

Current level of influenza activity: Low

Influenza activity trend: **Decreasing**

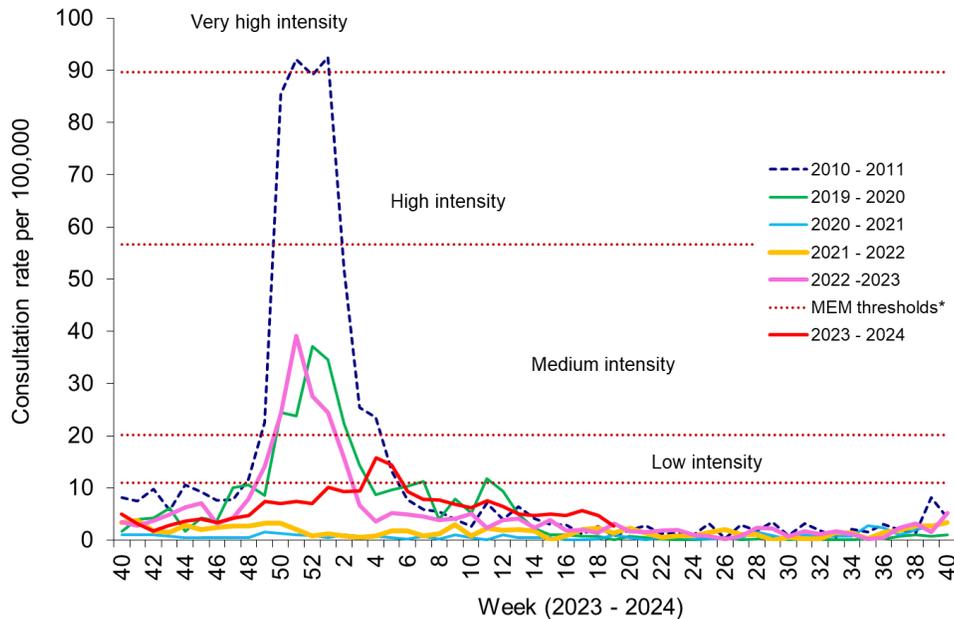
Confirmed influenza cases since 2023 Week 40: 4513 (494 influenza A(H3N2), 1016 influenza A(H1N1)pdm09, 2444 influenza A untyped and 559 influenza B)

During Week 19 (ending 12/05/2024) there were 39 cases of influenza confirmed with a further 14 cases from previous weeks. Influenza circulation is now returning to low levels. COVID-19 cases have increased since week 16. Additionally, detections of *Mycoplasma pneumoniae* remain elevated and recent weeks have seen increases in adenovirus and RSV.

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during Week 19, was 2.7 consultations per 100,000 practice population (Table 1). The rate decreased compared to the previous week (4.7 consultations per 100,000. Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 169.8 per 100,000 practice population during Week 19 (Table 2 and Figure 3). This is a decrease compared to the previous week (202.7 per 100,000). During week 19, Lower Respiratory Tract Infections decreased to 66.5 per 100,000 and Upper Respiratory Tract Infections decreased to 103.7 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 18 increased to 15.4% (Figure 13) (latest data available).
- During Week 19, 1,201 specimens received multiplex respiratory panel testing from patients attending hospitals. **20 tested positive for influenza (11 influenza A(not subtyped), one influenza A(H3), one influenza A(H1N1) and seven influenza B)**. Overall influenza test-positivity remained stable at 1.7%. In those aged under 18 positivity increased to 1.6% from 1.3%, and in those aged over 18 it decreased to 1.7% from 1.9%. In addition, there were: 213 rhinovirus, 125 SARS-CoV-2, 85 adenovirus, 67 parainfluenza, 56 mycoplasma, 47 human metapneumovirus, 26 seasonal coronaviruses, 20 enterovirus, and 10 RSV positive samples (Figure 5). Additionally, 443 samples from patients were tested for influenza, RSV and SARS-CoV-2 only. Of these 443 samples there were **nine influenza A, eight influenza B, 77 SARS-CoV-2, and four RSV**. (Figure 7). Furthermore, during week 19, 61 respiratory specimens were tested from patients in intensive care units (ICU) of which none were positive for influenza (Figure 8).
- There were 26 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 19. Of the 26 samples, **one tested positive for influenza A (one influenza A(H1N1))**, seven rhinovirus, five mycoplasma, five SARS-CoV-2, four parainfluenza, **one influenza B** and one enterovirus as at 15/05/2024 (Figure 4).
- From all samples where influenza subtyping information was immediately available during week 19, 11 were influenza A(not subtyped), eight influenza B, two influenza A(H1N1) and one was influenza A(H3) (Figure 6). *Additional typing is carried out on all confirmed influenza A samples where typing results are not available from first-line testing, the additional information from these tests will be added to case totals after the end of the season.*
- Confirmed RSV case incidence in children aged under 5 increased to 6.2 per 100,000 but remains below the baseline MEM threshold of 6.3 per 100,000 (the baseline MEM threshold is used to identify the start of RSV seasons in Wales compared to levels before 2021, 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 seven and six respectively during Week 18 (Figures 10 & 11) (latest data available) and 53 for SARS-CoV-2 during week 18 (Figure 12) (latest data available).
- During week 19, three **ARI outbreaks** were reported to the Public Health Wales Health Protection Team, two SARS-CoV-2 and one whooping cough. Two outbreaks were in residential care homes and one in a school/nursery/daycare setting.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 18.
- As at 23/04/2024, uptake of influenza vaccination was 72.5% in adults aged 65 years and older, 39.1% in those aged 6 months to 64 years at clinical risk, 42.8% in two and three-year-old children, 61.9% in children aged four to 10 years and 49.7% in children aged 11 to 15 years (Table 3) (latest data available).

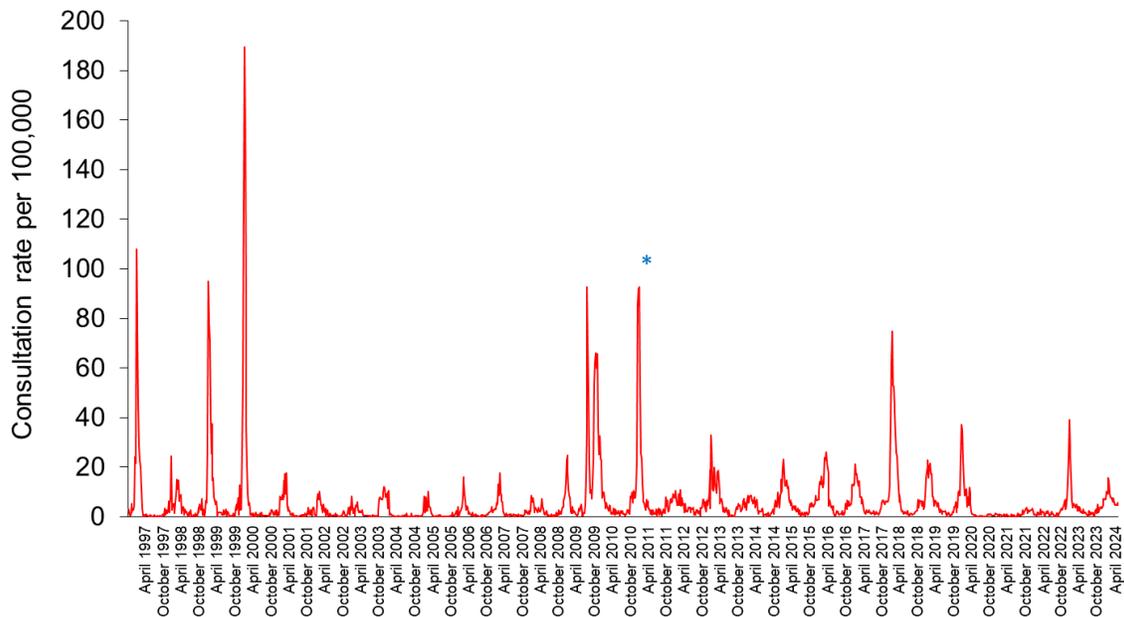
Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 12/05/2024).



* 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 19 2024).



* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 14 – Week 19 2024 (as of 12/05/2024).

Age group	14	15	16	17	18	19
< 1	0.0	0.0	32.3	0.0	0.0	0.0
1 - 4	6.7	0.0	0.0	7.1	0.0	0.0
5 - 14	0.0	2.3	2.2	4.6	4.4	0.0
15 - 24	4.2	6.7	6.4	2.2	2.1	4.4
25 - 34	5.7	7.9	9.5	2.0	5.7	3.9
35 - 44	9.0	1.9	1.8	9.6	9.0	7.5
45 - 64	7.2	4.7	4.5	9.5	6.3	0.0
65 - 74	2.1	4.4	4.3	4.4	4.3	0.0
75+	0.0	8.7	4.2	2.2	0.0	6.8
Total	4.7	4.9	4.7	5.7	4.7	2.7

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 14 – Week 19 2024 (as of 12/05/2024).

Age group	14	15	16	17	18	19
< 1	1101.8	961.2	647.9	1174.4	1060.4	832.0
1 - 4	583.3	639.0	609.6	697.4	623.3	682.4
5 - 14	249.8	327.5	276.2	315.5	318.1	241.5
15 - 24	137.4	186.3	124.8	171.1	165.2	122.7
25 - 34	147.1	172.7	139.8	152.0	174.0	123.1
35 - 44	184.2	136.9	167.8	192.9	160.4	144.0
45 - 64	154.2	179.0	129.9	145.0	146.1	118.9
65 - 74	164.2	185.6	142.9	146.6	155.7	135.5
75+	218.5	187.8	144.0	161.4	201.0	177.0
Total	195.9	212.7	174.9	201.9	202.7	169.8

Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 19 2023 – Week 19 2024.

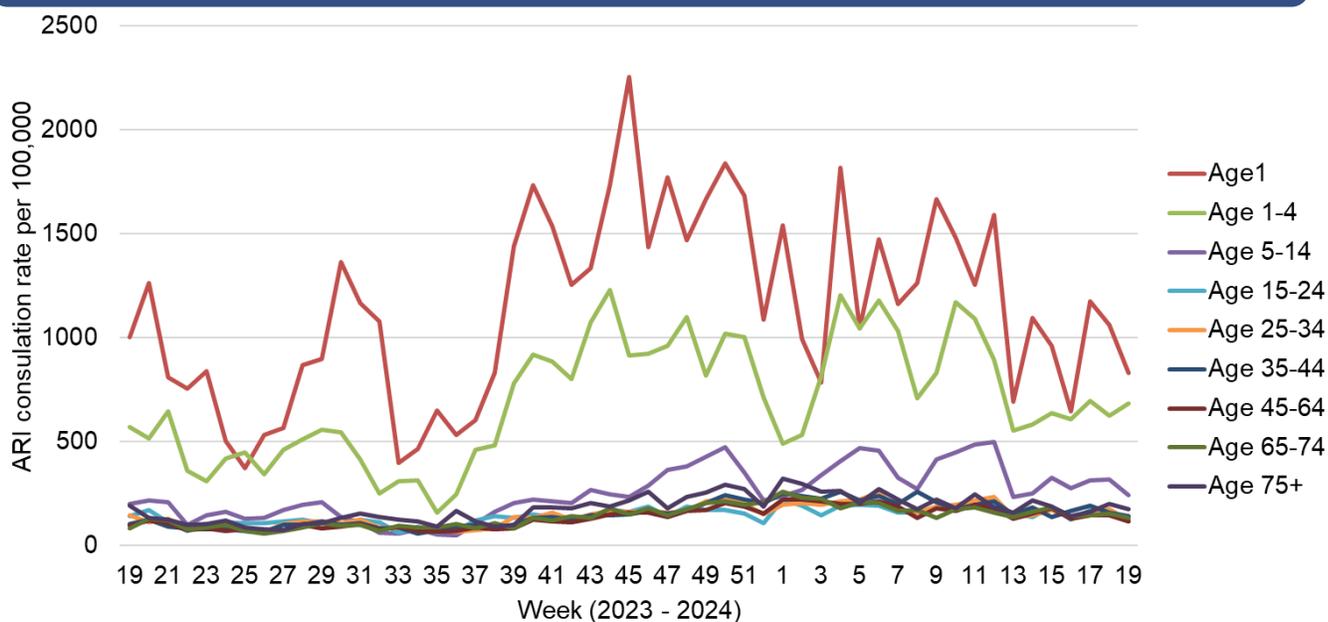
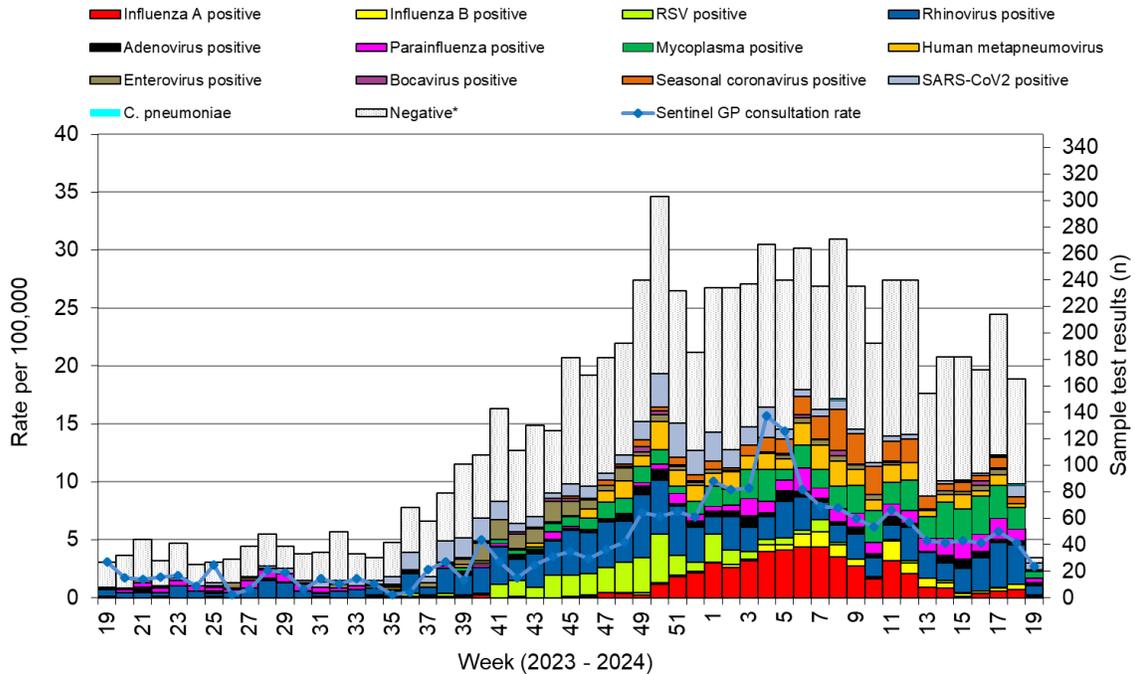
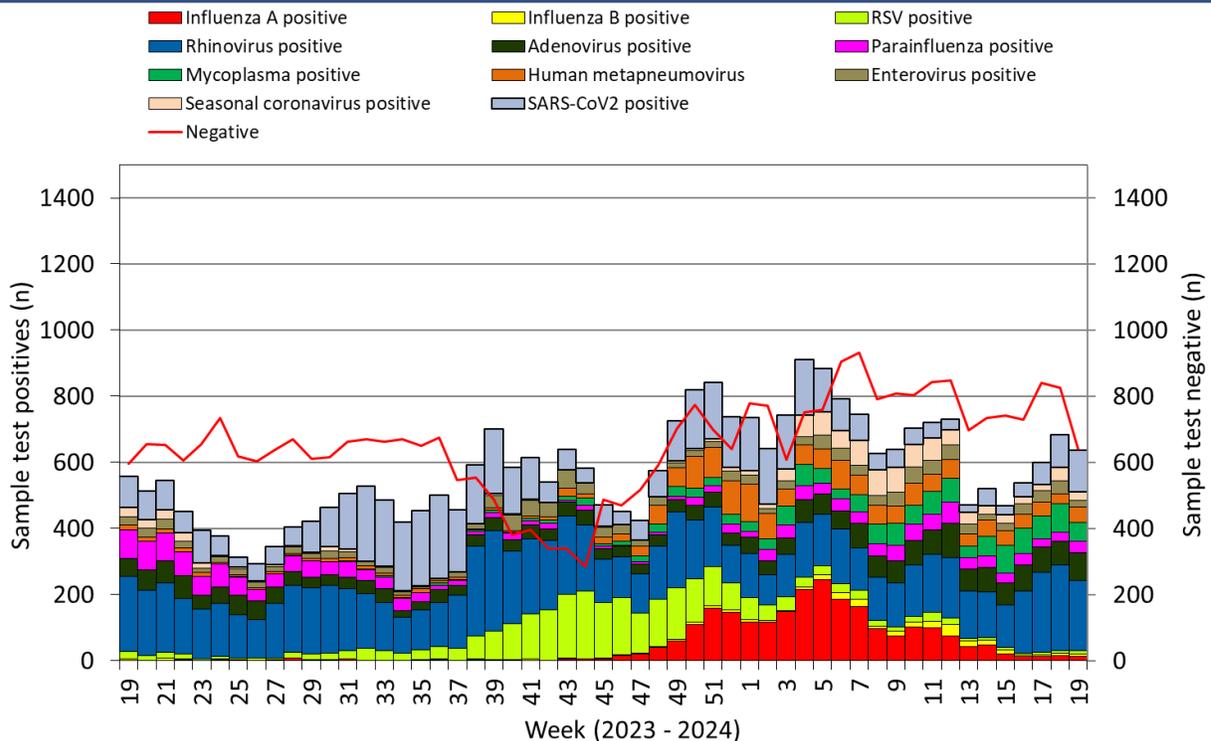


Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 12/05/2024, by week of sample collection, Week 19 2023 to Week 19 2024.



* 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 12/05/2024 by week of sample collection, Week 19 2023 to Week 19 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 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 12/05/2024 by week of sample collection, Week 19 2023 to Week 19 2024.

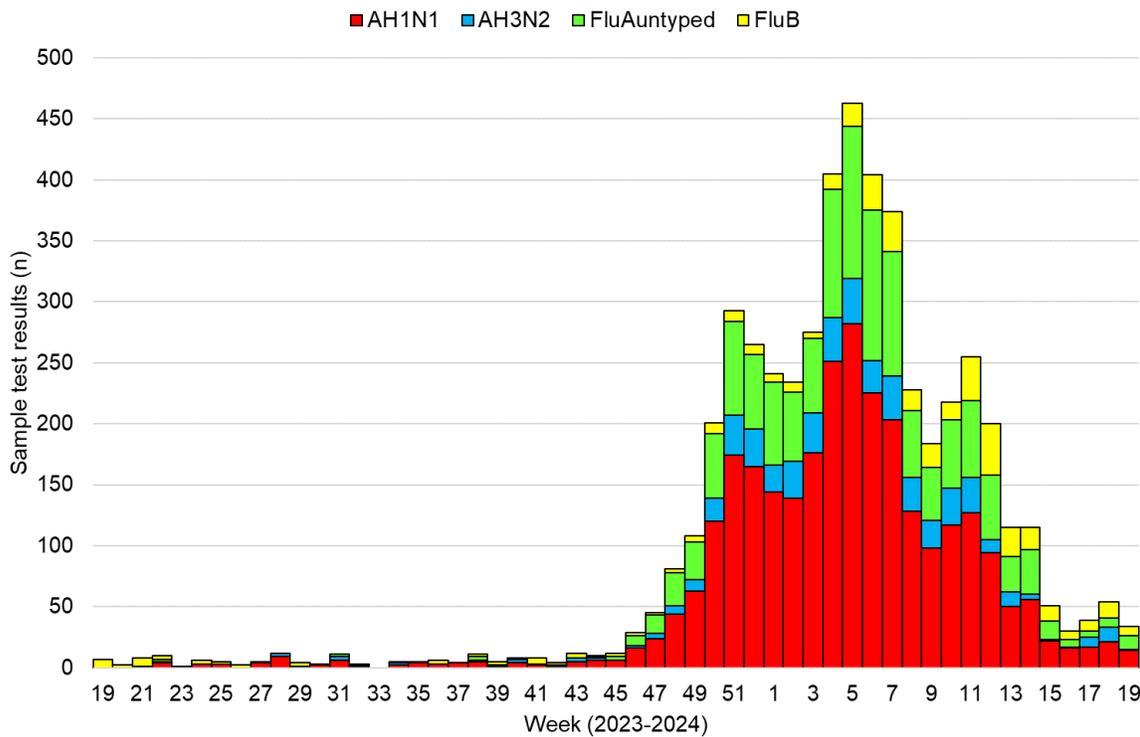


Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 12/05/2024 by week of sample collection, Week 19 2023 to Week 19 2024.

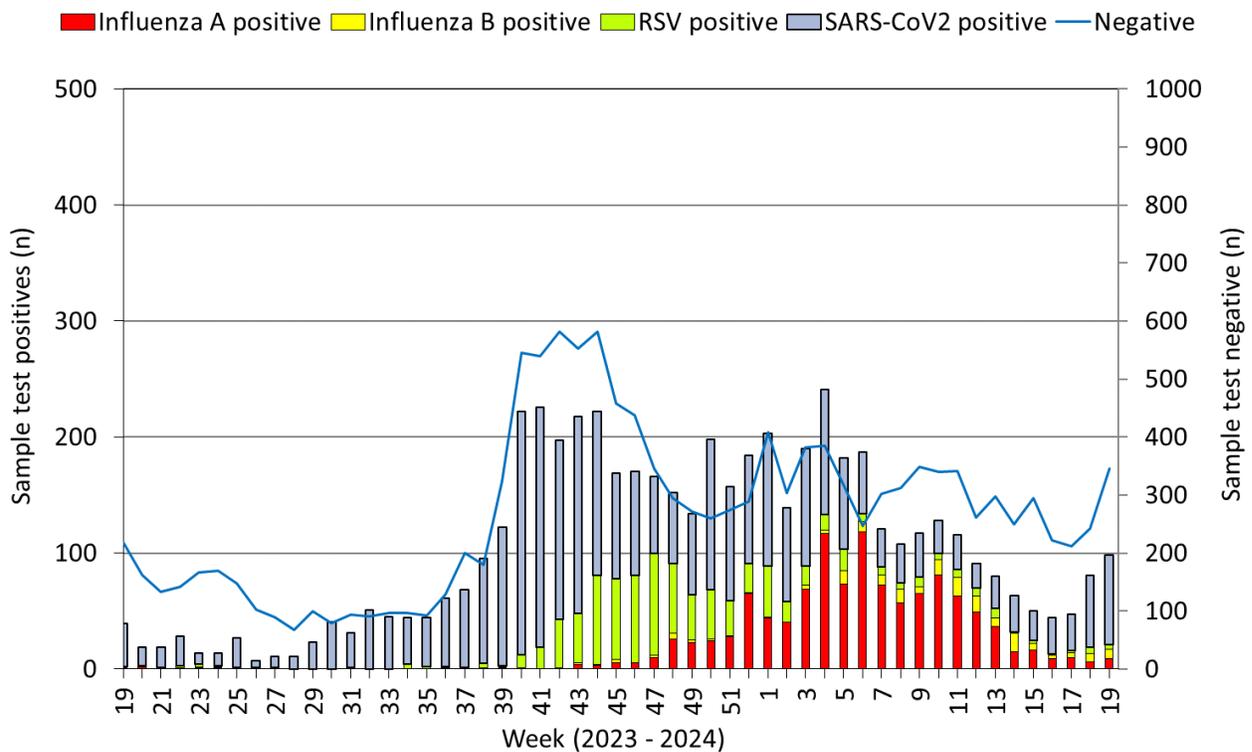
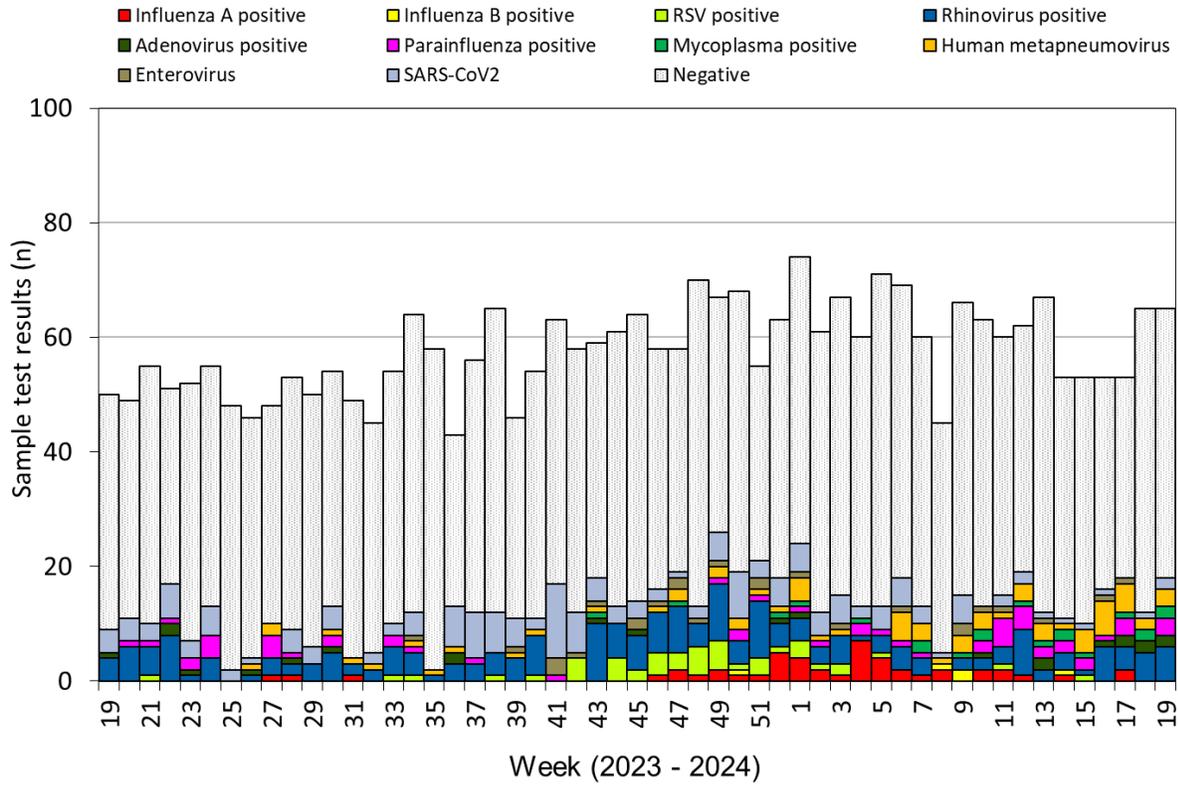
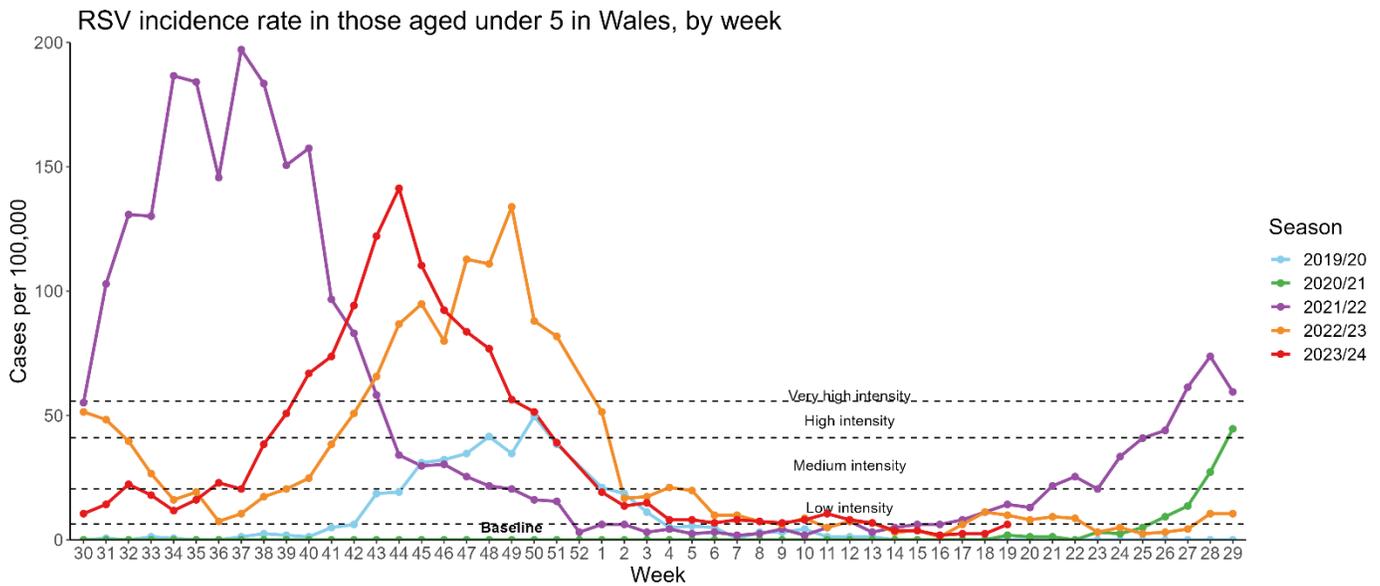


Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 19 2023 to Week 19 2024.



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 19 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 05/05/2024 (latest data available).

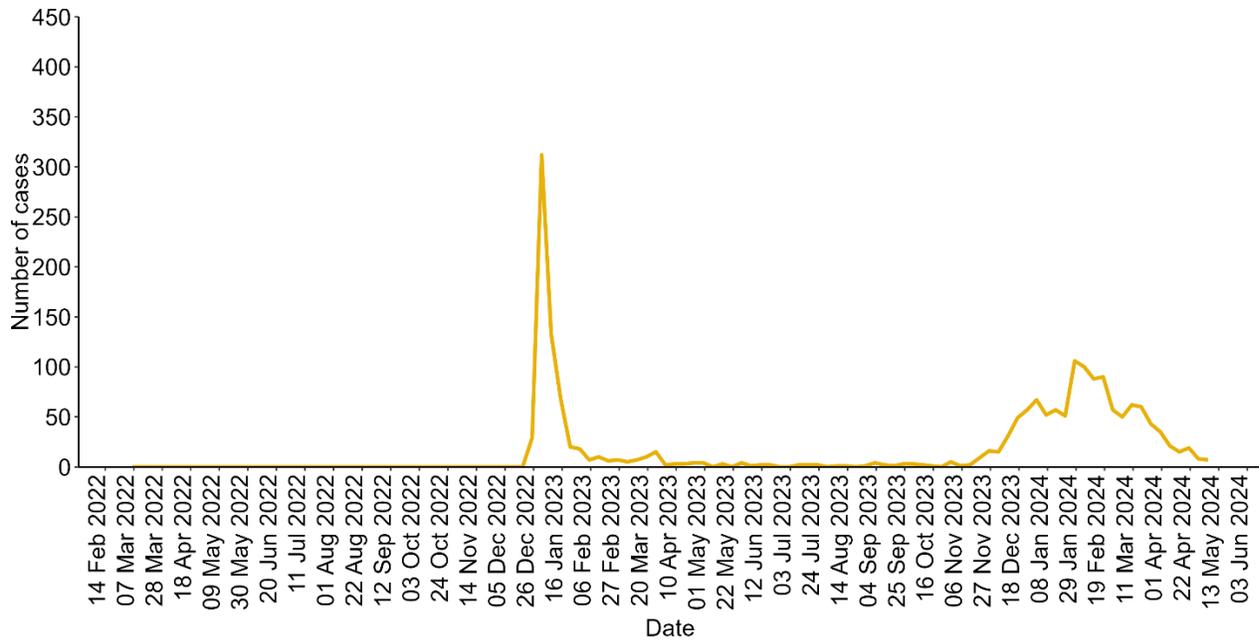


Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 05/05/2024 (latest data available).

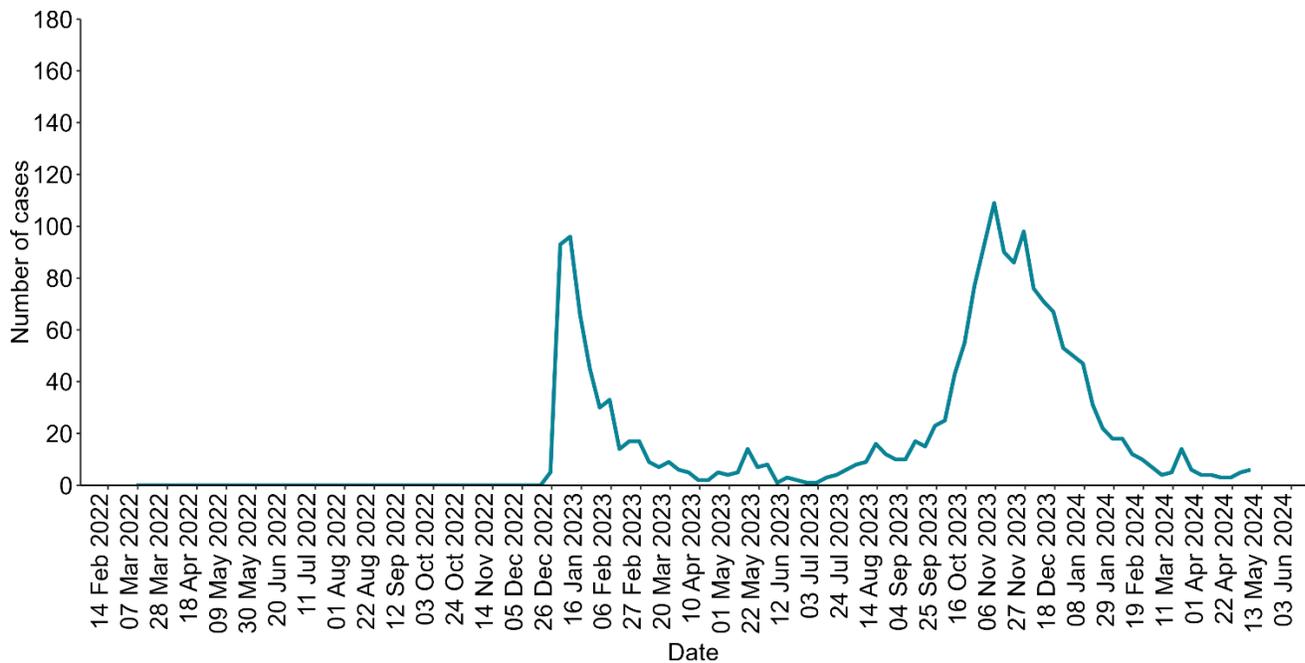
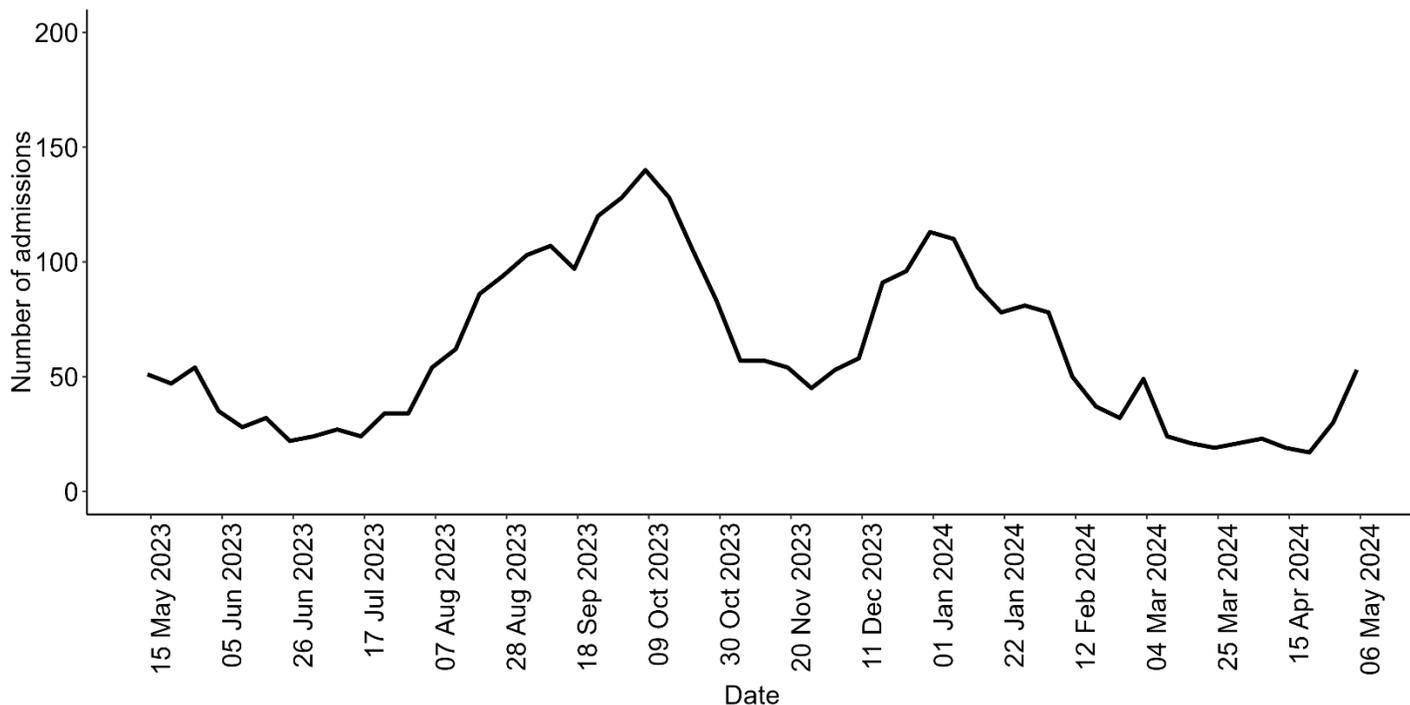
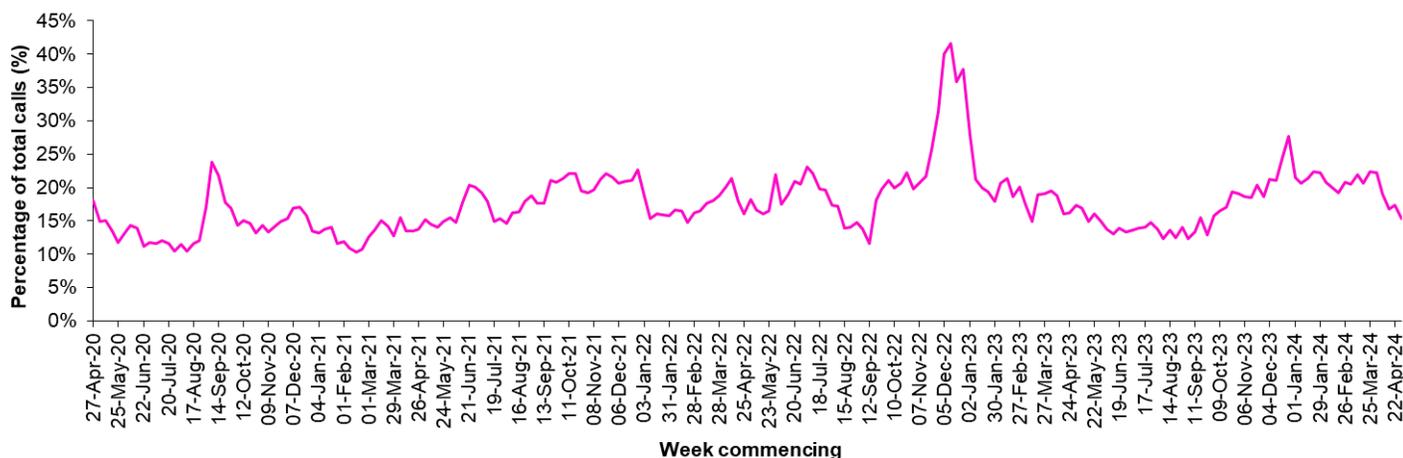


Figure 12. Seven day rolling sum of cases hospitalised in Wales within 28 days of an Covid-19 positive test result in the community (or up to 2 days post-admission), as of 05/05/2024 (latest data available).



Calls to NHS Direct Wales

Figure 13. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from Week 17 2020 - Week 17 2024 (latest data available).



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 23/04/2024) (latest data available).

Influenza immunisation uptake in the 2023/24 season	
People aged 65y and older	72.5%
People younger than 65y in a clinical risk group	39.1%
Children aged two & three years	42.8%
Children aged between four & ten years	61.9%
Children aged between 11 & 15 years	49.7%
Total NHS staff	40.8%
NHS staff with direct patient contact	40.5%

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 18, GP ILI consultations remained stable at 2.8 per 100,000 in England and decreased to 2.2 per 100,000 in Scotland.
- During Week 18, 4,302 samples testing positive for influenza were reported in England of which 114 were positive for influenza (59 influenza A(not subtyped), 26 influenza A(H3N2), two influenza A(H1N1)pdm09, and 27 influenza B). Overall influenza positivity increased to 2.6% in England and to 10.8% in Scotland in week 18.
- UK summary data are available from the [UKHSA Influenza and COVID-19 Surveillance Report](#) and [COVID-19 & Respiratory Surveillance \(shinyapps.io\)](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported during week 17, that influenza positivity continues to decrease and has now been below the 10% positivity epidemic threshold for four consecutive weeks. Of the 30 countries and areas reporting on influenza intensity, five reported medium intensity, 14 reported low intensity and the remainder reported baseline intensity. Of the 30 countries and areas reporting on geographic spread of influenza viruses within a country or area, three reported widespread, seven reported regional, one reported local, 14 reported sporadic activity and 5 reported no activity. There were 109 confirmed influenza virus infection detections reported from sentinel primary care, 79% of which were influenza B viruses.
Source: European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>
- The WHO reported on 08/05/2024, based on data up to 28/04/2024 that influenza activity continues to decrease in the northern hemisphere and elevated activity was reported in the southern hemisphere.
- In the Northern hemisphere elevated activity is being reported in Central America and the Caribbean, due to influenza A viruses, and in Eastern Europe and Western Asia primarily due to influenza B viruses.
- In the Southern hemisphere elevated influenza activity with mainly influenza A viruses was reported in South America. Some countries in Southern Africa reported elevated and increasing activity from prior weeks with both influenza A and B subtypes detected. **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 10/05/2024), during the period from 01/04/2024 – 14/04/2024 National Influenza Centres and other national influenza laboratories from 129 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 288,518 specimens during that period, of which 20,402 were positive for influenza viruses, 11,616 (56.9%) were typed as influenza A (of the subtyped influenza A viruses, 4118 (58.0%) were influenza A(H1N1)pdm09 and 2978 (42.0%) were influenza A(H3N2). Of the 20,402 samples testing positive for influenza viruses, 8786 tested positive for Influenza B (43.1%). **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 continues to decline in most areas of the country (ending 04/05/2024). Nationally, 1,426 specimens have tested positive for influenza during week 18 in clinical laboratories nationwide, of these positive samples, 839 (58.8%) were influenza A and 587 (41.2%) were influenza B. Further characterisation has been carried out on 787 specimens by public health laboratories, 109 samples tested positive for influenza; 25 influenza A(H1N1)pdm09, 29 influenza A(H3N2), 29 influenza A(not subtyped) and 32 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 18, influenza activity is decreasing and are within or below the expected levels typical for this time of the year. During week 18, 1,334 influenza detections were reported: 278 influenza A, and 1,056 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 decreased in week 17.
Source: CDC RSV national trends: [National Respiratory and Enteric Virus Surveillance System | CDC](#)

COVID-19 – UK and international summary

- As of 08/05/2024, there were 4.8 new positive PCR episodes per 100,000 population in Wales, for the most recent 7-day reporting period. 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.
- Since the 10 April and as of 17 April 2024, three new MERS-CoV cases, have been reported by Saudi Arabia. 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/fluvaccine/>

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