**Key points – Wales**

The consultation rate with sentinel General Practices for Influenza-like illness (ILI) is below the threshold for seasonal activity. The 2017/18 influenza season in Wales has ended. From 2017 week 40 to 2018 week 23, there were 3,242 confirmed cases of influenza in Wales (1,271 due to influenza A(H3), 193 due to influenza A(H1N1)pdm09, 81 due to not typed or untypable influenza A and 1,697 due to influenza B). During the current week, rhinovirus was the most commonly detected acute respiratory infection in Wales.

- The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 23 (week ending 10/06/2018) was 1.9 consultations per 100,000 practice population. The consultation rate was highest in patients aged 25-34 years (5.1 per 100,000 practice population) (Table 1).

- The ILI consultation rate decreased compared to the previous week (2.1 consultations per 100,000) and remains below the baseline threshold for seasonal activity according to the Moving Epidemic Method (MEM) thresholds (the low level activity threshold is 10.4 consultations per 100,000) (Figure 1).

- The total number of consultations with Out of Hours (OOH) doctors in Wales, reported to Public Health Wales during week 23 was 11,087. The proportion of respiratory-related consultations with OOH doctors decreased to 11.8% (Figure 5).

- During week 23, no surveillance samples from patients with influenza-like illness were submitted by sentinel GPs (Figure 3).

- During week 23, 163 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: two for influenza A(H3N2), one for influenza B, 28 for rhinovirus, 15 for parainfluenza, 13 for adenovirus, nine for enterovirus, nine for human metapneumovirus and five for RSV (Figure 4).

- During week 23, no outbreaks of acute respiratory illnesses (ARI) were reported to a Public Health Wales Health Protection team.
Influenza activity in Wales

Figure 1. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 13/06/2018).

* 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 10.4 per 100,000. MEM thresholds used in this chart are based on influenza from 2010-11 to 2016-17 seasons.

Figure 2. Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (week 47 1996 – week 23 2018).

* Reporting changed to Audit+ surveillance system
**Table 1. Age-specific consultations (per 100,000) for influenza in Welsh sentinel practices, week 18 – week 23 2018 (as of 13/06/2018).**

<table>
<thead>
<tr>
<th>Age group</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>1 - 4</td>
<td>0.0</td>
<td>0.0</td>
<td>6.6</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>5 - 14</td>
<td>0.0</td>
<td>0.0</td>
<td>2.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>15 - 24</td>
<td>0.0</td>
<td>2.3</td>
<td>2.2</td>
<td>4.4</td>
<td>2.2</td>
<td>0.0</td>
</tr>
<tr>
<td>25 - 34</td>
<td>4.7</td>
<td>0.0</td>
<td>0.0</td>
<td>4.2</td>
<td>4.1</td>
<td>5.1</td>
</tr>
<tr>
<td>35 - 44</td>
<td>0.0</td>
<td>7.1</td>
<td>4.6</td>
<td>0.0</td>
<td>2.2</td>
<td>2.7</td>
</tr>
<tr>
<td>45 - 64</td>
<td>4.3</td>
<td>0.0</td>
<td>0.0</td>
<td>2.0</td>
<td>1.9</td>
<td>2.4</td>
</tr>
<tr>
<td>65 - 74</td>
<td>2.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>2.2</td>
<td>0.0</td>
</tr>
<tr>
<td>75+</td>
<td>2.9</td>
<td>0.0</td>
<td>0.0</td>
<td>2.7</td>
<td>2.6</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.3</td>
<td>1.1</td>
<td>1.3</td>
<td>1.8</td>
<td>2.1</td>
<td>1.9</td>
</tr>
</tbody>
</table>

**Figure 3. Specimens submitted for virological testing by sentinel GPs as of 10/06/2018, by week of sample collection, week 23 2017 - week 23 2018.**

* Tested negative for influenza, adenovirus, rhinovirus, RSV, parainfluenza, mycoplasma, human metapneumovirus, enterovirus, bocavirus and coronaviruses.
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 4. Specimens submitted for virological testing for hospital patients and non-sentinel GPs as of 10/06/2018 by week of sample collection, week 23 2017 – week 23 2018.

Figure 5. Weekly total consultations to Out of Hours services in Wales and numbers of respiratory-related diagnoses (as of 13/06/2018).
During week 23, the percentage of total calls to NHS Direct Wales which were influenza-related decreased to 11.8% (Figure 6).

\(^1\) 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 2017/18

<table>
<thead>
<tr>
<th>Influenza immunisation uptake in the 2017/18 season</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65y and older</td>
<td>68.8%</td>
</tr>
<tr>
<td>People younger than 65y in a clinical risk group</td>
<td>48.5%</td>
</tr>
<tr>
<td>Children aged two &amp; three years</td>
<td>50.2%</td>
</tr>
<tr>
<td>Children aged four to eight years</td>
<td>68.3%</td>
</tr>
<tr>
<td>NHS staff</td>
<td>55.4%</td>
</tr>
<tr>
<td>NHS staff who have direct patient contact</td>
<td>57.9%</td>
</tr>
</tbody>
</table>
Key points – Influenza activity in the UK and Europe

- As of week 22, indicators for influenza show low levels of activity in the UK. Influenza GP consultations decreased in Scotland to 1.2 per 100,000 and in Northern Ireland to 1.7 per 100,000, and remain below MEM thresholds for baseline activity in both countries. The weekly ILI GP consultation rate in England reported through the RCGP system decreased to 1.3 per 100,000 and remains below the MEM threshold for baseline activity (13.1 per 100,000).
- During week 22, no samples tested positive for influenza through UK GP sentinel swabbing schemes. Of the 869 respiratory test results reported through Public Health England’s DataMart scheme, there were four influenza positives (one influenza A(H3), one influenza A(unknown subtype) and two 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 20, influenza activity has returned to inter-seasonal levels in most countries of the WHO European Region. During week 20, a total of 229 sentinel specimens were tested for influenza, seven of which were positive (two influenza A(H1N1)pdm09, one influenza A(H3N2), one influenza A(not subtyped) and three influenza B). For type B viruses from both sentinel and non-sentinel sources, B/Yamagata lineage viruses have greatly outnumbered those of the B/Victoria lineage. For more information on European level influenza surveillance see Flu News Europe: http://www.flunewseurope.org/

World update

- The WHO reported on 11/06/18 that influenza activity remained below seasonal thresholds in most countries of the temperate zone of the southern hemisphere. Influenza activity returned to inter-seasonal levels in most of the countries in the temperate zone of the northern hemisphere. Worldwide, seasonal influenza subtype A accounted for the majority of influenza detections.
- Based on FluNet reporting (as of 08/06/2018), during the time period from 14/05/18 – 27/05/18, National Influenza Centres and other national influenza laboratories from 100 countries, areas or territories reported influenza surveillance data. The WHO Global Influenza Surveillance and Response System laboratories tested more than 67,928 specimens during that time period, 2,328 were positive for influenza viruses, of which 1,616 were typed as influenza A (888 influenza A(H1N1)pdm09, 295 influenza A(H3N2) and 433 influenza A(not subtyped)) and 712 influenza B (of the characterised influenza B viruses 126 belonged to the B-Yamagata lineage and 38 to the B-Victoria lineage).

Source: WHO influenza update:
http://www.who.int/influenza/surveillance_monitoring/updates/en/

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

- On 28/05/18 WHO reported an additional case of Middle East Respiratory Syndrome coronavirus (MERS-CoV) had been reported as at 16 May 2018. Globally, 2,207 laboratory confirmed cases of human infection with MERS-CoV, including at least 787 related deaths, have officially been reported to WHO since September 2012.

Source: WHO Global Alert and Response website:

- 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:

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

• The latest WHO Influenza at Human-Animal Interface summary (03/03/2018 to 28/05/2018) reports that avian influenza A(H7N9) continues to be detected by agricultural authorities in China. Since February 2013, a total of 1,625 laboratory-confirmed cases of human infection with avian influenza A(H7N9), including at least 623 deaths, have been reported: http://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/

• 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
NICE influenza antiviral usage guidance: http://www.nice.org.uk/Guidance/TA158
Wales influenza information: http://www.wales.nhs.uk/sitesplus/888/page/43745
Northern Ireland influenza surveillance: http://www.fluawareni.info/
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