



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 10 (ending 09 March 2025)

Headline

- Influenza activity has returned to low levels, but is still circulating with cases continuing to be confirmed in the community and in hospitals. GP consultations for influenza-like illness and confirmed case numbers have increased in the current week, whilst test positivity has remained stable/decreased. Influenza B was the most frequently detected type last week
- Surveillance indicators suggest that the peak of the influenza season has passed, however there remains potential for further increases in influenza B.
- 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 decreased compared to the previous 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.

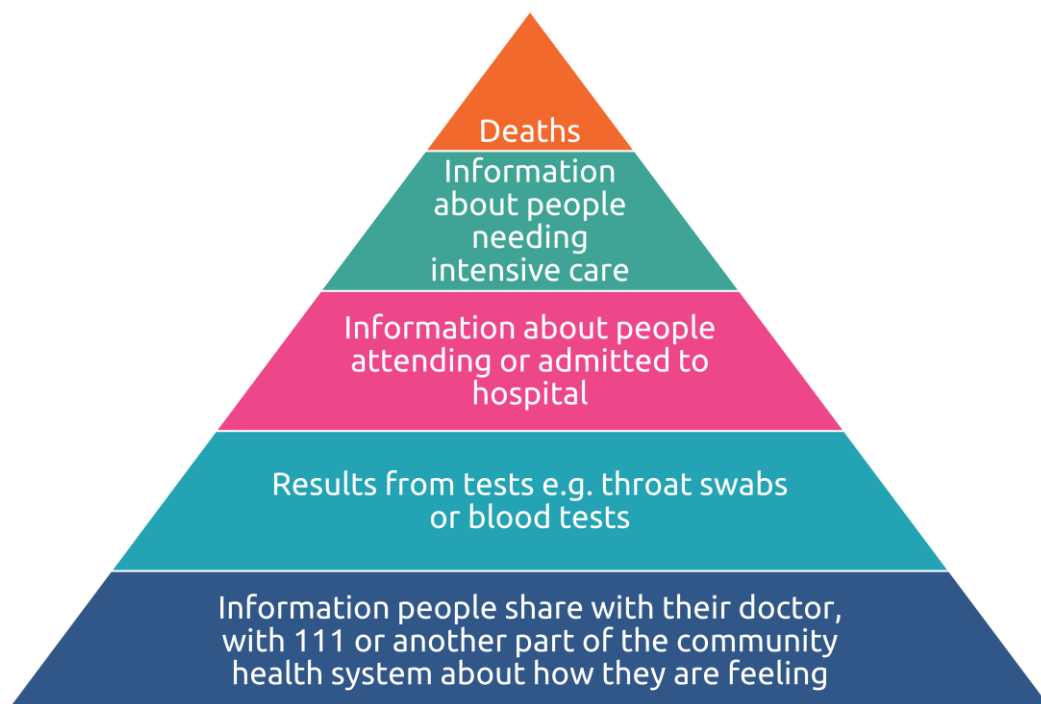


Table of Contents

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 broadly stable.</p> <p>Consultations with Sentinel GPs for acute respiratory infection (ARI) decreased from last week.</p>	<p>Admissions in patients testing positive for influenza, COVID-19 or RSV have remained stable 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 6.5%.</p> <p>Consultations for influenza-like illness (ILI) with sentinel GPs increased but remain at baseline intensity. 58 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 104 in-patient cases of confirmed influenza, two of whom were in critical care.</p>
Influenza type breakdown	<p><i>Since 2024 Week 40: 7,644 total influenza cases confirmed (410 influenza A(H3N2), 1,607 influenza A(H1N1)pdm09, 4,777 influenza A untyped and 850 influenza B).</i></p> <p><i>In the most recent week: 14 confirmed cases of influenza A(H3N2), 14 cases of influenza A(H1N1)pdm09, 52 influenza A untyped and 105 influenza B)</i></p>	
COVID-19	<p>The overall proportion of samples testing positive increased to 5.1% in hospital and non-sentinel GP practices.</p> <p>Consultations with sentinel GPs for COVID-19 remained stable the most recent week.</p>	<p>The number of confirmed cases of community acquired COVID-19 admitted to hospital increased to 20 in the most recent week.</p> <p>In the most recent week, there were 154 in-patient cases of confirmed COVID-19, one of whom 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 decreased to 3.1 in the most recent week.</p>	<p>The number of confirmed cases of community acquired RSV admitted to hospital decreased to 10 in the most recent week.</p> <p>In the most recent week, there were 60 in-patient cases of confirmed RSV, three were in critical care.</p>
Other respiratory pathogens	<p>Confirmed cases and test positivity for human metapneumovirus and seasonal coronaviruses have remained stable or decreased compared to the previous week, following earlier increases.</p>	



1. Community surveillance indicators

GP Consultations

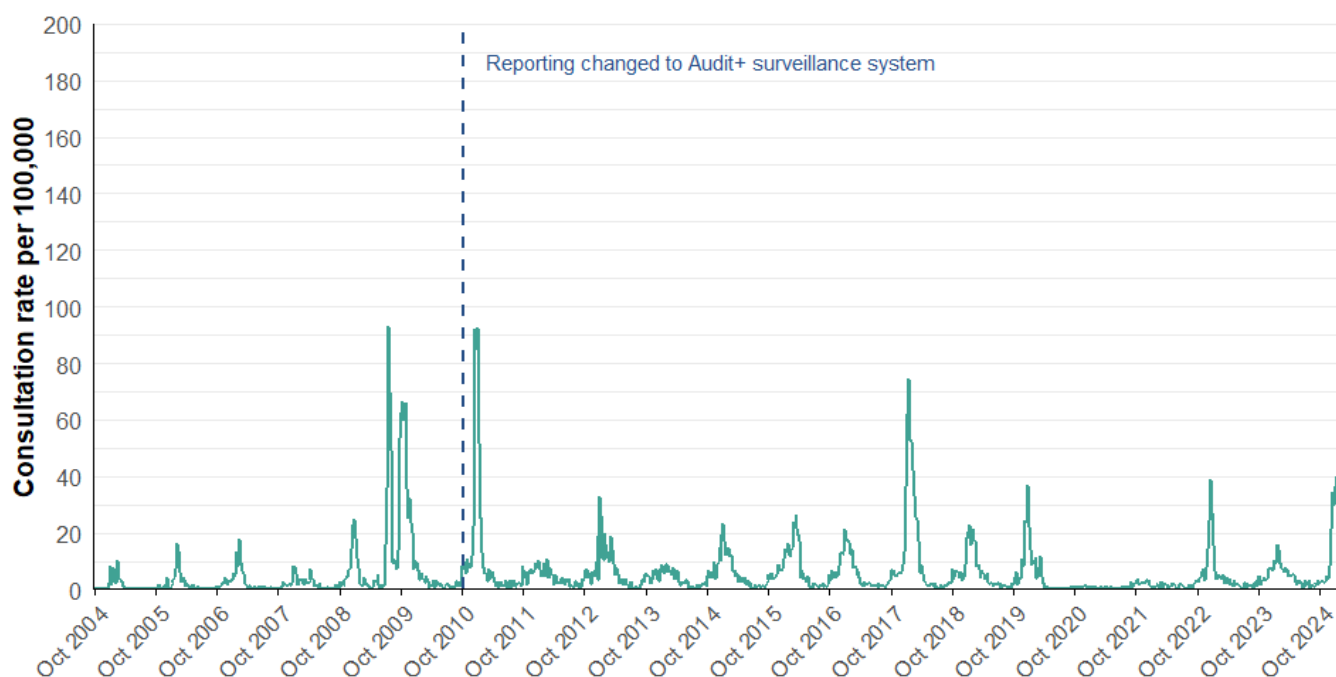
- The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable (Figures 1.1, 1.2).
- There were 8.4 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (6.1 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 14.4 ARI consultations per 100,000 practice population, a decrease from 17 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (1107.4) followed by people aged 1 to 4 (448) and people aged 75+ (167.6) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators decreased from 1,803 in the previous week to 550 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).

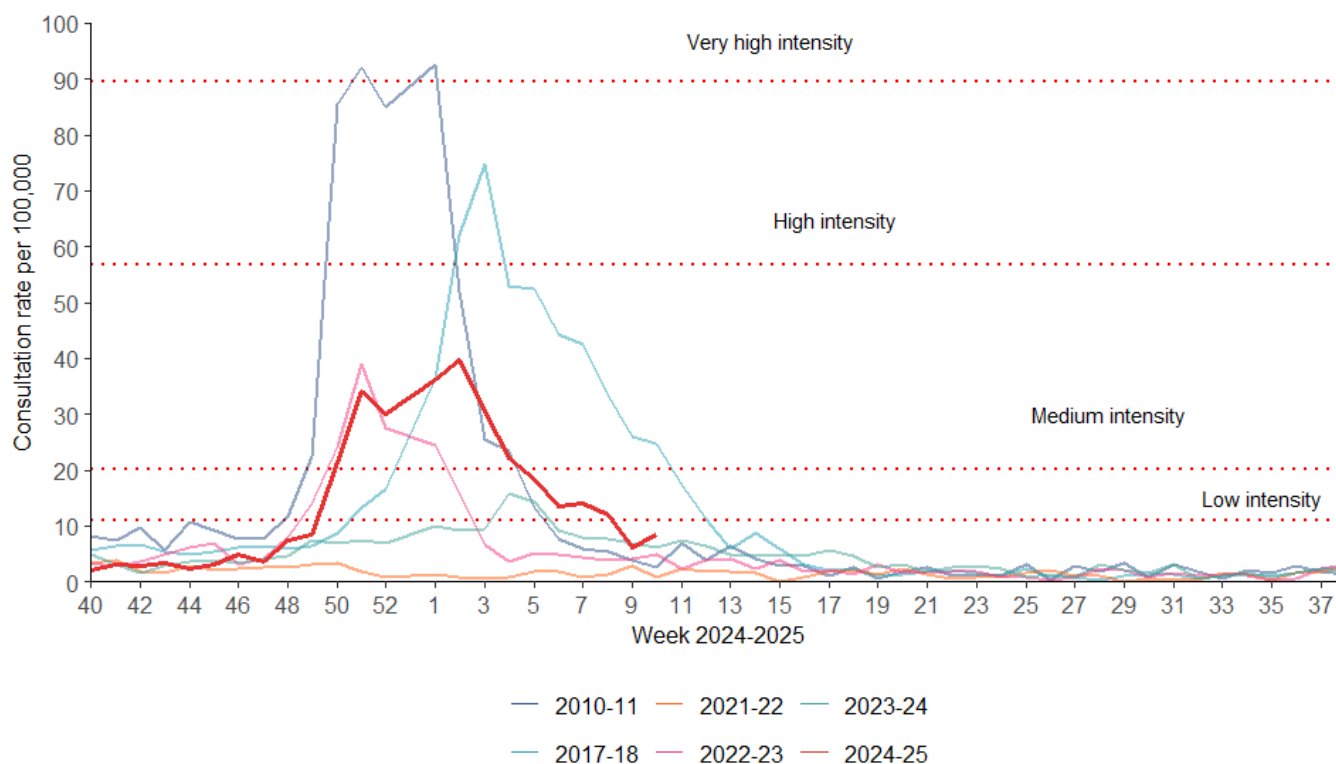
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40 1996 – Week 10, 2025).



Data correct as of 11/03/2025

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



Data correct as of 11/03/2025

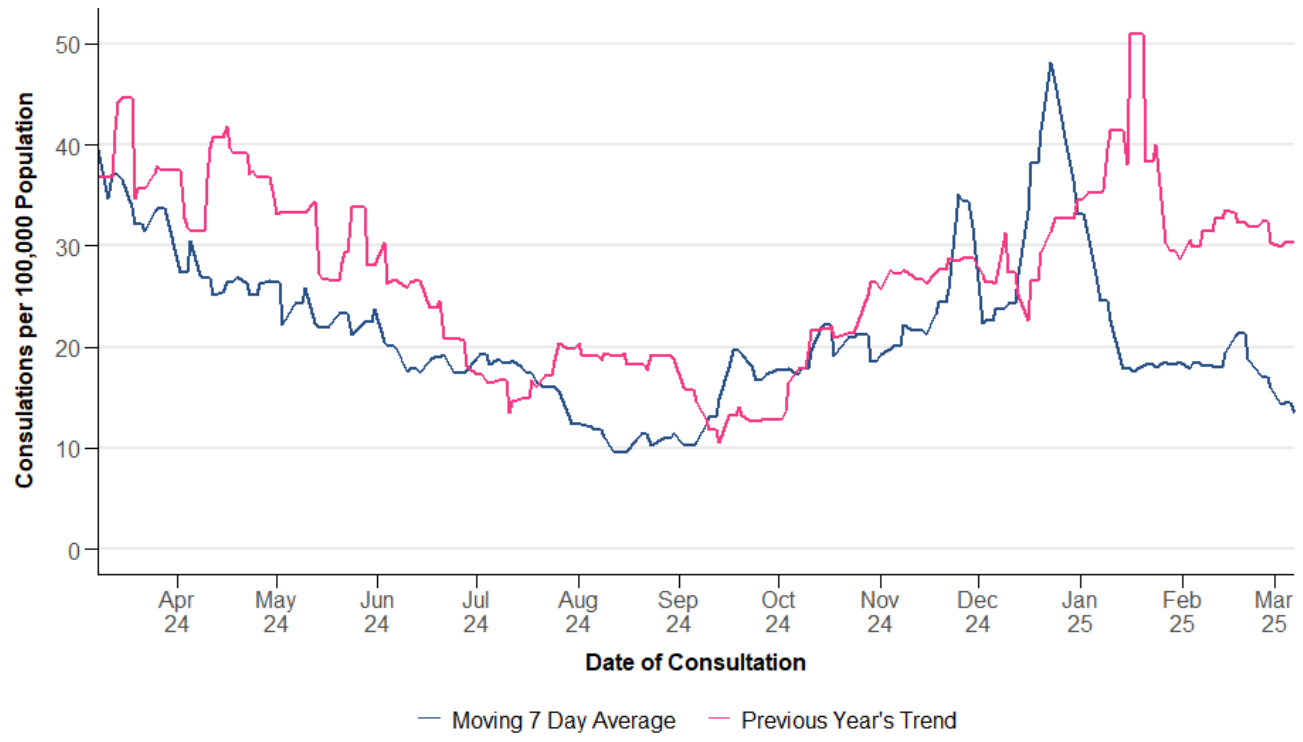
GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for week 10, 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	14.42	16.97	31.93
COVID-19	0.11	0.14	0.49
LRTI	5.43	6.17	11.38
Pneumonia	0.01	0.04	0.09
Severe asthma	0.72	0.57	1.37
URTI	8.99	10.84	20.75
Total	29.68	34.73	66.01

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

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



Data correct as of 11/03/2025

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 11/03/2025

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 11/03/2025

Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for week 10, 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	36	145	172
Chest Pain	235	738	811
Difficulty Breathing	279	920	1,025
Total	550	1,803	2,008

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 293 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 10, 2025, as at 12/03/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (42) followed by influenza B (36) and coronaviruses (24). Of the 293 tests, 47.8% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,020 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during week 10 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (97) followed by adenovirus (66) and human metapneumovirus (56). Of the 1020 tests, 64.2% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

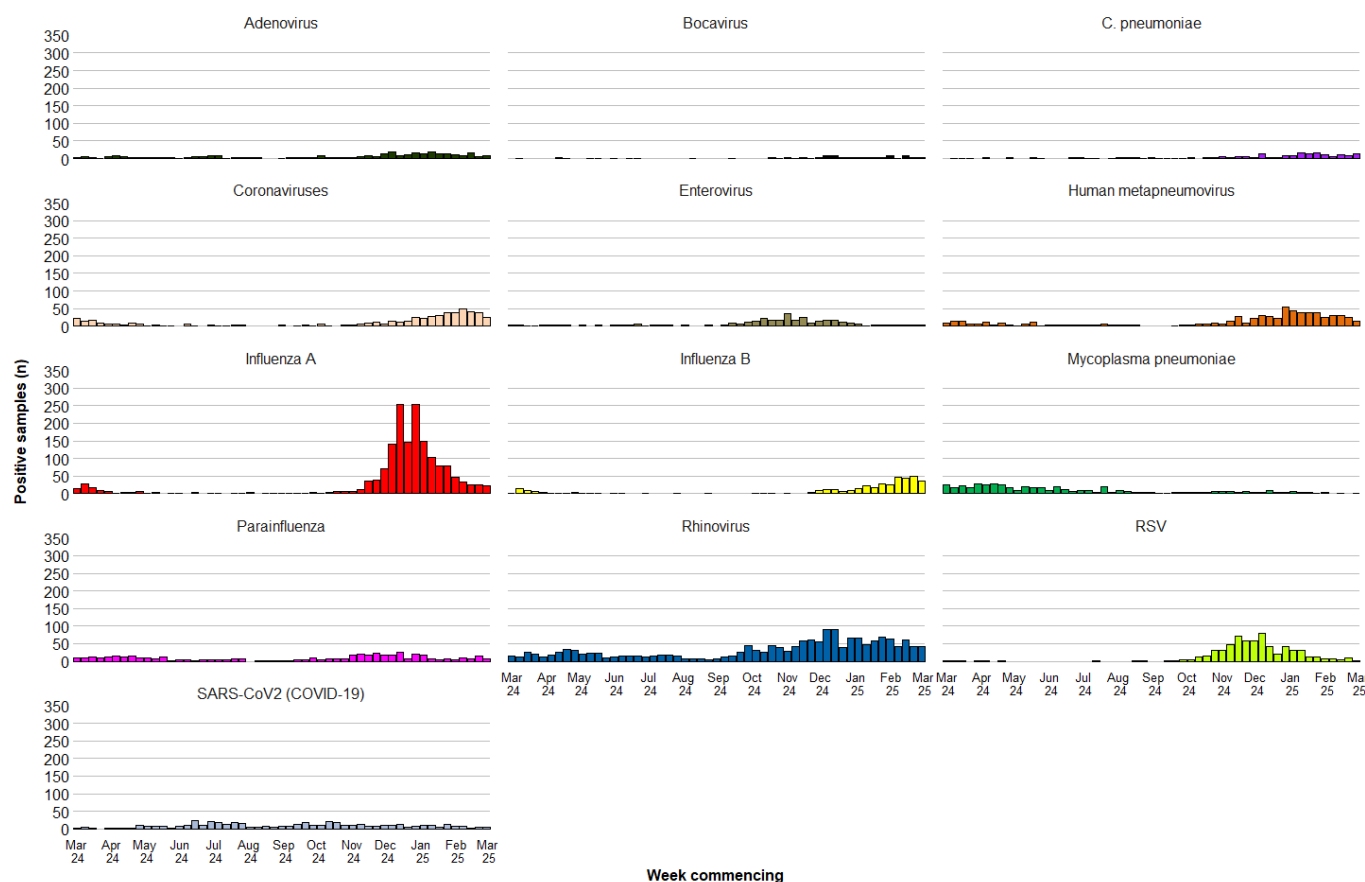
Additionally, during Week 10, 480 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 60 for influenza (32 for influenza A, 28 for influenza B)
- 38 for SARS-CoV-2 (COVID-19)
- 8 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 10, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	42	14.3%	14.3%	Stable
Influenza B	36	12.3%	17.1%	Decreasing
Coronaviruses	24	8.2%	13.0%	Decreasing
Influenza A	22	7.5%	8.9%	Decreasing
Human metapneumovirus	14	4.8%	8.9%	Decreasing
C. pneumoniae	13	4.4%	3.1%	Increasing
Adenovirus	7	2.4%	1.7%	Stable
Parainfluenza	6	2.0%	4.8%	Decreasing
Enterovirus	4	1.4%	1.4%	Stable
SARS-CoV2 (COVID-19)	4	1.4%	1.7%	Stable
Bocavirus	3	1.0%	0.7%	Stable
RSV	2	0.7%	3.4%	Decreasing
Mycoplasma pneumoniae	1	0.3%	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 10, 2024 to Week 10, 2025.



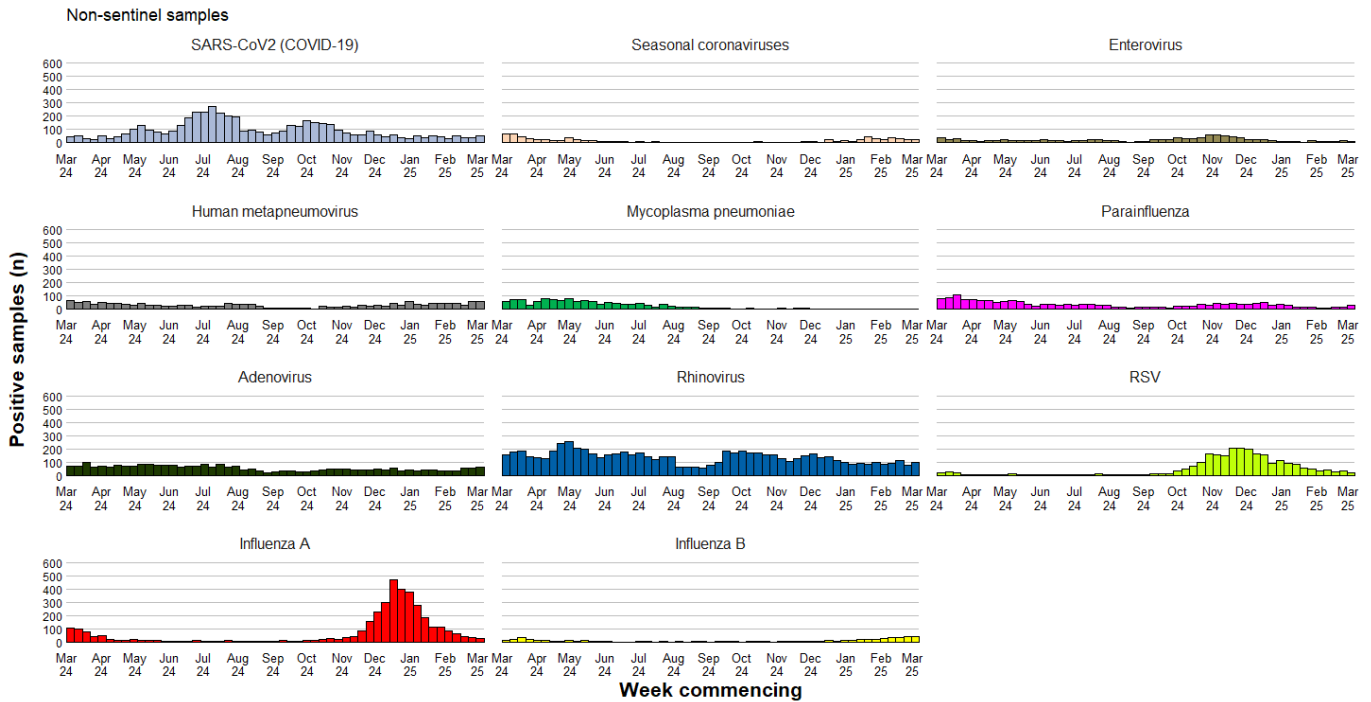
Data correct as of 12/03/2025

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 10, 2025.

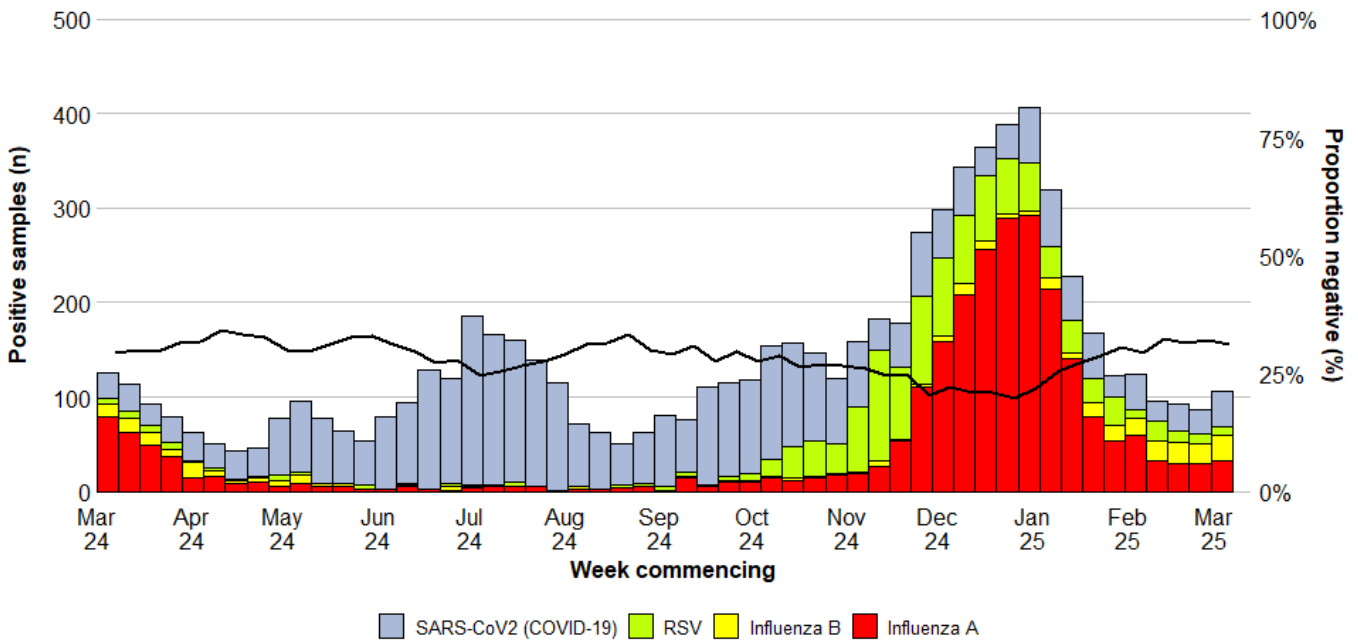
Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	97	9.5%	7.7%	Increasing
Adenovirus	66	6.5%	5.2%	Increasing
Human metapneumovirus	56	5.5%	5.5%	Stable
SARS-CoV2 (COVID-19)	52	5.1%	3.4%	Increasing
Influenza B	41	4.0%	4.2%	Stable
Seasonal coronaviruses	27	2.6%	2.6%	Stable
Influenza A	26	2.5%	3.4%	Stable
Parainfluenza	26	2.5%	1.5%	Increasing
RSV	20	2.0%	3.1%	Decreasing
Enterovirus	9	0.9%	1.9%	Decreasing
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	0.0%	Stable
Chlamydia	0	0.0%	0.0%	Stable

Figure 2.2. Pathogens detected in samples collected from hospital and non-Sentinel GP patients, by week of sample collection, Week 10, 2024 to Week 10, 2025.



Data correct as of 10/03/2025

Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 10, 2024 to Week 10, 2025.



Data correct as of 10/03/2025



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

Sentinel SARI in emergency departments

- During 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 Rhinovirus/Enterovirus(14) followed by Influenza A(9) and Adenovirus(7). Of the 62 samples collected, 38.7% 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 23% for influenza, 0% for SARS-CoV2 and 5% for RSV.

Hospital in-patients

- During week ending 09/03/2025 there were 75 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (1 less than the previous week), equating to 1% of all hospital admissions in that reporting week.
- At 23:59 on 09/03/2025, there were 318 patients in hospital with confirmed COVID-19, RSV or influenza, 28 less than the previous Sunday. This equates to 3% of all hospital in-patients (IPs) at that time. Of whom 74% (234) were hospital acquired (HA).

Critical-care

- During week ending 09/03/2025 there were 6 ARI critical care (CC) admissions (3 more than the previous week), Equating to 4% of all CC admissions in that reporting week.
- At 23:59 on 09/03/2025, there were 6 patients in CC with confirmed COVID-19, RSV or influenza, 3 less than the previous Sunday. This equates to 4% of all CC in-patients at that time. Of whom 50% (3) were hospital acquired (HA).

Virological surveillance in ICU

- During week 10, 2025, 56 respiratory samples were tested from patients in intensive care units (ICU). Of these: two tested positive for SARS-CoV2 (COVID-19), one 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 9, 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%	129	8.6%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	1	1.6%	39	2.6%
Influenza A	9	14.5%	93	6.2%
Influenza B	5	8.1%	20	1.3%
Mycoplasma pneumoniae	0	0.0%	48	3.2%
Parainfluenza	1	1.6%	61	4.0%
Pertussis	0	0.0%	13	0.9%
RSV	3	4.8%	141	9.4%
Rhinovirus/Enterovirus	14	22.6%	363	24.1%
SARS-CoV2 (COVID-19)	0	0.0%	79	5.2%
Seasonal coronaviruses	1	1.6%	23	1.5%
Negative	24	38.7%	664	44.1%
Total	62	100%	1,597	100%

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for week 9, 2025 and previous 12 months.



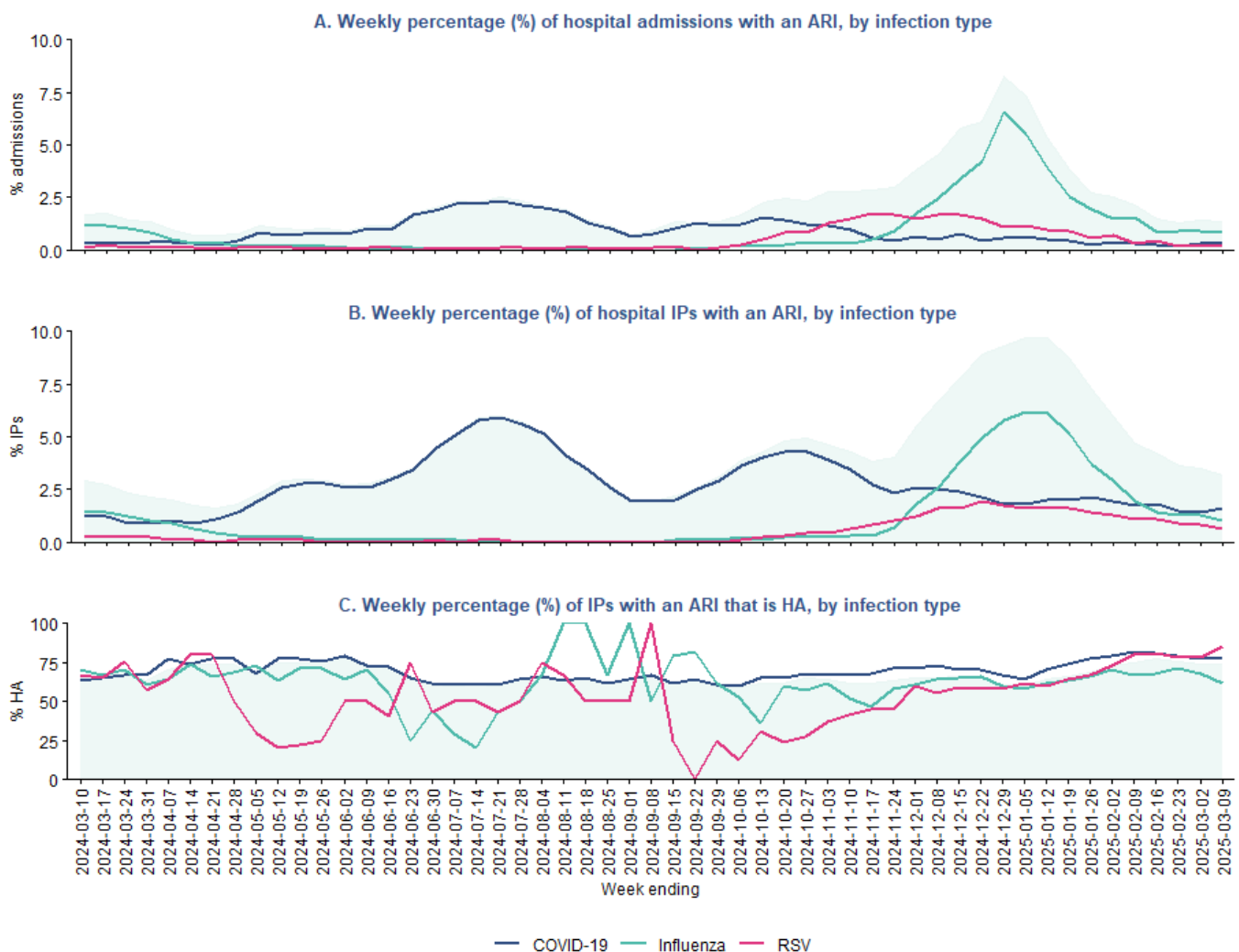
Data correct as of 06/03/2025

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	20	<1%	154	2%	77% (118)
Influenza	45	1%	104	1%	62% (65)
RSV	10	<1%	60	1%	85% (51)
ARI total	75	1%	318	3%	74% (234)

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.



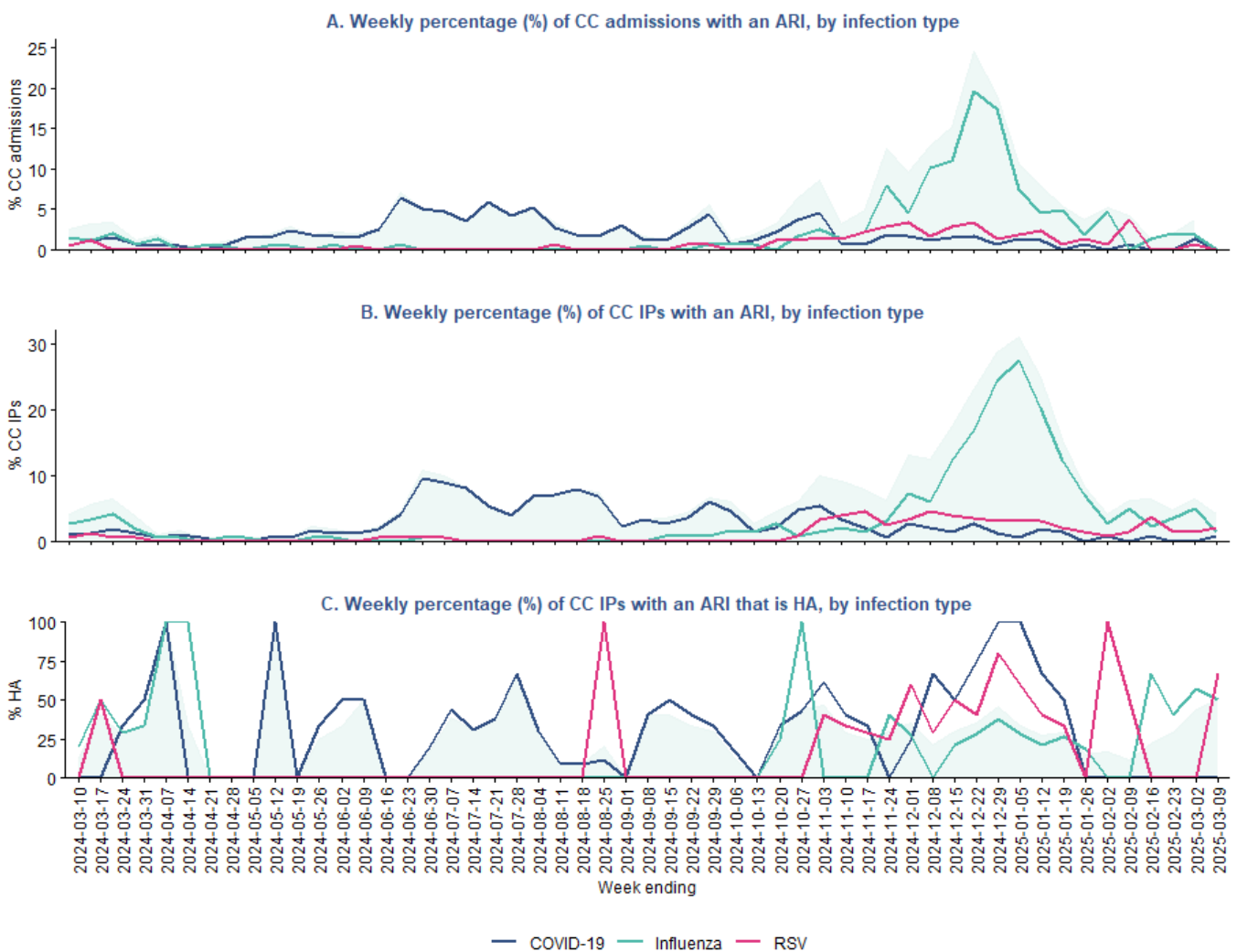
Data as of: 12-03-2025

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).

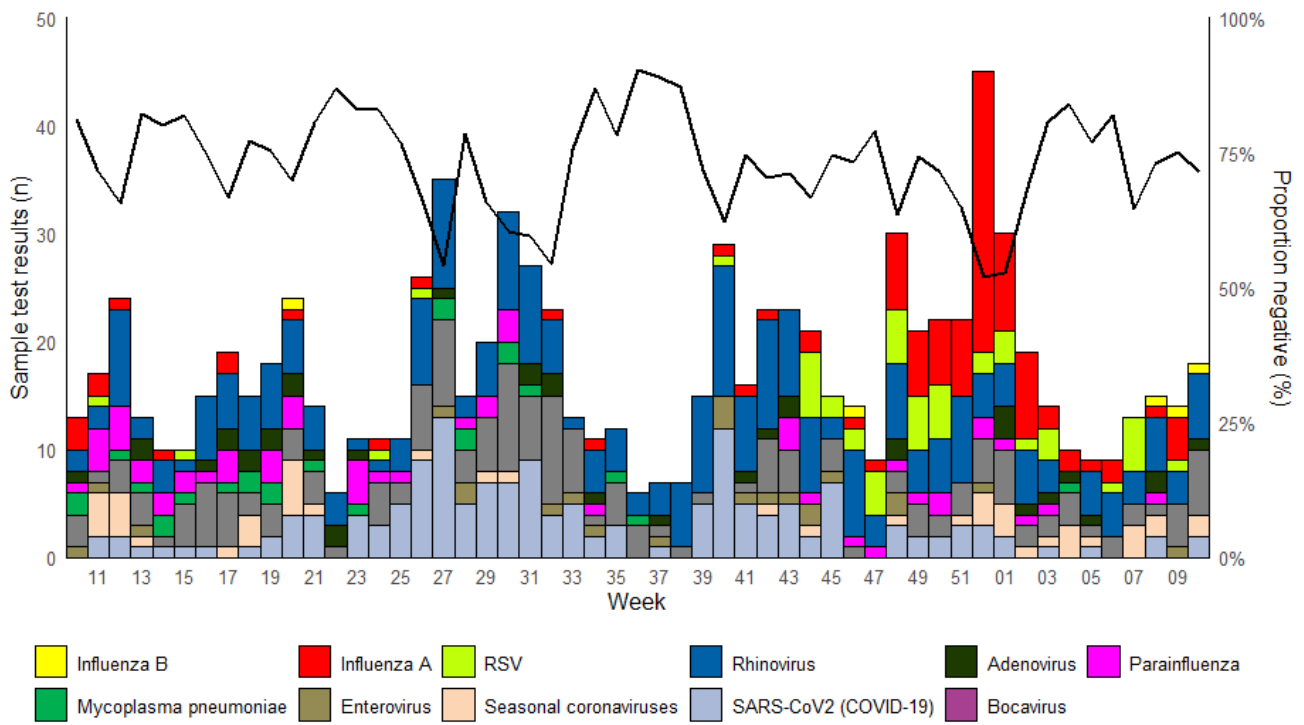
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	2	1%	1	1%	0% (0)
Influenza	3	2%	2	1%	50% (1)
RSV	1	1%	3	2%	67% (2)
ARI total	6	4%	6	4%	50% (3)

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.



Data as of: 12-03-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 10, 2024 to Week 10, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



Data correct as of 10/03/2025

4. Settings-based surveillance and outbreaks

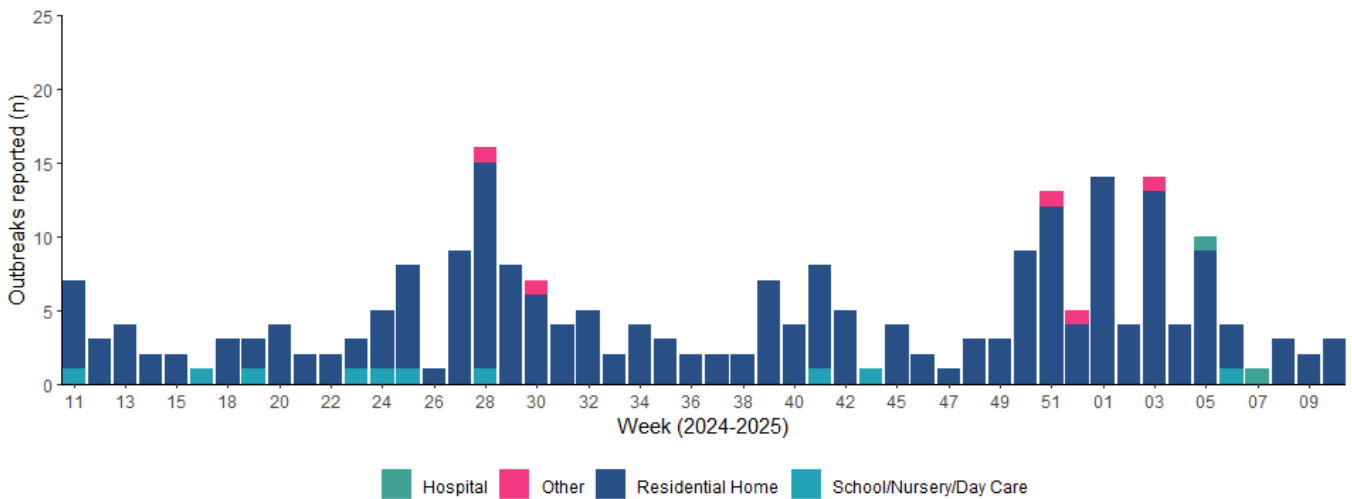
Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During week 10, 2025, 3 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

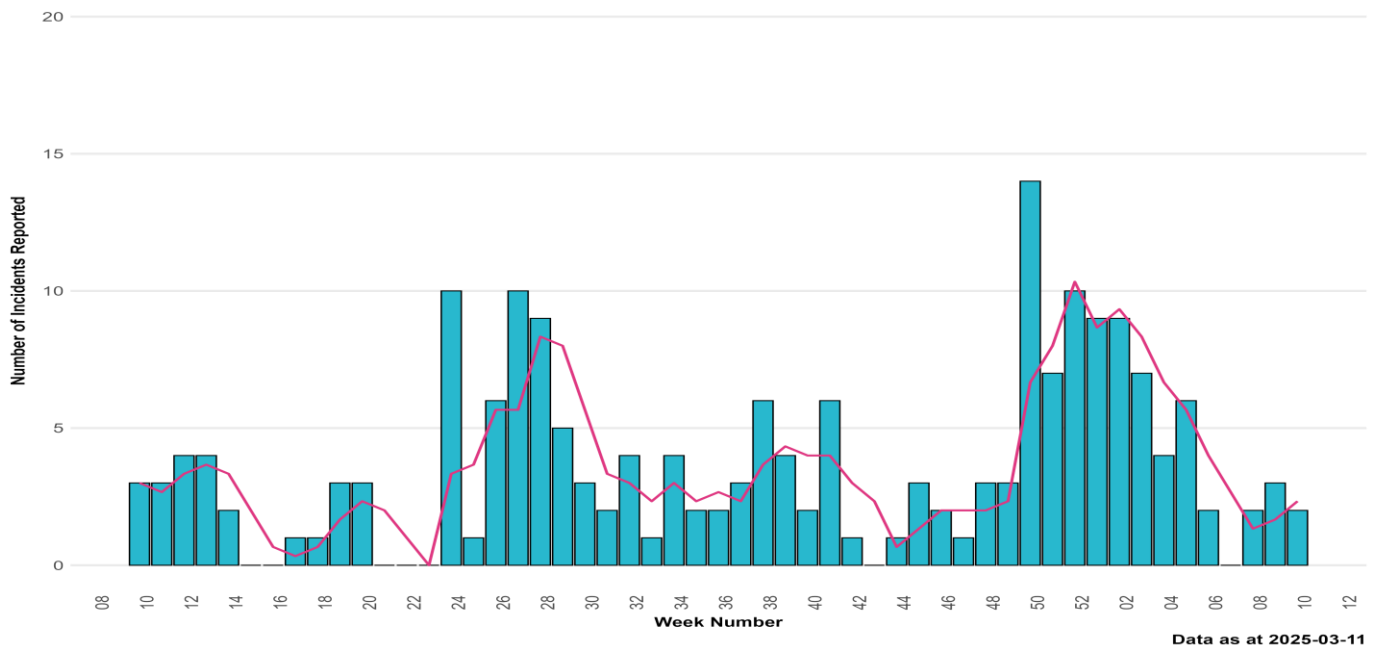
- Two were Covid-19, and one was Parainfluenza
- All three were in Residential Homes.

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 10/03/2025

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.

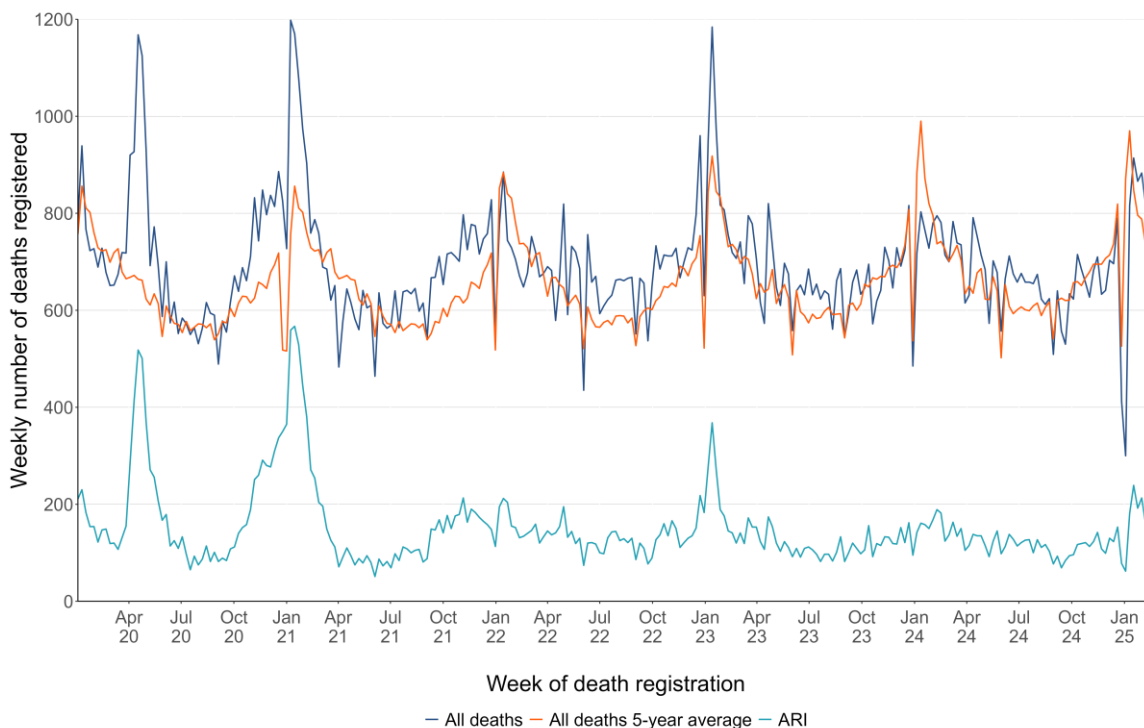




5. Mortality surveillance

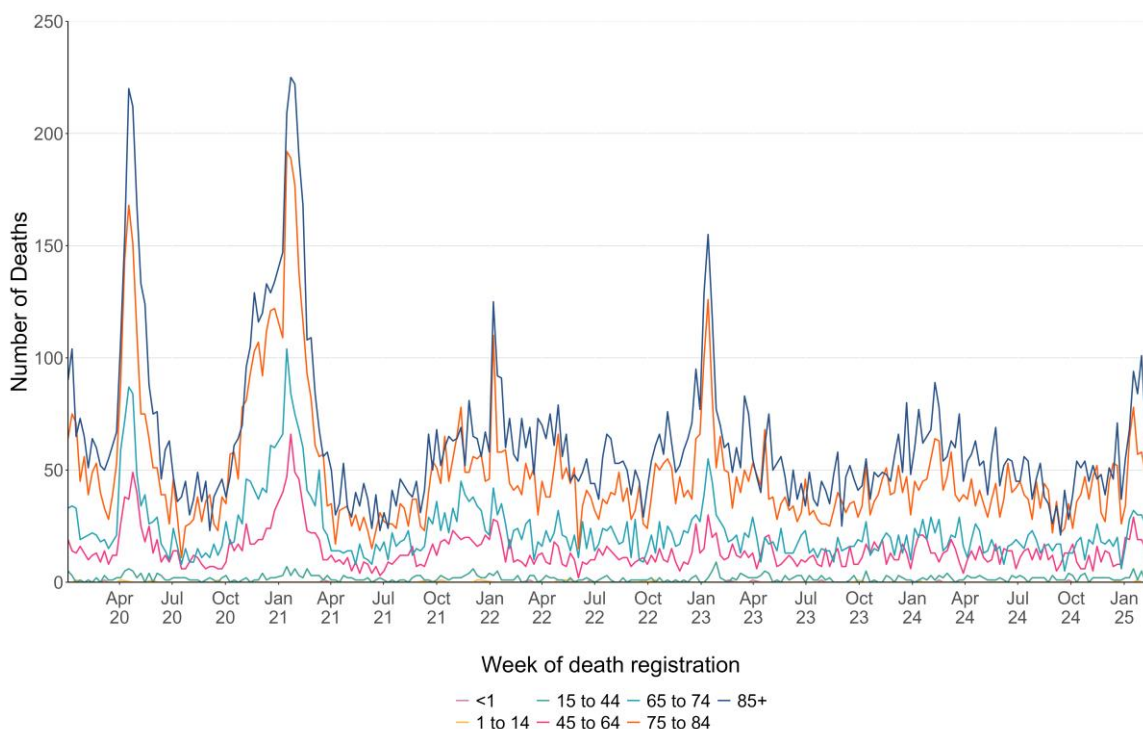
- Thus far this season, according to European Mortality Monitoring (EuroMoMo) methods, no substantial excess has been reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office 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.



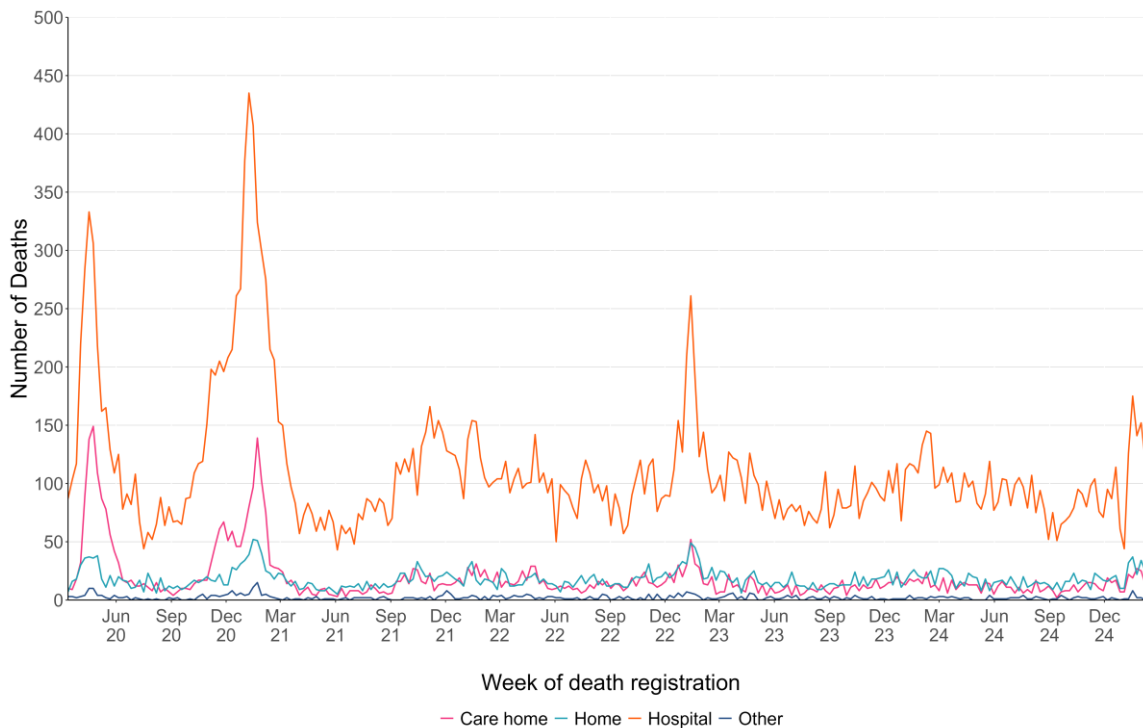
Data as of 11/03/2025

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



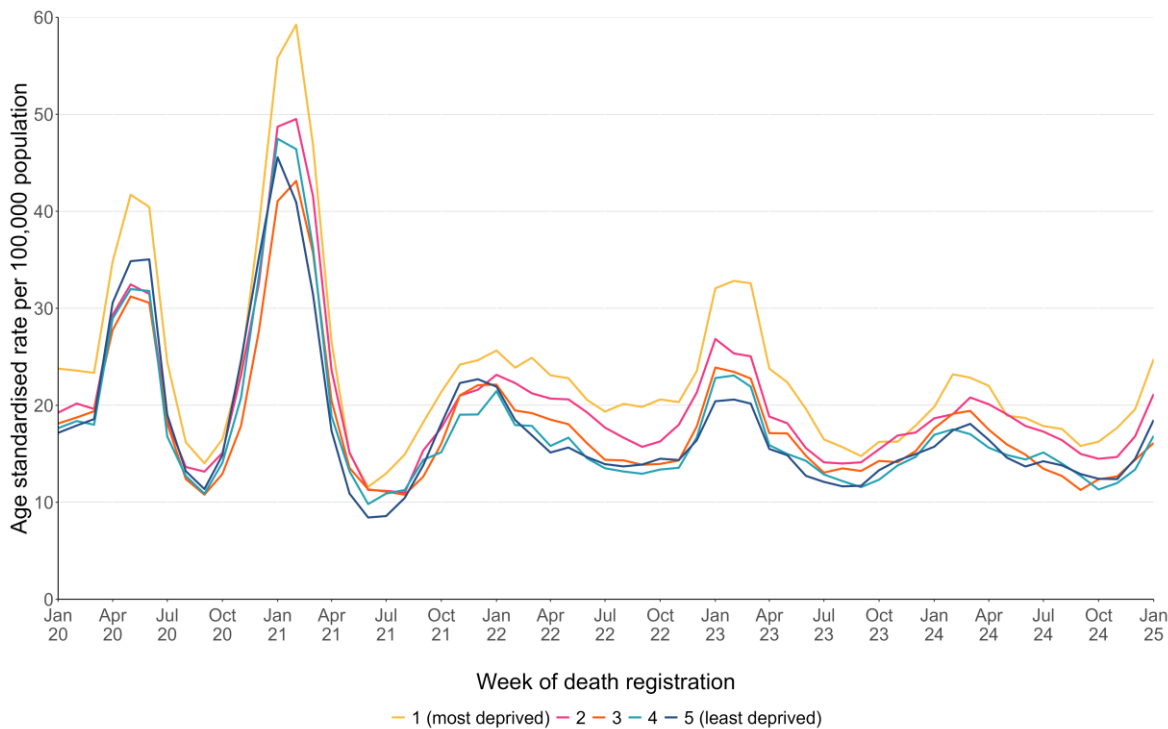
Data as of 11/03/2025

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



Data as of 11/03/2025

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 11/03/2025

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

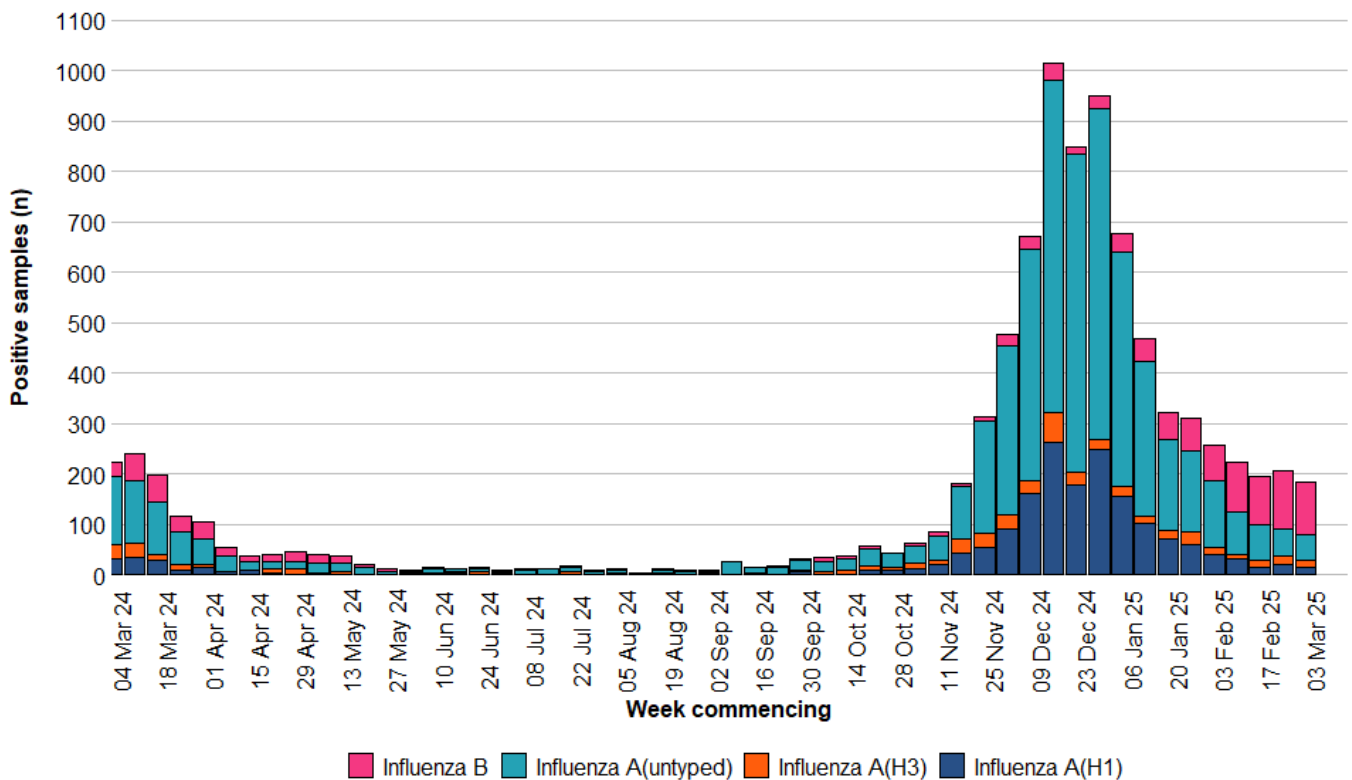


6. Pathogen-specific surveillance

Influenza

- Influenza A(H1N1) is the most commonly detected influenza subtype in Wales since week 40 2024 (1,607 confirmed cases), followed by influenza B (850 confirmed cases) and influenza A(H3N2) (410 confirmed cases). Additionally, there have been 4,777 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 10, 2024 to Week 10, 2025.



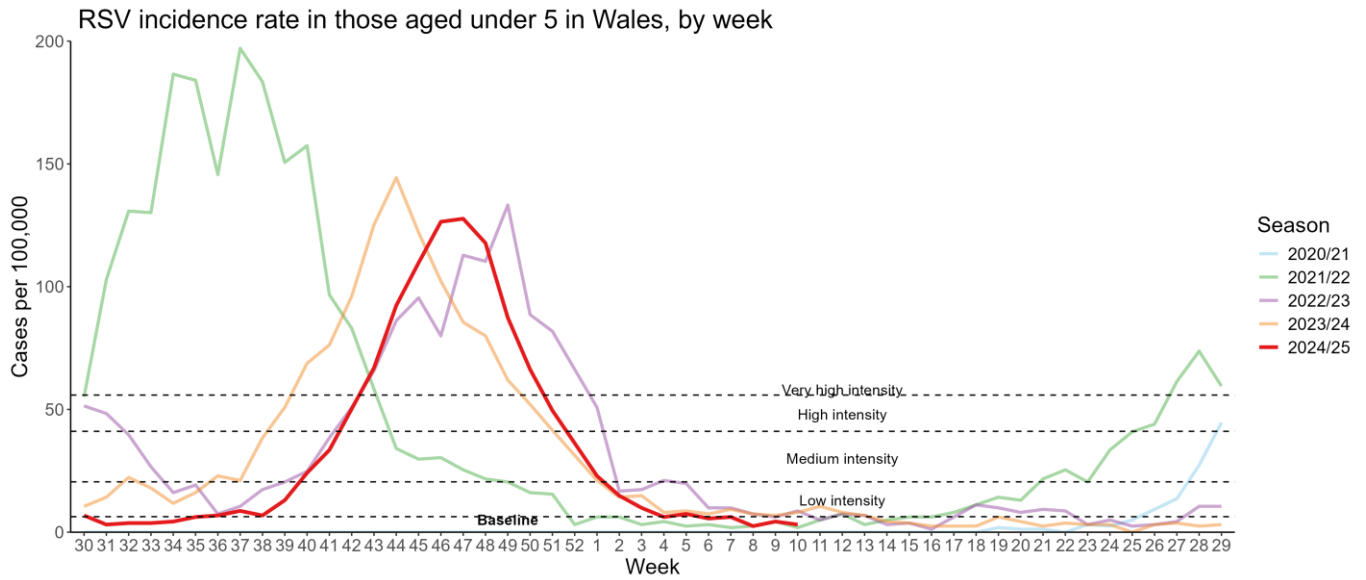
Data correct as of 10/03/2025



Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at baseline (3.1) intensity levels per 100,000 population during week 10, 2025.

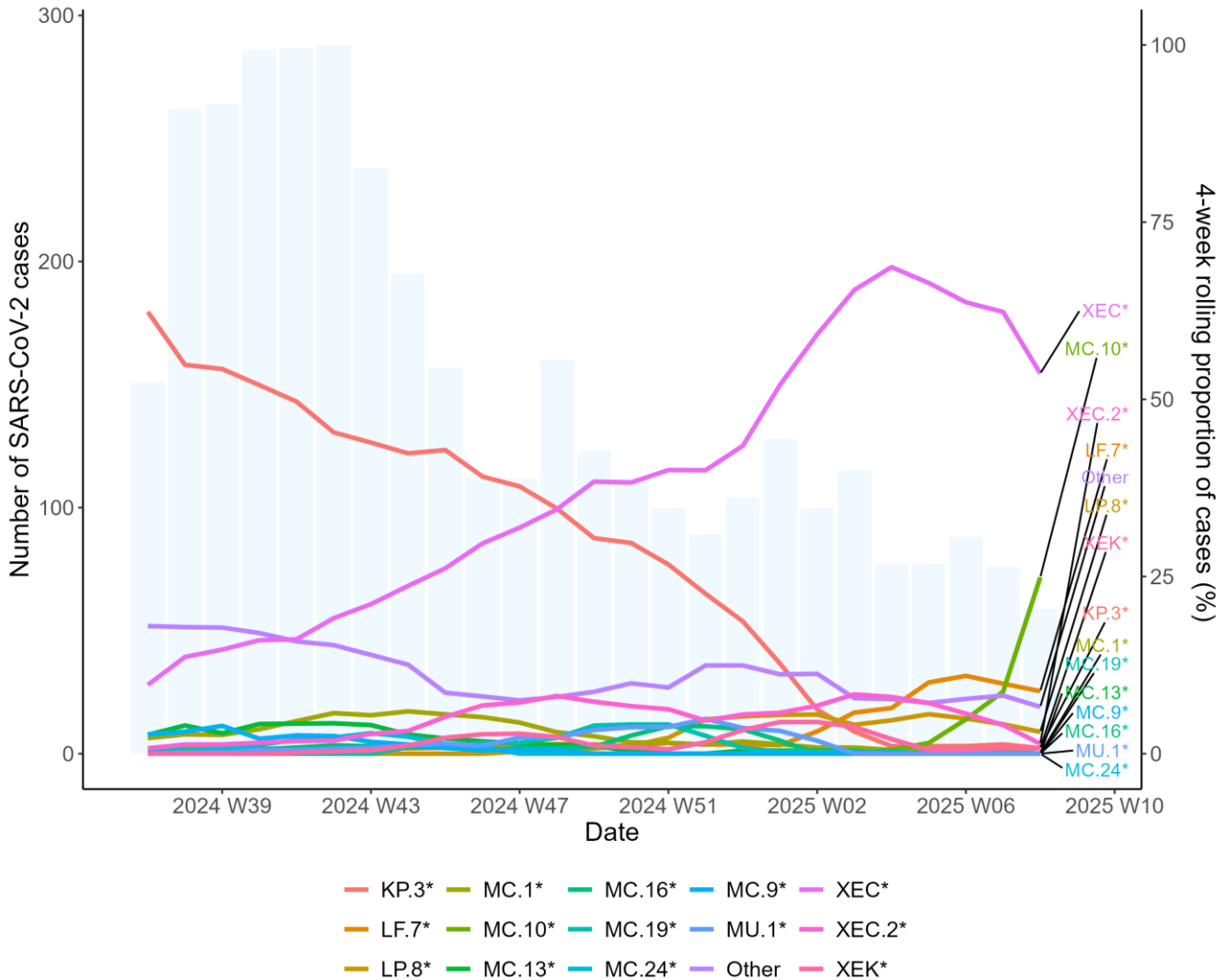
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, weeks 30 2020 to week 10 2024.



SARS-CoV-2 Variant surveillance

- Pango group XEC* is the most frequently detected variant in Wales currently, accounting for 62.1% 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 38 to 2025 W10).



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 9, GP ILI consultations decreased to 9.1 per 100,000 in England, decreased in Northern Ireland to 10.5 per 100,000 and increased to 9.0 per 100,000 in Scotland.
- During Week 9, 6,125 samples tested for influenza were reported in England of which 544 were positive for influenza (163 influenza A (not subtyped), 48 influenza A (H3N2), 61 influenza A (H1N1)pdm09, and 272 influenza B). Overall influenza positivity decreased to 8.9% in England and to 9.0% in Northern Ireland and increased to 25.8% 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 9, that influenza positivity is above the 10% positivity epidemic threshold at 36%. Of the 35 countries and areas reporting on influenza intensity, 26 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 1,621 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>
- In the Northern hemisphere, activity remained elevated in North America (predominantly A(H1N1)pdm09), Central America and Caribbean (predominantly both influenza A subtypes), Tropical South America (predominantly A(H1N1)pdm09 and B), Northern (predominantly both influenza A subtypes), Western (predominantly A(H1N1)pdm09) and Eastern Africa (predominantly A(H3N2) and B), all of Europe (Northern: both influenza A subtypes, elsewhere: all seasonal subtypes); Western (predominantly A(H3N2)), Southern (all seasonal subtypes), South-East (predominantly A(H1N1)pdm09 and B) and Eastern Asia (predominantly A(H1N1)pdm09). Activity increased in a few countries in Central America and Caribbean, Northern, Western and Eastern Africa and there were mixed trends of activity in Tropical South America, Europe and Asia.
- In the Southern hemisphere, elevated activity was observed in single countries in Eastern Africa (predominantly A(H3N2) and B) and South-East Asia (predominantly A(H1N1)pdm09 and B) and multiple countries in Oceania (predominantly A(H1N1)pdm09). Overall, activity remained the same or decreased. **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 11/03/2025), during Week 9, globally there were 7,522 A(H1N1), 2,261 A(H3), 21,455 A(not subtyped), 660 influenza B (Victoria) and 10,948 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 9 but has decreased for three consecutive weeks (ending 01/03/2025). Nationally, 18,329 (18.9%) out of 96,329 specimens have tested positive for influenza in clinical laboratories nationwide, of these positive samples, 15,402 (84.0%) were influenza A and 2,927 (16.0%) were influenza B. Further characterisation has been carried out on 3,691 specimens by public health laboratories, and 2,651 samples tested positive for influenza; 1,169 influenza A(H1N1)pdm09, 980 influenza A(H3N2), 397 influenza A(not subtyped), zero influenza H5, and 105 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: [FluView | FluView | CDC](#)

- The Public Health Agency of Canada reported that during Week 9, influenza activity is decreasing. 11,293 influenza detections were reported: 10,120 influenza A and 1,173 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 9.

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.

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>

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