

# Influenza Surveillance in Ireland – Weekly Report

Influenza Week 46 2019 (11<sup>th</sup> – 17<sup>th</sup> November 2019)



## Summary

**All indicators of influenza activity in Ireland were at low levels during week 46 2019 (week ending 17<sup>th</sup> November 2019).**

- **Influenza-like illness (ILI):** The sentinel GP influenza-like illness (ILI) consultation rate was 9.1 per 100,000 population in week 46 2019, slightly higher than the updated rate of 6.2 per 100,000 reported during week 45 2019.
  - ILI rates were below the Irish baseline threshold (18.1 per 100,000 population).
  - ILI age specific rates were at low levels in all age groups.
- **GP Out of Hours:** The proportion of influenza-related calls to GP Out-of-Hours services was low during week 46 2019.
- **National Virus Reference Laboratory (NVRL):**
  - Influenza positivity reported by the NVRL was at low levels during week 46 2019, at 6.8%.
  - Thirty confirmed influenza positive specimens were reported from non-sentinel sources during week 46 2019. Twenty-six were influenza A(H3N2), two were influenza B (not subtyped) one was influenza A(H1N1)pdm09 and one was A (not subtyped).
  - No confirmed influenza positive specimens were reported from the sentinel GP network during week 46 2019.
  - Sporadic positive specimens of influenza A(H3N2), A(H1N1)pdm09 and influenza B have been reported to date this season; the majority of these were influenza A(H3N2).
  - Respiratory syncytial virus (RSV) positivity has been increasing gradually in recent weeks, as expected at this time of year. RSV activity is currently at medium levels.
  - Sporadic detections of parainfluenza virus, adenovirus and human metapneumovirus (hMPV) have been reported to date this season and during the summer period.
- **Hospitalisations:** During week 46 2019, 19 confirmed influenza hospitalised cases were notified to HPSC. During the 2019/2020 influenza season to date, 41 confirmed influenza hospitalised cases have been notified to HPSC.
- **Critical care admissions:** One confirmed influenza case was admitted to critical care units and reported to HPSC during week 46 2019.
- **Mortality:** There were no reports of influenza-associated deaths during week 46 2019 or during the 2019/2020 influenza season to date.
- **Outbreaks:** One influenza outbreak in an acute hospital in HSE-E was reported to HPSC during week 46 2019.
- **International:** As is usual for this time of year, influenza activity is at low levels in the temperate zone of the northern hemisphere.

## 1. GP sentinel surveillance system - Clinical Data

- During week 46 2019, 22 influenza-like illness (ILI) cases were reported by sentinel GPs, corresponding to an ILI consultation rate of 9.1 per 100,000 population, slightly higher than the updated rate of 6.2 per 100,000 reported for week 45 2019. The ILI rate for week 46 2019 is below the Irish baseline ILI threshold (18.1/100,000 population) (figure 1).
- ILI age specific rates were low in all age groups during week 46 2019 (figure 2).
- HPSC in consultation with the European Centre for Disease Prevention and Control (ECDC) has revised the Irish baseline ILI threshold for the 2019/2020 influenza season to 18.1 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.<sup>1</sup>
- The baseline ILI threshold (18.1/100,000 population), medium (57.5/100,000 population) and high (86.5/100,000 population). Intensity ILI thresholds are shown in figure 1.

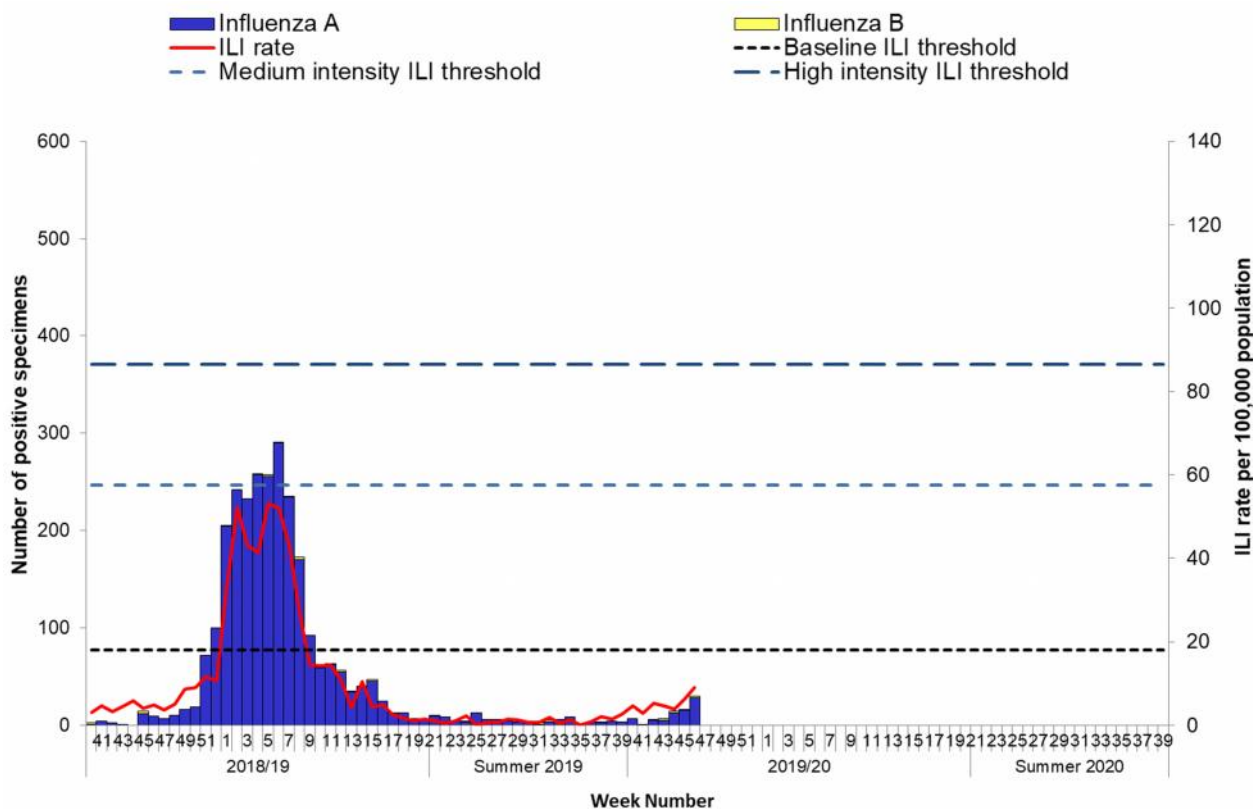


Figure 1: ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold, medium and high intensity ILI thresholds\* and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. Source: ICGP and NVRL

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

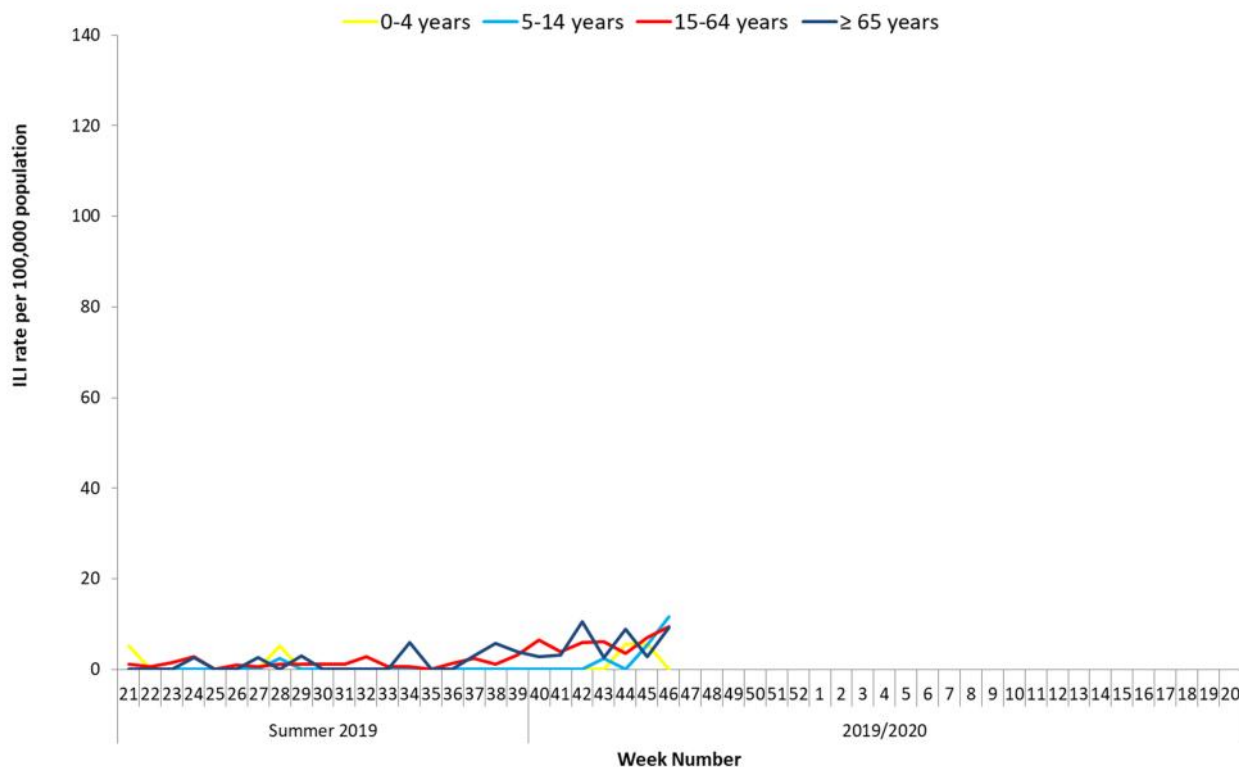


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2019 and the 2019/2020 influenza season to date. Source: ICGP.

## 2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2019/2020 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) (figure 3 and tables 1, 2 & 3).

- Influenza positivity reported by the NVRL was at low levels during week 46 2019, at 6.8%.
- Thirty confirmed influenza A positive specimens were reported from non-sentinel sources during week 46 2019. Twenty-six were influenza A (H3N2), one was influenza A(H1N1)pdm09, one was A (not subtyped) and two were influenza B (not subtyped).
- No confirmed influenza positive specimens were reported from the sentinel GP network during week 46 2019. Data from the NVRL for week 46 2019 are detailed in tables 1, 2 and 3.
- Sporadic positive specimens of influenza A(H3N2), A(H1N1)pdm09 and influenza B have been reported to date this season; the majority of these were influenza A(H3N2).
- Respiratory syncytial virus (RSV) positivity has been increasing during weeks 40 to 46 2019 compared to the summer period and RSV activity is now at medium levels (figure 3).
- Sporadic detections of parainfluenza virus, adenovirus and human metapneumovirus (hMPV) have been reported to date this season (table 3).
- An increase in picornavirus positive detections, which includes both rhinoviruses and enteroviruses, was reported in September and October (data on picornaviruses are not included in this report). This increase is usually seen at this time of year in association with children returning to school.

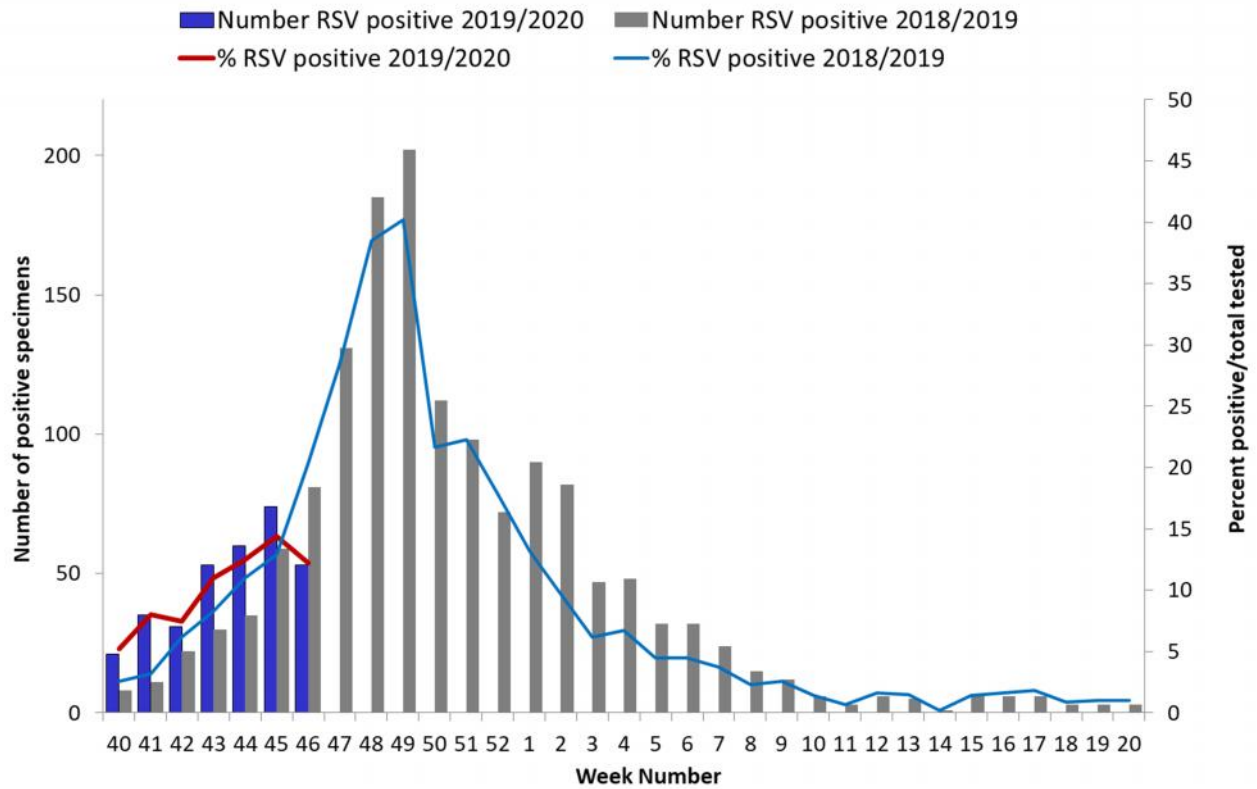


Figure 3: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2019/2020 season, compared to the 2018/2019 season. *Source: NVRL.*

**Table 1: Number of sentinel\* and non-sentinel<sup>†</sup> respiratory specimens tested by the NVRL and positive influenza results, for week 46 2019. 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	B (unspecified)	B Victoria lineage	B Yamagata lineage	Total influenza B
46 2019	Sentinel	6	0	0.0	0	0	0	0	0	0	0	0
	Non-sentinel	435	30	6.9	1	26	1	28	2	0	0	2
	<b>Total</b>	<b>441</b>	<b>30</b>	<b>6.8</b>	<b>1</b>	<b>26</b>	<b>1</b>	<b>28</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>
2019/2020	Sentinel	58	10	17.2	1	6	0	7	0	2	1	3
	Non-sentinel	3162	71	2.2	5	60	2	67	4	0	0	4
	<b>Total</b>	<b>3220</b>	<b>81</b>	<b>2.5</b>	<b>6</b>	<b>66</b>	<b>2</b>	<b>74</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>7</b>

**Table 2: Number of sentinel\* and non-sentinel respiratory specimens tested by the NVRL and positive RSV results, for week 46 2019. Source: NVRL**

Week	Specimen type	Total tested	Total RSV	% RSV	RSV A	RSV B	RSV (unspecified)
46 2019	Sentinel	6	0	0.0	0	0	0
	Non-sentinel	435	53	12.2	0	0	53
	<b>Total</b>	<b>441</b>	<b>53</b>	<b>12.0</b>	<b>0</b>	<b>0</b>	<b>53</b>
2019/2020	Sentinel	58	2	3.4	2	0	0
	Non-sentinel	3162	327	10.3	0	0	327
	<b>Total</b>	<b>3220</b>	<b>329</b>	<b>10.2</b>	<b>2</b>	<b>0</b>	<b>327</b>

**Table 3: Number of non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 46 2019. Source: NVRL**

Week	Specimen type	Total tested	Adenovirus	% Adenovirus	PIV-1	% PIV-1	PIV-2	% PIV-2	PIV-3	% PIV-3	PIV-4	% PIV-4	hMPV	% hMPV
46 2019	Non-sentinel	435	8	1.8	16	3.7	4	0.9	1	0.2	1	0.2	7	1.6
2019/2020	Non-sentinel	3162	87	2.8	136	4.3	53	1.7	14	0.4	13	0.4	118	3.7

\*Sentinel specimens are only tested for influenza and RSV

<sup>†</sup> 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.

The geographical spread of influenza/ILI during week 46 2019 is shown in figure 4. Sporadic influenza activity (based on ILI cases and/or laboratory confirmed influenza cases) was reported in by all HSE areas except for HSE-M who reported no activity during week 46 2019.

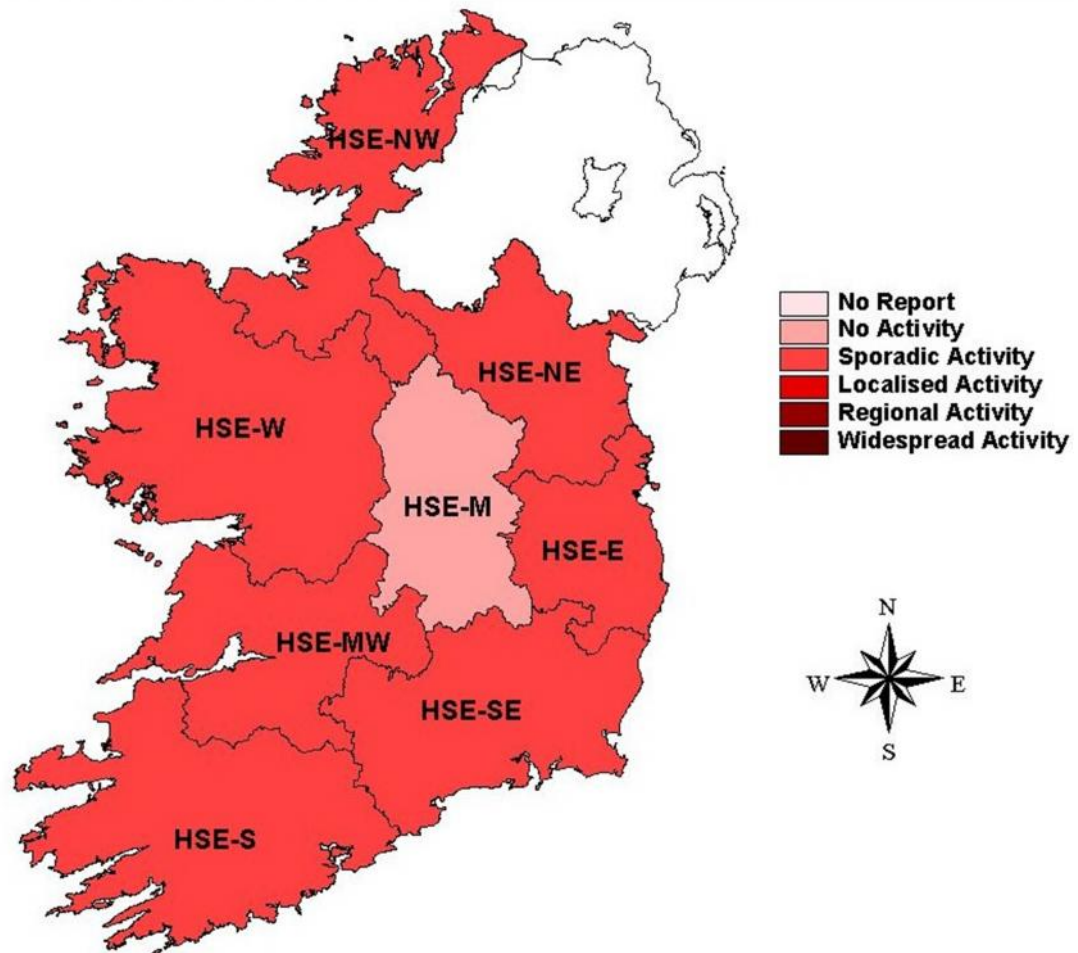
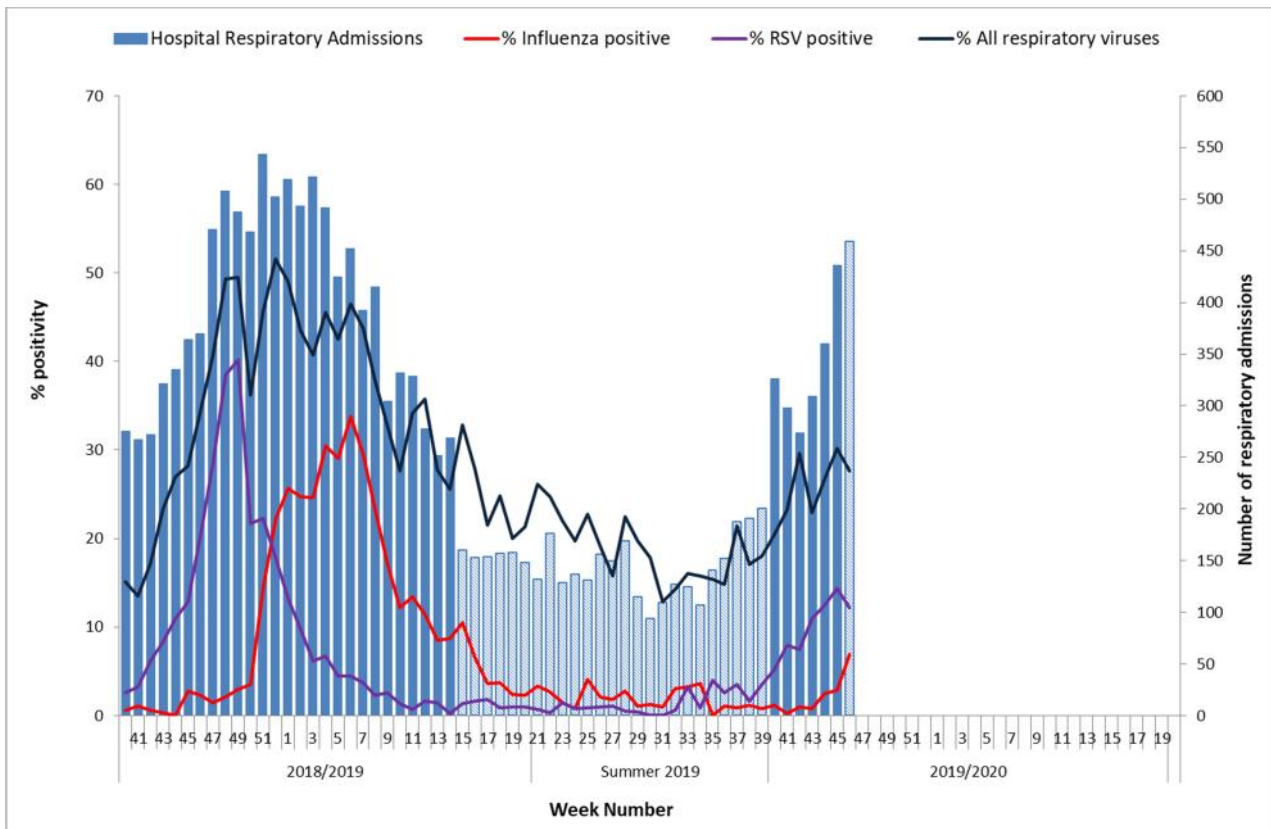


Figure 4: Map of provisional influenza activity by HSE-Area during influenza week 46 2019

#### 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 a network of sentinel hospitals were at medium levels, at 459 admissions, during week 46 2019 (figure 5). This was a slight increase compared to the 436 respiratory admissions reported during week 45 2019.



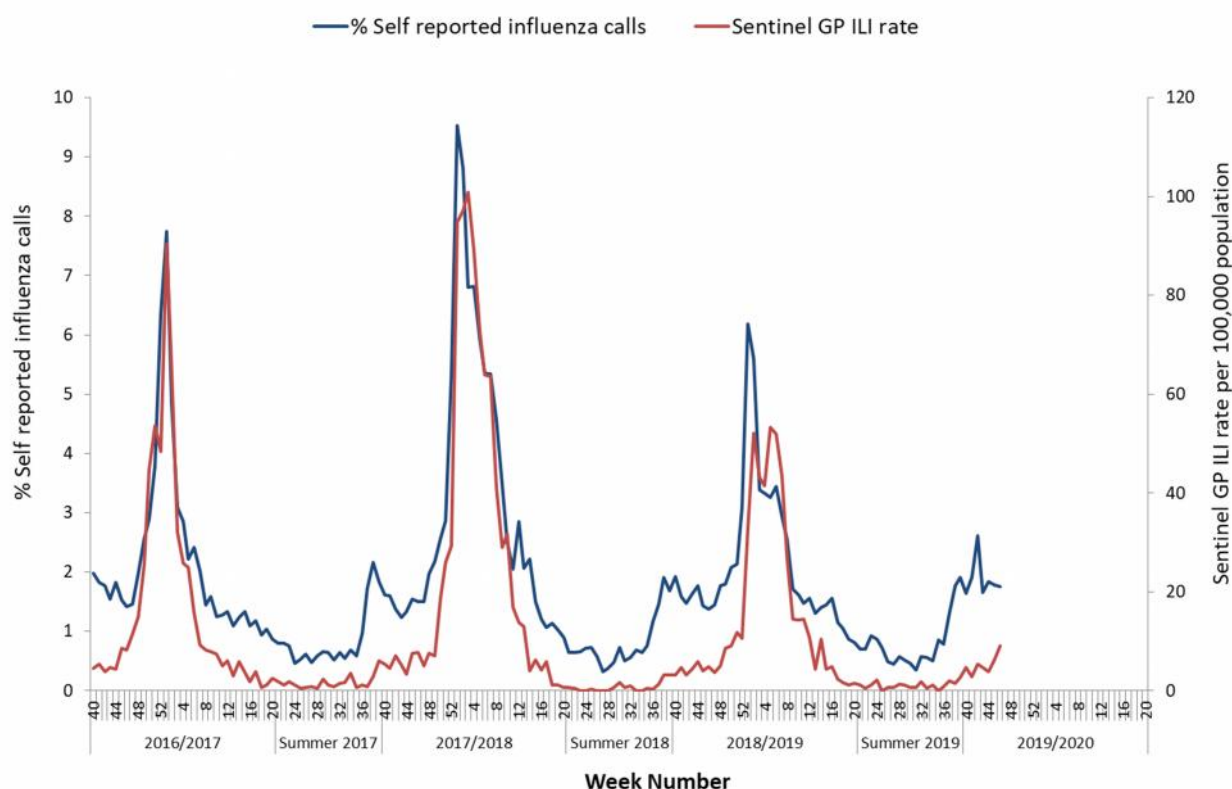
**Figure 5: Number of respiratory admissions reported from the sentinel hospital network and % positivity for influenza, RSV and all seasonal respiratory viruses tested\* by the NVRL by week and season.** Source: Departments of Public Health - Sentinel Hospitals & NVRL. \*All seasonal respiratory viruses tested refer to non-sentinel respiratory specimens routinely tested by the NVRL including influenza, RSV, adenovirus, parainfluenza viruses and human metapneumovirus (hMPV). Weeks with missing data are represented by the hatched bar.

#### 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 was at low levels during week 46 2019 at 1.8%, which was the same as the previous week. Four services reported data for week 46 and there were 198 calls relating to self-reported influenza (figure 6).





**Figure 6: 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](#). Influenza notifications were at low levels during week 46 2019, with 42 confirmed influenza cases notified. This was an increase compared to the previous week. Of the 42 cases, 23 were due to influenza A(H3N2), three were A(H1N1)pdm09 and 13 were due to influenza A (not subtyped) and three were due to influenza B.

RSV notifications were at medium levels, with 158 cases notified during week 46 2019, an increase compared to the previous week. The number of cases of RSV notified has been gradually increasing in recent weeks, as is usual at this time of year.

## 6. Influenza Hospitalisations

- 19 confirmed influenza hospitalised cases, 14 were due to influenza A(H3N2), four due to influenza A (not subtyped) and one due to influenza B were notified to HPSC during week 46 2019.
- For the 2019/2020 season to date, 41 confirmed influenza hospitalised cases have been notified to HPSC; 24 due to influenza A(H3N2), 14 due to influenza A (not subtyped) and three due to influenza B.



## 7. Critical Care Surveillance

The Intensive Care Society of Ireland (ICSI) and the HSE Critical Care Programme are continuing with the enhanced surveillance system set up during the 2009 pandemic, on all critical care patients with confirmed influenza. HPSC processes and reports on this information on behalf of the regional Directors of Public Health/Medical Officers of Health.

One confirmed influenza case was admitted to critical care and reported to HPSC during week 46 2019. The case was due to influenza A (subtype not reported). During 2019/2020 season to date, three influenza cases have been reported to HPSC as having been admitted to ICU.

## 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 influenza-associated deaths this season to date.
- During week 46 2019, no excess all-cause mortality was reported in Ireland after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm.

## 9. Outbreak Surveillance

- One influenza outbreak in an acute hospital in HSE E was reported to HPSC during week 46 2019.
- Influenza and viral respiratory outbreaks reported during the influenza 2019/2020 season to date are summarised by HSE area and by pathogen detected in Tables 4 and 5.

**Table 4: Summary of respiratory outbreaks by HSE area and disease during 2019/2020 season** *Source: CIDR*

HSE area	Influenza	Respiratory syncytial virus infection	Acute respiratory infection	Total
HSE-E	2	0	2	4
HSE-M	0	0	1	1
HSE-MW	0	0	1	1
HSE-NE	0	1	0	1
HSE-NW	0	0	0	0
HSE-SE	0	0	0	0
HSE-S	0	0	2	2
HSE-W	0	0	0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>9</b>

**Table 5: Summary of respiratory outbreaks by disease and pathogen during 2019/2020 season** Source: CIDR

Outbreak disease	Organism/pathogen	Total
Influenza	Influenza	1
	Influenza A	1
Respiratory syncytial virus infection	RSV	1
Acute respiratory infection	Coronavirus	1
	Coronavirus and rhinovirus	1
	Human metapneumovirus and rhinovirus	1
	Rhino enterovirus	1
	Rhinovirus	1
	Organism not reported	1
<b>Total</b>		<b>9</b>

## 10. International Summary

Influenza activity was low in the European region during week 45 2019, with sporadic detections of influenza A and B viruses. For week 45 2019, data from the 23 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at the expected low levels for this time of the year.

In the temperate zone of the northern hemisphere, influenza activity remained at inter-seasonal levels in most countries. However, influenza activity continued to increase across the countries of the Arabian Peninsula. Worldwide, seasonal influenza A viruses accounted for the majority of detections.

National Influenza Centres (NICs) and other national influenza laboratories from 106 countries, areas or territories reported data to FluNet for the time period from 14 October 2019 to 27 October 2019. The WHO GISRS laboratories tested more than 77099 specimens during that time period. 4227 were positive for influenza viruses, of which 2939 (69.5%) were typed as influenza A and 1288 (30.5%) as influenza B. Of the sub-typed influenza A viruses, 924 (42.7%) were influenza A(H1N1)pdm09 and 1239 (57.3%) were influenza A(H3N2). Of the characterised B viruses, 27 (4.8%) belonged to the B-Yamagata lineage and 534 (95.2%) to the B-Victoria lineage.

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>
- 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

Ireland has changed from using trivalent vaccine to using quadrivalent vaccine for the 2019/2020 influenza season. Quadrivalent vaccines include a 2<sup>nd</sup> influenza B virus in addition to the 2 influenza A viruses found in trivalent vaccines.

The WHO vaccine strain selection committee recommend that quadrivalent vaccines for use in the 2019/2020 northern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019-2020 northern hemisphere influenza season be a B/Colorado/06/2017-like virus.

[https://www.who.int/influenza/vaccines/virus/recommendations/201902\\_recommendation.pdf](https://www.who.int/influenza/vaccines/virus/recommendations/201902_recommendation.pdf)  
[https://www.who.int/influenza/vaccines/virus/recommendations/201902\\_recommendation\\_addendum.pdf](https://www.who.int/influenza/vaccines/virus/recommendations/201902_recommendation_addendum.pdf)

On September 27, 2019, the WHO vaccine strain selection committee recommended quadrivalent influenza vaccines for use in the 2020 southern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/South Australia/34/2019 (H3N2)-like virus;
- a B/Washington/02/2019-like (B/Victoria lineage) virus; and
- a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2020 southern hemisphere influenza season be a B/Washington/02/2019-like virus.

[https://www.who.int/influenza/vaccines/virus/recommendations/2020\\_south/en/](https://www.who.int/influenza/vaccines/virus/recommendations/2020_south/en/)

Further information on influenza in Ireland is available at [www.hpsc.ie](http://www.hpsc.ie)

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