Influenza Week 46 2022 (14th - 20th November 2022)









Intensive Care Society of Ireland

Summary

Influenza activity increased in Ireland during week 46 2022 (week ending 20/11/2022). Detections of influenza A(H3), A(H1)pdm09 and B have been reported this season to date. Respiratory syncytial virus (RSV) activity increased further during week 46 2022, including RSV hospitalisations and remained at very high levels in Ireland. Influenza-like illness (ILI):

The sentinel GP influenza-like illness (ILI) ILI consultation rate was 22.5 per 100,000 population during week 46 2022 and above the Irish baseline threshold (18.1/100,000 population), this is stable compared to the updated rate of 21/100,000 during week 45 2022.

• Sentinel GP ILI age specific consultation rates were above baseline thresholds in the 0-14 year age group and below baseline in the 15-64 and ≥65 year age group.

National Virus Reference Laboratory (NVRL):

- Of 26 sentinel GP ILI/ARI specimens tested and reported by the NVRL during weeks 45 and 46 2022, none were
 positive for influenza and six were positive for RSV. As of 9th of November 2022, the acute respiratory infection
 (ARI) case definition is being used by sentinel GPs to identify cases for referral of specimens for respiratory virus
 testing to NVRL.
- Of 409 non-sentinel respiratory specimens tested and reported by the NVRL during weeks 45 and 46 2022, 15 (3.7%) were positive for influenza: four A(H3), eight A(H1)pdm09 and three influenza B.
- Respiratory syncytial virus (RSV) positivity (non-sentinel respiratory specimens) remained very high in recent weeks, at 23.6% (48/203) during week 45 2022 and 14.1% (29/206) during week 46 2022
- <u>Influenza notifications</u>: 192 laboratory confirmed influenza cases were notified during week 46 2022 five A(H3), three A(H1)pdm09, 172 influenza A (not subtyped) and 12 influenza B. The number of influenza notifications increased during week 46 to 192, compared to 170 during week 45 2022.
- RSV notifications: 731 RSV cases including 290 RSV hospitalised cases were notified during week 46 2022. During week 46 2022, 74% of notified RSV cases were in the 0-4-year age group.
- Hospitalisations and Critical care admissions: During week 46 2022, 68 laboratory confirmed influenza cases were reported as hospital inpatients: 64 influenza A (not subtyped) and four influenza B. This is stable compared to 63 laboratory confirmed influenza notifications reported as hospital inpatients during week 45 2022. Two laboratory confirmed influenza A (not subtyped) cases were admitted to critical care and notified to HPSC during week 46 2022. During weeks 40-46, 11 laboratory confirmed influenza cases one influenza A(H3), one A(H1)pdm09 and nine A (not subtyped) have been admitted to critical care and notified to HPSC.
- Mortality: No deaths in notified influenza cases were reported to HPSC during week 46 2022. During the 2022/2023 season to date, four deaths in notified influenza cases were reported to HPSC one influenza AH3 and three influenza A (not subtyped).
- Outbreaks: Seven RSV outbreaks (four in nursing homes, one in a hospital and two family outbreaks) were notified to HPSC during week 46 2022. No influenza outbreaks were reported to HPSC during week 46.
- International: In Europe, influenza activity increased this week with the sentinel ILI or ARI rate increasing to 13% which is above the ECDC influenza positivity threshold set at 10%. Portugal and Germany reported widespread activity. WHO is advising countries to remain vigilant for the likelihood of influenza circulating and to be prepared for co-circulation of SARS-CoV-2 and influenza.

1. GP sentinel surveillance system - Clinical Data

- During week 46 2022, 70 sentinel GP influenza-like illness (ILI) consultations were reported from the Irish sentinel GP network, corresponding to an ILI consultation rate of 22.5 per 100,000 population, stable compared to the updated rate of 21 per 100,000 during week 45 2022 (Figure 1).
- The sentinel GP ILI consultation rate during the 2022/2023 was below baseline during weeks 40-44 2022 and above the Irish sentinel GP ILI baseline threshold (18.1/100,000 population) during weeks 45 and 46 2022.
- Sentinel GP ILI age specific consultation rates were above age specific baseline thresholds in those aged 0-14 (36.5/100,000) and below baseline in those aged 15-64 (20.6/100,000) and ≥65 years (9.6/100,000) during week 46 2022 (Figure 2, Table 1).
- HPSC has reviewed the Irish sentinel baseline ILI threshold for the 2022/2023 influenza season, which will remain at 18.1 per 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 population), medium (57.5/100,000 population) and high (86.5/100,000 population) intensity ILI thresholds are shown in Figure 1. Age specific MEM threshold levels are shown in Table 1.

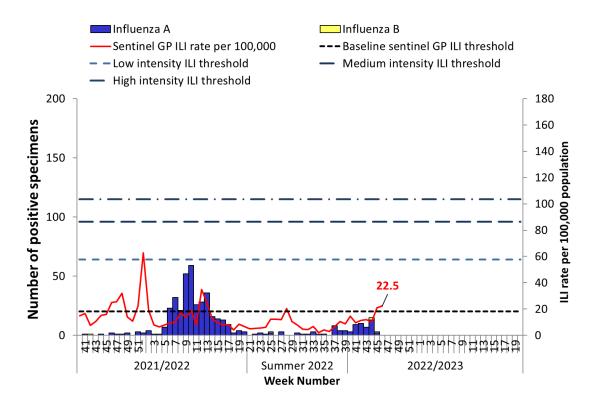


Figure 1: Sentinel GP Influenza-like illness (ILI) consultation rates per 100,000 population, baseline ILI threshold, medium and high intensity ILI thresholds and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. *Source: ICGP and NVRL*

Influenza Surveillance Report Page 2 of 19 24/11/2022

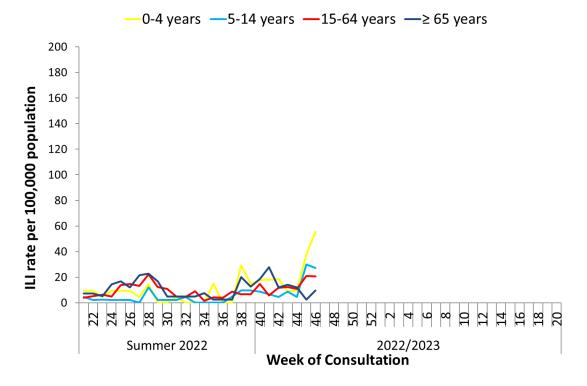


Figure 2: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2022 and the 2022/2023 influenza season to date. *Source: ICGP*.

Table 1: Age specific sentinel GP ILI consultation rate per 100,000 population by week (weeks 21-46 2022), colour coded by sentinel GP ILI age specific Moving Epidemic Method (MEM) threshold levels. *Source: ICGP.*

MEM Threshold Levels					Below Baseline				Low			Moderate			High		Extraordinary									
Age group (years)	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
All Ages	4.9	5.3	5.5	6.1	12.2	12.2	11.9	20.4	10.6	8.0	4.6	4.4	6.6	2.0	4.2	3.0	6.8	10.5	8.7	14.6	9.7	11.3	11.9	10.1	21.0	22.5
<15 yrs	6.1	4.7	3.3	4.6	4.6	4.6	1.5	12.9	1.5	1.5	3.1	3.2	0.0	0.0	5.0	0.0	3.2	16.0	11.3	11.7	10.3	9.1	8.9	6.6	37.7	36.5
15-64 yrs	4.0	5.1	6.3	4.9	13.8	14.7	13.3	22.3	12.3	10.8	5.0	4.6	9.0	1.5	4.3	4.0	8.8	6.7	6.8	14.7	5.7	11.8	12.5	11.7	24.4	20.6
≥65 yrs	7.3	7.4	5.2	14.4	16.8	12.0	21.6	22.8	16.8	4.8	4.9	5.0	4.9	7.5	2.6	2.5	2.5	20.2	12.7	18.5	27.9	12.0	14.1	13.0	2.8	9.6
Reporting practices (N=61)	56	55	56	57	57	57	57	55	57	57	56	54	57	56	57	58	57	58	57	60	59	58	59	56	55	55

2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2022/2023 influenza season refers to sentinel GP ILI/ARI 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. Please note: As of 9th of November 2022, the acute respiratory (ARI) case definition is being used by sentinel GPs to identify cases for referral of specimens for respiratory virus testing to NVRL. Case definitions are available in Section 12.

- Of 26 sentinel GP ILI/ARI specimens tested and reported by the NVRL during weeks 45 and 46 2022, none were positive for influenza.
- Of 409 non-sentinel respiratory specimens tested and reported by the NVRL during weeks 45 and 46 2022, 15 (3.7%) were positive for influenza: four A(H3), eight A(H1)pdm09 and three influenza B, a lag time with testing and reporting is noted.
- Respiratory syncytial virus (RSV) positivity (non-sentinel respiratory specimens) remained very high in recent weeks, at 23.6% (48/203) during week 45 2022 and 14.1% (29/206) during week 46 2022. During weeks 45 and 46 2022, six sentinel GP ILI specimen were RSV positive.
- Rhinovirus/enterovirus positive detections from non-sentinel respiratory specimens were detected at a
 positivity rate of 8.3% (17/206) during week 46 2022, a decrease from 15.3% (31/203) during week 45
 2022 (Figure 3).
- Other respiratory viruses (ORVs) are being detected at lower levels (Figure 3).

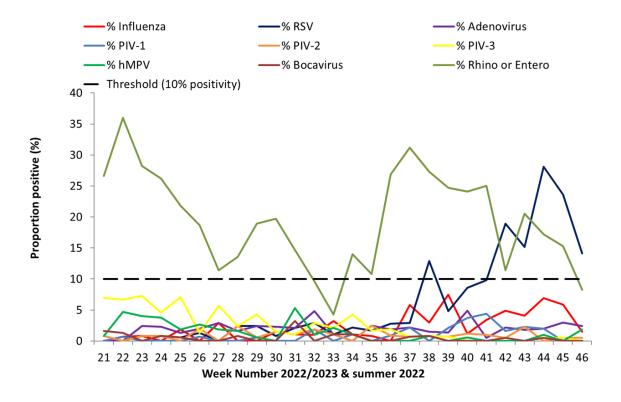


Figure 3: Percentage positive results for non-sentinel respiratory specimens tested by the NVRL for influenza, RSV and other respiratory viruses, weeks 21-46 2022. *Source: ICGP*.

Influenza Surveillance Report Page 4 of 19 24/11/2022

Table 2: Number of sentinel GP ILI/ARI and non-sentinel respiratory specimens tested by the NVRL and positive influenza results, for weeks 45 and 46 2022 and the 2022/2023 season (weeks 40-46 2022). *Source: NVRL*

Surveillance	Specimen type	Total	Number	% Influenza		Influe	nza A		Influenza B					
period	Specimen type	tested	influenza	positive	A(H1)pdm09	A(H3)	A (not	Total	В	B Victoria	B Yamagata	Total		
46 2022	Sentinel GP ARI referral	18	0	0.0	0	0	0	0	0	0	0	0		
46 2022	Non-sentinel	206	3	1.5	2	0	0	2	1	0	0	1		
	Total	224	3	1.3	2	0	0	2	1	0	0	1		
45 2022	Sentinel GP ILI/ARI referral	8	0	0.0	0	0	0	0	0	0	0	0		
45 2022	Non-sentinel	203	12	5.9	6	4	0	10	1	0	1	2		
	Total	211	12	5.7	6	4	0	10	1	0	1	2		
2022/2023	Sentinel GP ILI/ARI referral	55	5	9.1	3	2	0	5	0	0	0	0		
2022/2023	Non-sentinel	1334	54	4.0	26	18	5	49	4	0	1	5		
	Total	1389	59	4.2	29	20	5	54	4	0	1	5		

Table 3: Number of sentinel GP ILI/ARI and non-sentinel respiratory specimens tested by the NVRL and positive RSV results, for weeks 45 and 46 2022 and the 2022/2023 season (weeks 40-46 2022). *Source: NVRL*

Surveillance period	Specimen type	Total tested	Number RSV positive	% RSV positive	RSV A	RSV B	RSV (unspecified)
	Sentinel GP ARI	18	2	11.1	0	2	0
Week 46 2022	Non-sentinel	206	29	14.1	2	27	0
	Total	224	31	13.8	2	29	0
	Sentinel GP ILI/ARI	8	4	50.0	0	4	0
Week 45 2022	Non-sentinel	203	48	23.6	7	41	0
	Total	211	52	24.6	7	45	0
	Sentinel GP ILI/ARI	55	10	18.2	0	10	0
2022/2023	Non-sentinel	1334	229	17.2	42	187	0
	Total	1389	239	17.2	42	197	0

Table 4: Number of non-sentinel respiratory specimens tested by the NVRL for respiratory viruses and positive results, for weeks 45 and 46 2022 and 2022/2023 season (weeks 40-46 2022). *Source: NVRL*

Virus	Week 46 20	21 (N=206)	Week 45 20	21 (N=203)	2022/2023 (N=1334)		
Virus	Total positive	% positive	Total positive	% positive	Total positive	% positive	
Influenza virus	3	1.5	12	5.9	54	4.0	
Respiratory Synctial Virus (RSV)	29	14.1	48	23.6	229	17.2	
Rhino/enterovirus	17	8.3	31	15.3	229	17.2	
Adenovirus	5	2.4	6	3.0	31	2.3	
Bocavirus	0	0.0	0	0.0	2	0.1	
Human metapneumovirus (hMPV)	4	1.9	0	0.0	7	0.5	
Parainfluenza virus type 1 (PIV-1)	0	0.0	0	0.0	26	1.9	
Parainfluenza virus type 2 (PIV-2)	1	0.5	1	0.5	11	0.8	
Parainfluenza virus type 3 (PIV-3)	0	0.0	1	0.5	2	0.1	
Parainfluenza virus type 4 (PIV-4)	2	1.0	1	0.5	10	0.7	

Table 5: Number of sentinel GP ILI/ARI specimens tested by the NVRL for respiratory viruses and positive results, for weeks 45 and 46 2022 and 2022/2023 season (weeks 40-46 2022). *Source: NVRL*

	Week 46 20	22 (N=18)	Week 45 20	22 (N=8)	2022/2023 (N=55)		
Virus	Total positive	% positive	Total positive	% positive	Total positive	% positive	
Influenza virus	0	0.0	0	0.0	5	9.1	
Respiratory Synctial Virus (RSV)	2	11.1	4	50.0	10	18.2	
Rhino/enterovirus	0	0.0	0	0.0	5	9.1	
Adenovirus	0	0.0	0	0.0	0	0.0	
Bocavirus	0	0.0	0	0.0	0	0.0	
Human metapneumovirus (hMPV)	0	0.0	0	0.0	0	0.0	
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	0	0.0	
Parainfluenza virus type 3 (PIV-3)	0	0.0	0	0.0	0	0.0	
Parainfluenza virus type 4 (PIV-4)	0	0.0	0	0.0	2	3.6	
SARS-CoV-2	0	0.0	1	12.5	2	3.6	

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/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.

- 6,000 (42.1% of total calls; N=14,266) self-reported cough calls were reported by a network of GP OOHs services during week 46 2022, which was above baseline levels (10.7%) (Figure 4). An increase in the number and percentage of cough calls in the 0 4 year age group in recent weeks is evident.
- 157 (1.1% of total calls; N=14,266) self-reported 'flu' calls were reported by a network of GP OOHs services during week 46 2022. The baseline threshold level for self-reported 'flu' calls is 2.3% (Figure 6).
- Five GP OOH services provided data for week 46 2022.

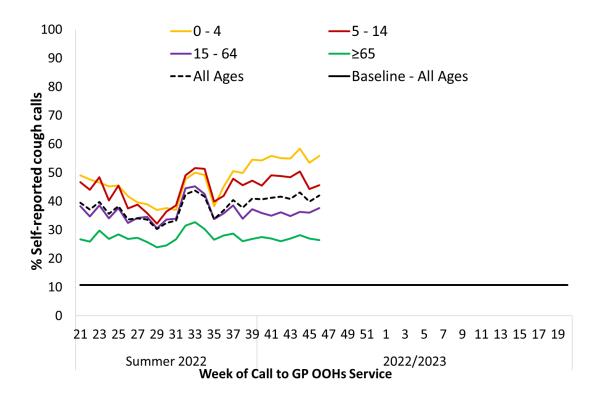


Figure 4: Percentage of self-reported COUGH calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call, summer 2022 and the 2022/2023 season. The % cough calls baseline for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*

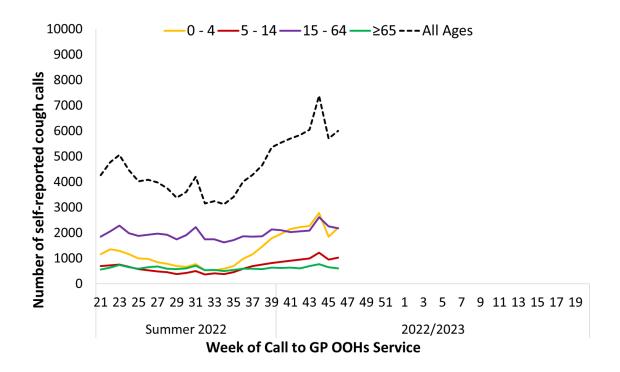


Figure 5: Number of self-reported COUGH calls for all ages and by age group to GP Out-of-Hours services by week of call, 2022-2023. *Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.*

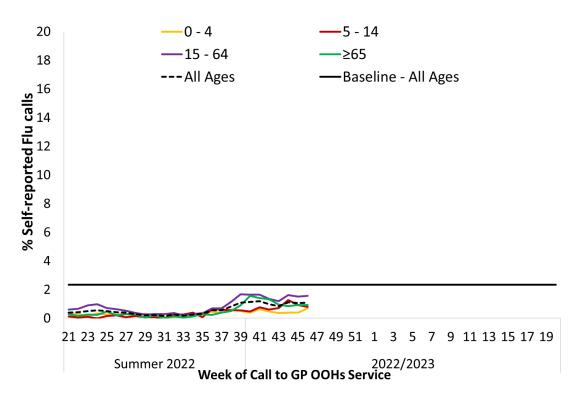


Figure 6: Percentage of self-reported FLU calls for all ages and by age group as a proportion of total calls to GP Out-of-Hours services by week of call, Summer 2022 and 2022/2023. The % flu calls baseline for all ages calculated using the MEM method on historic data is shown. *Source: GP Out-Of-Hours 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.

- 192 laboratory confirmed influenza cases were notified during week 46 2022 five A(H3), three A(H1)pdm09, 172 influenza A (not subtyped) and 12 influenza B. The number of influenza notifications increased during week 46 to 192, compared to 170 during week 45 2022. During the 2022/2023 season to date (weeks 40-46 2022) 828 laboratory confirmed influenza cases have been notified to HPSC.
- Confirmed influenza cases for week 46 2022 were notified in different HSE areas as outlined in Table 6.
- Age specific rates in notified laboratory confirmed influenza cases were highest in those aged 0-4 years (Figure 8).
- 731 RSV cases were notified during week 46 2022, an increase compared to 646 cases notified during week 45 2022 (Figure 9).
- During week 46 2022, age specific rates in notified laboratory confirmed RSV cases were highest in those aged 0-4 years (Figure 10).

Table 6: Summary of confirmed influenza notifications by HSE area during the 2022/2023 season (weeks 40-46 2022) and week 46 2022 *Source: CIDR*

HSE area	Influenza confirmed cases- season to date	Confirmed cases week 46 2022
HSE-E	305	49
HSE-M	33	7
HSE-MW	62	27
HSE-NE	97	26
HSE-NW	146	50
HSE-SE	53	10
HSE-S	67	11
HSE-W	65	12
Total	828	192

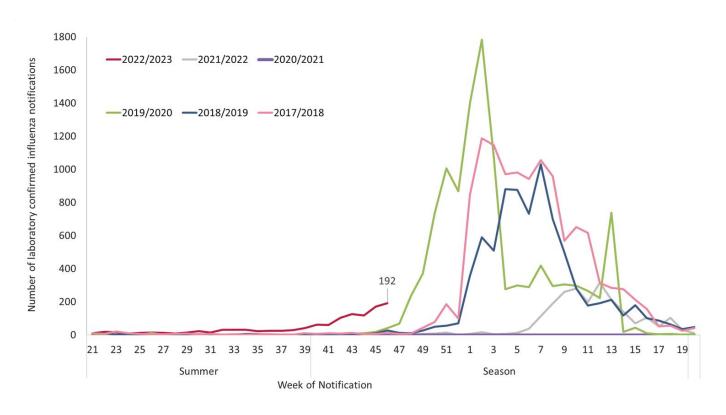


Figure 7: Laboratory confirmed influenza notifications to HSPC by week and season of notification, 2017/2018 to 2022/2023 influenza seasons. *Source: Ireland's Computerised Infectious Disease Reporting System.*

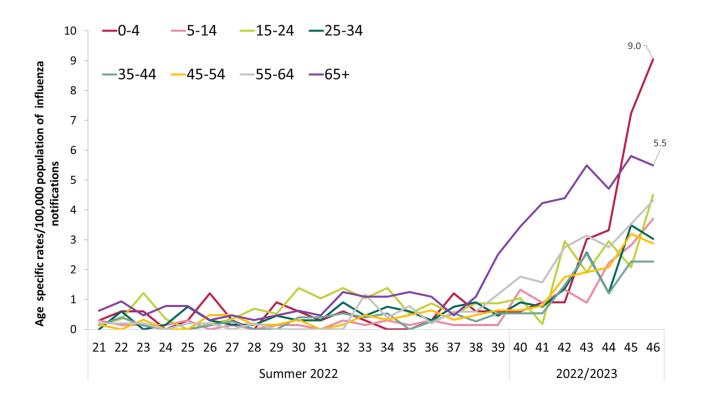


Figure 8: Age specific rates per 100,000 population for laboratory confirmed influenza notifications to HSPC by week of notification. *Source: Ireland's Computerised Infectious Disease Reporting System.*

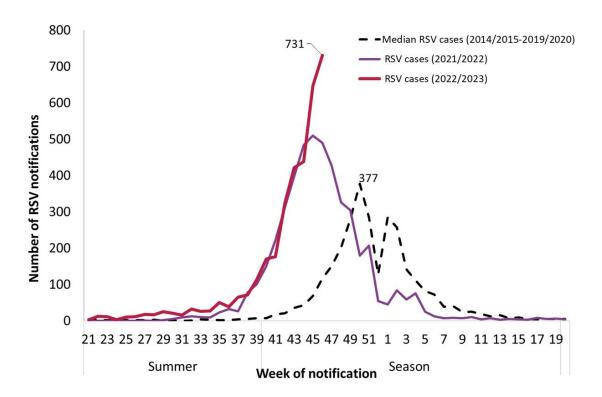


Figure 9: Number of laboratory confirmed RSV notifications to HPSC by week of notification 2022/2023 season 2021/2022 season and median number of RSV notifications by week (2014/2015-2019/2020). *Source: Ireland's Computerised Infectious Disease Reporting System.*

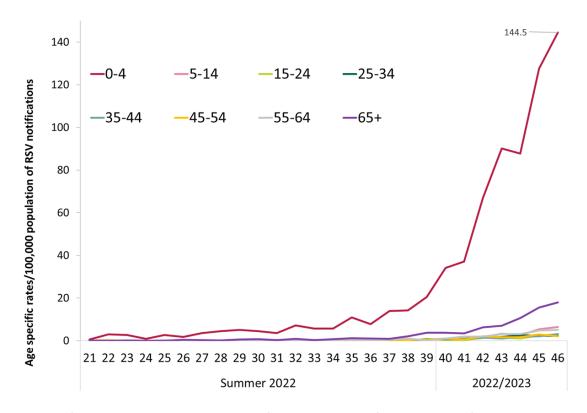


Figure 10: Age specific rates per 100,000 population for laboratory confirmed RSV notifications to HSPC by week of notification. *Source: Ireland's Computerised Infectious Disease Reporting System.*

6. Hospitalisations

- During week 46 2022, 68 laboratory confirmed influenza cases were reported as hospital inpatients: 64 influenza A (not subtyped) and four influenza B (Figure 11). This is stable compared to 63 laboratory confirmed influenza notifications reported as hospital inpatients during week 45 2022. During the 2022/2023 season to date (weeks 40-46 2022), 298 laboratory confirmed influenza cases have been reported as being hospital inpatients.
- In week 46 2022, age specific rates in notified laboratory confirmed hospitalised influenza cases were highest in those aged 0-4 years (Figure 12).
- The number and age specific rate per 100,000 population of laboratory confirmed notified influenza hospitalised and critical care cases for the 2022/2023 season are detailed in Table 8.
- Patient type of laboratory confirmed influenza and RSV notifications by week for the 2022/2023 season are reported in Tables 6 and 7.
- During week 46 2022, 290 RSV cases out of 731 (40%) were reported as hospital inpatients (Figure 13). It should be noted that patient type is not always reported/updated for notified RSV cases.
- In week 46 2022, age specific rates in notified laboratory confirmed hospitalised RSV cases were highest in those aged 0-4 years (Figure 14).

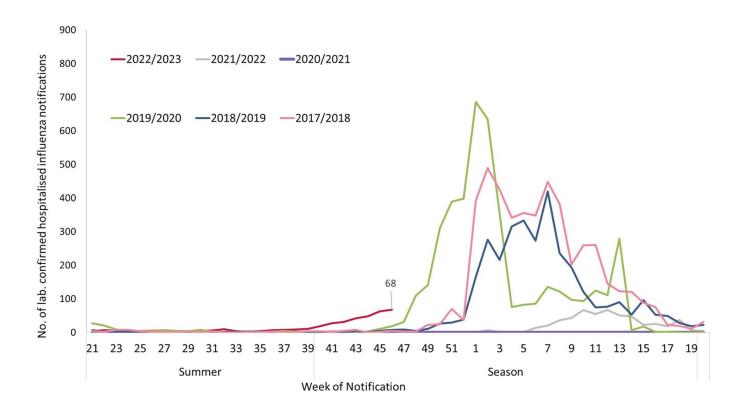


Figure 11: Number of notified laboratory confirmed influenza cases reported as hospital inpatients, for the 2017/2018 to 2022/2023 season. *Source: Ireland's Computerised Infectious Disease Reporting System*

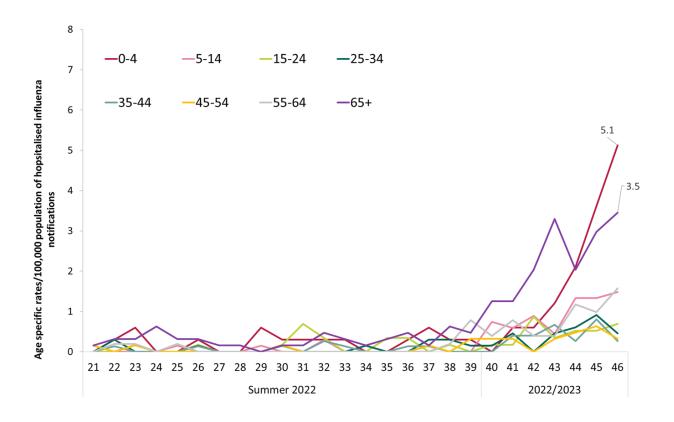


Figure 12: Age specific rates per 100,000 population for laboratory confirmed influenza cases reported as hospital inpatients by week of notification. *Source: Ireland's Computerised Infectious Disease Reporting System.*

Table 6: Number of notified **influenza** cases reported by patient type and week of notification and 2022/2023 season (weeks 40-46 2022). *Source: Ireland's Computerised infectious Disease Reporting System*

				Patient Typ	e			
	GP Patient	ED patient	Hospital Inpatient	Hospital Day Patient	Hospital Outpatient	Other	Unknown	Total
Week 40	2	11	19	2	9	7	12	62
Week 41	4	21	27	0	3	2	2	59
Week 42	1	45	31	1	16	3	5	102
Week 43	7	34	42	6	22	8	7	126
Week 44	2	38	48	4	18	2	5	117
Week 45	2	65	63	6	13	11	10	170
Week 46	5	76	68	8	18	12	5	192
Total	23	290	298	27	99	45	46	828

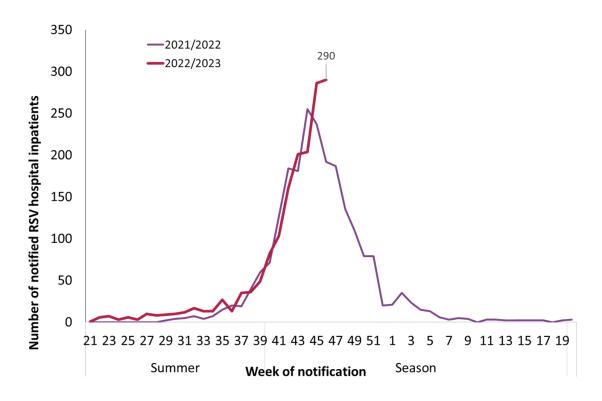


Figure 13: Number of notified RSV cases reported as hospital inpatients, by week of notification and season, 2021/2022 and 2022/2023. *Source: Ireland's Computerised Infectious Disease Reporting System.*

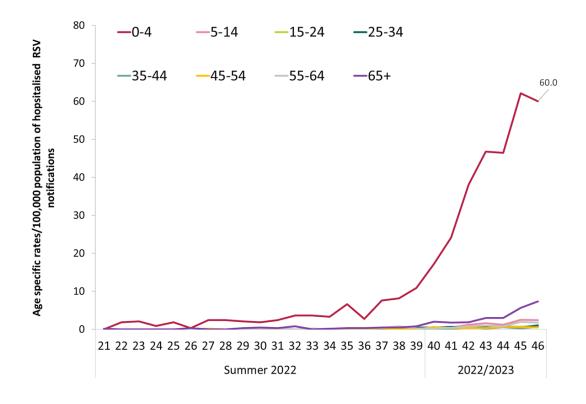


Figure 14: Age specific rates per 100,000 population for laboratory confirmed RSV cases reported as hospital inpatients by week of notification. *Source: Ireland's Computerised Infectious Disease Reporting System*

Table 7: Number of notified **RSV** cases reported by patient type and week of notification (weeks 40-46 2022). *Source: Ireland's Computerised infectious Disease Reporting System*

				Patient	Туре			
	GP Patient	ED patient	Hospital Inpatient	Hospital Day Patient	Hospital Outpatient	Other	Unknown	Total
Week 40	5	52	82	1	12	7	11	170
Week 41	3	45	103	2	13	5	6	177
Week 42	5	121	161	2	14	7	15	325
Week 43	5	148	201	9	21	20	17	421
Week 44	6	172	204	3	22	16	15	438
Week 45	8	240	286	12	36	28	36	646
Week 46	9	324	290	6	33	35	34	731
Total	41	1102	1327	35	151	118	134	2908

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.

- Two laboratory confirmed influenza A (not subtyped) cases were admitted to critical care and notified to HPSC during week 46 2022.
- During the 2022/2023 season to date (weeks 40-46), 11 laboratory confirmed influenza cases— one
 influenza A(H3), one A(H1)pdm09 and nine A (not subtyped) have been admitted to critical care and
 notified to HPSC.
- The number (and age specific rate per 100,000 population) of laboratory confirmed notified influenza hospitalised and critical care cases for the 2022/2023 season are detailed in Table 8.

Table 8: Cumulative number (and age specific rate per 100,000 population) of laboratory confirmed notified influenza hospitalised and critical care cases, weeks 40-46 2022. *Source: Ireland's Computerised infectious Disease Reporting System*.

		Hospitalised	A	dmitted to ICU
Age (years)		Age specific rate per		Age specific rate per
	Number	100,000 pop.	Number	100,000 pop.
<1	5	8.0	0	0.0
1-4	39	14.5	0	0.0
5-14	46	6.8	0	0.0
15-24	19	3.3	2	0.3
25-34	20	3.0	1	0.2
35-44	21	3.2	0	0.0
45-54	15	2.4	0	0.0
55-64	29	5.7	2	0.4
≥65	104	16.3	6	0.9
Unknown		_		-
Total	298	6.3	11	0.2

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/

- No deaths in notified influenza cases were reported to HPSC during week 46 2022.
- During the 2022/2023 season (weeks 40 46 2022), four deaths in notified influenza cases were reported to HPSC one influenza AH3 and three influenza A (not subtyped).
- No excess all-cause mortality was reported during week 45 2022 or for weeks 40-45 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.

9. 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/casesinireland/

- No influenza outbreaks were notified to HPSC during week 46 2022. Nine influenza outbreaks have been reported for the 2022/2023 season to date.
- Seven RSV outbreaks, one in a nursing home at HSE-South, two family outbreaks and one in a nursing home at HSE-North East and two in nursing homes and one in a hospital at HSE-East were notified to HPSC during week 46 2022.
- No ARI outbreaks were notified to HPSC during week 46 2022
- For an overview of outbreaks for the season to date (weeks 40-46 2022) please see Tables 9 and 10.

Table 9: Summary of respiratory virus and ARI outbreaks by HSE area and infection during the 2022/2023 season *Source: CIDR*

HSE area	Influ	enza	Respiratory	syncytial virus	Acute re	spiratory	Total		
nsc area	Week 46	2022/2023	Week 46	2022/2023	Week 46	2022/2023	Week 46	2022/2023	
HSE-E	0	3	3	5	0	0	3	8	
HSE-M	0	0	0	0	0	0	0	0	
HSE-MW	0	0	0	0	0	0	0	0	
HSE-NE	0	2	3	11	0	0	3	13	
HSE-NW	0	2	0	2	0	1	0	5	
HSE-SE	0	0	0	0	0	0	0	0	
HSE-S	0	1	1	3	0	0	1	4	
HSE-W	0	1	0	0	0	0	0	1	
Total	0	9	7	21	0	1	7	31	

Table 10: Summary of respiratory virus and ARI outbreaks by outbreak location & pathogen during 2022/2023 season *Source: CIDR*

UCF areas	Influ	enza	Respiratory	syncytial virus	Acute respira	atory infection	Total	
HSE area	Week 46	2022/2023	Week 46	2022/2023	Week 46	2022/2023	Week 46	2022/2023
Community hospital/Long-stay unit	0	0	0	1	0	1	0	2
Nursing Home	0	3	4	6	0	0	4	9
Hospital	0	4	1	3	0	0	1	7
Residential Institution	0	2	0	1	0	0	0	3
Childcare facility	0	0	0	1	0	0	0	1
Family Outbreaks	0	0	0	7	0	0	0	7
Total	0	9	5	19	0	1	5	29

10. International Summary

In the European region, during week 45 2022 (week ending 13/11/2022), influenza virus positivity in sentinel primary care specimens was 13%, an increase compared to 8% during week 44 2022, which is above the ECDC influenza positivity threshold of 10%. For week 45 2022, 222 (13%) of 1,746 sentinel GP specimens tested positive for an influenza virus; 62% were type A and 38% were type B. Of 112 subtyped A viruses, 88% were A(H3) and 12% were A(H1)pdm09. Of 79 type B viruses ascribed to a lineage, all were B/Victoria.

For week 45 2022, 1,179 of 38,410 specimens from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions) tested positive for an influenza virus; 1,053 (89%) were type A and 126 (11%) were type B. Of 219 subtyped A viruses, 115 (53%) were A(H1)pdm09 and 104 (47%) were A(H3). Of 56 influenza B viruses ascribed to a lineage were of B/Victoria lineage. Of 39 countries and areas reporting on geographic spread of influenza viruses, 10 reported no activity, 18 reported sporadic spread, four reported local spread (Lithuania, Malta, Norway and Northern Ireland), five reported regional spread (Albania, Finland, France, Kazakhstan and Republic of Moldova) and two reported widespread influenza activity (Germany and Portugal).

WHO is advising countries to remain vigilant for the likelihood of influenza circulating and to be prepared for co-circulation of SARS-CoV-2 and influenza. See <u>ECDC</u> and <u>WHO</u> influenza surveillance reports for further information.

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.cdc.gov/flu/weekly/fluactivitysurv.htm
Public Health Agency of Canada 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
 - o 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 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

12. Case Definitions

Influenza-like illness (ILI)

Sudden onset of symptoms

AND

at least one of the following four systemic symptoms:

Fever or feverishness, malaise, headache, myalgia
 AND

at least one of the following three respiratory symptoms:

Cough, sore throat, shortness of breath

Acute respiratory infection (ARI)

Sudden onset of symptoms

AND

at least one of the following four respiratory symptoms:

- Cough, sore throat, shortness of breath, coryza AND
- A clinician's judgement that the illness is due to an infection

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

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