

# Weekly national seasonal respiratory report

Week ending 18 July 2021 – week 28

An Official Statistics release for Scotland

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## About this release

This release is a weekly report on epidemiological information on seasonal influenza activity in Scotland. Due to COVID health care services are functioning differently now compared to previous flu seasons so the consultation rates are not directly comparable to historical data.

## Main points

- The rate of influenza-like illness (ILI) was at Baseline activity level (0.2 per 100,000).
- The swab positivity of influenza was at Baseline activity level (0.0%, 0/2821).
- The incidence rate of influenza was at Baseline activity level (0.0 per 100,000 population).
- There were no influenza cases reported this week. The low numbers of influenza may be related to current SARS-CoV-2 interventions combined with the traditional low transmission of influenza during the summer months. However, data are provisional and may be subject to change.
- The proportion of total NHS24 calls for respiratory symptoms decreased to **Baseline** (<16.8%) activity level. NHS24 calls for respiratory symptoms in those aged 1-4 years remained at **Moderate** (50-60.9%) activity level, while in those aged <1 year remained at **Low** (40.7-50.5%) activity level. The activity level for those aged 15-44 years decreased to **Low** (9.7-11.9%), and in the 45-64 years age group, activity level decreased to **Baseline** (<11.9%).
- Parainfluenza remained at **Low** activity level, with 46 cases (0.84 cases per 100,000). All other non-flu pathogens remained at **Baseline** activity level.

## Background

Surveillance of influenza infection is a key public health activity as it is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications of flu e.g. the elderly, those with chronic health problems and pregnant women.

The spectrum of influenza illness varies from asymptomatic illness to mild/moderate symptoms to severe complications including death. In light of the spectrum of influenza illness there is a need to have individual surveillance components which provide information on each aspect of the illness.

There is no single flu surveillance component that can describe the onset, severity and impact of influenza or the success of its control measures each season across a community.

To do so requires a number of complementary surveillance components which are either specific to influenza or its control, or which are derived from data streams providing information of utility for other PHS specialities (corporate surveillance data). Together, the influenza surveillance components provide a comprehensive and coherent picture on a timely basis throughout the flu season. Please see the [influenza page on the HPS website](#) for more details.

## Contact

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## Further information

The next release of this publication will be 28 July 2021.

Other formats of this publication are available on request at.

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## PHS and Official Statistics

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