

Current level of influenza activity: *Baseline activity*

Influenza activity trend: *Stable*

Confirmed influenza cases since 2020 week 40: 15 (seven influenza A(H3N2), two influenza A(not subtyped) and six influenza B.)

Key points – Wales

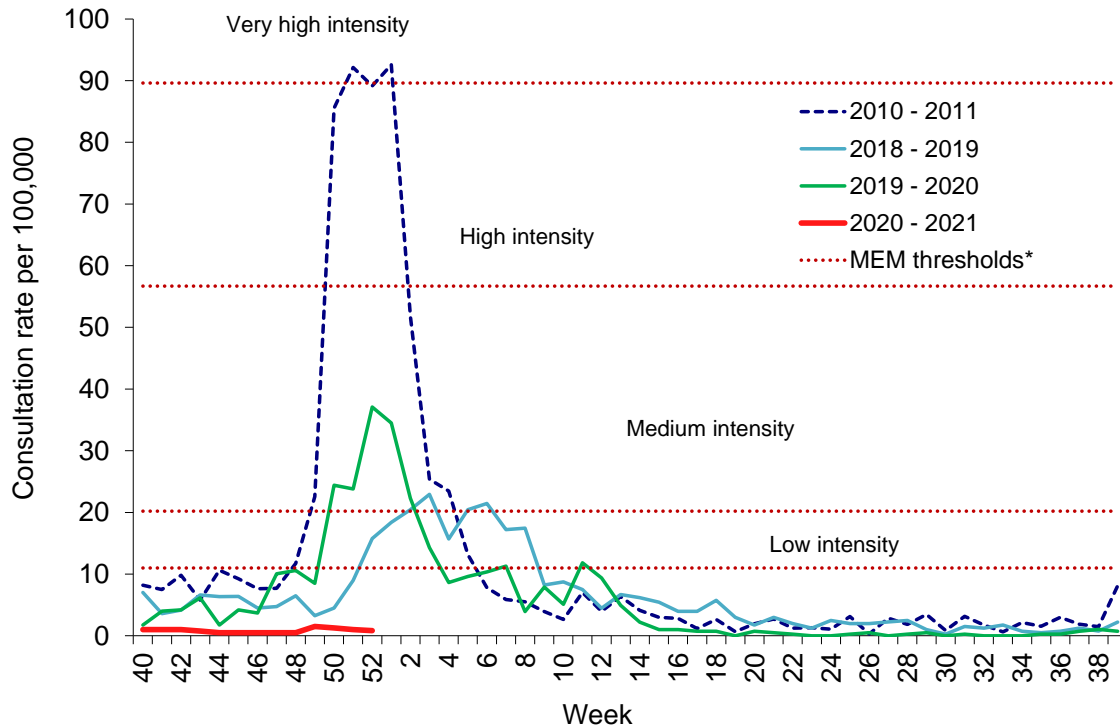
Surveillance indicators suggest that influenza is not currently circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) decreased during week 52 (ending 27/12/2020). During week 52, two cases of influenza were confirmed. COVID-19 cases continue to be detected in symptomatic patients in hospital and in the community. Rhinovirus was the most commonly detected non-COVID-19 cause of Acute Respiratory Infection (ARI) but other causes of ARI continue to be detected. Surveillance data suggests the Respiratory Syncytial Virus (RSV) season is not yet underway.

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during week 52 was 0.8 consultations per 100,000 practice population (Table 1). This decreased compared to the previous week (1.0 consultations per 100,000) and remains below baseline threshold for seasonal influenza activity (11.0 per 100,000 practice population) (Figure 1). The sentinel GP ILI consultation rate was highest in patients aged 75 years and older (2.7 per 100,000 practice population) (Table 1). 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.
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 54.2 per 100,000 practice population during week 52, this is a decrease compared to the previous week (90.5 per 100,000) (Table 2). Weekly consultations for Upper Respiratory Tract Infections and Lower Respiratory Tract Infections decreased compared to the previous week. The age-group specific consultation rate for ARI during week 52 was highest in under one year olds (219.1 per 100,000 practice population).
- The percentage of calls to **NHS Direct Wales** which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during week 52 decreased to 15.8% (Figure 9).
- The total number of respiratory-related consultations with **Out of Hours (OOH)** doctors in Wales reported to Public Health Wales during week 52 was 1,229, this represents 10.0% of all 12,274 reported consultations with OOH doctors, an increase in the number but a slight decrease in the proportion reported last week (Figure 8).
- During week 52, 1,044 specimens received respiratory panel testing from hospital and non-sentinel GP patients with ARI. These results do not include samples tested solely for SARS-CoV2. There was one influenza A(H3N2), one influenza B, 57 rhinovirus and 11 adenovirus detected in week 52 (Figure 4). Additionally, 7,898 samples from patients were submitted for rapid Cepheid testing for influenza, RSV and SARS-CoV2, these tests may be associated with screening activities rather than diagnostic testing for patients presenting with ARI (Figure 5). Of these 7,733 samples, none were positive influenza, one was positive for RSV, and 1,081 were positive for SARS-CoV2 (figure 5). Fifty-six respiratory specimens were tested from patients in intensive care units (ICU) and one sample was positive for influenza B (Figure 6). For the latest COVID-19/ SARS-CoV2 surveillance data please see the [PHW daily dashboard](#)
- One surveillance sample from a patient with ILI, collected by a **sentinel GP** during week 52 had been received by Public Health Wales Microbiology as at 30/12/2020. The sample was negative for all routinely tested respiratory pathogens.
- There has been no detectable RSV activity so far for 2020-21.
- During week 52, 133 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, all were reported as COVID-19 outbreaks. Eighty-seven were in residential homes, four were in a school/nursery setting, five were in hospitals and 37 were in a community, mixed or other setting.
- According to **EuroMoMo** analysis, all-cause deaths have increased compared to the 5 year average.

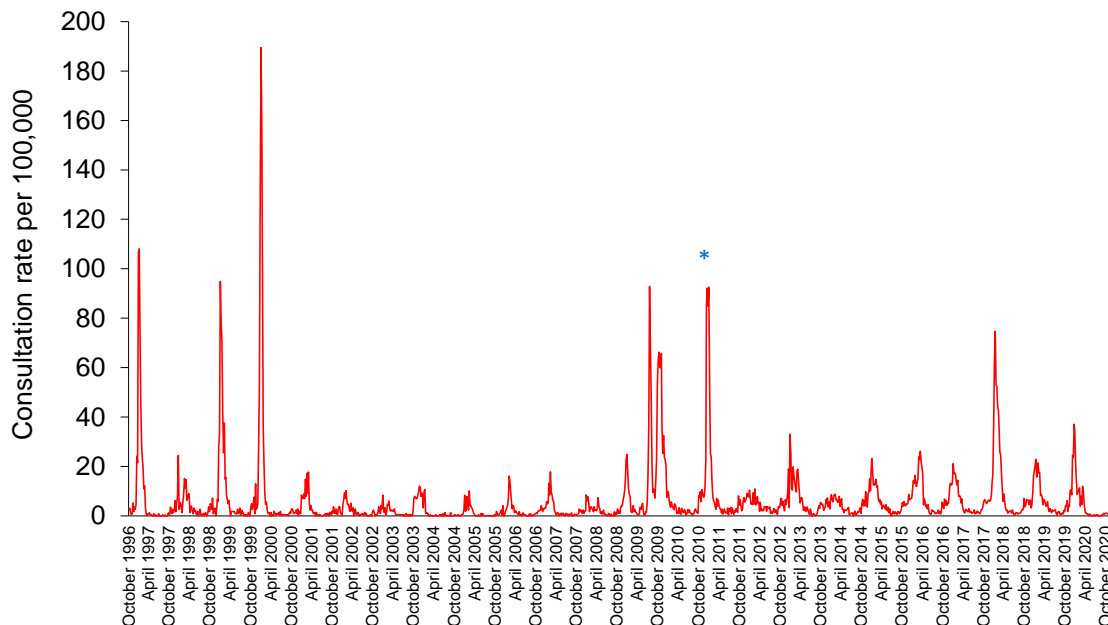
Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 27/12/2020).



* 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.

Figure 2. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (week 48 1996 – week 52 2020).



* Reporting changed to Audit+ surveillance system

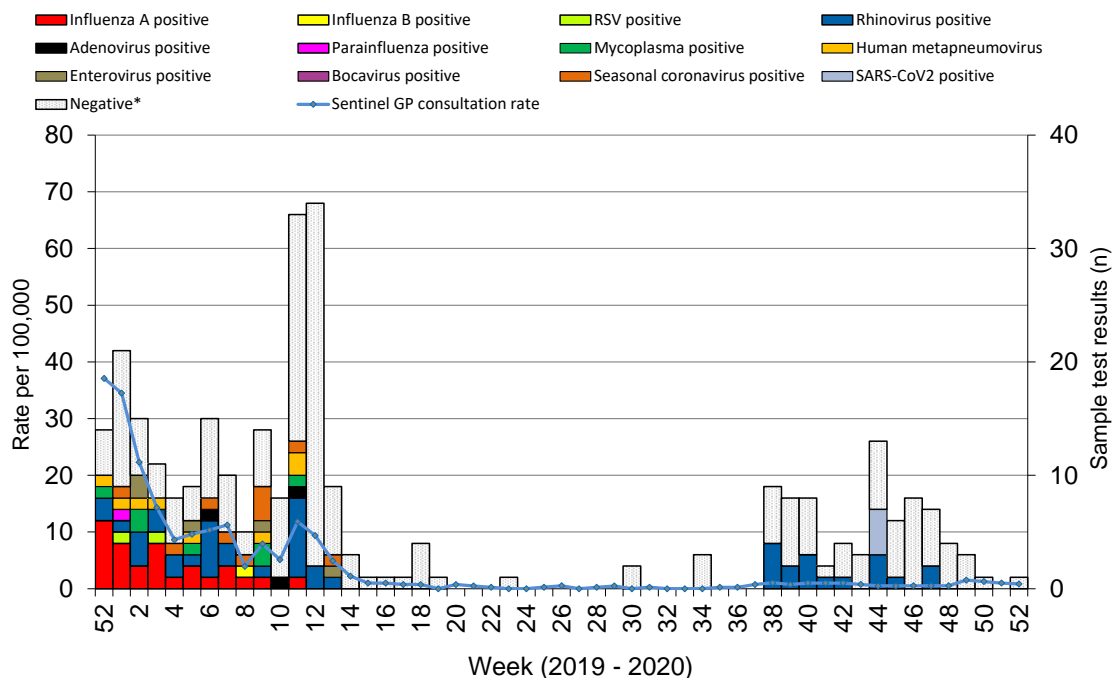
Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 47 – week 52 2020 (as of 27/12/2020).

Age group	47	48	49	50	51	52
< 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	2.2	2.2	0.0	2.2	2.2	2.4
25 - 34	0.0	0.0	4.0	2.0	2.0	2.2
35 - 44	0.0	0.0	0.0	0.0	0.0	0.0
45 - 64	1.0	1.0	0.9	1.9	1.9	0.0
65 - 74	0.0	0.0	6.6	2.2	0.0	0.0
75+	0.0	0.0	0.0	0.0	0.0	2.7
Total	0.5	0.5	1.5	1.3	1.0	0.8

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 47 – week 52 2020 (as of 27/12/2020).

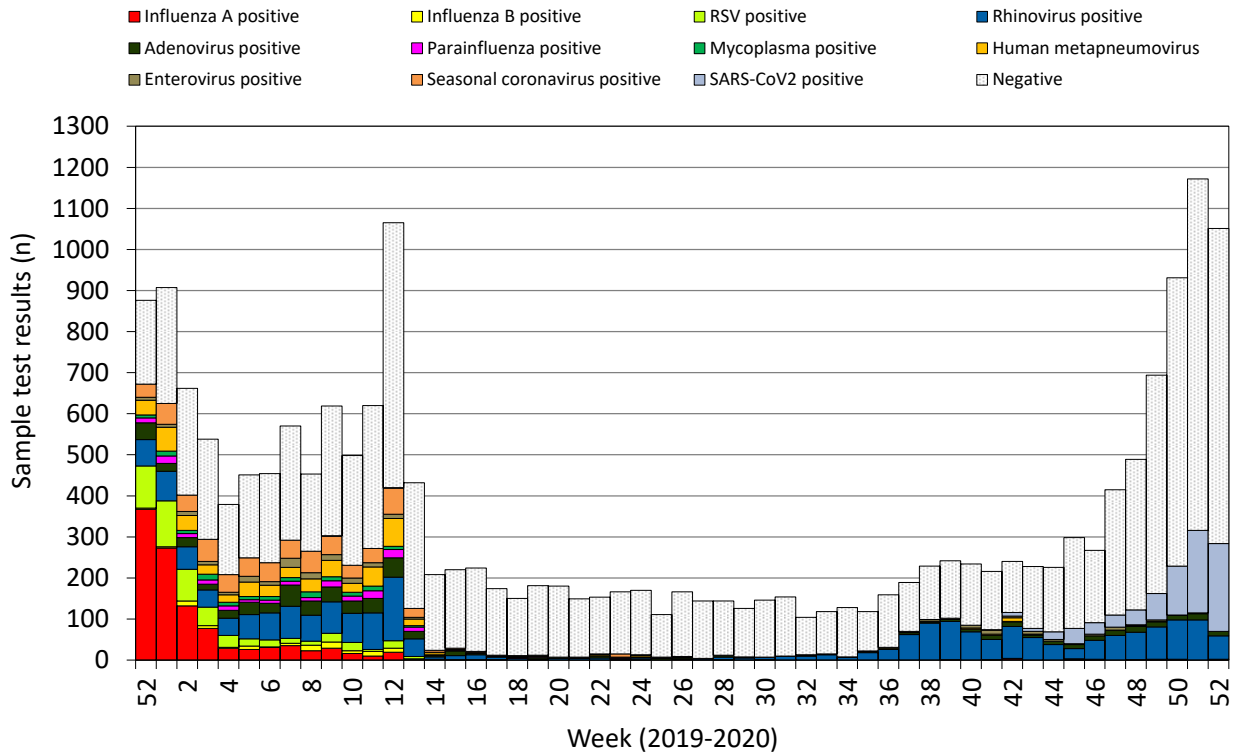
Age group	47	48	49	50	51	52
< 1	525.3	361.1	860.6	261.5	257.5	219.1
1 - 4	222.2	215.7	237.8	180.2	203.1	148.0
5 - 14	54.4	44.9	73.4	51.1	34.2	12.8
15 - 24	55.7	69.1	60.8	97.3	71.8	38.6
25 - 34	59.2	65.3	101.0	72.8	55.6	66.8
35 - 44	78.8	42.5	79.0	96.1	110.9	64.3
45 - 64	48.9	46.1	64.3	87.1	99.3	54.1
65 - 74	57.6	33.2	57.1	63.7	92.5	33.8
75+	64.4	81.7	65.1	113.5	110.7	65.0
Total	68.1	61.7	83.5	88.5	90.5	90.5

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 27/12/2020, by week of sample collection, week 52 2019 - week 52 2020.



* 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 27/12/2020 by week of sample collection, week 52 2019 to week 52 2020.



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.

Figure 5. Rapid Cepheid specimens submitted for virological testing for hospital patients, as of 27/12/2020 by week of sample collection, week 46 to week 52 2020.

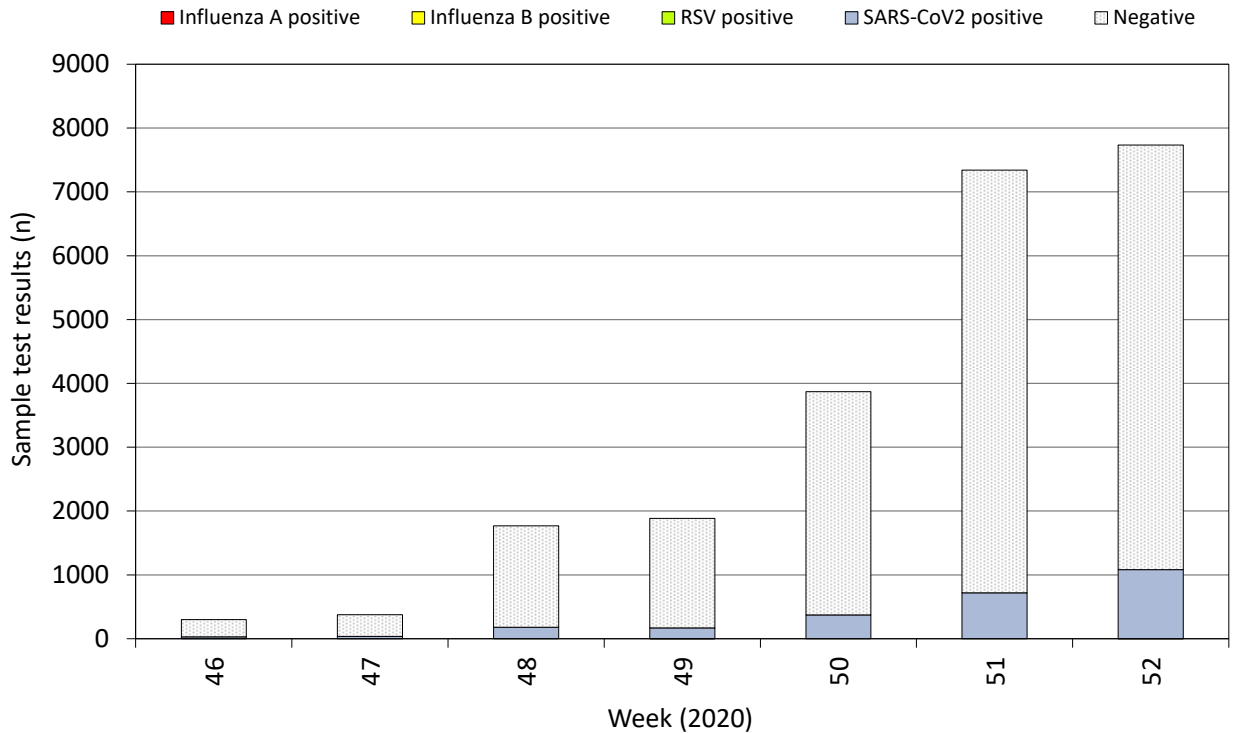
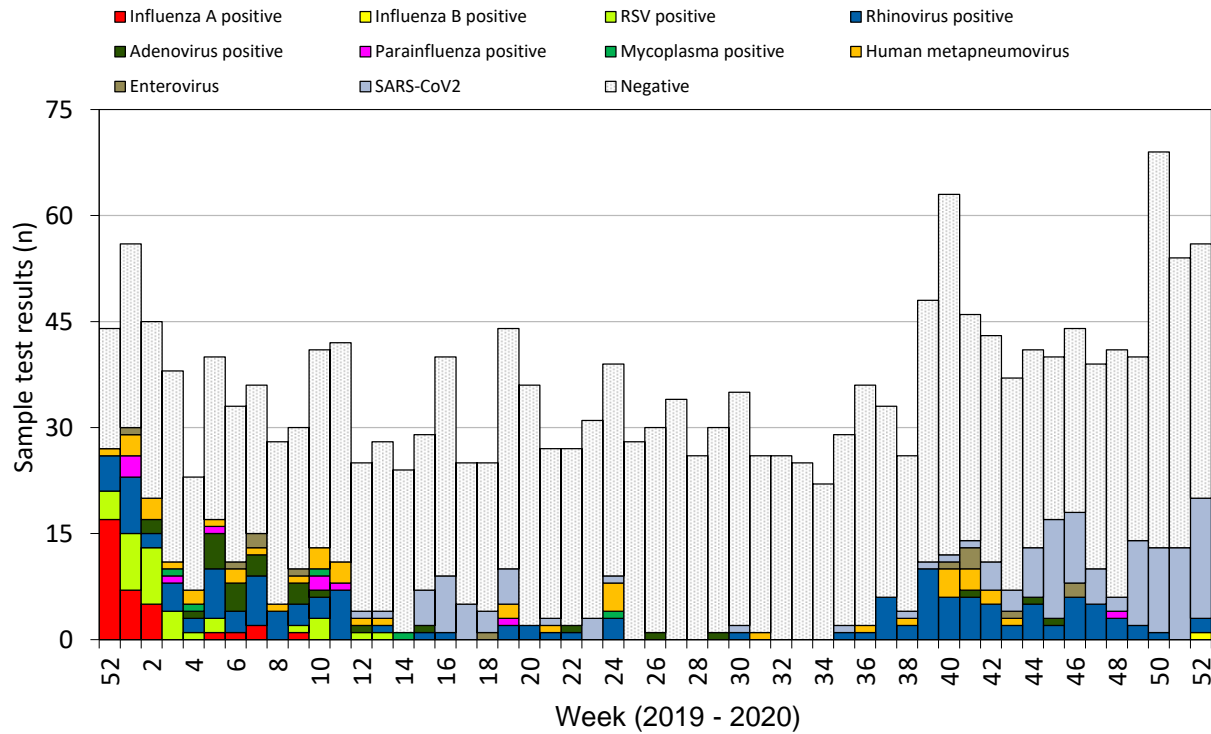
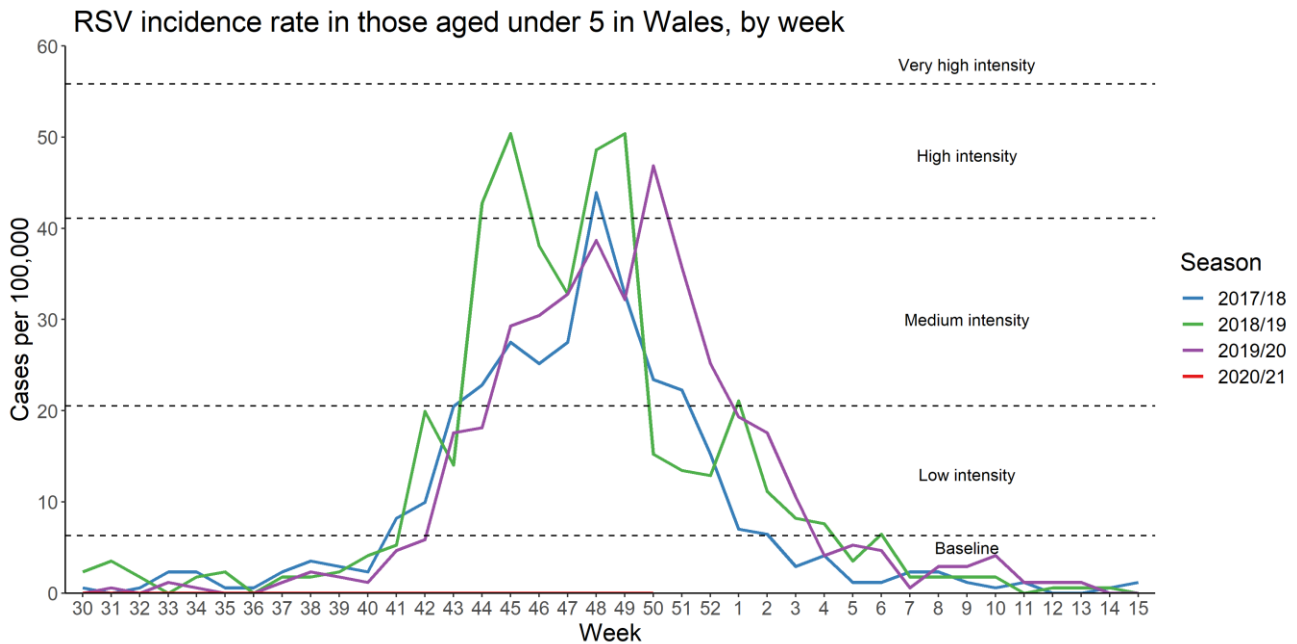


Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 52 2019 to week 52 2020.



This chart summarises respiratory panel test data and does not include data for patients tested SOLEY for SARS-CoV2.

Figure 7. RSV incidence rate per 100,000 population aged under five years, week 30 2017 to week 52 2020.



No samples have tested positive for RSV in under 5 year olds since week 30 2020.

Out of Hours consultations and calls to NHS Direct Wales

Figure 8. Weekly total consultations to Out of Hours services in Wales and numbers of respiratory-related diagnoses (as of 27/12/2020).

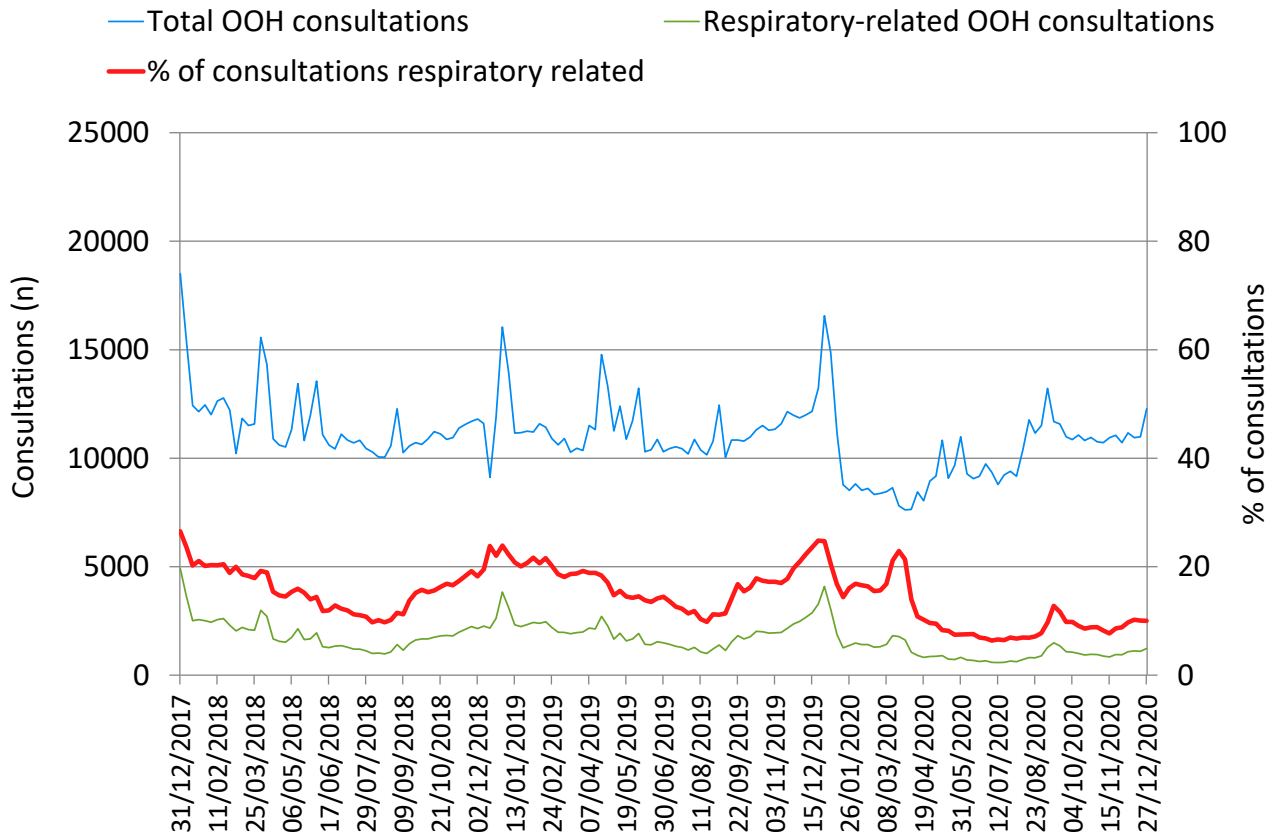
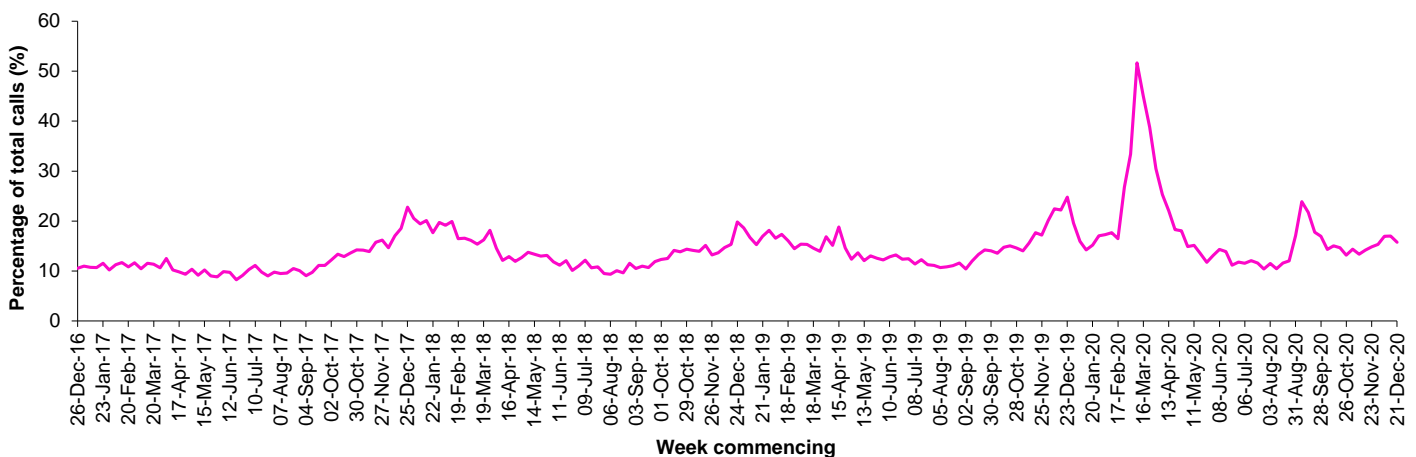


Figure 9. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 52 2016 - week 52 2020 (as of 27/12/2020).



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 3. Uptake of influenza immunisations in GP Practice patients, school children and NHS staff in Wales 2020/21 (as of 22/12/2020).

Influenza immunisation uptake in the 2020/21 season	
People aged 65y and older	75.6%
People younger than 65y in a clinical risk group	48.1%
Children aged two & three years	54.2%
Children aged four to ten years*	71.5%
NHS staff	59.3%
NHS staff who have direct patient contact	61.2%

* In school sessions carried out so far.

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

Influenza activity – UK and international summary

- As of week 51, the majority of community and syndromic indicators for influenza have remained stable or increased slightly in the UK. GP ILI consultations remained stable in Scotland at 0.4 per 100,000, and in Northern Ireland to 1.7 per 100,000, and remain well below the baseline intensity thresholds for both countries. The weekly ILI GP consultation rate in England reported through the RCGP system remained stable at 1.2 per 100,000, well below the MEM threshold for baseline activity (12.2 per 100,000).
- During week 51, none of the 1,496 respiratory test results reported through Public Health England's DataMart scheme tested positive for influenza. UK summary data are available from the [Public Health England National Influenza and COVID-19 Surveillance Report](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported that as of week 51, influenza activity remained at inter-seasonal levels across the WHO European Region. During week 51, a total of 786 sentinel specimens were tested for influenza, none were positive.

Source: Flu News Europe: <http://www.flunewseurope.org/>

- The WHO reported on 21/12/2020 that globally, influenza activity remained at lower levels than expected for this time of year. In the temperate zone of the northern hemisphere, influenza activity remained below inter-seasonal levels, though sporadic detections of influenza A and influenza B were reported in some countries. In the temperate zones of the southern hemisphere, influenza activity was reported at inter-seasonal level. In the Caribbean and Central American countries, sporadic influenza B detections were reported in recent weeks. In tropical South America, there were no influenza detections in this reporting period. In tropical Africa, influenza activity continued to be reported in Western Africa. In Southern Asia, no influenza detections were reported. In South East Asia, influenza detections of predominantly influenza A(H3N2) continued to be reported in Lao People's Democratic Republic (PDR). Worldwide, influenza A and B viruses were detected in similar proportions.
- Based on FluNet reporting (as of 21/12/2020), during the time period from 23/11/2020 – 06/12/2020, National Influenza Centres and other national influenza laboratories from 87 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 204,150 specimens during that time period, 385 were positive for influenza viruses, of which 189 were typed as influenza A (16 influenza A(H1N1)pdm09, 67 influenza A(H3N2) and 106 influenza A(not subtyped)) and 196 influenza B (of the characterised influenza B viruses three belonged to the B-Yamagata lineage and 26 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 51 (ending 19/12/2020) influenza activity remains lower than usual for this time of year in the United States. Nationally, 27 (0.1%) out of 21,456 specimens have tested positive for influenza in week 51, of these positives nine (33.3%) were influenza A and 18 (66.6%) were influenza B. Further characterisation has been carried out on 14,174 specimens by public health laboratories, and nine samples tested positive for influenza, six influenza A (six influenza A(subtyping not performed)) and three 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 51, influenza activity remains exceptionally low for this time of year, despite continued monitoring for influenza. The percentage of visits to healthcare professionals that were due to ILI was 0.4% in week 50, which is similar to previous weeks, but remains lower than average compared to recent seasons. The percentage of tests positive for influenza was 0.02% during week 50, this is lower than previous seasons.

Source: Public Health Agency of Canada

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

Coronavirus disease 2019 (COVID-19) – UK and international summary

- The number of confirmed cases in Wales reported as at 30/12/2020 is 146,706, with 2,281 newly reported in the previous 24 hours. The cumulative number of suspected COVID-19 deaths in confirmed cases in hospitals and care homes reported to Public Health Wales is 3,429, with 13 new deaths reported in the previous 24 hours. The cumulative number of registered deaths in Welsh residents where COVID-19 was mentioned in the death certificate as at 2020 week 50 was 4,111. Latest COVID-19 data from Public Health Wales is available from: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/> Public Health Wales produce a daily statement on COVID-19, available from: <https://covid19-phwstatement.nhs.wales/>
- As at 29/12/2020, there are 2,382,865 reported confirmed cases of COVID-19 in the UK, of which 53,135 were newly reported in the previous 24 hours. The total deaths within 28 days of a positive test was 71,567, with 414 reported in the previous 24 hours. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 30/12/2020, WHO reported 80,453,105 confirmed COVID-19 cases globally, with 297,920 reported in the previous 24 hours. There have been 1,775,776 deaths, of which 4,648 were reported in the previous 24 hours. Daily WHO situation updates are available from: <https://covid19.who.int/>

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

- On 02/07/2020 WHO reported nine additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV), including five associated deaths. Globally, 2,562 laboratory confirmed cases of human infection with MERS-CoV, including 881 associated deaths, have officially been reported to WHO since 2012.
Source: WHO Global Alert and Response website: <http://www.who.int/csr/don/archive/year/2020/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 (24/10/2020 to 09/12/2020) 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. WHO Global Alert & Response updates: <http://www.who.int/csr/don/en/>

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://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>

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:

<https://phw.nhs.wales/topics/flu/>

England influenza surveillance:

<https://www.gov.uk/government/statistics/weekly-national-flu-reports-2019-to-2020-season>

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://www.immunisation.wales.nhs.uk/home>

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

surveillance.requests@wales.nhs.uk