



Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

25 February 2025



Science Evidence Advice (SEA)

gov.wales

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 7 2025, up to 16th February 2025)

- Overall, COVID-19 confirmed case admissions to hospital **remained stable** 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 **decreased** in the most recent week.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Whooping Cough notifications have **increased** in the most recent week (week 5).
- Scarlet Fever notifications **decreased** in the most recent week.
- Norovirus confirmed cases have **decreased** in the most recent reporting week.

B. Acute Respiratory Infections Situation Update

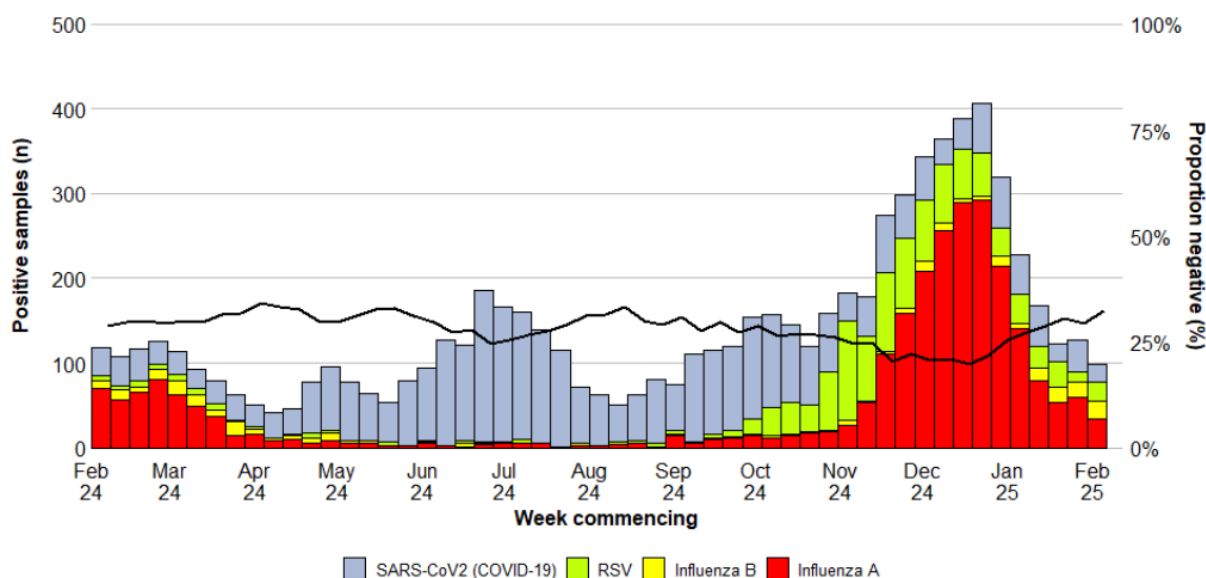
B1. COVID-19 Situation Update

COVID-19 case numbers have remained broadly stable in recent weeks.

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital and the number of cases who were inpatients have **decreased** in week 7 2025 (to 16 February 2025).
- As at 16 February 2025 (week 7), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased to 12 (18 in the previous week)** and there were **173** in-patient cases of confirmed COVID-19, **none** of whom were in critical care compared to **169** and **none** in the previous week.
- The overall proportion of samples testing positive for COVID-19 in hospitals and sentinel GP practices increased to **5.3%** in the most recent week (week 7) compared with **3.0%** in the previous week. Consultations with sentinel GPs for COVID-19 also increased in the most recent week and confirmed cases of COVID-19 in sentinel GP patients remained stable.
- 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 four reporting weeks, **Omicron XEC** is the most dominant COVID-19 variant in Wales, accounting for **56.9%** of all sequenced cases.
- The number of Ambulance calls recorded referring to syndromic indicators increased from **1,683** in the previous week to **1,734** in the latest reporting week (week 7).

- During week 7, 1 ARI outbreak was reported to the Public Health Wales Health Protection Team. The incident was Streptococcus Pneumoniae and was in a hospital setting.

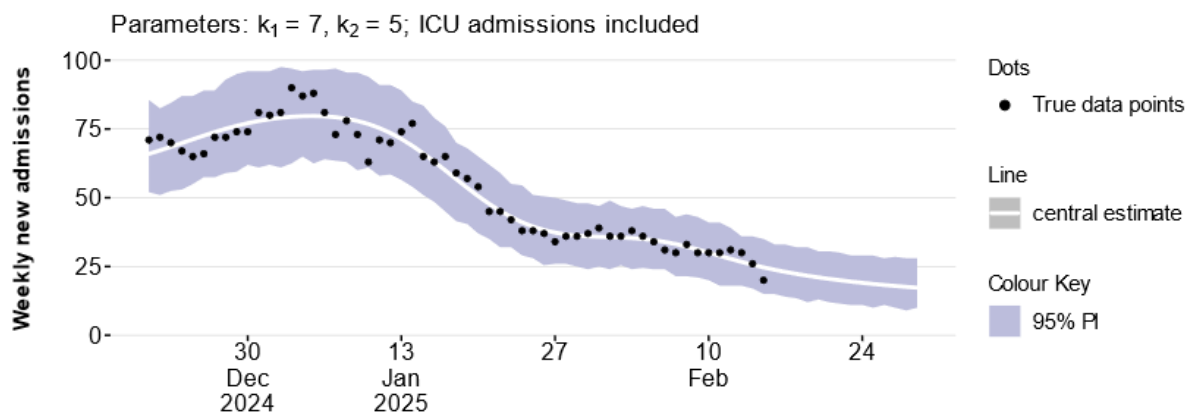
Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 7, 2024 to Week 7, 2025. (source: [PHW](#))



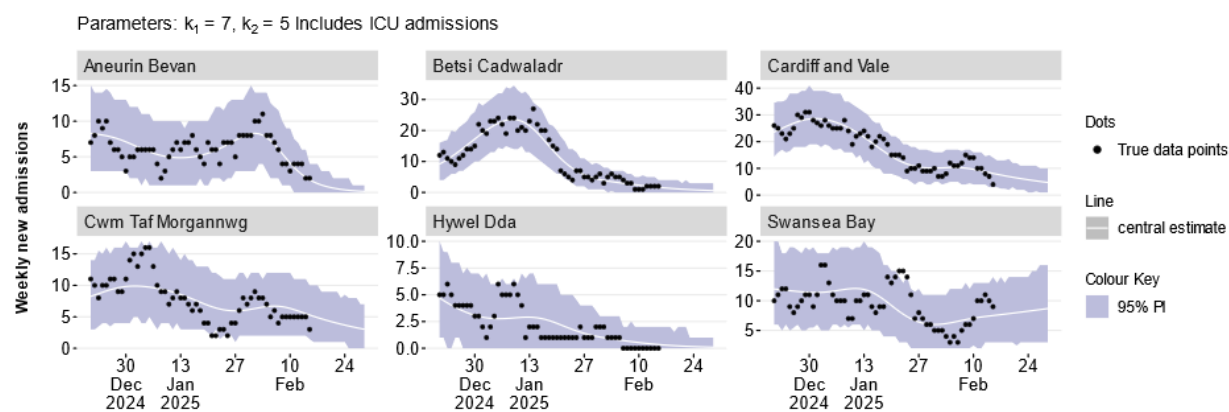
COVID-19 Short Term Projections

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 15 February 2025 to make short term projections for COVID-19 two weeks forward (29nd February 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 continue to decrease over the next two week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease across all health boards in Wales over the next two weeks except for Swansea Bay health board where a slight increase is projected.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 15 February 2025)

Source: Public Health Wales

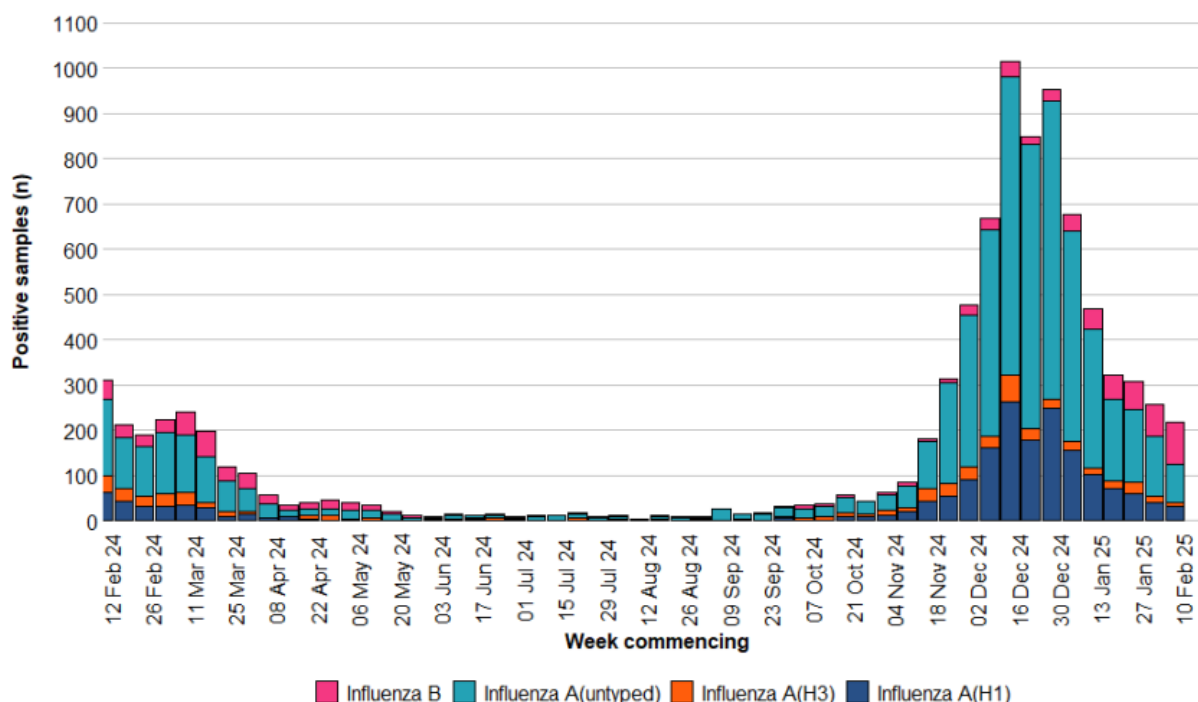
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 15 February 2025)

Source: Public Health Wales

B2. Influenza Situation Update

GP consultations for influenza like illness **increased slightly** in the current week, with Influenza B test positivity increasing in community settings. Influenza A test positivity is decreasing but Influenza B was the largest detected subtype in the recent week. During the week ending 16 February the number of confirmed cases of community acquired influenza admitted to hospital decreased to **45** and there were **135** in-patient cases of confirmed influenza, **3** of whom were in critical care (compared to **289** and **7** in the previous week). In week 7 2025, there were 8 confirmed cases of influenza A(H3N2), 33 cases of influenza A(H1N1)pdm09, 83 influenza A untyped and 95 influenza B. (Figure 4).

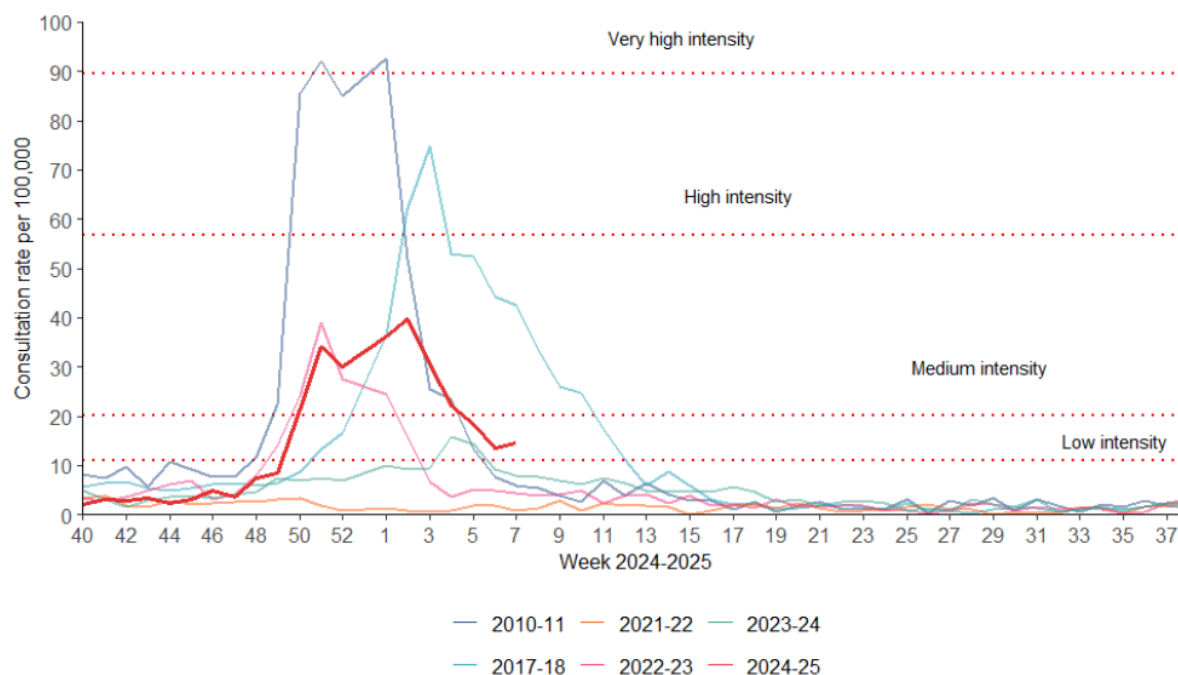
Figure 4: Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 7, 2024 to Week 7, 2025 (source: [PHW](#))



The sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is decreasing with a slight increase in the most recent week. There were **14.5** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (13.6 consultations per 100,000).

the most recent week, using all available data from general practices, there were 18.0 ARI consultations per 100,000 practice population, a decrease from 18.4 in the previous week. The highest rates were found in people aged under 1 year (1063.4) followed by people aged 1 to 4 (837.9) and people aged 5 to 14 (290.8).

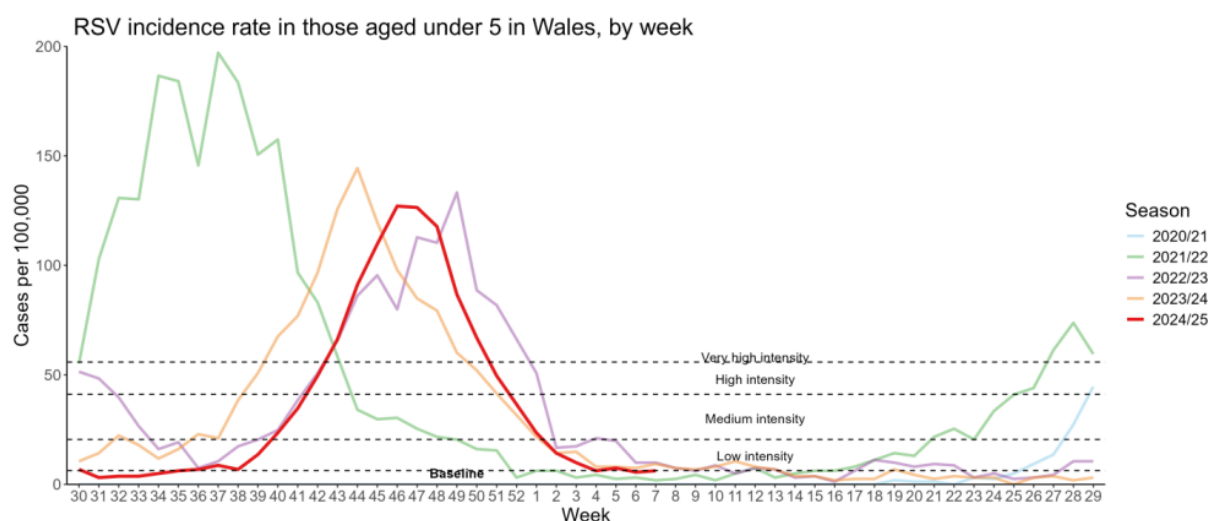
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: [PHW](#))



B.3. Respiratory Syncytial Virus (RSV) update

RSV has been decreasing in recent weeks and activity is now at **baseline** levels in children aged up to 5 years old (week 7 2025). Incidence per 100,000 population in children aged up to 5 years remained stable at **6.2** in the most recent week (**5.6** in the previous week). The number of confirmed cases of community acquired RSV admitted to hospital increased to **24** in the most recent week (**17** in the previous week).

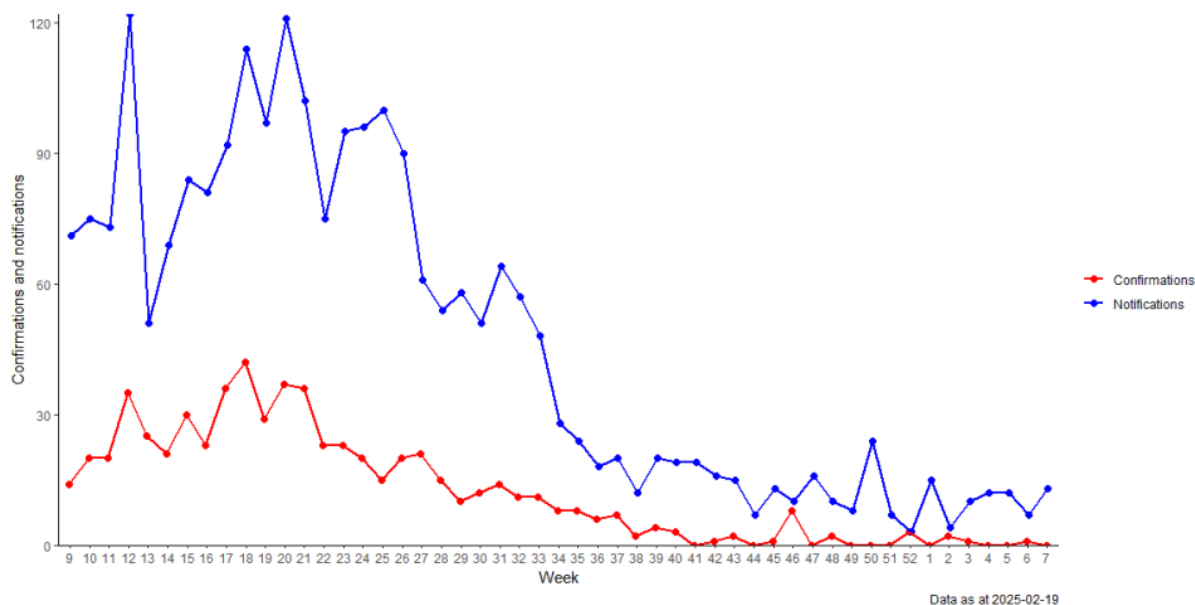
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 7 2025 (source: [PHW](#))



B4. Whooping Cough (Pertussis)

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

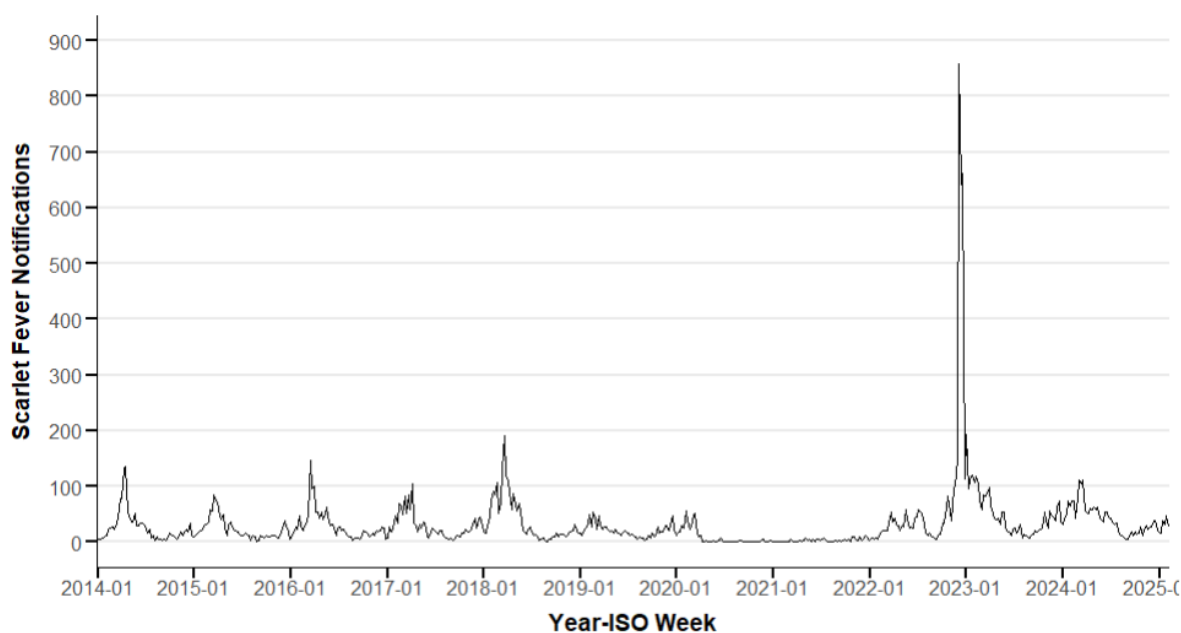
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **decreased** slightly in the most recent week (week 7) as shown in the figure below (up to 16 February 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 have published modelled scenarios for COVID-19, RSV and Influenza for [Winter 2024-25](#). This uses analysis of historical data used to project forward to estimate what we may see in winter 2024/25, contributing to winter planning for NHS Wales. The aim is to estimate the pressures that could be seen by an increase in respiratory viruses and other factors which are typically more prevalent in the winter months than other times of the year. The charts that follow show the scenarios for each disease and plot these against actual data to reveal how well the scenarios are capturing the current pressures on the health system in Wales.

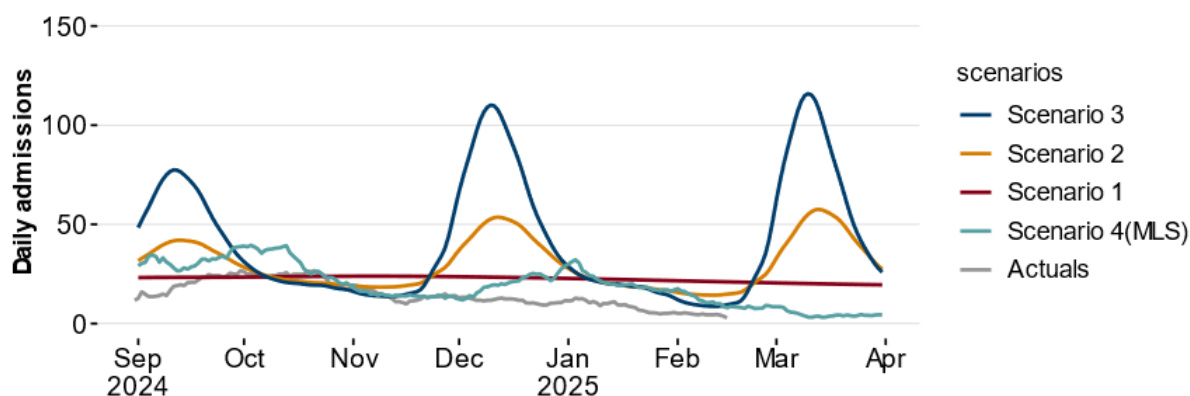
Note that, the modelling is an estimate of what may happen, not a prediction of what will happen.

Our winter modelling uses 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, we use ICNET admissions data provided by Public Health Wales (PHW) for our actuals. 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.

COVID-19

COVID-19 actuals are currently tracking well below scenario 4 which is the Most Likely Scenario (MLS). There has been a downward trend into November and December which has continued through into February.

Figure 9 Daily COVID-19 Winter 2024-5 admissions scenarios, data until 15 February 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.

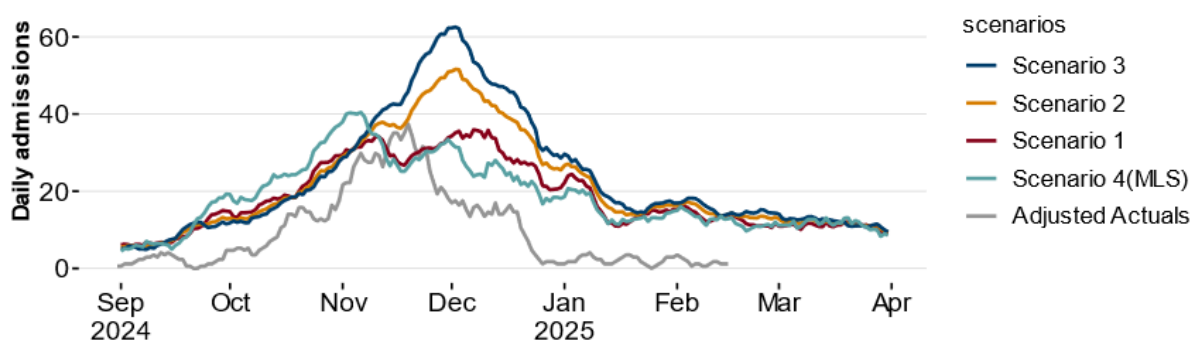
Notes

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, reflecting the decrease in the number of RSV admissions in recent weeks.

Figure 10: Daily RSV Winter 2024-25 paediatric (ages 0-4) admissions scenarios data until 15 February 2025



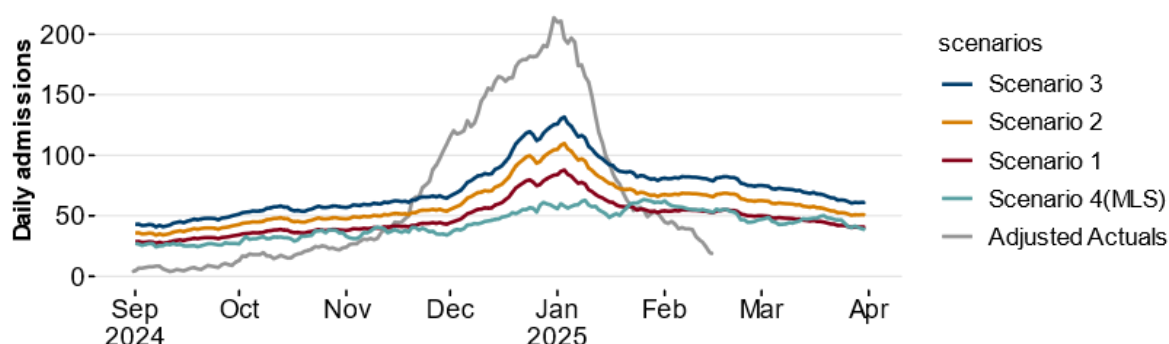
Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Notes

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.

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 8 February 2025

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

Notes: 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

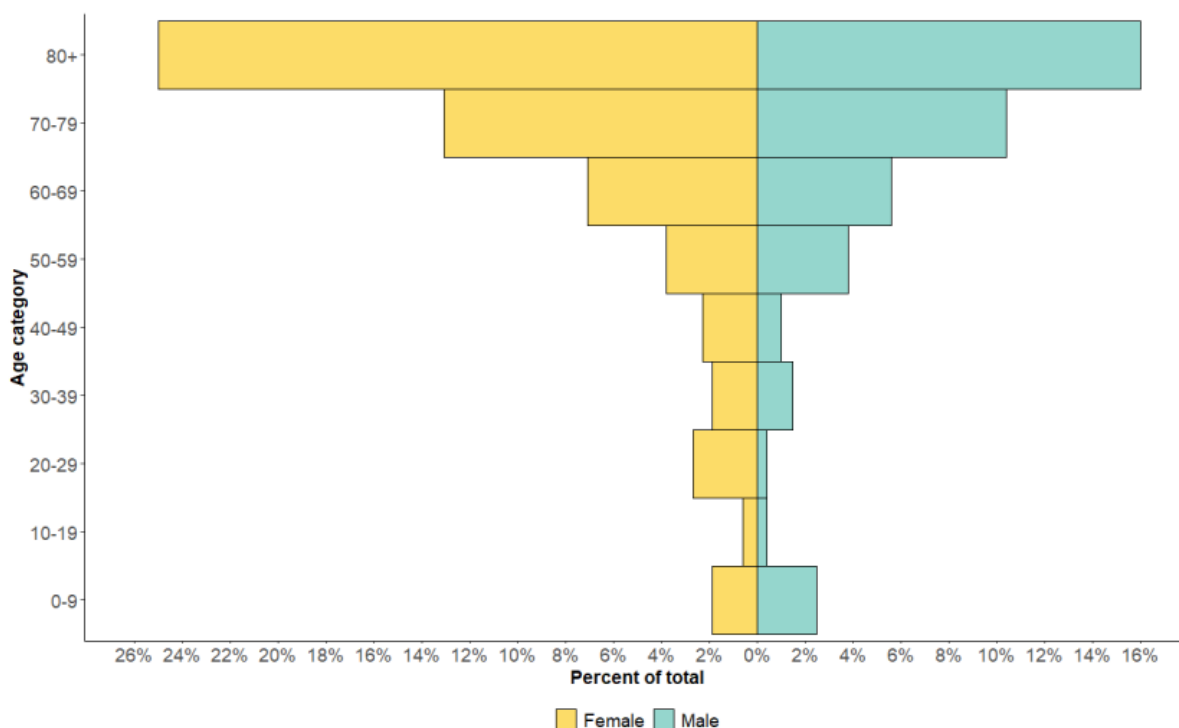
In the current reporting week (week 7 2025), a total of **46** Norovirus confirmed cases were reported in Welsh residents. This is an increase (12.2%) in reported cases compared to the previous reporting week (week 6 2025), where **41** Norovirus confirmed cases were reported.

In the last 12 week period (25/11/2024 to 16/02/2025) a total of **480** Norovirus confirmed cases were reported in Welsh residents. This is a decrease (-7.2%) in reported cases compared to the same 12 week period in the previous year (25/11/2023 to 16/02/2024) where **517** Norovirus confirmed cases were reported

In the last 12 weeks (25/11/2024 to 16/02/2025) **280** (58.3%) confirmed Norovirus cases were female and **200** (41.7%) confirmed cases were male. The age groups with the most cases were the 80+ (197 cases) and 70-79 (113 cases) age groups.

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

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (25/11/2024 to 16/02/2025)



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 7 2025** (25/11/2024 to 16/02/2025). 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 23rd February 2025)

The first case of highly pathogenic avian influenza (HPAI) H5N5 of the current outbreak was confirmed in England on the 5 November 2024.

The first case of HPAI H5N1 of the current outbreak was confirmed in:

- England on 17 November 2024
- Scotland on 10 January 2025

Whilst there have been no cases of HPAI confirmed in Wales during this outbreak, in line with World Organisation for Animal Health (WOAH) rules Great Britain is no longer free from highly pathogenic avian influenza.

No cases of HPAI have been confirmed in Northern Ireland this season and Northern Ireland continues to have WOA self-declared zonal freedom from highly pathogenic avian influenza.

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

Country	HPAI H5N5	HPAI H5N1
England	1	32
Scotland	0	1
Wales	0	0
Northern Ireland	0	1

23 February 2025

Following successful completion of disease control activities and surveillance in the zone around a premises near Loddon, South Norfolk, Norfolk (AIV 2025/12), the 3km protection zone has ended and the area that formed it becomes a surveillance zone.

22 February 2025

Following successful completion of disease control activities and surveillance in the zone around a second premises near Easingwold, Hambleton, North Yorkshire (AIV 2025/07), the 3km protection zone has ended and the area that formed it becomes a surveillance zone.

Following successful completion of disease control activities and surveillance in the zone around premises near Skegness, East Lindsey, Lincolnshire (AIV 2025/10), the 3km protection zone has ended and the area that formed it becomes a surveillance zone.

Following successful completion of disease control activities and surveillance in the zone around a premises near Braunton, North Devon, Devon (AIV 2025/11), the 3km captive bird (monitoring) controlled zone has been revoked.

Influenza of avian origin has been detected in a small number of grey seals on the North Norfolk Coast, and we are aware that avian influenza has also been detected in wild birds in the area.

Mammals which have had close contact with infected wild birds or contaminated environments can become infected with influenza of avian origin.

The numbers involved were not above the usual annual mortality level at this site and this finding is evidence of the effectiveness of the UK's wildlife surveillance system. There is no evidence to suggest an increased risk to non-avian wildlife.

16 February 2025

Highly pathogenic avian influenza (HPAI) H5N1 has been confirmed in other captive birds at a premises near Snettisham, King's Lynn and West Norfolk, Norfolk (AIV 2025/18). A 3km captive bird (monitoring) controlled zone has been declared surrounding the premises. The affected birds on the premises will be humanely culled.

14 February 2025

Following successful completion of disease control activities and surveillance in the zone around a premises near Pocklington, East Riding of Yorkshire, Yorkshire (AIV 2025/02), the 3km protection zone has ended and the area that formed the protection zone becomes a surveillance zone.

E.2 Latest Mpox update from UKHSA (31st January 2025)

A new case of clade Ib mpox has been detected in England, the UK Health Security Agency (UKHSA) can confirm.

The case was detected in London and the individual is now under specialist care at the Royal Free Hospital High Consequence Infectious Diseases unit. They had recently returned from Uganda, where there is currently community transmission of clade Ib mpox. The UKHSA and NHS will not be disclosing any further details about the individual.

The risk to the UK population remains low. In the context of the outbreak in parts of Africa, we expect to see the occasional imported case of clade Ib mpox in the UK.

This is the eighth case of clade Ib mpox confirmed in England since October 2024. This case has no links to the previous cases identified in England.

Close contacts of the case are being followed up by UKHSA and partner organisations. Contacts will be offered testing and vaccination where needed to prevent further infections and they will be advised on any necessary further care if they have symptoms or test positive.

Dr Merav Kliner, Incident Director at UKHSA, said:

The risk to the UK population remains low. Close contacts have been identified and offered appropriate advice in order to reduce the chance of further spread.

Clade Ib mpox has been circulating in several countries in Africa in recent months. Imported cases have been detected in a number of countries including Belgium, Canada, France, Germany, Sweden and the United States.

E3. European Communicable Disease Centre (ECDC): [Ebola outbreak in Uganda](#) (30th January)

On 30 January 2025, the public health authorities in Uganda declared an outbreak of SVD in Kampala, Uganda. This follows laboratory confirmation from three national reference laboratories: the Central Public Health Laboratory in Kampala, the Uganda Virus Research Institute in Entebbe, and Makerere University. According to the Ministry of Health's press release, the index case was a 32-year-old male nurse at the Mulago National Referral Hospital. The patient identified as the index case presented with a five-day history of high fever, chest pain, and difficulty in breathing, which later progressed to bleeding. The patient sought treatment at multiple health facilities in the Central district, as well Mbale City, including a traditional healer. On 29 January 2025, the patient experienced multi-organ failure and died.

As of the 10 February 2025, nine confirmed cases and one death was reported by the Ugandan Ministry of Health. In the context of the current outbreak, WHO announced the first ever vaccination trial of a vaccine against SVD, taking place in Uganda. This is the first time that a clinical trial has been conducted to measure the efficacy of a vaccine against SVD. Additionally, authorities in Uganda have taken the following actions:

- Activate the Incident Management Team and dispatch Rapid Response Teams to both Mbale City and Saidina Abubakar Islamic Hospital in Matugga.
- Implement contact tracing.
- Provide a safe and dignified burial to the deceased to prevent the spread of the disease.
- Vaccination of all contacts.
- Inform the public and healthcare workers