

Current level of influenza activity: *Baseline activity*

Influenza activity trend: *Stable*

Confirmed influenza cases since 2020 week 40: 36 (nine influenza A(H3N2), 14 influenza A(not subtyped) and 13 influenza B).

Key points – Wales

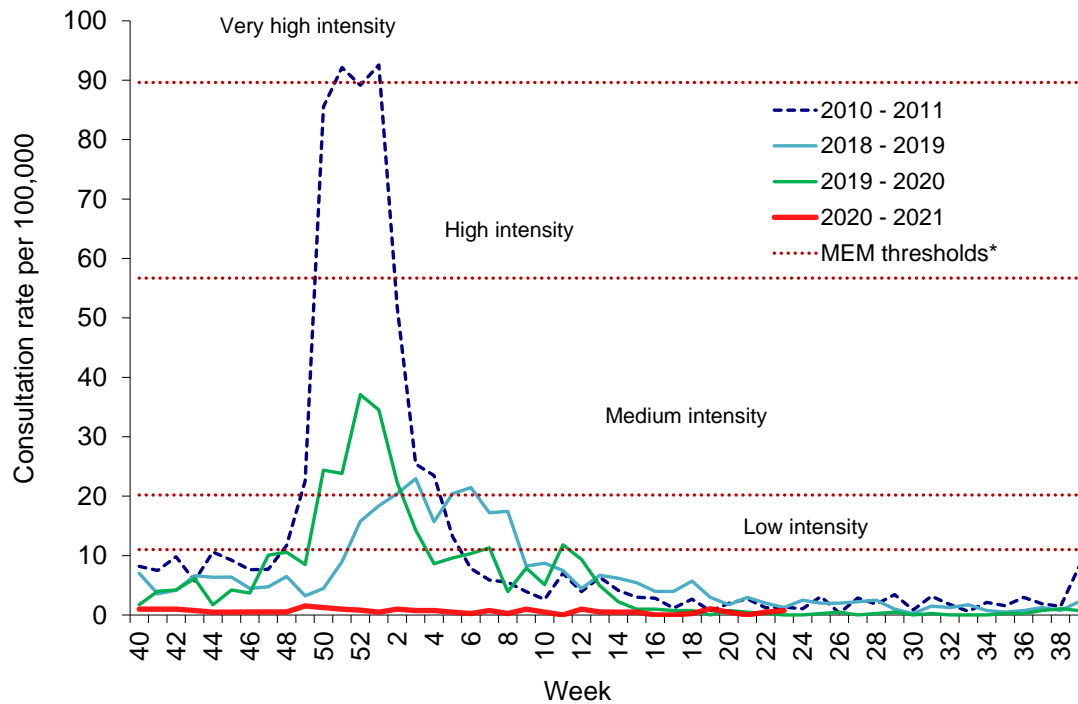
Surveillance indicators suggest that influenza is not circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) increased during week 23 (ending 13/06/2021). During week 23, no cases of influenza were confirmed. Rhinovirus remains the most commonly detected cause of non-COVID-19 Acute Respiratory Infection (ARI), but in recent weeks there have been increases in parainfluenza and adenovirus confirmed cases. COVID-19 cases continue to be detected in symptomatic patients in hospital and in the community, with overall numbers remaining lower than early 2021. Surveillance data suggest that influenza and Respiratory Syncytial Virus (RSV) have not circulated over the winter months, there remains potential for unseasonal activity or for higher than usual levels of activity during 2021-22 seasons.

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during week 23 was 0.7 consultations per 100,000 practice population (Table 1). This increased compared to the previous week (0.5 consultations per 100,000) but remains well below baseline threshold for seasonal influenza activity (11.0 per 100,000 practice population) (Figure 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 87.3 per 100,000 practice population during week 23, this is an increase compared to the previous week (64.1 per 100,000) (Table 2). Weekly consultations for Upper Respiratory Tract Infections and Lower Respiratory Tract Infections increased compared to the previous week. The age-group specific consultation rate for ARI during week 23 was highest in under one year olds (758.6 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 23 decreased to 14.8% (Figure 8).
- During week 23, 1,263 specimens received respiratory panel testing from hospital and non-sentinel GP patients with ARI. These figures do not include samples tested solely for SARS-CoV2. There were four RSV, 150 rhinoviruses, 63 parainfluenza, 31 adenoviruses, five seasonal coronaviruses and three enteroviruses detected in week 23 (Figure 4). Additionally, 3,241 samples from patients were tested for influenza, RSV and SARS-CoV2 only, a proportion of these tests may be associated with screening activities rather than diagnostic testing for patients presenting with ARI. Of these 3,381 samples, none were positive for influenza, three were positive for RSV and 16 were positive for SARS-CoV2 (figure 5). Sixty-three respiratory specimens were tested from patients in intensive care units (ICU) and none were positive for influenza (Figure 6). For the latest COVID-19/ SARS-CoV2 surveillance data please see the [PHW daily dashboard](#)
- One surveillance samples from a patient with ILI, collected by **sentinel GPs** during week 23, had been received by Public Health Wales Microbiology as at 16/06/2021, the sample was negative for all routinely tested respiratory pathogens.
- There has been no detectable RSV season in 2020-21, and a small number of cases have been seen thus far in 2021.
- During week 23, 32 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, all were reported as COVID-19 outbreaks. Fifteen were in residential homes, three were in a school/nursery setting, one was in a hospital and 13 were in a community, mixed or other setting.
- According to **EuroMoMo** analysis, all-cause deaths were not significantly in excess during week 21 (latest data).

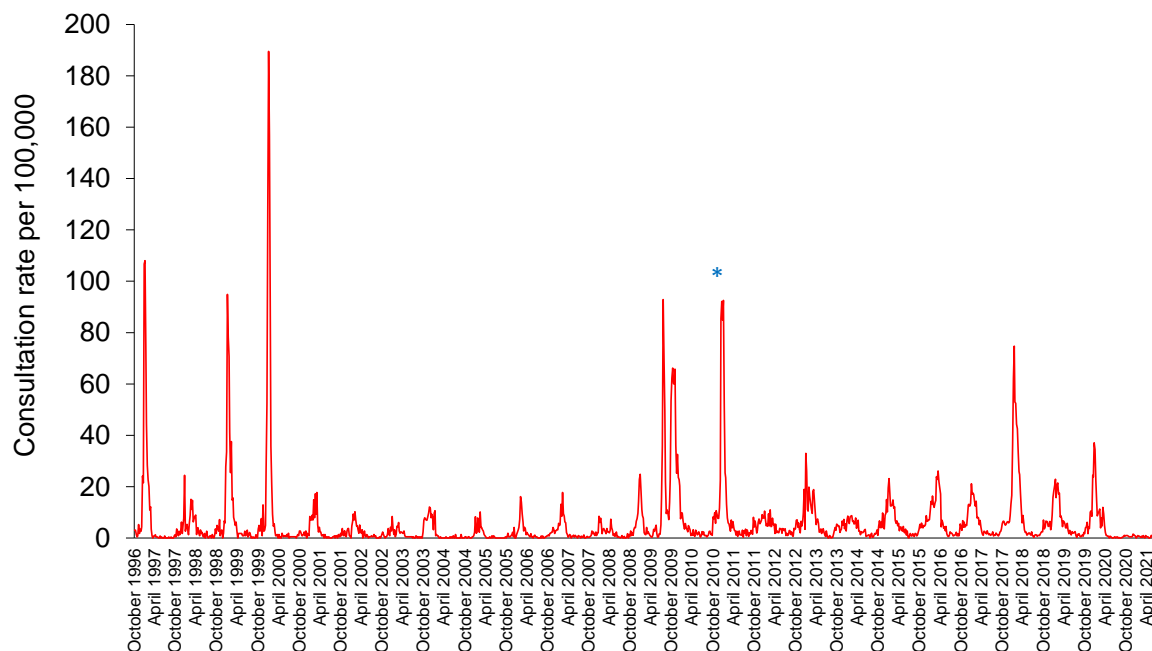
Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 13/06/2021).



* 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 23 2021).



* Reporting changed to Audit+ surveillance system

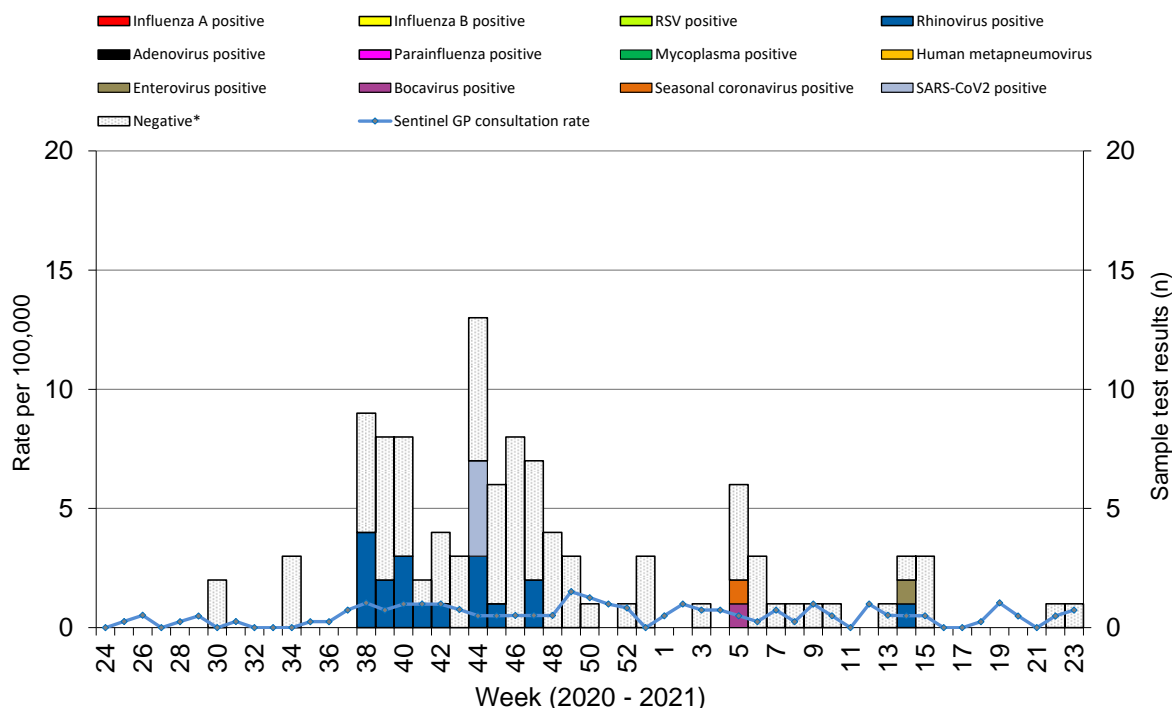
Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 18– week 23 2021 (as of 13/06/2021).

Age group	18	19	20	21	22	23
< 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	2.4	0.0	0.0	0.0	0.0
15 - 24	0.0	2.3	0.0	0.0	0.0	2.2
25 - 34	0.0	2.1	2.0	0.0	2.0	0.0
35 - 44	0.0	2.1	2.0	0.0	2.0	4.0
45 - 64	0.0	0.0	0.0	0.0	0.0	0.0
65 - 74	2.2	0.0	0.0	0.0	0.0	0.0
75+	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.3	1.0	0.5	0.0	0.5	0.7

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 18 – week 23 2021 (as of 13/06/2021).

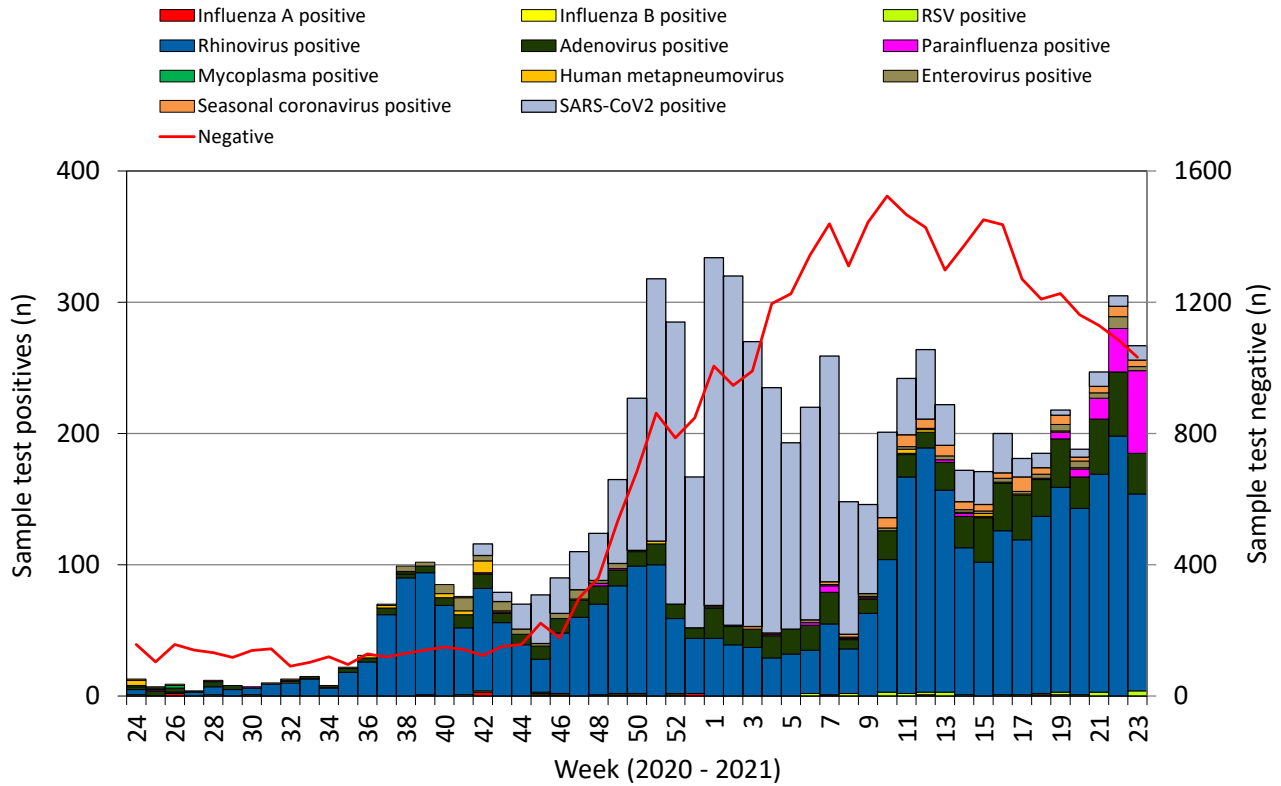
Age group	18	19	20	21	22	23
< 1	524.1	509.1	304.1	634.2	367.3	758.6
1 - 4	395.0	326.6	271.3	380.2	455.4	614.2
5 - 14	65.9	82.2	58.5	57.2	36.7	65.8
15 - 24	54.8	61.7	45.3	44.3	84.7	70.8
25 - 34	51.2	64.5	38.4	55.5	53.7	70.7
35 - 44	52.8	33.4	60.5	51.1	36.9	64.7
45 - 64	51.9	56.7	40.7	35.5	39.6	56.5
65 - 74	42.9	69.6	49.9	34.6	30.7	45.1
75+	50.1	54.0	40.5	66.8	51.7	61.7
Total	69.0	72.8	57.1	63.8	64.1	87.3

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 13/06/2021, by week of sample collection, week 24 2020 to week 23 2021.



* 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 13/06/2021 by week of sample collection, week 24 2020 to week 23 2021.



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. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 13/06/2021 by week of sample collection, week 46 2020 to week 23 2021.

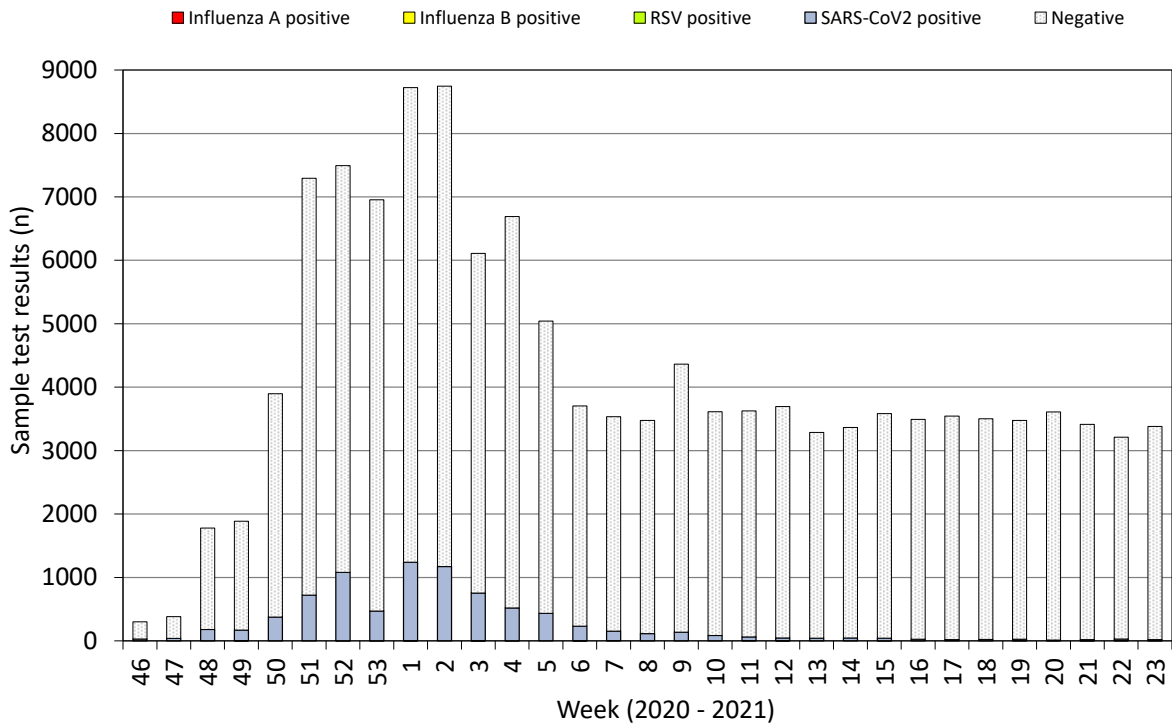
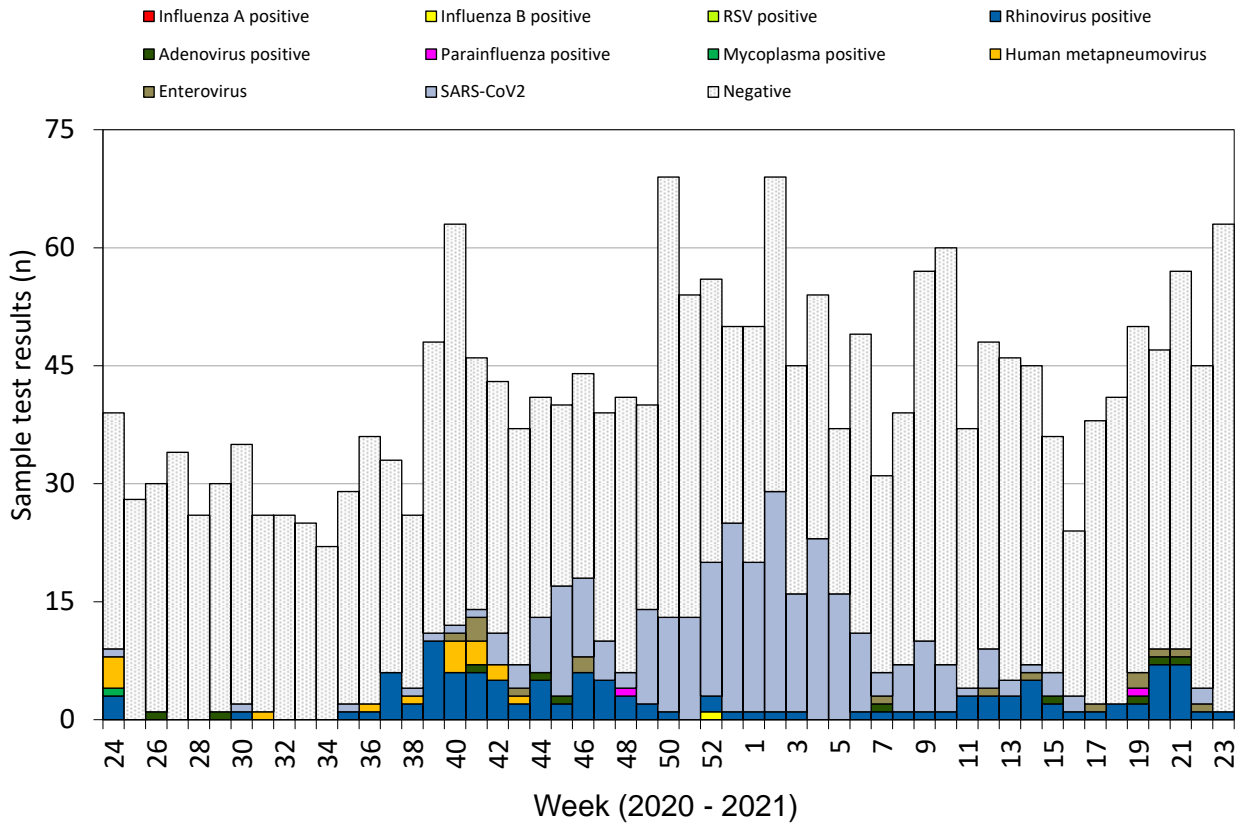
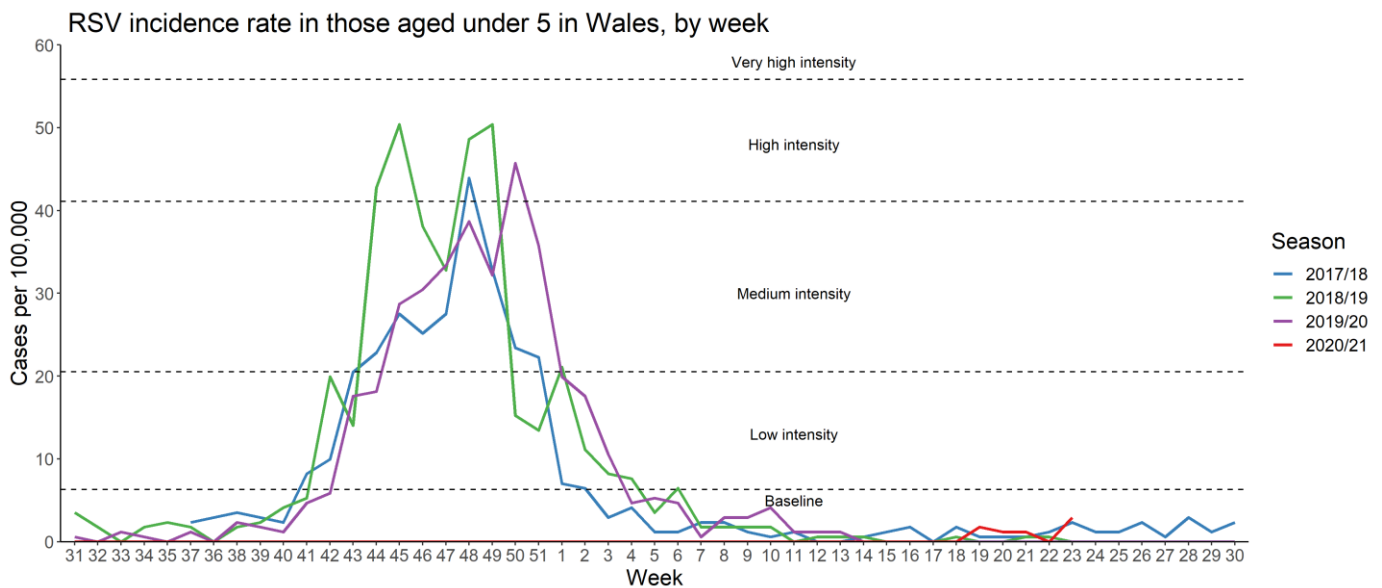


Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 24 2020 to week 23 2021.



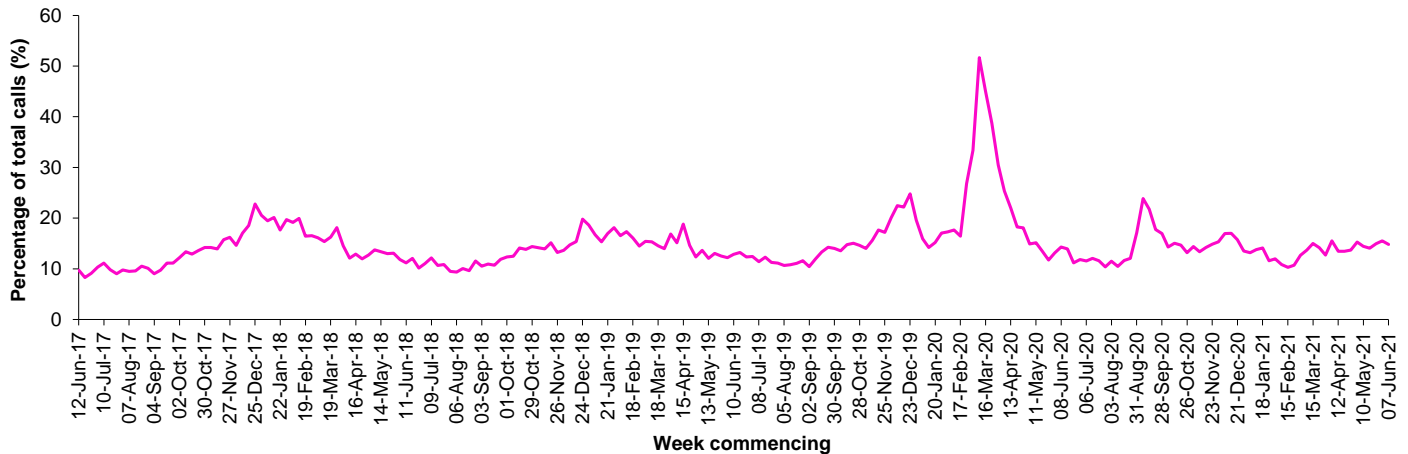
This chart summarises respiratory panel test data and does not include data for patients tested SOLEY for SARS-CoV2.

Figure 7. RSV incidence rate per 100,000 population aged under five years, week 31 2017 to week 23 2021.



Calls to NHS Direct Wales

Figure 8. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 24 2017 - week 23 2021 (as of 13/06/2021).



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 23/03/2021).

Influenza immunisation uptake in the 2020/21 season	
People aged 65y and older	76.5%
People younger than 65y in a clinical risk group	51.0%
Children aged two & three years	56.3%
Children aged four to ten years*	72.4%
NHS staff	63.4%
NHS staff who have direct patient contact	65.2%

* 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 22, the majority of community and syndromic indicators remained low in the UK. GP ILI consultations remained stable in Northern Ireland at 0.4 per 100,000 and increased in Scotland to 0.4 per 100,000, well below the baseline intensity thresholds for both countries. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 0.5 per 100,000, still well below the MEM threshold for baseline activity (12.2 per 100,000).
- During week 22, two of the 1,984 respiratory test results reported through Public Health England's DataMart scheme tested positive for influenza (two influenza A(not subtyped)). 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 20, influenza activity remained at inter-seasonal levels across the WHO European Region.

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

- The WHO reported on 07/06/2021 that globally, despite continued or even increased testing in some countries, 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 baseline, though detections of influenza B-Victoria lineage slightly increased, especially in China. In the temperate zones of the southern hemisphere, influenza activity remained at an inter-seasonal level. In the Caribbean and Central American countries, there were no influenza detections reported. In tropical South America, no influenza detections were reported. In tropical Africa, influenza detections were reported in some countries in Western and Middle Africa. In Southern Asia, influenza detections were reported in India. In South East Asia, no influenza detections were reported. Worldwide, influenza B accounted for the majority of the very low numbers of detections reported.
- Based on FluNet reporting (as of 04/06/2021), during the time period from 10/05/2021 – 23/05/2021, National Influenza Centres and other national influenza laboratories from 89 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 284,780 specimens during that time period, 764 were positive for influenza viruses, of which 69 were typed as influenza A (of the subtyped influenza A viruses, 11 were influenza A(H1N1)pdm09 and nine were influenza A(H3N2) and 695 influenza B (of the characterised influenza B viruses four belonged to the B-Yamagata lineage and 642 to the B-Victoria lineage).

Source: WHO influenza update:

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

Australia and New Zealand update

- In New Zealand, during the week ending 04/06/2021, the GP influenza-like illness activity (ILI) consultation rates overall have been lower than the weekly rates seen at this time in 2020, and are following a similar trend to historical rates. There have been no influenza viruses detected this season to date, rhinovirus has been the most commonly detected virus but numbers are low.

Source: Institute of Environmental Science & Research, New Zealand

<https://www.esr.cri.nz/our-services/consultancy/flu-surveillance-and-research>

- In Australia, according to the latest available update (fortnight ending 06/06/2021), influenza-like illness (ILI) activity in the community remains at low levels, but has continued to gradually increase since January 2021. To date, the majority of nationally reported laboratory-confirmed influenza cases were influenza A (71.5%).

Source: Australian Influenza Surveillance Report and Activity Updates.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm#current>

Respiratory syncytial virus (RSV) in North America

- The USA CDC has reported an out of season increase in RSV activity, with an increase in sample positivity since early March 2021.

Source: CDC RSV national trends

<https://www.cdc.gov/surveillance/nrevss/rsv/natl-trend.html>

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

- The number of confirmed cases in Wales reported as at 16/06/2021 is 214,243, with 141 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 5,572, with no 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 2021 week 21 was 7,883. 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 16/06/2021, there have been 4,589,814 reported confirmed cases of COVID-19 in the UK, of which 9,055 were newly reported in the previous 24 hours. The total deaths within 28 days of a positive test was 127,926, with nine reported in the previous 24 hours. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 17/06/2021, WHO have reported 176,531,710 confirmed COVID-19 cases globally, with 225,202 reported in the previous 24 hours. There have been 3,826,181 deaths, of which 6,084 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 14/04/2021 WHO reported seven additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV), including three associated deaths. Globally, 2,574 laboratory confirmed cases of human infection with MERS-CoV, including 886 associated deaths, have officially been reported to WHO since 2012.
Source: WHO Global Alert and Response website: <https://www.who.int/emergencies/disease-outbreak-news>
- 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

- The latest WHO Influenza at Human-Animal Interface summary (30/01/2021 to 15/04/2021) 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:
<https://www.who.int/publications/m/item/influenza-at-the-human-animal-interface-summary-and-assessment-15-april-2021>
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: <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://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 and COVID-19 surveillance:

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

Scotland seasonal respiratory surveillance:

<https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/weekly-national-seasonal-respiratory-report/>

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