



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 48 (ending 30 November 2025)

## Headline

- Influenza is circulating and activity increased last week, with substantial increases in test positivity, confirmed cases (in the community and in hospitals) and in admissions in patients with confirmed influenza. Presentations of acute respiratory infections in children and adolescents to GPs increased sharply last week. Influenza A(H3) continues to be the most frequently detected influenza virus in Wales, accounting for the vast majority of typed cases.
- Respiratory Syncytial Virus (RSV) is circulating, with incidence of confirmed cases in <5y olds currently at very high levels
- COVID-19 case numbers have remained broadly stable 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

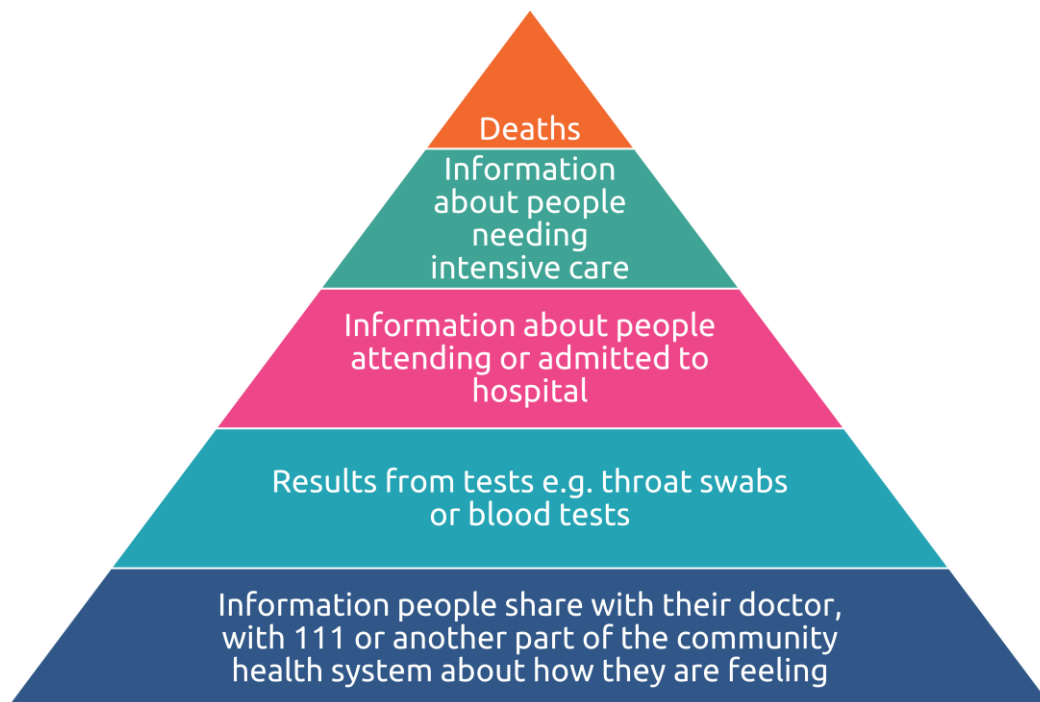
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

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.



## Table of Contents

Headline .....	1
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
<b>Overall Acute Respiratory Infection (ARI)</b>	Consultations with Sentinel GPs for acute respiratory infection (ARI) decreased overall, but increased sharply in children and adolescents compared to last week.	Admissions in patients testing positive for influenza, COVID-19 or RSV increased in Week 48 (4% of total admissions).
<b>Influenza</b>	<p><b>Influenza activity is currently at <u>low</u> levels; however, case numbers increased significantly last week.</b></p> <p>The overall proportion of samples testing positive increased in the most recent week to 18%.</p> <p>Consultations for influenza-like illness (ILI) with sentinel GPs increased and are at <b>low</b> intensity. However, cases are increasing with 75 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 145 during Week 48.</p> <p>During Week 48, there were 182 in-patient cases of confirmed influenza, eight of whom were in critical care.</p>
<b>Influenza type breakdown</b>	<p><b>Since 2025 Week 40:</b> 1,745 total influenza cases confirmed (634 influenza A(H3N2), 40 influenza A(H1N1)pdm09, 1059 influenza A untyped and 12 influenza B).</p> <p><b>In the most recent week:</b> 149 influenza A(H3), five influenza A(H1N1), 313 influenza A untyped and three influenza B.</p>	
<b>COVID-19</b>	<p>The overall proportion of samples testing positive remained stable at 3.0 % in hospital and non-sentinel GP practices.</p> <p>Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 remained stable in the most recent week.</p>	<p>The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 24 during Week 48.</p> <p>During Week 48 there were 90 in-patient cases of confirmed COVID-19, two of whom were in critical care.</p>
<b>RSV</b>	RSV incidence per 100,000 in children aged up to 5y increased to 96.3 in Week 48 and is at very high intensity levels.	<p>The number of confirmed cases of community acquired RSV admitted to hospital increased to 90 during Week 48.</p> <p>During Week 48 there were 81 in-patient cases of confirmed RSV, and six in critical care.</p>
<b>Other respiratory pathogens</b>	Rhinovirus remains the most frequently detected other case of ARI. Confirmed cases and test positivity for adenovirus have increased in recent weeks.	



## 1. Community surveillance indicators

### GP Consultations

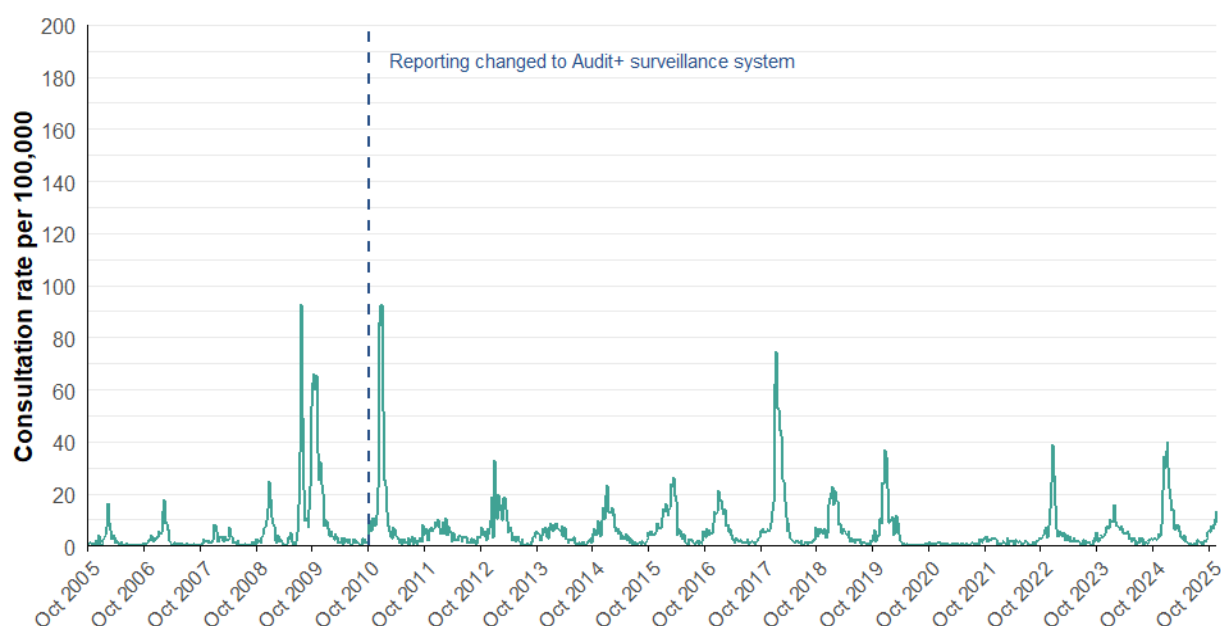
- The sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is variable (Figures 1.1, 1.2).
- There were 13.1 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (8.8 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 12.5 ARI consultations per 100,000 practice population, a decreased from 15.8 in the previous week (Table 1.2). The highest rates were found in people aged under 1 year (1454.8) followed by people aged 1 to 4 (1253.3) and people aged 5 to 14 (392.5) (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 increased from 1,846 in the previous week to 2,060 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for difficulty breathing increased compared to the previous week. Calls for cardiac or respiratory arrest, chest pain were stable or decreased compared to the previous week (Figure 1.5, Table 1.3).

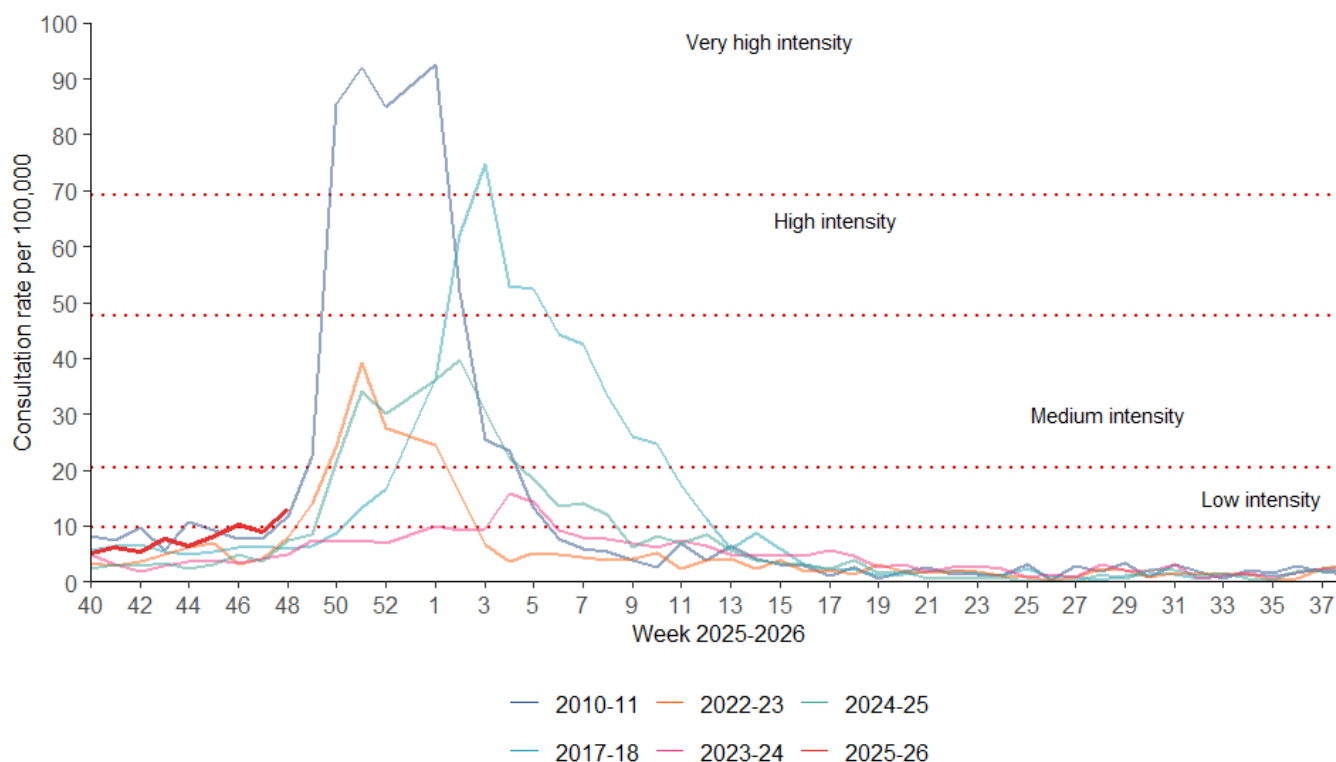
### GP consultations – Sentinel Network

**Figure 1.1.** Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 48, 2025).



Data correct as of 02/12/2025

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



Data correct as of 02/12/2025

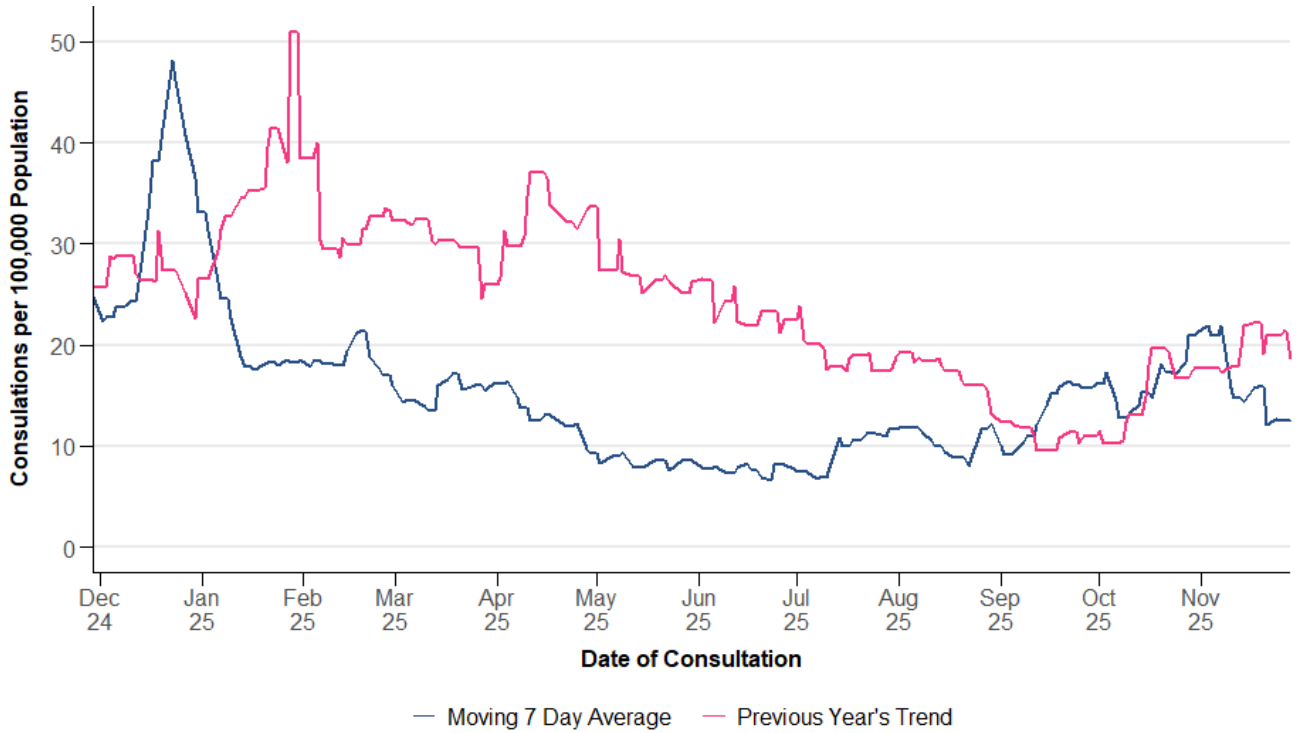
## GP Consultations - All Wales

**Table 1.2.** Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 48, 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	12.53	15.85	21.37
COVID-19	0.19	0.45	31.13
LRTI	4.58	5.75	8.01
Pneumonia	0.01	0.01	0.04
Severe asthma	0.43	0.40	1.43
URTI	7.98	10.14	13.47
<b>Total</b>	<b>25.72</b>	<b>32.60</b>	<b>75.45</b>

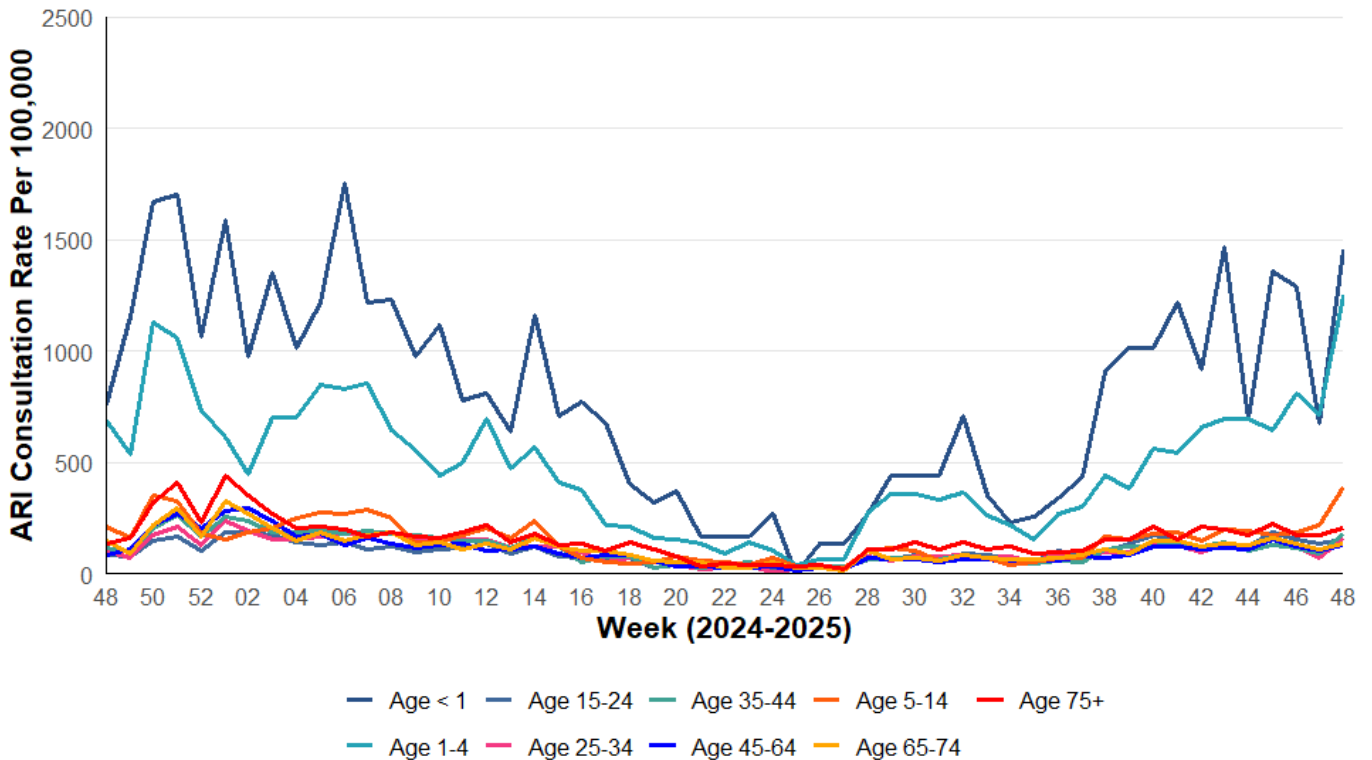
NB: "Current reporting week" refers to the average daily rate in the current reporting week. "Preceding week" refers to the average daily rate in the preceding week. "Equivalent period last year" refers to the average daily rate in the equivalent period last year.

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



Data correct as of 02/12/2025

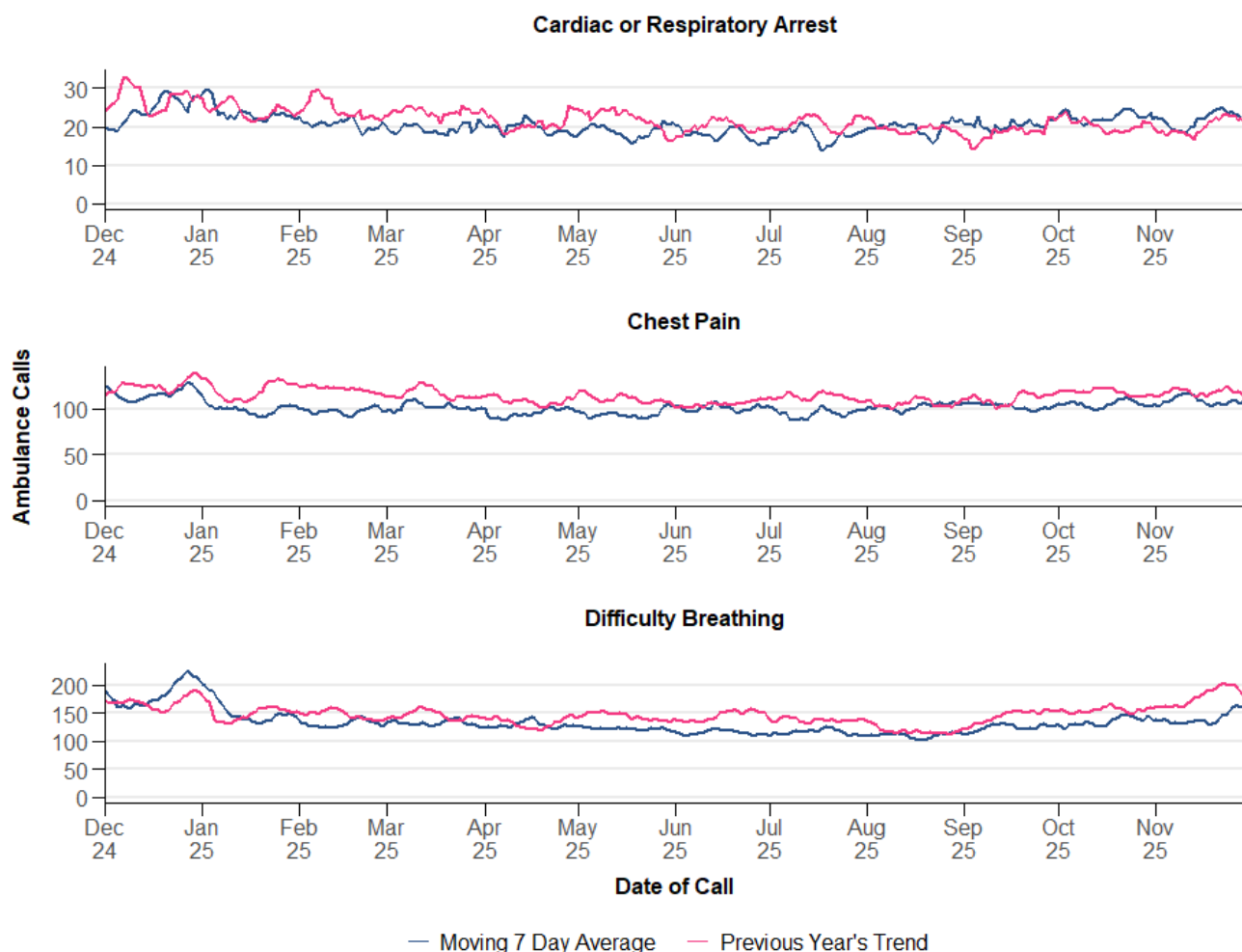
**Figure 1.4.** All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Data correct as of 02/12/2025

## 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 02/12/2025

**Table 1.3.** Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 48, 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	161	171	154
Chest Pain	755	737	831
Difficulty Breathing	1,144	938	1,370
<b>Total</b>	<b>2,060</b>	<b>1,846</b>	<b>2,355</b>

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 259 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 48, 2025, as at 02/12/2025 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were influenza A (75) followed by rhinovirus (34) and rsv (18). Of the 259 tests, 40.5% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

### All Wales Datastore Respiratory Infection Testing

- There were 1,356 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 48 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were influenza A (243) followed by RSV (181) and rhinovirus (167). Of the 1356 tests, 50.8% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

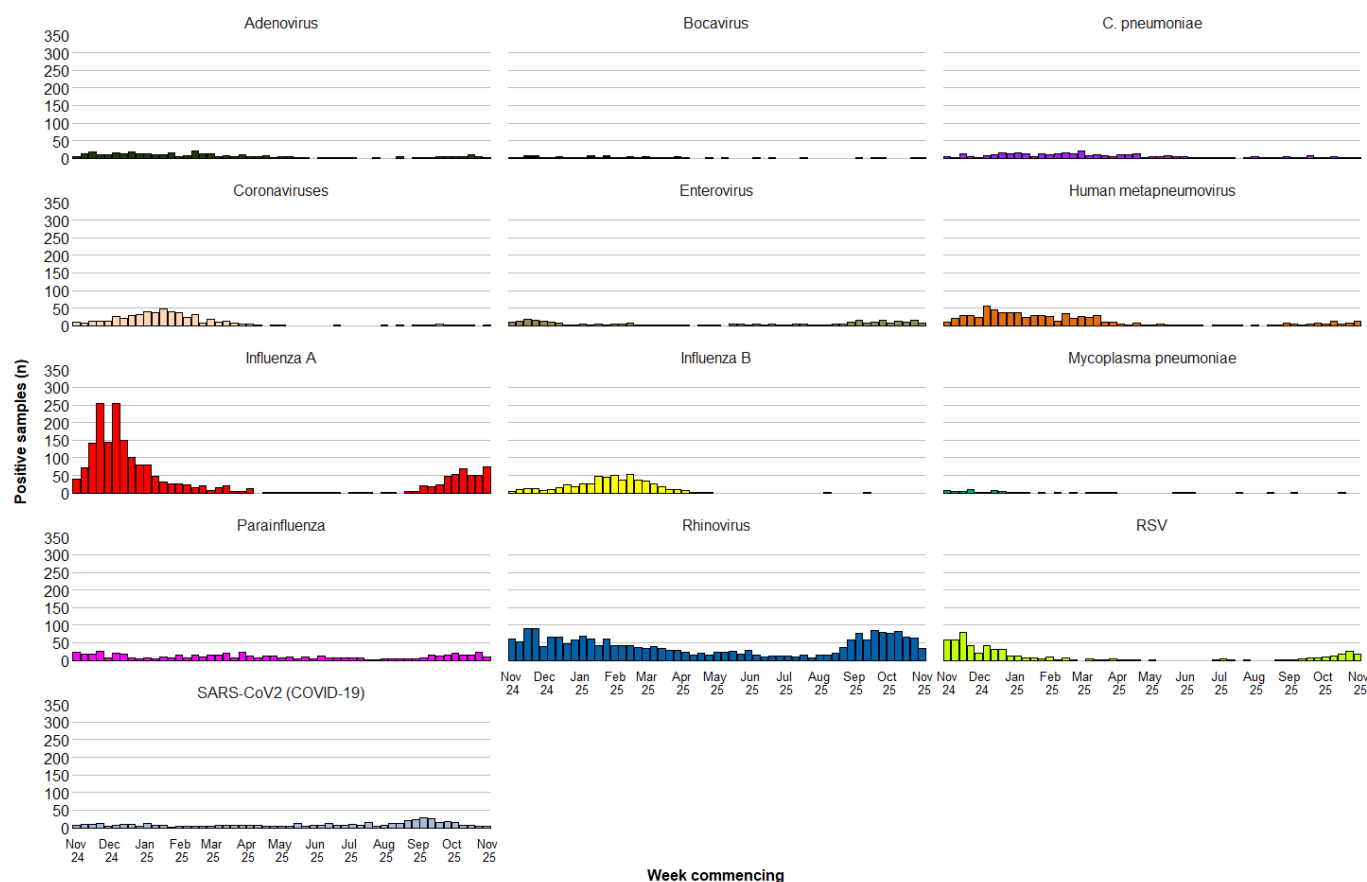
Additionally, during Week 48, 566 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 151 for influenza (149 for influenza A, two for influenza B)
- 16 for SARS-CoV-2 (COVID-19)
- 52 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 48, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	75	29.0%	19.7%	Increasing
Rhinovirus	34	13.1%	24.3%	Decreasing
RSV	18	6.9%	10.0%	Decreasing
Human metapneumovirus	12	4.6%	2.7%	Increasing
Parainfluenza	10	3.9%	9.3%	Decreasing
Enterovirus	8	3.1%	5.8%	Decreasing
Bocavirus	3	1.2%	0.4%	Stable
SARS-CoV2 (COVID-19)	3	1.2%	1.9%	Stable
Adenovirus	2	0.8%	2.3%	Decreasing
Coronaviruses	2	0.8%	0.0%	Stable
C. pneumoniae	2	0.8%	1.2%	Stable
Influenza B	0	0.0%	0.0%	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 48, 2024 to Week 48, 2025.



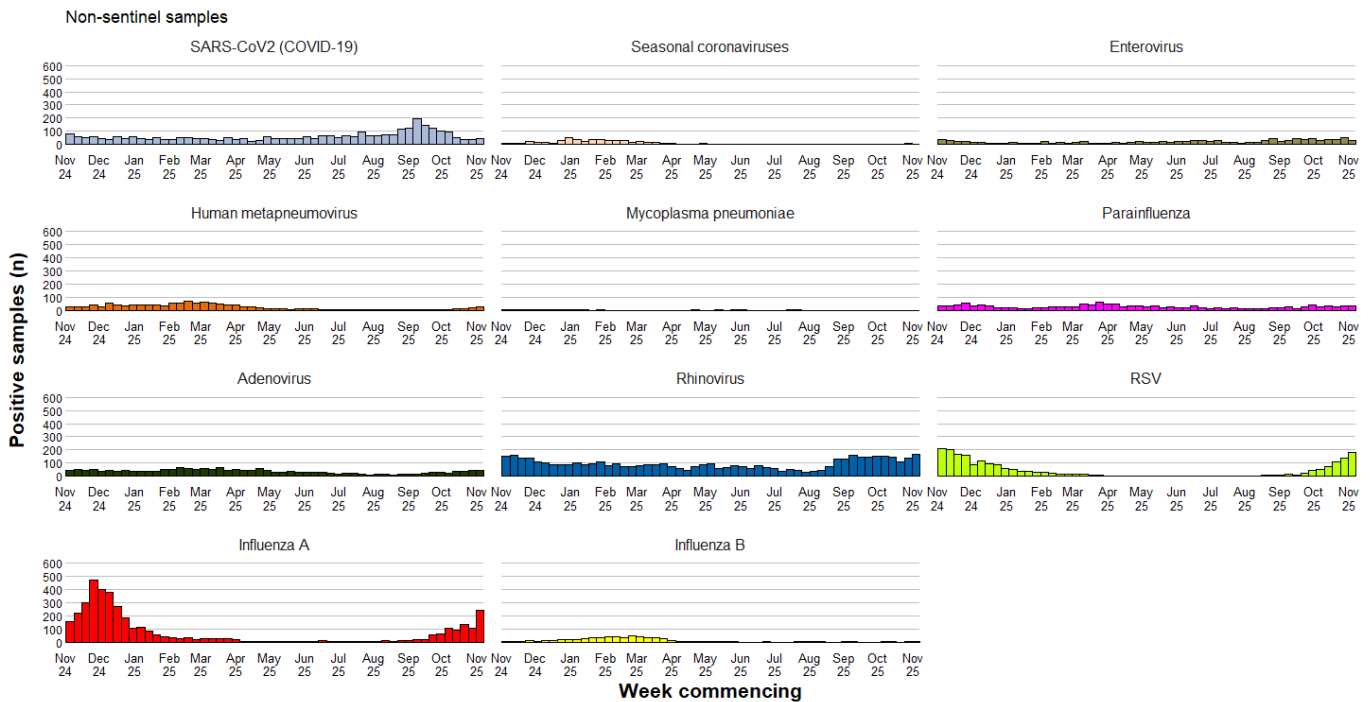
Data correct as of 02/12/2025

## 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 48, 2025.

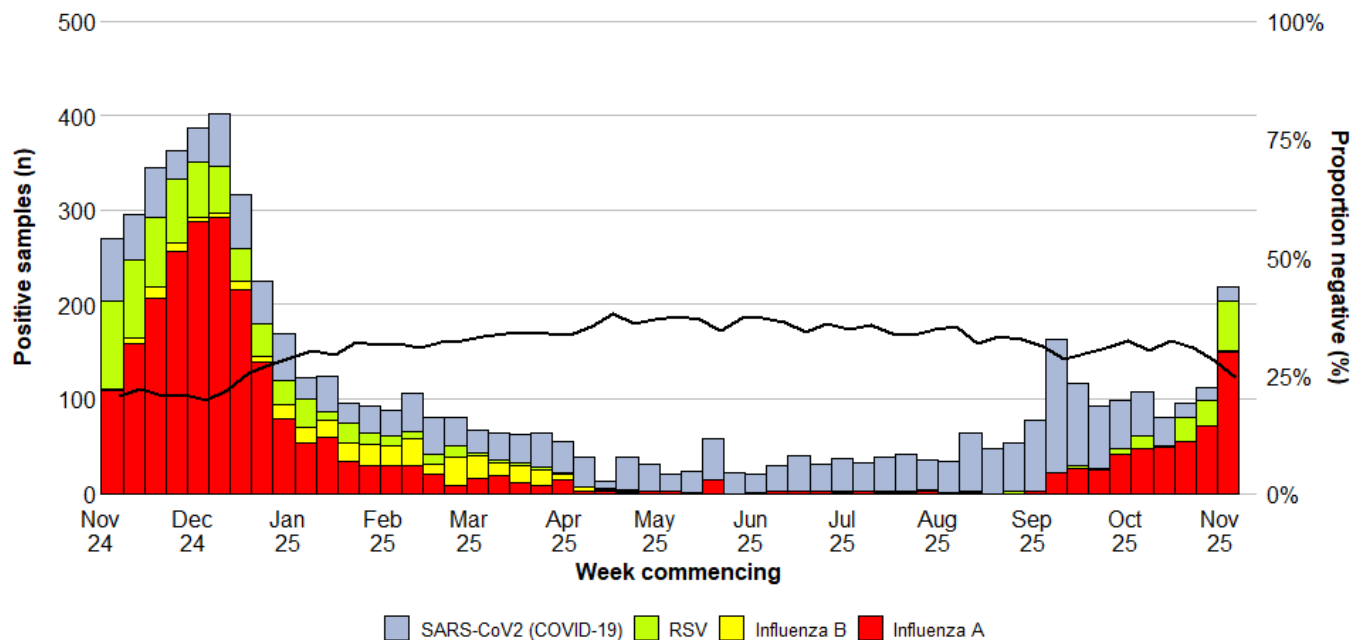
Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	243	17.9%	9.7%	Increasing
RSV	181	13.3%	12.9%	Stable
Rhinovirus	167	12.3%	12.6%	Stable
Adenovirus	46	3.4%	3.8%	Stable
SARS-CoV2 (COVID-19)	41	3.0%	3.4%	Stable
Parainfluenza	33	2.4%	2.9%	Stable
Enterovirus	28	2.1%	4.8%	Decreasing
Human metapneumovirus	24	1.8%	1.9%	Stable
Seasonal coronaviruses	2	0.1%	0.8%	Stable
Influenza B	1	0.1%	0.1%	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 48, 2024 to Week 48, 2025.



Data correct as of 02/12/2025

**Figure 2.3.** Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 48, 2024 to Week 48, 2025.



Data correct as of 02/12/2025



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

### Sentinel SARI in emergency departments

- During the previous four weeks there were 52 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was RSV(13) followed by Influenza A(10) and Rhinovirus/Enterovirus(9). Of the 52 samples collected, 30.8% 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 19% for influenza, 0% for SARS-CoV-2 and 25% for RSV.

### Hospital in-patients

- During week ending 30/11/2025 there were 266 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (76 more than the previous week), equating to 4% of all hospital admissions in that reporting week.
- At 23:59 on 30/11/2025, there were 353 patients in hospital with confirmed COVID-19, RSV or influenza, 72 more than the previous Sunday. This equates to 3% of all hospital in-patients (IPs) at that time. Of whom 58% (205) were hospital acquired (HA).

### Critical-care

- During week ending 30/11/2025 there were 9 ARI critical care (CC) admissions, (2 more than the previous week), Equating to 5% of all CC admissions in that reporting week.
- At 23:59 on 30/11/2025, there were 16 patients in CC with confirmed COVID-19, RSV or influenza, 8 more than the previous Sunday. This equates to 9% of all CC in-patients at that time. Of whom 38% (6) were hospital acquired (HA).

### Virological surveillance in ICU

- During week 48, 2025, 63 respiratory samples were tested from patients in intensive care units (ICU). Of these: nine tested positive for Influenza, four tested positive for RSV and one tested positive for SARS-CoV2 (COVID-19) (Figure 3.4).

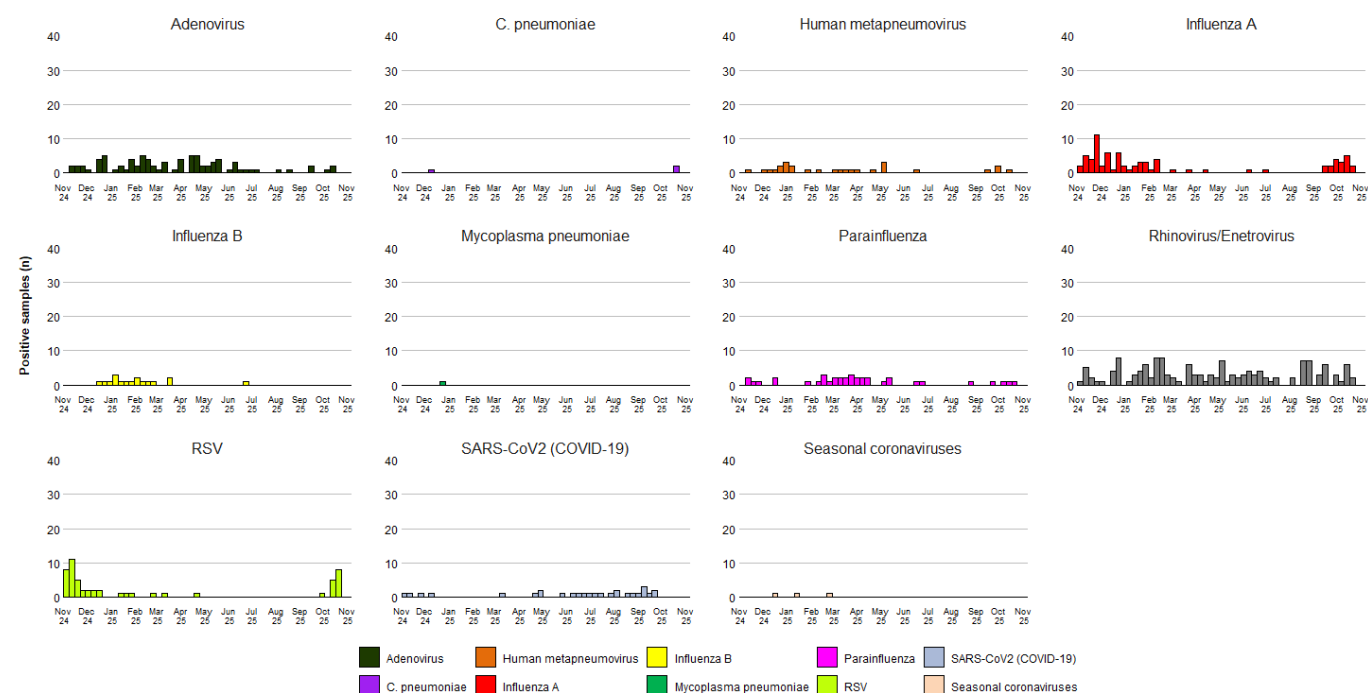
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: [Hospital admissions dashboard](#)

## Wales Sentinel SARI Emergency Department Network

**Table 3.1** Pathogens detected and sample positivity for samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 47, 2025.

Pathogens Detected	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
	n	%	n	%
Adenovirus	3	5.8%	82	10.0%
C. pneumoniae	2	3.8%	3	0.4%
Human metapneumovirus	1	1.9%	27	3.3%
Influenza A	10	19.2%	82	10.0%
Influenza B	0	0.0%	17	2.1%
Mycoplasma pneumoniae	0	0.0%	1	0.1%
Parainfluenza	3	5.8%	37	4.5%
Pertussis	0	0.0%	0	0.0%
RSV	13	25.0%	52	6.3%
Rhinovirus/Enterovirus	9	17.3%	147	17.9%
SARS-CoV2 (COVID-19)	0	0.0%	27	3.3%
Seasonal coronaviruses	0	0.0%	3	0.4%
Negative	16	30.8%	403	49.0%
<b>Total</b>	<b>52</b>	<b>100%</b>	<b>851</b>	<b>100%</b>

**Figure 3.1** Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 47, 2025 and previous 12 months.



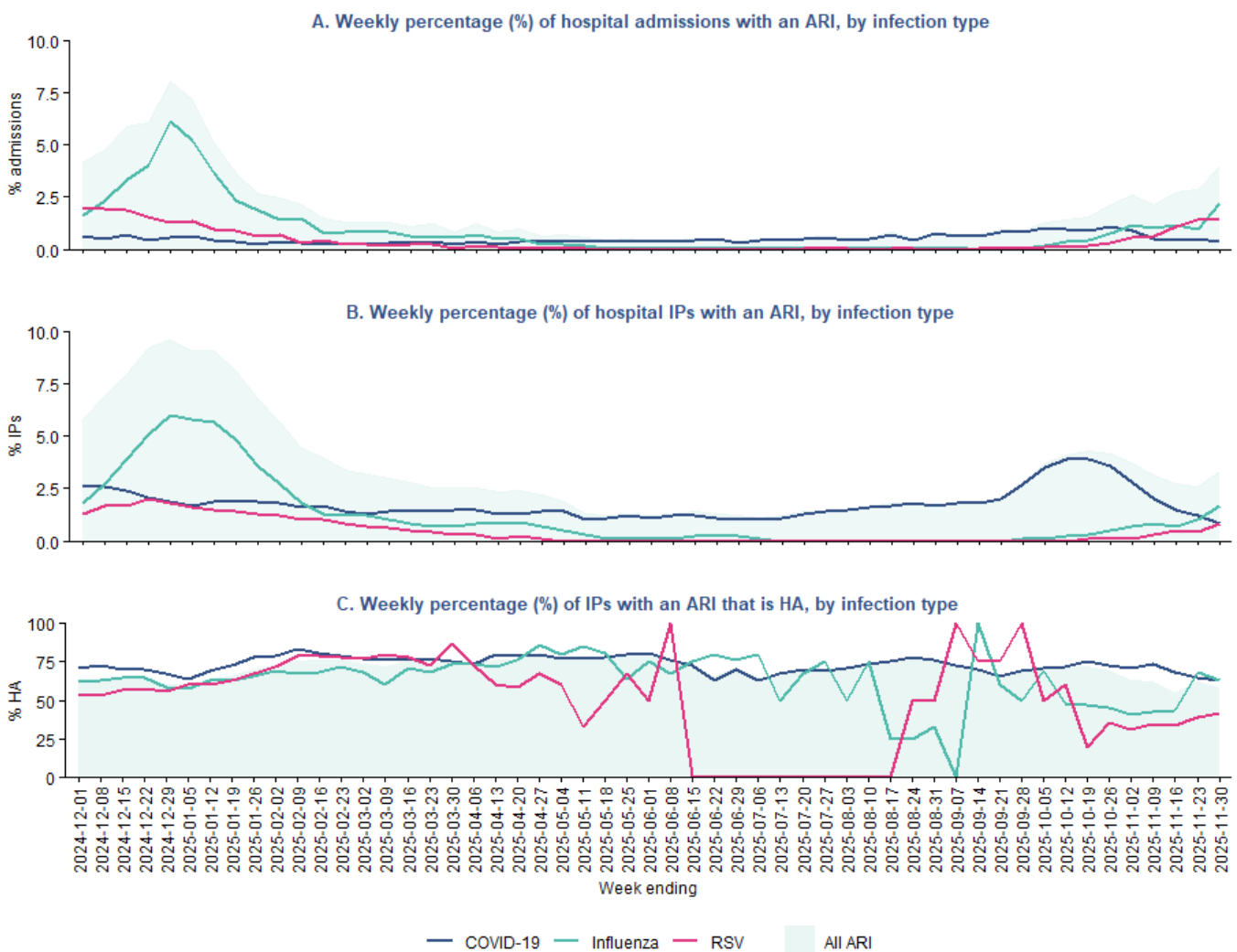
Data correct as of 27/11/2025

## 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)
<b>COVID-19</b>	24	<1%	90	1%	63% (57)
<b>Influenza</b>	145	2%	182	2%	63% (114)
<b>RSV</b>	97	1%	81	1%	42% (34)
<b>ARI total</b>	<b>266</b>	<b>4%</b>	<b>353</b>	<b>3%</b>	<b>58% (205)</b>

**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.



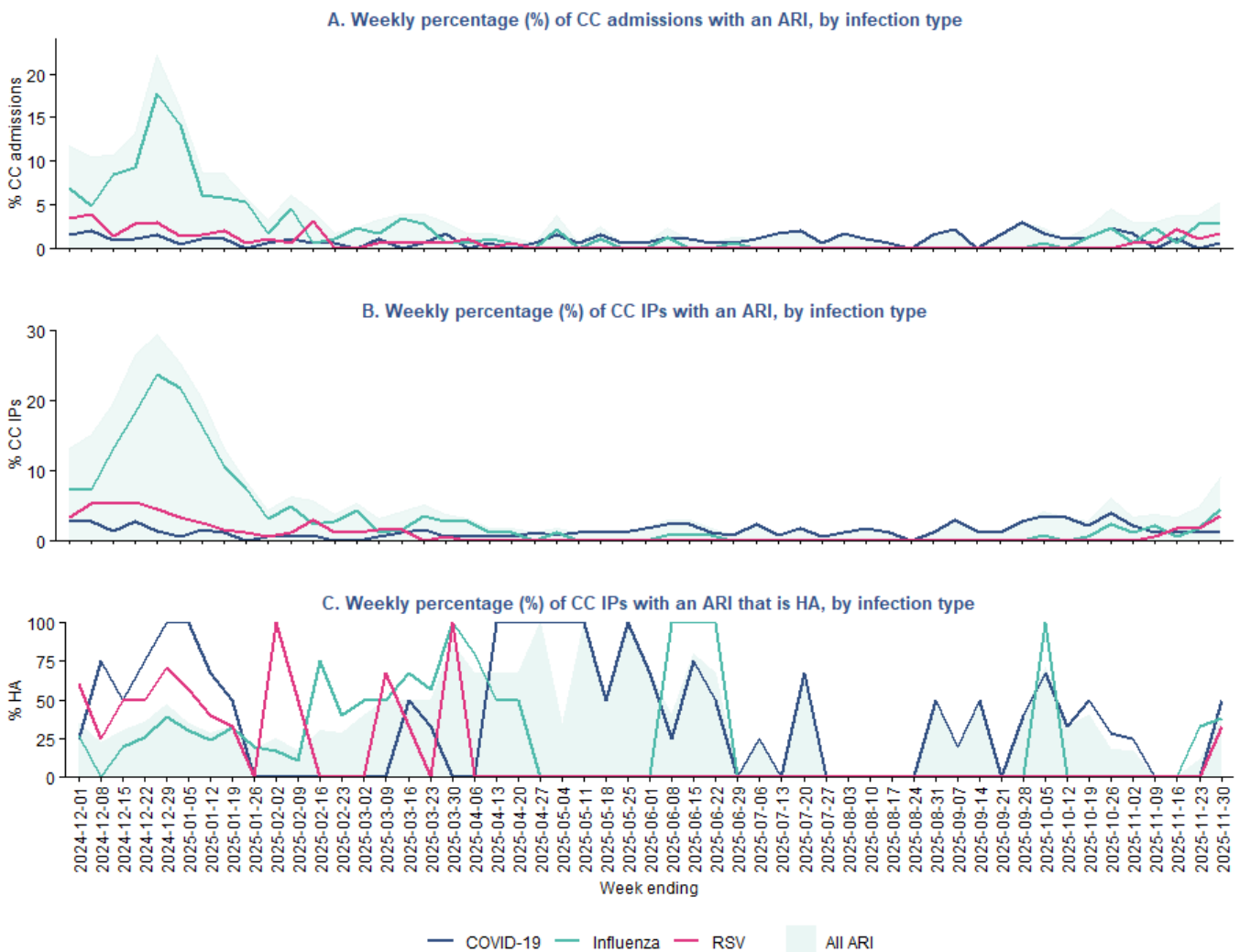
Data as of: 03-12-2025

## 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).

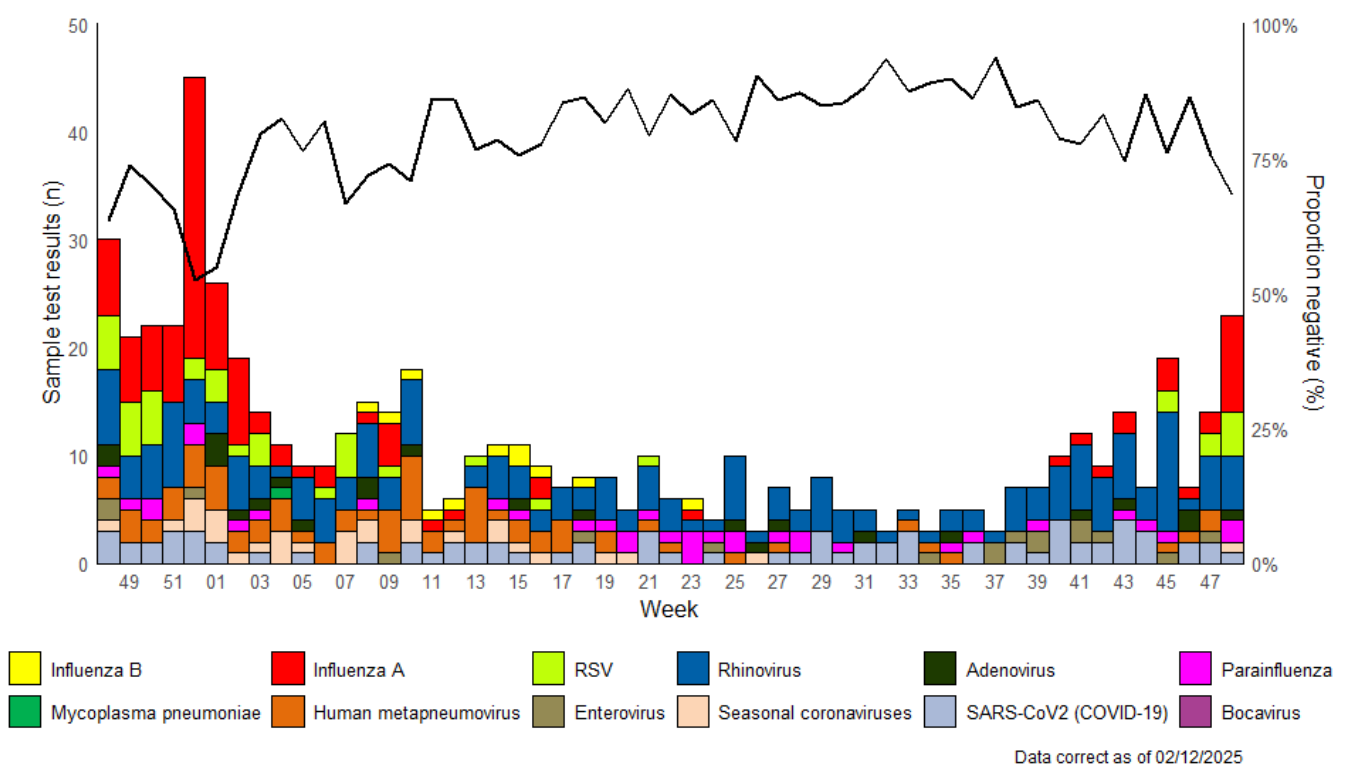
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	1	1%	2	1%	50% (1)
Influenza	5	3%	8	4%	38% (3)
RSV	3	2%	6	3%	33% (2)
<b>ARI total</b>	<b>9</b>	<b>5%</b>	<b>16</b>	<b>9%</b>	<b>38% (6)</b>

**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: 03-12-2025

**Figure 3.4.** Samples submitted for virological testing from ICU patients, by week of sample collection, Week 48, 2024 to Week 48, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



## 4. Settings-based surveillance and outbreaks

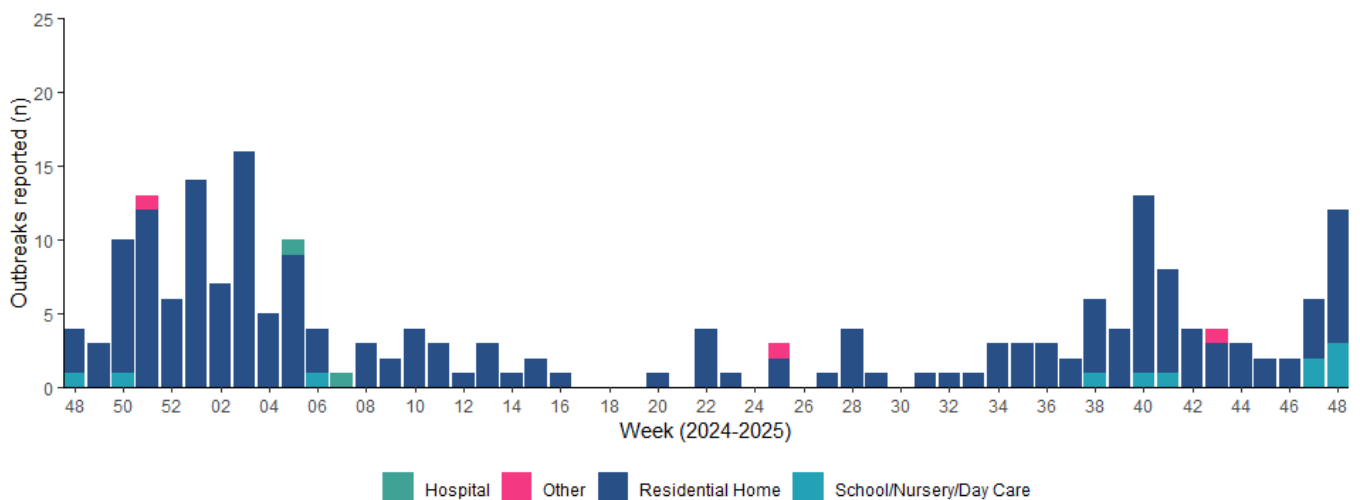
### Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During Week 48, 2025, 12 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

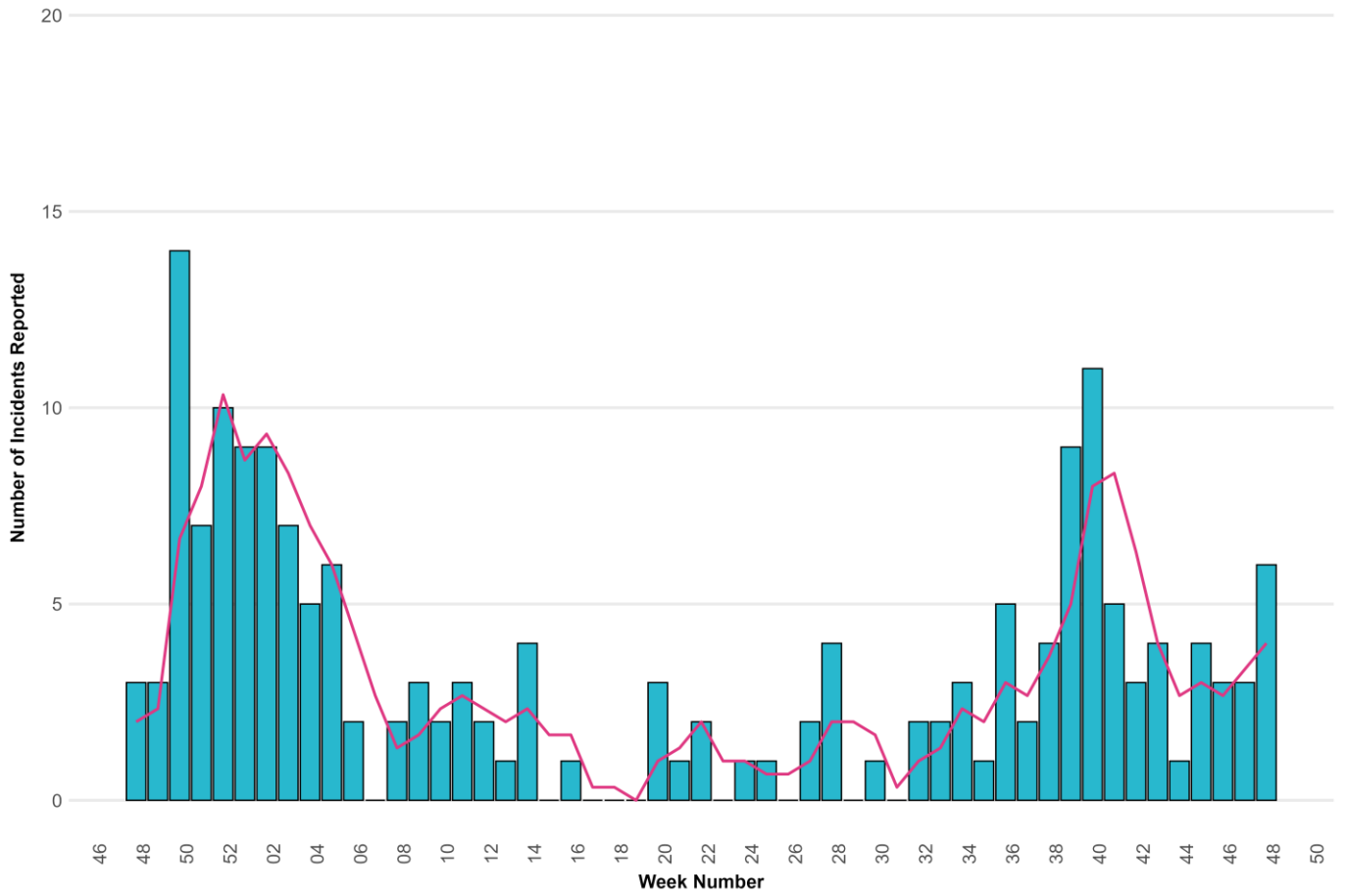
- Influenza was confirmed in 8, the remaining included broader ARI or GI symptoms.
- Nine were in residential care homes and three were in nursery/ school or daycare settings.

**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 02/12/2025

**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.



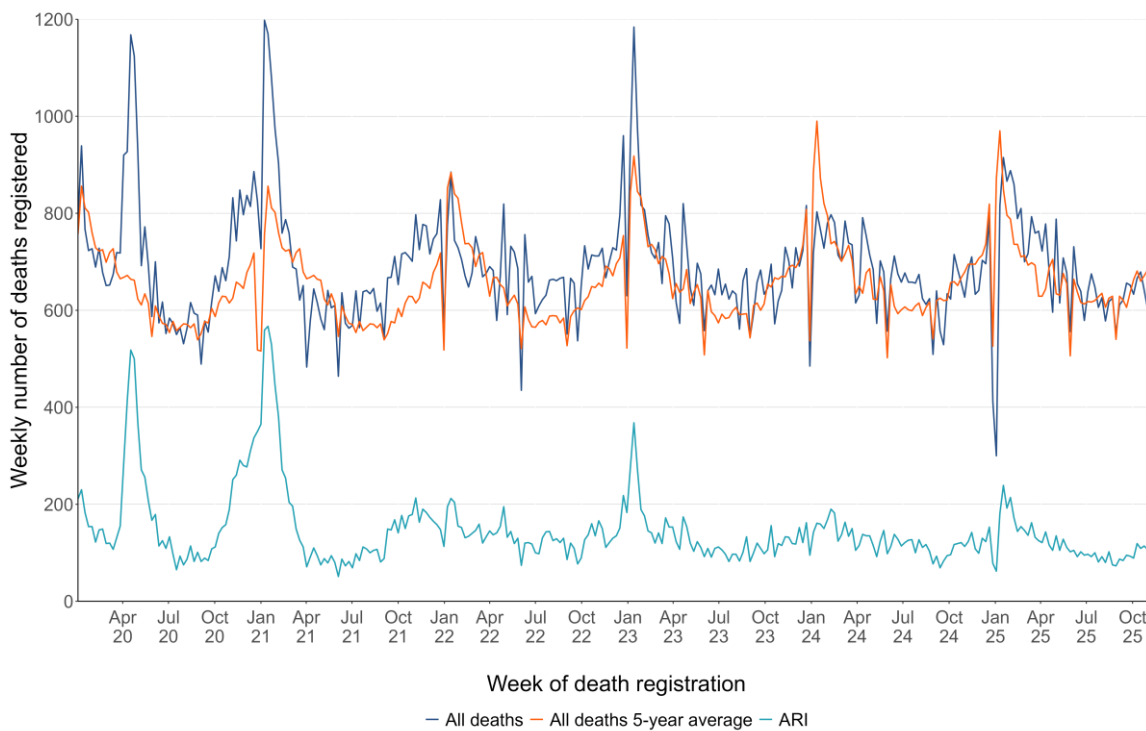
Data as at 2025-12-01



## 5. Mortality surveillance

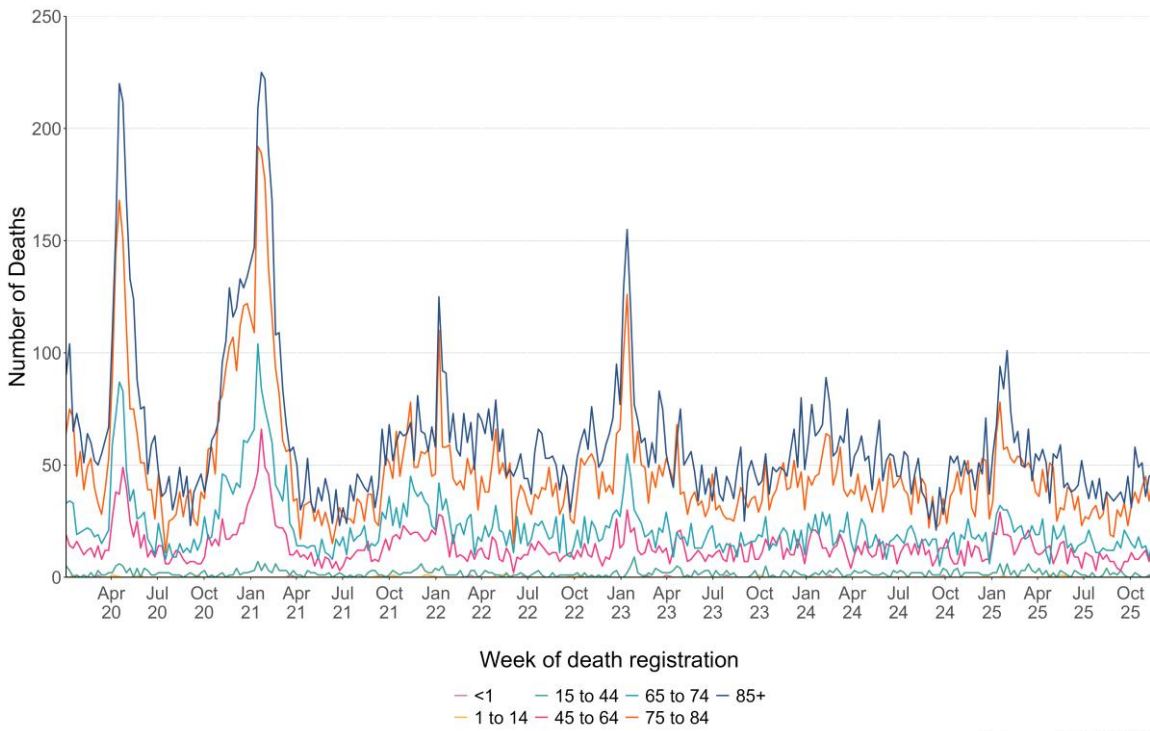
- According to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales thus far this winter.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National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



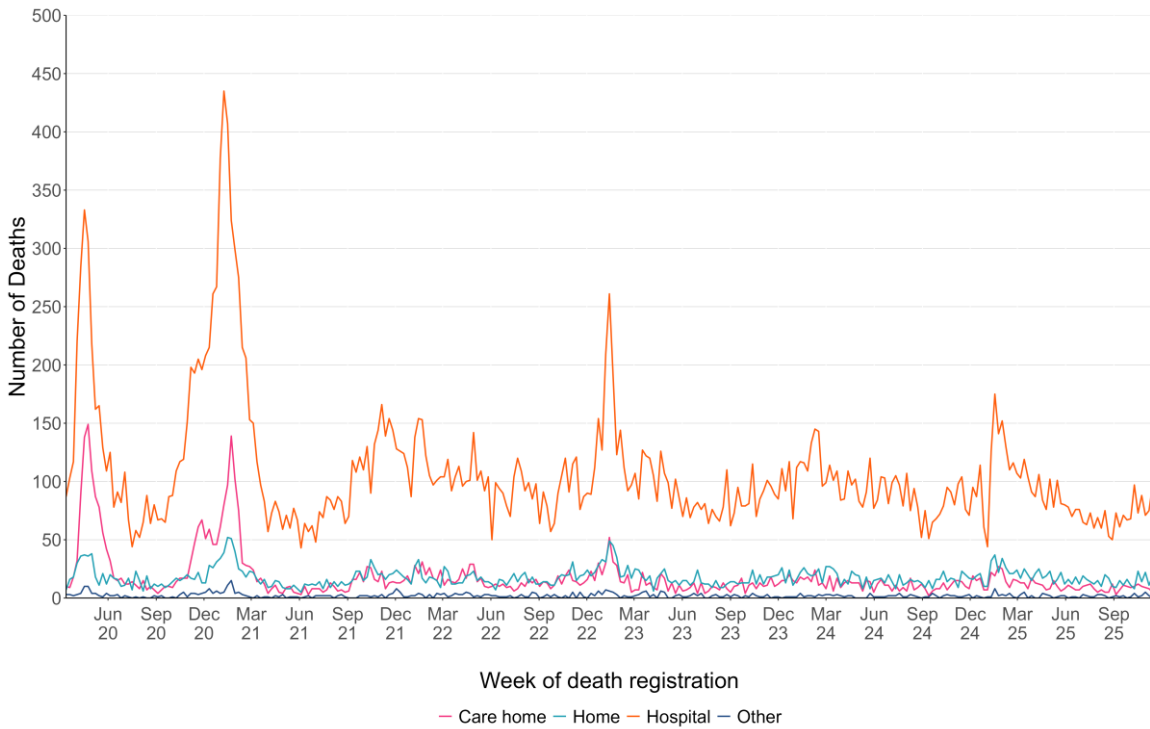
Data as of 02/12/2025

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



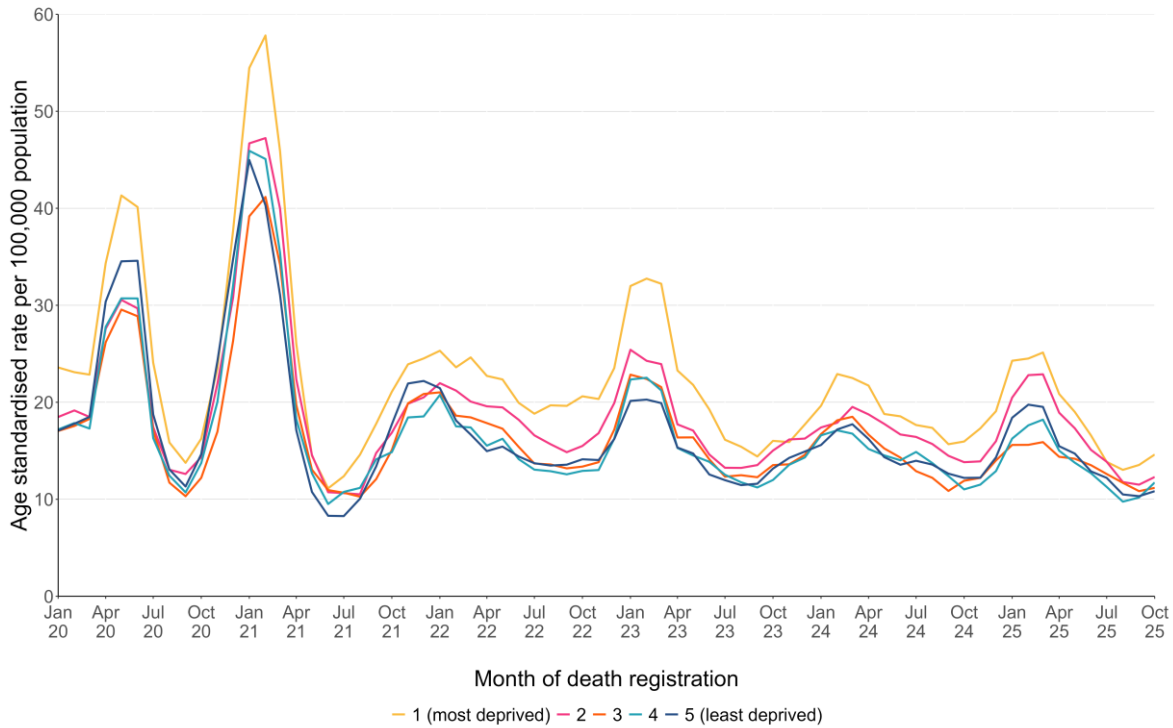
Data as of 02/12/2025

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



Data as of 02/12/2025

**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 02/12/2025

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

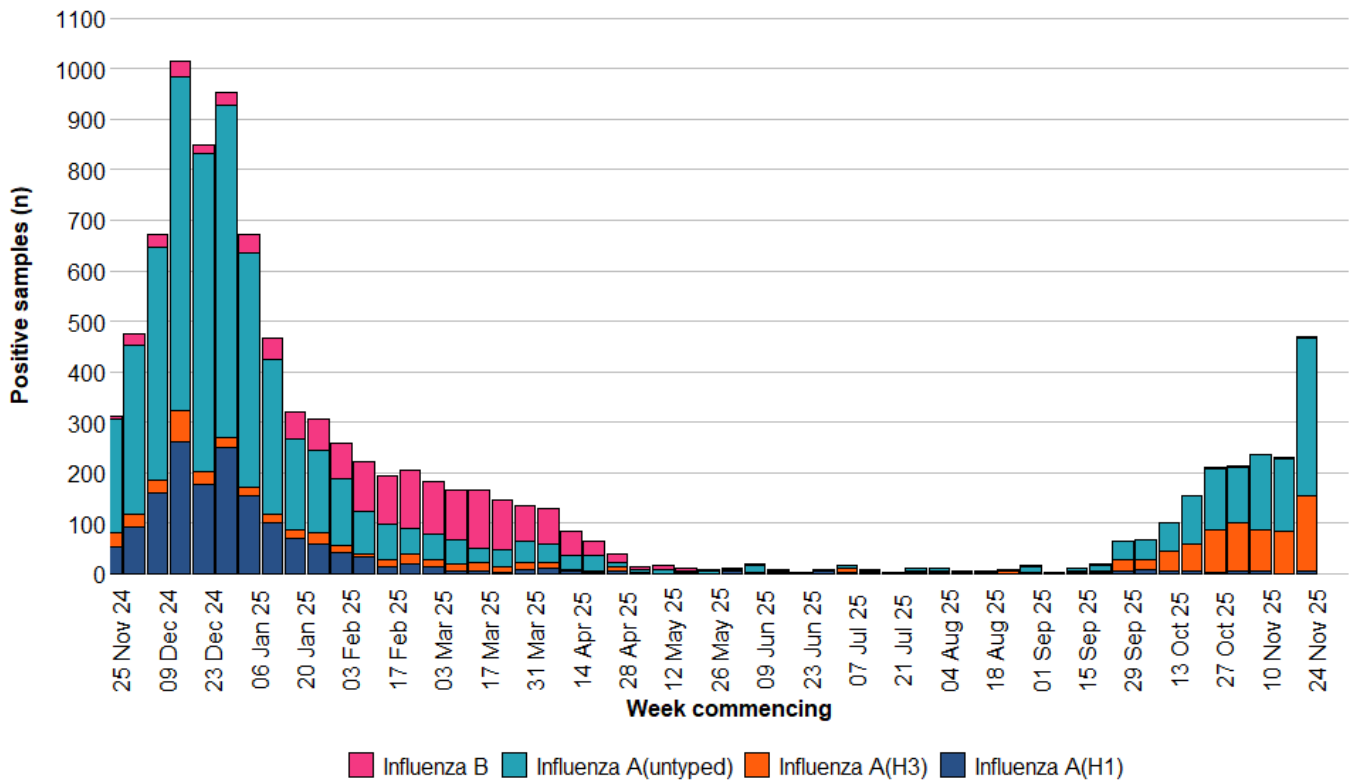


## 6. Pathogen-specific surveillance

### Influenza

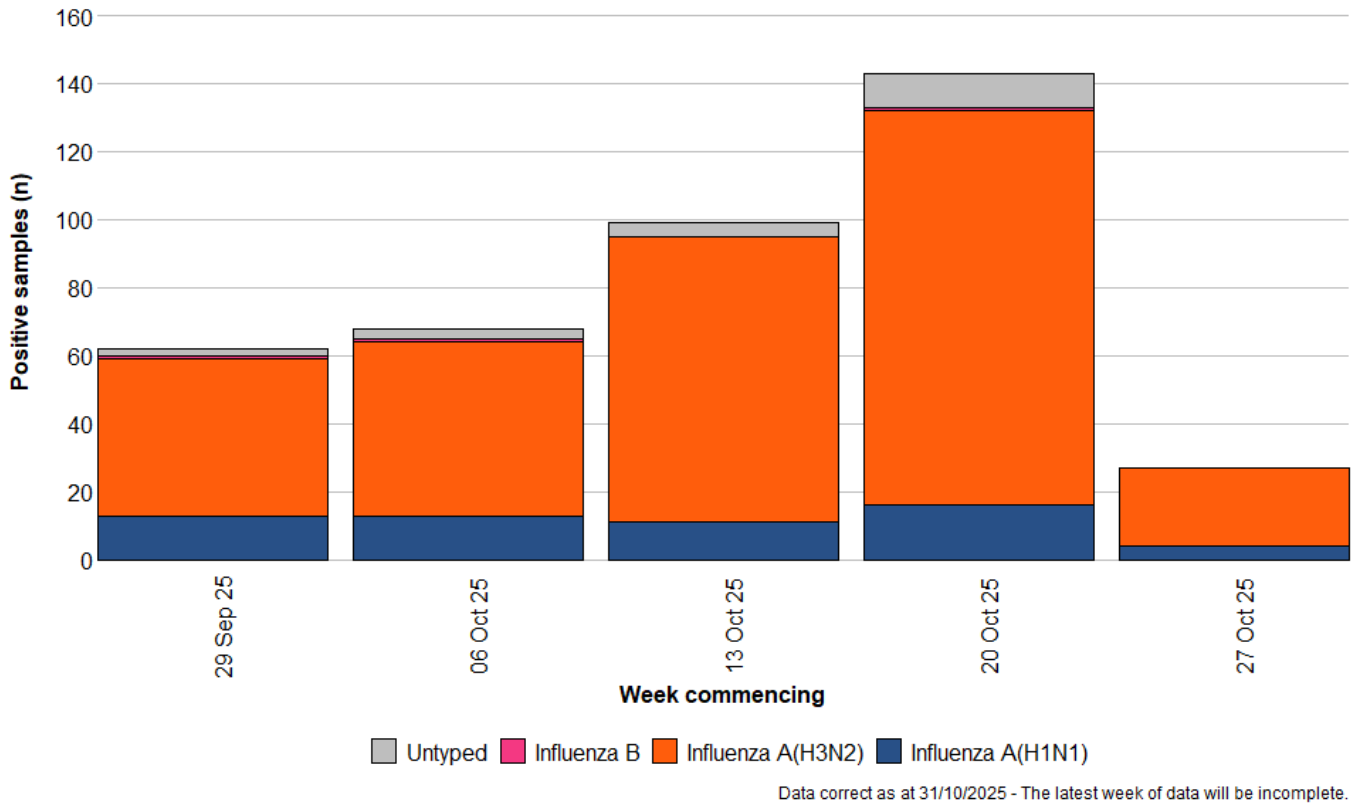
- influenza A(H3N2) is the most commonly detected influenza subtype in Wales since Week 40 2025 (634 confirmed cases), followed by influenza A(H1N1) (40 confirmed cases) and influenza B (12 confirmed cases). Additionally, there have been 1059 untyped influenza A cases.

**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 48, 2024 to Week 48, 2025.



Data correct as of 02/12/2025

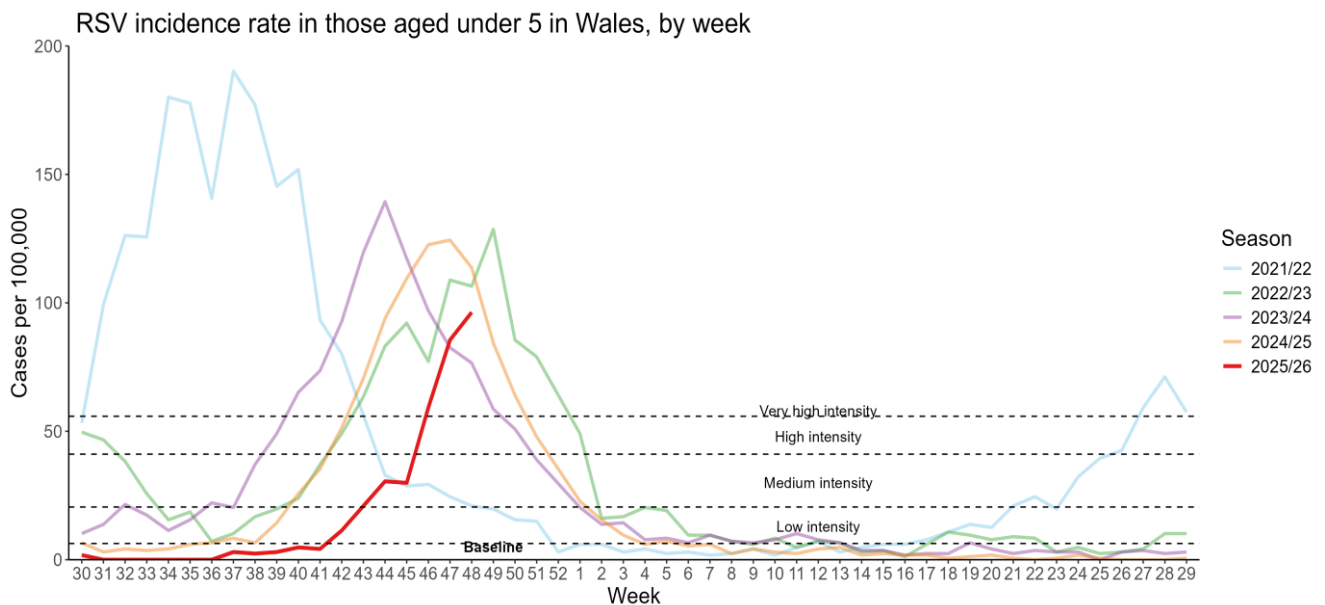
**Figure 6.1b.** Influenza subtypes based on samples referred to the Wales National Influenza Centre for typing, by week of sample collection, Week 40 2025 to Week 48, 2025.



## Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at very (96.3) intensity levels per 100,000 population during week 48 2025 .

**Figure 6.2.** RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 48 2025.





## 7. International Summary

### Influenza activity – UK and international summary

- GP ILI consultations increased to 8.5 per 100,000 in England and 16.3 per 100,000 in Northern Ireland and decreased to 7.8 per 100,000 in Scotland in Week 47.
- During Week 45 (latest data available), 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 slightly to 11.6% in England, remained stable at 24.4% in Scotland, and increased to 20.8% in Northern Ireland in Week 47.
- 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 that influenza remained above the 10% positivity epidemic threshold at 15% in Week 47. Of the 32 countries and areas reporting on influenza intensity, three reported medium intensity or higher. Of the 28 countries and areas reporting on geographic spread of influenza viruses within a country or area, 14 reported widespread or regional distribution. There were 233 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>
- Globally, influenza activity is increasing with influenza A viruses continuing to predominate.
- In the northern hemisphere, influenza activity remained low in most countries but increased in some. Influenza percent positivity was elevated in a few countries in Central America and the Caribbean, Northern and Western Africa, Northern Europe and Eastern Asia, and was over 30% in a few countries in Western, Eastern and Middle Africa, Western, Southern and South-East Asia. Increases in activity were observed in countries in Central America and the Caribbean, Northern and Eastern 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 percent positivity over 30% in single countries Eastern Africa and South-East Asia. Small increases in activity were observed in Tropical South America and Eastern Africa.
- In the zones with elevated positivity, influenza A(H1N1)pdm09 predominated in Central America and the Caribbean and Northern and Middle Africa, whereas influenza A(H3N2) was predominant in all of the other zones
- **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 02/12/2025) during Week 47 globally there were 692 A(H1N1), 12,329 A(H3), 6,554 A(not subtyped), 165 influenza B (Victoria) and 367 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 remained low but showed signs of increasing during Week 47 (ending 22/11/2025). Nationally, 1,646 (5.0%) out of 32,972 specimens have tested positive for influenza in Week 47 in clinical laboratories nationwide, of these positive samples, 1,511 (91.8%) were influenza A and 135 (8.2%) were influenza B. Further characterization has been carried out on 824 specimens by public health laboratories, and 343 samples tested positive for influenza; 54 influenza A(H1N1)pdm09, 251

influenza A(H3N2), 38 influenza A(not subtyped), zero influenza H5, and 15 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: [FluView | FluView | CDC](#)

- The Public Health Agency of Canada reported that during Week 47, indicators of influenza activity are increasing and have reached seasonal levels. 2,102 influenza detections were reported: 2,078 influenza A and 24 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 47.

**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](http://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](http://sharepoint.com))

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



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Weekly acute respiratory infection summary