

Current level of influenza activity: *Influenza is circulating at **medium** levels*

Trend: *Decreasing*

Confirmed cases since 2018 week 40: 1,447 (65% influenza A(H1N1)pdm09, 6% influenza A(H3), 28% influenza A(not typed), 1% influenza B)

Key points – Wales

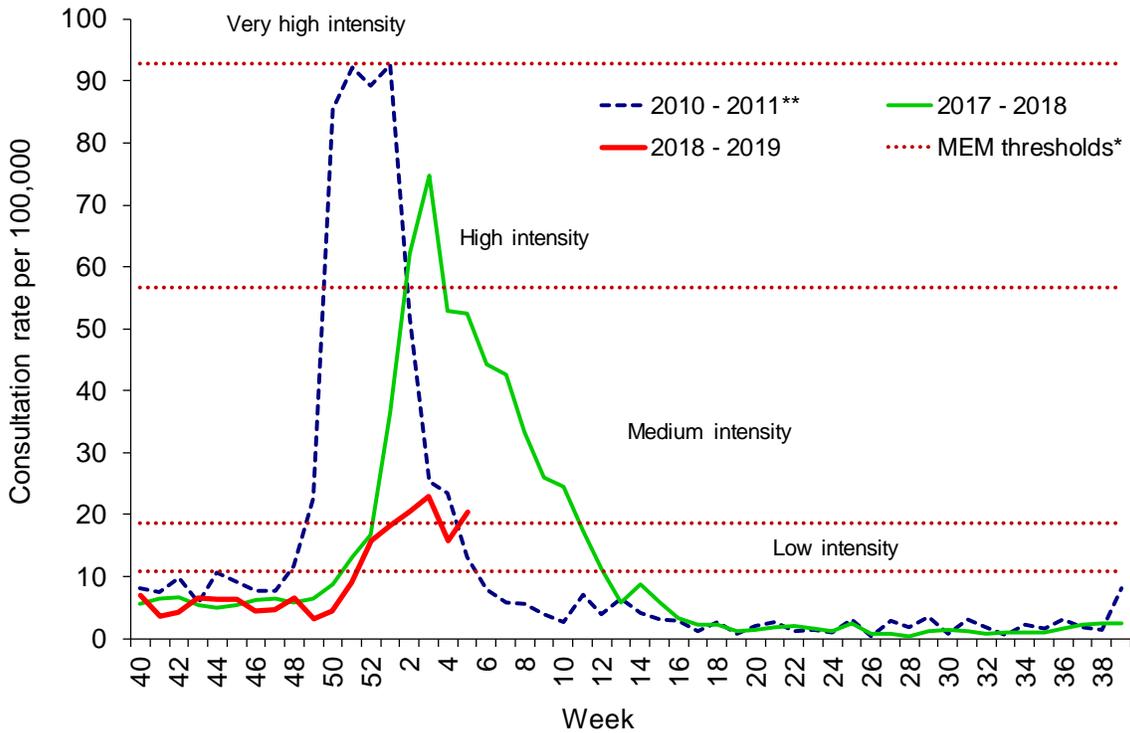
Surveillance indicators suggest that influenza is circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) increased during week 04 (ending 03/02/2019) and has returned to medium intensity levels. Influenza was the most commonly detected cause of Acute Respiratory Infection (ARI) in hospital and non-sentinel GP patients during week 05, with 218 confirmed cases. Influenza A(H1N1)pdm09 is currently dominant. A small number of influenza A(H3N2) cases have also been confirmed in recent weeks. Other causes of ARI, including rhinovirus, coronavirus and RSV continue to be detected in addition to influenza.

- The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 05 was 20.4 consultations per 100,000 practice population. The consultation rate was highest in patients aged 1-4 years (37.0 per 100,000 practice population) (Table 1).
- The ILI consultation rate increased compared to week 04 (15.7 per 100,000) and has returned to medium level activity (18.6 per 100,000) (Figure 1), although it remains lower than the seasonal peak seen in week 02. Based on sentinel ILI consultation data from 2010 to 2018, an average influenza season in Wales lasts 14 weeks and 2019 week 05 was the 6th week of the season.
- The total number of consultations with Out of Hours (OOH) doctors in Wales reported to Public Health Wales during week 05 was 11,209. The proportion of respiratory-related consultations with OOH doctors increased to 21.7% from 20.7% (Figure 5). The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during week 05 increased to 18.1% (Figure 6).
- One surveillance sample from a patient with ILI, collected by a sentinel GP during week 05, has been received by Public Health Wales Microbiology as at today, the final total will likely be higher. The sample was positive for rhinovirus.
- During week 05, 658 specimens were received and tested by Public Health Wales Microbiology from hospitalised and non-sentinel GP patients with acute respiratory symptoms. The following numbers of patients tested positive: 110 influenza A(H1N1)pdm09, 20 influenza A(H3N2), 88 influenza A (not typed), 63 for rhinovirus, 54 for coronavirus, 22 for RSV, 15 for human metapneumovirus, 13 for adenovirus, 11 for enterovirus, and 11 for parainfluenza (Figure 4). The proportion of samples from hospital patients positive for influenza increased to 33.1%.
- In those aged under five, the number of confirmed RSV cases per 100,000 population decreased to 3.5 during week 05; and 6 out of 143 samples (4%) tested positive in this age group. Surveillance data suggest that the RSV season has ended, although small numbers of cases continue to be detected in patients with ILI/ARI.
- During week 05, three outbreaks of acute respiratory illnesses (ARI) were reported to a Public Health Wales Health Protection team, two outbreaks were in hospitals and an outbreak confirmed as influenza influenza A (not typed) in a school/nursery.
- At the end of week 05, uptake of influenza vaccine was: 67.8% in those aged 65 year and older, 42.8% in patients aged six months to 64 years at clinical risk, and 48.1% in children aged two and three years. In the 1,296 primary schools visited so far as part of the universal childhood influenza programme, uptake was 69.9%.

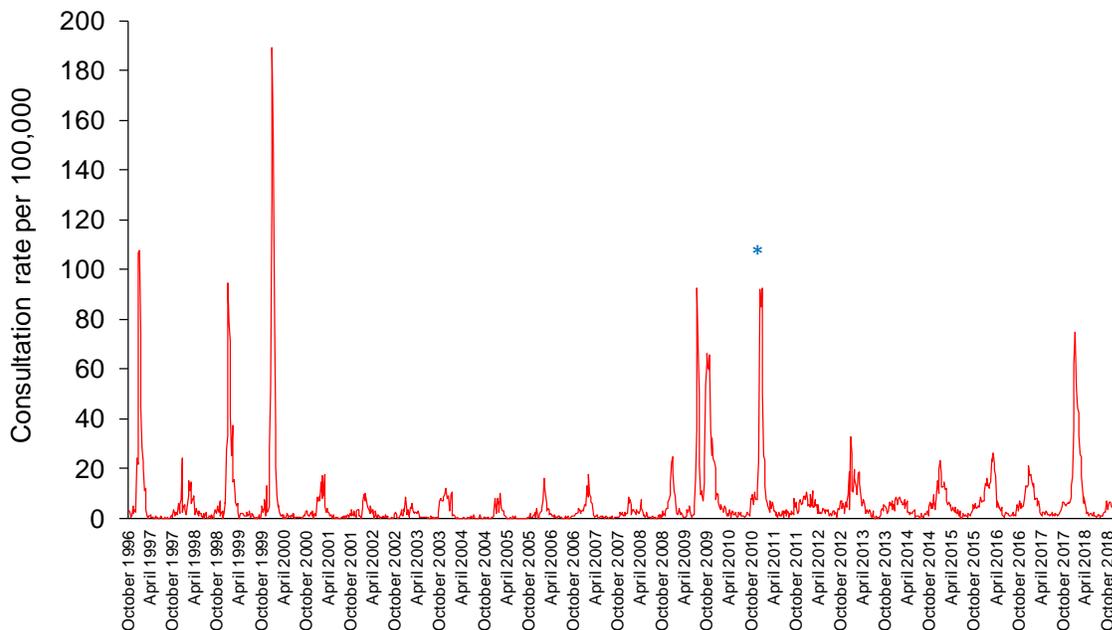
Influenza activity in Wales

Figure 1. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 06/02/2019).



* The Moving Epidemic Method has been adopted by the European Centre for Disease Prevention and Control to calculate thresholds for GP ILI consultations for seasonally expected influenza activity in a standardised approach across Europe. The threshold calculated for Wales ILI consultation rates is 10.8 per 100,000. MEM thresholds used in this chart are based on influenza from 2010-11 to 2017-18 seasons.

Figure 2. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (week 47 1996 – week 05 2019).

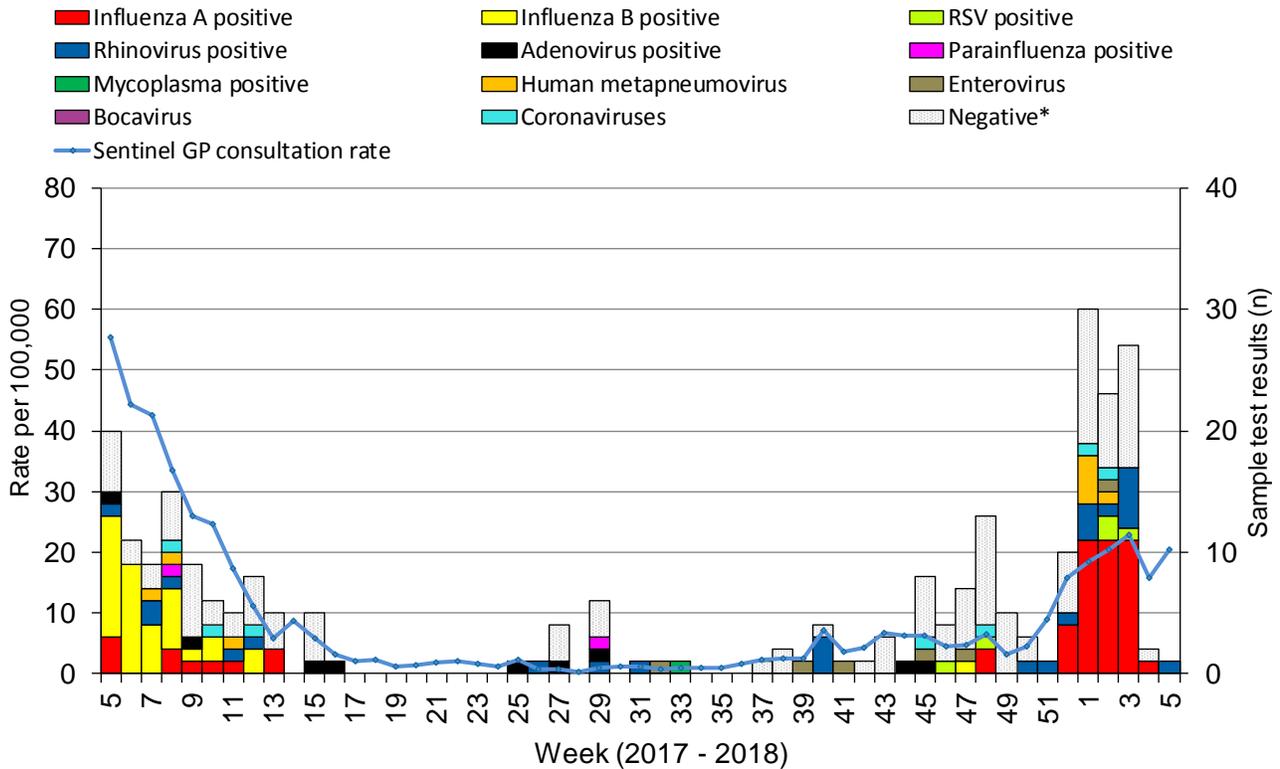


* Reporting changed to Audit+ surveillance system

Table 1. Age-specific consultations (per 100,000) for influenza in Welsh sentinel practices, week 52 2018 – week 05 2019 (as of 06/02/2019).

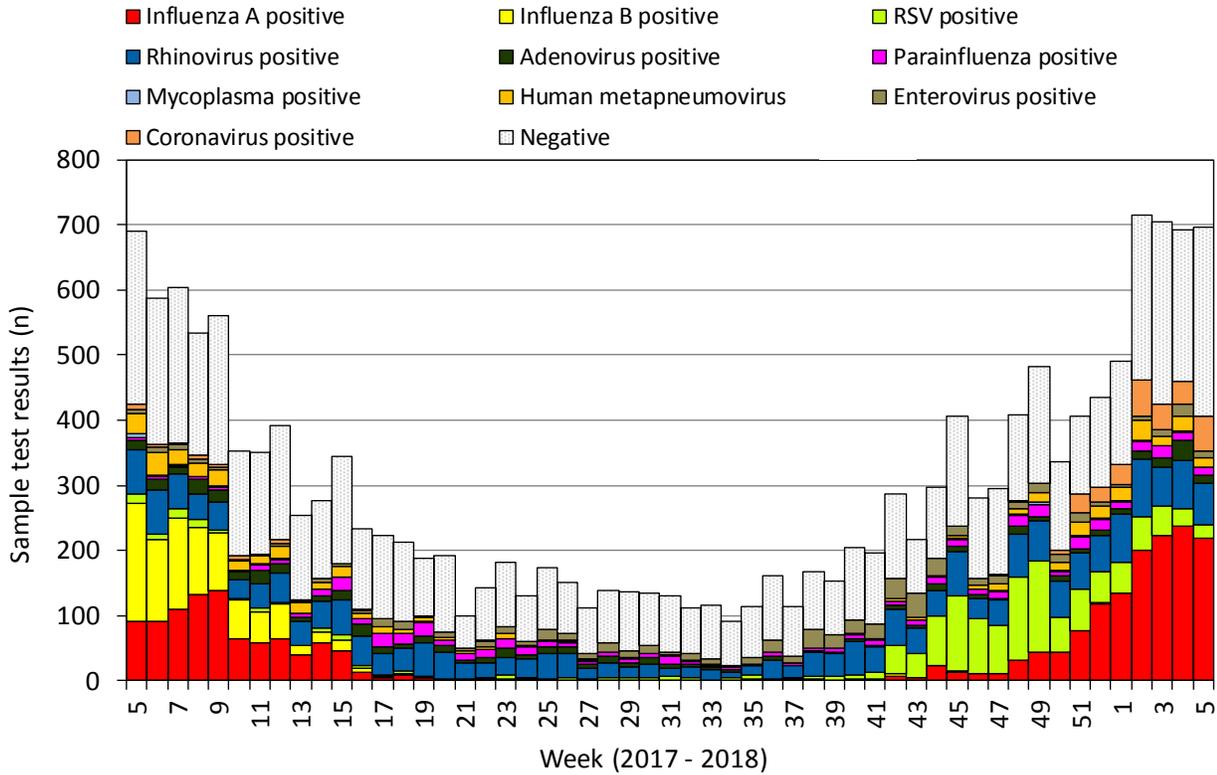
Age group	52	1	2	3	4	5
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	0.0	18.5	12.3	43.1	37.0
5 - 14	3.8	2.9	2.3	13.8	4.6	20.7
15 - 24	7.1	18.6	17.0	19.1	8.5	17.1
25 - 34	19.9	32.3	27.9	35.8	21.9	29.9
35 - 44	17.0	26.3	29.4	29.4	27.3	25.2
45 - 64	31.0	25.6	31.7	29.8	18.6	22.3
65 - 74	14.4	13.5	12.9	15.1	4.3	8.6
75+	0.0	3.2	5.1	10.1	10.1	10.1
Total	15.8	18.4	20.4	22.9	15.7	20.4

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 06/02/2019, by week of sample collection, week 05 2018 - week 05 2019 .



* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses.

Figure 4. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 06/02/2019 by week of sample collection, week 05 2018 – week 05 2019.



Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre.

Out of Hours consultations and calls to NHS Direct Wales

Figure 5. Weekly total consultations to Out of Hours services in Wales and numbers of respiratory-related diagnoses (as of 05/02/2019).

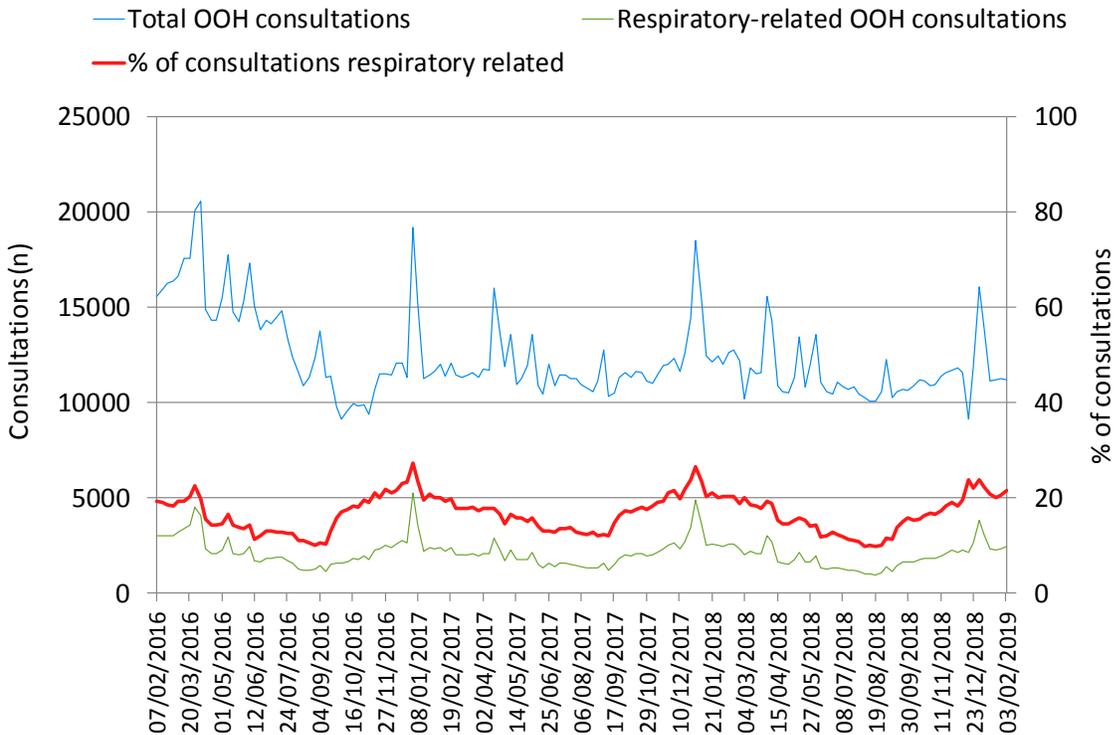
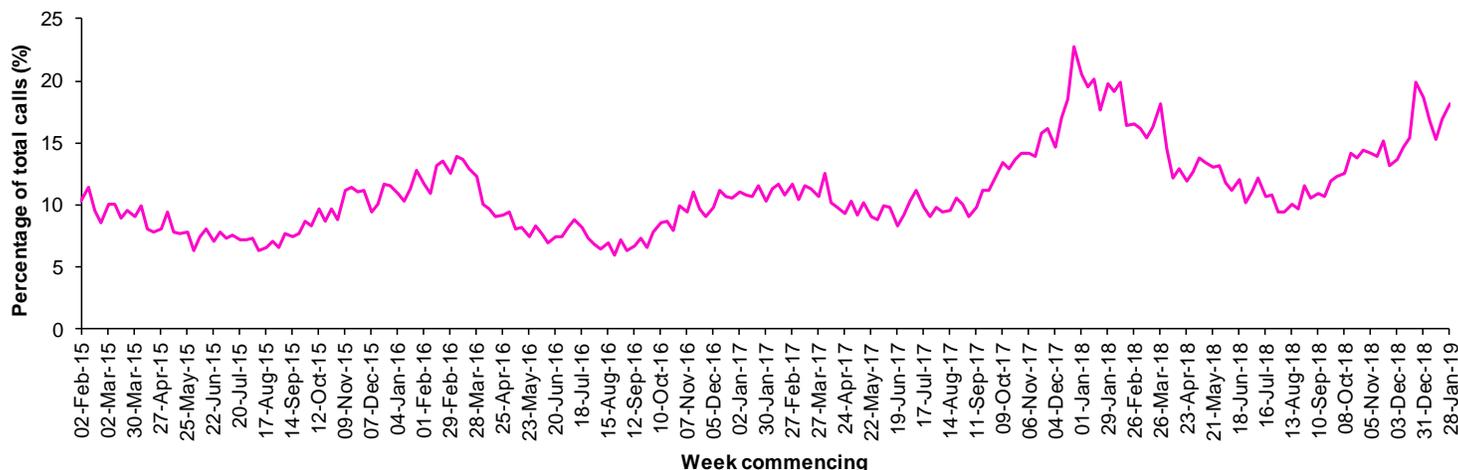


Figure 6. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 05 2015 - week 05 2019 (as of 03/02/2019).



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 (ie calls which could have symptom data recorded against them), note that 111 includes out-of-hours calls.

Influenza Vaccine Uptake in Wales

Table 2. Uptake of influenza immunisations in GP Practice patients, school children and NHS staff in Wales 2018/19 (as of 05/02/2019).

Influenza immunisation uptake in the 2018/19 season	
People aged 65y and older	67.8%
People younger than 65y in a clinical risk group	42.8%
Children aged two & three years	48.1%
Children aged four to ten years*	69.9%
NHS staff	50.7%
NHS staff who have direct patient contact	52.1%

* In school sessions carried out so far.

The end of season report Influenza in Wales 2017/18 is available to download and contains a full breakdown of vaccination uptake amongst eligible groups.

Link to report: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714>

Key points – Influenza activity in the UK and Europe

- As of week 04, influenza continued to circulate in the community with activity indicators above baseline threshold levels at low intensity and early signs of peaking. Influenza GP consultations increased in [Scotland](#) to 28.9 per 100 and decreased in [Northern Ireland](#) to 12.4 per 100,000 and remains below baseline activity in both countries. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 19.6 per 100,000 but remains above the MEM threshold for baseline activity (13.1 per 100,000). The weekly ILI consultation rate through the GP In Hours Syndromic Surveillance system was at 14.0 per 100,000 during week 03.
- During week 04, 27 samples tested positive for influenza (16 influenza A(H1N1)pdm09), six influenza A(H3) and five influenza A(not subtyped)) through the UK GP sentinel swabbing scheme. Of the 2,418 respiratory test results reported through Public Health England's DataMart scheme, there were 603 (24.9%) positive for influenza (341 influenza A(H1N1)pdm09, 107 influenza A(H3), 154 influenza A(unknown subtype) and one influenza B). UK summary data are available from the [Public Health England National Influenza Report](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported that as of week 04, influenza activity continued to increase throughout the WHO European Region. During week 04, a total of 3,704 sentinel specimens were tested for influenza, 1,899 (51.3%) of which were positive (716 influenza A(H1N1)pdm09, 519 influenza A(H3N2), 645 influenza A not subtyped and 19 influenza B). For more information on European level influenza surveillance see Flu News Europe: <http://www.flunewseurope.org/>

World update

- The WHO reported on 04/02/19 that in the temperate zones of the northern hemisphere, influenza activity continued to increase. In the temperate zones of the southern hemisphere, influenza activity returned to inter-seasonal levels. Worldwide, seasonal influenza subtype A accounted for the majority of influenza detections.
- Based on FluNet reporting (as of 01/02/2019), during the time period from 07/01/19 – 20/01/19, National Influenza Centres and other national influenza laboratories from 110 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 232,136 specimens during that time period, 59,457 were positive for influenza viruses, of which 58,436 were typed as influenza A (24,559 influenza A(H1N1)pdm09, 7,058 influenza A(H3N2) and 26,819 influenza A(not subtyped)) and 1,021 influenza B (of the characterised influenza B viruses 85 belonged to the B-Yamagata lineage and 161 to the B-Victoria lineage).

Source: WHO influenza update:

http://www.who.int/influenza/surveillance_monitoring/updates/en/

Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that during week 04 (ending 26/01/19) influenza activity increased in the United States. Nationally, 45,190 (9.2%) out of 493,313 specimens have tested positive for influenza since week 40, of these positives 43,071 (95.3%) were influenza A and 2,119 (4.7%) were influenza B. Further characterisation has been carried out on 27,221 specimens by public health laboratories, and 10,266 tested positive for influenza, 9,970 (97.1%) were influenza A (7,772 influenza A(H1N1)pdm09 (81.4%), 1,779 influenza (H3N2) (18.6%), and subtyping was not performed on 419 specimens) and 296 influenza B (2.9%).

Source: CDC Weekly US Influenza Surveillance Report

<http://www.cdc.gov/flu/weekly/>

- The Public Health Agency of Canada reported that during week 04, influenza continues to circulate across Canada. During week 04 the percentage of visits to healthcare professionals that were due to ILI remained within expected levels at 1.8%. The percentage of tests positive for influenza was similar to the previous week at 20.7% in week 03.

Source: Public Health Agency of Canada

<https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html>

Middle East respiratory syndrome coronavirus (MERS-CoV) – latest update from WHO and ECDC

- On 16/01/19 WHO reported five additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in Saudi Arabia. Globally, 2,279 laboratory confirmed cases of human infection with MERS-CoV, including 806 associated deaths, have officially been reported to WHO since September 2012.
Source: WHO Global Alert and Response website: <http://www.who.int/csr/don/archive/year/2019/en/>
- The majority of the MERS cases continue to be reported from the Middle East, and specifically from Saudi Arabia. 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 – latest update from WHO

- The latest WHO Influenza at Human-Animal Interface summary (14/12/2018 to 21/01/2019) reports that no new cases of avian influenza A(H7N9) were reported and the risk assessment has not changed. Since February 2013, a total of 1,567 laboratory-confirmed cases of human infection with avian influenza A(H7N9), including at least 615 deaths, have been reported: http://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/ http://www.fao.org/ag/againfo/programmes/en/empres/H7N9/Situation_update.html
- 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. Updates are available from the WHO Global Alert and Response website: <http://www.who.int/csr/don/en/>

Links:

Public Health Wales influenza surveillance webpage:

<http://www.publichealthwales.org/flu-activity>

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>

Wales influenza information:

<http://www.wales.nhs.uk/sitesplus/888/page/43745>

England influenza surveillance:

<https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis>

Scotland influenza surveillance:

<http://www.hps.scot.nhs.uk/resp/seasonalinfluenza.aspx>

Northern Ireland influenza surveillance:

<http://www.publichealth.hscni.net/directorate-public-health/health-protection/influenza>

European Centre for Communicable Disease:

<http://ecdc.europa.eu/>

European influenza information:

<http://flunewseurope.org/>

Advice on influenza immunisation (for NHS Wales users)

<http://nww.immunisation.wales.nhs.uk/home>

For further information on this report, please email Public Health Wales using:

surveillance.requests@wales.nhs.uk