

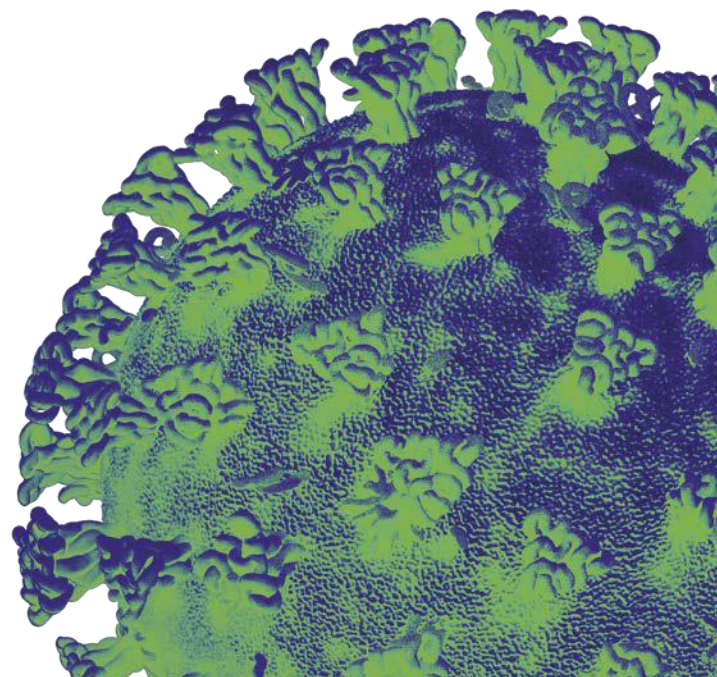
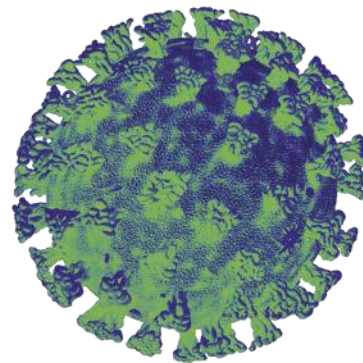
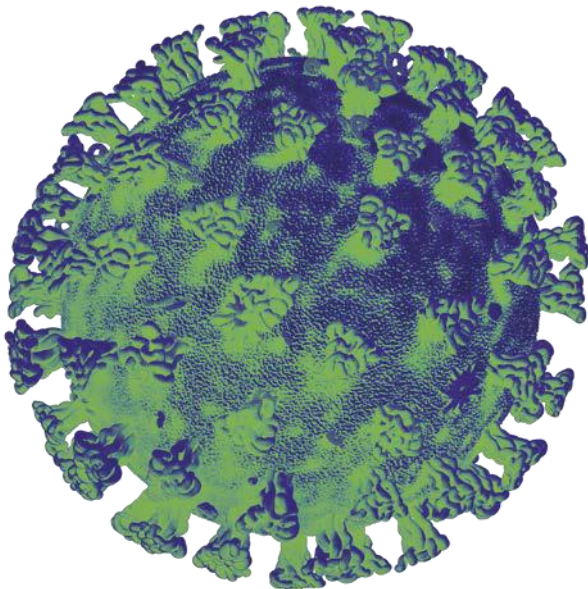


Llywodraeth Cymru
Welsh Government

Science Evidence Advice (SEA)

Summary of Advice

7 April 2023



Top Line Summary

- 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 remained low. In Europe the influenza activity has decreased slightly.
- 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 it is currently at low intensity levels.
- Numbers of invasive Group A streptococcal (Strep A) infections have decreased to levels that are comparable to previous years.

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1. Wales COVID-19 Situation Update

- Hospital bed occupancy of confirmed COVID-19 patients has decreased. Admissions to critical care wards based on the weekly number of confirmed cases have increased.
- Deaths related to COVID-19 remain at low levels in Wales.
- Data from sequenced cases shows that XBB.1.5 is the most dominant variant in Wales accounting for 45.1% of cases.

1.1. ONS Coronavirus Infection Survey

Please note that as of this version of the report, the data collection from the COVID-19 Infection Survey (CIS) has now finished and UKHSA is working with ONS and the devolved nations, including Wales, to develop a new health monitoring survey which will include community surveillance of flu and other viruses as well as COVID-19

1.2. Wastewater surveillance

[Wastewater surveillance](#)¹ suggests the overall SARS-CoV-2 viral load has decreased across the country. However, the signal increased at Carmarthen Bay and the Gower, Cleddau and Pembrokeshire Coastal Rivers, Clwyd and Wye, and remained level at Conwy, Llŷn and Eryri, South East Valleys and Hafren Dyfrdwy.

Figure 1 - National (blue lines) and Regions (grey lines) wastewater signal for COVID-19 in Wales.

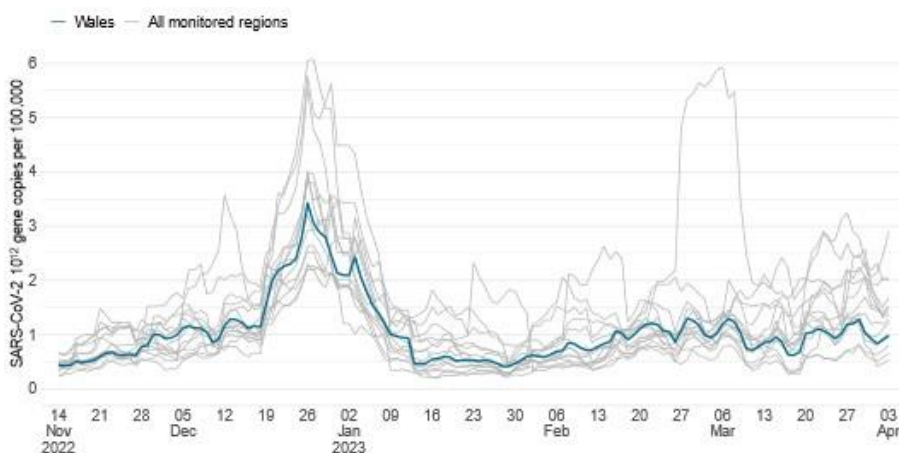
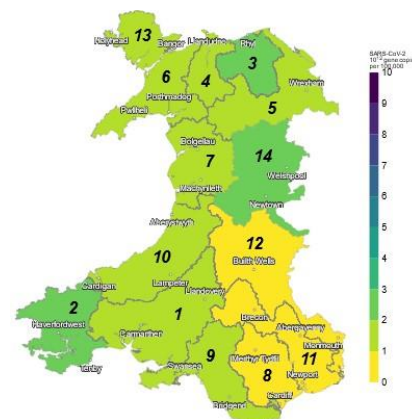


Figure 2 - National Heat Map showing Regional Mean Wastewater Signal



¹ [Wastewater monitoring reports: coronavirus | GOV.WALES](#)

1.3. PHW Cases (PCR & LFD Testing)

PHW most recent epidemiological report from 5 April 2023 [reports](#)² that there is a slightly mixed picture of COVID-19 infections. However, overall, there is a downward trend, but 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 slightly and remain at low levels.

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

Admissions to critical care wards based on the weekly number of confirmed cases have increased slightly compared to the previous week. LFT positivity was 38.86% in week 12 and decreased slightly to 35.67% in week 13. Incidence based on LFT testing was highest in the 40-59 age group.

1.4. Deaths

ONS published statistics on 4 April on [provisional weekly deaths](#)³, including deaths involving COVID-19, for the week ending 24 March 2023.

40 deaths involving COVID-19 were registered in the latest week. This was 5.1% of all deaths, and 7 fewer than the previous week.

778 deaths from all causes were registered in the latest week. This was 17 fewer than the previous week and is 103 more than the five-year average for 2017-19 and 2021, 2022.

1.5. NHS

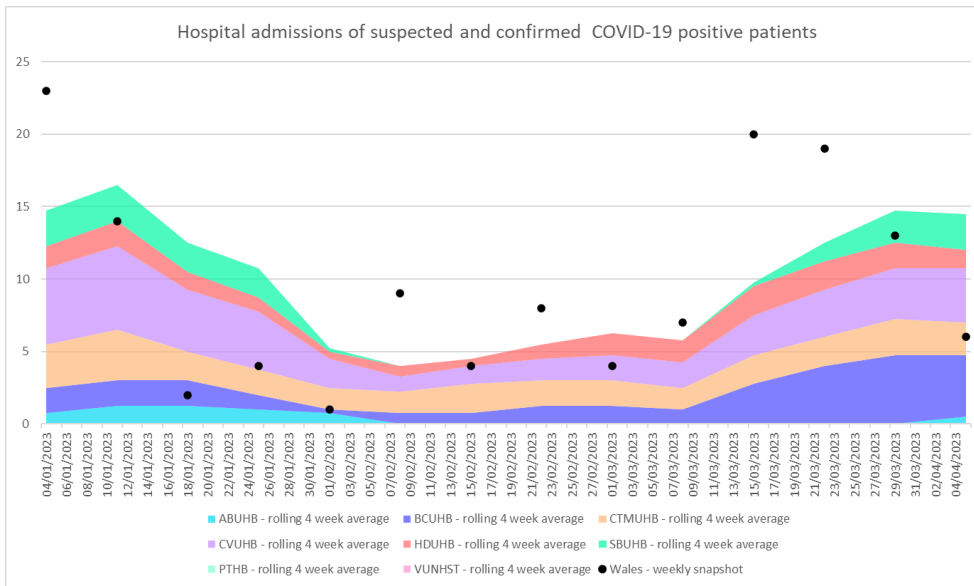
As of 5 April 2023, hospital admissions of suspected and confirmed COVID-19 positive patients were at 6 admissions. The data included in this section has moved to a rolling 4-week average and weekly snapshot (Wednesday only data) due to a change in data availability. Please note that the charts have been updated due to changes in the data reporting methodology.

²

https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes_16535581718100/Notesondatainterpretationandreports

³ [Deaths registered weekly in England and Wales, provisional - Office for National Statistics \(ons.gov.uk\)](#)

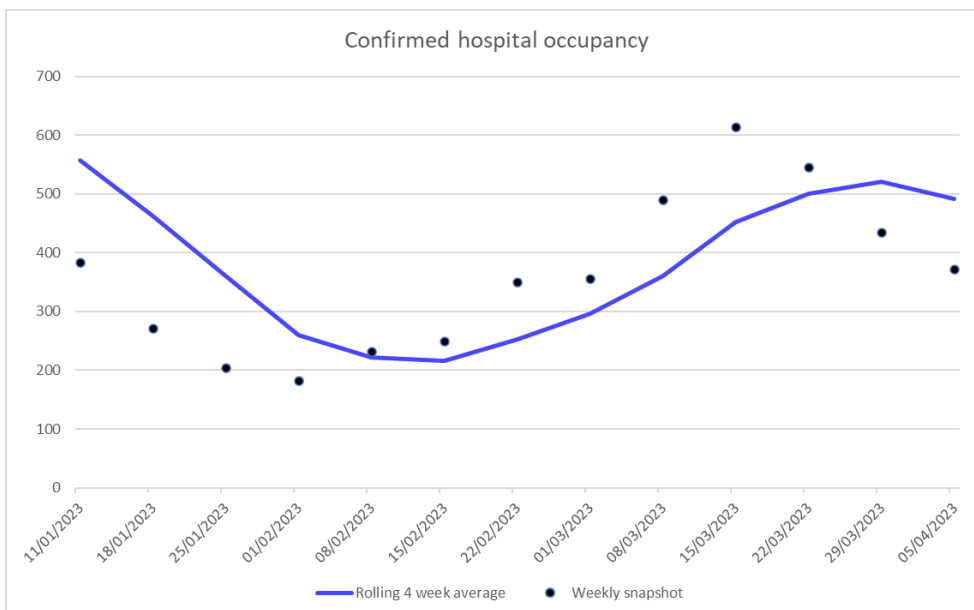
Figure 3 - Hospital admissions of suspected and confirmed COVID-19 positive patients.



As at 5 April 2023, the number of hospital bed occupancy of confirmed COVID-19 patients was 372 beds, a decrease from 434 beds reported on the previous Wednesday.

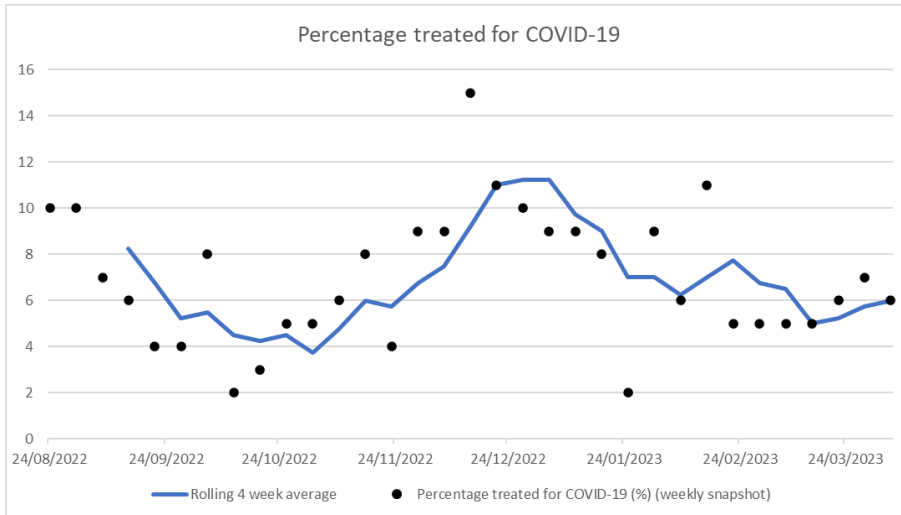
Hospital bed occupancy of confirmed COVID-19 patients had been decreasing since 2 January 2023, when there were 649 beds occupied, but has increased from early February to mid-March. Since then, the weekly snapshot figures have been decreasing again. Please note that the charts have been updated due to changes in the data reporting methodology.

Figure 4 - Average of hospital bed occupancy of confirmed COVID-19 patients



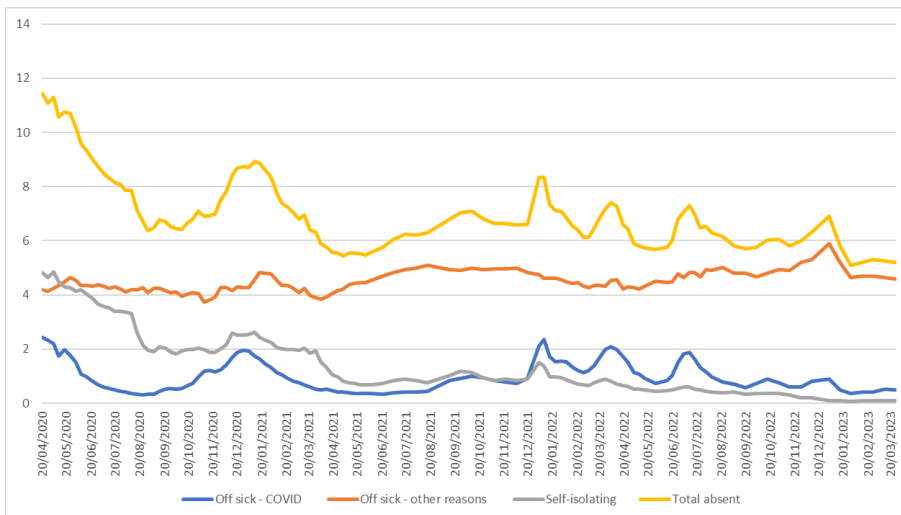
The proportion [of patients in hospital](#)⁴ with COVID-19 who are being actively treated for COVID-19, as opposed to testing positive for COVID-19 but being primarily treated for other reasons, trended downwards from mid-December 2022. A few of the weekly snapshots were above the trend, in particular 15 February 2023 (11%). More recent snapshots were lower - the snapshot taken on 8 March was 5%. The snapshot taken on 5 April was 6%. Please note that the charts have been updated due to changes in the data reporting methodology.

Figure 5 - Percentage of COVID-19 patients in acute hospitals actively treated for COVID-19 in Wales, StatsWales (%)



As of 27 March 2023, [NHS staff absence due to self-isolation](#)⁵ has remained the same as the period ending 13 March 2023, at 0.1%. Absence due to COVID-19 sickness has remained the same at 0.5%.

Figure 6 - NHS staff absence and self-isolation



⁴ statswales.gov.wales

⁵ statswales.gov.wales

1.6. Vaccines

The Welsh Government has confirmed that a Spring COVID-19 booster vaccination programme will begin on 1 April 2023. Until then the Autumn COVID-19 booster continues – Autumn booster vaccine doses are recorded here.

Between weeks ending 4 September 2022 and 27 November 2022, 993,171 doses of the Autumn COVID-19 booster were given, estimated at 61.9% uptake. The table shows how uptake has risen since then:

Figure 7 - Cumulative number of COVID-19 Autumn 22/23 vaccine doses given, by week. Uptake, based on Wales residents, uses indicative denominator 1,605,596.

Week ending	Number of doses	Uptake
2022-12-04	1,033,1789	64.3%
2022-12-11	1,062,733	66.2%
2022-12-18	1,083,115	67.5%
2022-12-25	1,091,438	68.0%
2023-01-01	1,095,389	68.2%
2023-01-08	1,102,170	68.63
2023-01-15	1,109,487	69.1%
2023-01-22	1,116,574	69.5%
2023-01-29	1,122,315	69.9%
2023-02-05	1,126,048	70.1%
2023-02-12	1,129,797	70.40
2023-02-19	1,132,923	70.6%
2023-02-26	1,135,329	70.7%
2023-03-05	1,137,217	70.8%
2023-03-12	1,138,091	70.9%
2023-03-19	1,139,253	71.0%
2023-03-26	1,140,056	71.0%

Source: [Public Health Wales](#)

Figure 8 - 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	49,726	38,287	77
Residents in a care home for older adults*	12,740	11,334	89
Staff working in care homes for older adults**	37,477	15,743	42
Health care staff**	141,997	81,396	57.3
Social care staff**		23,549	
All adults aged 65 years and older	700,578	579,222	82.7
All adults aged 50 to 64 years	686,221	413,765	60.3
Aged 5 to 49 years in a clinical risk group	218,797	76,536	35

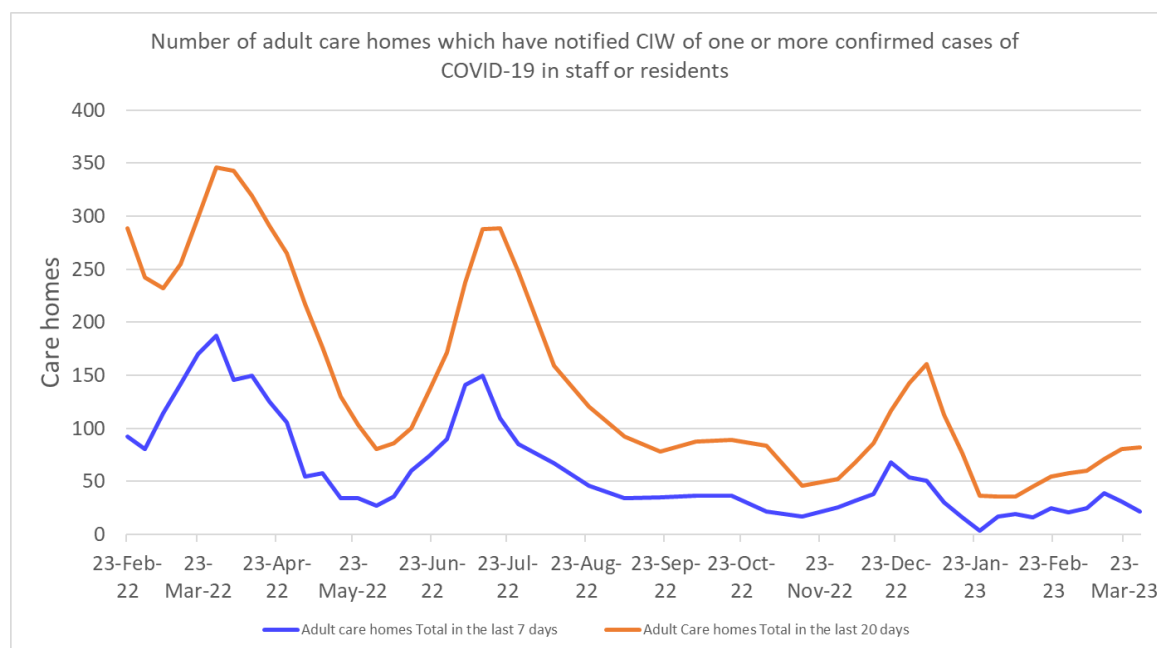
Source: [Public Health Wales](#)

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 29 March 2023, the number of adult care homes in Wales that have [notified CIW](#)⁶ 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 22 notifying, from 31 notifying. This figure for the last 20 days is at 82 (period ending 29 March 2023), from 81 (period ending 22 March 2023). In Wales there are 1,017 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 29 March 2023, the [number of notifications to CIW of deaths of adult care home residents involving COVID-19](#)⁷ (both confirmed and suspected) in the last 7 days has remained level, from 4 in the previous week, with 4 deaths reported.

In total, CIW has been notified of 2,319 care home resident deaths with suspected or confirmed COVID-19 between 1 March 2020 and 29 March 2023. This makes up 11% of all adult care home resident reported deaths (21,071) during this period.

⁶ stats.wales.gov.uk

⁷ stats.wales.gov.uk

1.8. Schools

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

The latest week is 27 to 31 March 2023, the week before is the 20 to 24 March.

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 90.3% the week before. Data for the latest week is provisional.

An average of 6.9% 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 4.2% of half-day school sessions were recorded as unauthorised absence for pupils aged 5 to 15 over the latest week, up from 3.2% the week before.

There has been no difference in the attendance rate by gender for the academic year to date, 89.6% for boys and 89.4% for girls.

The attendance rate by year group for the academic year to date has been highest for pupils in Years 3 and 4 (91.7%) and lowest for pupils in Year 11 (85.0%).

The attendance rate for the academic year to date has been higher for pupils not eligible for free school meals (91.5 %) than pupils who are eligible for free school meals (83.9%).

The most common reason for absence for the academic year to date has been illness, with 52.1% of sessions missed being for this reason. [The full report is available here.](#)

1.9. Long Covid

It is estimated 1.9 million people living in private households in the UK (2.9% 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 5 March 2023. In the same period in Wales, it was estimated that 94,000 people self-reported long COVID (3.1% of the Welsh population). This is an estimated decrease of 13,000 people since the four week period ending 5 February 2023. The full report is available [here](#) and the next release is scheduled for May 2023 (provisional).

1.10. International overview – World Health Organisation update

As of 30 March 2023, the [WHO reports](#)⁸ that over 3.6 million new cases and over 25 000 deaths were reported in the last 28 days (27 February to 26 March 2023), a decrease of 27% and 39%, respectively, compared to the previous 28 days (30 January to 26 February 2023). Despite this overall downward trend, it is important to note that several countries have recently reported significant increases in cases. As

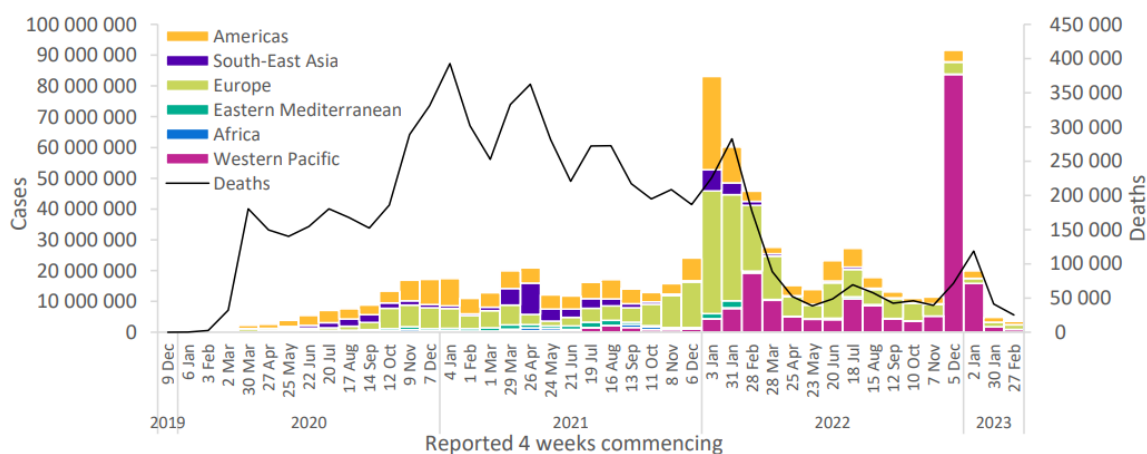
⁸ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

of 26 March 2023, over 761 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. This is partly due to the reductions in testing and delays in reporting in many countries.

Figure 1 - COVID-19 cases reported weekly by WHO Region, and global deaths, as of 26 March 2023

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 26 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 (678 002 new cases; -38%), the Russian Federation (333 073 new cases; +6%), The Republic of Korea (270 378 new cases; -23%) China (255 961 new cases; -52%) and Japan (242 894 new cases; -68%). The highest numbers of new 28-day deaths were reported from the United States of America (7909 new deaths; -35%), the United Kingdom (2719 new deaths; -1%), Japan (1519 new deaths; -68%), China (1230 new deaths; -79%), and Germany (1085 new deaths; -34%).

1.11. European Centre for Disease Prevention and Control (ECDC)

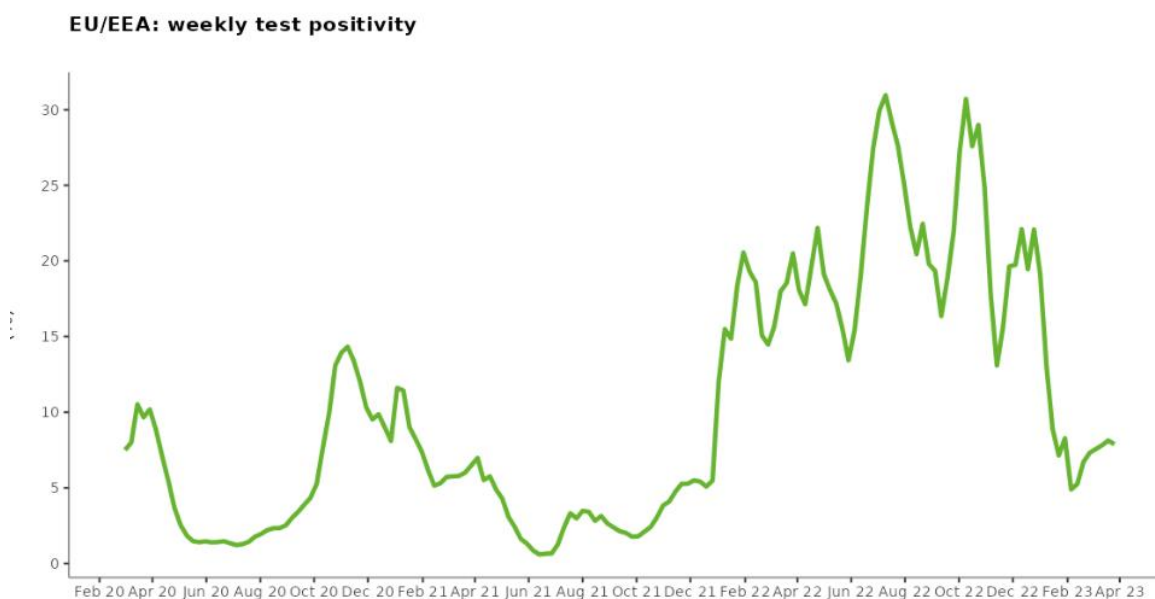
As of 30 March 2023, [ECDC reports](#)⁹ a general downward trend in the height of the associated peaks in reported cases, hospitalisation, ICU admissions, and deaths in this period. The epidemiological picture at the pooled EU/EEA level over the past 12 months since the initial large Omicron peak has been characterised by periodic waves of infection approximately every 2–3 months.

By the end of week 12 (ending 26 March 2023), there were decreasing or stable trends observed in the majority of EU/EEA indicators based on pooled country data.

Four out of 22 countries reporting data, reported increases in the last 1–3 weeks in at least one hospital or ICU indicator. The pooled COVID-19 death rate decreased compared to the previous week, with 788 deaths reported from 25 countries in the previous week.

The number of countries reporting increasing trends has remained low, suggesting a stabilised epidemiological situation compared to the previous week.

Figure 2 - EU/EEA weekly test positivity, 30 March 2023



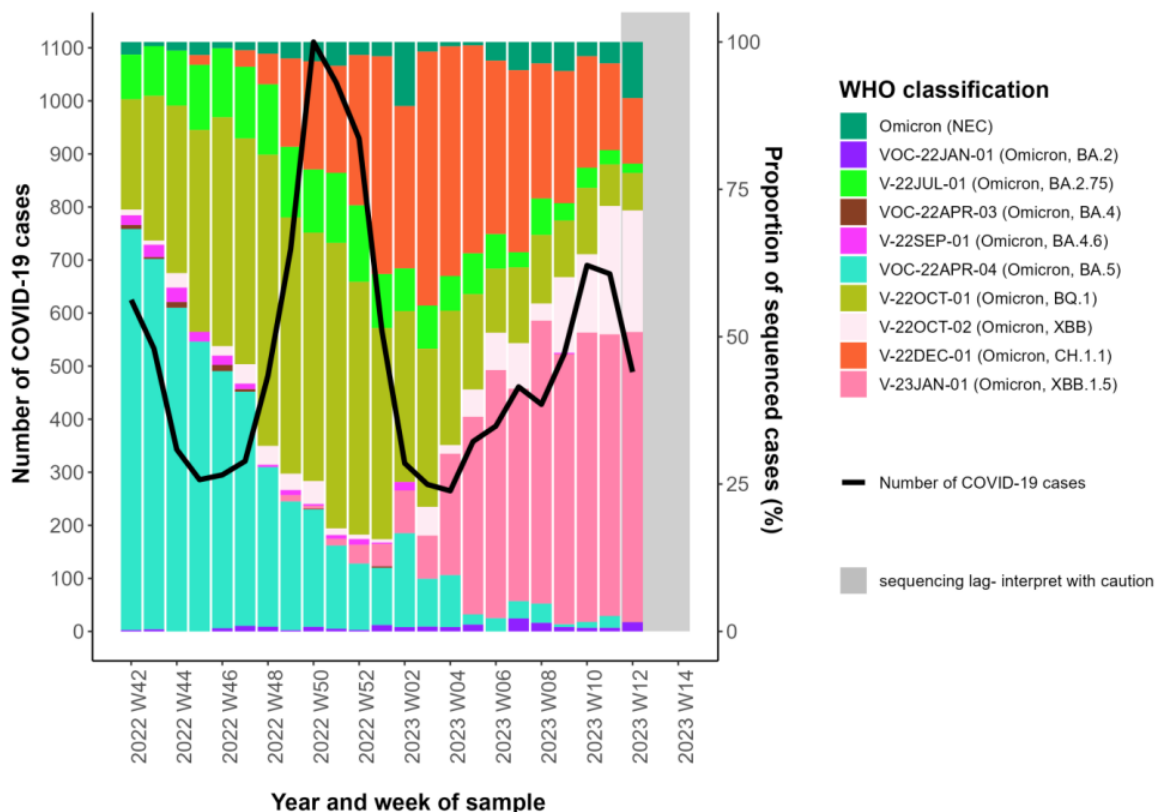
Data source: [Weekly COVID-19 country overview \(europa.eu\)](#)

⁹ [COVID-19 situation updates \(europa.eu\)](#)

1.12. Variant of Concern update

As of 4 April 2023, [PHW report](#)¹⁰ that in the last four reporting weeks, V-22DEC-01 (Omicron, XBB.1.5) has been the most dominant variant in Wales, accounting for 48.5% of all sequenced cases.

Figure 3 – Proportion of sequenced cases typed as each variant in the past six months in Wales (Data as at 4 April 2023)



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

As of 4 April 2023, [PHW reports](#) that there have been 57,114 cases of VOC-21NOV-01 (Omicron, BA.1), 29,295 cases of VOC-22JAN-01 (Omicron, BA.2), 1,192 cases of VOC-22APR-03 (Omicron, BA.4), 7,453 cases of VOC-22APR-04 (Omicron, BA.5), 2,045 cases of V-22OCT-01 (Omicron, BQ.1), 1,214 cases of V-22DEC-01 (Omicron, CH.1.1) and 1,166 cases of V-23JAN-01 (Omicron XBB.1.5) confirmed in Wales.

As of 30 March 2023, [WHO reports](#)¹¹ that in epidemiological week 10 (6 to 12 March 2023), the prevalence of XBB.1.5 was 45.1%, an increase when compared to epidemiological week 6 (6 to 12 February 2023), when the prevalence of XBB.1.5 was 35.6%. According to WHO, XBB.1.5 has been detected in 90 countries to date.

¹⁰

https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes_16535581718100/Notesondatainterpretationandreports

¹¹ [Weekly epidemiological update on COVID-19 - 8 March 2023 \(who.int\)](#)

As of 30 March 2023, [ECDC reports](#)¹² that among the 10 countries with an adequate volume of sequencing or genotyping for weeks 10–11 (6 March to 19 March 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 54.3% (29.2–75.3% from nine countries) for XBB.1.5, 12.2% (1.2–23.4% from nine countries) for XBB, 11.7% (5.1–51.7% from 10 countries) for BA.2.75, 11.6% (7.0–31.7% from nine countries) for BQ.1, 1.9% (0.5–45.5% from 10 countries) for BA.5, 0.6% (0.1–11.8%, 99 detections from eight countries) for BA.2 and 0.3% (0.1–0.6%, 5 detections from three countries) for BA.4

¹² <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.

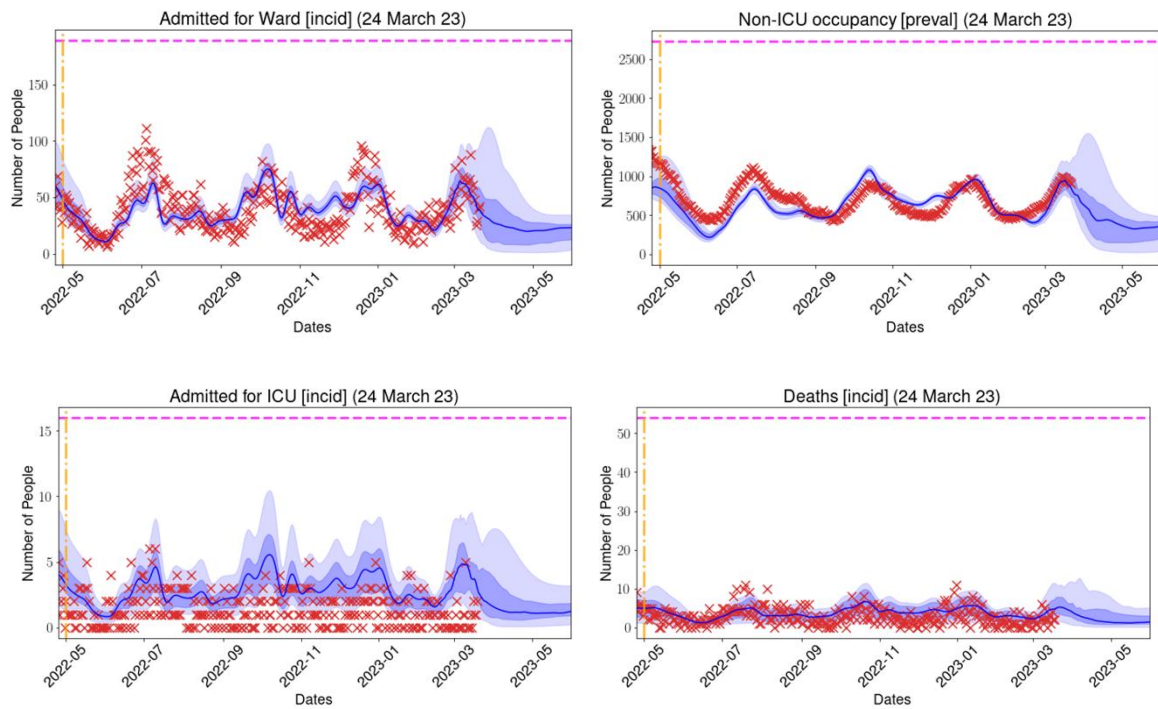
These MTPs for COVID-19 are not forecasts or predictions. They represent a scenario in which the trajectory of the epidemic continues to follow the trends that were seen in data available at the time.

2.1. Swansea University MTPs, data to 24 March

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 set of projections, based on data up to 24 March, show indicators have reached a peak and have started reducing. There is significant uncertainty around the median estimates, however.

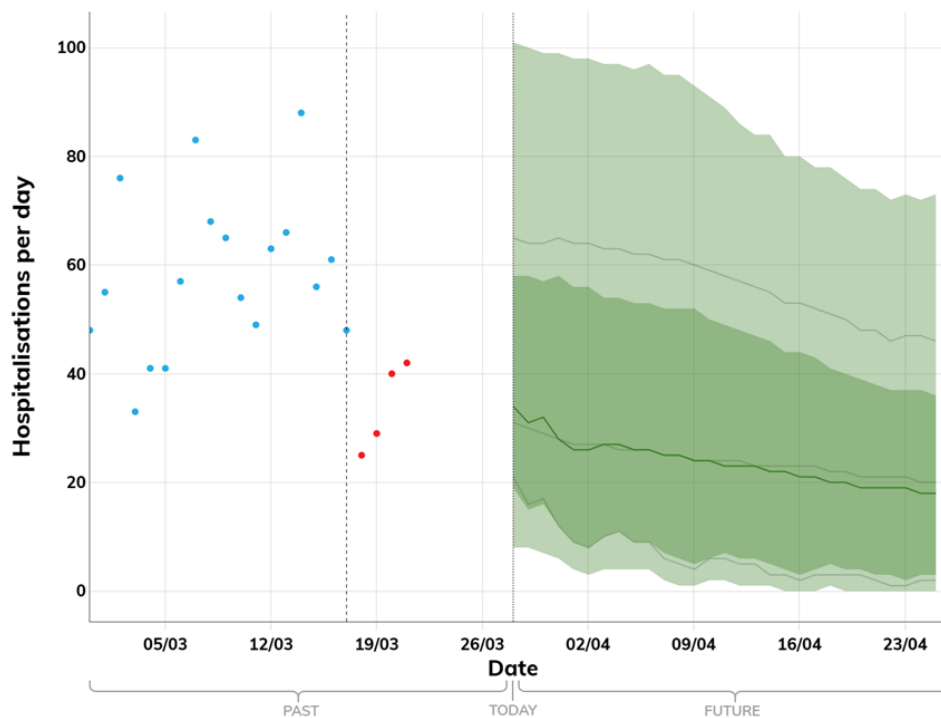
Figure 4 - Swansea University Medium Term Projections



2.2. UKHSA EMRG Consensus MTPs, data to 23 March

- Swansea University (SU) projections are used by the UKHSA Epidemiological Modelling Review Group (EMRG).
- The combined projection for admissions suggests a gradually decreasing trend to late April though with significant uncertainty.

Figure 14 - UKHSA EMRG Consensus MTPs, data to 23 March



3. Influenza Situation Update

- PHW report that influenza continues to be confirmed in Wales, although overall activity has decreased.
- UKHSA reports that influenza positivity remained low at 1.5% in week 12 compared with 2.0% in week 11.
- In [Europe](#) the percentage of all patients presenting with symptoms that tested positive for an influenza virus decreased from 24% in the previous week to 22%.
- 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 2 April 2023, [PHW report](#)¹³ 23 cases of influenza, with seven further cases from previous weeks. Overall influenza activity has decreased since February, but small numbers of influenza B and influenza A cases continue to be detected.

The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during week 13, was 4.0 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 191.1 per 100,000 practice population during week 13.

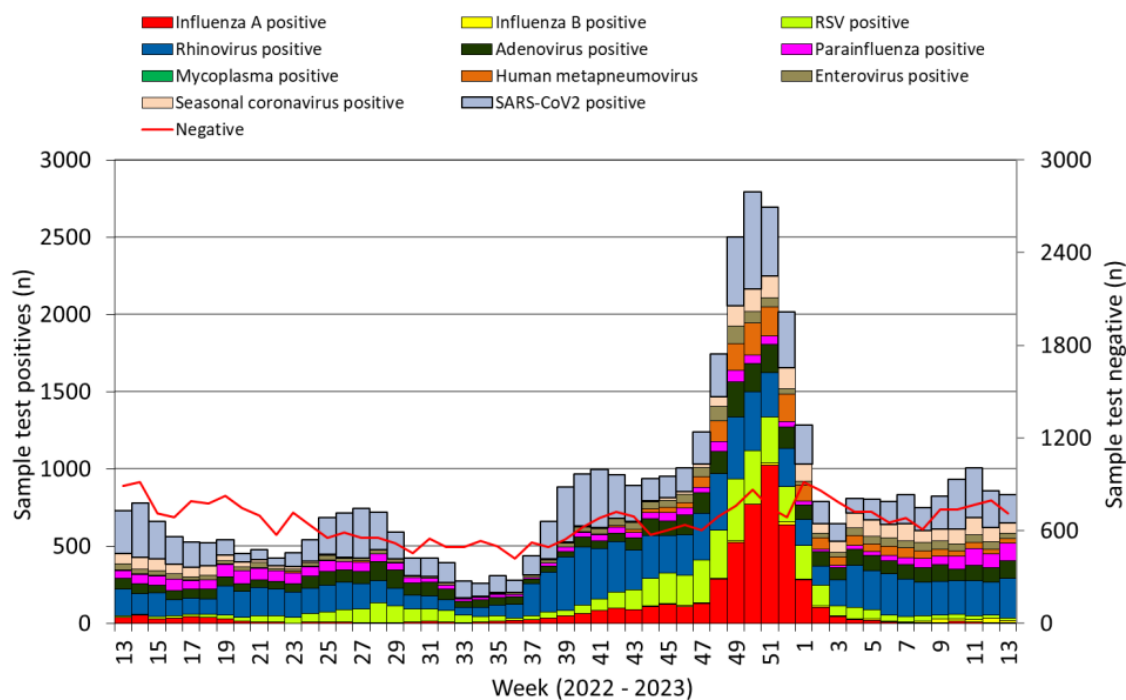
The percentage of calls to NHS Direct Wales which were ‘influenza-related’ (cold/flu, cough, fever, headache, and sore throat) during week 13 increased to 19.1%.

Figure 15 - Uptake of influenza immunisations in GP Practice patients in Wales

Influenza immunisation uptake in the 2022/23 season	
People aged 65y and older	76.3%
People younger than 65y in a clinical risk group	44.2%
Children aged two & three years	44.0%
Children aged between four & ten years	62.7%
Children aged between 11 & 15 years	52.4%
Total NHS staff	46.0%
NHS staff with direct patient contact	46.2%

¹³ [Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales \(nhs.wales\)](#)

Figure 16 - Specimens submitted for virological testing for hospital patients and non-sentinel GPs



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

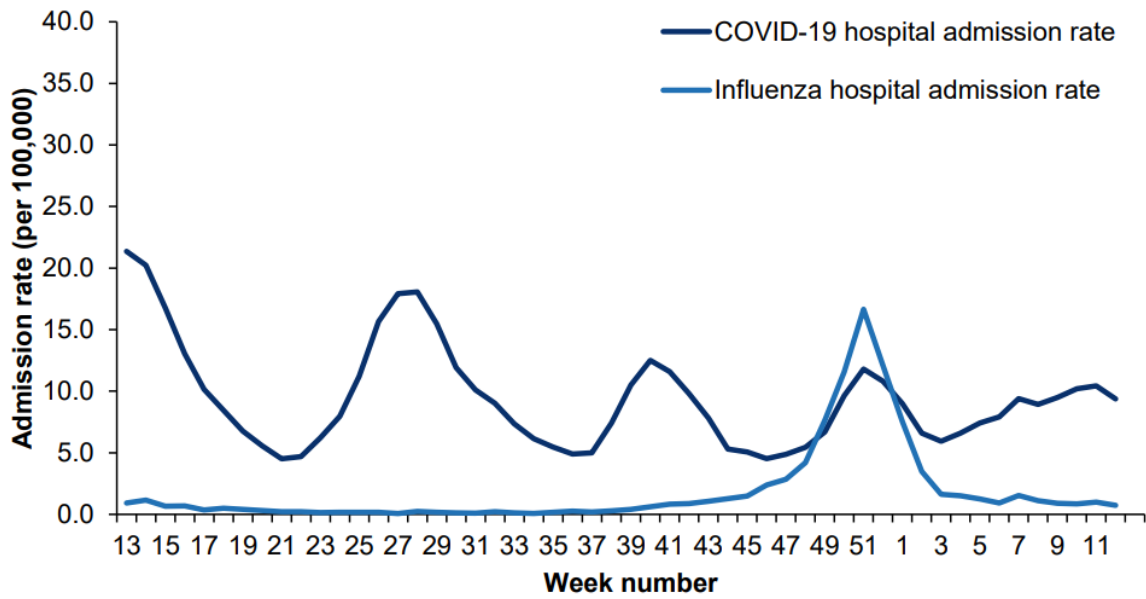
3.2. UKHSA Weekly national influenza surveillance report

As of 30 March 2023, [UKHSA reports](#)¹⁴, that influenza remained low and stable at 1.5% compared with 2.0% in week 11, with highest positivity seen in the 15 to 44 year old age group at 4.2%. Influenza B positivity remained low at 1.3% in week 12 compared with 1.5% in week 11. Through primary care surveillance, the influenza-like-illness consultations indicator remained stable in week 12 compared with the previous week and was within the baseline activity level range. No influenza confirmed outbreaks were reported in week 12 in England. Influenza hospital admissions decreased slightly in week 12 compared with the previous week. Emergency department attendances for influenza-like illness decreased slightly nationally.

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

¹⁴ <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2022-to-2023-season>

Figure 17 - 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 12 (20 March – 26 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 24% in the previous week to 22% in week 12, which remains above the epidemic threshold (10%).

15 of 37 countries or areas reported medium intensity and 20 of 37 countries reported widespread activity indicating substantial seasonal influenza virus circulation across the Region.

Of the 20 countries that reported sentinel primary care specimen influenza virus positivity above the 10% epidemic threshold, only Hungary 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 29 March 2023, the [UKHSA risk assessment reports](#)¹⁵ that there is very limited evidence of mammalian transmission to date, but this is a critical gap to address with enhanced surveillance.

[WHO reports](#)¹⁶ that between 24 to 30 March 2023, **no new cases** of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

To date, a total of 84 laboratory-confirmed cases of human infection with influenza A(H5N6) virus including 33 deaths have been reported to WHO in the Western Pacific Region since 2014.

The last case was reported from China, with an onset date of 17 December 2022. The case was hospitalized on 21 December 2022 with severe pneumonia and has since recovered.

As of 23 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.

Figure 18 - 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	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	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	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	0	0	127	64
Total	161	91	71	42	6	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	240	135

¹⁵ <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>

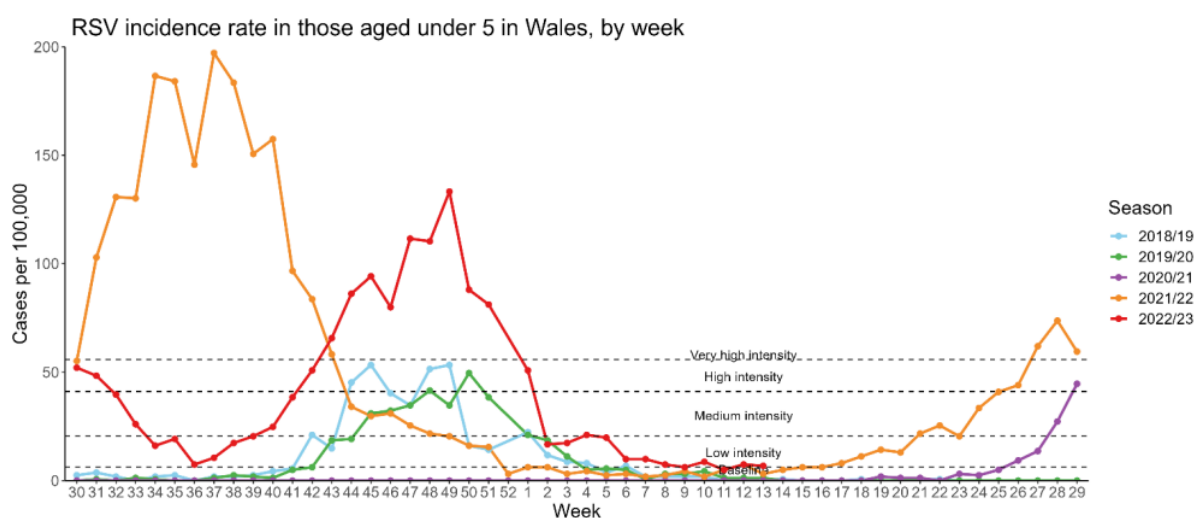
¹⁶ <https://www.who.int/westernpacific/emergencies/surveillance/avian-influenza>

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

- RSV incidence in children under five years of age has decreased and it is currently at low intensity levels.
- UKHSA reports that the overall positivity for RSV remained low.
- Scarlet fever and iGAS notifications have decreased to levels that are comparable to previous years.

As of 5 April 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 intensity levels.

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



As of 30 March 2023, [UKHSA reports](#)¹⁷ that the overall positivity for RSV remained low at 0.8%, with the highest positivity in those aged under 5 years old at 3.1%. In week 12, the overall hospital admission rate for RSV remained low at 0.20 per 100,000. Emergency department attendances for acute bronchiolitis remained stable nationally.

¹⁷ [National flu and COVID-19 surveillance reports: 2022 to 2023 season - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-flu-and-covid-19-surveillance-reports-2022-to-2023-season)

4.1. Incidence data for Strep A and Scarlet Fever

As of 5 April 2023, PHW report that scarlet fever and iGAS notifications have decreased to levels that are comparable to previous years.

Figure 20 - PHW Scarlet Fever Notifications by year, 19 March 2023

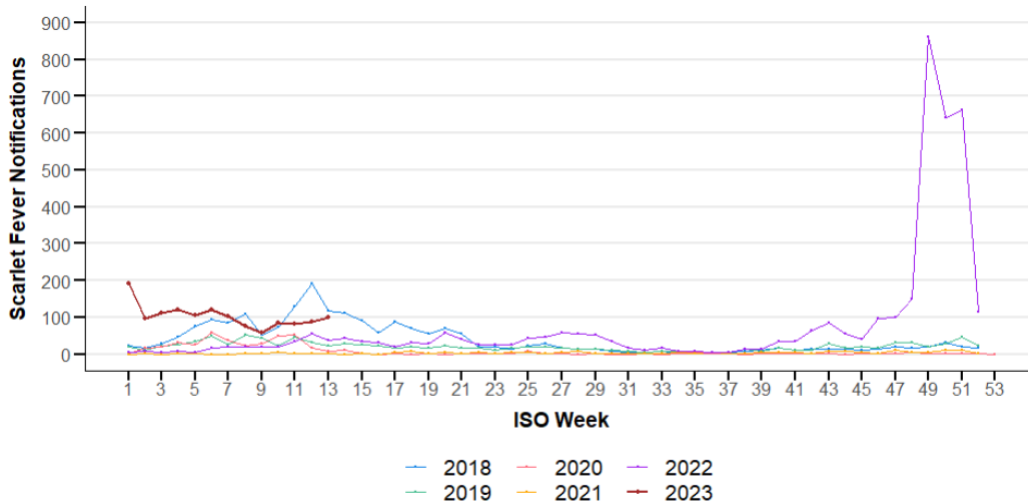


Figure 21 - PHW Lab Confirmed Invasive group A streptococcal infections, 19 March 2023

