GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 47 (ending 23 November 2025)

Headline

- Evidence from surveillance suggests that influenza continues to circulate in the community in Wales. There have been confirmed cases in symptomatic patients attending sentinel GPs in all regions of Wales. Influenza-like illness consultation rates have decreased in recent weeks as have confirmed case numbers and the proportion of patients testing positive for influenza.
- The Respiratory Syncytial Virus (RSV) season is also underway, with incidence of confirmed cases in <5y olds now above the very high intensity activity threshold.
- COVID-19 case numbers have remained broadly stable in recent weeks.
- GP consultations for acute respiratory infections increased in recent weeks.
- According to EuroMoMo method, 'no excess' of all-cause mortality has been reported in the most recent week.

Foreword

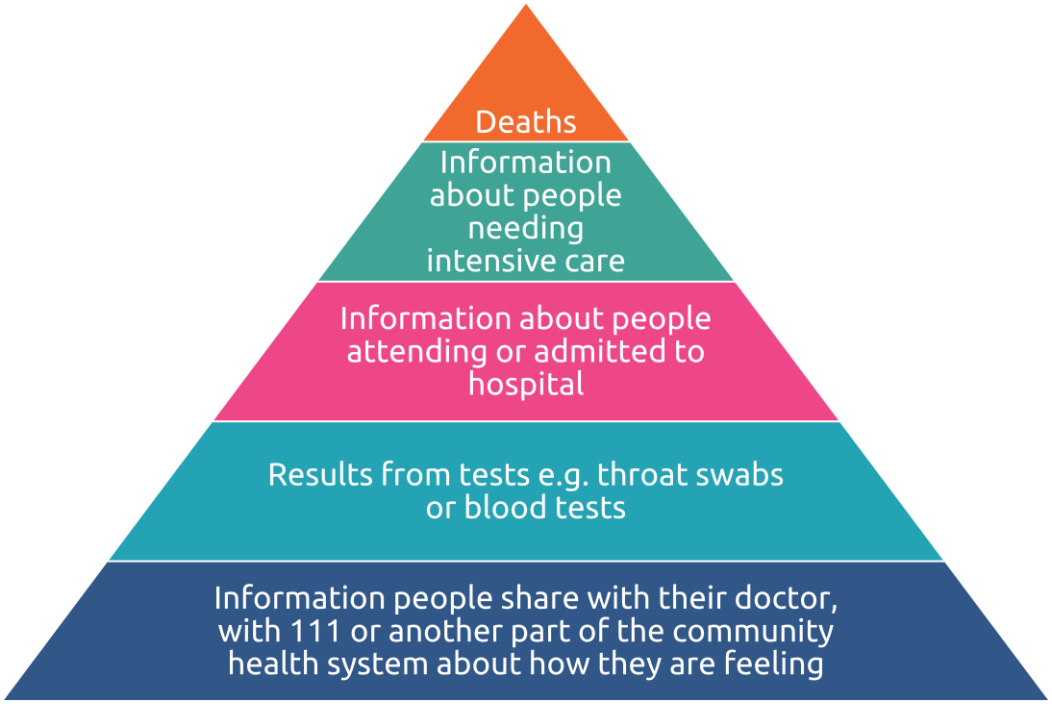
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

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)	Consultations with Sentinel GPs for acute respiratory infection (ARI) increased compared to last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV increased in Week 47 (3% of total admissions).
Influenza	**Influenza activity is at low levels, however case numbers continue to increase**. The overall proportion of samples testing positive decreased in the most recent week to 10.1%. Consultations for influenza-like illness (ILI) with sentinel GPs decreased and are at **baseline** intensity. 47 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 62 during Week 47. During Week 47, there were 104 in-patient cases of confirmed influenza, three of whom were in critical care.
Influenza type breakdown	***Since 2025 Week 40**: 1,276 total influenza cases confirmed (482 influenza A(H3N2), 35 influenza A(H1N1)pdm09, 750 influenza A untyped and nine influenza B).* ***In the most recent week**: 80 influenza A(H3), zero influenza A(H1N1), 148 influenza A untyped and one influenza B.*	
COVID-19	The overall proportion of samples testing positive remained stable at 3.1 % in hospital and non-sentinel GP practices. Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 remained stable in the most recent week.	The number of confirmed cases of community acquired COVID-19 admitted to hospital increased to 33 during Week 47. During Week 47 there were 126 in-patient cases of confirmed COVID-19, two of whom were in critical care.
RSV	RSV incidence per 100,000 in children aged up to 5y increased to 85.5 in Week 47 and is at very high intensity levels.	The number of confirmed cases of community acquired RSV admitted to hospital increased to 90 during Week 47. During Week 47 there were 42 in-patient cases of confirmed RSV, and three in critical care.
Other respiratory pathogens	Rhinovirus remained the most prevalent pathogen in sentinel and non-sentinel surveillance. In sentinel GP practices, test positivity increased for RSV, parainfluenza, and enterovirus. All other pathogens decreased or remained stable. In non-sentinel testing, test positivity for rhinovirus and RSV increased, all other pathogens were stable or decreasing.	

1. Community surveillance indicators

GP Consultations

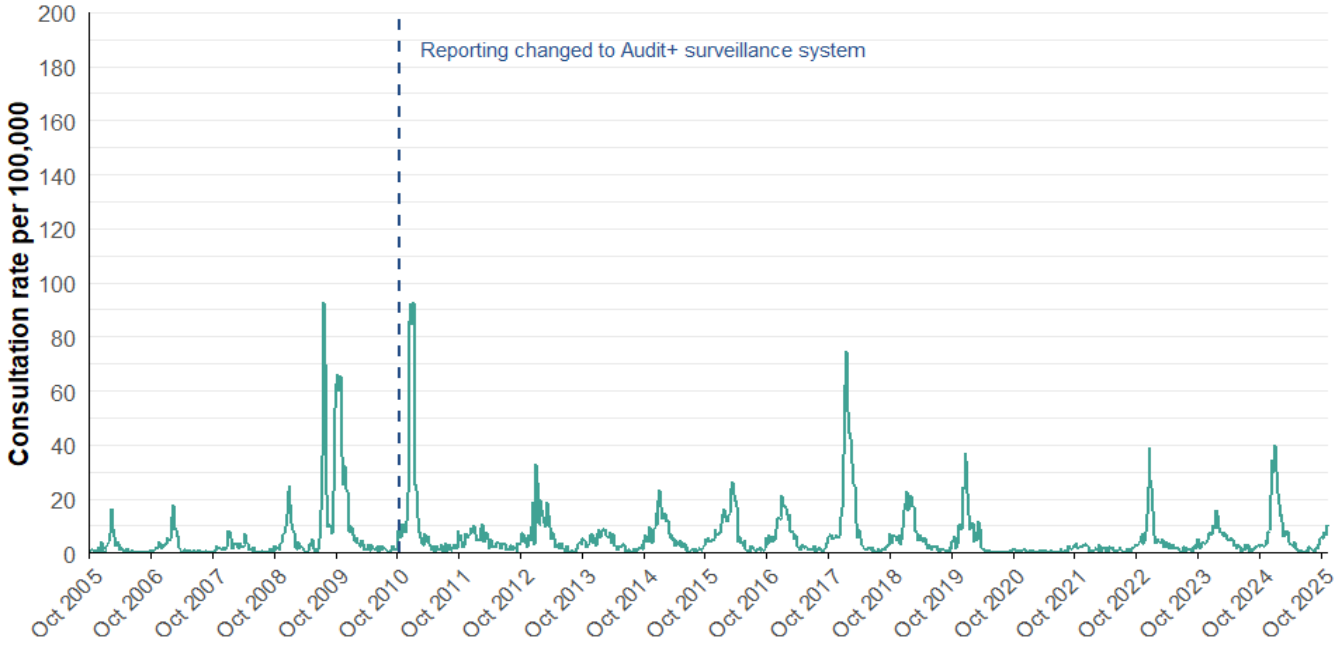
- The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable (Figures 1.1, 1.2).
- There were 9.5 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (10.3 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 15.8 ARI consultations per 100,000 practice population, an increase from 14.7 in the previous week (Table 1.2). The highest rates were found in people aged 1 to 4 (776.3) followed by people aged under 1 year (741.7) and people aged 5 to 14 (228) (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 decreased from 1,897 in the previous week to 1,846 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for cardiac or respiratory arrest increased compared to the previous week. Calls for chest pain, difficulty breathing were stable or decreased compared to the previous week (Figure 1.5, Table 1.3).

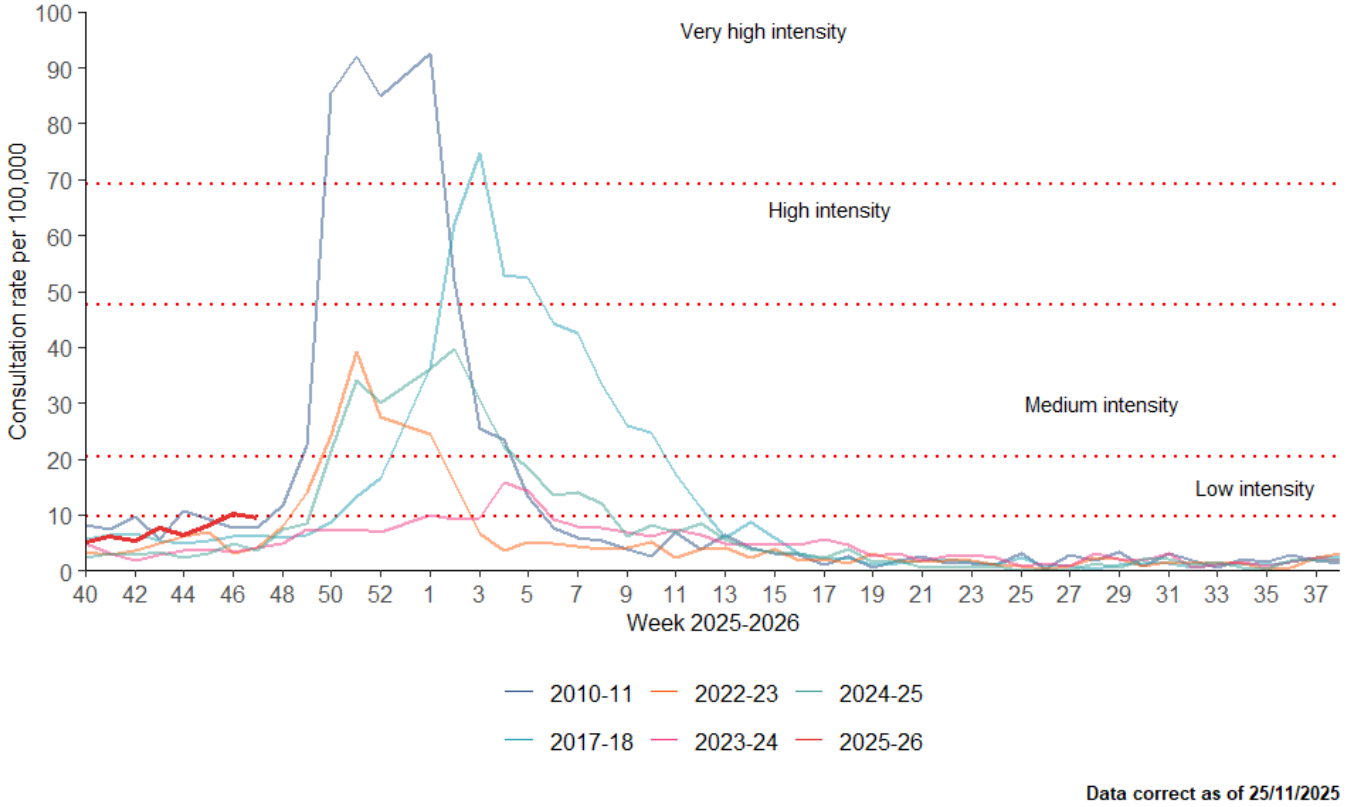
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 47, 2025).



Data correct as of 25/11/2025

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 47, 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	15.85	14.72	19.01
COVID-19	0.45	0.61	10.97
LRTI	5.75	5.46	7.29
Pneumonia	0.01	0.02	0.06
Severe asthma	0.40	0.36	1.09
URTI	10.14	9.30	11.85
Total	32.60	30.47	50.27

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).

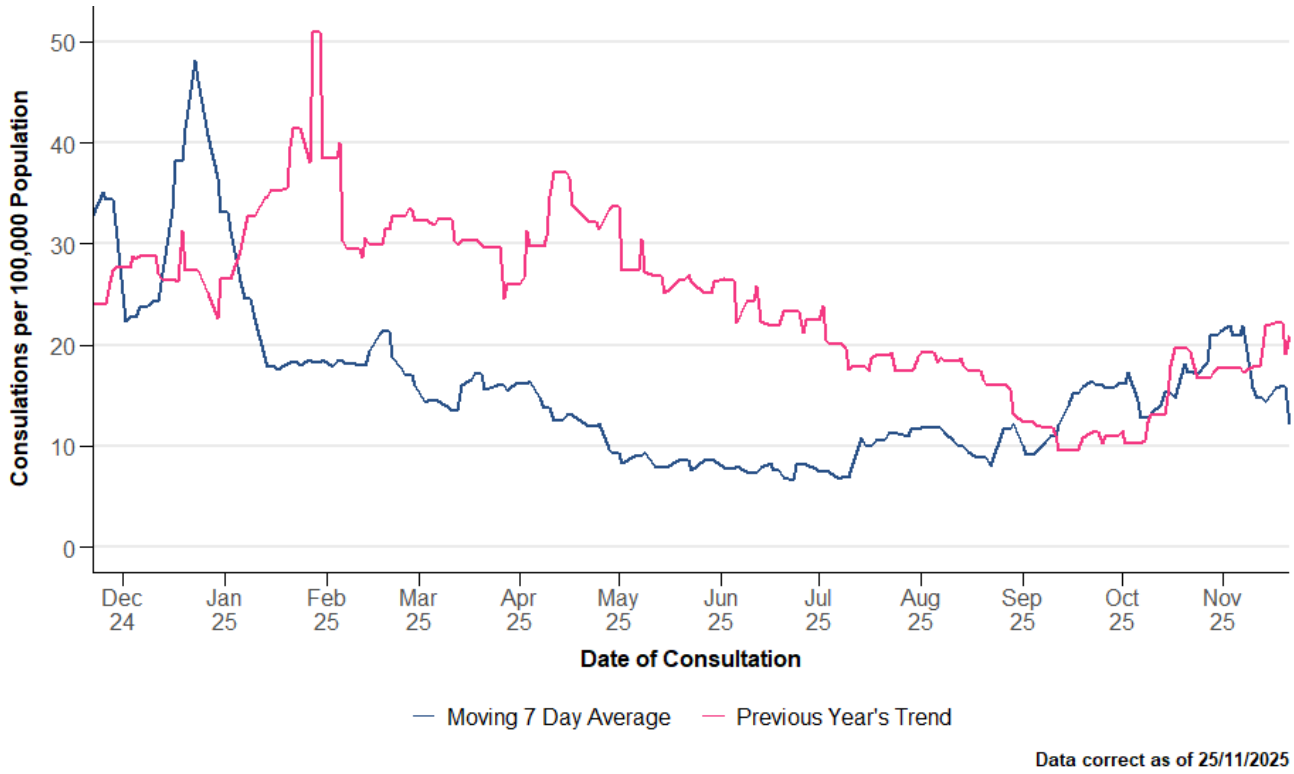
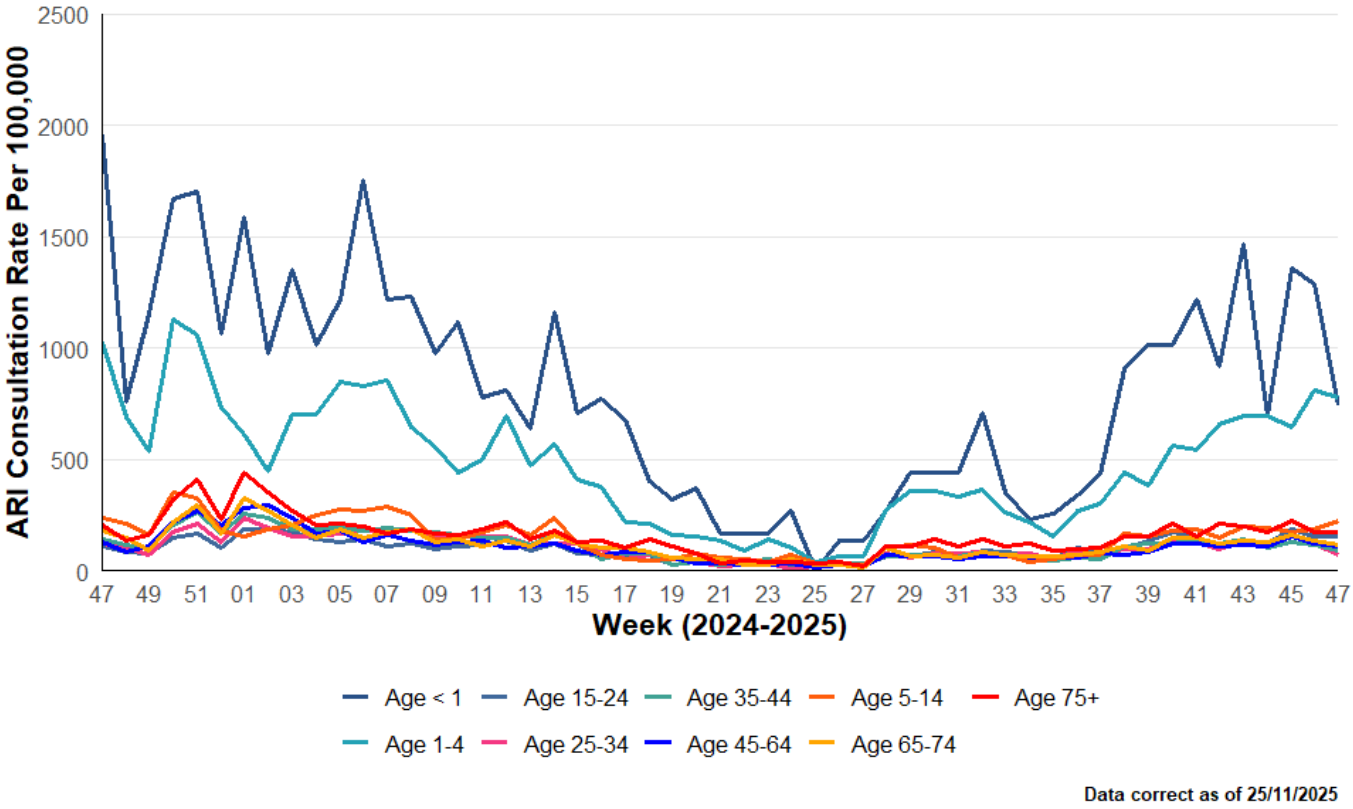


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



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.

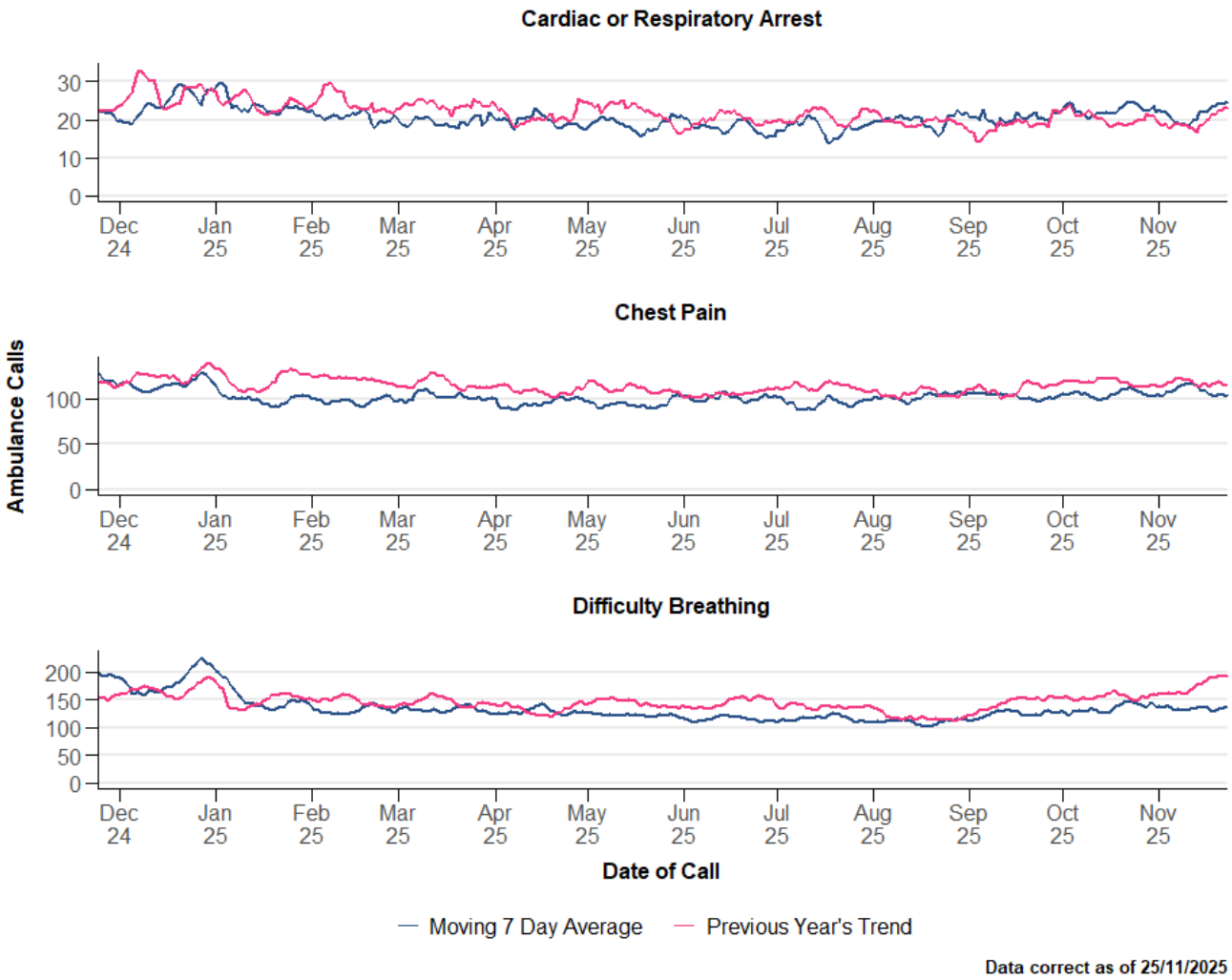


Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 47, 2025. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	171	141	127
Chest Pain	737	807	821
Difficulty Breathing	938	949	1,221
Total	1,846	1,897	2,169

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 281 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 47, 2025, as at 26/11/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (56) followed by influenza A (47) and RSV (25). Of the 281 tests, 40.9% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,087 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 47 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (146) followed by RSV (140) and influenza A (109). Of the 1087 tests, 55.8% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

Additionally, during Week 47, 386 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 72 for influenza (72 for influenza A, zero for influenza B)
- 14 for SARS-CoV-2 (COVID-19)
- 28 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 47, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	56	19.9%	23.1%	Decreasing
Influenza A	47	16.7%	17.8%	Decreasing
RSV	25	8.9%	6.4%	Increasing
Parainfluenza	23	8.2%	5.7%	Increasing
Enterovirus	12	4.3%	3.2%	Increasing
Adenovirus	6	2.1%	3.6%	Decreasing
Human metapneumovirus	6	2.1%	1.8%	Stable
SARS-CoV2 (COVID-19)	5	1.8%	2.5%	Stable
C. pneumoniae	3	1.1%	1.1%	Stable
Bocavirus	1	0.4%	0.0%	Stable
Influenza B	0	0.0%	0.0%	Stable
Mycoplasma pneumoniae	0	0.0%	0.7%	Stable
Coronaviruses	0	0.0%	0.7%	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 47, 2024 to Week 47, 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 47, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	146	13.4%	10.1%	Increasing
RSV	140	12.9%	9.7%	Increasing
Influenza A	109	10.0%	12.0%	Decreasing
Enterovirus	42	3.9%	3.3%	Stable
Adenovirus	41	3.8%	3.3%	Stable
SARS-CoV2 (COVID-19)	36	3.3%	3.1%	Stable
Parainfluenza	32	2.9%	2.3%	Stable
Human metapneumovirus	21	1.9%	1.2%	Stable
Seasonal coronaviruses	9	0.8%	0.2%	Stable
Influenza B	1	0.1%	0.0%	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 47, 2024 to Week 47, 2025.

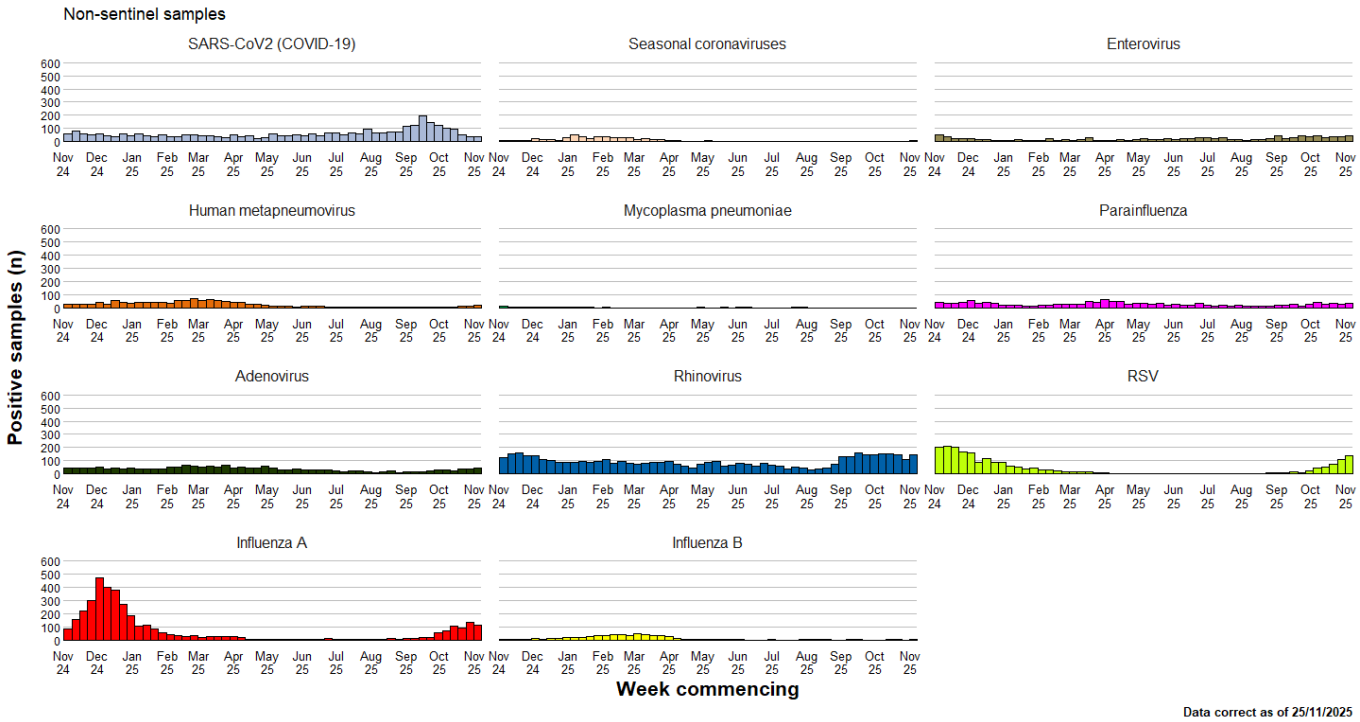
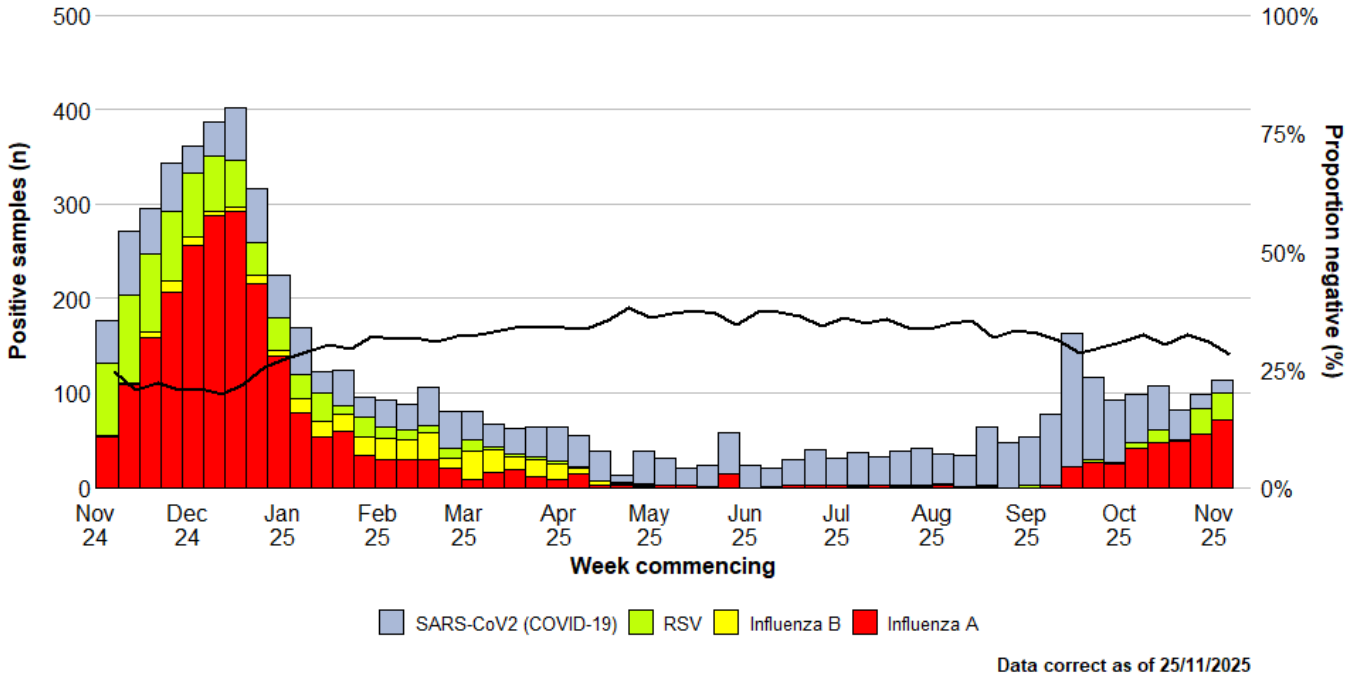


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 47, 2024 to Week 47, 2025.



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

Sentinel SARI in emergency departments

- During the previous four weeks there were 39 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was influenza A (12) followed by rhinovirus/enterovirus (8). Of the 39 samples collected, 30.8% 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 31% for influenza, 0% for SARS-CoV-2 and 10% for RSV.

Hospital in-patients

- During week ending 23/11/2025 there were 185 patients admitted to hospital with confirmed COVID-19, RSV or influenza (three more than the previous week), equating to 3% of all hospital admissions in that reporting week.

- At 23:59 on 23/11/2025, there were 272 patients in hospital with confirmed COVID-19, RSV or influenza, 22 less than the previous Sunday. This equates to 3% of all hospital in-patients (IPs) at that time. Of whom 62% (169) were hospital acquired (HA).

Critical-care

- During week ending 23/11/2025 there were seven ARI critical care (CC) admissions (the same number as the previous week), equating to 4% of all CC admissions in that reporting week.

- At 23:59 on 23/11/2025, there were eight patients in CC with confirmed COVID-19, RSV or influenza, two more than the previous Sunday. This equates to 5% of all CC in-patients at that time. Of whom 12% (1) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 47, 2025, 50 respiratory samples were tested from patients in intensive care units (ICU). Of these: two tested positive for Influenza, two tested positive for RSV and two tested positive for SARS-CoV2 (COVID-19) (Figure 3.4).

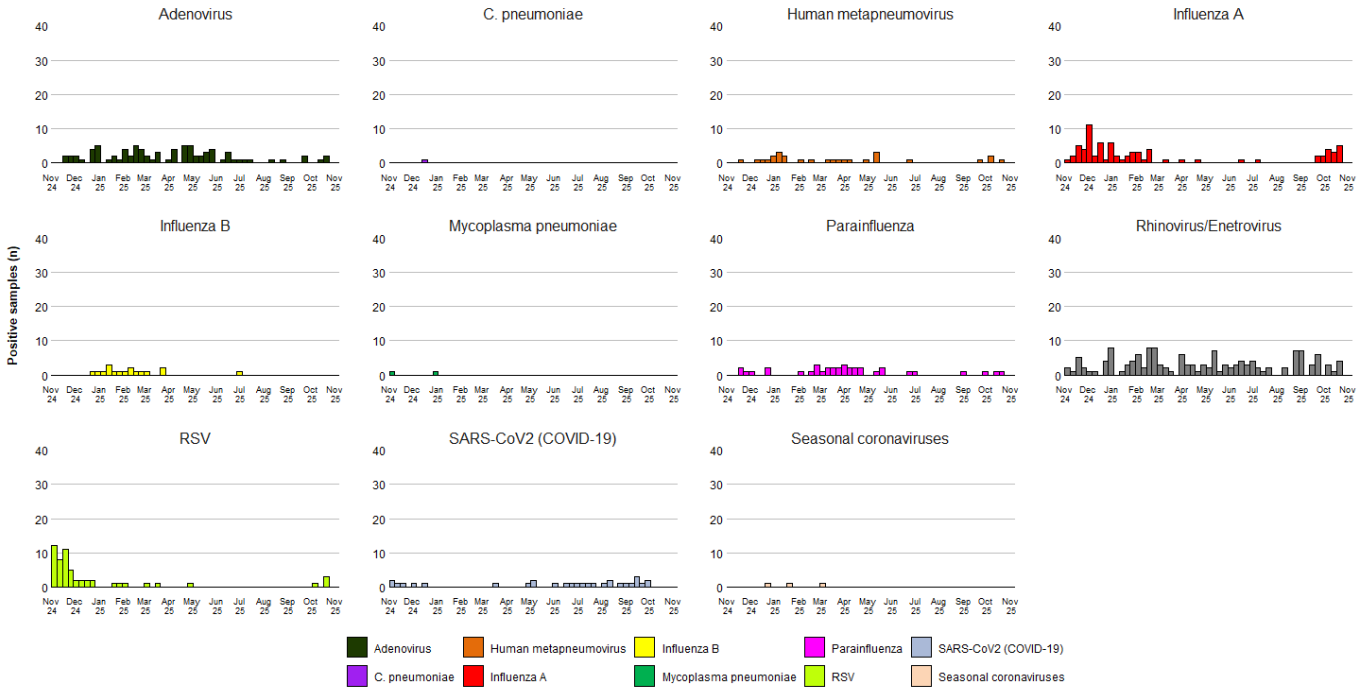
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

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 45, 2025.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	3	7.7%	82	10.0%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	3	7.7%	27	3.3%
Influenza A	12	30.8%	81	9.8%
Influenza B	0	0.0%	17	2.1%
Mycoplasma pneumoniae	0	0.0%	2	0.2%
Parainfluenza	2	5.1%	36	4.4%
Pertussis	0	0.0%	0	0.0%
RSV	4	10.3%	54	6.6%
Rhinovirus/Enterovirus	8	20.5%	145	17.6%
SARS-CoV2 (COVID-19)	0	0.0%	29	3.5%
Seasonal coronaviruses	0	0.0%	3	0.4%
Negative	12	30.8%	407	49.4%
Total	**39**	**100%**	**867**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 45, 2025 and previous 12 months.



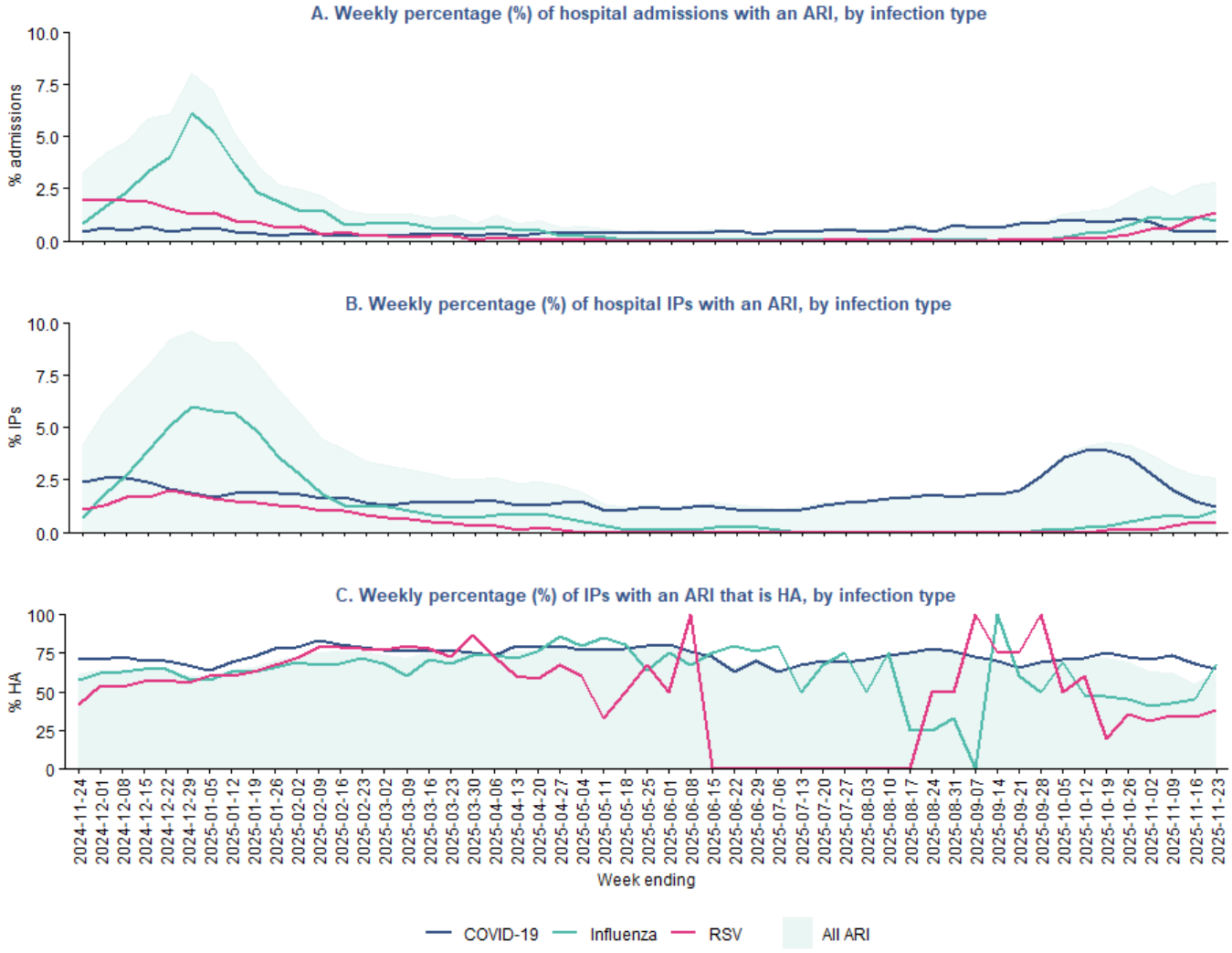
Data correct as of 20/11/2025

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	33	1%	126	1%	65% (82)
Influenza	62	1%	104	1%	68% (71)
RSV	90	1%	42	0%	38% (16)
ARI total	**185**	**3%**	**272**	**3%**	**62% (169)**

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.



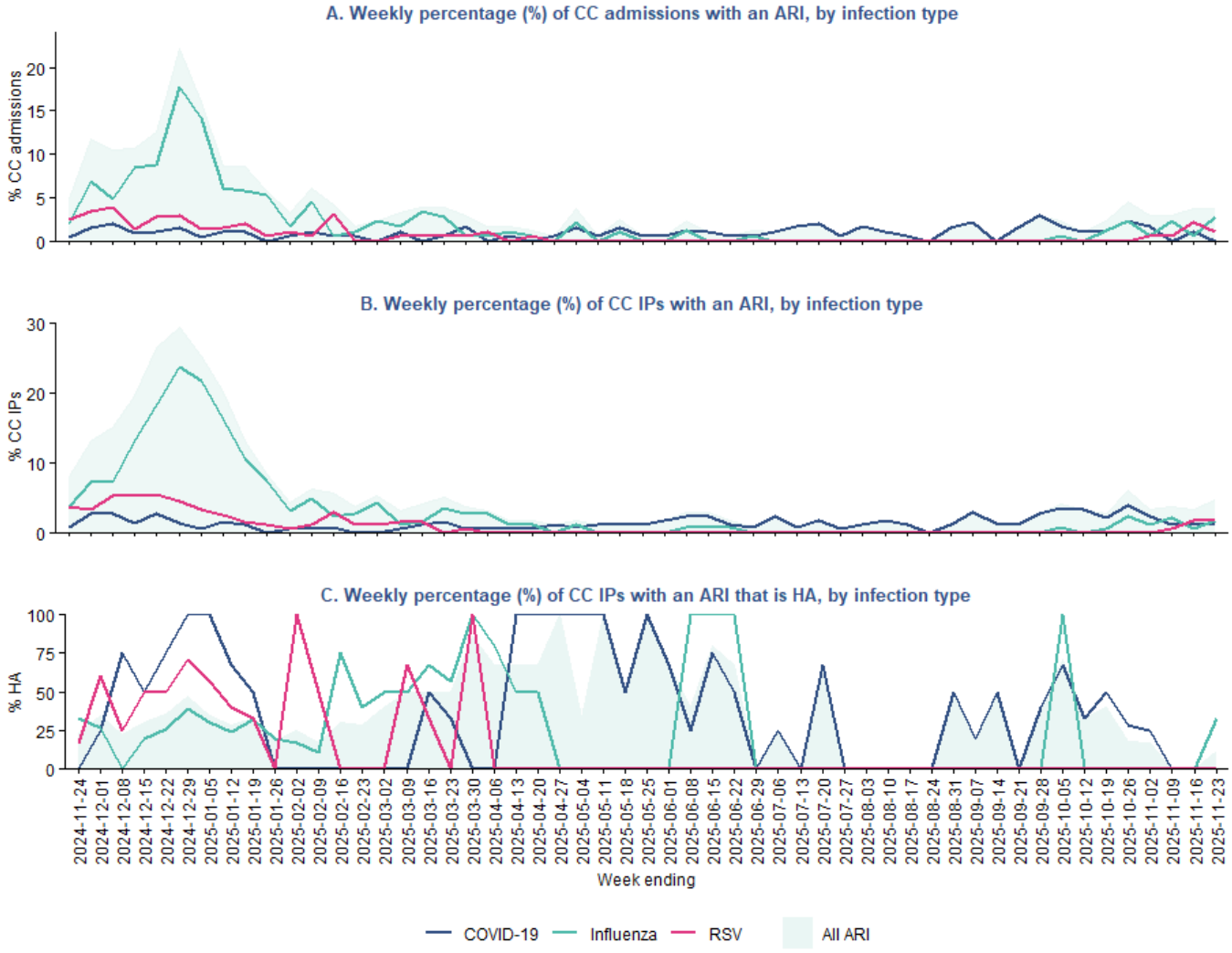
Data as of: 26-11-2025

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).

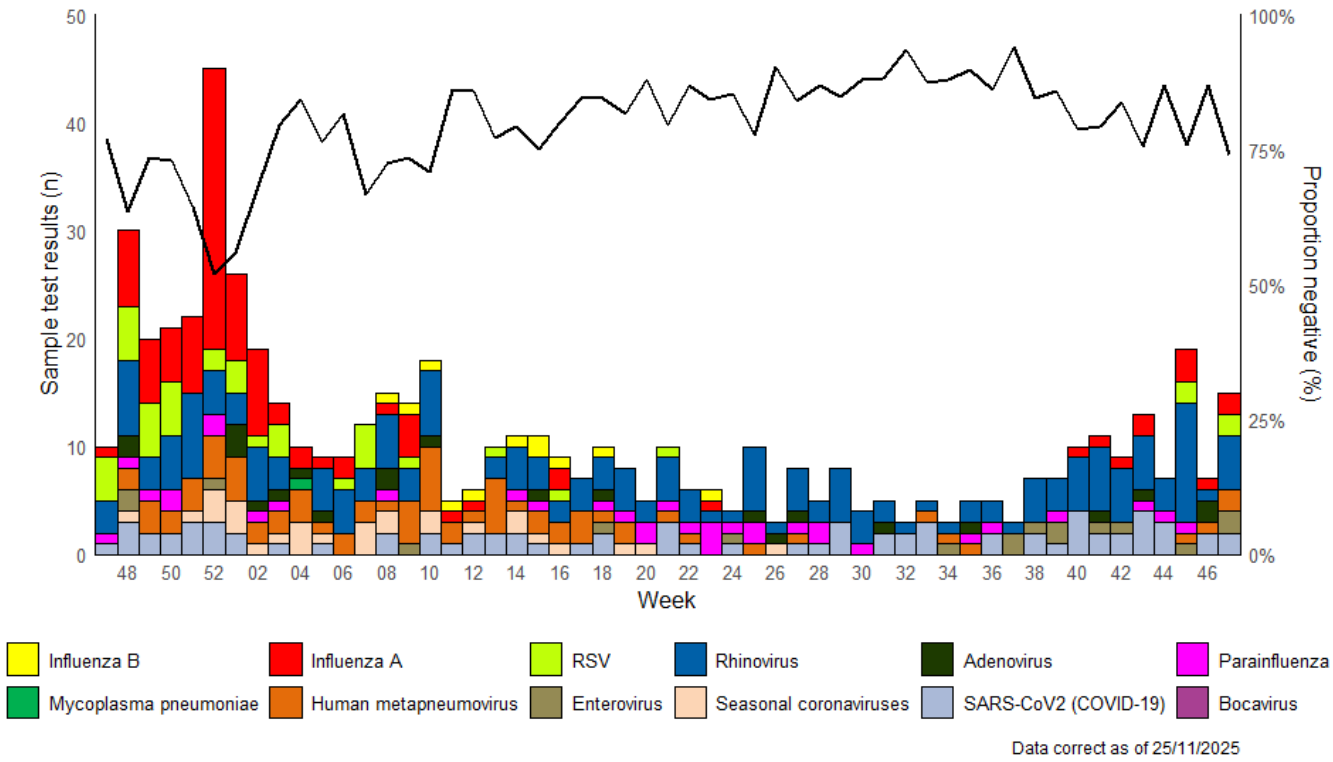
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	0	0%	2	1%	0% (0)
Influenza	5	3%	3	2%	33% (1)
RSV	2	1%	3	2%	0% (0)
ARI total	**7**	**4%**	**8**	**5%**	**12% (1)**

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.



Data as of: 26-11-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 47, 2024 to Week 47, 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 47, 2025, six ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- Two were ARI-like symptoms, one was ARI-like symptoms and influenza A, one was Covid-19, one was influenza, and one was rhinovirus
- Four were in residential homes, and two were in a school, nursery, or day care setting.

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.

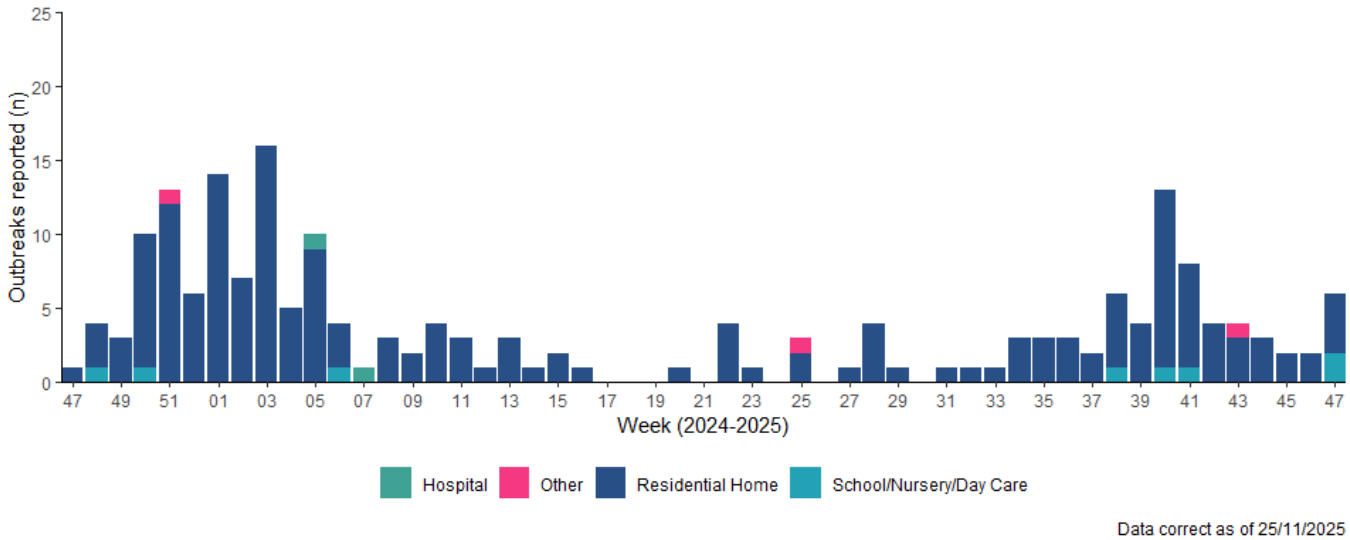
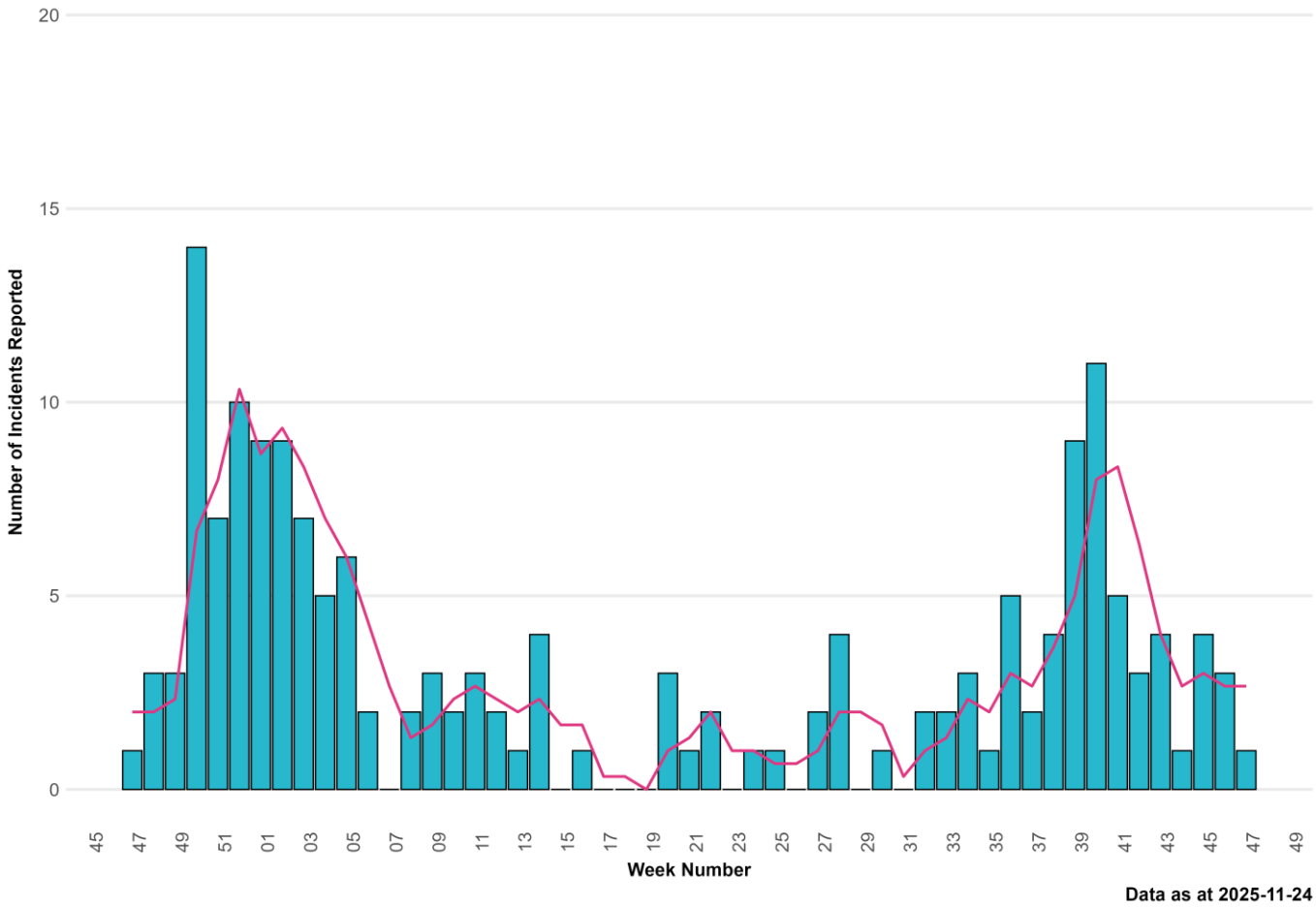


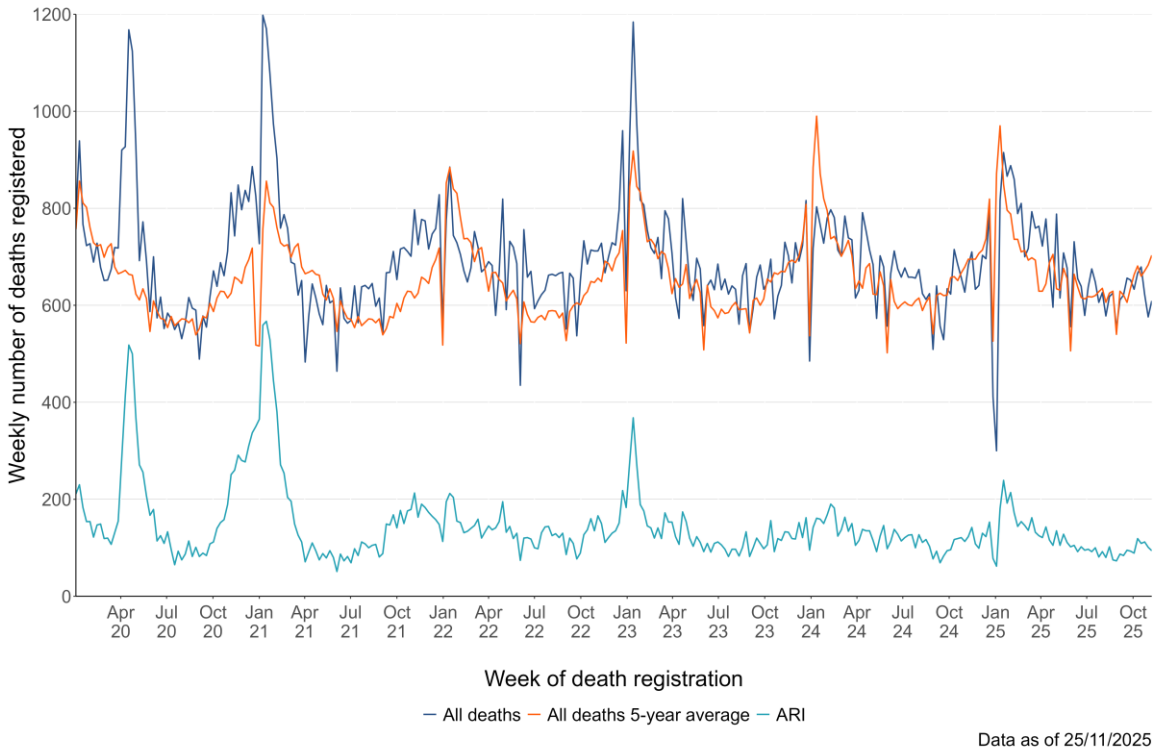
Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



5. Mortality surveillance

- 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.



Data as of 25/11/2025

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

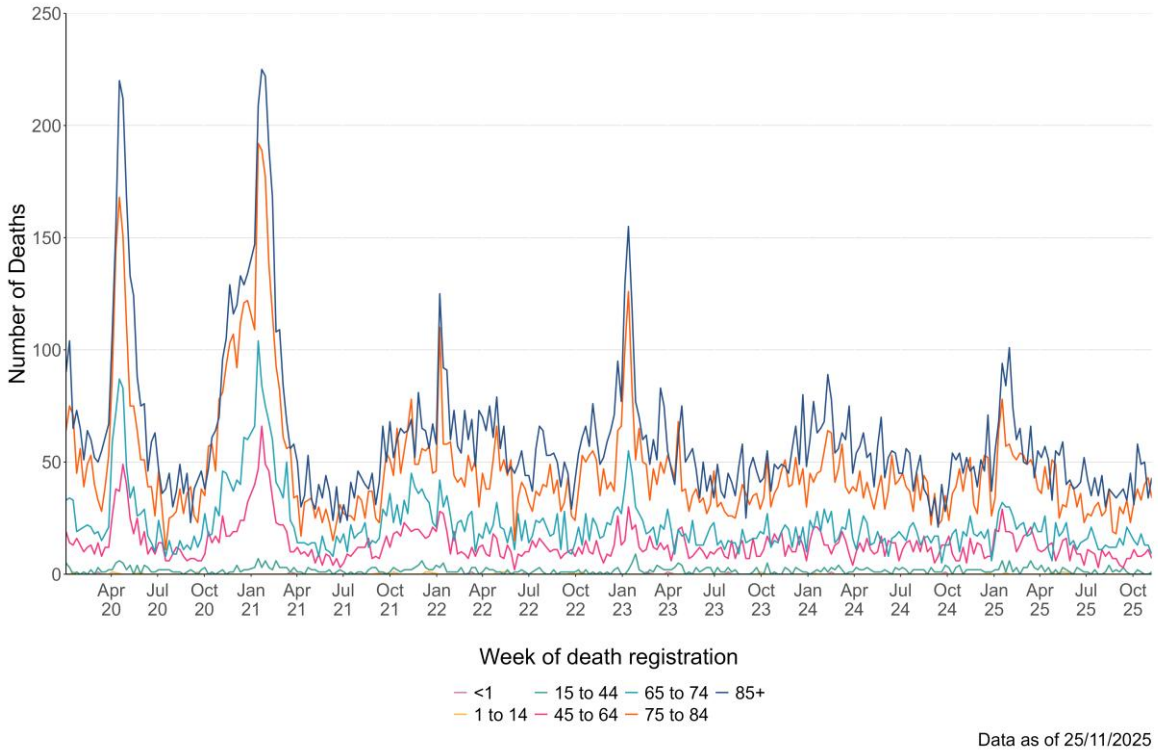


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

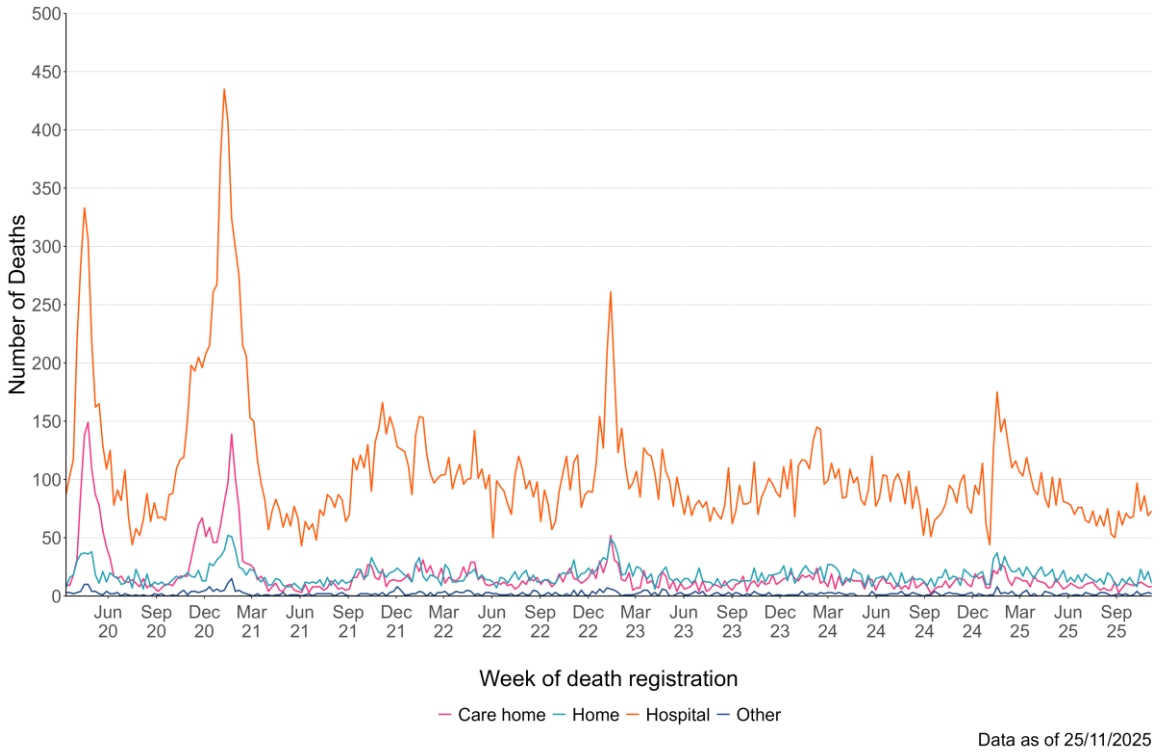
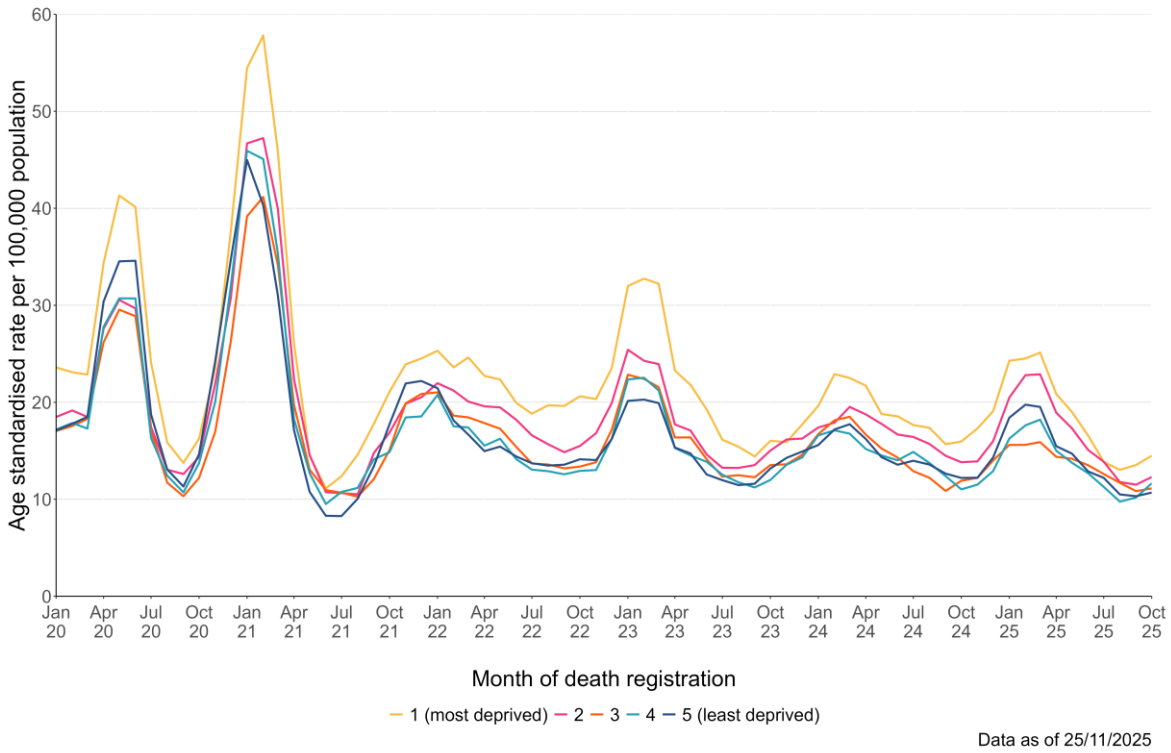


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



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

6. Pathogen-specific surveillance

Influenza

- Influenza A(H3N2) is the most commonly detected influenza subtype in Wales since Week 40 2025 (482 confirmed cases), followed by influenza A(H1N1) (35 confirmed cases) and influenza B (9 confirmed cases). Additionally, there have been 750 untyped influenza A cases.

Figure 6.1a. 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 47, 2024 to Week 47, 2025.

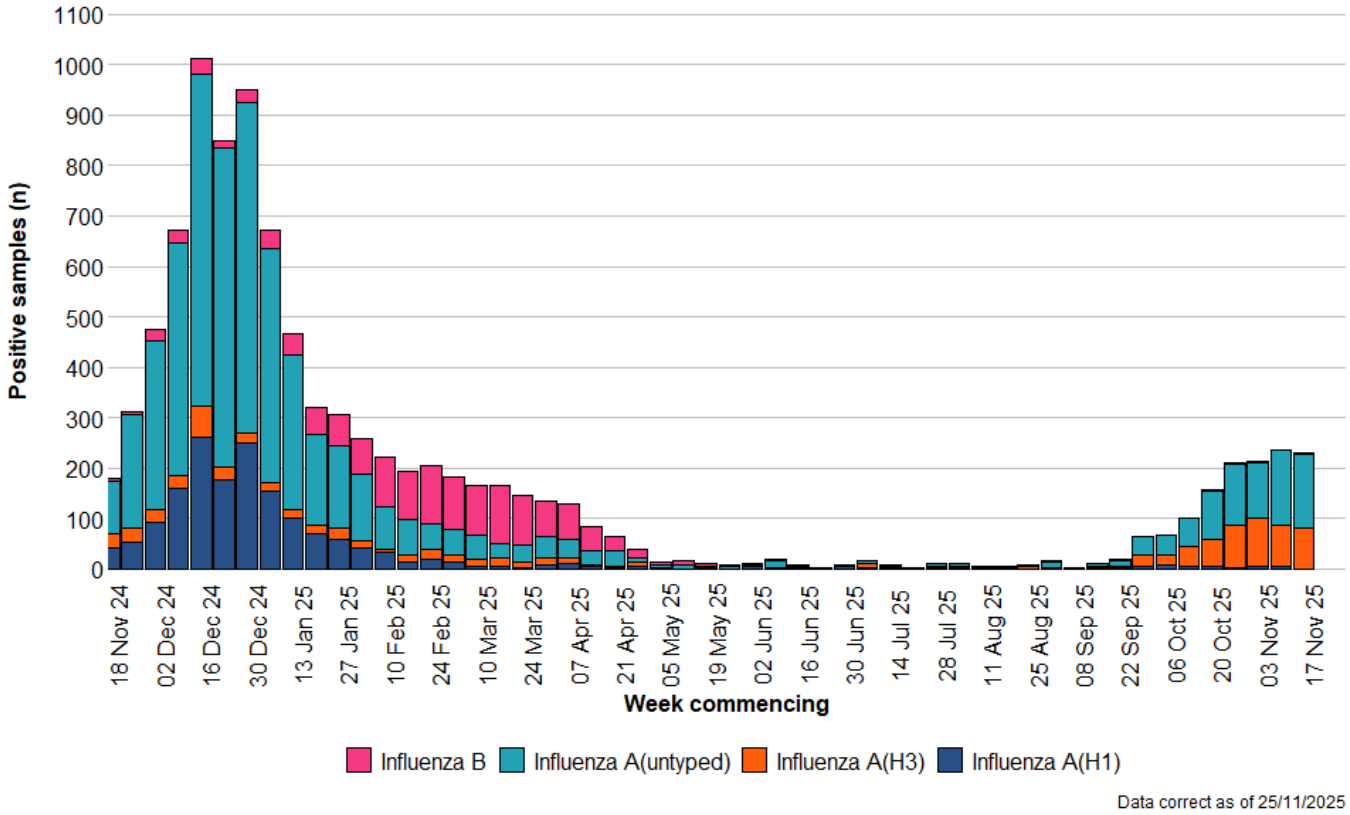
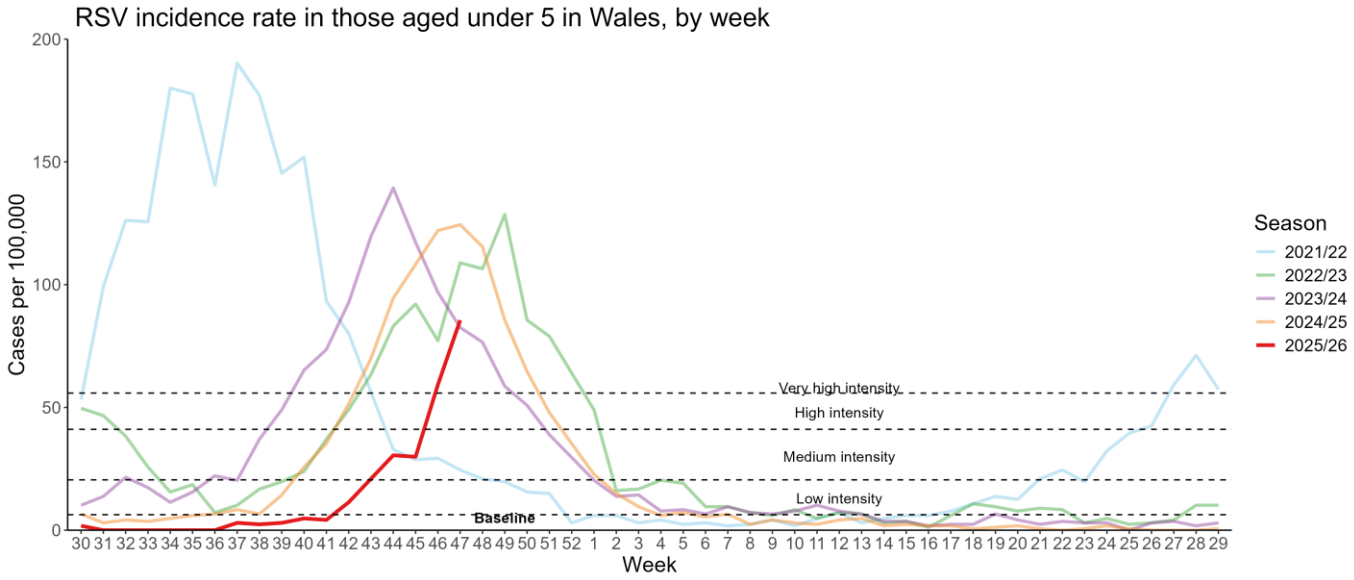


Figure 6.1b. Influenza subtypes based on samples referred to the Wales National Influenza Centre for typing, by week of sample collection, Week 40 2025 to Week 44, 2025 (latest data available).

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at very high (85.5) intensity levels per 100,000 population during Week 47 2025.

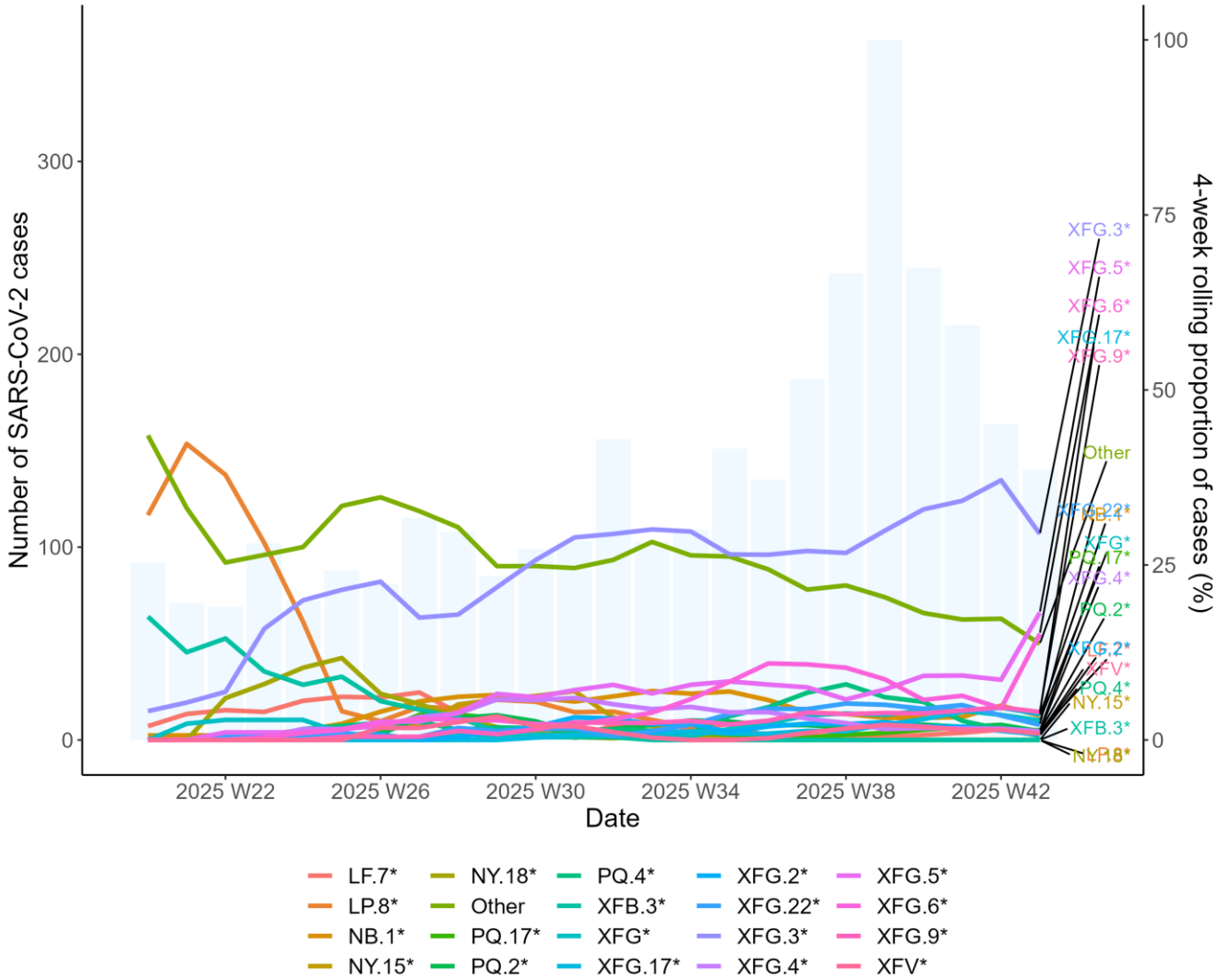
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 47 2025.



SARS-CoV-2 Variant surveillance

- Pango group XFG.3* is the most frequently detected variant in Wales currently, accounting for 34.3% 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 (2025 W39 to 2025 W44).



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

- GP ILI consultations remained stable at 7.4 per 100,000 in England and 9.2 per 100,000 in Northern Ireland, and increased to 10.4 per 100,000 in Scotland in Week 46.
- During Week 45 (latest data available), 4,136 samples tested for influenza were reported in England of which 551 were positive for influenza (190 influenza A (not subtyped), 334 influenza A (H3N2), 20 influenza A (H1N1)pdm09, and nine influenza B).
- Overall, influenza positivity decreased slightly to 11.1% in England, increased to 11% in Scotland and to 13.6% in Northern Ireland in Week 46.
- 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 that influenza remained above the 10% positivity epidemic threshold at 17% in Week 46. Of the 32 countries and areas reporting on influenza intensity, three reported medium intensity or higher. Of the 32 countries and areas reporting on geographic spread of influenza viruses within a country or area, 10 reported widespread or regional distribution. There were 423 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- Globally, influenza activity is increasing with influenza A viruses continuing to predominate.
- In the northern hemisphere, influenza activity remained low in most countries but increased in some. Influenza percent positivity was elevated in a few countries in Central America and the Caribbean, Northern and Western Africa, Northern Europe and Eastern Asia, and was over 30% in a few countries in Western, Eastern and Middle Africa, Western, Southern and South-East Asia. Increases in activity were observed in countries in Central America and the Caribbean, Northern and Eastern Africa, Europe and Asia.
- In the southern hemisphere, influenza activity remained low and stable in most countries with elevated positivity (>10%) in a single country in temperate South America and percent positivity over 30% in single countries Eastern Africa and South-East Asia. Small increases in activity were observed in Tropical South America and Eastern Africa.
- In the zones with elevated positivity, influenza A(H1N1)pdm09 predominated in Central America and the Caribbean and Northern and Middle Africa, whereas influenza A(H3N2) was predominant in all of the other zones
- **Source**: WHO influenza update: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update

- Based on the WHO influenza laboratory surveillance information reporting (as of 25/11/2025) during Week 46 globally there were 664 A(H1N1), 11,622 A(H3), 7,884 A(not subtyped), 182 influenza B (Victoria) and 356 influenza B(lineage not determined) **Source:** Flu Net: https://worldhealthorg.shinyapps.io/flunetchart/

Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that influenza activity levels remained low but showed signs of increasing during Week 46 (ending 15/11/2025). Nationally, 1,335 (2.9%) out of 45,894 specimens have tested positive for influenza in Week 46 in clinical laboratories nationwide, of these positive samples, 1,227 (91.9%) were influenza A and 108 (8.1%) were influenza B. Further characterisation has been carried out on 558 specimens by public health laboratories, and 203 samples tested positive for influenza; 43 influenza A(H1N1)pdm09, 115

influenza A(H3N2), 31 influenza A(not subtyped), two influenza H5, and 12 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during Week 46, indicators of influenza activity are increasing and have reached seasonal levels. 1,287 influenza detections were reported: 1,271 influenza A and 16 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 increased in Week 46.
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. 05 July 2025: 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

Virological surveillance This report does not include results from Point of Care Tests (POCTs). Use of POCTs varies across Wales and so numbers and trends of respiratory pathogens should be interpreted with caution, particularly when comparing between health boards. We are working to incorporate these results into the report.

Hospital/critical care (CC) admission: A hospital/CC admission that involves a minimum of 1 overnight stay. N.B. Transfers to other 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: 2025 to 2026 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