Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

08 April 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 13 2025, up to 30 March 2025)

- Overall, COVID-19 confirmed case admissions to hospital **decreased** in the most recent week.
- COVID-19 cases who are inpatients have **increased** in the most recent week.
- RSV activity in children under 5 years has **increased** in the most recent week.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Whooping Cough notifications have **increased** in the most recent week (week 13) but remain at low levels.
- Scarlet Fever notifications **increased** in the most recent week (week 13).
- Norovirus confirmed cases have **decreased** in the most recent reporting week (week 13).

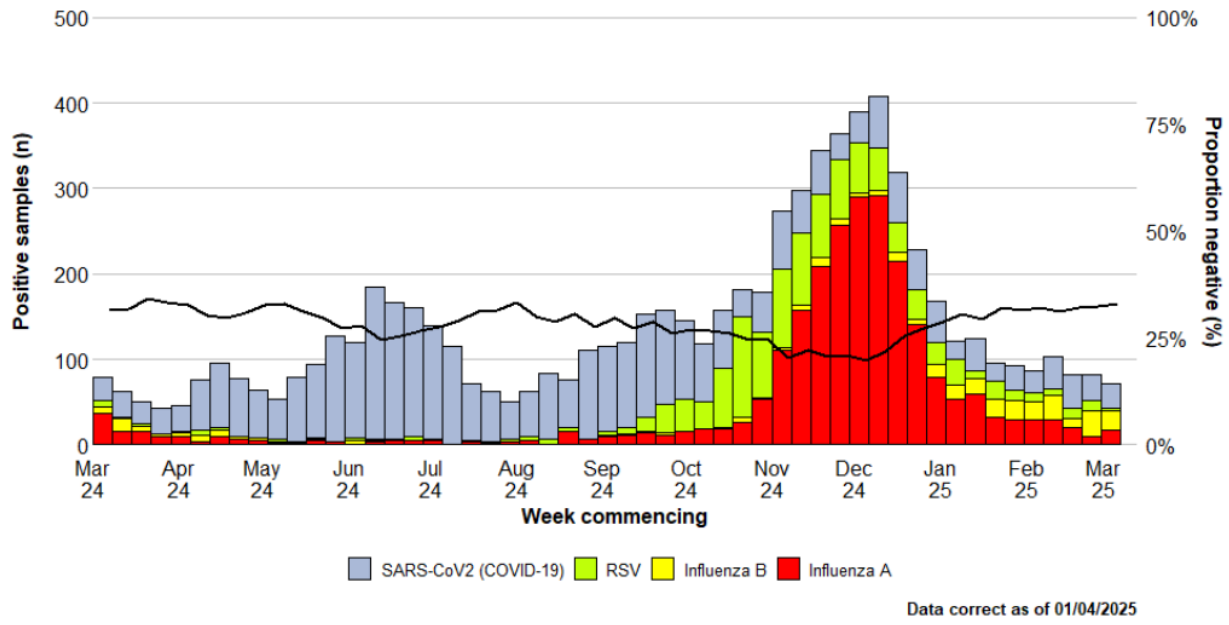
B. Acute Respiratory Infections Situation Update

B1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **decreased** and the number of cases who were inpatients **increased** in week 13 2025 (to 30 March 2025).
- At 30 March 2025 (week 13) the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to **15** (19 in the previous week) and there were 159 in-patient cases of confirmed COVID-19, **one** of whom were in critical care compared to 149 and **two** in the previous week.
- The overall proportion of samples testing positive for COVID-19 in hospitals and non-sentinel GP practices have remained stable at **4.5%** in the most recent week (week 13) compared with **4.4%** in the previous week. Consultations with sentinel GPs for COVID-19 increased in the most recent week.
- 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.
- **Omicron XEC** is the most dominant COVID-19 variant in Wales, accounting for **62.1**% of all sequenced cases in the previous six weeks.
- The number of Ambulance calls recorded referring to syndromic indicators decreased from **1,838** in the previous week to **1,760** in the latest reporting week (week 13).

During week 13, **3** ARI outbreaks were reported to the Public Health Wales Health Protection Team. Two were Influenza A, and one was Human Metapneumovirus. 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 13, 2024 to Week 13, 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 level. 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.

COVID-19 STPs uses admissions data from PHW until **22 March 2025** to create short term projections for COVID-19 two weeks forward (to **5th April 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. The STPs for Wales show that COVID-19 admissions are projected to decrease over the next two-week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease or plateau in all health boards in Wales.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 29 March 2025)

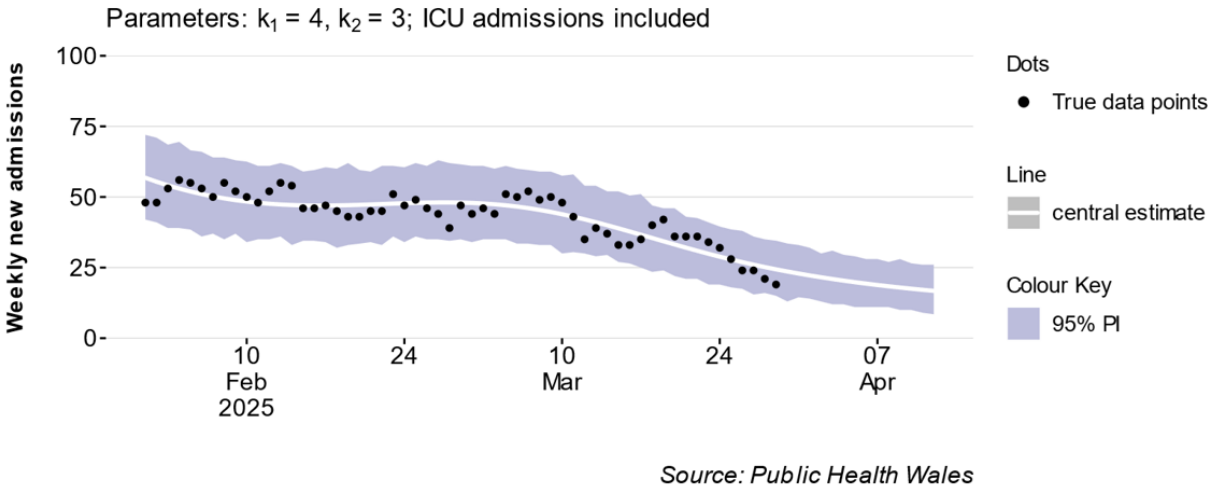
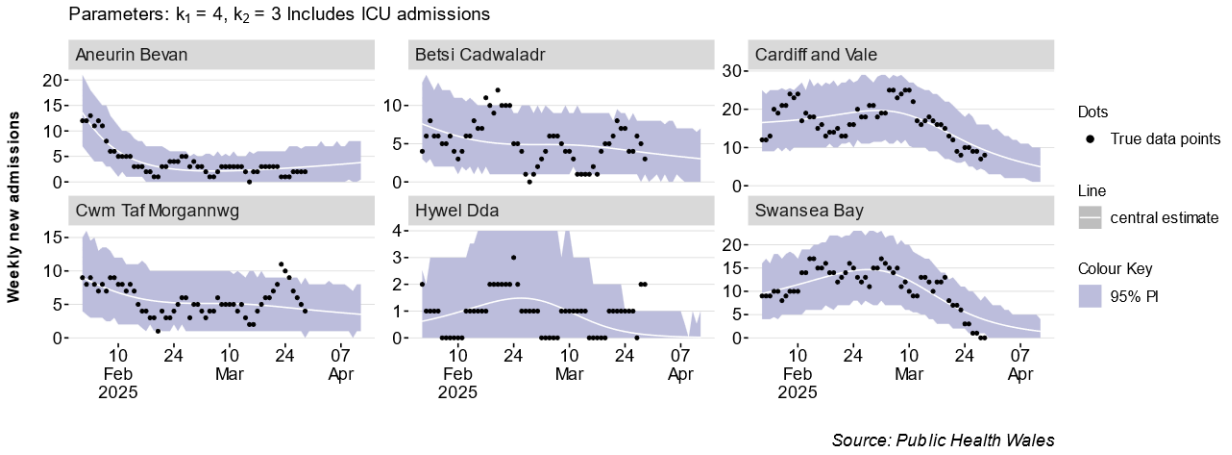


Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 29 March 2025)

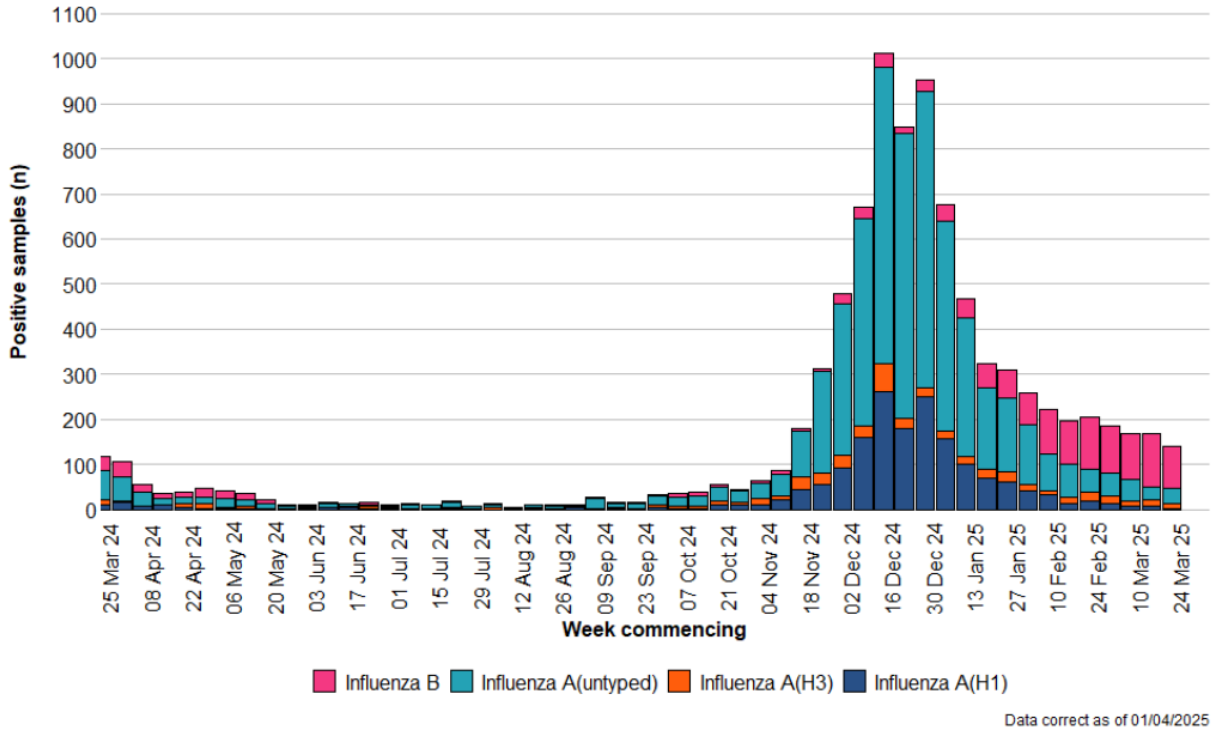


B2. Influenza Situation Update

Influenza is still circulating with activity at “low” intensity levels. GP consultations for influenza-like illness and confirmed case numbers have increased but remain at baseline intensity in the current week, as has test positivity. Influenza B was the most frequently detected type last week.

During the week ending 30 March the number of confirmed cases of community acquired influenza admitted to hospital **decreased** to **30** and there were **64** in-patient cases of confirmed influenza, **5** of whom were in critical care (compared to **79** and **7** in the previous week). In week 13 2025, there were 12 confirmed case of influenza A(H3N2), 1 case of influenza A(H1N1)pdm09, 34 influenza A untyped and 93 influenza B. (Figure 4).

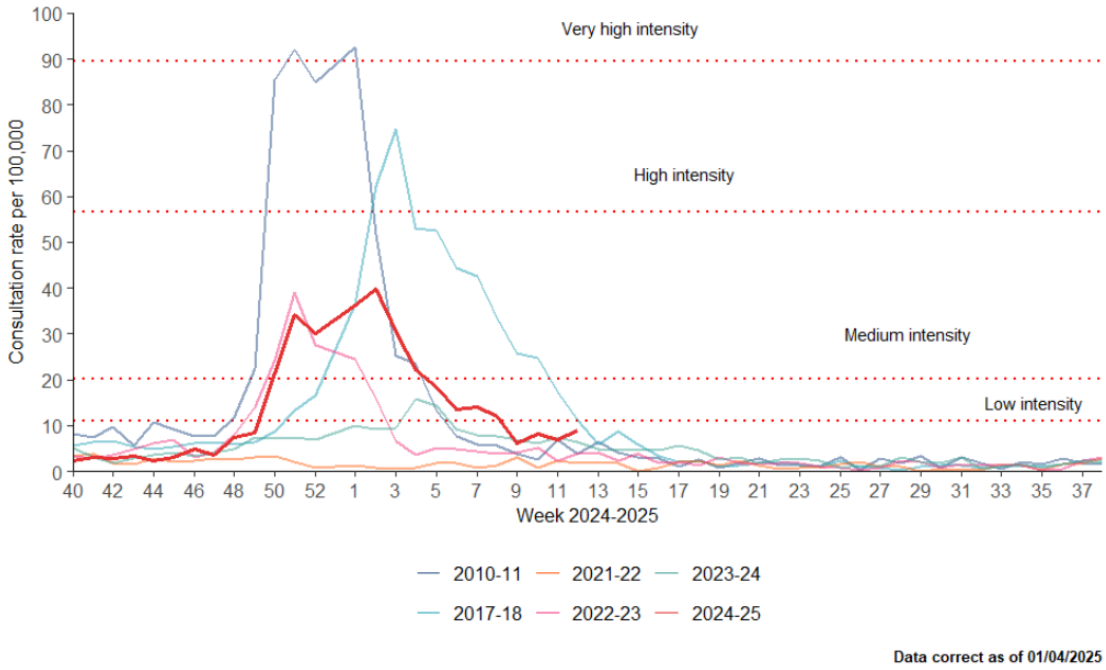
Figure 4: Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 13, 2024 to Week 13, 2025 (source: PHW)



The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable. There were **9** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (6.8 consultations per 100,000). Latest data available from week 12.

In the most recent week, using all available data from general practices, there were 16 ARI consultations per 100,000 practice population, a decrease from 17.1 in the previous week (latest data available from week 12). The highest rates by age-group were not reported this week, though surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under 5 years.

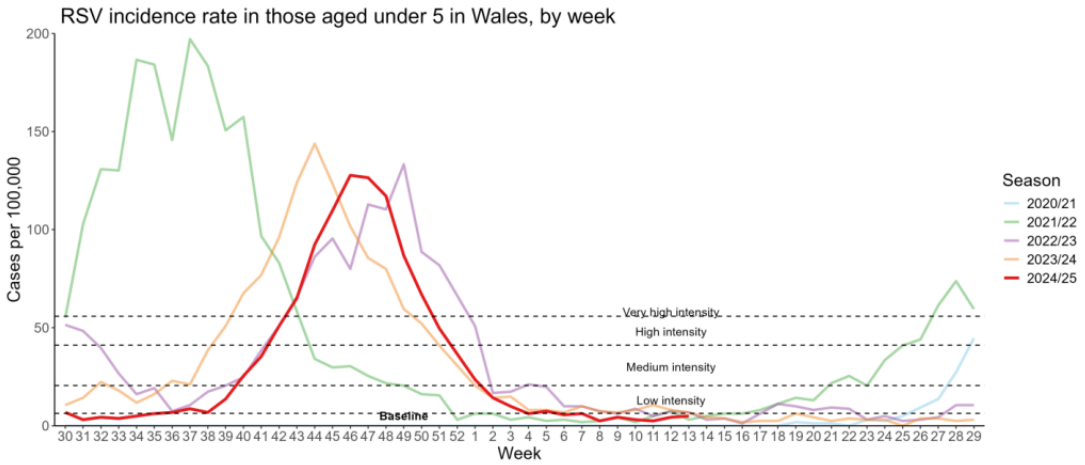
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



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 12 2025). Incidence per 100,000 population in children aged up to 5 years increased to **5.0** in the most recent week (**4.5** in the previous week). The number of confirmed cases of community acquired RSV admitted to hospital decreased to **3** in the most recent week (**14** in the previous week).

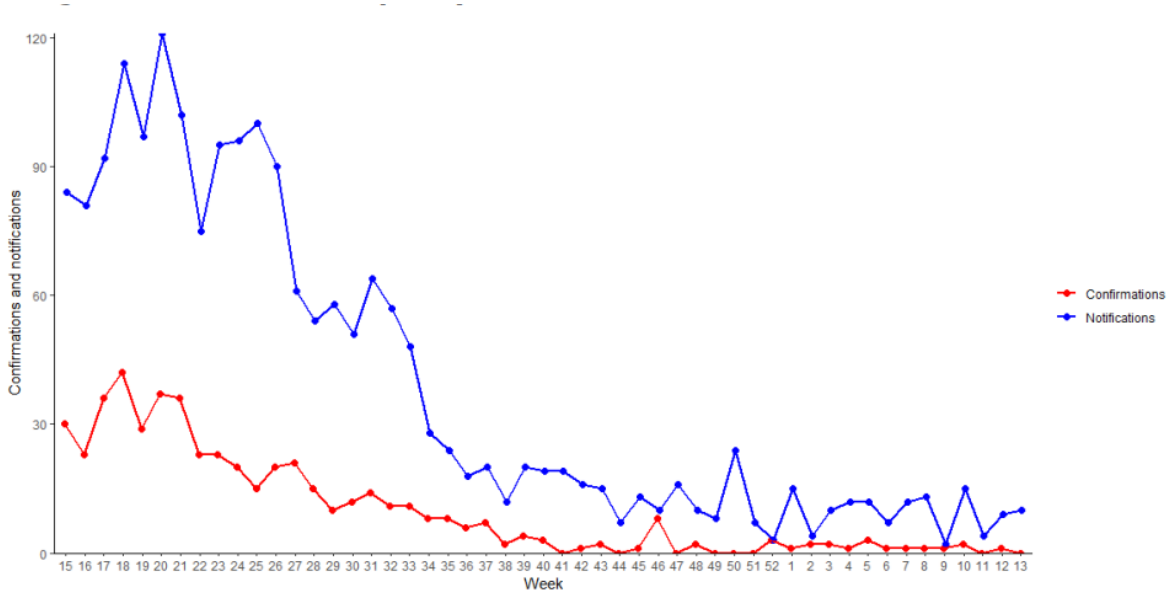
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 12 2025 (source: PHW)



B4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 13 **increased** but remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

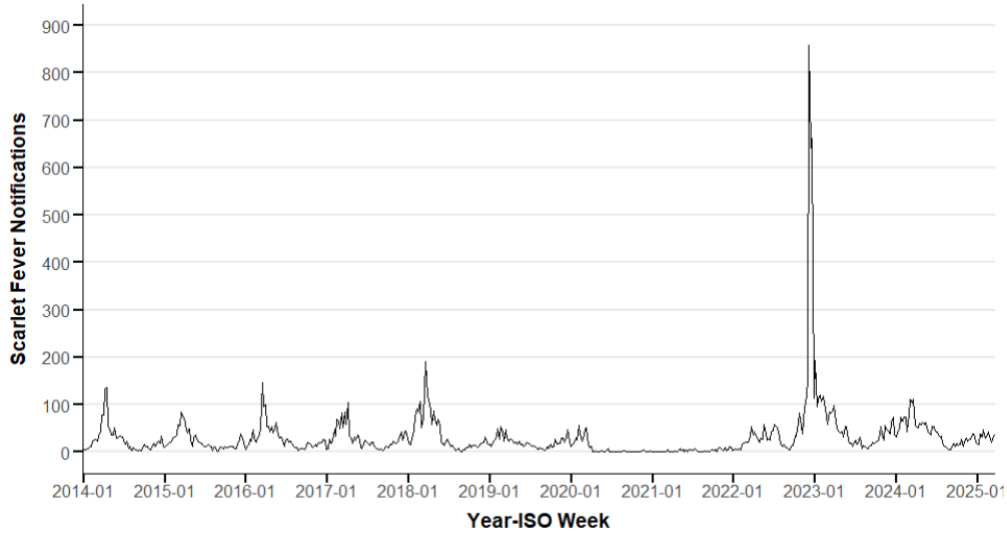
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales up to week 13. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** in the most recent week (week 13) as shown in the Figure 8 below (up to 30 March 2025).

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



C. Science Evidence Advice Winter Modelling

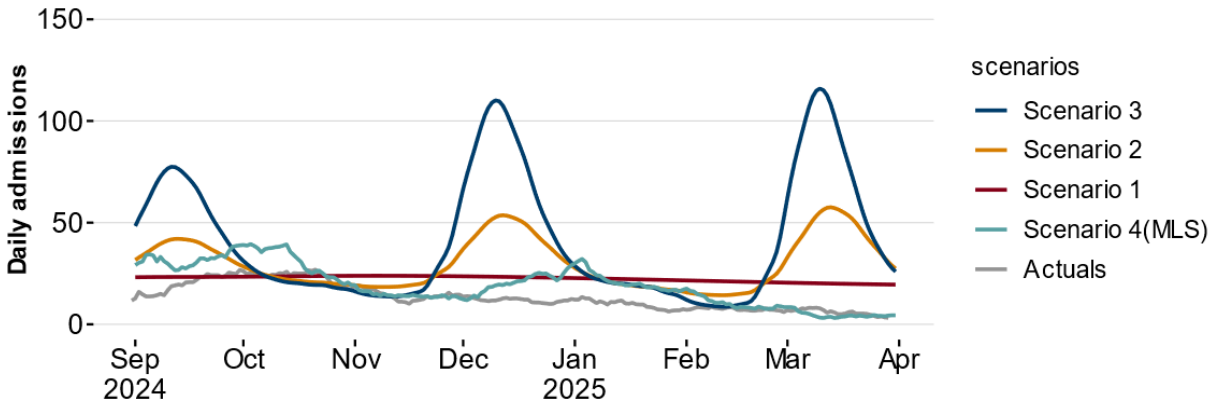
The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This used analysis of historical data and projects forward to estimate hospital demand throughout winter 2024/25, contributing to winter planning for NHS Wales. The charts that follow (Figures 9-11) show estimates of hospital admissions which occurred throughout winter 2024/25 using actual data. (See the technical notes at the end of section *C. Science Evidence Advice Winter Modelling* for details on how the 'adjusted actuals' were estimated).

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

COVID-19

COVID-19 actuals are currently tracking alongside scenario 4 which is the Most Likely Scenario (MLS).

Figure 9 Daily COVID-19 Winter 2024-5 admissions scenarios, data until 29 March 2025

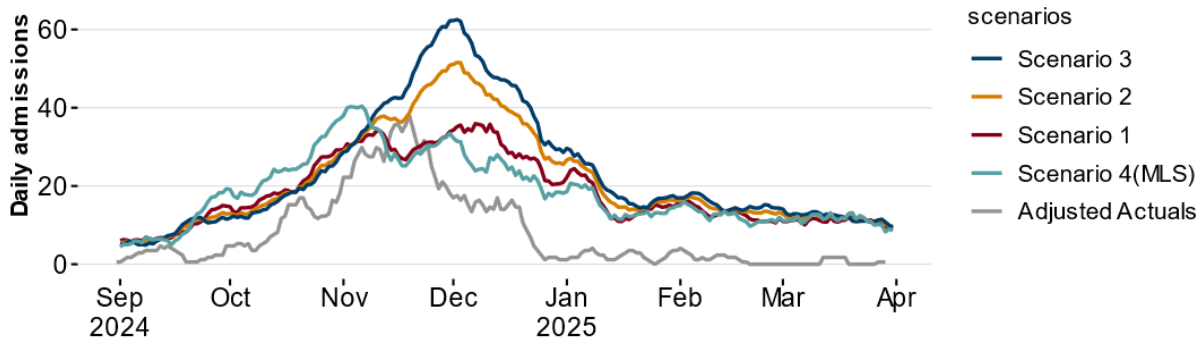


Source: Swansea University modelling (Scenarios 1, 2 3), actuals underlying the MLS to 31 March 2024 provided by DHCW, projected MLS scenarios from 1 September 2024 to 31 March 2025 from SEA.

RSV

Adjusted RSV actuals are currently tracking below the MLS and are at baseline levels.

Figure 10: Daily RSV Winter 2024-25 paediatric (ages 0-4 years) admissions scenarios data until 29 March 2025

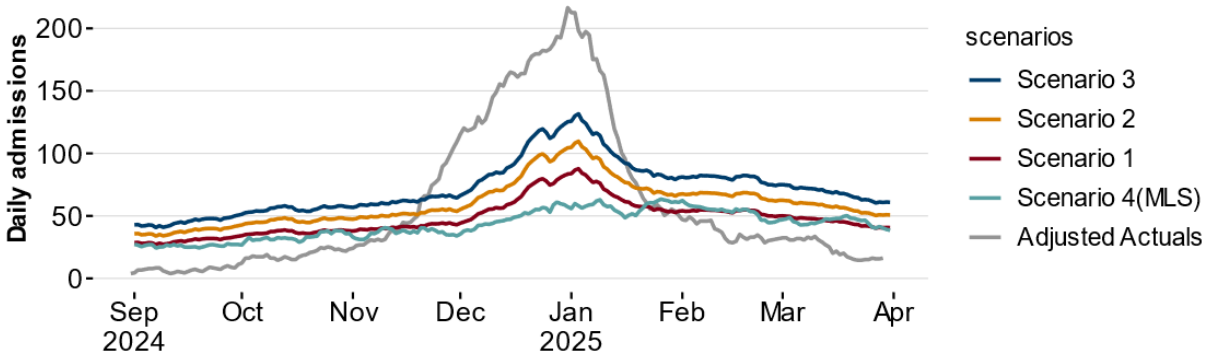


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals have been tracking below the Most Likely Scenario since late January 2025, 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 29 March 2025



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

Technical Notes

The winter modelling used 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, the ICNET admissions data provided by Public Health Wales (PHW) were used for the actuals and adjusted to reflect the differences in the data sources. 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.

Modelling scenario details:

- COVID-19: The 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: 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.
- Flu and pneumonia: 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

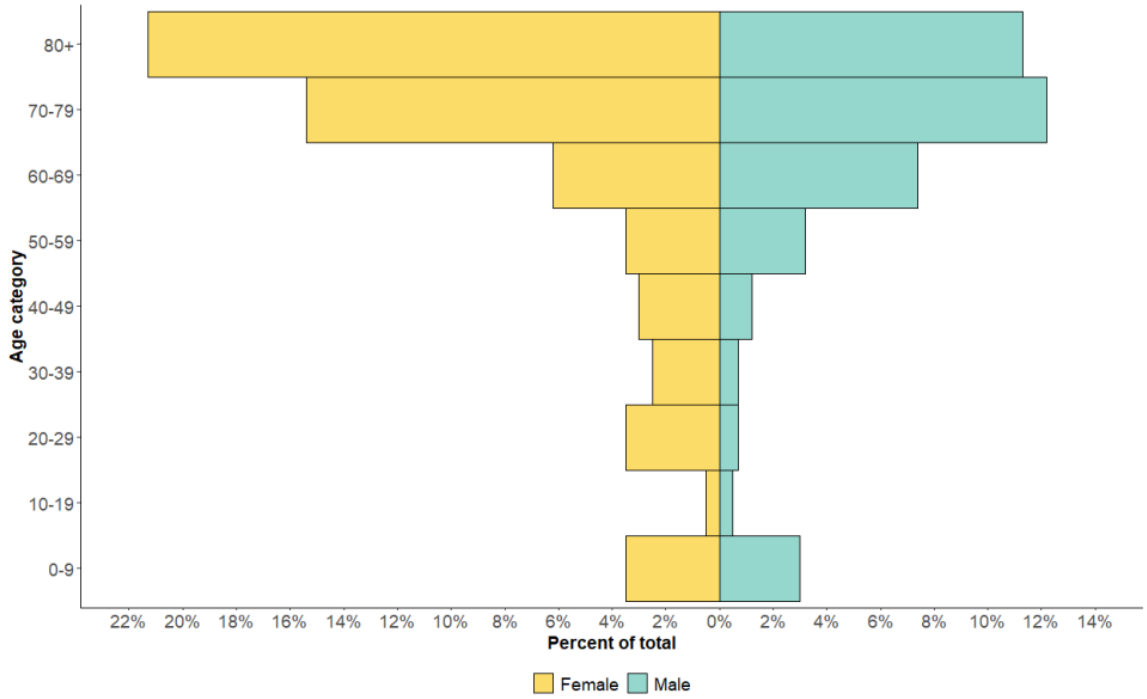
In the current reporting week (week 13 2025), a total of **72** Norovirus confirmed cases were reported in Welsh residents. This is a **decrease (-27.3%)** in reported cases compared to the previous reporting week (week 12 2025), when **99** Norovirus confirmed cases were reported.

In the last 12-week period (06/01/2025 to 30/03/2025) a total of **565** Norovirus confirmed cases were reported in Welsh residents. This is an increase (7.4%) in reported cases compared to the same 12-week period in the previous year (06/01/2024 to 30/03/2024) when **526** Norovirus confirmed cases were reported.

In the last 12 weeks (06/01/2025 to 30/03/2025) **336** (59.5%) confirmed Norovirus cases were female and **228** (40.4%) confirmed cases were male. The age groups with the most cases were the 80+ (184 cases) and 70-79 (156 cases) age groups. Sex data were not available for 1 case.

[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 (06/01/2025 to 30/03/2025)



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 13 2025** (06/01/2025 to 30/03/2025). 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 7 April 2025)

7 April 2025

From 00:01 on Monday 7 April 2025 the regional AIPZ mandating enhanced biosecurity and housing for kept birds currently in force across Cheshire, City of Kingston Upon Hull, East Riding of Yorkshire, Herefordshire, Lancashire, Lincolnshire, Merseyside, Norfolk, North Yorkshire, Shropshire, Suffolk, Worcestershire and York will be extended to cover the following counties:

- Cumbria
- County Durham

- Northumberland
- Tyneside

The England wide AIPZ mandating enhanced biosecurity remains in force.

5 April 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry in a sixth premises near Thirsk, Thirsk & Malton, Yorkshire (AIV 2025/42). A 3km protection zone and 10km surveillance zone has been declared around the premises.

Following successful completion of disease control activities and surveillance within the zone surrounding the premises near Malpas, Cheshire West and Chester, Cheshire (AIV 2025/24), the 10km surveillance zone surrounding this premises has been revoked in England and Wales.

4 April 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in other captive birds at the following premises. A 3km captive bird (monitoring) controlled zone has been declared around each premises:

- a second premises near Stanhope, Bishop Auckland, County Durham (AIV 2025/40)
- a third premises near Stanhope, Bishop Auckland, County Durham (AIV 2025/41)

Following successful completion of disease control activities and surveillance in the zone around a premises near Fownhope, North Herefordshire, Herefordshire (AIV 2025/23), the 3km captive bird (monitoring) controlled zone has been revoked.

Following successful completion of disease control activities and surveillance in the zone around a premises near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/27), the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone.

3 April 2025

Following successful completion of disease control activity and surveillance in the zone around a premises near Kington, North Herefordshire, Herefordshire (AIV 2025/26), the 3km protection zone has ended and the area that formed it becomes a surveillance zone. Please note part of the surveillance zone extends into Wales.

2 April 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in poultry at a premises near Stanhope, Bishop Auckland, County Durham (AIV 2025/39). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

Following successful completion of disease control activities and surveillance within the zone surrounding a premises near Driffield, East Riding of Yorkshire, Yorkshire (AIV 2025/25) the 10km surveillance zone has ended.

1 April 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a fifth premises near Thirsk, Thirsk & Malton, North Yorkshire (AIV 2025/38). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

Following successful completion of disease control activities and surveillance within the zones surrounding the premises near Driffield, East Riding of Yorkshire, Yorkshire (AIV 2025/25), the 3km protection zone has ended and the area becomes part of the 10km surveillance zone surrounding this premises.

30 March 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Pickering, Thirsk and Malton, North Yorkshire. A 3km protection zone and 10km surveillance zone have been declared surrounding the premises. All affected birds on the premises will be humanely culled.

29 March 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in poultry at a premises near Lazonby, Westmorland and Furness, Cumbria (AIV 2025/35). HPAI H5N1 was confirmed in poultry and other captive birds at a premises near Romsey, Test Valley, Hampshire (AIV 2025/36). A 3km protection zone and 10km surveillance zone has been declared surrounding all premises. All affected birds on the premises will be humanely culled.

28 March 2025

HPAI H5N1 was confirmed in commercial poultry at a premises near Wymondham, Diss, Norfolk (AIV 2025/33). A 3km protection zone and 10km surveillance zone have been declared surrounding the premises. All poultry on the premises will be humanely culled.

Following official testing, HPAI H5N1 has been confirmed in poultry and other captive birds at a second premises near Blaydon, Blaydon and Consett, Durham (AIV 2025/34 formerly AIV SOS 2025/02). All poultry and captive birds on the premises will be humanely culled. The 3km and 10km area surrounding this premise fully overlap the 3km Protection Zone and 10km Surveillance in force surrounding premises AIV 2025/31, so no additional zone will be put in place for AIV2025/34).

Following successful completion of disease control activities and surveillance within the zones surrounding the premises near Malpas, Cheshire West and Chester, Cheshire (AIV 2025/24), the 3km protection zone has ended and the area becomes part of the 10km surveillance zone surrounding this premises.

Whilst this premises is in England part of the protection zone and surveillance zone extends into Wales, equivalent changes to the zones have been made by the Welsh Government. Further details can be found in their declaration.

27 March 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a fourth premises near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/32). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

Highly pathogenic avian influenza (HPAI) was suspected in poultry and captive birds at a second premises near Blaydon, Blaydon and Consett, Durham (AIV SOS 2025/02). All poultry and captive birds on the premises will be humanely culled.

Following the successful completion of disease control activities and surveillance within the zone surrounding the premises near Teignmouth, Teignbridge, Devon (AIV 2025/22), the 10km surveillance zone surrounding this premises has been revoked.

All bird flu cases and disease control zones

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

- England on 17 November 2024
- Scotland on 10 January 2025
- Northern Ireland on 12 February 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, the UK is no longer free from highly pathogenic avian influenza.

Find details of all bird flu cases and disease zones in England.

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

	HPAI H5N5	HPAI H5N1
England	1	55
Scotland	0	2
Wales	0	0
Northern Ireland	0	4

E2. Avia Flu in America: (up to 21 March 2025)

Since 1 April 2024, and as of 21 March 2025, 70 human cases of avian influenza A(H5N1), including one death, have been confirmed by the US CDC from 13 states. In total, 41 cases reported exposure to dairy cattle in the following states: California (36), Colorado (1), Michigan (2), Nevada (1) and Texas (1) and 24 cases reported exposure to poultry farms and culling operations in the following states: Colorado (9), Iowa (1), Ohio (1), Oregon (1), Washington (11), and Wisconsin (1). Two cases reported exposure to other animals, such as backyard flocks, wild birds, or other mammals: one case in Louisiana, who later died, and one in Wyoming. Three additional cases with unknown exposure have also been identified: two in California and one in Missouri.

ECDC has assessed the risk from the circulating HPAI A(H5N1) clade 2.3.4.4b viruses as low for the general population and low-to-moderate for those whose activities expose them to infected animals or contaminated environments (e.g. occupational exposure to infected animals).

E3. Ebola disease in Uganda (up to 4 April 2025)

As of 3 April 2025, no new cases have been reported. All cases have been discharged and there are no active contacts under follow-up.

As of 3 April 2025, 12 confirmed and two probable cases have been reported, including four deaths (two confirmed and two probable). The total number of individuals who have recovered is 10 (83%). EU/EEA citizens working in healthcare settings in Uganda should be aware of the ongoing outbreak and take appropriate personal protective measures.

The importation of the disease to the EU/EEA through someone with the infection is very unlikely and, should that happen, the likelihood of further transmission is considered very low.