Llywodraeth Cymru
Welsh Government

# Science Evidence Advice

**Weekly Surveillance Report**

20 May 2025



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# Science Evidence Advice: Weekly Surveillance Report

## A. Top Line Summary (as at week 19 2025, up to 11 May 2025)

- Overall, COVID-19 confirmed case admissions to hospital **decreased** 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 **increased** in the most recent week.
- Influenza in-patient cases and admissions have **decreased** in the most recent week.
- Norovirus confirmed cases have **increased** in the most recent week.
- Whooping Cough notifications have **decreased** in the most recent week.
- Scarlet Fever notifications **increased** in the most recent week.

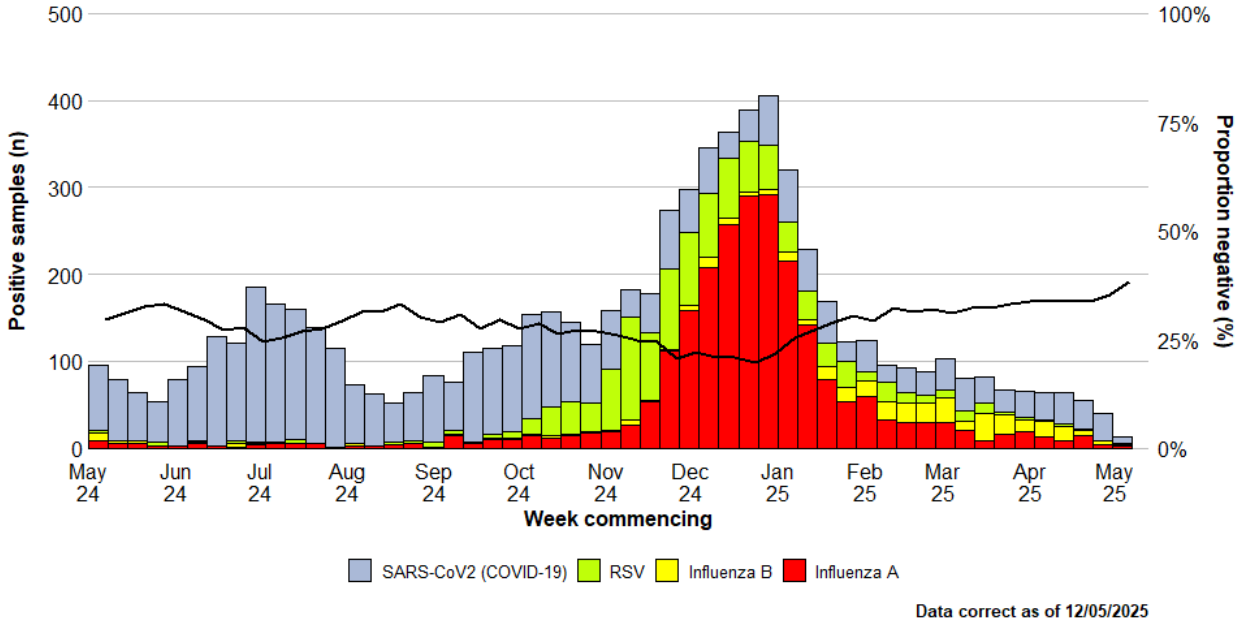
## B. Acute Respiratory Infections Situation Update

### B.1. 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 **decreased** in week 19 2025 (to 11 May 2025).
- As of 11 May 2025 (week 19), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 21 (versus 25 in week 17) and there were 104 in-patient cases of confirmed COVID-19, two of whom were in critical care compared to 141 and one in the previous week.
- Confirmed cases of positive tests decreased to 2.9% in hospital and non-sentinel GP practices in the most recent week. Consultations with sentinel GPs for COVID-19 decreased 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.
- In the last six weeks, **Omicron LP.8** is the most frequently detected COVID-19 variant in Wales, accounting for **44.7** % of all sequenced cases.

- The number of ambulance calls recorded referring to syndromic indicators decreased from **1,704** in the previous week to **1,661** in the latest reporting week.
- During week 19 2025 no ARI outbreaks were reported to the Public Health Wales Health Protection Team.

**Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 19, 2024 to week 19, 2025. (source: PHW)**

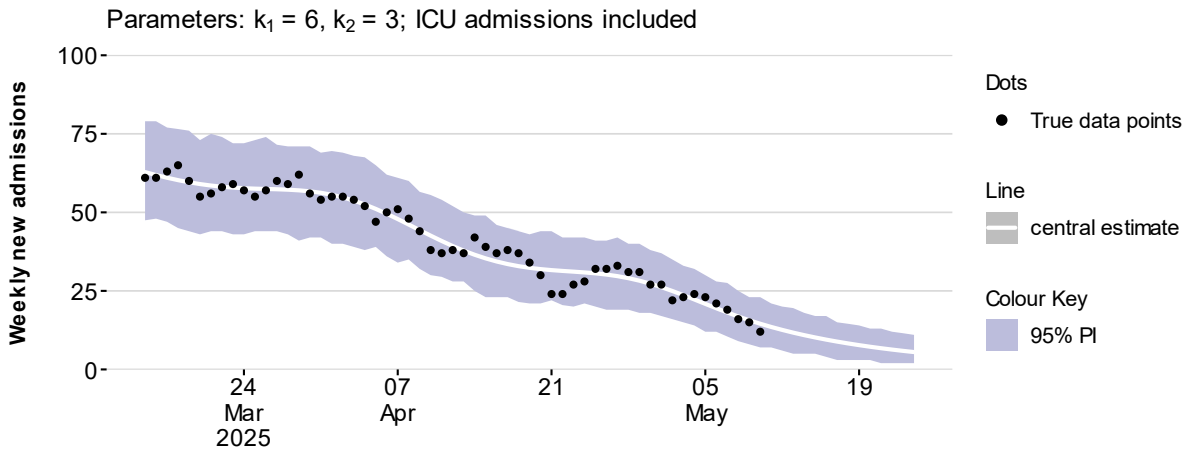



## COVID-19 Short Term Projections

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.

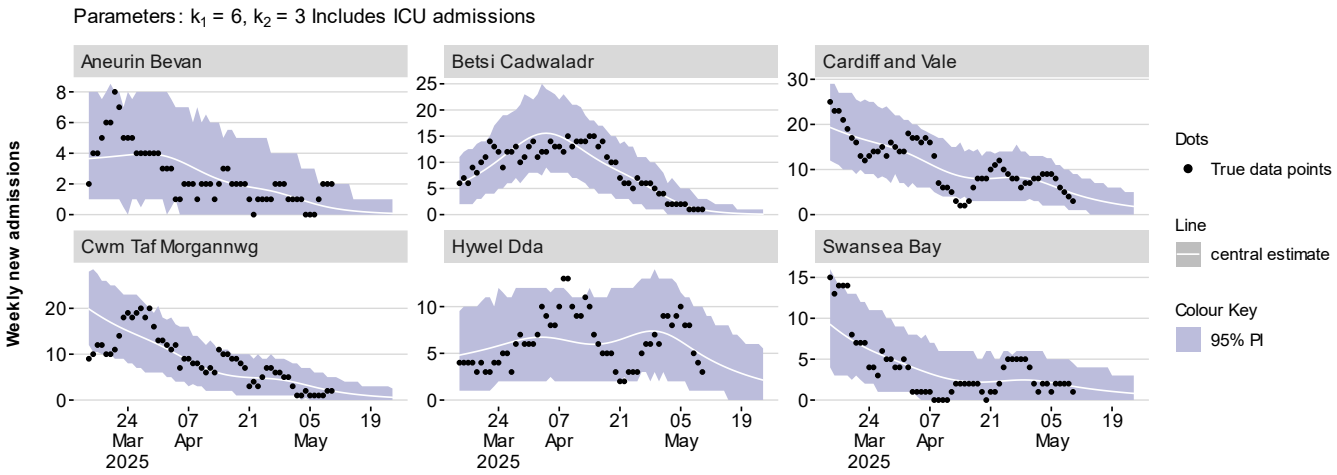
The COVID-19 STPs uses admissions data from PHW until 10 May 2025 to make short term projections for COVID-19 two weeks forward **(24 May 2025)**. The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval of the projections with light purple showing the most recent projection and dark purple showing the oldest. The STPs for Wales show that COVID-19 admissions are projected to fall over the next two-week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease or plateau in health boards in Wales over the next two weeks.

**Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 10 May 2025)**




*Source: Public Health Wales*

**Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 10 May 2025)**



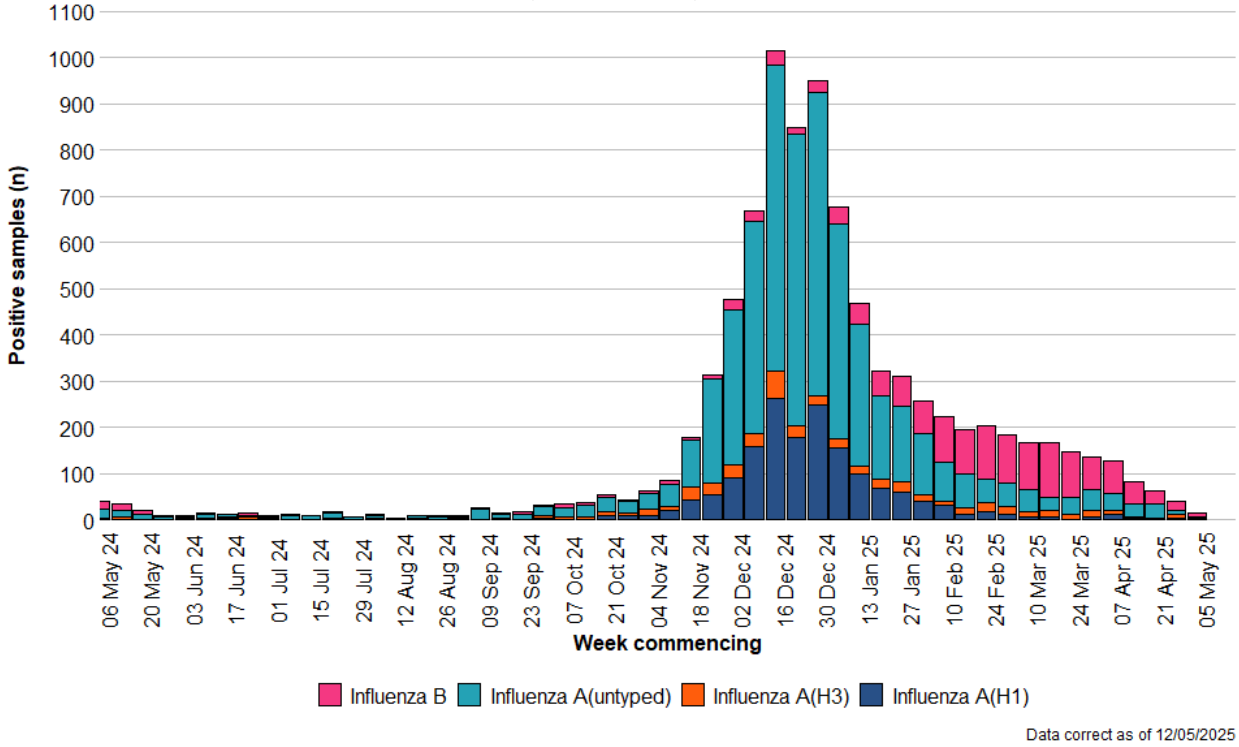

*Source: Public Health Wales*

## B.2. Influenza Situation Update

Influenza activity is at low levels and case numbers remain broadly stable. GP consultations for influenza-like illness with sentinel GPs increased but remain at baseline intensity. Confirmed community acquired case numbers decreased to 10 in the current week. Test positivity has remained stable at 1.5%. Influenza B was the most frequently detected type last week.

There were **33** in-patient cases of confirmed influenza, none of whom were in critical care (compared to **54** and **2** in week 16). In week 19 2025, there were 3 confirmed cases of influenza A(H3), 1 case of influenza A(H1N1), 4 influenza A untyped and 7 influenza B. (Figure 4).

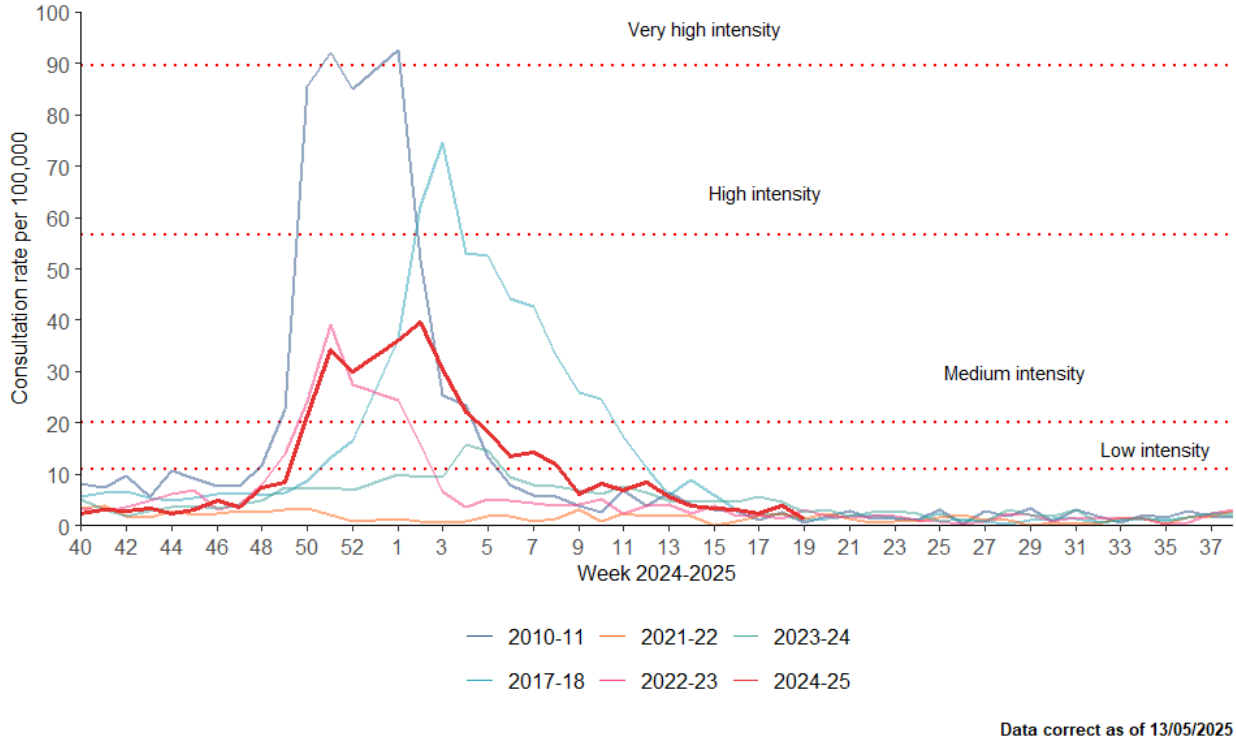
**Figure 4: Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, week 19, 2024 to week 19, 2025 (source: PHW)**




The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is variable. There were **1.4** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (**4.0** consultations per 100,000).

In the most recent week, using all available data from general practices, there were **8.9** ARI consultations per 100,000 practice population, a decrease from 9.2 in the previous week. The highest rates were found in people aged under 1 year (**234.2**) followed by people aged 1 to 4 (**176.9**) and people aged 75+ (**120.8**).

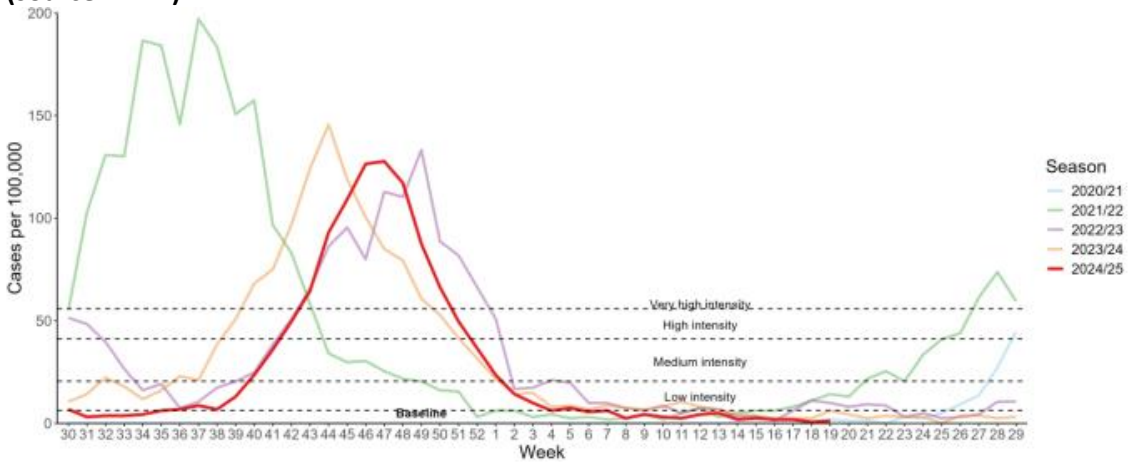
**Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)**




## B.3. Respiratory Syncytial Virus (RSV) update

RSV incidence in children aged under 5 years is currently at baseline levels. Incidence per 100,000 population in children aged up to 5y **increased** to **1.2** in the most recent week (**0.6** in week 17). The number of confirmed cases of community acquired RSV admitted to hospital decreased to three. There were four in-patient cases of confirmed RSV, none in critical care.

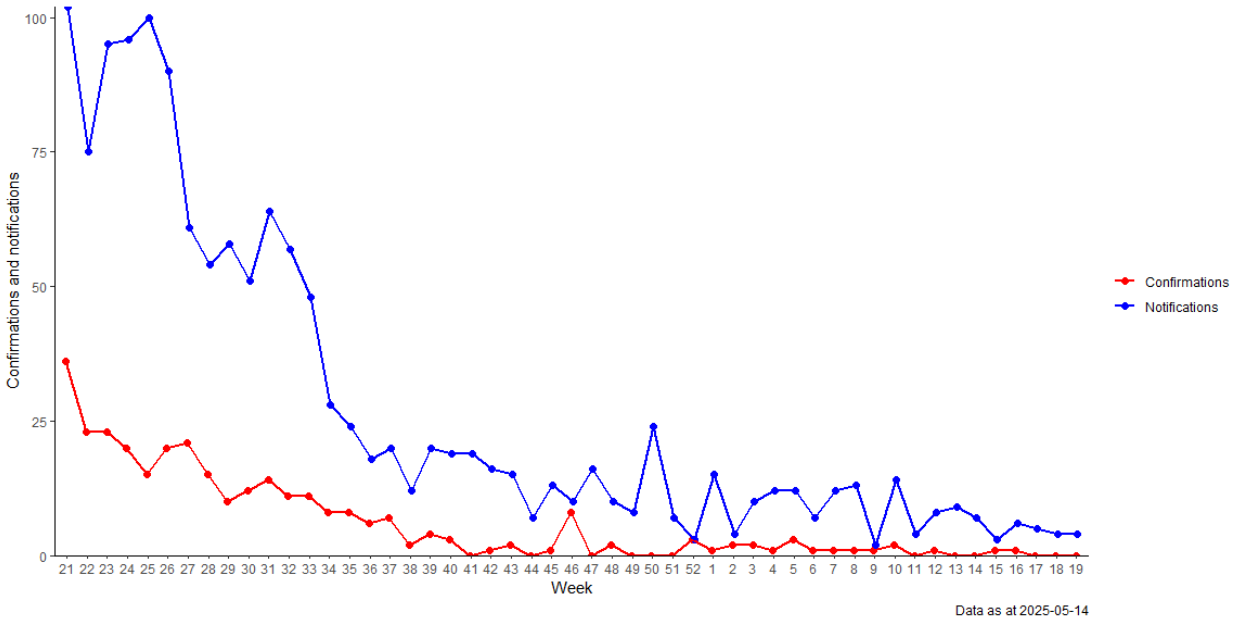
**Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 19 2025 (source: PHW)**




## B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 19 **decreased**, and remain at low levels. (Whooping cough is now reported on every two weeks).

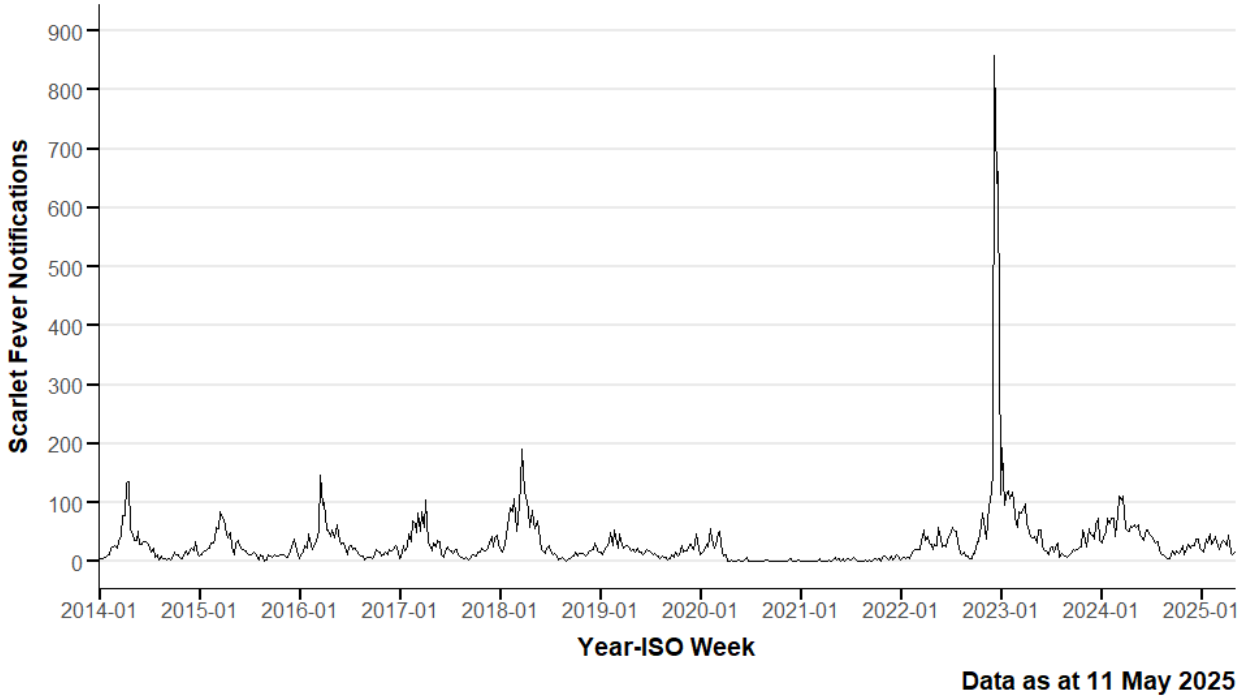
**Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)**




## B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** in the most recent week (week 19) as shown in the figure below (up to 11 May 2025).

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




## C. Science Evidence Advice Winter Modelling

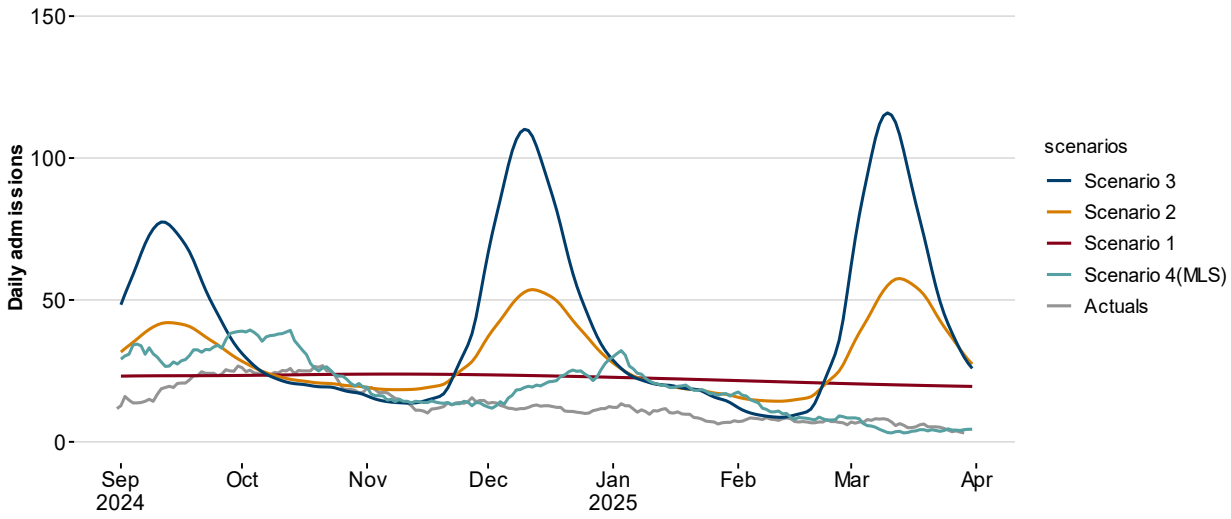
The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This used analysis of historical data and projects forward to estimate hospital demand throughout winter 2024/25, contributing to winter planning for NHS Wales. 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 tracked alongside scenario 4 the Most Likely Scenario (MLS). There was a downward trend since the new year which continued through to March.

**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.

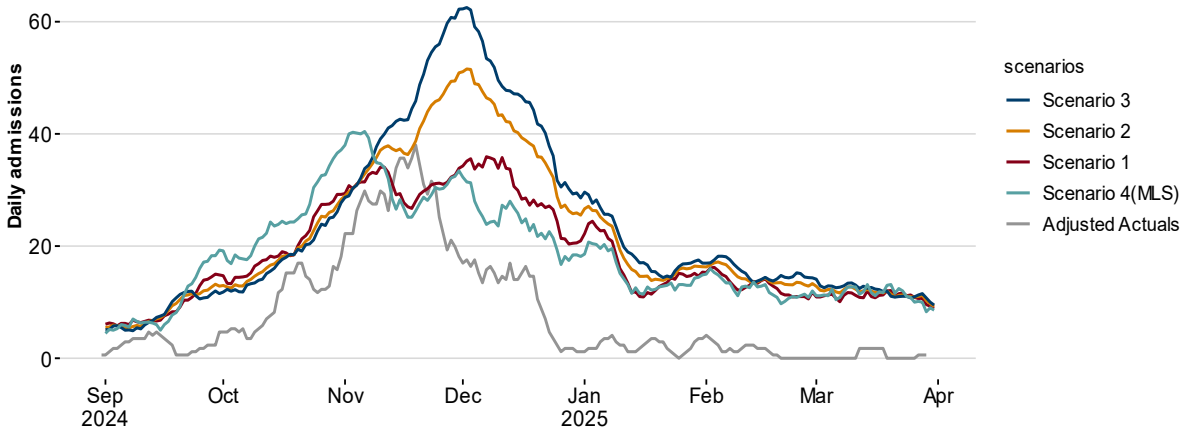
Notes

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 tracked below the MLS at baseline levels.

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

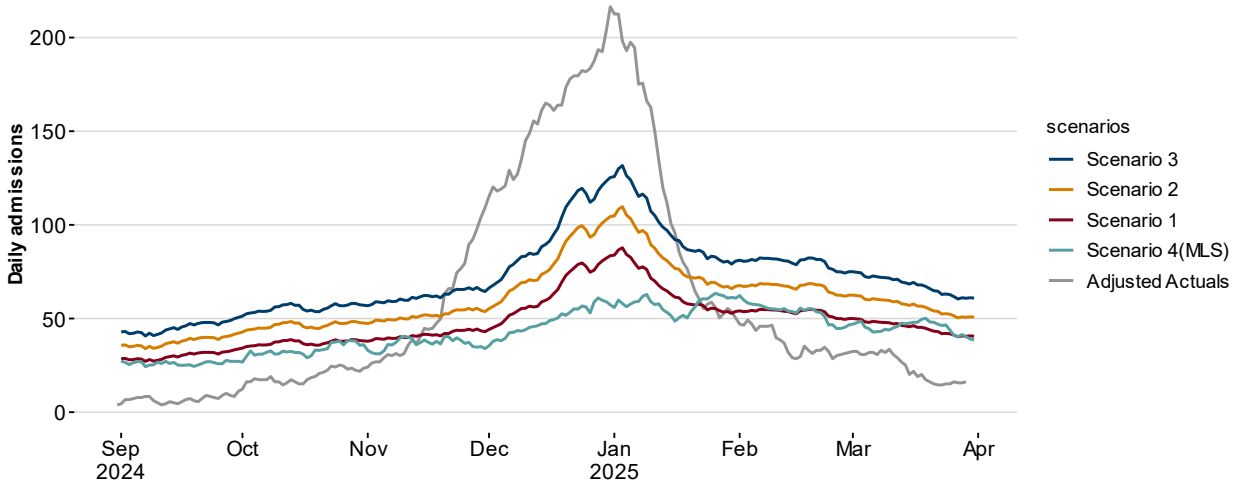



Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

## Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals tracked below the Most Likely Scenario, reflecting the sharp decrease in flu admissions as we 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 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 19 2025), a total of **39** Norovirus confirmed cases were reported in Welsh residents. This is an increase (**85.7%**) in reported cases compared to the previous reporting week (week 18 2025), when **21** Norovirus confirmed cases were reported.

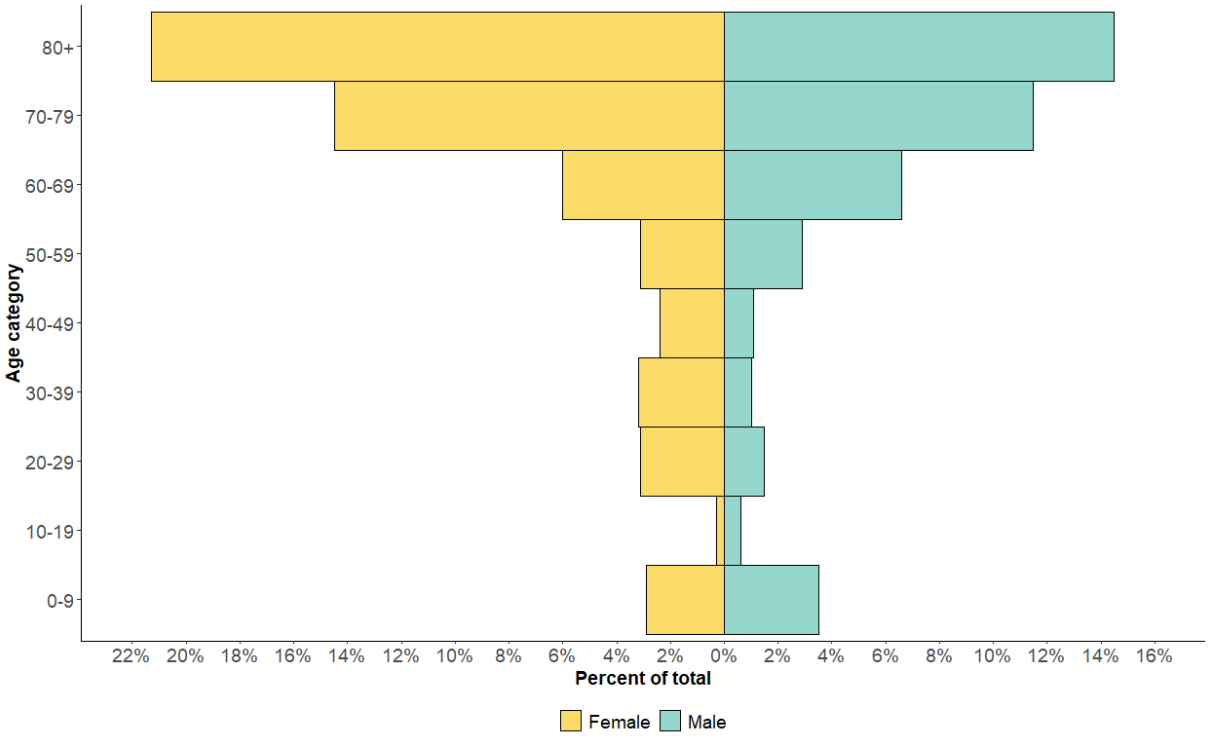
In the last 12-week period (17/02/2025 to 11/05/2025) a total of **614** Norovirus confirmed cases were reported in Welsh residents. This is an increase (**35.2%**) in reported cases

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

compared to the same 12-week period in the previous year (17/02/2024 to 11/05/2024) when **454** Norovirus confirmed cases were reported.

In the last 12 weeks (17/02/2025 to 11/05/2025) **342 (55.7%)** confirmed Norovirus cases were female and **271 (44.1%)** confirmed cases were male. The age groups with the most cases were the 80+ (**210** cases) and 70-79 (**157** cases). Sex data were not available for 1 case.

**Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (17/02/2025 to 11/05/2025)**




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 19 2025 (17/02/2025 to 11/05/2025). 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 18 May 2025)

**18 May 2025**

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in other captive birds at a premises near Pokesdown, Bournemouth, Christchurch and Poole, Dorset (AIV 2025/44).

A 3km captive bird (monitoring) controlled zone has been declared surrounding the premises. The affected birds on the premises will be humanely culled.

**15 May 2025**

Avian influenza prevention zone (AIPZ) housing measures gradually being lifted. Mandatory housing measures for poultry and other captive birds have started to be gradually lifted across England from 00:01 on Thursday 15 May 2025.

As birds may have been housed for several months, there is a 7-day transition period from 15 May 2025 until the housing measures are fully lifted on 22 May 2025.

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

| | **HPAI H5N5** | **HPAI H5N1** |
|---|---|---|
| **England** | 1 | 57 |
| **Scotland** | 0 | 2 |
| **Wales** | 0 | 0 |
| **Northern Ireland** | 0 | 4 |

**E.2. Avian Flu in China: (16 May)**
One new human case of avian influenza A(H10N3) virus infection was reported in China. The patient is in their sixties and developed the disease in April 2025. No human-to-human transmission has been documented.

On 13 May 2025, eight human cases of avian influenza A(H9N2) virus infection in China were reported by Hong Kong's Centre for Health Protection, with disease onset in April 2025. No details about disease severity or exposure are available.

**E.3. Autochthonous chikungunya virus disease – Réunion and Mayotte, France (16 May)**
In August 2024, France reported the first autochthonous case of chikungunya virus disease in 10 years in Réunion, with onset of symptoms on 12 August. Since the beginning of the year, and as of 11 May 2025, more than 47 500 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion.

**E.4. Measles in Europe (16 May)**
In March 2025, 1,097 measles cases were reported by 16 countries. Eleven countries reported zero cases. Through its epidemic intelligence activities, ECDC has identified an additional 3,012 new cases from 15 EU/EEA countries.