

Current level of influenza activity: Baseline

Influenza activity trend: Stable

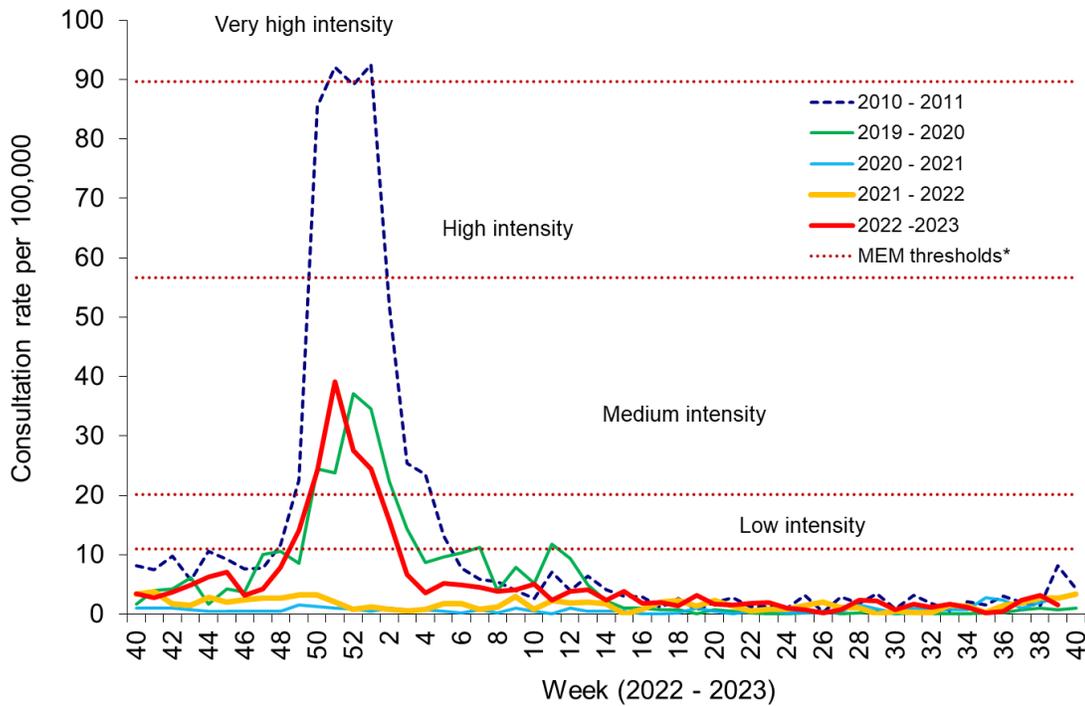
Confirmed influenza cases since 2022 Week 40: 7893 (3069 influenza A(H3N2), 1645 influenza A(H1N1)pdm09, 2679 influenza A(not subtyped) and 500 influenza B)

During Week 39 (ending 01/10/2023) there were five cases of influenza. Overall influenza activity remains at baseline levels, but small numbers of cases continue to be detected. COVID-19 cases continue to be detected in patients in hospitals and case numbers have increased throughout August, although the most recent data suggests a plateau may have been reached. RSV activity in children under 5 years increased and is now at high intensity levels. Rhinovirus, SARS-CoV-2, RSV, adenovirus, and enterovirus are the most commonly detected causes of Acute Respiratory Infection (ARI).

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during Week 39, was 1.5 consultations per 100,000 practice population (Table 1). This is a decrease compared to the previous Week 38 (3.1 consultations per 100,000. Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 120.1 per 100,000 practice population during Week 39 (Table 2 and Figure 3). This is an increase compared to the previous week (120.1 per 100,000). Weekly consultations for Lower Respiratory Tract Infections increased to (48.3 per 100,000) and Upper Respiratory Tract Infections (105.0 per 100,000) increased 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 39 decreased to 13.0% (Figure 13).
- During Week 39, 1,123 specimens received multiplex respiratory panel testing from patients attending hospitals. These results do not include samples tested solely for SARS-CoV-2. **Three tested positive for influenza of which two were influenza B and one was influenza A(not subtyped)**. Overall influenza test-positivity decreased to <0.1%. In addition, 342 rhinovirus, 197 Sars-CoV2, 88 RSV, 43 adenovirus, 35 enterovirus, 16 parainfluenza, eight mycoplasma, and four seasonal coronavirus positive samples (Figure 5). Additionally, 487 samples from patients were tested for influenza, RSV and SARS-CoV-2 only. Many of these tests may be associated with screening activities rather than diagnostic testing for patients presenting with ARI symptoms. Of these 476 samples, 121 were positive for SARS-CoV-2, one RSV, one influenza B and one positive for influenza A (Figure 7). Furthermore, during week 39, 48 respiratory specimens were tested from patients in intensive care units (ICU) of which none was positive for influenza (Figure 8).
- There were 75 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 39. Of the 75 samples, 10 tested positive for rhinovirus, 10 for Sars-Cov-2, four for enterovirus, two for adenovirus, one for parainfluenza, one for mycoplasma, one for seasonal coronavirus, and one for RSV (as at 04/10/2023) (Figure 4).
- From all samples where influenza subtyping information was available during week 39 (specimens receiving multiplex respiratory panel testing, from patients attending hospitals, and surveillance samples collected by sentinel GPs and community pharmacies) three were influenza B and one influenza A(not subtyped) (Figure 6).
- **Confirmed RSV case incidence in children aged under 5 increased in the most recent week and is now at high intensity levels.** In week 39 there were 50.2 confirmed cases per 100,000 in this age group. 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 (Figure 9).
- The 7-day rolling sums of cases hospitalised within 28 days of an influenza or RSV positive test result in the community (or up to two days post-admission) were two and 24 respectively during Week 39 (Figures 10 & 11) and 92 for SARS-CoV-2 during week 38 (Figure 12).
- During week 39, 11 **ARI outbreaks** were reported to the Public Health Wales Health Protection team. All outbreaks were reported as COVID-19 and all were in residential homes.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 34 (latest data available).

Respiratory infection activity in Wales

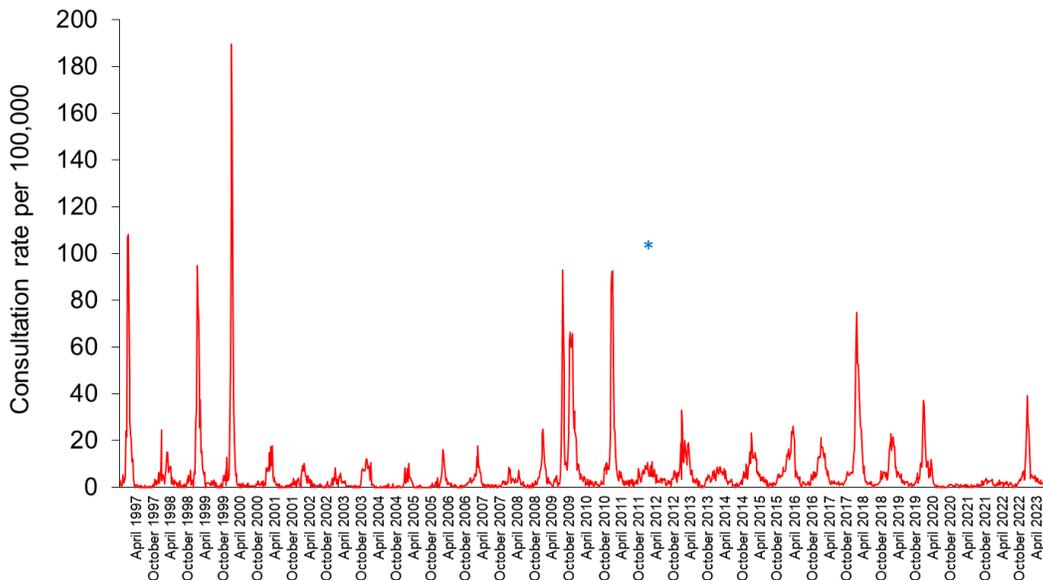
Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 01/10/2023)



* 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.

**Clinical consultations for ILI seasons are monitored from W40 to W40, the most recent data is presented in red.

Figure 2. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (Week 48 1996 – Week 39 2023)



* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 34 – Week 39 2023 (as of 01/10/2023)

Age group	34	35	36	37	38	39
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	0.0	0.0	0.0	6.7	7.1
5 - 14	0.0	0.0	0.0	0.0	0.0	4.7
15 - 24	0.0	0.0	0.0	2.2	2.1	0.0
25 - 34	3.8	2.0	0.0	5.8	3.8	0.0
35 - 44	0.0	0.0	0.0	3.7	1.8	0.0
45 - 64	2.7	0.0	1.8	0.9	6.4	1.0
65 - 74	0.0	0.0	0.0	4.4	0.0	4.6
75+	0.0	0.0	0.0	2.2	2.2	0.0
Total	1.2	0.3	0.5	2.4	3.1	1.5

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 34 – Week 39 2023 (as of 01/10/2023)

Age group	34	35	36	37	38	39
< 1	465.6	650.9	534.2	602.2	831.4	1491.5
1 - 4	315.4	158.8	248.0	458.8	482.5	760.3
5 - 14	79.8	55.0	51.0	105.2	164.2	210.0
15 - 24	95.3	64.5	77.3	120.3	140.7	129.5
25 - 34	88.2	78.7	65.1	77.1	84.2	138.5
35 - 44	59.3	74.3	94.2	98.4	77.5	100.4
45 - 64	70.1	67.7	70.1	85.6	79.2	85.7
65 - 74	88.4	86.4	105.6	85.5	109.9	84.9
75+	117.3	93.6	169.0	116.9	90.9	97.5
Total	93.7	80.6	95.9	112.7	120.1	148.2

Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 39 – Week 39 2023 (as of 01/10/2023)

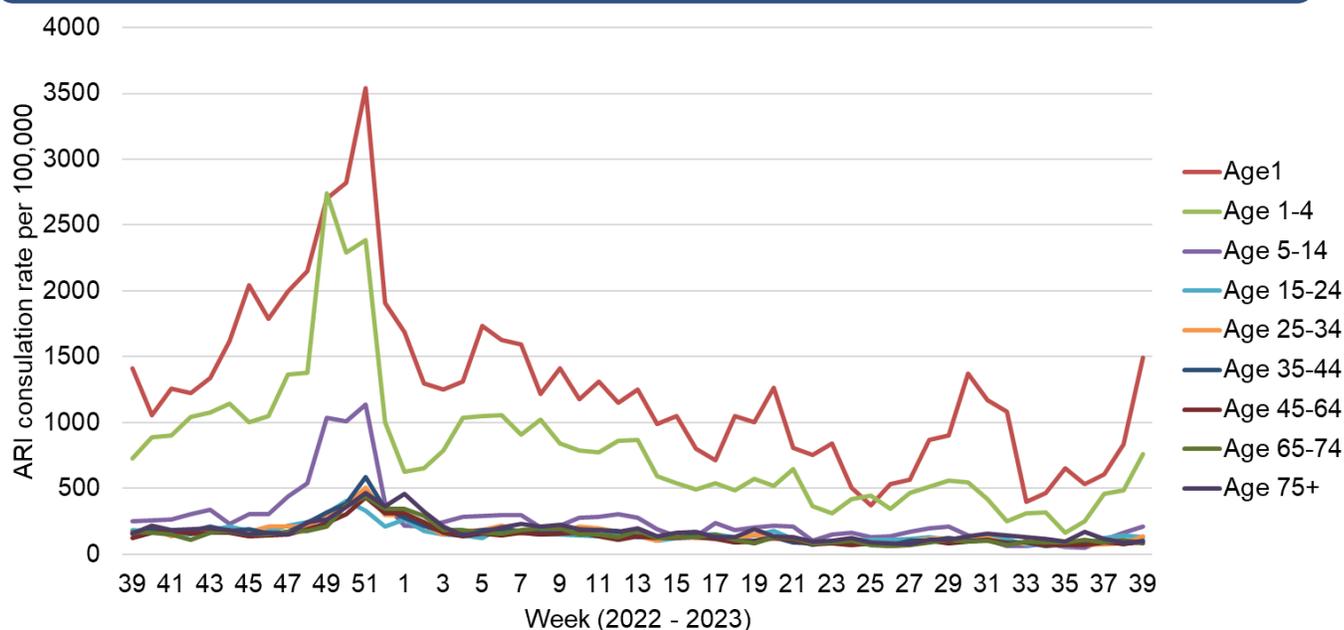
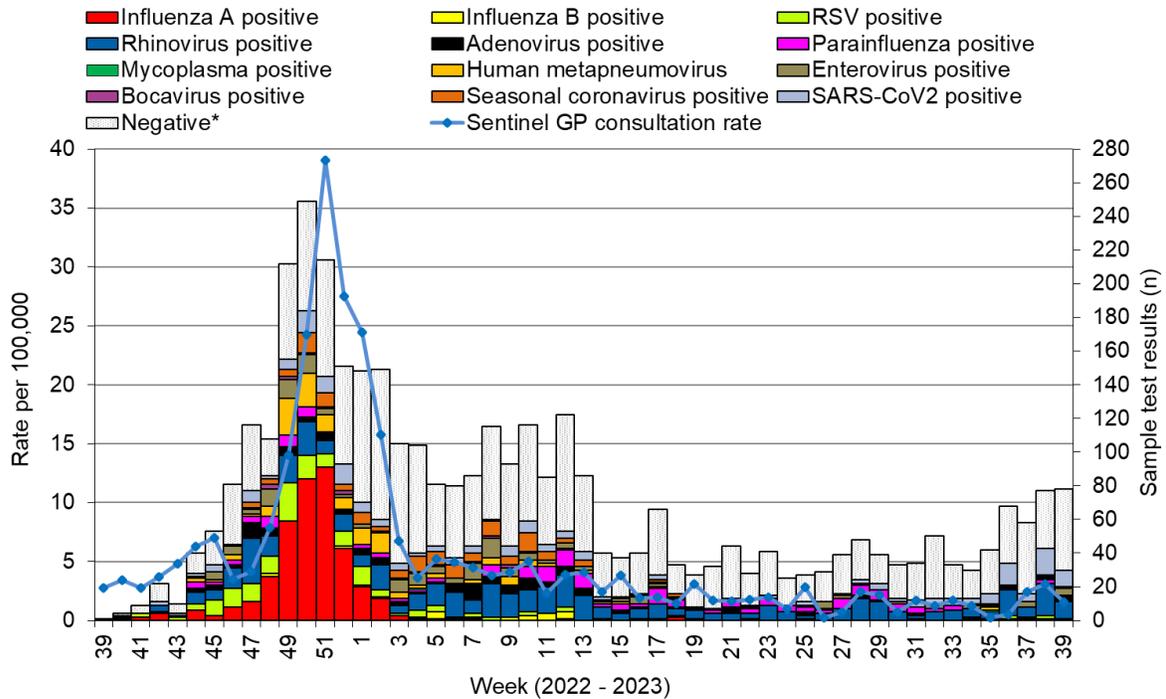
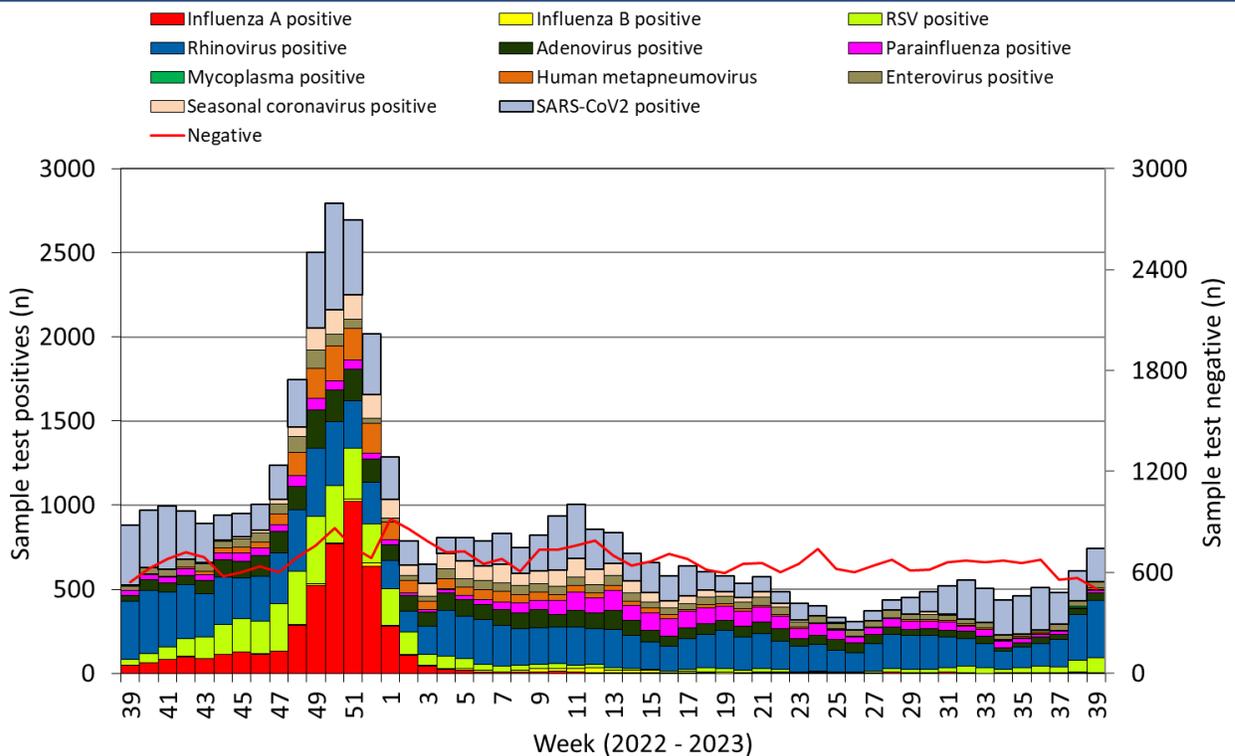


Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 01/10/2023, by week of sample collection, Week 39 2022 to Week 39 2023



* 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. **Results for the latest week will underestimate activity as not all samples will have been received, tested and authorised at time of writing this report.**

Figure 5. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 01/10/2023 by week of sample collection, Week 39 2022 to Week 39 2023.



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 6. Flu subtypes based on specimens submitted for virological testing by sentinel GPs and community pharmacies, hospital patients, and non-sentinel GPs, as of 01/10/2023 by week of sample collection, Week 40 2022 to Week 39 2023.

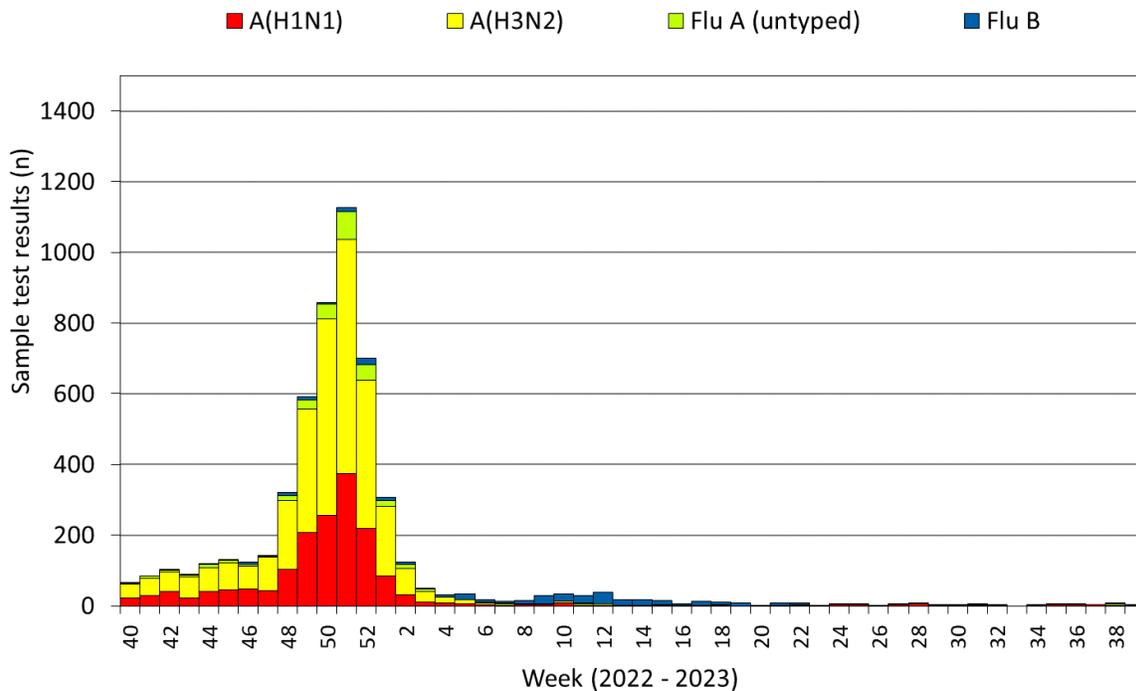


Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 01/10/2023 by week of sample collection, Week 39 2022 to Week 39 2023.

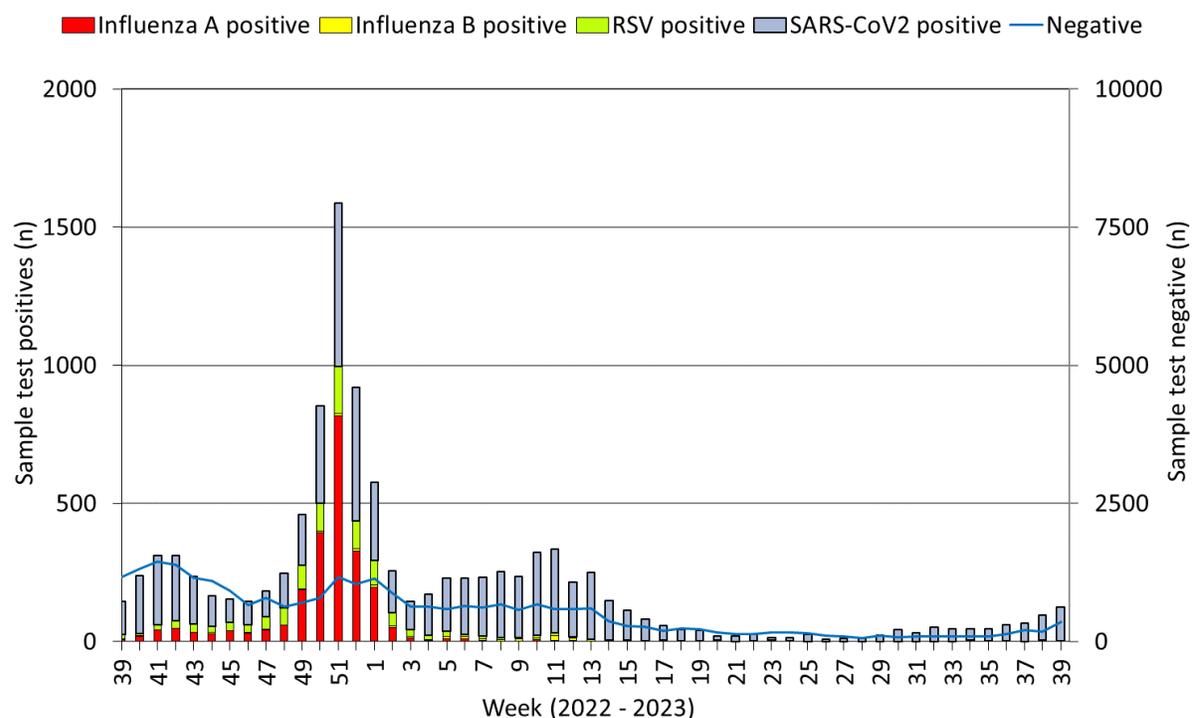
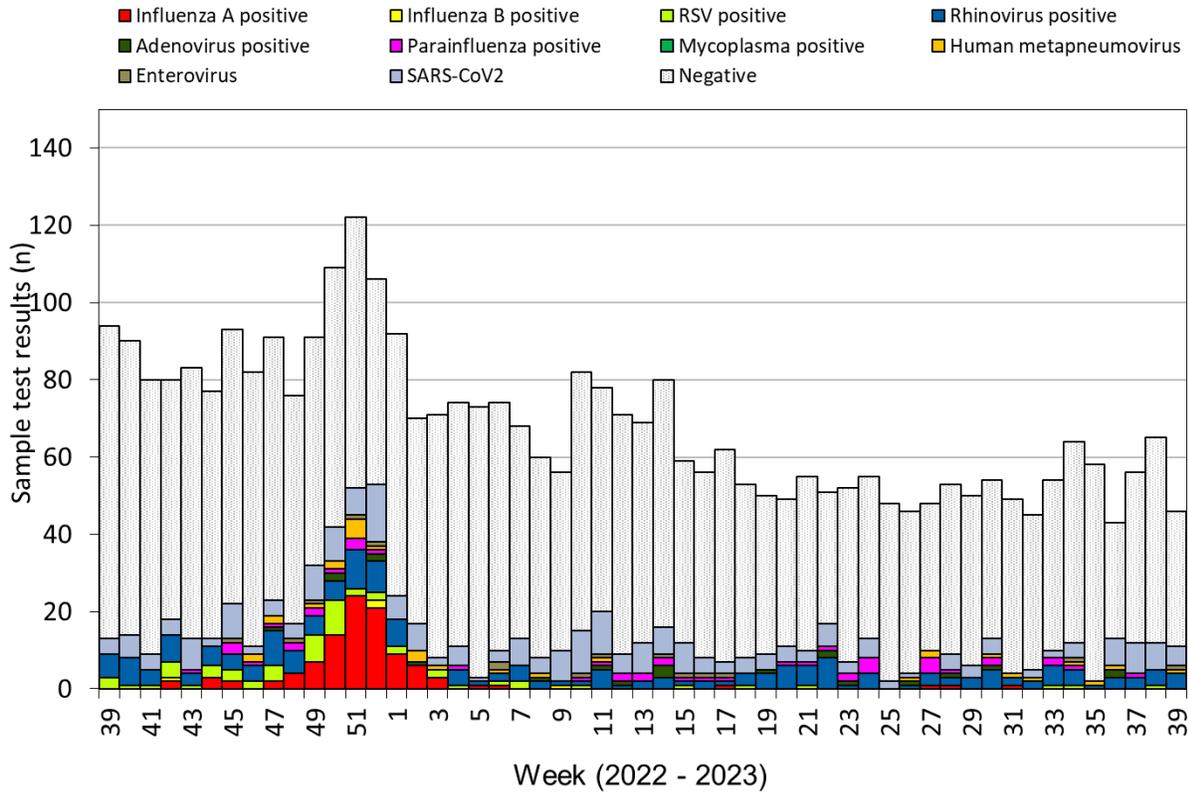
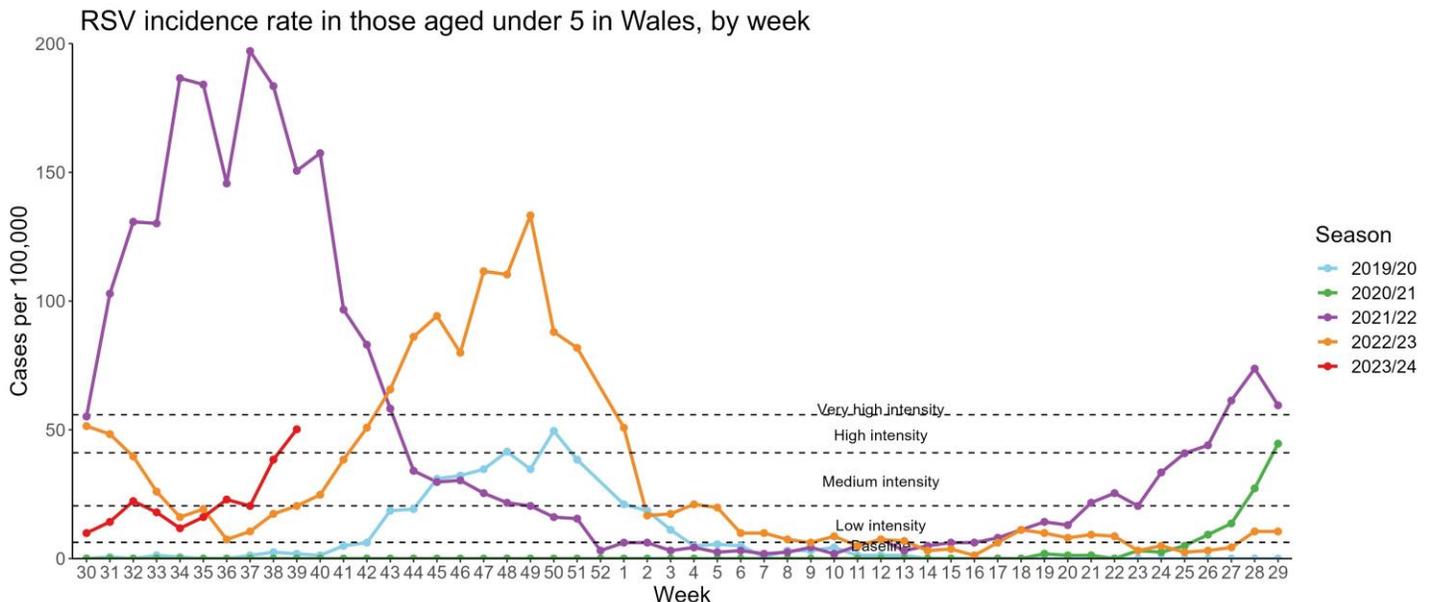


Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 39 2022 to Week 39 2023.



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 9. RSV incidence rate per 100,000 population aged under five years, week 30 2019 to Week 39 2023.



*RSV seasons are monitored from W30 to W29, the most recent data is presented in red

ARI – Hospital admissions

Figure 10. Seven day rolling sum of cases hospitalised in Wales within 28 days of an influenza positive test result in the community (or up to 2 days post-admission), as of 01/10/2023.

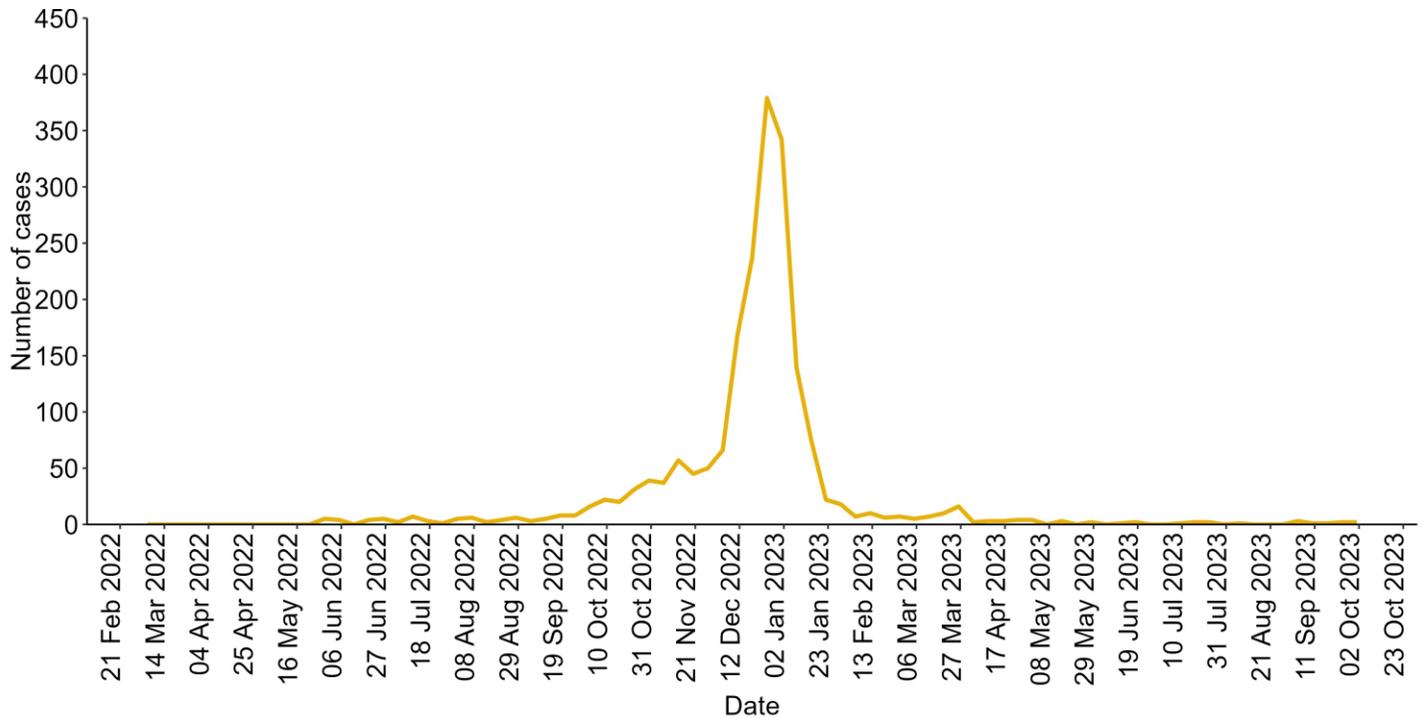


Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 01/10/2023.

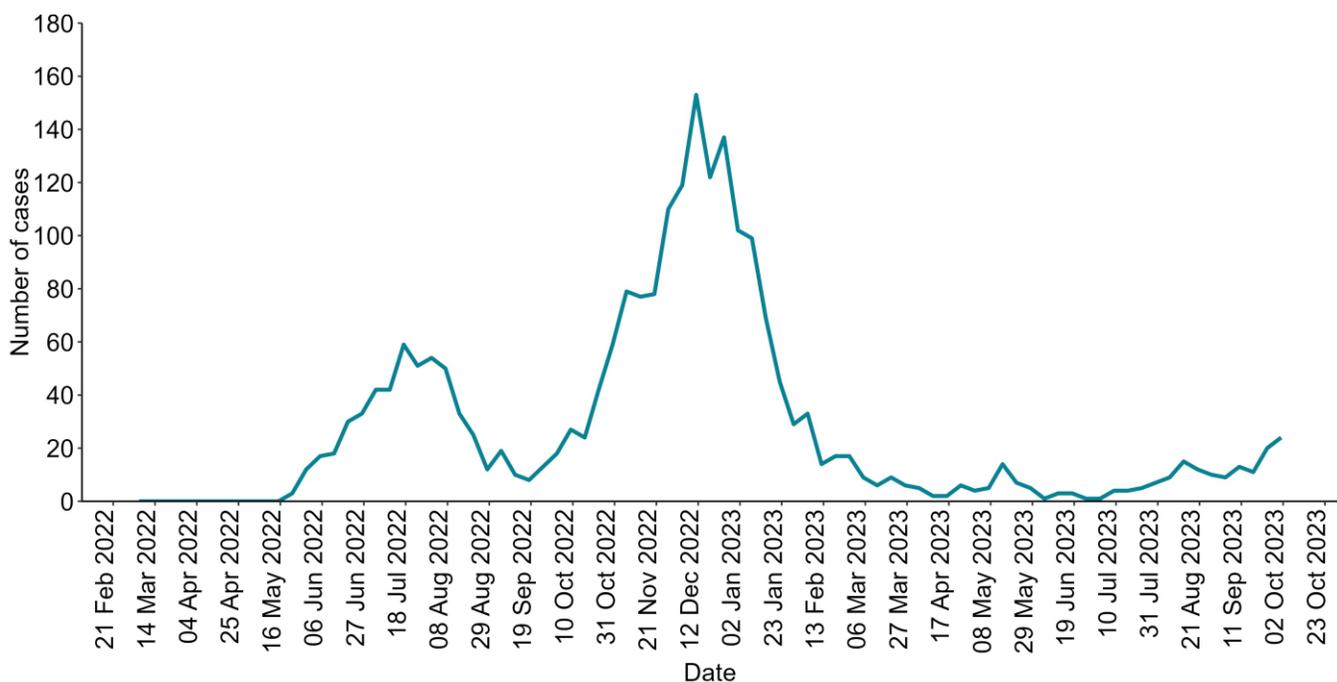
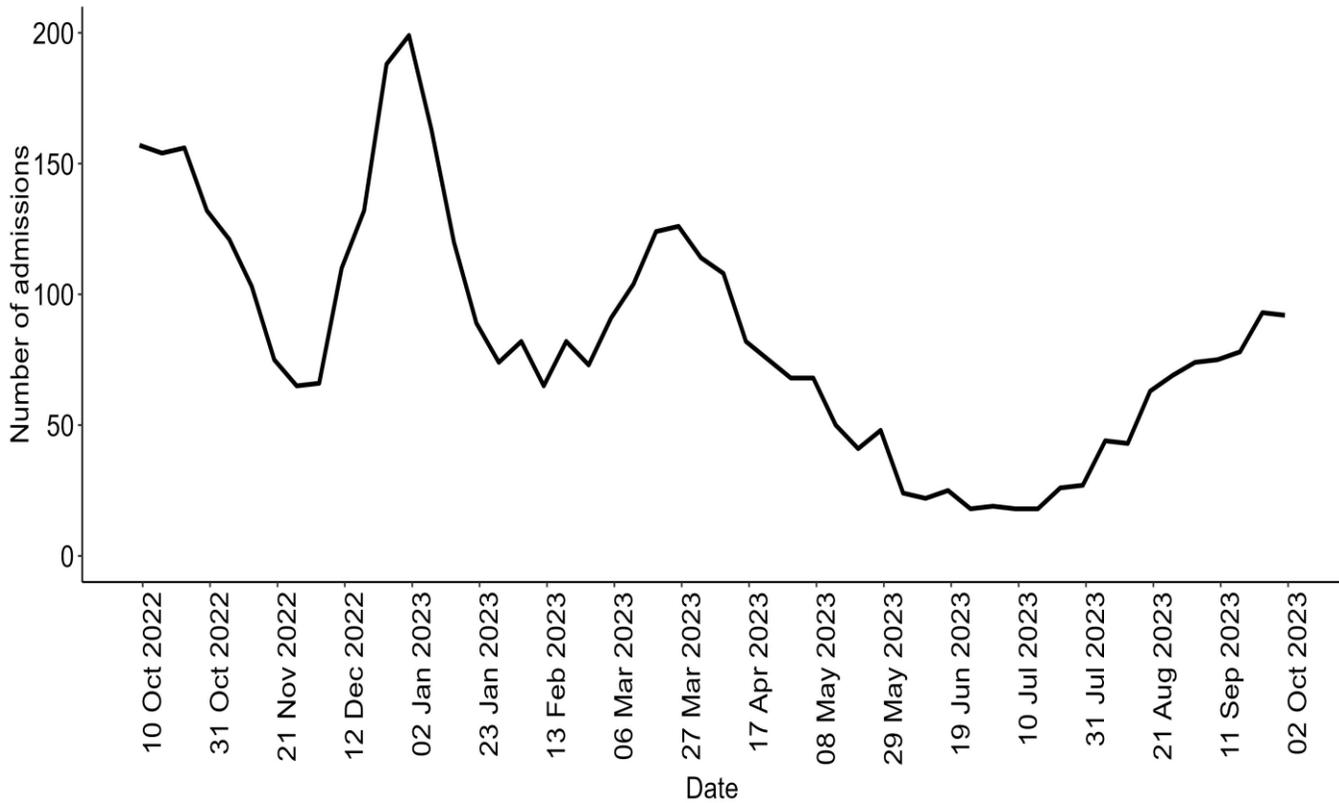
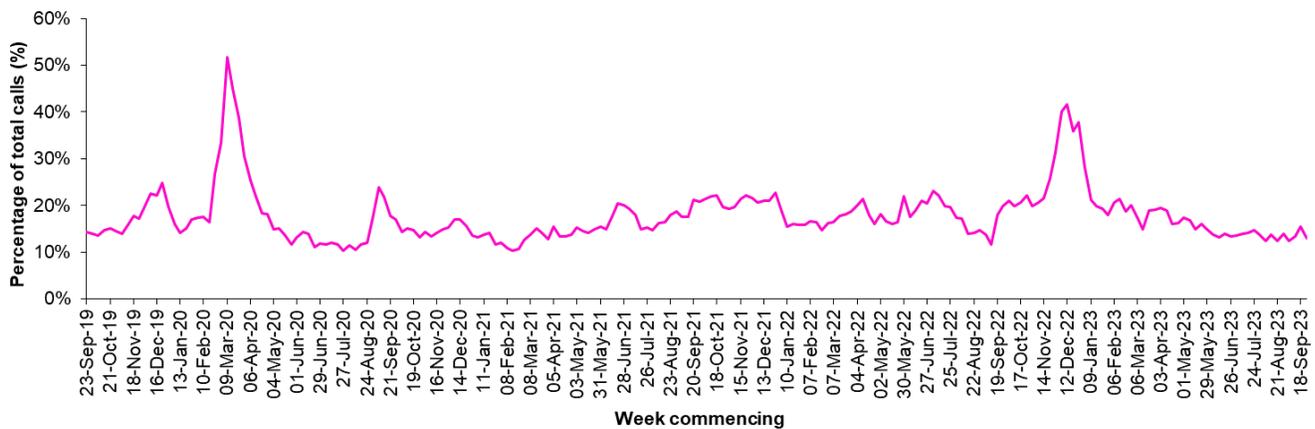


Figure 12. Seven day rolling sum of cases hospitalised in Wales within 28 days of an Covid-19 positive test result in the community (or up to 2 days post-admission), as of 01/10/2023.



Calls to NHS Direct Wales

Figure 13. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from Week 39 2019 - Week 39 2023 (as of 01/10/2023).



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 (i.e. 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 in Wales 2022/23 (as of 25/04/2023).

Influenza immunisation uptake in the 2022/23 season	
People aged 65y and older	76.3%
People younger than 65y in a clinical risk group	44.2%
Children aged two & three years	44.0%
Children aged between four & ten years	63.9%
Children aged between 11 & 15 years	54.4%
Total NHS staff	46.2%
NHS staff with direct patient contact	46.7%

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: <https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/annual-influenza-surveillance-and-influenza-vaccination-uptake-reports/>

Influenza activity – UK and international summary

- As of Week 38, GP ILI consultations remained stable at 1.8 per 100,000, in England.
- During Week 38, 38 samples testing positive for influenza were reported in England (24 A(not subtyped), 10 A(H3) and four influenza B). Overall influenza positivity remained low and stable at 1.1%. 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) have entered a monthly reporting cycle for influenza and reported that activity across Europe remained at interseasonal levels during weeks 31-35, with few countries reporting regional influenza activity. **Source:** Flu News Europe: <http://www.flunewseurope.org/>
- The WHO reported on 18/09/2023, based on data up to 03/09/2023 that globally, influenza detections remain low.
- In Oceania, influenza activity decreased with both influenza A and influenza B predominant. Influenza detections in Australia continued to decrease and influenza positive SARI remained at low levels in New Zealand.
- Influenza activity in South Africa remained below the seasonal threshold however detections of influenza B increased in recent weeks.
- In the temperate zones of South America influenza detection remained low overall with influenza A and B viruses co-circulating.
- In the Caribbean countries influenza activity remained low overall with influenza B viruses predominant.
- In the countries of Central America, influenza activity decreased overall. Influenza B viruses were predominant, followed by influenza A(H1N1).
- In tropical South America, influenza detections of primarily influenza A(H1N1) and influenza B viruses continued to decrease and activity was low.
- In the countries of North America, influenza indicators were mostly at low levels typically observed between influenza seasons.
- In Western Africa, influenza detections were low however, there was an increase of influenza detections in Ghana and Togo increased. Influenza detection of predominately influenza A(H3N2) and B Viruses continued to be reported in Eastern Africa. Whilst in Middle Africa, influenza detections slightly decreased.
- In Southern Asia, influenza activity remained low across reporting countries except for Bangladesh, Bhutan, Maldives and Nepal where detections increased.
- Influenza activity in South-East Asia remained elevated, with continued detections of predominately influenza A(H1N1) and A(H3N2) virus detections.
- In Northern Africa and Central Asia, no detections were reported during this period.
Source: WHO influenza update: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>
- Based on FluNet reporting (as of 22/09/2023), during the period from 21/08/2023 – 03/09/2023 National Influenza Centres and other national influenza laboratories from 111 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 252,496 specimens during that period, of which 5,934 were positive for influenza viruses, 4,591 (77.4%) of those positive for influenza were typed as influenza A (of the subtyped influenza A viruses, 1,231 (34.9%) were influenza A(H1N1)pdm09 and 2,295 (65.1%) were influenza A(H3N2). Of the 5,934 samples testing positive for influenza viruses, 1,343 tested positive for Influenza B (22.6%). **Source:** Flu Net: <https://www.who.int/tools/flunet>

Australia and New Zealand update

- In New Zealand, during the week ending 01/10/2023, community influenza-like illness activity (ILI) GP consultations decreased to 26.98 per 100,000. The SARI hospitalisation rate decreased to 8.36 per 100,000 and is at medium intensity levels.
- In New Zealand, the weekly RSV testing positivity through sentinel hospital SARI sampling remained stable at 7.0% in the week ending 24/09/2023.
Source: [Institute of Environmental Science & Research, New Zealand](#)
- In Australia, according to the latest available update (fortnight ending 17/09/2023), influenza-like illness (ILI) activity in the community has continued to be stable. To date, the majority of nationally reported laboratory-confirmed influenza cases were influenza A (58%).
Source: [Australian Influenza Surveillance Report and Activity Updates](#).

COVID-19 – UK and international summary

- As of 27/09/2023, there were 9.0 new positive PCR episodes per 100,000 population in Wales, for the most recent 7-day reporting period. There were 10 suspected COVID-19 deaths with a date of death in the most recent 7-day reporting period, reported to Public Health Wales. There were 19 COVID-19 death registrations in the last reporting period reported by ONS. Latest COVID-19 data from Public Health Wales is available from: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>
- The latest UKHSA COVID-19 data summary is available from: <https://coronavirus.data.gov.uk/>
- WHO situation updates on COVID-19 are available from: <https://covid19.who.int/>

Middle East respiratory syndrome coronavirus (MERS-CoV) – latest update from WHO and ECDC

- On the 10/07/2023 WHO were notified by the United Arab Emirates(UAE) of a case of MERS-CoV. In total, 2,605 laboratory-confirmed cases of locally acquired Middle East Respiratory Syndrome coronavirus (MERS-CoV) worldwide, including 937 deaths. WHO Global Alert and Response website: <https://www.who.int/emergencies/disease-outbreak-news>
- 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 reports that there have been no publicly available reports from China or other countries on influenza A(H7N9) in recent months, but overall risk assessments are unchanged. Previous reports are available from: <https://www.who.int/teams/global-influenza-programme/avian-influenza/monthly-risk-assessment-summary>
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://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

Public Health Wales interactive report on hospitalisations in influenza and RSV cases:

<https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/ARI-Hospitaladmissionsdashboard/ARIHospitaladmissionsdashboard?publish=yes>

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>

England influenza and COVID-19 surveillance:

<https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2022-to-2023-season>

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

<https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/>

Advice on influenza immunisation (for intranet users)

[Influenza \(sharepoint.com\)](#)

For further information on this report, please email Public Health Wales using:

surveillance.requests@wales.nhs.uk