

Current level of influenza activity: *Baseline activity*

Influenza activity trend: *Increases in recent weeks*

Confirmed influenza cases since 2021 week 40: 145 (25 influenza A(H3N2), two influenza A(H1N1)pdm09, 80 influenza A(not subtyped) and 38 influenza B).

## Key points – Wales

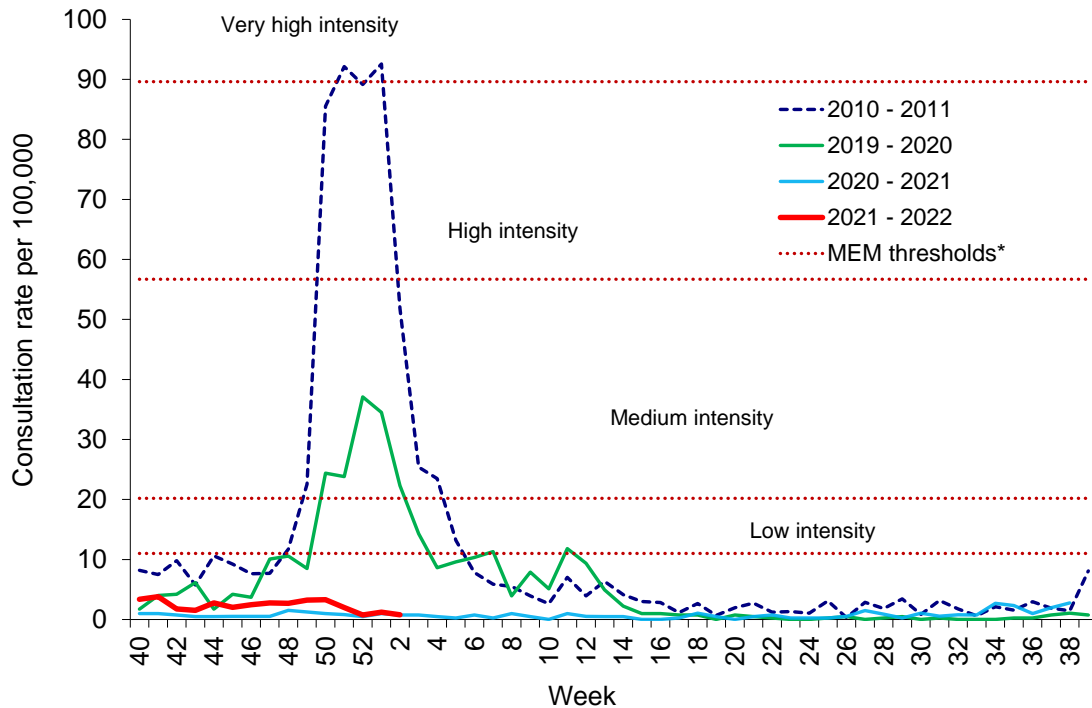
**Surveillance indicators suggest that although influenza is not yet circulating widely, confirmed case numbers have increased in recent weeks.**

During Week 02 (ending 16/01/2022) there were five cases of influenza confirmed with a further 12 cases reported late from samples in preceding weeks. Confirmed cases of Respiratory Syncytial Virus (RSV) in children aged under 5 years continued to decrease and are now at baseline levels. 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).

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during week 02 was 0.8 consultations per 100,000 practice population (Table 1). This decreased compared to the previous week (1.2 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 127.1 per 100,000 practice population during Week 02, this is a decrease compared to the previous week (152.7 per 100,000) (Table 2). Weekly consultations for Upper Respiratory Tract Infections and Lower Respiratory Tract Infections decreased compared to the previous week. The age-group specific consultation rate for ARI during Week 02 was highest in under one year olds (534.8 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 02 decreased to 15.4% (Figure 8).
- During Week 02, 1,438 specimens received multiplex respiratory panel testing mainly from patients attending hospitals. These results do not include samples tested solely for SARS-CoV2. There were four influenza (one influenza A(H1N1)pdm09, two influenza A(not typed) and one influenza B), 18 RSV, 235 SARS-CoV2, 132 rhinoviruses, 51 adenoviruses, 30 human metapneumoviruses, 12 enteroviruses and six parainfluenza detected in Week 02 (Figure 4). Additionally, 6,013 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 6,013 samples, one was positive for influenza (one influenza A (untyped)), 11 were positive for RSV and 725 were positive for SARS-CoV2 (Figure 5). Seventy-two 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 seven surveillance samples from patients with ILI collected by **sentinel GPs** during Week 02 (as at 19/01/2022), one was positive for rhinovirus, one for adenovirus and five were negative for all routinely tested respiratory pathogens.
- **Confirmed RSV case incidence in children aged under 5 decreased, and is now at the threshold that would usually indicate baseline levels of circulation.** In week 02 there were 5.9 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 02, 89 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, all were reported as COVID-19 outbreaks. 82 were in residential homes, two were in hospitals, one was in a school/nursery setting and four were in a community, mixed or other setting.
- According to **EuroMoMo** analysis, all-cause deaths in Wales were not significantly in excess during week 01.

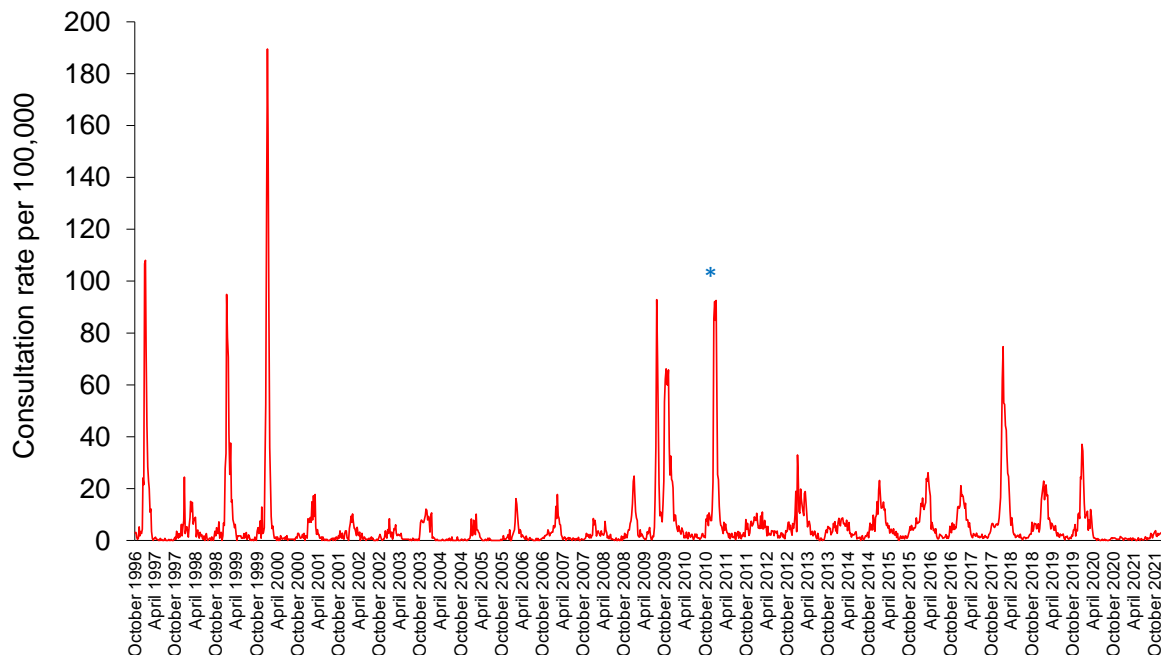
## Respiratory infection activity in Wales

**Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 16/01/2022).**



\* 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 02 2022).**



\* Reporting changed to Audit+ surveillance system

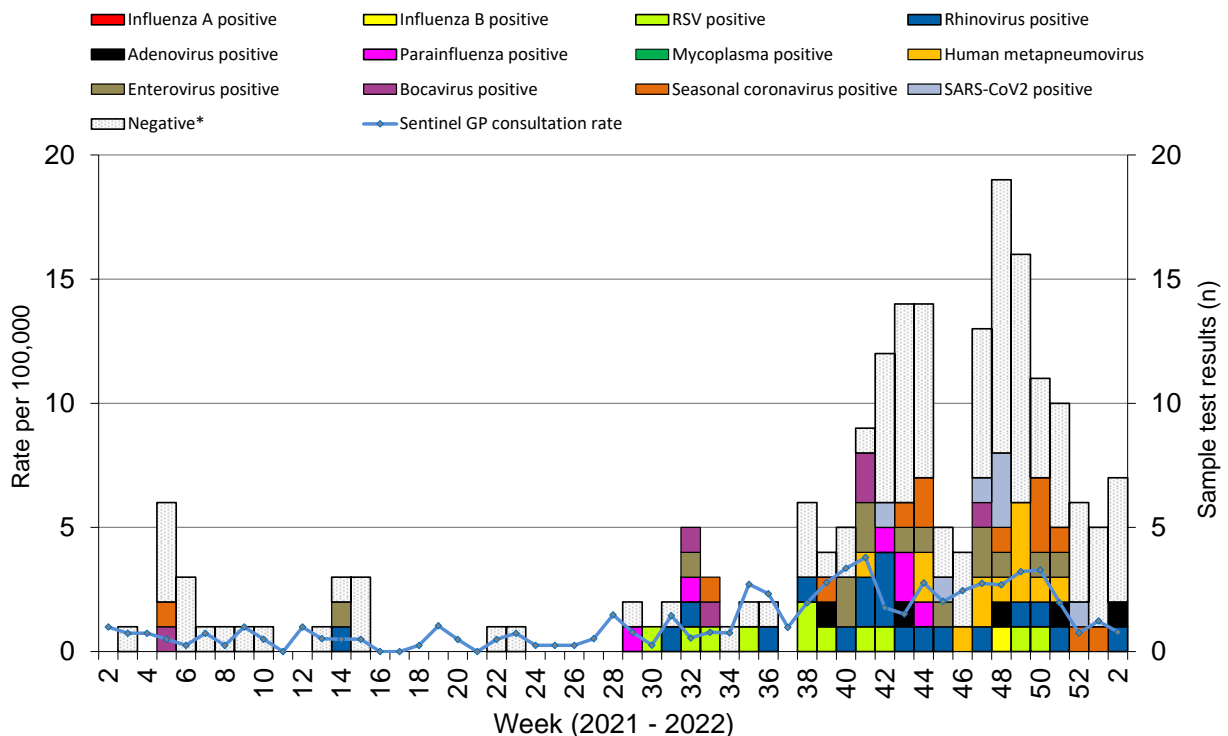
**Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 49 2021 – Week 02 2022 (as of 16/01/2022).**

Age group	49	50	51	52	1	2
< 1	0.0	0.0	0.0	0.0	31.4	0.0
1 - 4	0.0	0.0	0.0	6.8	0.0	0.0
5 - 14	2.3	2.3	0.0	0.0	0.0	0.0
15 - 24	0.0	4.5	0.0	0.0	0.0	0.0
25 - 34	2.0	6.0	0.0	0.0	0.0	2.1
35 - 44	10.0	3.1	0.0	0.0	4.0	0.0
45 - 64	1.9	2.9	6.4	1.9	1.8	2.0
65 - 74	4.4	0.0	2.6	0.0	0.0	0.0
75+	4.7	2.4	0.0	0.0	0.0	0.0
<b>Total</b>	<b>3.2</b>	<b>3.3</b>	<b>2.0</b>	<b>0.8</b>	<b>1.2</b>	<b>0.8</b>

**Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 49 2021 – Week 02 2022 (as of 16/01/2022).**

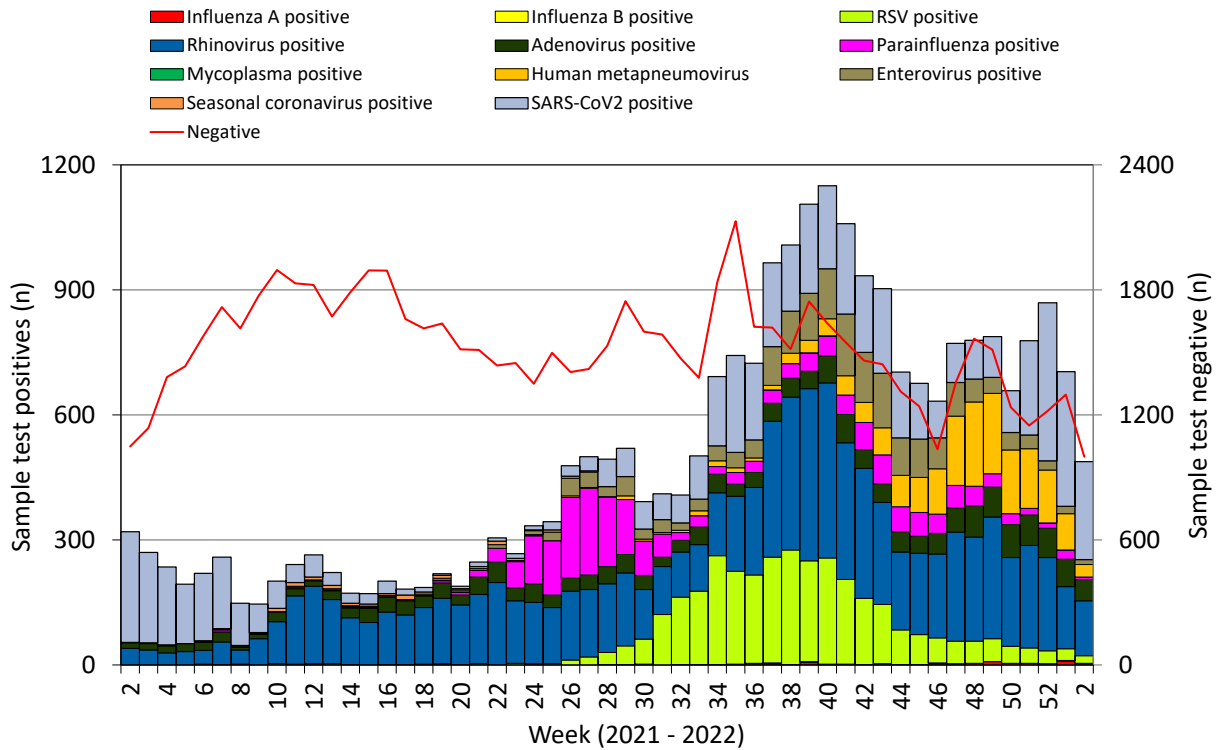
Age group	49	50	51	52	1	2
< 1	1345.1	907.9	671.8	564.0	697.3	534.8
1 - 4	971.6	861.5	716.9	376.5	310.6	256.4
5 - 14	245.6	187.6	149.3	91.7	59.2	105.2
15 - 24	189.0	136.7	141.3	87.7	165.9	99.6
25 - 34	206.8	168.8	155.3	153.6	159.2	102.9
35 - 44	186.4	187.5	146.9	137.6	160.1	122.1
45 - 64	131.2	151.5	141.8	109.4	142.2	125.6
65 - 74	121.9	150.7	115.2	101.9	108.9	124.8
75+	130.5	149.4	96.7	110.6	152.5	144.9
<b>Total</b>	<b>205.8</b>	<b>192.3</b>	<b>162.6</b>	<b>126.8</b>	<b>152.6</b>	<b>127.1</b>

**Figure 3. Specimens submitted for virological testing by sentinel GPs as of 16/01/2022, by week of sample collection, week 02 2021 to Week 02 2022.**



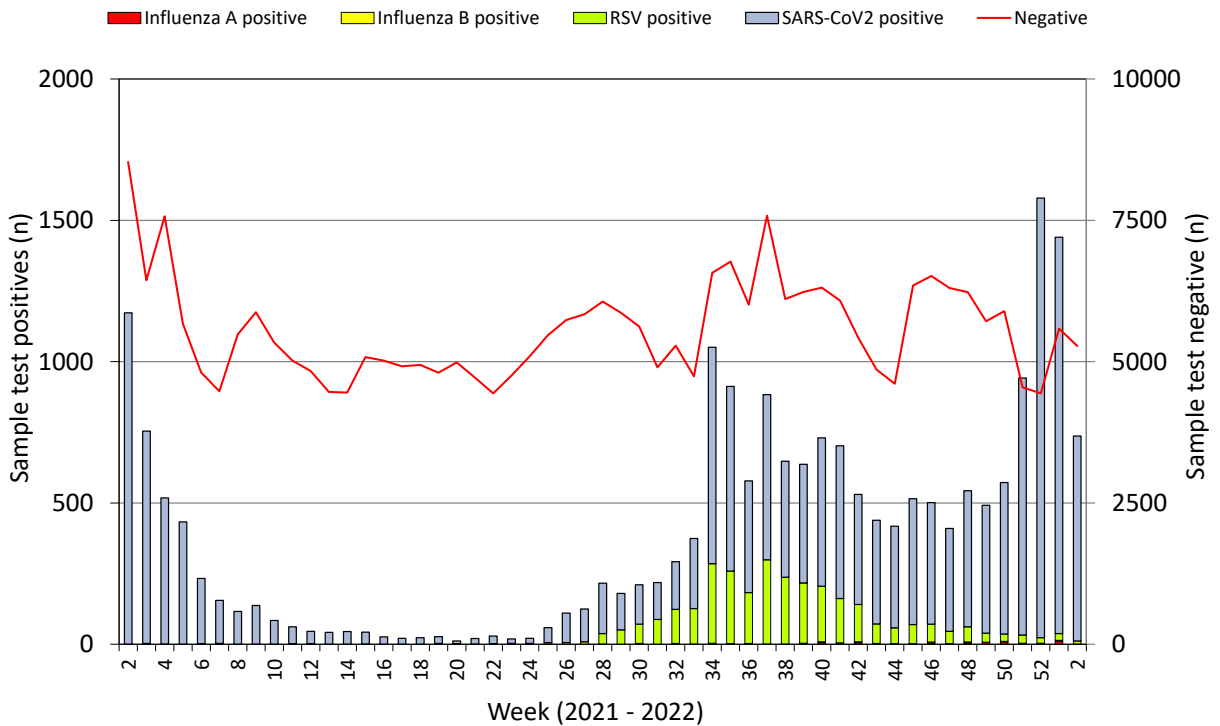
\* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than on pathogen will appear more than once in the chart.

**Figure 4. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 16/01/2022 by week of sample collection, week 02 2021 to Week 02 2022.**

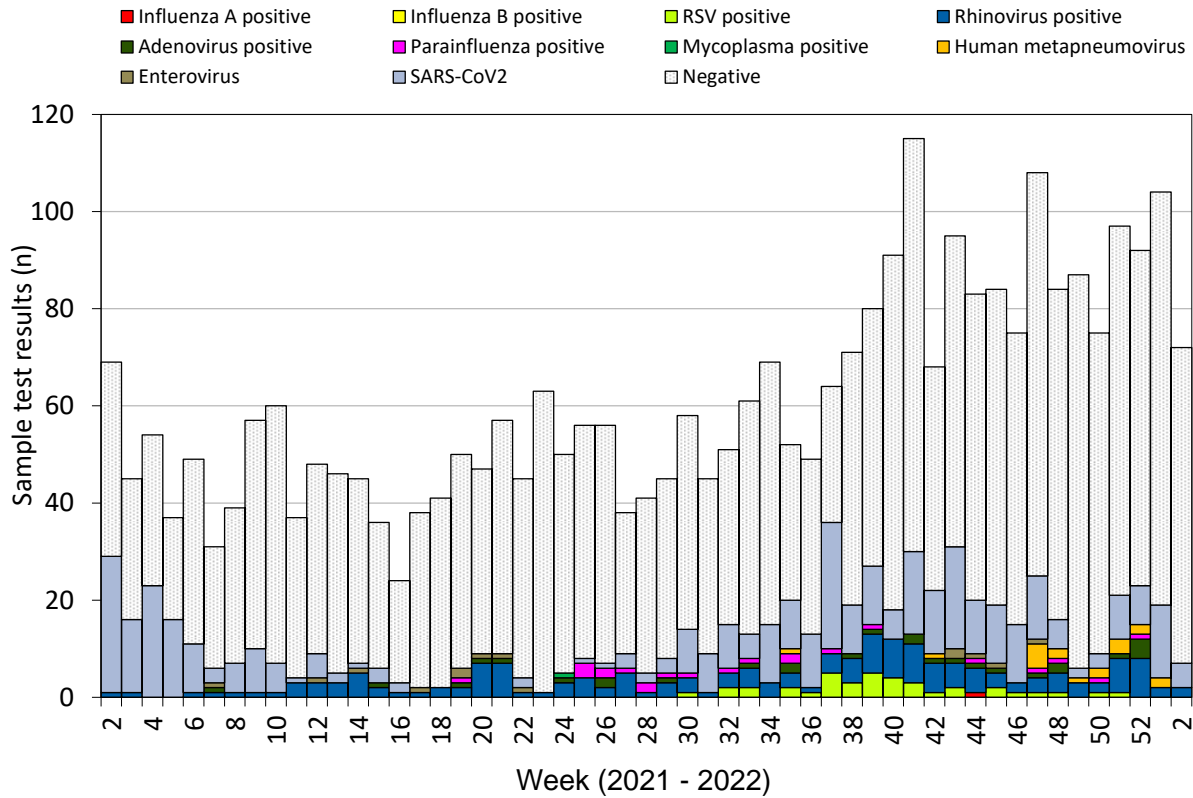


This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart 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 16/01/2022 by week of sample collection, week 02 2021 to Week 02 2022.**

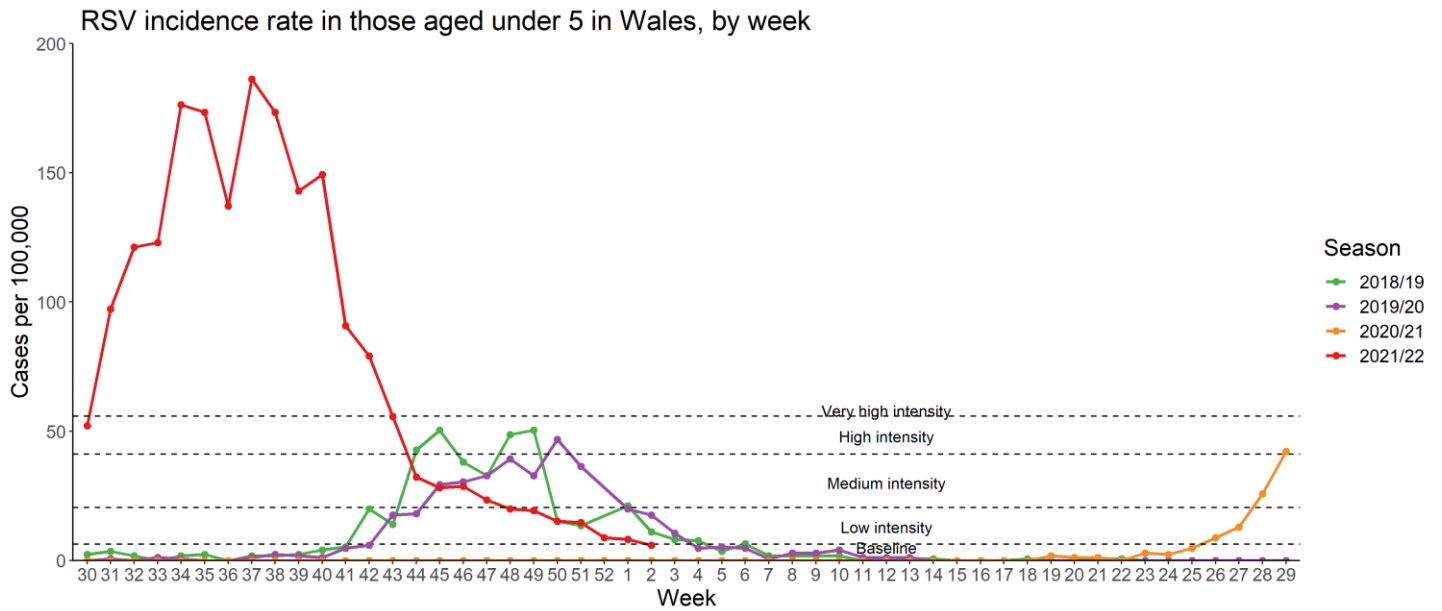


**Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 02 2021 to Week 02 2022.**



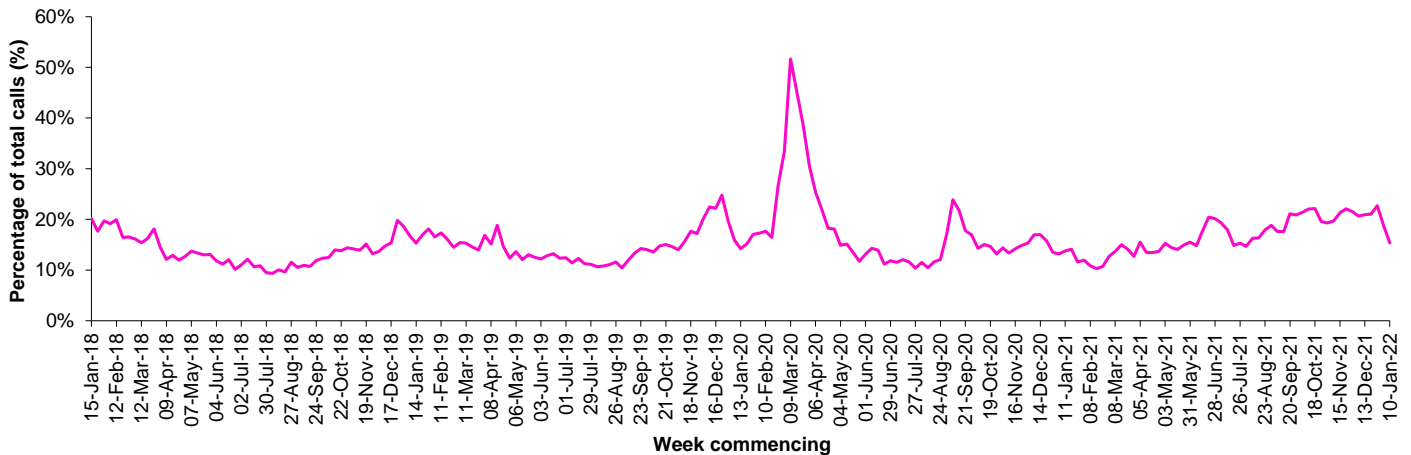
This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Samples which test positive for more than one pathogen will appear more than once in the chart.

**Figure 7. RSV incidence rate per 100,000 population aged under five years, week 30 2017 to Week 02 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 03 2018 - Week 02 2022 (as of 16/01/2022).**



<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 11/01/2022).**

<b>Influenza immunisation uptake in the 2021/22 season</b>	
People aged 65y and older	76.6%
People younger than 65y in a clinical risk group	45.6%
Children aged two & three years	45.1%
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 01, community and syndromic influenza indicators remain very low in the UK. GP ILI consultations increased in Wales to 1.2 per 100,000 and in Northern Ireland to 1.5 per 100,000, but decreased in Scotland to 0.6 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 1.3 per 100,000, well below the MEM threshold for baseline activity (12.2 per 100,000). During week 1, 32 of the 5,612 samples tested positive for influenza (including 13 influenza A(H3N2), 1 influenza A(H1N1)pdm09, 16 influenza A(not subtyped) and 2 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 01, influenza activity continues to increase throughout the WHO European Region. During week 01, a total of 2,576 sentinel specimens were tested for influenza, 121 of which were positive (115 influenza A (5 influenza A(H1N1)pdm09, 110 influenza A(H3) and six influenza A(not subtyped)).

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

- The WHO reported on 10/01/2022 that globally, influenza activity remains low but continued to increase. In the temperate zones of the northern hemisphere, influenza activity although still low has continued 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 52 (ending 01/01/2022) influenza activity in the United States is increasing. Nationally, 4,413 (3.8%) out of 115,580 specimens have tested positive for influenza in week 52, of these positives 4,329 (98.1%) were influenza A and 84 (1.9%) were influenza B. Further characterisation has been carried out on 36,233 specimens by public health laboratories, and 785 samples tested positive for influenza, 377 influenza A(H3N2), 405 influenza A(not subtyped) and three influenza B.

**Source:** CDC Weekly US Influenza Surveillance Report: <http://www.cdc.gov/flu/weekly/>

- The Public Health Agency of Canada reported that during weeks 50 to 52, influenza activity remains low. The percentage of visits to healthcare professionals that were due to ILI was 2.1% in week 52 and has been on an upward trend for the past few weeks. The percentage of tests positive for influenza was 0.1% during week 52.

**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 19/01/2022 is 748,708 with 2,136 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 6,731 with 23 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 52 was 9,223. 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 18/01/2022, there have been 15,399,300 reported confirmed cases of COVID-19 in the UK, of which 94,432 were newly reported in the previous 24 hours. The total deaths within 28 days of a positive test was 152,513, with 438 reported in the previous 24 hours. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 18/01/2022, WHO have reported 328,532,929 confirmed COVID-19 cases globally, with 1,586,889 reported in the previous 24 hours. There have been 5,542,359 deaths, of which 5,255 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](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)