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Report contents:

| [Summary](#) | [GP consultation rates](#) | [Community surveillance](#) | [Microbiological surveillance](#) | [Severity indicators](#) | [Vaccination](#) | [International](#) | [Acknowledgements](#) | [Related links](#)

Summary

Indicators of influenza activity across England have decreased compared to the previous week but hospitalisations continue to be reported. A [letter](#) has been issued to the NHS that GPs may now prescribe antiviral medicines for the prophylaxis and treatment of influenza in accordance with NICE guidance.

- Overall weekly influenza GP consultation rates across the UK
 - In week 3 (ending 20 January 2013), the weekly primary care ILI consultation rate decreased in England (13.6 per 100,000), Northern Ireland (53.7 per 100,000), Scotland (33.8 per 100,000) and Wales (11.2 per 100,000).
 - In week 3 2013, the weekly proportion of NHS Direct calls for cold/flu remained stable below the influenza threshold of 1.6%. The weekly proportion of calls for fever (5-14 yrs) increased slightly but remained below the influenza threshold of 11.7%.
 - Three acute respiratory disease outbreaks have been reported in the past seven days (two in primary schools and one in a hospital). One had a virological result available (influenza A(H3)).
- Virology
 - 90 (12.7%) of the 709 respiratory specimens reported to DataMart (England) tested positive for influenza in week 3 (48 B, 16 A(H3), 20 A subtype not known and 6 A(H1N1)pdm09).
 - The proportion of samples positive in DataMart (England) increased for rhinovirus and remained stable for RSV, hMPV, adenovirus and parainfluenza.
 - 7 influenza positive detections were recorded through the two English GP-based sentinel schemes in week 3 (5 B, 1 A(H3) and 1 A(H1N1)pdm09), giving a positivity of 44%.
- Disease severity and mortality
 - 50 new admissions to ICU/HDU with confirmed influenza (28 B, 13 A(subtype not known), five A(H1N1)pdm09 and four A(H3N2) were reported through the USISS mandatory ICU surveillance scheme across the UK (141 Trusts in England) in week 3. 57 new hospitalised confirmed influenza cases have been reported through the USISS sentinel hospital network across England (27 Trusts).
 - In week 3 2013, excess all-cause mortality was seen in 65+ year olds in England and no excess was seen in Scotland, Wales and Northern Ireland.
- Influenza vaccination
 - Up to week 3, 72.9% of people in England aged 65 years and over had received the 2012/13 influenza vaccine (provisional data). For those in a clinical risk group aged under 65 years, provisional uptake was 50.2%.
 - Amongst pregnant women, the provisional uptake was 39.9% in England.
 - Provisional data from the third monthly collection of influenza vaccine uptake by frontline healthcare workers show 44.0% were vaccinated by 31 December 2012 in England.
- International situation
 - During week 2 2013, influenza activity continued to increase across Europe, with reports of severe cases from a number of countries.
 - Influenza activity in North America remains high with many countries in Europe and temperate Asia reporting increasing influenza activity. In the United States of America influenza activity remained elevated but decreased in some areas.
 - The patterns of influenza virus co-circulation being identified in Europe are different from that being reported by North America.
- Novel coronavirus 2012
 - The total number of global laboratory confirmed human cases of novel coronavirus 2012 reported to WHO currently stands at nine. In the UK there has been one confirmed imported case to date and the public health response around this case has been published [here](#). Information on management and guidance of possible cases is available on the [HPA website](#).

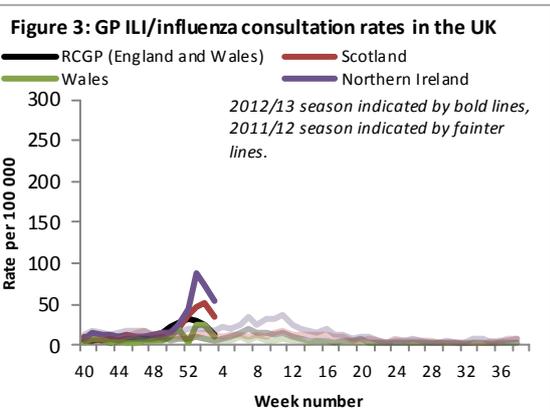
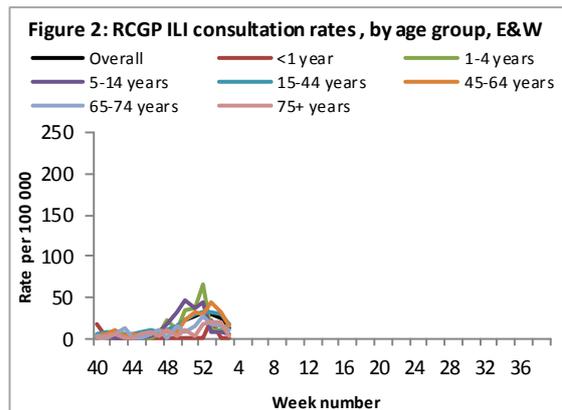
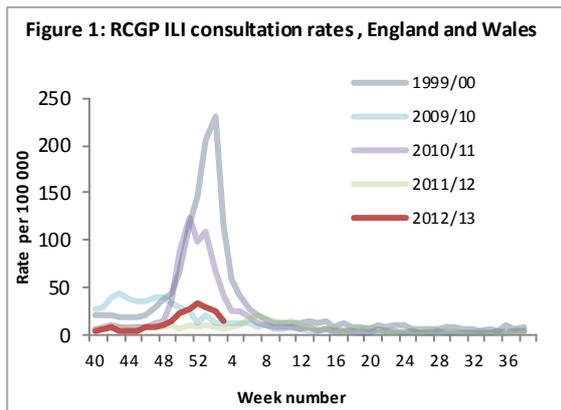
In week 3 (ending 20 January 2013), overall weekly influenza GP consultations decreased in England, Northern Ireland, Scotland and Wales.

- Influenza/Influenza-Like-Illness (ILI)

RCGP (England and Wales)

-The overall ILI consultation rate from RCGP for England and Wales decreased from 24.8 to 13.6 per 100,000 in week 3 (Figure 1). ILI rates decreased in the North (from 17.8 to 13.8 per 100,000), the Central region (24.6 to 14.0 per 100,000) and in the South (from 29.1 to 13.3 per 100,000).

-The rate increased in the 1-4 year group (from 11.6 to 16.8 per 100,000) and decreased or remained stable in all other age groups. The highest rate was reported in the 15-44 year olds (from 30.9 to 17.0 per 100,000).



Northern Ireland

-The combined influenza/ILI rate in Northern Ireland decreased from 72.4 to 53.9 per 100,000 in week 3 (Figure 3).

-The rate increased in the 1-4 year group (from 41.5 to 48.8 per 100,000) and the 5-14 year group (from 31.0 to 33.6 per 100,000) and decreased or remained stable in the other age groups. The highest rate was reported in the 45-64 year olds (from 103.1 to 75.1 per 100,000).

Wales

-The Welsh influenza decreased from 26.0 to 11.2 per 100,000 in week 3 (Figure 3).

-The rate decreased or remained stable in all age groups and the highest rate was reported in the 15-44 year group (from 30.6 to 15.7 per 100,000).

Scotland

-The Scottish ILI rate decreased from 52.1 to 33.8 per 100,000 in week 3 (Figure 3).

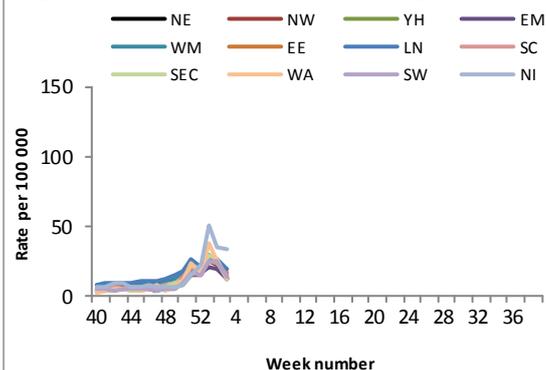
-The rate increased in under one year olds from 12.9 to 35.2 per 100,000 and decreased or remained stable in the other age groups. The highest rate was reported in the 45-64 year group (from 68.3 to 40.9 per 100,000).

HPA/QSurveillance System (England, Wales and Northern Ireland)

-In the HPA/QSurveillance system, the overall ILI consultation rate decreased from 24.5 to 15.3 per 100,000 in week 3.

-The rate decreased or remained stable in all age groups, with the highest rate reported in the 45-64 year group (from 36.2 to 19.9 per 100,000). By region, the highest rates were reported in Northern Ireland (33.7 per 100,000) and London (20.0 per 100,000).

Figure 4: QSurv ILI consultation rates, by region, E,W&NI

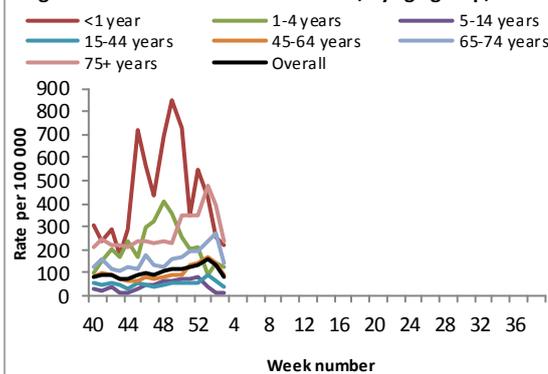


- Other respiratory indicators

Acute bronchitis (AB)

The overall weekly consultation rate for acute bronchitis (AB) in England and Wales through the RCGP scheme decreased from 131.1 to 83.5 per 100,000 in week 3 (Figure 5). The rate in under one year olds decreased (from 253.4 to 218.1 per 100,000) and decreased in 75+ year olds (from 395.3 to 235.0 per 100,000).

Figure 5: RCGP AB consultation rates, by age group, E&W



Pneumonia

The overall weekly consultation rate for pneumonia from the HPA/QSurveillance system decreased from 2.4 to 1.8 per 100,000.

Community surveillance

[| Back to top |](#)

In week 3 2013, the weekly proportion of NHS Direct calls for cold/flu remained stable below the influenza threshold of 1.6%. The weekly proportion of calls for fever (5-14 yrs) increased slightly but remained below the influenza threshold of 11.7%. Three acute respiratory disease outbreaks have been reported in the past seven days. One had a virological result available (influenza A(H3)).

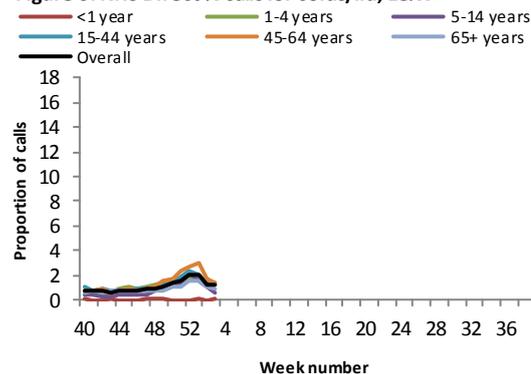
- HPA/NHS Direct syndromic surveillance system

-The weekly national proportion of NHS Direct calls for cold/flu remained stable below the influenza threshold of 1.6% (1.2% in week 3) (Figure 6).

-The weekly proportion of calls for fever in the 5-14 year group increased slightly but remained below the influenza threshold of 11.7% (from 6.6% to 9.2% in week 3).

-For further information, please see the syndromic surveillance [webpage](#).

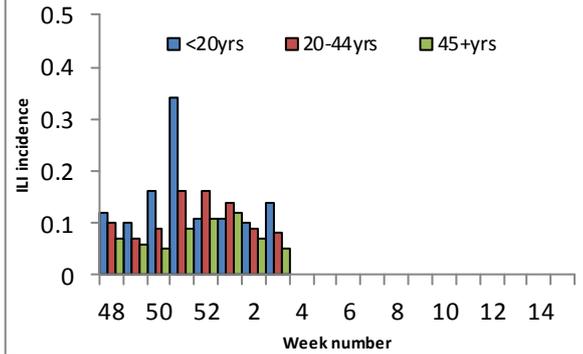
Figure 6: NHS Direct % calls for colds/flu, E&W



- FluSurvey

-Internet-based surveillance of influenza in the general population is undertaken through the FluSurvey project (<http://flusurvey.org.uk/>) run by the London School of Hygiene and Tropical Medicine. In week 3, the incidence of ILI reports increased in <20 year olds.

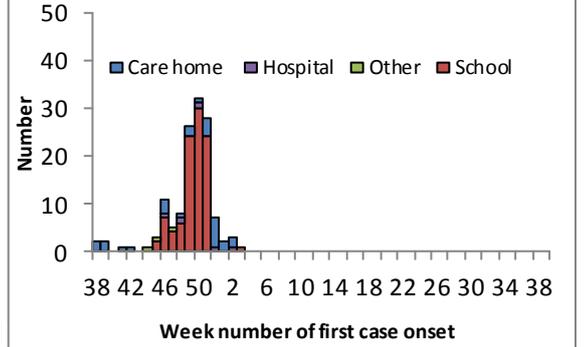
Figure 8: FluSurvey ILI incidence by age group, UK



- Acute respiratory disease outbreaks

-Three new acute respiratory outbreaks (two in primary schools and one in a hospital) have been reported in the past seven days in Scotland, South West England and Yorkshire and Humber. One had a virological result available and was confirmed as influenza A(H3). So far this season, 113 outbreaks have been reported in schools (Figure 8*) (three A(H3), one A subtype not known, 25 B, two RSV and 82 not tested); 33 in care homes (three rhinovirus, four A(H3), three influenza B, two A (unsubtyped) and 21 not tested); six in a hospital (three RSV, two A(unsubtyped) and one A(H3)) and three in other settings (one A(H1N1)pdm09, one RSV and one not tested).
 -Outbreaks should be recorded on HPZone and reported to the local HPA HPU and Respcdsc@hpa.org.uk.

Figure 8: Number of acute respiratory outbreaks by institution, UK



*NB. Date of onset not known for 23 outbreaks

Microbiological surveillance

[| Back to top |](#)

In week 3 2013, 90 influenza positive detections (48 B, 16 A(H3), 20 A subtype not known and 6 A(H1N1)pdm09) were recorded through the DataMart scheme (overall positivity of 12.7%). 7 influenza positive detections were recorded through the two English GP-based sentinel schemes in week 3 (5 B, 1 A(H3) and 1 A(H1N1)pdm09).

- English DataMart

-90 (12.7%) of the 709 respiratory specimens reported to the English DataMart virological surveillance system as taken in week 3 were positive for influenza (48 B, 16 A(H3), 20 A subtype not known and 6 A(H1N1)pdm09) (Figure 9).

-In week 3, positivity increased for rhinovirus (from 7.9% to 11.0%), and remained stable for RSV (11.6% (with the highest value in under five year olds (23.1%)), hMPV (2.1%), adenovirus (2.9%) and parainfluenza (2.8%) (Figures 10 and 11).

Figure 9: DataMart samples positive for influenza, England

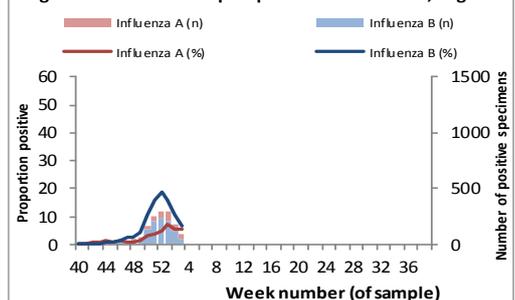


Figure 10: Datamart % RSV positive by age, England

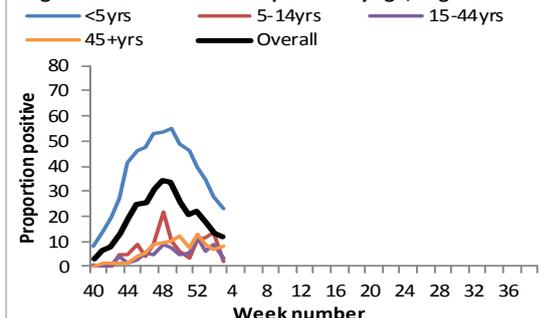
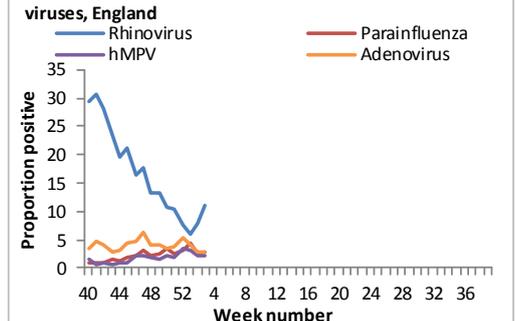


Figure 11: Datamart % positive for other respiratory viruses, England



- RCGP/SMN sentinel swabbing schemes and devolved administrations

-7 out of 16 (43.8%) influenza positive detections were recorded through the two English GP-based sentinel schemes in week 3 (5 B, 1 A(H3) and 1 A(H1N1)pdm09). 13 out of 44 samples from Scotland were positive for influenza (7 B, 5 A(H3) and 1 A(unsubtyped)), 4 out of the 13 samples from Northern Ireland were positive for influenza (3 B and 1 A (unsubtyped)) and no samples from Wales were positive for influenza (Table 1).

Table 1: Sentinel influenza surveillance in the UK

Week	England	Scotland	Northern Ireland	Wales
51	115/226 (50.9%)	33/101 (32.7%)	6/12 (50.0%)	7/8 (-)
52	76/133 (57.1%)	26/56 (46.4%)	8/12 (66.7%)	6/6 (-)
01	63/129 (48.8%)	37/68 (54.4%)	8/22 (36.4%)	1/3 (-)
02	33/89 (37.1%)	43/95 (45.3%)	9/22 (40.9%)	4/5 (-)
03	7/16 (43.8%)	13/44 (29.5%)	4/13 (30.8%)	0/2 (0-)

NB. Proportion positive omitted when fewer than 10 specimens tested

- Virus characterisation

-Since week 40 2012, the HPA Respiratory Virus Unit (RVU) has isolated and antigenically characterised forty-nine influenza A(H3N2) viruses, all similar to the A/Victoria/361/2011 vaccine strain, and five influenza A(H1N1)pdm09 viruses similar to the A/California/07/2009 vaccine strain. Of 72 influenza B viruses isolated, sixty-five (90%) belong to the B-Yamagata lineage, and are antigenically related to the influenza B vaccine strain, B/Wisconsin/1/2010, and seven (10%) to the B-Victoria lineage.

- Antiviral susceptibility

-No influenza viruses have been found to be resistant to antivirals at RVU and regional laboratories since week 40 2012.

- Antimicrobial susceptibility

-In the 12 weeks up to 13 January 2013, 83% or greater of all lower respiratory tract isolates of *Staphylococcus aureus*, *Streptococcus pneumoniae* and *Haemophilus influenzae* reported as tested were susceptible to the antibiotics tetracycline and co-amoxiclav (Table 2). There have been no significant changes in susceptibility in recent years.

Table 2: Antimicrobial susceptibility surveillance in lower respiratory tract isolates, 12 weeks up to 13 Jan. 2013, E&W

Organism	Tetracyclines		Co-amoxiclav	
	Specimens tested (N)	Specimens susceptible (%)	Specimens tested (N)	Specimens susceptible (%)
<i>S. aureus</i>	2,832	92	187	85
<i>S. pneumoniae</i>	2,181	83	2291*	92*
<i>H. influenzae</i>	8,403	98	7,955	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 beta-lactams such as co-amoxiclav.

Disease severity and mortality data

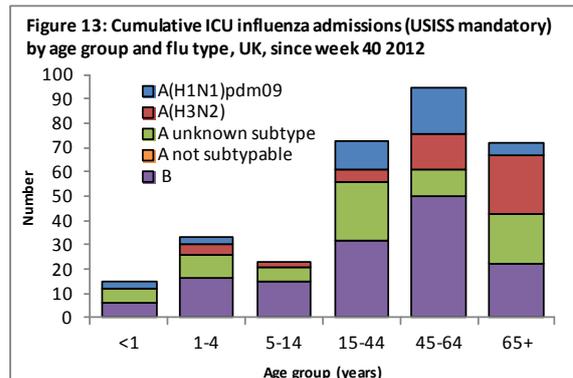
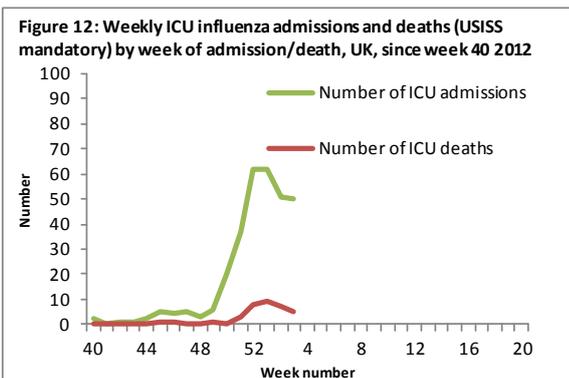
[Back to top](#)

In week 3, 50 new admissions of confirmed influenza cases to ICU/HDU (28 B, 13 A unknown subtype, five A(H1N1)pdm09) and four A(H3N2)) and five confirmed influenza deaths in ICU/HDU have been reported through the national USSS mandatory ICU scheme across the UK (141 Trusts in England). Fifty-seven new hospitalised confirmed influenza cases have been reported through the USSS sentinel hospital network across England (27 Trusts) (25 B, 12 A(H3N2), 11 A(H1N1)pdm09 and nine A(unknown subtype).

A national mandatory collection (USSS mandatory ICU scheme) is operating in cooperation with the Department of Health to report the number of confirmed influenza cases admitted to Intensive Care Units (ICU) and High Dependency Units (HDU) and number of confirmed influenza deaths in ICU/HDU across the UK. A confirmed case is defined as an individual with a laboratory confirmed influenza infection admitted to ICU/HDU. In addition a sentinel network (USSS sentinel hospital network) of acute NHS trusts has been established in England to report weekly laboratory confirmed hospital admissions. Further information on these systems is available through the [HPA website](#). Please note data in previously reported weeks are updated and so may vary by week of reporting.

- Number of new admissions and fatal confirmed influenza cases in ICU/HDU (USISS mandatory ICU scheme), UK (week 3)

-In week 3, 50 new admissions to ICU/HDU with confirmed influenza infection (28 B, 13 A unknown subtype, five A(H1N1)pdm09, and four A(H3N2) were reported across the UK (141/163 Trusts in England) through the USISS mandatory ICU scheme (Figures 12 and 13). Five new confirmed influenza deaths were reported in week 3 2013. A total of 311 admissions (141 B, 78 A unknown subtype, 50 A(H3N2) and 42 A(H1N1)pdm09) have been reported since week 40 2012. Thirty-five confirmed influenza deaths (14 B, nine A(H3N2), seven A unknown subtype and five A(H1N1)pdm09) have been reported across the UK in ICU/HDU since week 40 (Figure 12).

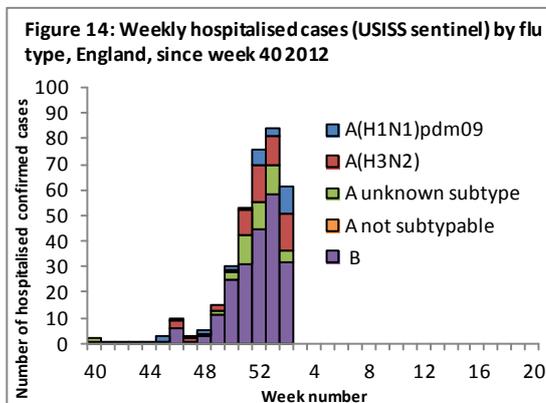


- USISS sentinel weekly hospitalised confirmed influenza cases, England (week 3)

-In week 3, 57 new hospitalised confirmed influenza cases (25 B, 12 A(H3N2), 11 A(H1N1)pdm09 and nine A(unknown subtype) were reported from the USISS sentinel hospital network from 27 NHS Trusts across England (Figure 14).

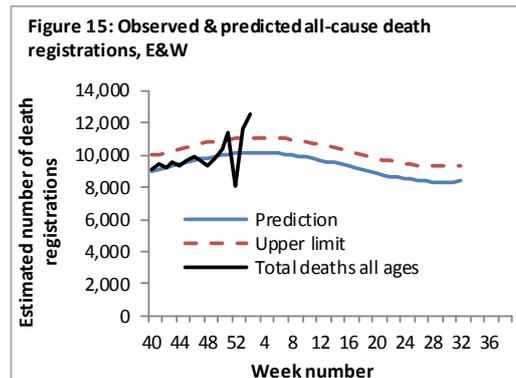
-A total of 409 hospitalised confirmed influenza admissions (246 B, 73 A(H3N2), 53 A unknown subtype and 37 A(H1N1)pdm09) have been reported since week 40 2012.

-66 (16.1%) of the hospitalised cases from the USISS sentinel hospital network since week 40 2012 are reported to have been admitted to HDU/ICU. The median age of cases sent to ICU is 55 years (range from 0-88yrs) and 29 were positive for influenza B, 15 influenza A(H3N2), 12 influenza A(H1N1)pdm09 and nine influenza A(unknown subtype).



- Excess overall all-cause mortality, England and Wales

-In week 2 2013, an estimated 12,541 all-cause deaths were registered in England and Wales (source: Office for National Statistics). This is more than the 11,620 estimated death registrations in week 1 and remains above the 95% upper limit of expected death registrations for this time of year as calculated by the HPA (Figure 15).



- Excess all-cause mortality by age group and HPA region, England, Wales, Scotland and Northern Ireland

-In week 3 2013, excess mortality by date of death above the upper 2 z-score threshold was seen overall and by age group in 65+ year olds in England after correcting ONS disaggregate data for reporting delay with the standardised [EuroMOMO algorithm](#) (Figure 16, Table 3). By region this excess was seen in North East England, the West Midlands and South East England. This data is provisional due to the time delay in registration and so numbers may vary from week to week. Prior to week 3, excess was seen in 65+ year olds in England from week 50 2012 to 2 2013. During this time period, excess was seen in North East England, North West England, Yorkshire and Humber, West Midlands, East Midlands, London, South East England and South West England. This reported excess in late December 2012 and January 2013 temporally coincides with low temperatures and circulating respiratory viruses, including influenza.

Since week 40 2012, excess has been reported in Scotland in weeks 52 2012, 1 2013 and 2 2013 and in Northern Ireland in week 50 2012. No excess has been reported in Wales (Table 4).

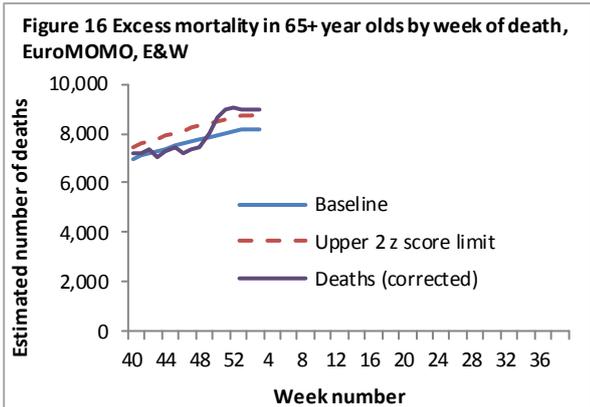


Table 3: Excess mortality by age group, England*

Age group (years)	Excess detected in week 3 2013?	Cumulative excess since week 40 2012
<5	x	0
5-14	x	0
15-64	x	0
65+	✓	5,102

* Excess mortality is calculated as the observed minus the expected number of deaths that week

Table 4: Excess mortality by UK country*

Country	Excess detected in week 3 2013?	Cumulative excess since week 40 2012
England	✓	5,145
Wales	x	0
Scotland	x	NA
Northern Ireland	x	43

* Excess mortality is calculated as the observed minus the expected number of deaths that week

NA. Excess figure for Scotland not currently available.

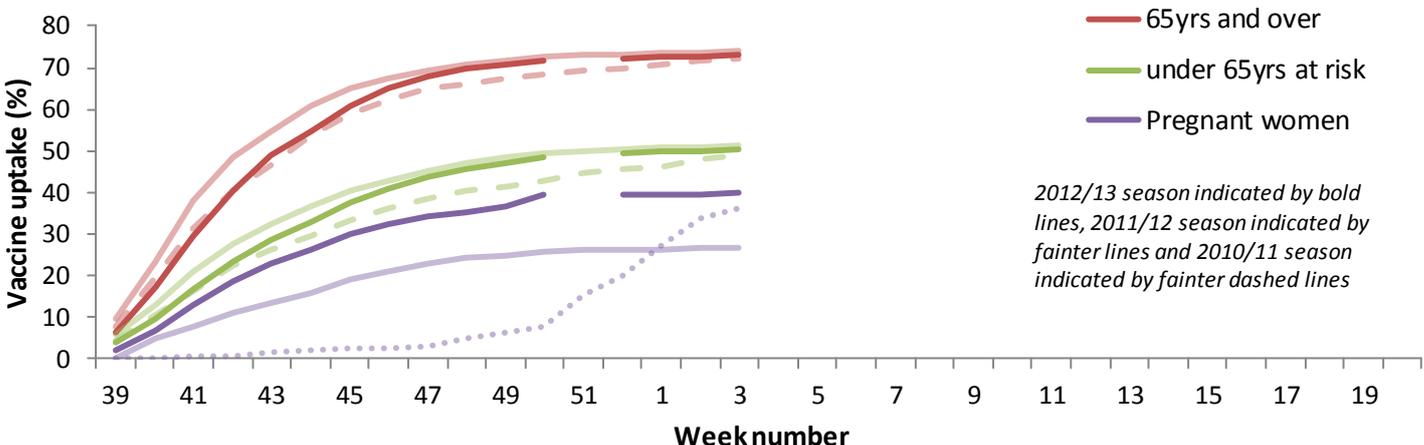
NB. Separate total and age-specific models are run for England which may lead to a discrepancy in figures between Tables 3 + 4

Vaccination

[Back to top](#)

- Up to week 3 2013 in 68.3% of GP practices reporting weekly, the provisional proportion of people in England aged 65 years and over who had received the 2012/13 influenza vaccine was 72.9%, while in those aged under 65 years in a clinical risk group it was 50.2% (provisional data from Immform). Amongst pregnant women, the uptake was 39.9% (provisional data from Immform) (Figure 16). As the sample size of responding GPs for week 51 was much reduced, this datapoint has been excluded.

Figure 17: Cumulative weekly influenza vaccine uptake by target group in England



- In the third monthly collection up to 31 December 2012, provisional cumulative seasonal influenza vaccine uptake was 72.3% in 65 years and over and 50.4% in under 65 year olds at risk from 95.4% of GP practices. The provisional cumulative uptake in pregnant women was 39.6% though this data needs to be interpreted with caution; denominators may be regarded as over-inclusive as they may include women that become eligible and then ineligible before they are vaccinated (i.e. vaccine uptake for pregnant women is likely to be underestimated).
- Provisional data from the third monthly collection of influenza vaccine uptake by frontline healthcare workers show 44.0% were vaccinated by 31 December 2012 from 96.0% of Trusts (including PCTs).

International Situation

[Back to top](#)

During week 2 2013, influenza activity continued to increase across Europe, with reports of severe cases from a number of countries. Influenza activity in North America remains high with many countries in Europe and temperate Asia reporting increasing influenza activity. The patterns of influenza virus co-circulation being identified in Europe are different from that being reported by North America.

- [Europe](#) 18 January 2013 (European Centre for Disease Prevention and Control report)

During week 2 2013, Iceland and Norway reported high intensity transmission, 12 countries reported medium intensity transmission while the other 12 reporting countries experienced low intensity clinical influenza activity. Geographic spread was reported as widespread by 12 countries, regional by Austria and Italy, local by four and sporadic by seven countries. Only Bulgaria reported no activity. Increasing trends were reported by 19 countries, stable trends were reported by five countries and only Denmark and the UK reported decreasing trends.

In week 2 2013, 20 countries reported virological data. Of 1,238 sentinel specimens tested, 521 (42%) were positive for influenza virus: 274 (53%) were type A and 247 (47%) were type B. Compared with the previous week (45%), there has been a slight decrease but with a substantially higher number of specimens tested. In addition, 2,674 non-sentinel source specimens (e.g. specimens collected for diagnostic purposes in hospitals) were found to be positive for influenza virus of which 2,015 (75%) were type A and 659 (25%) type B. Of the 9,333 influenza viruses detected from non-sentinel sources since week 40/2012, 6,654 (71%) were type A, and 2,679 (29%) were type B. Of 3,217 type A viruses subtyped, 2,266 (70%) were A(H1N1)pdm09 and 951 (30%) A(H3). The lineage of 332 (93%) type B viruses was Yamagata and 24 (7%) were Victoria.

- [United States of America](#) 18 January 2013 (Centre for Disease Control report)

During week 2 2013, influenza activity remained elevated in the U.S. but decreased in some areas. Nationwide during week 2, 4.6% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is above the national baseline of 2.2%. All ten regions reported ILI above region-specific baseline levels. New York City and 30 states experienced high ILI activity, 10 states experienced moderate ILI activity, seven states experienced low ILI activity; three states experienced minimal ILI activity, and the District of Columbia had insufficient data. The geographic spread of influenza in 48 states was reported as widespread, two states reported regional activity; the District of Columbia reported local activity; Guam reported no influenza activity and Puerto Rico and the U.S. Virgin Islands did not report.

The proportion of deaths attributed to pneumonia and influenza (P&I), 8.3%, was above the epidemic threshold of 7.3% for week 2 2013. Nine influenza-associated paediatric deaths were reported to CDC during week 2 2013; two were associated with influenza A (H3) viruses and occurred during weeks 1 and 2, four were associated with influenza A viruses for which the subtype was not determined and occurred during weeks 1 and 2, and three were associated with influenza B viruses and occurred during weeks 48, 50, and 2. A total of 29 influenza-associated pediatric deaths have been reported during the 2012/13 season.

Of 12,360 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 2, 3,638 (29.4%) were positive for influenza. By type, 3,003 (82.5%) were influenza A (45 (1.5%) A(H1N1)pdm09, 1,355 subtyping not performed and 1,603 (53.4%) A(H3)) and 635 (17.5%) were influenza B.

- [Canada](#) 18 January 2013 (Public Health Agency report)

The percentage of positive laboratory tests for influenza declined in week 2; however more regions across Canada reported widespread and localised influenza activity. In week 2 2013 15 regions reported widespread activity and 25 regions reported localised activity. 130 new influenza outbreaks were reported: 98 in long-term care facilities, two in hospitals, five in schools and 25 in other facilities or communities. The national influenza-like-illness (ILI) consultation rate increased from 58.7 ILI consultations per 1,000 patient visits in week 1 to 62.1 in week 02. This rate is well above the expected level for this time of year.

The percentage of positive influenza tests decreased from the previous week from 32.5% in week 1 to 30.7% in week 2. Among the influenza viruses detected in week 2 (n=3744), 97.8% were positive for influenza A viruses [of which 34.6% were A(H3), 1.9% were A(H1N1)pdm09, and 63.6% were A(untypetyped)]; and 2.2% were positive for influenza B. Cumulative influenza virus detections by type/subtype to date are as follows: 97.6% influenza A [34.3% A(H3), 1.4% A(H1N1)pdm09 and 64.3% A(untypetyped)] and 2.4% influenza B.

In week 2, 823 laboratory-confirmed influenza-associated hospitalizations were reported. 98% of the cases (810/823) were influenza A [42% A(H3); 2.3% A(H1N1)pdm09; 55.7% A(untypetyped)] and 1.6% (13/823) were influenza B. More than half of the cases (60% 497/823) were ≥65 years of age, 16.5% were adults aged 46-64 years and 13% were children aged 0-4 years. Of the 130 cases with available data, 15.4% (20/130) were admitted to the Intensive Care Unit (ICU). Fifty-one deaths were reported in week 02, the majority of which were persons ≥65 years of age (78.4%; 40/51); 10 were adults aged 45-64 years and one was an adult aged 20-44 years. To date this season, 1675 influenza-associated hospitalizations have been reported. Of these, 97.7% (1636/1675) have been influenza A [predominately A(H3) (45.7%; 748/1636)] and 2.3% have been influenza B. Half of the cases (55.7% 933/1675) were ≥65 years of age, 16.4% (275/1675) were adults aged 45-64 years and 14.4% (241/1675) were children aged 0-4 years. To date this season, 104 deaths have been reported: 86 were adults aged ≥ 65 years of age, 11 were adults aged 45-64 years; 4 were adults aged 20-44 years; and 3 were children aged 0-4 years.

[Global influenza update](#) 18 January 2013 (WHO website)

Influenza activity in North America remained high with some indications that activity might have peaked in areas. Some but not all indicators of severity in the United States of America and Canada have been slightly higher than in previous recent seasons. The onset of the season was earlier than usual and coincided with circulation of other respiratory viruses. Influenza A(H3N2) predominates in North America with A(H1N1)pdm09 being uncommon.

Many countries in Europe and temperate Asia are reporting increasing influenza activity with A(H1N1)pdm09 being relatively more prominent in Europe than in North America. Some countries in the Eastern Mediterranean and the North Africa have reported declining detections of influenza positive samples. Influenza A(H1N1)pdm09 is predominant in the region.

In tropical Asia, the influenza activity is similar to previous weeks, with persistent low-level circulation. Influenza activity in sub-Saharan Africa has declined in most countries. In the Caribbean, central America and tropical south America, influenza activity decreased to low levels, except for Bolivia, where there is increasing circulation of influenza A(H3N2)

Influenza in countries of the southern hemisphere are currently at inter-seasonal levels.

- [Avian Influenza](#) 16 January 2013 (WHO website)

From 2003 through 16 January 2013, 610 human cases of H5N1 avian influenza have been officially reported to WHO from 15 countries, of which 360 (59%) died. Since the last update by WHO on 17 December 2012, no new laboratory-confirmed human cases with influenza A(H5N1) virus infection were reported to WHO.

- [Novel coronavirus 2012](#) (WHO website)

The total number of global laboratory confirmed human cases of novel coronavirus 2012 reported to WHO currently stands at nine. In the UK there has been one confirmed imported case to date and the public health response around this case has been published [here](#). Information on management and guidance of possible cases is available on the [HPA website](#).

Acknowledgements

| [Back to top](#) |

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- 2012/13 seasonal influenza vaccine programme ([Department of Health Green Book](#))
- WHO 2012/13 [vaccine recommendations](#)