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Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 06 (ending 08 February 2026)

Headline

- Influenza activity has returned to low levels, but potential remains for late seasonal activity. Confirmed case numbers have decreased in the current week, as has test positivity.
- Respiratory Syncytial Virus (RSV) is decreasing and is now at low intensity levels.
- COVID-19 case numbers have remained broadly stable in recent weeks.
- GP consultations for acute respiratory infections decreased during week 6.
- 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 remained stable during week ending 08/02/2026 (1% of total admissions).
Influenza	<p>Overall, influenza activity is at <u>low intensity levels</u>.</p> <p>The overall proportion of samples testing positive in hospital and non-sentinel patients decreased in the most recent week to 2.5%.</p> <p>Consultations for influenza-like illness (ILI) with sentinel GPs are now at baseline intensity. Six cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week.</p>	<p>The number of confirmed cases of community acquired influenza admitted to hospital decreased to 23.</p> <p>There were 66 in-patient cases of confirmed influenza, two of whom were in critical care.</p>
Influenza type breakdown	<p>Since 2025 Week 40: 4,596 total influenza cases confirmed (1,531 influenza A(H3N2), 107 influenza A(H1N1)pdm09, 2,929 influenza A untyped and 29 influenza B).</p> <p>In the most recent week: 16 influenza A(H3), three influenza A(H1N1), 29 influenza A untyped and one influenza B.</p>	
COVID-19	<p>The overall proportion of samples testing positive remained stable at 3.9% in hospital and non-sentinel GP practices.</p> <p>Consultations with Sentinel GPs for COVID-19 remains stable.</p>	<p>The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 16.</p> <p>There were 110 in-patient cases of confirmed COVID-19, none of whom were in critical care.</p>
RSV	RSV incidence per 100,000 in children aged up to 5y decreased to 14.4 and is currently at low intensity levels.	<p>The number of confirmed cases of community acquired RSV admitted to hospital increased to 53.</p> <p>There were 164 in-patient cases of confirmed RSV, and two in critical care.</p>
Other respiratory pathogens	Rhinovirus remains the most frequently detected other cause of ARI, followed by Adenovirus.	



1. Community surveillance indicators

GP Consultations

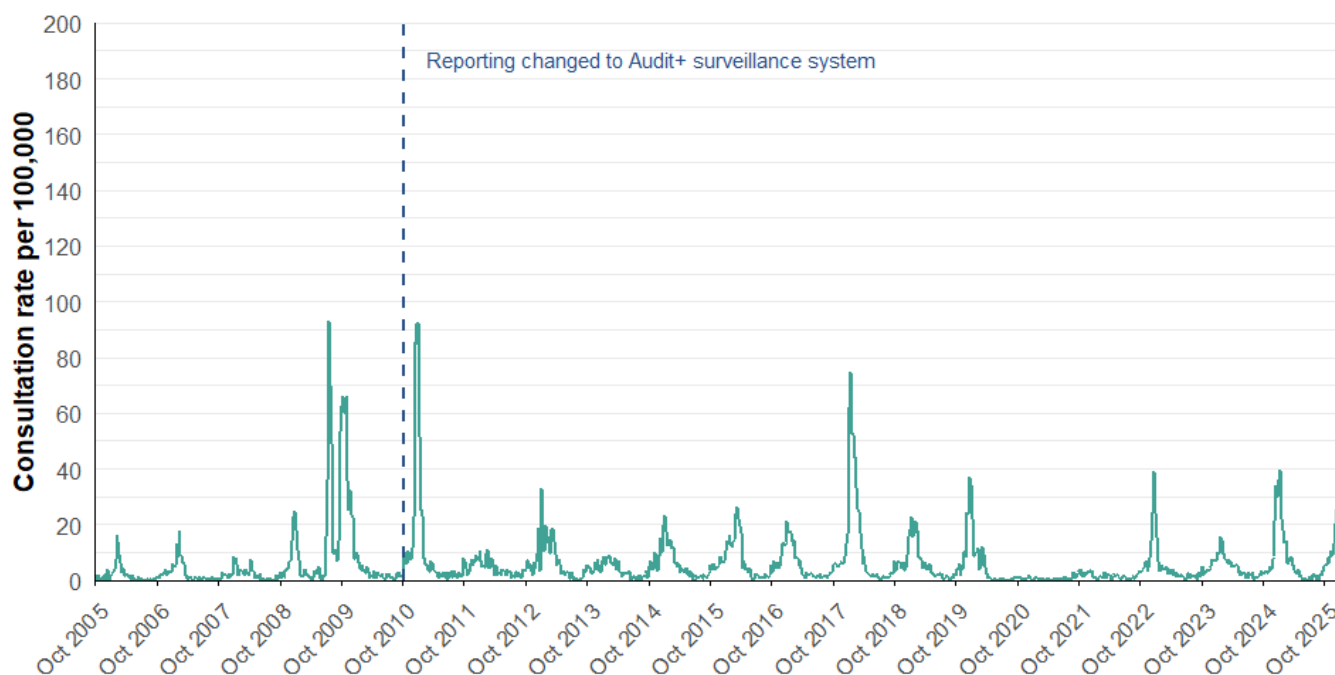
- The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is decreasing (Figures 1.1, 1.2).
- There were <1.0 ILI consultations per 100,000 practice population in the most recent week, a stable compared to the previous week.
- In the most recent week, using all available data from general practices, there were 4.2 ARI consultations per 100,000 practice population, a decrease from 5.3 in the previous week (Table 1.2). The highest rates were found in people aged 1 to 4 (9.7) followed by people aged 5 to 14 (3.2) and people aged 35 to 44 (2.5) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators decreased from 1,809 in the previous week to 1,764 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).

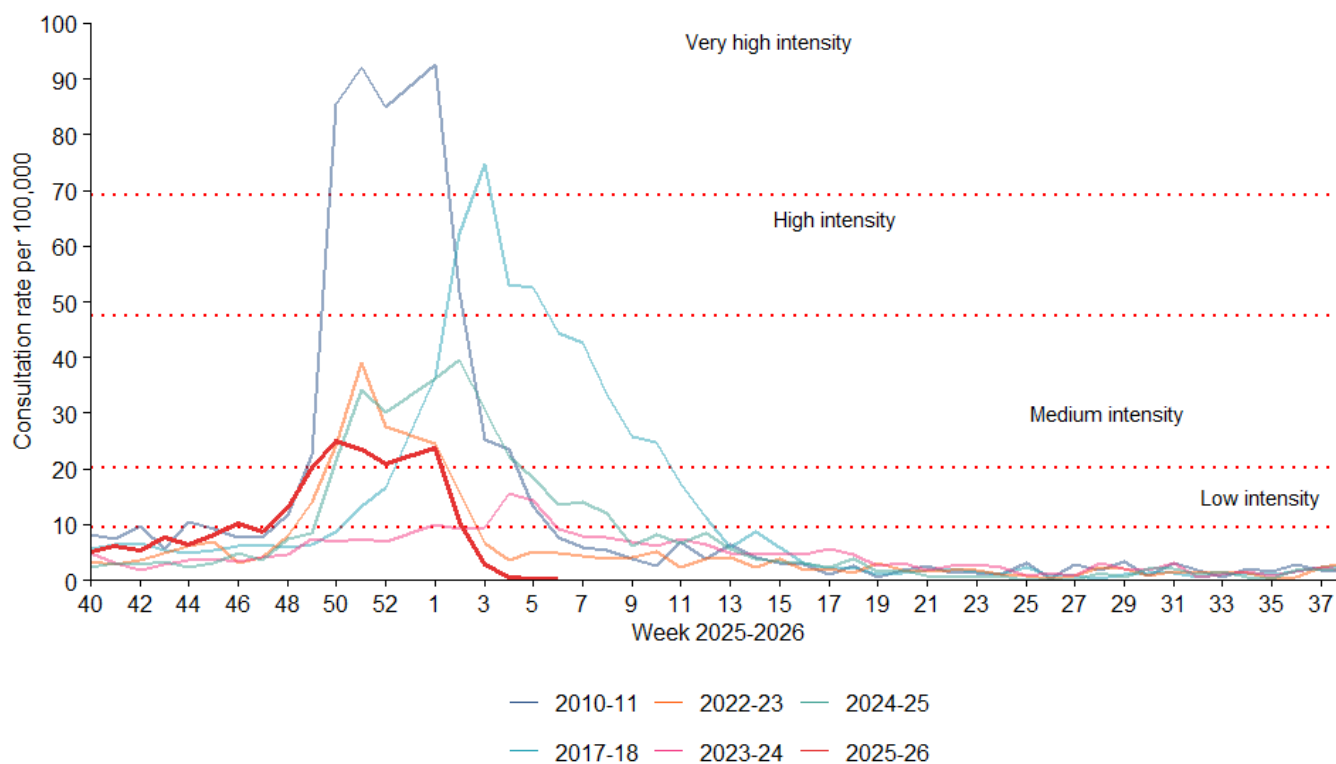
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 6, 2026).



Data correct as of 10/02/2026

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



Data correct as of 10/02/2026

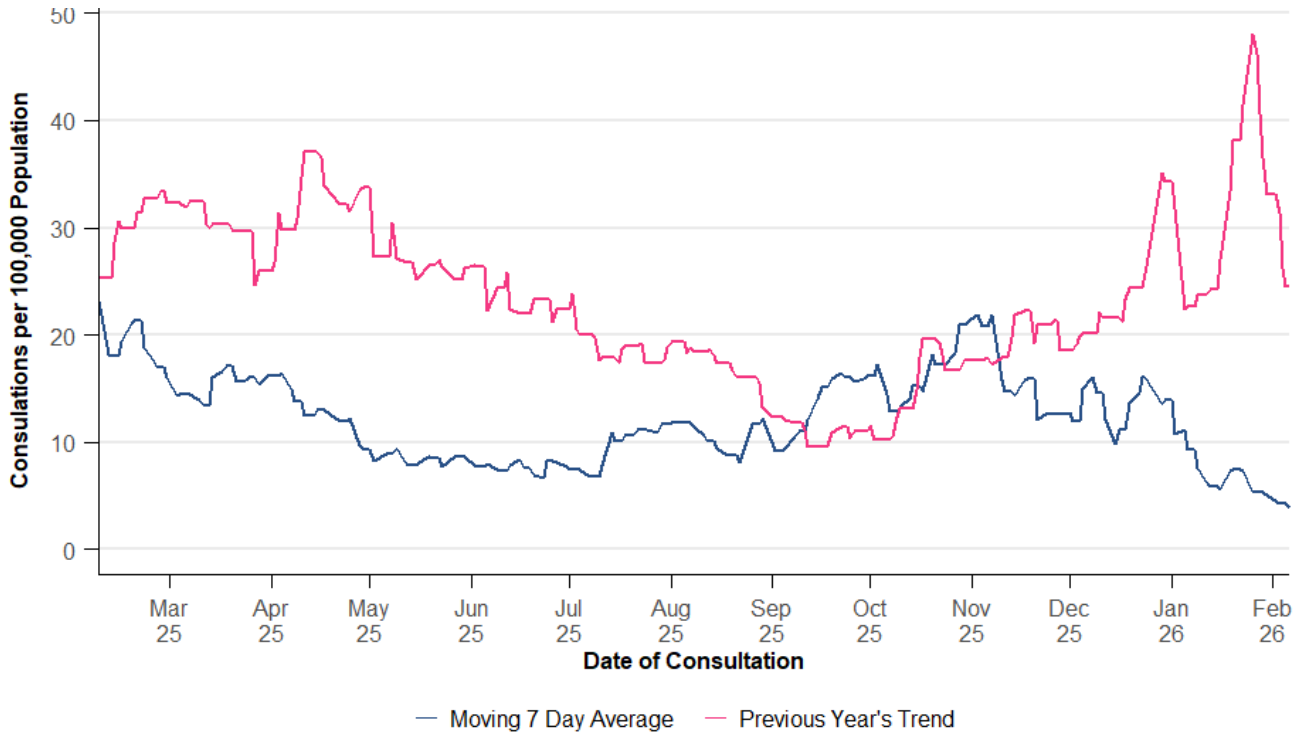
GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 6, 2026. 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	4.22	5.28	40.94
COVID-19	0.04	0.02	7.16
LRTI	1.58	1.84	17.71
Pneumonia	0.01	0.01	0.07
Severe asthma	0.16	0.14	1.55
URTI	2.64	3.45	23.33
Total	8.65	10.74	90.76

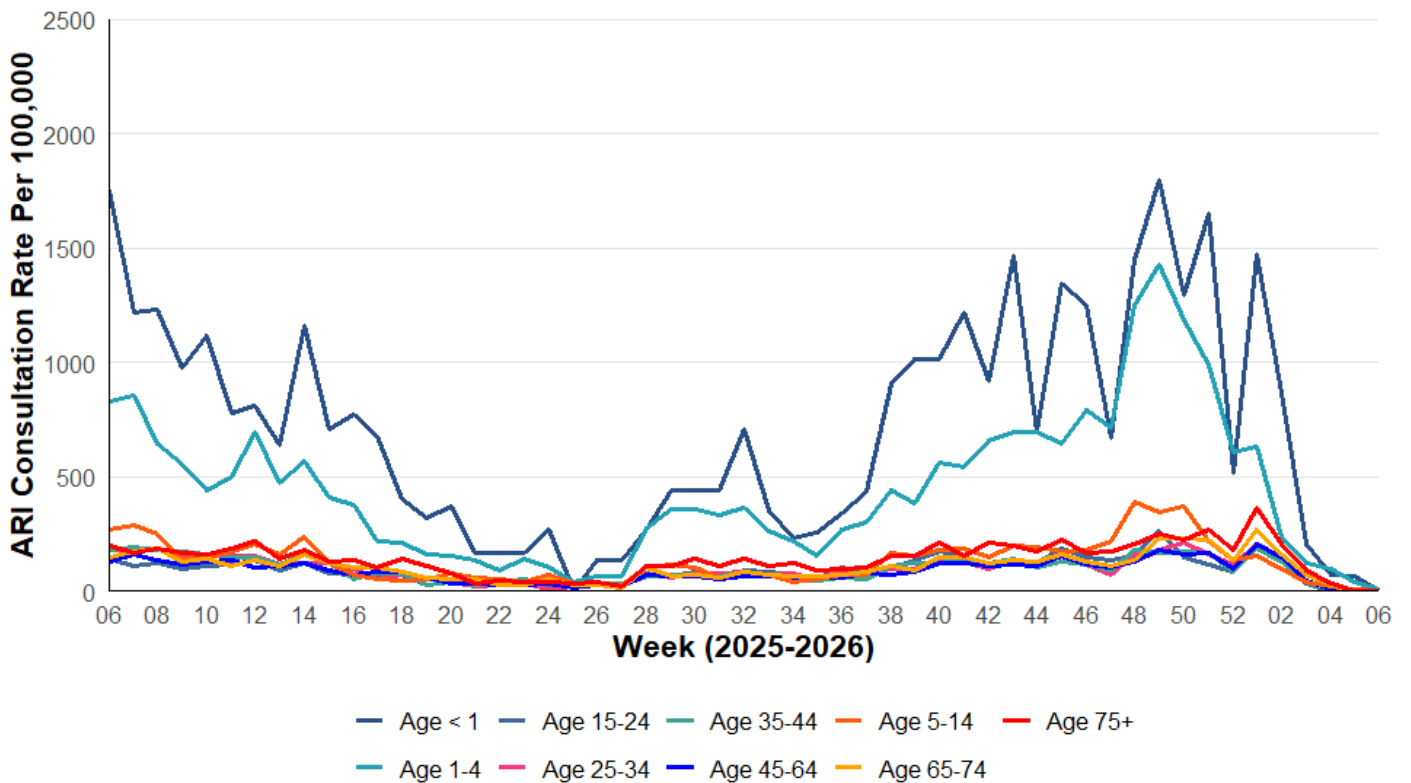
NB: "Current reporting week" refers to the average daily rate in the current reporting week. "Preceding week" refers to the average daily rate in the preceding week. "Equivalent period last year" refers to the average daily rate in the equivalent period last year.

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



Data correct as of 10/02/2026

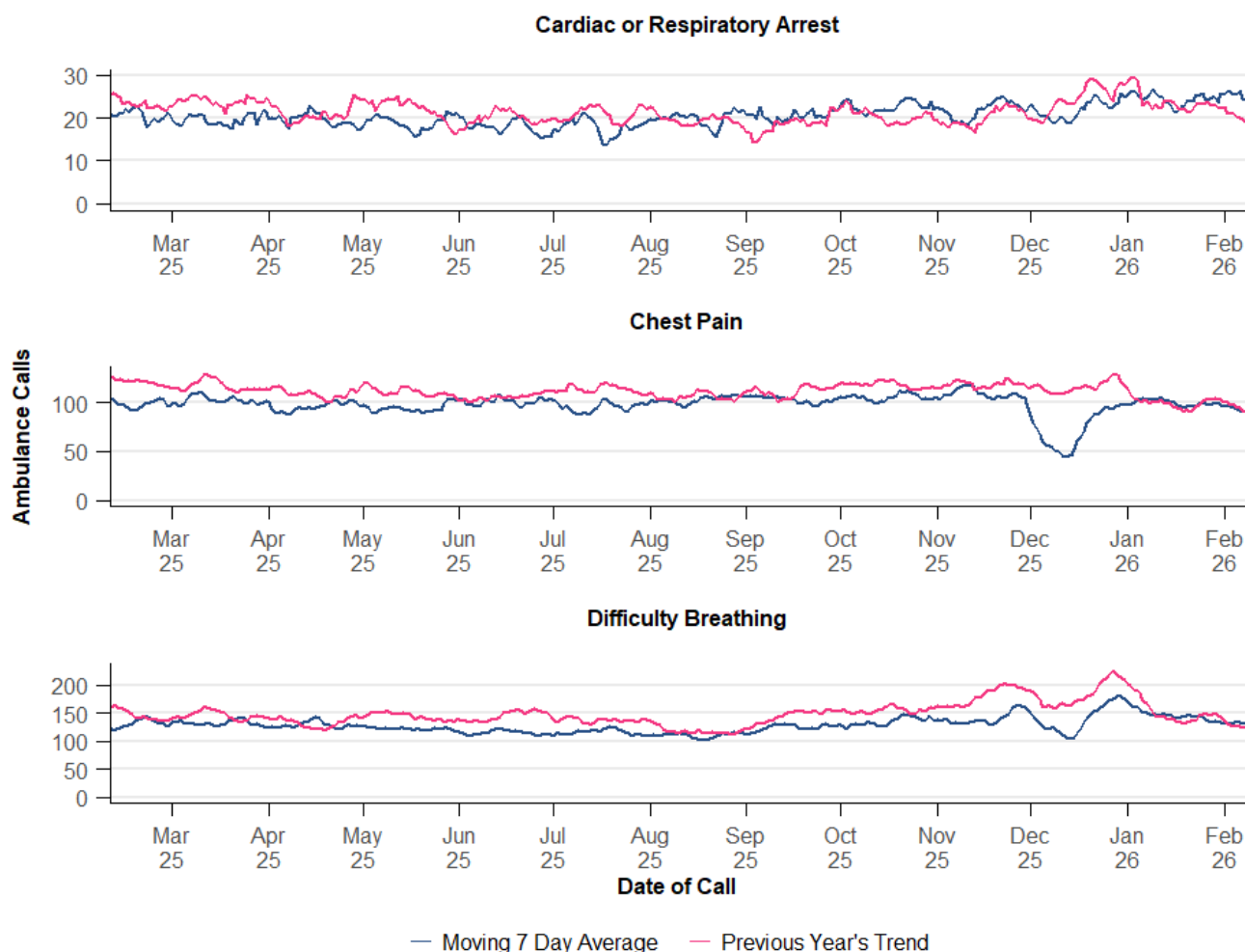
Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Data correct as of 10/02/2026

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 10/02/2026

Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 6, 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	179	173	160
Chest Pain	656	688	721
Difficulty Breathing	929	948	1,022
Total	1,764	1,809	1,903

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 138 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 6, 2026, as at 11/02/2026 (Table 2.1, Figure 2.1).
- The most commonly detected pathogens were rhinovirus (15) followed by RSV (10) and coronaviruses (8). Of the 138 tests, 58.0% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,097 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 6 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (111) followed by adenovirus (51) and RSV (43). Of the 1097 tests, 69.4% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

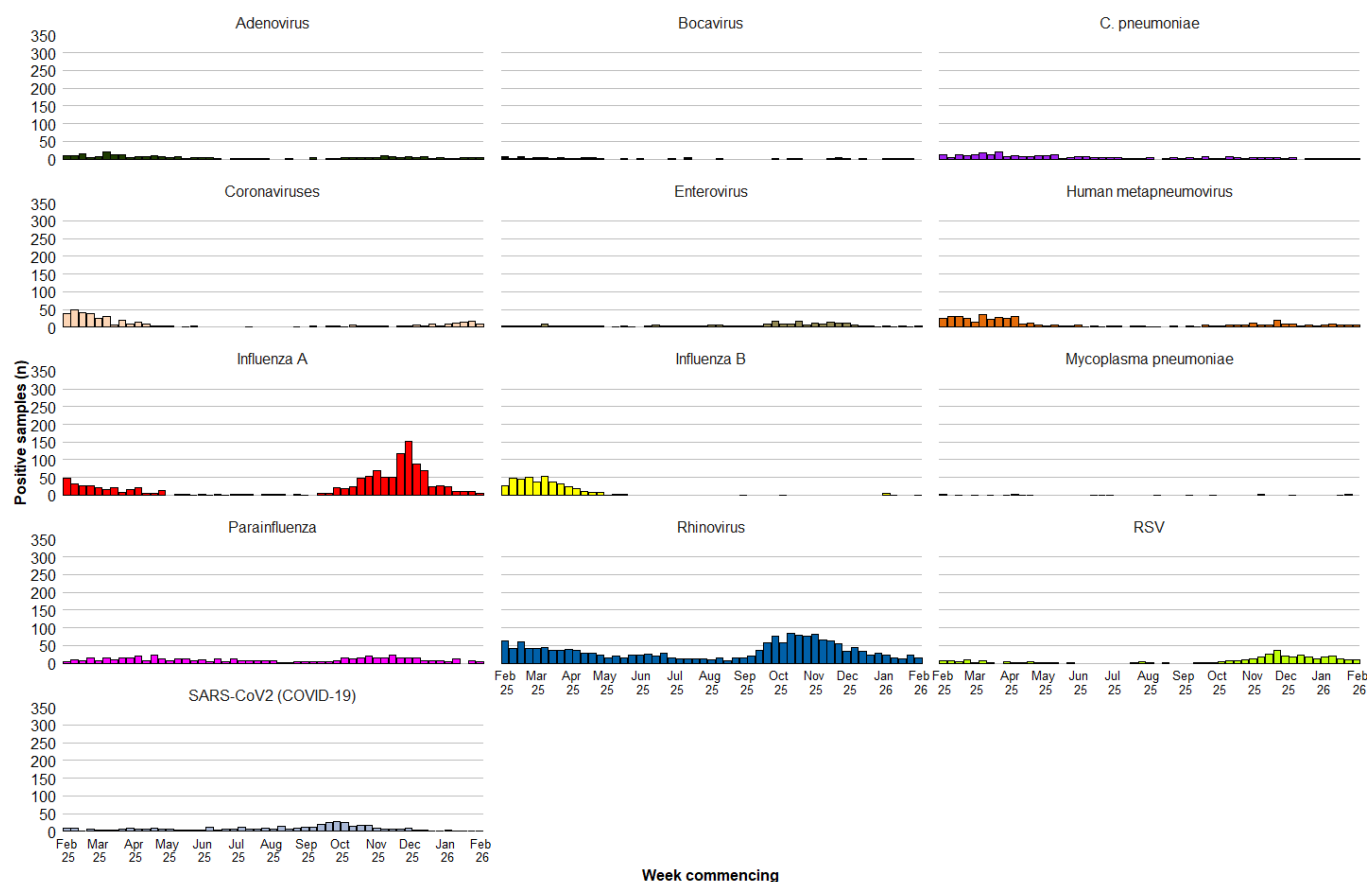
Additionally, during Week 6, 381 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 16 for influenza (16 for influenza A, zero for influenza B)
- 19 for SARS-CoV-2 (COVID-19)
- 31 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 6, 2026.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	15	10.9%	15.3%	Decreasing
RSV	10	7.2%	6.7%	Stable
Coronaviruses	8	5.8%	10.7%	Decreasing
Influenza A	5	3.6%	6.7%	Decreasing
Parainfluenza	5	3.6%	4.7%	Decreasing
Human metapneumovirus	5	3.6%	3.3%	Stable
Adenovirus	4	2.9%	2.7%	Stable
Enterovirus	4	2.9%	0.7%	Increasing
C. pneumoniae	2	1.4%	0.7%	Stable
Influenza B	1	0.7%	0.0%	Stable
SARS-CoV2 (COVID-19)	1	0.7%	1.3%	Stable
Mycoplasma pneumoniae	0	0.0%	1.3%	Decreasing
Bocavirus	0	0.0%	1.3%	Decreasing

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 6, 2025 to Week 6, 2026.



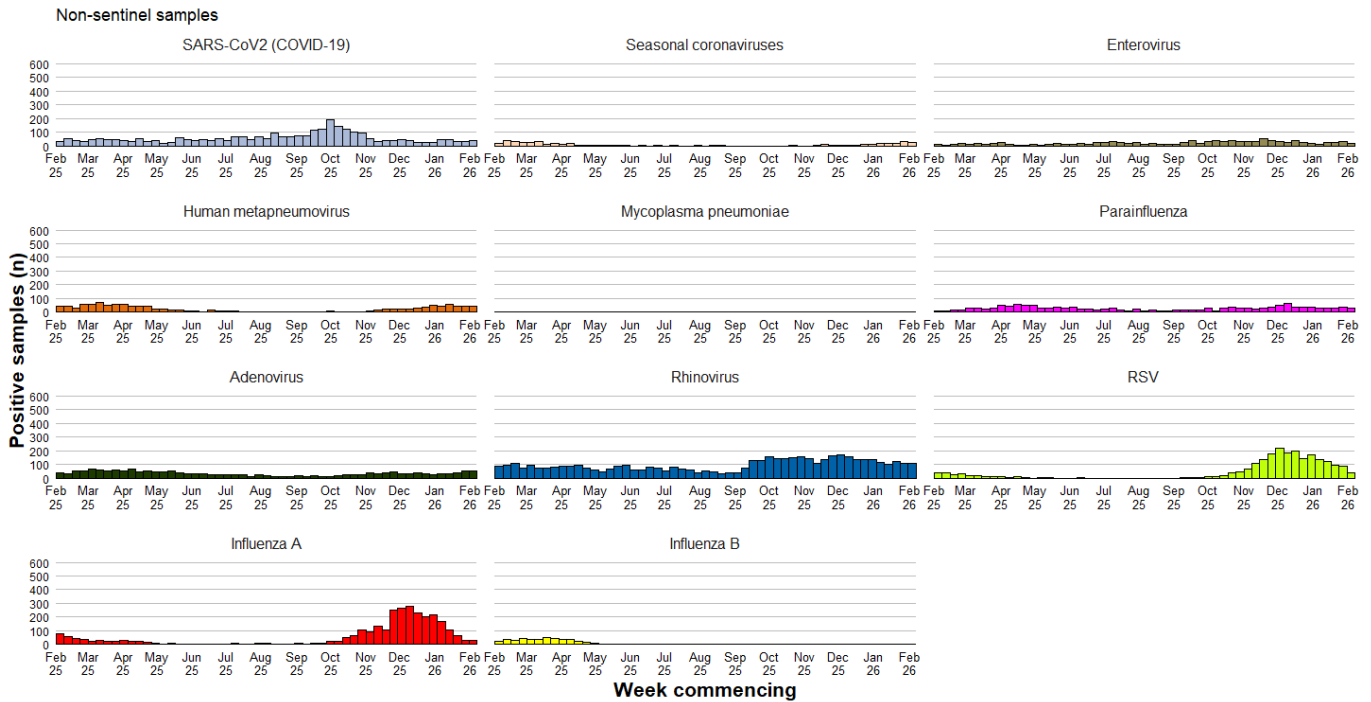
Data correct as of 11/02/2026

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 6, 2026.

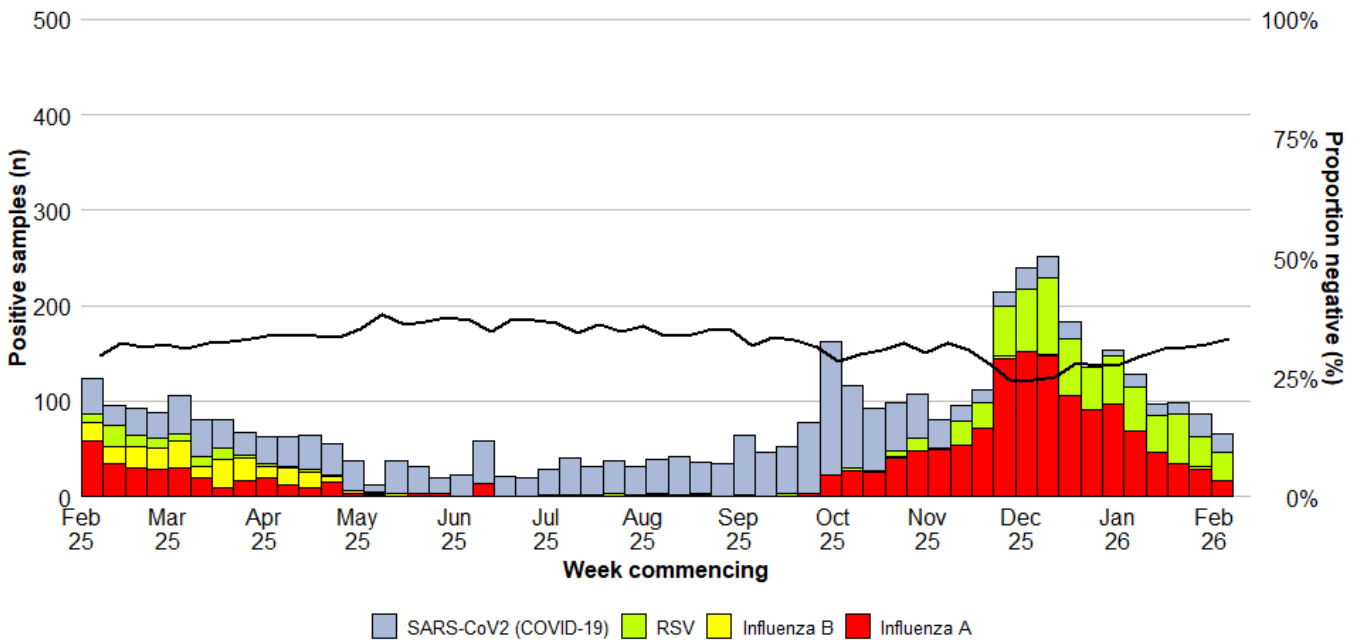
Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	111	10.1%	10.2%	Stable
Adenovirus	51	4.6%	5.2%	Stable
RSV	43	3.9%	8.3%	Decreasing
SARS-CoV2 (COVID-19)	43	3.9%	3.2%	Stable
Human metapneumovirus	40	3.6%	3.9%	Stable
Influenza A	27	2.5%	3.0%	Stable
Parainfluenza	27	2.5%	3.5%	Decreasing
Seasonal coronaviruses	24	2.2%	3.3%	Decreasing
Enterovirus	18	1.6%	3.3%	Decreasing
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 6, 2025 to Week 6, 2026.



Data correct as of 09/02/2026

Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV-2 testing only, by week of sample collection, Week 6, 2025 to Week 6, 2026.



Data correct as of 09/02/2026



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

Sentinel SARI in emergency departments

- During the previous four weeks there were 42 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was Rhinovirus/Enterovirus(9) followed by RSV(5) and Adenovirus(4). Of the 42 samples collected, 45.2% 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 2% for influenza, 2% for SARS-CoV-2 and 12% for RSV.

Hospital in-patients

- During week ending 08/02/2026 there were 92 patients admitted to hospital with confirmed COVID-19, RSV or influenza, (14 less than the previous week), equating to 1% of all hospital admissions in that reporting week.
- At 23:59 on 08/02/2026, there were 340 patients in hospital with confirmed COVID-19, RSV or influenza, 70 less than the previous Sunday. This equates to 2% of all hospital in-patients (IPs) at that time. Of whom 79% (269) were hospital acquired (HA).

Critical-care

- During week ending 08/02/2026 there were 8 ARI critical care (CC) admissions (6 more than the previous week), equating to 4% of all CC admissions in that reporting week.
- At 23:59 on 08/02/2026, there were 6 patients in CC with confirmed COVID-19, RSV or influenza, 1 more than the previous Sunday. This equates to 3% of all CC in-patients at that time. Of whom 83% (5) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 6, 2026, 60 respiratory samples were tested from patients in intensive care units (ICU). Of these: two tested positive for RSV, two tested positive for SARS-CoV2 (COVID-19) and one tested positive for Influenza (Figure 3.4).

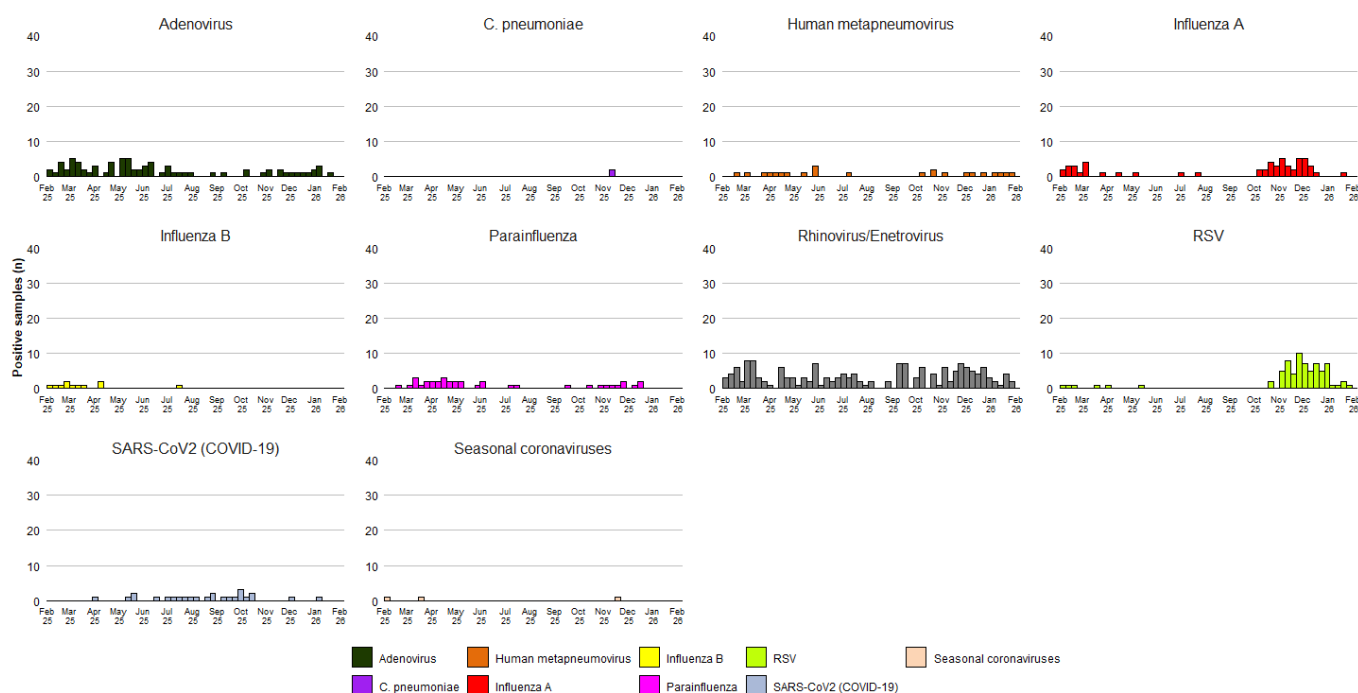
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: [Hospital admissions dashboard](#)

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 5, 2026.

Pathogens Detected	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
	n	%	n	%
Adenovirus	4	9.5%	78	9.8%
C. pneumoniae	0	0.0%	2	0.3%
Human metapneumovirus	4	9.5%	23	2.9%
Influenza A	1	2.4%	64	8.1%
Influenza B	0	0.0%	11	1.4%
Mycoplasma pneumoniae	0	0.0%	0	0.0%
Parainfluenza	0	0.0%	37	4.7%
Pertussis	0	0.0%	0	0.0%
RSV	5	11.9%	71	8.9%
Rhinovirus/Enterovirus	9	21.4%	170	21.4%
SARS-CoV2 (COVID-19)	1	2.4%	25	3.1%
Seasonal coronaviruses	0	0.0%	3	0.4%
Negative	19	45.2%	380	47.8%
Total	42	100%	808	100%

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 5, 2026 and previous 12 months.



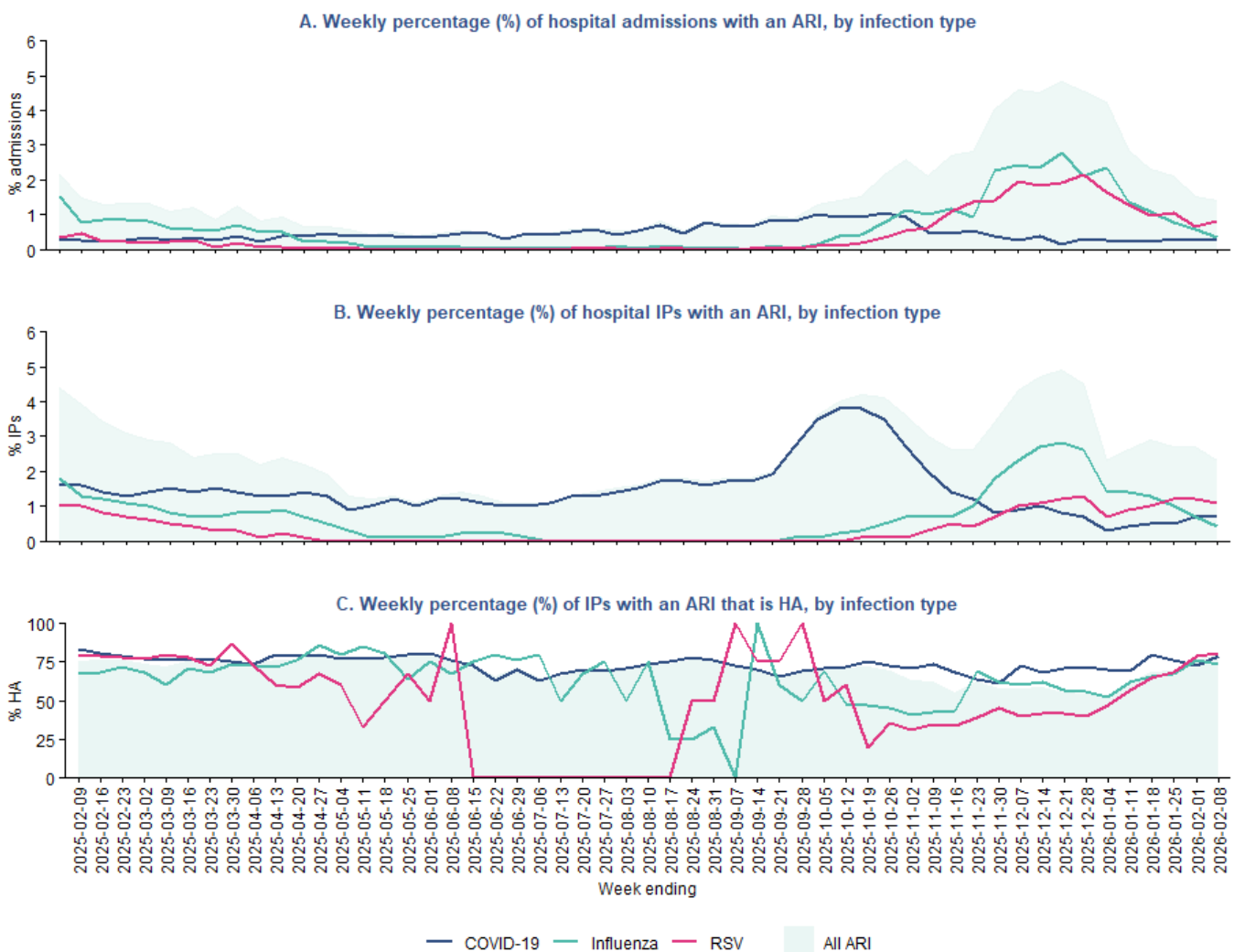
Data correct as of 05/02/2026

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	16	<1%	110	1%	79% (87)
Influenza	23	<1%	66	<1%	74% (49)
RSV	53	1%	164	1%	81% (133)
ARI total	92	1%	340	2%	79% (269)

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.



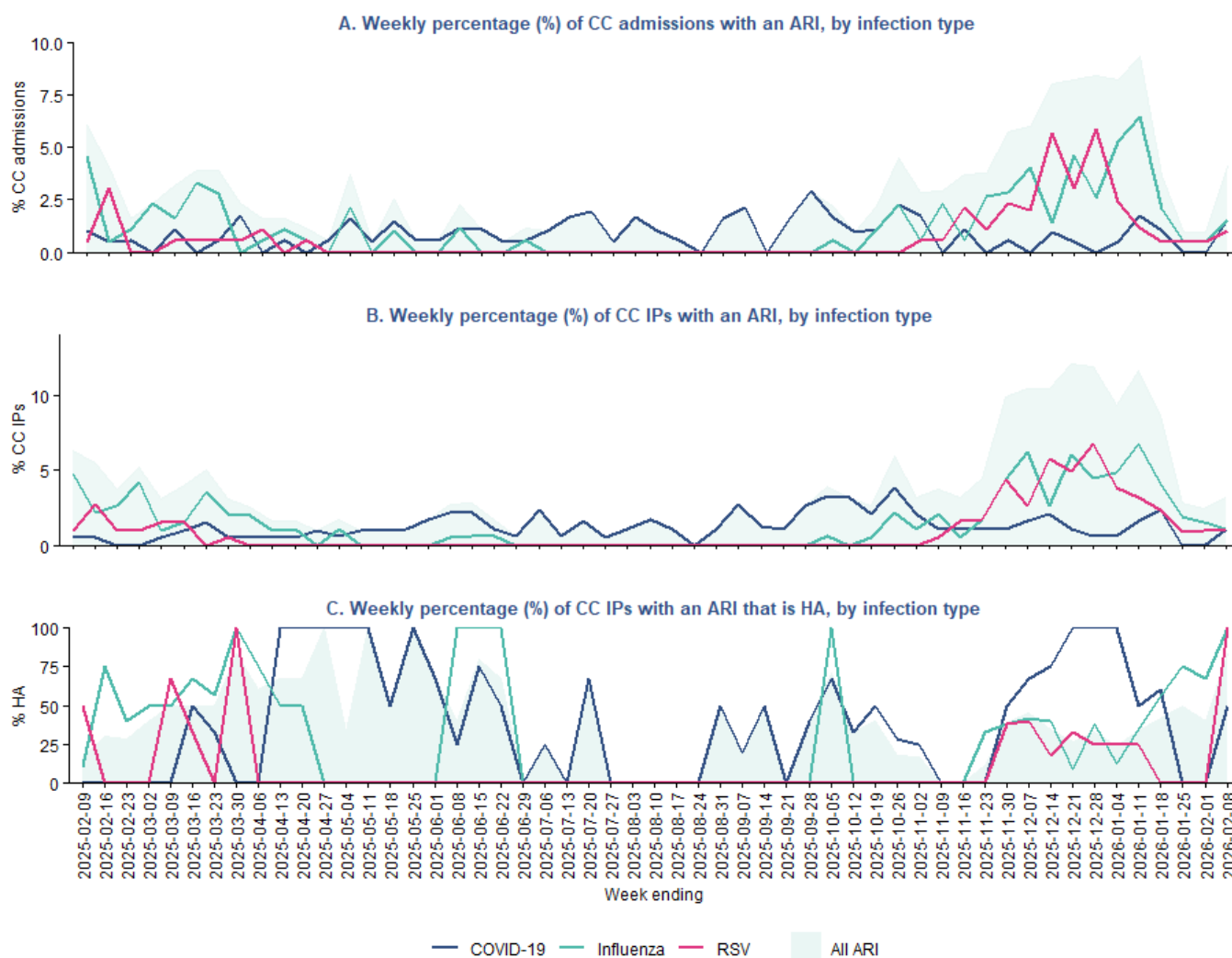
Data as of: 11-02-2026

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).

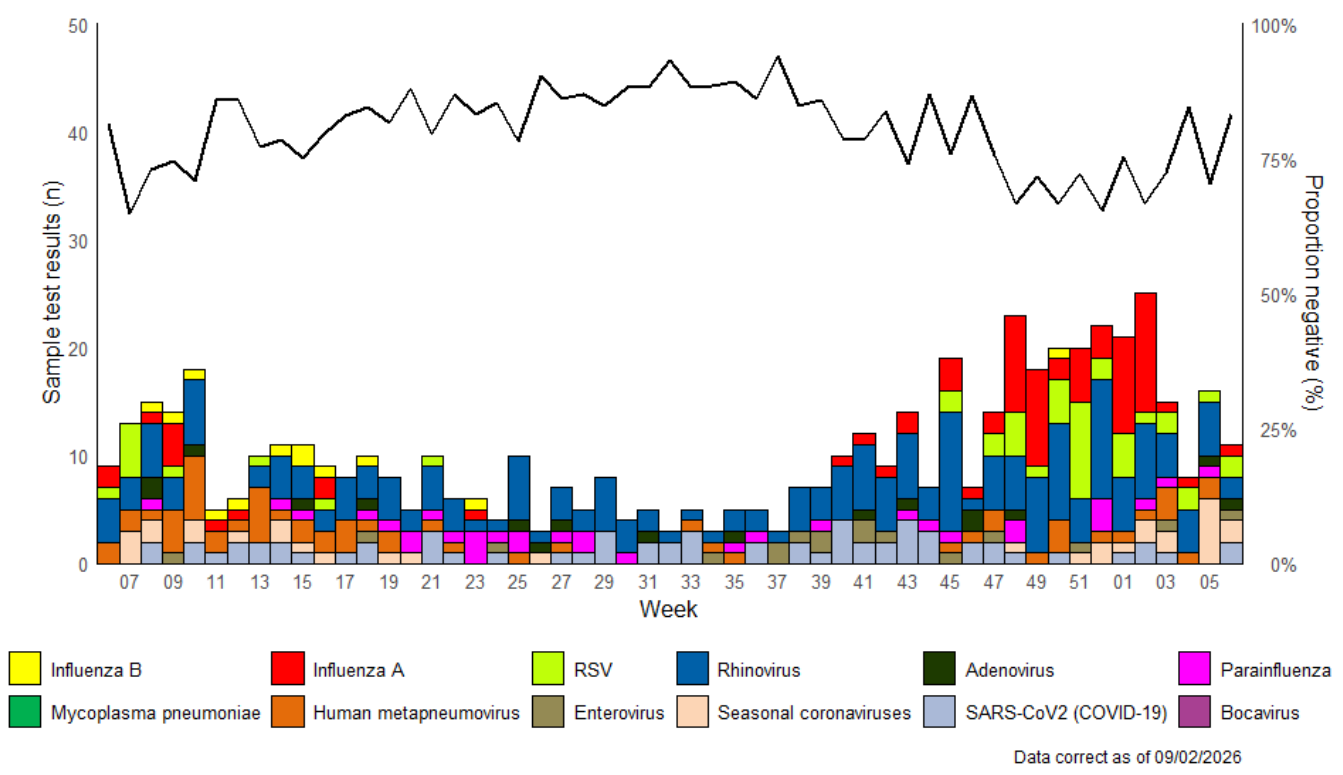
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	3	2%	2	1%	50% (1)
Influenza	3	2%	2	1%	100% (2)
RSV	2	1%	2	1%	100% (2)
ARI total	8	4%	6	3%	83% (5)

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: 11-02-2026

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 6, 2025 to Week 6, 2026. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



4. Settings-based surveillance and outbreaks

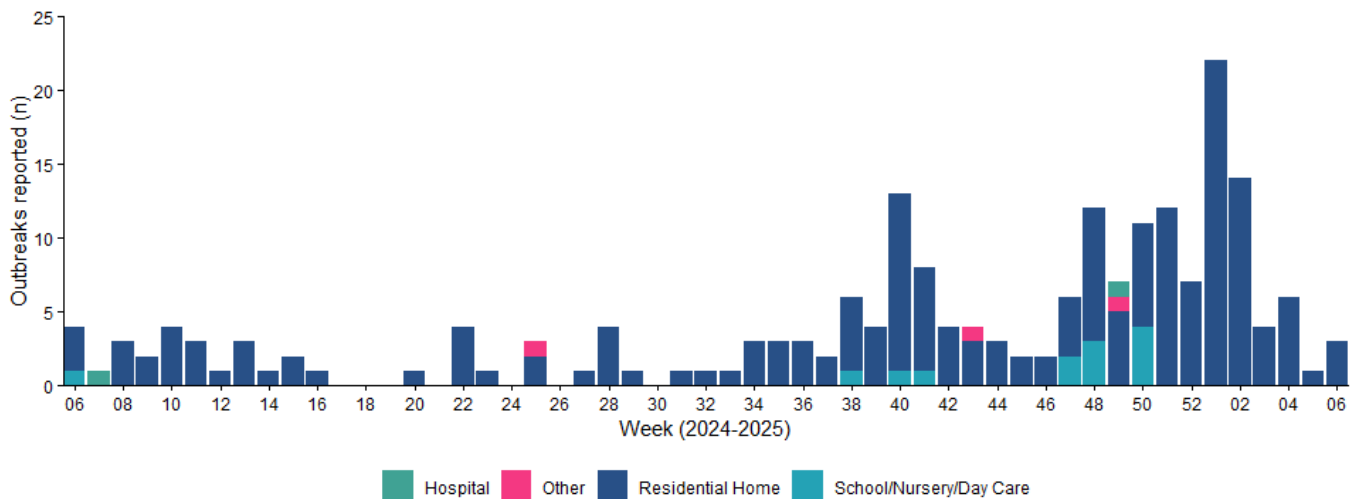
Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During Week 6, 2026, 3 ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

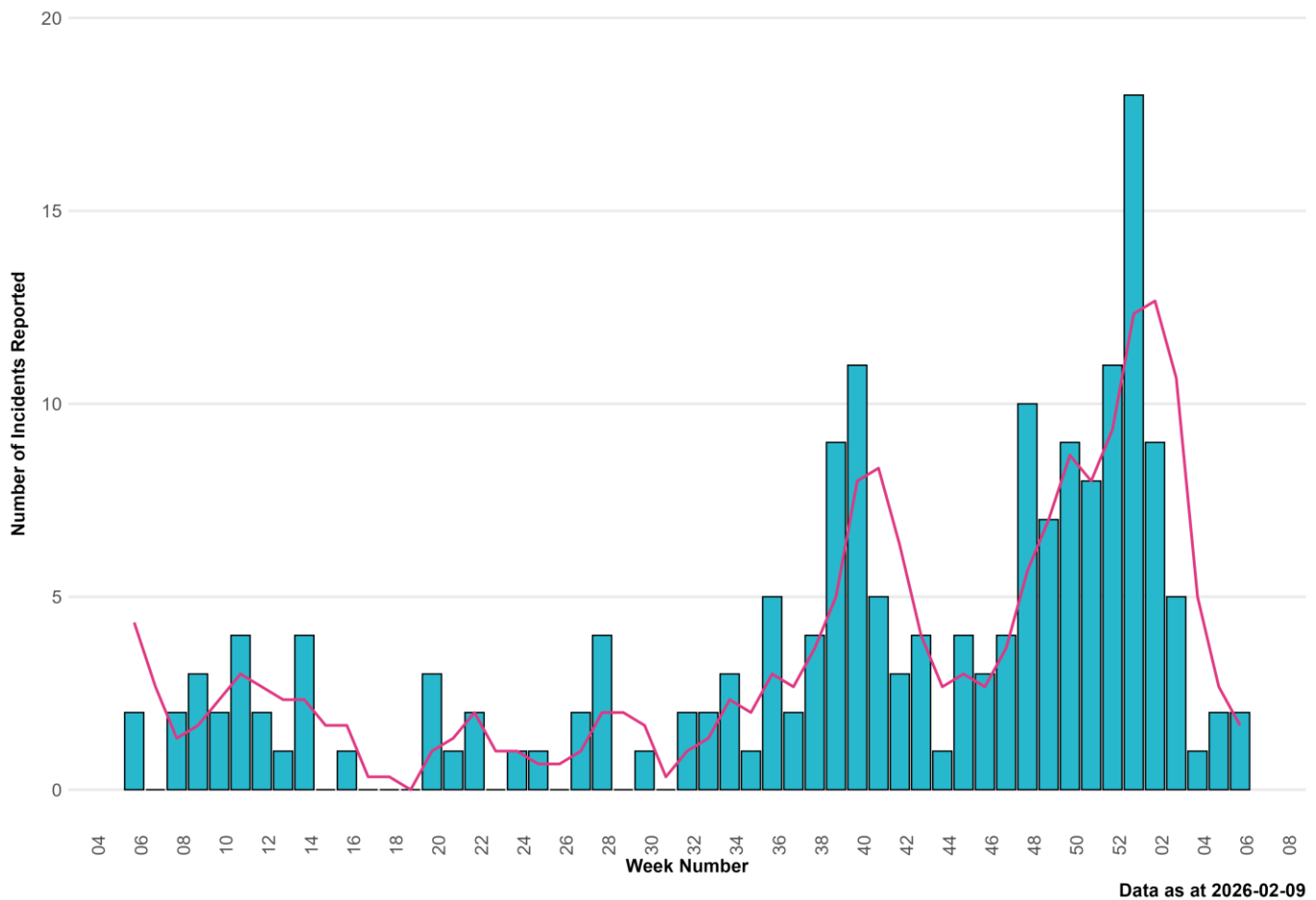
- One was ARI, one was Covid-19, and one was Rhinovirus/Enterovirus.
- All three outbreaks were in Residential Homes.

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



Data correct as of 09/02/2026

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.

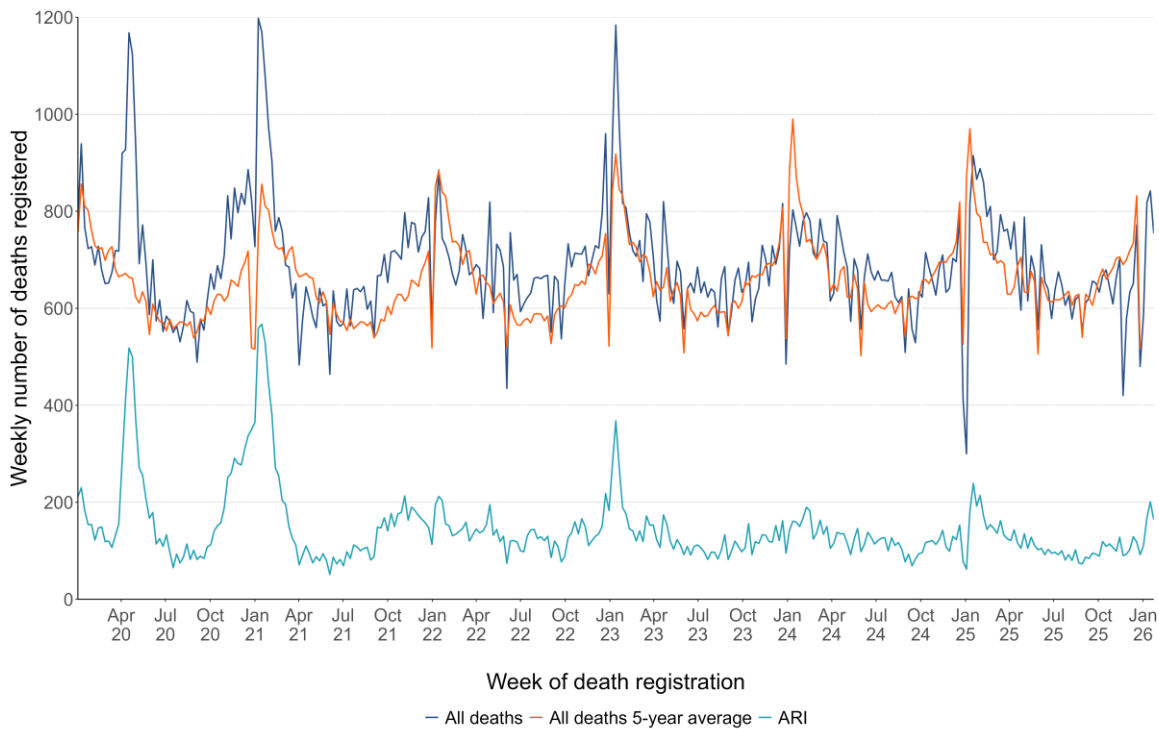




5. Mortality surveillance

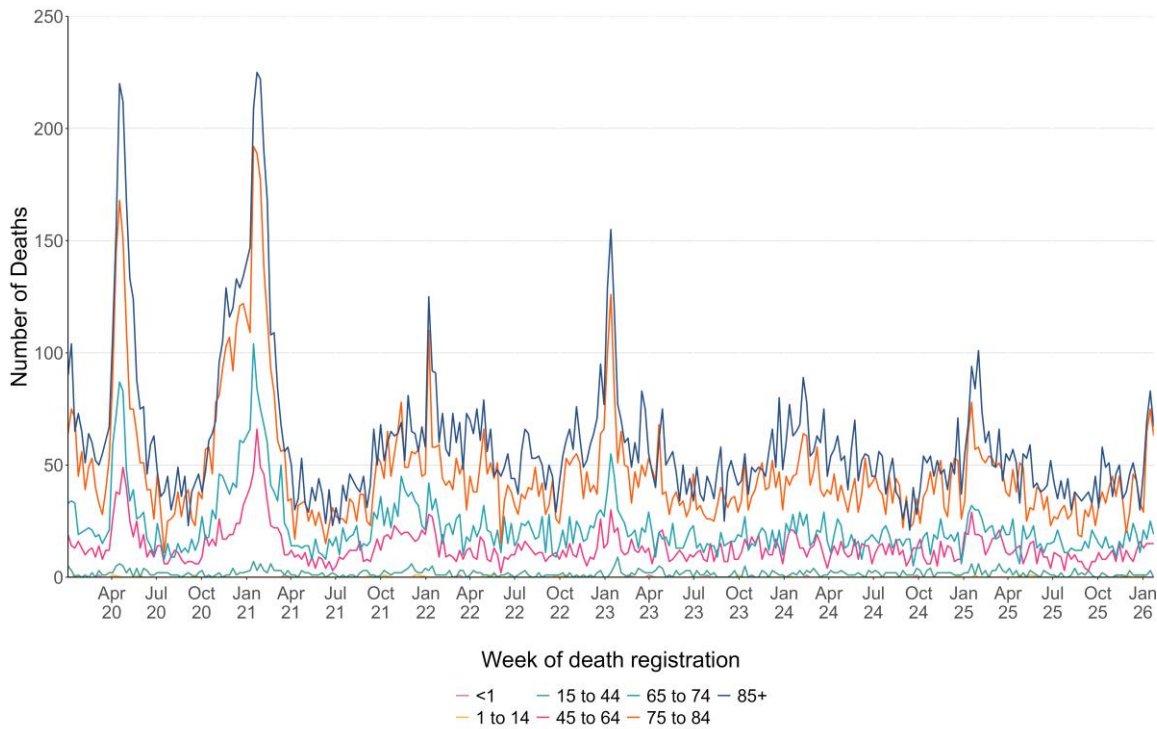
- According to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National Statistics are summarised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



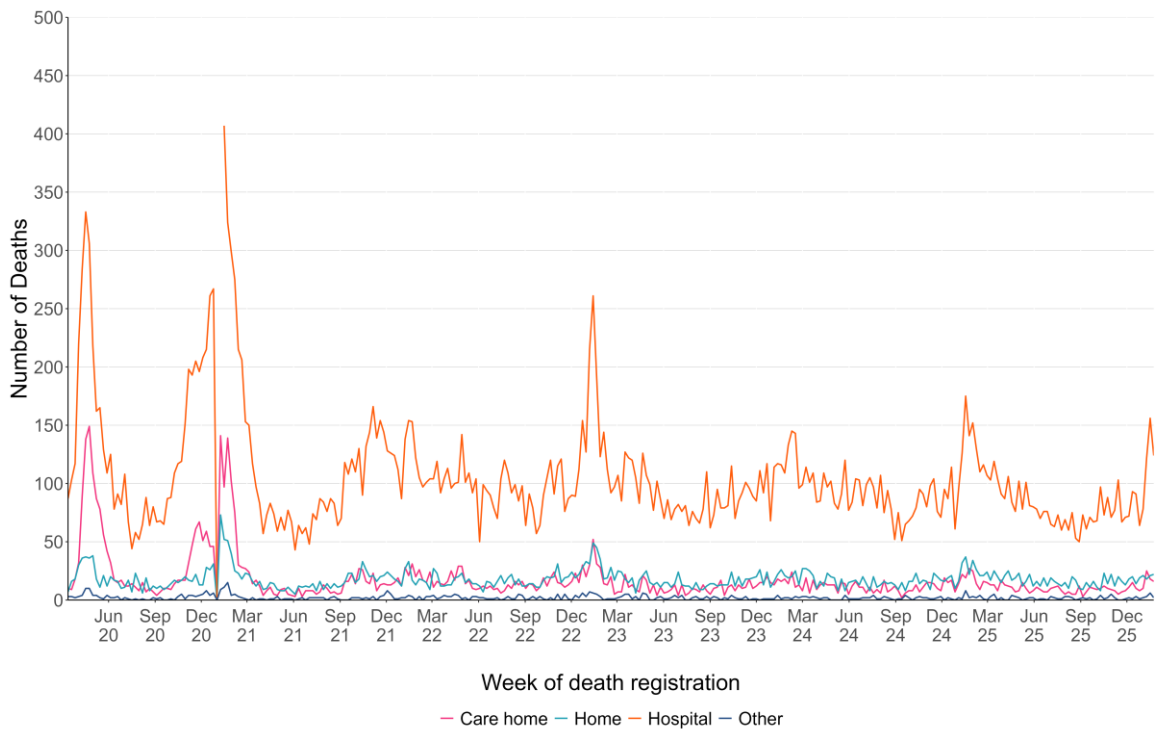
Data as of 10/02/2026

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



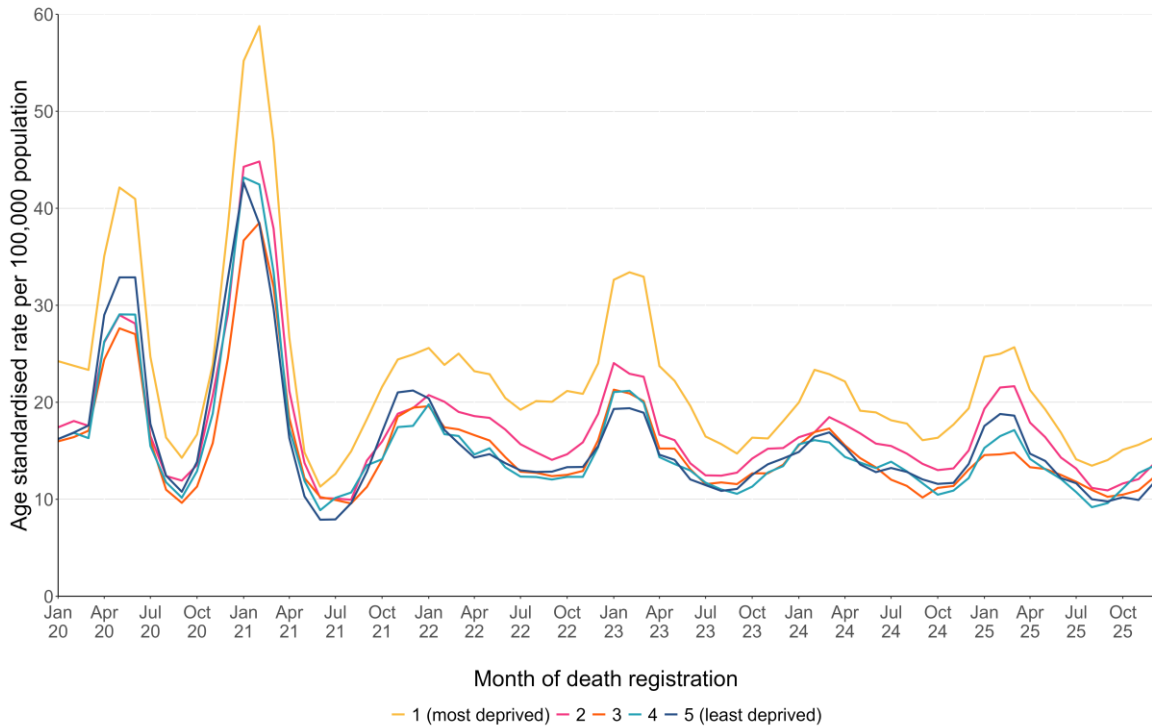
Data as of 10/02/2026

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



Data as of 10/02/2026

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 10/02/2026

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

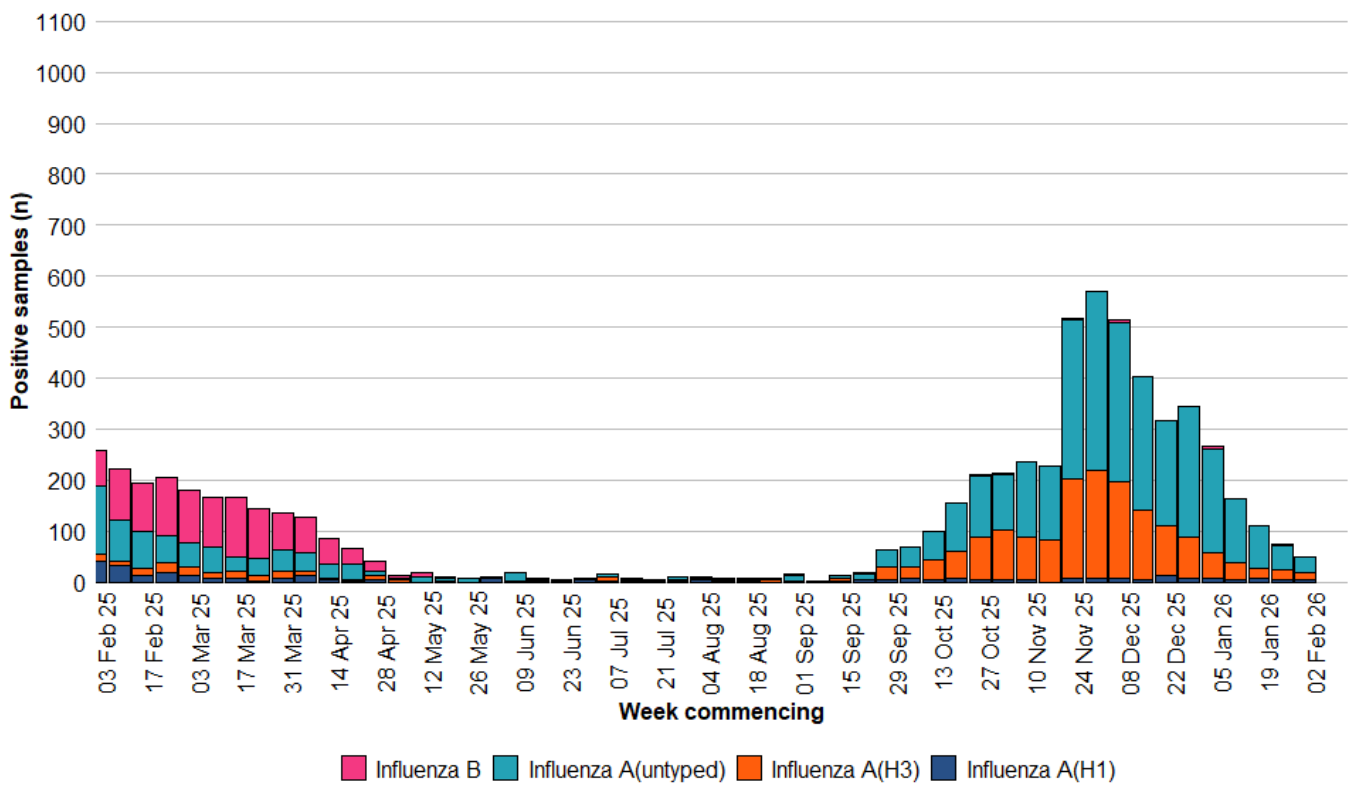


6. Pathogen-specific surveillance

Influenza

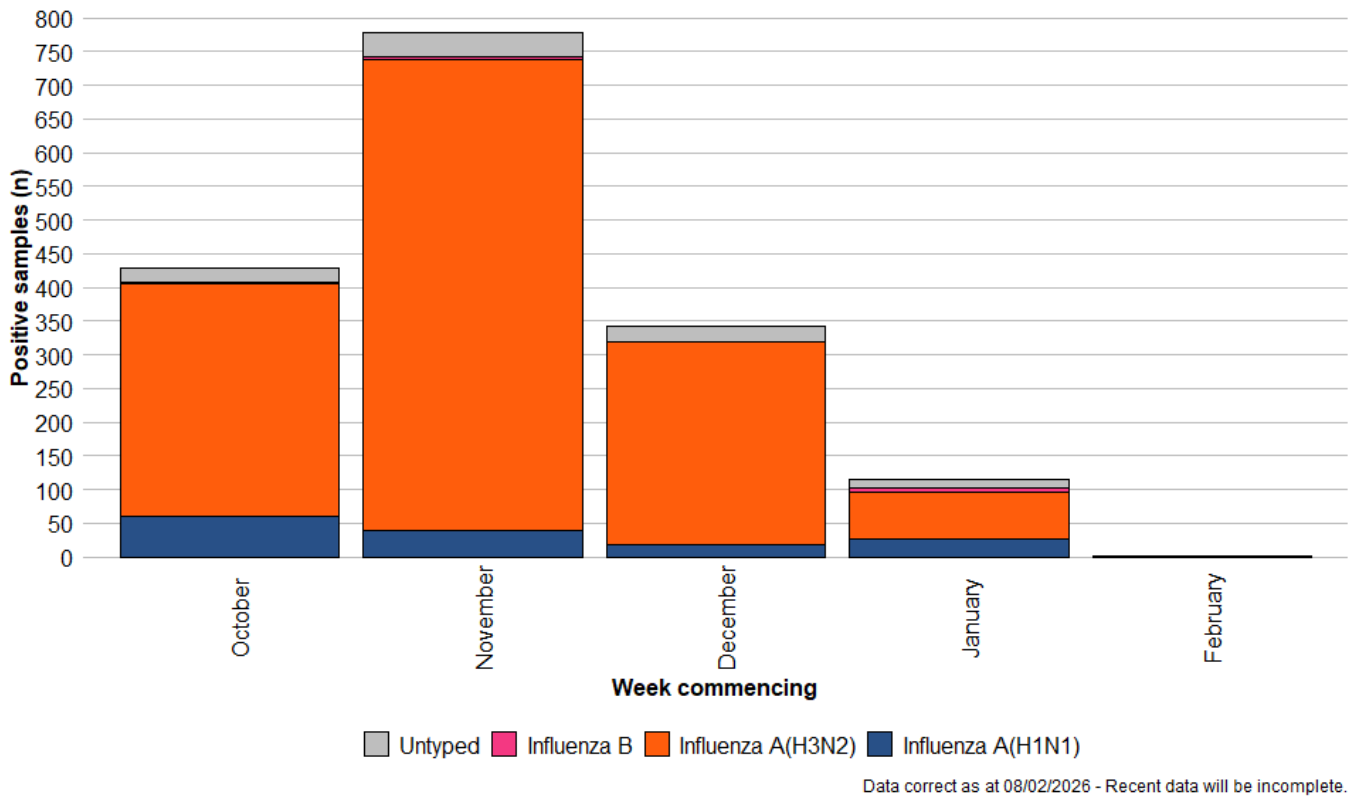
- influenza A(H3N2) is the most commonly detected influenza subtype in Wales since Week 40 2025 (1,531 confirmed cases), followed by influenza A(H1N1) (107 confirmed cases) and influenza B (29 confirmed cases). Additionally, there have been 2929 untyped influenza A cases.

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 6, 2025 to Week 6, 2026.



Data correct as of 09/02/2026

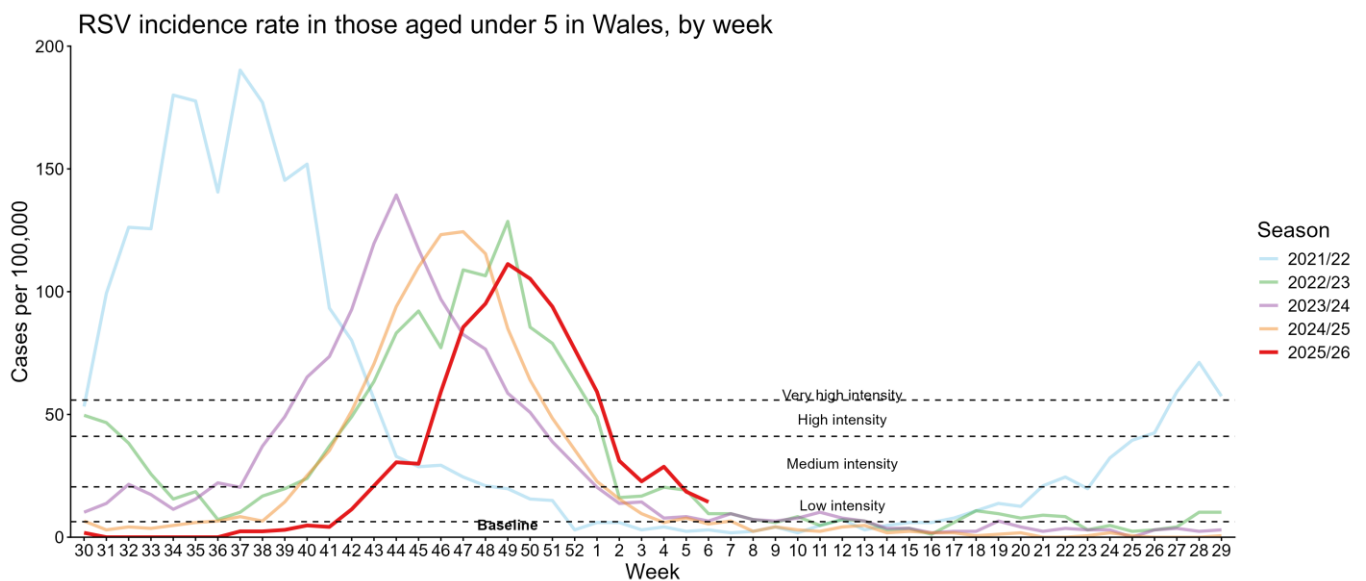
Figure 6.1b. Influenza subtypes based on samples referred to the Wales National Influenza Centre for typing, by week of sample collection, Week 40, 2025 to Week 6, 2026.



Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at low (14.4) intensity levels per 100,000 population during week 6 2026 .

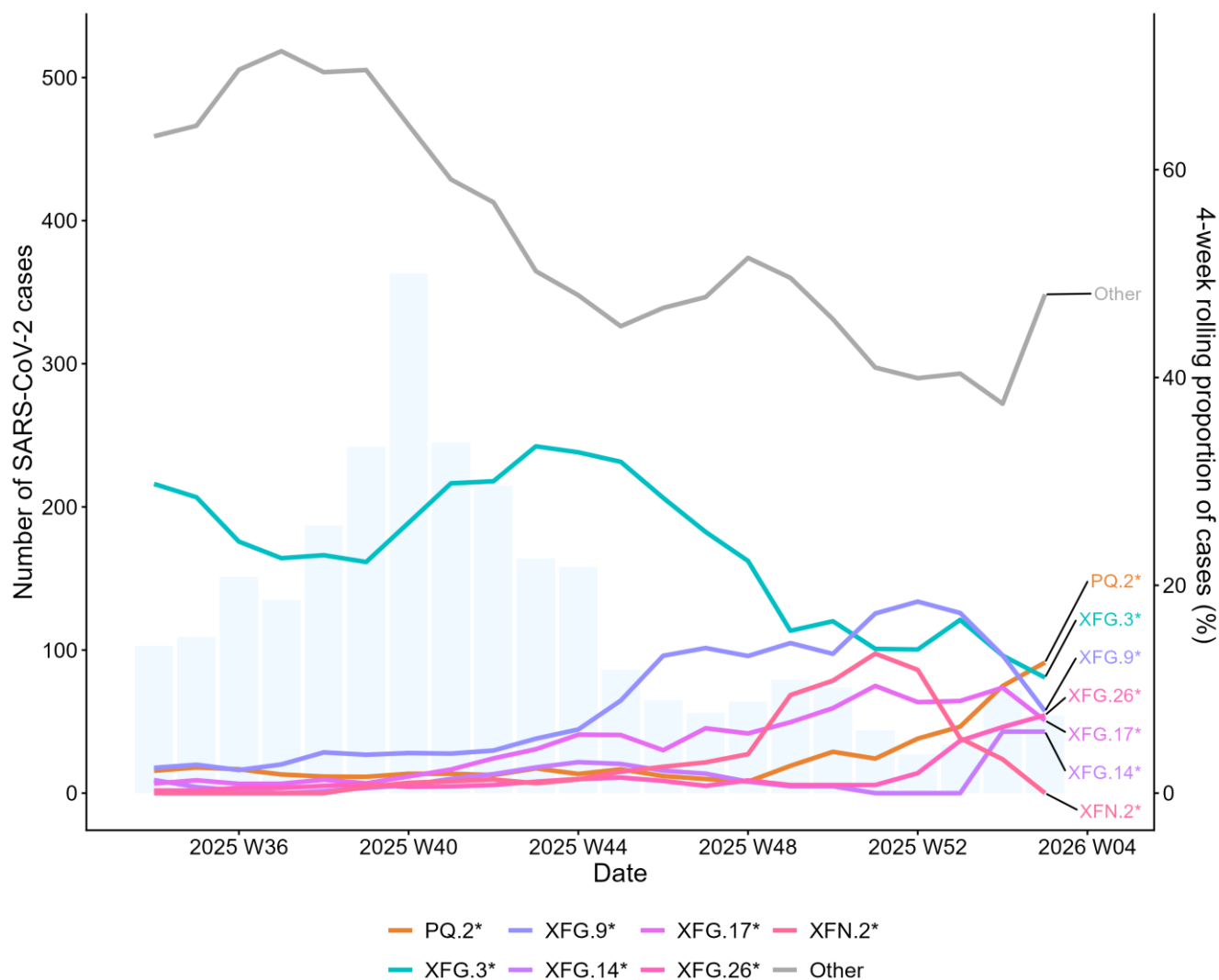
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30, 2020 to Week 6 2026.



SARS-CoV-2 Variant surveillance

- Pango group PQ.2* is the most frequently detected Pango lineage group in Wales currently, accounting for 14.4% 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 W34 to 2026 W06).



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. Weekly winter forecasting of hospital admissions with acute respiratory infections in Wales

Introduction

- Short-term forecasts use a modelling approach to suggest possible future trends in hospital admissions in patients with COVID-19, influenza and RSV across Wales for this 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: possible).
- For the week commencing **09/02/2026**, our forecasts estimate that between **60** and **116** hospital admissions with either COVID-19, RSV or influenza (median: **81**) may occur across Wales. Roughly **28%** will be for COVID-19, **21%** for influenza and **51%** for RSV. For the following week, between **51** and **129** admissions are estimated by the model.

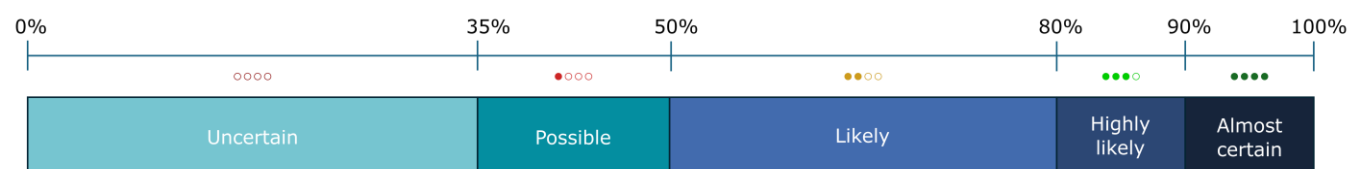
Table 7.1. Forecasted hospital admissions with COVID-19, influenza and RSV.

Infection	Observed	Admissions range (median)		Suggested two-week trend	
	Admissions last week (n) ¹	Week starting 09/02/2026	Week starting 16/02/2026	Trend ²	Confidence ³
COVID-19	16	13 – 31 (21)	14 – 35 (23)	Stable →	Likely ●●○○
Influenza	23	10 – 41 (17)	6 – 48 (15)	Stable →	Possible ●○○○
RSV	53	24 – 64 (38)	18 – 73 (33)	Decrease ↓	Likely ●●○○
Total	92	60 – 116 (81)	51 – 129 (77)	Stable →	Possible ●○○○

¹Admissions 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.

²Trend 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.

³Confidence 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 **09/02/2026**, our forecasts estimate that between **13** and **31** hospital admissions with COVID-19 (median: **21**) may occur across Wales. For the following week (commencing 16/02/2026), between **14** and **35** admissions are estimated.
- Forecasted COVID-19 admissions are suggested to be **higher** 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 **09/02/2026**, our forecasts estimate that between **10** and **41** hospital admissions with influenza (median: **17**) may occur across Wales. For the following week (commencing 16/02/2026), between **6** and **48** admissions are estimated.
- 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 **09/02/2026**, our forecasts estimate that between **24** and **64** hospital admissions with RSV (median: **38**) may occur across Wales. For the following week (commencing 16/02/2026), between **18** and **73** admissions are estimated.
- Forecasted RSV admissions are suggested to be **higher** 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 reported admissions for the same date in previous years.

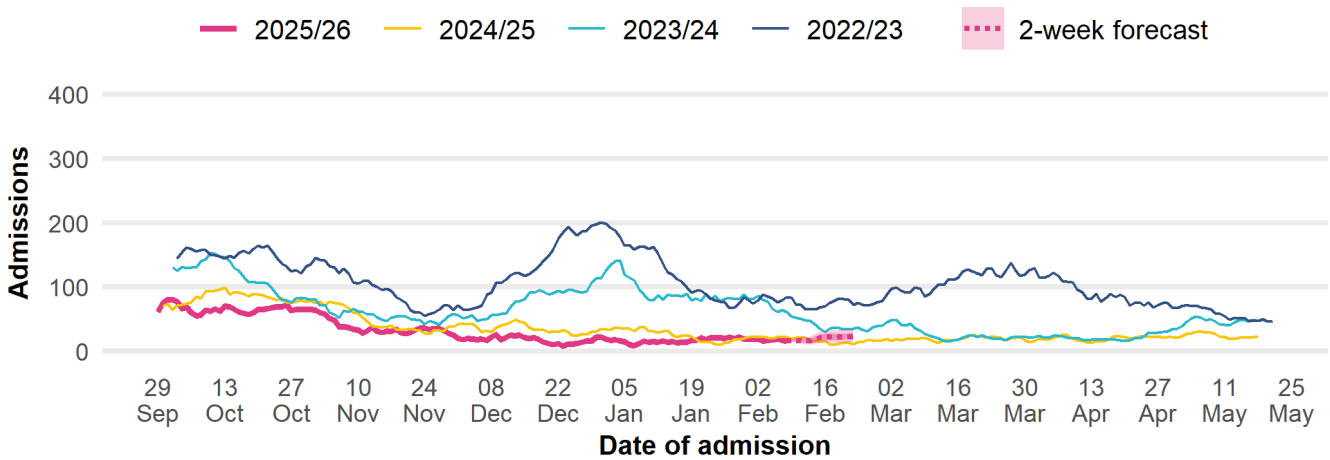


Figure 7.2. Estimates from short-term forecasts of hospital admissions with influenza (7-day rolling sum) across Wales compared with reported admissions for the same date in previous years.

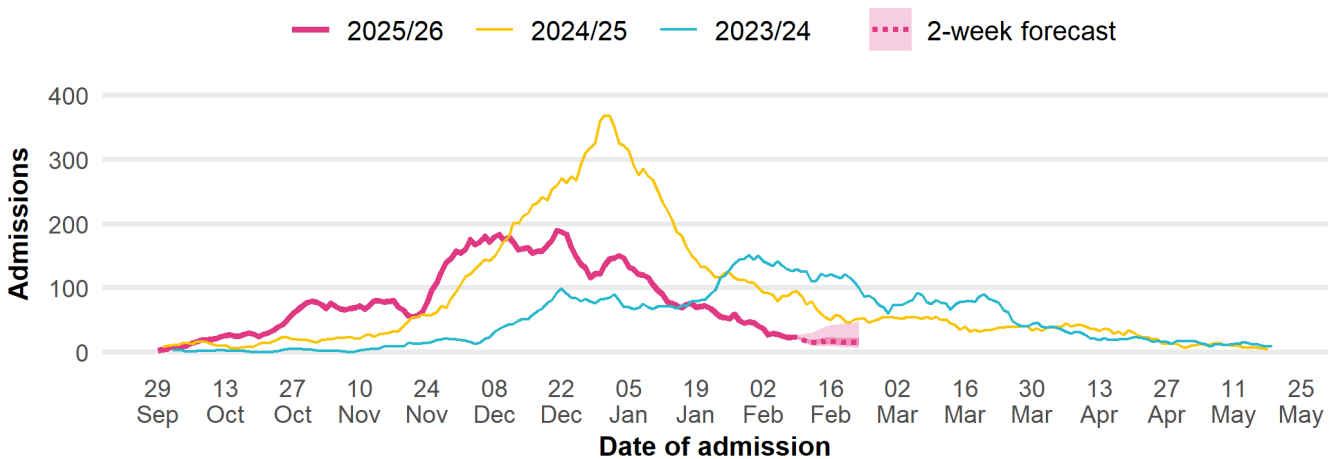
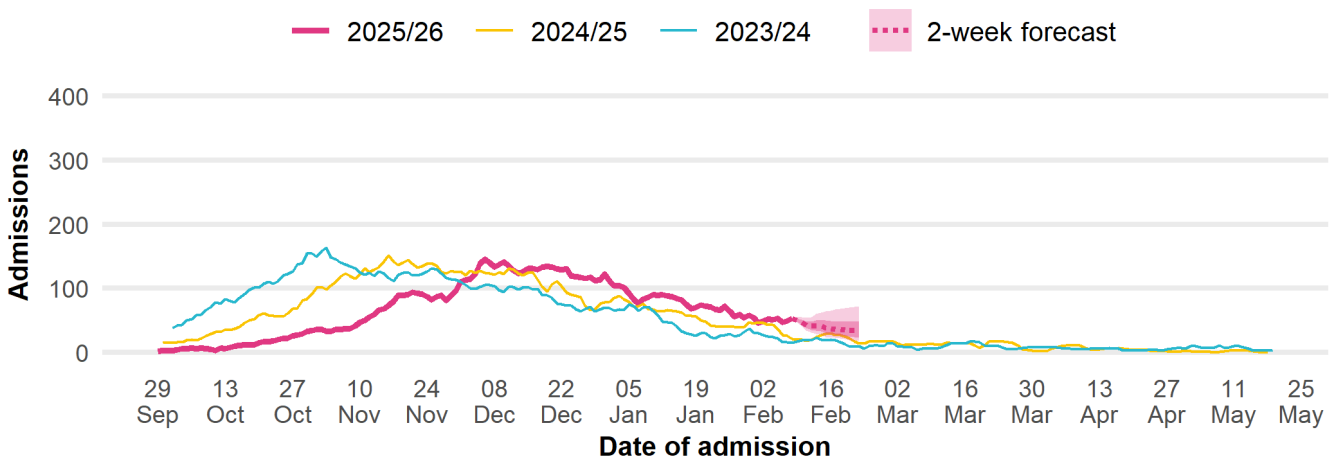


Figure 7.3. Estimates from short-term forecasts of hospital admissions with RSV (7-day rolling sum) across Wales compared with reported admissions for the same date in previous years.





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. The solid lines in the figures represent reported admissions and the dashed lines represent the median forecasted admissions.
- **Methodology:** The forecasts are produced from an ensemble model which combines results from several models. Each model captures different aspects of how hospitalisations may 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 [Communicable disease surveillance reports: 2026](#).

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 03/02/26 and include vaccinations given and recorded in WIS up to the end of 02/02/26. 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 02/02/26. 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 December 2025.

Table 8.1. Uptake of influenza vaccination in Wales 2025/26 (as of 03/02/26)

Influenza immunisation uptake in the 2025/26 season	
65 years and older	70.0%
16y to 64y in a clinical risk group	40.6%
Children aged 2 & 3 years	45.0%
Primary school aged children (4 to 10 years)*	56.5%
Secondary school aged children (11-15 years)*	45.0%
Health Board & NHS Trust staff	43.6%
Frontline Health Board & NHS Trust staff	43.6%

*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 decreased to 7.6 per 100,000 in England, to 9.0 per 100,000 in Northern Ireland, and to 5.7 per 100,000 in Scotland in Week 5, 2026.
- During Week 5, 4,775 samples tested for influenza were reported in England of which 315 were positive for influenza (232 influenza A (not subtyped), 41 influenza A (H3N2), 38 influenza A (H1N1)pdm09, and five influenza B).
- Overall, influenza positivity decreased to 7.1% in England, to 4.6% in Northern Ireland and to 3.0% in Scotland, and in Week 5.
- 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 33% in Week 5. Of the 33 countries and areas reporting on influenza intensity, 18 reported medium intensity or higher. Of the 32 countries and areas reporting on geographic spread of influenza viruses within a country or area, 29 reported widespread or regional distribution. There were 554 confirmed influenza virus infection detections reported from sentinel primary care, all influenza type A. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>
- **Globally**, influenza detections continue to decline. Influenza A viruses were predominant among influenza detections in Week 4.
- Northern hemisphere: Influenza percent positivity was elevated (>10%) in countries in North America and Western and Middle Africa, Southern and South-East Asia. Percent positivity was over 30% in countries in Central America and the Caribbean, Tropical South America, Northern Africa, Europe, and Western and Eastern Asia. Increases in activity were observed in countries in Central America and the Caribbean, South West and Eastern Europe, and Western Asia.
- Southern hemisphere: Influenza activity remained low overall although elevated positivity (>10%) was reported in single countries in Tropical and Temperate South America, South-East Asia and Oceania; percent positivity was over 30% in one country in Eastern Africa. Small increases in activity were observed in two countries in Temperate South America and one country in Oceania.
- Virus predominance: Among zones with elevated positivity, A(H3N2) was predominant except in Tropical South America, where there was codominance of 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 04/02/2026) during Week 3 globally there were 1,310 A(H1N1), 3,136 A(H3), 17,335 A(not subtyped), 560 influenza B (Victoria) and 390 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 4 (ending 31/01/2026). Nationally, 12,869 (18%) out of 71,514 specimens have tested positive for influenza in Week 4 in clinical laboratories nationwide, of these positive samples, 9,893 (76.9%) were influenza A and 2,976 (23.1%) were influenza B. Further characterisation has been carried out on 1,527 specimens by public health laboratories, and 1,023 samples tested positive for influenza A; 111 influenza A(H1N1)pdm09, 664 influenza A(H3N2), and

79 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 4, indicators of influenza activity decreased further. 2,221 influenza detections were reported: 1,868 influenza A and 353 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 4, 2026.

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 21 December 2025, Saudi Arabia reported 19 MERS-CoV cases from 01 January 2025 to 21 December 2025, including 4 deaths. WHO Global Alert and Response website: <https://www.who.int/emergencies/disease-outbreak-news>
- Rapid risk assessments of the situation from ECDC, which contain epidemiological updates and advice for travellers and healthcare workers, are available from: <https://ecdc.europa.eu/en/middle-east-respiratory-syndrome-coronavirus>
- Further updates and advice for healthcare workers and travellers are available from WHO: <http://www.who.int/emergencies/mers-cov/en/> and from NaTHNaC: <https://travelhealthpro.org.uk/news/237/mers-cov-update-travelhealthpro-country-pages>

Human infection with avian influenza A

- The WHO has published an updated assessment of recent influenza A(H5N1) virus events in animals and people. Currently, the global public health risk of influenza A(H5N1) viruses to be low, while the risk of infection for occupationally exposed persons is low to moderate, depending on the risk mitigation measures in place. Transmission between animals continues to occur and, to date, a growing yet still limited number of human infections are being reported. 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/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