

Current level of influenza activity: *Baseline activity*

Influenza activity trend: *Stable*

Confirmed influenza cases since 2021 week 40: 108 (22 influenza A(H3N2), one influenza A(H1N1)pdm09, 58 influenza A(not subtyped) and 27 influenza B).

Key points – Wales

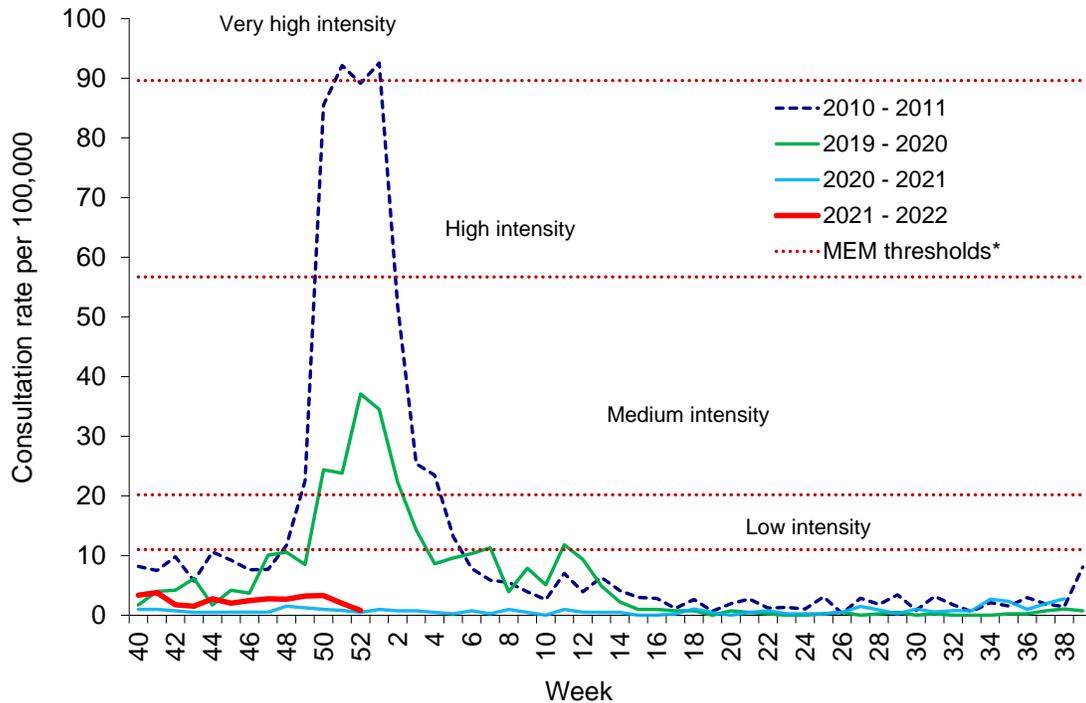
Surveillance indicators suggest that although influenza is not yet circulating widely, confirmed case numbers have increased in recent weeks.

During Week 52 (ending 02/01/2022) there were seven cases of influenza confirmed, with a further case reported late from a sample in a preceding week. Confirmed cases of Respiratory Syncytial Virus (RSV) in children aged under 5 years continued to decrease and remain at low intensity levels. COVID-19 cases continue to be detected in symptomatic patients in hospital and in the community. Rhinovirus and human metapneumovirus 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 52 was 0.8 consultations per 100,000 practice population (Table 1). This decreased compared to the previous week (2.0 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. Additionally, trends in the GP consultation rate for ILI and ARI are less reliable over the Christmas and New Year's holiday period, due to reduced opening times.
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 126.8 per 100,000 practice population during Week 52, this is a decrease compared to the previous week (162.6 per 100,000) (Table 2). Weekly consultations for Upper Respiratory Tract Infections decreased and Lower Respiratory Tract Infections increased compared to the previous week. The age-group specific consultation rate for ARI during Week 52 was highest in under one year olds (564.0 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 52 increased to 22.7% (Figure 8).
- During Week 52, 1,962 specimens received multiplex respiratory panel testing mainly from patients attending hospitals. These results do not include samples tested solely for SARS-CoV2. There were three influenza A (two influenza A(H3N2) and one influenza A(not typed)), 31 RSV, 375 SARS-CoV2, 232 rhinoviruses, 127 human metapneumoviruses, 70 adenoviruses, 13 enteroviruses, 12 parainfluenza and one mycoplasma detected in Week 52 (Figure 4). Additionally, 6,172 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 6,172 samples, three were positive for influenza A (untyped), one was positive for influenza B, 19 were positive for RSV and 1,561 were positive for SARS-CoV2 (Figure 5). Ninety 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 no surveillance samples from patients with ILI collected by **sentinel GPs** during Week 52 (as at 05/01/2022).
- **Confirmed RSV cases in children aged under 5 decreased, and remains at the threshold that would usually indicate low levels of circulation.** In week 52 there were 8.2 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 51 (latest data available), 58 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, all were reported as COVID-19 outbreaks. 52 were in residential homes, four were in hospitals, one was in a school/nursery setting and one was in a community, mixed or other settings.
- According to **EuroMoMo** analysis, all-cause deaths in Wales were not significantly in excess during week 52.

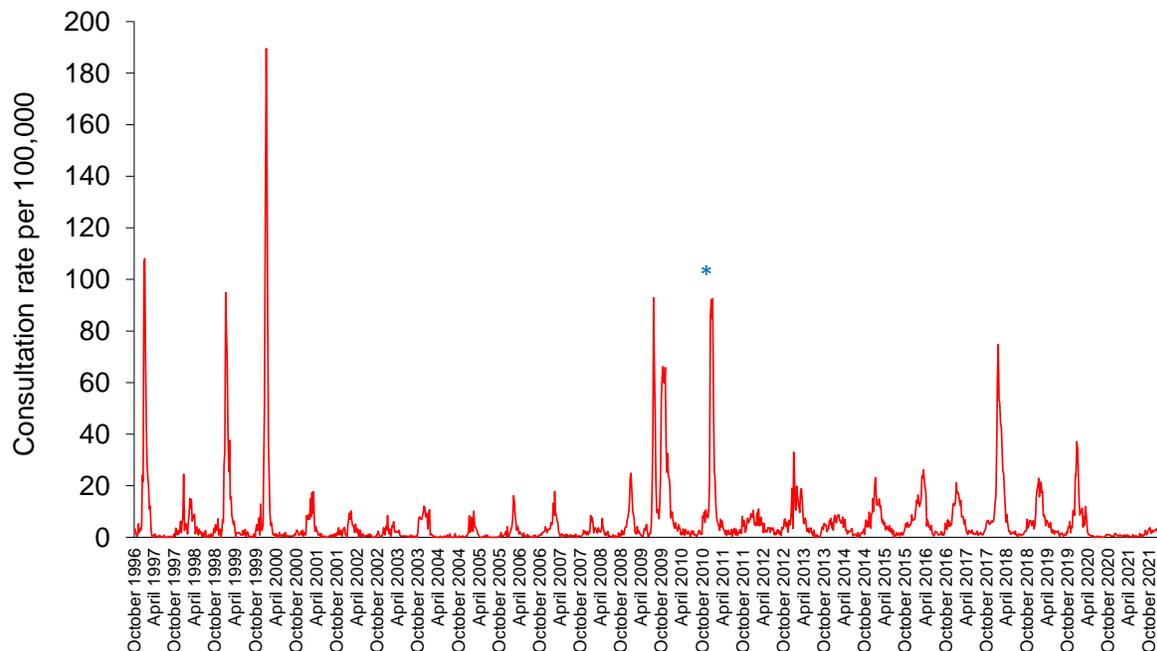
Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 02/01/2022).



* 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 2021).



* Reporting changed to Audit+ surveillance system

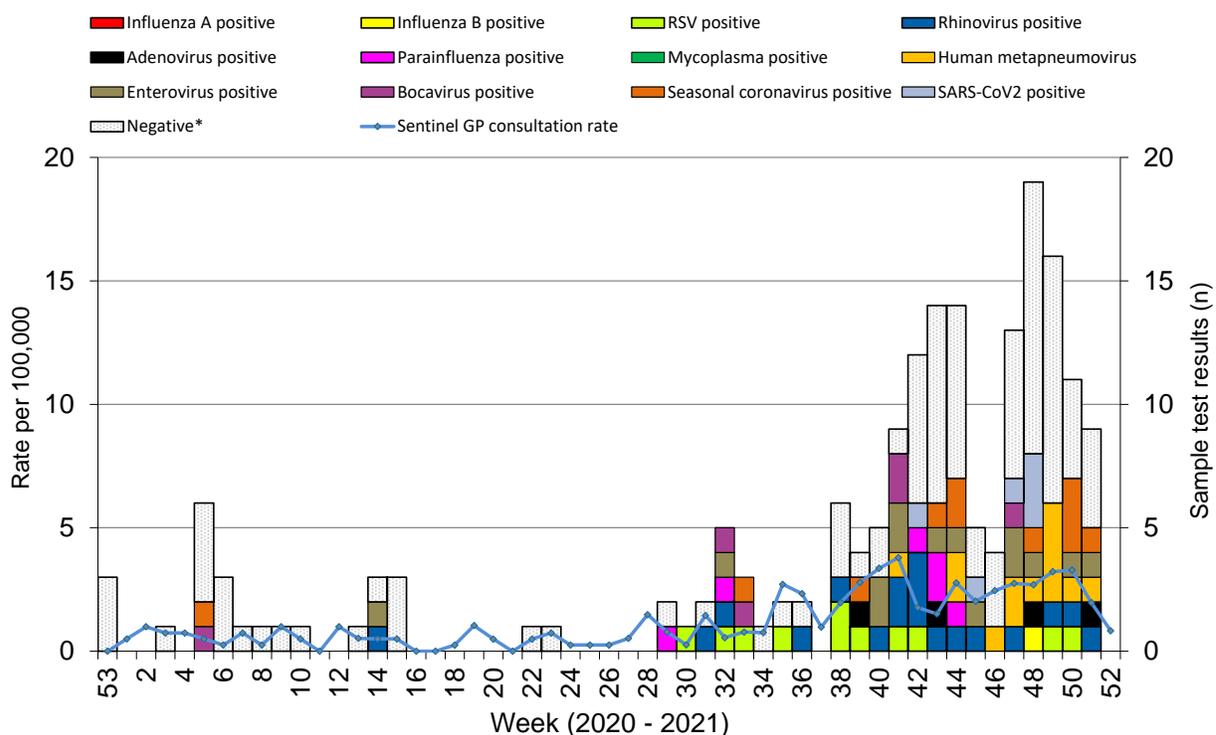
Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 47 – Week 52 2021 (as of 02/01/2022).

Age group	47	48	49	50	51	52
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	6.8	6.7	0.0	0.0	0.0	7.5
5 - 14	0.0	4.5	2.3	2.3	0.0	0.0
15 - 24	2.2	4.4	0.0	4.5	0.0	0.0
25 - 34	4.0	0.0	2.0	6.0	0.0	0.0
35 - 44	2.0	2.0	10.0	3.1	0.0	0.0
45 - 64	4.7	2.8	1.9	2.9	6.4	2.1
65 - 74	2.2	2.2	4.4	0.0	2.6	0.0
75+	0.0	2.3	4.7	2.4	0.0	0.0
Total	2.8	2.7	3.2	3.3	2.0	0.8

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 47 – Week 52 2021 (as of 02/01/2022).

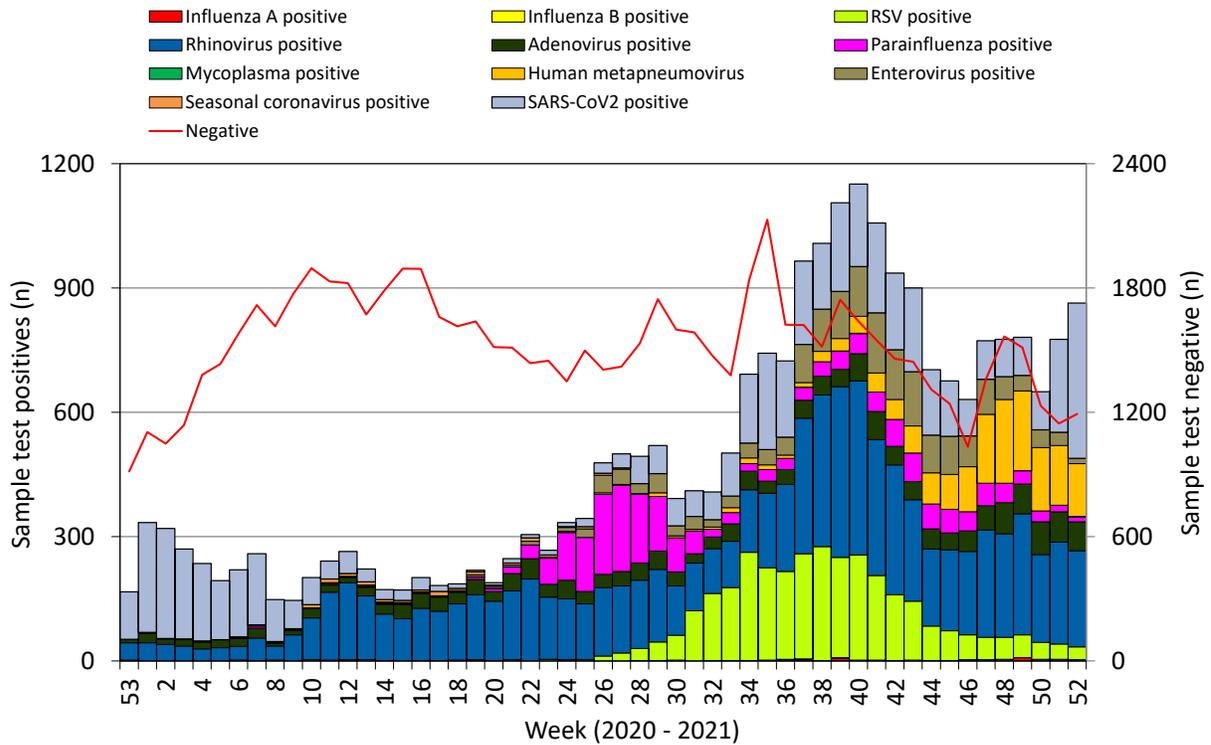
Age group	47	48	49	50	51	52
< 1	1488.9	1390.6	1345.1	907.9	671.8	564.0
1 - 4	1201.6	899.8	971.6	861.5	716.9	376.5
5 - 14	246.2	244.1	245.6	187.6	149.3	91.7
15 - 24	161.2	184.4	189.0	136.7	141.3	87.7
25 - 34	165.9	229.0	206.8	168.8	155.3	153.6
35 - 44	188.2	197.0	186.4	187.5	146.9	137.6
45 - 64	128.4	160.5	131.2	151.5	141.8	109.4
65 - 74	125.9	144.4	121.9	150.7	115.2	101.9
75+	108.4	150.1	130.5	149.4	96.7	110.6
Total	205.1	219.2	205.8	192.3	162.6	126.8

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 02/01/2022, by week of sample collection, week 53 2020 to Week 52 2021.



* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than on 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 02/01/2022 by week of sample collection, week 53 2020 to Week 52 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. 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 02/01/2022 by week of sample collection, week 53 2020 to Week 52 2021.

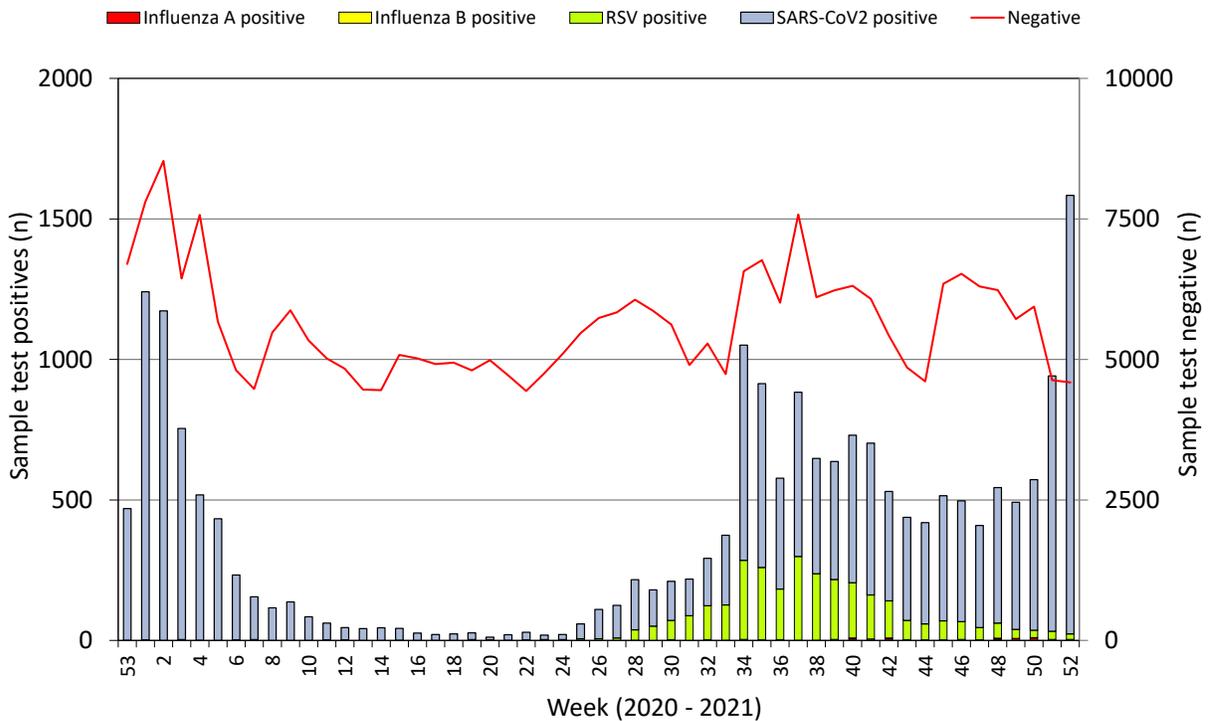
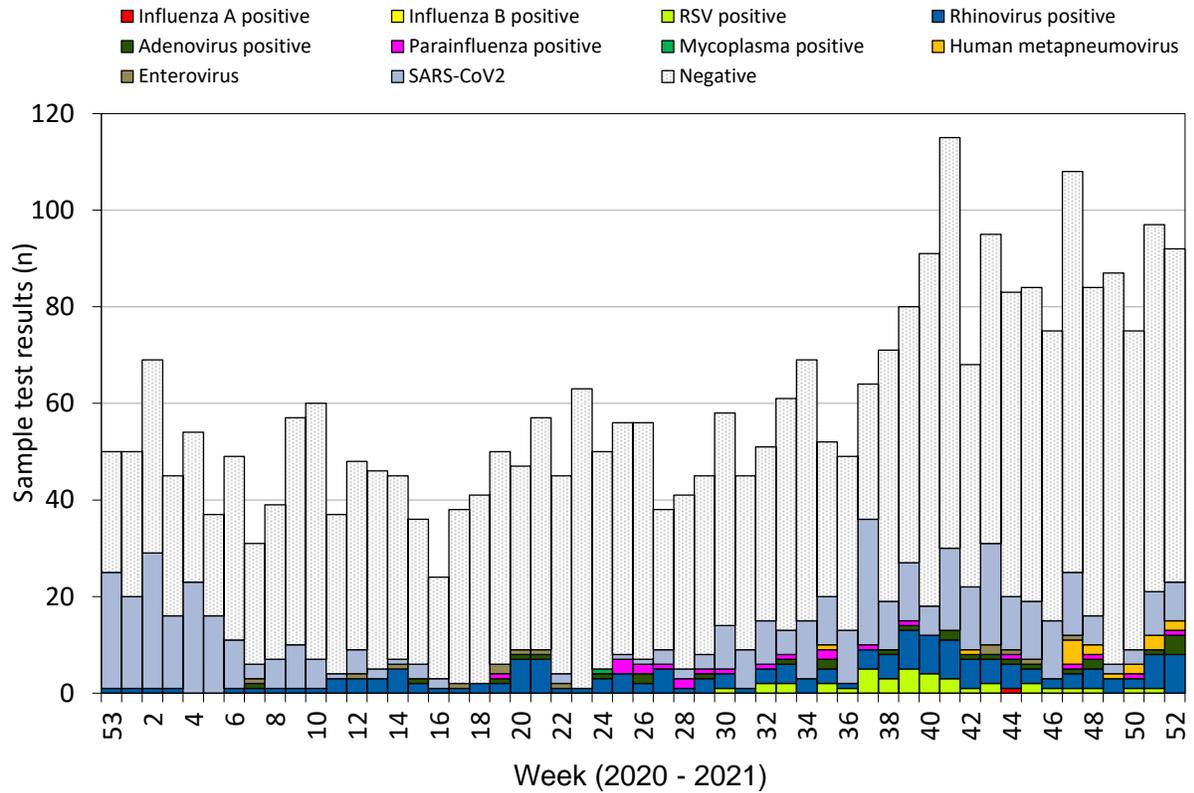
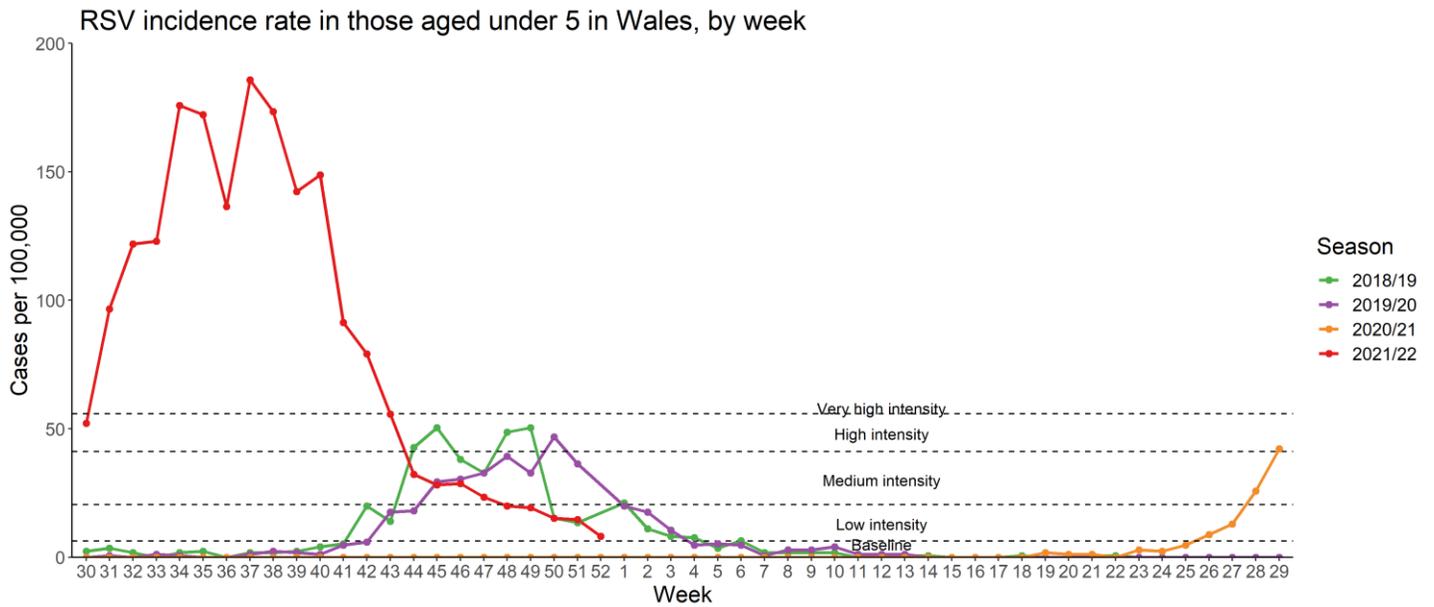


Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 53 2020 to Week 52 2021.



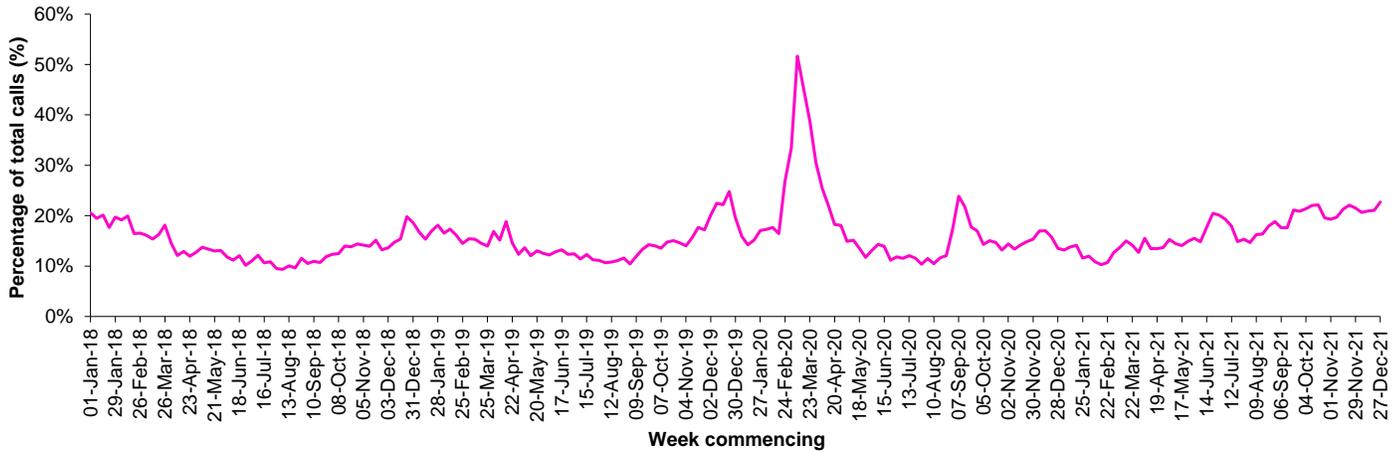
This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Samples which test positive for more than one pathogen will appear more than once in the chart.

Figure 7. RSV incidence rate per 100,000 population aged under five years, week 30 2017 to Week 52 2021.



Calls to NHS Direct Wales

Figure 8. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 01 2018 - Week 52 2021 (as of 02/01/2022).



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 2021/22 (as of 26/12/2021).

Influenza immunisation uptake in the 2021/22 season	
People aged 65y and older	76.2%
People younger than 65y in a clinical risk group	44.8%
Children aged two & three years	44.2%
Children aged four to ten years*	67.0%
Children aged 11 to 15 years*	55.9%
NHS staff	51.7%
NHS staff who have direct patient contact	51.9%

* 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 50, community and syndromic influenza indicators remain very low in the UK. GP ILI consultations decreased in Scotland to 3.3 per 100,000 and increased in Northern Ireland to 1.7 per 100,000, remaining well below the baseline intensity thresholds. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 2.4 per 100,000, well below the MEM threshold for baseline activity (12.2 per 100,000). During week 50, 62 of the 5,553 samples tested positive for influenza (including 12 influenza A(H3N2), 43 influenza A(not subtyped) and 7 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 50, influenza activity continues to increase throughout the WHO European Region. During week 50, a total of 1,136 sentinel specimens were tested for influenza, 108 of which were positive (107 influenza A (of the 80 subtyped all were influenza A(H3N2)), and one influenza B).

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

- The WHO reported on 20/12/2021 that globally, influenza activity remains low but continued to increase. In the temperate zones of the northern hemisphere, influenza activity although still low has started to increase. Both influenza A and B were detected. In the temperate zones of the southern hemisphere, influenza activity remained low in Oceania and temperate South America but increased in South Africa. In North America, influenza detections increased, but overall remained low. In Europe, influenza activity continued to increase. In East Asia, influenza activity continued to increase but overall remained low. 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, influenza A(H3N2) detections were reported from Brazil. Elevated RSV activity and severe acute respiratory infection (SARI) were reported in some countries. In tropical Africa, influenza activity continued on a decreasing trend, with both influenza A and B detected. In Southern Asia, the number of influenza virus detections reported continued on a decreasing trend, with influenza A(H3N2) predominating. In South-East Asia, after several weeks of no detections, an influenza A(H3N2) was reported in the Philippines.
- Based on FluNet reporting (as of 17/12/2021), during the time period from 22/11/2021 – 05/12/2021, National Influenza Centres and other national influenza laboratories from 108 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 234,140 specimens during that time period, 7,446 were positive for influenza viruses, of which 4,327 were typed as influenza A (of the subtyped influenza A viruses, 276 were influenza A(H1N1)pdm09 and 2,520 were influenza A(H3N2)) and 3,119 influenza B (of the characterised influenza B viruses 0 belonged to B-Yamagata lineage and 2,738 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 51 (ending 25/12/2021) influenza activity in the United States is increasing. Nationally, 4,393 (6.2%) out of 70,660 specimens have tested positive for influenza in week 51, of these positives 4,337 (98.7%) were influenza A and 57 (1.3%) were influenza B. Further characterisation has been carried out on 29,486 specimens by public health laboratories, and 634 samples tested positive for influenza, 375 influenza A(H3N2), 257 influenza A(not subtyped) and two 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 49, influenza activity remains low. The percentage of visits to healthcare professionals that were due to ILI was 0.9% in week 49 and remains stable and below expected levels. The percentage of tests positive for influenza was 0.38% during week 49.

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, but has seen a downward trend in recent weeks.

Source: CDC RSV national trends: <https://www.cdc.gov/surveillance/nrevss/rsv/natl-trend.html>

COVID-19 – UK and international summary

- The number of confirmed cases in Wales reported as at 05/01/2022 is 689,750 with 21,279 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 6,599 with 10 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 49 was 9,096. 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 05/01/2022, there have been 13,835,334 reported confirmed cases of COVID-19 in the UK, of which 194,747 were newly reported in the previous 24 hours. The total deaths within 28 days of a positive test was 149,284, with 334 reported in the previous 24 hours. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 04/01/2022, WHO have reported 290,959,019 confirmed COVID-19 cases globally, with 1,276,532 reported in the previous 24 hours. There have been 5,446,753 deaths, of which 4,632 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 13/12/2021 WHO reported an additional case of Middle East Respiratory Syndrome coronavirus (MERS-CoV). Globally, 2,583 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 (02/10/2021 to 13/12/2021) 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
- 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