GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 15 (ending 13 April 2025)

Weekly acute respiratory infection summary

Headline

- Influenza is still circulating with activity at “low” intensity levels. GP consultations for influenza-like illness have decreased, while confirmed case numbers have remained stable in the current week, as has test positivity. Influenza B was the most frequently detected type last week
- Surveillance indicators suggest that the peak of the influenza season has passed, however cases continue to be confirmed and these are predominantly influenza B.
- Respiratory Syncytial Virus (RSV) has returned to baseline levels.
- COVID-19 case numbers have remained broadly stable in recent weeks.
- GP consultations for acute respiratory infections decreased compared to the previous week.
- According to EuroMoMo method, ‘no substantial excess’ has been reported all-cause mortality so far this season.

Foreword

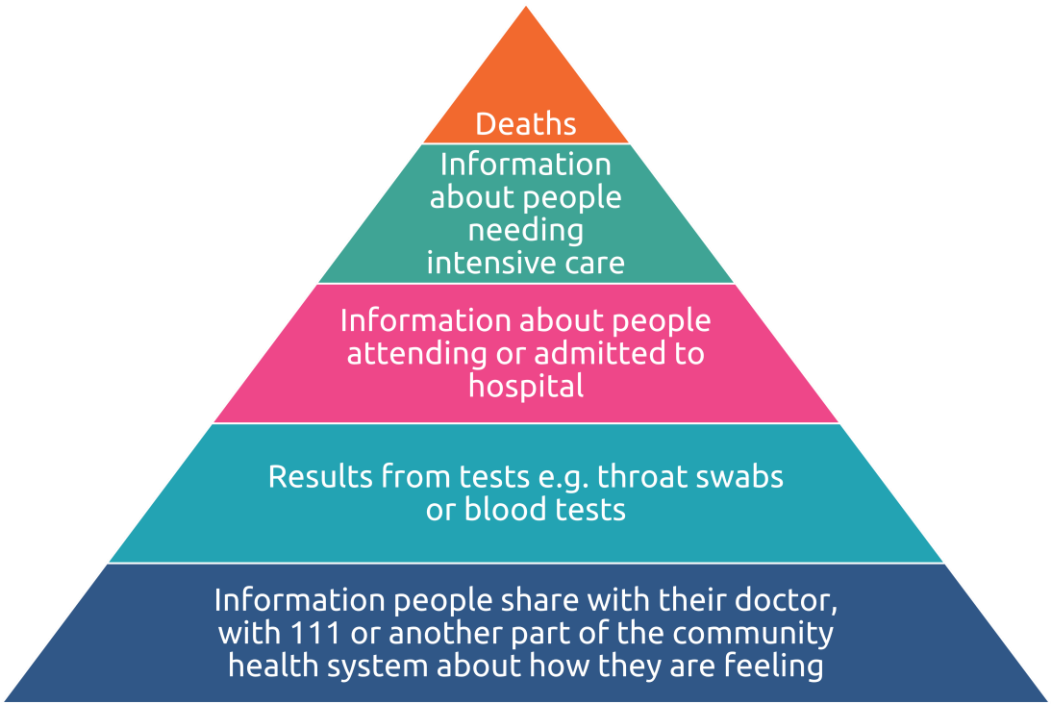
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

This report summarises the latest available information from several Public Health Wales surveillance schemes, reports on Acute Respiratory Infections (ARI) and information from other sources.

Additional information is available from the links below.

- Weekly ARI Hospital Admissions Dashboard
- EuroMOMO European mortality monitoring
- Public Health Wales Respiratory Infection Mortality updates
- COVID-19 variant summary

The structure of this report is based on the surveillance pyramid (from mild to severe infection outcomes), illustrated below. Icons alongside chapter headings indicate the types of information included in the chapter.



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High Level Summary Points

	Community infection indicators	Severe infection indicators
Overall Acute Respiratory Infection (ARI)	The 3-week trend in consultation rate per 100,000 for broader acute respiratory infection (ARI) is decreasing. Consultations with Sentinel GPs for acute respiratory infection (ARI) decreased from last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV have remained stable in the most recent week (1% of total admissions).
Influenza	**Influenza is remains circulating at low levels and case numbers remain broadly stable.** The overall proportion of samples testing positive remained stable in the most recent week at 6.5%. Consultations for influenza-like illness (ILI) with sentinel GPs decreased and remain at baseline intensity. 37 cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week.	The number of confirmed cases of community acquired influenza admitted to hospital decreased to 27 in the most recent week. In the most recent week, there were 81 in-patient cases of confirmed influenza, one of whom were in critical care.
Influenza type breakdown	***Since 2024 Week 40**: 8,388 total influenza cases confirmed (475 influenza A(H3N2), 1,639 influenza A(H1N1)pdm09, 4,965 influenza A untyped and 1,309 influenza B).* ***In the most recent week**: nine confirmed cases of influenza A(H3N2), 11 cases of influenza A(H1N1)pdm09, 36 influenza A untyped and 70 influenza B)*	
COVID-19	The overall proportion of samples testing positive remained stable at 3.5% in hospital and non-sentinel GP practices. Consultations with sentinel GPs for COVID-19 remained stable in the most recent week.	The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 11 in the most recent week. In the most recent week, there were 128 in-patient cases of confirmed COVID-19, one of whom was in critical care.
RSV	RSV incidence in children aged up to 5y is currently at baseline levels. Incidence per 100,000 population in children aged up to 5y remained stable at 2.5 in the most recent week.	The number of confirmed cases of community acquired RSV admitted to hospital decreased to four in the most recent week. In the most recent week, there were 14 in-patient cases of confirmed RSV, none in critical care.
Other respiratory pathogens	Confirmed cases and test positivity for adenovirus increased in both sentinel and non-sentinel settings compared to the previous week. Human metapneumovirus (hMPV) also showed an increase, specifically in sentinel GP practices and pharmacy networks. Meanwhile, rhinovirus infection rates are stable but remain elevated.	

1. Community surveillance indicators

GP Consultations

- The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is decreasing (Figures 1.1, 1.2).
- There were 3.1 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (3.8 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 13.8 ARI consultations per 100,000 practice population, a decrease from 16.1 in the previous week (Table 1.2). The highest rates were found in people aged under one year (674.3) followed by people aged one to four (399.3) and people aged 35 to 44 (125.8) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under five years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators increased from 1,627 in the previous week to 1,705 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for cardiac or respiratory arrest, chest pain, difficulty breathing were stable or decreased compared to the previous week (Figure 1.5, Table 1.3).

GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40 1996 - Week 15, 2025).

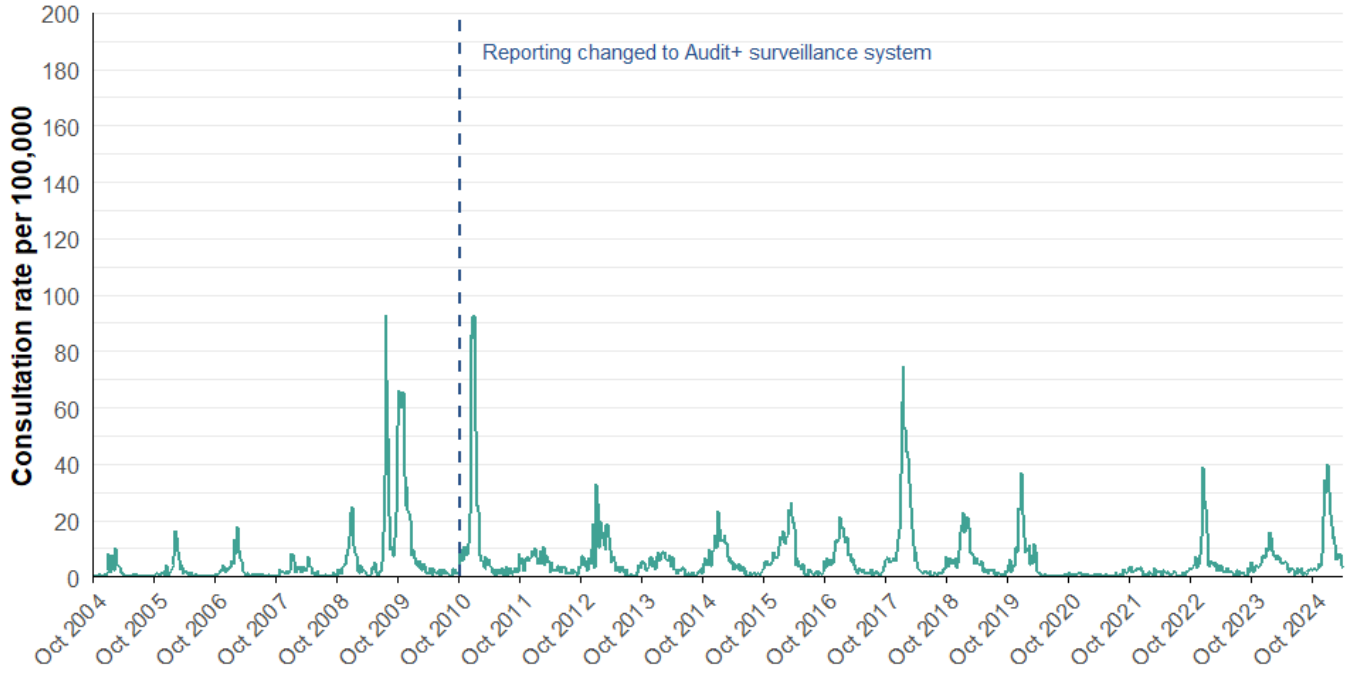
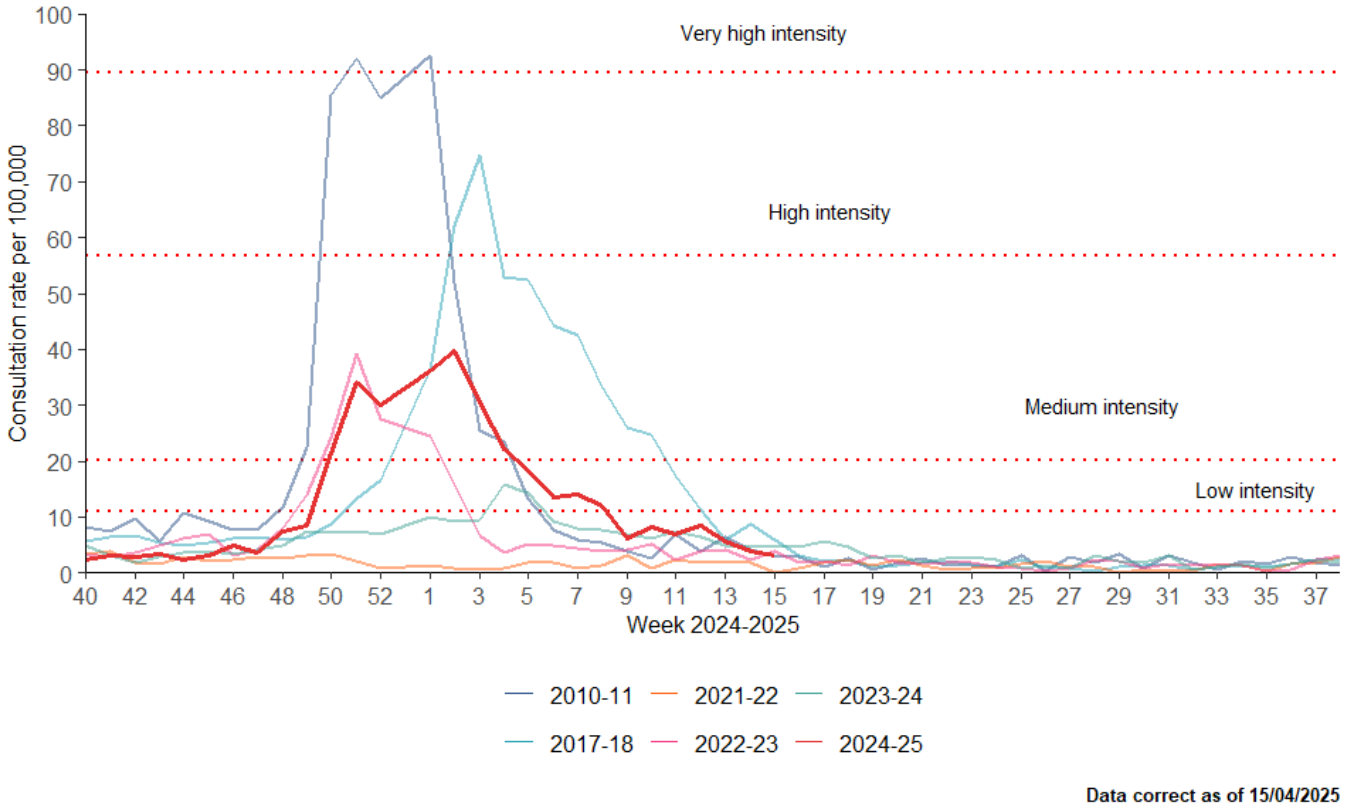


Figure 1.2. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population.



GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 15, 2025. This table uses all available GP surveillance data (from sentinel and non-sentinel practices).

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
ARI	13.76	16.11	36.51
COVID-19	6.70	6.87	0.23
LRTI	4.95	5.87	13.08
Pneumonia	0.03	0.03	0.12
Severe asthma	0.60	0.63	1.43
URTI	8.83	10.26	23.52
Total	34.87	39.77	74.89

NB: "Current reporting week" refers to the average daily rate in the current reporting week. "Preceding week" refers to the average daily rate in the preceding week. "Equivalent period last year" refers to the average daily rate in the equivalent period last year.

Figure 1.3. All Wales GP consultation rates for ILI per 100,000 practice population for Acute Respiratory Infection (ARI).

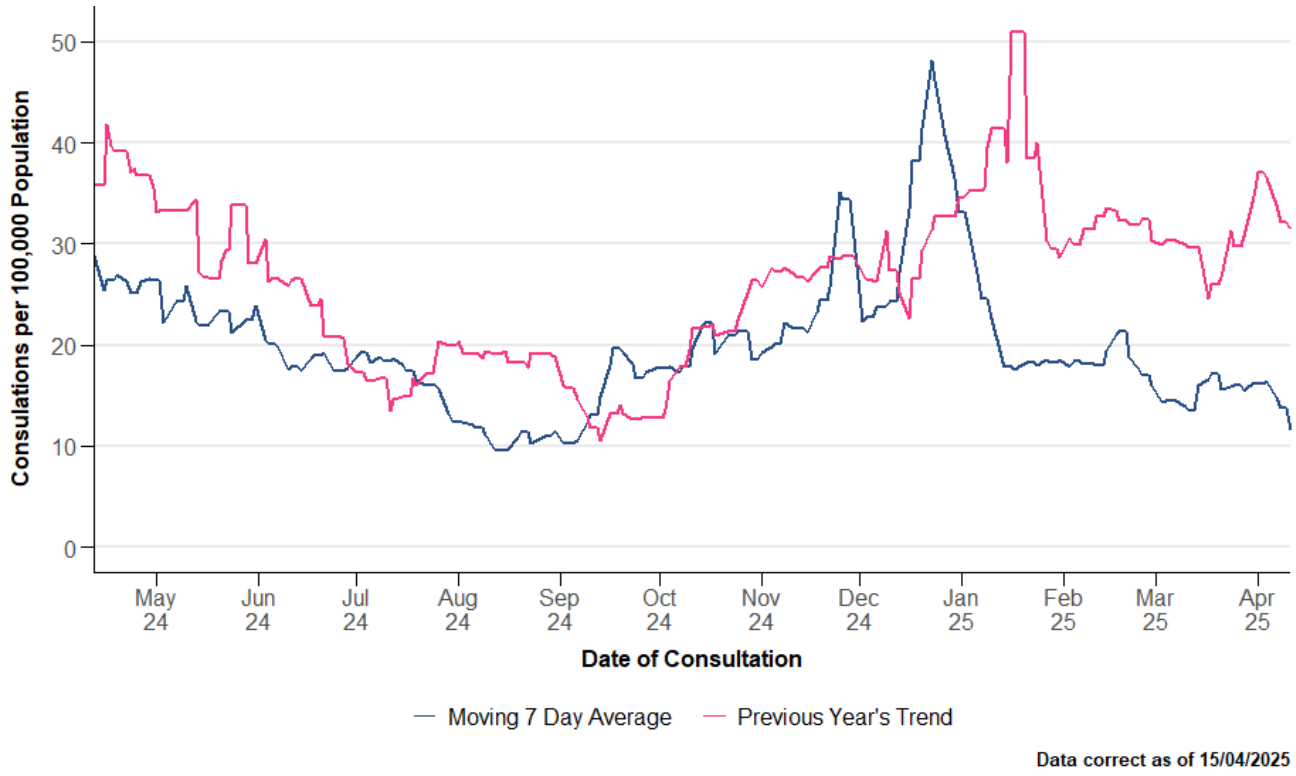
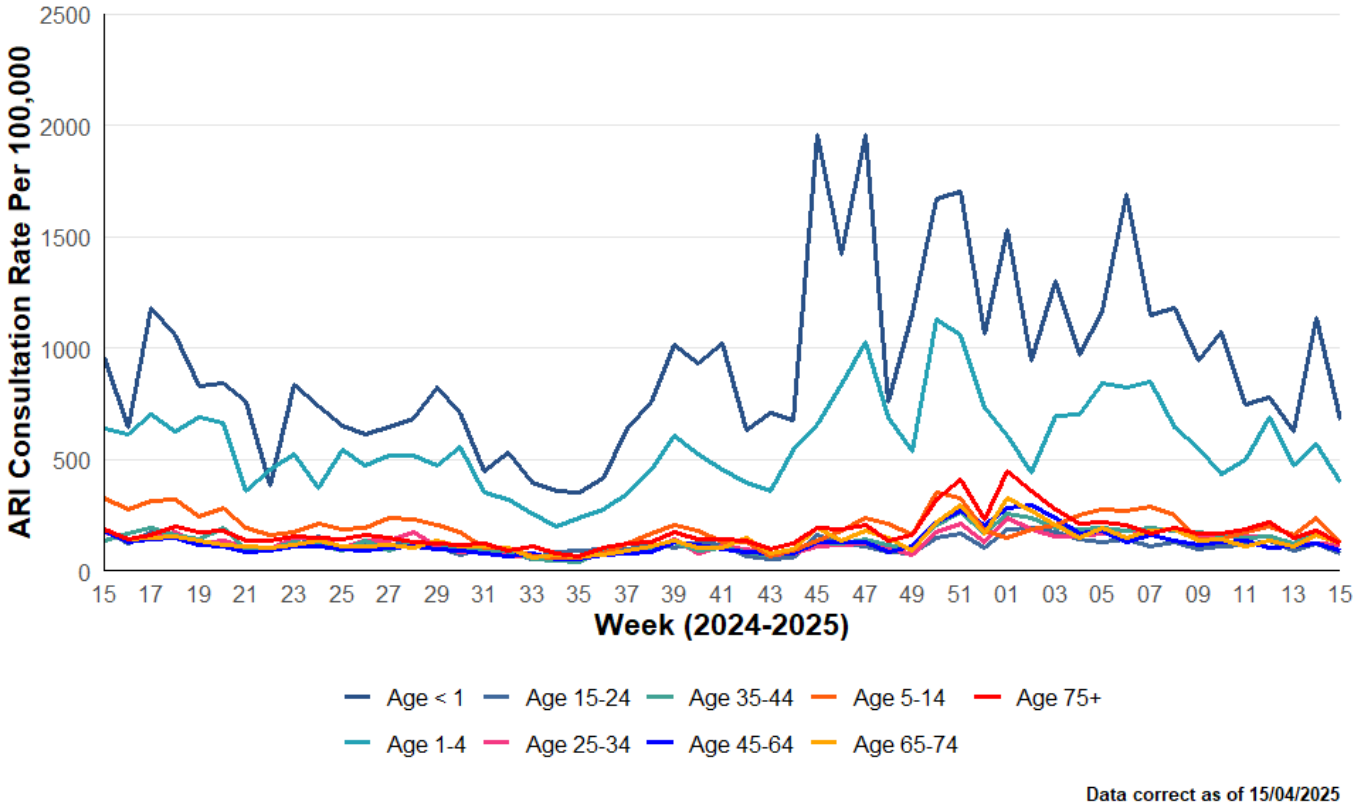


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Ambulance Calls

Figure 1.5. Rolling seven-day average for ambulance calls for both current and the previous year, by symptom. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

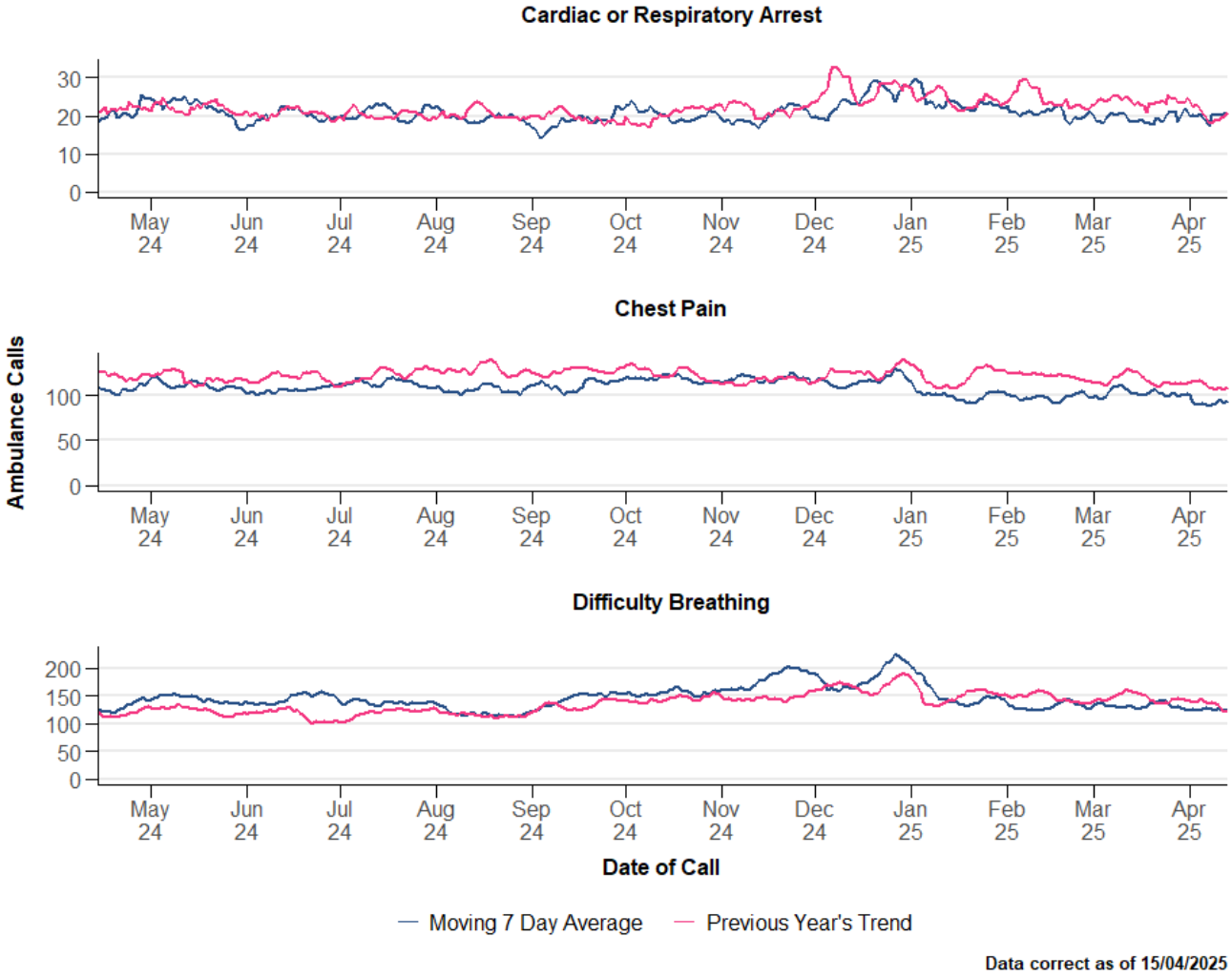


Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 15, 2025. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	142	139	156
Chest Pain	661	622	803
Difficulty Breathing	902	866	987
Total	1,705	1,627	1,946

NB: "Current reporting week" refers to the total number of calls in in the current reporting week. "Preceding week" refers to the total number of calls in in the preceding week. "Equivalent period last year" refers to the total number of calls in in the equivalent period last year.

2. Virological Surveillance

Wales Sentinel GP and Sentinel Community Pharmacy Network

- There were 262 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 15, 2025, as at 16/04/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (33) followed by human metapneumovirus (29) and influenza B (19). Of the 262 tests, 47.7% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 889 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 15 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (89) followed by adenovirus (67) and human metapneumovirus (46). Of the 889 tests, 63.7% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

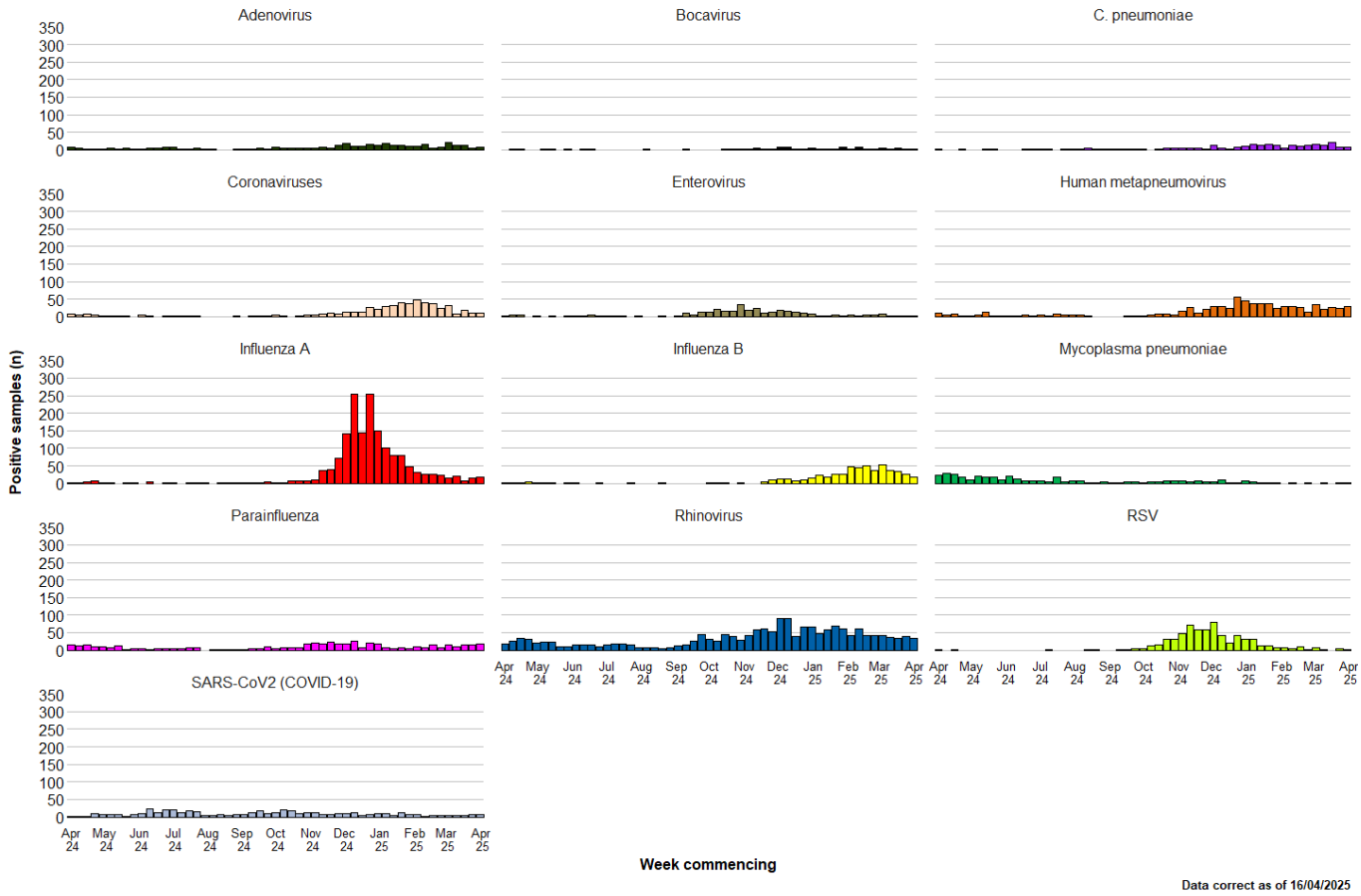
Additionally, during Week 15, 425 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 31 for influenza (18 for influenza B, 13 for influenza A)
- 32 for SARS-CoV-2 (COVID-19)
- 2 for RSV

Table 2.1: Pathogens detected, and sample positivity for samples from symptomatic patients from the Wales Sentinel GP and Sentinel Pharmacy networks, Week 15, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	33	12.6%	14.9%	Decreasing
Human metapneumovirus	29	11.1%	9.2%	Increasing
Influenza B	19	7.3%	9.5%	Decreasing
Influenza A	18	6.9%	6.1%	Stable
Parainfluenza	17	6.5%	5.7%	Stable
Coronaviruses	11	4.2%	3.4%	Stable
Adenovirus	8	3.1%	1.9%	Increasing
C. pneumoniae	8	3.1%	3.1%	Stable
SARS-CoV2 (COVID-19)	6	2.3%	3.1%	Stable
Mycoplasma pneumoniae	2	0.8%	0.4%	Stable
Enterovirus	2	0.8%	0.8%	Stable
RSV	1	0.4%	1.1%	Stable
Bocavirus	1	0.4%	0.8%	Stable

Figure 2.1. Pathogens detected in samples from symptomatic patients from the Wales Sentinel GP and Sentinel Pharmacy networks, by week of sample collection, Week 15, 2024 to Week 15, 2025.



All Wales Datastore Respiratory Infection Testing

Table 2.2: Pathogens detected and sample positivity for samples collected from hospital and non-Sentinel GP patients, Week 15, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	89	10.0%	9.3%	Stable
Adenovirus	67	7.5%	5.6%	Increasing
Human metapneumovirus	46	5.2%	6.2%	Decreasing
Parainfluenza	43	4.8%	5.3%	Stable
Influenza B	33	3.7%	3.5%	Stable
SARS-CoV2 (COVID-19)	31	3.5%	4.2%	Stable
Influenza A	25	2.8%	3.1%	Stable
Seasonal coronaviruses	18	2.0%	1.6%	Stable
Enterovirus	6	0.7%	2.6%	Decreasing
RSV	5	0.6%	1.3%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	0.0%	Stable
Chlamydia	0	0.0%	0.0%	Stable

Figure 2.2. Pathogens detected in samples collected from hospital and non-Sentinel GP patients, by week of sample collection, Week 15, 2024 to Week 15, 2025.

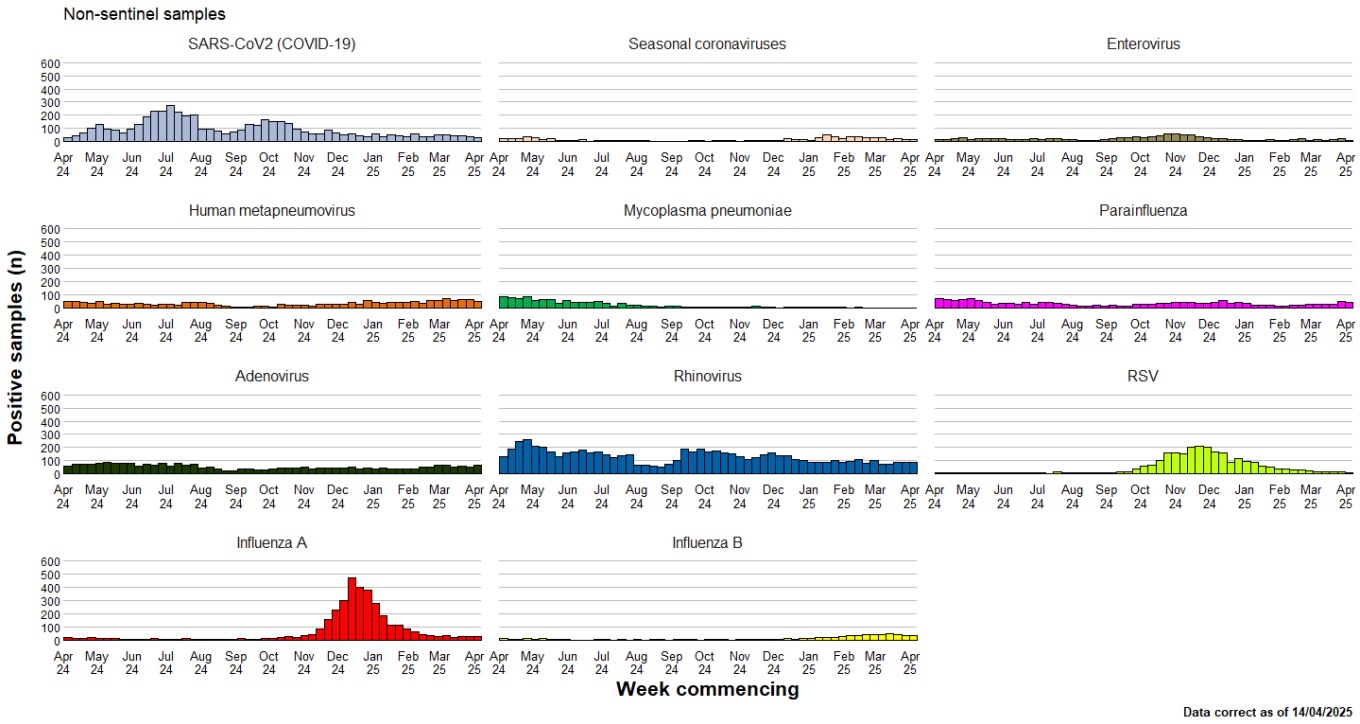
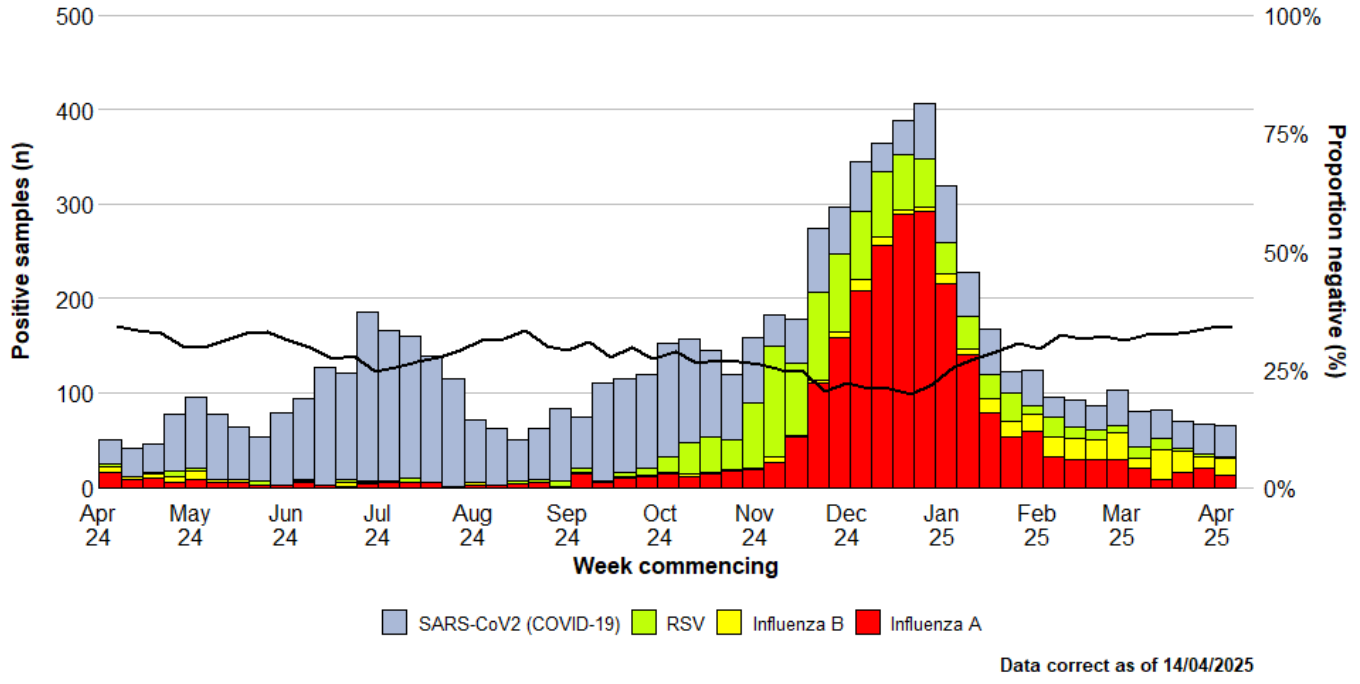


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 15, 2024 to Week 15, 2025.



3. Severe Acute Respiratory Infection (SARI) and surveillance in hospitals

Sentinel SARI in emergency departments

- During week the previous four weeks there were 51 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was rhinovirus/enterovirus (13) followed by adenovirus (8) and parainfluenza (8). Of the 51 samples collected, 43.1% were negative for all respiratory pathogens, (Table 3.1).

- During this time, the proportions of symptomatic patients attending sentinel emergency departments due to acute respiratory symptoms testing positive were 6% for influenza, 2% for SARS-CoV2 and 2% for RSV.

Hospital in-patients

- During week ending 13/04/2025 there were 42 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (24 less than the previous week), equating to 1% of all hospital admissions in that reporting week.

- At 23:59 on 13/04/2025, there were 223 patients in hospital with confirmed COVID-19, RSV or influenza, 38 less than the previous Sunday. This equates to 2% of all hospital in-patients (IPs) at that time. Of whom 78% (175) were hospital acquired (HA).

Critical-care

- During week ending 13/04/2025 there were two ARI critical care (CC) admissions (the same number as the previous week), equating to 1% of all CC admissions in that reporting week.

- At 23:59 on 13/04/2025, there were two patients in CC with confirmed COVID-19, RSV or influenza, three less than the previous Sunday. This equates to 1% of all CC in-patients at that time. Of whom 100% (two) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 15, 2025, 45 respiratory samples were tested from patients in intensive care units (ICU). Of these: two tested positive for Influenza, one tested positive for SARS-CoV2 (COVID-19) and zero tested positive for RSV (Figure 3.4).

For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

Wales Sentinel SARI Emergency Department Network

Table 3.1 Pathogens detected and sample positivity for samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 14, 2025.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	8	15.7%	109	8.2%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	2	3.9%	35	2.6%
Influenza A	1	2.0%	71	5.3%
Influenza B	2	3.9%	19	1.4%
Mycoplasma pneumoniae	0	0.0%	37	2.8%
Parainfluenza	8	15.7%	51	3.8%
Pertussis	0	0.0%	11	0.8%
RSV	1	2.0%	136	10.2%
Rhinovirus/Enterovirus	13	25.5%	322	24.2%
SARS-CoV2 (COVID-19)	1	2.0%	80	6.0%
Seasonal coronaviruses	1	2.0%	11	0.8%
Negative	22	43.1%	582	43.8%
Total	**51**	**100%**	**1,370**	**100%**

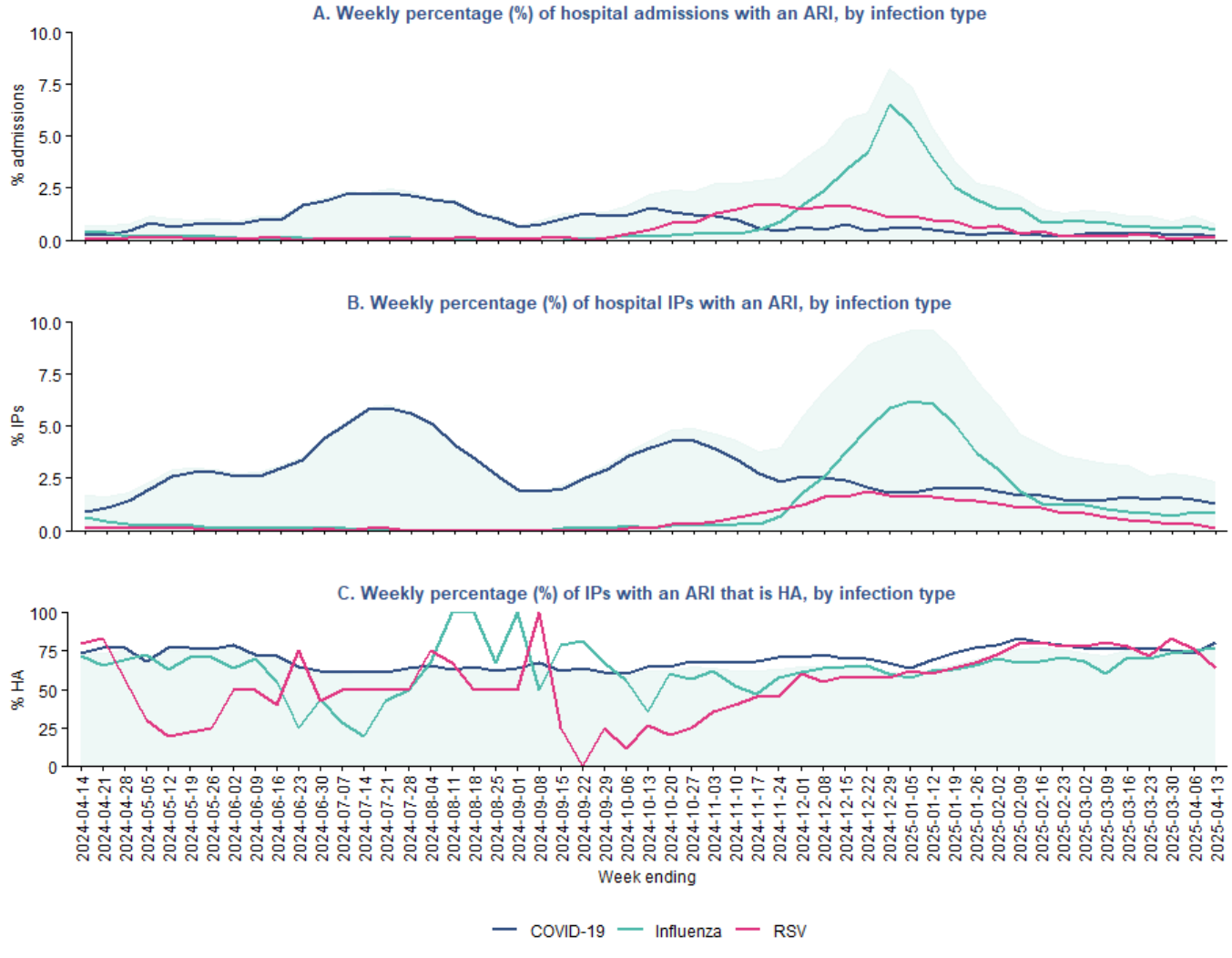
Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 14, 2025 and previous 12 months.

Acute Respiratory Infection Surveillance in Hospital In-Patients

Table 3.2. Hospital admissions in patients confirmed ***with*** COVID-19, influenza and RSV (acute respiratory infection may not necessarily be the primary cause of admission).

Infection	Hospital admissions		Hospital In-patients		
	Count	% of all admissions	Count	% of all IPs	% HA (n)
COVID-19	11	<1%	128	1%	81% (104)
Influenza	27	<1%	81	1%	77% (62)
RSV	4	<1%	14	0%	64% (9)
ARI total	**42**	**1%**	**223**	**2%**	**78% (175)**

Figure 3.2. (A) Weekly percentage of hospital admissions where influenza, COVID-19 or RSV was confirmed. (B) Weekly percentage of total in-patients where influenza, COVID-19 or RSV was confirmed. (C) Weekly percentage of total number of in-patients with confirmed COVID-19, influenza or RSV where the infection was healthcare acquired.



Data as of: 16-04-2025

Acute Respiratory Infection Surveillance in Critical-Care In-Patients

Table 3.3. Critical care (CC) admissions in patients confirmed with COVID-19, influenza and RSV (acute respiratory infection may not necessarily be the primary cause of admission).

Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	1	1%	1	1%	100% (1)
Influenza	1	1%	1	1%	100% (1)
RSV	0	0%	0	0%	0% (0)
ARI total	**2**	**1%**	**2**	**1%**	**100% (2)**

Figure 3.3. (A) Weekly percentage of critical-care admissions where influenza, COVID-19 or RSV was confirmed. (B) Weekly percentage of total critical-care inpatients where influenza, COVID-19 or RSV was confirmed. (C) Weekly percentage of total number of critical-care inpatients with confirmed COVID-19, influenza or RSV where the infection was healthcare acquired.

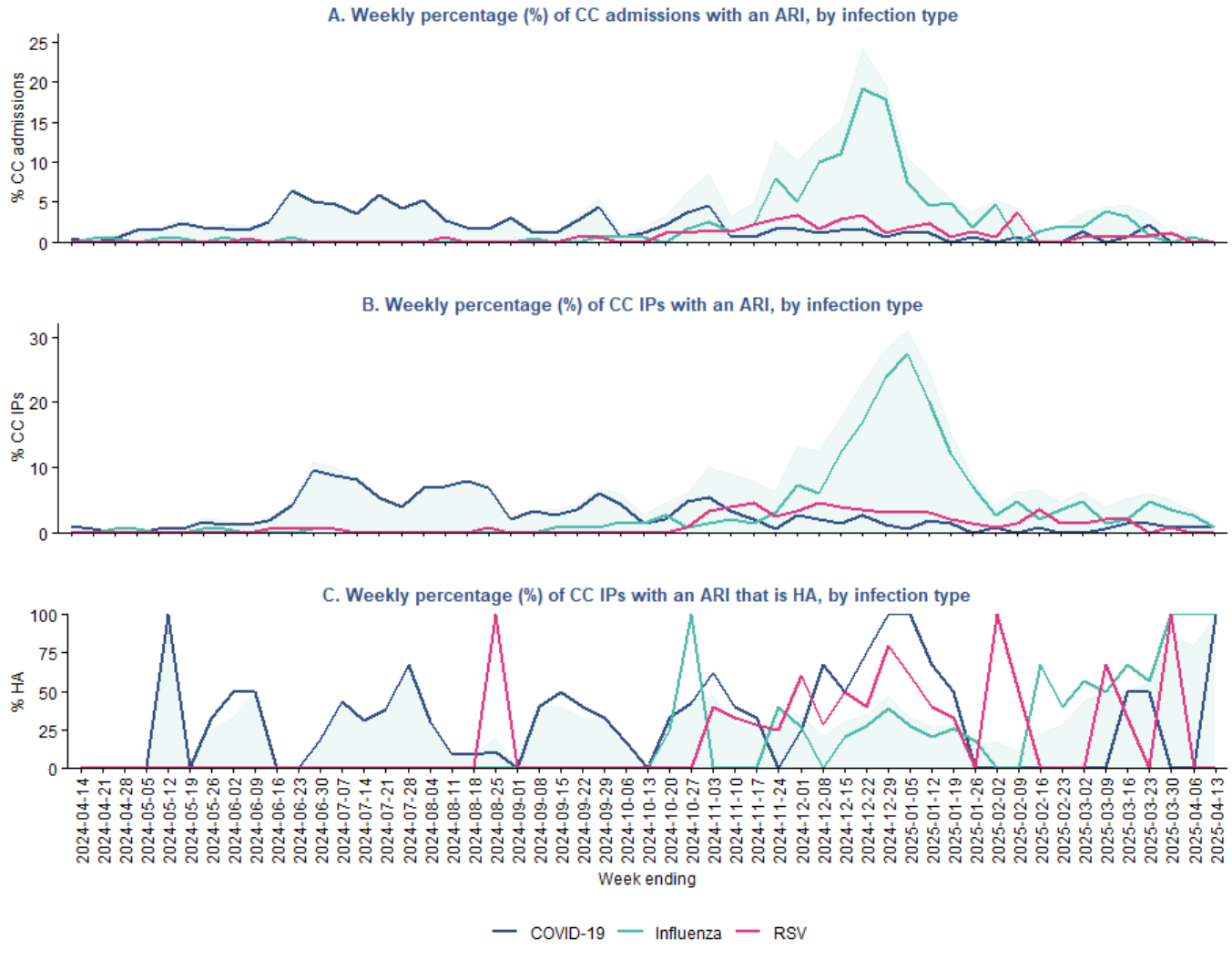
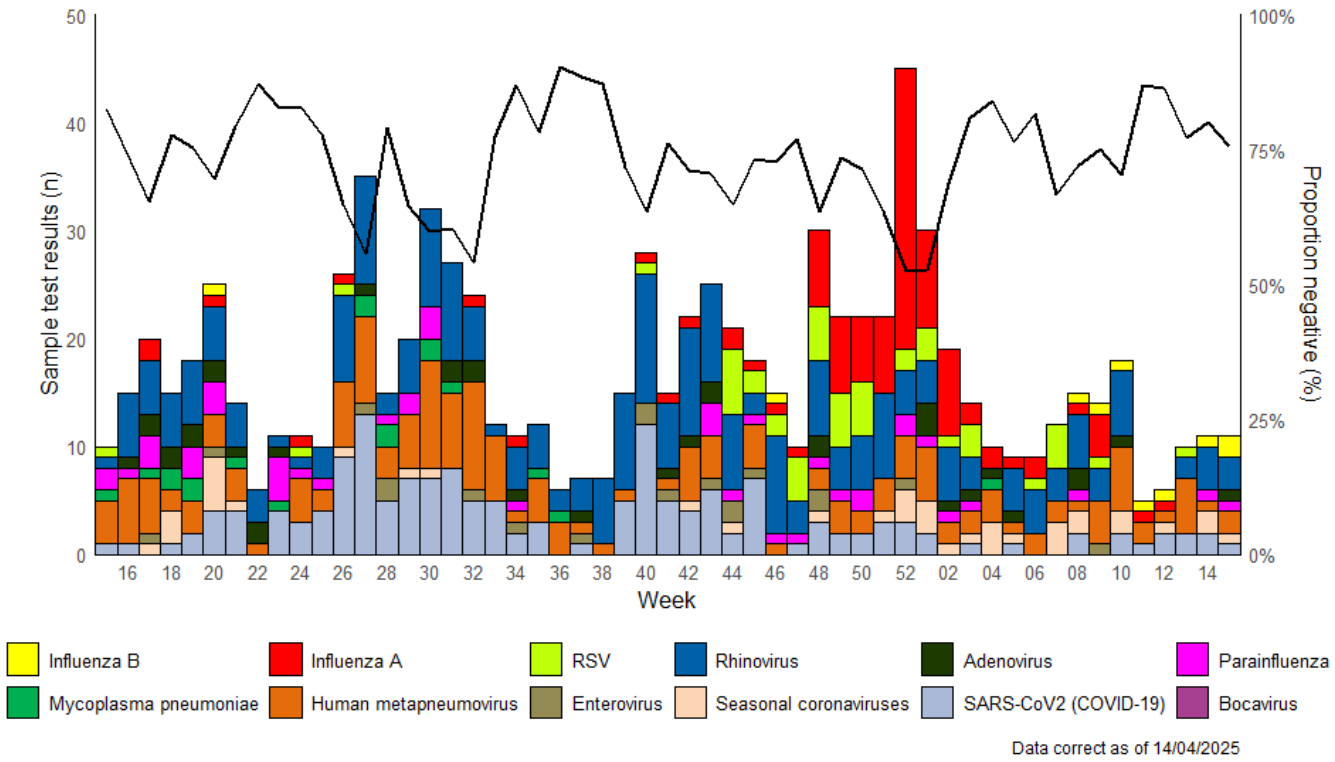


Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 15, 2024 to Week 15, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During Week 15, 2025, two ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- One was influenza A, and one was RSV
- Both incidents were in a Residential Home

Figure 4.1. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, by setting and week of report. Completeness of reporting for outbreaks and incidents from schools/ nurseries and other community settings is unknown.

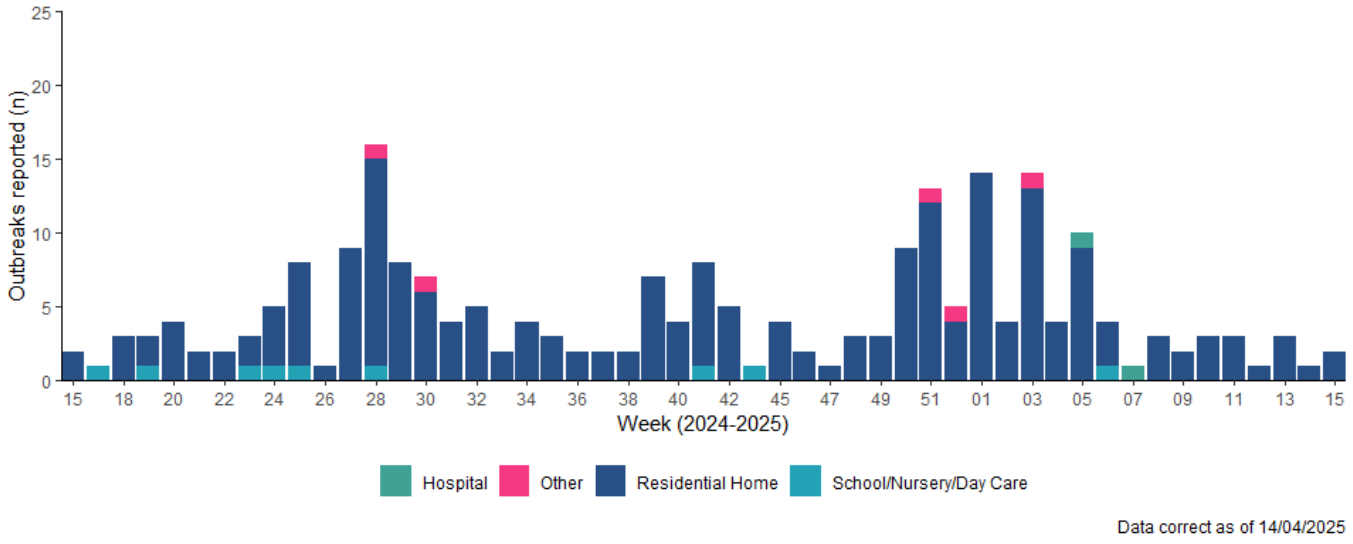
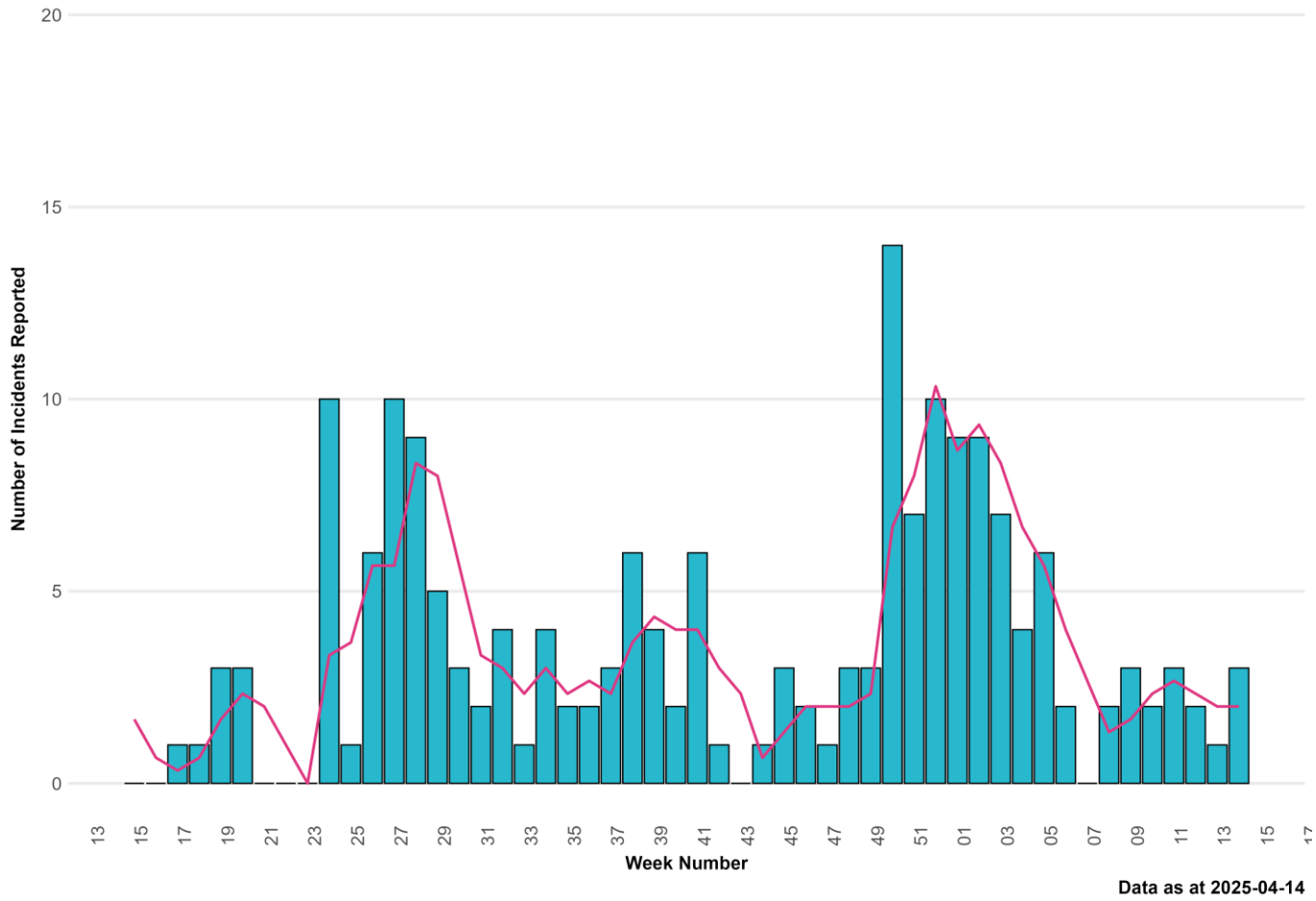


Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



5. Mortality surveillance

- Thus far this season, according to European Mortality Monitoring (EuroMoMo) methods, no substantial excess has been reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National Statistics are summarised by week, age-group, setting of death and deprivation quintile of residence in Figures 5.2 to 5.4. Data for the most recent weeks in these summaries should be interpreted with caution due to potential reporting delays.
- Deaths relating to ARI have been defined using the following ICD10 codes: (J09-J22, J80, U07.1, U07.2 and J04)

Figure 5.1. Number of deaths registered (any cause), 5-year average (any cause) and deaths relating to ARI, by week of death registration.

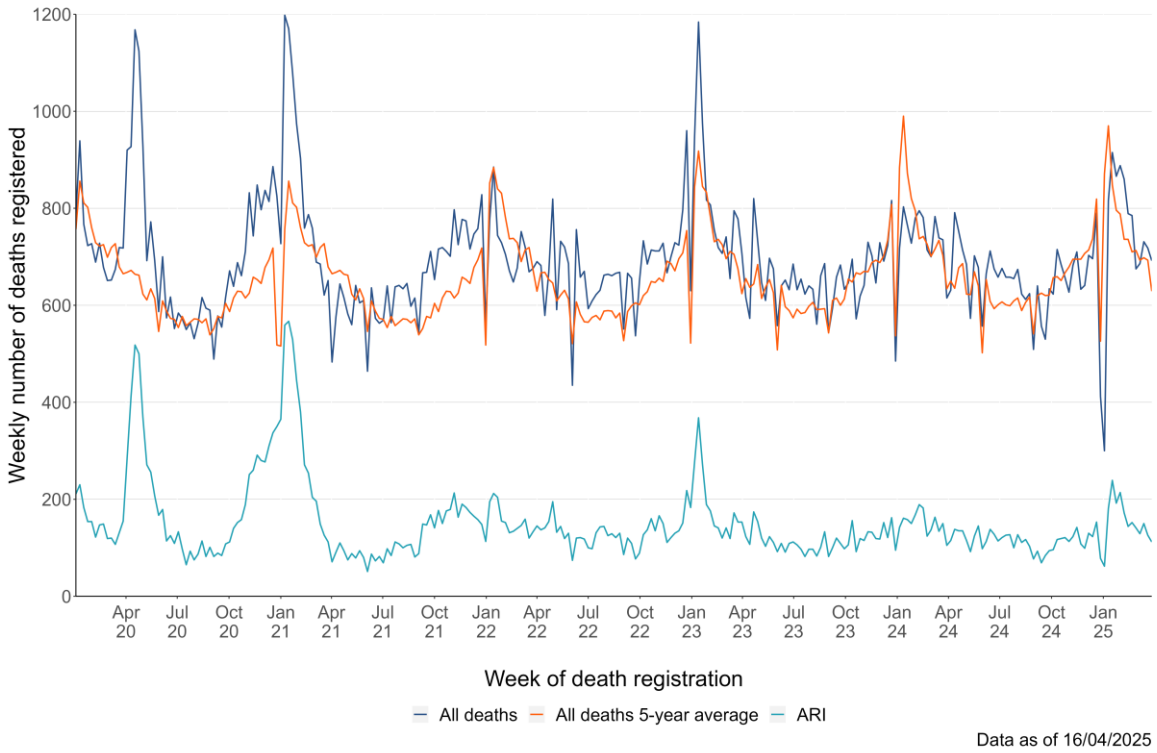


Figure 5.2 Numbers of ARI related deaths by age-group and week of death registration.

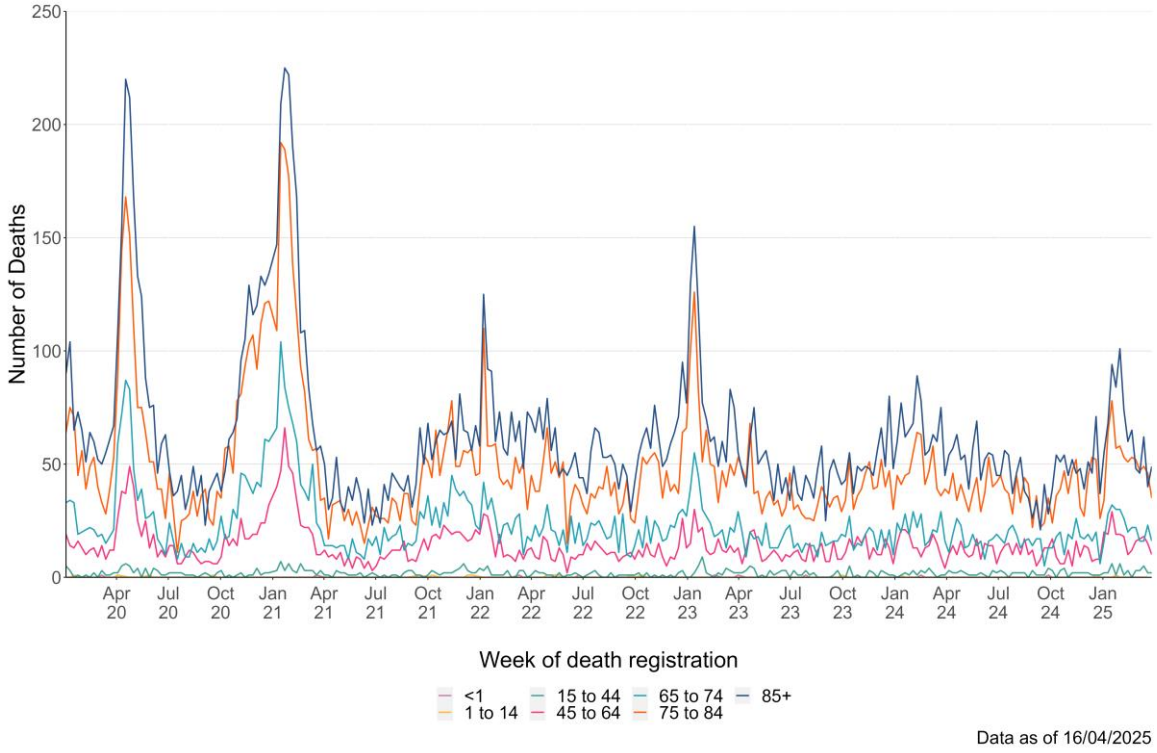


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

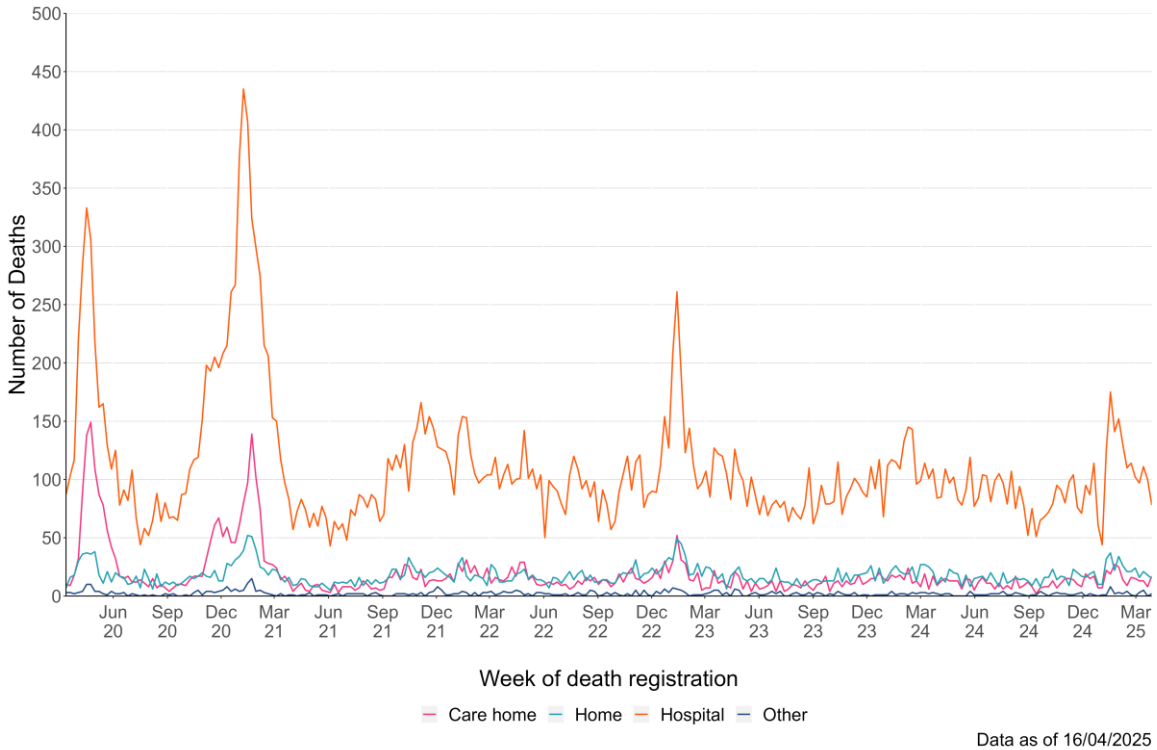
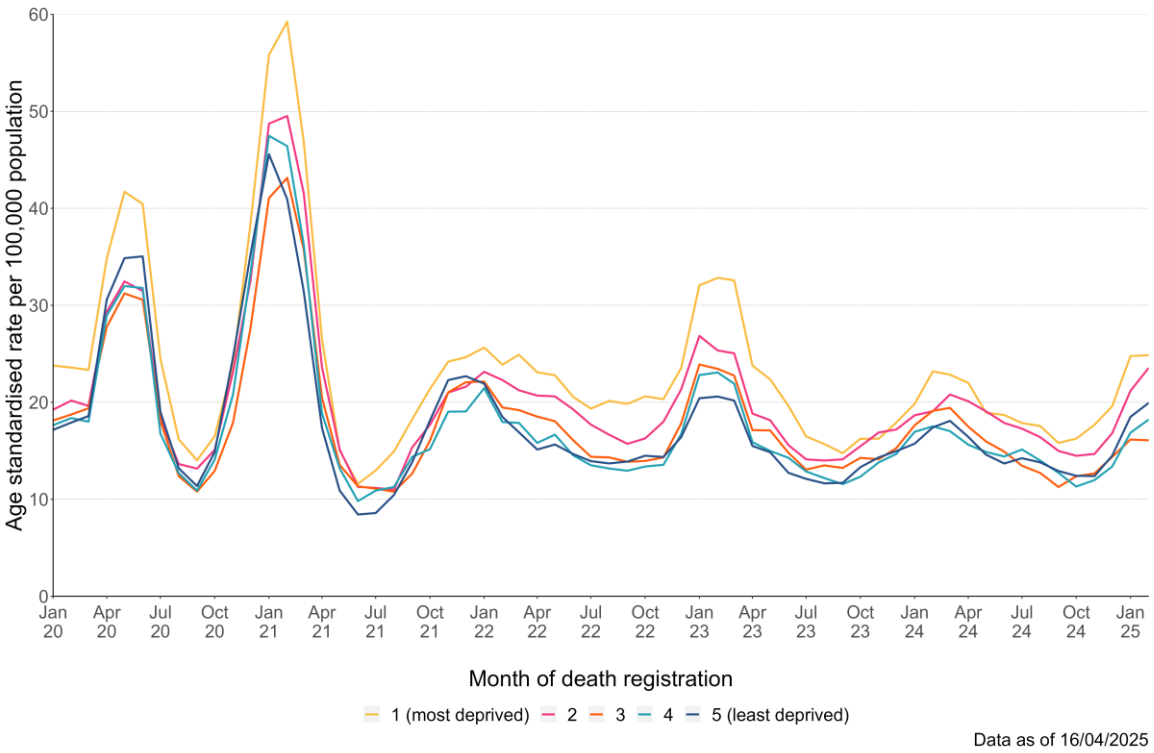


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



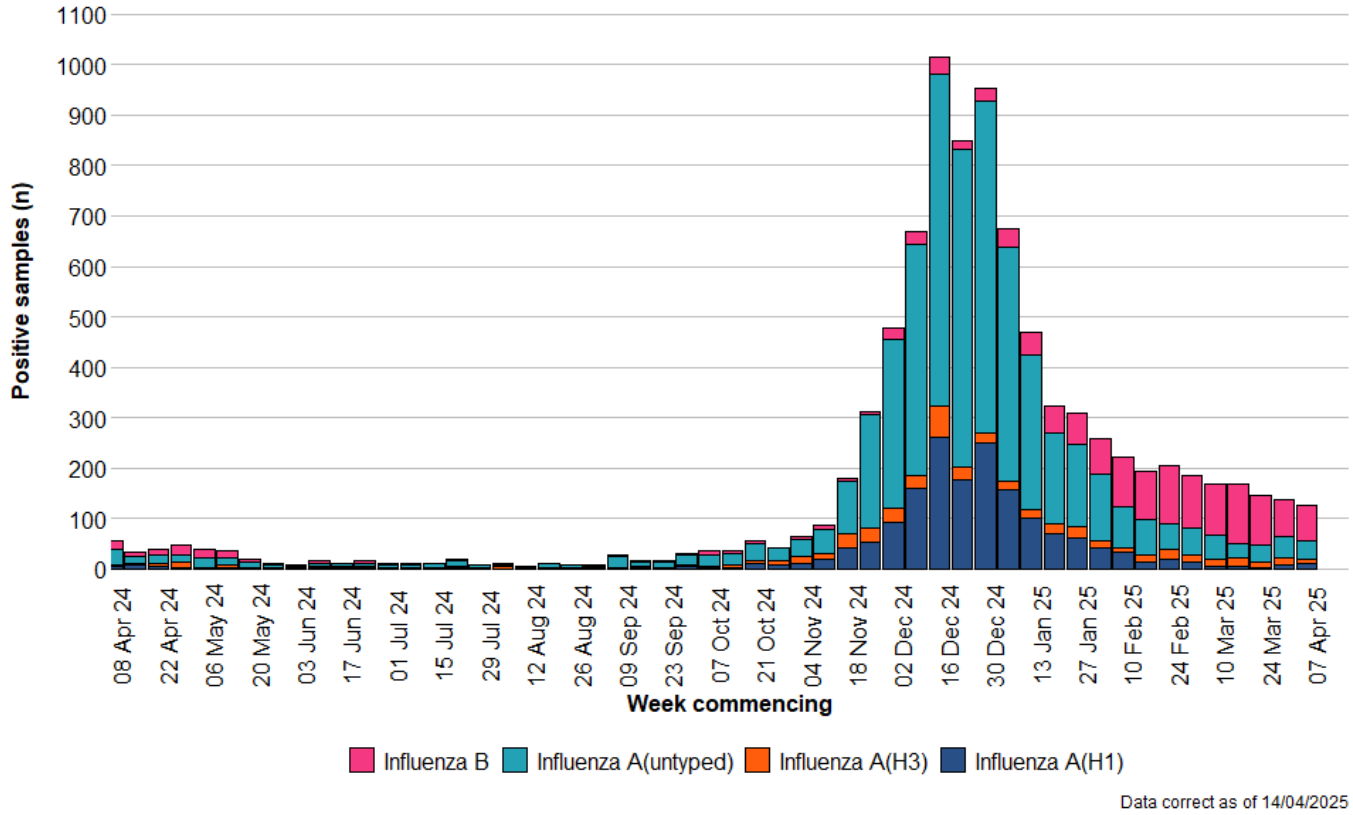
For interactive versions of these data, including health board specific breakdowns, see: ONS mortality dashboard

6. Pathogen-specific surveillance

Influenza

- Influenza A(H1N1) is the most commonly detected influenza subtype in Wales since Week 40 2024 (1,639 confirmed cases), followed by influenza B (1,309 confirmed cases) and influenza A(H3N2) (475 confirmed cases). Additionally, there have been 4,965 untyped influenza A cases.

Figure 6.1. Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 15, 2024 to Week 15, 2025.

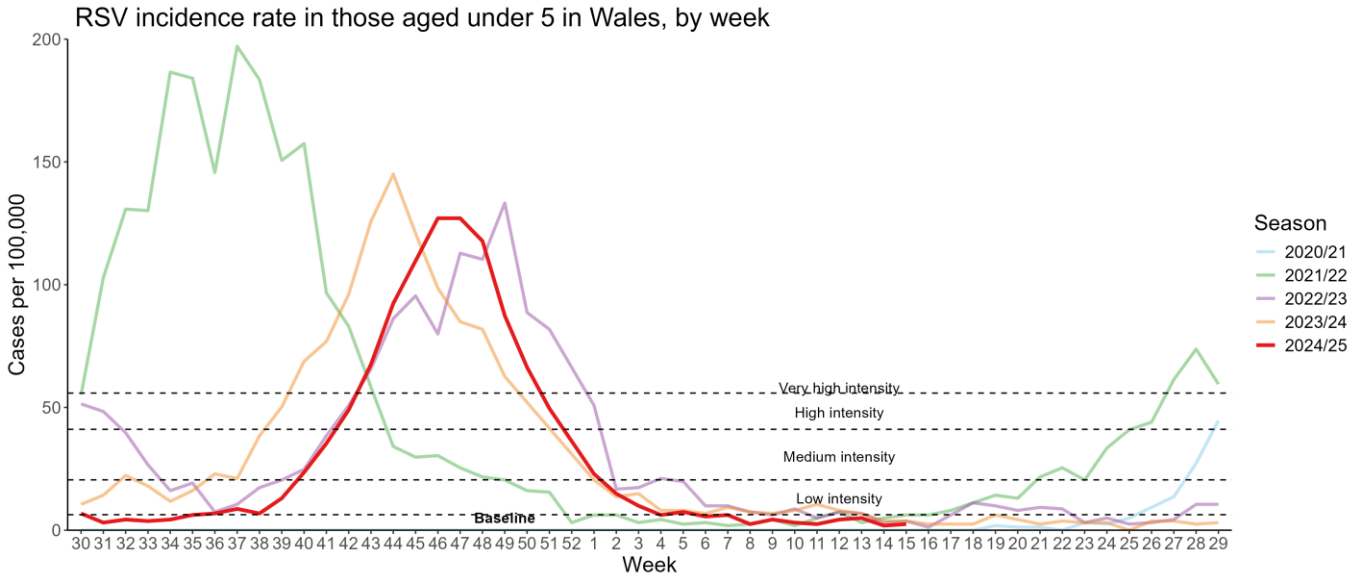


Data correct as of 14/04/2025

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at baseline (2.5) intensity levels per 100,000 population during Week 15 2025.

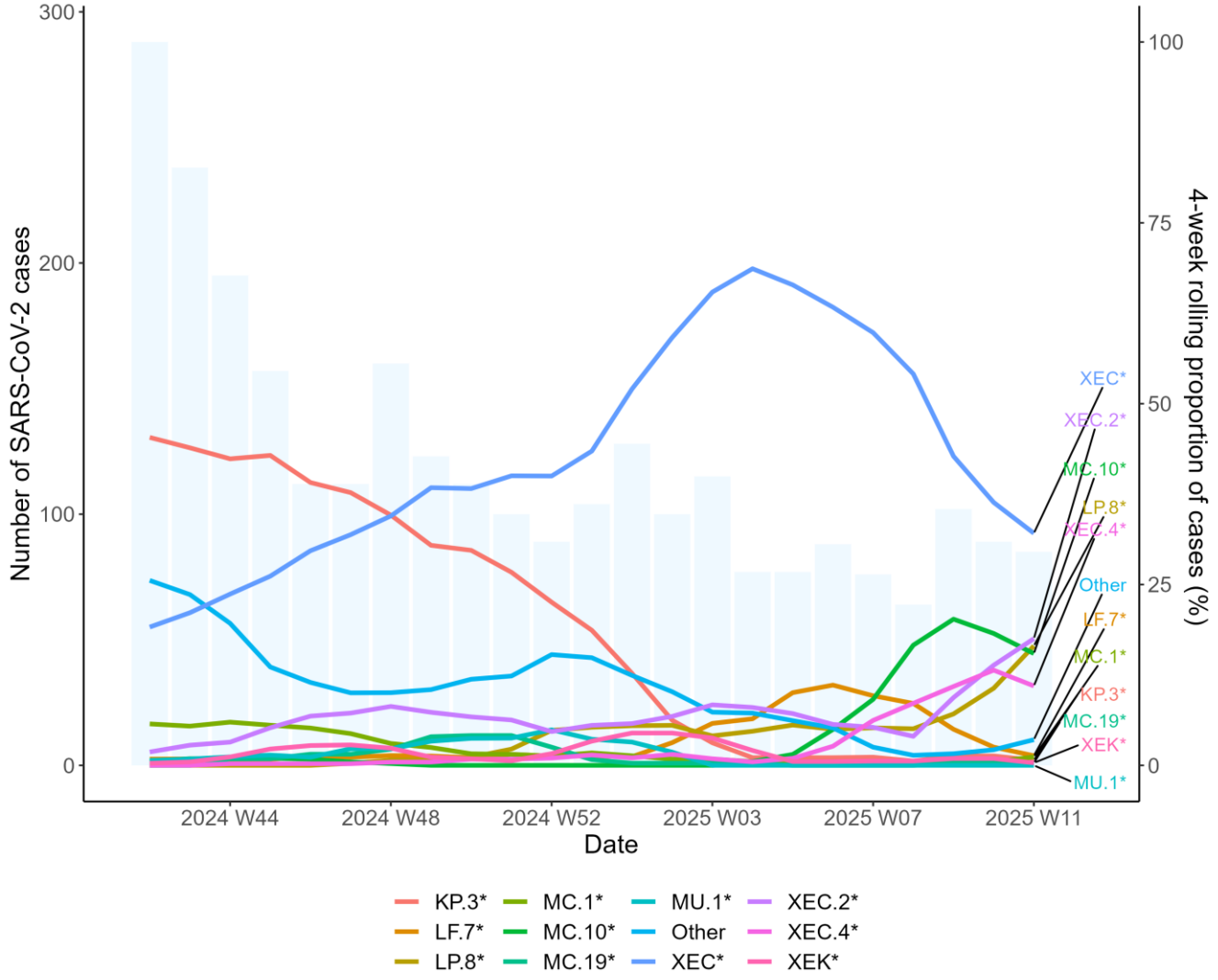
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 15 2024.



SARS-CoV-2 Variant surveillance

- Pango group XEC* is the most frequently detected variant in Wales currently, accounting for 34.0% of sequenced cases in the previous six weeks.

Figure 6.3. Weekly number of SARS-CoV-2 cases (bars) and the 4-week rolling average proportion of sequenced cases attributed to each Pango lineage group (lines) from residents in Wales for the past six months (Week 42 2024 to Week 14 2025).



For detailed information on genomic surveillance of SARS-CoV-2 in Wales, please see: https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/COVID-19genomicsurveillance/Summary

7. International Summary

Influenza activity – UK and international summary

- As of Week 14, GP ILI consultations decreased to 4.8 per 100,000 in England, increased to 7.2 per 100,000 in Scotland and remained stable in Northern Ireland at 6.4 per 100,000.
- During Week 14, 5,782 samples tested for influenza were reported in England of which 289 were positive for influenza (125 influenza A (not subtyped), 44 influenza A (H3N2), 14 influenza A (H1N1)pdm09, and 106 influenza B). Overall influenza positivity decreased to 5% in England, decreased to 5.2% in Northern Ireland and decreased to 18.0% in Scotland.
  UK summary data are available from the UKHSA Influenza and COVID-19 Surveillance Report, Respiratory surveillance report | HSC Public Health Agency and COVID-19 & Respiratory Surveillance (shinyapps.io)

- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported during Week 14, that influenza positivity is above the 10% positivity epidemic threshold at 16%. Of the 35 countries and areas reporting on influenza intensity, nine reported medium intensity or higher. Of the 34 countries and areas reporting on geographic spread of influenza viruses within a country or area, 24 reported widespread or regional distribution. There were 443 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- In the Northern hemisphere, activity continued to decline or remained the same in most countries. Minor increases were reported in a few countries in Southwest Europe, Eastern Asia, and Eastern Africa. Activity remained elevated in Europe (predominantly A(H3N2) and B viruses), Central America and the Caribbean (predominantly A(H1N1)pdm09),Tropical South and North America (predominantly A viruses), Africa (predominantly A viruses with subtype variations across regions), Central, Western, and Southern Asia (predominantly A(H3N2) and B viruses), Eastern Asia (A(H1N1)pdm09) and South-East Asia (predominantly A(H1N1)pdm09 and B viruses).
- In the Southern hemisphere, activity remained the same or decreased in all countries. Activity remained elevated in a few countries in Tropical South America, Eastern Africa (predominantly A viruses), South-East Asia (predominantly A(H1N1)pdm09 and B viruses) and Oceania (predominantly A(H1N1)pdm09). **Source**: WHO influenza update: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update

- Based on FluNet reporting (as of 16/04/2025), during Week 14, globally there were 2,384 A(H1N1), 1,054 A(H3), 6,694 A(not subtyped), 419 influenza B (Victoria) and 5,035 influenza B(lineage not determined) **Source:** Flu Net: flunetchart

Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that influenza activity levels continued to decline in Week 14 (ending 05/04/2025). Nationally, 5,339 (7.6%) out of 70,643 specimens have tested positive for influenza in clinical laboratories nationwide, of these positive samples, 2,388 (44.7%) were influenza A and 2,951 (55.3%) were influenza B. Further characterisation has been carried out on 1,617 specimens by public health laboratories, and 993 samples tested positive for influenza; 456 influenza A(H1N1)pdm09, 368 influenza A(H3N2), 52 influenza A(not subtyped), zero influenza H5, and 117 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during Week 14, influenza activity is decreasing. 4,129 influenza detections were reported: 3,262 influenza A and 867 influenza B. Source: https://health-infobase.canada.ca/respiratory-virus-surveillance/

Respiratory syncytial virus (RSV) in North America

The USA CDC reported that the RSV positivity rate decreased in Week 14.
Source: CDC RSV national trends: National Respiratory and Enteric Virus Surveillance System | CDC

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

- As of 13 March 2025, Saudi Arabia reported four MERS-CoV cases from 6 September 2024 to 28 February 2025, including 2 deaths. WHO Global Alert and Response website: https://www.who.int/emergencies/disease-outbreak-news
- Rapid risk assessments of the situation from ECDC, which contain epidemiological updates and advice for travellers and healthcare workers, are available from: https://ecdc.europa.eu/en/middle-east-respiratory-syndrome-coronavirus
- Further updates and advice for healthcare workers and travellers are available from WHO: http://www.who.int/emergencies/mers-cov/en/ and from NaTHNaC: https://travelhealthpro.org.uk/news/237/mers-cov-update-travelhealthpro-country-pages

Human infection with avian influenza A

- The WHO has published an updated assessment of recent influenza A(H5N1) virus events in animals and people. Currently, the global public health risk of influenza A(H5N1) viruses to be low, while the risk of infection for occupationally exposed persons is low to moderate, depending on the risk mitigation measures in place. Transmission between animals continues to occur and, to date, a growing yet still limited number of human infections are being reported. 20 December 2024:
  Other updates on zoonotic influenza infections and risks to humans are available from the WHO Global Alert & Response website: https://www.who.int/emergencies/disease-outbreak-news

8. Notes on interpretation

Hospital/critical care (CC) admission: A hospital/CC admission that involves a minimum of 1 overnight stay. N.B. Transfers to another hospitals within the same health board (HB) are counted as the same continuous inpatient stay.

ARI hospital/CC admission: A hospital/CC admission where the patient tested positive for an ARI infection in the community within 28 days prior to the admission date or in hospital up to 2 days after admission (where the date of admission is day 1).

Hospital/CC inpatient (IP): A patient admitted to hospital/CC on or before the specified date, with a minimum of 1 overnight stay who had not been discharged from hospital/CC by 23:59 of the specified date.

ARI hospital/CC IP: A hospital/CC IP who tested positive for an ARI in hospital or in the community within the previous 28 days. Hospital acquired (HA): An IP whose first positive ARI test was taken in hospital more than 7 days after admission for COVID-19 or more than 3 days after admission for Influenza and RSV.

ARI outbreaks and incidents in a care home setting (fig 4.2): Information about incidents and outbreaks is taken from the case management system used by Public Health Wales. An incident in this context refers to the way that information is recorded and organised on the case management system. Not all acute respiratory infections affecting two or more care home residents with a common exposure (an outbreak*) will be recorded as incidents and captured in this graph. This may be because there was not a need for ongoing public health advice and therefore a different type of record was created. As a result, certain infections (e.g. influenza) may be captured more than others and the actual number of ARI outbreaks is likely to be underestimated. Figure 4.2 is therefore most useful for telling us about trends in the number of incidents over time, although trends may be affected both by changes in testing policy and by changes in how the incident management system is used. We will continue to review the impact of such changes and update our methodology or caveats as appropriate. Note that this definition is one of the traditional or epidemiological definitions of an outbreak, not all outbreaks will result in formally activating The Communicable Disease Outbreak Plan for Wales https://phw.nhs.wales/topics/the-communicable-disease-outbreak-plan-for-wales

9. Statement of voluntary application of the Code of Practice for Statistics

The Communicable Disease Surveillance Centre in Public Health Wales publishes a weekly integrated respiratory infection summary. This report highlights the latest available information from a number of Public Health Wales surveillance schemes, reports and other sources on Acute Respiratory Infections (ARI) in Wales.

Our publications are categorised as management information and this statement outlines the steps taken towards voluntary adoption of the Code of Practice for Statistics to ensure that our publications are high quality, useful for supporting decisions and well-respected. The code is built around 3 pillars:

- **Trustworthiness:** confidence in the people and organisations that produce statistics and data
- **Quality:** data and methods that produce assured statistics
- **Value:** publishing statistics that support society's needs for information

Trustworthiness

This report (and the underlying analysis) has been developed by a team of epidemiologists and analysts under the guidance of senior scientists and consultants. We work as part of a wider integrated respiratory surveillance group, which brings together expertise in virology, epidemiology, genomics and surveillance. Key information summarised in this surveillance report is routinely shared with UK Health Security Agency (UKHSA), World Health Organisation (WHO) and other international networks to enable international surveillance and epidemiological studies. Appropriate disclosure control methods have been considered and applied.

The report is published on a weekly basis during winter period between week 40 (October) and 20 (May) of the following year and on a fortnightly basis during the summer period. Where there are interruptions to data flows, or other technical issues affecting the production of elements of the report, we highlight in the text as appropriate. Where there are unplanned delays to publication we inform our stakeholders. We highlight key changes in the report when necessary.

Quality

We are continuously seeking to improve the quality of our surveillance. Where possible, ARI surveillance schemes in Wales follow, or are working towards following, good practice recommendations and international guidance (e.g. the WHO MOSAIC framework, using professional judgement. The surveillance team routinely consults with other UK teams and international specialists. Where there are limitations in data or interpreting data, we try to specify and continue work to address them.

Value

This information contributes to many areas, including response to health threats, public health interventions, healthcare planning and research. There are also society benefits from making this information available, supporting transparency and providing timely access for the scientific community, public health specialists and the public. This in turn reduces the onus on our stakeholders to request information, releasing capacity or further development of our outputs. We aim to present epidemiological and virological data in meaningful and accessible ways to help meet the needs of different audiences. However, we aspire to improve in this, with improved understanding of user-needs. We have also included links to other related reports and resources to avoid duplication of data presentation.

10. Links to surveillance reports from other countries

Public Health Wales influenza surveillance webpage: https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/weekly-influenza-and-acute-respiratory-infection-report/

Public Health Wales COVID-19 data dashboard: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/

Public Health Wales interactive report on hospitalisations in influenza and RSV cases: https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/ARI-Hospitaladmissionsdashboard/ARIhospitaladmissionsdashboard?publish=yes

NICE influenza antiviral usage guidance: http://www.nice.org.uk/Guidance/TA158

England influenza and COVID-19 surveillance: National flu and COVID-19 surveillance reports: 2024 to 2025 season - GOV.UK (www.gov.uk)

Scotland seasonal respiratory surveillance: Publications - Public Health Scotland

Northern Ireland influenza surveillance: https://www.publichealth.hscni.net/directorate-public-health/health-protection/seasonal-influenza

European Centre for Communicable Disease: http://ecdc.europa.eu/

European influenza information: http://flunewseurope.org/

Advice on influenza immunisation https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/

Advice on influenza immunisation (for intranet users) Influenza (sharepoint.com)

For further information on this report, please email Public Health Wales using: surveillance.requests@wales.nhs.uk