

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

Trend: *Stable*

Confirmed cases since 2019 week 40: 7 (29% influenza A(H1N1)pdm09, 57% influenza A(H3N2), 14% influenza A(not typed).

Key points – Wales

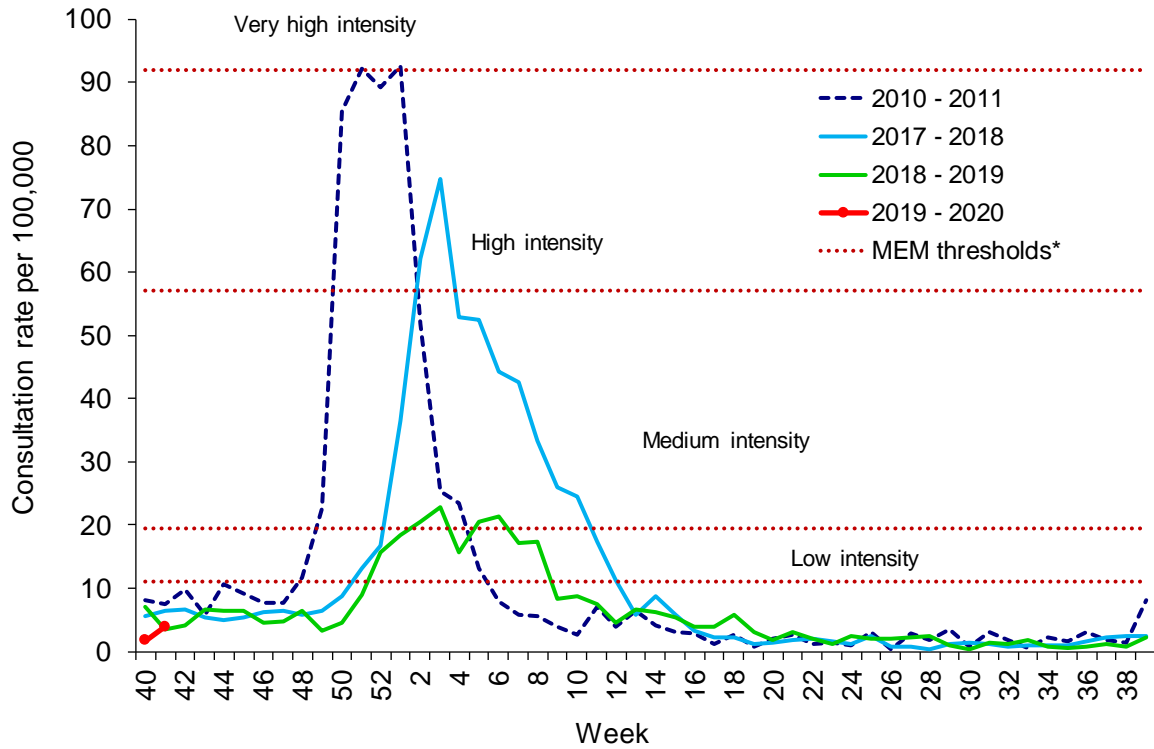
Surveillance indicators suggest that influenza is not circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) remained below baseline levels during week 41 (ending 13/10/2019). During week 40, five cases of influenza were confirmed but rhinovirus remains 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 41 was 4.0 consultations per 100,000 practice population (Table 1).
- The ILI consultation rate increased compared to week 40 (1.7 per 100,000 practice population), but remains below baseline levels (Figure 1). The consultation rate was highest in patients aged 15-24 years (10.8 per 100,000 practice population) (Table 1).
- The total number of consultations with Out of Hours (OOH) doctors in Wales reported to Public Health Wales during week 41 was 11,308. The proportion of respiratory-related consultations with OOH doctors increased to 17.9% (Figure 5). The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during week 41 decreased to 13.6% (Figure 6).
- One surveillance samples from patients with ILI, collected by sentinel GPs during week 41, had been received by Public Health Wales Microbiology as at 16/10/2019 (Figure 3). The sample was positive for mycoplasma.
- During week 41, 236 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(H1N1)pdm09, four influenza A(H3N2), 72 rhinovirus, 16 enterovirus, 11 parainfluenza, nine adenovirus, eight RSV, six human metapneumovirus and two mycoplasma (Figure 4). The proportion of samples from hospital patients positive for influenza was 2.1%.
- During week 41, there was one outbreak of acute respiratory illnesses (ARI) reported to Public Health Wales Health Protection teams, the outbreak was 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%.

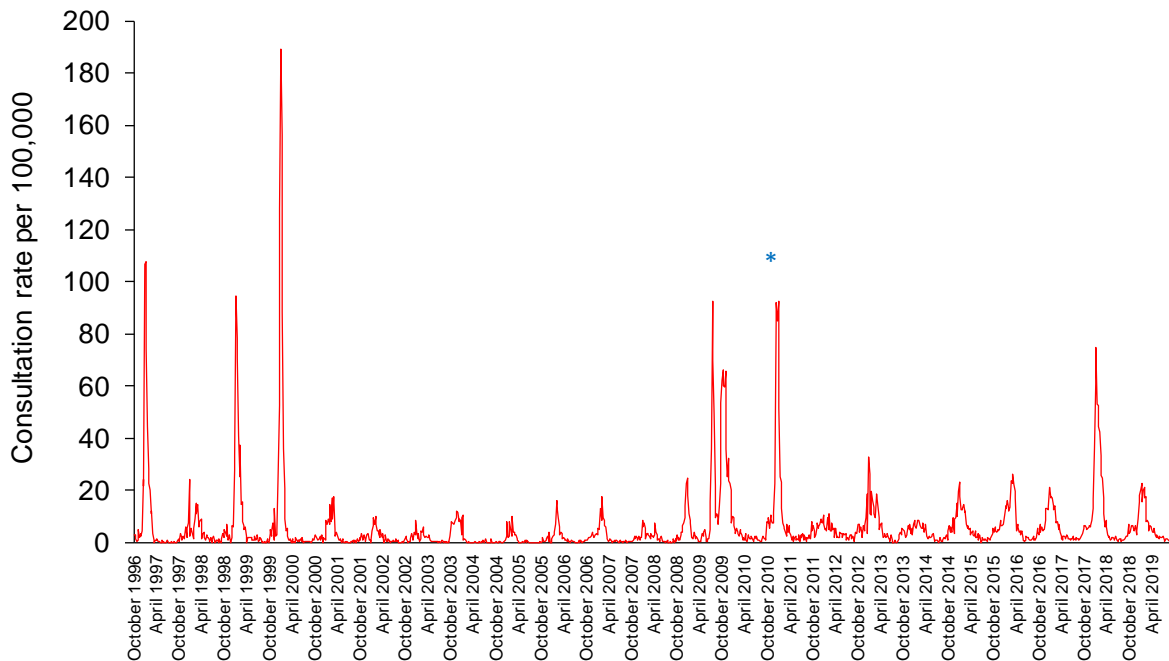
Influenza activity in Wales

Figure 1. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 13/10/2019).



* 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 11.1 per 100,000. MEM thresholds used in this chart are based on influenza from 2010-11 to 2018-19 seasons.

Figure 2. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (week 47 1996 – week 41 2019).

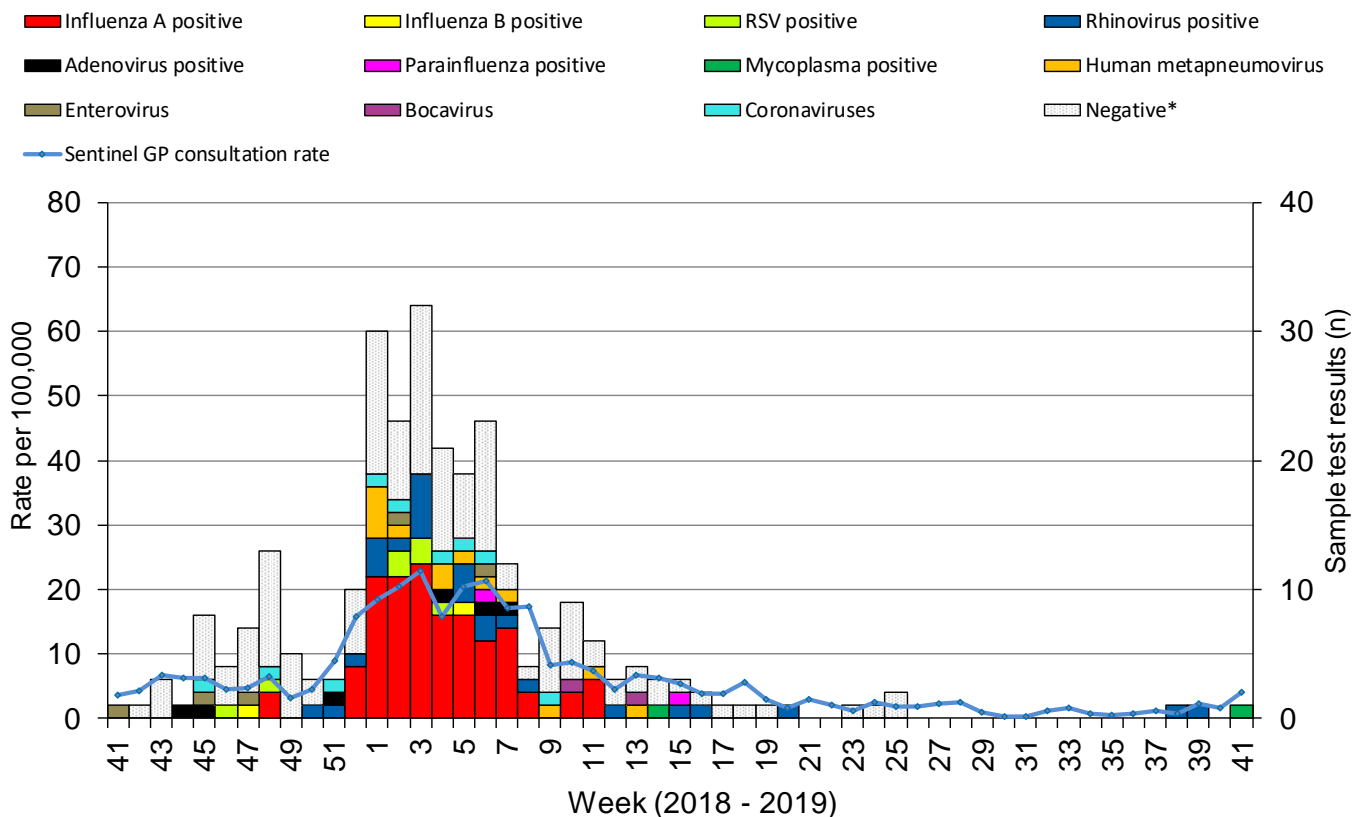


* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for influenza in Welsh sentinel practices, week 36 – week 41 2019 (as of 13/10/2019).

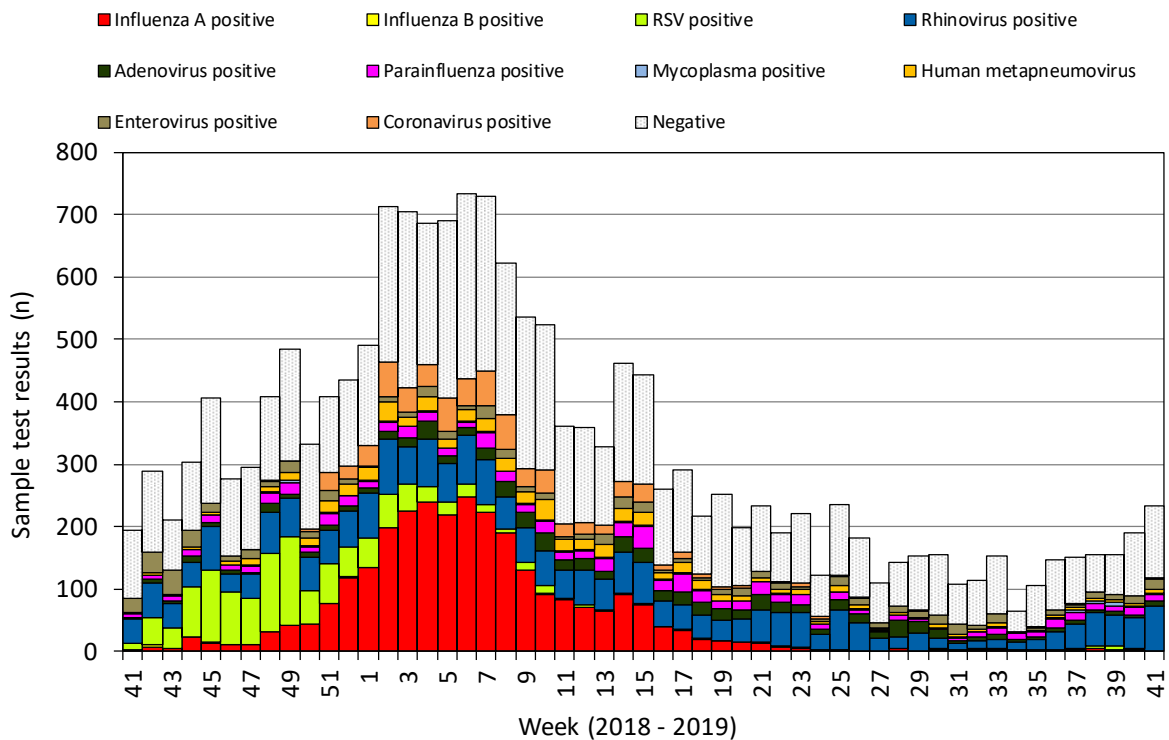
Age group	36	37	38	39	40	41
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	0.0	0.0	0.0	0.0	6.3
5 - 14	0.0	0.0	0.0	0.0	0.0	2.3
15 - 24	0.0	0.0	0.0	2.2	0.0	10.8
25 - 34	0.0	2.0	2.0	2.1	0.0	0.0
35 - 44	0.0	0.0	2.1	6.5	0.0	4.2
45 - 64	0.9	2.8	0.0	3.9	4.6	3.8
65 - 74	2.1	2.1	0.0	0.0	4.3	2.2
75+	2.5	0.0	0.0	0.0	0.0	5.1
Total	0.7	1.2	0.8	2.3	1.7	4.0

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 13/10/2019, by week of sample collection, week 41 2018 - week 41 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 13/10/2019 by week of sample collection, week 41 2018 – week 41 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 13/10/2019).

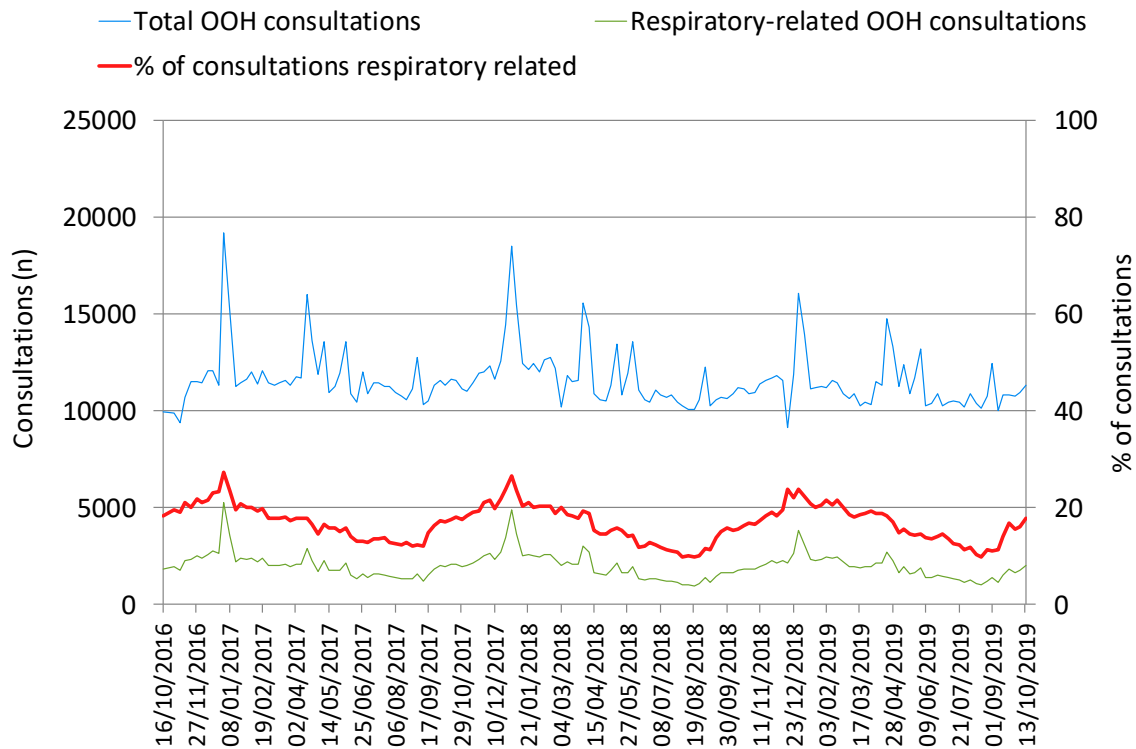
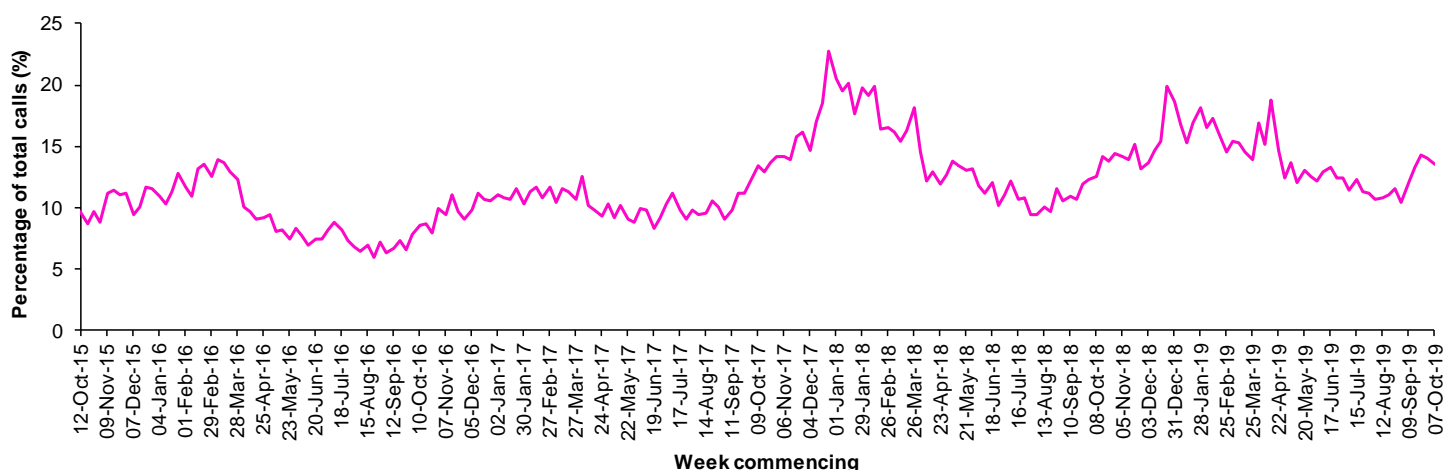


Figure 6. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 41 2015 - week 41 2019 (as of 13/10/2019).



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 40, influenza activity indicators are below baseline in the UK. Influenza GP consultations in Scotland were 5.5 per 100,000 and in Northern Ireland they were 3.9 per 100,000, both are below baseline activity. The weekly ILI GP consultation rate in England reported through the RCGP system was 4.3 per 100,000, this is below the MEM threshold for baseline activity (12.7 per 100,000). Syndromic surveillance indicators for influenza reported through the GP In Hours Syndromic Surveillance system was 3.5 per 100,000 in week 40.
- During week 40, 16 (1.1%) of the 1,466 respiratory test results reported through Public Health England's DataMart scheme tested positive for influenza (one influenza A(H1N1)pdm09, 10 influenza A(H3) and five 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 40, influenza activity was low throughout the WHO European Region. During week 40, a total of 212 sentinel specimens were tested for influenza, nine of which were positive (one influenza A(H3N2) and eight influenza B). For more information on European level influenza surveillance see Flu News Europe: <http://www.flunewseurope.org/>

World update

- The WHO reported on 14/10/2019 that in the temperate zones of the southern hemisphere, influenza activity was low in most countries. Activity was low in the Caribbean and tropical South American countries. In Central American countries, influenza activity increased in El Salvador and Nicaragua. In tropical Africa influenza activity was low across reporting countries except for some in Western Africa. 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, though the proportion of influenza B viruses increased in recent weeks.
- Based on FluNet reporting (as of 11/10/2019), during the time period from 16/09/2019 – 29/09/2019, National Influenza Centres and other national influenza laboratories from 94 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 63,162 specimens during that time period, 3,494 were positive for influenza viruses, of which 1,946 were typed as influenza A (447 influenza A(H1N1)pdm09, 813 influenza A(H3N2) and 686 influenza A(not subtyped)) and 1,548 influenza B (of the characterised influenza B viruses 56 belonged to the B-Yamagata lineage and 336 to the B-Victoria lineage).

Source: WHO influenza update:

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

Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that during week 40 (ending 05/10/19) influenza activity remains low in the United States. Nationally, 447 (3.1%) out of 14,227 specimens have tested positive for influenza in week 40, of these positives 127 (28.4%) were influenza A and 320 (71.6%) were influenza B. Further characterisation has been carried out on 352 specimens by public health laboratories, and 38 tested positive for influenza, 28 (73.7%) were influenza A (13 influenza A(H1N1)pdm09 (50.0%), 13 influenza (H3N2) (50.0%), and subtyping was not performed on 2 specimens) and 10 influenza B (26.3%).

Source: CDC Weekly US Influenza Surveillance Report

<http://www.cdc.gov/flu/weekly/>

- The Public Health Agency of Canada reported that during weeks 39-40, influenza activity remains at interseasonal levels at the national level. The percentage of visits to healthcare professionals that were due to ILI was 1.3% in week 40, an increase from the previous week. The percentage of tests positive for influenza remains at interseasonal levels at 1.2% in week 40.

Source: Public Health Agency of Canada

<https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html>

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

- On 26/09/19 WHO reported six additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in Saudi Arabia, including one associated death. Globally, 2,464 laboratory confirmed cases of human infection with MERS-CoV, including 850 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 (25/06/2019 to 27/09/2019) 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:

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