



Current level of influenza activity: Baseline

Influenza activity trend: Stable

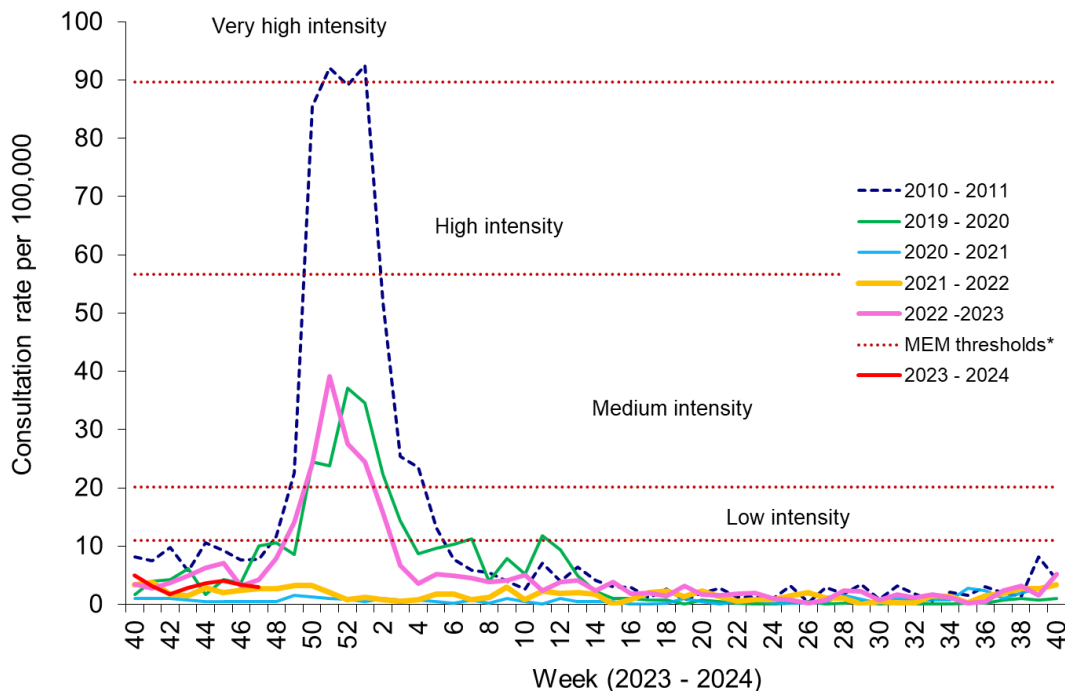
Confirmed influenza cases since 2023 Week 40: 121 (14 influenza A(H3N2), 18 influenza A(H1N1)pdm09, 58 influenza A untyped and 31 influenza B)

During Week 47 (ending 27/11/2023) there were 34 cases of influenza, with further three cases reported from previous weeks. While overall influenza activity remains at baseline levels, there is an upward trend in recent weeks. On average, influenza seasons in Wales begin around mid-December. COVID-19 cases have decreased, but continue to be detected. RSV activity in children under 5 years decreased but remains at 'very high' intensity levels. RSV, rhinovirus, adenovirus, 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 47, was 3.0 consultations per 100,000 practice population (Table 1). This is a decrease compared to the previous week (3.3 consultations per 100,000. Figure 1) (latest data available).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 209.8 per 100,000 practice population during Week 47 (Table 2 and Figure 3). This is a decrease compared to the previous week (227.8 per 100,000). During week 47 Lower Respiratory Tract Infections decreased to 88.64 per 100,000 and Upper Respiratory Tract Infections decreased to 121.15 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 47 remained stable at 20.3% (Figure 13).
- During Week 47, 932 specimens received multiplex respiratory panel testing from patients attending hospitals. **22 tested positive for influenza (14 for influenza A(not subtyped), two for influenza A(H1N1), three for influenza B and three for influenza A(H3)).** Overall influenza test-positivity increased to 2.4%. In addition, there were: 121 RSV, 124 rhinovirus, 58 SARS-CoV2, 42 enterovirus, 33 adenovirus, 33 hMPV, 16 mycoplasma, 11 parainfluenza positive samples (Figure 5). Additionally, 550 samples from patients were tested for influenza, RSV and SARS-CoV-2 only. Of the 550 samples there were, 68 positive for SARS-CoV-2, 96 RSV and **12 influenza A**, and **two influenza B** (Figure 7). Furthermore, during week 47, 57 respiratory specimens were tested from patients in intensive care units (ICU) of which two were positive for influenza A(not subtyped) (Figure 8).
- There were 98 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 47. Of the 98 samples, 21 tested positive for rhinovirus, six for mycoplasma, five for RSV, five for hMPV, four for SARS-CoV2, two for enterovirus, two for adenovirus, one for influenza A(H3), one for influenza B (as at 29/11/2023) (Figure 4).
- From all samples where influenza subtyping information was available during week 47 (specimens receiving multiplex respiratory panel testing, from patients attending hospitals, and surveillance samples collected by sentinel GPs and community pharmacies) 14 were influenza A(not subtyped), four influenza A(H3), two influenza A(H1N1) and three were influenza B (Figure 6).
- **Confirmed RSV case incidence in children aged under 5 further decreased in the most recent week but remains at very high intensity levels (compared to historic levels before 2021).** In week 47 there were 86.2 confirmed cases per 100,000 in this age group (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 88 respectively during Week 46 (Figures 10 & 11) and 53 for SARS-CoV-2 during week 46 (Figure 12).
- During week 47, two **ARI outbreaks** were reported to the Public Health Wales Health Protection team. Both outbreaks were reported as COVID-19 and were in residential homes.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 46.
- As at 14/11/2023, uptake of influenza vaccination was 62.7% in adults aged 65 years and older, 28.2% in those aged 6 months to 64 years at clinical risk, 29.4% in two- and three-year-old children, 60.6% in children aged four to 10 years and 46.6% in children aged 11 to 15 years (Table 3).

Respiratory infection activity in Wales

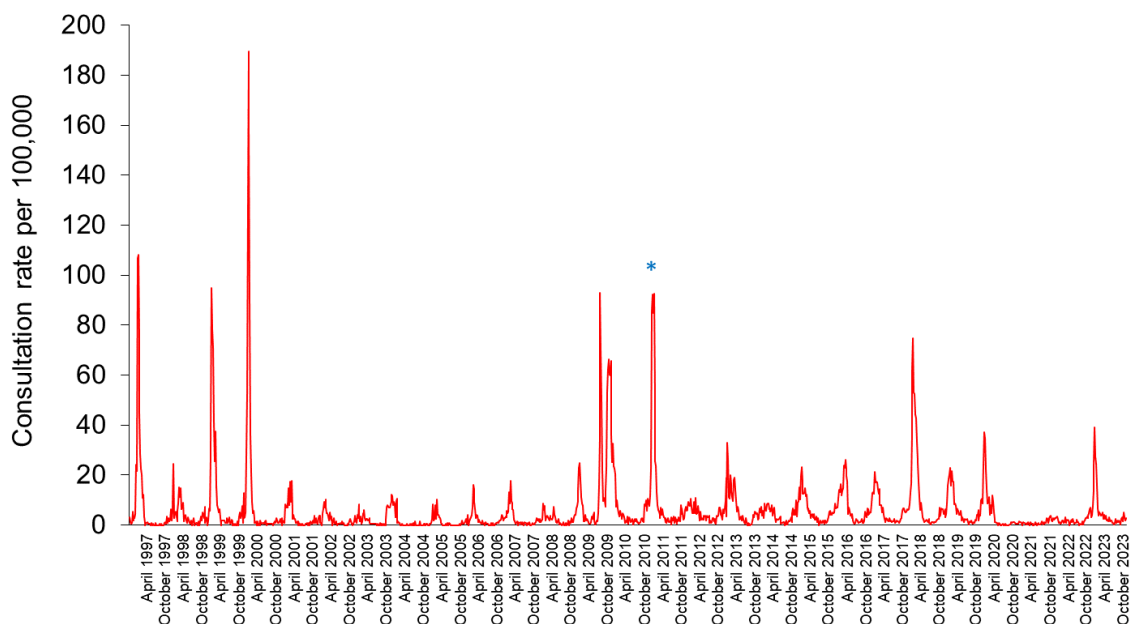
Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 26/11/2023)



* 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 47 2023).



* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 42 – Week 47 2023 (as of 26/11/2023)

Age group	42	43	44	45	46	47
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	0.0	6.7	0.0	0.0	0.0
5 - 14	0.0	0.0	2.2	2.5	0.0	0.0
15 - 24	0.0	0.0	2.1	4.9	4.3	0.0
25 - 34	0.0	7.6	3.8	4.5	1.9	28.7
35 - 44	7.6	5.5	5.5	10.8	9.2	0.0
45 - 64	1.9	3.6	5.5	3.1	4.6	0.0
65 - 74	0.0	2.2	2.2	0.0	0.0	0.0
75+	2.2	0.0	0.0	2.4	2.2	0.0
Total	1.7	2.9	3.6	3.8	3.3	3.0

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 42 – Week 47 2023 (as of 26/11/2023)

Age group	42	43	44	45	46	47
< 1	1250.4	1333.3	1733.3	2189.8	1433.3	1428.6
1 - 4	800.7	1069.1	1223.8	893.5	922.0	832.6
5 - 14	205.3	269.9	247.8	240.7	287.8	445.9
15 - 24	122.9	138.5	172.6	159.5	187.7	88.2
25 - 34	124.5	150.8	166.0	168.1	166.2	86.1
35 - 44	125.9	146.9	145.1	148.6	167.1	236.3
45 - 64	112.0	129.1	149.1	161.0	160.9	163.9
65 - 74	142.3	135.7	178.8	155.1	178.8	140.1
75+	180.7	204.8	187.6	210.2	258.3	142.1
Total	169.7	201.3	220.9	214.1	227.8	209.8

Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 47 – Week 47 2023

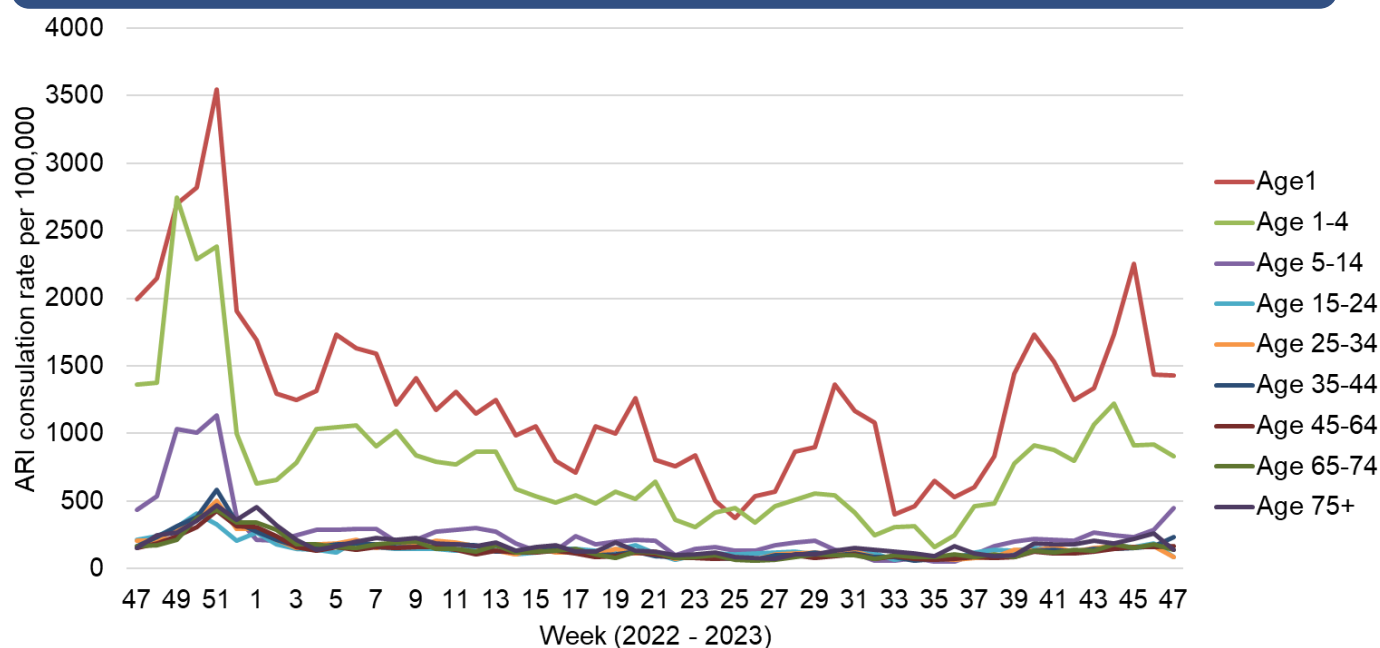
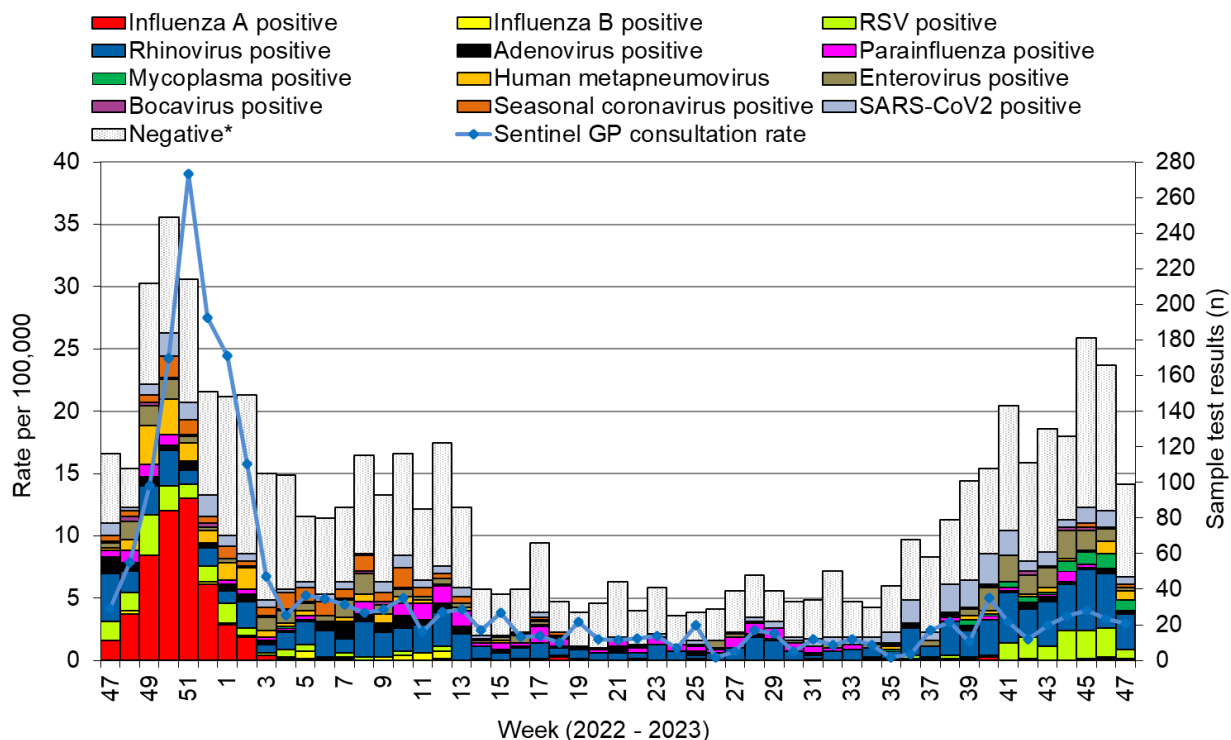
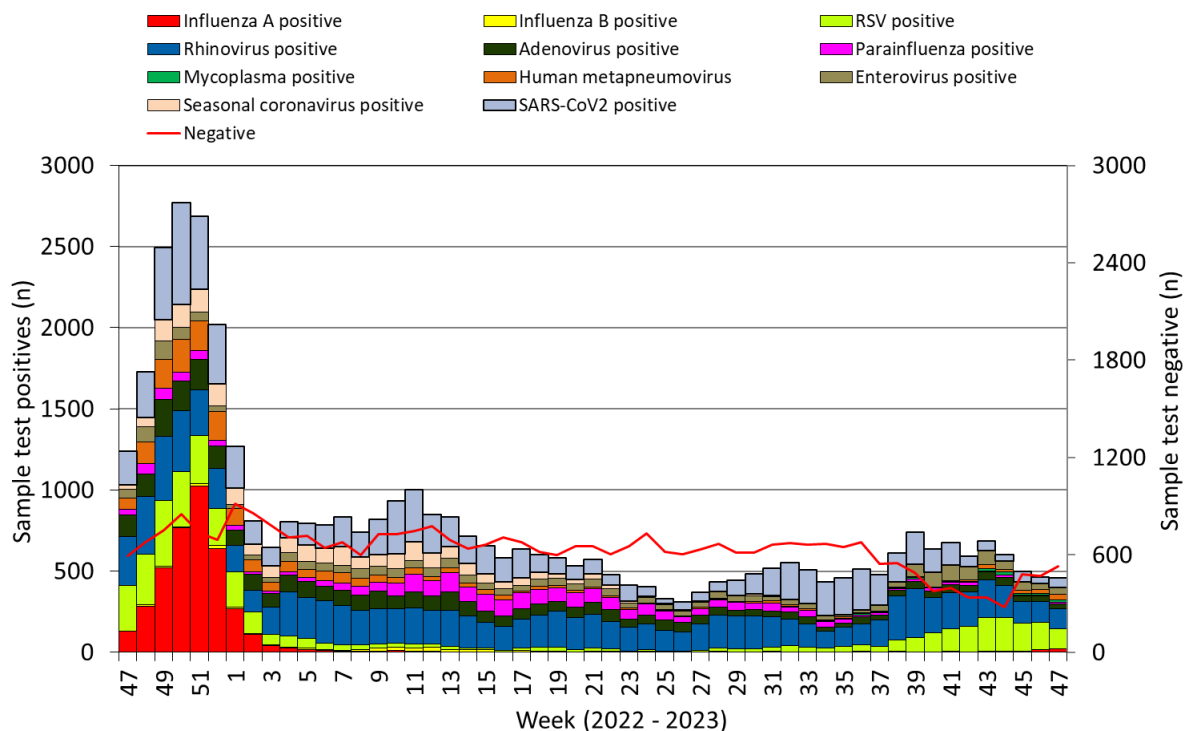


Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 26/11/2023, by week of sample collection, Week 47 2022 to Week 47 2023



* 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 26/11/2023 by week of sample collection, Week 47 2022 to Week 47 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 26/11/2023 by week of sample collection, Week 47 2022 to Week 47 2023.

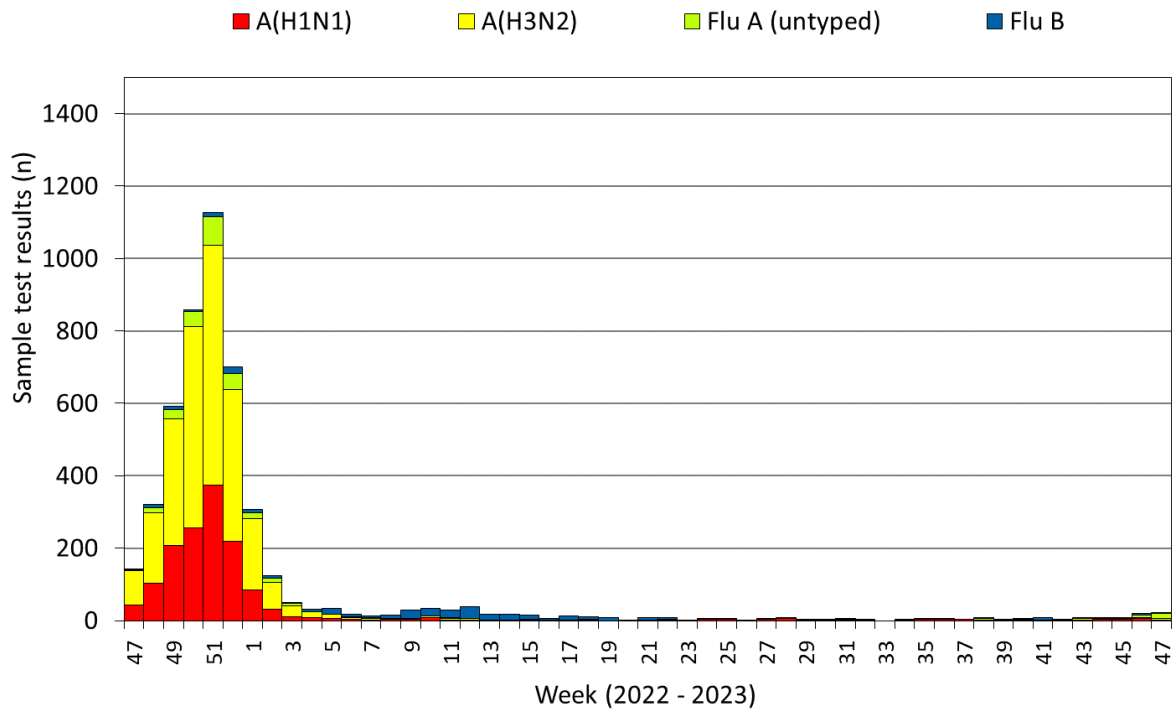


Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 26/11/2023 by week of sample collection, Week 47 2022 to Week 47 2023.

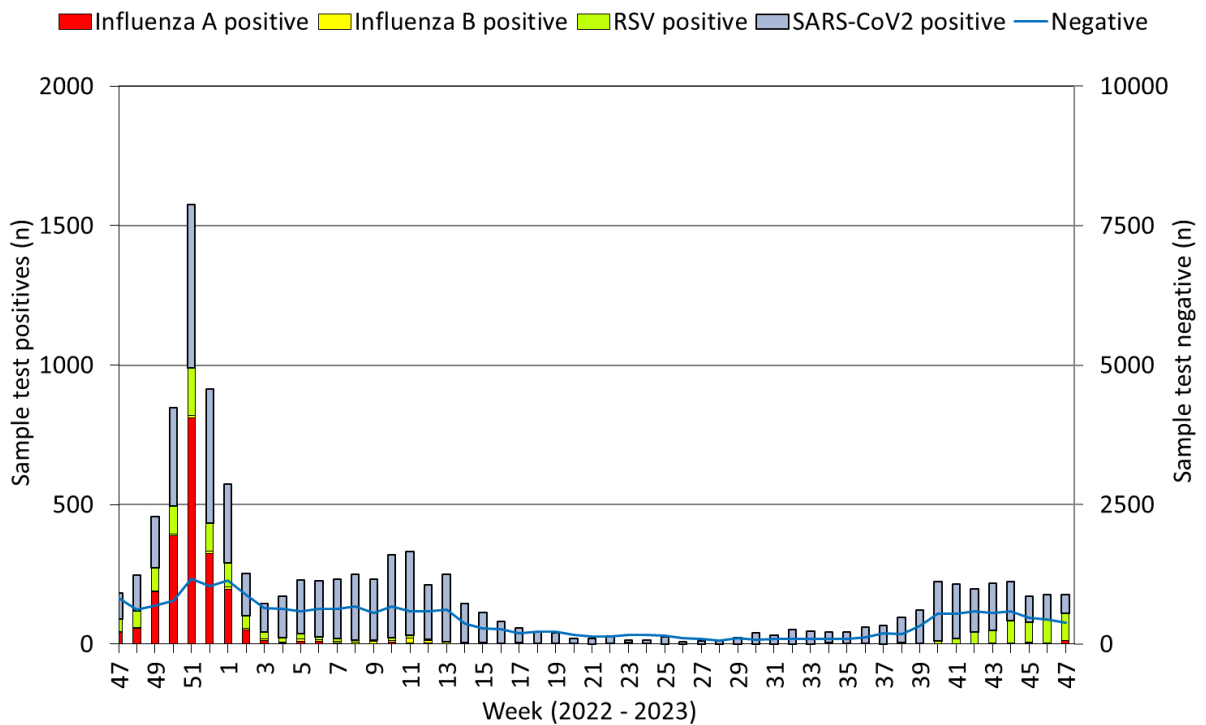
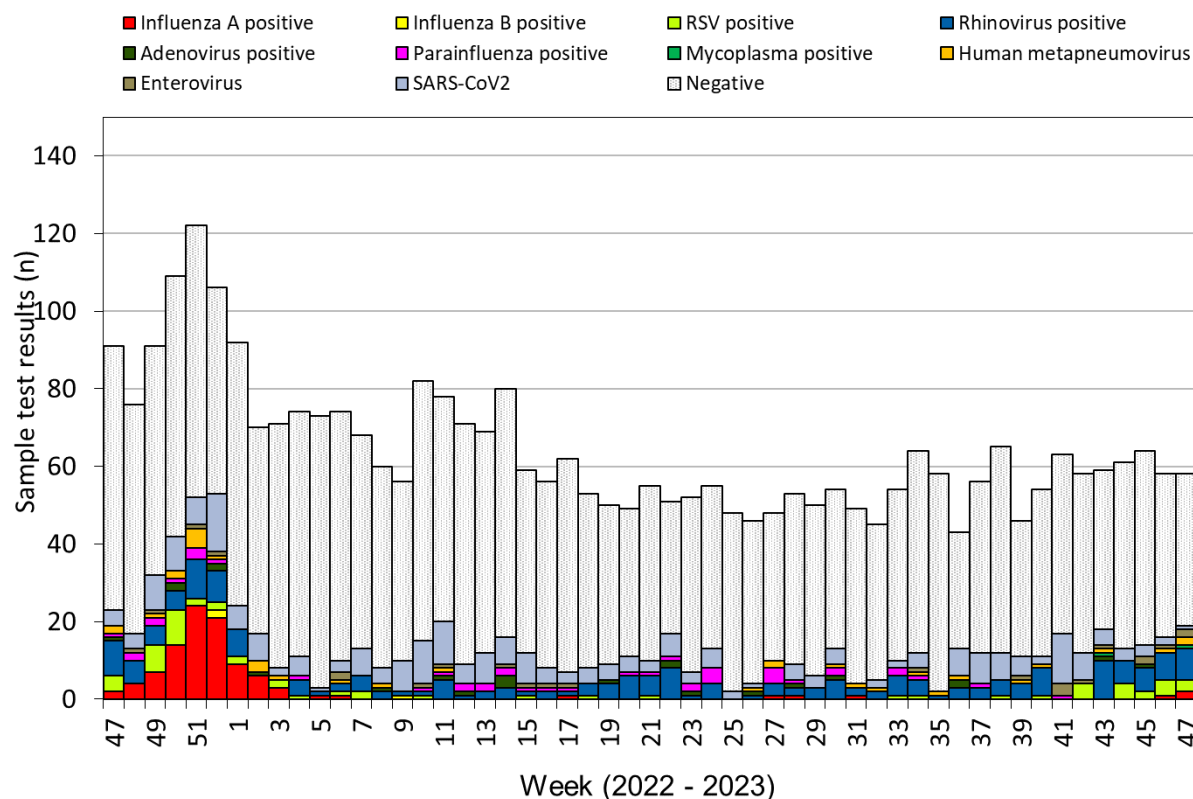
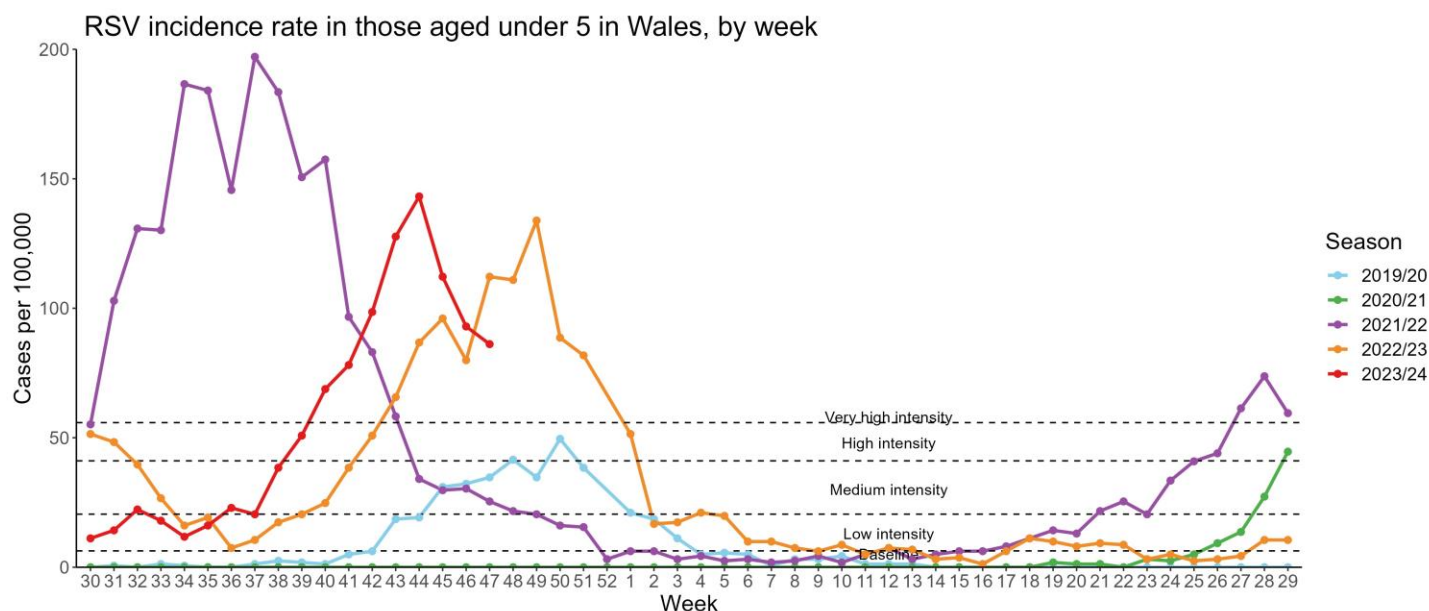


Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 47 2022 to Week 47 2023.



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 47 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 20/11/2023.

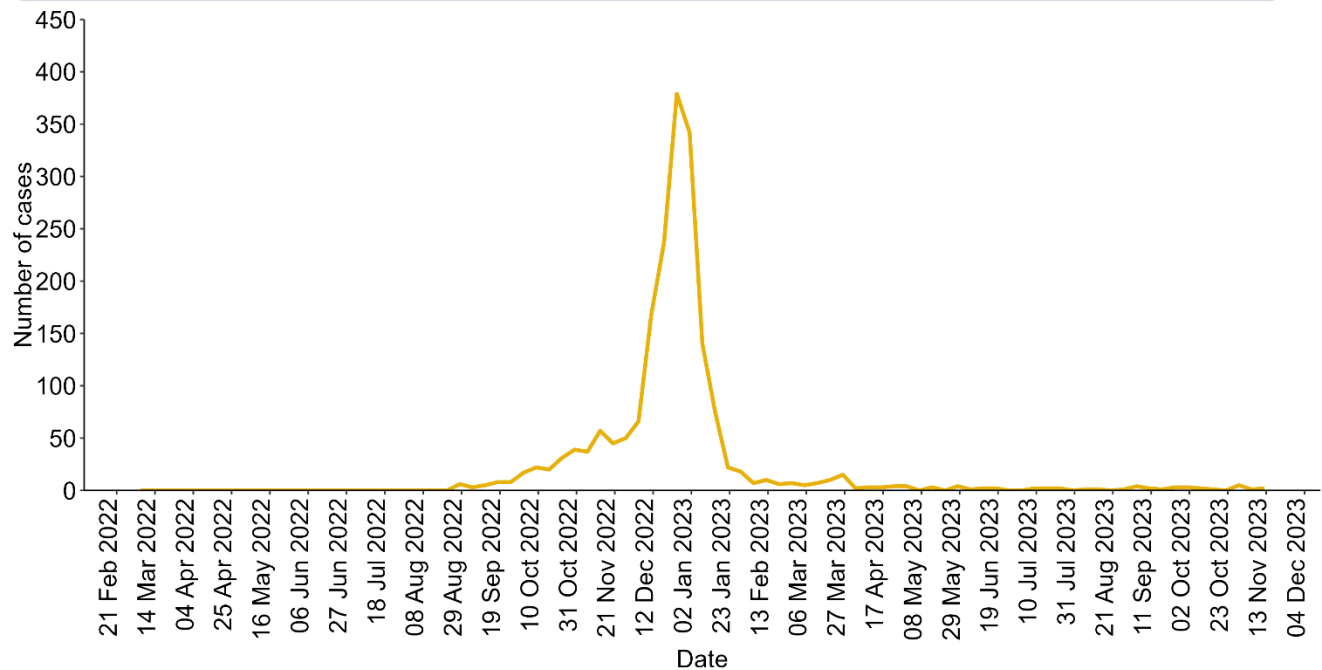


Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 20/11/2023.

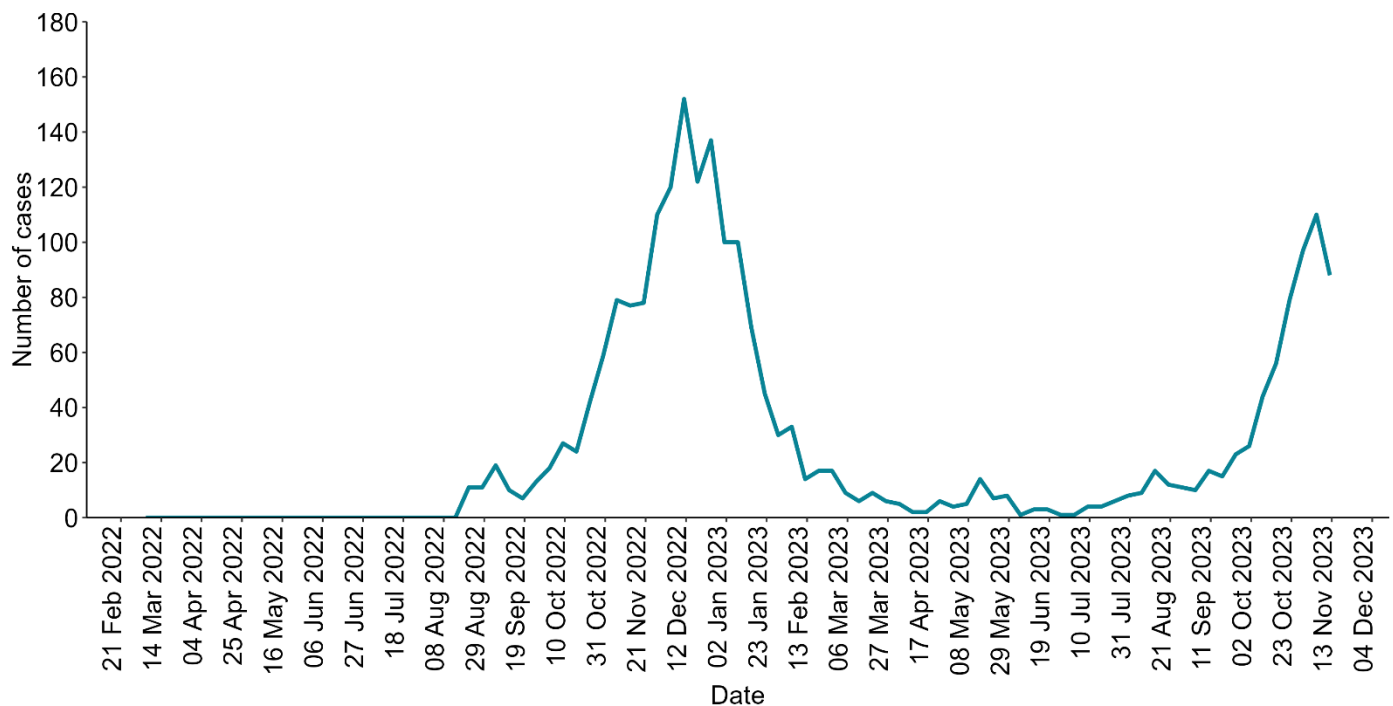
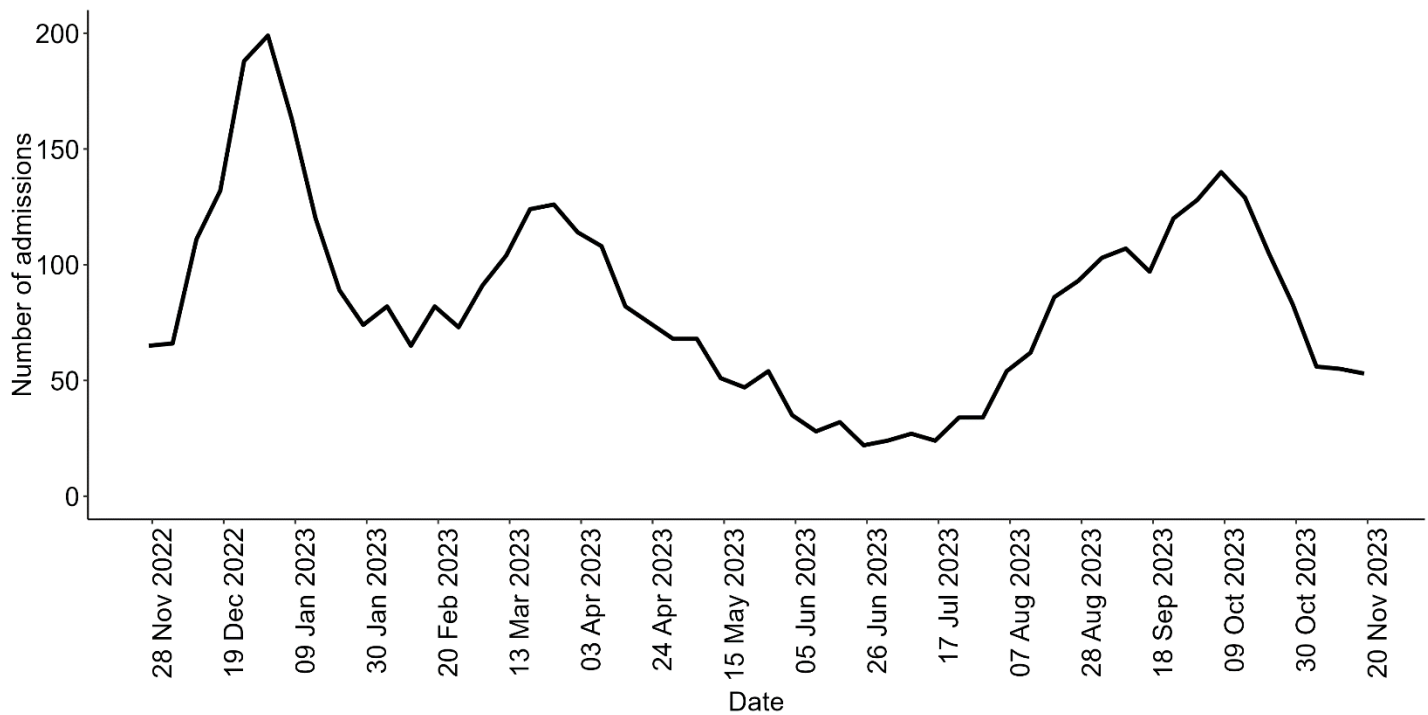
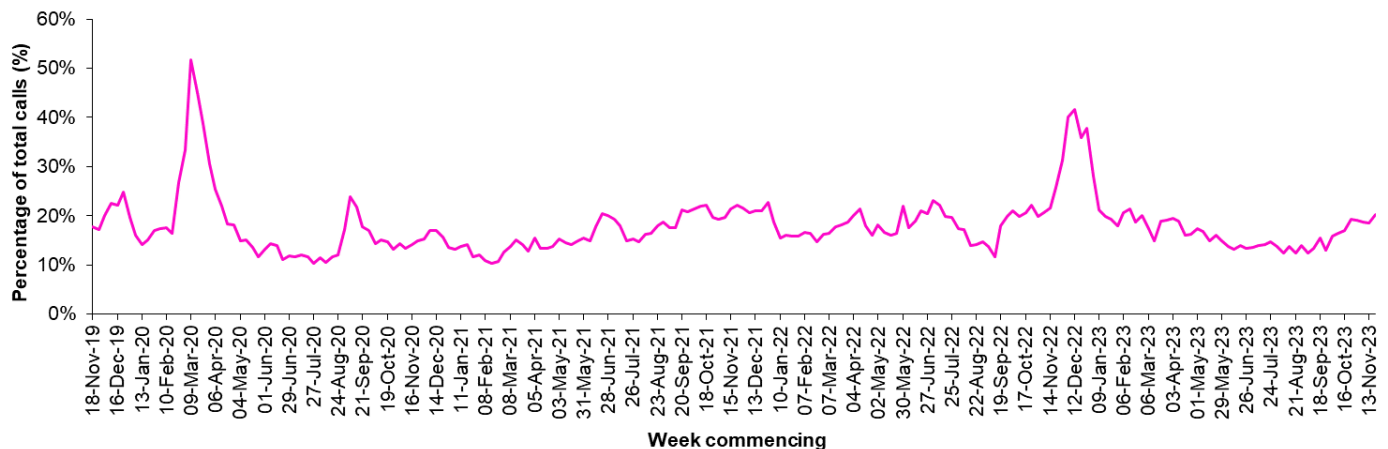


Figure 12. Seven day rolling sum of cases hospitalised in Wales within 28 days of an Covid-19 positive test result in the community (or up to 2 days post-admission), as of 20/11/2023.



Calls to NHS Direct Wales

Figure 13. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from Week 47 2019 - Week 47 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 14/11/2023).

Influenza immunisation uptake in the 2022/23 season	
People aged 65y and older	52.7%
People younger than 65y in a clinical risk group	28.8%
Children aged two & three years	29.4%
Children aged between four & ten years	60.6%
Children aged between 11 & 15 years	46.6%
Total NHS staff	25.8%
NHS staff with direct patient contact	25.0%

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 46, GP ILI consultations decreased to 3.4 per 100,000, in England, and to 2.0 per 100,000 in Scotland.
- During Week 46, 96 samples testing positive for influenza were reported in England (62 influenza A(not subtyped), 24 influenza A(H3N2), two influenza A(H1N1)pdm09) and eight were influenza B). Overall influenza positivity remained stable at 1.8%.
- In England, RSV hospitalisations in the under 5-year-olds decreased to 25.2 per 100,000 in week 45. In Scotland, RSV hospitalisations in the under 1-year olds was 235.1 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% during week 46. Of 39 countries and areas reporting on influenza intensity, one reported high intensity, five reported medium intensity, eight reported low intensity and the remainder reported baseline intensity. Of 38 countries and areas reporting on geographic spread of influenza viruses within a country or area, two reported widespread, four reported regional, 15 reported sporadic, two reported local and the remainder reported no activity. As of week 46, there were 185 confirmed influenza virus infection detections reported from sentinel primary care. 97% were type A viruses (53% influenza A(H1N1)pdm09 and 47% influenza A(H3)).

Source: European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>

- The WHO reported on 27/11/2023, based on data up to 12/11/2023 that globally, influenza detections increased due to increases in parts of the Northern Hemisphere, including parts of Europe and Central Asia, North America and Eastern and Western Asia.
- In the countries of North America, influenza detections increased but remained low or below baseline. Influenza A(H1N1)pdm09 viruses predominated among the detections. In South Africa, low numbers of influenza B detections were reported but remained below the seasonal threshold.
- In Europe and Central Asia, in the most recent week, influenza activity remained below baseline or at low levels in all but three reporting countries, where activity was medium and geographic spread was regional in three reporting countries. Among the influenza detections in primary care sentinel surveillance, influenza A viruses predominated. In the Caribbean countries influenza activity continued to increase slightly with detections influenza A subtypes predominant.
- In East Asia, influenza activity continued to increase mainly due to activity in China and the Republic of Korea, with influenza A(H3N2) and A(H1N1)pdm09 viruses more frequently detected, respectively.
- In Western Asia, influenza activity continued to increase in some countries of the Arab Peninsula and remained low in other reporting countries.
- In the Central American and Caribbean countries, influenza activity continued to increase in the Caribbean with detections of predominantly influenza A(H1N1)pdm09 and remained low overall in Central America with detections of predominantly B/Victoria lineage viruses. In the temperate zones of the northern hemisphere, indicators of influenza activity were reported at low levels.
- In tropical Africa, influenza detections decreased in Western Africa but increased in Eastern and Middle Africa. Influenza A(H3N2) viruses were predominant but all seasonal influenza subtypes were reported.
- In Southern Asia, influenza activity driven predominantly by influenza A(H1N1)pdm09 decreased overall and appeared to have peaked in Iran (Islamic Republic of) and India.
- In South-East Asia, influenza activity driven predominantly by influenza A(H1N1)pdm09 and A(H3N2) decreased overall with detections low in most reporting countries.
- In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below seasonal threshold in most reporting countries.

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 24/11/2023), during the period from 30/10/2023 – 12/11/2023 National Influenza Centres and other national influenza laboratories from 122 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 431,756 specimens during that period, of which 25,786 were positive for influenza viruses, 21,711 (83.9%) of those positive for influenza were typed as influenza A (of the subtyped influenza A viruses, 4,052 (27.8%) were influenza A(H1N1)pdm09 and 10,533 (72.2%) were influenza A(H3N2). Of the 25,786 samples testing positive

for influenza viruses, 4,165 tested positive for Influenza B (16.1%). **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 levels continued to increase across most parts of the country during week 46 (ending 18/11/2023). Nationally, 2,584 (4.9%) out of 52,451 specimens have tested positive for influenza in week 46 in clinical laboratories nationwide, of these positives 1,708 (66.1%) were influenza A and 876 (33.9%) were influenza B. Further characterisation has been carried out on 2,770 specimens by public health laboratories, and 529 samples tested positive for influenza; 188 influenza A(H1N1)pdm09, 49 influenza A(H3N2), 183 influenza A(not subtyped) and 109 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 46, influenza activity increased and has exceeded the seasonal threshold of 5% positivity. During week 46, 1,849 influenza detections were reported: 1,811 influenza A, and 38 influenza B. The percentage of ILI visits was 6.8%. **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 18/11/2023.

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

COVID-19 – UK and international summary

- As of 22/11/2023, there were 4.0 new positive PCR episodes per 100,000 population in Wales, for the most recent 7-day reporting period. There were six suspected COVID-19 deaths with a date of death in the most recent 7-day reporting period, reported to Public Health Wales. There were 17 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