

Current level of influenza activity: *Baseline activity*

Influenza activity trend: *Stable*

Confirmed influenza cases since 2021 week 40: 35 (4 influenza A(H3N2), 19 influenza A(not subtyped) and 12 influenza B).

### Key points – Wales

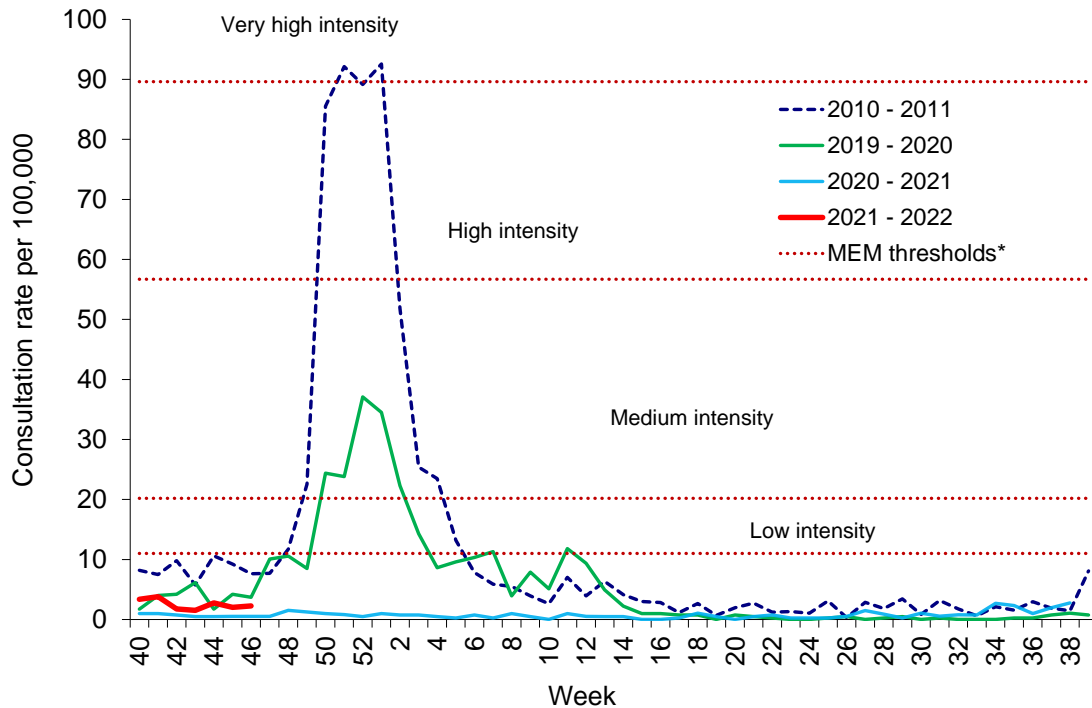
**Surveillance indicators suggest that RSV is circulating in Wales and influenza is not.**

During Week 46 (ending 21/11/2021) there has been a slight increase in the number of confirmed cases of Respiratory Syncytial Virus (RSV) in children aged under 5 years across Wales, compared to the previous week. This week, incidence of confirmed RSV cases increased slightly but remain at medium intensity levels. Testing levels remain higher than in previous seasons. RSV did not circulate over the 2020-21 winter. The current increase in cases began earlier than the usual RSV season in Wales and it is unclear whether it will follow the usual epidemic pattern for RSV. Six influenza cases were confirmed during week 46. COVID-19 cases continue to be detected in symptomatic patients in hospital and in the community. Rhinovirus, human metapneumovirus and RSV are the most commonly detected cause of non-COVID-19 Acute Respiratory Infection (ARI).

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during week 46 was 2.3 consultations per 100,000 practice population (Table 1). This increased compared to the previous week (2.0 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 177.9 per 100,000 practice population during Week 46, this is an increase compared to the previous week (168.8 per 100,000) (Table 2). Weekly consultations for Upper Respiratory Tract Infections increased and Lower Respiratory Tract Infections decreased compared to the previous week. The age-group specific consultation rate for ARI during Week 44 was highest in under one year olds (1,333.8 per 100,000 practice population). **In recent weeks ARI consultations have increased in children aged under 5 years.**
- The percentage of calls to **NHS Direct Wales** which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during Week 46 increased to 21.3% (Figure 8).
- During Week 46, 1,457 specimens received multiplex respiratory panel testing mainly from patients attending hospitals. These results do not include samples tested solely for SARS-CoV2. There were two influenza A (one influenza A(H3N2) and one influenza A(not subtyped)), 59 RSV, 75 SARS-CoV2, 226 rhinoviruses, 109 human metapneumoviruses, 50 adenoviruses, 48 enteroviruses and 47 parainfluenza detected in Week 46 (Figure 4). Additionally, 7,221 samples from patients were tested for influenza, RSV and SARS-CoV2 only, many of these tests may be associated with screening activities rather than diagnostic testing for patients presenting with ARI symptoms. Of these 7,221 samples, two were positive for influenza A, two were positive for influenza B, 64 were positive for RSV and 434 were positive for SARS-CoV2 (Figure 5). Seventy-five 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](#)
- There were three surveillance samples from patients with ILI collected by **sentinel GPs** during Week 46 (as at 24/11/2021), all three were negative for all routinely tested respiratory pathogens.
- **Confirmed RSV cases in children aged under 5 increased slightly, and remains at the threshold that would usually indicate medium levels of circulation.** In week 46 there were 28.7 confirmed cases per 100,000 in this age group (Figure 7). The provisional MEM threshold in Wales which predicts the start of the annual RSV season in children younger than five years is 6.3 confirmed cases per 100,000.
- During Week 46, 34 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, all were reported as COVID-19 outbreaks. Twenty-nine were in residential homes and five were in a community, mixed or other settings.
- According to **EuroMoMo** analysis, all-cause deaths in Wales were not significantly in excess during week 45 (latest data).

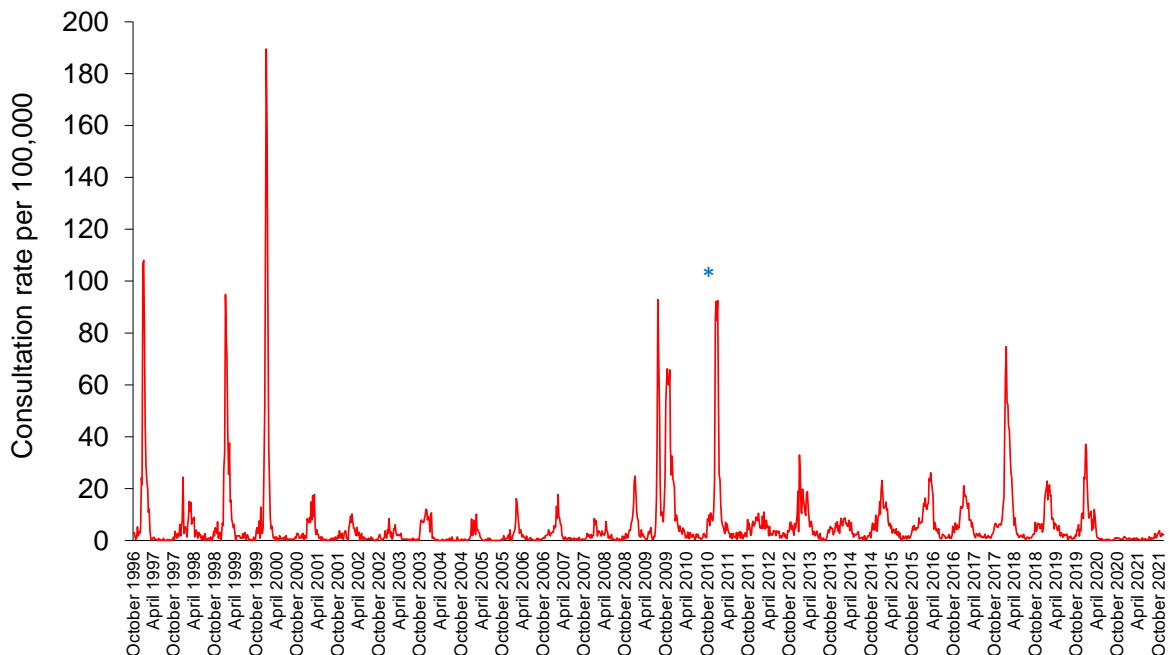
## Respiratory infection activity in Wales

**Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 21/11/2021).**



\* 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 46 2021).**



\* Reporting changed to Audit+ surveillance system

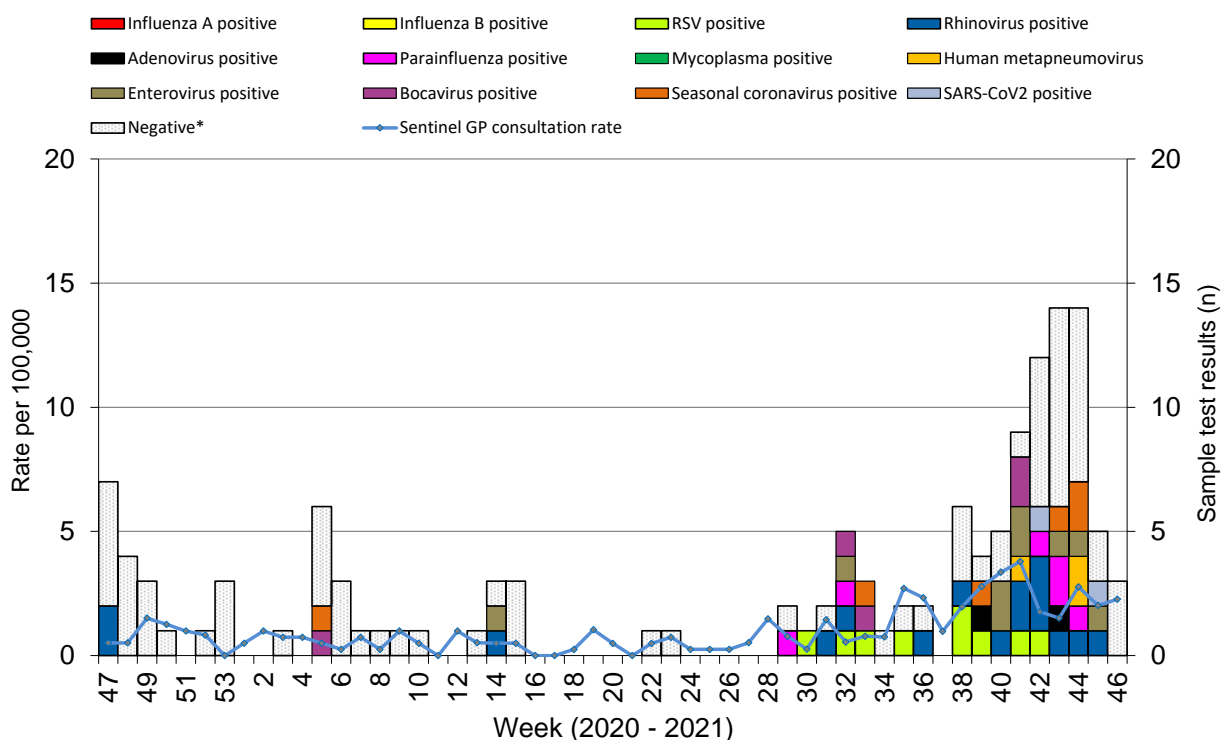
**Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 41 – Week 46 2021 (as of 21/11/2021).**

Age group	41	42	43	44	45	46
< 1	0.0	0.0	0.0	33.6	0.0	0.0
1 - 4	0.0	0.0	0.0	6.9	0.0	6.9
5 - 14	0.0	0.0	0.0	0.0	0.0	0.0
15 - 24	15.9	2.3	0.0	2.3	2.3	0.0
25 - 34	4.0	4.0	2.0	4.0	0.0	2.0
35 - 44	4.1	2.0	4.1	4.1	2.0	4.1
45 - 64	2.9	2.9	1.9	1.9	4.7	2.9
65 - 74	0.0	0.0	2.2	0.0	0.0	0.0
75+	2.4	0.0	0.0	4.8	2.4	4.8
<b>Total</b>	<b>3.8</b>	<b>1.8</b>	<b>1.5</b>	<b>2.8</b>	<b>2.0</b>	<b>2.3</b>

**Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 41 – Week 46 2021 (as of 21/11/2021).**

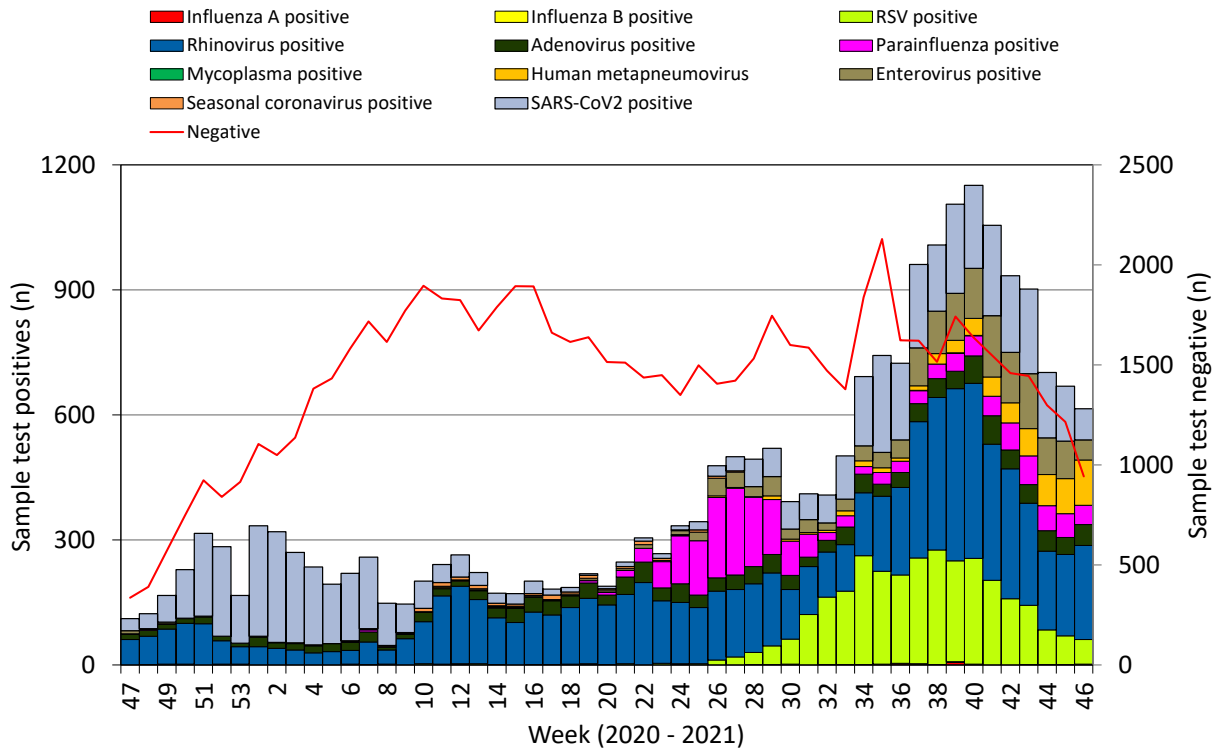
Age group	41	42	43	44	45	46
< 1	1514.1	1157.6	1219.5	1387.9	1052.6	1333.8
1 - 4	975.6	965.3	737.2	664.7	759.2	966.4
5 - 14	204.1	235.8	130.8	138.2	177.8	222.8
15 - 24	247.3	242.1	163.4	203.7	161.1	153.6
25 - 34	133.8	199.4	175.9	159.1	121.0	151.0
35 - 44	175.0	140.7	157.7	142.8	134.5	133.7
45 - 64	132.1	176.0	128.3	155.3	130.1	126.2
65 - 74	134.9	136.9	97.9	144.5	114.4	104.1
75+	119.5	174.0	130.7	110.6	153.0	95.2
<b>Total</b>	<b>198.6</b>	<b>221.1</b>	<b>169.5</b>	<b>179.8</b>	<b>168.8</b>	<b>177.9</b>

**Figure 3. Specimens submitted for virological testing by sentinel GPs as of 21/11/2021, by week of sample collection, week 47 2020 to Week 46 2021.**



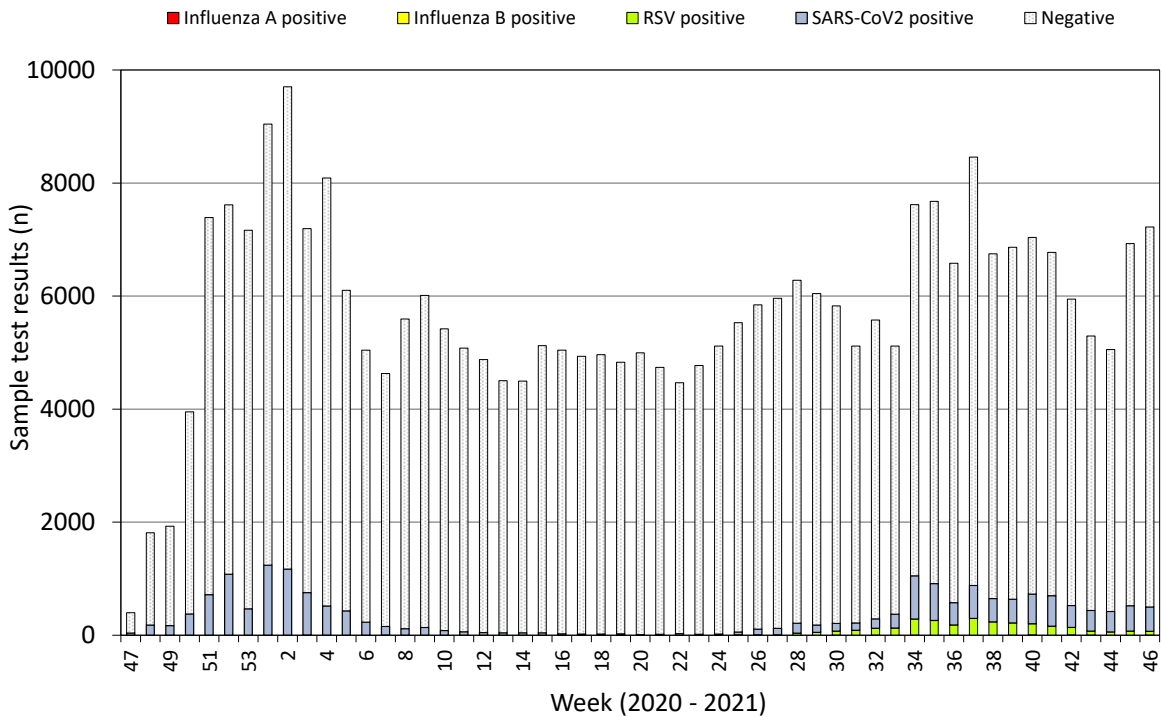
\* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than one pathogen will appear more than once in the chart.

**Figure 4. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 21/11/2021 by week of sample collection, week 47 2020 to Week 46 2021.**

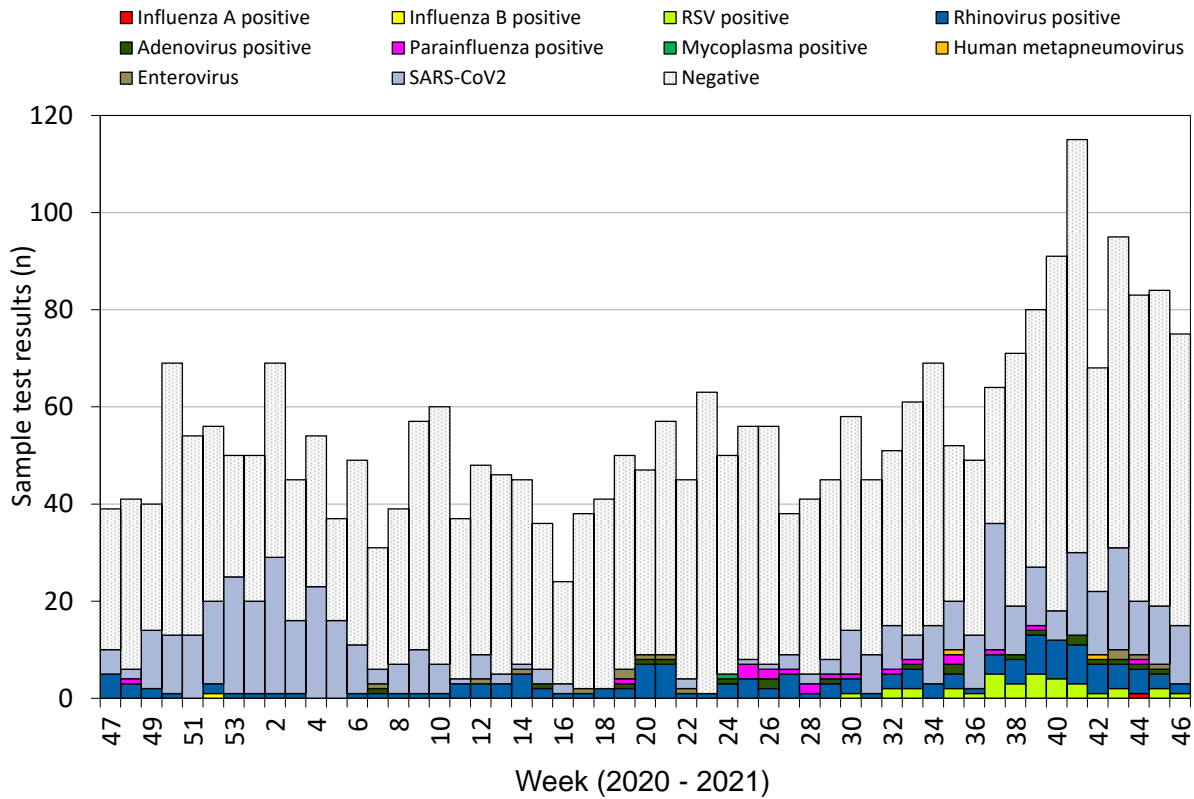


This chart summarises respiratory panel test data and does not include data for patients tested SOLEY for SARS-CoV2. Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart summarises individual test results, patients who are positive for multiple infections within a given week will appear multiple times. Samples which test positive for more than one pathogen will appear more than once in the chart.

**Figure 5. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 21/11/2021 by week of sample collection, week 47 2020 to Week 46 2021.**

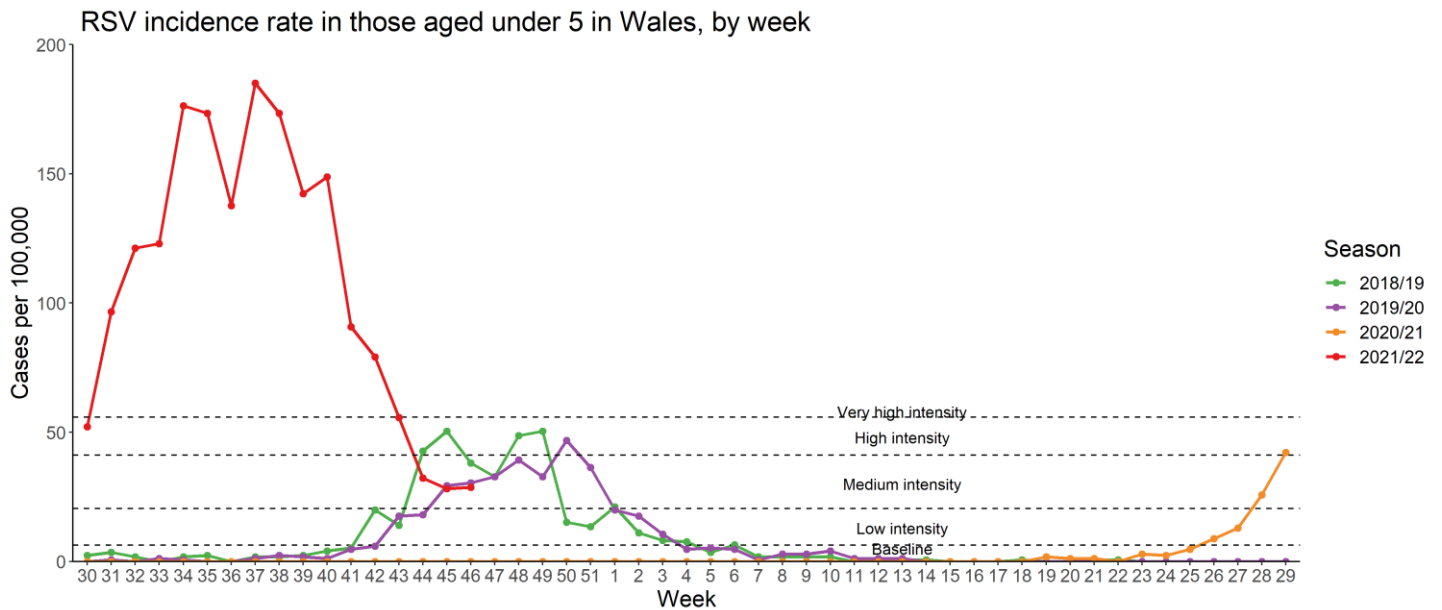


**Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 47 2020 to Week 46 2021.**



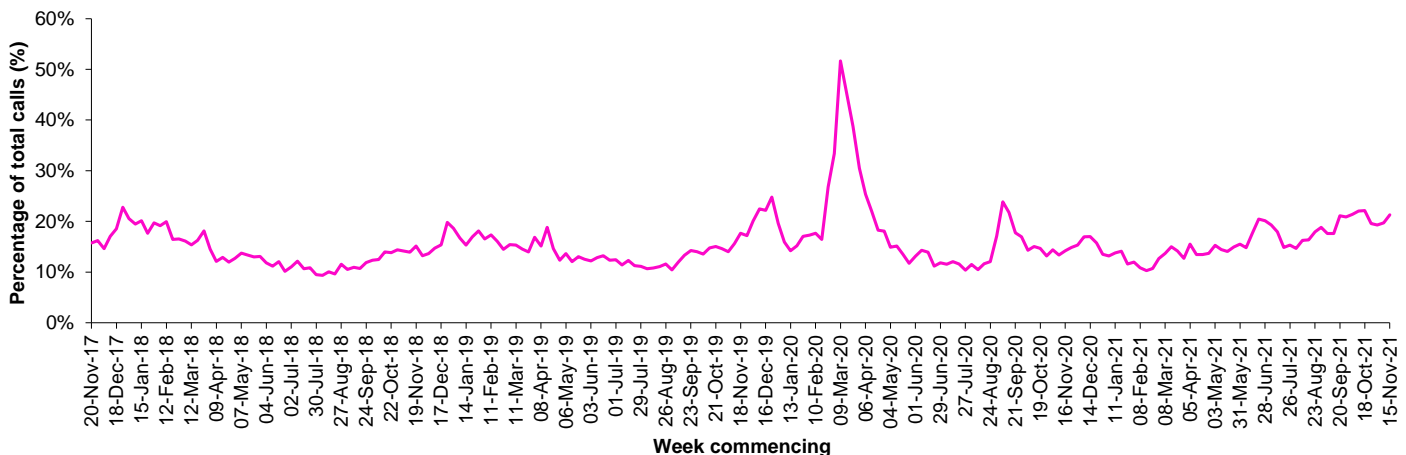
This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Samples which test positive for more than one pathogen will appear more than once in the chart.

**Figure 7. RSV incidence rate per 100,000 population aged under five years, week 30 2017 to Week 46 2021.**



## Calls to NHS Direct Wales

**Figure 8. Influenza related calls to NHS Direct Wales<sup>1</sup> (as a percentage of total calls) from week 47 2017 - Week 46 2021 (as of 21/11/2021).**



<sup>1</sup> 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 2021/22 (as of 16/11/2021).**

Influenza immunisation uptake in the 2021/22 season	
People aged 65y and older	66.6%
People younger than 65y in a clinical risk group	31.6%
Children aged two & three years	32.6%
Children aged four to ten years*	66.5%
Children aged 11 to 15 years*	56.6%
NHS staff	41.4%
NHS staff who have direct patient contact	41.1%

\* 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 45, community and syndromic influenza indicators remain very low in the UK. GP ILI consultations increased in Northern Ireland to 1.7 per 100,000 and in Scotland to 2.4 per 100,000, but remain well below the baseline intensity thresholds. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 2.9 per 100,000, well below the MEM threshold for baseline activity (12.2 per 100,000). During week 45, 36 of the 4,660 samples tested positive for influenza (including 8 influenza A(H3N2), 16 influenza A(not subtyped) and 12 influenza B). UK summary data are available from the [UKHSA Influenza and COVID-19 Surveillance Report](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported that during week 45, influenza activity was low throughout the WHO European Region. During week 45, a total of 1,317 sentinel specimens were tested for influenza, 13 of which were positive (3 influenza A(H3N2), 9 influenza A(not subtyped) and 1 influenza B).  
**Source:** Flu News Europe: <http://www.flunewseurope.org/>
- The WHO reported on 22/11/2021 that globally, influenza activity remains low, but in comparison with last year there has been a slight increase in influenza detections. In the temperate zones of the northern hemisphere, influenza activity remained at inter-seasonal levels, both influenza A and B were detected. In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels, with the exception of South Africa where increased out of season influenza activity was reported. In the Caribbean and Central American countries, sporadic influenza A and B virus detections, as well as elevated RSV activity were reported in some countries. In tropical South America, no influenza detections were reported, however RSV activity remained elevated in some countries. In tropical Africa, a few influenza detections of predominately influenza A and some influenza B virus were reported. In Southern Asia, the number of influenza detections reported were similar to previous seasons with detections of influenza A and B viruses. In South-East Asia, detections of influenza A(H3N2) and influenza B were reported from Malaysia. Globally, among influenza detections, influenza B viruses predominated.
- Based on FluNet reporting (as of 05/11/2021), during the time period from 25/10/2021 – 07/11/2021, National Influenza Centres and other national influenza laboratories from 100 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 400,727 specimens during that time period, 3,130 were positive for influenza viruses, of which 1,420 were typed as influenza A (of the subtyped influenza A viruses, 148 were influenza A(H1N1)pdm09 and 917 were influenza A(H3N2)) and 1,710 influenza B (of the characterised influenza B viruses 0 belonged to B-Yamagata lineage and 1,493 belonged 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>

## Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that during week 45 (ending 13/11/2021) influenza activity remains low in the United States. Nationally, 257 (0.7%) out of 38,685 specimens have tested positive for influenza in week 45, of these positives 228 (88.7%) were influenza A and 29 (11.3%) were influenza B. Further characterisation has been carried out on 20,249 specimens by public health laboratories, and 140 samples tested positive for influenza, 75 influenza A(H3N2), 61 influenza A(not subtyped) and 4 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 45, influenza activity remains exceptionally low. The percentage of visits to healthcare professionals that were due to ILI was 2.2% in week 45. The percentage of tests positive for influenza was 0.1% during week 45.  
**Source:** Public Health Agency of Canada  
<https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html>

## 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 24/11/2021 is 495,724 with 2,154 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 6,368 with seven 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 44 was 8,741. Latest COVID-19 data from Public Health Wales is available from: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary>
- As at 23/11/2021, there have been 9,932,408 reported confirmed cases of COVID-19 in the UK, of which 42,484 were newly reported in the previous 24 hours. The total deaths within 28 days of a positive test was 144,137, with 165 reported in the previous 24 hours. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 23/11/2021, WHO have reported 257,469,528 confirmed COVID-19 cases globally, with 436,031 reported in the previous 24 hours. There have been 5,158,211 deaths, of which 6,433 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 17/08/2021 WHO reported four additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV), including one associated death. Globally, 2,578 laboratory confirmed cases of human infection with MERS-CoV, including 888 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 (09/08/2021 to 01/10/2021) reports that there have been no publicly available reports from China or other countries on influenza A(H7N9) in recent months. 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/teams/global-influenza-programme/avian-influenza/monthly-risk-assessment-summary> [http://www.fao.org/ag/againfo/programmes/en/empres/H7N9/Situation\\_update.html](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](mailto:surveillance.requests@wales.nhs.uk)