

Current level of influenza activity: *Low*

Influenza activity trend: *Increasing*

Confirmed influenza cases since 2021 week 40: 677 (329 influenza A(H3N2), 39 influenza A(H1N1)pdm09, 260 influenza A(not subtyped) and 49 influenza B).

### Key points – Wales

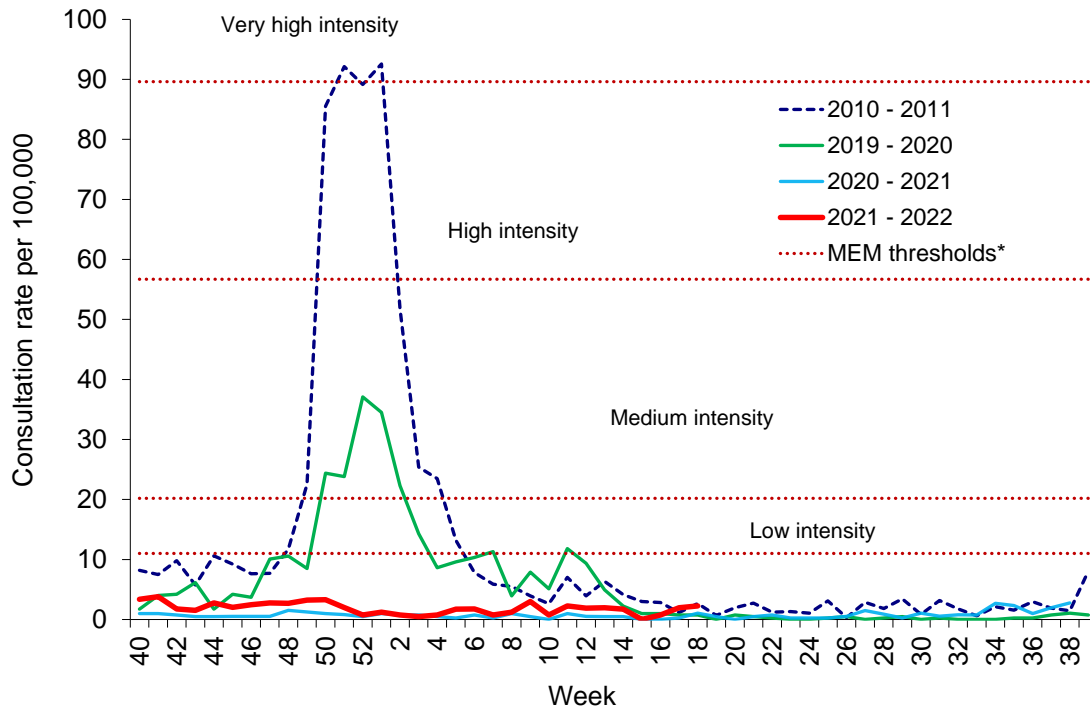
**Confirmed influenza case numbers have increased during April, and include a number of community cases confirmed in sentinel GPs. This is later than usual seasonal activity, at low levels.**

During Week 18 (ending 08/05/2022) there were 53 cases of influenza confirmed with a further case reported late from a sample in a preceding week. COVID-19 cases continue to be detected in symptomatic patients in hospital and in the community. Rhinovirus and adenovirus are the most commonly detected cause of non-COVID-19 Acute Respiratory Infection (ARI), with increasing confirmed cases in recent weeks. There has been a small increase in confirmed cases of RSV activity, this unseasonal activity is currently at low levels.

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during week 18 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 124.5 per 100,000 practice population during Week 18, this is a decrease compared to the previous week (143.4 per 100,000) (Table 2). Weekly consultations decreased for Lower Respiratory Tract Infections and Upper Respiratory Tract Infections compared to the previous week.
- The percentage of calls to **NHS Direct Wales** which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during Week 18 increased to 18.2% (Figure 8).
- During Week 18, 1,192 specimens received multiplex respiratory panel testing mainly from patients attending hospitals. These results do not include samples tested solely for SARS-CoV2. There were 39 influenza (33 influenza A(H3N2), five influenza A(H1N1)pdm09 and one influenza A(not typed)), 18 RSV, 144 SARS-CoV2, 113 rhinoviruses, 64 adenoviruses, 56 parainfluenza, 20 enteroviruses and two human metapneumoviruses detected in Week 18 (Figure 4). Additionally, 1,374 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 1,374 samples, 14 were positive for influenza (all untyped influenza A), four were positive for RSV and 102 were positive for SARS-CoV2 (Figure 5). 84 respiratory specimens were tested from patients in intensive care units (ICU) and three 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 18 (as at 11/05/2022).
- **Confirmed RSV case incidence in children aged under 5 increased, and remains at the threshold that would usually indicate low levels of circulation.** In week 18 there were 10.5 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 18, 14 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, 12 were reported as COVID-19 outbreaks. 11 were in residential homes, one was in a school/nursery setting and two were in a community, mixed or other setting.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not significantly in excess during week 17.

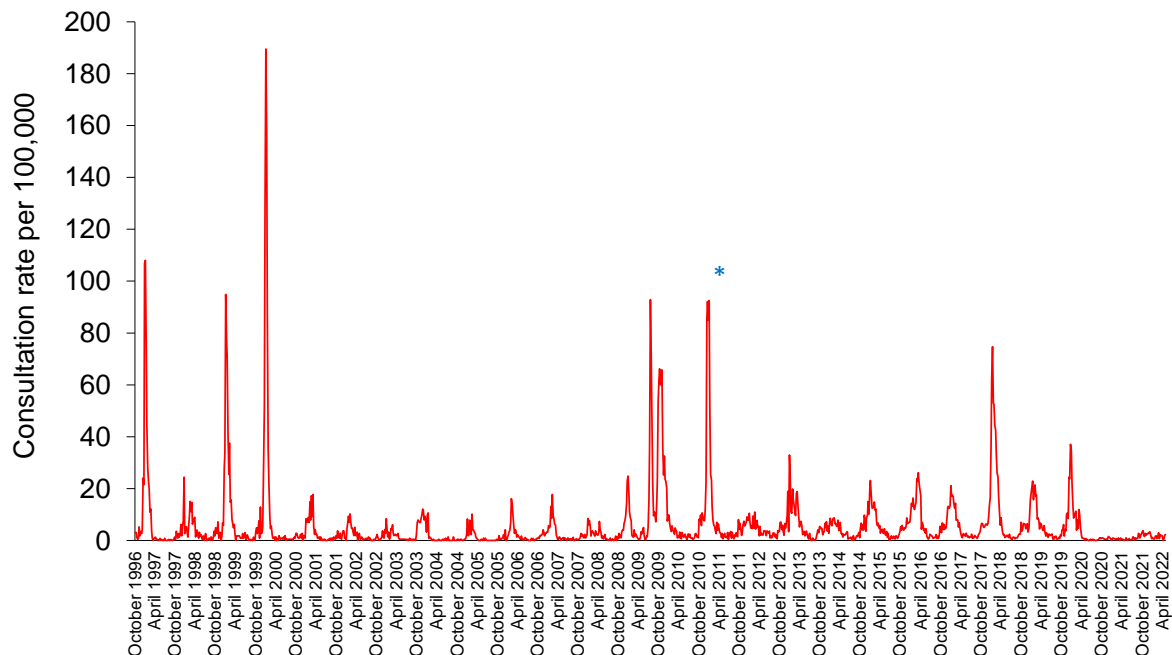
## Respiratory infection activity in Wales

**Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 08/05/2022).**



\* 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 18 2022).**



\* Reporting changed to Audit+ surveillance system

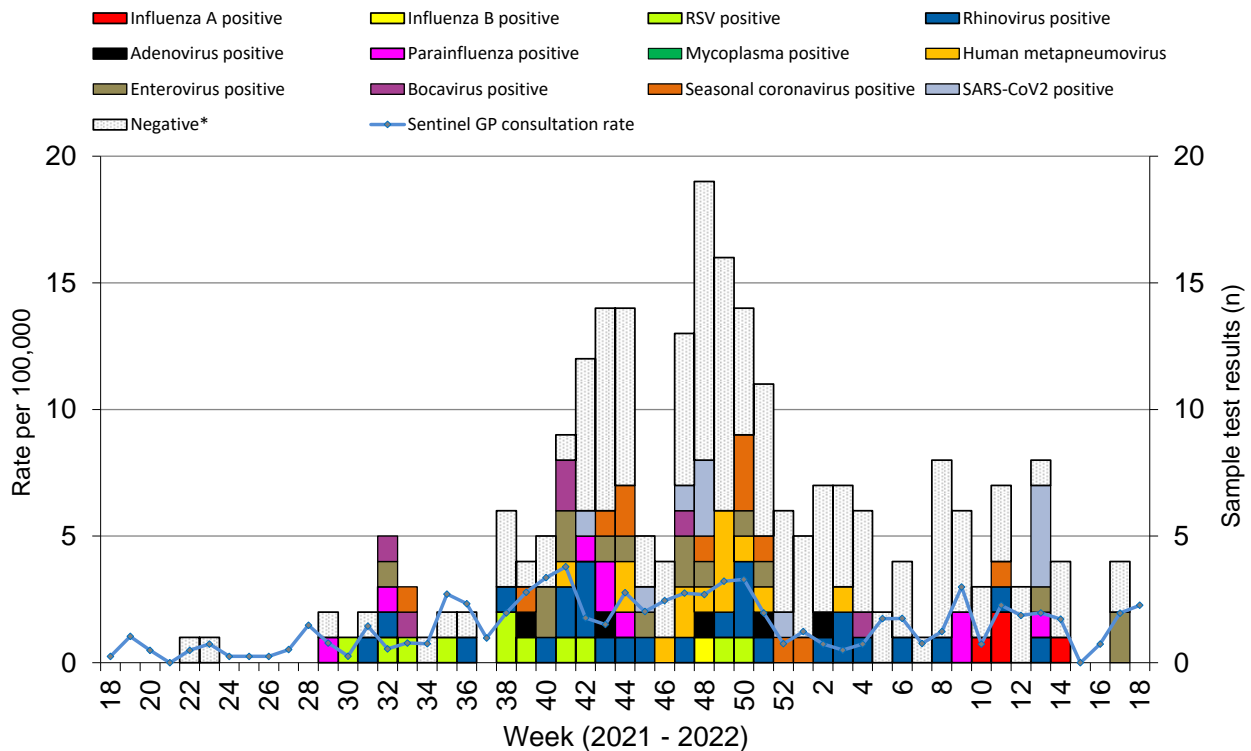
**Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 13 – week 18 2022 (as of 08/05/2022).**

Age group	13	14	15	16	17	18
< 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	2.3	2.7	0.0	0.0	0.0	0.0
15 - 24	2.2	2.5	0.0	0.0	6.6	2.3
25 - 34	1.9	0.0	0.0	1.9	1.9	2.0
35 - 44	2.0	0.0	0.0	0.0	2.0	0.0
45 - 64	2.8	2.2	0.0	0.9	0.0	2.9
65 - 74	2.2	5.1	0.0	2.2	2.2	6.7
75+	0.0	0.0	0.0	0.0	4.6	2.4
<b>Total</b>	<b>2.0</b>	<b>1.7</b>	<b>0.0</b>	<b>0.7</b>	<b>2.0</b>	<b>2.3</b>

**Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 13 – week 18 2022 (as of 08/05/2022).**

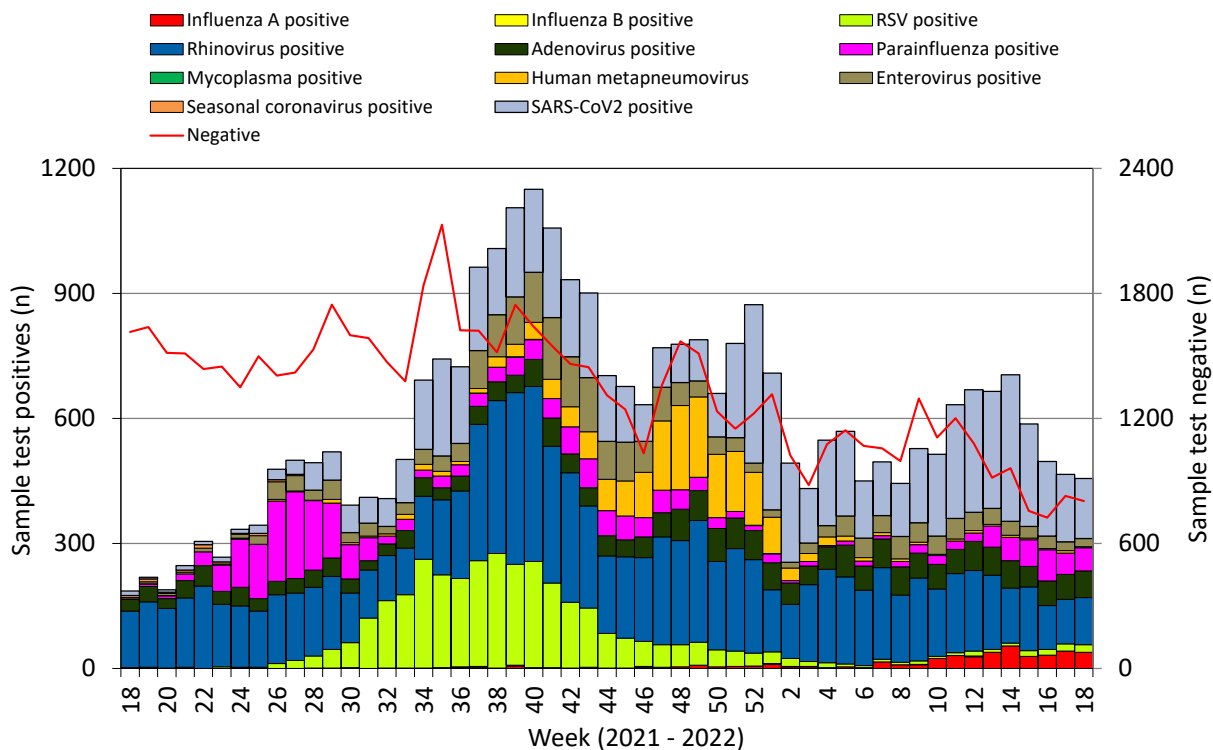
Age group	13	14	15	16	17	18
< 1	1110.4	916.4	367.7	918.3	728.3	484.8
1 - 4	619.1	684.6	287.8	377.9	418.4	477.0
5 - 14	138.3	146.4	74.8	92.9	115.6	136.8
15 - 24	132.6	126.7	89.3	143.8	161.5	111.0
25 - 34	159.4	140.0	193.7	105.0	120.5	111.2
35 - 44	162.3	176.0	134.2	94.8	118.5	74.7
45 - 64	110.0	98.6	143.8	109.1	120.2	101.0
65 - 74	121.6	109.4	128.2	110.8	158.6	112.4
75+	161.1	149.0	22.1	156.0	114.7	124.3
<b>Total</b>	<b>161.4</b>	<b>156.1</b>	<b>125.3</b>	<b>130.2</b>	<b>143.4</b>	<b>124.5</b>

**Figure 3. Specimens submitted for virological testing by sentinel GPs as of 08/05/2022, by week of sample collection, week 18 2021 to week 18 2022.**



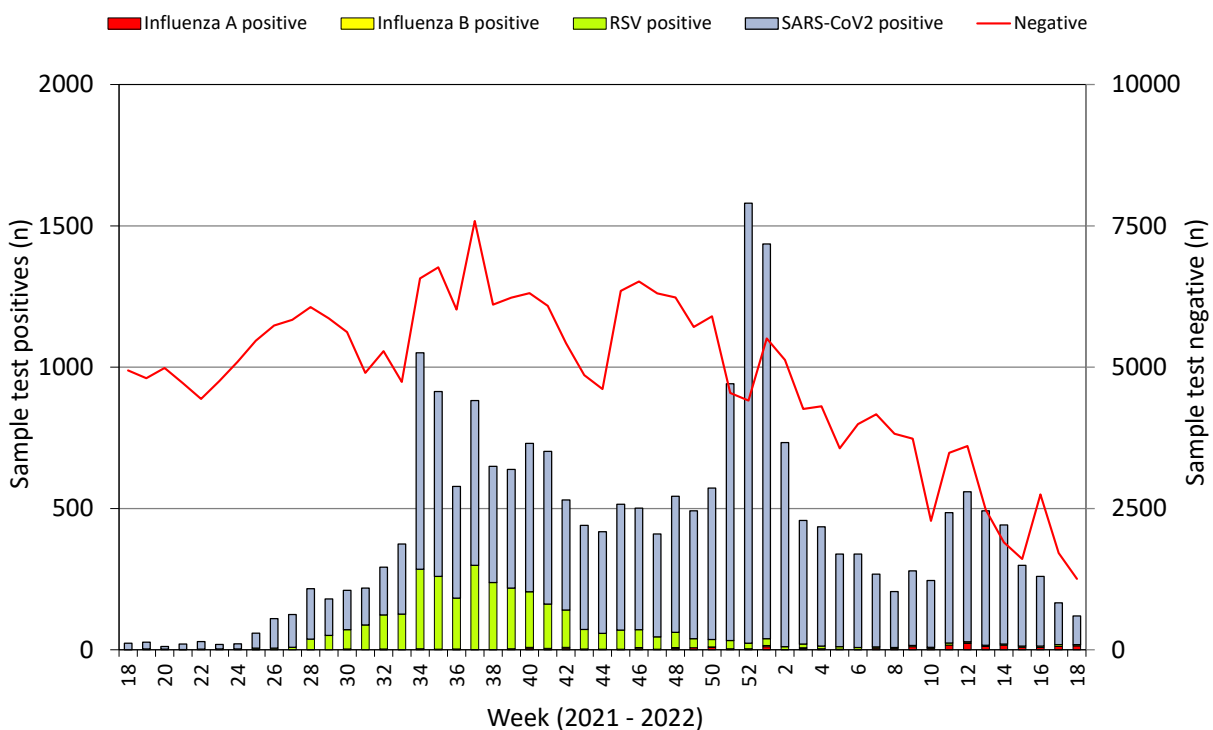
\* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than one pathogen will appear more than once in the chart.

**Figure 4. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 08/05/2022 by week of sample collection, week 18 2021 to week 18 2022.**

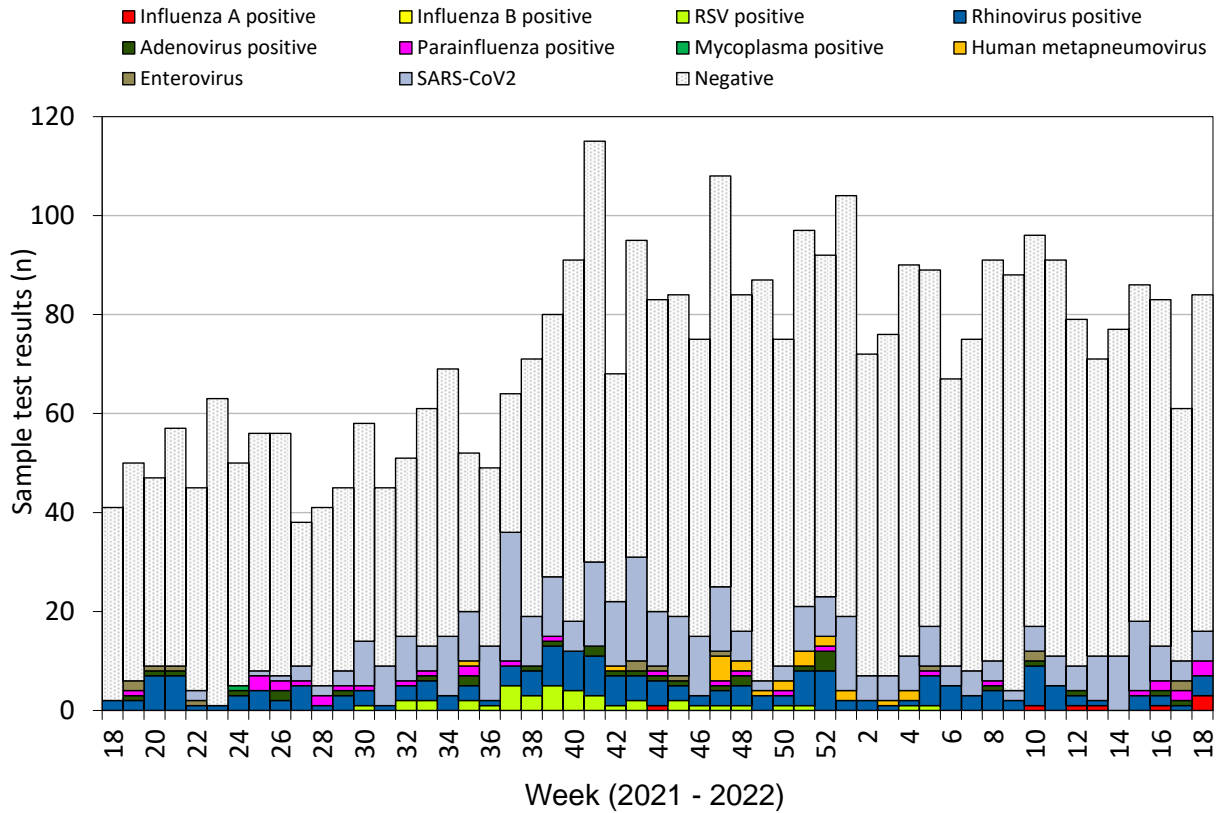


This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart 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 08/05/2022 by week of sample collection, week 18 2021 to week 18 2022.**

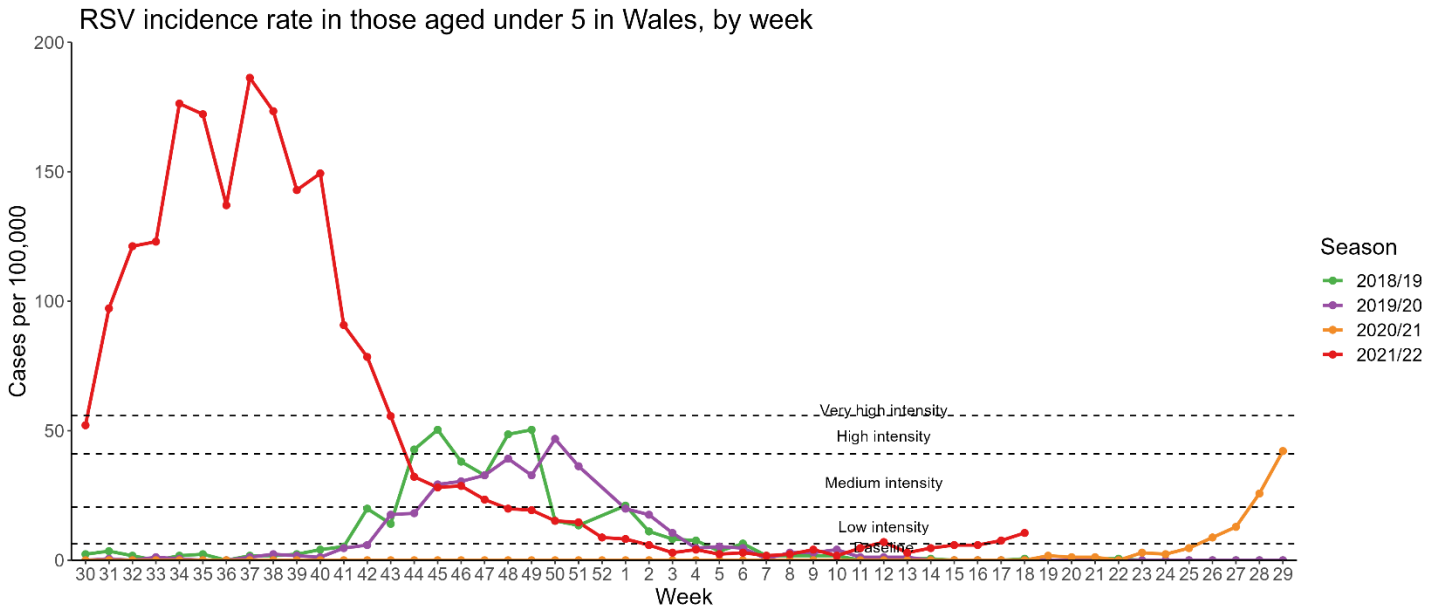


**Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 18 2021 to Week 18 2022.**



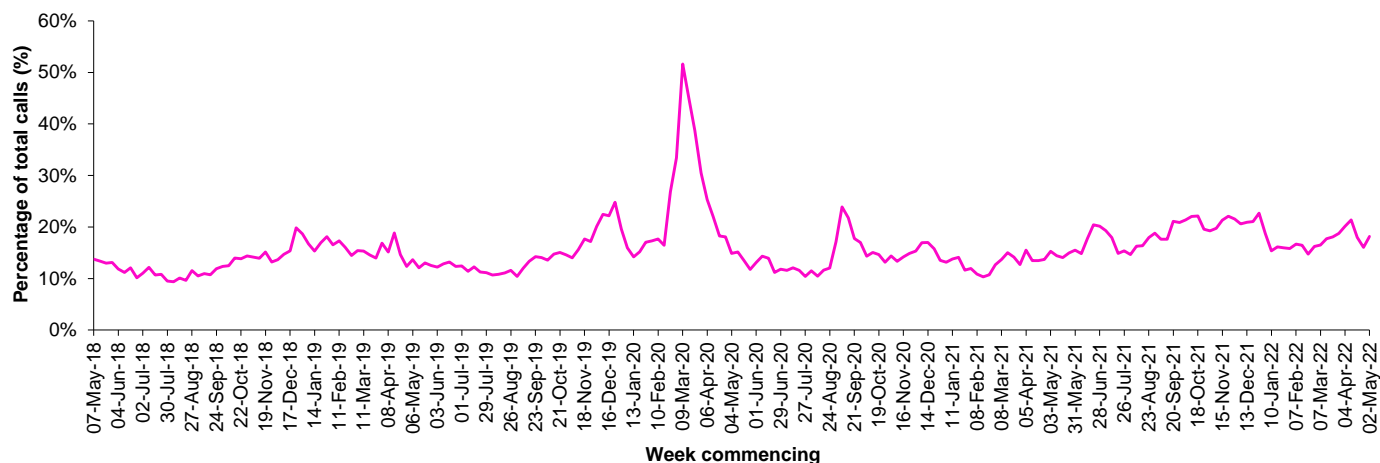
This chart summarises respiratory panel test data and does not include data for patients tested SOLEY for SARS-CoV2. Samples which test positive for more than one pathogen will appear more than once in the chart.

**Figure 7. RSV incidence rate per 100,000 population aged under five years, week 30 2017 to Week 18 2022.**



## 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 18 2018 - Week 18 2022 (as of 08/05/2022).**



<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 26/04/2022).**

Influenza immunisation uptake in the 2021/22 season	
People aged 65y and older	78.0%
People younger than 65y in a clinical risk group	48.2%
Children aged two & three years	47.6%
Children aged four to ten years*	68.7%
Children aged 11 to 15 years*	58.2%
NHS staff	56.0%
NHS staff who have direct patient contact	57.2%

\* 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 17, community and syndromic influenza indicators remain low in the UK. GP ILI consultations increased in Scotland to 2.5 per 100,000, but remained stable in Northern Ireland at 0.5 per 100,000 - well below the baseline intensity thresholds. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 1.0 per 100,000, well below the MEM threshold for baseline activity (12.2 per 100,000). During week 17, 135 of the 6,409 samples tested positive for influenza (including 34 influenza A(H3N2), five influenza A(H1N1)pdm09, 90 influenza A(not subtyped) and six 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 17, influenza activity continues to be reported in some countries in the WHO European Region. During week 17, a total of 1,036 sentinel specimens were tested for influenza, 173 of which were positive, 167 influenza A (113 influenza A(H3), 4 influenza A(H1)pdm09 and 50 influenza A(not subtyped)) and six influenza B.  
**Source:** Flu News Europe: <http://www.flunewseurope.org/>
- The WHO reported on 02/05/2022 that globally, influenza activity remained low, with a further decrease of activity in some areas. In the temperate zones of the northern hemisphere, influenza activity decreased, except in North America. In the temperate zones of the southern hemisphere, influenza activity remained low overall. In North America, influenza virus detections continued to increase in recent weeks but remained low. In Europe, influenza activity appeared to decline, with influenza A(H3N2) predominant. In Central Asia, sporadic influenza B were reported in Kazakhstan. In East Asia, influenza activity continued to decrease in China, remained elevated in Mongolia, and remained low in the rest of the subregion. In Northern Africa, decreased detections of influenza A(H3N2) were reported in Tunisia. In Western Asia, Georgia reported increased detection of influenza A(H3N2). In the Caribbean and Central American countries, low influenza activity was reported with influenza A(H3N2) predominant. In tropical South America, low influenza activity was reported with influenza A(H3N2) predominant. In tropical Africa, influenza activity was reported mainly from Eastern Africa. In Southern Asia, influenza virus detections were at low levels overall. In South-East Asia, only Malaysia reported influenza detections.
- Based on FluNet reporting (as of 29/04/2022), during the time period from 04/04/2022 – 17/04/2022, National Influenza Centres and other national influenza laboratories from 112 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 336,269 specimens during that time period, 33,676 were positive for influenza viruses, of which 33,139 were typed as influenza A (of the subtyped influenza A viruses, 533 were influenza A(H1N1)pdm09 and 5,085 were influenza A(H3N2)) and 537 influenza B (of the characterised influenza B viruses none belonged to B-Yamagata lineage and 337 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 17 (ending 30/04/2022) influenza activity continues to increase in some areas of the United States. Nationally, 4,421 (8.1%) out of 54,691 specimens have tested positive for influenza in week 17, of these positives 4,390 (99.3%) were influenza A and 31 (0.7%) were influenza B. Further characterisation has been carried out on 12,204 specimens by public health laboratories, and 371 samples tested positive for influenza, all influenza A (263 influenza A(H3N2), two influenza A(H1N1)pdm09 and 106 influenza A(not subtyped)).  
**Source:** CDC Weekly US Influenza Surveillance Report: <http://www.cdc.gov/flu/weekly/>
- The Public Health Agency of Canada reported that during week 15, influenza activity has increased in recent weeks. The percentage of visits to healthcare professionals that were due to ILI was 1.2% in week 15. The percentage of tests positive for influenza was 3.8% during week 15.  
**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 continued to see 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 11/05/2022 is 873,569 with 99 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 7,428 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 2022 week 15 was 10,075. 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 11/05/2022, there have been 22,145,157 reported confirmed cases of COVID-19 in the UK, of which 102,089 were newly reported in the previous 7 days. The total deaths within 28 days of a positive test was 176,424 with 1,512 reported in the previous 7 days. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 11/05/2022, WHO have reported 516,476,402 confirmed COVID-19 cases globally, with 675,952 reported in the previous 24 hours. There have been 6,258,023 deaths, of which 1,623 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 07/04/2022 WHO reported six additional case of Middle East Respiratory Syndrome coronavirus (MERS-CoV). Globally, 2,585 laboratory confirmed cases of human infection with MERS-CoV, including 891 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 (02/03/2022 to 07/04/2022) 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)