

# Influenza

## Weekly Surveillance Bulletin

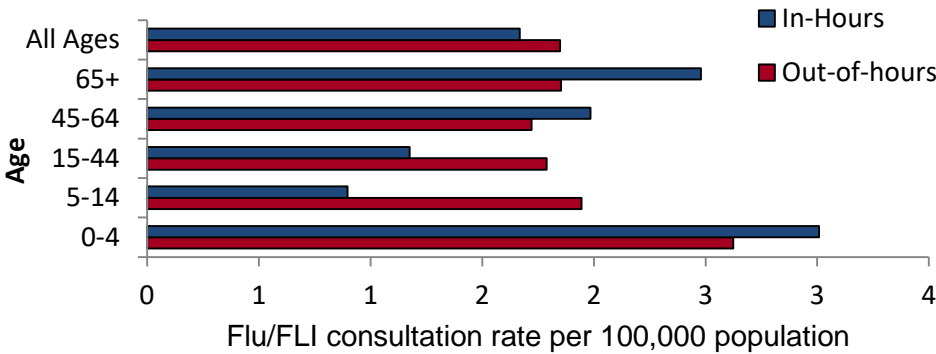
Week 48 (23 November—29 November 2020)

### Community Activity

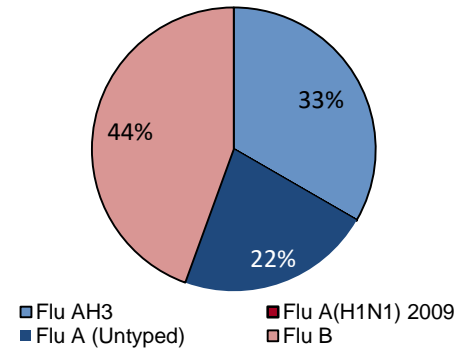
Flu Intensity:	Baseline	Low	Medium	High	Very High
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	October					November				December				January					February				March				April				May			
Week	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
2020/21	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline		
2019/20	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline		

### GP consultation rates for 'flu/flu-like-illness' ('flu/FLI') (Wk 48: 23—29 Nov 2020)



### Circulating strains this season to date



### Number of hospital cases with confirmed flu (23 Nov-29 Nov 2020)

Summary information on cases will be reported in the bulletin only if the numbers do not risk data confidentiality

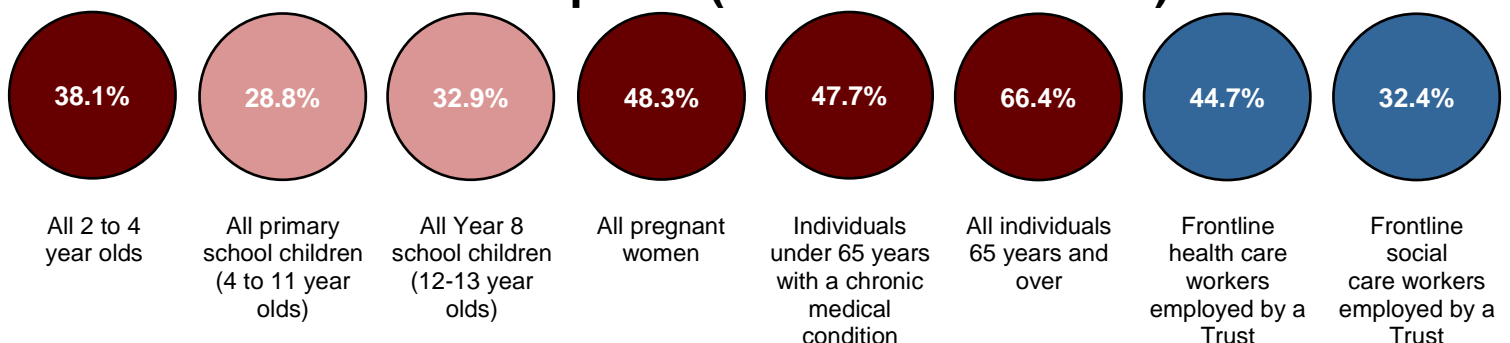
To date there has been 1 admission to ICU with confirmed influenza

### Respiratory Outbreaks (23 Nov-29 Nov 2020)

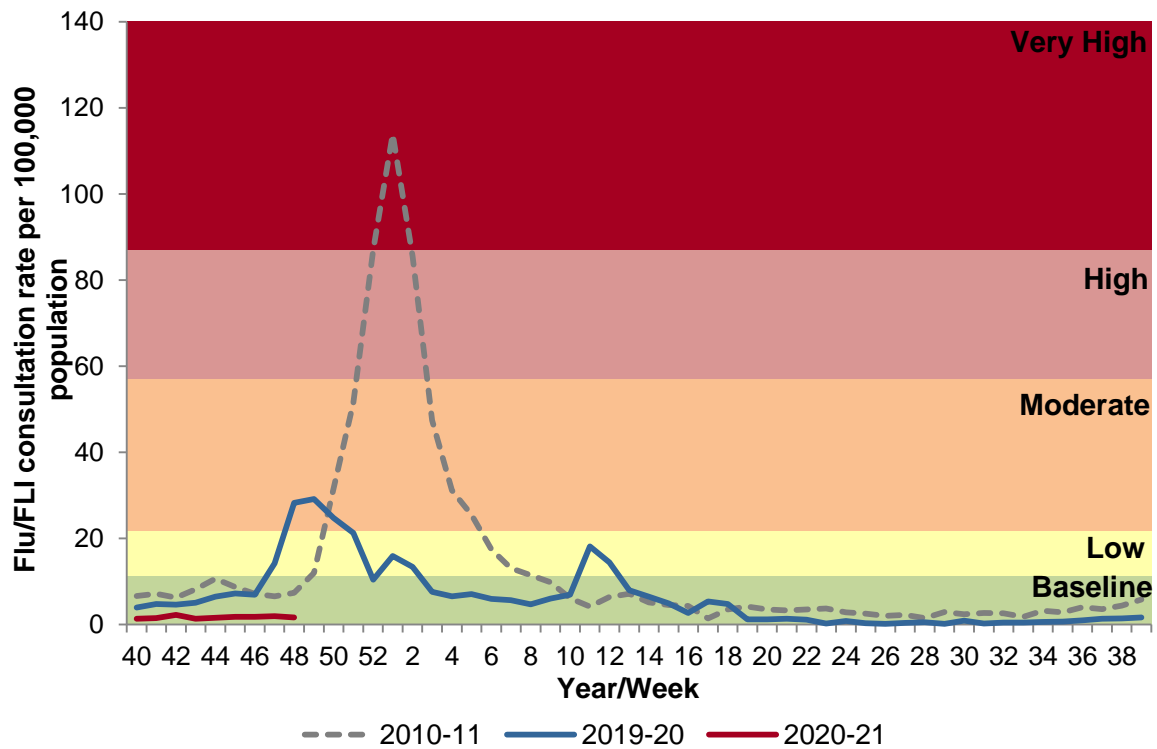
0

To date there have been no flu outbreaks reported

### Vaccine Uptake (to 31 October 2020)



## GP consultation rates for ‘flu/flu-like-illness’ (‘flu/FLI’)



**Figure 1. Northern Ireland GP consultation rates for ‘flu/FLI’ 2019/20 – 2020/21, 2010/11 for comparison**

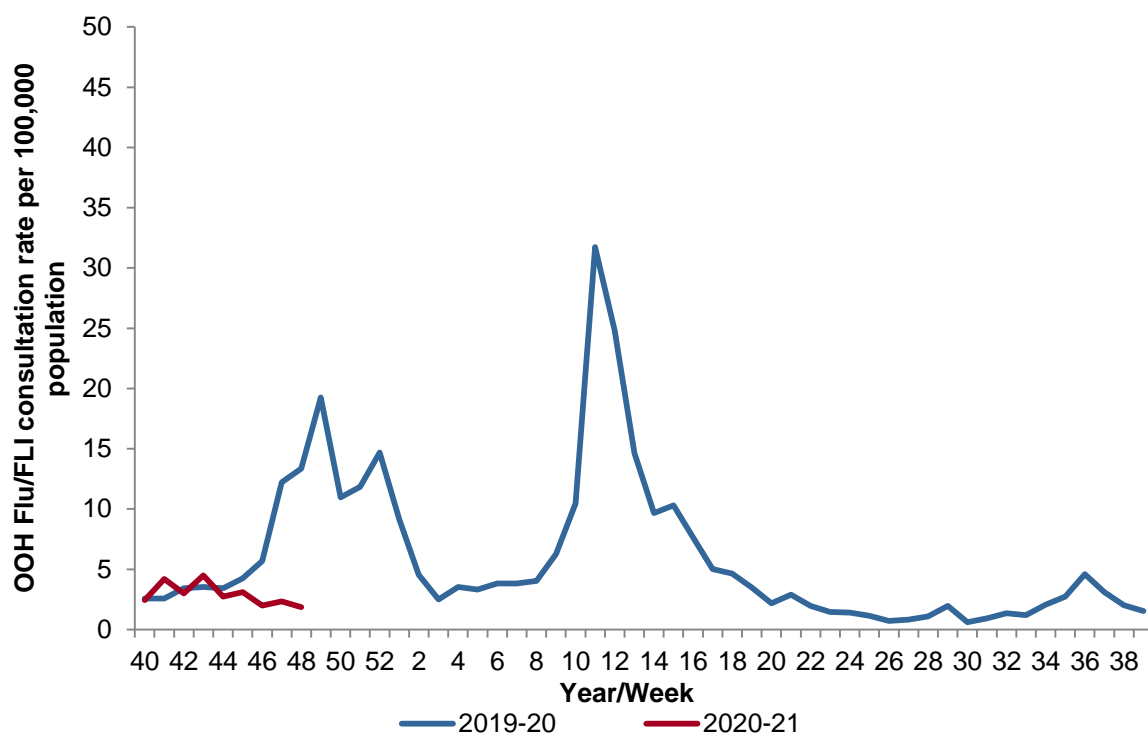
*The baseline MEM threshold for Northern Ireland is 11.3 per 100,000 population for 2020-21. Low activity is 11.3 to <21.8, moderate activity 21.8 to <57.0, high activity 57.0 to <87.1 and very high activity is >87.1*

### Comment

GP flu/FLI consultation rates were 1.7 per 100,000 population in week 48, which is lower than the same time last year (28.2 per 100,000). Activity remains below the baseline threshold for Northern Ireland (<11.3 per 100,000) (Figure 1).

Flu/FLI consultation rates were highest in 0-4 year olds in week 48 (3.0 per 100,000). Rates are lower in all age groups, compared to the same time last year.

*Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.*



**Figure 2. Northern Ireland Out of Hours (OOH) consultation rates for ‘flu/FLI’ 2019/20 – 2020/21**

### Comment

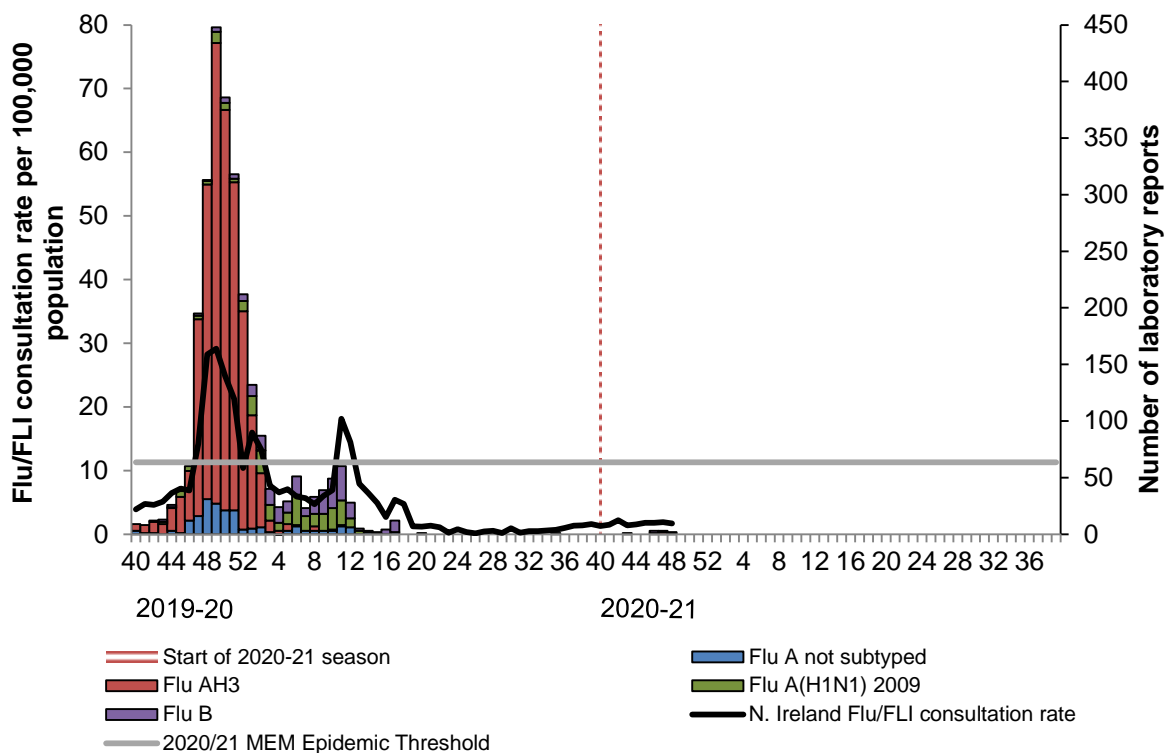
Flu/FLI consultation rates in Primary Care Out-of-Hours (OOH) Centres were 1.8 per 100,000 population in week 48. This is lower than the same time last year (13.4 per 100,000 in week 48, 2019-20) (Figure 2).

In week 48 the percentage of calls to an OOH Centre due to flu/FLI was 0.4%. This has decreased from the same period last year (2.1%).

Rates were highest in those aged 0-4 years in weeks 48 (2.6 per 100,000 population). In comparison to week 48, 2019-20, consultation rates were lower in all age groups.

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## Virology



**Figure 3. Weekly number of flu laboratory reports from week 40, 2019 with weekly GP consultation rates for ‘flu/FLI’**

Table 1. Virus activity in Northern Ireland by source, Week 48, 2020-21

Source	Specimens tested	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	RSV	Total Influenza Positive	% Influenza Positive
Sentinel	1	0	0	0	0	0	0	0%
Non-sentinel	1153	1	0	1	0	0	2	0%
<b>Total</b>	<b>1154</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0%</b>

Table 2. Cumulative virus activity from all sources by age group, Week 40 - 48, 2020-21

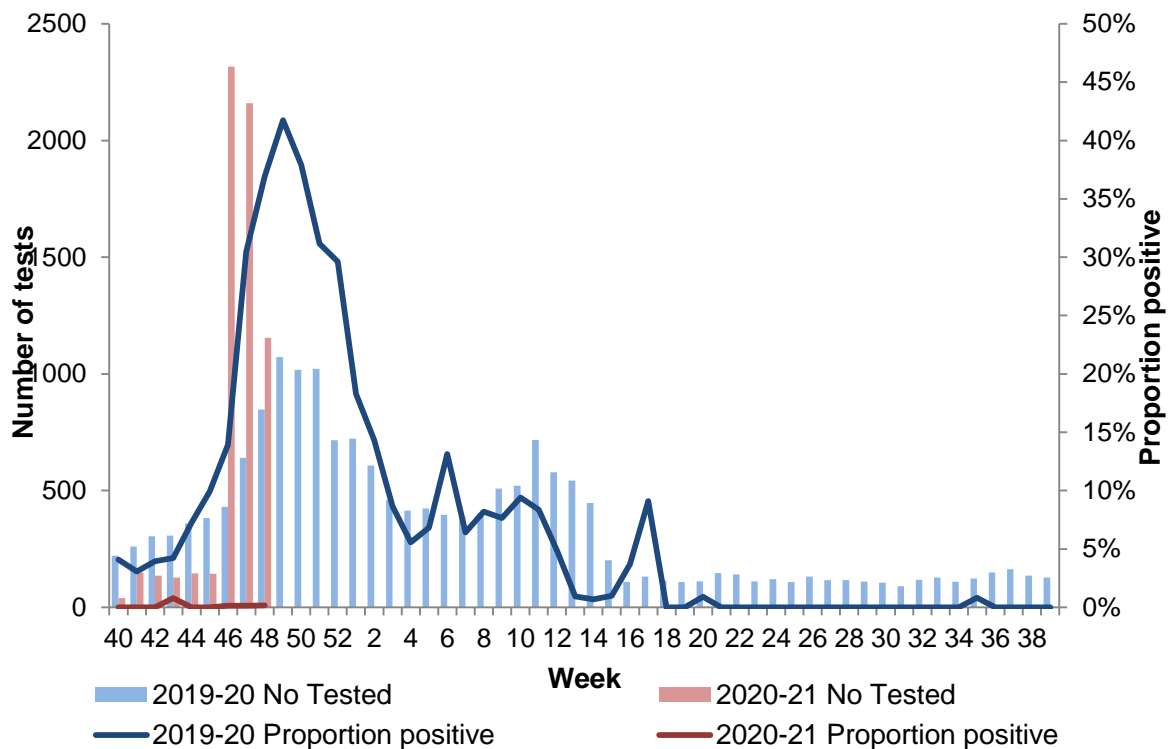
Age Group	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV
0-4	0	0	1	3	4	0
5-14	3	0	0	1	4	0
15-64	0	0	1	0	1	0
65+	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
<b>All ages</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>0</b>

Table 3. Cumulative virus activity by age group and source, Week 40 - 48, 2020-21

Age Group	Sentinel						Non-sentinel					
	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV	Flu AH3	Flu A(H1N1) 2009	Flu A (Untyped)	Flu B	Total Influenza	RSV
0-4	0	0	0	0	0	0	0	0	1	3	4	0
5-14	0	0	0	0	0	0	3	0	0	1	4	0
15-64	0	0	0	0	0	0	0	0	1	0	1	0
65+	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>All ages</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>0</b>

### Note

All virology data are provisional. The virology figures for previous weeks included in this or future bulletins are updated with data from laboratory returns received after the production of the last bulletin. The current bulletin reflects the most up-to-date information available. Sentinel and non-sentinel samples are tested for influenza and for RSV. Cumulative reports of influenza A (untyped) may vary from week to week as these may be subsequently typed in later reports.



**Figure 4. Number of samples tested for influenza and proportion positive, 2019/20 – 2020/21, all sources\***

### Comment

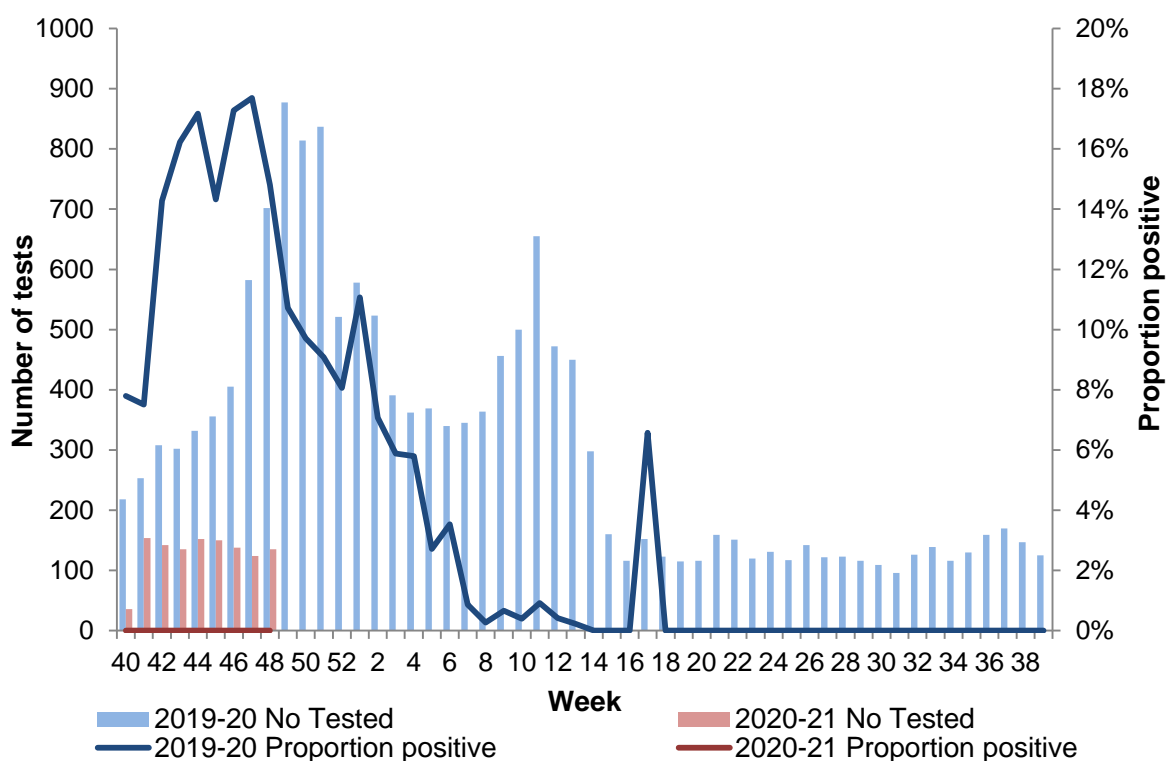
In week 48, 2 samples were positive for flu (one Flu A(H3), one Flu A (untyped)) from 1154 submitted for testing in laboratories across Northern Ireland. Positivity for week 48 (0%) is lower than this time last year (37%).

The GP based sentinel programme is being redeveloped due to the impact of the COVID-19 pandemic. Therefore, preliminary sentinel testing needs to be interpreted with caution (Figures 3 and 4; Tables 1, 2 and 3)).

*Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.*

**\*Please note that a new testing platform at the regional Virology Laboratory includes both flu and COVID-19 from Week 46, therefore an increase in flu testing should be expected.**

## Respiratory Syncytial Virus (RSV)



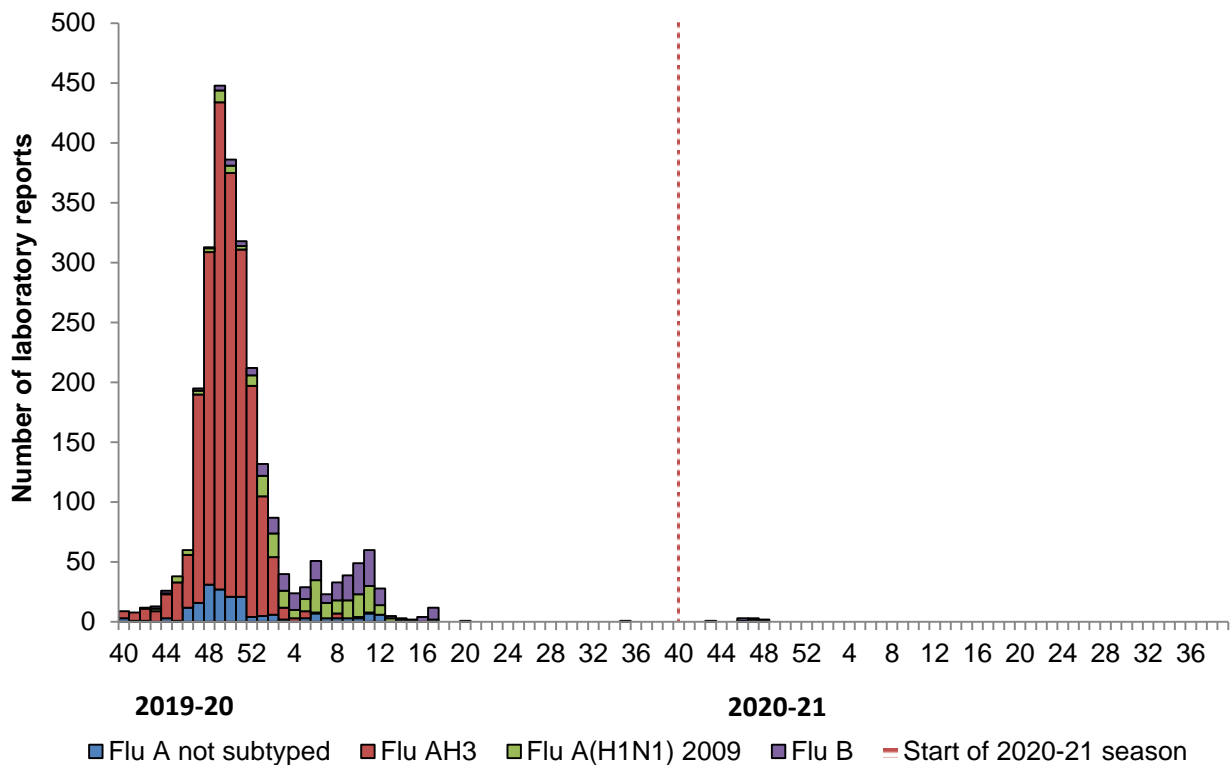
**Figure 5. Number of samples tested for RSV and proportion positive, 2019/20 – 2020/21, all sources**

### Comment

In week 48, no samples were positive for RSV, with positivity in week 48 (0%) lower than the same time last season (15%). (Table 2 and Figure 5).

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## Hospital Surveillance (Non-ICU/HDU)



**Figure 6. Weekly number of hospitalisations testing positive for influenza by week of specimen, 2019/20 – 2020/21**

### Comment

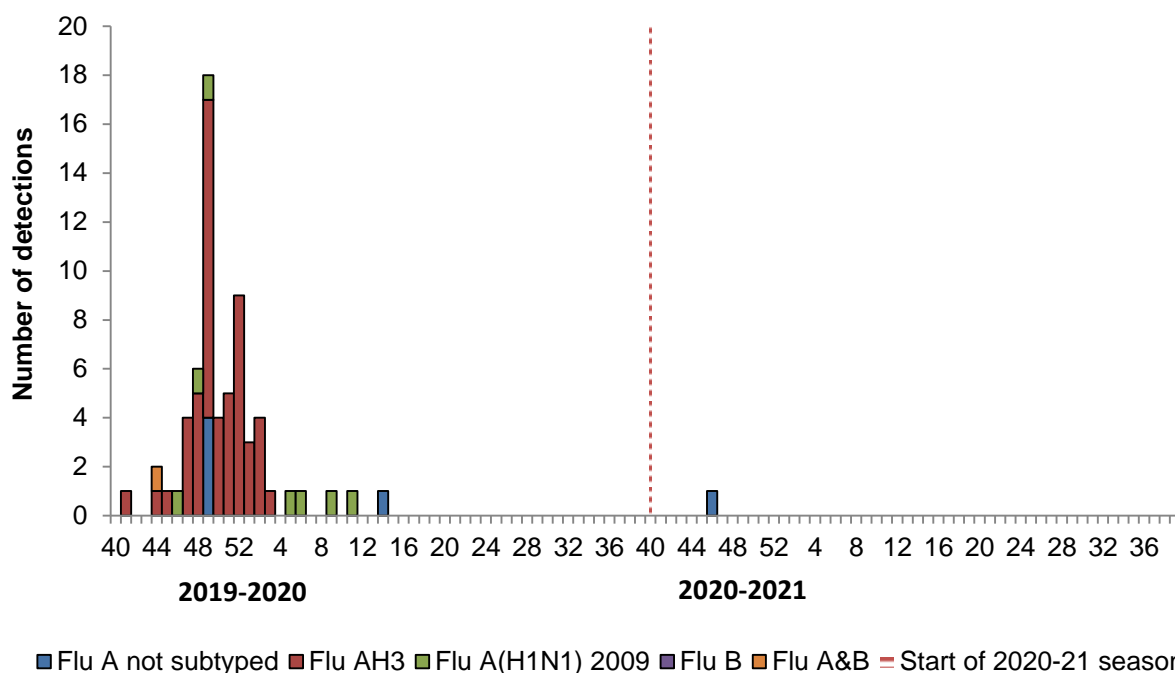
In weeks 48, 2 hospitalisations tested positive for flu (one Flu A(H3), one Flu A (untyped)). This is a decrease compared to the same time last year (Figure 6).

Of note, not all positive specimens may have been reported as this point.

*Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.*



## ICU/HDU Surveillance



**Figure 7. Confirmed ICU/HDU influenza cases by week of specimen, 2019/20 – 2020/21**

### Comment

Data are collected on laboratory confirmed influenza patients and deaths in critical care (level 2 and level 3). There were no new admissions to ICU with confirmed influenza reported to the Public Health Agency (PHA) in week 48. To date this season there has been one admission to ICU with confirmed influenza reported to the PHA (week 46) (Figure 7).

Summary information on cases will be reported in the bulletin only if the numbers do not risk data confidentiality.

*Surveillance systems should be interpreted with caution due to the impact of the COVID-19 pandemic.*

## Outbreaks

### Comment

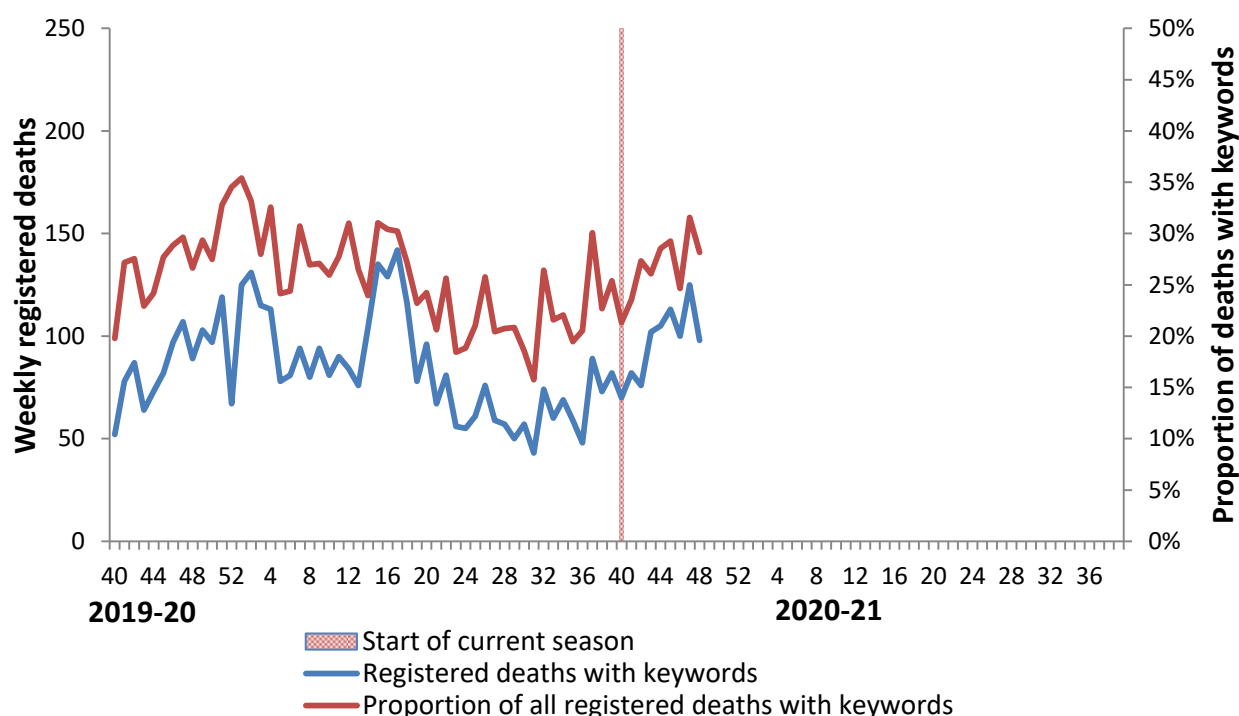
During week 48 there were no confirmed influenza outbreaks reported to the PHA Health Protection acute response duty room.

## Mortality

The Northern Ireland Statistics and Research Agency (NISRA) provide the weekly number of **respiratory associated deaths** and its proportion of all-cause registered deaths.

**Respiratory associated deaths** include those that are attributable to influenza, other respiratory infections or their complications. This includes “*bronchiolitis, bronchitis, influenza or pneumonia*” keywords recorded on the death certificate.

Please note, NISRA mortality data is not the same as the actual number of deaths during the reporting period.



**Figure 8. Weekly registered deaths and proportion of all deaths with keywords, by week of registration from week 40, 2019**

### Comment

In week 48, 98 respiratory associated deaths out of 348 all-cause deaths were reported (28%). These trends are broadly the same as the same period in 2019/20 (Figure 8).

## EuroMOMO

There was no excess all-cause mortality reported in Northern Ireland in week 48. Excess all-cause mortality was reported for one week in Northern Ireland to date this season (week 45). This excess mortality was reported in those aged 65+ years.

Please note this data is provisional due to the time delay in registration; numbers may vary from week to week.

Information on mortality from all causes is provided for management purpose from Public Health England. Excess mortality is defined as a statistically significant increase in the number of deaths reported over the expected number for a given point in time. This calculation allows for a weekly variation in the number of deaths registered and takes account of deaths registered retrospectively. Information is used to provide an early warning to the health service of any seasonal increases in mortality to allow further investigation of excess detections.

There is no single cause of 'additional' deaths in the winter months but they are often attributed in part to cold weather (e.g. directly from falls, fractures, road traffic accidents), through worsening of chronic medical conditions e.g. heart and respiratory complaints and through respiratory infections including influenza.

For more information on EuroMOMO and interactive maps of reporting across the season please see <http://www.euromomo.eu/index.html>

## Influenza Vaccine Uptake

The 2020-21 seasonal flu vaccine programme officially commenced on 1<sup>st</sup> October 2020.

Figures below represent the first figures collected up to 31<sup>st</sup> October and so only reflect one month or less of data depending on the eligible group.

Table 4. Influenza vaccine uptake rates, 2020-21 and 2019-20			
	Delivered by	2020/21 (to 31 Oct)	2019/20 (to 31 Oct)
<b>All 2 to 4 year olds</b>	GP	38.1%	8.3%
<b>All pregnant women</b>	GP	48.3%	23.6%
<b>All Individuals under 65 years with a chronic medical condition</b>	GP	47.7%	22.7%
<b>All individuals 65 years and over</b>	GP	66.4%	41.0%
<b>% of all primary school children vaccinated to date</b>	Trust School Nurse Service*	28.8%	26.4%
<b>% of all year 8 school children vaccinated to date</b>	Trust School Nurse Service	32.9%	n/a
<b>% of all frontline health care workers employed by a Trust</b>	Trust HSCW Campaign	44.7%	30.8%
<b>% of all frontline social care workers employed by a Trust</b>	Trust HSCW Campaign	32.4%	16.3%

\* This figure also includes a small number vaccinated by their GP

## Further Information and International/National Updates

### Further information

Further information on influenza is available at the following websites:

[PHA Seasonal Influenza](#)

[nidirect Flu Vaccination](#)

[PHE Seasonal Influenza Guidance - Data and Analysis](#)

[WHO Influenza](#)

[ECDC Seasonal Influenza](#)

### National updates

Detailed influenza weekly reports can be found at the following websites:

England [PHE Weekly National Flu Report](#)

Scotland [HPS Weekly National Seasonal Respiratory Report](#)

Wales [Public Health Wales Influenza Surveillance Report](#)

Republic of Ireland [HPSC Seasonal Influenza Surveillance Reports](#)

### International updates

Europe (ECDC and WHO) [Flu News Europe](#)

Worldwide (WHO) [WHO Influenza Surveillance Monitoring](#)

## Acknowledgements

We would like to extend our thanks to all those who assist us in the surveillance of influenza in particular the sentinel GPs, Out-of-Hours Centres, Apollo Medical, Regional Virus Laboratory, Critical Care Network for Northern Ireland and Public Health England. Their work is greatly appreciated and their support vital in the production of this bulletin.

The author also acknowledges the Northern Ireland Statistics and Research Agency (NISRA) and the General Register Office Northern Ireland (GRONI) for the supply of data used in this publication. NISRA and GRONI do not accept responsibility for any alteration or manipulation of data once it has been provided.

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