



Llywodraeth Cymru  
Welsh Government

# Science Evidence Advice (SEA)

## Summary of Advice

2 June 2023



### Top Line Summary

- There is a slightly mixed picture of COVID-19 infections across all Wales-wide indicators.
- Deaths related to COVID-19 are slightly decreasing.
- COVID-19 is still circulating and vaccines should be prioritised for high-priority groups in settings where coverage (including boosters) is incomplete.
- Case numbers are still too low in Wales to accurately determine the growth rate or advantage of XBB.1.16. Preliminary data suggest no immediate concerns at this stage.
- PHW report that influenza activity has decreased since February, but small numbers of cases continue to be detected. UKHSA reports that influenza positivity remains low and stable. WHO reports that influenza positivity has decreased.
- Australia has seen an increase in the proportion of FluTracking participants reporting ILI (fever and cough) this fortnight (15 May to 28 May 2023) at 1.45%, compared to 1.21% in the previous fortnight. The number of notifications of laboratory-confirmed influenza has also increased this fortnight.
- 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 in children under 5 years of age remain above the baseline threshold.
- PHW report that iGAS incidence levels are returning to incidence and patterns observed historically, however, levels are still elevated and case notifications of Scarlet fever are above baseline levels.

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## 1. Wales COVID-19 Situation Update

- There is a slightly mixed picture of COVID-19 infections across all Wales-wide indicators.
- There is a mixed picture regarding the Hospital bed occupancy of confirmed COVID-19 patients, with some data indicating a slight increase. Admissions to critical care wards based on the weekly number of confirmed cases have decreased.
- COVID-19 is still circulating and vaccines should be prioritised for high-priority groups in settings where coverage (including boosters) is incomplete.
- Deaths related to COVID-19 are slightly decreasing, though notifications may have been impacted by several bank holidays.
- Data from sequenced cases shows that XBB and XBB.1.5 are the most dominant variants.
- Case numbers are still too low in Wales to accurately determine the growth rate or advantage of XBB.1.16. Preliminary data suggest no immediate concerns at this stage.

## 1.1. Wastewater surveillance

[Wastewater surveillance](#)<sup>1</sup> suggests the overall SARS-CoV-2 viral load has increased across the country (10 Regions). However, the signal decreased at Ynys Môn and Hafren Dyfrdwy, and remained level at Llŷn and Eryri, and Wye.

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

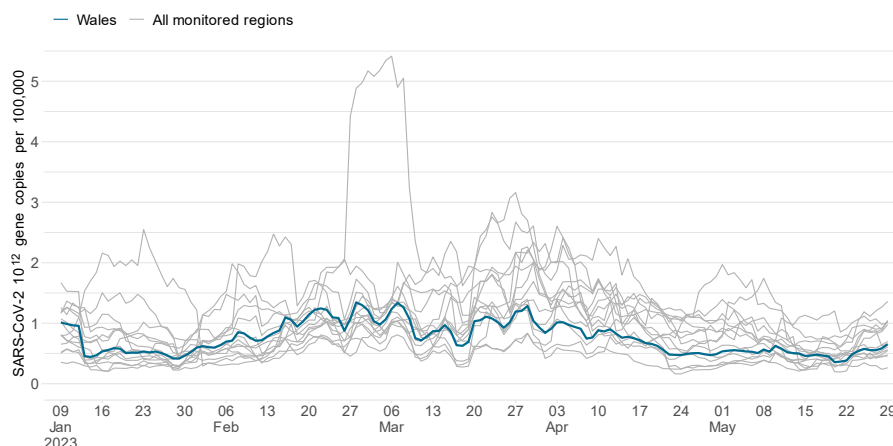
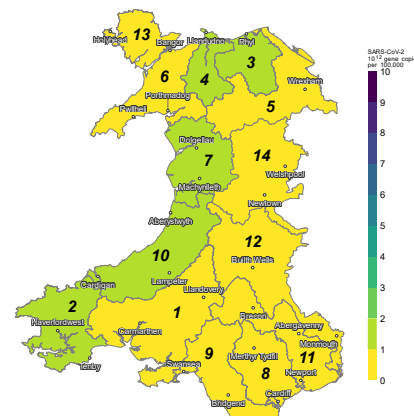


Figure 2 - National Heat Map showing Regional Mean Wastewater Signal



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

PHW most recent epidemiological report from 31 May 2023 [reports](#)<sup>2</sup> data suggest 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 reports that confirmed PCR cases continue to remain generally stable and the adjusted case episode rates (PCR +LFD episodes) continue to remain generally stable and at low levels.

Compared to the previous week, LFT positivity rate was 31.77% in week 20 and increased to 33.83% in week 21. Incidence based on LFT testing was highest in the 60-79 age group.

## 1.3. Deaths

ONS published statistics on 31 May 2023 on provisional [weekly deaths](#)<sup>3</sup>, including deaths involving COVID-19, for the week ending 19 May 2023. 17 deaths involving COVID-19 were registered in the latest week. This was 2.4% of all deaths and 9 less than the previous week.

697 deaths from all causes were registered in the latest week. This was 87 more than the previous week and is 44 more than the five-year average for 2017-2019 and

<sup>1</sup> [Wastewater monitoring reports: coronavirus | GOV.WALES](#)

<sup>2</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)

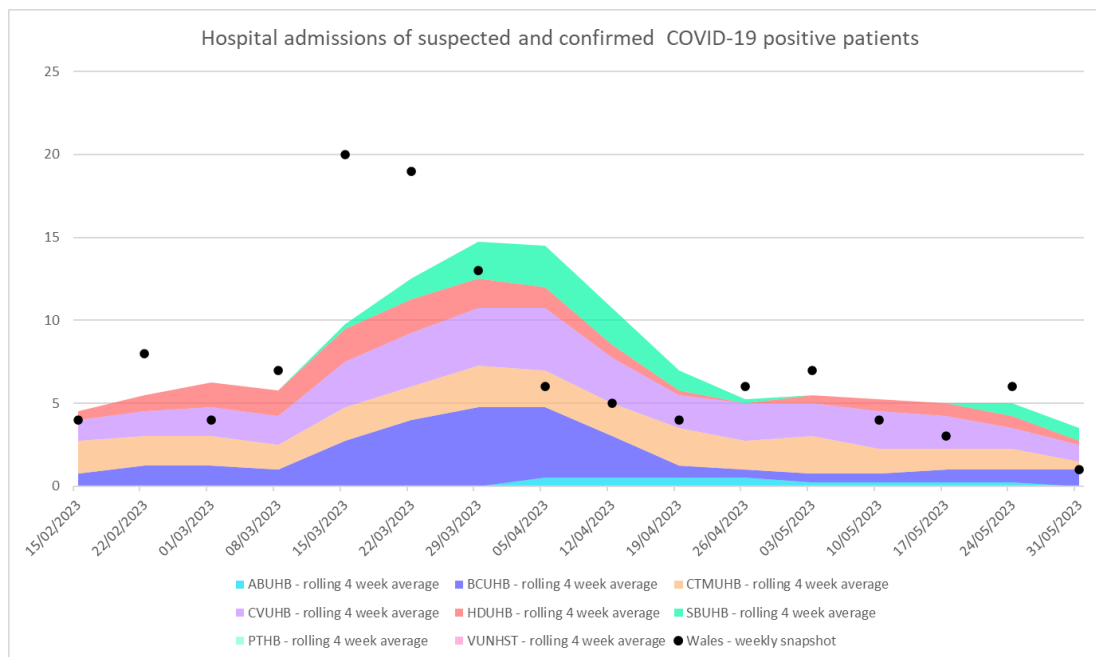
<sup>3</sup> [Deaths registered weekly in England and Wales, provisional - Office for National Statistics \(ons.gov.uk\)](#)

2021-2022. The number of deaths registered in the previous week (week ending 12 May 2023) will have been impacted by the Coronation (special bank holiday) closure of registration offices.

**1.4. NHS**

As of 31 May 2023, hospital admissions of suspected and confirmed COVID-19 positive patients was at 1 admission. The data included in this section has moved to a rolling 4-week average and weekly snapshot (Wednesday only data).

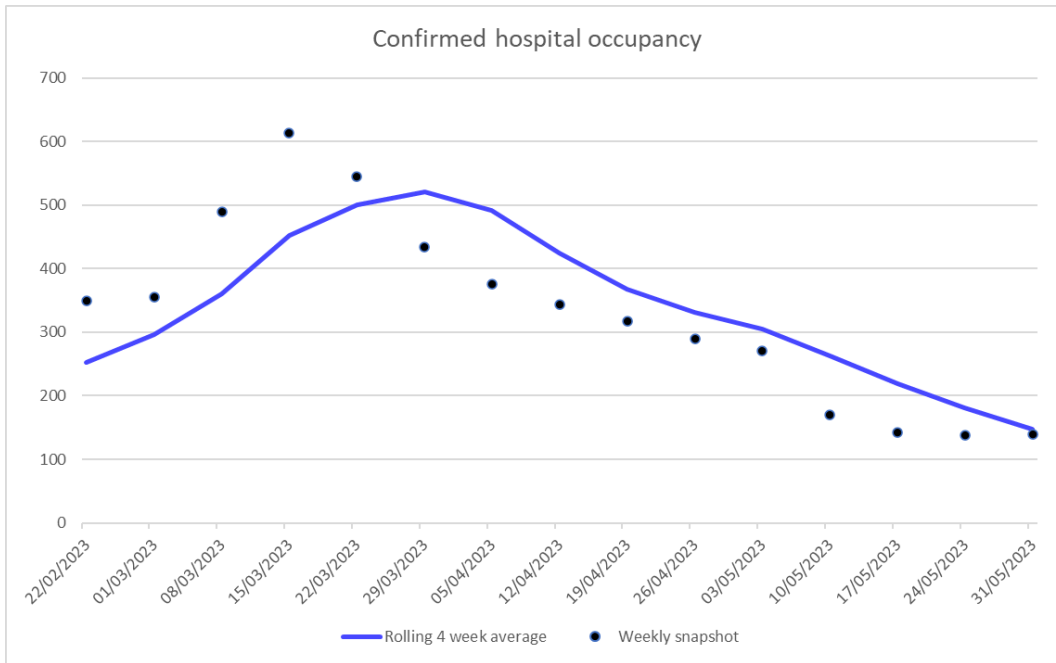
Figure 3 - Hospital admissions of suspected and confirmed COVID-19 positive patients.



As of 31 May 2023, the number of hospital bed occupancy of confirmed COVID-19 patients was 139 beds, a small change from 138 beds reported on the previous Wednesday.

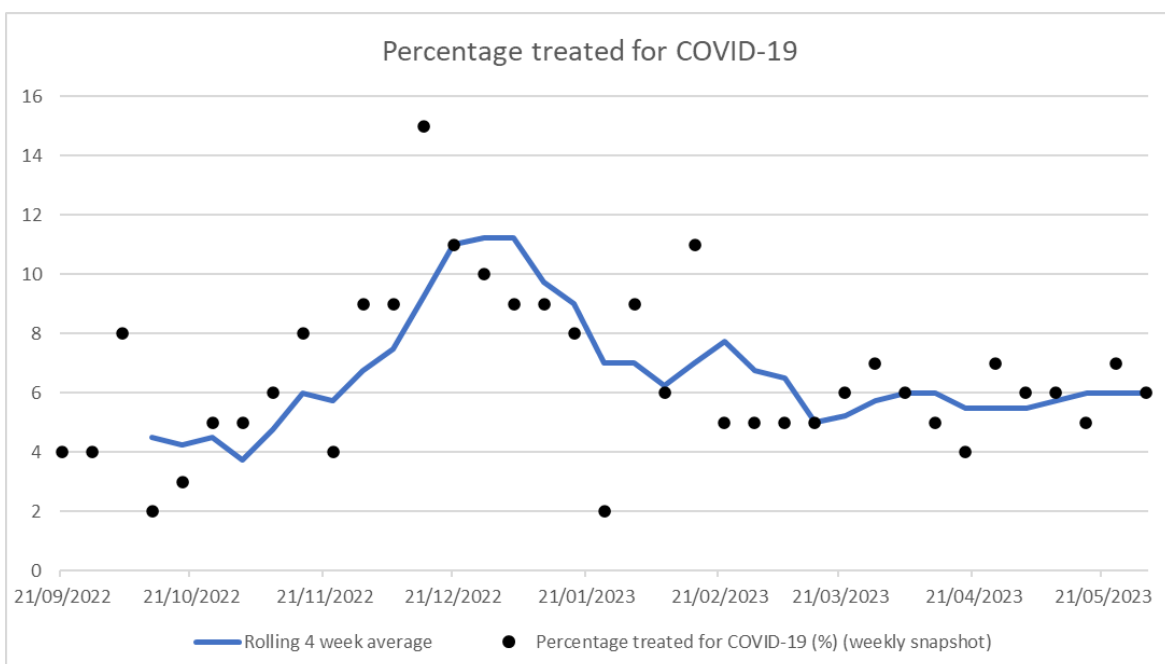
Hospital bed occupancy of confirmed COVID-19 patients had been increasing since early February but has been decreasing since the middle of March when there was a peak of 614 beds occupied.

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



The proportion of [patients in hospital](#)<sup>4</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, has been below 10% every reporting Wednesday in 2023, except for 15 February 2022 when this figure was 11%. More recent snapshots were lower - the snapshot taken on 24 May was 7% and the snapshot taken on 31 May 6%.

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



<sup>4</sup> [statswales.gov.wales](https://statswales.gov.wales)

## 1.5. Vaccines

The 2023 Spring COVID-19 booster vaccination programme is now under way. As of 24 May 2023, a total of 222,187 individuals had received a 2023 Spring booster dose, equating to a percentage uptake of 51.94% of eligible individuals.

Table 1 - COVID-19 2023 Spring booster vaccination coverage in eligible groups

Eligibility group	Wales Residents (n)	Spring Booster vaccinated (n)	Spring Booster vaccinated (%)
<b>Immunosuppressed</b>	112,512	29,838	26.52
<b>Care home residents</b>	18,393	13,549	73.66
<b>75 years and older</b>	341,995	209,542	61.27
<b>All Eligible</b>	427,802	222,187	51.94

Source: [Public Health Wales](#)

Note: data extracted at 8am on 25/05/2023. In this table groups are not mutually exclusive. Individuals are counted in all the eligibility groups for which they meet the criteria. Both Wales residents and Spring Booster vaccinated totals exclude those who have died.

[UKHSA reports](#) that while cases and hospital admission rates continue to fall, those over the age of 75 remain more vulnerable to severe illness due to COVID-19. This age group and those aged over 5 with weakened immune systems are now eligible for the Spring booster. <sup>5</sup>

As of 28 March 2023, [WHO's Strategic Advisory Group of Experts on Immunization](#)<sup>6</sup> (SAGE) revised its roadmap for prioritising the use of COVID-19 vaccines. The revised roadmap prioritises protecting populations at the greatest risk of death and severe disease from SARS-CoV-2 infection.

<sup>5</sup> <https://www.gov.uk/government/news/national-flu-and-covid-19-surveillance-reports-published>



The [WHO roadmap outlines](#) three priority-use groups for COVID-19 vaccination:

- **High priority:** Older adults; younger adults with significant comorbidities; people with immunocompromising conditions; including children aged 6 months and older; pregnant persons; and frontline health workers.
- **Medium priority:** Healthy adults – usually under the age of 50-60 – without comorbidities and children and adolescents with comorbidities.
- **Low priority:** Healthy children and adolescents aged 6 months to 17 years.

The roadmap considers the cost-effectiveness of COVID-19 vaccination for those at lower risk, such as healthy children and adolescents. SAGE does not routinely recommend additional boosters for this group, given the comparatively low public health returns.

The revised roadmap is time-limited, applying for the current epidemiological scenario only. WHO reports that countries that already have a policy in place for additional boosters, should assess the evolving need based on national disease burden, cost effectiveness and opportunity costs.

WHO urges countries to consider their specific context in deciding whether to continue vaccinating low risk groups, like healthy children and adolescents, while not compromising the routine vaccines that are so crucial for the health and well-being of this age group.

Vaccines should be prioritised for high-priority groups in settings where coverage (including boosters) is incomplete. This will help to protect the most vulnerable people and reduce the spread of the virus. Vaccines are especially important for people who are at high risk of severe disease, such as older adults and people with underlying health conditions.<sup>6</sup>

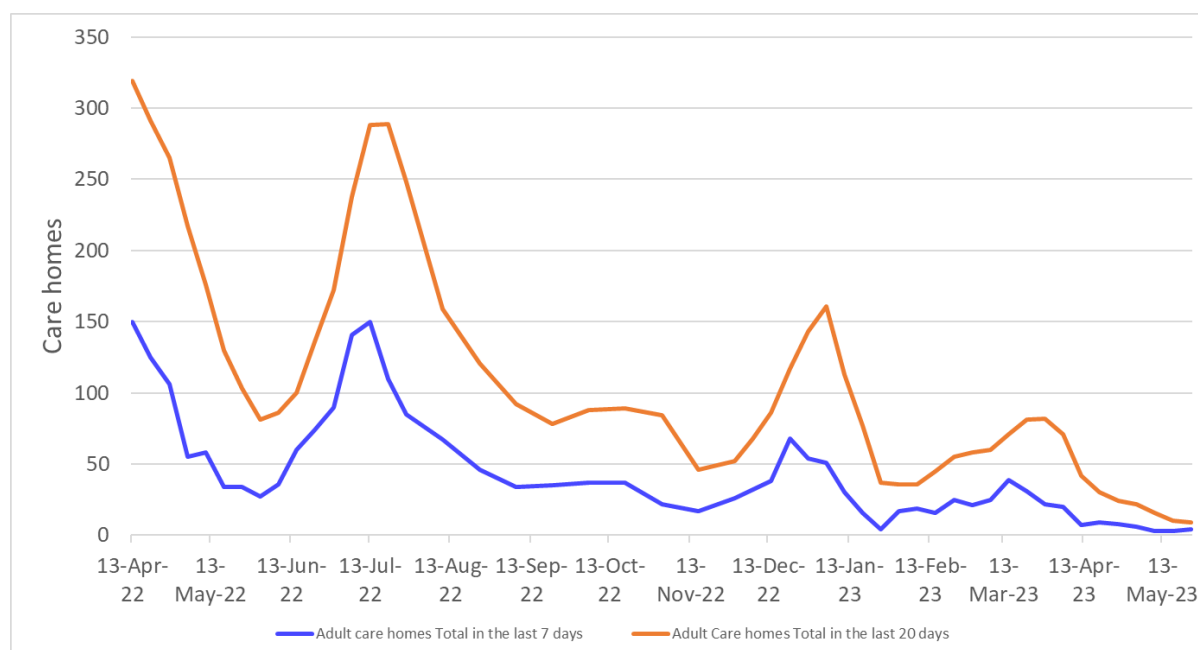
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<sup>6</sup> <https://www.who.int/news/item/28-03-2023-sage-updates-covid-19-vaccination-guidance>

## 1.6. Care homes

As of 24 May 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 increased since the previous week, to 4 notifying, from 3 notifying. This figure for the last 20 days is at 9 (period ending 24 May 2023), from 10 (period ending 17 May 2023). In Wales there are 1,014 adult care homes in total.

Figure 6 - Number of adult care homes which have notified CIW of one or more confirmed cases of COVID-19 in staff or residents.



As of 24 May 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 matched the previous week – both weeks had 0 deaths reported.

In total, CIW has been notified of 2,336 care home resident deaths with suspected or confirmed COVID-19 between 1 March 2020 and 24 May 2023. This makes up 11% of all adult care home resident reported deaths (21,969) during this period.

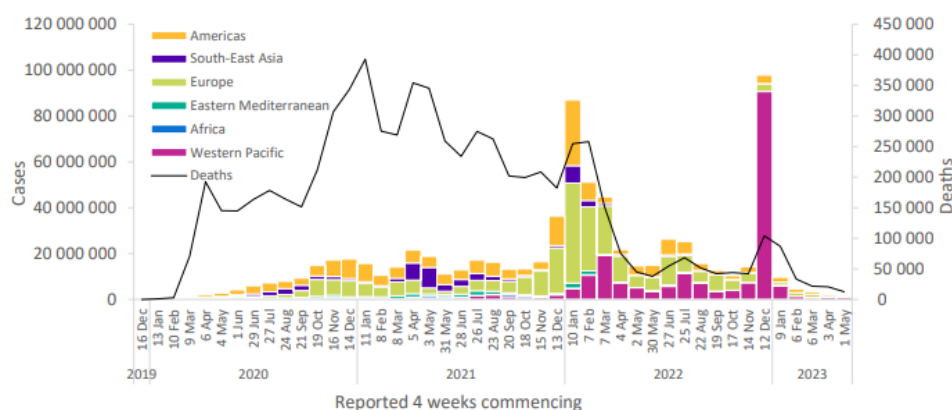
<sup>7</sup> [stats.wales.gov.wales](https://stats.wales.gov.wales)

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

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

As of 1 June 2023, [WHO reports](#) **Error! Bookmark not defined.** that globally, nearly 2 million new cases and over 12 000 deaths were reported in the last 28 days (1 to 28 May 2023), a decrease of 30% and 39%, respectively, compared to the previous 28 days (3 to 30 April 2023). The situation is mixed at regional levels, with increases in reported cases seen in the African and Western Pacific Regions, though decreases in deaths in all six WHO Regions. As of 28 May 2023, over 767 million confirmed cases and over 6.9 million deaths have been reported globally.

Figure 7 - COVID-19 cases reported weekly by WHO Region, and global deaths, as of 28 May 2023



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

The highest numbers of new 28-day cases were reported from the Republic of Korea (476 087 new cases; +44%), the United States of America (170 425 new cases; -57%), Australia (138 721 new cases; +22%), Brazil (129 610 new cases; -32%), and France (106 803 new cases; -46%). The highest numbers of new 28-day deaths were reported from the United States of America (3089 new deaths; -41%), Brazil (1170 new deaths; -7%), France (685 new deaths; -22%), the Russian Federation (614 new deaths; -38%), and Italy (606 new deaths; -4%).

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

As of 1 June 2023, [ECDC reports](#)<sup>9</sup> decreasing or stable trends were observed in EU/EEA indicators in all age groups, a continuation of the pattern observed in recent weeks. There were 368 deaths reported from 19 countries in week 21 (ending 28 May 2023).

There was some variation in country-level trends across the EU/EEA. Increasing trends of 1-3 weeks' duration reported by very few countries. Overall, values of reported indicators remain low relative to the pandemic maximum. The number of countries reporting data fell compared to week 20 and it is not possible to assess the current situation in countries not reporting data up to week 21.

Figure 8 - EU/EEA weekly test positivity, 1 June 2023



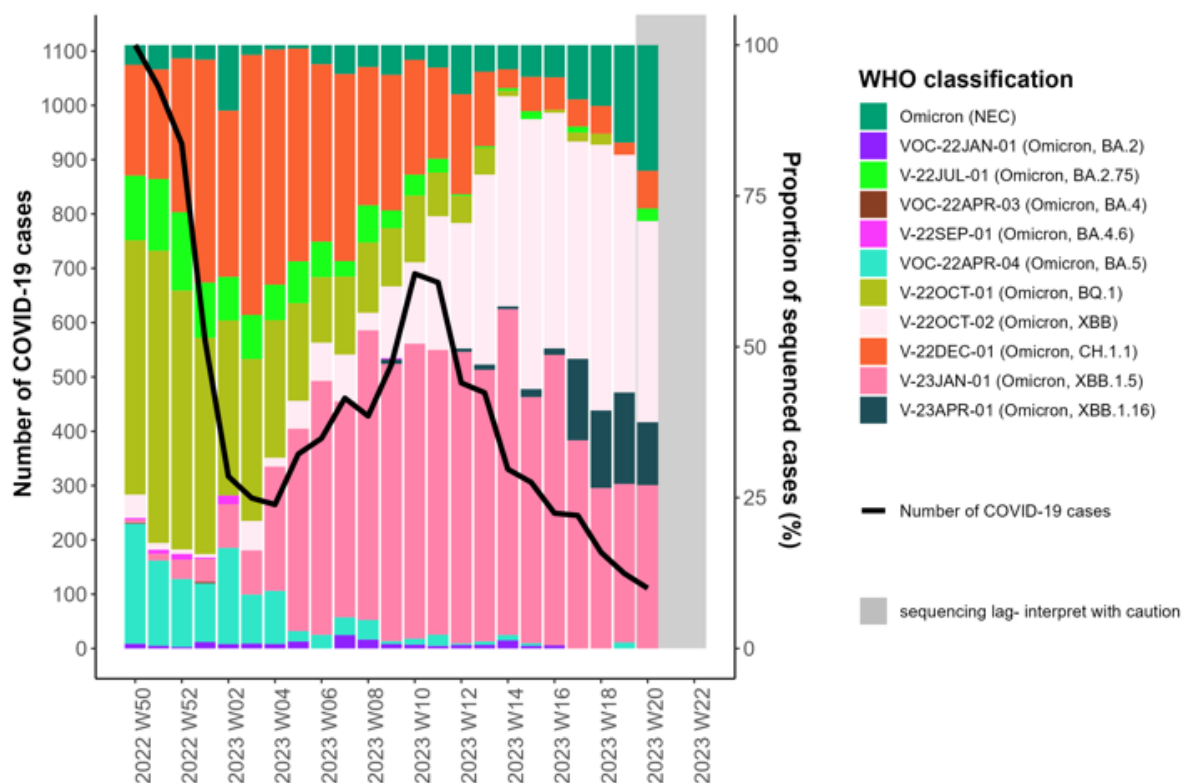
Data source: [Weekly COVID-19 country overview \(europa.eu\)](#)

<sup>9</sup> [Weekly COVID-19 country overview \(europa.eu\)](#)

## 1.9. Variant of Concern update

As of 31 May 2023, [PHW reports](#)<sup>10</sup> that in the last four reporting weeks, V-22OCT-02 (Omicron, XBB) and V-23JAN-01 (Omicron, XBB.1.5) have been the most dominant variant in Wales.

Figure 9 – Proportion of sequenced cases typed as each variant in the past six months in Wales (Data as of 31 May 2023)



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

As of 31 May 2023, [PHW reports](#) that there have been 57,114 cases of VOC-21NOV-01 (Omicron, BA.1), 29,322 cases of VOC-22JAN-01 (Omicron, BA.2), 1,192 cases of VOC22APR-03 (Omicron, BA.4), 7,459 cases of VOC-22APR-04 (Omicron, BA.5), 2,078 cases of V-22OCT-01 (Omicron, BQ.1), 1,351 cases of V-22DEC-01 (Omicron, CH.1.1), 1,886 cases of V-23JAN-01 (Omicron XBB.1.5) and 967 cases of V-22OCT-02 (Omicron XBB) confirmed in Wales.

As of 1 June 2023, [WHO is currently monitoring](#)<sup>11</sup> two variants of interest (VOIs), XBB.1.5 and XBB.1.16, along with seven variants under monitoring (VUMs) and their descendent lineages: BA.2.75, CH.1.1, BQ.1, XBB, XBB.1.9.1, XBB.1.9.2, and XBB.2.3.

<sup>10</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>11</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

Globally, XBB.1.5 has been reported from 115 countries. In epidemiological week 19 (8 to 14 May 2023), XBB.1.5 accounted for 34% of sequences, a decrease from 49% in epidemiological week 15 (10 to 16 April 2023).

XBB.1.16 has been reported from 61 countries. In week 19, XBB.1.16 accounted for 16.3% of sequences, an increase from 8.8% in week 15.

As reported in January 2023 ([Covid-19: What do we know about XBB.1.5 and should we be worried? | The BMJ](#)), WHO said “ XBB.1.5 does not carry any mutation known to be associated with potential change in severity” ECDC said “there are no indications that XBB.1.5 will be any more severe than the other omicron sublineages that have circulated”.

As of 1 June 2023, [ECDC reports](#)<sup>12</sup> that among the 18 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 19–20 (8 May to 21 May 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 89.5% (47.4–100.0% from 18 countries) for XBB.1.5, 3.8% (0.3–25.0% from 17 countries) for BA.2.75, 1.7% (0.3–6.2% from 10 countries) for BQ.1, 1.6% (0.5–34.1% from nine countries) for XBB, 1.4% (0.3–4.7% from four countries) for BA.5, and 0.4% (0.3–3.3%, 10 detections from four countries) for BA.2.

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<sup>12</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 continued plateau in the coming weeks. However, there is a large amount of uncertainty in these projections, particularly in June.

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.

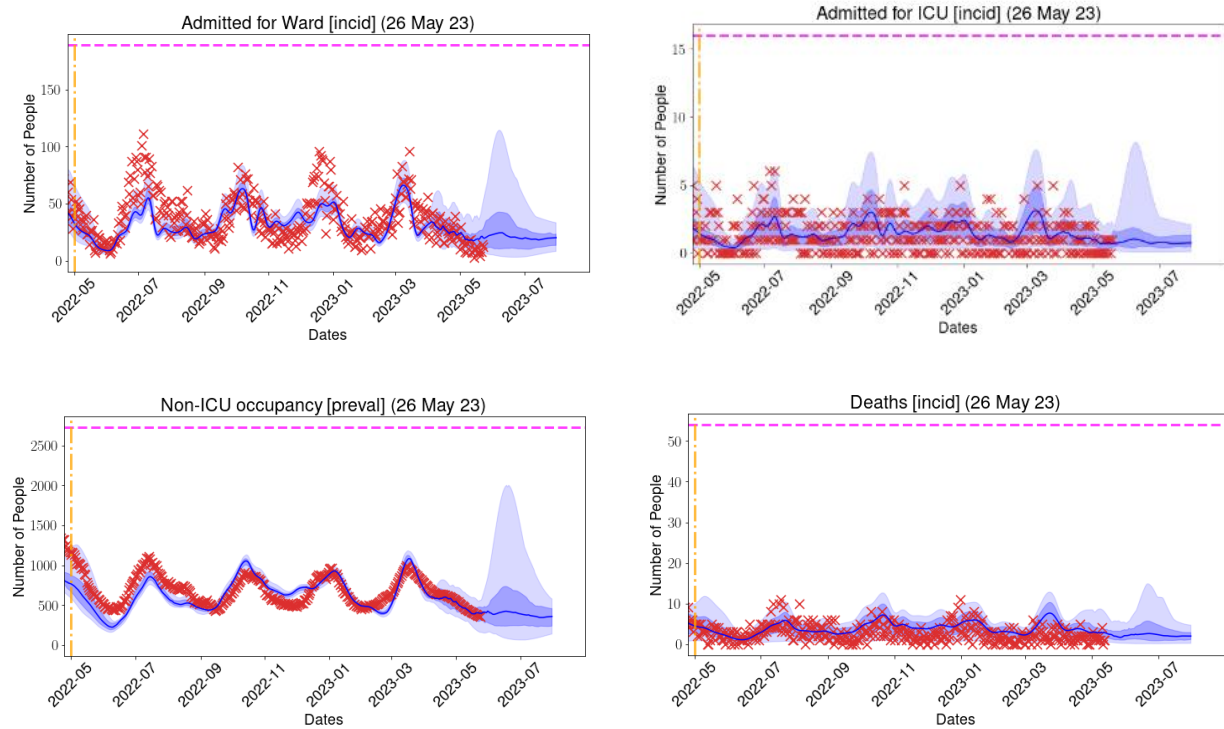
### 2.1. Swansea University MTPs, data to 26 May

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 is based on data up to 26 May and shows median indicators have reached a stable plateau. There is a fair amount of uncertainty around the median estimates, however.

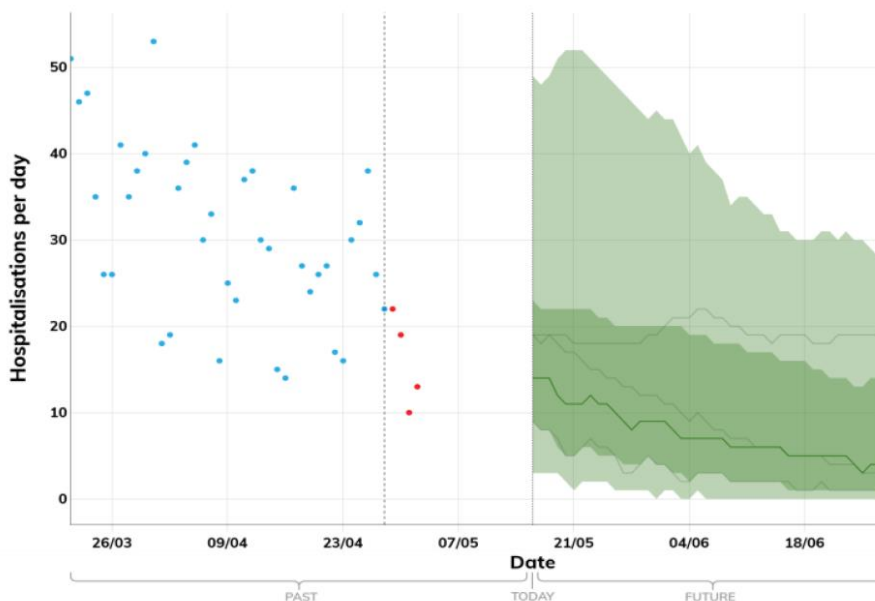
Figure 10 - Swansea University Medium Term Projections



**2.2. UKHSA EMRG Consensus MTPs, data to 16 May 2023**

- Swansea University (SU) projections are used by the UKHSA Epidemiological Modelling Review Group (EMRG).
- The combined projection for admissions suggests a gradually decreasing trend levelling off to a plateau in June, with significant uncertainty.
- More recent EMRG projections were unavailable this week.

Figure 11 – UKHSA EMRG Consensus MTPs, data to 16 May 2023





### 3. Influenza Situation Update

- PHW report that influenza activity has decreased since February, but small numbers of cases continue to be detected.
- UKHSA reports that influenza positivity remained low and stable.
- WHO reports that the percentage of influenza positivity decreased.
- Australia has seen an increase in the proportion of FluTracking participants reporting ILI (fever and cough) this fortnight (15 May to 28 May 2023) at 1.45%, compared to 1.21% in the previous fortnight. The number of notifications of laboratory-confirmed influenza has also increased this fortnight.
- 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 31 May 2023, [PHW report](#)<sup>13</sup> that during Week 21 (ending 28/05/2023) there were eight cases of influenza. Overall influenza activity has decreased to baseline levels since February, but small numbers of cases continue to be detected.

The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during Week 21, was 1.6 consultations per 100,000 practice population. This is a decrease compared to the previous Week (1.7 consultations per 100,000).

The Sentinel GP consultation rate for Acute Respiratory Infections (ARI) was 154.8 per 100,000 practice population during Week 21. This is a decrease compared to the figure quoted in the week 20 report (159.0 per 100,000). Weekly consultations for Lower Respiratory Tract Infections (at 48.9 per 100,000) and Upper Respiratory Tract Infections (98.4 per 100,000) decreased compared to the previous week.

The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache, and sore throat) during Week 21 increased to 16.0%.

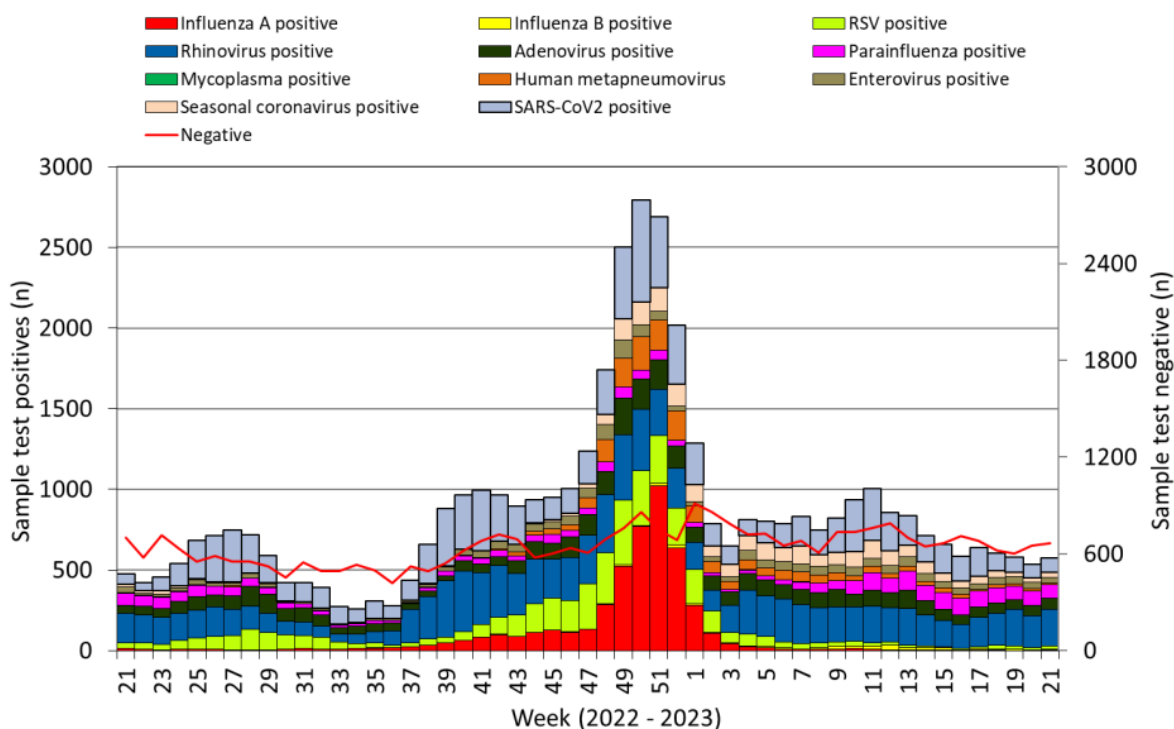
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<sup>13</sup> [Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales \(nhs.wales\)](#)

Figure 11 - 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	63.9%
Children aged between 11 & 15 years	54.4%
Total NHS staff	46.2%
NHS staff with direct patient contact	46.7%

Figure 12 - Specimens submitted for virological testing for hospital patients and non-sentinel GPs



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

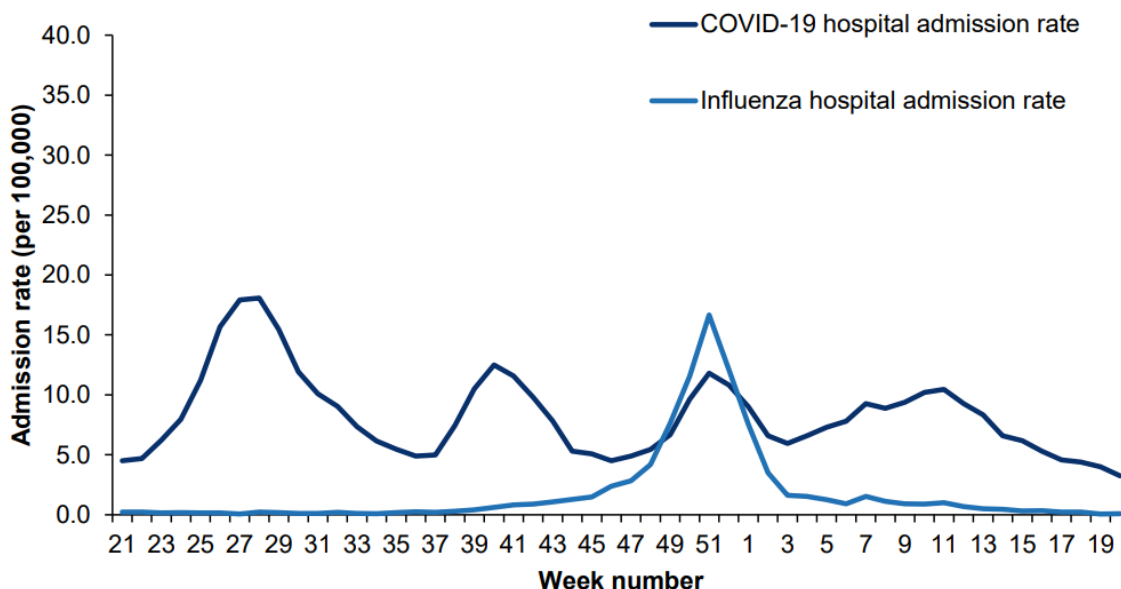
### 3.2. UKHSA Weekly national influenza surveillance report

As of 25 May 2023, [UKHSA reports](#)<sup>14</sup>, that influenza positivity remained low and stable at 0.4% in week 20 compared with 0.5% in week 19. Influenza B positivity remained low at 0.3% in week 20 compared with 0.3% in week 19.

Through primary care surveillance, the influenza-like-illness consultations indicator remained stable in week 20 compared with the previous week and was within the baseline activity level range.

The influenza hospital admission rate remained low in week 20 compared with the previous week and remained within the baseline range of activity. Influenza ICU admissions remained low and stable in week 20 and remained within the baseline range of activity. Emergency department attendances for influenza-like illness remained stable nationally.

Figure 13 - Weekly overall hospital admission rates of new COVID-19 and influenza positive cases per 100k population, England



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

### 3.3. WHO influenza update

As of 29 May 2023, [WHO reports](#)<sup>15</sup> that globally, influenza detections decreased further due to a decline in detections in the northern hemisphere, while some countries in the southern hemisphere reported an increase in influenza detections in recent weeks. In Europe, overall influenza detections decreased and influenza positivity from sentinel sites decreased to 4%, below the epidemic threshold of 10% at the regional level. Overall, influenza B viruses predominated in both sentinel and non-sentinel surveillance as all subregions experienced a wave of influenza B activity after an initial influenza A wave. Influenza detections were low in all reporting countries.

### 3.4. Australian Influenza Surveillance

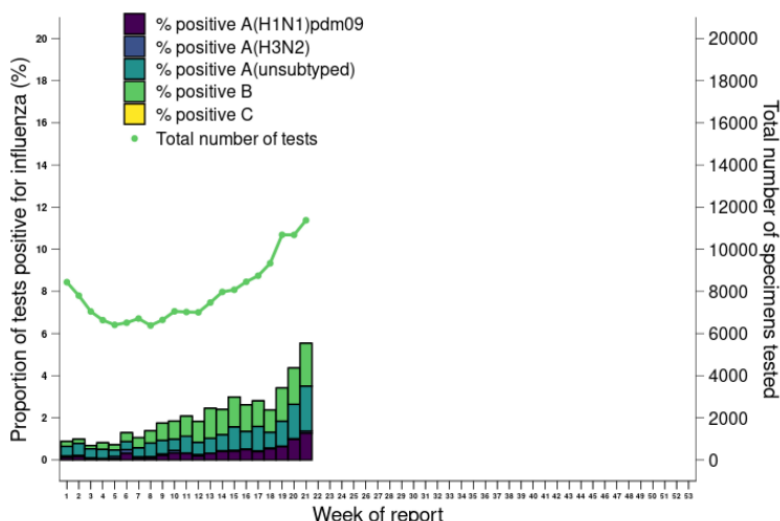
As of 2 June 2023, the [Australian government reports](#) this fortnight (15 May to 28 May 2023), the proportion of FluTracking participants reporting ILI (fever and cough) was 1.45%, an increase compared to 1.21% in the previous fortnight. Whether the increase in cases is impacting hospitalisations is currently unclear.

Across almost all jurisdictions, the number of notifications of laboratory-confirmed influenza has increased this fortnight.

In the year-to-date (1 January to 28 May 2023), there have been 57,816 notifications reported to the National Notifiable Diseases Surveillance System (NNDSS) in Australia, of which 17,277 notifications had a diagnosis date this fortnight.

Of the sequenced lab tests positive for influenza, roughly one third represented Influenza B, whilst the majority were influenza A. Of those typed as Influenza A the majority were untyped.

Figure 14 - Proportion of sentinel laboratory tests positive for influenza and total number of specimens tested, 1 January to 28 May 2023, by subtype, year and week\*



Source: Sentinel laboratories

\*Total number of tests include all specimens that were tested for influenza, including multiplex panels used to test for SARS-CoV-2. Testing methodologies vary across jurisdictions and laboratories. All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions.

<sup>15</sup> <https://www.who.int/publications/m/item/influenza-update-n--445>

### 3.5. 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. UKHSA latest [technical briefing](#) reports:

Through enhanced surveillance of poultry workers, there have been asymptomatic detections of influenza A(H5N1) in 2 individuals with exposure to infected farmed birds at a single site. As of 23 May 2023, 85 individuals from 5 infected farming premises have been tested through this surveillance programme.

Based on timing, one human detection may represent contamination of the respiratory tract, while the second is more uncertain and could be consistent with infection. Precautionary clinical and public health measures (isolation, antivirals and contact tracing) were applied in the second detection.

Viral genome sequence is available from birds on the premises linked to the human detections, and from the second detection. A partial genome is available from the first detection. All 3 genomes are influenza A(H5N1) (A/gull/France/22P015977/2022-like genotype).

There is no evidence of human-to-human transmission and these findings do not change the assessment of human health risk, which remains at level 3 (see also the qualitative assessment on influenza A(H5N1) infections in non-avian UK wildlife from the multi-agency Human Animal Infections and Risk Surveillance (HAIRS) group).

[WHO reports](#)<sup>16</sup> between 19 May and 25 May 2023, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region. As of 24 April 2023, a total of 244 cases of human infection with avian influenza A(H5N1) virus have been reported from four countries within the Western Pacific Region since January 2003 (Figure 14). Of these cases, 136 were fatal, resulting in a case fatality rate (CFR) of 56%. The last cases in the WPR were reported from Cambodia on 23 and 24 February 2023, in an 11-year-old girl who died and her father who survived.

Globally, from January 2003 to 24 April 2023, 874 cases of human infection with avian influenza A(H5N1) virus were reported from 23 countries. Of these 874 cases, 458 were fatal (CFR of 52%).

Figure 15 - 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	2	1	58	38
China	38	25	9	5	6	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	55	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	1	0	0	0	128	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>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>244</b>	<b>136</b>

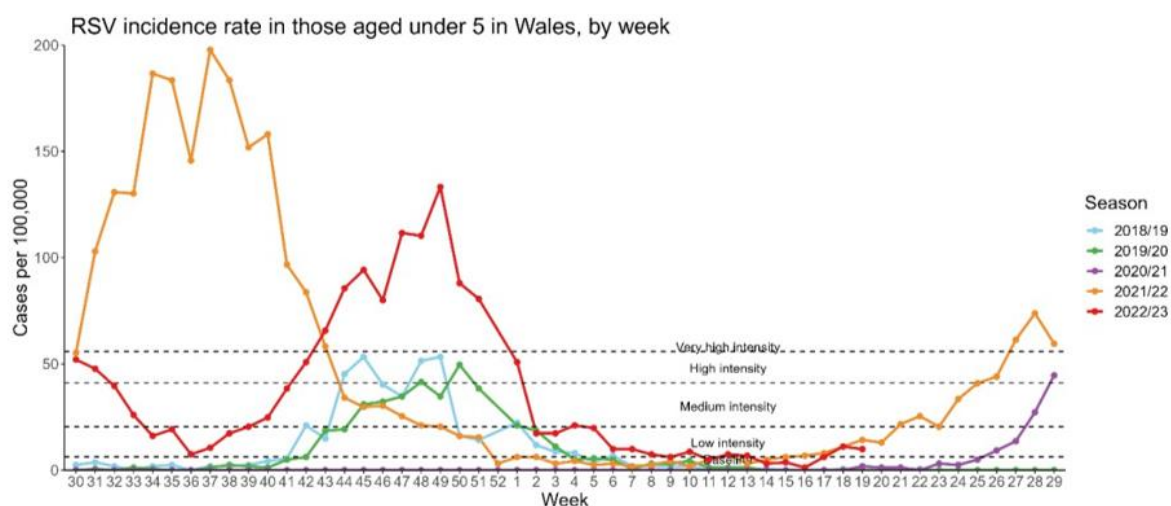
<sup>16</sup> <https://www.who.int/westernpacific/emergencies/surveillance/avian-influenza>

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

- PHW report that cases of RSV in children under 5 years of age remain above the baseline threshold.
- UKHSA reports that the overall positivity for RSV remained low but above the baseline threshold.
- PHW report that iGAS incidence levels are returning to incidence and patterns observed historically, however, levels are still elevated and case notifications of Scarlet fever are above baseline levels.

As of 31 May 2023, PHW report that cases of RSV in children under 5 years of age remain above the baseline threshold and is being monitored on whether this indicates a start to the 2023-24 RSV season in Wales.

Figure 16 - RSV Incidence rate in those aged under 5 in Wales, by week



As of 25 May 2023, [UKHSA reports](#)<sup>17</sup> the overall positivity for RSV remained low at 0.4%, with the highest positivity in those aged under 5 years at 2.0%. In week 20, the overall hospital admission rate for RSV remained low at 0.06 per 100,000.

<sup>17</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 31 May 2023, PHW report that iGAS has declined over the past weeks and is now in the upper range of the comparable incidence levels of previous years.

Figure 17 - PHW Scarlet Fever Notifications by year, 31 May 2023

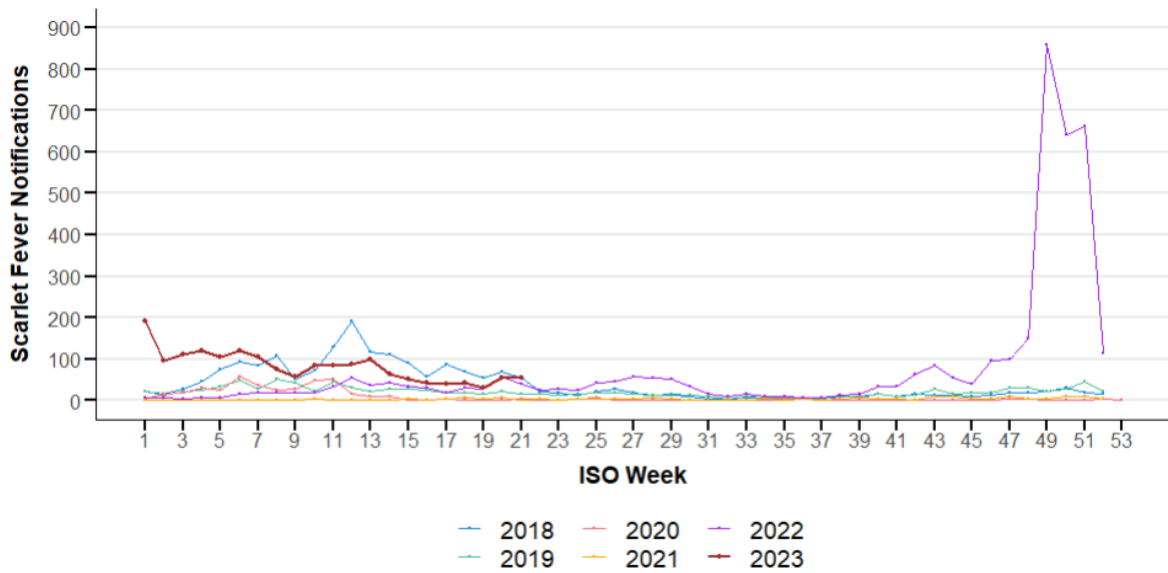


Figure 18 - PHW Lab Confirmed Invasive group A streptococcal infections, 31 May 2023

