GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 44 (ending 01 November 2026)

Headline

- Confirmed cases of influenza in sentinel GPs in different regions of Wales have increased and this in line with other indicators suggests that influenza is now circulating in Wales.
- Respiratory Syncytial Virus (RSV) is at low intensity levels.
- COVID-19 case numbers have stabilised recent weeks.
- According to EuroMoMo method, 'no excess' of all-cause mortality has been reported in the most recent week.
- Using a mathematical model previously applied in England, routine influenza vaccination in Wales during the 2025/26 season was estimated to have averted 1,226 hospital admissions with influenza, representing a 45% reduction in admissions with influenza.

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.

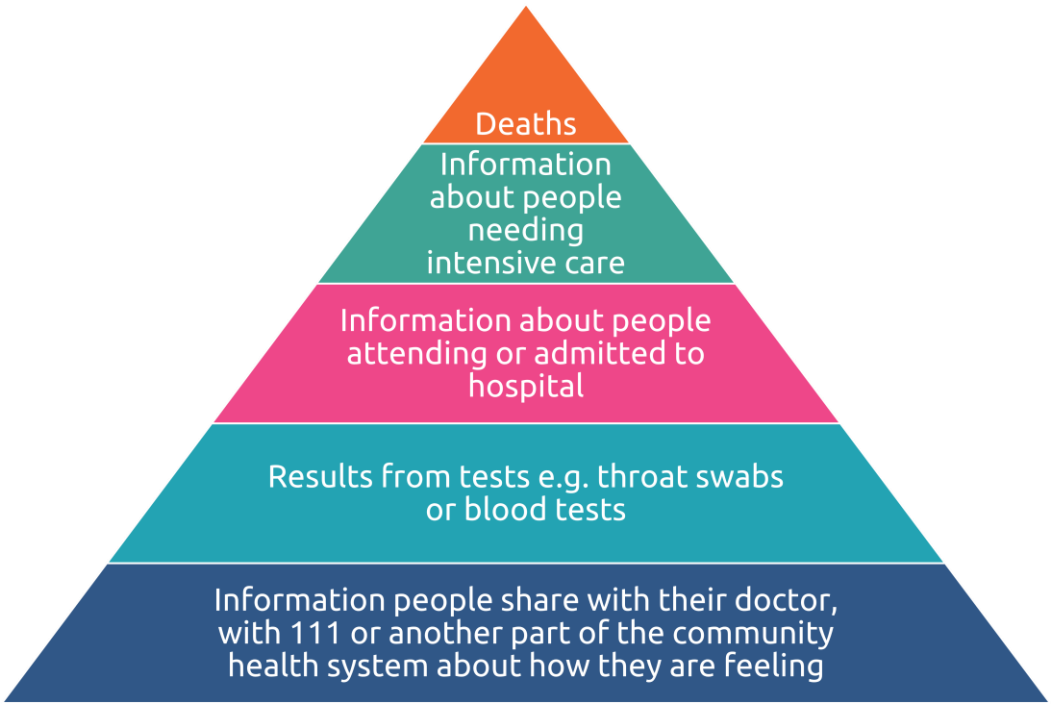


Table of Contents

Headline 1
Foreword 2
High Level Summary Points 4
1. Community surveillance indicators 5
2. Virological Surveillance 9
3. Severe Acute Respiratory Infection (SARI) and surveillance in hospitals 12
4. Settings-based surveillance and outbreaks 17
5. Mortality surveillance 19
6. Pathogen-specific surveillance 22
7.Estimates from short-term forecasts of hospital admissions with ARI 25
8. Influenza vaccination uptake 29
9. Estimates of 2025/26 influenza vaccine impact and effectiveness. 30
10. International Summary 32
Influenza activity – UK and international summary 32
Update on influenza activity in North America 33
Middle East respiratory syndrome coronavirus (MERS-CoV) – latest update from WHO and ECDC 33
Human infection with avian influenza A 33
11. Notes on interpretation 34
12. Statement of voluntary application of the Code of Practice for Statistics 35
12. Links to surveillance reports from other countries 36

High Level Summary Points

	Community infection indicators	Severe infection indicators
Overall Acute Respiratory Infection (ARI)	Consultations with sentinel and non-sentinel GP's for acute respiratory infection (ARI) increased during Week 44 compared to the previous week.	Admissions in patients testing positive for COVID-19, RSV and Influenza increased during week ending 01/11/2026 (2% of total admissions).
Influenza	**The influenza-like-illness GP consultation rate decreased in the most recent week, however confirmed cases of influenza in sentinel GPs have increased across Wales. This suggests that influenza is now circulating.** The overall proportion of samples testing positive in hospital and non-sentinel patients increased in the most recent week to 8.6%. Consultations for influenza-like illness (ILI) with sentinel GPs decreased compared to the previous week and has now returned to baseline levels. Fourteen 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 46 in the most recent week. There were 79 in-patient cases of confirmed influenza, four of whom were in critical care.
Influenza type breakdown	***In 2026 Week 44**: 448 total influenza cases confirmed (34 influenza A(H3N2), 73 influenza A(H1N1)pdm09, 330 influenza A untyped and 11 influenza B).* ***In the most recent week**: 3 influenza A(H3), 20 influenza A(H1N1), 105 influenza A untyped and 1 influenza B.*	
COVID-19	The overall proportion of samples testing positive remained stable at 10.9% in hospitals and non-sentinel GP practices.	The number of confirmed cases of community acquired COVID-19 admitted to hospital increased to 43. There were 279 in-patient cases of confirmed COVID-19, one of whom was in critical care.
RSV	RSV incidence per 100,000 in children aged up to 5years is now at low intensity levels (8.4 per 100,000).	The number of confirmed cases of community acquired RSV admitted to hospital increased to 15. There were five in-patient cases of confirmed RSV, none of which were in critical care.
Other respiratory pathogens	Rhinovirus and parainfluenza are the most frequently detected other cause of ARI.	

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 5.4 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (9.9 consultations per 100,000).
- In the 7-day period of the most recent week, using all available data from general practices, there were 139 ARI consultations per 100,000 practice population, an increase from 114 in the previous week (Table 1.1). The highest rates were found in people aged 1 to 4 (955.4) followed by people aged under 1 year (874) and people aged 75+ (215.7) (Figure 1.3).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years (Figure 1.3).

Ambulance Calls

- The number of ambulance calls recorded referring to respiratory syndromic indicators decreased from 1,495 in the previous week to 1,472 in the latest reporting week (Figure 1.5, Table 1.2).
- 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 1.2).

GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 44, 2026).

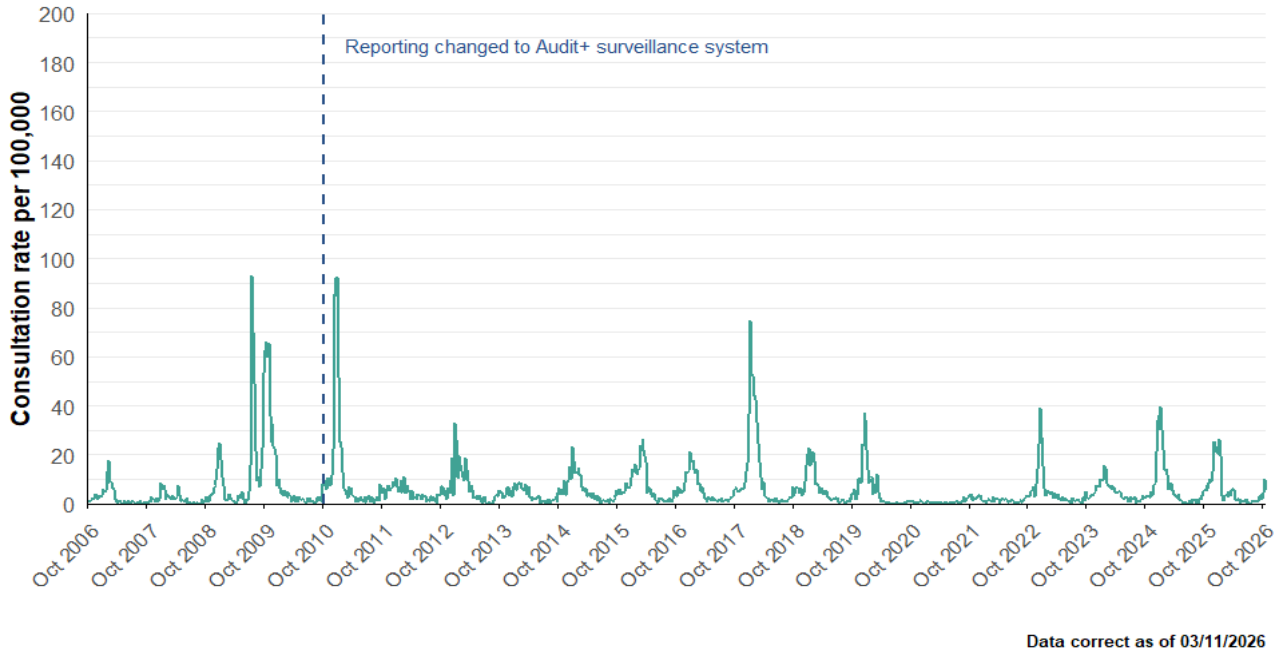


Figure 1.2. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population.

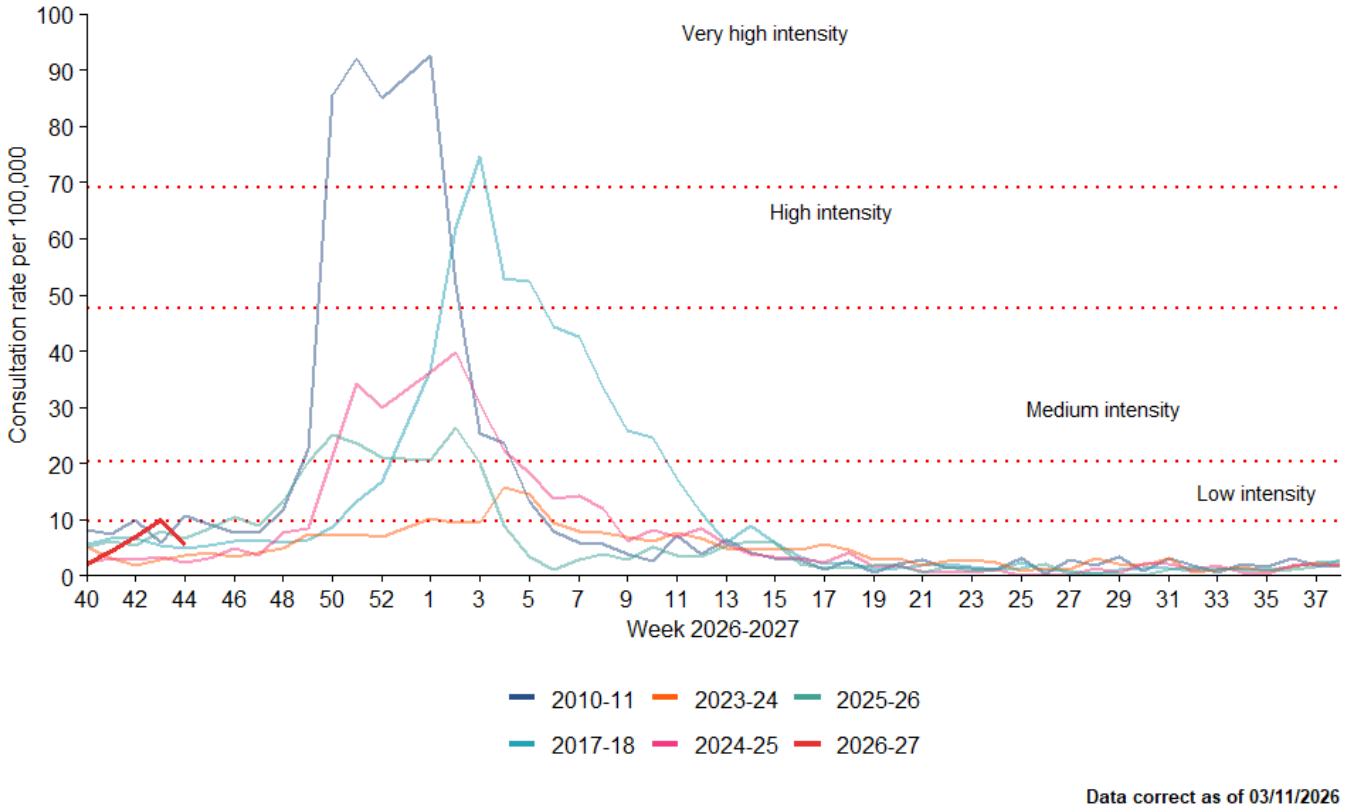
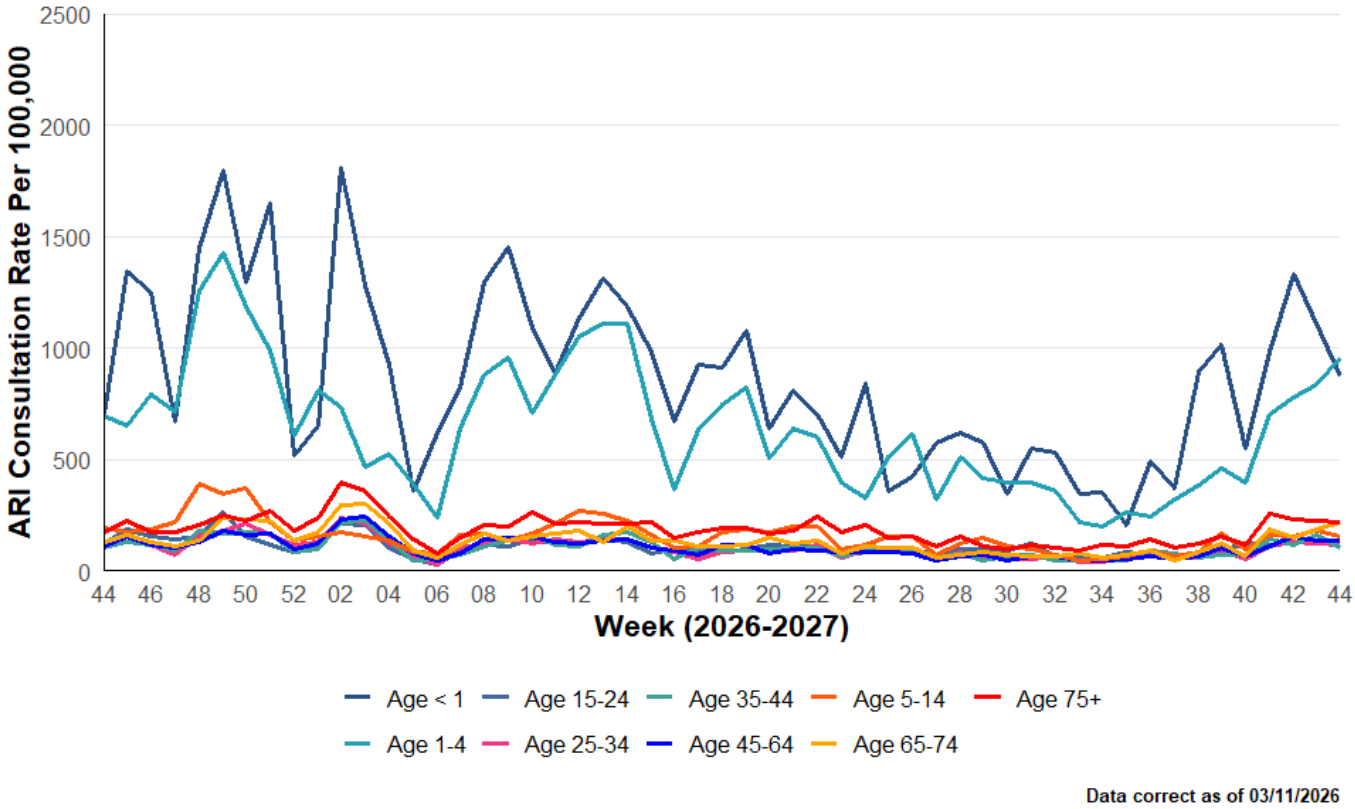


Figure 1.3. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



GP Consultations - All Wales

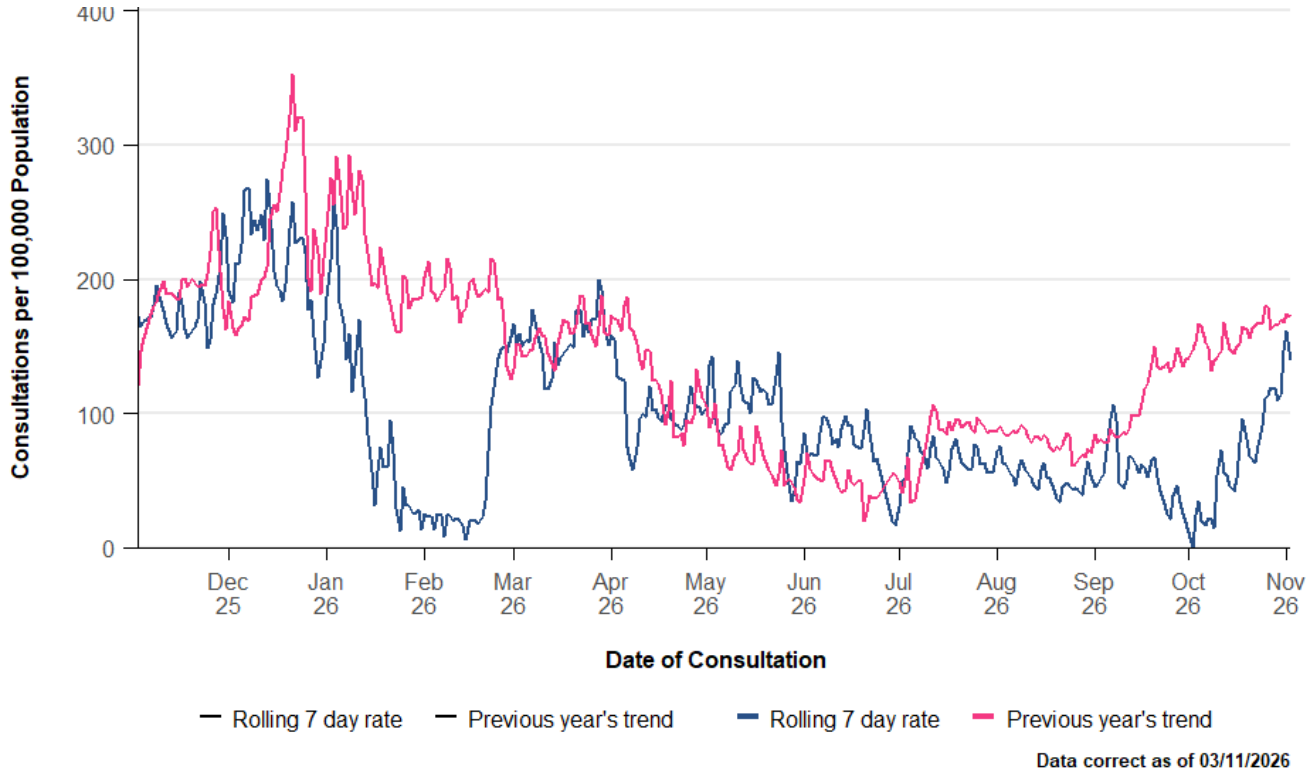
From 28th October 2026, the rates presented here are based on consultations occurring within a 7-day period, replacing the previously published rolling 7-day average rates.

Table 1.1. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 44, 2026, 2026. This table uses all available GP surveillance data (from sentinel and non-sentinel practices)

Indicator	Current reporting week	Preceding reporting week	Equivalent period last year
ARI	139.0	114.0	172.0
COVID-19	0.3	1.1	2.8
LRTI	54.2	46.2	66.1
Pneumonia	0.3	0.3	0.4
Severe asthma	1.5	1.6	3.3
URTI	85.2	68.2	106.7

NB: Rates are based on consultations occurring in a 7-day period and are presented per 100,000 practice population. "Current reporting period" refers to the 7-day period of the current reporting week, "Preceding reporting period" refers to the 7-day period of the previous reporting week, and "Equivalent period last year" refers to the corresponding 7-day period last year.

Figure 1.4. Rolling 7-day GP consultation rate per 100,000 practice population for Acute Respiratory Infection (ARI)



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.

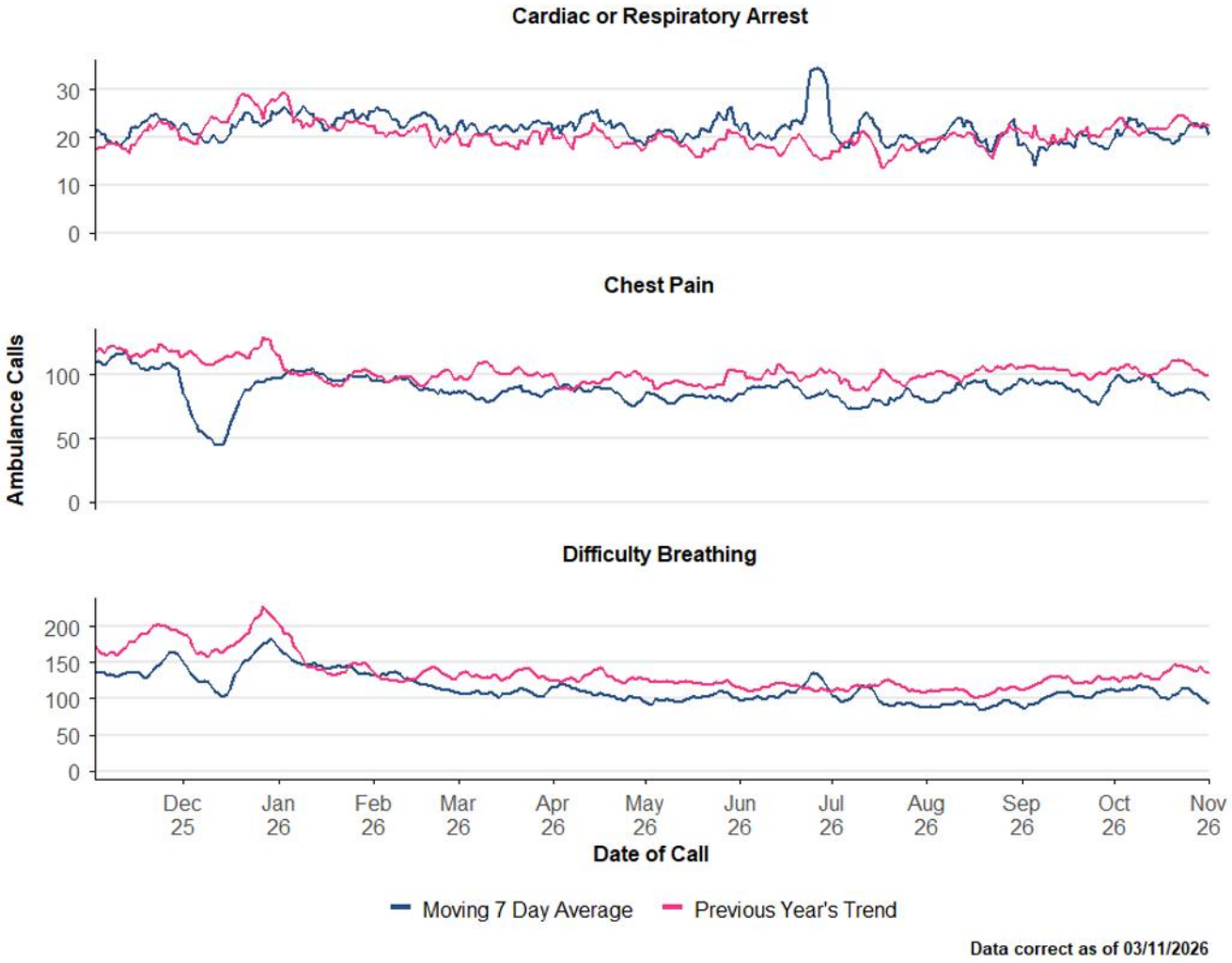


Table 1.2. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 44, 2026. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	153	137	168
Chest Pain	597	597	773
Difficulty Breathing	722	761	1,009
Total	1,472	1,495	1,950

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 127 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 44, 2026, as at 04/11/2026 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (15) followed by influenza A (13) and sars-cov-2 (COVID-19) (10). Of the 127 tests, 55.1% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 975 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 44 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (114) followed by SARS-CoV-2 (COVID-19) (106) and influenza a (84). Of the 975 tests, 60.4% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

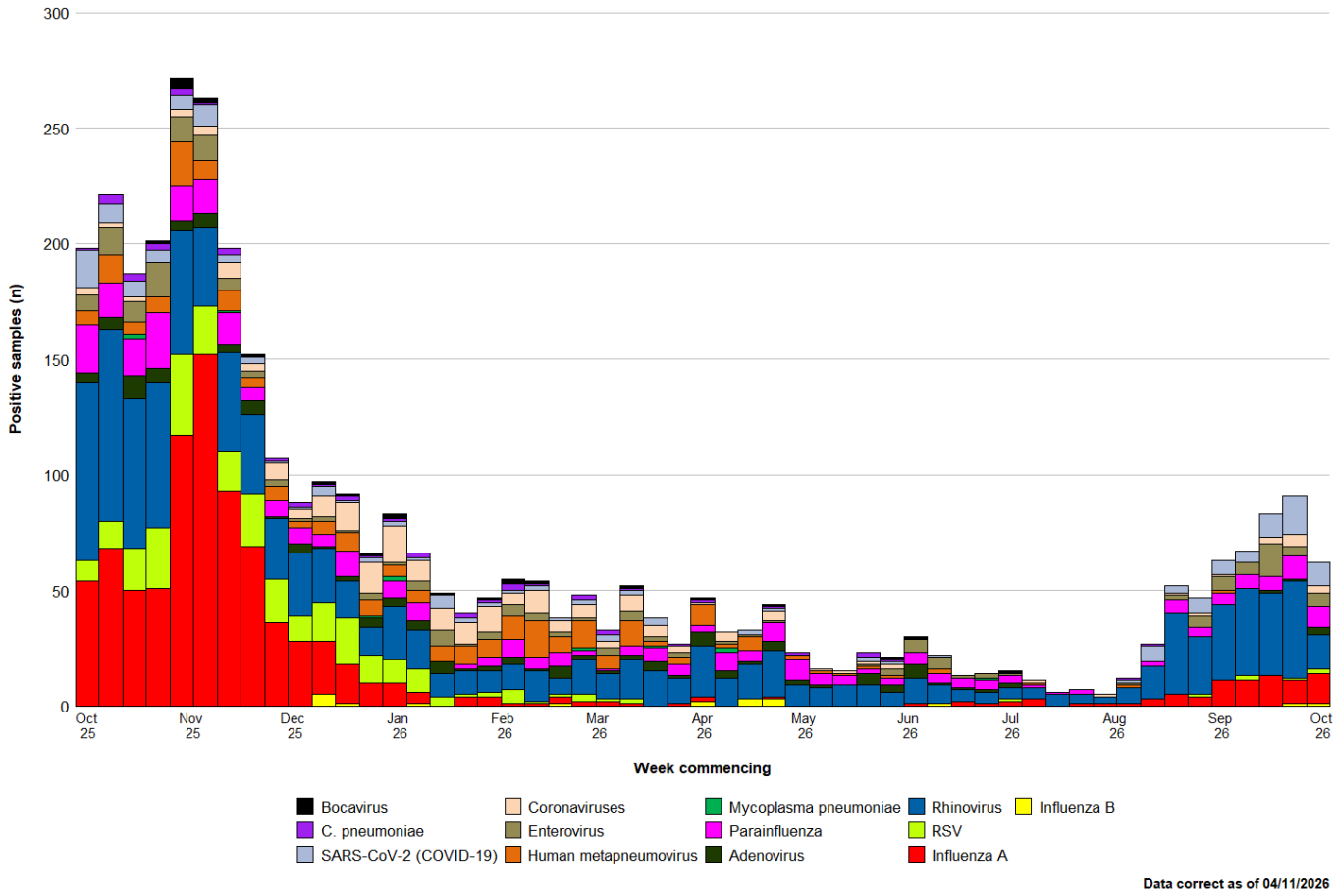
Additionally, during Week 44, 413 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 31 for influenza (31 for influenza A, zero for influenza B)
- 69 for SARS-CoV-2 (COVID-19)
- 4 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 44, 2026.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	15	11.8%	20.9%	Decreasing
Influenza A	13	10.2%	5.0%	Increasing
SARS-CoV-2 (COVID-19)	10	7.9%	8.5%	Stable
Parainfluenza	9	7.1%	5.0%	Increasing
Enterovirus	6	4.7%	2.0%	Increasing
Adenovirus	3	2.4%	0.5%	Increasing
Coronaviruses	3	2.4%	2.5%	Stable
RSV	2	1.6%	0.5%	Increasing
Influenza B	1	0.8%	0.5%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Human metapneumovirus	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	0.0%	Stable
C. 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 44, 2025 to Week 44, 2026.



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 44, 2026.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	114	11.7%	12.2%	Stable
SARS-CoV-2 (COVID-19)	106	10.9%	11.5%	Stable
Influenza A	84	8.6%	5.8%	Increasing
Parainfluenza	41	4.2%	4.1%	Stable
Adenovirus	30	3.1%	1.8%	Increasing
Enterovirus	23	2.4%	3.8%	Decreasing
RSV	15	1.5%	1.3%	Stable
Seasonal coronaviruses	7	0.7%	0.6%	Stable
Human metapneumovirus	4	0.4%	0.2%	Stable
Influenza B	0	0.0%	0.3%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	0.0%	Stable
C. pneumoniae	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 44, 2025 to Week 44, 2026.

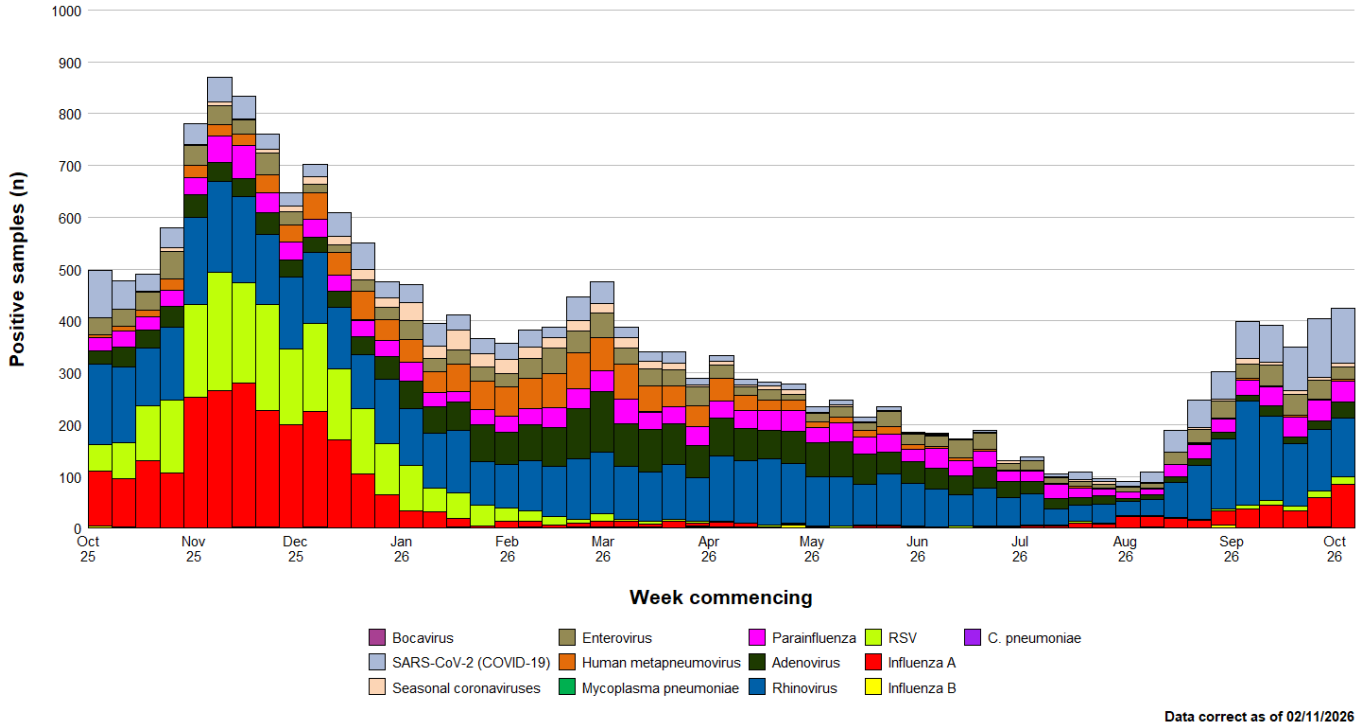
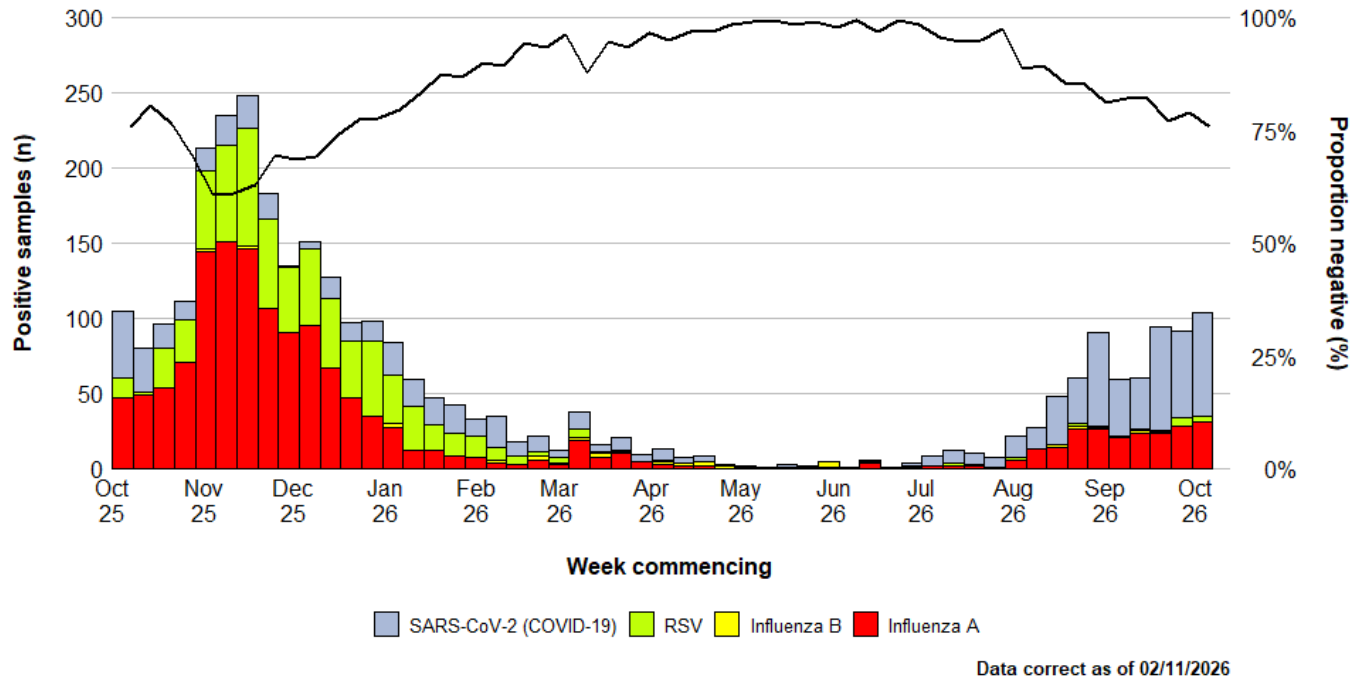


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV-2 testing only, by week of sample collection, Week 44, 2025 to Week 44, 2026.





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

Sentinel SARI in emergency departments

- During the previous four weeks there were 72 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was Rhinovirus/Enterovirus(13) followed by Parainfluenza(6) and Adenovirus(4). Of the 72 samples collected, 56.9% 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 3% for influenza, 4% for SARS-CoV-2 and 1% for RSV.

Hospital in-patients

- During week ending 01/11/2026 there were 104 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (22 more than the previous week), equating to 2% of all hospital admissions in that reporting week.

- At 23:59 on 01/11/2026, there were 363 patients in hospital with confirmed COVID-19, RSV or influenza, 58 more than the previous Sunday. This equates to 3% of all hospital in-patients (IPs) at that time. Of whom 71% (257) were hospital acquired (HA).

Critical-care

- During week ending 01/11/2026 there were 4 ARI critical care (CC) admissions (3 less than the previous week), equating to 3% of all CC admissions in that reporting week.

- At 23:59 on 01/11/2026, there were 5 patients in CC with confirmed COVID-19, RSV or influenza, 2 less than the previous Sunday. This equates to 3% of all CC in-patients at that time. Of whom 60% (3) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 44, 2026, 37 respiratory samples were tested from patients in intensive care units (ICU). Of these: one tested positive for SARS-CoV-2 (COVID-19), zero tested positive for Influenza and zero tested positive for RSV (Figure 3.4).

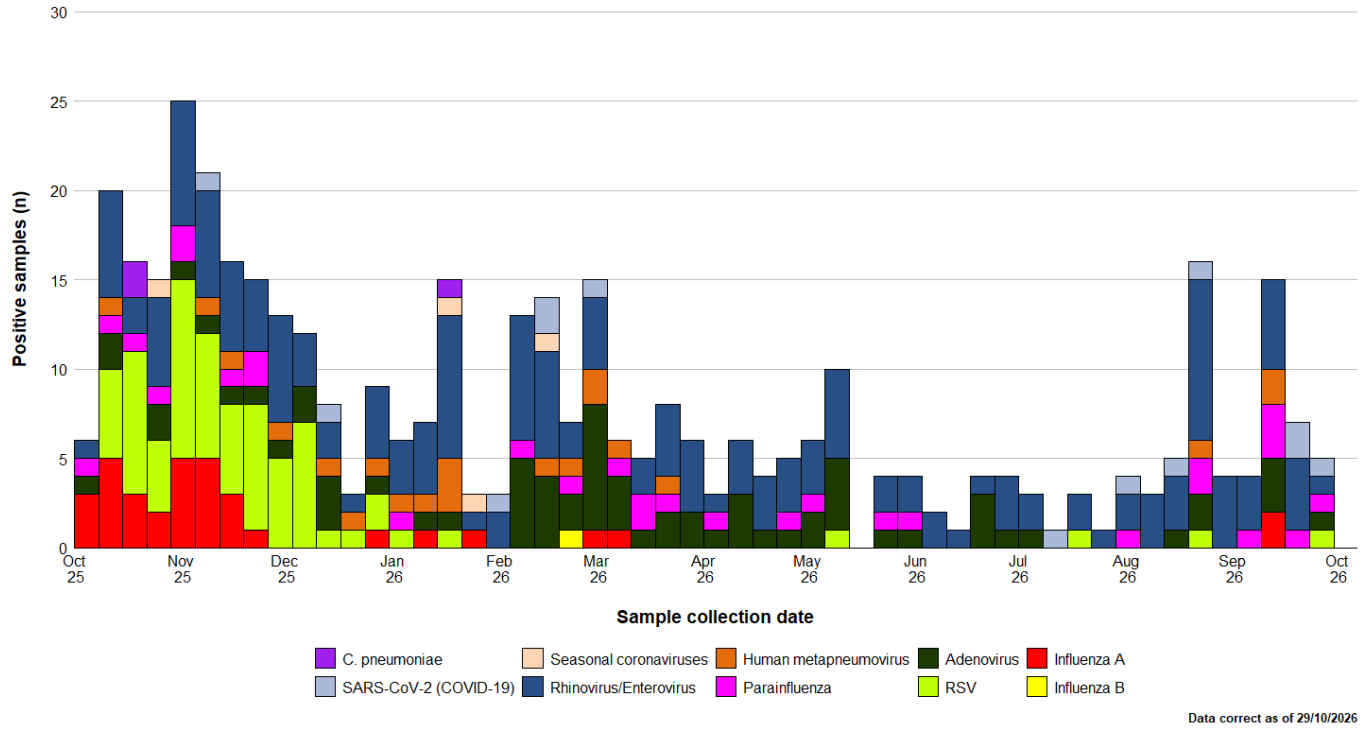
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

Wales Sentinel SARI Emergency Department Network

Table 3.1 Pathogens detected and sample positivity for samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 43, 2026.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	4	5.6%	70	11.0%
C. pneumoniae	0	0.0%	3	0.5%
Human metapneumovirus	2	2.8%	21	3.3%
Influenza A	2	2.8%	42	6.6%
Influenza B	0	0.0%	1	0.2%
Mycoplasma pneumoniae	0	0.0%	0	0.0%
Parainfluenza	6	8.3%	30	4.7%
Pertussis	0	0.0%	0	0.0%
RSV	1	1.4%	68	10.7%
Rhinovirus/Enterovirus	13	18.1%	167	26.2%
SARS-CoV-2 (COVID-19)	3	4.2%	13	2.0%
Seasonal coronaviruses	0	0.0%	4	0.6%
Negative	41	56.9%	287	45.1%
Total	**72**	**100%**	**655**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 43, 2026 and previous 12 months.

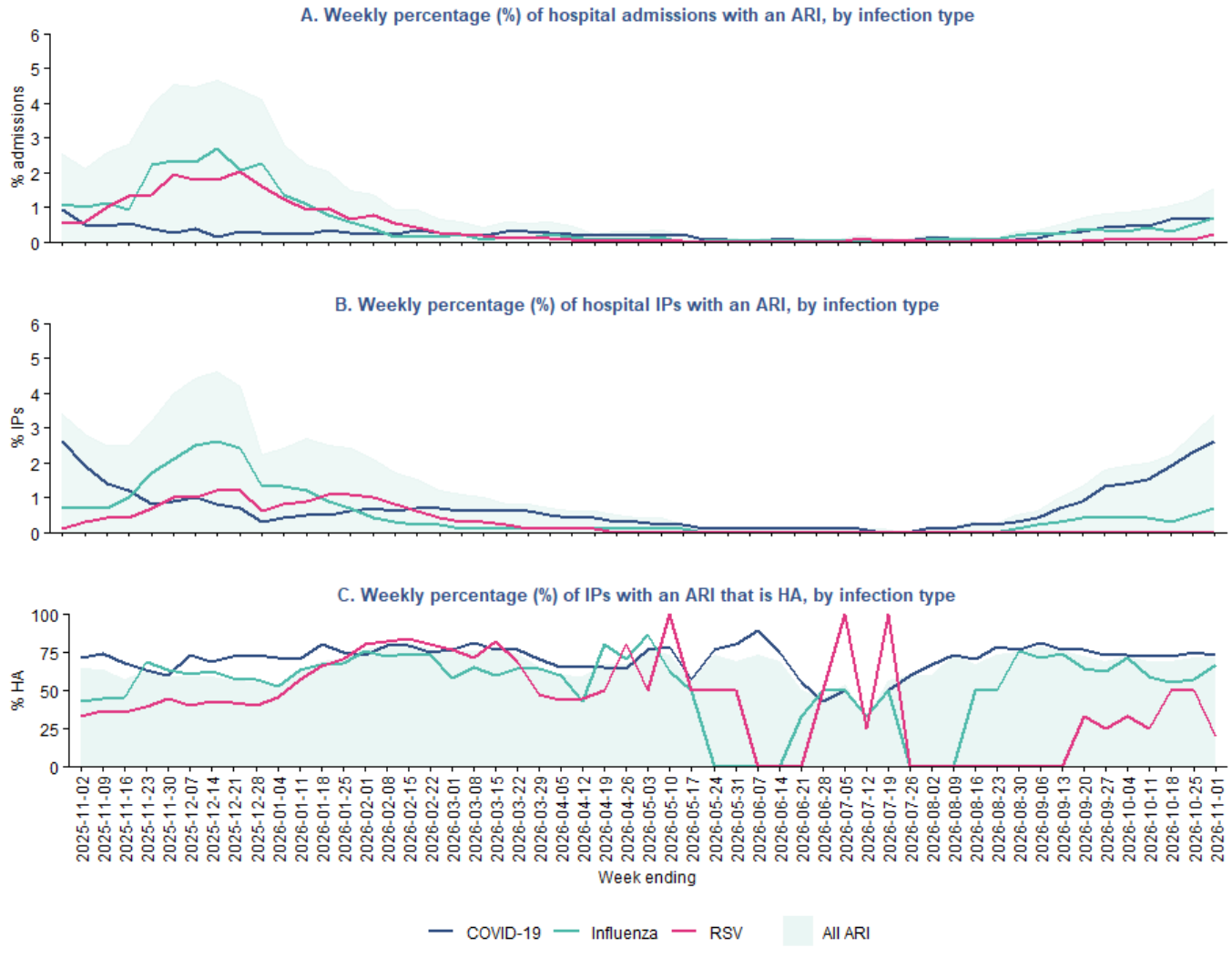


Acute Respiratory Infection Surveillance in Hospital In-Patients

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

Infection	Hospital admissions		Hospital In-patients		
	Count	% of all admissions	Count	% of all IPs	% HA (n)
COVID-19	43	1%	279	3%	73% (203)
Influenza	46	1%	79	1%	67% (53)
RSV	15	<1%	5	<1%	20% (1)
ARI total	**104**	**2%**	**363**	**3%**	**71% (257)**

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



Data as of: 04-11-2026

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%	1	1%	0% (0)
Influenza	2	1%	4	2%	75% (3)
RSV	0	0%	0	0%	0% (0)
ARI total	**4**	**3%**	**5**	**3%**	**60% (3)**

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

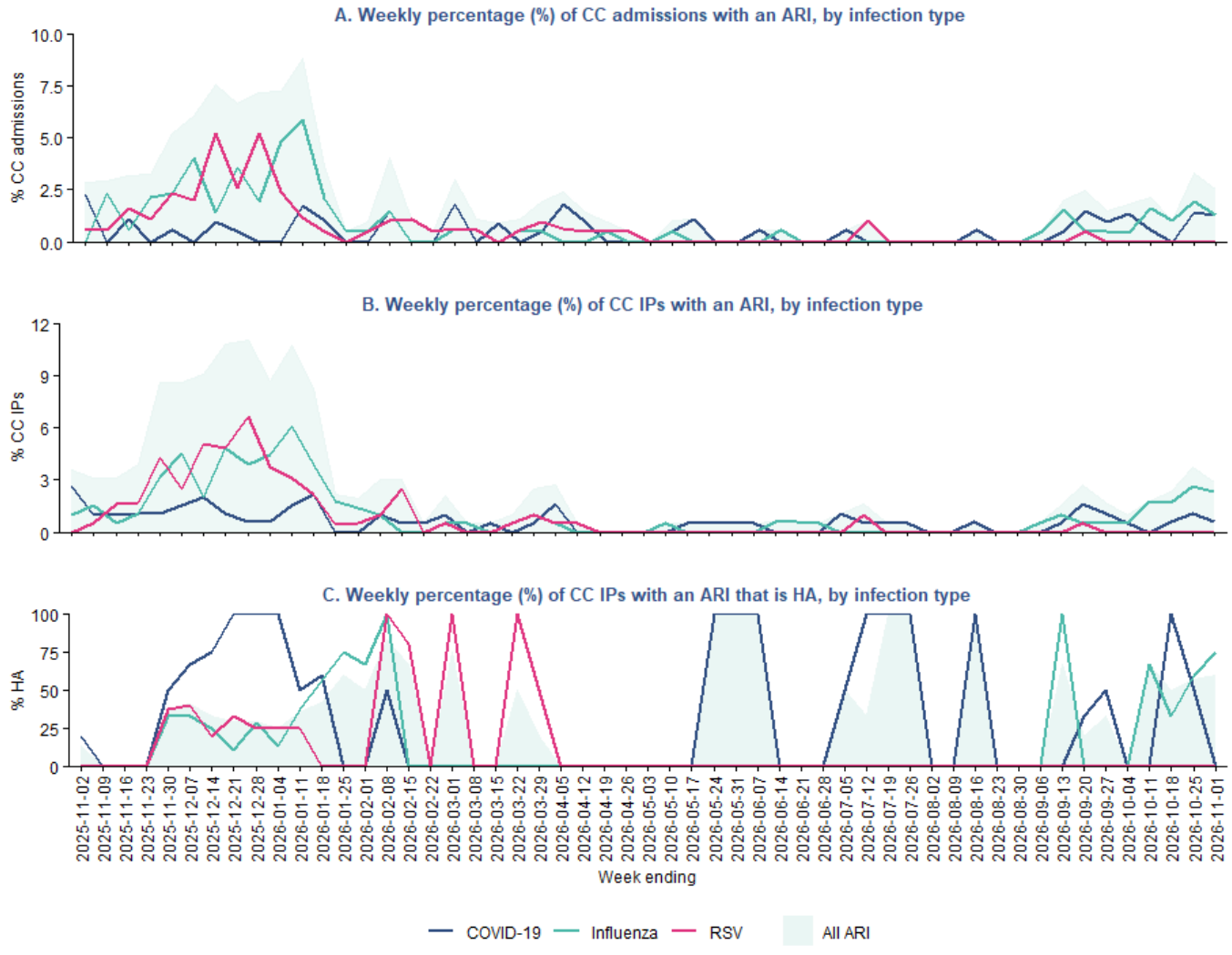
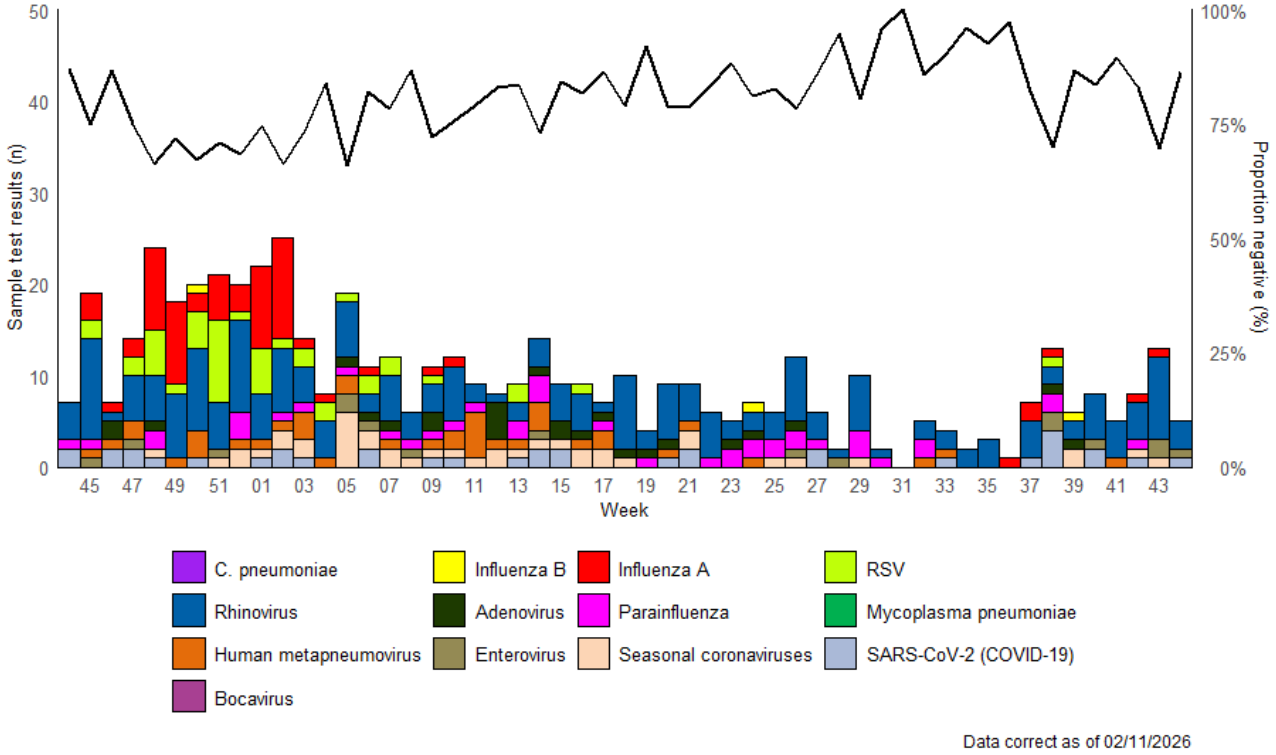


Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 44, 2025 to Week 44, 2026. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

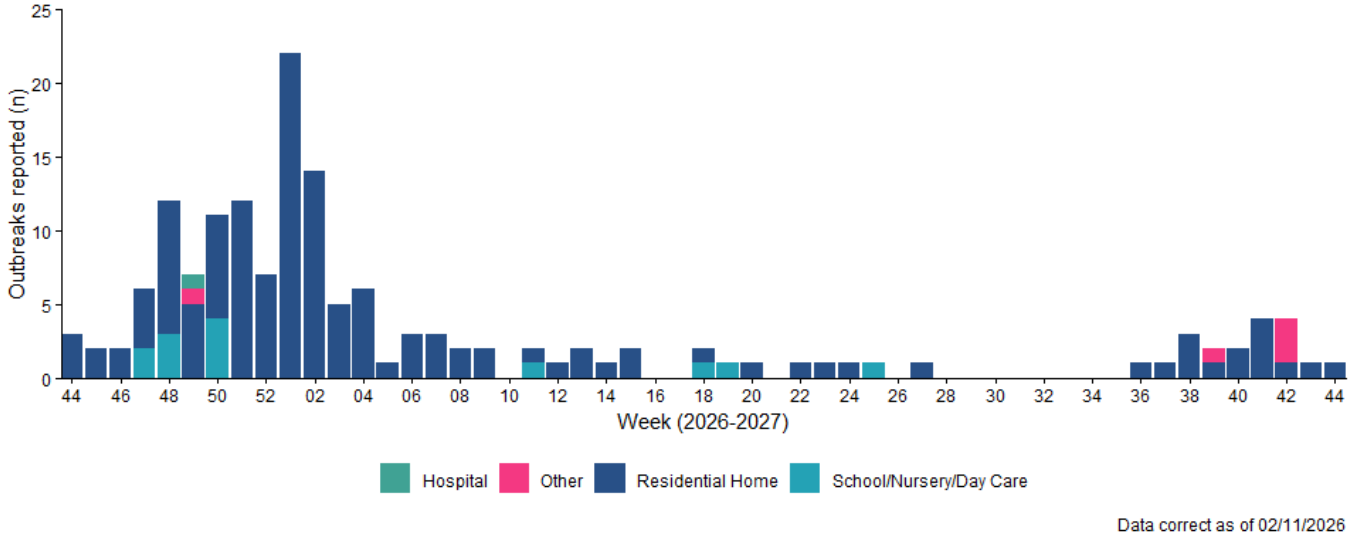
Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During Week 44, 2026, 1 ARI outbreak was reported to the Public Health Wales Health Protection Team.

Of these:

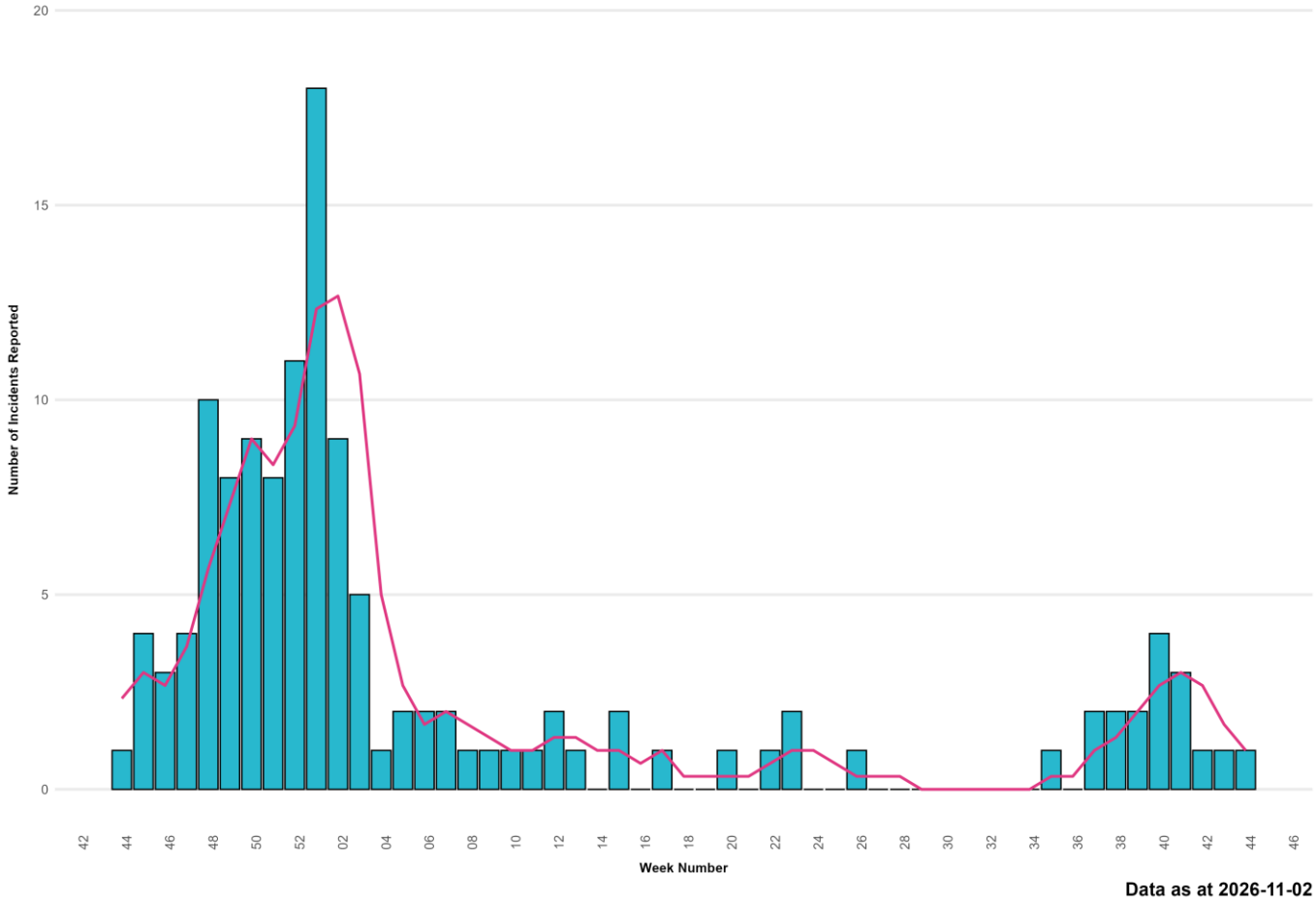
- The incident was Acute Respiratory Infection
- The incident was in a residential home

Figure 4.1. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, by setting and week of report.



Completeness of reporting for outbreaks and incidents from hospitals, 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 5.1 to 5.4. Data for the most recent weeks in these summaries should be interpreted with caution due to potential reporting delays.
- Deaths relating to ARI have been defined using the following ICD10 codes: (J09-J22, J80, U07.1, U07.2 and J04)

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

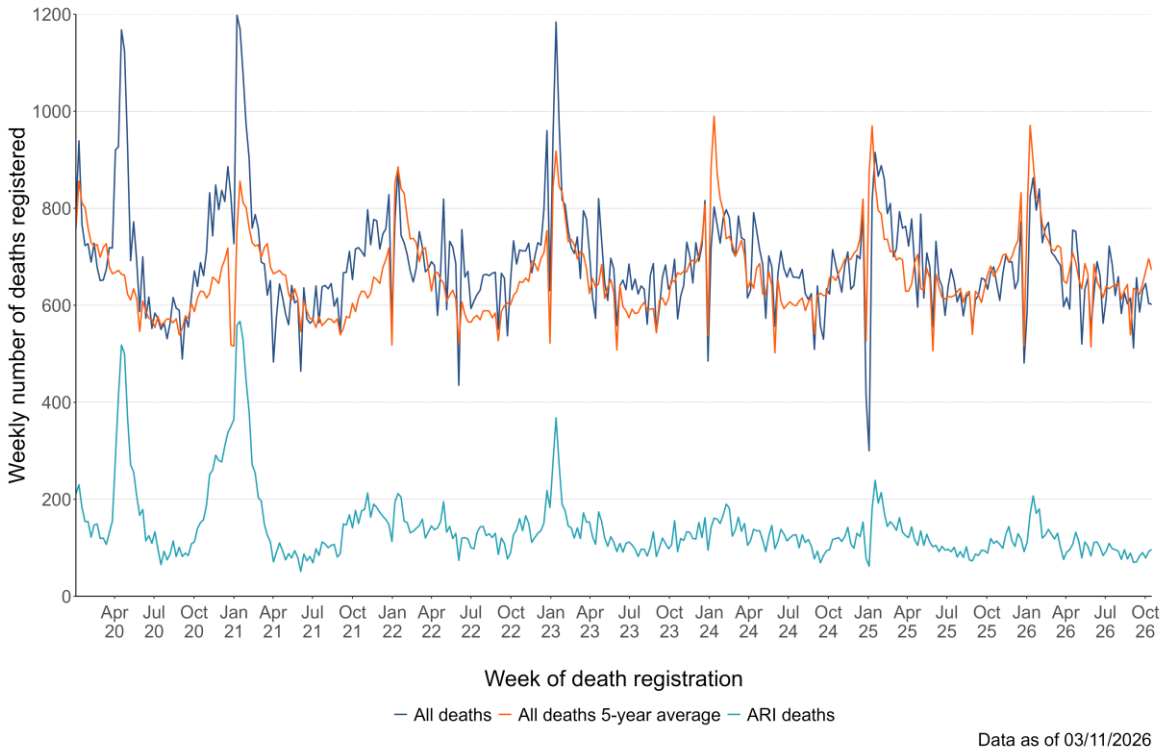


Figure 5.2 Numbers of ARI related deaths by age-group and week of death registration.

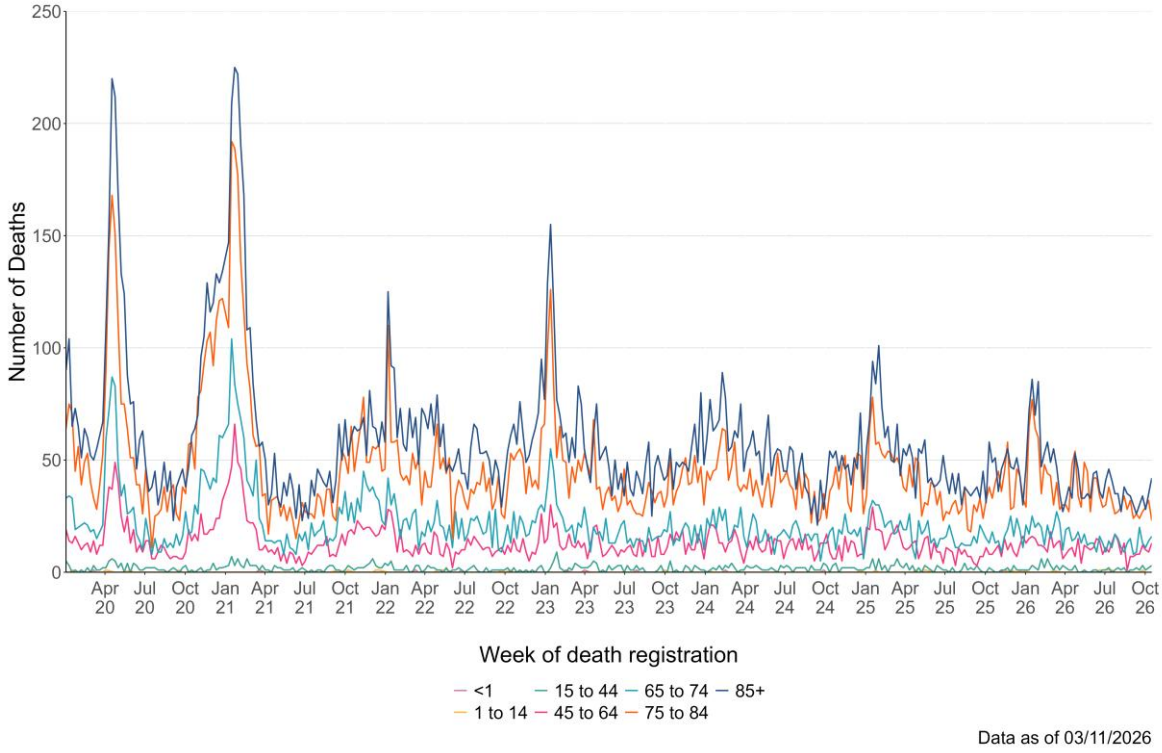


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

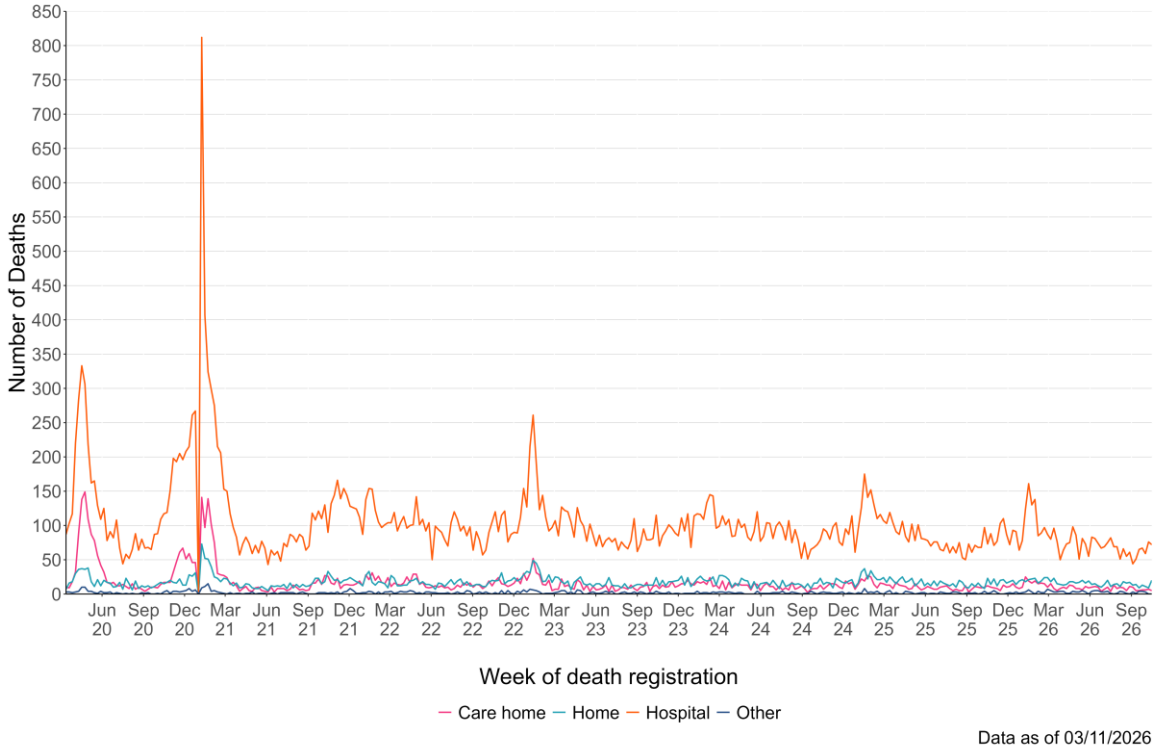
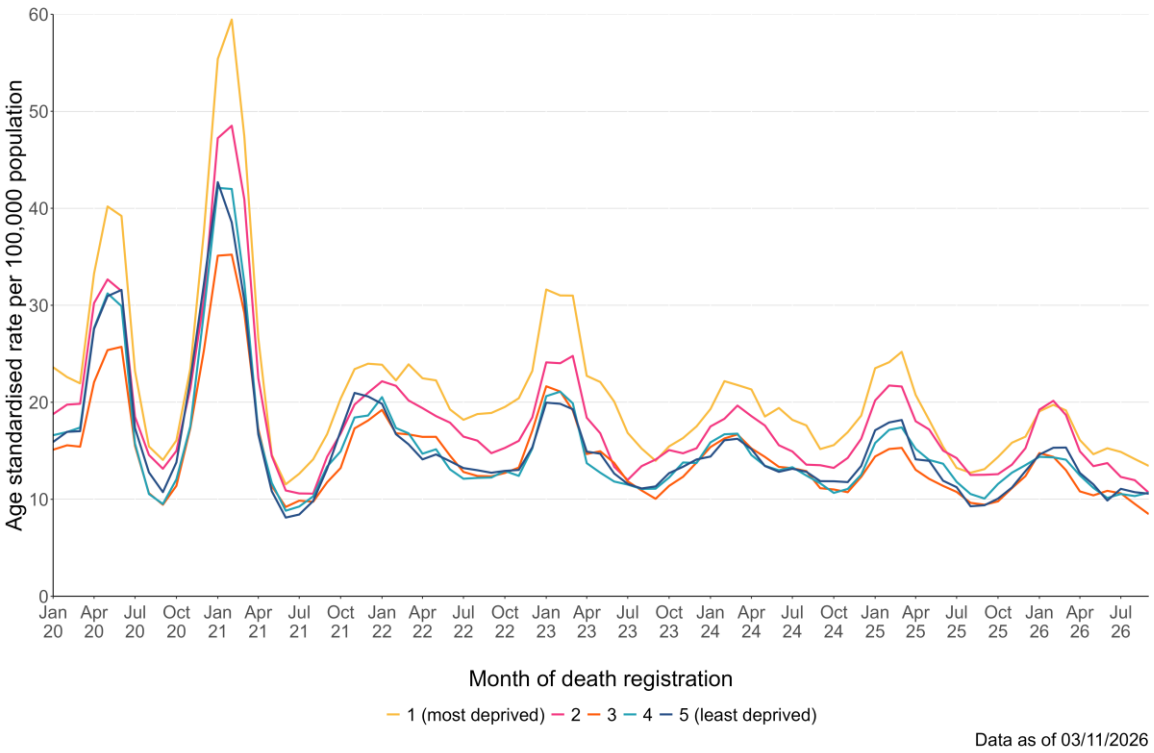


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



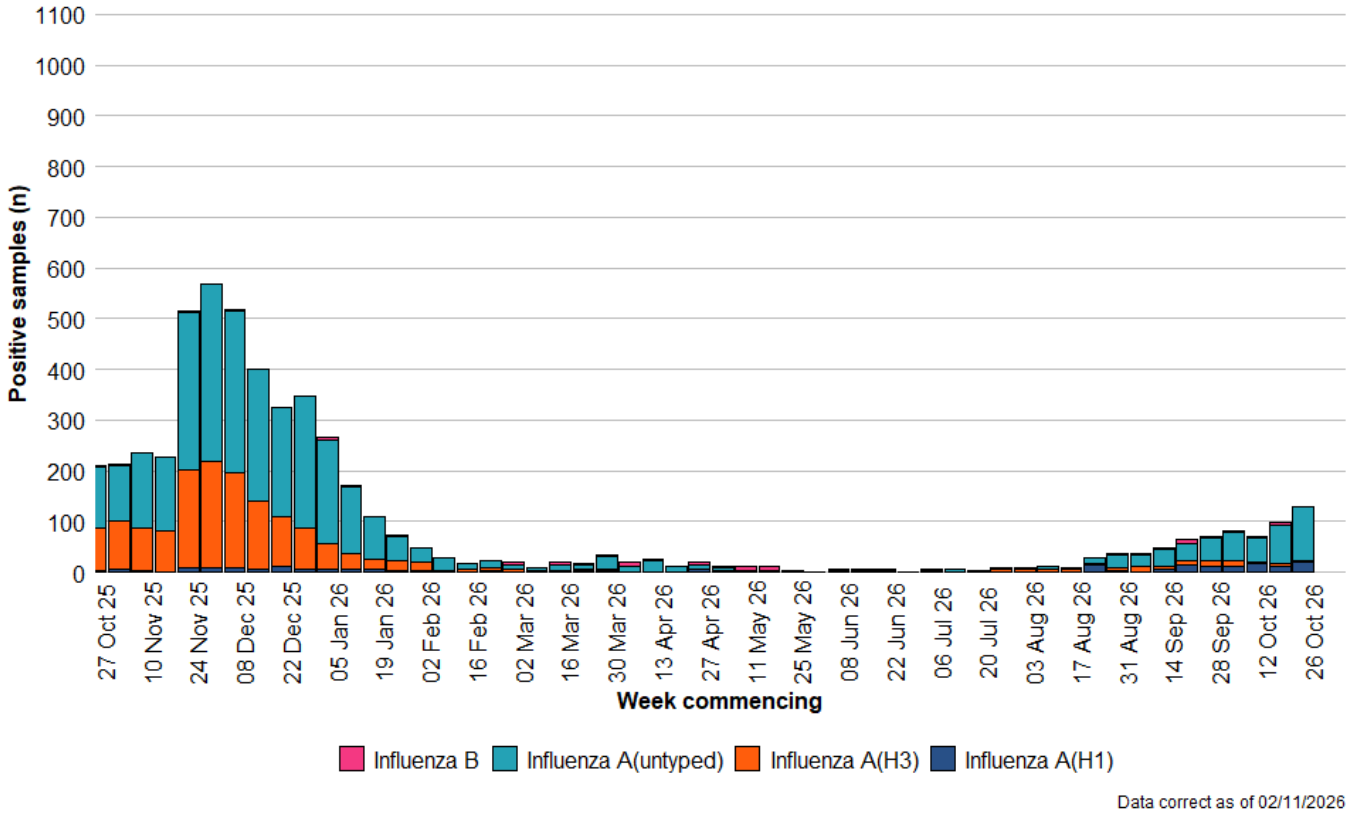
For interactive versions of these data, including health board specific breakdowns, see: [ONS mortality dashboard]

6. Pathogen-specific surveillance

Influenza

- influenza A(H1N1) is the most commonly detected influenza subtype in Wales since Week 40 2026 (73 confirmed cases), followed by influenza A(H3N2) (34 confirmed cases) and influenza B (11 confirmed cases). Additionally, there have been 330 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 44, 2025 to Week 44, 2026.

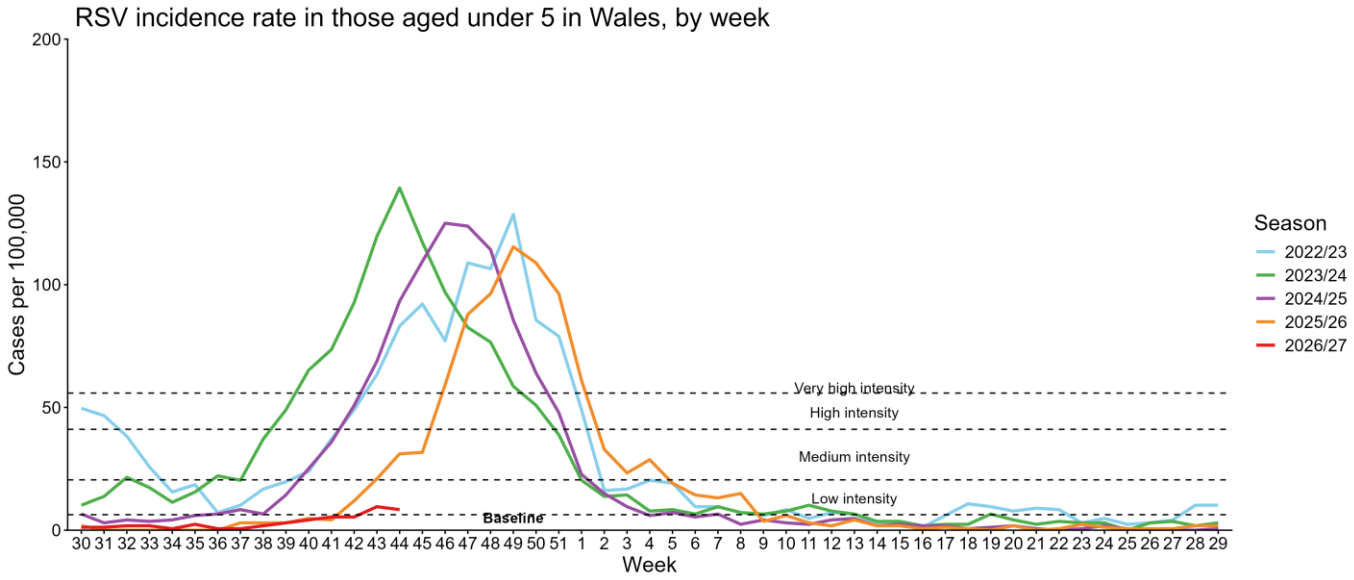


Data correct as of 02/11/2026

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at low (8.4) intensity levels per 100,000 population during Week 44 2026 .

Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30, 2022 to Week 44 2026.

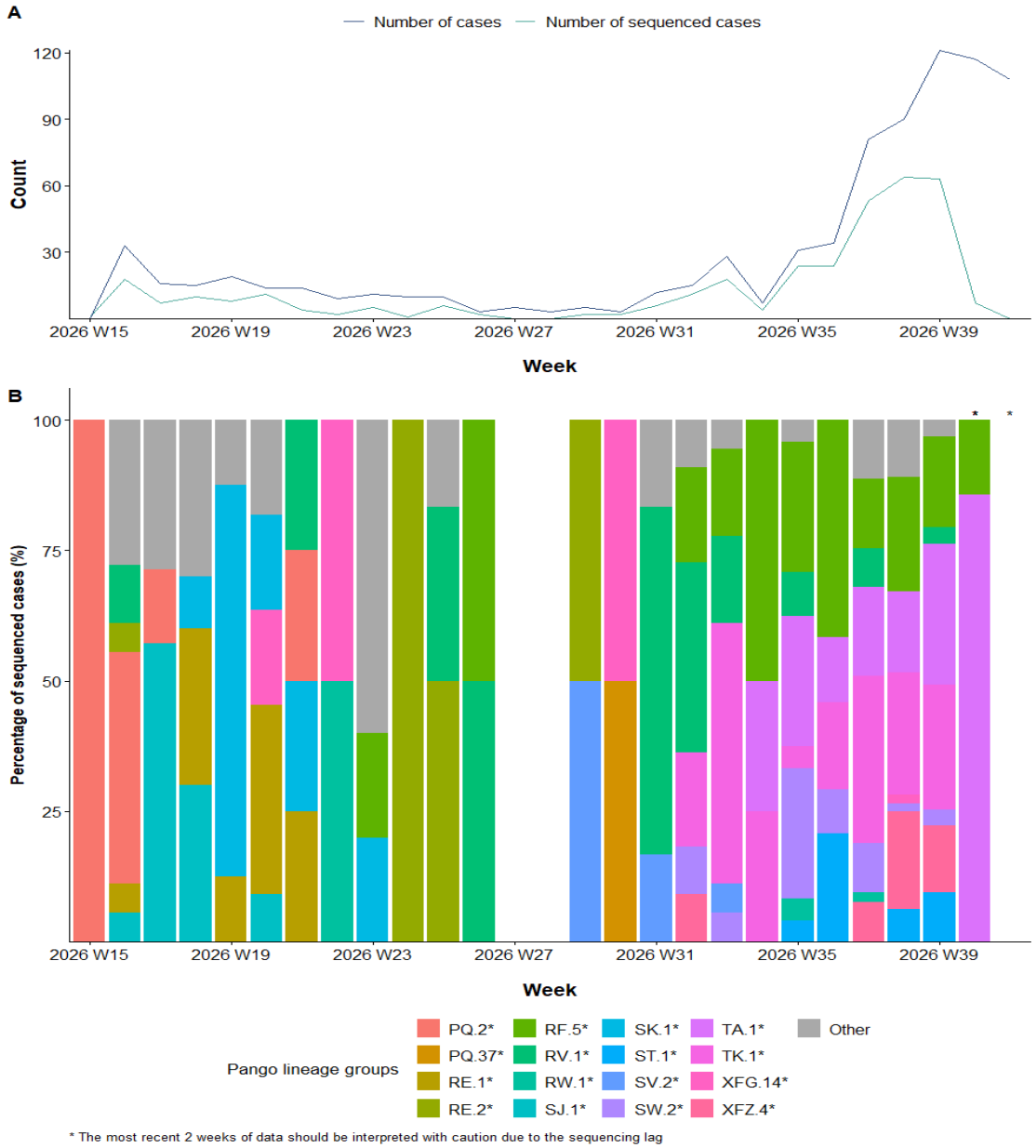


SARS-CoV-2 Variant surveillance

Data as at: 13/10/26

- Pango group TK.1* is the most frequently detected Pango lineage group in Wales currently, accounting for 24.2% of sequenced cases in the previous six weeks (reporting weeks 2026 W35 to 2026 W41).

Figure 6.3. Prevalence of sequenced cases assigned to each Pango lineage group in Wales in the past six months (2026 W17 to 2026 W41) A: Weekly total positive SARS-CoV-2 cases and sequenced cases B: Percentage of weekly cases attributed to each Pango lineage group



Note: Due to the high number of currently circulating Pango lineage groups, lineage groups which do not fulfill either of the following criteria are collapsed into the category 'Other': 1) Exceed a weekly prevalence of 10% within the last 6 weeks OR 2) Exceed a weekly prevalence of 25% within the last 6 months.

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.Estimates from short-term forecasts of hospital admissions with ARI

Introduction

- Short-term forecasts use a modelling approach to suggest possible future trends in hospital admissions associated with community-acquired COVID-19, influenza and RSV infections across Wales for this and next week.
- The trends suggested in this analysis draw on recent hospital admissions and other surveillance indicators. The forecasts are designed to support planning and situational awareness during the winter season.
- All forecasts carry uncertainty, particularly when the season progresses rapidly or during holiday periods when health seeking behaviours may vary; estimates should be used alongside other sources of surveillance information in this weekly report.
- The models used to suggest these future trends are under development. Exact methods may change and are subject to an evaluation and assurance process.

Headlines

- Estimates from our forecasts suggest that, over the next two weeks, combined admissions with COVID-19, influenza or RSV will **remain stable** (confidence level: possible).
- For the week commencing **02/11/2026**, our forecasts estimate that between **77** and **133** hospital admissions with either COVID-19, RSV or influenza (median: **104**) may occur across Wales. Roughly **45%** will be for COVID-19, **40%** for influenza and **15%** for RSV. For the following week, between **80** and **157** admissions are estimated by the model.

Table 7.1. Forecasted hospital admissions with COVID-19, influenza and RSV.

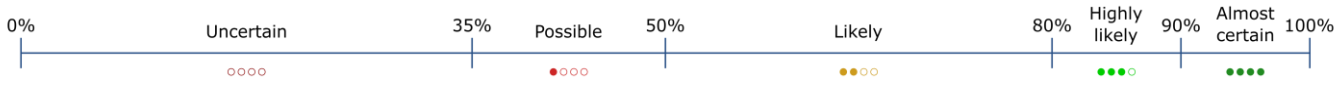
Infection	Observed	Forecasted admissions range (median)[2]		Suggested two-week trend	
	Admissions last week (n)[1]	Week starting 02/11/2026	Week starting 09/11/2026	Trend[3]	Confidence[4]
COVID-19	43	27 – 71 (47)	23 – 77 (52)	Stable →	Uncertain ○○○○
Influenza	46	26 – 57 (41)	26 – 68 (49)	Stable →	Possible ●○○○
RSV	15	7 – 25 (13)	7 – 34 (16)	Stable →	Likely ●●○○
Total	104	77 – 133 (104)	80 – 157 (119)	Stable →	Possible ●○○○

[1]Admissions with community-acquired infections are individuals admitted to hospitals in Wales who tested PCR test positive for COVID-19, influenza, or RSV within 28 days before or 2 days after admission.

[2]The total admissions forecast is calculated by combining the full forecasts of all individual infections. Therefore, the medians (middle scenario) of the individual infection forecasts may not always add up to the median of the total forecast.

[3]The suggested trend is based on the change between the previous week's admissions and the middle scenario for the second week. A stable trend is a change of less than 20% or a change of less than 10 admissions.

[4]The confidence in the suggested trend reflects the proportion of model predictions which agree with the middle scenario. See image below for confidence bands.



COVID-19

- Estimates from our short-term forecasts suggest that, over the next two weeks, COVID-19 admissions will **remain stable** (confidence level: uncertain).
- For the week commencing **02/11/2026**, our forecasts estimate that between **27** and **71** hospital admissions with COVID-19 (median: **47**) may occur across Wales. For the following week (commencing 09/11/2026), between **23** and **77** admissions are estimated.
- Forecasted COVID-19 admissions are suggested to be **higher** compared to the same 14-day period in the previous year (Figure 7.1).

Influenza

- Estimates from our short-term forecasts suggest that, over the next two weeks, influenza admissions will **remain stable** (confidence level: possible).
- For the week commencing **02/11/2026**, our forecasts estimate that between **26** and **57** hospital admissions with influenza (median: **41**) may occur across Wales. For the following week (commencing 09/11/2026), between **26** and **68** admissions are estimated.
- Forecasted influenza admissions are suggested to be **lower** compared to the same 14-day period in the previous year (Figure 7.2).

RSV

- Estimates from our short-term forecasts suggest that, over the next two weeks, RSV admissions will **remain stable** (confidence level: likely).
- For the week commencing **02/11/2026**, our forecasts estimate that between **7** and **25** hospital admissions with RSV (median: **13**) may occur across Wales. For the following week (commencing 09/11/2026), between **7** and **34** admissions are estimated.
- Forecasted RSV admissions are suggested to be **lower** compared to the same 14-day period in the previous year (Figure 7.3).

Figure 7.1. Estimates from short-term forecasts of hospital admissions with COVID-19 (7-day rolling sum) across Wales compared with reported admissions for the same date in previous years.

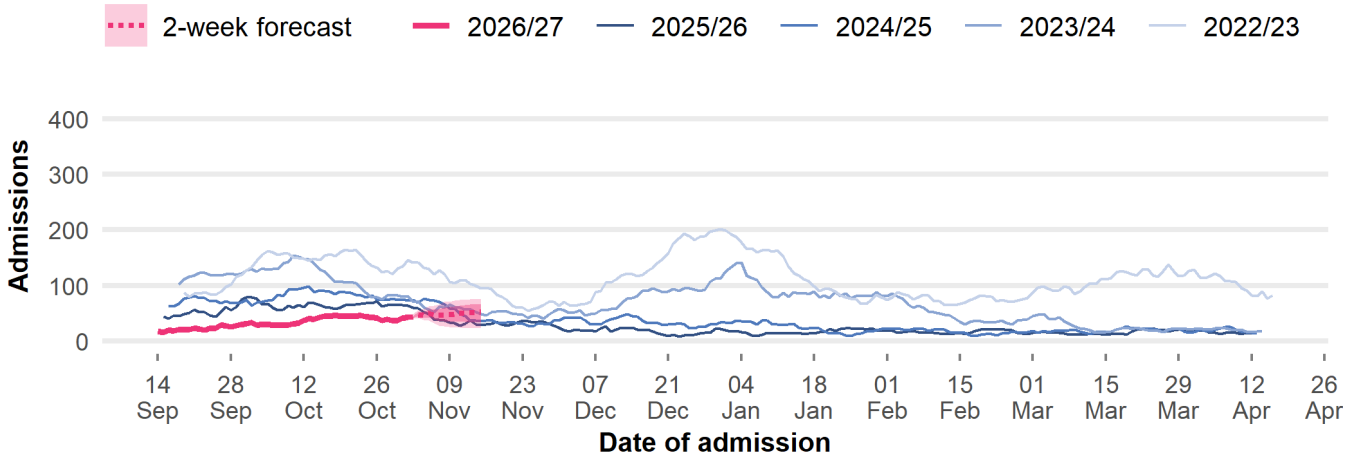


Figure 7.2. Estimates from short-term forecasts of hospital admissions with influenza (7-day rolling sum) across Wales compared with reported admissions for the same date in previous years.

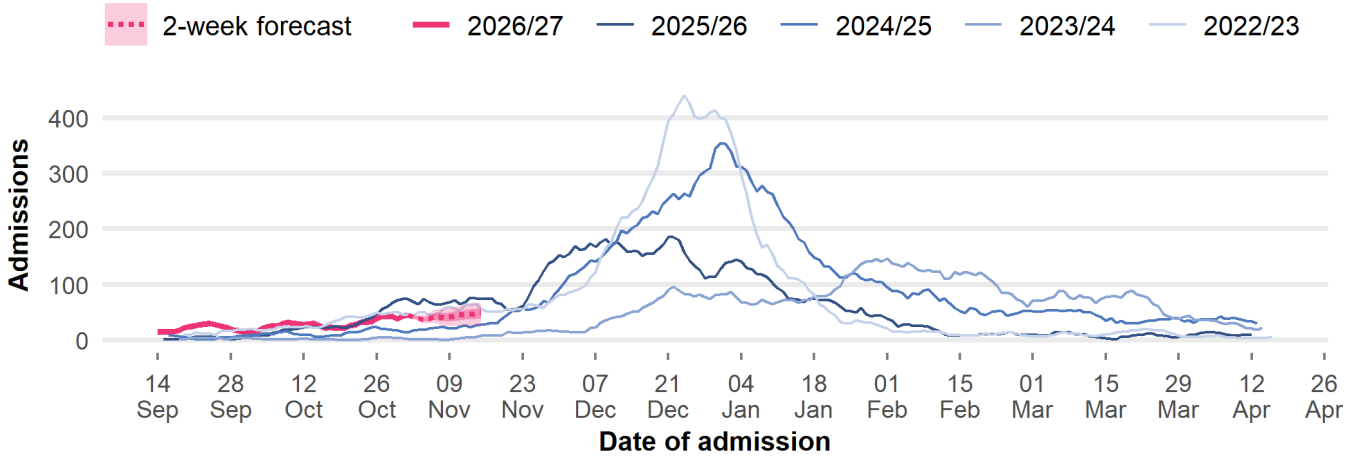
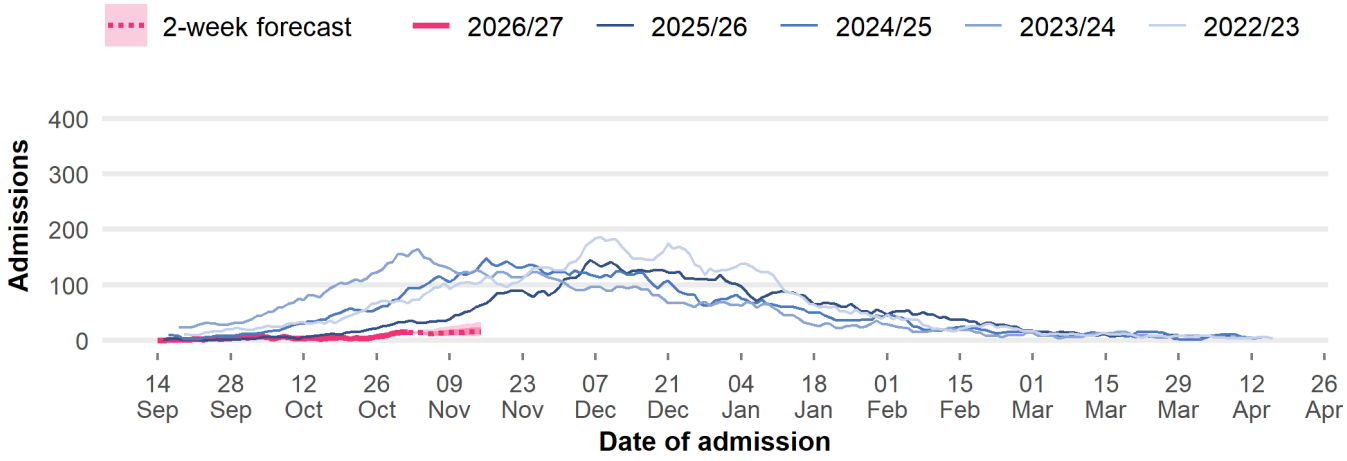


Figure 7.3. Estimates from short-term forecasts of hospital admissions with RSV (7-day rolling sum) across Wales compared with reported admissions for the same date in previous years.



Methodology and caveats

- **Hospital admissions with acute respiratory infections:** Admissions are defined as individuals admitted to a hospital in Wales who tested positive for SARS-CoV-2 (COVID-19), influenza, or RSV via PCR test within 28 days before or two days after admission. This definition intends to capture community-acquired infections and exclude hospital-acquired infections.

- **Interpretation of ranges and figures:** Any ranges reported here refer to the 80% prediction intervals (10^{th} to 90^{th} percentiles). The shaded pink area in the figures represents the forecast range; the lighter shade indicates the 80% prediction interval, and the darker shade indicates the 50% prediction interval. The solid lines in the figures represent reported admissions and the dashed lines represent the median forecasted admissions.

- **Methodology:** The forecasts are produced from an ensemble model which combines results from several models. Each model captures different aspects of how hospitalisations may change over time. By combining them, the ensemble approach helps balance the strengths and weaknesses of each model to provide more stable and reliable forecasts.

- **Limitations:** The forecasts may not accurately capture inflection points. Predictions further into the future are associated with higher levels of uncertainty. Variations in testing practices across health boards may lead to underestimation of true admission numbers.

NB: Welsh Government produce short-term projections of hospital admissions associated with acute respiratory infections (including both community and hospital-acquired infections). See Communicable disease surveillance reports: 2026.

8. Influenza vaccination uptake

The 2025/26 influenza vaccination programme is complete. 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/

Data on influenza vaccination coverage come from the Welsh Immunisation System (WIS). Data in Table 8.1 were extracted on 2026-11-03 and include vaccinations given and recorded in WIS up to the end of 2026-11-02.

Table 8.1. Uptake of influenza vaccination in Wales 2026/27 (as of 2026-11-02)

Influenza immunisation uptake in the 2026/27 season	
65 years and older	48.7%
6m to 64y in a clinical risk group	21.0%
Children aged 2 & 3 years	32.9%
Primary school aged children (4 to 10 years)*	33.5%
Secondary school aged children (11-15 years)*	7.4%

*Methods for calculating uptake in school aged children has changed for the 2026/27 season. Caution should be used when comparing estimated uptake to previous years, especially while school vaccination sessions are ongoing.

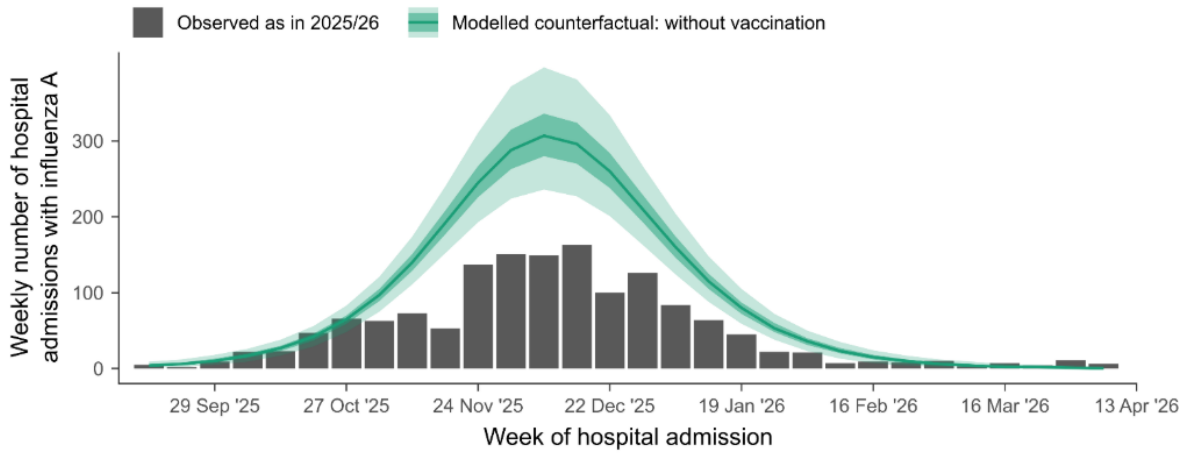
9. Estimates of 2025/26 influenza vaccine impact and effectiveness.

Estimates of hospital admissions averted due to vaccination in 2025/26

To estimate the number of influenza-related hospital admissions averted due to routine influenza vaccination in Wales in 2025/26, we adapted the mathematical model developed by van Leeuwen et al. (2025) to a Welsh context and data. The model describes influenza transmission, vaccination, and progression to hospital admission, incorporating observed vaccine uptake rates in Wales, vaccine effectiveness against hospitalisation and age-specific social mixing rates. The model was fitted to surveillance data routinely collected in primary and secondary care between 15 September 2025 (week 38, 2025) and 12 April 2026 (week 15, 2026). Data included consultation rates and virological surveillance data from the sentinel GP network, and hospital admissions with recent laboratory confirmed influenza[1].

A counterfactual scenario was then simulated in which routine vaccination was removed from the model, while keeping all other aspects of the model unchanged. By comparing this counterfactual scenario with the modelled 2025/26 vaccination scenario, we estimated that routine influenza vaccination averted 1,226 (95% prediction interval: 817–1,748) hospital admissions with influenza[2] during the 2025/26 season. This corresponds to an estimated 45% (95% prediction interval: 35–54%) reduction in hospital admissions with influenza due to routine vaccination across the season (see Figure 8.1 below). These reductions reflect both the direct protection conferred to vaccinated individuals and the indirect benefits arising from reduced transmission of influenza within the wider population.

Figure 8.1. Weekly number of hospital admissions with influenza during 2025/26 which were observed (bars) and estimated (ribbon) in the absence of routine influenza vaccination by the model. The estimates shown represent the median (line), 50% (dark shaded area) and 95% prediction interval (light shaded area).



[1] A hospital admission with influenza was defined as those admitted to hospital who tested positive via PCR test for influenza within 28 days prior to admission or up to day 2 of an inpatient stay (where admission date is day 1).
[2] Only hospital admissions with influenza A (H3N2 and H1N1) were analysed due to low numbers of admissions with influenza B and insufficient data on vaccine effectiveness estimates against influenza B.

Vaccine effectiveness

End of season estimates of influenza vaccine effectiveness against laboratory confirmed influenza were estimated using a test-negative design in those presenting to GP practices across England, Scotland, Wales and Northern Ireland. Estimated overall adjusted vaccine effectiveness for the 2025/26 season was 21.4% (95% CI 4.8% to 35.2%) in those aged 65 years and above, 32.2% (95% CI 22.3% to 40.9%) in those aged 18 to 64 years and 51.6% (95% CI 43.3% to 58.7%) in two- to 17-year-olds.

The effectiveness of vaccination in the 18-to-64-year age group against hospitalisation in England was 21.7% (95% CI 16.5% to 26.7%). In those aged two to 17 years of age effectiveness was 67.9% (95% CI: 64.6% to 71.0%). The overall effectiveness in the 65 years and over age group was 29.1% (95% CI: 25.9% to 32.2%)

https://www.gov.uk/government/statistics/influenza-in-the-uk-annual-epidemiological-report-winter-2025-to-2026/influenza-in-the-uk-annual-epidemiological-report-winter-2025-to-2026#vaccination

10. International Summary

Influenza activity – UK and international summary

- GP ILI consultations remained stable at 6.5 per 100,000 in England, increased to 10.0 per 100,000 in Northern Ireland and to 2.7 per 100,000 in Scotland in Week 43.
- During Week 43, 4,070 sentinel samples tested for influenza were reported in England of which 258 were positive for influenza (179 influenza A (not subtyped), 11 influenza A (H3N2), 51 influenza A (H1N1)pdm09, and 19 influenza B).
- Overall, influenza remained stable at 6.6% in England, increased to 9.3% in Northern Ireland, and to 7.6 % in Scotland and in Week 43.
- 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 below the 10% positivity epidemic threshold at 5% in Week 43.
- There were 114 confirmed influenza virus infection detections reported from sentinel primary care, all influenza type A viruses; and among those subtyped the majority was A(H3) (85%).
- Of the 17 countries and areas reporting on influenza intensity, none reported medium intensity or higher.
- Source: European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- **Globally**, influenza detections have increased but remained low in week 42, with influenza A virus detections predominant. An increase in the proportion of influenza A(H1N1)pdm09 detections has been observed over recent weeks
- In the southern hemisphere, influenza percent positivity was elevated (>10%) in single countries in Tropical and Temperate South America and Eastern Africa. Percent positivity was over 30% in single countries in South-East Asia and Oceania. Increases in activity were reported in single countries in Tropical South America and Eastern Africa.
- In the northern hemisphere, influenza percent positivity was elevated (>10%) in some countries in Central America and the Caribbean, Western Africa, Western, Southern, South-East and Eastern Asia. Percent positivity was over 30% in some countries in Southern and South-East Asia and in single countries in Western and Eastern Africa and Western Asia. Increases in activity were observed in some countries in Central America and the Caribbean, Western, Southern and South-East Asia and in single countries in Eastern Africa and Northern Europe.
- In the zones with elevated positivity, influenza A(H1N1)pdm09 was predominant in Eastern Africa, Western, Southern and South-East Asia and Oceania and influenza B was predominant in Central America and the Caribbean, Tropical and Temperate South America. Influenza A and B were codominant in and Western Africa and influenza A(H1N1)pdm09 and influenza A(H3N2) were codominant in Eastern Asia.
- 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 at 04/11/2026) during Week 43 globally there were 1,880 A(H1N1), 1,006 A(H3), 46 A(not subtyped), 1,072 influenza B (Victoria) **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 were low but increasing in many parts of the counrty during week 42 (ending 24/10/2026). Nationally, 4,061 (7.6%) out of 53,102 specimens have tested positive for influenza in week 42 in clinical laboratories nationwide, of these positive samples, 3,987 (98.2%) were influenza A and 74 (1.8%) were influenza B. Further characterisation has been carried out on 1,022 specimens by public health laboratories, and 466 samples tested positive for influenza; 371 influenza A(H1N1)pdm09, 4 influenza A(H3N2), 85 influenza A(not subtyped), and 10 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during week 42 2026, influenza activity has slightly increased in recent weeks. During week 42 2026, 2,135 (7.6% positivity) influenza detections were reported: 2,103 influenza A and 32 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 remained stable in Week 43, 2026 (latest data available).
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 15th October 2026, Saudi Arabia reported 8 MERS-CoV cases from 01 January 2026 to 05 October 2026, including 1 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

11. 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

12. 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