

## Summary

- In week 27 (week ending 5<sup>th</sup> July), GP consultation rates for influenza and influenza-like illness increased in England, Northern Ireland and Wales but decreased in Scotland. The rate for England is now above the baseline threshold for normal seasonal flu activity. Rates in Scotland and Wales remain below baseline levels. In Northern Ireland thresholds have not been set though rates remain relatively low compared to winter levels.
- GP consultation rates for ILI remain highest in the West Midlands and London. Other regions of England have higher than expected ILI consultation rates for this time of year.
- The 5-14 year olds remain the age group predominately affected.
- On 02 July 2009 the Government had announced that the UK was moving to a treatment phase to manage the current influenza pandemic. As a result GPs will now diagnose cases on the basis of clinical observation rather than laboratory testing.
- As expected, following the move to treatment only phase, there has been a reduction in the number of laboratory confirmed cases (1206 in the five days to 03/07/09)
- The majority of pandemic flu cases continue to be mild. Although a small number of deaths (14) have been reported, all with underlying risk factors.
- According to the World Health Organisation (WHO), by 06 July, 94,512 confirmed cases of pandemic influenza (H1N1) had been reported globally with 429 deaths. The number of countries with more than 1000 cases has increased to thirteen.

## Consultation rates in national sentinel influenza schemes

In week 27 the weekly consultation rates have increased in England, Wales and Northern Ireland but decreased in Scotland (Table 1, Figures 1 and 2). In England the overall RCGP consultation rate increased to 51.9 per 100,000 which is above the baseline threshold level of 30 per 100,000.

In England, the highest consultation rates were in the Southern region (77.6 per 100,000) compared to 6.8 in the North and 40.9 in Central Region. The highest age-specific consultation rates were in the 5-14 year-olds (143.5 per 100,000), followed by the 0-4 year-olds (70.8 per 100,000). In Northern Ireland it was highest in the under one year age group (47.0 per 100,000) and 15-44 year age group (32.4 per 100,000).

For further information on the different schemes please see the following websites:

- RCGP – <http://www.rcgp.org.uk/bru/index.asp>
- Northern Ireland – <http://www.cdscni.org.uk/>
- Scotland – <http://www.hps.scot.nhs.uk/resp/index.aspx>
- Wales – <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=27922>
- Q-surveillance - <http://www.qresearch.org>

**Table 1:** GP weekly consultation rates for influenza/ILI in the UK<sup>1</sup>

Scheme / Country	Threshold (per 100,000)	Clinical rate* per 100,000				
		Week 23	Week 24	Week 25	Week 26	Week 27
RCGP (England & Wales)	30	6.2	6.8	11.2	29.6	51.9
Northern Ireland	N/A	7.9	18.1	12.7	20.5	25.5
Scotland	50	10	15	32	27	15
Wales	25	0.33	0.4	1.7	1.43	5.1
QSurveillance® (UK)	N/A	4.4	5.8	8.9	17.4	30.4

# HPA Weekly National Influenza Report

09 July 2009 (Week 28)

Figure 1: GP weekly consultation rates for influenza/ILI in the UK national sentinel influenza schemes.

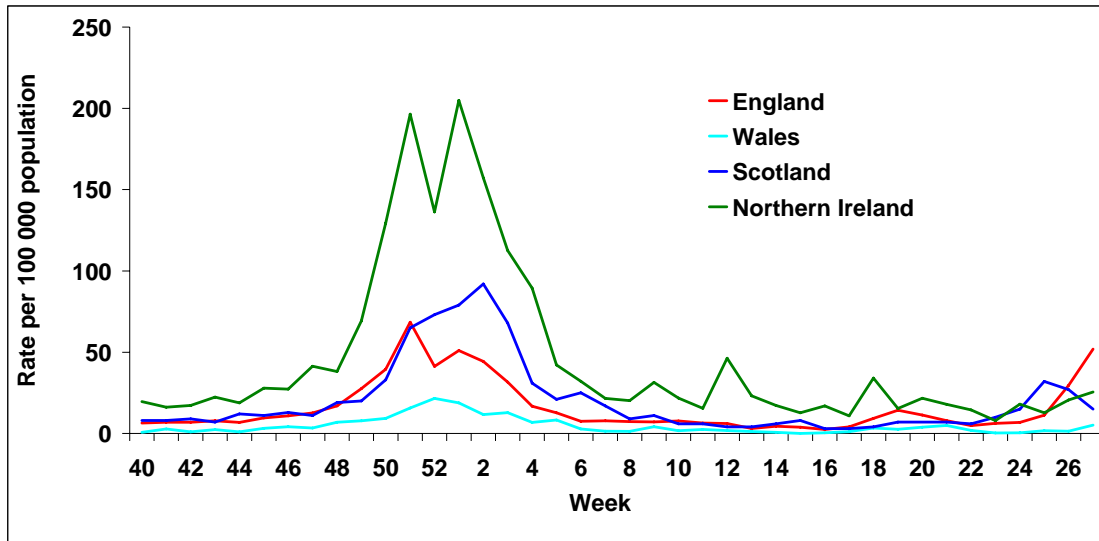
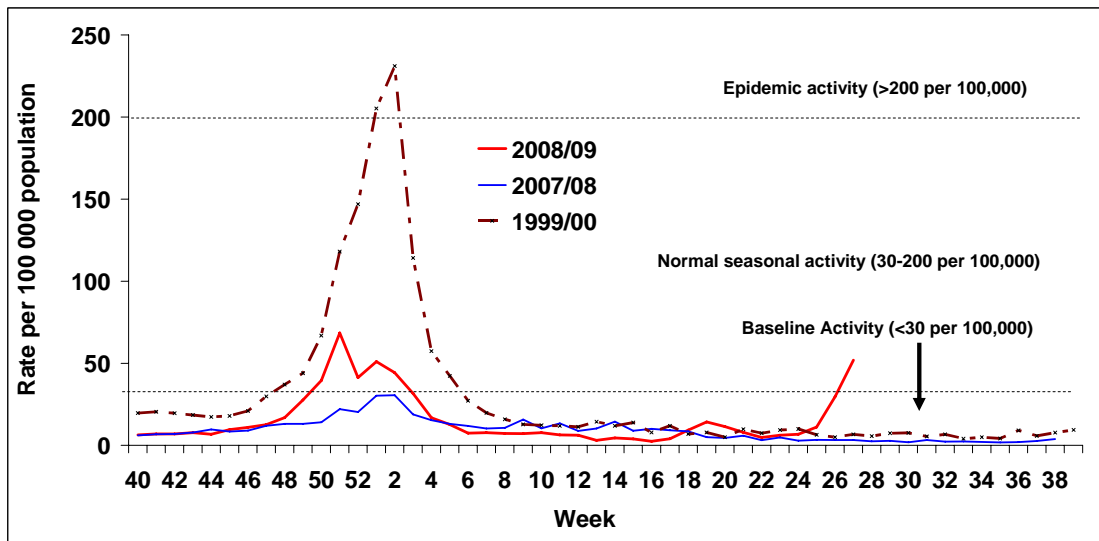


Figure 2: RCGP weekly consultation rate for influenza like illness 2008/09 and recent years.



## Enhanced Daily Syndromic Surveillance

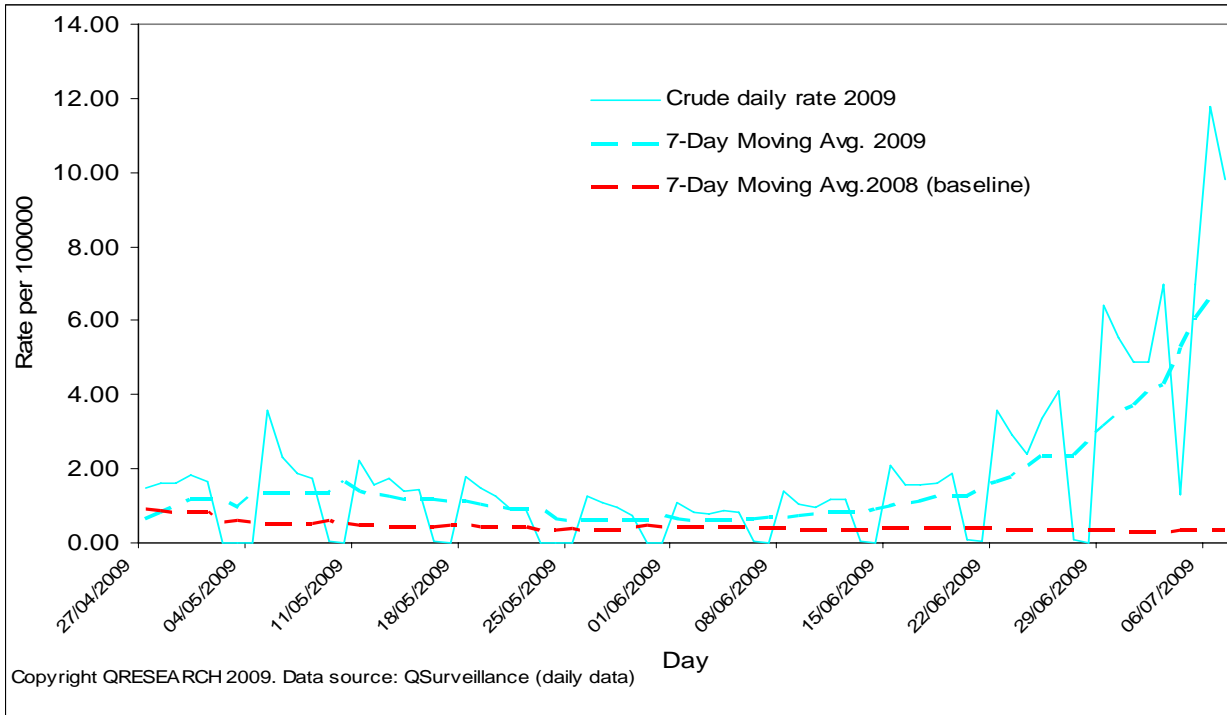
### QSurveillance® (up to 7th July)

The overall daily GP ILI consultation rate on 7th July through Q-surveillance was 9.8 per 100,000 which is equivalent to estimated weekly rates expected when 'normal seasonal influenza' is circulating during the winter months (Figure 3). In the West Midlands the rate was 20.8 per 100,000 and in London 18.0 per 100,000 which is equivalent to estimated weekly rates during 'above average influenza activity' (Figure 4). The main impact of ILI nationally is in the 5-14 year age group and 1-5 year age group (Figure 5). There remains very little clinical activity in those 65 years and above.

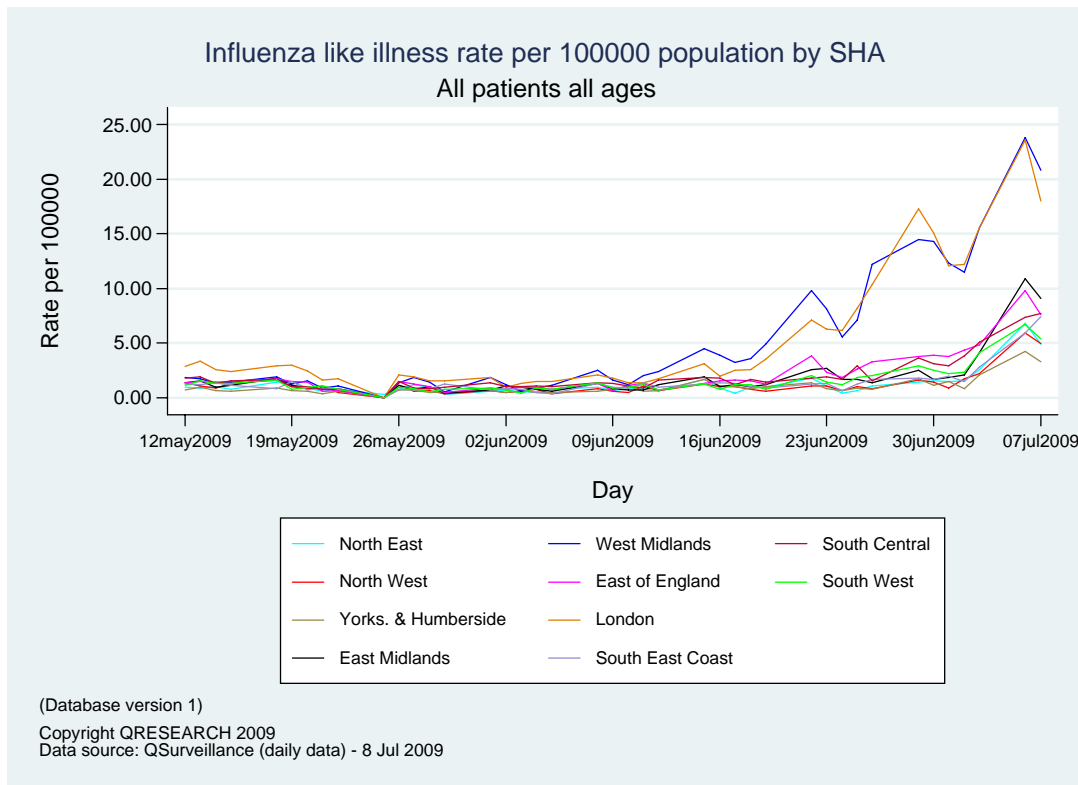
# HPA Weekly National Influenza Report

## 09 July 2009 (Week 28)

**Figure 3.** QSurveillance® – daily consultation rate for influenza-like illness in UK (all ages) with 7-day moving average for 2008 and 2009



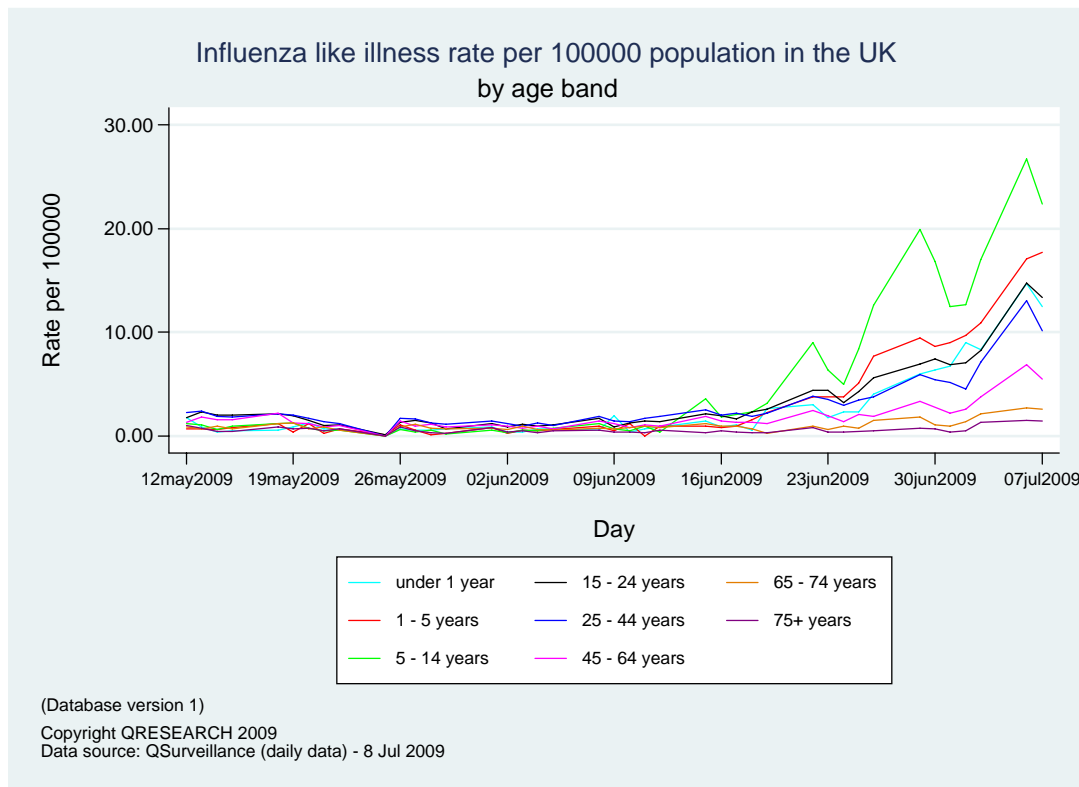
**Figure 4.** QSurveillance® – daily consultation rate for influenza-like illness by English SHA (all ages)



# HPA Weekly National Influenza Report

## 09 July 2009 (Week 28)

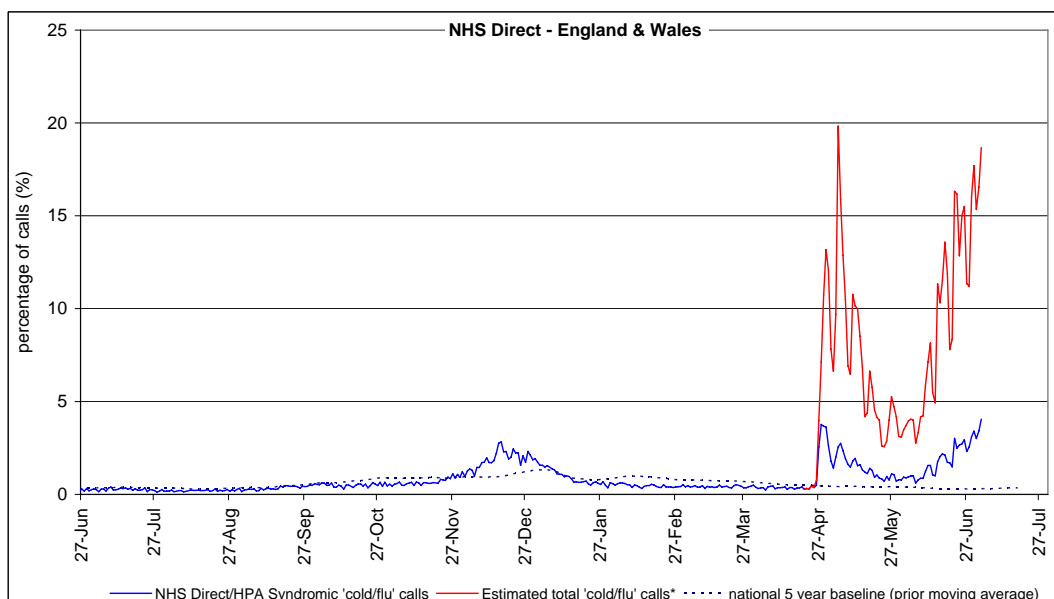
**Figure 5.** QSurveillance® – daily consultation rate for influenza like illness in UK by age band



### NHS Direct/HPA Syndromic Surveillance System (up to 3rd July)

NHS Direct has an existing algorithm for 'cold/flu' calls, in response to the current situation, a new algorithm to handle 'swine flu' calls was introduced. When both indices are added together, they show that the 'estimated total' proportion of cold/flu calls to NHS Direct peaked and decreased very quickly soon after the outbreak was declared in late April. The estimated total proportion of cold/flu calls has increased rapidly again since June (Figure 6). There is a higher proportion of cold/flu calls across most of England and Wales compared to previous winters, especially for West Midlands and London SHAs (Figure 7).

**Figure 6.** Daily NHS Direct/HPA Syndromic Surveillance System estimated total cold/flu calls\* 2009 compared to routine daily NHS Direct 'cold/flu' calls 2008-2009 shown as a percentage of all NHS Direct calls.

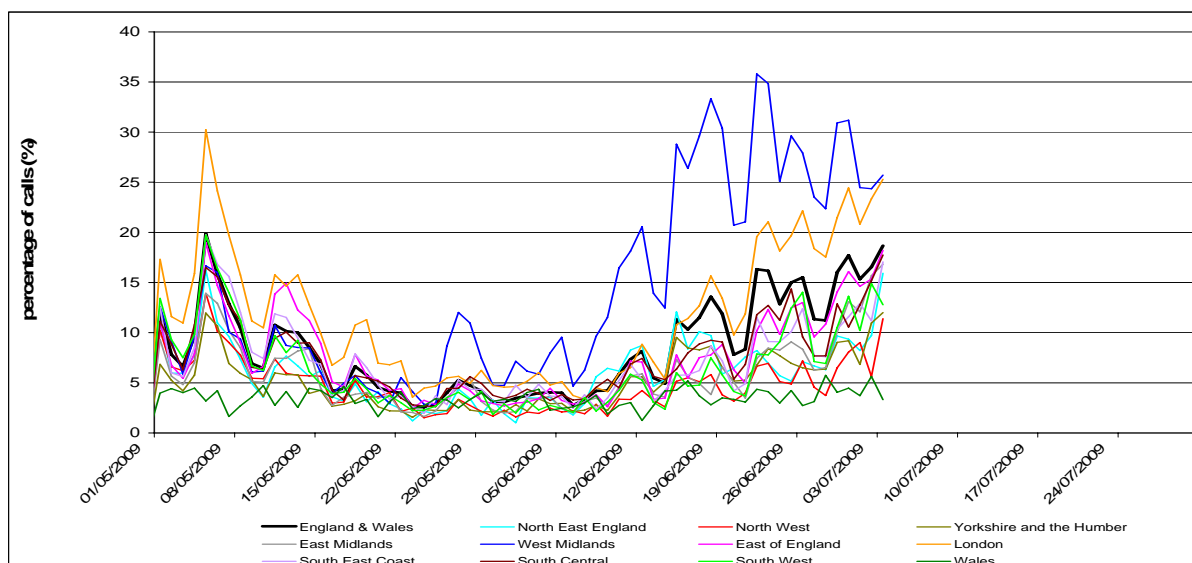


\*Adjusted total 'cold/flu' calls calculated by adding NHS Direct/HPA Syndromic 'cold/flu' calls to NHS Direct 'swine flu' algorithm 'cold/flu' calls (and calculating percentage using all NHS Direct calls as the denominator).

# HPA Weekly National Influenza Report

## 09 July 2009 (Week 28)

**Figure 7:** Daily NHS Direct/HPA Syndromic Surveillance System estimated total 'cold/flu' calls by SHA.\*



### Virological surveillance

There are now 9718 laboratory confirmed cases in the UK since the beginning of the pandemic (Table 2). There has been a decrease in the number of laboratory confirmed cases since the UK went to treatment only phase on 2<sup>nd</sup> July.

**Table 2:** New and cumulative number of laboratory confirmed cases, from 3<sup>rd</sup> July to 8<sup>th</sup> July

Region / Country	New Lab-confirmed cases*	Cumulative number of laboratory confirmed cases
England	1102	8204
Northern Ireland	2	45
Scotland	84	1409
Wales	18	60
<b>Total UK</b>	<b>1206</b>	<b>9718</b>

\* Newly confirmed since 03/07/09

In addition cumulative confirmed cases reported from the UK Overseas Territories and Crown Dependencies (n=59): Guernsey 5, Cayman Islands 33, British Virgin Islands 2, Jersey 16, Bermuda 1, Isle of Man 1, Turks and Caicos Islands 1.

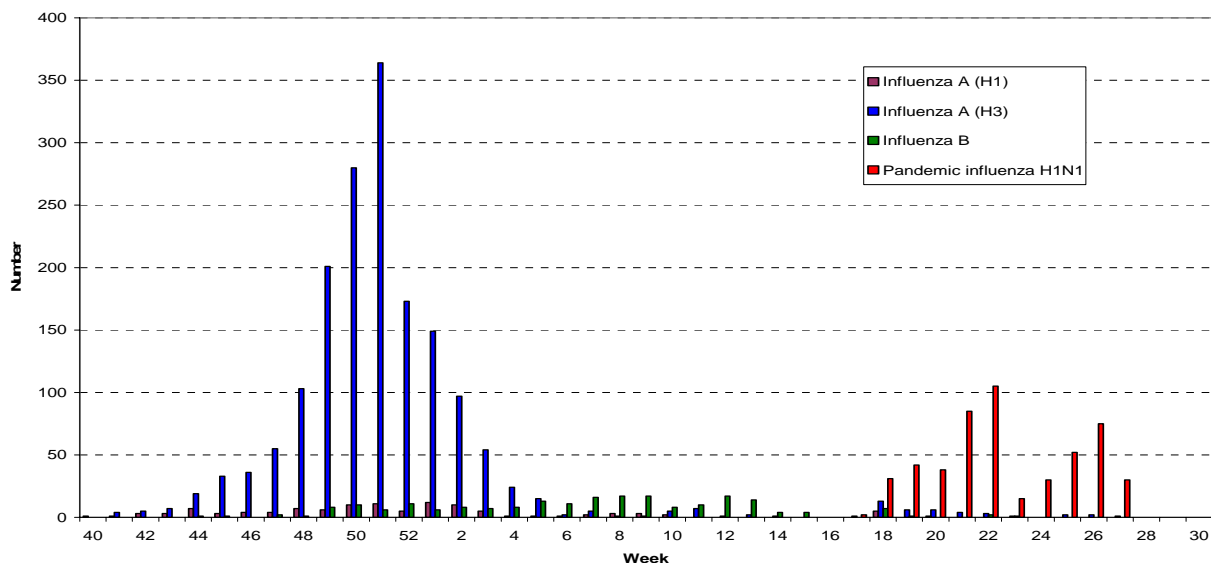
### Viral characteristics (including antiviral susceptibility) (as at 03/07/09):

The total number of influenza detections (community and hospital) characterised by RVU in 2008/09 by week of specimen is shown in Figure 8. In week 27, six samples were positive for pandemic influenza A (H1N1) and two positives for influenza A (H3) tested by RVU, Cfl.

# HPA Weekly National Influenza Report

09 July 2009 (Week 28)

**Figure 8.** The total number of influenza detections (community and hospital) characterised by RVU in 2008/09 by week of specimen



Seventeen of the Influenza A (H1N1v) isolates have been fully tested for susceptibility at Respiratory Virus Unit, Centre for Infections, Colindale (RVU); all 17 were found to be sensitive to oseltamivir and zanamivir and resistant to amantadine. One hundred and ninety-nine positive specimens have been analysed for the marker commonly associated with resistance to oseltamivir in seasonal influenza (H274Y), all were found not to carry this marker.

## Enhanced Virological Community and Primary Care Surveillance

Three schemes for virological surveillance of influenza are being used in primary care (RCGP/HPA and HPA/RMN) and through NHS Direct (Table 3). A steady overall increase in the proportion positive has been observed in recent weeks reaching 28% in week 26, with an apparent decline in week 27. However, it is important to note that results from samples taken in recent weeks may still be awaiting processing. More details on these schemes can be read at [www.hpa.org.uk](http://www.hpa.org.uk)

**Table 3.** Total number of samples tested and positive for pandemic influenza A (H1N1) from three enhanced virological schemes by week.

Week	Scheme	Total											
		RCGP - HPA			HPA-RMN			NHSD-HPA			Total		
		H1N1v +ve	%	tested	H1N1v +ve	%	tested	H1N1v +ve	%	tested	H1N1v +ve	%	tested
21*	May-23	6	2.9%	206	-	-	-	-	-	-	6	2.9%	206
22	May-30	1	2.8%	36	0	0.0%	6	-	-	-	1	2.4%	42
23	Jun-06	0	0.0%	43	0	0.0%	10	1	0.5%	205	1	0.4%	258
24	Jun-13	4	8.0%	50	0	0.0%	17	8	2.4%	337	12	3.0%	404
25	Jun-20	14	12.2%	115	3	10.3%	29	16	4.6%	350	33	6.7%	494
26	Jun-27	52	37.1%	140	9	36.0%	25	39	20.5%	190	100	28.2%	355
27**	Jul-04	15	23.8%	63	1	25.0%	4	4	8.3%	48	20	17.4%	115
<b>Total</b>		<b>92</b>	<b>14.1%</b>	<b>653</b>	<b>13</b>	<b>14.3%</b>	<b>91</b>	<b>68</b>	<b>6.0%</b>	<b>1130</b>	<b>173</b>	<b>9.2%</b>	<b>1874</b>

\* Includes RCGP-HPA data from April 23 to May 23 (sample date)

\*\* Results for samples taken in recent weeks may still be awaiting in the process of testing

## Mortality data

Disease severity continues to be monitored. Fourteen deaths have been reported across the UK in persons with laboratory confirmed pandemic H1N1 infection.

HPA receives weekly death registrations from the Office for National Statistics. In week 26/09, an estimated 8433 all-cause deaths were registered, which is a slight decrease compared to 8728 in week 25/09. It should be noted that these deaths are due to all causes and cannot be attributed to influenza. The weekly

# HPA Weekly National Influenza Report

09 July 2009 (Week 28)

number is in the expected range for this time of year and no excess deaths have been observed up to week 26 since week 05/09 in February.

## International Situation

### **World Health Organisation**

<http://www.who.int/csr/disease/swineflu/en/index.html>

According to the World Health Organisation (WHO), by 09.00 GMT on 06 July, 94,512 cases of influenza A (H1N1v) had been reported globally with 429 deaths.

### **Europe**

<http://www.ecdc.europa.eu/en/Health%5Ftopics/novel%5Finfluenza%5Fvirus/2009%5FOutbreak/>

As of 8<sup>th</sup> July 2009 17.00 hours CEST, 10,820 cases of pandemic influenza A (H1N1) had been reported from 30 European countries. One death is reported from Spain. The countries with the highest number of confirmed cases are the UK, followed by Spain (870 cases), Germany (591 cases) and France (403 cases). Overall influenza activity remains low across Europe.

### **United States of America**

<http://www.cdc.gov/h1n1flu/>

As of 2 July 2009 the USA had reported 33,902 confirmed and probable cases of novel influenza A (H1N1). A total of 170 deaths due to the novel virus have been reported. Pandemic influenza A (H1N1) activity is being detected through CDC's routine influenza surveillance systems. During week 25 (June 21-27, 2009), influenza activity decreased in the United States, however, there were still higher levels of influenza-like illness than is normal for this time of year.

### **Mexico**

<http://portal.salud.gob.mx/contenidos/noticias/influenza/estadisticas.html>

As of 23 June 2009 Mexico had reported 8279 cases of pandemic influenza A (H1N1) with 116 deaths. The peak in the number of cases according to date of onset occurred in late April 2009. The majority of the confirmed cases were aged under 20 years (4922 cases or 59%), and 52% were women.

### **Canada**

<http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/surveillance-eng.php>

As of 8 July 2009 Canada had reported 9429 cases of influenza A (H1N1v) from all provinces and territories. Eight hundred and seventy eight hospitalisations and 37 deaths due to the novel virus have been reported. During week 23 overall influenza activity remained high, in particular for rates of visits to healthcare professionals for ILI consultations (42 consultations per 1,000 visits) and proportion of tests positive for influenza (19.2%).

### **Australia**

[http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/health-swine\\_influenza-index.htm](http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/health-swine_influenza-index.htm)

The first cases of influenza A (H1N1v) was reported from Australia on 09 May, in a person returning from the USA. Since then the number of cases has increased rapidly. On 9 July 2009 the cumulative number of case was reported as 7290, with eighteen deaths.

## Notes

1. RCGP, Scotland and QSurveillance® rate is for influenza-like illness (ILI), for Northern Ireland it is a combined ILI and influenza rate and for Wales it is for influenza. This, and differences in health-seeking behaviour and diagnoses across the four countries, is reflected in the different threshold levels and activity rates, for further information see the HPA website:

([http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1195733821514?p=1191942171484](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1195733821514?p=1191942171484)).

No thresholds have yet been set for Northern Ireland or QSurveillance®.

## Acknowledgements

We are grateful to the data providers from RCGP, QSurveillance, NHS Direct, ONS, Health Protection Scotland, National Public Health Service (Wales) and CDSC Northern Ireland.