

# Public Health Wales CDSC Weekly Influenza & Acute Respiratory Infection Surveillance Report

Wednesday 19<sup>th</sup> February 2020 (covering week 07 2020)



GIG  
CYMRU  
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WALES

Iechyd Cyhoeddus  
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Wales

**Current level of influenza activity:** *Baseline activity*

**Trend:** *Decreasing*

**Confirmed cases since 2019 week 40: 1,527** (97% influenza A and 3% influenza B. Of the influenza A cases, 14% were A(H1N1)pdm09, 70% were A(H3N2) and 16% were A(not typed).

## Key points – Wales

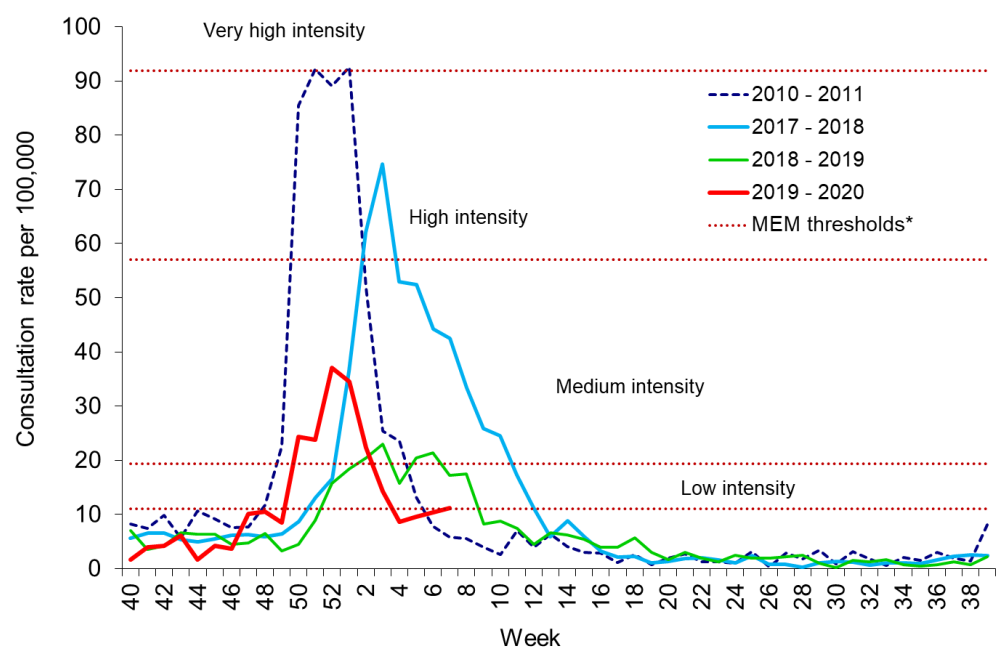
### Surveillance indicators suggest that influenza is circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) increased during week 07 (ending 16/02/2020) but remains at baseline levels. During week 07, 31 cases of influenza were confirmed. Rhinovirus was the most commonly detected cause of Acute Respiratory Infection (ARI) but other causes of ARI continue to be detected. Respiratory Syncytial Virus (RSV) activity in children under five years of age increased this week but remains at baseline levels.

- The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 07 was 11.2 consultations per 100,000 practice population (Table 1).
- The ILI consultation rate increased compared to week 06 (10.4 per 100,000 practice population) and is at the threshold for baseline levels (11.1 per 100,000 practice population) (Figure 1). The consultation rate was highest in patients aged 35-44 years (17.0 per 100,000 practice population) (Table 1).
- Data on respiratory-related consultations with Out Of Hours GPs are only currently available up to week 02 (Figure 7). The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during week 07 increased to 17.7% (Figure 8).
- Four surveillance samples from patients with ILI, collected by sentinel GPs during week 07, had been received by Public Health Wales Microbiology as at 19/02/2020. All tested negative for routinely tested pathogens.
- During week 07, 413 specimens were tested by Public Health Wales Microbiology from hospitalised and non-sentinel GP patients with ARI. These figures do not include local influenza 'point of care test' results. The following numbers of patients tested positive: 10 influenza A(H1N1)pdm09, 12 influenza A(H3N2), four influenza A(not subtyped), five influenza B, 61 rhinovirus, 45 adenovirus, 35 seasonal coronaviruses, 20 human metapneumovirus, 18 enterovirus, eight RSV, eight mycoplasma and seven parainfluenza (Figure 4). The proportion of samples from hospital patients positive for influenza was 7.5%. Thirty-five respiratory specimens were tested from patients in intensive care units (ICU), two specimens were positive for influenza (Figure 5).
- RSV seasonal activity decreased and remained at baseline levels during week 07. None of the 79 samples from children younger than five years with ARI tested positive for RSV during week 07. (Figure 6). The average duration of seasonal activity is 11-13 weeks and the current season lasted 12 weeks.
- During week 07, no ARI outbreaks were reported to the Public Health Wales Health Protection team.
- At the end of week 07, uptake of influenza vaccine was: 69.0% in those aged 65 years and older, 43.5% in patients aged six months to 64 years at clinical risk, and 49.4% in children aged two and three years old. In the 1,295 primary schools visited thus far as part of the universal childhood influenza programme, uptake was 68.3%.

# Influenza activity in Wales

**Figure 1. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 16/02/2020).**

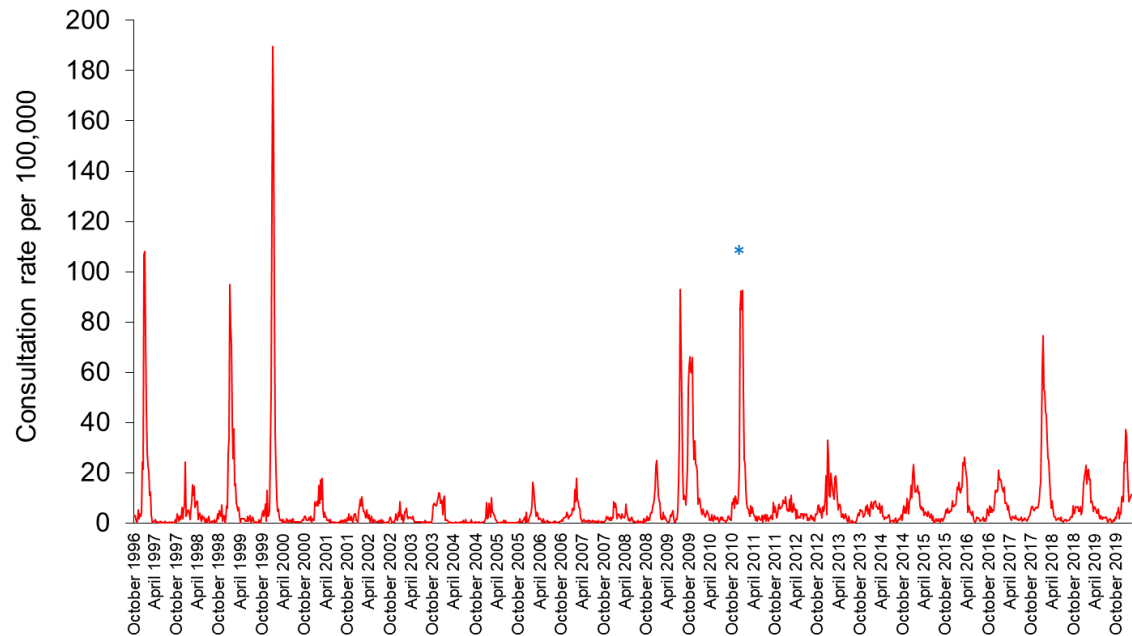


*A technical issue affected data submitted from sentinel practices utilising a specific brand of GP software. As a result, between week 47 2019 and week 03 2020, data from affected practices has been excluded from calculations of the weekly ILI consultation rate. Weekly rates from week 47 2019 to week 03 2020 are based on data from approximately 20 practices.*

Week 52 and week 01 consultation rates adjusted for the reduced general practice opening hours.

\* 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.

**Figure 2. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (week 48 1996 – week 07 2020).**



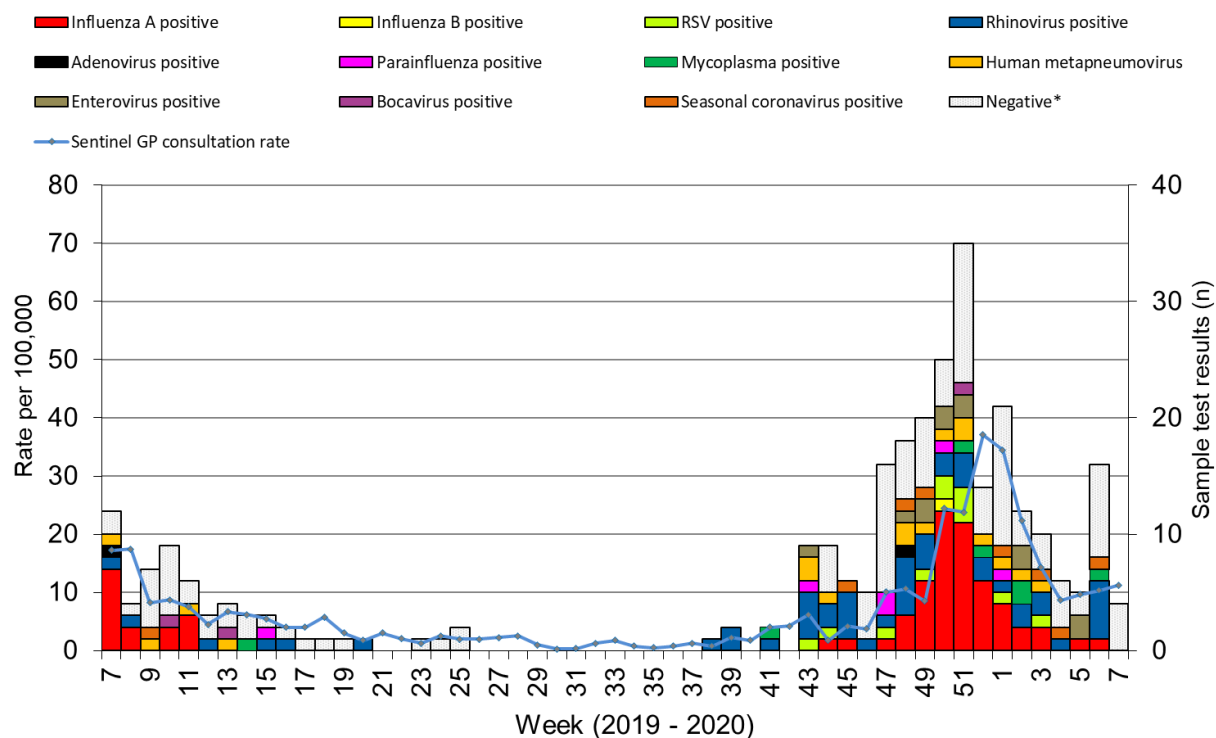
\* Reporting changed to Audit+ surveillance system

**Table 1. Age-specific consultations (per 100,000) for influenza in Welsh sentinel practices, week 02 – week 07 2020 (as of 16/02/2020).**

Age group	2	3	4	5	6	7
< 1	-	-	0.0	0.0	0.0	0.0
1 - 4	-	-	0.0	0.0	0.0	0.0
5 - 14	-	-	6.8	6.8	6.8	9.4
15 - 24	-	-	6.4	19.3	15.0	13.2
25 - 34	-	-	13.8	11.8	21.6	12.1
35 - 44	-	-	6.2	12.4	6.2	17.0
45 - 64	-	-	13.8	11.0	13.8	12.4
65 - 74	-	-	4.3	2.1	4.3	11.2
75+	-	-	4.9	4.9	2.4	5.2
<b>Total</b>	<b>22.3</b>	<b>14.3</b>	<b>8.6</b>	<b>9.6</b>	<b>10.4</b>	<b>11.2</b>

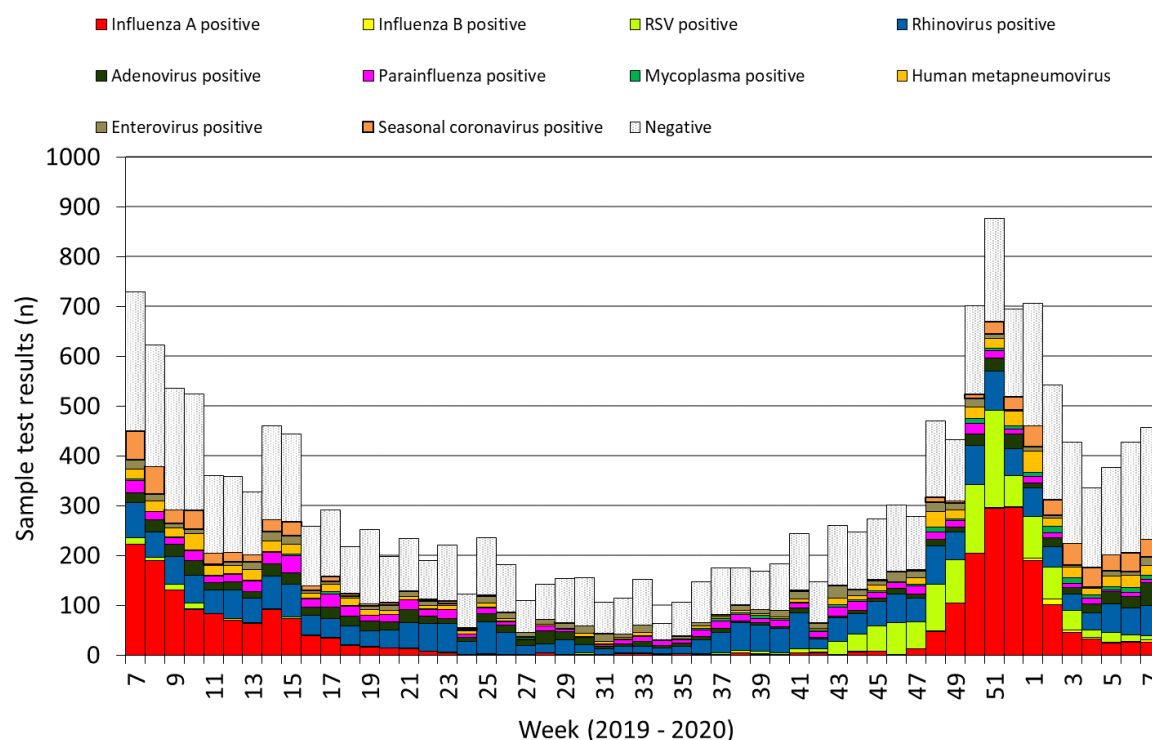
Due to the technical issue currently affecting data submitted from sentinel practices utilising a specific brand of GP software, no age breakdown is available for weeks 02 to 03.

**Figure 3. Specimens submitted for virological testing by sentinel GPs as of 16/02/2020, by week of sample collection, week 07 2019 - week 07 2020.**



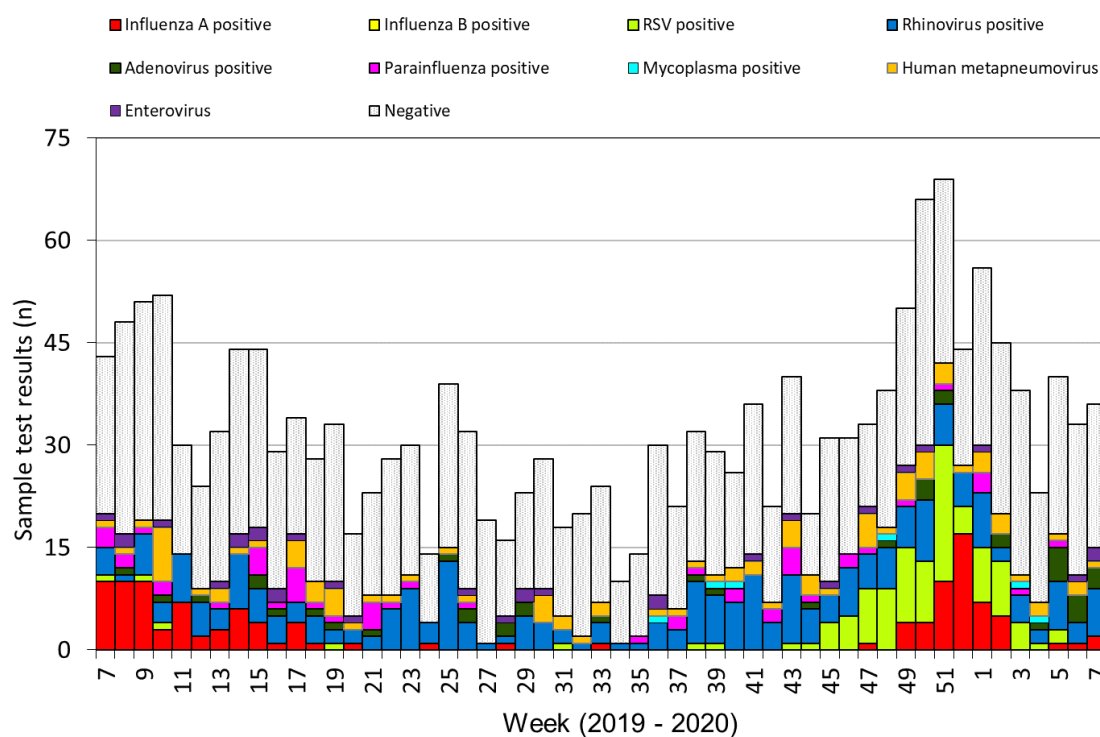
\* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses.

**Figure 4. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 16/02/2020 by week of sample collection, week 07 2019 to week 07 2020.**

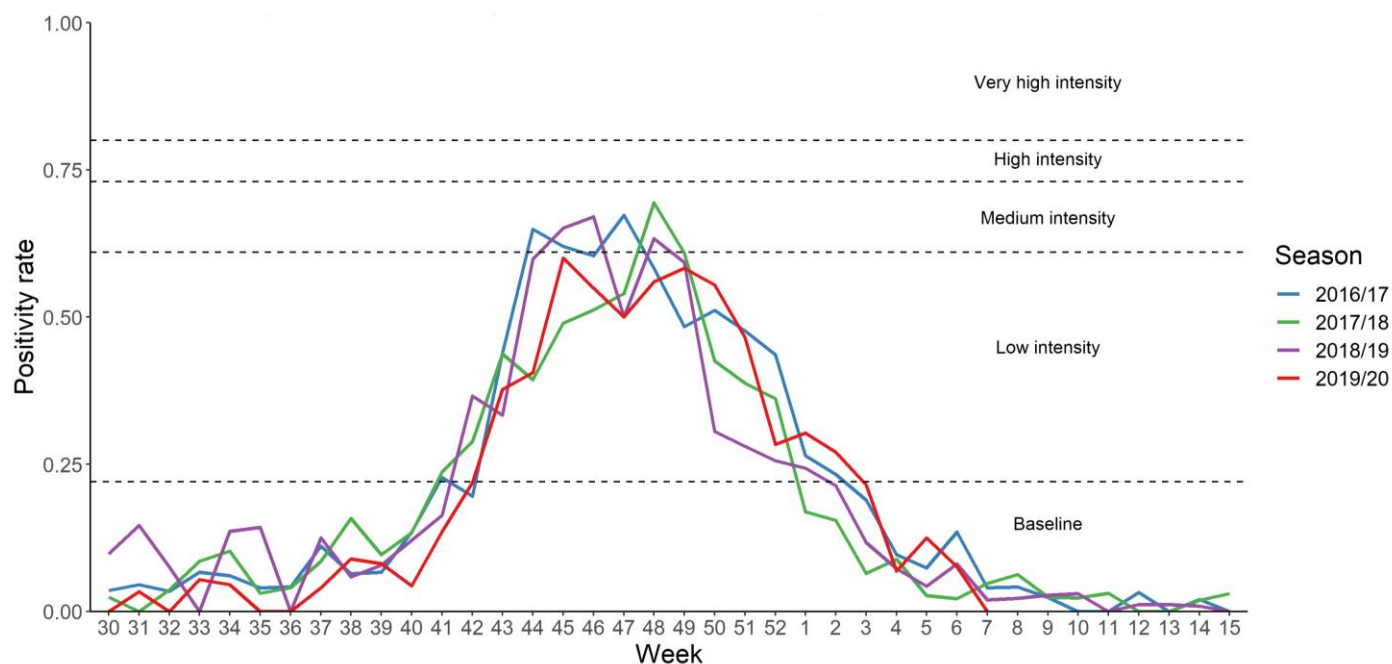


Combined data for tests carried out in Public Health Wales Microbiology: Cardiff laboratory, provided by Public Health Wales Microbiology Cardiff Specialist Virology Centre. This chart summarises individual test results, patients who are positive for multiple infections within a given week will appear multiple times.

**Figure 5. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 07 2019 to week 07 2020.**

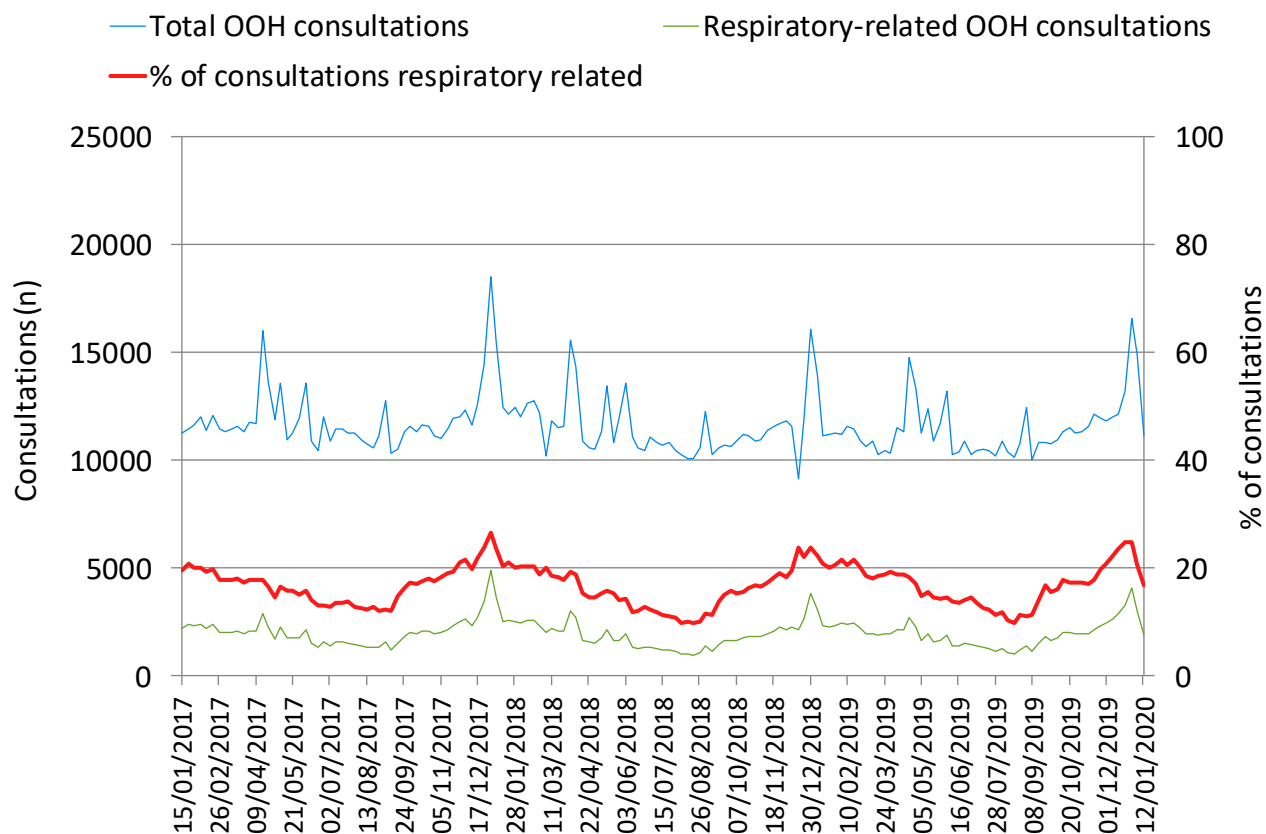


**Figure 6. RSV incidence rate per 100,000 population aged under five years, week 30 2016 to week 07 2020.**

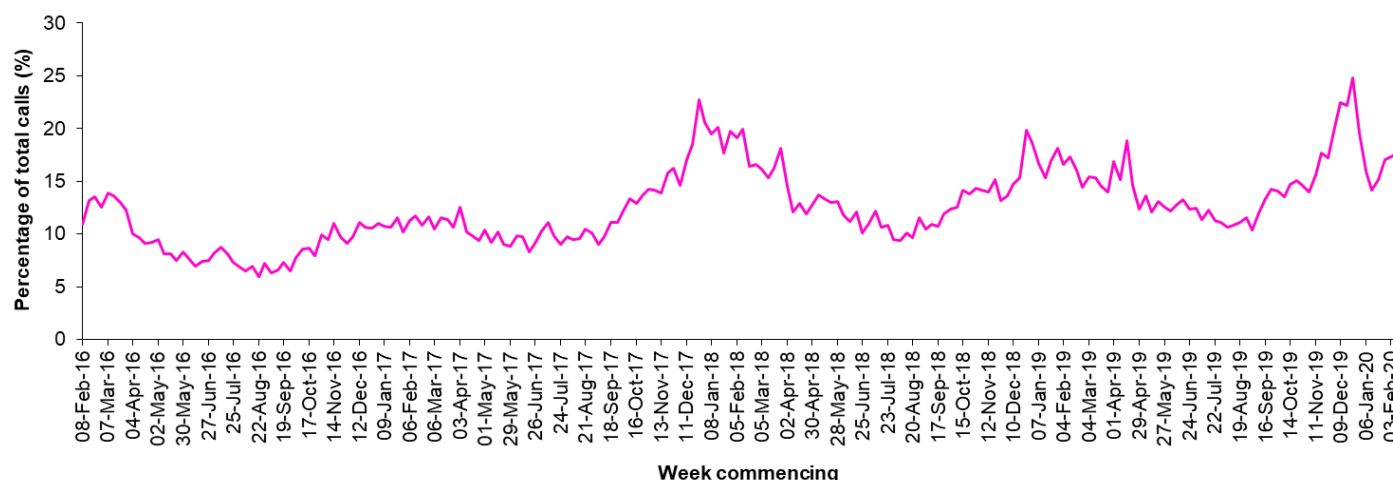


## Out of Hours consultations and calls to NHS Direct Wales

**Figure 7. Weekly total consultations to Out of Hours services in Wales and numbers of respiratory-related diagnoses (as of 12/01/2020) (latest data available).**



**Figure 8. Influenza related calls to NHS Direct Wales<sup>1</sup> (as a percentage of total calls) from week 07 2016 - week 07 2020 (as of 16/02/2020).**



<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 (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 2019/20 (as of 16/02/2020).**

Influenza immunisation uptake in the 2019/20 season	
People aged 65y and older	69.0%
People younger than 65y in a clinical risk group	43.5%
Children aged two & three years	49.4%
Children aged four to ten years*	68.3%
NHS staff	55.1%
NHS staff who have direct patient contact	57.8%

\* In school sessions carried out so far.

The end of season report Influenza in Wales 2018/19 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 06, influenza activity continues to decrease with several indicators remaining below baseline levels in the UK. GP ILI consultations decreased in Northern Ireland to 5.9 per 100,000 and in Scotland to 10.2 per 100,000. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 9.8 per 100,000 and remains below the MEM threshold for baseline activity (12.7 per 100,000). The syndromic surveillance indicator for influenza reported through the GP In Hours Syndromic Surveillance system was 7.9 per 100,000 in week 06.
- During week 06, seven samples tested positive for influenza (one influenza A(H1N1)pdm09, one influenza A(H3), one influenza A(unknown subtype) and four influenza B) through the UK GP sentinel swabbing schemes, an overall positivity of 17.9%. One hundred and twenty-three (5.6%) of the 2,204 respiratory test results reported through Public Health England's DataMart scheme tested positive for influenza (29 influenza A(H1N1)pdm09, 31 influenza A(H3), 34 influenza A(not subtyped) and 29 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 06, widespread influenza activity was reported by the majority of countries across the WHO European Region. During week 06, a total of 3,041 sentinel specimens were tested for influenza, 1,561 of which were positive (459 influenza A(H1N1)pdm09, 352 influenza A(H3N2), 121 influenza A(not typed) and 629 influenza B).

**Source:** Flu News Europe: <http://www.flunewseurope.org/>

## World update

- The WHO reported on 17/02/2020 that in the temperate zones of the northern hemisphere, respiratory illness indicators and influenza activity remained elevated overall. In North America, influenza activity remained elevated. In Europe, influenza activity continued to increase across the region. In Central Asia, influenza activity increased with detections of all seasonal influenza subtypes. In Northern Africa, influenza activity increased in Algeria and Tunisia. In Western Asia, influenza activity remained elevated overall, although returned to low levels in some countries. In East Asia, influenza-like illness (ILI) and influenza activity remained elevated overall. Influenza activity was low across reporting Caribbean and Central American countries except Mexico where activity increased. In tropical South American countries, influenza activity was low. In tropical Africa, influenza activity was low across most reporting countries. In Southern Asia influenza activity was low overall, though remained elevated in Afghanistan. In South East Asia, influenza activity was low in most reporting countries. In the temperate zone of the southern hemisphere, influenza activity remained at inter-seasonal levels. Worldwide, seasonal influenza A viruses accounted for the majority of detections.
- Based on FluNet reporting (as of 17/02/2020), during the time period from 20/01/2020 – 02/02/2020, National Influenza Centres and other national influenza laboratories from 109 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 204,655 specimens during that time period, 59,702 were positive for influenza viruses, of which 35,359 were typed as influenza A (7,321 influenza A(H1N1)pdm09, 2,333 influenza A(H3N2) and 25,705 influenza A(not subtyped)) and 24,343 influenza B (of the characterised influenza B viruses 26 belonged to the B-Yamagata lineage and 1,746 to the B-Victoria lineage).

**Source:** WHO influenza update:

[http://www.who.int/influenza/surveillance\\_monitoring/updates/en/](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 06 (ending 08/02/2020) influenza activity increased and remains high. Nationally, 16,934 (30.8%) out of 54,982 specimens have tested positive for influenza in week 06, of these positives 10,067 (59.4%) were influenza A and 6,867 (40.6%) were influenza B. Further characterisation has been carried out on 1,936 specimens by public health laboratories, and 1,258 tested positive for influenza, 833 (66.2%) were influenza A (721 influenza A(H1N1)pdm09 (95.5%), 34 influenza A(H3N2) (4.5%), and subtyping was not performed on 78 specimens) and 425 influenza B (33.8%).

**Source:** CDC Weekly US Influenza Surveillance Report: <http://www.cdc.gov/flu/weekly/>

- The Public Health Agency of Canada reported that during week 06, influenza activity remained high, with most indicators remaining similar or decreasing from the previous week. The percentage of visits to healthcare professionals due to ILI was 1.9%, which is below the average for this time of year. The percentage of tests positive for influenza is 30%, similar to the previous week.

**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 31/01/2020 WHO reported an additional two cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV). Globally, 2,506 laboratory confirmed cases of human infection with MERS-CoV, including 862 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/2020/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>

### **Coronavirus disease 2019 (COVID-19) – latest WHO situation report**

- As at 18/02/2020, WHO reported 73,332 confirmed COVID-19 cases globally, of whom 72,528 were in China (where 1870 deaths have also been reported). Outside of China, there have been 804 confirmed cases in 25 different countries and three fatal cases reported. WHO report a risk assessment level of 'Very high' in China and 'High' at global and regional level. Daily WHO situation updates are available from: [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200218-sitrep-29-covid-19.pdf?sfvrsn=6262de9e\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200218-sitrep-29-covid-19.pdf?sfvrsn=6262de9e_2)
- Public Health Wales produce a daily statement on COVID-19, available from: <https://phw.nhs.wales/news/public-health-wales-statement-on-novel-coronavirus-outbreak-in-china/>
- Links to further information and guidance are available from the Public Health Wales website: <https://phw.nhs.wales/topics/coronavirus/>

### **Human infection with avian influenza A(H7N9), China – latest update from WHO**

- The latest WHO Influenza at Human-Animal Interface summary (26/11/2019 to 20/01/2020) reports that no new cases of avian influenza A(H7N9) were reported. Since February 2013, a total of 1,568 laboratory-confirmed cases of human infection with avian influenza A(H7N9), including at least 616 deaths, have been reported: [http://www.who.int/influenza/human\\_animal\\_interface/HAI\\_Risk\\_Assessment/en/](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](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. WHO Global Alert & Response updates: <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/statistics/weekly-national-flu-reports-2019-to-2020-season>

Scotland influenza surveillance:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/influenza/#data>

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 (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](mailto:surveillance.requests@wales.nhs.uk)