GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 44 (ending 03 November 2024)

Weekly acute respiratory infection summary

Headline

- Respiratory Syncytial Virus (RSV) is circulating, activity is increasing and currently at very high intensity levels.
- COVID-19 case numbers have decreased in recent weeks in the community but remain elevated in hospitals.
- Influenza is not currently circulating, case numbers increased in the most recent week but remain at baseline levels.
- GP consultations for acute respiratory infections are currently increasing, especially in those aged 0 to 5 years.
- According to EuroMoMo method, 'no excess' was reported in all-cause mortality in the most recent week (Week 43).

Foreword

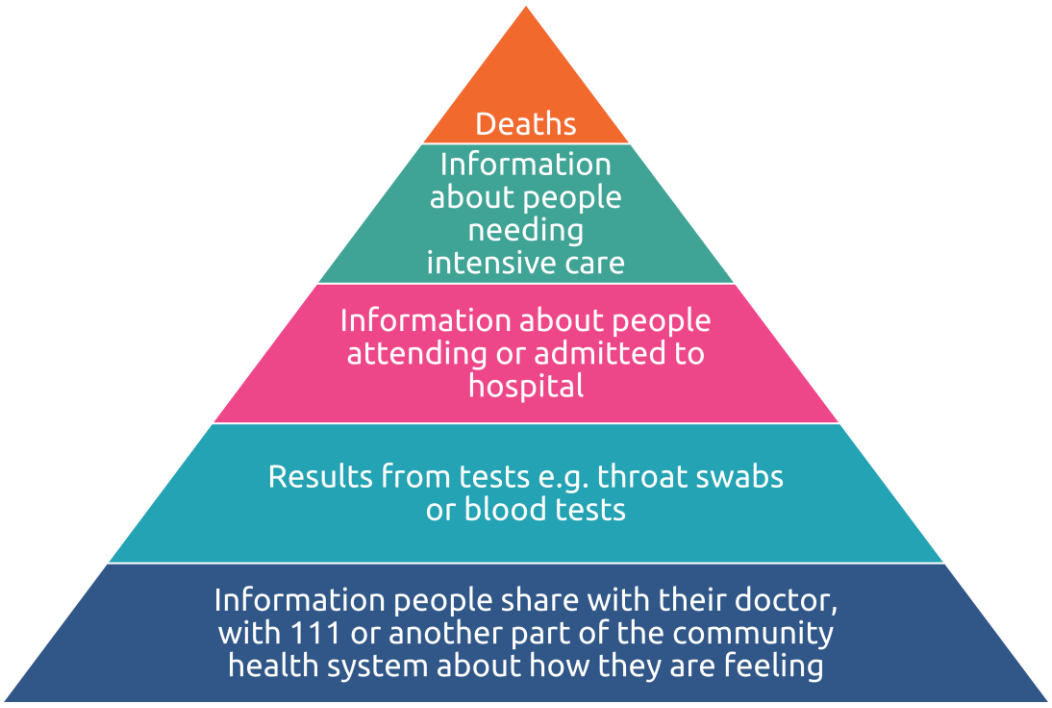
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

This report summarises the latest available information from several Public Health Wales surveillance schemes, reports on Acute Respiratory Infections (ARI) and information from other sources.

Additional information is available from the links below.

- Weekly ARI Hospital Admissions Dashboard
- EuroMOMO European mortality monitoring
- Public Health Wales Respiratory Infection Mortality updates
- COVID-19 variant summary

The structure of this report is based on the surveillance pyramid (from mild to severe infection outcomes), illustrated below. Icons alongside chapter headings indicate the types of information included in the chapter.



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High Level Summary Points

	Community infection indicators	Severe infection indicators
Overall Acute Respiratory Infection (ARI)	The 3-week trend in consultation rate per 100,000 for acute respiratory infection (ARI) is variable. Consultations with GPs for acute respiratory infection (ARI) decreased compared to last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV are low in the most recent weeks (3% of total admissions) and increased compared to the previous week.
Influenza	Influenza is not currently widely circulating. The overall proportion of samples testing positive remained low and decreased in the most recent week and was 1.7%. Consultations for influenza-like illness (ILI) with sentinel GPs decreased compared to the previous week, and remain below the baseline thresholds. Six cases of influenza were confirmed from symptomatic sentinel GP network patients last week.	The number of confirmed cases of community acquired influenza admitted to hospital increased to 17 in the most recent week. In the most recent week, there were 25 in-patient cases of confirmed influenza, 2 of whom were in critical care.
Influenza type breakdown	***Since 2024 Week 40**: 201 total influenza cases confirmed (28 influenza A(H3N2), 28 influenza A(H1N1)pdm09, 123 influenza A untyped and 22 influenza B).* ***In the most recent week**: 6 confirmed cases of influenza A(H3N2), 9 cases of influenza A(H1N1)pdm09, 28 influenza A untyped and 1 influenza B)*	
COVID-19	The overall proportion of samples testing positive decreased to 8.2% in hospital and non-sentinel GP practices. Consultations with sentinel GPs for ARI decreased in the most recent week. Confirmed cases of COVID-19 in sentinel GP patients decreased.	The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 61 in the most recent week. In the most recent week, there were 392 in-patient cases of confirmed COVID-19, 8 of whom were in critical care
RSV	RSV is circulating, with activity at very high intensity levels in children aged up to 5y. Incidence per 100,000 population in children aged up to 5y increased to 93.0 in the most recent week.	The number of confirmed cases of community acquired RSV admitted to hospital increased to 71 in the most recent week. In the most recent week, there were 44 in-patient cases of confirmed RSV, three of whom were in critical care.
Other respiratory pathogens	Confirmed cases and test positivity of *Mycoplasma pneumonia* are decreasing but remain elevated. Confirmed cases of other causes of ARI have increased in recent weeks, including enterovirus, adenovirus and human metapneumovirus.	

1. Community surveillance indicators

GP Consultations

- According to data from the Sentinel GP Network, the sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable (Figures 1.2, 1.3).
- There were 2.4 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (3.3 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 18.6 ARI consultations per 100,000 practice population, a decreased from 20.9 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (694.7) followed by people aged 1 to 4 (562.5) and people aged 75+ (128.4) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators increased from 1,971 in the previous week to 2,050 in the latest reporting week (Figure 1.5, Table 1.2).
- Calls for cardiac or respiratory arrest, chest pain, difficulty breathing were stable or decreased compared to the previous week. (figure 1.5, Table 1.2).

GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40 1996 - Week 44, 2024).

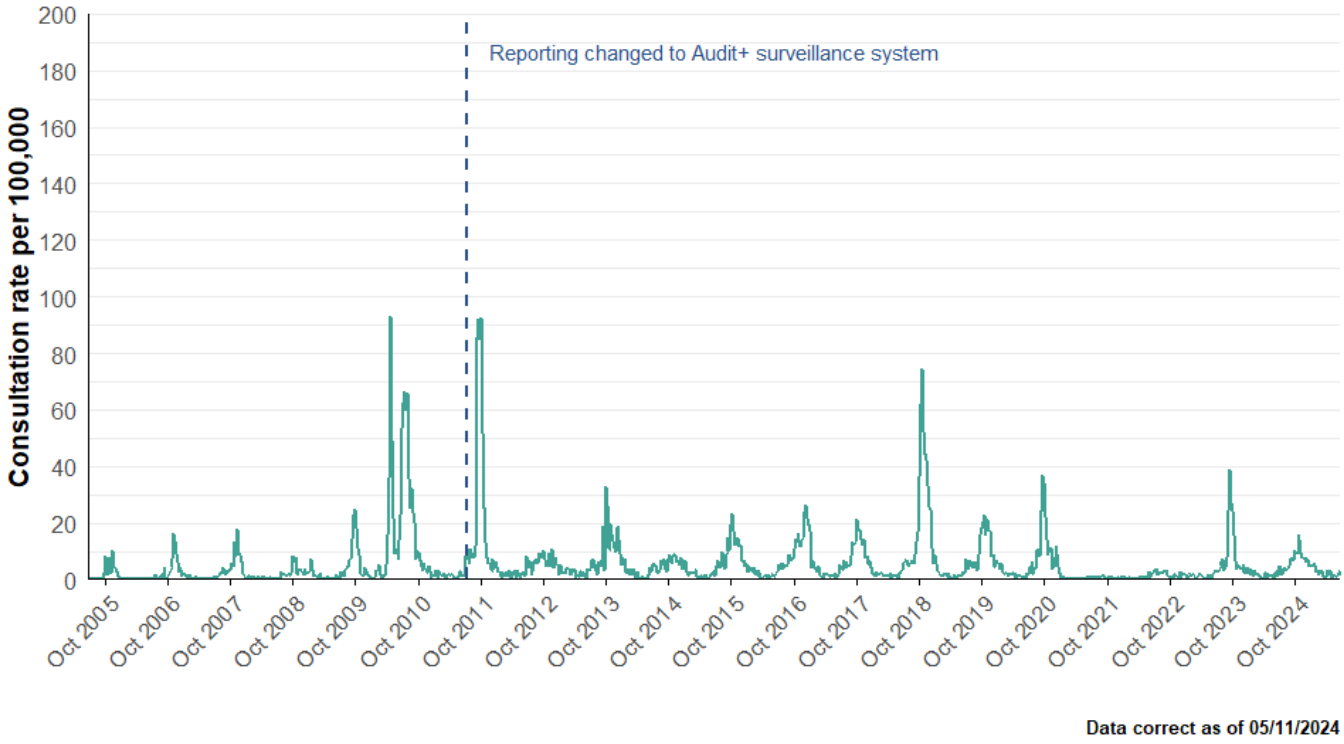
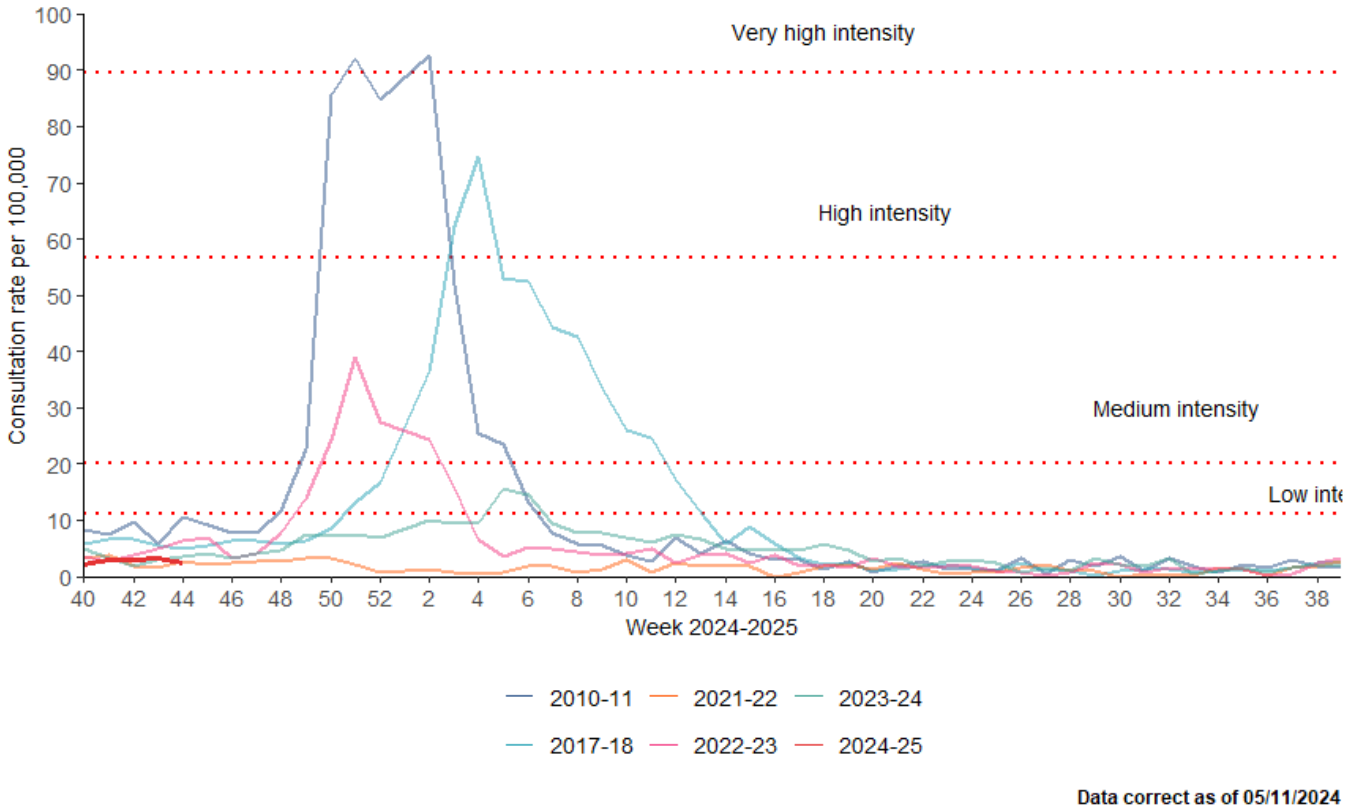


Figure 1.2. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population.



GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for week 44, 2024. This table uses all available GP surveillance data (from sentinel and non-sentinel practices).

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
ARI	18.57	20.93	23.89
COVID-19	14.50	40.16	21.98
LRTI	7.49	7.72	8.92
Pneumonia	0.02	0.03	0.04
Severe asthma	0.95	1.19	1.10
URTI	11.19	13.28	15.44
Total	52.72	83.31	71.37

NB: "Current reporting week" refers to the average daily rate in the current reporting week. "Preceding week" refers to the average daily rate in the preceding week. "Equivalent period last year" refers to the average daily rate in the equivalent period last year.

Figure 1.3. All Wales GP consultation rates for ILI per 100,000 practice population for Acute Respiratory Infection (ARI).

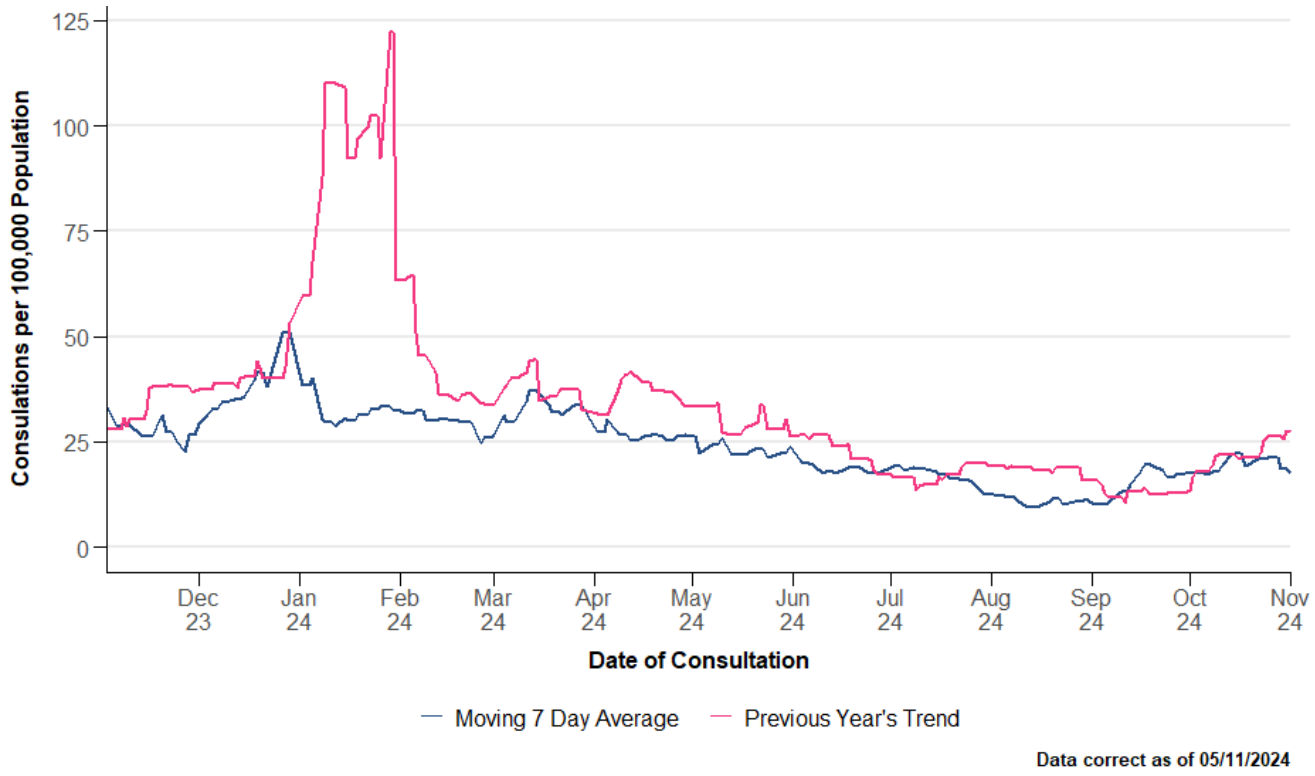
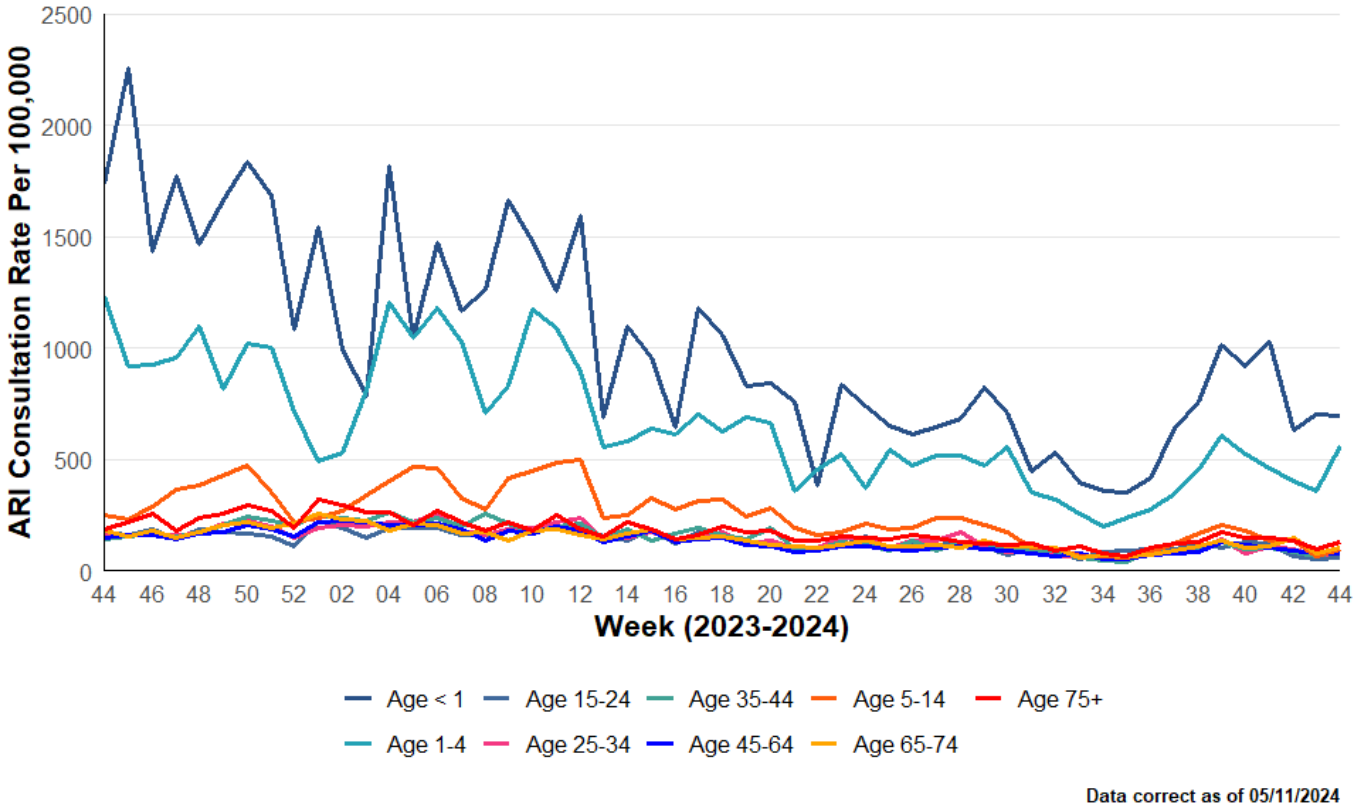


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Ambulance Calls

Figure 1.5. Rolling seven-day average for ambulance calls for both current and the previous year, by symptom. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

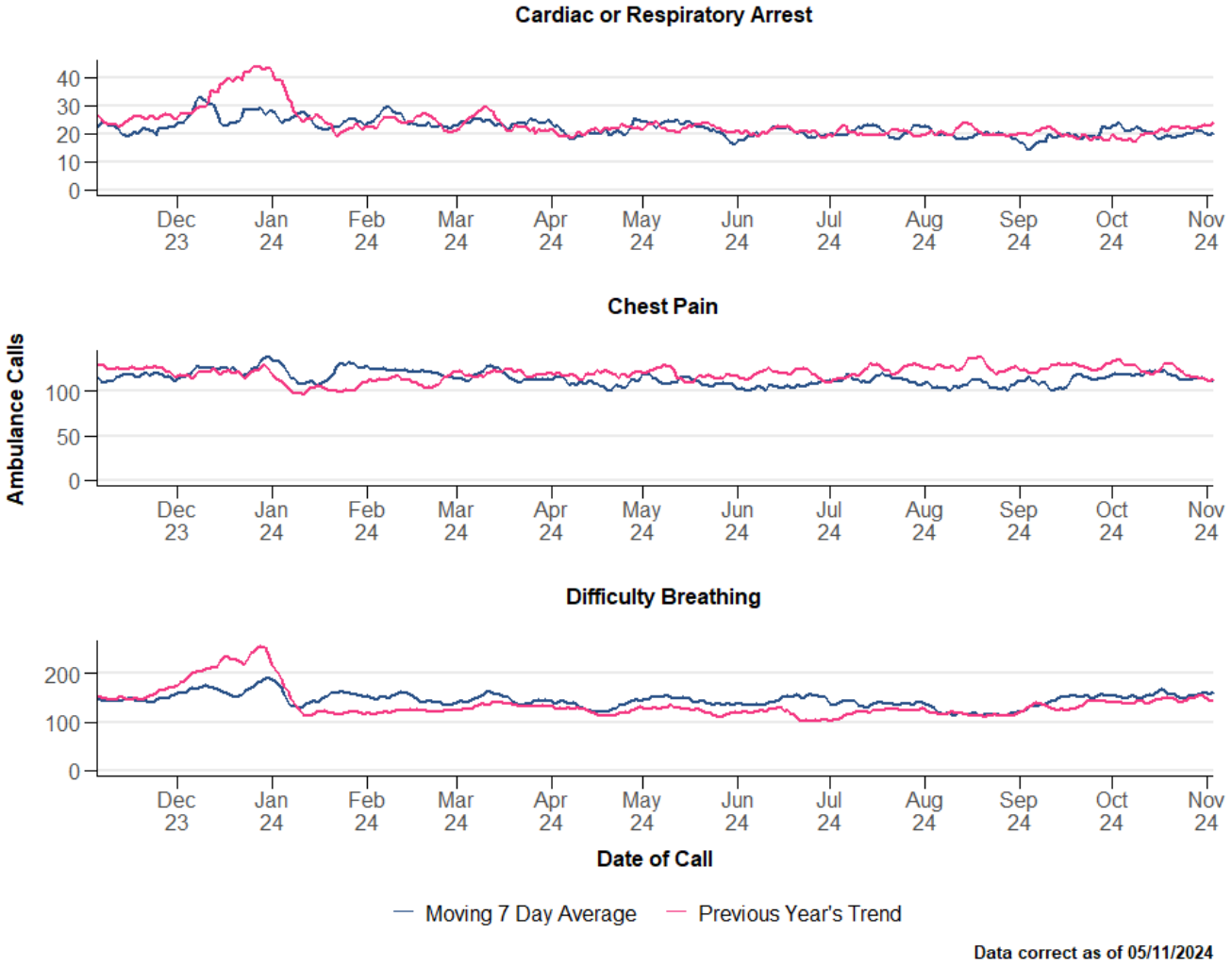


Table 1.2. Summary of weekly number of Ambulance calls, by symptom in Wales, for week 44, 2024. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	139	137	156
Chest Pain	804	793	858
Difficulty Breathing	1,107	1,041	1,017
Total	2,050	1,971	2,031

NB: "Current reporting week" refers to the total number of calls in in the current reporting week. "Preceding week" refers to the total number of calls in in the preceding week. "Equivalent period last year" refers to the total number of calls in in the equivalent period last year.

2. Virological Surveillance

Wales Sentinel GP and Sentinel Community Pharmacy Network

- There were 197 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 44, 2024, as at 06/11/2024 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (31) followed by RSV (28) and enterovirus (11). Of the 197 tests, 52.3% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,143 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during week 44 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (168) followed by RSV (160) and SARS-CoV2 (COVID-19) (94). Of the 1143 samples tested, 57.7% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

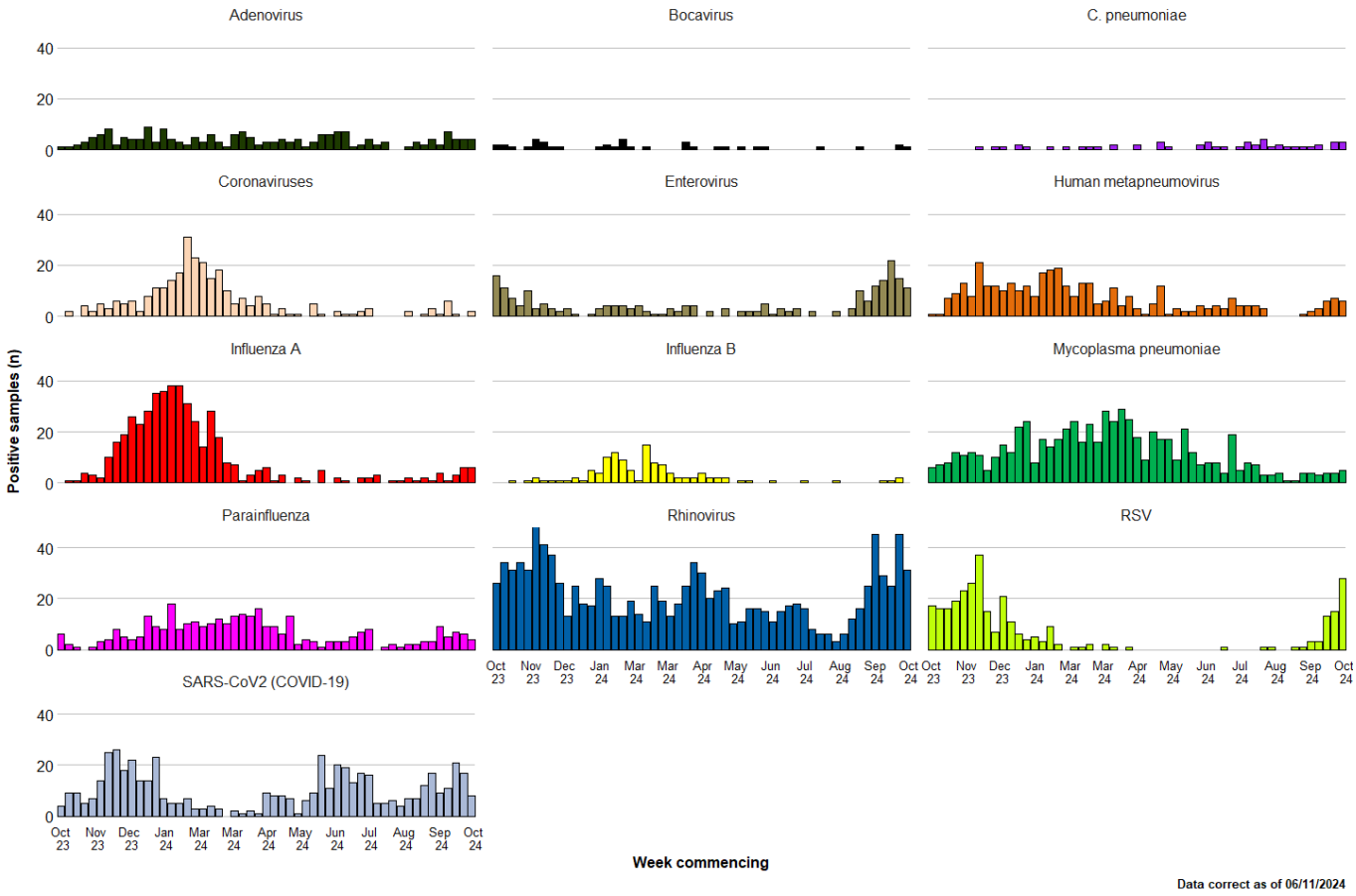
Additionally, during Week 44, 382 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 19 for influenza (18 for influenza A (untyped), one for influenza B, zero for Influenza A(H3), zero for Influenza A(H1))
- 73 for SARS-CoV-2 (COVID-19)
- 33 for RSV

Table 2.1: Pathogens detected, and sample positivity for samples from symptomatic patients from the Wales Sentinel GP and Sentinel Pharmacy networks, week 44, 2024.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	31	15.7%	22.8%	Decreasing
RSV	28	14.2%	7.6%	Increasing
Enterovirus	11	5.6%	7.6%	Decreasing
SARS-CoV2 (COVID-19)	8	4.1%	8.6%	Decreasing
Influenza A	6	3.0%	3.0%	Stable
Human metapneumovirus	6	3.0%	3.6%	Stable
Mycoplasma pneumoniae	5	2.5%	2.0%	Stable
Adenovirus	4	2.0%	2.0%	Stable
Parainfluenza	4	2.0%	3.0%	Decreasing
C. pneumoniae	3	1.5%	1.5%	Stable
Coronaviruses	2	1.0%	0.0%	Increasing
Bocavirus	1	0.5%	1.0%	Stable
Influenza B	0	0.0%	1.0%	Decreasing

Figure 2.1. Pathogens detected in samples from symptomatic patients from the Wales Sentinel GP and Sentinel Pharmacy networks, by week of sample collection, Week 44, 2023 to Week 44, 2024.



All Wales Datastore Respiratory Infection Testing

Table 2.2: Pathogens detected and sample positivity for samples collected from hospital and non-Sentinel GP patients, week 44, 2024.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	168	14.7%	13.8%	Stable
RSV	160	14.0%	8.6%	Increasing
SARS-CoV2 (COVID-19)	94	8.2%	11.9%	Decrease
Enterovirus	49	4.3%	2.7%	Increasing
Adenovirus	46	4.0%	3.9%	Stable
Parainfluenza	34	3.0%	3.2%	Stable
Influenza A	19	1.7%	2.5%	Stable
Human metapneumovirus	19	1.7%	1.6%	Stable
Seasonal coronaviruses	4	0.3%	0.4%	Stable
Mycoplasma pneumoniae	3	0.3%	0.3%	Stable
Influenza B	0	0.0%	0.2%	Stable
Bocavirus	0	0.0%	0.0%	Stable
Chlamydia	0	0.0%	0.0%	Stable

Figure 2.2. Pathogens detected in samples collected from hospital and non-Sentinel GP patients, by week of sample collection, Week 44, 2023 to Week 44, 2024.

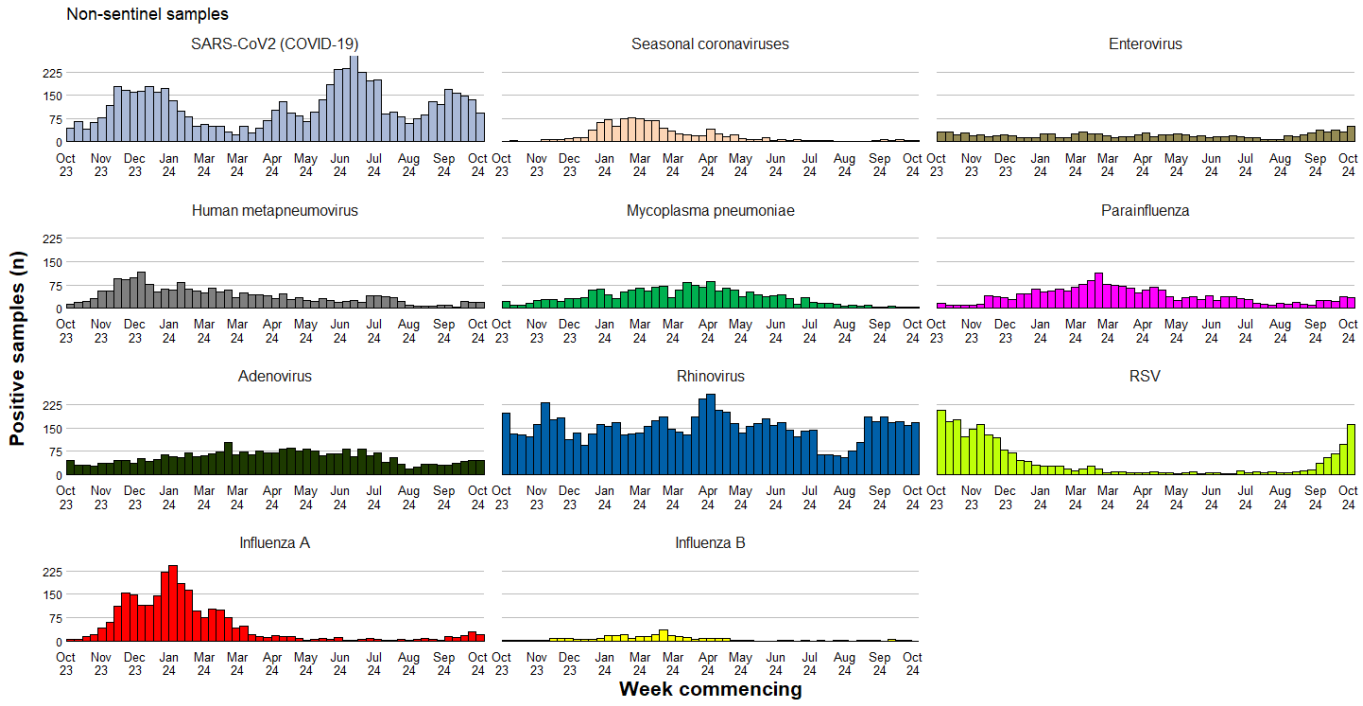
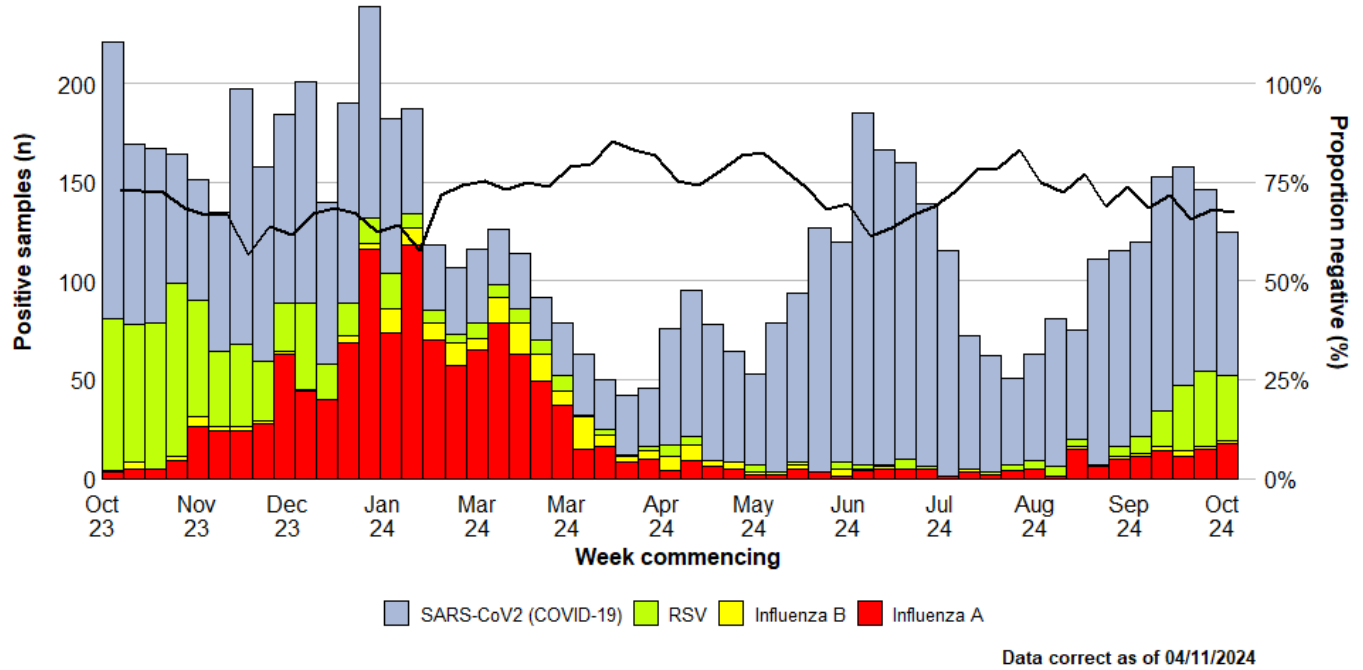


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 44, 2023 to Week 44, 2024.



3. Severe Acute Respiratory Infection (SARI) and surveillance in hospitals

Sentinel SARI in emergency departments

- During week 43, 2024 there were 83 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was RSV(20) followed by Rhinovirus/Enterovirus(12) and SARS-CoV2 (COVID-19)(7). Of the 83 samples collected, 48.2% were negative for all respiratory pathogens, (Table 3.1).

- During this time, the proportions of symptomatic patients attending sentinel emergency departments due to acute respiratory symptoms testing positive were 4% for influenza, 8% for SARS-CoV2 and 24% for RSV.

Hospital in-patients

- During week ending 03/11/2024 there were 149 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (17 more than the previous week), equating to 3% of all hospital admissions in that reporting week.

- At 23:59 on 03/11/2024, there were 461 patients in hospital with confirmed COVID-19, RSV or influenza, 39 less than the previous Sunday. This equates to 5% of all hospital in-patients (IPs) at that time. Of whom 64% (296) were hospital acquired (HA).

Critical-care

- During week ending 03/11/2024 there were 12 ARI critical care (CC) admissions,)7 more than the previous week), Equating to 6% of all CC admissions in that reporting week.

- At 23:59 on 03/11/2024, there were 13 patients in CC with confirmed COVID-19, RSV or influenza, 5 more than the previous Sunday. This equates to 9% of all CC in-patients at that time. Of whom 46% (6) were hospital acquired (HA).

Virological surveillance in ICU

- During week 44, 2024, 62 respiratory samples were tested from patients in intensive care units (ICU). Of these: six tested positive for RSV, two tested positive for Influenza and two tested positive for SARS-CoV2 (COVID-19) (Figure 3.4).

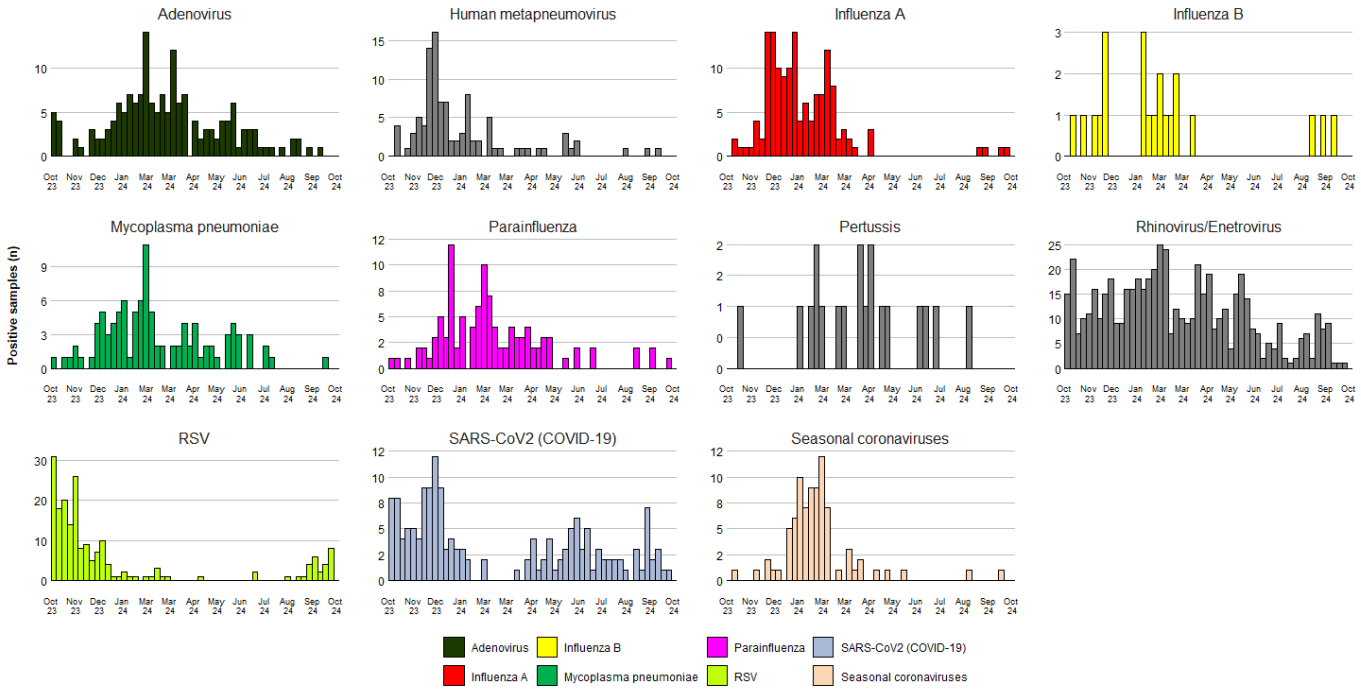
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

Wales Sentinel SARI Emergency Department Network

Table 3.1 Pathogens detected and sample positivity for samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 43, 2024.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	1	1.2%	167	6.2%
C. pneumoniae	0	0.0%	0	0.0%
Human metapneumovirus	1	1.2%	101	3.7%
Influenza A	2	2.4%	159	5.9%
Influenza B	1	1.2%	22	0.8%
Mycoplasma pneumoniae	1	1.2%	103	3.8%
Parainfluenza	3	3.6%	107	3.9%
Pertussis	0	0.0%	19	0.7%
RSV	20	24.1%	195	7.2%
Rhinovirus/Enterovirus	12	14.5%	566	20.8%
SARS-CoV2 (COVID-19)	7	8.4%	160	5.9%
Seasonal coronaviruses	1	1.2%	87	3.2%
Negative	40	48.2%	1,353	49.8%
Total	**83**	**100%**	**2,872**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 43, 2024 and previous 12 months.



Data correct as of 31/10/2024

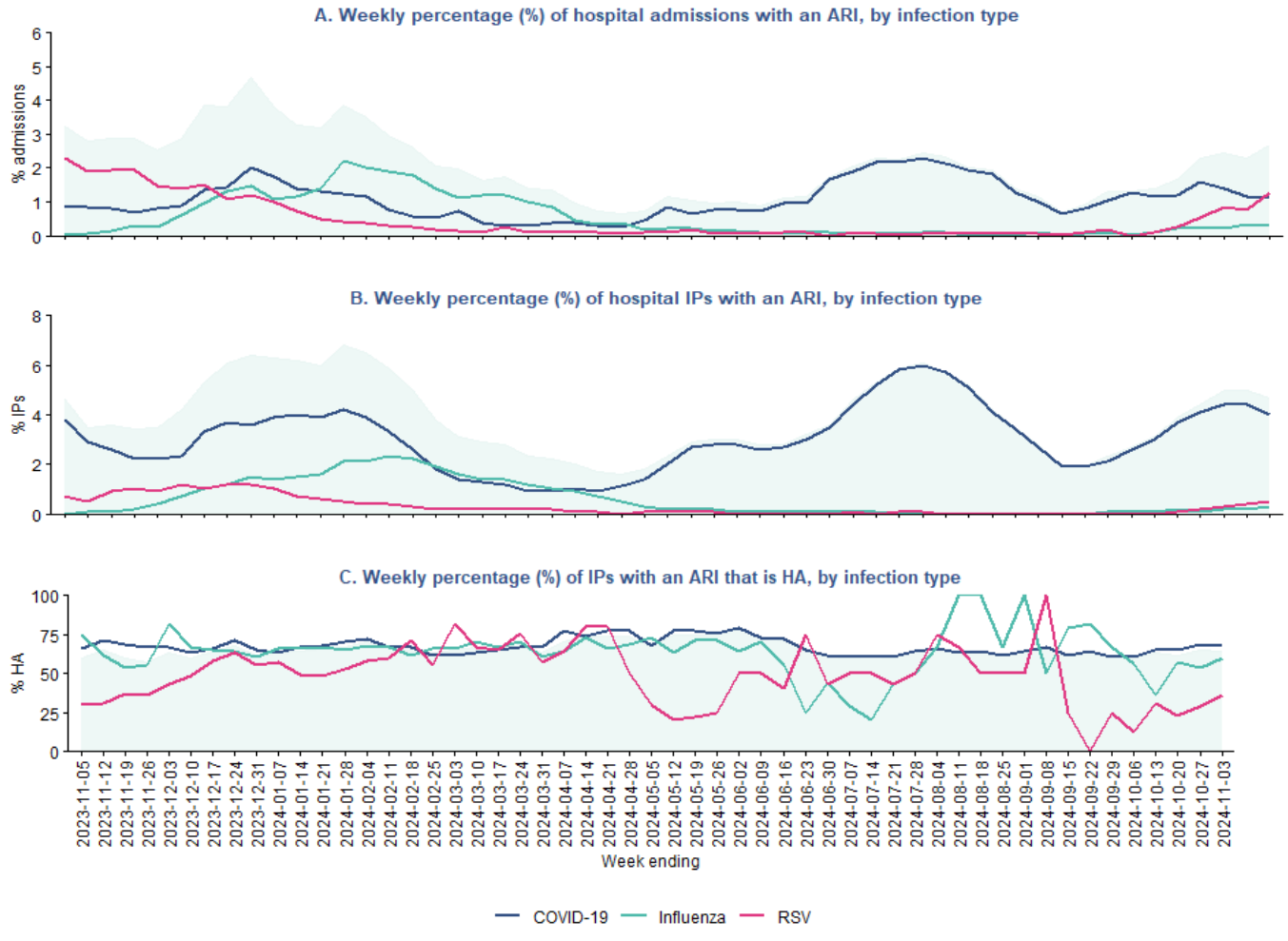
Acute Respiratory Infection Surveillance in Hospital In-Patients

Table 3.2. Hospital admissions in patients confirmed ***with*** COVID-19, influenza and RSV (acute respiratory infection may not necessarily be the primary cause of admission).

Infection	Hospital admissions (HA)		Hospital In-patients (IP)		
	Count	% of all admissions	Count	% of all IPs	% HA (n)
COVID-19	61	1%	392	4%	68% (265)
Influenza	17	<1%	25	0%	60% (15)
RSV	71	1%	44	0%	36% (16)
ARI total	**149**	**3%**	**461**	**5%**	**64% (296)**

* Percentage and number of in-patient cases that were in patients being admitted to hospital

Figure 3.2. (A) Weekly percentage of hospital admissions where influenza, COVID-19 or RSV was confirmed. (B) Weekly percentage of total in-patients where influenza, COVID-19 or RSV was confirmed. (C) Weekly percentage of total number of in-patients with confirmed COVID-19, influenza or RSV where the infection was healthcare acquired.

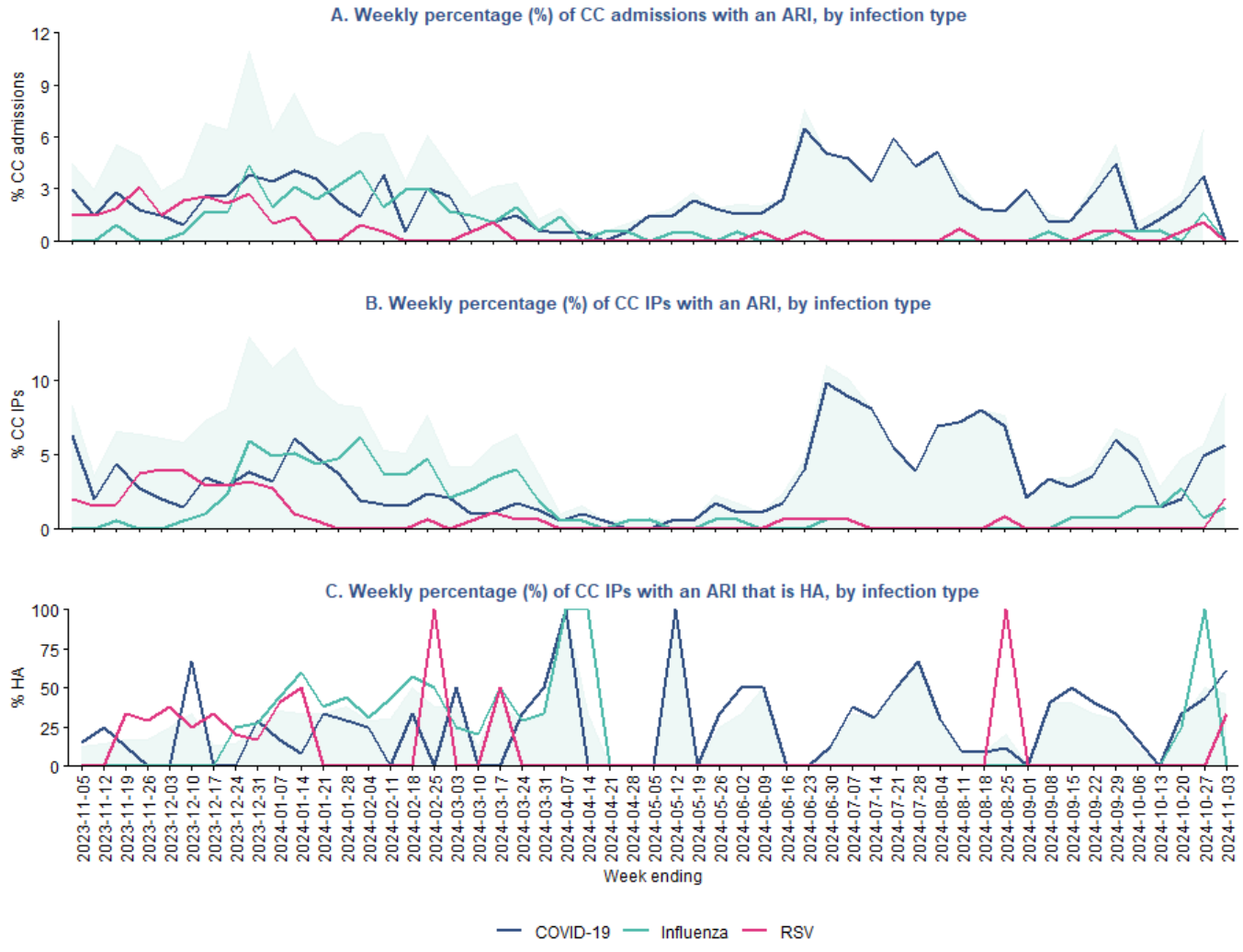


Acute Respiratory Infection Surveillance in Critical-Care In-Patients

Table 3.3. Critical care (CC) admissions in patients confirmed with COVID-19, influenza and RSV (acute respiratory infection may not necessarily be the primary cause of admission).

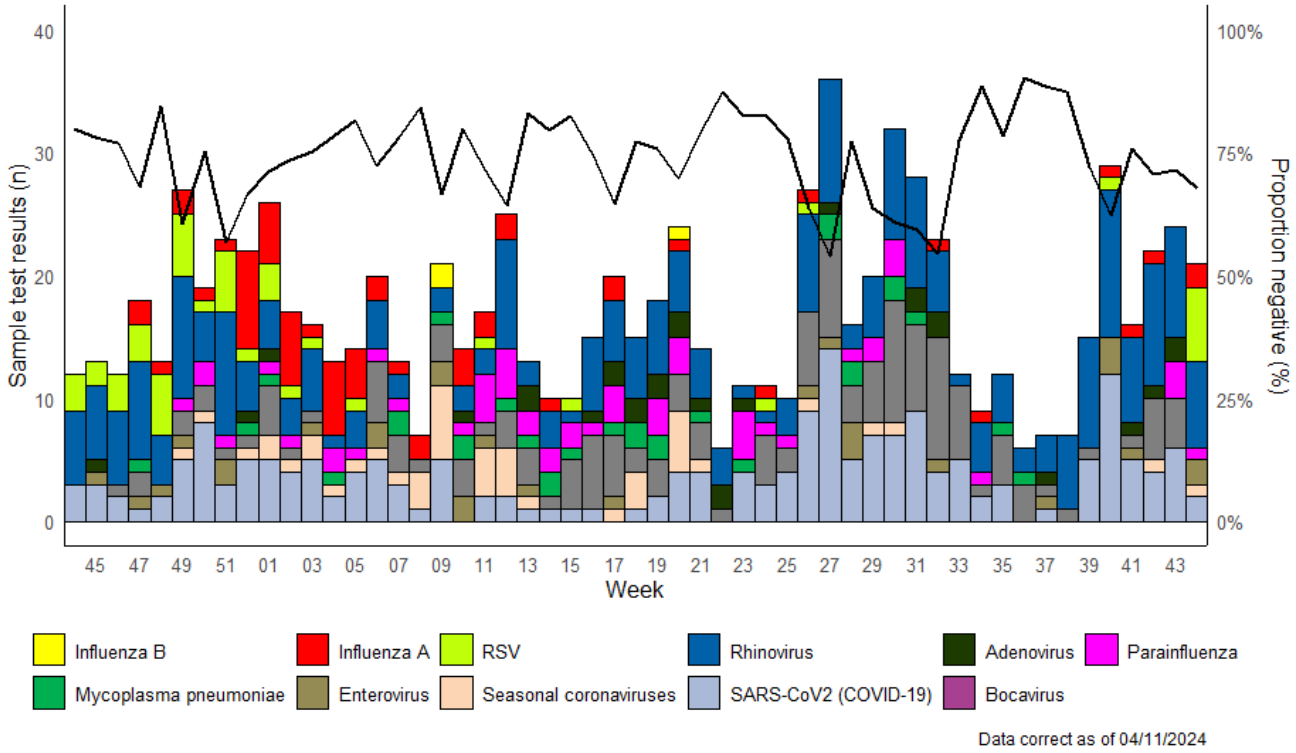
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	7	4%	8	6%	62% (5)
Influenza	3	2%	2	1%	0% (0)
RSV	2	1%	3	2%	33% (1)
ARI total	**12**	**6%**	**13**	**9%**	**46% (6)**

Figure 3.3. (A) Weekly percentage of critical-care admissions where influenza, COVID-19 or RSV was confirmed. (B) Weekly percentage of total critical-care inpatients where influenza, COVID-19 or RSV was confirmed. (C) Weekly percentage of total number of critical-care inpatients with confirmed COVID-19, influenza or RSV where the infection was healthcare acquired.



Data as of: 06-11-2024

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 44, 2024 to Week 44, 2024. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During week 44, 2024, no ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Figure 4.1. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, by setting and week of report. Completeness of reporting for outbreaks and incidents from schools/ nurseries and other community settings is unknown.

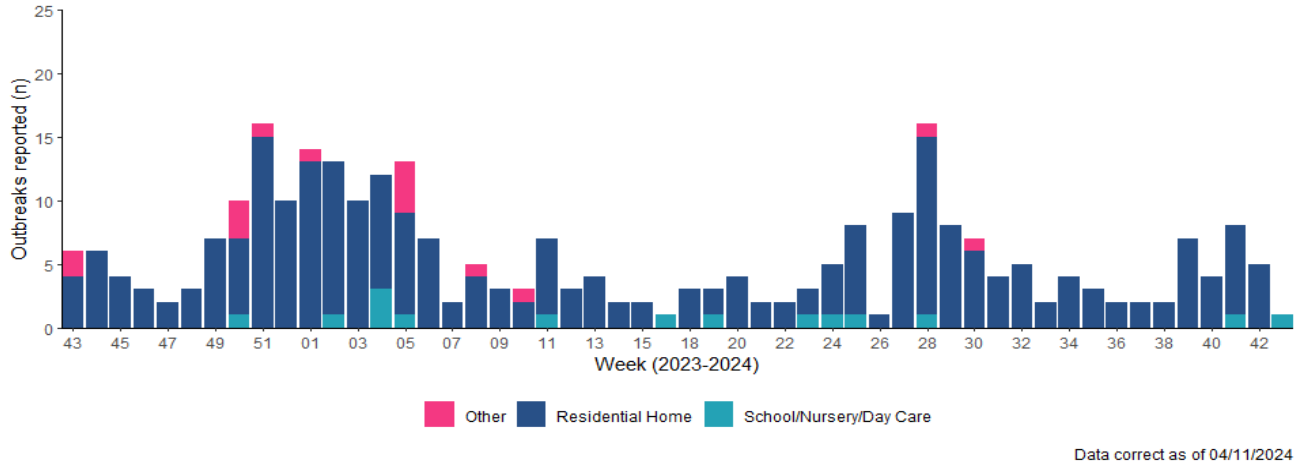
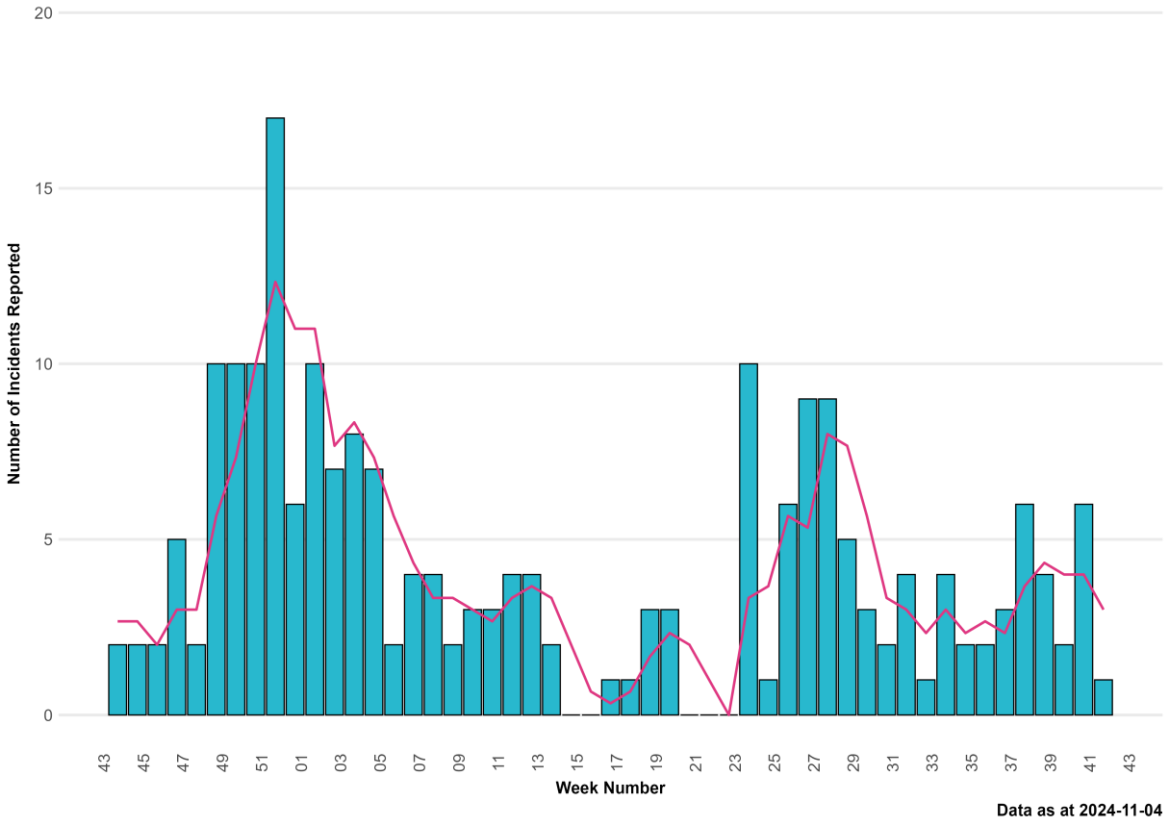


Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



5. Mortality surveillance

- During week 43, according to European Mortality Monitoring (EuroMoMo) methods, 'no excess' was reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National Statistics are summarised by week, age-group, setting of death and deprivation quintile of residence in Figures 5.2 to 5.4. Data for the most recent weeks in these summaries should be interpreted with caution due to potential reporting delays.
- Deaths relating to ARI have been defined using the following ICD10 codes: (J09-J22, J80, U07.1, U07.2 and J04)

Figure 5.1. Number of deaths registered (any cause), 5-year average (any cause) and deaths relating to ARI, by week of death registration.

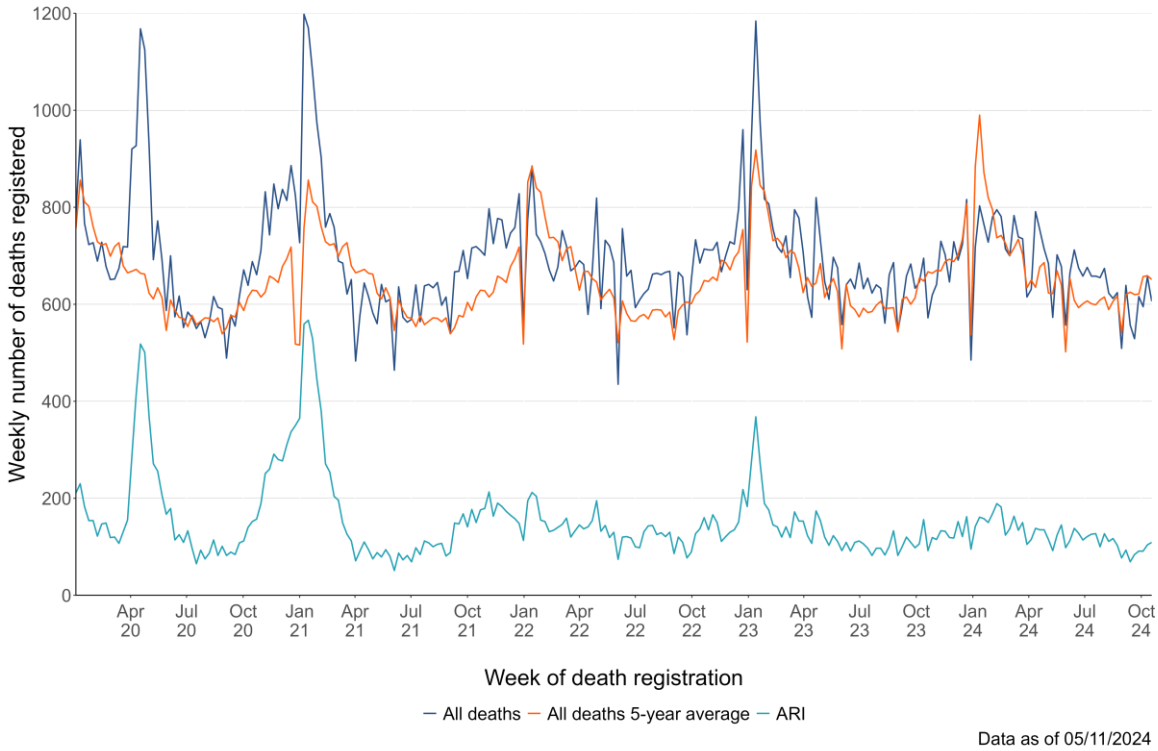


Figure 5.2 Numbers of ARI related deaths by age-group and week of death registration.

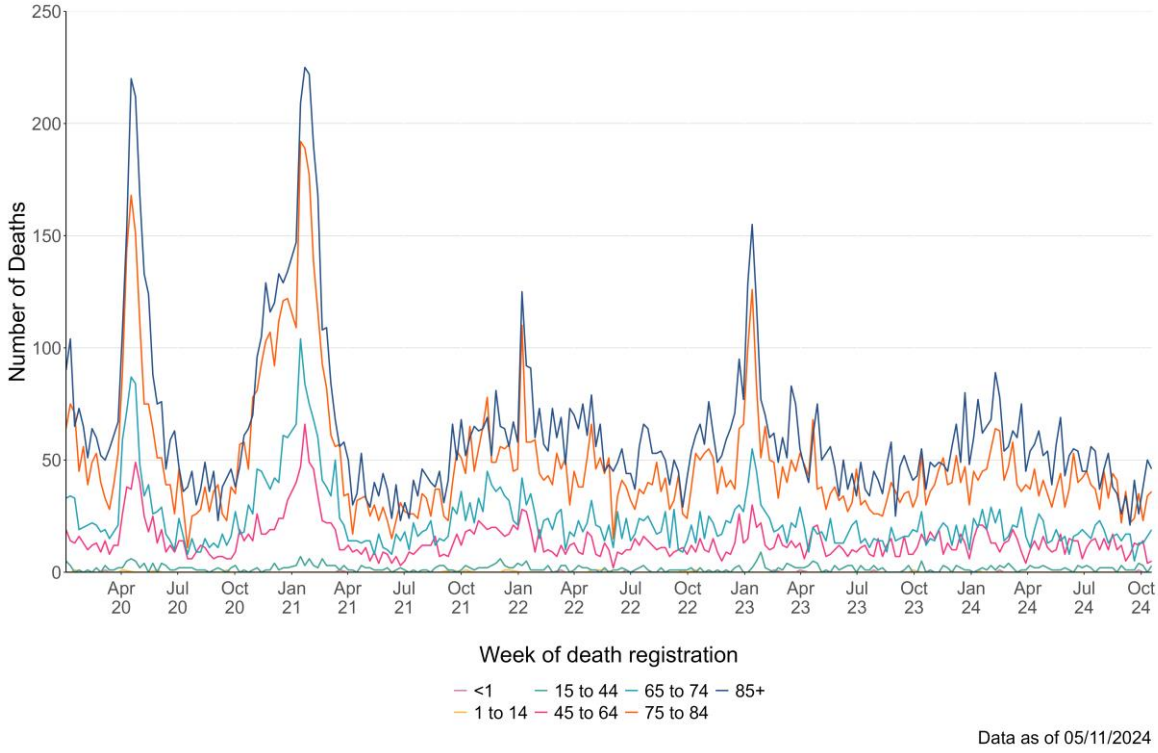


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

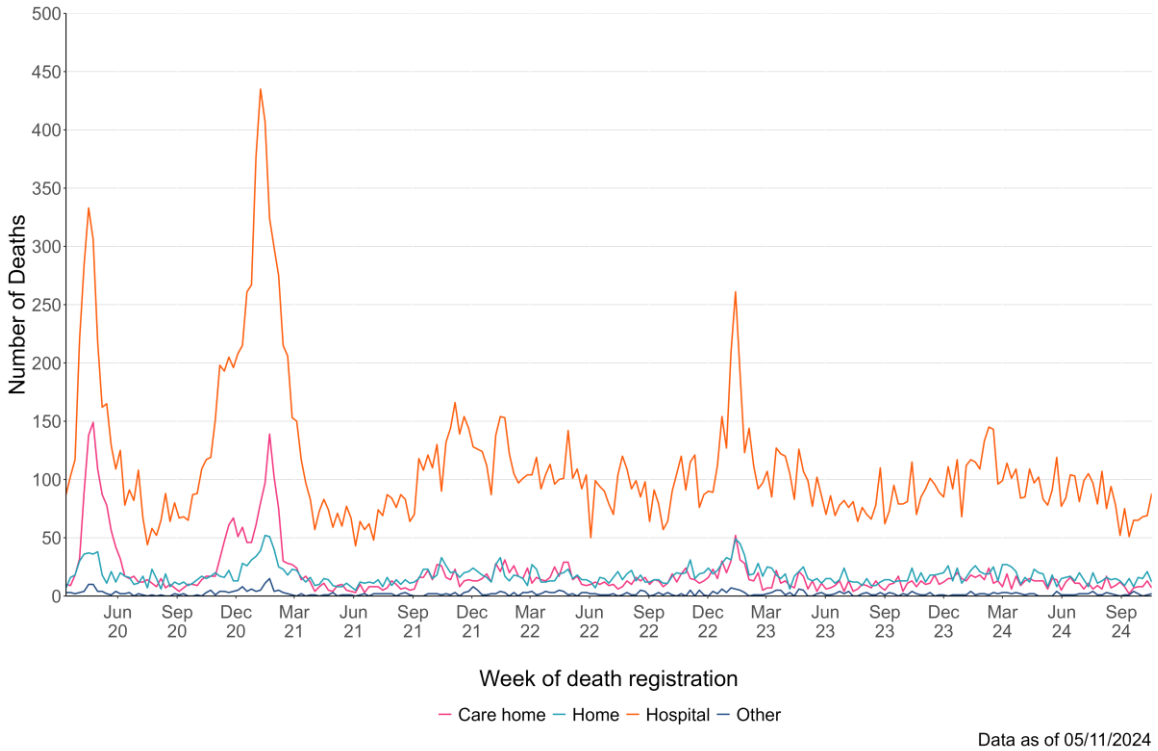
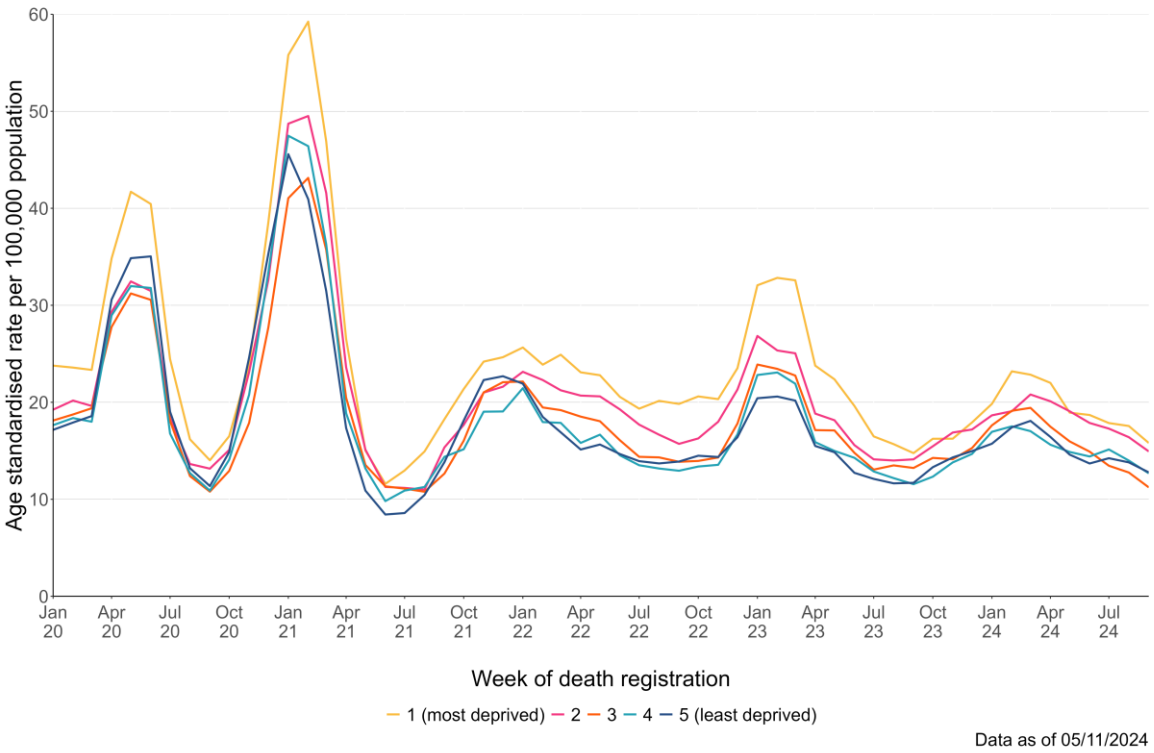


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



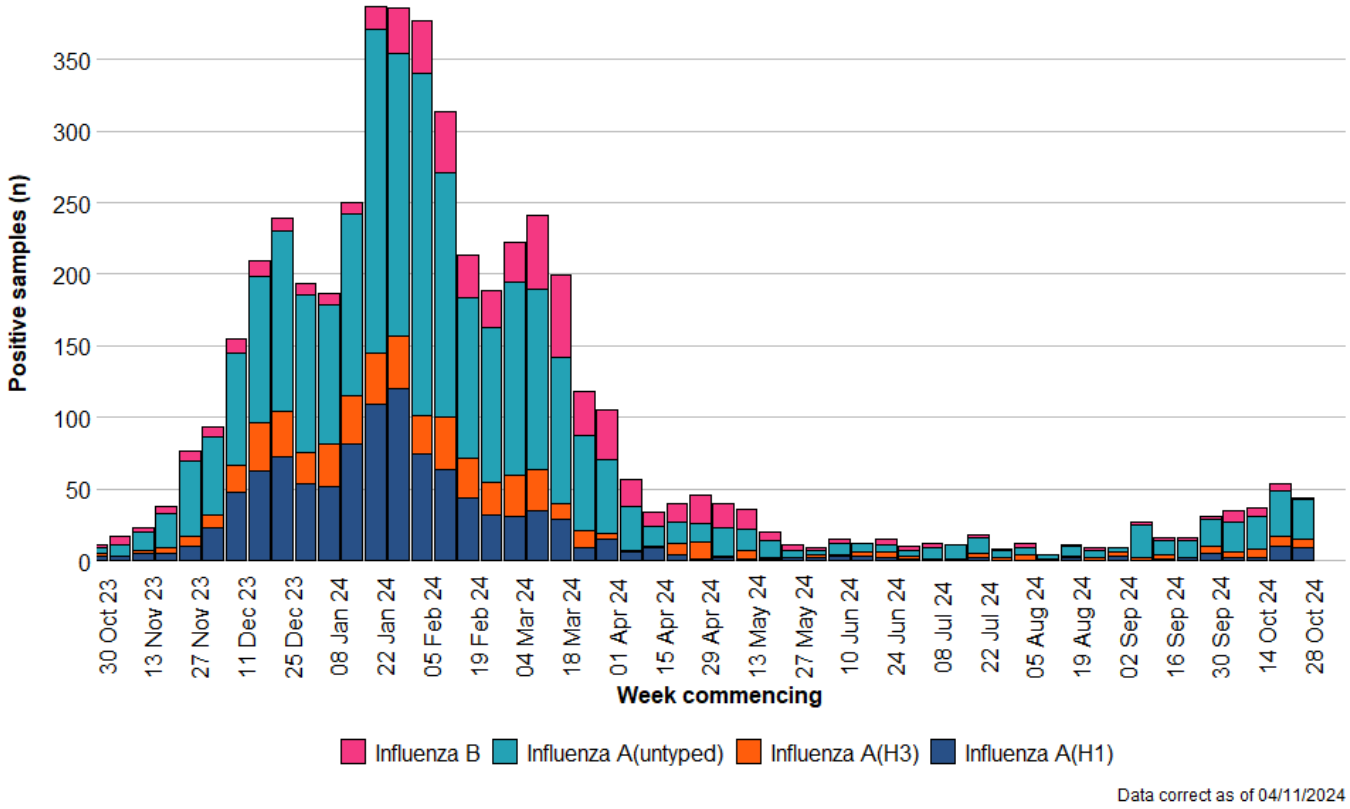
For interactive versions of these data, including health board specific breakdowns, see: [ONS mortality dashboard]

6. Pathogen-specific surveillance

Influenza

- Influenza A(H3N2) is the most commonly detected influenza subtype in Wales since week 40 2024 (28 confirmed cases), along with influenza A(H1N1) (28 confirmed cases), followed by and influenza B (22 confirmed cases). Additionally, there have been 123 untyped Influenza A cases.

Figure 6.1. Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 44, 2023 to Week 44, 2024.

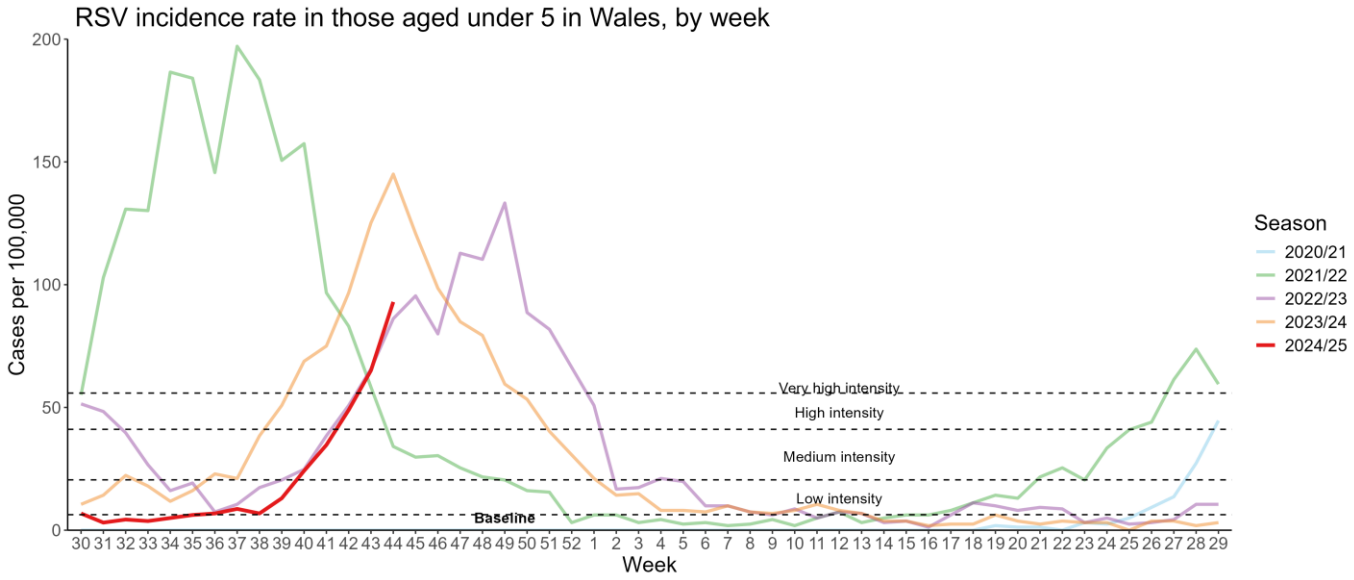


Data correct as of 04/11/2024

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at very (93.0) intensity levels per 100,000 population during week 44 2024.

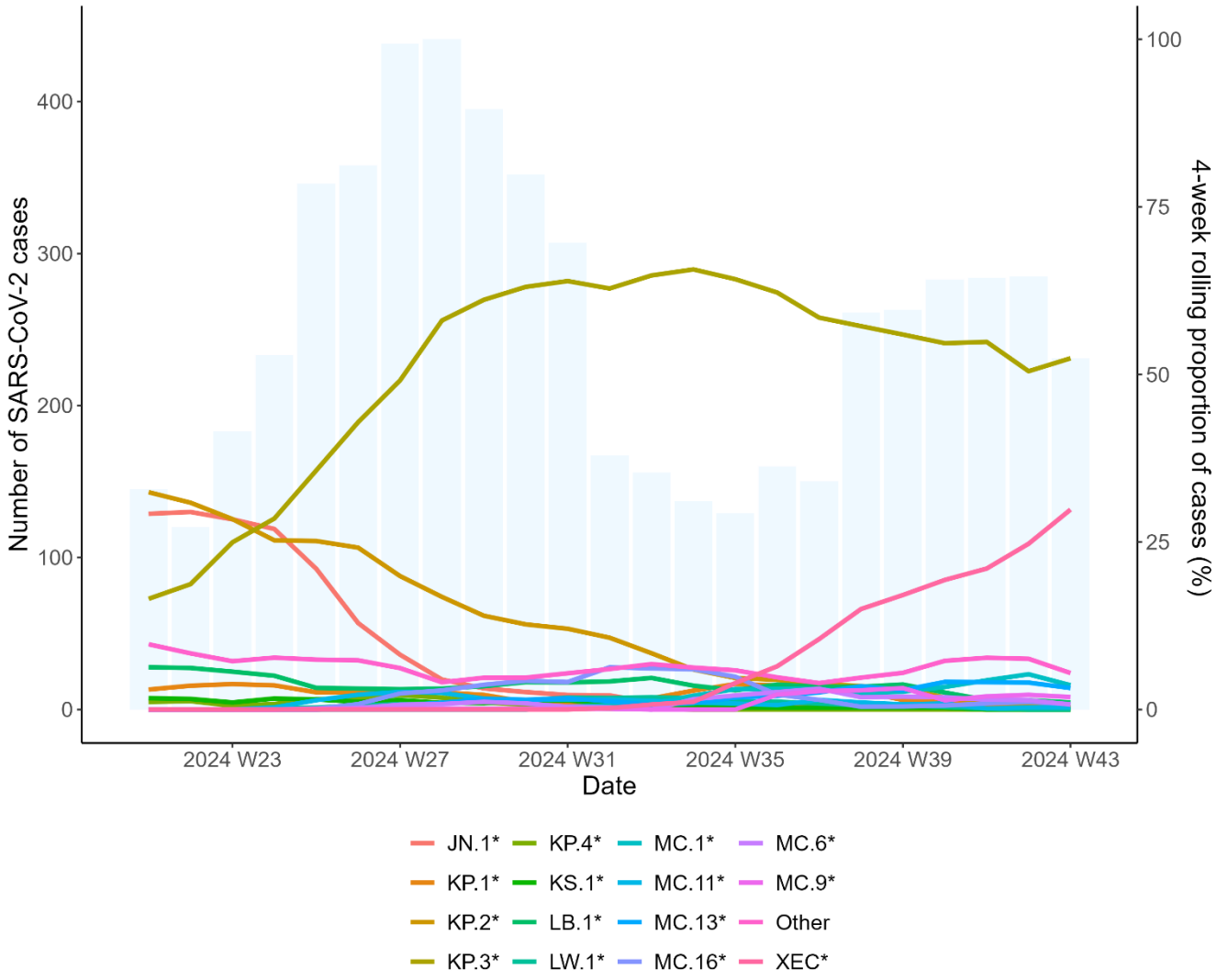
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, weeks 30 2020 to week 44 2024.



SARS-CoV-2 Variant surveillance

- Pango group KP.3* is the most frequently detected lineage group in Wales currently, accounting for 50.9% of sequenced cases in the previous six reporting weeks.

Figure 6.3. Weekly number of SARS-CoV-2 cases (bars) and the 4-week rolling average proportion of sequenced cases attributed to each Pango lineage group (lines) from residents in Wales for the past six months (2024 W20 to 2024 W44).



For detailed information on genomic surveillance of SARS-CoV-2 in Wales, please see: https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/COVID-19genomicsurveillance/Summary

7. International Summary

Influenza activity – UK and international summary

- As of Week 43, GP ILI consultations were stable at 3.8 per 100,00 in England and decreased to 1.9 per 100,000 in Scotland.
- During Week 43, 5,599 samples testing positive for influenza were reported in England of which 183 were positive for influenza (111 influenza A (not subtyped), 26 influenza A (H3N2), 37 influenza A (H1N1)pdm09, and 17 influenza B). Overall influenza positivity increased to 3.3% in England in week 43 and decreased to 1.5% in Scotland in week 42.
- 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 42, that influenza positivity is below the 10% positivity epidemic threshold at 2%. Of the 20 countries and areas reporting on influenza intensity, none reported medium intensity or higher. Of the 29 countries and areas reporting on geographic spread of influenza viruses within a country or area, none reported widespread or regional distribution. There were 14 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- The WHO reported on 30/10/2024, based on data up to 20/10/2024 that in the Northern hemisphere influenza activity in temperate countries remained at interepidemic levels. Elevated activity was elevated in some countries in Western Africa (AH3 and Influenza B), Middle Africa (A(H3N2), Western Asia, Southern Asia and South-East Asia (H1N1), Central America and the Caribbean (AH3 viruses). Influenza activity increased in countries in Western and Middle Africa and Central America.
- In the Southern hemisphere, influenza activity remained elevated in some countries in South America (influenza B), Eastern Africa (influenza A and influenza B) and Oceania Melanesia Polynesia (Influenza A). Elevated activity was seen in one country in Oceania Melanesia Polynesia and Eastern Africa. **Source**: WHO influenza update: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update

- Based on FluNet reporting (as of 21/06/2024), during the period from 13/05/2024 – 26/05/2024 National Influenza Centres and other national influenza laboratories from 131 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 354,429 specimens during that period, of which 20,741 were positive for influenza viruses, 17,211 (83.0%) were typed as influenza A (of the subtyped influenza A viruses, 6,275 (63.5%) were influenza A(H1N1)pdm09 and 3,604 (36.5%) were influenza A(H3N2). Of the 354,429 samples testing positive for influenza viruses, 3,530 tested positive for Influenza B (17.0%). **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 were low during week 43 (ending 26/10/2024). Nationally, 594 (1.0%) out of 60,464 specimens have tested positive for influenza in week 43 in clinical laboratories nationwide,

of these positive samples, 523 (88.0%) were influenza A and 71 (12.0%) were influenza B. Further characterisation has been carried out on 1,234 specimens by public health laboratories, and 91 samples tested positive for influenza; 20 influenza A(H1N1)pdm09, 35 influenza A(H3N2), 29 influenza A(not subtyped), 7 influenza H5, and three influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during week 43, influenza activity remained stable compared to the previous week. During week 43, 121 influenza detections were reported: 103 influenza A and 18 influenza B. Source: https://health-infobase.canada.ca/respiratory-virus-surveillance/

Respiratory syncytial virus (RSV) in North America

The USA CDC reported that the RSV positivity rate increased in week 43.
Source: CDC RSV national trends: National Respiratory and Enteric Virus Surveillance System | CDC

COVID-19 – UK and international summary

- As of 16/10/2024, there were 8.8 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

- WHO was notified of one new MERS cases on 5 September 2024 by the Ministry of Health of the Kingdom of Saudi Arabia.
- Since the beginning of the year, five cases including four deaths have been reported from KSA. 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

- The WHO has published an updated assessment of recent influenza A(H5N1) virus events in animals and people. Currently, the global public health risk of influenza A(H5N1) viruses to be low, while the risk of infection for occupationally exposed persons is low to moderate, depending on the risk mitigation measures in place. Transmission between animals continues to occur and, to date, a limited number of human infections have been reported.14 August 2024: https://www.who.int/publications/m/item/updated-joint-fao-who-woah-assessment-of-recent-influenza-a(h5n1)-virus-events-in-animals-and-people

Other updates on zoonotic influenza infections and risks to humans are available from the WHO Global Alert & Response website: https://www.who.int/emergencies/disease-outbreak-news

8. Notes on interpretation

Hospital/critical care (CC) admission: A hospital/CC admission that involves a minimum of 1 overnight stay. N.B. Transfers to another hospitals within the same health board (HB) are counted as the same continuous inpatient stay.

ARI hospital/CC admission: A hospital/CC admission where the patient tested positive for an ARI infection in the community within 28 days prior to the admission date or in hospital up to 2 days after admission (where the date of admission is day 1).

Hospital/CC inpatient (IP): A patient admitted to hospital/CC on or before the specified date, with a minimum of 1 overnight stay who had not been discharged from hospital/CC by 23:59 of the specified date.

ARI hospital/CC IP: A hospital/CC IP who tested positive for an ARI in hospital or in the community within the previous 28 days. Hospital acquired (HA): An IP whose first positive ARI test was taken in hospital more than 7 days after admission for COVID-19 or more than 3 days after admission for Influenza and RSV.

9. Statement of voluntary application of the Code of Practice for Statistics

The Communicable Disease Surveillance Centre in Public Health Wales publishes a weekly integrated respiratory infection summary. This report highlights the latest available information from a number of Public Health Wales surveillance schemes, reports and other sources on Acute Respiratory Infections (ARI) in Wales.

Our publications are categorised as management information and this statement outlines the steps taken towards voluntary adoption of the Code of Practice for Statistics to ensure that our publications are high quality, useful for supporting decisions and well-respected. The code is built around 3 pillars:

- **Trustworthiness:** confidence in the people and organisations that produce statistics and data
- **Quality:** data and methods that produce assured statistics
- **Value:** publishing statistics that support society's needs for information

Trustworthiness

This report (and the underlying analysis) has been developed by a team of epidemiologists and analysts under the guidance of senior scientists and consultants. We work as part of a wider integrated respiratory surveillance group, which brings together expertise in virology, epidemiology, genomics and surveillance. Key information summarised in this surveillance report is routinely shared with UK Health Security Agency (UKHSA), World Health Organisation (WHO) and other international networks to enable international surveillance and epidemiological studies. Appropriate disclosure control methods have been considered and applied.

The report is published on a weekly basis during winter period between week 40 (October) and 20 (May) of the following year and on a fortnightly basis during the summer period. Where there are interruptions to data flows, or other technical issues affecting the production of elements of the report, we highlight in the text as appropriate. Where there are unplanned delays to publication we inform our stakeholders. We highlight key changes in the report when necessary.

Quality

We are continuously seeking to improve the quality of our surveillance. Where possible, ARI surveillance schemes in Wales follow, or are working towards following, good practice recommendations and international guidance (e.g. the WHO MOSAIC framework, using professional judgement. The surveillance team routinely consults with other UK teams and international specialists. Where there are limitations in data or interpreting data, we try to specify and continue work to address them.

Value

This information contributes to many areas, including response to health threats, public health interventions, healthcare planning and research. There are also society benefits from making this information available, supporting transparency and providing timely access for the scientific community, public health specialists and the public. This in turn reduces the onus on our stakeholders to request information, releasing capacity or further development of our outputs. We aim to present epidemiological and virological data in meaningful and accessible ways to help meet the needs of different audiences. However, we aspire to improve in this, with improved understanding of user-needs. We have also included links to other related reports and resources to avoid duplication of data presentation.

10. Links to surveillance reports from other countries

Public Health Wales influenza surveillance webpage: https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/weekly-influenza-and-acute-respiratory-infection-report/

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

NICE influenza antiviral usage guidance: http://www.nice.org.uk/Guidance/TA158

England influenza and COVID-19 surveillance: National flu and COVID-19 surveillance reports: 2024 to 2025 season - GOV.UK (www.gov.uk)

Scotland seasonal respiratory surveillance: Publications - Public Health Scotland

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