

Current level of influenza activity: *Inter-seasonal levels.*

Trend: *Stable*

Confirmed cases since 2018 week 40: 2,912 (99.4% influenza A and 0.6% influenza B. Of influenza A cases, 46.6% were A(H1N1)pdm09, 26.8% were A(H3) and 26.5% were untyped).

Key points – Wales

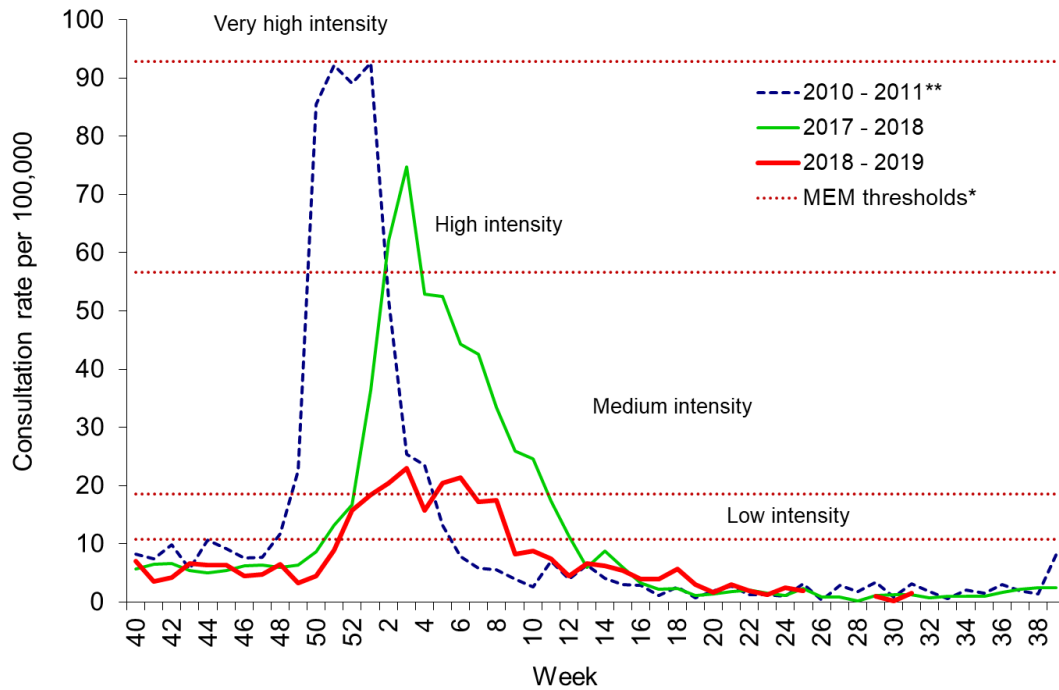
Surveillance indicators suggest that influenza is not circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) remained below baseline levels during week 31 (ending 04/08/2019). One case of influenza was confirmed in week 31. Enterovirus was the most commonly detected cause of Acute Respiratory Infection (ARI), with 14 confirmed cases. Other causes of ARI, including rhinovirus, human metapneumovirus and adenovirus, also continue to be detected.

- The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 31 was 1.5 consultations per 100,000 practice population. (Table 1).
- The ILI consultation rate increased compared to week 30 (0.3 per 100,000), but remains below baseline levels (Figure 1).
- The total number of consultations with Out of Hours (OOH) doctors in Wales reported to Public Health Wales during week 31 was 10,866. The proportion of respiratory-related consultations with OOH doctors increased to 11.8% (Figure 5). The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during week 31 decreased to 11.1% (Figure 6).
- No surveillance samples from patients with ILI, collected by sentinel GPs during week 31, had been received by Public Health Wales Microbiology as at 07/08/2019 (Figure 3).
- During week 31, 99 specimens were received and tested by Public Health Wales Microbiology from hospitalised and non-sentinel GP patients with acute respiratory symptoms. The following numbers of patients tested positive: One influenza A(H3N2), 14 enterovirus, 10 rhinovirus, six human metapneumovirus, five adenovirus, four parainfluenza, one RSV, and one mycoplasma (Figure 4). The proportion of samples from hospital patients positive for influenza decreased to 1.0%.
- During week 31, there were no outbreaks of acute respiratory illnesses (ARI) reported to Public Health Wales Health Protection teams.
- For the 2018/19 influenza season, uptake of influenza vaccine was: 68.3% in those aged 65 years and older, 44.1% in patients aged six months to 64 years at clinical risk, and 49.4% in children aged two and three years. In the 1,373 primary schools visited as part of the universal childhood influenza programme, uptake was 69.9%.

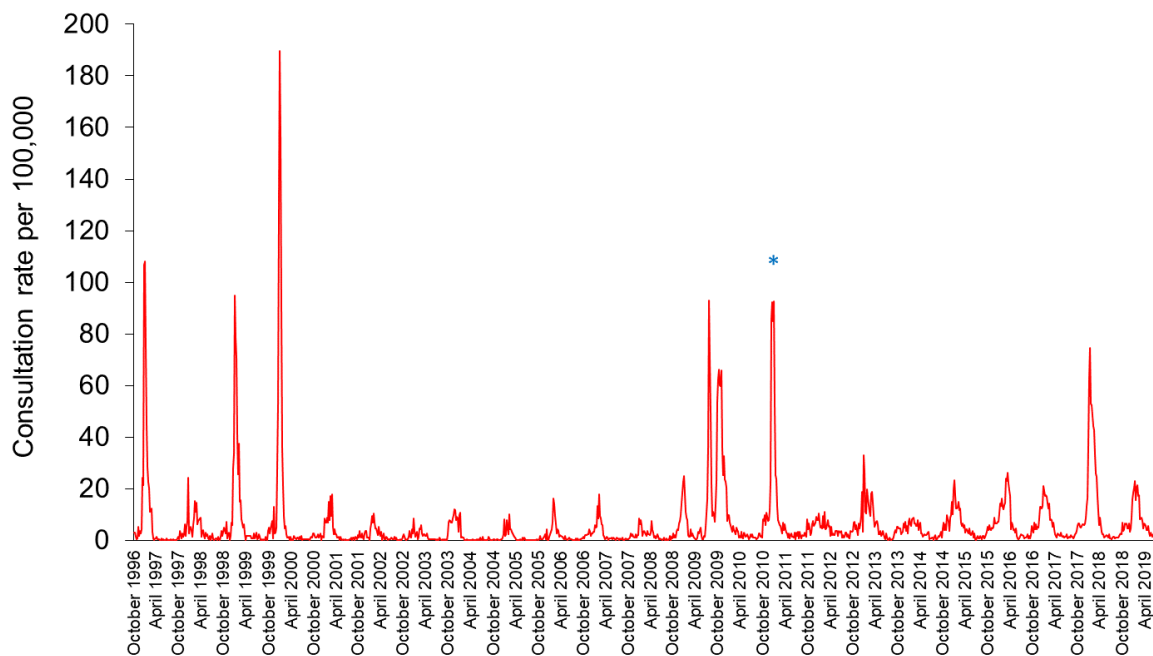
Influenza activity in Wales

Figure 1. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 04/08/2019).



* The Moving Epidemic Method has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for seasonally expected influenza activity in a standardised approach across Europe. The threshold calculated for Wales ILI consultation rates is 10.8 per 100,000. MEM thresholds used in this chart are based on influenza from 2010-11 to 2017-18 seasons.
 **Data for 2019 weeks 26 to 28 are currently unavailable.

Figure 2. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (week 47 1996 – week 31 2019).



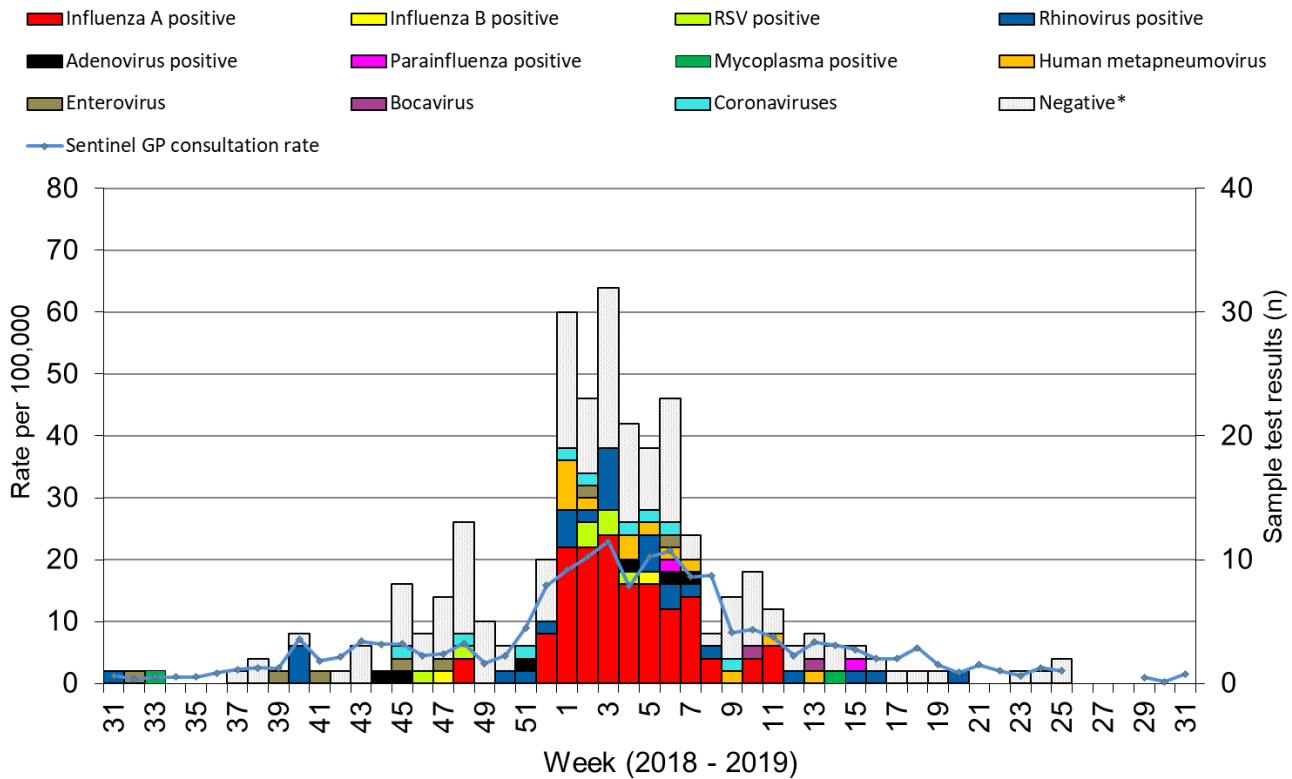
* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for influenza in Welsh sentinel practices, week 26 – week 31 2019 (as of 04/08/2019).

Age group	26	27	28	29	30	31
< 1	N/A	N/A	N/A	0.0	0.0	0.0
1 - 4	N/A	N/A	N/A	0.0	0.0	0.0
5 - 14	N/A	N/A	N/A	0.0	0.0	0.0
15 - 24	N/A	N/A	N/A	0.0	2.2	4.3
25 - 34	N/A	N/A	N/A	0.0	0.0	2.0
35 - 44	N/A	N/A	N/A	0.0	0.0	2.1
45 - 64	N/A	N/A	N/A	2.8	0.0	1.8
65 - 74	N/A	N/A	N/A	2.1	0.0	0.0
75+	N/A	N/A	N/A	0.0	0.0	0.0
Total	N/A	N/A	N/A	1.0	0.3	1.5

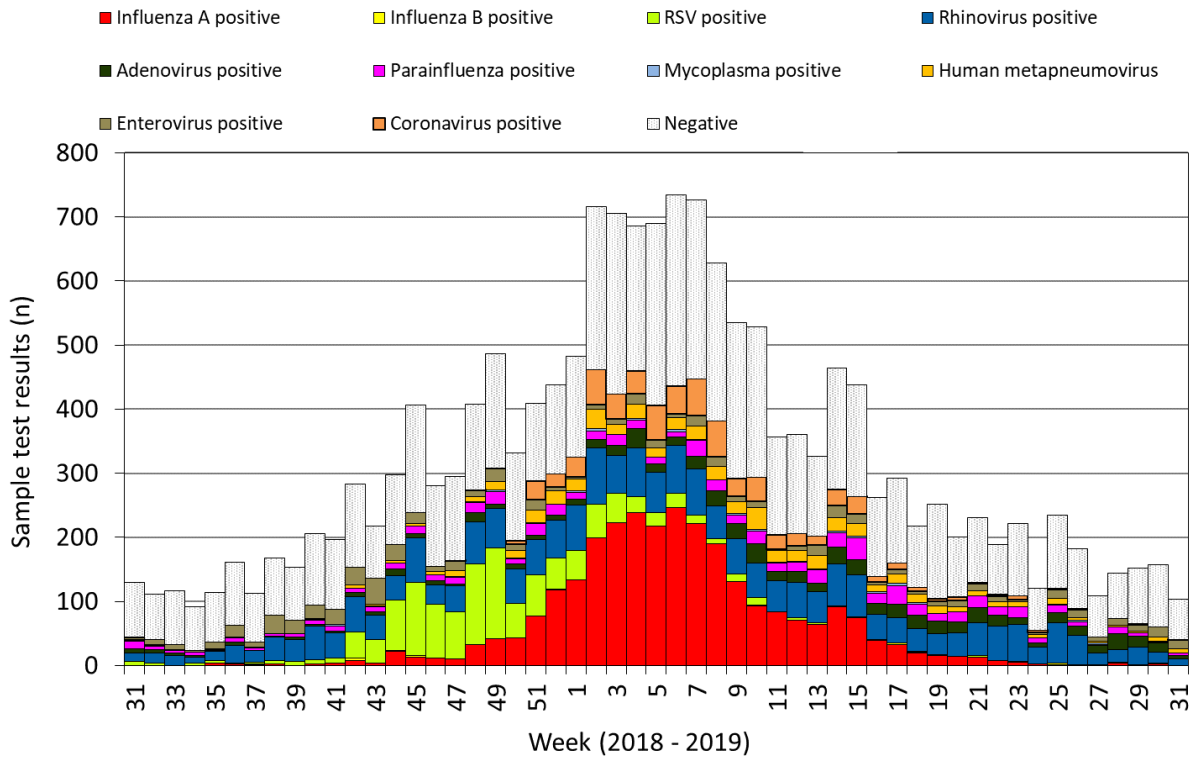
*Data for 2019 weeks 26 to 28 are currently unavailable.

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 04/08/2019, by week of sample collection, week 31 2018 - week 31 2019.



* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses.

Figure 4. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 04/08/2019 by week of sample collection, week 31 2018 – week 31 2019.



Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre.

Out of Hours consultations and calls to NHS Direct Wales

Figure 5. Weekly total consultations to Out of Hours services in Wales and numbers of respiratory-related diagnoses (as of 04/08/2019).

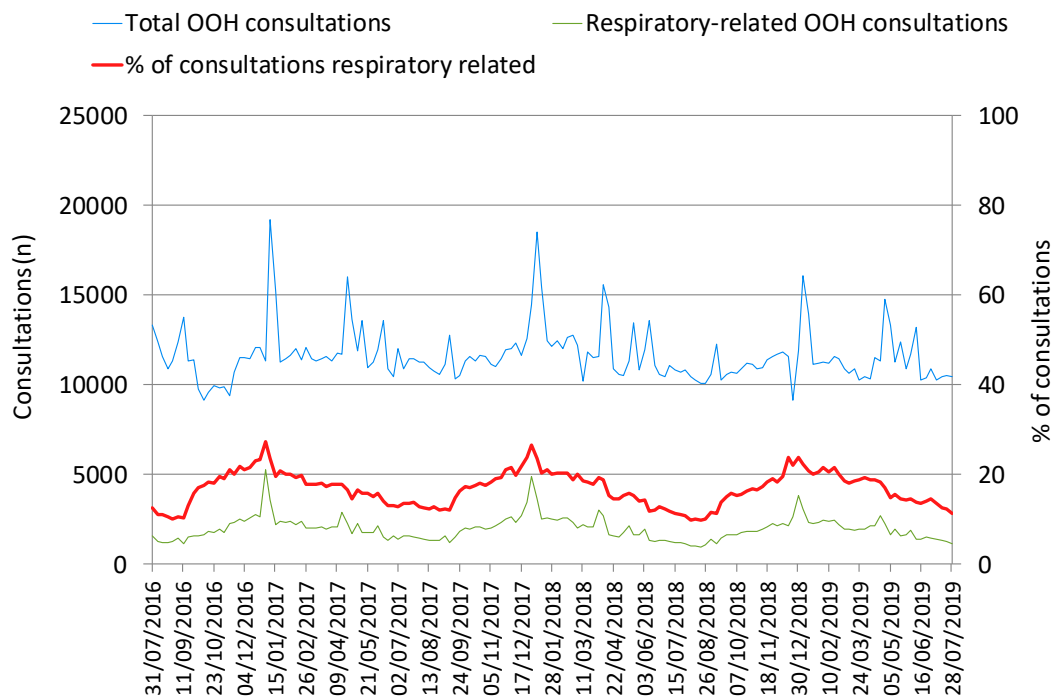
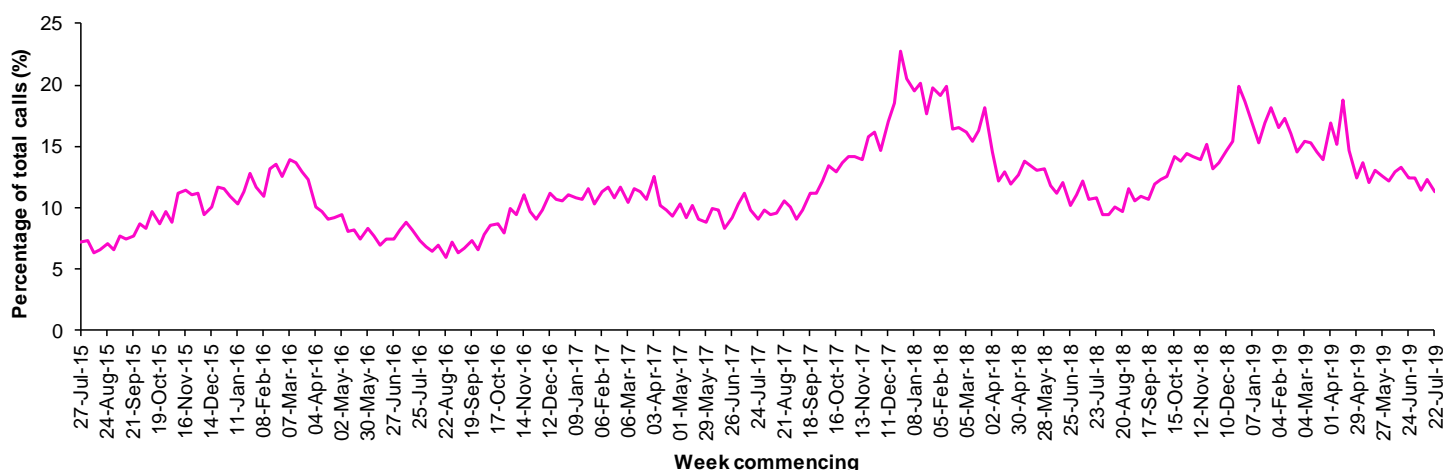


Figure 6. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 30 2015 - week 31 2019 (as of 04/08/2019).



¹ 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 (ie calls which could have symptom data recorded against them), note that 111 includes out-of-hours calls.

Influenza Vaccine Uptake in Wales

Table 2. Uptake of influenza immunisations in GP Practice patients, school children and NHS staff in Wales 2018/19.

Influenza immunisation uptake in the 2018/19 season	
People aged 65y and older	68.3%
People younger than 65y in a clinical risk group	44.1%
Children aged two & three years	49.4%
Children aged four to ten years	69.9%
NHS staff	53.4%
NHS staff who have direct patient contact	55.5%

The end of season report Influenza in Wales 2018/19 is available to download and contains a full breakdown of vaccination uptake amongst eligible groups.

Link to report: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714>

Key points – Influenza activity in the UK and Europe

- As of week 30, influenza activity indicators show low levels of activity in the UK. Influenza GP consultations decreased in Scotland to 0.5 per 100,000 and increased in Northern Ireland to 1.2 per 100,000, but remain below baseline activity in both countries. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 0.8 per 100,000 and remains below the MEM threshold for baseline activity (13.1 per 100,000). Syndromic surveillance indicators for influenza reported through the GP In Hours Syndromic Surveillance system remained low in weeks 29 and 30.
- During week 30, 6 (0.7%) of the 921 respiratory test results reported through Public Health England's DataMart scheme tested positive for influenza (three influenza A(H1N1)pdm09, one influenza A(H3) and two influenza A(unknown subtype)). UK summary data are available from the [Public Health England National Influenza Report](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported that as of week 25, influenza activity was at inter-seasonal levels in the WHO European Region. During weeks 21-25, a total of 19 sentinel specimens were tested for influenza, none of which were positive. For more information on European level influenza surveillance see Flu News Europe: <http://www.flunewseurope.org/>

World update

- The WHO reported on 05/08/2019 that in the temperate zones of the southern hemisphere, influenza activity appears to have peaked and decreased in most countries. Activity was low in the Caribbean, Central American and tropical South American countries. In tropical Africa influenza was low across reporting countries with the exception of a few Eastern African countries. In Southern Asia influenza activity was low. In South East Asia an increase in influenza activity was observed in a few reporting countries. In the temperate zone of the northern hemisphere influenza activity remained at inter-seasonal levels. Worldwide, seasonal influenza A viruses accounted for the majority of detections.
- Based on FluNet reporting (as of 05/08/2019), during the time period from 08/07/2019 – 21/07/2019, National Influenza Centres and other national influenza laboratories from 90 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 45,082 specimens during that time period, 4,322 were positive for influenza viruses, of which 2,749 were typed as influenza A (942 influenza A(H1N1)pdm09, 1,256 influenza A(H3N2) and 551 influenza A(not subtyped)) and 1,573 influenza B (of the characterised influenza B viruses 71 belonged to the B-Yamagata lineage and 923 to the B-Victoria lineage).

Source: WHO influenza update:

http://www.who.int/influenza/surveillance_monitoring/updates/en/

Australia and New Zealand update

- In New Zealand, during the week ending 28/07/2019, influenza-like illness activity (ILI) decreased to further below the baseline seasonal threshold. Activity has only reached 'low seasonal' levels this year. The positivity rate for samples tested in GPs was over 50% and in hospitals was over 35%, which is one of the highest for this period in recent years. Currently, influenza A(H3N2) and influenza B/Victoria are co-circulating. The 2019 seasonal influenza vaccine strains remain a good match to influenza viruses detected in New Zealand.

Source: Institute of Environmental Science & Research, New Zealand

https://surv.esr.cri.nz/virology/2018_Influenza_Intelligence_Report.php

- In Australia, according to the latest available update (15/07/2019 to 28/07/2019), influenza and influenza-like illness (ILI) activity is slightly higher than average for this time of year compared to previous years, but within the normal range for a flu season. The 2019 flu season began earlier than usual although overall activity levels have not been unusually high compared to previous seasons. Activity has decreased in recent weeks. The majority of influenza cases reported were influenza A (82%) although there has also been co-circulation of influenza B. The majority of typed influenza viruses were influenza A(H3N2).

Source: Australian Influenza Surveillance Report and Activity Updates.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-ozflu-2019.htm>

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

- On 24/07/19 WHO reported seven additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in Saudi Arabia, including two deaths. Globally, 2,449 laboratory confirmed cases of human infection with MERS-CoV, including 845 associated deaths, have officially been reported to WHO since September 2012.
Source: WHO Global Alert and Response website: <http://www.who.int/csr/don/archive/year/2019/en/>
- The majority of the MERS cases continue to be reported from the Middle East, and specifically from 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: <http://travelhealthpro.org.uk/news/237/mers-cov-update-travelhealthpro-country-pages>

Human infection with avian influenza A(H7N9), China – latest update from WHO

- The latest WHO Influenza at Human-Animal Interface summary (11/05/2019 to 24/06/2019) reports that no new cases of avian influenza A(H7N9) were reported. Since February 2013, a total of 1,568 laboratory-confirmed cases of human infection with avian influenza A(H7N9), including at least 616 deaths, have been reported:
http://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/
http://www.fao.org/ag/againfo/programmes/en/empres/H7N9/Situation_update.html
- 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. Updates are available from the WHO Global Alert and Response website: <http://www.who.int/csr/don/en/>

Links:

Public Health Wales influenza surveillance webpage:

<http://www.publichealthwales.org/flu-activity>

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>

Wales influenza information:

<http://www.wales.nhs.uk/sitesplus/888/page/43745>

England influenza surveillance:

<https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis>

Scotland influenza surveillance:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/influenza/#data>

Northern Ireland influenza surveillance:

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

European Centre for Communicable Disease:

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

European influenza information:

<http://flunewseurope.org/>

Advice on influenza immunisation (for NHS Wales users)

<http://nww.immunisation.wales.nhs.uk/home>

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

surveillance.requests@wales.nhs.uk