



**Current level of influenza activity: Low**

**Influenza activity trend: Decreasing**

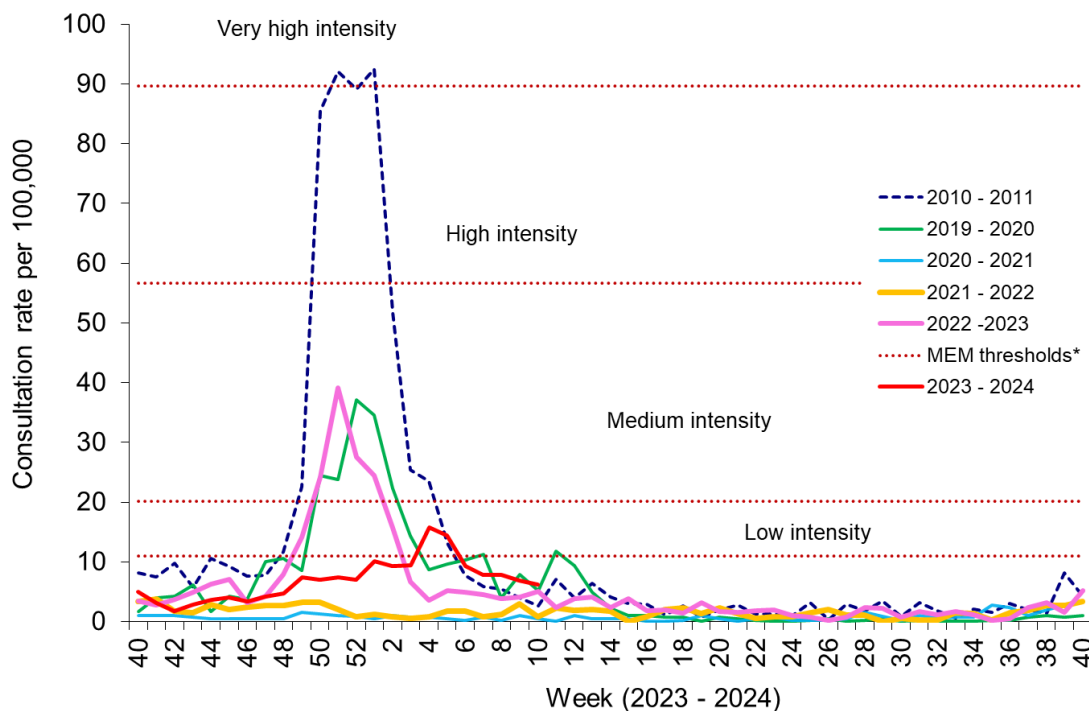
**Confirmed influenza cases since 2023 Week 40: 3630** (412 influenza A(H3N2), 906 influenza A(H1N1)pdm09, 2003 influenza A untyped and 309 influenza B)

**During Week 10 (ending 10/03/2024) there were 224 cases of influenza confirmed, with 12 cases from previous weeks. Influenza is still circulating. COVID-19 cases have decreased in the most recent weeks. RSV activity in children under 5 years remains at low intensity levels. Additionally, in recent weeks have seen increases in seasonal coronavirus, rhinovirus, adenovirus, and enterovirus.**

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during Week 10, was 6.1 consultations per 100,000 practice population (Table 1). The rate decreased compared to the previous week (6.9 consultations per 100,000. Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 252.8 per 100,000 practice population during Week 10 (Table 2 and Figure 3). This is an increase compared to the previous week (244.3 per 100,000). During week 10, Lower Respiratory Tract Infections decreased to 86.7 per 100,000 and Upper Respiratory Tract Infections increased to 167.6 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 10 slightly decreased to 20.6% (Figure 13).
- During Week 10, 1,384 specimens received multiplex respiratory panel testing from patients attending hospitals. **114 tested positive for influenza (47 influenza A(not subtyped), 27 influenza A(H1N1), 26 influenza A(H3) and 14 influenza B).** Overall influenza test-positivity increased to 8.2%, increased to 10.1% in those aged under 18 and increased to 7.1% in those aged over 18. In addition, there were: 166 rhinovirus, 72 seasonal coronaviruses, 81 parainfluenza, 57 mycoplasma, 73 adenovirus, 65 hMPV, 47 SARS-CoV-2, 43 enterovirus and 18 RSV positive samples (Figure 5). Additionally, 535 samples from patients were tested for influenza, RSV and SARS-CoV-2 only. Of the 535 samples there were **90 influenza A, 13 influenza B, 29 for SARS-CoV-2, and six RSV.** (Figure 7). Furthermore, during week 10, 62 respiratory specimens were tested from patients in intensive care units (ICU) of which three were positive for influenza (two influenza A untyped and one A(H1N1)) (Figure 8).
- There were 103 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 10. Of the 103 samples, **6 tested positive for influenza A (2 influenza A(H1N1), 2 influenza A(H3), and two influenza A(not subtyped)),** 14 seasonal coronaviruses, nine rhinovirus, eight mycoplasma, four hMPV, four PIV, three adenovirus, **one influenza B,** two enterovirus, and one RSV as at 13/03/2024) (Figure 4).
- From all samples where influenza subtyping information was available during week 10, 28 were influenza A(H3), 29 influenza A(H1N1), 15 were influenza B (Figure 6) and 49 influenza A(not subtyped) (Figure 6).
- **Confirmed RSV case incidence in children aged under 5 increased in the most recent week but remains at low intensity levels (compared to historic levels before 2021).** In week 10 there were 8.1 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 61 and 5 respectively during Week 10 (Figures 10 & 11) and 23 for SARS-CoV-2 during week 10 (Figure 12).
- During week 10, three **ARI outbreaks** were reported to the Public Health Wales Health Protection team. All outbreaks were reported as influenza. Two outbreaks were in residential homes and one in a community setting.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 10.
- As at 07/03/2024, uptake of influenza vaccination was 72.3% in adults aged 65 years and older, 38.9% in those aged 6 months to 64 years at clinical risk, 42.9% in two- and three-year-old children, 61.8% in children aged four to 10 years and 49.8% in children aged 11 to 15 years (Table 3).

## Respiratory infection activity in Wales

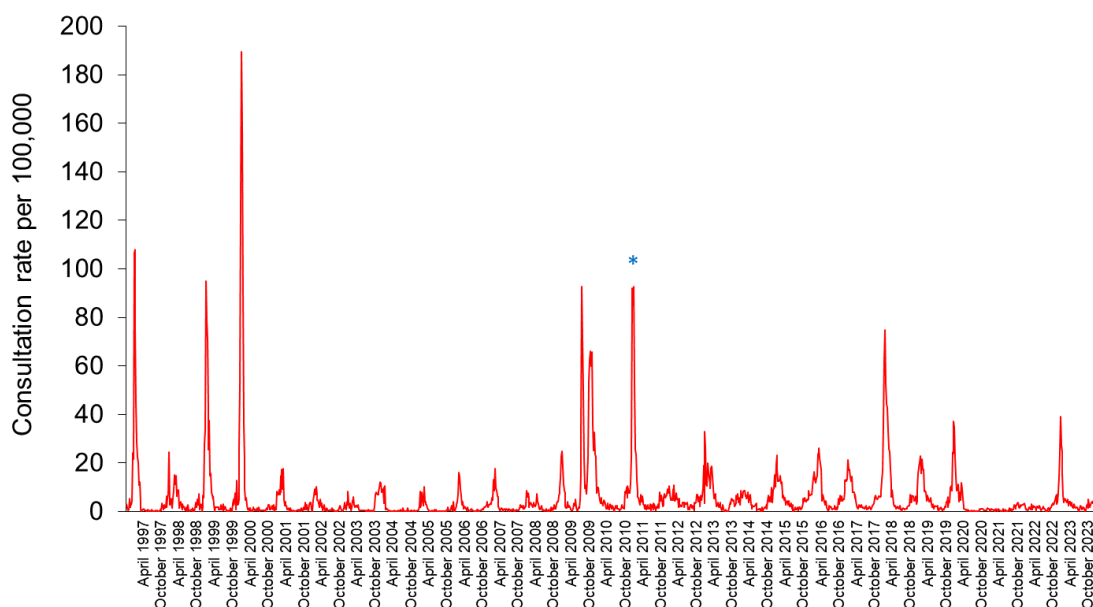
**Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 10/03/2024).**



\* 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 50 1996 – Week 10 2024).**



\* Reporting changed to Audit+ surveillance system

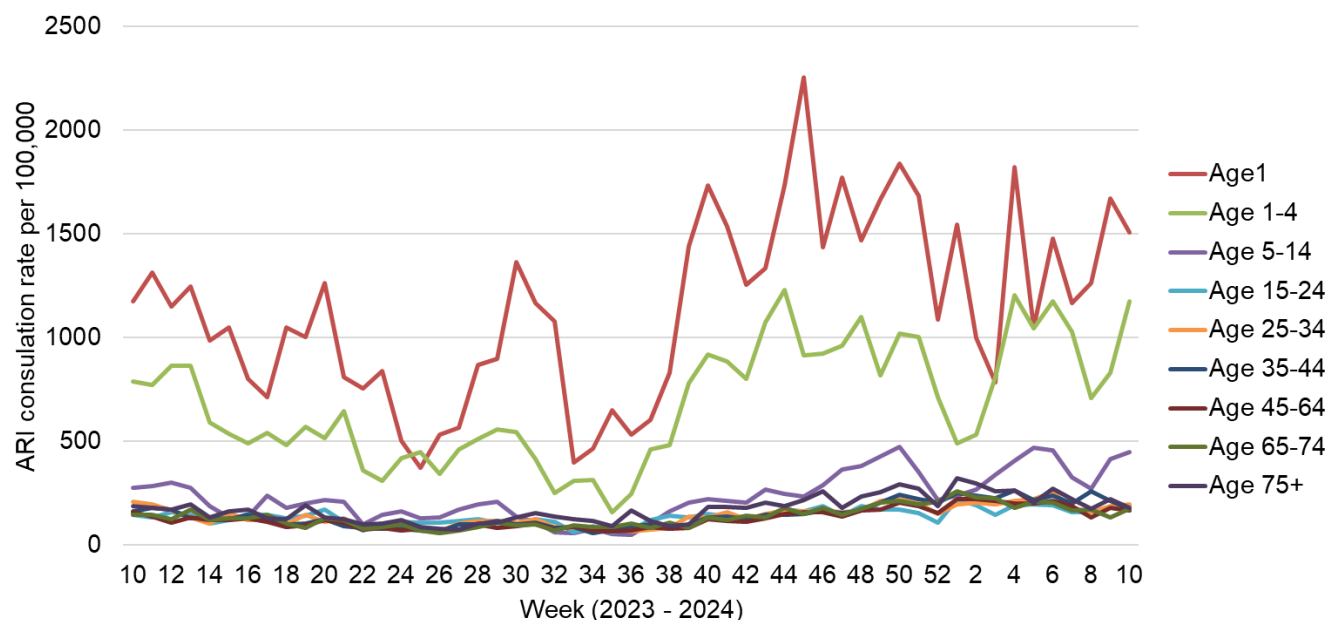
**Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 5 – Week 10 2024 (as of 10/03/2024).**

Age group	5	6	7	8	9	10
< 1	34.5	66.2	0.0	0.0	0.0	0.0
1 - 4	21.2	0.0	14.1	0.0	0.0	6.7
5 - 14	9.2	15.5	4.6	9.7	2.2	2.2
15 - 24	13.3	15.0	6.7	9.3	6.4	6.4
25 - 34	22.0	17.2	14.0	12.6	7.6	15.1
35 - 44	21.0	25.6	19.1	22.1	9.0	9.0
45 - 64	19.9	12.7	7.6	3.0	11.7	4.5
65 - 74	13.4	15.1	2.2	2.4	0.0	4.3
75+	2.2	2.2	11.2	2.4	6.4	2.1
<b>Total</b>	<b>15.9</b>	<b>14.6</b>	<b>9.4</b>	<b>7.8</b>	<b>6.9</b>	<b>6.1</b>

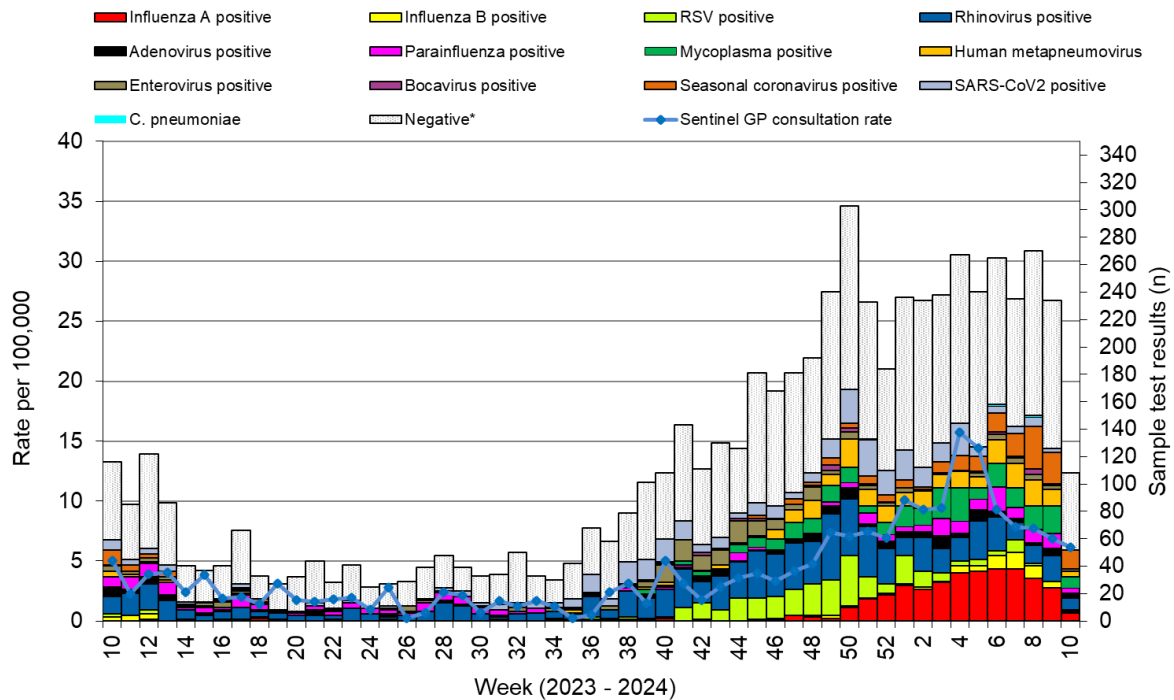
**Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 5 – Week 10 2024 (as of 10/03/2024).**

Age group	5	6	7	8	9	10
< 1	1059.6	1503.0	1182.2	1281.6	1670.5	1506.7
1 - 4	1055.2	1188.0	1040.3	715.9	831.8	1173.9
5 - 14	474.6	462.9	329.2	276.4	416.6	449.5
15 - 24	196.9	195.1	161.9	163.1	182.1	190.6
25 - 34	223.9	258.2	180.1	161.5	189.2	194.9
35 - 44	219.7	240.4	204.0	261.0	211.6	177.2
45 - 64	204.8	214.9	191.2	133.8	180.4	167.8
65 - 74	213.3	206.0	170.1	172.2	134.5	177.2
75+	208.3	274.4	222.9	178.9	221.5	181.0
<b>Total</b>	<b>274.7</b>	<b>297.0</b>	<b>241.1</b>	<b>210.3</b>	<b>244.3</b>	<b>252.8</b>

**Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 10 2023 – Week 10 2024.**

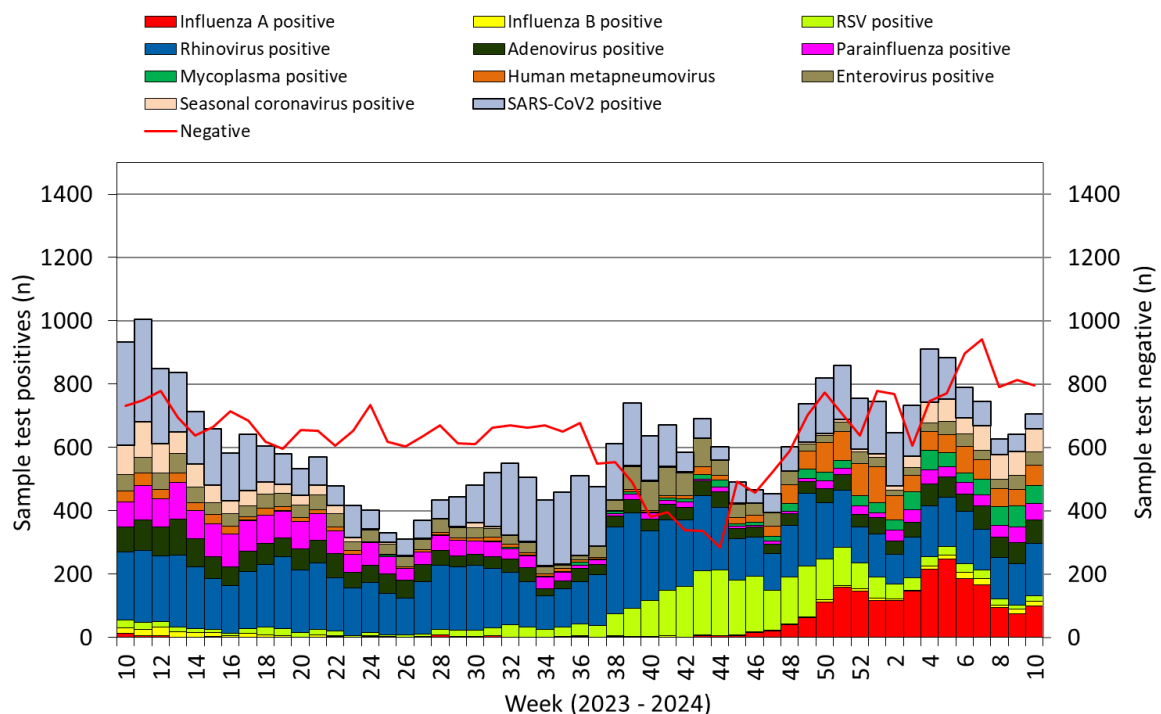


**Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 10/03/2024, by week of sample collection, Week 10 2023 to Week 10 2024.**



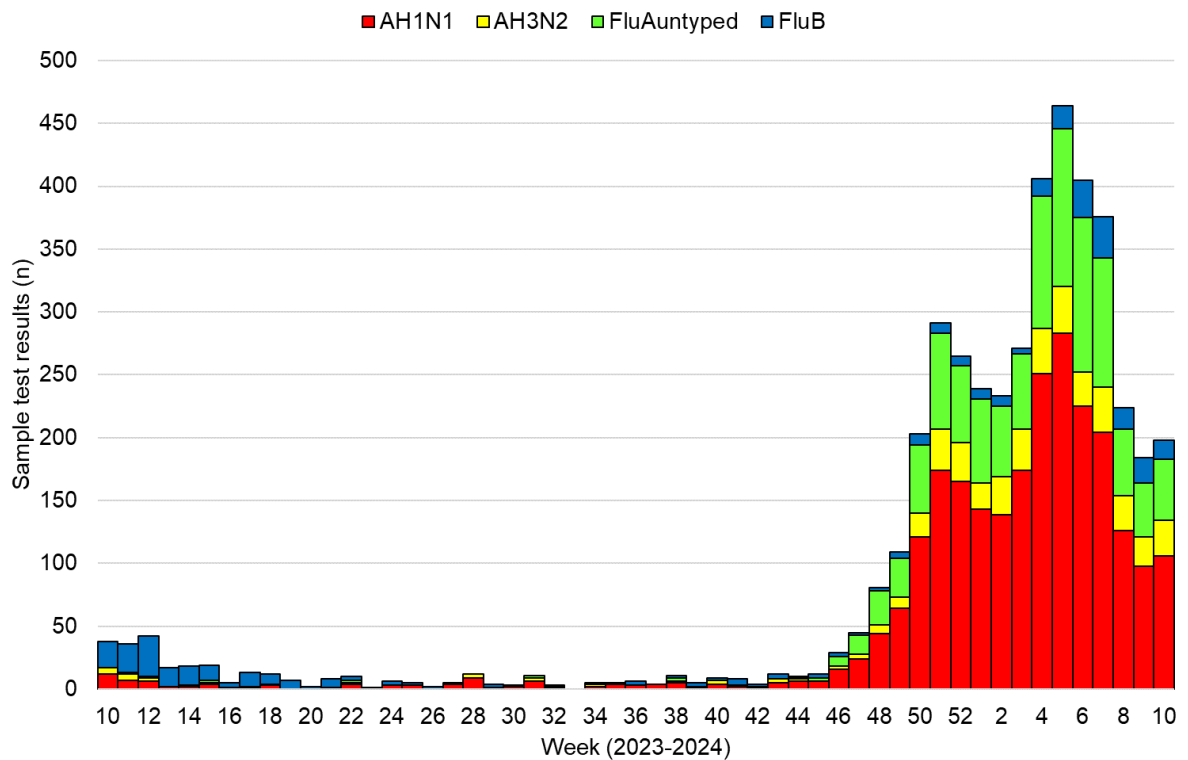
\* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than one pathogen will appear more than once in the chart. **Results for the latest week will underestimate activity 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 10/03/2024 by week of sample collection, Week 10 2023 to Week 10 2024.**

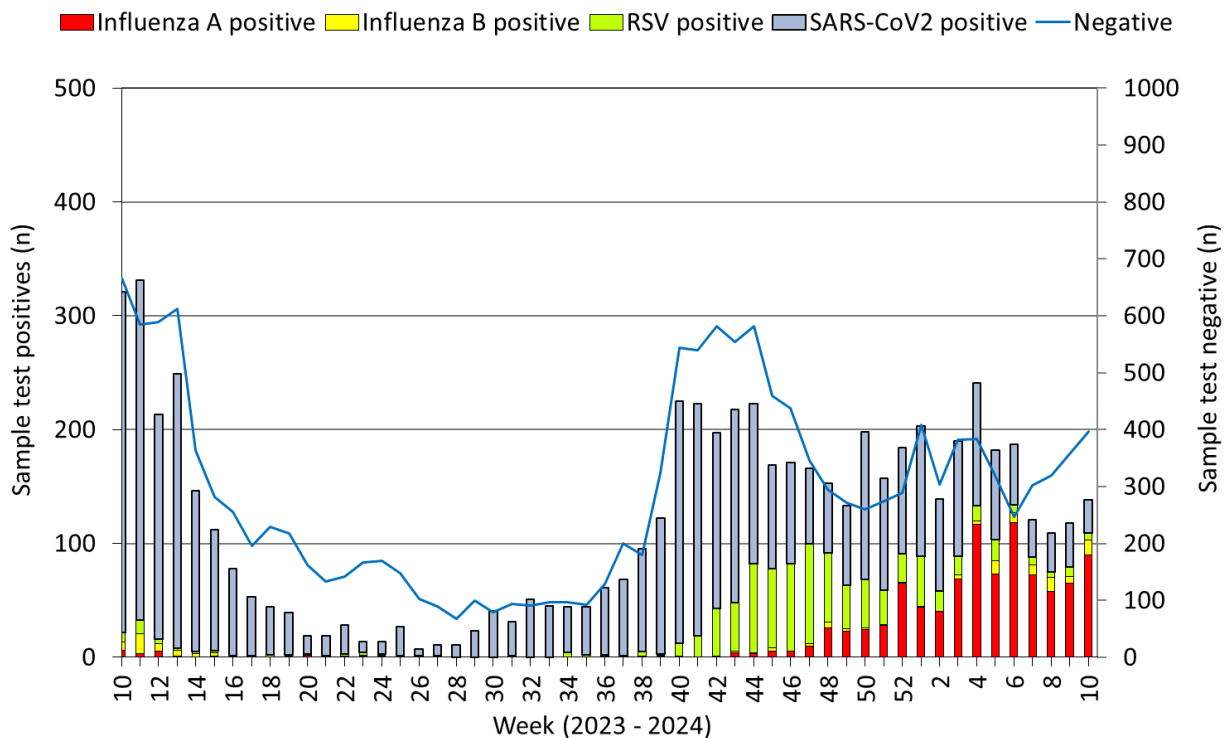


This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart 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.

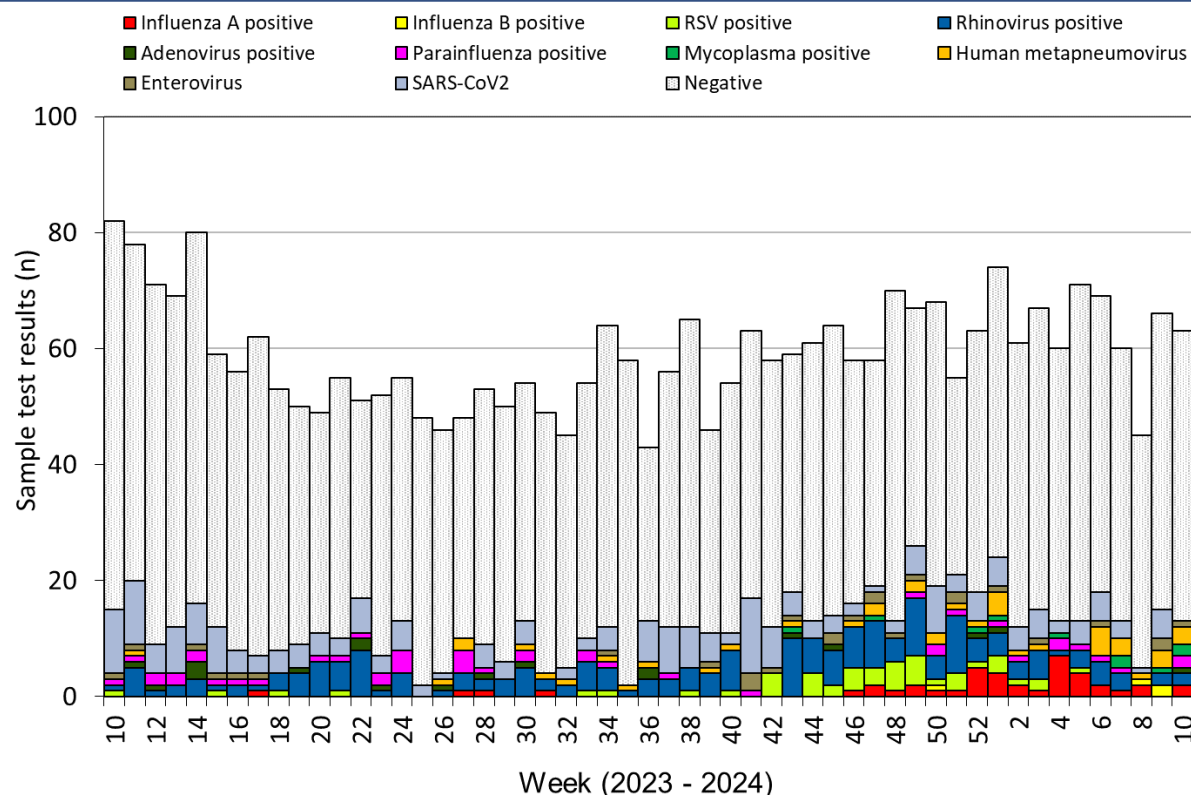
**Figure 6. Flu subtypes based on specimens submitted for virological testing by sentinel GPs and community pharmacies, hospital patients, and non-sentinel GPs, as of 10/03/2024 by week of sample collection, Week 10 2023 to Week 10 2024.**



**Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 10/03/2024 by week of sample collection, Week 10 2023 to Week 10 2024.**

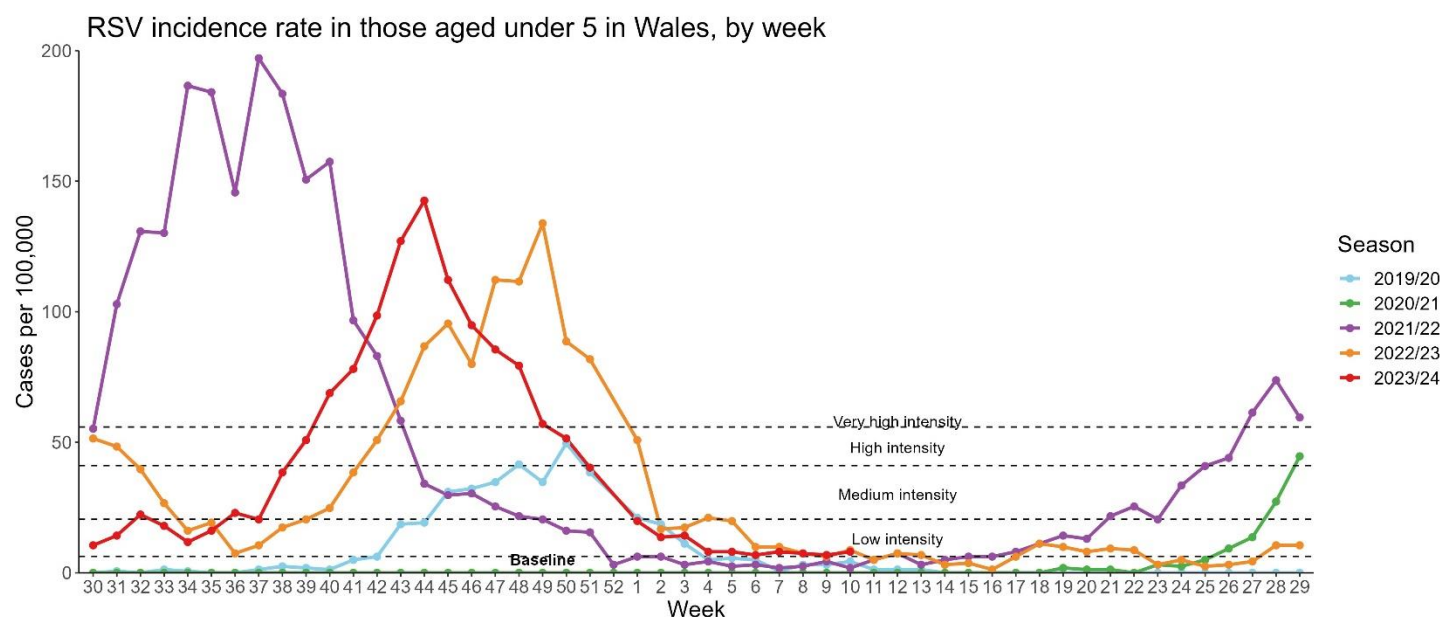


**Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 10 2023 to Week 10 2024.**



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 10 2024.**



\*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 10/03/2024.

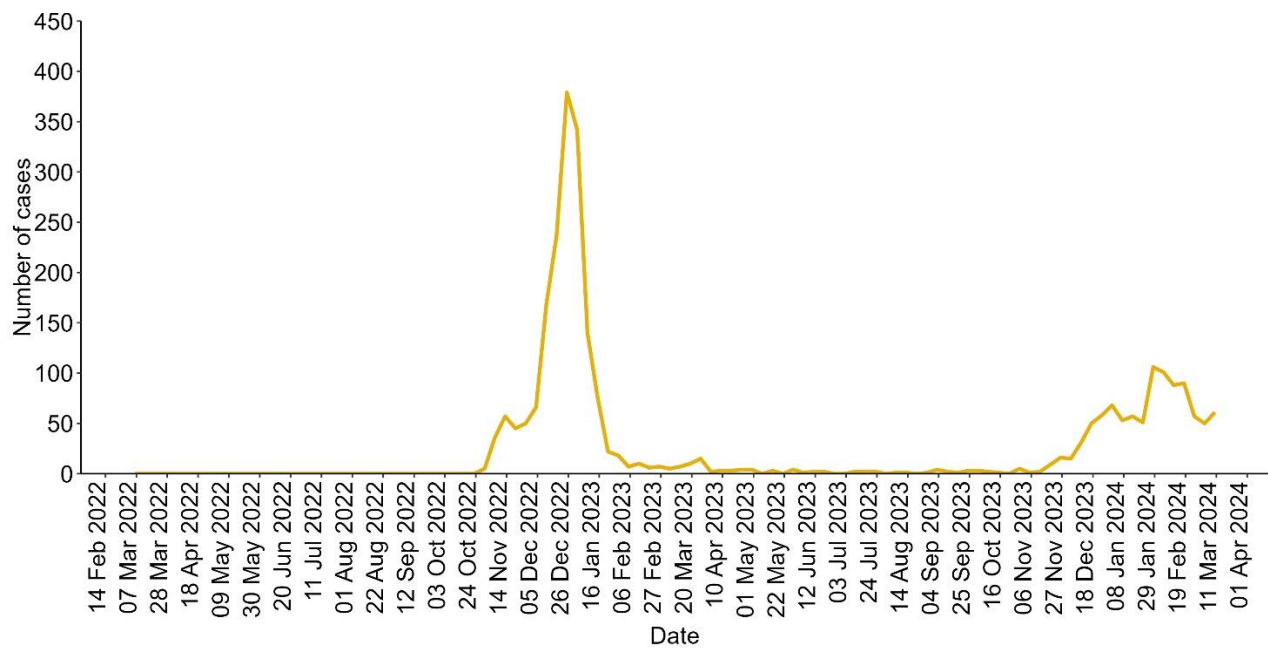
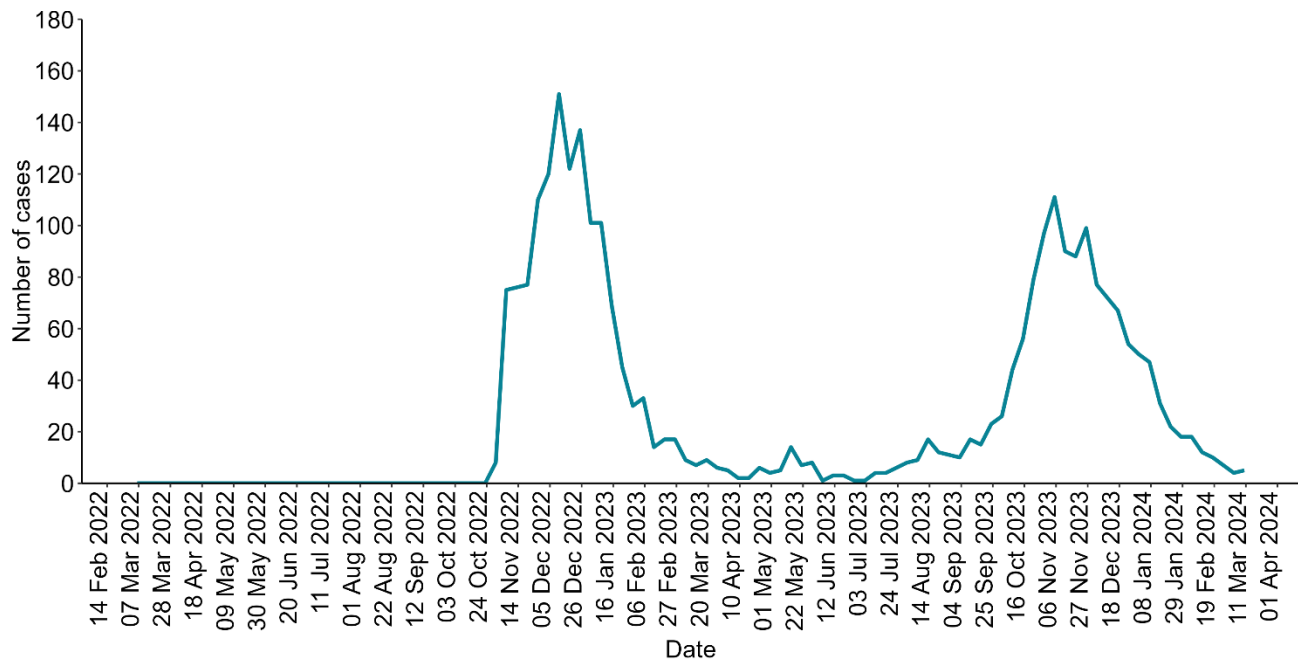
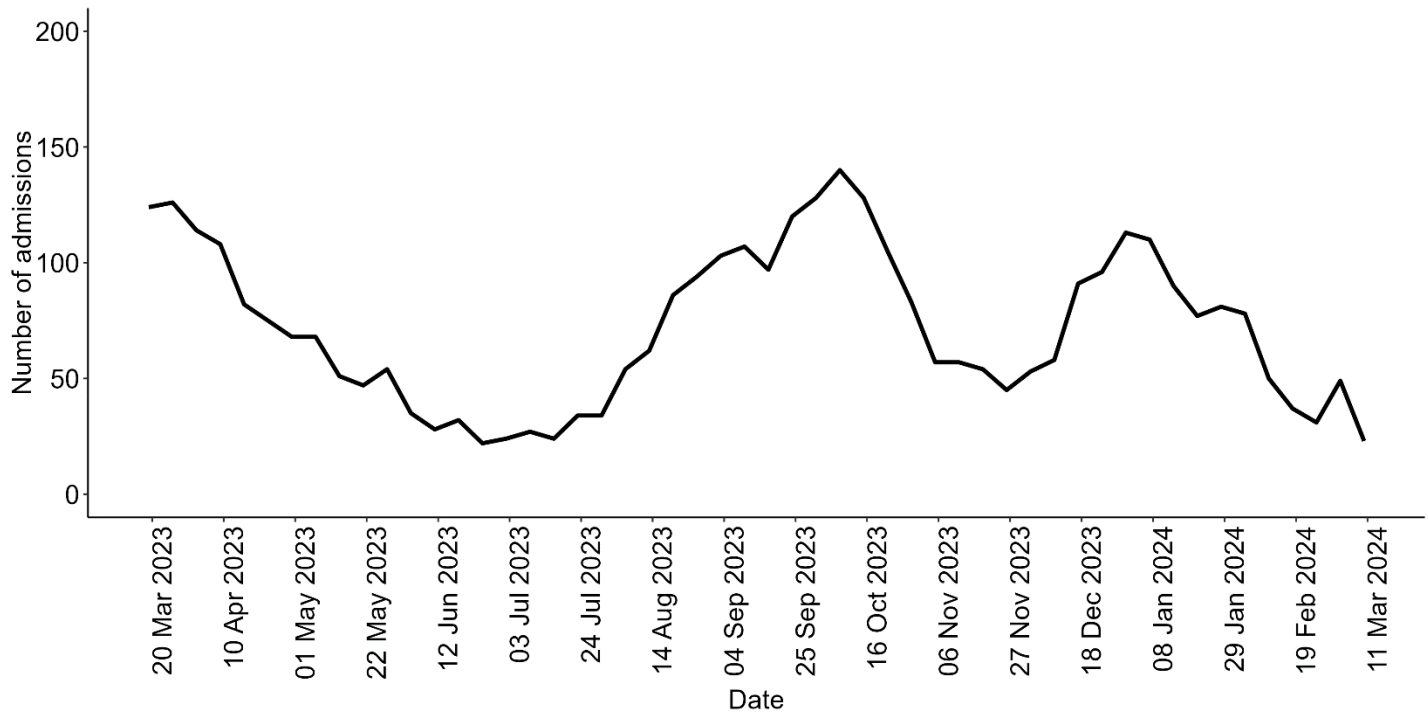


Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 10/03/2024.

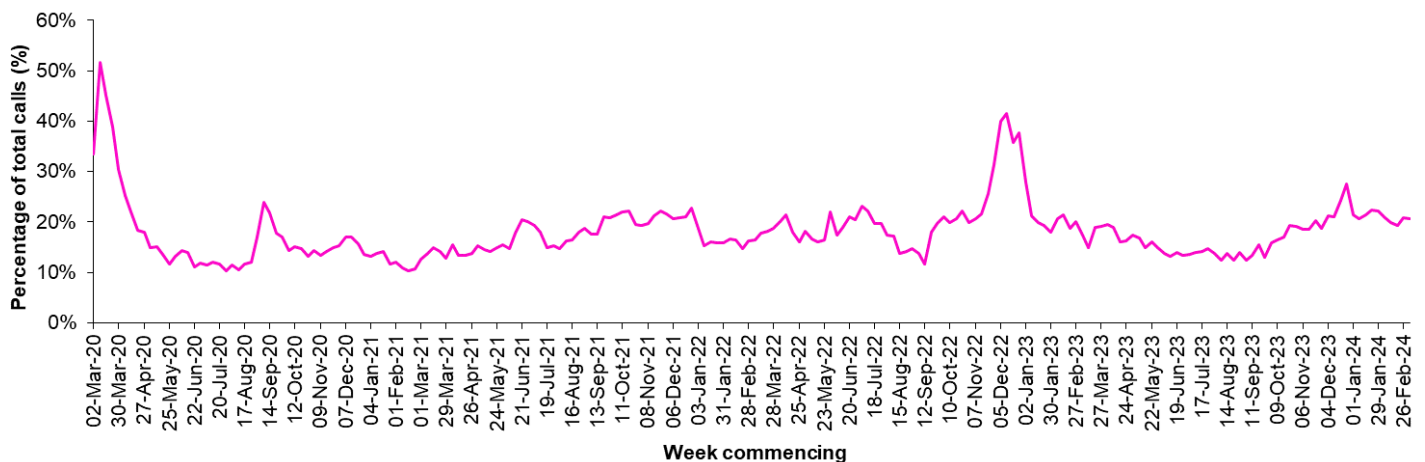


**Figure 12. Seven day rolling sum of cases hospitalised in Wales within 28 days of an Covid-19 positive test result in the community (or up to 2 days post-admission), as of 10/03/2024.**



## Calls to NHS Direct Wales

**Figure 13. Influenza related calls to NHS Direct Wales<sup>1</sup> (as a percentage of total calls) from Week 10 2020 - Week 10 2024.**



<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 (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 05/03/2024).**

Influenza immunisation uptake in the 2023/24 season	
People aged 65y and older	72.3%
People younger than 65y in a clinical risk group	38.9%
Children aged two & three years	42.8%
Children aged between four & ten years	61.8%
Children aged between 11 & 15 years	49.8%
Total NHS staff	36.3%
NHS staff with direct patient contact	36.1%

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 8 (latest date available), GP ILI consultations decreased to 6.7 per 100,000 in England. In week 9, GP ILI consultations decreased to 13.3 per 100,000 in Scotland.
- During Week 9, 5,231 samples testing positive for influenza were reported in England of which 287 were positive for influenza. Overall influenza positivity decreased to 5.5% in England in week 9 and remained stable at 8.2% in Scotland.
- 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 during week 9, that influenza positivity remains elevated above the 10% positivity epidemic threshold, but decreased to 14% from 21% in the previous week. Of 35 countries and areas reporting on influenza intensity, four reported high intensity, 16 reported medium intensity, 10 reported low intensity and the remainder reported baseline intensity. Of the 36 countries and areas reporting on geographic spread of influenza viruses within a country or area, 25 reported widespread, five reported regional, five reported sporadic and one reported no activity. As of week 9, there were 580 confirmed influenza virus infection detections reported from sentinel primary care 83% were type A viruses (61% influenza A(H1N1)pdm09 and 39% influenza A(H3)).

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

- The WHO reported on 04/03/2024, based on data up to 18/02/2024 that globally, influenza detections remained elevated in most Northern hemisphere countries, although global influenza virus detections decreased. Influenza A remain predominant globally.
- In the countries of North America, influenza activity remained within or below expected levels for this time of the year in Canada and remained elevated, but may have peaked, in the USA. Influenza A(H1N1) viruses predominated.
- In Europe and Central Asia, influenza activity remained elevated, with influenza A(H1N1)pdm09 detections predominant.
- In Northern Africa, influenza detections of influenza decreased with all seasonal subtypes detections reported.
- In East Asia, influenza activity continued to decrease overall.
- In Western Asia, influenza activity increased in Georgia and Israel and remained elevated in Armenia. Influenza A viruses predominated.
- In the Central American and Caribbean countries, influenza activity was at low levels overall. Influenza A viruses predominated.
- In Tropical South America, influenza Activity remained low with detections of influenza A viruses reported in some countries.
- In the temperate zones of the southern hemisphere, indicators of influenza activity were low or below seasonal threshold in most reporting countries.
- In tropical Africa, influenza detections remained low in most reporting countries with a few exceptions and influenza A(H3N2) viruses predominated.
- In Southern Asia, influenza activity remained stable at a low level with all seasonal subtyped detected.
- In South-East Asia, influenza positivity, remained elevated with all seasonal subtyped detected, driven by detections on Malaysia and Singapore.

**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 05/03/2024), during the period from 05/02/2024 – 18/02/2023 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 544,975 specimens during that period, of which 96,018 were positive for influenza viruses, 69,483 (72.4%) of those positive for influenza were typed as influenza A (of the subtyped influenza A viruses, 6,680 (45.1%) were influenza A(H1N1)pdm09 and 7,900 (54.2%) were influenza A(H3N2). Of the 96,018 samples testing positive for influenza viruses, 26,535 tested positive for Influenza B (27.6.0%). **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 remain elevated nationally with increases in some parts of the country during week 9 (ending 08/03/2024). Nationally, 11,294 specimens have tested positive for influenza during week 9 in clinical laboratories nationwide, of these positive samples, 6,428 (56.9%) were influenza A and 4,866 (43.1%) were influenza B. Further characterisation has been carried out on 2,541 specimens by public health laboratories, 615 samples tested positive for influenza; 164 influenza A(H1N1)pdm09, 122 influenza A(H3N2), 151 influenza A(not subtyped) and 178 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 9, influenza activity remained similar compared to the previous week. During week 9, 3,394 influenza detections were reported: 2,144 influenza A, and 1,250 influenza B. The percentage of ILI visits was 1.0%. **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 slightly in the week beginning 02/03/2024.  
**Source:** CDC RSV national trends: <https://www.cdc.gov/surveillance/nrevss/rsv/natl-trend.html>

## COVID-19 – UK and international summary

- As of 06/03/2024, there were 2.9 new positive PCR episodes per 100,000 population in Wales, for the most recent 7-day reporting period. There were 19 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

- Since the beginning of 2023 and as of 01 February 2024, a total of 2200 human cases have been reported, including 858 deaths. Overall, human infections of MERS-CoV have been reported from 27 countries, in all six WHO regions. Of the 2609 MERS-CoV cases and 939 deaths reported globally, 84% and 91%, respectively, have been reported from KSA, including these newly reported cases and deaths. (Figure 2). Since 2019, no MERS-CoV cases have been reported from countries outside the Middle East. WHO Global Alert and Response website: <https://www.who.int/emergencies/disease-outbreak-news>
- Since the 05 February and as of 12 February 2024, four new MERS-CoV cases, including two fatalities have been reported by 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-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](mailto:surveillance.requests@wales.nhs.uk)