



Current level of influenza activity: Baseline

Influenza activity trend: Stable

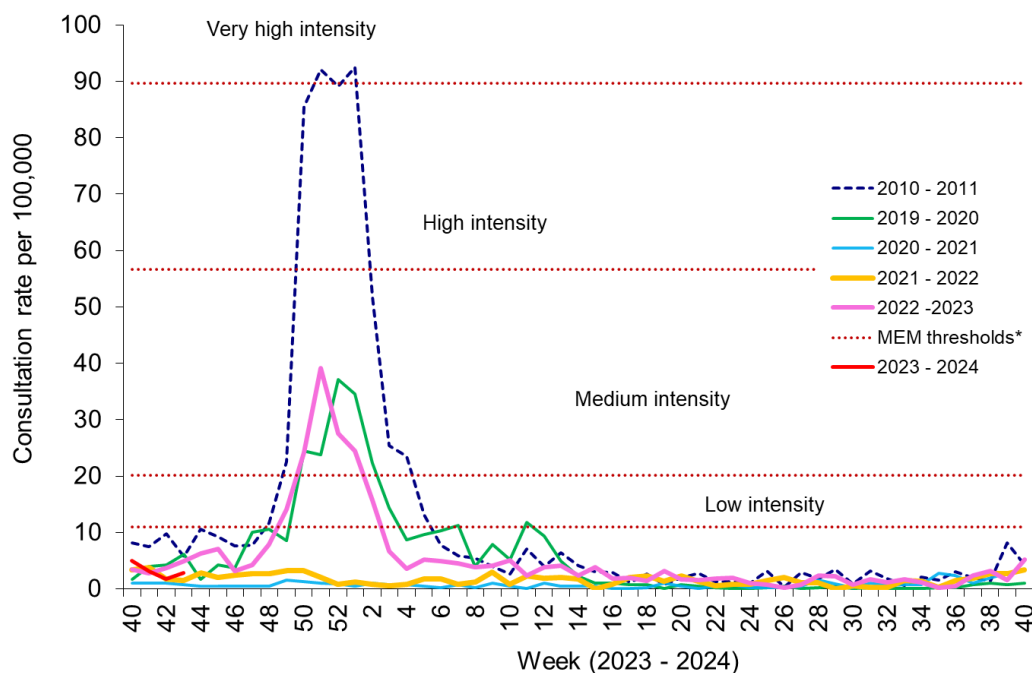
Confirmed influenza cases since 2023 Week 40: 31 (6 influenza A(H3N2), 4 influenza A(H1N1)pdm09, 7 influenza A untyped and 14 influenza B)

During Week 43 (ending 29/10/2023) there were 14 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. RSV activity in children under 5 years increased and is now at 'very high' intensity levels. Rhinovirus, SARS-CoV-2, enterovirus, and adenovirus 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 43, was 2.9 consultations per 100,000 practice population (Table 1). This is an increase compared to the previous week (1.7 consultations per 100,000. Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 201.5 per 100,000 practice population during Week 43 (Table 2 and Figure 3). This is an increase compared to the previous week (169.7 per 100,000). During week 43 Lower Respiratory Tract Infections increased to 77.3 per 100,000 and Upper Respiratory Tract Infections increased to 126.8 per 100,000 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 43 increased to 19.3% (Figure 13).
- During Week 43, 878 specimens received multiplex respiratory panel testing from patients attending hospitals. **Nine tested positive for influenza (two for influenza A(H1N1), three for influenza A(H3N2) and four for influenza B).** Overall influenza test-positivity decreased to 0.3%. In addition, there were: 251 rhinovirus, 203 RSV, 60 Sars-CoV2, 81 enterovirus, 47 adenovirus, five parainfluenza, 25 human metapneumovirus, and 14 mycoplasma positive samples (Figure 5). Additionally, 804 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. Of the 804 samples, 170 were positive for SARS-CoV-2, 50 RSV, **four flu A one for Flu B** (Figure 7). Furthermore, during week 43, 58 respiratory specimens were tested from patients in intensive care units (ICU) of which none were positive for influenza (Figure 8).
- There were 112 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 43. Of the 112 samples, 21 tested positive for rhinovirus, nine for enterovirus, eight for RSV, seven for SARS-CoV-2, three for human metapneumovirus, three for adenovirus, one for mycoplasma, one for parainfluenza, one for c. pneumoniae and one for bocavirus(as at 01/11/2023) (Figure 4).
- From all samples where influenza subtyping information was available during week 43 (specimens receiving multiplex respiratory panel testing, from patients attending hospitals, and surveillance samples collected by sentinel GPs and community pharmacies) four were influenza B, three influenza A(H2N2), and two influenza A(H1N1) (Figure 6).
- **Confirmed RSV case incidence in children aged under 5 further increased in the most recent week and is now at very high intensity levels (compared to historic levels before 2021).** In week 43 there were 131.4 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 five and 95 respectively during Week 43 (Figures 10 & 11) and 62 for SARS-CoV-2 during week 43 (Figure 12).
- During week 43, **8 ARI outbreaks** were reported to the Public Health Wales Health Protection team. All outbreaks were reported as COVID-19; all eight were in residential homes.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 42.
- As at 24/10/2023, uptake of influenza vaccination was 47.4% in adults aged 65 years and older, 19.2% in those aged 6 months to 64 years at clinical risk, 18.9% in two- and three-year-old children, 62.9% in children aged four to 10 years and 45.7% in children aged 11 to 15 years (Table 3).

Respiratory infection activity in Wales

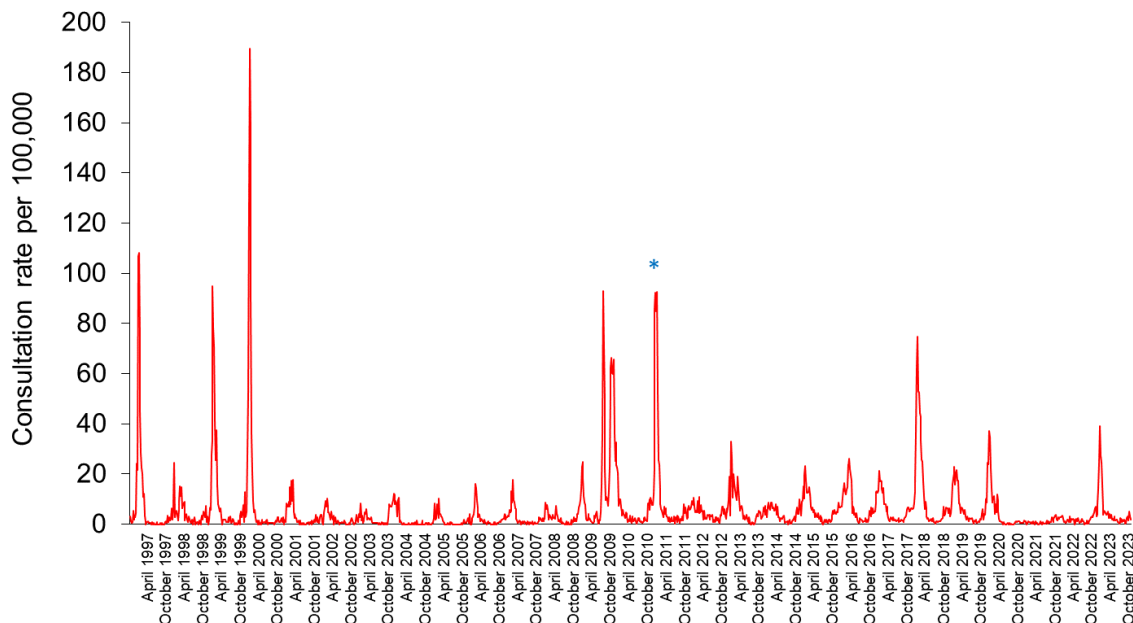
Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 29/10/2023)



* 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 43 2023)



* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 38 – Week 43 2023 (as of 29/10/2023)

Age group	38	39	40	41	42	43
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	6.7	6.9	6.7	0.0	0.0	0.0
5 - 14	0.0	4.6	0.0	0.0	0.0	0.0
15 - 24	2.1	0.0	6.4	4.3	0.0	0.0
25 - 34	3.8	0.0	1.9	3.8	0.0	7.6
35 - 44	1.8	0.0	11.1	1.8	7.6	5.5
45 - 64	6.4	0.9	5.5	5.5	1.9	3.6
65 - 74	0.0	4.4	2.2	2.2	0.0	2.2
75+	2.2	0.0	6.5	2.2	2.2	0.0
Total	3.1	1.5	5.0	3.1	1.7	2.9

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 38 – Week 43 2023 (as of 29/10/2023)

Age group	38	39	40	41	42	43
< 1	831.4	1441.3	1730.5	1534.4	1253.5	1336.0
1 - 4	482.5	780.2	913.7	881.3	800.8	1069.3
5 - 14	164.2	203.2	223.9	212.7	205.5	270.3
15 - 24	140.7	132.5	151.5	136.3	122.9	138.3
25 - 34	84.2	138.1	135.8	158.7	124.6	150.9
35 - 44	77.5	100.8	132.6	138.0	126.0	147.2
45 - 64	79.2	83.8	123.7	115.5	112.0	129.1
65 - 74	109.9	84.0	133.7	122.9	142.3	135.8
75+	90.9	102.4	185.8	183.5	180.9	205.0
Total	120.1	147.9	187.8	182.2	169.7	201.5

Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 43 – Week 43 2023 (as of 29/10/2023)

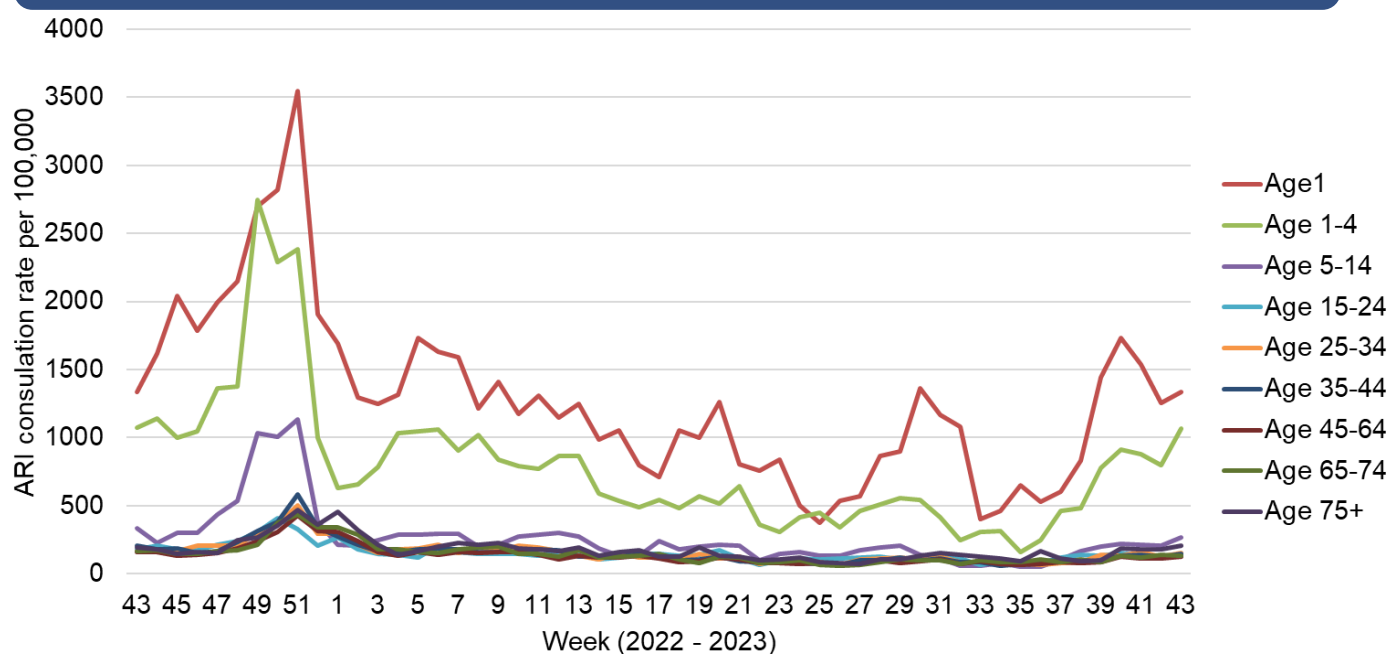
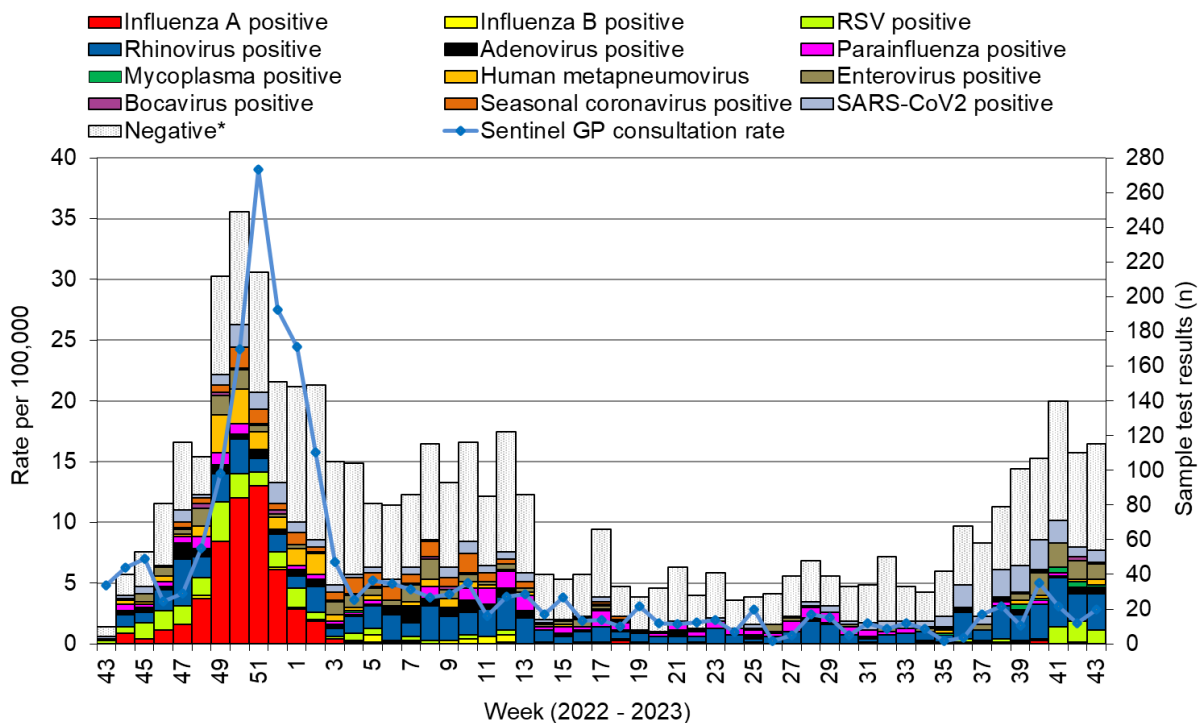
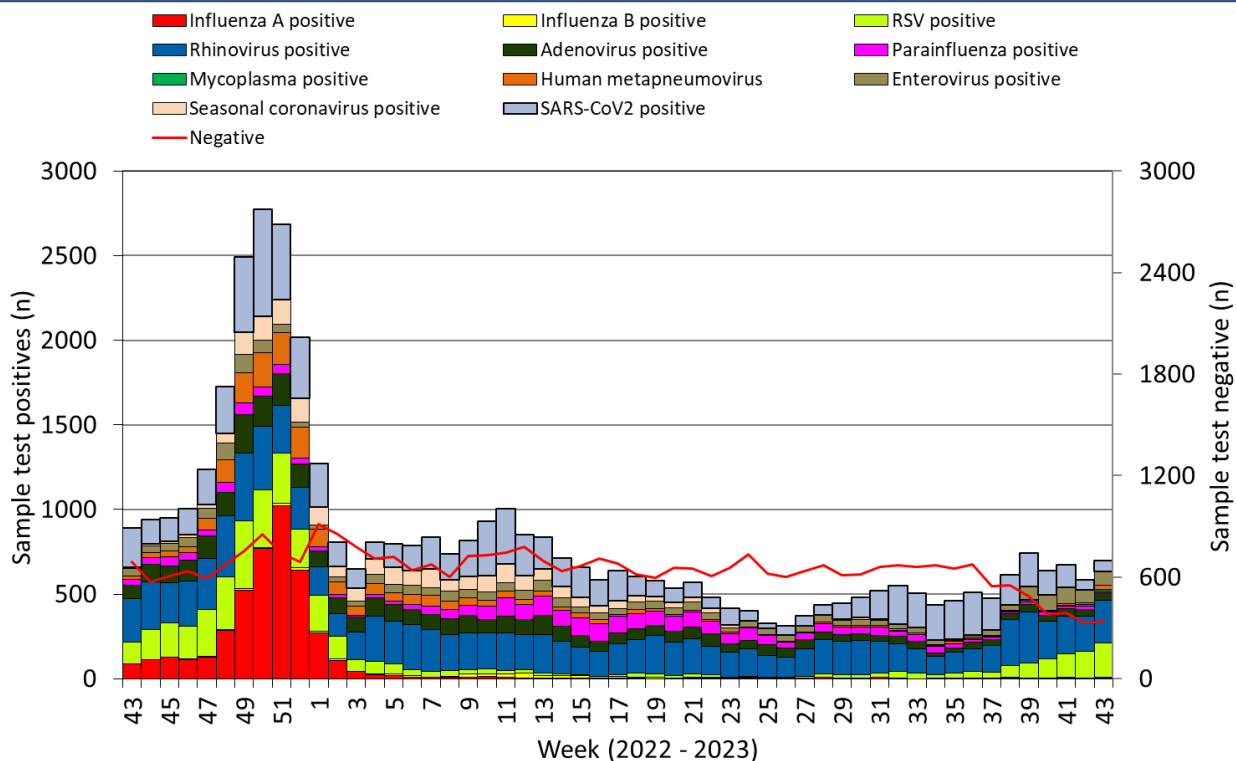


Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 29/10/2023, by week of sample collection, Week 43 2022 to Week 43 2023



* 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. **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 29/10/2023 by week of sample collection, Week 43 2022 to Week 43 2023.



This chart summarises respiratory panel test data and does not include data for patients tested SOLEY 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 on 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 29/10/2023 by week of sample collection, Week 43 2022 to Week 43 2023.

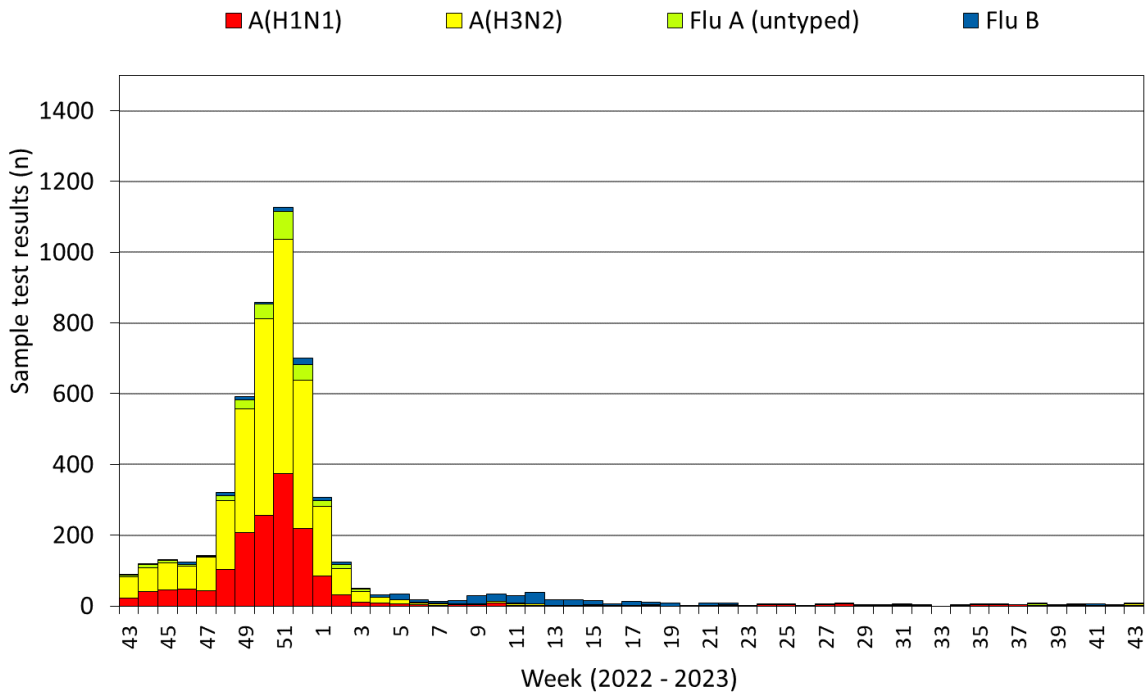


Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 29/10/2023 by week of sample collection, Week 43 2022 to Week 43 2023.

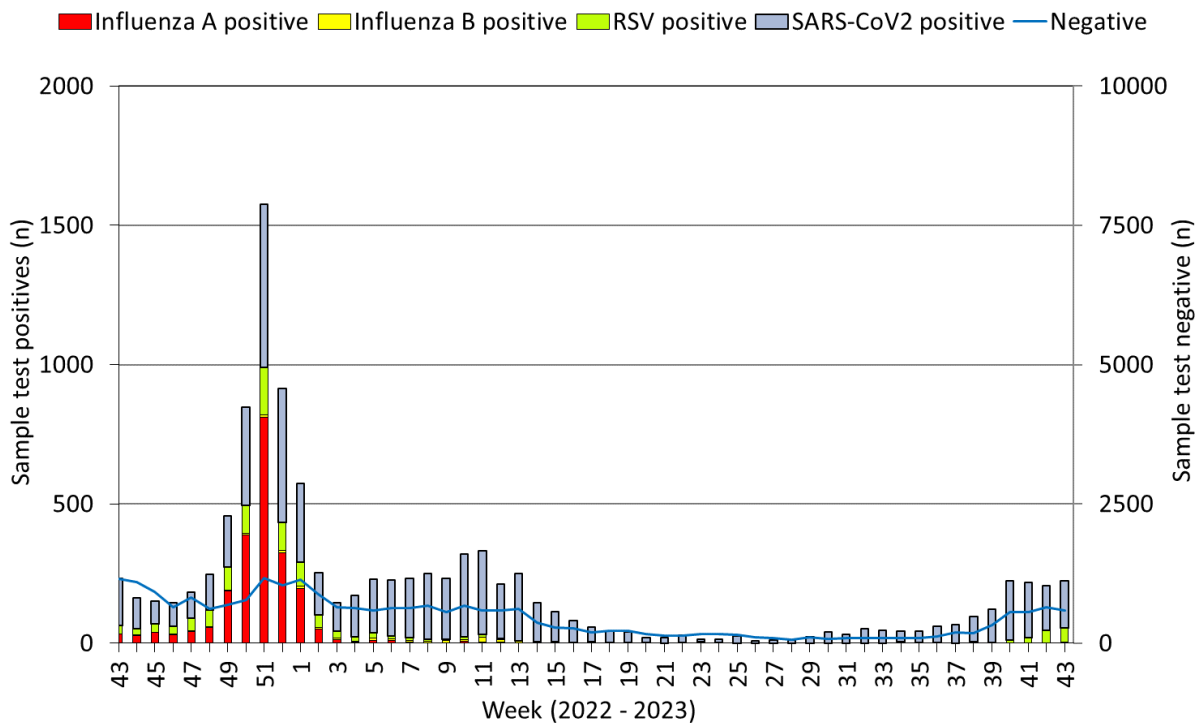
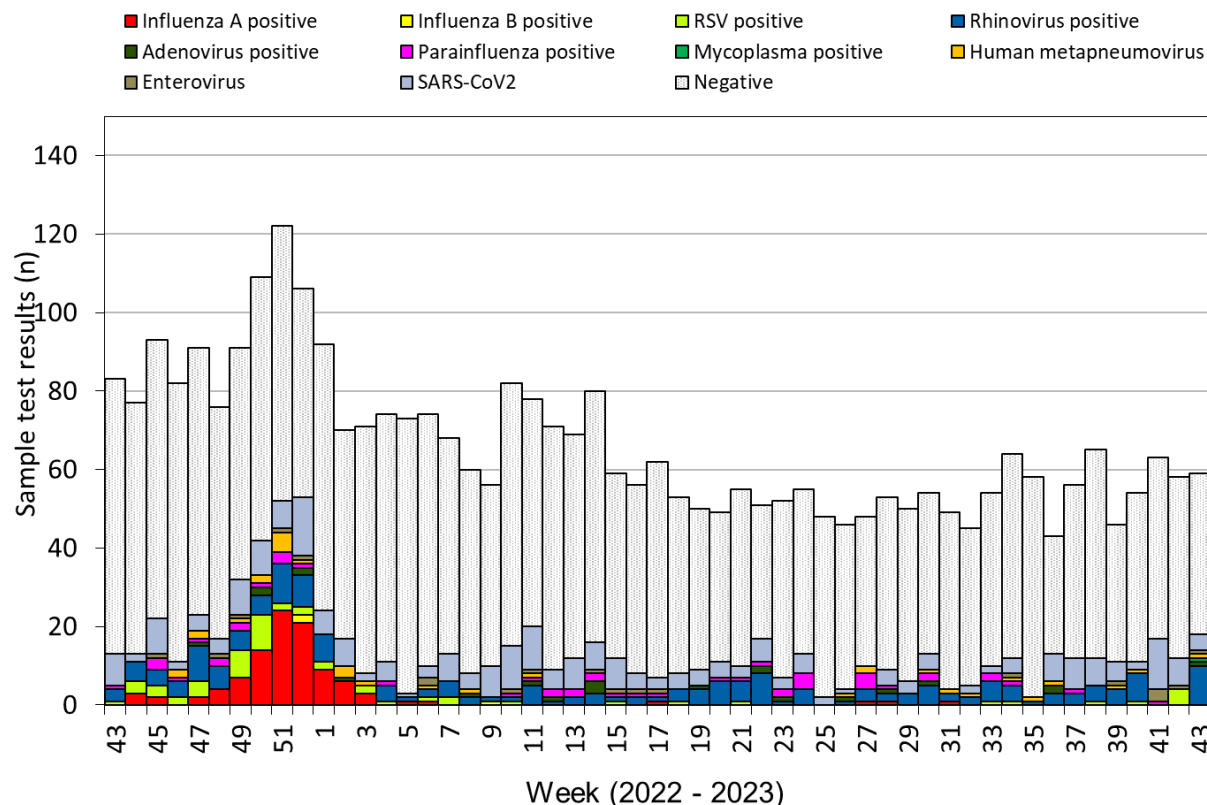
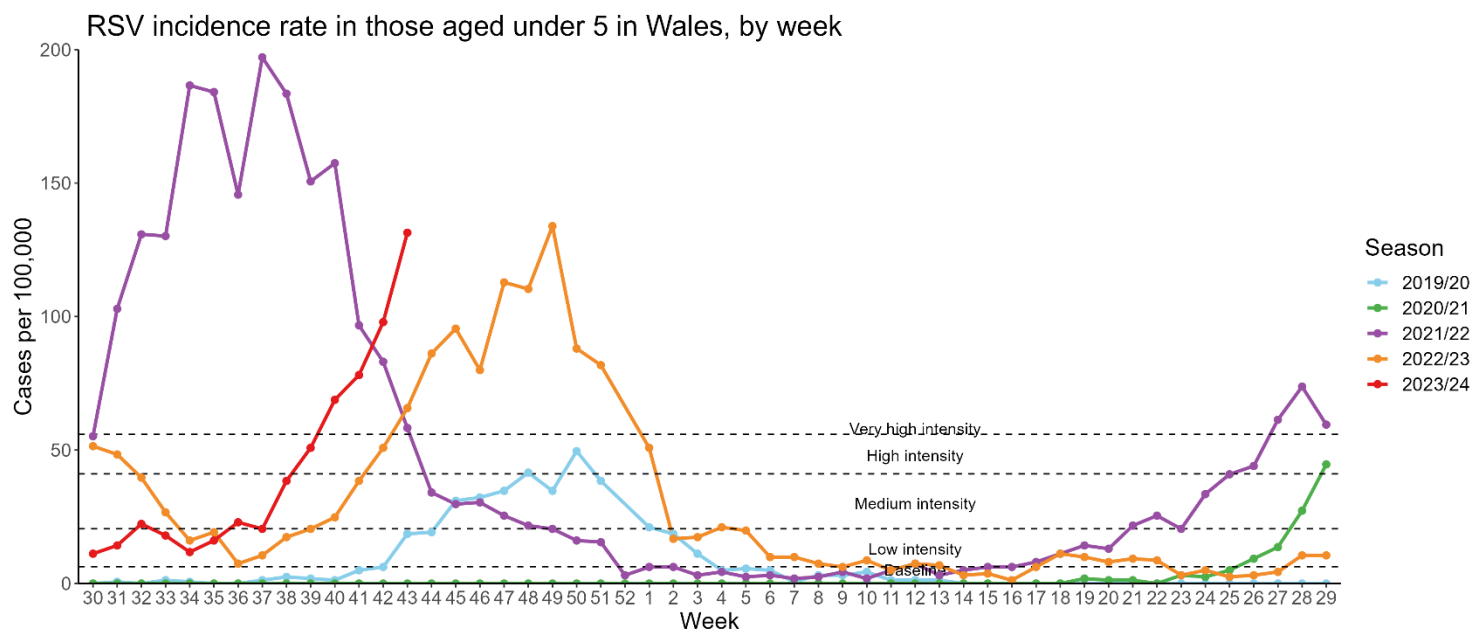


Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 43 2022 to Week 43 2023.



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 43 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 29/10/2023.

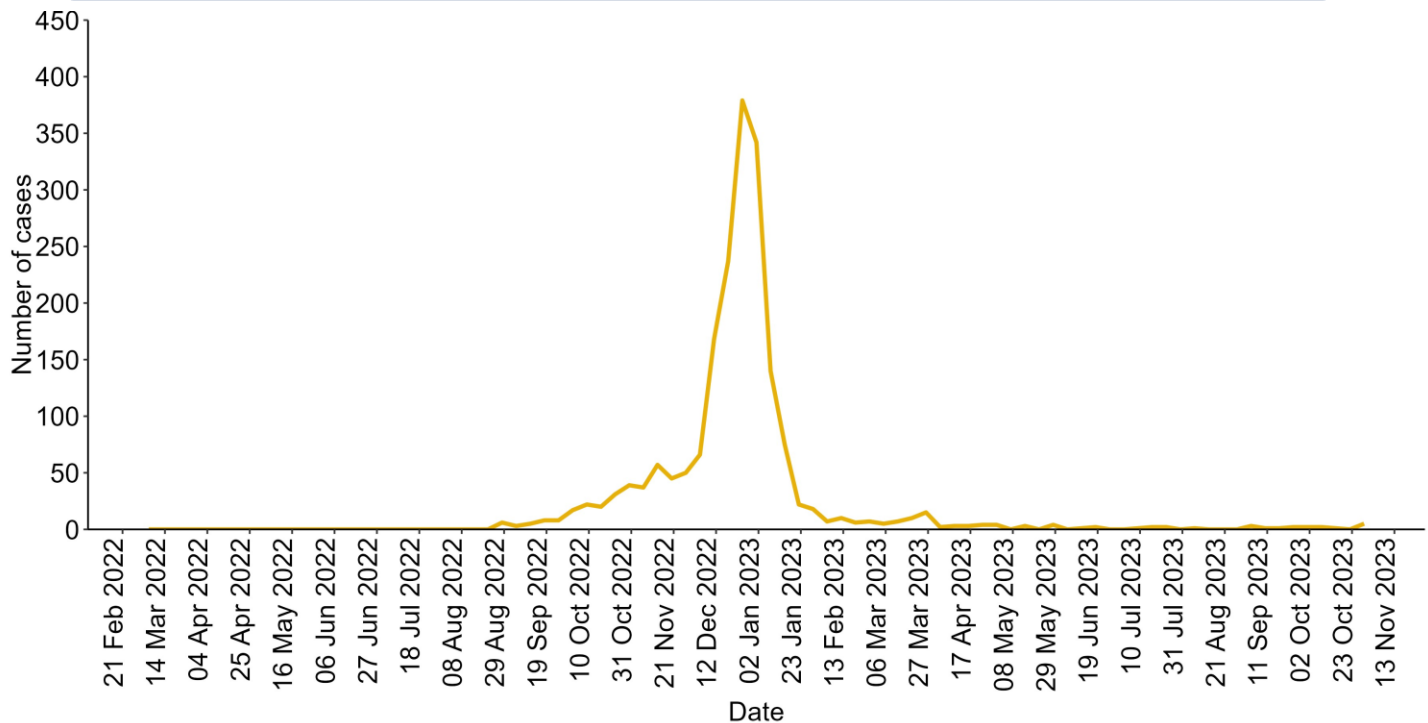


Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 29/10/2023.

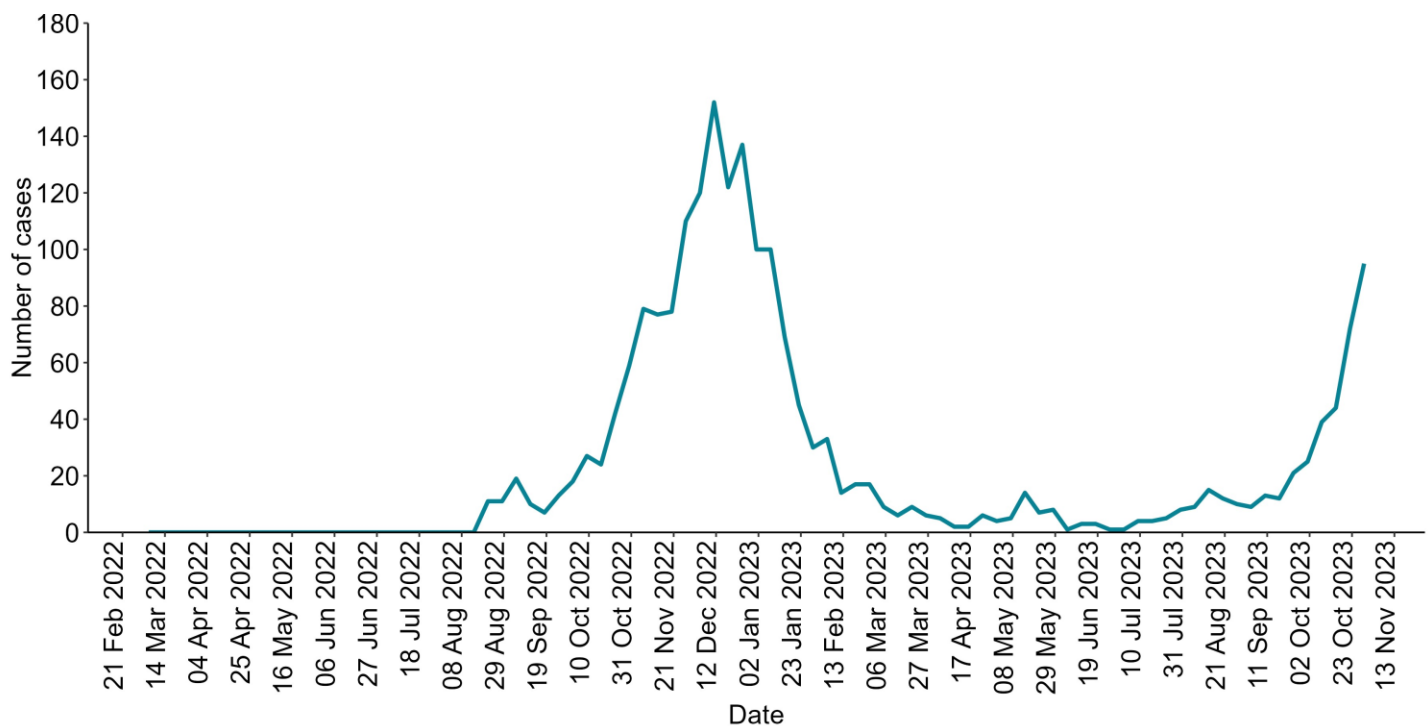
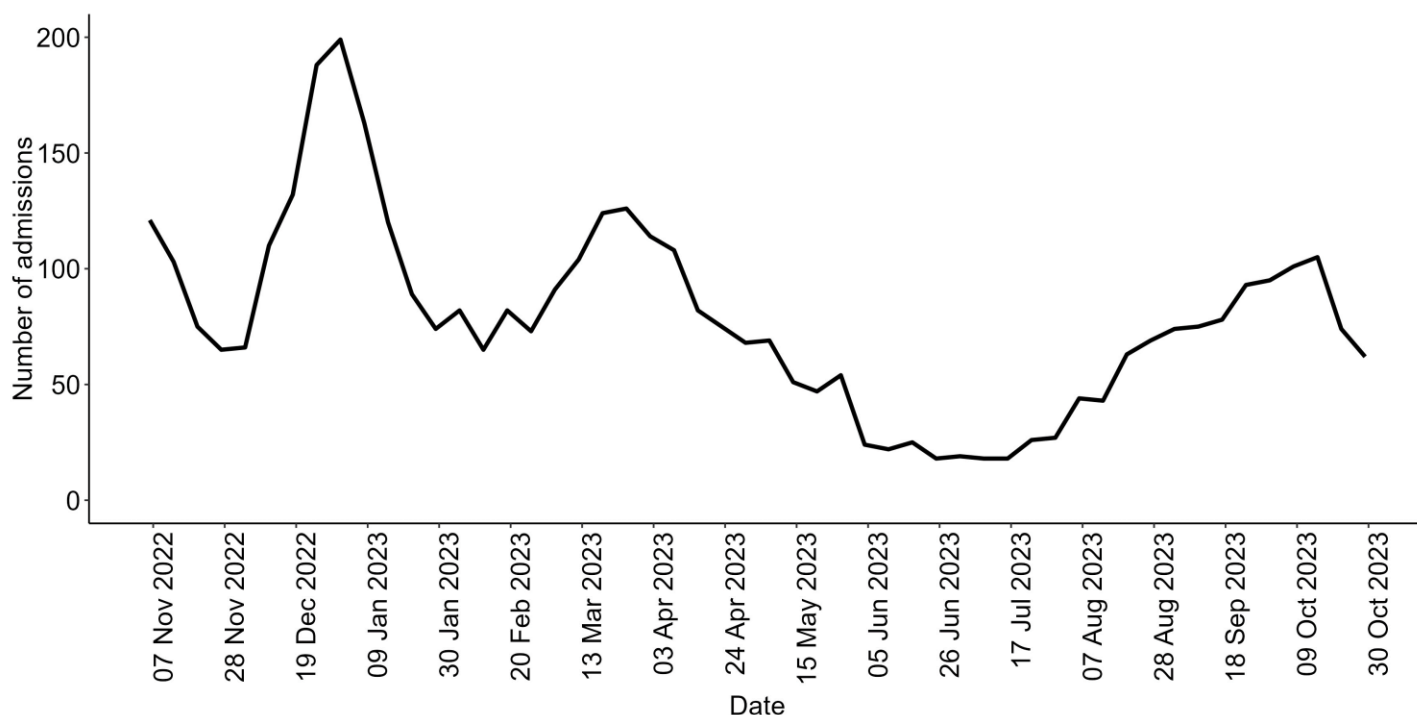
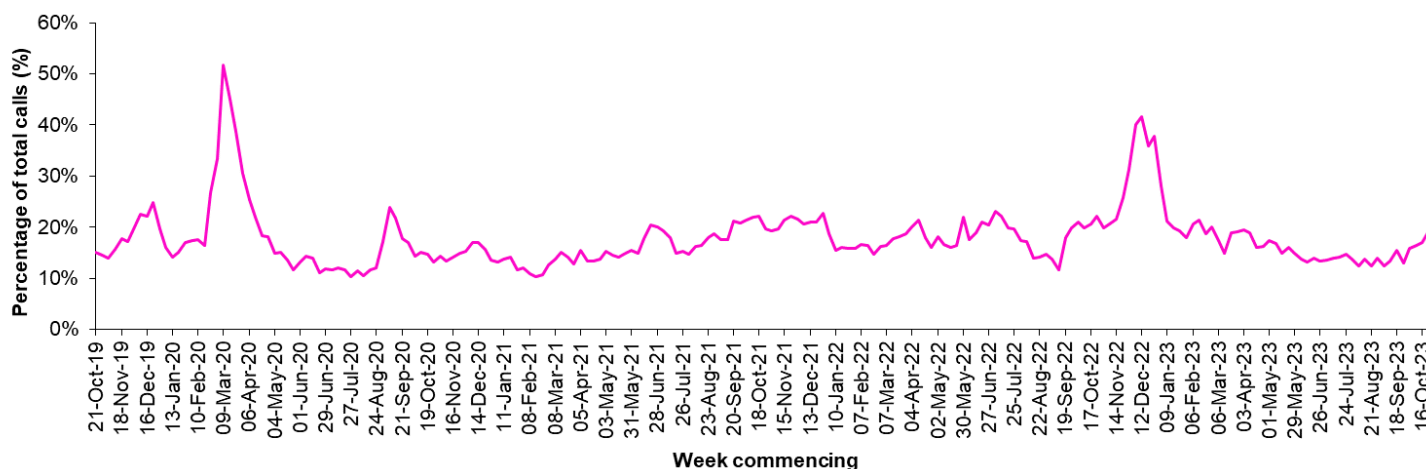


Figure 12. Seven day rolling sum of cases hospitalised in Wales within 28 days of an Covid-19 positive test result in the community (or up to 2 days post-admission), as of 29/10/2023.



Calls to NHS Direct Wales

Figure 13. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from Week 43 2019 - Week 43 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 2023/24 (as of 24/10/2023).

Influenza immunisation uptake in the 2022/23 season	
People aged 65y and older	47.4%
People younger than 65y in a clinical risk group	19.2%
Children aged two & three years	18.9%
Children aged between four & ten years	62.9%
Children aged between 11 & 15 years	45.7%
Total NHS staff	12.4%
NHS staff with direct patient contact	12.2%

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 42, GP ILI consultations increased slightly to 3.5 per 100,000, in England, and to 3.1 per 100,000 in Scotland.
- During Week 42, 60 samples testing positive for influenza were reported in England (33 A(not subtyped), 12 A(H3N2), 12 influenza B, and three influenza A(H1N1)). Overall influenza positivity slightly decreased to 1.2%.
- In England, RSV hospitalisations in the under 5 year olds was 19.8 per 100,000 in week 42. In Scotland, RSV hospitalisations in the under 1-year olds was 215.9 per 100,000. UK summary data are available from the [UKHSA Influenza and COVID-19 Surveillance Report](#) and [Viral respiratory diseases \(including influenza and COVID-19\) in Scotland](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported that influenza positivity is still below seasonal epidemic activity threshold which is set at 10%. As of week 40 there were 11 influenza A (8 influenza not subtyped and 3 A(H1N1)) detections and one influenza B.

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

- The WHO reported on 30/10/2023, based on data up to 15/10/2023 that globally, influenza detections remained low, although increased activity was reported in the Northern Hemisphere, Western and Eastern Asia.
- In Oceania influenza activity decreased with influenza A predominating.
- In South Africa, influenza activity remained below the seasonal threshold.
- In the temperate zones of South America influenza detection remained low overall with influenza B viruses predominating especially in Chile.
- In the Caribbean countries influenza activity remained low overall.
- In the countries of Central America, influenza activity decreased overall. Influenza B and influenza A(H1N1)pdm09 viruses were predominant.
- In tropical South America, influenza detections of primarily influenza B viruses were low. SARS-CoV-2 activity increased in Brazil.
- In tropical Africa, influenza A(H3N2) predominated. Influenza detections remained low in Middle, Eastern Africa and Western Africa.
- In Southern Asia, influenza activity remained low overall with the exception of Iran, where influenza A increased.
- In South-East Asia, influenza activity decreased, with continued reporting of predominantly influenza A(H1N1)pdm09 and A(H3N2) virus detections.
- In the temperate zones of the northern hemisphere, indicators of influenza activity were reported at low levels.

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 31/10/2023), during the period from 02/10/2023 – 15/10/2023 National Influenza Centres and other national influenza laboratories from 124 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 357,752 specimens during that period, of which 11,470 were positive for influenza viruses, 9,518 (83.0%) of those positive for influenza were typed as influenza A (of the subtyped influenza A viruses, 2,239 (32.8%) were influenza A(H1N1)pdm09 and 4,582 (67.2%) were influenza A(H3N2). Of the 9,518 samples testing positive for influenza viruses, 1,952 tested positive for Influenza B (17.02%). **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 influenza activity remained low at national levels with small increases across the country during week 42 (ending 21/10/2023). Nationally, 750 (1.7%) out of 44,365 specimens have tested positive for influenza in week 42 in clinical laboratories nationwide, of these positives 516 (68.8%) were influenza A and 234 (31.2%) were influenza B. Further characterisation has been carried out on 2,441 specimens by public health laboratories, and 134 samples tested positive for influenza; 50 influenza A(H1N1)pdm09, six influenza A(H3N2), 40 influenza A(not subtyped) and 38 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 40-41, influenza activity is stable and at interseasonal levels. During week 39, 118 influenza detections were reported; 99 influenza A, and 19 influenza B. The percentage of ILI visits was 1.1%. **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 that the RSV positivity rate increased in the week beginning 21/10/2023. **Source:** CDC RSV national trends: <https://www.cdc.gov/surveillance/nrevss/rsv/natl-trend.html>

COVID-19 – UK and international summary

- As of 25/10/2023, there were 6.78 new positive PCR episodes per 100,000 population in Wales, for the most recent 7-day reporting period. There were 5 suspected COVID-19 deaths with a date of death in the most recent 7-day reporting period, reported to Public Health Wales. There were 21 COVID-19 death registrations recorded in ONS data for the latest data period reported. 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-2023-to-2024-season>

Scotland seasonal respiratory surveillance:

<https://www.publichealthscotland.scot/publications>

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