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Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 46 (ending 16 November 2025)

Headline

- Evidence from surveillance suggests that influenza continues to circulate in the community in Wales. 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 have confirmed case numbers and the proportion of patients testing positive for influenza.
- The Respiratory Syncytial Virus (RSV) season is also underway, with incidence of confirmed cases in <5y olds now above the very high intensity activity threshold.
- COVID-19 case numbers have decreased in recent weeks.
- GP consultations for acute respiratory infections have increased in recent weeks.
- 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.

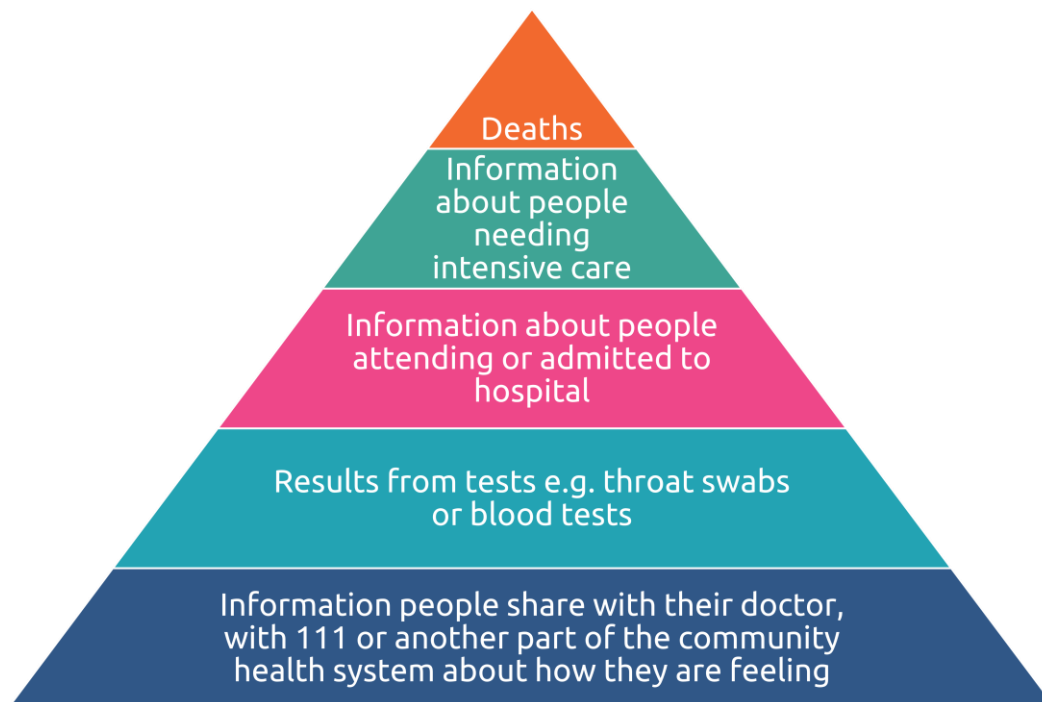


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High Level Summary Points

	Community infection indicators	Severe infection indicators
Overall Acute Respiratory Infection (ARI)	Consultations with Sentinel GPs for acute respiratory infection (ARI) decreased compared to last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV increased in Week 46 (3% of total admissions).
Influenza	<p>Influenza is circulating, with activity currently at <u>low</u> levels however case numbers continue to increase.</p> <p>The overall proportion of samples testing positive increased in the most recent week to 12%.</p> <p>Consultations for influenza-like illness (ILI) with sentinel GPs increased above the baseline threshold and are at currently low intensity. 38 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 increased to 65 during Week 46.</p> <p>During Week 46, there were 79 in-patient cases of confirmed influenza, two of whom were in critical care.</p>
Influenza type breakdown	<p>Since 2025 Week 40: 1,038 total influenza cases confirmed (391 influenza A(H3N2), 34 influenza A(H1N1)pdm09, 605 influenza A untyped and eight influenza B).</p> <p>In the most recent week: 73 influenza A(H3), three influenza A(H1N1), 152 influenza A untyped and zero influenza B.</p>	
COVID-19	<p>The overall proportion of samples testing positive decreased to 3.1 % in hospital and non-sentinel GP practices.</p> <p>Consultations with Sentinel GPs and sentinel community Pharmacies for confirmed COVID-19 decreased in the most recent week.</p>	<p>The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 28 during Week 46.</p> <p>During Week 46 there were 163 in-patient cases of confirmed COVID-19, two of whom were in critical care.</p>
RSV	RSV incidence per 100,000 in children aged up to 5y increased to 60.4 in Week 46 and is at very high intensity levels.	<p>The number of confirmed cases of community acquired RSV admitted to hospital increased to 63 during Week 46.</p> <p>During Week 46 there were 48 in-patient cases of confirmed RSV, and two in critical care.</p>
Other respiratory pathogens	Rhinovirus remained the most prevalent pathogen in sentinel and non-sentinel surveillance. In sentinel GP practices, test positivity increased for human metapneumovirus . All other pathogens decreased or remained stable. In non-sentinel testing, test positivity for adenovirus increased, all other pathogens were stable or decreasing.	



1. Community surveillance indicators

GP Consultations

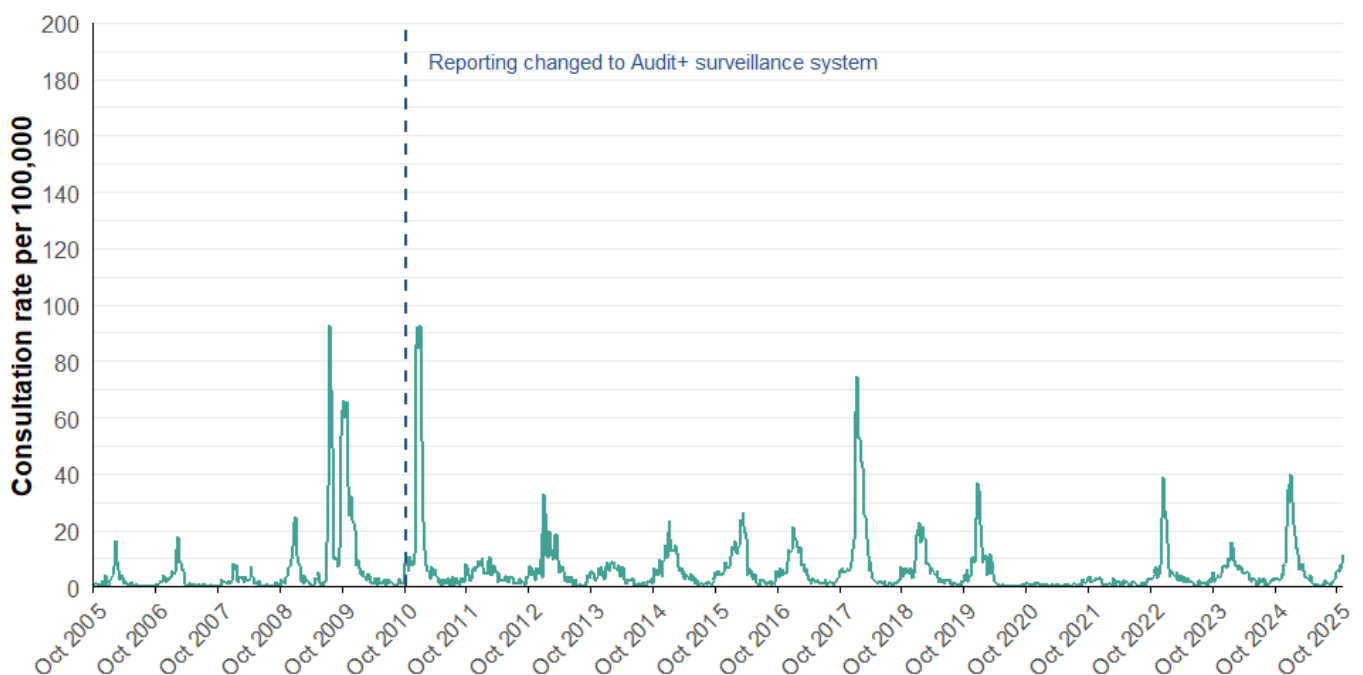
- The sentinel GP consultation rate for influenza-like illness (ILI) is now above the baseline threshold and currently at low intensity. The three-week trend is increasing (Figures 1.1, 1.2).
- There were 11 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (8.3 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 14.7 ARI consultations per 100,000 practice population, a decrease from 20.9 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (977.6) followed by people aged 1 to 4 (712) and people aged 5 to 14 (164.7) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are broadly increasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators increased from 1,830 in the previous week to 1,899 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).

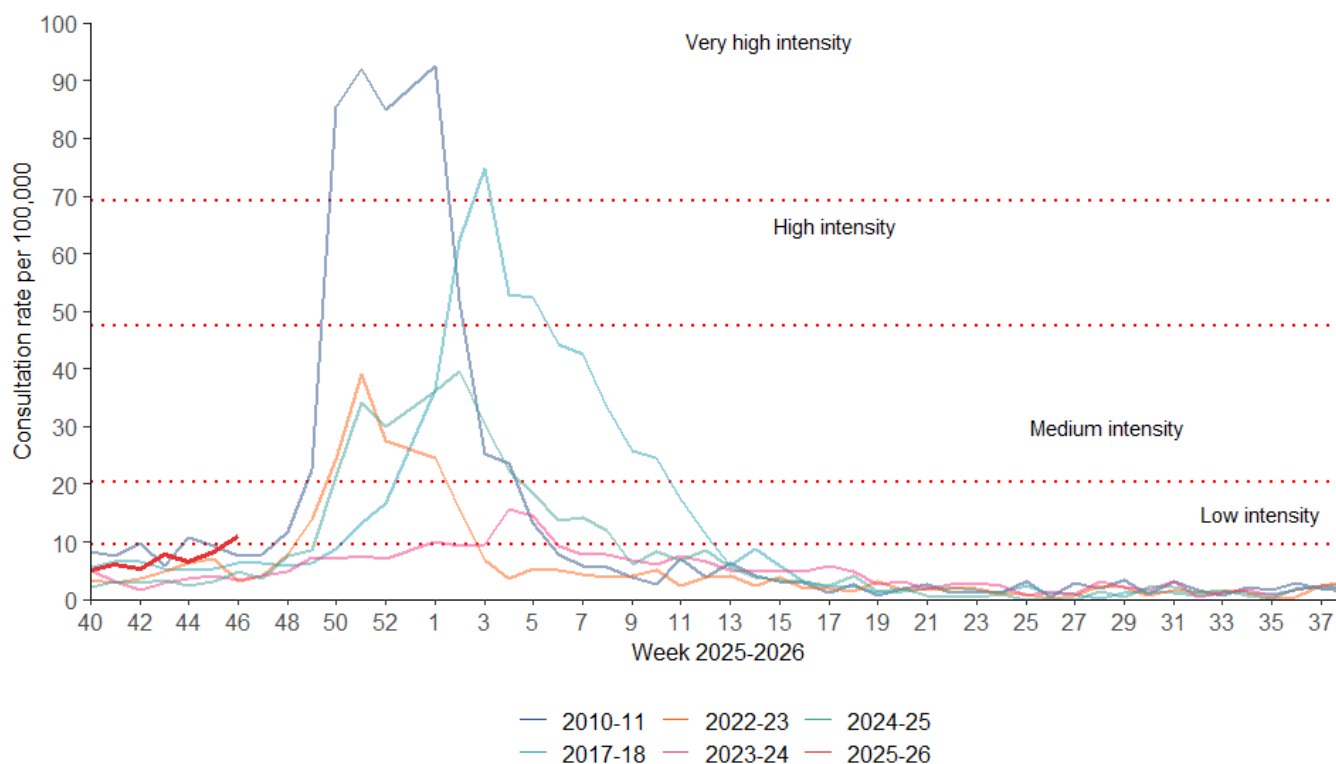
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 46, 2025).



Data correct as of 18/11/2025

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



Data correct as of 18/11/2025

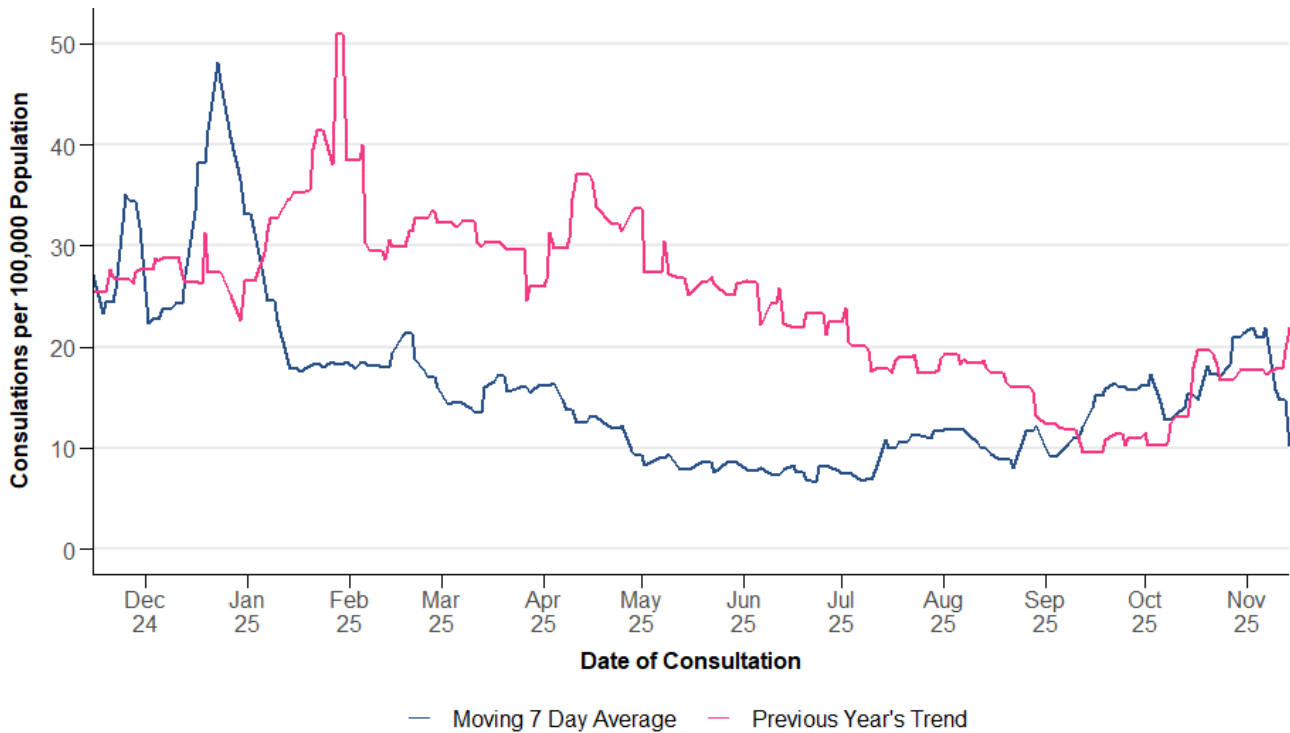
GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 46, 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	14.72	20.86	17.61
COVID-19	0.61	2.41	22.76
LRTI	5.46	7.95	6.49
Pneumonia	0.02	0.05	0.04
Severe asthma	0.36	0.51	0.95
URTI	9.30	12.95	11.28
Total	30.47	44.73	59.13

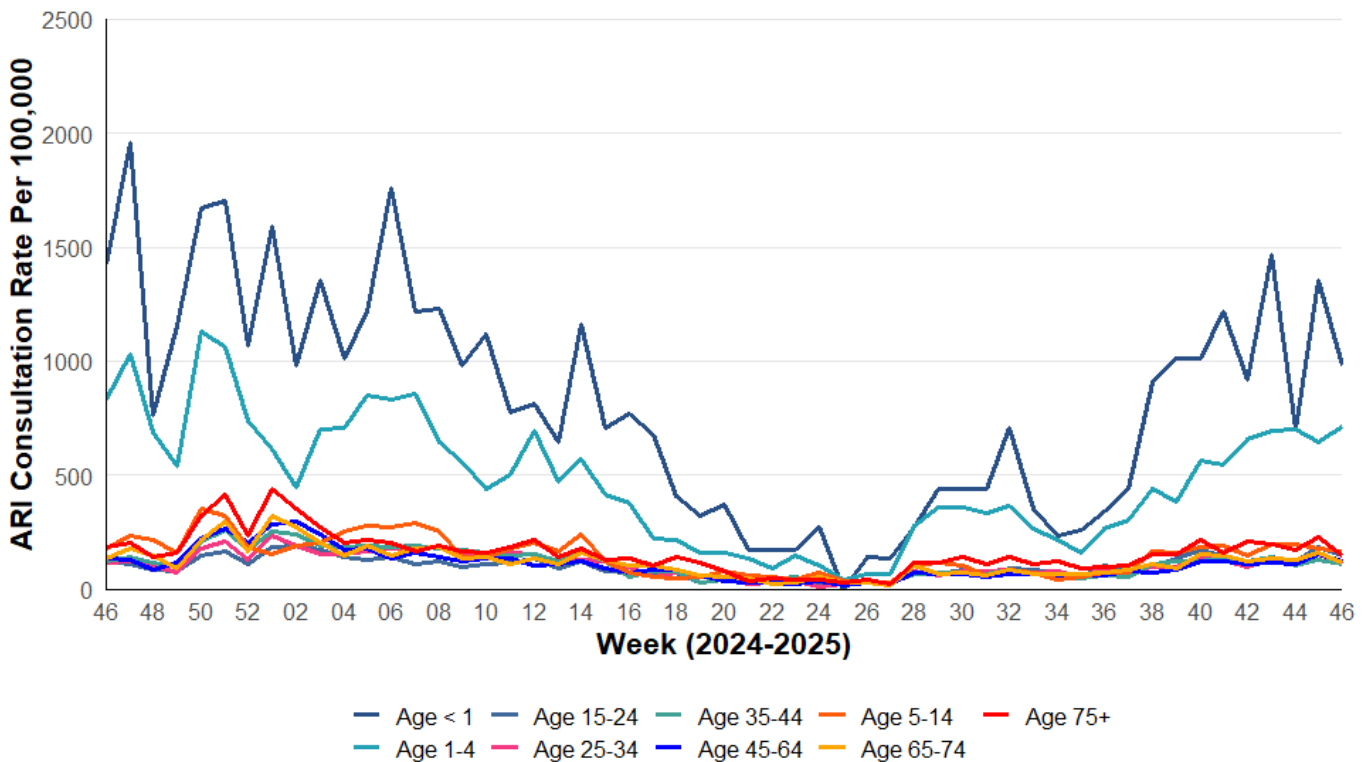
NB: "Current reporting week" refers to the average daily rate in the current reporting week. "Preceding week" refers to the average daily rate in the preceding week. "Equivalent period last year" refers to the average daily rate in the equivalent period last year.

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



Data correct as of 18/11/2025

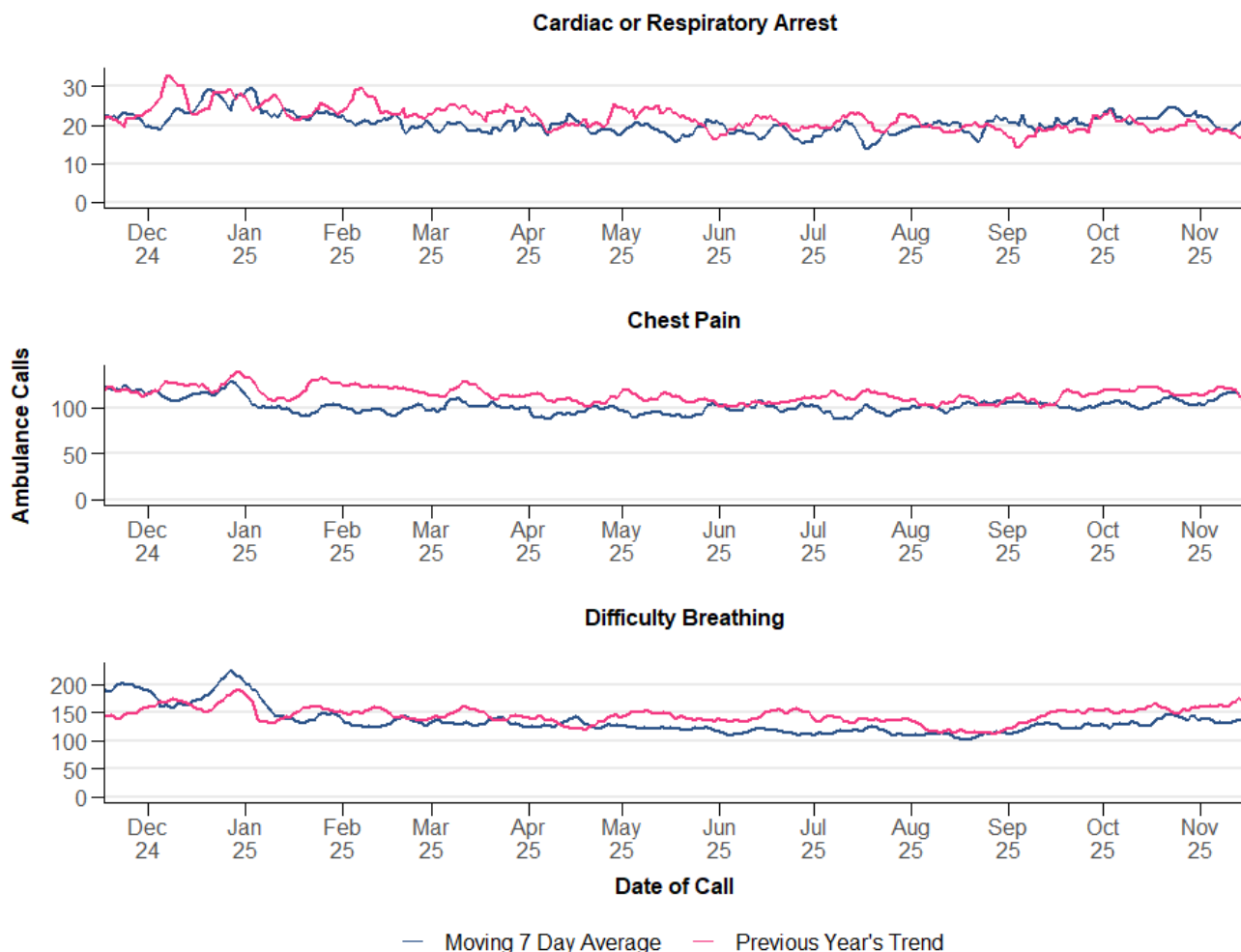
Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Data correct as of 18/11/2025

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 18/11/2025

Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 46, 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	141	134	130
Chest Pain	807	771	842
Difficulty Breathing	951	925	1,135
Total	1,899	1,830	2,107

NB: "Current reporting week" refers to the total number of calls in the current reporting week. "Preceding week" refers to the total number of calls in the preceding week. "Equivalent period last year" refers to the total number of calls in the equivalent period last year.



2. Virological Surveillance

Wales Sentinel GP and Sentinel Community Pharmacy Network

- There were 301 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 46, 2025, as at 19/11/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (57) followed by influenza A (38) and RSV (15). Of the 301 tests, 51.5% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,083 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 46 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were influenza A (130) followed by rhinovirus (116) and RSV (107). Of the 1083 tests, 60.6% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

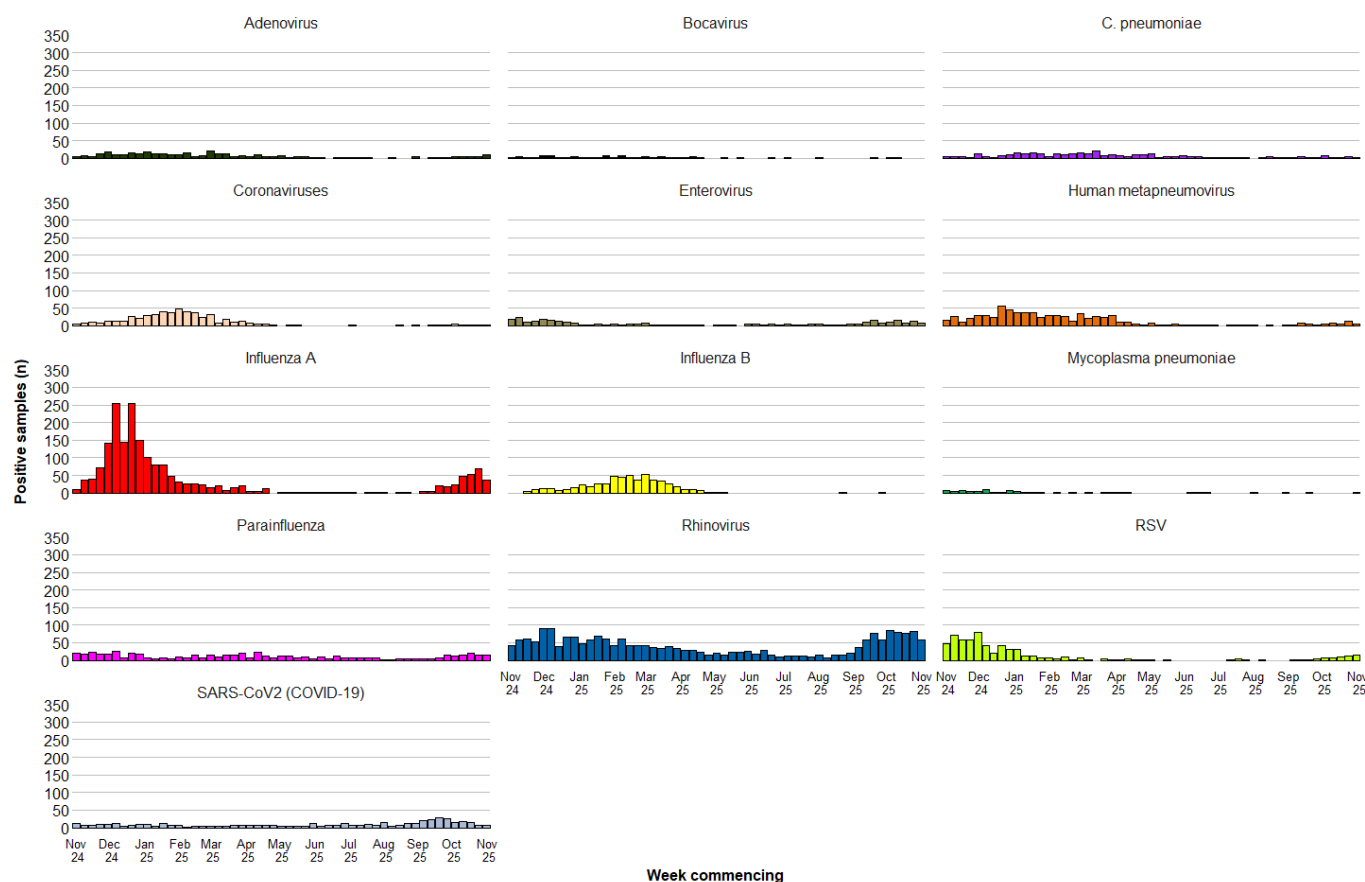
Additionally, during Week 46, 439 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 60 for influenza (60 for influenza A, zero for influenza B)
- 16 for SARS-CoV-2 (COVID-19)
- 26 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 46, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	57	18.9%	27.6%	Decreasing
Influenza A	38	12.6%	22.6%	Decreasing
RSV	15	5.0%	4.0%	Stable
Parainfluenza	15	5.0%	5.0%	Stable
Adenovirus	10	3.3%	1.7%	Increasing
Enterovirus	7	2.3%	4.0%	Decreasing
SARS-CoV-2 (COVID-19)	6	2.0%	2.7%	Stable
Human metapneumovirus	4	1.3%	4.0%	Decreasing
C. pneumoniae	3	1.0%	1.3%	Stable
Coronaviruses	2	0.7%	0.7%	Stable
Mycoplasma pneumoniae	1	0.3%	0.0%	Stable
Influenza B	0	0.0%	0.0%	Stable
Bocavirus	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 46, 2024 to Week 46, 2025.



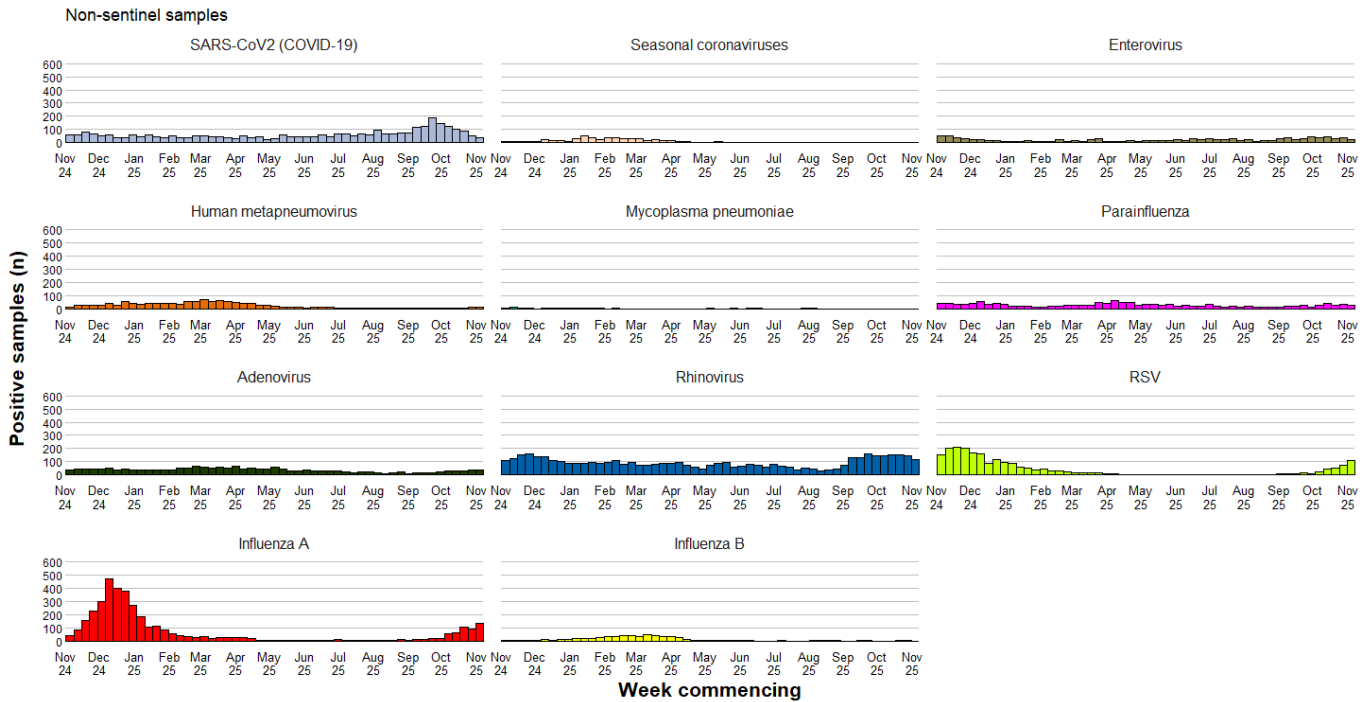
Data correct as of 19/11/2025

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 46, 2025.

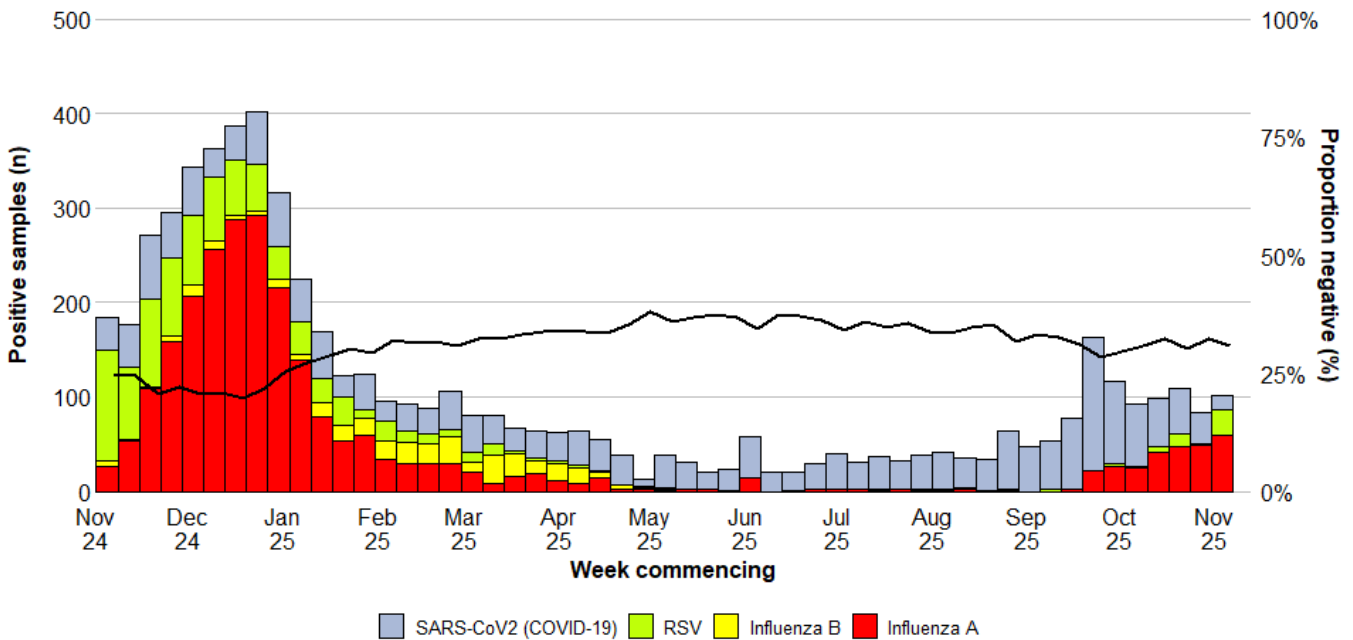
Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	130	12.0%	8.7%	Increasing
Rhinovirus	116	10.7%	13.2%	Decreasing
RSV	107	9.9%	6.5%	Increasing
Adenovirus	36	3.3%	3.6%	Stable
SARS-CoV-2 (COVID-19)	34	3.1%	4.8%	Decreasing
Parainfluenza	25	2.3%	2.9%	Stable
Enterovirus	23	2.1%	3.2%	Decreasing
Human metapneumovirus	13	1.2%	0.7%	Stable
Seasonal coronaviruses	2	0.2%	0.1%	Stable
Influenza B	0	0.0%	0.2%	Stable
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 46, 2024 to Week 46, 2025.



Data correct as of 17/11/2025

Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV-2 testing only, by week of sample collection, Week 46, 2024 to Week 46, 2025.



Data correct as of 17/11/2025



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

Sentinel SARI in emergency departments

- During the previous four weeks there were 38 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(4) and Human metapneumovirus(2). Of the 38 samples collected, 39.5% 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 32% for influenza, 5% for SARS-CoV-2 and 5% for RSV.

Hospital in-patients

- During week ending 16/11/2025 there were 156 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (11 more than the previous week), equating to 3% of all hospital admissions in that reporting week.
- At 23:59 on 16/11/2025, there were 290 patients in hospital with confirmed COVID-19, RSV or influenza, 47 less than the previous Sunday. This equates to 3% of all hospital in-patients (IPs) at that time. Of whom 56% (162) were hospital acquired (HA).

Critical-care

- During week ending 16/11/2025 there were 4 ARI critical care (CC) admissions (1 less than the previous week), equating to 2% of all CC admissions in that reporting week.
- At 23:59 on 16/11/2025, there were 6 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 0% (0) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 46, 2025, 53 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).

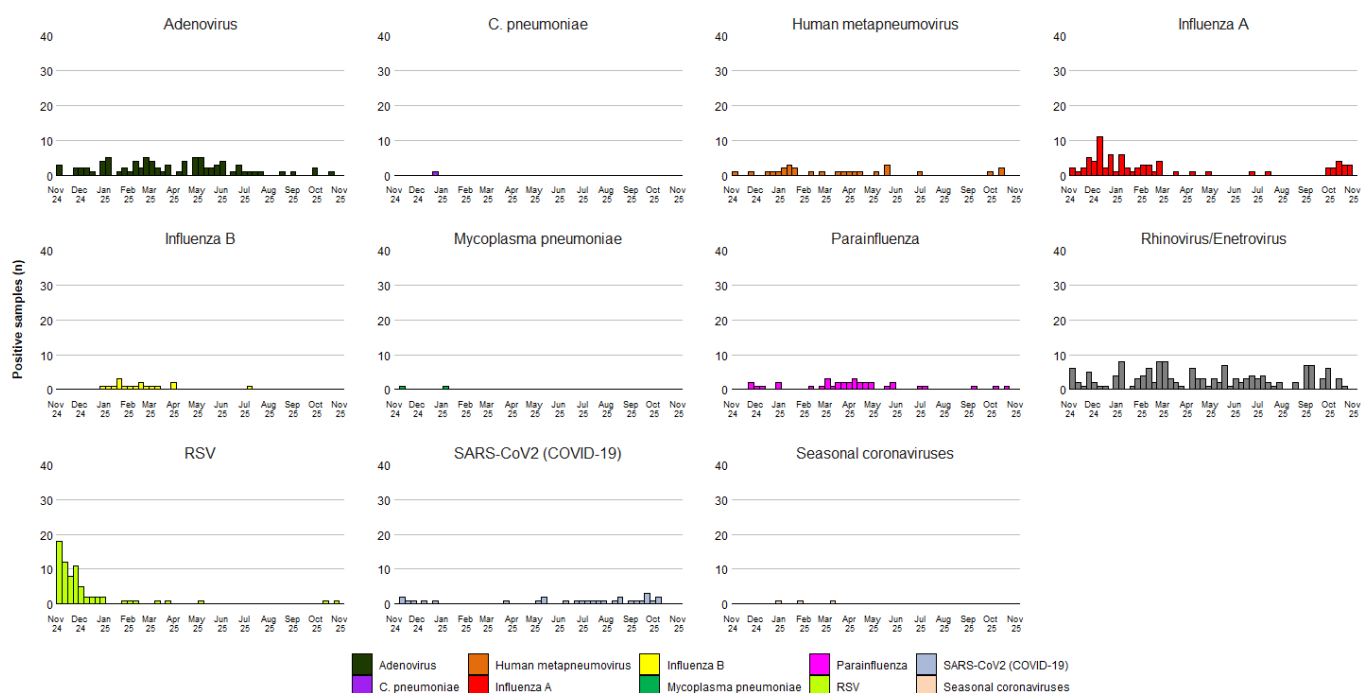
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: [Hospital admissions dashboard](#)

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 45, 2025.

Pathogens Detected	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
	n	%	n	%
Adenovirus	1	2.6%	83	9.7%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	2	5.3%	27	3.2%
Influenza A	12	31.6%	81	9.5%
Influenza B	0	0.0%	17	2.0%
Mycoplasma pneumoniae	0	0.0%	2	0.2%
Parainfluenza	2	5.3%	35	4.1%
Pertussis	0	0.0%	0	0.0%
RSV	2	5.3%	70	8.2%
Rhinovirus/Enterovirus	4	10.5%	147	17.2%
SARS-CoV-2 (COVID-19)	2	5.3%	29	3.4%
Seasonal coronaviruses	0	0.0%	3	0.4%
Negative	15	39.5%	420	49.1%
Total	38	100%	882	100%

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 45, 2025 and previous 12 months.



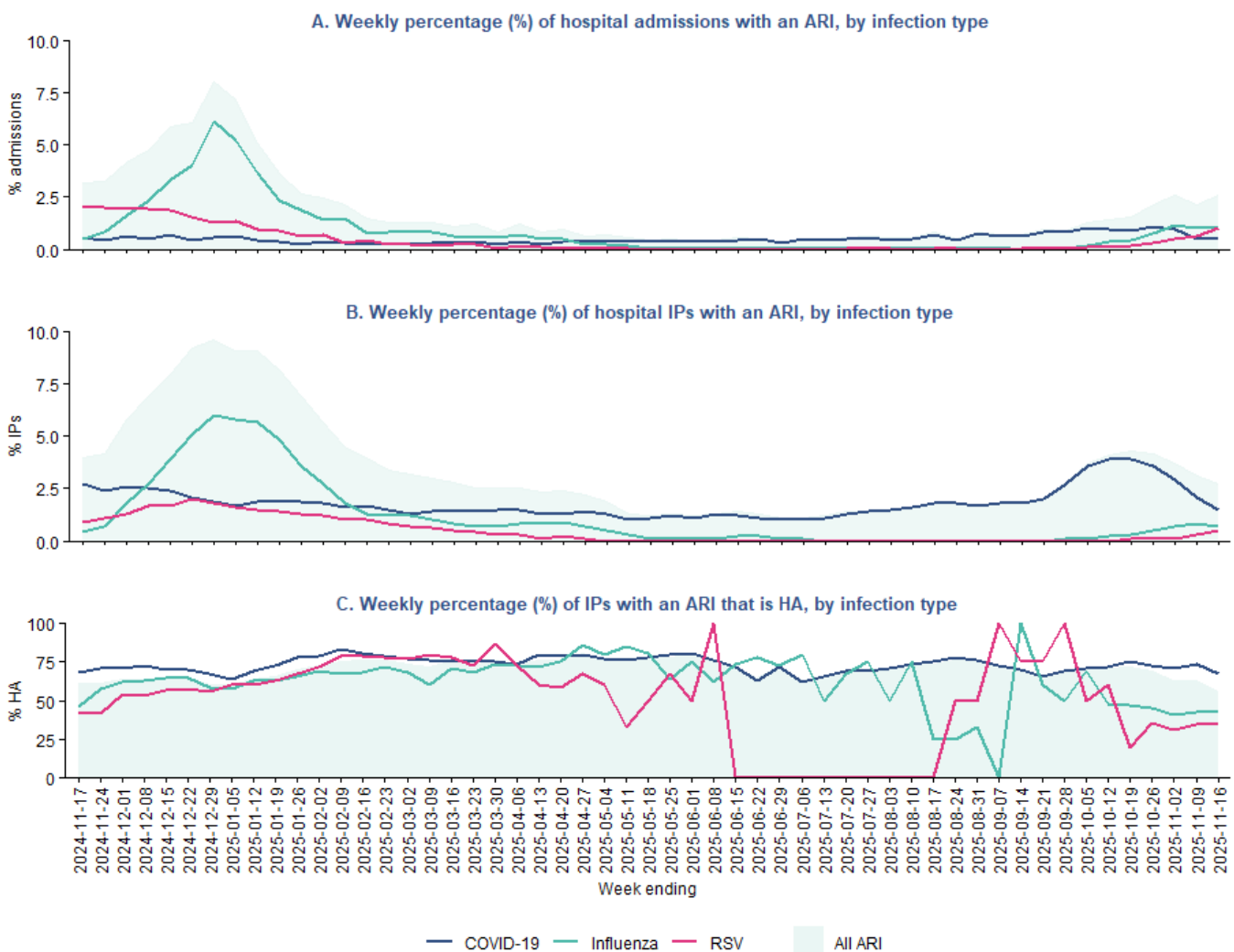
Data correct as of 13/11/2025

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	28	<1%	163	2%	67% (110)
Influenza	65	1%	79	1%	44% (35)
RSV	63	1%	48	0%	35% (17)
ARI total	156	3%	290	3%	56% (162)

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.



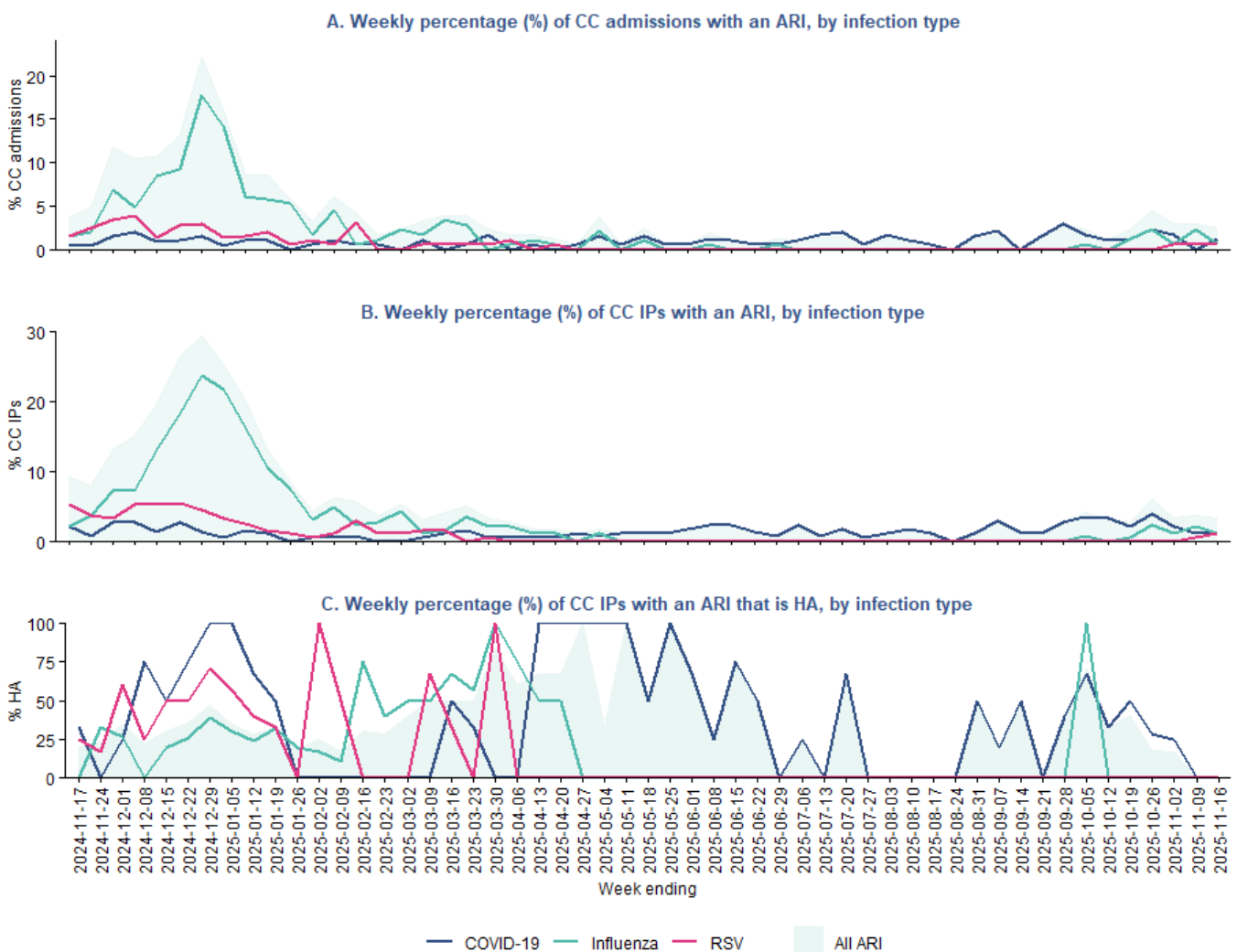
Data as of: 19-11-2025

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).

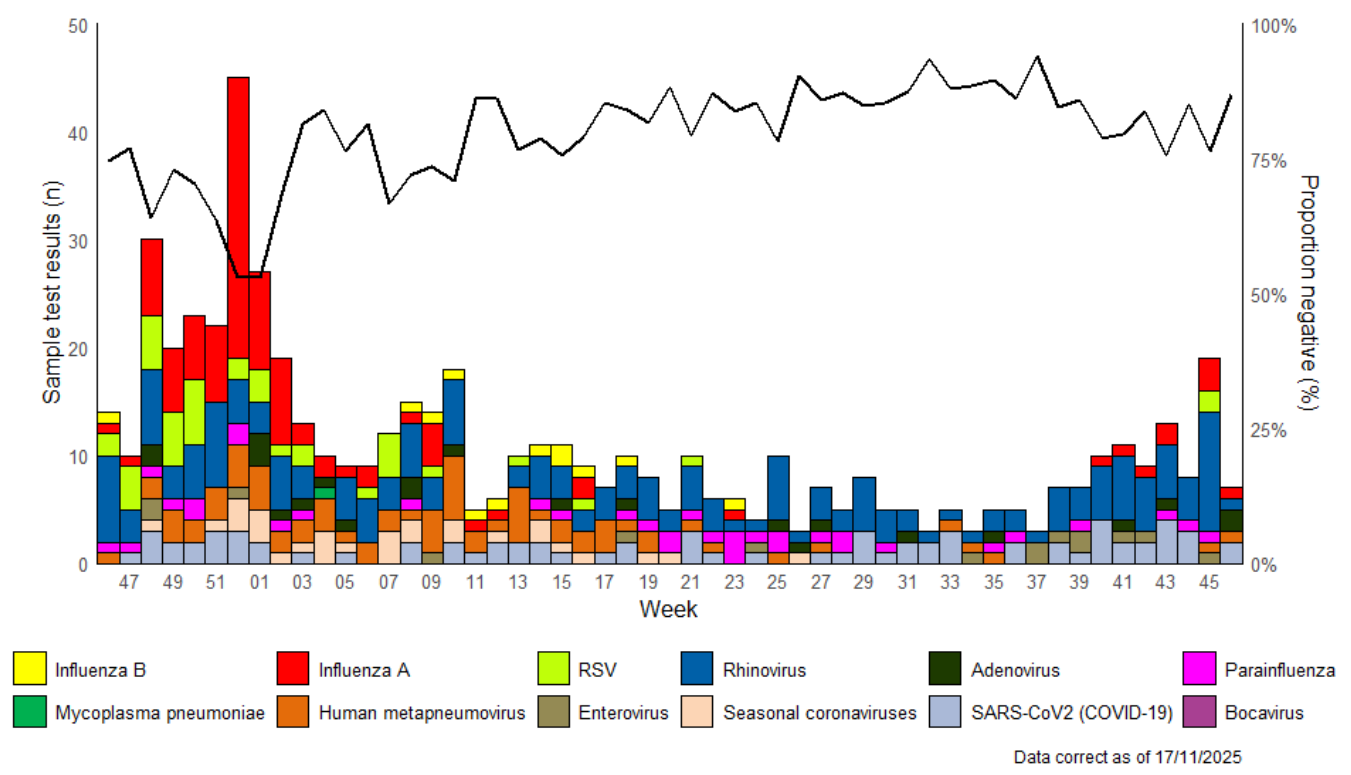
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	2	1%	2	1%	0% (0)
Influenza	1	1%	2	1%	0% (0)
RSV	1	1%	2	1%	0% (0)
ARI total	4	2%	6	3%	0% (0)

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: 19-11-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 46, 2024 to Week 46, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

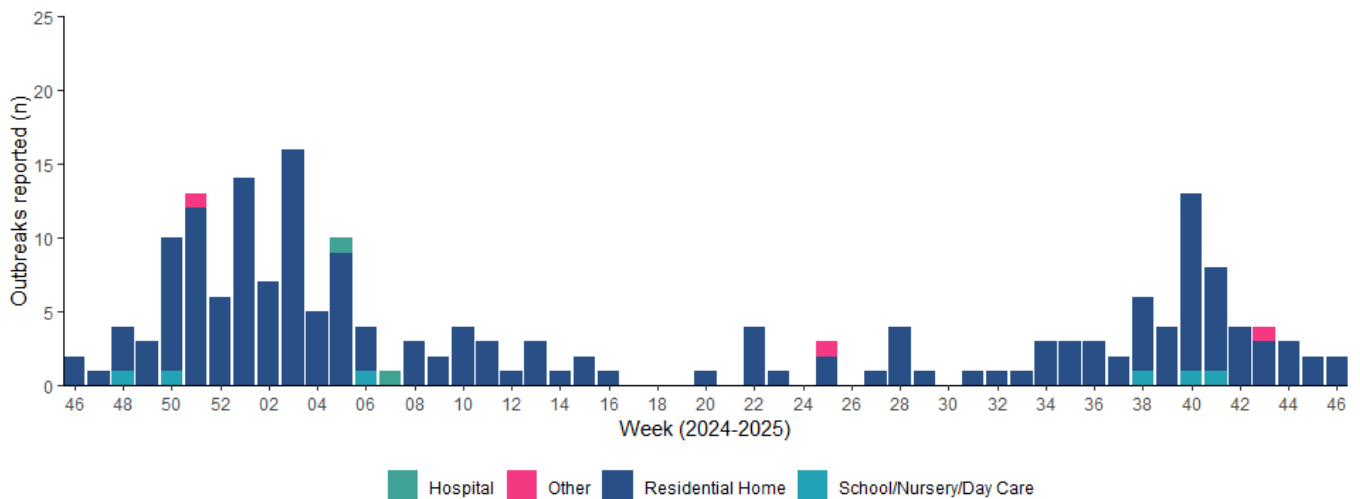
Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During Week 46, 2025, 2 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

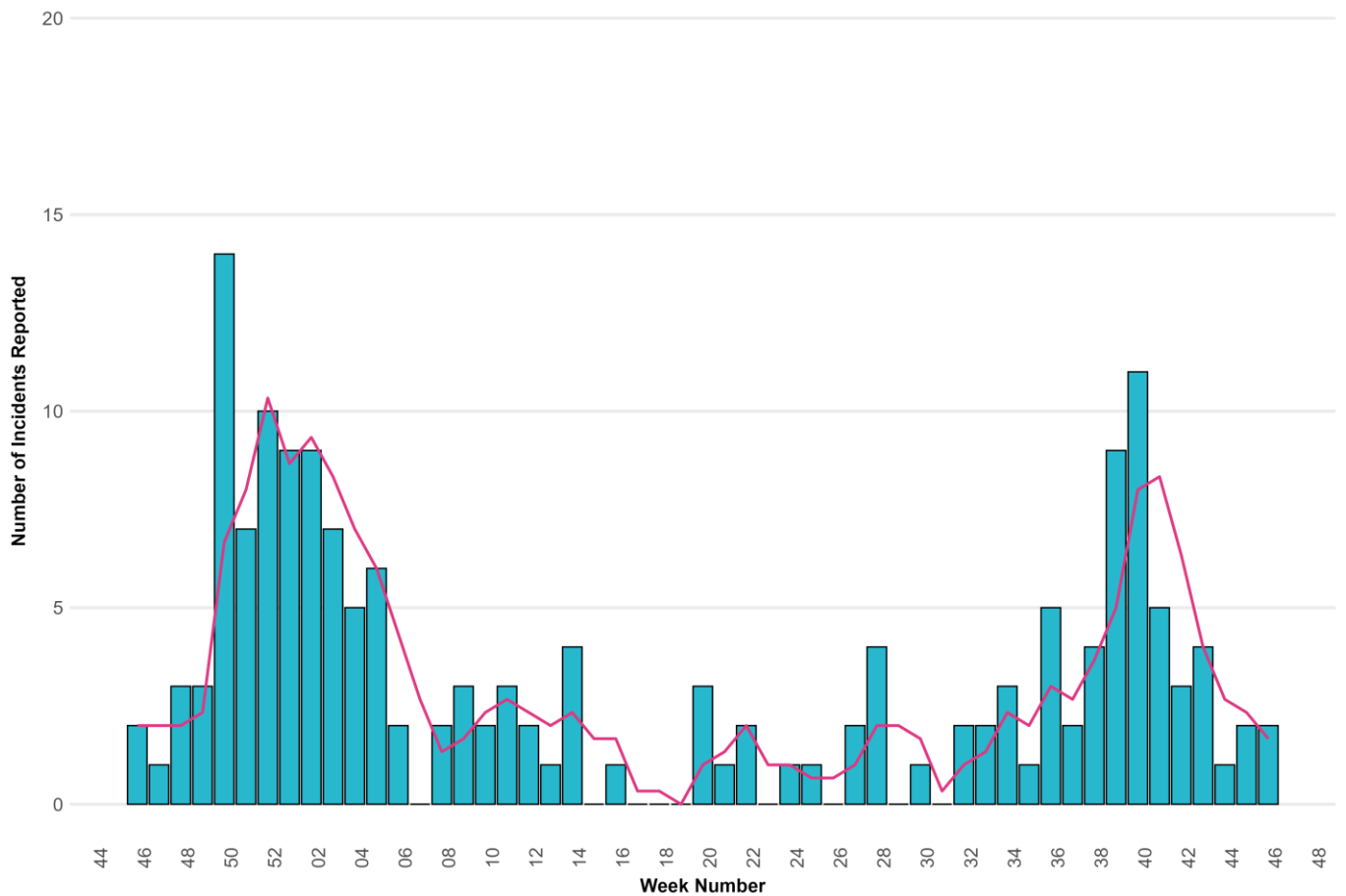
- One was Influenza, and one was Influenza-Like-Illness
- Both were Residential Home outbreaks

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 17/11/2025

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.



Data as at 2025-11-17



5. Mortality surveillance

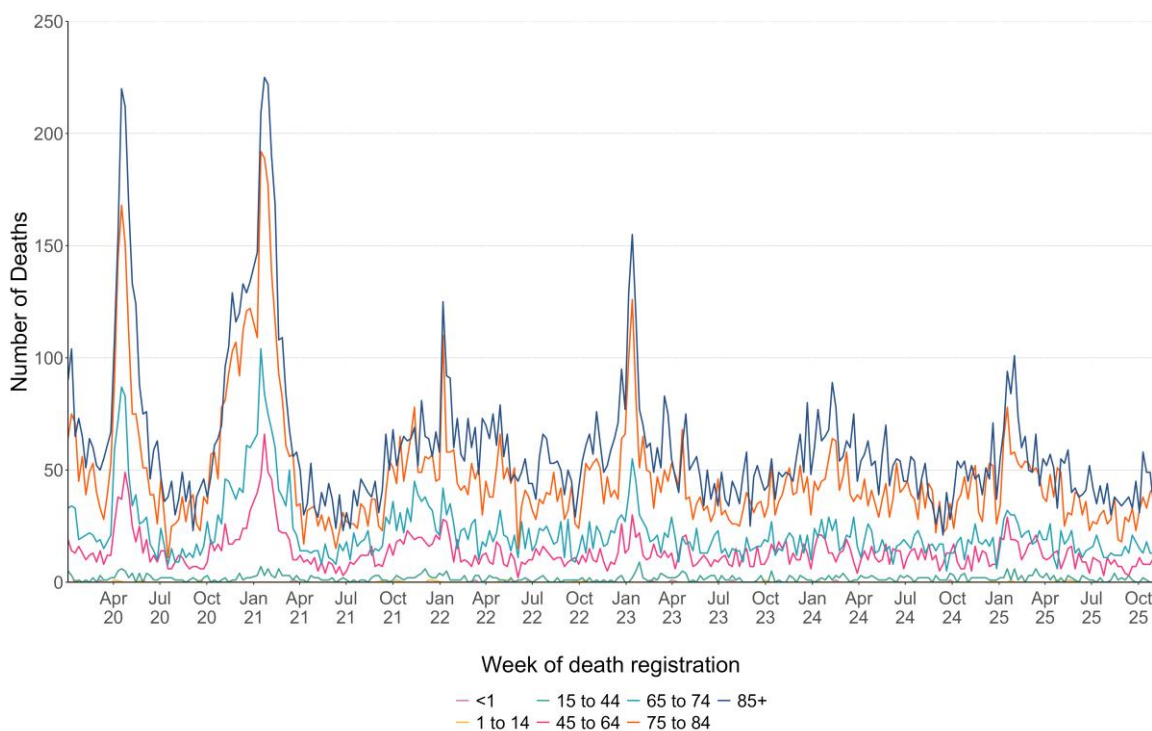
- According to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National Statistics are summarised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



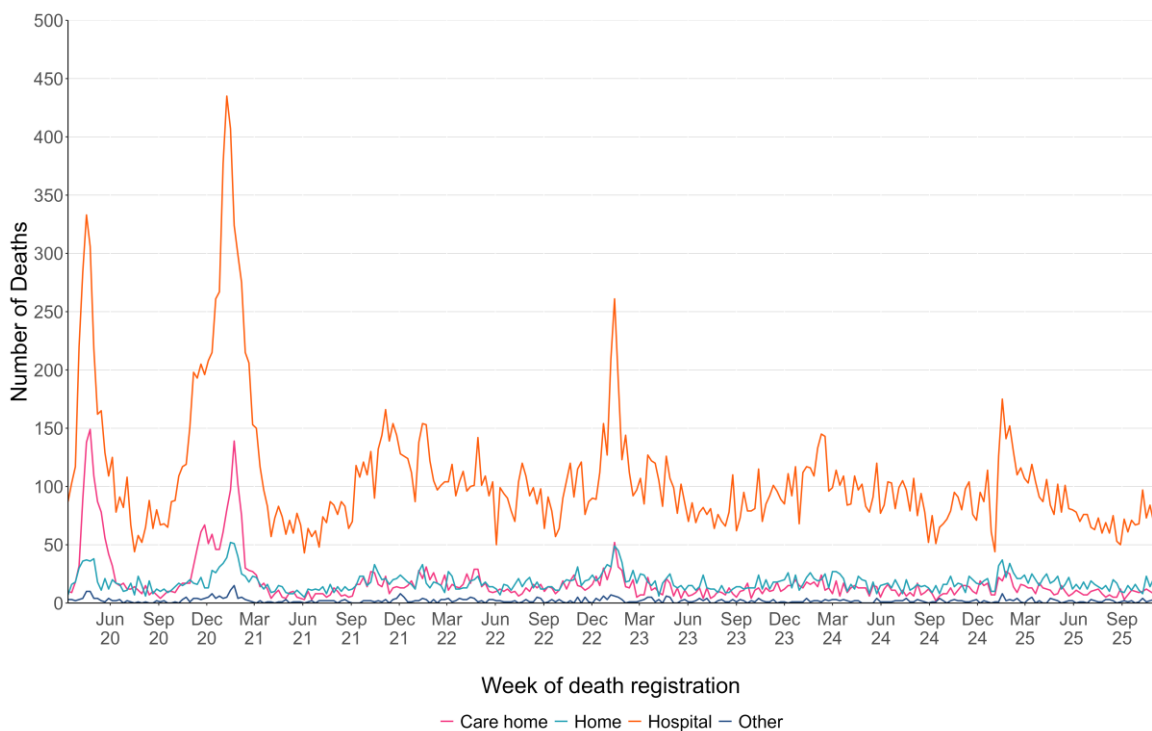
Data as of 18/11/2025

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



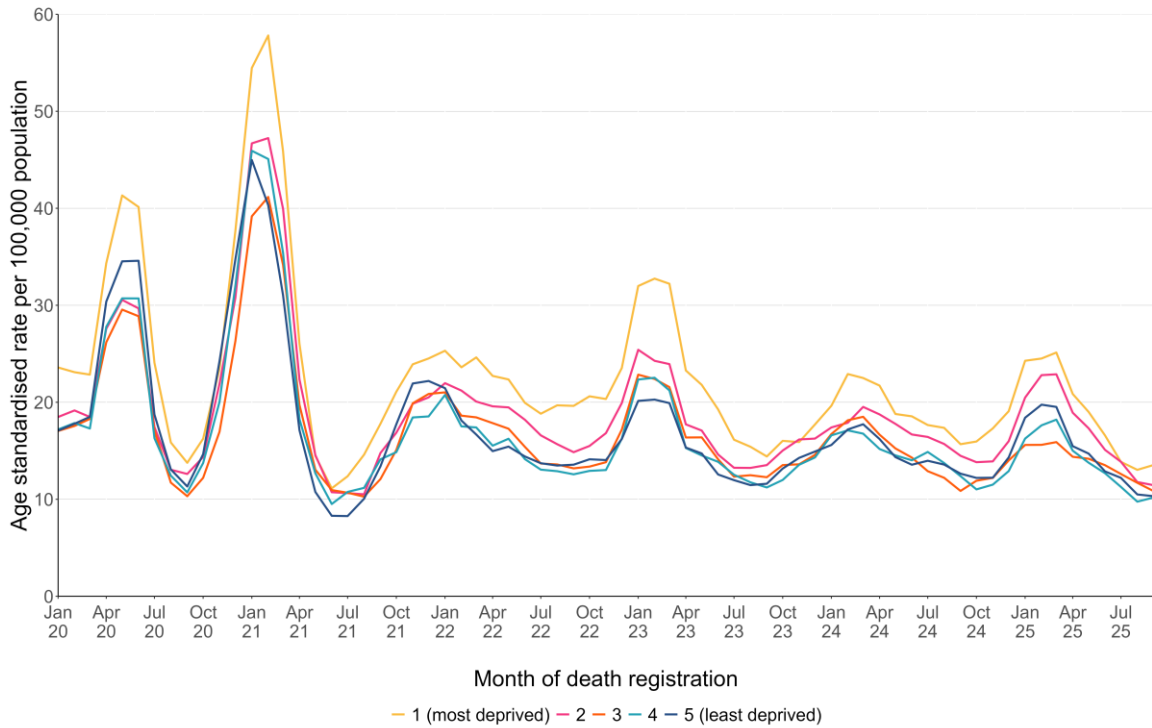
Data as of 18/11/2025

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



Data as of 18/11/2025

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 18/11/2025

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

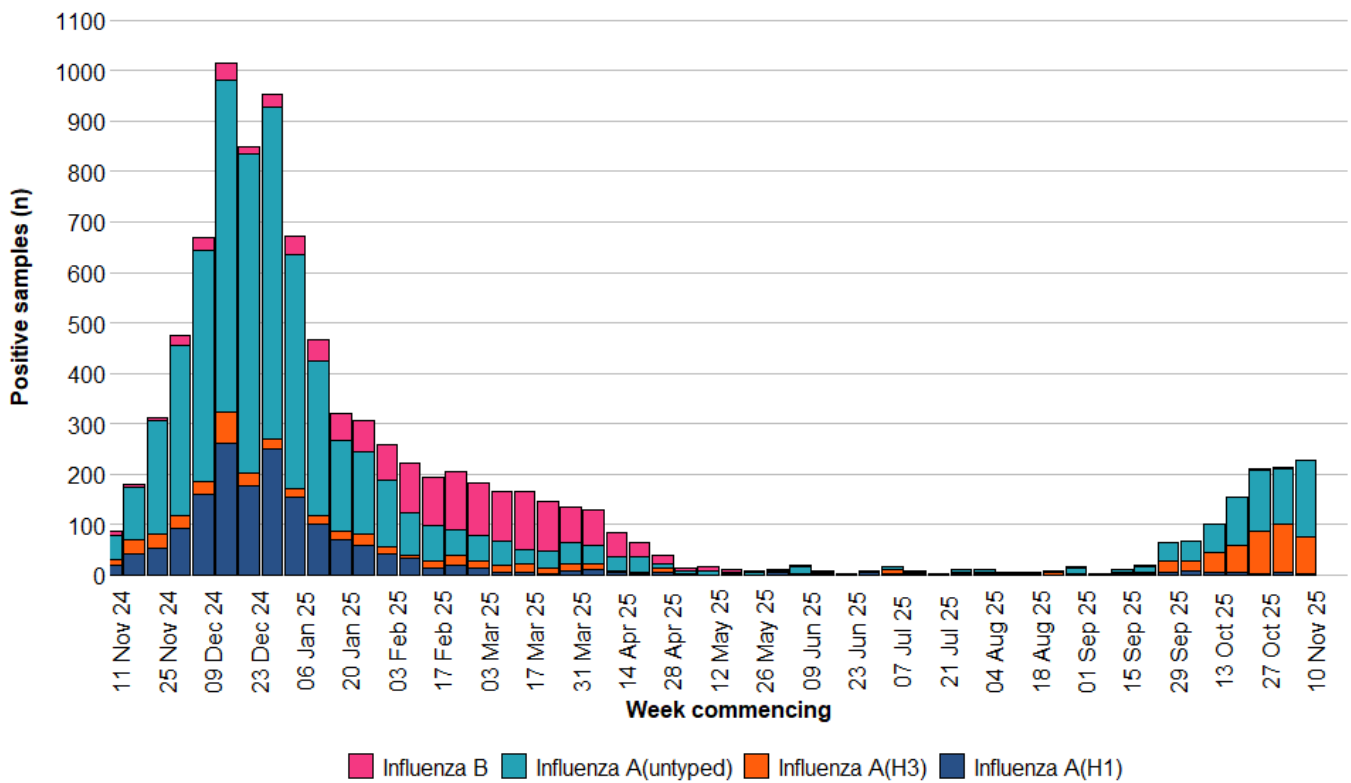


6. Pathogen-specific surveillance

Influenza

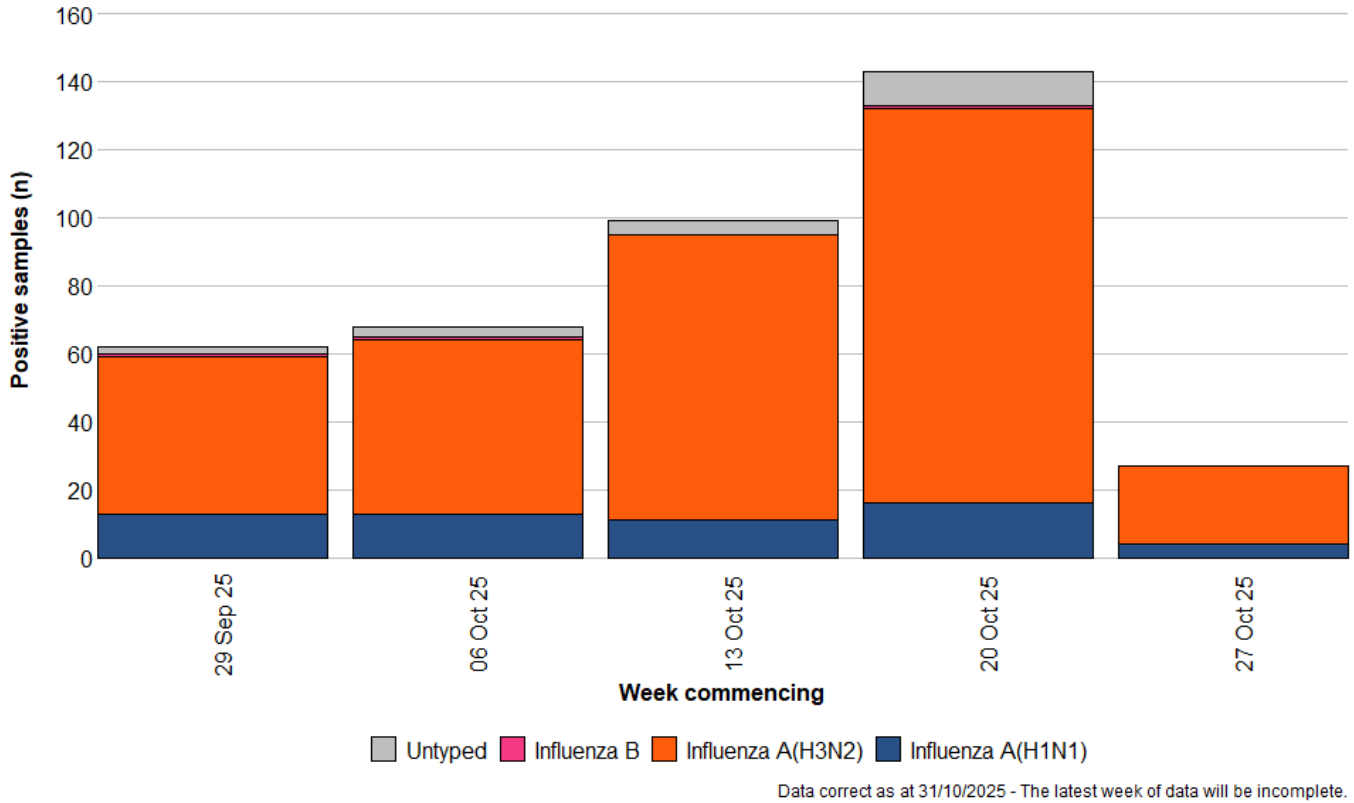
- influenza A(H3N2) is the most commonly detected influenza subtype in Wales since Week 40 2025 (391 confirmed cases), followed by influenza A(H1N1) (34 confirmed cases) and influenza B (8 confirmed cases). Additionally, there have been 605 untyped influenza A cases.

Figure 6.1a. 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 46, 2024 to Week 46, 2025.



Data correct as of 17/11/2025

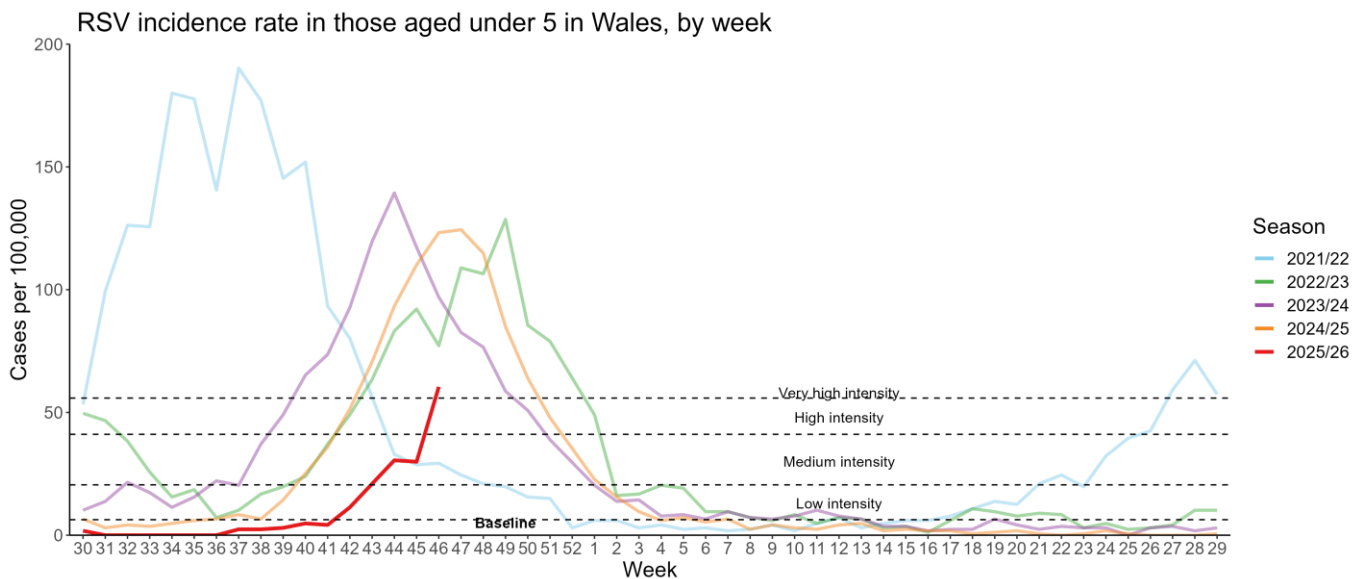
Figure 6.1b. Influenza subtypes based on samples referred to the Wales National Influenza Centre for typing, by week of sample collection, Week 40 2025 to Week 46, 2025.



Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at very (60.4) intensity levels per 100,000 population during Week 46 2025.

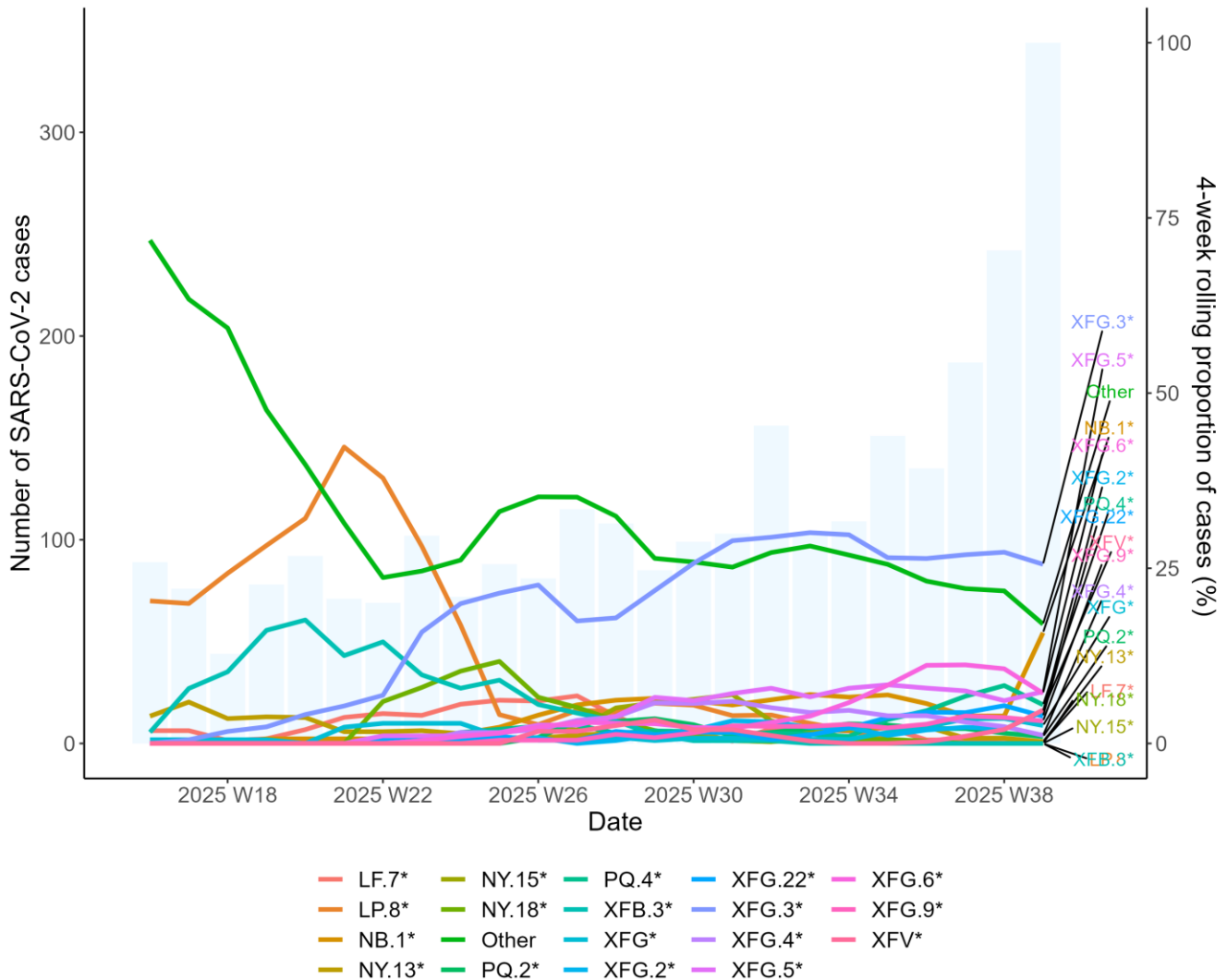
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 46 2025.



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 7.1 per 100,000 in England and to 6.5 per 100,000 in Scotland in Week 45, and remained stable at 6.6 per 100,000 in Northern Ireland during Week 44.
- During Week 45, 4,136 samples tested for influenza were reported in England of which 551 were positive for influenza (190 influenza A (not subtyped), 334 influenza A (H3N2), 20 influenza A (H1N1)pdm09, and nine influenza B).
- Overall, influenza positivity increased to 13.3% in England to 10.4% in Northern Ireland and to 9.6% in Scotland in Week 45.
- 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 45, that influenza positivity increased above the 10% positivity epidemic threshold at 11%. Of the 36 countries and areas reporting on influenza intensity, three reported medium intensity or higher. Of the 35 countries and areas reporting on geographic spread of influenza viruses within a country or area, 10 reported widespread or regional distribution. There were 317 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.
- In the northern hemisphere, influenza activity remained low in most countries. Influenza percent positivity was elevated in a few countries in Central America and the Caribbean, Northern Africa, Northern Europe, Southern and Eastern Asia, and was over 30% in Western, Eastern and Middle Africa, Western and South-East Asia. Small increases in activity were observed in countries in Central America and the Caribbean, Western and Middle Africa, Europe and Asia.
- In the southern hemisphere, influenza activity remained low and stable in most countries with elevated positivity (>10%) in a single country in temperate South America and two countries in Eastern Africa and percent positivity over 30% in a single country in South-East Asia. Small increases in activity were observed in single countries in Temperate South America, Middle and Eastern Africa.
- In the zones with elevated positivity, influenza A(H1N1)pdm09 predominated in Central America and the Caribbean, Northern and Middle Africa whereas influenza A(H3N2) was predominant in Temperate South America, Western Africa, Northern Europe, Western, Southern and South-East Asia. Influenza A(H1N1)pdm09 and influenza A(H3N2) were codominant in Eastern 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 12/11/2025) during Week 45 globally there were 674 A(H1N1), 9,098 A(H3), 5,853 A(not subtyped), 154 influenza B (Victoria) and 160 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 45 (ending 08/11/2025). Nationally, 867 (2.0%) out of 42,928 specimens have tested positive for influenza in Week 45 in clinical laboratories nationwide, of these positive samples, 779 (89.9%) were influenza A and 88 (10.1%) were influenza B. Further characterisation has been carried out on 416 specimens by public health laboratories, and 72 samples tested positive for influenza; 15 influenza A(H1N1)pdm09, 38 influenza A(H3N2), 14 influenza A(not

subtyped), zero influenza H5, and five influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: [FluView](#) | [FluView](#) | [CDC](#)

- The Public Health Agency of Canada reported that during Week 45, indicators of influenza activity are increasing and approaching seasonal levels. 754 influenza detections were reported: 734 influenza A and 20 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 increased in Week 45.

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

Virological surveillance This report does not include results from Point of Care Tests (POCTs). Use of POCTs varies across Wales and so numbers and trends of respiratory pathogens should be interpreted with caution, particularly when comparing between health boards. We are working to incorporate these result into the report.

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

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

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

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

ARI outbreaks and incidents in a care home setting (fig 4.2): Information about incidents and outbreaks is taken from the case management system used by Public Health Wales. An incident in this context refers to the way that information is recorded and organised on the case management system. Not all acute respiratory infections affecting two or more care home residents with a common exposure (an outbreak*) will be recorded as incidents and captured in this graph. This may be because there was not a need for ongoing public health advice and therefore a different type of record was created. As a result, certain infections (e.g. influenza) may be captured more than others and the actual number of ARI outbreaks is likely to be underestimated. Figure 4.2 is therefore most useful for telling us about trends in the number of incidents over time, although trends may be affected both by changes in testing policy and by changes in how the incident management system is used. We will continue to review the impact of such changes and update our methodology or caveats as appropriate. Note that this definition is one of the traditional or epidemiological definitions of an outbreak, not all outbreaks will result in formally activating The Communicable Disease Outbreak Plan for Wales <https://phw.nhs.wales/topics/the-communicable-disease-outbreak-plan-for-wales>

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: 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/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