

Current level of influenza activity: Low

Influenza activity trend: Decreasing

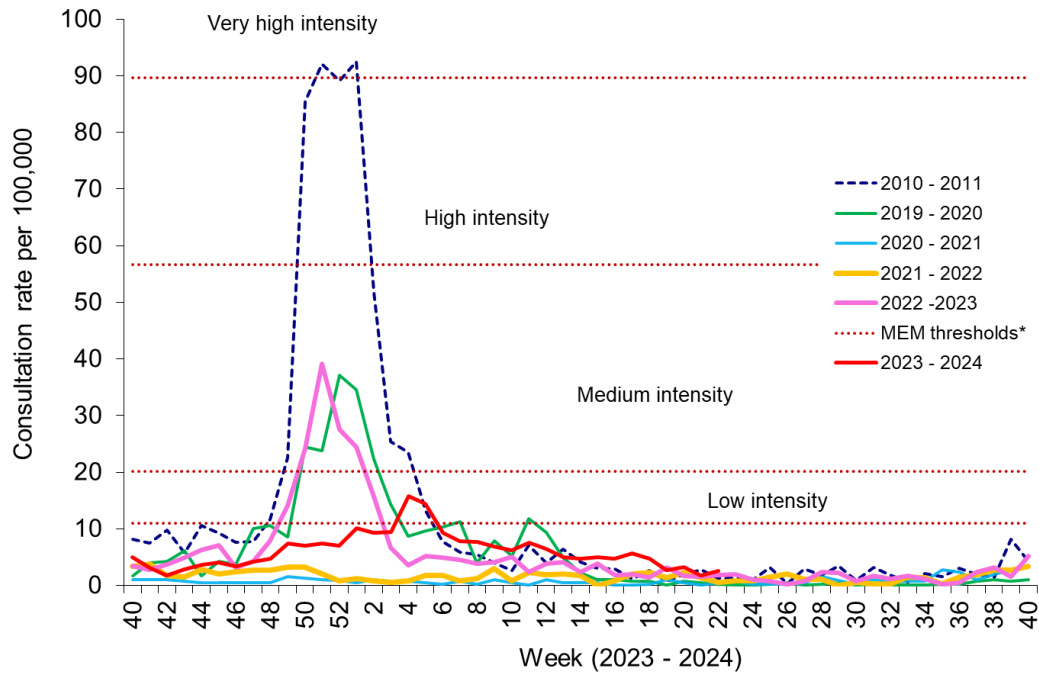
Confirmed influenza cases since 2023 Week 40: 4573 (501 influenza A(H3N2), 1017 influenza A(H1N1)pdm09, 2473 influenza A untyped and 582 influenza B)

During Week 22 (ending 02/06/2024) there were nine cases of influenza confirmed. 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 22, was 2.5 consultations per 100,000 practice population (Table 1). The rate increased compared to the previous week (1.8 consultations per 100,000. Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 121.8 per 100,000 practice population during Week 22 (Table 2 and Figure 3). This is a decrease compared to the previous week (121.8 per 100,000). During week 22, Lower Respiratory Tract Infections decreased to 50.5 per 100,000 and Upper Respiratory Tract Infections decreased to 72.3 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 22, 983 specimens received multiplex respiratory panel testing from patients attending hospitals. **Five tested positive for influenza (two influenza A(not subtyped) and three influenza B)**. Overall influenza test-positivity increased to 0.5%. In those aged under 18 positivity decreased to <0.1% from 1.2%, and in those aged over 18 decreased to 0.3%. In addition, there were: 139 rhinovirus, 83 adenovirus, 65 SARS-CoV-2, 38 mycoplasma, 26 enterovirus, 25 human metapneumovirus, 25 parainfluenza, 10 seasonal coronaviruses, and four RSV positive samples (Figure 5). Additionally, 367 samples from patients were tested for influenza, RSV and SARS-CoV-2 only. Of these 367 samples there were **three influenza A, one influenza B**, and 49 SARS-CoV-2 (Figure 7). Furthermore, during week 22, 48 respiratory specimens were tested from patients in intensive care units (ICU) of which none was positive for influenza (Figure 8).
- There were 64 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 21 (*data for the latest week are currently unavailable*). Of the 64 samples reported in Week 21, **two tested positive for influenza B**, 14 for rhinovirus, two for adenovirus, seven for parainfluenza, 11 for mycoplasma, three for human metapneumovirus, two for enterovirus, one for bocavirus, four for SARS-CoV-2 and one for *c. pneumonia* as at 29/05/2024 (Figure 4).
- From all samples where influenza subtyping information was immediately available during week 22, two were influenza A(not subtyped) and three influenza B (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 3.7 per 100,000 and 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 eight and four respectively during Week 22 (Figures 10 & 11) (latest data available) and 42 for SARS-CoV-2 during week 22 (Figure 12).
- During week 22, two **ARI outbreaks** were reported to the Public Health Wales Health Protection Team, both were SARS-CoV-2. Both outbreaks were in residential care homes.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 21.
- 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).

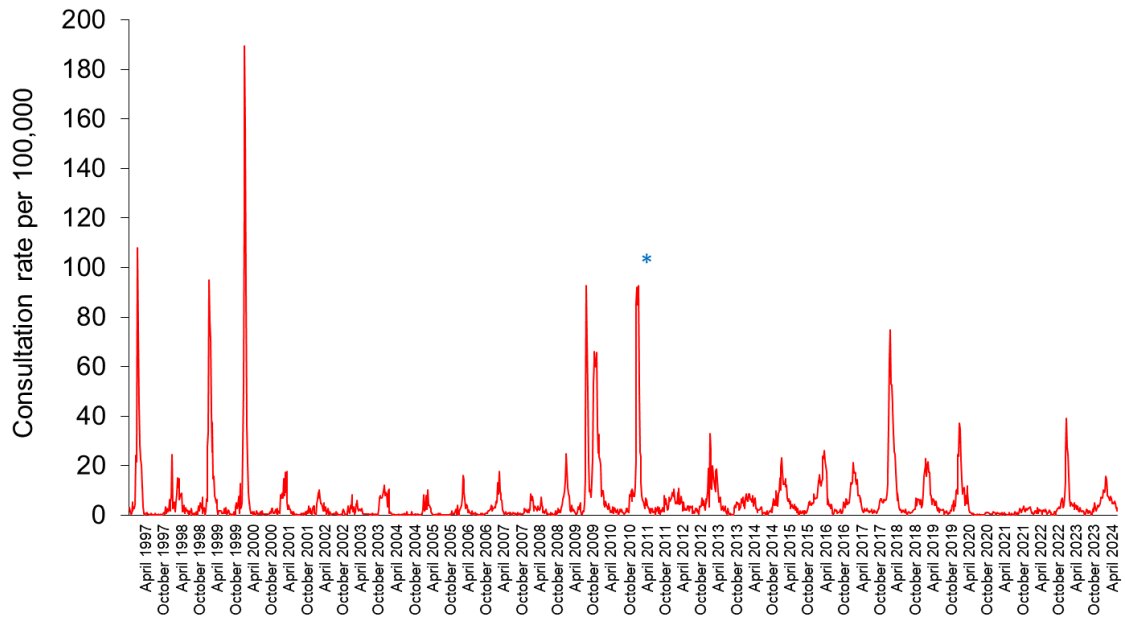
Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 02/06/2024).



* 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 22 2024).



* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 17 – Week 22 2024 (as of 02/06/2024).

Age group	17	18	19	20	21	22
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	7.1	0.0	0.0	0.0	0.0	0.0
5 - 14	4.6	4.4	0.0	2.5	0.0	2.3
15 - 24	2.2	2.1	4.4	2.4	0.0	4.5
25 - 34	2.0	5.7	3.9	8.6	4.1	4.0
35 - 44	9.6	9.0	7.5	4.1	1.9	3.8
45 - 64	9.5	6.3	0.0	2.0	1.9	1.9
65 - 74	4.4	4.3	0.0	2.4	2.3	2.3
75+	2.2	0.0	6.8	2.4	2.2	0.0
Total	5.7	4.7	2.7	3.2	1.8	2.5

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 17 – Week 22 2024 (as of 02/06/2024).

Age group	17	18	19	20	21	22
< 1	1174.4	1060.4	828.1	825.5	754.2	342.9
1 - 4	697.4	623.3	683.4	662.3	361.1	471.6
5 - 14	315.5	318.1	241.7	283.3	195.1	163.6
15 - 24	171.1	165.2	122.7	126.3	96.4	94.0
25 - 34	152.0	174.0	123.2	135.5	105.3	98.8
35 - 44	192.9	160.4	144.0	191.8	100.4	94.1
45 - 64	145.0	146.1	118.9	110.1	87.4	93.4
65 - 74	146.6	155.7	135.5	114.3	110.5	104.5
75+	161.4	201.0	176.9	179.6	135.2	127.8
Total	201.9	202.7	196.8	176.3	126.2	121.8

Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 22 2023 – Week 22 2024.

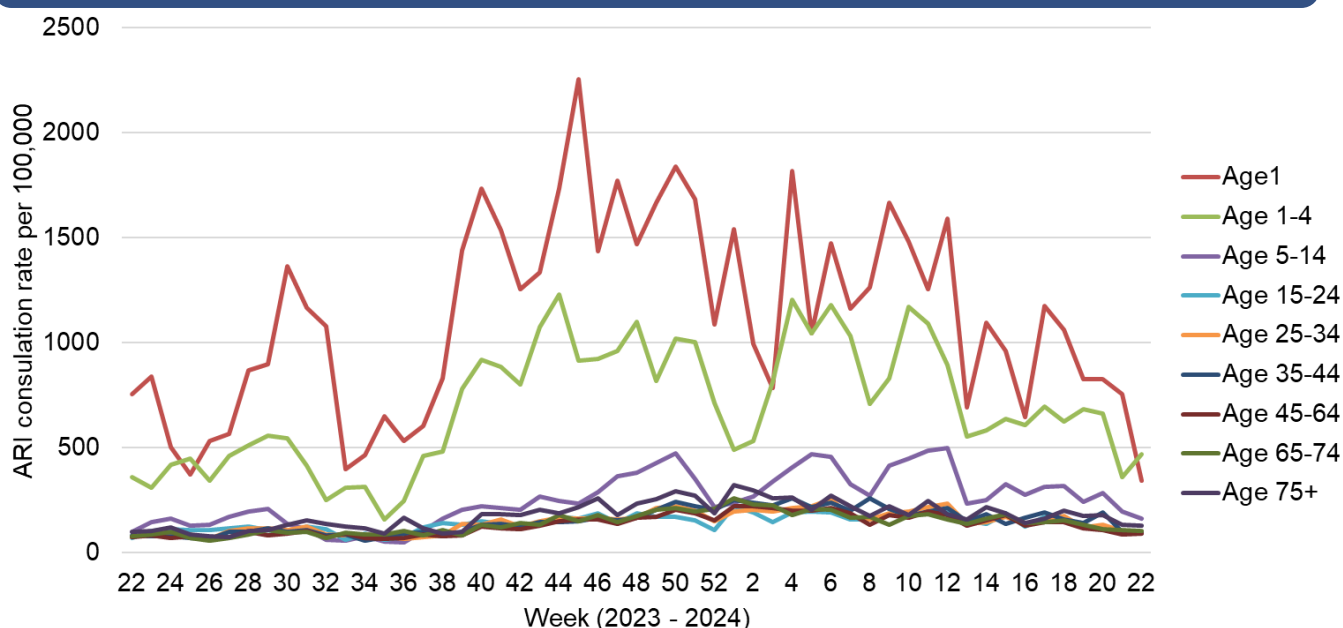
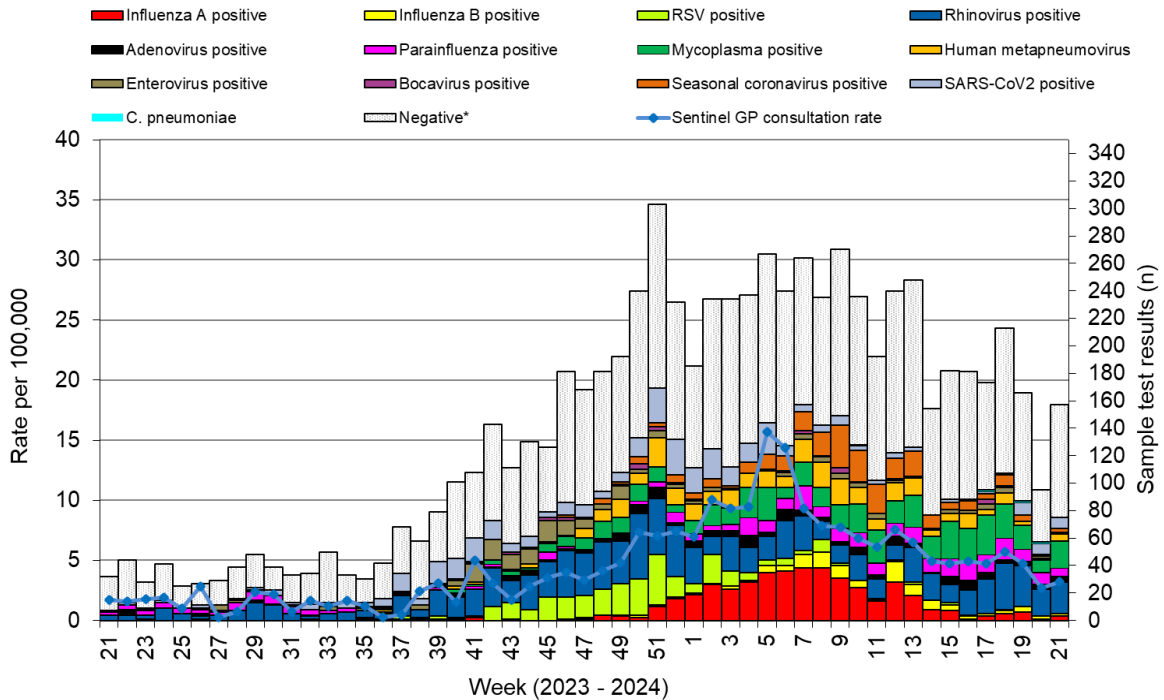
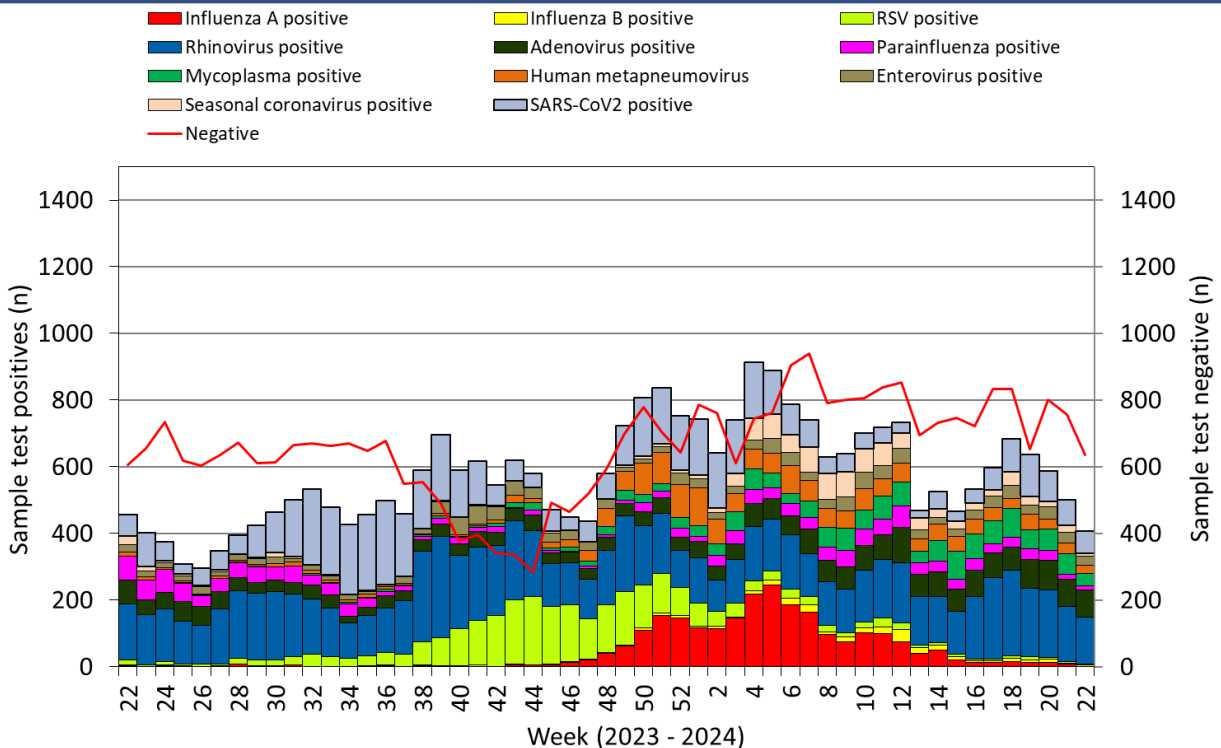


Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 26/05/2024, by week of sample collection, Week 21 2023 to Week 21 2024 (Data for the latest week are unavailable).



* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than one pathogen will appear more than once in the chart. **Results for the latest week will underestimate activity as not all samples will have been received, tested, and authorised at time of writing this report.**

Figure 5. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 02/06/2024 by week of sample collection, Week 22 2023 to Week 22 2024.



This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart summarises individual test results, patients who are positive for multiple infections within a given week will appear multiple times. Samples which test positive for more than one pathogen will appear more than once in the chart.

Figure 6. Flu subtypes based on specimens submitted for virological testing by sentinel GPs and community pharmacies, hospital patients, and non-sentinel GPs, as of 26/05/2024 by week of sample collection, Week 22 2023 to Week 22 2024.

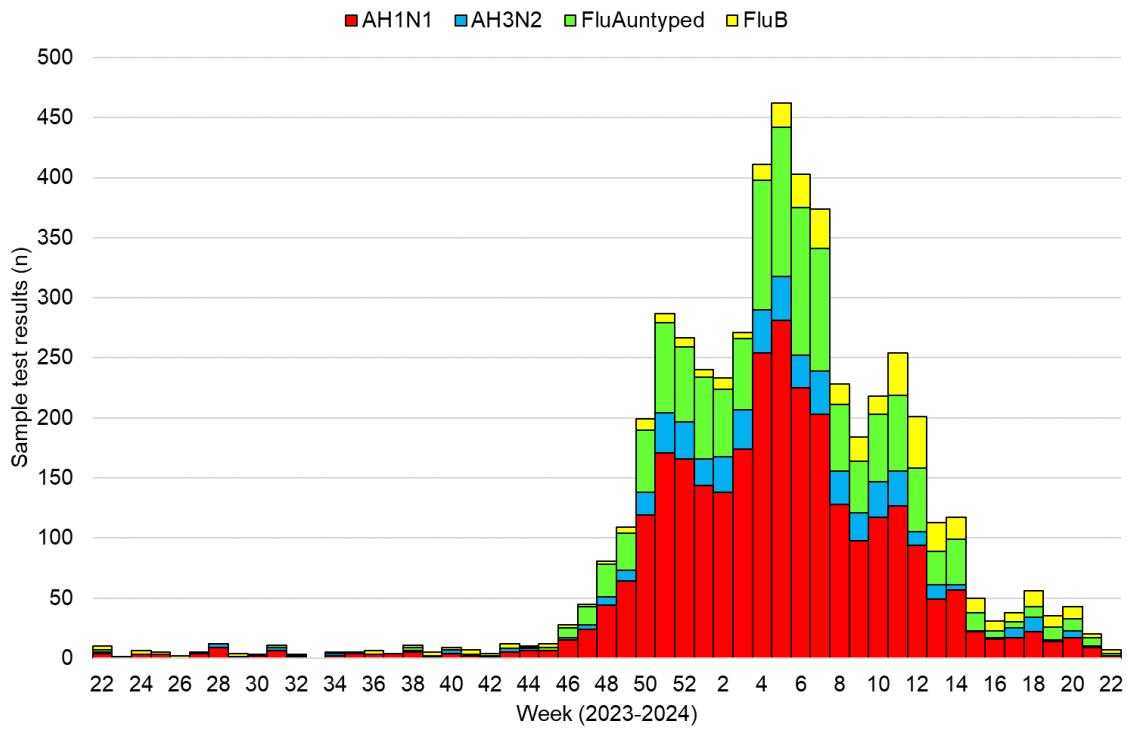


Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 02/06/2024 by week of sample collection, Week 22 2023 to Week 22 2024.

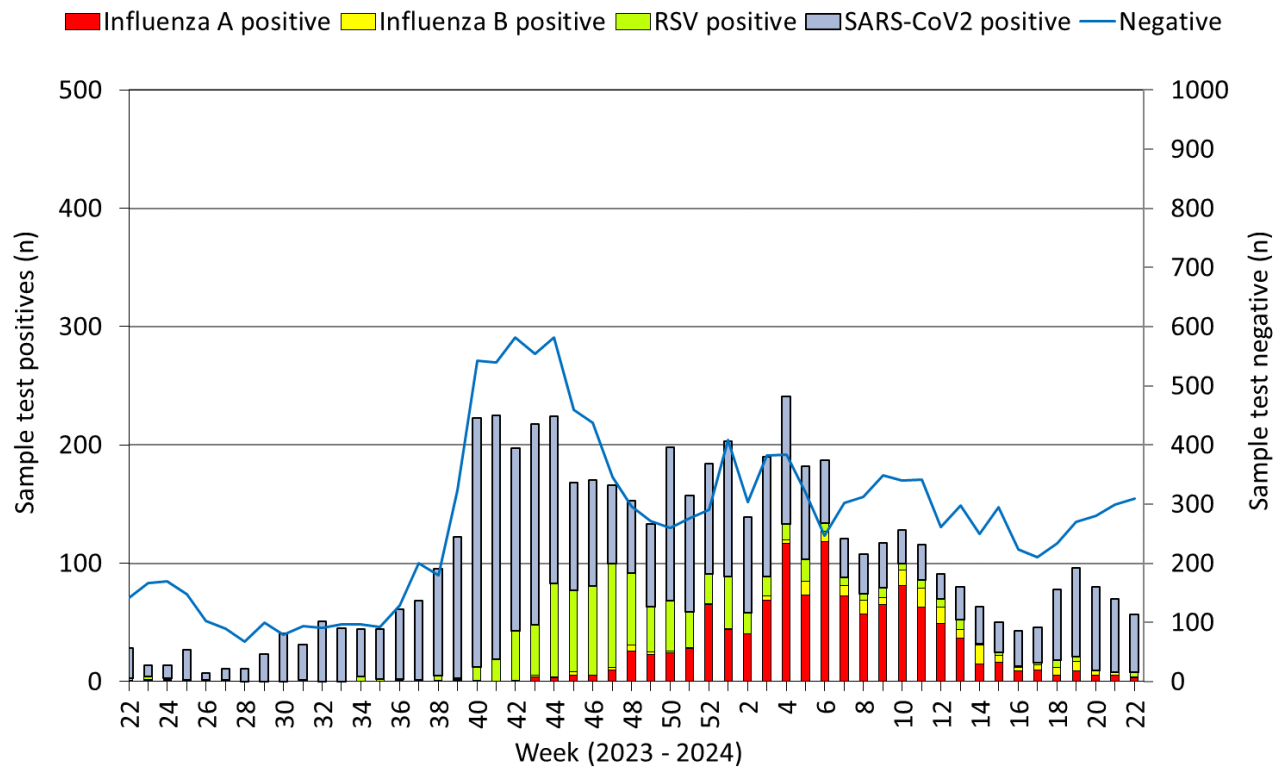
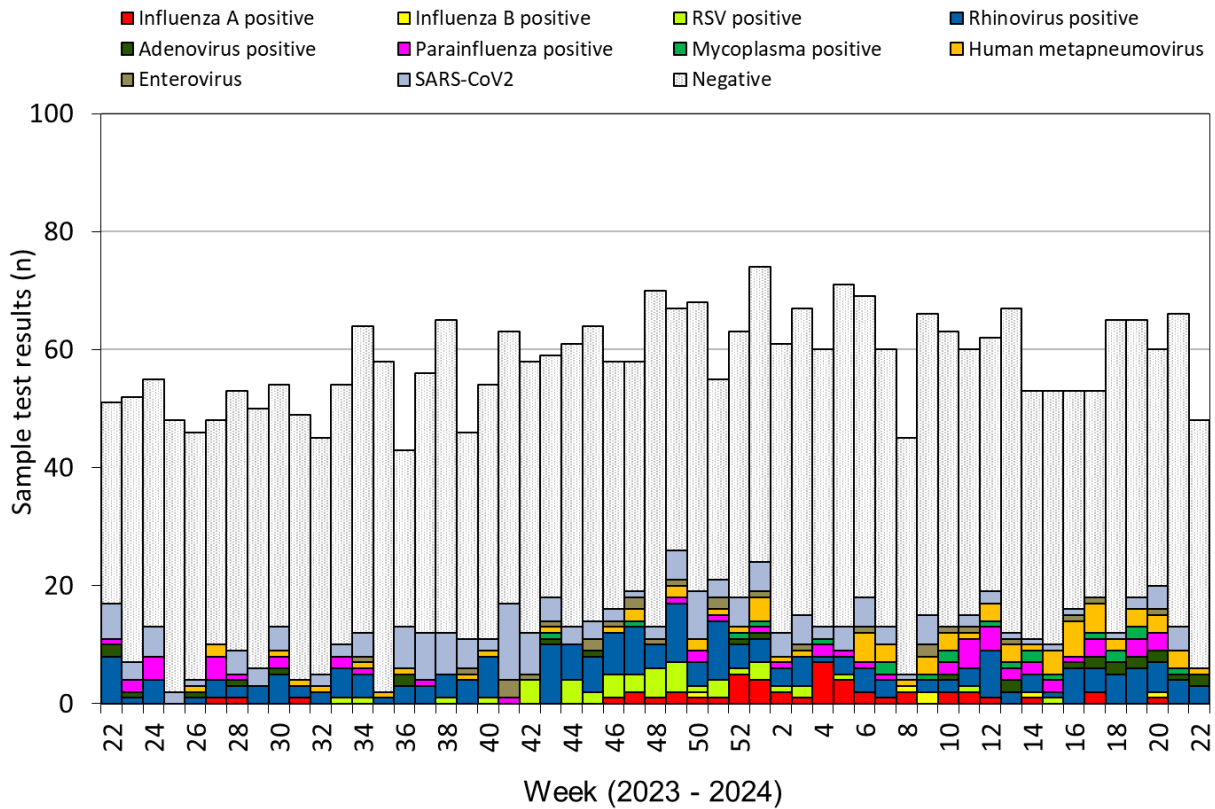
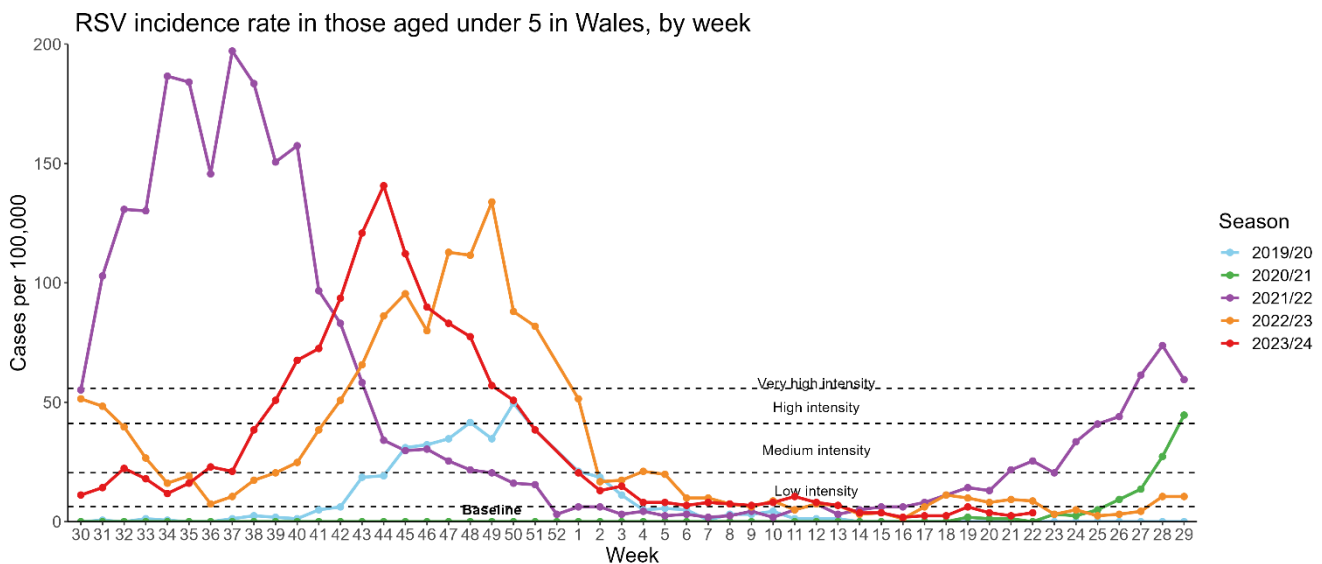


Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 22 2023 to Week 22 2024.



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 22 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 02/06/2024

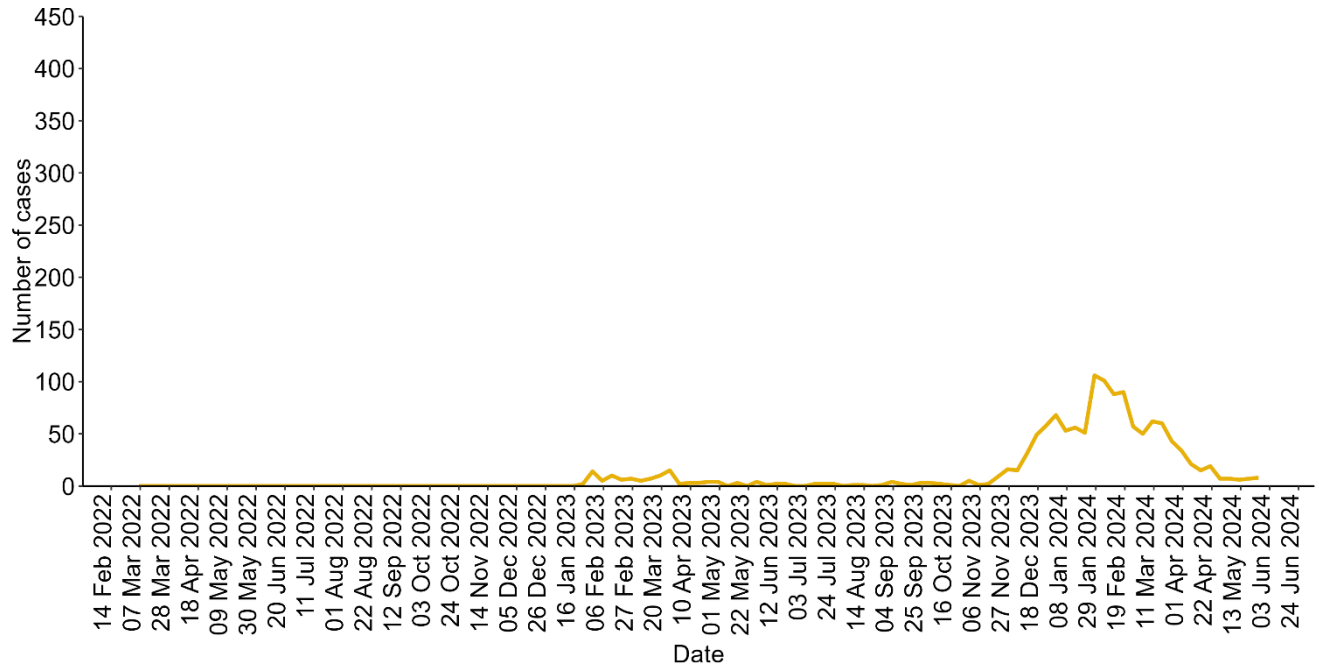


Figure 11. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 02/06/2024

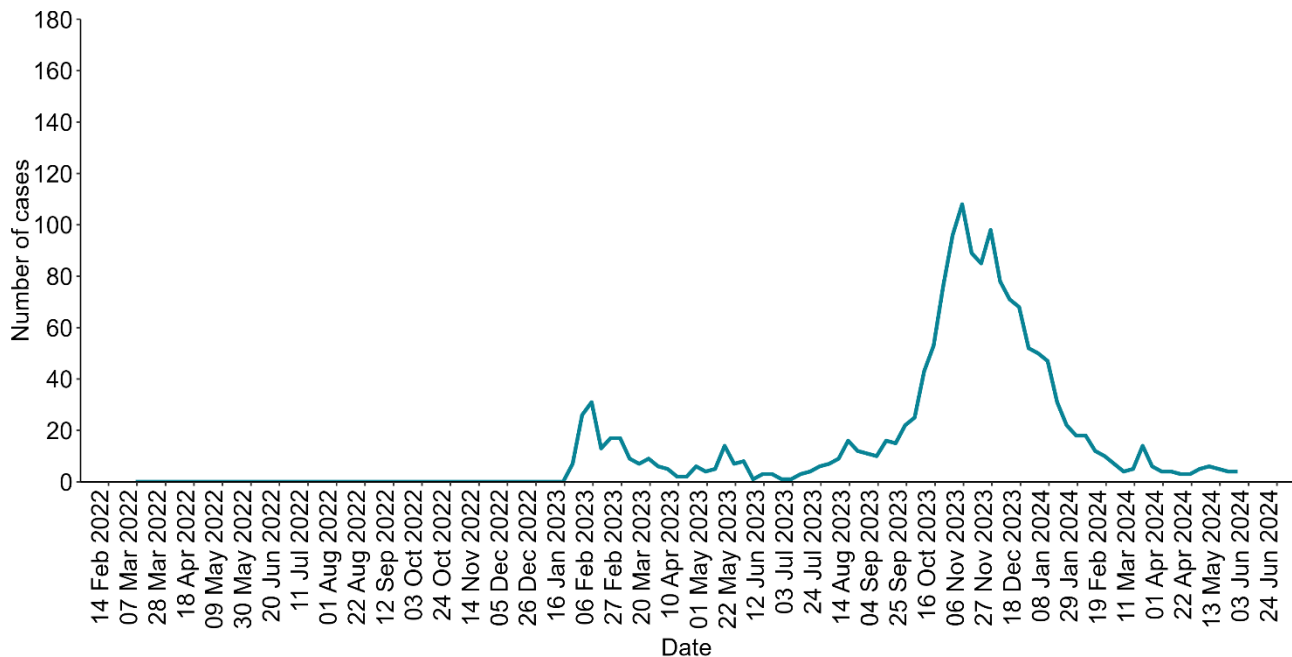
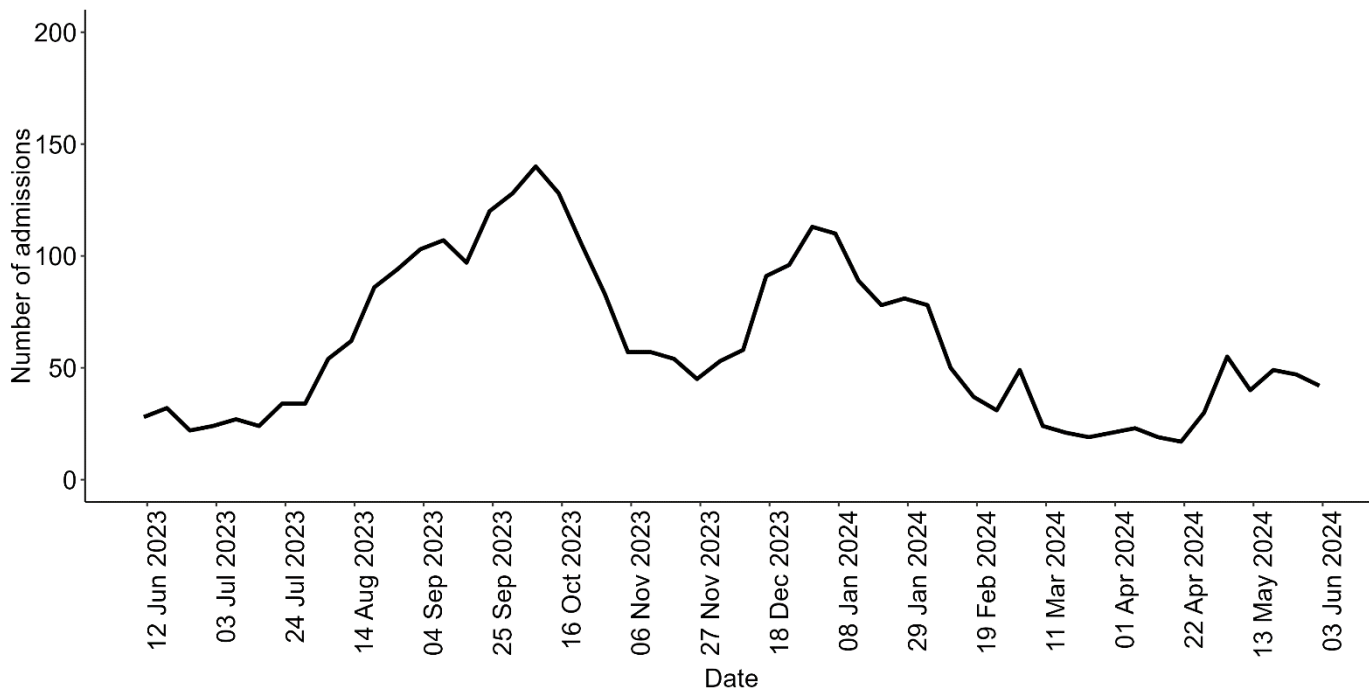
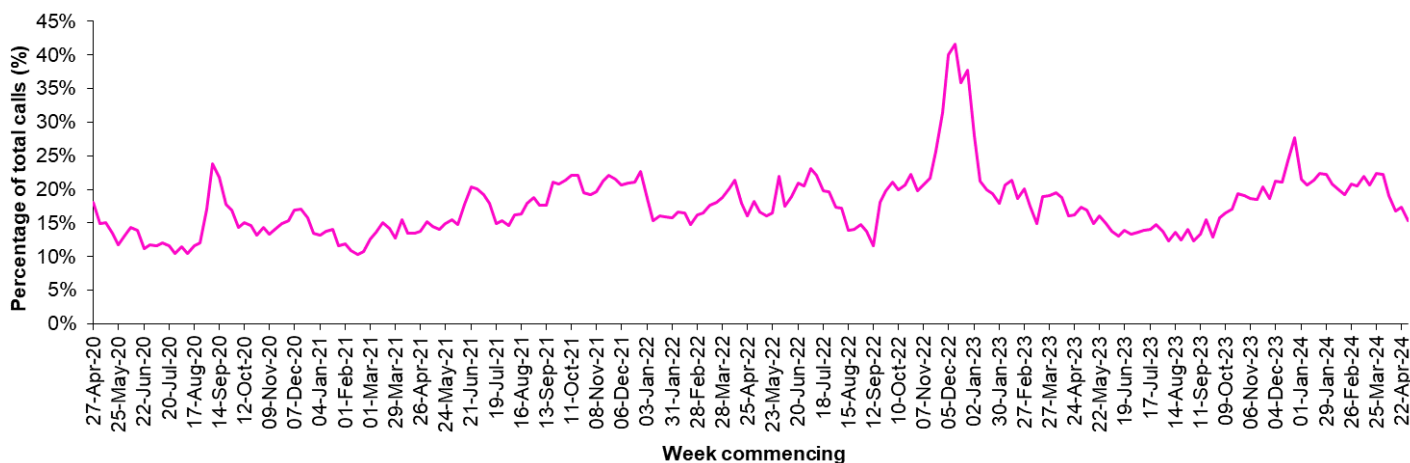


Figure 12. Seven day rolling sum of cases hospitalised in Wales within 28 days of an Covid-19 positive test result in the community (or up to 2 days post-admission), as of 02/06/2024



Calls to NHS Direct Wales

Figure 13. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from Week 18 2020 - Week 18 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 20, GP ILI consultations increased to 2.3 per 100,000 in England, During week 19, GP ILI consultations increased to 6,3 per 100,000 in Scotland.
- During Week 20, 4,377 samples testing positive for influenza were reported in England of which 64 were positive for influenza (24 influenza A(not subtyped), 15 influenza A(H3N2), three influenza A(H1N1)pdm09, and 22 influenza B). Overall influenza positivity decreased to 1.5% in England in week 20 and to 9.4% in Scotland in week 19.
- 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 21, that influenza positivity continues to decrease and is below the 10% positivity epidemic threshold. Of the 24 countries and areas reporting on influenza intensity, two reported medium intensity or higher. Of the 24 countries and areas reporting on geographic spread of influenza viruses within a country or area, seven reported widespread or reported regional distribution or spread. There were 10 confirmed influenza virus infection detections reported from sentinel primary care.
Source: European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>
- The WHO reported on 29/05/2024, based on data up to 19/05/2024 that influenza activity was generally low in most countries 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, mainly due to influenza A(H3), and in South Asia with both influenza subtypes detected.
- In the Southern hemisphere elevated influenza activity with mainly influenza A viruses was reported in South America. South Africa so elevated activity compared to previous weeks, primarily due to influenza A(H1N1) detections. **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 27/05/2024), during the period from 15/04/2024 – 28/04/2024 National Influenza Centres and other national influenza laboratories from 135 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 426,543 specimens during that period, of which 64,228 were positive for influenza viruses, 55,184 (85.92%) were typed as influenza A (of the subtyped influenza A viruses, 21,640 (85.94%) were influenza A(H1N1)pdm09 and 3,540 (14.06%) were influenza A(H3N2). Of the 64,228 samples testing positive for influenza viruses, 9,040 tested positive for Influenza B (14.08%). **Source:** Flu Net: <https://www.who.int/tools/flunet>

Australia and New Zealand update

- In New Zealand, during the week ending 26/05/2024, community influenza-like illness activity (ILI) activity in the community has increased. Through seasonal sentinel community influenza surveillance, 77 influenza cases were identified at sentinel practices during the week ending 26/05/2022.
Source: Institute of Environmental Science & Research, New Zealand
<https://www.esr.cri.nz/digital-library/respiratory-illness-dashboard/>
- In Australia, according to the latest available update (fortnight ending 19/05/2024), influenza-like illness (ILI) activity in the community this year has been higher or similar to last year's levels. To date, the majority of nationally reported laboratory-confirmed influenza cases were influenza A.
Source: Australian Influenza Surveillance Report and Activity Updates.
<https://www.health.gov.au/resources/collections/australian-respiratory-surveillance-reports-2024?language=en>

Respiratory syncytial virus (RSV) in North America

- The USA CDC reported that the RSV positivity rate increased slightly in week 21.
Source: CDC RSV national trends: [National Respiratory and Enteric Virus Surveillance System | CDC](#)

COVID-19 – UK and international summary

- As of 29/05/2024, there were 4.5 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 three new MERS cases between 10 and 17 April 2024 by the Ministry of Health of the Kingdom of Saudi Arabia.
- 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