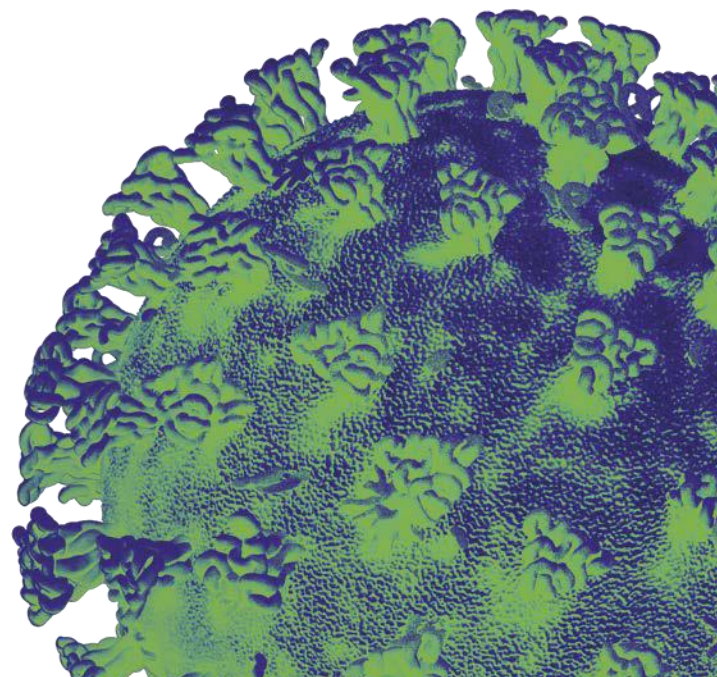
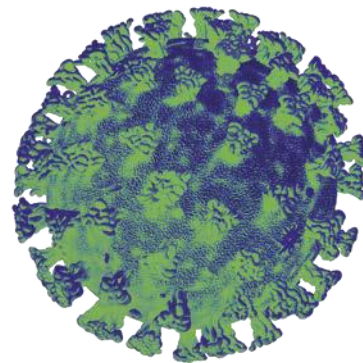
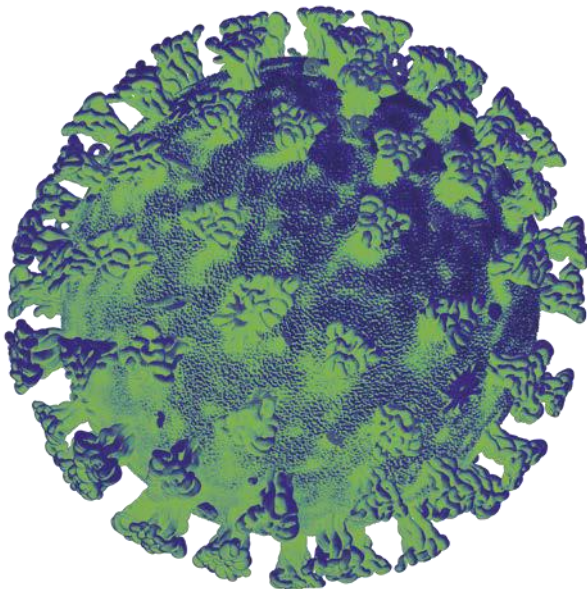




Llywodraeth Cymru  
Welsh Government

# Science Evidence Advice (SEA)

## Summary of Advice 10 March 2023



**Top Line Summary**

- There is a slightly mixed picture of COVID-19 infections which is not consistent across all indicators.
- Deaths related to COVID-19 remain at low levels in Wales.
- Influenza continues to be confirmed in Wales, although overall activity has decreased. UKHSA reports that influenza positivity decreased slightly. The influenza activity has also decreased in Europe.
- Avian influenza continues to be a risk, there is limited evidence that avian influenza virus is getting better at infecting humans or other mammals.
- RSV activity has decreased and currently at low levels of activity.
- Numbers of invasive Group A streptococcal (Strep A) infections have decreased to normal seasonal levels, however scarlet fever is slightly above these levels.

Top Line Summary .....	2
1. Wales COVID-19 Situation Update .....	4
1.1. ONS Coronavirus Infection Survey .....	5
1.2. Wastewater surveillance .....	6
1.3. PHW Cases (PCR & LFD Testing) .....	6
1.4. Deaths .....	7
1.5. NHS .....	7
1.6. Vaccines .....	11
1.7. Care homes .....	13
1.8. Schools .....	14
1.9. Long Covid .....	<b>Error! Bookmark not defined.</b>
1.10. International overview – World Health Organisation update .....	15
1.11. European Centre for Disease Prevention and Control (ECDC) .....	16
1.12. Variant of Concern update .....	17
2. COVID-19 Medium Term Projections .....	19
2.1. Swansea University MTPs, data as at 24 February .....	19
3. Influenza Situation Update .....	21
3.1. Weekly Influenza and Acute Respiratory Infection Report – PHW .....	21
3.2. UKHSA Weekly national influenza surveillance report .....	22
3.3. Joint ECDC WHO/Europe influenza update .....	24
3.4. Avian Influenza .....	25
4. Respiratory Syncytial Virus (RSV) and Invasive Group A streptococcal Situation	26
4.1. Incidence data for Strep A and Scarlet Fever .....	27

**1. Wales COVID-19 Situation Update**

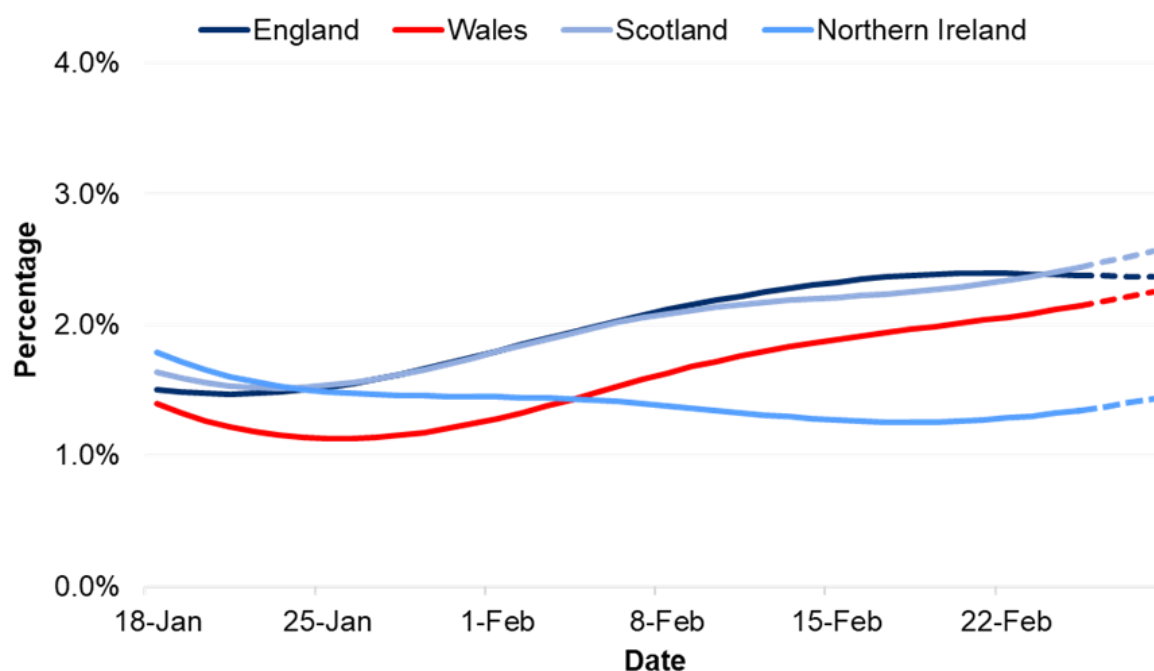
- There is a slightly mixed picture of COVID-19 infections which is not consistent across all indicators.
- Hospital bed occupancy of confirmed COVID-19 patients has been increasing since early February. The proportion of patients who have acquired an infection in hospital (nosocomial cases) has been increasing.
- Deaths related to COVID-19 remain at low levels in Wales.
- Data from sequenced cases shows that XBB.1.5 (41.9%) has now overtaken CH.1.1 (27.9%).

### 1.1. ONS Coronavirus Infection Survey

The [ONS Coronavirus Infection Survey](#)<sup>1</sup> reports that at the midpoint of the most recent week (22 to 28 February 2023), the trend in the percentage of people testing positive was uncertain in Wales, England and Northern Ireland. The percentage of people testing positive increased in Scotland.

The estimated percentages of the community population with COVID-19 ranged from 1.35% in Northern Ireland to 2.44% in Scotland.

Figure 1 - Positivity rates (%) across UK countries since 18 January 2023



Source: Coronavirus (COVID-19) Infection Survey, ONS, 08/03/23

In Wales, the estimated number of people testing positive for COVID-19 was 66,200 people (95% credible interval: 54,100 to 79,100), equating to 2.14% of the population, or around 1 in 45 people.

In England, the estimated number of people testing positive for COVID-19 was 1,333,400 people (95% credible interval: 1,270,700 to 1,396,600), equating to 2.38% of the population, or around 1 in 40 people.

In Scotland, the estimated number of people testing positive for COVID-19 was 128,400 people (95% credible interval: 109,000 to 149,000), equating to 2.44% of the population, or around 1 in 40 people.

<sup>1</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveys/pilot/previousReleases>

In Northern Ireland, the estimated number of people testing positive for COVID-19 was 24,700 people (95% credible interval: 17,100 to 33,700), equating to 1.35% of the population, or around 1 in 75 people.

## 1.2. Wastewater surveillance

[Wastewater surveillance](#)<sup>2</sup> suggests the overall SARS-CoV-2 viral load has increased across the country. However, the signal decreased at Clwyd and Meirionnydd, and remained level at Cleddau and Pembrokeshire Coastal Rivers, Conwy, South East Valleys and Usk.

Figure 2 - National (blue lines) and Regions (grey lines) wastewater signal for COVID-19 in Wales.

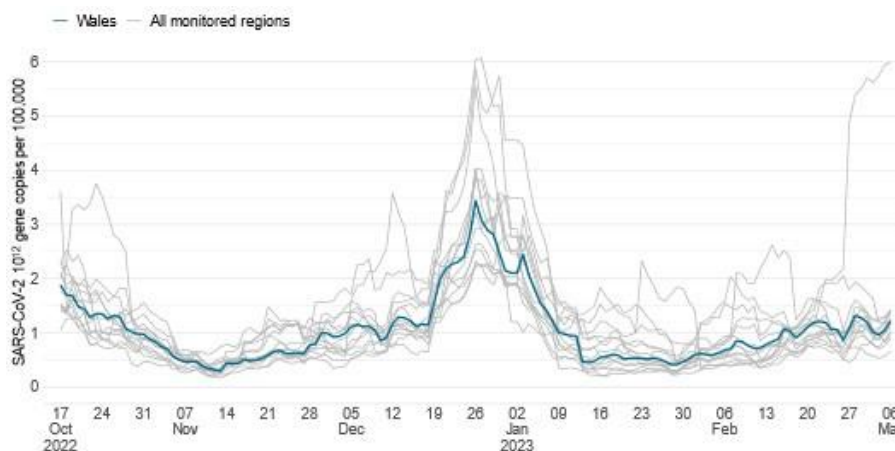
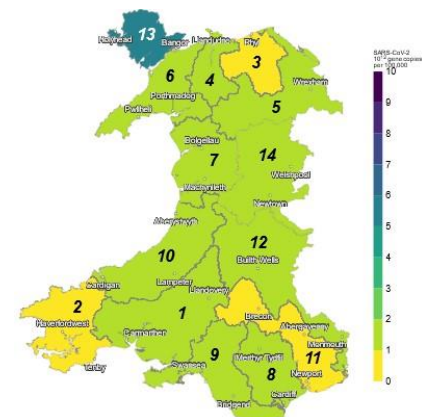


Figure 3 - National Heat Map showing Regional Mean Wastewater Signal



## 1.3. PHW Cases (PCR & LFD Testing)

PHW most recent epidemiological reports from 08 March 2023 [reports](#)<sup>3</sup> that there is a slightly mixed picture of COVID-19 infections. Some parameters have improved compared to the previous week in Wales. However, this is not consistent across all indicators.

PHW suggests that confirmed PCR cases continue to remain generally stable, and the adjusted case episode rates (PCR +LFD episodes) have decreased very slightly and remain at low levels.

The weekly number of confirmed case admissions to hospital and the number of cases who are inpatients have increased.

Admissions to critical care wards based on the weekly number of confirmed cases have decreased compared to the previous week. LFT positivity was 29% in the most recent report and increased slightly to 32%. Adjusted incidence was highest in the over 80 age group.

<sup>2</sup> [Wastewater monitoring reports: coronavirus | GOV.WALES](#)

<sup>3</sup>

[https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes\\_16535581718100/Notesondatainterpretationandreports](https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes_16535581718100/Notesondatainterpretationandreports)

## 1.4. Deaths

ONS published statistics on 7 March on [provisional weekly deaths](#)<sup>4</sup>, including deaths involving COVID-19, for the week ending 24 February 2023.

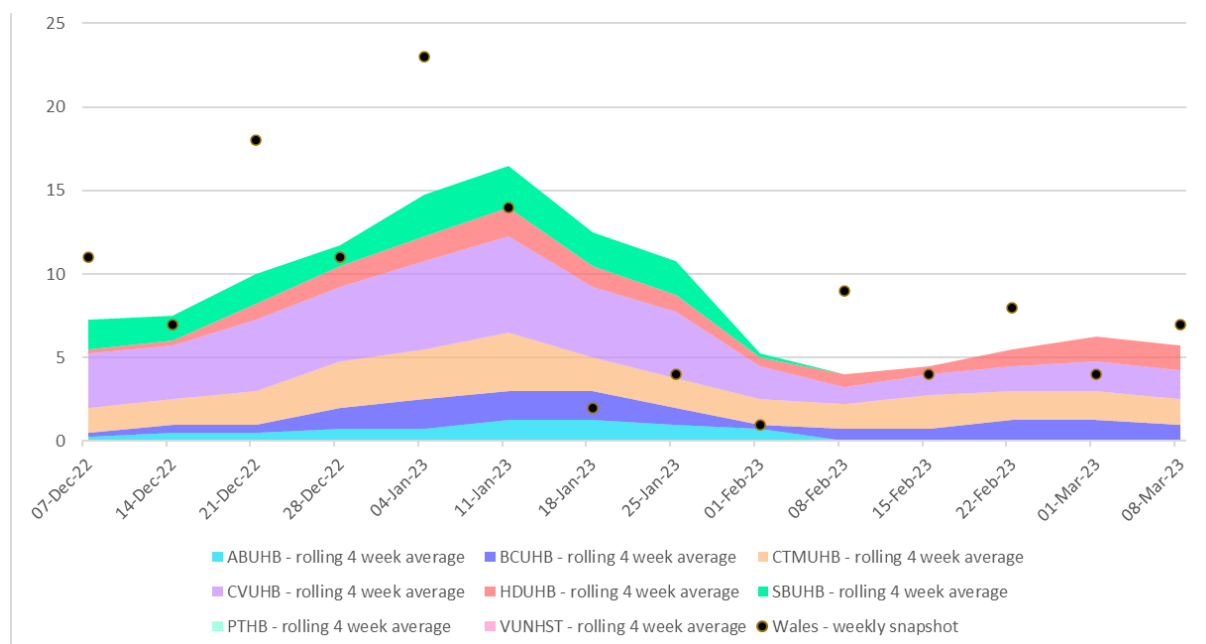
20 deaths involving COVID-19 were registered in the latest week. This was 2.8% of all deaths, and 7 more than the previous week.

707 deaths from all causes were registered in the latest week. This was 13 fewer than the previous week and is 18 fewer than the five-year average for 2017-19 and 2021, 2022.

## 1.5. NHS

As of 8 March 2023, hospital admissions of suspected and confirmed COVID-19 positive patients were at 7 admissions. The data included in this section has moved to a rolling 4-week average and weekly snapshot (Wednesday only data) due to a change in data availability. Please note that the charts have been updated due to changes in the data reporting methodology.

Figure 4 - Hospital admissions of suspected and confirmed COVID-19 positive patients.



As at 8 March 2023, the number of hospital bed occupancy of confirmed COVID-19 patients was 489 beds, an increase from 356 beds reported on the previous Wednesday.

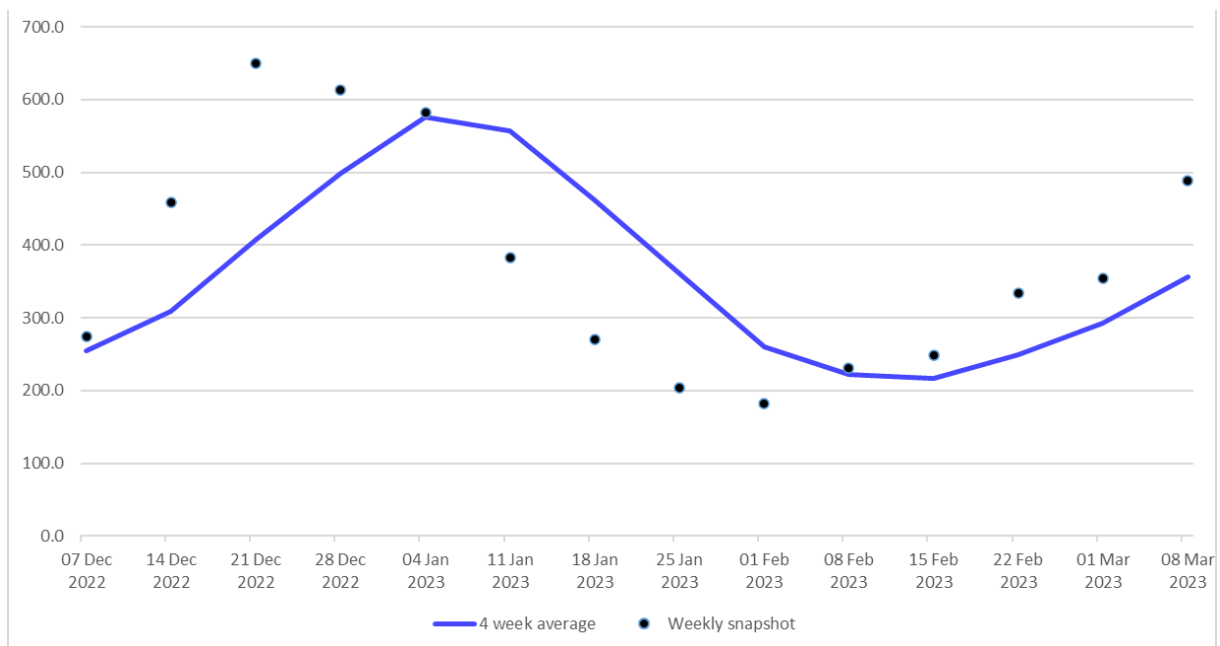
Hospital bed occupancy of confirmed COVID-19 patients had been decreasing since 2 January 2023, when there were 649 beds occupied, but has been increasing since

<sup>4</sup> [Deaths registered weekly in England and Wales, provisional - Office for National Statistics \(ons.gov.uk\)](#)



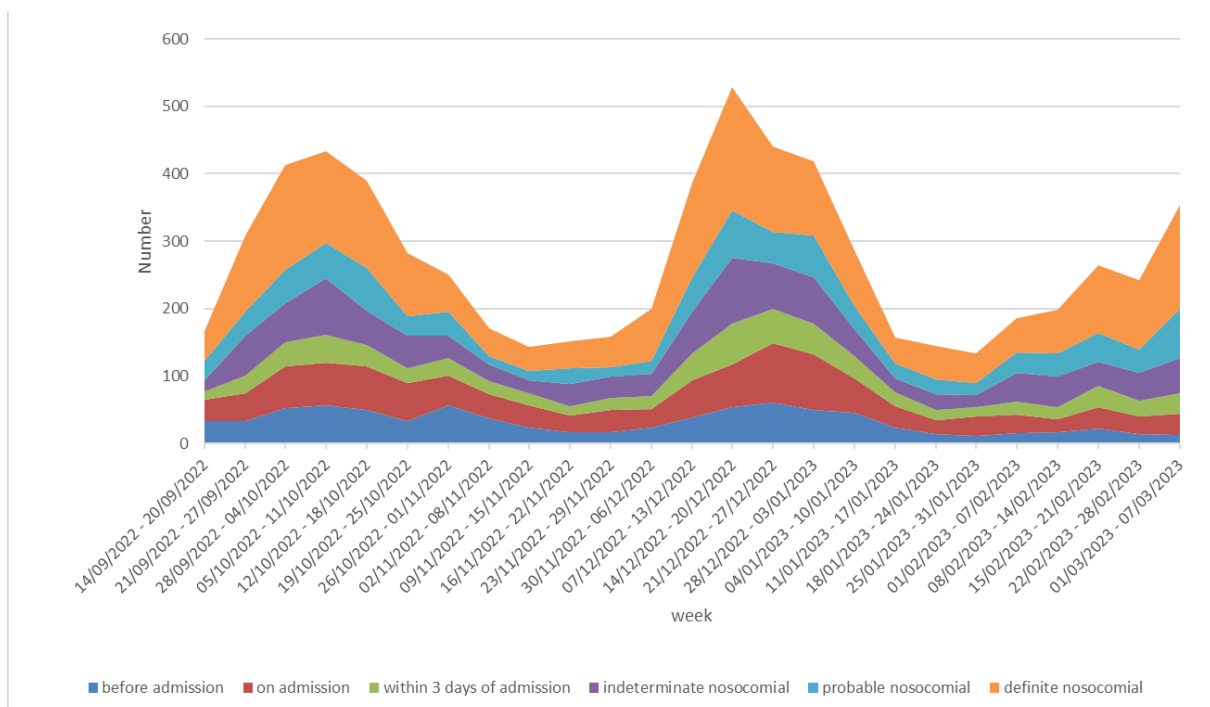
early February. Please note that the charts have been updated due to changes in the data reporting methodology.

Figure 5 - Average of hospital bed occupancy of confirmed COVID-19 patients



The proportion of patients who have acquired an infection in hospital (nosocomial cases) has been increasing. This may be a contributing factor as to why hospital occupancy has been increasing. Please note that the charts have been updated due to changes in the data reporting methodology.

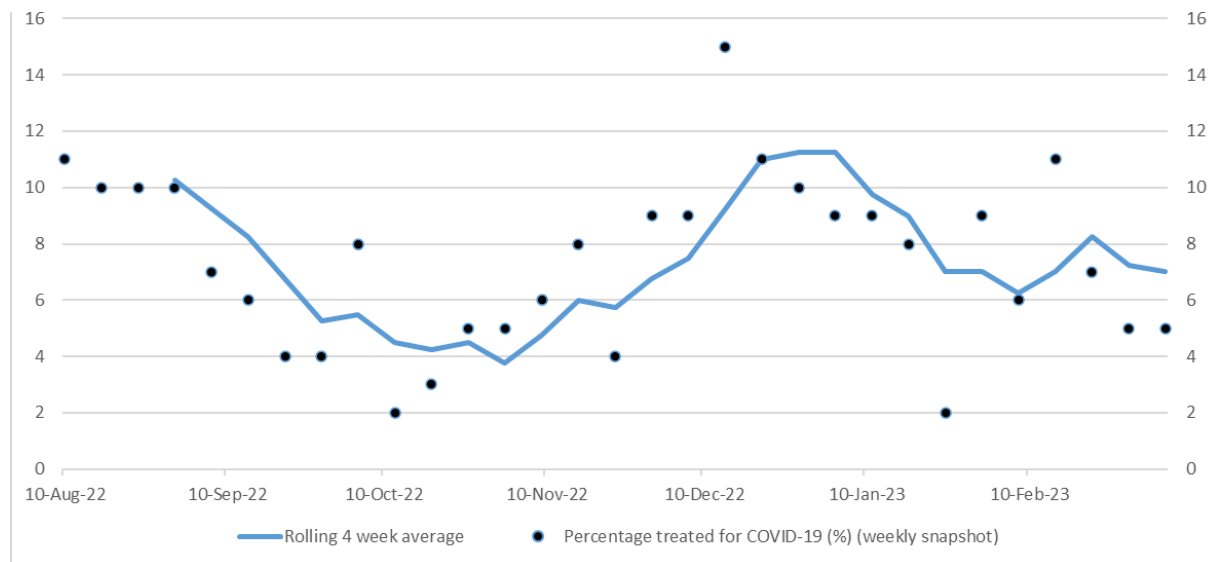
Figure 6 – Proportion of admissions by testing category





The proportion [of patients in hospital](#)<sup>5</sup> 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, have been increasing. As of 15 February 2023, proportions stand at 11%. However, they have reduced to 5% at the snapshot taken on 8 March. Please note that the charts have been updated due to changes in the data reporting methodology.

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

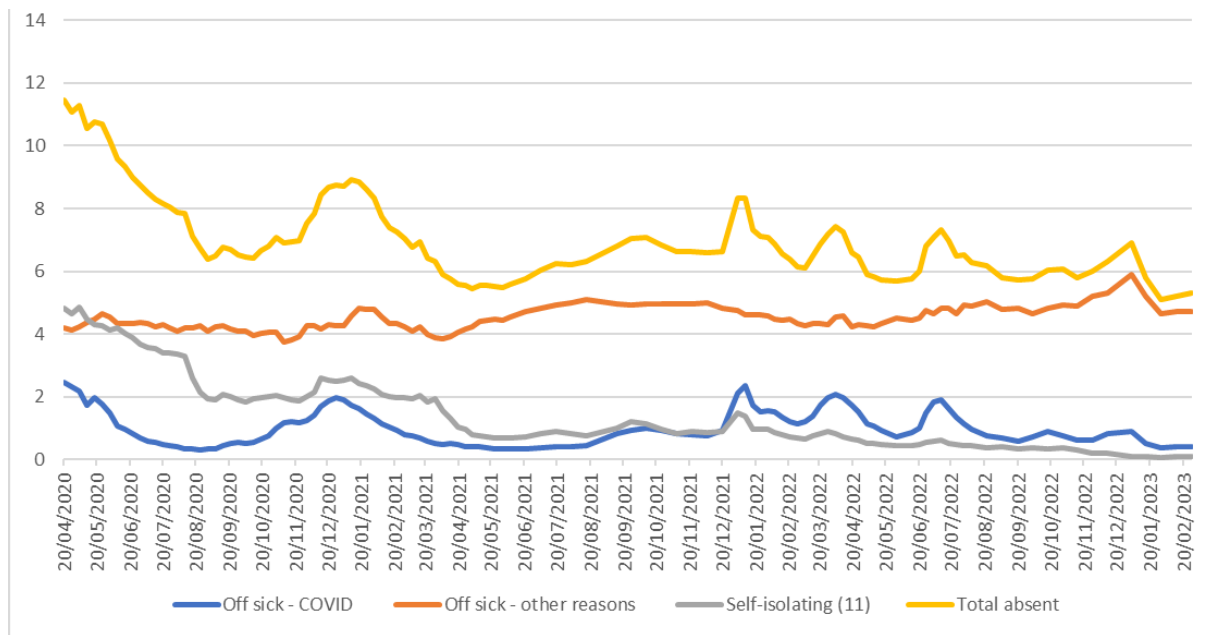


As of 27 February 2023, [NHS staff absence due to self-isolation](#)<sup>6</sup> has remained the same as the period ending 13 February 2023, at 0.1%. Absence due to COVID-19 sickness has remained the same at 0.4%.

<sup>5</sup> [statswales.gov.wales](https://statswales.gov.wales)

<sup>6</sup> [statswales.gov.wales](https://statswales.gov.wales)

Figure 8 NHS staff absence and self-isolation



### 1.6. Vaccines

Between weeks ending 4 September 2022 and 30 October 2022, 733,249 doses of the Autumn COVID-19 booster were given, estimated at 45.7% uptake. The table shows how uptake has risen since then:

Cumulative number of COVID-19 Autumn 22/23 vaccine doses given, by week. Uptake, based on Wales residents, uses indicative denominator 1,604,068.

Week ending	Number of doses	Uptake
2022-11-06	805,674	50.2%
2022-11-13	879,695	54.8%
2022-11-20	940,109	58.6%
2022-11-27	990,299	61.7%
2022-12-04	1,030,208	64.2%
2022-12-11	1,059,692	66.1%
2022-12-18	1,080,006	67.3%
2022-12-25	1,088,270	67.8%
2023-01-01	1,092,203	68.1%
2023-01-08	1,098,972	68.5%
2023-01-15	1,106,244	69.0%
2023-01-22	1,113,324	69.4%
2023-01-29	1,119,062	69.8%
2023-02-05	1,122,785	70.0%
2023-02-12	1,126,535	70.2%
2023-02-19	1,129,670	70.4%

Source: [Public Health Wales](#)

## 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	50,044	38,438	76.8
Residents in a care home for older adults*	13,183	11,717	88.9
Staff working in care homes for older adults**	37,517	15,677	41.8
Health care staff**	141,593	80,613	56.9
Social care staff**		23,430	
All adults aged 65 years and older	701,951	579,085	82.5
All adults aged 50 to 64 years	683,153	408,362	59.8
Aged 5 to 49 years in a clinical risk group	218,964	74,970	34.2

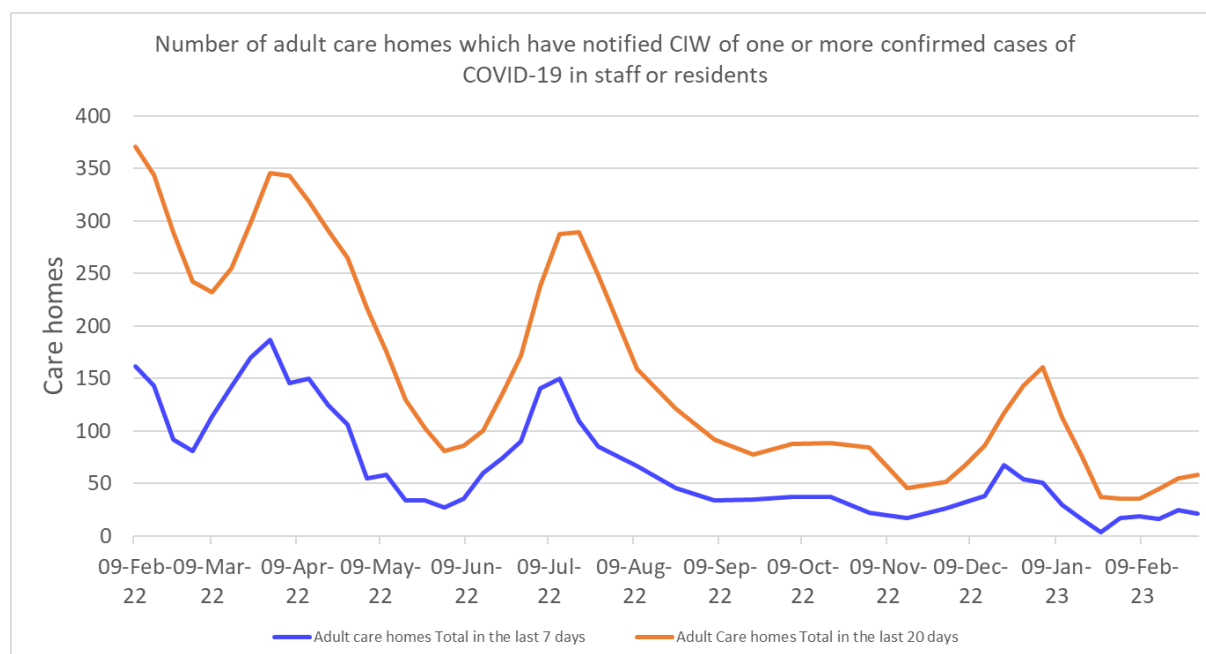
Source: [Public Health Wales](#)

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 2023. 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 1 March 2023, the number of adult care homes in Wales that have [notified CIW](#)<sup>7</sup> of one or more confirmed cases of COVID-19 in staff or residents in the last 7 days has decreased since the previous week, to 21 notifying, from 25 notifying. This figure for the last 20 days is at 58 (period ending 1 March 2023), from 55 (period ending 22 February 2023). In Wales there are 1,018 adult care homes in total.

Figure 9 - Number of adult care homes which have notified CIW of one or more confirmed cases of COVID-19 in staff or residents.



As of 1 March 2023, the [number of notifications to CIW of deaths of adult care home residents involving COVID-19](#)<sup>8</sup> (both confirmed and suspected) in the last 7 days has remained the same as the previous week, with 2 deaths reported.

In total, CIW has been notified of 2,298 care home resident deaths with suspected or confirmed COVID-19 between 1 March 2020 and 1 March 2023. This makes up 11% of all adult care home resident reported deaths (20,543) during this period.

<sup>7</sup> [stats.wales.gov.uk](https://stats.wales.gov.uk)

<sup>8</sup> [stats.wales.gov.uk](https://stats.wales.gov.uk)

### 1.8. Schools

The average attendance for this academic year to date is 89.5%.

The latest week is 27 February to 03 March 2023, the week before is the 13 to 17 February 2023. All schools were closed for half term for the week of 20 to 24 February 2023.

An average of 91.1% of half-day school sessions were recorded as present for pupils aged 5 to 15 over the latest week, up from 89.9% the week before. Data for the latest week is provisional.

An average of 5.3% of half-day school sessions were recorded as authorised absence for pupils aged 5 to 15 over the latest week, down from 6.7% the week before.

An average of 3.6% of half-day school sessions were recorded as unauthorised absence for pupils aged 5 to 15 over the latest week, up from 3.3% the week before.

There has been no difference in the attendance rate by gender for the academic year to date, 89.5% for boys and 89.3% for girls.

The attendance rate by year group for the academic year to date has been highest for pupils in Year 4 (91.7%) and lowest for pupils in Year 11 (85.1%).

The attendance rate for the academic year to date has been higher for pupils not eligible for free school meals (91.4 %) than pupils who are eligible for free school meals (84.0%).

The most common reason for absence for the academic year to date has been illness, with 53.0% of sessions missed being for this reason. [The full report is available here.](#)

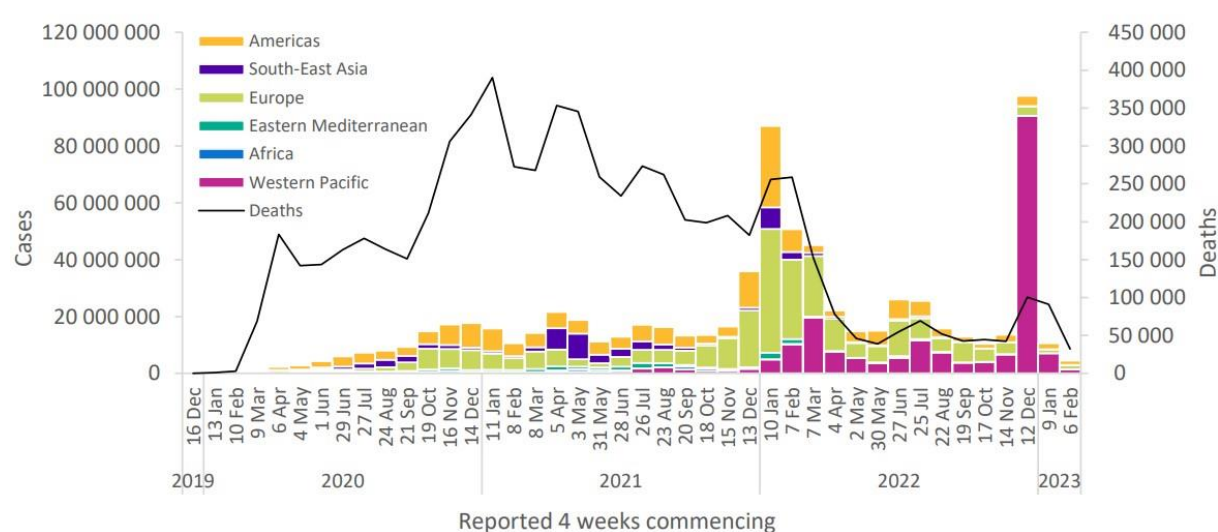
### 1.9. International overview – World Health Organisation update

[The WHO reports](#)<sup>9</sup> that globally, nearly 4.5 million new cases and 32 000 deaths were reported in the last 28 days (6 February to 5 March 2023), a decrease of 58% and 65%, respectively, compared to the previous 28 days.

As of 5 March 2023, over 759 million confirmed cases and over 6.8 million deaths have been reported globally.

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.<sup>1–4</sup> This is partly due to the reductions in testing and delays in reporting in many countries.

Figure 10 - COVID-19 cases reported weekly by WHO Region, and global deaths, as of 5 March 2023



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

The highest numbers of new 28-day cases were reported from the United States of America (1 027 596 new cases; -23%), Japan (539 251 new cases; -78%), China (454 575 new cases; -87%), Germany (379 505 new cases; +23%), and the Russian Federation (345 384 new cases; +103%). The highest numbers of new 28-day deaths were reported from the United States of America (10 856 new deaths; -29%), Japan (3432 new deaths; -65%), China (2634 new deaths; -94%), the United Kingdom (2103 new deaths; -37%), and Brazil (1931 new deaths; -25%).

<sup>9</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>



### 1.10. European Centre for Disease Prevention and Control (ECDC)

As of the 10 March 2023, [ECDC reports<sup>10</sup>](#) that there has been a general downward trend in the height of the associated peaks in reported cases, hospitalisation, ICU admissions and deaths in this period.

By the end of week 9 (ending 5 March 2023), there were no increasing trends in any of the EU/EEA indicators based on pooled country data. The pooled COVID-19 death rate decreased compared to the previous week, with 765 deaths reported from 23 countries in week 9.

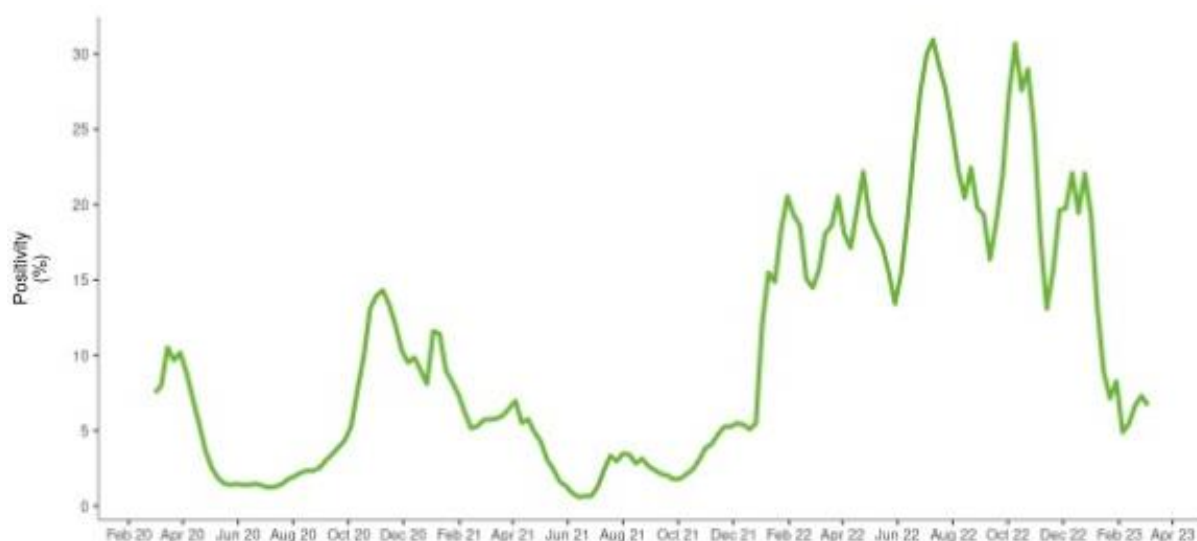
There has been a reduction in the number of countries reporting increasing trends, suggesting an overall improvement in the epidemiological situation compared to the previous week.

Case rates among people aged 65 years and older increased in 10 of 25 countries with data. These trends have continued for the past 4-5 weeks in seven of the 10 countries.

Eight among 22 countries reporting data observing increases in the last 1-5 weeks in at least one hospital or ICU indicator.

No country reported increases in overall COVID-19 deaths, although increases in the 65-79 years and/or 80 years and above age groups were reported by six of the 21 countries with age-specific data.

Figure 11 - EU/EEA weekly test positivity, 10 March 2023



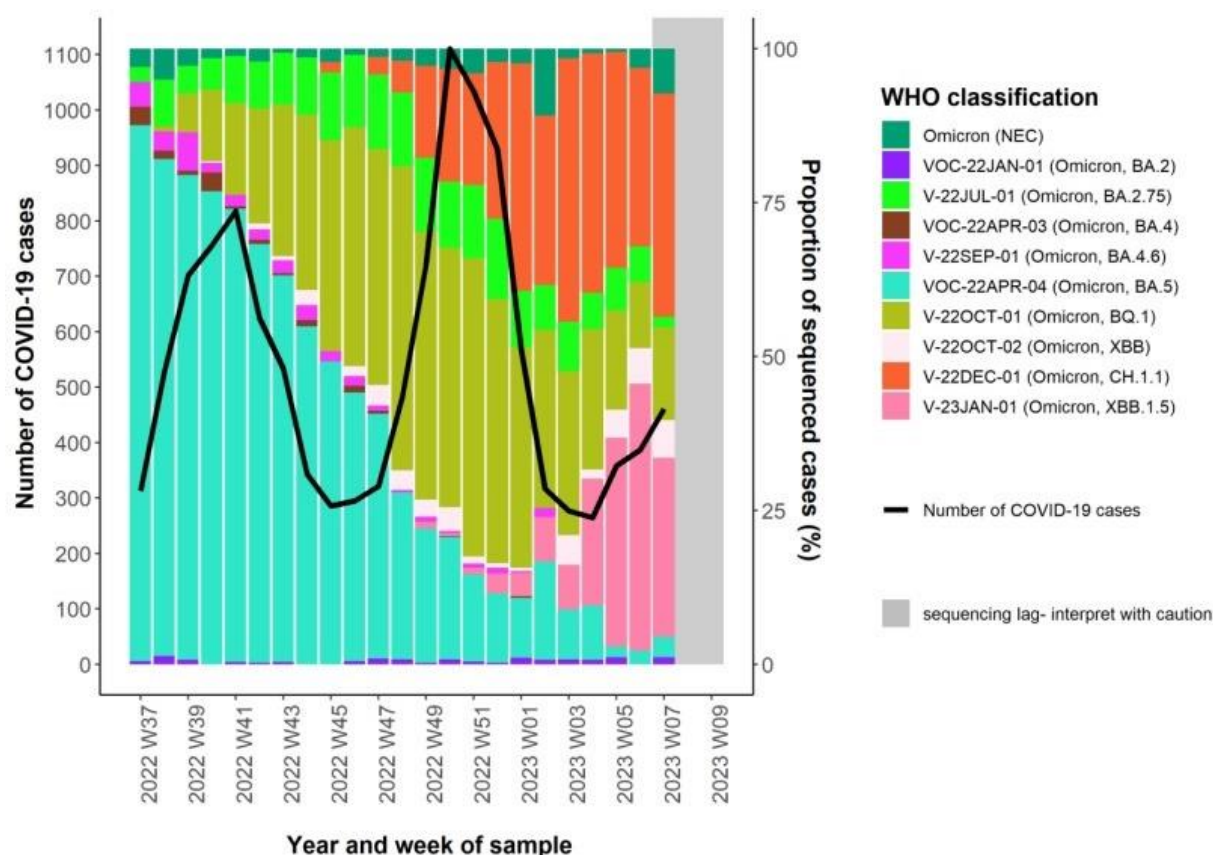
Data source: [Weekly COVID-19 country overview \(europa.eu\)](#)

<sup>10</sup> [COVID-19 situation updates \(europa.eu\)](#)

### 1.11. Variant of Concern update

As of 08 March 2023, [PHW report](#)<sup>11</sup> that in the last four reporting weeks, V-22DEC-01 (Omicron, XBB.1.5) has been the most dominant variant in Wales, accounting for 27.9% of all sequenced cases.

Figure 12 – Proportion of sequenced cases typed as each variant in the past six months in Wales (Data as at 28 Feb 2023)



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

As of 07 March 2023, [PHW reports](#) that there have been 57,114 cases of VOC-21NOV-01 (Omicron, BA.1), 29,286 cases of VOC-22JAN-01 (Omicron, BA.2), 1,192 cases of VOC-22APR-03 (Omicron, BA.4), 7,435 cases of VOC-22APR-04 (Omicron, BA.5), 1,901 cases of V-22OCT-01 (Omicron, BQ.1), 939 cases of V-22DEC-01 (Omicron, CH.1.1) and 449 cases of V-23JAN-01 (Omicron XBB.1.5) confirmed in Wales.

As of 10 March 2023, [UKHSA reports](#)<sup>12</sup> that the profile of sequenced COVID-19 cases continues to be biased toward older people due to prioritisation of samples for polymerase chain reaction (PCR) testing and sequencing from hospitalised patients and care homes. Between 13 December 2022 and 6 March 2023, the median age of

<sup>11</sup>

[https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes\\_16535581718100/Notesondatainterpretationandreports](https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes_16535581718100/Notesondatainterpretationandreports)

<sup>12</sup> [COVID-19 \(SARS-CoV-2\) variants - GOV.UK \(www.gov.uk\)](#)

sequenced COVID-19 cases was 73 years old. Since the last technical briefing there are 3 additional signals in monitoring; these are being monitored either due to concerning growth, mutation profiles or national and/or international interest: XBB.1.9.1, XBB.1.9.2 and XBB.1.16.

As of 08 March 2023, [WHO reports](#)<sup>13</sup> that since their last update on 1 March 2023, there has been a continued increasing trend in the proportions of recombinant lineages globally. In epidemiological week 7 (13 to 19 February 2023), recombinant variants accounted for 44.1% (7333 sequences) of all sequences, an increase from 25.1% (10 377 sequences) in week 3 (16 to 22 January 2023).

BA.5 and descendent lineages accounted for 27.2% (4 522 sequences) in week 7 as compared to 55.7% (5855 sequences) in week 3. BA.2 and descendent lineages showed a stable trend with 14.2% (2 365 sequences) in week 7 as compared to 14.2% (5855 sequences) in week 3. BA.1, BA.3 and BA.4 collectively accounted for less than 0.1%.

As of 3 March 2023, [ECDC](#)<sup>14</sup> has de-escalated BA.2, BA.4 and BA.5 from its list of SARS-CoV-2 variants of concern (VOC), as these parental lineages are no longer circulating. ECDC will continue to categorise and report on specific SARS-CoV-2 sub-lineages in circulation that are relevant to the epidemiological situation.

As of 10 March 2023, [ECDC reports](#)<sup>15</sup> that among the eight countries with an adequate volume of sequencing or genotyping for weeks 7–8 (13 February to 26 February 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 38.6% (16.9–52.5% from six countries) for XBB.1.5, 23.7% (18.1–47.6% from seven countries) for BQ.1, 21.7% (10.3–33.2% from seven countries) for BA.2.75, 7.4% (1.9–64.0% from eight countries) for BA.5, 4.0% (1.2–44.1% from seven countries) for XBB, 1.5% (0.3–30.1% from six countries) for BA.2 and 0.2% (0.1–0.8%, 11 detections from five countries) for BA.4.

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<sup>13</sup> [Weekly epidemiological update on COVID-19 - 8 March 2023 \(who.int\)](#)

<sup>14</sup> [ECDC de-escalates BA.2, BA.4 and BA.5 from its list of variants of concern \(europa.eu\)](#)

<sup>15</sup> <https://www.ecdc.europa.eu/en/covid-19/country-overviews>

## 2. COVID-19 Medium Term Projections

- The most recent medium-term projections show a plateau in the coming weeks. However, the numbers for admitted to ward projections do show a small uptick in numbers in early March with a steeper decline than the other projections, before reaching a plateau.

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.

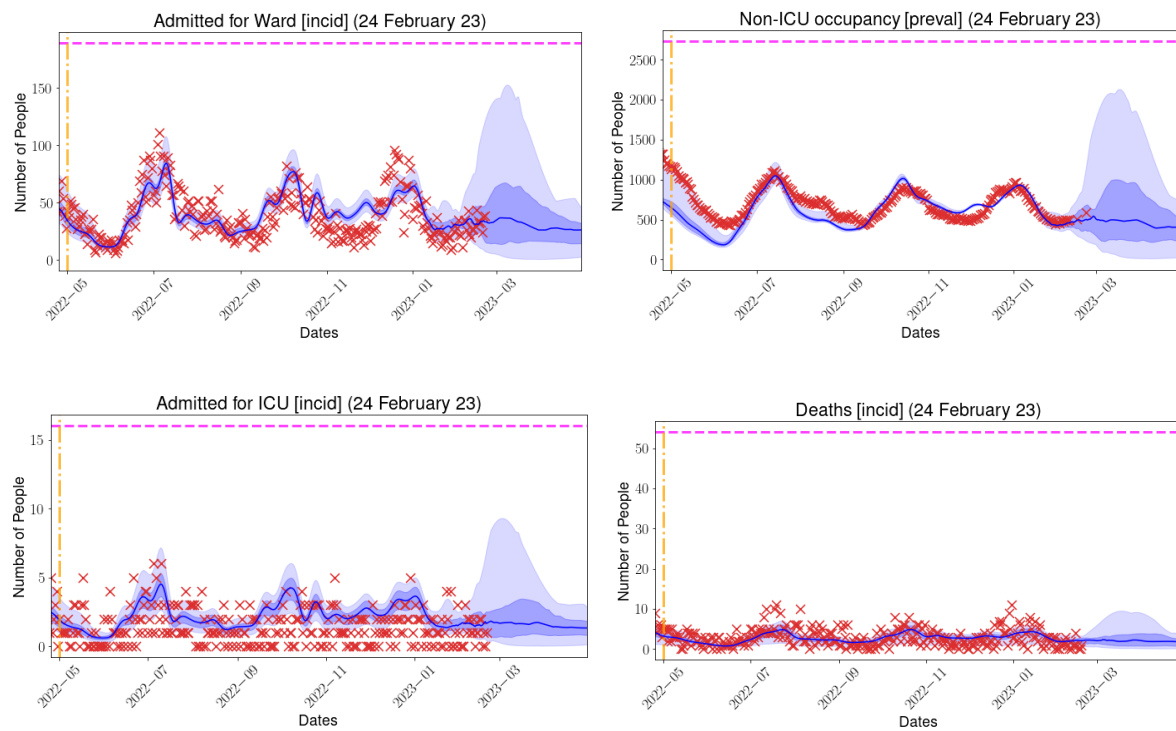
The SU projections are typically more up to date but may be less robust as they are based on one model only. Both MTPs are based on projecting forward from current data and do not explicitly factor in policy changes, changes in testing, changes in behaviour, or rapid changes in vaccinations.

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 24 February

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.

Figure 13 - Swansea University Medium Term Projections



### 3. Influenza Situation Update

- PHW report that influenza continues to be confirmed in Wales, although overall activity has decreased.
- UKHSA reports that influenza positivity decreased slightly to 1.8% compared with 2.5% in the previous week.
- In [Europe](#) the percentage of all sentinel primary care specimens from patients presenting with symptoms that tested positive for an influenza virus decreased from 27% in the previous week to 24%.
- Avian influenza continues to be a threat and whilst high levels of transmission in wild birds present a constant risk, there is limited evidence that avian influenza virus is getting better at infecting humans or other mammals. Additional research and development is required to understand the impact of human to human transmission of H5N1 is required.

#### 3.1. Weekly Influenza and Acute Respiratory Infection Report – PHW

As of 08 March 2023, [PHW report](#)<sup>16</sup> that influenza continues to be confirmed in Wales, although overall activity has decreased. During Week 9 (ending 05/03/2023) there were 36 cases of influenza, with 1 further case from previous weeks.

The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 09, was 3.9 consultations per 100,000 practice population. This is an increase compared to the previous week.

The Sentinel GP consultation rate for Acute Respiratory Infections (ARI) was 205.0 per 100,000 practice population during week 09.

The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache, and sore throat) during Week 09 increased to 20.1%.

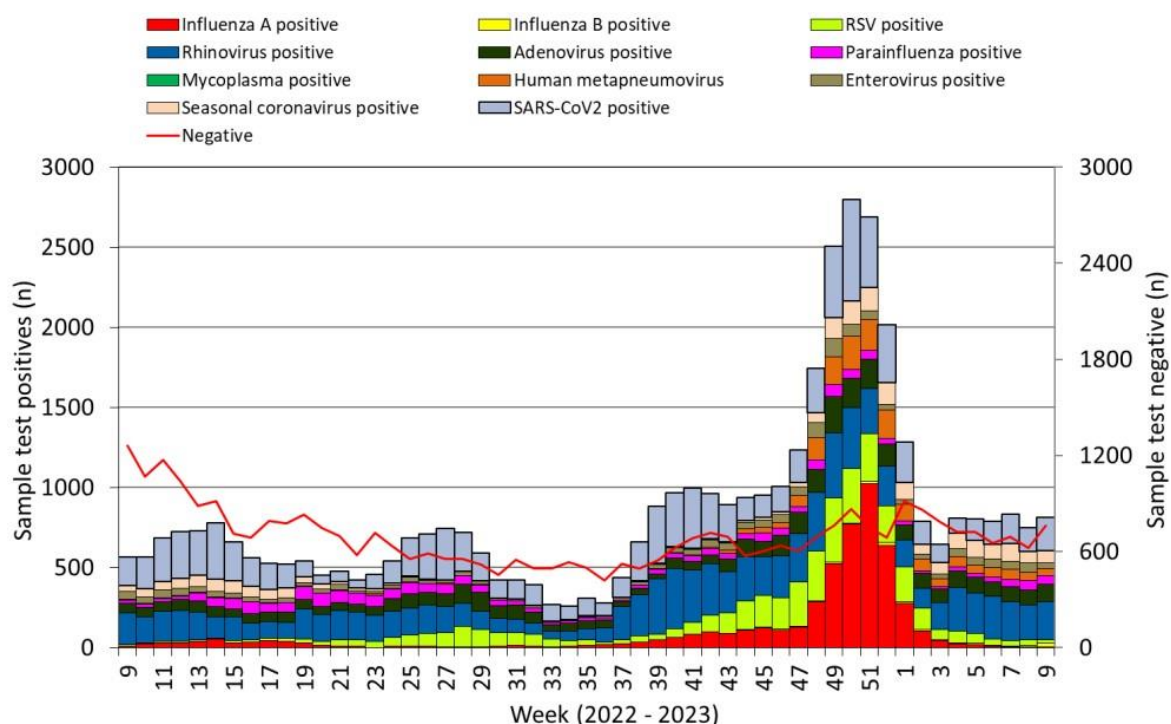
Figure 14 - Uptake of influenza immunisations in GP Practice patients in Wales

Influenza immunisation uptake in the 2022/23 season	
People aged 65y and older	76.2%
People younger than 65y in a clinical risk group	43.9%
Children aged two & three years	44.1%
Children aged between four & ten years	62.7%
Children aged between 11 & 15 years	52.4%
Total NHS staff	45.2%
NHS staff with direct patient contact	45.4%

<sup>16</sup> [Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales \(nhs.wales\)](#)



Figure 15 - 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 surveillance report

As of 09 March 2023, [UKHSA reports](#)<sup>17</sup>, influenza positivity decreased slightly to 1.8% compared with 2.5% in week 8, with highest positivity seen in the 15 to 44 years old age group at 4.6%. This is a decrease from 6.8% in week 8. Influenza B positivity decreased to 1.3% in week 9 compared with 1.7% in week 8.

Through primary care surveillance, the influenza-like-illness consultations indicator decreased in week 9 compared with the previous week and was within the baseline activity level range. No influenza confirmed outbreaks were reported in week 9 in England. Influenza hospital admissions decreased in week 9 compared with the previous week.

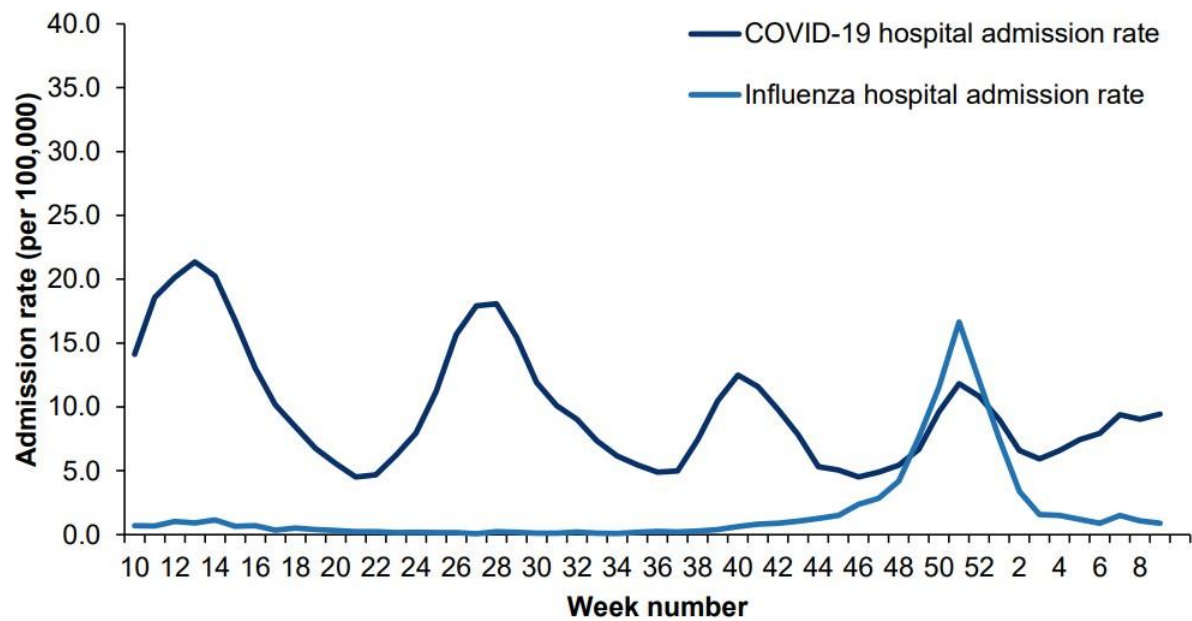
The rate in the latest week has returned to baseline activity levels. Emergency department attendances for influenza-like illness remained stable nationally.

The majority of influenza detections in the most recent week have been influenza B across a number of surveillance systems.

<sup>17</sup> <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2022-to-2023-season>



Figure 16 - Weekly overall hospital admission rates of new COVID-19 and influenza positive cases per 100k population, England



### **3.3. Joint ECDC WHO/Europe influenza update**

As of week 9 (27 February – 5 March 2023), [Flu news Europe reports](#) that the percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus decreased from 27% in the previous week to 24% in week 9 2023 which remains above the epidemic threshold (10%).

17 of 39 countries or areas reported medium or high intensity and 21 of 39 countries reported widespread activity indicating substantial seasonal influenza virus circulation across the Region.

Of the 24 countries that reported sentinel primary care specimen influenza virus positivity above the 10% epidemic threshold, Hungary, Netherlands, Romania and Slovenia reported activity above 40%.

### 3.4. Avian Influenza

UKHSA works with partners including the Animal and Plant Health Agency (APHA) to assess the risk to human health from avian influenza and improve the understanding of the virus. While the very high levels of transmission in wild birds present a constant risk, there is no evidence so far that the virus is getting better at infecting humans or other mammals.

As of 14 February 2023, the [UKHSA risk assessment reports](#)<sup>18</sup> that there is very limited evidence of mammalian transmission to date, but this is a critical gap to address with enhanced surveillance.

[WHO reports](#)<sup>19</sup> that between 24 February to 2 March 2023, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 2 March 2023, a total of 240 cases of human infection with avian influenza A(H5N1) virus have been reported from four countries within the Western Pacific Region since January 2003. Of these cases, 135 were fatal, resulting in a case fatality rate (CFR) of 56%. The last case was reported from China, with an onset date of 22 September 2022 and died on 18 October 2022. This is the first case of avian influenza A(H5N1) reported from China in 2015.

Figure 17 - World Health Organisation cumulative number of laboratory-confirmed human cases and deaths of influenza A(H5N1) virus infections.

Country	2003-2009		2010-2014		2015		2016		2017		2018		2019		2020		2021		2022		2023		Total	
	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
Cambodia	9	7	47	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	56	37
China	38	25	9	5	6	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	54	32
Lao PDR	2	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3	2
Viet Nam	112	57	15	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	127	64
<b>Total</b>	<b>161</b>	<b>91</b>	<b>71</b>	<b>42</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>240</b>	<b>135</b>

<sup>18</sup> <https://www.gov.uk/government/publications/avian-influenza-influenza-a-h5n1-technical-briefings/investigation-into-the-risk-to-human-health-of-avian-influenza-influenza-a-h5n1-in-england-technical-briefing-2>

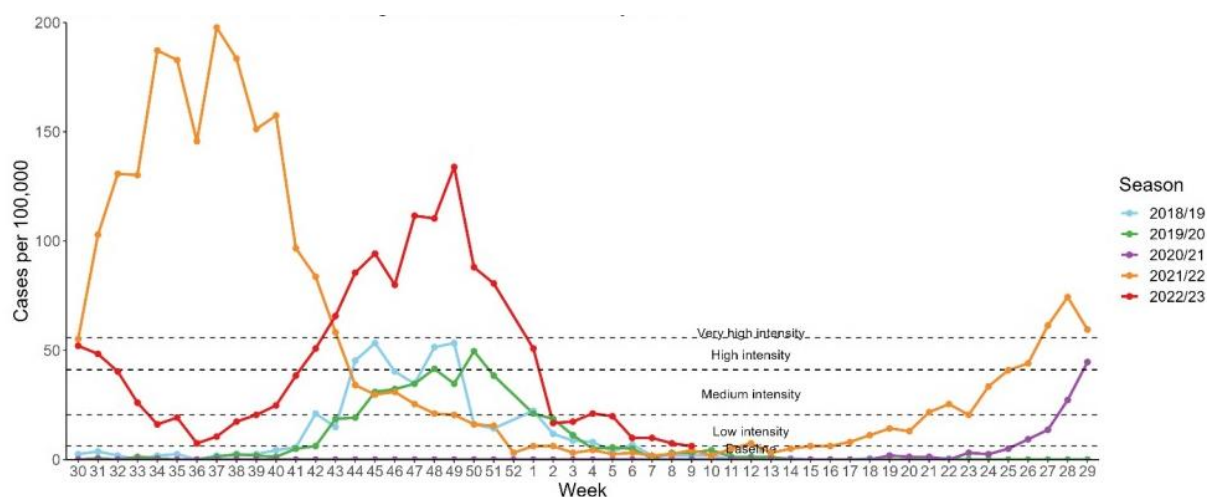
<sup>19</sup> <https://www.who.int/westernpacific/emergencies/surveillance/avian-influenza>

#### 4. Respiratory Syncytial Virus (RSV) and Invasive Group A streptococcal Situation

- RSV incidence in children under five years of age has decreased and currently at low levels of activity.
- UKHSA reports that the overall positivity for RSV remained low.
- Scarlet fever and iGAS notifications have decreased to more normal seasonal levels, although scarlet fever is still slightly above these levels.

As of 08 March 2023, PHW report that RSV in children under 5 years of age have decreased from peak levels seen in December and is currently at low levels of activity.

Figure 18 - RSV Incidence rate in those aged under 5 in Wales, by week



As of 09 March 2023, [UKHSA reports](#)<sup>20</sup> that the overall positivity for RSV remained low at 1.1%, with the highest positivity in those aged under 5 years old at 4.0%. In week 9, the overall hospital admission rate for RSV remained stable at 0.40 per 100,000. Emergency department attendances for acute bronchiolitis remained stable nationally.

<sup>20</sup> [National flu and COVID-19 surveillance reports: 2022 to 2023 season - GOV.UK \(www.gov.uk\)](#)

#### 4.1. Incidence data for Strep A and Scarlet Fever

As of 09 March 2023, PHW report that scarlet fever and iGAS notifications (see latest report attached) have decreased, although scarlet fever is still at a relatively high level of activity compared to recent years.

Figure 19 - PHW Scarlet Fever Notifications by year, 05 March 2023

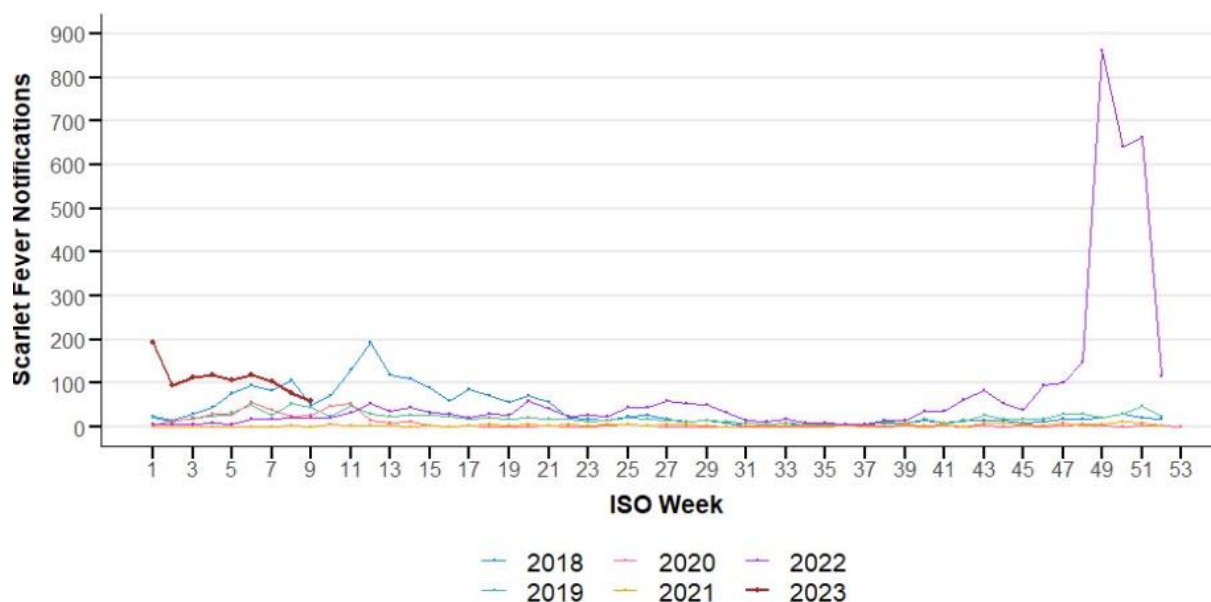


Figure 20 - PHW Lab Confirmed Invasive group A streptococcal infections, 05 March 2023

