

Summary

- Pandemic influenza activity is generally decreasing across the UK.
- In week 04 (ending 31 January), the weekly influenza/influenza-like illness (ILI) consultation rate decreased or remained stable in England, Wales and N. Ireland and increased slightly in Scotland.
- The [National Pandemic Flu Service](#) (NPFS) continues to issue antiviral drugs to people in England with an influenza-like illness who call or log onto the internet site. The number of assessments and antiviral collections through this service have decreased over the past week. This service will continue until 11 February 2010; from this date onwards, antivirals will be authorised via health care professionals.
- A decrease in respiratory syncytial virus detections has been observed recently though GP consultation rates for acute bronchitis have increased from week 03 to 04, mainly in people aged under 5 years and 65 years or over.
- The main influenza virus circulating in the UK continues to be the pandemic (H1N1) 2009 strain, with few influenza H1 (non-pandemic), H3 and B viruses detected. Thirty-eight of 5,174 pandemic viruses tested have been confirmed to carry a mutation which confers resistance to the antiviral drug oseltamivir; three are phenotypically resistant to the drug but retain sensitivity to zanamivir.
- The weekly number of pandemic influenza cases reported as admitted to hospital has decreased recently. There have been 411 deaths reported due to pandemic (H1N1) 2009 in the UK.
- The UK pandemic influenza vaccination programme continues for people at high risk for severe disease, health-care workers and healthy children aged between 6 months and 5 years. For further information see the [Department of Health website](#).
- According to the World Health Organisation (29 January), virus transmission remains active in several later affected areas, particularly in North Africa, limited areas of eastern and south eastern Europe, and in parts of South and East Asia. Pandemic virus accounted for 54% of all influenza virus detections (decreased from 73% in the previous week) and influenza B accounted for 36%. The influenza B detections have mainly been reported from China, where they account for 49% of all detections.

Weekly consultation rates in national sentinel influenza schemes

The National Pandemic Flu Service (NPFS) became operational in England on Thursday 23 July at 15.00. The service issues antiviral drugs to people with an influenza-like illness who do not fall into a specified risk group (e.g. aged less than 1 year, pregnant or with a high-risk underlying medical condition). According to [FluSurvey](#), an internet-based monitoring system for influenza surveillance which relies on members of the public reporting their health status weekly, the proportion of participants with influenza-like illness who reported that they contacted their GP fell after NPFS was launched. This will have affected GP consultation rates from week 30 onwards. The under 1 year olds are the only age group that are not assessed by NPFS and will always be referred to the health service. NPFS is currently not operational in Northern Ireland, Scotland and Wales. For further information on the different schemes, including why differences are seen between the four countries, please see [Interpreting the HPA National Weekly report](#).

In week 04 (ending 31 January), the weekly influenza/influenza-like illness (ILI) consultation rate decreased or remained stable in England, Wales and Northern Ireland and increased slightly in Scotland (table 1, figures 1 and 2).

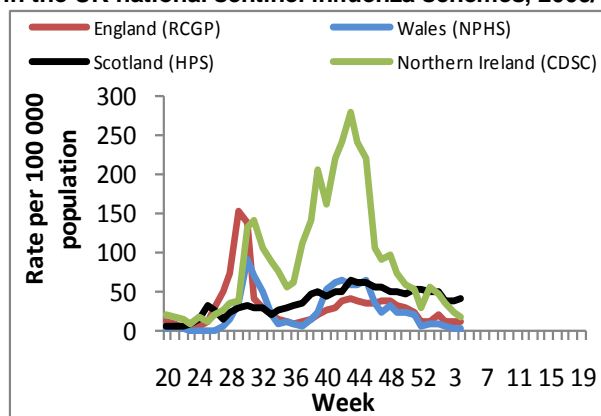
The overall RCGP (England and Wales) ILI consultation rate was stable at 12.5 per 100,000, which is below the winter baseline activity threshold of 30 per 100,000. The rate was stable in the north, increased slightly in the central region and decreased in the south.

Table 1: UK GP weekly consultation rates for influenza/ILI

Week Number	Week-ending date	Clinical rate per 100,000				
		Baseline	10-Jan	17-Jan	24-Jan	31-Jan
RCGP (E & W)		30	19.9	12.1	12.8	12.5
RCGP North		30	10.2	11.9	9.1	9.2
RCGP Central		30	27.5	14.3	14.3	16.1
RCGP South		30	18.6	10.9	13.4	11.5
Northern Ireland		70*	48.8	36.1	23.2	18.1
Scotland		50	51.8	39.5	38.8	40.8
Wales		25	9.75	6.7	4.8	3.5
QSurveillance® (UK**)		N/A	19.7	14.7	12.8	11.2

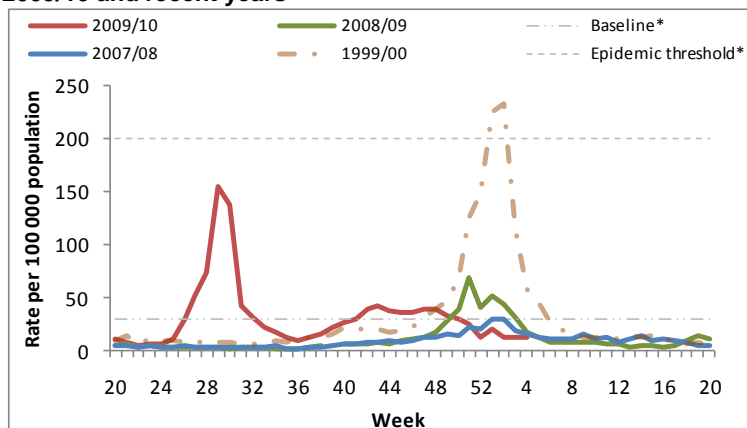
*Provisional threshold defined in September 2009; ** based on data from 43% of England's population, 10% of the population in Wales, 17% in Northern Ireland and 0% in Scotland.

Figure 1: GP weekly consultation rates for influenza/ILI in the UK national sentinel influenza schemes, 2009/10.



The combined influenza/ILI rate in Northern Ireland has decreased and remains below the threshold of 70 per 100,000. The ILI rate in Scotland increased slightly, but remains below the baseline threshold of 50 per 100,000. The Welsh influenza rate also decreased, and stays below the baseline threshold of 25 per 100,000. The weekly ILI rate through QSurveillance® decreased.

Figure 2: RCGP weekly consultation rate for influenza-like illness 2009/10 and recent years

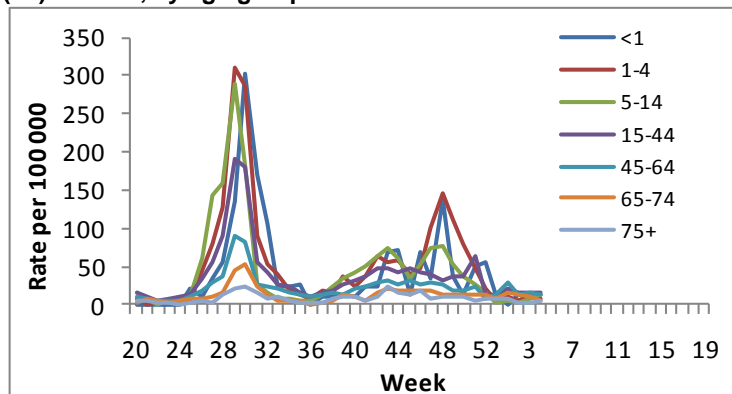


* Baseline threshold: under 30 per 100,000; epidemic threshold: over 200 per 100,000. NB. As week 53 appears in 2009 but not in previous years the figure for week 52 in this graph is an average of week 52 and week 53 data.

The consultation rates in the RCGP scheme decreased in many age groups however, an increase was observed in the 5-14 year group (from 8.1 to 13.2 per 100,000). The highest rate was in the 15-44 year age group (15.3 per 100,000) (figure 3)

In QSurveillance® scheme the rate increased in children aged under 15 years; the under-one year group from 23.9 to 30.2 per 100,000, the 1-4 year group from 28.3 to 32 per 100,000 and the 5-14 year-olds from 8.9 to 10.3 per 100,000. The rate decreased in all other age groups.

Figure 3: RCGP weekly consultation rate for influenza-like illness (ILI) 2009/10, by age group

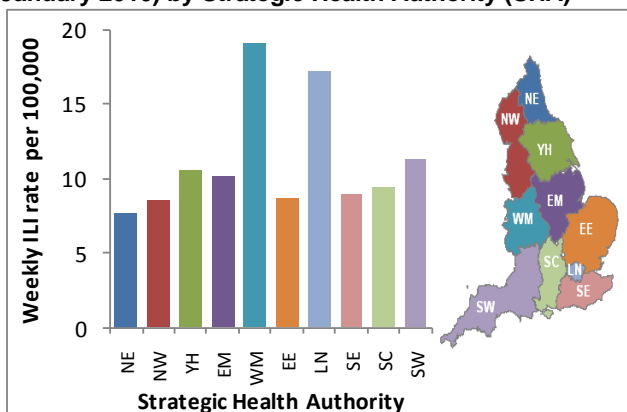


In Wales, the rates decreased in older age groups though increased in the 15-24 year-olds from 2.5 to 9.6 per 100,000.

In Northern Ireland, the rates decreased in most age groups.

In Scotland, the rates decreased in the older age groups though an increase was observed in children aged 1-4 years (from 175 to 216.3 per 100,000) and 5-14 years (from 33.7 to 38.5 per 100,000).

Figure 4: Weekly consultation rates for influenza-like illness (ILI) from QSurveillance®, Week 04 (ending 31 January 2010) by Strategic Health Authority (SHA)

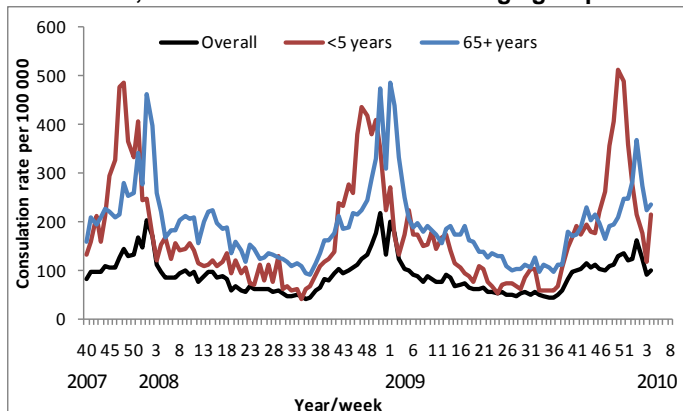


The highest weekly ILI rates through QSurveillance® remain in the West Midlands and London SHAs (figure 4).

Weekly consultation rates for pneumonia from QSurveillance® are at slightly lower levels compared to recent weeks and are within expected levels for this time of year.

The overall weekly consultation rate for acute bronchitis in England and Wales through the RCGP scheme increased slightly in week 04 from 91.2 to 98 per 100,000. The rates decreased in adults aged 15 to 64 but increased in children aged under five years (from 117.5 to 215.4 per 100,000) and adults aged 65 years and over (from 222.8 to 234 per 100,000) (figure 5).

Figure 5: RCGP weekly consultation rate for acute bronchitis 2007 – 2010, overall and in the <5 and 65+ age groups



National Pandemic Flu Service (NPFS)

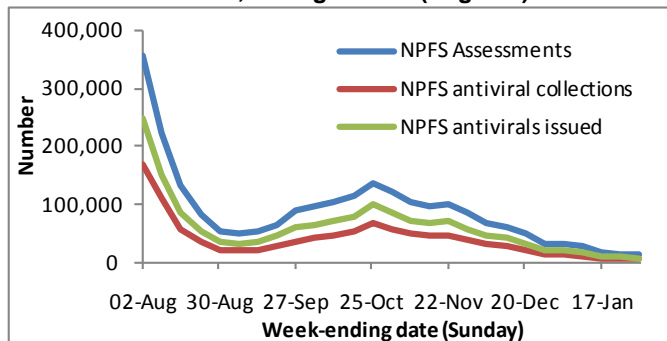
The [National Pandemic Flu Service \(NPFS\)](#) became operational in England at 15.00 on 23 July 2009. This service will cease on 11 February 2010; from this date onwards, antivirals will be authorised via health care professionals and collection points will continue to function until the end of the current influenza season.

For further information see the Department of Health website:

http://www.dh.gov.uk/dr_consum_dh/groups/dh_digital_assets/documents/digitalasset/dh_111598.pdf

In the last week, the overall number of collections of antivirals has decreased by 12% (figure 6), and is at low levels in all regions and age groups.

Figure 6: Weekly number of assessments and antivirals issued and collected, through NPFS (England)



Microbiological surveillance

The predominant influenza strain circulating is still the pandemic H1N1 2009. Detection of respiratory syncytial virus (RSV) has decreased recently (table 2). In the last two weeks, five other (non-influenza) viruses have been detected through the HPA/RMN GP-based sentinel surveillance scheme; two RSV, one parainfluenza, two rhinovirus and four human metapneumovirus.

Table 2: Number of other respiratory viruses reported from HPA and NHS laboratories in England and Wales by week of report

Week	1	2	3	4
Week-ending	10-Jan	17-Jan	24-Jan	31-Jan
Influenza B	2	1	4	1
Adenovirus	73	43	53	36
Parainfluenza	24	22	16	24
Rhinovirus	154	126	100	68
RSV	1128	793	465	352

Table 3: Number of laboratory confirmed cases of pandemic influenza A (H1N1) 2009 in the UK

Country	Number of lab-confirmed cases
England	20,377
Scotland	6,577
Wales	658
Northern Ireland	1361
Total UK	28,973

Since week 40 2009 (October), the Respiratory Virus Unit (RVU) have detected four influenza A (H3) viruses. Two of these viruses have been characterised as A/Perth/16/2009-like, which is not one of the northern hemisphere 2009/10 seasonal influenza vaccination strains (it is a component of the 2010 southern hemisphere influenza vaccine). Only one seasonal influenza A (H1) virus has been detected in the same time period, in mid-December 2009. One influenza B virus has been detected in week 04, the first since September 2009.

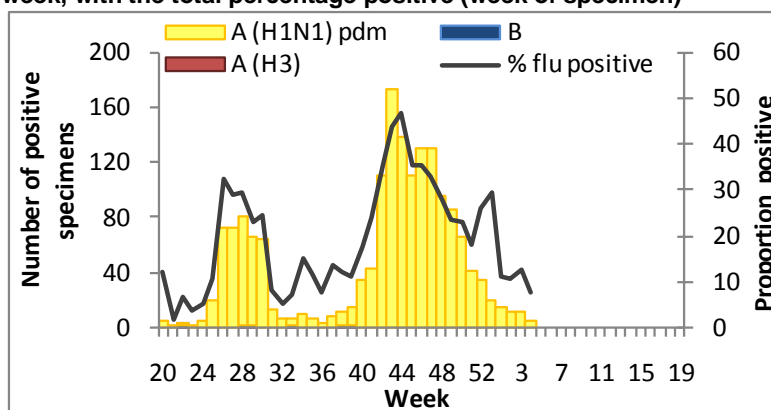
There have now been 28,973 laboratory confirmed cases of pandemic (H1N1) 2009 in the UK since the beginning of the pandemic (table 3).

Enhanced Virological Community and Primary Care Surveillance

In England three schemes for virological surveillance of influenza are being used: two GP-based (RCGP/HPA and HPA/RMN) and one through NPFS (previous through NHS Direct). Schemes through primary care are also used in Wales, Scotland and Northern Ireland. It is important to note that samples taken in recent weeks may still be awaiting processing so these data should be treated with caution. More details on these schemes can be read at ['Interpreting the HPA National Weekly Influenza Report'](#).

The positivity rates from the two English sentinel schemes decreased in week 04 and remained at low levels. Very few specimens have been received in recent weeks in Wales, Scotland and Northern Ireland (table 4, figure 7).

Figure 7: The number of samples testing positive for influenza in the two GP-based English sentinel virological schemes by subtype and week, with the total percentage positive (week of specimen)



NB. Data for the most recent weeks are subject to change due to reporting lag; proportion positive omitted if fewer than 10 specimens tested in one week.

Table 4: Total number of samples tested and positive for pandemic influenza A (H1N1) 2009 from sentinel virological schemes in England (GP and NPFS), Wales, Scotland and Northern Ireland by week*

Week	England (GP)			England (NPFS)			Wales (GP)			Scotland (GP)			N. Ireland (GP)		
	Total tested	Pandemic n	%	Total tested	Pandemic n	%	Total tested	Pandemic n	%	Total tested	Pandemic n	%	Total tested	Pandemic n	%
48	338	95	28.1	754	112	14.9	10	1	10.0	393	112	28.5	41	11	26.8
49	361	85	23.5	701	77	11.0	14	2	14.3	315	72	22.9	11	2	18.2
50	288	66	22.9	682	62	9.1	3	0	0.0	242	51	21.1	51	3	5.9
51	228	41	18.0	446	28	6.3	17	1	5.9	178	23	12.9	25	1	4.0
52	138	35	25.4	—	—	—	4	1	—	75	17	22.7	8	1	12.5
53	65	19	29.2	—	—	—	0	0	—	68	11	16.2	13	1	7.7
1	134	15	11.2	459	23	5.0	0	0	—	79	5	6.3	5	0	—
2	104	11	10.6	741	24	3.2	0	0	—	73	8	11.0	4	1	—
3	96	12	12.5	696	29	4.2	1	0	—	68	8	11.8	0	0	—
4	64	4	6.3	308	4	1.3	1	0	—	25	0	0.0	7	0	—

* All data are based on week of specimen, except for Northern Ireland which is by week of report; proportion positive omitted if fewer than 10 specimens tested in one week.

Antiviral susceptibility

Testing for antiviral susceptibility is carried out at the Respiratory Virus Unit, Centre for Infections, Colindale. Since the beginning of the pandemic a total of 5,174 pandemic influenza viruses have been analysed for the marker commonly associated with resistance to oseltamivir in seasonal influenza (H275Y); a total of 38 samples have been found to carry this mutation in the UK. Of these 5,174 viruses, 293 have been fully tested for susceptibility; 3 of the 38 viruses carrying the H275Y mutation have been confirmed to be phenotypically resistant to oseltamivir whilst retaining sensitivity to zanamivir. Information on medical history was available for 26 cases, 24 of whom had an underlying medical condition: 18 were immunosuppressed and six had another underlying illness. Probable person to person transmission occurred in an outbreak in a hospital ward in November 2009. Pandemic influenza samples have been tested for resistance from all regions and age groups in the UK (tables 5 and 6).

Table 5: Pandemic influenza tested for antiviral susceptibility at RVU, by test method, source and age group

Age Group	Samples tested for Resistance				Proportion resistant
	Screened for H275Y mutation		Fully tested		
	Hospital	Community	Hospital	Community	
<1	226	12	8	1	0%
1-4	386	58	11	1	0.68%
5-14	962	370	62	27	0%
15-44	819	196	60	9	0.30%
45-64	937	236	58	7	0.60%
65-74	597	82	26	4	1.91%
75+	124	5	5	0	4%
Unknown	162	2	13	1	1%
Total	4213	961	243	50	0.73%

NB. Figures may fluctuate due to de-duplication and correction of database.

Table 6: Pandemic influenza samples tested for antiviral susceptibility at RVU, by test method, source and region

Region	Samples tested for Resistance				Proportion resistant
	Screened for H275Y mutation		Fully tested		
	Hospital	Community	Hospital	Community	
East of England	96	84	21	3	1%
East Midlands	549	68	11	4	0.97%
London	420	319	47	19	0.68%
North East	101	35	7	1	1%
North West	515	46	17	1	0.71%
South East	163	144	54	10	0%
South West	534	76	6	1	0%
West Midlands	136	130	42	7	0.38%
Yorkshire and Humber	627	36	15	1	0%
Ireland	8	0	7	0	0%
Northern Ireland	62	0	0	0	0%
Scotland	842	18	14	1	0.93%
Wales	45	0	0	0	18%
Unknown Region	115	5	2	2	0%
Total	4213	961	243	50	0.73%

NB. Figures may fluctuate due to de-duplication and correction of the database.

Antimicrobial susceptibility

Bacterial susceptibility to antimicrobial agents is monitored by the HPA for lower respiratory tract isolates of *Staphylococcus aureus*, *Streptococcus pneumoniae* and *Haemophilus influenzae*. Guidelines for clinical management of patients with an influenza-like illness during an influenza pandemic (W S Lim, Thorax 2007;62;1-46, section 8.1.3) recommend co-amoxiclav or a tetracycline for treating bacterial pneumonia in a primary care setting. There have been no significant changes to susceptibility trends for these two antibiotics in recent years and no appreciable changes in resistant patterns in the twelve weeks before 24 January 2009. Over 89% of all isolates of the three organisms are susceptible to tetracyclines (table 7).

Table 7: Bacterial specimens tested for susceptibility to tetracyclines and co-amoxiclav in HPA/NHS labs in England, Wales and Northern Ireland for 12 weeks up to 24 January 2009

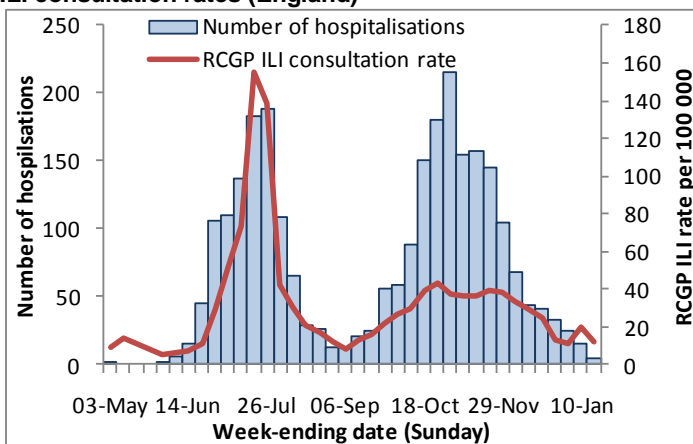
Organism	Tetracyclines		Co-amoxiclav	
	Specimens tested (N)	Specimens susceptible (%)	Specimens tested (N)	Specimens susceptible (%)
<i>S. aureus</i>	2,236	94	375	83
<i>S. pneumoniae</i>	1,814	89	1721*	94*
<i>H. influenzae</i>	6,133	99	5,778	93

* *S. pneumoniae* isolates are not routinely tested for susceptibility to co-amoxiclav, however laboratory results for benzyl-penicillin are extrapolated to determine sensitivity to other β -lactams such as co-amoxiclav.

Disease severity and mortality data

A web-based surveillance system for confirmed cases of pandemic (H1N1) 2009 influenza in England was established by HPA/DH after the end of the first wave in August 2009 to collect data prospectively on all cases hospitalised with confirmed pandemic influenza. All cases reported during the first wave were also retrospectively added to the database. As this is a voluntary scheme, ascertainment of cases may not be complete. Data are also provided by the relevant bodies in Scotland, Wales and Northern Ireland.

Figure 8: Hospitalised cases with confirmed pandemic (H1N1) 2009 influenza infection by week of admission* and weekly GP ILI consultation rates (England)



* Most recent weeks omitted due to reporting lag

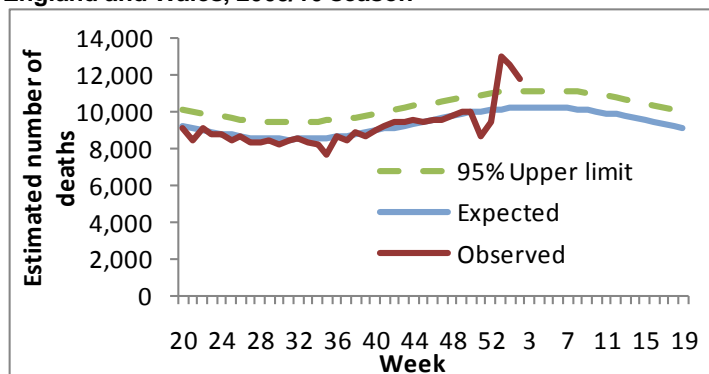
A total of 2,643 laboratory confirmed cases have been reported as hospitalised in England to 03 February 2010 (figure 8). The majority (60%) of cases were aged 5 to 44 years and 52% of cases were female.

In Scotland there have been 1,534 cumulative hospitalisations of patients with confirmed pandemic influenza, 446 in Wales and 574 in Northern Ireland.

Four hundred and eleven deaths (298 in England, 67 in Scotland, 18 in Northern Ireland and 28 in Wales) have been reported in the UK in people with pandemic (H1N1) 2009 infection.

HPA receives weekly death registrations from the Office for National Statistics. In week 03, an estimated 11,762 all-cause deaths were registered, which has decreased from 12,541 in week 02 but remains above the expected range for this time of year (figure 9). These deaths are due to all causes, and influenza infections are unlikely to have played a role in this excess as indicators have been showing decreasing and low influenza activity recently. The recent decrease in death registrations, followed by a sharp increase is likely to be due to closures of registry offices over the bank holidays along with the unusually cold weather and/or other winter-related disease or events.

Figure 9: Estimated weekly all-cause death registrations in England and Wales, 2009/10 season

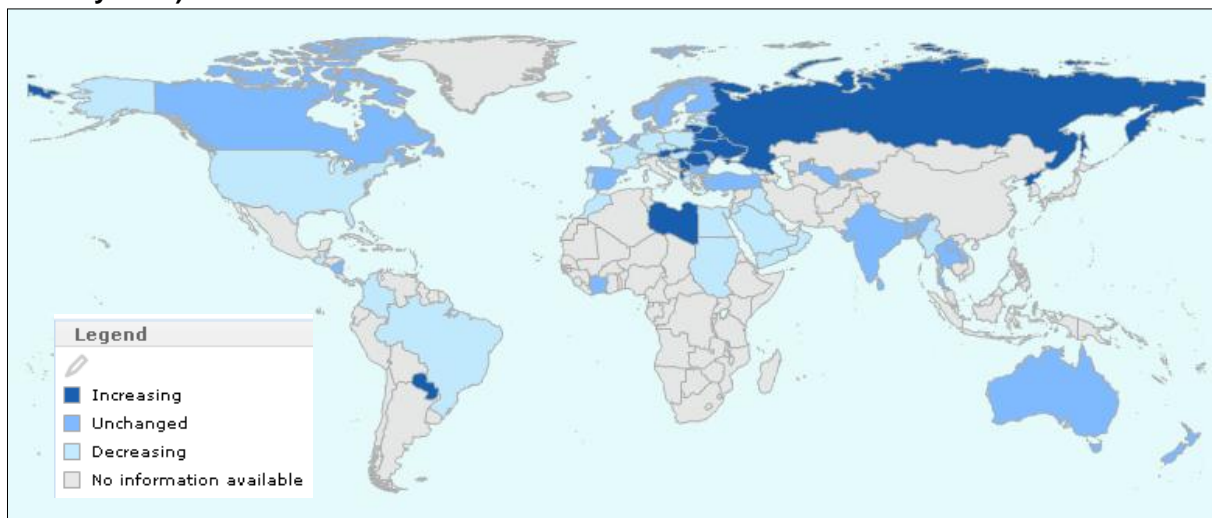


International Situation

WHO reported on 29 January:

- Overall, although much of the temperate northern hemisphere passed a peak of autumn and wintertime pandemic influenza activity between late October and late November 2009, virus transmission remains active in several later affected areas, particularly in North Africa, limited areas of eastern and south eastern Europe, and in parts of South and East Asia.
- **North Africa:** limited data suggest that pandemic influenza virus transmission remains active and geographically widespread, particularly in Morocco, Algeria, Libya, and Egypt, although most countries in the region appeared to have recently passed a peak of activity during December 2009 or January 2010.
- **South Asia:** pandemic influenza activity remains active but geographically variable. Recent peaks in activity were noted during late December and early January 2010 in northern India, Nepal, and Sri Lanka. Influenza activity remained stable but elevated in western India, continued to decline substantially in northern India, and remained low overall in southern and eastern India. In Bangladesh, regional spread of influenza activity and a low intensity of respiratory disease activity were reported.
- **West Asia:** pandemic influenza activity continues to be geographically regional to widespread, however activity levels have continued to decline or remain low since December 2009.
- **East Asia:** transmission of pandemic influenza virus remains active, however, overall activity continued to decline in most countries. An increasing trend in respiratory diseases with localised spread was reported for DPR Korea. In the Republic of Korea, transmission of pandemic influenza virus remains active (>20% respiratory specimens tested positive for pandemic H1N1), however, overall activity continues to decline since peaking during November 2009. In Japan, influenza activity continues to decline, however, high levels of transmission persist on the southern island of Okinawa.
- **South East Asia:** transmission of pandemic influenza virus persists, but current activity levels are low. In Viet Nam, influenza activity has declined substantially since peaking during October and November 2009. In Thailand, focal outbreaks of influenza were reported from a few provinces in northern and central parts of the country; however, overall ILI activity remains low.
- **Americas:** both in the tropical and northern temperate zones, overall pandemic influenza activity continues to decline, and remains low in most places. Of note, detections of RSV have increased in a few countries in the Americas, which may partially account for elevated ILI activity in those areas, particularly among young children. In the US and Canada, pandemic influenza virus detections and the numbers of severe and fatal cases have declined substantially as rates of ILI have fallen below seasonal baselines. In Central America and Caribbean, pandemic influenza virus transmission persists but overall activity remains low or unchanged in most places.
- **Temperate southern hemisphere region:** sporadic cases of pandemic influenza continue to be reported without evidence of sustained community transmission.

Figure 10: Trend of respiratory diseases activity compared to the previous week: Week 2, 2010 (11 – 17 January 2010)



Europe

As of week 3 (18 – 24 January 2010), clinical respiratory disease activity had been declining over the previous three weeks in eight countries in the WHO European Region. Clinical consultation rates remain well below observed pandemic peaks in all countries and, in many cases, below typical seasonal influenza levels for this time of year. Six countries (Armenia, Croatia, Georgia, Greece, Israel and the Republic of Moldova) reported widespread activity, but low or medium intensity. Kyrgyzstan, the Republic of Moldova and Romania reported the impact of influenza on health services to be moderate, and 25 countries reported low impact on services.

Reports of respiratory hospitalisations and deaths continue to decrease. The number of hospitalisations for severe acute respiratory infection (SARI) decreased in Kyrgyzstan, the Republic of Moldova, Slovakia and Ukraine following peaks in weeks 47–52/2009. Reports of SARI hospitalisations in Uzbekistan have also decreased slightly from a reported peak in week 1/2010. In the period 18–24 January, there were 176 deaths associated with laboratory-confirmed pandemic (H1N1) 2009 in Europe, raising the total from 3430 to 3606.

Source: EuroFlu Weekly Electronic Bulletin, week 3 http://www.euroflu.org/cgi-files/bulletin_v2.cgi

VIROLOGY

Circulating strains: Pandemic influenza A (H1N1) 2009 virus continues to be the predominant circulating influenza virus in nearly all countries where influenza is reported, accounting for 54% of all influenza detections worldwide in the week 10 – 14 January 2010 (compared to 73% reported in the previous week). Sporadic detections of seasonal A (H1N1), A (H3N2) and influenza B viruses were reported from a few countries. The majority of global seasonal influenza detections were reported by China where a continued increase in influenza B detections has been observed relative to previous weeks (48.8% of all influenza positive specimens). Globally (based on 25 countries reporting to FluNet), influenza B accounted for 35.6% of specimens that tested positive for influenza. A total of 25 countries reported to FluNet during the period 10th January 2010 to 16th January 2010. Based on FluNet reporting, the total number of specimens reportedly positive for influenza viruses by NIC laboratories was 3,044. Of these, 1,961 (64.4%) were typed as influenza A and 1,083 (35.6%) as influenza B. Of all sub-typed influenza A viruses, 95% (1,637/1,724) were pandemic (H1N1) 2009. In Europe, pandemic (H1N1) influenza virus accounted for 94% of all influenza A detections (148 out of 158) in week 3 (18 – 24 January 2010), compared to 96% reported in the previous week.

Resistance: Antiviral susceptibility testing conducted on pandemic A (H1N1) specimens and isolates from at least 88 countries indicates that oseltamivir resistant pandemic H1N1 viruses are sporadic detections with rare onward transmission. So far, 220 cases of oseltamivir resistance have been reported by the Global Influenza Surveillance Network (GISN) and other partners. All of these viruses showed the H275Y substitution and all remain sensitive to zanamivir.

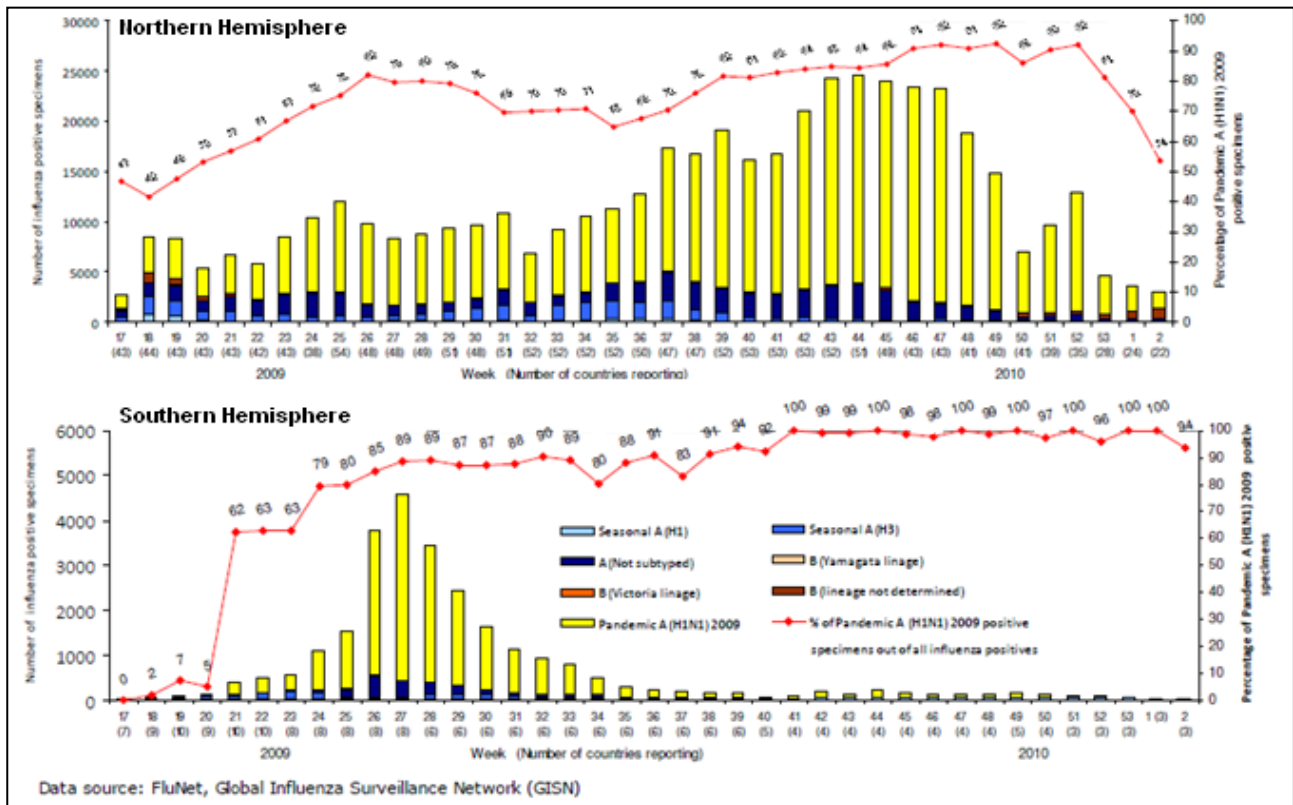
Viral characterisation: All pandemic A (H1N1) 2009 influenza viruses analysed by WHO collaborating centres to date appear to be antigenically and genetically closely related to the vaccine virus A/California/7/2009. The pandemic (H1N1) 2009 viruses with D222G substitution have also been found to be antigenically indistinguishable from the A/California/7/2009 (H1N1) vaccine virus.

Source: WHO http://www.who.int/csr/disease/swineflu/laboratory29_01_2010/en/index.html

In Europe, antigenic characterisation of 1166 influenza viruses reported from week 40/2009 to week 03/2010, showed that 1162 were A (H1) pandemic A/California/7/2009 (H1N1)-like; two were A (H3) A/Brisbane/10/2007 (H3N2)-like; one was A (H3) A/Perth/16/2009 (H3N2)-like, and one was B/Brisbane/60/2008-like. Genetic characterisations were available for 530 isolates; 524 belonged to the A/California/7/2009 A (H1N1) pandemic group; one belonged to the A/Perth/16/2009 (H3N2) group; four to the A/Victoria/208/2009 (H3N2) group and one to the B/England/393/2008 (Victoria lineage) group.

Source: EuroFlu Weekly Electronic Bulletin, week 3 http://www.euroflu.org/cgi-files/bulletin_v2.cgi

Figure 11: Circulation of influenza viruses in the northern and southern hemispheres: number of specimens positive for influenza by subtypes, weeks 17/2009 – 2/2010 (19 April 2009 to 16 January 2010).



CONFIRMED GLOBAL DEATHS

As of 24 January 2010, worldwide more than 209 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including at least 14,711 deaths. This is an increase of 4% compared to the previous week (14,142 deaths reported as of 17 January 2010).

Source: WHO http://www.who.int/csr/don/2010_01_29/en/index.html

Acknowledgements

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