

# Influenza Surveillance in Ireland – Weekly Report

Influenza Week 6 2022 (7<sup>th</sup> February– 13<sup>th</sup> February 2022)



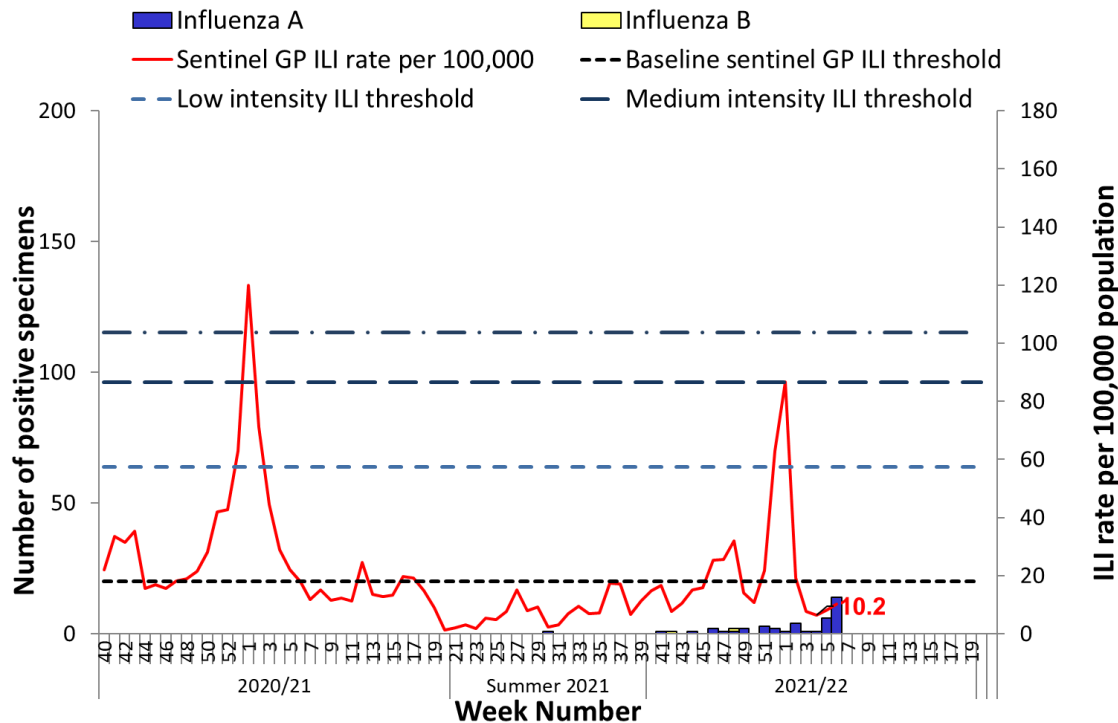
## Summary

Influenza activity increased significantly in Ireland during week 6 2022, predominantly associated with influenza A. Of the influenza A viruses subtyped, all were A(H3). Given the increase in most influenza surveillance indicators, HPSC considers that influenza viruses are now circulating in Ireland. **It is now recommended that antivirals be used for the treatment and prophylaxis of influenza in clinical at-risk groups and in those with severe influenza disease.**

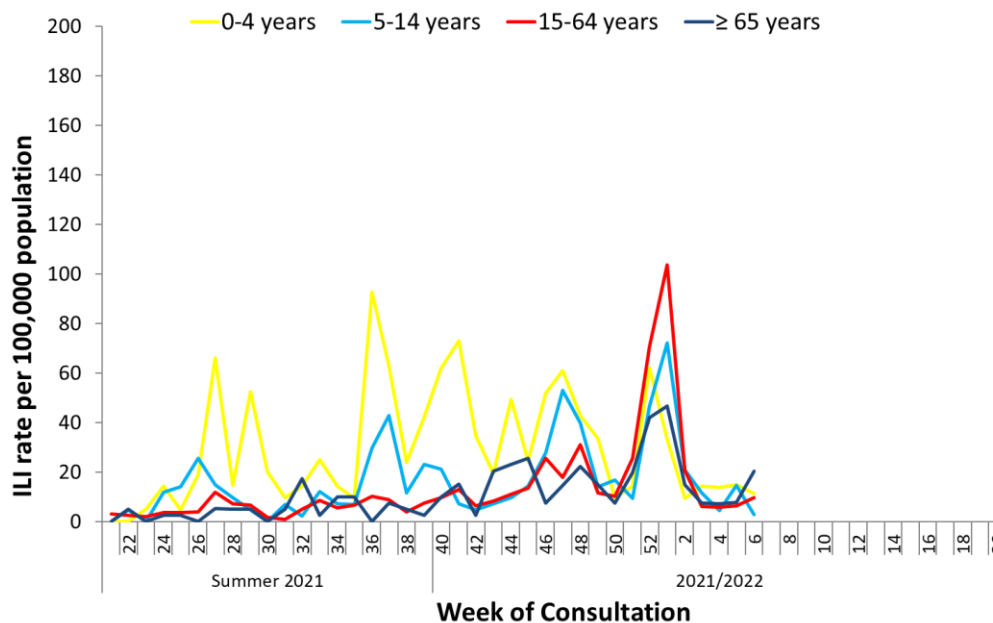
- **Influenza-like illness (ILI):** The sentinel GP influenza-like illness (ILI) consultation rate increased to 10.2/100,000 population during week 6 2022, compared to 8.3/100,000 during week 5 2022. Sentinel GP ILI consultation rates during week 6 2022 were below the Irish baseline threshold (18.1/100,000 population). Recent trends in sentinel GP ILI consultation rates are likely reflecting community COVID-19 incidence and changes to health seeking behaviour relating to GP consultation, the use of online COVID-19 test booking systems and antigen tests.
- Sentinel GP ILI rates were above age specific baseline levels for the ≥65-year age group and were below baseline for all other age groups during week 6 2022.
- **GP Out of Hours:** The proportion of self-reported 'flu' calls to GP Out-of-Hours services increased slightly to 0.5% (49/10,087) during week 6 2022, compared to 0.4% (44/11,108) during week 5 2022.
- **National Virus Reference Laboratory (NVRL):** Of 25 sentinel GP ILI and 117 non-sentinel respiratory specimens tested and reported by the NVRL during week 6 2022, 14 (9.9%) specimens were positive for influenza, all A(H3). For the 2021/2022 season (weeks 40 2021 – 6 2022), only 0.4% (4/1133) of sentinel GP ILI specimens and 1.0% (38/3995) of non-sentinel respiratory specimens were positive for influenza: 38 A(H3), 2 A(H1)pdm09 and two influenza B.
- No RSV positive samples were detected from non-sentinel sources in week 6 2022. Rhinovirus/enterovirus and other respiratory viruses continue to circulate at low levels.
- **Influenza notifications:** Thirty-seven laboratory confirmed influenza cases - 4 A(H3) and 33 A (not subtyped) - were notified to HPSC during week 6 2022. During the 2021/2022 season (weeks 40 2021-6 2022), 120 laboratory confirmed influenza cases were notified: 114 influenza A (25 A(H3), 3 A(H1)pdm09 and 86 A not subtyped) and 6 influenza B.
- **RSV notifications:** 12 RSV cases (25% aged 0-4 years; 33% aged ≥65 years) were notified during week 6 2022; six of these cases were reported as hospital inpatients (50% aged 0-4 years; 33% aged ≥65 years).
- **Hospitalisations and Critical care admissions:** Thirteen laboratory confirmed influenza A (one A(H3) and 12 influenza A not subtyped) hospitalised cases, including one ICU case were notified during week 6 2022. During weeks 40 2021 – 6 2022, 34 laboratory confirmed influenza hospitalised cases (9 A(H3), 23 influenza A not subtyped and 2 B), including two critical care influenza A cases were notified.
- **Mortality:** No deaths in notified influenza cases were reported to HPSC during week 6 2022. No excess all-cause mortality was reported during week 5 2022; data reported with one-week time lag.
- **Outbreaks:** One laboratory confirmed influenza A hospital outbreak in the HSE-Midwest region was notified to HPSC in week 6 2022, bringing the season total to two confirmed influenza A outbreaks.
- **International:** For the European Region, influenza activity has increased slightly with different levels of activity observed between countries/areas, and a general predominance of influenza A(H3) viruses.

## 1. GP sentinel surveillance system - Clinical Data

- During week 6 2022, 26 influenza-like illness (ILI) cases were reported from the Irish sentinel GP network, corresponding to an ILI consultation rate of 10.2/100,000 population, an increase compared to the updated rate of 8.3/100,00 during week 5 2022 (Figure 1). The sentinel GP ILI consultation rate has been below the Irish sentinel GP ILI baseline threshold (18.1/100,000 population) for four consecutive weeks (weeks 3 to 6 2022).
- Sentinel GP respiratory consultations are currently via phone consultations. Recent trends in sentinel GP ILI consultation rates are likely reflecting community COVID-19 incidence and changes to health seeking behaviour relating to GP consultations, the use of online COVID-19 booking systems and SARS-CoV-2 antigen tests. As the number of laboratory confirmed influenza cases detected/notified in Ireland rises sentinel GP ILI consultations which up to now predominately reflected circulation of SARS-CoV-2 in the community, will start to reflect the co-circulation of influenza and SARS-CoV-2 viruses.
- During week 6 2022, sentinel GP ILI rates in the  $\geq 65$  year age group increased to 20.3/100,000, from an updated rate of 7.8/100,000 in week 5 2022. Sentinel GP ILI rates remained below age specific baseline levels for all other age groups during week 6 2022, Figure 2 & Table 1.
- The Irish sentinel baseline ILI threshold for the 2021/2022 influenza season is 18.1/100,000 population. ILI rates above this baseline threshold combined with sentinel GP influenza positivity  $>10\%$  indicate the likelihood that influenza is circulating in the community. The Moving Epidemic Method (MEM) is used to calculate thresholds for GP ILI consultations in a standardised approach across Europe. The baseline ILI threshold (18.1/100,000), medium (57.5/100,000) and high (86.5/100,000) intensity ILI thresholds are shown in figure 1. Age specific MEM threshold levels are shown in Table 1.



**Figure 1:** Sentinel GP Influenza-like illness (ILI) 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. The current week sentinel GP ILI consultation rate per 100,000 population is highlighted in red text. *Source: ICGP and NVRL*



**Figure 2:** Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2021 and the 2021/2022 influenza season to date. *Source: ICGP.*

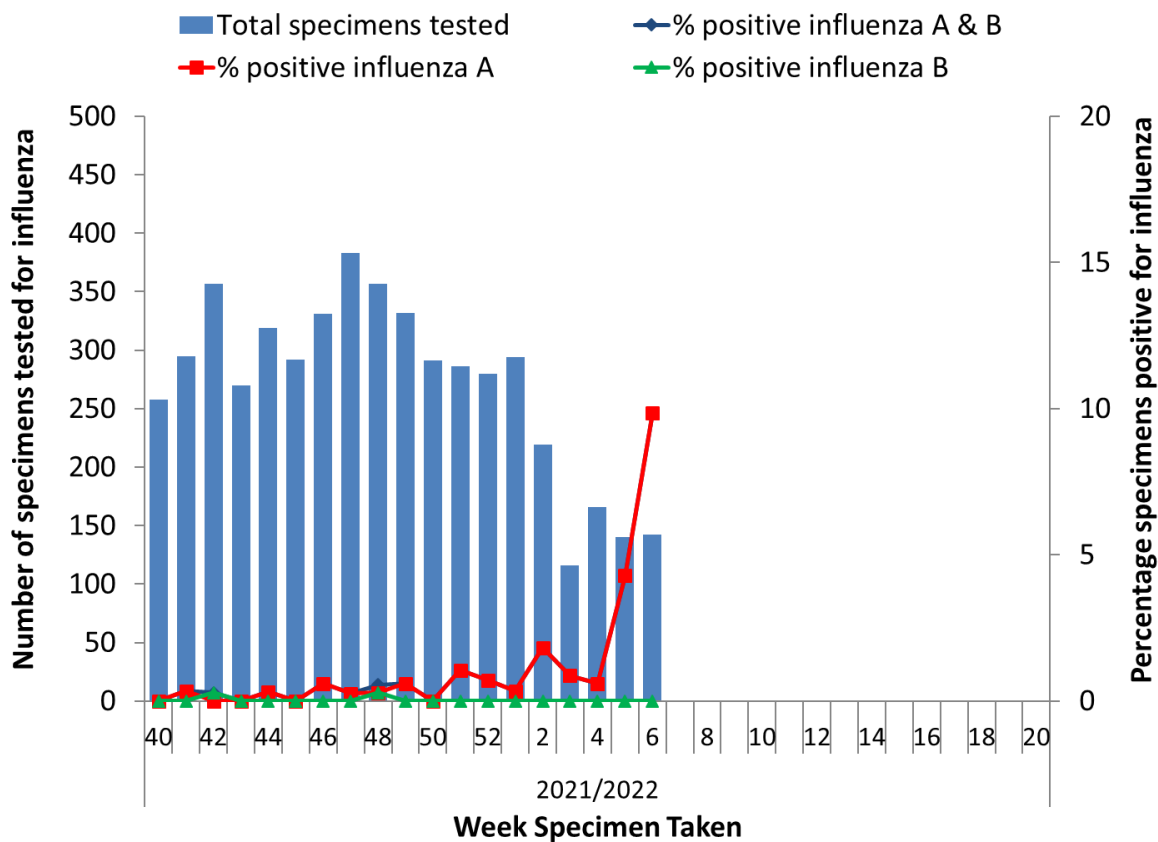
**Table 1:** Age specific sentinel GP ILI consultation rate per 100,000 population by week for the 2021/2022 season, colour coded by sentinel GP ILI age specific Moving Epidemic Method (MEM) threshold levels. *Source: ICGP.*

Sentinel GP ILI Threshold Levels		Below Baseline					Low			Moderate				High		Extraordinary				
Age group (years)	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	
All Ages	14.9	16.6	7.6	10.6	15.1	16.0	25.3	25.5	31.9	14.0	10.8	21.8	63.0	86.7	19.1	7.6	6.4	8.3	10.2	
<15 yrs	34.6	28.8	14.6	11.3	22.8	17.7	35.8	55.6	40.8	20.5	14.4	10.9	51.7	59.3	17.2	12.6	7.6	14.8	5.6	
15-64 yrs	9.6	12.9	6.3	8.4	11.0	13.5	25.6	18.0	30.9	11.7	10.3	25.7	70.9	103.8	20.7	6.1	5.9	6.4	9.6	
≥65 yrs	9.9	15.2	2.6	20.4	23.1	25.4	7.4	14.6	22.3	14.9	7.6	19.7	42.1	46.8	14.8	7.4	7.2	7.8	20.5	
Reporting practices (N=61)	57	56	54	55	54	55	56	57	55	54	55	56	55	56	56	56	57	54	50	

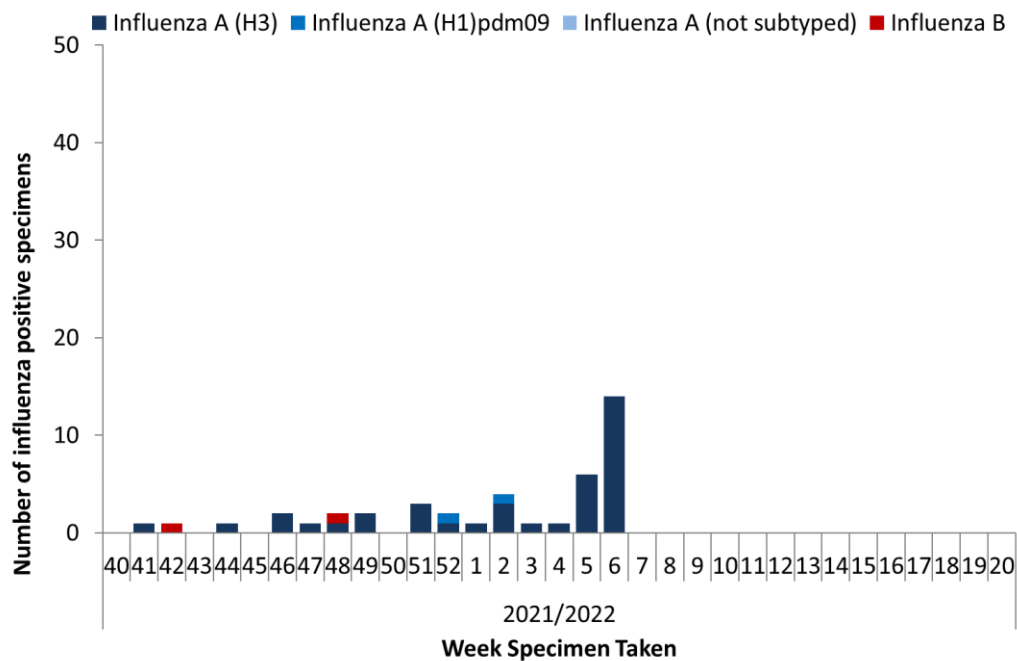
## 2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2021/2022 influenza season refer to sentinel GP ILI and non-sentinel respiratory specimens routinely tested for influenza, respiratory syncytial virus (RSV), adenovirus, parainfluenza virus types 1-4 (PIV-1-4), human metapneumovirus (hMPV) and rhino/enteroviruses by the National Virus Reference Laboratory (NVRL) (Tables 2 & 3, Figure 3). In Ireland, virological surveillance for influenza, RSV and other respiratory viruses (ORVs) undertaken by the Irish sentinel GP network is integrated into current testing structures for COVID-19 primary care referrals. Non-sentinel respiratory specimens relate to specimens referred to the NVRL (other than sentinel GP specimens) and may include more than one specimen from each case.

- Of 25 sentinel GP ILI and 117 non-sentinel respiratory specimens tested and reported by the NVRL during week 6 2022, 14 influenza positive specimens were detected - all influenza A(H3). The influenza positivity rate increased to 9.9% (N=14/142) during week 6 2022, from 4.3% (n=6/140) in week 5 2022. (Table 2).
- The NVRL has genetically characterised and reported 16 positive influenza samples in Ireland to date this season. Of those, 14/15 A(H3) positive samples clustered in a genetic group that is represented by the A/Bangladesh/4005/2020 virus, the predominant subgroup circulating globally. A/Bangladesh viruses are antigenically diverse to the A(H3)/Cambodia/e0826360/2020 vaccine strain which was chosen for the northern hemisphere 2021/2022 vaccine. One positive sample fell into the 3C.2a1b.1a subgroup represented by the A/Denmark/3264/2019 virus, which has been identified less frequently this season. One influenza A(H1)pdm09 virus sample was genetically characterised and belonged to the genetic subgroup, 6B.1A.5a.2, clustering in a subgroup that is represented by the 2021/2022 northern hemisphere vaccine virus strain (A/Victoria/2570/2019 (H1N1)pdm09-like virus).
- For the 2021/2022 season (weeks 40 2021- 6 2022), only 0.4% (4/1133) of sentinel GP ILI and 1.0% (38/3995) of non-sentinel respiratory specimens were positive for influenza: 38 influenza A(H3), 2 influenza A(H1)pdm09 and 2 influenza B (one B/Victoria and one B/lineage not specified), Figures 3 & 4.
- No RSV positive samples were detected from non-sentinel respiratory specimens during week 6 2022; indicating that RSV circulation has declined (Table 3; Figure 5).
- Rhinovirus/enterovirus positive detections (non-sentinel respiratory sources) continue to be reported, with positivity levels at 17.1% (20/117) during week 6 2022 (Figure 6). Other respiratory viruses (ORVs) continue to be detected at lower levels (Table 4).
- During the COVID-19 pandemic, there may be a lag time receiving data from NVRL and laboratories under the clinical governance of the NVRL. The data reported for the current week may be under reported and are updated in subsequent weeks.



**Figure 3:** Number of specimens (from sentinel GP ILI and non-sentinel respiratory sources) tested by the NVRL for influenza and percentage influenza positive by week for the 2021/2022 influenza season. *Source: NVRL.*



**Figure 4:** Number of positive influenza specimens (from sentinel GP ILI and non-sentinel respiratory sources) tested by the NVRL by influenza type/subtype and by week for the 2021/2022 influenza season. *Source: NVRL.*

**Table 2:** Number of sentinel GP ILI and non-sentinel respiratory specimens tested by the NVRL and positive influenza results, for week 6 2022 and the 2021/2022 season (weeks 40 2021- 6 2022). *Source: NVRL*

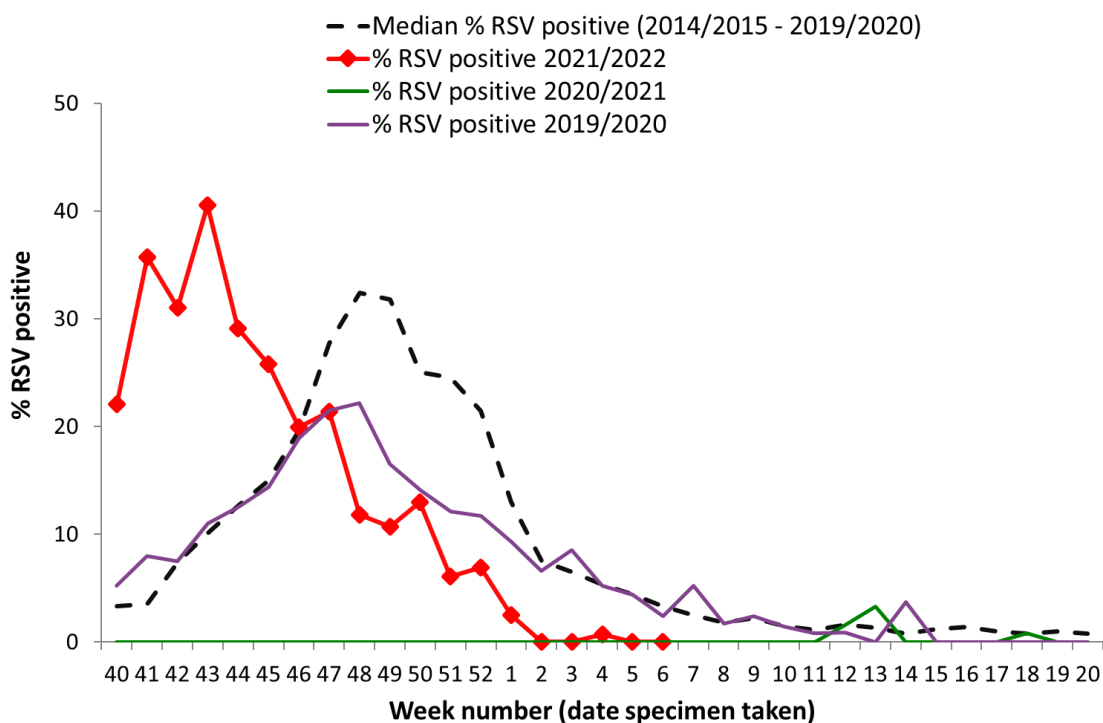
Surveillance period	Specimen type	Total tested	Number influenza positive	% Influenza positive	Influenza A				Influenza B			
					A(H1)pdm09	A(H3)	A (not subtyped)	Total influenza A	B (unspecified)	B Victoria lineage	B Yamagata lineage	Total influenza B
<b>6 2022</b>	Sentinel GP ILI referral	25	1	4.0	0	1	0	1	0	0	0	0
	Non-sentinel	117	13	11.1	0	13	0	13	0	0	0	0
	<b>Total</b>	<b>142</b>	<b>14</b>	<b>9.9</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2021/2022</b>	Sentinel GP ILI referral	1133	4	0.4	1	3	0	4	0	0	0	0
	Non-sentinel	3995	38	1.0	1	35	0	36	1	1	0	2
	<b>Total</b>	<b>5128</b>	<b>42</b>	<b>0.8</b>	<b>2</b>	<b>38</b>	<b>0</b>	<b>40</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>

**Table 3:** Number of sentinel GP ILI and non-sentinel respiratory specimens tested by the NVRL and positive RSV results, for week 6 2022 and the 2021/2022 season (weeks 40 2021-6 2022). *Source: NVRL*

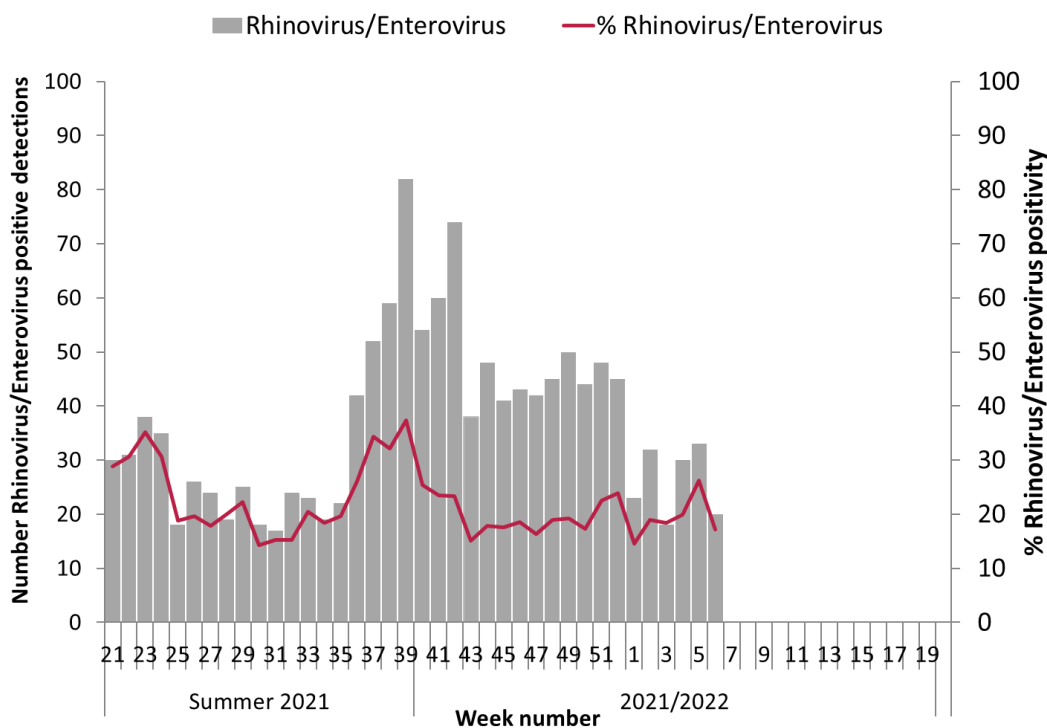
Surveillance period	Specimen type	Total tested	Number RSV positive	% RSV positive	RSV A	RSV B	RSV (unspecified)
<b>Week 6 2022</b>	Sentinel GP ILI	25	0	0.0	0	0	0
	Non-sentinel	117	0	0.0	0	0	0
	<b>Total</b>	<b>142</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2021/2022</b>	Sentinel GP ILI	1133	80	7.1	43	37	0
	Non-sentinel	3995	702	17.6	395	306	1
	<b>Total</b>	<b>5128</b>	<b>782</b>	<b>15.2</b>	<b>438</b>	<b>343</b>	<b>1</b>

**Table 4:** Number of non-sentinel respiratory specimens tested by the NVRL for other respiratory viruses (ORVs) and positive results, for week 6 2022 and the 2021/2022 season (weeks 40 2021-6 2022). *Source: NVRL*

Virus	Week 6 2022 (N=117)		2021/2022 (N=3995)	
	Total positive	% positive	Total positive	% positive
Influenza virus	13	11.1	38	1.0
Respiratory Syncytial Virus (RSV)	0	0.0	702	17.6
Rhino/enterovirus	20	17.1	788	19.7
Adenovirus	3	2.6	50	1.3
Bocavirus	0	0.0	111	2.8
Human metapneumovirus (hMPV)	2	1.7	114	2.9
Parainfluenza virus type 1 (PIV-1)	0	0.0	0	0.0
Parainfluenza virus type 2 (PIV-2)	0	0.0	1	0.0
Parainfluenza virus type 3 (PIV-3)	0	0.0	101	2.5
Parainfluenza virus type 4 (PIV-4)	0	0.0	63	1.6



**Figure 5:** NVRL non-sentinel RSV positivity by week specimen was taken for 2021/2022, 2020/2021 and 2019/2020 seasons compared to median % RSV positivity (2014/2015-2019/2020). *Source: NVRL.*



**Figure 6:** Number (and percentage) of non-sentinel rhinovirus/enterovirus positive detections by week specimen was taken for summer 2021 and 2021/2022 season. *Source: NVRL.*



### 3. Regional Influenza Activity by HSE-Area

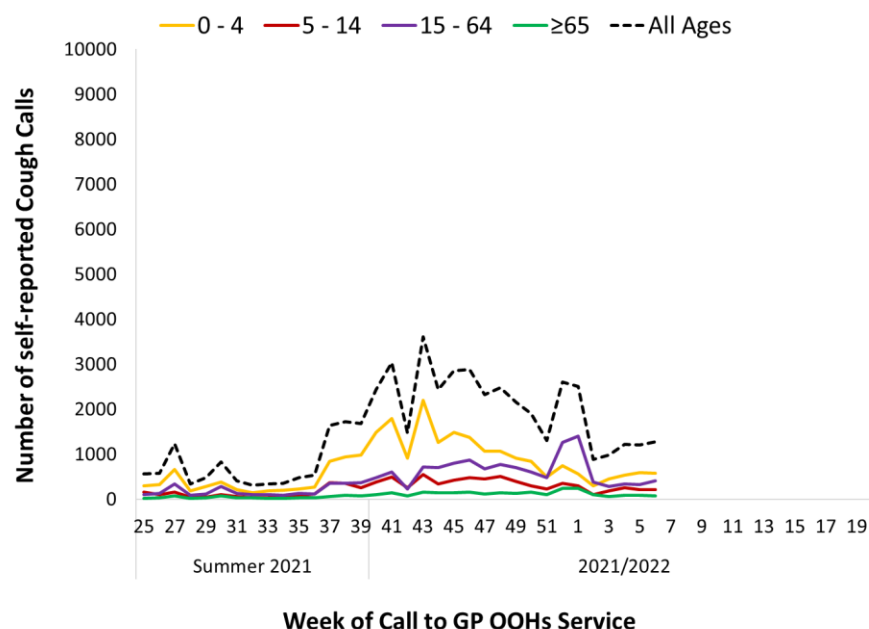
Regional influenza activity levels is based on laboratory confirmed influenza cases and/or outbreaks.

Sporadic influenza activity (i.e. >1 laboratory confirmed influenza case or a laboratory confirmed influenza outbreak in an HSE region during the same week) was observed in HSE-East (n=9), HSE-South (n=7), HSE-West (n=2), HSE-Mid West (n=9), HSE-Midlands (n=2), HSE-Northeast (n=5) and HSE-Southeast (n=3) during week 6 2022.

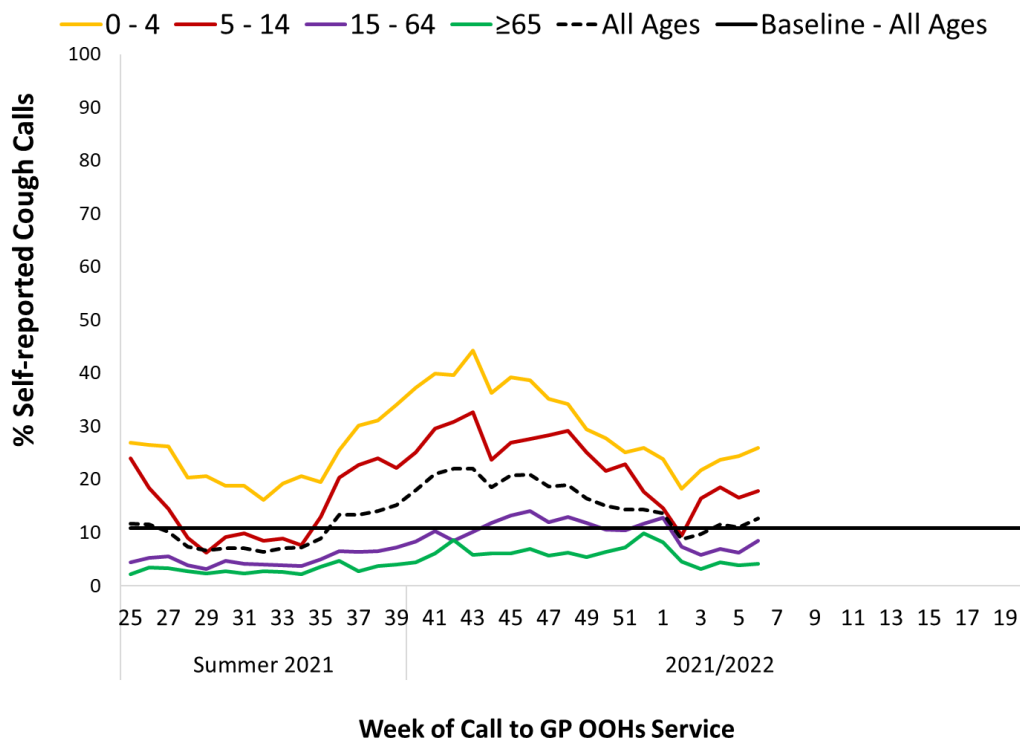
### 4. GP Out-Of-Hours services surveillance

The Department of Public Health in HSE-NE is collating national data on calls to nine of thirteen GP Out-of-Hours (GP OOHs) services in Ireland. Records with clinical symptoms reported as flu/influenza or cough are extracted for analysis. This information may act as an early indicator of circulation of influenza, SARS-CoV-2 or other respiratory viruses. Data are self-reported by callers and are not based on coded diagnoses.

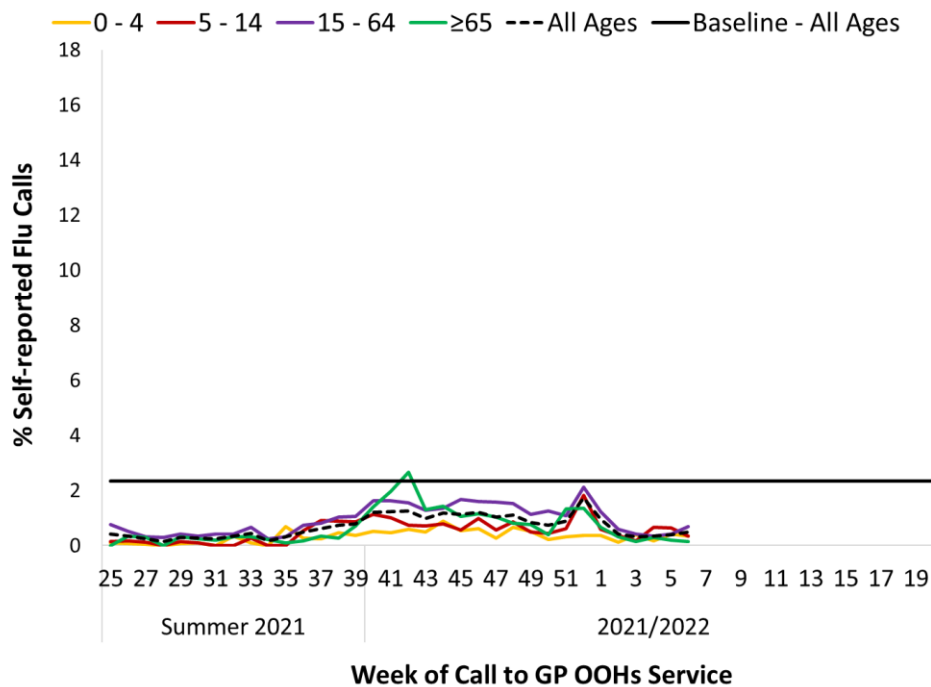
- 1,272 (12.6% of total calls; N=10,087) self-reported cough calls were reported by a network of GP OOHs services during week 6 2022, slightly above baseline levels (10.7%), an increase compared to week 5 2022 when cough calls were reported at a rate of 10.9% (n= 1212/11108) (Figures 7 & 8).
- 49 (0.5% of total calls; N=10,087) self-reported 'flu' calls were reported by a network of GP OOHs services during week 6 2022, a slight increase compared to 44 (0.4% of total calls; N=11,108) self-reported 'flu' calls during week 5 2022. The baseline threshold level for self-reported 'flu' calls is 2.3%. (Figure 9).
- Four GP OOH services provided data for week 6 2022.



**Figure 7:** Percentage of self-reported COUGH calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call, 2021-2022. The % cough calls baseline for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*



**Figure 8:** Number of self-reported COUGH calls for all ages and by age group to GP Out-of-Hours services by week of call, 2021-2022. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*

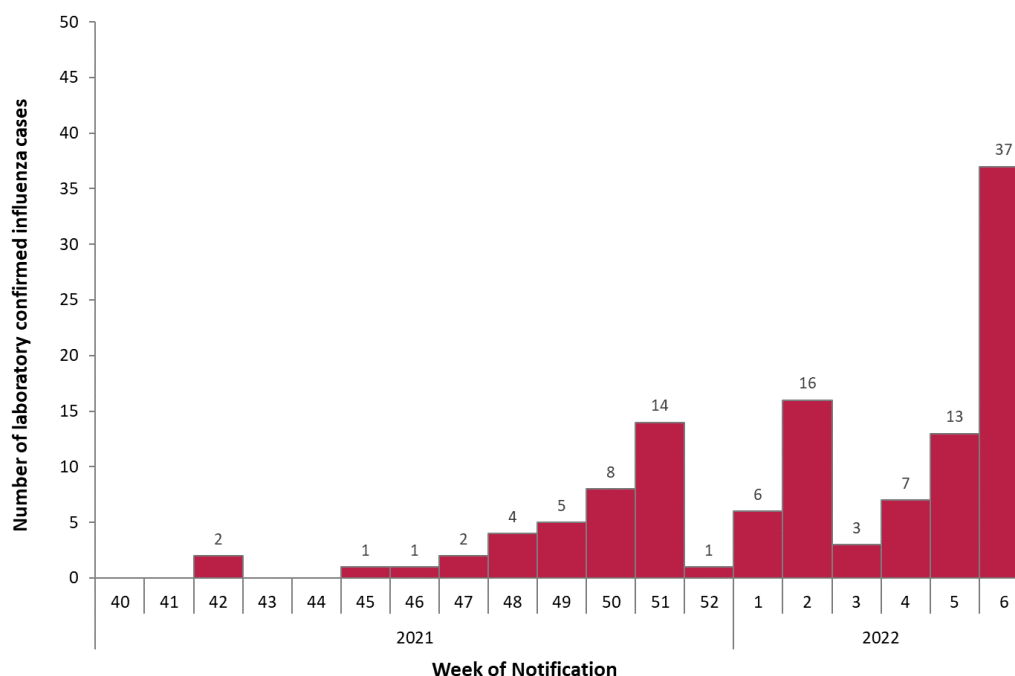


**Figure 9:** Percentage of self-reported FLU calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call, 2021-2022. The % flu calls baseline for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP*

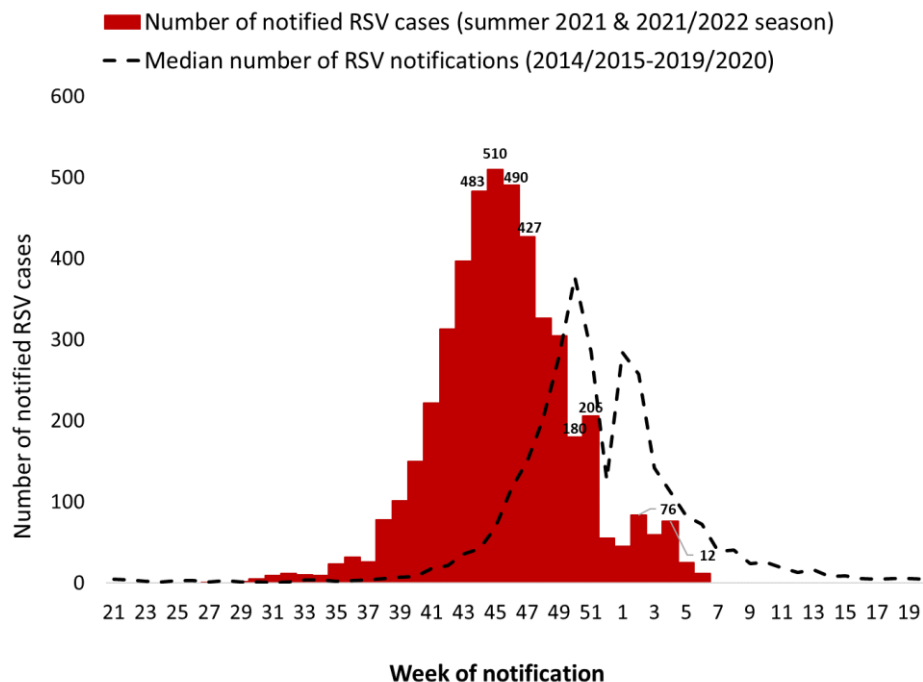
## 5. Influenza & RSV notifications

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](#).

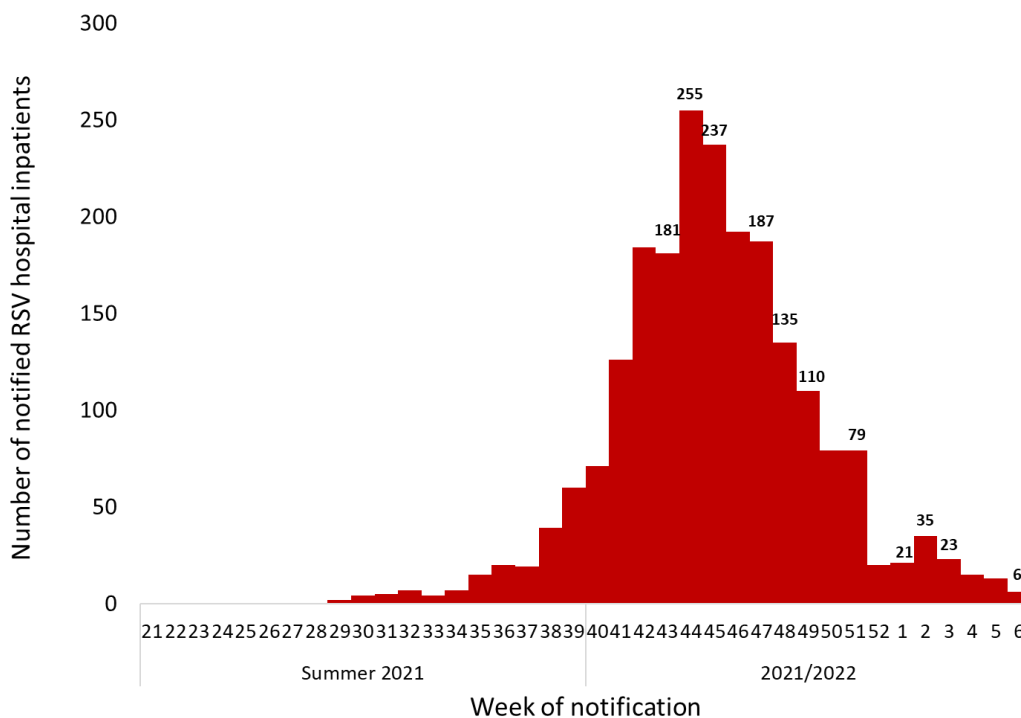
- Thirty-seven laboratory confirmed influenza cases, 4 A(H3) and 33 A (not subtyped), were notified to HPSC during week 6 2022 (Figure 10). The median age of cases notified during week 6 2022 was 23 years (interquartile range 20-59 years). Laboratory confirmed influenza cases were notified from HSE-East (n=9), HSE-South (n=7), HSE=West (n=2), HSE-Midwest (n=9), HSE-Midlands (n=2), HSE-Northeast (n=5), and HSE-Southeast (n=3) during week 6 2022.
- One hundred and twenty laboratory confirmed influenza cases were notified during the 2021/2022 season (weeks 40 2021 – 6 2022): 114 influenza A (25 A(H3), 3 A(H1)pdm09 and 86 A not subtyped,) and 6 influenza B. The median age of notified cases for the 2021/2022 season to date is 37 years (interquartile range 21-56 years).
- During week 6 2022, 12 RSV cases (25%, n=3/12 aged 0-4 years; 33%, n=4/12, aged ≥65 years) were notified; 6 of these cases were reported as hospital inpatients (50%, n=3/6, aged 0-4 years; 33%, n=2/6, aged ≥65 years) (Figures 11 & 12). It should be noted that patient type is not always reported/updated for RSV notified cases; an RSV patient may be admitted to hospital and patient type not updated on CIDR.



**Figure 10:** Number of laboratory confirmed influenza cases notified by week of notification, 2021/2022. *Source: Ireland's Computerised Infectious Disease Reporting System*



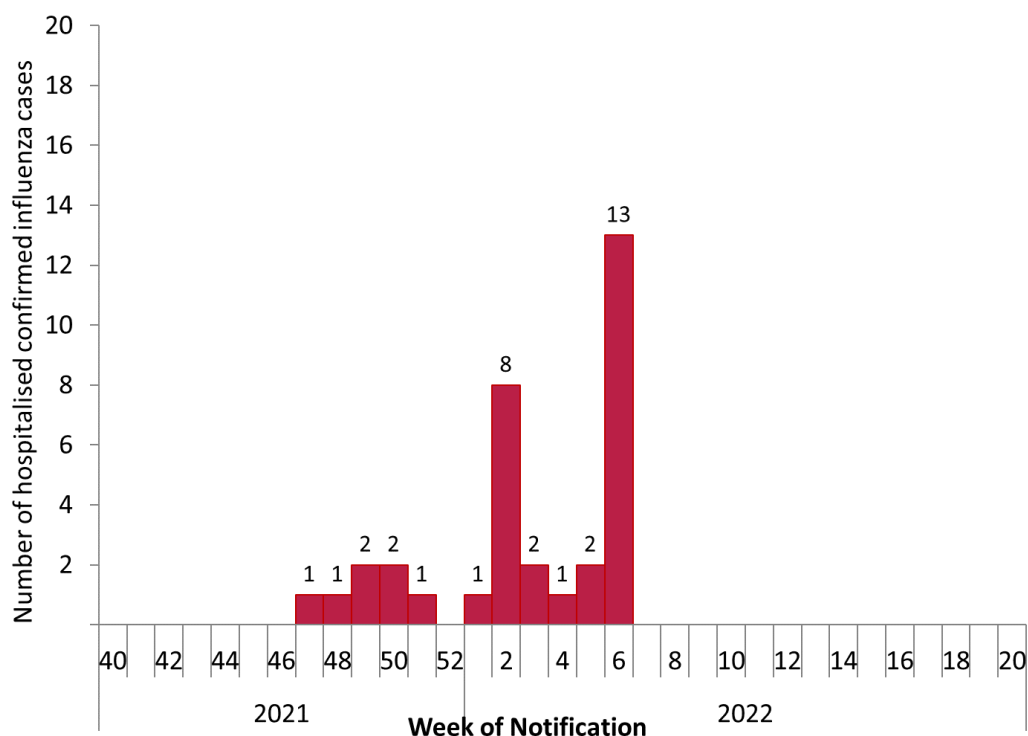
**Figure 11:** Number of RSV cases notified by week of notification, summer 2021 and 2021/2022, and median number of RSV notifications by week (2014/2015-2019/2020). *Source: Ireland's Computerised Infectious Disease Reporting System.*



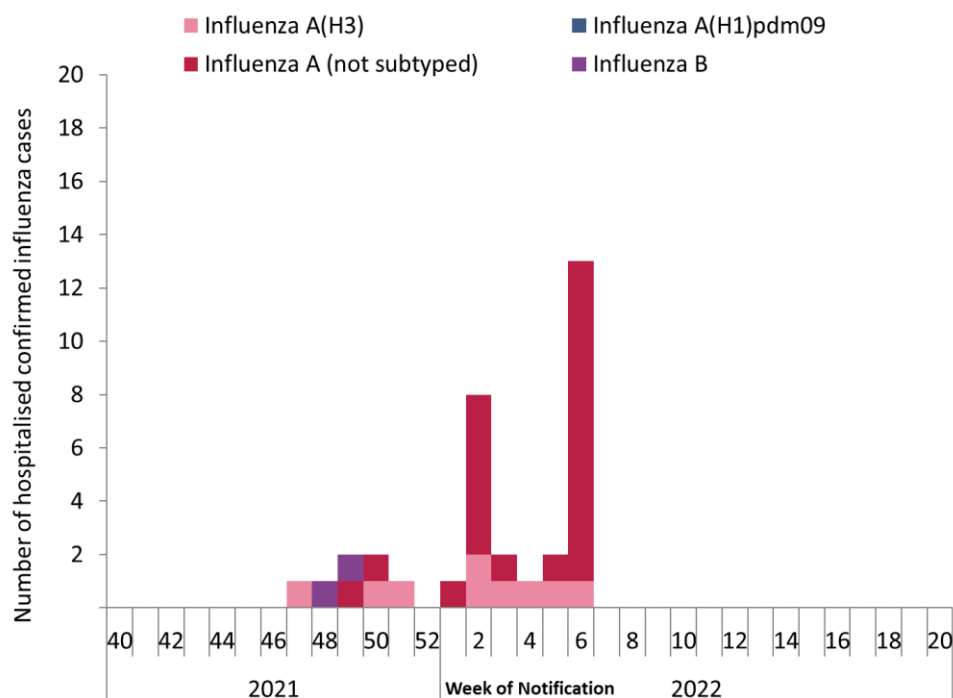
**Figure 12:** Number of notified RSV cases reported as hospital inpatients, by week of notification, summer 2021 and 2021/2022. *Source: Ireland's Computerised Infectious Disease Reporting System.*

## 6. Influenza Hospitalisations

- Thirteen laboratory confirmed influenza A hospitalised cases (one subtyped A(H3) and 12 influenza A not subtyped), were notified during week 6 2022. Of the 13 hospital inpatients, the median age is 69 years (interquartile range 21-86 years), seven cases were aged  $\geq 65$  years of age. Confirmed influenza hospitalised cases have been notified from HSE-MidWest (n=4), -East (n=2), -Northeast (n=3), -Southeast (n=1) and HSE-South (n=3).
- During weeks 40 2021 - 6 2022, 34 laboratory confirmed influenza hospitalised cases were notified: 9 A(H3), 2 A(H1)pdm09 and 21 influenza A (not subtyped) and two influenza B cases. During weeks 40 2021-week 6 2022, the median age of those hospitalised is 62 years (interquartile range 20-83 years). Figures 13 & 14 and Table 5.



**Figure 13:** Number of notified laboratory confirmed influenza cases reported as hospital inpatients, by week of notification 2021/2022. Source: Ireland's Computerised Infectious Disease Reporting System



**Figure 14:** Number of notified laboratory confirmed influenza cases, reported as hospital inpatients, by influenza type/subtype and week of notification, 2021/2022 season *Source: Ireland's Computerised Infectious Disease Reporting System*

## 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.

- During week 6 2022, one laboratory confirmed influenza A case was admitted to critical care.
- During the 2021/2022 influenza season to date (week 40 2021 - week 6 2022), two laboratory confirmed influenza A cases were admitted to critical care and reported to HPSC (Table 5).

**Table 5:** Number (and age specific rate per 100,000 population) of laboratory confirmed notified influenza hospitalised and critical care cases, weeks 40 2021-6 2022. *Source: Ireland Computerised infectious Disease Reporting System.*

Age (years)	Hospitalised		Admitted to ICU	
	Number	Age specific rate per 100,000 pop.	Number	Age specific rate per 100,000 pop.
<1	0	0.0	0	0.0
1-4	2	0.7	0	0.0
5-14	2	0.3	0	0.0
15-24	8	1.4	0	0.0
25-34	1	0.2	0	0.0
35-44	2	0.3	0	0.0
45-54	0	0.0	0	0.0
55-64	3	0.6	1	0.2
≥65	16	2.5	1	0.2
Unknown	0	-	0	-
<b>Total</b>	<b>34</b>	<b>0.7</b>	<b>2</b>	<b>0.0</b>

## 8. Severe Acute Respiratory Infection (SARI) surveillance

Severe Acute Respiratory Infection (SARI) surveillance was implemented in one tertiary care adult hospital; St. Vincent's University Hospital, Dublin (SVUH) on the 5<sup>th</sup> of July 2021. SARI cases are identified from new admissions (aged ≥15 years) through the SVUH Emergency Department. The current SARI ECDC case definition used is defined as a hospitalised person (hospitalised for at least 24 hours) with acute respiratory infection, with at least one of the following symptoms: cough, fever, shortness of breath OR sudden onset of anosmia, ageusia or dysgeusia with onset of symptoms within 14 days prior to hospital admission. SARI patients are tested for SARS-CoV-2, influenza and RSV.

- During week 6 2022, six SARI cases were admitted to the SARI hospital site, corresponding to an incidence rate per emergency hospitalisation of 24.6/1,000; a decrease from 32.4/1,000 in week 5 2022.
- The SARI incidence rate per hospital catchment population was 2.0/100,000 population during week 6 2022, a decrease from 3.0/100,000 in week 5 2022. SARI SARS-CoV-2 positivity was 40% (2/5 tested) during week 6 2022, compared to 67% (6/9) during week 5 2022. No SARI case tested positive for influenza in week 6 2022 (1/6 tested), there was one SARI case positive for influenza A (1/2 tested), during week 5 2022. No SARI patients tested positive for RSV during weeks 5 and 6 2022.

## 9. Mortality Surveillance

Influenza 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/>

- No deaths in notified influenza cases were reported to HPSC during week 6 2022. During the 2021/2022 season (weeks 40 2021- 6 2022) two deaths in notified influenza cases were reported to HPSC (1 A(H3) and 1 A not subtyped).
- No excess all-cause mortality was reported during week 5 2022, after correcting data for reporting delays with the standardised EuroMOMO algorithm. Due to delays in death registrations in Ireland, excess mortality data included in this report are reported with a one-week lag time.

## 10. Outbreak Surveillance

COVID-19 outbreaks are not included in this report; surveillance data on COVID-19 outbreaks are detailed on the HPSC website. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/>

- One influenza A hospital outbreak in HSE-Midwest was notified to HPSC during week 6 2022.
- For the 2021/2022 season to date (weeks 40 2021- 6 2022), two influenza A hospital outbreaks, five RSV and ten ARI (SARS-CoV-2 negative) outbreaks were notified to HPSC. Of the ten ARI outbreaks, two were associated with rhinovirus/enterovirus, four with seasonal coronavirus (OC43) and four with no pathogen identified.

## 11. Influenza Vaccinations

From 01/09/2021 up to the week ending 12/02/2022, seasonal influenza vaccination uptake for those aged 2-17 years was 16.1% (n=173,919/1,081,232) and 73.7% (n=547,746/743,087) for those aged ≥65 years. Data were provided by GPs, Pharmacists and PCRS staff.

## 12. International Summary

In the European region, during week 5 2022 (week ending 06/02/2022), Albania, Estonia, Kazakhstan, Norway and Ukraine reported widespread influenza activity and/or medium influenza intensity. Only, 8% of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms tested positive for an influenza virus. Seven countries reported seasonal influenza activity at or above 10% positivity in sentinel primary care: Slovenia (36%), Hungary (34%), France (33%), Israel (31%), Luxembourg (16%), Serbia (13%) and Switzerland (10%). Both influenza A and B viruses were detected, with a dominance of A(H3) viruses across all monitoring systems. <https://flunewseurope.org/>

The latest available WHO influenza report was published on 7 February 2022, based on data up to 23 January 2022. In the temperate zones of the northern hemisphere, **influenza activity decreased** with detections of mainly influenza A(H3N2) viruses and B/Victoria lineage viruses reported. In North America, influenza virus detections decreased and were predominantly A(H3N2) among those detected and subtyped. Influenza detections remained low compared to similar periods in past seasons (except 2020-2021). In East Asia, influenza activity with mainly influenza B/Victoria lineage continued in an increasing trend in China, while influenza illness indicators and activity remained low in the rest of the subregion. In Western Asia and Northern Africa, continuous influenza transmission has been reported in some countries. In the Caribbean and Central American countries, some influenza activity was reported with influenza A(H3N2) predominating. In tropical South America, some influenza activity was reported with influenza A(H3N2) predominating. In tropical Africa, influenza activity was reported in some countries with influenza A(H3N2) predominating followed by influenza B/Victoria lineage viruses. In Southern Asia, influenza virus detections of predominantly influenza A(H3N2) remained elevated, although several countries reported a decrease in detections. In South-East Asia, sporadic influenza detections were reported by a few countries. In the temperate zones of the southern hemisphere, influenza activity remained low overall, although increased detections of influenza A(H3N2) were reported in some countries in temperate South America.

<https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>

- Further information on influenza is available on the following websites:
  - Europe – ECDC <http://ecdc.europa.eu/>
  - Public Health England <https://www.gov.uk/government/collections/weekly-national-flu-reports>
  - 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>
- Influenza case definition in Ireland <https://www.hpsc.ie/a-z/respiratory/influenza/casedefinitions/>
- COVID-19 case definition in Ireland <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/>
- Avian influenza overview May – August 2020 <https://www.ecdc.europa.eu/en/publications-data/avian-influenza-overview-may-august-2020>
- Avian influenza: EU on alert for new outbreaks <https://www.ecdc.europa.eu/en/news-events/avian-influenza-eu-alert-new-outbreaks>



- Information on COVID-19 in Ireland is available on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- The WHO categorised COVID-19 as a pandemic on 11 March 2020. For more information about the situation in the WHO European Region visit:
  - WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
  - ECDC website: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

## 11. WHO recommendations on the composition of influenza virus vaccines

The WHO vaccine strain selection committee recommend that quadrivalent egg-based vaccines for use in the 2021/2022 northern hemisphere influenza season contain the following: an A/Victoria/2570/2019 (H1N1)pdm09-like virus; an A/Cambodia/e0826360/2020 (H3N2)-like virus; a B/Washington/02/2019 (B/Victoria lineage)-like virus; and a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus  
<https://www.who.int/teams/global-influenza-programme/vaccines/who-recommendations>

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

This report was prepared by the HPSC influenza epidemiology team: Martha Neary, Maeve McEnery, Lisa Domegan, Eva Kelly, Adele McKenna, Amy Griffin, and Joan O'Donnell.

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