

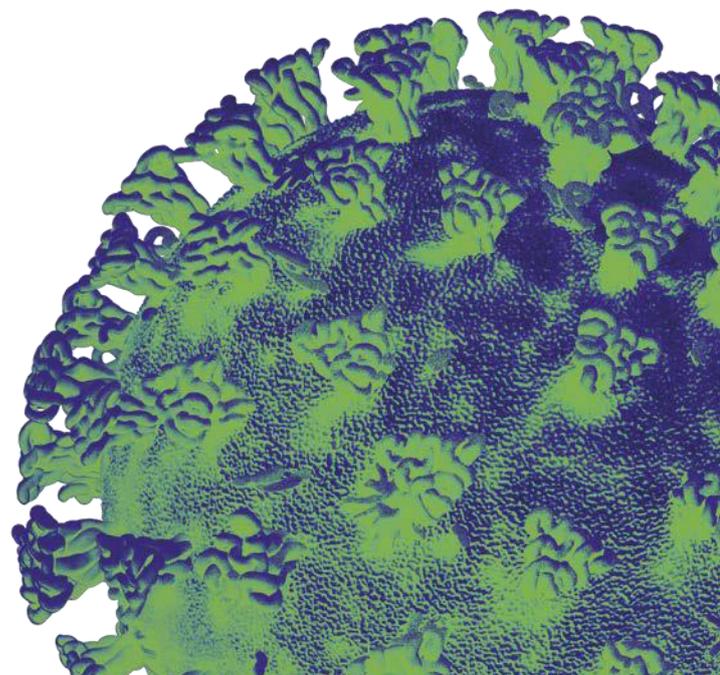
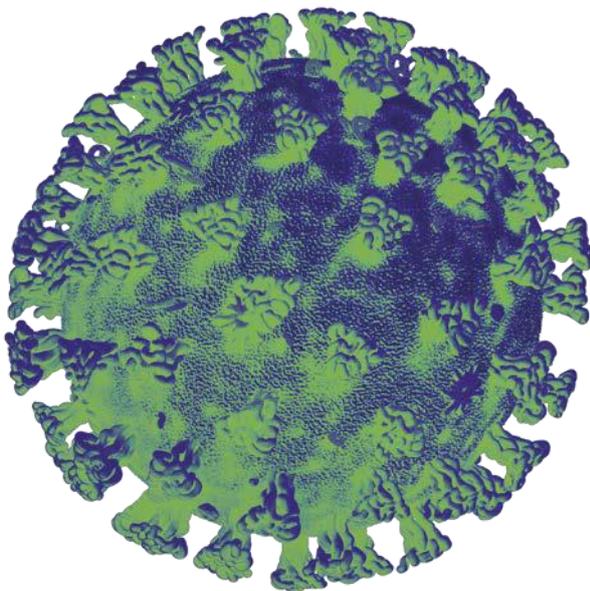
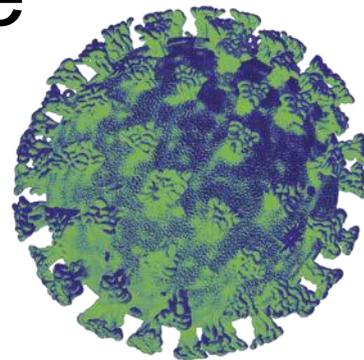


Llywodraeth Cymru
Welsh Government

Science Evidence Advice (SEA)

Summary of Advice

02 December 2022



Top Line Summary

At a national level, COVID-19 activity increased in most indicators up to 27 November 2022. However, a corresponding increase in hospital pressures has not been observed based on the most current data.

Influenza activity increased this week across surveillance indicators and GPs have been advised to commence the administration of antiviral medications to vulnerable groups in England and Wales.

RSV activity continues to be at very high intensity levels in Wales and the rest of the UK.

Hospital bed occupancy remains stable in Wales despite the increasing acute respiratory virus activity.

Contents

Top Line Summary	2
1. Wales COVID-19 Situation Update.....	4
1.1. Infections	4
1.2. Wastewater surveillance.....	5
1.3. PHW Lateral Flow Testing Surveillance.....	6
1.4. Deaths	6
1.5. NHS.....	6
1.6. Vaccines	9
1.7. Care homes	10
1.8. Schools	11
1.9. UK Infection positivity – ONS Coronavirus Infection Survey, 16 to 22 November 2022	12
1.10. Long Covid.....	13
1.11. International overview – World Health Organisation update	13
1.12. European Centre for Disease Prevention and Control (ECDC) update	14
1.13. Variant of Concern update.....	15
2. COVID-19 Medium-Term Projections	17
2.1. Swansea University MTPs, data as at 18 November.....	17
2.2. Winter Modelling compared to actuals.....	18
2.3. UKHSA EMRG Consensus MTPs, data as at 17 November.....	20
3. Influenza Situation Update	21
3.1. Weekly Influenza and Acute Respiratory Infection Report – PHW.....	21
3.2. UKHSA Weekly national influenza and COVID-19 surveillance report	23
3.3. WHO Weekly Influenza Surveillance Report.....	23
4. Respiratory Syncytial Virus (RSV) Situation Update.....	24
4.1. Weekly Influenza and Acute Respiratory Infection Report – PHW.....	24
4.2. Joint WHO and ECDC statement	25
4.3. Centres for Disease Control and Prevention (CDC) National Respiratory and Enteric Virus Surveillance System (NREVSS)	26

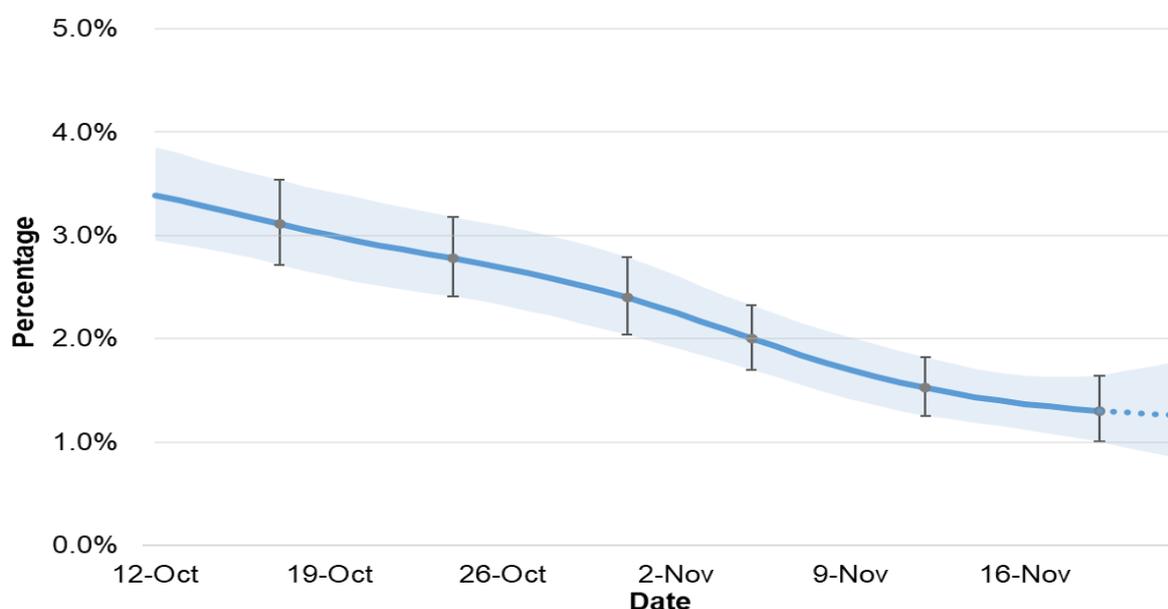
1. Wales COVID-19 Situation Update

- As of 29 November 2022, wastewater surveillance and lateral flow testing data suggest that the COVID-19 levels in Wales are increasing.
- Hospital admissions of suspected and confirmed COVID-19 patients have reached a low plateau and deaths related to COVID-19 have declined from previous weeks.
- Based on the most recent data, the BA.5 variant and its sub-lineages continue to be the most abundant variant in Wales. BQ.1 and its sub lineages are growing rapidly along with other un-designated variants.
- The new data suggests that despite these early signs of COVID-19 increases and the growth of new variants, there does not appear to be an impact in hospitalisations at this time.

1.1. Infections

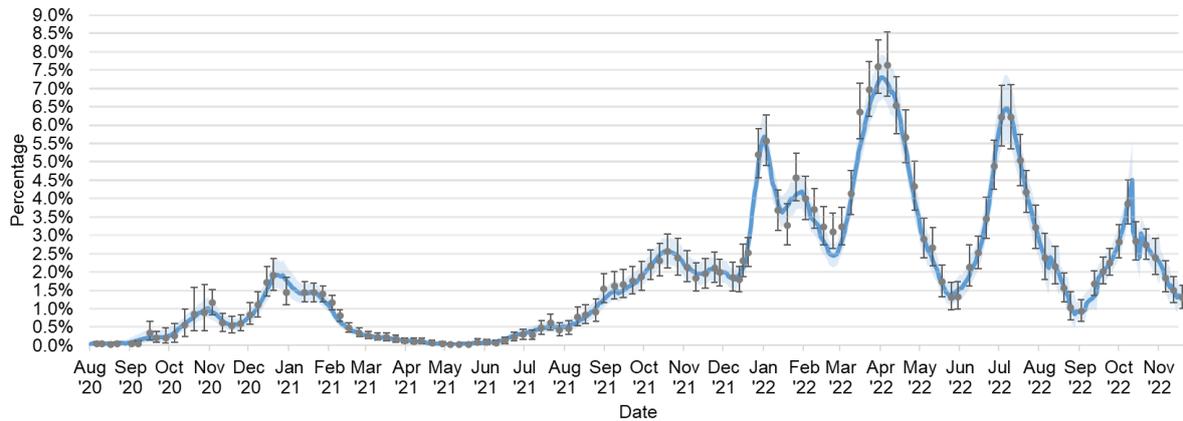
- According to the [ONS Coronavirus Infection survey](#), for the week 16 to 22 November 2022, the percentage of people testing positive in Wales decreased in the most recent week. It is estimated that 1.30% of the community population had COVID-19 (95% credible interval: 1.00% to 1.64%). This equates to approximately 1 person in every 75 (95% credible interval: 1 in 100 to 1 in 65), or 39,600 people during this time (95% credible interval: 30,500 to 50,000).
- Caution should be taken in over-interpreting small movements - credible intervals are provided to indicate the range within which we may be confident the true figure lies.

Figure 1 - Official estimates of the percentage of the population in Wales testing positive for COVID-19 on nose and throat swabs since 12 October 2022



Source: Coronavirus (COVID-19) Infection Survey, ONS, 30/12/22

Figure 2 - Wales, estimated % testing positive for Covid 19 since August 2020



Source: Coronavirus (COVID-19) Infection Survey, ONS, 30/11/22

1.2. Wastewater surveillance

- Wastewater [surveillance](#) suggests the overall SARS-CoV-2 viral load has increased across the country. However, the signal decreased at Clwyd, Conwy, Llŷn and Eryri, Teifi and North Ceredigion and Hafren Dyfrdwy, and remained level at Carmarthen Bay and the Gower, Tawe to Cadoxton and Ynys Môn.

Figure 3 - National (blue lines) and Regions (grey lines) wastewater signal for COVID-19 in Wales.

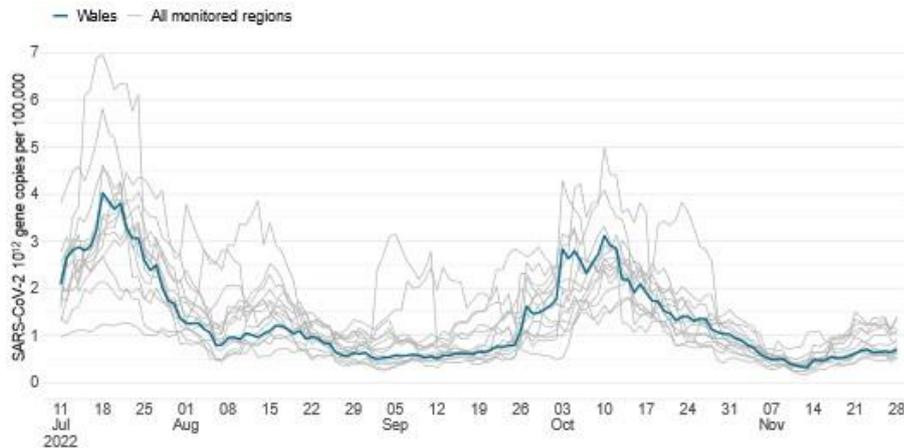
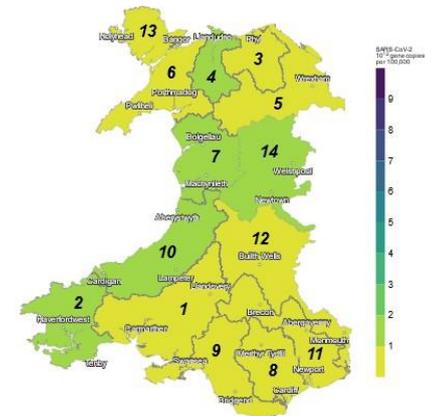


Figure 4 - National Heat Map showing Regional Mean Wastewater Signal



1.3. PHW Lateral Flow Testing Surveillance

- As of 1 August 2022, free NHS lateral flow tests (LFTs) in Wales have not been available to members of the public showing symptoms of coronavirus or who are visiting someone eligible for new COVID-19 treatments. As a result, testing data will be incomplete and should be interpreted with caution, although it may still be useful to signal wider trends.
- As of 30 November 2022, based on data up to 27 November 2022, [PHW reports](#) that episode positivity rate increased from 20.07% in the previous week to 22.18% in the latest reporting week.
- The number of positive testing episodes increased from 1,348 in the previous week to 1,466 in the latest reporting week.
- The 40-59 age group recorded the highest incidence rate of 70.3 positive testing episodes per 100,000 population.
- The Under 20 age group recorded the highest episode positivity rate of 50.48%.

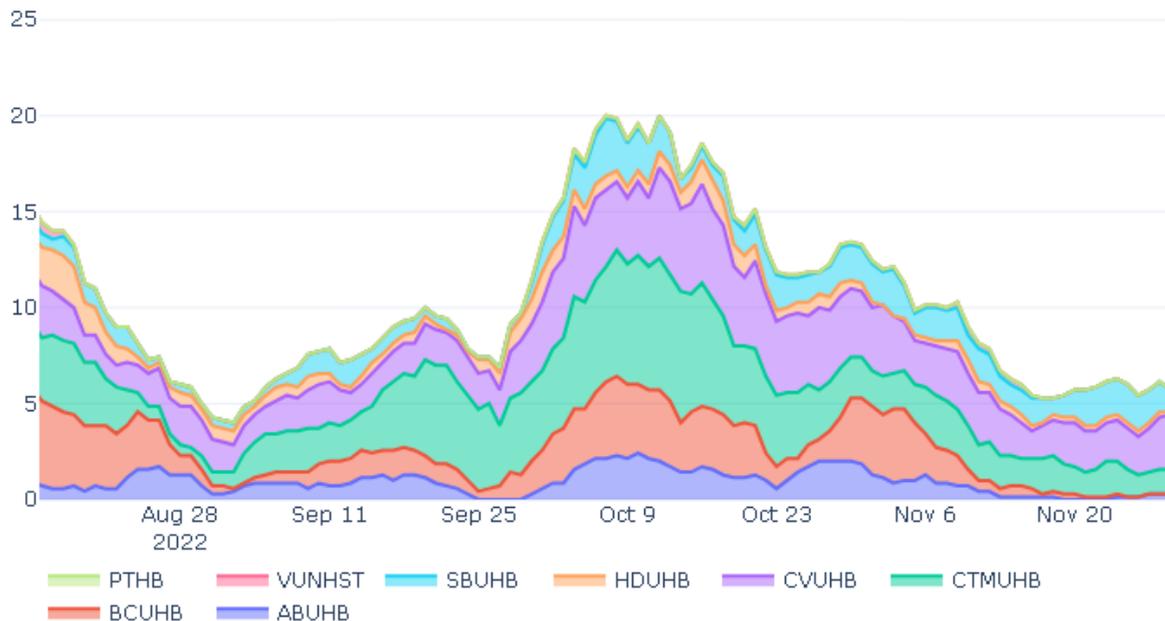
1.4. Deaths

- ONS published statistics on 29 November on [provisional weekly deaths](#), including deaths involving COVID-19, for the week ending 18 November 2022. The cumulative number of deaths involving COVID-19 in Wales, registered throughout the pandemic up to the latest week, was 11,093.
- 667 deaths from all causes were registered in the latest week. This was 60 fewer than the previous week and is 24 fewer than the five-year average for 2016-19 and 2021.
- 21 deaths involving COVID-19 were registered in the latest week. This was 3.1% of all deaths, and 19 fewer than the previous week.

1.5. NHS

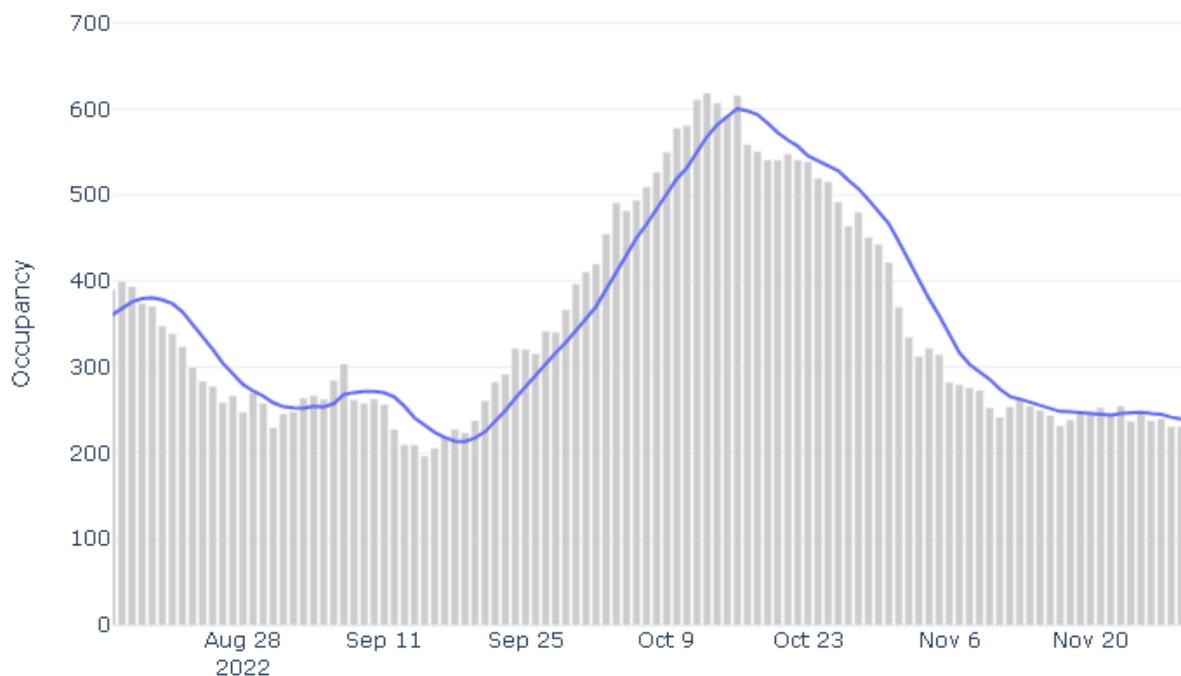
- As of 29 November 2022, hospital admissions of suspected and confirmed COVID-19 positive patients is at approximately 6 admissions per day.
- Admissions steadily increased from late September 2022 to a peak of around 20 admissions per day in the first week of October. Since then, they have decreased to the current level, although numbers appear to have reached a plateau of 6 admissions per day in the last two weeks.

Figure 5 - Hospital admissions of suspected and confirmed COVID-19 positive patients



- As of 29 November 2022, the 7-day average of hospital bed occupancy of confirmed COVID-19 patients was 240 beds. There has been a decline since the peak in mid-October, but in the most recent three weeks the rate of decline has been slowing.

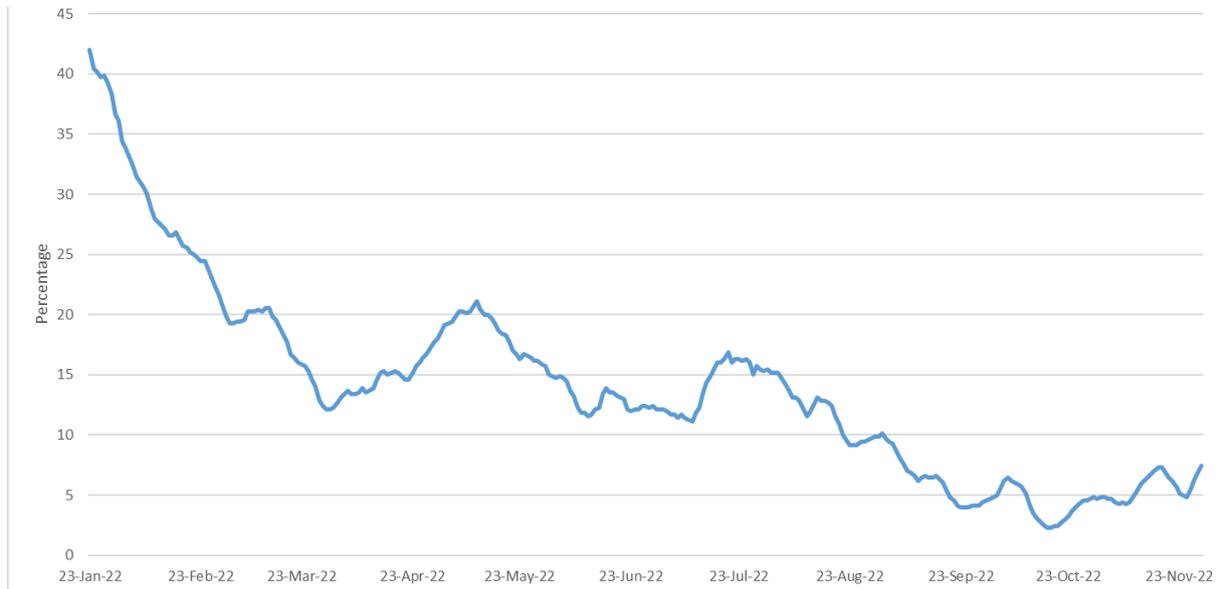
Figure 6 - Average of hospital bed occupancy of confirmed COVID-19 patients



- The proportion [of patients in hospital](#) with COVID-19 who are being actively treated for COVID-19, as opposed to testing positive for COVID-19 but being

primarily treated for other reasons, has been fluctuating, with a generally increasing trend in the past month.

Figure 7 - Percentage of COVID-19 patients in acute hospitals actively treated for COVID-19 in Wales, StatsWales (%), 7 day rolling average



- As of 28 November 2022, [NHS staff absence due to self isolation](#) has decreased slightly since the period ending 14 November 2022, to 0.2% from 0.3%, although this week there has been a re-evaluation of staff who are self-isolating but working from home. Absence due to COVID-19 sickness has remained at 0.6% from 0.6%.

1.6. Vaccines

- The Autumn COVID-19 vaccine booster campaign is under way, as outlined in these tables:

Cumulative number of COVID-19 Autumn 22/23 vaccine doses given, by week. Uptake, based on Wales residents, uses indicative denominator 1,614,545

Week ending	Number of doses	Uptake
2022-09-04	23,275	1.4%
2022-09-11	91,265	5.7%
2022-09-18	155,405	9.6%
2022-09-25	231,614	14.3%
2022-10-02	326,6789	20.2%
2022-10-09	426,022	26.4%
2022-10-16	540,961	33.5%
2022-10-23	641,076	39.7%
2022-10-30	730,494	45.2%
2022-11-06	802,099	49.7%
2022-11-13	874,473	54.2%
2022-11-20	933,055	57.8%

Data for this report were extracted at 8am 24/11/2022

Source:

<https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/COVID-19vaccination-Public/Vaccination?publish=yes>

Number of COVID-19 Autumn 22/23 booster vaccines given by age and risk group

Risk group	Denominator *(n)	Immunised (n) - 22/23 Booster	Uptake (%) - 22/23 Booster
Severely Immunosuppressed	50,729	32,941	64.9
Residents in a care home for older adults*	14,351	11,978	83.5
Staff working in care homes for older adults**	37,762	13,734	36.4
Health care staff**	141,577	72,249	51
Social care staff**		20,863	
All adults aged 65 years and older	711,420	537,513	75.6
All adults aged 50_to_64 years	684,062	309,111	45.2
Aged 5 to 49 years in a clinical risk group	219,063	52,562	24

An individual will be counted more than once if they are in more than one risk group.

Denominator data is taken from WIS and based on Wales residents, with the exception of care home workers, healthcare workers and social care workers where denominators are based on those working in Wales.

From 2 February 2022, all age groups are based on age as at 31 March 2022.

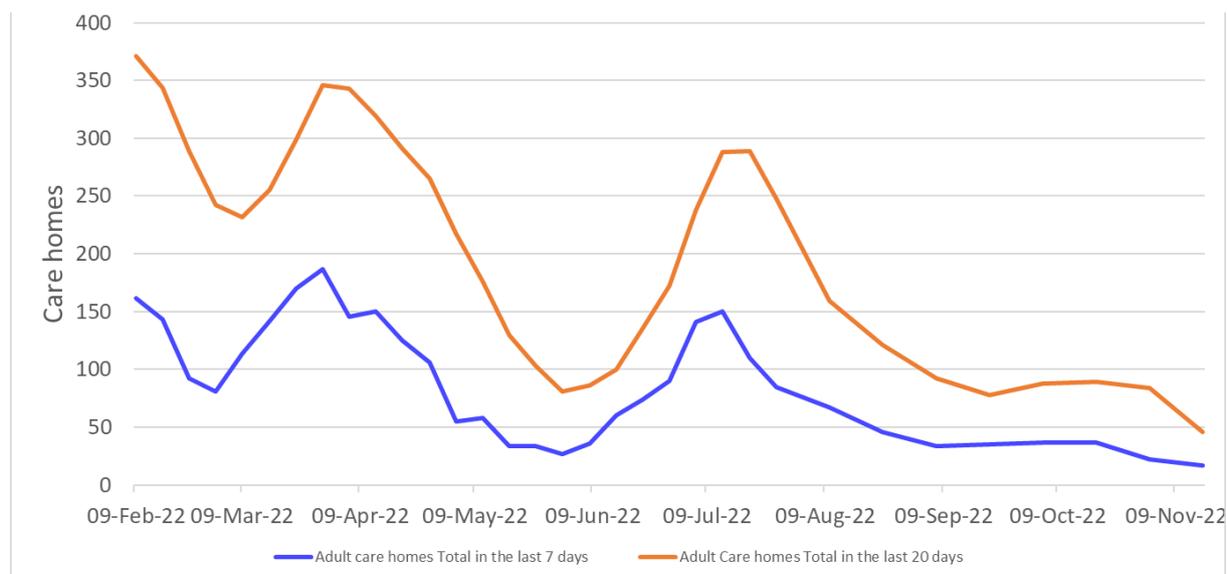
Quality of recording of staff priority groups is variable and incomplete, these figures are provided provisionally and should be interpreted with caution.

Care home residents have been identified by matching address as recorded in the Welsh Demographic Service (WDS) to a Care Inspectorate Wales list of registered Care Homes.

1.7. Care homes

- As of 22 November 2022 (with data up to 16 November 2022), the number of adult care homes in Wales that have [notified CIW](#) of one or more confirmed cases of COVID-19 in staff or residents in the last 7 days has decreased since the previous fortnight, to 17 cases, from 22 cases. This figure for the last 20 days has decreased to 46, down from 84 in the period ending 2 November 2022. In Wales there are 1,024 adult care homes in total.

Figure 8 - Number of adult care homes which have notified CIW of one or more confirmed cases of COVID-19 in staff or residents



- As of 16 November 2022, the [number of notifications to CIW of deaths of adult care home residents involving COVID-19](#) (both confirmed and suspected) in the last 7 days has decreased to 1, compared to 2 in the previous week.
- In total, CIW has been notified of 2,250 care home resident deaths with suspected or confirmed COVID-19 between 1 March 2020 and 16 November 2022. This makes up 12% of all adult care home resident reported deaths (18,191) during this period.

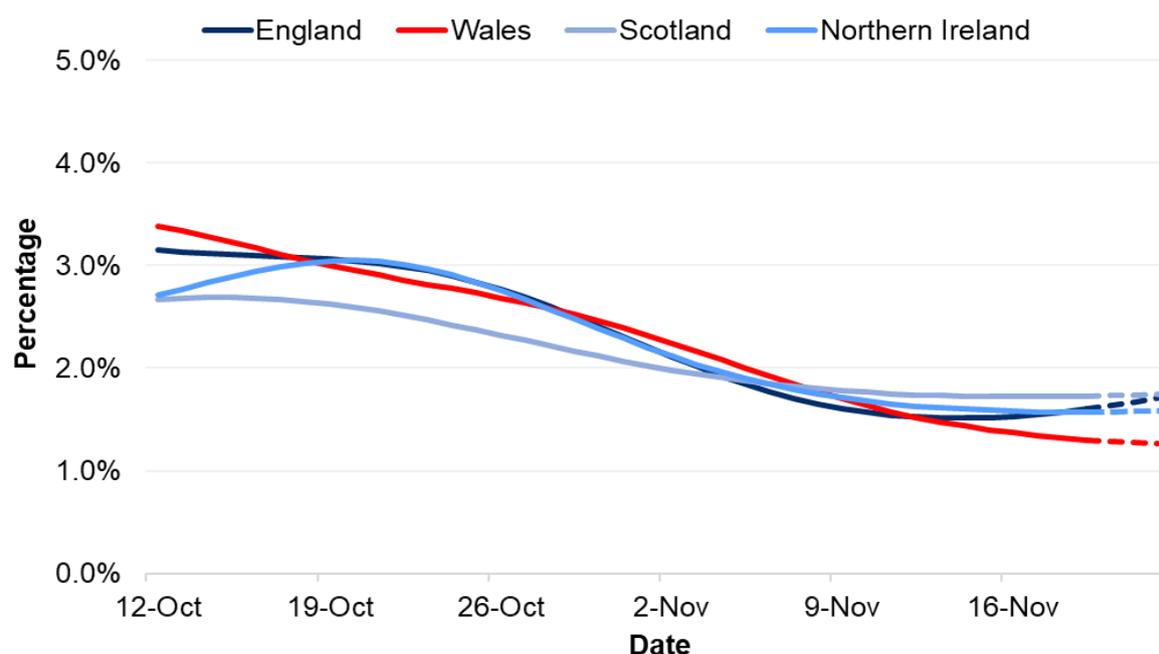
1.8. Schools

- As of 30 November 2022, the average attendance for this academic year to date is 91.0%. An average of 88.8% of half-day school sessions were recorded as present for pupils aged 5 to 15 over the latest week, down from 90.9% the week before. Data for the latest week is provisional.
- An average of 7.9% of half-day school sessions were recorded as authorised absence for pupils aged 5 to 15 over the latest week, up from 6.5% the week before.
- An average of 3.2% of half-day school sessions were recorded as unauthorised absence for pupils aged 5 to 15 over the latest week, up from 2.7% the week before.
- There has been little difference in the attendance rate by gender for the academic year to date, 91.0% for boys and 90.9% for girls.
- The attendance rate by year group for the academic year to date has been highest for pupils in Years 3, 4, 5, and 7 (92.8%) and lowest for pupils in Year 11 (87.1%).
- The attendance rate for the academic year to date has been higher for pupils not eligible for free school meals (92.7%) than pupils who are eligible for free school meals (86.2%).
- The most common reason for absence for the academic year to date has been illness, with 50.7% of sessions missed being for this reason. [The full report is available here](#)

1.9. UK Infection positivity – ONS Coronavirus Infection Survey, 16 to 22 November 2022

- The ONS Coronavirus Infection Survey reports that at the midpoint of the most recent week (16 to 22 November 2022), the positivity rate has decreased in Wales. The trend in the percentage of people testing positive in Northern Ireland was uncertain in the most recent week but decreased over two weeks. The percentage of people testing positive in Scotland was uncertain in the most recent week and the trend increased in the most recent week in England.
- The estimated percentages of the community population with COVID-19 ranged from 1.30% in Wales to 1.73% in Scotland.
- In Wales, the estimated number of people testing positive for COVID-19 was 39,600 people (95% credible interval: 30,500 to 50,000), equating to 1.30% of the population, or around 1 in 75 people.
- In England, the estimated number of people testing positive for COVID-19 was 873,200 people (95% credible interval: 818,600 to 928,300), equating to 1.60% of the population, or around 1 in 60 people.
- In Scotland, the estimated number of people testing positive for COVID-19 was 91,100 people (95% credible interval: 74,000 to 110,100), equating to 1.73% of the population, or around 1 in 60 people.
- In Northern Ireland, the estimated number of people testing positive for COVID-19 was 28,900 people (95% credible interval: 20,200 to 39,000), equating to 1.57% of the population, or around 1 in 65 people.

Figure 9 - Positivity rates (%) across UK countries since 12 October 2022



Source: Coronavirus (COVID-19) Infection Survey, ONS, 30/11/22

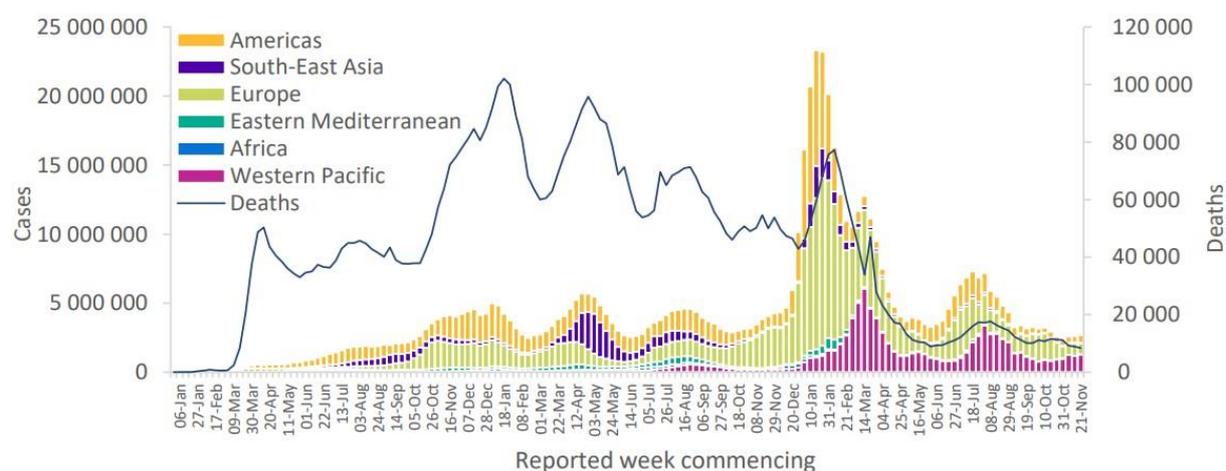
1.10. Long Covid

- An estimated 2.2 million people living in private households in the UK (3.4% of the population) were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first confirmed or suspected coronavirus (COVID-19) infection that were not explained by something else) as of 6 November 2022.
- Fatigue continued to be the most common symptom reported as part of individuals' experience of long COVID (70% of those with self-reported long COVID), followed by difficulty concentrating (48%), shortness of breath (46%) and muscle ache (45%).
- In the same period in Wales, 114,000 people self-reported long COVID (3.7% of the Welsh population). This is an increase of 6,000 people since the four week period ending 1 October 2022. The full report is [available here](#).

1.11. International overview – World Health Organisation update

- [The WHO reports](#) that globally, the number of new weekly cases remained stable (+2%) during the week of 21 to 27 November 2022 as compared to the previous week, with just under 2.7 million new cases reported. The number of new weekly deaths decreased by 5% as compared to the previous week, with over 8400 new fatalities reported. As of 27 November 2022, over 637 million confirmed cases and over 6.6 million have been reported globally.

Figure 10 - COVID-19 cases reported weekly by WHO Region, and global deaths, as of 27 November 2022



Source: [WHO Weekly Epidemiological Update on COVID-19](#)

- The highest numbers of new weekly cases were reported from Japan (698 772 new cases; +18%), the Republic of Korea (378 751 new cases; +4%), the United States of America (296 882 new cases; +8%), France (230 871 new cases; -1%), and Italy (161 454 new cases; -27%). The highest numbers of new weekly deaths were reported from the United States of America (2611 new deaths; +16%), Japan (1000 new deaths; +42%), Brazil (535 new deaths; +113%), Italy (419 new deaths; -22%), and China (395 new deaths; -17%).

1.12. European Centre for Disease Prevention and Control (ECDC) update

- As of 1 December 2022, [ECDC reports](#) that COVID-19 case rate in people aged 65 years and older continued to decrease, while the overall (all ages) COVID-19 case rate started to increase, up 5% compared to the previous week.

Figure 11 EU/EEA weekly test positivity, 1 December 2022



Data source: <https://www.ecdc.europa.eu/en/covid-19/country-overviews>

- Seven of the 28 countries with available data reported increases compared with the previous week in at least one of these indicators of transmission. These increases were recent (of 1–2 weeks duration), starting from relatively low levels.
- Pooled hospital or ICU admissions/occupancy remained stable at the EU/EEA level. However, increases were reported by seven of the 21 countries with data on these indicators. Increases were recent (of 1–3 weeks duration) and reported values relatively low, ranging from 16–33% of the pandemic maximum in these countries.
- None of the 26 countries with available data reported increases in weekly COVID-19 deaths. The pooled EU/EEA COVID-19 death rate fell by 21% compared to the previous week, with 1 386 deaths reported.
- Forecasts of cases, hospital admissions and deaths from the European COVID-19 Forecast Hub provide predictions for weeks 48 and 49. Compared with the previous week, increasing trends in cases, increasing trends in hospital admissions, and stable trends in deaths are forecast for the EU/EEA overall by the end of week 49. Increases in cases are forecast for nine countries, and in deaths for four countries.

1.13. Variant of Concern update

[PHW report](#) the weekly summary of the total number of COVID-19 variants of concern (VOC) in Wales. (Data correct as at: 29 Nov 2022).

WHO	Variant	Lineage	Alternate names	30 day cases*	Total cases	Change
Omicron	All cases			947	137,324	+250
	VOC-22JAN-01	BA.2	BA.2	1	29,219	+14
	VOC-22APR-03	BA.4	-	4	1,187	+1
	VOC-22APR-04	BA.5	-	346	6,795	+82
	V-22JUL-01	BA.2.75	-	67	223	+24
	V-22SEP-01	BA.4.6	-	12	176	+2
	V-22OCT-01	BQ.1		203	454	+81
	V-22OCT-02	XBB	-	8	14	+2
	Not elsewhere classified	B.1.1.529	B1.1.1529, BA.3, genotyped cases	306	42,092	+43

Source: [Public Health Wales COVID-19 genomic surveillance](#)

- The [WHO reports](#) that, during epidemiological week 45 (7 to 13 November 2022), BA.5 and all its descendent lineages continued to be dominant globally, accounting for 73.0% of sequences submitted to GISAID. The prevalence of BA.2 and its descendent lineages increased from 7.9% in epidemiological week 44 (31 October to 6 November) to 10.1% in week 45, while BA.4 descendent lineages declined from 3.4% to 2.8%.
- A comparison of sequences submitted during weeks 44 and 45 shows an increase from 23.1% to 27.3% for BQ.1 and its descendent lineages. As of 28 November, BQ.1 has over 30 descendent lineages (BQ.1*). During the same period, the prevalence of XBB and its descendent lineages increased from 2.7% to 3.8%. BA.2.75 increased from 5.4% to 6.6%, while BA.4.6 decreased from 3.1% to 2.9%. BA.2.3.20 remained relatively stable at 0.4% in both weeks.
- WHO's Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) is working to improve variant risk assessment and work towards more quantitative indicators that can be used for such assessment.
- [ECDC reports](#) that BQ.1 has become the dominant variant in seven EU/EEA countries but high prevalence of BQ.1 does not appear to be associated with a deterioration of the epidemiological situation. Some of the countries in which

BQ.1 is dominant are among those showing recent increases in transmission and/or severity indicators, but the countries with the highest reported proportions of BQ.1 have not reported any concerning epidemiological changes to date.

- Among the nine countries with an adequate volume of sequencing or genotyping for weeks 45–46 (7 November to 20 November 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 52.7% (38.6–97.5% from nine countries) for BA.5, 37.0% (8.5–53.9% from seven countries) for BQ.1, 4.3% (0.7–25.9% from nine countries) for BA.2.75, 1.4% (0.3–3.7% from nine countries) for BA.4, and 1.3% (0.5–5.1% from nine countries) for BA.2.

2. COVID-19 Medium-Term Projections

- The latest data suggests that hospital admissions are projected to stabilise and plateau in December and January.
- Bed occupancy is projected to continue to decline to December and reach a plateau in the following weeks.
- ICU occupancy is expected to plateau over the coming weeks. Deaths continue to fluctuate at low levels.

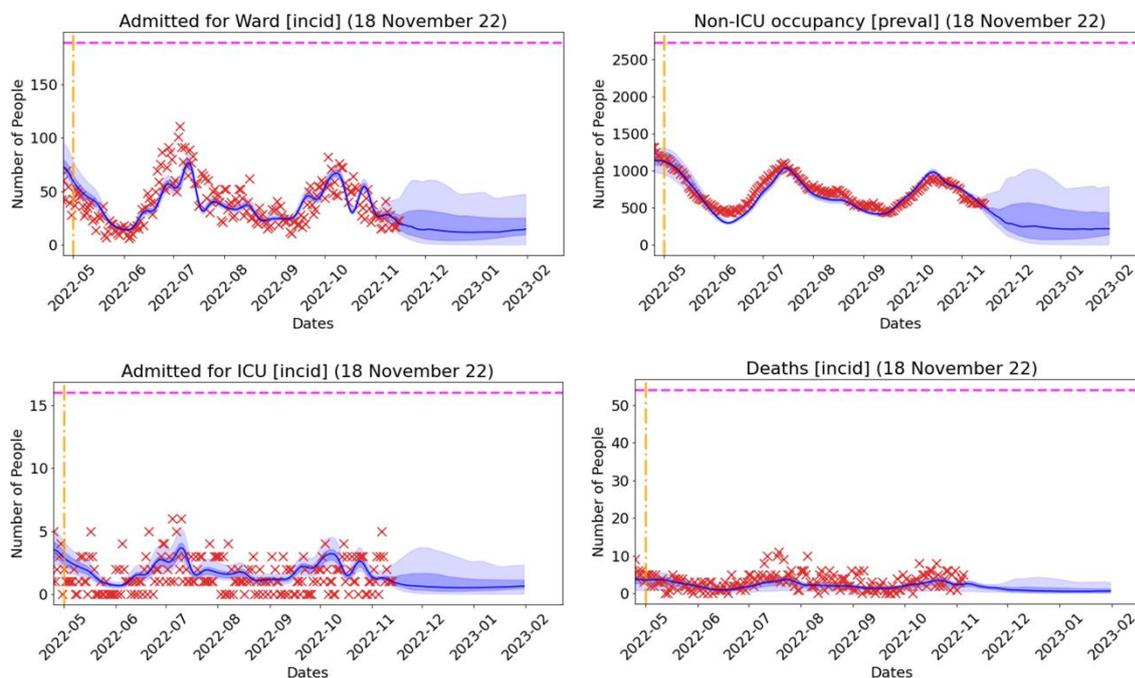
- Swansea University (SU) regularly produces medium-term projections (MTPs) for Wales. The SU projections are also combined with other models to go into a consensus MTP for admissions which is agreed every two weeks by the UKHSA Epidemiological Modelling Review Group (EMRG), which has taken over from COVID-M-O in agreeing these MTPs.
- The SU projections are typically more up to date but may be less robust as they are based on one model only. Both MTPs are based on projecting forward from current data and do not explicitly factor in policy changes, changes in testing, changes in behaviour, or rapid changes in vaccinations.
- These MTPs for COVID-19 are not forecasts or predictions. They represent a scenario in which the trajectory of the epidemic continues to follow the trends that were seen in data available at the time.

2.1. Swansea University MTPs, data as at 18 November

- In the charts below, red crosses represent actual Omicron data, which the model is fitted to – fit is weighted to data points after the vertical orange line to represent the characteristics of emergent strains. The blue line represents the central modelling estimate. The blue ribbon represents the confidence intervals, with the darker blue ribbon indicating the 25th to 75th percentiles, and the 95% confidence limits in the lighter ribbon. The pink dotted line represents pre-Omicron peaks.
- This week the median projections are declining; the consistent decline over the last few weeks seems to have ruled out the higher uncertainty we had recently at the upper bounds. The highest scenarios are driven almost solely by waning immunity. Not just the estimate value (the duration of immunity) but how this interacts with the full exposure history.
- Hospital admissions are projected to stabilise, decreasing slightly towards the end of November before reaching a plateau in December and January; a slight increase is projected towards the end of January/February.
- Bed occupancy is projected to continue to decline to December and reach a plateau in the following weeks.
- ICU occupancy is expected to plateau over the coming weeks. Deaths continue to fluctuate at low levels.

- Note that, in the figures, fit is weighted to data points after the vertical orange line to reflect the characteristics of emergent strains. The horizontal pink line represents pre-omicron peaks.

Figure 12 Swansea University Medium Term Projections



2.2. Winter Modelling compared to actuals

In order to aid with winter planning of COVID-19 admissions and occupancy over the 2022/23 winter, a paper was published outlining several scenarios ([Science Evidence Advice: Winter modelling 2022 to 2023 | GOV.WALES](#)). It's important to note that these scenarios were not an indication of what would happen, but rather what could happen. Since the publication of the winter modelling continuous monitoring has taken place to track actual data against the scenarios. The admissions data is provided by Public Health Wales and occupancy data is sourced from Digital Health and Care Wales ([NHS beds by date and use \(gov.wales\)](#)).

Data up to 26 November 2022 showed a trend in admissions with a curve similar to the optimistic scenarios. The most recent data has been tracking very close to the optimistic lower bound scenario.

Data up to 29 November 2022 showed a trend in admissions tracking between the optimistic upper and lower bound scenarios. With a plateauing off following the small peak in October 2022.

Figure 13 - COVID-19 admissions scenarios versus actuals

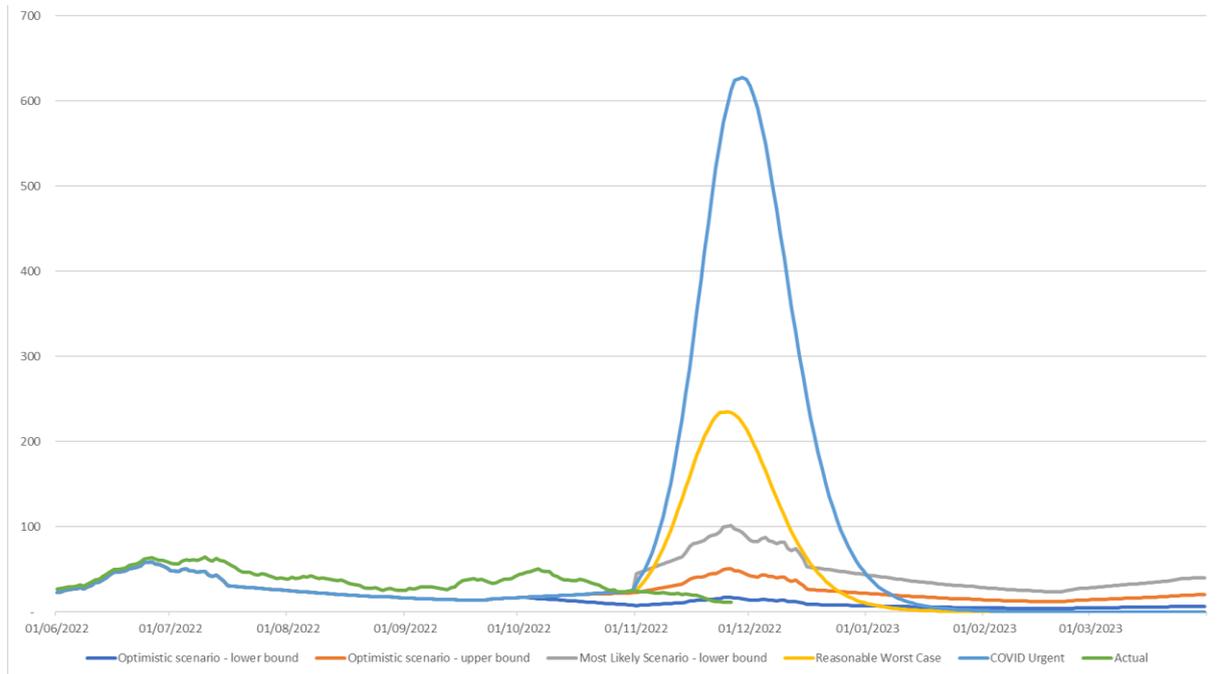
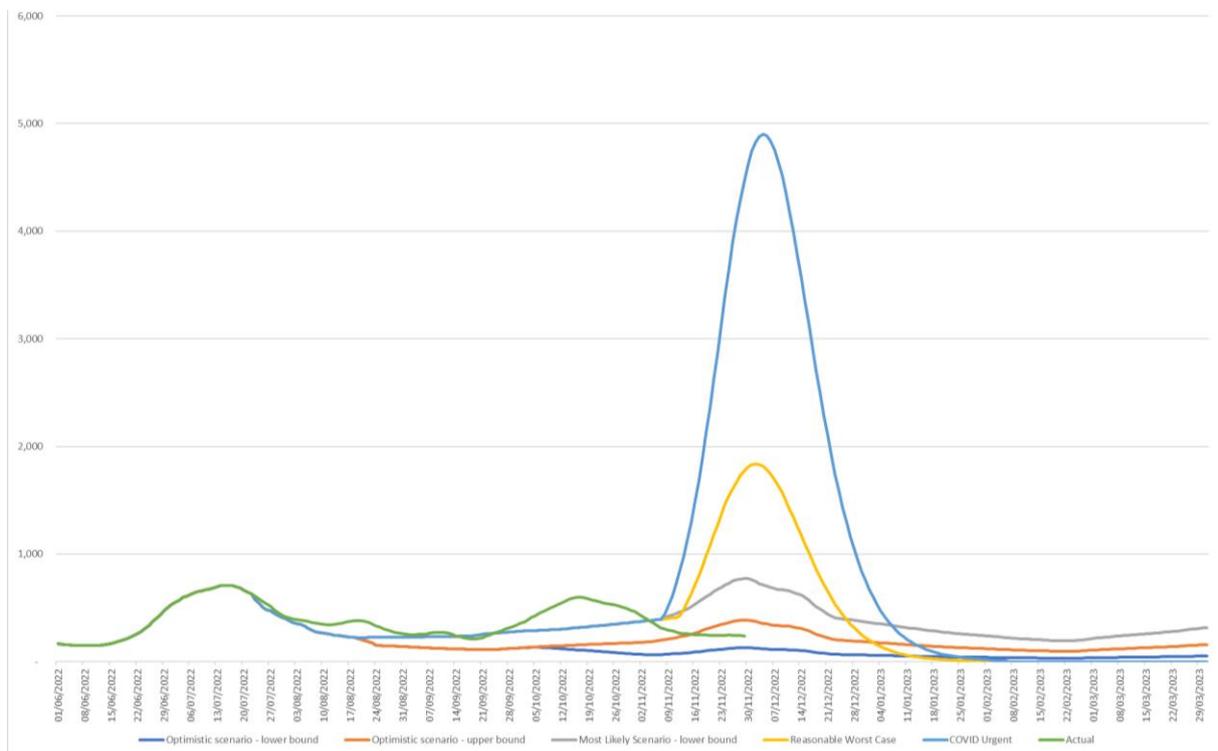


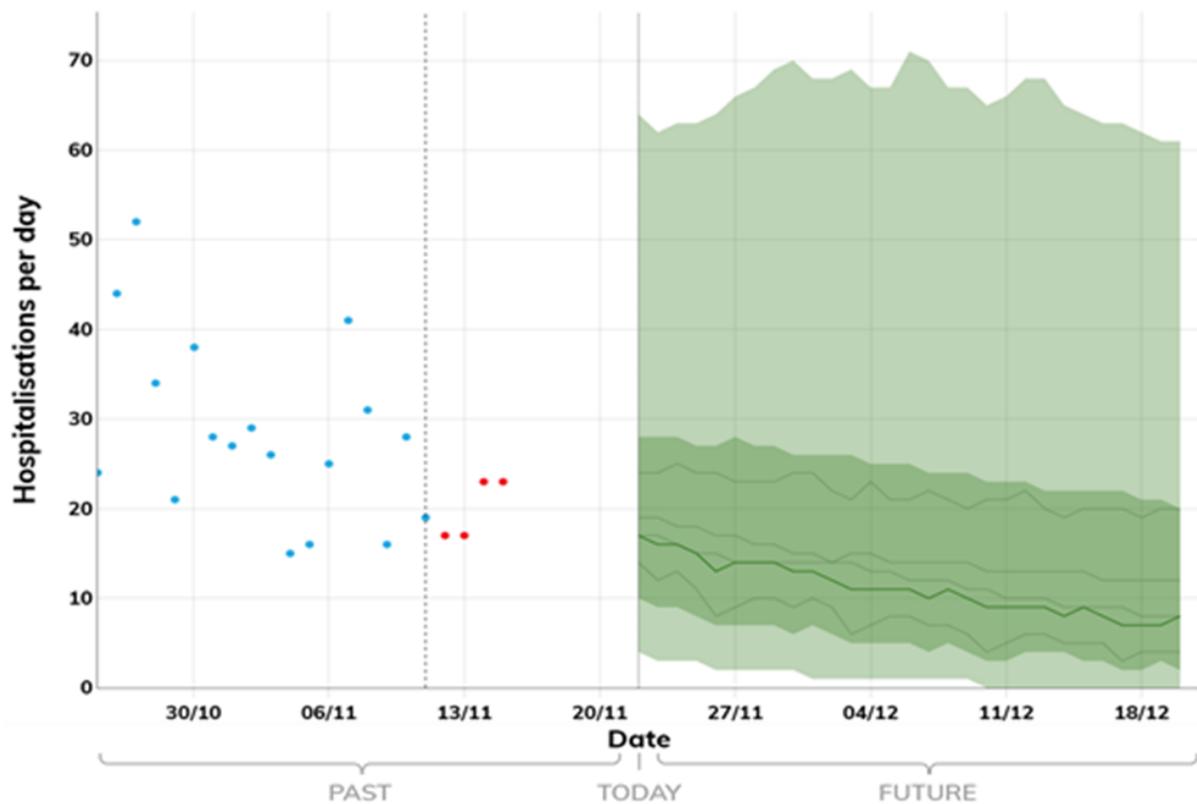
Figure 14 - COVID-19 occupancy scenarios versus actuals



2.3. UKHSA EMRG Consensus MTPs, data as at 17 November

- Swansea University (SU) projections are used by the UKHSA Epidemiological Modelling Review Group (EMRG).
- The combined projection for admissions suggests a steady decline in admissions over the coming weeks.

Figure 15 - UKHSA EMRG Consensus MTPs, data as at 17 November



3. Influenza Situation Update

- As of 27 November 2022, levels of influenza are increasing in Wales. Prescribers working in primary care may now prescribe, and community pharmacists may now supply antiviral medicines (oseltamivir and zanamivir) for the prophylaxis and treatment of influenza for people in at-risk groups.
- UKHSA reports that influenza-like-illness consultations increased but remained below baseline. They have now begun issuing antiviral medication for patients in clinical at-risk groups.
- The WHO reports that globally, influenza activity has increased.
- In Europe, overall influenza activity continues on an increasing trend above epidemic threshold.

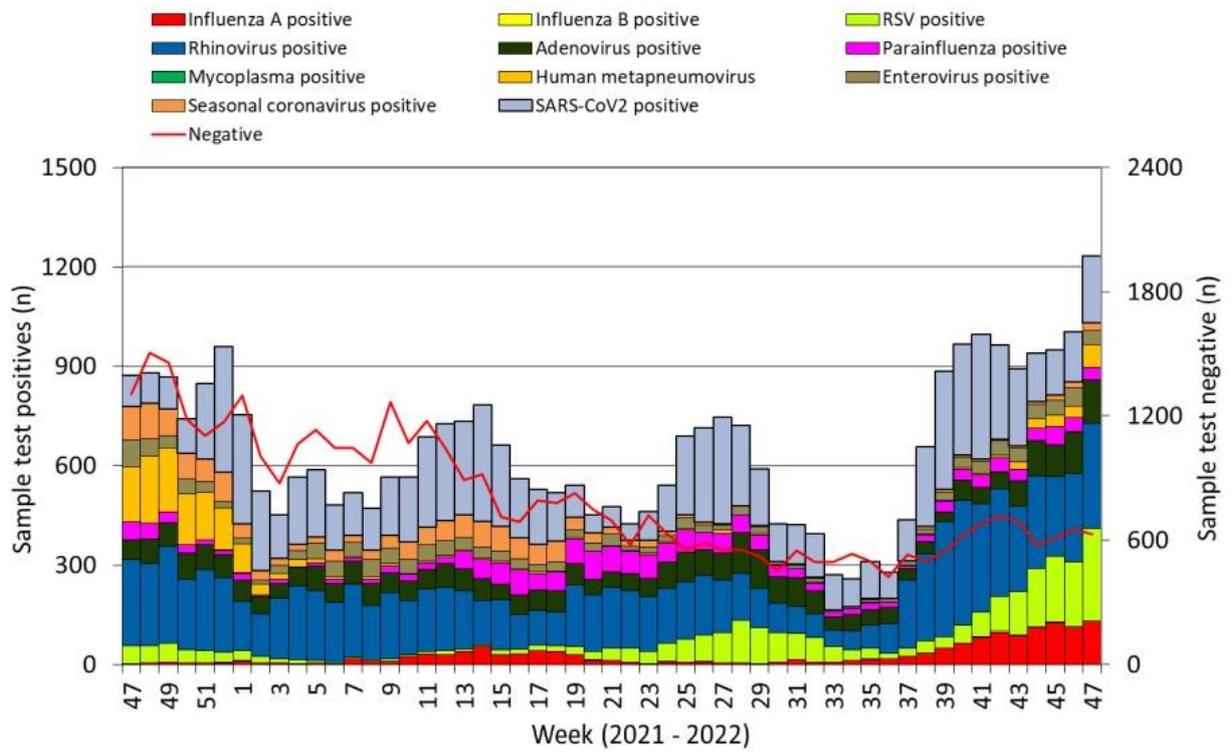
3.1. Weekly Influenza and Acute Respiratory Infection Report – PHW

- As of 27 November 2022, [PHW](#) report that influenza is increasing in Wales. During week 47 (ending 27 November 2022), there were 184 cases of influenza (an increase from the previous week).
- The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 47, was 4.3 consultations per 100,000 practice population. This is an increase compared to the previous week (3.2 consultations per 100,000) and remains below the baseline threshold for seasonal influenza activity (11.0 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 47 increased to 25.7%.
- Syndromic influenza indicators remained below baseline levels in the UK. GP Influenza Like Illness (ILI) consultations decreased in Northern Ireland to 3.5 per 100,000, and in Scotland to 4.6 per 100,000 - well below the baseline intensity threshold. The weekly ILI GP consultation rate in England reported through the RCGP system increased to 5.3 per 100,000, below the MEM threshold for baseline activity (12.2 per 100,000).

Figure 16 Uptake of influenza immunisations in GP Practice patients in Wales, 22 November 2022

People aged 65y and older	69.2%
People younger than 65y in a clinical risk group	35.2%
Children aged two & three years	30.9%
Children aged between four & ten years	55.5%
Children aged between 11 & 15 years	44.4%
Total NHS staff	33.7%
NHS staff with direct patient contact	33.9%

Figure 17 - Specimens submitted for virological testing for hospital patients and non-sentinel GPs



Data Source: [PHW Weekly Influenza](#) & Acute Respiratory Infection Surveillance

3.2. UKHSA Weekly national influenza and COVID-19 surveillance report

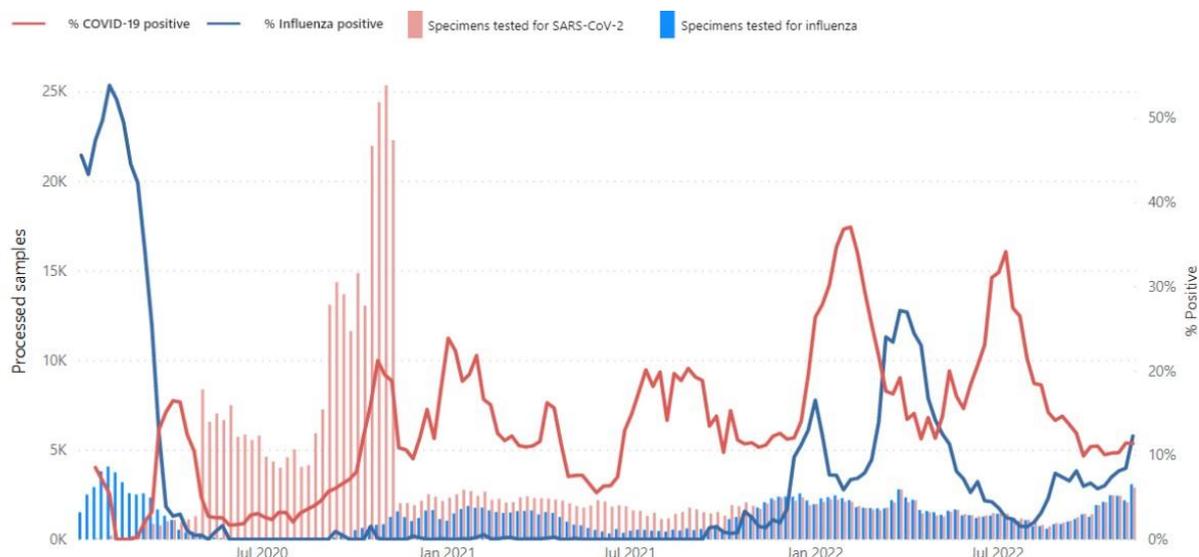
- Influenza positivity increased to 10.5% in week 47; with highest positivity seen in the 5 to 14 years and over age group at 18.5%.
- Through primary care surveillance, influenza-like-illness consultations increased but remained below baseline. The lower respiratory tract infection indicator increased slightly. Through sentinel GP swabbing, influenza positivity slightly decreased to 13.0%, while RSV positivity increased to 20.3%.
- Influenza vaccine uptake for the 2022 to 2023 influenza season has been reported weekly since week 41. The trend in vaccine uptake compared to the previous 2021 to 2022 season is comparable for 65 year olds and over, for those under 65 years in clinical risk groups, and for pregnant women, but lower in 2 and 3 year olds.
- The Department of Health and Social Care has confirmed that oseltamivir and zanamivir can be prescribed for patients in clinical at-risk groups or in anyone at risk of severe illness or complications from influenza from 24 November 2022.

3.3. WHO Weekly Influenza Surveillance Report

- The [WHO reports](#) that globally, influenza activity increased and where subtyped, influenza A(H3N2) viruses predominated. In Europe, overall influenza activity continued on an increasing trend, with influenza positivity from all sentinel sites reported above epidemic threshold.
- Influenza A(H3N2) predominated among the subtyped influenza A viruses, with some detections of A(H1N1)pdm09 and B viruses.
- Activity was reported above the epidemic threshold in Georgia, Germany, Portugal and the United Kingdom of Great Britain and Northern Ireland (Scotland). Germany and Portugal reported widespread activity. Malta continued to report high-intensity activity with local spread.
- Influenza A viruses predominated among the reported detections in general, with A(H3N2) viruses accounting for the majority of subtyped influenza A viruses. National Influenza Centres (NICs) and other national influenza laboratories from 125 countries, areas or territories reported data to FluNet for the time period from 31 October 2022 to 13 November 2022 (data as of 2022-11-29 05:35:56 UTC). The WHO GISRS laboratories tested more than 465 365 specimens during that time period. 56 551 were positive for influenza viruses, of which 53 829 (95.2%) were typed as influenza A and 2 722 (4.8%) as influenza B. Of the sub-typed influenza A viruses, 2 024 (16.3%) were influenza A(H1N1) pdm09 and 10 356 (83.7%) were influenza A(H3N2). Of the characterized B viruses (550), 100% belonged to the B-Victoria lineage.

- The charts below show the data globally and by WHO region from the data reported to date to WHO from a limited number of countries and thus the trends in percent positivity do not reflect the situation as a whole in the region.

Figure 18 - Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO European Region



Data source: FluNet www.who.int/toolkits/flunet 25/11/2022

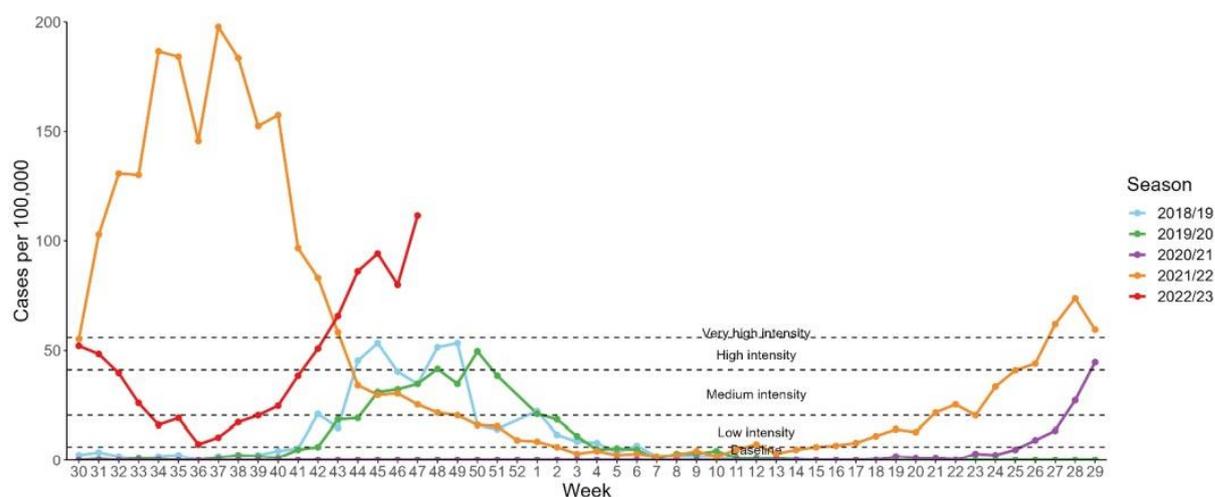
4. Respiratory Syncytial Virus (RSV) Situation Update

- RSV continued to be at very high intensity levels in Wales with activity increased compared to last week.
- Information from Europe and the USA indicates that RSV levels are also very high in these regions.
- In Wales, it is uncertain as to whether the very high levels of RSV are causing pressures on paediatric services.

4.1. Weekly Influenza and Acute Respiratory Infection Report – PHW

- PHW report that RSV confirmed cases remain at very high intensity levels.
- RSV incidence in children under 5 years of age is currently at levels that would indicate very high levels of activity (compared to the 10 seasons leading up to 2020).
- Confirmed RSV case incidence in children aged under 5 has increased compared to the previous week and remains at very high intensity levels. In week 47 there were 111.6 confirmed cases per 100,000 in this age group. The provisional MEM threshold in Wales which predicts the start of the annual RSV season in children younger than five years is 6.3 confirmed cases per 100,000.

Figure 19 - RSV Incidence rate in those aged under 5 in Wales, by week



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

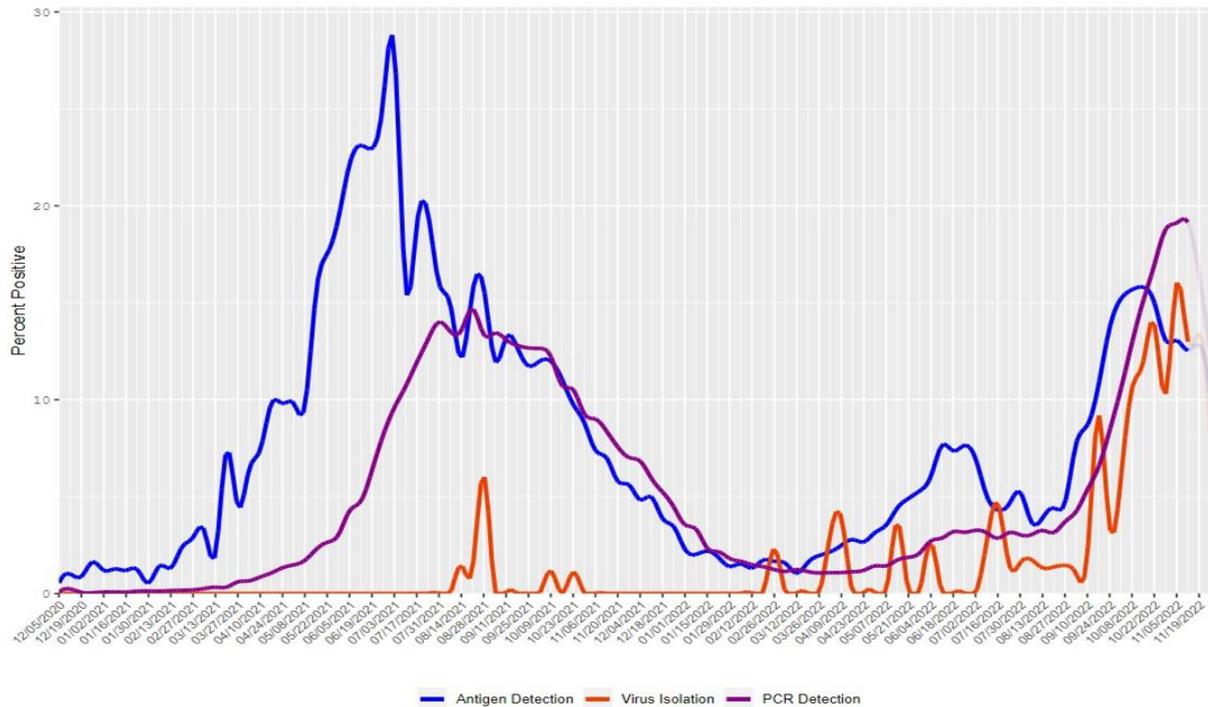
4.2. Joint WHO and ECDC statement

- [ECDC reports](#) that the 2022-2023 influenza (flu) season epidemic is off to an early start in the European region as concerns over Respiratory syncytial virus (RSV) rise and COVID-19 is still being a threat. The region is currently experiencing increasing circulation of influenza and RSV. Together with COVID-19, these viruses are expected to have a high impact on their health services and populations this winter. ECDC highlights how important it is for vulnerable groups to get vaccinated against influenza and COVID-19 as well as for everyone to protect themselves and others from infections.

4.3. Centres for Disease Control and Prevention (CDC) National Respiratory and Enteric Virus Surveillance System (NREVSS)

- As of 30 November 2022, [NREVSS reports](#) the weekly national average percent of diagnostic tests positive for RSV among all the diagnostics performed to detect RSV, as reported by participating laboratories.
- The RSV detection graphs below illustrates the 5 week moving average (average of the 4 previous and current weeks) for the United States (US).

Figure 20 Rates of RSV positive tests for the US



Data source: <https://www.cdc.gov/surveillance/nrevss/rsv/natl-trend.html>