



Current level of influenza activity: Baseline

Influenza activity trend: Decreasing

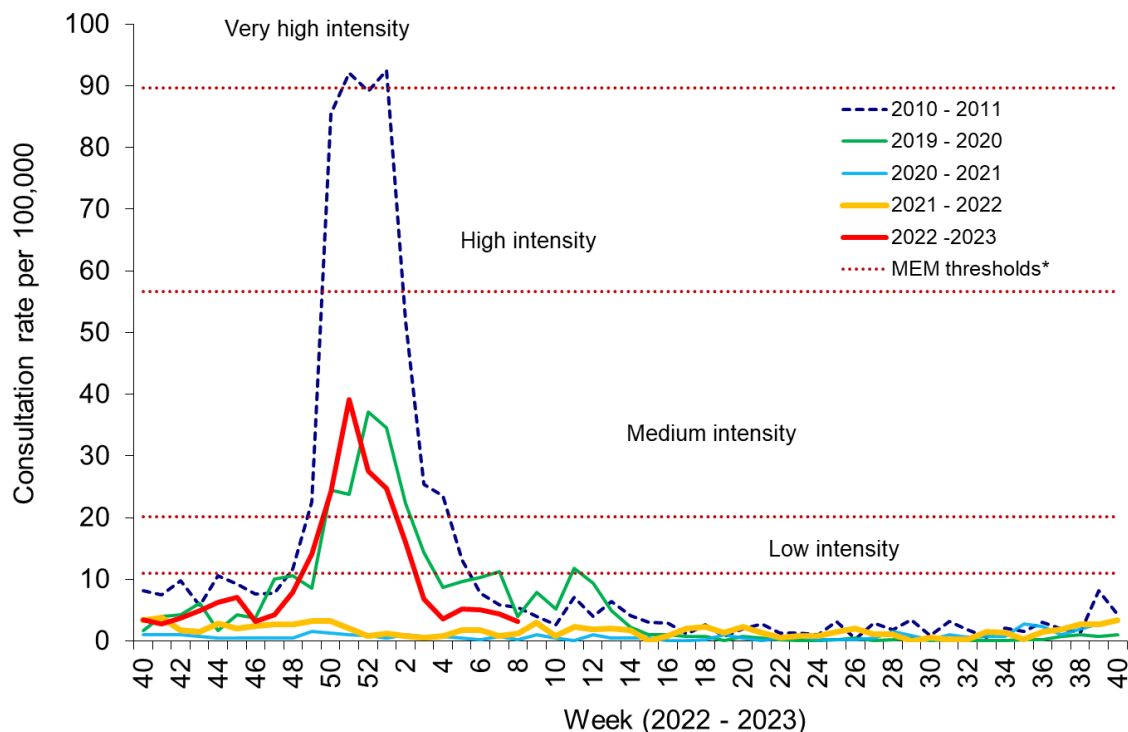
Confirmed influenza cases since 2022 Week 40: 7501 (3031 influenza A(H3N2), 1608 influenza A(H1N1)pdm09, 2632 influenza A(not subtyped) and 230 influenza B)

During Week 8 (ending 26/02/2023) there were 23 cases of influenza, with 2 further cases from previous weeks. Influenza continues to be confirmed in Wales, although overall activity has decreased. COVID-19 cases also continue to be detected in symptomatic patients in hospitals and in the community. RSV incidence in children under five years of age has decreased from peak levels seen in December and is currently at low intensity levels. Rhinovirus, SARS-CoV-2, adenovirus, and seasonal coronaviruses 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 08, was 3.2 consultations per 100,000 practice population (Table 1). This is a decrease compared to the previous Week (4.4 consultations per 100,000, Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 208.8 per 100,000 practice population during Week 08 (Table 2 and Figure 3). This is a decrease compared to the previous week (222.0 per 100,000). Weekly consultations for Lower Respiratory Tract Infections (at 71.5 per 100,000) and Upper Respiratory Tract Infections (138.9 per 100,000) decreased 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 08 decreased to 18.7% (Figure 9).
- During Week 8, 1,248 specimens received multiplex respiratory panel testing mainly from patients attending hospitals. These results do not include samples tested solely for SARS-CoV-2. There were **16** samples positive for influenza, of which four were A(H1N1), two were A(H3N2), and ten were influenza B. Overall influenza positivity increased to 1.3% across all age groups; was stable at 1.0% in those aged 18 years and over; and increased to 1.9% in those aged under 18 years. In addition, there were 228 rhinovirus, 150 SARS-CoV-2, 94 adenovirus, 73 seasonal coronaviruses, 59 parainfluenza, 51 human metapneumovirus, 46 enterovirus, and 32 RSV positive samples (Figure 5). Additionally, 964 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 964 samples, 239 were positive for SARS-CoV-2, eight were positive for RSV, six for influenza B, and one was positive for influenza A (Figure 6). Furthermore, during Week 8, 60 respiratory specimens were tested from patients in intensive care units (ICU) of which none were positive for influenza (Figure 7).
- There were 45 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during week 8. Of the 45 samples, 11 were positive for enterovirus, three for human metapneumovirus, three for seasonal coronaviruses and one for RSV, rhinovirus, adenovirus and SARS-CoV-2 respectively (as at 01/03/2023) (Figure 4).
- **In Week 08 there were 7.4 confirmed cases per 100,000 in those aged under five years (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
- The 7-day rolling sum of cases hospitalised within 28 days of an influenza positive test result in the community (or up to two days post-admission) decreased to five during Week 8, from six during the previous week. (Figures 10 & 11).
- During week 8, 18 **ARI outbreaks** were reported to the Public Health Wales Health Protection team. All 18 were reported as COVID-19. All 18 **ARI outbreaks** were reported in residential care homes.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not significantly in excess during week 7.

Respiratory infection activity in Wales

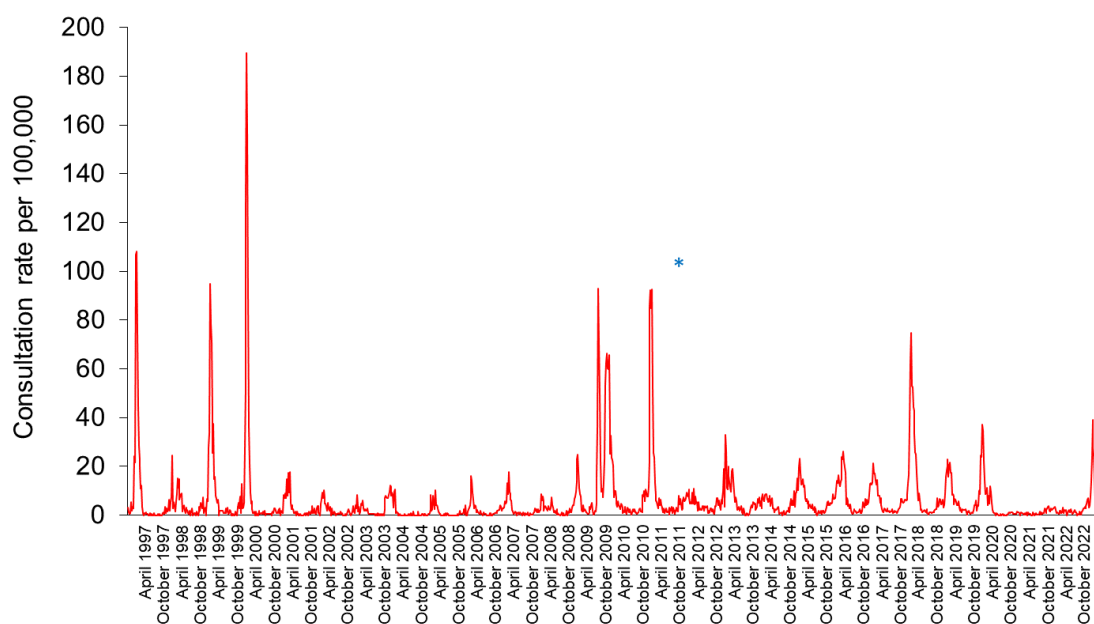
Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 26/02/2023).



* 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 08 2023).



* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 03 – Week 08 2023 (as of 26/02/2023).

Age group	3	4	5	6	7	8
< 1	31.7	0.0	0.0	0.0	0.0	0.0
1 - 4	6.8	0.0	0.0	7.0	0.0	0.0
5 - 14	2.2	0.0	0.0	0.0	2.3	0.0
15 - 24	4.3	2.2	4.6	2.2	8.8	9.4
25 - 34	3.9	3.9	4.2	6.0	13.7	4.1
35 - 44	11.4	3.8	12.3	7.9	1.9	4.1
45 - 64	8.3	2.8	7.9	7.6	1.9	3.0
65 - 74	4.3	6.5	0.0	2.3	4.4	0.0
75+	8.9	8.9	4.8	4.6	2.3	2.5
Total	8.9	3.6	5.2	5.0	4.4	3.2

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 03 – Week 08 2023 (as of 26/02/2023).

Age group	3	4	5	6	7	8
< 1	1203.3	1266.6	1637.1	1573.3	1524.0	1210.2
1 - 4	791.2	1041.5	1038.1	1064.6	904.9	1002.4
5 - 14	248.3	288.6	286.6	300.7	294.1	197.7
15 - 24	149.8	138.9	120.6	205.3	158.2	137.9
25 - 34	152.5	179.5	183.0	216.7	152.3	184.4
35 - 44	171.4	163.8	181.0	192.9	180.0	171.3
45 - 64	164.1	132.9	156.8	143.1	160.1	148.0
65 - 74	180.2	184.6	160.9	157.3	179.0	190.4
75+	216.2	144.9	168.2	202.8	225.7	199.2
Total	216.2	208.5	217.7	234.7	222.0	208.8

Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 08 2022 – Week 08 2023 (as of 19/02/2023).

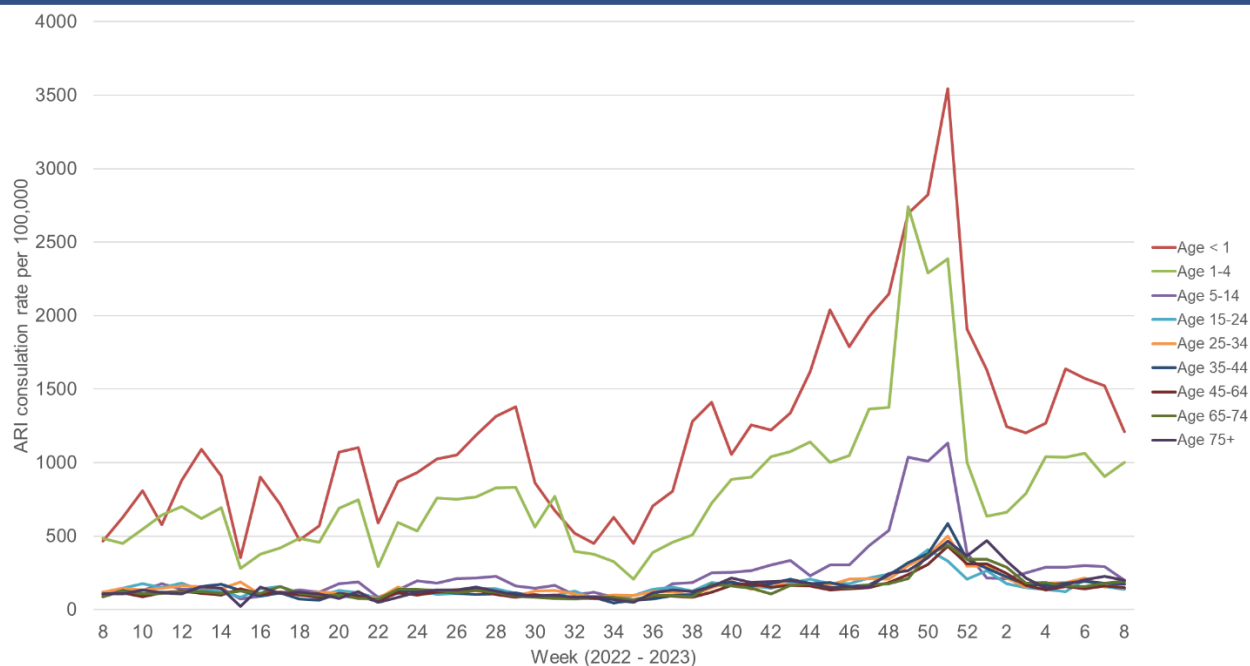
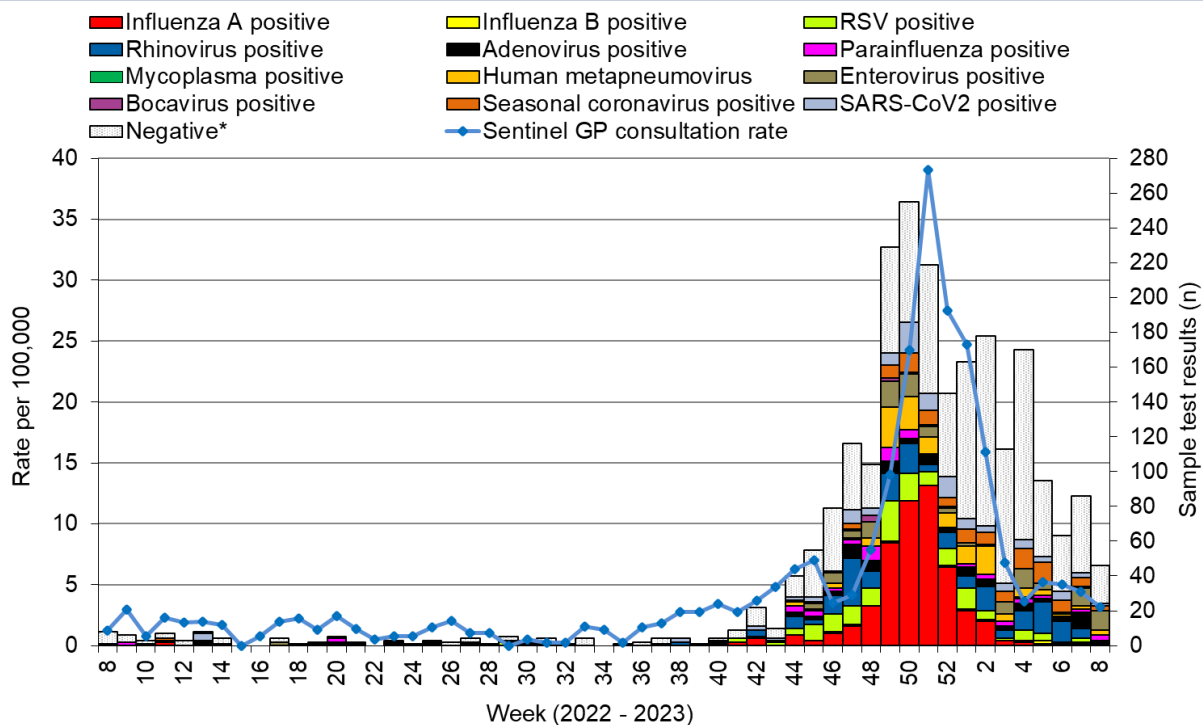
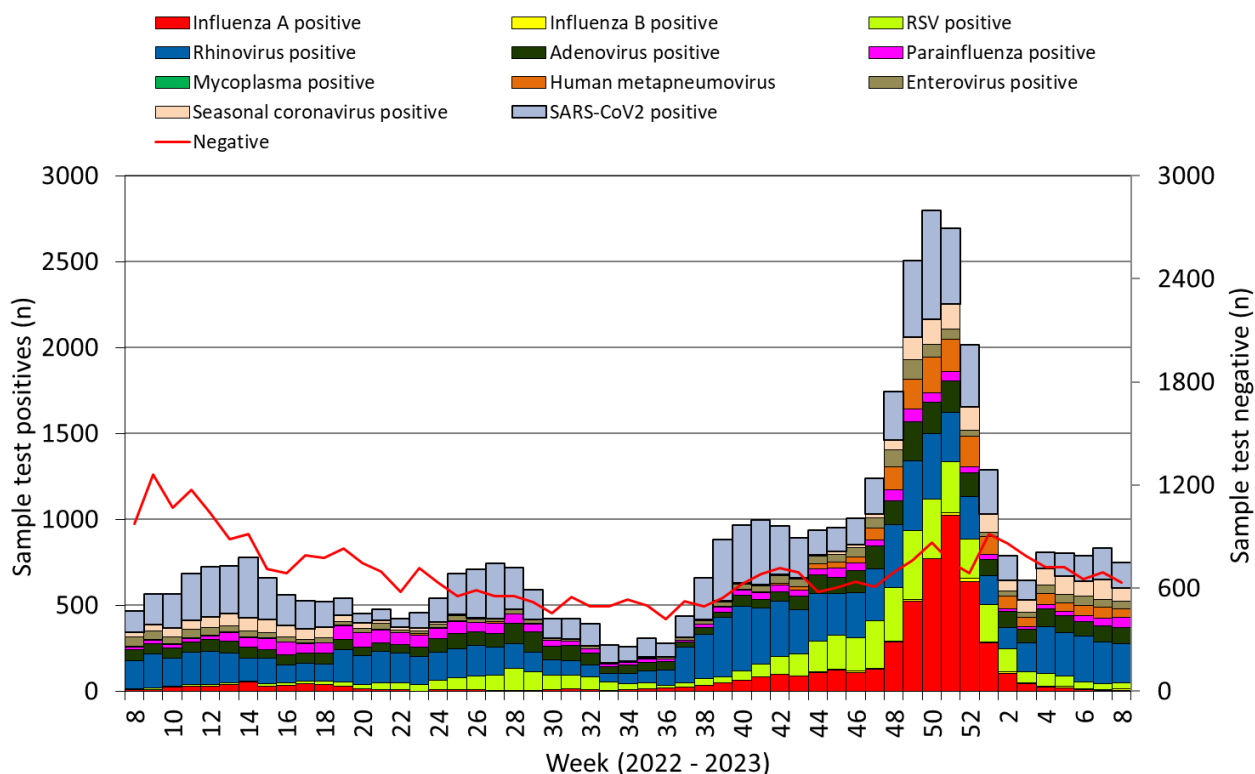


Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 26/02/2023, by week of sample collection, Week 08 2022 to Week 08 2023.



* 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

Figure 5. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 26/02/2023 by week of sample collection, Week 08 2022 to Week 08 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. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 26/02/2023 by week of sample collection, Week 08 2022 to Week 08 2023

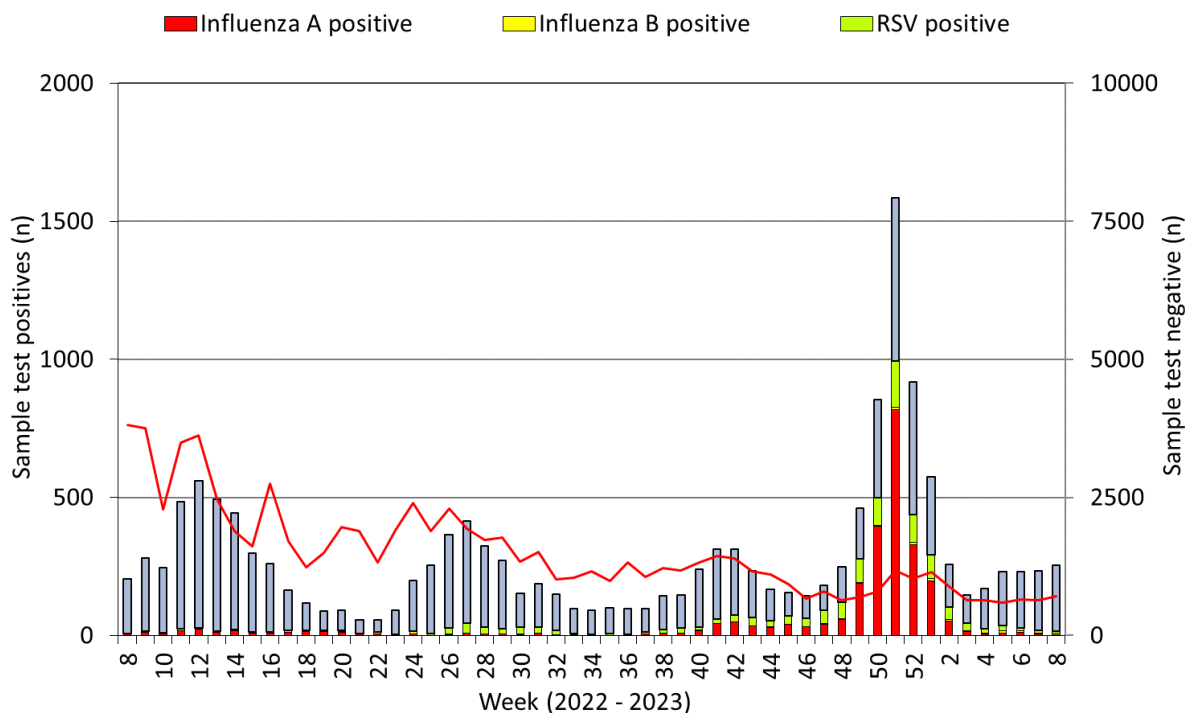
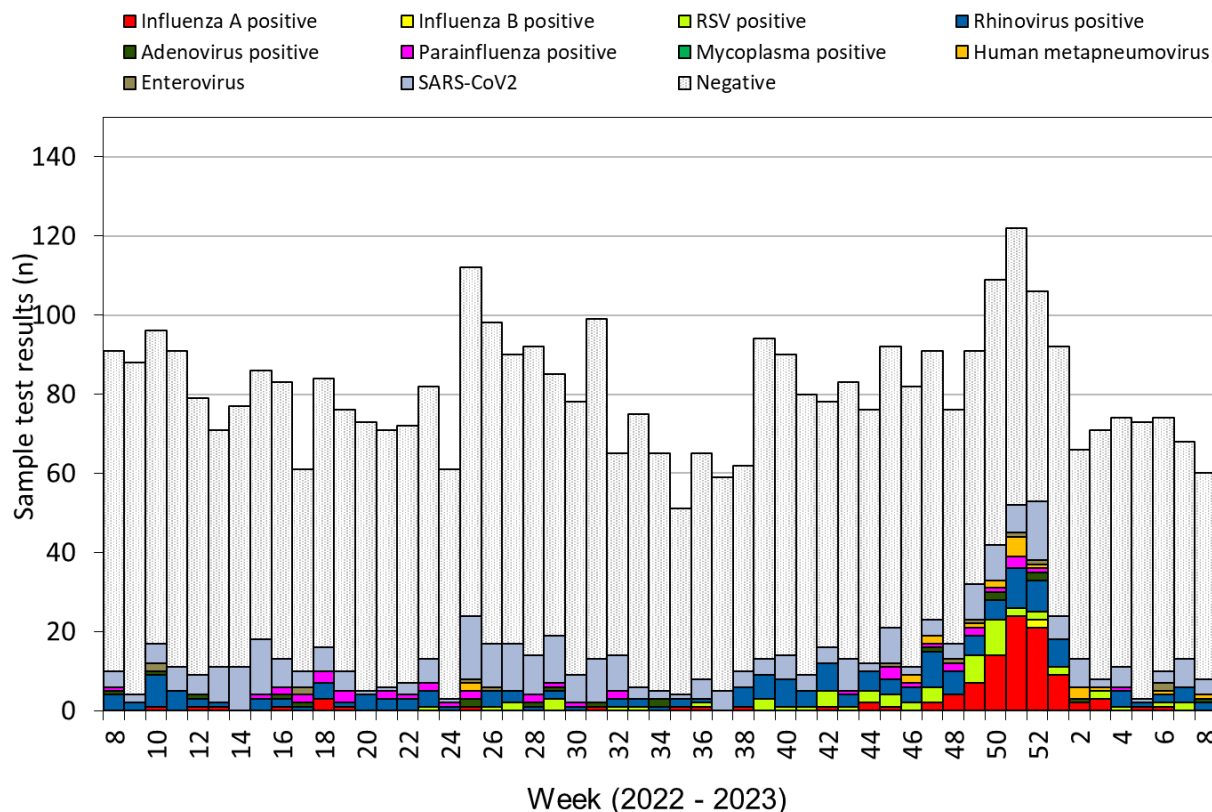
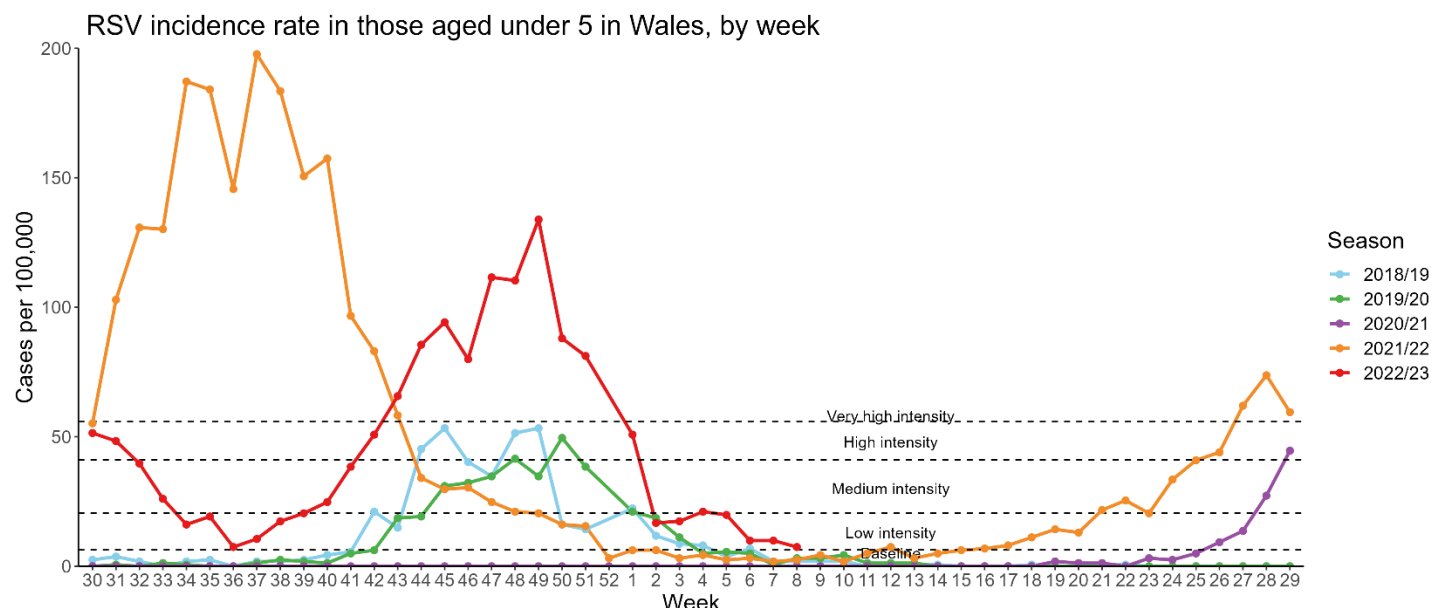


Figure 7. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 08 2022 to Week 08 2023.



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.

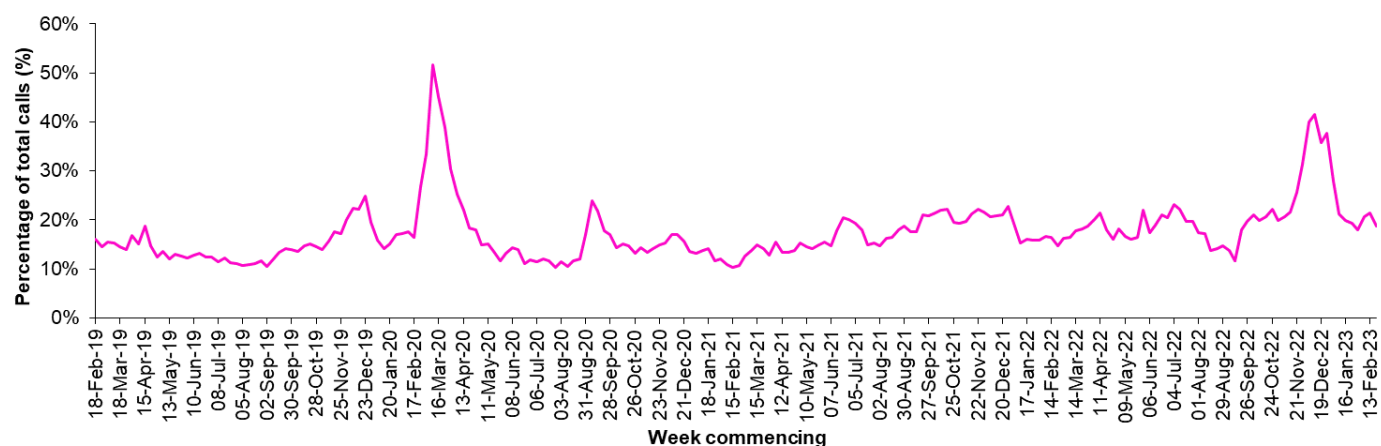
Figure 8. RSV incidence rate per 100,000 population aged under five years, week 30 2018 to Week 08 2023.



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

Calls to NHS Direct Wales

Figure 9. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from Week 08 2019 - Week 08 2023 (as of 26/02/2023).



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.

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 26/02/2023).

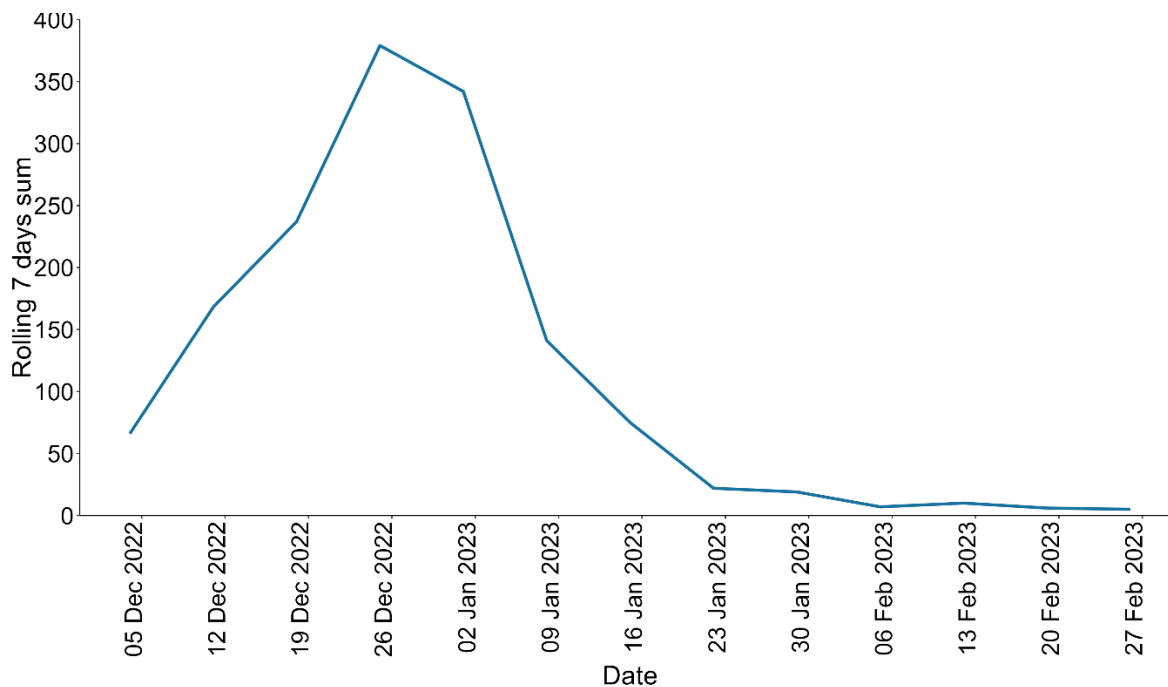
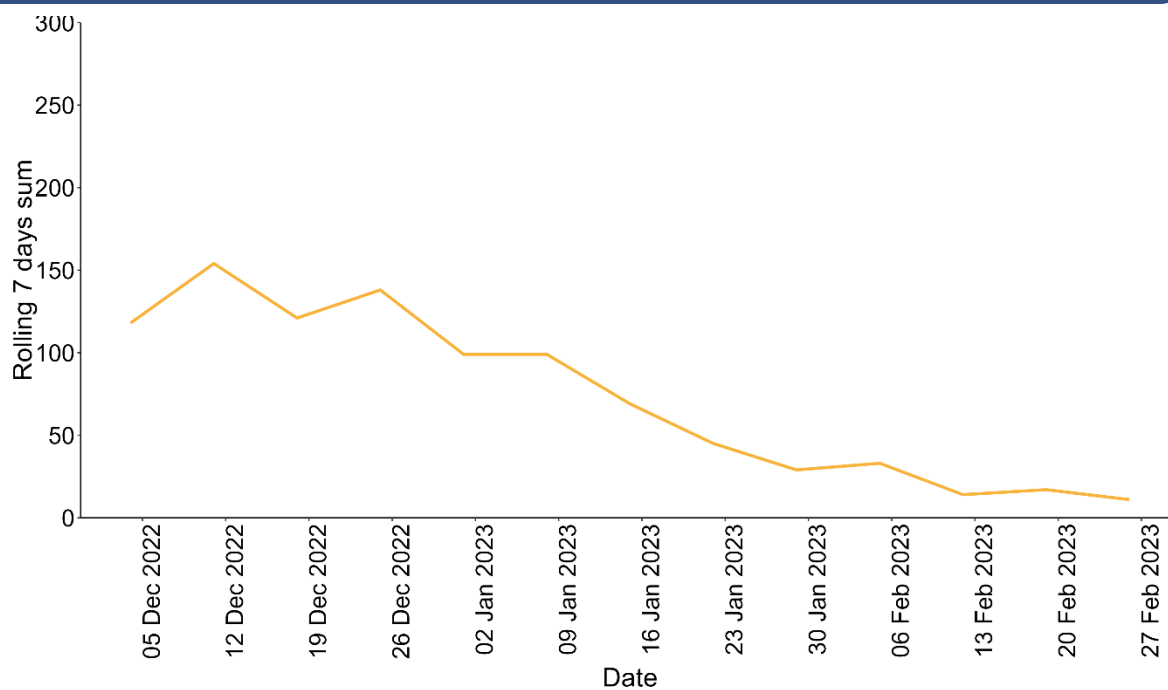


Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 26/02/2023).



Influenza Vaccine Uptake in Wales

Table 3. Uptake of influenza immunisations in GP Practice patients in Wales 2022/23 (as of 22/02/2023).

Influenza immunisation uptake in the 2022/23 season	
People aged 65y and older	76.1%
People younger than 65y in a clinical risk group	43.8%
Children aged two & three years	44.0%
Children aged between four & ten years	62.3%
Children aged between 11 & 15 years	52.4%
Total NHS staff	45.2%
NHS staff with direct patient contact	45.4%

Uptake in other eligible groups will be available in the coming weeks.

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 7, GP ILI consultations decreased in Northern Ireland to 2.6 per 100,000, in Scotland to 3.9 and in England to 4.5 per 100,000.
- During Week 7, 178 samples testing positive for influenza were reported in England (including 6 A(H3), 46 A(not subtyped) and 126 influenza B; no samples tested positive for A(H1N1)pdm09). Overall influenza positivity increased to 2.5% in Week 7. 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 in their weekly joint influenza update, that during Week 7, nine countries reported baseline activity, eight countries reported low-intensity, 17 reported medium-intensity, five reported high-intensity and one reported very high-intensity. From the 39 countries reporting, three reported sporadic spread, three reported local spread, ten reported regional spread, and 23 reported widespread activity (across the Region). During Week 7, 957 (30%) of samples from patients presenting to all sentinel primary care centres with ILI or ARI symptoms tested positive for influenza. This is an increase from the previous week and remains above the threshold for epidemic activity (10%). Of sentinel specimens that tested positive for influenza for the season to date, 45% were influenza A (80% H3, and 20% A(H1N1)pdm09) and 55% were influenza B. **Source:** Flu News Europe: <http://www.flunewseurope.org/>
- The WHO reported on 20/2/2023, based on data up to 05/02/2023, that globally, influenza has decreased, with influenza A predominating, with a slightly larger proportion of Influenza A(H1N1)pdm09) viruses detected among the subtypes.
- In the temperate zones of the southern hemisphere, influenza remained at interseasonal levels. The majority of detections were influenza A(H1N1)pdm09.
- In tropical Central and South America, influenza detections remained low across the subregion. Of the influenza detected A(H3N2) virus was predominant. ILI rates increased in Guadalupe and Saint Martin. In Guatemala, influenza positivity remained above the expected levels. SARS-CoV-2 activity decreased across all countries in the region, except Costa Rica and Mexico, and RSV activity remained low.
- In Western Africa, influenza activity remained low and continues to decrease. Burkina Faso, and Cote D'Ivoire reported few detections of influenza B/Victoria. In Middle and Eastern Africa countries, sporadic detections of all influenza subtypes were reported.
- In Southern Asia, influenza activity remained low. India and reported an increase in influenza A(H3N2) detections, while Pakistan and Sri Lanka reported influenza A(H1N1) detections. In South-East Asia, influenza activity increased due to a surge in influenza cases, mainly from Malaysia. A slight increase of influenza activity was reported in Thailand and Singapore.
- In Northern Africa, influenza activity remained elevated. In Western and Middle Africa, influenza activity remained low. In Eastern Africa, all seasonal subtypes decreased.
- In Central Asia, influenza activity decreased overall but remains relatively high with positivity above 10%. In Kyrgyzstan, and Tajikistan, influenza B detections predominated.
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 21/02/2023), during the period from 23/01/2023 – 05/02/2023, National Influenza Centres and other national influenza laboratories from 127 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 435,112 specimens during that period, of which 27,978 were positive for influenza viruses, 19,219 (68.7%) of those positive for influenza were typed as influenza A (of the subtyped influenza A viruses, 3,040 (57.9%) were influenza A(H1N1)pdm09 and 2,211 (42.1%) were influenza A(H3N2)). Of the 27,978 samples tested positive for influenza viruses, 8,759 tested positive for Influenza B, and of the characterised B viruses, 592 (100%) was B-Victoria lineage. **Source:** Flu Net: <https://www.who.int/tools/flunet>

Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that seasonal influenza activity is at low levels across the country during Week 07 (ending 18/02/2023). Nationally, 833 (1.0%) out of 80,331 specimens, tested positive for influenza in Week 07 in clinical laboratories nationwide. Of these, 618 (74.2%) were influenza A and 215 (25.8%) were influenza B. Further testing has been carried out on 6,020 specimens by public health laboratories, with 83 samples testing positive for influenza; 24 influenza A(H1N1)pdm09 (45.3%), 29 influenza A(H3N2) (54.7%), 19 samples where subtyping was not performed, and 11 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 7, influenza activity remains at low levels typically observed in late spring/early summer. During Week 7, 216 influenza detections were reported: 141 influenza A (predominantly A(H1N1) at 73%), and 75 influenza B. The percentage of ILI visits reduced to 1.0% in week 6.

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 reported RSV positivity rate and detections both decreased in the week beginning 28/01/2023.

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

COVID-19 – UK and international summary

- As of 22/02/2023, there were 14 new positive PCR episodes per 100,000 population in Wales, for the most recent 7-day reporting period. There were eight suspected COVID-19 deaths with a date of death in the most recent 7-day reporting period, reported to Public Health Wales. There were 14 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 08/02/2023, WHO reported an additional case of MERS. In total, 2,603 laboratory-confirmed cases of locally acquired Middle East Respiratory Syndrome coronavirus (MERS-CoV) worldwide, including 935 deaths. WHO Global Alert and Response website: <https://www.who.int/emergencies/disease-outbreak-news>
- Most of the MERS cases continue to be reported from Middle Eastern countries within the Arabian Peninsula, 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 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