

Current level of influenza activity: *Baseline activity*

Influenza activity trend: *Stable*

Confirmed influenza cases since 2020 week 40: 18 (nine influenza A(H3N2), three influenza A(not subtyped) and six influenza B.)

Key points – Wales

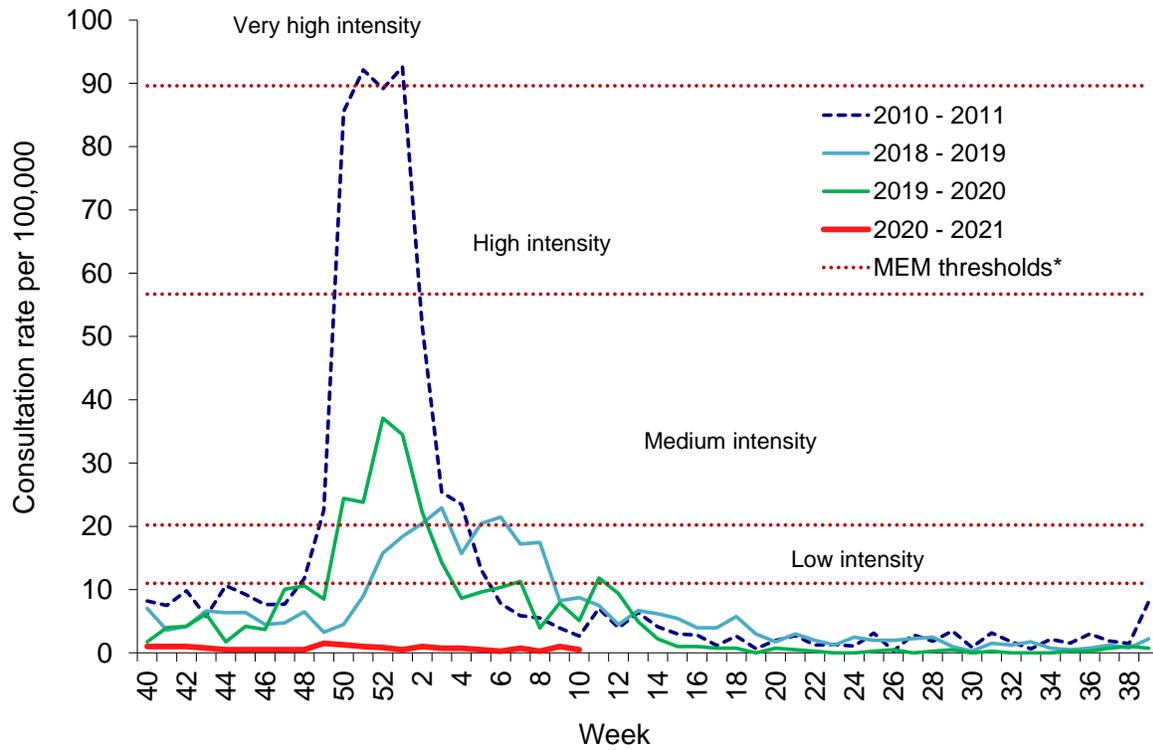
Surveillance indicators suggest that influenza is not currently circulating in Wales.

The sentinel GP consultation rate for influenza-like illness (ILI) decreased during week 10 (ending 14/03/2021). During week 10, no cases of influenza was confirmed. COVID-19 cases continue to be detected in symptomatic patients in hospital and in the community. Rhinovirus was the most commonly detected cause of non-COVID-19 Acute Respiratory Infection (ARI) but other causes of ARI continue to be detected. Surveillance data suggests that influenza and Respiratory Syncytial Virus (RSV) have not circulated over the winter months.

- The **Sentinel GP consultation rate for influenza-like illness (ILI)** in Wales during week 10 was 0.5 consultations per 100,000 practice population (Table 1). This decreased compared to the previous week (1.0 consultations per 100,000) and remains well below baseline threshold for seasonal influenza activity (11.0 per 100,000 practice population) (Figure 1). 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.
- The **Sentinel GP consultation rate for Acute Respiratory Infections (ARI)** was 43.9 per 100,00 practice population during week 10, this is a decrease compared to the previous week (48.1 per 100,000) (Table 2). Weekly consultations for Upper Respiratory Tract Infections remained stable and Lower Respiratory Tract Infections increased compared to the previous week. The age-group specific consultation rate for ARI during week 10 was highest in under one year olds (262.6 per 100,000 practice population).
- The percentage of calls to **NHS Direct Wales** which were 'influenza-related' (cold/flu, cough, fever, headache and sore throat) during week 10 increased to 13.7% (Figure 9).
- The total number of respiratory-related consultations with **Out of Hours (OOH)** doctors in Wales reported to Public Health Wales during week 08 (latest data available) was 728, this represents 6.6% of all 11,083 reported consultations with OOH doctors, a decrease in the number and proportion reported last week (Figure 8).
- During week 10, 1,634 specimens received respiratory panel testing from hospital and non-sentinel GP patients with ARI. These results do not include samples tested solely for SARS-CoV2. There were three RSV, 101 rhinovirus, 22 adenovirus, eight seasonal coronavirus and two enterovirus, detected in week 10 (Figure 4). Additionally, 3,725 samples from patients were submitted for rapid Cepheid testing for influenza, RSV and SARS-CoV2, these tests may be associated with screening activities rather than diagnostic testing for patients presenting with ARI (Figure 5). Of these 3,725 samples, none were positive for influenza or RSV, and 99 were positive for SARS-CoV2 (figure 5). Sixty respiratory specimens were tested from patients in intensive care units (ICU) and no samples were positive for influenza (Figure 6). For the latest COVID-19/ SARS-CoV2 surveillance data please see the [PHW daily dashboard](#)
- No surveillance samples from patients with ILI, collected by **sentinel GPs** during week 10, had been received by Public Health Wales Microbiology as at 17/03/2021.
- There has been no detectable RSV circulation so far for 2020-21.
- During week 10, 39 **ARI outbreaks** were reported to the Public Health Wales Health Protection team, all were reported as COVID-19 outbreaks. Twenty-four were in residential homes, six were in a school/nursery setting, one was in a hospital and eight were in a community, mixed or other setting.
- According to **EuroMoMo** analysis, all-cause deaths were not significantly in excess during week 9 (latest data).

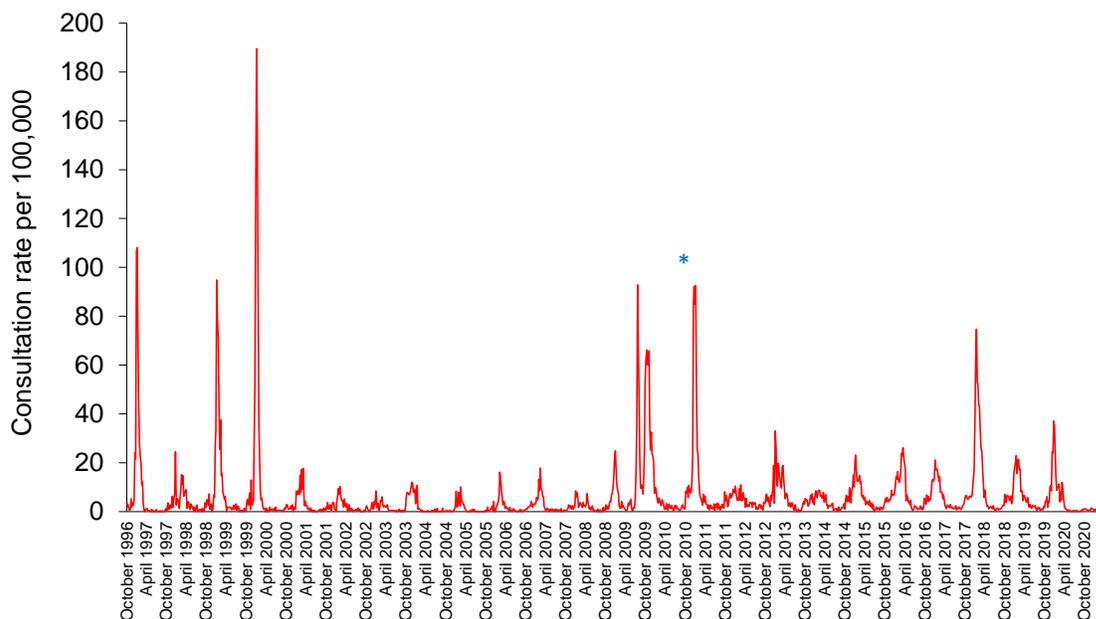
Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 14/03/2021).



* 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.

Figure 2. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (week 48 1996 – week 10 2021).



* Reporting changed to Audit+ surveillance system

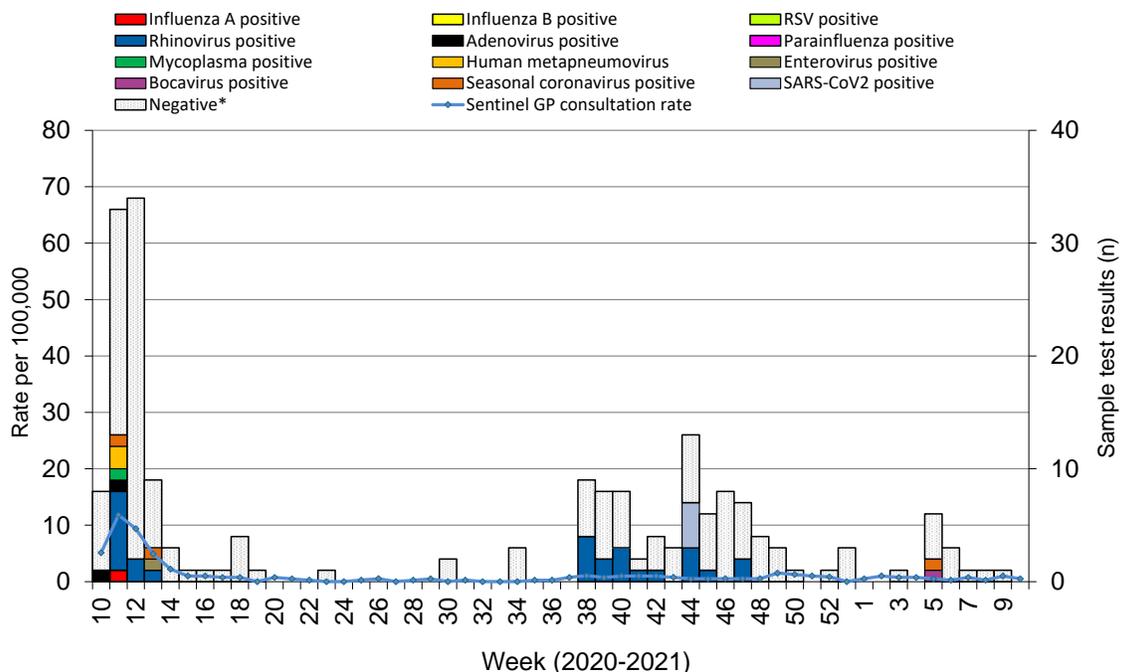
Table 1. Age-specific consultations (per 100,000) for ILI in Welsh sentinel practices, week 05– week 10 2021 (as of 14/03/2021).

Age group	5	6	7	8	9	10
< 1	0.0	0.0	0.0	0.0	0.0	0.0
1 - 4	0.0	0.0	0.0	0.0	0.0	0.0
5 - 14	0.0	0.0	0.0	0.0	0.0	0.0
15 - 24	0.0	0.0	0.0	0.0	0.0	0.0
25 - 34	2.0	0.0	4.0	0.0	0.0	0.0
35 - 44	0.0	2.0	0.0	2.0	4.1	0.0
45 - 64	0.9	0.0	0.0	0.0	1.9	1.9
65 - 74	0.0	0.0	2.2	0.0	0.0	0.0
75+	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.5	0.3	0.7	0.3	1.0	0.5

Table 2. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, week 05 – week 10 2021 (as of 14/03/2021).

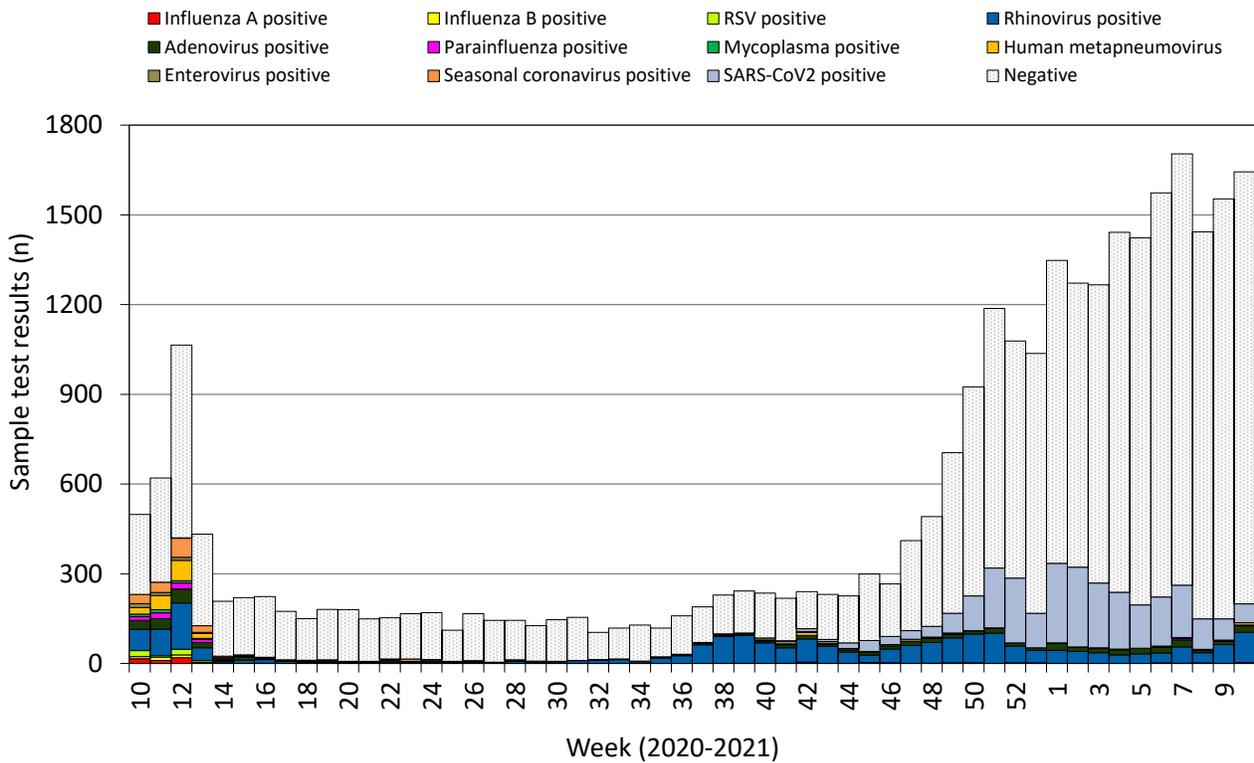
Age group	5	6	7	8	9	10
< 1	162.9	64.9	232.8	327.4	163.7	262.6
1 - 4	124.9	125.1	107.6	85.6	151.5	197.9
5 - 14	36.4	20.5	23.2	18.2	34.1	25.0
15 - 24	41.5	74.3	44.5	43.7	26.3	30.7
25 - 34	47.4	63.3	34.2	35.6	41.5	51.4
35 - 44	45.1	49.1	58.3	45.0	36.8	22.5
45 - 64	54.7	48.2	38.8	36.2	49.1	36.1
65 - 74	45.2	47.3	37.3	62.3	51.6	40.8
75+	79.5	62.7	71.7	55.4	55.4	45.7
Total	54.1	54.6	46.8	45.1	48.1	43.9

Figure 3. Specimens submitted for virological testing by sentinel GPs as of 14/03/2021, by week of sample collection, week 10 2020 to week 10 2021.



* 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 14/03/2021 by week of sample collection, week 10 2020 to week 10 2021.



This chart summarises respiratory panel test data and does not include data for patients tested SOLEY 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.

Figure 5. Rapid Cepheid specimens submitted for virological testing for hospital patients, as of 14/03/2021 by week of sample collection, week 46 2020 to week 10 2021.

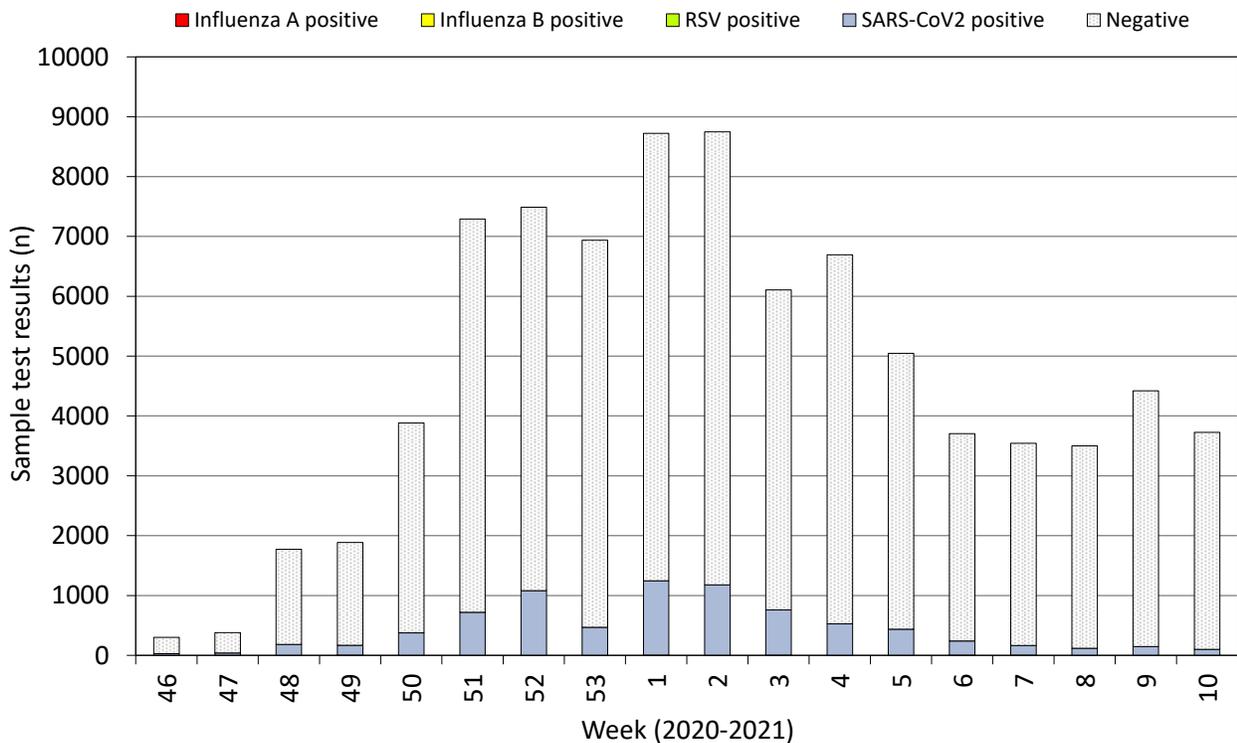
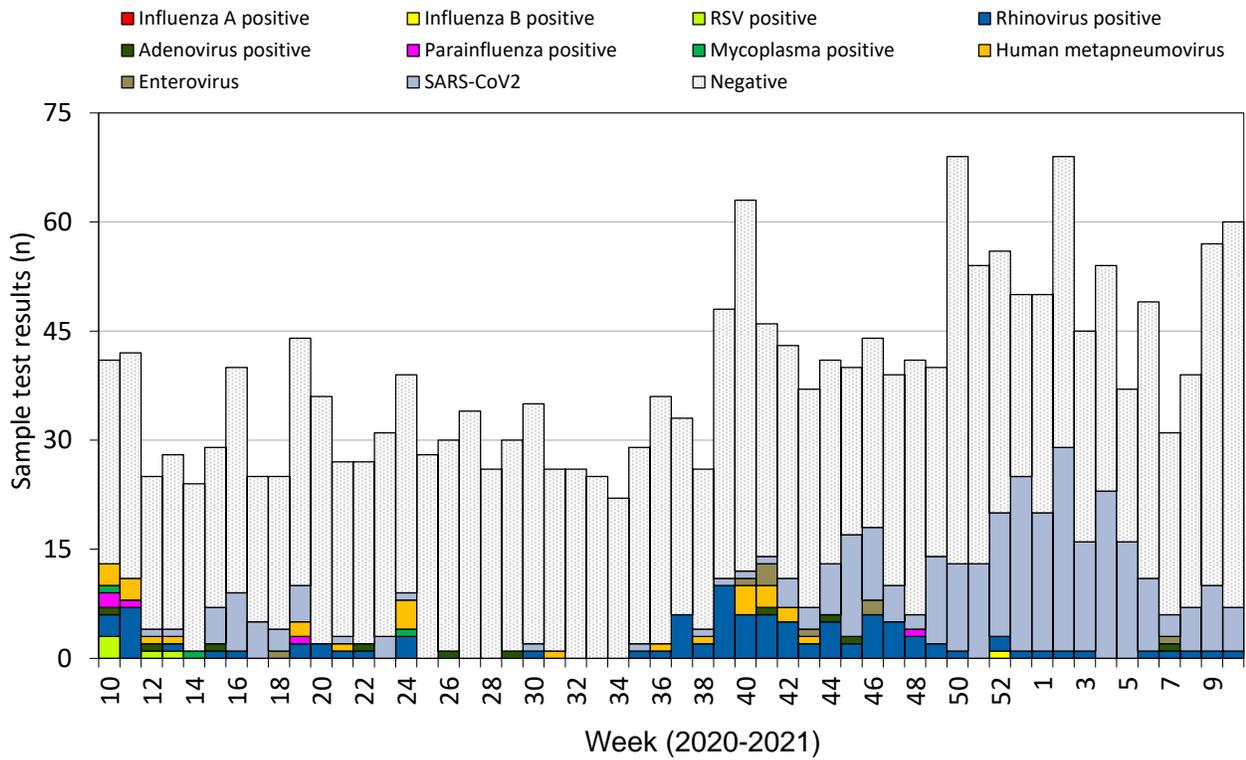
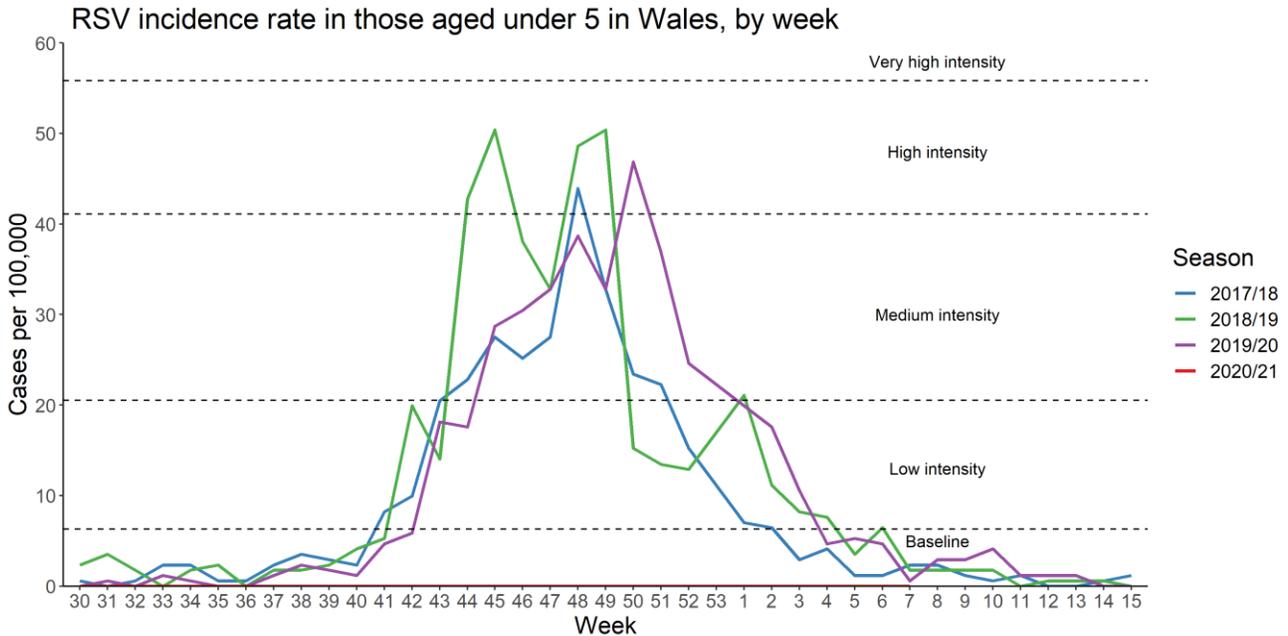


Figure 6. Specimens submitted for virological testing for ICU patients, by week of sample collection, week 10 2020 to week 10 2021.



This chart summarises respiratory panel test data and does not include data for patients tested SOLELY for SARS-CoV2.

Figure 7. RSV incidence rate per 100,000 population aged under five years, week 30 2017 to week 10 2021.



No samples have tested positive for RSV in under 5 year olds since week 30 2020.

Out of Hours consultations and calls to NHS Direct Wales

Figure 8. Weekly total consultations to Out of Hours services in Wales and numbers of respiratory-related diagnoses (as of 28/02/2021) (latest data available).

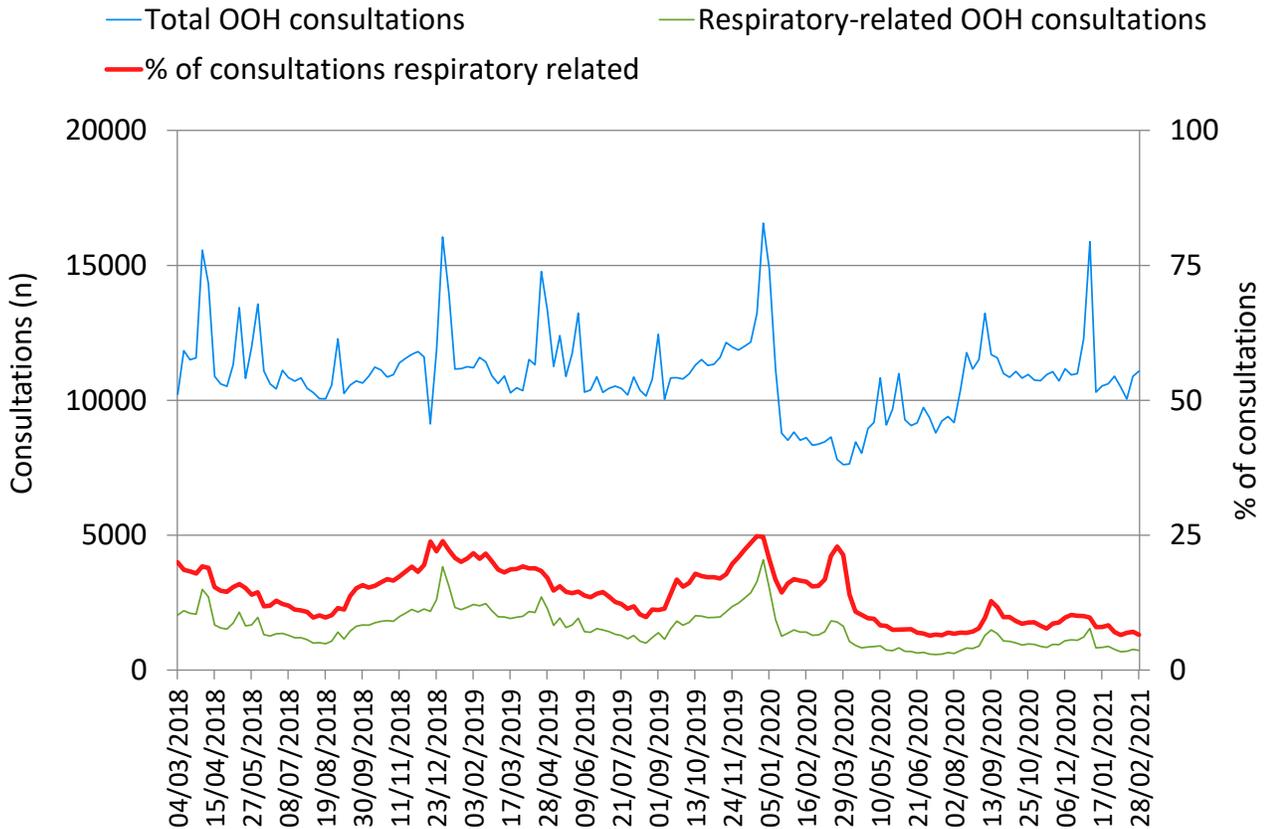
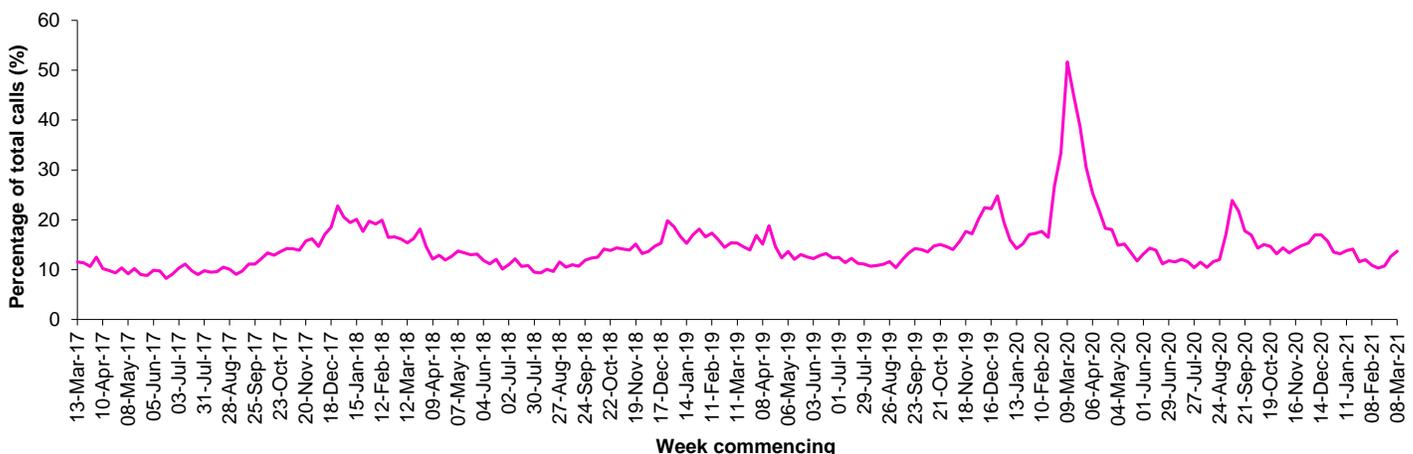


Figure 9. Influenza related calls to NHS Direct Wales¹ (as a percentage of total calls) from week 11 2017 - week 10 2021 (as of 14/03/2021).



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 3. Uptake of influenza immunisations in GP Practice patients, school children and NHS staff in Wales 2020/21 (as of 16/03/2021).

Influenza immunisation uptake in the 2020/21 season	
People aged 65y and older	76.5%
People younger than 65y in a clinical risk group	51.0%
Children aged two & three years	56.3%
Children aged four to ten years*	72.4%
NHS staff	63.4%
NHS staff who have direct patient contact	65.2%

* In school sessions carried out so far.

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

Influenza activity – UK and international summary

- As of week 10, the majority of community and syndromic indicators remained low in the UK. GP ILI consultations decreased in Northern Ireland to 0.7 per 100,000 and in Scotland to 0.1 per 100,000, well below the baseline intensity thresholds for both countries. The weekly ILI GP consultation rate in England reported through the RCGP system increased to 0.7 per 100,000, well below the MEM threshold for baseline activity (12.2 per 100,000).
- During week 10, none of the 5,522 respiratory test results reported through Public Health England's DataMart scheme tested positive for influenza. UK summary data are available from the [Public Health England National Influenza and COVID-19 Surveillance Report](#).
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported that as of week 09, influenza activity remained at inter-seasonal levels across the WHO European Region. During week 08, three of the 1,026 sentinel specimens tested for influenza were positive.

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

- The WHO reported on 15/03/2021 that globally, influenza activity remained at lower levels than expected for this time of year. In the temperate zone of the northern hemisphere, influenza activity remained below baseline, though sporadic detections of influenza A and influenza B continued to be reported in some countries. In the temperate zones of the southern hemisphere, influenza activity was reported at inter-seasonal level. In the Caribbean and Central American countries, sporadic influenza detections were reported. In tropical South America, sporadic detections were reported in Colombia. In tropical Africa, influenza activity was reported in some reporting countries in Western, Middle and Eastern Africa in recent weeks. In Southern Asia, sporadic influenza detections were reported in India. In South East Asia, influenza A(H3N2) detections continued to be reported in most reporting countries. Worldwide, influenza B accounted for the majority of the very low numbers of detections reported.
- Based on FluNet reporting (as of 26/02/2021), during the time period from 01/02/2021 – 14/02/2021, National Influenza Centres and other national influenza laboratories from 96 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 237,021 specimens during that time period, 382 were positive for influenza viruses, of which 137 were typed as influenza A (43 influenza A(H1N1)pdm09, 39 influenza A(H3N2) and 55 influenza A(not subtyped)) and 245 influenza B (of the characterised influenza B viruses one belonged to the B-Yamagata lineage and 182 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 09 (ending 06/03/2021) influenza activity remains lower than usual for this time of year in the United States. Nationally, 21 (0.1%) out of 16,799 specimens have tested positive for influenza in week 09, of these positives 11 (52.4%) were influenza A and 10 (47.6%) were influenza B. Further characterisation has been carried out on 11,988 specimens by public health laboratories, and one sample tested positive for influenza, one influenza A (influenza A(subtyping not performed)).

Source: CDC Weekly US Influenza Surveillance Report

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

- The Public Health Agency of Canada reported that during week 09, influenza activity remains exceptionally low for this time of year, despite continued monitoring for influenza. The percentage of visits to healthcare professionals that were due to ILI was 0.2% during week 09, which remains lower than average compared to recent seasons. The percentage of tests positive for influenza was 0% during week 09, this is lower than previous seasons.

Source: Public Health Agency of Canada

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

Coronavirus disease 2019 (COVID-19) – UK and international summary

- The number of confirmed cases in Wales reported as at 18/03/2021 is 207,237, with 297 newly reported in the previous 24 hours. The cumulative number of suspected COVID-19 deaths in confirmed cases in hospitals and care homes reported to Public Health Wales is 5,467, with four new deaths reported in the previous 24 hours. The cumulative number of registered deaths in Welsh residents where COVID-19 was mentioned in the death certificate as at 2021 week 09 was 7,632. Latest COVID-19 data from Public Health Wales is available from: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/> Public Health Wales produce a daily statement on COVID-19, available from: <https://covid19-phwstatement.nhs.wales/>
- As at 17/03/2021, there have been 4,274,579 reported confirmed cases of COVID-19 in the UK, of which 5,758 were newly reported in the previous 24 hours. The total deaths within 28 days of a positive test was 125,831, with 141 reported in the previous 24 hours. Latest UK data is available from: <https://coronavirus.data.gov.uk/>
- As at 18/03/2021, WHO have reported 120,667,101 confirmed COVID-19 cases globally, with 278,901 reported in the previous 24 hours. There have been 2,670,274 deaths, of which 5,822 were reported in the previous 24 hours. Daily WHO situation updates are available from: <https://covid19.who.int/>

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

- On 01/02/2021 WHO reported four additional cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV), including one associated death. Globally, 2,566 laboratory confirmed cases of human infection with MERS-CoV, including 882 associated deaths, have officially been reported to WHO since 2012.
Source: WHO Global Alert and Response website: <https://www.who.int/csr/don/archive/year/2021/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 (24/10/2020 to 09/12/2020) 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.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.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=25480>

Public Health Wales COVID-19 data dashboard:

<https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>

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:

<https://phw.nhs.wales/topics/flu/>

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