GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 52 (ending 29 December 2024)

Weekly acute respiratory infection summary

Headline

- ***This weekly report has been prepared one day earlier than is usual, due to the New Years Day bank holiday. As a result, some testing, sub-typing and syndromic data may not be as complete as usual and should be treated with caution. Data from the Wales Sentinel SARI Emergency Department Network were not available at the time of reporting and will be updated in future reports. Week 52 contained the Christmas Day and Boxing Day bank holidays, where General Practices in Wales would have been closed. As a result, syndromic surveillance data and GP virological surveillance data are based on three day's activity (rather than the usual five) and trends over this period should be interpreted with caution.***

- **Influenza is circulating** with activity now at "medium" intensity levels. Case numbers continue to increase as expected for this point in the flu season. Influenza A(H1N1) is currently being detected in the highest numbers, influenza A(H3N2) cases are also being confirmed at lower levels, with fewer cases of influenza B cases being seen.

- GP consultations for acute respiratory infections are currently increasing, especially in those aged 0 to 5 years (discounting data for W52).

- Respiratory Syncytial Virus (RSV) is circulating, activity has decreased in the most recent week and is now at Medium intensity levels.

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

- According to EuroMoMo method, 'no excess' was reported in all-cause mortality in the most recent week (Week 50).

Foreword

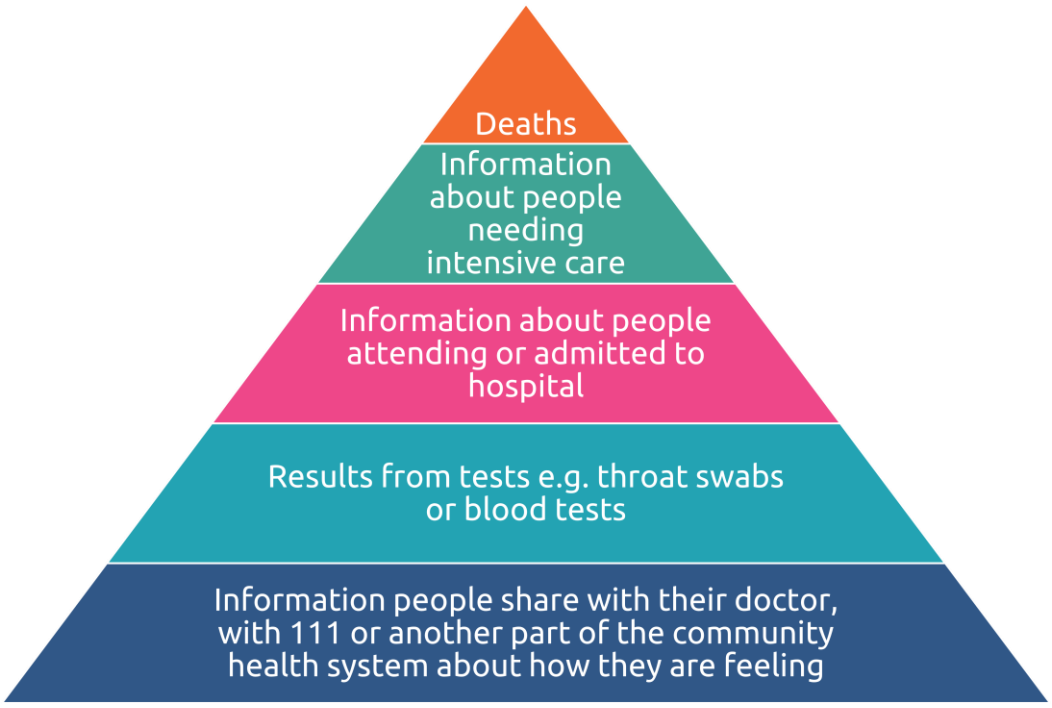
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

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 acute respiratory infection (ARI) has decreased.	Admissions in patients testing positive for influenza, COVID-19 or RSV have increased in recent weeks (6% of total admissions).
Influenza	**Influenza is circulating, and we are approaching the peak of the season.** The overall proportion of samples testing positive increased in the most recent week to 30.5%. Consultations for influenza-like illness (ILI) with sentinel GPs are likely stable compared to the previous week, at medium intensity. 35 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 increased to 256 in the most recent week. In the most recent week, there were 488 in-patient cases of confirmed influenza, 25 of whom were in critical care.
Influenza type breakdown	***Since 2024 Week 40**: 3,888 total influenza cases confirmed (245 influenza A(H3N2), 871 influenza A(H1N1)pdm09, 2,624 influenza A untyped and 148 influenza B).* ***In the most recent week**: 17 confirmed cases of influenza A(H3N2), 127 cases of influenza A(H1N1)pdm09, 615 influenza A untyped and 13 influenza B)*	
COVID-19	The overall proportion of samples testing positive decreased to 2.8% in hospital and non-sentinel GP practices. . Confirmed cases of COVID-19 in sentinel GP patients are decreasing.	The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 27 in the most recent week. In the most recent week, there were 200 in-patient cases of confirmed COVID-19, four of whom were in critical care
RSV	RSV is circulating, with activity at medium levels in children aged up to 5y. Incidence per 100,000 population in children aged up to 5y decreased to 34.1 in the most recent week.	The number of confirmed cases of community acquired RSV admitted to hospital decreased to 87 in the most recent week. In the most recent week, there were 186 in-patient cases of confirmed RSV, five of whom were in critical care.
Other respiratory pathogens	Confirmed cases and test positivity for rhinovirus have increased in recent weeks and for adenovirus remain elevated. Detections of enterovirus continue, with EV-D68 as the predominant recent type.	

1. Community surveillance indicators

GP Consultations

- According to data from the Sentinel GP Network, the sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is variable (Figures 1.2, 1.3).
- There were 18.0 ILI consultations per 100,000 practice population for the three days which general practices were open during W52. Assuming that attendance patterns on these three days are representative, a crude estimate of the ILI consultations had it been a five-day reporting week is 30.0 ILI consultations per 100,000 practice population - a decrease compared to the previous week (34.2 consultations per 100,000).
- In the three days for which general practices were open during W52, using all available data from general practices, there were 46.3 ARI consultations per 100,000 practice population, an increase from 38.2 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (1118.4) followed by people aged 1 to 4 (764.4) and people aged 75+ (243.5) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years, but may be an unreliable measure of trend due to disruption from the bank holidays (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators decreased from 2,280 in the previous week to 2,171 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for cardiac or respiratory arrest, chest pain, difficulty breathing were stable or decreased compared to the previous week. (figure 1.5, Table 1.3).

GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40 1996 - Week 52, 2024).

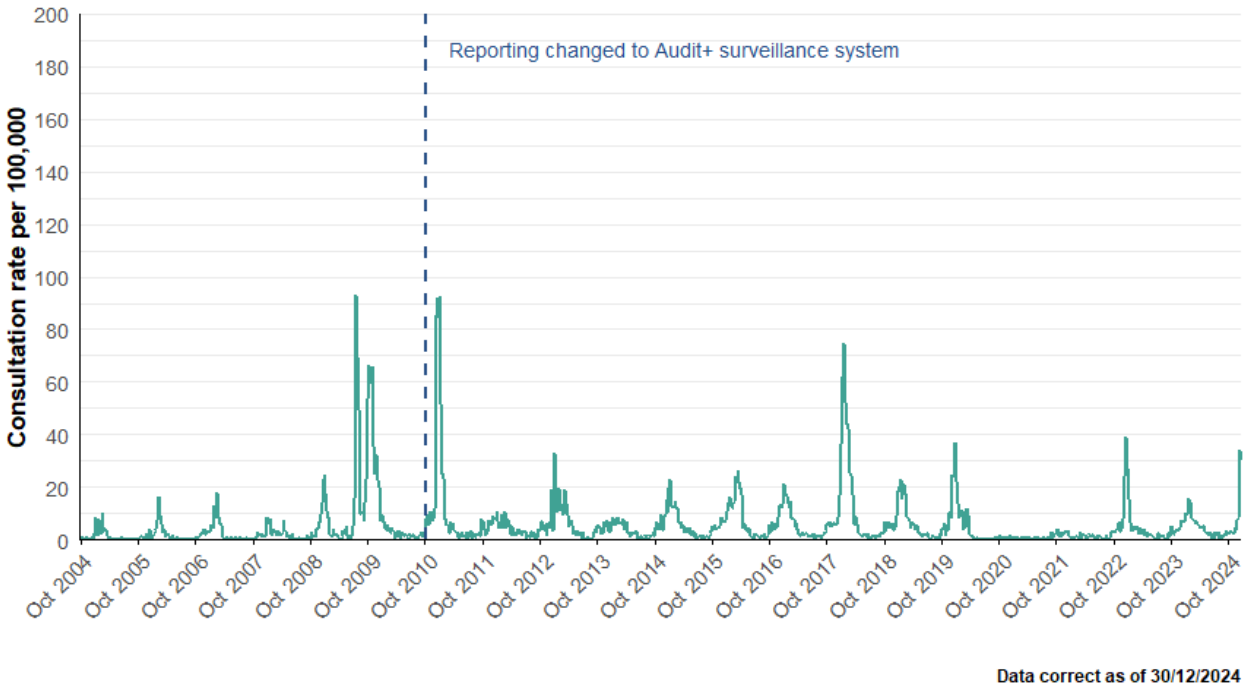
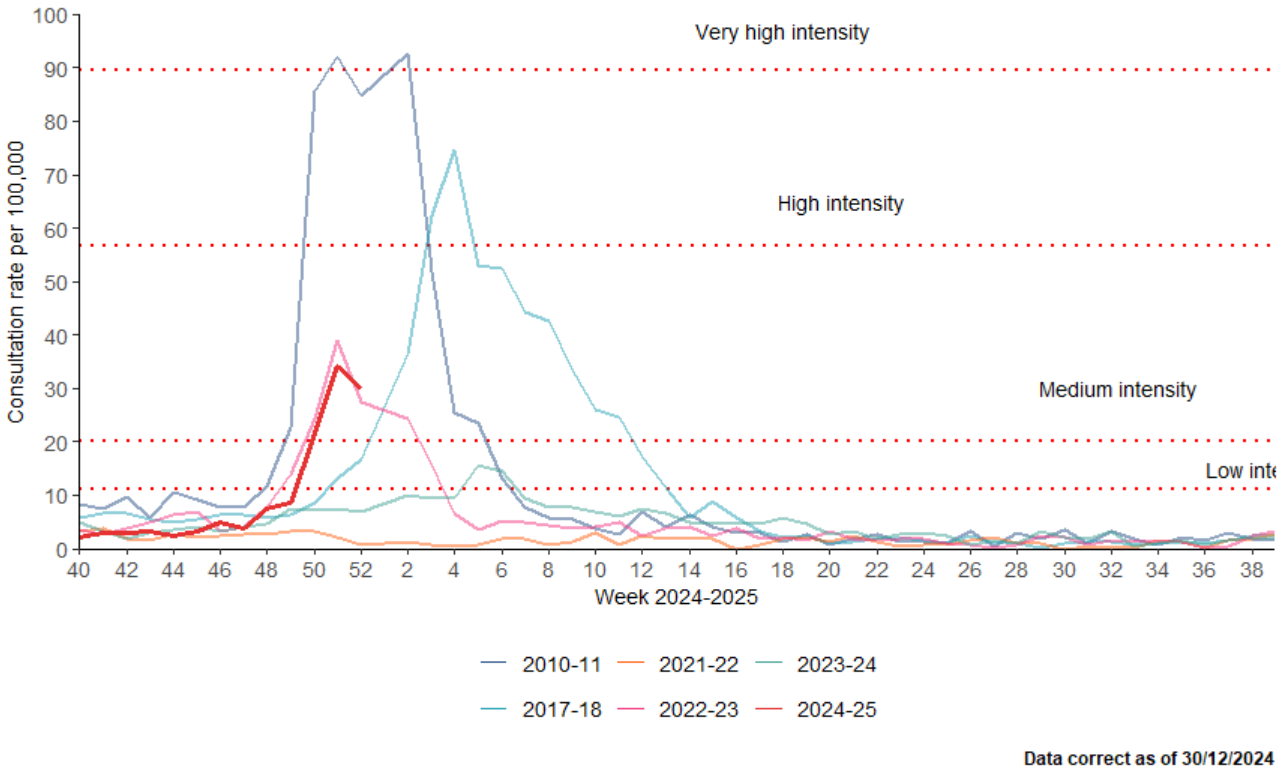


Figure 1.2. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population.



GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for week 52, 2024. This table uses all available GP surveillance data (from sentinel and non-sentinel practices). Data for W52 are based on three GP opening days, rather than the usual five.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
ARI	46.26	38.16	30.60
COVID-19	12.73	3.99	9.29
LRTI	19.52	14.71	11.47
Pneumonia	0.11	0.08	0.06
Severe asthma	1.48	1.62	1.82
URTI	26.82	23.54	19.27
Total	106.92	82.10	72.51

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

Figure 1.3. All Wales GP consultation rates for ILI per 100,000 practice population for Acute Respiratory Infection (ARI). Data for W52 are based on three GP opening days, rather than the usual five.

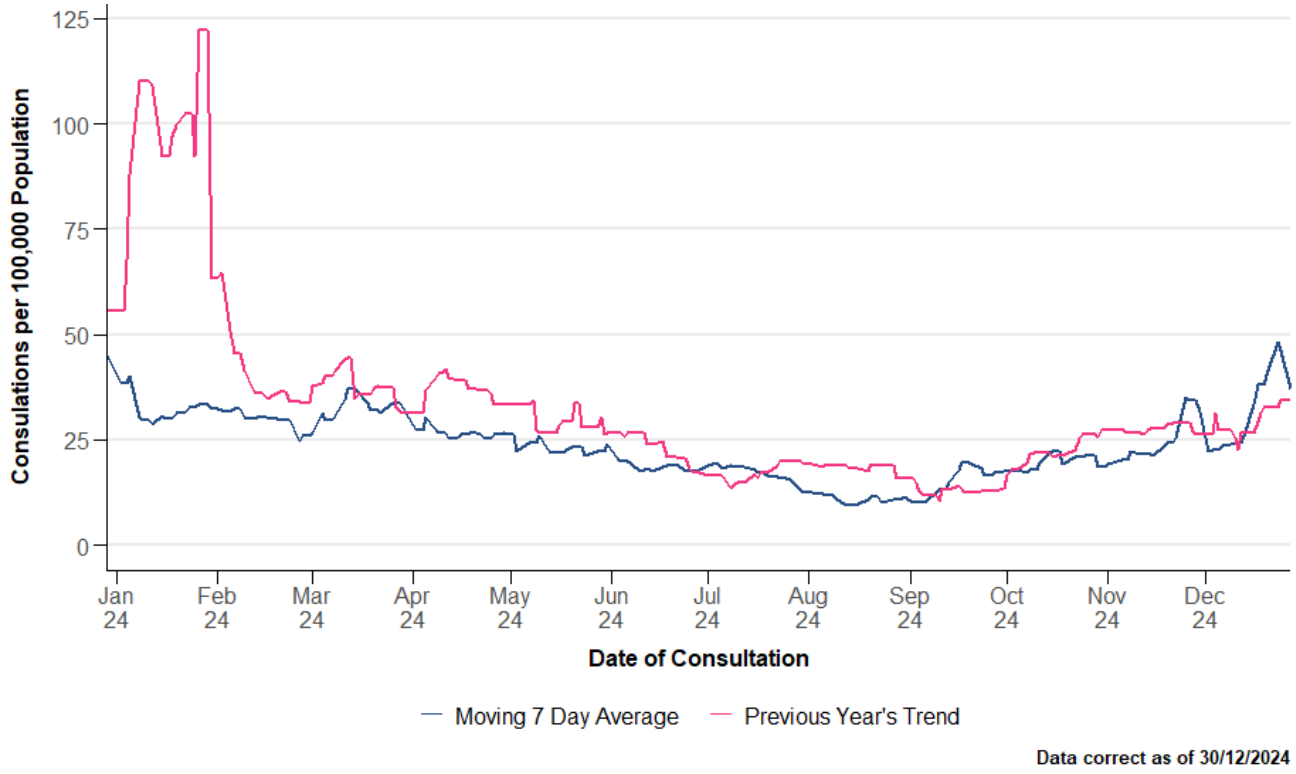
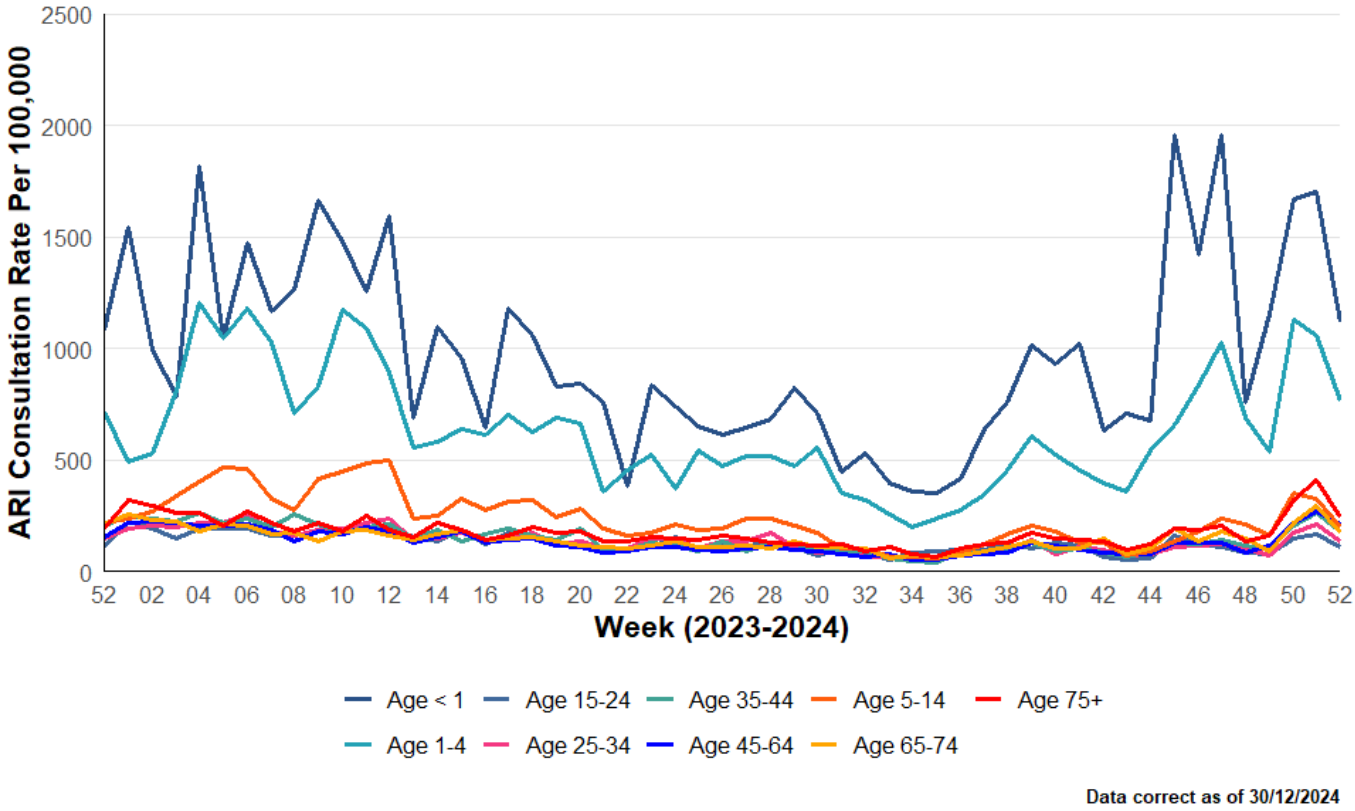


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands. Data for W52 are based on three GP opening days, rather than the usual five.



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.

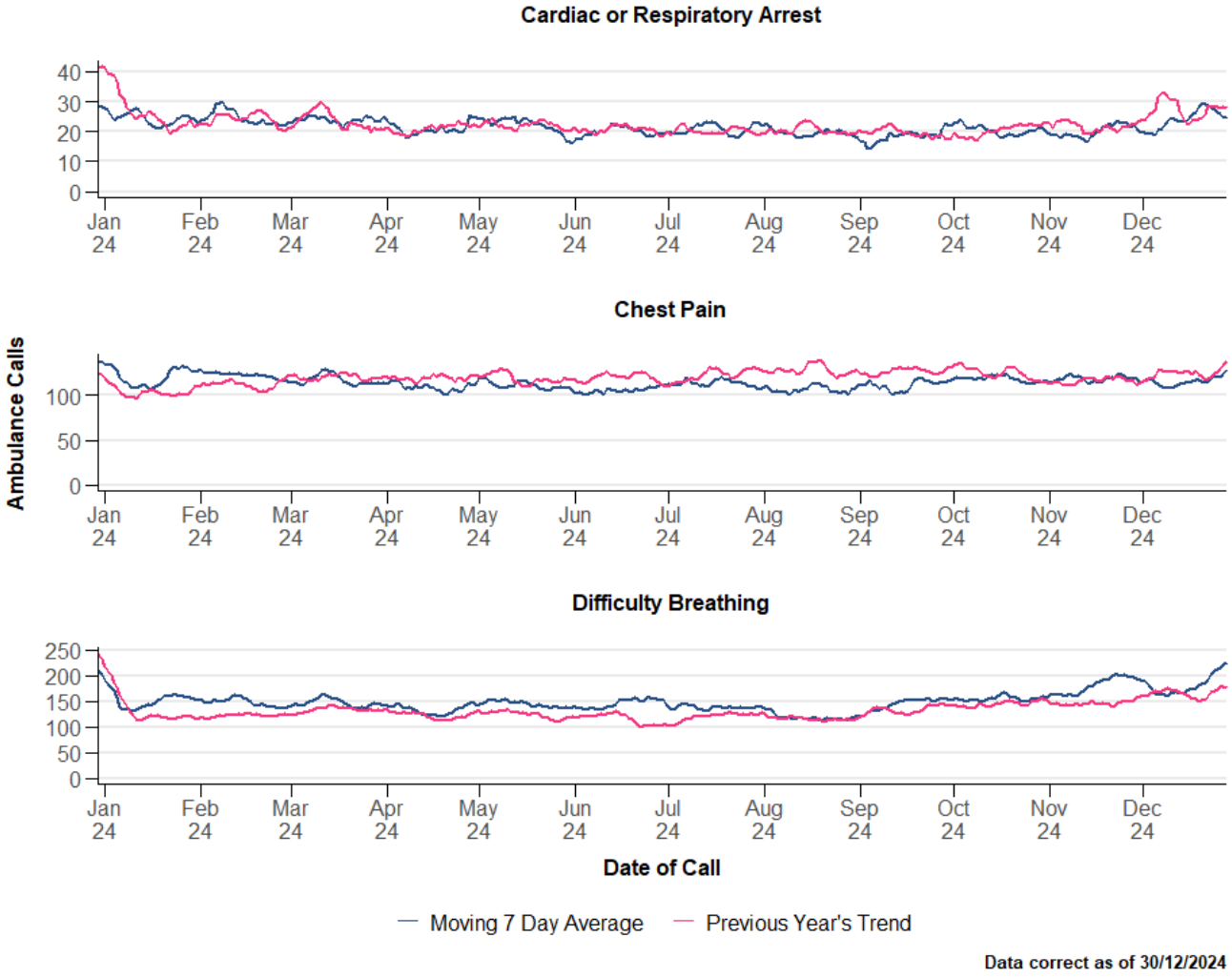


Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for week 52, 2024). This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	155	198	173
Chest Pain	725	819	858
Difficulty Breathing	1,291	1,263	1,086
Total	2,171	2,280	2,117

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 82 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 52, 2024, as at 31/12/2024 (Table 2.1, Figure 2.1). Data for W52 are based on three GP opening days, rather than the usual five.
- The most commonly detected pathogens were Influenza A (35) followed by rhinovirus (8) and RSV (7). Of the 82 tests, 36.6% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,437 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during week 52 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were Influenza A (429) followed by rhinovirus (127) and RSV (86). Of the 1437 tests, 49.1% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

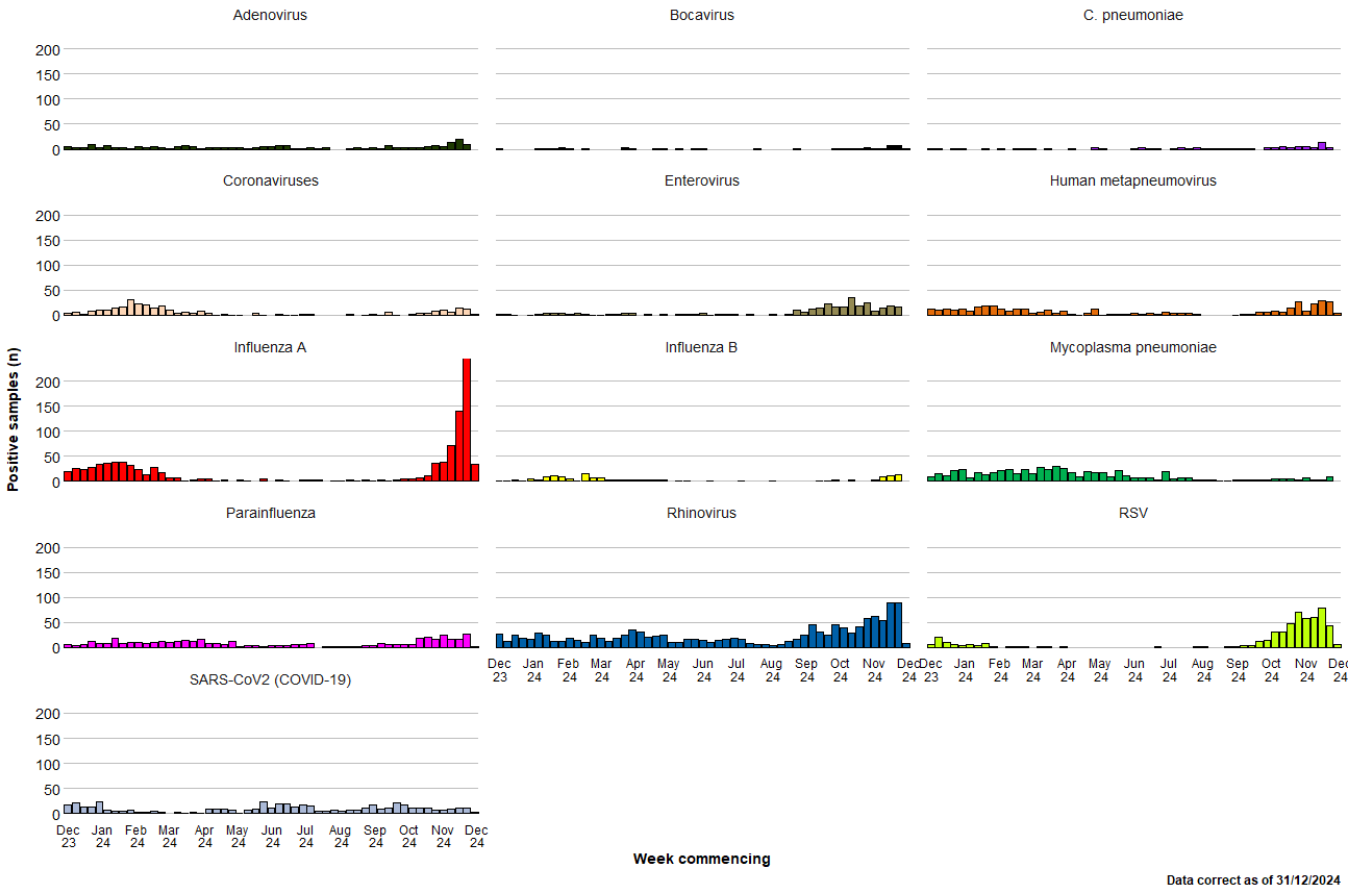
Additionally, during Week 52, 800 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 299 for influenza (295 for influenza A, four for influenza B, zero for Influenza A(H3), zero for Influenza A(H1))
- 37 for SARS-CoV-2 (COVID-19)
- 63 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 52, 2024.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	35	42.7%	298.8%	Decreasing
Rhinovirus	8	9.8%	109.8%	Decreasing
RSV	7	8.5%	52.4%	Decreasing
Human metapneumovirus	4	4.9%	34.1%	Decreasing
Coronaviruses	3	3.7%	14.6%	Decreasing
SARS-CoV2 (COVID-19)	2	2.4%	13.4%	Decreasing
Parainfluenza	1	1.2%	31.7%	Decreasing
Bocavirus	1	1.2%	8.5%	Decreasing
Influenza B	0	0.0%	15.9%	Decreasing
Adenovirus	0	0.0%	11.0%	Decreasing
Mycoplasma pneumoniae	0	0.0%	12.2%	Decreasing
Enterovirus	0	0.0%	19.5%	Decreasing
C. pneumoniae	0	0.0%	4.9%	Decreasing

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 52, 2023 to Week 52, 2024.



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 52, 2024.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	429	29.9%	29.3%	Stable
Rhinovirus	127	8.8%	8.9%	Stable
RSV	86	6.0%	9.6%	Decrease
SARS-CoV2 (COVID-19)	40	2.8%	3.2%	Stable
Adenovirus	38	2.6%	3.1%	Stable
Parainfluenza	38	2.6%	3.0%	Stable
Human metapneumovirus	36	2.5%	2.8%	Stable
Enterovirus	13	0.9%	1.9%	Decrease
Seasonal coronaviruses	12	0.8%	1.8%	Stable
Influenza B	9	0.6%	0.8%	Stable
Mycoplasma pneumoniae	5	0.3%	0.2%	Stable
Bocavirus	0	0.0%	0.3%	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 52, 2023 to Week 52, 2024.

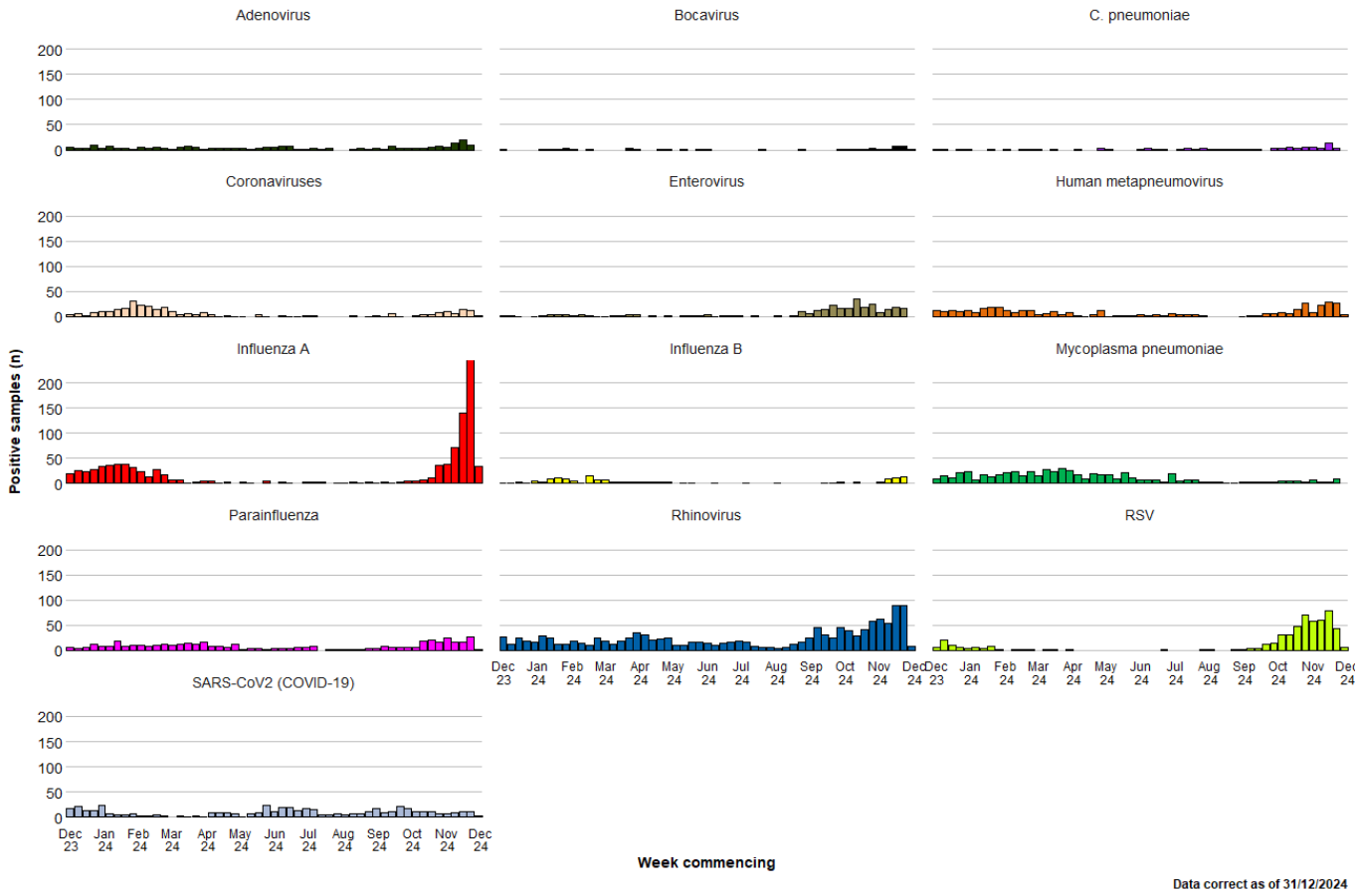
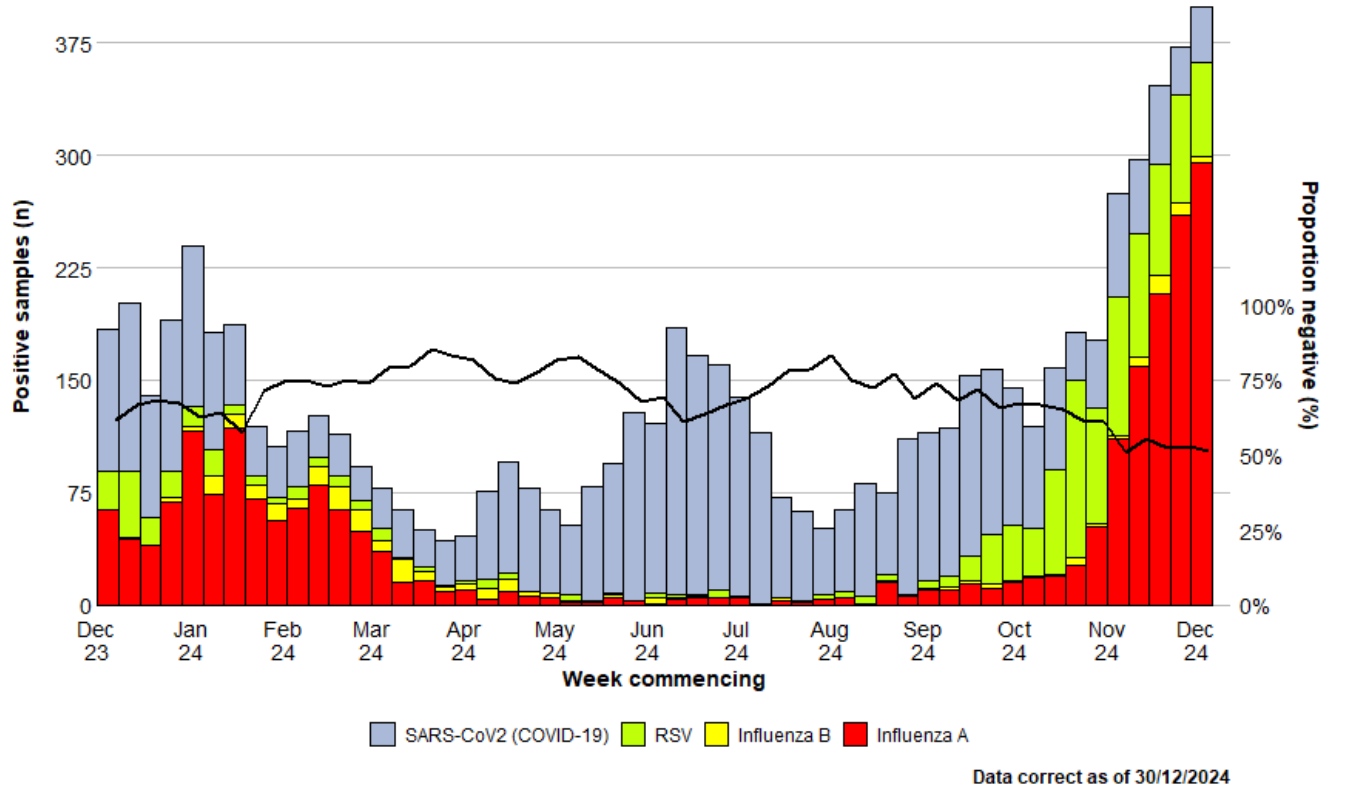


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 52, 2023 to Week 52, 2024.



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

Sentinel SARI in emergency departments

- During week 50 (latest available data), 2024 there were 82 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was RSV(22) followed by Influenza A(8) and Rhinovirus/Enterovirus(6). Of the 82 samples collected, 52.4% 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 10% for influenza, 2% for SARS-CoV2 and 27% for RSV.

Hospital in-patients

- During week ending 22/12/2024 there were 370 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (32 more than the previous week), equating to 6% of all hospital admissions in that reporting week.

- At 23:59 on 22/12/2024, there were 874 patients in hospital with confirmed COVID-19, RSV or influenza, 80 more than the previous Sunday. This equates to 9% of all hospital in-patients (IPs) at that time. Of whom 65% (568) were hospital acquired (HA).

Critical-care

- During week ending 22/12/2024 there were 22 ARI critical care (CC) admissions,) one less than the previous week), Equating to 15% of all CC admissions in that reporting week.

- At 23:59 on 22/12/2024, there were 34 patients in CC with confirmed COVID-19, RSV or influenza, 7 more than the previous Sunday. This equates to 24% of all CC in-patients at that time. Of whom 35% (12) were hospital acquired (HA).

Virological surveillance in ICU

- During week 52, 2024, 85 respiratory samples were tested from patients in intensive care units (ICU). Of these: twenty-six tested positive for Influenza, three tested positive for SARS-CoV2 (COVID-19) and two tested positive for RSV (Figure 3.4).

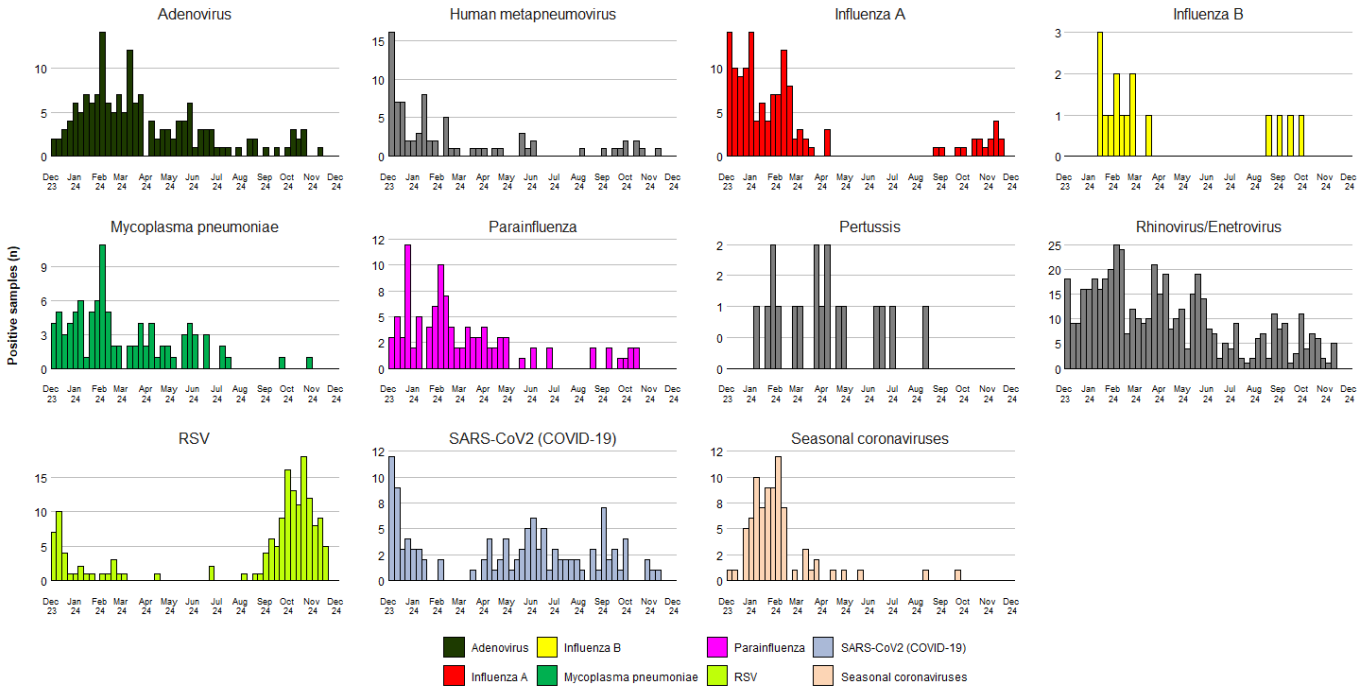
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

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 50, 2024.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	1	1.2%	162	7.8%
C. pneumoniae	0	0.0%	0	0.0%
Human metapneumovirus	1	1.2%	77	3.7%
Influenza A	8	9.8%	141	6.8%
Influenza B	0	0.0%	16	0.8%
Mycoplasma pneumoniae	0	0.0%	97	4.7%
Parainfluenza	0	0.0%	104	5.0%
Pertussis	0	0.0%	18	0.9%
RSV	22	26.8%	156	7.5%
Rhinovirus/Enterovirus	6	7.3%	497	24.0%
SARS-CoV2 (COVID-19)	2	2.4%	115	5.5%
Seasonal coronaviruses	0	0.0%	83	4.0%
Negative	43	52.4%	910	43.9%
Total	**82**	**100%**	**2,178**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 50, 2024 and previous 12 months.



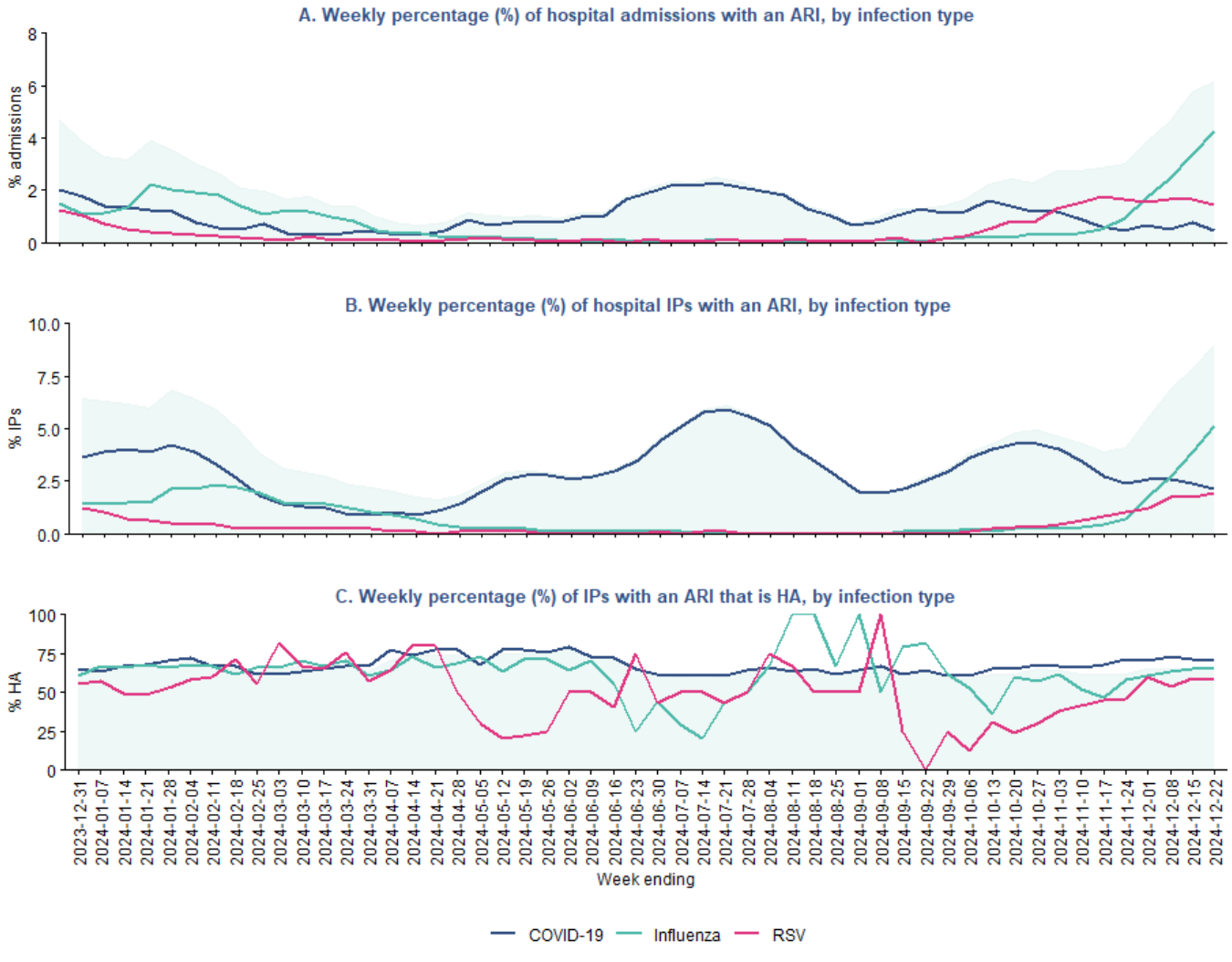
Data correct as of 25/12/2024

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	27	<1%	200	2%	70% (139)
Influenza	256	4%	488	5%	66% (321)
RSV	87	1%	186	2%	58% (108)
ARI total	**370**	**6%**	**874**	**9%**	**65% (568)**

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.



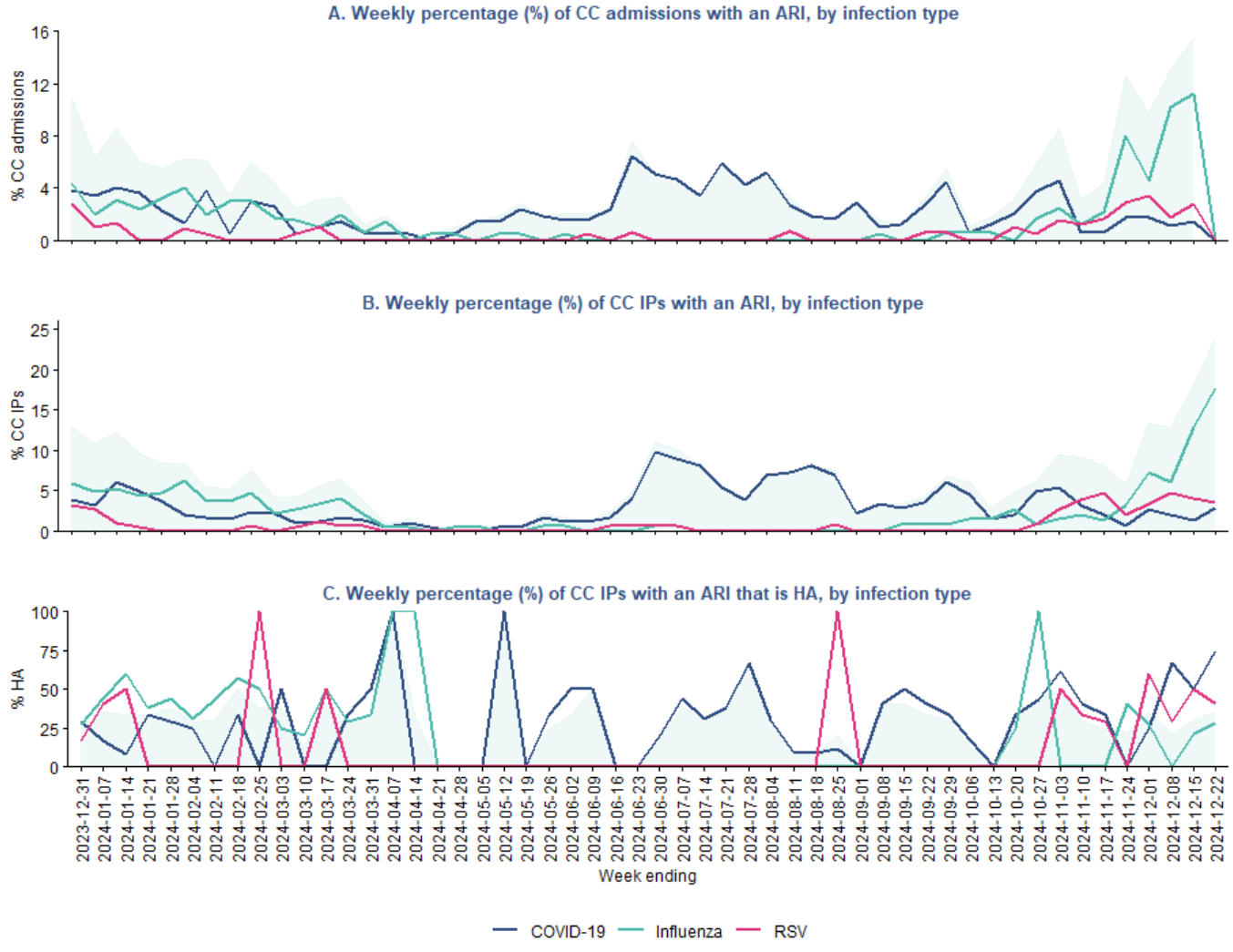
Data as of: 31-12-2024

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).

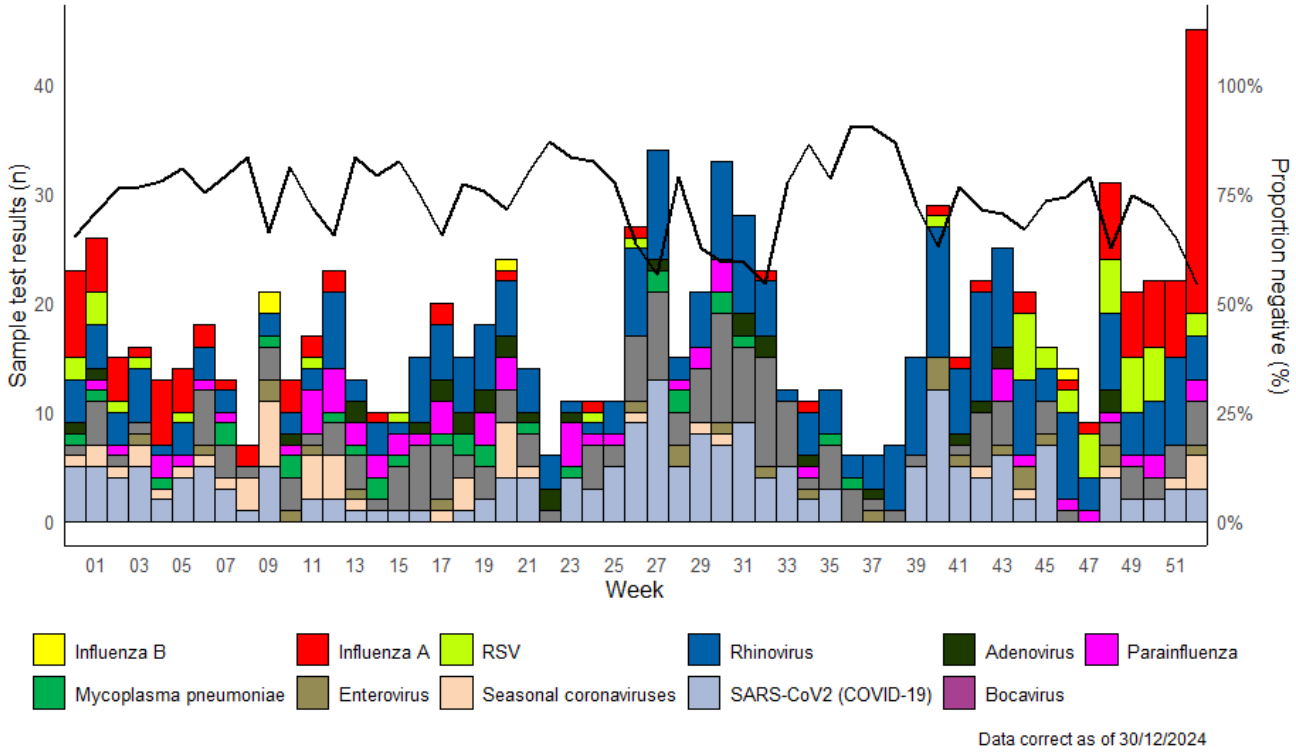
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	2	1%	4	3%	75% (3)
Influenza	16	11%	25	18%	28% (7)
RSV	4	3%	5	4%	40% (2)
ARI total	**22**	**15%**	**34**	**24%**	**35% (12)**

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: 31-12-2024

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 52, 2024 to Week 52, 2024. 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 52, 2024, 5 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- One was COVID-19, three were Influenza, and one was Influenza A
- Four outbreaks were in residential homes, one was in another 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.

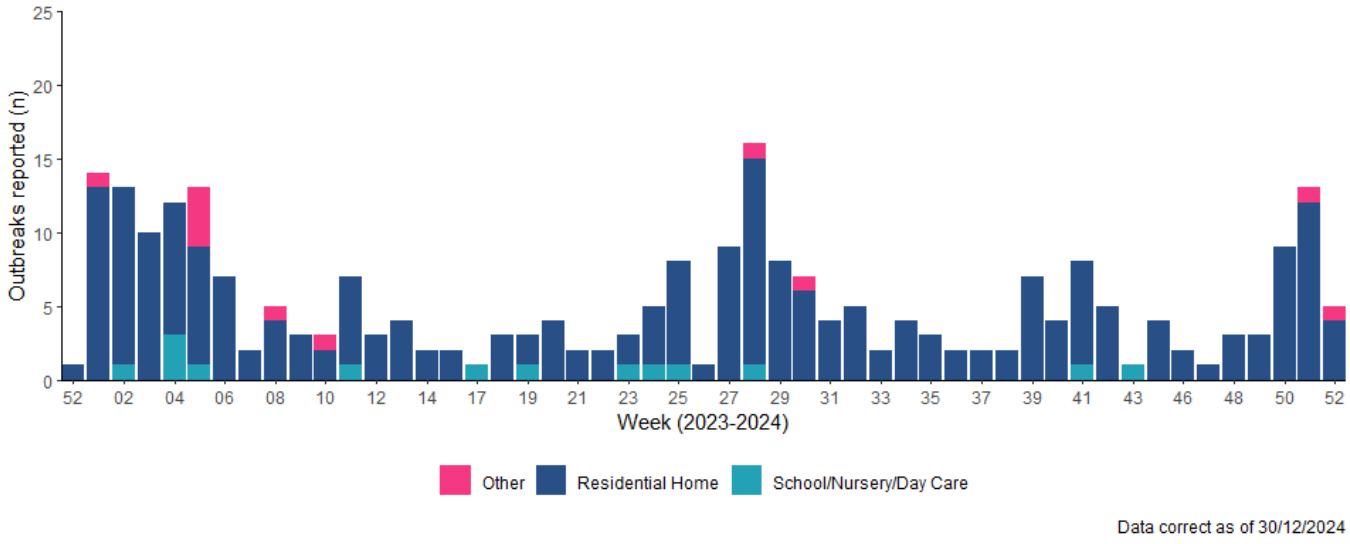
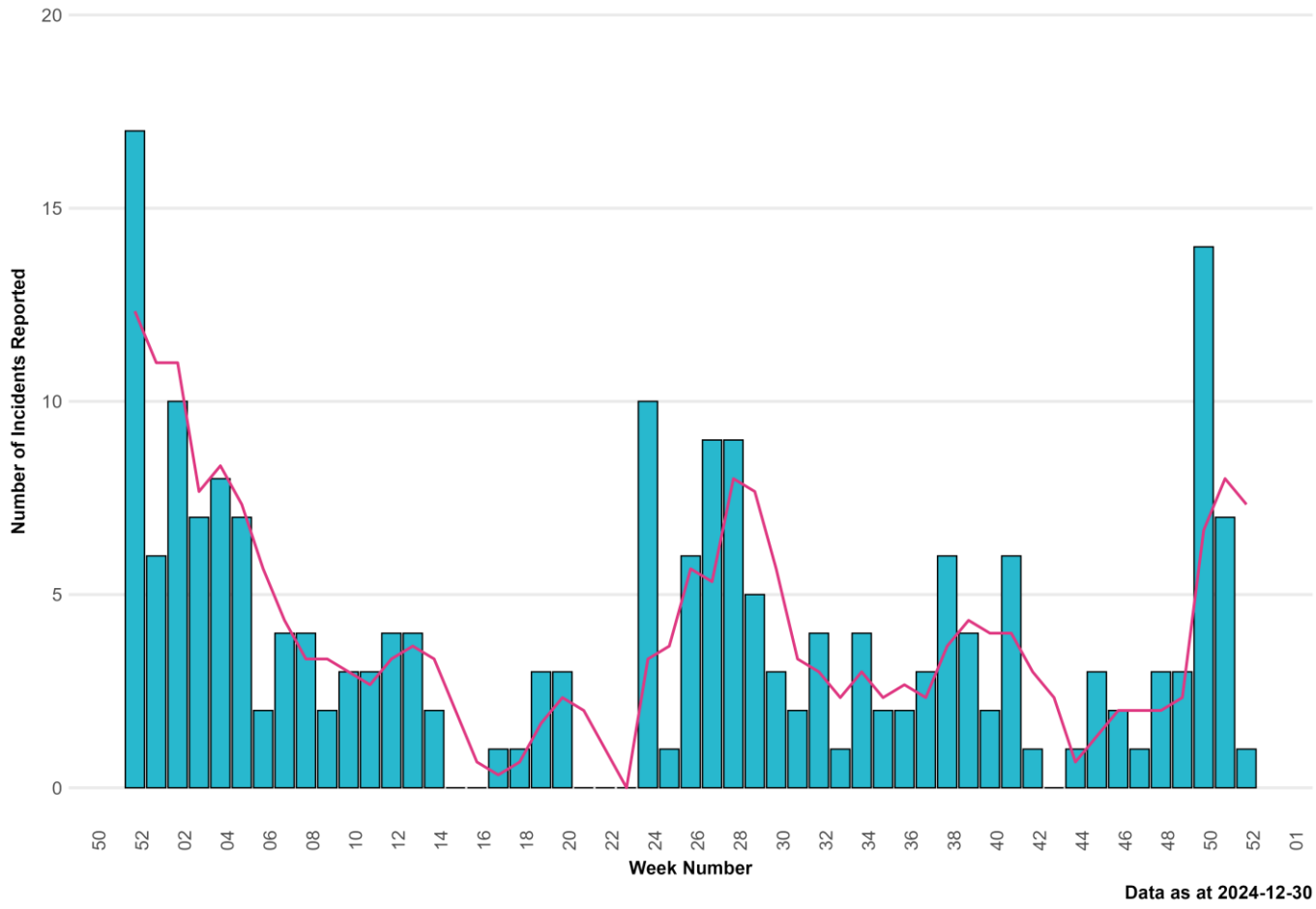


Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



5. Mortality surveillance

- During week 50, according to European Mortality Monitoring (EuroMoMo) methods, 'no excess' was 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 (especially around bank holidays).
- 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.

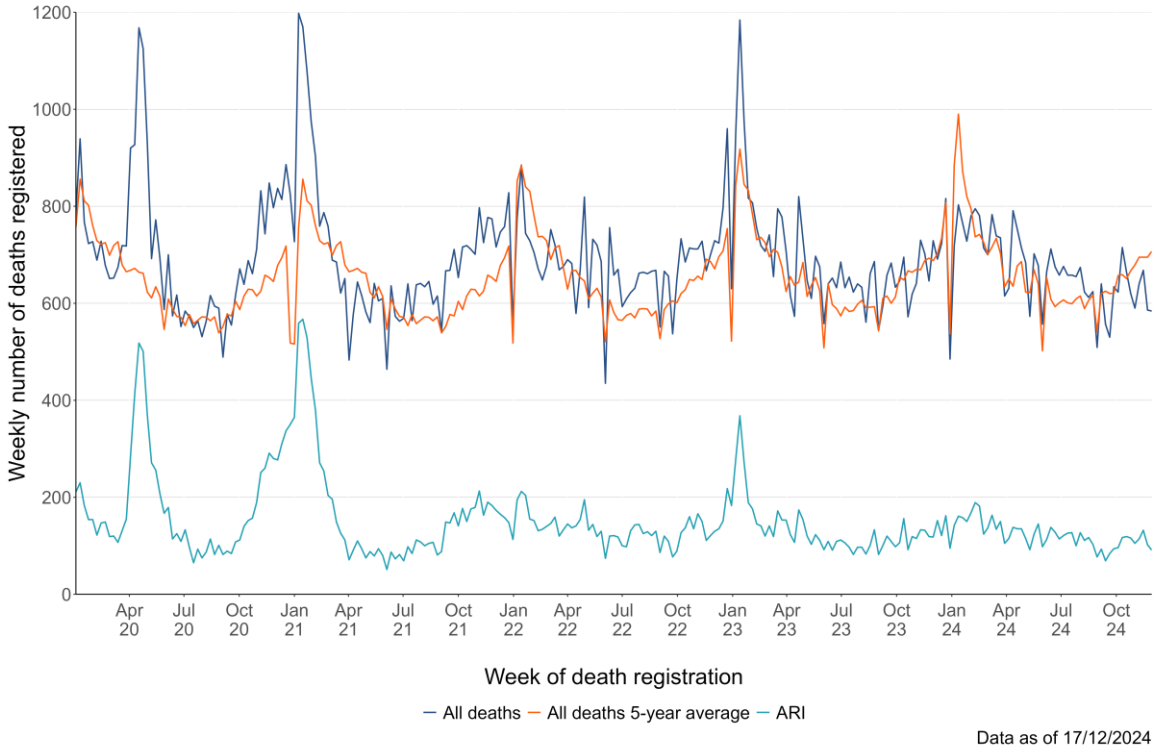


Figure 5.2 Numbers of ARI related deaths by age-group and week of death registration.

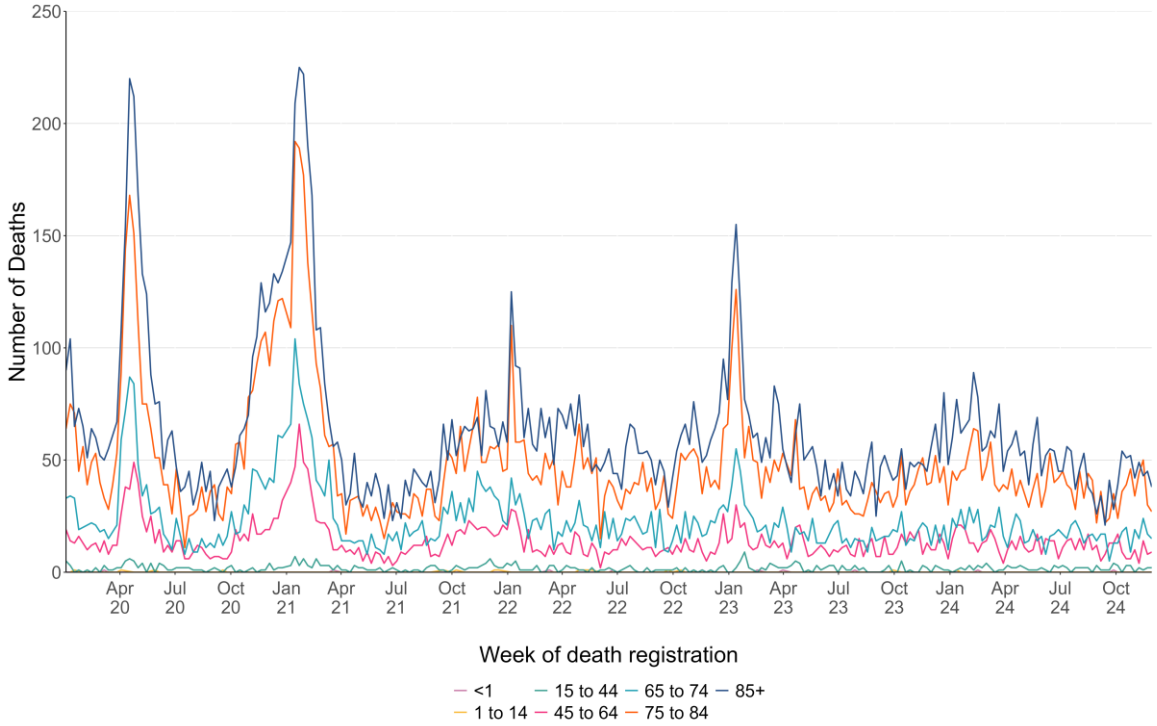


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

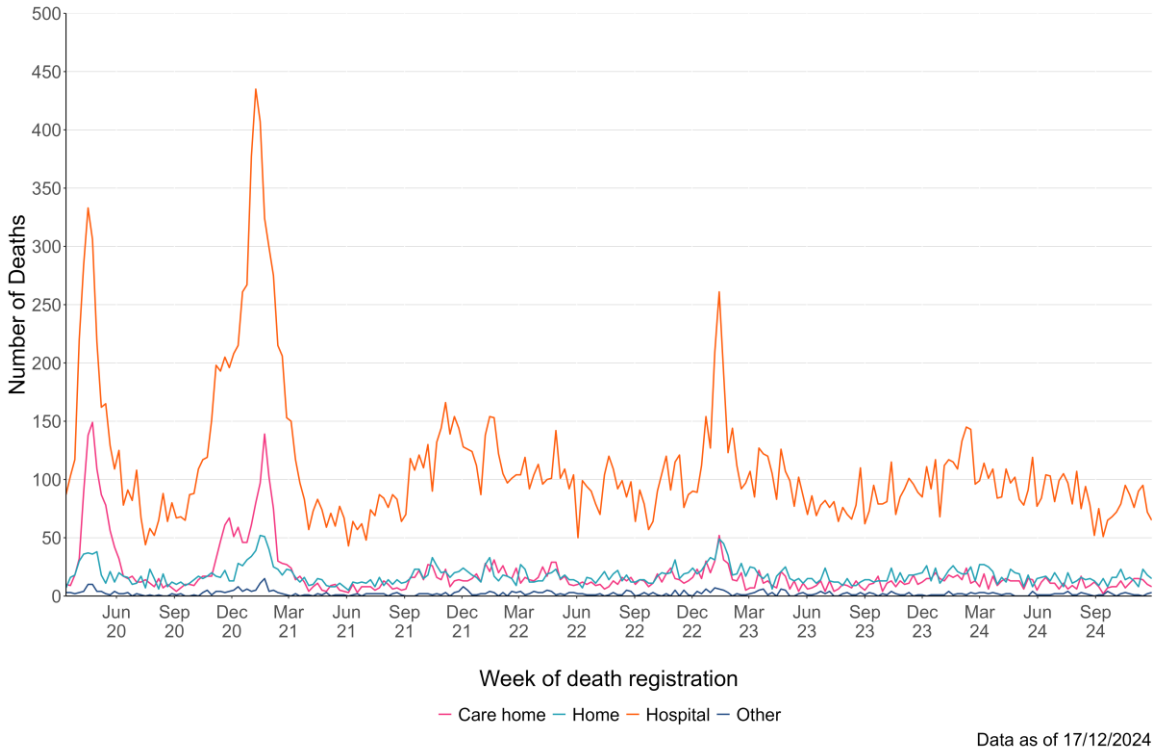
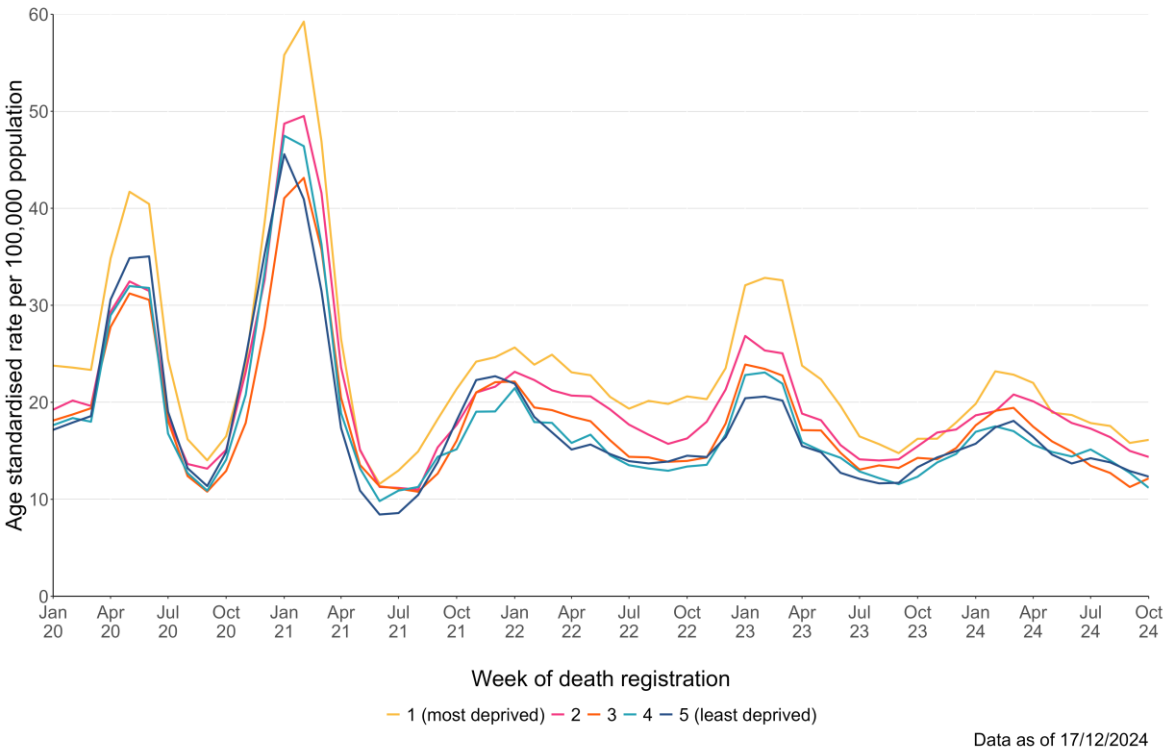


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



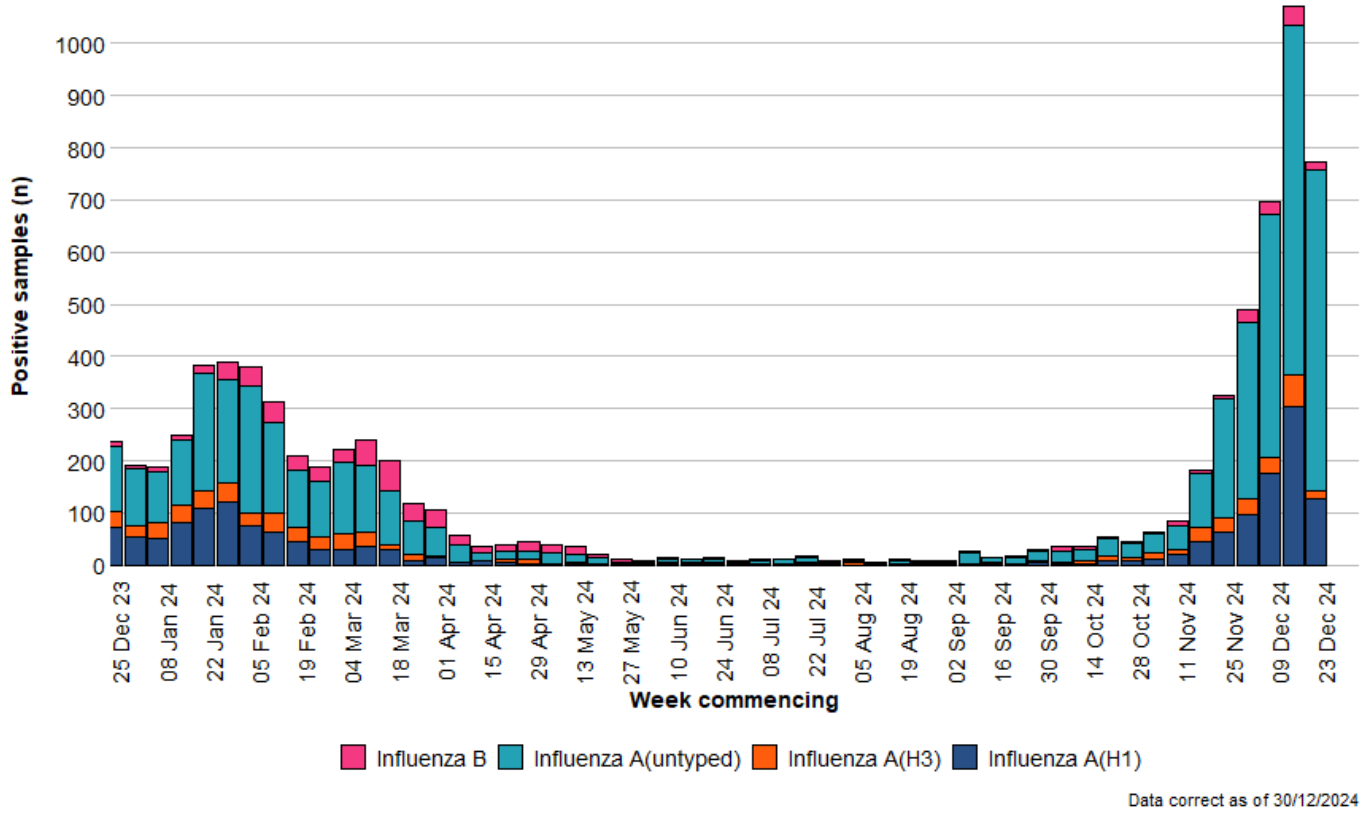
For interactive versions of these data, including health board specific breakdowns, see: ONS mortality dashboard

6. Pathogen-specific surveillance

Influenza

- Influenza A(H1N1) is the most commonly detected influenza subtype in Wales since week 40 2024 (871 confirmed cases), followed by influenza A(H3N2) (245 confirmed cases) and Influenza B (148 confirmed cases). Additionally, there have been 2,624 untyped Influenza A cases.

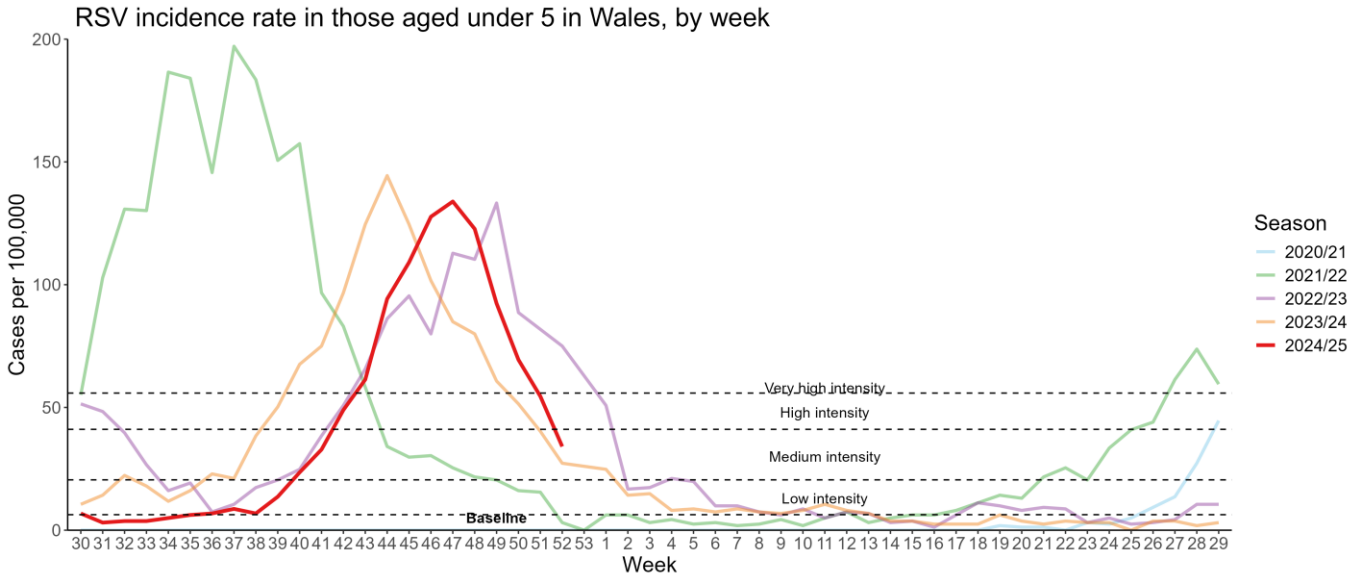
Figure 6.1. Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 52, 2023 to Week 52, 2024.



Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is decreasing, currently at medium intensity levels (34.1 per 100,000 population during week 52 2024).

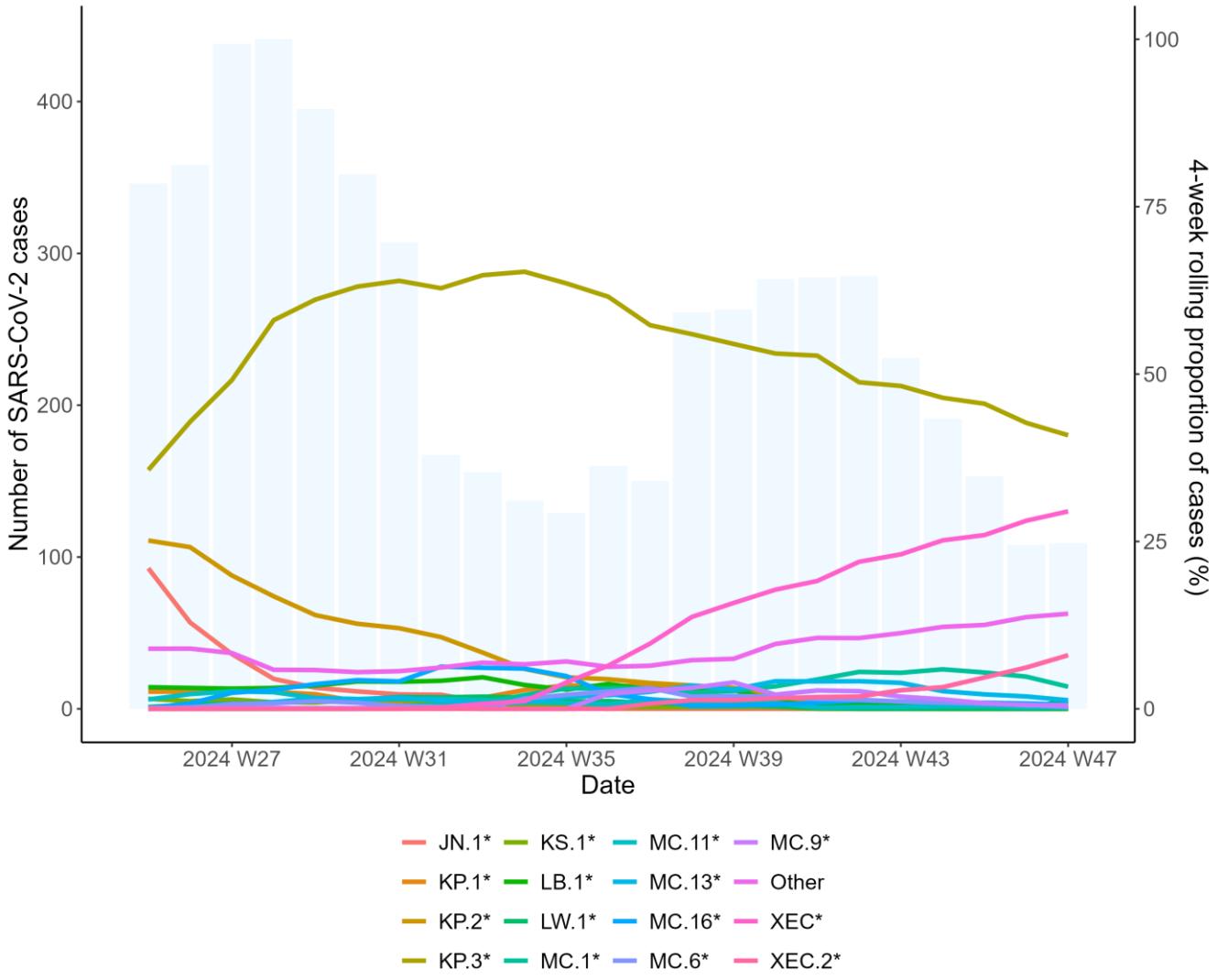
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, weeks 30 2020 to week 52 2024.



SARS-CoV-2 Variant surveillance

- Pango group KP.3* is the most frequently detected variant in Wales currently, accounting for 43.7% 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 W21 to 2024 W48).



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 50, GP ILI consultations increased to 12.1 per 100,000 in England and in Northern Ireland at 21.2 per 100,000 and increased to 21.0 per 100,000 in Scotland.
- During Week 50, 8,039 samples testing positive for influenza were reported in England of which 1,422 were positive for influenza (848 influenza A (not subtyped), 35 influenza A (H3N2), 480 influenza A (H1N1)pdm09, and 61 influenza B). Overall influenza positivity increased to 21.7% in England in Week 50, was increased to 29.5% in Northern Ireland and increased to 27.5% in Scotland in Week 50.
- 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 50, that influenza positivity is above the 10% positivity epidemic threshold at 17%. Of the 38 countries and areas reporting on influenza intensity, ten reported medium intensity or higher. Of the 37 countries and areas reporting on geographic spread of influenza viruses within a country or area, 17 reported widespread or regional distribution. There were 610 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- The WHO reported on 18/12/2024, based on data up to 08/12/2024 that in the Northern hemisphere influenza activity was elevated. Increased activity was observed in parts of Northern Europe (mostly A(H1N1)pdm09 detected), Eastern Europe, Central America and the Caribbean (mostly A(H3N2)), Western Africa (mostly A(H3N2) and B), Middle Africa (mostly A(H1N1)pdm09 and A(H3N2)), Western Asia (due to co-circulation of influenza viruses), Southern Asia (mostly A(H1N1)pdm09) and South East Asia (mostly A(H1N1)pdm09 and B).
- In the Southern hemisphere, influenza activity was elevated in single countries in Tropical South America (due mostly to B viruses) and Eastern Africa (due mostly to B viruses). **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 23/12/2024), during week 50, globally there were 5,211 A(H1N1), 919 A(H3), 18,778 A(not subtyped), 281 influenza B (Victoria) and 2,106 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 are increasing during week 50 (ending 14/12/2024). Nationally, 7,831 (9.0%) out of 86,686 specimens have tested positive for influenza in week 49 in clinical laboratories nationwide, of these positive samples, 7,518 (96.0%) were influenza A and 313 (4.0%) were influenza B. Further characterisation has been carried out on 1,663 specimens by public health laboratories, and 842 samples tested positive for influenza; 274 influenza A(H1N1)pdm09, 317 influenza A(H3N2), 249 influenza A(not subtyped), 2 influenza H5, and 29 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during week 50, influenza activity remains at interseasonal activity but increasing compared to the previous week. During week 50, 1,368 influenza detections were reported: 1,307 influenza A and 61 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 49.
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

- WHO was notified of one new MERS cases on 5 September 2024 by the Ministry of Health of the Kingdom of Saudi Arabia.
- Since the beginning of the year, five cases including four deaths have been reported from KSA. 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 limited number of human infections have been reported.14 August 2024: https://www.who.int/publications/m/item/updated-joint-fao-who-woah-assessment-of-recent-influenza-a(h5n1)-virus-events-in-animals-and-people
  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.

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