GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 49 (ending 07 December 2025)

Headline

- Influenza is approaching medium intensity levels, with increases in test positivity and confirmed cases. Admissions in patients with confirmed influenza also increased compared to last week. Presentations of acute respiratory infections to GPs increased in most age groups. Influenza A(H3) continues to be the most frequently detected influenza virus in Wales, accounting for the vast majority of typed cases.

- Respiratory Syncytial Virus (RSV) is circulating, with incidence of confirmed cases in <5y olds currently at very high levels.

- COVID-19 case numbers have remained broadly stable in recent weeks.

- According to EuroMoMo method, 'no excess' of all-cause mortality has been reported in the most recent week.

Foreword

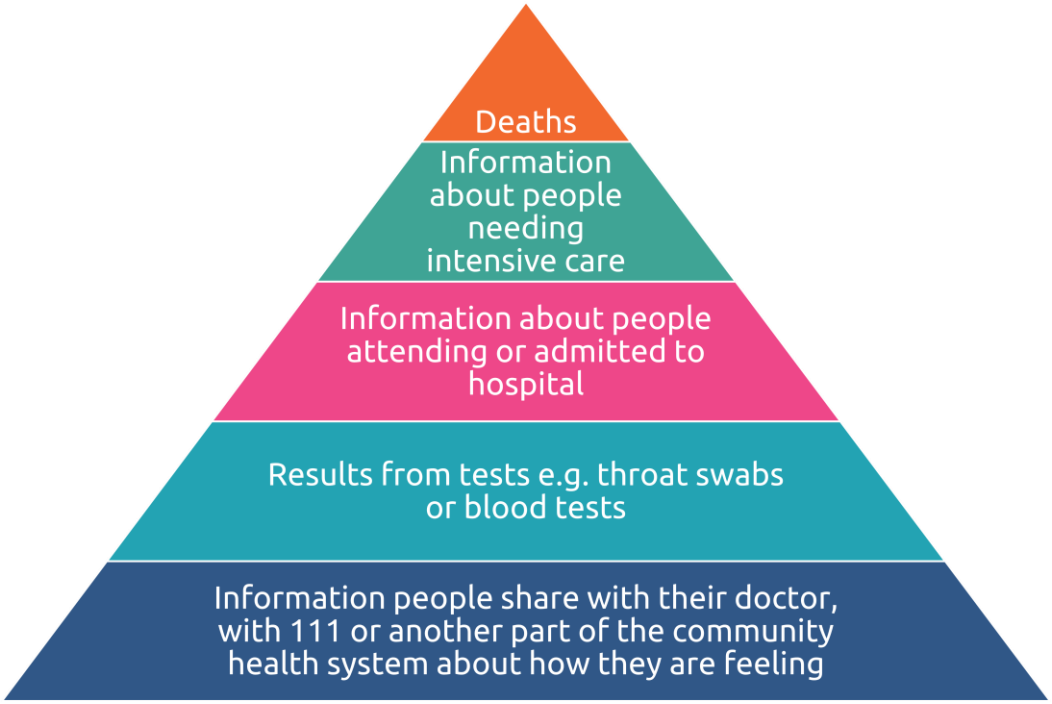
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

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) remained stable compared to last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV increased in Week 49 (5% of total admissions).
Influenza	**Influenza activity is approaching medium levels, with case numbers continuing to increase**. The proportion of samples testing positive in hospital and non-sentinel patients remained stable in the most recent week at 17.7%. Positivity in community samples from sentinel GPs increased to 36.9%. Consultations for influenza-like illness (ILI) with sentinel GPs increased remain at **low** intensity.	The number of confirmed cases of community acquired influenza admitted to hospital increased to 163 during Week 49. During Week 49, there were 254 in-patient cases of confirmed influenza, 12 of whom were in critical care.
Influenza type breakdown	***Since 2025 Week 40***: *2,334 total influenza cases confirmed (867 influenza A(H3N2), 50 influenza A(H1N1)pdm09, 1405 influenza A untyped and 12 influenza B).* ***In the most recent week***: *194 influenza A(H3), seven influenza A(H1N1), 346 influenza A untyped and zero influenza B.*	
COVID-19	The overall proportion of samples testing positive remained stable at 3.0% in hospital and non-sentinel GP practices. Consultations with Sentinel GPs and Pharmacies 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 16 during Week 49. During Week 49 there were 105 in-patient cases of confirmed COVID-19, three of whom were in critical care.
RSV	RSV incidence per 100,000 in children aged up to 5y increased to 111.3 in Week 49 and is at very high intensity levels.	The number of confirmed cases of community acquired RSV admitted to hospital increased to 142 during Week 49. During Week 49 there were 126 in-patient cases of confirmed RSV, and four in critical care.
Other respiratory pathogens	Rhinovirus remains the most frequently detected other cause of ARI, followed by Parainfluenza. Confirmed cases and test positivity for adenovirus have stabilised.	

1. Community surveillance indicators

GP Consultations

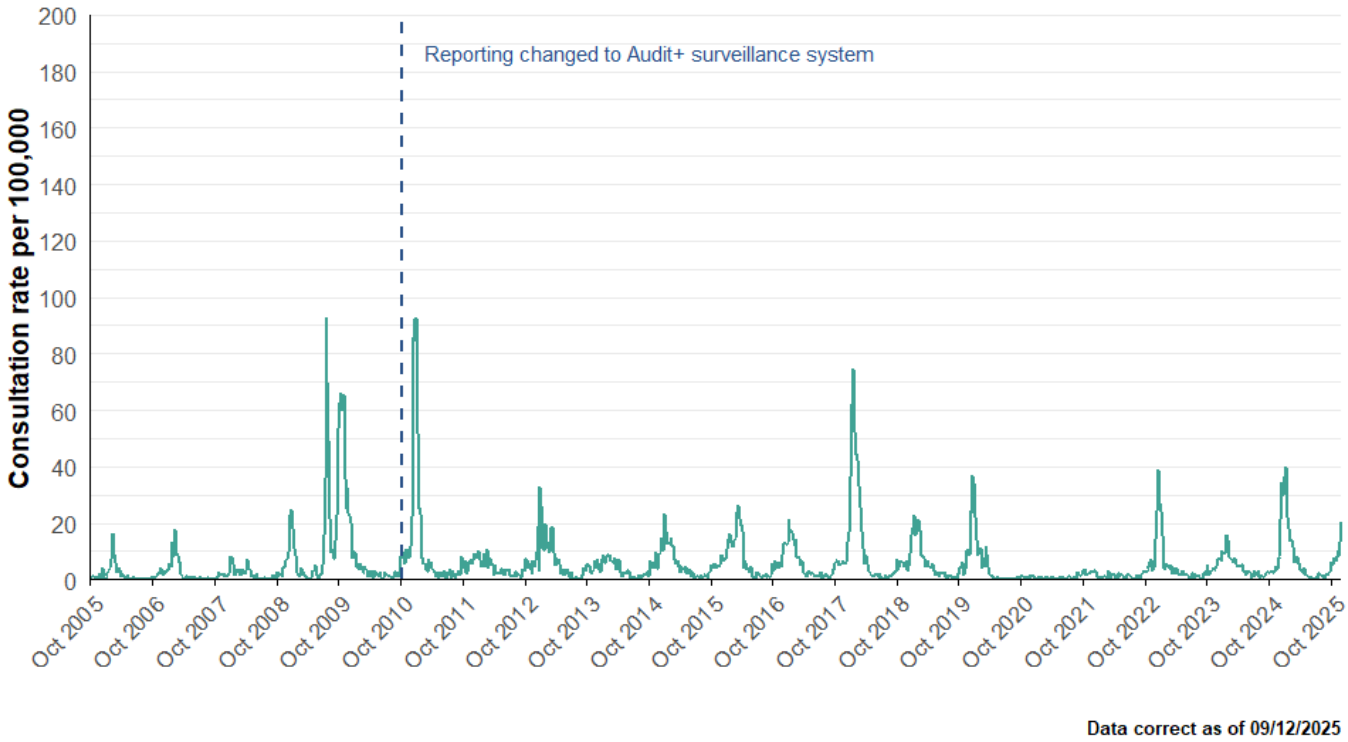
- The sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is increasing (Figures 1.1, 1.2).
- There were 20.3 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (13.1 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 11.9 ARI consultations per 100,000 practice population, stable compared to the previous week (Table 1.2). The highest rates were found in people aged under 1 year (1796.8) followed by people aged 1 to 4 (1427.1) and people aged 5 to 14 (345.4) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators decreased from 2,060 in the previous week to 1,543 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).

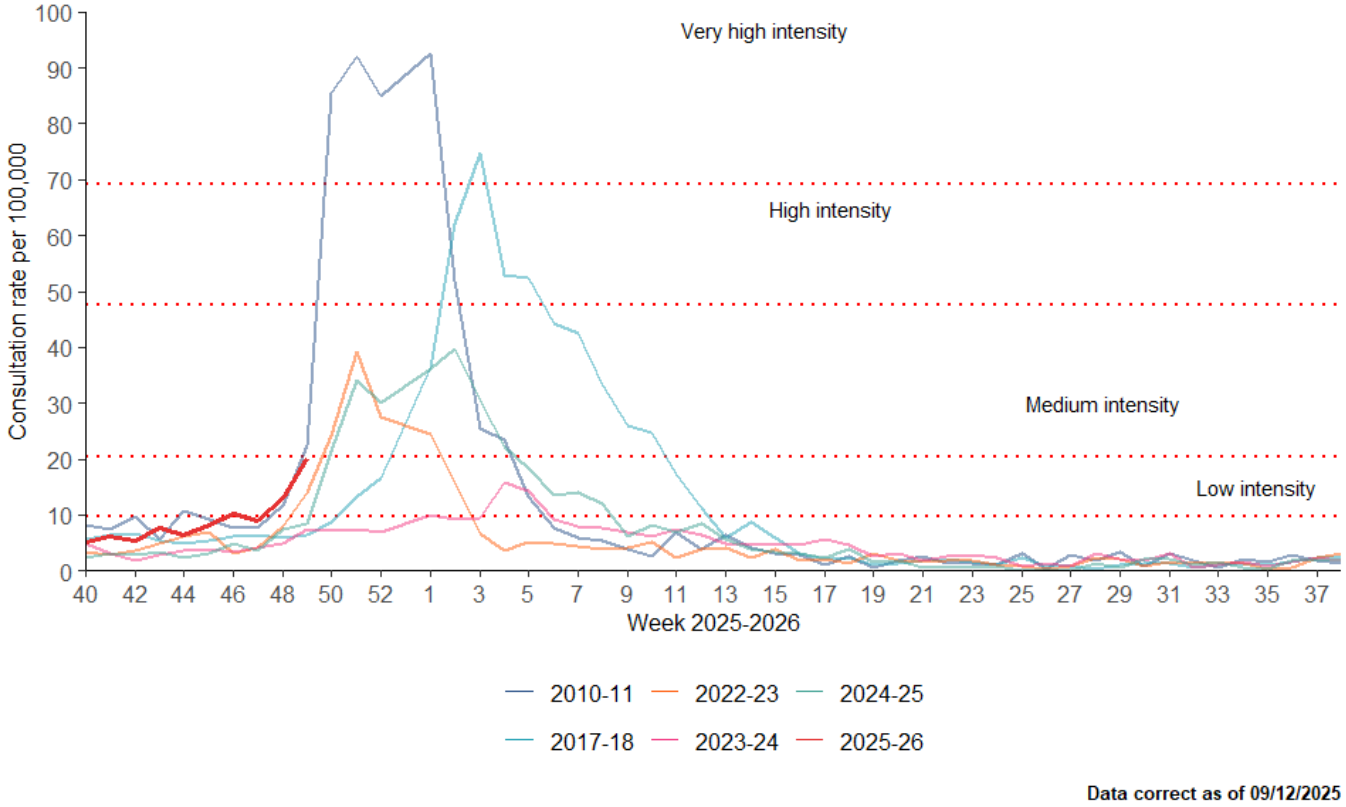
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 49, 2025).



Data correct as of 09/12/2025

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 49, 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	11.88	12.53	20.61
COVID-19	0.08	0.19	31.41
LRTI	4.23	4.58	7.90
Pneumonia	0.01	0.01	0.02
Severe asthma	0.44	0.43	1.12
URTI	7.69	7.98	12.80
Total	24.33	25.72	73.86

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).

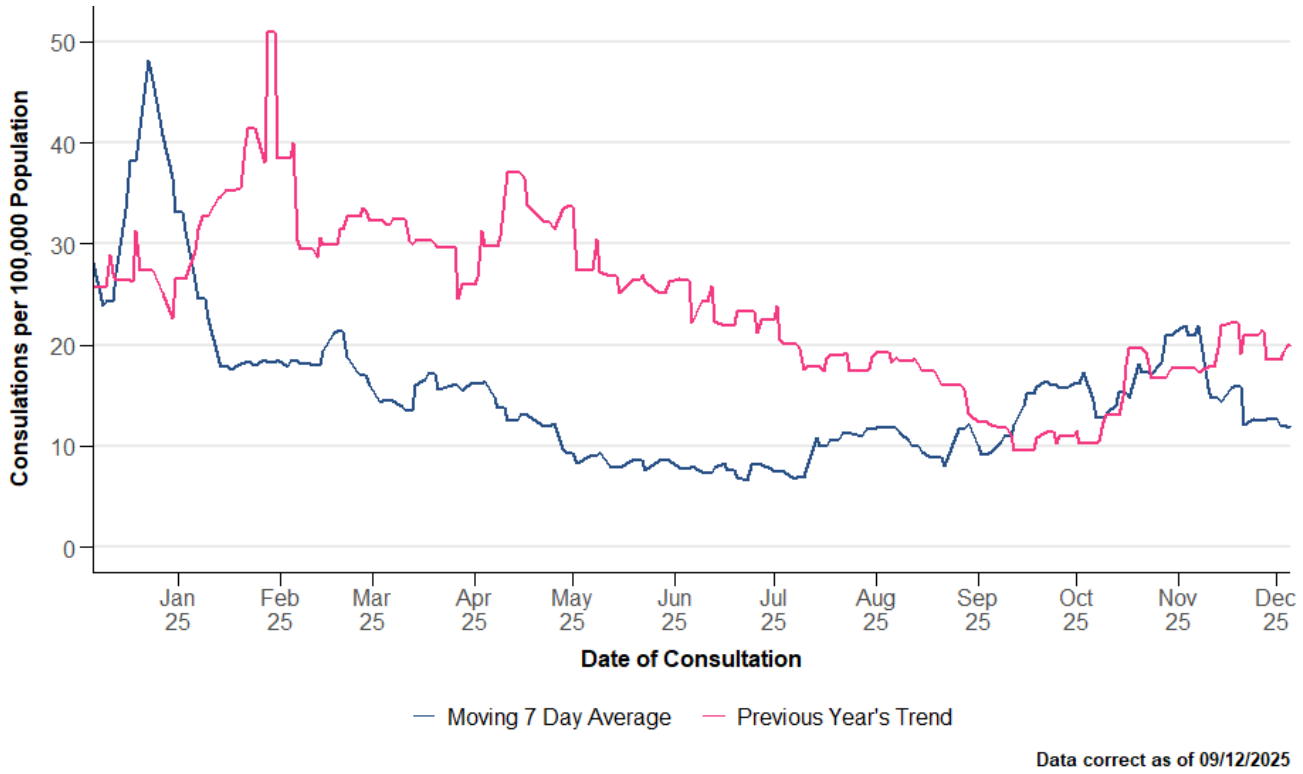
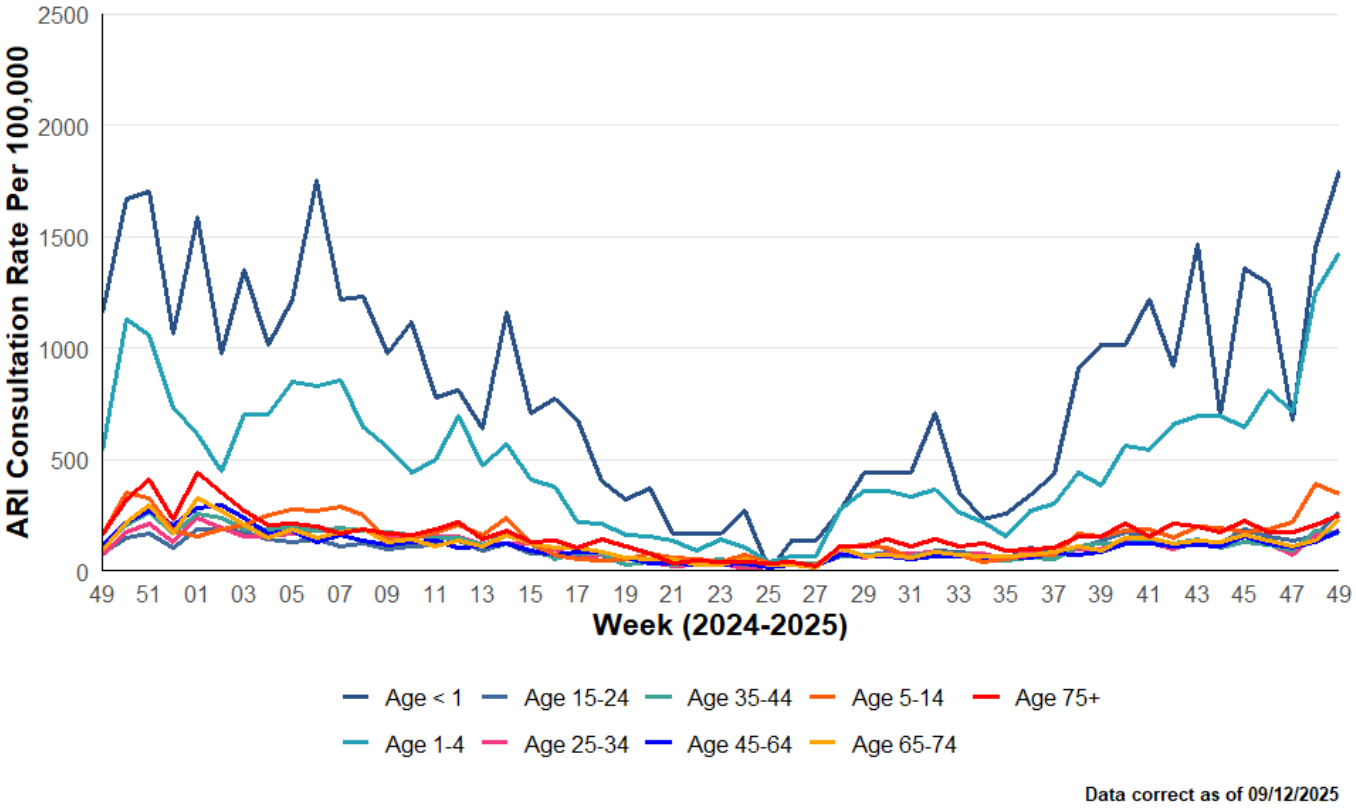


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



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.

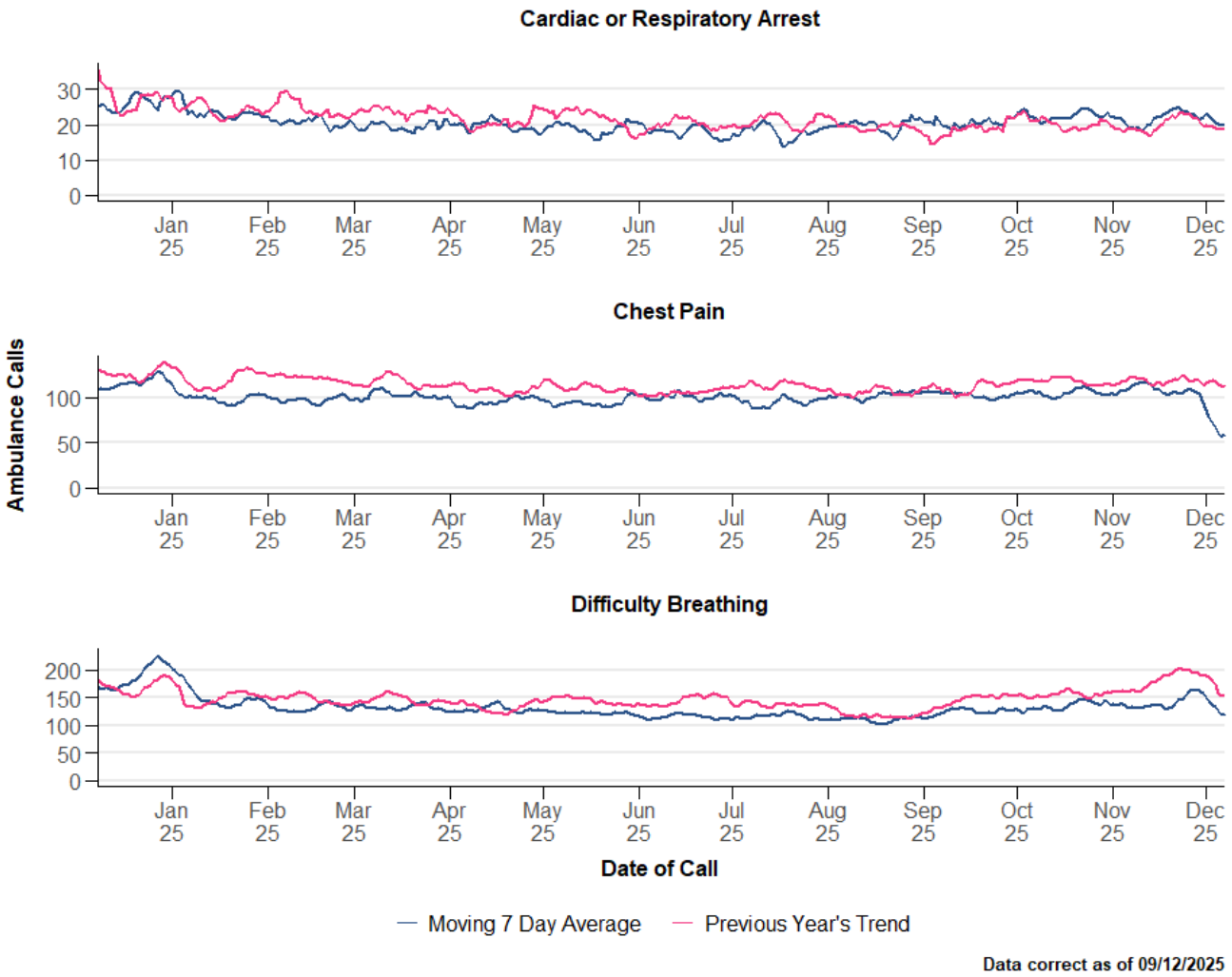


Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 49, 2025. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	143	161	153
Chest Pain	468	755	835
Difficulty Breathing	932	1,144	1,376
Total	1,543	2,060	2,364

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 369 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 49, 2025, as at 10/12/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were influenza A (136) followed by rhinovirus (27) and RSV (17). Of the 369 tests, 42.8% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,450 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 49 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were influenza A (257) followed by RSV (217) and rhinovirus (185). Of the 1450 tests, 50.0% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

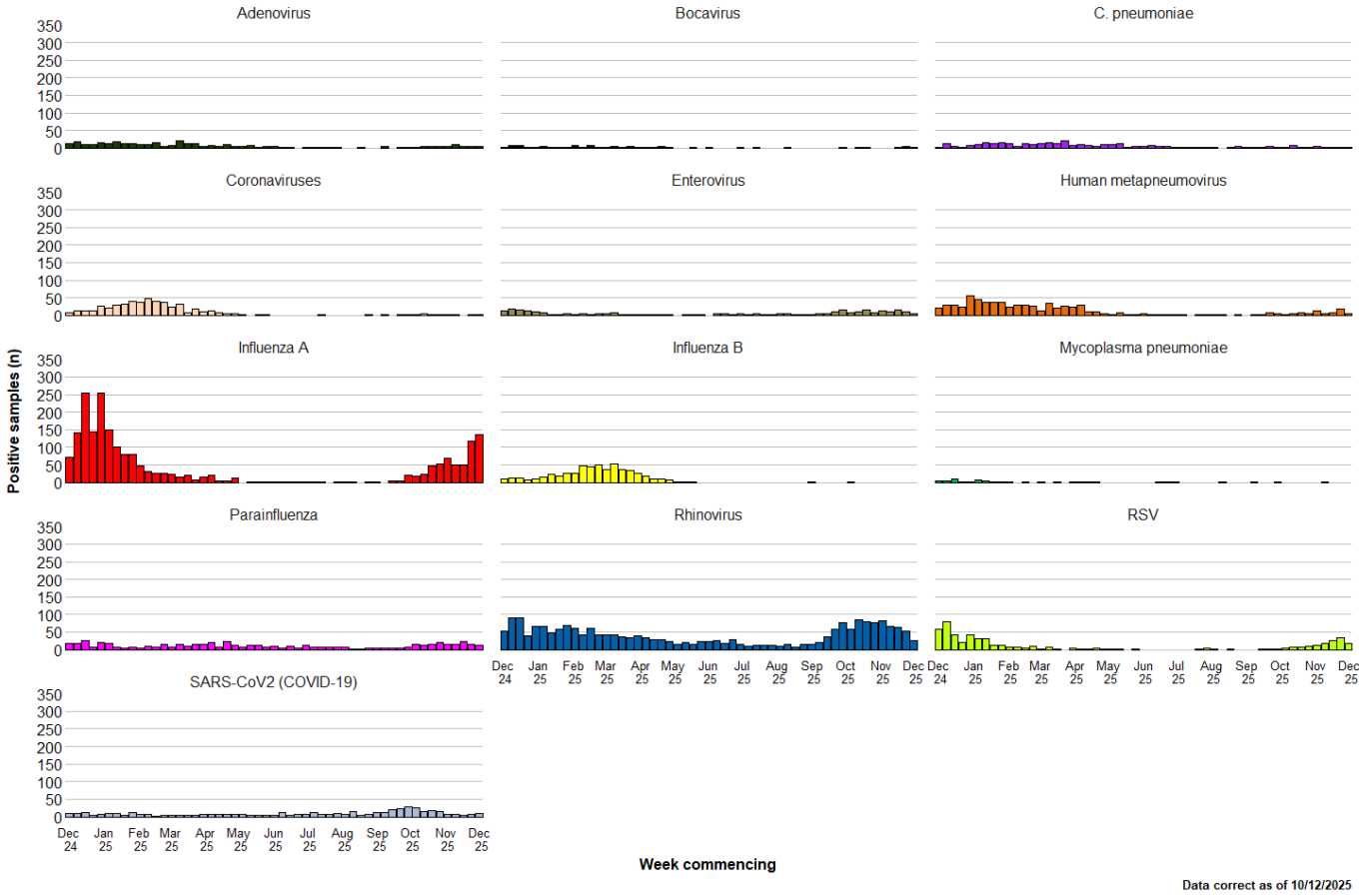
Additionally, during Week 49, 640 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 154 for influenza (154 for influenza A, zero for influenza B)
- 23 for SARS-CoV-2 (COVID-19)
- 71 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 49, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	136	36.9%	31.7%	Increasing
Rhinovirus	27	7.3%	14.6%	Decreasing
RSV	17	4.6%	9.5%	Decreasing
Parainfluenza	13	3.5%	4.1%	Stable
SARS-CoV2 (COVID-19)	9	2.4%	1.6%	Stable
Human metapneumovirus	6	1.6%	5.1%	Decreasing
Enterovirus	6	1.6%	3.0%	Decreasing
Adenovirus	5	1.4%	1.1%	Stable
Coronaviruses	3	0.8%	0.8%	Stable
Bocavirus	2	0.5%	1.4%	Stable
C. pneumoniae	1	0.3%	0.8%	Stable
Influenza B	0	0.0%	0.0%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	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 49, 2024 to Week 49, 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 49, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	257	17.7%	18.2%	Stable
RSV	217	15.0%	13.3%	Increasing
Rhinovirus	185	12.8%	11.7%	Increasing
Parainfluenza	49	3.4%	2.4%	Increasing
SARS-CoV2 (COVID-19)	44	3.0%	3.0%	Stable
Adenovirus	37	2.6%	3.3%	Stable
Enterovirus	23	1.6%	2.9%	Decreasing
Human metapneumovirus	20	1.4%	1.8%	Stable
Seasonal coronaviruses	8	0.6%	0.1%	Stable
Influenza B	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 49, 2024 to Week 49, 2025.

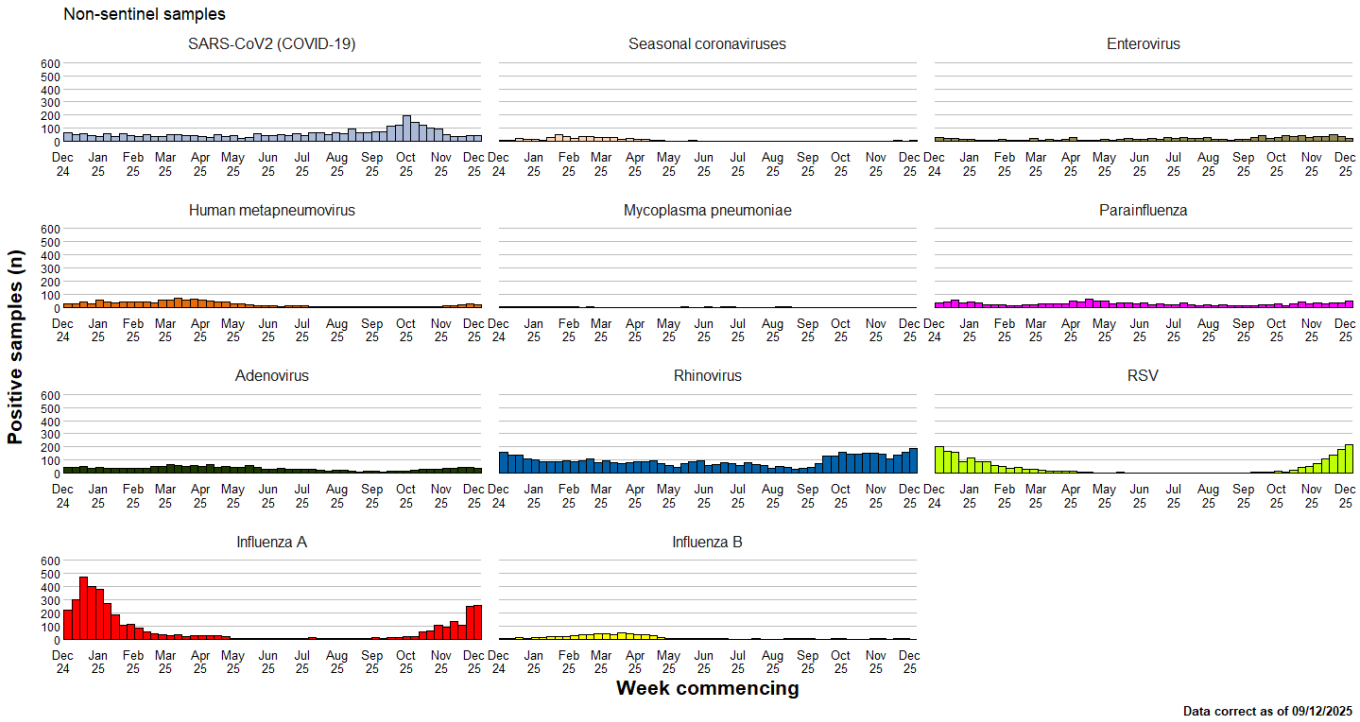
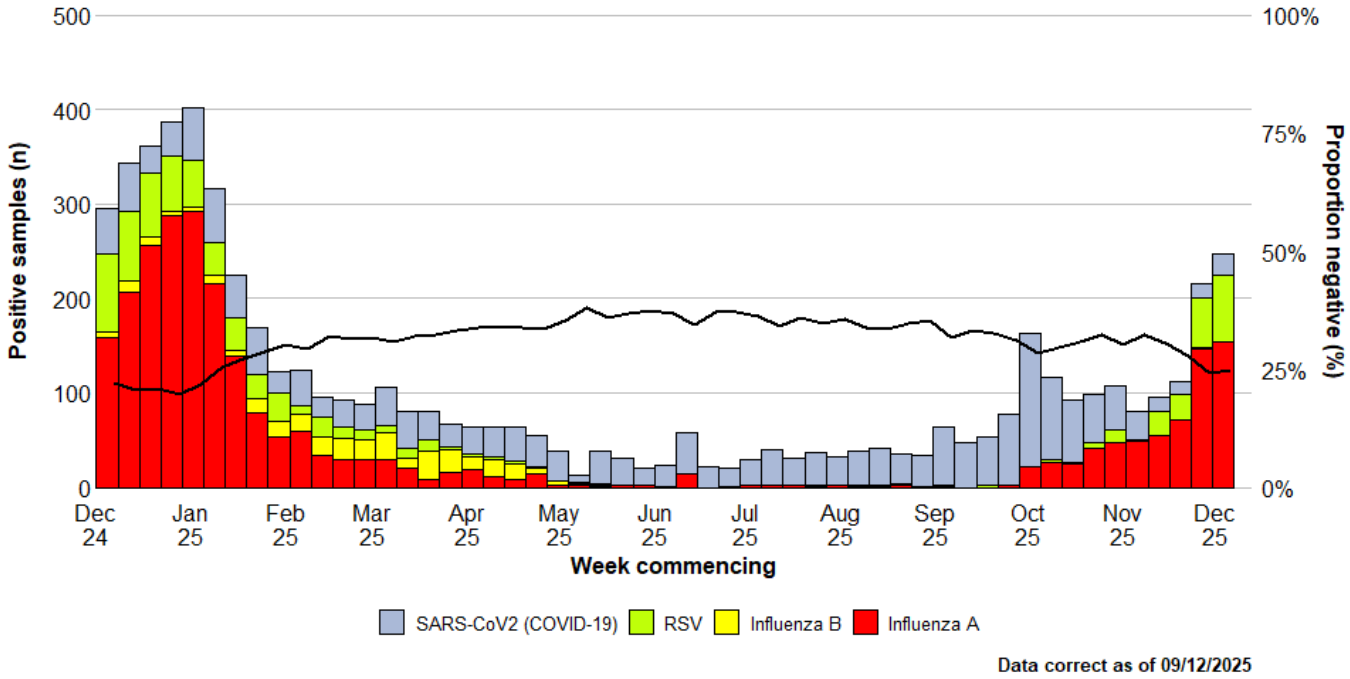


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 49, 2024 to Week 49, 2025.



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 RSV(19) followed by Influenza A(11) and Rhinovirus/Enterovirus(11). Of the 59 samples collected, 25.4% 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 32% for RSV, 19% for influenza, 19% for Rhinovirus/Enterovirus and 0% for SARS-CoV-2.

Hospital in-patients

- During week ending 07/12/2025 there were 321 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (45 more than the previous week), equating to 5% of all hospital admissions in that reporting week.

- At 23:59 on 07/12/2025, there were 485 patients in hospital with confirmed COVID-19, RSV or influenza, 120 more than the previous Sunday. This equates to 4% of all hospital in-patients (IPs) at that time. Of whom 55% (268) were hospital acquired (HA).

Critical-care

- During week ending 07/12/2025 there were 12 ARI critical care (CC) admissions, (two more than the previous week), equating to 6% of all CC admissions in that reporting week.

- At 23:59 on 07/12/2025, there were 19 patients in CC with confirmed COVID-19, RSV or influenza, two more than the previous Sunday. This equates to 10% of all CC in-patients at that time. Of whom 42% (8) were hospital acquired (HA).

Virological surveillance in ICU

- During week 49, 2025, 59 respiratory samples were tested from patients in intensive care units (ICU). Of these: nine tested positive for Influenza, one tested positive for RSV and zero tested positive for SARS-CoV2 (COVID-19) (Figure 3.4).

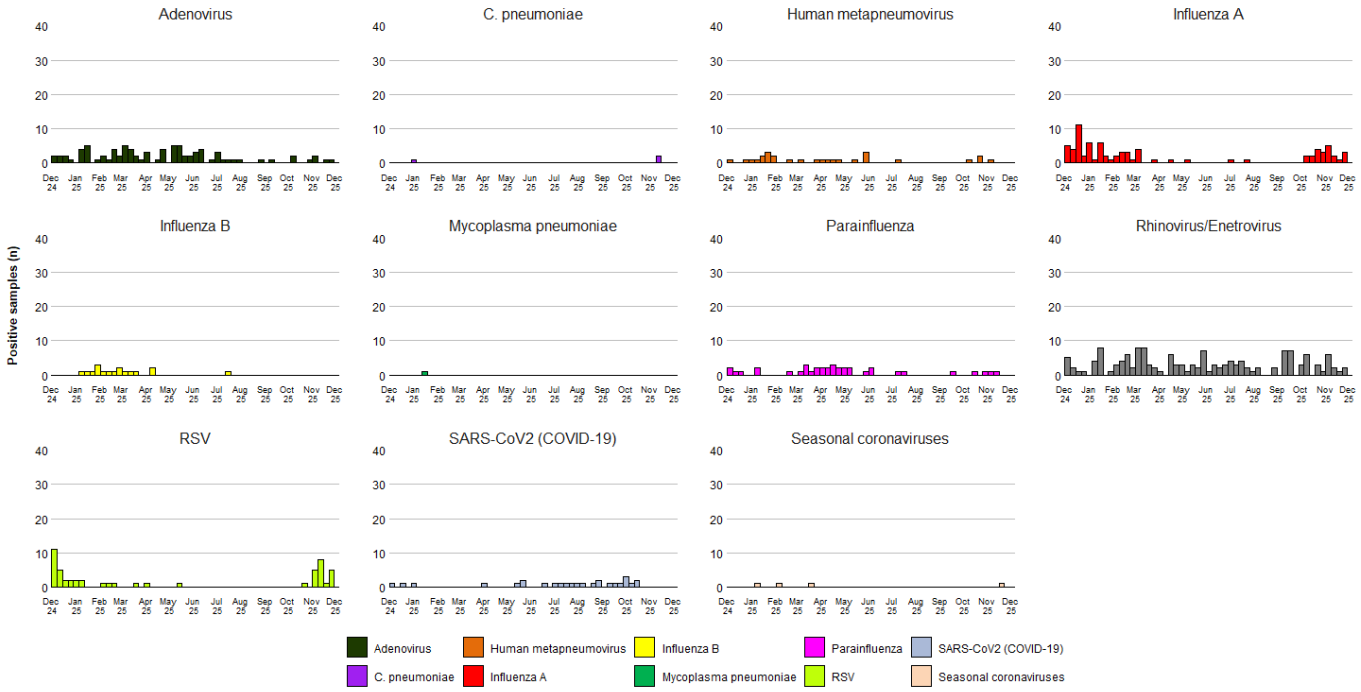
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

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 48, 2025.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	4	6.8%	84	10.3%
C. pneumoniae	2	3.4%	3	0.4%
Human metapneumovirus	1	1.7%	27	3.3%
Influenza A	11	18.6%	84	10.3%
Influenza B	0	0.0%	17	2.1%
Mycoplasma pneumoniae	0	0.0%	1	0.1%
Parainfluenza	2	3.4%	37	4.5%
Pertussis	0	0.0%	0	0.0%
RSV	19	32.2%	50	6.1%
Rhinovirus/Enterovirus	11	18.6%	149	18.3%
SARS-CoV2 (COVID-19)	0	0.0%	26	3.2%
Seasonal coronaviruses	1	1.7%	4	0.5%
Negative	15	25.4%	395	48.4%
Total	**59**	**100%**	**840**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 48, 2025 and previous 12 months.



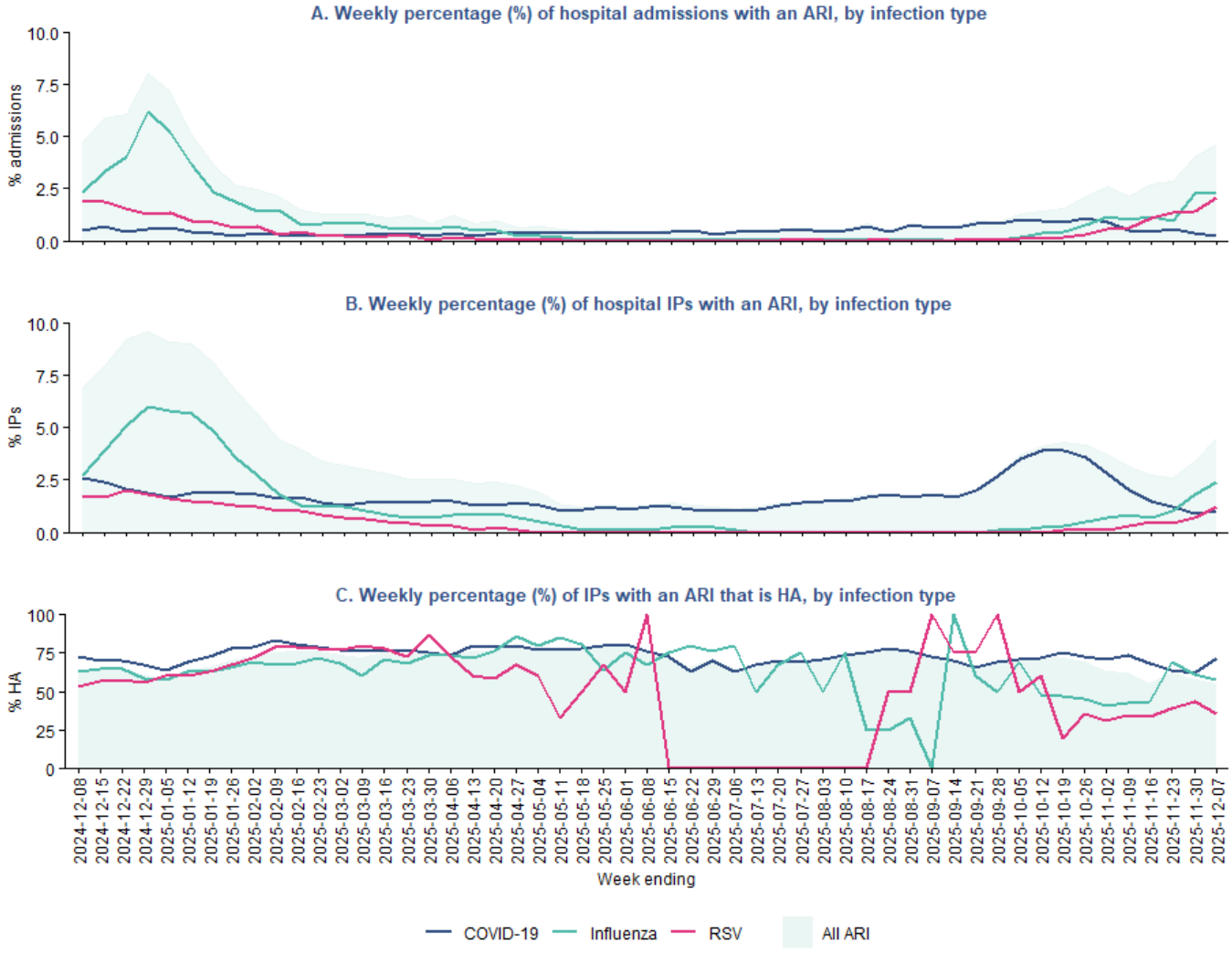
Data correct as of 04/12/2025

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	16	<1%	105	1%	72% (76)
Influenza	163	2%	254	2%	58% (147)
RSV	142	2%	126	1%	36% (45)
ARI total	**321**	**5%**	**485**	**4%**	**55% (268)**

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.



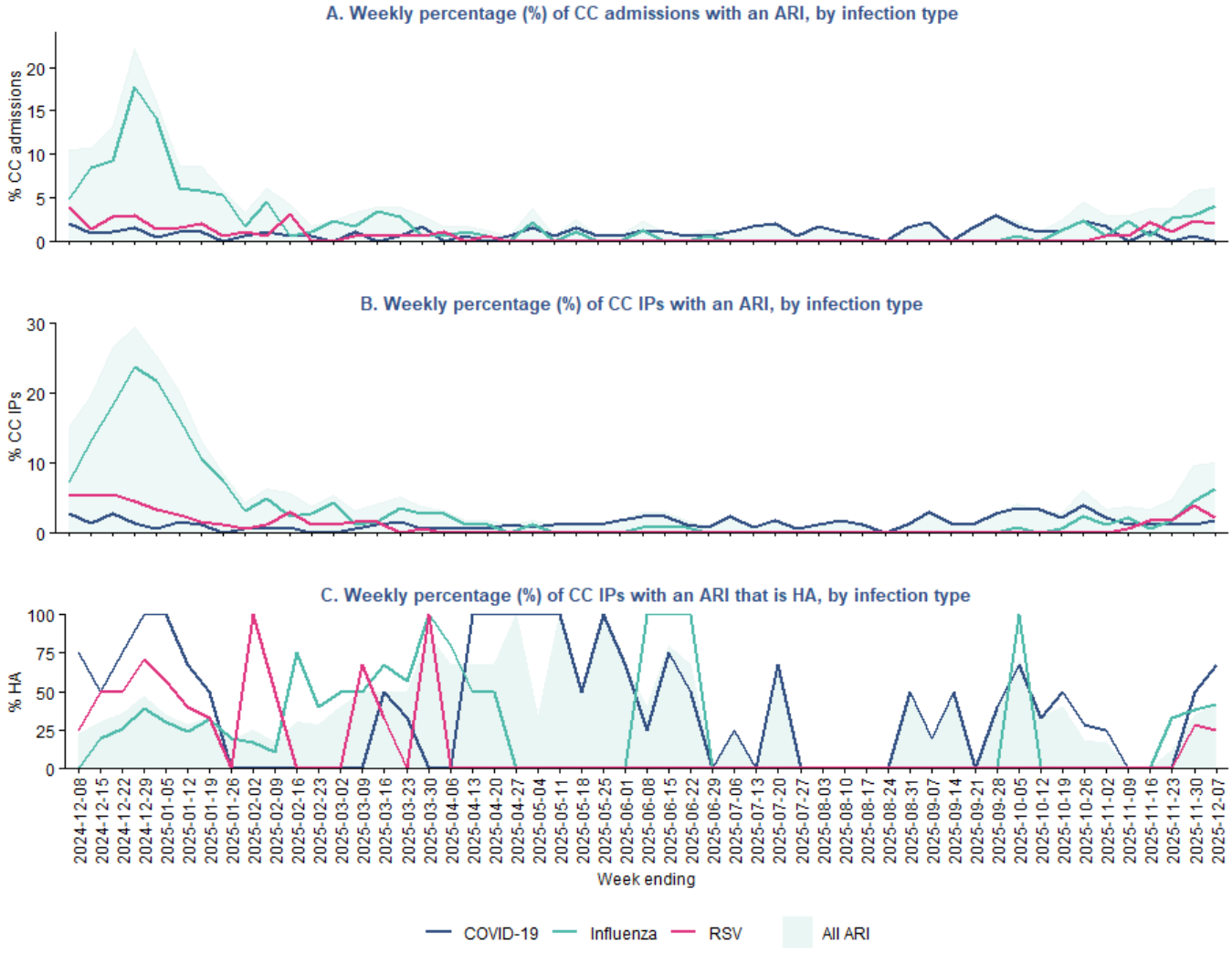
Data as of: 10-12-2025

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).

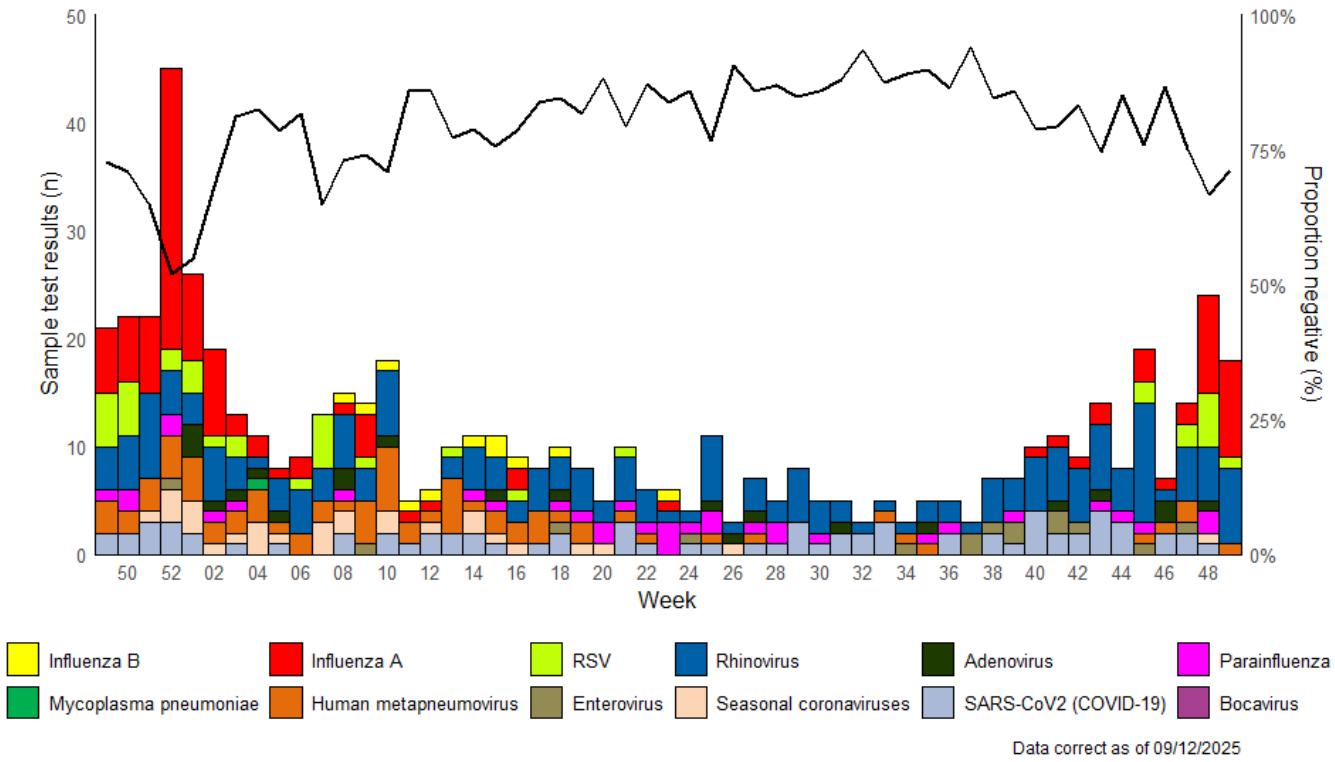
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	0	0%	3	2%	67% (2)
Influenza	8	4%	12	6%	42% (5)
RSV	4	2%	4	2%	25% (1)
ARI total	**12**	**6%**	**19**	**10%**	**42% (8)**

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: 10-12-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 49, 2024 to Week 49, 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 49, 2025, 7 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- Three were Influenza A, three were Influenza-Like Illness and one was COVID-19
- Five were in residential homes, one was in hospital and one was recorded as 'other 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.

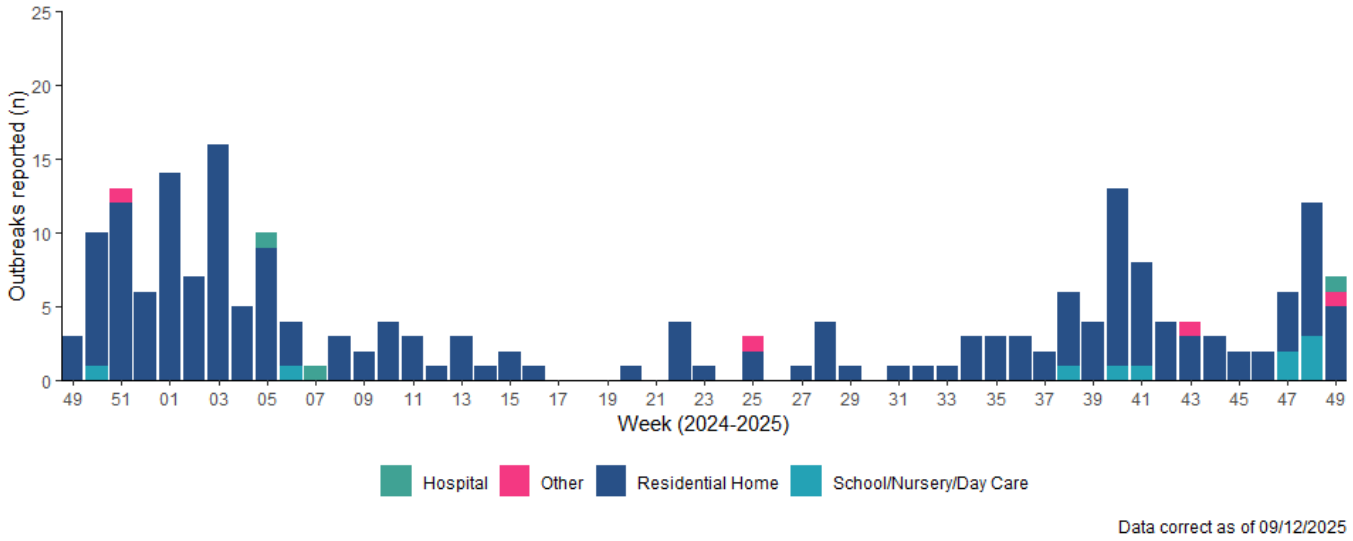
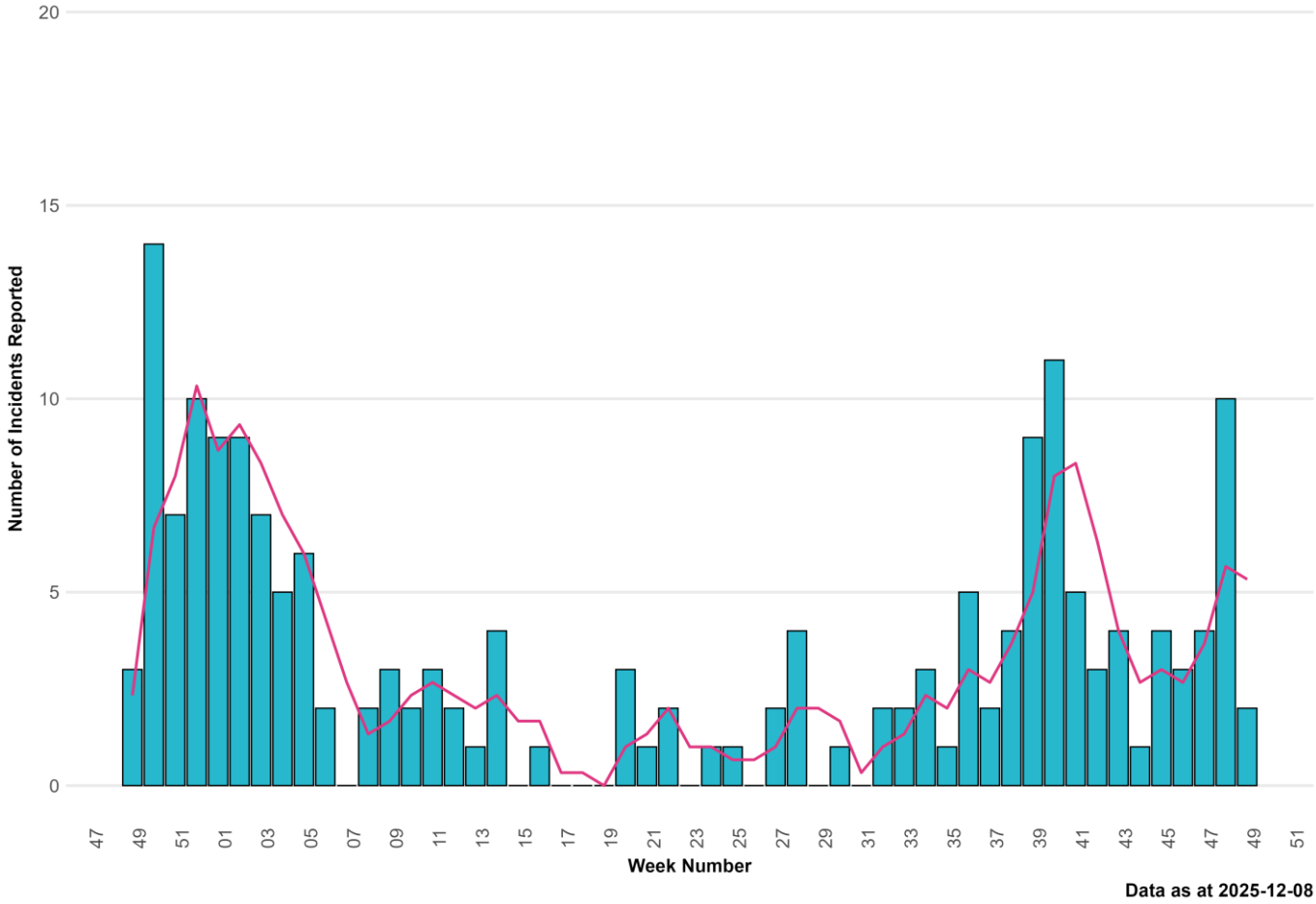


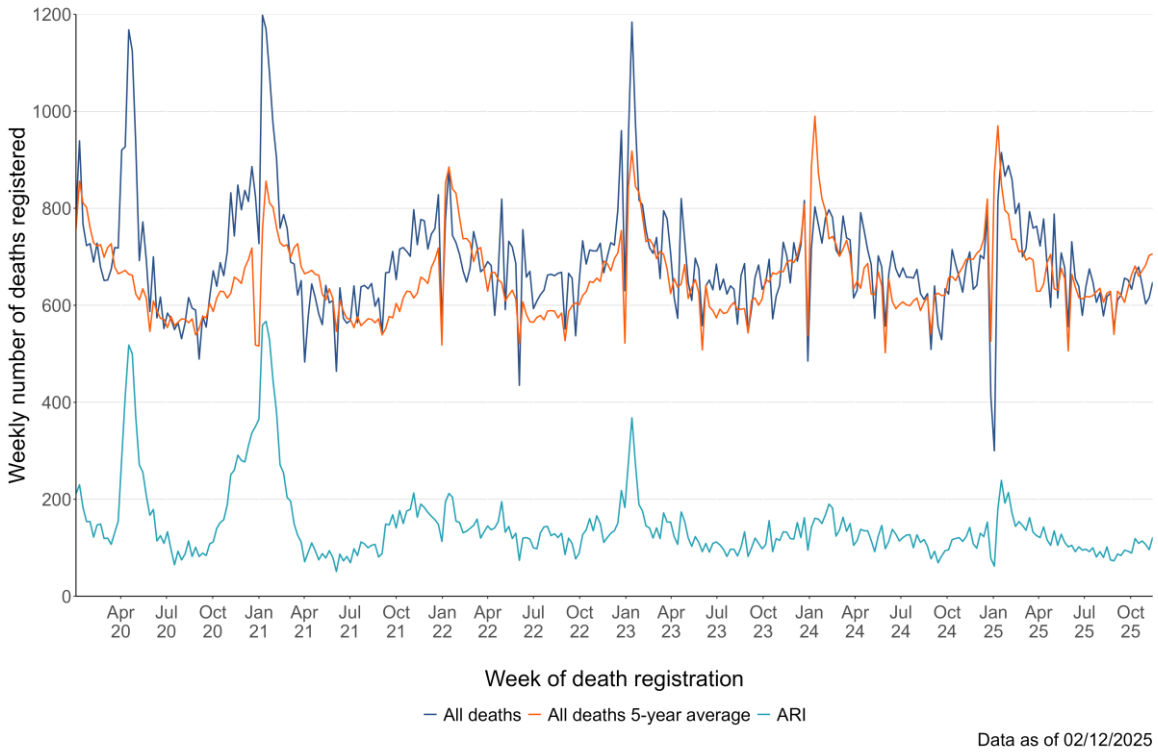
Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.


20
15
10
5
0
Number of Incidents Reported
47
49
51
01
03
05
07
09
11
13
15
17
19
21
23
25
27
29
31
33
35
37
39
41
43
45
47
49
51
Week Number
Data as at 2025-12-08

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 02/12/2025

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

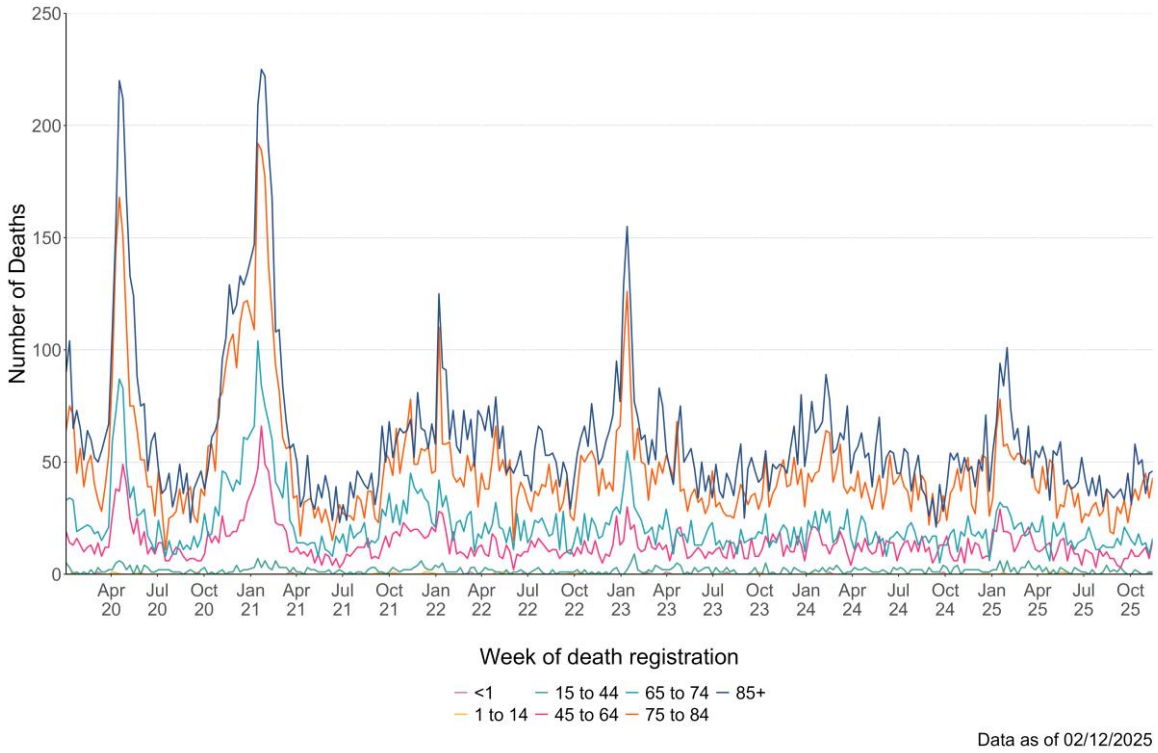


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

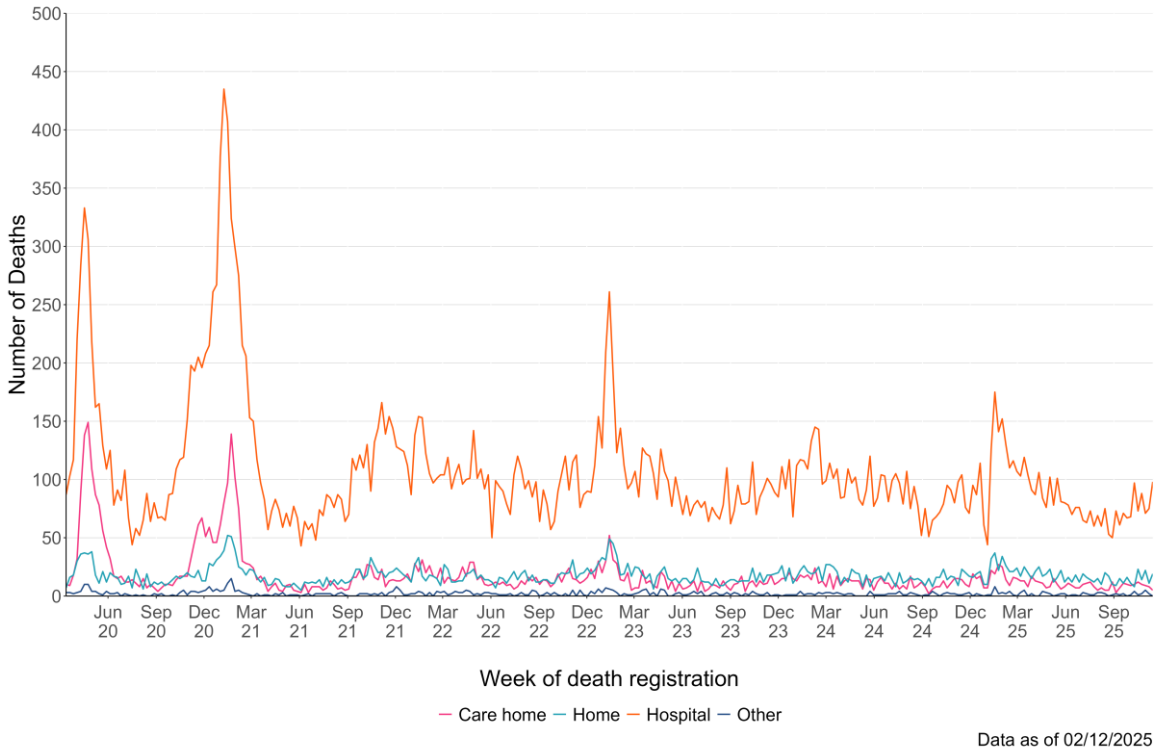
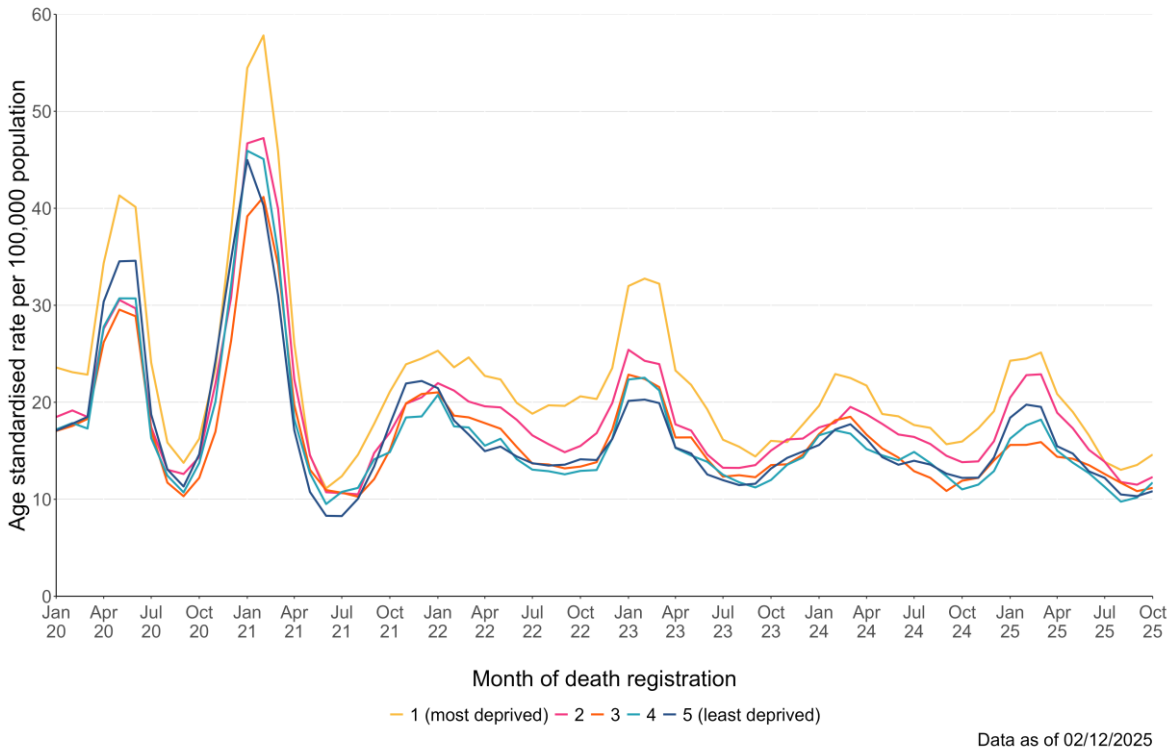


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



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 (867 confirmed cases), followed by influenza A(H1N1) (50 confirmed cases) and influenza B (12 confirmed cases). Additionally, there have been 1405 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 49, 2024 to Week 49, 2025.

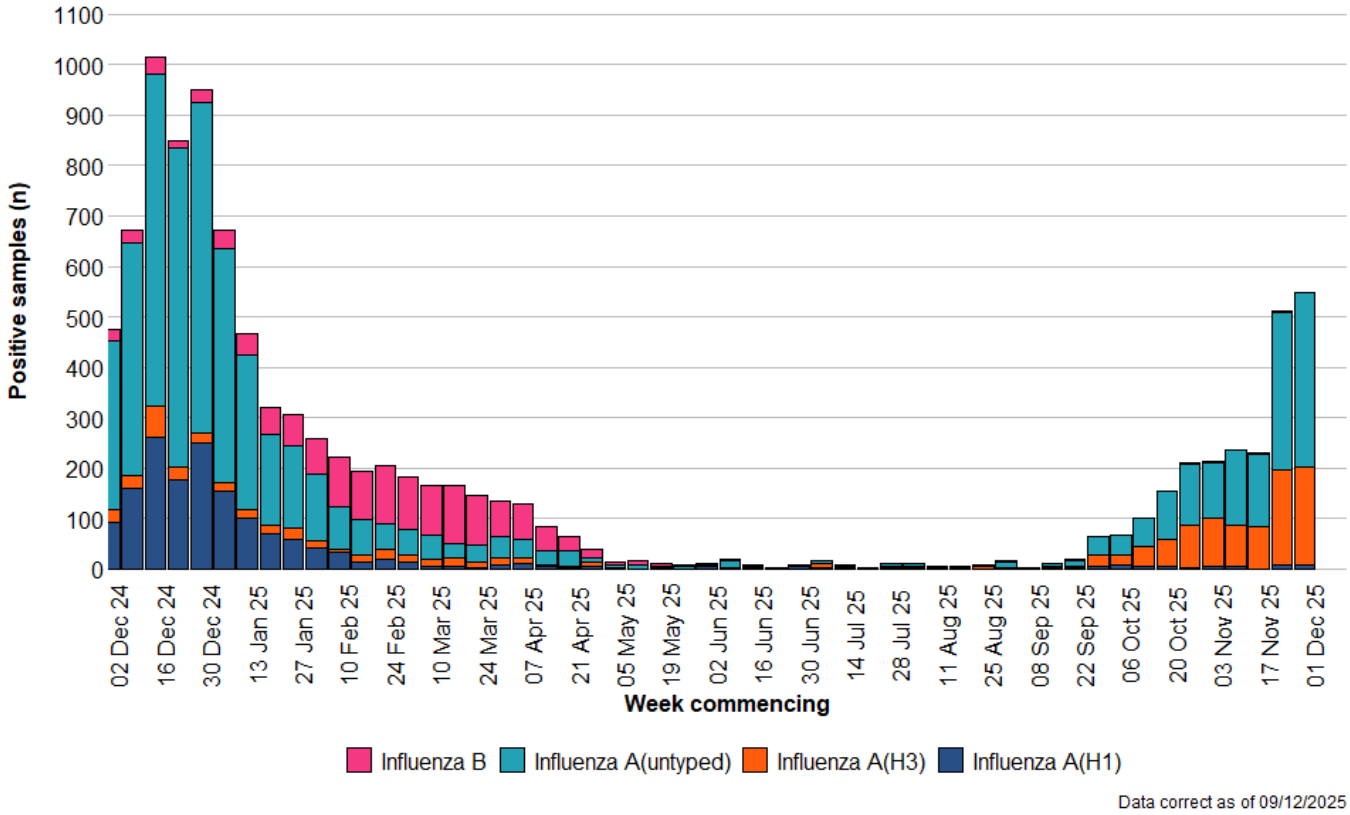
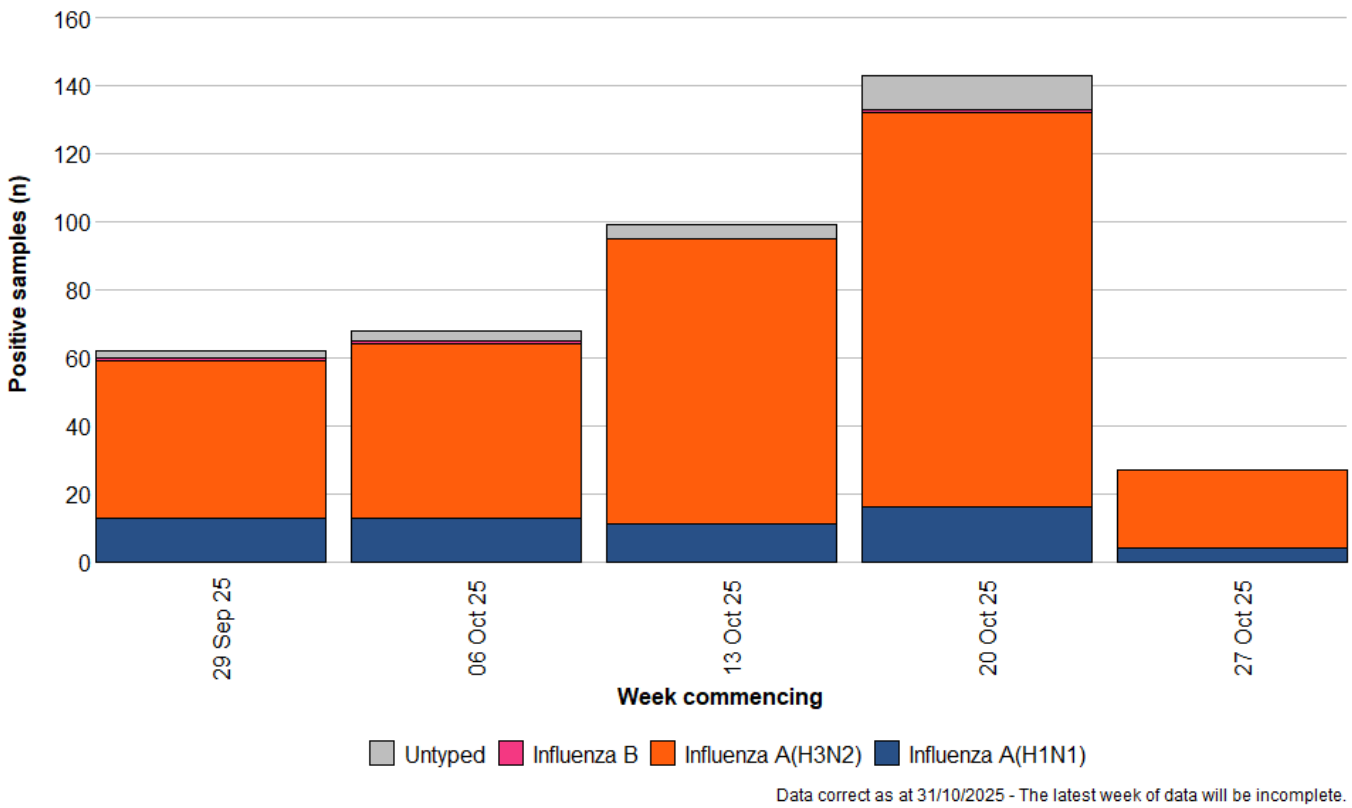


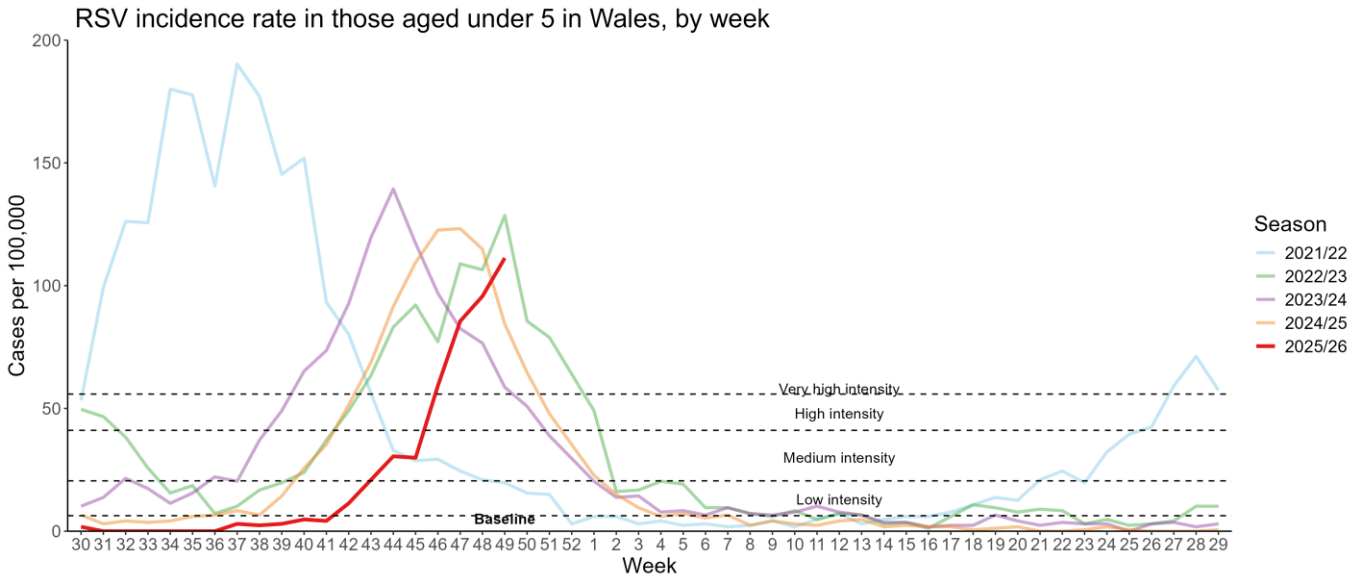
Figure 6.1b. Influenza subtypes based on samples referred to the Wales National Influenza Centre for typing, by week of sample collection, Week 40 2025 to Week 44, 2025 (latest data available).



Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at very high intensity levels (111.3) per 100,000 population during week 49 2025.

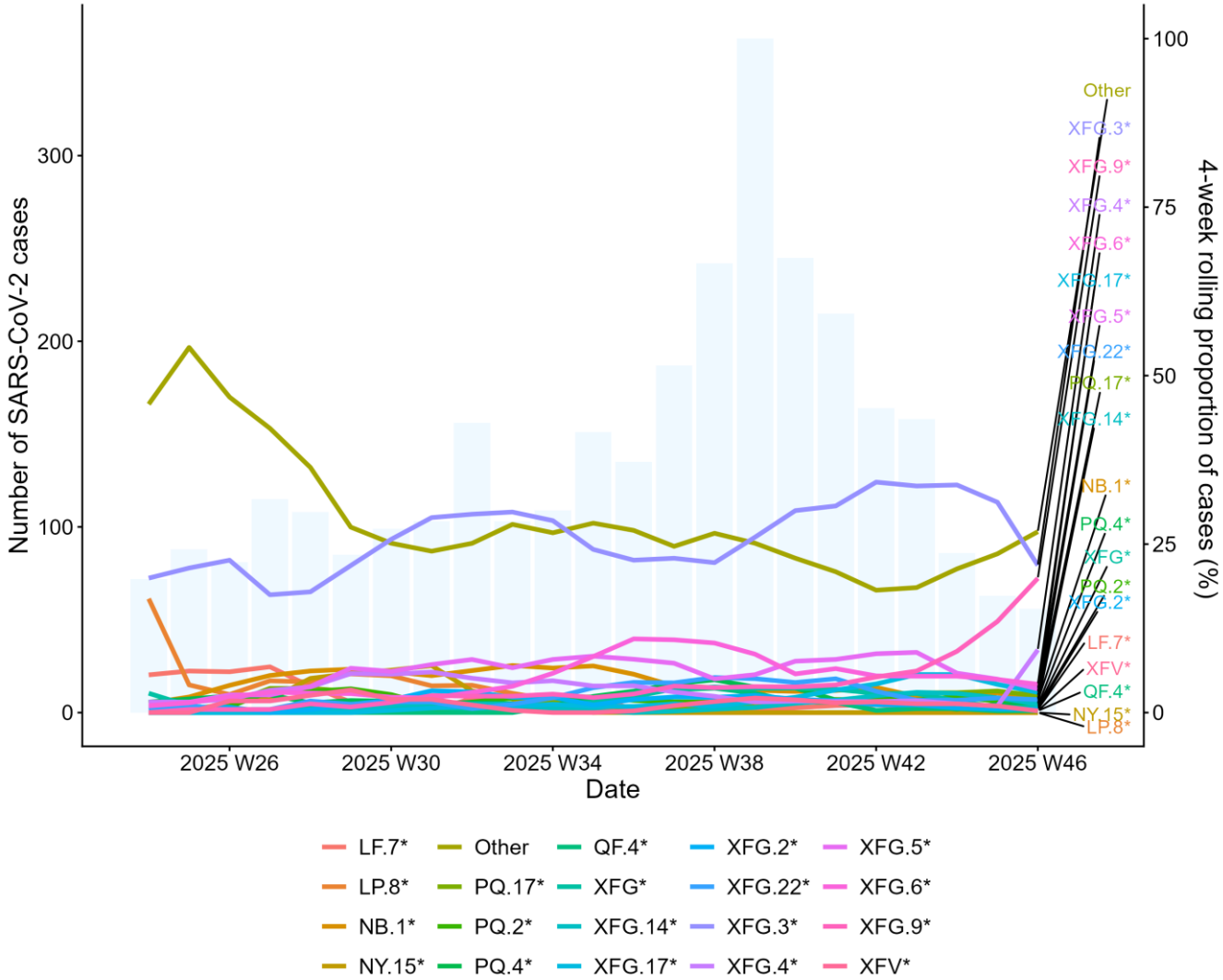
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 49 2025.



SARS-CoV-2 Variant surveillance

- Pango group XFG.3* is the most frequently detected variant in Wales currently, accounting for 31.8% 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 W49).



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. Influenza vaccination uptake

The 2025/26 influenza vaccination programme is underway. Information on the groups who are eligible for a free NHS Wales influenza vaccine is available from: https://phw.nhs.wales/topics/immunisation-and-vaccines/winter-vaccinations/

Current uptake figures in eligible groups are presented in table 7.1, these are updated on a weekly basis. Data on influenza vaccination coverage come from the Welsh Immunisation System (WIS). This is the first year that WIS has been used as the source of influenza vaccination data in Wales, and

therefore caution should be used when comparing figures to previous years. Data in table 7.1 were extracted on 02/12/2025 and include vaccinations given and recorded in WIS up to the end of 01/12/2025. Not all data for vaccinations given will have been entered into WIS at this time, therefore the figures presented here may not be a complete for vaccinations given up to 01/12/2025. Vaccination uptake figures for school-aged children are based on a combination of data from WIS in five health boards and from a Public Health Wales survey in two health boards.

Data on influenza vaccination uptake in NHS staff will be included in next weeks report.

Table 7.1. Uptake of influenza vaccination in Wales 2025/26 (as of 02/12/2025).

Influenza immunisation uptake in the 2025/26 season	
People aged 65y and older	64.5%
People aged 16y to 65y in a clinical risk group	33.0%
Children aged two & three years	39.8%
Children aged between four & ten years*	49.4%
Children aged between 11 & 15 years*	24.0%

*Methods for calculating uptake in school aged children has changed for the 2025/26 season. Caution should be used when comparing estimated uptake to previous years, especially while school vaccination sessions are ongoing.

8. Early estimates of 2025/26 influenza vaccine effectiveness in the UK

- A combined study of influenza vaccine effectiveness has been conducted in Wales, Scotland and Northern Ireland. The study used a test negative case control approach to estimate the effectiveness of the current influenza vaccines at preventing hospital admissions with confirmed influenza A infections. The study included 1,379 cases of influenza and 12,364 controls, sampled from week 40 to week 47.
- The study included patients aged 2 to 17 years and patients aged 65 years and older. Limitations of early available data meant that estimation of effectiveness in adults aged 18 to 64 years was not possible at this point, but will be carried out in the coming months.
- Significant vaccine effectiveness was seen in both children and in older adults. Vaccine effectiveness was:
    - 71.8% (95% CI: 58.8%–80.7%) in children and adolescents aged 2 to 17 years
    - 33.5% (95% CI: 22.4%–43.1%) in adults aged 65 years and older
- Full details of this analysis, led by Public Health Scotland, are available from: https://publichealthscotland.scot/publications/show-all-releases?id=102486

- This study confirms the findings of an earlier test negative case control study carried out in England by UKHSA, where vaccine effectiveness against hospitalisation with confirmed influenza A was calculated as:
    - 73.8% (95% CI: 62.8%-82.1%) for 2 to 17 year olds
    - 32.5% (95%CI: 9.6%- 50.4%) for adults aged 18 to 64 years
    - 39.0% (95% CI: 26.4%-49.7%) for adults aged 65 years and older
- Full details of this study are available from: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2025.30.46.2500854

9. International Summary

Influenza activity – UK and international summary

- GP ILI consultations increased to 13.2 per 100,000 in England, 24.3 per 100,000 in Northern Ireland, and 22.3 per 100,000 in Scotland in Week 48.
- During Week 48 (latest data available), 4,154 samples tested for influenza were reported in England of which 529 were positive for influenza (443 influenza A (not subtyped), 81 influenza A (H3N2), four influenza A (H1N1)pdm09, and five influenza B).
- Overall, influenza positivity increased to 17.1% in England, increased to at 46.8% in Scotland, and increased to 30.2% in Northern Ireland in Week 48.
- 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 25% in Week 48. Of the 30 countries and areas reporting on influenza intensity, 19 reported medium intensity or higher. Of the 36 countries and areas reporting on geographic spread of influenza viruses within a country or area, 21 reported widespread or regional distribution. There were 1,010 confirmed influenza virus infection detections reported from sentinel primary care, all influenza type A. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- Globally, influenza activity continued to increase with influenza A viruses predominantly detected in all zones.
- In the northern hemisphere, influenza percent positivity was elevated in countries in Central America and the Caribbean, Africa, Northern and South-West Europe and in Asia, with positivity over 30% in some countries in Western and Eastern Africa, Northern Europe, Western, Southern, Eastern and South-East Asia. Increases in activity were observed in countries in Central America and the Caribbean, Northern and Eastern Africa, Northern and South West Europe, Western, Southern, South-East and Eastern Asia.
- In the southern hemisphere, influenza activity remained low overall although elevated positivity (>10%) was reported in a few countries in Tropical and Temperate South America, Eastern and Southern Africa and Oceania; percent positivity was over 30% in a single country in South-East Asia. Small increases in activity were observed in Tropical South America, Southern Africa, South-East Asia and Oceania
- In the zones with elevated positivity, influenza A(H1N1)pdm09 predominated in Northern and Middle Africa whereas influenza A(H3N2) was predominant in all other zones except Central America and the Caribbean where there was codominance of the two subtypes.
- **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 10/12/2025) during Week 48 globally there were 1,189 A(H1N1), 20,348 A(H3), 17,378 A(not subtyped), 140 influenza B (Victoria) and 366 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 is increasing during Week 48 (ending 29/11/2025). Nationally, 3,708 (7.1%) out of 52,021 specimens have tested positive for influenza in Week 48 in clinical laboratories nationwide, of these positive samples, 3,523 (95%) were influenza A and 185 (5%) were influenza B. Further characterisation has been carried out on 614 specimens by public health laboratories, and 348 samples tested positive for influenza; 44

influenza A(H1N1)pdm09, 236 influenza A(H3N2), 61 influenza A(not subtyped), zero influenza H5, and 7 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during Week 48, indicators of influenza activity continue to increase. 3,655 influenza detections were reported: 3,618 influenza A and 37 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 48.
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

10. 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 result into the report.

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

11. 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.

12. 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