Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

5 March 2025

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Science Evidence Advice (SEA)

Providing evidence and advice for Health and Social Services Group on behalf of the Chief Scientific Advisor for Health

Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 8 2025, up to 23rd February 2025)

- Overall, COVID-19 confirmed case admissions to hospital **remained stable** in the most recent week.
- COVID-19 cases who are inpatients have **decreased** in the most recent week.
- RSV activity in children under 5 years has **decreased** in the most recent week.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Whooping Cough notifications have **decreased** in the most recent week (week 9).
- Scarlet Fever notifications **increased** in the most recent week.
- Norovirus confirmed cases have **decreased** in the most recent reporting week.

B. Acute Respiratory Infections Situation Update

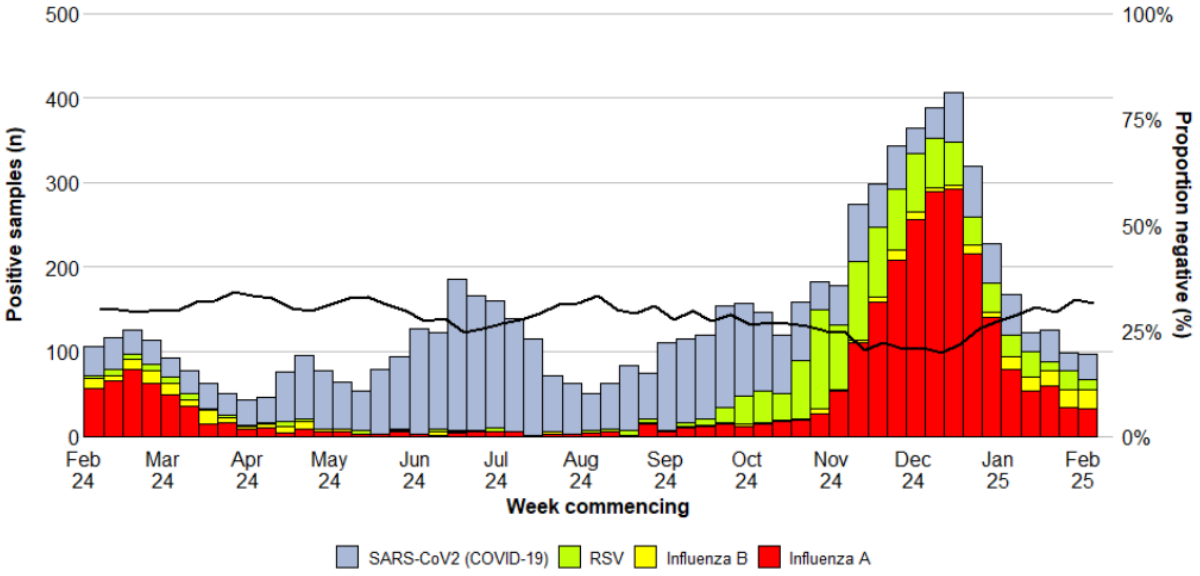
B1. COVID-19 Situation Update

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

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital and the number of cases who were inpatients have **decreased** in week 8 2025 (to 16 February 2025).
- As at 23 February 2025 (week 8), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to **11** (**12** in the previous week) and there were **151** in-patient cases of confirmed COVID-19, **none** of whom were in critical care compared to **173** and **none** in the previous week.
- The overall proportion of samples testing positive for COVID-19 in hospitals and sentinel GP practices decreased to **4.2%** in the most recent week (week 8) compared with **5.3%** in the previous week. Consultations with sentinel GPs for COVID-19 also decreased in the most recent week and confirmed cases of COVID-19 in sentinel GP patients decreased.
- Thus far this season, according to European Mortality Monitoring (EuroMoMo) methods, 'no excess deaths' were reported in the weekly number of deaths from all causes in Wales.
- In the last four reporting weeks, **Omicron XEC** is the most dominant COVID-19 variant in Wales, accounting for **56.9**% of all sequenced cases.
- The number of Ambulance calls recorded referring to syndromic indicators increased from **1,733** in the previous week to **1,825** in the latest reporting week (week 8).

- During week 8, **3** ARI outbreaks were reported to the Public Health Wales Health Protection Team. One was COVID-19 & ILI, one was COVID-19 and Influenza, and one was Influenza B. All three were in a residential home setting.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 8, 2024 to Week 8, 2025. (source: PHW)

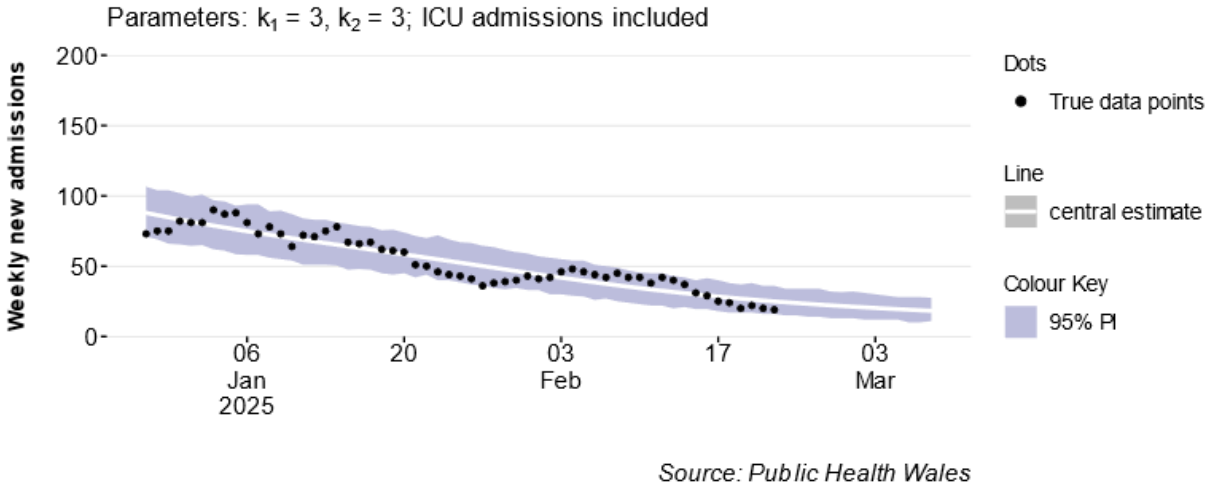


COVID-19 Short Term Projections

The Science Evidence Advice team at Welsh Government have produced short term projections (STPs) for COVID-19 which can be produced nationally and at the Local Health Board unit. STPs project 2 weeks forward from 8 weeks of current data, and do not explicitly factor in properties of the infectious disease, policy changes, changes in testing, changes in behaviour, emergence of new variants or rapid changes in vaccinations.

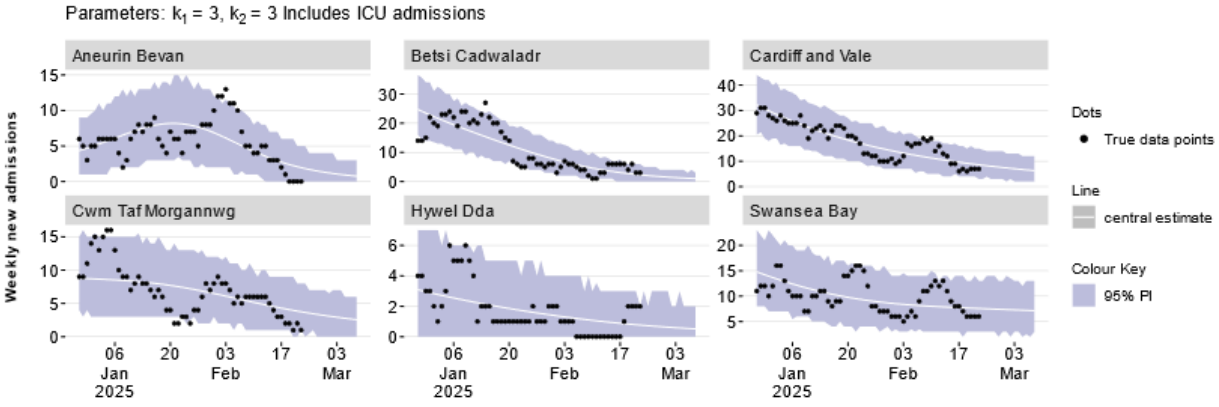
The COVID-19 STPs uses admissions data from PHW until 22 February 2025 to make short term projections for COVID-19 two weeks forward (8th March 2025). The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval of the projections with light purple showing the most recent projection and the dark purple showing the oldest. The STPs for Wales show that COVID-19 admissions are projected to continue to decrease over the next two week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease across all health boards in Wales over the next two weeks.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 22 February 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 22 February 2025)

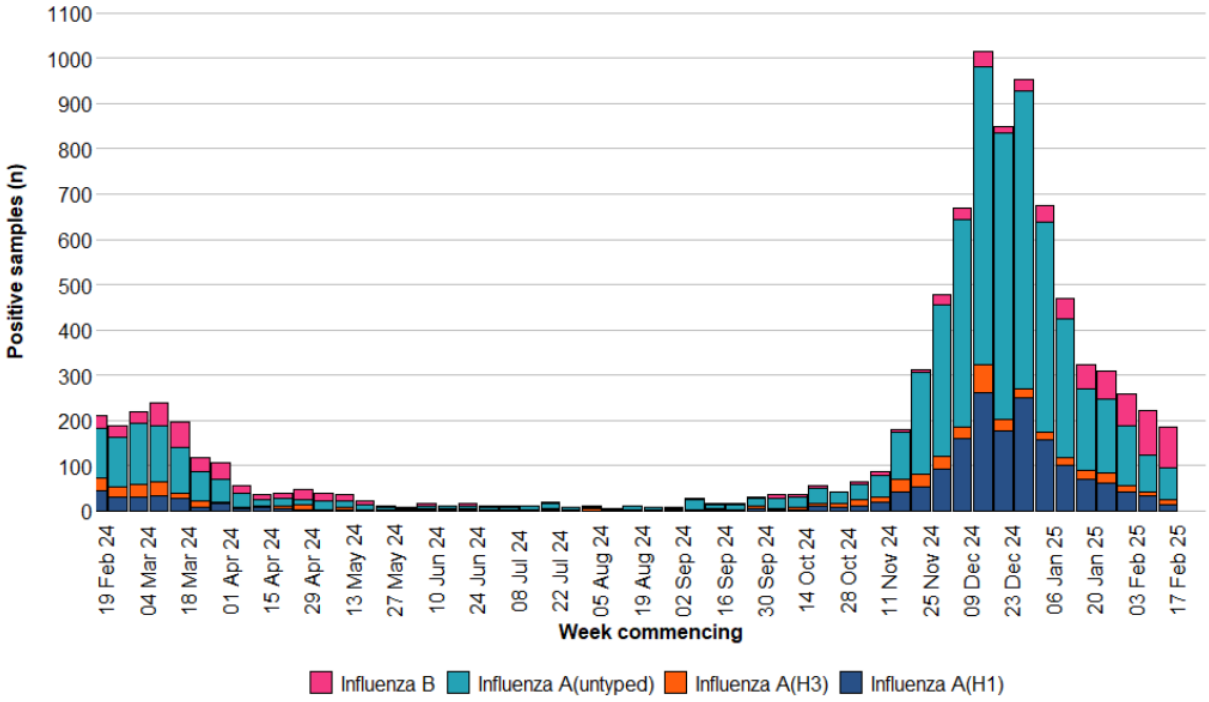


Source: Public Health Wales

B2. Influenza Situation Update

Influenza is still circulating with activity at "low" intensity levels. GP consultations for influenza like illness and confirmed case numbers have **decreased** in the current week, as did test positivity. Influenza B was the largest detected type in the most recent week. During the week ending 23 February the number of confirmed cases of community acquired influenza admitted to hospital increased to **48** and there were **125** in-patient cases of confirmed influenza, **5** of whom were in critical care (compared to **135** and **3** in the previous week). In week 8 2025, there were 13 confirmed cases of influenza A(H3N2), 13 cases of influenza A(H1N1)pdm09, 70 influenza A untyped and 90 influenza B. (Figure 4).

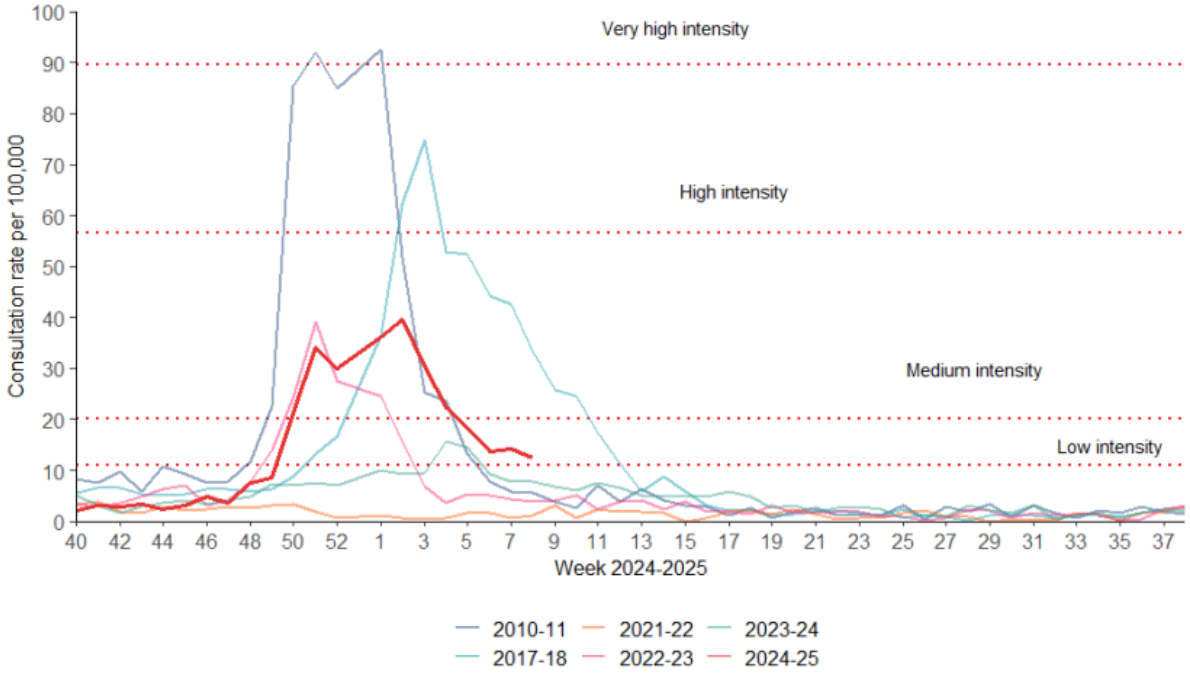
Figure 4: Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 8, 2024 to Week 8, 2025 (source: PHW)



The sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is decreasing. There were **12.6** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (14.2 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 21.4 ARI consultations per 100,000 practice population, an increase from 18.0 in the previous week. The highest rates were found in people aged under 1 year (1203.1) followed by people aged 1 to 4 (662.8) and people aged 5 to 14 (252.0).

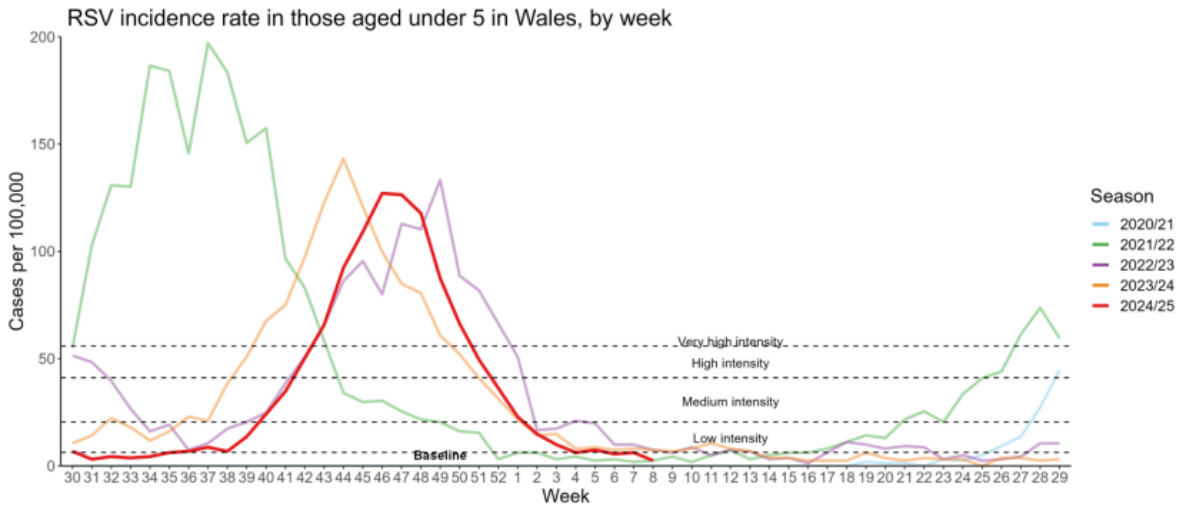
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



B.3. Respiratory Syncytial Virus (RSV) update

RSV has been decreasing in recent weeks and activity is now at **baseline** levels in children aged up to 5 years old (week 8 2025). Incidence per 100,000 population in children aged up to 5 years decreased to **2.3** in the most recent week (**6.2** in the previous week). The number of confirmed cases of community acquired RSV admitted to hospital decreased to **10** in the most recent week (**24** in the previous week).

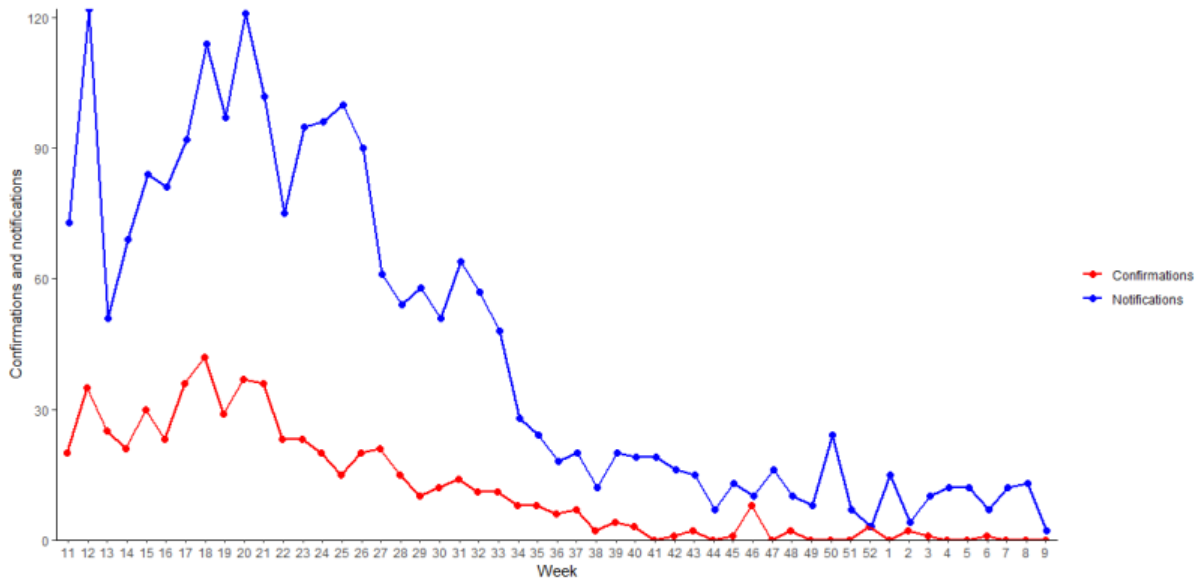
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 8 2025 (source: PHW)



B4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 9 **decreased**, and remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

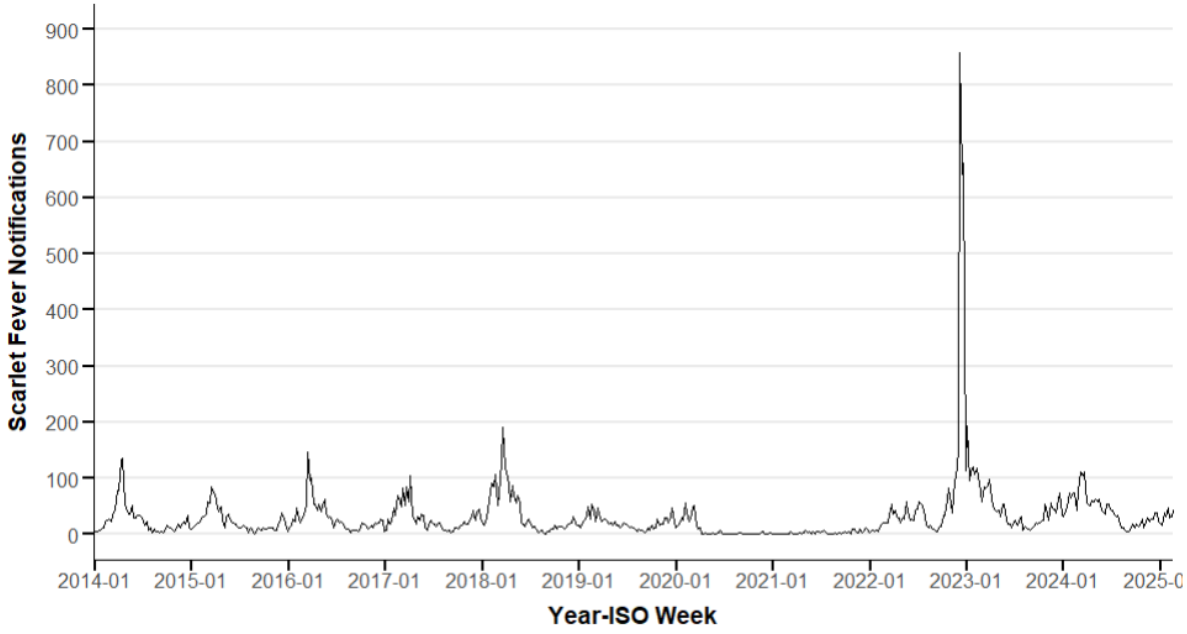
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** slightly in the most recent week (week 8) as shown in the figure below (up to 23 February 2025).

Figure 8: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2025, Wales (source: PHW)



C. Science Evidence Advice Winter Modelling

The Science Evidence Advice (SEA) team in Welsh Government have published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This uses analysis of historical data used to project forward to estimate what we may see in winter 2024/25, contributing to winter planning for NHS Wales. The aim is to estimate the pressures that could be seen by an increase in respiratory viruses and other factors which are typically more prevalent in the winter months than other times of the year. The charts that follow show the scenarios for each disease and plot these against actual data to reveal how well the scenarios are capturing the current pressures on the health system in Wales.

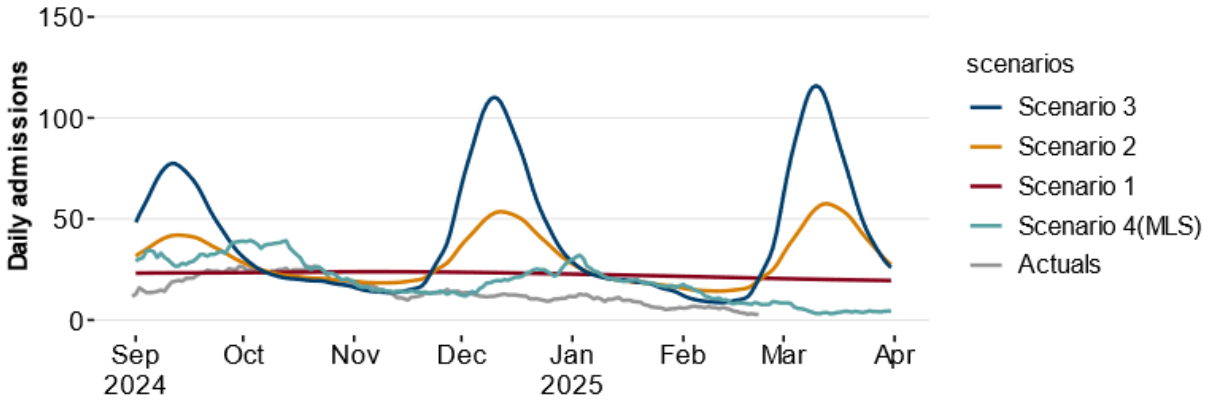
Note that, the modelling is an estimate of what may happen, not a prediction of what will happen.

Our winter modelling uses hospital admissions data from the Patient Episode Data for Wales (PEDW) dataset provided by Digital Health and Care Wales (DHCW). However, due to a lag in clinical coding and receiving PEDW data from DHCW, we use ICNET admissions data provided by Public Health Wales (PHW) for our actuals. The data sources differ for a few reasons: the flu and RSV data from PHW includes lab-confirmed results only and includes inpatients only. The PEDW data from DHCW is based on International Classification of Diseases version 10 (ICD-10) codes and the definitions may go wider than those used by PHW (e.g. our flu modelling using DHCW's data includes codes for both flu and pneumonia). Therefore, we account for these differences by multiplying the PHW data by the average of the differences in daily sums between the two data sources (3.92 for flu, 4.09 for RSV) for hospital admissions between 1 September and 31 December 2023.

COVID-19

COVID-19 actuals are currently tracking well below scenario 4 which is the Most Likely Scenario (MLS). There has been a downward trend into November and December which has continued through into February.

Figure 9 Daily COVID-19 Winter 2024-5 admissions scenarios, data until 22 February 2025



Source: Swansea University modelling (Scenarios 1, 2 3), actuals underlying the MLS to 31 March 2024 provided by DHCW, projected MLS scenarios from 1 September 2024 to 31 March 2025 from SEA.

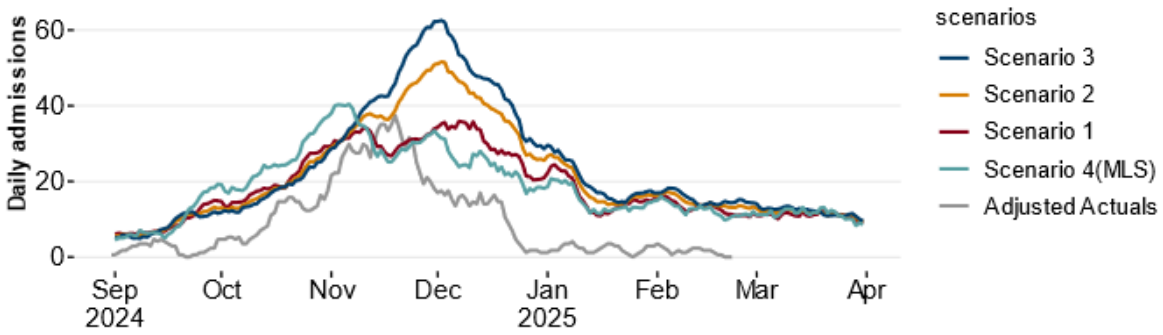
Notes

COVID-19 admissions and occupancy scenarios were created by Swansea University where a new variant emerges gradually every 3 months. The degrees of immune evasion from the variant is given by the scalar value 1, 1.2 and 1.5 and represented as scenarios 1-3. Scenario 4 is the repeat of last year's data from Digital Health and Care Wales. Includes ICD-10 codes U071, U072, U099, U109.

RSV

Adjusted RSV actuals are currently tracking below the MLS and are at baseline levels, reflecting the decrease in the number of RSV admissions in recent weeks.

Figure 10: Daily RSV Winter 2024-25 paediatric (ages 0-4) admissions scenarios data until 22 February 2025



Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

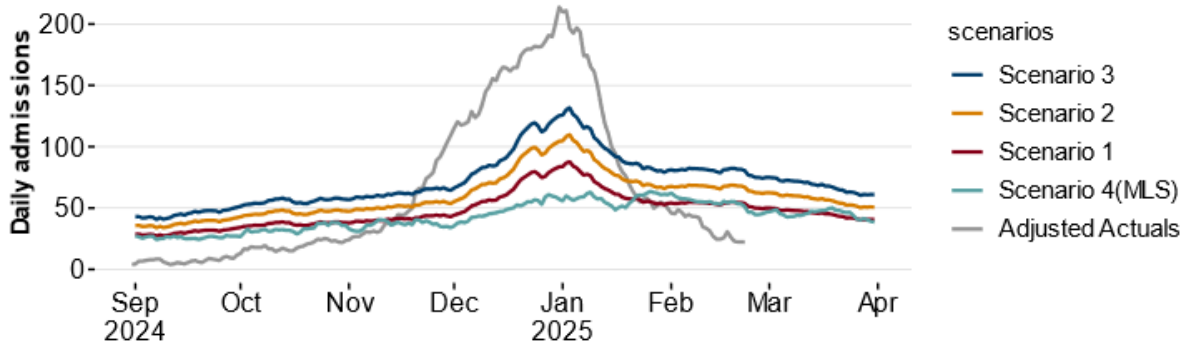
Notes

Scenario 1 reflects trends in the last two years. Scenario 3 assumes pre-pandemic patterns (from 2017/18, 2018/19 and 2019/20). Scenario 2 combines elements from both Scenario 1 and 3 (2017/18, 2018/19, 2019/20, 2022/23 and 2023/24. Scenario 4 is a repeat of last year's data (2023/24). Data includes diagnosis codes J21 to J22 from the ICD-10.

Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals have been tracking below the Most Likely Scenario, reflecting the sharp decrease in flu admissions as we have progressed through the flu season.

Figure 11: Daily flu and pneumonia Winter 2024-5 admissions scenarios, data until 22 February 2025



Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Notes: Based on the previous seven years of historical data,[1] the following scenarios were created for flu admissions and occupancy: Scenario 1 represents the average of non-pandemic years (2017/18, 2018/19, 2019/20, 2022/23 and 2023/24). Scenarios 2 and 3 are obtained by multiplying Scenario 1 by scalars 1.25 and 1.5. Finally, scenario 4, which repeats last year's admissions, is considered the most likely scenario (MLS). Data includes diagnosis codes J09 to J18 (flu and pneumonia) from ICD-10. The adjusted actuals for flu admissions are currently tracking below the most likely scenario.

D. Communicable Disease Situation Update (non-respiratory)

D.1 Norovirus

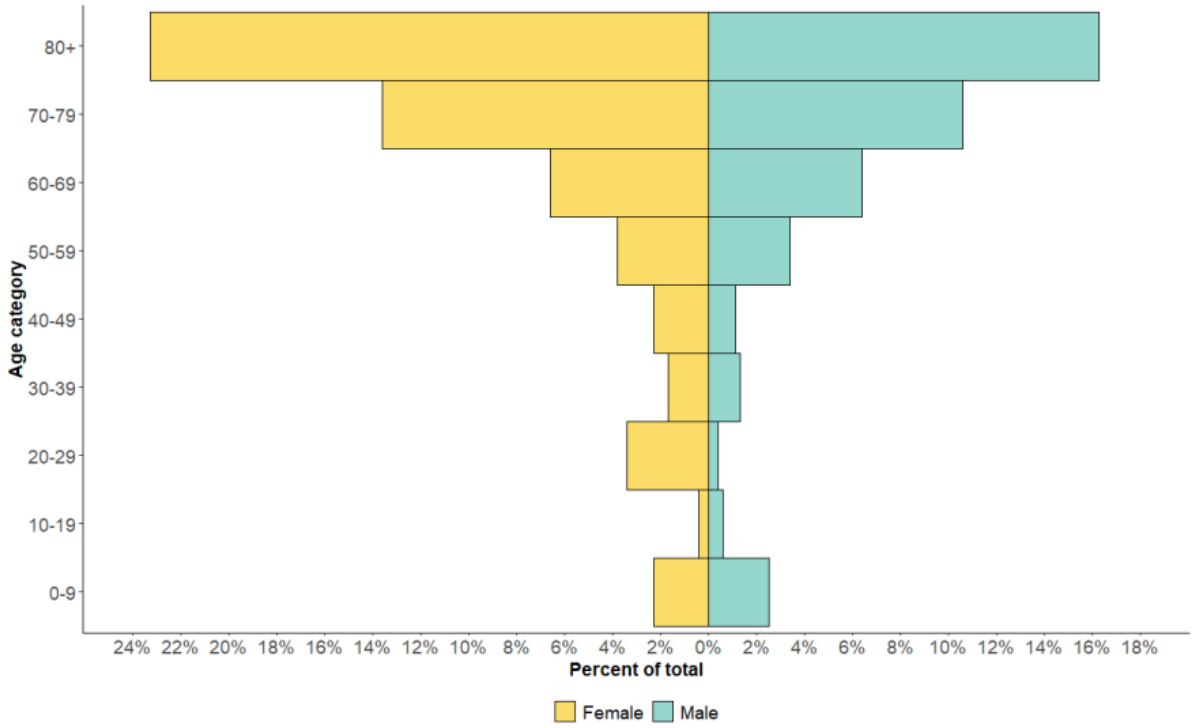
In the current reporting week (week 8 2025), a total of **43** Norovirus confirmed cases were reported in Welsh residents. This is a decrease (-6.5%) in reported cases compared to the previous reporting week (week 7 2025), where **46** Norovirus confirmed cases were reported.

In the last 12 week period (02/12/2024 to 23/02/2025) a total of **472** Norovirus confirmed cases were reported in Welsh residents. This is a decrease (-9.6%) in reported cases compared to the same 12 week period in the previous year (02/12/2023 to 23/02/2024) where **522** Norovirus confirmed cases were reported.

In the last 12 weeks (02/12/2024 to 23/02/2025) **271** (57.4%) confirmed Norovirus cases were female and **201** (42.6%) confirmed cases were male. The age groups with the most cases were the 80+ (187 cases) and 70-79 (114 cases) age groups.

[1] Admissions during the pandemic years were not included in the scenarios due to very low numbers.

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (02/12/2024 to 23/02/2025)



Notes: This data from PHW only includes locally-confirmed PCR positive cases of Norovirus in Wales within the 12 week period up until the end of the current reporting week, **week 8 2025** (02/12/2024 to 23/02/2025). Under-ascertainment is a recognised challenge in norovirus surveillance with sampling, testing and reporting known to vary by health board. In addition, only a small proportion of community cases are confirmed microbiologically.

E. UK and International Surveillance Update

E.1 Updates on Avian Influenza in the UK (up to 4 March 2025)

4 March 2025 update

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Kington, North Herefordshire, Herefordshire (AIV 2025/26). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled. Please note part of the protection zone and part of the surveillance extends into Wales.

Following successful completion of disease control activities and surveillance in the zone around a premises near Loddon, South Norfolk, Norfolk (AIV 2025/12), the 10km protection zone has been revoked.

3 March 2025 update

Following successful completion of disease control activities and surveillance in the zones around the following premises, the 10km surveillance zones have been revoked:

- near Mablethorpe, East Lindsay, Lincolnshire (AIV 2025/04)
- near Alford, East Lindsay, Lincolnshire (AIV 2025/08)
- near Skegness, East Lindsay, Lincolnshire (AIV 2025/10)

23 February update

The first case of highly pathogenic avian influenza (HPAI) H5N5 of the current outbreak was confirmed in England on the 5 November 2024.

The first case of HPAI H5N1 of the current outbreak was confirmed in:

- England on 17 November 2024
- Scotland on 10 January 2025

Whilst there have been no cases of HPAI confirmed in Wales during this outbreak, in line with World Organisation for Animal Health (WOAH) rules Great Britain is no longer free from highly pathogenic avian influenza.

No cases of HPAI have been confirmed in Northern Ireland this season and Northern Ireland continues to have WOAH self-declared zonal freedom from highly pathogenic avian influenza.

The table below lists the number of confirmed cases of HPAI during the current outbreak.

Country	HPAI H5N5	HPAI H5N1
England	1	32
Scotland	0	1
Wales	0	0
Northern Ireland	0	1

Following successful completion of disease control activities and surveillance in the zone around a premises near Loddon, South Norfolk, Norfolk (AIV 2025/12), the 3km protection zone has ended and the area that formed it becomes a surveillance zone.

22 February 2025

Following successful completion of disease control activities and surveillance in the zone around a second premises near Easingwold, Hambleton, North Yorkshire (AIV 2025/07), the 3km protection zone has ended and the area that formed it becomes a surveillance zone.

Following successful completion of disease control activities and surveillance in the zone around premises near Skegness, East Lindsay, Lincolnshire (AIV 2025/10), the 3km protection zone has ended and the area that formed it becomes a surveillance zone.

Following successful completion of disease control activities and surveillance in the zone around a premises near Braunton, North Devon, Devon (AIV 2025/11), the 3km captive bird (monitoring) controlled zone has been revoked.

Influenza of avian origin has been detected in a small number of grey seals on the North Norfolk Coast, and we are aware that avian influenza has also been detected in wild birds in the area.

Mammals which have had close contact with infected wild birds or contaminated environments can become infected with influenza of avian origin.

The numbers involved were not above the usual annual mortality level at this site and this finding is evidence of the effectiveness of the UK's wildlife surveillance system. There is no evidence to suggest an increased risk to non-avian wildlife.

The risk to the UK population remains low. Close contacts have been identified and offered appropriate advice in order to reduce the chance of further spread.

Clade Ib mpox has been circulating in several countries in Africa in recent months. Imported cases have been detected in a number of countries including Belgium, Canada, France, Germany, Sweden and the United States.

E2. Avia Flu in America: (26 February)

Update On 26 February 2025, the US CDC published the analysis of the genetic sequence of the avian influenza A(H5N1) virus isolated from the case in Wyoming. The case was reported in the CDTR on 20 February 2025. The isolated virus belongs to clade 2.3.4.4.b, genotype D1.1, the clade and genotype as the virus isolated from the case in Nevada. Mutation analysis of the viral sequence revealed the presence of mutation E627K in the PB2 segment, previously associated with more efficient virus replication in people and other mammals. This mutational change was previously reported in a virus from a different clade isolated from the case in Texas in April 2024. No additional mutations linked to mammalian adaptation were found in the sequence data. The CDC also did not detect any genetic changes that could affect

the effectiveness of influenza antiviral medications or existing H5 candidate vaccine viruses. The isolated virus will undergo further testing and analysis. In response to this and other cases of avian influenza A(H5) infection in humans, the CDC and state public health officials have implemented several response measures, including surveillance, case investigations, and contact tracing. Since March 2024, over 15,200 people have been monitored, and more than 830 tested following exposure to infected animals in the US. The CDC has issued a Health Alert Notice (HAN) and continues to enhance routine surveillance for novel influenza viruses, such as A(H5N1). In addition, the CDC advises that exposed individuals should be monitored for symptoms, symptomatic cases tested, and protective guidelines followed to prevent transmission, including avoiding unprotected contact with potentially infected animals. At present, there is no evidence of human-to-human virus spread or of any additional human cases. According to the US CDC (H5 Bird Flu Response | Bird Flu | CDC), the risk to the general population remains low, while farmers and workers who are in contact with infected animals or their by-products, backyard bird flock owners, animal care workers (e.g. veterinarians, wild animal facility workers), and animal health and public health responders are at increased risk of infection with A(H5N1).