Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

07 May 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 17 2025, up to 27 April 2025)

- Overall, COVID-19 confirmed case admissions to hospital **increased** in the most recent week (week 16, latest data available).
- COVID-19 cases who are inpatients have **increased** in the most recent week, (week 16, latest data available).
- RSV activity in children under 5 years has **decreased** in the most recent week, (week 16, latest data available).
- Influenza in-patient cases and admissions have **increased** in the latest week, (week 16, latest data available).
- Whooping Cough notifications have **decreased** in the most recent week (week 17).
- Scarlet Fever notifications **decreased** in the most recent week (week 17).
- Norovirus confirmed cases have **decreased** in the most recent reporting week (week 17).

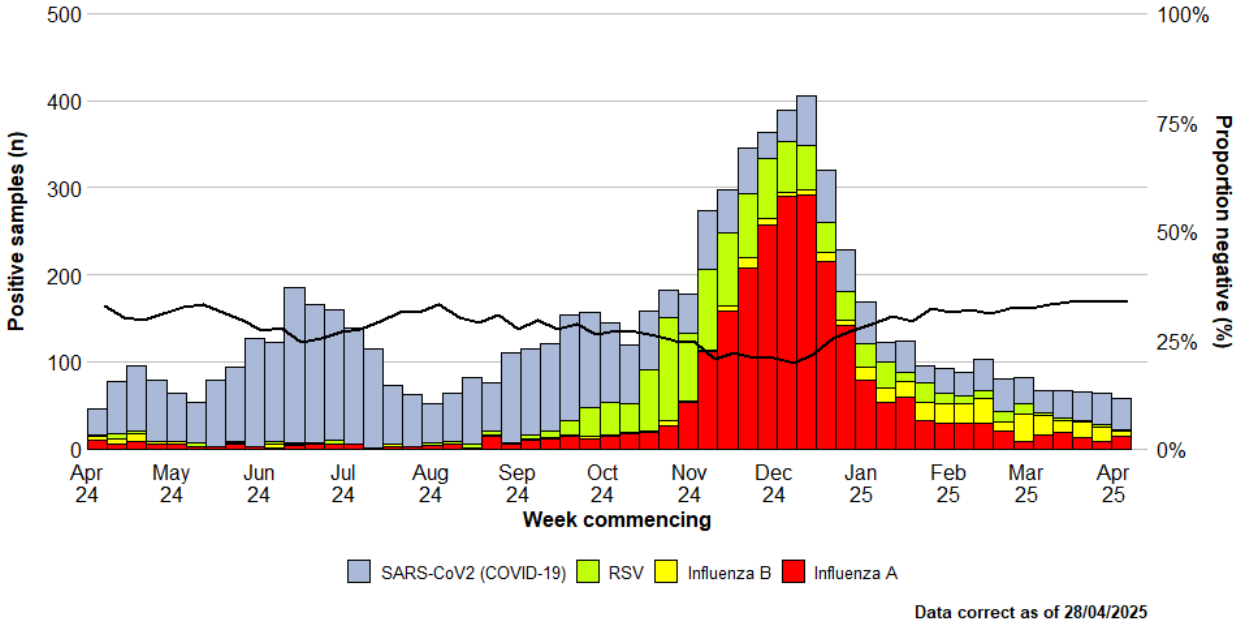
B. Acute Respiratory Infections Situation Update

B.1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **increased** and the number of cases who were inpatients also **increased** (week 16 2025 to 20 April 2025 which is the latest data available).
- The number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to **16** during week 16, latest data available (11 in the previous week). There were **139** in-patient cases of confirmed COVID-19, one of whom were in critical care during week 16, latest data available from **128** and **one** in the previous week.
- Confirmed cases of positive tests decreased to **4.2%** in hospital and non-sentinel GP practices in the most recent week. Consultations with sentinel GPs for COVID-19 remained stable in week 16, which is the latest data available.
- 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 previous six weeks, **Omicron XEC** is the most frequently detected COVID-19 variant in Wales, accounting for **34.0%** of all sequenced cases.
- The number of ambulance calls recorded referring to syndromic indicators decreased from **1,810** in the previous week to **1,665** in the latest reporting week
- During week 17 2025 one ARI outbreak was reported to the Public Health Wales Health Protection Team. The incident was Pneumococcal Pneumonia and was in a Residential Home.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 17, 2024 to week 17, 2025. (source: PHW)

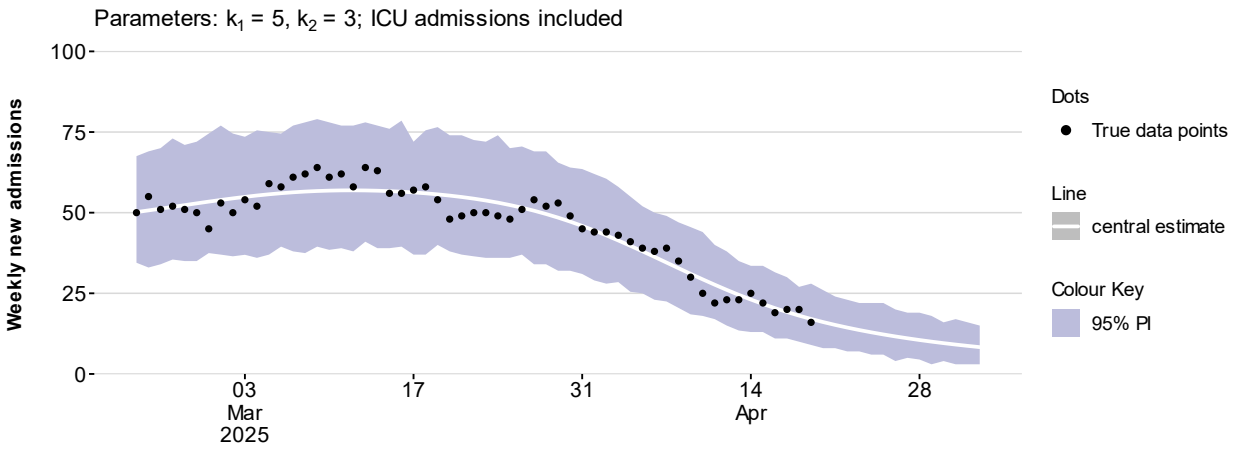


COVID-19 Short Term Projections

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.

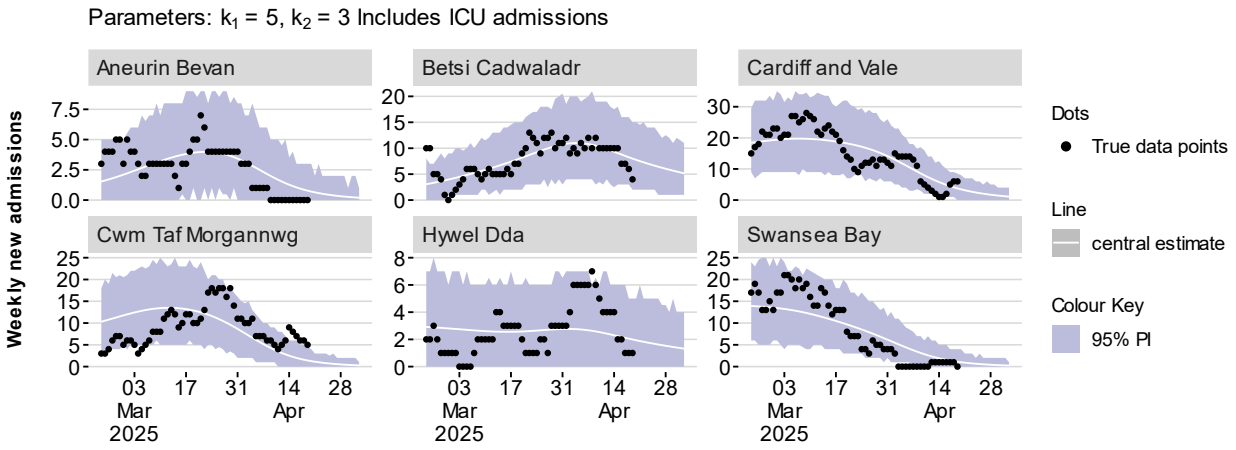
The COVID-19 STPs uses admissions data from PHW until **19 April 2025** to make short term projections for COVID-19 two weeks forward **(3 May 2025).** The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% 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 plateau 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 except for Cardiff and Vale and Hywel Dda health boards where an increase in admissions for COVID-19 is projected over the next two weeks.

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



Source: Public Health Wales

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



Source: Public Health Wales

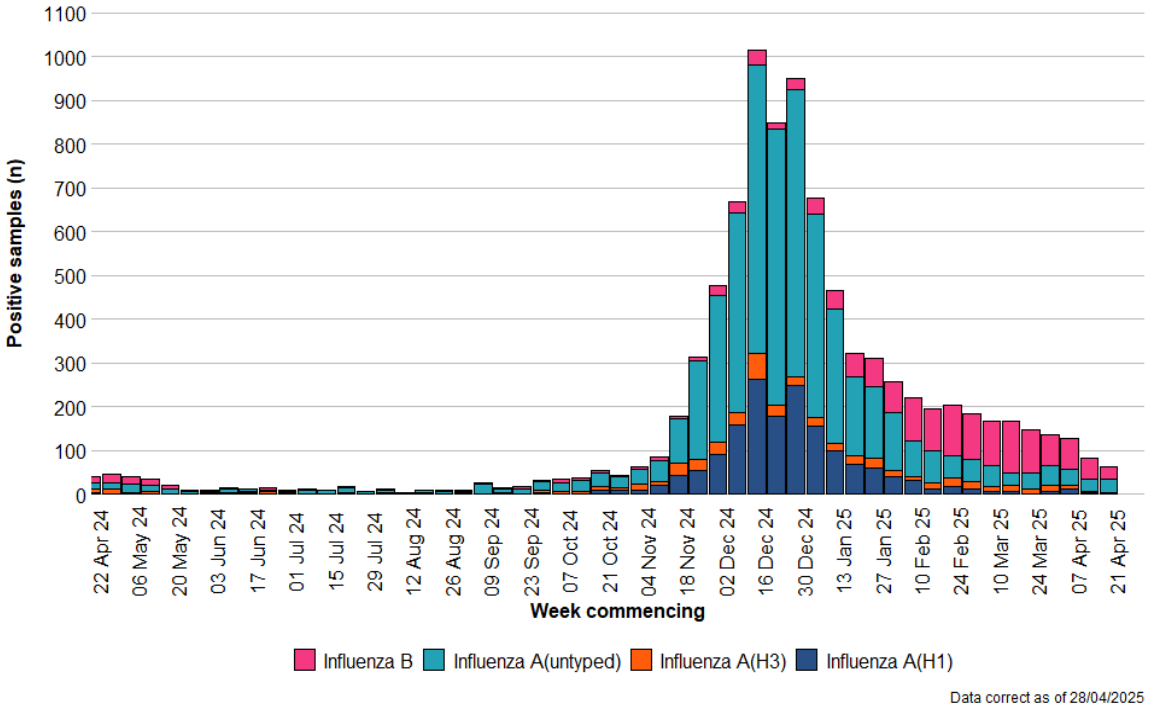
B.2. Influenza Situation Update

Influenza activity is at low levels and case numbers remain broadly stable. GP consultations for influenza-like illness decreased and remain at baseline intensity. The number of confirmed case numbers admitted to hospital increased in week 16 (the latest date for which data is available). Influenza A (untyped) was the most frequently detected type last week.

The number of confirmed cases of community acquired influenza admitted to hospital **increased** to **29** and there were **91** in-patient cases of confirmed influenza, **2** of whom were in critical care in week 16, the latest week available (compared to **81** and **1** in the previous week).

In the most recent week available there were one confirmed cases of influenza A(H3N2), 2 cases of influenza A(H1N1)pdm09, 32 influenza A untyped and 29 influenza B. (Figure 4).

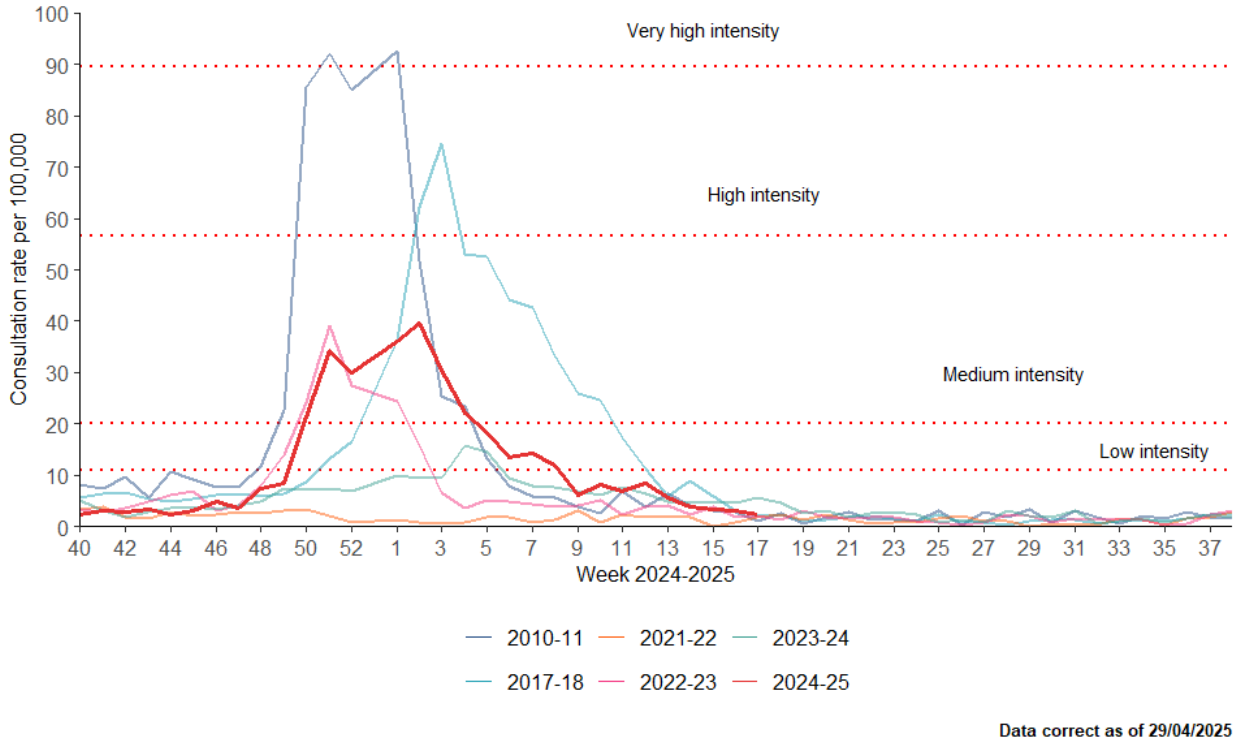
Figure 4: Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, week 17, 2024 to week 17, 2025 (source: PHW)



The sentinel GP consultation rate for influenza-like illness ILI is at baseline and the three-week trend is decreasing. There were **2.4** ILI consultations per 100,000 practice population, in the most recent week a decrease compared to the previous week (**3.1** consultations per 100,000).

In the most recent week using all available data from general practices there were **11.9** ARI consultations per 100,000 practice population, a decrease from **13.1** in the previous week. The highest rates were found in people aged under 1 year (**664.5**) followed by people aged 1 to 4 (**218.8**) and people aged 65 to 74 (**106**).

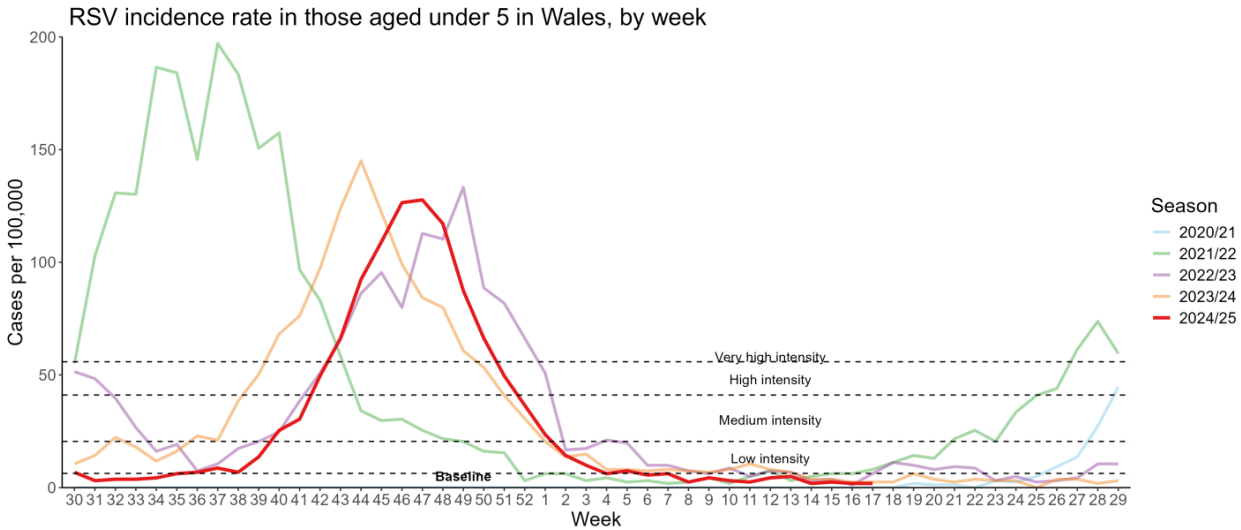
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



B.3. Respiratory Syncytial Virus (RSV) update

RSV activity is now at baseline levels in children aged up to 5 years old (week 16 2025, latest data available). Incidence per 100,000 population in children aged up to 5 years **decreased** to **1.9** in the most recent week (week 16, latest data available). The number of confirmed cases of community acquired RSV admitted to hospital decreased to 2 in the most recent week (week 16 latest data available). During week 16 (latest data available) there were there were 14 in-patient cases of confirmed RSV, none of whom were in critical care.

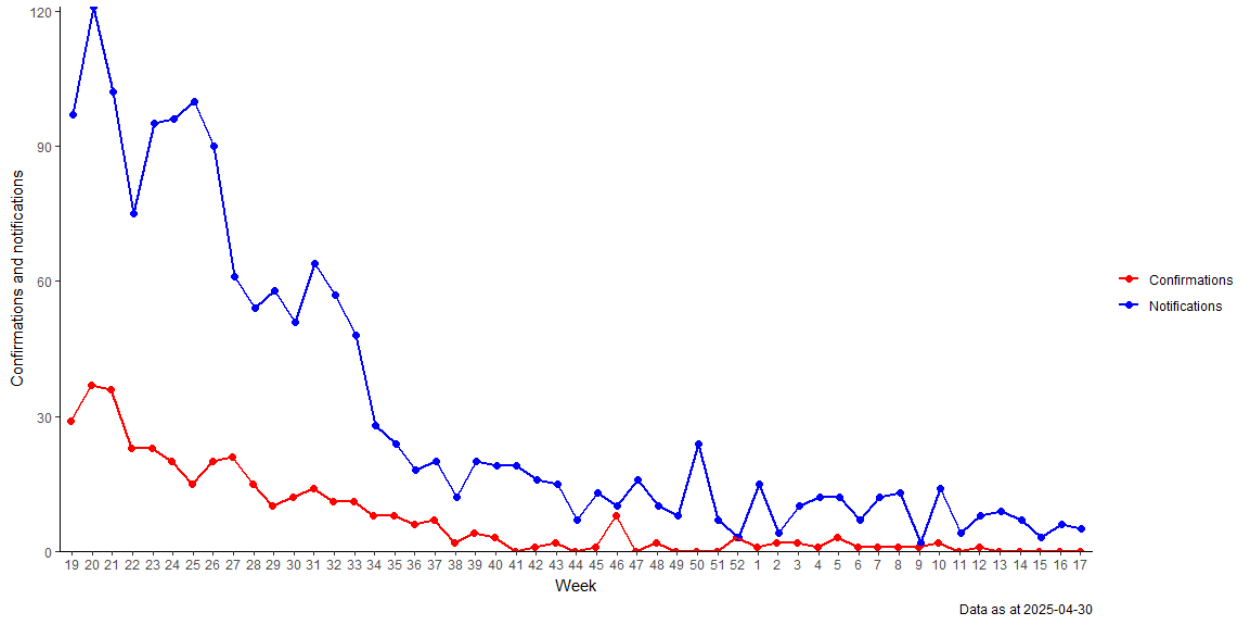
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 17 2025 (source: PHW)



B4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 17 **decreased** and remained at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

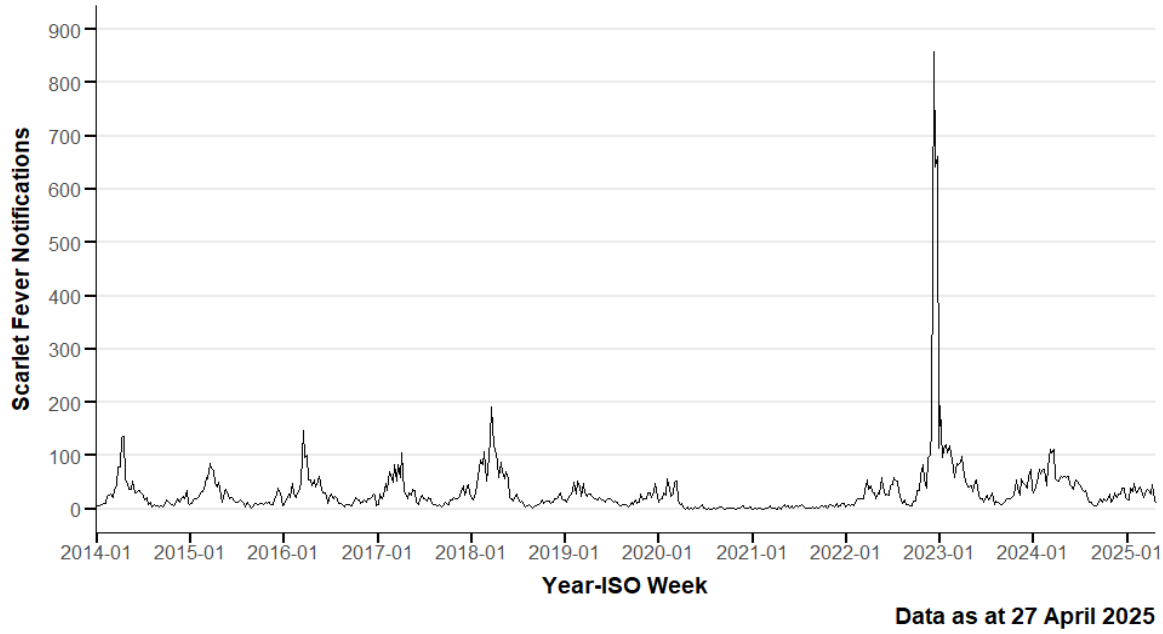
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have further **decreased** in the most recent week (week 17) as shown in the figure below (up to 27 April 2025).

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



C. Science Evidence Advice Winter Modelling

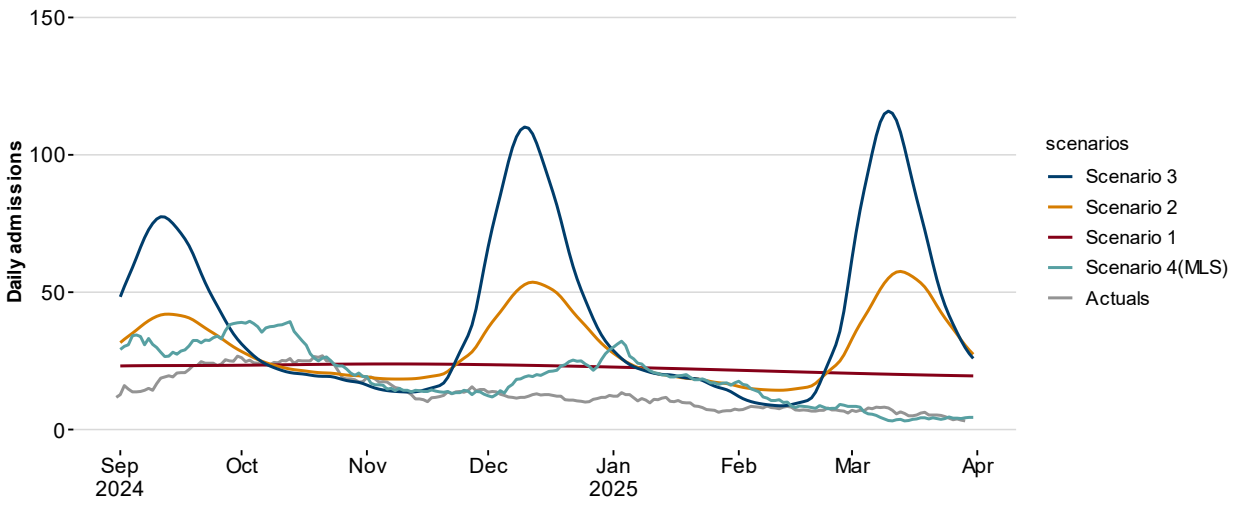
The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This used analysis of historical data and projects forward to estimate hospital demand throughout winter 2024/25, contributing to winter planning for NHS Wales.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

Figure 9 Daily COVID-19 Winter 2024-5 admissions scenarios, data until 31 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.

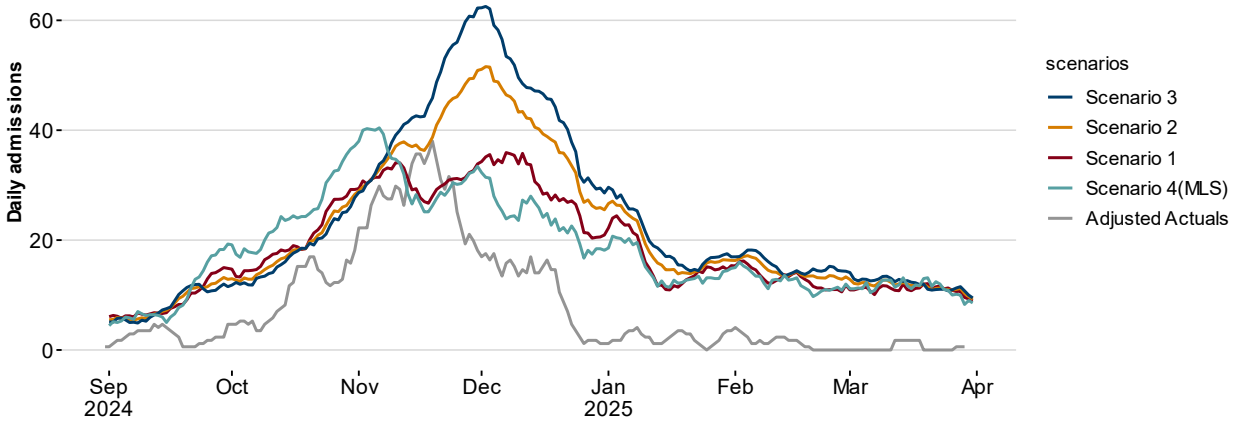
Notes

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 are currently tracking below the MLS and are at baseline levels.

Figure 10: Daily RSV Winter 2024-25 paediatric (ages 0-4) admissions scenarios data until 31 March 2025

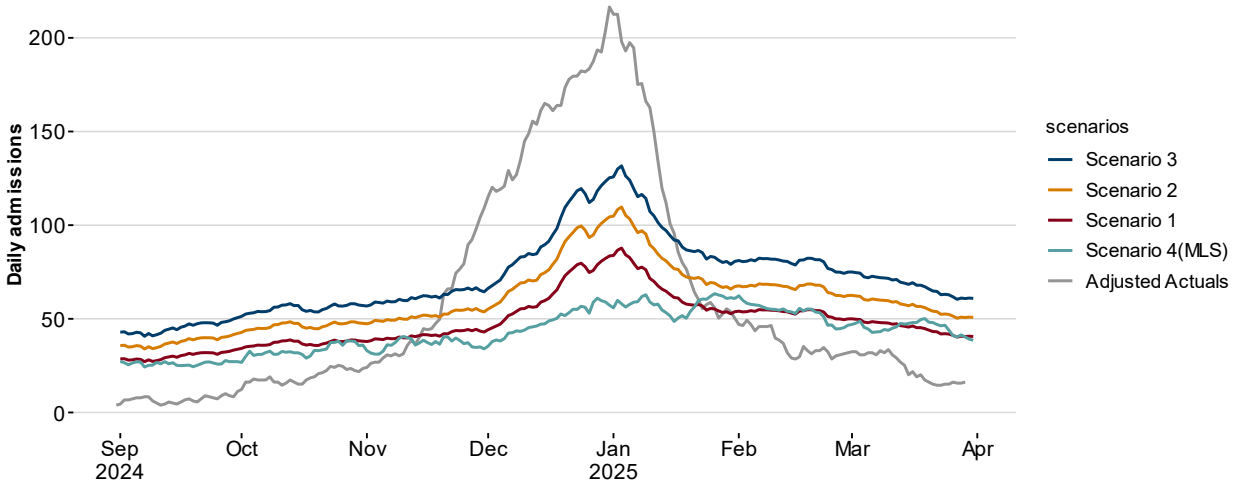


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals have been tracking below the Most Likely Scenario, 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 31 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

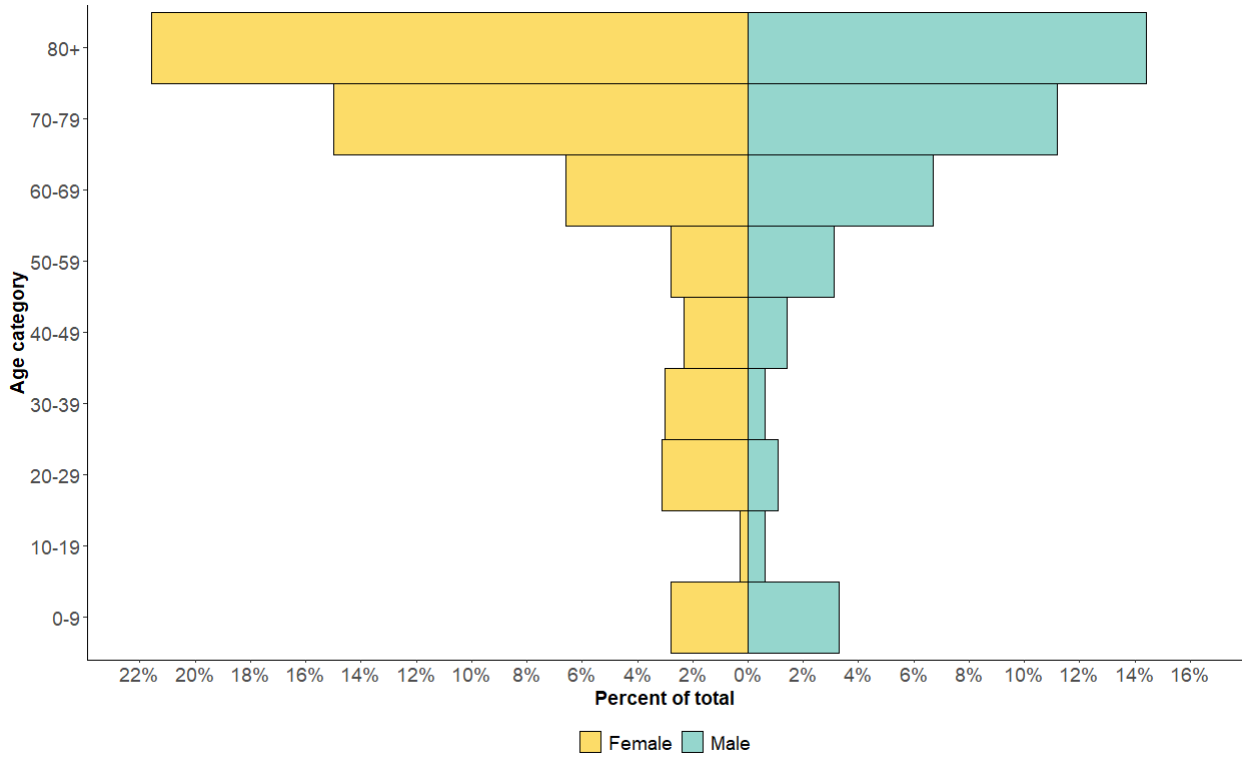
In the current reporting week (week 17 2025) a total of **33** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-8.3%)** in reported cases compared to the previous reporting week (week 16 2025) when **36** Norovirus confirmed cases were reported.

In the last 12-week period (03/02/2025 to 27/04/2025) a total of **641** Norovirus confirmed cases were reported in Welsh residents. This is an increase (39.7%) in reported cases compared to the same 12-week period in the previous year (03/02/2024 to 27/04/2024) when **459** Norovirus confirmed cases were reported.

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

In the last 12 weeks (03/02/2025 to 27/04/2025) **368** (**57.4%**) confirmed Norovirus cases were female and **272** (**42.4%**) confirmed cases were male. The age groups with the most cases were the 80+ (**230** cases) and 70-79 (**168** cases) age groups. Sex data were not available for 1 case.

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (03/02/2025 to 27/04/2025)



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 17** 2025 (03/02/2025 to 27/04/2025). Under-ascertainment is a recognized 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 6 May 2025)

5 May 2025

Following the successful completion of disease control activities and surveillance within the zones surrounding the premises near Stanhope, Bishop Auckland, County Durham (AIV 2025/39), the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone surrounding this premises.

3 May 2025

Following the successful completion of disease control activities and surveillance within the zones surrounding the premises near Romsey, Test Valley, Hampshire (AIV 2025/36). The 3km protection zone has ended and the areas that formed it become part of the 10km surveillance zone surrounding this premises.

2 May 2025

Following the successful completion of disease control activities and surveillance within the zones surrounding the following:

- the third premises near Market Weighton, East Riding of Yorkshire, Yorkshire (AIV 2025/19)
- the fifth premises near Market Weighton, East Riding of Yorkshire, Yorkshire (AIV 2025/21)
- the premises near Lazonby, Westmorland and Furness, Cumbria (AIV 2025/35)
- the premises near Wymondham, Diss, Norfolk (AIV 2025/33)

The 10km surveillance zone have been revoked.

Check the interactive map for other restrictions including the requirement to house all birds in North Yorkshire, Cumbria and surrounding counties.

1 May 2025

Following the successful completion of disease control activities and surveillance, the 10km surveillance zone surrounding the premises near Pocklington, East Riding of Yorkshire, Yorkshire (AIV 2025/09) has been revoked.

Following the successful completion of disease control activities and surveillance within the zones, the 3km protection zones have ended and the areas that formed them become part of the 10km surveillance zones, surrounding:

- the third premises near Market Weighton, East Riding of Yorkshire, Yorkshire (AIV 2025/19)
- the fifth premises near Market Weighton, East Riding of Yorkshire, Yorkshire (AIV 2025/21)

Check the interactive map for other restrictions including the requirement to house all birds in North Yorkshire and surrounding counties.

30 April 2025

Following the successful completion of disease control activities and surveillance within the zone surrounding the premises near Pickering, Thirsk and Malton, North Yorkshire (AIV 2025/37), the 3km protection zone has ended. The area that formed it becomes part of the 10km surveillance zone.

Check the interactive map for other restrictions including the requirement to house all birds in County Durham and surrounding counties.

Following the successful completion of disease control activities and surveillance within the zone surrounding the premises near Lazonby, Westmorland and Furness, Cumbria (AIV 2025/35), the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone.

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

	HPAI H5N5	**HPAI H5N1**
England	1	56
Scotland	0	2
Wales	0	0
Northern Ireland	0	4

E2. Avian Flu in Mexico (up to 6 May 2025)

There has been no further update regarding the previously reported fatal case of Avian Flu in Mexico.

E3. Avian Influenza in Ho Chi Minh City, Vietnam (up to 6 May 2025)

There has been no further update regarding the human case of avian influenza A (H5N1) in Ho Chi Minh City

E4. Ebola disease in Uganda (up to 6 May 2025)

On 26 April 2025, the Ministry of Health in Uganda declared the end of the Ebola outbreak. Overall, during the outbreak, 12 confirmed and two probable cases were reported, including four deaths (two confirmed and two probable cases) (case-fatality rate (CFR) 28.6%). Cases were reported from Jinja, Kampala, Kyegegwe, Mbale, Ntoroko, and Wakiso regions

E5. Yellow Fever in South America (up to 6 May 2025)

From 12 May 2025, travellers entering Ecuador from neighbouring countries will be required to present proof of yellow fever vaccination. South America is a popular tourist destination for travellers from the EU/EEA and it is important that travel medicine clinics and vaccination centres are aware of the yellow fever risk. The likelihood of virus transmission in the EU/EEA is very low.