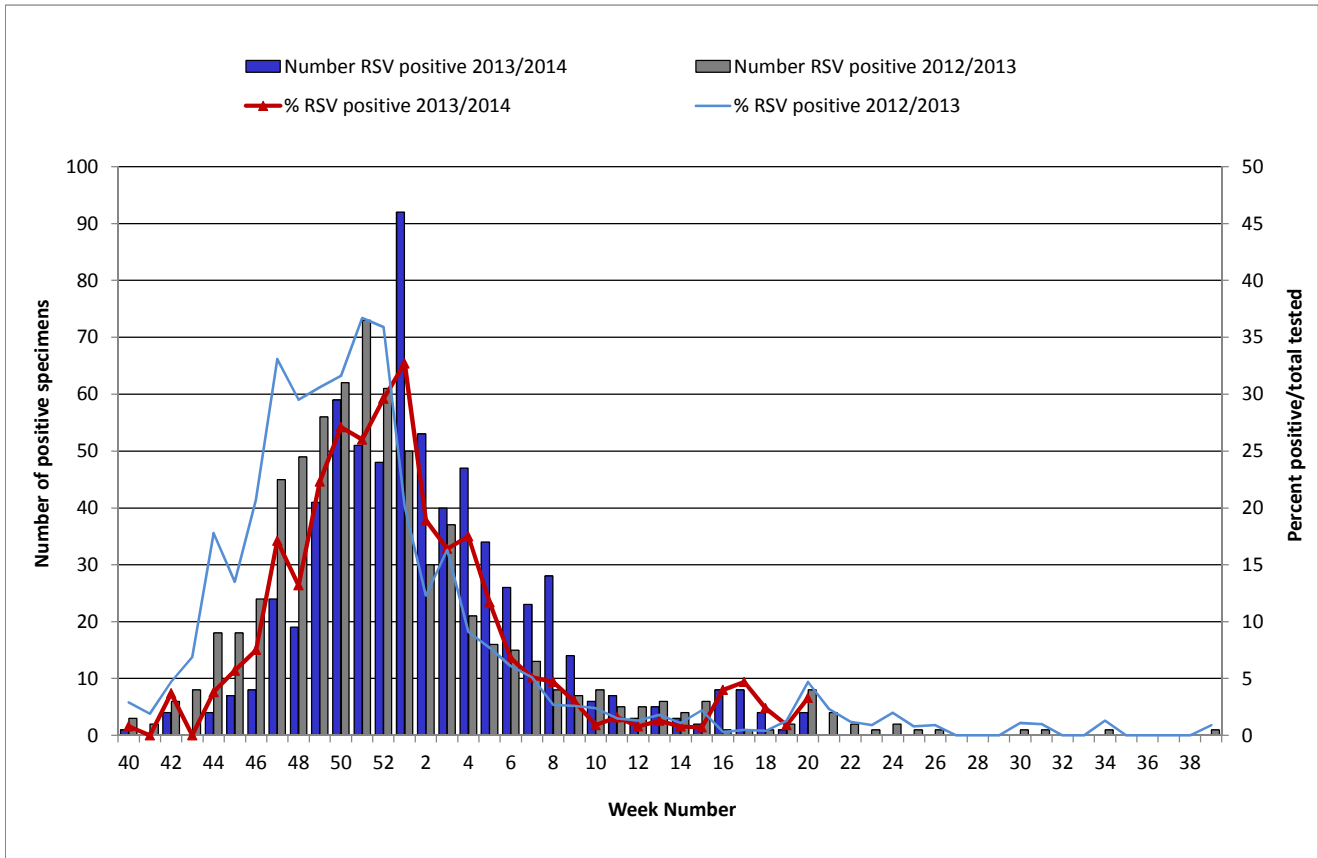


Figure 5: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2013/2014 season, compared to the 2012/2013 season. Source: NVRL.

Table 1: Number of sentinel and non-sentinel* respiratory specimens tested by the NVRL and positive influenza results, for week 20 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	
20 2014	Sentinel	1	1	100.0	0	1	0	1	0
	Non-sentinel	120	1	0.8	0	1	0	1	0
	Total	121	2	1.7	0	2	0	2	0
2013/2014	Sentinel	582	275	47.3	97	158	9	264	11
	Non-sentinel	8376	1283	15.3	367	778	125	1270	13
	Total	8958	1558	17.4	464	936	134	1534	24

Table 2: Number of non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 20 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
20 2014	Sentinel	1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Non-sentinel	120	4	3.3	3	2.5	0	0.0	1	0.8	2	1.7	0	0.0	1	0.8
	Total	121	4	3.3	3	2.5	0	0.0	1	0.8	2	1.7	0	0.0	1	0.8
2013/2014	Sentinel	582	7	1.2	2	0.3	3	0.5	3	0.5	1	0.2	0	0.0	6	1.0
	Non-sentinel	8376	674	8.0	75	0.9	47	0.6	28	0.3	23	0.3	1	0.01	113	1.3
	Total	8958	681	7.6	77	0.9	50	0.6	31	0.3	24	0.3	1	0.01	119	1.3

* 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. No influenza activity was reported in any of the HSE-Areas during week 20 2014 (figure 6).

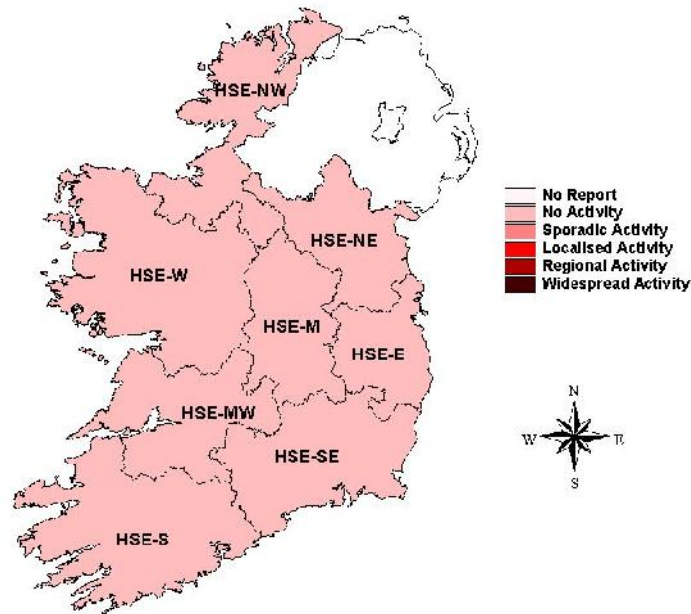


Figure 6: Map of provisional influenza activity by HSE-Area during week 20 2014

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.

Respiratory admissions reported from sentinel hospitals remained at low levels, with 232 respiratory admissions reported during week 20 2014. All eight sentinel hospitals reported during week 20 2014 (fig.7). For the 2013/2014 season, respiratory admissions peaked during week 7 2014, at 385.

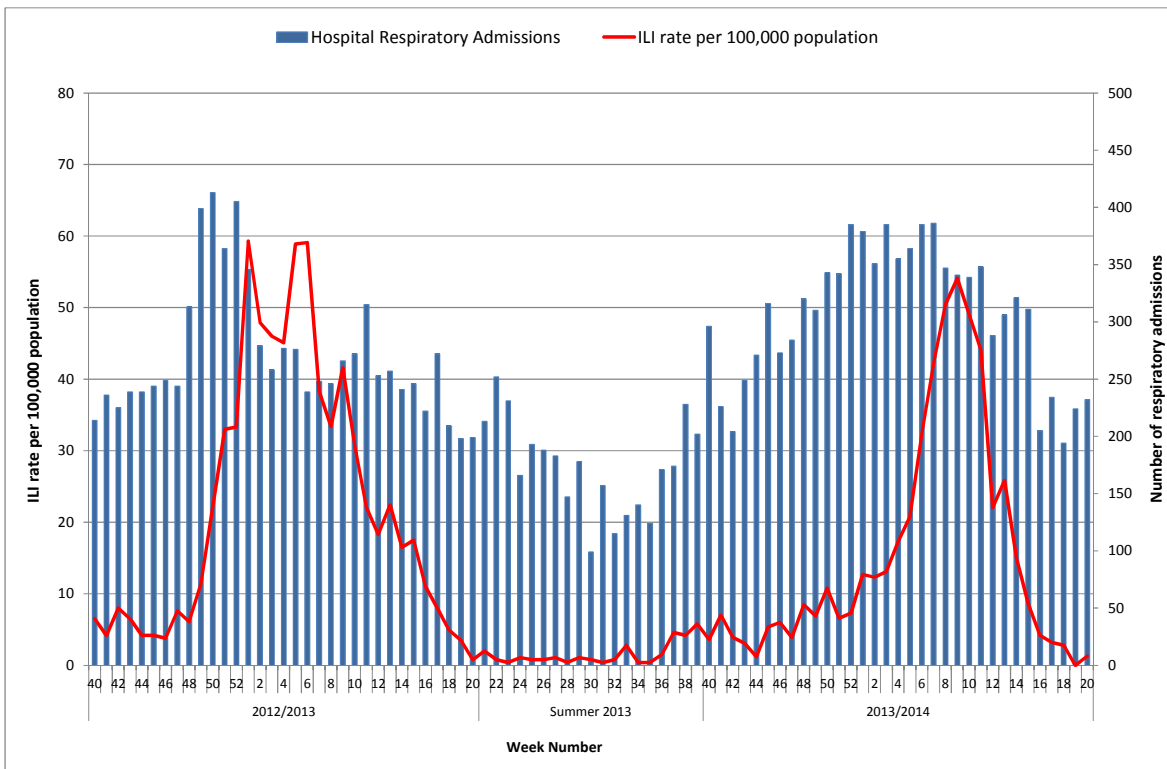


Figure 7: Number of respiratory admissions reported from sentinel hospitals and ILI sentinel GP consultation rate per 100,000 population by week and season. Source: Departments of Public Health - Sentinel Hospitals & ICGP.

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 low and stable during week 20 2014 at 1.0% (figure 8) The proportion of influenza-related calls to GP Out-of Hours services peaked during week 8 2014 (at 4.3%), one week prior to the peak in sentinel GP ILI consultation rates.

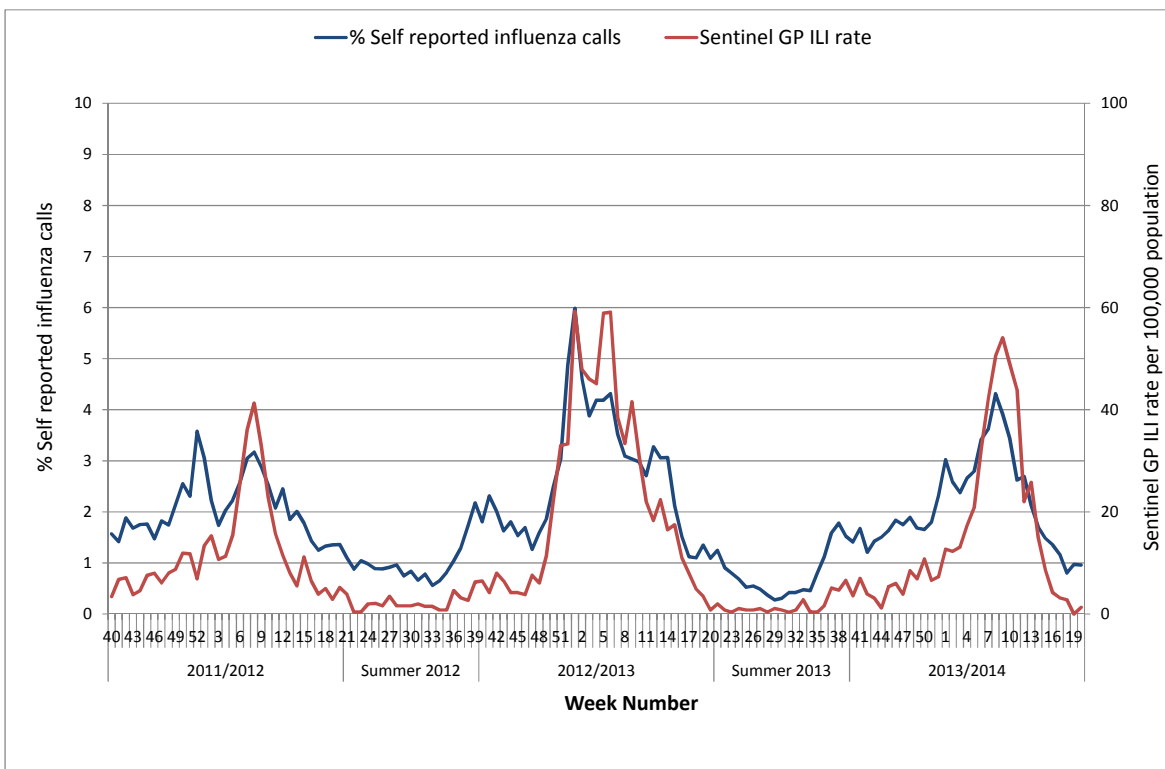


Figure 8: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and sentinel GP ILI consultation rate per 100,000 population by week and season. Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.

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

- No confirmed influenza hospitalised cases were reported to HPSC during week 20 2014 (figure 9).
- During the 2013/2014 season, 670 confirmed influenza hospitalised cases were reported to HPSC: 659 cases were associated with influenza A (328 A(H3), 188 A(H1)pdm09, 143 A (not subtyped)) and 11 with influenza B. The highest age specific rates were in those aged less than 1 year and those aged 65 years and older (table 3).

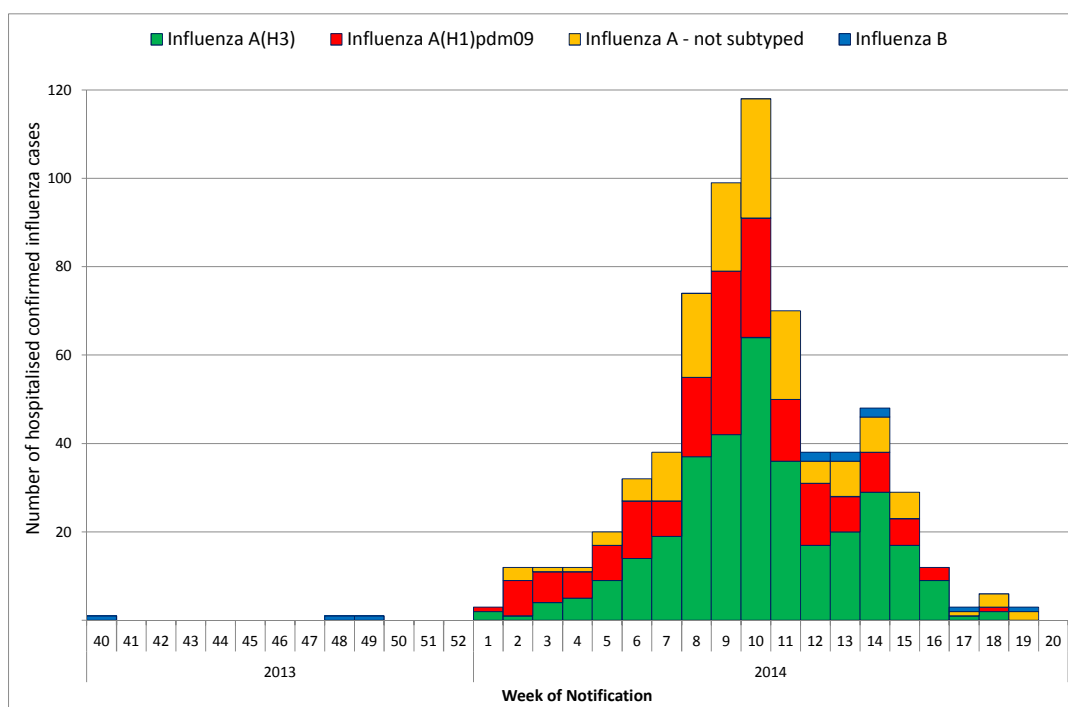


Figure 9: Number of hospitalised confirmed influenza cases reported to HPSC by influenza type/subtype and week of notification for the 2013/2014 influenza season. Source: Computerised Infectious Disease Reporting System (CIDR).

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, also continued 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.

- During the 2013/2014 season, 82 confirmed influenza cases were admitted to ICU and reported to HPSC, 41 associated with influenza A(H1)pdm09, 31 with A(H3), 9 A (not subtyped) and one influenza B. The highest age specific rates were in those aged less than 1 year and those aged 65 years and older (table 3).
- Fifty-seven paediatric cases (cases aged less than 15 years) with severe acute respiratory infections (SARI) have been admitted to ICU and reported to HPSC this season: 17 associated with influenza A (11 A(H1)pdm09, 4 A(H3), 2 A-not subtyped) (reported above), four with adenovirus, four with parainfluenza 1, two with human metapneumovirus and 30 with RSV.

Table 3: Age specific rates for confirmed influenza cases hospitalised and admitted to critical care during the 2013/2014 influenza season to date. Age specific rates are based on the 2011 CSO census.

Age (years)	Number	Age specific rate per 100,000 pop.	Number	Age specific rate per 100,000 pop.
<1	40	55.2	5	6.9
1-4	67	23.6	6	2.1
5-14	50	8.0	6	1.0
15-24	23	4.0	1	0.2
25-34	70	9.3	4	0.5
35-44	66	8.7	13	1.9
45-54	35	6.0	9	1.6
55-64	70	15.1	14	3.0
≥65	249	46.5	24	4.5
Total	670	14.6	82	1.8

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/>

- Thirty-four influenza-associated deaths were reported to HPSC this season; one in a 0-4 year old, one in a 5-14 year old, six in 15-64 year olds and 26 deaths were in patients aged 65 years and over. The median age of cases who have died during the 2013/2014 season is 80 years. Nineteen deaths were associated with influenza A(H3), seven with A(H1)pdm09, four with influenza A (not subtyped) and one influenza B. Three deaths were in clinical ILI cases.
- During week 20 2014, no excess all-cause mortality was reported in Ireland after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm. However, during weeks 5, 6, 7 and 8 2014, excess all-cause mortality was reported.

9. Outbreak Surveillance

No acute respiratory outbreaks were reported to HPSC (via Ireland's Computerised Infectious Disease Reporting System) during week 20 2014. During the 2013/2014 season, 77 acute respiratory outbreaks were reported to HPSC from all HSE-Areas. Fifty-eight outbreaks were associated with influenza A (45 with A(H3), one with A(H1)pdm09, two with both A(H3) and A(H1)pdm09 and 10 A-not subtyped). Nineteen outbreaks were influenza negative (four were associated with RSV, two with hMPV and 13 were associated with unidentified pathogens). The majority of these outbreaks were in residential care facilities/community hospital units mainly for the elderly/those with intellectual disabilities. It should be noted that family outbreaks are not recorded in this report. The number of influenza/ILI outbreaks reported to HPSC is shown in figure 10.

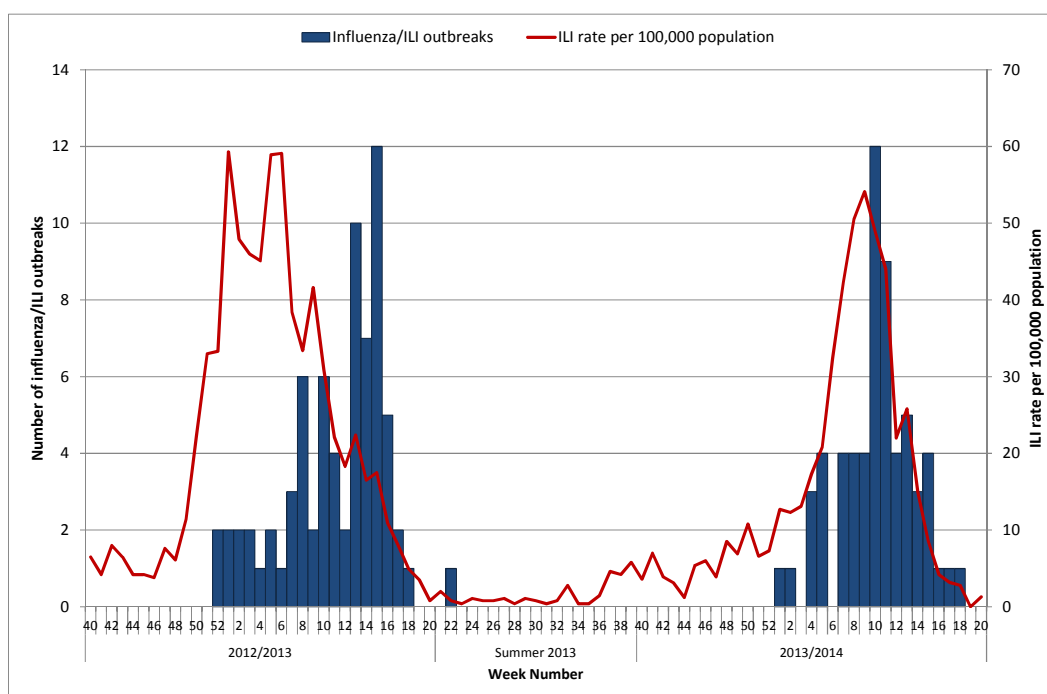


Figure 10: Number of influenza/ILI outbreaks and national sentinel GP ILI consultation rate per 100,000 population by week and influenza season. Source: Computerised Infectious Disease Reporting System (CIDR) & ICGP.

10. International Summary

Influenza activity has continued to decline in all reporting European countries. After five months of active transmission, the 2013/2014 influenza season is coming to an end. Globally, the northern hemisphere influenza season is at interseasonal levels in most 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

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.
- For information on other avian influenza viruses, please see [here](#).

12. Flusurvey

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

13. Influenza Vaccine Recommendations

The WHO vaccine strain selection committee recommended that vaccines for use in the 2014/2015 influenza season (northern hemisphere winter) contain the following: an A/California/7/2009 (H1N1)pdm09-like virus; an A/Texas/50/2012 (H3N2)-like virus; a B/Massachusetts/2/2012-like virus (Yamagata lineage), [see here](#).

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

This report was prepared by Lisa Domegan and Joan O'Donnell, HPSC. HPSC wishes to thank the sentinel GPs, the ICGP, NVRL, Departments of Public Health, ICSI and HSE-NE for providing data for this report.