

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

Trend: *Stable*

Confirmed cases since 2018 week 40: 2,920 (99.4% influenza A and 0.6% influenza B. Of influenza A cases, 46.4% were A(H1N1)pdm09, 27.1% were A(H3) and 26.6% were untyped).

Key points – Wales

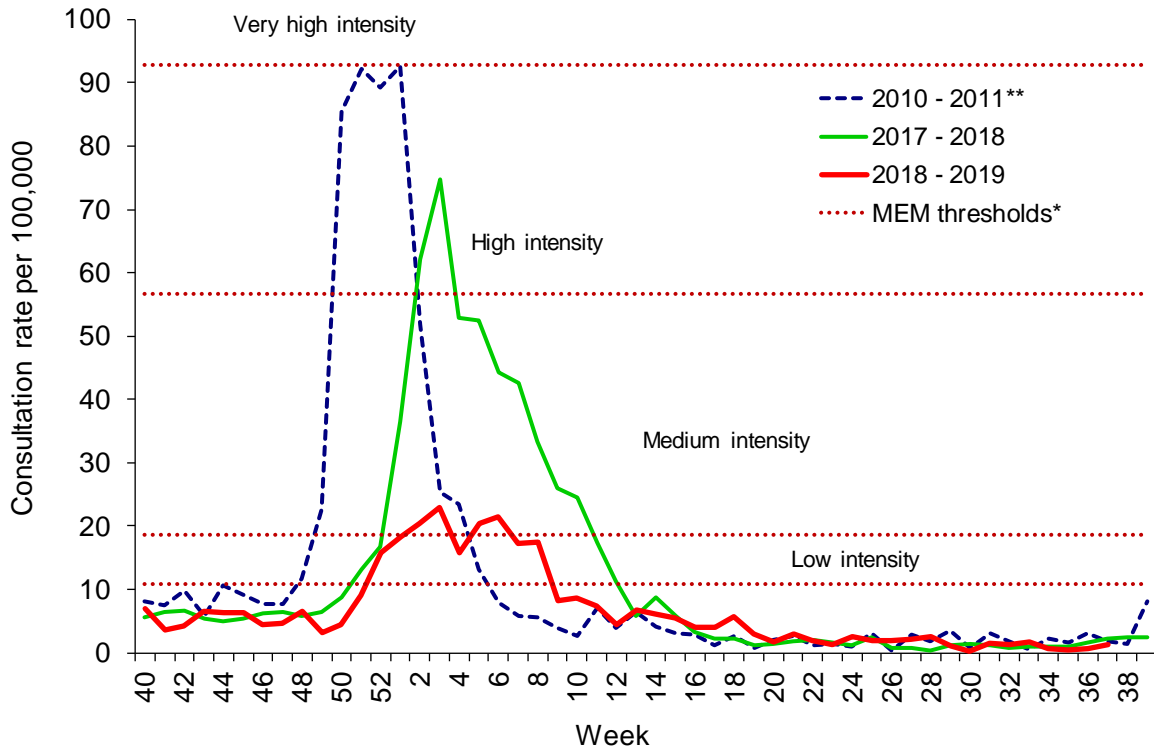
Surveillance indicators suggest that influenza is not circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) remained below baseline levels during week 37 (ending 15/09/2019). The latest available virological test data at time of publication of this report was for week 36: three cases of influenza were confirmed but rhinovirus was the most commonly detected cause of Acute Respiratory Infection (ARI). Other causes of ARI continue to be detected.

- The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 37 was 1.3 consultations per 100,000 practice population (Table 1).
- The ILI consultation rate increased compared to week 36 (0.7 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 37 was 10,834. The proportion of respiratory-related consultations with OOH doctors increased to 14.1% (Figure 5). The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during week 37 increased to 12.0% (Figure 6) (latest data available).
- No surveillance samples from patients with ILI, collected by sentinel GPs during week 37, had been received by Public Health Wales Microbiology as at 18/09/2019 (Figure 3).
- During week 36 (latest data available), 139 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), one influenza A(not typed), one influenza B, 28 rhinovirus, 13 parainfluenza, eight enterovirus, seven adenovirus, five human metapneumovirus, and two mycoplasma (Figure 4). The proportion of samples from hospital patients positive for influenza decreased to 2.2%.
- During week 37, there was one outbreak of acute respiratory illnesses (ARI) reported to Public Health Wales Health Protection teams, an outbreak in a residential home.
- 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%.

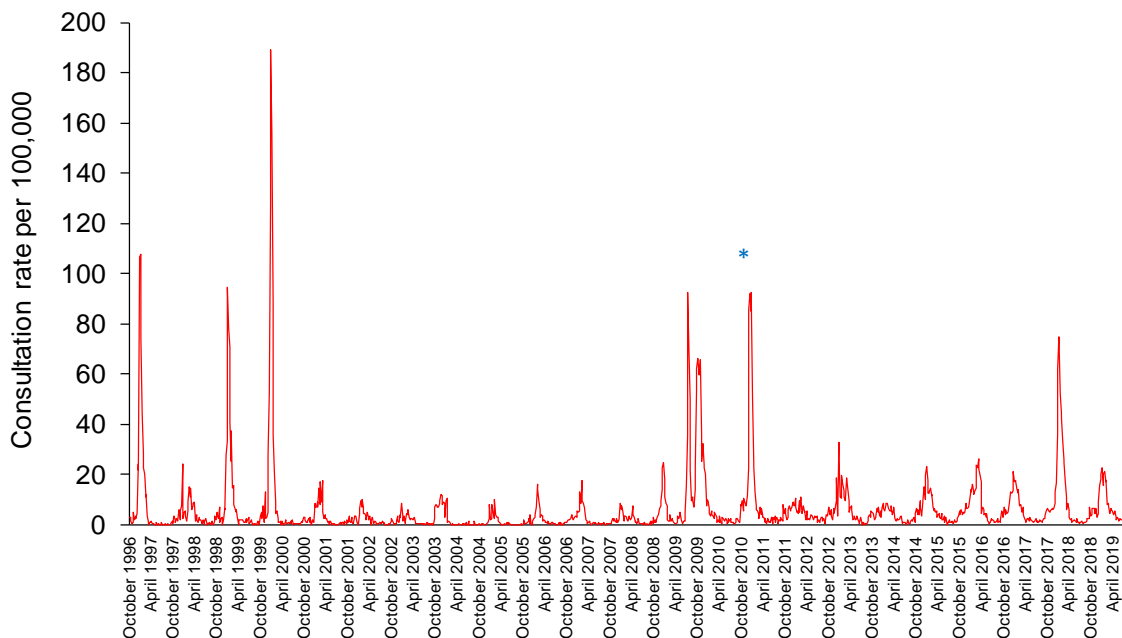
Influenza activity in Wales

Figure 1. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 15/09/2019).



* 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 37 2019).

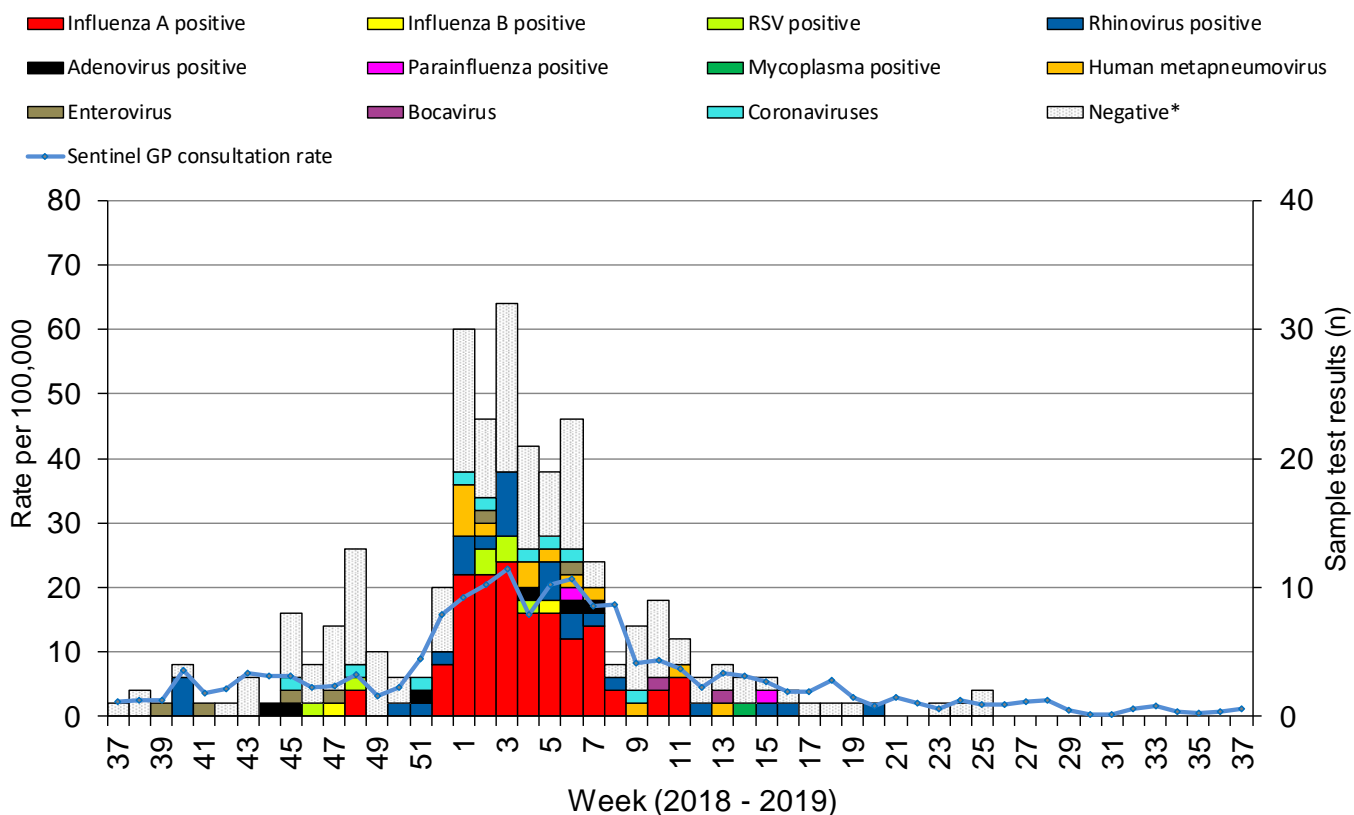


* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for influenza in Welsh sentinel practices, week 32 – week 37 2019 (as of 15/09/2019).

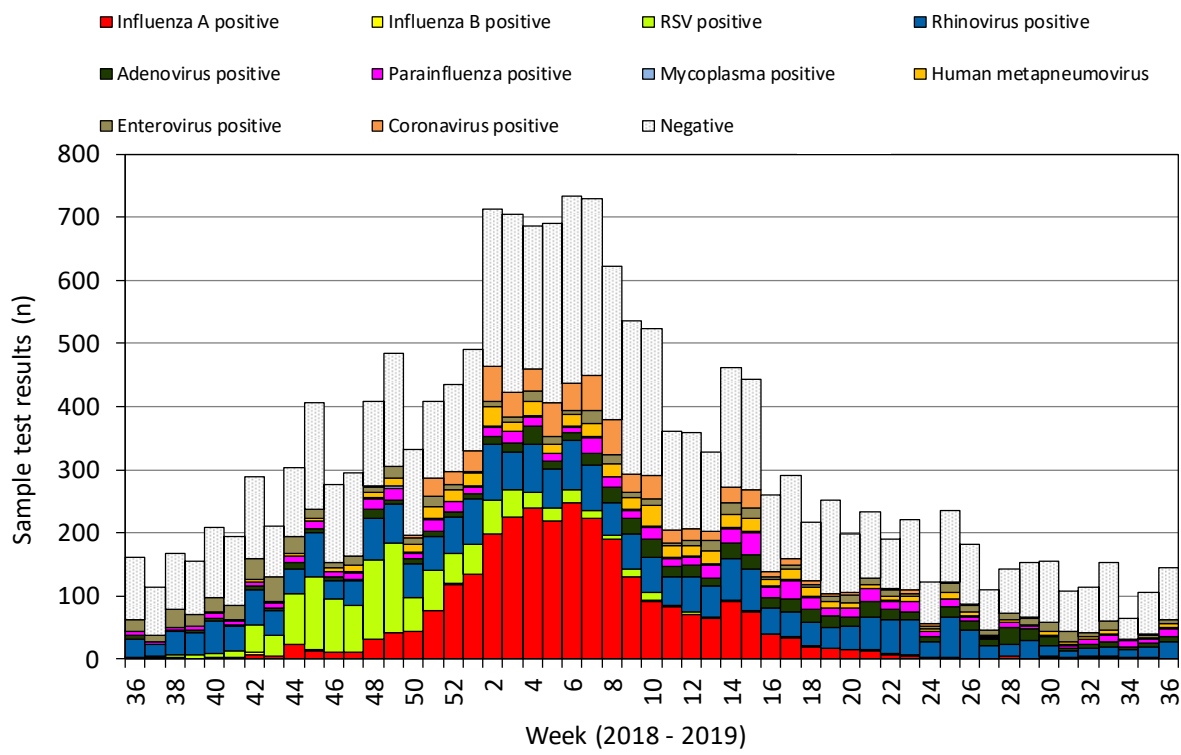
Age group	32	33	34	35	36	37
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	0.0	0.0	0.0	0.0	0.0
5 - 14	0.0	0.0	0.0	0.0	0.0	0.0
15 - 24	4.4	4.4	0.0	2.2	0.0	0.0
25 - 34	2.0	2.0	2.0	0.0	0.0	2.1
35 - 44	0.0	2.1	0.0	0.0	0.0	0.0
45 - 64	0.0	1.9	0.9	0.0	0.9	2.9
65 - 74	2.1	2.1	2.1	2.1	2.1	2.3
75+	2.5	0.0	0.0	0.0	2.5	0.0
Total	1.2	1.7	0.7	0.5	0.7	1.3

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 15/09/2019, by week of sample collection, week 37 2018 - week 37 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 08/09/2019 by week of sample collection, week 36 2018 – week 36 2019 (latest data available).



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 15/09/2019).

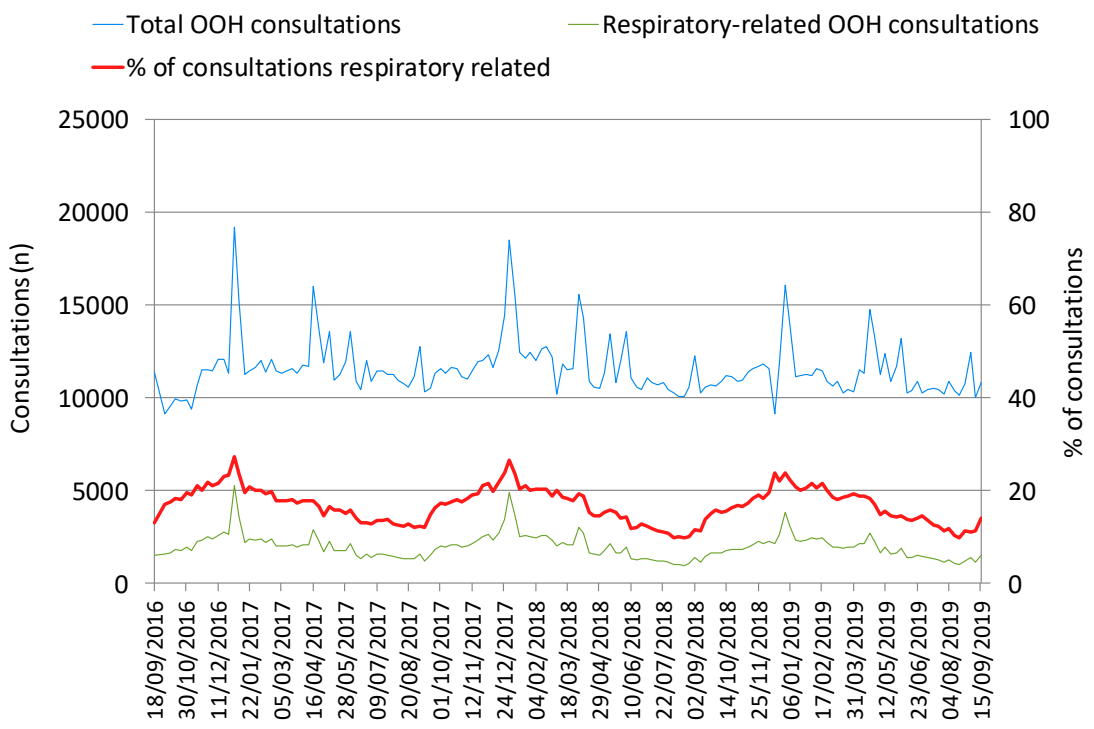
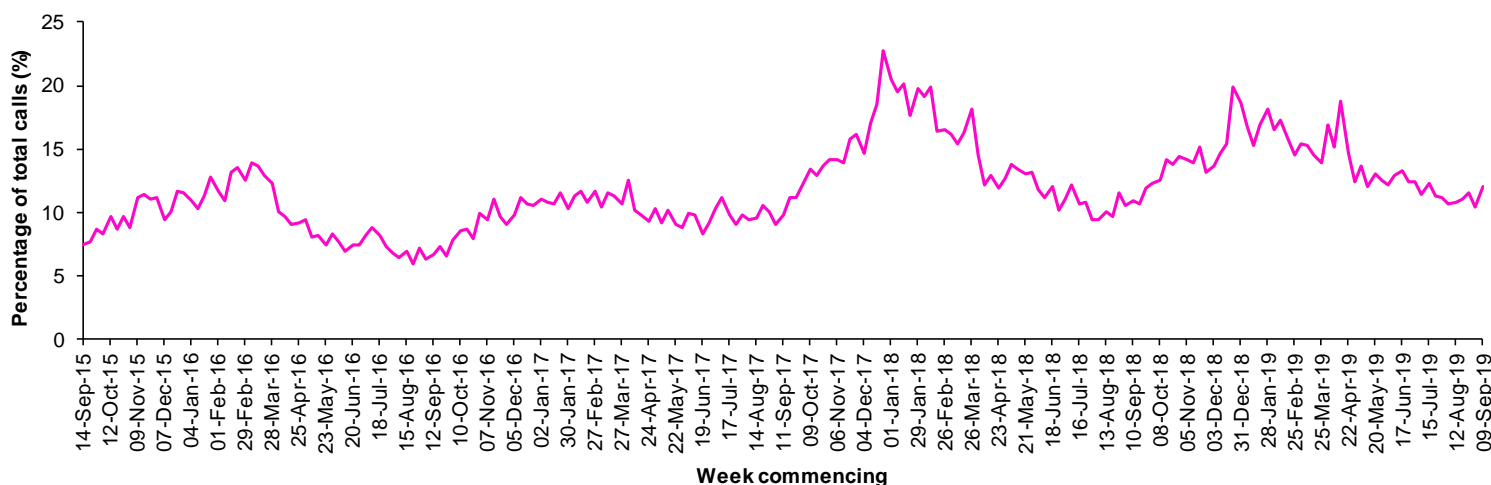


Figure 6. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 37 2015 - week 37 2019 (as of 15/09/2019).



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 36, influenza activity indicators show low levels of activity in the UK. Influenza GP consultations decreased in Scotland to 1.7 per 100, and remain below baseline activity. The weekly ILI GP consultation rate in England reported through the RCGP system increased to 1.7 per 100,000 but 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 35 and 36.
- During week 36, 12 (1.1%) of the 1,063 respiratory test results reported through Public Health England's DataMart scheme tested positive for influenza (two influenza A(H1N1)pdm09, seven influenza A(H3) and three influenza A(not subtyped)). 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 32, influenza activity was low, at inter-seasonal levels in the WHO European Region. During weeks 21-32, a total of 821 sentinel specimens were tested for influenza, seven of which were positive (four influenza A(H3N2), one influenza (not subtyped) and two influenza B). For more information on European level influenza surveillance see Flu News Europe: <http://www.flunewseurope.org/>

World update

- The WHO reported on 16/09/2019 that in the temperate zones of the southern hemisphere, influenza activity continued to decrease in most countries. Activity was low in the Caribbean and tropical South American countries. In Central American countries, influenza activity increased slightly across the sub-region. In tropical Africa influenza activity was low across reporting countries. In Southern Asia influenza activity was low across most reporting countries. In South East Asia influenza activity was low in most 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 13/09/2019), during the time period from 19/08/2019 – 01/09/2019, National Influenza Centres and other national influenza laboratories from 84 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 57,132 specimens during that time period, 4,097 were positive for influenza viruses, of which 2,353 were typed as influenza A (501 influenza A(H1N1)pdm09, 899 influenza A(H3N2) and 953 influenza A(not subtyped)) and 1,744 influenza B (of the characterised influenza B viruses 84 belonged to the B-Yamagata lineage and 462 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 15/09/2019, influenza-like illness activity (ILI) remains below the seasonal baseline threshold. The overall GP ILI rate per 100,000 patients peaked at low levels. Currently, influenza A(H3N2) and influenza B/Victoria are co-circulating. Recent virology reports suggest a mutation in the circulating influenza B/Victoria strain, which may reduce the vaccine effectiveness for this specific influenza virus strain in New Zealand during 2019.

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 (26/08/2019 to 08/09/2019), influenza and influenza-like illness (ILI) activity is lower than average for this time of year compared to previous years, and is consistent with past activity following a peak in notifications. The 2019 flu season began earlier than usual although overall activity levels have not been unusually high compared to previous seasons. The majority of influenza cases reported were influenza A (80%) 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 26/08/19 WHO reported nine additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in Saudi Arabia, including four deaths. Globally, 2,458 laboratory confirmed cases of human infection with MERS-CoV, including 849 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: <https://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:

<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 (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