GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 40 (ending 06 October 2024)

Headline

- Respiratory Syncytial Virus (RSV) is circulating, activity is increasing and is currently at medium intensity levels.
- COVID-19 case numbers have increased in recent weeks.
- Influenza is not currently circulating, case numbers have increased in the most recent week but remain at baseline levels.
- GP consultations for acute respiratory infections (ARI) are currently increasing, especially in those age 0 to 5 years.
- According to the EuroMoMo method, 'no excess' was reported in all-cause mortality in the most recent week (week 39).

Foreword

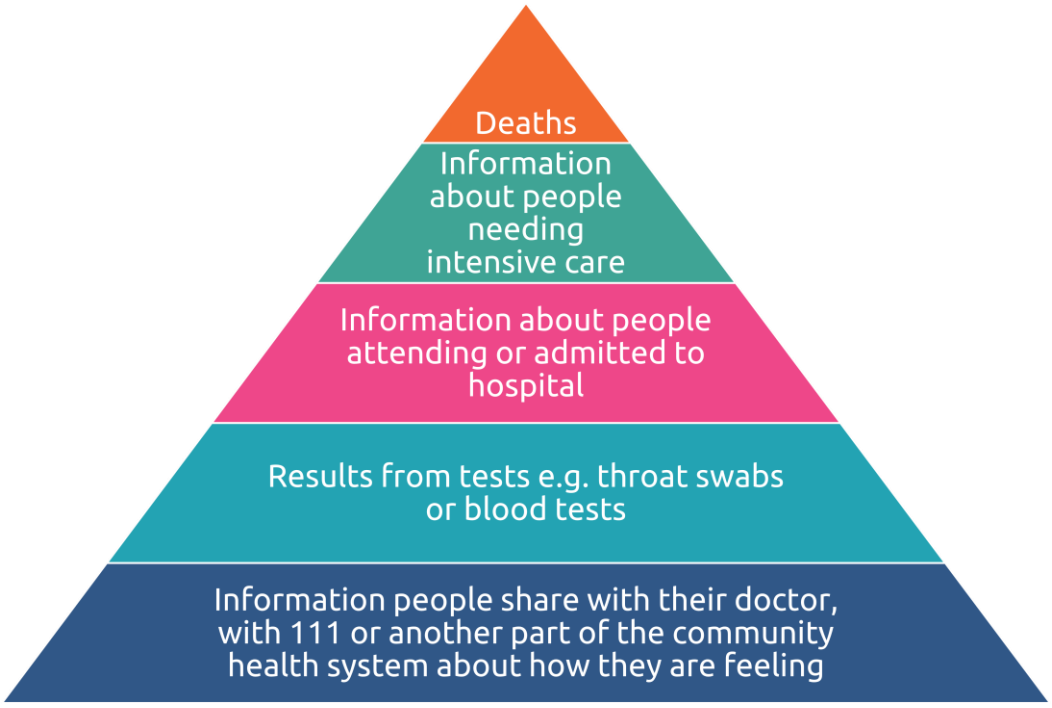
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period. Until November 2024, this report should be considered a 'prototype' that will continue to be refined and improved.

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 as of 29/09/2024 (latest available data).
Overall Acute Respiratory Infection (ARI)	The 3-week trend in GP consultation rate per 100,000 population for acute respiratory infection (ARI) is increasing. Consultations with sentinel GPs for acute respiratory infection (ARI) increased compared to last week.	Admissions in patients testing positive for COVID-19 and RSV have increased but remain low and stable for influenza. The proportion of all admissions accounted for by patients with these infections remains generally low (1% of total admissions) and decreased compared to the previous week.
Influenza	Influenza is not currently circulating. Influenza case numbers increased this week, however the overall proportion of samples testing positive remained low and stable (>1%) Consultations for influenza-like illness (ILI) with sentinel GPs are low and decreased compared to the previous week confirmed cases of influenza in sentinel GP patients increased, but remain low.	The number of confirmed cases of community acquired influenza admitted to hospital was **7** in the most recent week. In the most recent week, there were 13 hospital in-patient cases of confirmed influenza, 1 of whom was in critical care.
Influenza type breakdown	***Since 2024 Week 40: 33*** *total influenza cases confirmed (5 influenza A(H3N2), 5 influenza A(H1N1)pdm09, 21 influenza A untyped and 2 influenza B).* ***In the most recent week****: 5 confirmed cases of influenza A(H3N2), 5 cases of influenza A(H1N1)pdm09, 21 influenza A untyped and 2 influenza B.*	
COVID-19	The overall proportion of samples testing positive increased to 7.7%. Consultations with sentinel GPs for ARI increased 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 was 66 in the most recent week. In the most recent week, there were 285 in-patient cases of confirmed COVID-19, 9 of whom were in critical care
RSV	RSV is circulating, with activity at medium intensity levels in children aged up to 5y. Incidence per 100,000 population in children aged up to 5y increased to 25.4 in the most recent week.	The number of confirmed cases of community acquired RSV admitted to hospital was at **7** in the most recent week. In the most recent week, there were 4 in-patient cases of confirmed RSV.
Other respiratory pathogens	Confirmed cases of rhinovirus and enterovirus have increased in recent weeks in the community and hospital patients. Case numbers of *Mycoplasma pneumoniae* are decreasing, following a period of increased activity.	

1. Community surveillance indicators

GP Consultations

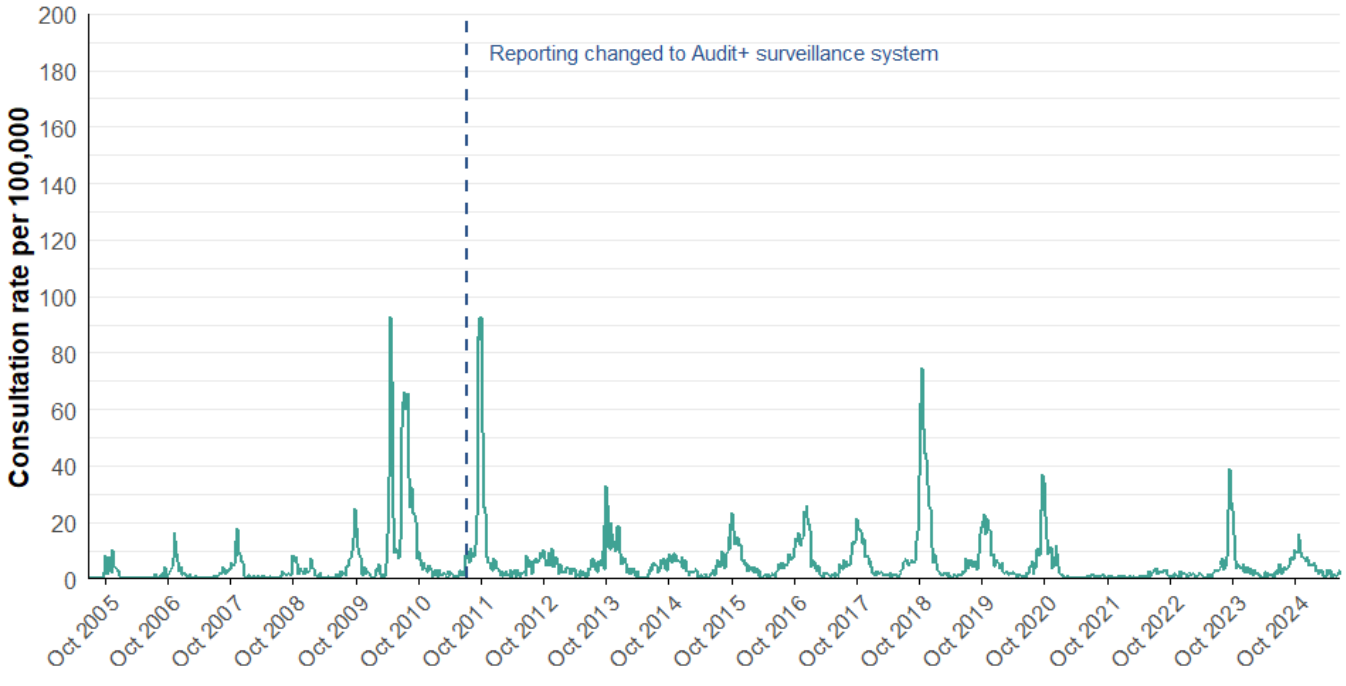
- According to data from the Sentinel GP Network, the sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable (Figures 1.2, 1.3).
- There were 2.3 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (3.4 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 17.7 ARI consultations per 100,000 practice population, an increase from 16.6 in the previous week (Table 1.2). The highest rates in sentinel GP practices were found in people aged under 1s (918.4) followed by people aged 1 to 4 (525.7), (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under 5 years. (Table 1.2, Figure 1.3).

Ambulance Calls

- The number of Ambulance calls recorded referring to syndromic indicators increased from 2,010 in the previous week to 2,066 in the latest reporting week (Figure 1.5, Table 1.2).
- Calls for Cardiac or Respiratory Arrest increased compared to the previous week. Calls for Chest Pain, Difficulty Breathing were stable or decreased compared to the previous week. (figure 1.5, Table 1.2).

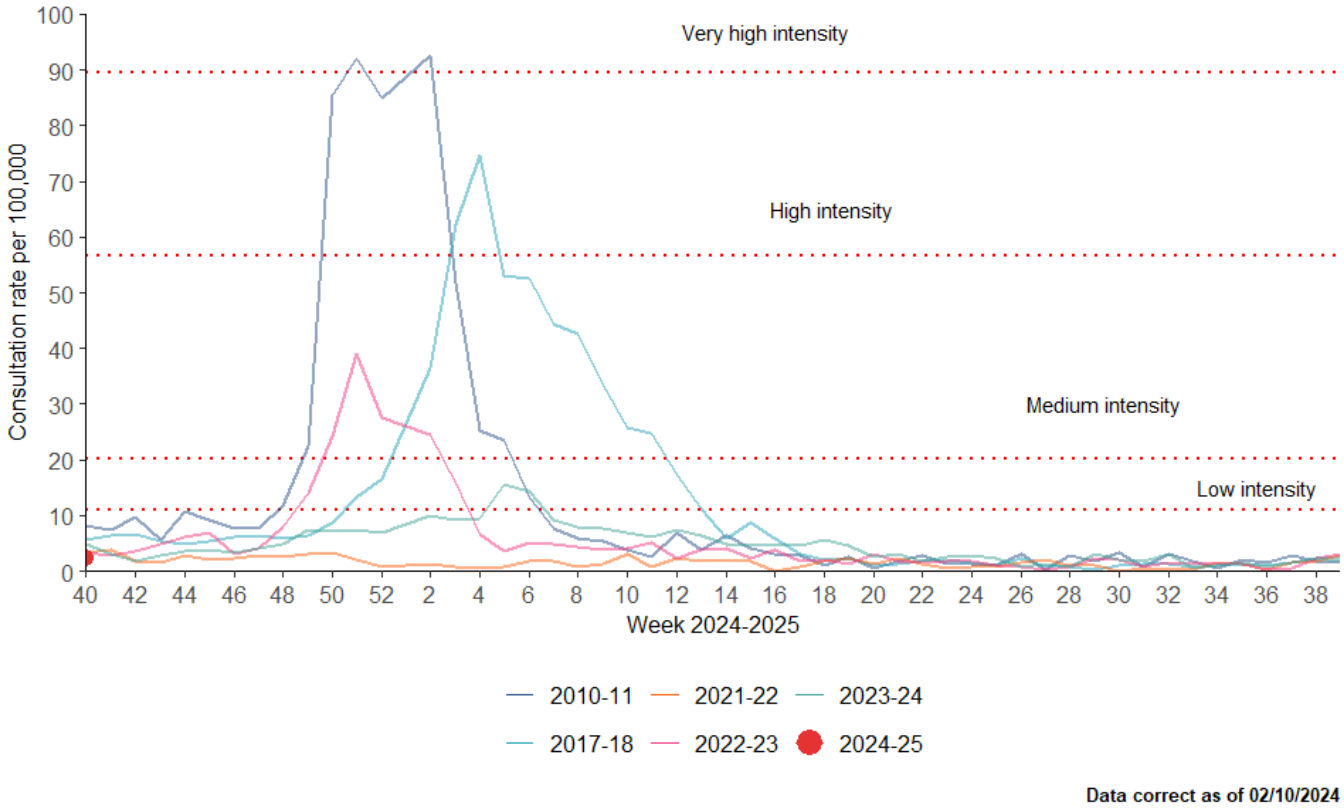
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40 2005 - Week 40, 2024).



Data correct as of 02/10/2024

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 40, 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	17.66	16.68	12.99
COVID-19	28.14	12.31	30.30
LRTI	6.42	6.10	5.02
Pneumonia	0.04	0.05	0.01
Severe asthma	0.96	0.90	0.61
URTI	11.40	10.75	8.22
Total	64.98	47.01	57.32

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).

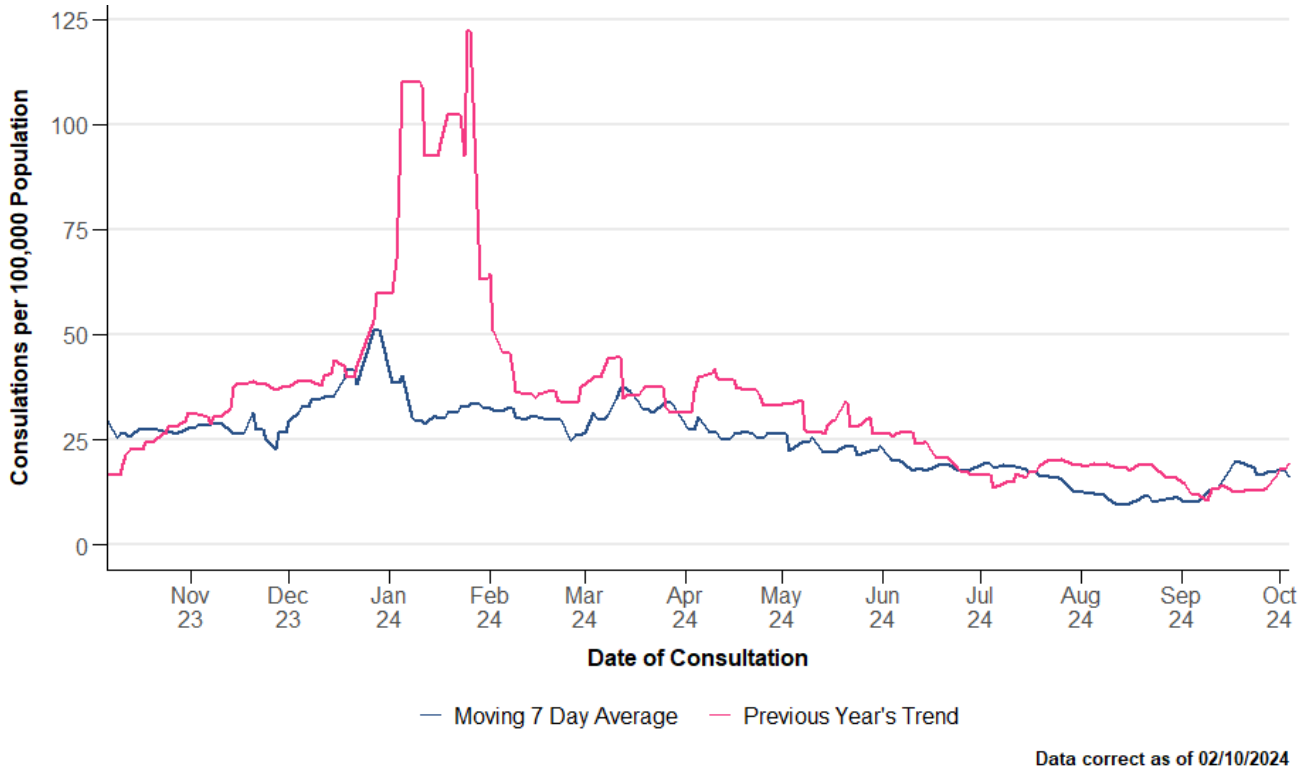
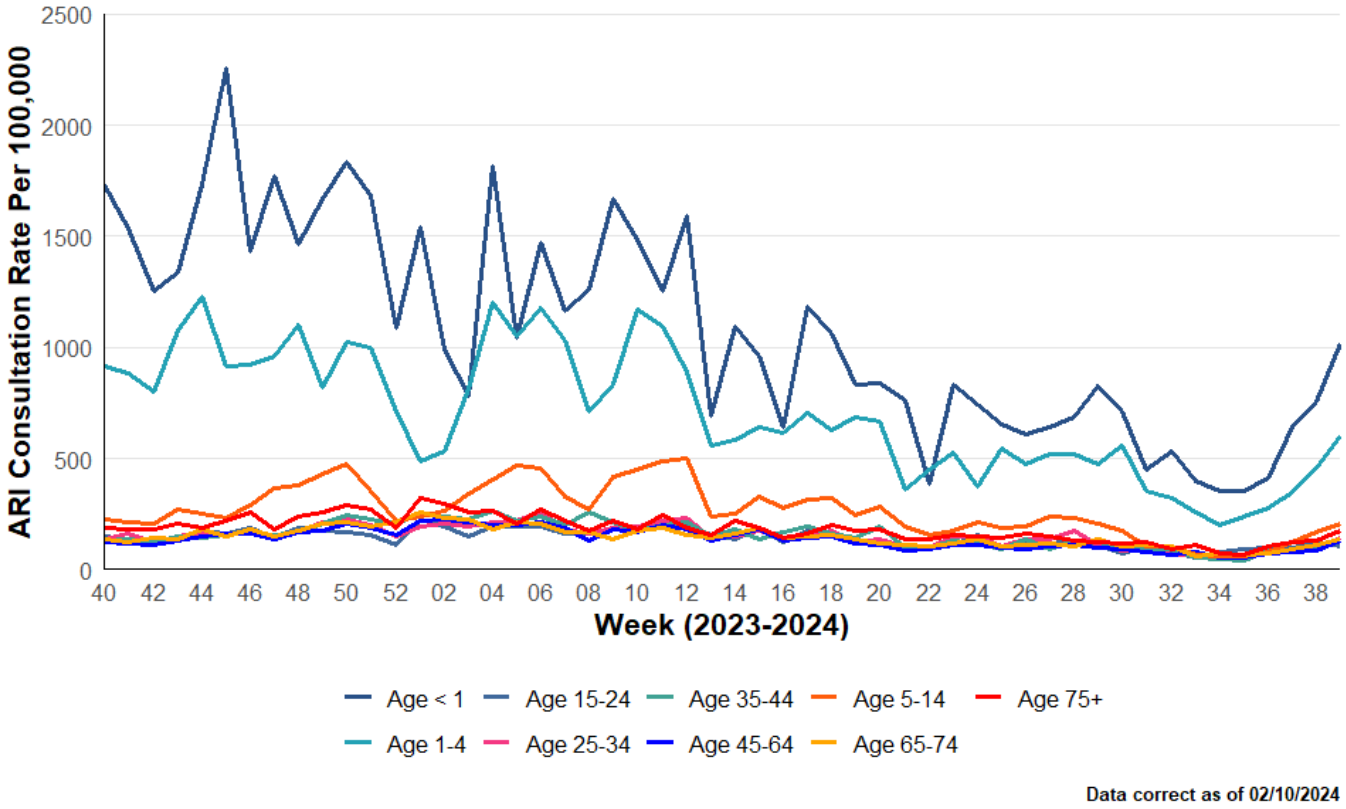


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



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.

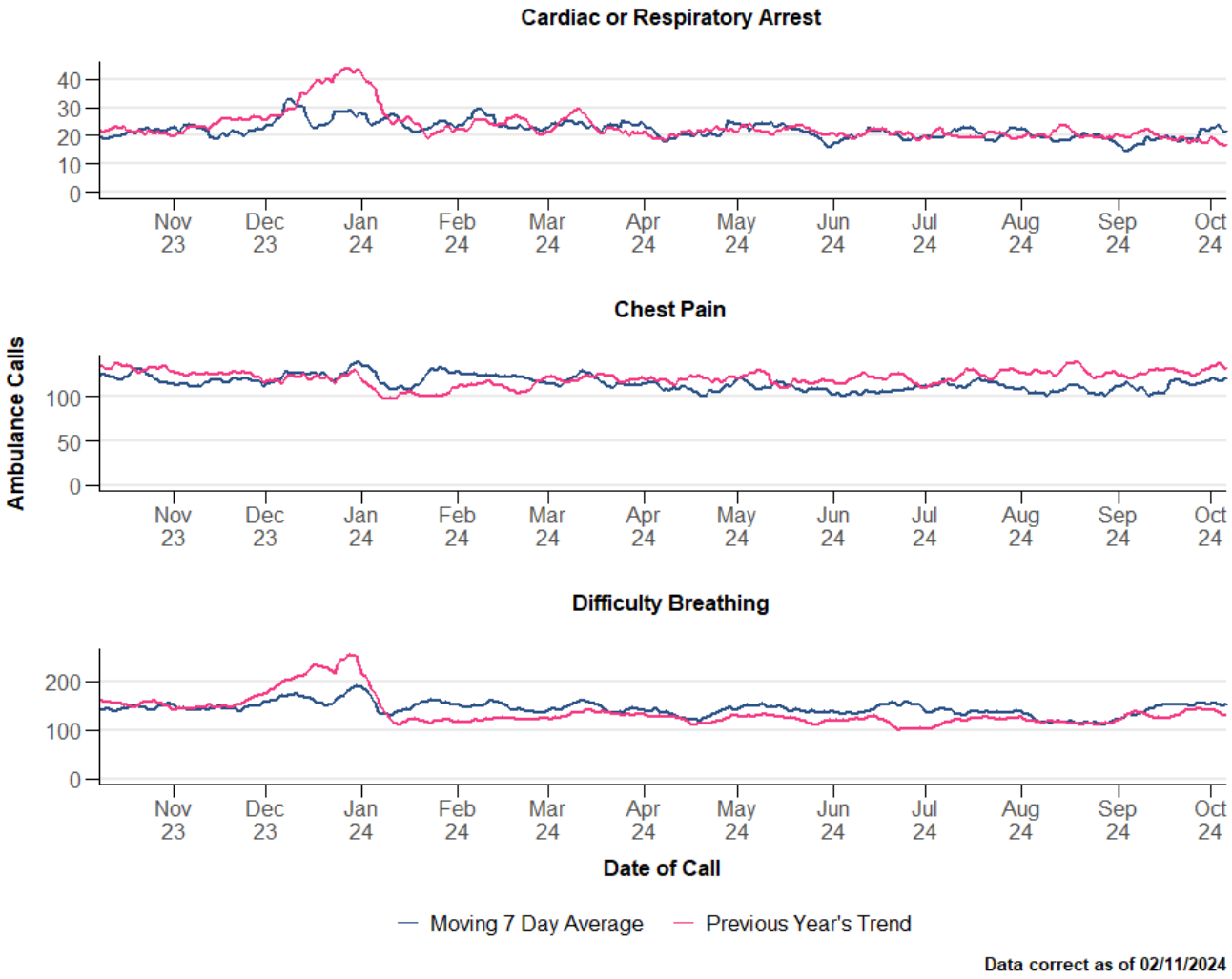


Table 1.2. Summary of weekly number of Ambulance calls, by symptom, in Wales for week 40, 2024. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	168	126	127
Chest Pain	831	801	882
Difficulty Breathing	1,067	1,083	1,002
Total	2,066	2,010	2,011

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 125 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 40, 2024, as at 09/10/2024 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (33) followed by enterovirus (7) and influenza A (4). Of the 125 tests, 52.0% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,204 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during week 40 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (199), followed by sars-cov2 (167) and enterovirus (50). Of the 1,204 tests, 59.1% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

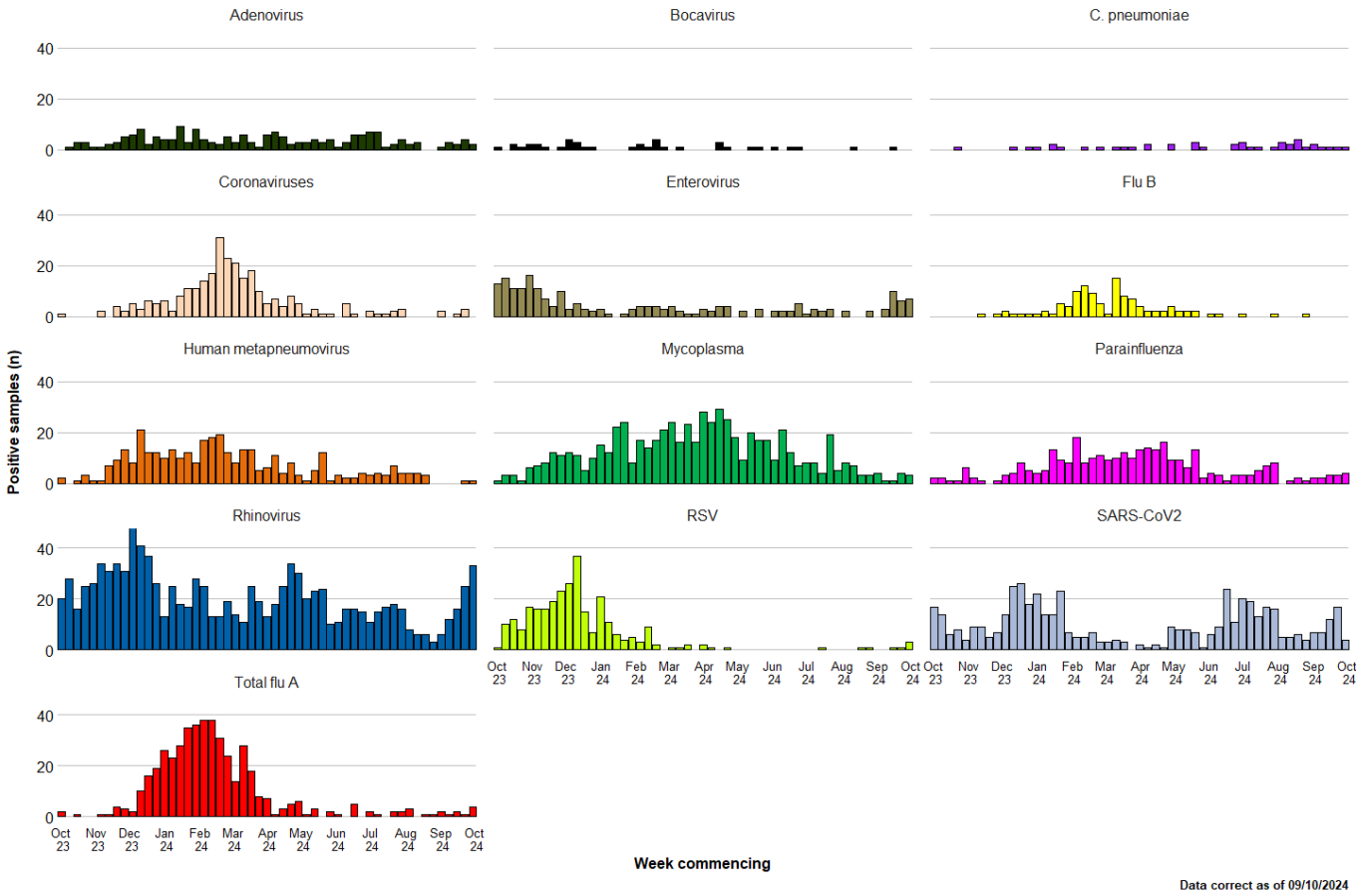
Additionally, during Week 40, 414 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 13 for influenza (11 influenza A (untyped), 2 influenza B)
- 101 for SARS-CoV-2 (COVID-19)
- 8 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 40, 2024.

Pathogens detected	Count	Positivity (current week)	Positivity (previous week)	Weekly Trend
Rhinovirus	33	26.4%	20.0%	Increasing
Enterovirus	7	5.6%	4.8%	Stable
Influenza A	4	3.2%	0.8%	Increasing
Parainfluenza	4	3.2%	2.4%	Stable
SARS-CoV2 (COVID-19)	4	3.2%	13.6%	Decreasing
RSV	3	2.4%	0.8%	Increasing
Mycoplasma pneumoniae	3	2.4%	3.2%	Stable
Adenovirus	2	1.6%	3.2%	Decreasing
Human metapneumovirus	1	0.8%	0.8%	Stable
C. pneumoniae	1	0.8%	0.8%	Stable
Influenza B	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	0.0%	Stable
Coronaviruses	0	0.0%	2.4%	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 40, 2023 to Week 40, 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 40, 2024.

Pathogens detected	Count (n)	Positivity (current week)	Positivity (previous week)	Weekly Trend
Rhinovirus	199	16.5%	18.3%	Decrease
SARS-CoV2 (COVID-19)	167	13.9%	12.7%	Increasing
Enterovirus	50	4.2%	4.5%	Stable
RSV	38	3.2%	1.6%	Increasing
Adenovirus	31	2.6%	3.4%	Stable
Parainfluenza	25	2.1%	1.0%	Increasing
Flu A	16	1.3%	0.3%	Increasing
Human metapneumovirus	11	0.9%	0.8%	Stable
Seasonal coronaviruses	6	0.5%	0.5%	Stable
Mycoplasma pneumoniae	2	0.2%	0.3%	Stable
Flu 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 40, 2023 to Week 40, 2024.

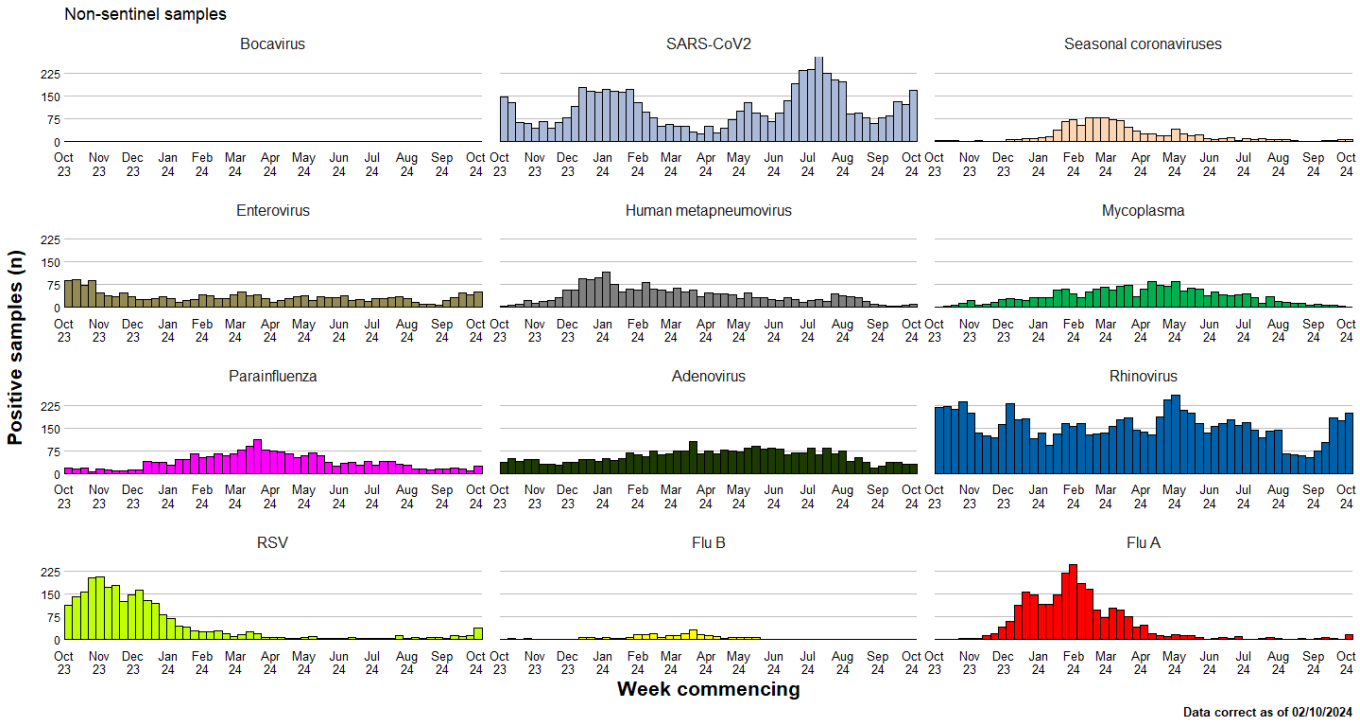
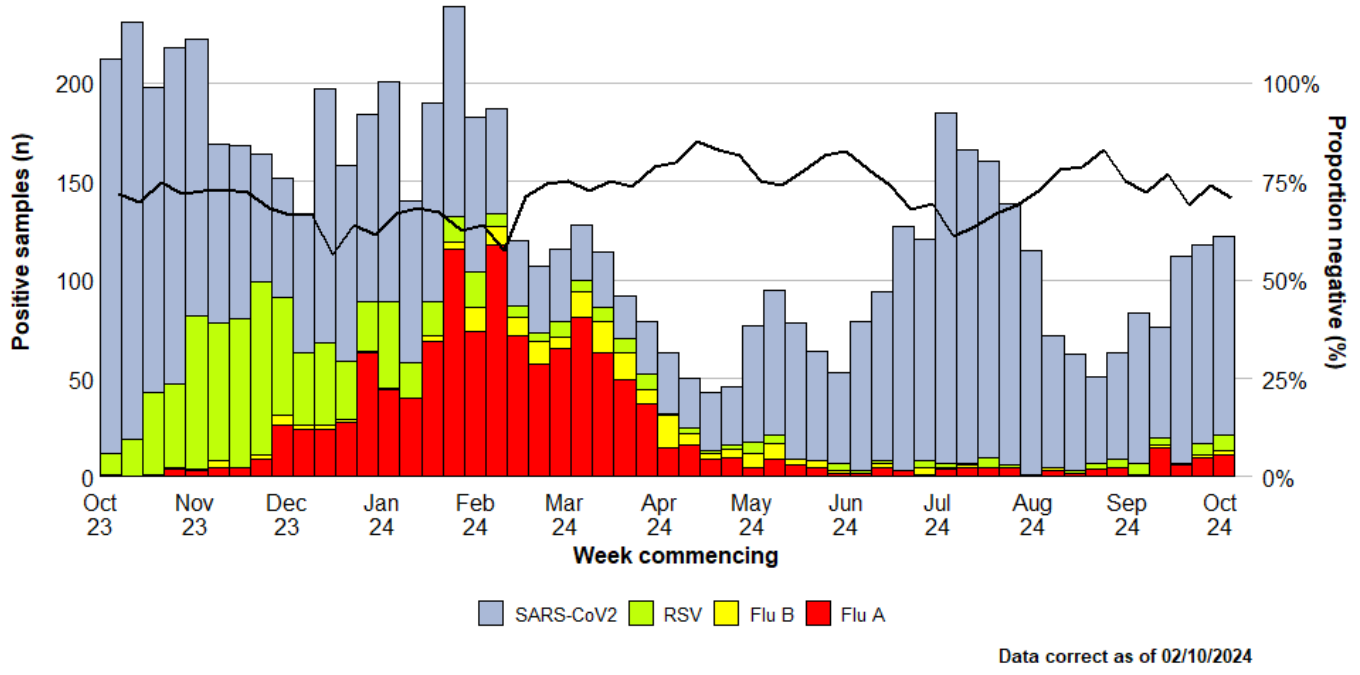


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 40, 2023 to Week 40, 2024.



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

Data are up to the 29/09/2024 (week 39)

Sentinel SARI in emergency departments

- Over the last four weeks (37, 2024 to 39, 2024), there were 109 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was Rhinovirus/Enterovirus(28) followed by SARS-CoV2(11) and RSV(6). Of the 109 samples collected, 51.4% 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, 10% for SARS-CoV2 and 6% for RSV.

Hospital in-patients

- During week ending 29/09/2024 there were 82 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (6 more than the previous week), equating to 1% of all hospital admissions in that reporting week.

- At 23:59 on 29/09/2024, there were 314 patients in hospital with confirmed COVID-19, RSV or influenza, 47 more than the previous Sunday. This equates to 3% of all hospital in-patients (IPs) at that time. Of whom, 61% (190) were hospital acquired (HA).

Critical-care

- During week ending 29/09/2024 there were 6 ARI critical care (CC) admissions (4 more than the previous week), equating to 3% of all CC admissions in that reporting week.

- At 23:59 on 29/09/2024, there were 10 patients in CC with confirmed COVID-19, RSV or influenza, 4 more than the previous Sunday. This equates to 7% of all CC inpatients at that time. Of whom, 30% (3) were hospital acquired (HA).

Virological surveillance in ICU

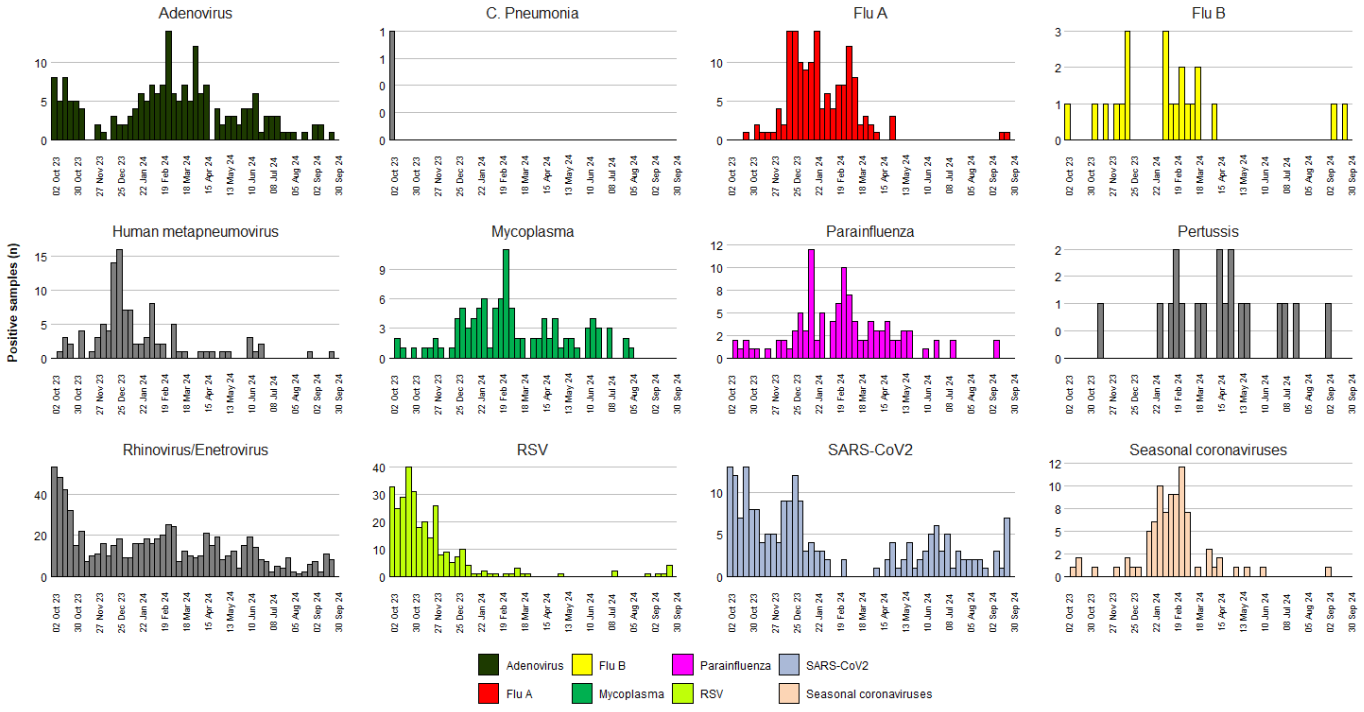
- During week 40, 2024, 80 respiratory samples were tested from patients in intensive care units (ICU). Of these: twelve tested positive for SARS-CoV2, one tested positive for Influenza and one tested positive for RSV (Figure 3.4).

For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/ARI-Hospitaladmissionsdashboard/ARIhospitaladmissionsdashboard?publish=yes

Table 3.1 Pathogens detected and sample positivity for samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 39, 2024.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens detected	**n**	**%**	**n**	**%**
Adenovirus	5	4.6%	192	6.0%
C. Pneumonia	0	0.0%	1	0.0%
Influenza A	2	1.8%	160	5.0%
Influenza B	2	1.8%	22	0.7%
Human metapneumovirus	1	0.9%	106	3.3%
Mycoplasma pneumoniae	0	0.0%	105	3.3%
Parainfluenza	2	1.8%	109	3.4%
Pertussis	1	0.9%	19	0.6%
RSV	6	5.5%	302	9.4%
Rhinovirus/Enterovirus	28	25.7%	729	22.6%
SARS-CoV2	11	10.1%	198	6.1%
Seasonal coronaviruses	1	0.9%	89	2.8%
Negative	56	51.4%	1,597	49.5%
Total	**109**	**100%**	**3,356**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 39, 2024 and previous 12 months.

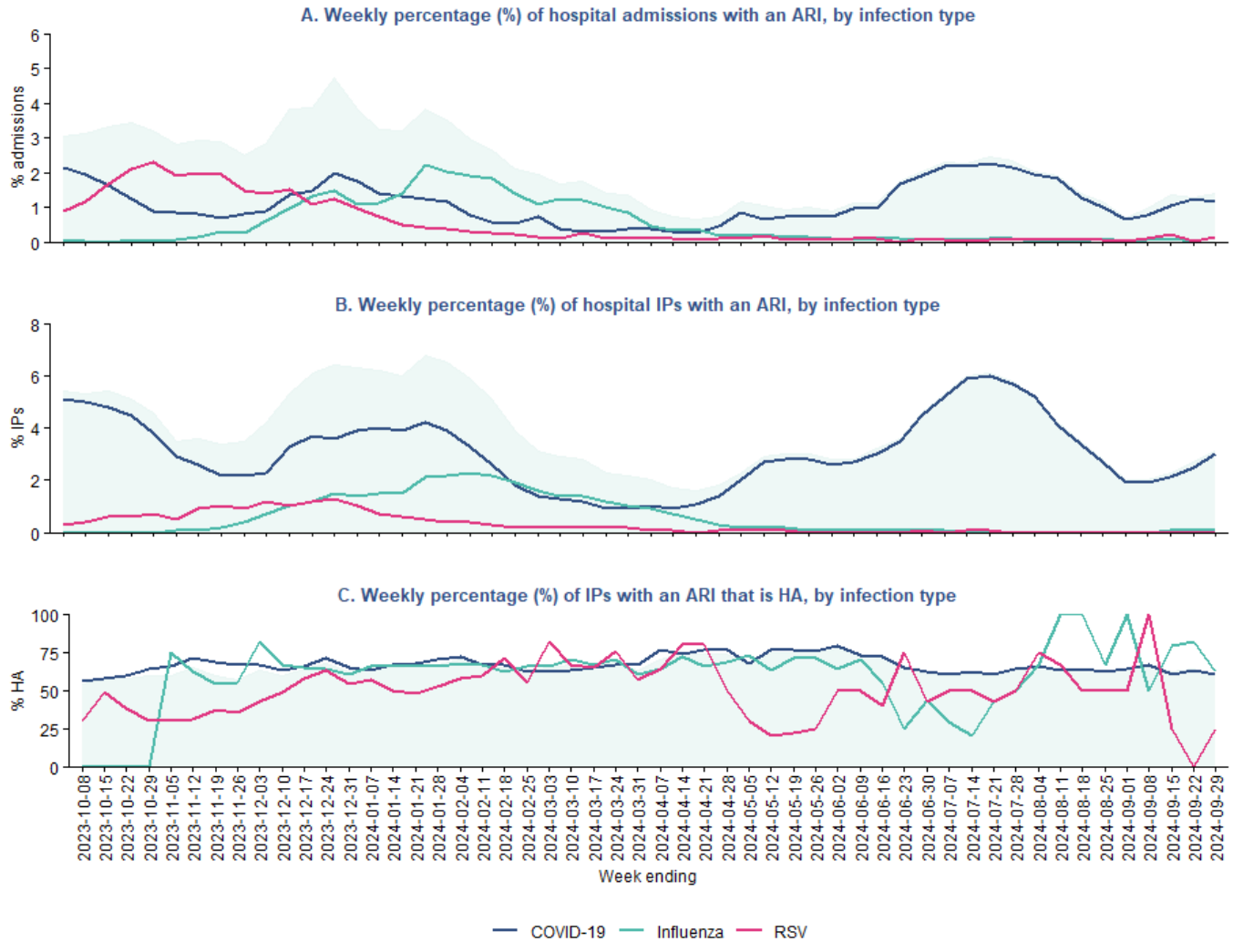


Acute Respiratory Infection Surveillance in Hospital In-Patients

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		Hospital in-patients		
	Count	% of all admissions	Count	% of all IPs	% HA (n)
COVID-19	68	1%	297	3%	61% (181)
Influenza	7	<1%	13	0%	62% (8)
RSV	7	<1%	4	<1%	25% (1)
ARI total	**82**	**1%**	**314**	**3%**	**61% (190)**

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.



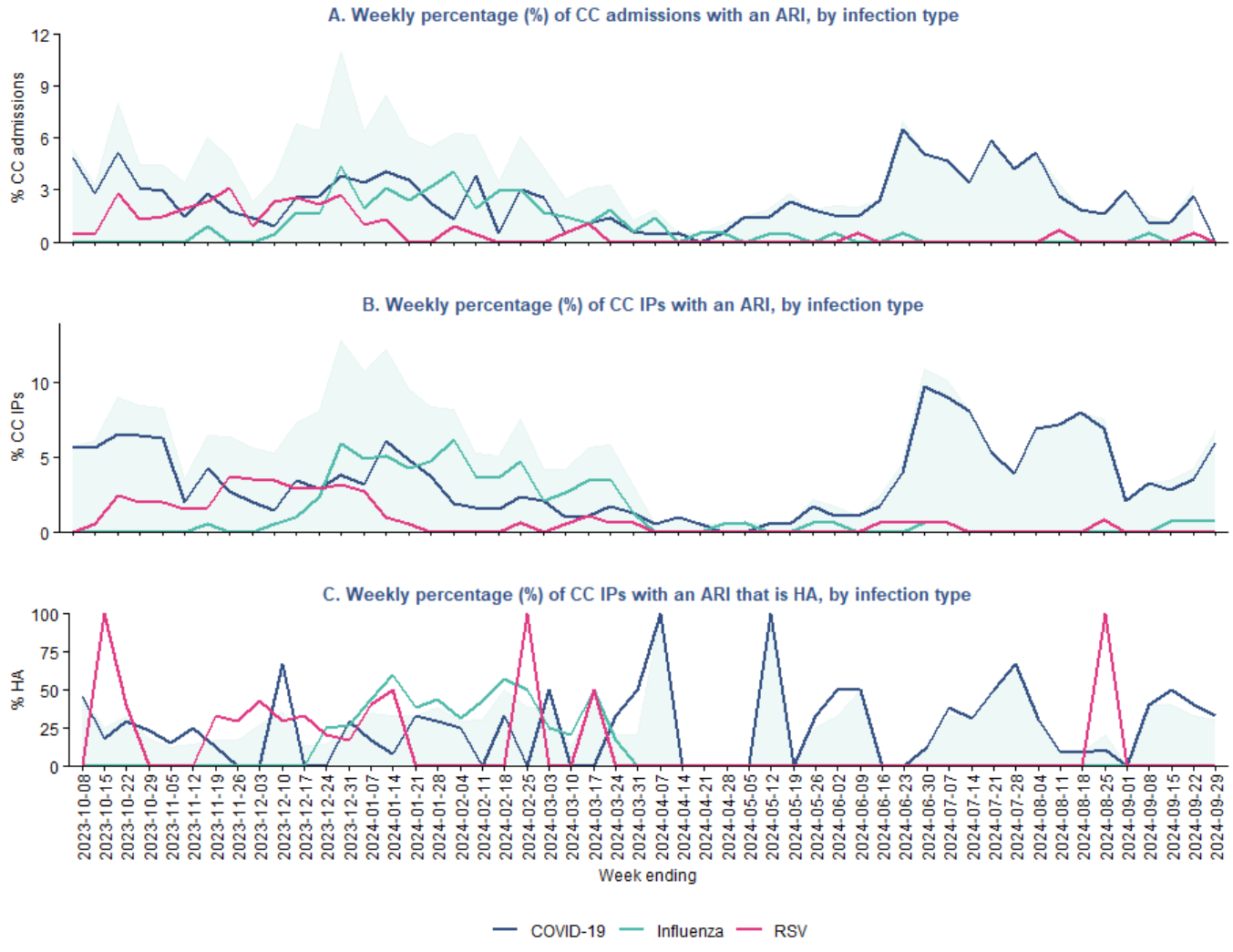
Data as of: 09-10-2024

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).

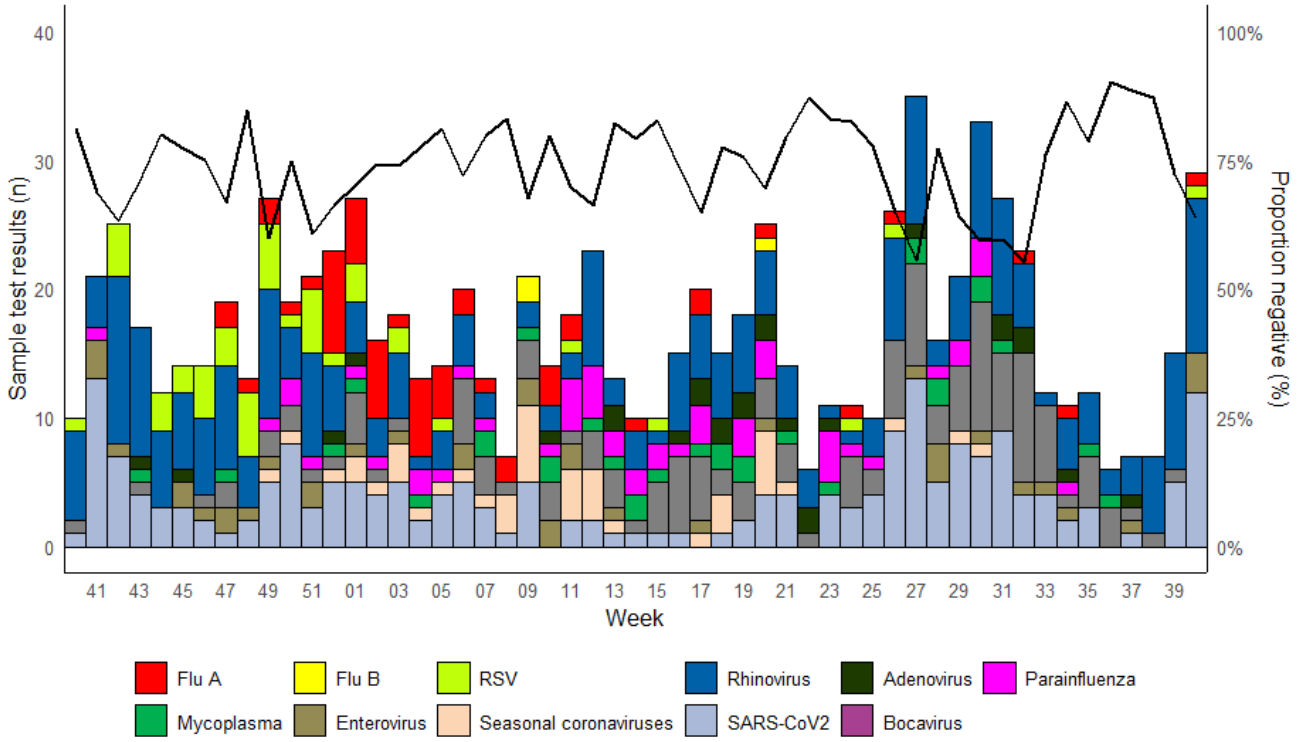
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% healthcare acquired (n)
COVID-19	5	3%	9	6%	33% (3)
Influenza	0	0%	1	1%	0% (0)
RSV	1	1%	0	0%	0% (0)
ARI total	**6**	**3%**	**10**	**7%**	**30% (3)**

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: 09-10-2024

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 40, 2024 to Week 40, 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 40, 2024, 4 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- All incidents were COVID-19
- All incidents were in a Residential Home

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.

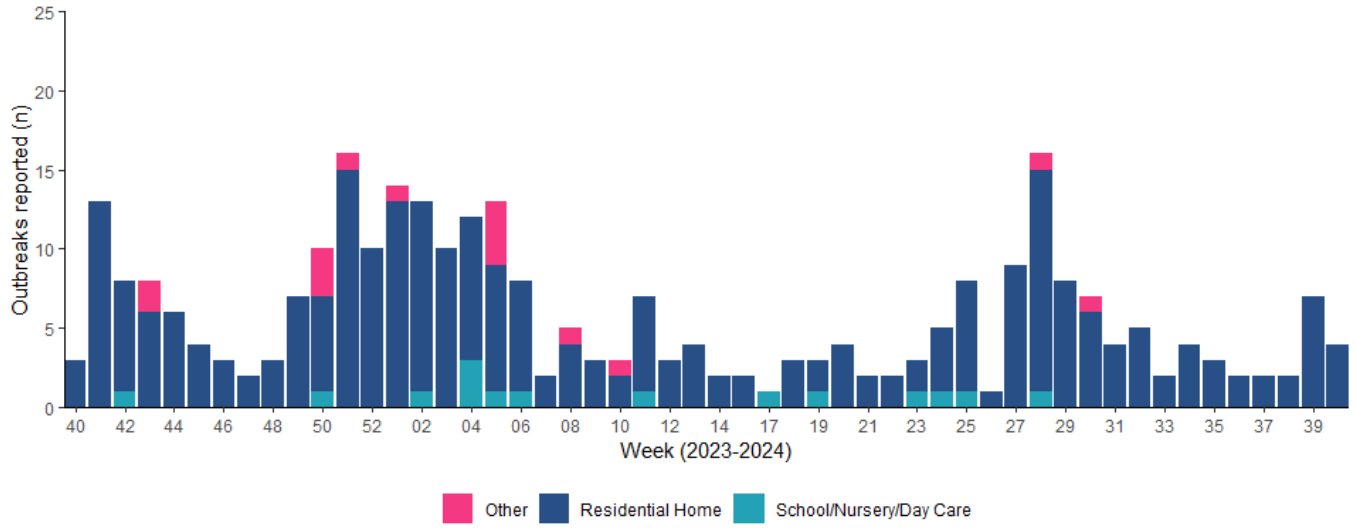
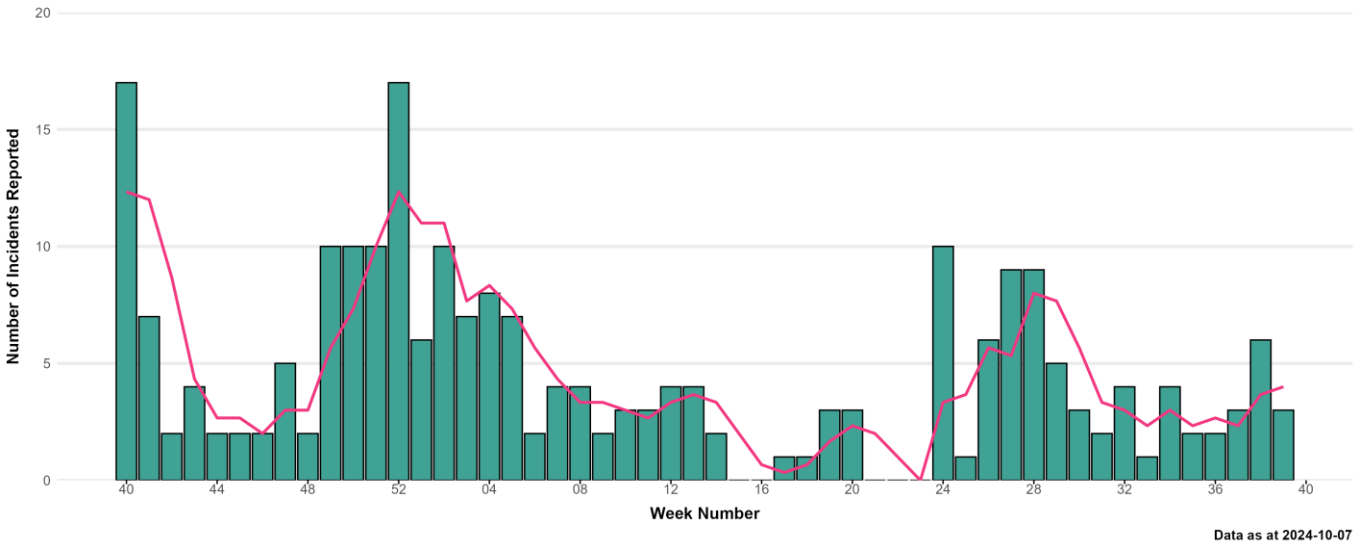


Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



5. Mortality surveillance

- During week 38, 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 5.1 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.

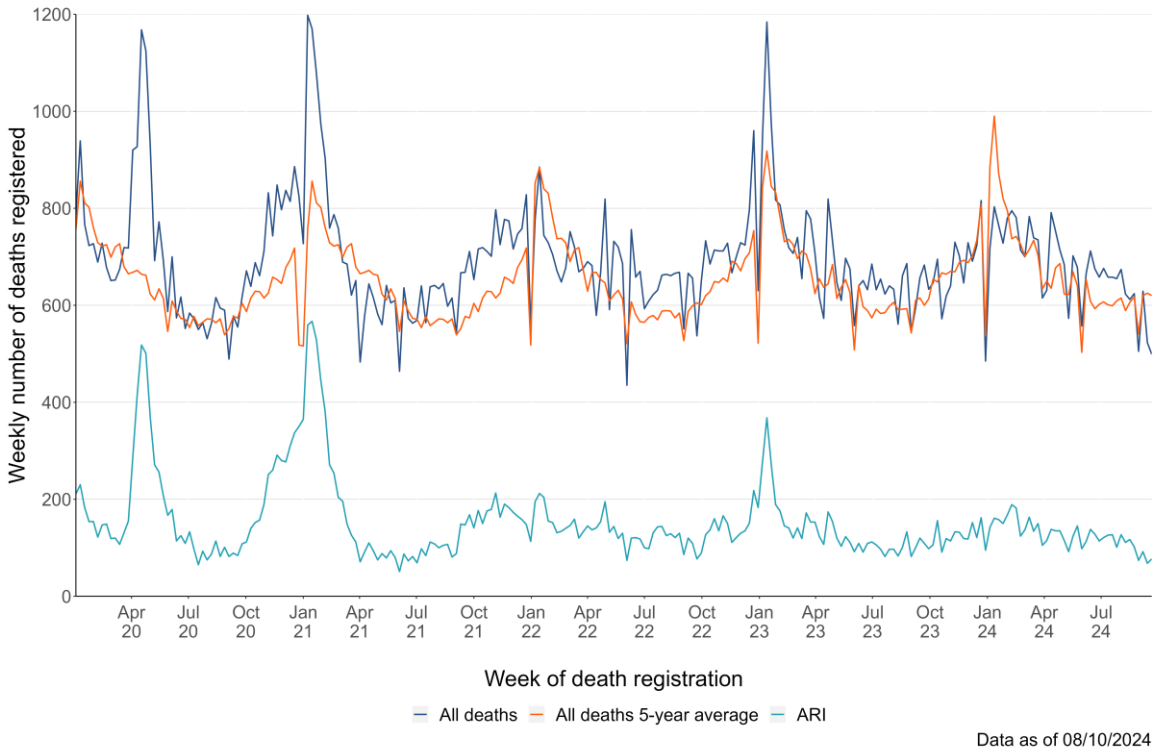


Figure 5.2 Numbers of ARI related deaths by age-group and week of death registration.

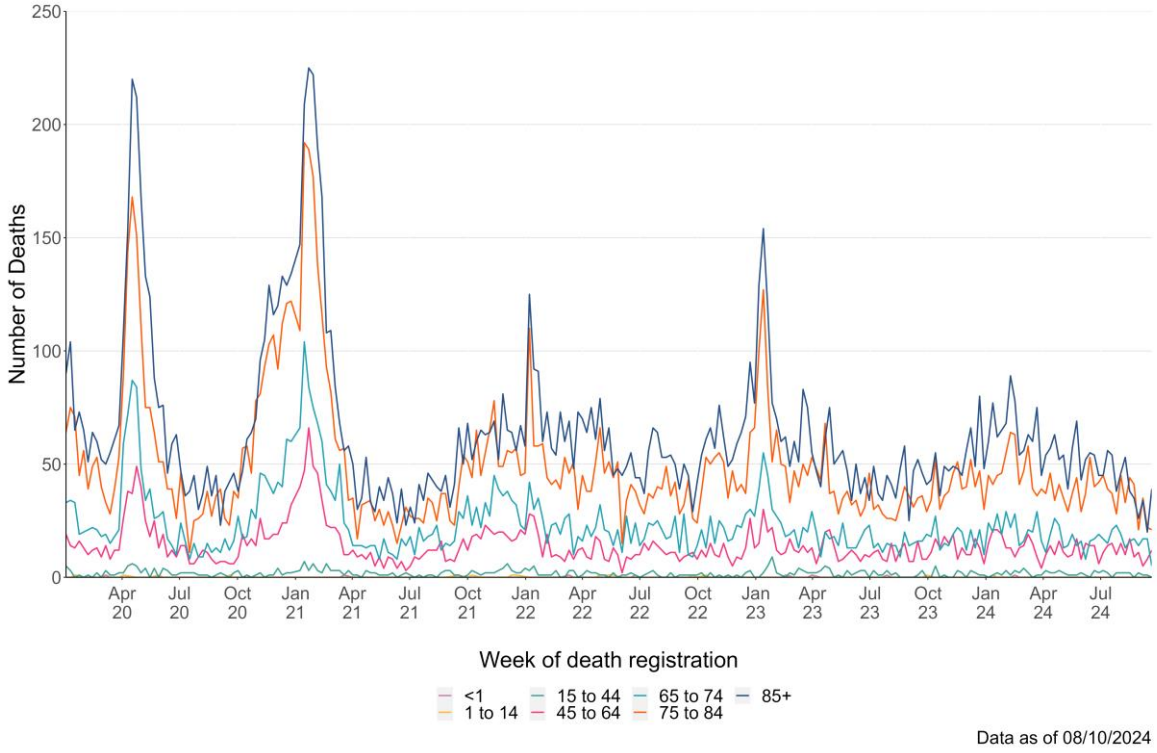


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

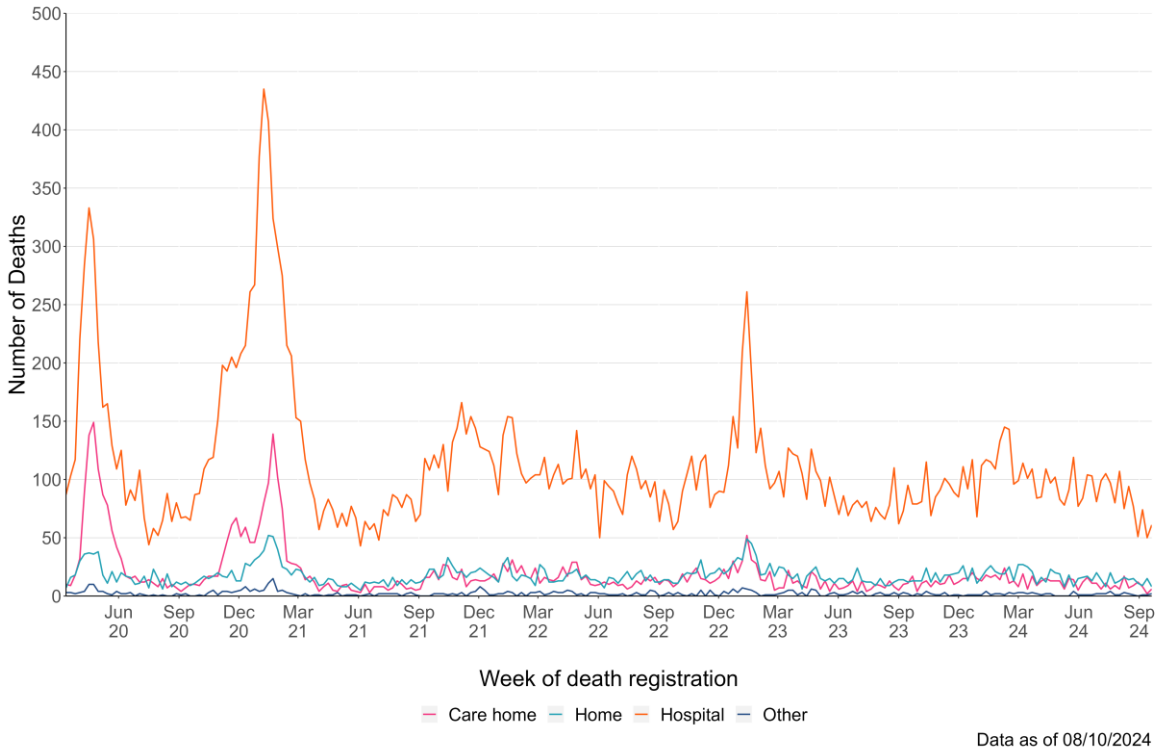
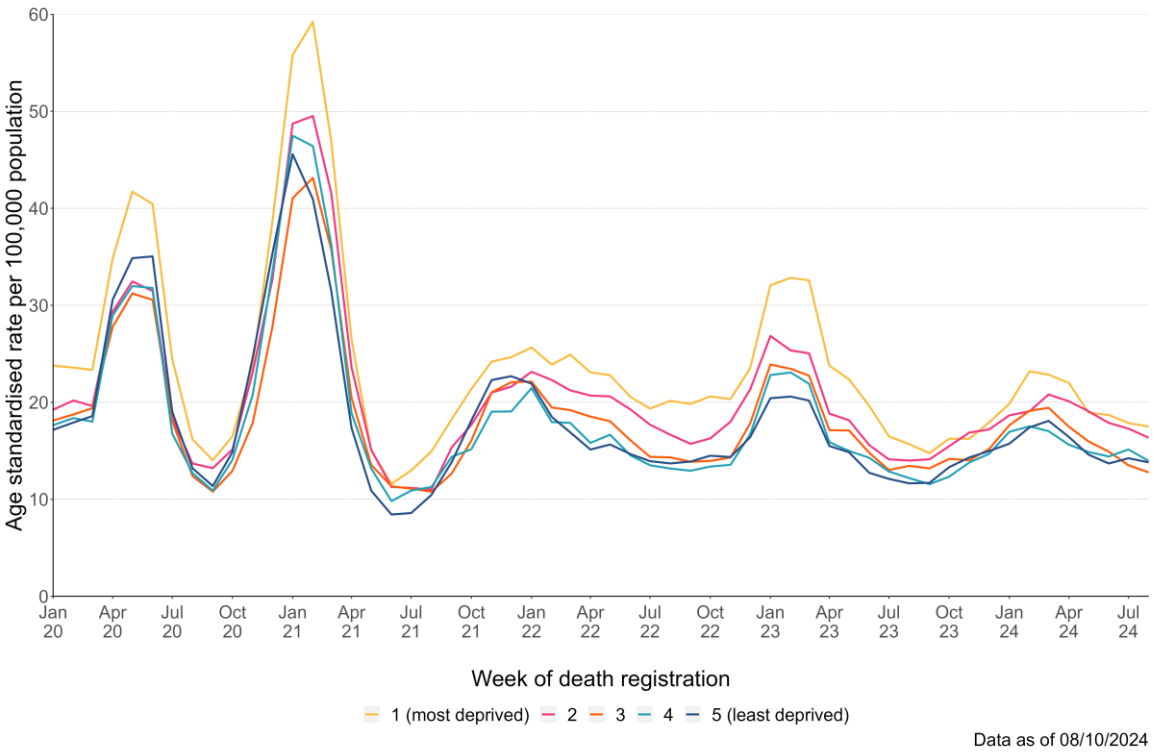


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



For interactive versions for data involving Covid-19 related deaths, including health board specific breakdowns, see:

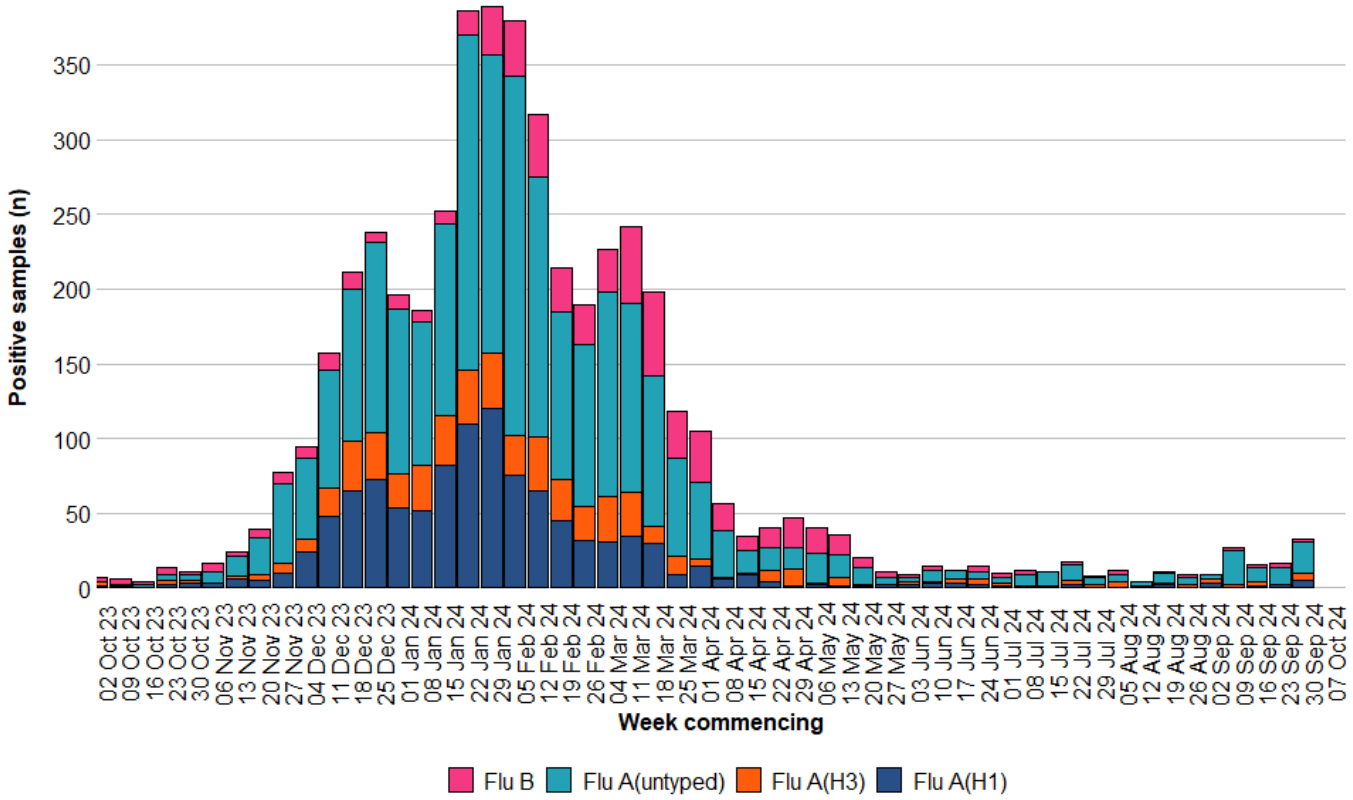
https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/CovidDashboard_ONSmortality/ONSdeaths

6. Pathogen-specific surveillance

Influenza

- Influenza A (untyped) is the most commonly detected influenza subtype in Wales since week 40 2024 (21 confirmed cases), followed by influenza A(H3N2) (5 confirmed cases), influenza A A(H1N1)pdm09 (5 confirmed cases) and influenza B (2 confirmed cases).

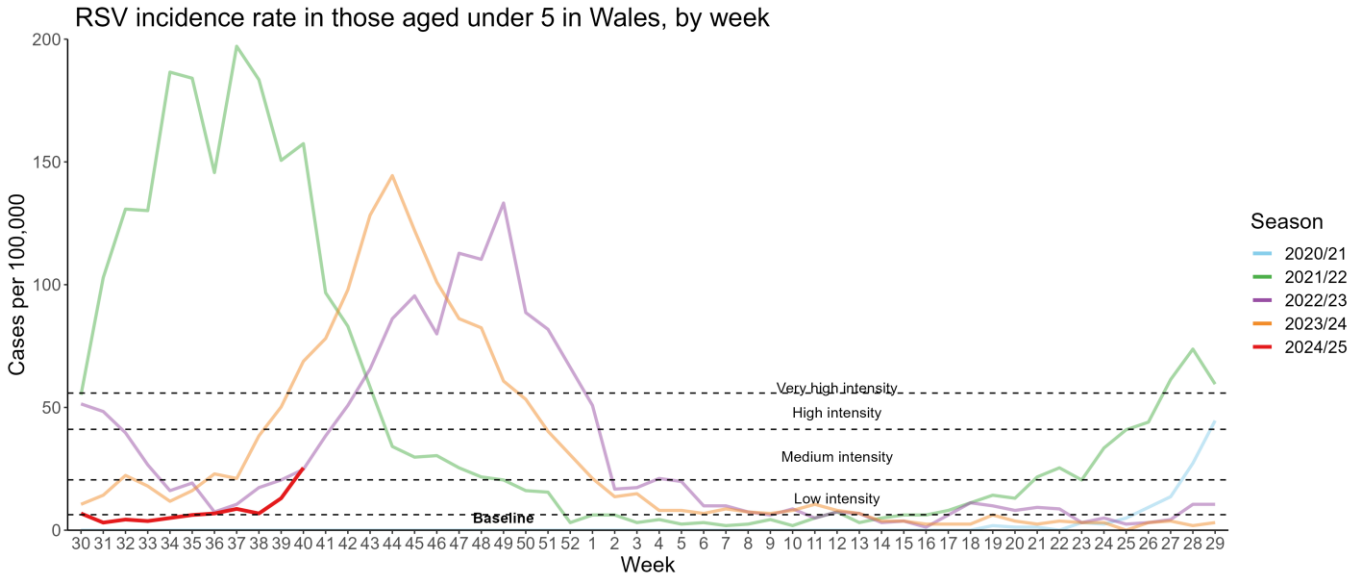
Figure 6.1. Influenza sub-types based on samples submitted for virological testing by sentinel GPs and community pharmacies, hospital patients, and non-sentinel GPs, by week of sample collection, Week 40, 2023 to Week 40, 2024.



Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is increasing and is currently at medium (25.4) intensity levels per 100,000 population during week 40 2024.

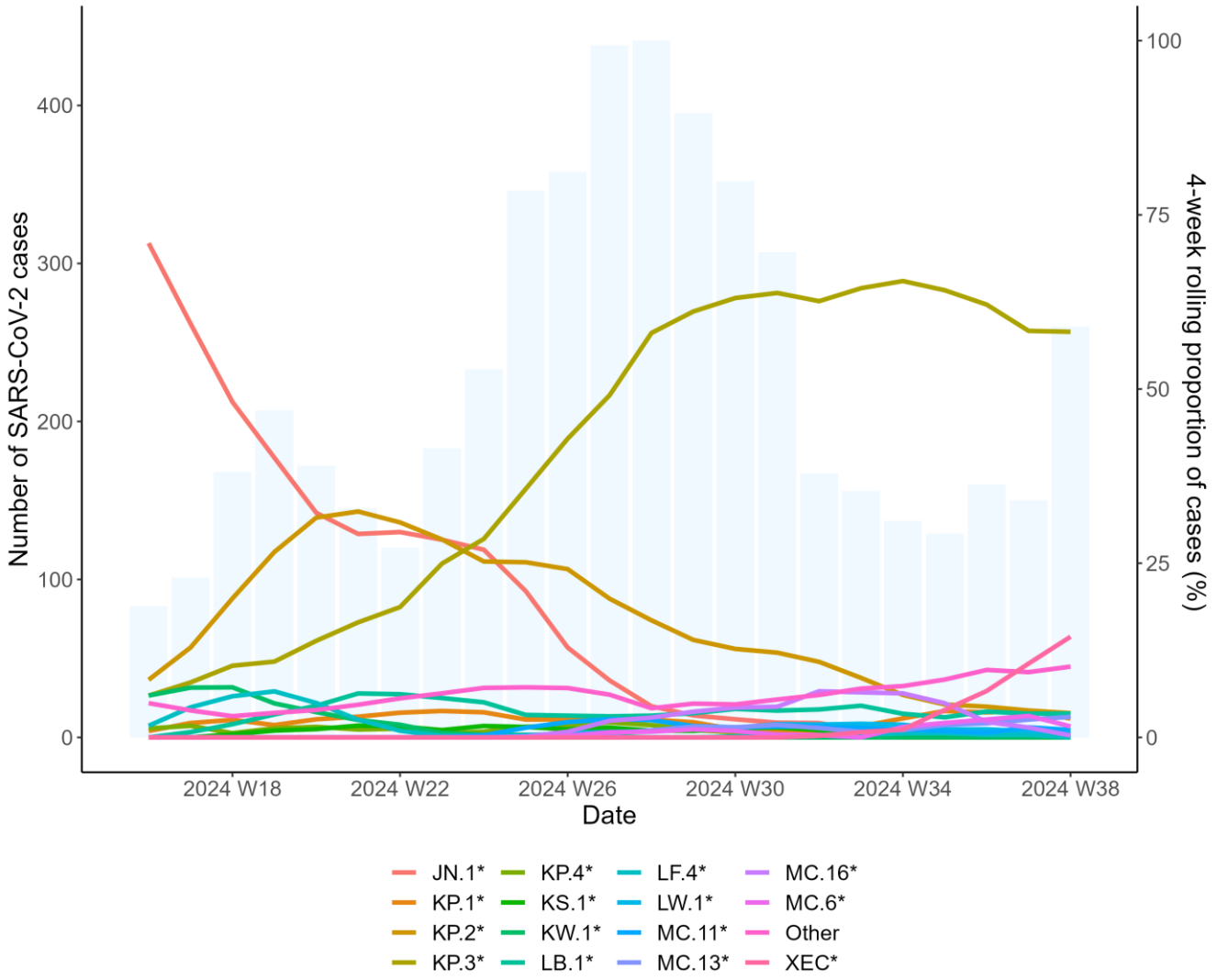
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, weeks 30 2020 to week 40 2024.



SARS-CoV-2 Variant surveillance

- Omicron JN.1 (V-23DEC-01) is the most frequently detected variant in Wales currently, accounting for 97.2% of sequenced cases in the previous four 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 W16 to 2024 W40).



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 38, GP ILI consultations increased to 3.2 per 100,000 in Scotland.
- During Week 38, 3,896 samples testing positive for influenza were reported in England of which 63 were positive for influenza (28 influenza A(not subtyped), 22 influenza A(H3N2), 1 influenza A(H1N1) and 12 influenza B. Overall influenza positivity decreased to 1.4% in England in week 38 and decreased to 2.0% in Scotland in week 39.
- 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 39, that influenza positivity is below the 10% positivity epidemic threshold at 1%. Of the 22 countries and areas reporting on influenza intensity, none reported medium intensity or higher. Of the 21 countries and areas reporting on geographic spread of influenza viruses within a country or area, two reported widespread or regional distribution. There were 21 confirmed influenza virus infection detections reported from sentinel primary care.
  Source: European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- The WHO reported on 02/10/2024, based on data up to 22/09/2024 that in the Northern hemisphere elevated activity continued to be reported in countries in Western Africa (A(H3N2) and influenza B), Middle Africa (H3N2), Western Asia (H1N1 and influenza B viruses), South and South-East Asia (H1N1), Central America and the Caribbean (HN2 viruses).
- In the Southern hemisphere, influenza activity declined overall. However, it was still elevated in some countries in South America (influenza B), Eastern Africa (influenza A and influenza B), and Oceania. **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 are low during week 39 (ending 28/09/2024). Nationally, 223 (0.5%) out of 41,057 specimens have tested positive for influenza in week 39 in clinical laboratories nationwide, of these positive samples, 174 (78.0%) were influenza A and 49 (22.0%) were influenza B. Further characterisation has been carried out on 880 specimens by public health laboratories, and 68 samples tested positive for influenza; 39 influenza A(H1N1)pdm09, 15 influenza A(H3N2), 11 influenza A(not subtyped) and 3 influenza B.
  Source: CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

Respiratory syncytial virus (RSV) in North America

The USA CDC reported that the RSV positivity rate increased in week 39.
Source: CDC RSV national trends: National Respiratory and Enteric Virus Surveillance System | CDC

COVID-19 – UK and international summary

- As of 25/09/2024, there were 7.6 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

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.

9. 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