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Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 07 (ending 16 February 2024)

Headline

- Influenza is still circulating with activity at “low” intensity levels. GP consultations for influenza-like illness increased slightly in the current week, with Influenza B test positivity increasing in community settings. Influenza A test positivity is decreasing. Influenza B was the largest detected subtype in the recent week.
- Surveillance indicators suggest that the peak of the influenza season has passed however cases remain elevated and there remains potential for further increases in influenza B cases.
- Respiratory Syncytial Virus (RSV) has returned to baseline levels.
- COVID-19 case numbers have remained broadly stable in recent weeks.
- GP consultations for acute respiratory infections remained stable 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.





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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) remained stable compared to last week.</p>	<p>Admissions in patients testing positive for influenza, COVID-19 or RSV have decreased in the most recent week (1% of total admissions).</p>
Influenza	<p>Influenza is currently circulating, although case numbers have decreased. 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 8.9%.</p> <p>Consultations for influenza-like illness (ILI) with sentinel GPs increased slightly in the most recent week but remains at low intensity. 75 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 45 in the most recent week.</p> <p>In the most recent week, there were 135 in-patient cases of confirmed influenza, 3 of whom were in critical care.</p>
Influenza type breakdown	<p>Since 2024 Week 40: 7,054 total influenza cases confirmed (363 influenza A(H3N2), 1,560 influenza A(H1N1)pdm09, 4,601 influenza A untyped and 530 influenza B).</p> <p>In the most recent week: 8 confirmed cases of influenza A(H3N2), 33 cases of influenza A(H1N1)pdm09, 83 influenza A untyped and 95 influenza B)</p>	
COVID-19	<p>The overall proportion of samples testing positive increased to 5.3% in hospital and non-sentinel GP practices.</p> <p>Consultations with sentinel GPs for COVID-19 increased 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 173 in-patient cases of confirmed COVID-19, none of which were in critical care.</p>
RSV	<p>RSV incidence in children aged up to 5y is now at baseline levels.</p> <p>Incidence per 100,000 population in children aged up to 5y remained stable at 6.2 in the most recent week.</p>	<p>The number of confirmed cases of community acquired RSV admitted to hospital increased to 24 in the most recent week.</p> <p>In the most recent week, there were 103 in-patient cases of confirmed RSV, four of which were in critical care.</p>
Other respiratory pathogens	<p>Confirmed cases and test positivity for all other pathogens remained stable or decreasing.</p>	



1. Community surveillance indicators

GP Consultations

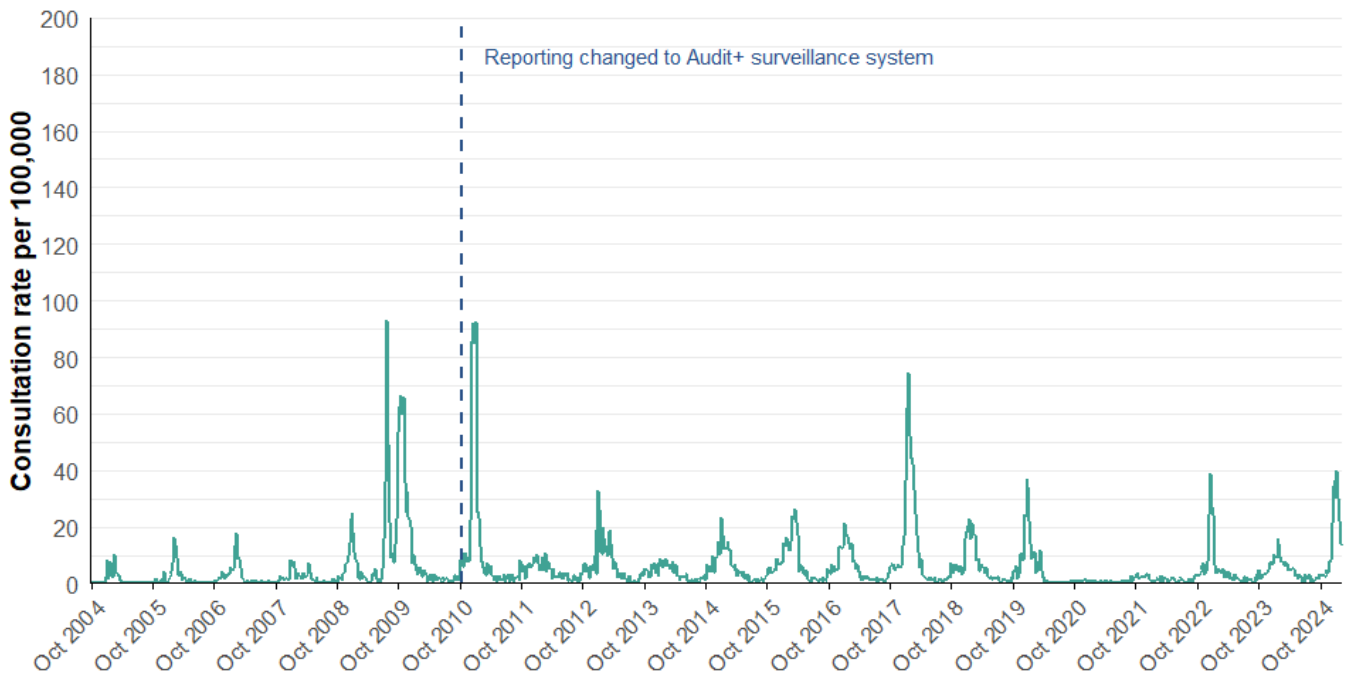
- The sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is decreasing, with a slight increase in the most recent week (Figures 1.1, 1.2).
- There were 14.5 ILI consultations per 100,000 practice population in the most recent week, compared to the previous week (13.6 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 18.0 ARI consultations per 100,000 practice population, a decrease from 18.4 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (1063.4) followed by people aged 1 to 4 (837.9) and people aged 5 to 14 (290.8) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators increased from 1,683 in the previous week to 1,734 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for cardiac or respiratory arrest, chest pain, difficulty breathing were stable or increased compared to the previous week (figure 1.5, Table 1.3).

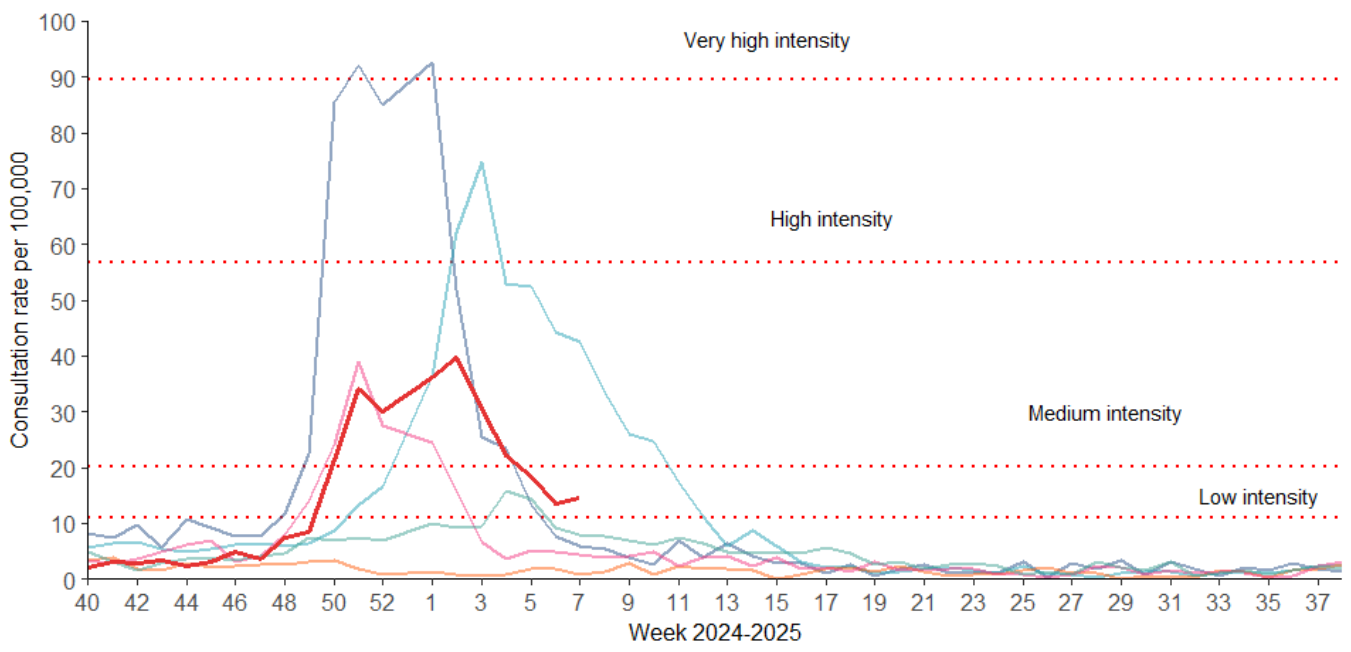
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40 1996 - Week 7, 2025).



Data correct as of 18/02/2025

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



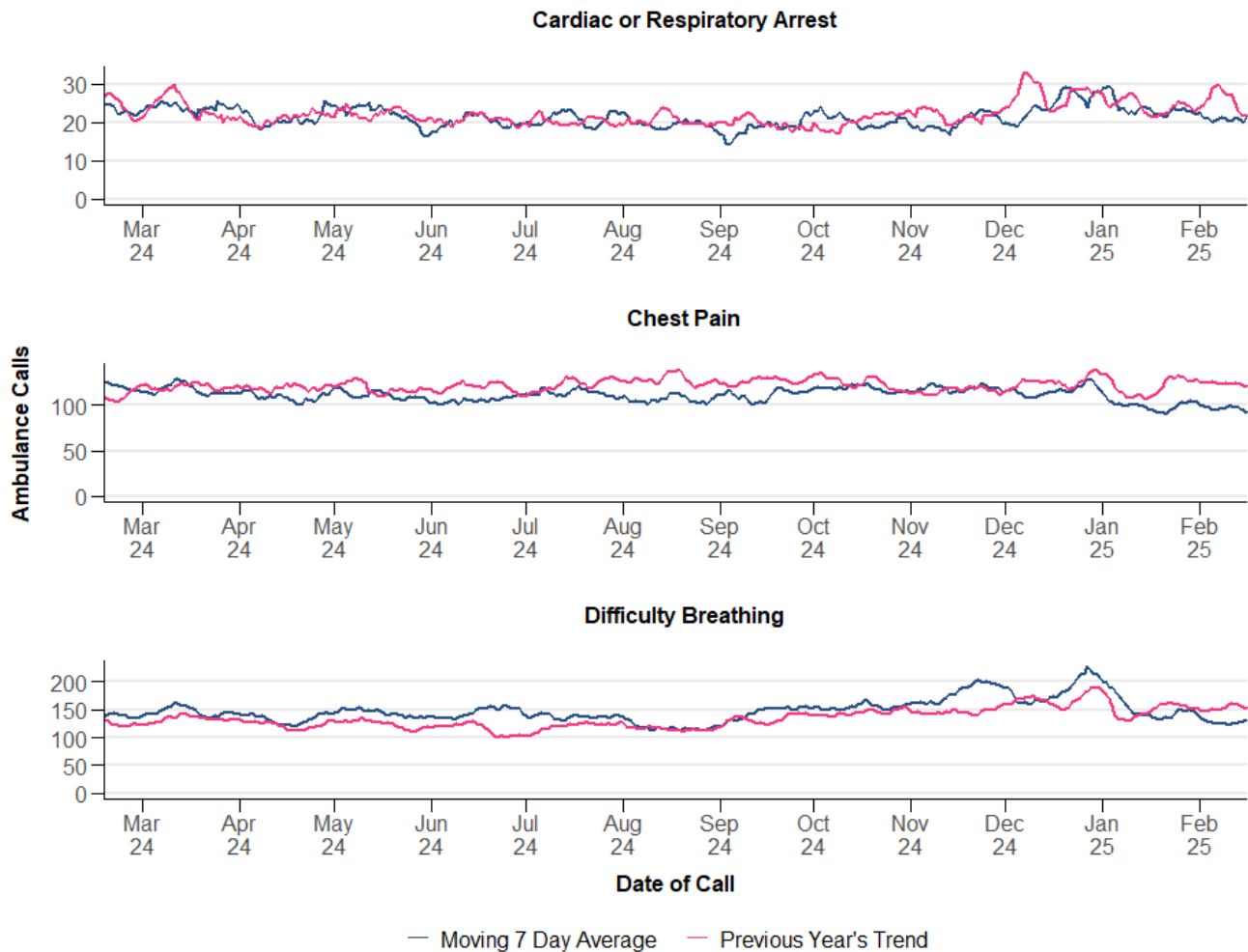
- 2010-11
- 2021-22
- 2023-24
- 2017-18
- 2022-23
- 2024-25

Data correct as of 18/02/2025

GP Consultations - All Wales

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 18/02/2025

Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for week 7, 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	147	145	196
Chest Pain	694	657	871
Difficulty Breathing	893	881	1,055
Total	1,734	1,683	2,122

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 340 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 7, 2025, as at 19/02/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were influenza B (43) followed by coronaviruses (40) and rhinovirus (39). Of the 340 tests, 43.5% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,008 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during week 7 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (96) followed by influenza A (58) and SARS-CoV2 (COVID-19) (53). Of the 1008 tests, 63.6% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

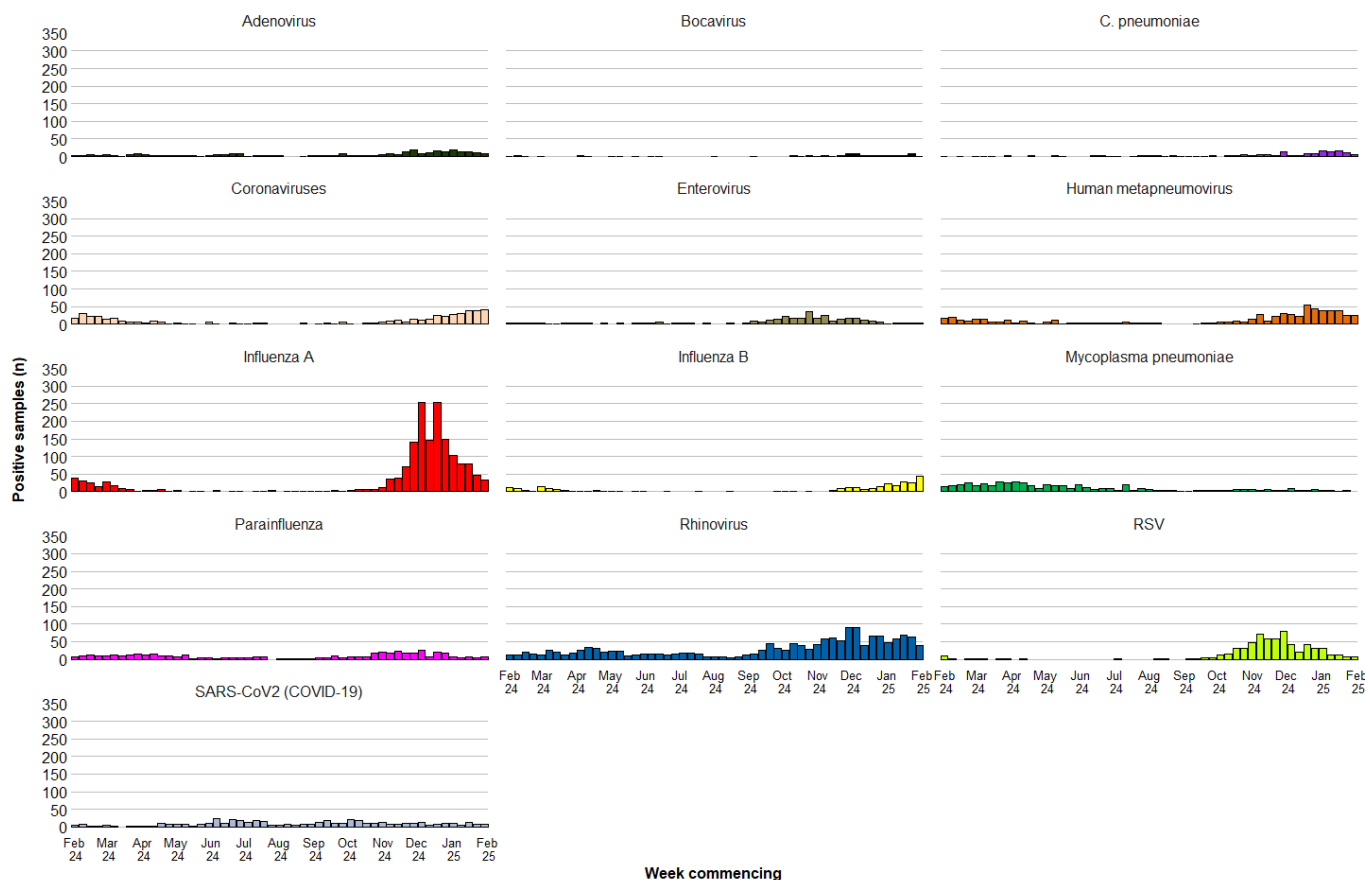
Additionally, during Week 7, 498 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 55 for influenza (34 for influenza A, 21 for influenza B)
- 22 for SARS-CoV-2 (COVID-19)
- 22 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 7, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza B	43	12.6%	7.6%	Increasing
Coronaviruses	40	11.8%	11.2%	Stable
Rhinovirus	39	11.5%	18.2%	Decreasing
Influenza A	32	9.4%	14.1%	Decreasing
Human metapneumovirus	24	7.1%	7.1%	Stable
Adenovirus	7	2.1%	2.9%	Stable
Parainfluenza	7	2.1%	0.9%	Increasing
RSV	6	1.8%	2.4%	Stable
SARS-CoV2 (COVID-19)	6	1.8%	2.4%	Stable
C. pneumoniae	5	1.5%	3.5%	Decreasing
Enterovirus	3	0.9%	0.6%	Stable
Bocavirus	1	0.3%	2.4%	Decreasing
Mycoplasma pneumoniae	0	0.0%	0.9%	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 7, 2024 to Week 7, 2025.



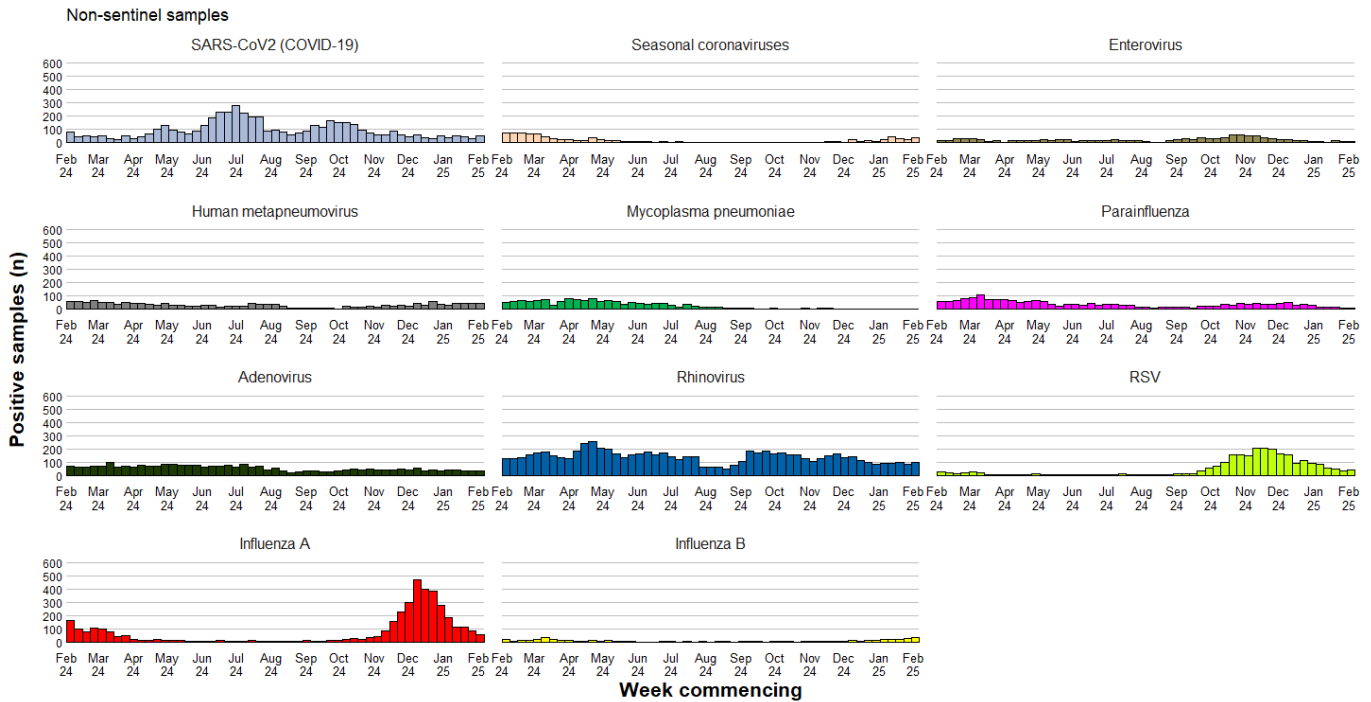
Data correct as of 19/02/2025

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 7, 2025.

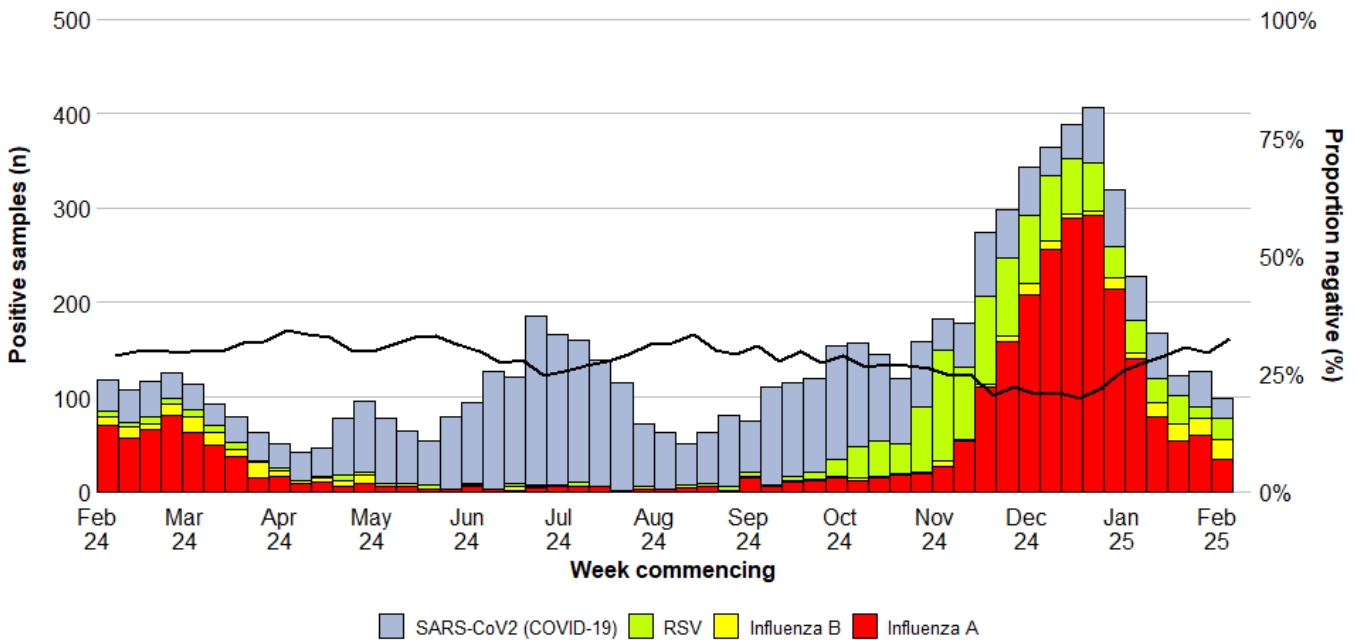
Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	96	9.5%	8.1%	Increasing
Influenza A	58	5.8%	7.5%	Decreasing
SARS-CoV2 (COVID-19)	53	5.3%	3.0%	Increasing
Human metapneumovirus	45	4.5%	3.8%	Stable
RSV	39	3.9%	3.3%	Stable
Seasonal coronaviruses	37	3.7%	2.2%	Increasing
Adenovirus	36	3.6%	3.5%	Stable
Influenza B	31	3.1%	2.2%	Stable
Parainfluenza	11	1.1%	0.8%	Stable
Enterovirus	8	0.8%	0.8%	Stable
Mycoplasma pneumoniae	0	0.0%	0.1%	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 7, 2024 to Week 7, 2025.



Data correct as of 17/02/2025

Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 7, 2024 to Week 7, 2025.



Data correct as of 17/02/2025



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

Sentinel SARI in emergency departments

- During week the previous four weeks there were 62 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was Influenza A(12) followed by rhinovirus/enterovirus(10) and adenovirus(7). Of the 62 samples collected, 40.3% 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 29% for influenza, 0% for SARS-CoV2 and 0% for RSV.

Hospital in-patients

- During week ending 16/02/2025 there were 81 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (41 less than the previous week), equating to 1% of all hospital admissions in that reporting week.
- At 23:59 on 16/02/2025, there were 411 patients in hospital with confirmed COVID-19, RSV or influenza, 62 less than the previous Sunday. This equates to 4% of all hospital in-patients (IPs) at that time. Of whom 78% (320) were hospital acquired (HA).

Critical-care

- During week ending 16/02/2025 there were 6 ARI critical care (CC) admissions (2 less than the previous week), equating to 4% of all CC admissions in that reporting week.
- At 23:59 on 16/02/2025, there were 7 patients in CC with confirmed COVID-19, RSV or influenza, 1 less than the previous Sunday. This equates to 5% of all CC in-patients at that time. Of whom 29% (2) were hospital acquired (HA).

Virological surveillance in ICU

- During week 7, 2025, 35 respiratory samples were tested from patients in intensive care units (ICU). Of these: five tested positive for RSV, zero tested positive for Influenza and zero tested positive for SARS-CoV2 (COVID-19) (Figure 3.4).

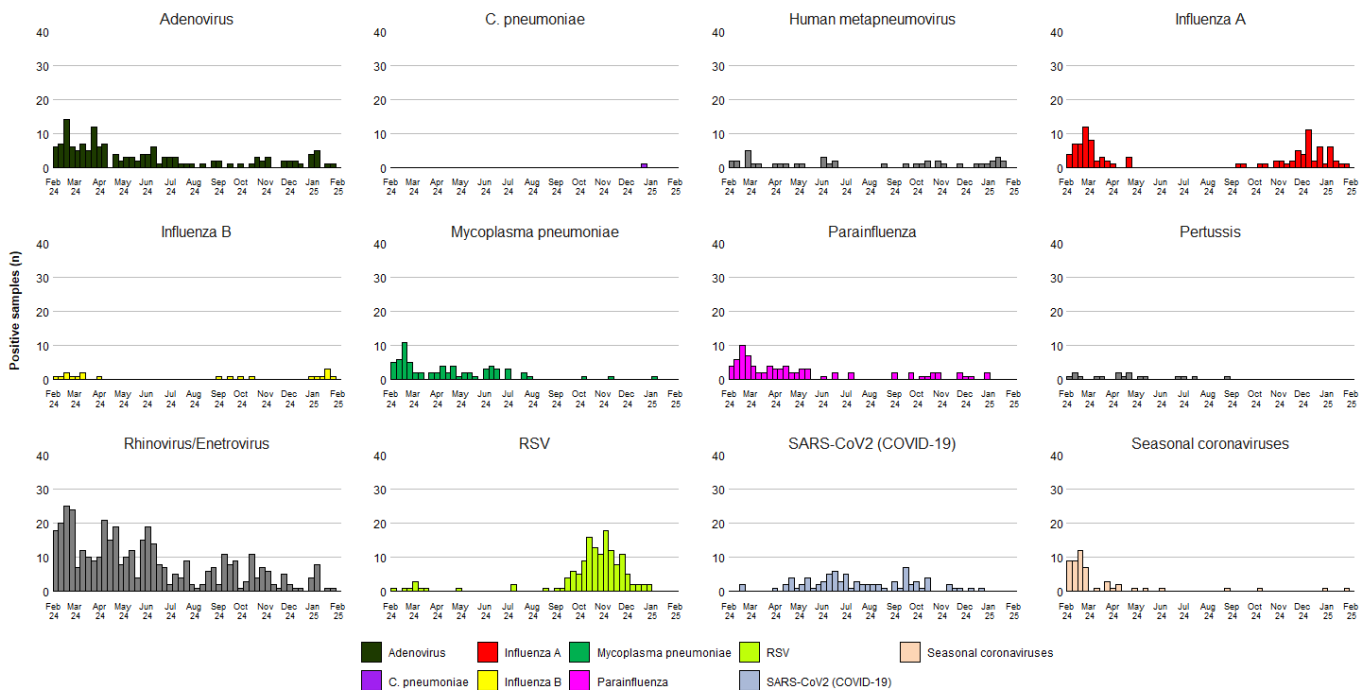
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: [Hospital admissions dashboard](#)

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 6, 2025.

Pathogens Detected	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
	n	%	n	%
Adenovirus	7	11.3%	150	9.0%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	7	11.3%	42	2.5%
Influenza A	12	19.4%	103	6.2%
Influenza B	6	9.7%	20	1.2%
Mycoplasma pneumoniae	1	1.6%	70	4.2%
Parainfluenza	0	0.0%	80	4.8%
Pertussis	0	0.0%	17	1.0%
RSV	0	0.0%	140	8.4%
Rhinovirus/Enterovirus	10	16.1%	413	24.8%
SARS-CoV2 (COVID-19)	0	0.0%	81	4.9%
Seasonal coronaviruses	1	1.6%	53	3.2%
Negative	25	40.3%	720	43.2%
Total	62	100%	1,719	100%

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 6, 2025 and previous 12 months.



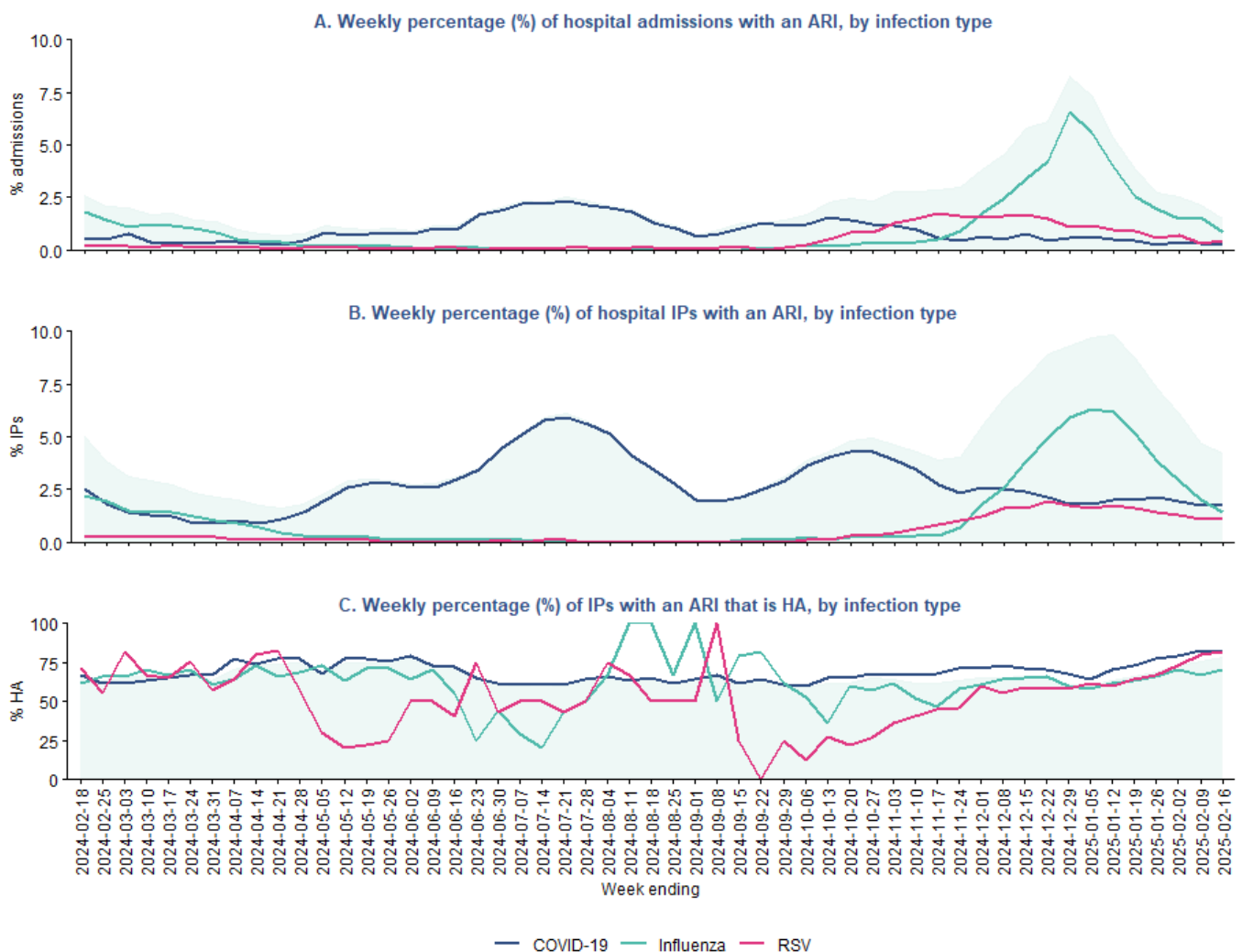
Data correct as of 13/02/2025

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%	173	2%	82% (142)
Influenza	45	1%	135	1%	70% (94)
RSV	24	<1%	103	1%	82% (84)
ARI total	81	1%	411	4%	78% (320)

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.



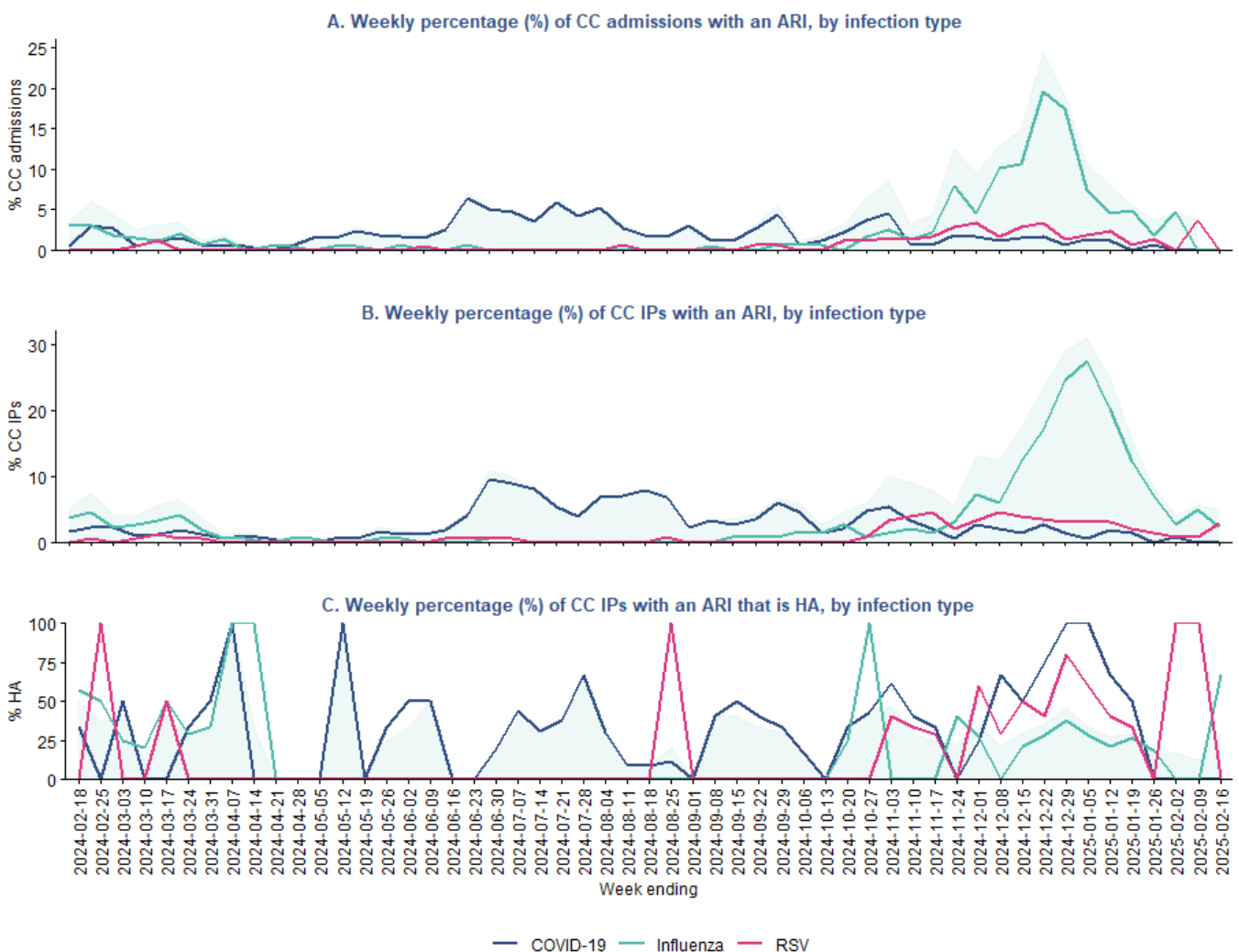
Data as of: 19-02-2025

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).

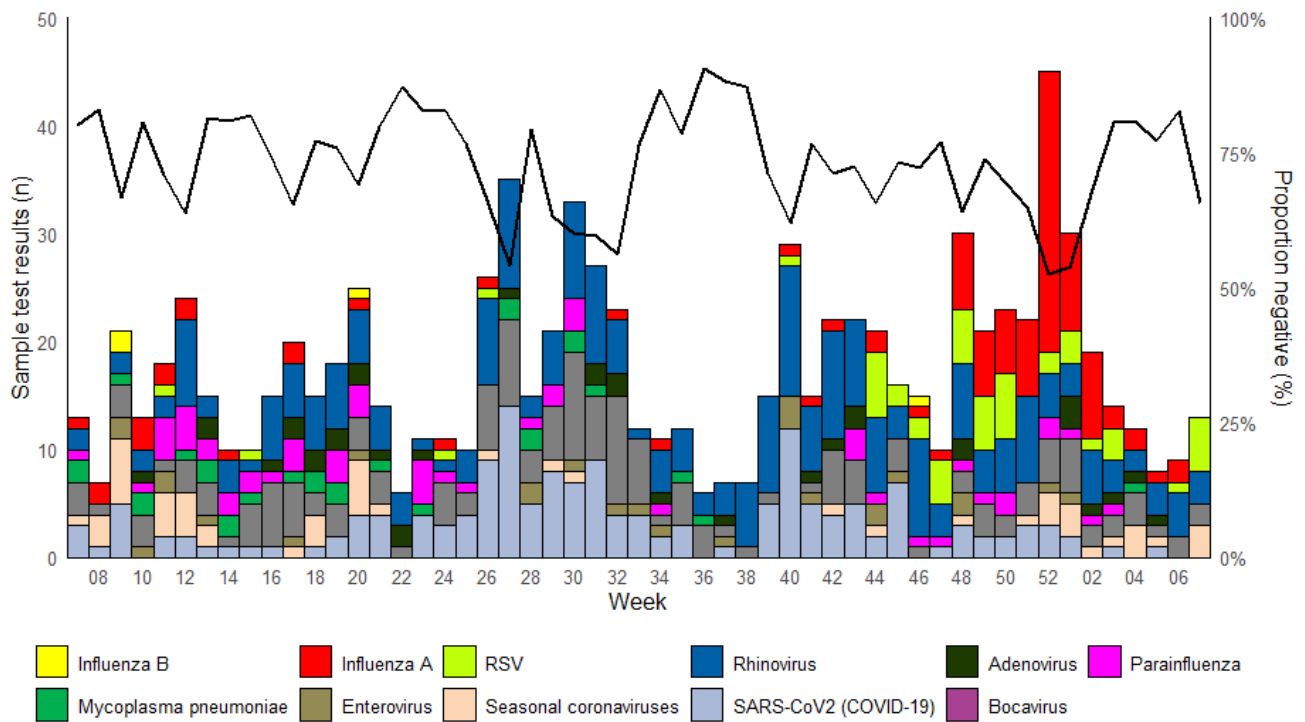
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	0	0%	0	0%	0% (0)
Influenza	0	0%	3	2%	67% (2)
RSV	6	4%	4	3%	0% (0)
ARI total	6	4%	7	5%	29% (2)

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: 19-02-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 7, 2025 to Week 7, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

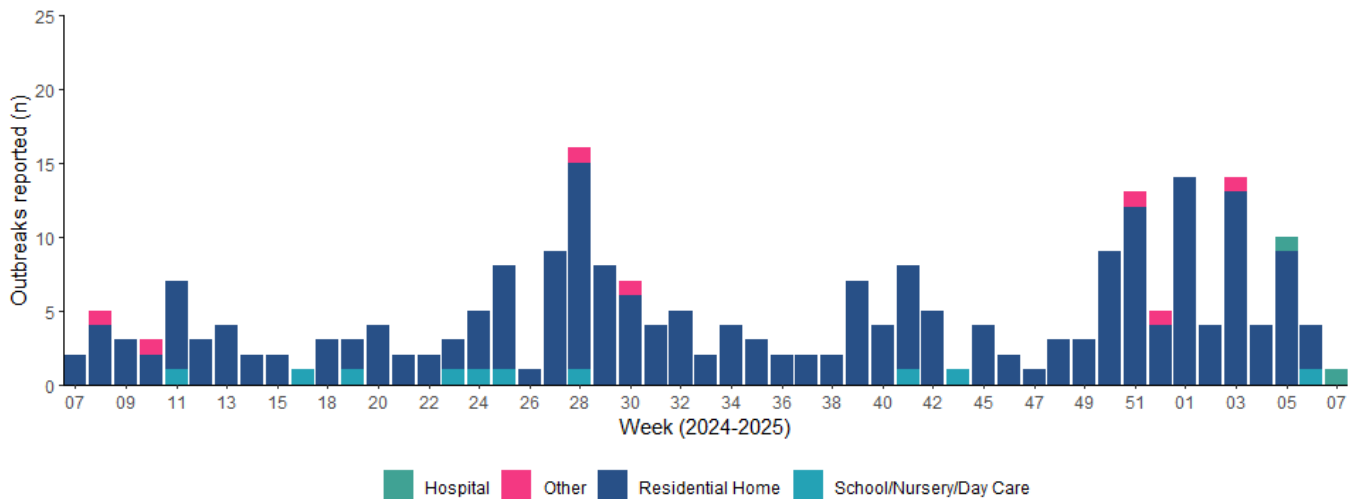
Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During week 7, 2025, 1 ARI outbreak was reported to the Public Health Wales Health Protection Team.

Of these:

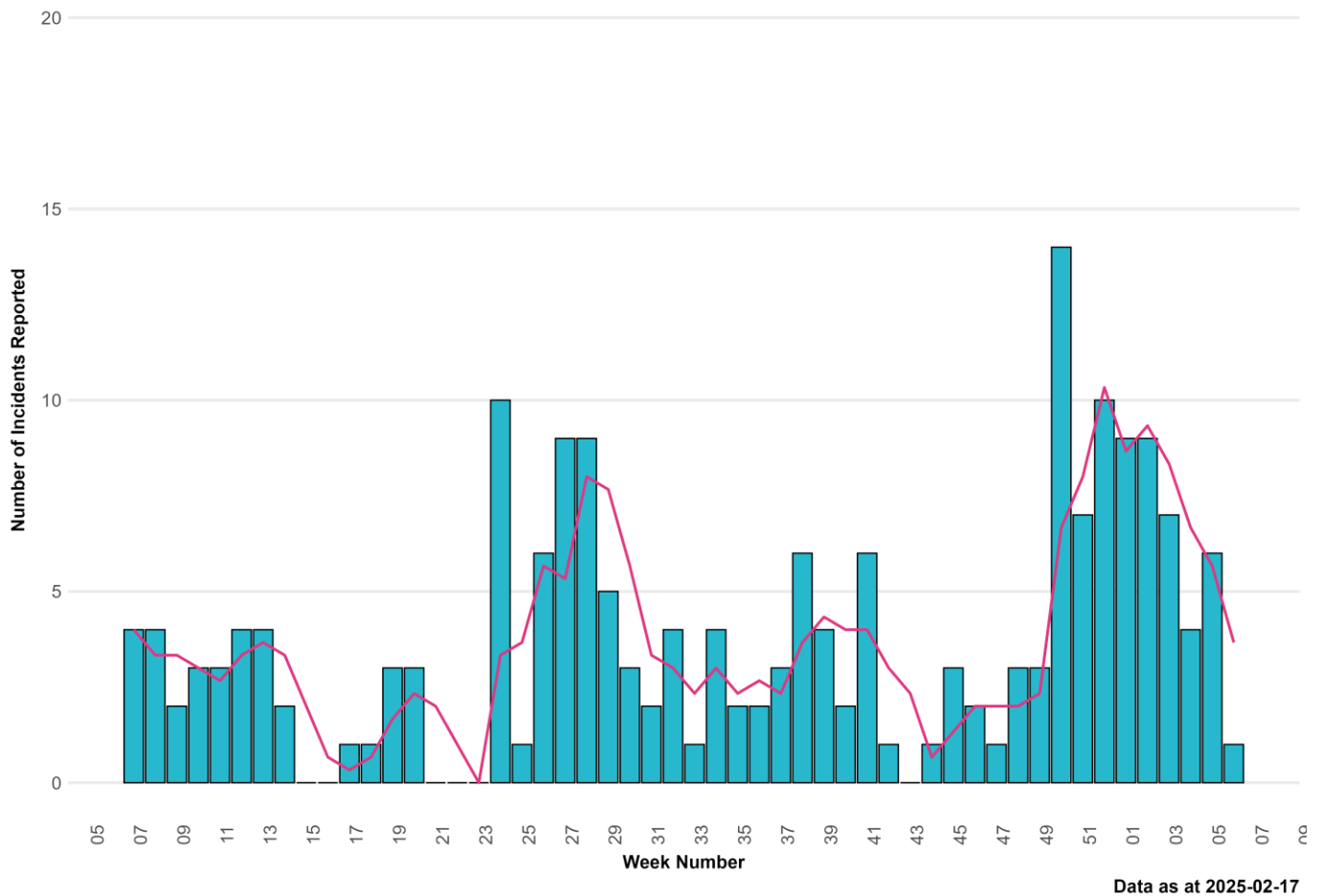
- The incident was *Streptococcus pneumoniae*.
- The incident was in a hospital setting.

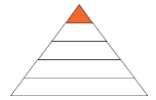
Figure 4.1. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, by setting and week of report. Completeness of reporting for outbreaks and incidents from schools/nurseries and other community settings is unknown.



Data correct as of 17/02/2025

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.

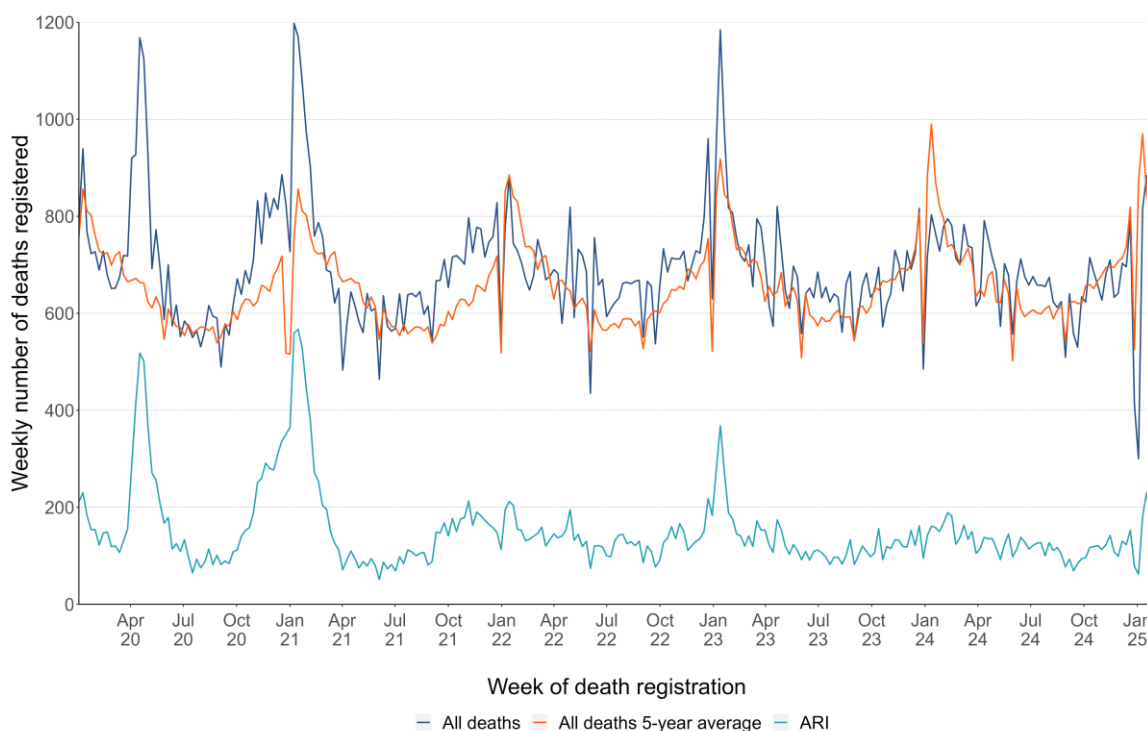




5. Mortality surveillance

- 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 18/02/2025

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

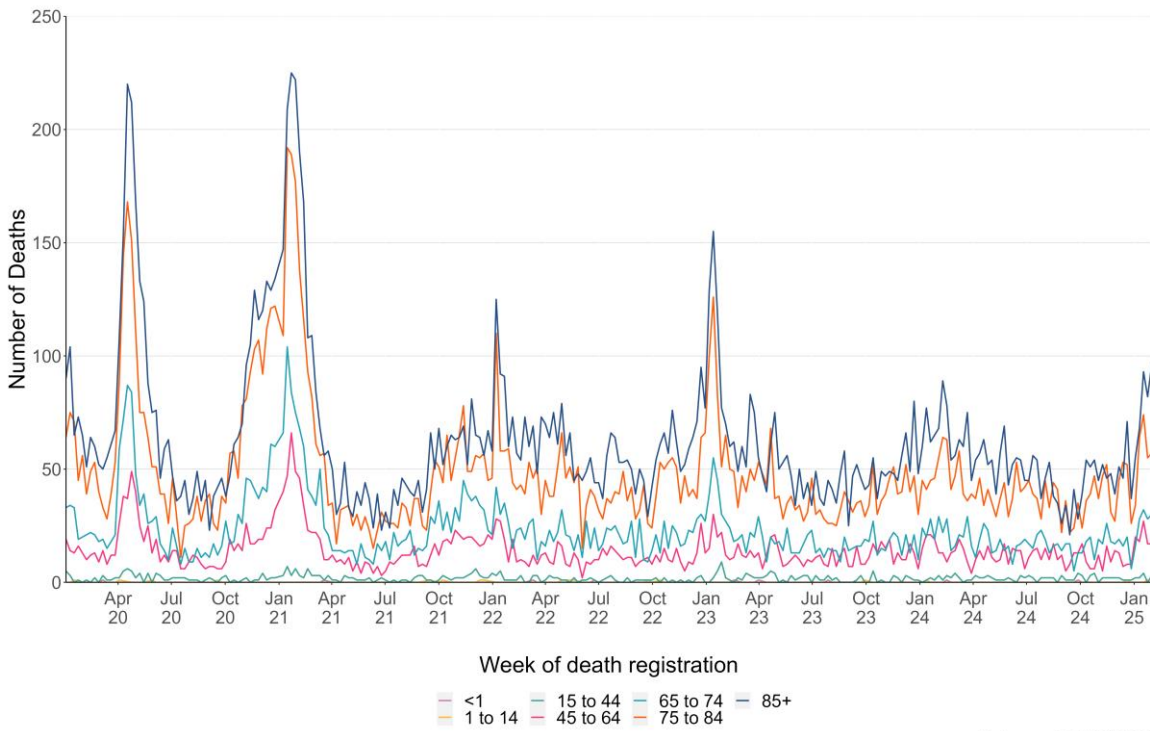


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

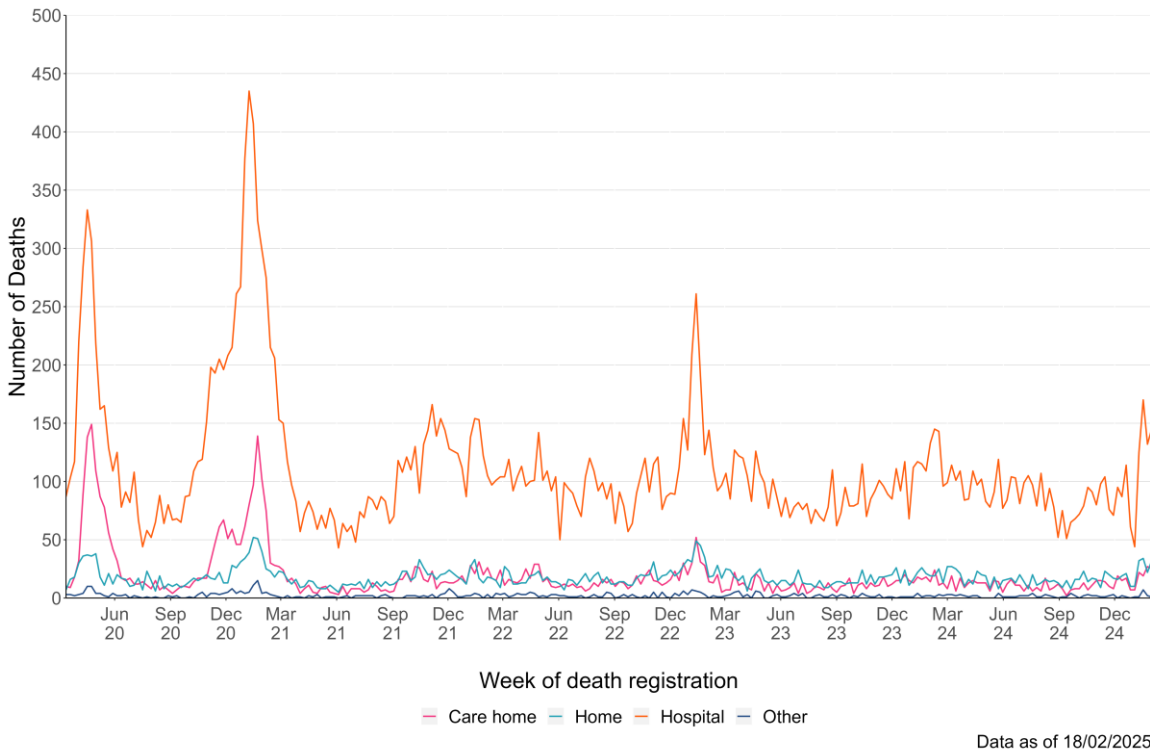
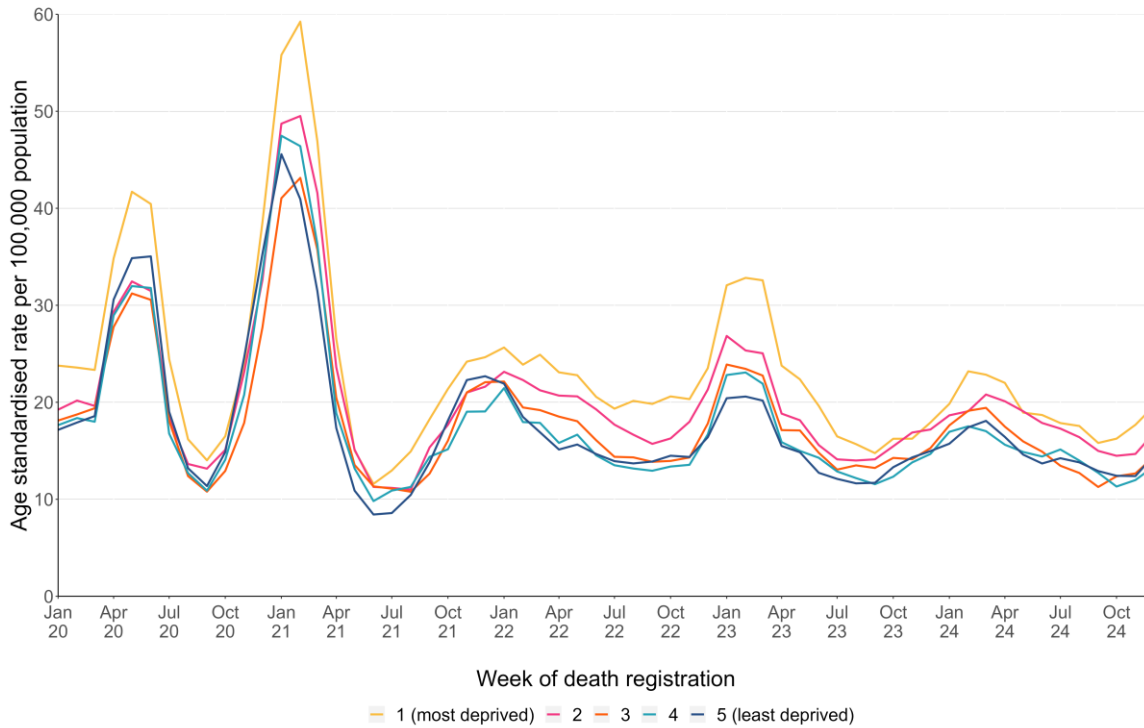
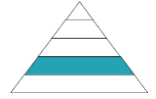


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



Data as of 18/02/2025

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

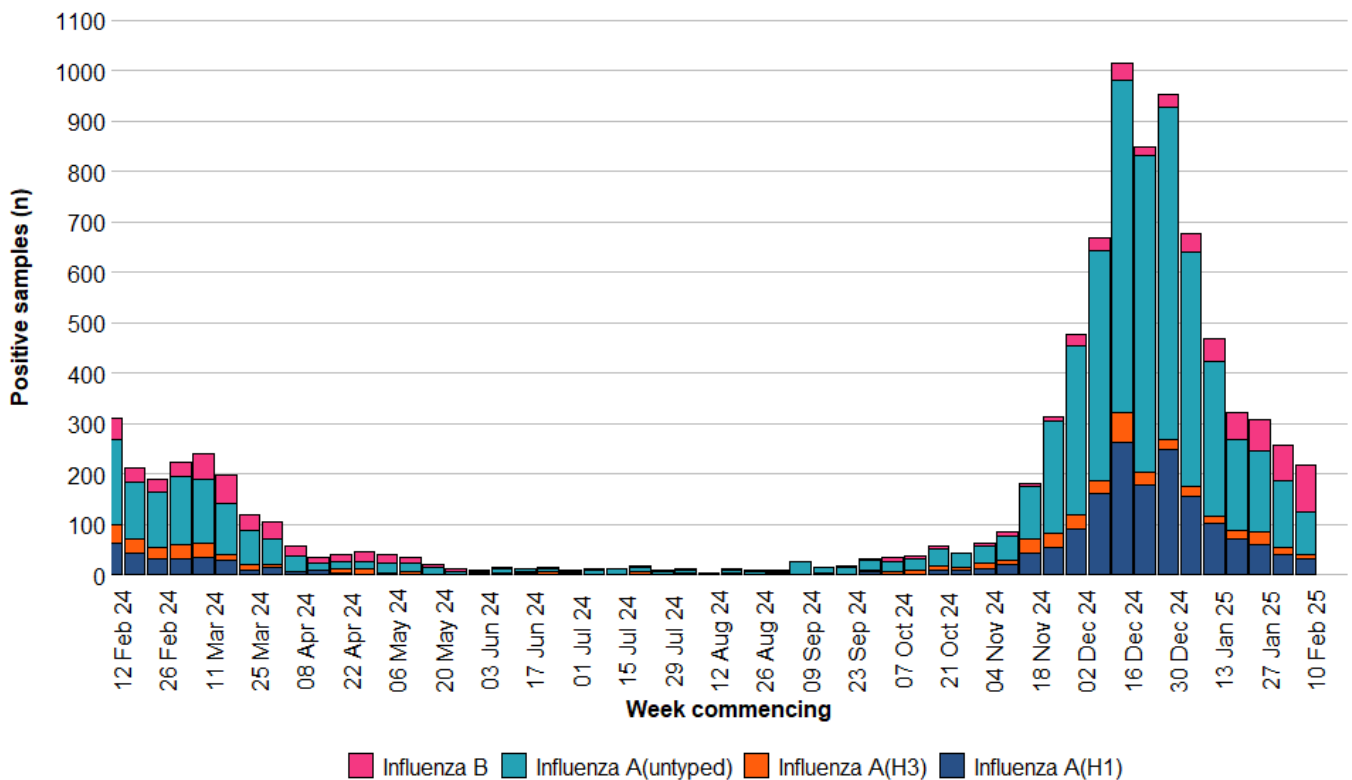


6. Pathogen-specific surveillance

Influenza

- Influenza A(H1N1) is the most commonly detected influenza subtype in Wales since week 40 2024 (1,560 confirmed cases), followed by influenza B (530 confirmed cases) and influenza A(H3N2) (363 confirmed cases). Additionally, there have been 4,601 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 7, 2024 to Week 7, 2025.

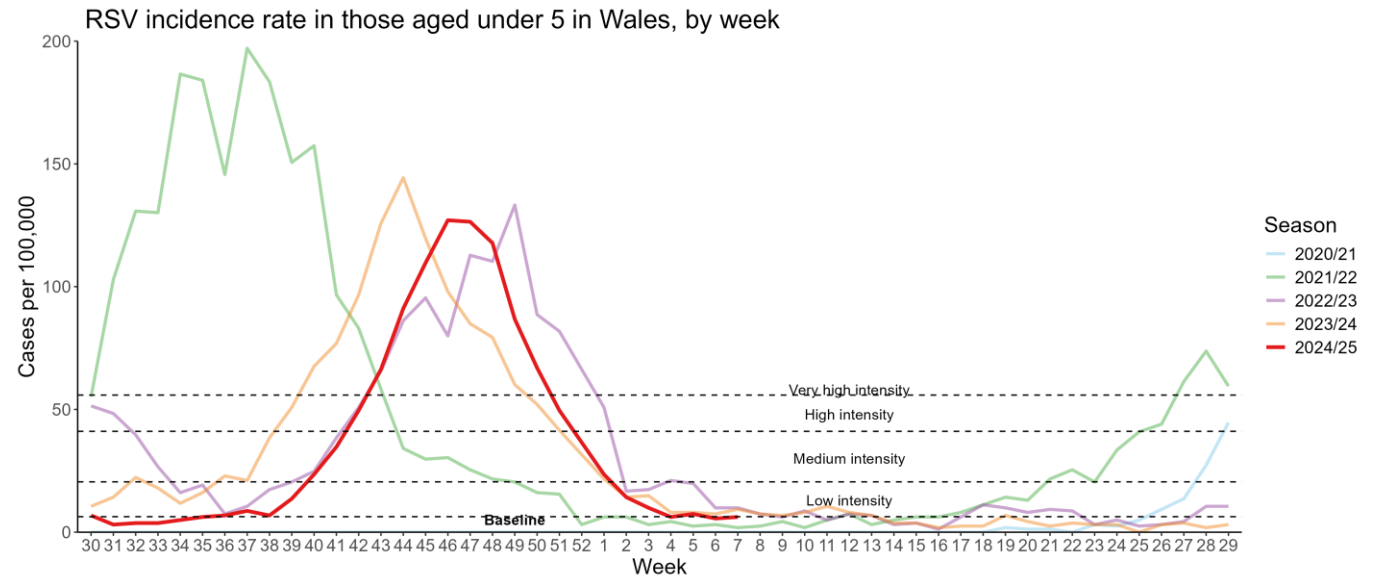


Data correct as of 17/02/2025

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at baseline (6.2) intensity levels per 100,000 population during Week 7 2025.

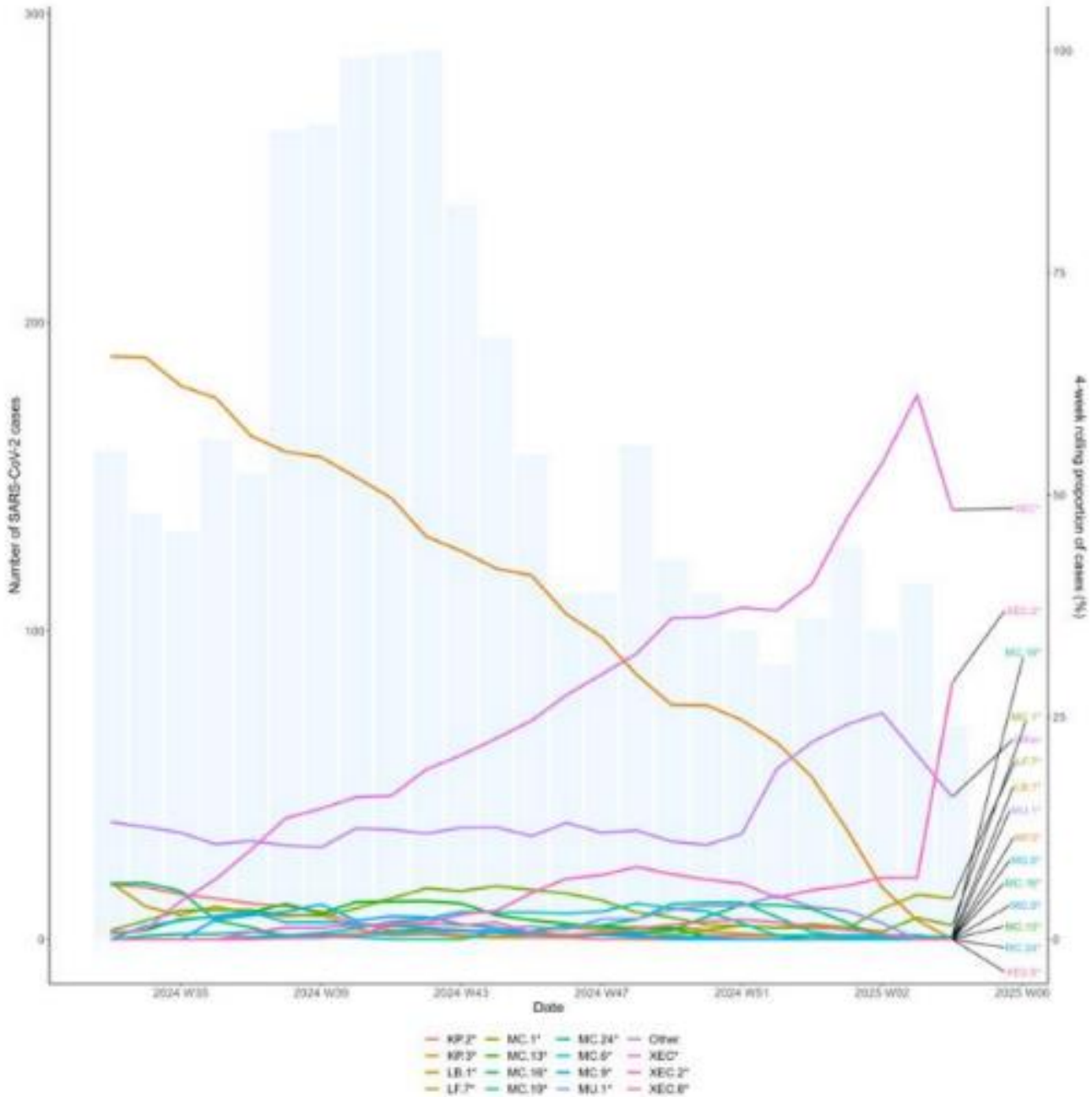
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, weeks 30 2020 to week 7 2025.



SARS-CoV-2 Variant surveillance

- Pango group XEC* is the most frequently detected variant in Wales currently, accounting for 56.9% 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 34 to 2025 W06).



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 6, GP ILI consultations decreased to 12.6 per 100,000 in England, decreased in Northern Ireland to 12.8 per 100,000 and decreased to 9.3 per 100,000 in Scotland.
- During Week 6, 6,482 samples tested for influenza were reported in England of which 709 were positive for influenza (298 influenza A (not subtyped), 45 influenza A (H3N2), 120 influenza A (H1N1)pdm09, and 247 influenza B). Overall influenza positivity decreased to 10.9% in England, decreased to 10.7% in Northern Ireland and remained stable at 22.6% 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 5, that influenza positivity is above the 10% positivity epidemic threshold at 44%. Of the 35 countries and areas reporting on influenza intensity, 29 reported medium intensity or higher. Of the 34 countries and areas reporting on geographic spread of influenza viruses within a country or area, 31 reported widespread or regional distribution. There were 1,852 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 12/02/2025, based on data up to the 02/02/2025 that in the Northern hemisphere, influenza activity remained elevated in Europe (due to seasonal influenza viruses of all subtypes), North America (predominantly influenza A), Central America and the Caribbean (predominantly influenza A(H3N2)), Western Africa (mostly influenza B), Northern Africa (mostly A(H3N2)), and parts of Asia (predominantly influenza A(H1N1)pdm09). Activity increased in many parts of Europe, Asia and Eastern and Northern Africa.
- In the Southern hemisphere, elevated activity was observed in a few countries in Eastern Africa (predominantly influenza B) South-East Asia (A(H1N1)pdm09) and Melanesia (influenza A(H1N1)pdm09). In all other reporting countries, activity was similar or decreased in comparison to previous report. **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 19/02/2025), during Week 6, globally there were 11,954 A(H1N1), 2,289 A(H3), 19,373 A(not subtyped), 639 influenza B (Victoria) and 7,998 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 during Week 6 (ending 08/02/2025). Nationally, 47,328 (31.6%) out of 150,006 specimens have tested positive for influenza in clinical laboratories nationwide, of these positive samples, 44,757 (94.6%) were influenza A and 2,571 (5.4%) were influenza B. Further characterisation has been carried out on 5,469 specimens by public health laboratories, and 4,214 samples tested positive for influenza; 1,742 influenza A(H1N1)pdm09, 1,404 influenza A(H3N2), 933 influenza A(not subtyped), zero influenza H5, and 135 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: [FluView | FluView | CDC](#)
- The Public Health Agency of Canada reported that during Week 6, influenza activity is increasing. 10,449 influenza detections were reported: 9,783 influenza A and 666 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 6.

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