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Weekly Acute Respiratory Infection Report

Public Health Wales

Communicable Disease Surveillance Centre

Report week: 41 (ending 12 October 2025)

Headline

- **Influenza currently remains at baseline levels, although there are indications of earlier than usual seasonal activity. GP consultations for influenza-like illness and confirmed case numbers have increased, including from the sentinel GP network in the community, in different areas of Wales (although test positivity remained stable in the current week). Recent weeks have also seen confirmed outbreaks of influenza in community settings. In combination, these increases may indicate the influenza season is beginning in Wales.**
- Respiratory Syncytial Virus (RSV) remains at baseline levels.
- COVID-19 case numbers have increased in recent weeks.
- GP consultations for acute respiratory infections decreased 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)	<p>The 3-week trend in consultation rate per 100,000 for broader acute respiratory infection (ARI) is decreasing.</p> <p>Consultations with Sentinel GPs for acute respiratory infection (ARI) decreased compared to last week.</p>	Admissions in patients testing positive for influenza, COVID-19 or RSV increased in Week 41 (1% of total admissions).
Influenza	<p>Influenza activity is at <u>baseline</u> levels, although increasing in community and hospital settings. Recent weeks have also seen confirmed outbreaks.</p> <p>The overall proportion of samples testing positive remained stable in the most recent week at 2.2%. Consultations for influenza-like illness (ILI) with sentinel GPs increased but remained at baseline intensity. 9 cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week.</p>	<p>The number of confirmed cases of community acquired influenza admitted to hospital increased to 23 during Week 41.</p> <p>During Week 41, there were 21 in-patient cases of confirmed influenza, none of which were in critical care.</p>
Influenza type breakdown	<p>Since 2025 Week 40: 124 total influenza cases confirmed (36 influenza A(H3N2), 11 influenza A(H1N1)pdm09, 76 influenza A untyped, and one influenza B).</p> <p>In the most recent week: 13 influenza A(H3), six influenza A(H1N1), 41 influenza A untyped, and zero influenza B.</p>	
COVID-19	<p>The overall proportion of samples testing positive decreased to 13.4 % in hospital and non-sentinel GP practices.</p> <p>Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 remained stable in the most recent week.</p>	<p>The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 61 during Week 41.</p> <p>During Week 41 there were 415 in-patient cases of confirmed COVID-19, six of whom were in critical care.</p>
RSV	RSV incidence in children aged up to 5y was stable in Week 41 and remained at baseline levels (4.2 per 100,000 population).	<p>The number of confirmed cases of community acquired RSV admitted to hospital increased to seven during Week 41.</p> <p>During Week 41 there were five in-patient cases of confirmed RSV, and none in critical care.</p>
Other respiratory pathogens	Rhinovirus remained the most prevalent pathogen in sentinel surveillance. In sentinel GP practices, test positivity increased for parainfluenza. All other pathogens decreased or remained stable. In non-sentinel testing, all pathogens were stable or decreasing.	



1. Community surveillance indicators

GP Consultations

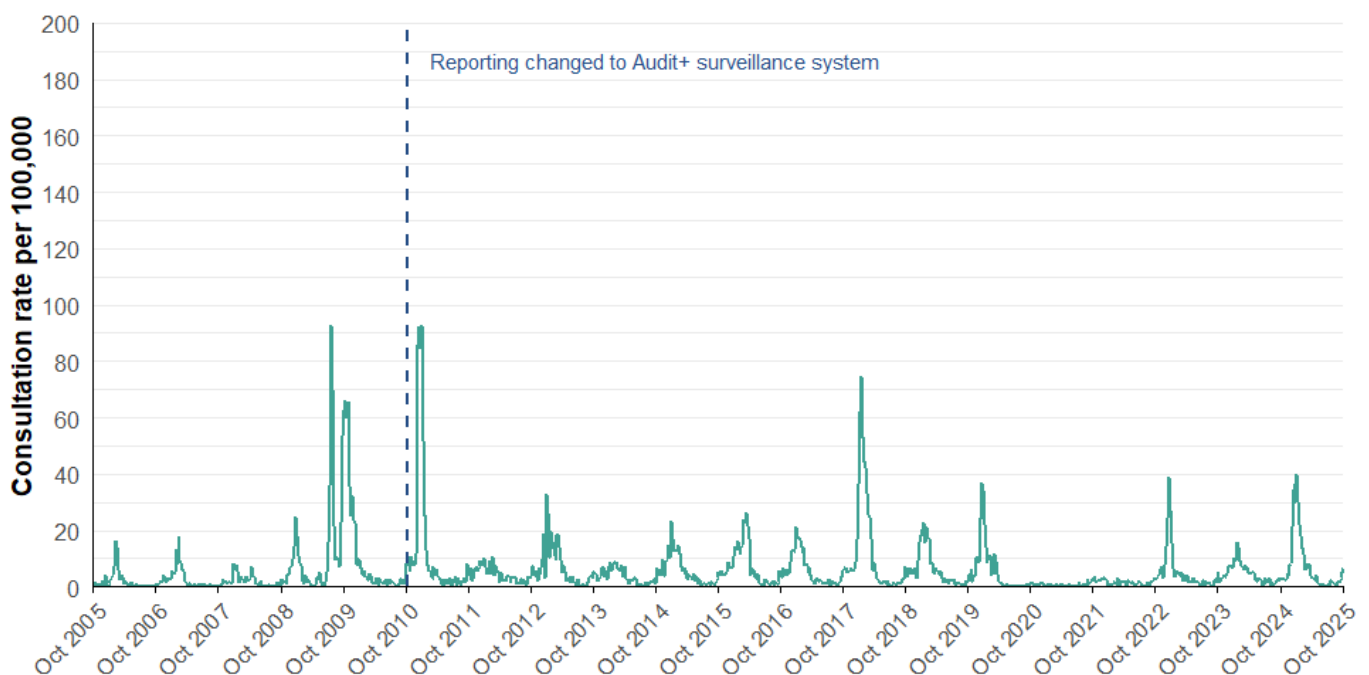
- The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is increasing (Figures 1.1, 1.2).
- There were 6.5 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (5.1 consultations per 100,000).
- In the most recent week, using all available data from general practices, there were 12.9 ARI consultations per 100,000 practice population, a decrease from 16.2 in the previous week (Table 1.2). The highest rates were found in people aged under one year (1,307.2) followed by people aged one to four (554.5) and people aged five to 14 (198.8) (Figure 1.4).
- Surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under five years (Figure 1.4).

Ambulance Calls

- The number of ambulance calls recorded referring to syndromic indicators increased from 1,778 in the previous week to 1,801 in the latest reporting week (Figure 1.5, Table 1.3).
- Calls for cardiac or respiratory arrest and chest pain were stable or decreased compared to the previous week. Calls for difficulty breathing increased. (Figure 1.5, Table 1.3).

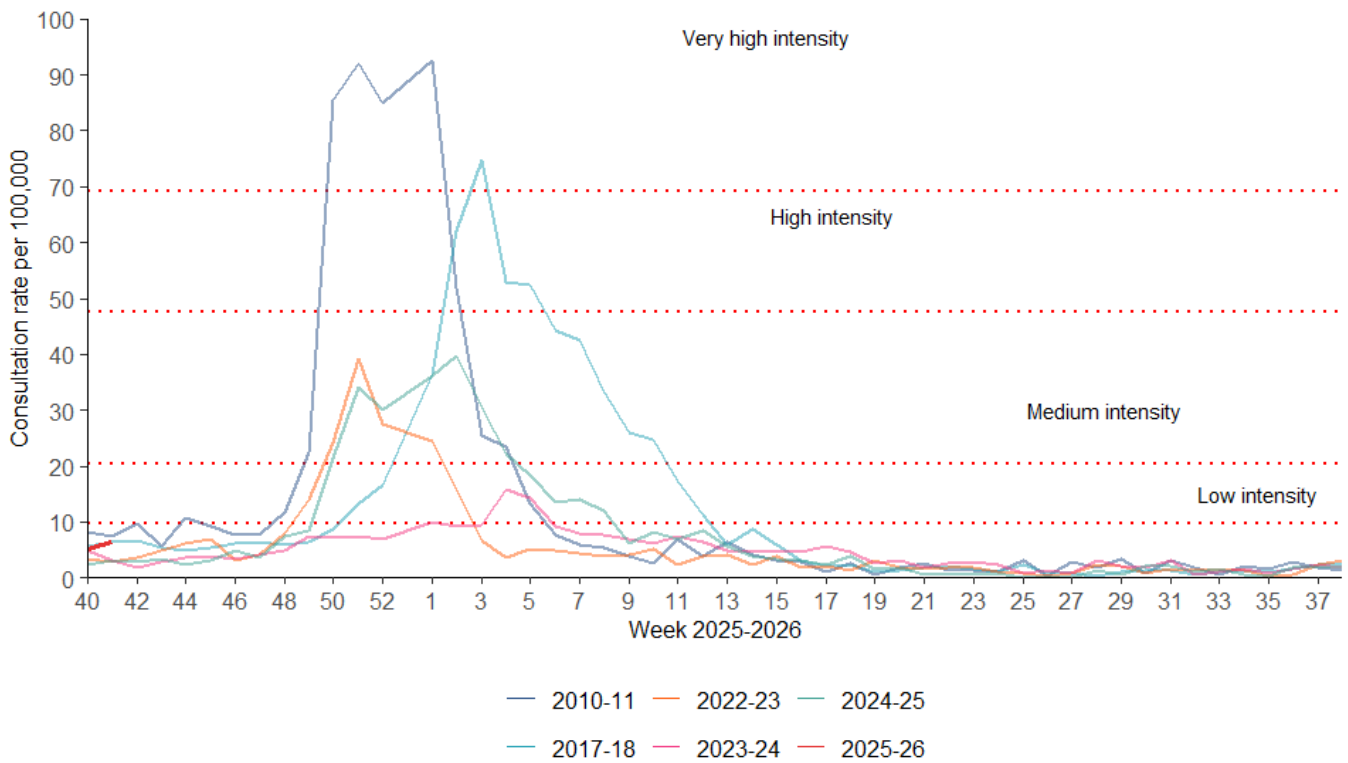
GP consultations – Sentinel Network

Figure 1.1. Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (Week 40, 2004 - Week 41, 2025).



Data correct as of 14/10/2025

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



Data correct as of 14/10/2025

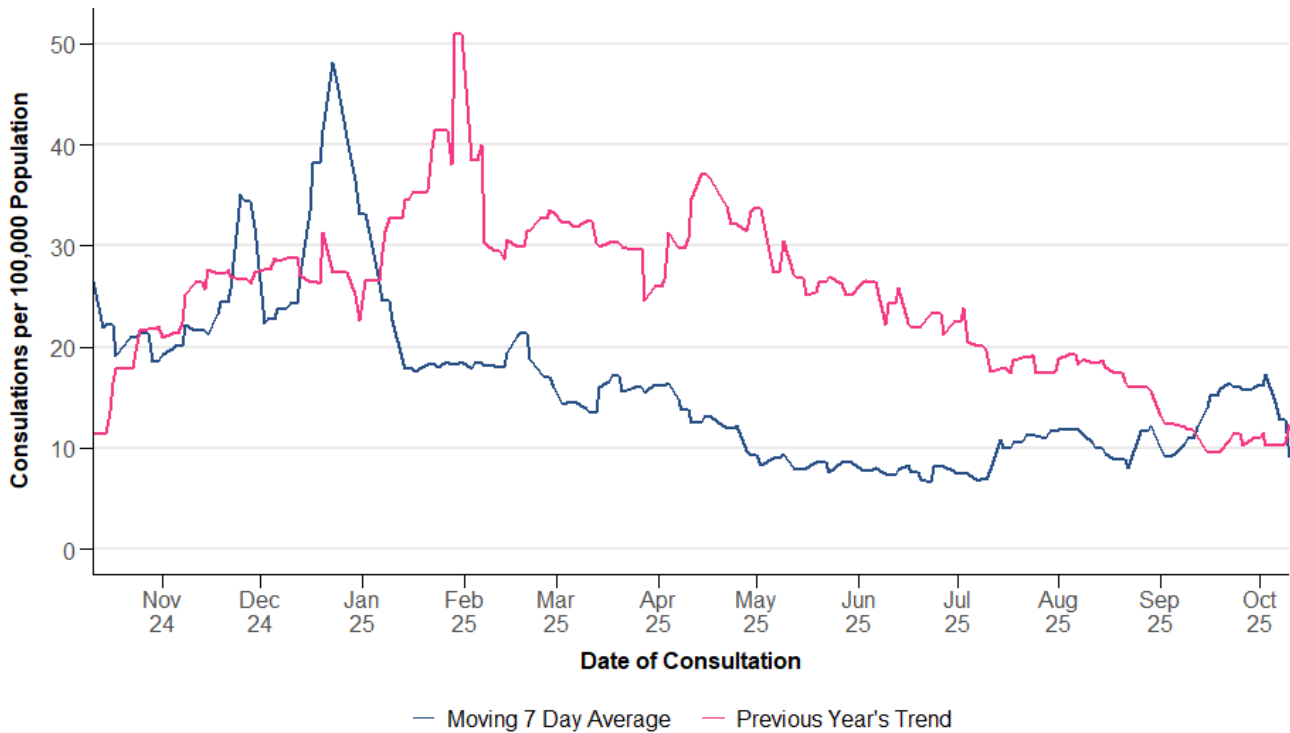
GP Consultations - All Wales

Table 1.2. Summary of GP consultations per 100,000 practice population in Wales, by indicator, for Week 41, 2025. This table uses all available GP surveillance data (from sentinel and non-sentinel practices).

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
ARI	12.86	16.20	10.93
COVID-19	1.01	0.70	1.93
LRTI	4.99	5.96	4.29
Pneumonia	0.01	0.03	0.03
Severe asthma	0.42	0.77	0.63
URTI	7.94	10.29	6.71
Total	27.23	33.95	24.52

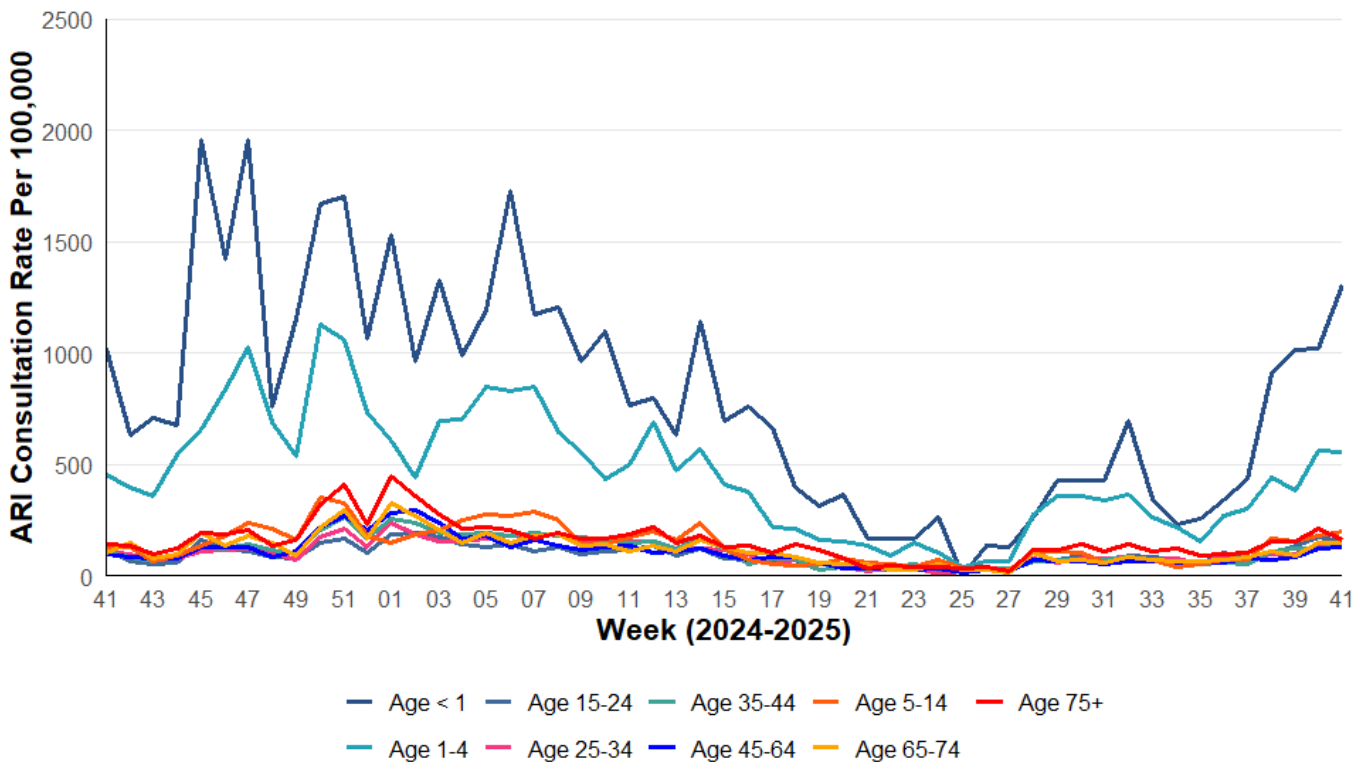
NB: "Current reporting week" refers to the average daily rate in the current reporting week. "Preceding week" refers to the average daily rate in the preceding week. "Equivalent period last year" refers to the average daily rate in the equivalent period last year.

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



Data correct as of 14/10/2025

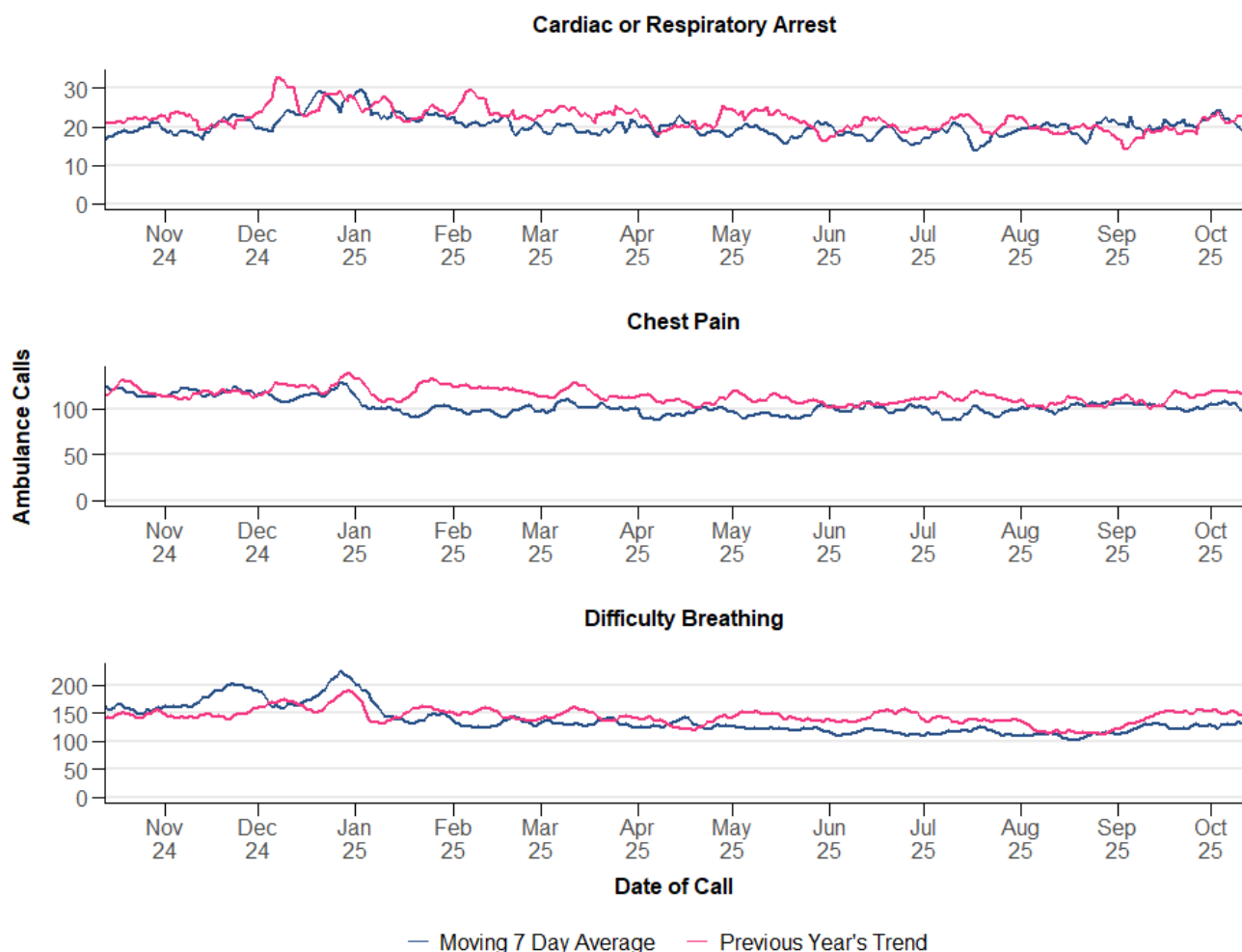
Figure 1.4. All Wales clinical consultation rates for Acute Respiratory Infection (ARI) per 100,000 practice population, by age bands.



Data correct as of 14/10/2025

Ambulance Calls

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



Data correct as of 14/10/2025

Table 1.3. Summary of weekly number of Ambulance calls, by symptom in Wales, for Week 41, 2025. This summary analysis uses data provided by the Welsh Ambulance Service NHS Trust.

Indicator	Current Reporting Week	Preceding Week	Equivalent Period Last Year
Cardiac or Respiratory Arrest	142	166	158
Chest Pain	727	727	830
Difficulty Breathing	932	885	1,070
Total	1,801	1,778	2,058

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 184 surveillance samples from patients with ILI symptoms collected by sentinel GPs and community pharmacies during Week 41, 2025, as at 13/10/2025 (Table 2.1, Figure 2.1). **Due to a temporary IT disruption, samples received after this date have not yet been processed. As such, the reported total may increase once all data are available.**
- The most commonly detected pathogens were rhinovirus (35) followed by SARS-CoV2 (COVID-19) (13) and parainfluenza (11). Of the 184 tests, 58.2% were negative for all respiratory pathogens (Table 2.1, Figure 2.1).

All Wales Datastore Respiratory Infection Testing

- There were 1,026 samples receiving multiplex respiratory panel testing, collected from patients attending hospitals and non-sentinel GPs during Week 41 (Table 2.2, Figure 2.2).
- The most commonly detected pathogens were rhinovirus (156) followed by SARS-CoV2 (COVID-19) (137) and enterovirus (28). Of the 1,026 tests, 64.4% were negative for all respiratory pathogens (Table 2.2, Figure 2.2).

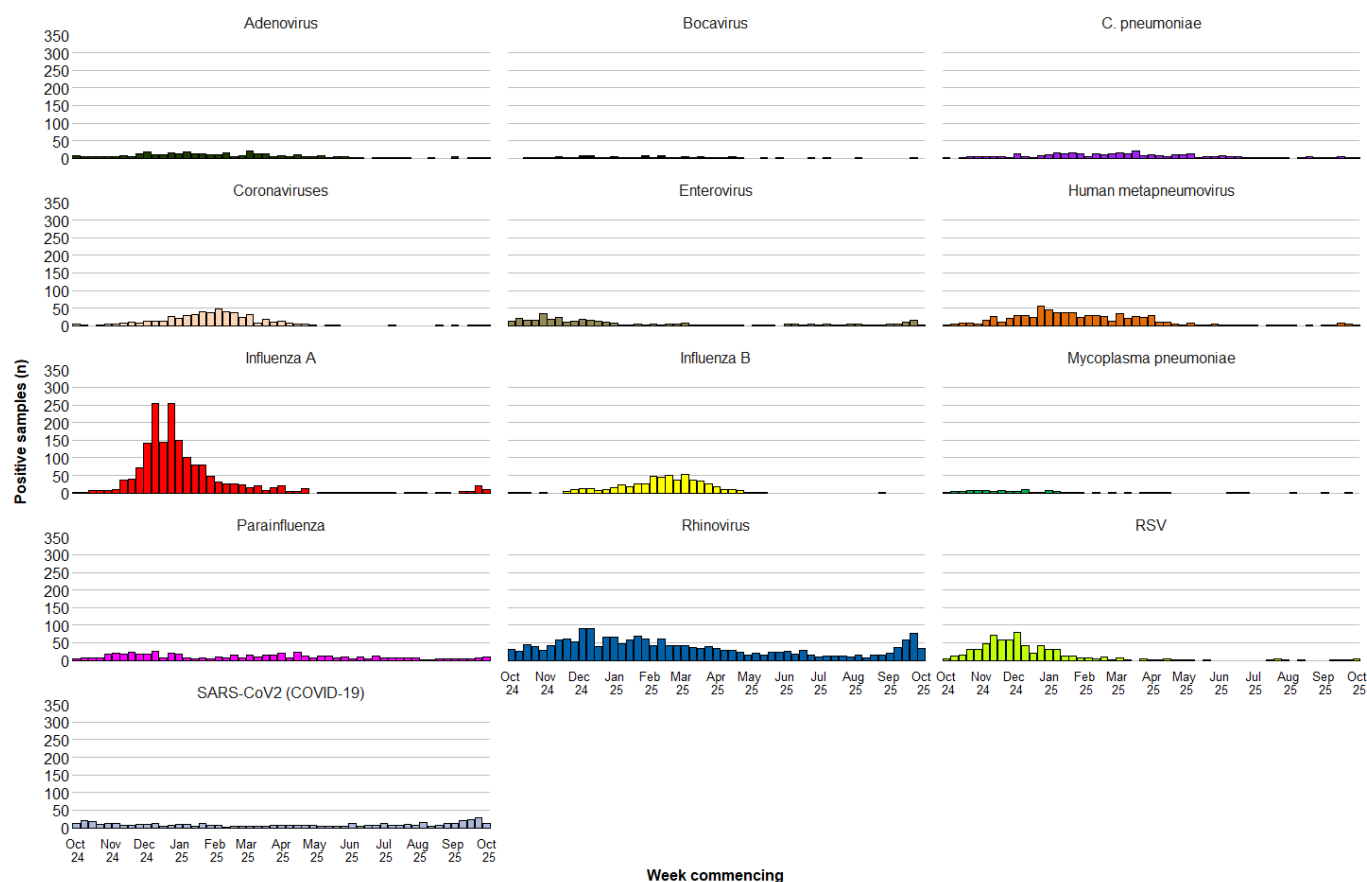
Additionally, during Week 41, 481 samples from patients were tested for influenza, RSV and SARS-CoV-2 only (Figure 2.3). Of these the following tested positive:

- 28 for influenza (28 for influenza A, zero for influenza B)
- 90 for SARS-CoV-2 (COVID-19)
- 3 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 41, 2025.

Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	35	19.0%	41.8%	Decreasing
SARS-CoV2 (COVID-19)	13	7.1%	15.2%	Decreasing
Parainfluenza	11	6.0%	3.3%	Increasing
Influenza A	9	4.9%	10.9%	Decreasing
RSV	3	1.6%	1.1%	Stable
Enterovirus	3	1.6%	8.7%	Decreasing
Adenovirus	2	1.1%	1.1%	Stable
Human metapneumovirus	1	0.5%	2.2%	Decreasing
Coronaviruses	1	0.5%	1.1%	Stable
C. pneumoniae	1	0.5%	1.1%	Stable
Influenza B	0	0.0%	0.0%	Stable
Mycoplasma pneumoniae	0	0.0%	0.5%	Stable
Bocavirus	0	0.0%	1.1%	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 41, 2024 to Week 41, 2025.



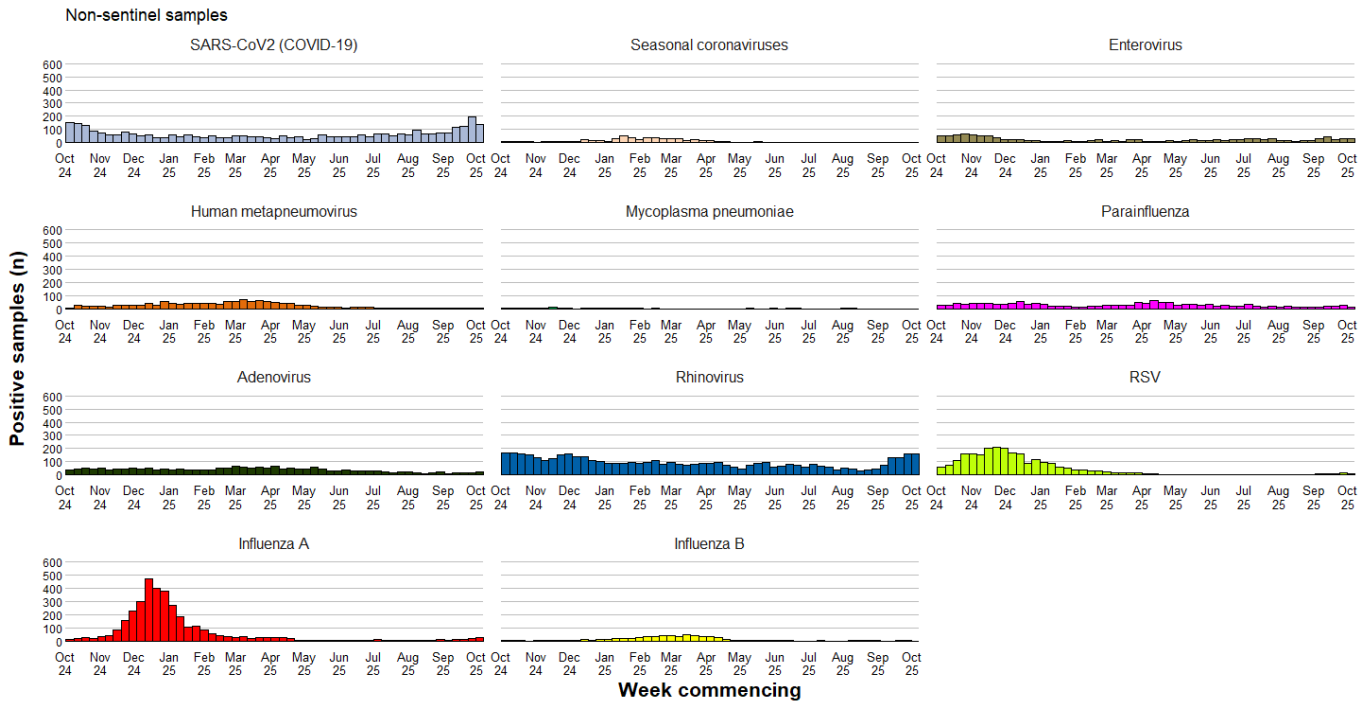
Data correct as of 15/10/2025

All Wales Datastore Respiratory Infection Testing

Table 2.2: Pathogens detected and sample positivity for samples collected from hospital and non-Sentinel GP patients, Week 41, 2025.

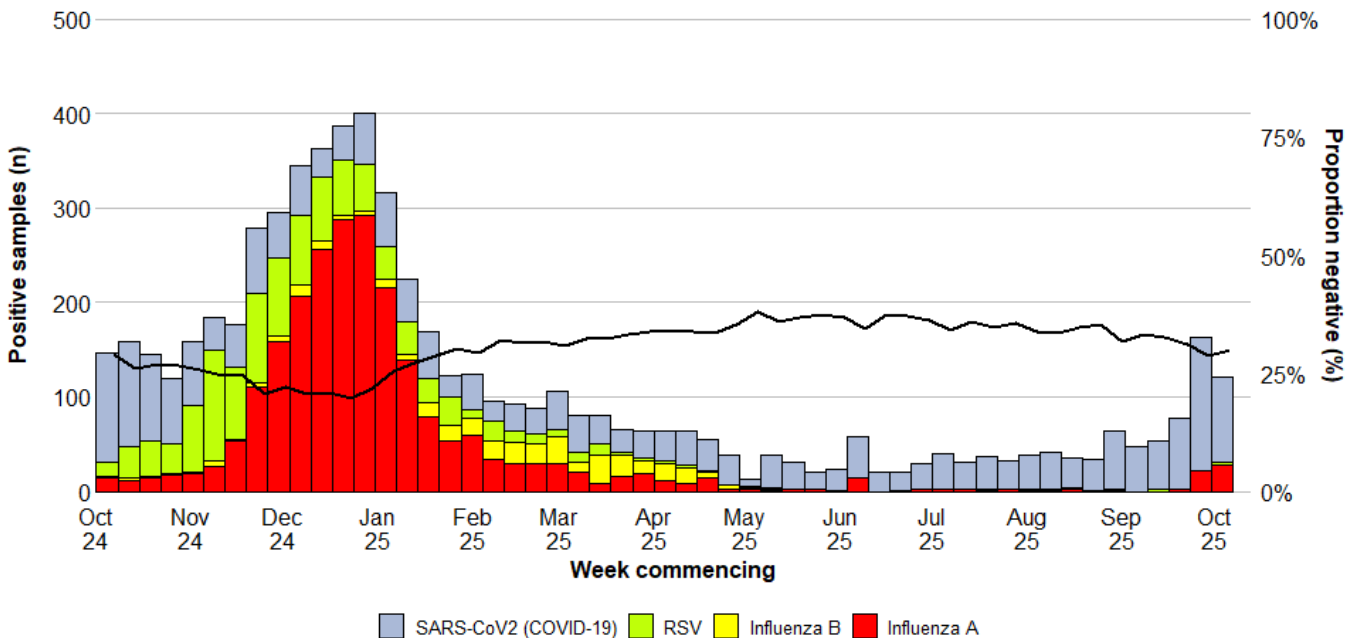
Pathogens Detected	Count (n)	Positivity (current week)	Positivity (previous week)	Trend
Rhinovirus	156	15.2%	16.0%	Stable
SARS-CoV2 (COVID-19)	137	13.4%	19.1%	Decreasing
Enterovirus	28	2.7%	2.8%	Stable
Influenza A	23	2.2%	2.1%	Stable
Adenovirus	21	2.0%	1.3%	Stable
RSV	11	1.1%	1.2%	Stable
Parainfluenza	11	1.1%	2.9%	Decreasing
Human metapneumovirus	1	0.1%	0.6%	Stable
Seasonal coronaviruses	1	0.1%	0.1%	Stable
Influenza B	0	0.0%	0.1%	Stable
Mycoplasma pneumoniae	0	0.0%	0.0%	Stable
Bocavirus	0	0.0%	0.0%	Stable
Chlamydia	0	0.0%	0.0%	Stable

Figure 2.2. Pathogens detected in samples collected from hospital and non-Sentinel GP patients, by week of sample collection, Week 41, 2024 to Week 41, 2025.



Data correct as of 13/10/2025

Figure 2.3. Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 41, 2024 to Week 41, 2025.



Data correct as of 13/10/2025



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

Sentinel SARI in emergency departments

- During the previous four weeks there were 39 surveillance samples taken from SARI surveillance sentinel emergency departments. The most common pathogen identified from these samples was rhinovirus/enterovirus (15) followed by SARS-CoV2 (COVID-19) (6) and adenovirus (1). Of the 39 samples collected, 43.6% were negative for all respiratory pathogens (Table 3.1).
- During this time, the proportions of symptomatic patients attending sentinel emergency departments due to acute respiratory symptoms testing positive were 0% for influenza, 15% for SARS-CoV-2 and 0% for RSV.

Hospital in-patients

- During week ending 12/10/2025 there were 91 patients admitted to hospital with confirmed COVID-19, RSV or influenza (7 more than the previous week), equating to 1% of all hospital admissions in that reporting week.
- At 23:59 on 12/10/2025, there were 441 patients in hospital with confirmed COVID-19, RSV or influenza, 39 more than the previous Sunday. This equates to 4% of all hospital in-patients (IPs) at that time. Of whom 71% (312) were hospital acquired (HA).

Critical-care

- During week ending 12/10/2025 there were two ARI critical care (CC) admissions (two less than the previous week), equating to 1% of all CC admissions in that reporting week.
- At 23:59 on 12/10/2025, there were six patients in CC with confirmed COVID-19, RSV or influenza, one less than the previous Sunday. This equates to 3% of all CC in-patients at that time. Of whom 33% (2) were hospital acquired (HA).

Virological surveillance in ICU

- During Week 41, 2025, 55 respiratory samples were tested from patients in intensive care units (ICU). Of these: two tested positive for SARS-CoV2 (COVID-19), one tested positive for influenza and zero tested positive for RSV (Figure 3.4).

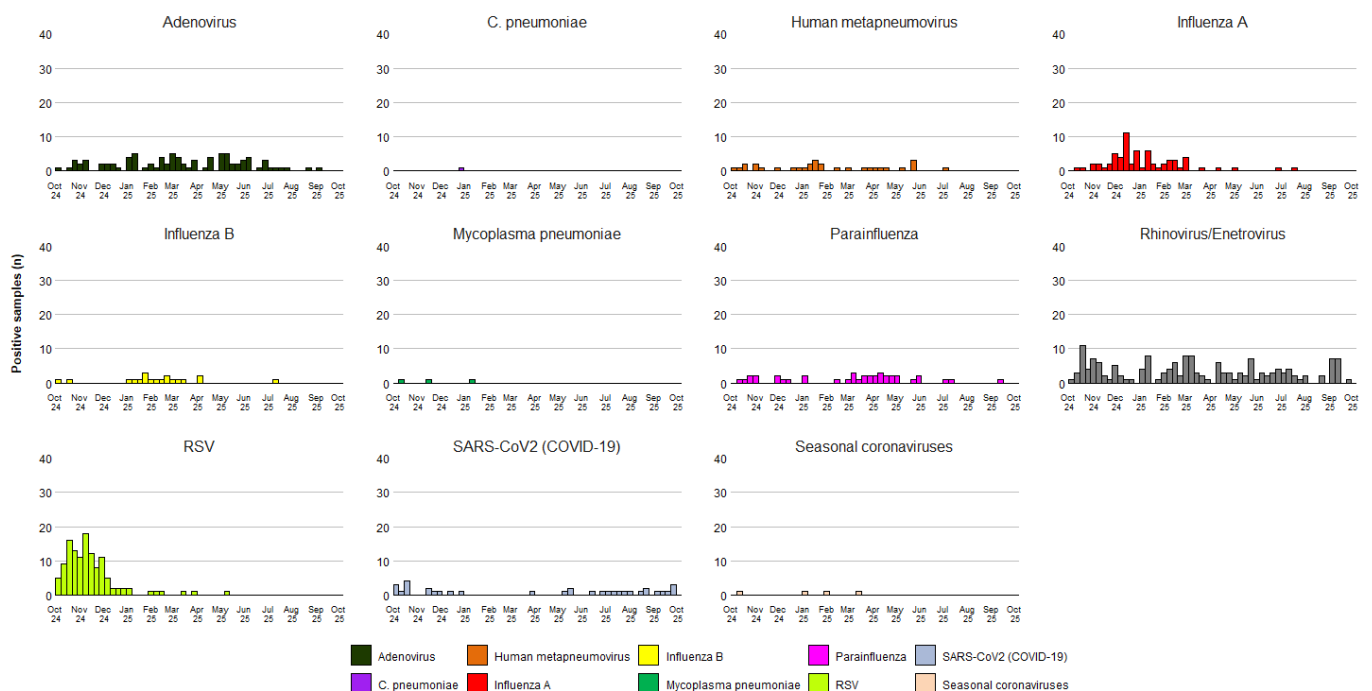
For detailed reports on surveillance of ARI in hospitals, including breakdowns by health board and age-group see: [Hospital admissions dashboard](#)

Wales Sentinel SARI Emergency Department Network

Table 3.1 Pathogens detected and sample positivity for samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 40, 2025.

Pathogens Detected	Meeting SARI case definition in the last 4 weeks		Meeting SARI case definition in the last 12 months	
	n	%	n	%
Adenovirus	1	2.6%	87	9.3%
C. pneumoniae	0	0.0%	1	0.1%
Human metapneumovirus	0	0.0%	30	3.2%
Influenza A	0	0.0%	71	7.6%
Influenza B	0	0.0%	19	2.0%
Mycoplasma pneumoniae	0	0.0%	3	0.3%
Parainfluenza	1	2.6%	39	4.2%
Pertussis	0	0.0%	0	0.0%
RSV	0	0.0%	122	13.0%
Rhinovirus/Enterovirus	15	38.5%	161	17.2%
SARS-CoV2 (COVID-19)	6	15.4%	34	3.6%
Seasonal coronaviruses	0	0.0%	4	0.4%
Negative	17	43.6%	444	47.4%
Total	39	100%	964	100%

Figure 3.1 Pathogens detected in samples collected from symptomatic patients presenting at participating SARI surveillance sentinel emergency departments, for Week 40, 2025 and previous 12 months.



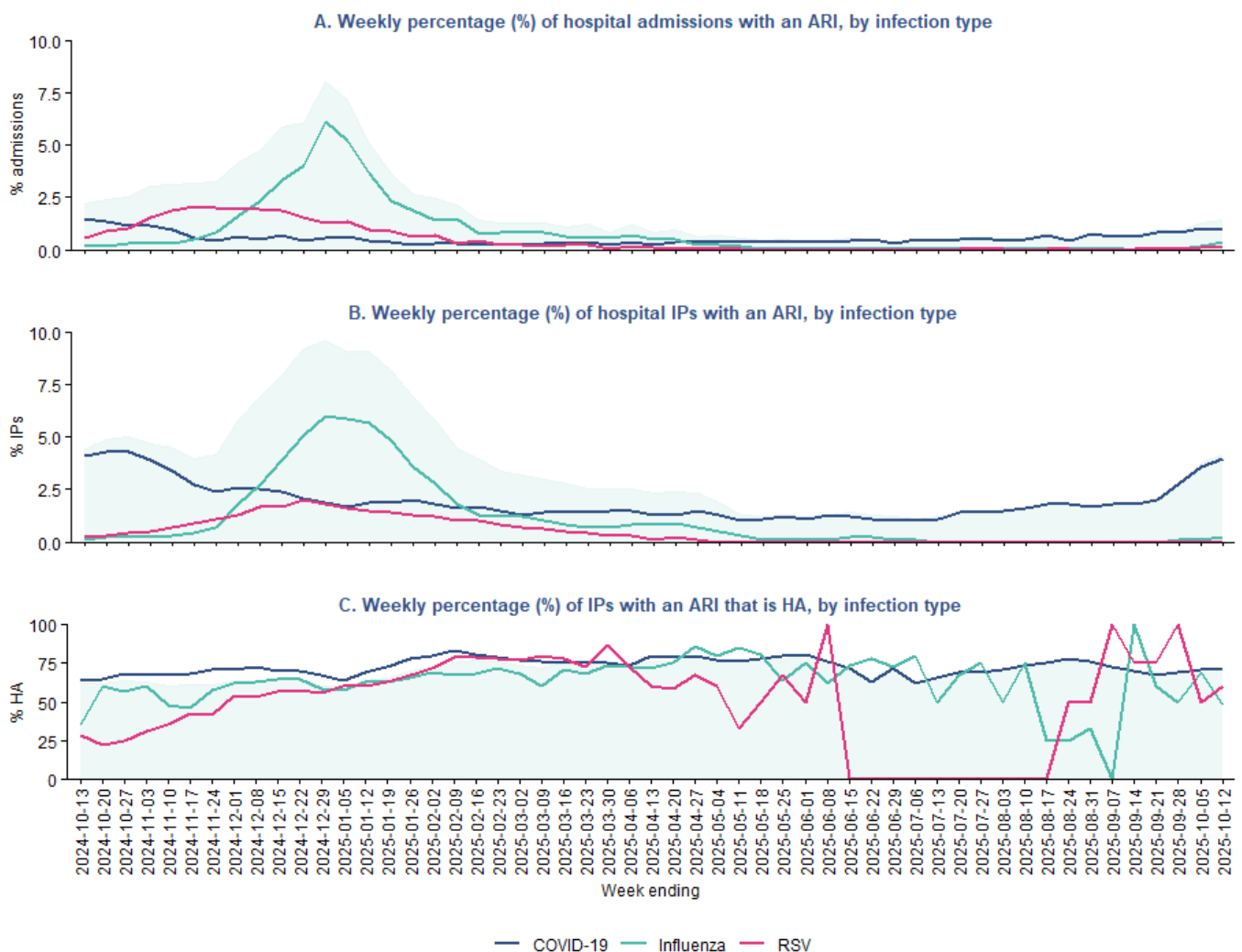
Data correct as of 09/10/2025

Acute Respiratory Infection Surveillance in Hospital In-Patients

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

Infection	Hospital admissions		Hospital In-patients		
	Count	% of all admissions	Count	% of all IPs	% HA (n)
COVID-19	61	1%	415	4%	72% (299)
Influenza	23	<1%	21	<1%	48% (10)
RSV	7	<1%	5	<1%	60% (3)
ARI total	91	1%	441	4%	71% (312)

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.



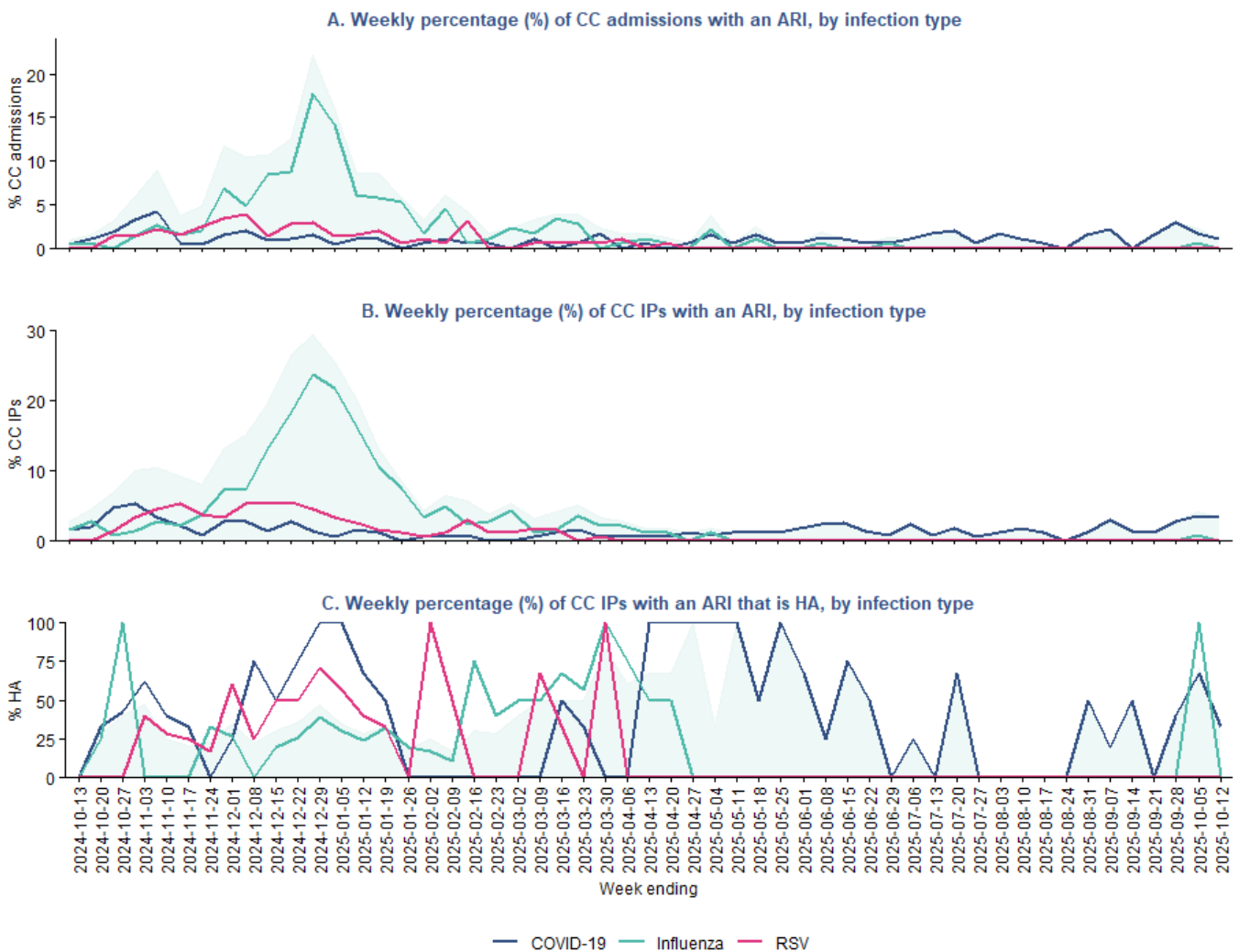
Data as of: 15-10-2025

Acute Respiratory Infection Surveillance in Critical-Care In-Patients

Table 3.3. Critical care (CC) admissions in patients confirmed with COVID-19, influenza and RSV (acute respiratory infection may not necessarily be the primary cause of admission).

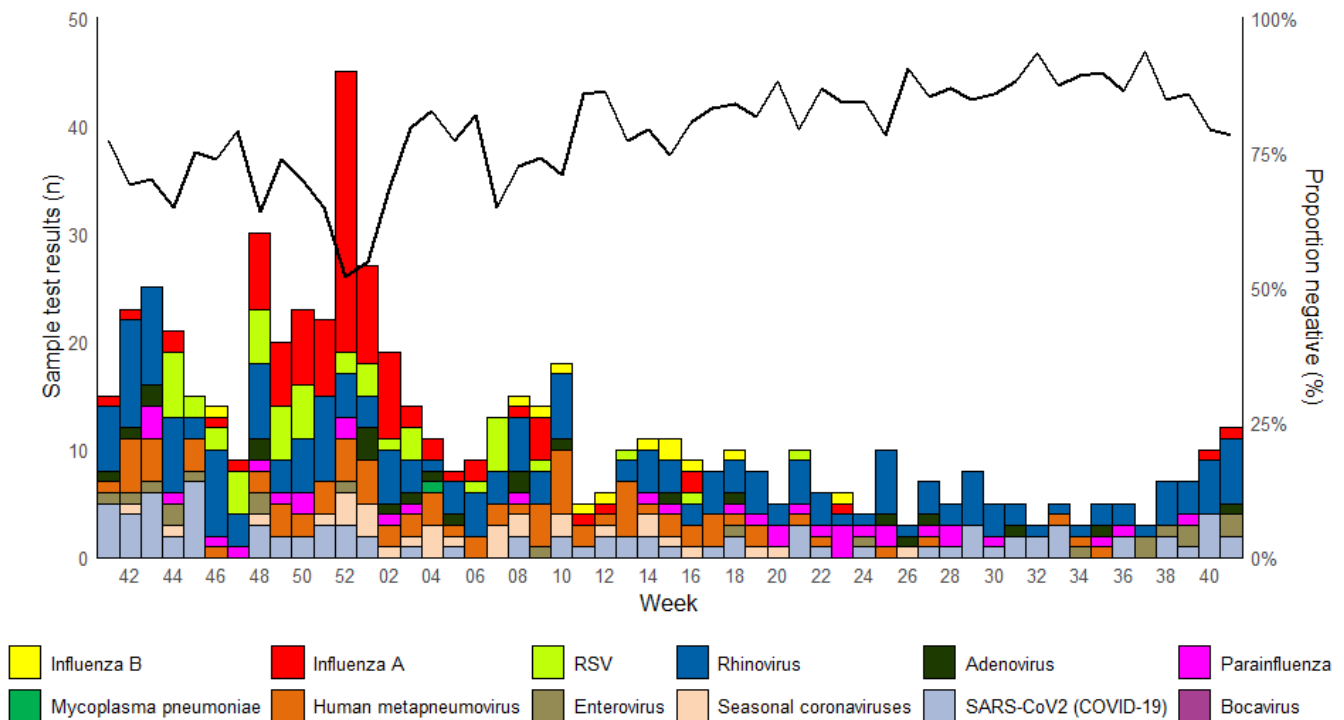
Infection	CC admissions		CC In-patients		
	Count	% of all CC admissions	Count	% of all CC In-patients	% HA (n)
COVID-19	2	1%	6	3%	33% (2)
Influenza	0	0%	0	0%	0% (0)
RSV	0	0%	0	0%	0% (0)
ARI total	2	1%	6	3%	33% (2)

Figure 3.3. (A) Weekly percentage of critical-care admissions where influenza, COVID-19 or RSV was confirmed. (B) Weekly percentage of total critical-care inpatients where influenza, COVID-19 or RSV was confirmed. (C) Weekly percentage of total number of critical-care inpatients with confirmed COVID-19, influenza or RSV where the infection was healthcare acquired.



Data as of: 15-10-2025

Figure 3.4. Samples submitted for virological testing from ICU patients, by week of sample collection, Week 41, 2024 to Week 41, 2025. The black line indicates the percentage of samples which tested negative for any of the pathogens listed.



Data correct as of 13/10/2025

4. Settings-based surveillance and outbreaks

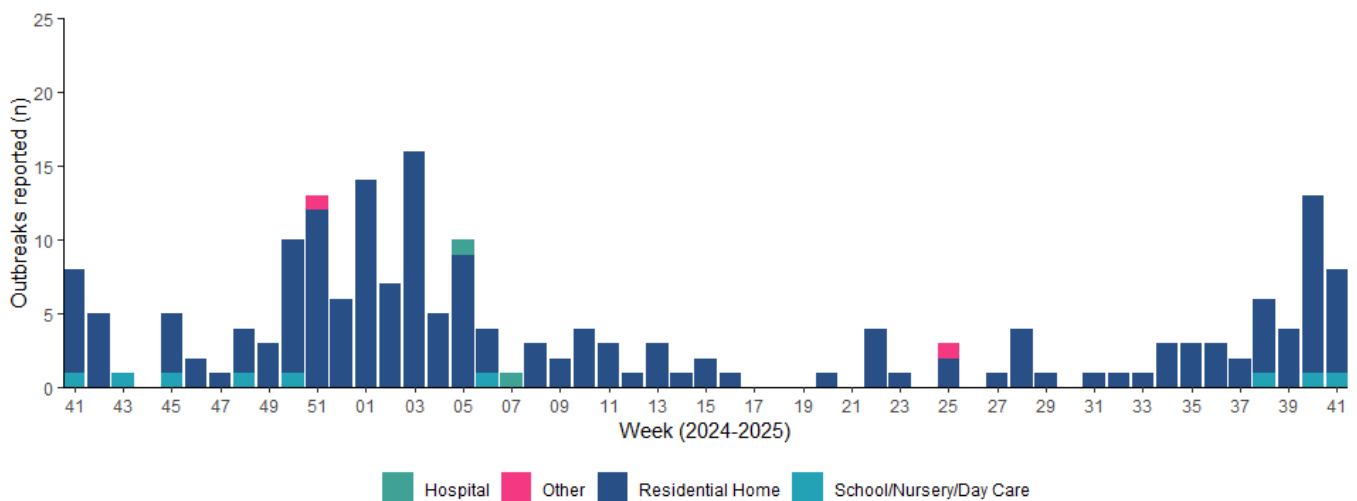
Acute Respiratory Infection Outbreaks Reported to Public Health Wales Health Protection Team

During Week 41, 2025, eight ARI outbreaks were reported to the Public Health Wales Health Protection Team.

Of these:

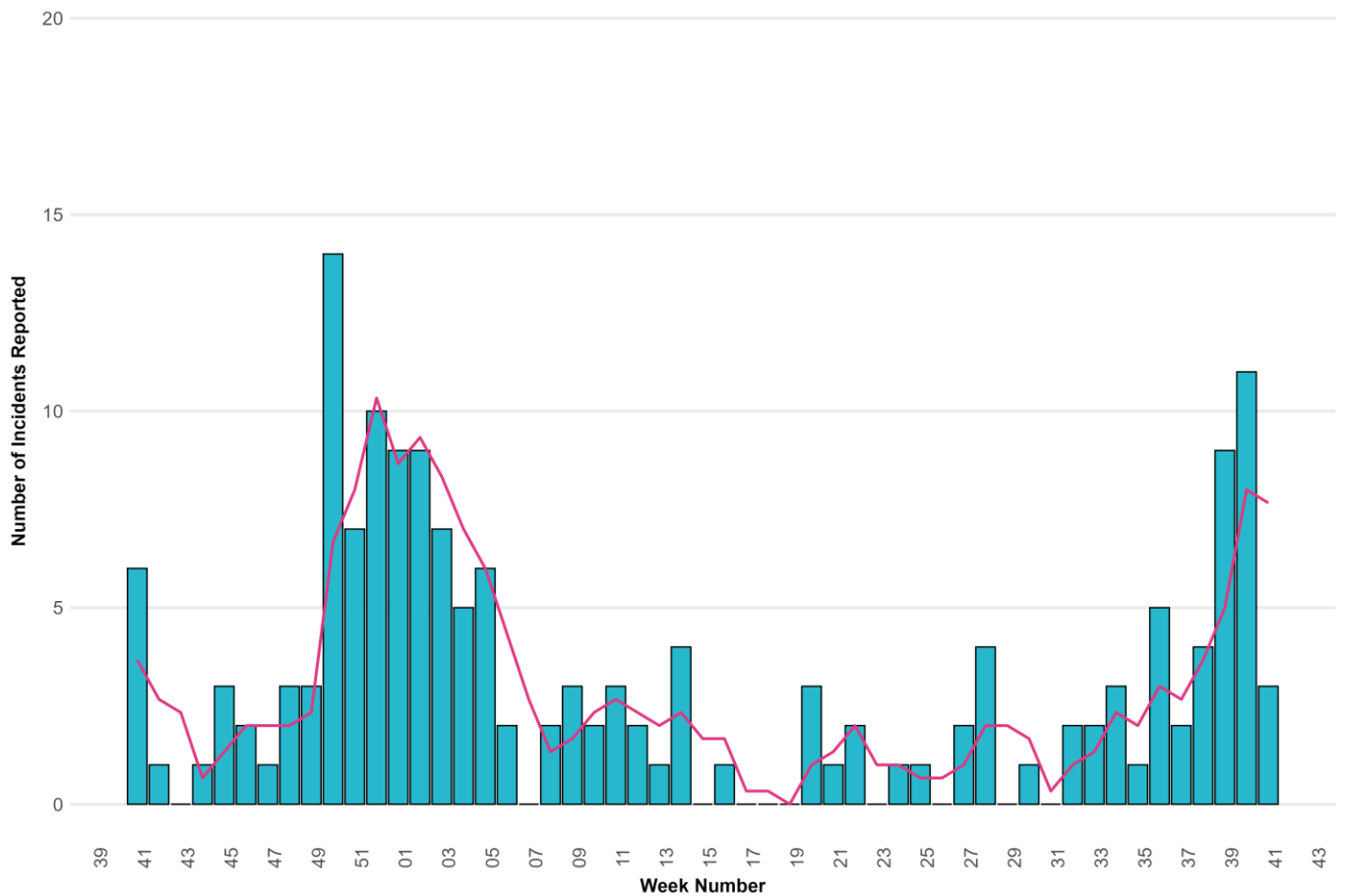
- One was Acute Respiratory Infection (ARI)-Like Symptoms, one was Cold-Like Symptoms, five were COVID-19 and one was influenza. Seven were in a Residential Home and one was in a School/Nursery/Day Care setting.

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 13/10/2025

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



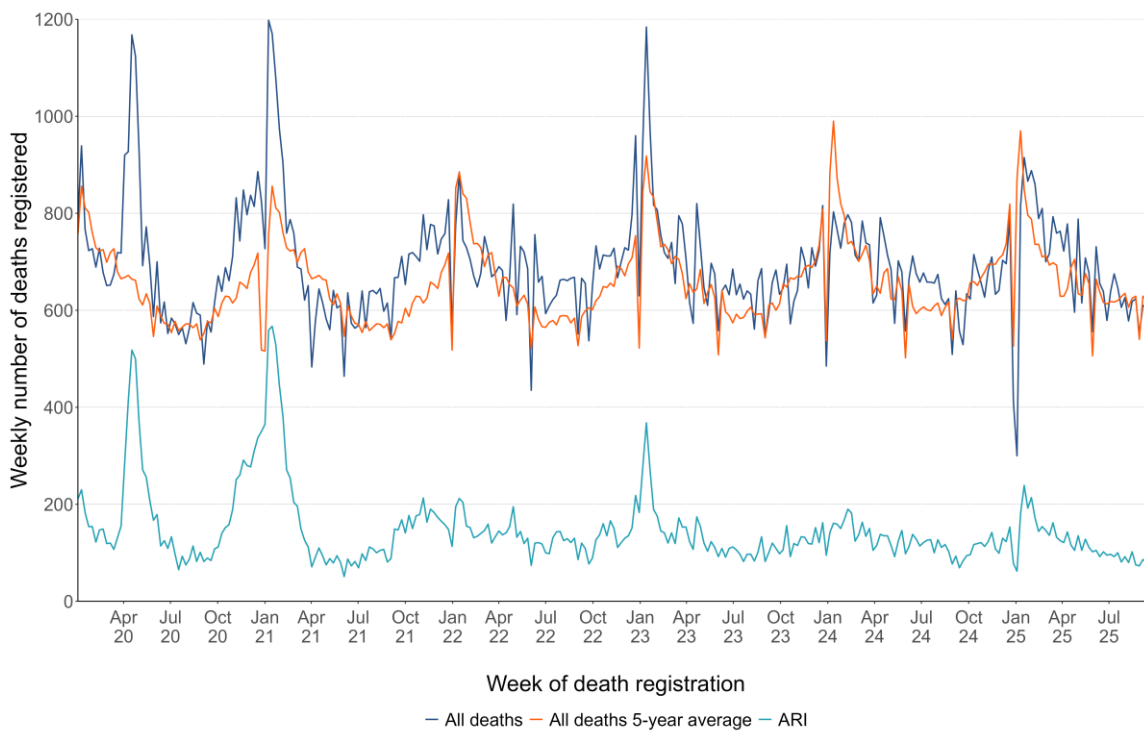
Data as at 2025-10-13



5. Mortality surveillance

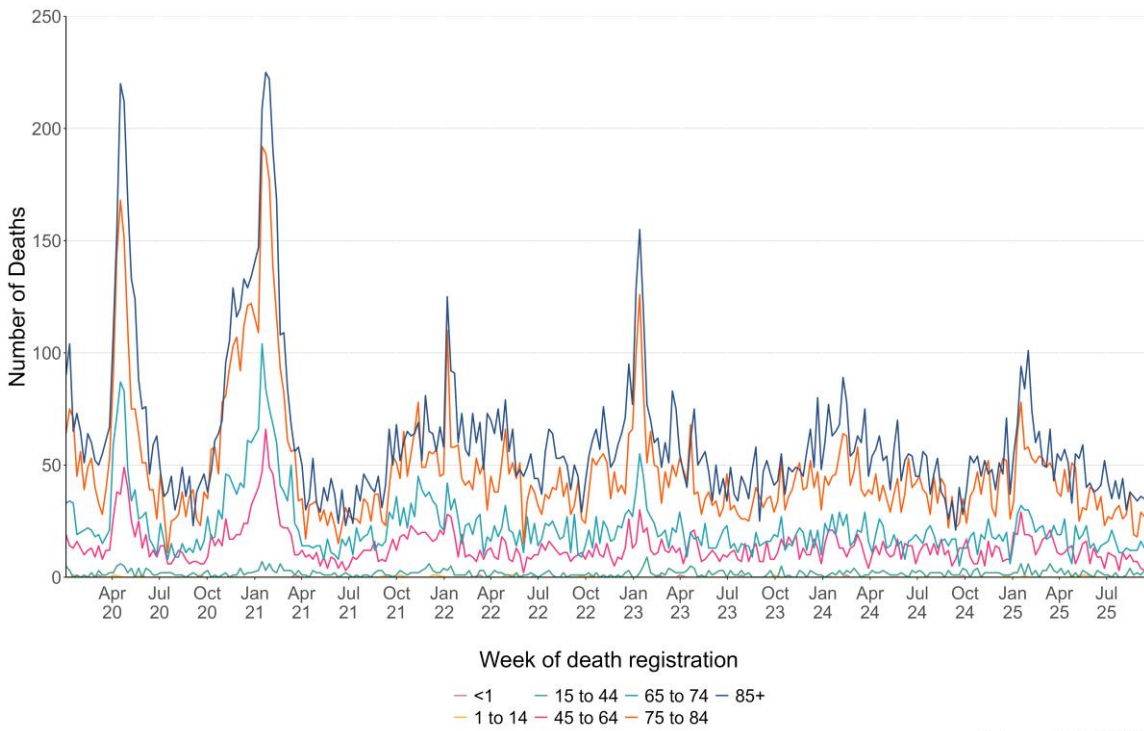
- According to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.
- Breakdowns of all-cause and ARI specific mortality, according to data from deaths registrations provided by the Office for National Statistics are summarised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



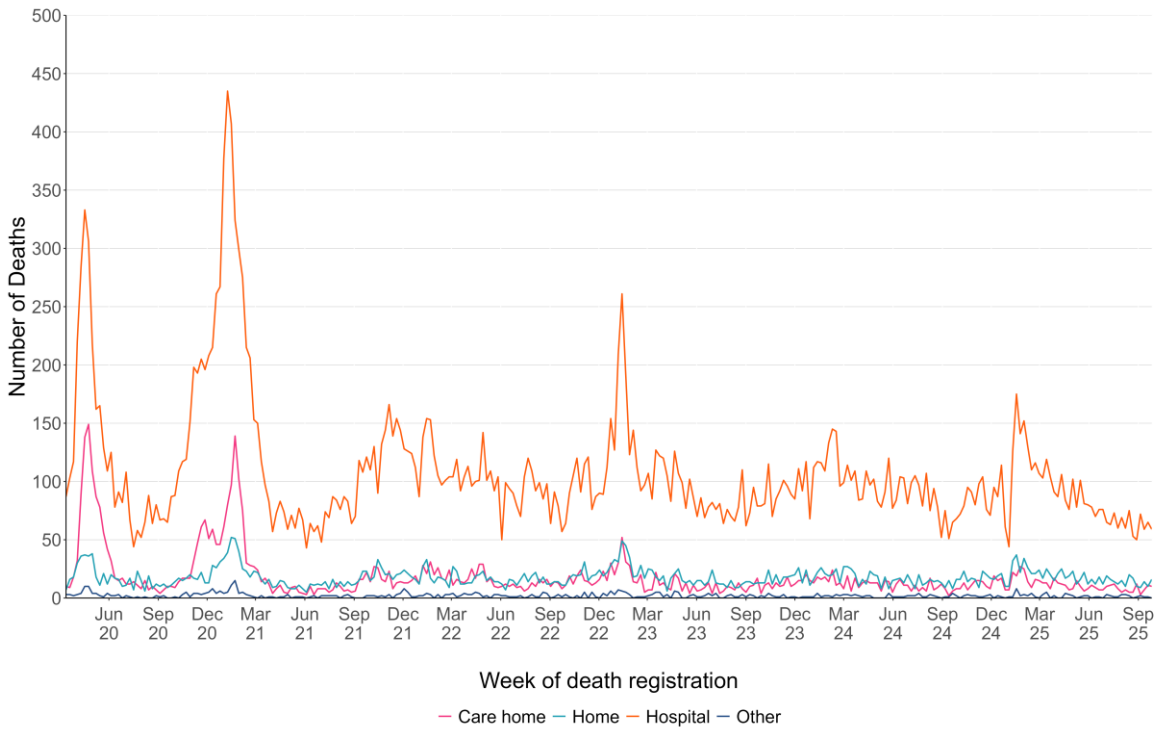
Data as of 14/10/2025

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



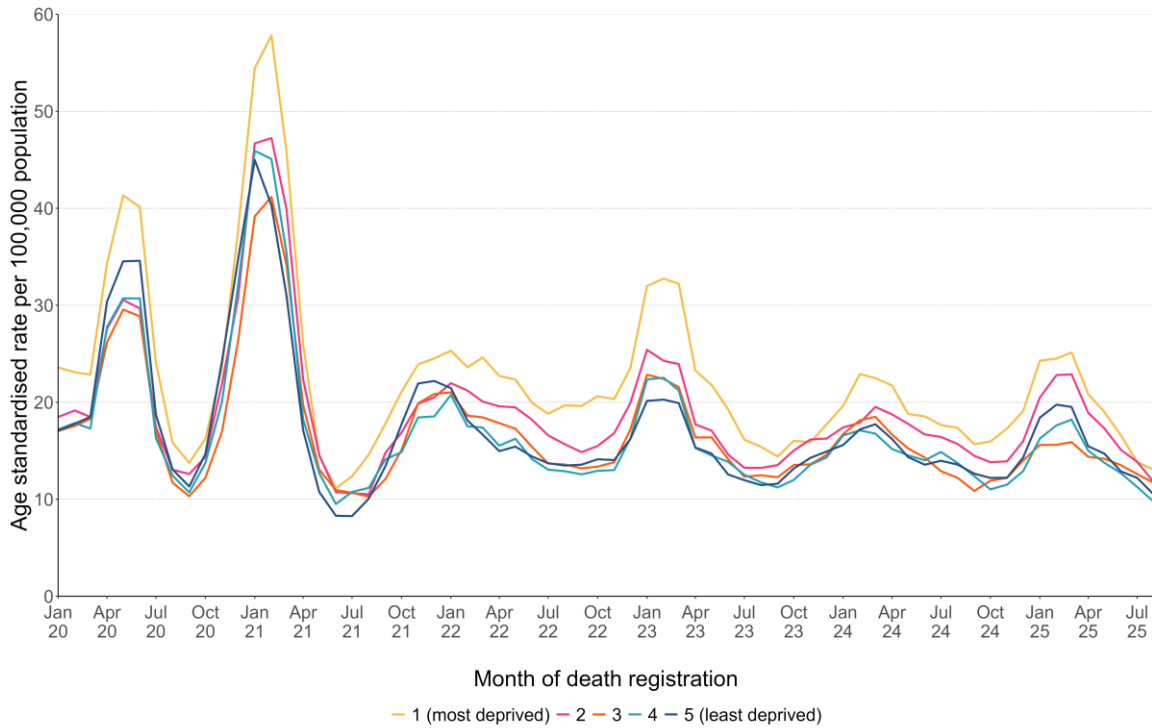
Data as of 14/10/2025

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



Data as of 14/10/2025

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



Data as of 14/10/2025

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

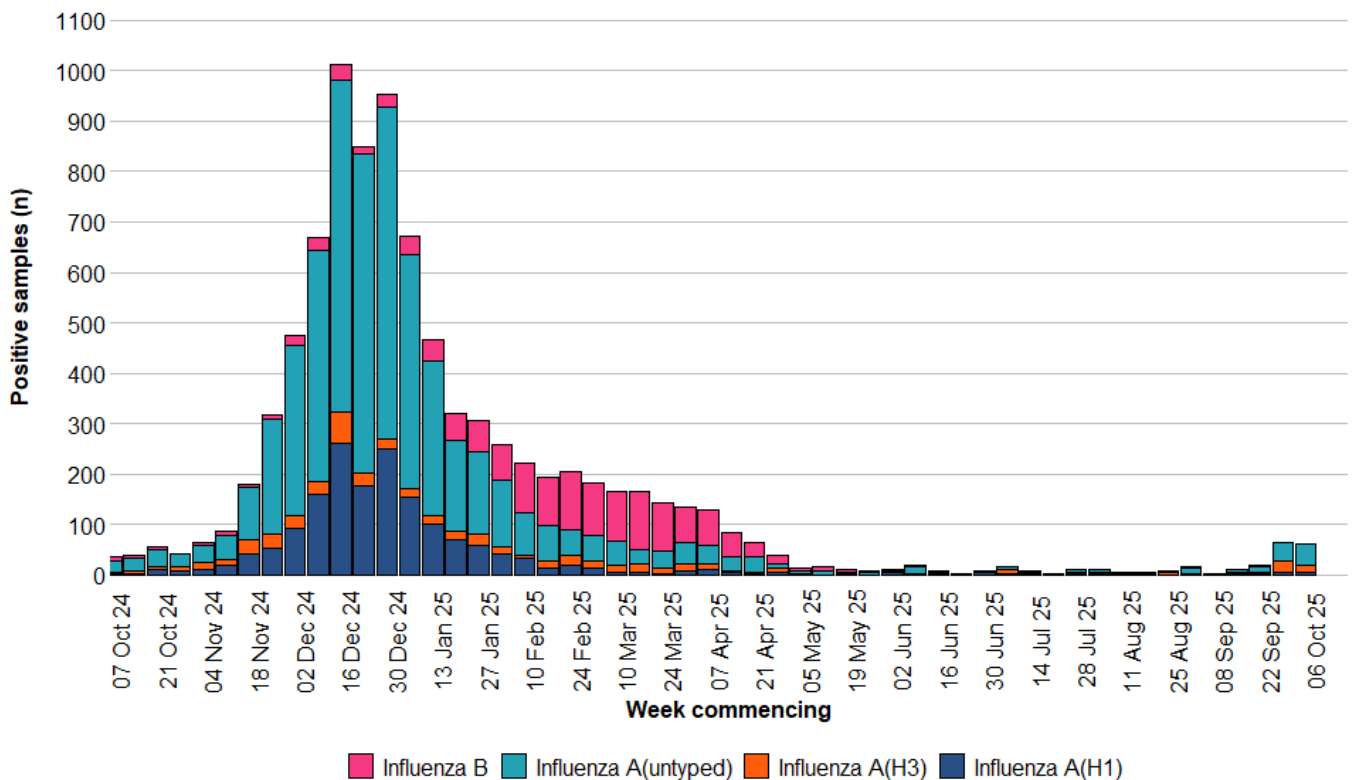


6. Pathogen-specific surveillance

Influenza

- Influenza A(H3N2) is the most commonly detected influenza subtype in Wales since week 40 2025 (36 confirmed cases), followed by influenza A(H1N1) (11 confirmed cases) and influenza B (one confirmed case). Additionally, there have been 76 untyped Influenza A cases.

Figure 6.1. Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 41, 2024 to Week 41, 2025.

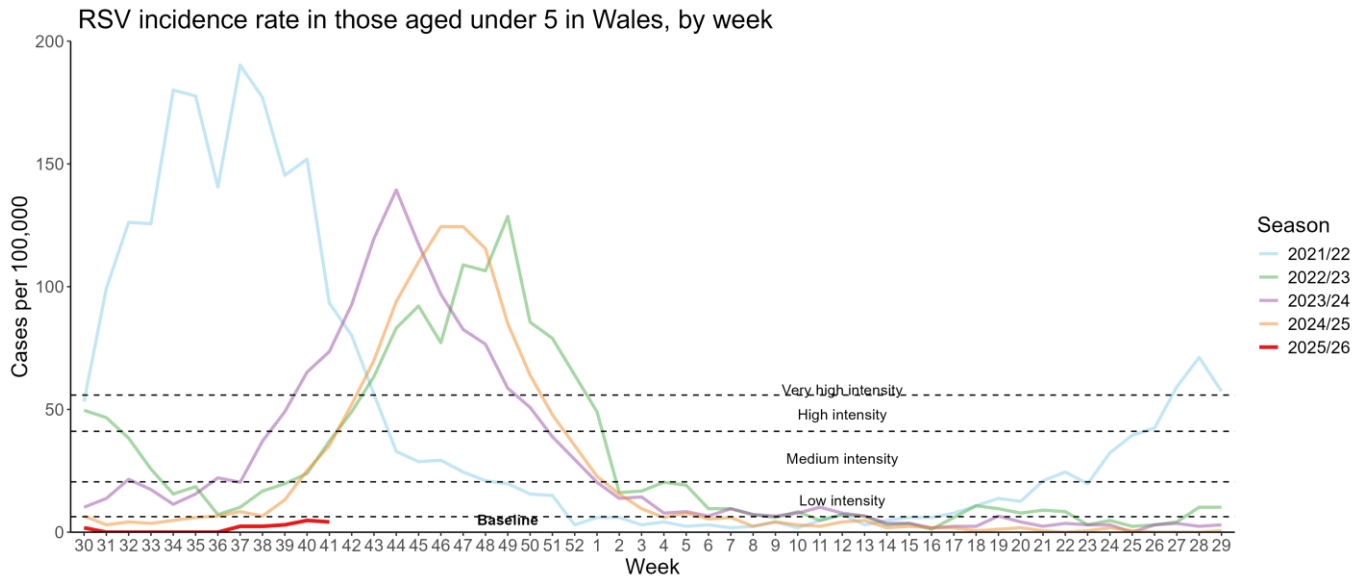


Data correct as of 13/10/2025

Respiratory Syncytial Virus (RSV)

- RSV incidence per 100,000 population in children aged under five years is currently at baseline (4.2) intensity levels.

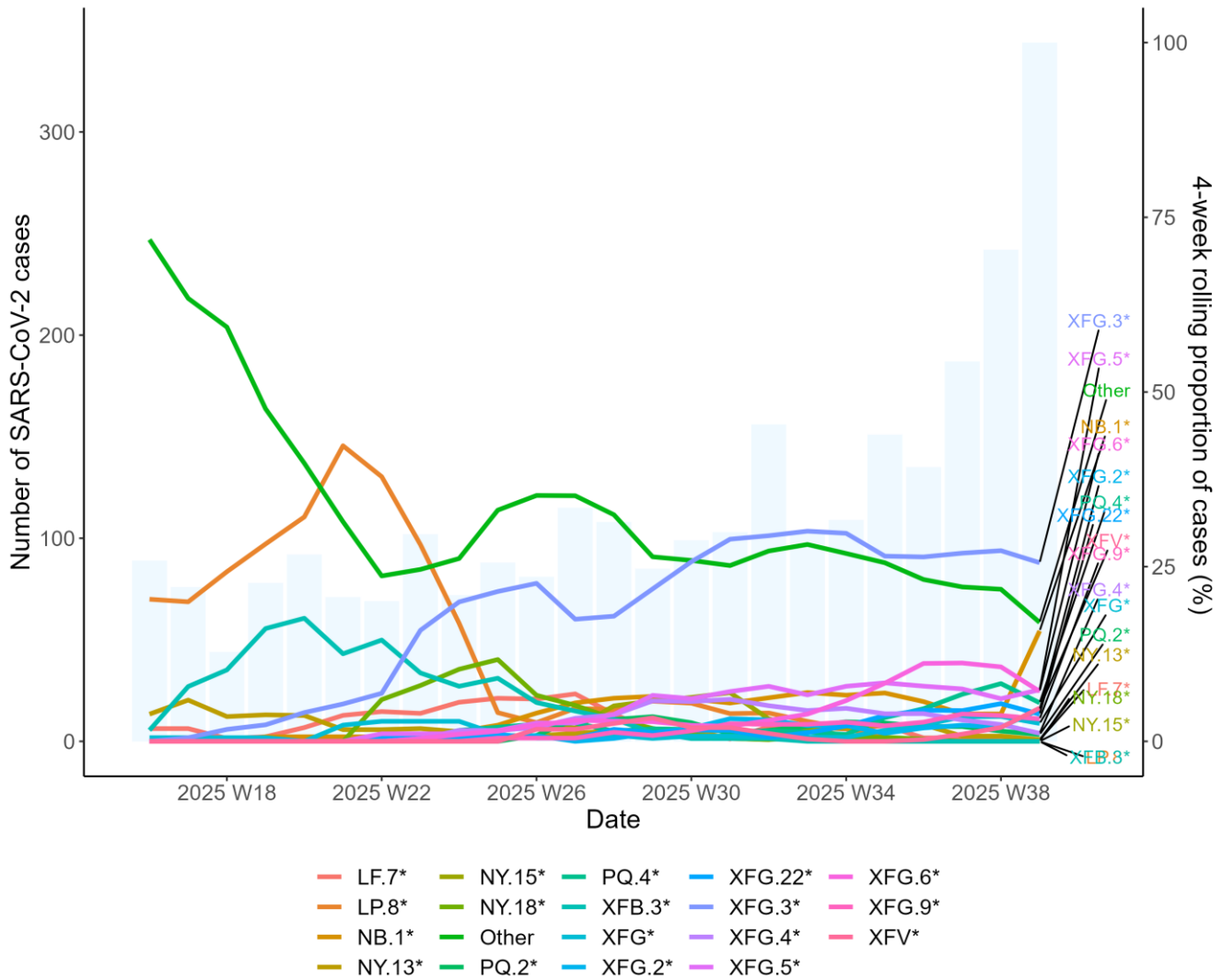
Figure 6.2. RSV incidence rate per 100,000 population aged under five years, Week 30 2020 to Week 41 2025.



SARS-CoV-2 Variant surveillance

- Pango group XFG.3* is the most frequently detected variant in Wales currently, accounting for 27.9% of sequenced cases in the previous six weeks.

Figure 6.3. Weekly number of SARS-CoV-2 cases (bars) and the 4-week rolling average proportion of sequenced cases attributed to each Pango lineage group (lines) from residents in Wales for the past six months (2025 W17 to 2025 W41).



For detailed information on genomic surveillance of SARS-CoV-2 in Wales, please see: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/COVID-19genomicsurveillance/Summary>

7. International Summary

Influenza activity – UK and international summary

- GP ILI consultations increased to 4.2 per 100,000 in England, to 5.1 per 100,000 in Northern Ireland, and to 5.4 per 100,000 in Scotland in Week 40.
- During Week 39, 3,364 samples tested for influenza were reported in England, of which 98 were positive for influenza (43 influenza A (not subtyped), 31 influenza A (H3N2), 23 influenza A (H1N1)pdm09, and three influenza B). Overall influenza increased to 2.9% in England in Week 39 and increased to 1.3% in Northern Ireland and to 8.4% in Scotland in Week 40.
UK summary data are available from the [UKHSA Influenza and COVID-19 Surveillance Report, Respiratory surveillance report | HSC Public Health Agency](#) and [COVID-19 & Respiratory Surveillance \(shinyapps.io\)](#)
- The WHO and the European Centre for Disease Prevention and Control (ECDC) reported during Week 40, that influenza positivity remained below the 10% positivity epidemic threshold at 4%. Of the 28 countries and areas reporting on influenza intensity, none reported medium intensity or higher. Of the 27 countries and areas reporting on geographic spread of influenza viruses within a country or area, one reported widespread or regional distribution. There were 59 confirmed influenza virus infection detections reported from sentinel primary care. **Source:** European Respiratory Virus Surveillance Summary (ERVISS): <https://erviss.org/>
- Globally, influenza activity remained at low levels, with influenza A viruses continuing to predominate. Patterns of circulation varied between regions and hemispheres.
- In the Southern hemisphere, influenza activity remained low and stable in most reporting countries. Elevated positivity (>10%) was observed in some countries in Eastern Africa and South-East Asia, and an increase in activity was observed in one country in South-East Asia.
- In the Northern hemisphere, influenza activity has remained low and stable in most areas over recent weeks. Elevated positivity rates were reported in Central America and the Caribbean, Western and Middle Africa, and across parts of Western, Southern, and South-East Asia, while in some countries, positivity surpassed 30%. Increases in activity were observed in countries in Central America and the Caribbean, Western and Middle Africa, and Southern and South-East Asia.
- In areas with higher positivity, influenza A(H1N1)pdm09 predominated in Central America and the Caribbean, as well as Eastern and Middle Africa, while influenza A(H3N2) was the predominant circulating subtype in Asia. Influenza A(H1N1)pdm09 and influenza A(H3N2) were codominant in Western Africa. **Source:** WHO influenza update: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>
- Based on the WHO influenza laboratory surveillance information reporting (as of 14/10/2025) during Week 40 globally there were 373 A(H1N1), 1,393 A(H3), 1,690 A(not subtyped), 150 influenza B (Victoria) and 223 influenza B(lineage not determined) **Source:** Flu Net: <https://worldhealthorg.shinyapps.io/flunetchart/>

Update on influenza activity in North America

- The USA Centers for Disease Control and Prevention (CDC) report that influenza activity levels were low during week 38 (ending 20/09/2025, latest data available). Nationally, 160 (0.4%) out of 45,194 specimens have tested positive for influenza in week 38 in clinical laboratories nationwide, of these positive samples, 140 (87.5%) were influenza A and 20 (12.5%) were influenza B. Further characterisation has been carried out on 371 specimens by public health laboratories, and 27 samples tested positive for influenza; six influenza A(H1N1)pdm09, nine influenza A(H3N2), 10

influenza A(not subtyped), 0 influenza H5, and 2 influenza B. **Source:** CDC Weekly US Influenza Surveillance Report: [FluView](#) | [FluView](#) | [CDC](#)

- The Public Health Agency of Canada reported that during Week 40, influenza activity remains at interseasonal levels. 136 influenza detections were reported: 132 influenza A and four influenza B. Source: <https://health-infobase.canada.ca/respiratory-virus-surveillance/>

Respiratory syncytial virus (RSV) in North America

The USA CDC reported that the RSV positivity rate remained stable in Week 38 (latest data available). **Source:** CDC RSV national trends: [National Respiratory and Enteric Virus Surveillance System](#) | [CDC](#)

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

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

Human infection with avian influenza A

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

8. Notes on interpretation

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

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

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

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

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

9. Statement of voluntary application of the Code of Practice for Statistics

The Communicable Disease Surveillance Centre in Public Health Wales publishes a weekly integrated respiratory infection summary. This report highlights the latest available information from a number of Public Health Wales surveillance schemes, reports and other sources on Acute Respiratory Infections (ARI) in Wales.

Our publications are categorised as management information and this statement outlines the steps taken towards voluntary adoption of the Code of Practice for Statistics to ensure that our publications are high quality, useful for supporting decisions and well-respected. The code is built around 3 pillars:

- **Trustworthiness:** confidence in the people and organisations that produce statistics and data
- **Quality:** data and methods that produce assured statistics
- **Value:** publishing statistics that support society's needs for information

Trustworthiness

This report (and the underlying analysis) has been developed by a team of epidemiologists and analysts under the guidance of senior scientists and consultants. We work as part of a wider integrated respiratory surveillance group, which brings together expertise in virology, epidemiology, genomics and surveillance. Key information summarised in this surveillance report is routinely shared with UK Health Security Agency (UKHSA), World Health Organisation (WHO) and other international networks to enable international surveillance and epidemiological studies. Appropriate disclosure control methods have been considered and applied.

The report is published on a weekly basis during winter period between week 40 (October) and 20 (May) of the following year and on a fortnightly basis during the summer period. Where there are interruptions to data flows, or other technical issues affecting the production of elements of the report, we highlight in the text as appropriate. Where there are unplanned delays to publication we inform our stakeholders. We highlight key changes in the report when necessary.

Quality

We are continuously seeking to improve the quality of our surveillance. Where possible, ARI surveillance schemes in Wales follow, or are working towards following, good practice recommendations and international guidance (e.g. the [WHO MOSAIC framework](#)), using professional judgement. The surveillance team routinely consults with other UK teams and international specialists. Where there are limitations in data or interpreting data, we try to specify and continue work to address them.

Value

This information contributes to many areas, including response to health threats, public health interventions, healthcare planning and research. There are also society benefits from making this information available, supporting transparency and providing timely access for the scientific community, public health specialists and the public. This in turn reduces the onus on our stakeholders to request information, releasing capacity or further development of our outputs. We aim to present epidemiological and virological data in meaningful and accessible ways to help meet the needs of different audiences. However, we aspire to improve in this, with improved understanding of user-needs. We have also included links to other related reports and resources to avoid duplication of data presentation.

10. Links to surveillance reports from other countries

Public Health Wales influenza surveillance webpage: <https://phw.nhs.wales/topics/immunisation-and-vaccines/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