Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

7 October 2025

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Science Evidence Advice: Weekly Surveillance Report

Top Line Summary (as at week 39 2025, up to 28 September 2025)

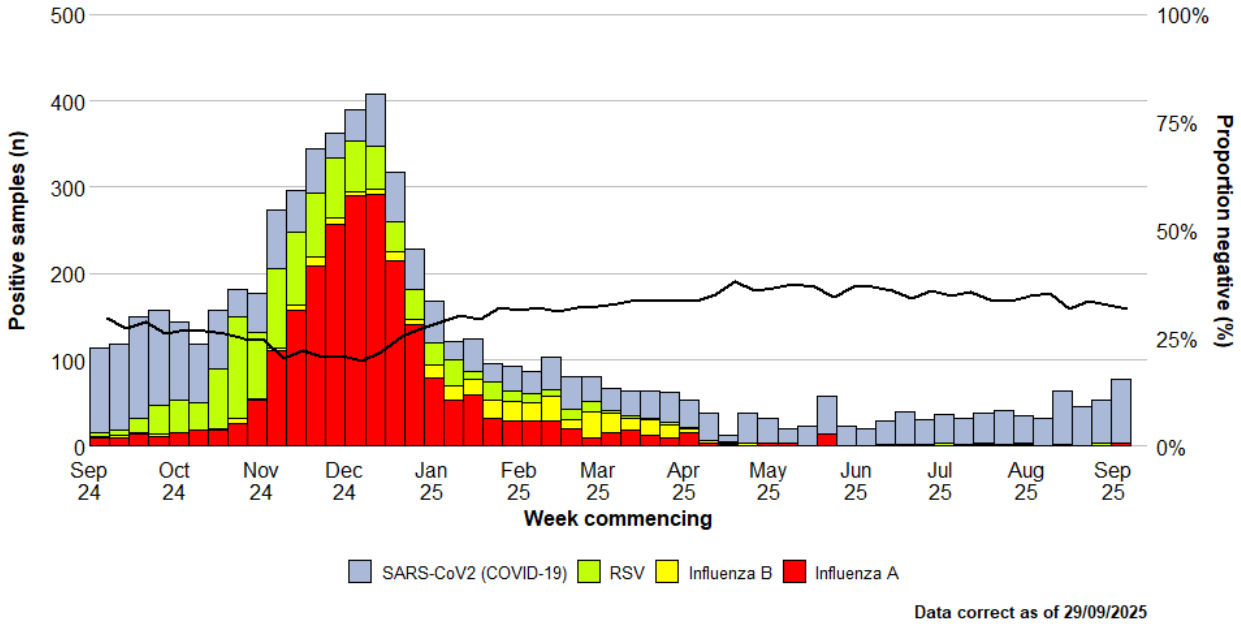
- Overall, COVID-19 confirmed case admissions to hospital **remained stable**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **increased**.
- Influenza in-patient cases and admissions have **remained stable at zero,** and admissions **decreased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 39).
- Whooping Cough notifications have **increased** in the most recent week (week 39).
- Scarlet Fever notifications have **decreased** in the most recent week (week 39).

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 **remained stable** and the number of cases who were inpatients **increased** in week 39 2025 (to 28 September 2025).
- As of 28 September 2025 (week 39), the number of confirmed cases of community acquired COVID-19 admitted to hospital **remained stable** at 53 (55 in the previous week) and there were 291 in-patient cases of confirmed COVID-19, five of whom were in critical care compared to 207 and two in the previous week.
- Confirmed cases of positive tests increased 14.0 % in hospital and non-sentinel GP practices in the most recent week (week 39) compared with 13.3% in the previous week. Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 decreased in the most recent week.
- In the last six weeks, Omicron XFG has been the most frequently detected COVID-19 variant in Wales, accounting for **33.1%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 39, 2024 to week 39, 2025. (source: PHW)

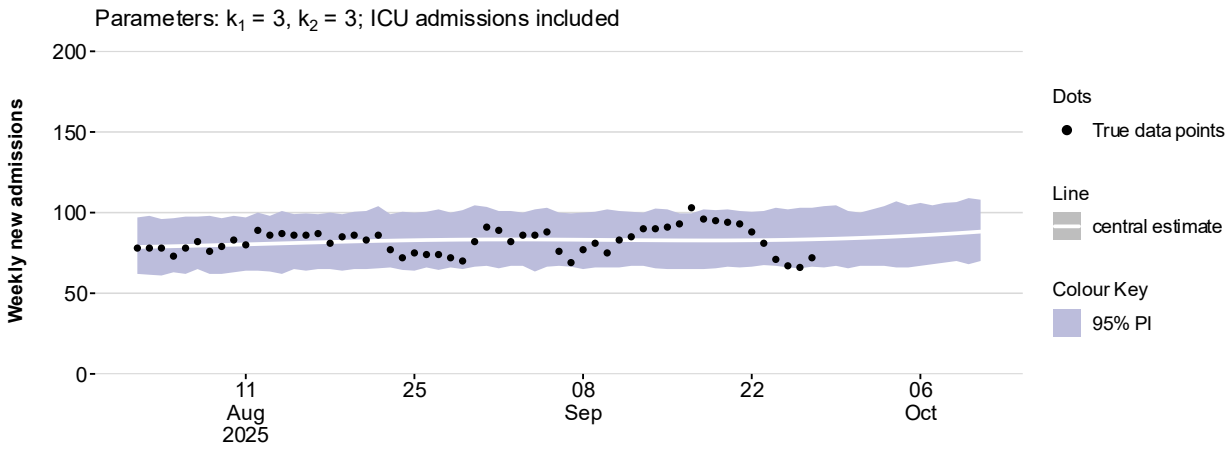


COVID-19 Short Term Projections

The Science Evidence Advice (SEA) 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.

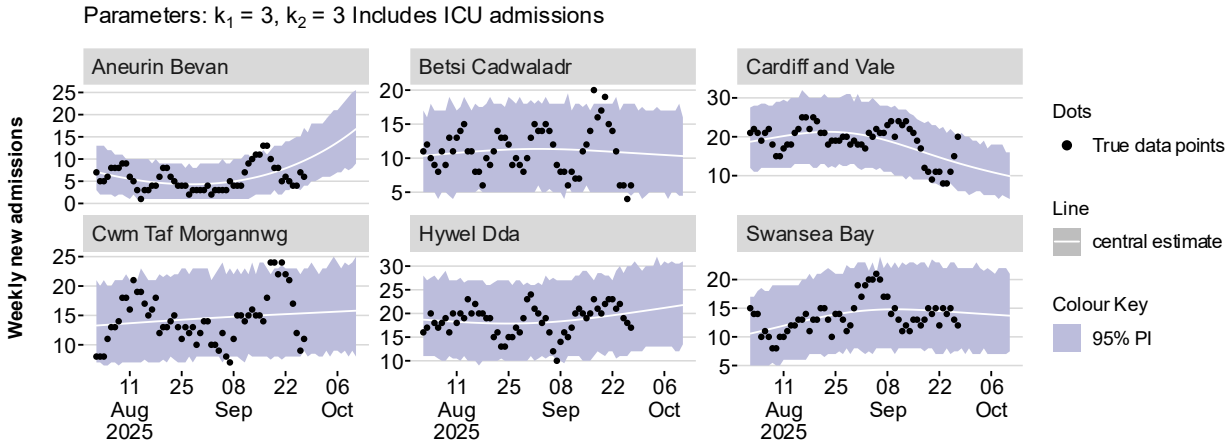
The COVID-19 STPs uses admissions data from PHW until 27 September 2025 to make short term projections for COVID-19 two weeks forward **(11 October 2025)**. The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval of the projections. The STPs for Wales show that COVID-19 admissions are projected to plateau over the next two weeks period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to increase or plateau in health boards in Wales except for Cardiff and Vale health board where a decrease 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 27 September 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Local Health Boards across Wales (data until 27 September 2025)

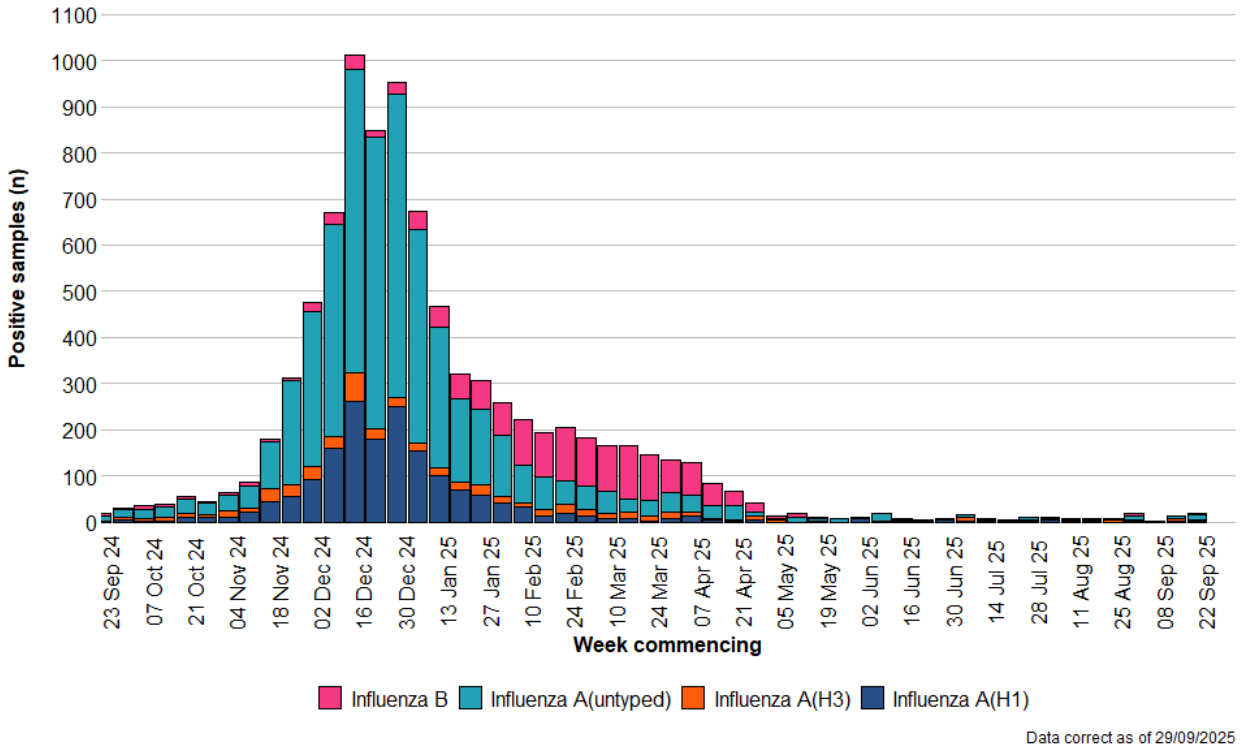


Source: Public Health Wales

B.2. Influenza Situation Update

- GP Consultations for influenza-like illness increased but remained at baseline intensity. Confirmed cases of community acquired influenza admitted to hospital **decreased** to 2 in the current week (compared to **6** in the previous week). Test positivity increased to 1.2%.
- There were **0** in-patient cases of confirmed influenza, ***none*** in critical care, the same as the previous week. In week 39 2025, there were 2 confirmed cases of influenza A(H3), 2 cases of influenza A(H1N1), 11 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 39, 2024 to week 39, 2025 (source: PHW)



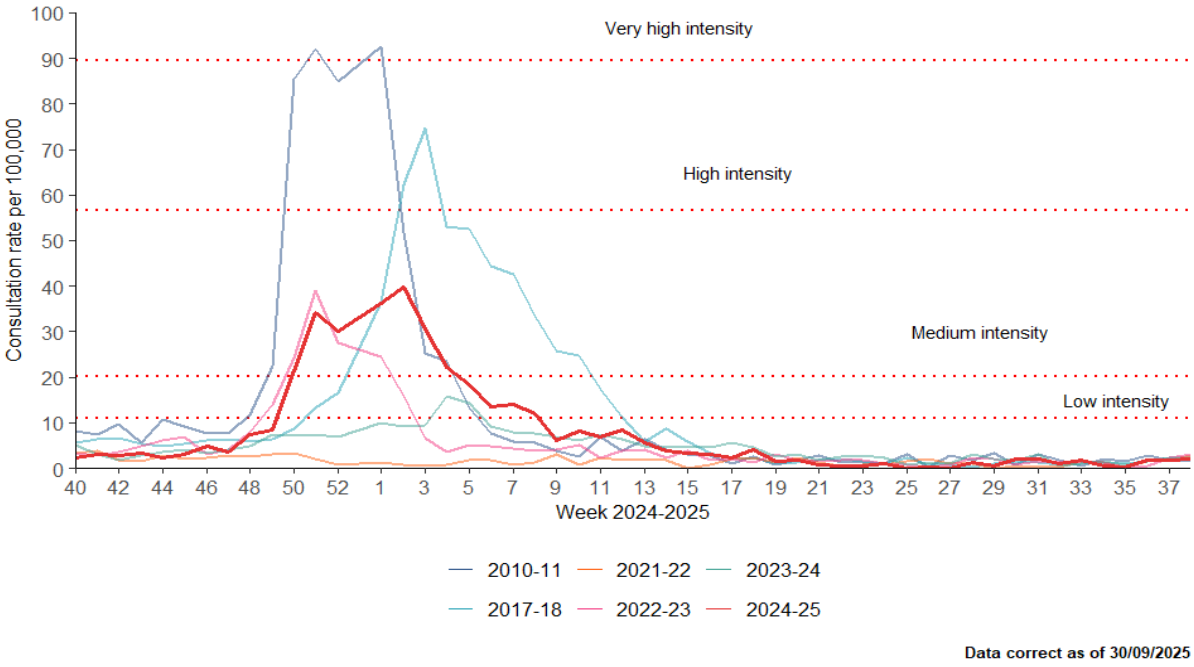
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is increasing.

There were **3.4** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (2.0 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 16.1 ARI consultations per 100,000 practice population, an increase from 15.1 in the previous week. The highest rates were found in people aged under 1 year (978.9) followed by people aged 1 to 4 (392.9) and people aged 75+ (158.6).

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)

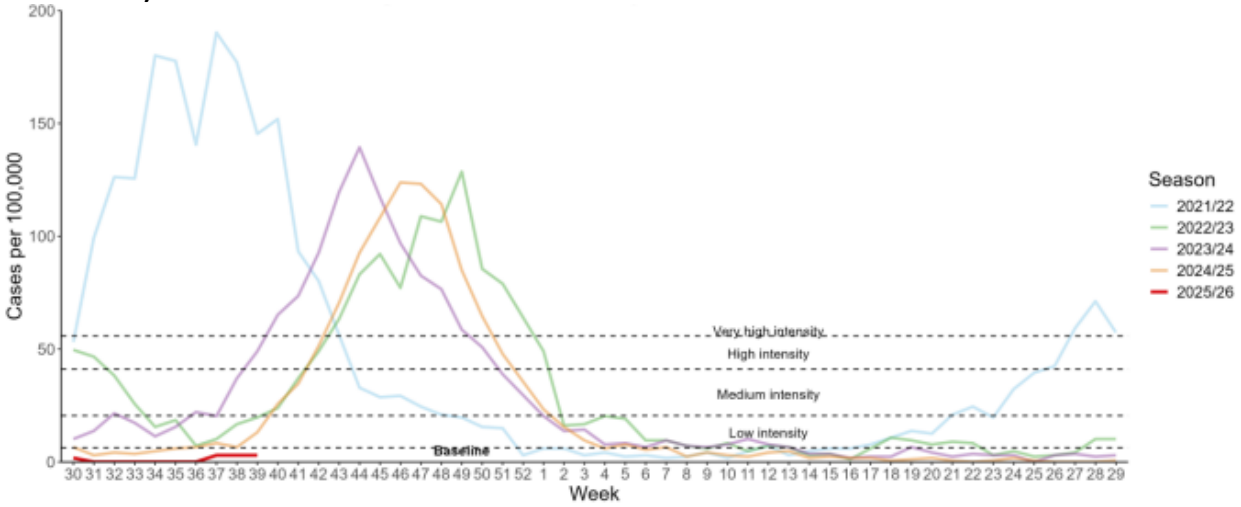


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital remained stable at 1.

Incidence per 100,000 population in children aged up to 5y **increased** to 3.1 in the most recent week (2.5 in the previous week). During Week 39 there were four in-patient cases of confirmed RSV, and none in critical care.

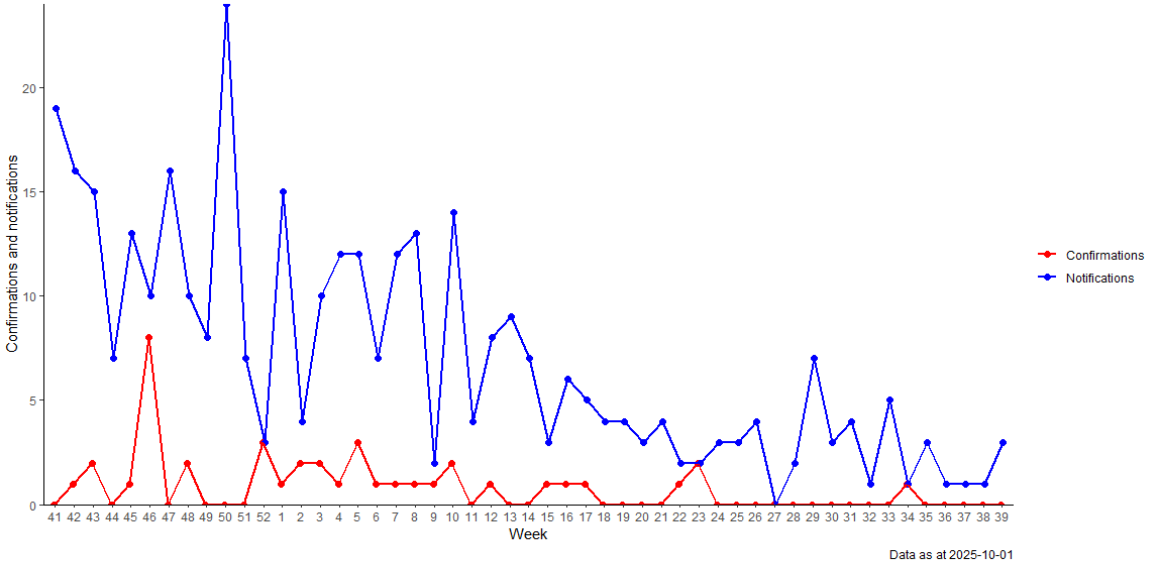
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 39 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 39 (latest available) ***increased*** but remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

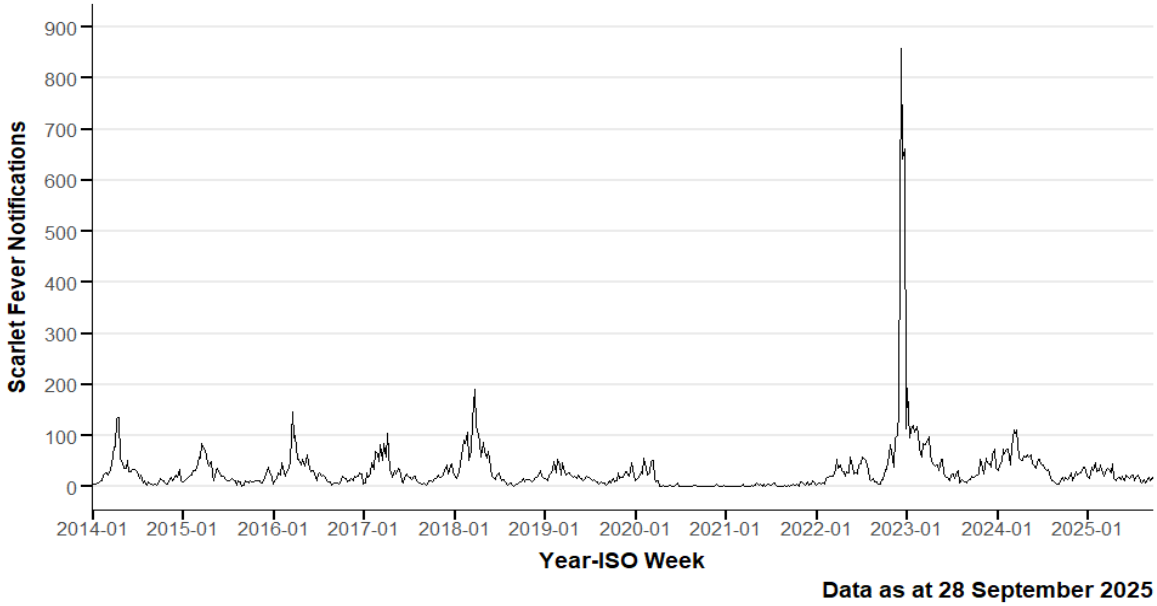
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales (source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have ***decreased*** in the most recent week (week 39) as shown in the figure below.

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



B.6. Additional indicators

- The number of ambulance calls recorded referring to syndromic indicators increased from 1,685 in the previous week to 1,746 in the latest reporting week.
- During Week 39, 2025, 4 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these three were Covid-19, and one was Rhinovirus/Enterovirus. All four were in Residential Homes.
- Thus far this season, According to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.

C. Science Evidence Advice Winter Modelling

The Science Evidence Advice (SEA) team in Welsh Government have published modelled scenarios for COVID-19, RSV and Influenza for Winter 2025-26.

This uses analysis of historical data used to project forward to estimate what we may see in winter 2025/26, contributing to winter planning for NHS Wales.

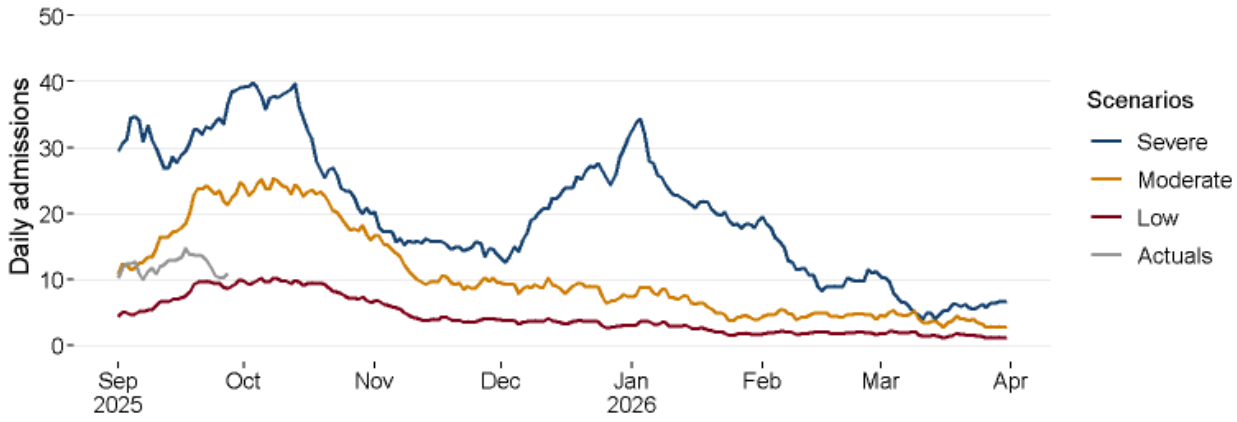
The charts that follow (Figures 9-11) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details on how the 'actuals' were estimated).

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

COVID-19

COVID-19 admissions actuals are currently between the Low and Moderate scenarios.

Figure 9 Daily COVID-19 Winter 2025-6 admissions scenarios, data until 31 March 2026



Source: actuals to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA.

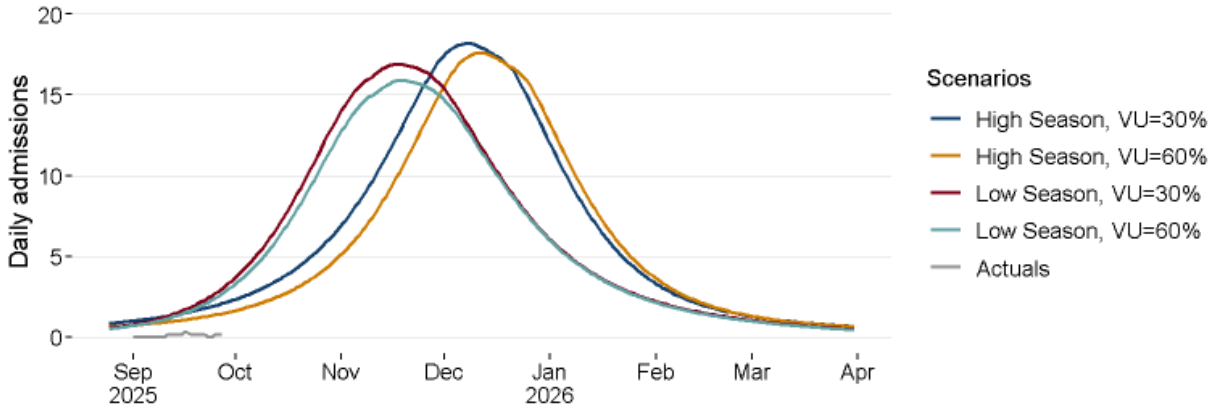
Notes

Scenarios repeat previous year's data from Digital Health and Care Wales. Includes ICD-10 codes U071, U072, U099, U109.

RSV

RSV admissions actuals are currently tracking below the Scenarios and are at baseline levels.

Figure 10: Daily RSV winter 2025-26 paediatric (ages 0-4) admissions scenarios data until 31 March 2026

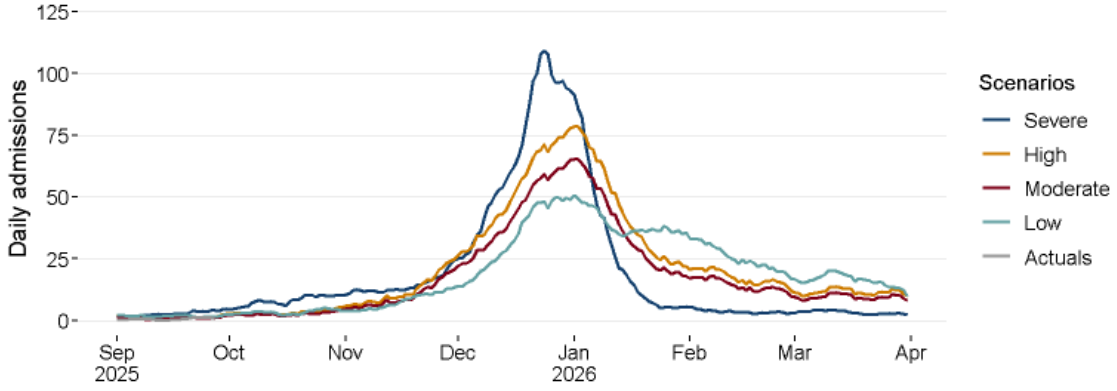


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA.

Influenza

Influenza admissions actuals are currently tracking most Scenarios (but below the Severe Scenario). Flu admissions are likely to rise as we progress through the flu season.

Figure 11: Daily flu winter 2025-6 admissions scenarios, data until 31 March 2026



Source: Raw data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 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.

Modelling scenario details:

- **COVID-19**: Data includes ICD-10 codes U071, U072, U099, U109. Two scenarios repeat recent year's data from Digital Health and Care Wales, and one is calculated by applying a statistical technique.

Names of COVID-19 scenarios and the statistical model applied

Scenario name	Technique
Severe	Repeat of 2023/2024 data
Moderate	Repeat of 2024/2025 data
Low	SARIMA

- **RSV**: Data includes ICD-10 codes J121, J205, J210, B974.

Names of RSV scenarios, model assumptions

Scenario name	Reference Season	Vaccine uptake (VU)
High season, VU= 30%	2022/23 winter	30%
High season, VU= 60%	2022/23 winter	60%
Low season, VU= 30%	2023/24 winter	30%
Low season, VU= 60%	2023/24 winter	60%

- **Flu**: Data includes ICD-10 codes J09X, J100 to J102, J110, J108, J111, J112, J118.

Names of influenza scenarios and the statistical models applied

Scenario name	Technique
Severe	Repeat of 2022/23 data
High	Repeat of 2024/25 data
Moderate	SARIMA
Low	ETS

D. Communicable Disease Situation Update (non-respiratory)

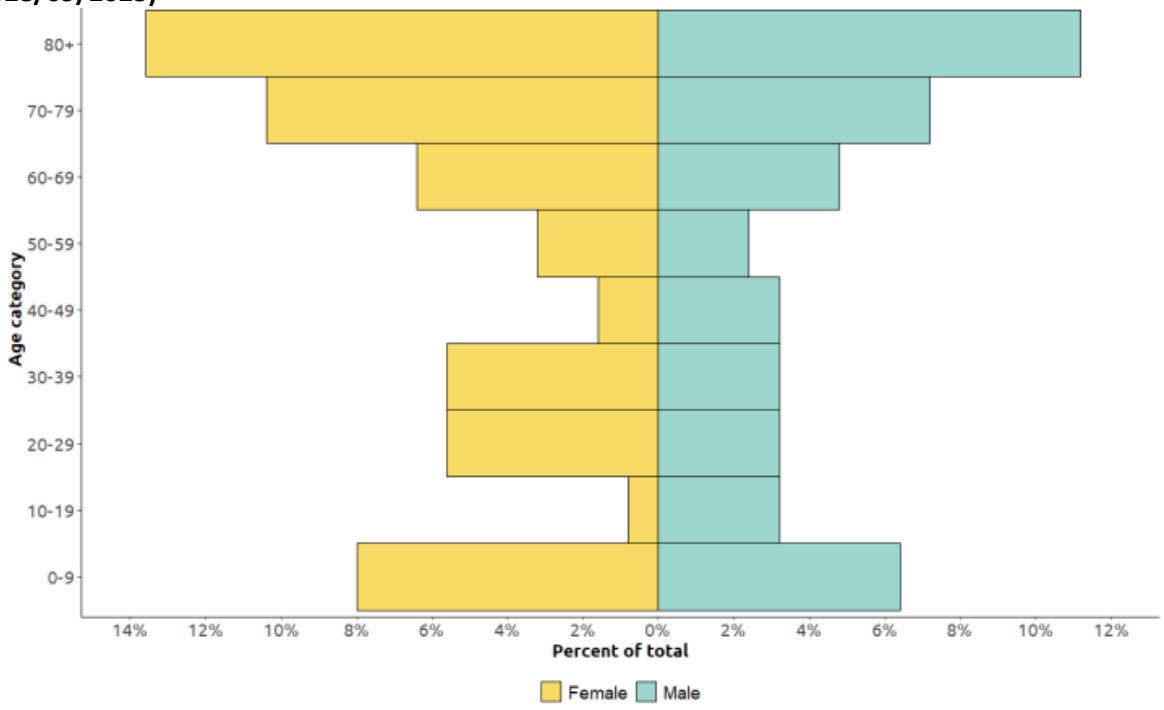
D.1. Norovirus

In the current reporting week (week 39 2025), a total of **6** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-45.5%)** in reported cases compared to the previous reporting week (week 38 2025) when **11** Norovirus confirmed cases were reported.

In the last 12 week period (07/07/2025 to 28/09/2025) a total of **125** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-57.0%)** in reported cases compared to the same 12 week period in the previous year (07/07/2024 to 28/09/2024) when **291** Norovirus confirmed cases were reported.

In the last 12 weeks (07/07/2025 to 28/09/2025) **69 (55.2%)** confirmed Norovirus cases were female and **56 (44.8%)** confirmed cases were male. The age groups with the most cases were the 80+ (**31** cases) and 70-79 (**22** cases) age groups.

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (07/07/2025 to28/09/2025)



Notes: This data from PHW only includes laboratory-confirmed PCR positive cases of Norovirus in Wales within the 12-week period up until the end of the current reporting week, week 39 2025 (07/07/2025 to 28/09/2025).

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 6 October 2025)

2 October 2025

Following successful completion of disease control activities in the zone near Exminster, Teignbridge, Devon (AIV2025/61) the surveillance zone has been revoked.

28 September 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Wetheral, Cumberland, Cumbria on 28 September 2025.

A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

E.2. Bluetongue serotype 3 (BTV-3) at a premises in Monmouthshire, Wales (1 October)

On Friday [26 September] the Chief Veterinary Officer (CVO) for Wales has confirmed that a single cow in Monmouthshire tested positive for BTV-3 following a report to the Animal Plant Health Agency (APHA) of clinical signs indicative of Bluetongue by the farm's veterinary surgeon.

Further epidemiological investigations by APHA and the Pirbright Institute have identified that BTV-3 is actively circulating on the farm. A Temporary Control Zone (TCZ) will be declared to help prevent the spread of disease by livestock movements, and support further surveillance within the zone. The affected farm also remains under restrictions.

Bluetongue is caused by a virus that is primarily transmitted by certain species of biting midges. The movement of infected animals can also spread the disease.

Bluetongue affects ruminants (such as cattle, goats, sheep and deer) and camelids (such as alpacas and llamas). It does not affect people or food safety.

E.3. Seasonal surveillance of dengue (3 October)

Since the beginning of 2025, and as of 1 October 2025, three countries in Europe have reported cases of dengue: France (26), Italy (4), and Portugal (2).

Ten clusters were reported by France, two by Italy and one by Portugal. The cluster in Portugal was reported in Madeira, an outermost region of Portugal.

In the past week, France has reported two new locally acquired cases of dengue in a cluster in Aubagne. Three clusters in France are currently active. No other countries have reported dengue cases in the past week.

E.4. Seasonal surveillance of West Nile virus infection in the EU/EEA (3 October)

Since the beginning of 2025, and as of 1 October 2025, 13 countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

A total of 135 areas are currently known to be affected.

**This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.*

E.5. Seasonal surveillance of Crimean-Congo haemorrhagic fever (3 October)

Since the beginning of 2025, and as of 1 October 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (3) and Greece (2). This week, no new cases of CCHF have been reported to ECDC.

E.6. Chikungunya virus disease (3 October)

Since the beginning of 2025, and as of 1 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (637) and Italy (323).

In the past week, France has reported 64 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 637, distributed across 68 clusters. Forty-six clusters are currently active. The largest cluster is located in Antibes.

Italy reported 55 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in Italy is 323, distributed across four clusters. Two clusters are currently active. The largest cluster is located in Carpi, San Prospero, Soliera, Novellara, Cavezzo, Modena, Nonantola, Correggio, Novi di Modena, and Cesenatico.

E.7. Ebola virus disease - Democratic Republic of the Congo - 2025 (3 October)

As of 1 October 2025, it has been five days since the last case of Ebola virus disease (EVD) was reported in Bulape health zone, Kasai Province, Democratic Republic of the Congo (DRC). There are notable signs of a decline in transmission.

There have been 64 cases (53 confirmed and 11 probable) and 42 deaths (31 confirmed and 11 probable) reported (CFR among all cases: 65.6%). Four healthcare workers were reported

among the 42 deaths. All cases remain confined to six health areas in Bulape health zone, Kasai Province.

Ten cases have recovered and been discharged; 13 confirmed and 20 probable cases remain in treatment, as of 1 October. Of the 1 787 contacts identified, 60 contacts have completed their 21- day follow-up. As of 1 October, a total of 9 077 individuals have been vaccinated (including 291 frontline workers and 610 contacts) and there are 7 031 vaccines available in the affected areas.

The current risk for EU/EEA citizens living in or travelling to Kasai province in DRC is estimated to be low. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

E.8. SARS-CoV-2 variant classification (3 October)

As of 26 September 2025, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring (VUM) and De-escalated variants:

– LP.8.1 (formerly VUM) was de-escalated.

For this update, sufficient data for estimating variant proportions during the reporting weeks are only available from five EU/EEA countries. Therefore, the statistics below only represent a limited part of the EU/EEA.

The VOI and VUM median proportions in the EU/EEA for weeks 36–37, based on five reporting countries, are currently:

– BA.2.86 (VOI): 5.2% (range: 0.0–24.2%; interquartile range (IQR): 0.0–11.8%)

– NB.1.8.1 (VUM): 11.8% (range: 3.0–45.5%; IQR: 6.3–21.4%)

– XFG (VUM): 57.1% (range: 51.5–85.9%; IQR: 54.5–76.5%).

E.9. Human cases of swine influenza A(H1N1) virus variant (3 October)

There has been no further update regarding the human case of avian-like swine influenza A(H1N1) variant virus (clade 1C.2.2) in Germany since the 26th of September 2025.

E.10. Nipah virus - Bangladesh – 2025 (3 October)

There has been no further update regarding Nipah virus (NiV) infection in Bangladesh since the 19th of September 2025.

E.11. Rabies alert- Bangkok – Thailand - 2025 (3 October)

There has been no further update regarding Rabies in Bangkok Thailand since the 19th of September 2025.