

Influenza Surveillance in Ireland – Summary Report

Influenza Weeks 32 & 33 2011 (8th – 21st August 2011)



During the summer period, a short summary report of influenza activity will be published every fortnight. In the event of influenza activity increasing a full report will be published on a weekly basis.

Summary

- All indicators of influenza activity in Ireland have continued to remain at low levels.
- The sentinel GP influenza-like illness (ILI) consultation rates remained low and below baseline levels during weeks 32 and 33 2011.
 - The ILI consultation rate was 0.4 per 100,000 population in week 32 2011 and 0.9 per 100,000 in week 33 2011.
 - ILI rates in all age groups were at low levels
- The proportion of influenza-related calls to GP Out-of-Hours services has remained at low levels during the summer period.
- No positive influenza specimens were detected by the National Virus Reference Laboratory (NVRL) from sentinel or non-sentinel sources during weeks 32 and 33 2011. One sentinel specimen was confirmed positive for influenza A (H3) during week 31 2011; this is the first positive influenza specimen detected this summer. It is not unusual to detect sporadic influenza cases during the summer period.
- There have been no reports of confirmed influenza cases admitted to hospital or of any influenza-associated deaths occurring during the summer period.
- No new general outbreaks of influenza/ILI have been reported since week 5 2011.
- During weeks 32 and 33 2011, the NVRL tested 64 sentinel and non-sentinel respiratory specimens. One non-sentinel specimen was positive for respiratory syncytial virus (RSV) during this period. During the summer period, there have been sporadic reports of adenovirus, RSV, parainfluenza virus type 1 (PIV-1), PIV-2 and PIV-3. The predominant virus detected this summer has been PIV-3.
- As of 12th August 2011, influenza activity in the temperate regions of the northern hemisphere remained low or undetectable. Countries in the tropical zone mostly reported low influenza activity but with some transmission reported in countries of the Americas (Dominican Republic, Colombia and Brazil), western Africa (Ghana and Cameroon), and southern Asia (India, Bangladesh, Thailand and Singapore). Transmission in South Africa declined to low levels. In Australia, ILI consultations and laboratory-confirmed cases continued to increase with a mix of influenza A (H1N1) 2009 and influenza B, which are unevenly distributed across the country. ILI activity in New Zealand has crossed the national baseline levels and the majority of viruses detected have been influenza B.
<http://www.who.int/csr/disease/influenza/en/>

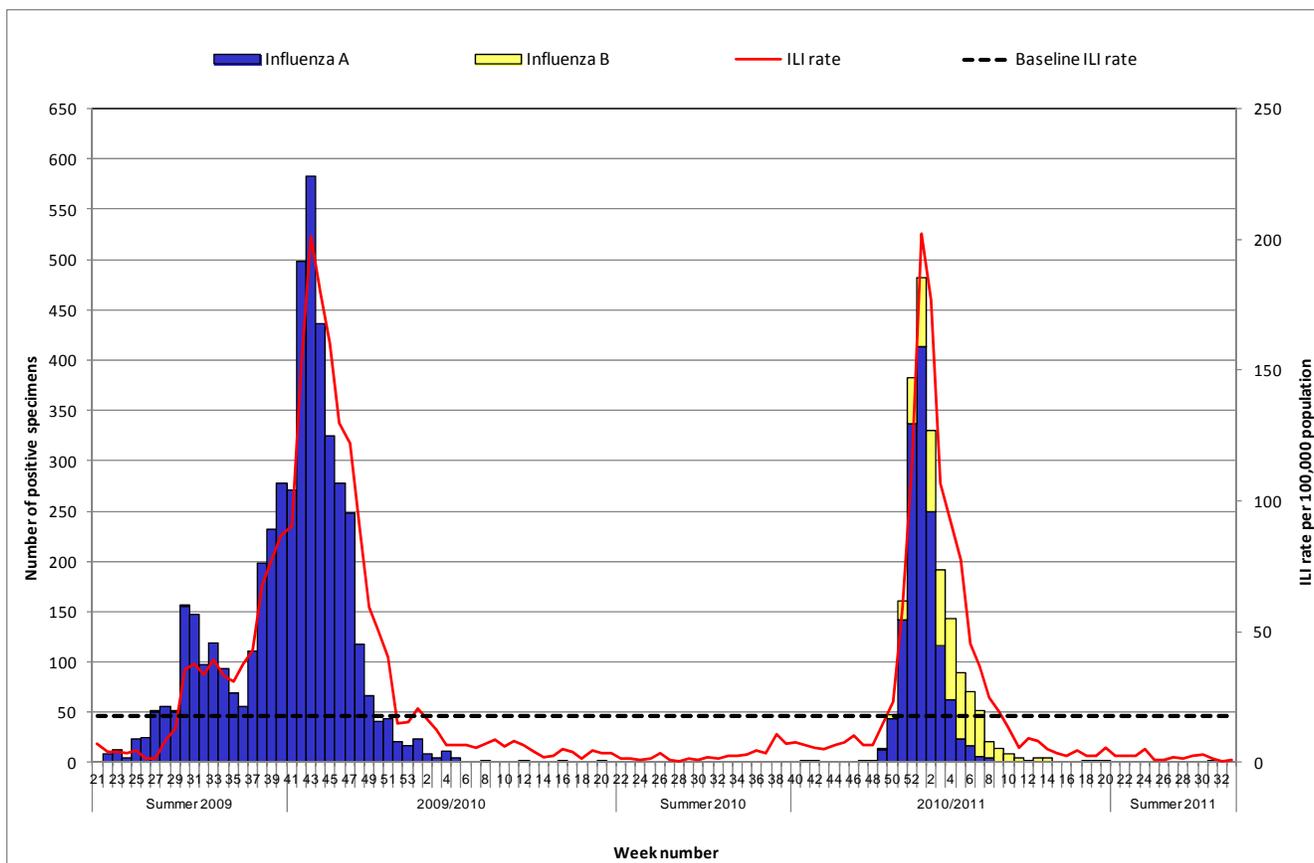


Figure 1. ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold rate, and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season.

Source: Clinical ILI data from ICGP and virological data from the NVRL^{**†}

Further information on influenza in Ireland and internationally can be found on the following websites:

- Ireland www.hpsc.ie
- Northern Ireland <http://www.cdscni.org.uk/>
- UK – HPA <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Influenza/>
- Europe – ECDC <http://ecdc.europa.eu/>
- Europe – EISN <http://ecdc.europa.eu/en/activities/surveillance/EISN/Pages/home.aspx>

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* Please note that in addition to the NVRL, Cork University Hospital (CUH) and Galway University Hospital(s) (GUH) also tested for influenza A (H1N1) 2009 during the pandemic period.

† Sentinel GP consultations and virological data are updated on an ongoing basis, ILI rates and virological data are adjusted accordingly.