Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

08 July 2025

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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 26 2025, up to 29 June 2025)

- Overall, COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **remained stable** at 0.
- Influenza in-patient cases and admissions have **decreased**.
- Norovirus confirmed cases have **decreased** in the most recent week (week 26).
- Whooping Cough notifications have **remained stable** in week 25 (the most recent reporting week).
- Scarlet Fever notifications **remained stable** in the most recent week (week 26).

Please note, from the 10th of June 2025 the SEA weekly surveillance report is now produced fortnightly until September 2025.

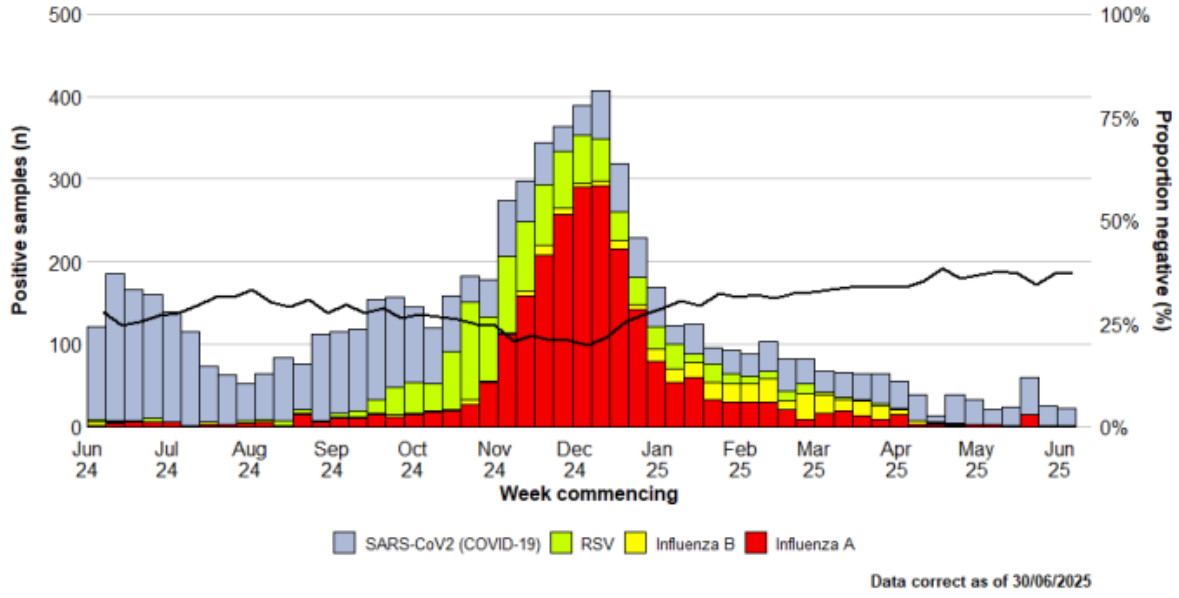
B. Acute Respiratory Infections Situation Update

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 26 2025 (to 29 June 2025).
- As at 29 June 2025 (week 26), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 20 (28 two weeks ago) and there were 105 in-patient cases of confirmed COVID-19, four of whom were in critical care compared to 127 and 4 two weeks ago.
- Confirmed cases of positive tests **increased** to 7.4% in hospital and non-sentinel GP practices (6.6% two weeks ago). 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.

- In the last six weeks, **Omicron LP.8** is the most frequently detected COVID-19 variant in Wales, accounting for **33.8** % of all sequenced cases.
- The number of ambulance calls recorded referring to syndromic indicators **decreased** from **1,676** in the previous week to **1,601** in the latest reporting week.
- During week 26 2025, **0** 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 25, 2024 to week 25, 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 **28 June 2025** to make short term projections for COVID-19 two weeks forward **(11 July 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 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 Aneurin Bevan health board 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 28 June 2025)

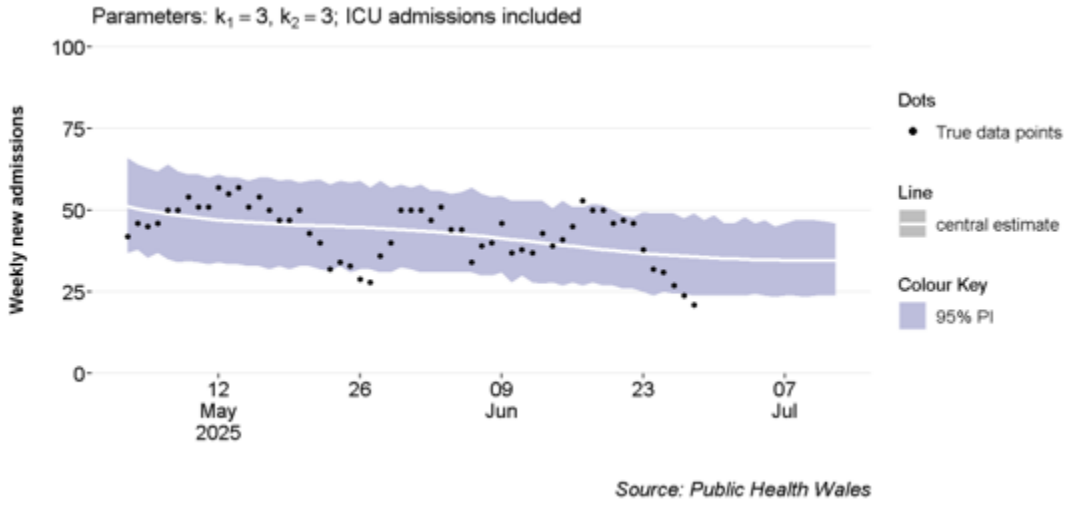
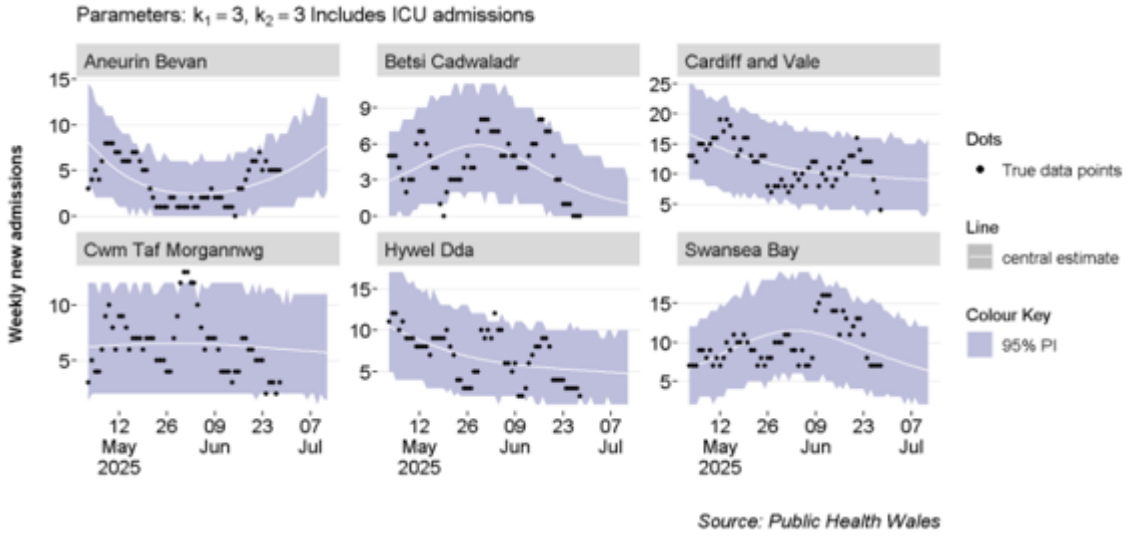


Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 28 June 2025)

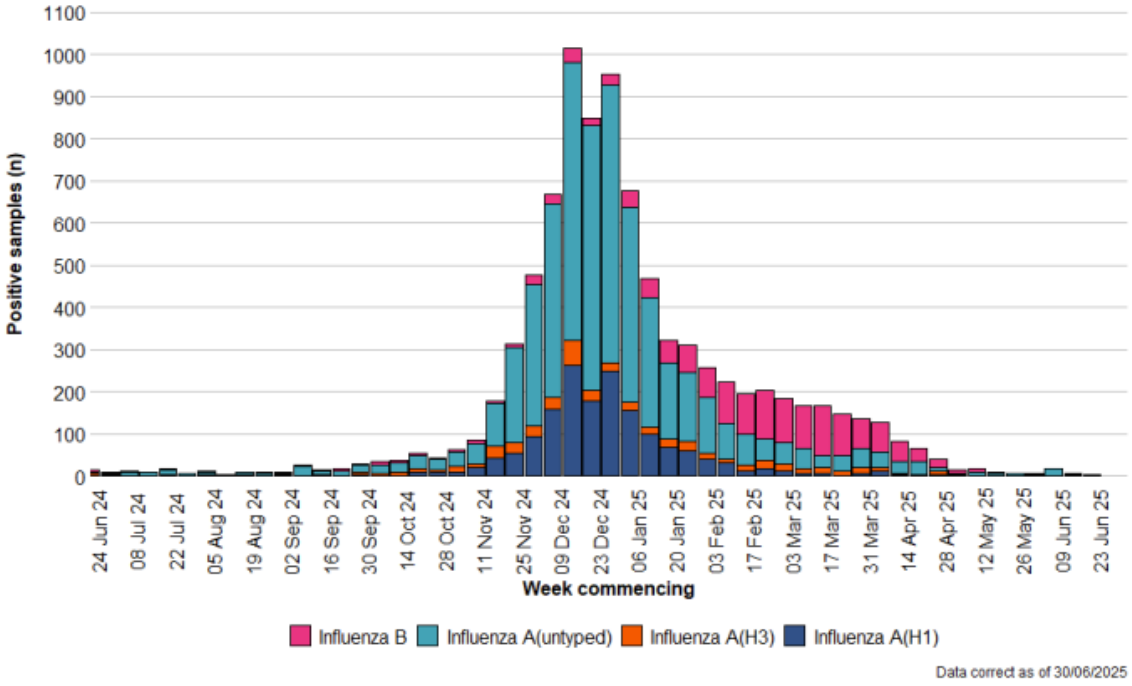


B.2. Influenza Situation Update

Influenza activity is at baseline 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 decreased to two in the current week (week 26). Test positivity remained stable at 0.3%.

There were **17** in-patient cases of confirmed influenza, none of whom were in critical care (compared to **20** and 1 two weeks ago). In week 26 2025, there were zero confirmed cases of influenza A(H3), 2 cases of influenza A(H1N1), 1 influenza A untyped and 2 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 26, 2024 to week 26, 2025 (source: PHW)



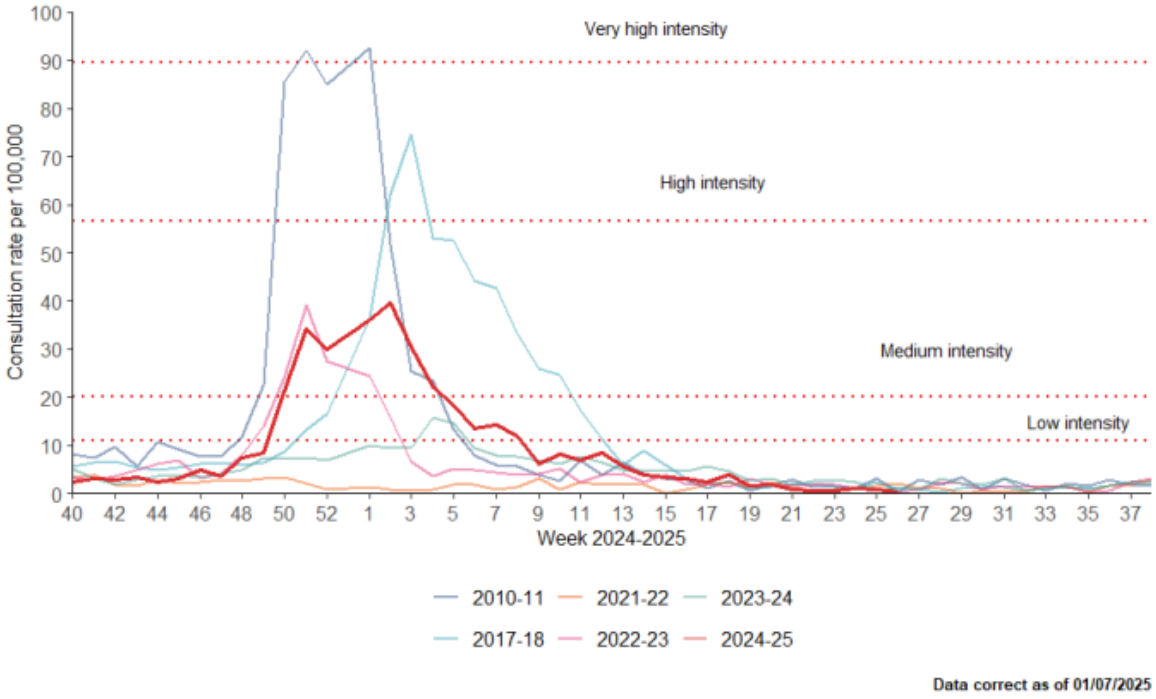
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is decreasing.

There were **0.3** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (0.9 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 8.2 ARI consultations per 100,000 practice population, an increase from 7.6 in the previous week. The highest rates were found in people aged 1 to 4 (42.6) followed by people aged 5 to 14 (32.1) and people aged 75+ (31.3).

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)

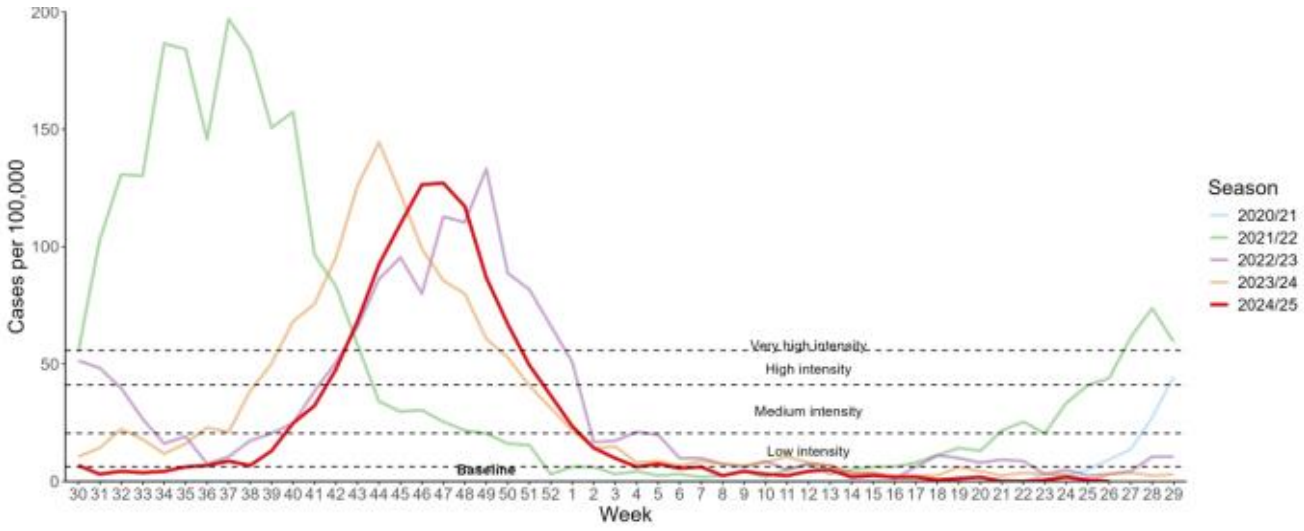


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital remained stable at zero during week 26.

Incidence per 100,000 population in children aged up to 5 years **remained stable** at 0 in the most recent week (1.9 two weeks ago). During week 26 there were **no** inpatient cases of confirmed RSV, none in critical care.

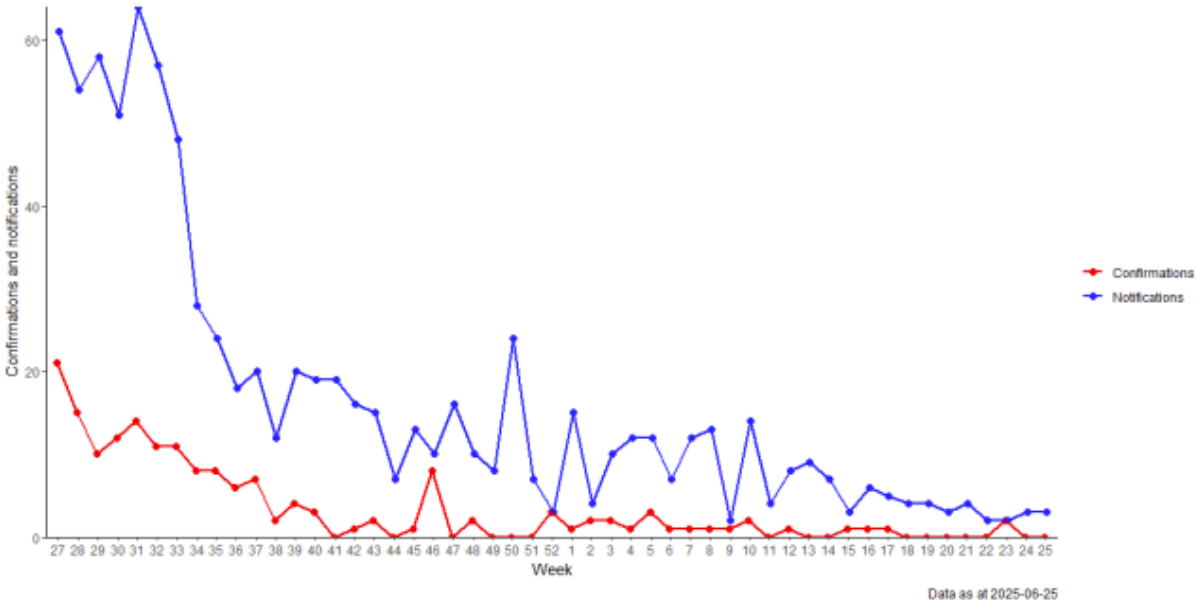
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 26 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 25 **remained stable** and remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

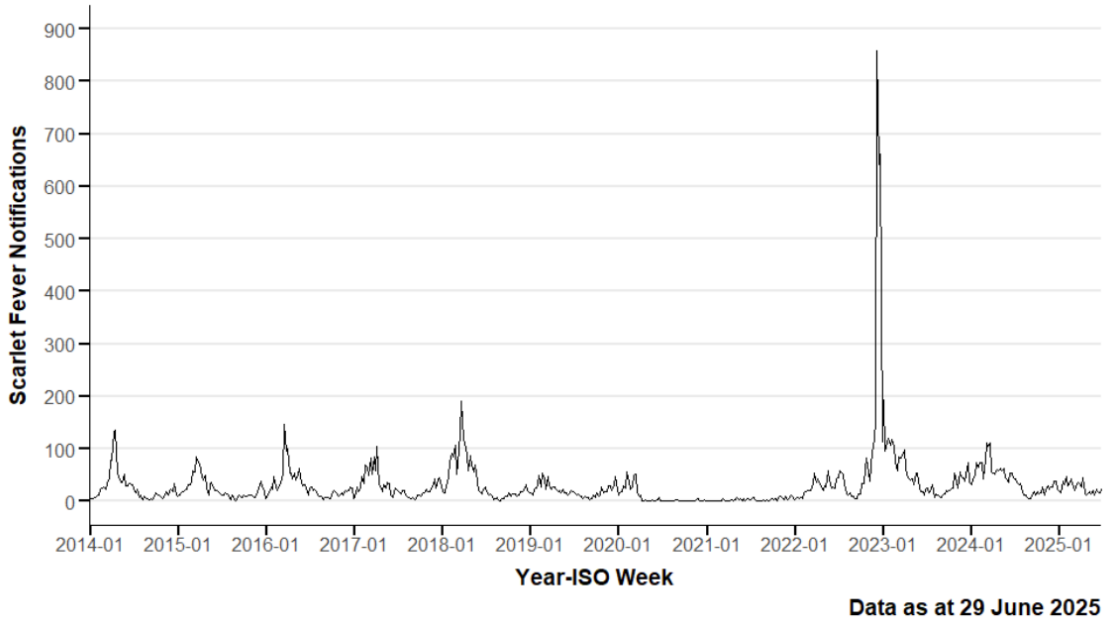
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications **remained stable** and remain at low levels in the most recent week (week 26) as shown in the figure below (up to 26 June 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 projected forward to estimate hospital demand throughout winter 2024/25, which contributed to winter planning for NHS Wales.

The modelled scenarios were produced from September 2024 until April 2025 and these can be found in previous surveillance reports along with the technical notes, Science Evidence Advice: communicable disease surveillance reports | GOV.WALES

Note that the modelling was an estimate of what may happen not a prediction of what would happen.

D. Communicable Disease Situation Update (non-respiratory)

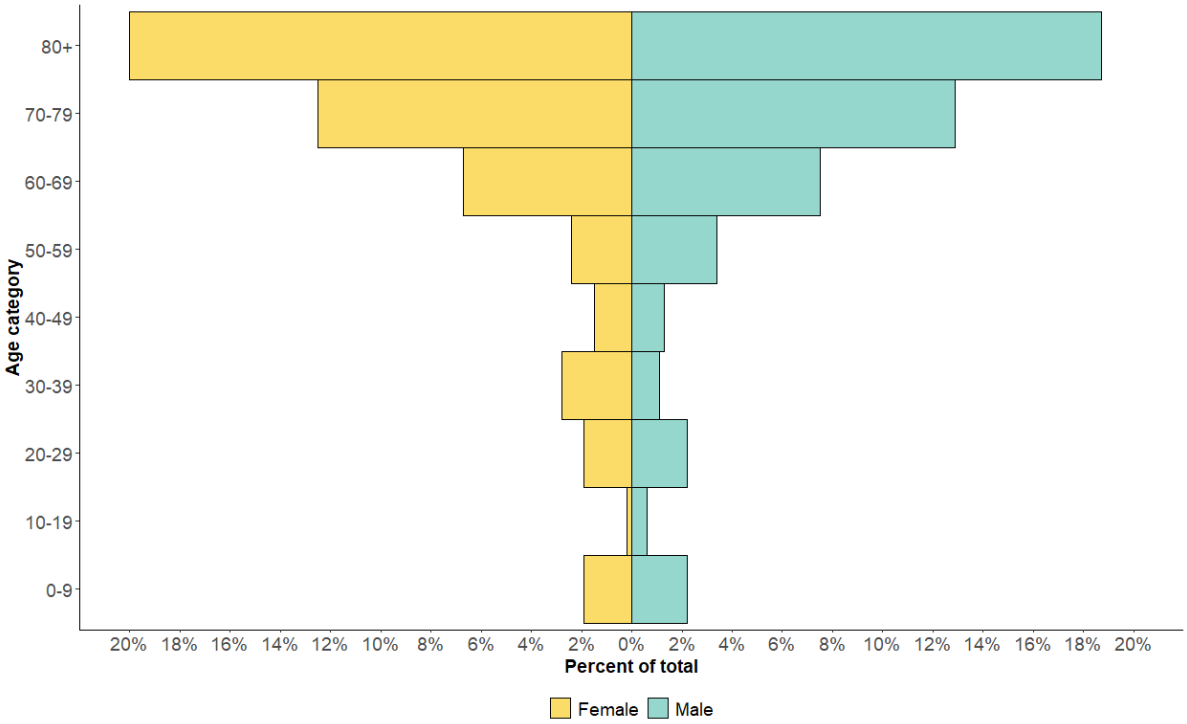
D.1. Norovirus

In the current reporting week (week 26 2025), a total of **9** Norovirus confirmed cases were reported in Welsh residents. This is a decrease (**-18.2%**) in reported cases compared to the previous reporting week (week 25 2025), when **11** Norovirus confirmed cases were reported.

In the last 12-week period (07/04/2025 to 29/06/2025) a total of **410** Norovirus confirmed cases were reported in Welsh residents. This is a decrease (**-13.5%**) in reported cases compared to the same 12-week period in the previous year (07/04/2024 to 29/06/2024) when **474** Norovirus confirmed cases were reported.

In the last 12 weeks (07/04/2025 to 29/06/2025) **202 (49.3%)** confirmed Norovirus cases were female and **208 (50.7%)** confirmed cases were male. The age groups with the most cases were the 80+ (**160** cases) and 70-79 (**96** cases) age groups.

Figure 9: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (07/04/2025 to 29/06/2025)



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 26 2025 (07/04/2025 to 29/06/2025).

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 July 2025)

7 July 2025

Following successful completion of disease control activities and surveillance within the zone near Ravensthorpe, Kirklees, West Yorkshire (AIV 2025/45), the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone.

24 June 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises in Wales near Glyn Ceiriog, Wrexham (AIV 2025/49).

A 3km protection zone and 10km surveillance zone has been declared around the premises. Part of the 10km surveillance zone extends into England.

All poultry on the premises will be humanely culled.

E.2. Mpox in the EU/EEA, Western Balkan countries and Türkiye (7 July)

There has been no further update regarding Mpox in the EU/EEA, Western Balkan countries and Türkiye since the 19th of June 2025.

E.3. Outbreak of Hepatitis A, mostly associated with sexual transmission among MSM, in Portugal (7 July)

The EuroPride 2025 Lisbon ended on 22 June 2025. There have been no reports regarding communicable diseases among attendants during the EuroPride since 9 June 2025 (the start date of the monitoring).

E.4. Chikungunya virus disease (France and Reunion) (7 July)

According to the French National Health Authority, since the beginning of the year and as of 22 June 2025, 54 242 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion.

The estimated number of emergency department visits for chikungunya virus disease in week 25 was nine visits, compared to 12 visits in week 24. Since the beginning of the year, 27 deaths occurring between weeks 11 and 22 have been classified as chikungunya virus disease-related (17 directly and 10 indirectly related). These deaths occurred mostly in people aged over 65 years (range: 41–95 years) with co-morbidities (mainly chronic diseases).

Since the beginning of 2025, and as of 2 July 2025, France is the only country in Europe that has reported cases of chikungunya virus disease (14 cases).

E.5. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases (7 July)

On 3 July 2025, the Cambodian Ministry of Health reported one human case of avian influenza A(H5N1) virus infection in a five-year-old boy from Kampot Province. The patient is currently receiving intensive medical care. The case had known exposure to sick or dead

poultry prior to the onset of symptoms. Outbreak investigation, contact tracing, and preventive measures are ongoing.

On 24 June 2025, the Cambodian Ministry of Health reported a new case of avian influenza A(H5N1) virus infection in the Puok District, Siem Reap Province, Cambodia. The case involves a 41-year-old woman who is currently hospitalised in critical condition. She presented with symptoms including fever, cough, shortness of breath, and difficulty breathing.

Since 2003, and as of 3 July 2025, there have been 985 human cases of avian influenza A(H5N1) infection worldwide*, including 473 deaths (case fatality among reported cases: 48%). These cases have been reported in 25 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, India, Indonesia, Iraq, Laos, Mexico, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Viet Nam, the United Kingdom, and the United States). To date, no sustained human-to-human transmission has been detected.

**Note: this includes detections due to suspected environmental contamination, with no evidence of infection, that were reported in 2022 and 2023 by Spain (two detections), the United States (1), and the United Kingdom (4, 1 inconclusive). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the United States are included in the reported number of cases of A(H5N1).*

E.6. SARS-CoV-2 variant classification Update (7 July)

As of 27 June 2025, the following changes have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs) and de-escalated variants:

XFG was added as a variant under monitoring (VUM)

KP.3 (formerly VOI) was de-escalated

XEC (formerly VUM) was de-escalated

XFG is a descendent of LF.7, which in turn descended from BA.2.86 sub-lineage JN.1. VUM classification is based on evidence of an increased growth rate, relative to other circulating variants, globally, and in the EU/EEA. 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 XFG will have any substantial epidemiological impact in the EU/EEA, with current SARS-CoV-2 circulation at low levels.