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Seasonal influenza and acute respiratory infections in Wales

Annual report 2025/26



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Summary

The season

The 2025/26 influenza season started earlier than is usual, however overall intensity reached low to medium levels compared to recent influenza seasons. The influenza-like illness (ILI) GP-consultation rate remained above the baseline activity threshold for eight weeks and above the medium activity threshold for four weeks and peaked at lower levels than in 2024/25.

Although the season only reached medium intensity, there was still a considerable associated burden of disease. More than 6,000 people needed to see their GP due to influenza-like symptoms and more than 3,500 patients were confirmed with influenza in hospitals. On a week-to-week basis, overall (all-cause) mortality did not exceed seasonally expected levels. The number of reported outbreaks of influenza, ILI or acute respiratory illness (ARI) was higher than the previous season (152 compared with 125 in 2024/25), with the majority of outbreaks recorded in care homes.

The dominant circulating influenza type for the 2025/26 season was A(H3N2) and the season was notable due to the emergence of the K sub-clade of influenza A(H3N2) viruses, which was identified shortly before the season started and rapidly dominated. Despite the emergence of a new influenza clade, the 2025/26 seasonal influenza vaccines still provided significant protection in Wales, although the estimated effectiveness was lower than that for 2024/25.

Vaccination uptake

2025/26 saw higher numbers of vaccinations given than the previous two years and increased uptake in a number of eligible groups. Data on influenza immunisation for the 2025/26 campaign were primarily collected, for the first time, through the Welsh Immunisation System (WIS), with the exception of occupational health and school immunisation in some areas.

A total of 1,059,998 people were recorded as having an influenza vaccine in the Welsh Immunisation System, representing 32% of the population of Wales. This estimate is likely more complete than those published for previous years, which were based only on patients recorded as vaccinated in their GP-record, using appropriate Read codes. The total number recorded in GP data as being vaccinated during 2024/25 was 901,787 (28% of the Welsh population), but this likely did not include children aged 4-16years, NHS staff or other groups primarily vaccinated outside of GP settings. In those aged 65 years and older, 71.7% were vaccinated (524,370 individuals), compared to 70.4% last season. Uptake in those aged 16-64 years in a clinical risk group was 43.2% (217,651 individuals) this season. In 2024/25 uptake in those aged 6months-64years was 36.9%, although this reflects a wider group than is reported for 2025/26. Data on uptake in children in a clinical risk group are not available for the 2025/26 season.

Uptake was 46.1% in two- and three-year-olds, 57.6% in primary school-aged children and 46.1% in secondary school-aged children. Coverage of influenza vaccination in pregnant women was 61.3% (95% CI 55.7-66.8), estimated in an annual point of delivery (post-natal) survey. In front-line NHS staff uptake increased to 44.2% (compared to 34.8% in the previous season).

There remains a considerable gap between uptake in patients residing in the most and least deprived areas, (with uptake routinely higher in the least deprived areas). This is evident across all eligibility groups where data are available. At national level, this gap is greatest in children aged 2 and 3 years.

Vaccine effectiveness and impact

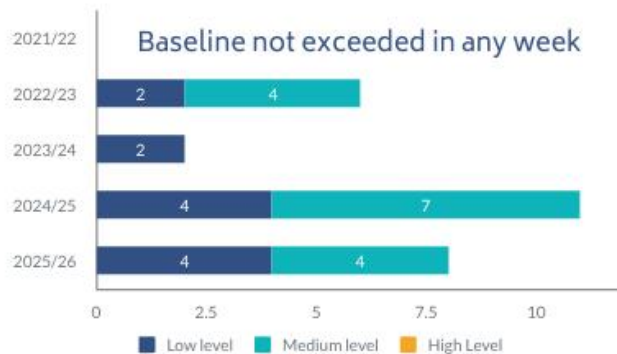
Based on a collaborative study across all four UK nations, estimated overall adjusted vaccine effectiveness against laboratory confirmed presentation for influenza with GPs for the 2025/26 season was 21.4% (95% CI 4.8% to 35.2%) in those aged 65 years and above, 32.2% (95% CI 22.3% to 40.9%) in those aged 18 to 64 years and 51.6% (95% CI 43.3% to 58.7%) in two to 17 year olds.

The effectiveness of vaccination in the 18-to-64-year age-group against hospitalisation in England was 21.7% (95%CI: 16.5% to 26.7%). In those aged two to 17 years of age effectiveness was 67.9% (95%CI: 64.6% to 71.0%). The overall effectiveness in the 65 years and over age-group was 29.1% (95%CI: 25.9% to 32.2%).

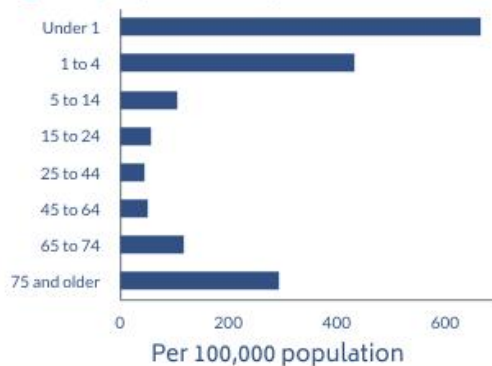
These estimates are lower than the 2024/25 estimates, however influenza A(H1N1)pdm09 was circulating, and effectiveness is usually higher against this strain due to fewer antigenic changes tending to occur in A(H1N1)pdm09 viruses compared to A(H3) viruses. This season's estimates are similar though to the estimates calculated during the 2022/23 season when influenza A(H3) was last circulating.

INFLUENZA SEASON IN WALES 2025/26

Dominant type of influenza A(H3N2)



Age of people in hospital with influenza



6,326

patients diagnosed with influenza-like illness by GPs



1,611

patients confirmed with influenza in A&E



1,825

patients confirmed with influenza in hospital wards



65

patients confirmed with influenza in intensive care units

Influenza vaccine uptake

72%

65 and over

43%

Under 65 at risk

61%

Pregnant women

46%

Children aged 2-3

58%

Children aged 4-10

46%

Children aged 11-15

44%

NHS Staff with patient contact



Estimated total number of individuals recorded as immunised against influenza.



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Key Findings

- The influenza season started earlier than usual, 2025/26 saw a medium level of influenza activity in the community in Wales. The sentinel GP influenza-like illness (ILI) consultation rate was above baseline levels for 8 weeks, lower than the average (13.5 weeks) and was at medium activity levels for 4 weeks. However, despite only reaching medium intensity levels, influenza still posed a significant burden of disease in the community and in hospitals. Between week 40 2025 and week 15 2026:
 - 6,326 patients with ILI were diagnosed by GPs across Wales.
 - 3,259 patients were confirmed to have influenza in hospitals, 1,611 of whom were tested in accident and emergency departments and 65 of whom were in intensive care units.
 - 152 outbreaks of ILI or acute respiratory illness (ARI) were reported between week 40 2025 and week 15 2026, with 93% of the outbreaks in residential homes.
 - However, week to week mortality remained with seasonally expected levels.
- Overall, influenza A(H3N2) was the dominant influenza virus.
- The influenza A(H3N2) K sub-clade emerged in the Autumn of 2025 and quickly gained dominance in A(H3N2) viruses in many European countries during the 2025/26 season. In Wales, a total of 1,895 influenza A viruses underwent genetic characterisation by whole genome sequencing (WGS) during the season. All A(H3N2) viruses sequenced in Wales (n=168) fell into the 3a.2a.1 clade, and isolates diverged into three subclades (J.2, J.2.4 and K), with K being the most frequently detected. Eleven influenza B viruses underwent WGS which revealed circulation of Victoria lineage clade V1A.3a.2 only.
- Despite the emergence of a new sub-clade of A(H3N2), influenza vaccines provided significant protection. The end of season vaccine effectiveness estimates against laboratory confirmed GP-diagnosed influenza infections were 21.4% (95% CI 4.8% to 35.2%) in those aged 65 years and above, 32.2% (95% CI 22.3% to 40.9%) in those aged 18 to 64 years and 51.6% (95% CI 43.3% to 58.7%) in two- to 17-year-olds.
- The antiviral prescribing rate peaked at 13.9 prescriptions per 100,000 practice population during week 52 2025.
- This winter, for the first time the Welsh Immunisation System (WIS) provided the source of all data for surveillance of vaccination uptake in adults aged 65y and old, and those aged 16 to 64y in clinical risk groups. As a result of this change in data collection methods, comparisons to uptake in previous annual reports should be made with caution.
- Influenza vaccination uptake increased in some of the eligible groups this season following a four-year declining trend. Uptake increased in children aged two and three years and those

aged 65 years and over. It was not possible to compare to uptake in previous for the clinical risk groups and school aged children due to incomparable data collection methods.

- Influenza vaccine uptake in those aged 65 years and older in Wales was 71.7% (n=524,370), an increase compared to 70.4% (n=504,016) last season.
 - Uptake of influenza vaccine in people aged 16 to 64 years in a clinical risk group was 43.2% (n=217,651). Uptake among clinical risk groups was highest in patients with diabetes (50.2%) and lowest in people who are morbidly obese (35.8%).
 - Uptake of influenza vaccine in pregnant women was 61.3% (95% CI 55.7-66.8), (measured in an annual survey of women in major maternity units who gave birth during January 2026). This was similar to 62.1% (95% CI 56.9%-67.2%) last year.
 - Uptake of influenza vaccine in children aged two and three years, mainly immunised in general practices, was 46.1% (n=27,031), an increase compared to 2024/25.
 - Uptake of influenza vaccine in children aged four to 10 years, immunised in schools, was 57.6% (n=137,528), a decrease compared to 2024/25 (61.6%).
 - Uptake of influenza vaccine in children aged 11 to 15 years, immunised in schools, was 46.1% (n=88,765), which is a decrease compared to 51.9% in 2024/25.
 - Uptake in NHS Wales staff with direct patient contact was 44.2% (n=30,677), compared to 34.8%, last season. Uptake in all NHS staff was 43.6% (n=45,974) during 2025/26, an increase compared to 34.3% during 2024/25.
- The total number of individuals in Wales who were immunised against influenza was 1,059,998 (recorded in the Welsh Immunisation System) for 2025/26. This represents 32% of the estimated total population of Wales. In 2024/25 an estimated 901,787 were reported, based on Read codes recorded in general practice systems for patients vaccinated. The 2024/25 estimate is likely to be an underestimate, as data for vaccinations given to children in schools and to NHS staff are likely to be incomplete on GP systems.
 - Community pharmacies across Wales administered 126,007 influenza vaccinations through the NHS community pharmacy influenza service in 2025/26 (11.9% of all influenza vaccinations delivered in Wales), an increase from 110,894 in 2024/25.

1. Background

1.1 Influenza and influenza-like illness surveillance indicators

Public Health Wales monitors and reports on influenza activity in Wales throughout the year using a number of indicators. Historically, the main indicator of influenza activity in Wales and in other UK countries has been the weekly rate of consultations in general practices for influenza-like illness (ILI), per 100,000 practice population. The general practice (GP) consultation rate for ILI in Wales is calculated using data provided from a network of sentinel practices, through Audit+ GP software. The sentinel GP network in Wales has provided data used for monitoring influenza activity since 1986, firstly using a paper-based system and since 2009 using Audit+, an automated computer-based data collection tool. The threshold at which the sentinel GP ILI consultation rate suggests that the influenza season has started is calculated using the Moving Epidemic Method (MEM). This method also produces thresholds to indicate medium, high and very high intensities of activity. In Wales, all influenza seasons from 2010/11 onwards are used to provide a historical comparison for MEM analysis. Due to unusual activity during the COVID-19 pandemic, 2020/21 and 2021/22 season data was not included in the calculation for 2025/26 MEM thresholds.

A range of indicators from both primary and secondary care are used to provide a wider picture of the burden of influenza and other seasonal respiratory illnesses. During 2025/26, the following influenza surveillance indicators were monitored each week in Wales:

Primary care and community indicators

- GP consultations for ILI and acute respiratory illness (ARI)
- Sentinel GP and pharmacy virological surveillance to confirm influenza virus infection (in addition to testing for a number of other common causes of ARI)

Secondary care indicators

- Respiratory diagnostic test data for all hospital and non-sentinel GP patients, available from all NHS laboratories across Wales
- Respiratory diagnostic data for patients attending an A&E, medical assessment, or urgent care unit
- Respiratory diagnostic test data for patients in intensive care units
- Rapid respiratory diagnostic test data for influenza, RSV and COVID-19 across hospital settings

Indicators from other settings

- Outbreaks of ILI and other ARI in institutional settings e.g. hospitals, care homes, schools and nurseries, reported to Public Health Wales Health Protection Teams.

In addition, genetic characterisation of influenza viruses from sentinel GP samples and a proportion of hospital patients is carried out throughout the season using Whole Genome Sequencing (WGS).

The COVID-19 pandemic and control measures that were implemented may have impacted the way individuals engaged with health care services, and also on circulation patterns of causes of acute respiratory infection. Therefore, data from 2020 onwards may not be comparable to previous seasons.

1.2 Influenza immunisation

The aim of annual immunisation against influenza is to protect individuals at increased risk, prevent spread within family, care and community settings, minimise the health impact of influenza on the population of Wales, and contribute to the reduction of antimicrobial resistance by preventing secondary bacterial infections [1].

In Wales in 2025/26, influenza immunisation was offered free of charge to all people aged 65 years and older, people aged between six months and 64 years in clinical risk groups (chronic respiratory disease, chronic heart disease, chronic renal disease, chronic liver disease, chronic neurological conditions, diabetes mellitus, immunosuppression, asplenia/ dysfunction of the spleen, and adults who are category III obese (have a BMI of 40 or greater)), all pregnant women, people with a learning disability, and residents of long-stay care homes. Vaccination was also offered to those who were a main carer for an elderly or disabled person whose welfare may be at risk if the carer fell ill, third sector carers, staff working in all adult residential care homes and nursing care homes, domiciliary carers, members of voluntary organisations providing planned emergency first aid and community first responder scheme members. Household contacts of immunosuppressed individuals, those experiencing homelessness, adults in prisons and poultry workers were also eligible for vaccination this year [1].

Influenza immunisation was also recommended for all other health and social care workers who are in direct contact with patients or service users. Care home staff with regular client contact and domiciliary carers may access free NHS flu vaccination via a community pharmacy but employing organisations are responsible for arranging immunisation of frontline health and social care workers in other settings.

The childhood influenza vaccination programme using live attenuated influenza vaccine (LAIV) nasal spray (Fluenz Tetra®) once again included children aged two to 15 years old (age on 31 August 2025) [1].

In most health boards influenza immunisations were delivered to the two- and three-year-old age groups through general practices. Since the 2016/17 influenza season, some health boards have offered LAIV immunisation in nursery settings through school nursing services, in addition to being able to receive the vaccine through general practice. Vaccination for the primary (four- to 10-year-olds) and secondary (11- to 15-year-olds) school year groups was delivered by school nursing services across Wales.

Robust data were not available for numbers of influenza vaccinations given to carers during the 2025/26 season. These data were also not available for poultry workers.

Public Health Wales monitor influenza immunisation uptake rates in general practices and report them weekly to GPs and health boards throughout the seasonal campaign and produce end of season influenza immunisation coverage statistics at a national, health board and local authority level. Immunisation statistics contained in this report record coverage in those alive and resident as at 31st March 2026 for most eligible groups, but groups such as NHS staff will also include eligible individuals who may be resident outside of Wales.

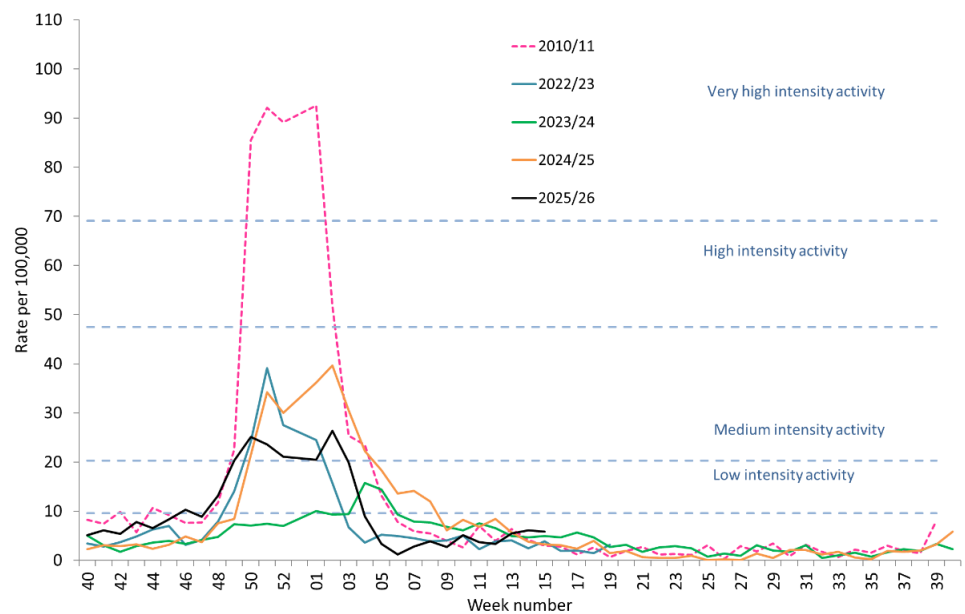
2. Influenza Surveillance in 2025/26

2.1 Community indicators - GP consultations for influenza-like illness (ILI)

A low intensity (or baseline) threshold level of 11.0 ILI consultations per 100,000 population was used as one of the indicators that influenza may be circulating in the community at low levels, calculated using the Moving Epidemic Method (MEM) [2]. The sentinel GP ILI thresholds, for medium, high and very high intensity activity in the community were 20.2, 56.7 and 89.6 per 100,000 consultations respectively.

The peak sentinel GP ILI consultation rate was 26.3, during week 2 2026. Consultation rates above baseline activity were observed between week 48 2025 and week 3 2026 (Figure 2.1.1). The cumulative consultation rate for ILI was highest in patients aged 25 to 44 years (517 per 100,000 for the period 2024 week 40 to 2025 week 15) (Figure 2.1.4).

Figure 2.1.1. Public Health Wales sentinel GP weekly consultation rate for influenza-like illness 2025/26



The sentinel GP consultation rate for ILI was above the threshold for low (baseline) intensity activity for a total of eight weeks in 2025/26, compared to 11 weeks in 2024/25 (Table 2.1.1).

Table 2.1.1. Comparison of sentinel GP consultation rates from 2018/19 to 2025/26

	Influenza Season							
	2018/19	2019/20	2020/21	2021/2022	2022/2023	2023/24	2024/25	2025/26
Start of season (week of year)	52	50	Threshold to indicate low level activity not exceeded	Threshold to indicate low level activity not exceeded	49	4	50	42
Weeks sentinel GP ILI consultation rate above baseline threshold (n)	9	8	Threshold to indicate low level activity not exceeded	Threshold to indicate low level activity not exceeded	6	2	11	8
Weeks sentinel GP ILI consultation rate above medium activity levels (n)	4	5	0	0	4	0	7	4
Weeks sentinel GP ILI consultation rate above high activity levels (n)	0	0	0	0	0	0	0	0
Peak sentinel GP ILI consultation rate	22.9	37.1	1.5	3.8	39.1	15.7	39.6	26.3

Figure 2.1.2. Public Health Wales sentinel GP weekly consultation rate for influenza-like illness 1986 to 2026

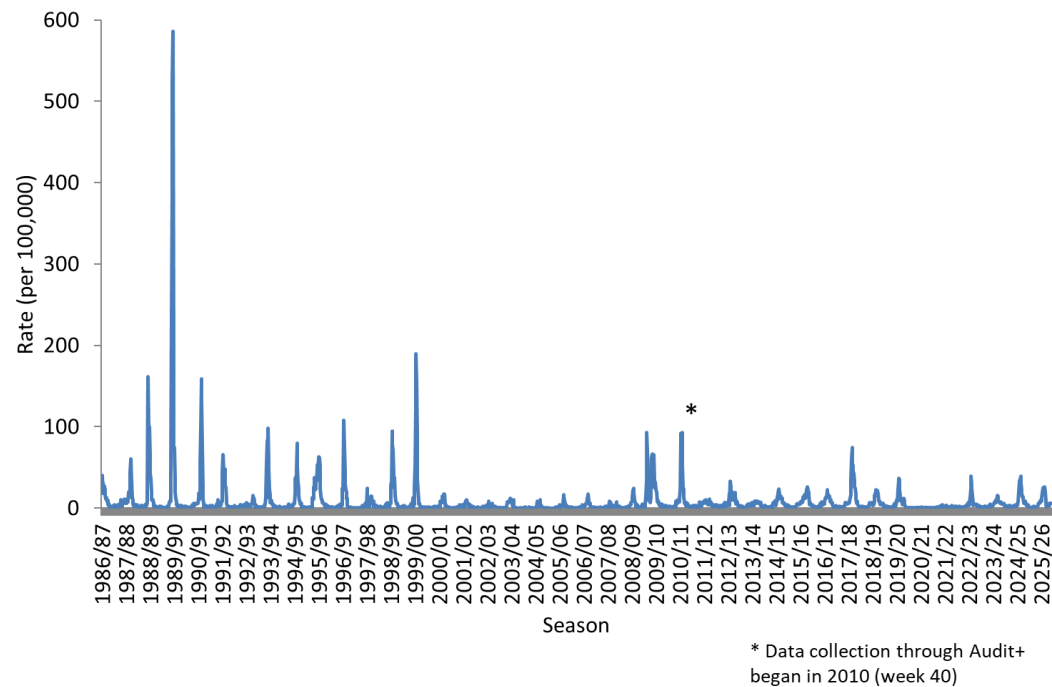


Figure 2.1.3. Cumulative consultation rates for influenza-like illness, per season (from week 40 to week 20), in sentinel GP patients 2010/11 to 2025/26. Dominant circulating types of influenza are indicated for each season.

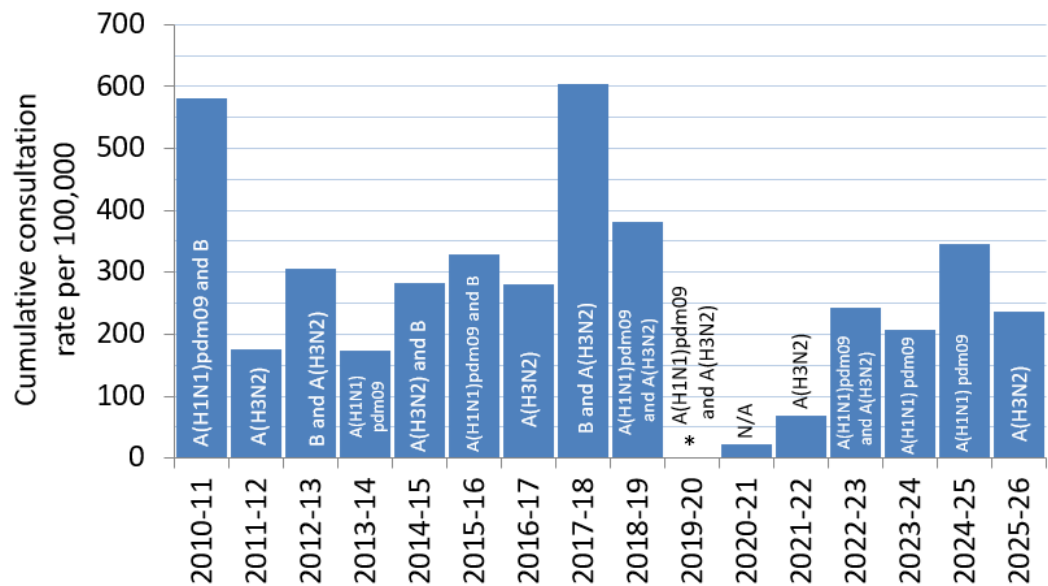
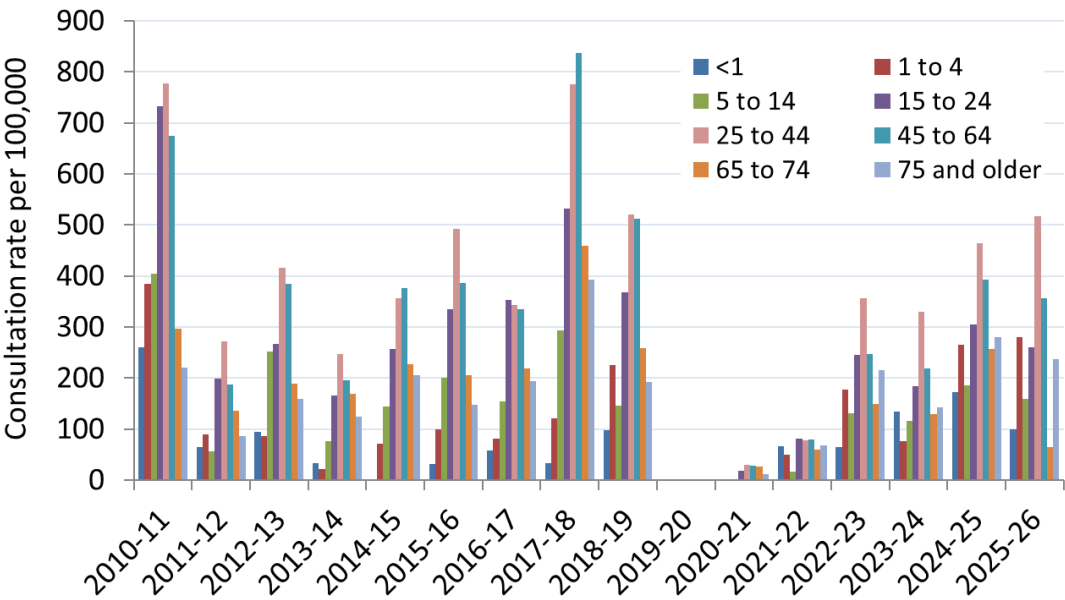


Figure 2.1.4. Age-group specific cumulative consultation rates for influenza-like illness, per season (from week 40 to week 20), in sentinel GP patients 2010/11 to 2025/26



*Due to a technical issue it was not possible to calculate the cumulative sentinel GP ILI rate by age group for the whole 2019/20 season

2.2 Community indicators - Virological surveillance in the community

Between 2025 week 40 and 2026 week 15 (29th September 2025 to 12th April 2026), there were 7,033 samples collected for virological testing by general practices in Wales. From this total, 5,876 samples were submitted by 76 sentinel GPs, with a mean of 77 samples per participating practice. All sentinel GPs were asked to collect surveillance samples for ARI, acute bronchitis, and bronchiolitis, in addition to ILI. Of the samples collected, 2,804 were clinically diagnosed with ILI (47.7%), 1,610 with ARI (27.4%), 67 with bronchiolitis (1.1%) and 602 with acute bronchitis (10.2%). Information was missing for 793 samples (13.5%). In December 2025, we introduced a limit of 10 swabs per practice per week, this is responsible for a reduction in total number of samples collected compared to the previous year.

Of the 5,876 patient samples submitted, all 5,876 were tested. Of these, 851 were positive for influenza: 91.9% A(H3N2), 6.0% A(H1N1), 1.1% A(untyped) and 0.9% B.

Surveillance samples are routinely tested for: influenza, SARS-CoV2, RSV, adenovirus, *Mycoplasma pneumoniae*, rhinovirus, parainfluenza, human metapneumovirus, human bocavirus, seasonal coronaviruses, enterovirus D-68 and other enteroviruses. One or more other causes of seasonal respiratory infection were detected in 50.3% (n=2,957) of samples and 49.7% (n=2,919) were negative for all routinely tested pathogens.

Sample submissions by sentinel GPs peaked in week 49 of 2025 (week ending 7th December, 400 patient samples) (Figure 2.2.1).

Figure 2.2.1. Results from Public Health Wales GP sentinel virological surveillance for influenza and other seasonal causes of respiratory illness by Week, 2025/26. The sentinel GP ILI consultation rate per 100,000 is also included.

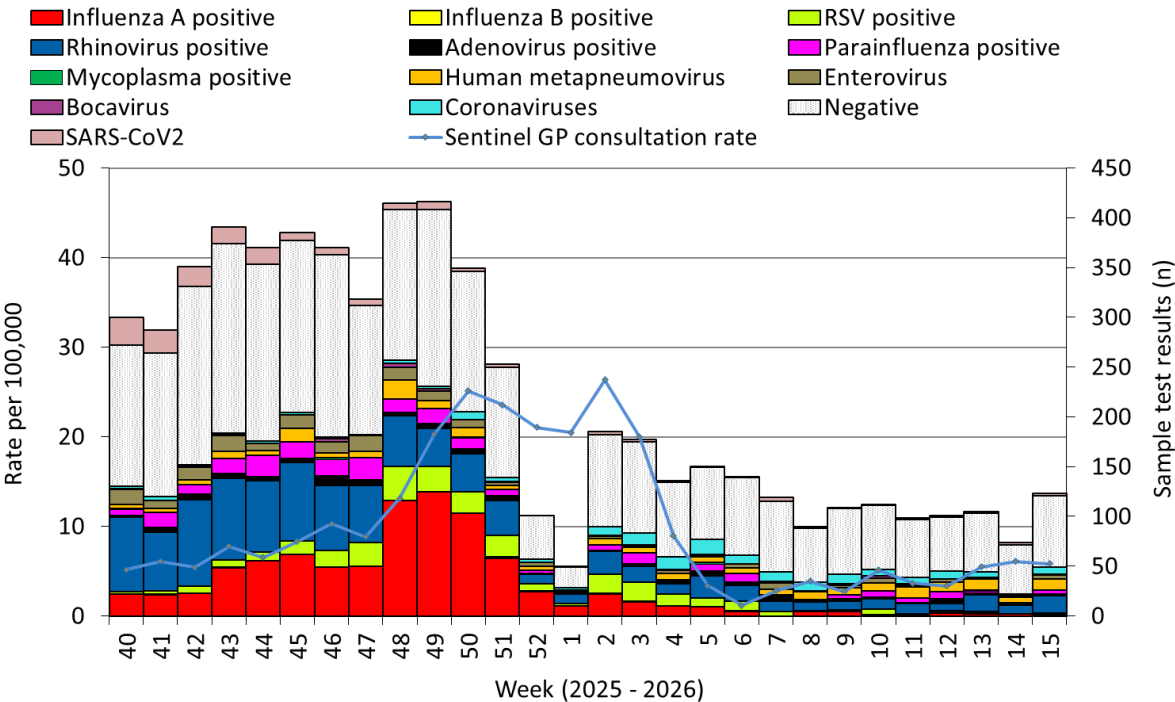


Table 2.2.1. *Samples from sentinel GP patients with influenza-like symptoms testing positive for influenza and other respiratory pathogens between 2025 week 40 and 2026 week 15 by age group^{1,2}*

Age Group	Samples Tested		All Influenza		Other		Negative	
	n	%	n	%	n	%	n	n
Under 1	62	1.1%	2	0.2%	44	2.0%	16	0.5%
1 to 4	325	5.5%	40	4.7%	224	10.3%	70	2.4%
5 to 9	264	4.5%	64	7.5%	98	4.5%	109	3.7%
10 to 14	348	5.9%	119	14.0%	98	4.5%	145	5.0%
15 to 24	639	10.9%	152	17.9%	202	9.3%	295	10.1%
25 to 34	679	11.6%	120	14.1%	230	10.6%	338	11.6%
35 to 44	703	12.0%	79	9.3%	255	11.7%	372	12.7%
45 to 64	1472	25.1%	154	18.1%	514	23.6%	817	28.0%
65 to 74	703	12.0%	69	8.1%	255	11.7%	383	13.1%
75 and older	681	11.6%	52	6.1%	257	11.8%	374	12.8%
Total	5876	100%	851	100%	2177	100%	2919	100%

¹ There were 2,735 samples from sentinel GP patients which tested positive for one respiratory pathogen, 201 samples which tested positive for two respiratory pathogens, 18 samples which tested positive for three respiratory pathogens and 3 samples which tested positive for four respiratory pathogens.

² Surveillance samples are routinely tested for: influenza, SARS-CoV2, RSV, adenovirus, *Mycoplasma pneumoniae*, rhinovirus, parainfluenza, human metapneumovirus, human bocavirus, seasonal coronaviruses, enterovirus D-68 and other enteroviruses.

Of all symptomatic patients who visited a sentinel practice and were tested for seasonal respiratory pathogens between week 40 2025 and week 15 2026, 25.1% were aged 45 to 64 years (Table 2.2.1). The median age of patients tested was 43 years.

2.3 Hospital indicators - Virological surveillance

From 2025 week 40 to 2026 week 15, there were 49,109 samples collected and tested by Public Health Wales Microbiology services, of which 40,685 samples were from hospital patients presenting with symptoms of respiratory infection (Table 2.3.1). During the 2025/26 season most samples collected were tested using one of four systems, differing in their abilities to provide influenza sub-type information and to detect non-influenza pathogens.

Two of the systems used are multiplex PCR panels for influenza, RSV, adenovirus, *Mycoplasma pneumoniae*, rhinovirus, enterovirus, parainfluenza, human metapneumovirus (HMPV), seasonal coronavirus, SARS-CoV2 and where possible, influenza A results are subtyped. The third system used only includes influenza A, influenza B, RSV and SARS-CoV2; and influenza A results are not subtyped. A number of samples were tested using a fourth platform which includes SARS-CoV2, influenza A, influenza B, RSV, adenovirus, rhinovirus, parainfluenza and HMPV. Follow-up typing is carried out on a proportion of influenza test-positive samples, from testing platforms with no sub-typing ability.

Patients may have more than one sample collected for an episode of respiratory illness and these samples could be tested using different test systems. Testing data are deduplicated using NHS numbers to a four-week episode of illness, with date of first positive test result retained. Percentage positivity for each pathogen is calculated using only data from multiplex panel tests which include that pathogen.

Of the 40,685 samples collected in patients from a hospital setting, 22.4% (9,122/40,685) were tested for all respiratory pathogens and 28.0% (n=11,394/40,685) were tested for influenza, RSV and SARS-CoV2 only. The weekly number of hospital patients tested for seasonal respiratory illness peaked during week 50 of 2025 (week ending 14th December 2025, n=1,942). Of the samples from patients in hospital, 39.9% (n=16,213) were collected from patients attending A&E or urgent care wards, 50.6% (n=20,576) and 5.1% (n=2,086) were collected from general inpatients wards and outpatient departments respectively, 3.6% (n=1,474) were collected from patients admitted to intensive care and 0.8% (n=336) of samples were from unknown hospital locations.

Of the hospital patients tested, 8.6% (n=3,501) were confirmed with influenza, of whom 98.8% (n=3,458) had influenza A only, 40 patients had influenza B only and 3 had dual infections of both influenza A and influenza B (Table 2.3.1). Of the samples testing positive for influenza A, 17.4% (n=602) were influenza A(H3N2), 1.7% (n=59) were influenza A(H1N1) and 81.0% (n=2,800) were untyped.

The most commonly detected non-influenza respiratory pathogens were Rhinovirus (11.0%, 3,216/29,291) and RSV (6.9%, 2,800/40,685).

Other detected causes of respiratory infection included: adenovirus (4.6%, 1,338/29,291), enterovirus (9.9%, 902/9,122), seasonal coronavirus (3.9%, 354/9,122), HMPV (3.2%, 931/29,291), parainfluenza (3.0%, 867/29,291) and SARS-CoV-2 (4.6%, 1,887/40,685). Of patients tested for all eight routinely screened pathogens 66.3% (13,363/20,169) were negative, and from the patients that were only tested for influenza, RSV and SARS-CoV2, 76.9% (8,759/11,394) were negative for all three pathogens.

Table 2.3.1. Results from patients tested for influenza and RSV in Wales between 2025 week 40 and 2026 week 15, by sample location^{2,3}. Percentages are calculated as the % of overall tests accounted for by samples from each setting.

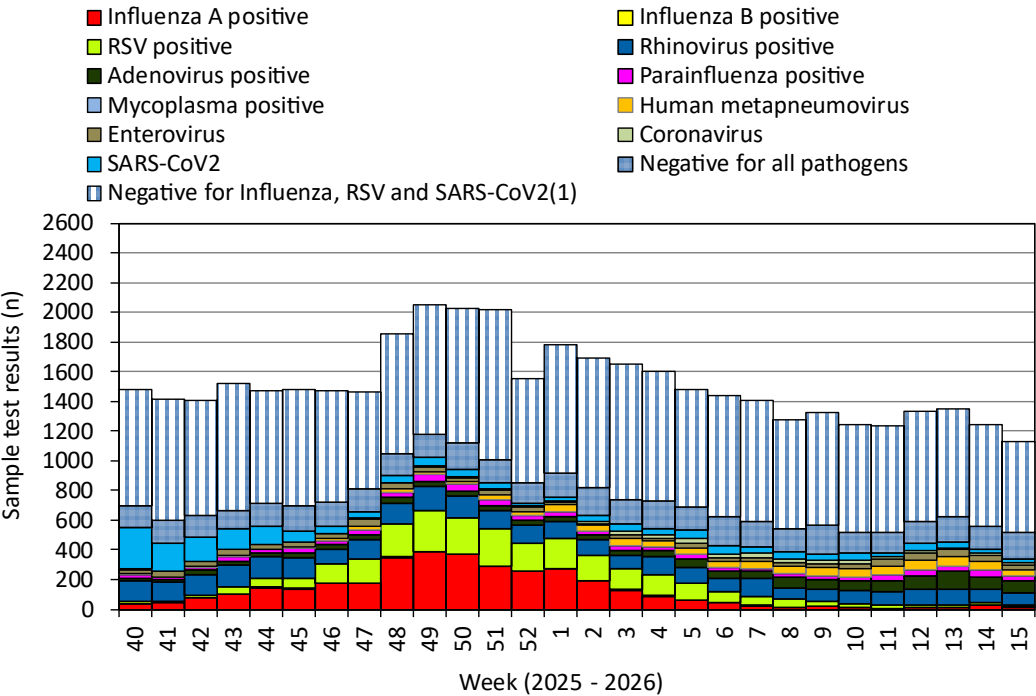
Sample Location	Samples tested		Influenza A		Influenza B		RSV		Negative ¹	
	n	%	n	%	n	%	n	%	n	%
Sentinel Practice	5876	12.0%	843	18.0%	9	17.0%	281	8.8%	2919	9.4%
Non-sentinel Practice	1157	2.4%	179	3.8%	0	0.0%	52	1.6%	688	2.2%
Total Community Samples	7033	14.3%	1022	21.8%	9	17.0%	333	10.4%	3607	11.6%
Hospital - General	22998	46.8%	1802	38.4%	26	49.1%	1716	53.5%	14316	46.2%
Hospital - A&E	16213	33.0%	1595	34.0%	16	30.2%	1039	32.4%	11164	36.0%
Hospital - ITU	1474	3.0%	64	1.4%	1	1.9%	45	1.4%	1127	3.6%
Total Hospital Samples	40685	82.8%	3461	73.8%	43	81.1%	2800	87.3%	26607	85.8%
Other / Unknown locations	1391	2.8%	206	4.4%	1	1.9%	73	2.3%	786	2.5%
Total	49109	100%	4689	100%	53	100%	3206	100%	31000	100%

¹This measure represents the number of samples negative for all pathogens routinely tested for. A proportion of samples included have only been tested for influenza, RSV and SARS-CoV2.

²Samples positive and negative will not add up to total screens as some individuals tested positive for more than one pathogen.

³Surveillance samples tested using a full PCR test are routinely tested for: influenza, RSV, adenovirus, *Mycoplasma pneumoniae*, rhinovirus, enterovirus, parainfluenza, human metapneumovirus and SARS-CoV2.

Figure 2.3.1. Results from respiratory tests carried out on samples from patients in hospitals in Wales by Week, 2025/26



¹A small proportion of samples have only been tested for influenza, RSV and SARS-CoV2.

There were 3,501 hospital samples testing positive for influenza between week 40 2025 to week 15 2026 (Figure 2.3.1). Influenza positivity in hospital samples exceeded the threshold suggestive of seasonal circulation for 10 weeks. The proportion of samples testing positive for influenza peaked in

week 49 2025 (n=384/1939, 19.8% positivity). The peak week for sample test positivity for RSV was week 49 2025 (n=280/1,939, 14.4%).

Table 2.3.2. Patient samples from all hospital locations testing positive for influenza and RSV between 2025 week 40 and 2026 week 15 by age group^{2,3}

Age Group	Samples tested		All Influenza		RSV		Negative ¹	
	n	%	n	%	n	%	n	%
Under 1	3134	7.7%	176	5.0%	692	24.7%	1066	4.0%
1 to 4	4236	10.4%	510	14.6%	870	31.1%	1045	3.9%
5 to 9	1390	3.4%	237	6.8%	68	2.4%	696	2.6%
10 to 14	828	2.0%	141	4.0%	20	0.7%	513	1.9%
15 to 24	1261	3.1%	222	6.3%	29	1.0%	843	3.2%
25 to 34	1554	3.8%	205	5.9%	50	1.8%	1076	4.0%
35 to 44	1745	4.3%	145	4.1%	42	1.5%	1342	5.0%
45 to 64	6312	15.5%	420	12.0%	215	7.7%	4911	18.5%
65 to 74	6102	15.0%	424	12.1%	236	8.4%	4678	17.6%
75 and older	14123	34.7%	1021	29.2%	578	20.6%	10437	39.2%
Total	40685	100%	3501	100%	2800	100%	26607	100%

¹This measure represents the number of samples negative for all pathogens routinely tested for. A proportion of samples included have only been tested for influenza, RSV and SARS-CoV2.

²Samples positive and negative will not add up to total screens as some individuals tested positive for more than one pathogen. There are no samples from patients with unknown age.

³Samples are routinely tested for: influenza, RSV, adenovirus, *Mycoplasma pneumoniae*, rhinovirus, enterovirus, parainfluenza, human metapneumovirus and SARS-CoV2.

Table 2.3.3. Patients testing positive for influenza in Wales, between 2025 week 40 and 2026 week 15, by hospital location and age group

Age Group	General In & Out		Urgent Care &		ICU Wards	
	Patient Wards		A/E Wards			
	n	%	n	%	n	%
Under 1	115	6.3%	59	3.7%	2	3.1%
1 to 4	351	19.2%	159	9.9%	0	0.0%
5 to 9	165	9.0%	71	4.4%	1	1.5%
10 to 14	88	4.8%	53	3.3%	0	0.0%
15 to 24	70	3.8%	151	9.4%	1	1.5%
25 to 34	70	3.8%	129	8.0%	6	9.2%
35 to 44	49	2.7%	92	5.7%	4	6.2%
45 to 64	167	9.2%	230	14.3%	23	35.4%
65 to 74	180	9.9%	231	14.3%	13	20.0%
75 and older	570	31.2%	436	27.1%	15	23.1%
Total	1825	100%	1611	100%	65	100%

Table 2.3.4. *Patients testing positive for RSV in Wales, between 2025 week 40 and 2026 week 15, by hospital location and age group*

Age Group	General In & Out		Urgent Care &		ICU Wards	
	Patient Wards		A/E Wards			
	n	%	n	%	n	%
Under 1	451	26.3%	233	22.4%	8	17.8%
1 to 4	589	34.3%	276	26.6%	5	11.1%
5 to 9	42	2.4%	26	2.5%	0	0.0%
10 to 14	11	0.6%	8	0.8%	1	2.2%
15 to 24	15	0.9%	12	1.2%	2	4.4%
25 to 34	18	1.0%	27	2.6%	5	11.1%
35 to 44	16	0.9%	25	2.4%	1	2.2%
45 to 64	92	5.4%	115	11.1%	8	17.8%
65 to 74	122	7.1%	106	10.2%	8	17.8%
75 and older	360	21.0%	211	20.3%	7	15.6%
Total	1716	100%	1039	100%	45	100%

Of all the symptomatic patients in hospitals who were tested for seasonal respiratory pathogens between 2025 week 40 and 2026 week 15, 34.7% were aged 75 or older and 15.5% were 45 to 64 years (Table 2.3.2), the median age of patients tested was 64 years.

For those testing positive for influenza (n=3,501), 29.2% were aged 75 years and older, 12.1% were 65 to 74 years, 12.0% were aged 45 to 64 years and 14.6% were 1 to 4 years of age; the median patient age was 53 years.

The median age of patients testing positive for RSV (n=2,800) was 3 years, 24.7% of all these patients were under 1 year old, 31.1% of patients were 1 to 4 years old, 20.6% 75 years and older and 8.4% were 65 to 74 years old (Table 2.3.2).

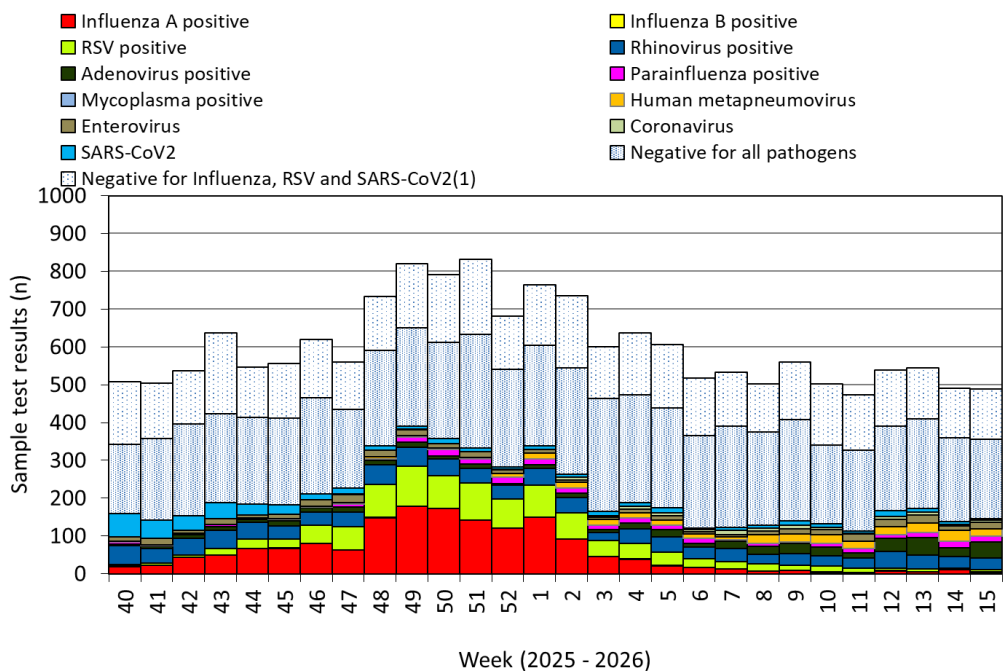
Patients who were aged 75 years and older accounted for the highest proportion of confirmed influenza cases in general inpatient and outpatient hospital wards (570/1,825, 31.2%) and the highest proportion of confirmed influenza cases in accident & emergency or urgent care ward (436/1,611, 27.1%). Patients aged 45 to 64 years accounted for the highest proportion of confirmed influenza cases in those who were tested while in an intensive care ward (23/65, 35.4%) (Table 2.3.3).

Patients aged 1 to 4 years accounted for the highest proportion of confirmed cases of RSV in general hospital wards (589/1,716, 34.3%). Patients aged under 1, and 1 to 4 years accounted for the highest proportion of confirmed RSV cases in accident & emergency or urgent care ward (509/1,039, 49.0%). Patients under one year old, 45 to 64 years old and 65 to 74 accounted for the highest proportion of confirmed RSV cases in intensive care units (8/45, 17.8% each age category) (Table 2.3.4).

2.4 Hospital indicators - patients in accident and emergency departments

During the period 2025 week 40 to 2026 week 15, 16,213 patients attending an accident & emergency or urgent care ward (A&E ward) with symptoms of an acute respiratory infection had samples collected and were tested. These samples may include screening tests for non-symptomatic individuals. Of the 16,213 patients attending an A&E ward that had a sample collected, all were tested for influenza, RSV and SARS-CoV2, 16.3% (n= 2,636/16,213) were tested for all respiratory pathogens included for surveillance purposes, 33.6% (n=5,446/16,213) were only tested for influenza, RSV and SARS-CoV2 and 45.8%(n=7,418/16,213) were tested for SARS-CoV-2, Flu A, Flu B, RSV, adenovirus, parainfluenza, rhinovirus and HMPV only.

Figure 2.4.1. Results from respiratory tests carried out on samples from patients in A&E or urgent care units in Wales by Week, 2025/26



¹ A small proportion of samples included have only been tested for influenza, RSV and SARS-CoV2.

From the A&E patients tested, 1,611 were confirmed with influenza, of whom, 1,595 were positive for influenza A only and 16 for influenza B. Typing data from frontline testing were available for 212 influenza A samples: 16 samples were influenza A(H1N1), 196 were influenza A(H3N2).

The most commonly detected non-influenza respiratory pathogens from the A&E patients tested were RSV (6.4%, n= 1,039/16,213), rhinovirus (9.8%, n=1,056/10,767) and adenovirus (4.2%, n= 453/10,767). Other detected causes of respiratory infection included: SARS-CoV-2 (2.2%, n=357/16,213), seasonal coronaviruses (4.0%, n=106/2,636), enterovirus (13.5%, n=357/2,636), HMPV (2.9%, n=311/10,767) and parainfluenza (2.5%, n=271/10,767). Forty-seven percent (n=1,232) of the 2,636 A&E patient samples receiving a full PCR screen tested negative for all pathogens, and of those that were only

tested for influenza, RSV and SARS-CoV2, 79.1% (4,309/5,446) were negative for all three pathogens. Additionally, 69.2% (5,623/8,131) samples tested for SARS-CoV-2, Flu A, Flu B, RSV, adenovirus, parainfluenza, rhinovirus and HMPV only were negative.

Table 2.4.1. *Samples from patients in A&E testing positive for influenza and RSV between 2025 week 40 and 2026 week 15 by age group^{2,3}*

Age Group	Samples Tested		Influenza A		Influenza B		RSV		Negative ¹	
	n	%	n	%	n	%	n	%	n	%
Under 1	930	5.7%	58	3.6%	1	6.3%	233	22.4%	268	2.4%
1 to 4	1345	8.3%	155	9.7%	4	25.0%	276	26.6%	314	2.8%
5 to 9	430	2.7%	70	4.4%	1	6.3%	26	2.5%	231	2.1%
10 to 14	265	1.6%	53	3.3%	0	0.0%	8	0.8%	174	1.6%
15 to 24	642	4.0%	150	9.4%	1	6.3%	12	1.2%	414	3.7%
25 to 34	758	4.7%	124	7.8%	5	31.3%	27	2.6%	520	4.7%
35 to 44	867	5.3%	91	5.7%	1	6.3%	25	2.4%	669	6.0%
45 to 64	2785	17.2%	229	14.4%	1	6.3%	115	11.1%	2164	19.4%
65 to 74	2652	16.4%	230	14.4%	1	6.3%	106	10.2%	2079	18.6%
75 and older	5539	34.2%	435	27.3%	1	6.3%	211	20.3%	4331	38.8%
Total	16213	100%	1595	100%	16	100%	1039	100%	11164	100%

¹ This measure represents the number of samples negative for all pathogens routinely tested for. A small proportion of samples included have only been tested for influenza, RSV and SARS-CoV2.

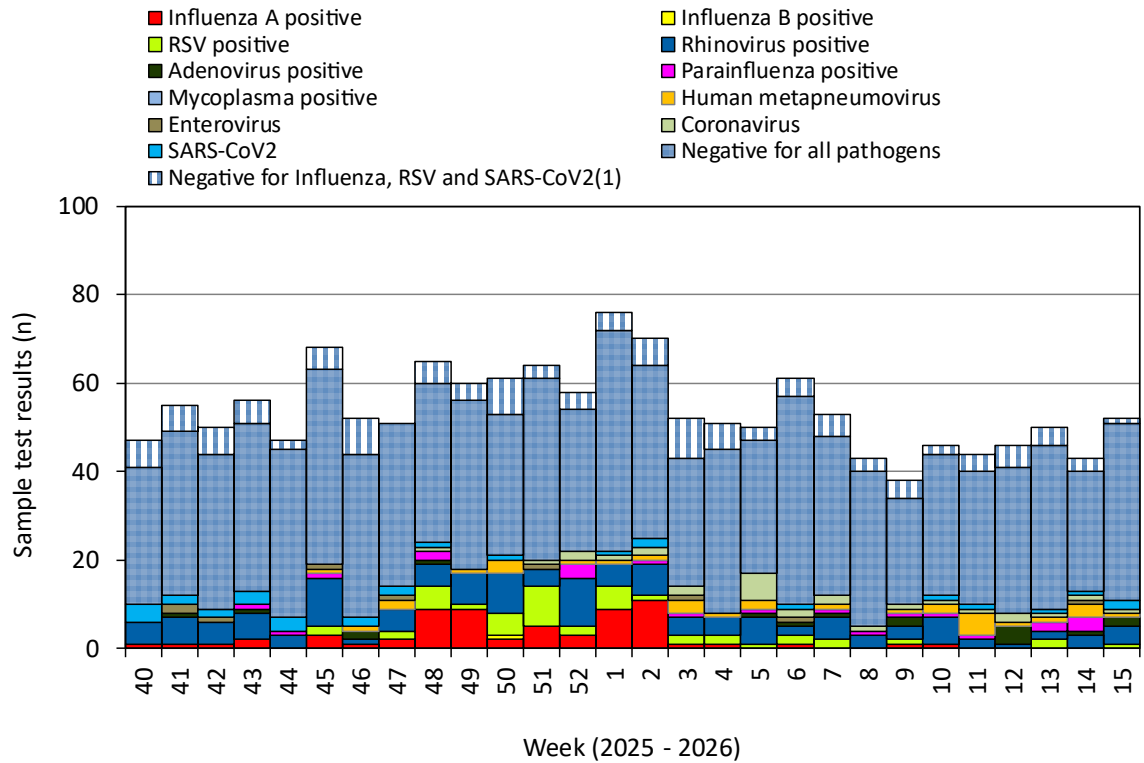
² Samples positive and negative will not add up to total screens as some individuals tested positive for more than one pathogen.

³ Samples are routinely tested for: influenza, RSV, adenovirus, *Mycoplasma pneumoniae*, rhinovirus, enterovirus, parainfluenza and human metapneumovirus and SARS-CoV2.

2.5 Hospital indicators - patients in intensive care units

During the period 2025 week 40 to 2026 week 15, 1,474 samples were collected from patients in an intensive care setting with symptoms of an acute respiratory infection. Of these, all were tested for influenza, RSV and SARS-CoV2, with 42.9% (n=633/1,474) tested for all respiratory pathogens included for surveillance purposes and 10.2% (n=150/1,474) tested for influenza, RSV and SARS-CoV2 only.

Figure 2.5.1. Results from respiratory tests carried out on samples from patients in intensive care units in Wales by Week, 2025/26



¹ A small proportion of samples included have only been tested for influenza, RSV and SARS-CoV2.

There were 65 cases of influenza detected in ICU settings throughout the whole season. Of the 65 influenza cases detected, there were 17 A(H3N2), 5 A(H1N1) and 42 A(not subtyped). There was one case of influenza B. Influenza positivity in ICU settings peaked in week 02 2026 with 16.2% (n=11/68) of samples testing positive for influenza A.

The most commonly detected non-influenza respiratory pathogens, from the ICU patients tested, were rhinovirus (10.2%, n=135/1,324) and human metapneumovirus (2.4%, n= 32/1,324). Other detected causes of respiratory infection included: SARS-CoV2 (2.0% n=30/1,474), RSV (3.1% n=45/1,474), enterovirus (1.4%, n=9/633), seasonal coronaviruses (4.4%, n=28/633), adenovirus (1.3%, n=17/1324), and parainfluenza (1.6%, n=21/1324). Sixty-seven percent (n=428/633) of ICU patients receiving a full screen tested negative, while eighty-three percent (n=574/691) of samples screened only for nine

pathogens tested negative, and from the ICU patients that were only tested for influenza, RSV and SARS-CoV2, 83.3% (n=125/150) were negative (Table 2.5.1).

Table 2.5.1. *Samples from patients in ICU/HDU testing positive for influenza and RSV between 2025 week 40 and 2026 week 15 by age group²*

Age Group	Samples Tested		Influenza A		Influenza B		RSV		Negative ¹	
	n	%	n	%	n	%	n	%	n	%
Under 1	167	11.3%	2	3.1%	0	0.0%	8	17.8%	128	11.4%
1 to 4	35	2.4%	0	0.0%	0	0.0%	5	11.1%	8	0.7%
5 to 9	10	0.7%	1	1.6%	0	0.0%	0	0.0%	5	0.4%
10 to 14	21	1.4%	0	0.0%	0	0.0%	1	2.2%	14	1.2%
15 to 24	43	2.9%	1	1.6%	0	0.0%	2	4.4%	36	3.2%
25 to 34	78	5.3%	6	9.4%	0	0.0%	5	11.1%	54	4.8%
35 to 44	116	7.9%	4	6.3%	0	0.0%	1	2.2%	92	8.2%
45 to 64	425	28.8%	23	35.9%	0	0.0%	8	17.8%	337	29.9%
65 to 74	283	19.2%	12	18.8%	1	100.0%	8	17.8%	224	19.9%
75 and older	296	20.1%	15	23.4%	0	0.0%	7	15.6%	229	20.3%
Total	1474	100%	64	100%	1	100%	45	100%	1127	100%

¹ This measure represents the number of samples negative for all pathogens routinely tested for. A small proportion of samples included have only been tested for influenza, RSV and SARS-CoV2.

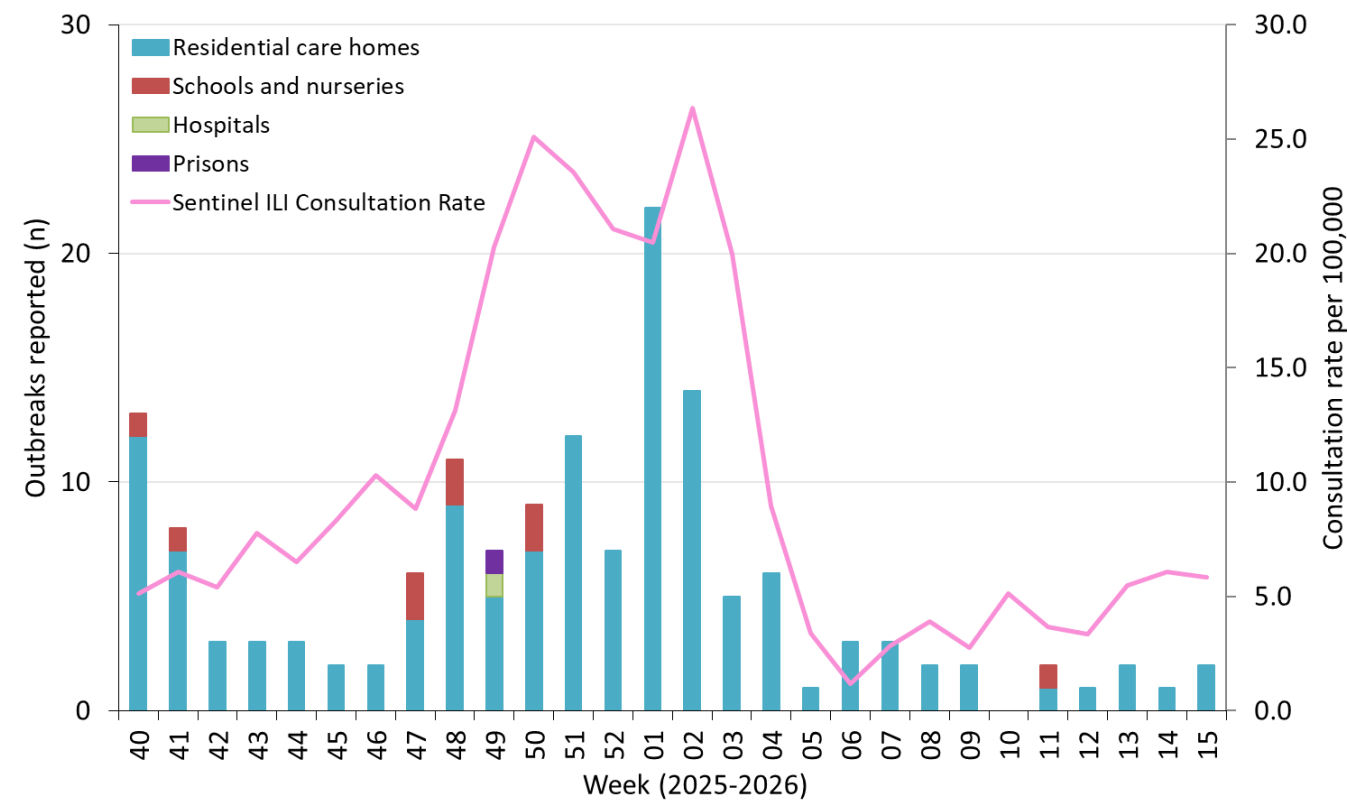
² Samples are routinely tested for: influenza, RSV, adenovirus, *Mycoplasma pneumoniae*, rhinovirus, enterovirus, parainfluenza and human metapneumovirus and SARS-CoV2.

2.6 Outbreaks of influenza, ILI or ARI

During the 2025/26 influenza season in Wales there were 152 outbreaks of influenza, ILI or ARI reported to Public Health Wales Health Protection Teams (Figure 2.6.1), compared to 125 reported outbreaks during the 2024/25 season. Outbreaks were reported from 2025 week 40 to 2026 week 15. Of the 152 outbreaks, influenza A was confirmed in 50 outbreaks, SARS-CoV2 in 27 outbreaks, rhinovirus in 11 outbreaks, RSV in five outbreaks, parainfluenza in three outbreaks, enterovirus in two outbreaks, and adenovirus in one outbreak. There were also 47 outbreaks reported as ILI, ARI or unconfirmed influenza.

Of the 152 outbreaks, 92.8% (n=141) were reported from residential care homes, 5.9% (n=9) were reported from school or nurse settings, 0.7% (n=1) were reported from prisons, 0.7% (n=1) were reported from hospitals. Forty-nine (32.5%) of outbreaks occurred in South-East Wales (covering Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB areas), 46.7% (n=71) in Mid and West Wales (covering Swansea Bay UHB, Hywel Dda UHB and Powys THB), and 21.1% (n=32) were reported from North Wales (covering Betsi Cadwaladr UHB).

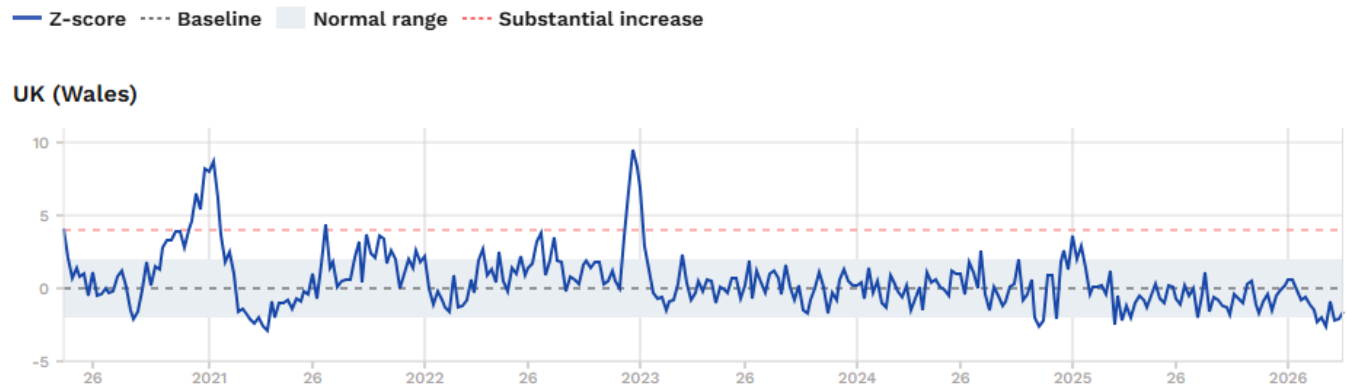
Figure 2.6.1. Outbreaks of acute respiratory illness reported to Public Health Wales Health Protection Team during the 2025/26 season, and sentinel GP ILI consultation rate per 100,000



2.7 Excess mortality during the influenza season

Surveillance of weekly all-cause mortality in Wales was carried out using the EuroMoMo method [3]. In Wales, no excess mortality was seen during the 2025/26 influenza season. Figure 2.8.1 summarises the weekly deviation from seasonally expected levels for the Wales population. The blue shaded zone represents normal levels of variation, and the red dotted line is the threshold to indicate a substantial increase over seasonally expected levels. For 2025/26 weekly mortality at an all-Wales level was within the normal range.

Figure 2.7.1. Excess winter mortality, Wales; 2020-2026



3. Influenza virus characterisation, vaccine effectiveness and antivirals

3.1 Laboratory characterisation of influenza viruses

Of the positive samples referred to and tested by the tertiary influenza reference laboratory at the National Influenza Centre for Wales during the 2025/2026 influenza season, 97.7% ($n=2,018$) were influenza A, 2.1% ($n=44$) were influenza B, $<0.1\%$ ($n=2$) were influenza A&B dual infections, and $<0.1\%$ ($n=1$) was determined to be live attenuated influenza vaccine. Successful subtyping by PCR was achieved for 93.8% ($n=1,895$) of tested influenza A positive samples, the remainder of which were not subtypeable due to low levels of detectable virus ($n=125$). H3N2 was the dominant subtype, accounting for 80.2% ($n=1,622$) of influenza A samples successfully subtyped by PCR. There was limited co-circulation of H1N1pdm09 viruses, which accounted for 13.5% ($n=273$) of successfully subtyped viruses. This mirrored influenza activity recorded during the northern hemisphere influenza season in Europe, Asia and in the Americas, which also reported predominantly A(H3N2) circulation as reported by the World Health Organization, with the exception of the Central America Caribbean region which reported predominantly A(H1N1pdm09) [4]. During this season, no instances of dual A(H3N2) & (H1N1pdm09) infections were identified in Wales (*Figures 3.1.1 and 3.1.2*).

Figure 3.1.1. The number of influenza A(H1N1pdm09), A(H3N2), A(not subtyped), influenza B, and dual A(H3N2) & B samples tested by the National Influenza Centre for Wales during the 2025/2026 influenza season. Proportion is shown as a percentage of the total number of samples tested.

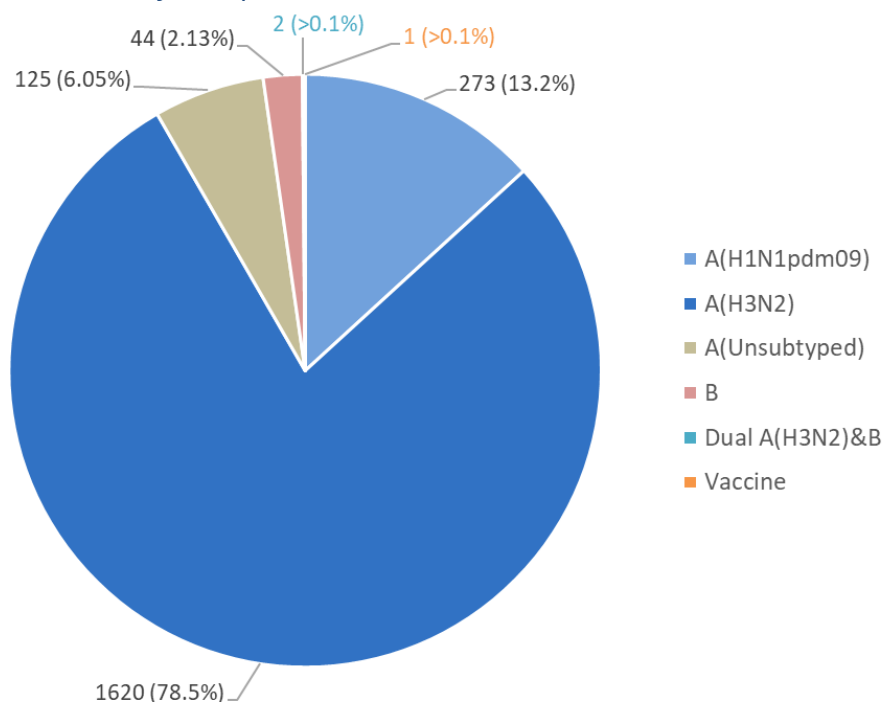
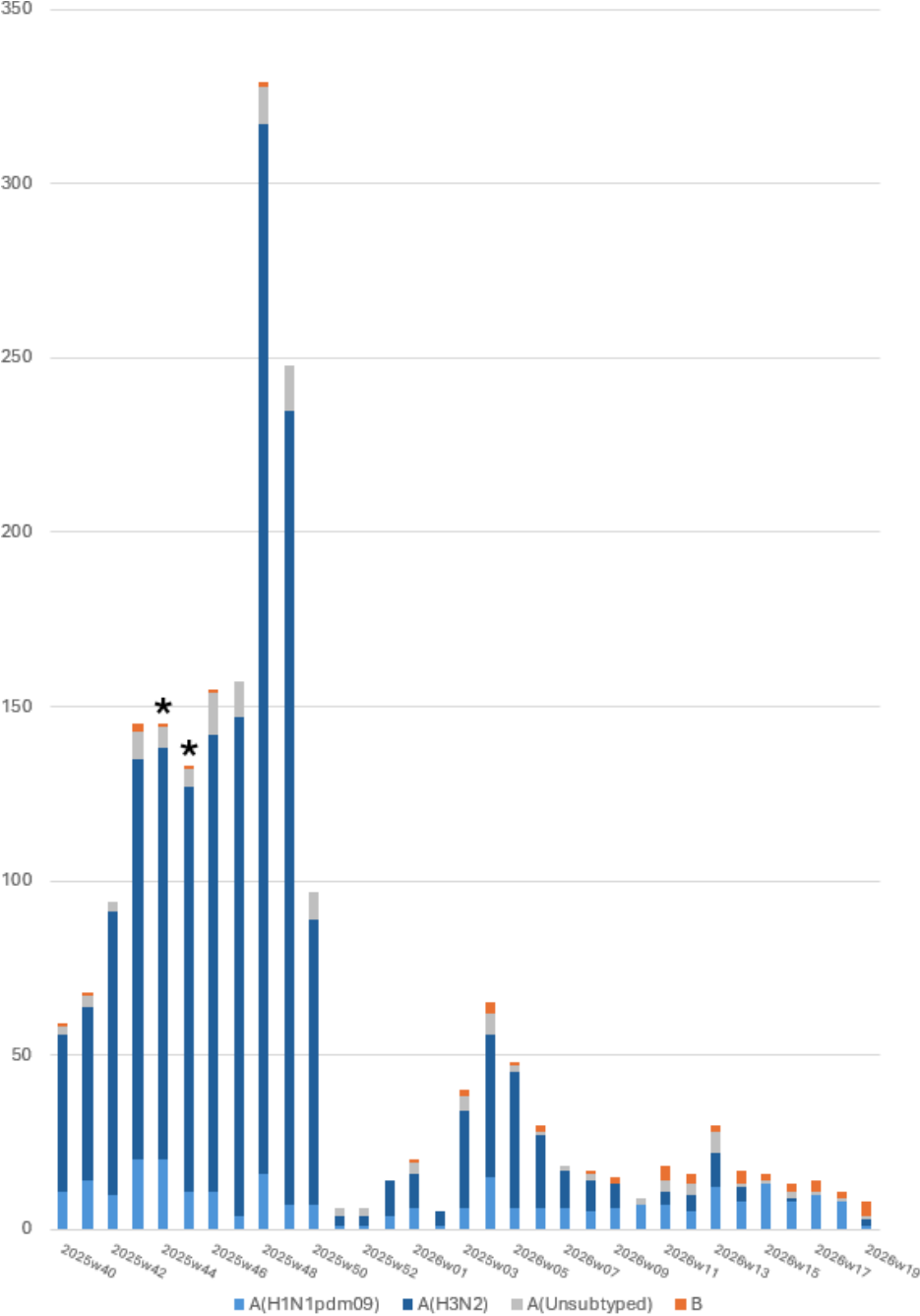


Figure 3.1.2. A week-by-week breakdown of the influenza A and influenza B samples tested at the National Influenza Centre for Wales during the 2025/2026 season, ordered by sample collection date. Asterisks (*) denote the weeks in which A(H3N2) & B dual infection samples were collected.



Within the last year, 278 anonymised serum samples that were representative of age groups and locations across Wales were referred to the Worldwide Influenza Centre located at The Francis Crick Institute in London, which is a World Health Organization Collaborating Centre for Reference and

Research on Influenza. These specimens were referred for the purpose of serological studies focused on determining background population immunity to test viruses by way of haemagglutination inhibition assays, reports of which are available from the Worldwide Influenza Centre [5]. Also within the same year period, 41 influenza isolates collected in virus transport medium were also referred to the Worldwide Influenza Centre for viral culture to use as test viruses against vaccine challenges in haemagglutination inhibition assays. These included 11 influenza A(H1N1pdm09) viruses, 26 A(H3N2) viruses, four influenza B viruses, and one dual influenza A(H1N1pdm09) & B. Of the referred Welsh viruses, five were recovered and used in haemagglutination inhibition assays: one influenza A(H1N1pdm09), which was well recognised by antiserum raised by the northern hemisphere 2025/2026 season vaccine and better recognised by the southern hemisphere 2026 season vaccine; and four influenza A(H3N2) viruses, all of which were not recognised by antiserum raised by the northern hemisphere 2025/2026 season vaccine and only two of which were slightly better recognised by the southern hemisphere 2026 season vaccine, as reported by the Worldwide Influenza Centre [5]. Poor recognition of influenza A(H3N2) viruses by vaccine antisera was likely due to widespread circulation of subclade K virus, which differed significantly from previously circulating A(H3N2) viruses and newly emerged over summer 2025, after the northern hemisphere vaccine composition decision was made [4].

Reasons for exclusion of Welsh virus isolates from haemagglutination inhibitions assays performed by the Worldwide Influenza Centre included: unrecovered virus ($n=6$), sample collection date earlier than study period ($n=11$), virus with identical sequence already being analysed ($n=19$), and dual virus sample ($n=1$) [6]. Welsh specimens in virus transport medium are supplied through representative sites within the GP Sentinel Surveillance Network, as well as two hospital sites.

This data contributes to the biannual World Health Organization technical consultations to provide recommendations of viruses to include in influenza vaccines, which for the upcoming 2026/2027 season in the northern hemisphere has been updated to include the following [4]:

Egg-based vaccines

- A(H1N1pdm09) – A/Missouri/11/2025
- A(H3N2) – A/Darwin/1454/2025
- B(Victoria) – B/Tokyo/EIS13-175/2025

Cell-culture/recombinant/nucleic acid-based vaccines

- A(H1N1pdm09) – A/Missouri/11/2025
- A(H3N2) – A/Darwin/1415/2025
- B(Victoria) – B/Pennsylvania/14/2025

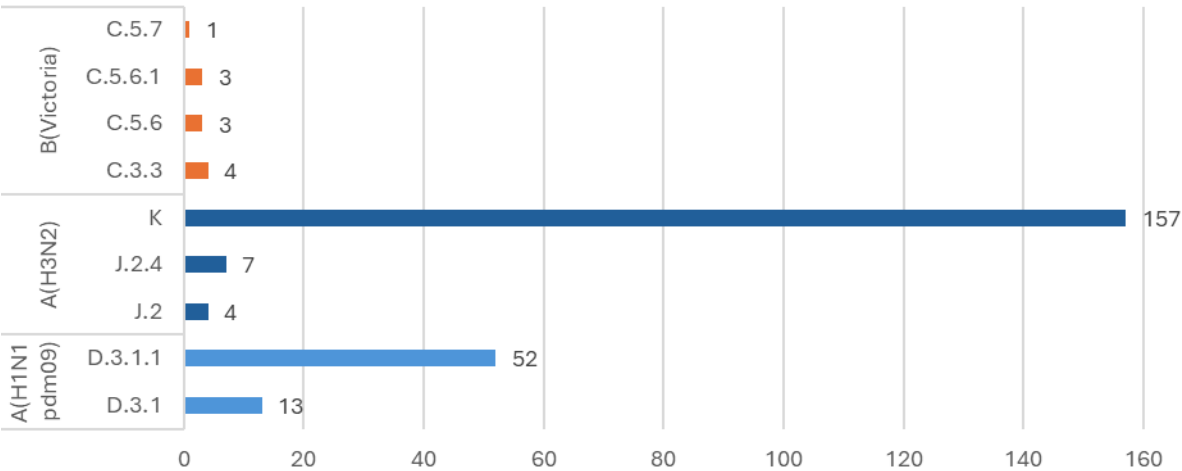
Since week 04 2025, 321 influenza positive samples were referred for whole genome sequencing performed by the Pathogen Genomics Unit, of which 244 (76.0%) were successfully sequenced and uploaded to the Global Initiative on Sharing All Influenza Data (GISAID); 233 (95.5%) were influenza A and 11 (4.5%) were influenza B. Furthermore, 42.6% ($n=104$) of successfully sequenced viruses had the full eight segment genome possessed by influenza viruses, and 29.1% ($n=71$) of the characterised influenza viruses originated from the Wales-wide GP and Pharmacy Sentinel Surveillance Network.

Criteria for specimen referral for whole genome sequencing includes instances of known vaccine failure, instances of antiviral treatment failure, collection from patients with severe influenza illness, and collection from patients located in sentinel GP/Pharmacy and SARI surveillance sites.

Characterisation of influenza A(H1N1pdm09) viruses (*n*=65) revealed circulation of clade 5a.2a.1 only. These isolates diverged into two subclades (D.3.1 and D.3.1.1). D.3.1.1 was the dominant subclade, representing 80% (*n*=52) of characterised influenza A(H1N1pdm09) viruses. Characterisation of influenza A(H3N2) viruses (*n*=168) revealed circulation of clade 3a.2a.1 only. These isolates diverged into three subclades (J.2, J.2.4 and K). K was the dominant subclade, representing 93.5% (*n*=157) of all characterised influenza A(H3N2) viruses.

Characterisation of influenza B viruses (*n*=11) revealed circulation of Victoria lineage clade V1A.3a.2 only, which diverged into four subclades (C.3.3, C.5.6, C.5.6.1 and C.5.7). C.3.3 slightly predominated, representing 36.4% of characterised influenza B isolates (Figure 3.1.3). Phylogenetic analysis demonstrates the chosen vaccine viruses for the upcoming northern hemisphere 2026/2027 season cluster more closely with currently circulating viruses and are therefore predicted to provide better recognition (Appendix A). Additionally, haemagglutination inhibition assays performed by World Health Organization Collaborating Centres for Reference and Research on Influenza demonstrate that the A(H3N2) components of the recommended vaccine composition for the upcoming northern hemisphere 2026/2027 season recognise currently circulating viruses better than the viruses that made up the previous seasons' vaccine composition [4].

Figure 3.1.3. The number of characterised influenza B(Victoria), A(H3N2) and A(H1N1pdm09) viruses belonging to each of their respective subclades during the 2025/2026 influenza season in Wales, determined by haemagglutinin characterisation using NextClade.



Susceptibility to neuraminidase inhibitors oseltamivir and zanamivir was determined by analysis of the neuraminidase gene segment for all 244 sequenced viruses. One influenza A(H3N2) virus was identified as having highly reduced inhibition to oseltamivir due to the presence of the NA:E119V mutation, which arose in an immunocompromised hospital inpatient who had been undergoing treatment with

oseltamivir. No reduced susceptibility to oseltamivir or zanamivir was identified in any of the genetically characterised influenza A(H1N1pdm09) or influenza B viruses.

Susceptibility to M2 ion channel blockers amantadine and rimantadine was determined by analysis of the M2 ion channel gene for all 233 sequenced influenza A viruses. All analysed viruses remain resistant to both amantadine and rimantadine due to the presence of the M2:S31N mutation, which is globally present amongst influenza A viruses. Influenza B viruses do not possess an M2 ion channel, so were not analysed.

Susceptibility to the endonuclease inhibitor baloxavir marboxil was determined by analysis of the PA gene for 178 viruses for which the PA sequence was available (A(H1N1pdm09) n=39; A(H3N2) n=136; influenza B n=3). No viruses were found to have reduced susceptibility conferring mutations.

3.2 Effectiveness of the 2025/26 seasonal influenza vaccine in the UK

End of season estimates of influenza vaccine effectiveness against laboratory confirmed influenza were estimated using a test-negative design in those presenting to GP practices across England, Scotland, Wales and Northern Ireland [7]. Estimated overall adjusted vaccine effectiveness for the 2025/26 season was 21.4% (95% CI 4.8% to 35.2%) in those aged 65 years and above, 32.2% (95% CI 22.3% to 40.9%) in those aged 18 to 64 years and 51.6% (95% CI 43.3% to 58.7%) in two- to 17-year-olds.

The effectiveness of vaccination in the 18-to-64-year age group against hospitalisation in England was 21.7% (95% CI 16.5% to 26.7%). In those aged two to 17 years of age effectiveness was 67.9% (95% CI: 64.6% to 71.0%). The overall effectiveness in the 65 years and over age group was 29.1% (95% CI: 25.9% to 32.2%) [7].

3.3 Antiviral prescribing rates and virus sensitivity

The GP prescribing rate of oseltamivir in Wales was measured using data collected through Audit+ on coded prescriptions in general practice. Prescribing rates followed a similar trend to the sentinel GP consultation rate for ILI. The rate peaked at 13.9 prescriptions per 100,000 practice population during week 52 2025 (week ending 28th December 2025, Figure 3.3.1, Table 3.3.1), which was three weeks before the peak for ILI consultations in sentinel practices. Comparisons between seasons should be made with caution as prescribing patterns may differ between practices. During the 2025/26 season in the UK, most viruses were fully susceptible and only small numbers of viruses were detected with reduced sensitivity to oseltamivir or zanamivir [7].

Figure 3.3.1. Prescribing rate for oseltamivir per 100,000 practice population in Wales from 2022 week 40 to 2026 week 15

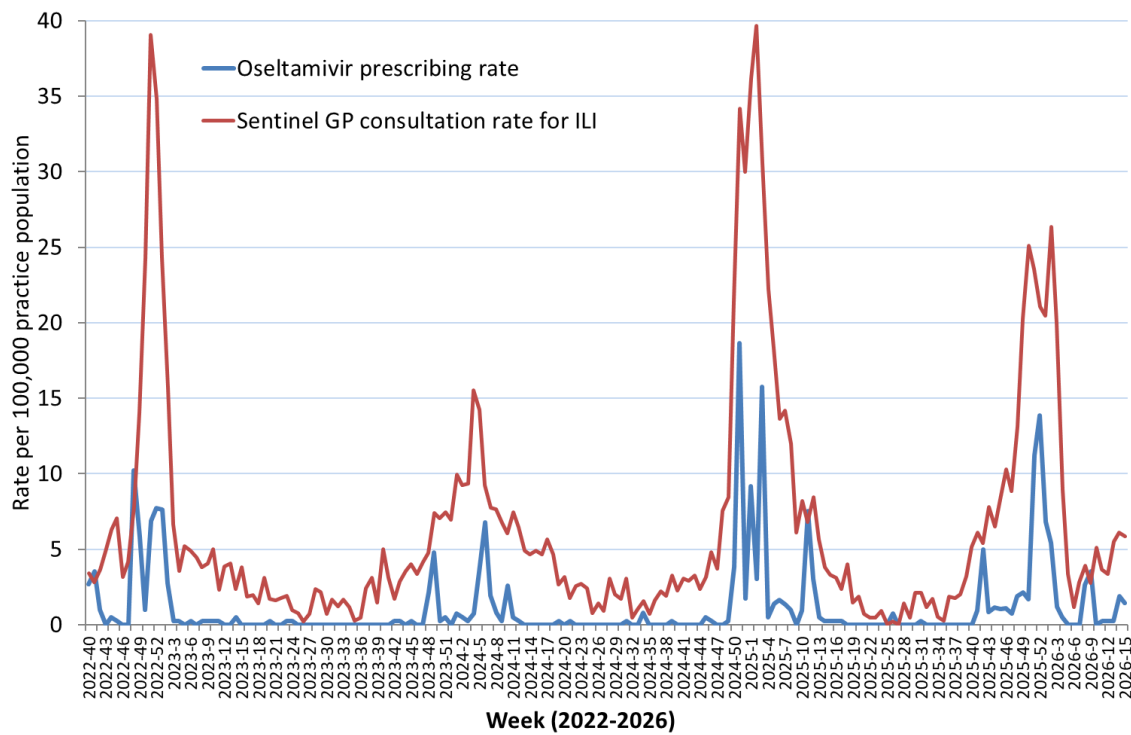


Table 3.3.1. Peak sentinel GP consultation rates for ILI per 100,000 practice population and peak all Wales prescribing rates per 100,000 for influenza seasons from 2010/11 to 2025/26

Influenza Season	Peak sentinel GP ILI consultation rate	Peak all Wales GP oseltamivir prescribing rate
2010/11	92.2	12.4
2011/12	10.4	1.0
2012/13	33.0	0.8
2013/14	8.8	0.2
2014/15	23.2	3.0
2015/16	25.8	1.1
2016/17	22.8	3.4
2017/18	74.5	9.5
2018/19	22.9	5.5
2019/20	37.1	3.2
2020/21	1.5	0.3
2021/22	3.8	0.5
2022/23	39.1	10.2
2023/24	15.7	6.9
2024/25	39.6	18.7
2025/26	26.3	13.9

4. Influenza immunisation in Wales 2025/26

4.1 Data collection

4.1.1 Welsh Immunisation System

Data on influenza immunisation for the 2025/26 campaign were collected through the Welsh Immunisation System (WIS). WIS is an all-Wales population vaccination register that was developed during the COVID-19 pandemic. This is the first season that influenza vaccinations have been recorded on WIS and uptake figures for this report were calculated based on patients' health board of residence. Data prior to the 2025/26 season was collected from GP systems via Audit+, with uptake figures calculated based on health board of patients' GP practice, therefore data from previous seasons may not be comparable. General practices and community pharmacies providing Influenza vaccinations entered vaccination data directly into WIS. Vaccination recording procedures for NHS Wales occupational health influenza vaccination programmes, and school-aged influenza vaccination programmes, varied. However, all NHS providers of influenza vaccinations were asked to prioritise recording of influenza immunisations in WIS. Data were collected on immunisations given between 1st September 2025 and 31st March 2026 and are for those alive and resident in Wales as at 31st March 2026.

Uptake for children aged two to 15 years is based on age as at 31st August 2025, uptake for those at clinical risk aged between 16 and 64 years and those aged 65 years and older is based on age as at 31st March 2026. Risk categories were based on the SNOMED code groups defined in the PRIMIS Seasonal Influenza Vaccine Uptake Reporting Specification for 2025/26 [8]. Clinical risk group status data were provided to WIS from GP systems using Audit+.

Analysis of coverage by level of socioeconomic deprivation is at ecological level, based on the Welsh Index of Multiple Deprivation (WIMD) ranking of the Lower Super Output Area (LSOA) of residence. WIS data were linked to WIMD data at LSOA level. The WIMD provides a composite ranking of deprivation for each LSOA in Wales, weighted across eight domains: income, employment, health, education, access to services, community safety, physical environment and housing. For this report, LSOAs were allocated into quintiles based on overall WIMD deprivation ranking at an all-Wales level, to provide an indication of the deprivation status of the LSOA in which a person lives. In this report, Quintile 1 refers to those living in the most deprived fifth of LSOAs in Wales and Quintile 5 refers to those living in the least deprived fifth of LSOAs in Wales. All analyses of socioeconomic inequalities in this report use 2025 WIMD national quintiles of deprivation.

Analysis of coverage by rural/urban classification is also at ecological level (LSOA), based on the 2021 Rural-Urban Classification (RUC) for Wales. This is a standardised statistical method (developed by ONS, Defra, and Welsh Government) that categorises geographies based on settlement structure, population density, and access to services. It defines rural areas as settlements with fewer than 10,000 residents, spanning from villages and hamlets to open countryside, while urban areas are denser settlements with 10,000 or more people.

Analysis of coverage by sex is as per individual level data recorded in WIS. In all trend charts, percentage coverage per week is calculated out of the living population as at the end of each week.

4.1.2 Vaccination uptake in pregnant women

Influenza vaccination uptake in pregnant women was calculated using data in the Wales Maternity Indicators Delivery Dataset, linked to WIS vaccination status data. The Wales Maternity Indicators Delivery Dataset contains data for women residing in all health board areas and uptake is calculated for women with delivery dates between November 2025 and March 2026. The 2025/26 season is the first time it has been possible to report on uptake in pregnant women using routinely collected data, during the complete time period of the vaccination programme. Vaccination uptake has previously been estimated using a five-day Point of Delivery (PoD) survey conducted with midwifery services in all Welsh health boards, which ascertained how many women delivering in major maternity units recalled being offered influenza immunisation, and how many recalled receiving it [9]. This survey was conducted for the final time in January 2026 to provide a comparison of estimates overtime, and between methods.

4.1.3 Vaccination uptake in School Aged Children (children aged four to 15 years)

Children in reception class and school years 1 to 11 (children aged four to 15 years of age as at 31st August 2025) were mainly offered Live Attenuated Influenza Vaccine (LAIV) during school-based vaccination sessions. School nursing teams were asked to record influenza immunisations in WIS at the point of vaccination, however during the 2025/26 season this was not possible in all health board areas. As a result, data were provided through a combination of WIS and manual aggregate data returns. Due to the differences in data collection methods, caution should be exercised when comparing uptake data between health boards.

Denominator data for Swansea Bay UHB and Aneurin Bevan UHB are based on health board of residence as recorded in WIS. However, numerator data for these two areas are based on manually submitted aggregate data, based on individuals vaccinated in school vaccination sessions, and may include children residing out of health board. Additionally, some individuals at clinical risk may have been vaccinated by their GP, rather than during school sessions, and may not be captured in manually submitted school session data. Due to the difference in methods for calculating uptake, figures between areas are not directly comparable but have been provided to calculate an all-Wales best estimate of uptake in this age group. In total, four health board areas submitted manual aggregate data returns (two of which also entered data into WIS), complete data from these areas can be found in Appendix Tables B1-B4.

4.1.4 NHS staff data

Immunisation uptake data for NHS staff employed by health boards and trusts were provided on a monthly basis from October 2025 to March 2026 by health board and trust occupational health departments. Denominator data were sourced at the start of the campaign from health boards and trusts using Electronic Staff Record (ESR) staff groupings. In Wales all NHS staff are offered influenza immunisation, however the approach to offering influenza immunisation to staff not normally

considered to have direct patient contact may vary between health boards and trusts. Data provided relates to immunisations given to all staff and staff with direct patient contact which are calculated by aggregating data for ESR staff-groups which would normally have direct contact with patients.

4.2 Influenza immunisation uptake

4.2.1 Immunisation uptake in children

Of a total 58,625 children aged two and three years old (as at 31 August 2025), 46.1% (n=27,031) were immunised against influenza between 1st September 2025 and 31st March 2026; compared to 43.7% in 2024/25. Uptake in two- and three-year-olds varied by health board, ranging from 40.4% (Swansea Bay UHB) to 54.1% (Powys Teaching HB). Nationally, uptake in three-year-olds (47.1%) was higher compared to uptake in two-year-olds (45.0%) (Table 4.2.1).

Table 4.2.1. *Uptake of influenza immunisation in general practice in children aged two and three years by health board, Wales, 2025/26*

Health Board of Residence	Immunised(n)	Eligible Population (N)	Uptake (%)
Aneurin Bevan UHB	6,121	12,233	50.0
Betsi Cadwaladr UHB	5,295	12,346	42.9
Cardiff and Vale UHB	4,118	9,850	41.8
Cwm Taf Morgannwg UHB	4,342	8,587	50.6
Hywel Dda UHB	3,184	6,479	49.1
Powys Teaching HB	1,121	2,071	54.1
Swansea Bay UHB	2,850	7,059	40.4
All Wales	27,031	58,625	46.1

Table 4.2.1a. *Uptake of influenza immunisation in children aged two years, by Health Board of residence, uptake as at 31/03/2026*

Health Board of Residence	Immunised(n)	Eligible Population (N)	Uptake (%)
Aneurin Bevan UHB	2,901	5,847	49.6
Betsi Cadwaladr UHB	2,464	5,896	41.8
Cardiff and Vale UHB	1,957	4,694	41.7
Cwm Taf Morgannwg UHB	1,846	4,162	44.4
Hywel Dda UHB	1,566	3,146	49.8
Powys Teaching HB	535	981	54.5
Swansea Bay UHB	1,425	3,462	41.2
All Wales	12,694	28,188	45.0

Table 4.2.1b. *Uptake of influenza immunisation in children aged three years, by Health Board of residence, uptake as at 31/03/2026*

Health Board of Residence	Immunised(n)	Eligible Population (N)	Uptake (%)
Aneurin Bevan UHB	3,220	6,386	50.4
Betsi Cadwaladr UHB	2,831	6,450	43.9
Cardiff and Vale UHB	2,161	5,156	41.9
Cwm Taf Morgannwg UHB	2,496	4,425	56.4
Hywel Dda UHB	1,618	3,333	48.5
Powys Teaching HB	586	1,090	53.8
Swansea Bay UHB	1,425	3,597	39.6
All Wales	14,337	30,437	47.1

Influenza vaccine was offered in primary schools in Wales to children in reception class, and School Years 1 to 6. Of the 238,630 eligible children who were aged four to 10 years on 31st August 2025, 57.6% (137,528) were immunised against influenza. This decreased compared to 61.6% in 2024/25. Uptake ranged by HB from 52.7% (Cardiff and Vale UHB) to 65.9% (Hywel Dda UHB) (Table 4.2.2).

Table 4.2.2. *Uptake of influenza immunisation in primary school children (aged four to ten years) by health board, Wales, 2025/26*

Health Board of Residence ¹	Immunised(n)	Eligible Population (N)	Uptake (%)
Aneurin Bevan UHB	28,380	47,653	59.6
Betsi Cadwaladr UHB	28,951	50,409	57.4
Cardiff and Vale UHB	21,811	41,418	52.7
Cwm Taf Morgannwg UHB	20,180	34,511	58.5
Hywel Dda UHB	17,816	27,024	65.9
Powys Teaching HB	4,932	8,774	56.2
Swansea Bay UHB	15,458	28,841	53.6
All Wales	137,528	238,630	57.6

¹Data for Swansea Bay UHB and Aneurin Bevan UHB were not entered into WIS. Eligible population data for these health boards was taken from WIS and is based on area of residence. Data on number of individuals immunised was taken from an online survey based on vaccinations given in school-based immunisation sessions. Data from this survey are as at end March 2026. Due to the difference in methods for calculating uptake, figures between areas are not directly comparable but have been provided to calculate an all-Wales best estimate of uptake in this age group.

Table 4.2.3. *Uptake of influenza immunisation in school children aged four to ten years by health board, Wales, 2025/26*

Health Board of Residence ¹	4	5	6	7	8	9	10
	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)
Aneurin Bevan UHB	61.2	60.1	59.8	60.2	59.1	58.8	58.0
Betsi Cadwaladr UHB	57.7	58.4	58.2	58.2	56.3	56.3	57.3
Cardiff and Vale UHB	54.1	54.3	52.9	53.2	52.0	52.4	50.3
Cwm Taf Morgannwg UHB	59.2	60.1	58.6	59.5	58.3	57.2	56.8
Hywel Dda UHB	64.8	68.1	68.1	65.5	66.2	64.3	65.0
Powys Teaching HB	57.8	57.7	57.2	57.3	56.5	54.5	53.2
Swansea Bay UHB	51.8	52.9	55.8	52.4	54.3	53.9	53.8
All Wales	58.1	58.7	58.5	58.0	57.3	56.8	56.5

¹Data for Swansea Bay UHB and Aneurin Bevan UHB were not entered into WIS. Eligible population data for these health boards was taken from WIS and is based on area of residence. Data on number of individuals immunised was taken from an online survey based on vaccinations given in school-based immunisation sessions. Data from this survey are as at end March 2026. Due to the difference in methods for calculating uptake, figures between areas are not directly comparable but have been provided to calculate an all-Wales best estimate of uptake in this age group.

Influenza vaccine was offered in secondary schools in Wales to children in School Years 7 to 11. Of the 192,745 eligible children who were aged 11 to 15 years on 31st August 2025, 46.1% (88,765) were

immunised against influenza. This is a decrease compared to 51.9% in 2024/25 in eligible children immunised in schools. Uptake ranged by HB from 40.2% (Powys Teaching HB) to 55.9% (Hywel Dda UHB) (Table 4.2.4).

Table 4.2.4 *Uptake of influenza immunisation in secondary school children (aged 11 to 15 years) by health board, Wales, 2025/26.*

Health Board of Residence ¹	Immunised(n)	Eligible Population (N)	Uptake (%)
Aneurin Bevan UHB	19,040	37,575	50.7
Betsi Cadwaladr UHB	18,778	41,886	44.8
Cardiff and Vale UHB	14,184	32,831	43.2
Cwm Taf Morgannwg UHB	12,042	27,771	43.4
Hywel Dda UHB	12,533	22,418	55.9
Powys Teaching HB	2,875	7,151	40.2
Swansea Bay UHB	9,313	23,113	40.3
All Wales	88,765	192,745	46.1

¹Data for Swansea Bay UHB and Aneurin Bevan UHB were not entered into WIS. Eligible population data for these health boards was taken from WIS and is based on area of residence. Data on number of individuals immunised was taken from an online survey based on vaccinations given in school-based immunisation sessions. Data from this survey are as at end March 2026. Due to the difference in methods for calculating uptake, figures between areas are not directly comparable but have been provided to calculate an all-Wales best estimate of uptake in this age group.

Table 4.2.5. *Uptake of influenza immunisation in school children aged 11 to 15 years by health board, Wales, 2025/26.*

Health Board of Residence ¹	11	12	13	14	15
	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)
Aneurin Bevan UHB	56.5	52.7	49.5	49.8	45.3
Betsi Cadwaladr UHB	51.2	47.3	45.2	43.5	37.5
Cardiff and Vale UHB	46.9	44.9	43.5	42.5	38.4
Cwm Taf Morgannwg UHB	52.2	43.9	42.7	41.0	37.5
Hywel Dda UHB	61.1	55.8	56.2	55.0	51.8
Powys Teaching HB	45.2	42.9	39.7	37.3	36.2
Swansea Bay UHB*	45.7	42.0	40.9	39.7	33.5
All Wales	51.9	47.6	46.0	44.8	40.3

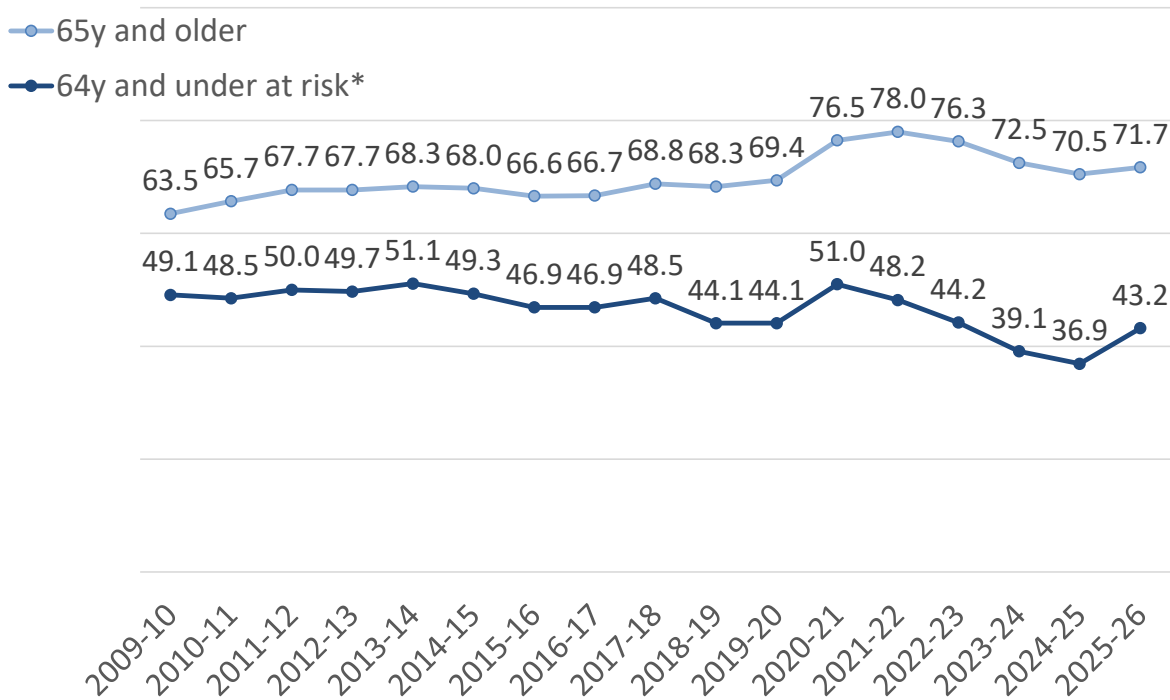
¹Data for Swansea Bay UHB and Aneurin Bevan UHB were not entered into WIS. Eligible population data for these health boards was taken from WIS and is based on area of residence. Data on number of individuals immunised was taken from an online survey based on vaccinations given in school-based immunisation sessions. Data from this survey are as at end March 2026. Due to the difference in methods for calculating uptake, figures between areas are not directly comparable but have been provided to calculate an all-Wales best estimate of uptake in this age group.

4.2.2 Uptake in those aged 65 years and older and aged 16 to 64 years in clinical risk groups

Uptake of influenza vaccine in those aged 65 years and older was 71.7%, an increase compared to 70.5% in 2024/25 (Figure 4.2.1). Of all influenza immunisations given to those aged 65 years and over, 90% were delivered by the week ending 9th December 2025 (Figure 4.2.2). Uptake varied by HB from 68.2% (Swansea Bay UHB) to 73.7% (Betsi Cadwaladr UHB) (Table 4.2.6, Figure 4.2.3) and ranged by Local Authority (LA) area from 66.9% (Neath Port Talbot) to 77.4% (Monmouthshire) (Appendix Table B5). No HBs and three LA areas achieved the 75% ambition.

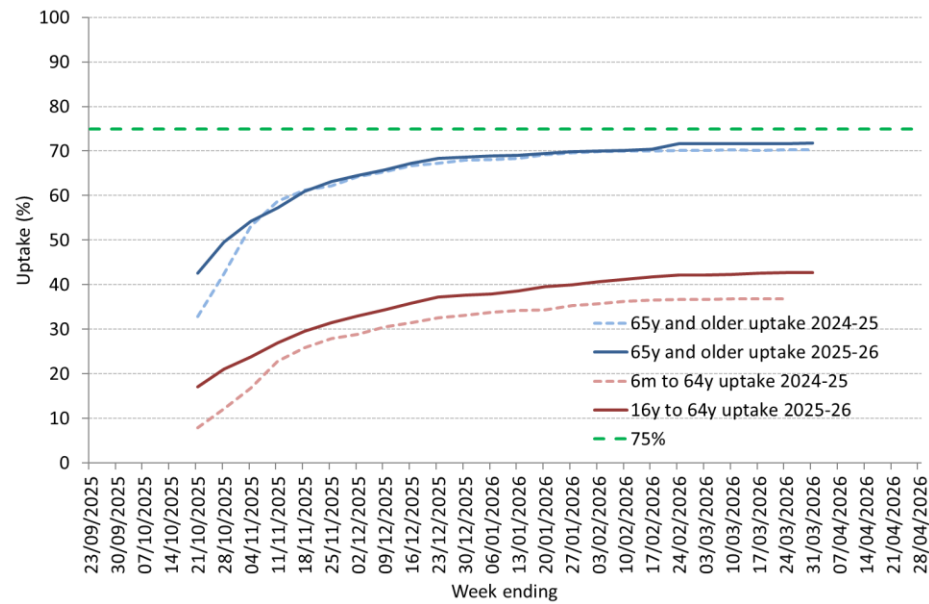
Uptake in those aged 16 to 64 years in a clinical risk group was 43.2%, an increase compared to 36.9% in the 2024/25 season (Figure 4.2.1). Of all immunisations given to those aged 16 to 64 years in clinical risk groups, 90% were delivered by the week ending 13th January 2026 (Figure 4.2.2). Uptake ranged by HB from 36.7% (Swansea Bay UHB) to 45.0% (Powys Teaching HB and Cwm Taf Morgannwg UHB) (Table 4.2.6, Figure 4.2.4) and by LA area from 35.3% (Neath Port Talbot) to 50.6% (Monmouthshire) (Appendix Table B5).

Figure 4.2.1. Annual trends in influenza immunisation uptake (%) in those aged 65 years and over and in those aged 64 years and younger in clinical risk groups*, Wales, 2009/10 – 2025/26



* The 64 years and younger at clinical risk group includes those aged 6 months to 64 years prior to the 2025/26 season. In the 2025/26 season this included only those aged 16 to 64 years at clinical risk.
Data for those aged 64 years and younger at risk includes those morbidly obese not otherwise at risk. Prior to 2018/19 this group were not included in the overall uptake figures for this category.
Data prior to 2025/26 were collected from GP systems using Audit+ and are based on individuals registered with primary care in Wales. Data from 2025/26 onwards are from WIS and based on those resident in Wales.

Figure 4.2.2. Weekly trend in uptake of influenza vaccine in patients aged 65 years and over and in those aged 64 years and younger in clinical risk groups, Wales, 2024/25 and 2025/26



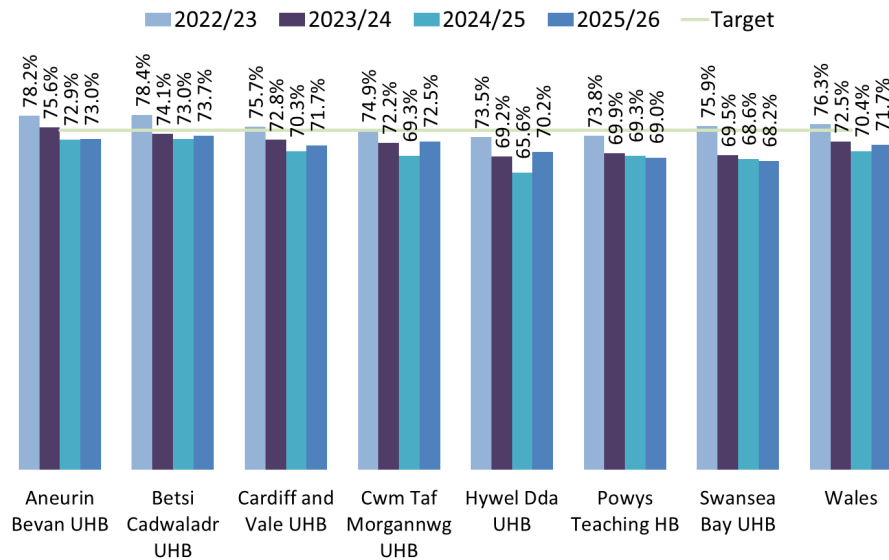
*Data for 2024/25 were collected from GP systems using Audit+ and are based on those registered with primary care in Wales. Clinical risk data are based on individuals aged 6m to 64 years at clinical risk. Data for 2025/26 are from WIS and are based on those resident in Wales. Clinical risk data are based on those aged 16 to 64 years at clinical risk.

Table 4.2.6. Trends in uptake (%) of influenza immunisation in health boards, Wales, 2022/23– 2025/26¹

Health Board	Uptake in patients aged 65y and older				Uptake in patients younger than 65y at risk			
	2022/23	2023/24	2024/25	2025/26	2022/23	2023/24	2024/25	2025/26
Aneurin Bevan UHB	78.2	75.6	72.9	73.0	47.4	42.5	40.5	44.2
Betsi Cadwaladr UHB	78.4	74.1	73.0	73.7	47.0	42.1	40.3	42.7
Cardiff and Vale UHB	75.7	72.8	70.3	71.7	39.7	36.1	33.5	44.5
Cwm Taf Morgannwg UHB	74.9	72.2	69.3	72.5	42.3	37.8	35.4	45.0
Hywel Dda UHB	73.5	69.2	65.6	70.2	41.8	35.9	32.3	44.5
Powys Teaching UHB	73.8	69.9	69.3	69.0	47.2	43.1	41.1	45.1
Swansea Bay UHB	75.9	69.5	68.6	68.2	43.8	35.6	33.8	36.7
Wales	76.3	72.5	70.4	71.7	44.2	39.1	36.9	43.2

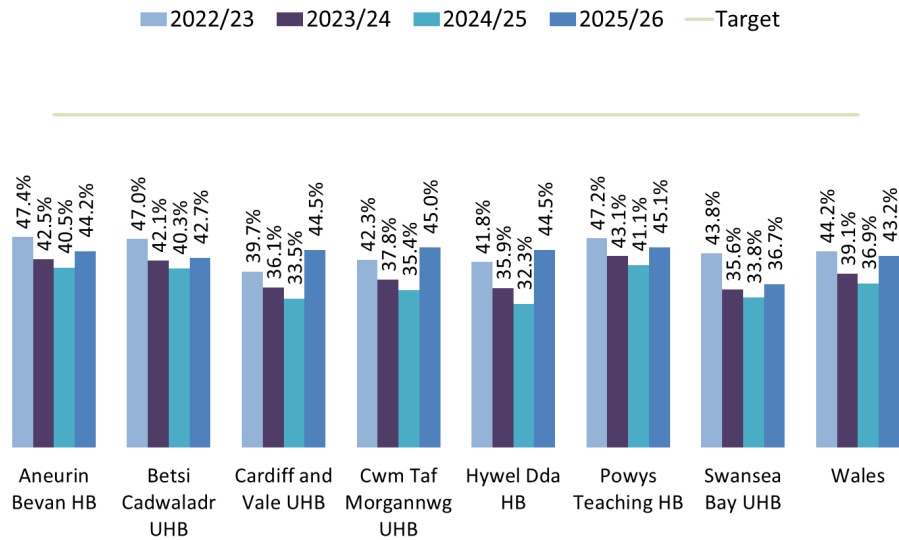
¹Data prior to 2025/26 were collected from GP systems using Audit+ and are based on individuals aged 6m to 64years at clinical risk registered with primary care in Wales. Data for 2025/26 are from WIS and based on those aged 16 to 64 years at clinical risk resident in Wales.

Figure 4.2.3. Uptake of influenza immunisation in health boards in Wales in patients aged 65 years and over, 2022/23 – 2025/26*¹



¹ Data prior to 2025/26 were collected from GP systems using Audit+ and are based on individuals registered with primary care in Wales. Data from 2025/26 onwards are from WIS and based on those resident in Wales.

Figure 4.2.4. Uptake of influenza immunisation in health boards in Wales in patients aged 64 years and younger in clinical risk groups, 2022/23 – 2025/26 ¹

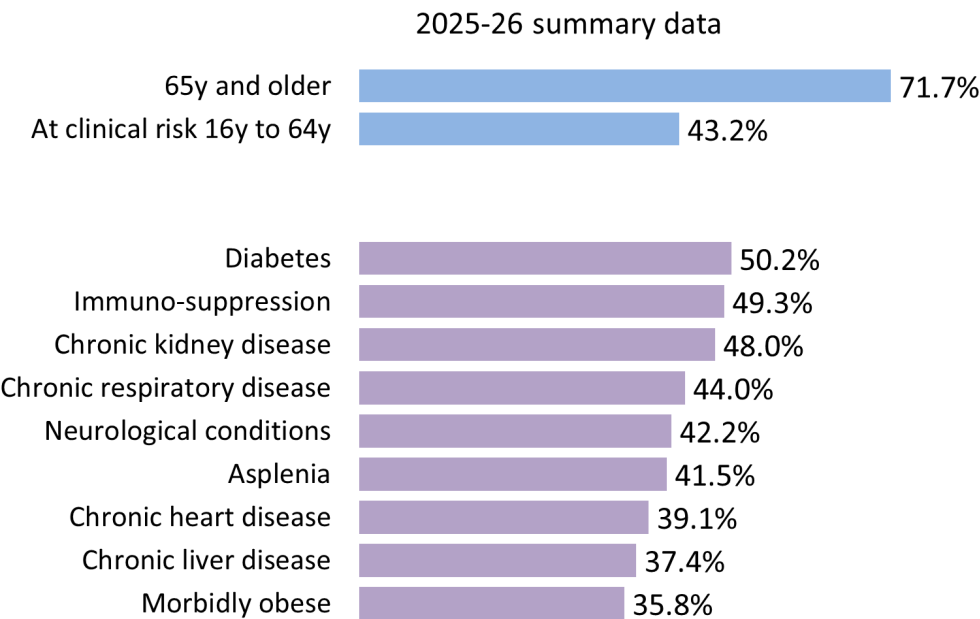


¹ Data prior to 2025/26 were collected from GP systems using Audit+ and are based on individuals aged 6m to 64years at clinical risk registered with primary care in Wales. Data for 2025/26 are from WIS and based on those aged 16 to 64 years at clinical risk resident in Wales.

4.2.3 Immunisation uptake by risk group

Vaccine uptake in those aged 16 to 64 years in a clinical risk group was 43.2%. Many people will have more than one clinical risk, for example, a patient may suffer from both diabetes and chronic heart disease, therefore the same patient may be represented in the uptake figures for more than one risk group. However, a patient will only be counted once in the overall total uptake figure of 43.2% for those aged 16 to 64 years in a clinical risk group, irrespective of how many clinical risk conditions they suffer from. Numbers of individuals coded as being in each clinical risk group can be found in appendix Table B6.

Figure 4.2.5. Influenza immunisation uptake rates in patients aged 65 years and over, and 16 to 64 years at risk, by individual risk group, Wales, 2025/26



- Uptake in those with chronic heart disease aged 16 to 64 years was 39.1% (Figure 4.2.5, Appendix Table B6). Uptake by HB ranged from 34.9% (Swansea Bay UHB) to 41.3% (Cwm Taf Morgannwg UHB).
- Uptake in those with chronic respiratory disease aged 16 to 64 years was 44.0% (Figure 4.2.5, Appendix Table B6), ranging by HB from 40.0% (Swansea Bay UHB) to 47.1% (Powys Teaching HB).
- Uptake in those with chronic kidney disease aged 16 to 64 years was 48.0% (Figure 4.2.5, Appendix Table B6), ranging by HB from 44.3% (Swansea Bay UHB) to 51.8% (Powys Teaching HB).
- Uptake in those with diabetes aged 16 to 64 years was 50.2% (Figure 4.2.5, Appendix Table B6), ranging by HB from 47.2% (Swansea Bay UHB) to 53.3% (Powys Teaching HB).

- Uptake in those with immunosuppression due to disease or treatment was 49.3% (Figure 4.2.5, Appendix Table B6), ranging by HB from 44.3% (Swansea Bay UHB) to 52.6% (Powys Teaching HB).
- Uptake in those with chronic liver disease aged 16 to 64 years was 37.4% (Figure 4.2.5, Appendix Table B6), ranging by HB from 33.5% (Swansea Bay UHB) to 40.1% (Cwm Taf Morgannwg UHB).
- Uptake in those with chronic neurological conditions (including stroke and TIA) aged 16 to 64 years was 42.2% (Figure 4.2.5, Appendix Table B6), ranging by HB from 38.4% (Swansea Bay UHB) to 44.2% (Cwm Taf Morgannwg UHB).
- Uptake in morbidly obese patients aged 18 to 64 years (eligible age group for this clinical risk group) was 35.8% (Figure 4.2.5, Appendix Table B6). Uptake ranged by HB from 33.2% (Swansea Bay UHB) to 38.5% (Cwm Taf Morgannwg UHB).
- Uptake in those who are asplenic (or have a dysfunctional spleen) aged 16 to 64 years was 41.5% (Figure 4.2.5, Appendix Table B6), ranging by HB from 36.7% (Swansea Bay UHB) to 45.3% (Cwm Taf Morgannwg UHB).

4.2.4 Uptake in pregnant women

Influenza vaccination uptake in women giving birth between November 2025 and March 2026 was calculated using data in the Wales Maternity Indicators Delivery Dataset, linked to WIS vaccination status data. During this period **overall uptake of the influenza vaccine was 50.4% (4,604/9,132) in women giving birth.**

Figure 4.2.6. Uptake of influenza vaccination (data source: Welsh Immunisation System for women giving birth 01/11/2025-31/03/2026, by month of delivery in Wales.

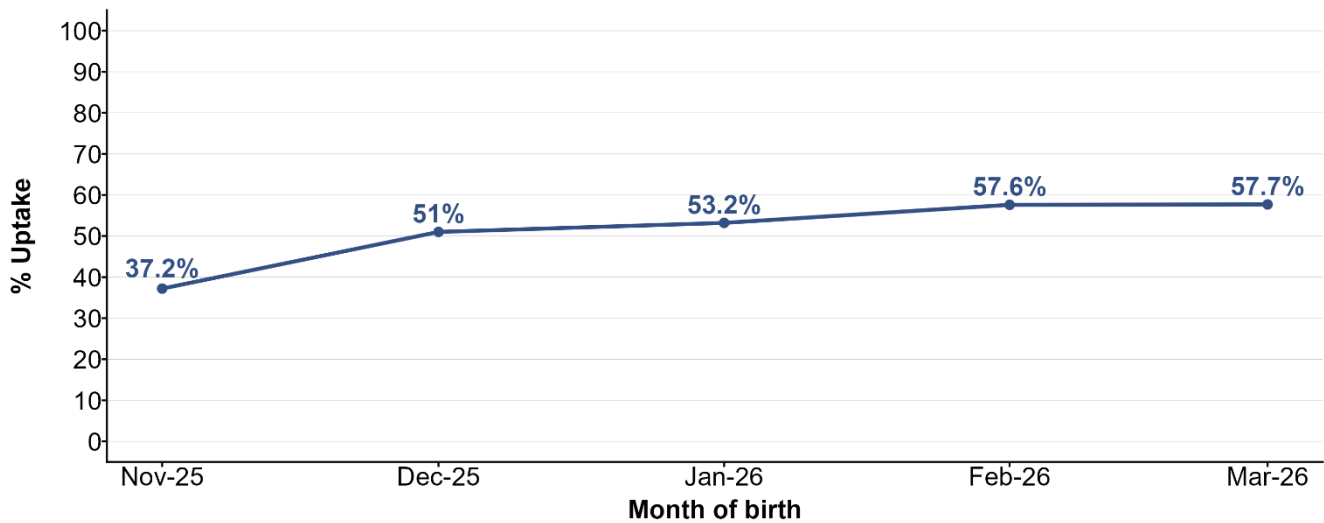


Table 4.2.7. Uptake of influenza immunisation (data source: Welsh Immunisation System) in women of different age groups giving birth 01/11/2025-31/03/2026 in Wales*

Mother's age (years)	Number of women delivered	Immunised (n)	Uptake
<20	243	78	32.1%
20-29	3581	1700	47.5%
30-39	4811	2607	54.2%
40+	395	218	55.2%
Total	9030	4603	51%

*Ages for a small number of women unknown and are omitted from this table.

Table 4.2.8. Uptake of influenza immunisation (data source: Welsh Immunisation System) in women giving birth 01/11/2025-31/03/2026, by health board of residence in Wales*

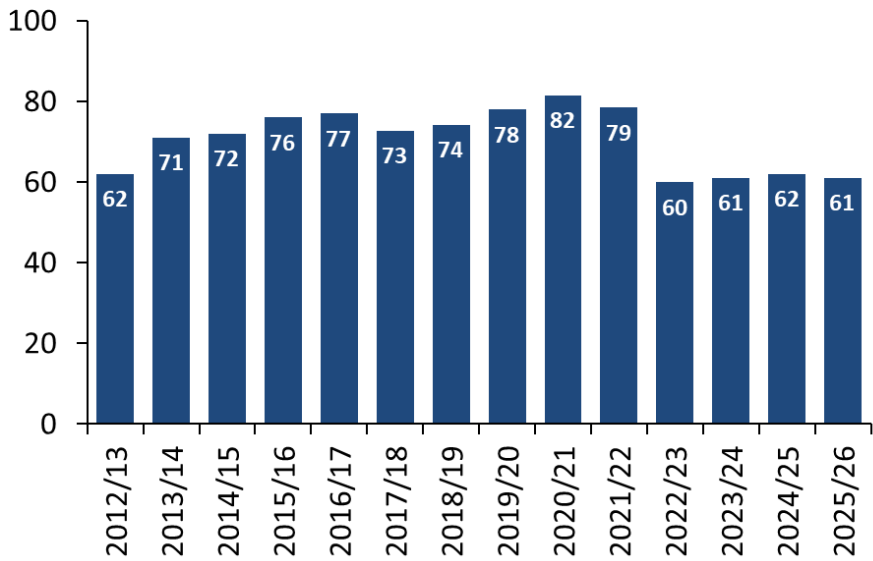
Health Board	Number of women delivered	Immunised (n)	Uptake
Aneurin Bevan UHB	2041	1089	53.4%
Betsi Cadwaladr UHB	1669	856	51.3%
Cardiff and Vale UHB	1644	861	52.4%
Cwm Taf Morgannwg UHB	1115	557	50%
Hywel Dda UHB	1070	504	47.1%
Powys THB	178	84	47.2%
Swansea Bay UHB	1183	610	51.6%
Total	8900	4561	51.2%

*Health Boards for a small number of women unknown and are omitted from this table.

The 2025/26 season was the first season where it was possible to monitor vaccination coverage in all women who delivered. Historically, coverage of influenza vaccination in pregnant women was measured using a five-day point of delivery survey carried out with health board midwifery services in major maternity units across Wales, ascertaining self-reported vaccination status for the women delivering during the survey period. The survey was also conducted in January 2026 to provide trends data and provide a comparison of uptake using different data collection methods.

The 2025/26 point of delivery (POD) survey included 313 women giving birth during a five-day period in January 2026 [9]. Data were submitted by six health boards in Wales. Uptake of influenza immunisation recalled in this group was 61.3% (95% CI 55.7-66.8), stable compared to 62.1% (95% CI 56.9-67.2) last year (Figure 4.2.7). All seven health boards collected data on whether the women recalled being offered influenza immunisation. A total of 94.3% of women recalled being offered influenza vaccination, a slight decrease from 95.5% last year.

Figure 4.2.7. *Uptake (%) of influenza vaccination in pregnant women participating in the 5-day Point of Delivery (POD) survey Wales, 2012/13-2025/26*



4.2.5 Uptake in NHS staff in Wales

All health boards and NHS trusts in Wales provided NHS staff immunisation uptake data. Uptake in staff groups expected to have direct patient contact was 44.2% (n=30,677) (Table 4.2.9). Uptake in staff with direct patient contact ranged by organisation from 25.9% (Public Health Wales NHS Trust) to 57.6% (Velindre NHS Trust). Uptake in staff groups ranged from 39.8% (Estates and Ancillary) to 49.9% (Additional Professional Scientific and Technical) (Table 4.2.10).

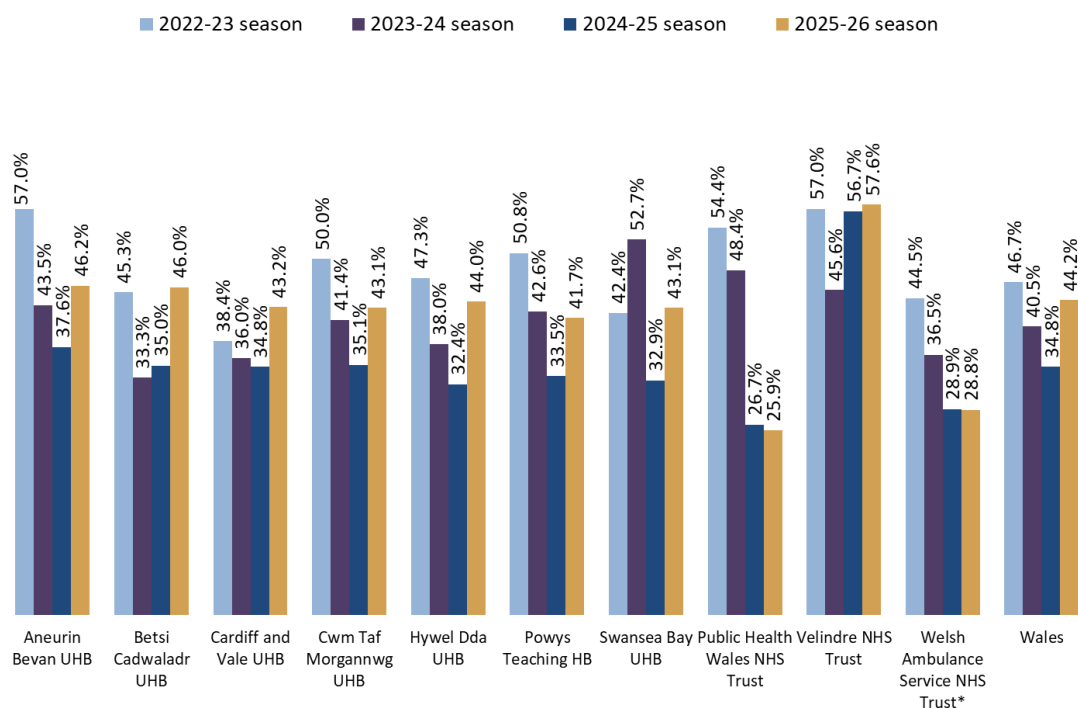
There were a total of 105,328 NHS health board or trust staff reported under the care of NHS Occupational Health departments in Wales and offered influenza vaccination, of whom 43.6% (n=45,974) were immunised during 2025/26, an increase of 9.3 from 34.3% in 2024/25. Uptake has increased in eleven of the sixteen years since 2009/10 (11.6%). Uptake in all staff ranged by organisation from 28.7% (Public Health Wales NHS Trust) to 53.9% (Velindre NHS Trust). Nine of the ten Trusts and Health Boards showed an increase in uptake compared to the previous season (Figure 4.2.8).

Table 4.2.9. Uptake of influenza immunisation in NHS staff in Wales, 2025/26

Health Board/Trust	Total Staff			Staff with direct patient contact ¹		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
Aneurin Bevan UHB	7217	15536	46.5	4892	10585	46.2
Betsi Cadwaladr UHB	9788	21209	46.2	6867	14934	46.0
Cardiff and Vale UHB	7594	17381	43.7	5369	12421	43.2
Cwm Taf Morgannwg UHB	5582	12948	43.1	3805	8820	43.1
Hywel Dda UHB	5251	11965	43.9	3681	8371	44.0
Powys Teaching HB	1009	2258	44.7	612	1466	41.7
Swansea Bay UHB	6376	14788	43.1	4532	10513	43.1
Velindre NHS Trust	1071	1988	53.9	571	991	57.6
Welsh Ambulance Service NHS Trust	1305	4535	28.8	-	-	-
Public Health Wales NHS Trust ²	781	2720	28.7	348	1343	25.9
Wales	45974	105328	43.6	30677	69444	44.2

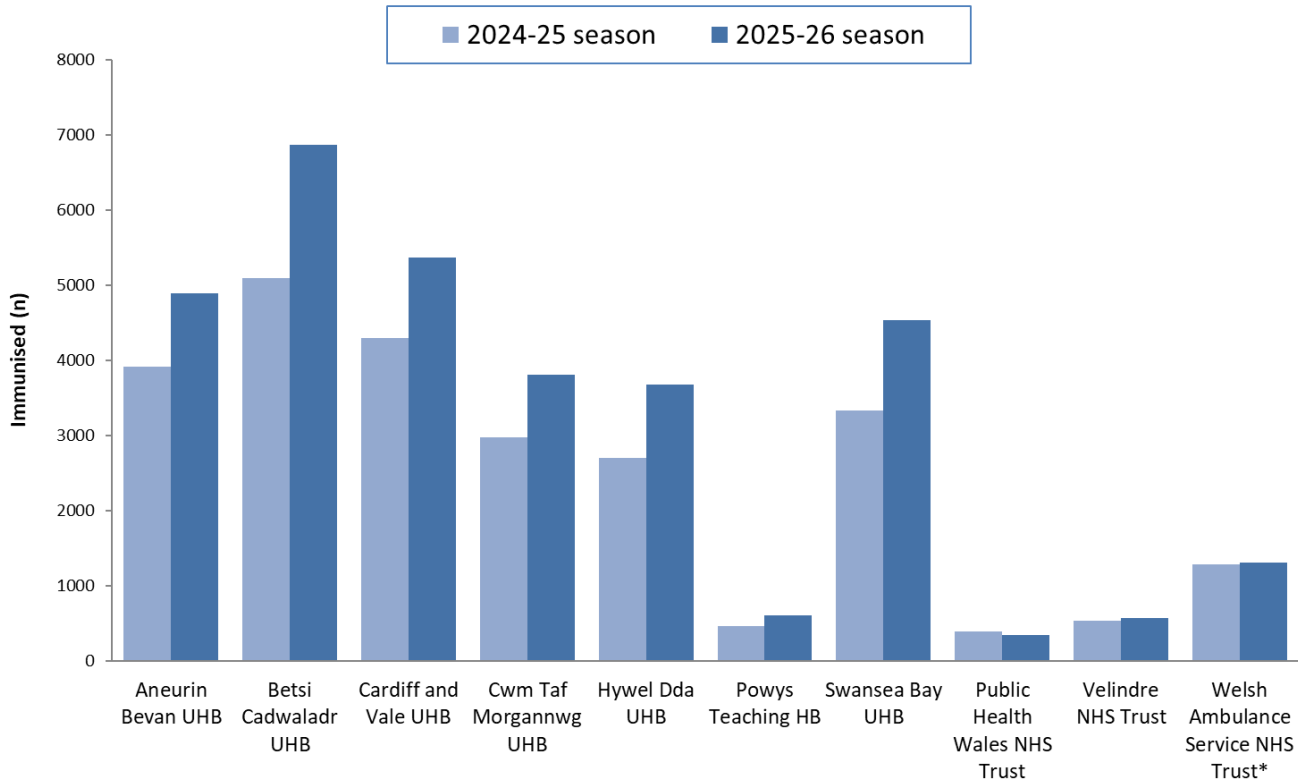
¹ Combined figures for: Additional Prof Scientific and Technical, Additional Clinical Services, Allied Health Professions, Medical and Dental, Nursing & Midwifery Registered staff groups.

² Public Health Wales figures do not currently include staff vaccinated by health boards under service level agreements and will underestimate coverage.

Figure 4.2.8. Uptake of influenza immunisation in NHS staff with direct patient contact in Wales, 2022/23 – 2025/26

*All staff data used for Welsh Ambulance Service NHS Trust

Figure 4.2.9. Number of influenza immunisations in Welsh Health Board & NHS Trust staff with direct patient contact – seasonal comparison 2024/25 and 2025/26.



*All staff data used for Welsh Ambulance Service NHS Trust

Table 4.2.10. Uptake of influenza immunisation in NHS staff groups, Wales, 2025/26

ESR staff group	Staff		
	Immunised (n)	Denominator (n)	Uptake (%)
Additional Clinical Services	8216	20219	40.6
Additional Prof Scientific and Technical	1810	3629	49.9
Administrative and Clerical	9149	19267	47.5
Allied Health Professionals	3542	7153	49.5
Estates and Ancillary	3360	8447	39.8
Healthcare Scientists	1050	2258	46.5
Medical and Dental	3172	6488	48.9
Nursing & Midwifery Registered	13589	30612	44.4

4.2.6 Vaccination in prisons

A total of 1,293 vaccinations were recorded as given in a prison setting during the 2025/26 season (Table 4.2.11). Robust data to measure denominators and uptake of influenza vaccination in poultry workers in Wales are not currently available.

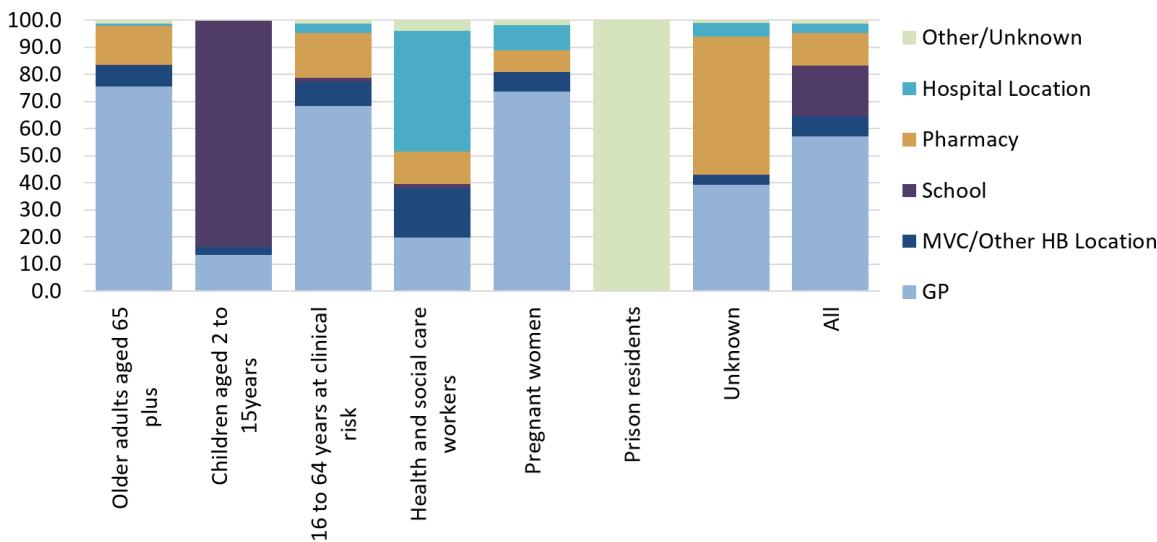
Table 4.2.11. *Counts of Influenza vaccination administered in Welsh Prisons, as at 31/03/2026*

Prison Name	Vaccinating Health Board	Counts of vaccines administered (n)
HMP Prison Prescoed	Aneurin Bevan UHB	96
HMP Prison Usk	Aneurin Bevan UHB	187
HMP Berwyn	Betsi Cadwaladr UHB	247
HM Prison Cardiff	Cardiff and Vale UHB	147
Parc Prison	Cwm Taf Morgannwg UHB	568
HMP Swansea	Swansea Bay UHB	48
All Prisons	All Wales	1293

4.2.7 Estimated numbers of individuals immunised in Wales in 2025/26

The total number of individuals vaccinated, based on those living and residing in Wales as at 31st March 2026 and recorded as vaccinated in WIS) is 1,034,293. This represents an estimated 32% of the population. The actual number of individuals vaccinated and recorded in WIS during 2025/26 is higher, at 1,059,998.

Figure 4.2.10. Proportion of influenza immunisations by setting and eligibility criteria, 2025/26.

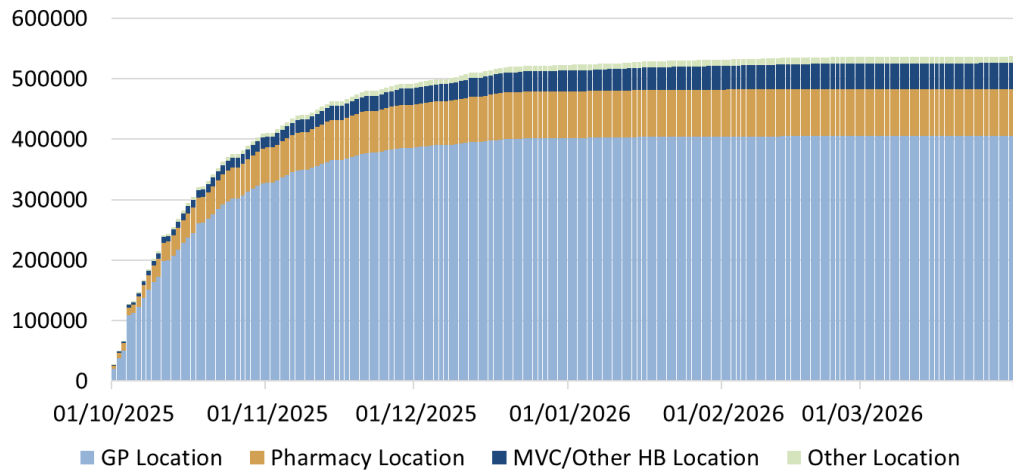


Of the 1,059,998 total vaccinations recorded in WIS, 607,605 (57.3%) were given in general practice, 197,289 (18.6%) were given in schools, 126,007 (11.9%) were given in pharmacy, 78,476 (7.4%) were given in vaccination centres (MVCs) or other health board settings, 37,620 (3.5%) were delivered in hospital locations, 7,096 (0.7%) were given in care home settings, 3,066 (0.3%) were given in unknown locations and 2,859 (0.3%) were given in other locations (Prisons, Mobile Units, Children’s Home).

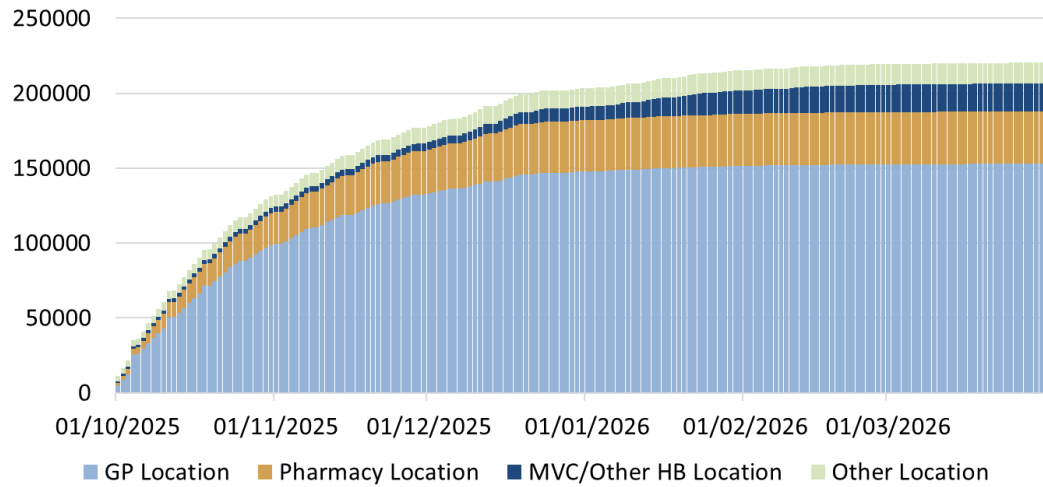
The estimated total of 1,059,998 individuals immunised throughout 2025/26 is an increase on the estimated 901,787 individuals immunised during the 2024/25 influenza immunisation campaign. Previous years estimates are based on data recorded by general practices, the actual number of individuals immunised against influenza in Wales would have been higher as not all immunisations given by other service providers will be recorded in general practice databases. Although all vaccination providers were encouraged to enter data into WIS during the 2025/26 season, some vaccinations such as those given in school immunisation sessions may not have been entered into the system at the time of this report. When interpreting longer term trends in number of individuals immunised the change in eligible cohorts over time should also be taken into consideration, particularly the inclusion of otherwise healthy 50–64-year-olds across the 2020/21 to 2022/23 seasons and the expansion of the childhood programme to secondary school children in 2020/21.

Figure 4.2.11. Cumulative number of influenza immunisations given by setting and eligibility criteria, 2025/26.

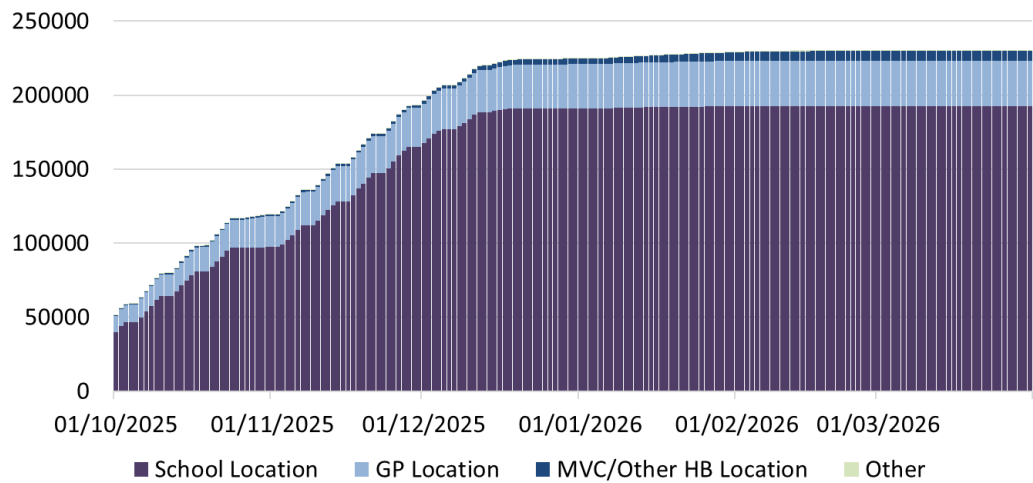
a) 65 years and older



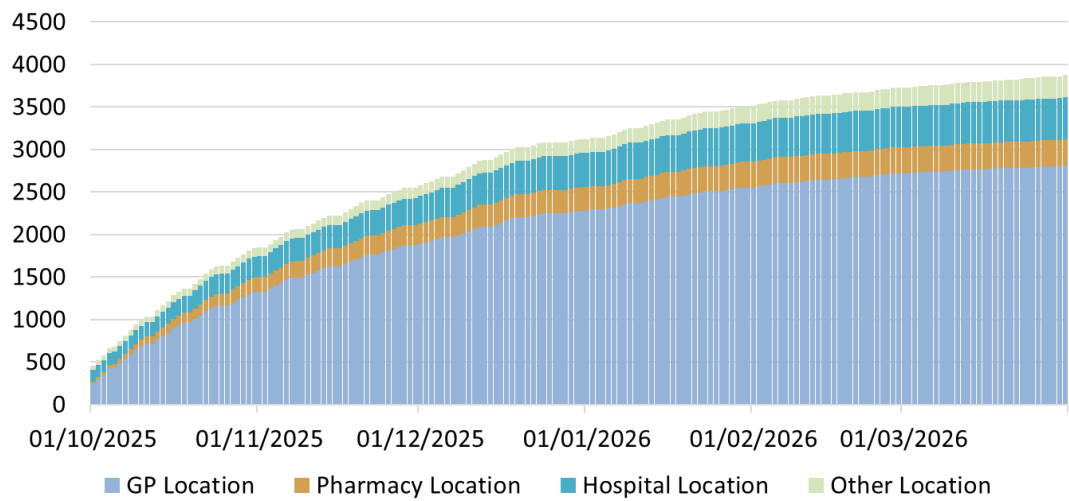
b) 16 to 64 years at clinical risk



c) Children aged 2 to 16years



d) Pregnant women



4.3 Equity in influenza immunisation uptake

4.3.1. Vaccination uptake by deprivation quintile

Table 4.3.1 Uptake of influenza immunisation in Wales for the 2025/26 season, comparing patients in the most deprived and least deprived quintiles of areas.

Eligibility Group	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in most deprived areas (%)	Uptake in least deprived areas (%)	% Gap
65+	731,082	524,370	71.7	64.4	77.7	13.3
16-64y	503,690	217,651	43.2	37.3	49.5	12.2
2years	28,188	12,694	45.0	34.9	55.1	20.2
3years	30,437	14,337	47.1	36.7	56.6	19.9

Figure 4.3.1 Uptake of influenza immunisation in Wales for the 2025/26 season, comparing patients in the most deprived and least deprived quintiles of areas.

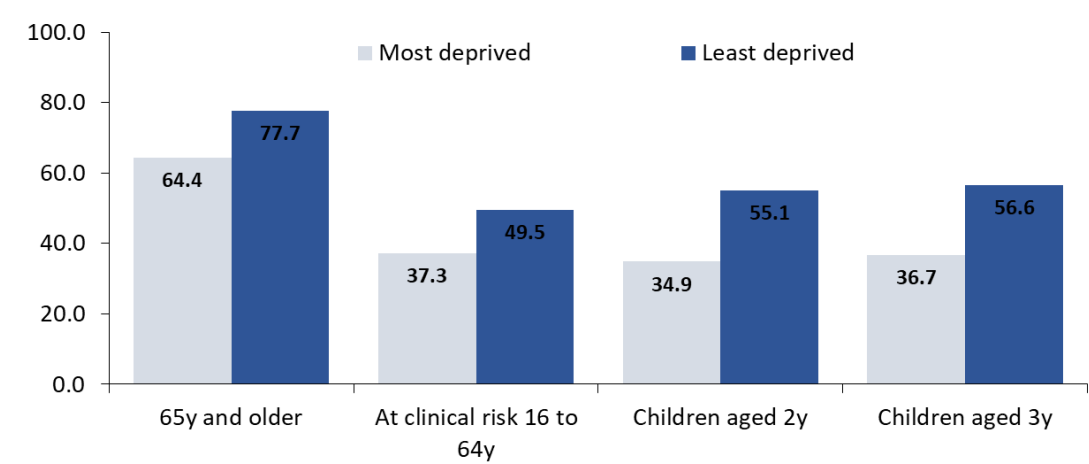


Table 4.3.2 *Uptake of influenza immunisation in Wales for the 2025/26 season in patients aged 65 years and older, by local health board, comparing patients in the most deprived and least deprived quintiles of areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in most deprived areas (%)	Uptake in least deprived areas (%)	% Gap
Aneurin Bevan UHB	132,066	96,376	73.0	65.8	79.3	13.5
Betsi Cadwaladr UHB	175,152	129,086	73.7	66.3	78.7	12.4
Cardiff and Vale UHB	94,751	67,897	71.7	59.1	78.1	19.0
Cwm Taf Morgannwg UHB	96,611	70,072	72.5	68.1	78.3	10.2
Hywel Dda UHB	105,638	74,118	70.2	62.7	74.8	12.1
Powys THB	39,894	27,509	69.0	69.6	79.0	9.4
Swansea Bay UHB	86,970	59,312	68.2	61.3	73.8	12.5
All Wales	731,082	524,370	71.7	64.4	77.7	13.3

Table 4.3.3 *Uptake of influenza immunisation in Wales for the 2025/26 season in patients aged 16 to 64 years at clinical risk, by local health board, comparing patients in the most deprived and least deprived quintiles of areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in most deprived areas (%)	Uptake in least deprived areas (%)	% Gap
Aneurin Bevan UHB	102,112	45,135	44.2	37.9	52.2	14.3
Betsi Cadwaladr UHB	110,831	47,319	42.7	35.4	48.2	12.8
Cardiff and Vale UHB	74,852	33,287	44.5	38.1	51.8	13.7
Cwm Taf Morgannwg UHB	74,966	33,745	45.0	41.5	50.2	8.7
Hywel Dda UHB	61,843	27,505	44.5	36.1	49.4	13.3
Powys THB	19,536	8,801	45.1	42.4	47.9	5.5
Swansea Bay UHB	59,550	21,859	36.7	33.1	42.7	9.6
All Wales	503,690	217,651	43.2	37.3	49.5	12.2

Table 4.3.4 *Uptake of influenza immunisation in Wales for the 2025/26 season in children aged 2 years, by local health board, comparing patients in the most deprived and least deprived areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in most deprived areas (%)	Uptake in least deprived areas (%)	% Gap
Aneurin Bevan UHB	5,847	2,901	49.6	40.8	64.1	23.3
Betsi Cadwaladr UHB	5,896	2,464	41.8	28.2	48.3	20.1
Cardiff and Vale UHB	4,694	1,957	41.7	27.8	54.5	26.7
Cwm Taf Morgannwg UHB	4,162	1,846	44.4	37.7	56.2	18.5
Hywel Dda UHB	3,146	1,566	49.8	40.9	63.6	22.7
Powys THB	981	535	54.5	45.2	50.0	4.8
Swansea Bay UHB	3,462	1,425	41.2	34.4	52.0	17.6
All Wales	28,188	12,694	45.0	34.9	55.1	20.2

Table 4.3.5 *Uptake of influenza immunisation in Wales for the 2025/26 season in children aged 3 years, by local health board, comparing patients in the most deprived and least deprived quintiles of areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in most deprived areas (%)	Uptake in least deprived areas (%)	% Gap
Aneurin Bevan UHB	6,386	3,220	50.4	40.4	62.0	21.6
Betsi Cadwaladr UHB	6,450	2,831	43.9	30.5	53.4	22.9
Cardiff and Vale UHB	5,156	2,161	41.9	29.0	55.3	26.3
Cwm Taf Morgannwg UHB	4,425	2,496	56.4	50.6	62.7	12.1
Hywel Dda UHB	3,333	1,618	48.5	31.4	58.2	26.8
Powys THB	1,090	586	53.8	48.3	63.8	15.5
Swansea Bay UHB	3,597	1,425	39.6	33.1	50.3	17.2
All Wales	30,437	14,337	47.1	36.7	56.6	19.9

4.3.2. Vaccination uptake by Rural/Urban Classification of residence

Table 4.3.6 *Uptake of influenza immunisation in Wales for the 2025/26 season, comparing patients in rural and urban areas*

Eligibility Group	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in rural areas (%)	Uptake in urban areas (%)	% Gap
65+	731,082	524,370	71.7	72.3	71.4	-0.9
16-64y	503,690	217,651	43.2	45.9	42.2	-3.7
2years	28,188	12,694	45.0	51.3	42.8	-8.5
3years	30,437	14,337	47.1	51.5	45.5	-6.0

Figure 4.3.2 *Uptake of influenza immunisation in Wales for the 2025/26 season, comparing patients in rural and urban areas*

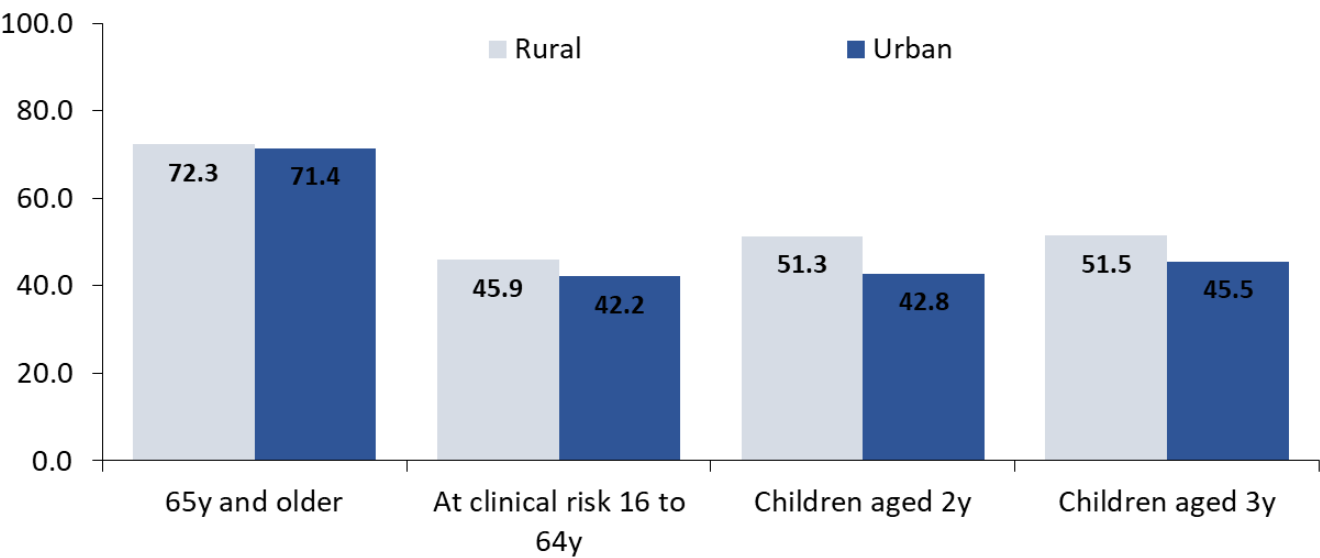


Table 4.3.7 *Uptake of influenza immunisation in Wales for the 2025/26 season, in patients aged 65 years and older, by local health board, comparing patients in rural and urban areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in rural areas (%)	Uptake in urban areas (%)	% Gap
Aneurin Bevan UHB	132,066	96,376	73.0	75.0	72.5	-2.5
Betsi Cadwaladr UHB	175,152	129,086	73.7	74.5	72.9	-1.6
Cardiff and Vale UHB	94,751	67,897	71.7	78.9	70.9	-8.0
Cwm Taf Morgannwg UHB	96,611	70,072	72.5	73.4	72.4	-1.0
Hywel Dda UHB	105,638	74,118	70.2	70.1	70.2	0.1
Powys THB	39,894	27,509	69.0	68.4	73.6	5.2
Swansea Bay UHB	86,970	59,312	68.2	69.9	67.8	-2.1
All Wales	731,082	524,370	71.7	72.3	71.4	-0.9

Table 4.3.8 *Uptake of influenza immunisation in Wales for the 2025/26 season in patients aged 16 to 64y at clinical risk, by local health board, comparing patients in rural and urban areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in rural areas (%)	Uptake in urban areas (%)	% Gap
Aneurin Bevan UHB	102,112	45,135	44.2	48.7	43.3	-5.4
Betsi Cadwaladr UHB	110,831	47,319	42.7	45.8	40.2	-5.6
Cardiff and Vale UHB	74,852	33,287	44.5	51.2	44.0	-7.2
Cwm Taf Morgannwg UHB	74,966	33,745	45.0	45.7	44.9	-0.8
Hywel Dda UHB	61,843	27,505	44.5	46.9	40.9	-6.0
Powys THB	19,536	8,801	45.1	44.5	47.8	3.3
Swansea Bay UHB	59,550	21,859	36.7	37.5	36.5	-1.0
All Wales	503,690	217,651	43.2	45.9	42.2	-3.7

Table 4.3.9 *Uptake of influenza immunisation in Wales for the 2025/26 season in children aged 2 years, by local health board, comparing patients in rural and urban areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in rural areas (%)	Uptake in urban areas (%)	% Gap
Aneurin Bevan UHB	5,847	2,901	49.6	57.1	48.2	-8.9
Betsi Cadwaladr UHB	5,896	2,464	41.8	51.5	34.8	-16.7
Cardiff and Vale UHB	4,694	1,957	41.7	50.2	41.1	-9.1
Cwm Taf Morgannwg UHB	4,162	1,846	44.4	42.9	44.6	1.7
Hywel Dda UHB	3,146	1,566	49.8	50.7	48.5	-2.2
Powys THB	981	535	54.5	55.3	50.9	-4.4
Swansea Bay UHB	3,462	1,425	41.2	44.0	40.6	-3.4
All Wales	28,188	12,694	45.0	51.3	42.8	-8.5

Table 4.3.10 *Uptake of influenza immunisation in Wales for the 2025/26 season in children aged 3 years, by local health board, comparing patients in rural and urban areas*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in rural areas (%)	Uptake in urban areas (%)	% Gap
Aneurin Bevan UHB	6,386	3,220	50.4	57.3	49.2	-8.1
Betsi Cadwaladr UHB	6,450	2,831	43.9	51.1	38.4	-12.7
Cardiff and Vale UHB	5,156	2,161	41.9	52.7	41.2	-11.5
Cwm Taf Morgannwg UHB	4,425	2,496	56.4	54.2	56.7	2.5
Hywel Dda UHB	3,333	1,618	48.5	50.9	45.4	-5.5
Powys THB	1,090	586	53.8	54.3	50.6	-3.7
Swansea Bay UHB	3,597	1,425	39.6	38.3	39.9	1.6
All Wales	30,437	14,337	47.1	51.5	45.5	-6.0

4.3.3. Vaccination uptake by Sex

Table 4.3.11 *Uptake of influenza immunisation in Wales for the 2025/26 season, comparing female and male patients*

Eligibility Group	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in female (%)	Uptake in male (%)	% Gap
65+	731,082	524,370	71.7	72.2	71.2	1.0
16-64y	503,690	217,651	43.2	47.3	38.7	8.6
2years	28,188	12,694	45.0	45.3	44.8	0.5
3years	30,437	14,337	47.1	47.0	47.2	-0.2

Figure 4.3.3 Uptake of influenza immunisation in Wales for the 2025/26 season, comparing female and male patients

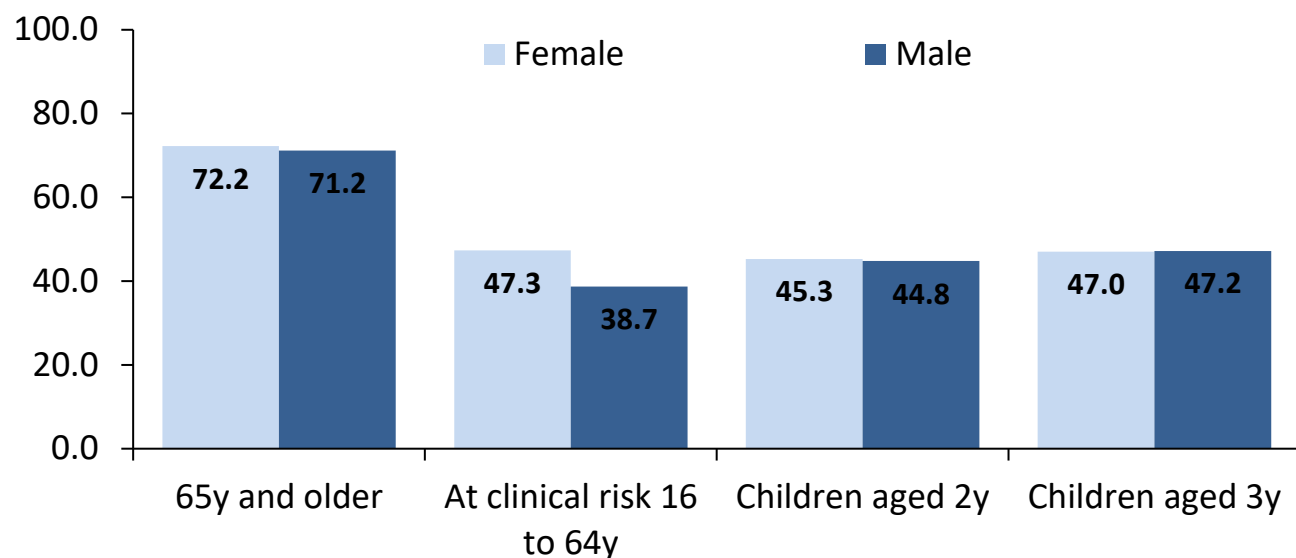


Table 4.3.12 Uptake of influenza immunisation in Wales for the 2025/26 season in patients aged 65 years and older, by local health board, comparing female and male patients

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in female (%)	Uptake in male (%)	% Gap
Aneurin Bevan UHB	132,066	96,376	73.0	73.6	72.3	1.3
Betsi Cadwaladr UHB	175,152	129,086	73.7	74.0	73.3	0.7
Cardiff and Vale UHB	94,751	67,897	71.7	72.9	70.2	2.7
Cwm Taf Morgannwg UHB	96,611	70,072	72.5	72.4	72.7	-0.3
Hywel Dda UHB	105,638	74,118	70.2	70.2	70.1	0.1
Powys THB	39,894	27,509	69.0	69.7	68.1	1.6
Swansea Bay UHB	86,970	59,312	68.2	68.8	67.5	1.3
All Wales	731,082	524,370	71.7	72.2	71.2	1.0

Table 4.3.13 *Uptake of influenza immunisation in Wales for the 2025/26 season in patients aged 16 to 64y at clinical risk, by local health board, comparing female and male patients*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in female (%)	Uptake in male (%)	% Gap
Aneurin Bevan UHB	102,112	45,135	44.2	48.7	39.2	9.5
Betsi Cadwaladr UHB	110,831	47,319	42.7	46.6	38.2	8.4
Cardiff and Vale UHB	74,852	33,287	44.5	49.5	39.0	10.5
Cwm Taf Morgannwg UHB	74,966	33,745	45.0	48.6	41.2	7.4
Hywel Dda UHB	61,843	27,505	44.5	48.4	40.1	8.3
Powys THB	19,536	8,801	45.1	49.4	40.1	9.3
Swansea Bay UHB	59,550	21,859	36.7	40.0	33.2	6.8
All Wales	503,690	217,651	43.2	47.3	38.7	8.6

Table 4.3.14 *Uptake of influenza immunisation in Wales for the 2025/26 season in children aged 2 years, by local health board, comparing female and male patients*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in female (%)	Uptake in male (%)	% Gap
Aneurin Bevan UHB	5,847	2,901	49.6	50.1	49.2	0.9
Betsi Cadwaladr UHB	5,896	2,464	41.8	42.2	41.4	0.8
Cardiff and Vale UHB	4,694	1,957	41.7	41.3	42.1	-0.8
Cwm Taf Morgannwg UHB	4,162	1,846	44.4	46.3	42.7	3.6
Hywel Dda UHB	3,146	1,566	49.8	48.4	51.0	-2.6
Powys THB	981	535	54.5	52.3	56.6	-4.3
Swansea Bay UHB	3,462	1,425	41.2	42.0	40.3	1.7
All Wales	28,188	12,694	45.0	45.3	44.8	0.5

Table 4.3.15 *Uptake of influenza immunisation in Wales for the 2025/26 season in children aged 3 years, by local health board, comparing female and male patients*

Local Health Board	Denominator (n)	Numerator (n)	Uptake (%)	Uptake in female (%)	Uptake in male (%)	% Gap
Aneurin Bevan UHB	6,386	3,220	50.4	50.2	50.6	-0.4
Betsi Cadwaladr UHB	6,450	2,831	43.9	44.3	43.5	0.8
Cardiff and Vale UHB	5,156	2,161	41.9	41.8	42.0	-0.2
Cwm Taf Morgannwg UHB	4,425	2,496	56.4	56.4	56.4	0.0
Hywel Dda UHB	3,333	1,618	48.5	48.5	48.5	0.0
Powys THB	1,090	586	53.8	52.6	54.8	-2.2
Swansea Bay UHB	3,597	1,425	39.6	39.7	39.6	0.1
All Wales	30,437	14,337	47.1	47.0	47.2	-0.2

Table 4.3.16 Uptake of influenza immunisation (data source: Welsh Immunisation System) in women giving birth 01/11/2025 - 31/03/2026, by health board of residence, comparing patients living in most deprived and least deprived areas

Health Board & WIMD deprivation quintile	Number of women delivered	Immunised (n)	Uptake
Aneurin Bevan UHB			
1 (most deprived)	641	288	44.9%
5 (least deprived)	267	168	62.9%
Betsi Cadwaladr UHB			
1 (most deprived)	271	97	35.8%
5 (least deprived)	305	180	59%
Cardiff and Vale UHB			
1 (most deprived)	485	206	42.5%
5 (least deprived)	500	301	60.2%
Cwm Taf Morgannwg UHB			
1 (most deprived)	323	144	44.6%
5 (least deprived)	130	81	62.3%
Hywel Dda UHB			
1 (most deprived)	102	35	34.3%
5 (least deprived)	48	22	45.8%
Powys THB			
1 (most deprived)	*	*	40%
5 (least deprived)	28	14	50%
Swansea Bay UHB			
1 (most deprived)	417	210	50.4%
5 (least deprived)	218	129	59.2%

*Suppressed due to low numbers – Interpret uptake % with caution

Table 4.3.17 *Uptake of influenza immunisation (data source: Welsh Immunisation System) in women of different age groups giving birth 01/11/2025 - 31/03/2026, comparing patients living in most deprived and least deprived areas*

Mother's age (years) & WIMD deprivation quintile	Number of women delivered	Immunised (n)	Uptake
<20			
1 (most deprived)	100	33	44.4%
5 (least deprived)	18	8	53.6%
20-29			
1 (most deprived)	1125	500	43.7%
5 (least deprived)	427	229	62.8%
30-39			
1 (most deprived)	947	414	48.6%
5 (least deprived)	967	607	60.7%
40+			
1 (most deprived)	72	35	33%
5 (least deprived)	84	51	44.4%

5. Conclusions

The 2025/26 season began earlier than previous seasons, and was dominated by the newly emerged K sub-clade of influenza A(H3N2) viruses, but with overall circulation at a lower intensity compared to the previous season. There were a lower number of confirmed influenza cases, although a higher number of reported outbreaks. Despite the dominance of influenza A(H3N2) sub-clade K viruses, influenza vaccines still significantly reduced the odds of needing to attend GPs or being admitted to hospital for influenza in vaccinated patients.

Influenza vaccination uptake increased in some eligible groups this season following a four-year declining trend. Uptake increased in two- and three-year-olds and those aged 65 years and over. It was not possible to compare to uptake in previous for the clinical risk groups and school aged children due to data quality issues. There continues to be a gap between uptake in the most and least deprived areas, with uptake higher in the least deprived areas. This gap is greatest in children aged 2 and 3 years.

The seasonal influenza vaccines used in the UK during 2025/26 were effective in preventing a number of primary care and secondary attendances for virologically confirmed illness due to influenza. This confirms the public health benefit of influenza vaccination in preventing severe illness during winter months in Wales.

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9. Public Health Wales Vaccine Preventable Disease Programme. *Coverage of pertussis and influenza vaccination in pregnant women in Wales 2025/26*. Public Health Wales Health Protection Division. 2024. Available from: https://nhswales365.sharepoint.com/sites/PHW_VPDPComms/SitePages/Immunisation-uptake-in-pregnancy.aspx [Accessed 2nd June 2026].

Further information on influenza and influenza immunisation can be found using the links below:

Information for Health and Social Care Professionals on influenza immunisation:

<https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/resourcesforprofessionals/>

General information on influenza immunisation in Wales:

<https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/>

Influenza surveillance in Wales:

<https://phw.nhs.wales/reports/weekly-influenza-and-acute-respiratory-infection-report/>

7. Information about this report

Report Team

Report prepared by Public Health Wales Vaccine Preventable Disease Programme (VPDP), Communicable Disease Surveillance Centre (CDSC) and Specialist Virology Centre.

Comment and queries relating to this report should be addressed to Public Health Wales VPDP and CDSC. **Email:** surveillance.requests@wales.nhs.uk

Acknowledgments

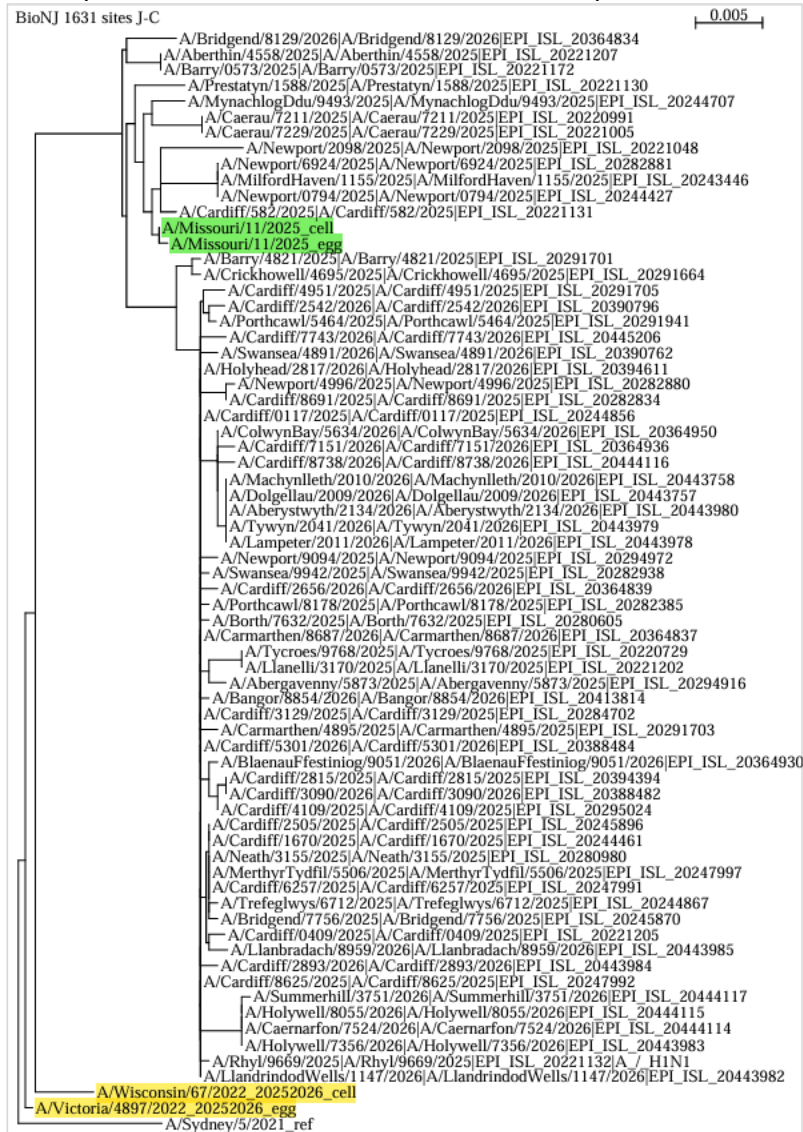
The authors would like to thank the following for providing data for this report: Digital Health and Care Wales, Public Health Wales Microbiology, Primary Care staff and members of the GP and Pharmacy Sentinel Surveillance Network, health board Immunisation Coordinators, health board Midwifery and School Nursing services. NHS staff immunisation data was provided by health board Occupational Health departments.

Suggested citation

Public Health Wales Vaccine Preventable Disease Programme and Communicable Disease Surveillance Centre. Seasonal Influenza in Wales - 2025/26, July 2026. Cardiff: Public Health Wales

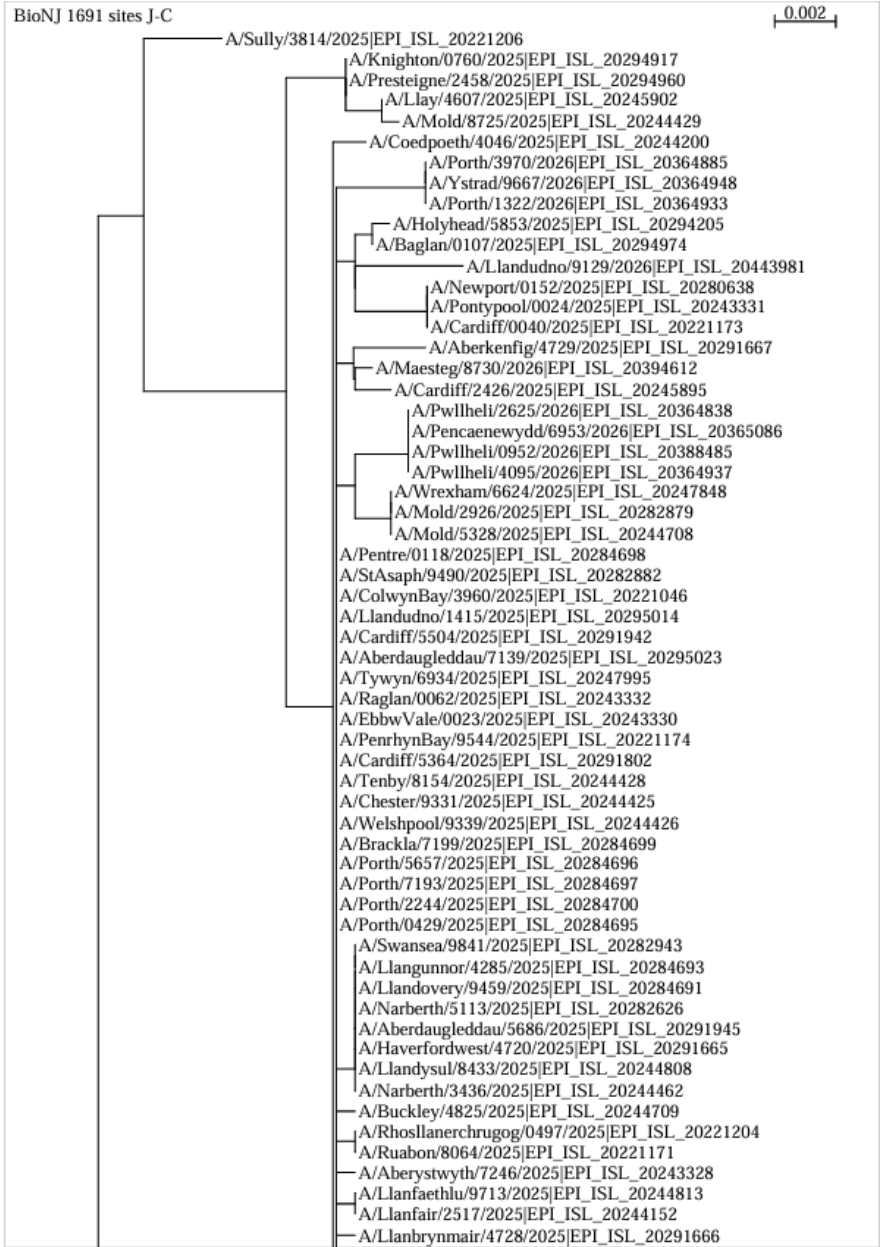
8. Appendix A: influenza phylogenetic trees

Influenza A(H1N1pdm09) hemagglutinin phylogenetic tree generated via J-C distance methods in SeaView version 5 using sequences from samples collected in Wales during the 2025/2026 influenza season, rooted to reference virus A/Sydney/5/2021. The 2025/2026 season northern hemisphere vaccine strains are highlighted in yellow, and the recommended vaccine strains for the southern hemisphere 2026 season and northern hemisphere 2026/2027 season are highlighted in green.

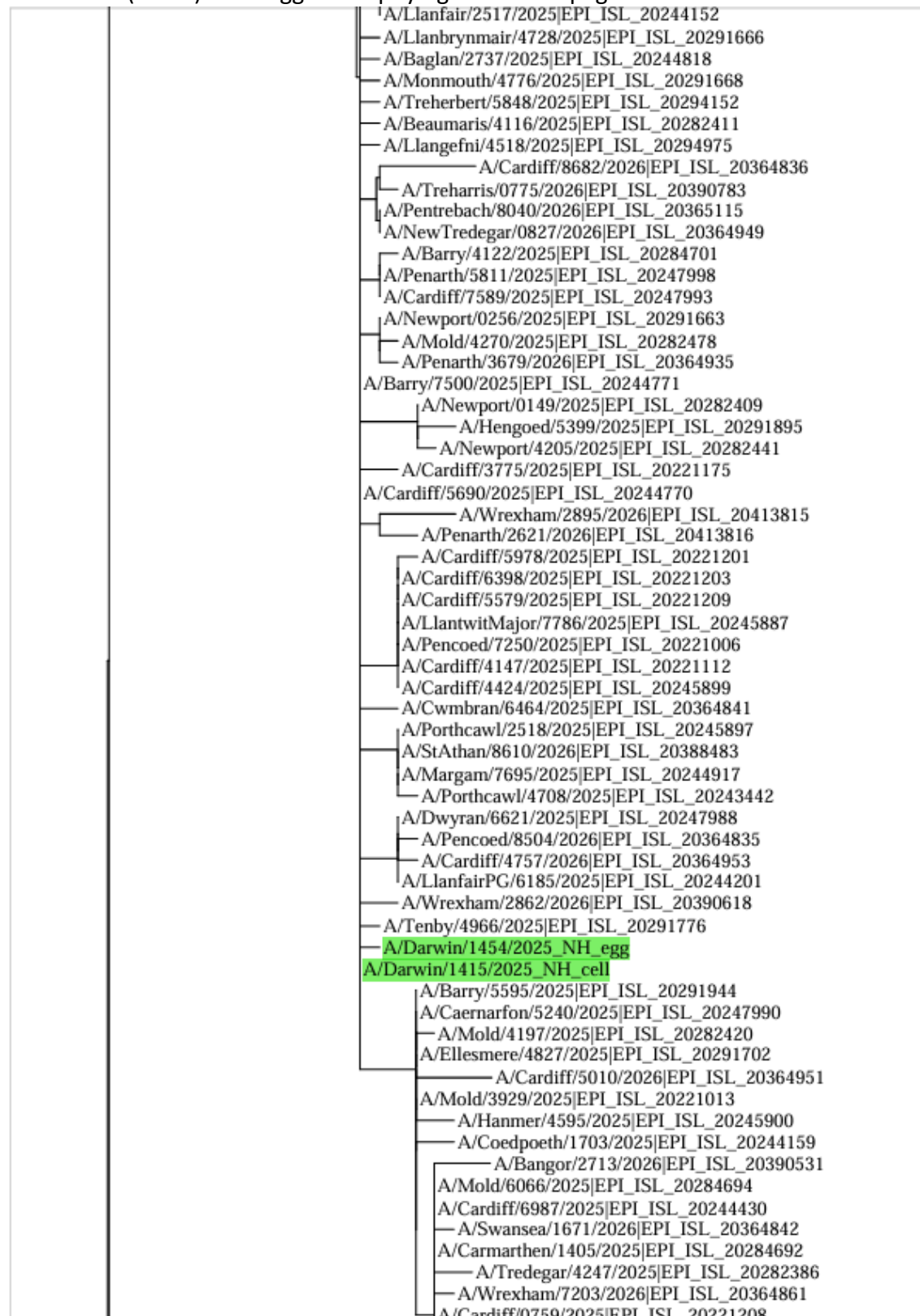


Influenza A(H3N2) haemagglutinin phylogenetic tree generated via J-C distance methods in SeaView version 5, using sequences from samples collected in Wales during the 2025/2026 influenza season and rooted to reference virus A/Thailand/8/2022. The 2025/2026 northern hemisphere vaccine strains are highlighted in yellow, the recommended vaccine strains for the southern hemisphere 2026 season are highlighted in blue, and the recommended vaccine strains for the northern hemisphere 2026/2027 season are highlighted in green.

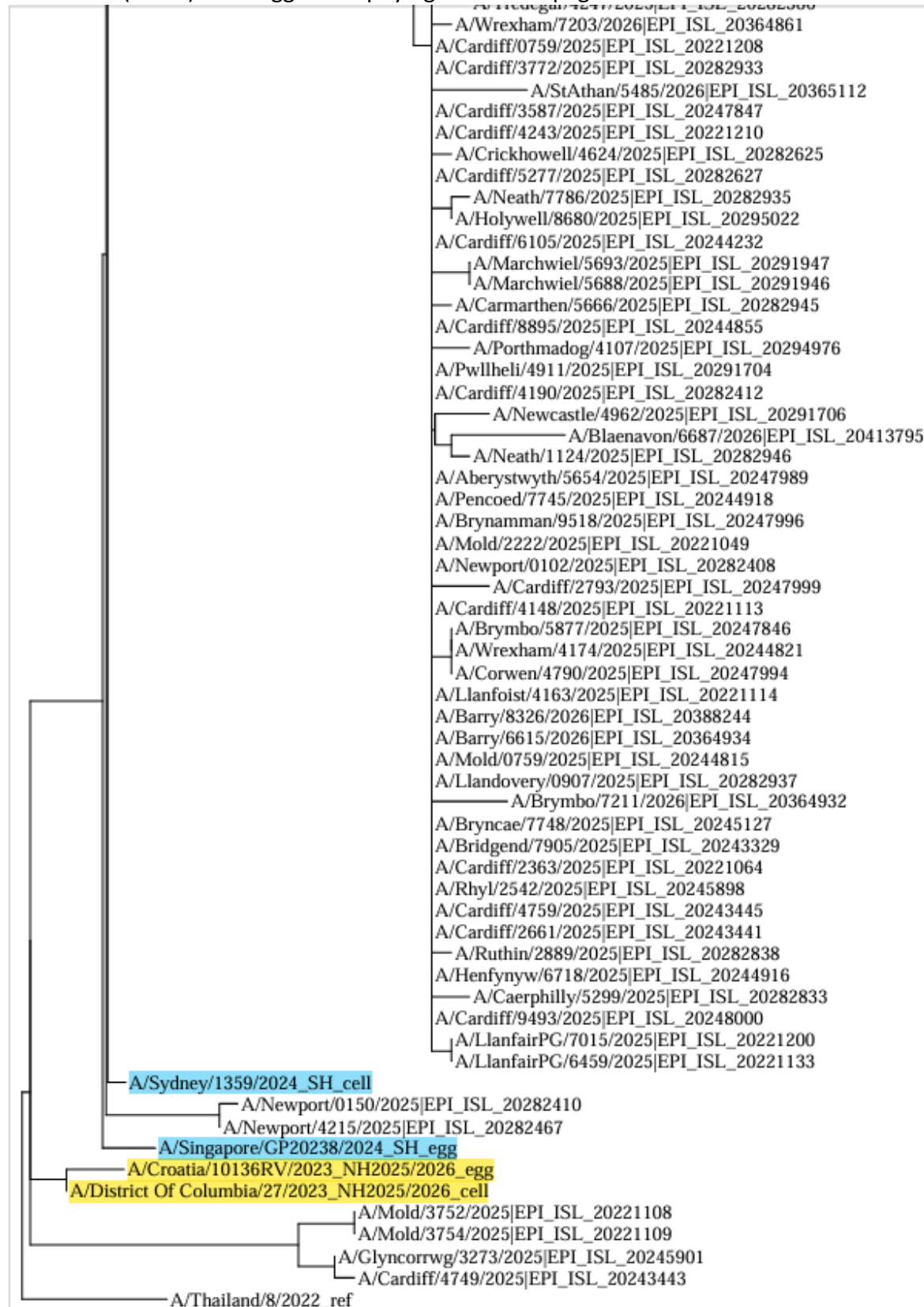
Page 1 of 3:



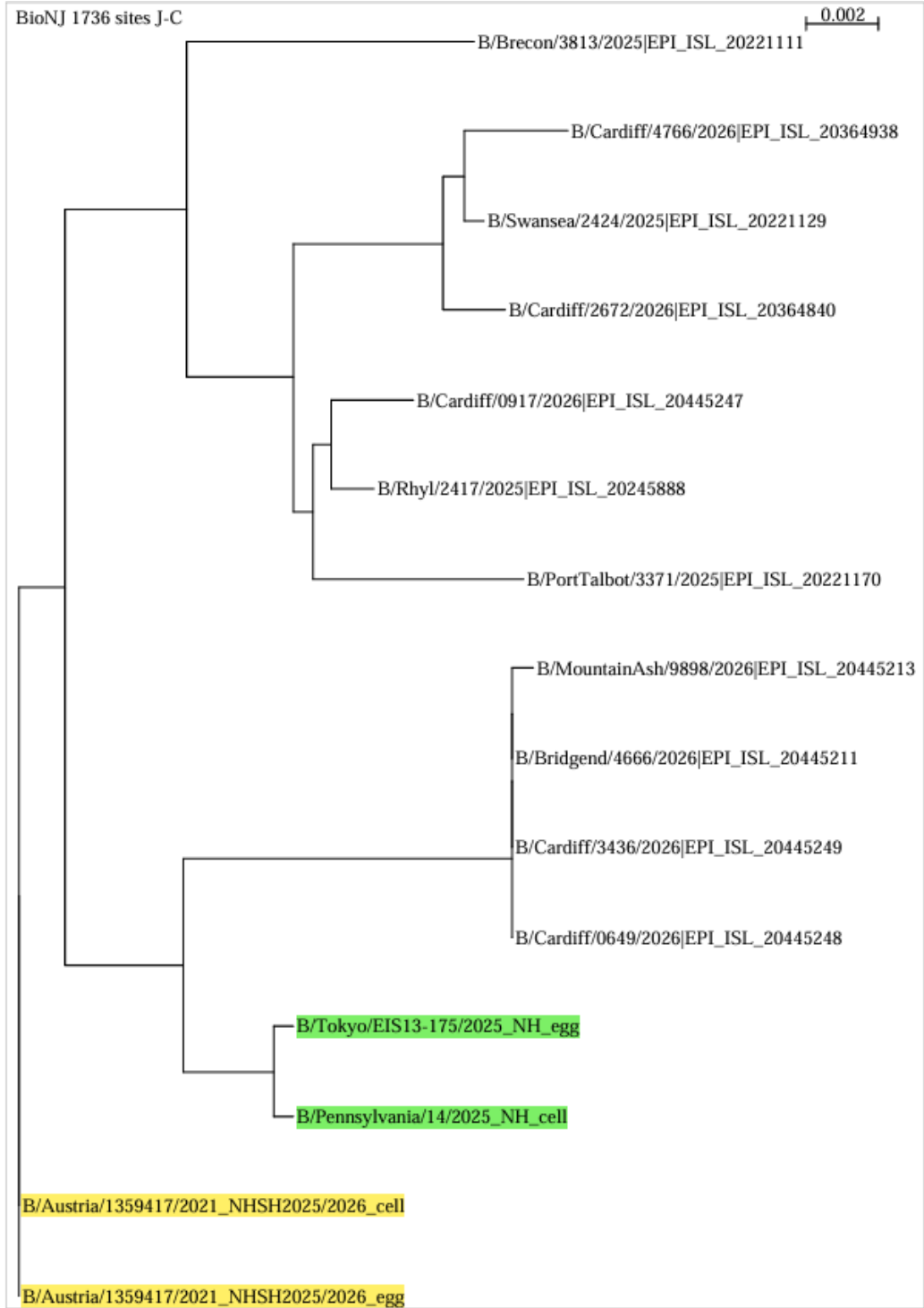
Influenza A(H3N2) haemagglutinin phylogenetic tree page 2 of 3:



Influenza A(H3N2) haemagglutinin phylogenetic tree page 3 of 3:



Influenza B(Victoria) haemagglutinin phylogenetic tree generated via J-C distance methods in SeaView version 5 using sequences from samples collected in Wales during the 2025/2026 influenza season, rooted to reference virus B/Austria/1359417/2021. The 2025/2026 season northern hemisphere vaccine strains are highlighted in yellow, and the recommended vaccine strains for the southern hemisphere 2026 season and northern hemisphere 2026/2027 season are highlighted in green.



9. Appendix B: Influenza immunisation data tables

Table B1. Uptake of influenza immunisation in primary school children aged four to ten years immunised in school-based immunisation sessions. Data from an online survey based on vaccinations given in school based immunisation sessions.

Health Board of School	Schools Visited (n)	Immunised (n)	Eligible Population (N)	Uptake (%)
Aneurin Bevan UHB	209	28,380	36,346	78.1
Cardiff and Vale UHB	162	22,007	37,917	58.0
Hywel Dda UHB	193	17,823	25,763	69.2
Swansea Bay UHB	139	15,458	27,343	56.5

Table B2. Uptake of influenza immunisation in school children aged four to ten years by health board, Wales, 2025/26. Data from an online survey based on vaccinations given in school-based immunisation sessions.

Health Board of Residence	4	5	6	7	8	9	10
	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)
Aneurin Bevan UHB	79.4	79.6	78.1	79.2	76.9	77.6	76.2
Cardiff and Vale UHB	59.7	60.3	58	58.2	56.3	58.4	56
Hywel Dda UHB	68.5	71.1	70.6	68.3	69.3	68	68.8
Swansea Bay UHB	54.7	54.9	59.2	55.1	57.2	56.4	57.9

Table B3. Uptake of influenza immunisation in primary school children aged 11 to 15 years immunised in school-based immunisation sessions. Data from an online survey based on vaccinations given in school-based immunisation sessions.

Health Board of School	Schools Visited (n)	Immunised (n)	Eligible Population (N)	Uptake (%)
Aneurin Bevan UHB	39	19,040	34,128	55.8
Cardiff and Vale UHB	47	14,395	30,521	47.2
Hywel Dda UHB	38	12,186	20,907	58.3
Swansea Bay UHB	28	9,313	21,170	44.0

Table B4. Uptake of influenza immunisation in school children aged 11 to 15 years by health board, Wales, 2025/26. Data from an online survey based on vaccinations given in school-based immunisation sessions.

Health Board of Residence	11	12	13	14	15
	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)	Uptake (%)
Aneurin Bevan UHB	60.6	57.9	55.0	56.1	49.6
Cardiff and Vale UHB	51.0	47.9	46.8	47.5	42.6
Hywel Dda UHB	63.6	58.5	58.8	57.5	53.1
Swansea Bay UHB	49.1	45.1	44.5	43.3	37.9

Table B5. Uptake of influenza immunisation in Wales 2025/26

Local Authority	Patients aged 65y and older			Patients aged 16 to 64y at risk		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
<u>Aneurin Bevan UHB</u>						
Blaenau Gwent LA	10,585	15,001	70.6	5,614	13,002	43.2
Caerphilly LA	28,077	38,808	72.3	13,459	30,351	44.3
Monmouthshire LA	20,713	26,759	77.4	7,640	15,111	50.6
Newport LA	21,509	30,318	70.9	11,157	26,838	41.6
Torfaen LA	15,492	21,180	73.1	7,367	17,126	43.0
Health Board Total	96,376	132,066	73.0	45,237	102,428	44.2
<u>Betsi Cadwaladr UHB</u>						
Anglesey LA	14,859	19,580	75.9	5,257	11,135	47.2
Conwy LA	24,842	33,799	73.5	7,637	18,080	42.2
Denbighshire LA	19,067	25,991	73.4	6,577	16,507	39.8
Flintshire LA	26,944	36,635	73.5	11,304	25,151	44.9
Gwynedd LA	21,220	29,202	72.7	7,251	17,366	41.8
Wrexham LA	22,154	29,945	74.0	9,393	22,935	41.0
Health Board Total	129,086	175,152	73.7	47,419	111,174	42.7
<u>Cardiff and Vale UHB</u>						
Cardiff LA	43,682	61,815	70.7	24,434	55,247	44.2
Vale of Glamorgan LA	24,215	32,936	73.5	8,934	19,820	45.1
Health Board Total	67,897	94,751	71.7	33,368	75,067	44.5
<u>Cwm Taf Morgannwg UHB</u>						
Bridgend LA	25,000	33,143	75.4	11,893	25,290	47.0
Merthyr Tydfil LA	8,427	12,484	67.5	4,217	10,490	40.2
Rhondda Cynon Taff LA	36,645	50,984	71.9	17,717	39,406	45.0
Health Board Total	70,072	96,611	72.5	33,827	75,186	45.0
<u>Hywel Dda UHB</u>						
Carmarthenshire LA	34,779	49,907	69.7	13,509	31,545	42.8
Ceredigion LA	13,705	20,440	67.0	4,867	10,851	44.9
Pembrokeshire LA	25,634	35,291	72.6	9,196	19,653	46.8
Health Board Total	74,118	105,638	70.2	27,572	62,049	44.4
<u>Powys Teaching HB</u>	27,509	39,894	69.0	8,811	19,564	45.0
<u>Swansea Bay UHB</u>						
Neath Port Talbot LA	21,992	32,860	66.9	8,274	23,411	35.3
Swansea LA	37,320	54,110	69.0	13,621	36,267	37.6
Health Board Total	59,312	86,970	68.2	21,895	59,678	36.7
Wales Total	524,370	731,082	71.7	218,129	505,146	43.2

Table B6. Uptake of influenza immunisation in those aged 16 to 64 years with one or more clinical risk (by risk category) in Wales 2025/26

Local Authority	Chronic heart disease		Chronic respiratory		Chronic kidney disease		Diabetes	
	Immunised (n)	Uptake (%)	Immunised (n)	Uptake (%)	Immunised (n)	Uptake (%)	Immunised (n)	Uptake (%)
Aneurin Bevan UHB								
Blaenau Gwent LA	1,017	37.8	1,717	45.8	303	46.0	1,373	48.1
Caerphilly LA	2,551	39.5	3,827	42.9	582	48.9	3,403	51.8
Monmouthshire LA	1,573	48.1	2,086	50.6	341	58.7	1,471	55.2
Newport LA	2,013	37.1	3,226	42.9	510	48.2	2,894	46.9
Torfaen LA	1,385	38.1	2,208	43.5	265	48.6	1,738	51.3
Health Board Total	8,539	39.8	13,064	44.5	2,001	49.6	10,879	50.3
Betsi Cadwaladr UHB								
Anglesey LA	914	41.8	1,697	47.1	210	52.0	1,130	56.9
Conwy LA	1,458	39.7	2,324	44.2	334	45.6	1,657	49.2
Denbighshire LA	1,217	37.1	2,086	41.4	262	48.5	1,435	47.8
Flintshire LA	2,047	41.2	3,323	45.7	440	48.2	2,299	50.6
Gwynedd LA	1,276	36.6	2,328	43.7	379	46.8	1,564	51.7
Wrexham LA	1,757	38.3	2,979	44.4	452	50.3	2,095	49.7
Health Board Total	8,669	39.1	14,737	44.4	2,077	48.3	10,180	50.5
Cardiff and Vale UHB								
Cardiff LA	3,913	37.9	7,772	44.7	725	46.2	5,713	49.0
Vale of Glamorgan LA	1,619	38.2	2,806	43.6	291	42.6	1,763	48.7
Health Board Total	5,532	38.0	10,578	44.4	1,016	45.1	7,476	49.0
Cwm Taf Morgannwg UHB								
Bridgend LA	2,498	44.3	3,831	47.8	576	52.7	2,861	56.0
Merthyr Tydfil LA	894	37.7	1,360	41.9	158	45.4	1,068	48.0
Rhondda Cynon Taff LA	3,494	40.4	5,838	44.9	773	48.5	4,425	52.1
Health Board Total	6,886	41.3	11,029	45.5	1,507	49.6	8,354	52.8
Hywel Dda UHB								
Cardiganshire LA	2,862	38.4	4,092	41.8	489	47.9	2,894	49.2
Ceredigion LA	993	41.2	1,380	43.5	192	49.4	942	51.3
Pembrokeshire LA	1,800	42.6	2,684	44.3	427	49.4	1,884	50.8
Health Board Total	5,655	40.1	8,156	42.8	1,108	48.7	5,720	50.1
Powys Teaching HB								
	1,745	40.5	2,768	47.1	367	51.8	1,709	53.3
Swansea Bay UHB								
Neath Port Talbot LA	1,911	34.7	2,614	38.5	573	44.7	2,207	45.8
Swansea LA	2,869	35.1	4,680	40.9	662	44.0	3,607	48.0
Health Board Total	4,780	34.9	7,294	40.0	1,235	44.3	5,814	47.2
Wales Total	41,806	39.1	67,626	44.0	9,311	48.0	50,132	50.2

Table B6 (cont). Uptake of influenza immunisation in those aged 16 to 64 years with one or more clinical risk (by risk category) in Wales 2025/26

Local Authority	Immuno-suppression		Chronic liver disease		Neurological conditions		Morbidly obese		Asplenia/splenic	
	Immunised (n)	Uptake (%)	Immunised (n)	Uptake (%)	Immunised (n)	Uptake (%)	Immunised (n)	Uptake (%)	Immunised (n)	Uptake (%)
Aneurin Bevan UHB										
Blaenau Gwent LA	467	52.8	243	34.0	447	40.5	825	35.7	124	45.8
Caerphilly LA	969	51.4	515	39.0	1,117	41.8	1,574	36.5	304	41.9
Monmouthshire LA	596	59.4	415	45.6	687	50.5	1,058	43.0	218	48.7
Newport LA	903	48.1	572	36.7	892	41.3	1,591	33.7	235	39.5
Torfaen LA	593	52.2	418	37.7	635	41.0	1,117	36.5	176	39.0
Health Board Total	3,528	52.0	2,163	38.5	3,778	42.7	6,165	36.6	1,057	42.4
Betsi Cadwaladr UHB										
Anglesey LA	392	51.6	231	38.4	471	46.9	803	41.4	109	44.5
Conwy LA	569	48.5	431	40.9	728	43.2	1,052	34.5	178	41.6
Denbighshire LA	528	49.8	388	33.7	624	42.1	946	34.4	132	37.9
Flintshire LA	883	52.1	767	37.3	903	43.5	1,588	36.9	233	42.2
Gwynedd LA	636	44.1	304	34.2	635	40.2	911	34.4	138	37.6
Wrexham LA	719	47.0	566	34.6	792	41.7	1,483	32.4	202	41.3
Health Board Total	3,727	48.7	2,687	36.4	4,153	42.7	6,783	35.2	992	40.8
Cardiff and Vale UHB										
Cardiff LA	1,755	46.1	837	34.8	1,870	39.8	2,260	33.2	538	40.5
Vale of Glamorgan LA	655	50.2	307	40.2	805	42.1	508	38.7	228	42.1
Health Board Total	2,410	47.1	1,144	36.1	2,675	40.5	2,768	34.1	766	41.0
Cwm Taf Morgannwg UHB										
Bridgend LA	702	50.6	562	41.7	1,141	48.0	1,706	41.8	273	50.6
Merthyr Tydfil LA	294	44.5	226	32.9	438	41.5	557	31.9	74	37.8
Rhondda Cynon Taff LA	1,214	52.6	1,077	41.1	1,598	42.5	1,405	38.0	350	43.5
Health Board Total	2,210	50.7	1,865	40.1	3,177	44.2	3,668	38.5	697	45.3
Hywel Dda UHB										
Carmarthenshire LA	1,056	50.3	573	38.3	1,342	43.1	1,714	35.8	247	41.4
Ceredigion LA	359	48.6	247	41.2	390	41.6	566	35.6	104	40.3
Pembrokeshire LA	700	51.1	597	40.7	811	44.4	965	39.2	169	42.9
Health Board Total	2,115	50.3	1,417	39.8	2,543	43.3	3,245	36.7	520	41.7
Powys Teaching HB										
	695	52.6	559	38.3	820	43.5	1,055	36.6	203	42.0
Swansea Bay UHB										
Neath Port Talbot LA	631	43.0	438	32.3	846	36.7	1,495	32.2	180	40.0
Swansea LA	1,001	45.2	990	34.1	1,454	39.5	1,556	34.2	278	34.8
Health Board Total	1,632	44.3	1,428	33.5	2,300	38.4	3,051	33.2	458	36.7
Wales Total	16,317	49.3	11,263	37.4	19,446	42.2	26,735	35.8	4,693	41.5

Table B7. *Uptake of influenza immunisation in children aged two and three years in Wales 2025/26*

Local Authority	Two year olds			Three year olds		
	Immunised (n)	Denominator (n)	Uptake (%)	Immunised (n)	Denominator (n)	Uptake (%)
<u>Aneurin Bevan UHB</u>						
Blaenau Gwent LA	360	662	54.4	457	730	62.6
Caerphilly LA	894	1,618	55.3	963	1,786	53.9
Monmouthshire LA	522	790	66.1	546	829	65.9
Newport LA	749	1,828	41.0	854	2,034	42.0
Torfaen LA	376	949	39.6	400	1,007	39.7
Health Board Total	2,901	5,847	49.6	3,220	6,386	50.4
<u>Betsi Cadwaladr UHB</u>						
Anglesey LA	287	515	55.7	332	575	57.7
Conwy LA	387	916	42.2	463	1,033	44.8
Denbighshire LA	344	829	41.5	400	955	41.9
Flintshire LA	598	1,410	42.4	682	1,515	45.0
Gwynedd LA	449	973	46.1	510	1,073	47.5
Wrexham LA	399	1,253	31.8	444	1,299	34.2
Health Board Total	2,464	5,896	41.8	2,831	6,450	43.9
<u>Cardiff and Vale UHB</u>						
Cardiff LA	1,387	3,453	40.2	1,526	3,859	39.5
Vale of Glamorgan LA	570	1,241	45.9	635	1,297	49.0
Health Board Total	1,957	4,694	41.7	2,161	5,156	41.9
<u>Cwm Taf Morgannwg UHB</u>						
Bridgend LA	652	1,350	48.3	719	1,432	50.2
Merthyr Tydfil LA	200	602	33.2	336	626	53.7
Rhondda Cynon Taff LA	994	2,210	45.0	1,441	2,367	60.9
Health Board Total	1,846	4,162	44.4	2,496	4,425	56.4
<u>Hywel Dda UHB</u>						
Carmarthenshire LA	803	1,618	49.6	856	1,716	49.9
Ceredigion LA	287	515	55.7	314	564	55.7
Pembrokeshire LA	476	1,013	47.0	448	1,053	42.5
Health Board Total	1,566	3,146	49.8	1,618	3,333	48.5
<u>Powys Teaching HB</u>	535	981	54.5	586	1,090	53.8
<u>Swansea Bay UHB</u>						
Neath Port Talbot LA	509	1,316	38.7	475	1,386	34.3
Swansea LA	916	2,146	42.7	950	2,211	43.0
Health Board Total	1,425	3,462	41.2	1,425	3,597	39.6
Wales Total	12,694	28,188	45.0	14,337	30,437	47.1