

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 6 2016 (8th – 14th February 2016)



Summary

Most indicators of influenza activity in Ireland decreased during week 6 2016 (week ending February 14, 2016), with activity remaining at high levels. Influenza A(H1N1)pdm09 is the predominant virus circulating. Reports of hospitalisations/ICU admissions associated with influenza remain elevated. It is recommended that antivirals be considered for the treatment and prevention of influenza in high risk groups.

- **Influenza-like illness (ILI):** The sentinel GP influenza-like illness (ILI) consultation rate was 73.4 per 100,000 population in week 6 2016, a slight decrease compared to the updated rate of 79.5 per 100,000 reported during week 5 2016.
 - ILI rates remained above the Irish baseline ILI threshold (18 per 100,000 population).
 - ILI age specific rates were highest in the 0-4 year age group.
- **GP Out of Hours:** The proportion of influenza-related calls to GP Out-of-Hours services remained elevated.
- **National Virus Reference Laboratory (NVRL):** Influenza positivity reported from the NVRL for all respiratory specimens (sentinel and non-sentinel) decreased to 27.7% during week 6 2016, compared to 32.8% during the previous week. Of 661 sentinel and non-sentinel specimens tested, 183 were influenza positive: 119 A(H1N1)pdm09, 3 A (not subtyped) and 61 B.
 - Influenza A(H1N1)pdm09 is the predominant virus circulating; co-circulating with influenza B.
 - Influenza A(H1N1)pdm09 positivity remains high; influenza B positivity peaked during December 2015.
 - RSV activity remains at low levels.
 - Increased positive detections of adenovirus were reported in week 6 2016.
- All influenza A(H1N1)pdm09 and A(H3N2) viruses characterised in Ireland this season, belong to genetic groups that are antigenically similar to the strains recommended for inclusion in the 2015/2016 trivalent influenza vaccines. Influenza B viruses characterised this season in Ireland, belong to the B/Victoria lineage, these viruses are not present in the 2015/2016 trivalent vaccine used in Ireland. Trivalent vaccines are the most widely used influenza vaccines in Europe.
- **Respiratory admissions:** Respiratory admissions reported from a network of sentinel hospitals decreased during week 6 2016, however remained at elevated levels.
- **Hospitalisations:** 665 confirmed influenza hospitalised cases were notified to HPSC for the 2015/2016 season to date: 341 were associated with influenza A(H1N1)pdm09, 3 with A(H3N2), 96 with A (not subtyped) and 225 with influenza B.
- **Critical care admissions:** 15 confirmed influenza cases admitted to critical care units were reported to HPSC since the last surveillance report, bringing the season total to 70 cases.
- **Mortality:** 16 confirmed influenza cases died and were reported to HPSC for the 2015/2016 season.
- **Outbreaks:** One influenza A(H1N1)pdm09 school outbreak in HSE-NE was notified to HPSC during week 6 2016.
- **International:** Overall, influenza activity has continued to increase in Europe, with influenza A(H1N1)pdm09 viruses predominating this season to date.

1. GP sentinel surveillance system - Clinical Data

- During week 6 2016, 200 influenza-like illness (ILI) cases were reported from sentinel GPs, corresponding to an ILI consultation rate of 73.4 per 100,000 population, a slight decrease compared to the updated rate of 79.5 per 100,000 reported during week 5 2016. ILI rates remain above the Irish baseline ILI threshold (18/100,000 population) and medium intensity ILI threshold (57/100,000 population) (figure 1).
- ILI age specific rates increased and were highest in the 0-4 year age group, at 118.1/100,000 population, during week 6 2016. ILI age specific rates decreased in all other age groups during week 6 2016, compared to the previous week (figure 2).
- HPSC in consultation with the European Centre for Disease Prevention and Control (ECDC) has revised the Irish baseline ILI threshold for the 2015/2016 influenza season to 18 per 100,000 population; this threshold indicates the likelihood that influenza is circulating in the community. The Moving Epidemic Method (MEM) has been adopted by ECDC to calculate thresholds for GP ILI consultations in a standardised approach across Europe.¹
- The baseline ILI threshold, medium (57/100,000 population) and high (114/100,000 population) intensity ILI thresholds are shown in figure 1.

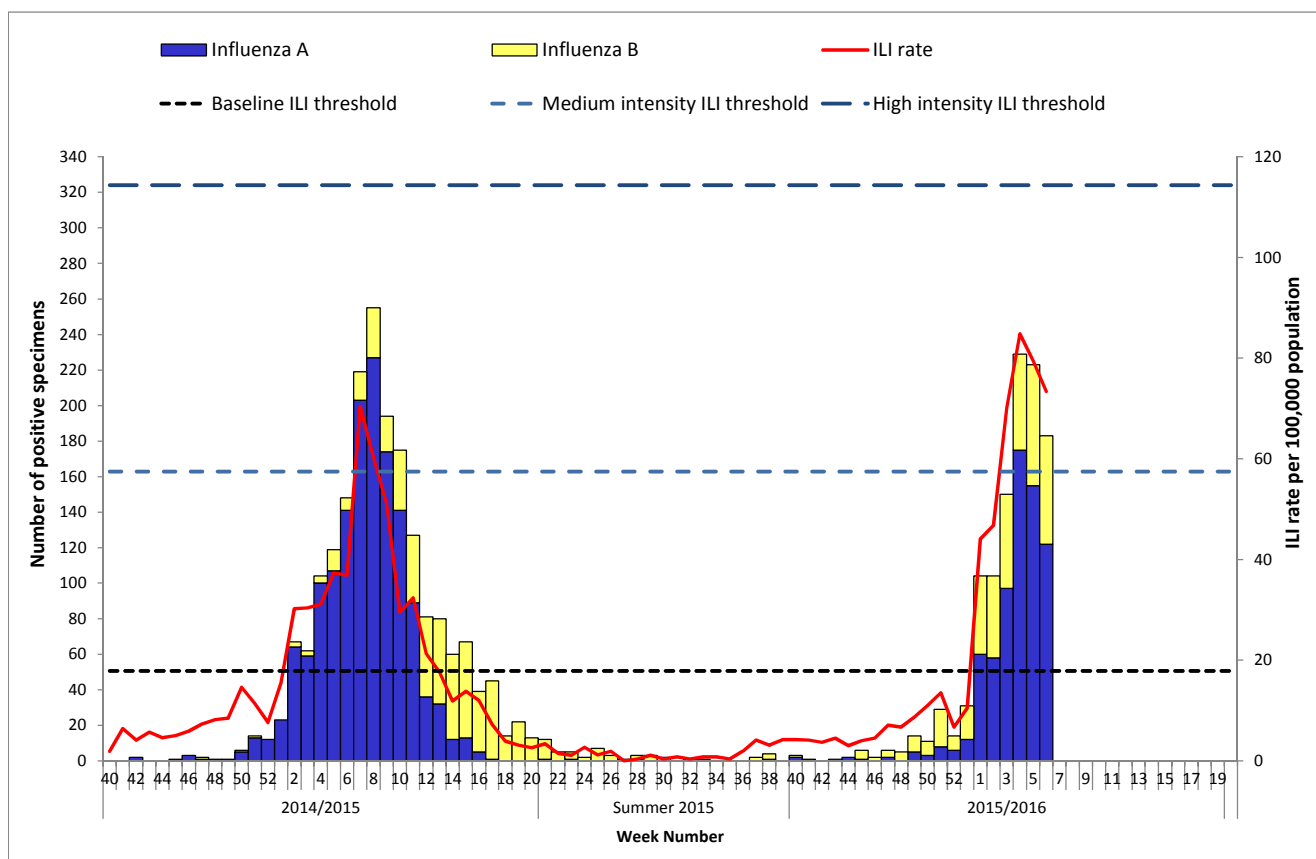


Figure 1: ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold, medium and high intensity ILI thresholds¹ and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season.
 Source: ICGP and NVRL

¹ For further information on the Moving Epidemic Method (MEM) to calculate ILI thresholds:
<http://www.ncbi.nlm.nih.gov/pubmed/22897919>

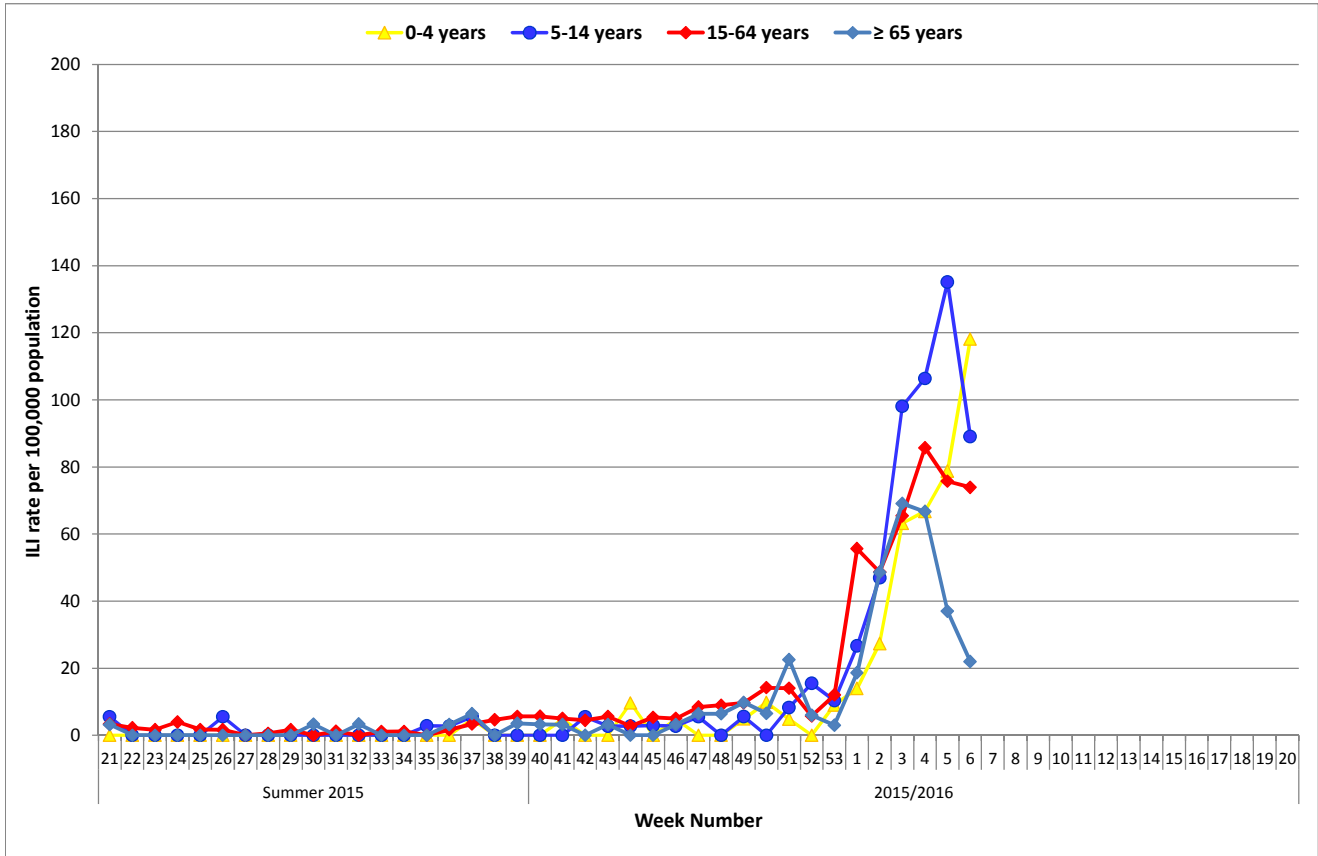


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2015 and the 2015/2016 influenza season to date. Source: ICGP.

2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2015/2016 influenza season refers to sentinel and non-sentinel respiratory specimens routinely 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) (figures 3, 4 & 5, tables 1 & 2).

- Influenza positivity reported from the NVRL for all respiratory specimens (sentinel and non-sentinel) decreased to 27.7% during week 6 2016, compared to 32.8% during the previous week. Of 661 sentinel and non-sentinel specimens tested, 183 were influenza positive: 119 A(H1)pdm09, 3 A (not subtyped) and 61 B.
 - During week 6 2016, 65% of influenza positive specimens were influenza A(H1)pdm09 and 33% were influenza B. Influenza B positivity peaked during December 2015. Influenza A(H1)pdm09 positivity remained elevated, however decreased slightly during weeks 5 and 6 2016.
- Influenza A(H1)pdm09 was the predominant virus circulating in Ireland during week 6 2016, co-circulating with influenza B (figures 3 & 4).
- Data from the NVRL for week 6 2016 and the 2015/2016 season to date are detailed in tables 1 and 2.
- RSV positivity has continued to decrease, following the RSV peak in week 51 2015. Eleven (11/661; 1.7%) respiratory syncytial virus (RSV) positive sentinel and non-sentinel specimens were reported during week 6 2016. Figure 5 shows the number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2015/2016 season, compared to the 2014/2015 season.
- Fifteen adenovirus, 10 human metapneumovirus (hMPV) and one parainfluenza virus positive sentinel and non-sentinel specimens were reported by the NVRL during week 6 2016 (table 2).
- The overall proportion of non-sentinel specimens positive for seasonal respiratory viruses* remained high, at 28.2% during week 6 2016. * *Seasonal respiratory viruses tested by the NVRL are detailed above.*

- Genetic characterisation of influenza viruses circulating this season in Ireland has been carried out by the NVRL, on 28 influenza positive specimens to date. Seventeen influenza A(H1)pdm09 viruses have been genetically characterised; all belong to the genetic group A/South Africa/3626/2013 (subgroup 6B), which is a genetic group of viruses that is antigenically similar to the 2015/2016 influenza A(H1)pdm09 vaccine strain. Two influenza A(H3) viruses have been genetically characterised, both belong to the genetic group A/Hong Kong/4801/2014 (3C.2a), which is a genetic group of viruses that is antigenically similar to the 2015/2016 influenza A(H3) vaccine strain. Nine influenza B viruses were characterised as belonging to the genetic group B/Victoria/2/87 (clade 1A), which is a genetic group of viruses antigenically similar to B/Brisbane/60/2008. The B/Victoria viruses are not present in the 2015/2016 trivalent influenza vaccine used in Ireland.
- Trivalent influenza vaccines are the most widely used influenza vaccines in Europe. The most prevalent influenza B virus lineage detected this season in Europe, is B/Victoria, which is not present in trivalent vaccines. Most influenza A(H1N1)pdm09 and A(H3N2) viruses genetically characterised in Europe this season to date, belong to genetic groups that are antigenically similar to the 2015/2016 influenza vaccine strains.
- In Ireland, further genetic testing is ongoing, and the NVRL and HPSC are carefully monitoring the situation.

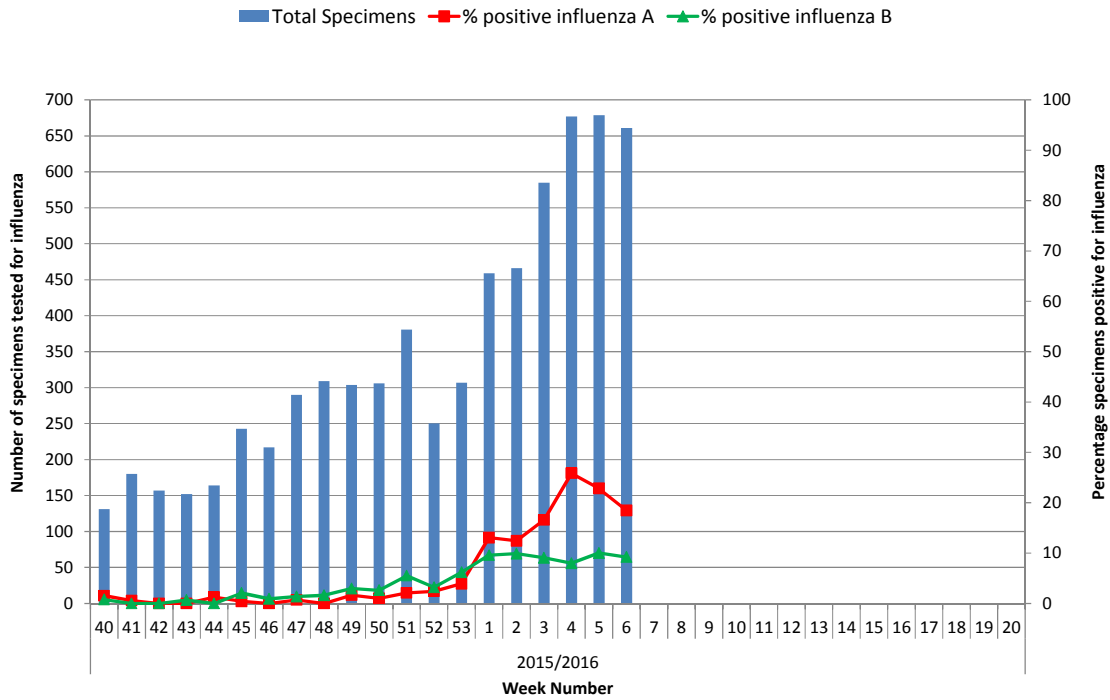


Figure 3: Number of sentinel and non-sentinel specimens tested by the NVRL for influenza and percentage influenza positive by week for the 2015/2016 influenza season. *Source: NVRL*

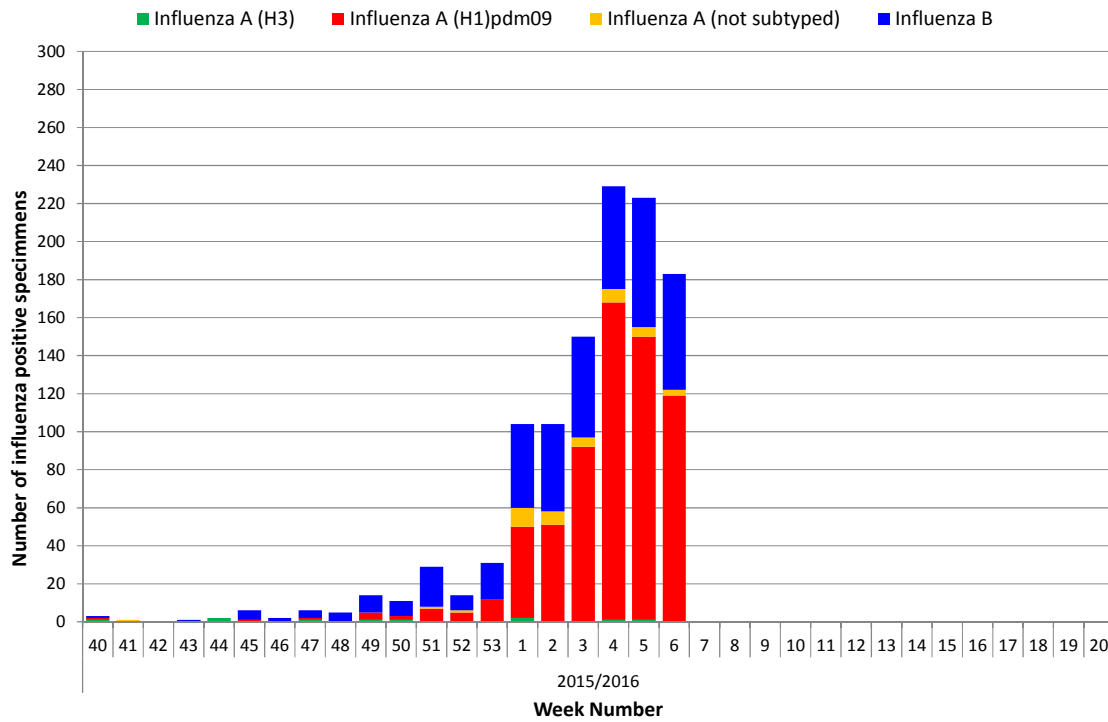


Figure 4: Number of positive influenza specimens by influenza type/subtype from sentinel and non-sentinel sources tested by the NVRL, by week for the 2015/2016 influenza season. *Source: NVRL*

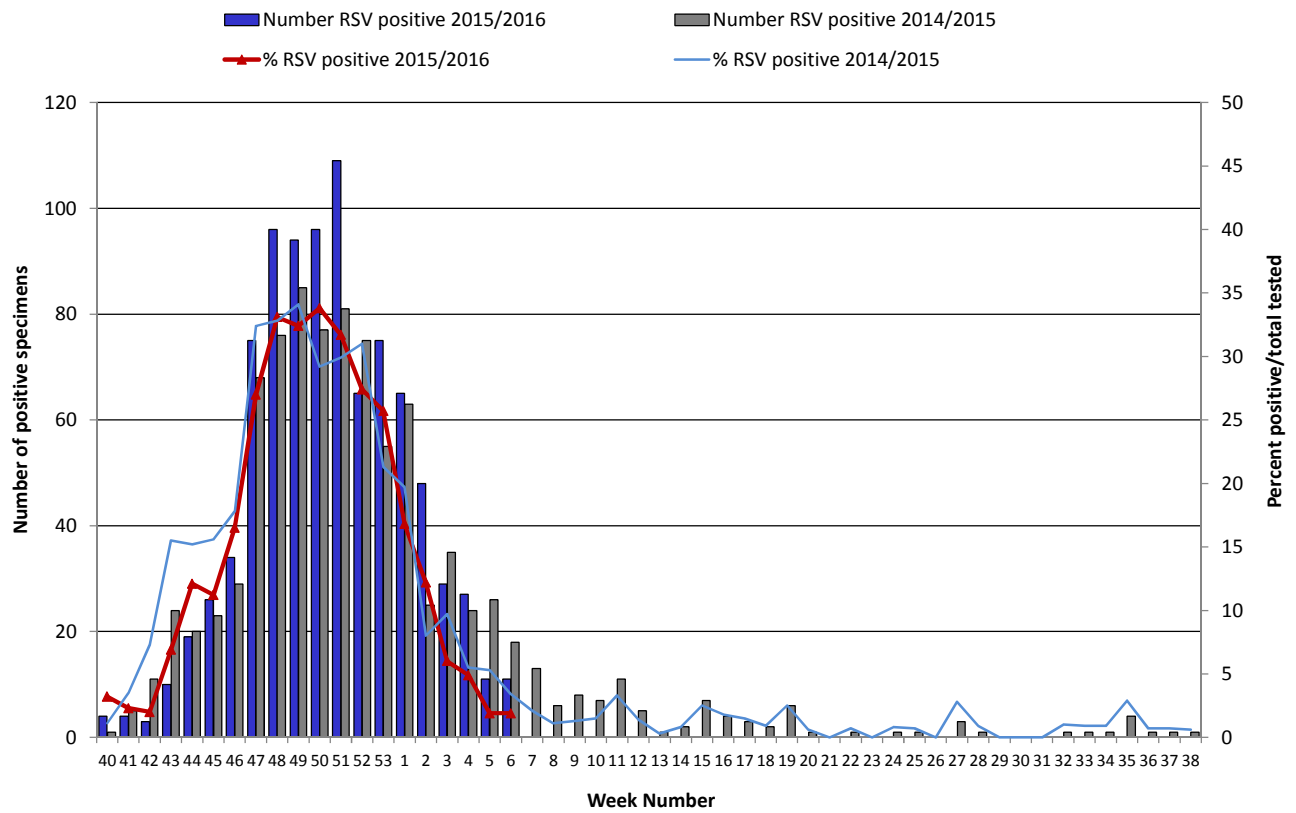


Figure 5: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL by week during the 2015/2016 season, compared to the 2014/2015 season. Source: NVRL.

Table 1: Number of sentinel and non-sentinel[†] respiratory specimens tested by the NVRL and positive influenza results, for week 6 2016 and the 2015/2016 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 2016	Sentinel	76	53	69.7	33	0	0	33	20
	Non-sentinel	585	130	22.2	86	0	3	89	41
	Total	661	183	27.7	119	0	3	122	61
2015/2016	Sentinel	729	363	49.8	201	2	7	210	153
	Non-sentinel	6189	755	12.2	458	8	33	499	256
	Total	6918	1118	16.2	659	10	40	709	409

Table 2: Number of non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 6 2016 and the 2015/2016 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 2016	Sentinel	76	0	0.0	1	1.3	0	0.0	0	0.0	0	0.0	0	0.0	1	1.3
	Non-sentinel	585	11	1.9	14	2.4	0	0.0	0	0.0	1	0.2	0	0.0	9	1.5
	Total	661	11	1.7	15	2.3	0	0.0	0	0.0	1	0.2	0	0.0	10	1.5
2015/2016	Sentinel	729	25	3.4	7	1.0	6	0.8	1	0.1	0	0.0	0	0.0	14	1.9
	Non-sentinel	6189	901	14.6	60	1.0	64	1.0	25	0.4	31	0.5	0	0.0	136	2.2
	Total	6918	926	13.4	67	1.0	70	1.0	26	0.4	31	0.4	0	0.0	150	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

The geographical spread of influenza activity is reviewed on a weekly basis using sentinel GP ILI consultation rates, laboratory data and outbreak data.

The geographical spread of influenza/ILI during the week ending February 14, 2016 (week 6 2016) is shown in figure 6. Widespread influenza activity was reported in HSE-E, -NE, -SE, -S and -MW and localised influenza activity was reported in HSE-M, -NW and -W during week 6 2016.

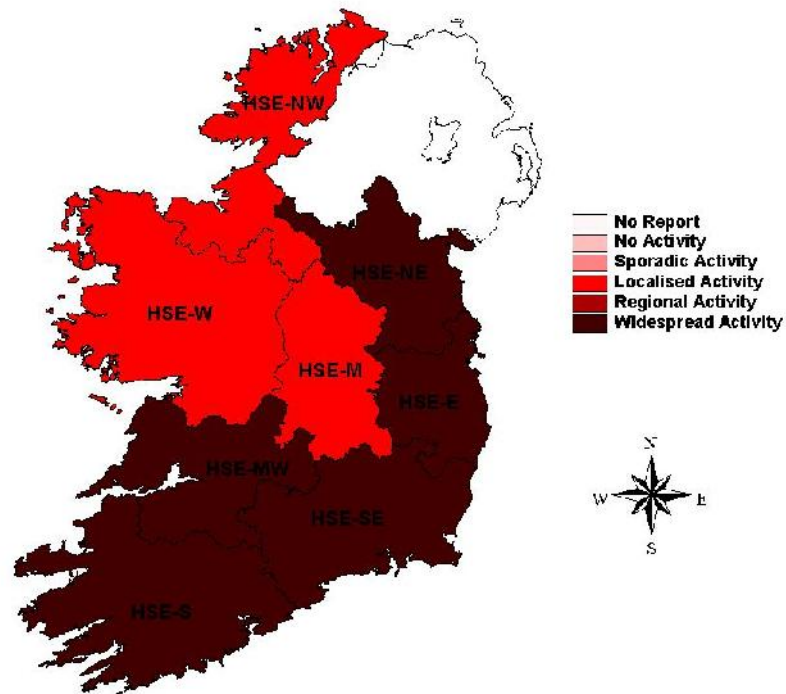


Figure 6: Map of provisional influenza activity by HSE-Area during influenza week 6 2016

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. For the 2015/2016 influenza season, eight sentinel hospitals are regularly reporting respiratory admissions data.

Respiratory admissions reported from a network of sentinel hospitals remained at moderately high levels during week 6 2016 at 370, compared to 414 during the previous week (figure 7). It should be noted that data were missing from one sentinel hospital during week 6 2016.

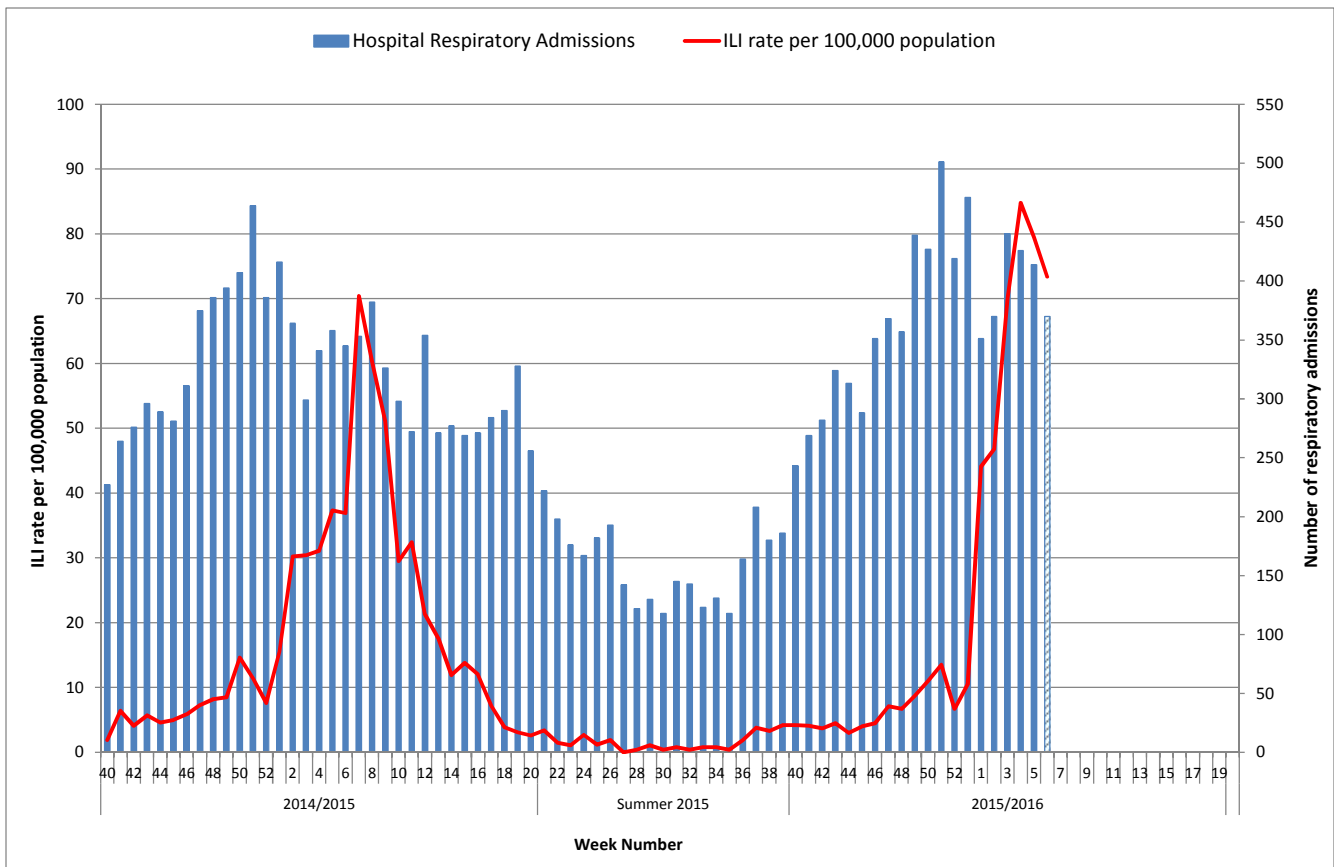


Figure 7: Number of respiratory admissions reported from sentinel hospitals and ILI sentinel GP consultation rate per 100,000 population by week and season. Source: Departments of Public Health - Sentinel Hospitals & ICGP. Data were missing from one sentinel hospital for week 6 2016; hatched area.

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 decreased slightly during week 6 2016 to 4.4%, compared to 5.1% during week 5 2016 (figure 8).

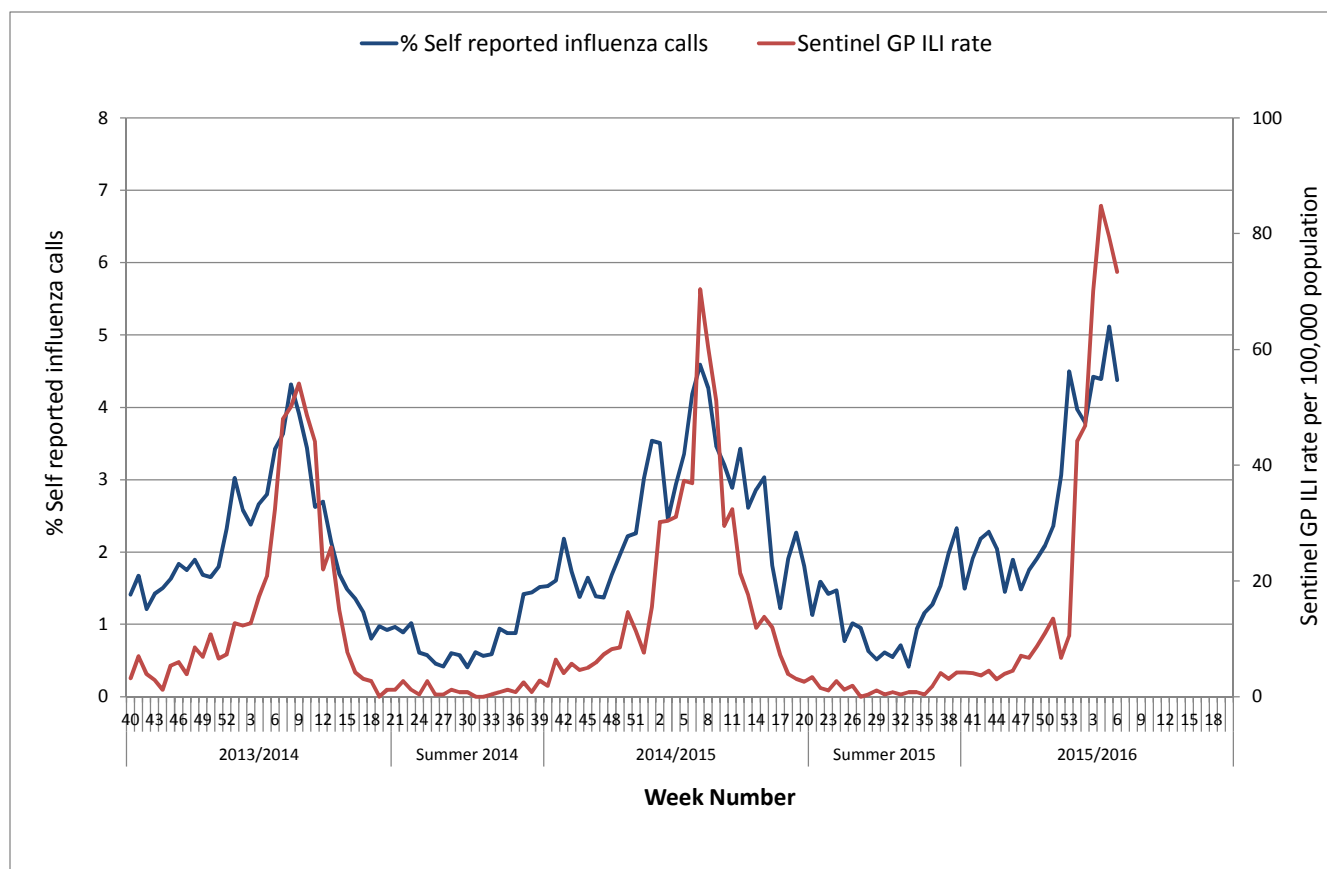


Figure 8: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and sentinel GP ILI consultation rate per 100,000 population by week and season. Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.

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](#). RSV notifications continued to decrease during the week ending February 14, 2016, with 36 cases notified, compared to 41 during the previous week. Influenza notifications increased further during the week ending February 14, 2016, with 414 cases notified, compared to 338 during the previous week.

6. Influenza Hospitalisations

During week 6 2016 (week ending 14/02/2016), 194 confirmed influenza hospitalised cases were notified to HPSC, bringing the 2015/2016 season total to 665. Of these 665 notified hospitalised cases: 341 were associated with influenza A(H1)pdm09, 3 with A(H3), 96 with A (not subtyped) and 225 with influenza B. The highest age specific rates were in those aged less than five years (table 3). The median age of hospitalised cases for the season to date is 25 years (ranging from 0-94 years).

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.

Fifteen confirmed influenza cases admitted to critical care units were reported to HPSC since the last surveillance report. For the 2015/2016 season to date, 70 confirmed influenza cases (42 associated with influenza A(H1)pdm09, 15 with influenza A-not subtyped and 13 with influenza B) were admitted to critical care units and reported to HPSC. The highest age specific rates were in those aged less than one year, followed by those aged 55-64 years. The median age of cases admitted to critical care units for the season to date is 52 years (ranging from 0-86 years) (table 3).

Table 3: Age specific rates for confirmed influenza cases hospitalised and admitted to critical care during the 2015/2016 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	40	55.2	6	8.3
1-4	130	45.8	2	0.7
5-14	109	17.5	3	0.5
15-24	52	9.0	0	0.0
25-34	68	9.0	3	0.4
35-44	65	8.6	11	1.6
45-54	39	6.7	12	2.1
55-64	57	12.3	19	4.1
≥65	105	19.6	14	2.6
Total	665	14.5	70	1.5

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/>

- Sixteen confirmed influenza cases (12 associated with influenza A(H1)pdm09, one with influenza A-not subtyped and three with influenza B) died and were reported to HPSC for the 2015/2016 season to date. The median age of confirmed influenza cases who died this season is 63 years.
- No excess all-cause mortality was reported in Ireland for the 2015/2016 season to date, after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm.

9. Outbreak Surveillance

One influenza A(H1N1)pdm09 school outbreak in HSE-NE was notified during week 6 2016. To date this season (up to the week ending February 14, 2016), 31 acute respiratory/influenza outbreaks have been reported to HPSC: 11 outbreaks associated with influenza (nine with influenza A(H1N1)pdm09, one with influenza A –not subtyped and one with influenza B), eight with RSV, two with parainfluenza type 1, two with hMPV and eight with unknown pathogens. Twenty-four outbreaks were in community hospital/residential care facilities, four were in acute hospital settings, two were in schools and one in a day-care centre for those with intellectual disabilities. Family outbreaks are not included in this report. *All outbreaks notified to HPSC are reported in the [HPSC Outbreak Weekly Report](#).*

10. International Summary

As of February 8 2016, globally, increasing levels of influenza activity continued to be reported in the temperate zones of the northern hemisphere, with influenza A(H1N1)pdm09 predominating. In North America, a slight increase of influenza A(H1N1)pdm09 was reported, but overall levels were still low. Increasing influenza activity continued to be reported in Europe. An increase in cases of severe disease, mainly in those aged 15–64 years, was reported during week 5 2016, with most of these associated with A(H1N1)pdm09. In Europe, the vast majority of subtyped influenza A viruses were A(H1N1)pdm09, and B viruses ascribed to a lineage were B/Victoria. See [ECDC](#) and [WHO](#) influenza surveillance reports for further information. ECDC have published a mid-season influenza risk assessment, available on the [ECDC website](#).

- 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>
- Information on Middle Eastern Respiratory Syndrome Coronavirus (MERS), 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.
- Further information on avian influenza is available on the [ECDC website](#). The latest ECDC rapid risk assessment on highly pathogenic avian influenza A of H5 type is also available on the [ECDC website](#).

11. WHO recommendations on the composition of influenza virus vaccines

The WHO vaccine strain selection committee recommended that trivalent vaccines for use in the 2015/2016 influenza season (northern hemisphere winter) contain the following: an A/California/7/2009 (H1N1)pdm09-like virus; an A/Switzerland/9715293/2013 (H3N2)-like virus; a B/Phuket/3073/2013-like virus.

<http://www.who.int/influenza/vaccines/virus/recommendations/en/>

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

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