GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 22 (ending 01 June 2025)

Weekly acute respiratory infection summary

Headline

- Influenza circulation has returned to baseline levels. GP consultations for influenza-like illness and confirmed case numbers have decreased in the current week, as has test positivity.
- Small numbers of sporadic flu cases continue to be confirmed. Influenza B was the most frequently detected type last week.
- Respiratory Syncytial Virus (RSV) is at baseline levels.
- COVID-19 case numbers have remained broadly stable in recent weeks.
- GP consultations for acute respiratory infections increased compared to the previous week.
- According to EuroMoMo method, 'no excess' all-cause mortality has been reported so far this season.
- **Please note, the weekly report will move to a fortnightly reporting schedule from 4th June, until September.**

Foreword

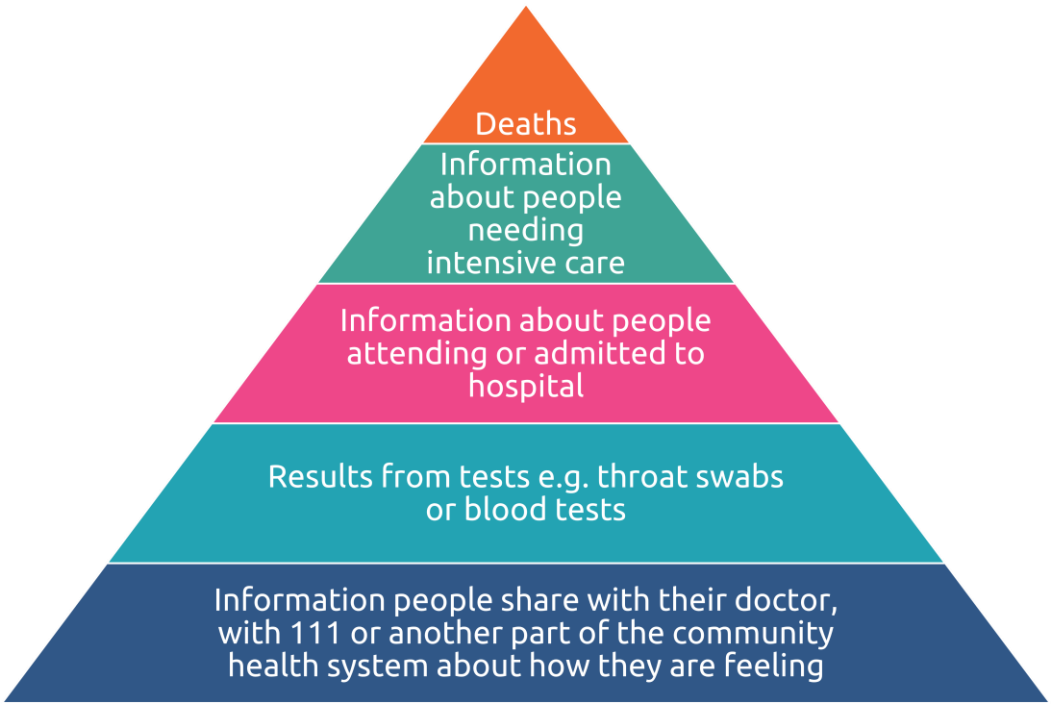
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

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 stable. Consultations with Sentinel GPs for acute respiratory infection (ARI) is stable compared to last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV decreased in Week 22 (<1% of total admissions).
Influenza	**Influenza activity is at baseline levels and case numbers remain broadly stable**. The overall proportion of samples testing positive remained stable in the most recent week at 0.6%. Consultations for influenza-like illness (ILI) with sentinel GPs decreased. One case of influenza was 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 three during Week 22. During Week 22, there were 8 in-patient cases of confirmed influenza, none of which were in critical care.
Influenza type breakdown	***Since 2024 Week 40**: 8,629 total influenza cases confirmed (496 influenza A(H3N2), 1,651 influenza A(H1N1)pdm09, 5,056 influenza A untyped and 1,426 influenza B).* ***In the most recent week**: Zero influenza A(H3), zero influenza A(H1N1), six influenza A untyped and two influenza B.*	
COVID-19	The overall proportion of samples testing positive increased to 6.5% in hospital and non-sentinel GP practices. Consultations with sentinel GPs for COVID-19 decreased in the most recent week.	The number of confirmed cases of community acquired COVID-19 admitted to hospital remained stable at 22 during Week 22. During Week 22 there were 117 in-patient cases of confirmed COVID-19, three of whom were 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 0 in the most recent week.	The number of confirmed cases of community acquired RSV admitted to hospital remained stable at zero during Week 22. During Week 22 there were three in-patient cases of confirmed RSV, none in critical care.
Other respiratory pathogens	Rhinovirus remains the most prevalent detected pathogen in both sentinel and non-sentinel networks. While most pathogens are either stable or decreasing.	

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 0.5 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (0.7 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 8.6 ARI consultations per 100,000 practice population, stable compared to 8.5 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (174.8) followed by people aged 1 to 4 (79.3) and people aged 75+ (43.1) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators increased from 1,587 in the previous week to 1,725 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for cardiac or respiratory arrest and chest pain increased compared to the previous week. Calls for difficulty breathing were stable 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 22, 2025).

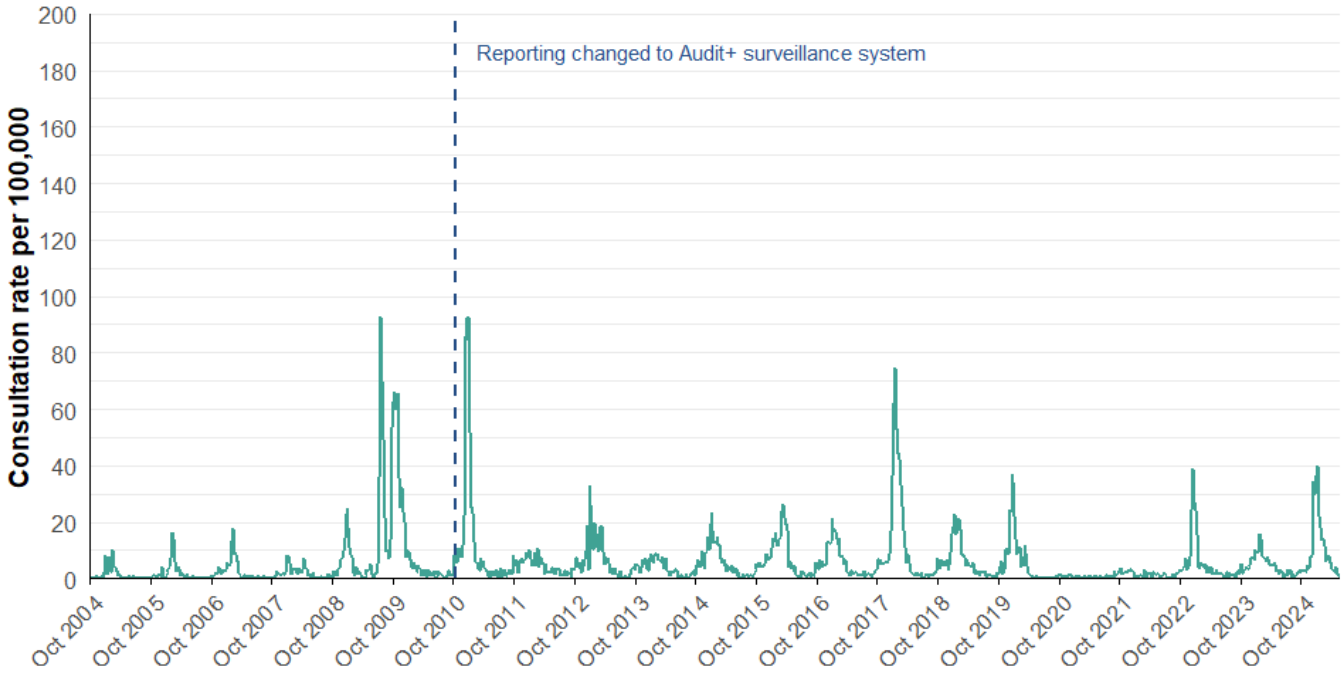
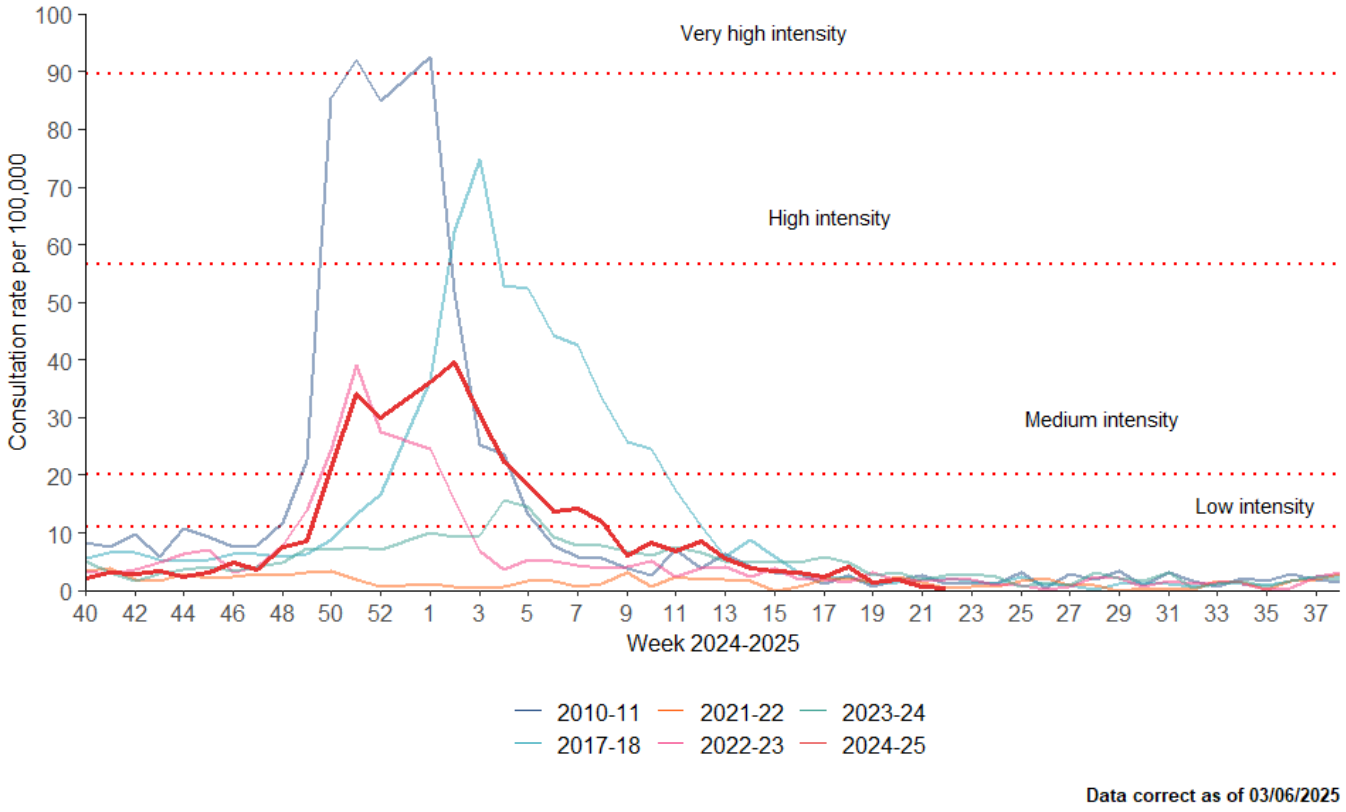


Figure 1.2. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population.



GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 22, 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	8.57	8.54	25.63
COVID-19	0.36	0.66	7.27
LRTI	3.41	2.95	8.65
Pneumonia	0.00	0.01	0.08
Severe asthma	0.42	0.46	1.07
URTI	5.16	5.60	17.04
Total	17.92	18.22	59.74

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 per 100,000 practice population for Acute Respiratory Infection (ARI).

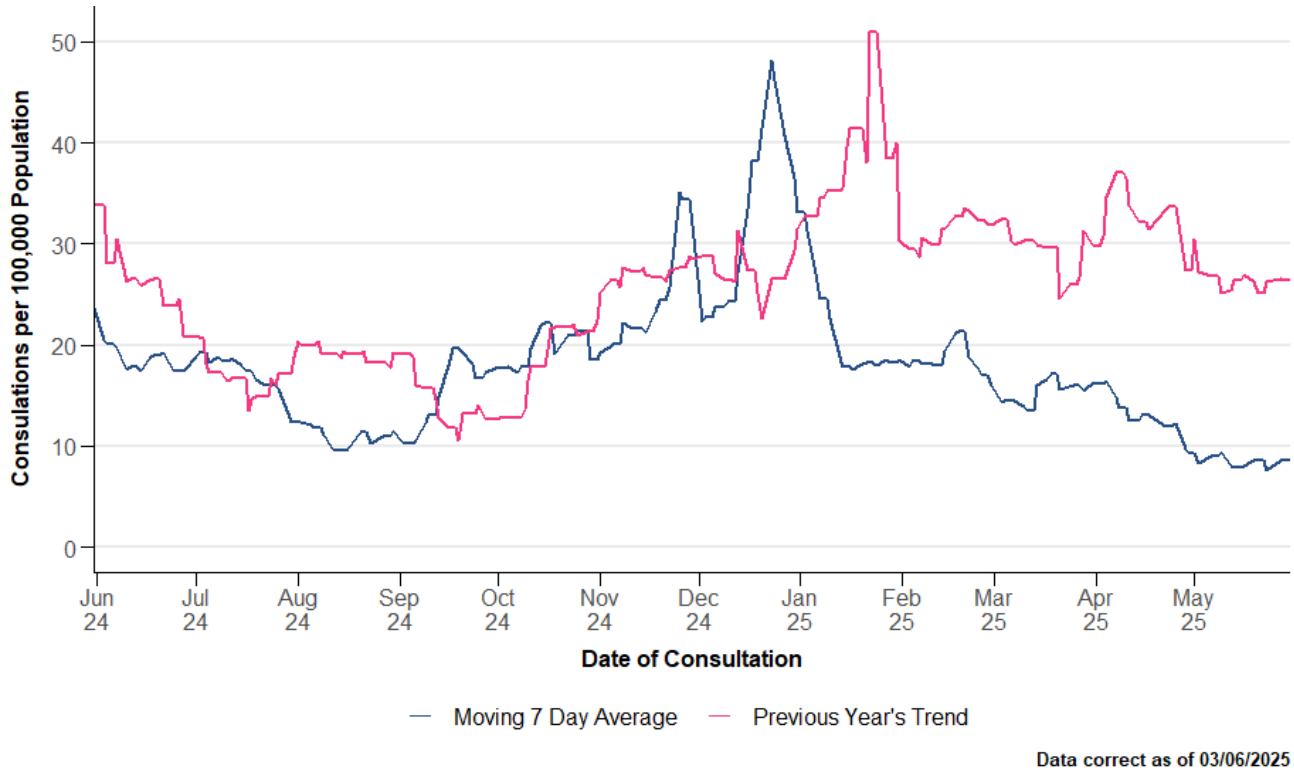
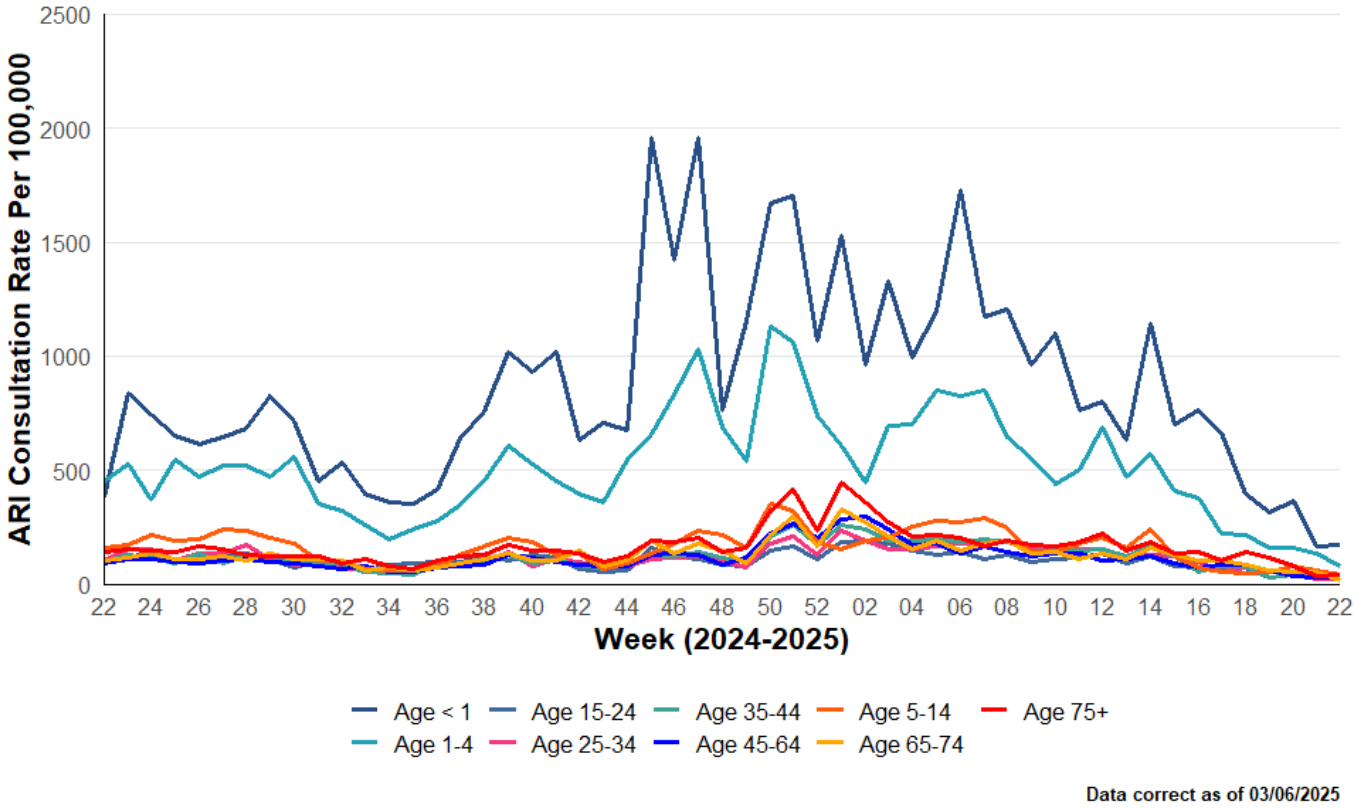


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



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.

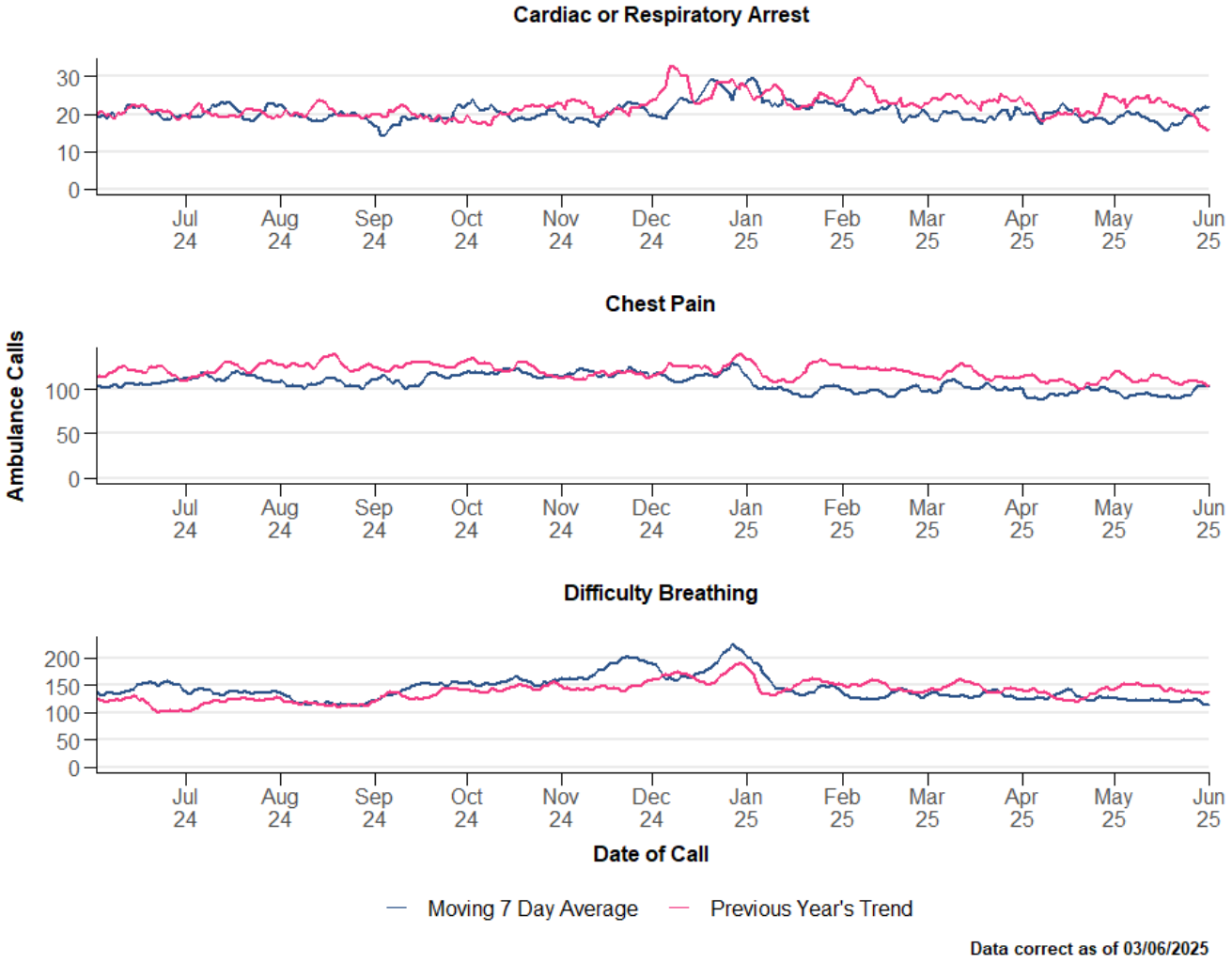


Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 22, 2025). This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	147	122	152
Chest Pain	726	629	755
Difficulty Breathing	852	836	980
Total	1,725	1,587	1,887

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 132 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 22, 2025, as at 04/06/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (23) followed by parainfluenza (8) and adenovirus (5). Of the 132 tests, 63.6% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 739 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 22 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (93) followed by SARS-CoV2 (COVID-19) (48) and adenovirus (32). Of the 739 tests, 71.9% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

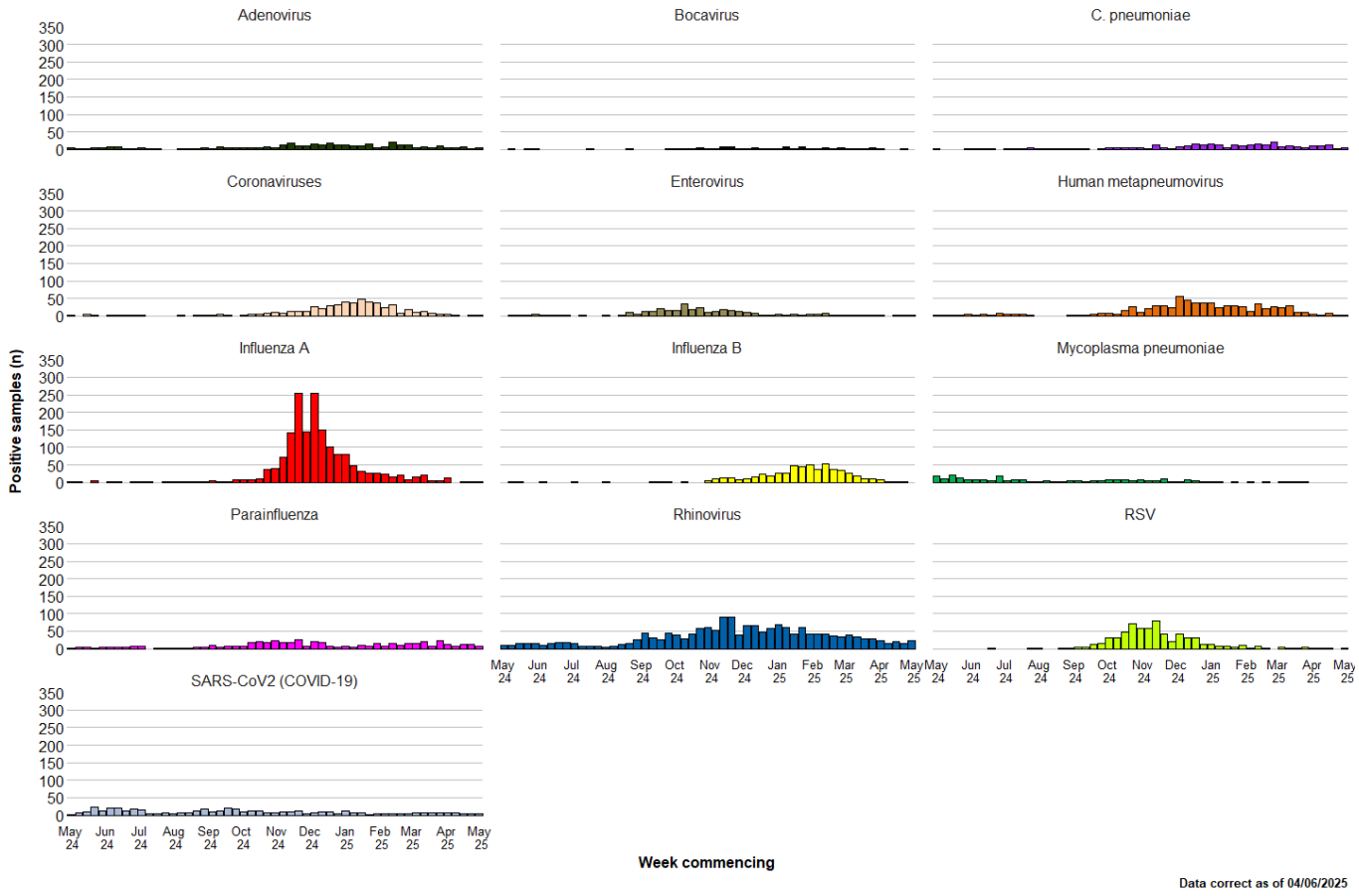
Additionally, during Week 22, 349 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 3 for influenza (three for influenza A, zero for influenza B)
- 18 for SARS-CoV-2 (COVID-19)
- 0 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 22, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	23	17.4%	12.1%	Increasing
Parainfluenza	8	6.1%	9.8%	Decreasing
Adenovirus	5	3.8%	0.8%	Increasing
C. pneumoniae	4	3.0%	0.8%	Increasing
Human metapneumovirus	3	2.3%	2.3%	Stable
SARS-CoV-2 (COVID-19)	3	2.3%	2.3%	Stable
Coronaviruses	2	1.5%	0.8%	Stable
Influenza A	1	0.8%	1.5%	Stable
RSV	1	0.8%	0.0%	Stable
Enterovirus	1	0.8%	2.3%	Decreasing
Influenza B	0	0.0%	1.5%	Decreasing
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	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 22, 2024 to Week 22, 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 22, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	93	12.6%	10.5%	Increasing
SARS-CoV-2 (COVID-19)	48	6.5%	7.2%	Stable
Adenovirus	32	4.3%	5.2%	Stable
Parainfluenza	28	3.8%	4.1%	Stable
Human metapneumovirus	11	1.5%	1.6%	Stable
Enterovirus	11	1.5%	2.2%	Stable
Influenza A	2	0.3%	0.1%	Stable
Influenza B	2	0.3%	0.4%	Stable
Seasonal coronaviruses	2	0.3%	0.8%	Stable
RSV	0	0.0%	0.1%	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 22, 2024 to Week 22, 2025.

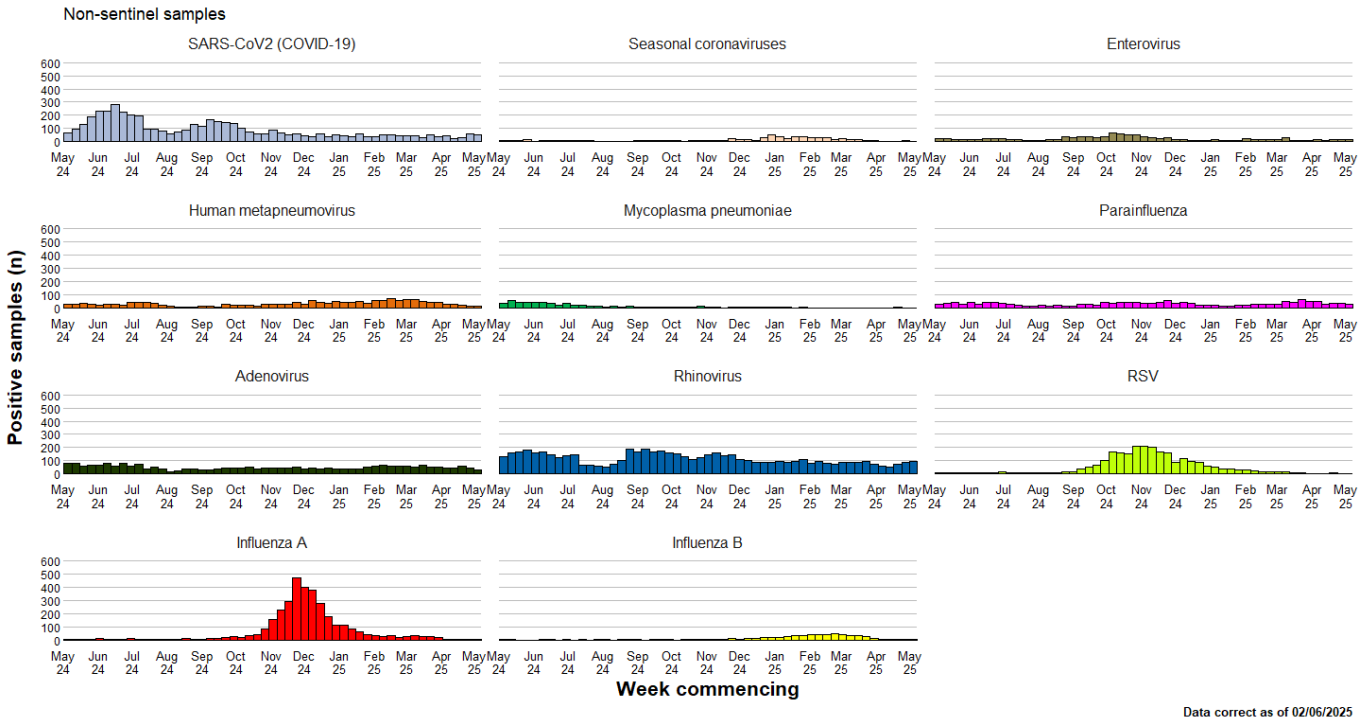
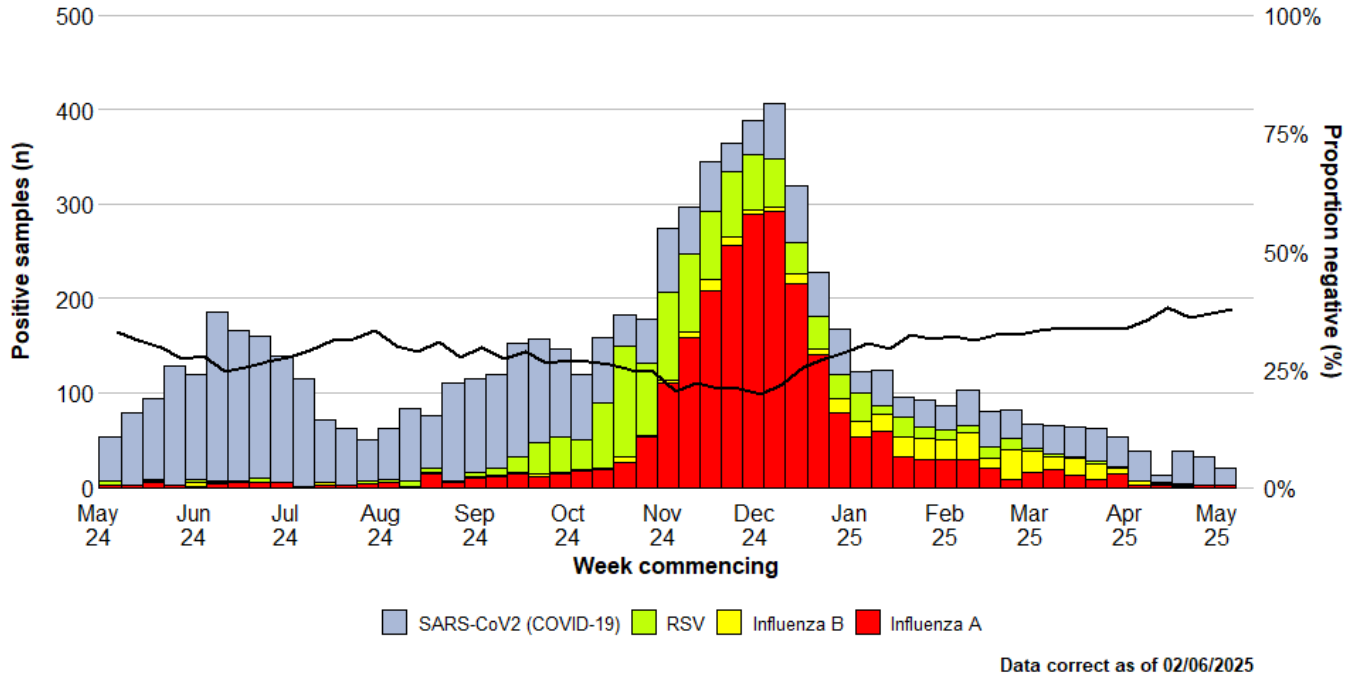


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV-2 testing only, by week of sample collection, Week 22, 2024 to Week 22, 2025.



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

Sentinel SARI in emergency departments

- During the previous four weeks there were 59 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was Adenovirus(10) followed by Rhinovirus/Enterovirus(8) and Parainfluenza(4). Of the 59 samples collected, 59.3% 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 2% for influenza, 2% for SARS-CoV-2 and 2% for RSV.

Hospital in-patients

- During week ending 01/06/2025 there were 25 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (5 less than the previous week), equating to 0% of all hospital admissions in that reporting week.

- At 23:59 on 01/06/2025, there were 128 patients in hospital with confirmed COVID-19, RSV or influenza, 15 less than the previous Sunday. This equates to 1% of all hospital in-patients (IPs) at that time. Of whom 80% (102) were hospital acquired (HA).

Critical-care

- During week ending 01/06/2025 there were 1 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 01/06/2025, there were 3 patients in CC with confirmed COVID-19, RSV or influenza, 1 more than the previous Sunday. This equates to 2% of all CC in-patients at that time. Of whom 67% (2) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 22, 2025, 47 respiratory samples were tested from patients in intensive care units (ICU). Of these: one tested positive for SARS-CoV-2 (COVID-19), zero tested positive for Influenza and zero tested positive for RSV (Figure 3.4).

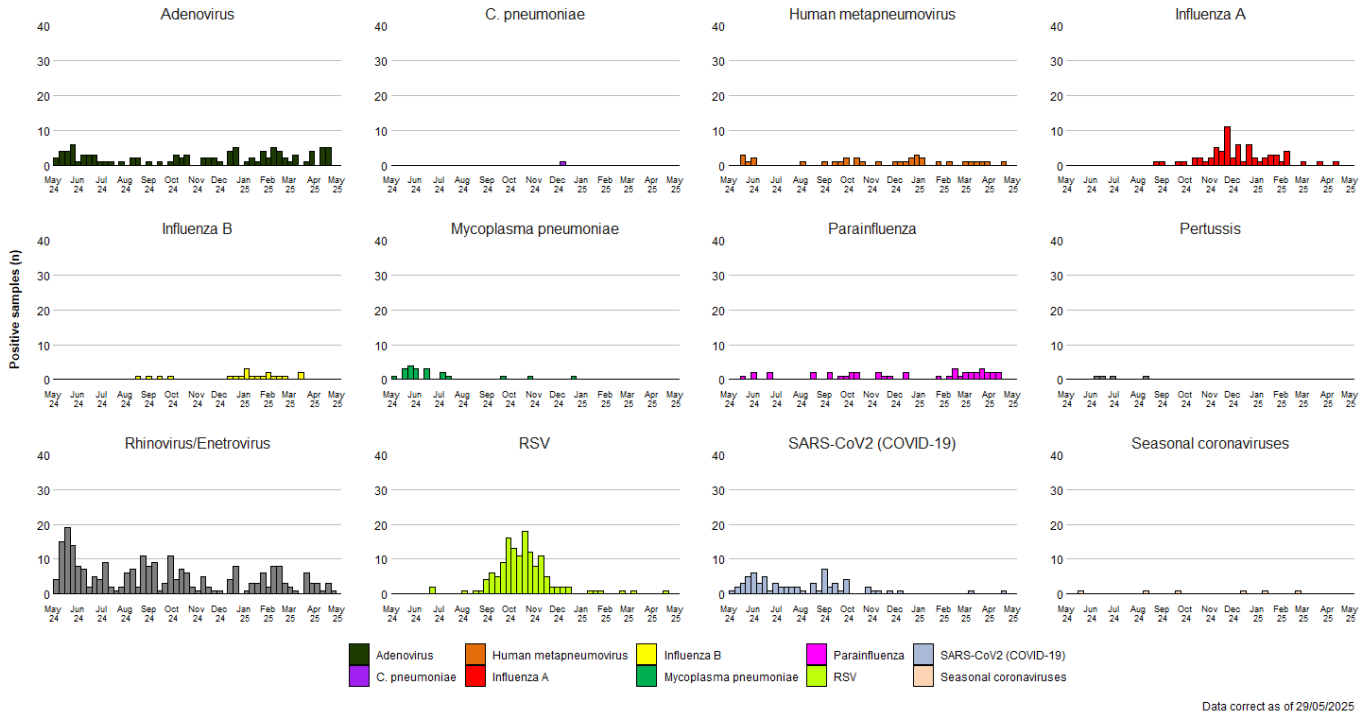
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

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 21, 2025.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	10	16.9%	101	8.5%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	1	1.7%	34	2.9%
Influenza A	1	1.7%	69	5.8%
Influenza B	0	0.0%	20	1.7%
Mycoplasma pneumoniae	0	0.0%	20	1.7%
Parainfluenza	4	6.8%	42	3.5%
Pertussis	0	0.0%	4	0.3%
RSV	1	1.7%	137	11.5%
Rhinovirus/Enterovirus	8	13.6%	245	20.6%
SARS-CoV-2 (COVID-19)	1	1.7%	67	5.6%
Seasonal coronaviruses	0	0.0%	6	0.5%
Negative	35	59.3%	547	46.0%
Total	**59**	**100%**	**1,228**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 21, 2025 and previous 12 months.

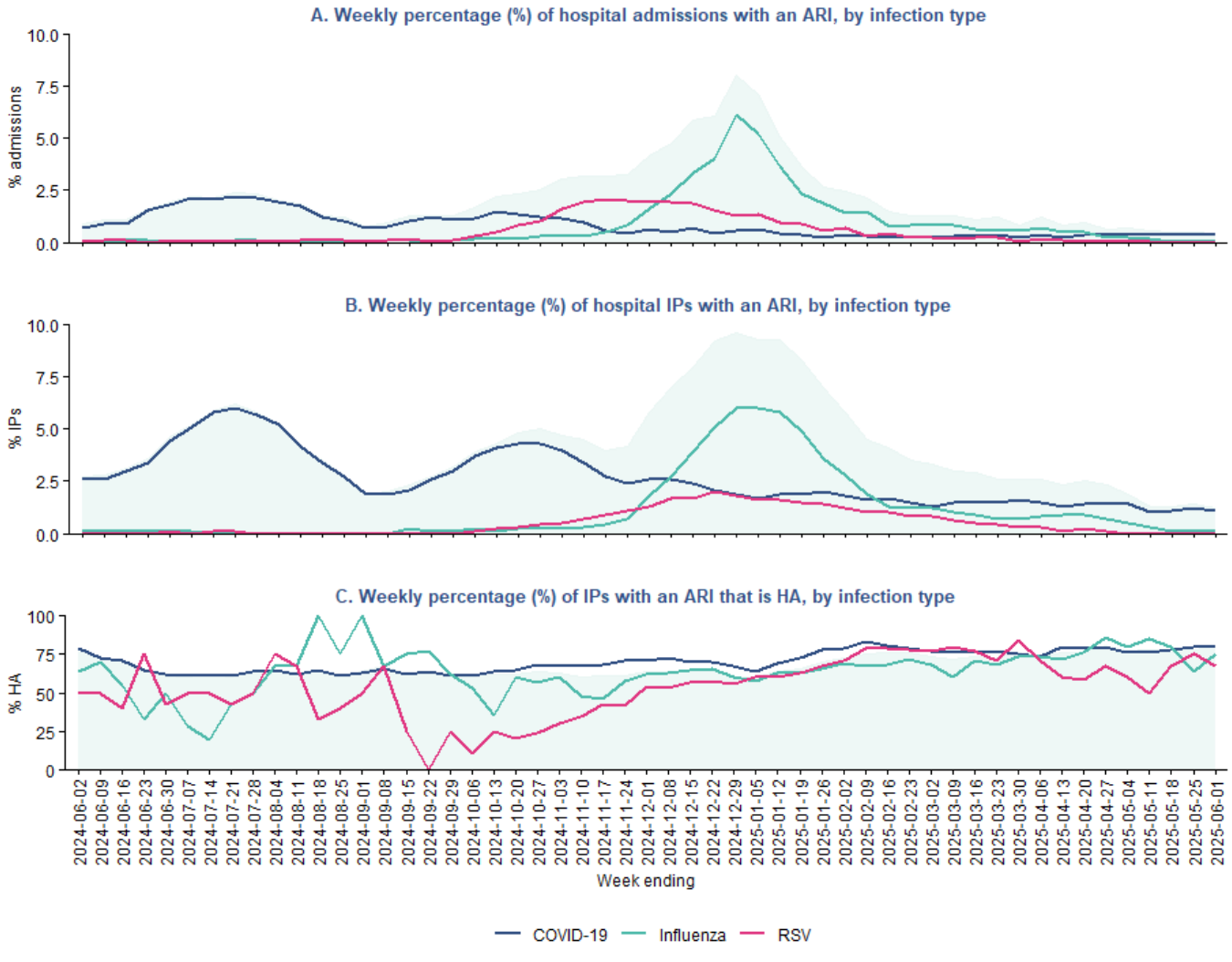


Acute Respiratory Infection Surveillance in Hospital In-Patients

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	22	<1%	117	1%	80% (94)
Influenza	3	<1%	8	0%	75% (6)
RSV	0	0%	3	<1%	67% (2)
ARI total	**25**	**<1%**	**128**	**1%**	**80% (102)**

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: 04-06-2025

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%	3	2%	67% (2)
Influenza	0	0%	0	0%	0% (0)
RSV	0	0%	0	0%	0% (0)
ARI total	**1**	**1%**	**3**	**2%**	**67% (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.

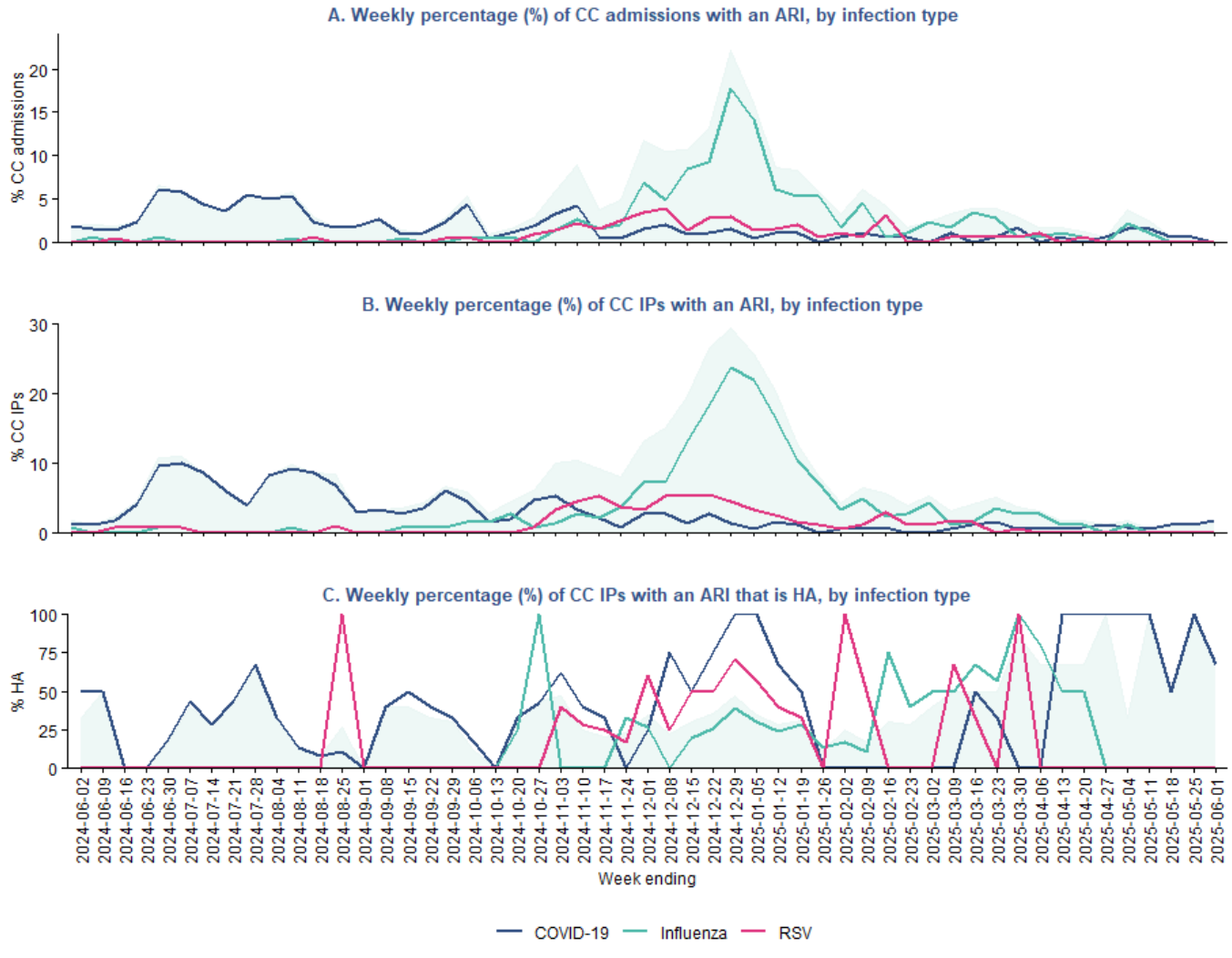
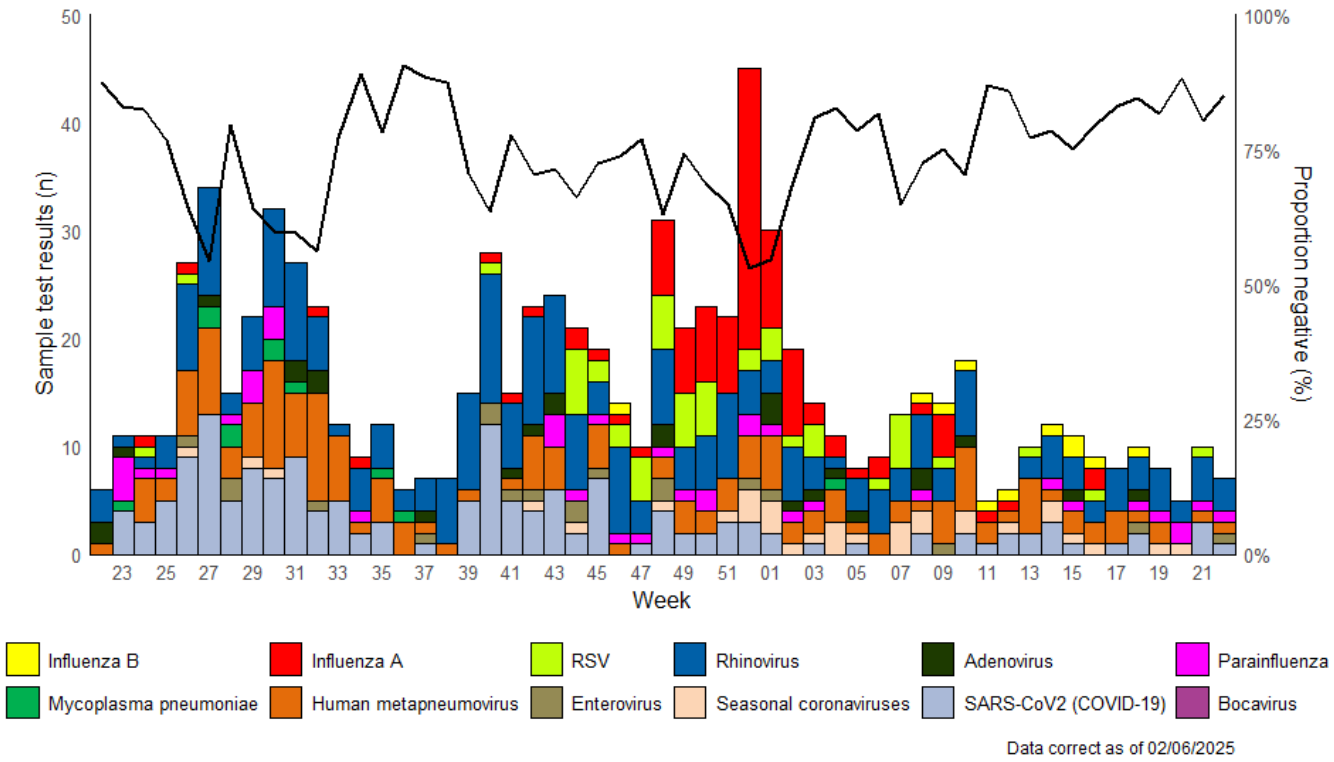


Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 22, 2025 to Week 22, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

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

During Week 22, 2025, 4 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- One was Rhinovirus, one was Covid-19, one was Influenza-Like Illness, and one was Parainfluenza.
- Three were in a Residential Home, and one was in 'Other' settings.

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.

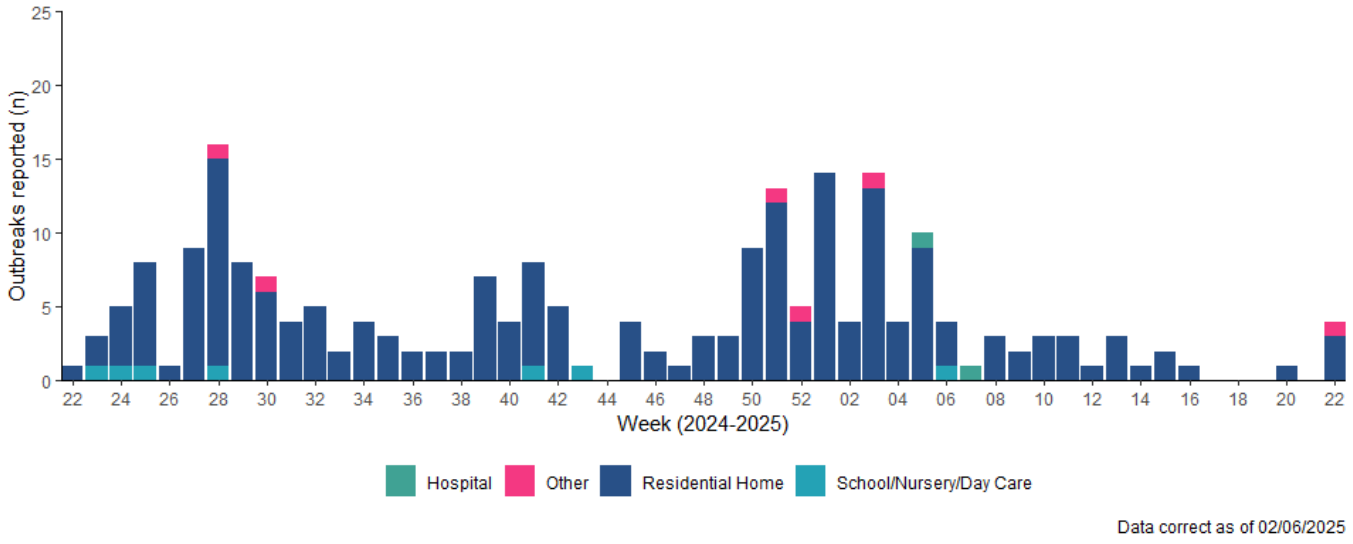
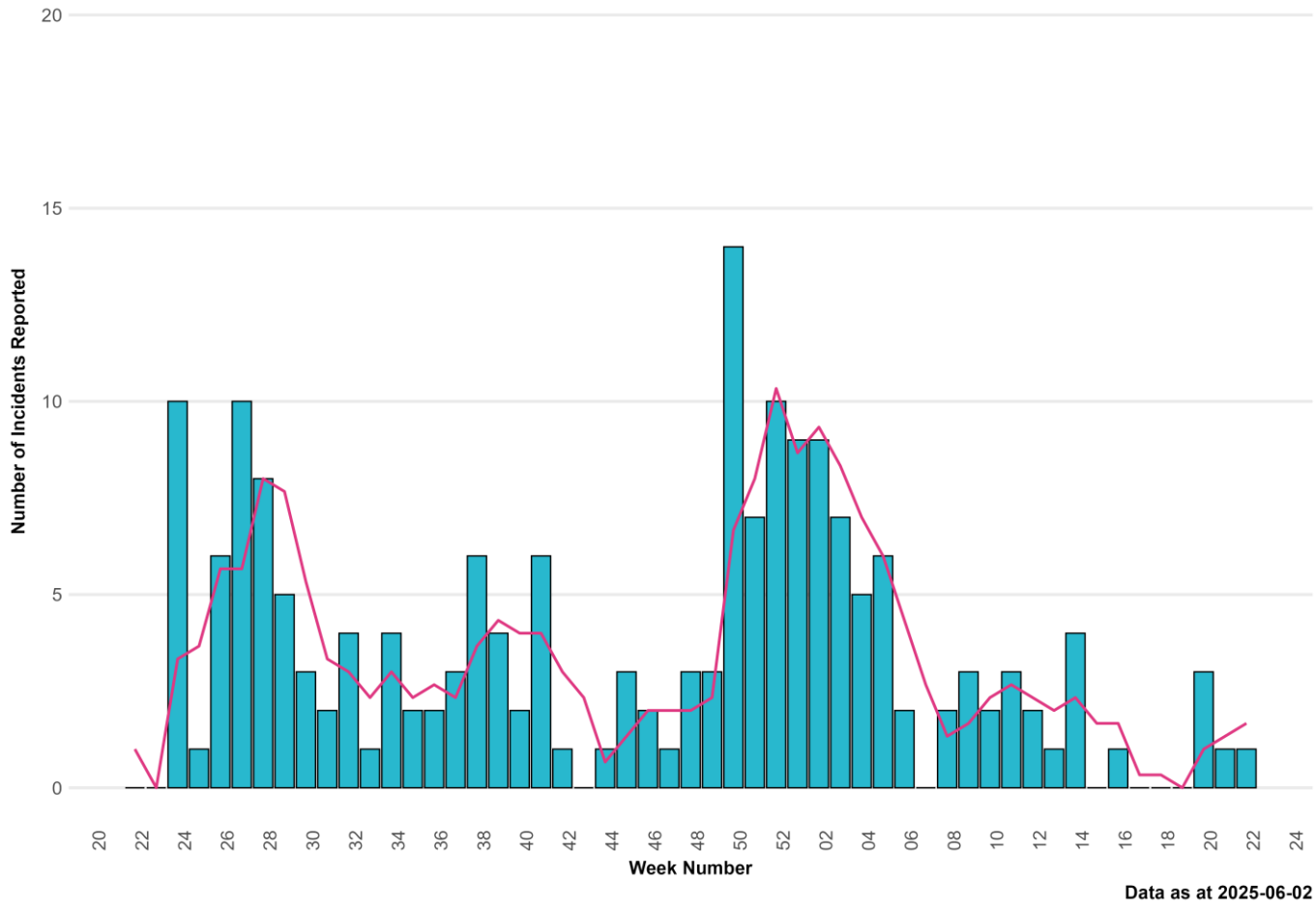


Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



5. Mortality surveillance

- Thus far this season, according to European Mortality Monitoring (EuroMoMo) methods, no 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.

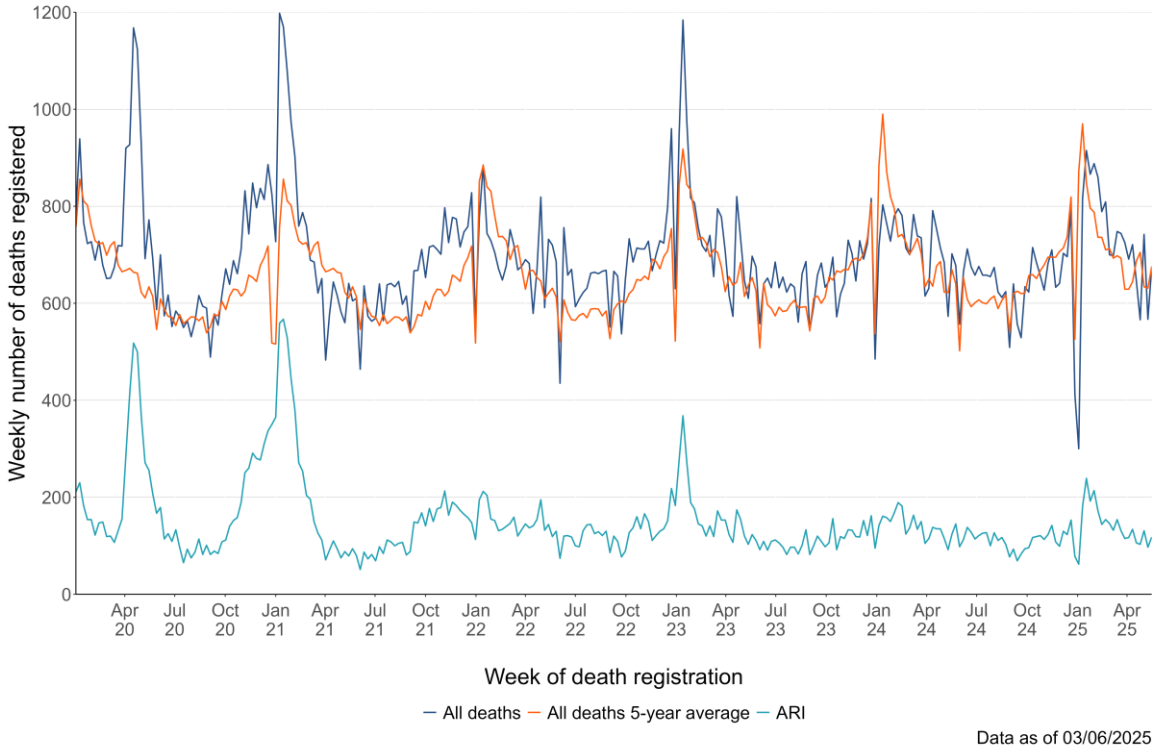


Figure 5.2 Numbers of ARI related deaths by age-group and week of death registration.

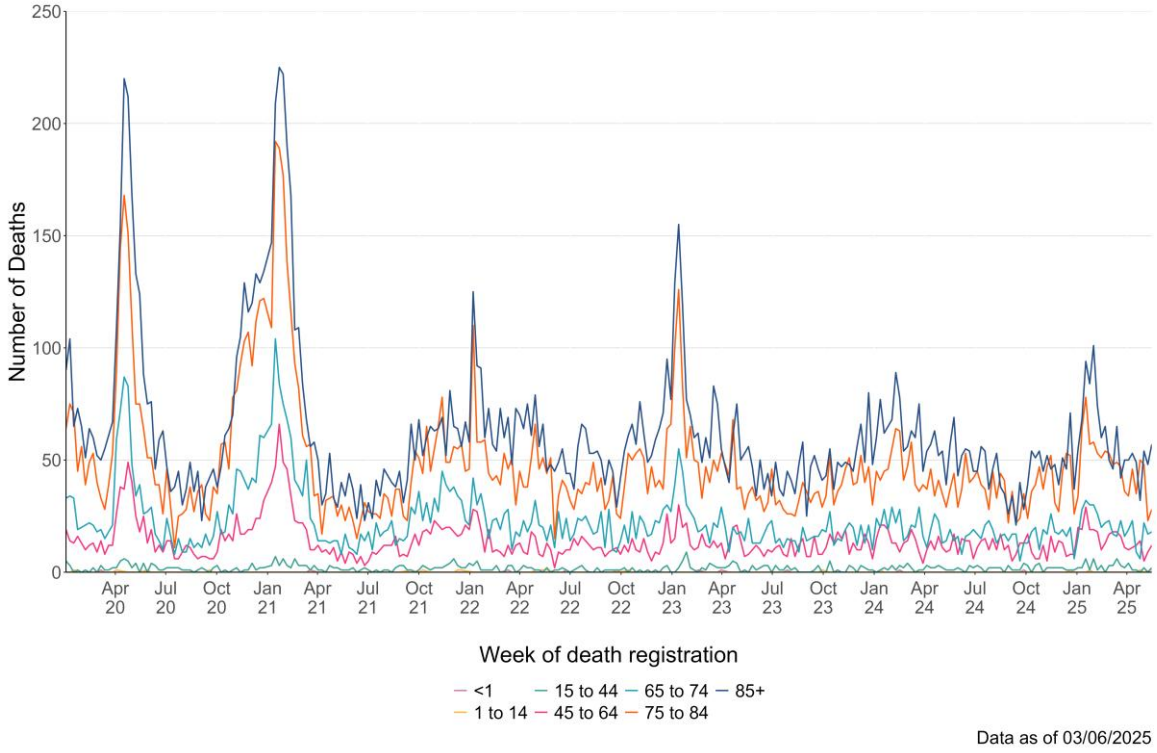


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

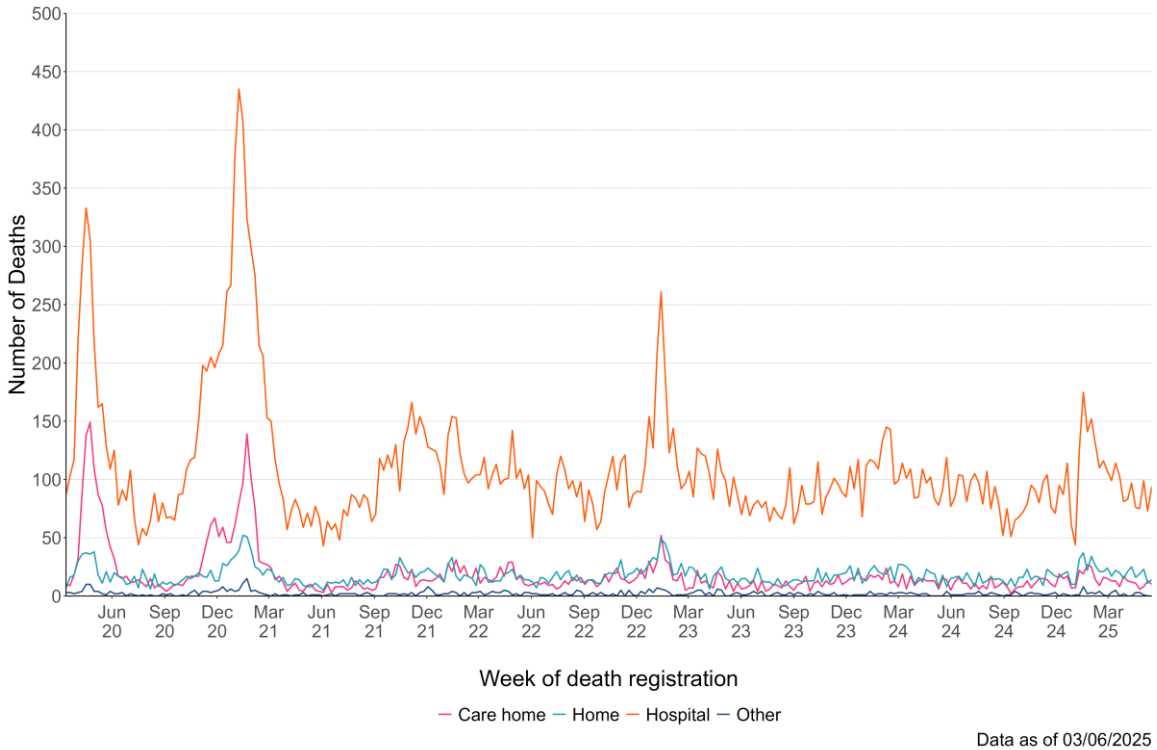
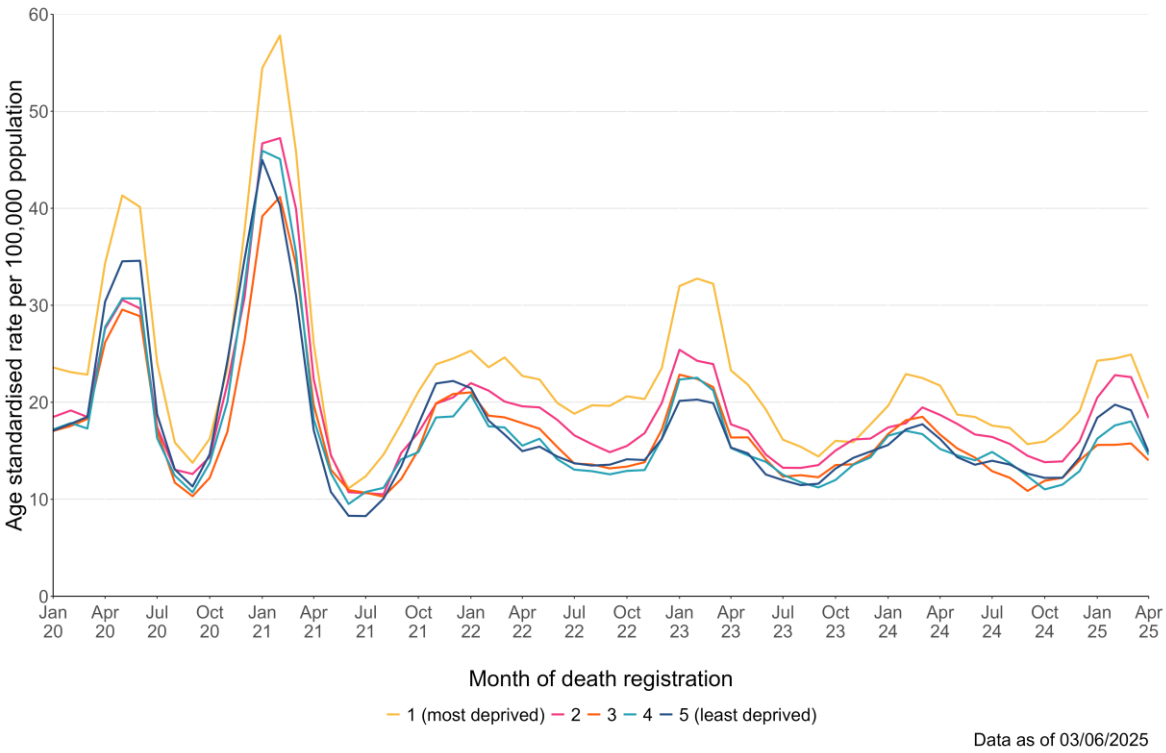


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



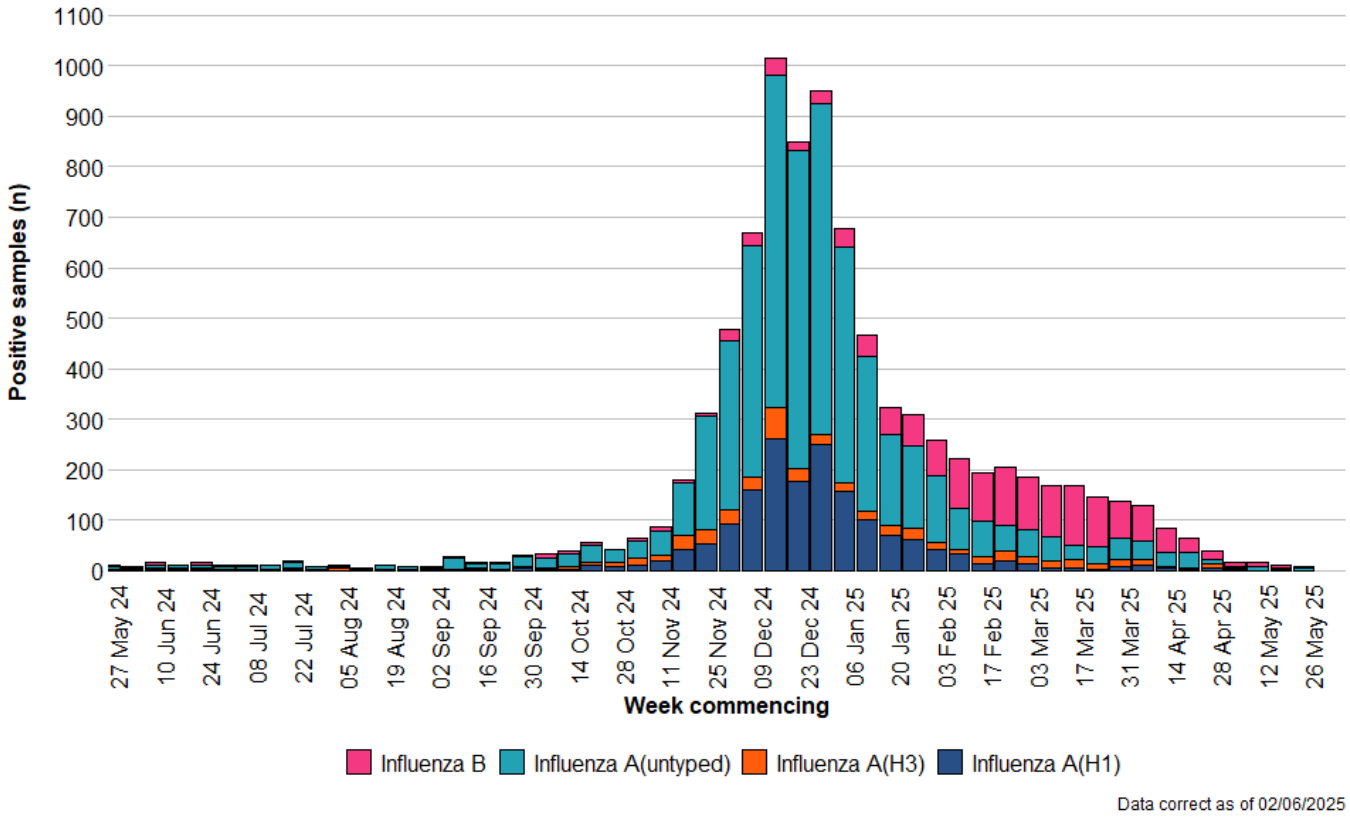
For interactive versions of these data, including health board specific breakdowns, see: [ONS mortality dashboard]

6. Pathogen-specific surveillance

Influenza

- influenza A(H1N1) is the most commonly detected influenza subtype in Wales since Week 40 2024 (1,651 confirmed cases), followed by influenza B (1,426 confirmed cases) and influenza A(H3N2) (496 confirmed cases). Additionally, there have been 5,056 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 22, 2024 to Week 22, 2025.

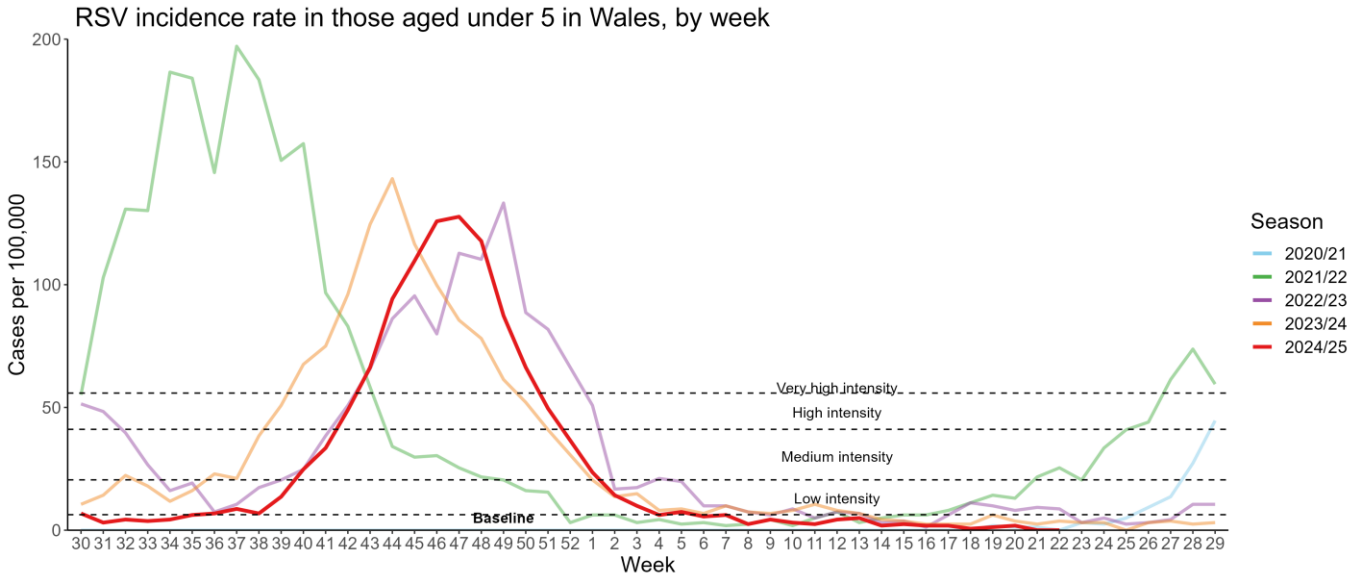


Data correct as of 02/06/2025

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at baseline (0.0) intensity levels per 100,000 population during Week 22 2025.

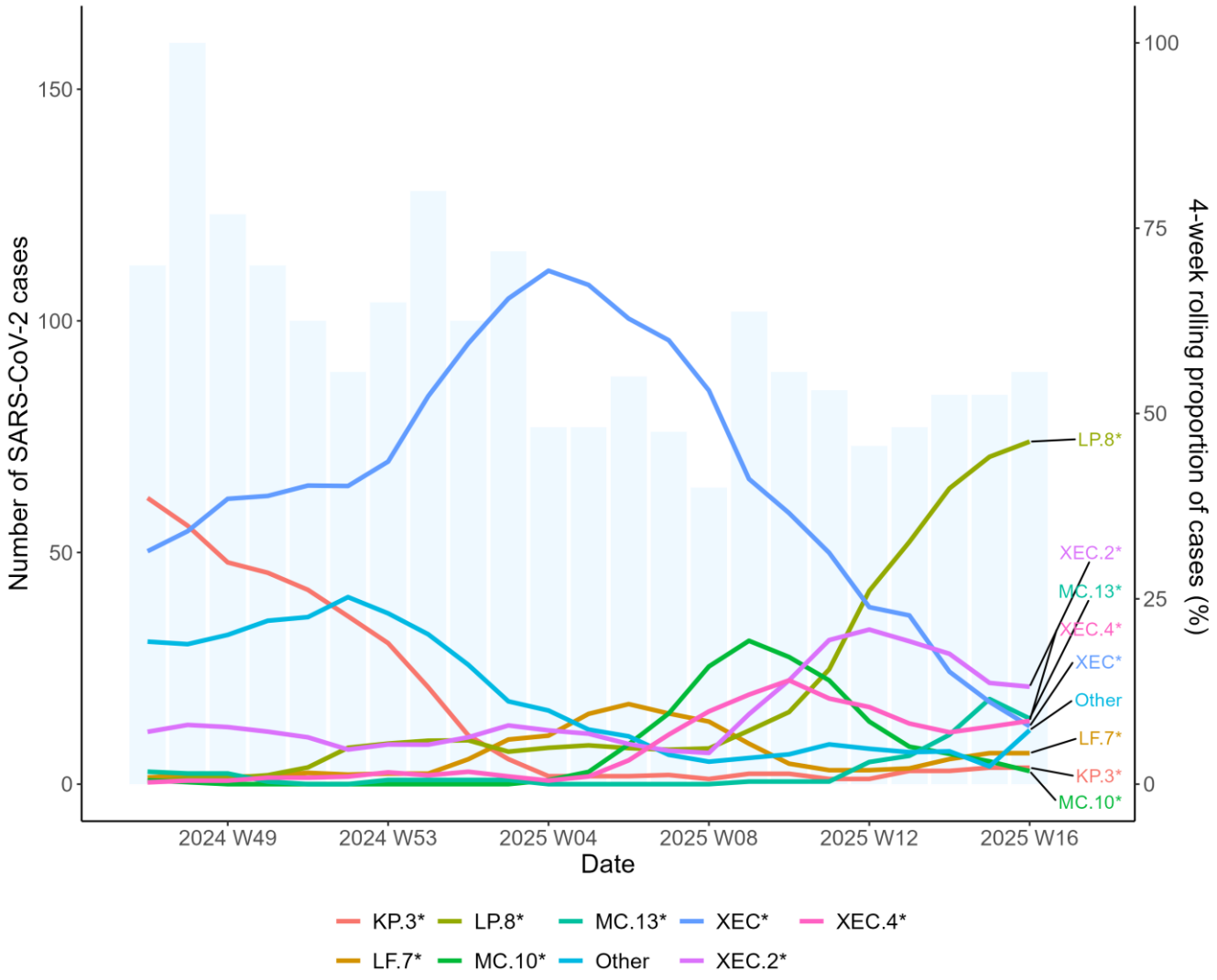
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 22 2024.



SARS-CoV-2 Variant surveillance

- Pango group LP.8* is the most frequently detected variant in Wales currently, accounting for 44.7% 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 (2024 W47 to 2025 W19).



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 20, GP ILI consultations increased to 1.7 per 100,000 in England and increased to 2.2 per 100,000 in Northern Ireland. As of Week 21, GP ILI consultations increased to 1.8 per 100,000 in Scotland.
- During Week 20, 3,677 samples tested for influenza were reported in England of which 65 were positive for influenza (50 influenza A (not subtyped), 7 influenza A (H3N2), 4 influenza A (H1N1)pdm09, and 4 influenza B). Overall influenza positivity decreased slightly to 1.8% in England, decreased to 1.8% in Northern Ireland. As of Week 21, overall influenza positivity increased slightly to 3.7% 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 20, that influenza positivity remained below the 10% positivity epidemic threshold. Of the 30 countries and areas reporting on influenza intensity, two reported medium intensity or higher. Of the 29 countries and areas reporting on geographic spread of influenza viruses within a country or area, seven reported widespread or regional distribution. There were 32 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- In the Northern hemisphere, influenza positivity continued to decline or remained stable in most countries with increases reported in a few countries in Central America and the Caribbean and one country in Southern Asia. Influenza positivity remained elevated in Central America and the Caribbean (predominantly A(H1N1)pdm09), Eastern Europe (predominantly B viruses), Western, Southern and Eastern Asia (predominantly A(H3N2)) and South-East Asia.
- In the Southern hemisphere, positivity remained stable in most countries with increases reported in a few countries in Temperate South America, Eastern Africa and Oceania. Influenza positivity was elevated (>10%) in Tropical and Temperate South America (predominantly A(H1N1)pdm09), Southern Africa (predominantly A(H3N2)), Eastern Africa and South-East Asia (predominantly A(H3N2 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 04/06/2025) during Week 21, globally there were 1,469 A(H1N1), 393 A(H3), 1,412 A(not subtyped), 165 influenza B (Victoria) and 428 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 21 (ending 24/05/2025). Nationally, 727 (1.9%) out of 37,851 specimens have tested positive for influenza in clinical laboratories nationwide, of these positive samples, 192 (26.4%) were influenza A and 534 (73.5%) were influenza B. Further characterisation has been carried out on 393 specimens by public health laboratories, and 60 samples tested positive for influenza; 16 influenza A(H1N1)pdm09, 3 influenza A(H3N2), 7 influenza A(not subtyped), zero influenza H5, and 34 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during Week 21, influenza activity is decreasing. 492 influenza detections were reported: 263 influenza A and 229 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 21.
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 12 May 2025, Saudi Arabia reported nine MERS-CoV cases from 01 March 2025 to 21 April 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