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Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 04 (ending 26 January 2025)

Headline

- Influenza is still circulating with activity at “medium” intensity levels. GP consultations for influenza-like illness and confirmed case numbers have decreased in the current week, as did test positivity. Influenza A(H1N1) is currently being detected in the highest numbers, influenza A(H3N2) cases are also being confirmed at lower levels. Last week, there was a small rise in influenza B cases.
- Surveillance indicators suggest that the peak of the influenza season may have passed within the previous three weeks, however cases remain elevated and there remains potential for further increases in influenza B cases.
- Respiratory Syncytial Virus (RSV) is still circulating, but activity has decreased to low intensity.
- COVID-19 case numbers have remained broadly stable in recent weeks.
- GP consultations for acute respiratory infections decreased overall in the most recent week.
- According to EuroMoMo method, ‘no excess’ has been reported all-cause mortality so far this season.

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	0
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. International Summary.....	25
8. Notes on interpretation.....	27
9. Statement of voluntary application of the Code of Practice for Statistics.....	28
10. Links to surveillance reports from other countries	29

High Level Summary Points

	Community infection indicators	Severe infection indicators
Overall Acute Respiratory Infection (ARI)	<p>The 3-week trend in consultation rate per 100,000 for broader acute respiratory infection (ARI) is decreasing.</p> <p>Consultations with Sentinel GPs for acute respiratory infection (ARI) increased slightly compared to last week.</p>	<p>Admissions in patients testing positive for influenza, COVID-19 or RSV have decreased in in the most recent week (3% of total admissions).</p>
Influenza	<p>Influenza is circulating, and case numbers remain elevated, although the peak may have passed within the last three weeks. There remains potential for further increases in influenza B activity.</p> <p>The overall proportion of samples testing positive decreased in the most recent week to 10.8%.</p> <p>Consultations for influenza-like illness (ILI) with sentinel GPs decreased and remain at medium intensity. 94 cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week.</p>	<p>The number of confirmed cases of community acquired influenza admitted to hospital decreased to 110 in the most recent week.</p> <p>In the most recent week, there were 384 in-patient cases of confirmed influenza, 11 of whom were in critical care.</p>
Influenza type breakdown	<p>Since 2024 Week 40: 6,271 total influenza cases confirmed (317 influenza A(H3N2), 1,427 influenza A(H1N1)pdm09, 4,225 influenza A untyped and 302 influenza B).</p> <p>In the most recent week: 18 confirmed cases of influenza A(H3N2), 70 cases of influenza A(H1N1)pdm09, 180 influenza A untyped and 52 influenza B)</p>	
COVID-19	<p>The overall proportion of samples testing positive increased to 4.0% in hospital and non-sentinel GP practices.</p> <p>Consultations with sentinel GPs for ARI decreased in the most recent week.</p> <p>Confirmed cases of COVID-19 in sentinel GP patients remained stable.</p>	<p>The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 12 in the most recent week.</p> <p>In the most recent week, there were 210 in-patient cases of confirmed COVID-19, none of whom were in critical care.</p>
RSV	<p>RSV is circulating, with incidence at low levels in children aged up to 5y.</p> <p>Incidence per 100,000 population in children aged up to 5y decreased to 6.2 in the most recent week.</p>	<p>The number of confirmed cases of community acquired RSV admitted to hospital decreased to 31 in the most recent week.</p> <p>In the most recent week, there were 145 in-patient cases of confirmed RSV, two of whom were in critical care.</p>
Other respiratory pathogens	<p>Confirmed cases and test positivity for human metapneumovirus and seasonal coronaviruses have remained stable or increased compared to the previous week.</p>	



1. Community surveillance indicators

GP Consultations

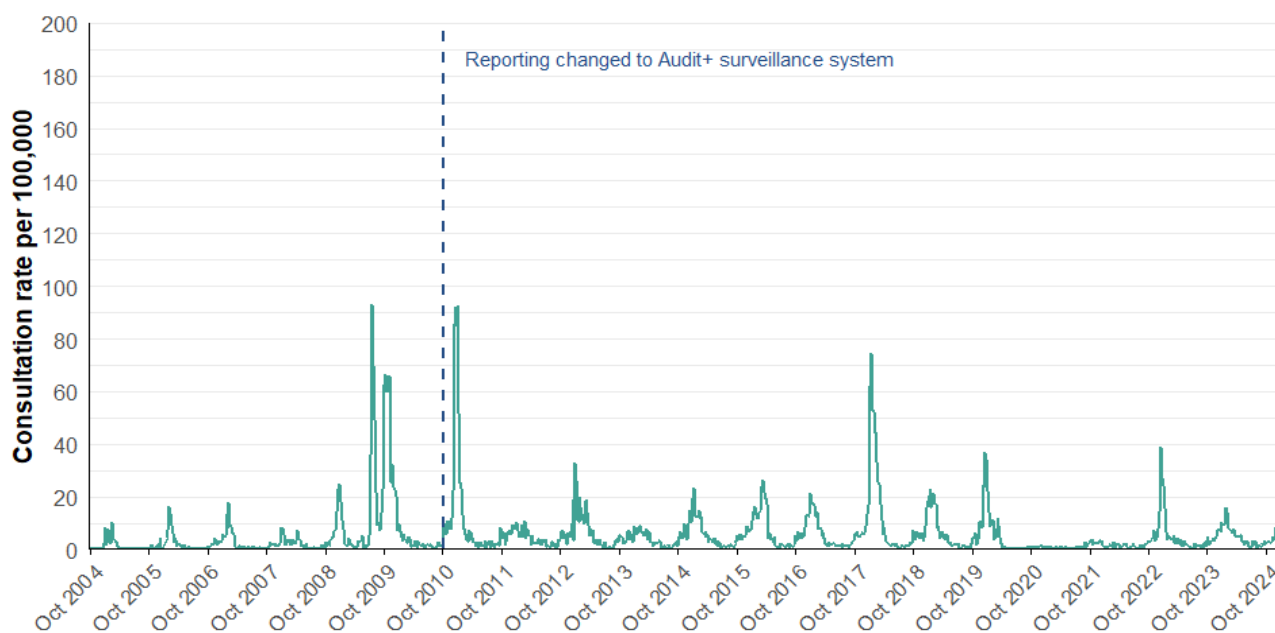
- The sentinel GP consultation rate for influenza-like illness (ILI) is at medium intensity and the three-week trend is decreasing (Figures 1.1, 1.2).
- There were 22.1 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (30.5 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 18.3 ARI consultations per 100,000 practice population, an increase from 17.9 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (927.3) followed by people aged 1 to 4 (681.4) and people aged 5 to 14 (260.6) (Figure 1.4).
- Consultations for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators decreased from 1,805 in the previous week to 1,796 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).

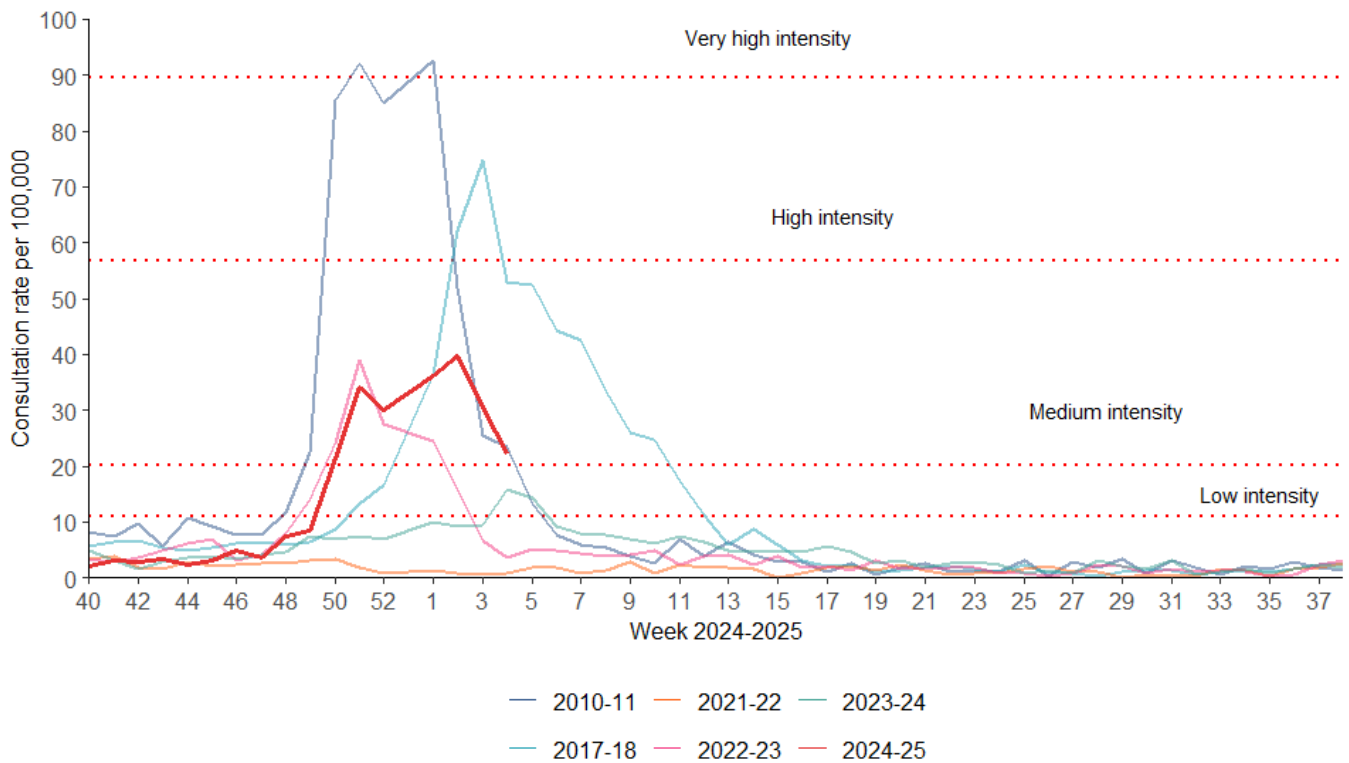
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40 1996 - Week 4, 2025).



Data correct as of 28/01/2025

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



Data correct as of 28/01/2025

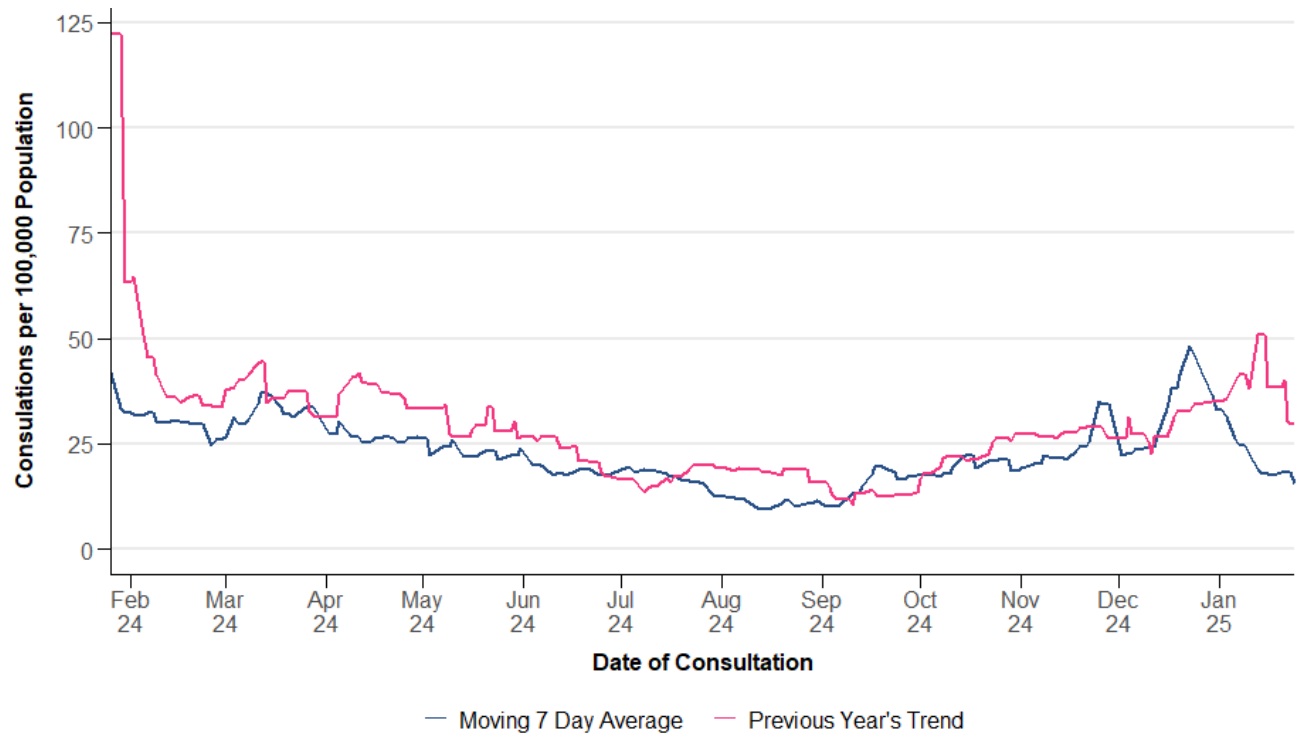
GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for week 4, 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	18.31	17.88	45.98
COVID-19	0.31	0.34	1.60
LRTI	6.91	6.77	20.83
Pneumonia	0.02	0.04	0.11
Severe asthma	0.83	0.78	2.33
URTI	11.45	11.13	25.38
Total	37.83	36.94	96.23

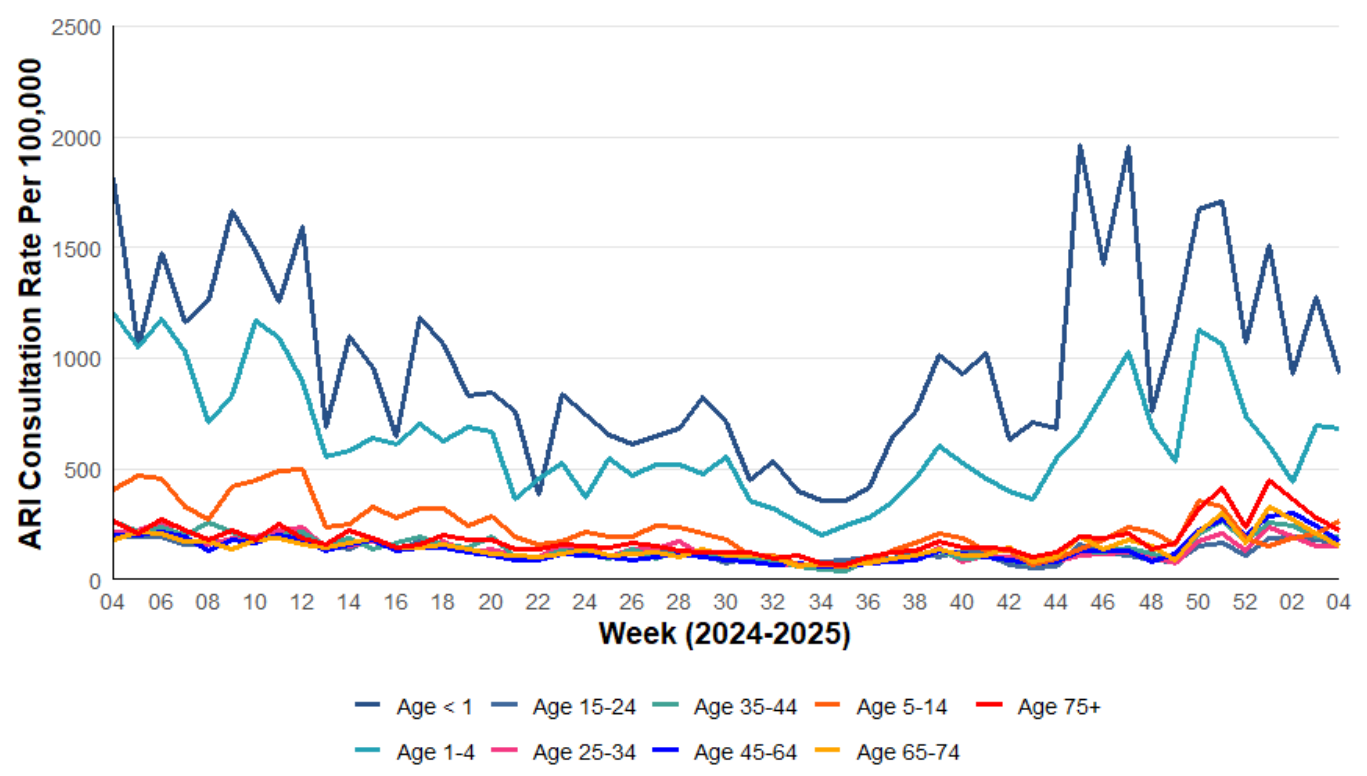
NB: "Current reporting week" refers to the average daily rate in the current reporting week. "Preceding week" refers to the average daily rate in the preceding week. "Equivalent period last year" refers to the average daily rate in the equivalent period last year.

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



Data correct as of 28/01/2025

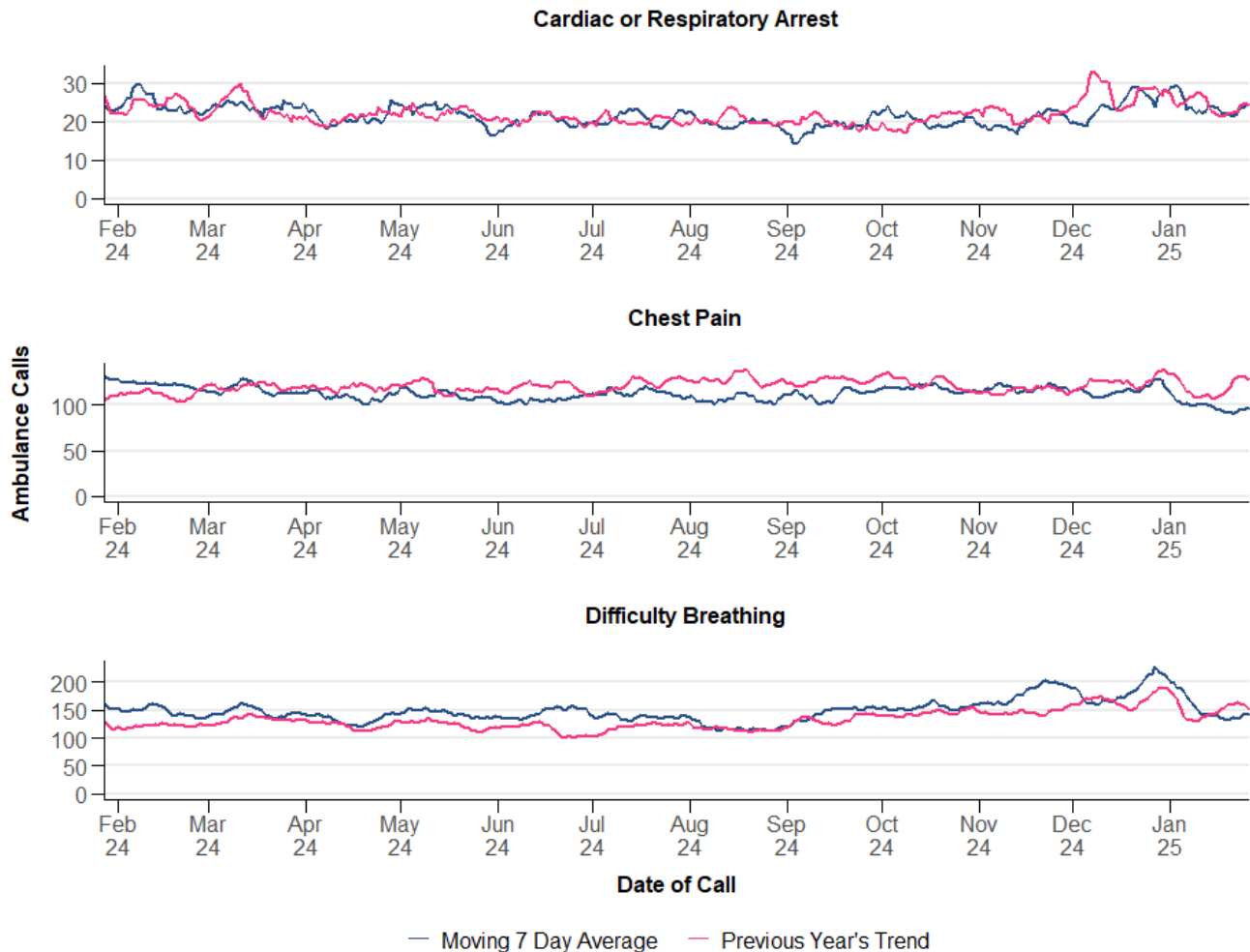
Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Data correct as of 28/01/2025

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.



Data correct as of 28/01/2025

Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for week 4, 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	163	165	156
Chest Pain	671	662	778
Difficulty Breathing	962	978	1,038
Total	1,796	1,805	1,972

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 453 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 4, 2025, as at 29/01/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were influenza A (78) followed by rhinovirus (59) and human metapneumovirus (37). Of the 453 tests, 45.5% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,193 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during week 4 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were influenza A (109) followed by rhinovirus (87) and RSV (55). Of the 1,193 tests, 64.3% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

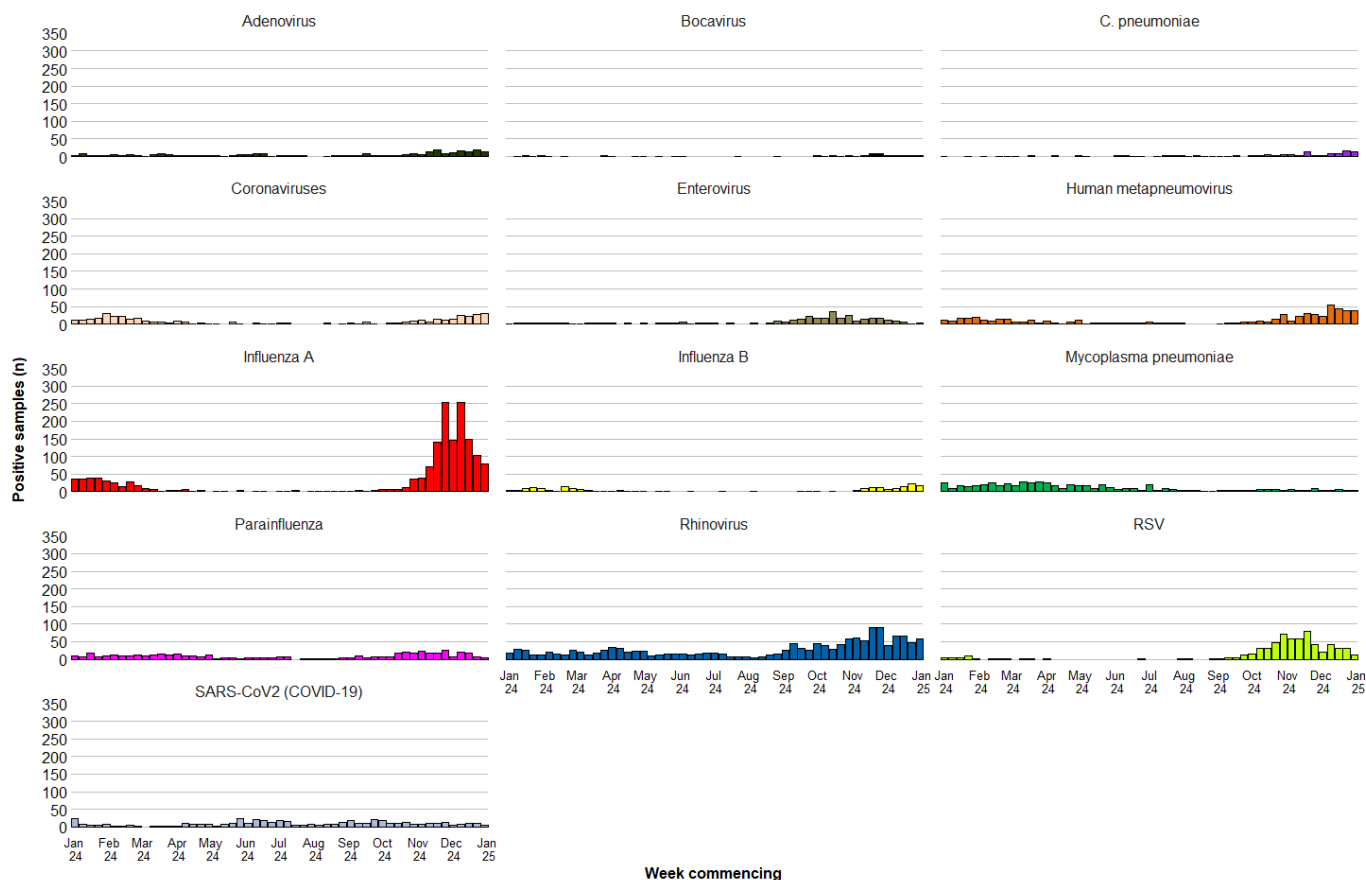
Additionally, during Week 4, 634 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 97 for influenza (81 for influenza A, 16 for influenza B)
- 52 for SARS-CoV-2 (COVID-19)
- 28 for RSV

Table 2.1: Pathogens detected, and sample positivity for samples from symptomatic patients from the Wales Sentinel GP and Sentinel Pharmacy networks, week 4, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	78	17.2%	22.5%	Decreasing
Rhinovirus	59	13.0%	10.6%	Increasing
Human metapneumovirus	37	8.2%	8.2%	Stable
Coronaviruses	31	6.8%	6.2%	Stable
Influenza B	16	3.5%	4.9%	Decreasing
Adenovirus	14	3.1%	4.2%	Decreasing
C. pneumoniae	14	3.1%	3.5%	Stable
RSV	13	2.9%	6.8%	Decreasing
SARS-CoV2 (COVID-19)	5	1.1%	2.0%	Stable
Parainfluenza	3	0.7%	1.8%	Decreasing
Mycoplasma pneumoniae	3	0.7%	1.1%	Stable
Enterovirus	3	0.7%	0.2%	Stable
Bocavirus	3	0.7%	0.7%	Stable

Figure 2.1. Pathogens detected in samples from symptomatic patients from the Wales Sentinel GP and Sentinel Pharmacy networks, by week of sample collection, Week 4, 2024 to Week 4, 2025.



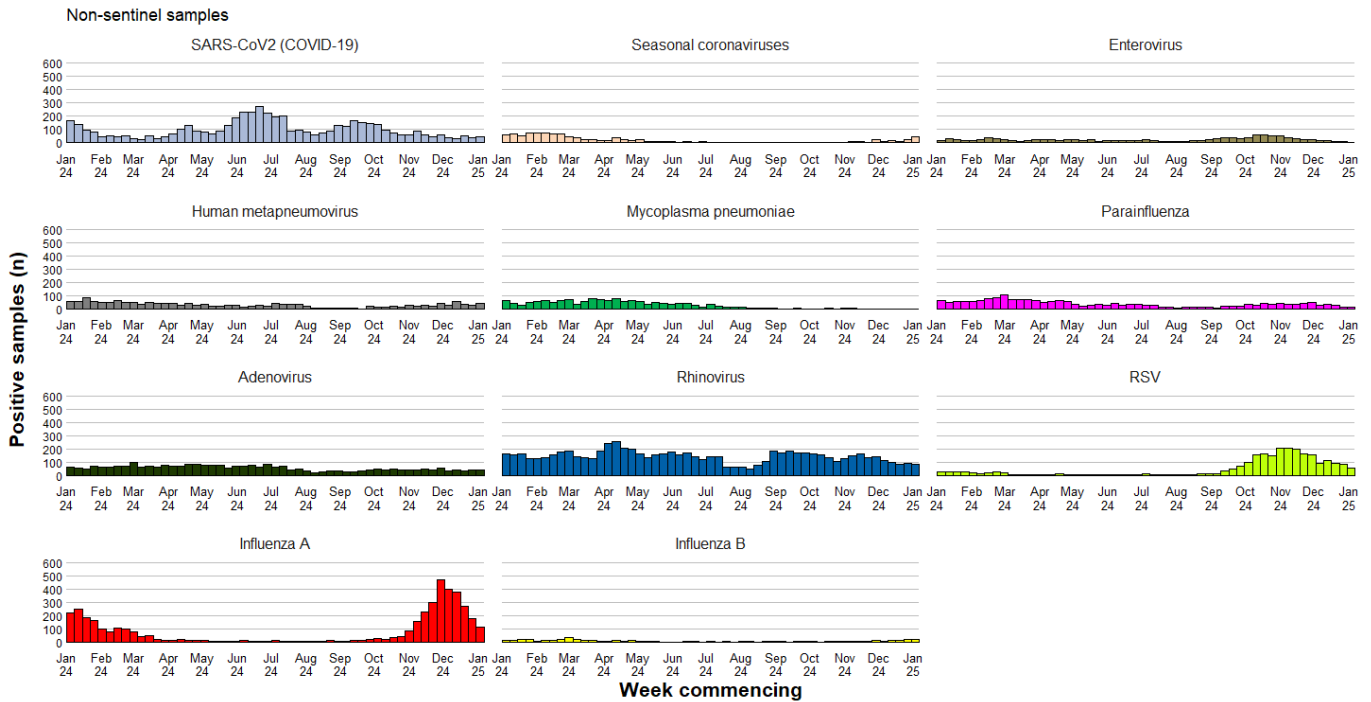
Data correct as of 29/01/2025

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 4, 2025.

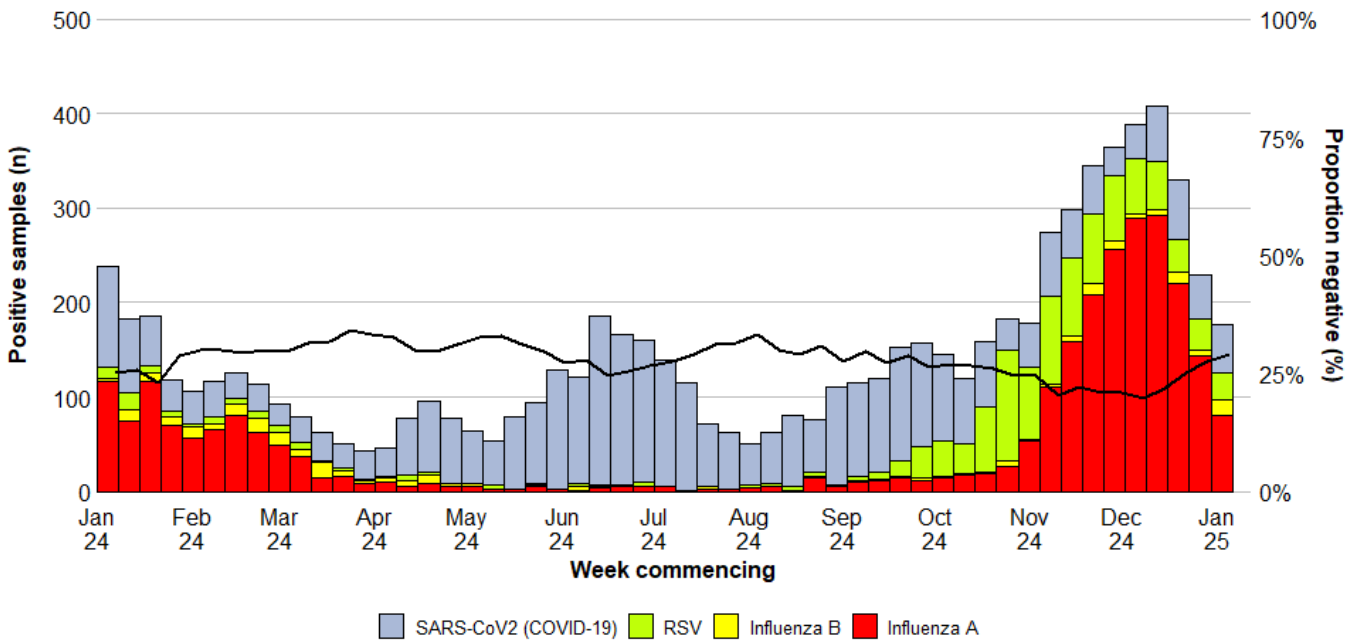
Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	109	9.1%	13.6%	Decreasing
Rhinovirus	87	7.3%	6.8%	Stable
RSV	55	4.6%	6.5%	Decreasing
Seasonal coronaviruses	48	4.0%	2.1%	Increasing
SARS-CoV2 (COVID-19)	48	4.0%	3.0%	Increasing
Human metapneumovirus	44	3.7%	2.3%	Increasing
Adenovirus	39	3.3%	3.2%	Stable
Influenza B	20	1.7%	1.2%	Stable
Parainfluenza	18	1.5%	1.4%	Stable
Enterovirus	5	0.4%	0.6%	Stable
Mycoplasma pneumoniae	3	0.3%	0.3%	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 4, 2024 to Week 4, 2025.



Data correct as of 27/01/2025

Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 4, 2024 to Week 4, 2025.



Data correct as of 27/01/2025



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

Sentinel SARI in emergency departments

- During week the previous four weeks there were 68 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was Influenza A(18) followed by Rhinovirus/Enterovirus(11) and Adenovirus(10). Of the 68 samples collected, 32.4% 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 31% for influenza, 1% for SARS-CoV2 and 7% for RSV.

Hospital in-patients

- During week ending 26/01/2025 there were 153 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (59 less than the previous week), equating to 3% of all hospital admissions in that reporting week.
- At 23:59 on 26/01/2025, there were 739 patients in hospital with confirmed COVID-19, RSV or influenza, 155 less than the previous Sunday. This equates to 7% of all hospital in-patients (IPs) at that time. Of whom 70% (515) were hospital acquired (HA).

Critical-care

- During week ending 26/01/2025 there were 9 ARI critical care (CC) admissions, (5 less than the previous week), equating to 5% of all CC admissions in that reporting week.
- At 23:59 on 26/01/2025, there were 13 patients in CC with confirmed COVID-19, RSV or influenza, 11 less than the previous Sunday. This equates to 8% of all CC in-patients at that time. Of whom 15% (2) were hospital acquired (HA).

Virological surveillance in ICU

- During week 4, 2025, 52 respiratory samples were tested from patients in intensive care units (ICU). Of these: two tested positive for Influenza, zero tested positive for RSV and zero tested positive for SARS-CoV2 (COVID-19) (Figure 3.4).

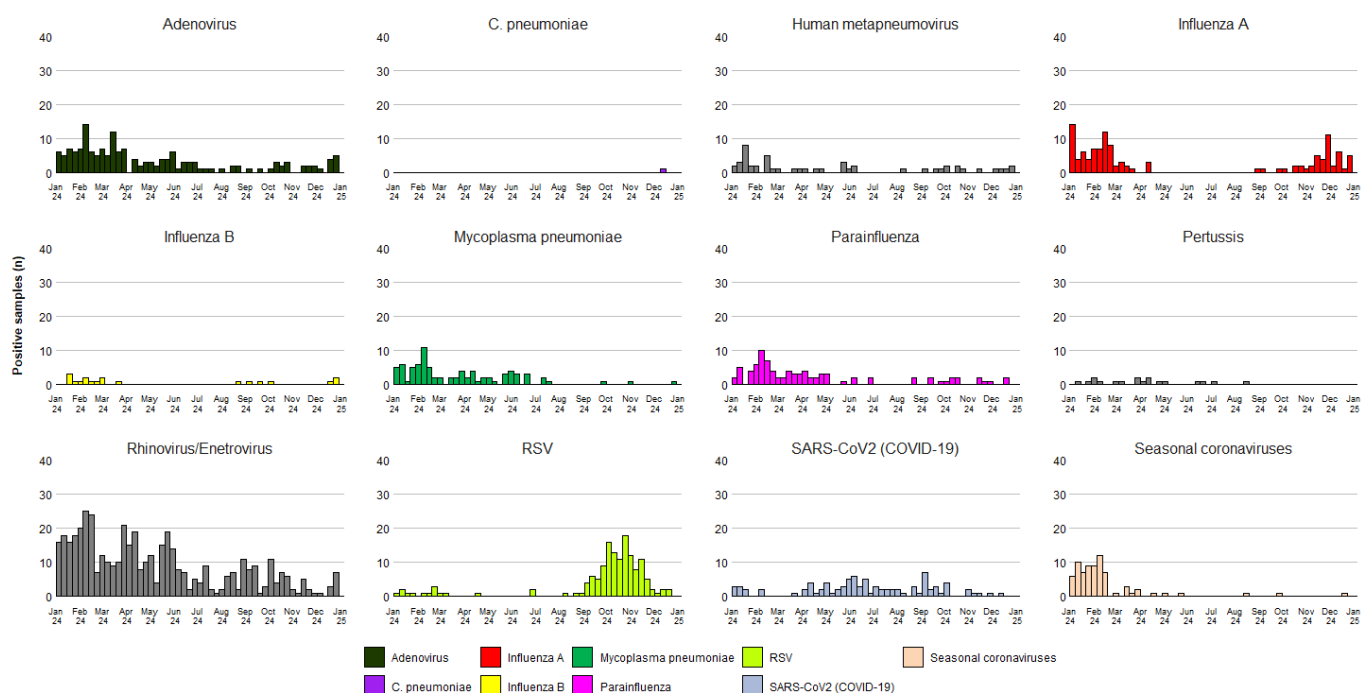
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: [Hospital admissions dashboard](#)

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 3, 2025.

Pathogens Detected	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
	n	%	n	%
Adenovirus	10	14.7%	166	9.2%
C. pneumoniae	1	1.5%	1	0.1%
Human metapneumovirus	5	7.4%	50	2.8%
Influenza A	18	26.5%	128	7.1%
Influenza B	3	4.4%	19	1.1%
Mycoplasma pneumoniae	1	1.5%	82	4.5%
Parainfluenza	2	2.9%	87	4.8%
Pertussis	0	0.0%	18	1.0%
RSV	5	7.4%	143	7.9%
Rhinovirus/Enterovirus	11	16.2%	459	25.4%
SARS-CoV2 (COVID-19)	1	1.5%	89	4.9%
Seasonal coronaviruses	1	1.5%	77	4.3%
Negative	22	32.4%	760	42.1%
Total	68	100%	1,863	100%

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 3, 2025 and previous 12 months.



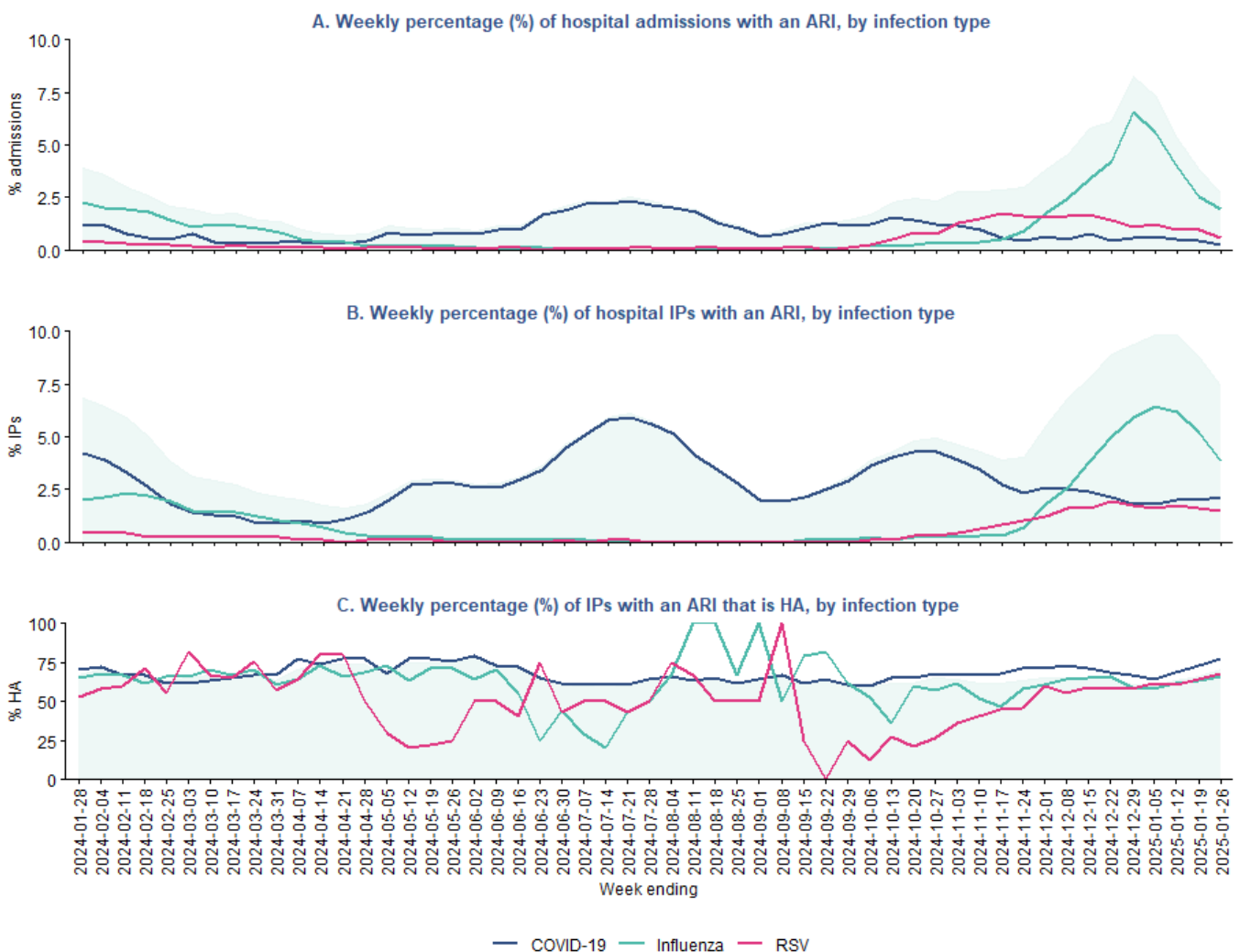
Data correct as of 23/01/2025

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	12	<1%	210	2%	77% (162)
Influenza	110	2%	384	4%	66% (255)
RSV	31	1%	145	2%	68% (98)
ARI total	153	3%	739	7%	70% (515)

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.



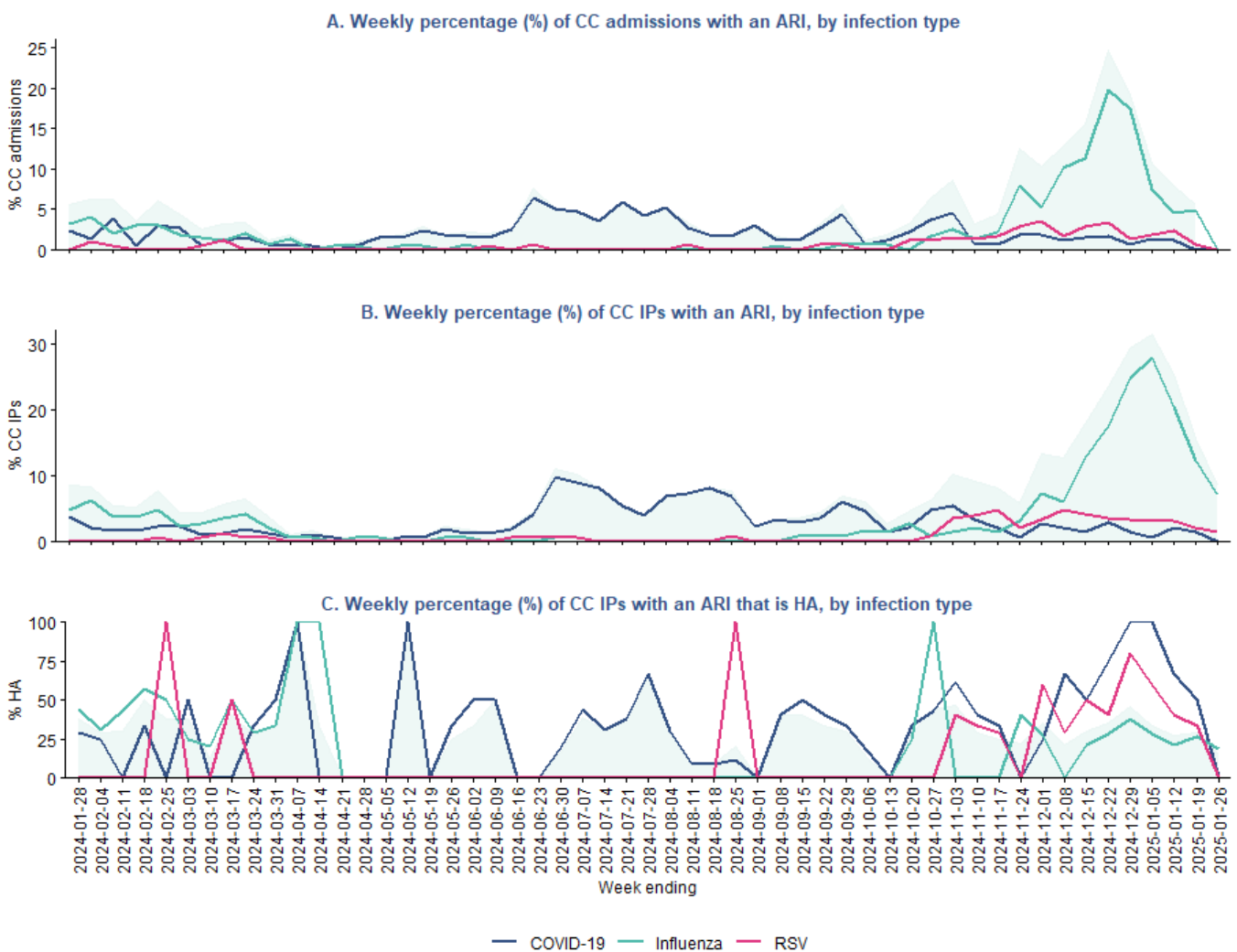
Data as of: 29-01-2025

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).

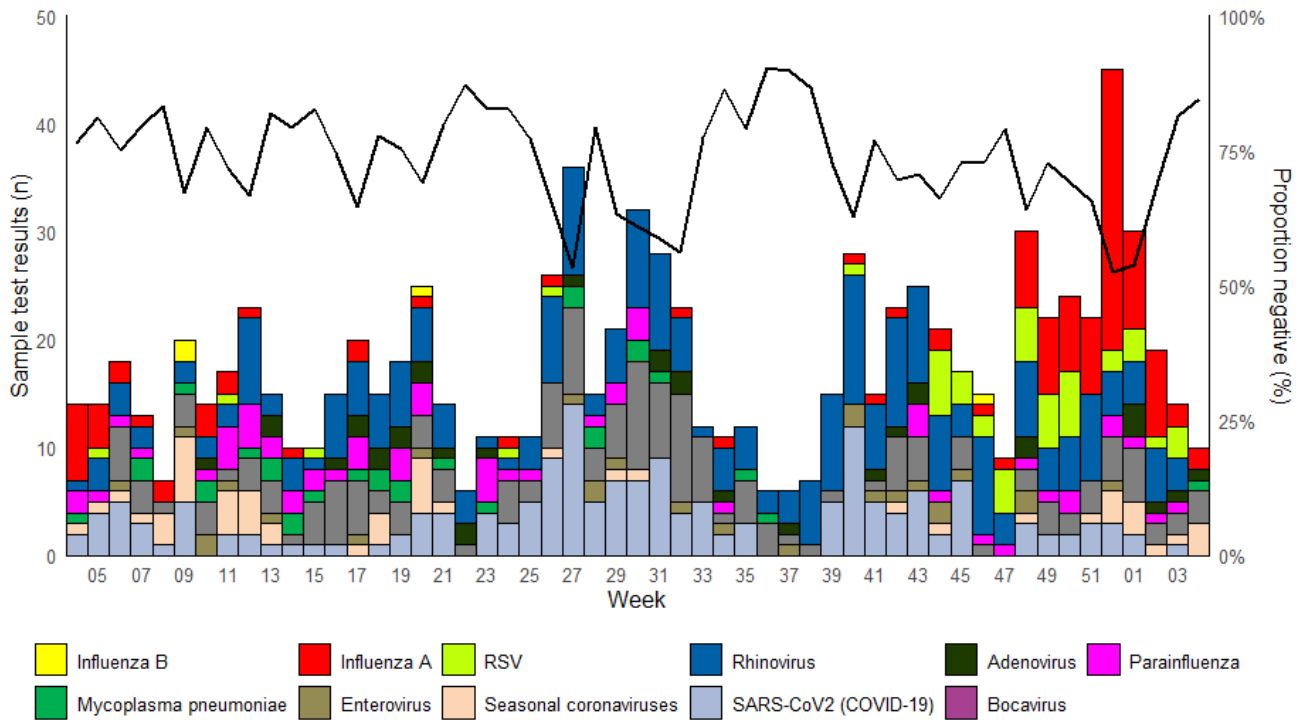
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	0	0%	0	0%	0% (0)
Influenza	8	5%	11	7%	18% (2)
RSV	1	1%	2	1%	0% (0)
ARI total	9	5%	13	8%	15% (2)

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



Data as of: 29-01-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 4, 2024 to Week 4, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



Data correct as of 27/01/2025

4. Settings-based surveillance and outbreaks

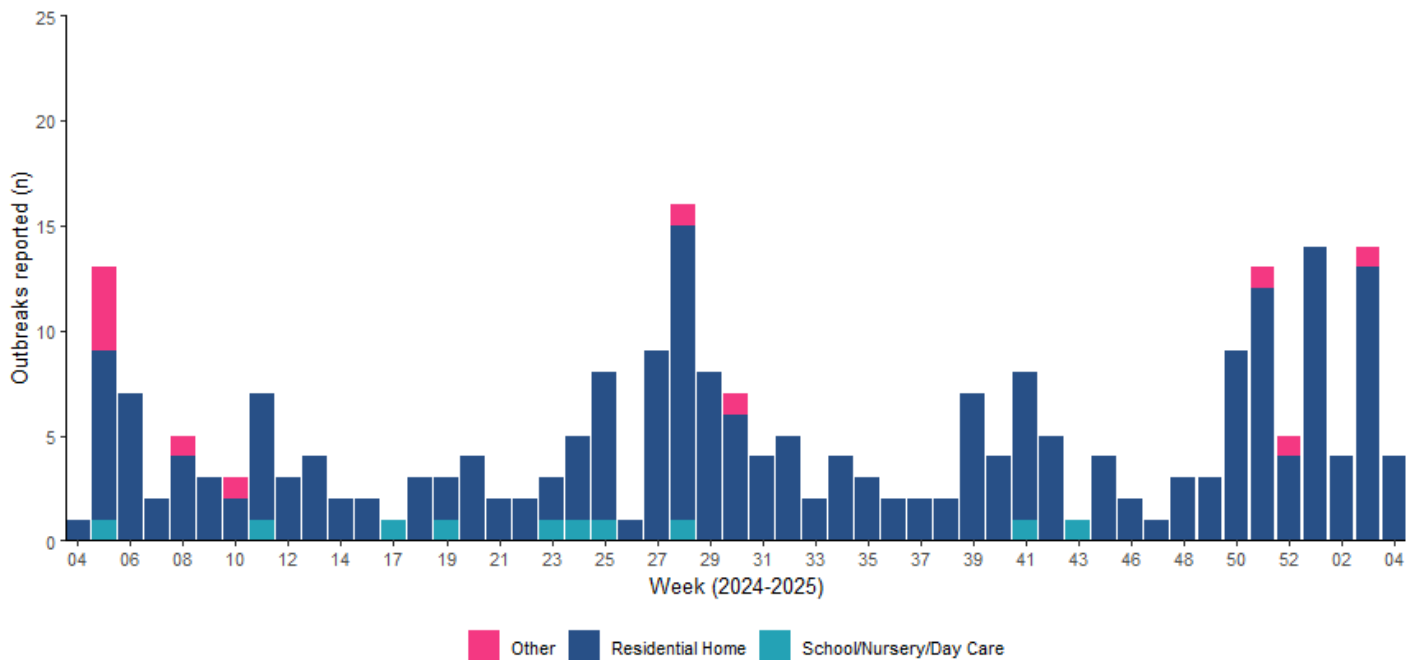
Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

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

Of these:

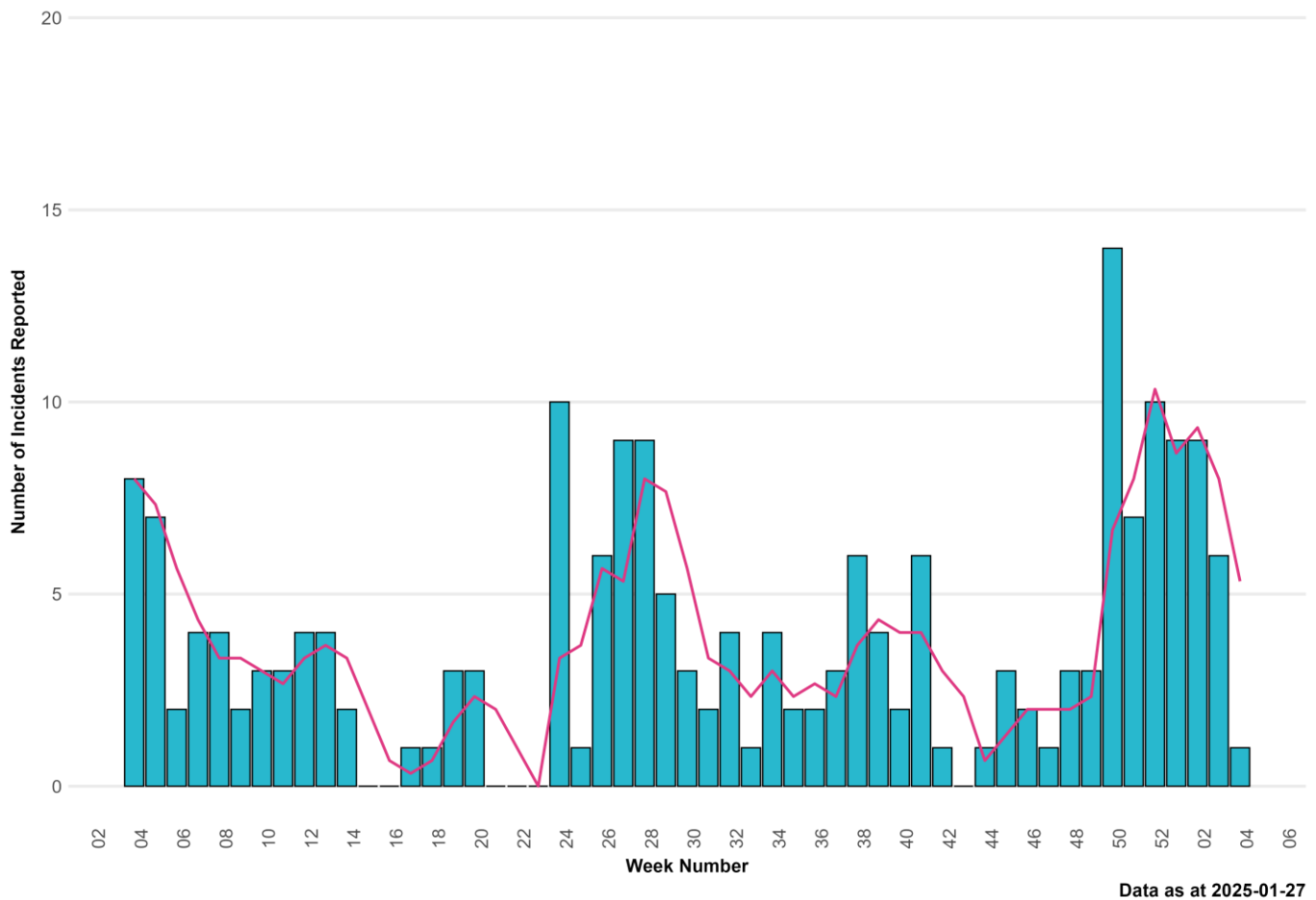
- One was unknown, and three were Influenza
- All four were in residential homes.

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.



Data correct as of 27/01/2025

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

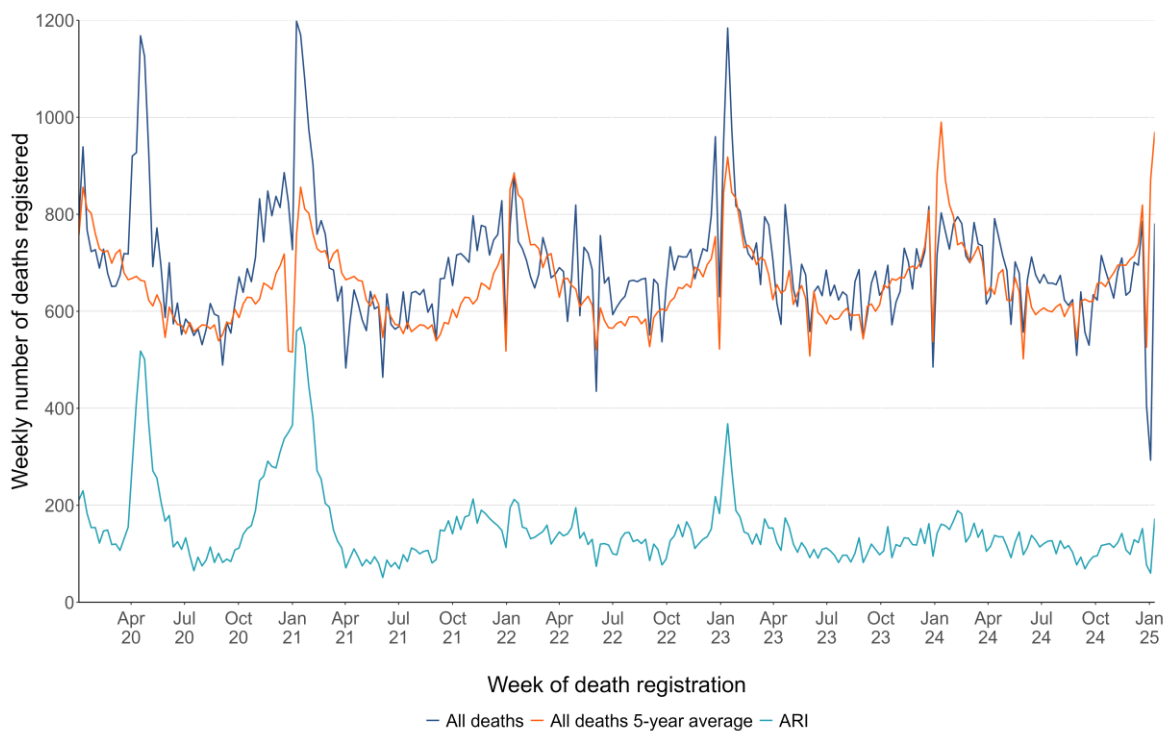




5. Mortality surveillance

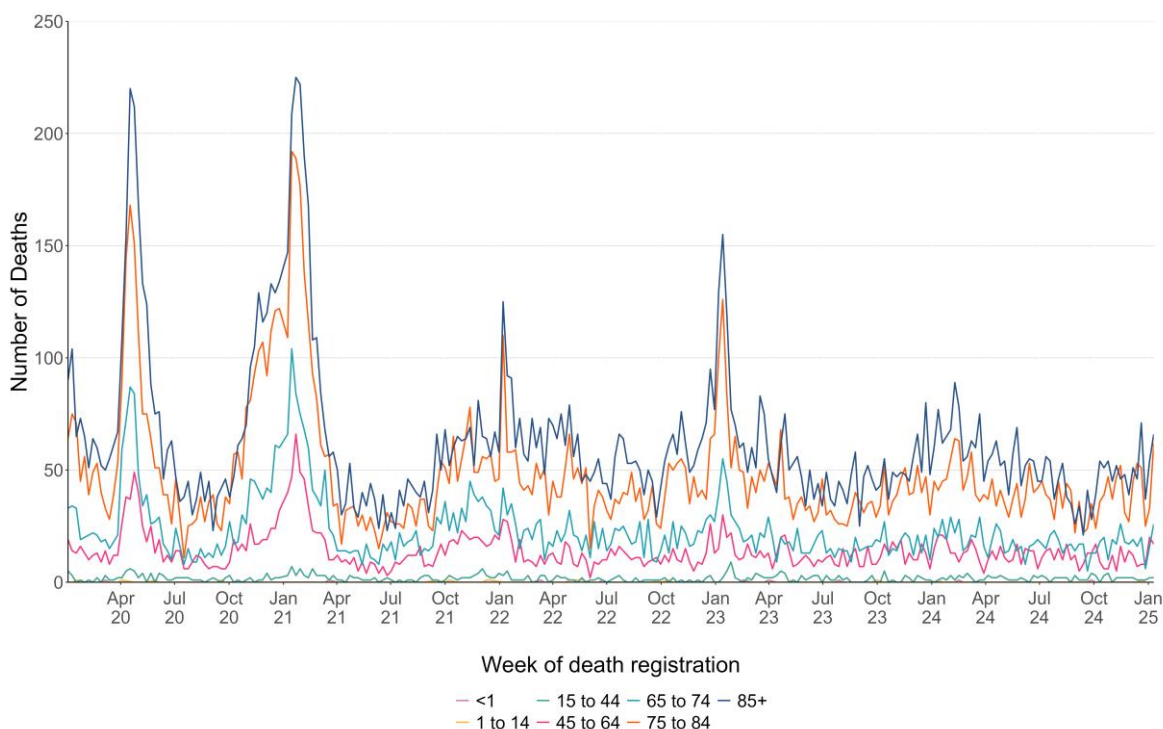
- Thus far this season, according to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National Statistics are summarised by week, age-group, setting of death and deprivation quintile of residence in Figures 5.2 to 5.4. Data for the most recent weeks in these summaries should be interpreted with caution due to potential reporting delays.
- Deaths relating to ARI have been defined using the following ICD10 codes: (J09-J22, J80, U07.1, U07.2 and J04)

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



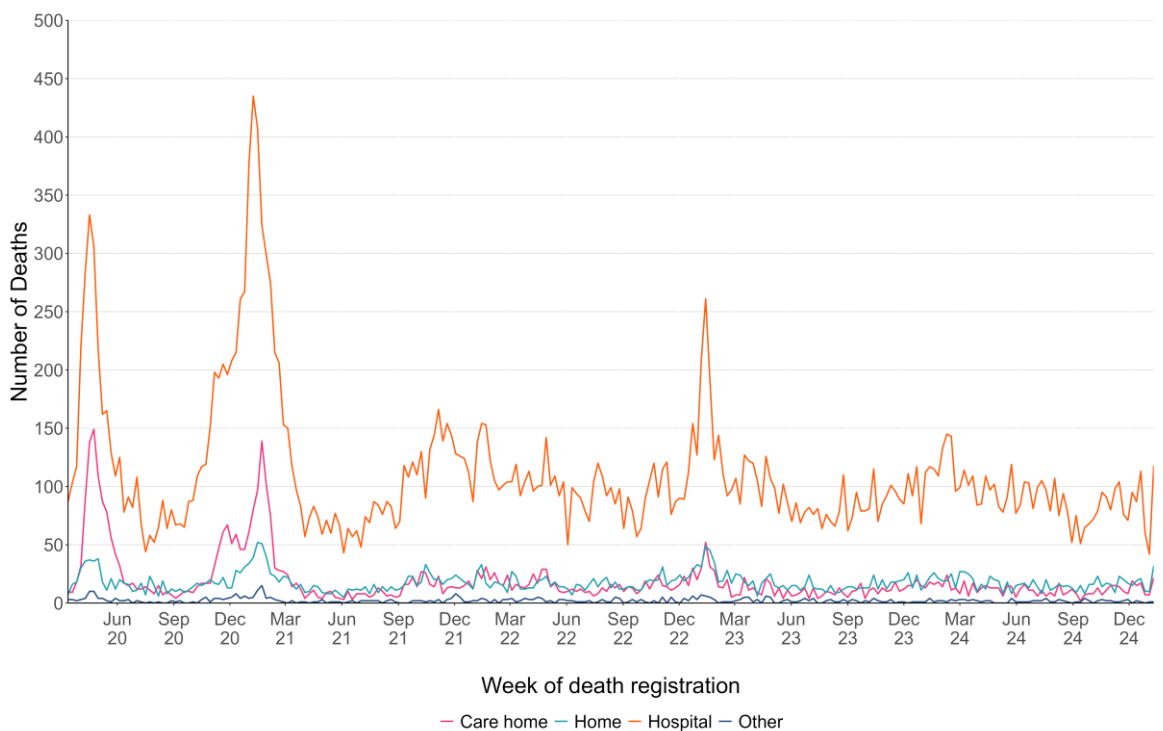
Data as of 28/01/2025

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



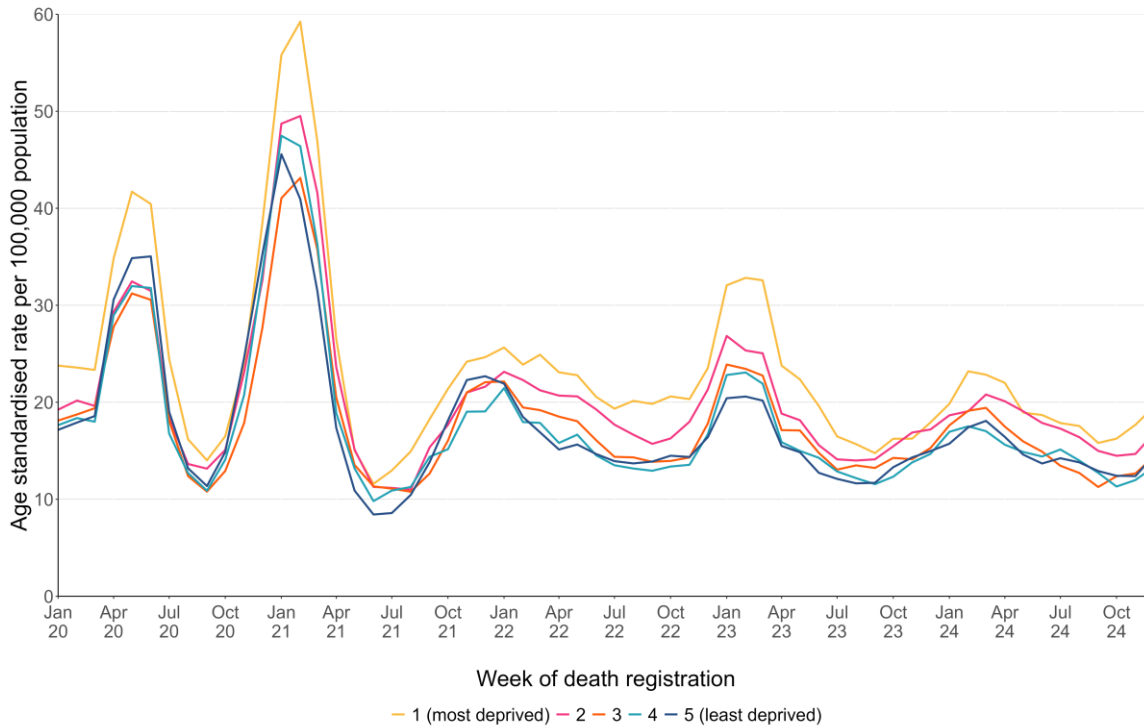
Data as of 28/01/2025

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



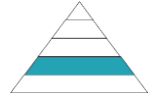
Data as of 28/01/2025

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.



Data as of 28/01/2025

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

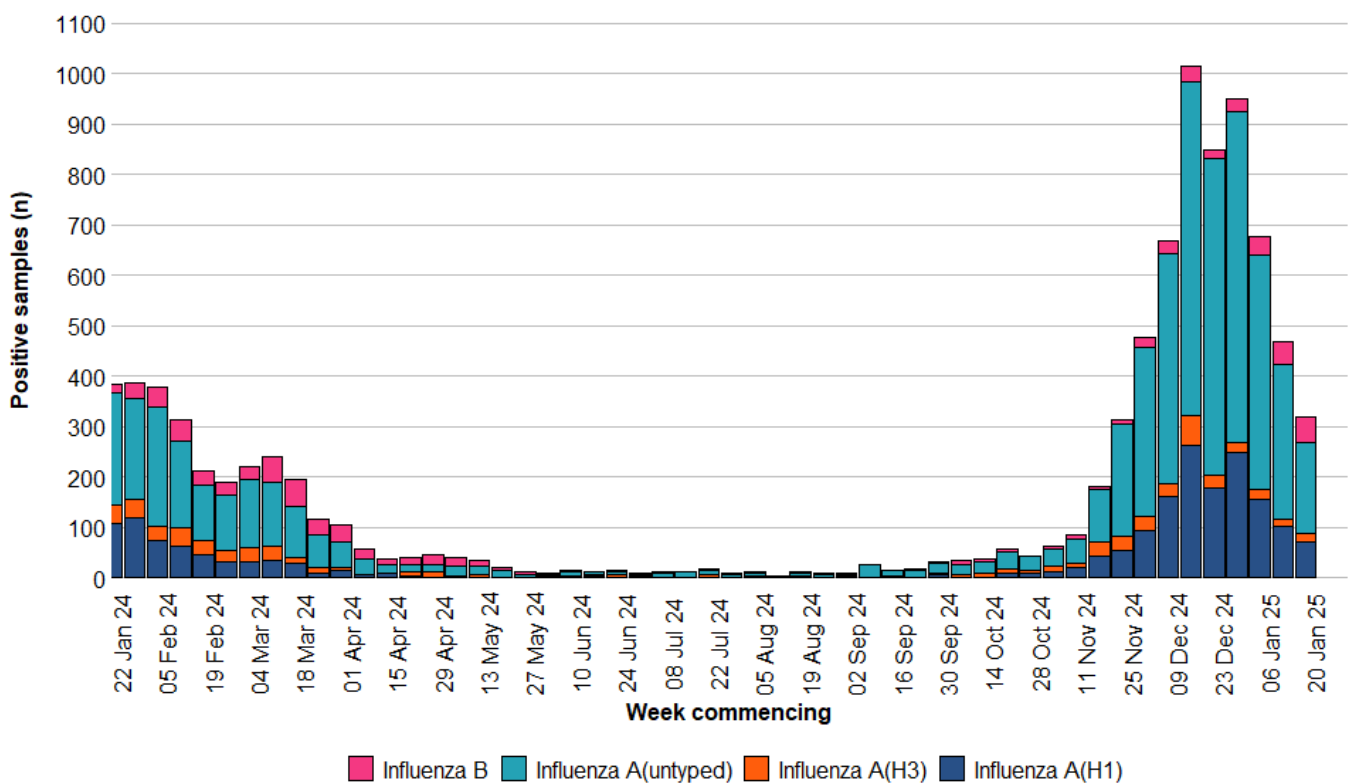


6. Pathogen-specific surveillance

Influenza

- Influenza A(H1N1) is the most commonly detected influenza subtype in Wales since week 40 2024 (1,427 confirmed cases), followed by influenza A(H3N2) (317 confirmed cases) and influenza B (302 confirmed cases). Additionally, there have been 4,225 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 4, 2024 to Week 4, 2025.

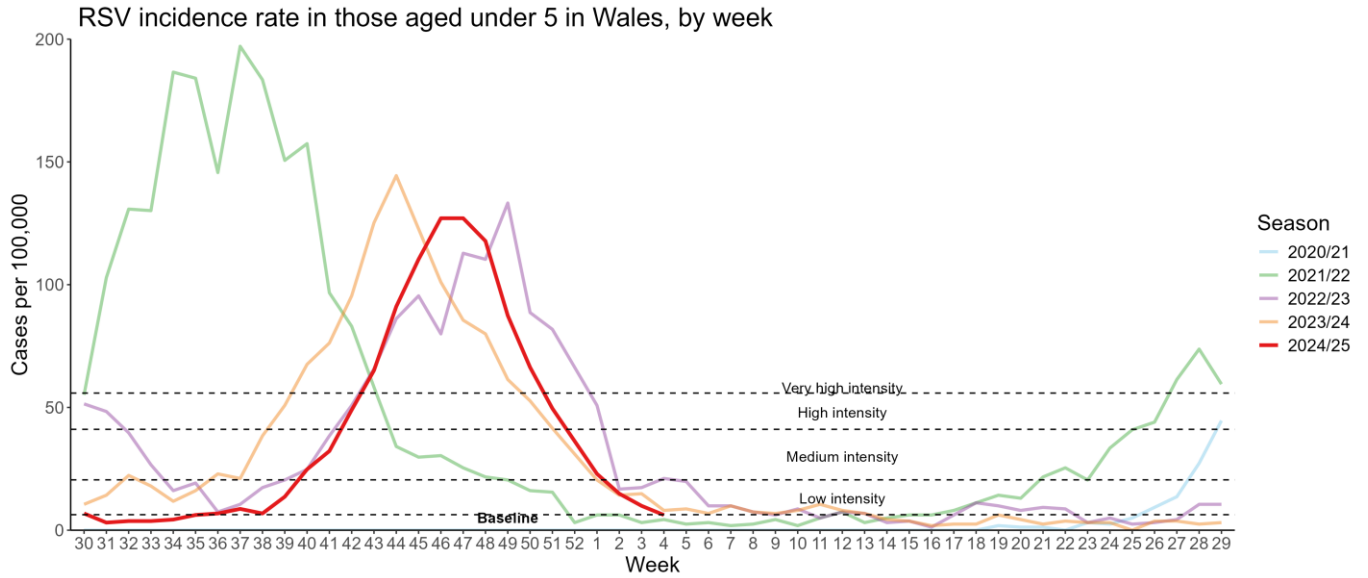


Data correct as of 27/01/2025

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at low (6.2) intensity levels per 100,000 population during week 4 2025.

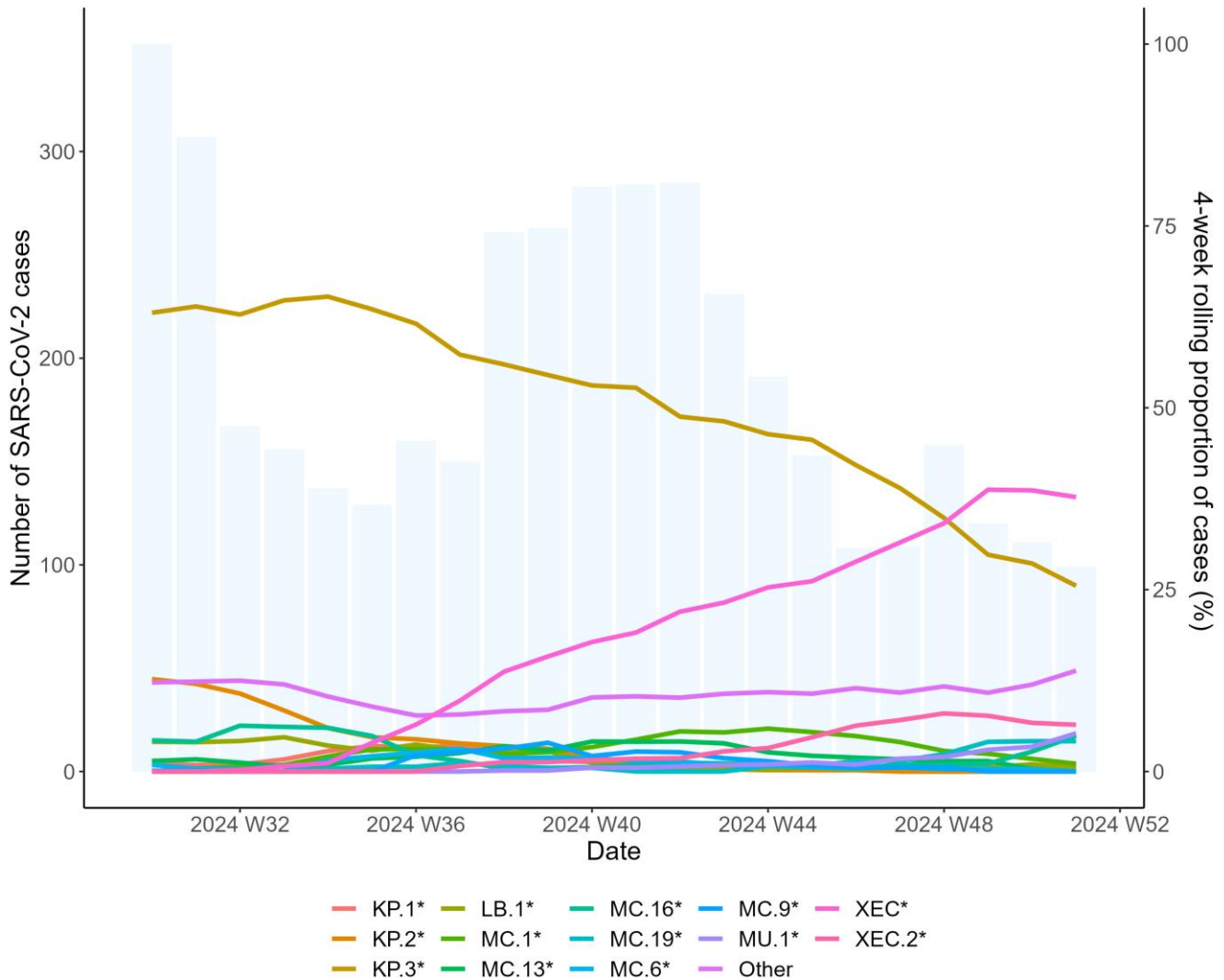
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, weeks 30 2020 to week 4 2025.



SARS-CoV-2 Variant surveillance

- Pango group XEC* is the most frequently detected variant in Wales currently, accounting for 38.3% of sequenced cases in the previous six weeks.

Figure 6.3. Weekly number of SARS-CoV-2 cases (bars) and the 4-week rolling average proportion of sequenced cases attributed to each Pango lineage group (lines) from residents in Wales for the past six months (2024 W8 to 2024 W02).



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 3, GP ILI consultations decreased to 17.0 per 100,000 in England, decreased in Northern Ireland to 28.5 per 100,000 and increased to 27.8 per 100,000 in Scotland.
- During Week 03, 7,826 samples testing positive for influenza were reported in England of which 1,162 were positive for influenza (585 influenza A (not subtyped), 36 influenza A (H3N2), 348 influenza A (H1N1)pdm09, and 194 influenza B). Overall influenza positivity increased to 17.8% in England, decreased to 19.8% in Northern Ireland and increased to 34.2% in Scotland. UK summary data are available from the [UKHSA Influenza and COVID-19 Surveillance Report, Respiratory surveillance report | HSC Public Health Agency](#) and [COVID-19 & Respiratory Surveillance \(shinyapps.io\)](#)
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported during Week 03, that influenza positivity is above the 10% positivity epidemic threshold at 40%. Of the 34 countries and areas reporting on influenza intensity, 23 reported medium intensity or higher. Of the 33 countries and areas reporting on geographic spread of influenza viruses within a country or area, 28 reported widespread or regional distribution. There were 2,062 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>
- The WHO reported on the 23/01/2025, based on data up to the 12/01/2025 that in the Northern hemisphere, influenza activity remained elevated with increasing trends in Europe (predominantly A(H1N1)pdm09) and Asia (predominantly A(H1N1)pdm09). North America reported elevated levels (A(H1N1)pdm09 and A(H3N2) co-circulating), along with Central America and Caribbean (mainly A(H3N2)), Western Africa (predominantly B viruses), and Northern Africa (mainly A(H3N2)). Northern and Eastern Europe and Central Asia showed declining trends.
- In the Southern hemisphere, elevated activity was observed in parts of Tropical South America (A(H3N2) and B viruses co-circulating), Eastern Africa (mainly B viruses), and Melanesia (predominantly A(H1N1)pdm09). While single countries in Eastern and Southern Africa reported increases, other reporting countries showed stable or declining activity. **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 29/01/2025), during Week 02, globally there were 12,498 A(H1N1), 2,018 A(H3), 19,408 A(not subtyped), 426 influenza B (Victoria) and 5,472 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 remain elevated and increasing in most areas during Week 03 (ending 18/01/2025). Nationally, 22,345 (25%) out of 89,460 specimens have tested positive for influenza in clinical laboratories nationwide, of these positive samples, 21,869 (97.9%) were influenza A and 476 (2.1%) were influenza B. Further characterisation has been carried out on 3,332 specimens by public health laboratories, and 2,304 samples tested positive for influenza; 769 influenza A(H1N1)pdm09, 936 influenza A(H3N2), 547 influenza A(not subtyped), zero influenza H5, and 52 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: [FluView | FluView | CDC](#)
- The Public Health Agency of Canada reported that during Week 03, influenza activity remained stable. 5,162 influenza detections were reported: 4,918 influenza A and 244 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 03.

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 8 January 2025, Saudi Arabia reported 5 MERS-CoV cases with onset in 2024, including 4 deaths. WHO Global Alert and Response website: <https://www.who.int/emergencies/disease-outbreak-news>
- Rapid risk assessments of the situation from ECDC, which contain epidemiological updates and advice for travellers and healthcare workers, are available from: <https://ecdc.europa.eu/en/middle-east-respiratory-syndrome-coronavirus>
- Further updates and advice for healthcare workers and travellers are available from WHO: <http://www.who.int/emergencies/mers-cov/en/> and from NaTHNaC: <https://travelhealthpro.org.uk/news/237/mers-cov-update-travelhealthpro-country-pages>

Human infection with avian influenza A

- The WHO has published an updated assessment of recent influenza A(H5N1) virus events in animals and people. Currently, the global public health risk of influenza A(H5N1) viruses to be low, while the risk of infection for occupationally exposed persons is low to moderate, depending on the risk mitigation measures in place. Transmission between animals continues to occur and, to date, a growing yet still limited number of human infections are being reported. 20 December 2024:
Other updates on zoonotic influenza infections and risks to humans are available from the WHO Global Alert & Response website: <https://www.who.int/emergencies/disease-outbreak-news>

8. Notes on interpretation

Hospital/critical care (CC) admission: A hospital/CC admission that involves a minimum of 1 overnight stay. N.B. Transfers to another hospitals within the same health board (HB) are counted as the same continuous inpatient stay.

ARI hospital/CC admission: A hospital/CC admission where the patient tested positive for an ARI infection in the community within 28 days prior to the admission date or in hospital up to 2 days after admission (where the date of admission is day 1).

Hospital/CC inpatient (IP): A patient admitted to hospital/CC on or before the specified date, with a minimum of 1 overnight stay who had not been discharged from hospital/CC by 23:59 of the specified date.

ARI hospital/CC IP: A hospital/CC IP who tested positive for an ARI in hospital or in the community within the previous 28 days. Hospital acquired (HA): An IP whose first positive ARI test was taken in hospital more than 7 days after admission for COVID-19 or more than 3 days after admission for Influenza and RSV.

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/flu vaccine/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/flu vaccine/>

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