GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 42 (ending 19 October 2025)

Weekly acute respiratory infection summary

Headline

- Evidence from surveillance suggests that **influenza is now circulating in the community in Wales.** Current activity levels are low, but increasing. There have been confirmed cases in symptomatic patients attending sentinel GPs in all regions of Wales. Influenza-like illness consultation rates have increased in recent weeks, as has the proportion of patients testing positive for influenza.
- Incidence of confirmed cases of Respiratory Syncytial Virus (RSV) in young children has **now crossed the baseline threshold for seasonal activity.**
- COVID-19 case numbers remain elevated, but have decreased in recent weeks.
- GP consultations for acute respiratory infections increased compared to the previous week.
- According to EuroMoMo method, 'no excess' of all-cause mortality has been reported in the most recent week.

Foreword

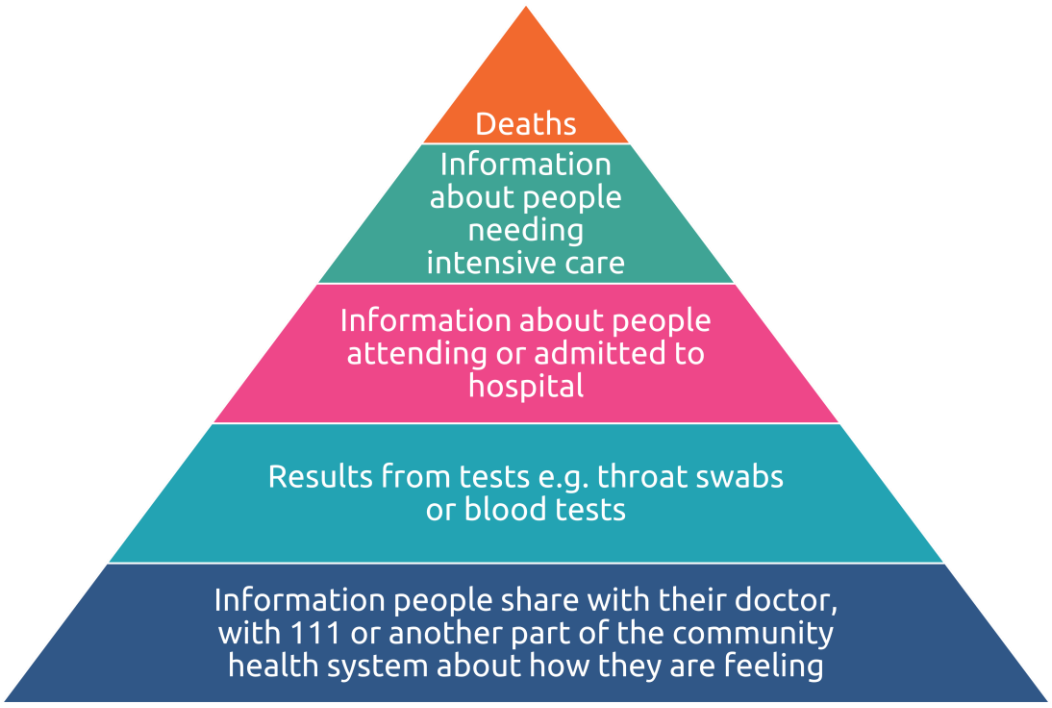
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between Week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

This report summarises the latest available information from several Public Health Wales surveillance schemes, reports on Acute Respiratory Infections (ARI) and information from other sources.

Additional information is available from the links below.

- Weekly ARI Hospital Admissions Dashboard
- EuroMOMO European mortality monitoring
- Public Health Wales Respiratory Infection Mortality updates
- COVID-19 variant summary

The structure of this report is based on the surveillance pyramid (from mild to severe infection outcomes), illustrated below. Icons alongside chapter headings indicate the types of information included in the chapter.



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High Level Summary Points

	Community infection indicators	Severe infection indicators
Overall Acute Respiratory Infection (ARI)	The broad trend in consultation rate per 100,000 for broader acute respiratory infection (ARI) is increasing. Consultations with Sentinel GPs for acute respiratory infection (ARI) increased compared to last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV remained stable in Week 42 (1% of total admissions).
Influenza	**Surveillance suggests the influenza season in Wales is underway.** Current case numbers are low, but increasing. The overall proportion of samples testing positive increased in last week to 5.4%. Consultations for influenza-like illness (ILI) with sentinel GPs are increasing. 18 cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week.	The number of confirmed cases of community acquired influenza admitted to hospital increased to 28 during Week 42. During Week 42, there were 36 in-patient cases of confirmed influenza, one of whom was in critical care.
Influenza type breakdown	***Since 2025 Week 40**: 232 total influenza cases confirmed (82 influenza A(H3N2), 15 influenza A(H1N1)pdm09, 132 influenza A untyped and three influenza B).* ***In the most recent week**: 39 influenza A(H3), three influenza A(H1N1), 57 influenza A untyped and one influenza B.*	
COVID-19	The overall proportion of samples testing positive decreased to 11.4 % in hospital and non-sentinel GP practices. Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 increased in the most recent week.	The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 55 during Week 42. During Week 42 there were 414 in-patient cases of confirmed COVID-19, four of whom were in critical care.
RSV	RSV incidence in children aged up to 5y increased in Week 42 and exceeded the threshold for the start of the season. Confirmed case incidence per 100,000 population in children aged up to 5y increased to 11.4 (low seasonal levels).	The number of confirmed cases of community acquired RSV admitted to hospital increased to 11 during Week 42. During Week 41 there were eight in-patient cases of confirmed RSV, and none in critical care.
Other respiratory pathogens	Rhinovirus remained the most prevalent pathogen in sentinel surveillance. In sentinel GP practices, test positivity increased for parainfluenza. All other pathogens decreased or remained stable. In non-sentinel testing, all pathogens were stable or decreasing.	

1. Community surveillance indicators

GP Consultations

- The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable (Figures 1.1, 1.2).
- There were 5.3 ILI consultations per 100,000 practice population in the most recent week, a decrease 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 15.3 ARI consultations per 100,000 practice population, an increase from 12.9 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (851.9) followed by people aged 1 to 4 (683) and people aged 75+ (207.7) (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 decreased from 1,796 in the previous week to 1,774 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, 2004 - Week 42, 2025).

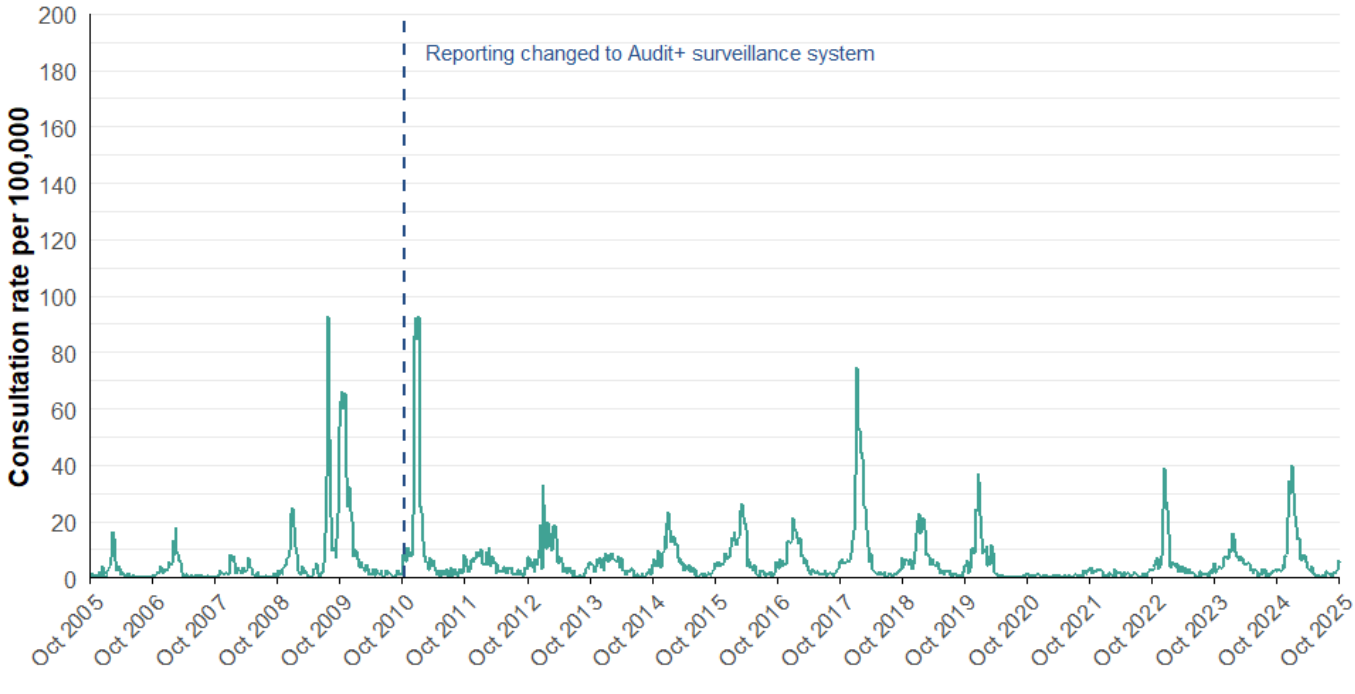
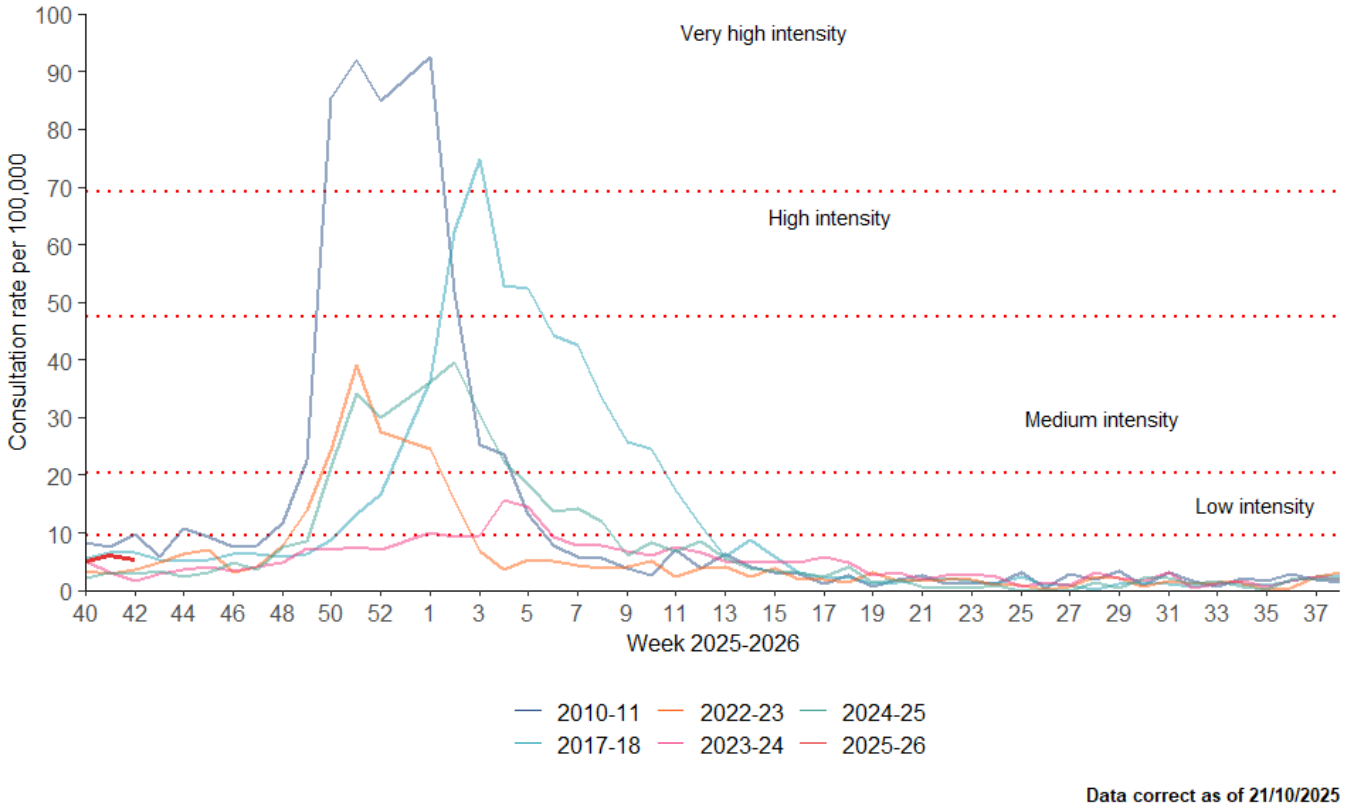


Figure 1.2. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population.



GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 42, 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	15.31	12.86	10.74
COVID-19	2.33	1.01	11.17
LRTI	5.99	4.99	4.14
Pneumonia	0.01	0.01	0.03
Severe asthma	0.46	0.42	0.59
URTI	9.39	7.94	6.71
Total	33.49	27.23	33.38

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).

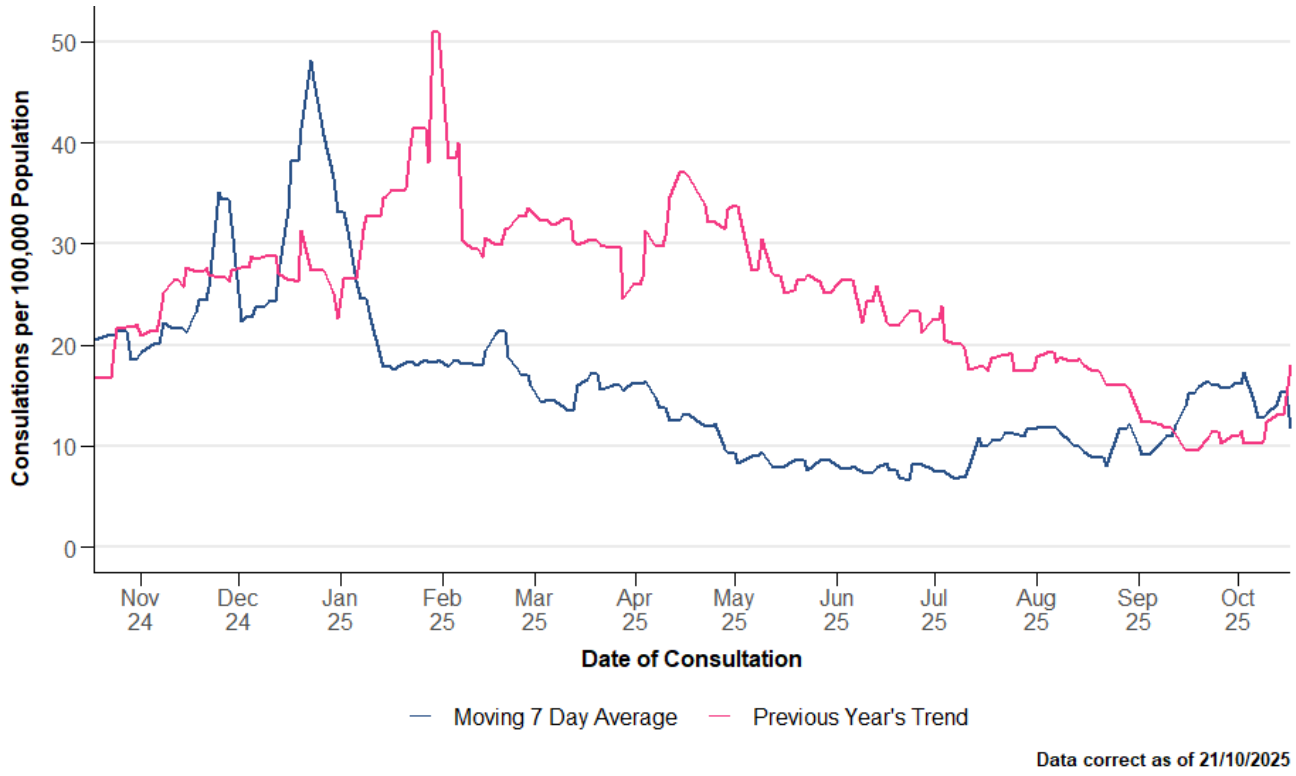
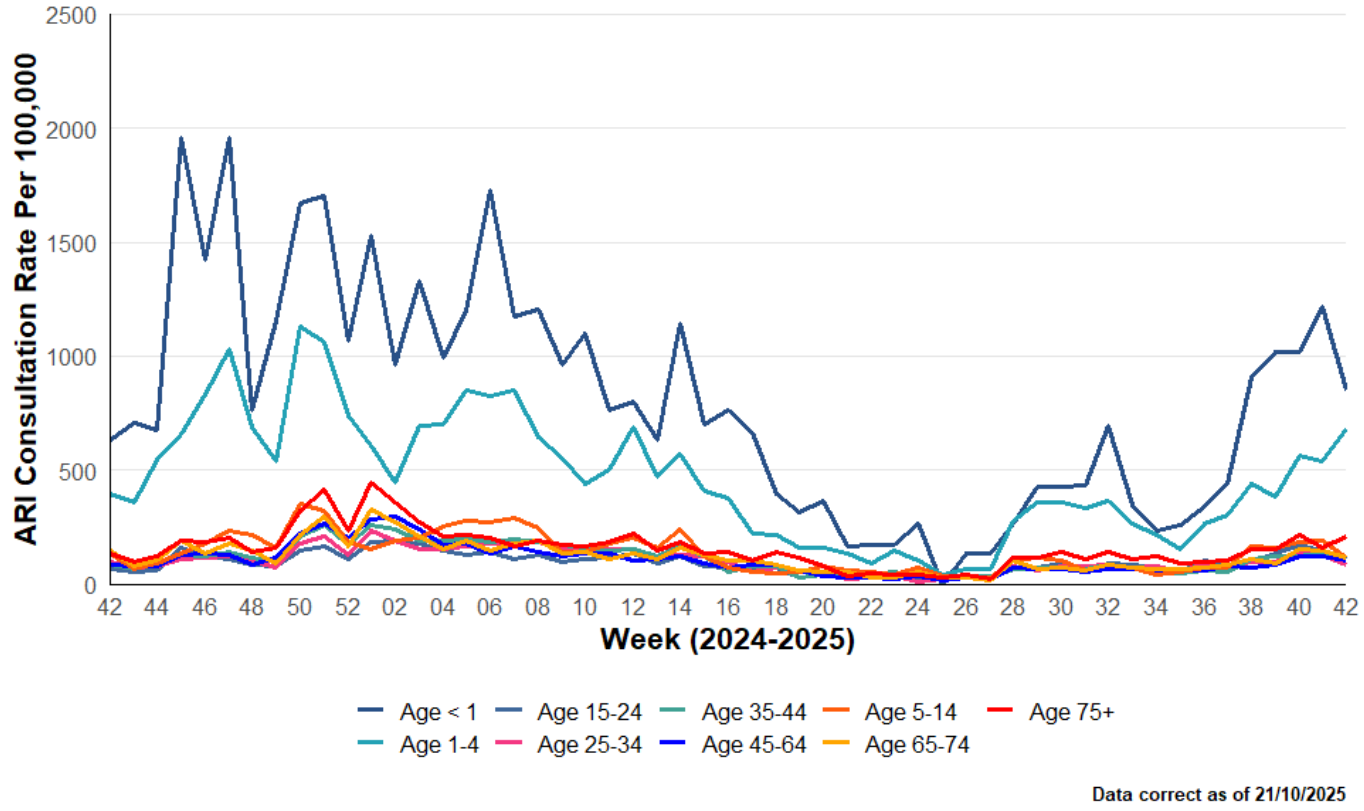


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Ambulance Calls

Figure 1.5. Rolling seven-day average for ambulance calls for both current and the previous year, by symptom. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

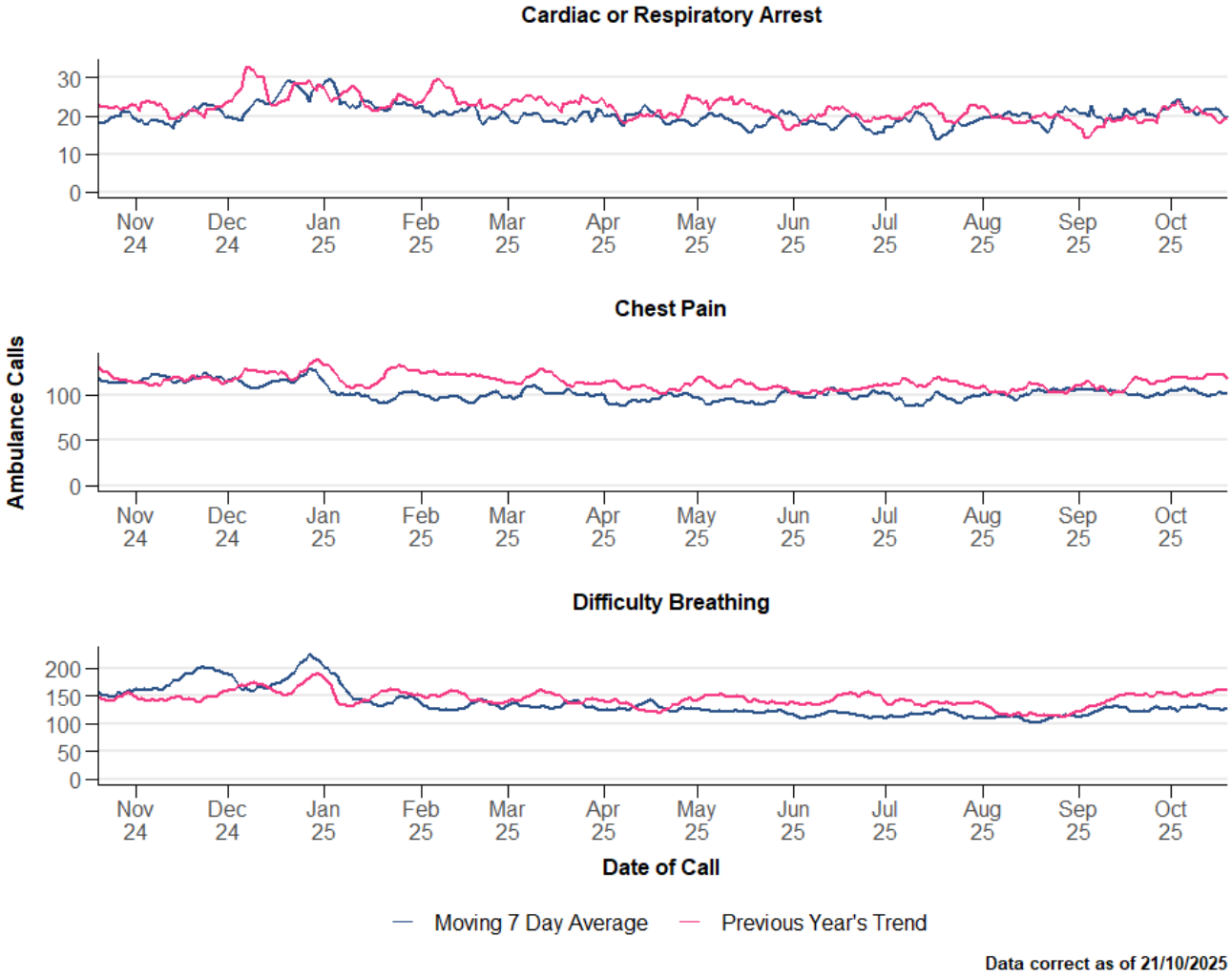


Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 42, 2025. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	152	142	149
Chest Pain	727	727	832
Difficulty Breathing	895	927	1,065
Total	1,774	1,796	2,046

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 250 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 42, 2025, as at 22/10/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (64) followed by influenza A (18) and parainfluenza (10). Of the 250 tests, 51.6% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,064 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 42 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (156) followed by SARS-CoV-2 (COVID-19) (121) and influenza A (56). Of the 1,064 tests, 62.2% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

Additionally, during Week 42, 414 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 25 for influenza (25 for influenza A, zero for influenza B)
- 69 for SARS-CoV-2 (COVID-19)
- 2 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 42, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	64	25.6%	22.4%	Increasing
Influenza A	18	7.2%	7.2%	Stable
Parainfluenza	10	4.0%	6.0%	Decreasing
SARS-CoV-2 (COVID-19)	9	3.6%	10.4%	Decreasing
Enterovirus	6	2.4%	3.2%	Stable
RSV	4	1.6%	1.2%	Stable
Human metapneumovirus	4	1.6%	1.2%	Stable
C. pneumoniae	4	1.6%	0.8%	Stable
Adenovirus	3	1.2%	1.2%	Stable
Coronaviruses	3	1.2%	0.4%	Stable
Bocavirus	1	0.4%	0.0%	Stable
Influenza B	0	0.0%	0.4%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable

Figure 2.1. Pathogens detected in samples from symptomatic patients from the Wales Sentinel GP and Sentinel Pharmacy networks, by week of sample collection, Week 42, 2024 to Week 42, 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 42, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	156	14.7%	13.9%	Stable
SARS-CoV-2 (COVID-19)	121	11.4%	13.5%	Decreasing
Influenza A	56	5.3%	2.1%	Increasing
Parainfluenza	27	2.5%	1.1%	Increasing
Adenovirus	26	2.4%	2.1%	Stable
Enterovirus	24	2.3%	4.3%	Decreasing
RSV	22	2.1%	1.1%	Stable
Human metapneumovirus	3	0.3%	0.1%	Stable
Influenza B	1	0.1%	0.0%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Seasonal coronaviruses	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 42, 2024 to Week 42, 2025.

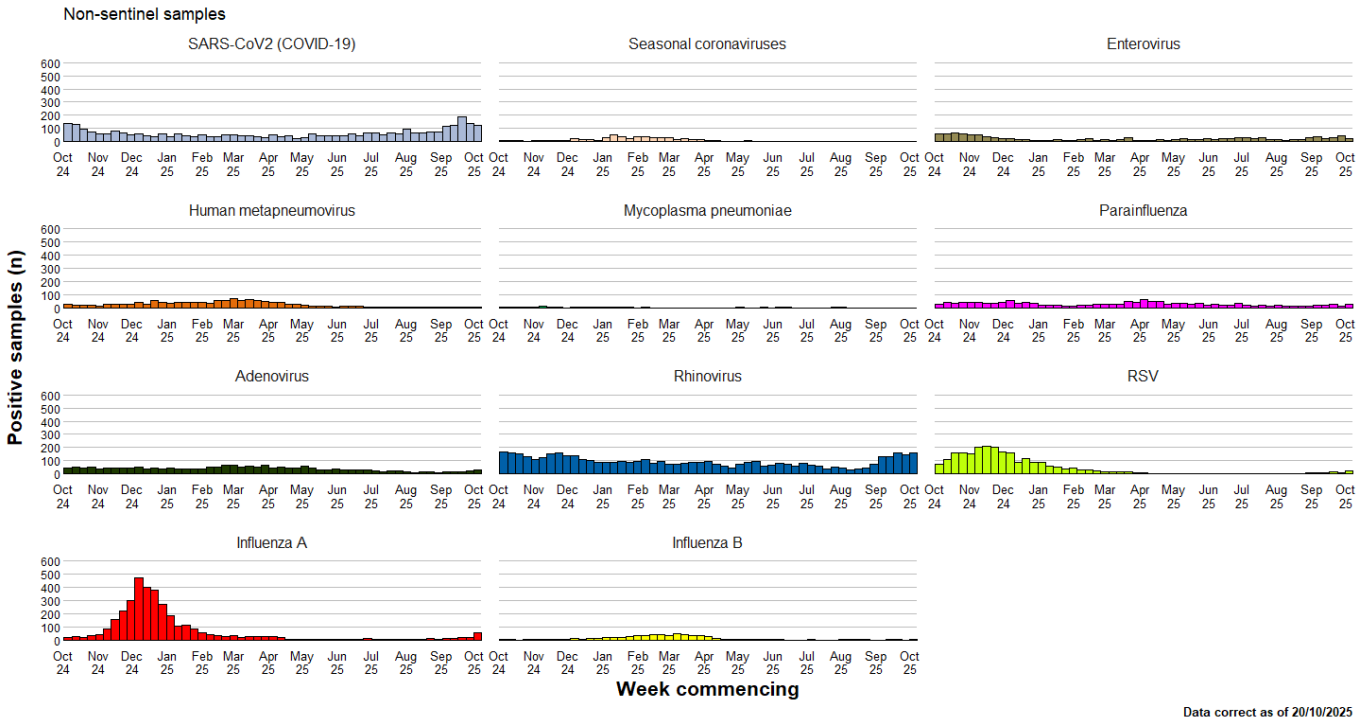
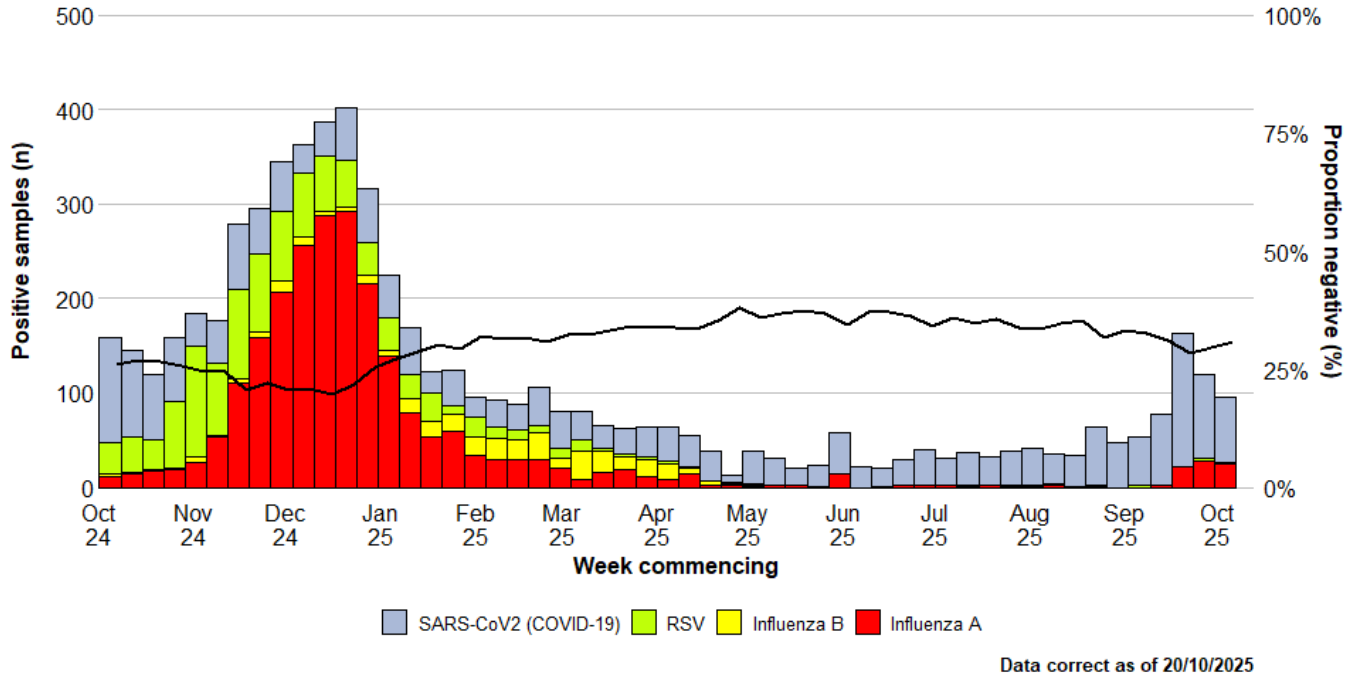


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV-2 testing only, by week of sample collection, Week 42, 2024 to Week 42, 2025.



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

Sentinel SARI in emergency departments

- During the previous four weeks there were 34 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was Rhinovirus/Enterovirus(10) followed by SARS-CoV-2 (COVID-19)(5) and Adenovirus(1). Of the 34 samples collected, 52.9% were negative for all respiratory pathogens (Table 3.1).

- During this time, the proportions of symptomatic patients attending sentinel emergency departments due to acute respiratory symptoms testing positive were 0% for influenza, 15% for SARS-CoV-2 and 0% for RSV.

Hospital in-patients

- During week ending 19/10/2025 there were 94 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (the same number as the previous week), equating to 1% of all hospital admissions in that reporting week.

- At 23:59 on 19/10/2025, there were 458 patients in hospital with confirmed COVID-19, RSV or influenza, 9 more than the previous Sunday. This equates to 4% of all hospital in-patients (IPs) at that time. Of whom 73% (334) were hospital acquired (HA).

Critical-care

- During week ending 19/10/2025 there were 4 ARI critical care (CC) admissions (2 more than the previous week), Equating to 2% of all CC admissions in that reporting week.

- At 23:59 on 19/10/2025, there were 5 patients in CC with confirmed COVID-19, RSV or influenza, 1 less than the previous Sunday. This equates to 3% of all CC in-patients at that time. Of whom 40% (2) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 42, 2025, 49 respiratory samples were tested from patients in intensive care units (ICU). Of these: two tested positive for SARS-CoV-2 (COVID-19), one tested positive for Influenza and zero tested positive for RSV (Figure 3.4).

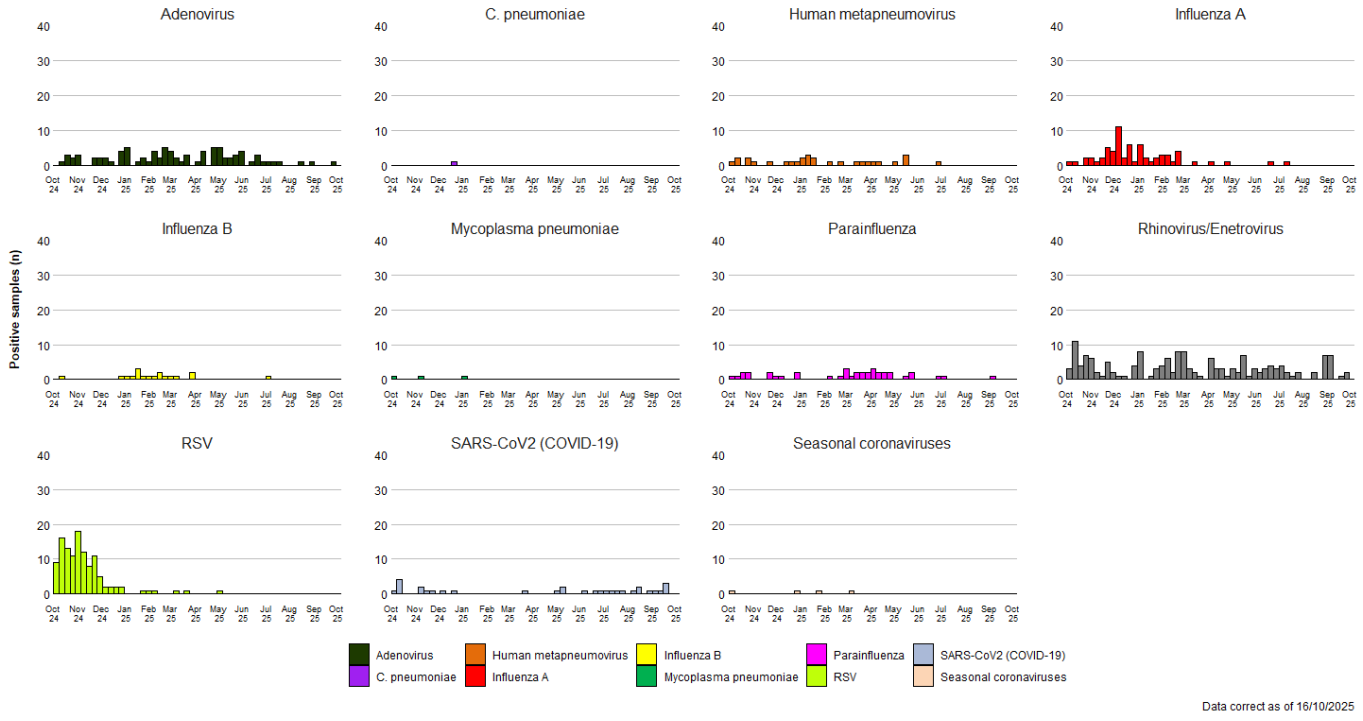
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

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 41, 2025.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	1	2.9%	87	9.5%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	0	0.0%	29	3.2%
Influenza A	0	0.0%	71	7.8%
Influenza B	0	0.0%	18	2.0%
Mycoplasma pneumoniae	0	0.0%	3	0.3%
Parainfluenza	1	2.9%	39	4.3%
Pertussis	0	0.0%	0	0.0%
RSV	0	0.0%	117	12.8%
Rhinovirus/Enterovirus	10	29.4%	162	17.7%
SARS-CoV2 (COVID-19)	5	14.7%	31	3.4%
Seasonal coronaviruses	0	0.0%	4	0.4%
Negative	18	52.9%	430	47.1%
Total	**34**	**100%**	**943**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 41, 2025 and previous 12 months.

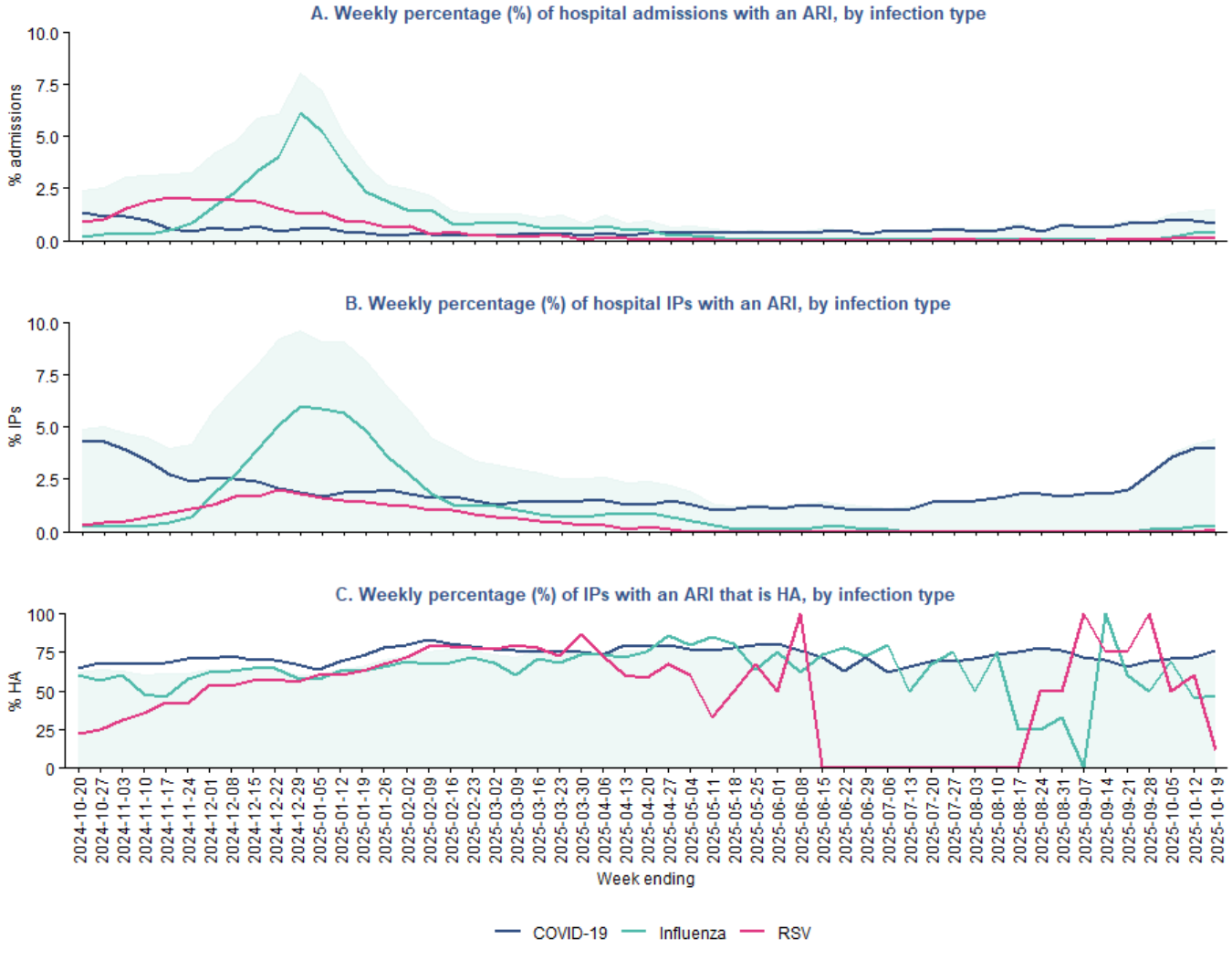


Acute Respiratory Infection Surveillance in Hospital In-Patients

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

Infection	Hospital admissions		Hospital In-patients		
	Count	% of all admissions	Count	% of all IPs	% HA (n)
COVID-19	55	1%	414	4%	76% (316)
Influenza	28	<1%	36	0%	47% (17)
RSV	11	<1%	8	0%	12% (1)
ARI total	**94**	**1%**	**458**	**4%**	**73% (334)**

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.



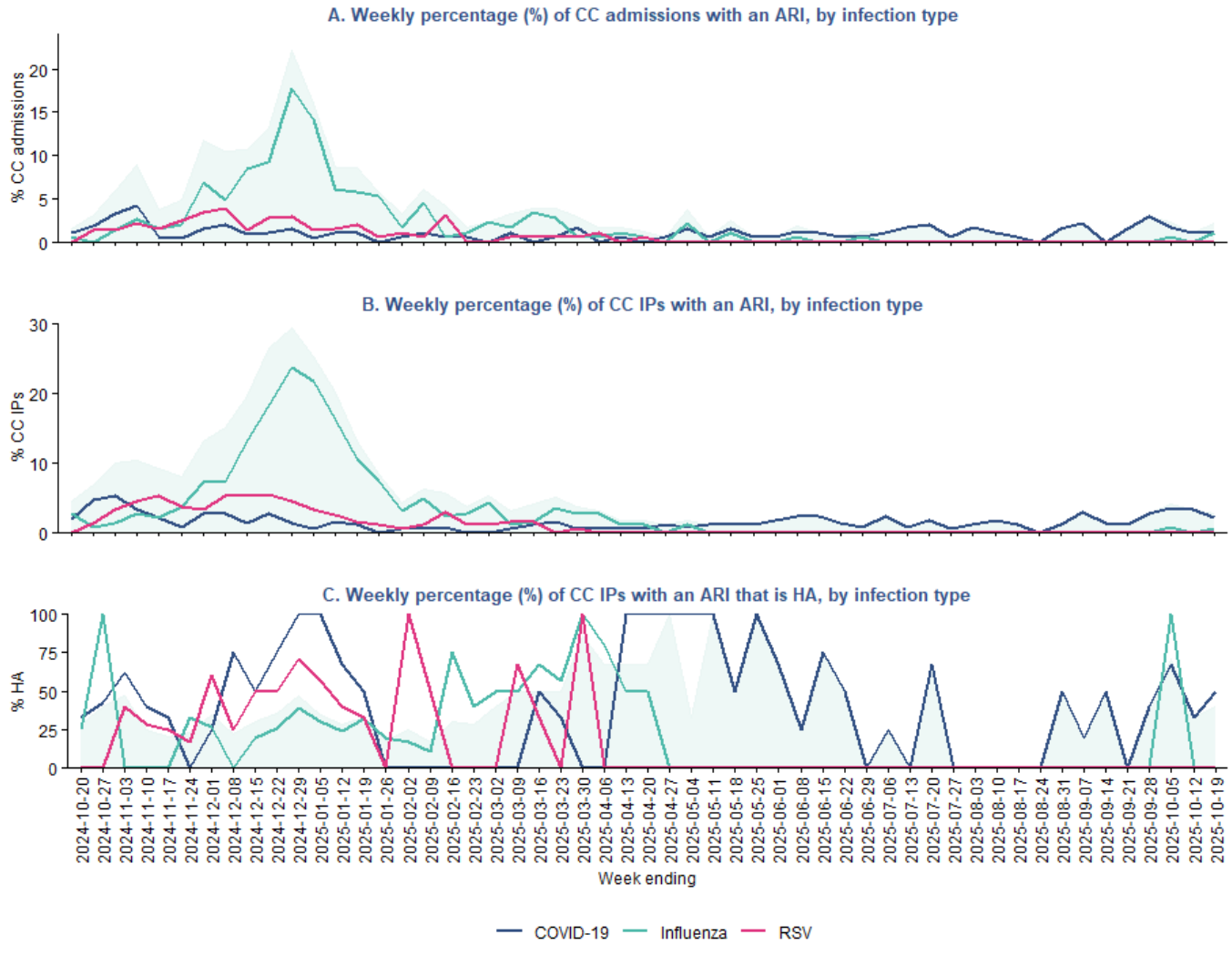
Data as of: 22-10-2025

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).

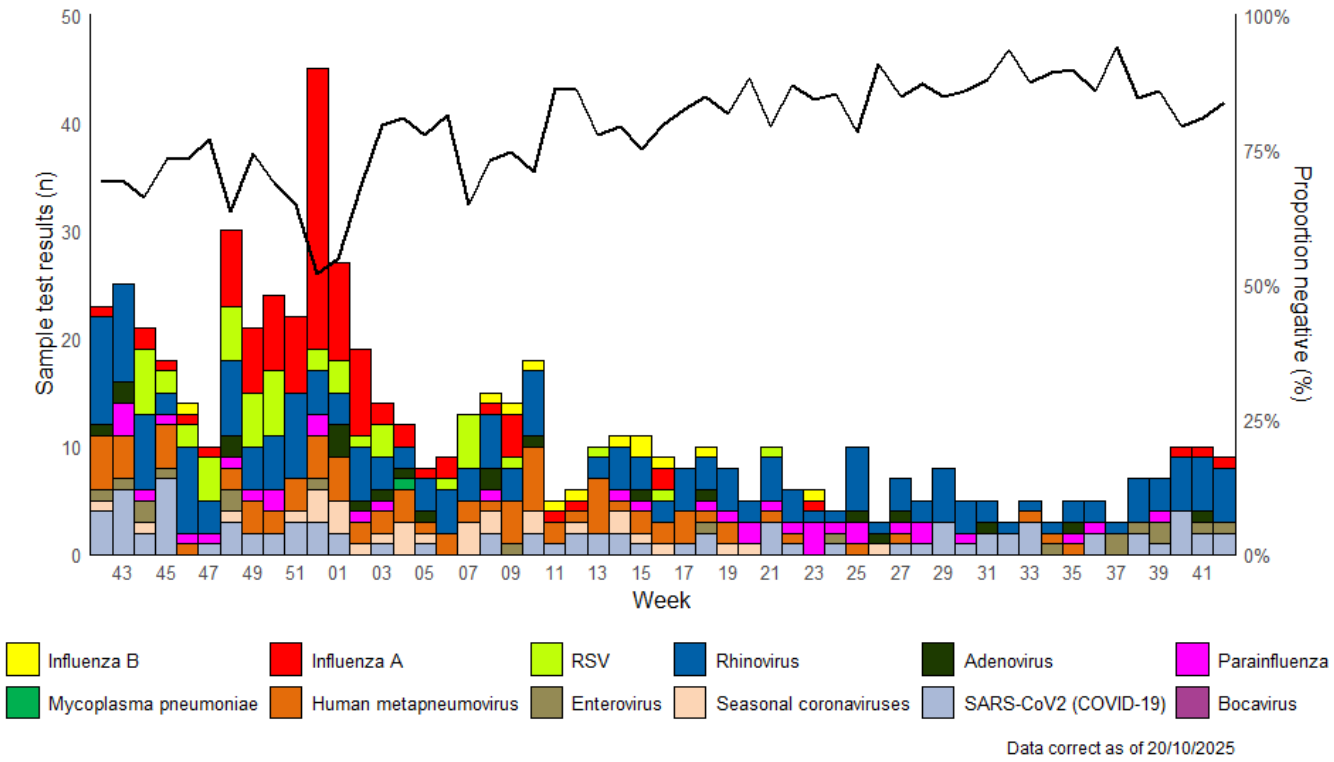
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	2	1%	4	2%	50% (2)
Influenza	2	1%	1	0%	0% (0)
RSV	0	0%	0	0%	0% (0)
ARI total	**4**	**2%**	**5**	**3%**	**40% (2)**

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: 22-10-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 42, 2024 to Week 42, 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 42, 2025, four ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- One was “cough”, two were Covid-19, and one was Parainfluenza
- All four were Residential Home

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

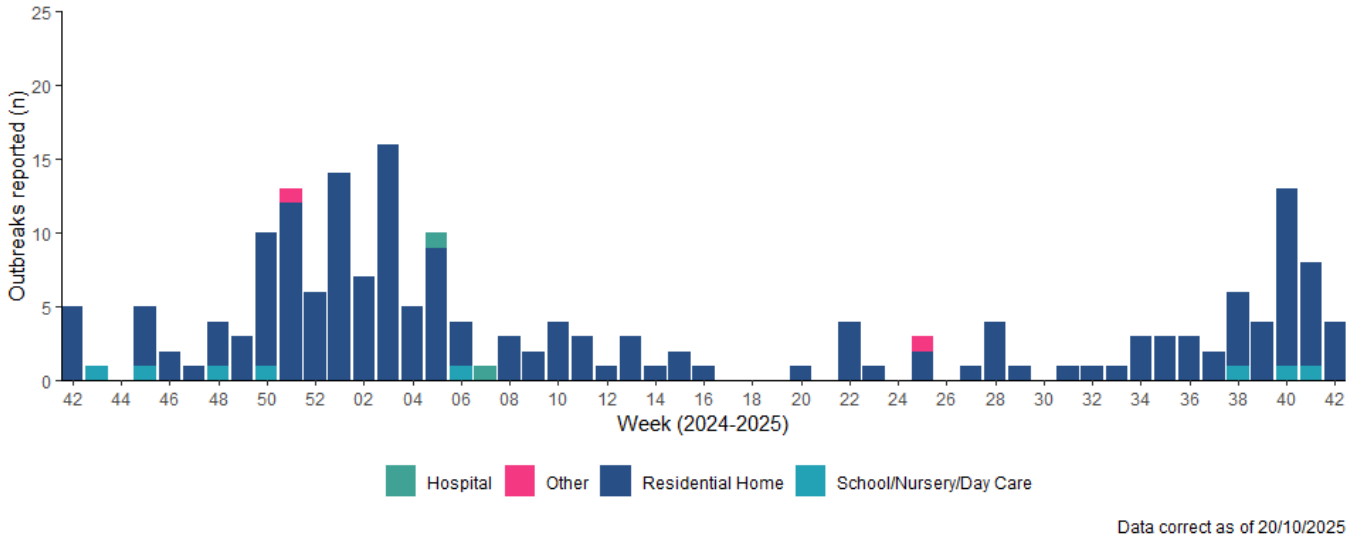
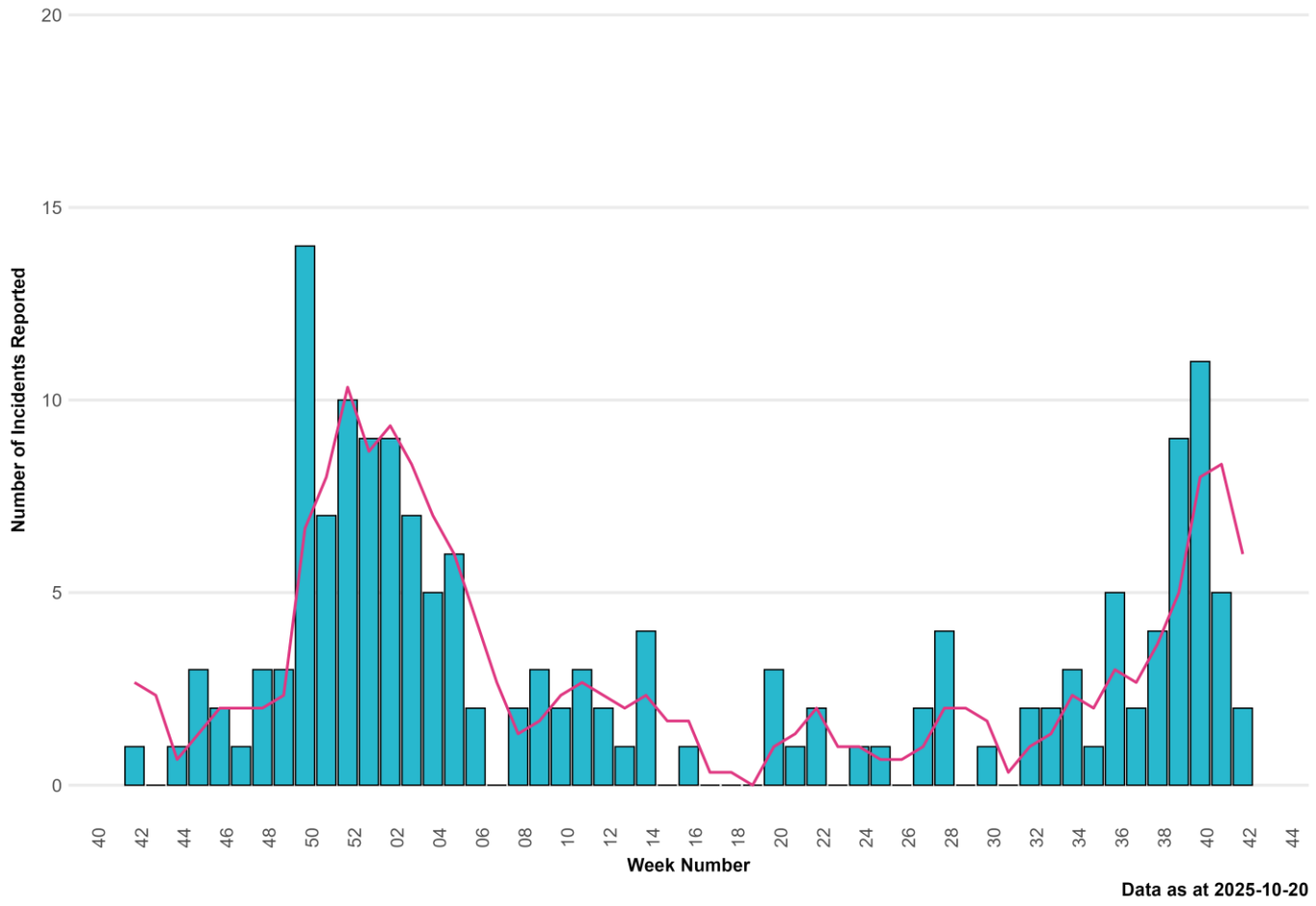


Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



5. Mortality surveillance

- According to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National Statistics are summarised by week, age-group, setting of death and deprivation quintile of residence in Figures 5.2 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.

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

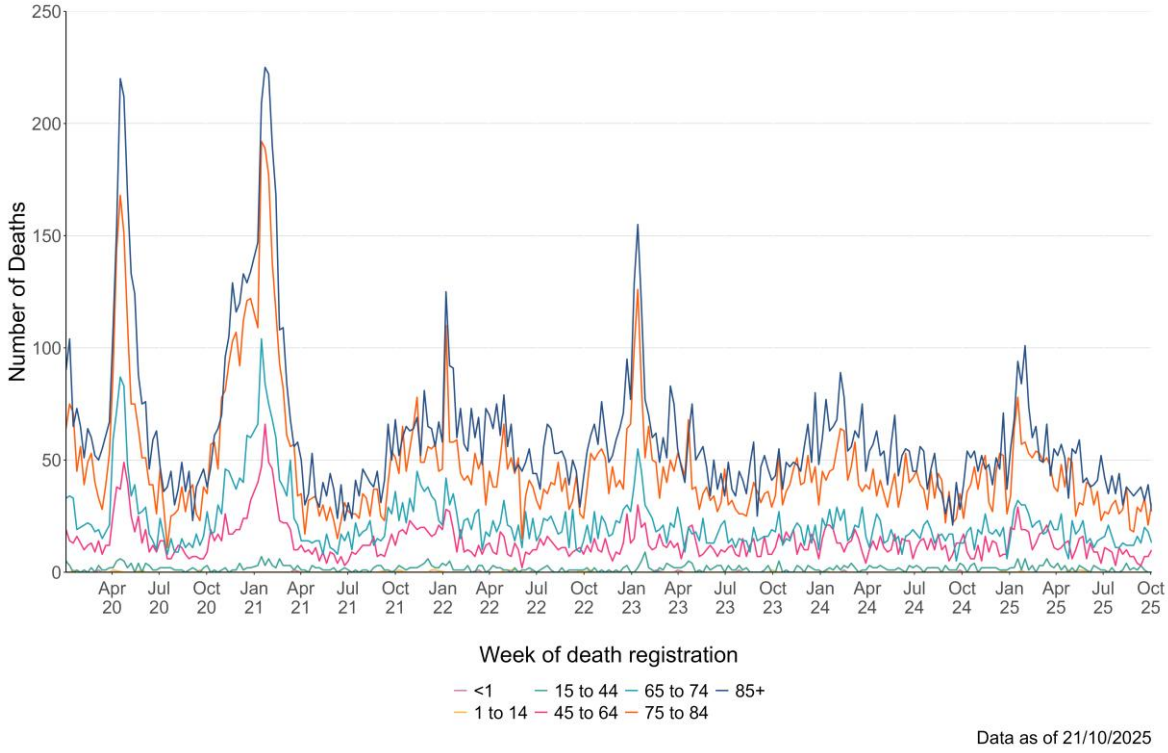


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

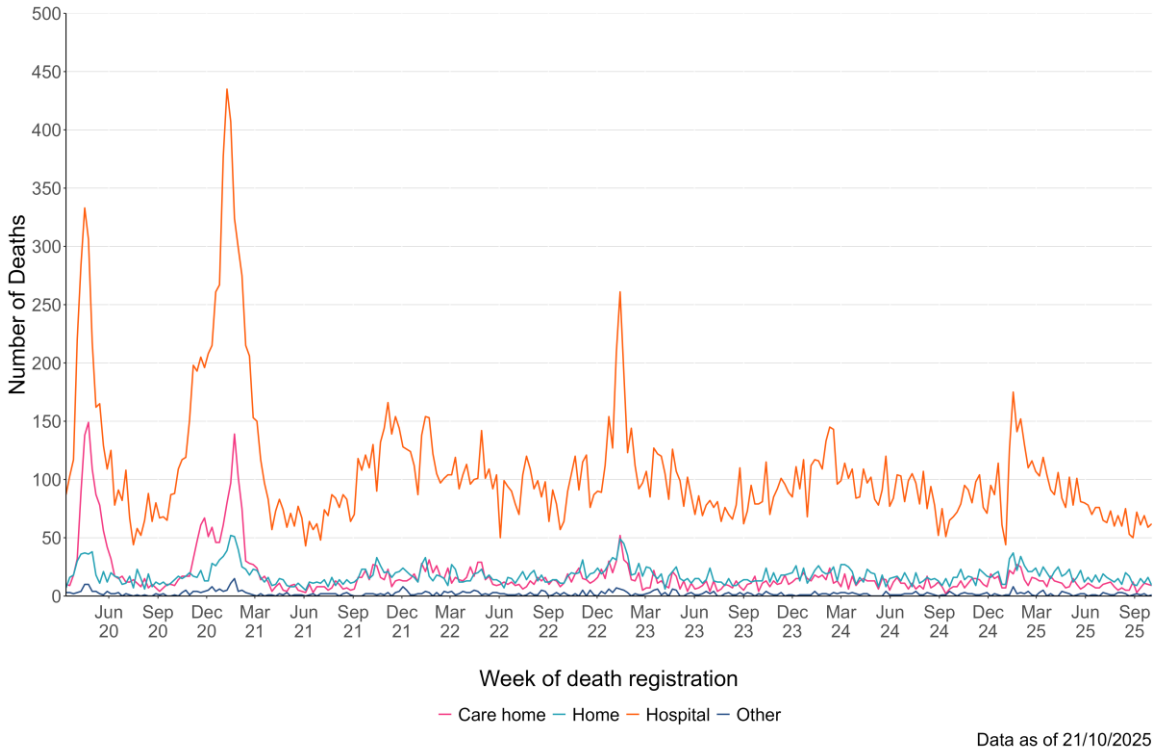
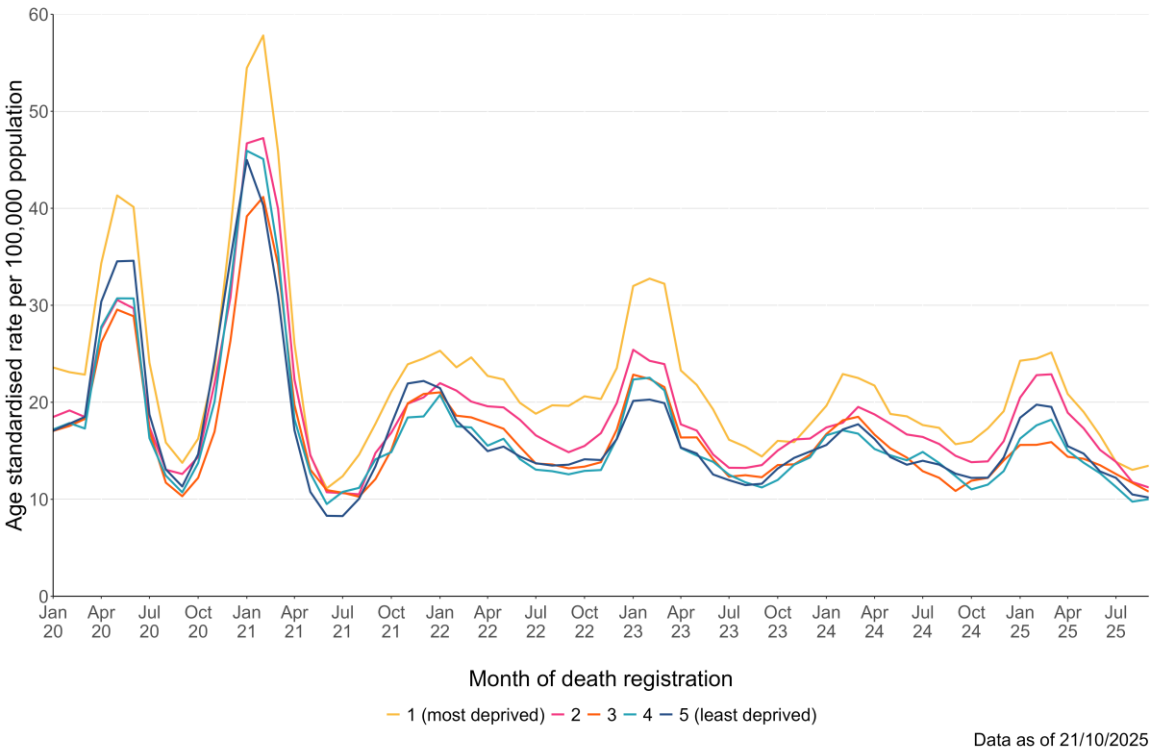


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



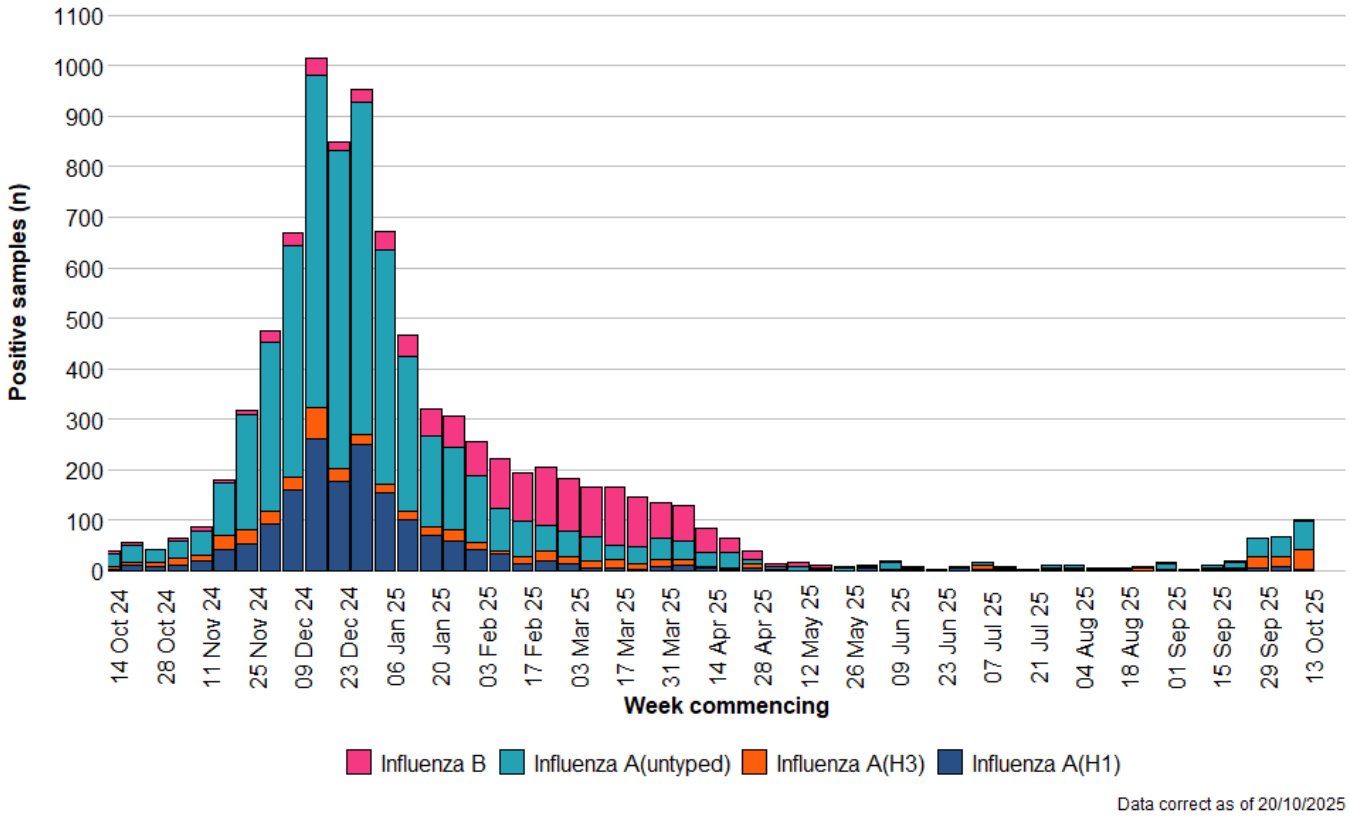
For interactive versions of these data, including health board specific breakdowns, see: [ONS mortality dashboard]

6. Pathogen-specific surveillance

Influenza

- influenza A(H3N2) is the most commonly detected influenza subtype in Wales since Week 40 2025 (82 confirmed cases), followed by influenza A(H1N1) (15 confirmed cases) and influenza B (3 confirmed cases). Additionally, there have been 132 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 42, 2024 to Week 42, 2025.

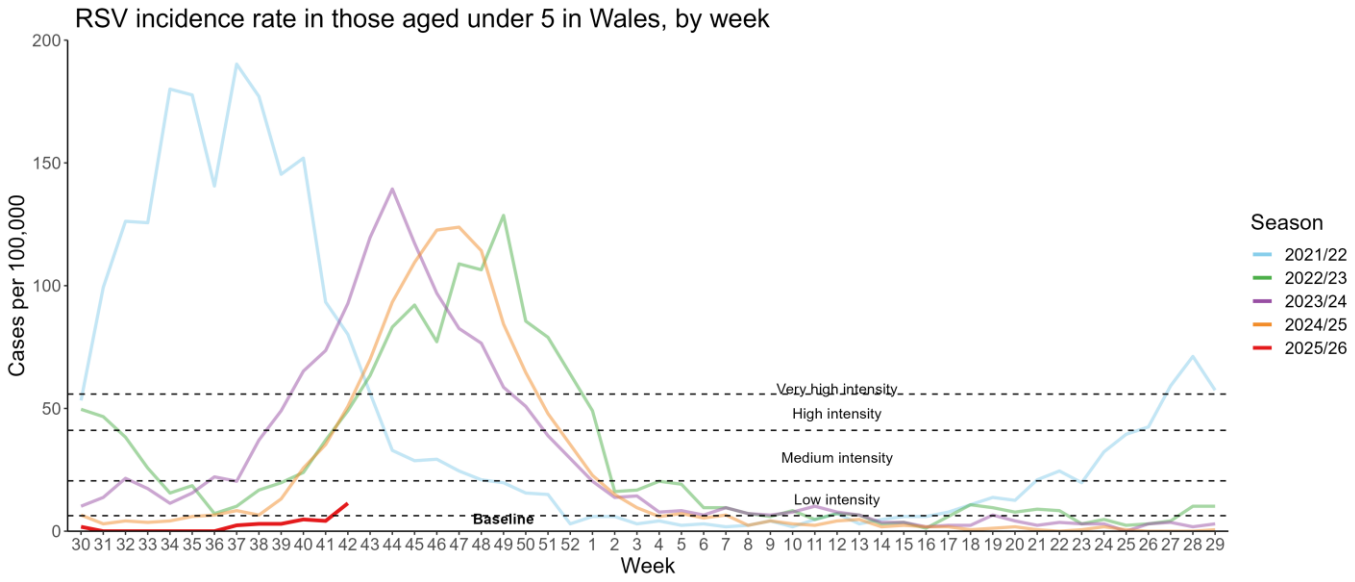


Data correct as of 20/10/2025

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years has crossed the threshold for the start of the season and is currently at low (11.4) intensity levels per 100,000 population during Week 42 2025.

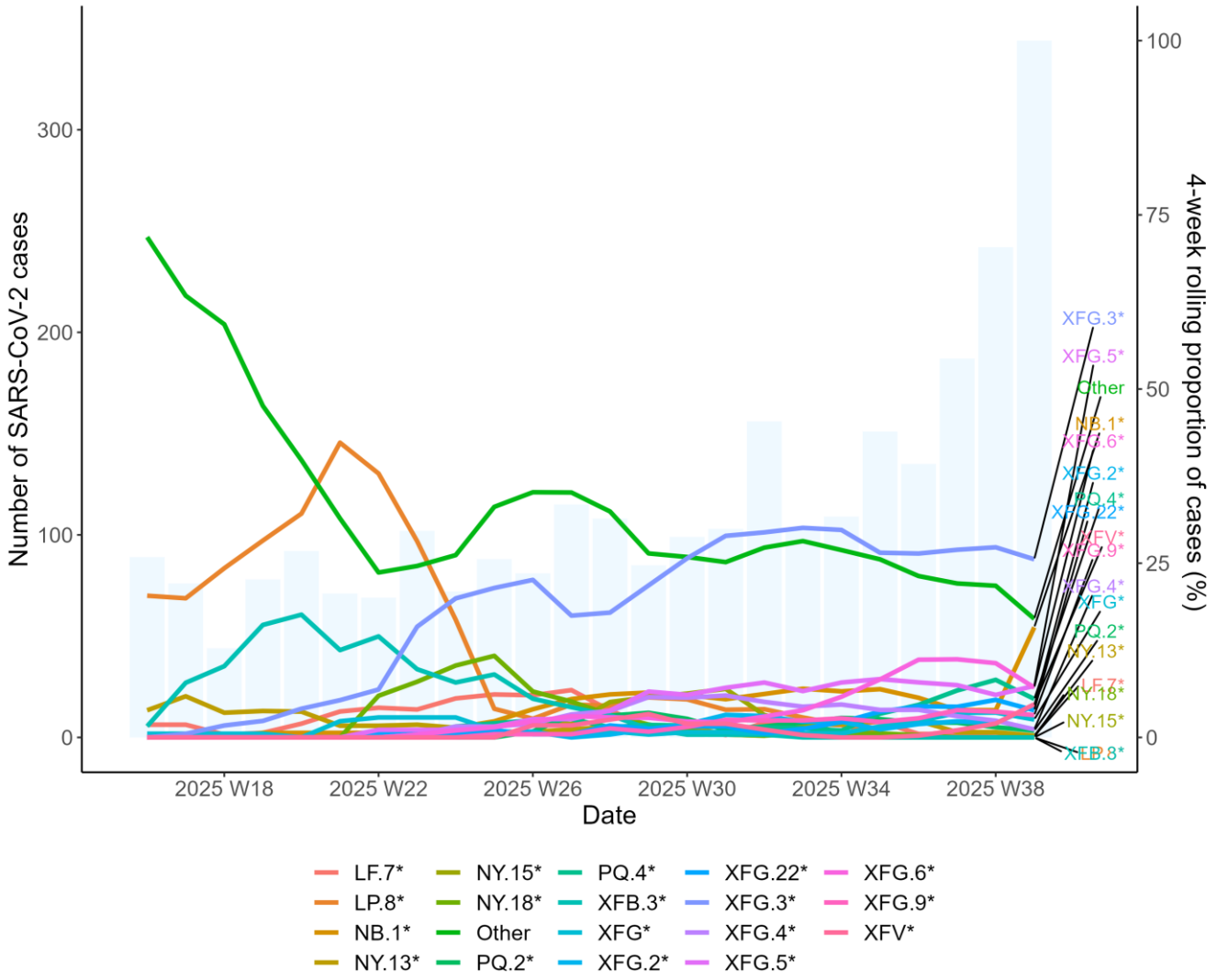
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 42 2025.



SARS-CoV-2 Variant surveillance

- Pango group XFG.3* is the most frequently detected variant in Wales currently, accounting for 27.9% 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 (2025 W17 to 2025 W41).



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

- GP ILI consultations increased to 5.4 per 100,000 in England, and decreased to 3.3 per 100,000 in Northern Ireland, and to 4.4 per 100,000 in Scotland in Week 41.
- During Week 41, 4,714 samples tested for influenza were reported in England of which 319 were positive for influenza (117 influenza A (not subtyped), 115 influenza A (H3N2), 23 influenza A (H1N1)pdm09, and five influenza B). Overall influenza positivity decreased slightly to 8.3% in England in Week 41, and increased to 2.7% in Northern Ireland and to 3.6% in Scotland in Week 41.
  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 41, that influenza positivity remained below the 10% positivity epidemic threshold at 3%. Of the 32 countries and areas reporting on influenza intensity, two reported medium intensity or higher. Of the 30 countries and areas reporting on geographic spread of influenza viruses within a country or area, one reported widespread or regional distribution. There were 81 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- Globally, influenza activity remained low, with influenza A viruses continuing to predominate. Different patterns were observed across hemispheres and transmission zones.
- In the northern hemisphere, over the past few weeks, influenza activity remained low and stable in most transmission zones in the temperate northern hemisphere. Influenza positivity was elevated in Central America and the Caribbean, Western, Northern, Eastern and Middle Africa, Western, Southern and South-East Asia and percent positivity was over 30% in countries in South-East Asia and Western Africa. An increase in activity was observed in countries in Central America and the Caribbean, Western and Eastern Africa, Western and South-East Asia.
- In the southern hemisphere, influenza activity remained low and stable in most reporting countries with elevated positivity (>10%) observed in single countries in Temperate South America, Eastern Africa, and percent positivity over 30% in single countries in South-East Asia and Oceania. An increase in activity was observed in a single country in South-East Asia.
- In the transmission zones with elevated positivity, influenza A(H1N1)pdm09 predominated in Central America and the Caribbean, Eastern and Middle Africa whilst influenza A(H3N2) was the predominant circulating subtype in Temperate South America, Western, Southern and South-East Asia and Oceania. Influenza A(H1N1)pdm09 and influenza A(H3N2) were codominant in Western Africa. **Source**: WHO influenza update: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update

- Based on the WHO influenza laboratory surveillance information reporting (as of 22/10/2025) during Week 41 globally there were 585 A(H1N1), 2,728 A(H3), 2,592 A(not subtyped), 200 influenza B (Victoria) and 241 influenza B(lineage not determined) **Source:** Flu Net: https://worldhealthorg.shinyapps.io/flunetchart/

Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that influenza activity levels were low during Week 38 (ending 20/09/2025, latest data available). Nationally, 160 (0.4%) out of 45,194 specimens have tested positive for influenza in Week 38 in clinical laboratories nationwide,

of these positive samples, 140 (87.5%) were influenza A and 20 (12.5%) were influenza B. Further characterisation has been carried out on 371 specimens by public health laboratories, and 27 samples tested positive for influenza; six influenza A(H1N1)pdm09, nine influenza A(H3N2), 10 influenza A(not subtyped), 0 influenza H5, and 2 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during Week 41, influenza activity remains at interseasonal levels. 187 influenza detections were reported: 181 influenza A and six 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 38 (latest data available). **Source:** CDC RSV national trends: National Respiratory and Enteric Virus Surveillance System | CDC

Middle East respiratory syndrome coronavirus (MERS-CoV) – latest update from WHO and ECDC

- As of 12 May 2025, Saudi Arabia reported nine MERS-CoV cases from 01 March 2025 to 21 April 2025, including 2 deaths. WHO Global Alert and Response website: https://www.who.int/emergencies/disease-outbreak-news
- Rapid risk assessments of the situation from ECDC, which contain epidemiological updates and advice for travellers and healthcare workers, are available from: https://ecdc.europa.eu/en/middle-east-respiratory-syndrome-coronavirus
- Further updates and advice for healthcare workers and travellers are available from WHO: http://www.who.int/emergencies/mers-cov/en/ and from NaTHNaC: https://travelhealthpro.org.uk/news/237/mers-cov-update-travelhealthpro-country-pages

Human infection with avian influenza A

- The WHO has published an updated assessment of recent influenza A(H5N1) virus events in animals and people. Currently, the global public health risk of influenza A(H5N1) viruses to be low, while the risk of infection for occupationally exposed persons is low to moderate, depending on the risk mitigation measures in place. Transmission between animals continues to occur and, to date, a growing yet still limited number of human infections are being reported. 05 July 2025: Other updates on zoonotic influenza infections and risks to humans are available from the WHO Global Alert & Response website: https://www.who.int/emergencies/disease-outbreak-news

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/fluvaccine/weekly-influenza-and-acute-respiratory-infection-report/

Public Health Wales COVID-19 data dashboard: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/

Public Health Wales interactive report on hospitalisations in influenza and RSV cases: https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/ARI-Hospitaladmissionsdashboard/ARIhospitaladmissionsdashboard?publish=yes

NICE influenza antiviral usage guidance: http://www.nice.org.uk/Guidance/TA158

England influenza and COVID-19 surveillance: National flu and COVID-19 surveillance reports: 2025 to 2026 season - GOV.UK (www.gov.uk)

Scotland seasonal respiratory surveillance: Publications - Public Health Scotland

Northern Ireland influenza surveillance: https://www.publichealth.hscni.net/directorate-public-health/health-protection/seasonal-influenza

European Centre for Communicable Disease: http://ecdc.europa.eu/

European influenza information: http://flunewseurope.org/

Advice on influenza immunisation https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/

Advice on influenza immunisation (for intranet users) Influenza (sharepoint.com)

For further information on this report, please email Public Health Wales using: surveillance.requests@wales.nhs.uk