

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 6 2015 (2nd – 8th February 2015)



 Intensive Care Society of Ireland

Summary

Influenza activity in Ireland has continued at moderate levels; with an increase in confirmed influenza outbreaks during week 6 2015.

- **Influenza-like illness (ILI):** The sentinel GP influenza-like illness (ILI) consultation rate was 36.8 per 100,000 population in week 6 2015, remaining low, and stable compared to the updated rate of 37.3 per 100,000 population during week 5 2015.
 - ILI rates have remained above the Irish baseline threshold (21.0/100,000 population) for five consecutive weeks.
 - ILI rates were highest in those aged 65 years or older during week 6 2015.
- **GP Out of Hours:** The proportion of influenza-related calls to GP Out-of-Hours services increased during week 6 2015.
- **National Virus Reference Laboratory (NVRL):**
 - Influenza positivity remained elevated during week 6 2015, with 100 (23.8%) influenza positive specimens reported from the NVRL: 86 A(H3), 3 A(H1)pdm09, 6 A (not subtyped) and 5 B.
 - Influenza A(H3) is the predominant circulating influenza virus this season.
 - Respiratory syncytial virus (RSV) positivity has decreased significantly in recent weeks.
 - Positive detections of human metapneumovirus (hMPV) have increased in recent weeks.
- **Respiratory admissions:** The latest complete data on respiratory admissions reported from a network of sentinel hospitals were elevated.
- **Hospitalisations:** 47 confirmed influenza hospitalised cases were notified to HPSC during the week ending 8th February 2015.
- **Critical care admissions:** To date this season, 15 confirmed influenza cases were admitted to critical care units and reported to HPSC: five associated with A(H3), two with A(H1)pdm09, seven with A (not subtyped) and one with B.
- **Mortality:** Ten influenza-associated deaths have been reported to HPSC this season, with a median age of 83 years.
- **Outbreaks:** Seven acute respiratory outbreaks were reported to HPSC during the week ending 8th February 2015: six associated with influenza A(H3) and one associated with human metapneumovirus. The majority of confirmed influenza outbreaks this season have been associated with influenza A(H3) in residential care facilities for the elderly.
- **International:** Globally, influenza activity remained high in the northern hemisphere with influenza A(H3N2) viruses predominating this season.

1. GP sentinel surveillance system - Clinical Data

During week 6 2015 (the week ending 8th February 2015), 93 influenza-like illness (ILI) cases were reported from sentinel GPs, corresponding to an ILI consultation rate of 36.8 per 100,000 population, remaining low, and stable compared to the updated rate of 37.3 per 100,000 population during week 5 2015. ILI rates remained above the Irish baseline threshold (21/100,000 population). ILI age specific rates were highest in the 15-64 year age group and those aged 65 years or older (figures 1 & 2).

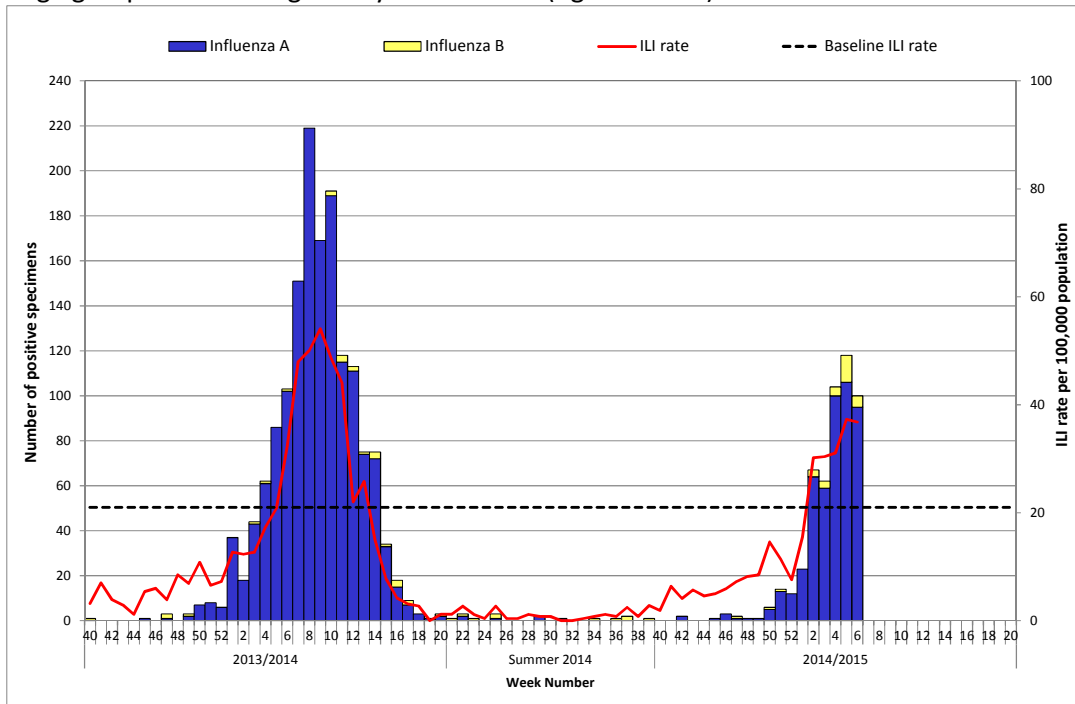


Figure 1. ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. *Source: ICGP and NVRL*

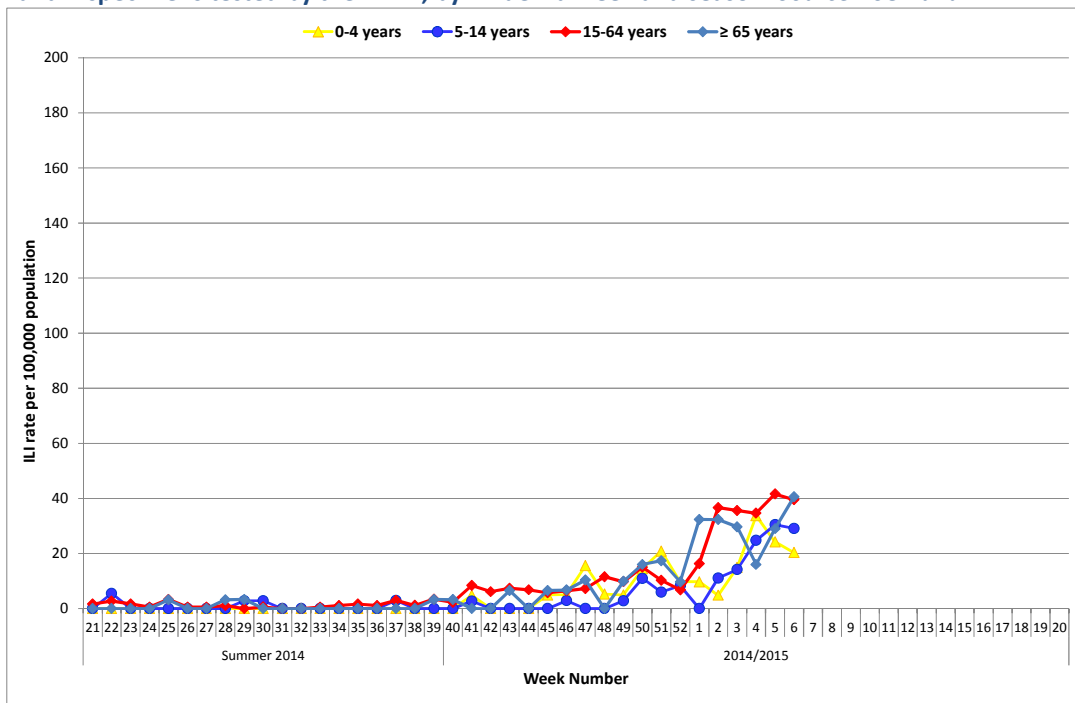


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2014 and the 2014/2015 influenza season to date. *Source: ICGP.*

2. Influenza and Other Respiratory Virus Detections - NVRL

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

- Influenza positivity remained elevated during week 6 2015, with 100 (23.8%) influenza positive specimens reported from the NVRL: 86 A(H3), 3 A(H1)pdm09, 6 A (not subtyped) and 5 B. To date this season, influenza A(H3) is the predominant circulating virus, with 84.7% (437/516) of confirmed influenza specimens reported by the NVRL positive for influenza A(H3).
- Week 6 2015:
 - 15 of 29 (51.7%) sentinel specimens were influenza positive: 9 A(H3), 2 A (not subtyped) and 4 B.
 - 85 of 392 (21.7%) non-sentinel specimens were influenza positive: 77 A(H3), 3 A(H1)pdm09, 4 A (not subtyped) and 1 B.
- Twenty (20/421; 4.8%) respiratory syncytial virus (RSV) positive sentinel GP and non-sentinel specimens were reported during week 6 2015. RSV positivity has continued to decrease in recent weeks. Figure 5 shows the number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2014/2015 season, compared to the 2013/2014 season.
- Positive detections of human metapneumovirus (hMPV) have increased in recent weeks.
- Sporadic detections of adenovirus and parainfluenza virus types -1, -3 & -4 have been reported for the season to date.

Genetic characterisation of influenza viruses circulating this season has been carried out by the NVRL, on 13 positive samples to date. A total of 11 influenza A(H3) viruses have been genetically characterised. Eight of 11 (72.7%) viruses were A/Hong Kong/5738/2014-like (3C.2a), which is a genetic group of viruses that have shown antigenic drift from the vaccine strain. The remaining viruses belong to the genetic group 3C.3, which is reportedly antigenically similar to the 2014/2015 influenza A(H3) vaccine strain. Two influenza B viruses were characterised and are B/Yamagata-like viruses, which are included in the 2014/2015 influenza vaccine. Further testing is ongoing, and the NVRL and HPSC are carefully monitoring the situation. The latest ECDC risk assessment on seasonal influenza for the 2014/2015 season in Europe, published on the 28th January 2015 is available [here](#).

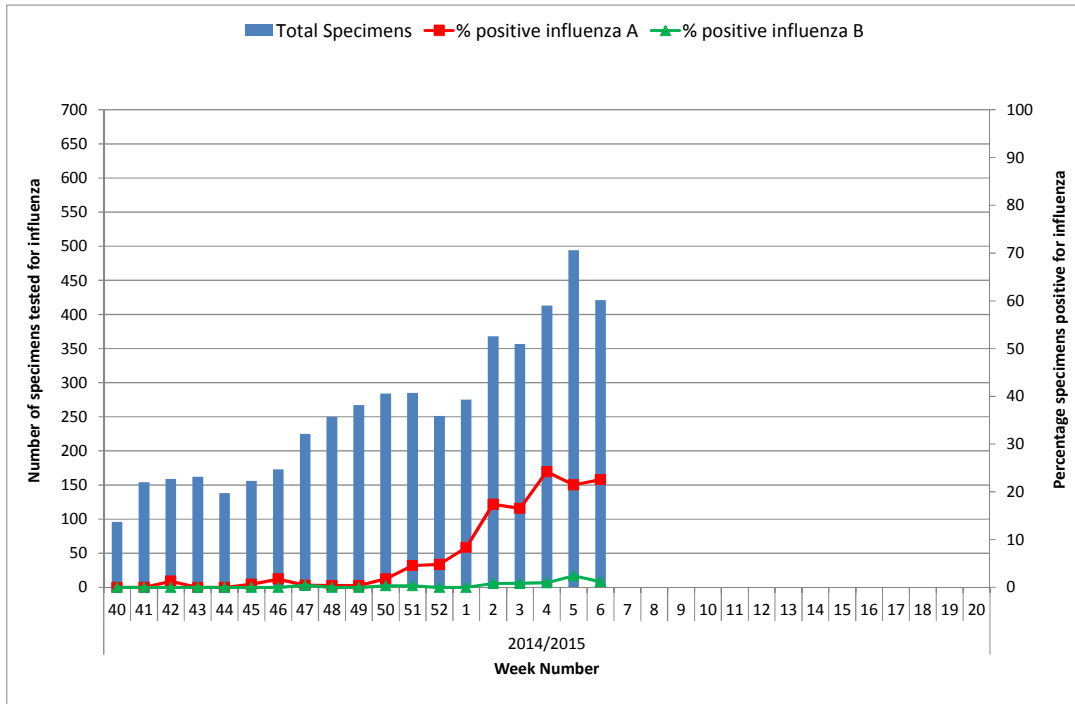


Figure 3: Number of sentinel and non-sentinel specimens tested by the NVRL for influenza and percentage influenza positive by week for the 2014/2015 influenza season. *Source: NVRL*

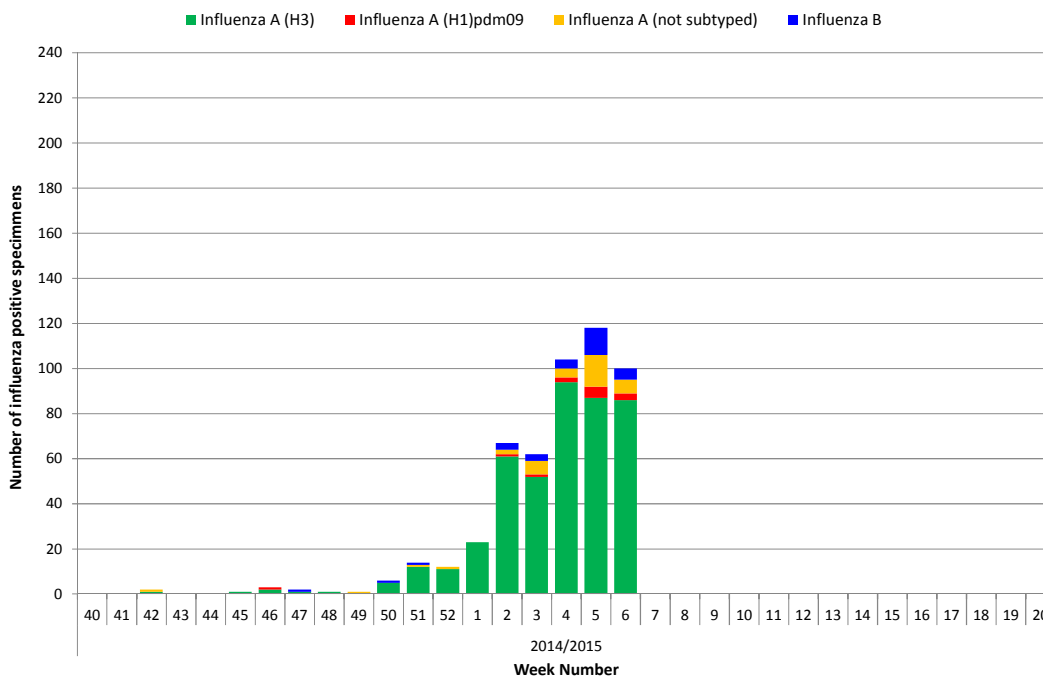


Figure 4: Number of positive influenza specimens by influenza type/subtype from sentinel and non-sentinel sources tested by the NVRL, by week for the 2014/2015 influenza season. *Source: NVRL*

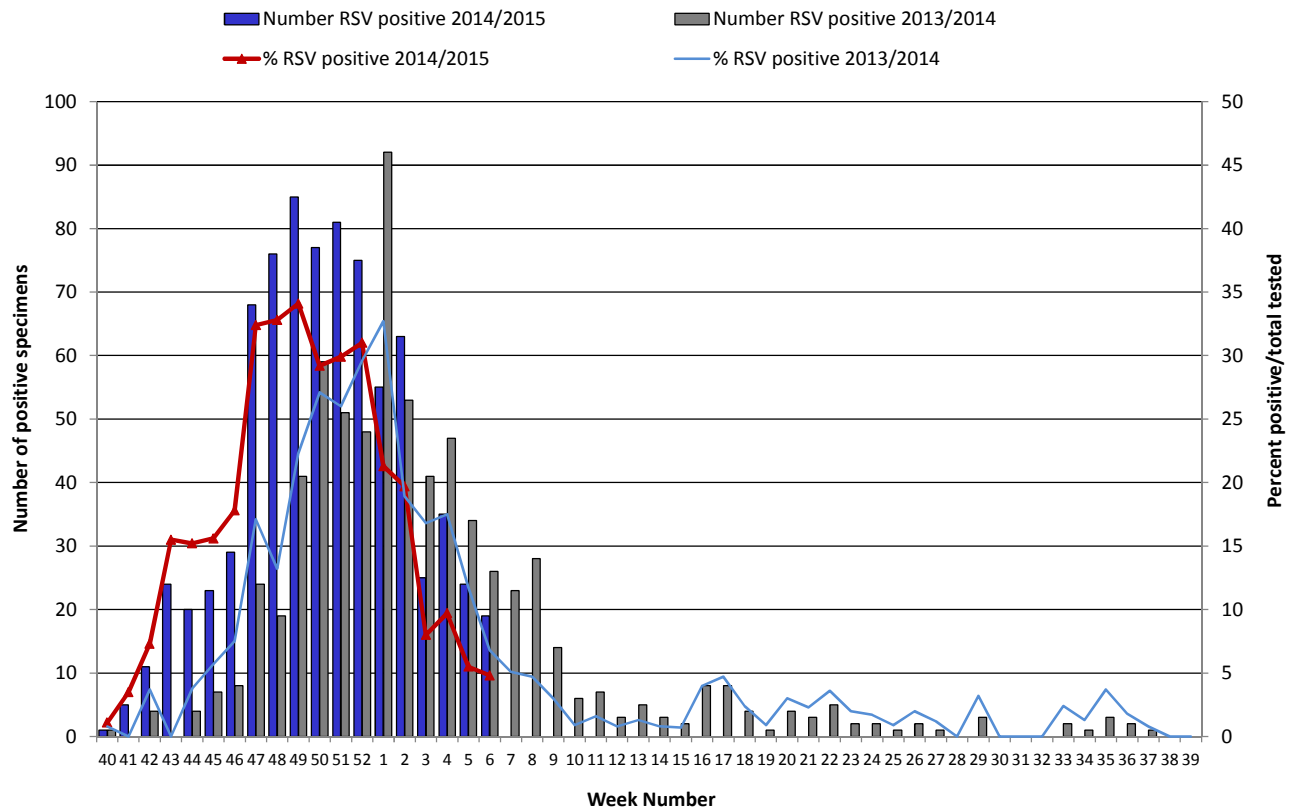


Figure 5: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2014/2015 season, compared to the 2013/2014 season. *Source: NVRL.*

Table 1: Number of sentinel and non-sentinel* respiratory specimens tested by the NVRL and positive influenza results, for week 6 2015 and the 2014/2015 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 2015	Sentinel	29	15	51.7	0	9	2	11	4
	Non-sentinel	392	85	21.7	3	77	4	84	1
	Total	421	100	23.8	3	86	6	95	5
2014/2015	Sentinel	398	139	34.9	0	108	13	121	18
	Non-sentinel	4530	377	8.3	13	329	23	365	12
	Total	4928	516	10.5	13	437	36	486	30

Table 2: Number of sentinel and non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 6 2015 and the 2014/2015 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 2015	Sentinel	29	1	3.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Non-sentinel	392	19	4.8	0	0.0	0	0.0	0	0.0	2	0.5	0	0.0	7	1.8
	Total	421	20	4.8	0	0.0	0	0.0	0	0.0	2	0.5	0	0.0	7	1.7
2014/2015	Sentinel	398	25	6.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18	4.5
	Non-sentinel	4530	796	17.6	14	0.3	1	0.0	0	0.0	56	1.2	4	0.1	111	2.5
	Total	4928	821	16.7	14	0.3	1	0.0	0	0.0	56	1.1	4	0.1	129	2.6

* 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.

Widespread influenza activity was reported in HSE-E, -S and -MW, regional influenza activity was reported from HSE-M, -NW and -SE and localised influenza activity was reported from HSE-NE and -W during week 6 2015 (figure 6).

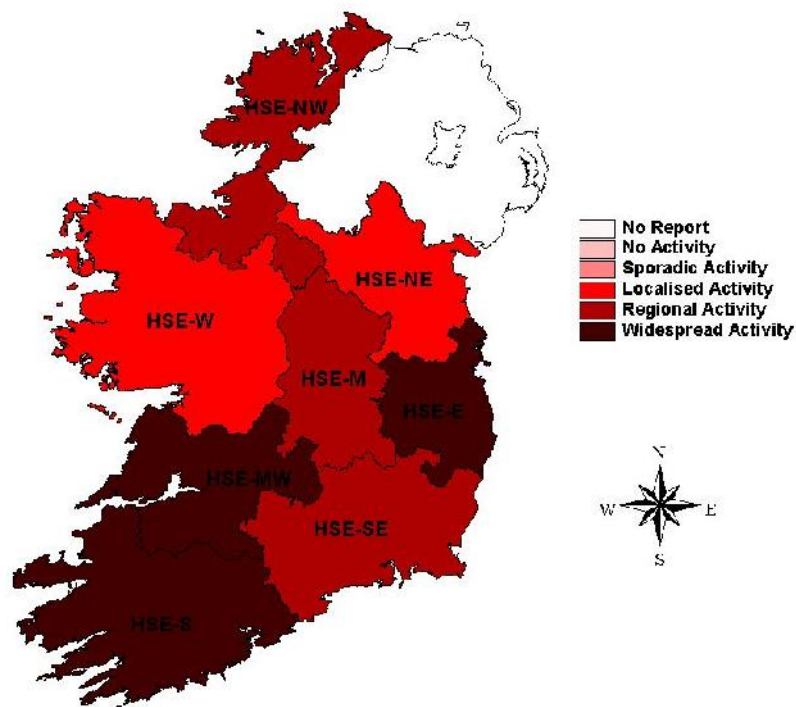


Figure 6: Map of provisional influenza activity by HSE-Area during influenza week 6 2015.

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 elevated during week 5 2015 at 358. It should be noted that data for week 6 2015 were incomplete with 6/8 sentinel hospitals reported during this period (figure 7).

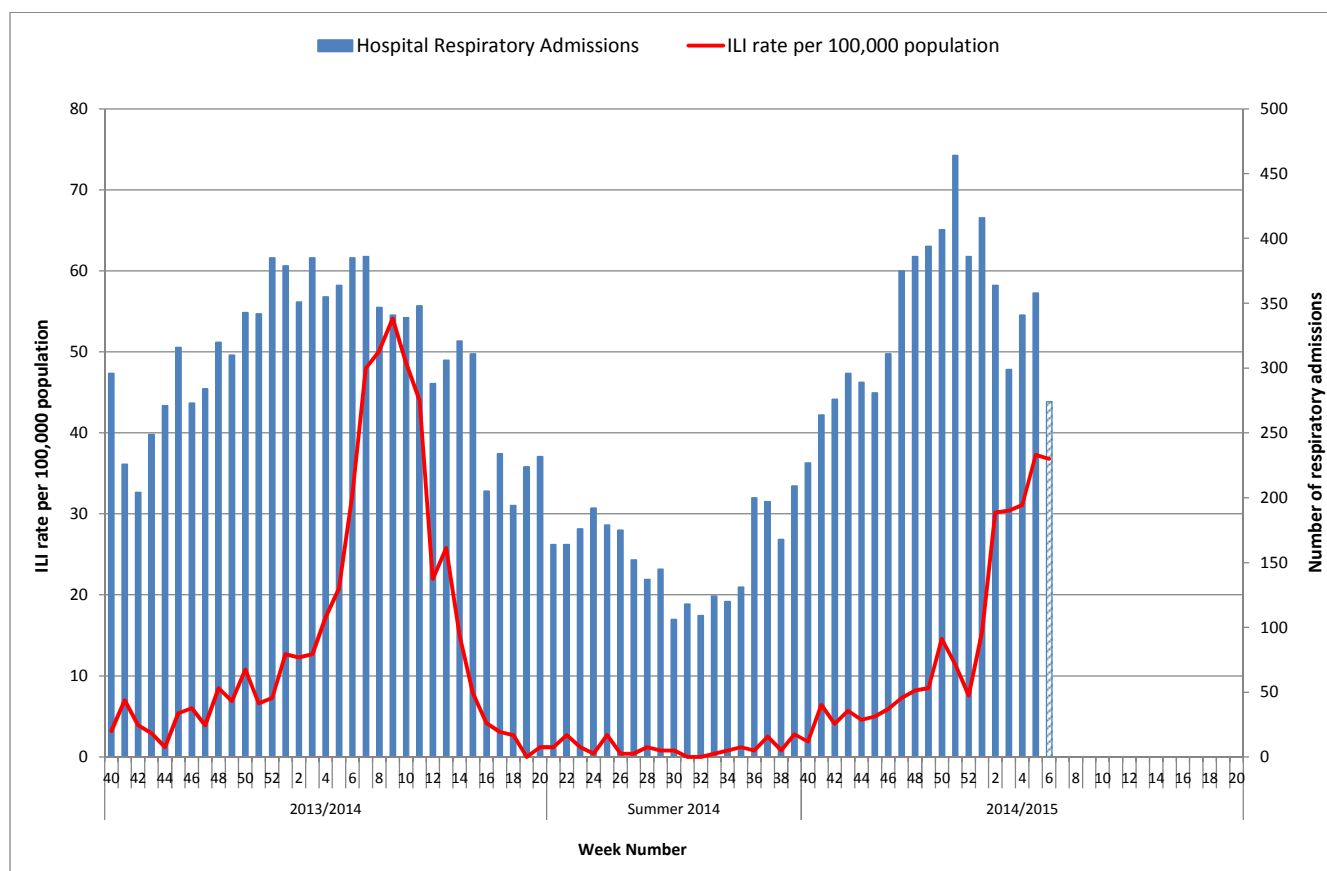


Figure 7: Number of respiratory admissions reported from sentinel hospitals and ILI sentinel GP consultation rate per 100,000 population by week and season. Source: Departments of Public Health - Sentinel Hospitals & ICGP. *It should be noted that data for week 6 2015 were incomplete.*

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 increased significantly during week 6 2015, to 4.9%, compared to 3.6% during week 5 2015 (figure 8).

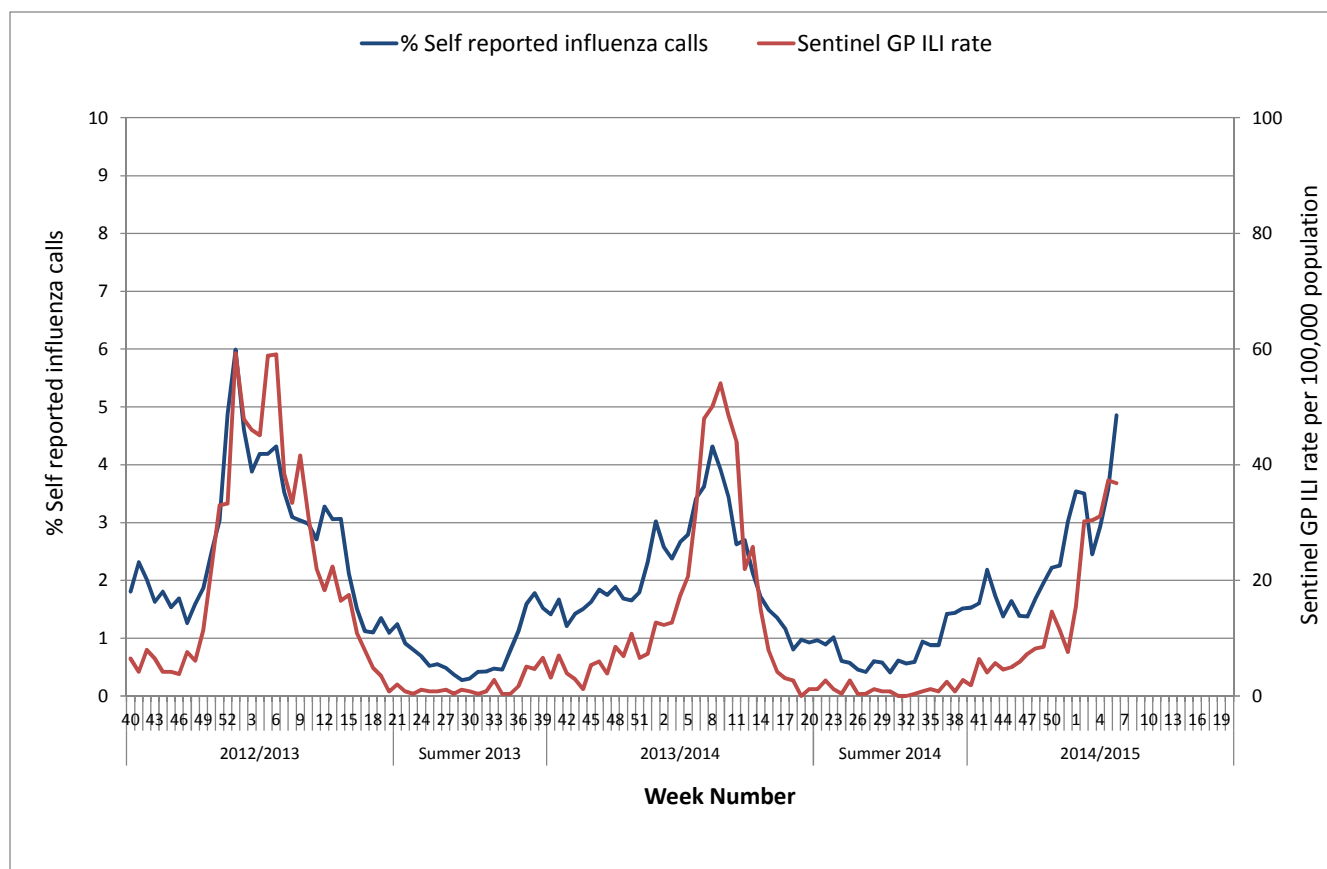


Figure 8: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and sentinel GP ILI consultation rate per 100,000 population by week and season. Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.

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

- Forty-seven confirmed influenza cases reported as hospitalised were notified to HPSC during the week ending February 8th 2015: 22 associated with A(H3), two with A(H1)pdm09 and 23 with A (not subtyped).
- For the 2014/2015 season to date (up to week ending 8th February 2015), 151 confirmed influenza cases were reported as hospitalised to HPSC, 87 associated with A(H3), six with A(H1)pdm09, 54 with A (not subtyped) and four with influenza B. The median age of hospitalised confirmed influenza cases to date this season, is 63 years. The highest age specific rates were in those aged less than one year and those aged 65 years and older (table 3).

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. HPSC process and report on this information on behalf of the regional Directors of Public Health/Medical Officers of Health.

To date this season, 15 confirmed influenza cases were admitted to critical care units and reported to HPSC, five were associated with A(H3), two with A(H1)pdm09, seven with A (not subtyped) and one with influenza B. The median age of confirmed influenza cases admitted to critical care units for the 2014/2015 influenza season to date, is 72 years. The highest age specific rates were in those aged 65 years and older (table 3).

Table 3: Age specific rates for confirmed influenza cases hospitalised and admitted to critical care during the 2014/2015 influenza season to date. Age specific rates are based on the 2011 CSO census.

Age (years)	Hospitalised		Admitted to ICU	
	Number	Age specific rate per 100,000 pop.	Number	Age specific rate per 100,000 pop.
<1	13	18.0	0	0.0
1-4	15	5.3	0	0.0
5-14	11	1.8	0	0.0
15-24	4	0.7	1	0.2
25-34	11	1.5	0	0.0
35-44	6	0.8	2	0.3
45-54	6	1.0	2	0.3
55-64	14	3.0	1	0.2
≥65	71	13.3	9	1.7
Total	151	3.3	15	0.3

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/>

- Ten influenza-associated deaths were reported to HPSC this season to date, five associated with influenza A(H3), one associated with influenza A(H1)pdm09 and one with influenza A (not subtyped). One death was in a clinical ILI case. The median age of influenza associated deaths for the 2014/2015 season to date, is 83 years. Two cases were in the 45-64 year age group and eight cases were in those aged 65 years or older.
- During week 6 2015 and for the 2014/2015 influenza season to date, no excess all-cause mortality was reported in Ireland after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm.
- Excess all-cause mortality has been observed among the elderly (in those aged 65 years or older) during recent weeks in Portugal, England, Scotland, Wales, France, Belgium, Spain and Switzerland. Excess all-cause mortality cannot with certainty be attributed to specific causes, but may be associated with circulating influenza, extreme cold or increases in acute respiratory illness. The current excess coincide with circulating influenza A(H3), and medium to high intensity influenza activity in most reporting European countries and additionally with cold snaps in Portugal and Spain in the first weeks of the year. <http://www.euromomo.eu/>.

9. Outbreak Surveillance

- Seven acute respiratory general outbreaks were reported to HPSC during the week ending 8th February 2015: six associated with influenza A(H3) and one associated with human metapneumovirus. Six outbreaks were in community hospitals/residential care facilities and one was in a hospital step down facility.
- For the 2014/2015 influenza season to date (up to the week ending 8th February 2015), 34 acute respiratory outbreaks were reported to HPSC. Twenty-two of these outbreaks were associated with influenza A: 21 associated with A(H3) and one with both A(H3) and A(H1)pdm09. Three outbreaks were associated with RSV, one with hMPV and eight acute respiratory outbreaks had no pathogens identified. The majority of these outbreaks occurred in residential care facilities/community hospital settings, mainly affecting the elderly. One outbreak occurred in an acute hospital, one in a hospital step down facility and one in a school. The number of influenza outbreaks reported to HPSC is shown in figure 9.

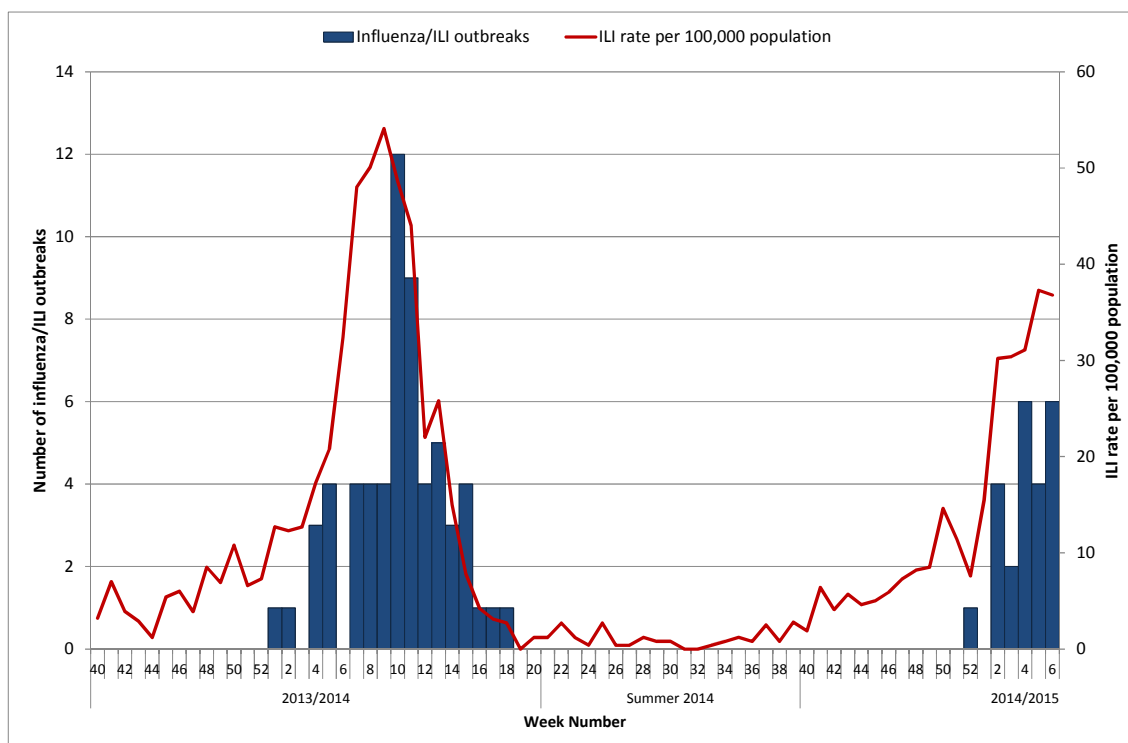


Figure 10: Number of influenza/ILI outbreaks and national sentinel GP ILI consultation rate per 100,000 population by week and influenza season. It should be noted that the week numbers run Monday to Sunday, as per the international influenza surveillance calendar. Source: Computerised Infectious Disease Reporting System (CIDR) & ICGP.

10. International Summary

- Globally influenza activity remained high in the northern hemisphere with influenza A(H3N2) viruses predominating so far this season.
- In Europe, the influenza season is well under way, in particular in western and central European countries. The overall proportion of influenza positive sentinel specimens in Europe remained stable at 49%, during week 5 2015. Overall, influenza A(H3N2) viruses have been the predominant viruses detected in Europe this season.
- Globally, antigenic characterisation of most influenza A(H3N2) viruses tested this season indicated differences from the A(H3N2) virus used in the influenza vaccines for the northern hemisphere 2014/2015 season. This situation is being monitored closely as the season progresses. Although this may compromise the effectiveness of the A(H3N2) component of the vaccine, it is still important that people are vaccinated, particularly those at risk of developing severe influenza symptoms. Vaccination of the elderly and other risk groups is still recommended, as the A(H3N2) component is expected to reduce the likelihood of severe outcomes due to cross-protection, and both the A(H1N1)pdm09 and influenza B components are effective. Vaccination remains the most effective means of preventing infection by seasonal influenza viruses. Based on tests to date, the influenza A(H3N2) viruses are expected to be sensitive to neuraminidase inhibitors (antiviral drugs: oseltamivir and zanamivir).
- The majority of influenza A(H1)pdm09 and influenza B viruses characterised this season are similar to those included in the 2014/2015 northern hemisphere trivalent vaccine.
- The latest ECDC risk assessment on seasonal influenza for the 2014/2015 season in Europe is available [here](#).
- See [ECDC](#) and [WHO](#) influenza surveillance reports for further information.

- Further information is available on the following websites:

Northern Ireland	http://www.fluawareni.info/
Europe – ECDC	http://ecdc.europa.eu/
Public Health England	http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/
United States CDC	http://www.cdc.gov/flu/weekly/fluactivitysurv.htm
Public Health Agency of Canada	http://www.phac-aspc.gc.ca/fluwatch/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](#). The latest ECDC risk assessment on human infection with influenza A(H7N9) is available [here](#).
- For information on human infection with avian influenza A(H5N1) in Egypt, 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.

11. WHO recommendations on the composition of influenza virus vaccines

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.

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

Acknowledgements

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