

**Current level of influenza activity: Low**

**Influenza activity trend: Stable**

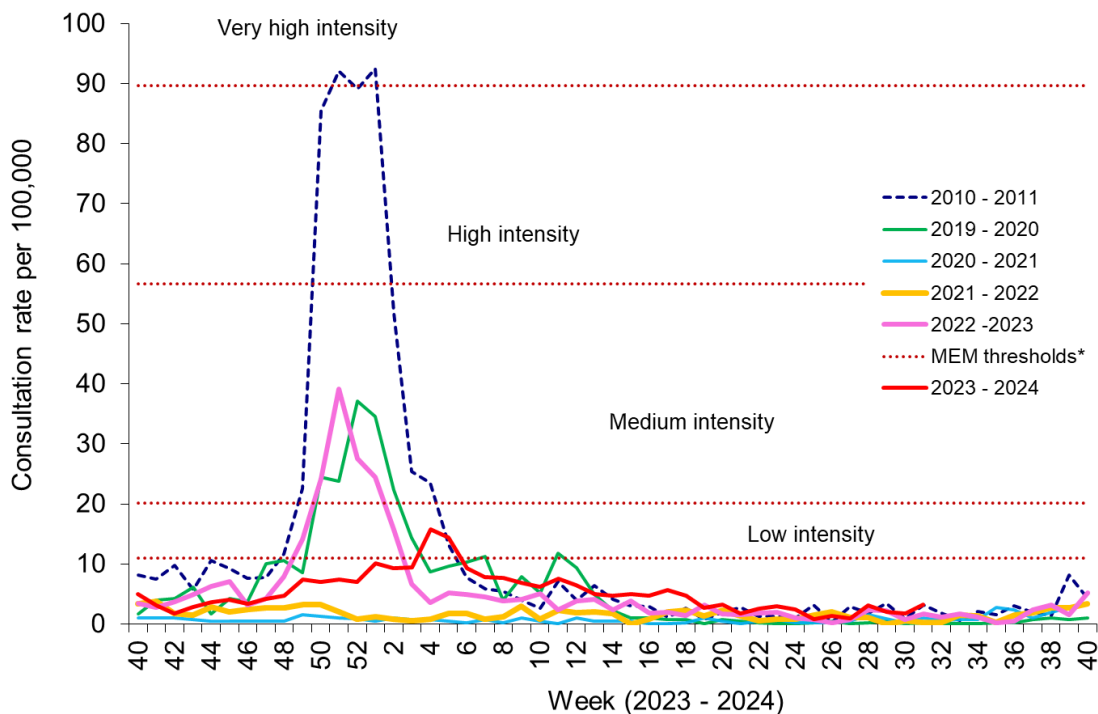
**Confirmed influenza cases since 2023 Week 40: 4691** (520 influenza A(H3N2), 1036 influenza A(H1N1)pdm09, 2532 influenza A untyped and 603 influenza B)

**During Week 31 (ending 04/08/2024) there were eight cases of influenza confirmed, with additional four from previous weeks. Influenza circulation is now returning to low levels. COVID-19 cases have started to decline. Additionally, detections of Parainfluenza and Enterovirus remain elevated.**

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during Week 31, was 3.3 consultations per 100,000 practice population (Table 1). The rate increased compared to the previous week (1.7 consultations per 100,000. Figure 1).
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 104.0 per 100,000 practice population during Week 31 (Table 2 and Figure 3). This is a decrease compared to the previous week (124.3 per 100,000). During week 31, Lower Respiratory Tract Infections decreased to 44.7 per 100,000 and Upper Respiratory Tract Infections decreased to 60.9 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 31, 1,122 specimens received multiplex respiratory panel testing from patients attending hospitals. **Three tested positive for influenza (three influenza A(untyped))**. Overall influenza test-positivity decreased to <0.1% from 1.1%. In those aged under 18 positivity decreased to <0.1% from 1.0%, and in those aged over 18 decreased to <0.1% from 1.1%. In addition, there were: 200 SARS-CoV-2, 150 rhinovirus, 73 adenovirus, 40 human metapneumovirus, 21 mycoplasma, 29 parainfluenza, 22 enterovirus, seven RSV and six coronavirus positive samples (Figure 5). Additionally, 455 samples from patients were tested for influenza, RSV and SARS-CoV-2 only. Of these 455 samples there were **two influenza A**, one RSV and 113 SARS-CoV-2 (Figure 7). Furthermore, during week 31, 66 respiratory specimens were tested from patients in intensive care units (ICU) of which none was positive for influenza (Figure 8).
- There were 61 surveillance samples from patients with ILI symptoms collected by **sentinel GPs and community pharmacies** during Week 31. Of the 61 samples reported in Week 31, nine tested positive for rhinovirus, nine for SARS-CoV-2, seven for parainfluenza, three for adenovirus, two for mycoplasma, two for human metapneumovirus, two for seasonal coronaviruses, **two for influenza A(H3N2)** and **one for influenza B** as at 07/08/2024 (Figure 4).
- From all samples where influenza subtyping information was immediately available during week 31, two were influenza A(untyped), three influenza B, one influenza A(H1N1) and three were influenza A(H3N2) (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 decreased to 3.1 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 one and two respectively during Week 31 (Figures 10 & 11) and 106 for SARS-CoV-2 during week 30 (Figure 12).
- During week 31, four **ARI outbreaks** were reported to the Public Health Wales Health Protection Team of which three were SARS-CoV-2 and one was rhinovirus. All outbreaks were in residential care homes.
- According to [EuroMoMo](#) analysis, all-cause deaths in Wales were not in excess during week 30.
- 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

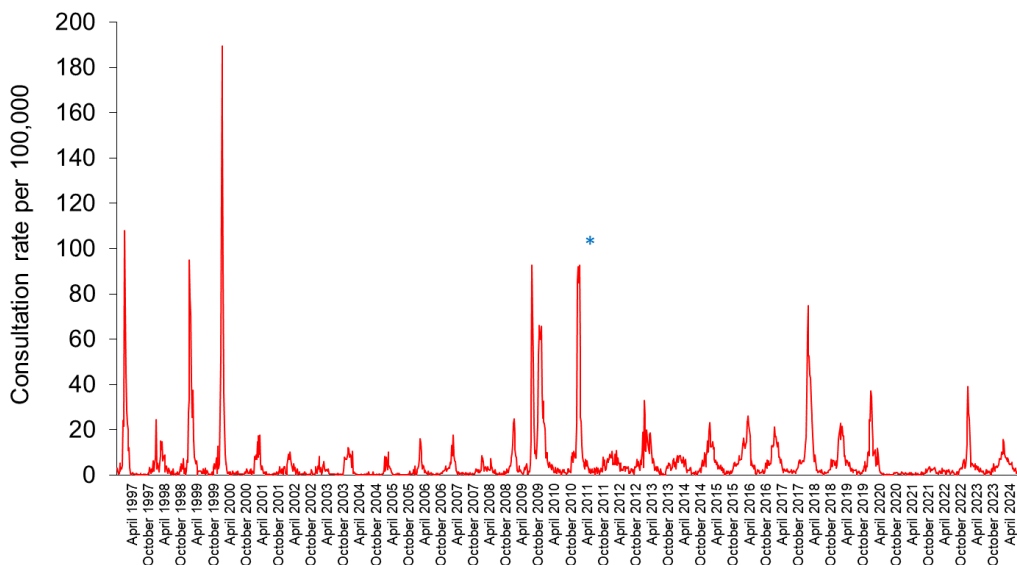
**Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 04/08/2024)**



\* 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 31 2024)**



\* Reporting changed to Audit+ surveillance system

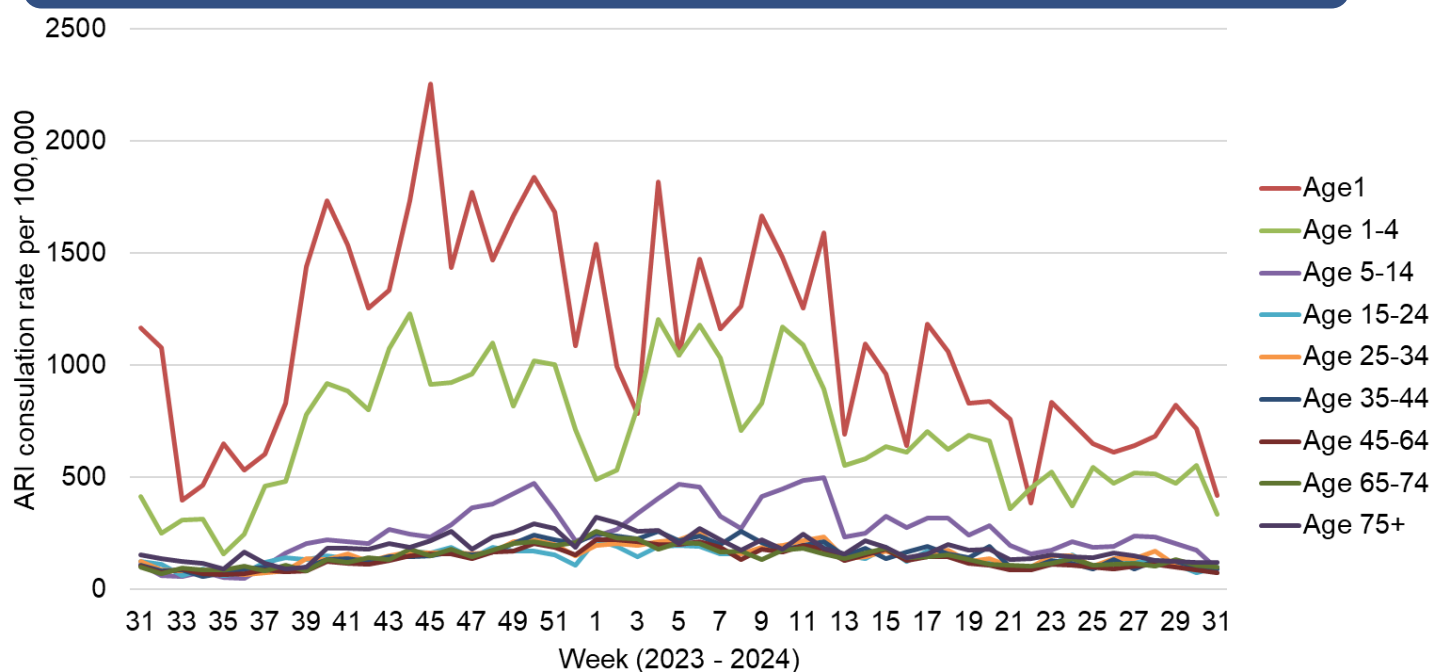
**Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, Week 26 – Week 31 2024 (as of 04/08/2024).**

Age group	26	27	28	29	30	31
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	0.0	6.8	7.3	0.0	0.0
5 - 14	0.0	0.0	0.0	0.0	2.3	0.0
15 - 24	2.1	0.0	10.8	2.3	6.7	4.9
25 - 34	5.7	3.8	1.9	4.1	2.0	8.8
35 - 44	0.0	0.0	3.7	2.0	1.9	0.0
45 - 64	1.8	1.8	2.8	1.0	0.0	3.1
65 - 74	0.0	0.0	2.2	2.3	0.0	4.8
75+	0.0	0.0	0.0	2.3	2.1	2.3
<b>Total</b>	<b>1.4</b>	<b>0.9</b>	<b>3.1</b>	<b>2.0</b>	<b>1.7</b>	<b>3.3</b>

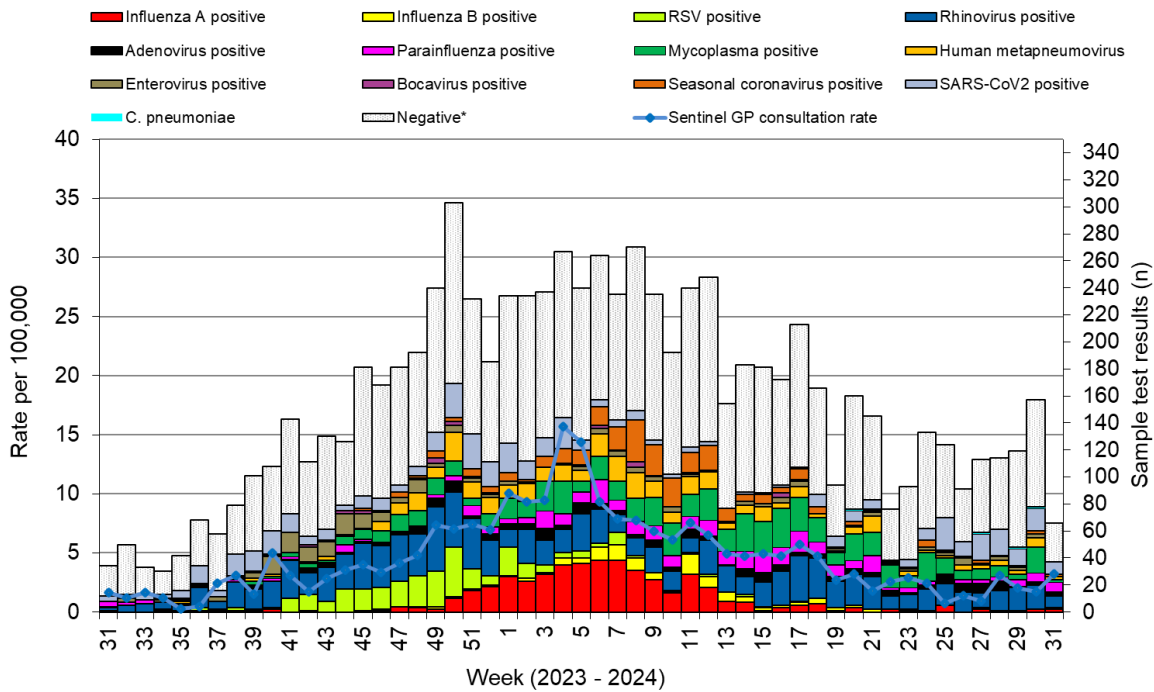
**Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 26 – Week 31 2024 (as of 04/08/2024).**

Age group	26	27	28	29	30	31
< 1	613.5	643.7	687.6	825.0	718.2	419.5
1 - 4	471.0	518.7	517.3	473.4	554.3	335.0
5 - 14	193.4	239.7	234.1	205.6	176.7	91.1
15 - 24	114.6	119.2	131.6	112.0	73.4	99.8
25 - 34	136.3	136.6	172.7	109.8	87.4	94.9
35 - 44	135.0	93.7	127.7	124.7	102.1	93.2
45 - 64	90.2	103.7	111.7	98.3	89.2	75.4
65 - 74	112.9	119.3	103.4	133.9	107.1	102.2
75+	163.9	151.2	131.5	123.7	119.9	120.9
<b>Total</b>	<b>143.5</b>	<b>148.3</b>	<b>156.4</b>	<b>141.4</b>	<b>124.3</b>	<b>104.0</b>

**Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 31 2023 – Week 31 2024.**

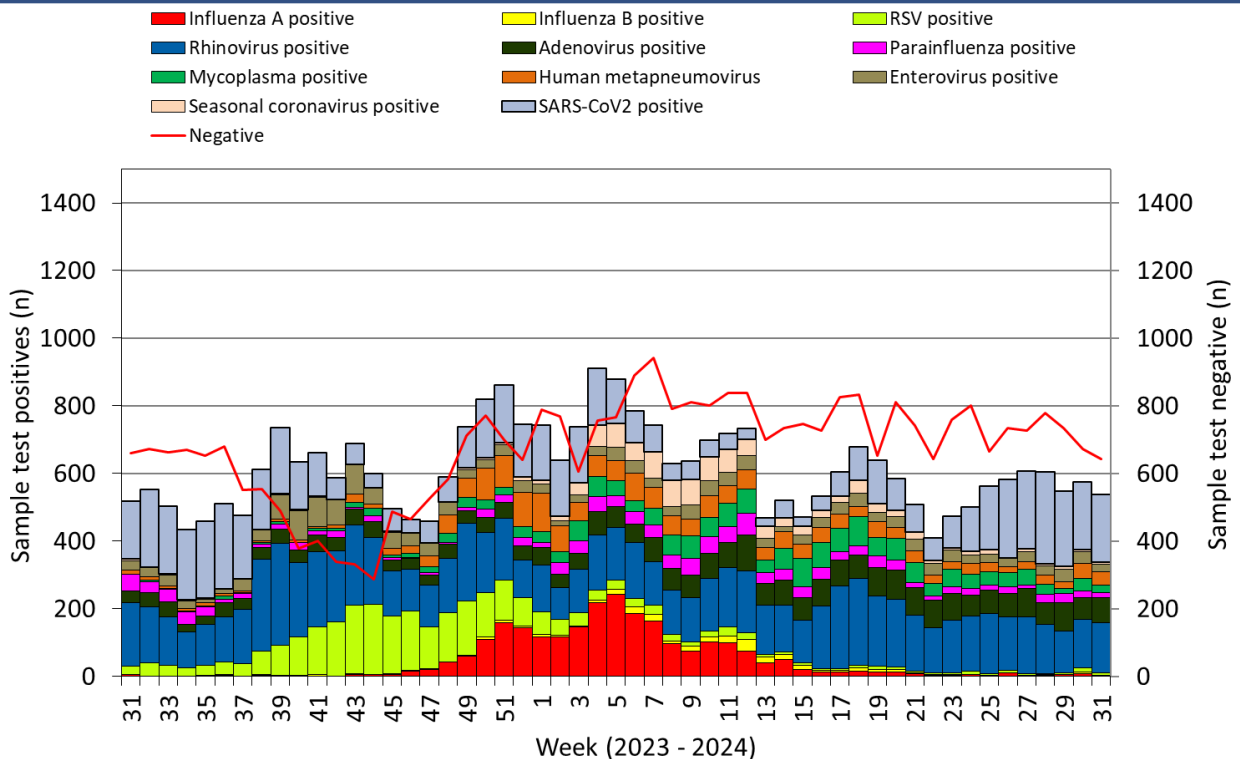


**Figure 4. Specimens submitted for virological testing by sentinel GPs and community pharmacies as of 04/08/2024, by week of sample collection, Week 31 2023 to Week 31 2024.**



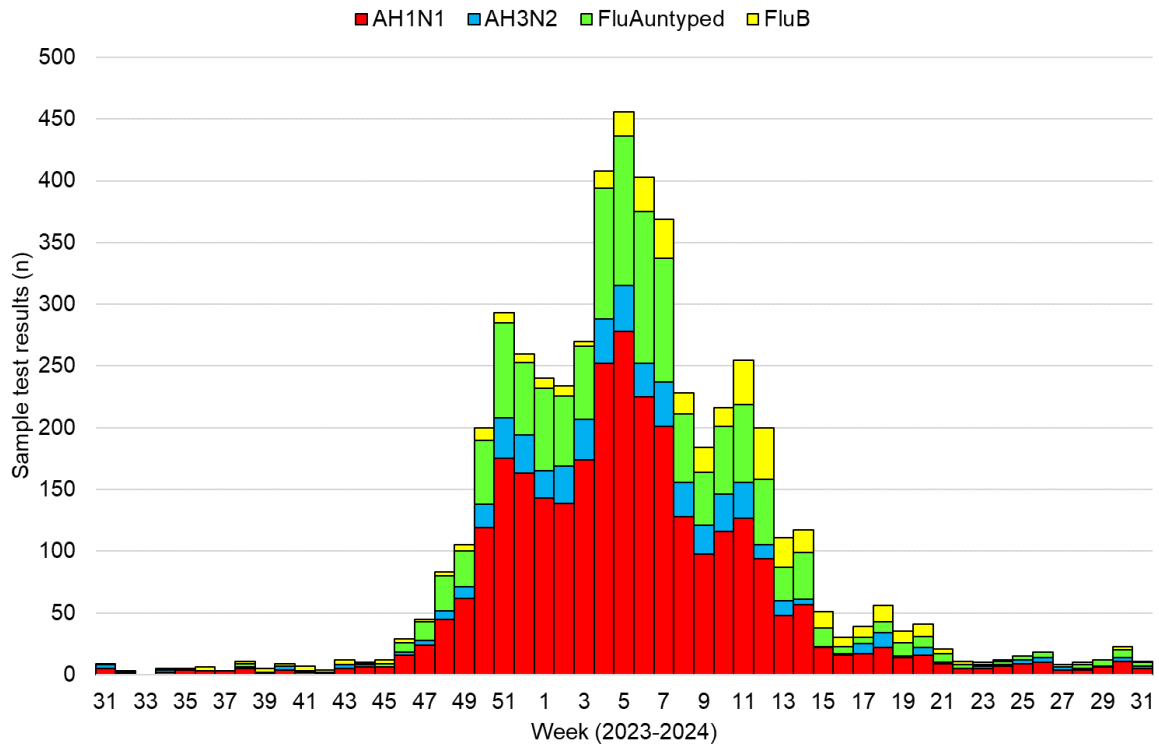
\* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses. Samples which test positive for more than one pathogen will appear more than once in the chart. **Results for the latest week will underestimate activity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

**Figure 5. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 04/08/2024 by week of sample collection, Week 31 2023 to Week 31 2024.**

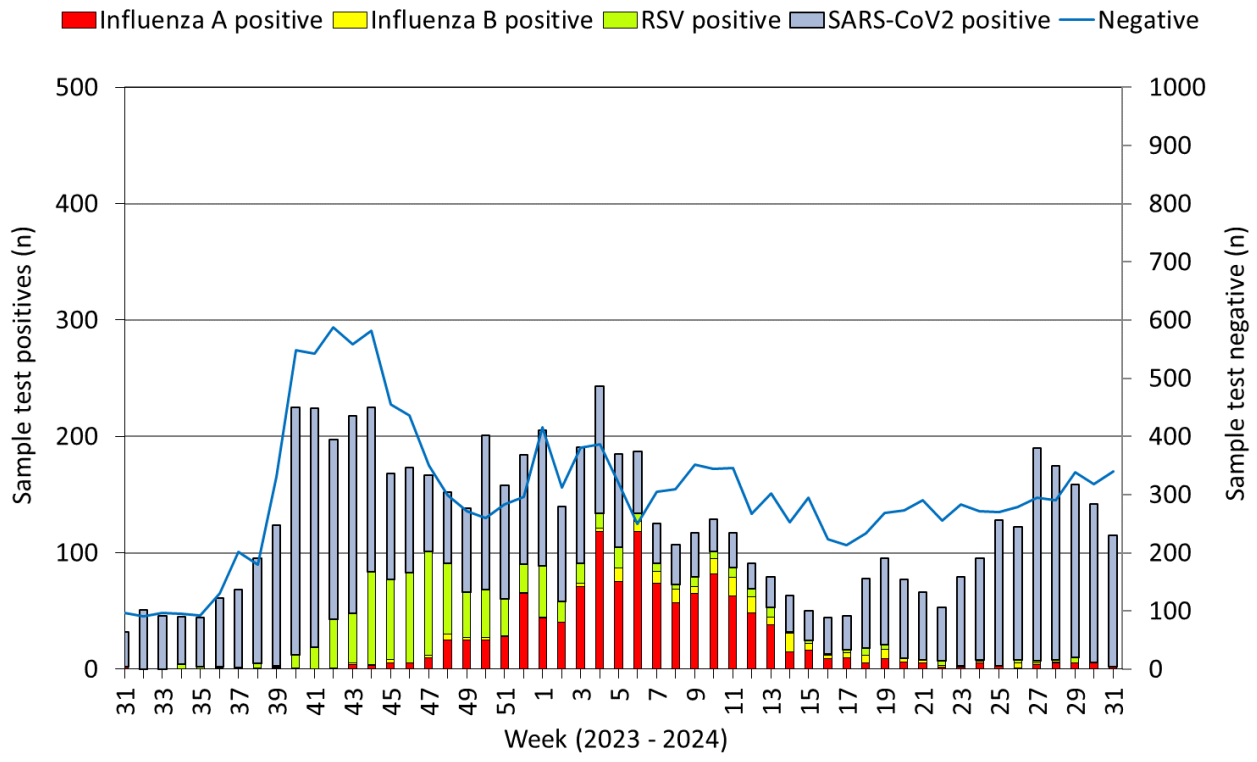


This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2. Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart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

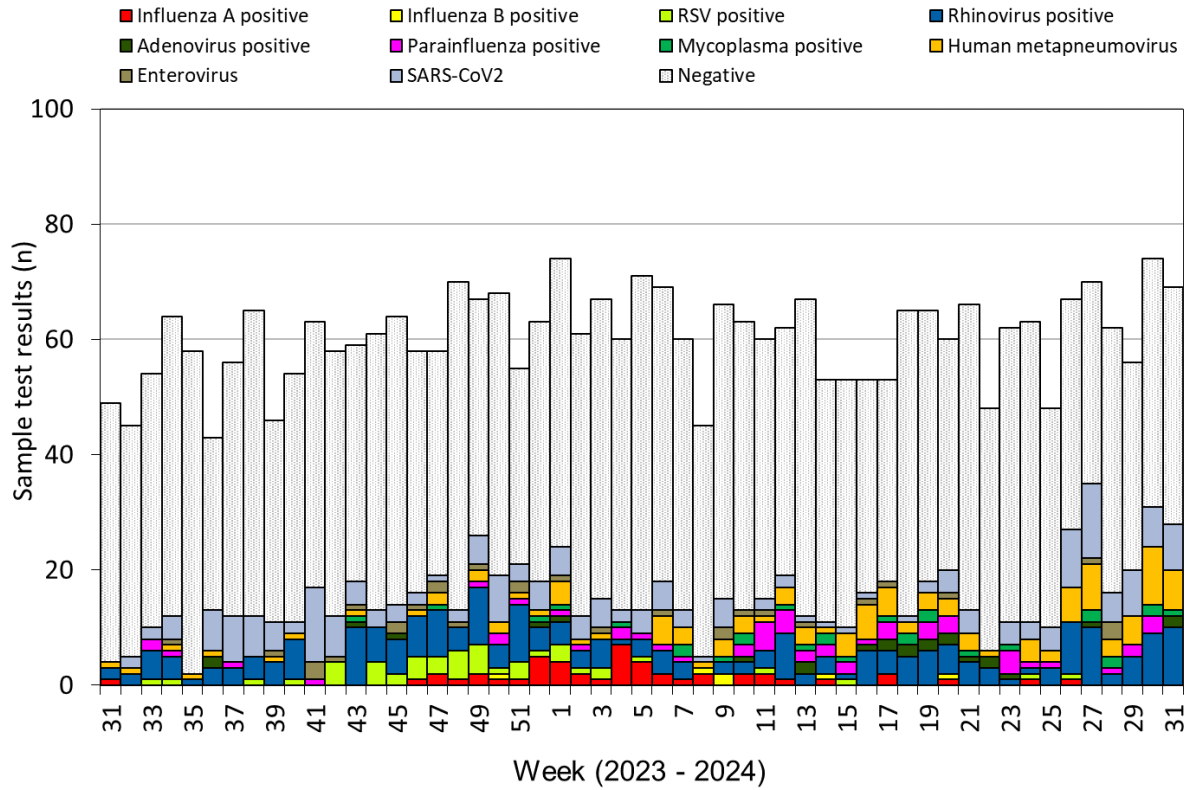
**Figure 6. Flu subtypes based on specimens submitted for virological testing by sentinel GPs and community pharmacies, hospital patients, and non-sentinel GPs, as of 04/08/2024 by week of sample collection, Week 31 2023 to Week 31 2024.**



**Figure 7. Specimens from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, as of 04/08/2024 by week of sample collection, Week 31 2023 to Week 31 2024.**

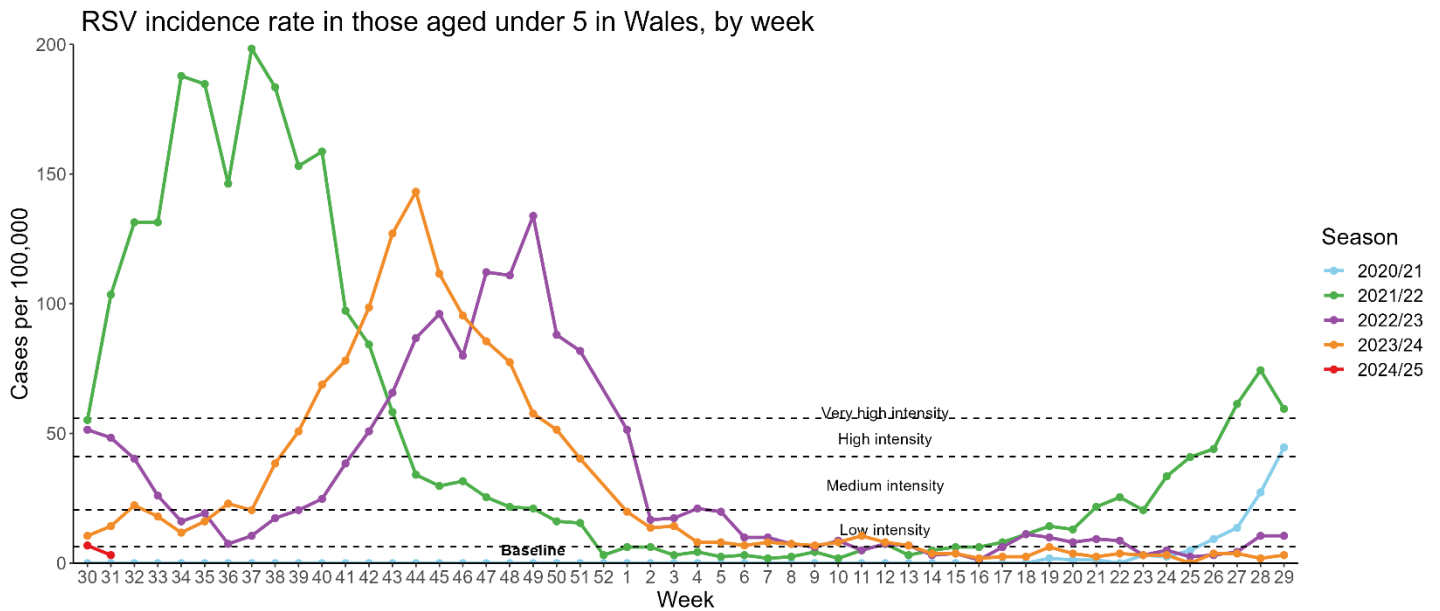


**Figure 8. Specimens submitted for virological testing for ICU patients, by week of sample collection, Week 31 2023 to Week 31 2024.**



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.

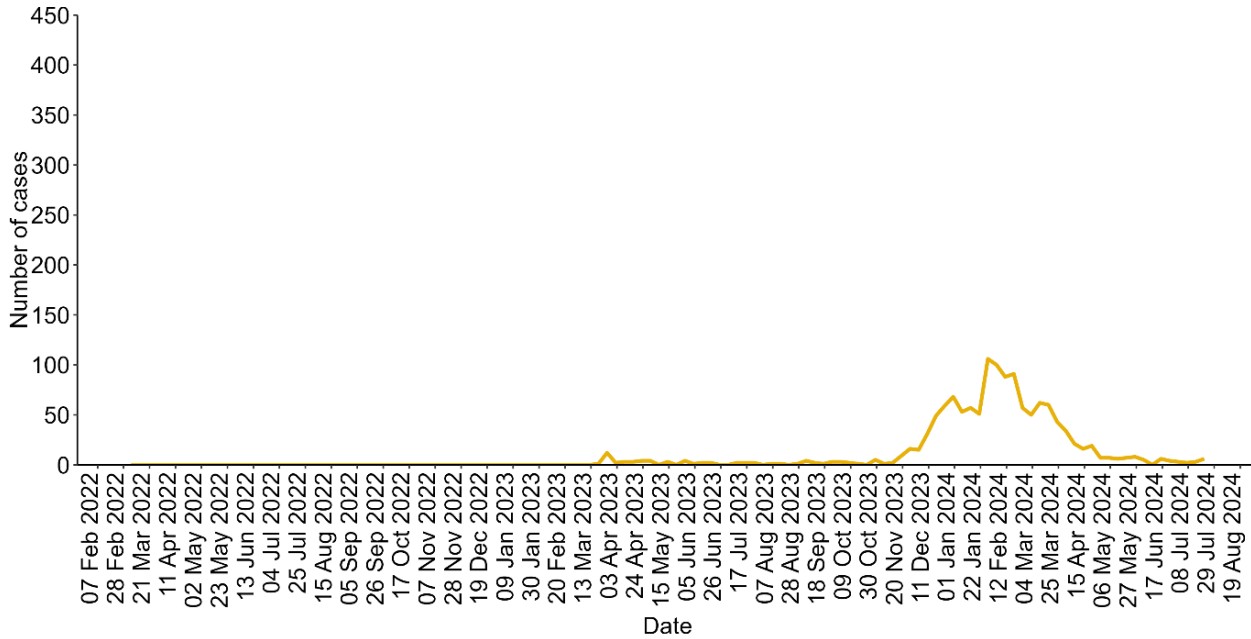
**Figure 9. RSV incidence rate per 100,000 population aged under five years, week 30 2019 to Week 31 2024.**



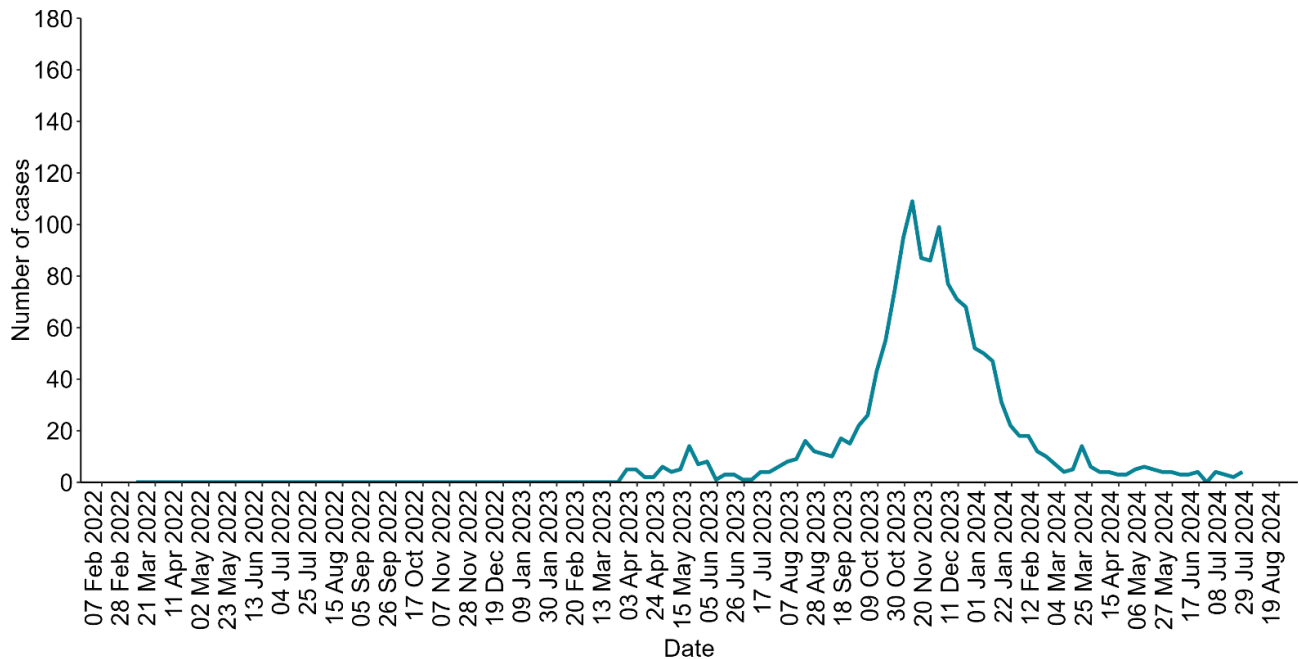
RSV seasons are monitored from W30 to W29, the most recent data is presented in red.

## 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 28/07/2024 (latest data available).**

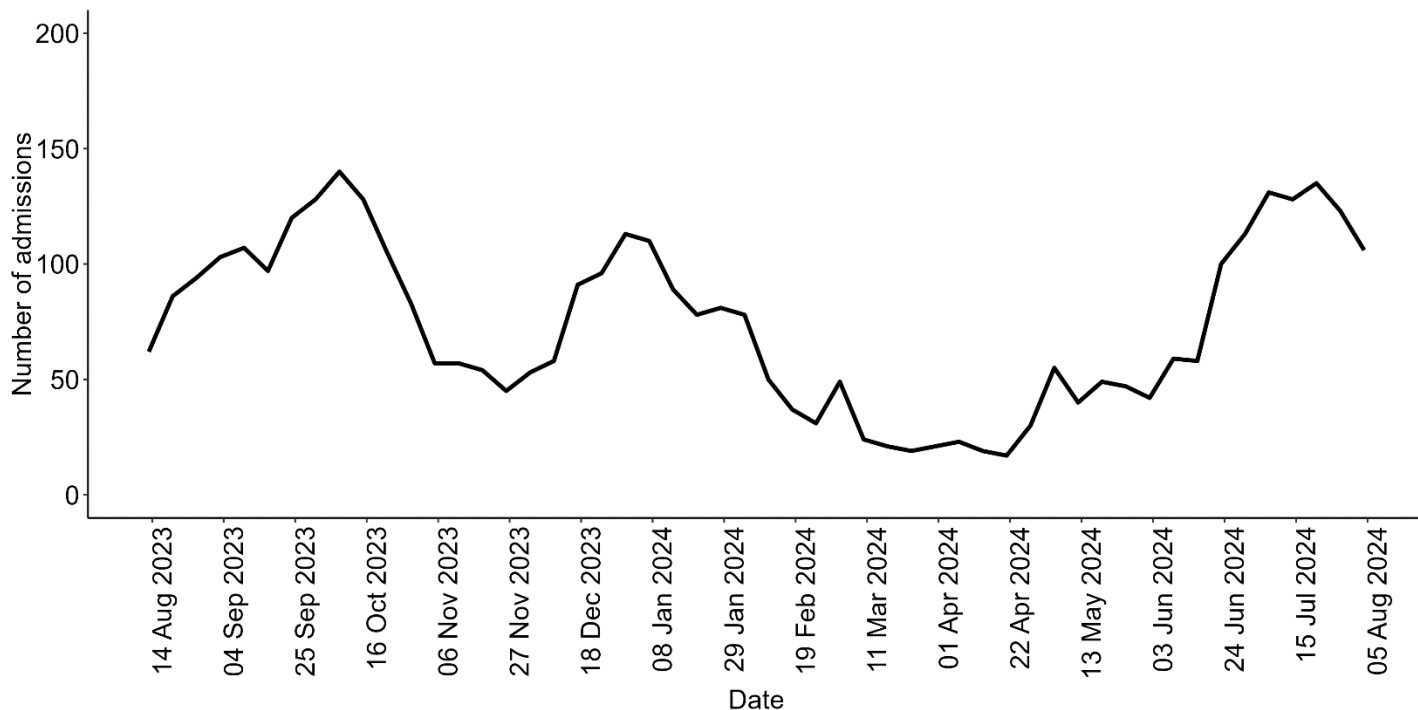


**Figure 11\*. Seven day rolling sum of cases hospitalised in Wales within 28 days of an RSV positive test result in the community (or up to 2 days post-admission), as of 28/07/2024 (latest data available).**



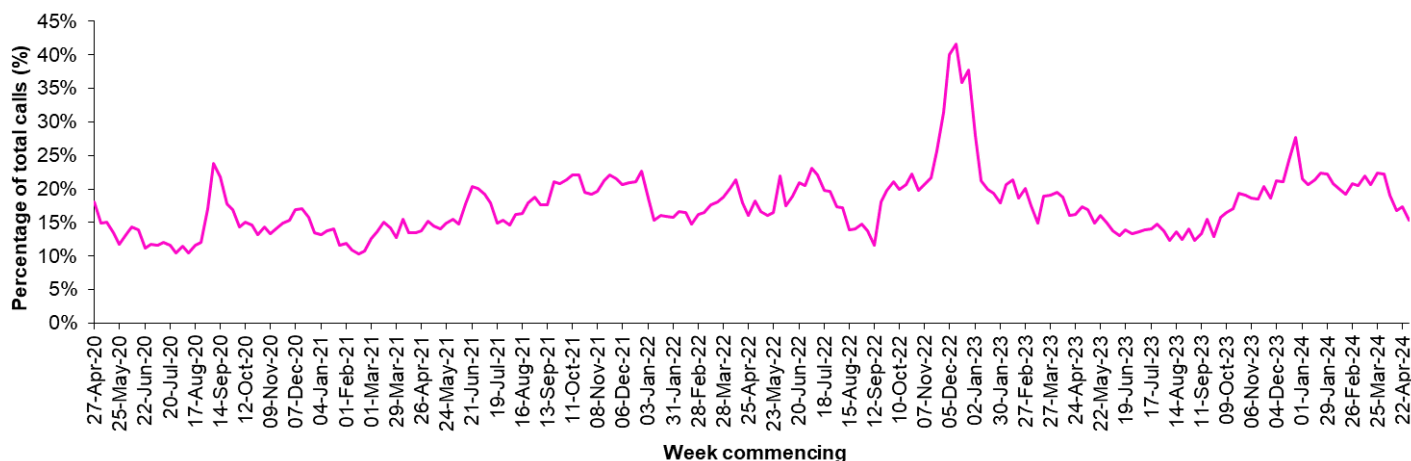
\*No update for RSV and influenza hospitalisations for week 31 due to a data issue. Charts will be updated next week as usual.

**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 04/08/2024.**



### Calls to NHS Direct Wales

**Figure 13. Influenza related calls to NHS Direct Wales<sup>1</sup> (as a percentage of total calls) from Week 18 2020 - Week 18 2024 (latest data available).**



<sup>1</sup> Data supplied by Health Statistics and Analysis Unit, Welsh Government. Flu related calls are the sum of calls recorded as 'cold/flu', 'cough', 'headache', 'fever' and 'sore throat'. Following changes to the NHS Direct calls system, including the start of the 111 pilot, there has been a change in the way in which denominator data are calculated for this chart, NHS Direct Wales now count the total number of nurse triaged calls (i.e. calls which could have symptom data recorded against them), note that 111 includes out-of-hours calls.

## Influenza Vaccine Uptake in Wales

**Table 3. Uptake of influenza immunisations in GP Practice patients in Wales 2023/24 (as of 23/04/2024) (latest data available).**

<b>Influenza immunisation uptake in the 2023/24 season</b>	
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 30, GP ILI consultations decreased to 1.3 per 100,000 in Scotland.
- During Week 30, 3,784 samples testing positive for influenza were reported in England of which 50 were positive for influenza (19 influenza A(not subtyped), 22 influenza A(H3N2), two influenza A(H1N1) and seven influenza B. Overall influenza positivity remained stable around 1.3% in England in week 30 and decreased to 1.7% in Scotland in week 30.
- 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 30, that influenza positivity is below the 10% positivity epidemic threshold at 1%. Of the 27 countries and areas reporting on influenza intensity, none reported medium intensity or higher. Of the 26 countries and areas reporting on geographic spread of influenza viruses within a country or area, two reported widespread or regional distribution. 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 31/07/2024, based on data up to 21/07/2024 that in the Northern hemisphere elevated activity continued to be reported in countries in Central America, the Caribbean, Western Africa, and Southern Asia (A(H3) viruses). Activity in temperate countries remains low at interepidemic levels. Activity increased in a few countries in in Central America and Western Africa.
- In the Southern hemisphere, influenza activity continues to be elevated in countries in several countries in South America and Oceania (A(H3N2) viruses), Southern Africa (Influenza B). There are indications that activity is decreasing in South America and Southern Africa. Activity in some countries in Oceania increased. **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 27/06/2024), 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>

## Australia and New Zealand update

- In New Zealand, during the week ending 28/07/2024, community influenza-like illness activity (ILI) activity in the community has decreased. Through seasonal sentinel community influenza surveillance, 32 influenza cases were identified at sentinel practices during the week ending 28/07/2024.  
**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 28/07/2024), influenza-like illness (ILI) activity in the community this year has decreased. 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 remained stable in week 30.  
**Source:** CDC RSV national trends: [National Respiratory and Enteric Virus Surveillance System | CDC](#)

### **COVID-19 – UK and international summary**

- As of 24/07/2024, there were 11.0 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](mailto:surveillance.requests@wales.nhs.uk)