

# Influenza Surveillance in Ireland – Weekly Report

Influenza Week 8 2022 (21<sup>st</sup> February– 27<sup>th</sup> February 2022)



 Intensive Care Society of Ireland



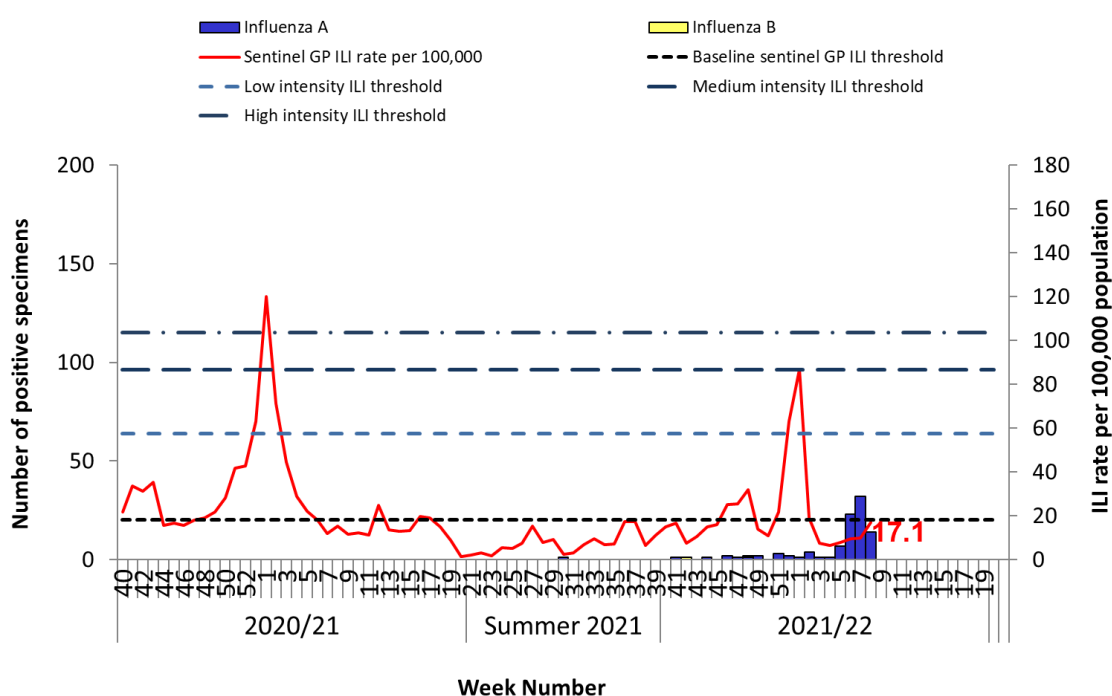
## Summary

**Influenza activity continued to increase in Ireland during week 8 2022 (week ending 27/02/2022), predominantly associated with influenza A. Of the influenza A viruses subtyped, all were A(H3). Given the continued increase in influenza surveillance indicators, HPSC considers that influenza viruses are circulating in Ireland. It is recommended that antivirals be used for the treatment and prophylaxis of influenza in clinical at-risk groups and in those with severe influenza disease.**

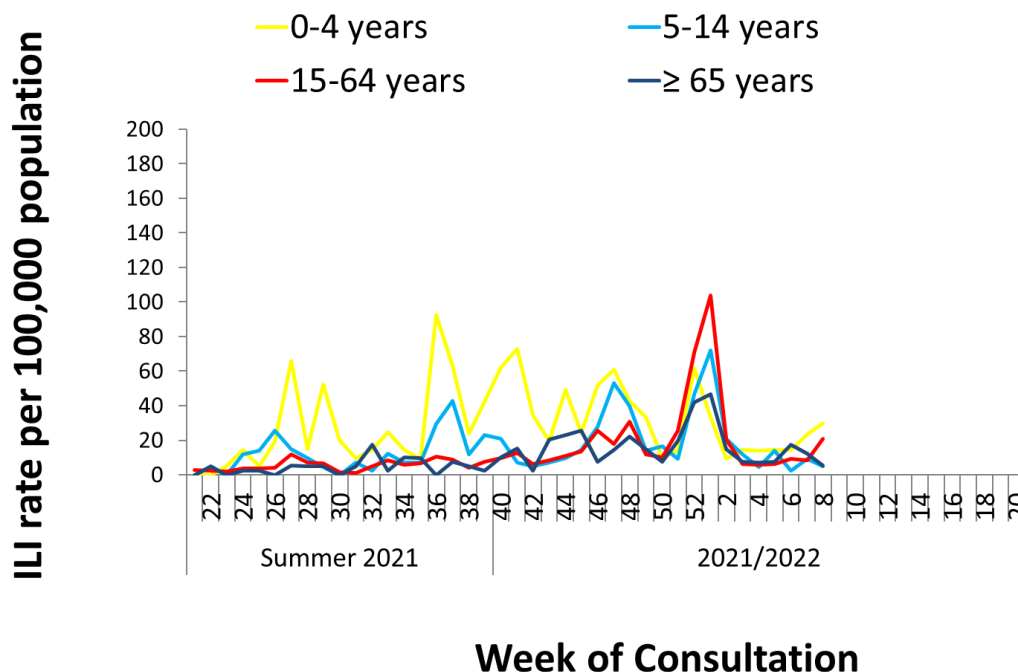
- **Influenza-like illness (ILI):** The sentinel GP influenza-like illness (ILI) consultation rate increased to 17.1/100,000 population during week 8 2022, compared to the updated rate of 10.0/100,000 during week 7 2022. Sentinel GP ILI consultation rates during week 8 2022 were just below the Irish baseline threshold (18.1/100,000 population). As the number of laboratory confirmed influenza cases in Ireland increases, sentinel GP ILI consultations will reflect the co-circulation of influenza and SARS-CoV-2 viruses.
- Sentinel GP ILI rates were above age specific baseline levels for the 0-4 year age group and were below baseline for all other age groups during week 8 2022.
- **GP Out of Hours:** The proportion of self-reported 'flu' calls to GP Out-of-Hours services continued to increase slightly to 0.7% (97/13,318) during week 8 2022, compared to 0.6% (65/11,416) during week 7.
- **National Virus Reference Laboratory (NVRL):** The influenza positivity rate reported by the NVRL for both sentinel GP ILI and non-sentinel respiratory specimens tested was 6.5% (14/214) during week 8 2022 and 16.2% (32/197) during week 7 2022. Of the 46 influenza positive detections during weeks 7 and 8 2022, 45 were positive for AH3 and one was positive for influenza A (not subtyped). For the 2021/2022 season (weeks 40 2021 – 8 2022), only 1.4% (17/1,206) of sentinel GP ILI specimens and 1.9% (81/4,372) of non-sentinel respiratory specimens were positive for influenza: 93 A(H3), 2 A(H1)pdm09 1 A(not subtyped) and two influenza B.
- No RSV positive samples were detected from non-sentinel sources in week 8 2022. Rhinovirus/enterovirus and other respiratory viruses continue to circulate.
- **Influenza notifications:** 188 laboratory confirmed influenza cases - 31 A(H3) and 157 A (not subtyped) - were notified to HPSC during week 8 2022. During the 2021/2022 season (weeks 40 2021-8 2022), 420 laboratory confirmed influenza cases were notified: 414 influenza A (73 A(H3), 3 A(H1)pdm09 and 338 A not subtyped) and 6 influenza B.
- **RSV notifications:** Only eight RSV cases (50% aged 0-4 years; 25% aged ≥65 years) were notified to HPSC during week 8 2022.
- **Hospitalisations and Critical care admissions:** Thirty-nine laboratory confirmed influenza A (six A(H3) and 33 influenza A not subtyped) hospitalised cases and two ICU cases were notified during week 8 2022. During weeks 40 2021 – 8 2022, 92 laboratory confirmed influenza hospitalised cases (19 A(H3), 71 influenza A not subtyped and 2 B), including four critical care influenza A cases were notified.
- **Mortality:** One death in a notified influenza case was reported to HPSC during week 8 2022. No excess all-cause mortality was reported during week 7 2022; data reported with one-week time lag.
- **Outbreaks:** Three laboratory confirmed influenza A outbreaks were notified to HPSC in week 8 2022, two in HSE -South, and one in HSE -Northeast bringing the season total to six confirmed influenza A outbreaks.
- **International:** For the European Region as a whole influenza activity started to increase in week 49/2021, with different levels of activity observed between the countries and areas of the Region, and a general dominance of A(H3) viruses.

## 1. GP sentinel surveillance system - Clinical Data

- During week 8 2022, 49 influenza-like illness (ILI) cases were reported from the Irish sentinel GP network, corresponding to an ILI consultation rate of 17.1/100,000 population, an increase compared to the updated rate of 10.0/100,00 during week 7 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 six consecutive weeks (weeks 3 to 8 2022).
- Sentinel GP respiratory consultations are currently via phone consultations. 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. Recent trends in sentinel GP ILI consultation rates are likely reflecting changes to health seeking behaviour relating to GP consultations, the use of online COVID-19 booking systems and SARS-CoV-2 antigen tests.
- During week 8 2022, sentinel GP ILI rates in the 0-4 year age group increased to 30.8/100,000, from an updated rate of 23.3/100,000 in week 7 2022. Sentinel GP ILI rates remained below age specific baseline levels for all other age groups during week 8 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.*

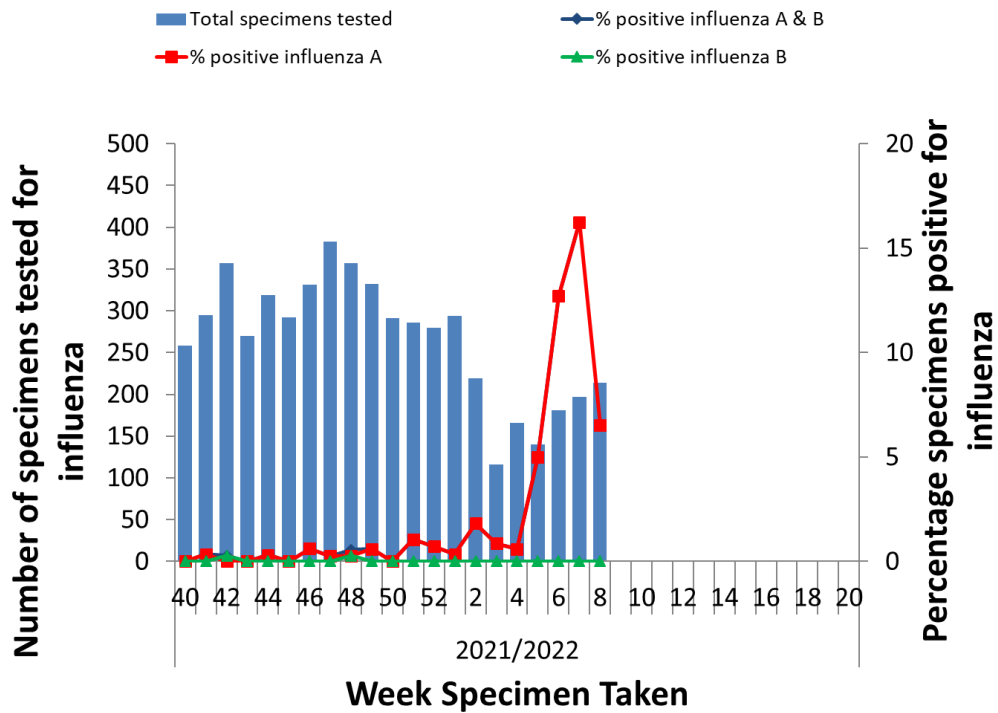
Sentinel GP ILI Threshold Levels	Below Baseline		Low		Moderate		High		Extraordinary												
Age group (years)	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8
All Ages	14.9	16.6	7.6	10.6	15.1	16.0	25.3	25.5	31.9	14.0	10.8	21.8	63.0	86.7	19.1	7.6	6.4	7.9	9.6	10.0	17.1
<15 yrs	34.6	28.8	14.6	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	14.1	6.3	13.8	13.2
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	6.1	9.1	8.4	20.8
≥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	7.4	17.4	12.1	5.2
Reporting practices (N=61)	57	56	54	55	54	55	56	57	55	54	55	56	55	56	56	56	57	55	55	56	51

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

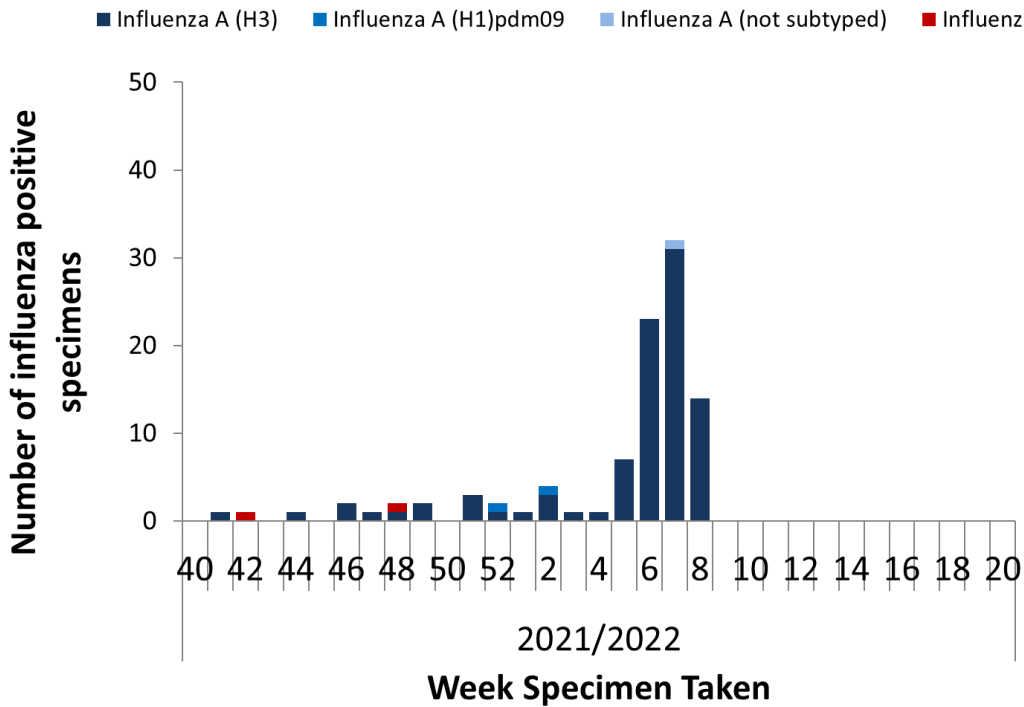
The data reported in this section for the 2021/2022 influenza season refer to sentinel GP ILI and non-sentinel respiratory specimens routinely tested for influenza, respiratory syncytial virus (RSV), adenovirus, parainfluenza virus types 1-4 (PIV-1-4), human metapneumovirus (hMPV) and rhino/enteroviruses 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.

During the COVID-19 pandemic, there may be a lag time receiving data for the current week from the NVRL and laboratories under the clinical governance of the NVRL, caution is advised therefore interpreting the most recent week's data. These data are continuously updated.

- Of 41 sentinel GP ILI and 173 non-sentinel respiratory specimens tested and reported by the NVRL during week 8, 14 (6.5%) influenza positive specimens were detected.
- Of 32 sentinel GP ILI and 165 non-sentinel respiratory specimens tested and reported by the NVRL during week 7, 32 (16.2%) influenza positive specimens were detected during week 7 compared to 12.7% (23/181) during week 6 2022, - In total 45 influenza A(H3) and 1 influenza A (not subtyped) were detected during weeks 7 and 8 2022.
- For the 2021/2022 season (weeks 40 2021 - 8 2022), only 1.4% (17/1,206) of sentinel GP ILI and 1.9% (81/4,372) of non-sentinel respiratory specimens were positive for influenza: 93 influenza A(H3), 2 influenza A(H1)pdm09, 1 influenza A (not subtyped) 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 weeks 7 and 8 2022. Table 3; Figure 5.
- Rhinovirus/enterovirus positive detections (non-sentinel respiratory sources) continue to be reported, with positivity levels at 13.9% (24/173) during week 8 2022 (Figure 6). Other respiratory viruses (ORVs) continue to be detected at lower levels (Table 4).
- The NVRL has genetically characterised and reported on 26 positive influenza samples in Ireland to date this season. Twenty-five positive samples were characterised as A(H3) of those, 24/25 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).



**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 8 and week 7 2022 and the 2021/2022 season (weeks 40 2021- 8 2022). *Source: NVRL*

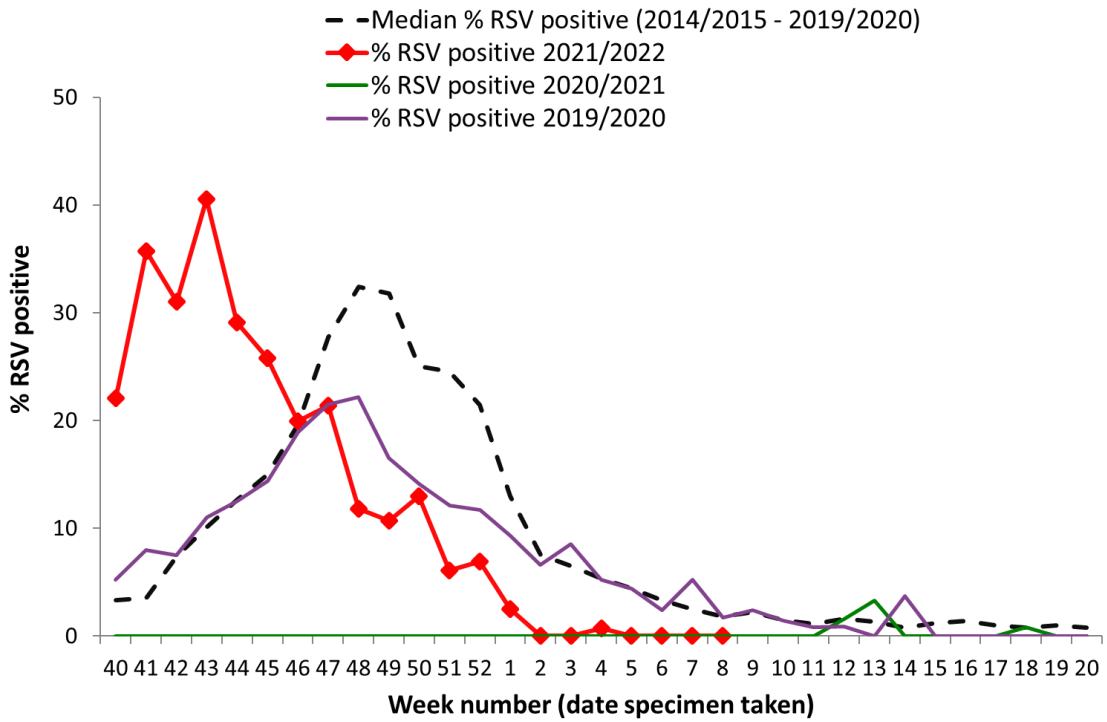
Surveillance period	Specimen type	Total tested	Number influenza positive	% Influenza positive	Influenza A				Influenza B			
					A(H1)pdm09	A(H3)	A (not subtyped)	Total influenza A	B (unspecified)	B Victoria lineage	B Yamagata lineage	Total influenza B
<b>8 2022</b>	Sentinel GP ILI referral	41	6	14.6	0	6	0	6	0	0	0	0
	Non-sentinel	173	8	4.6	0	8	0	8	0	0	0	0
	<b>Total</b>	<b>214</b>	<b>14</b>	<b>6.5</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>7 2022</b>	Sentinel GP ILI referral	32	6	18.8	0	6	0	6	0	0	0	0
	Non-sentinel	165	26	15.8	0	25	1	26	0	0	0	0
	<b>Total</b>	<b>197</b>	<b>32</b>	<b>16.2</b>	<b>0</b>	<b>31</b>	<b>1</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2021/2022</b>	Sentinel GP ILI referral	1206	17	1.4	1	16	0	17	0	0	0	0
	Non-sentinel	4372	81	1.9	1	77	1	79	1	1	0	2
	<b>Total</b>	<b>5578</b>	<b>98</b>	<b>1.8</b>	<b>2</b>	<b>93</b>	<b>1</b>	<b>96</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 8 and week 7 2022 and the 2021/2022 season (weeks 40 2021-8 2022). *Source: NVRL*

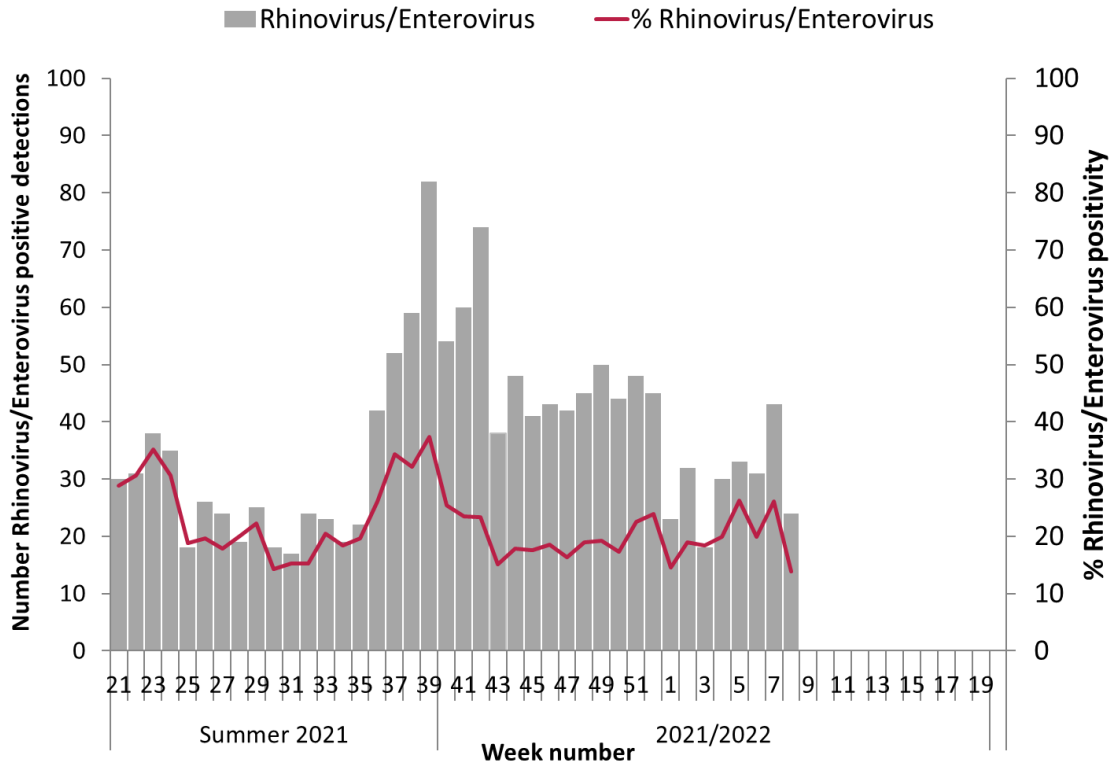
Surveillance period	Specimen type	Total tested	Number RSV positive	% RSV positive	RSV A	RSV B	RSV (unspecified)
<b>Week 8 2021</b>	Sentinel GP ILI	41	0	0.0	0	0	0
	Non-sentinel	173	0	0.0	0	0	0
	<b>Total</b>	<b>214</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Week 7 2021</b>	Sentinel GP ILI	32	0	0.0	0	0	0
	Non-sentinel	165	0	0.0	0	0	0
	<b>Total</b>	<b>197</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2021/2022</b>	Sentinel GP ILI	1206	80	6.6	43	37	0
	Non-sentinel	4372	702	16.1	395	306	1
	<b>Total</b>	<b>5578</b>	<b>782</b>	<b>14.0</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 8 and week 7 2022 and the 2021/2022 season (weeks 40 2021-8 2022). *Source: NVRL*

Virus	Week 8 2021 (N=173)		Week 7 2021 (N=165)		2021/2022 (N=4372)	
	Total positive	% positive	Total positive	% positive	Total positive	% positive
Influenza virus	8	4.6	26	15.8	81	1.9
Respiratory Syncytial Virus (RSV)	0	0.0	0	0.0	702	16.1
Rhino/enterovirus	24	13.9	43	26.1	866	19.8
Adenovirus	6	3.5	9	5.5	66	1.5
Bocavirus	3	1.7	5	3.0	121	2.8
Human metapneumovirus (hMPV)	7	4.0	7	4.2	129	3.0
Parainfluenza virus type 1 (PIV-1)	0	0.0	0	0.0	0	0.0
Parainfluenza virus type 2 (PIV-2)	0	0.0	0	0.0	1	0.0
Parainfluenza virus type 3 (PIV-3)	0	0.0	0	0.0	101	2.3
Parainfluenza virus type 4 (PIV-4)	2	1.2	0	0.0	65	1.5



**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

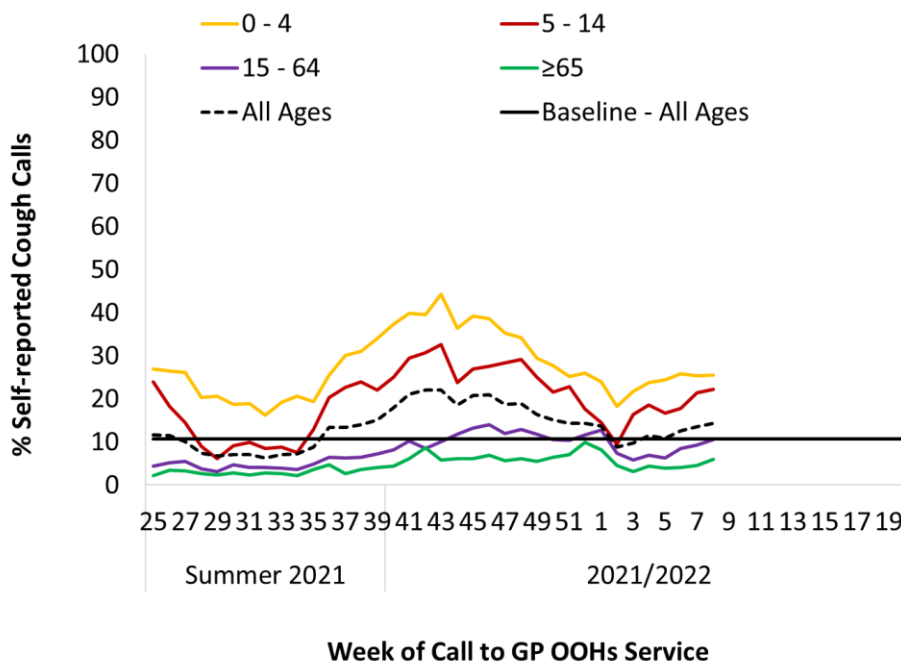
Regional influenza activity levels is based on laboratory confirmed influenza cases and/or outbreaks.

Widespread influenza activity was observed in Ireland during week 8 2022, with confirmed cases notified in all areas: HSE-East (n=83), HSE-South (n=42), HSE-West (n=14), HSE-Mid West (n=9), HSE-Midlands (n=15), HSE-Northeast (n=12) and HSE-Southeast (n=6) HSE-Northwest (n=7) during week 8 2022.

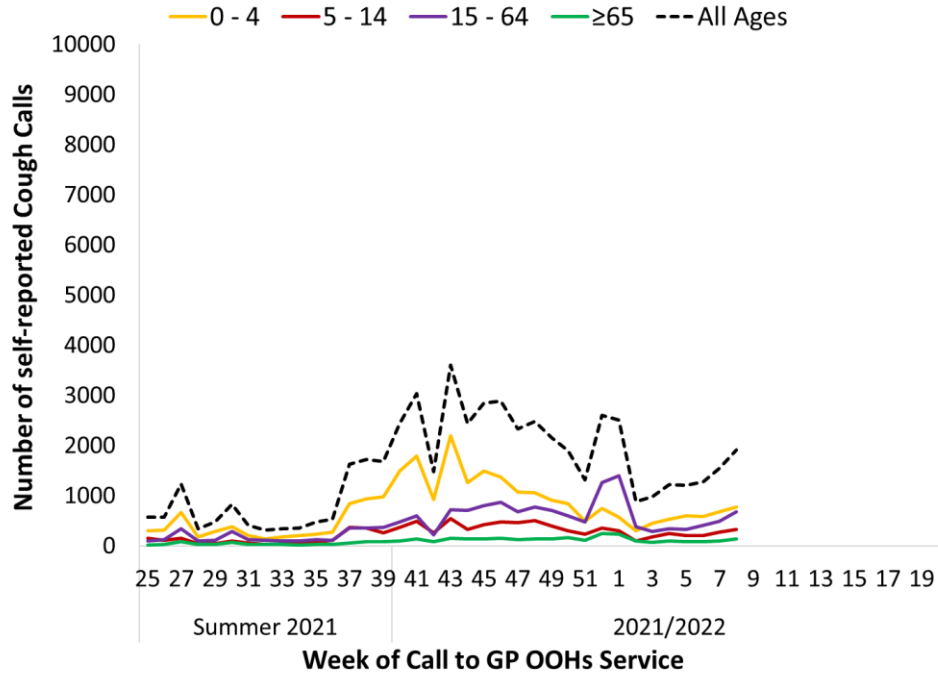
### 4. GP Out-Of-Hours services surveillance

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.

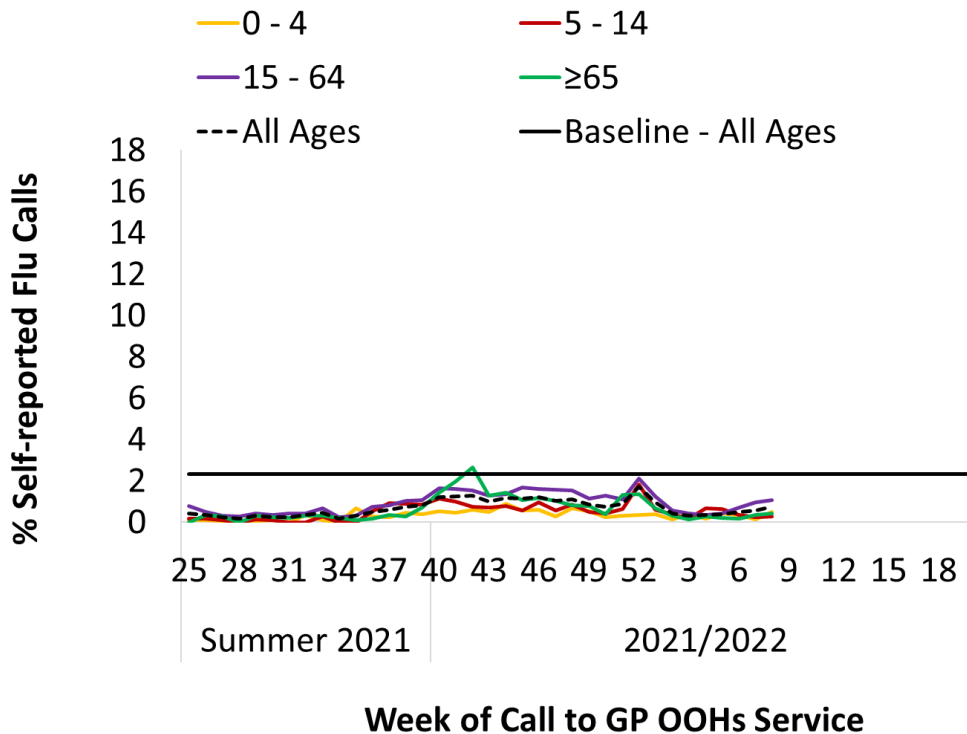
- 1,915 (14.4% of total calls; N=13,318) self-reported cough calls were reported by a network of GP OOHs services during week 8 2022, above baseline levels (10.7%), an increase compared to week 7 2022 when cough calls were reported at a rate of 13.6% (n= 1547/11,416) (Figures 7 & 8).
- 97 (0.7% of total calls; N=13,318) self-reported 'flu' calls were reported by a network of GP OOHs services during week 8 2022, an increase compared to 65 (0.6% of total calls; N=11,416) self-reported 'flu' calls during week 7 2022. The baseline threshold level for self-reported 'flu' calls is 2.3%. (Figure 9).
- Five GP OOH services provided data for week 8 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.*

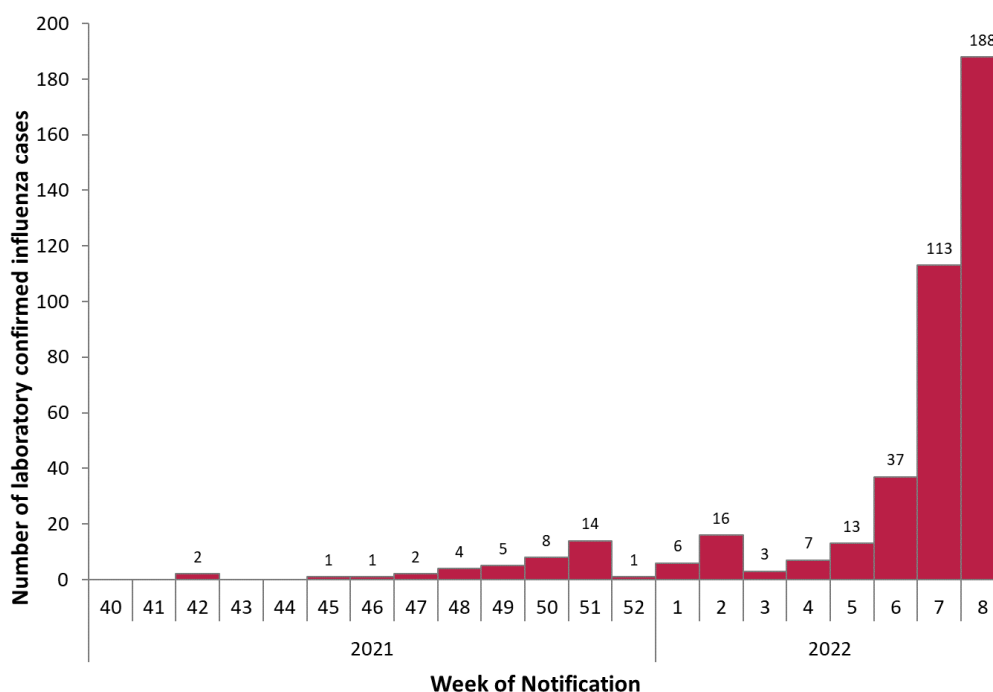


**Figure 9:** Percentage of self-reported FLU calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call, 2021-2022. The % flu calls baseline for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in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

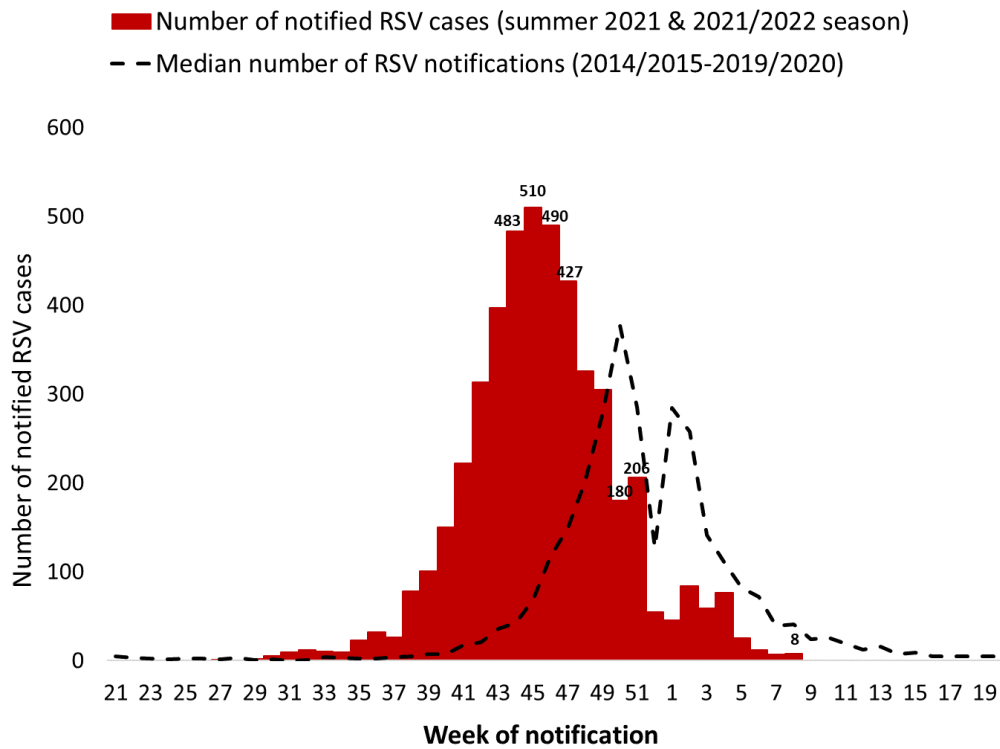
## 5. Influenza & RSV notifications

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](#).

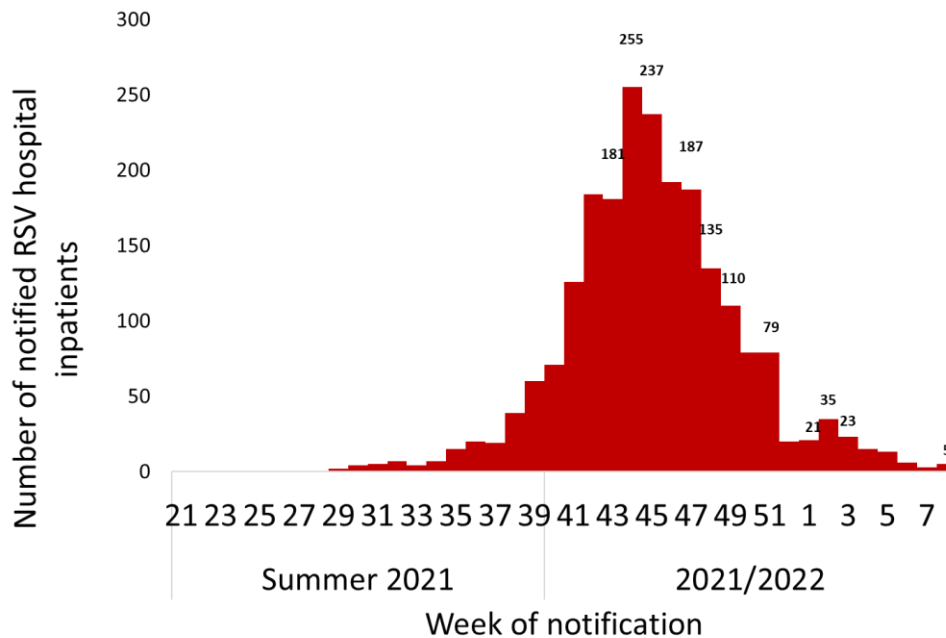
- One hundred and eighty-eight laboratory confirmed influenza cases, 31 A(H3) and 157 A (not subtyped), were notified to HPSC during week 8 2022 (Figure 10). The median age of confirmed cases notified during week 8 2022 was 26 years (interquartile range 20-56 years). Laboratory confirmed influenza cases were notified from HSE-East (n=83), HSE-South (n=42), HSE=West (n=14), HSE-Midwest (n=9), HSE-Midlands (n=15), HSE-Northeast (n=12), HSE-Southeast (n=6) and HSE-Northwest (n=7) during week 8 2022.
- Four hundred and twenty laboratory confirmed influenza cases were notified during the 2021/2022 season (weeks 40 2021 – 8 2022): 414 influenza A (73 A(H3), 3 A(H1)pdm09 and 338 A not subtyped) and 6 influenza B. The median age of notified cases for the 2021/2022 season to date is 26 years (interquartile range 20-53 years).
- During week 8 2022, 8 RSV cases (50%, n=4/8 aged 0-4 years; 25%, n=2/8, aged ≥65 years) were notified; 5 of these cases were reported as hospital inpatients (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*

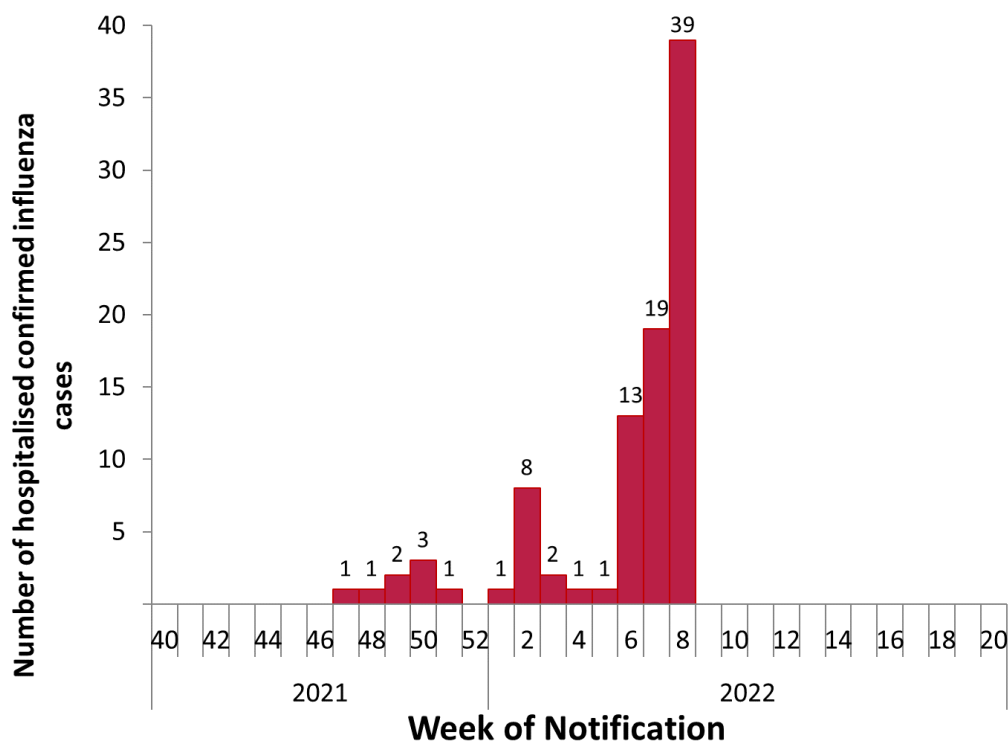


**Figure 11:** Number of RSV cases notified by week of notification, summer 2021 and 2021/2022, and median number of RSV notifications by week (2014/2015-2019/2020). *Source: Ireland’s Computerised Infectious Disease Reporting System.*

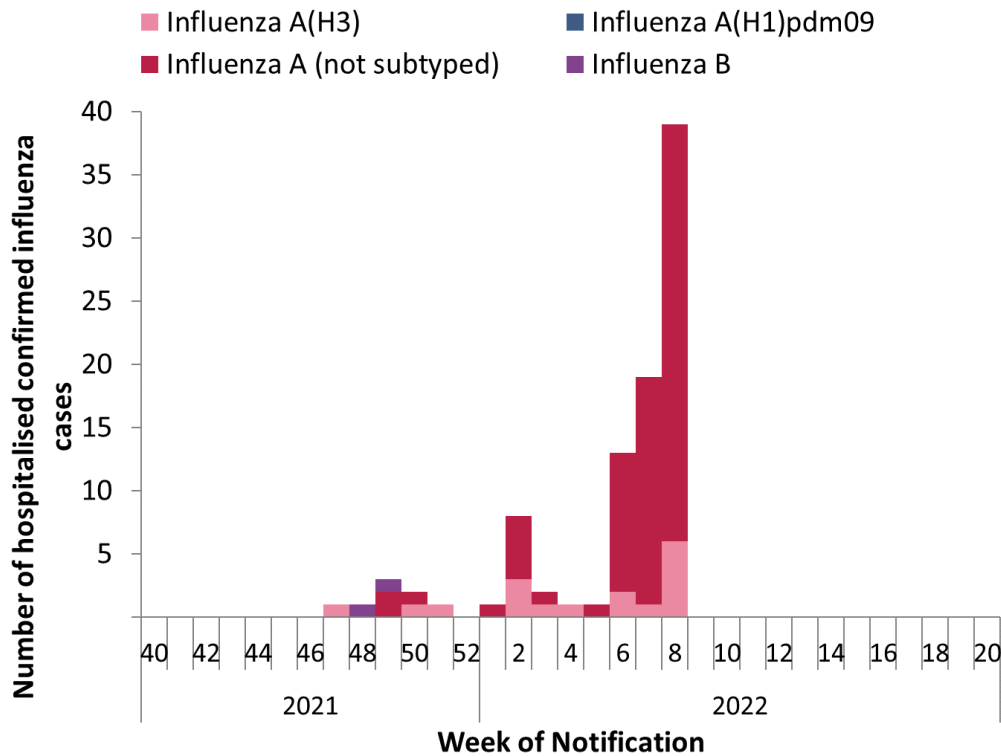


## 6. Influenza Hospitalisations

- Thirty-nine laboratory confirmed influenza A cases were reported as hospital inpatients, six subtyped A(H3) and 33 influenza A not subtyped, were notified during week 8 2022. Of the 39 hospital inpatients, the median age is 56 years (interquartile range 21-74 years), 16 cases were aged  $\geq 65$  years of age. During week 8 2022, confirmed influenza hospitalised cases have been notified from HSE-MidWest (n=2), -East (n=10), -Southeast (n=1), -Midlands (n=2), -Northwest (n=5), -West (n=1)-Northeast(n=3) and HSE-South (n=15).
- During weeks 40 2021 - 8 2022, 92 laboratory confirmed influenza cases reported as hospital inpatients were notified: 19 A(H3), 71 influenza A (not subtyped) and two influenza B cases. During weeks 40 2021-week 8 2022, the median age of those hospitalised is 61 years (interquartile range 21-78 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 8 2022, two laboratory confirmed influenza A (1A(H3) and 1 A (not subtyped)) cases were admitted to critical care and reported to HPSC.
- During the 2021/2022 influenza season to date (week 40 2021 - week 8 2022), four laboratory confirmed influenza A (2A(H3) and 2A (not subtyped) 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 2021-8 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	1	1.6	0	0.0
1-4	5	1.9	0	0.0
5-14	4	0.6	0	0.0
15-24	20	3.5	0	0.0
25-34	5	0.8	0	0.0
35-44	3	0.5	0	0.0
45-54	2	0.3	0	0.0
55-64	9	1.8	2	0.4
≥65	43	6.7	2	0.3
Unknown	0	-	0	-
<b>Total</b>	<b>92</b>	<b>1.9</b>	<b>4</b>	<b>0.1</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 8, 2022, sixteen SARI cases were admitted to the SARI hospital site, corresponding to an incidence rate per emergency hospitalisation of 59.7/1,000; an increase on 38.9/1,000 in week 7, 2022.
- The SARI incidence rate per hospital catchment population was 5.3/100,000 population during week 8 an increase on 3.6/100,000 in week 7, 2022
- SARI SARS-CoV-2 positivity was 25% (4/16 tested) during week 8 2022, compared to 36% (4/11) during week 7 2022
- Two SARI cases tested positive for influenza A, during week 8 2022, corresponding to influenza positivity of 22% (2/9 tested), compared to 25% (2/8 tested) positivity during week 7 2022
- No SARI case tested positive for RSV during weeks 7 and 8 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/>

- One death in a notified influenza case was reported to HPSC during week 8 2022. During the 2021/2022 season (weeks 40 2021- 8 2022), three deaths in notified influenza cases were reported to HPSC: 2 A(H3) and 1 A not subtyped.
- No excess all-cause mortality was reported during week 7 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/>

- Three influenza outbreaks were notified to HPSC during week 8 2022, two in HSE-south and one in HSE-northeast.
- During the 2021/2022 influenza season to date, two hospital outbreaks, one nursing home outbreak, two family outbreaks and one outbreak associated with a social gathering were reported to HPSC.
- For the 2021/2022 season to date (weeks 40 2021- 8 2022), seven influenza 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 27/02/2022, seasonal influenza vaccination uptake for those aged 2-17 years was 16.2% (n=175,642/1,081,232) and 74.1% (n=550,479/743,087) for those aged ≥65 years. Data were provided by GPs, Pharmacists and PCRS staff.



## 12. International Summary

In the European region, during week 7 2022 (week ending 20/02/2022), Armenia, Hungary, Ireland, Kazakhstan, Republic of Moldova and Slovakia reported widespread influenza activity and/or medium influenza intensity. In Europe, 9% 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 above 10% positivity in sentinel primary care: Hungary (42%), France (32%), Luxembourg (27%), Slovenia (20%), United Kingdom (Scotland) (13%), Switzerland (12%) and Italy (12%). Both influenza type A and type B viruses were detected, with A(H3) viruses being dominant across all monitoring systems. Hospitalised cases with confirmed influenza virus infection were reported from intensive care units (6 type A virus (no subtype ascribed)), other wards (10 type A viruses (no subtype ascribed) and 1 subtype A(H3)) and SARI surveillance (2 type A viruses (no subtype ascribed) and 3 subtype A(H3)). <https://flunewseurope.org/>

The latest available WHO influenza report was published on 21 February 2022, based on data up to 6 February 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 detections decreased in China, while influenza illness indicators and activity remained low in the rest of the subregion. In North Africa, influenza increased with influenza A(H3N2) and A(H3N2)pdm09 detections. In Western Asia influenza activity continued to decrease. 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 mainly from Eastern Africa with influenza A(H3N2) predominating followed by influenza A (both subtypes).

In Southern Asia, influenza virus detections of predominantly influenza A(H3N2) decreased. In South-East Asia, mainly influenza A(H3N2) detections were reported as well as some influenza B.

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;  
a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

<https://www.who.int/teams/global-influenza-programme/vaccines/who-recommendations>

The WHO vaccine strain selection committee recommend that quadrivalent egg-based vaccines for use in the **2022/2023** northern hemisphere influenza season contain the following:

an A/Victoria/2570/2019 (H1N1)pdm09-like virus;  
an A/Darwin/9/2021 (H3N2)-like virus;  
a B/Austria/1359417/2021 (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)

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### Acknowledgements

HPSC wishes to thank the Irish sentinel GP network, the ICGP, NVRL, Departments of Public Health, ICSI, HSE-Healthlink, HSE-NE and the SARI team in SVUH for providing data for this report.