

**Current level of influenza activity: Low**

**Influenza activity trend: Decreasing**

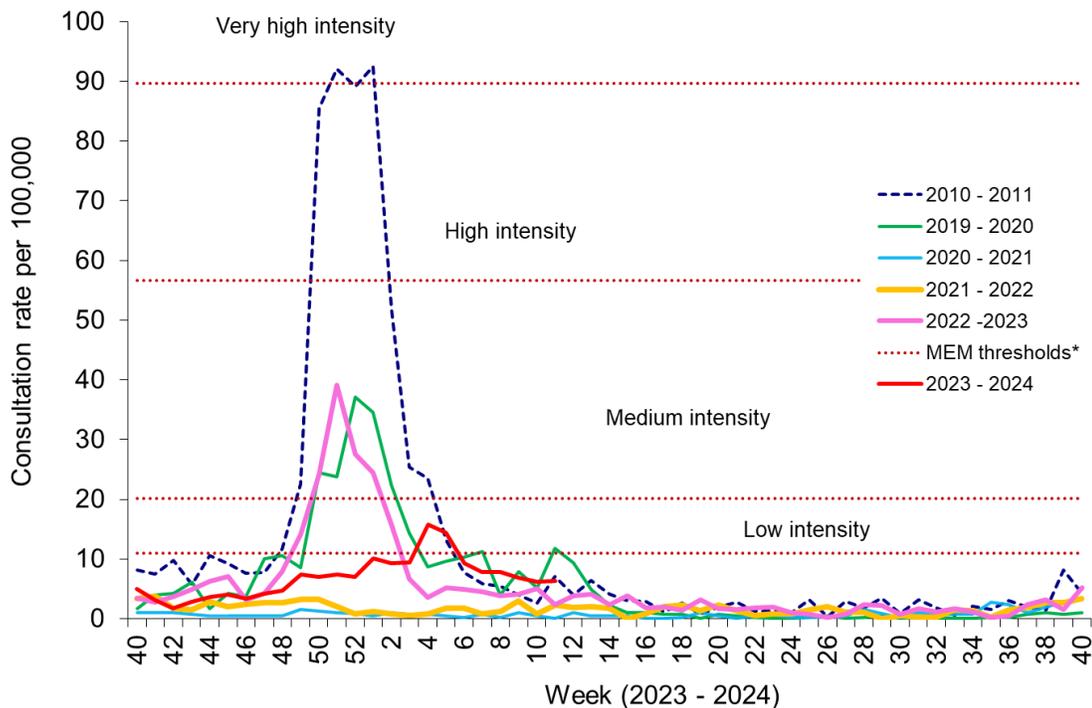
**Confirmed influenza cases since 2023 Week 40: 3865** (438 influenza A(H3N2), 941 influenza A(H1N1)pdm09, 2127 influenza A untyped and 359 influenza B)

**During Week 11 (ending 17/03/2024) there were 233 cases of influenza confirmed, with two cases from previous weeks. Influenza is still circulating. COVID-19 cases have decreased in the most recent weeks. RSV activity in children under 5 years remains at low intensity levels. Additionally, in recent weeks have seen increases in mycoplasma, rhinovirus, adenovirus, and parainfluenza.**

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during Week 11, was 6.3 consultations per 100,000 practice population (Table 1). The rate increased compared to the previous week (6.1 consultations per 100,000. Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 257.7 per 100,000 practice population during Week 11 (Table 2 and Figure 3). This is an increase compared to the previous week (252.8 per 100,000). During week 11, Lower Respiratory Tract Infections increased to 102.4 per 100,000 and Upper Respiratory Tract Infections increased to 174.7 per 100,000 compared to the previous week.
- The percentage of calls to **NHS Direct Wales** which were 'influenza-related' (cold/flu, cough, fever, headache, and sore throat) during Week 11 increased to 21.9% (Figure 13).
- During Week 11, 1,481 specimens received multiplex respiratory panel testing from patients attending hospitals. **119 tested positive for influenza (62 influenza A(not subtyped), 22 influenza A(H1N1), 15 influenza A(H3) and 20 influenza B).** Overall influenza test-positivity decreased slightly to 8.0% from 8.1%, in those aged under 18 decreased to 8.1% from 10.0%, and in those aged over 18 increased to 8.0% from 7.0%. In addition, there were: 178 rhinovirus, 75 adenovirus, 72 mycoplasma, 69 seasonal coronaviruses, 52 human metapneumovirus (hMPV), 47 parainfluenza (PIV), 45 SARS-CoV-2 and 26 RSV positive samples (Figure 5). Additionally, 500 samples from patients were tested for influenza, RSV and SARS-CoV-2 only. Of the 500 samples there were **63 influenza A, 17 influenza B, 32 for SARS-CoV-2, and eight RSV.** (Figure 7). Furthermore, during week 11, 57 respiratory specimens were tested from patients in intensive care units (ICU) of which two were positive for influenza (one influenza A untyped and one A(H1N1)) (Figure 8).
- There were 148 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 11. Of the 148 samples, **21 tested positive for influenza A (11 influenza A(H1N1), 9 influenza A(H3), and one influenza A(not subtyped)), 13 influenza B, 13 mycoplasma, 10 rhinovirus, eight seasonal coronaviruses, eight hMPV, seven PIV, four adenovirus, two enterovirus, and one RSV as at 20/03/2024)** (Figure 4).
- From all samples where influenza subtyping information was available during week 11, 24 were influenza A(H3), 33 influenza A(H1N1), 33 were influenza B (Figure 6) and 63 influenza A(not subtyped) (Figure 6).
- **Confirmed RSV case incidence in children aged under 5 increased in the most recent week but remains at low intensity levels (compared to historic levels before 2021).** In week 11 there were 10.5 confirmed cases per 100,000 in this age group (Figure 9).
- The 7-day rolling sums of cases hospitalised within 28 days of an influenza or RSV positive test result in the community (or up to two days post-admission) were 59 and 14 respectively during Week 11 (Figures 10 & 11) and 21 for SARS-CoV-2 during week 11 (Figure 12).
- During week 11, seven **ARI outbreaks** were reported to the Public Health Wales Health Protection team. Three of the outbreaks were reported as COVID-19, one as RSV and influenza A, one as PIV, one as influenza A, and one as whooping cough. Six outbreaks were in residential homes and one in a school.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 10.
- As at 12/03/2024, uptake of influenza vaccination was 72.4% in adults aged 65 years and older, 38.9% in those aged 6 months to 64 years at clinical risk, 42.9% in two- and three-year-old children, 61.9% in children aged four to 10 years and 49.8% in children aged 11 to 15 years (Table 3).

## Respiratory infection activity in Wales

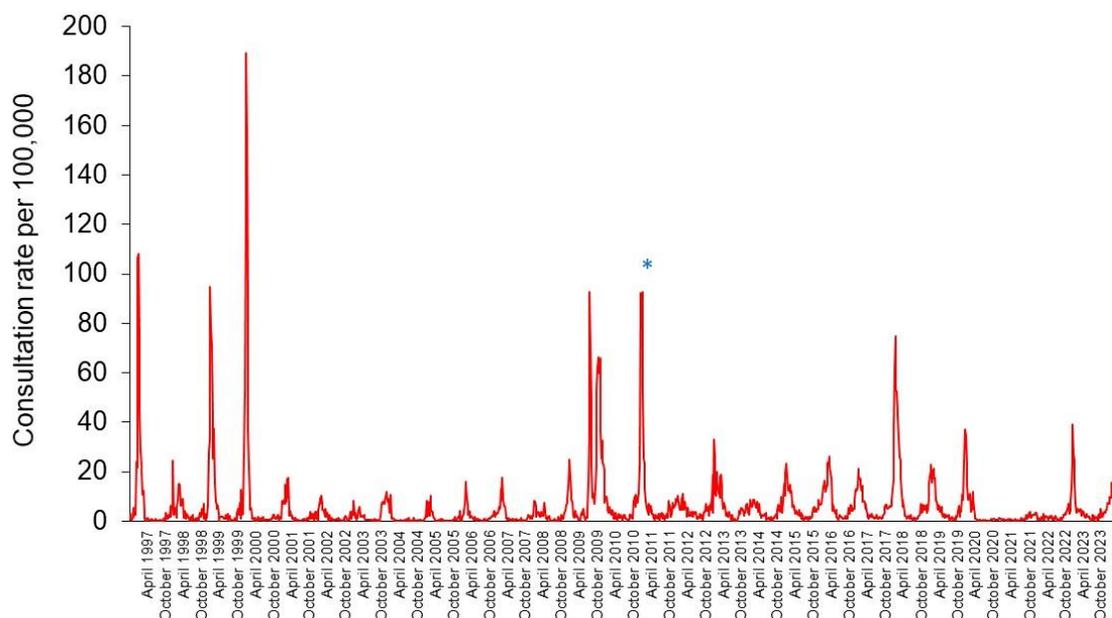
**Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 11/03/2024).**



\* The Moving Epidemic Method (MEM) threshold calculated for Wales ILI consultation rates is 11.1 per 100,000. MEM thresholds used in this chart are based on influenza from 2010-11 to 2018-19 seasons. Caution should be used when comparing consultation rates from March 2020 onwards to previous periods due to the changes in health-seeking behaviours brought about by the COVID-19 pandemic.

\*\*Clinical consultations for ILI seasons are monitored from W40 to W40, the most recent data is presented in red.

**Figure 2. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (Week 50 1996 – Week 11 2024).**



\* Reporting changed to Audit+ surveillance system

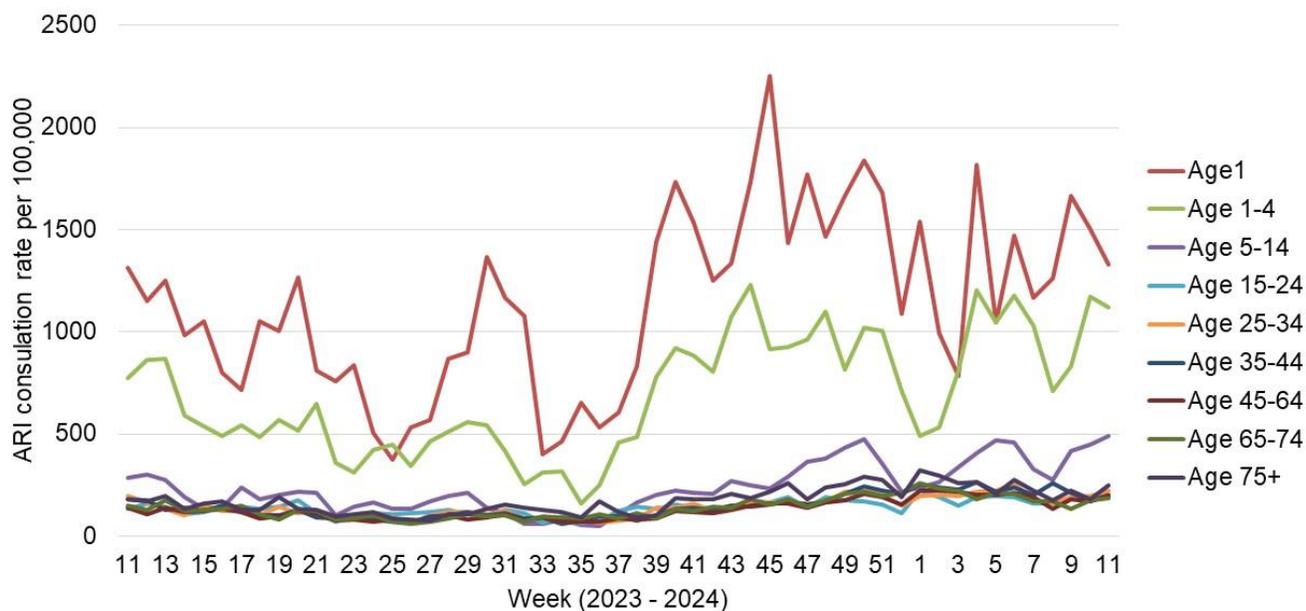
**Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 6 – Week 11 2024 (as of 17/03/2024).**

Age group	6	7	8	9	10	11
< 1	66.2	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	14.1	0.0	0.0	6.7	0.0
5 - 14	15.5	4.6	9.7	2.2	2.2	4.6
15 - 24	15.0	6.7	9.3	6.4	6.4	4.4
25 - 34	17.2	14.0	12.6	7.6	15.1	13.7
35 - 44	25.6	19.1	22.1	9.0	9.0	13.1
45 - 64	12.7	7.6	3.0	11.7	4.5	4.6
65 - 74	15.1	2.2	2.4	0.0	4.3	2.2
75+	2.2	11.2	2.4	6.4	2.1	4.3
<b>Total</b>	<b>14.6</b>	<b>9.4</b>	<b>7.8</b>	<b>6.9</b>	<b>6.1</b>	<b>6.3</b>

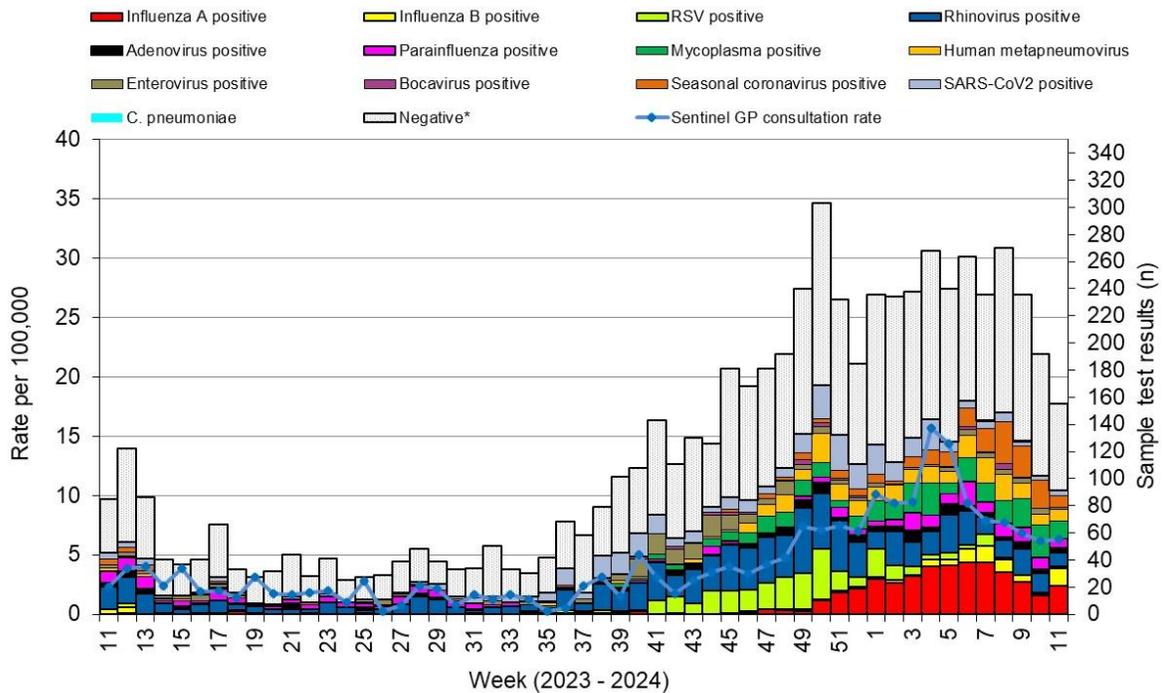
**Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 6 – Week 11 2024 (as of 17/03/2024).**

Age group	6	7	8	9	10	11
< 1	1503.0	1182.2	1281.6	1670.5	1502.8	1329.7
1 - 4	1188.0	1040.3	715.9	831.8	1174.3	1120.4
5 - 14	462.9	329.2	276.4	416.6	449.6	489.0
15 - 24	195.1	161.9	163.1	182.1	190.5	194.1
25 - 34	258.2	180.1	161.5	189.2	194.8	221.2
35 - 44	240.4	204.0	261.0	211.6	177.1	193.0
45 - 64	214.9	191.2	133.8	180.4	167.8	199.9
65 - 74	206.0	170.1	172.2	134.5	177.2	186.4
75+	274.4	222.9	178.9	221.5	180.9	249.4
<b>Total</b>	<b>297.0</b>	<b>241.1</b>	<b>210.3</b>	<b>244.3</b>	<b>252.8</b>	<b>275.7</b>

**Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 11 2023 – Week 11 2024.**

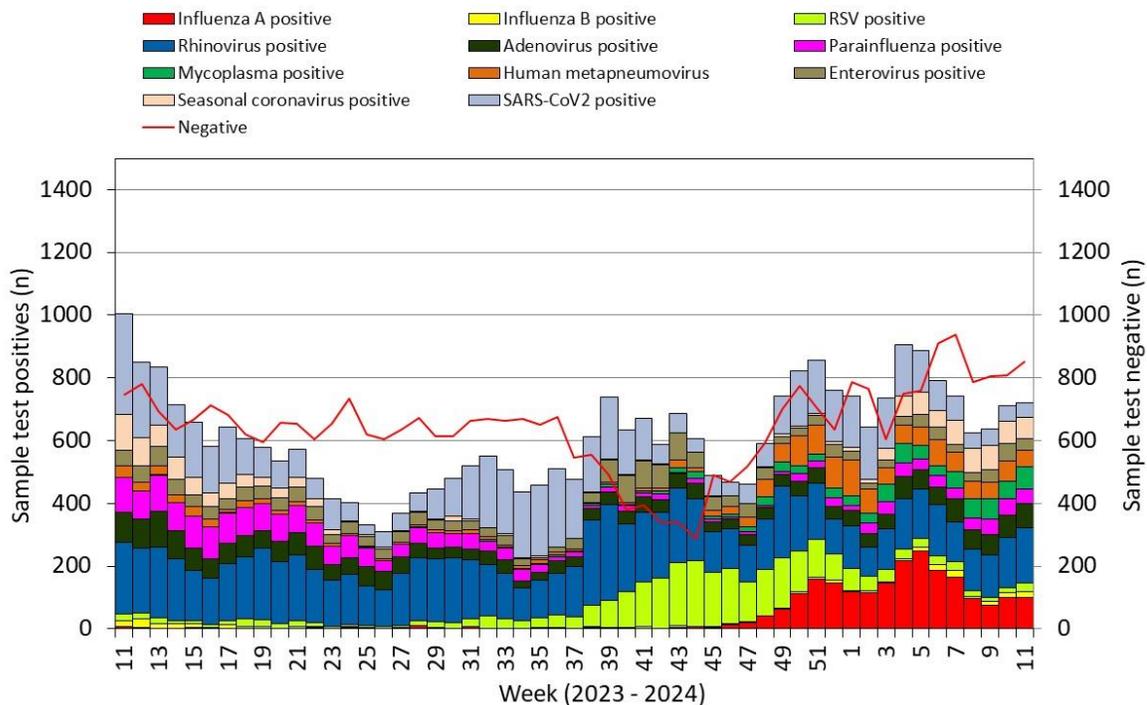


**Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 17/03/2024, by week of sample collection, Week 11 2023 to Week 11 2024.**



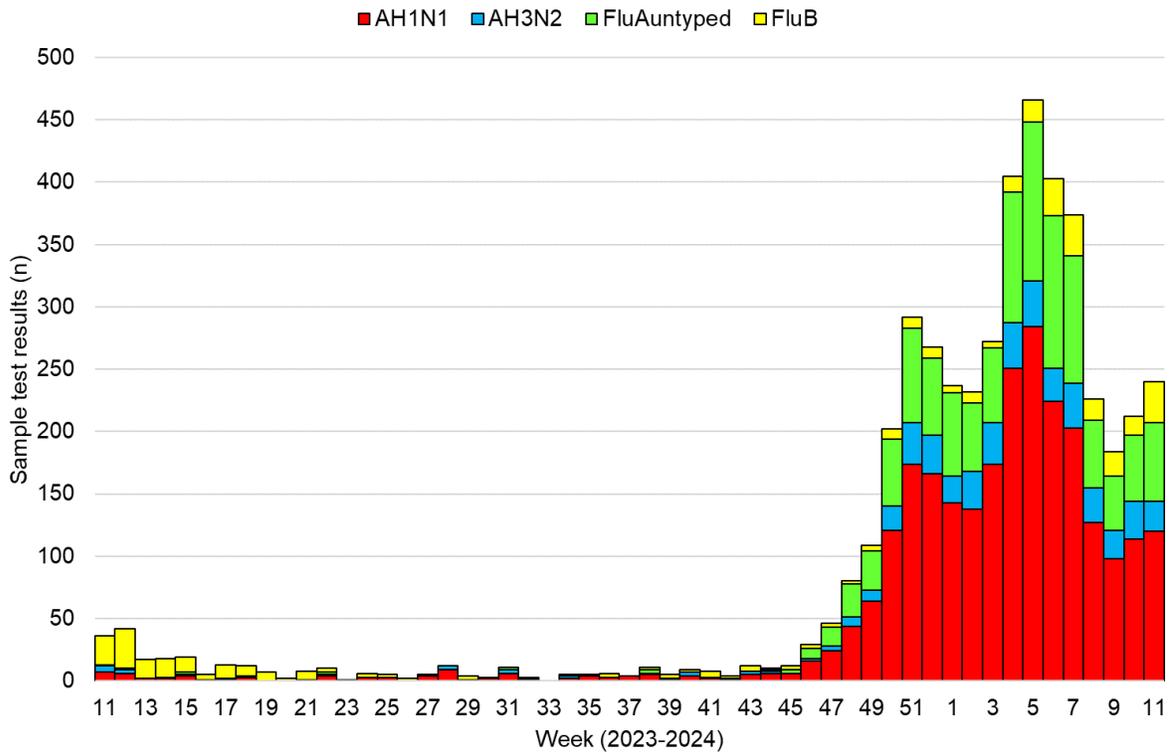
\* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than one pathogen will appear more than once in the chart. **Results for the latest week will underestimate activity as not all samples will have been received, tested, and authorised at time of writing this report.**

**Figure 5. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 17/03/2024 by week of sample collection, Week 11 2023 to Week 11 2024.**

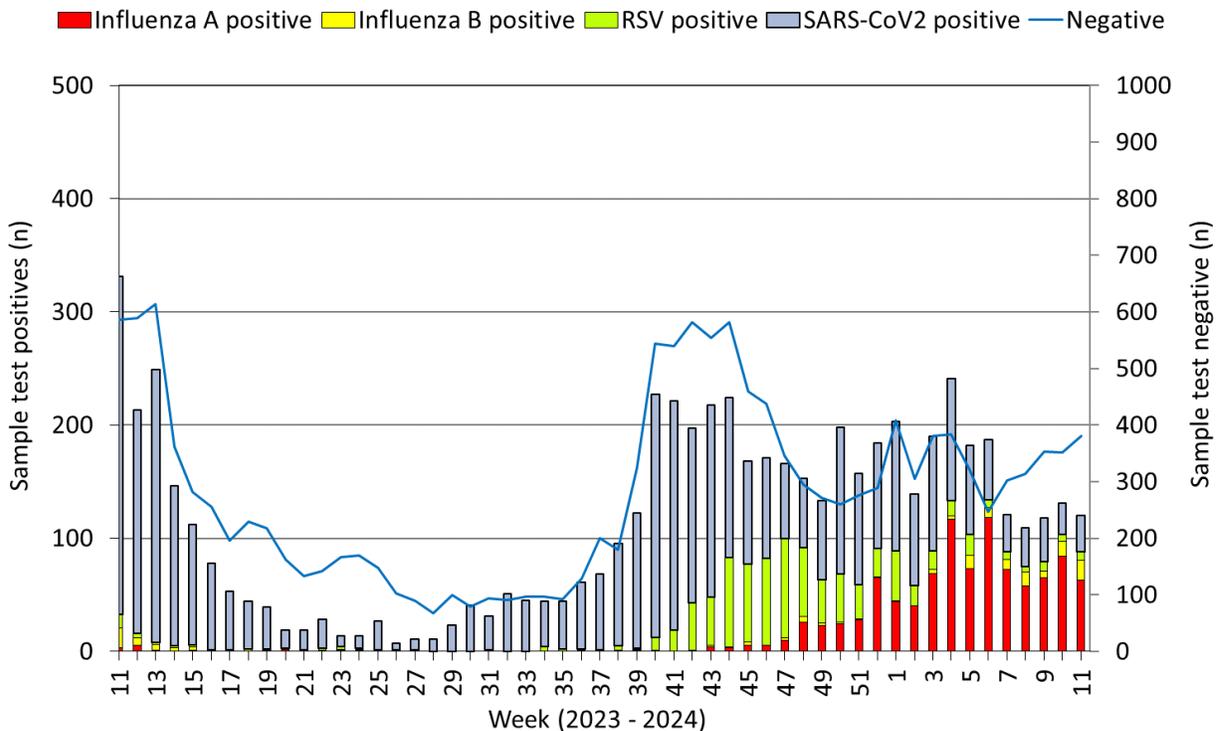


This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart summarises individual test results, patients who are positive for multiple infections within a given week will appear multiple times. Samples which test positive for more than one pathogen will appear more than once in the chart.

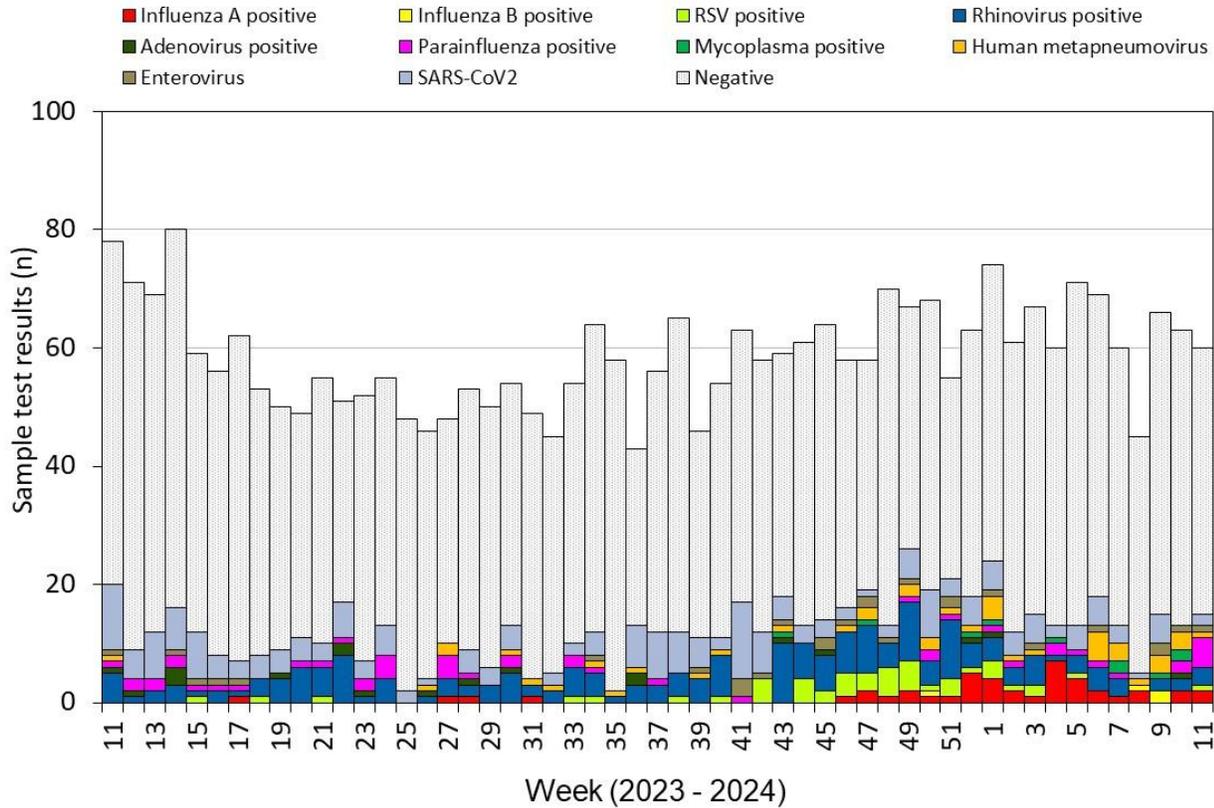
**Figure 6. Flu subtypes based on specimens submitted for virological testing by sentinel GPs and community pharmacies, hospital patients, and non-sentinel GPs, as of 17/03/2024 by week of sample collection, Week 11 2023 to Week 11 2024.**



**Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 17/03/2024 by week of sample collection, Week 11 2023 to Week 11 2024.**

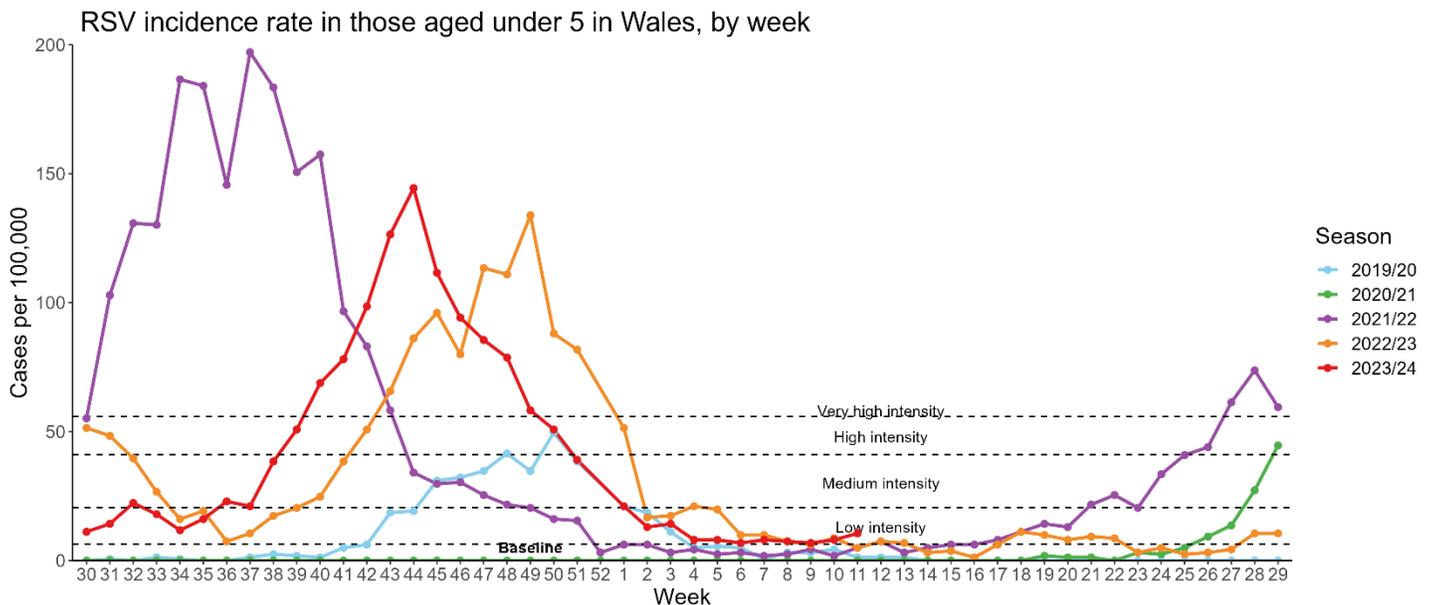


**Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 11 2023 to Week 11 2024.**



This chart summarises respiratory panel test data and does NOT include data for patients tested SOLELY for SARS-CoV2. Samples which test positive for more than one pathogen will appear more than once in the chart.

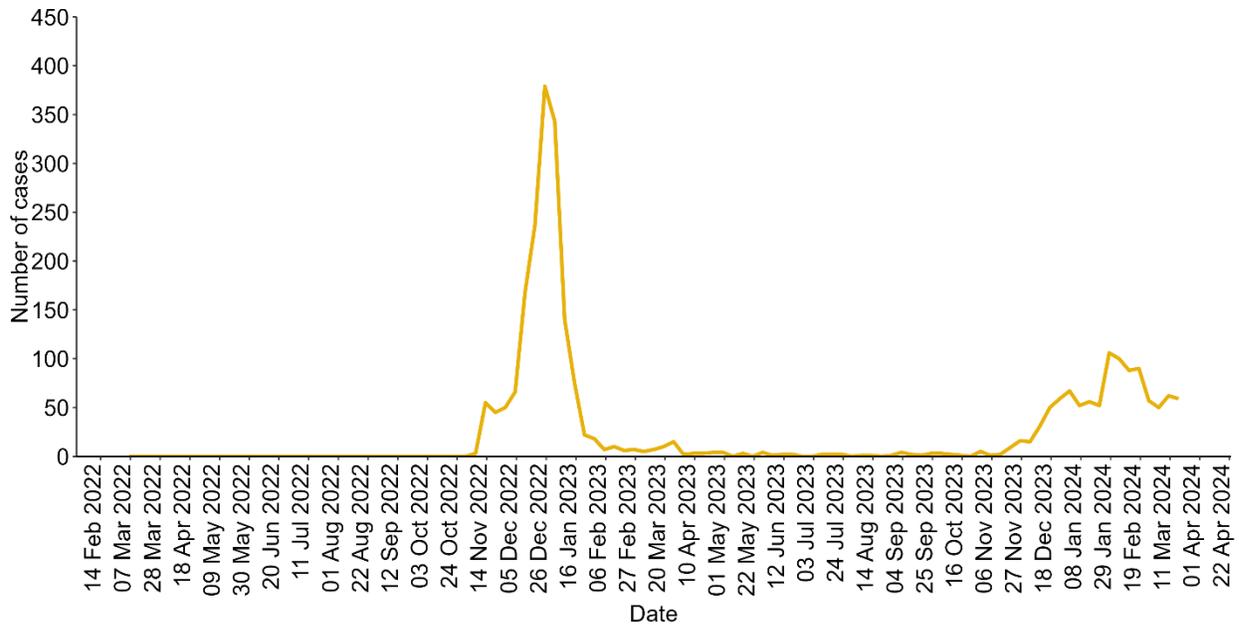
**Figure 9. RSV incidence rate per 100,000 population aged under five years, week 30 2019 to Week 11 2024.**



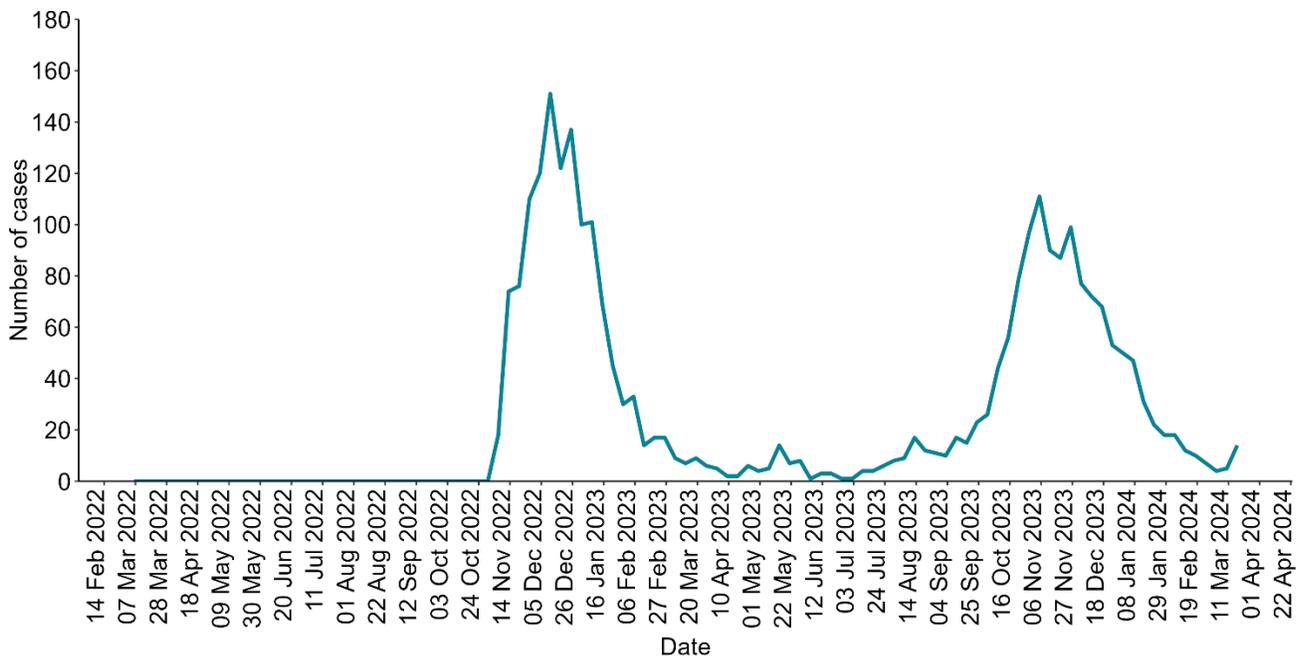
\*RSV seasons are monitored from W30 to W29, the most recent data is presented in red

## ARI – Hospital admissions

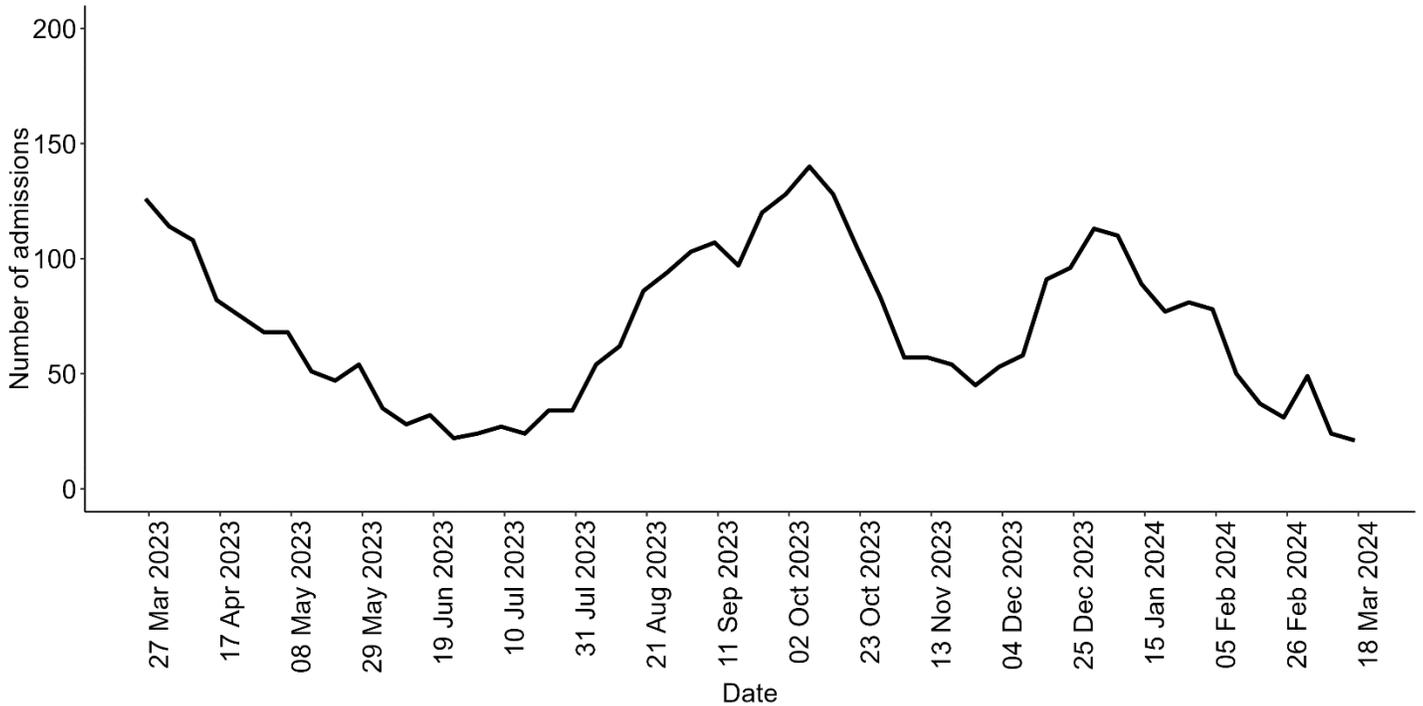
**Figure 10. Seven day rolling sum of cases hospitalised in Wales within 28 days of an influenza positive test result in the community (or up to 2 days post-admission), as of 17/03/2024.**



**Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 17/03/2024.**

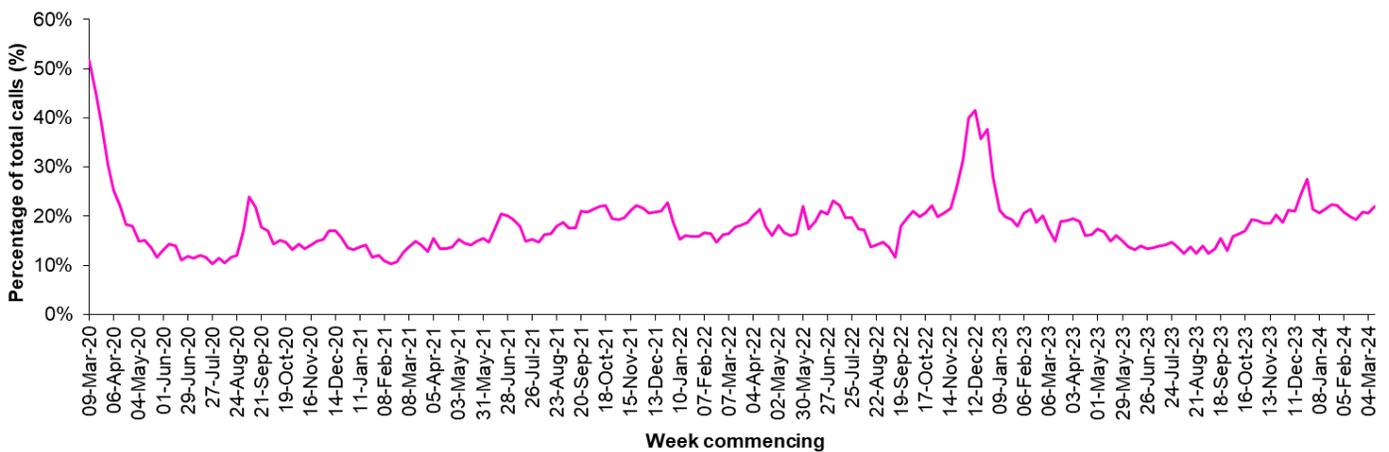


**Figure 12. Seven day rolling sum of cases hospitalised in Wales within 28 days of an Covid-19 positive test result in the community (or up to 2 days post-admission), as of 17/03/2024.**



### Calls to NHS Direct Wales

**Figure 13. Influenza related calls to NHS Direct Wales<sup>1</sup> (as a percentage of total calls) from Week 11 2020 - Week 11 2024.**



<sup>1</sup> Data supplied by Health Statistics and Analysis Unit, Welsh Government.

Flu related calls are the sum of calls recorded as 'cold/flu', 'cough', 'headache', 'fever' and 'sore throat'. Following changes to the NHS Direct calls system, including the start of the 111 pilot, there has been a change in the way in which denominator data are calculated for this chart, NHS Direct Wales now count the total number of nurse triaged calls (i.e. calls which could have symptom data recorded against them), note that 111 includes out-of-hours calls.

## Influenza Vaccine Uptake in Wales

**Table 3. Uptake of influenza immunisations in GP Practice patients in Wales 2023/24 (as of 12/03/2024).**

<b>Influenza immunisation uptake in the 2023/24 season</b>	
People aged 65y and older	72.4%
People younger than 65y in a clinical risk group	38.9%
Children aged two & three years	42.9%
Children aged between four & ten years	61.9%
Children aged between 11 & 15 years	49.8%
Total NHS staff	36.3%
NHS staff with direct patient contact	36.1%

The end of season report Influenza in Wales 2019/20 is available to download and contains a full breakdown of vaccination uptake amongst eligible groups.

Link to report: <https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/annual-influenza-surveillance-and-influenza-vaccination-uptake-reports/>

## Influenza activity – UK and international summary

- As of Week 10, GP ILI consultations decreased to 5.3 per 100,000 in England. In week 9 (latest data available), GP ILI consultations decreased to 13.3 per 100,000 in Scotland.
- During Week 10, 6,170 samples testing positive for influenza were reported in England of which 296 were positive for influenza. Overall influenza positivity decreased to 4.8% in England in week 10 and in remained stable at 8.2% in Scotland in week 9 (latest data available).
- UK summary data are available from the [UKHSA Influenza and COVID-19 Surveillance Report](#) and [Viral respiratory diseases \(including influenza and COVID-19\) in Scotland](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported during week 10, that influenza positivity remains elevated above the 10% positivity epidemic threshold, but decreased to 11% from 16% in the previous week. Of 36 countries and areas reporting on influenza intensity, 12 reported medium intensity, 17 reported low intensity and the remainder reported baseline intensity. Of the 36 countries and areas reporting on geographic spread of influenza viruses within a country or area, 19 reported widespread, seven reported regional, four reported local, four reported sporadic and two reported no activity. As of week 10, there were 380 confirmed influenza virus infection detections reported from sentinel primary care 83% were type A viruses (71% influenza A(H1N1)pdm09 and 29% influenza A(H3)).

**Source:** European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>

- The WHO reported on 04/03/2024, based on data up to 18/02/2024 that globally, influenza detections remained elevated in most Northern hemisphere countries, although global influenza virus detections decreased. Influenza A remain predominant globally.
- In the countries of North America, influenza activity remained within or below expected levels for this time of the year in Canada and remained elevated, but may have peaked, in the USA. Influenza A(H1N1) viruses predominated.
- In Europe and Central Asia, influenza activity remained elevated, with influenza A(H1N1)pdm09 detections predominant.
- In Northern Africa, influenza detections of influenza decreased with all seasonal subtypes detections reported.
- In East Asia, influenza activity continued to decrease overall.
- In Western Asia, influenza activity increased in Georgia and Israel and remained elevated in Armenia. Influenza A viruses predominated.
- In the Central American and Caribbean countries, influenza activity was at low levels overall. Influenza A viruses predominated.
- In Tropical South America, influenza Activity remained low with detections of influenza A viruses reported in some countries.
- In the temperate zones of the southern hemisphere, indicators of influenza activity were low or below seasonal threshold in most reporting countries.
- In tropical Africa, influenza detections remained low in most reporting countries with a few exceptions and influenza A(H3N2) viruses predominated.
- In Southern Asia, influenza activity remained stable at a low level with all seasonal subtyped detected.
- In South-East Asia, influenza positivity, remained elevated with all seasonal subtyped detected, driven by detections on Malaysia and Singapore.

**Source:** WHO influenza update: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>

- Based on FluNet reporting (as of 05/03/2024), during the period from 05/02/2024 – 18/02/2023 National Influenza Centres and other national influenza laboratories from 124 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 544,975 specimens during that period, of which 96,018 were positive for influenza viruses, 69,483 (72.4%) of those positive for influenza were typed as influenza A (of the subtyped influenza A viruses, 6,680 (45.1%) were influenza A(H1N1)pdm09 and 7,900 (54.2%) were influenza A(H3N2). Of the 96,018 samples testing positive for influenza viruses, 26,535 tested positive for Influenza B (27.6.0%). **Source:** Flu Net: <https://www.who.int/tools/flunet>

## Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that influenza activity levels remain elevated nationally with increases in some parts of the country during week 10 (ending 09/03/2024). Nationally, 10,809 specimens have tested positive for influenza during week 10 in clinical laboratories nationwide, of these positive samples, 5,532 (54.4%) were influenza A and 4,629 (45.6%) were influenza B. Further characterisation has been carried out on 2,307 specimens by public health laboratories, 575 samples tested positive for influenza; 141 influenza A(H1N1)pdm09, 117 influenza A(H3N2), 126 influenza A(not subtyped) and 191 influenza B.  
**Source:** CDC Weekly US Influenza Surveillance Report: <http://www.cdc.gov/flu/weekly/>
- The Public Health Agency of Canada reported that during week 10, influenza activity remained similar compared to the previous week. During week 10, 3,134 influenza detections were reported: 1,676 influenza A, and 1,458 influenza B. The percentage of ILI visits was 1.8%. **Source:** Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html>

## Respiratory syncytial virus (RSV) in North America

- The USA CDC reported that the RSV positivity rate slightly in the week beginning 09/03/2024.  
**Source:** CDC RSV national trends: <https://www.cdc.gov/surveillance/nrevss/rsv/natl-trend.html>

## COVID-19 – UK and international summary

- As of 13/03/2024, there were 2.2 new positive PCR episodes per 100,000 population in Wales, for the most recent 7-day reporting period. There were 18 COVID-19 death registrations recorded in ONS data for the latest data period reported Latest COVID-19 data from Public Health Wales is available from: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>
- The latest UKHSA COVID-19 data summary is available from: <https://coronavirus.data.gov.uk/>
- WHO situation updates on COVID-19 are available from: <https://covid19.who.int/>

## Middle East respiratory syndrome coronavirus (MERS-CoV) – latest update from WHO and ECDC

- Since the beginning of 2023 and as of 01 February 2024, a total of 2200 human cases have been reported, including 858 deaths. Overall, human infections of MERS-CoV have been reported from 27 countries, in all six WHO regions. Of the 2609 MERS-CoV cases and 939 deaths reported globally, 84% and 91%, respectively, have been reported from KSA, including these newly reported cases and deaths. (Figure 2). Since 2019, no MERS-CoV cases have been reported from countries outside the Middle East. WHO Global Alert and Response website: <https://www.who.int/emergencies/disease-outbreak-news>
- Since the 05 February and as of 12 February 2024, four new MERS-CoV cases, including two fatalities have been reported by Saudi Arabia.
- Rapid risk assessments of the situation from ECDC, which contain epidemiological updates and advice for travellers and healthcare workers, are available from: <https://ecdc.europa.eu/en/middle-east-respiratory-syndrome-coronavirus>
- Further updates and advice for healthcare workers and travellers are available from WHO: <http://www.who.int/emergencies/mers-cov/en/> and from NaTHNaC: <https://travelhealthpro.org.uk/news/237/mers-cov-update-travelhealthpro-country-pages>

## Human infection with avian influenza A(H7N9), China

- The latest WHO Influenza at Human-Animal Interface summary reports that there have been no publicly available reports from China or other countries on influenza A(H7N9) in recent months, but overall risk assessments are unchanged. Previous reports are available from: <https://www.who.int/teams/global-influenza-programme/avian-influenza/monthly-risk-assessment-summary>  
The risk of international spread of avian influenza A(H7N9) is considered to be low at present. However, it is important that clinicians are aware of the possibility of human infection with animal influenza, in persons presenting with severe acute respiratory disease, while travelling or soon after returning from an area where avian influenza is a concern. WHO Global Alert & Response updates: <https://www.who.int/emergencies/disease-outbreak-news>

**Links:**

**Public Health Wales influenza surveillance webpage:**

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=25480>

**Public Health Wales COVID-19 data dashboard:**

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

**Public Health Wales interactive report on hospitalisations in influenza and RSV cases:**

<https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/ARI-Hospitaladmissionsdashboard/ARIHospitaladmissionsdashboard?publish=yes>

**GP Sentinel Surveillance of Infections Scheme:**

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=27918>

**NICE influenza antiviral usage guidance:**

<http://www.nice.org.uk/Guidance/TA158>

**England influenza and COVID-19 surveillance:**

<https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2023-to-2024-season>

**Scotland seasonal respiratory surveillance:**

<https://www.publichealthscotland.scot/publications>

**Northern Ireland influenza surveillance:**

<https://www.publichealth.hscni.net/directorate-public-health/health-protection/seasonal-influenza>

**European Centre for Communicable Disease:**

<http://ecdc.europa.eu/>

**European influenza information:**

<http://flunewseurope.org/>

**Advice on influenza immunisation**

<https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/>

**Advice on influenza immunisation (for intranet users)**

[Influenza \(sharepoint.com\)](#)

**For further information on this report, please email Public Health Wales using:**

[surveillance.requests@wales.nhs.uk](mailto:surveillance.requests@wales.nhs.uk)