Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

03 June 2025

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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 21 2025, up to 25 May 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 **decreased** in the most recent week.
- Influenza in-patient cases have **decreased** though admissions **increased** in the latest week.
- Norovirus confirmed cases have **increased** in the most recent week (week 21).
- Whooping Cough notifications have **slightly increased** in the most recent reporting week (week 21).
- Scarlet Fever notifications have **slightly increased** in the most recent week (week 21).

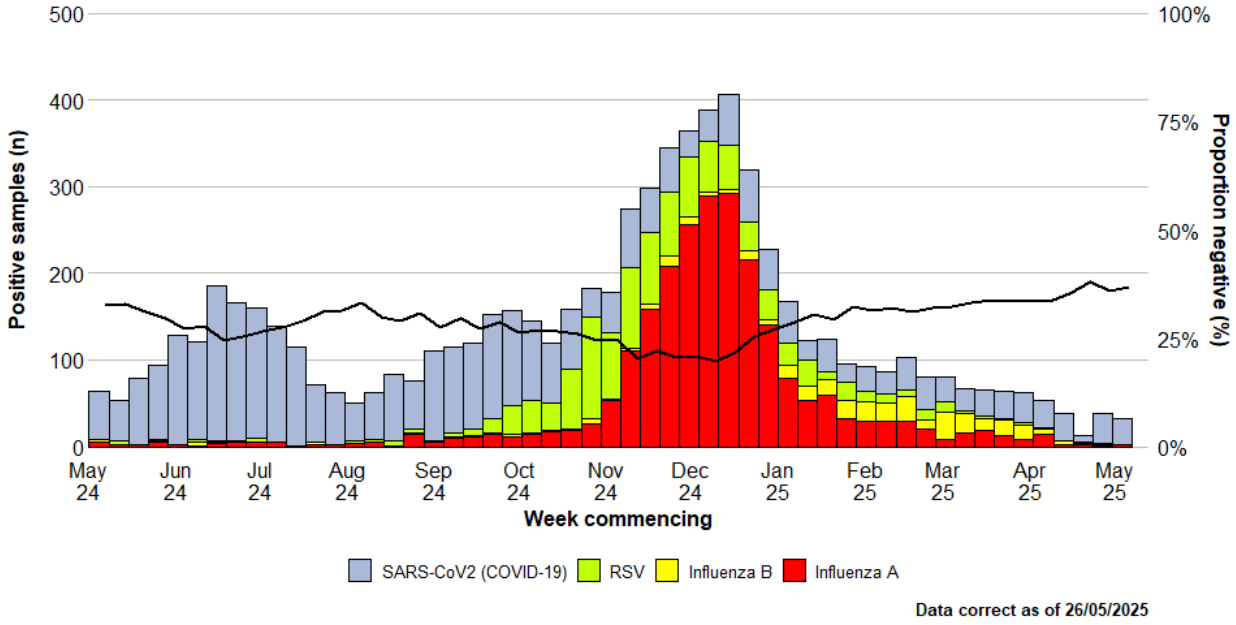
B. Acute Respiratory Infections Situation Update

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 **increased** in week 21 2025 (to 25 May 2025).
- As at 25 May 2025 (week 21), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 22 (28 in the previous week) and there were 126 in-patient cases of confirmed COVID-19, two of whom were in critical care compared to 112 and two in the previous week.
- Confirmed cases of positive tests **increased** to 5.5% in hospital and non-sentinel GP practices in the most recent week compared with 2.0% in the previous 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 **1,626** in the previous week to **1,587** in the latest reporting week.
- During week 21 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 21, 2024 to week 21, 2025. (source: PHW)

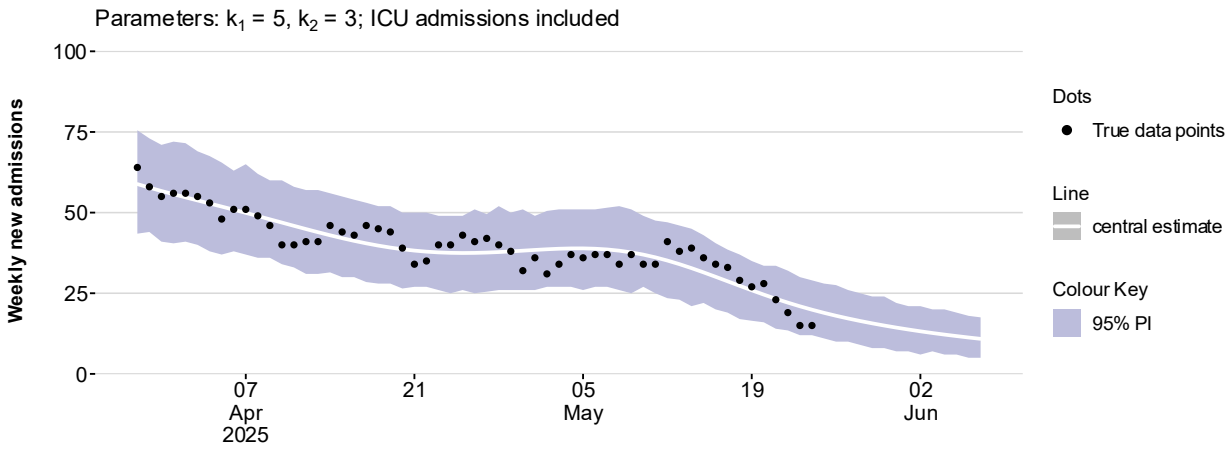


COVID-19 Short Term Projections

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.

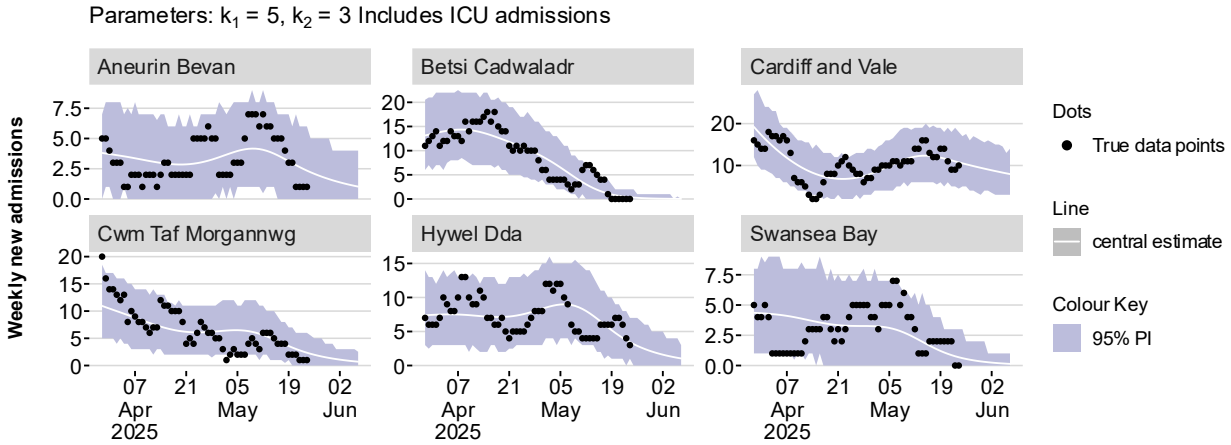
The COVID-19 STPs uses admissions data from PHW until **24 May 2025** to make short term projections for COVID-19 two weeks forward **(7 June 2025)**. The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% 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 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 24 May 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 24 May 2025)



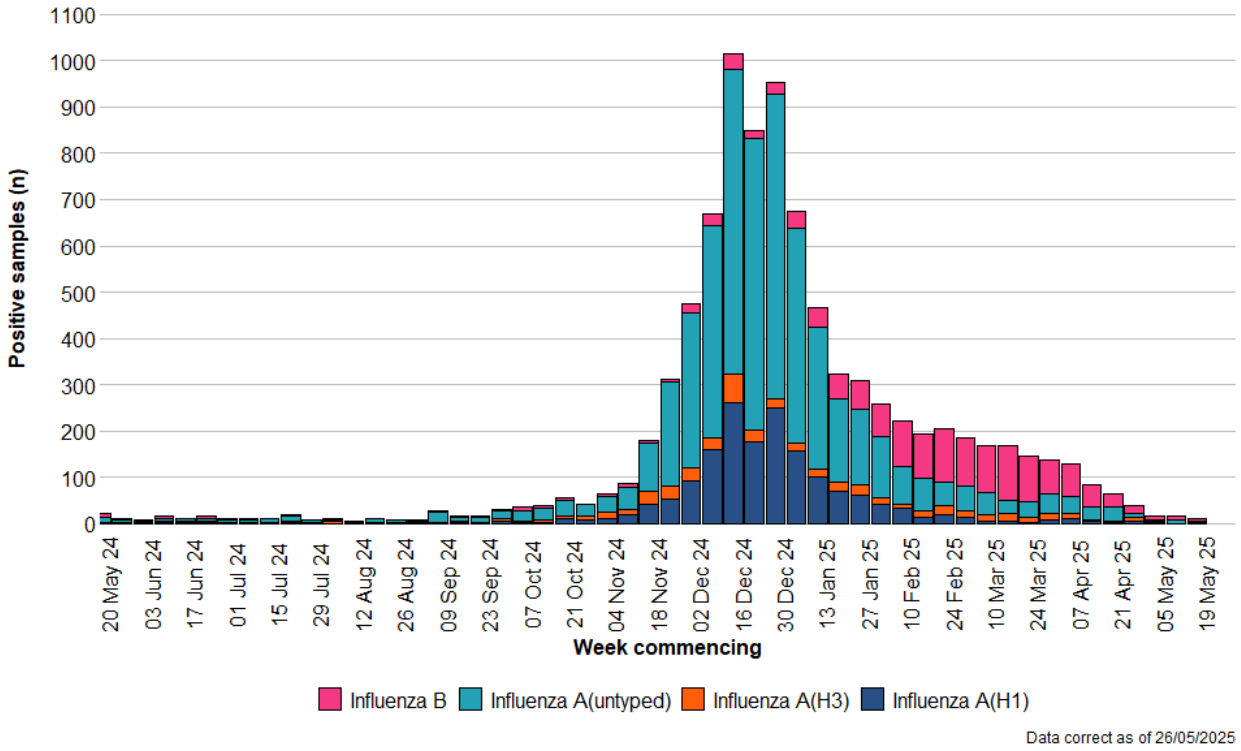
Source: Public Health Wales

B.2. Influenza Situation Update

Influenza activity is at low levels and case numbers remain broadly stable. GP consultations for influenza-like illness decreased and remained at baseline intensity. Confirmed cases of community acquired influenza admitted to hospital increased in the current week. Test positivity remained at 0%. Influenza B was the most frequently detected type last week.

During the week ending 25 May the number of confirmed cases of community acquired influenza admitted to hospital **increased** to 7 and there were **11** in-patient cases of confirmed influenza, **none** of whom were in critical care (compared to **13** and **0** in the previous week). In week 21 2025, there were 2 confirmed cases of influenza A(H3), zero influenza A(H1N1), 4 influenza A untyped and 5 influenza B.

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 21, 2024 to week 21, 2025 (source: PHW)



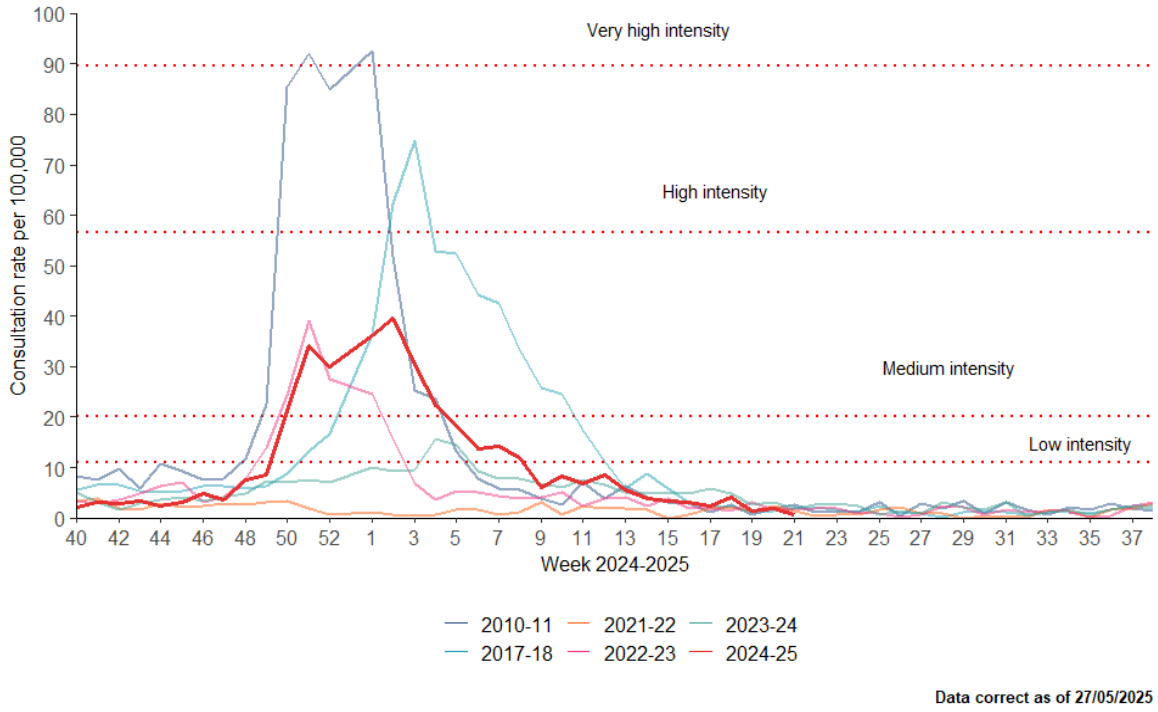
The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is variable.

There were **0.8** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (1.9 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 8.5 ARI consultations per 100,000 practice population, an increase from 7.8 in the previous week. The highest rates were found in people aged 1 to 4 (147) followed by people aged under 1 year (142.6) and people aged 5 to 14 (66.5).

Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years.

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

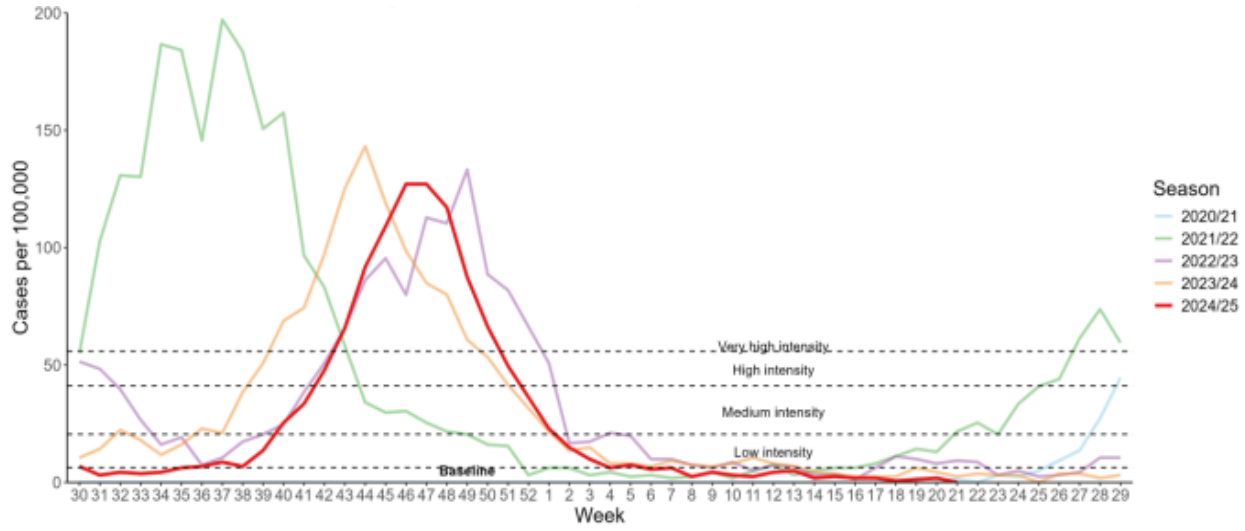


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital remained stable at zero.

RSV incidence in children aged under 5 years is currently at baseline levels. Incidence per 100,000 population in children aged up to 5 years **decreased** to zero in the most recent week. In the most recent week, there were **four** in-patient cases of confirmed RSV, none in critical care.

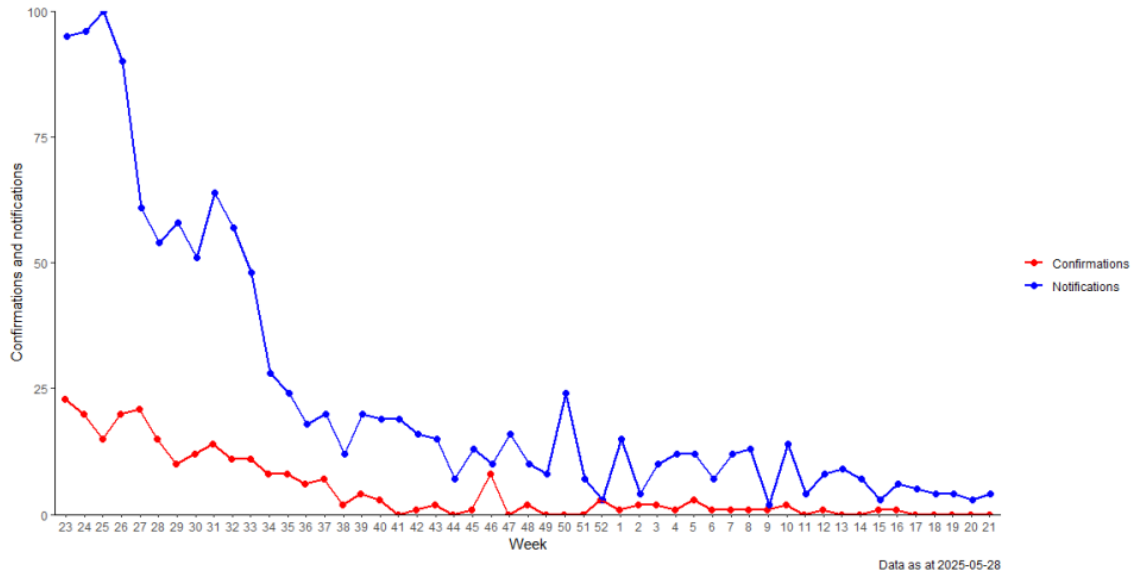
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 21 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 21 ***slightly increased*** but remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

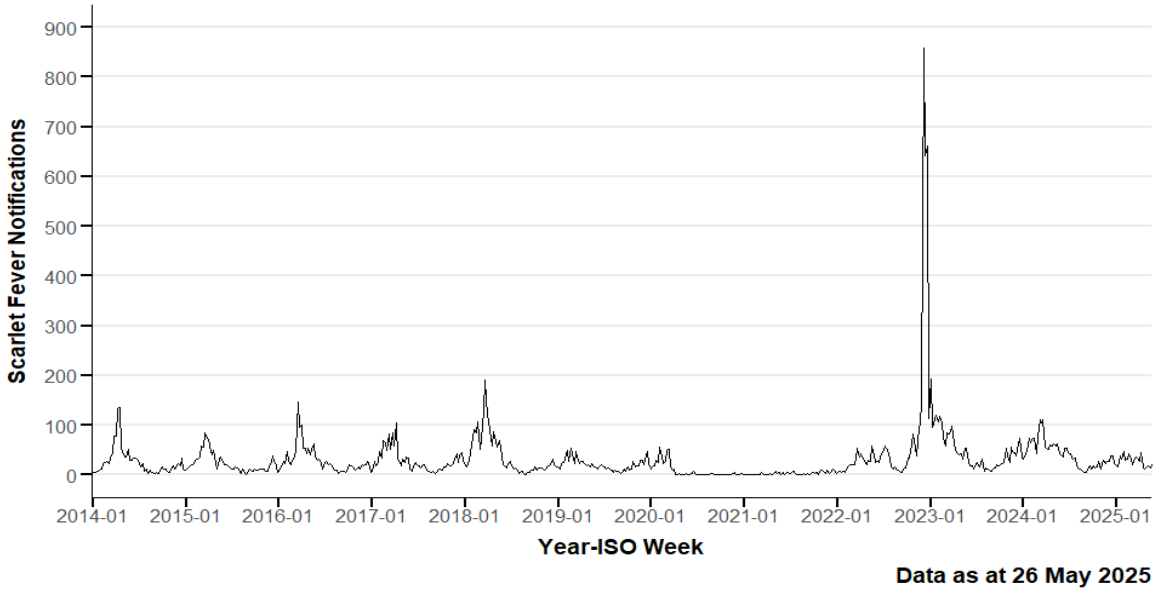
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **slightly increased** in the most recent week (week 21) as shown in the Figure 8 below (up to 26 May 2025).

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



C. Science Evidence Advice Winter Modelling

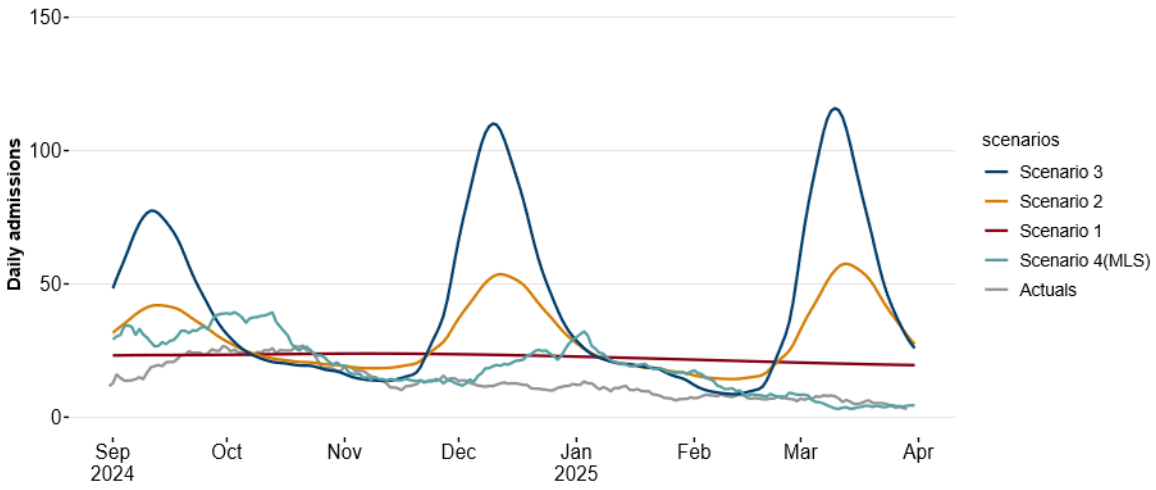
The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This used analysis of historical data and projects forward to estimate hospital demand throughout winter 2024/25, contributing to winter planning for NHS Wales.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

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



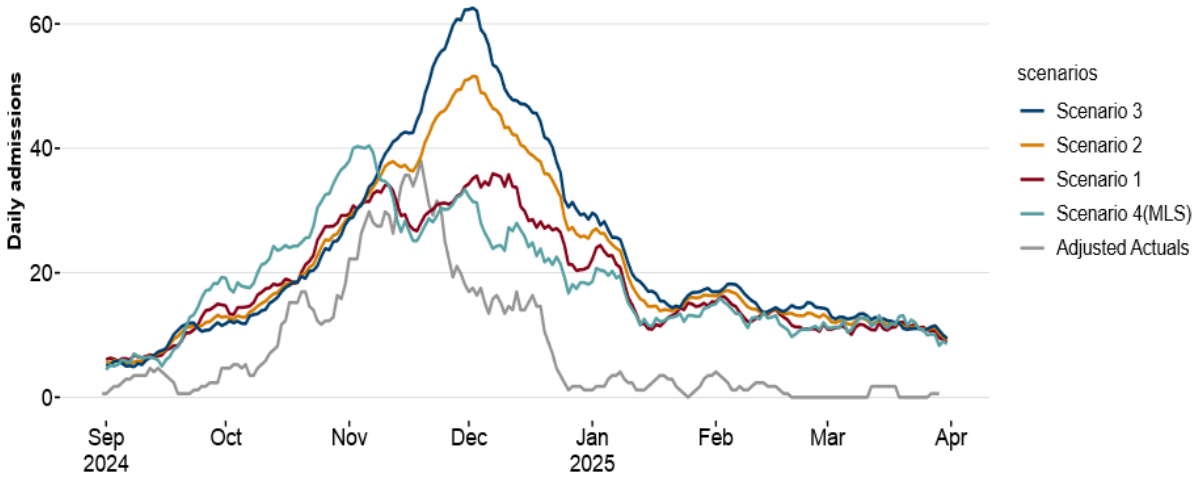
Source: Swansea University modelling (Scenarios 1, 2 3), actuals underlying the MLS to 31 March 2024 provided by DHCW, projected MLS scenarios from 1 September 2024 to 31 March 2025 from SEA.

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

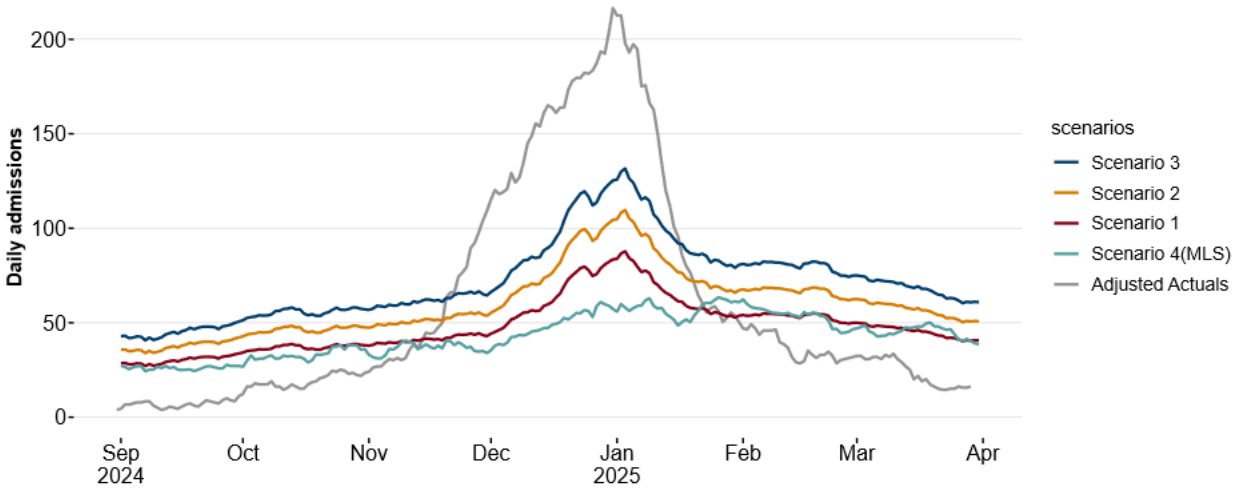


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

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 21 2025), a total of **55** Norovirus confirmed cases were reported in Welsh residents. This is an increase **(12.2%)** in reported cases compared to the previous reporting week (week 20 2025), when **49** Norovirus confirmed cases were reported.

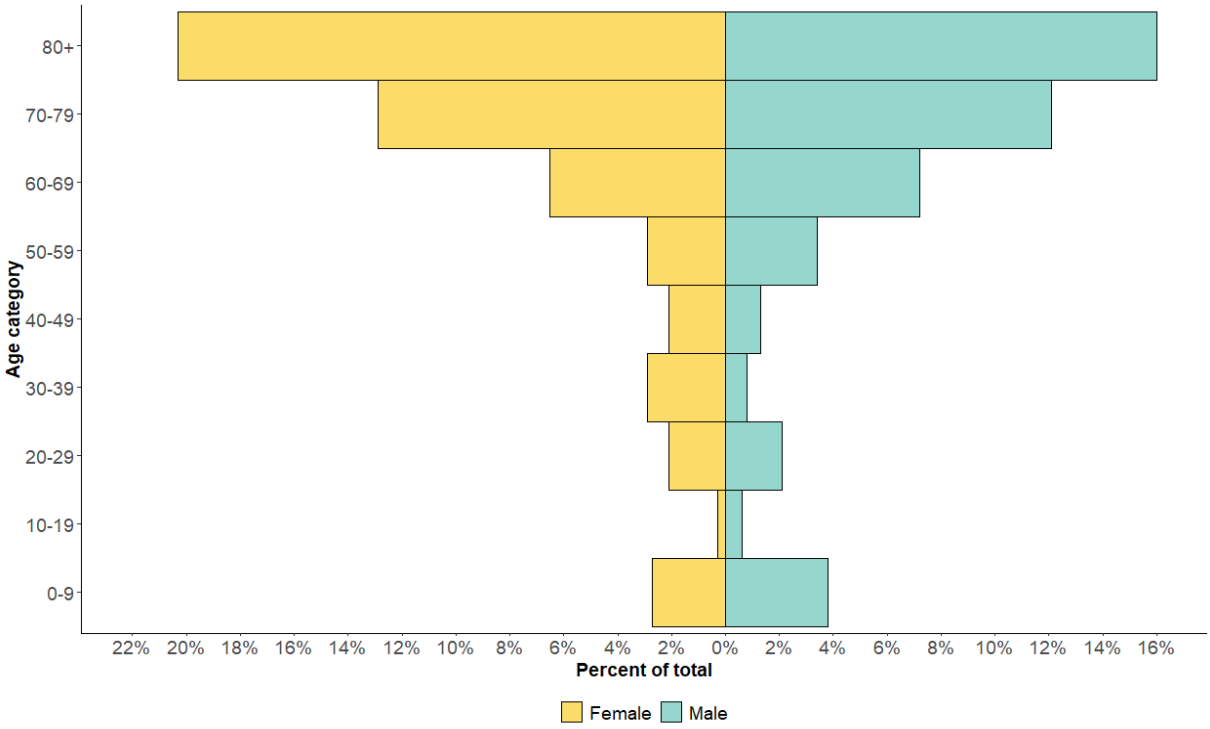
In the last 12-week period (03/03/2025 to 25/05/2025) a total of **627** Norovirus confirmed cases were reported in Welsh residents. This is an increase **(37.5%)** in reported cases

[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 (03/03/2024 to 25/05/2024) when **456** Norovirus confirmed cases were reported.

In the last 12 weeks (03/03/2025 to 25/05/2025) **330 (52.6%)** confirmed Norovirus cases were female and **296 (47.2%)** confirmed cases were male. The age groups with the most cases were the 80+ years (**227** cases) and 70-79 years (**157** 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 (03/03/2025 to 25/05/2025)



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 21 2025 (03/03/2025 to 25/05/2025).

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 3 June 2025)

30 May 2025

Following successful completion of disease control activities and surveillance within the zone around a seventh premises near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/43), the 10km surveillance zone has ended.

22 May 2025

Mandatory housing measures have been lifted in the avian influenza prevention zone (AIPZ) in England.

The AIPZ with mandatory biosecurity measures remains in place in England, Scotland and Wales. Poultry gatherings also remain banned.

You can let your birds outside again unless you're in a protection zone or captive bird (monitoring) controlled zone. All keepers must continue to follow strict biosecurity measures.

You should follow guidance on preparing to let your birds outside again. This includes cleansing and disinfecting hard surfaces, fencing off ponds or standing water and reintroducing wild bird deterrents.

The lifting of housing measures is in response to a reduction in bird flu risk levels and is supported by the latest scientific evidence.

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. SARS-CoV-2 variant classification (2 June)

As of 28 May 2025, NB.1.8.1 was added as a variant under monitoring (VUM). NB.1.8.1 is a descendent of the XDV lineage, which in turn descended from BA.2.86.

VUM classification is based on evidence of an increased growth rate, relative to other circulating variants, globally, with a limited number of sequences (n=18) reported in the EU/EEA as of 25 May 2025. While this VUM classification serves to highlight the evolution of a SARS-CoV-2 variant that is outcompeting other strains, it is too early to assess if NB.1.8.1 will have any substantial epidemiological impact in the EU/EEA, with current SARS-CoV-2 circulation at very low levels.

There is currently no evidence of increased severity for NB.1.8.1 and no significant impact on vaccine effectiveness against severe disease is anticipated for currently available vaccines, although further laboratory and clinical studies are awaited.

E.3. MERS-CoV - Mass gathering monitoring - Hajj - Kingdom of Saudi Arabia (2 June)

The annual Islamic Hajj pilgrimage will take place in the Kingdom of Saudi Arabia between the 4th and 9th June 2025. Over 1.8 million pilgrims are expected to attend Hajj from all over the world, including from EU/EEA countries.

As of 12th May 2025, 10 MERS-CoV cases have been reported, including two fatalities. All cases were reported in Saudi Arabia. Of these, seven cases were part of the same cluster in Riyadh, including one patient with no history of contact with camels and six healthcare workers who acquired a nosocomial infection from the patient.

The Ministry of Health of Saudi Arabia issued a list of requirements for 2025 Hajj and Umrah pilgrims, which includes vaccination requirement with quadrivalent meningococcal vaccine (ACYW) polysaccharide vaccine 10 days prior to arrival and should not exceed three years. Quadrivalent (ACYW) conjugated vaccine within the last five years, and at least 10 days prior to arrival.

The likelihood of infection with communicable diseases for the EU/EEA citizens during the 2025 Hajj is considered to be low, due to the vaccination requirements for travelling and the preparedness plans by Saudi Arabia before, during, and after Hajj.

E.4. Autochthonous chikungunya virus disease – Réunion and Mayotte, France (2 June)

The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate people over 65 years, those over 18 years with comorbidities, and vector control professionals with Ixchiq vaccine, as a reactive short-term measure to prevent severe disease.

However, due to the occurrence of one death, and three serious adverse events from the Ixchiq vaccine. The French National Authority for Health (HAS) has revised the vaccination recommendations. Vaccination remains open for people aged 18–64 years with

comorbidities. However, adults aged 65 years and above should not be vaccinated with the Ixchiq vaccine.

On 7 May 2025, the European Medicine Agency (EMA) stated that the agency's safety committee (PRAC) has started a review of the Ixchiq vaccine. EMA reports that many of the people affected also had other illnesses and the exact cause of these adverse events and their relationship with the vaccine have not yet been determined. The Committee is temporarily recommending restricting the use of the vaccine as a temporary measure, while an in-depth review is ongoing, Ixchiq must not be used in adults aged 65 years and above.

The probability of infection for residents and travellers to Réunion is currently high; the current period of austral summer is favourable for the spread of arboviruses. The epidemic is active throughout the island. In Réunion, the surveillance data indicate decreasing intensity of the outbreak. In Mayotte, surveillance data indicate increasing intensity of the outbreak.

E.5. Hepatitis A - Multi-country (Europe) (2 June)

Several countries in EU have observed an increase in reported cases of hepatis A genotype 1B. In particular, Austria, Czechia and Hungary have observed more reported cases than expected between November 2024 to May 2025.

The increase of HAV infection is mainly affecting adults that are experiencing homeless, people with a drug addiction and people living in poor sanitary conditions. Two genetically closely related clusters of HAV 1b have been identified (cluster a and cluster b).