

Current level of influenza activity: *Baseline activity*

Influenza activity trend: *Stable*

Confirmed influenza cases since 2020 week 40: 17 (nine influenza A(H3N2), two influenza A(not subtyped) and six influenza B.)

Key points – Wales

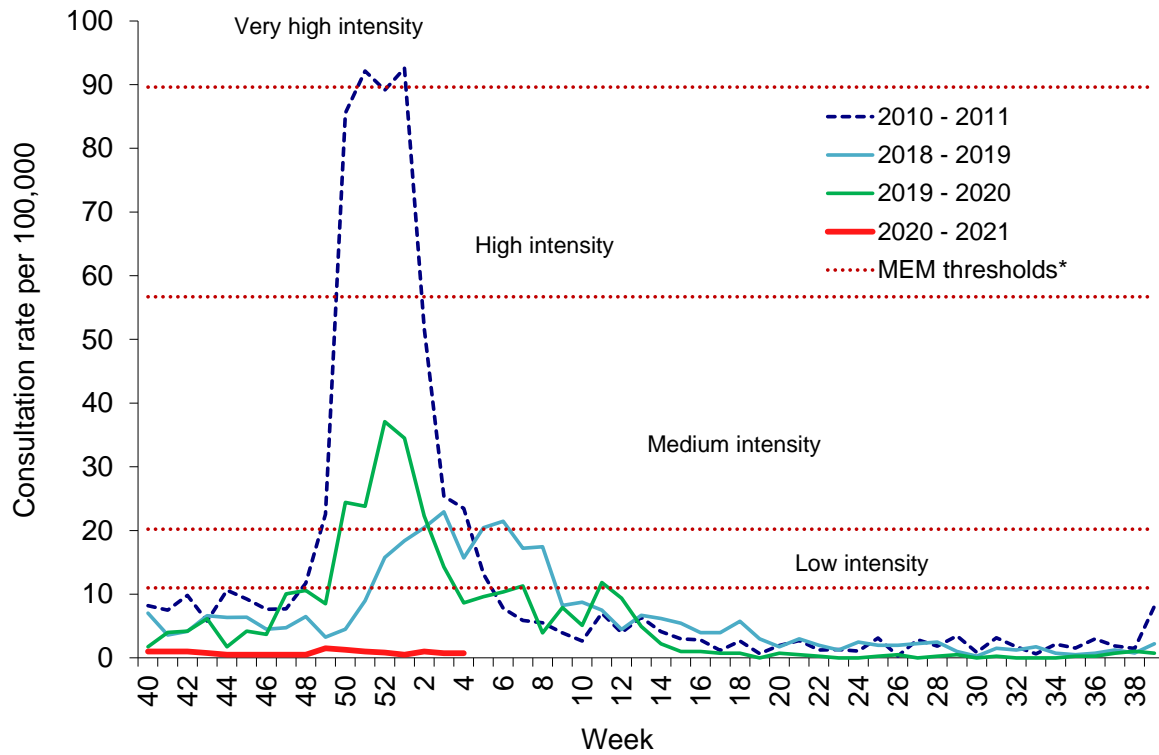
Surveillance indicators suggest that influenza is not currently circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) remained stable during week 04 (ending 31/01/2021). During week 04 no 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 04 was 0.7 consultations per 100,000 practice population (Table 1). This remained stable compared to the previous week (0.7 consultations per 100,000) and 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 70.9 per 100,00 practice population during week 04, this is an increase compared to the previous week (58.3 per 100,000) (Table 2). Weekly consultations for Upper Respiratory Tract Infections and Lower Respiratory Tract Infections also increased compared to the previous week. The age-group specific consultation rate for ARI during week 04 was highest in those aged 75 years and older (187.9 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 04 decreased to 11.6% (Figure 9).
- The total number of respiratory-related consultations with **Out of Hours (OOH)** doctors in Wales reported to Public Health Wales during week 04 was 769, this represents 7.1% of all 10,893 reported consultations with OOH doctors, an increase in the number and but a decrease in the proportion reported last week (Figure 8).
- During week 04, 1,337 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 were 29 rhinovirus, 17 adenovirus and one parainfluenza detected in week 04 (Figure 4). Additionally, 6,910 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 6,910 samples, one was positive for influenza, none were positive for RSV, and 534 were positive for SARS-CoV2 (figure 5). Forty-four respiratory specimens were tested from patients in intensive care units (ICU) and no samples were positive for influenza (Figure 6). For the latest COVID-19/ SARS-CoV2 surveillance data please see the [PHW daily dashboard](#)
- No surveillance samples from patients with ILI, collected by a **sentinel GP** during week 04, had been received by Public Health Wales Microbiology as at 03/02/2021.
- There has been no detectable RSV activity so far for 2020-21.
- During week 04, 75 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, all were reported as COVID-19 outbreaks. Forty-four were in residential homes, eight were in a school/nursery setting, two were in hospitals and 21 were in a community, mixed or other setting.
- According to **EuroMoMo** analysis, all-cause deaths have increased compared to the 5 year average.

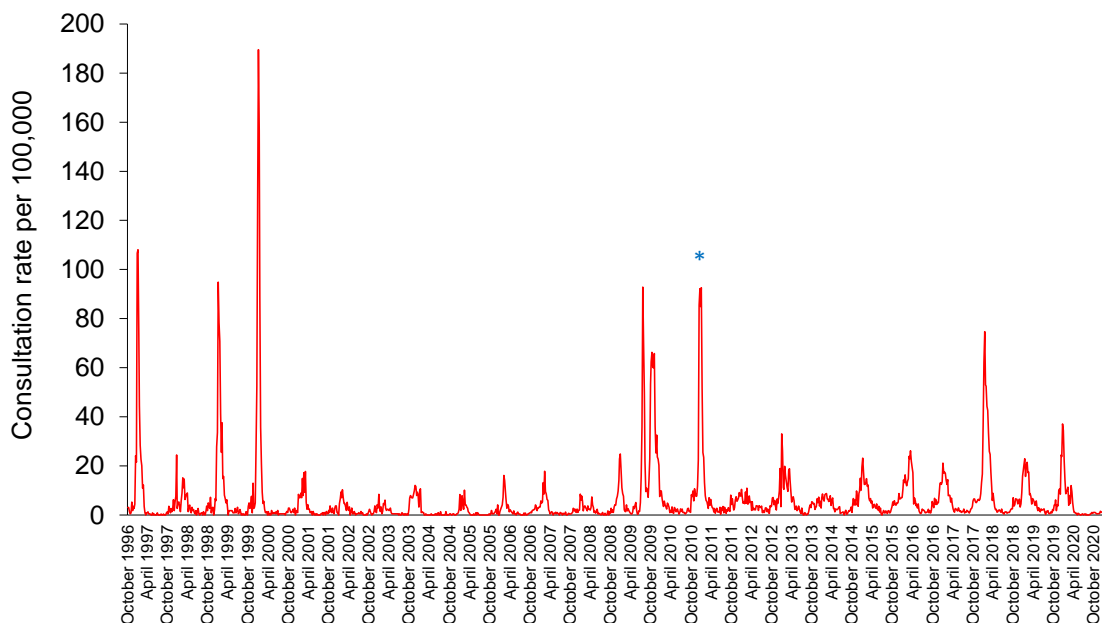
Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 31/01/2021).



* 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 data 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 04 2021).



* Reporting changed to Audit+ surveillance system

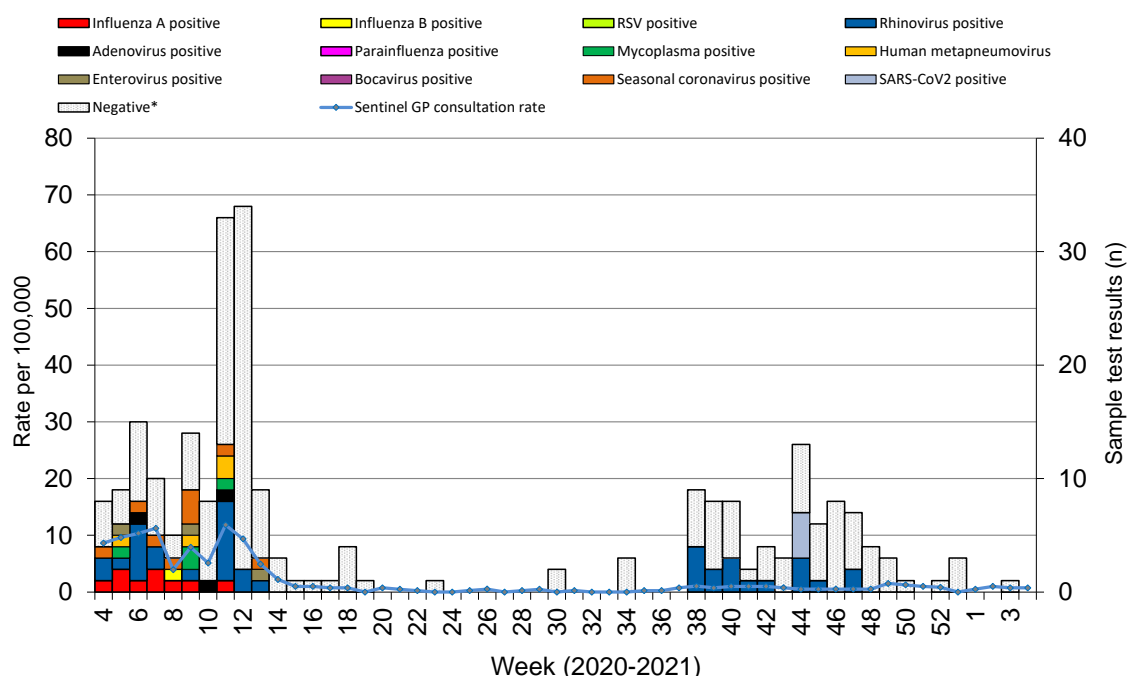
Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 52 2020 – week 04 2021 (as of 31/01/2021).

Age group	52	53	1	2	3	4
< 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	2.4	0.0	2.2	0.0	0.0	0.0
25 - 34	2.2	0.0	0.0	0.0	4.0	2.0
35 - 44	0.0	0.0	0.0	0.0	0.0	2.1
45 - 64	0.0	0.0	0.9	0.9	0.9	0.9
65 - 74	0.0	0.0	0.0	4.3	0.0	0.0
75+	2.7	0.0	0.0	2.4	0.0	0.0
Total	0.8	0.0	0.5	1.0	0.7	0.7

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 52 2020 – week 04 2021 (as of 31/01/2021).

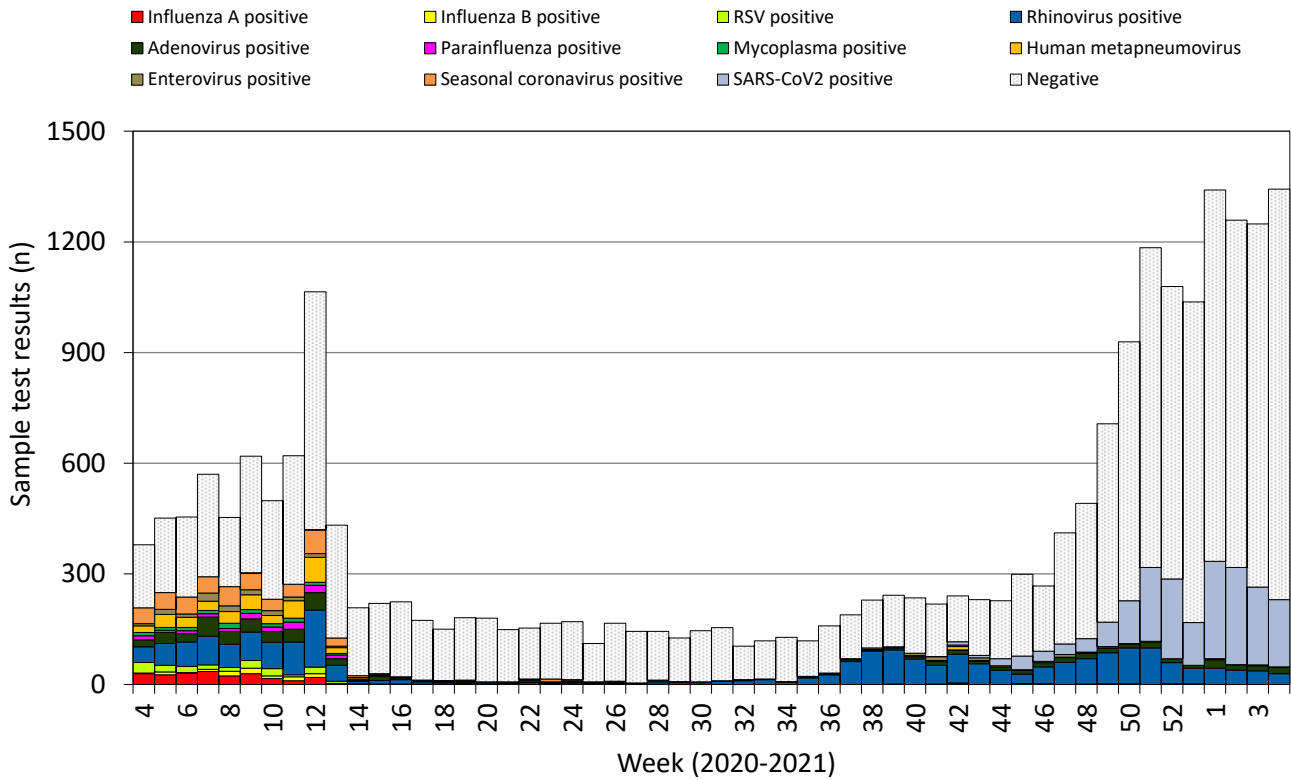
Age group	52	53	1	2	3	4
< 1	219.1	162.7	229.7	199.4	200.7	32.7
1 - 4	148.0	117.9	79.7	91.9	94.4	111.6
5 - 14	12.8	25.1	34.6	25.1	21.1	9.1
15 - 24	38.6	54.4	66.1	67.5	51.3	43.6
25 - 34	66.8	69.4	90.1	77.2	50.7	57.3
35 - 44	64.3	65.7	99.7	75.9	56.8	67.6
45 - 64	54.1	64.0	104.7	88.1	72.7	70.5
65 - 74	33.8	51.6	105.5	60.2	60.3	60.3
75+	65.0	77.0	104.6	105.9	52.8	187.9
Total	54.2	62.3	90.3	75.6	58.3	70.9

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 31/01/2021, by week of sample collection, week 04 2020 to week 04 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 31/01/2021 by week of sample collection, week 04 2020 to week 04 2021.



This chart summarises respiratory panel test data and does not include data for patients tested SOLEY 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 31/01/2021 by week of sample collection, week 46 2020 to week 04 2021.

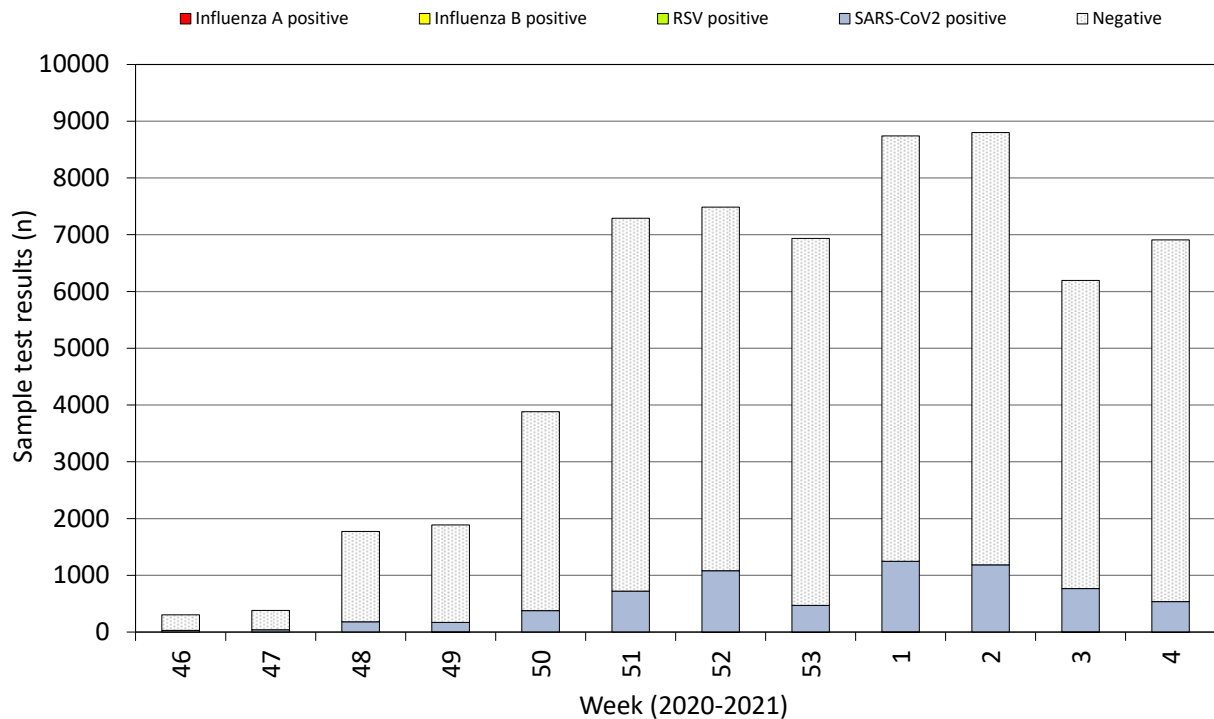
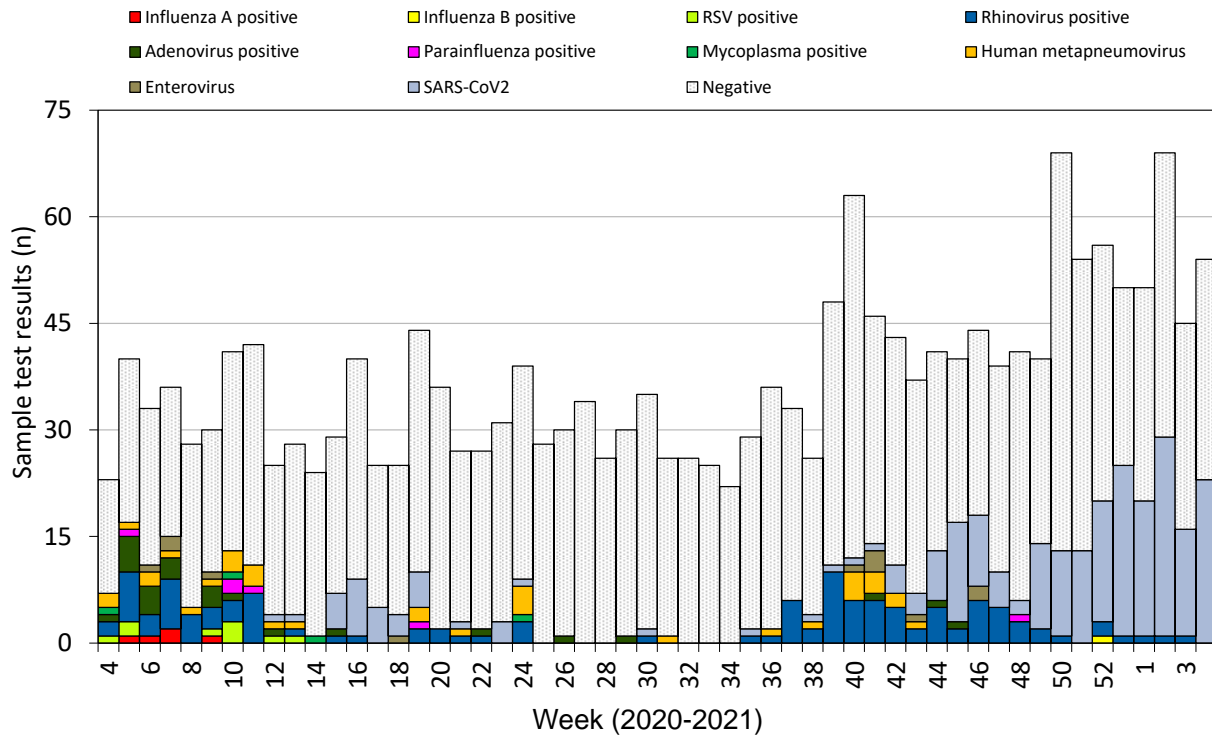
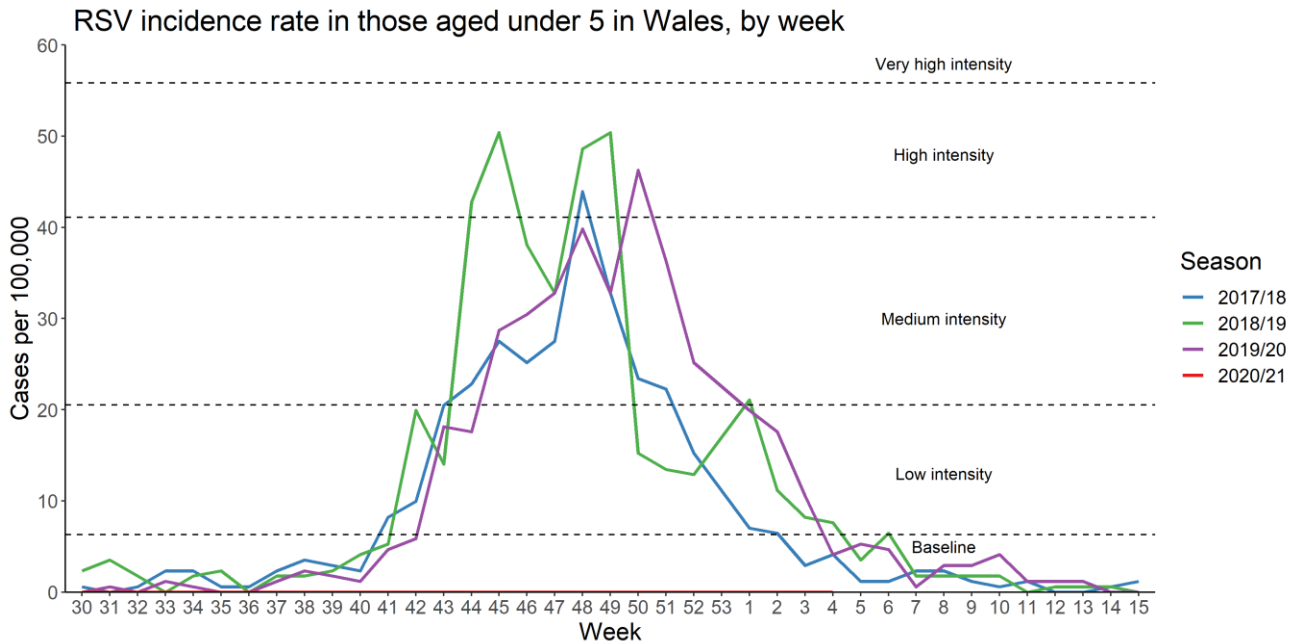


Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 04 2020 to week 04 2021.



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 30 2017 to week 04 2021.



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 31/01/2021).

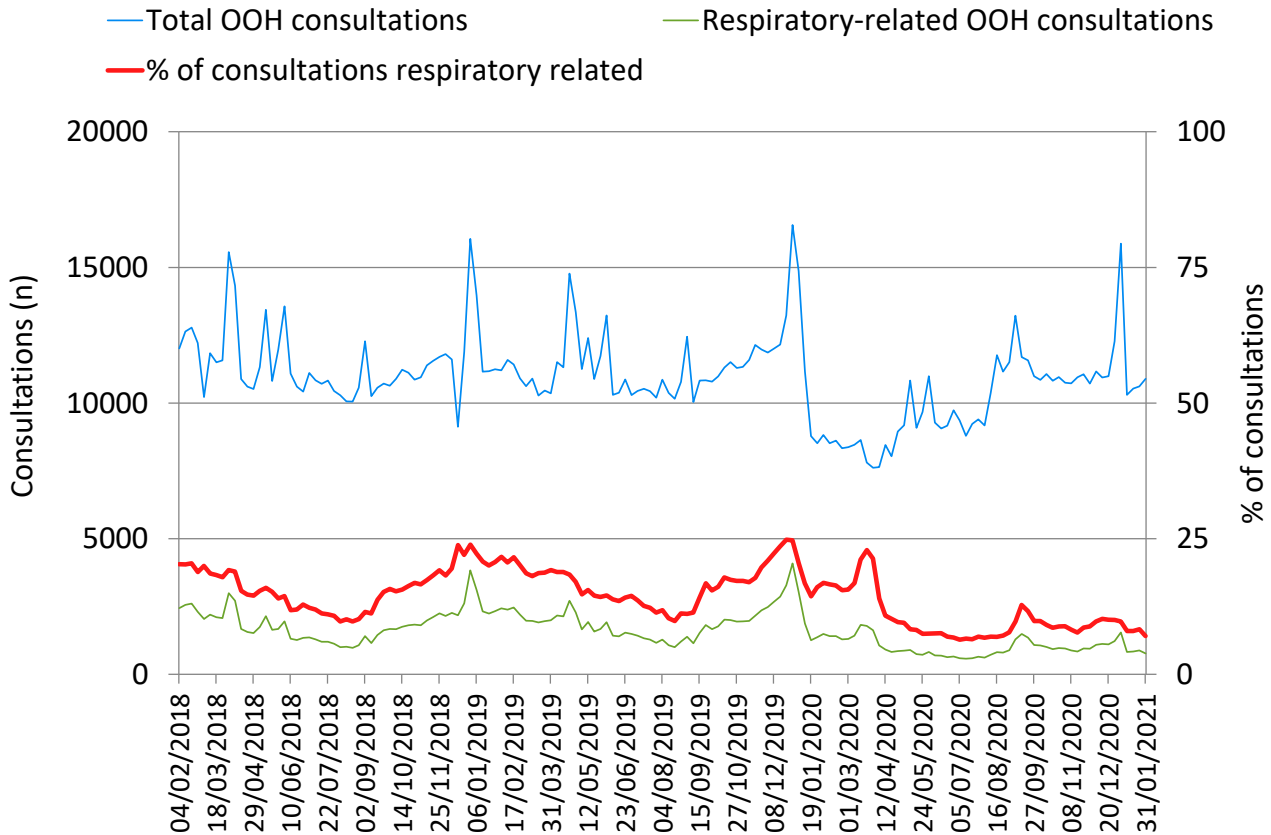
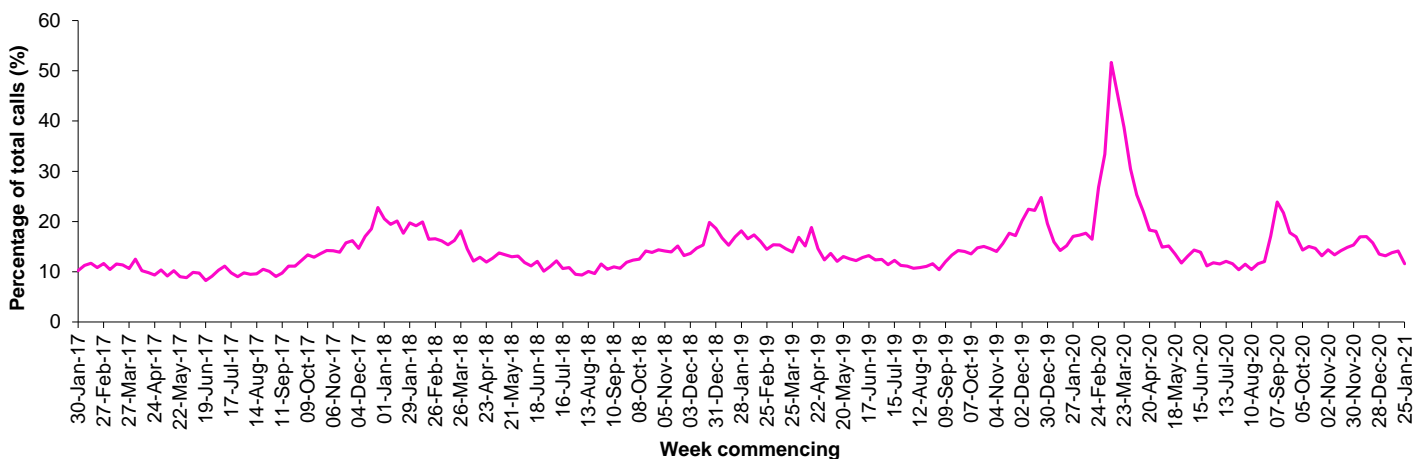


Figure 9. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 05 2017 - week 04 2021 (as of 31/01/2021).



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 26/01/2021).

Influenza immunisation uptake in the 2020/21 season	
People aged 65y and older	76.3%
People younger than 65y in a clinical risk group	50.5%
Children aged two & three years	55.9%
Children aged four to ten years*	71.0%
NHS staff	61.3%
NHS staff who have direct patient contact	63.2%

* 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 03, the majority of community and syndromic indicators remained stable or decreased in the UK. GP ILI consultations decreased in Northern Ireland to 2.1 per 100,000 and in Scotland at 0.5 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 0.9 per 100,000, well below the MEM threshold for baseline activity (12.2 per 100,000).
 - During week 03, none of the 3,548 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 03, influenza activity remained at inter-seasonal levels across the WHO European Region. During week 03, one of 1,246 sentinel specimens tested for influenza was positive.
- Source:** Flu News Europe: <http://www.flunewseurope.org/>
- The WHO reported on 18/01/2021 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, increased influenza detections were reported in Haiti 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, sporadic influenza detections were reported across reporting countries. In South East Asia, there were no influenza detections reported in this reporting period. Worldwide, influenza B accounted for the majority of the very low numbers of detections reported.
 - Based on FluNet reporting (as of 15/01/2021), during the time period from 21/12/2020 – 03/01/2021, National Influenza Centres and other national influenza laboratories from 82 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 200,863 specimens during that time period, 409 were positive for influenza viruses, of which 121 were typed as influenza A (19 influenza A(H1N1)pdm09, 16 influenza A(H3N2) and 86 influenza A(not subtyped)) and 288 influenza B (of the characterised influenza B viruses none belonged to the B-Yamagata lineage and 129 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 03 (ending 23/01/2021) influenza activity remains lower than usual for this time of year in the United States. Nationally, 65 (0.3%) out of 23,549 specimens have tested positive for influenza in week 03, of these positives 16 (24.6%) were influenza A and 49 (75.4%) were influenza B. Further characterisation has been carried out on 13,202 specimens by public health laboratories, and three samples tested positive for influenza, two influenza A (one influenza A(H3N2) and one influenza A(subtyping not performed)) and one 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 03, 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 0.3% during week 03, which remains lower than average compared to recent seasons. The percentage of tests positive for influenza was 0.00% during week 03, 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 03/02/2021 is 193,981, with 455 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 4,832, with 50 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 02 was 5,877. 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 03/02/2021, there are 3,871,825 reported confirmed cases of COVID-19 in the UK, of which 19,202 were newly reported in the previous 24 hours. The total deaths within 28 days of a positive test was 109,335, with 1,322 reported in the previous 24 hours. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 03/02/2021, WHO reported 103,201,340 confirmed COVID-19 cases globally, with 257,270 reported in the previous 24 hours. There have been 2,237,626 deaths, of which 5,363 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 01/02/2021 WHO reported four additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV), including one associated death. Globally, 2,566 laboratory confirmed cases of human infection with MERS-CoV, including 882 associated deaths, have officially been reported to WHO since 2012.
Source: WHO Global Alert and Response website: <https://www.who.int/csr/don/archive/year/2021/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