

Influenza Surveillance in Ireland – Weekly Report

Influenza Week 3 2020 (13th – 19th January 2020)



Summary

Influenza activity peaked in late December 2019 and remains above baseline levels in Ireland during week 3 2020 (week ending 19th January 2020). Influenza A(H3N2) is the dominant circulating virus to date this season. Confirmed influenza hospitalisations are at medium levels. It is recommended that antivirals be considered for the treatment and prophylaxis of influenza in at-risk groups.

- **Influenza-like illness (ILI):** The sentinel GP influenza-like illness (ILI) consultation rate was 30.3 per 100,000 population in week 3 2020. This was a decrease compared to the updated rate of 64.9 per 100,000 population reported during week 2 2020.
 - ILI rate remains above the baseline Irish ILI threshold in week 3 (18/100,000 population).
 - ILI age specific rates decreased in all age groups during week 3.
- **GP Out of Hours:** The proportion of influenza-related calls to GP Out-of-Hours services decreased from 5.1% to 3.1% during week 3 2020 and is now at low levels.
- **National Virus Reference Laboratory (NVRL):**
 - Influenza detections decreased with 74 (13.6%) influenza positive specimens reported by the NVRL in week 3 2020. This compares to an updated figure of 202 (22.1%) detections during week 2 2020.
 - Respiratory syncytial virus (RSV) positivity decreased in week 3 2020. RSV activity peaked in late December 2019, and is now at low levels nationally.
 - Parainfluenza virus, adenovirus and human metapneumovirus (hMPV), coronavirus and picornavirus (which includes both rhinovirus and enterovirus) continue to be detected.
- **Hospitalisations:** During week 3 2020, 351 confirmed influenza hospitalised cases were notified to HPSC. During the 2019/2020 influenza season to date, 3,083 confirmed influenza hospitalised cases have been notified to HPSC.
- **Critical care admissions:** Four confirmed influenza cases were admitted to critical care units and reported to HPSC during week 3 2020. During the 2019/2020 season to date 103 confirmed influenza cases have been reported as admitted to ICU.
- **Mortality:** Five influenza-associated deaths were reported during week 3 2020. During the 2019/2020 season to date, 52 influenza-associated deaths have been reported to HPSC.
- **Outbreaks:** During week 3 2020, six influenza outbreaks and one acute respiratory infection outbreak were reported to HPSC.
- **International:** In the temperate zone of the northern hemisphere, respiratory illness indicators and influenza activity continued to increase in most countries. However, activity varied between countries in Europe in week 2 2020, with medium/high influenza activity reported in some countries and baseline/low levels reported in others.

1. GP sentinel surveillance system - Clinical Data

- During week 3 2020, 76 influenza-like illness (ILI) cases were reported by sentinel GPs, this corresponds to an ILI consultation rate of 30.3 per 100,000 population and is a decrease compared to the updated rate of 64.9 per 100,000 population reported during week 2 2020.
- The ILI rate for week 3 2020 is above the baseline threshold (18/100,000 population) but below the medium intensity Irish ILI threshold (57.5/100,000 population) (figures 1 & 2).
- Of the 60 sentinel GP practices, 52 (87%) reported data in week 3.
- ILI age specific rates decreased in all age groups (figure 3).
- HPSC in consultation with the European Centre for Disease Prevention and Control (ECDC) has revised the Irish baseline ILI threshold for the 2019/2020 influenza season to 18.1 per 100,000 population; this threshold indicates the likelihood that influenza is circulating in the community. The Moving Epidemic Method (MEM) has been adopted by ECDC to calculate thresholds for GP ILI consultations in a standardised approach across Europe.*
- The baseline ILI threshold (18.1/100,000 population), medium (57.5/100,000 population) and high (86.5/100,000 population) intensity ILI thresholds are shown in figure 1.

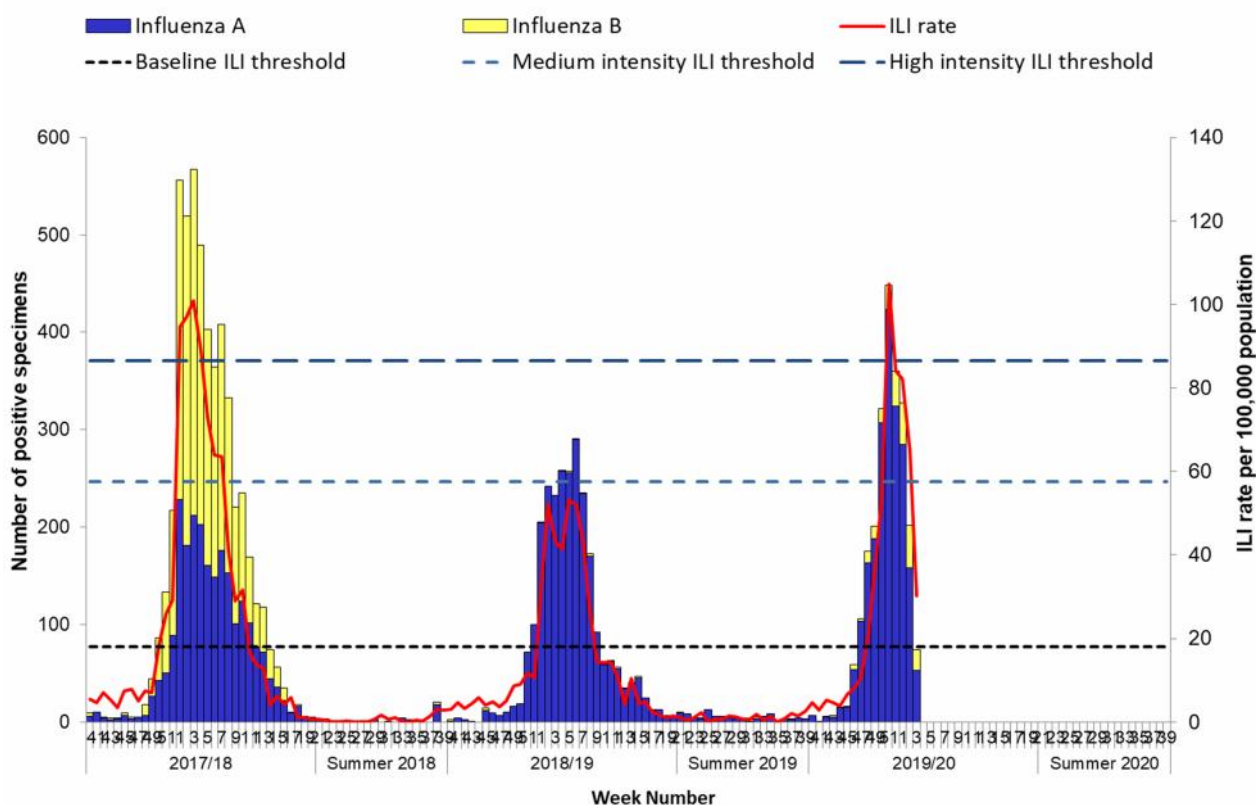


Figure 1: ILI sentinel GP consultation rates per 100,000 population, baseline ILI threshold, medium and high intensity ILI thresholds* and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. Source: ICGP and NVRL

* For further information on the Moving Epidemic Method (MEM) to calculate ILI thresholds: <http://www.ncbi.nlm.nih.gov/pubmed/22897919>

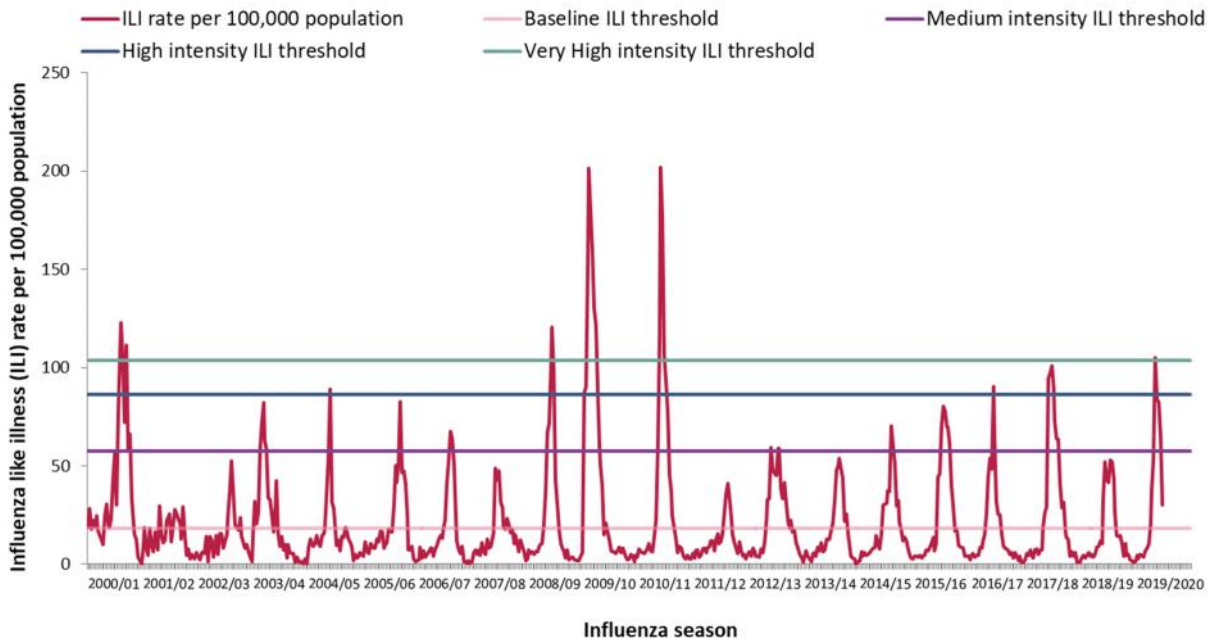


Figure 2: Sentinel GP ILI consultation rate per 100,000 population by week and influenza season (excluding summer periods). Source: ICGP.

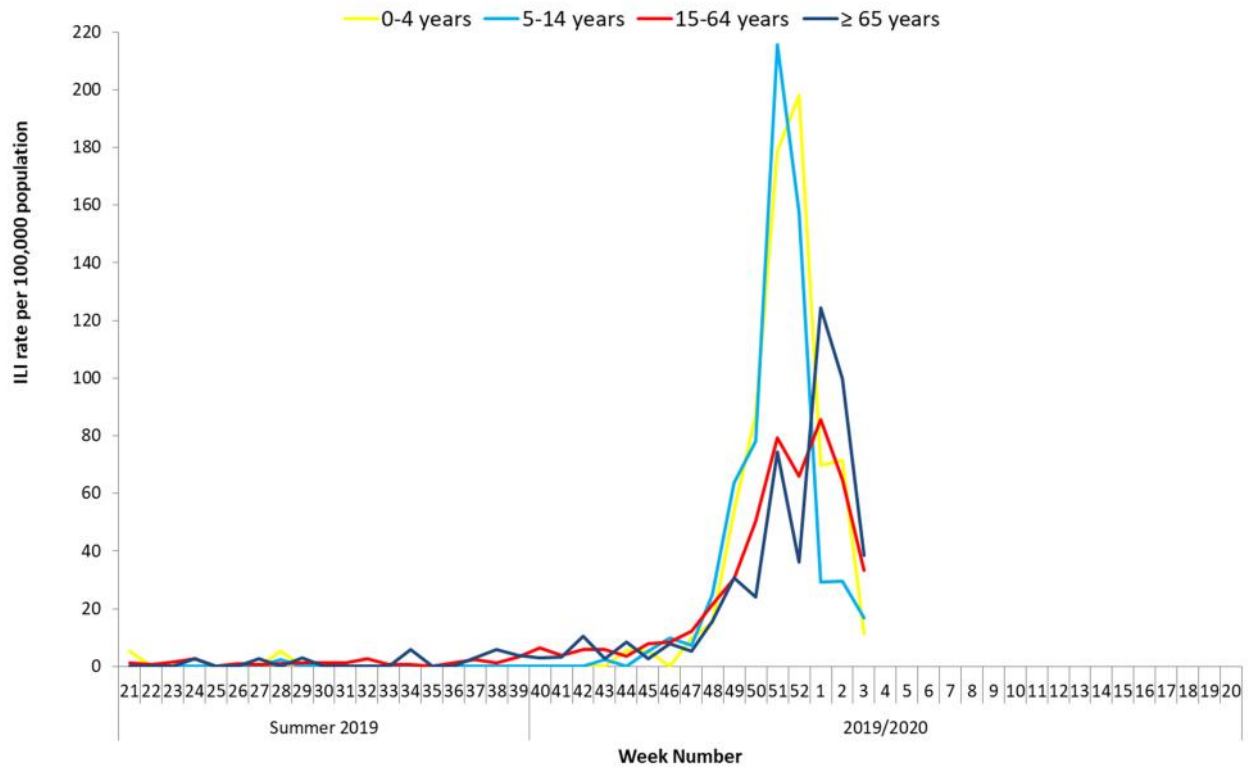


Figure 3: Age specific sentinel GP ILI consultation rate per 100,000 population by week during the summer of 2019 and the 2019/2020 influenza season to date. Source: ICGP.

2. Influenza and Other Respiratory Virus Detections - NVRL

The data reported in this section for the 2019/2020 influenza season refer to sentinel specimens routinely tested for influenza and respiratory syncytial virus (RSV) and non-sentinel respiratory specimens routinely tested for influenza, respiratory syncytial virus (RSV), adenovirus, parainfluenza viruses types 1, 2, 3 & 4 (PIV-1, -2, -3 & -4) and human metapneumovirus (hMPV) by the National Virus Reference Laboratory (NVRL) (figures 4, 5 & 6 and tables 1, 2 & 3). As there are no historic data on picornaviruses or coronaviruses for seasonal comparisons, data on these viruses are not included in this report.

- During week 3 2020, influenza detections decreased with 74 (13.6%) influenza positive specimens reported by the NVRL. This compares to an updated figure of 202 (22.1%) detections during week 2 2020.
- During week 3, 65 confirmed influenza positive specimens were reported from non-sentinel sources; 30 were influenza A(H3N2), 18 were influenza A(H1N1)pdm09 and 17 were influenza B.
- During week 3, nine confirmed influenza positive specimens were reported from the sentinel GP network; one was influenza A(H3N2), three were influenza A(H1N1)pdm09, one was A untyped and four were influenza B.
- Data from the NVRL for week 3 2020 and the 2019/2020 season to date are detailed in tables 1, 2 and 3.
- Respiratory syncytial virus (RSV) positivity decreased in week 3 2020 (figure 6). RSV activity is now at low levels nationally.
- Sporadic detections of parainfluenza virus, adenovirus and human metapneumovirus (hMPV) have been reported to date this season (table 3).
- Influenza A(H3) is the dominant circulating virus this season to date, with lower numbers of A(H1N1)pdm09 and influenza B also being reported (figures 4 & 5).
- Coinfections of all seasonal respiratory viruses were reported during week 3 2020.
- Human metapneumovirus, adenovirus, parainfluenza virus (table 3) and picornavirus (which includes both rhinovirus and enterovirus) continue to be detected.
- The overall proportion of non-sentinel specimens positive for respiratory viruses was 27% during week 3

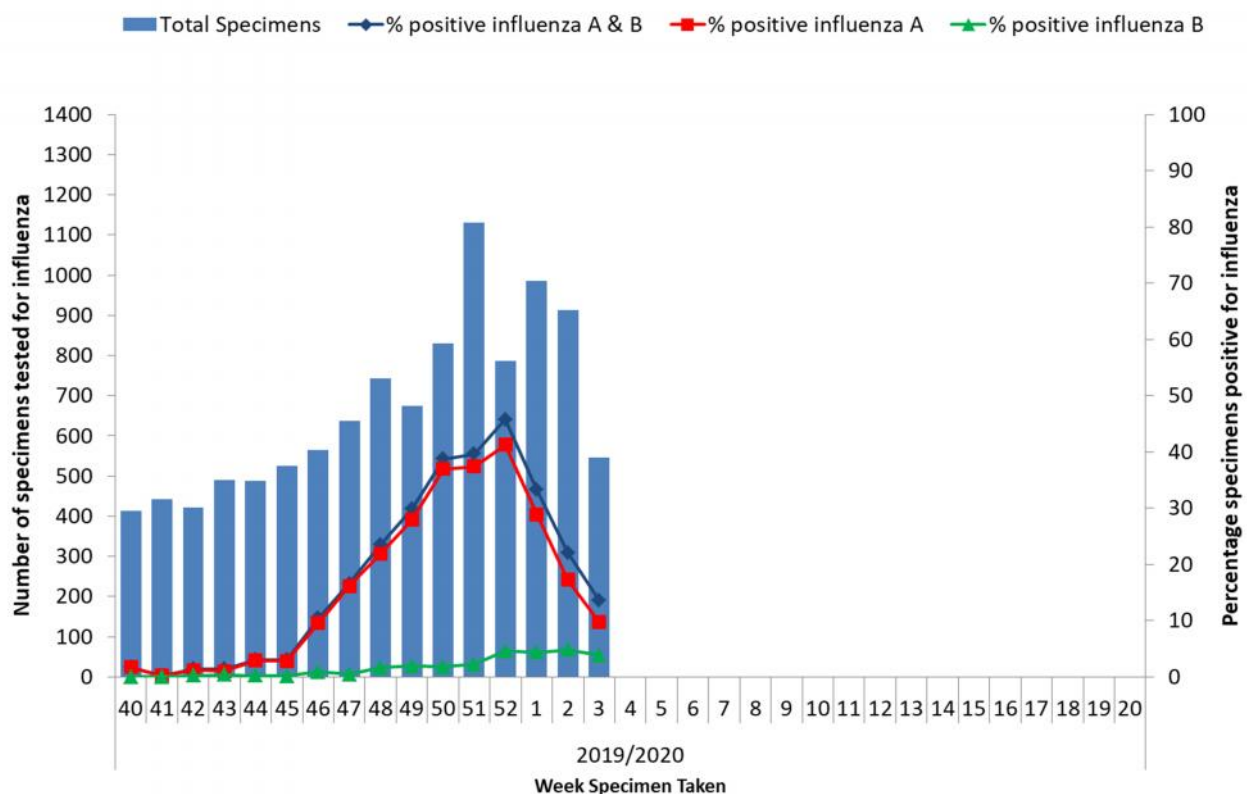


Figure 4: Number of specimens (from sentinel and non-sentinel sources combined) tested by the NVRL for influenza and percentage influenza positive by week for the 2019/2020 influenza season. Source: NVRL.

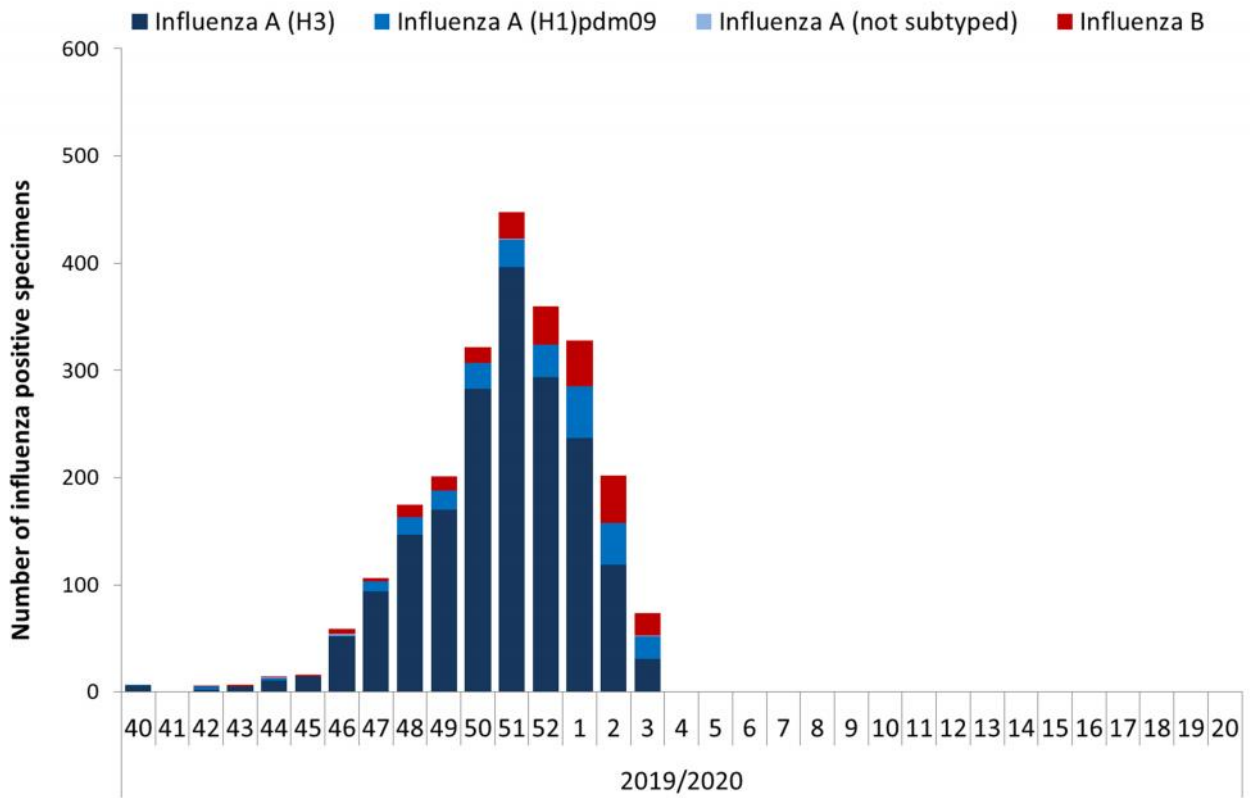


Figure 5: Number of positive influenza specimens (from sentinel and non-sentinel sources combined) by influenza type/subtype tested by the NVRL, by week for the 2019/2020 influenza season. Source: NVRL.

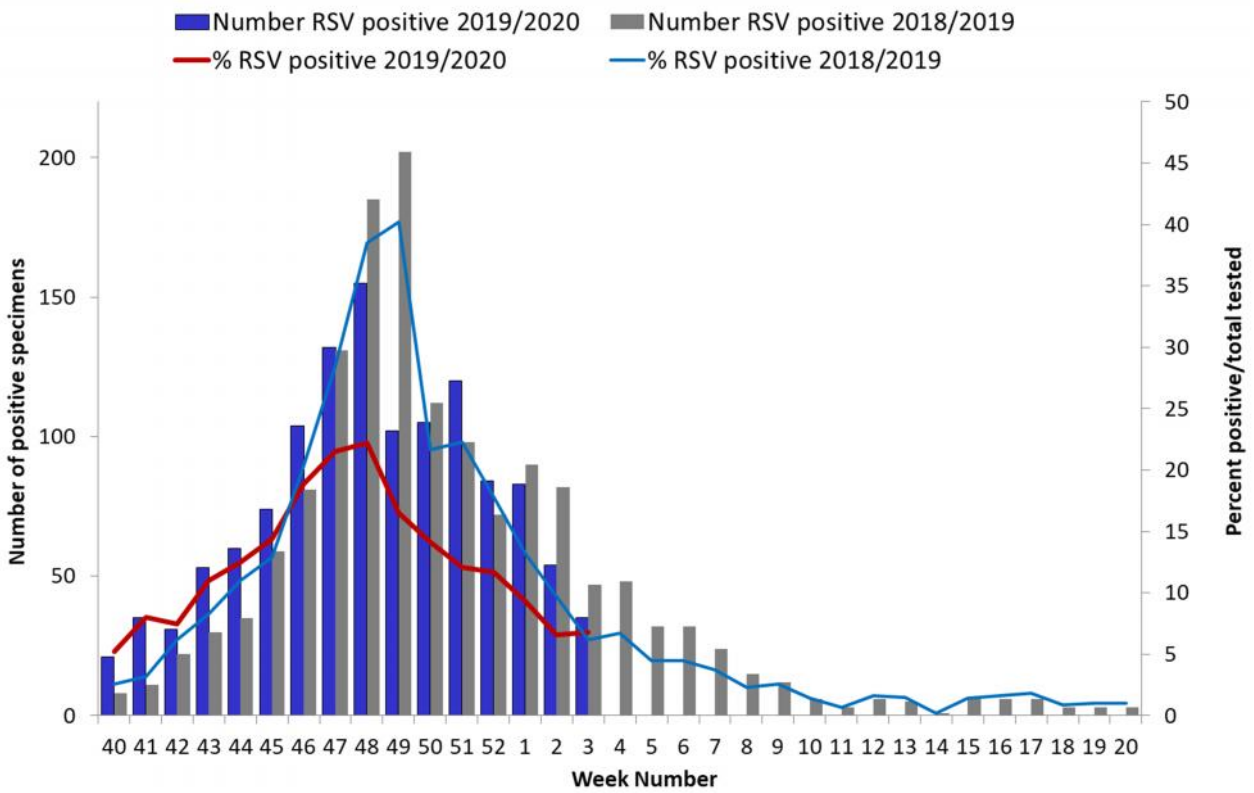


Figure 6: Number and percentage of non-sentinel RSV positive specimens detected by the NVRL during the 2019/2020 season, compared to the 2018/2019 season. Source: NVRL.

Genetic Characterisation of Influenza Viruses– Early season 2019/20

A selection of influenza positive specimens between week 40 and week 47, 2019 (n=43) was chosen for further molecular characterisation. The full hemagglutinin genes of circulating influenza viruses were sequenced from original clinical specimens. Sequences were compared to a bank of reference sequences recommended in the ECDC/TESSY Technical Note: Influenza virus characterisation guidelines for the northern hemisphere influenza season 2019-2020.

Influenza A(H1) pdm 09 (5)

Of the 5 Influenza (H1) pdm09 viruses characterised, 4 (80%) fell within A(H1)pdm 09 6B.1A5A group represented by A/Norway/3433/2018. This virus is the predominant A(H1)pdm09 group reported in Europe at the moment. One of the five viruses fell within the A(H1)pdm09 6B.1A5B group represented by A/Switzerland/3330/2018. The current Northern Hemisphere A(H1)pdm09 vaccine component is clade 6B.1A1, represented by A/Brisbane/02/2018 (H1N1)pdm-09 virus. However, it is anticipated that the vaccine virus will be effective based upon haemagglutination inhibition assays conducted with post-infection ferret antisera raised against the vaccine virus.

Influenza A(H3N2) (33)

Of the 33 Influenza (H3) viruses characterised, 25 (76%) fell within the current Northern Hemisphere H3 vaccine component clade 3C.3a1, represented by A/Kansas/14/2017. However, 8 subclade 3C.2a1b were also detected. Five (62.5%) were classified as 3C.2a1 + T131K mutation, represented by A/South Australia/34/2009 and this virus is the predominant 3C.2a1b virus reported in Europe at the moment. In addition, 3 viruses were classified as subclade 3c.2a1b + T135K mutation. Two viruses were further characterised based upon the presence of additional mutations into the 3C.2A1B + T135K-A cluster represented by A/La Rioja/ 2202/2018 and one virus from the recently emerged 3c.2a1b + T135K –B cluster characterised by A/Hong Kong/2675/2019.

Influenza B (5)

Five influenza B viruses were characterised. All five were Influenza B Victoria lineage 1A with the triple amino acid deletion (Δ 162-164 B subgroup) represented by B/Washington/02/2019. This is the predominant influenza B reported in Europe and is not included in the current Northern Hemisphere vaccine. The World Health Organization, in the “Recommended composition of influenza virus vaccine for use in the 2019-2020 northern hemisphere season” stated that post vaccination sera collected from humans vaccinated with the current vaccine component B/Colorado/06/2017 like-virus (B/Victoria/2/87 lineage) (clade 1A_Δ2) reacted similarly with representative B/Victoria lineage virus with three, two or no amino acid deletions.

Further genetic and antigenic testing is ongoing at the National Virus Reference Laboratory.

Table 1: Number of sentinel* and non-sentinel[†] respiratory specimens tested by the NVRL and positive influenza results, for week 3 2020. Source: NVRL

Week	Specimen type	Total tested	Number influenza positive	% Influenza positive	Influenza A				Influenza B			
					A (H1)pdm09	A (H3)	A (not subtyped)	Total influenza A	B (unspecified)	B Victoria lineage	B Yamagata lineage	Total influenza B
3 2020	Sentinel	29	9	31.0	3	1	1	5	0	4	0	4
	Non-sentinel	516	65	12.6	18	30	0	48	17	0	0	17
	Total	545	74	13.6	21	31	1	53	17	4	0	21
2019/2020	Sentinel	707	387	54.7	38	294	1	333	0	52	2	54
	Non-sentinel	9885	1940	19.6	200	1569	3	1772	168	0	0	168
	Total	10592	2327	22.0	238	1863	4	2105	168	52	2	222

Table 2: Number of sentinel* and non-sentinel respiratory specimens tested by the NVRL and positive RSV results, for week 3 2020. Source: NVRL

Week	Specimen type	Total tested	Total RSV	% RSV	RSV A	RSV B	RSV (unspecified)
3 2020	Sentinel	29	4	13.8	2	2	0
	Non-sentinel	516	35	6.8	0	0	35
	Total	545	39	7.2	2	2	35
2019/2020	Sentinel	707	29	4.1	27	2	0
	Non-sentinel	9885	1248	12.6	0	0	1248
	Total	10592	1277	12.1	27	2	1248

Table 3: Number of non-sentinel specimens tested by the NVRL for other respiratory viruses and positive results, for week 3 2020. Source: NVRL

Week	Specimen type	Total tested	Adenovirus	% Adenovirus	PIV-1	% PIV-1	PIV-2	% PIV-2	PIV-3	% PIV-3	PIV-4	% PIV-4	hMPV	% hMPV
3 2020	Non-sentinel	516	7	1.4	6	1.2	4	0.8	0	0.0	0	0.0	24	4.7
2019/2020	Non-sentinel	9885	171	1.7	213	2.2	108	1.1	20	0.2	24	0.2	422	4.3

*Sentinel specimens are only tested for influenza and RSV

[†] Please note that non-sentinel specimens relate to specimens referred to the NVRL (other than sentinel specimens) and may include more than one specimen from each case.

3. Regional Influenza Activity by HSE-Area

Influenza activity is based on sentinel GP ILI consultation rates, laboratory data and outbreaks.

The geographical spread of influenza/ILI during week 3 2020 is shown in figure 7. During week 3, widespread influenza activity was reported in HSE-E while regional was reported by HSE-MW and –SE. Localised influenza activity was reported in HSE-NE, -NW, -S and –W and HSE-M reported sporadic activity.

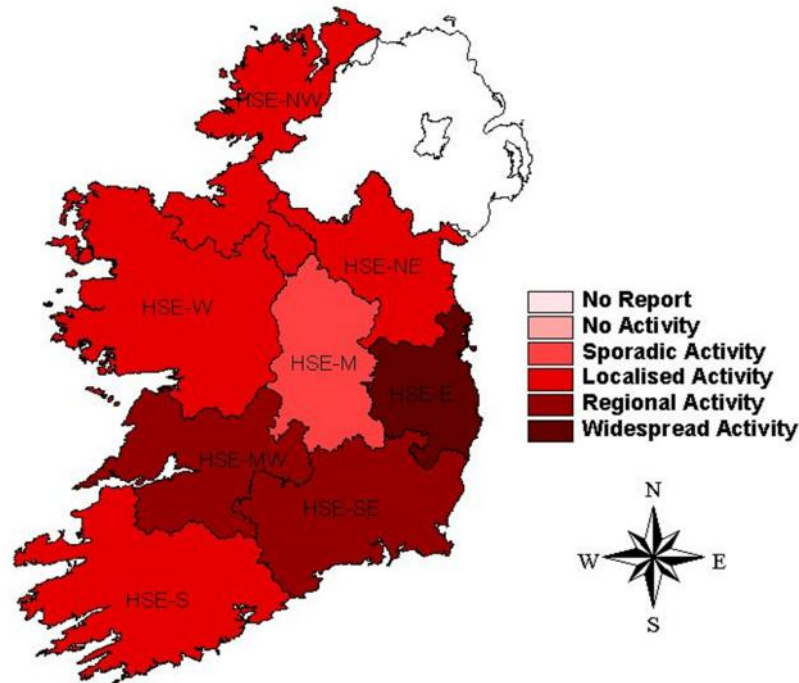


Figure 7: Map of provisional influenza activity by HSE-Area during influenza week 3 2020

Sentinel hospitals

The Departments of Public Health have established at least one sentinel hospital in each HSE-Area, to report data on total, emergency and respiratory admissions on a weekly basis.

Respiratory admissions reported from a network of sentinel hospitals were at medium levels, at 325 admissions during week 3 2020 (figure 8). This was a slight decrease compared to the 370 respiratory admissions reported during week 2 2020. Seven of the eight hospitals reported data for week 3 2020.

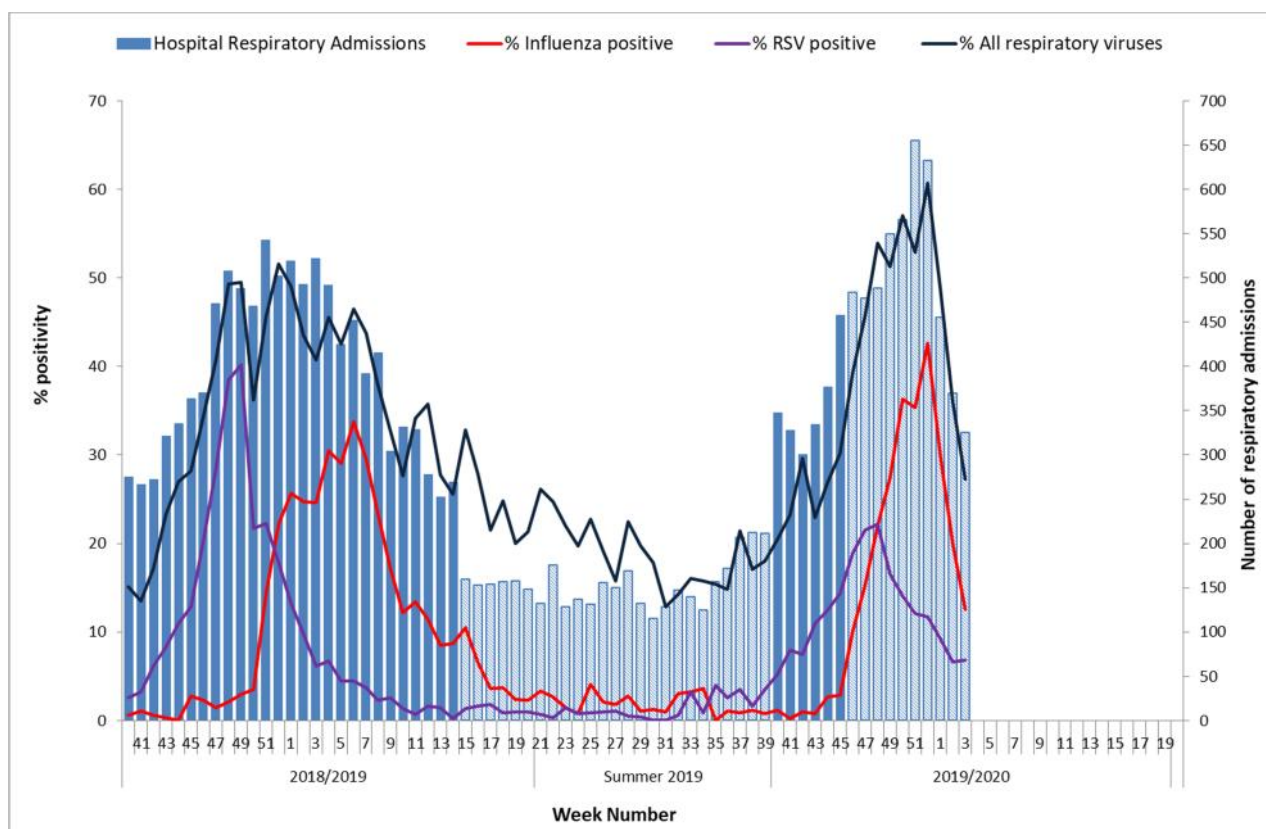


Figure 8: Number of respiratory admissions reported from the sentinel hospital network and % positivity for influenza, RSV and all seasonal respiratory viruses tested* by the NVRL by week and season. Source: Departments of Public Health - Sentinel Hospitals & NVRL. *All seasonal respiratory viruses tested refer to non-sentinel respiratory specimens routinely tested by the NVRL including influenza, RSV, adenovirus, parainfluenza viruses and human metapneumovirus (hMPV). Weeks with missing data are represented by the hatched bar.

4. GP Out-Of-Hours services surveillance

The Department of Public Health in HSE-NE is collating national data on calls to nine of thirteen GP Out-of-Hours services in Ireland. Records with clinical symptoms reported as flu or influenza are extracted for analysis. This information may act as an early indicator of increased ILI activity. However, data are self-reported by callers and are not based on coded influenza diagnoses.

The proportion of influenza-related calls to GP Out-of-Hours services was 3.1% during week 3 2020, a decrease from 5.1% in week 2 2020. Five services reported data for week 3 and there were 305 calls relating to self-reported influenza (figure 9).

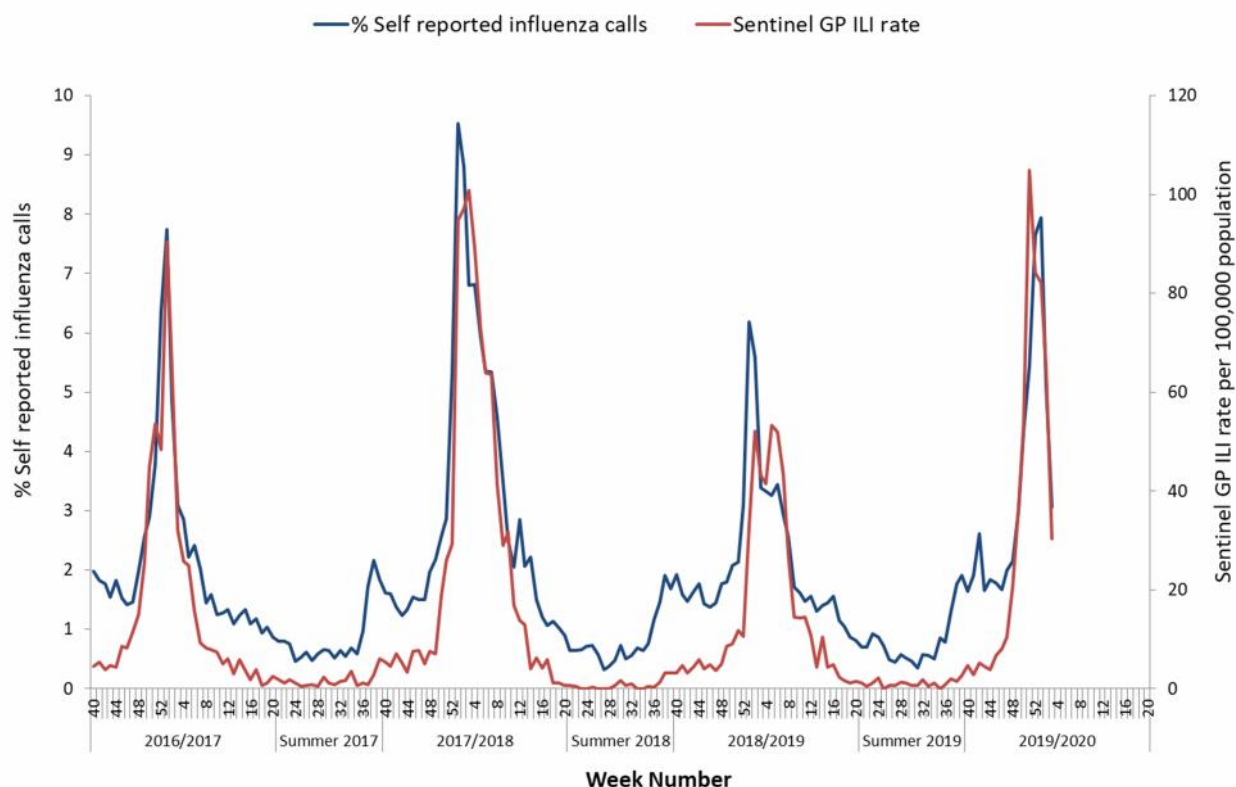


Figure 9: Self-reported influenza-related calls as a proportion of total calls to Out-of-Hours GP Co-ops and sentinel GP ILI consultation rate per 100,000 population by week and season. Source: GP Out-Of-Hours services in Ireland (collated by HSE-NE) & ICGP.

5. Influenza & RSV notifications

Influenza and RSV cases notifications are reported on Ireland's Computerised Infectious Disease Reporting System (CIDR), including all positive influenza/RSV specimens reported from all laboratories testing for influenza/RSV and reporting to CIDR.

Influenza and RSV notifications are reported in the [Weekly Infectious Disease Report for Ireland](#).

- Influenza notifications decreased to 1,077 during week 3 2020, compared to 1,785 during week 2 2020. However, delays in notifications have occurred in recent weeks (see note 1 below).
- Of the 1,077 cases notified during week 3 2020, 199 were due to influenza A(H3N2), 63 were due to influenza A(H1N1)pdm09, 678 were due to influenza A (not subtyped), 136 were due to influenza B and the influenza type was not reported for the remaining case.
- To date this season, 7,638 confirmed cases of influenza have been notified to HPSC; 21.3% (n=1,626) were A(H3N2) and 2.9% (n=225) were A(H1N1)pdm09, 67.9% (n=5,190) were influenza A unsubtype and 7.7% (n=588) were influenza B. The remaining nine cases did not have type reported.
- During week 3 2020, 211 RSV cases were notified. This was a decrease compared to the 680 cases notified in week 2 2020, but RSV notifications have also been delayed in recent weeks (see note 1 below)

Note 1: Although the number of influenza and RSV cases notified peaked in week 1 and 2 2020, a review of the notification data shows that these increases were due to delayed notifications. Analysis of the notified cases by symptom onset date/laboratory specimen collection date indicates that it is likely that influenza peaked in week 51 and 52 2019 while RSV peaked during weeks 48 to 51 2019 (see figures 10 & 11 in appendix 1). HPSC will continue to review this over the coming weeks.

6. Influenza Hospitalisations

- 351 confirmed influenza hospitalised cases were notified to HPSC during week 3 2020. Of these, 40 were due to influenza A(H3N2), 15 due to influenza A(H1N1)pdm09, 258 due to influenza A (not subtyped) and 38 due to influenza B.
- For the 2019/2020 season to date, 3,083 confirmed influenza hospitalised cases have been notified to HPSC; 94.3% have been due to influenza A (n=2,907) and 5.6% due to influenza B (n=173). The influenza type was not reported for the remaining three cases (<1%). Of the 561 influenza A viruses subtyped, 91% (n=510) were A(H3N2) and 9% (n=51) were A(H1N1)pdm09.
- Age specific rates for hospitalised influenza cases are reported in table 4, with the highest rates reported in children aged less than 5 years and in adults aged 65 years and older.

7. Critical Care Surveillance

The Intensive Care Society of Ireland (ICSI) and the HSE Critical Care Programme are continuing with the enhanced surveillance system set up during the 2009 pandemic, on all critical care patients with confirmed influenza. HPSC processes and reports on this information on behalf of the regional Directors of Public Health/Medical Officers of Health.

- Four confirmed influenza cases were admitted to critical care units and reported to HPSC during week 3 2020.
- During the 2019/2020 season to date, 103 influenza cases have been reported to HPSC as having been admitted to ICU. Of these, 19 ICU cases were due to influenza A (H3N2), four were due to A(H1N1)pdm09, 76 were due to influenza A (not subtyped) and four were due to influenza B.
- Of the cases admitted to ICU, 57% were aged 65 years and older. The age specific rates for admission to critical care are shown in table 4. These rates are based on small numbers.

Table 4: Age specific rates for confirmed influenza cases hospitalised and admitted to critical care during the 2019/2020 influenza season to date. Age specific rates are based on the 2016 CSO census.

Age (years)	Hospitalised		Admitted to ICU	
	Number	Age specific rate per 100,000 population	Number	Age specific rate per 100,000 population
<1	136	218.4	0	0
1-4	337	125.2	3	1.1
5-14	351	52	4	0.6
15-24	132	22.9	3	0.5
25-34	144	21.8	2	0.3
35-44	135	18.1	6	0.8
45-54	129	20.6	7	1.1
55-64	250	49.1	19	3.7
≥65	1,469	230.4	59	9.3
Total	3,083	64.7	103	2.2

8. Mortality Surveillance

Influenza-associated deaths include all deaths where influenza is reported as the primary/main cause of death by the physician or if influenza is listed anywhere on the death certificate as the cause of death. HPSC receives daily mortality data from the General Register Office (GRO) on all deaths from all causes registered in Ireland. These data have been used to monitor excess all-cause and influenza and pneumonia deaths as part of the influenza surveillance system and the European Mortality Monitoring Project. These data are provisional due to the time delay in deaths' registration in Ireland. <http://www.euromomo.eu/>

- To date this season, 52 influenza-associated deaths were reported to HPSC. Forty-one (79%) of the deaths occurred in adults aged 65 years and older, three (5.8%) occurred in children aged less than 15 years and eight (15%) were in adults aged between 35 and 64 years.
- No excess all-cause mortality was reported in Ireland during week 3 after correcting GRO data for reporting delays with the standardised EuroMOMO algorithm.

9. Outbreak Surveillance

- Six influenza outbreaks and one acute respiratory infection outbreak were reported to HPSC during week 3 2020.
- Influenza and acute respiratory outbreaks reported during the influenza 2019/2020 season to date are summarised by HSE area and by pathogen detected in tables 5 and 6.

Table 5: Summary of respiratory outbreaks by HSE area and disease during 2019/2020 season *Source: CIDR*

HSE area	Influenza	Respiratory syncytial virus infection	Acute respiratory infection	Total
HSE-E	28	2	12	42
HSE-M	9		3	12
HSE-MW	5	2	1	8
HSE-NE	5	1	2	8
HSE-NW	2	1	2	5
HSE-SE	16		7	23
HSE-S	9		2	11
HSE-W	17		1	18
Total	91	6	30	127

Table 6: Summary of respiratory outbreaks by outbreak location & pathogen during 2019/2020 season *Source: CIDR*

Outbreak location	Organism/Pathogen	Total
Childcare facility	possible RSV	1
	RSV	1
Childcare facility total		2
Community hospital / Long-stay unit	Coronavirus	1
	Human metapneumovirus	1
	Influenza	3
	Influenza A	6
	Influenza A(H3)	2
	Influenza B	1
	Rhinovirus	1
	RSV	1
	RSV B	1
Organism not reported	6	
Community hospital / Long-stay unit total		23
Hospital	Influenza	4
	Influenza	1
	Influenza A	12
	Influenza A & B	1
	Influenza A(H3)	1
	Influenza A(H3) and human metapneumovirus	1
	Influenza B	1
	Influenza mixed	1
	RSV	1
	Organism not reported	3
Hospital total		26
Nursing home	Coronavirus and rhinovirus	1
	Human metapneumovirus and rhinovirus	1
	ILI	1
	Influenza	8
	Influenza A	20
	Influenza A(H1N1)	1
	Influenza A(H3)	8
	Influenza B and human metapneumovirus	1
	Parainfluenza	1
	Rhino/enterovirus	1
	Rhinovirus	1
	Organism not reported	18
Nursing home total		62
Residential institution	Influenza A	1
	Rhino/enterovirus	1
	RSV	1
	Organism not reported	2
Residential institution total		5
School	ILI	1
	Influenza A	2
	Respiratory & acute infectious gastroenteritis	1
	Suspected ILI	3
	Organism not reported	2
School total		9
Total		127

10. International Summary

During week 2 2020, activity increased compared to week 01 2020, particularly in the southern part of the European Region, with two Member States reporting high intensity and six reporting medium intensity. The remainder reported baseline or low intensity levels. The percentage of samples from sentinel ILI surveillance patients that tested positive for influenza virus increased from 27% in the previous week to 40% this week. The majority of reported influenza virus detections from sentinel ILI surveillance across the Region for week 02 2020 were type A (67%): this percentage has decreased from a high of 78% in week 49. The distribution of viruses detected varied between Member States and areas and within sub-regions.

For the European Region as a whole, influenza activity commenced earlier in 2019/2020 than previous seasons. Influenza activity in the European Region, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47 2019 and has remained over 10% for 8 weeks. There has been an overall increasing trend in the weekly positivity rate for influenza virus detections among sentinel ILI surveillance patients, following a dip in week 52. Type A viruses have dominated across the European Region, though several Member States and areas have reported influenza type B virus dominance or co-dominance of types A and B viruses. In sentinel sources, both influenza A subtypes, A(H3N2) and A(H1N1)pdm09, are co-circulating and of the influenza B viruses, the vast majority (98%) have been B/Victoria lineage.

Data from the 22 countries or regions reporting to the EuroMOMO project indicated that all-cause mortality was at expected levels for this time of the year.

In the temperate zone of the northern hemisphere, respiratory illness indicators and influenza activity continued to increase in most countries. Worldwide, seasonal influenza A(H3N2) viruses accounted for the majority of detections. National Influenza Centres (NICs) and other national influenza laboratories from 104 countries, areas or territories reported data to FluNet for the time period from 23 December 2019 to 05 January 2020 (data as of 2020-01-17 04:29:43 UTC). The WHO GISRS laboratories tested more than 174,604 specimens during that time period. A total of 44,847 were positive for influenza viruses, of which 27,946 (62.3%) were typed as influenza A and 16,901 (37.7%) as influenza B. Of the sub-typed influenza A viruses, 5,081 (31.6%) were influenza A(H1N1)pdm09 and 11,005 (68.4%) were influenza A(H3N2). Of the characterized B viruses, 23 (0.6%) belonged to the B-Yamagata lineage and 3,753 (99.4%) to the B-Victoria lineage.

A joint ECDC and WHO Regional Office for Europe regional early situation assessment for the Influenza season 2019–2020 is available at [influenza-situation-assessment-18-December-2019.pdf](#). See [ECDC](#) and [WHO](#) influenza surveillance reports for further information.

- Further information is available on the following websites:

Northern Ireland	http://www.fluawareni.info/
Flu News Europe	http://flunewseurope.org/
Public Health England	http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/
United States CDC	http://www.cdc.gov/flu/weekly/fluactivitysurv.htm
Public Health Agency of Canada	http://www.phac-aspc.gc.ca/fluwatch/index-eng.php

- Information on the novel coronavirus (nCoV) associated with Wuhan, China is available on the [ECDC](#) and [WHO](#) websites. ECDC have also produced a Rapid Risk Assessment which is available on the [ECDC](#) website.
- Information on Middle Eastern Respiratory Syndrome Coronavirus (MERS), including the latest ECDC rapid risk assessment is available on the [ECDC website](#). Further information and guidance documents are also available on the [HPSC](#) and [WHO](#) websites.
- Further information on avian influenza is available on the [ECDC website](#). The latest ECDC rapid risk assessment on highly pathogenic avian influenza A of H5 type is also available on the [ECDC website](#).

11. WHO recommendations on the composition of influenza virus vaccines

Ireland has changed from using trivalent vaccine to using quadrivalent vaccine for the 2019/2020 influenza season. Quadrivalent vaccines include a 2nd influenza B virus in addition to the 2 influenza A viruses found in trivalent vaccines.

The WHO vaccine strain selection committee recommend that quadrivalent vaccines for use in the 2019/2020 northern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019-2020 northern hemisphere influenza season be a B/Colorado/06/2017-like virus.

https://www.who.int/influenza/vaccines/virus/recommendations/201902_recommendation.pdf

https://www.who.int/influenza/vaccines/virus/recommendations/201902_recommendation_addendum.pdf

Further information on influenza in Ireland is available at www.hpsc.ie

Acknowledgements

This report was prepared by Sarah Jackson, Rachel Fiegenbaum and Joan O'Donnell, HPSC. HPSC wishes to thank the sentinel GPs, the ICGP, NVRL, Departments of Public Health, ICSI and HSE-NE for providing data for this report.

Appendix 1

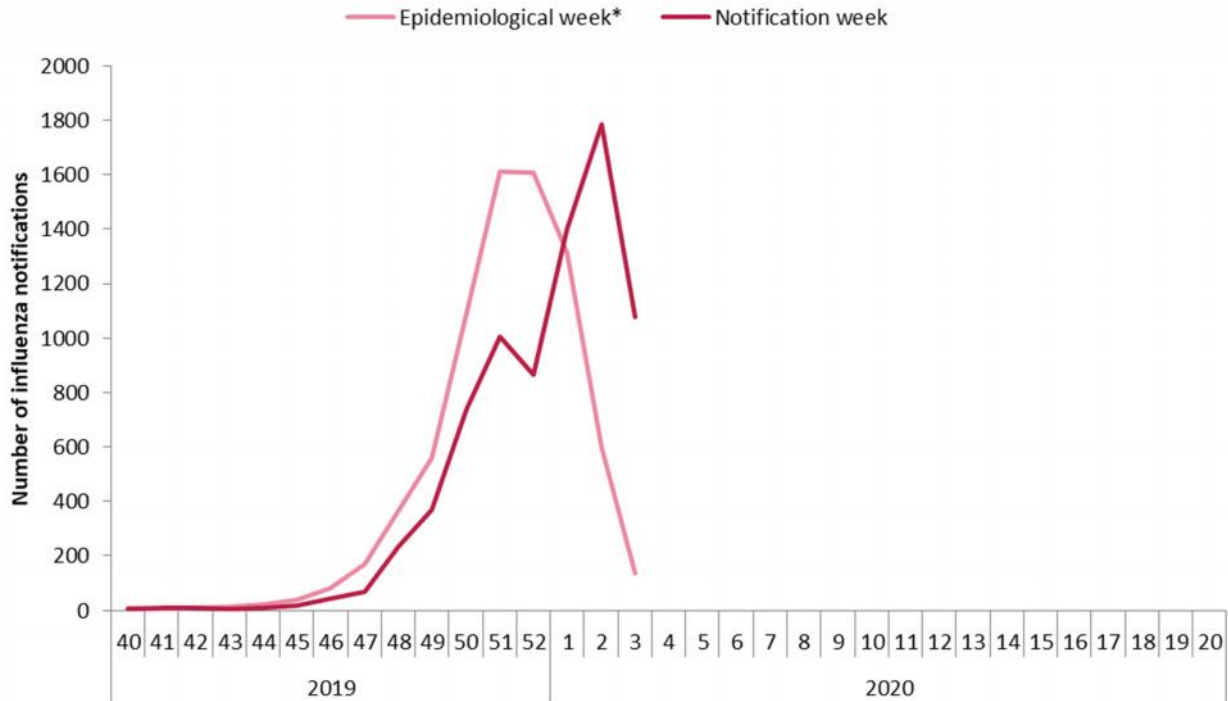


Figure 10: Number of notifications of laboratory confirmed cases of influenza reported on CIDR, by week of notification (based on the date the case was created on CIDR) and epidemiological week (based on earliest available date: date of disease onset, specimen collected date, date of diagnosis or date of notification). *Source: CIDR*

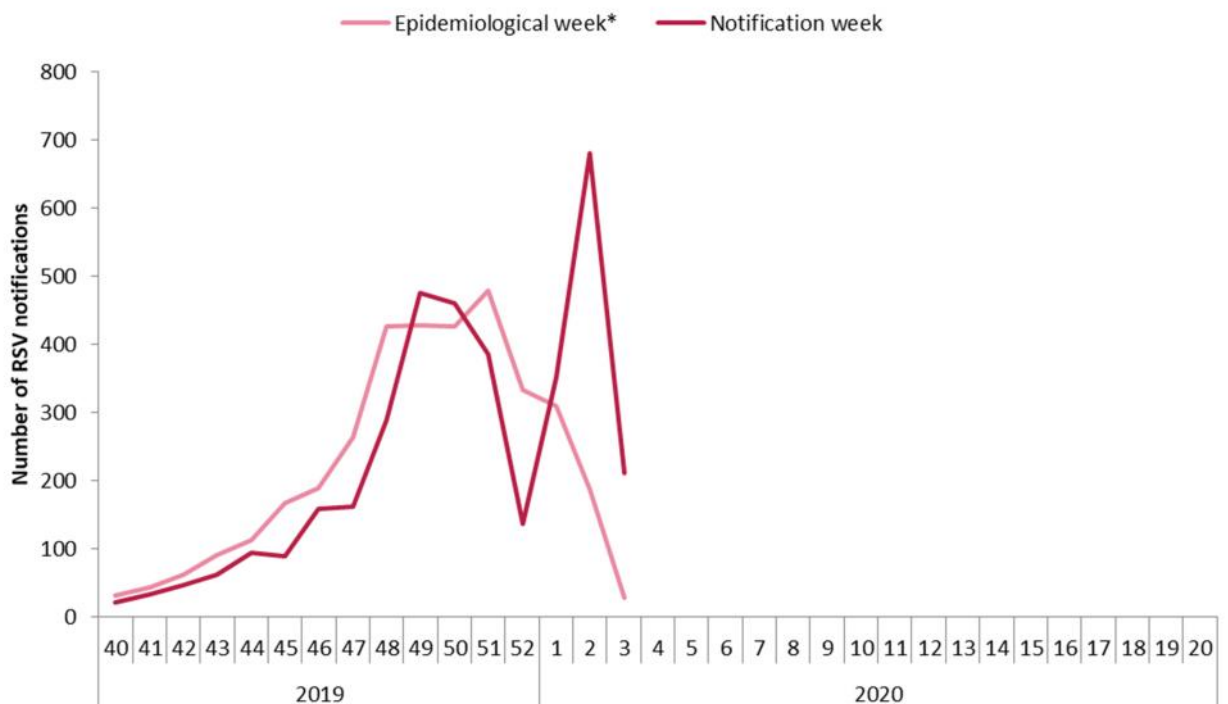


Figure 11: Number of notifications of RSV reported on CIDR, by week of notification (based on the date the case was created on CIDR) and epidemiological week (based on earliest available date: date of disease onset, specimen collected date, date of diagnosis or date of notification). *Source: CIDR*