GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 01 (ending 04 January 2026)

Weekly acute respiratory infection summary

Headline

- **This report refers to the week ending Sunday 4th January, which included the New Years Day Public Holiday. Care should be taken when interpreting trends over this period, due to reduced primary care opening hours and potential changes in healthcare seeking behaviours, which may affect surveillance indicators summarised in this report.**

- Influenza activity is at a medium level. Confirmed case numbers have decreased in the current week, as has test positivity. As at week 52 (latest data available) GP consultations for influenza-like illness were at medium levels.

- Respiratory Syncytial Virus (RSV) is decreasing but remains at very high intensity levels.

- COVID-19 case numbers have remained broadly stable in recent weeks.

- GP consultations for acute respiratory infections increased during week 52 (latest data available) compared to the previous week.

- According to EuroMoMo method, 'no excess' of all-cause mortality has been reported in the most recent week.

Foreword

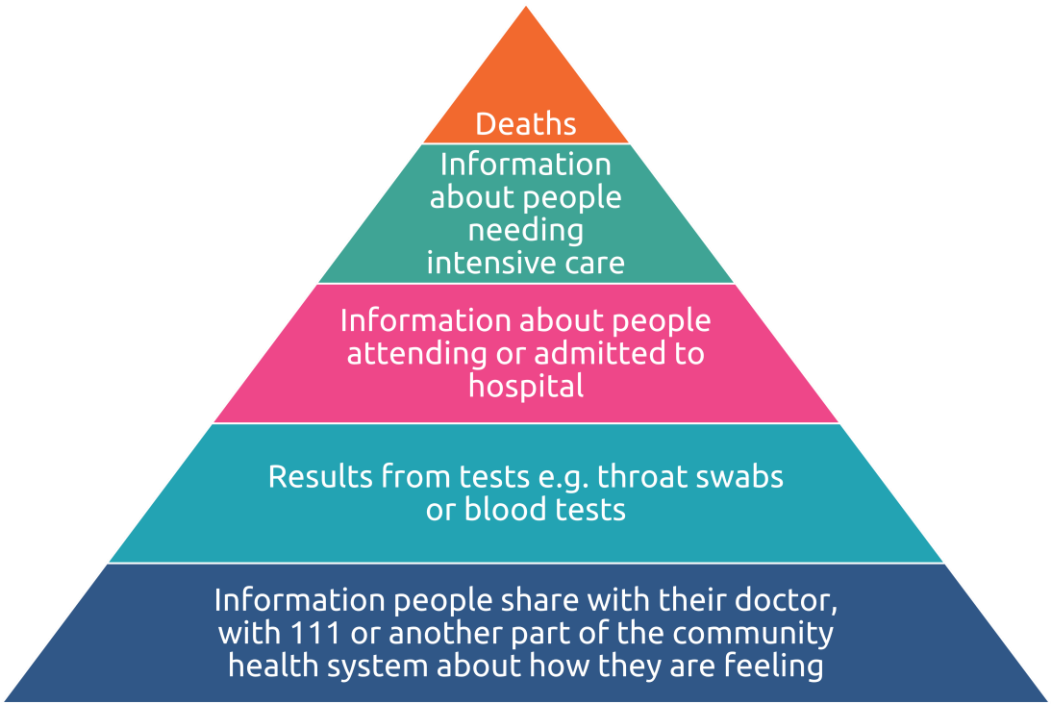
This report replaces the previously separate weekly reports on COVID-19, influenza and other respiratory infections. It is published on a weekly basis between week 40 (October) and 20 (May) of the following year, and on a fortnightly basis during the summer period.

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)	Consultations with Sentinel GPs for acute respiratory infection (ARI) increased in Week 52 (latest data available) compared to the previous week.	Admissions in patients testing positive for influenza, COVID-19 or RSV decreased during week ending 04/01/2026 (4% of total admissions).
Influenza	**Influenza activity is at <u>medium intensity levels.</u>** The overall proportion of samples testing positive in hospital and non-sentinel patients decreased in the most recent week to 15.7%. Consultations for influenza-like illness (ILI) with sentinel GPs decreased during week 52 (latest data available) but remains at **medium** intensity. **11** 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 138 during Week 1. During Week 1, there were 265 in-patient cases of confirmed influenza, 15 of whom were in critical care.
Influenza type breakdown	***Since 2025 Week 40**: 3,920 total influenza cases confirmed (1,376 influenza A(H3N2), 82 influenza A(H1N1)pdm09, 2,445 influenza A untyped and 17 influenza B).* ***In the most recent week**: 64 influenza A(H3), six influenza A(H1N1), 257 influenza A untyped and one influenza B.*	
COVID-19	The overall proportion of samples testing positive remained stable at 1.7% in hospital and non-sentinel GP practices. Consultations with Sentinel GPs and Pharmacies for COVID-19 remained stable in the most recent week.	The number of confirmed cases of community acquired COVID-19 admitted to hospital remained stable at 15 during Week 1. During Week 1 there were 50 in-patient cases of confirmed COVID-19, two of whom were in critical care.
RSV	RSV incidence per 100,000 in children aged up to 5y decreased to 59.2 in Week 1 but remains at very high intensity levels.	The number of confirmed cases of community acquired RSV admitted to hospital decreased to 96 during Week 1. During Week 1 there were 125 in-patient cases of confirmed RSV, and 11 in critical care.
Other respiratory pathogens	Rhinovirus remains the most frequently detected other cause of ARI, followed by parainfluenza and Human metapneumovirus, with adenovirus also increasing in recent weeks.	

1. Community surveillance indicators

GP Consultations

- The sentinel GP consultation rate for influenza-like illness (ILI) during week 52 (latest data available) was at medium intensity and current trend is decreasing (Figures 1.1, 1.2).
- There were 19.8 ILI consultations per 100,000 practice population during week 52 (latest data available), a decrease compared to the previous week (23.6 consultations per 100,000). Week 52 contained two bank holidays when usual in-hours general practices were closed. The estimated ILI consultation rate if practices had been open for the usual five days is 19.8 per 100,000. This estimated figure still represents a decrease compared to the previous week.
- During week 52 (latest data available), using all available data from general practices, there were 16.0 ARI consultations per 100,000 practice population, an increase from 11.2 in the previous week (Table 1.2).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators increased from 2,013 in the previous week to 2,047 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for cardiac or respiratory arrest, chest pain, difficulty breathing were stable or increased compared to the previous week (Figure 1.5, Table 1.3).

GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 52, 2025).

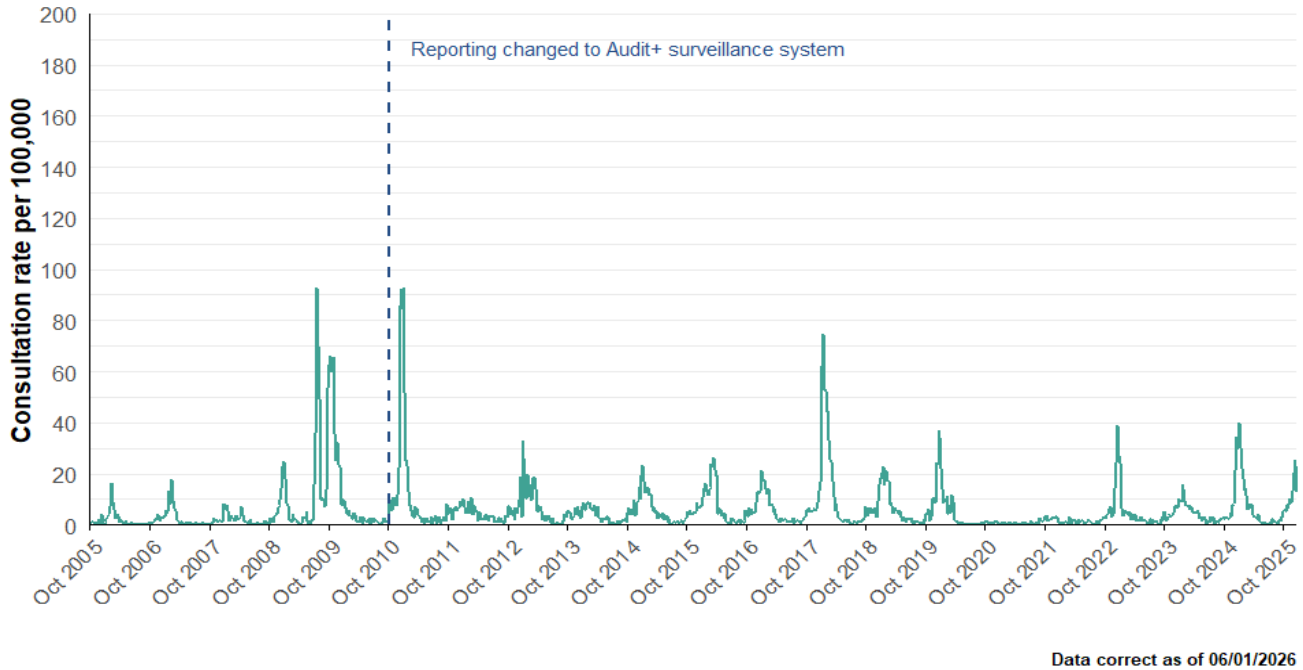
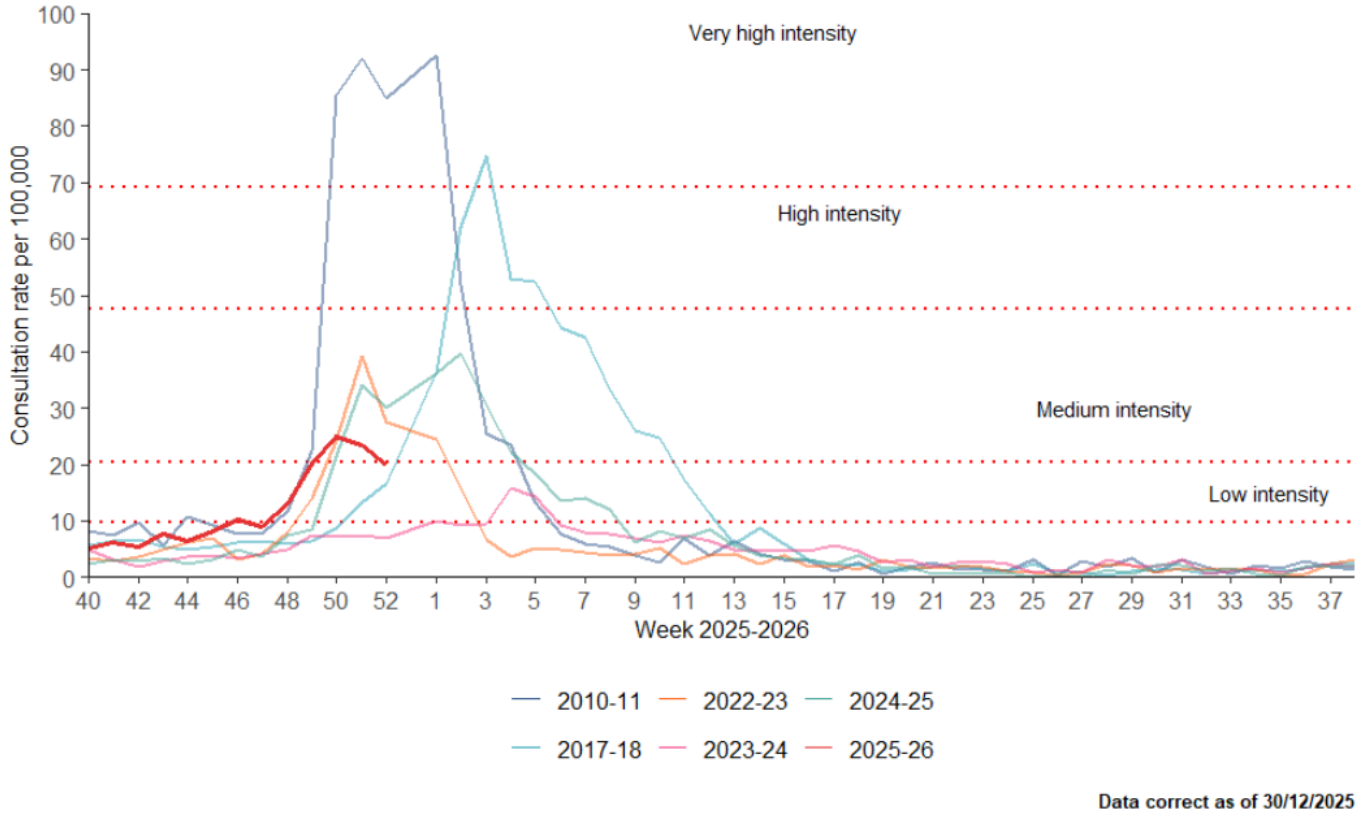


Figure 1.2. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (latest data available).



GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 52, 2025 (latest data available). 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	16.02	11.20	23.01
COVID-19	0.10	0.12	7.60
LRTI	6.66	4.47	9.06
Pneumonia	0.00	0.01	0.06
Severe asthma	0.54	0.42	1.19
URTI	9.38	6.75	14.04
Total	32.70	22.97	54.96

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), latest data available.

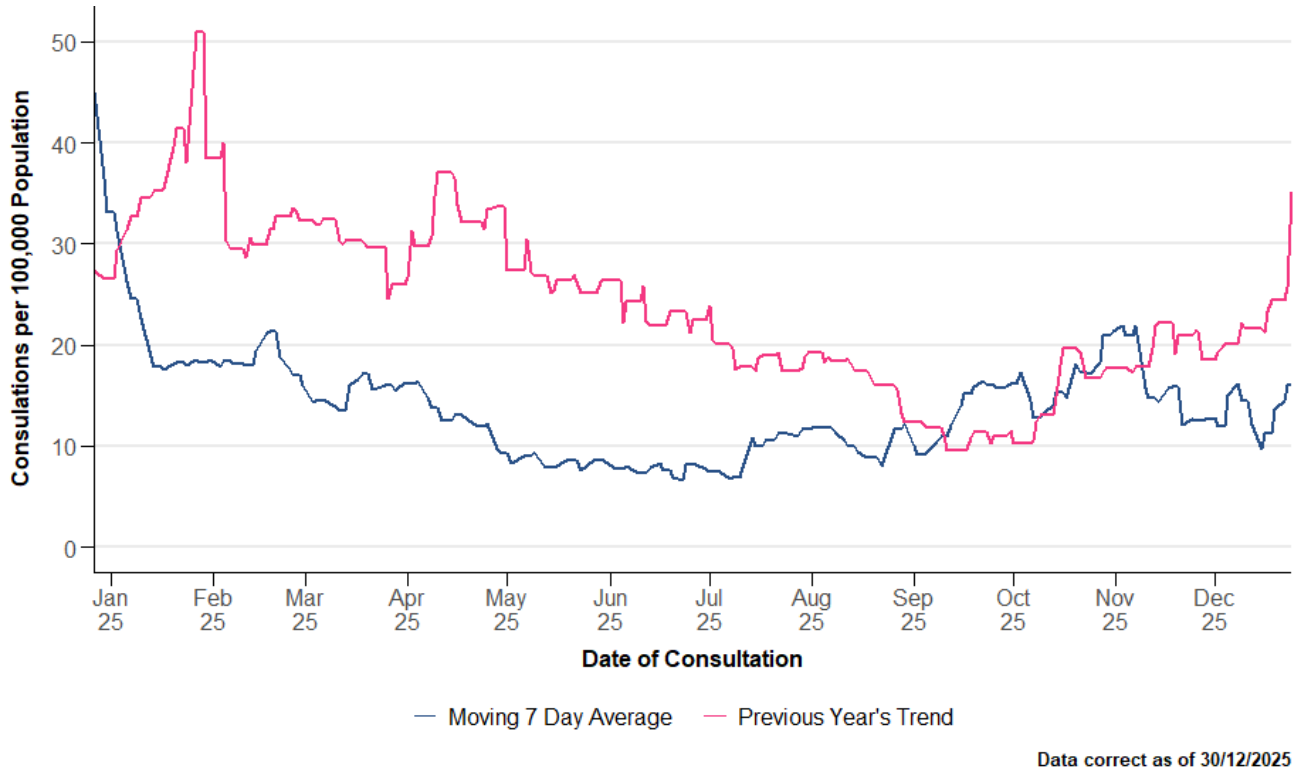
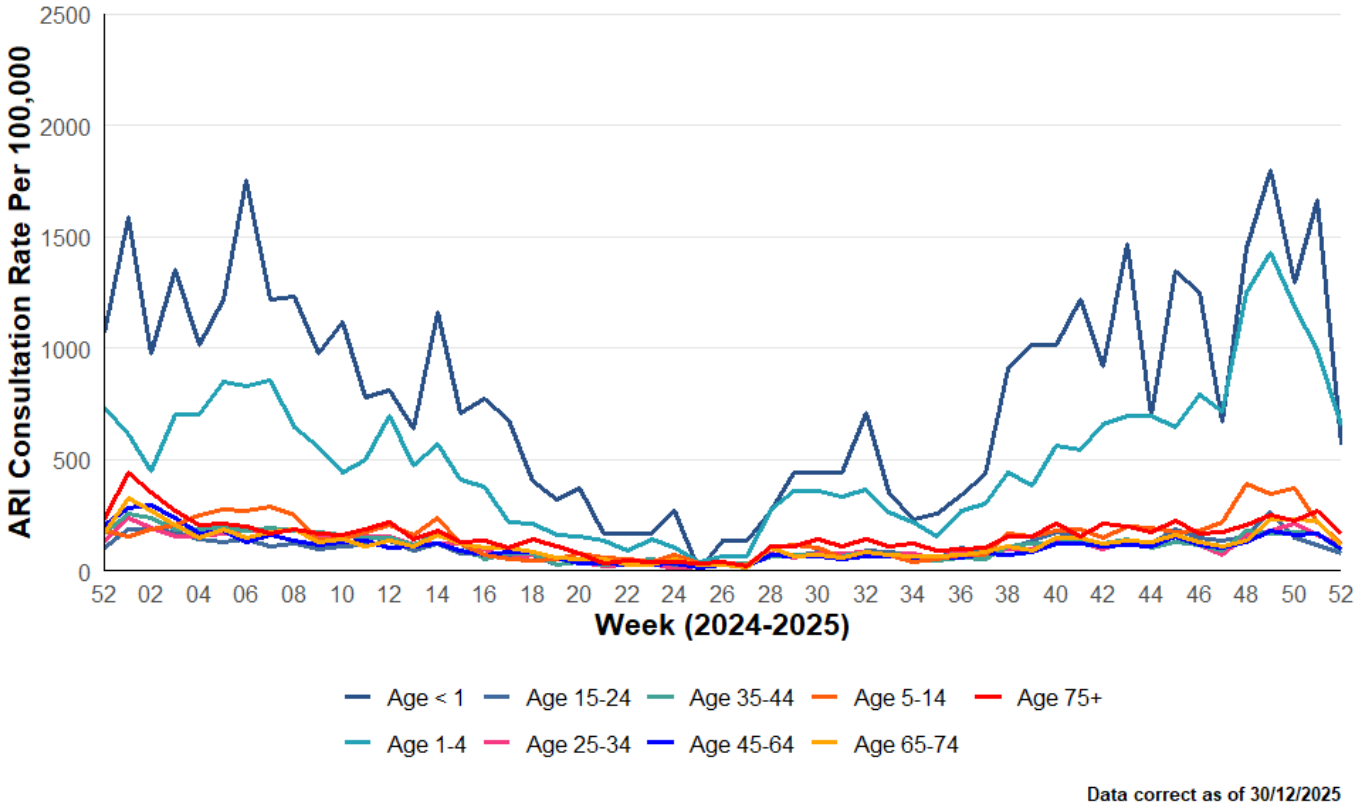


Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands (latest data available).



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.

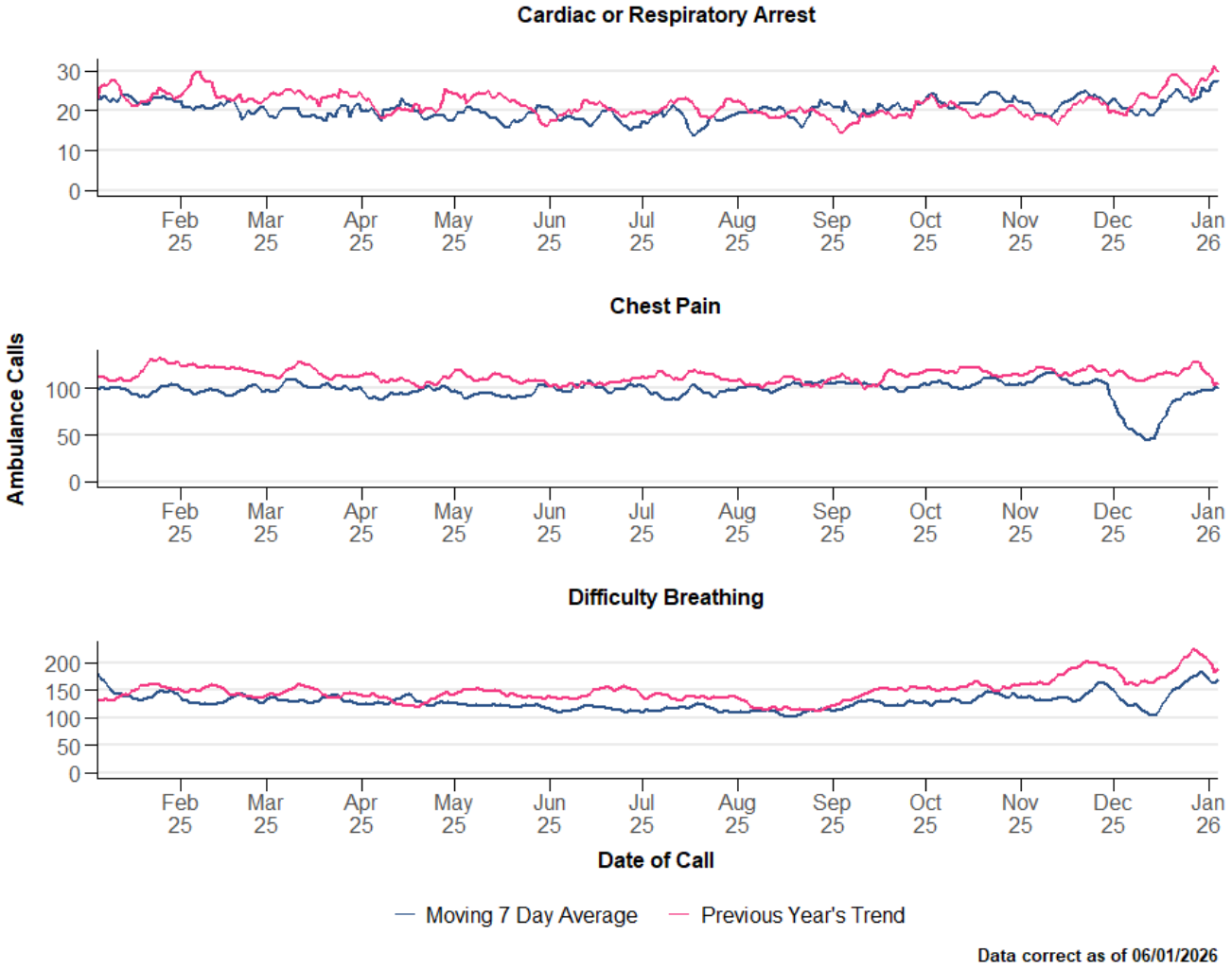
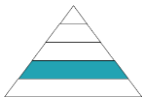


Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 1, 2026. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	177	164	186
Chest Pain	682	669	855
Difficulty Breathing	1,188	1,180	1,482
Total	2,047	2,013	2,523

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 58 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 1, 2026, as at 06/01/2026 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were influenza A (11) followed by rhinovirus (7) and RSV (3). Of the 58 tests, 51.7% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,380 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 1 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were influenza a (216) followed by RSV (163) and rhinovirus (138). Of the 1380 tests, 55.9% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

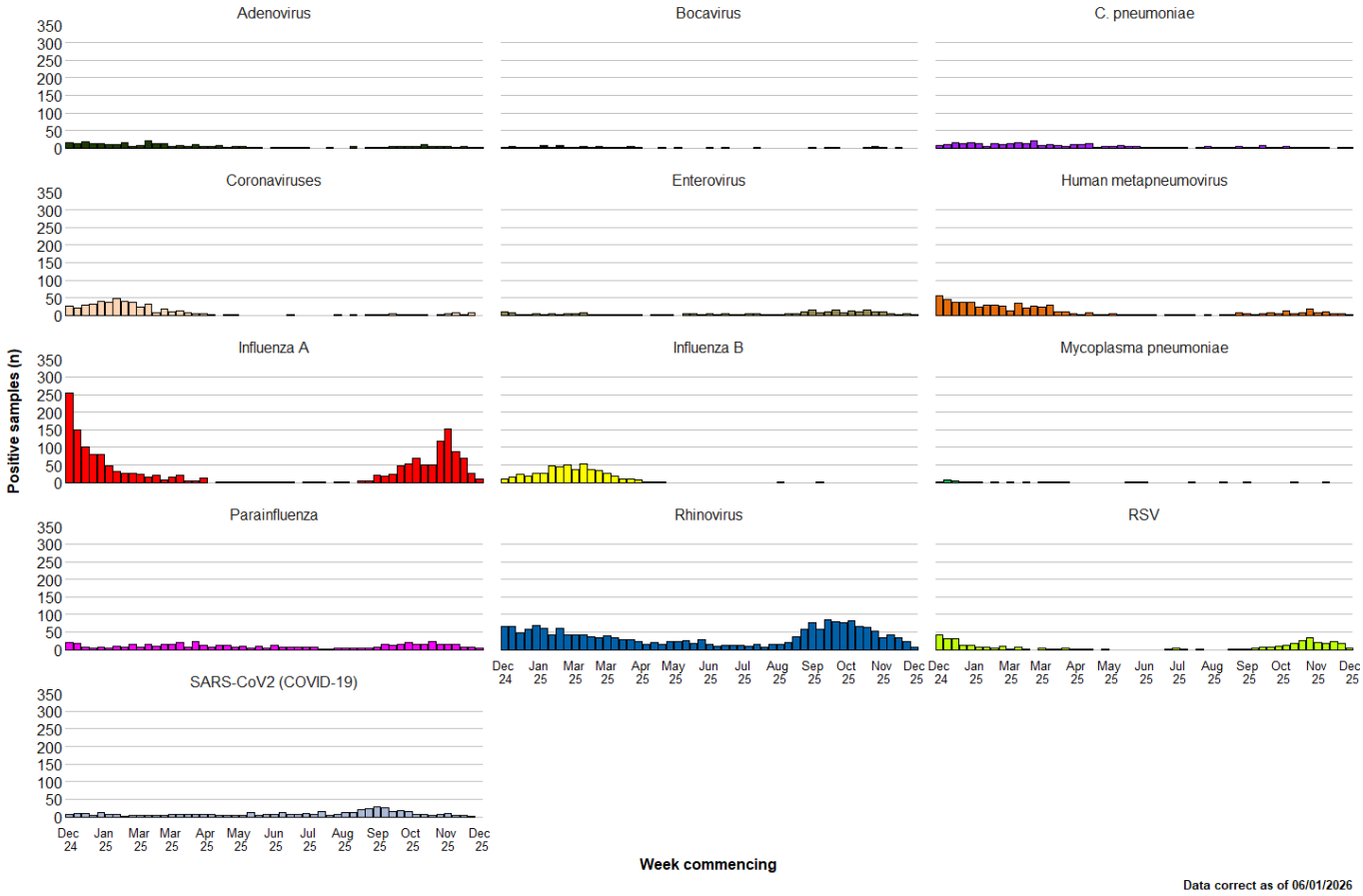
Additionally, during Week 1, 526 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 101 for influenza (100 for influenza A, one for influenza B)
- 5 for SARS-CoV-2 (COVID-19)
- 56 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 1, 2026.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	11	19.0%	18.0%	Stable
Rhinovirus	7	12.1%	17.3%	Decreasing
RSV	3	5.2%	12.9%	Decreasing
Parainfluenza	3	5.2%	5.0%	Stable
Adenovirus	2	3.4%	0.7%	Increasing
Human metapneumovirus	2	3.4%	4.3%	Stable
Enterovirus	1	1.7%	2.9%	Decreasing
C. pneumoniae	1	1.7%	0.7%	Increasing
Influenza B	0	0.0%	0.0%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	0.0%	Stable
Coronaviruses	0	0.0%	5.8%	Decreasing
SARS-CoV2 (COVID-19)	0	0.0%	0.7%	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 53, 2024 to Week 1, 2026.



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 1, 2026.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Influenza A	216	15.7%	17.1%	Decreasing
RSV	163	11.8%	12.6%	Stable
Rhinovirus	138	10.0%	11.6%	Decreasing
Human metapneumovirus	52	3.8%	2.8%	Stable
Parainfluenza	35	2.5%	2.8%	Stable
Adenovirus	29	2.1%	2.8%	Stable
SARS-CoV2 (COVID-19)	23	1.7%	2.2%	Stable
Enterovirus	13	0.9%	2.2%	Decreasing
Seasonal coronaviruses	13	0.9%	0.9%	Stable
Influenza B	0	0.0%	0.0%	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 53, 2024 to Week 1, 2026.

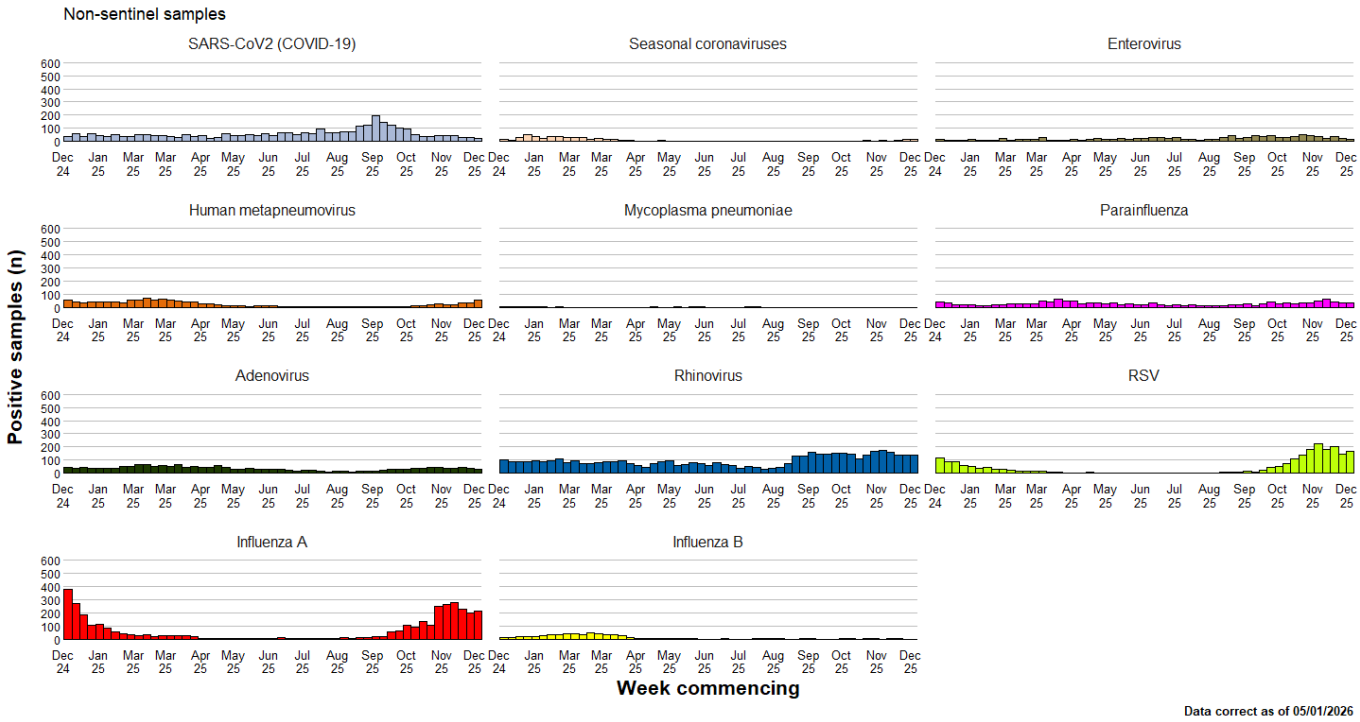
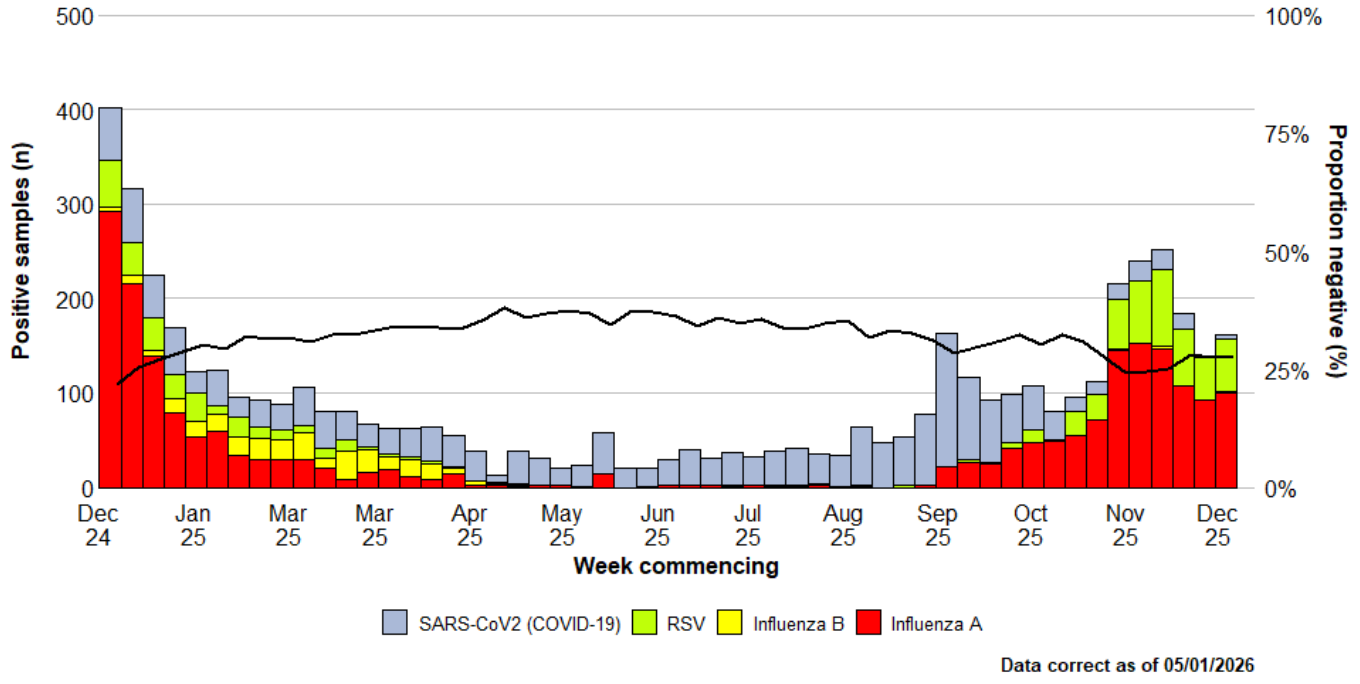


Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 53, 2024 to Week 1, 2026.



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

Sentinel SARI in emergency departments

- During the previous four weeks there were 72 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was RSV(24) followed by Negative(23) and Rhinovirus/Enterovirus(19). Of the 72 samples collected, 31.9% 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 15% for influenza, 1% for SARS-CoV-2 and 33% for RSV.

Hospital in-patients

- During week ending 04/01/2026 there were 249 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (4 more than the previous week), equating to 4% of all hospital admissions in that reporting week.

- At 23:59 on 04/01/2026, there were 440 patients in hospital with confirmed COVID-19, RSV or influenza, 32 less than the previous Sunday. This equates to 2% of all hospital in-patients (IPs) at that time. Of whom 54% (236) were hospital acquired (HA).

Critical-care

- During week ending 04/01/2026 there were 17 ARI critical care (CC) admissions,)7 more than the previous week), Equating to 8% of all CC admissions in that reporting week.

- At 23:59 on 04/01/2026, there were 28 patients in CC with confirmed COVID-19, RSV or influenza, 9 more than the previous Sunday. This equates to 9% of all CC in-patients at that time. Of whom 25% (7) were hospital acquired (HA).

Virological surveillance in ICU

- During week 1, 2026, 73 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).

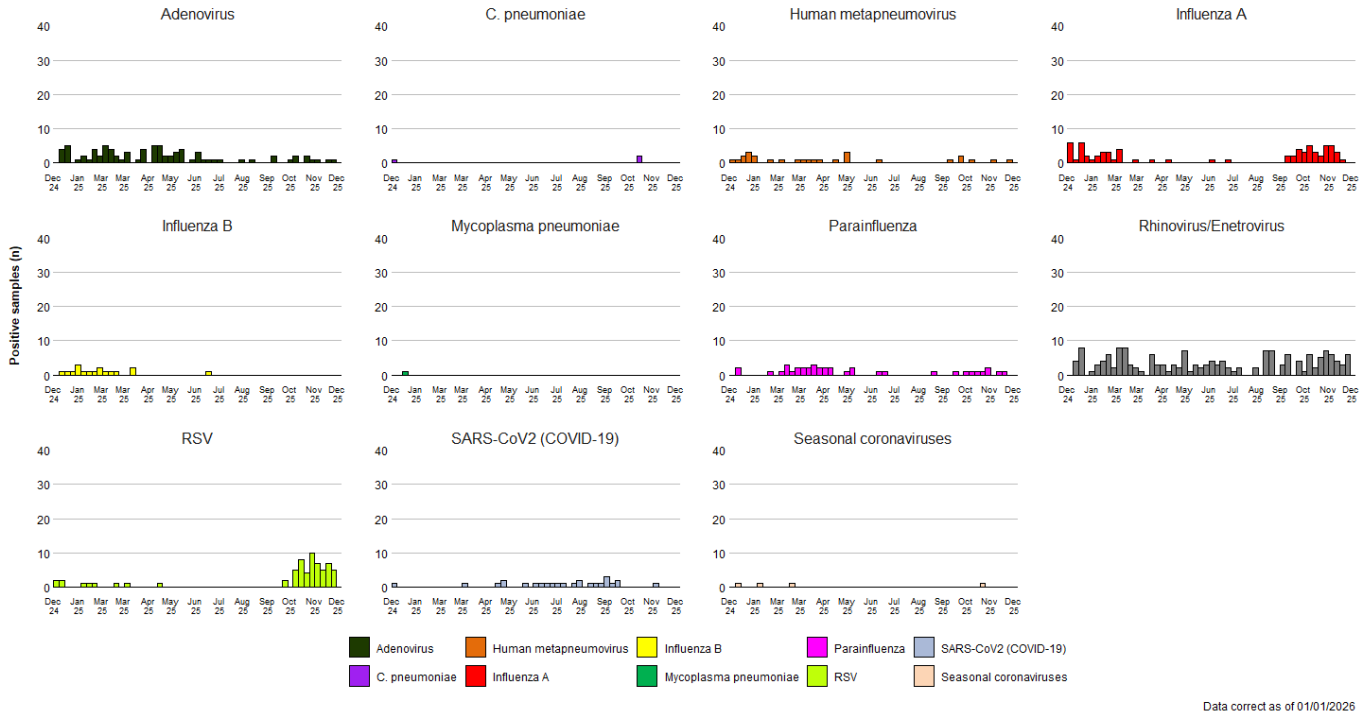
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: Hospital admissions dashboard

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 52, 2025.

	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
Pathogens Detected	**n**	**%**	**n**	**%**
Adenovirus	3	4.2%	81	9.9%
C. pneumoniae	0	0.0%	3	0.4%
Human metapneumovirus	2	2.8%	27	3.3%
Influenza A	11	15.3%	75	9.2%
Influenza B	0	0.0%	17	2.1%
Mycoplasma pneumoniae	0	0.0%	1	0.1%
Parainfluenza	2	2.8%	38	4.7%
Pertussis	0	0.0%	0	0.0%
RSV	24	33.3%	63	7.7%
Rhinovirus/Enterovirus	19	26.4%	169	20.7%
SARS-CoV2 (COVID-19)	1	1.4%	25	3.1%
Seasonal coronaviruses	0	0.0%	4	0.5%
Negative	23	31.9%	387	47.4%
Total	**72**	**100%**	**832**	**100%**

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 52, 2025 and previous 12 months.

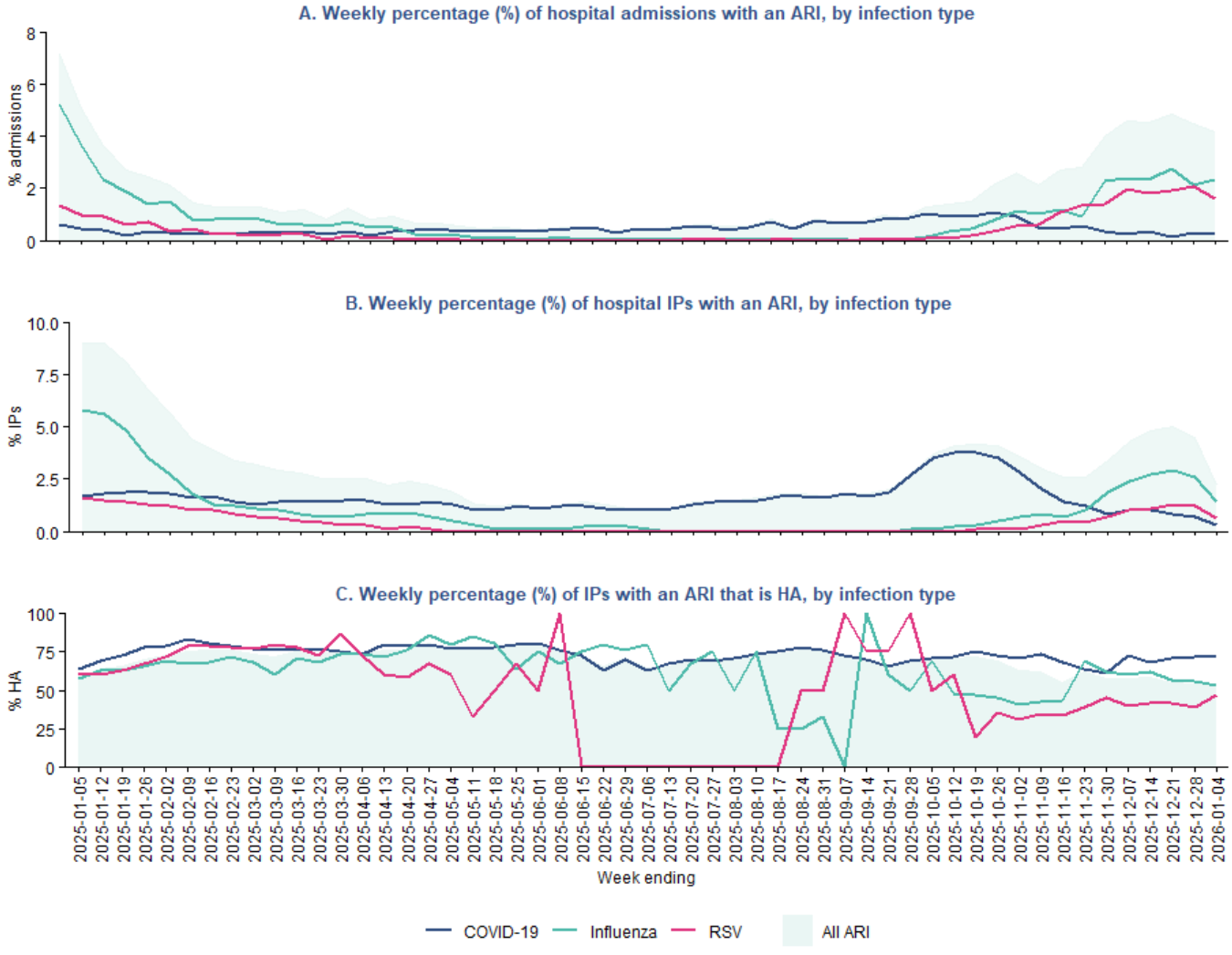


Acute Respiratory Infection Surveillance in Hospital In-Patients

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	15	<1%	50	<1%	72% (36)
Influenza	138	2%	265	1%	53% (141)
RSV	96	2%	125	1%	47% (59)
ARI total	**249**	**4%**	**440**	**2%**	**54% (236)**

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: 07-01-2026

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%	100% (2)
Influenza	11	5%	15	5%	13% (2)
RSV	5	2%	11	4%	27% (3)
ARI total	**17**	**8%**	**28**	**9%**	**25% (7)**

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.

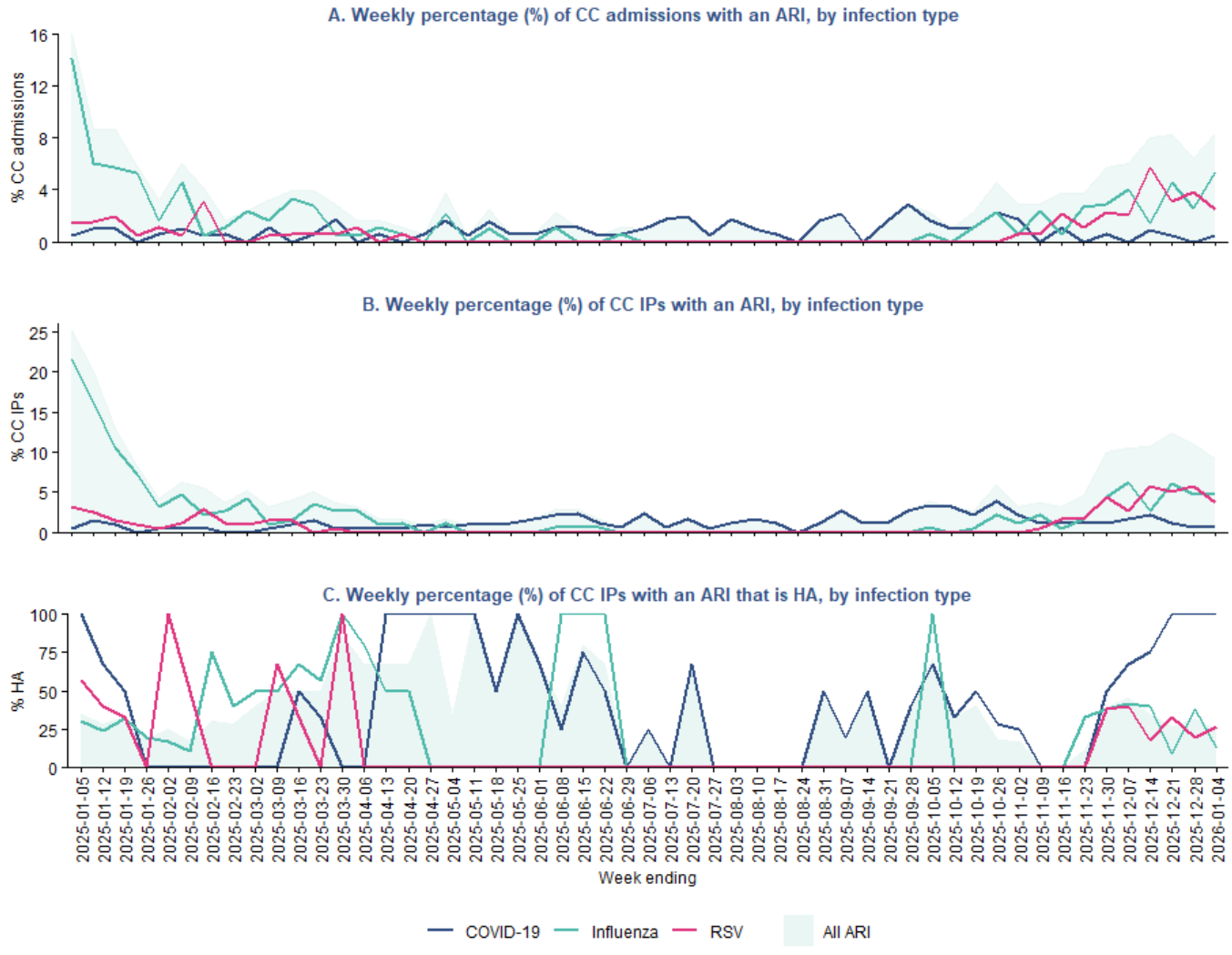
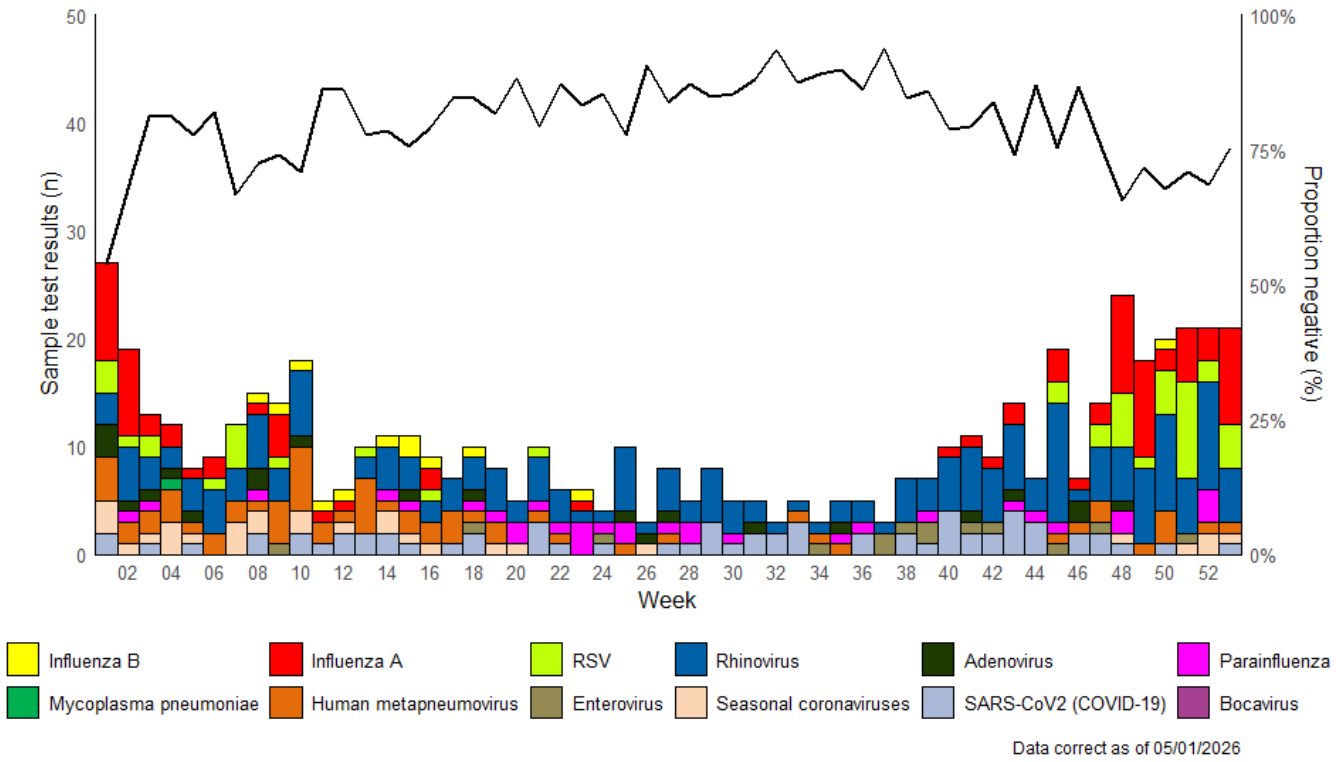


Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 1, 2025 to Week 1, 2026. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

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

During Week 1, 2026, 22 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

- Twelve were COVID-19, and ten were Influenza
- All were in Residential Homes.

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

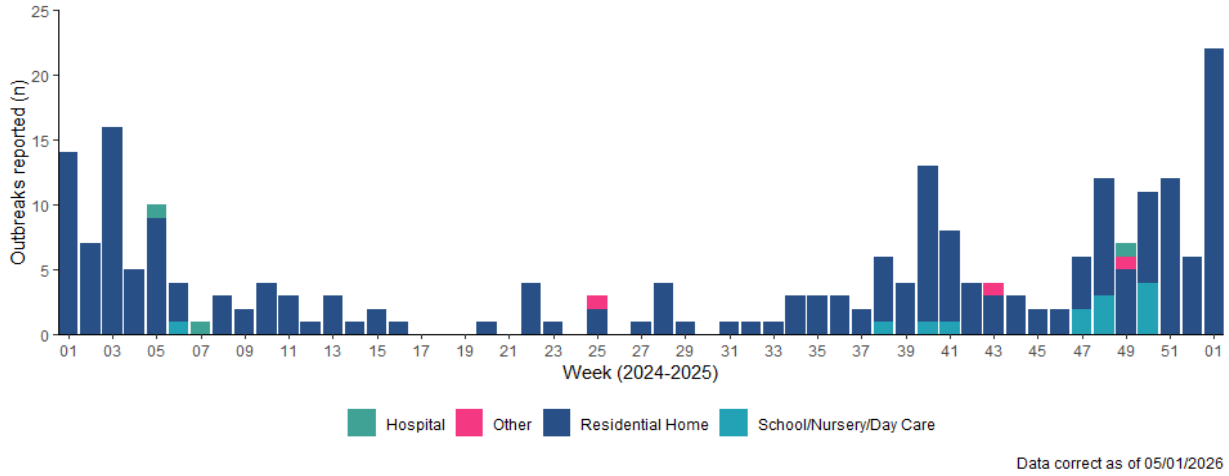
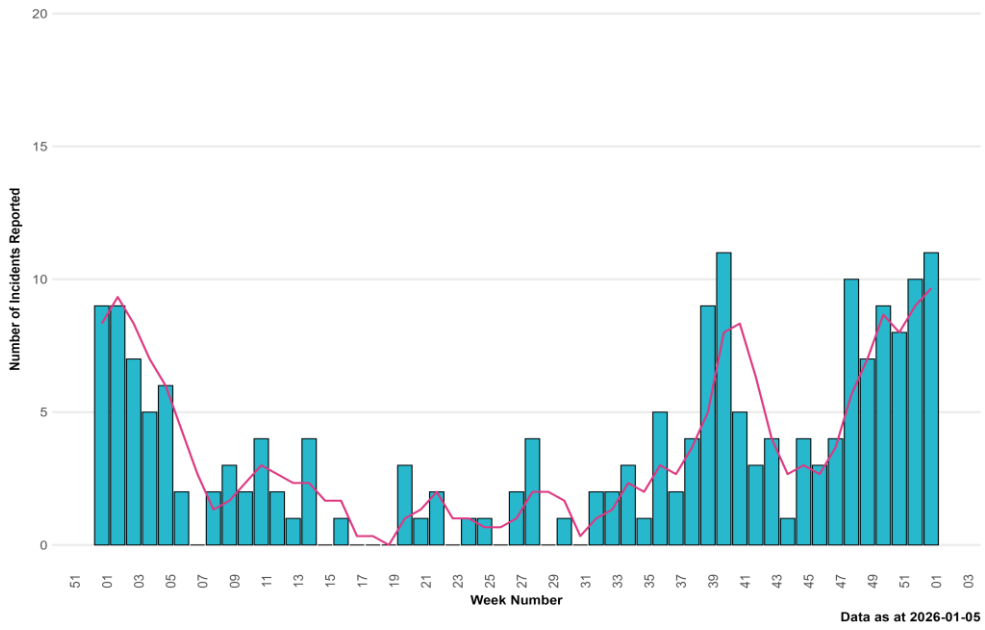


Figure 4.2. ARI outbreaks and incidents reported to Public Health Wales Health Protection Team, from residential care home settings, by week of onset of first case. The three-week rolling average is shown in pink.



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.

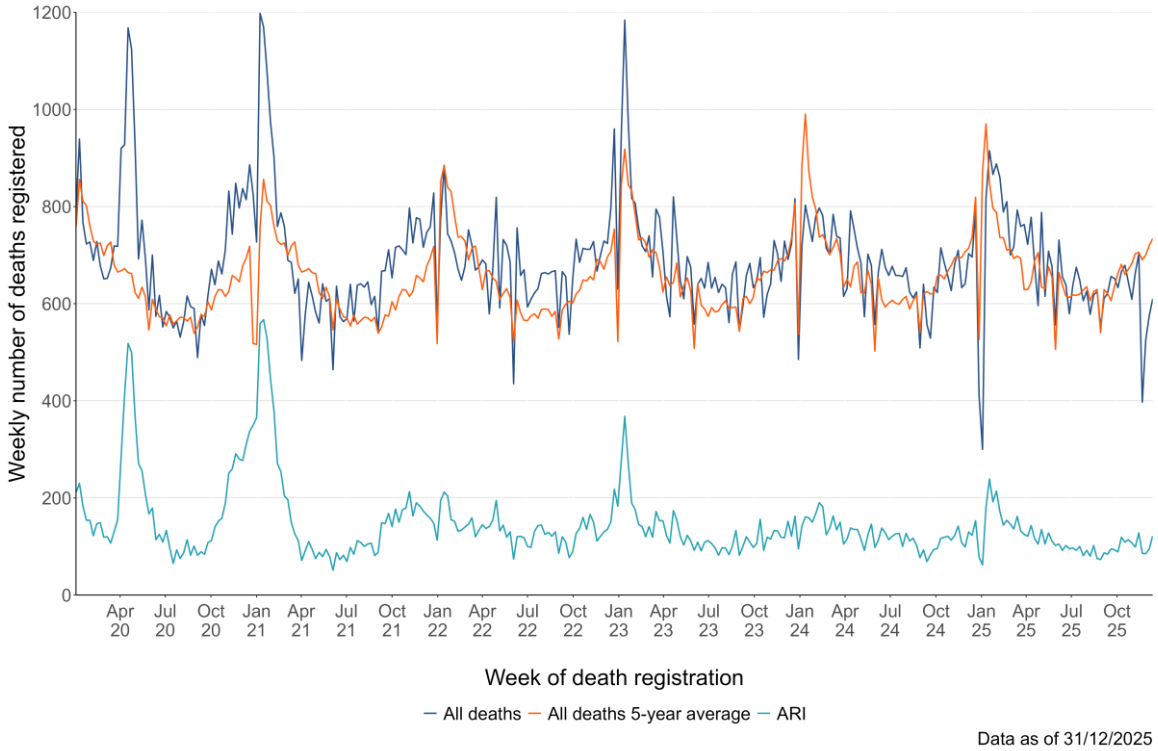


Figure 5.2 Numbers of ARI related deaths by age-group and week of death registration.

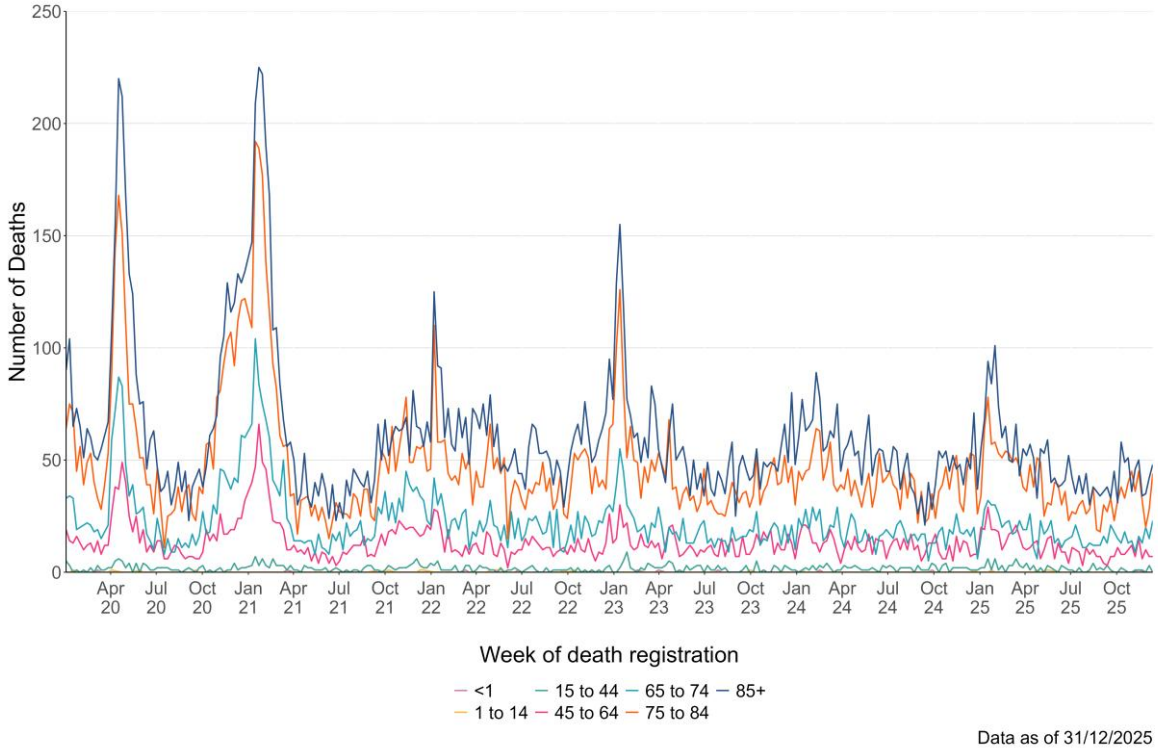


Figure 5.3. Numbers of deaths due to ARI, by place of death and week of death registration.

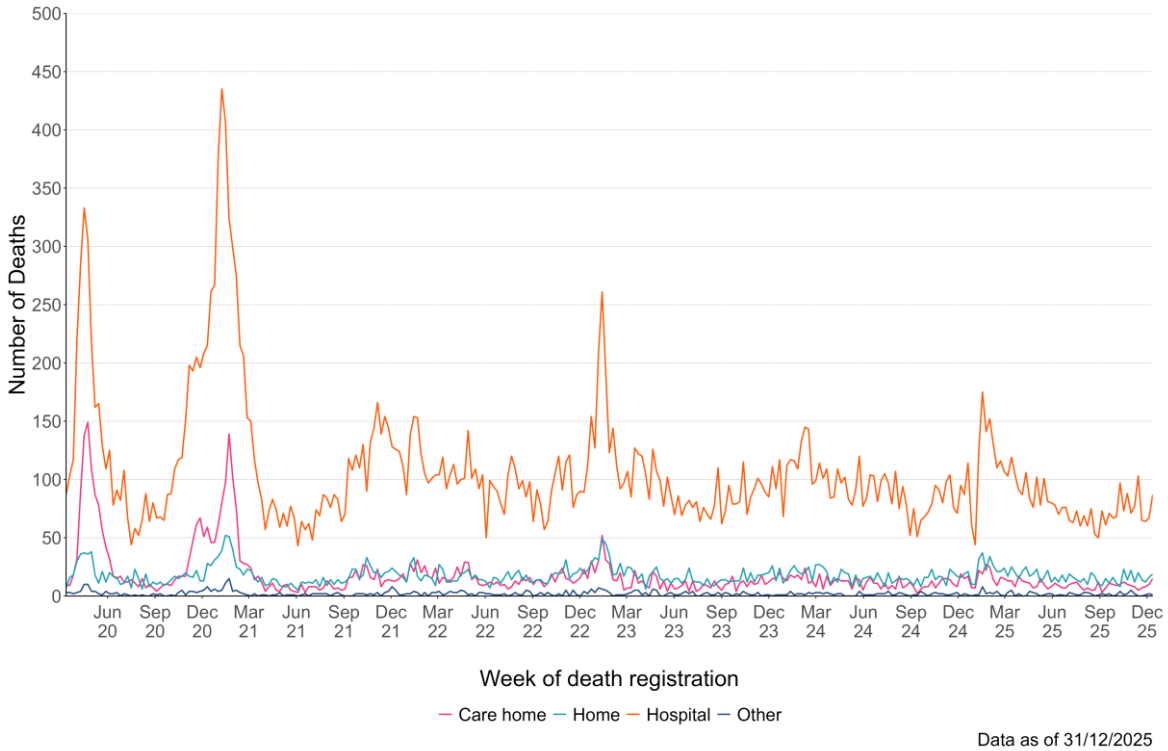
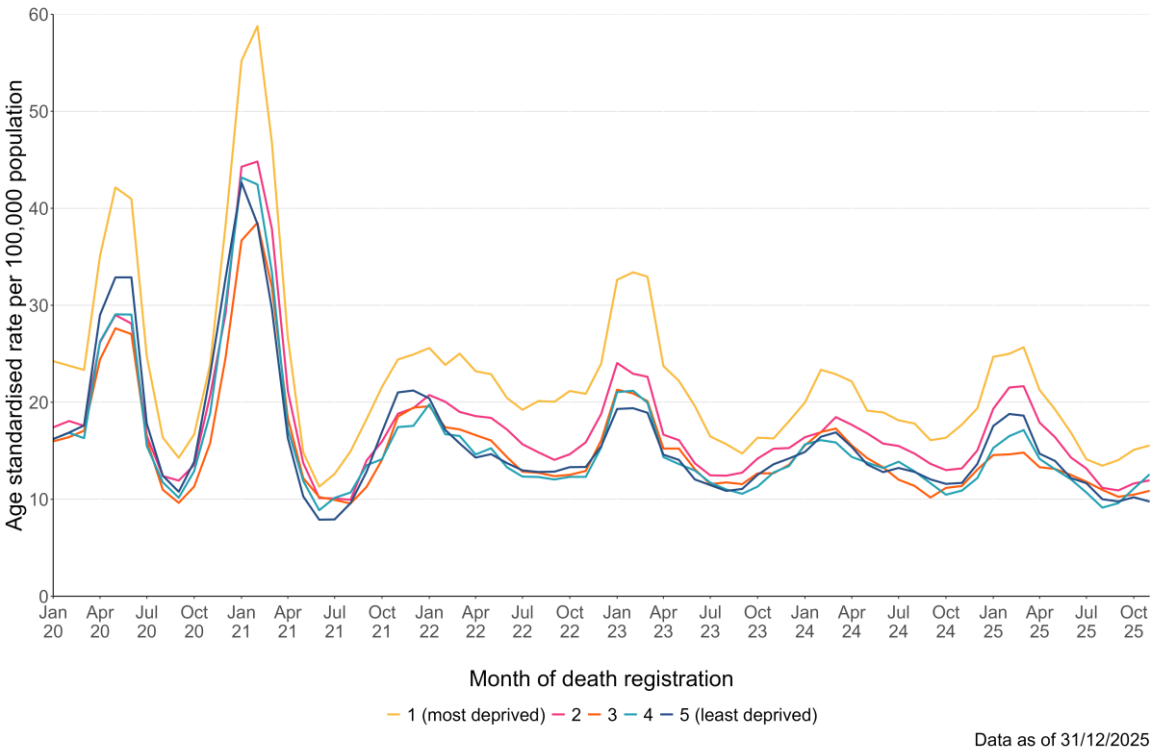


Figure 5.4. Numbers of ARI deaths, by quintile of deprivation of area of residence (based on the Welsh Index of Multiple Deprivation rankings of Lower Super Output Areas) and week of death registration.



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 (1,376 confirmed cases), followed by influenza A(H1N1) (82 confirmed cases) and influenza B (17 confirmed cases). Additionally, there have been 2,445 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 1, 2025 to Week 1, 2026.

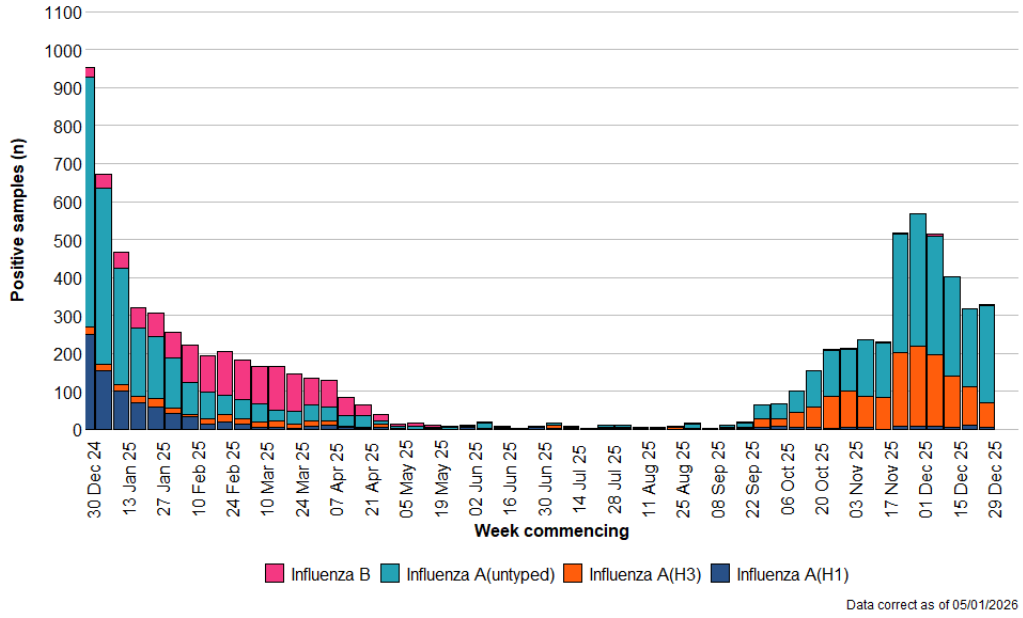
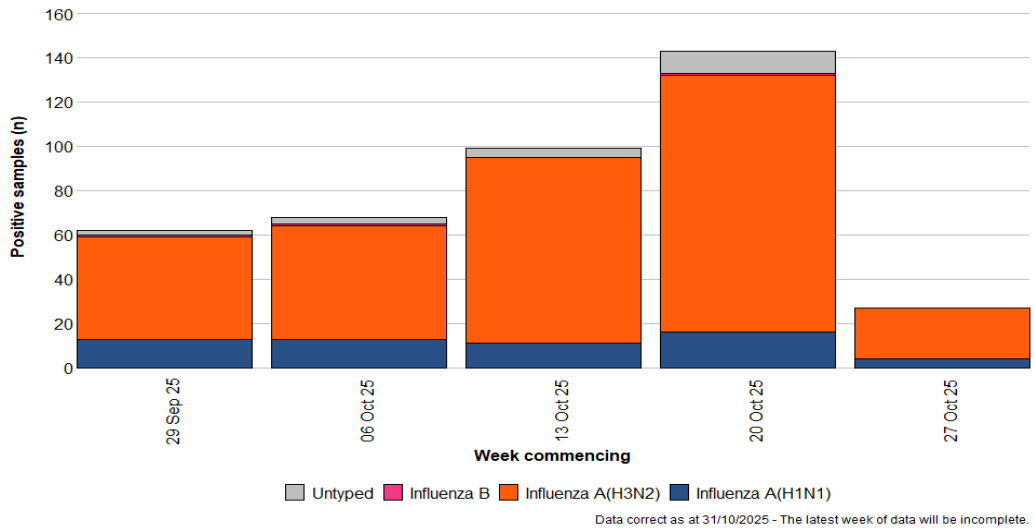


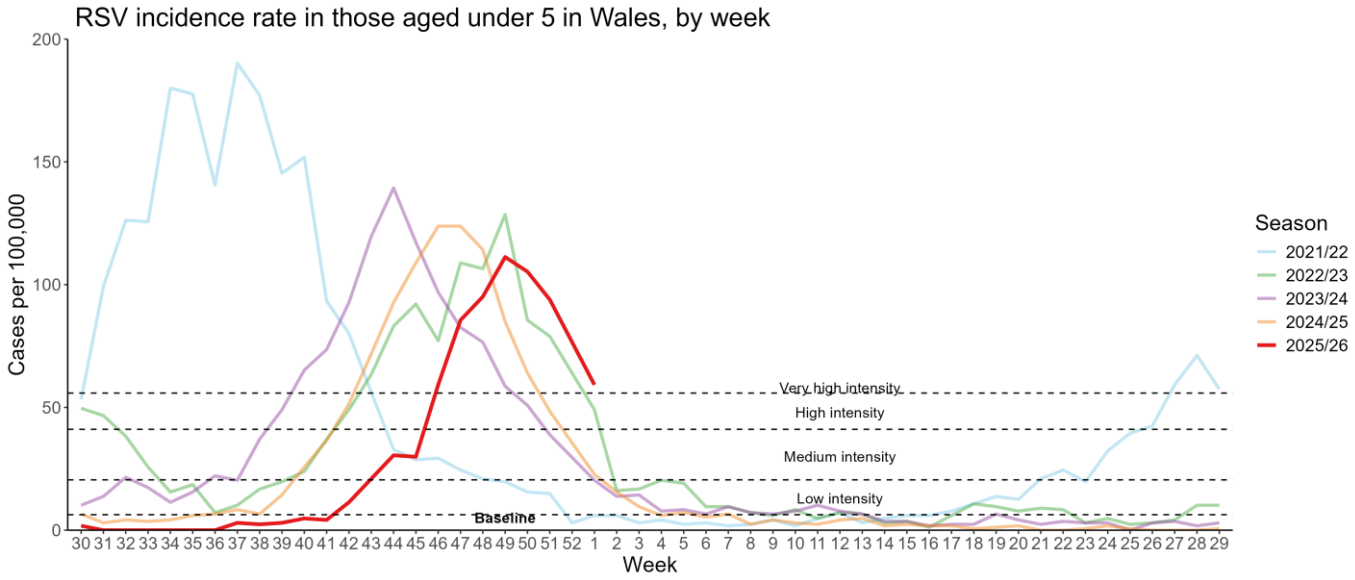
Figure 6.1b. Influenza subtypes based on samples referred to the Wales National Influenza Centre for typing, by week of sample collection, Week 40 2025 to Week 1, 2026.



Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at very (59.2) intensity levels per 100,000 population during week 1 2026.

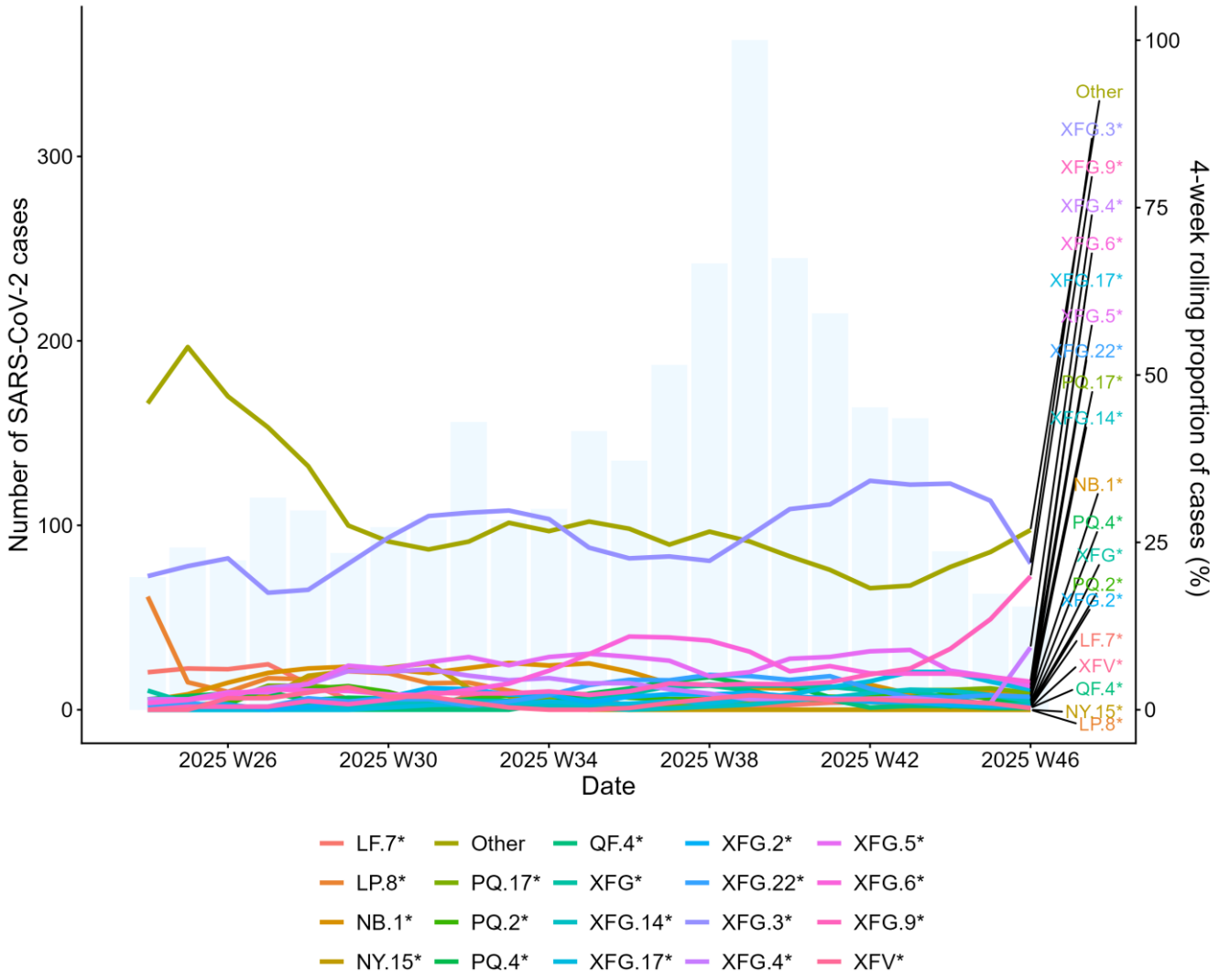
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 1 2025.



SARS-CoV-2 Variant surveillance

- Pango group XFG.3* is the most frequently detected variant in Wales currently, accounting for 31.8% 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 W43 to 2025 W48).



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. Estimates from short-term forecasts of hospital admissions with ARI

Introduction

- Estimates from short-term forecasts use a modelling approach to provide insights on possible future trends in hospital admissions with acute respiratory infections. The forecasts suggests what the trends for hospital admissions in patients with COVID-19, influenza and RSV in Wales might be for this week and next week. The trends suggested in this analysis draw on recent hospital admissions and other surveillance indicators. The forecasts are designed to support planning and situational awareness during the winter season.
- All forecasts carry uncertainty, particularly when the season progresses rapidly or during holiday periods when health seeking behaviours may vary; estimates should be used alongside other sources of surveillance information in this weekly report.
- The models used to suggest these future trends are under development. Exact methods may change and are subject to an evaluation and assurance process.

Headlines

- Estimates from our forecasts suggest that, over the next two weeks, combined admissions with COVID-19, influenza or RSV will **remain stable** (confidence level: likely).
- For the week commencing **05/01/2026**, our forecasts suggest between **169** and **294** hospital admissions with either COVID-19, RSV or influenza (median: **227**) may occur across Wales. Roughly **8%** will be for COVID-19, **58%** for influenza and **34%** for RSV. For the following week, between **148** and **303** admissions are suggested by the model.

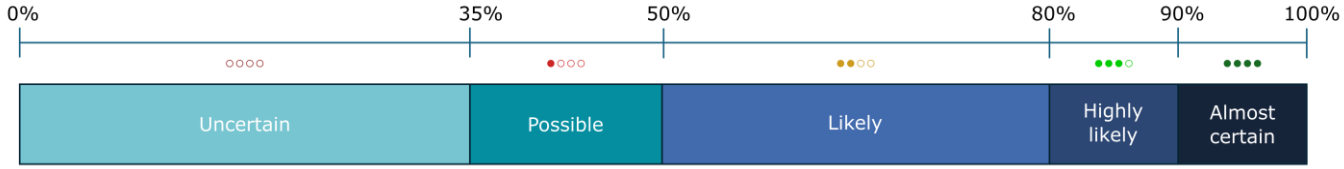
Table 7.1. Forecasted hospital admissions with COVID-19, influenza and RSV.

Infection	Observed	Admissions range (median)		Suggested two-week trend	
	Admissions last week (n)[1]	Week starting 05/01/2026	Week starting 12/01/2026	Trend[2]	Confidence[3]
COVID-19	15	9 – 37 (16)	8 – 39 (17)	Stable →	Likely ●●○○
Influenza	138	80 – 179 (120)	68 – 189 (135)	Stable →	Possible ●○○○
RSV	96	50 – 128 (80)	27 – 120 (65)	Decrease ↓	Likely ●●○○
Total	249	169 – 294 (227)	148 – 303 (221)	Stable →	Likely ●●○○

[1]Admissions are defined as individuals admitted to a hospital in Wales who tested positive for SARS-CoV-2 (COVID-19), influenza, or RSV via PCR test within 28 days before or two days after admission.

[2]Trend interpretation: The suggested trend is derived from the middle scenario of all possible changes indicated by our forecast. It is calculated by comparing the previous weeks total admissions with the estimated admissions in the second week of our forecast. A stable trend is defined as a change of less than 20% or a difference of fewer than 10 admissions.

[3]Confidence interpretation: Confidence in the suggested trend is based on the proportion of model predictions which agree with the middle forecast scenario. See image below for confidence bands.



COVID-19

- Estimates from our short-term forecasts suggest that, over the next two weeks, COVID-19 admissions will **remain stable** (confidence level: likely).
- For the week commencing **05/01/2026**, our forecasts suggest between **9** and **37** hospital admissions with COVID-19 across Wales, with a median of **16**, may occur. For the following week (commencing 12/01/2026), between **8** and **39** admissions are suggested.
- Forecasted COVID-19 admissions are suggested to be **lower** compared to the same 14-day period in the previous year (Figure 7.1).

Influenza

- Estimates from our short-term forecasts suggest that, over the next two weeks, influenza admissions will **remain stable** (confidence level: possible).
- For the week commencing **05/01/2026**, our forecasts suggest between **80** and **179** hospital admissions with influenza across Wales, with a median of **120**, may occur. For the following week (commencing 12/01/2026), between **68** and **189** admissions are suggested.
- Forecasted influenza admissions are suggested to be **lower** compared to the same 14-day period in the previous year (Figure 7.2).

RSV

- Estimates from our short-term forecasts suggest that, over the next two weeks, RSV admissions will **decrease** (confidence level: likely).
- For the week commencing **05/01/2026**, our forecasts suggest between **50** and **128** hospital admissions with RSV across Wales, with a median of **80**, may occur. For the following week (commencing 12/01/2026), between **27** and **120** admissions are suggested.
- Forecasted RSV admissions are suggested to be **similar** compared to the same 14-day period in the previous year (Figure 7.3).

Figure 7.1. Estimates from short-term forecasts of hospital admissions with COVID-19 (7-day rolling sum) across Wales compared with the same date in previous years.

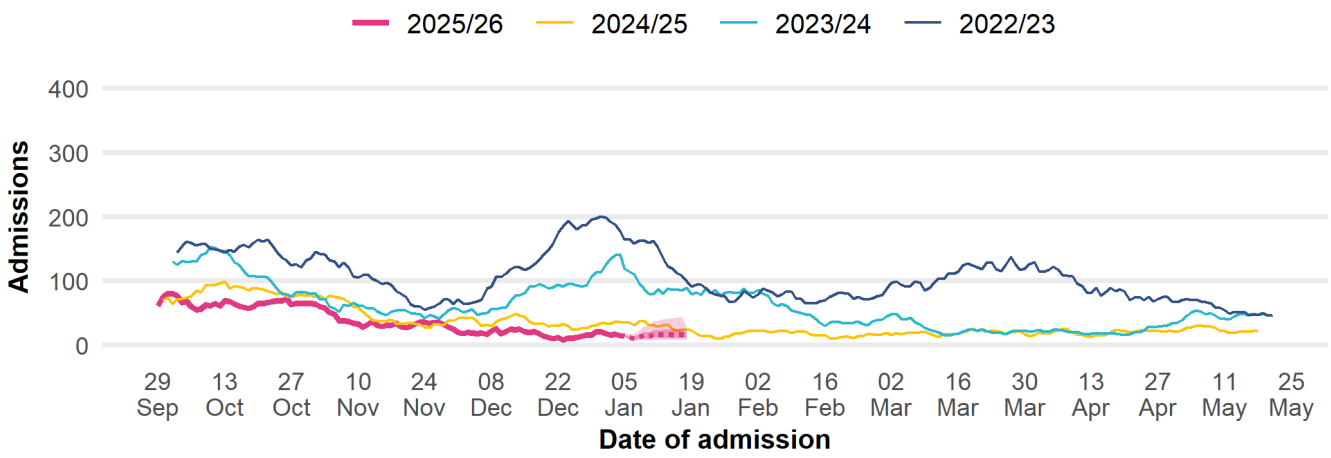


Figure 7.2. Estimates from short-term forecasts of hospital admissions with influenza (7-day rolling sum) across Wales compared with the same date in previous years.

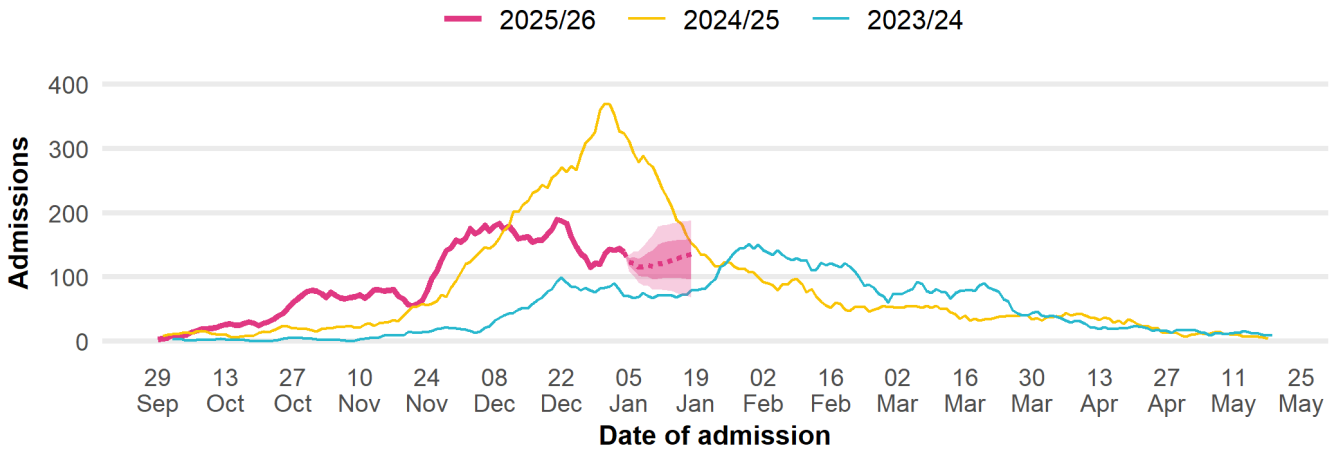
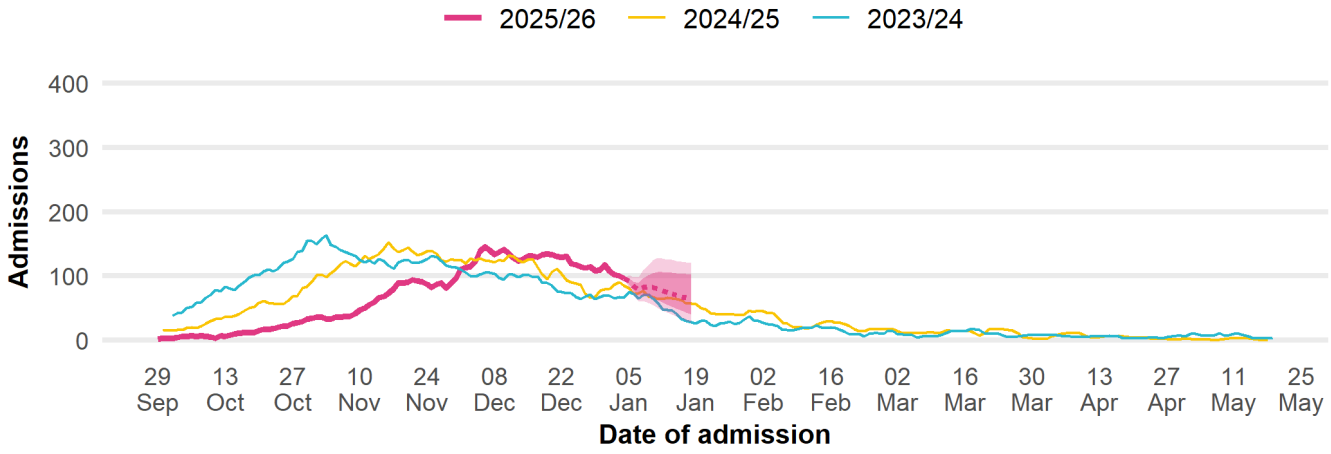


Figure 7.3. Estimates from short-term forecasts of hospital admissions with RSV (7-day rolling sum) across Wales compared with the same date in previous years.



Methodology and caveats

- **Interpretation of ranges and figures:** Any ranges reported here refer to the 80% prediction intervals (10th to 90th percentiles). The shaded pink area in the figures represents the forecast range; the lighter shade indicates the 80% prediction interval, and the darker shade indicates the 50% prediction interval.

- **Methodology:** The forecasts are produced from an ensemble model which combines results from several models. Each model captures different aspects of how hospitalisations can change over time. By combining them, the ensemble approach helps balance the strengths and weaknesses of each model to provide more stable and reliable forecasts.

- **Limitations:** The forecasts may not accurately capture inflection points. Predictions further into the future are associated with higher levels of uncertainty. Variations in testing practices across health boards may lead to underestimation of true admission numbers.

NB: Welsh Government produce short-term projections of hospital admissions associated with ARI (including both community and hospital-acquired infections). See Science Evidence Advice: communicable disease surveillance report.

8. Influenza vaccination uptake

The 2025/26 influenza vaccination programme is underway. Information on the groups who are eligible for a free NHS Wales influenza vaccine is available from: https://phw.nhs.wales/topics/immunisation-and-vaccines/winter-vaccinations/

Current uptake figures in eligible groups are presented in table 8.1, these are updated on a weekly basis. Data on influenza vaccination coverage come from the Welsh Immunisation System (WIS). This is the first year that WIS has been used as the source of influenza vaccination data in Wales, and therefore caution should be used when comparing figures to previous years. Data in table 8.1 were extracted on 30/12/25 and include vaccinations given and recorded in WIS up to the end of 29/12/25. Not all data for vaccinations given will have been entered into WIS at this time, therefore the figures presented here may not be a complete for vaccinations given up to 29/12/25. Vaccination uptake figures for school-aged children are based on a combination of data from WIS in five health boards and from a Public Health Wales survey in two health boards. Data for Welsh Health Board & NHS Trust staff are calculated using monthly aggregated data submissions from occupation health departments as at end November 2025.

Table 8.1. Uptake of influenza vaccination in Wales 2025/26 (as of 30/12/25)

Influenza immunisation uptake in the 2025/26 season	
65 years and older	68.6%
16y to 64y in a clinical risk group	37.6%
Children aged 2 & 3 years	43.3%
Primary school aged children (4 to 10 years)*	55.0%
Secondary school aged children (11-15 years)*	34.3%
Health Board & NHS Trust staff	38.4%
Frontline Health Board & NHS Trust staff	37.9%

*Methods for calculating uptake in school aged children has changed for the 2025/26 season. Caution should be used when comparing estimated uptake to previous years, especially while school vaccination sessions are ongoing.

9. Early estimates of 2025/26 influenza vaccine effectiveness in the UK

- A combined study of influenza vaccine effectiveness has been conducted in Wales, Scotland and Northern Ireland. The study used a test negative case control approach to estimate the effectiveness of the current influenza vaccines at preventing hospital admissions with confirmed influenza A infections. The study included 1,379 cases of influenza and 12,364 controls, sampled from week 40 to week 47.

- The study included patients aged 2 to 17 years and patients aged 65 years and older. Limitations of early available data meant that estimation of effectiveness in adults aged 18 to 64 years was not possible at this point, but will be carried out in the coming months.

- Significant vaccine effectiveness was seen in both children and in older adults. Vaccine effectiveness was:

- 71.8% (95% CI: 58.8%–80.7%) in children and adolescents aged 2 to 17 years

- 33.5% (95% CI: 22.4%–43.1%) in adults aged 65 years and older

- Full details of this analysis, led by Public Health Scotland, are available from: https://publichealthscotland.scot/publications/show-all-releases?id=102486

- This study confirms the findings of an earlier test negative case control study carried out in England by UKHSA, where vaccine effectiveness against hospitalisation with confirmed influenza A was calculated as:

- 73.8% (95% CI: 62.8%-82.1%) for 2 to 17 year olds

- 32.5% (95%CI: 9.6%- 50.4%) for adults aged 18 to 64 years

- 39.0% (95% CI: 26.4%-49.7%) for adults aged 65 years and older

- Full details of this study are available from: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2025.30.46.2500854

10. International Summary

Influenza activity – UK and international summary

- GP ILI consultations increased to 28.1 per 100,000 in England, decreased to 50.4 per 100,000 in Northern Ireland, and increased to 45.6 per 100,000 in Scotland in Week 51.
- During Week 51, 6,281 samples tested for influenza were reported in England of which 942 were positive for influenza (711 influenza A (not subtyped), 215 influenza A (H3N2), 12 influenza A (H1N1)pdm09, and six influenza B).
- Overall, influenza positivity decreased to 15% in England, decreased to 15.6% in Scotland, and decreased to 25.9% in Northern Ireland in Week 51.
- 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 35% in Week 51. Of the 23 countries and areas reporting on influenza intensity, 16 reported medium intensity or higher. Of the 23 countries and areas reporting on geographic spread of influenza viruses within a country or area, 18 reported widespread or regional distribution. There were 394 confirmed influenza virus infection detections reported from sentinel primary care, all influenza type A (latest data available) **Source:** European Respiratory Virus Surveillance Summary (ERVISS): https://erviss.org/

- Globally, influenza activity was stable with influenza A viruses predominant among influenza detections in all zones.
- In the northern hemisphere, influenza percent positivity was elevated in countries in Central America and the Caribbean, Tropical South America, Africa, Northern and South-West Europe, and Southern, South-East and Western Asia, with positivity over 30% in countries in Central America and the Caribbean, Tropical South America, Western Africa, Northern and South West Europe and Eastern, Southern, South-East and Western Asia. Increases in activity were observed in countries in North America, Central America and the Caribbean, Western Africa, Eastern, Northern and South West Europe, and Asia.
- In the southern hemisphere, influenza activity remained low overall although elevated positivity (>10%) was reported in a few countries in Tropical and Temperate South America, Eastern Africa and Oceania; percent positivity was over 30% in single countries in Eastern Africa and South-East Asia. Small increases in activity were observed in Eastern Africa and Oceania.
- In the zones with elevated positivity, influenza A(H3N2) was predominant in all zones except Central America and the Caribbean and Northern Africa where there was codominance of influenza A(H1N1)pdm09 and A(H3N2).
- **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 31/12/2025) during Week 51 globally there were 542 A(H1N1), 12,937 A(H3), 507 A(not subtyped), 157 influenza B (Victoria) and 82 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 continues to increase during Week 52 (ending 27/12/2025). Nationally, 23,271 (32.9%) out of 70,757 specimens have tested positive for influenza in Week 52 in clinical laboratories nationwide, of these positive samples, 21,587 (92.8%) were influenza A and 1,684 (7.2%) were influenza B. Further characterisation has been carried out on 1,317 specimens by public health laboratories,

and 971 samples tested positive for influenza A; 53 influenza A(H1N1)pdm09, 547 influenza A(H3N2), and 23 samples tested positive for influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: FluView | FluView | CDC

- The Public Health Agency of Canada reported that during Week 50, indicators of influenza activity continue to increase. 11,646 influenza detections were reported: 11,577 influenza A and 69 influenza B (latest data available). 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 50 (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

11. 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

12. 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.

13. 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