Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

25 March 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 11 2025, up to 16 March 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 **remained stable** in the most recent week.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Whooping Cough notifications have **decreased** in the most recent week (week 11) and remain at low levels.
- Scarlet Fever notifications **increased** in the most recent week.
- Norovirus confirmed cases have **increased** in the most recent reporting week.

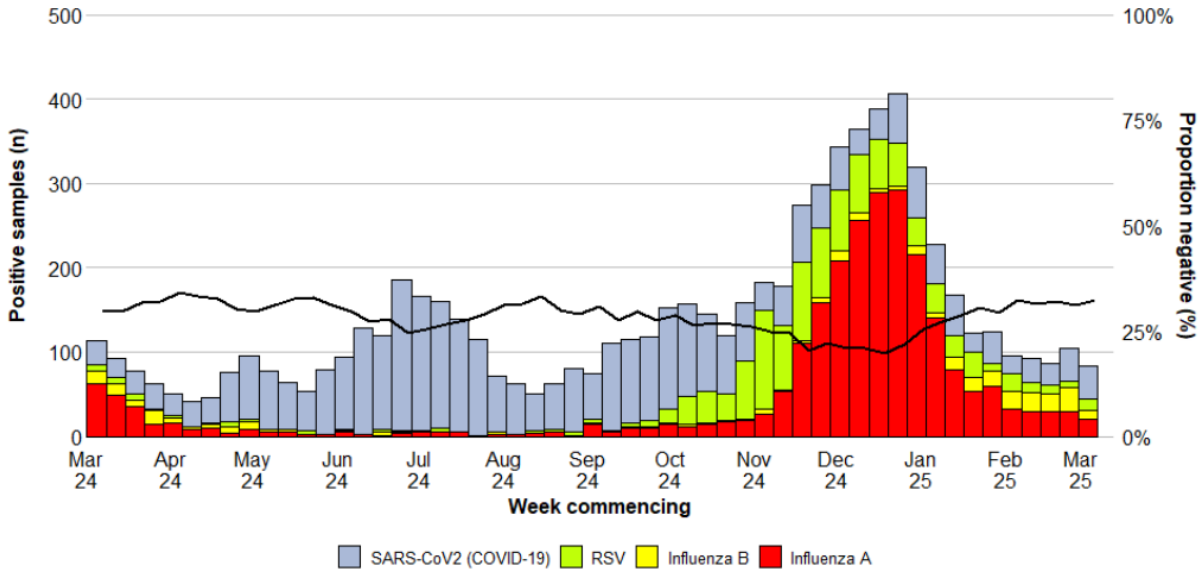
B. Acute Respiratory Infections Situation Update

B1. 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 11 2025 (to 16 March 2025).
- As at 16 March 2025 (week 11), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to **18** (**20** in the previous week) and there were **167** in-patient cases of confirmed COVID-19, **two** of whom were in critical care compared to **154** and **one** in the previous week.
- The overall proportion of samples testing positive for COVID-19 in hospitals and sentinel GP practices remained stable at **5.0%** in the most recent week (week 11) compared with **5.1%** in the previous week. 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.
- **Omicron XEC** is the most dominant COVID-19 variant in Wales, accounting for **62.1**% of all sequenced cases in the previous six weeks.
- The number of Ambulance calls recorded referring to syndromic indicators decreased from **1,803** in the previous week to **1,764** in the latest reporting week (week 11).

During week 11, **3** ARI outbreaks were reported to the Public Health Wales Health Protection Team. Two were Respiratory and one was Influenza A. All three were in a residential home setting.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 11, 2024 to Week 11, 2025. (source: PHW)

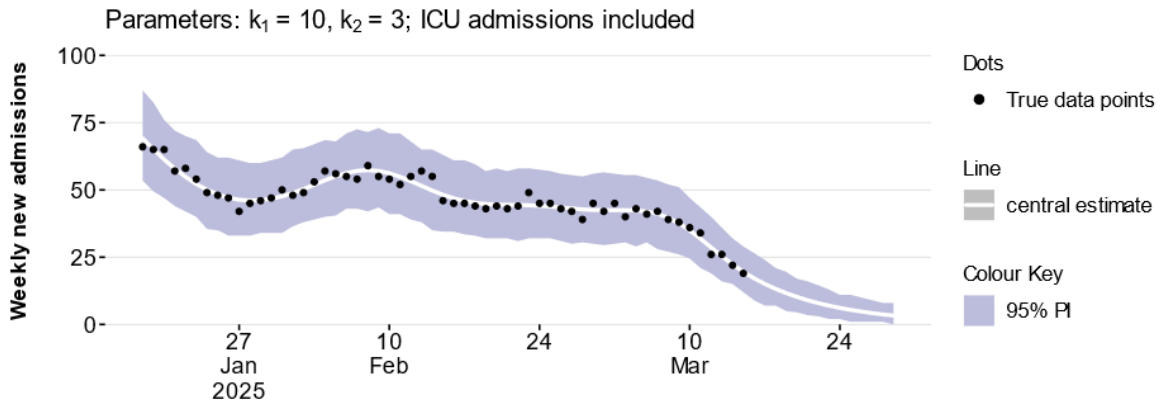


COVID-19 Short Term Projections

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 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.

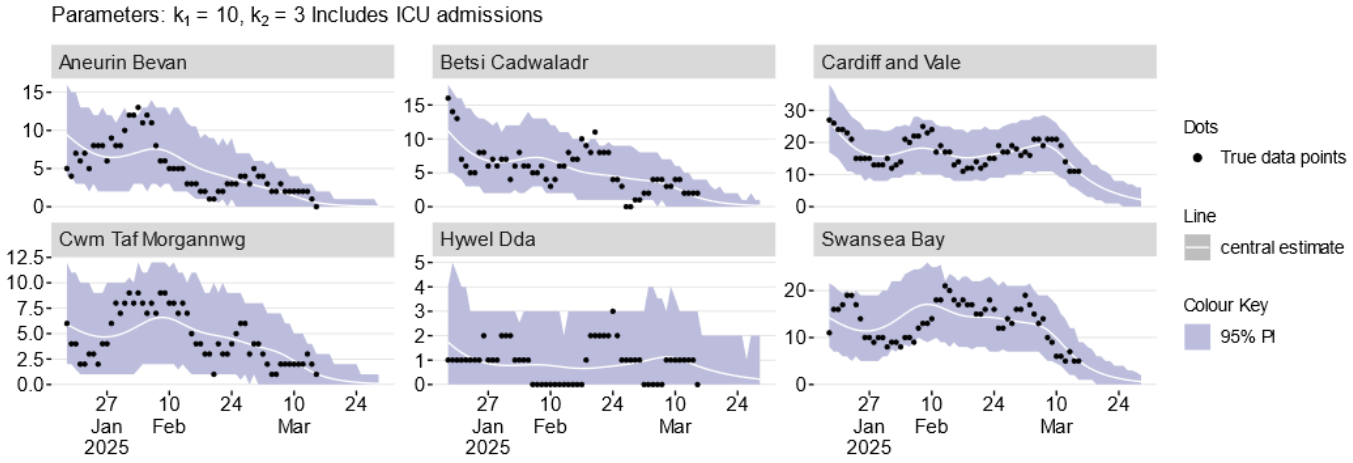
The COVID-19 STPs uses admissions data from PHW until **15 March 2025** to create short term projections for COVID-19 two weeks forward (to **29th March 2025**). The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval of the projections. The STPs for Wales show that COVID-19 admissions are projected to 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 15 March 2025)



Source: Public Health Wales

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

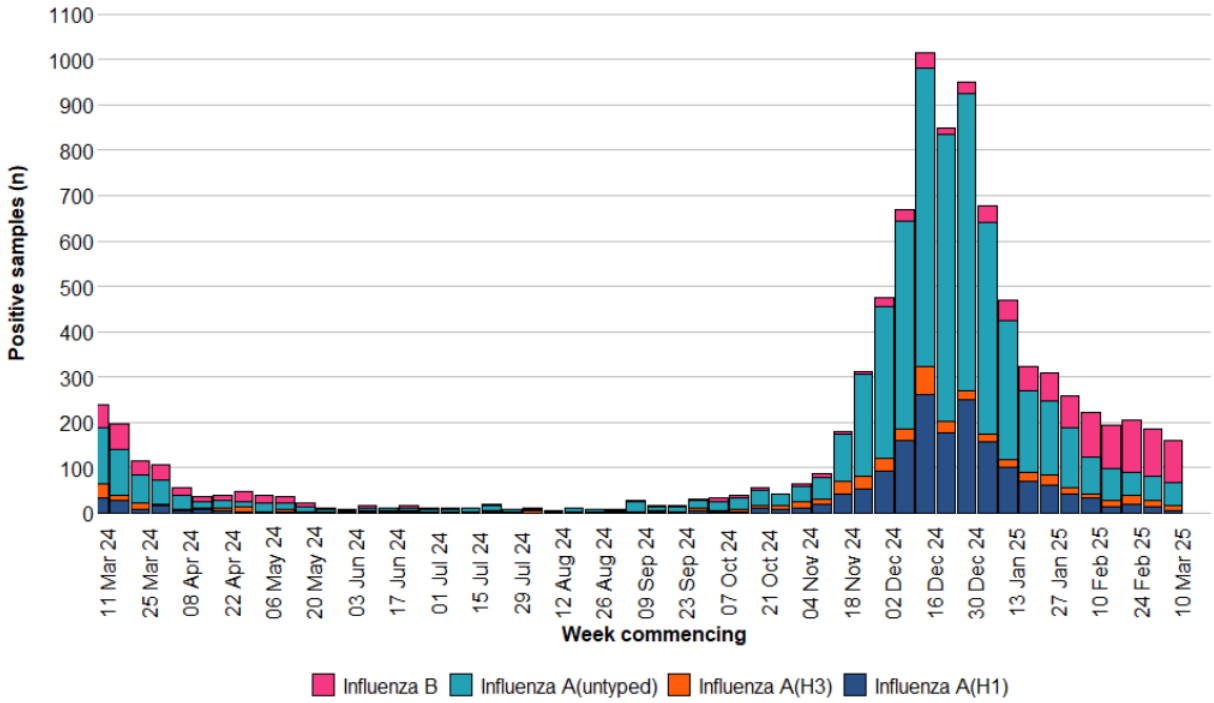


Source: Public Health Wales

B2. Influenza Situation Update

Influenza activity has returned to low levels but is still circulating with cases continuing to be confirmed in the community and in hospitals. GP consultations for influenza-like illness and confirmed case numbers have **decreased** in the current week, whilst test positivity has **remained stable**. Influenza B was the most frequently detected type, last week. During the week ending 16 March the number of confirmed cases of community acquired influenza admitted to hospital decreased to **36** and there were **93** in-patient cases of confirmed influenza, **3** of whom were in critical care (compared to **104** and **2** in the previous week). In week 11 2025, there were 11 confirmed cases of influenza A(H3N2), 6 cases of influenza A(H1N1)pdm09, 49 influenza A untyped and 94 influenza B. (Figure 4).

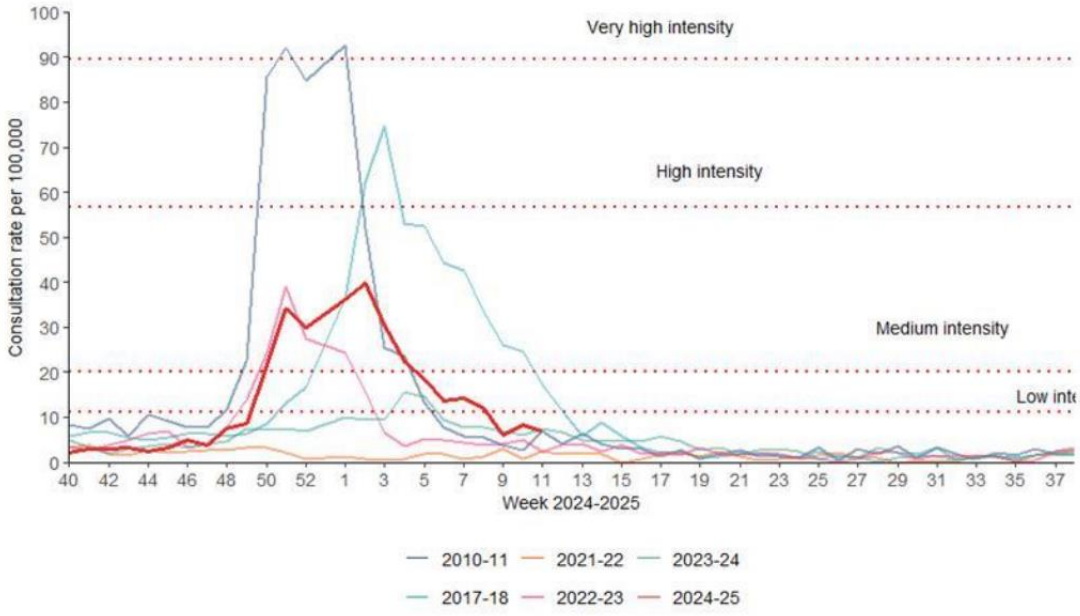
Figure 4: Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 11, 2024 to Week 11, 2025 (source: PHW)



The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable. There were **6.9** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (8.2 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 13.4 ARI consultations per 100,000 practice population, a decrease from 14.4 in the previous week. The highest rates were found in people aged under 1 year (652.9) followed by people aged 1 to 4 (421.9) and people aged 75+ (162.5).

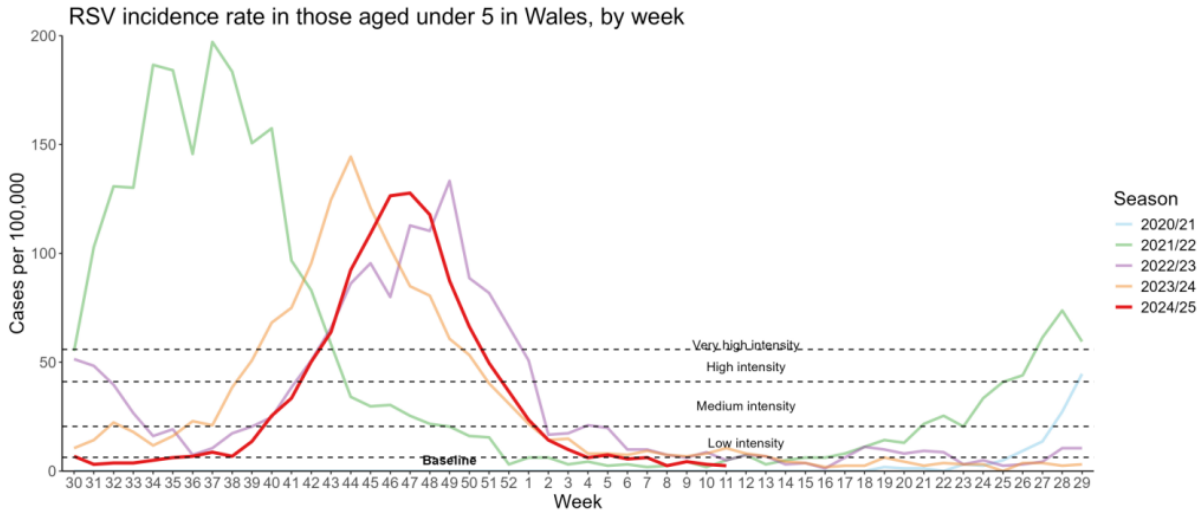
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



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 11 2025). Incidence per 100,000 population in children aged up to 5 years decreased to **2.5** in the most recent week (**3.1** in the previous week). The number of confirmed cases of community acquired RSV admitted to hospital increased to **14** in the most recent week (**10** in the previous week).

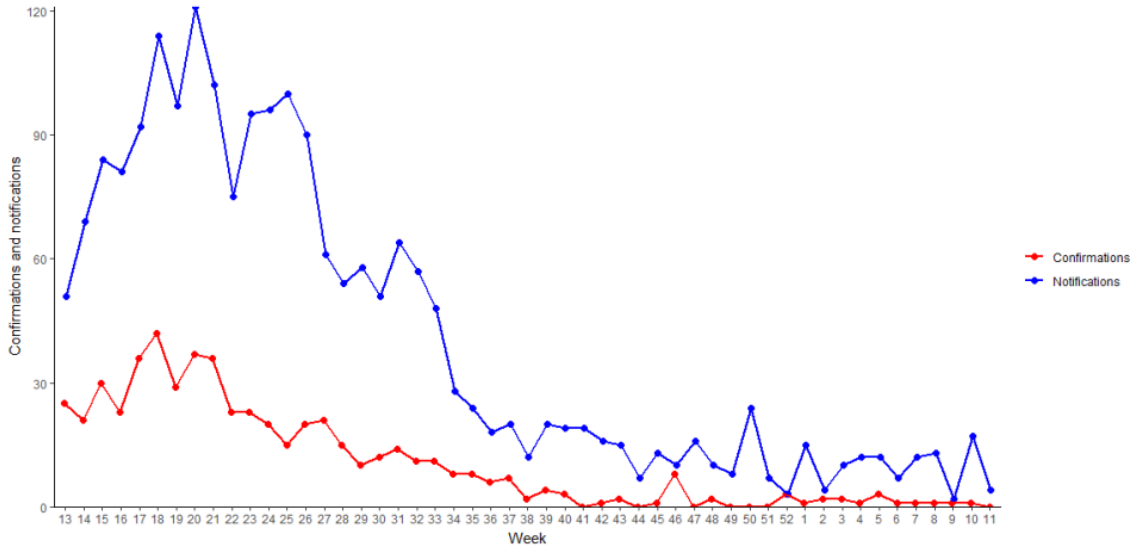
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 11 2025 (source: PHW)



B4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 11 **decreased**, and remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

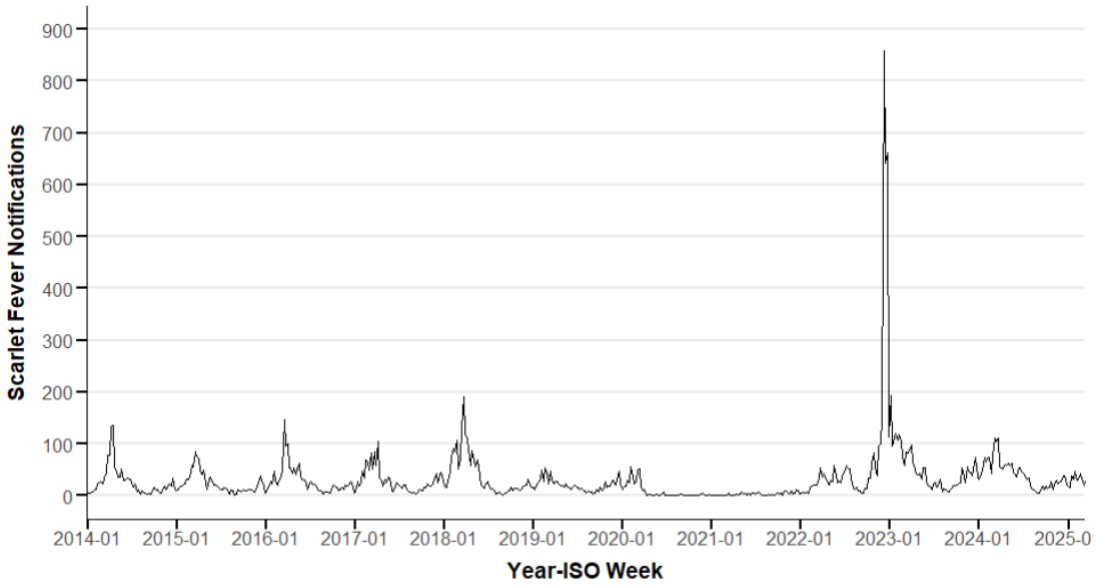
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** slightly in the most recent week (week 11) as shown in the Figure 8 below (up to 16 March 2025).

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



C. Science Evidence Advice Winter Modelling

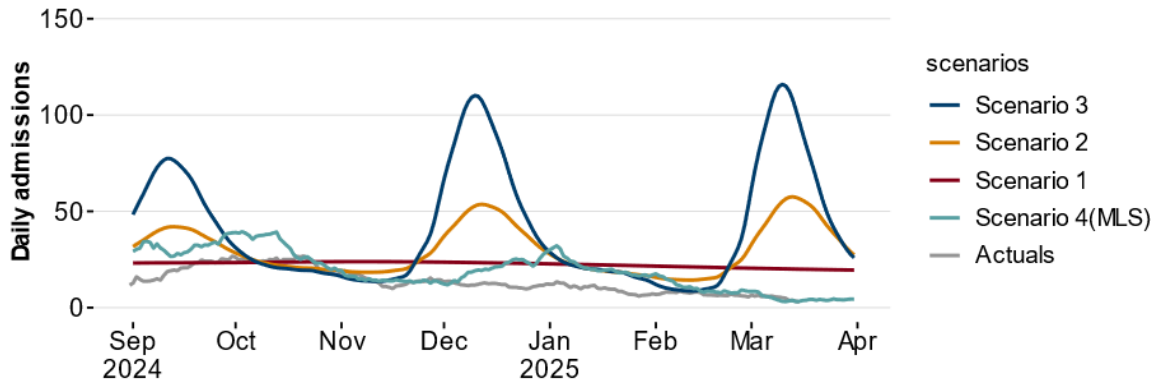
The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This used analysis of historical data used and projects forward to estimate hospital demand throughout winter 2024/25, contributing to winter planning for NHS Wales. 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).

Figure 9 Daily COVID-19 Winter 2024-5 admissions scenarios, data until 15 March 2025

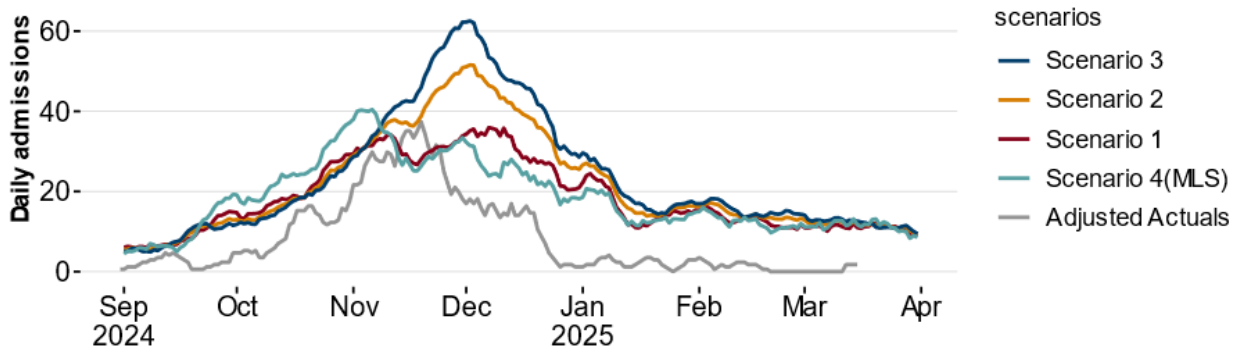


Source: Swansea University modelling (Scenarios 1, 2 3), actuals underlying the MLS to 31 March 2024 provided by DHCW, projected MLS scenarios from 1 September 2024 to 31 March 2025 from SEA.

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 years) admissions scenarios data until 15 March 2025

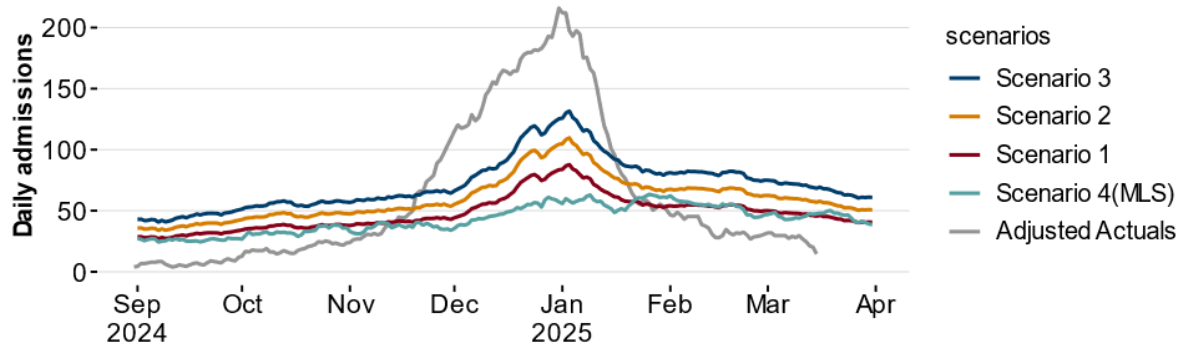


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals have been tracking below the Most Likely Scenario since late January 2025, 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 15 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 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 (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

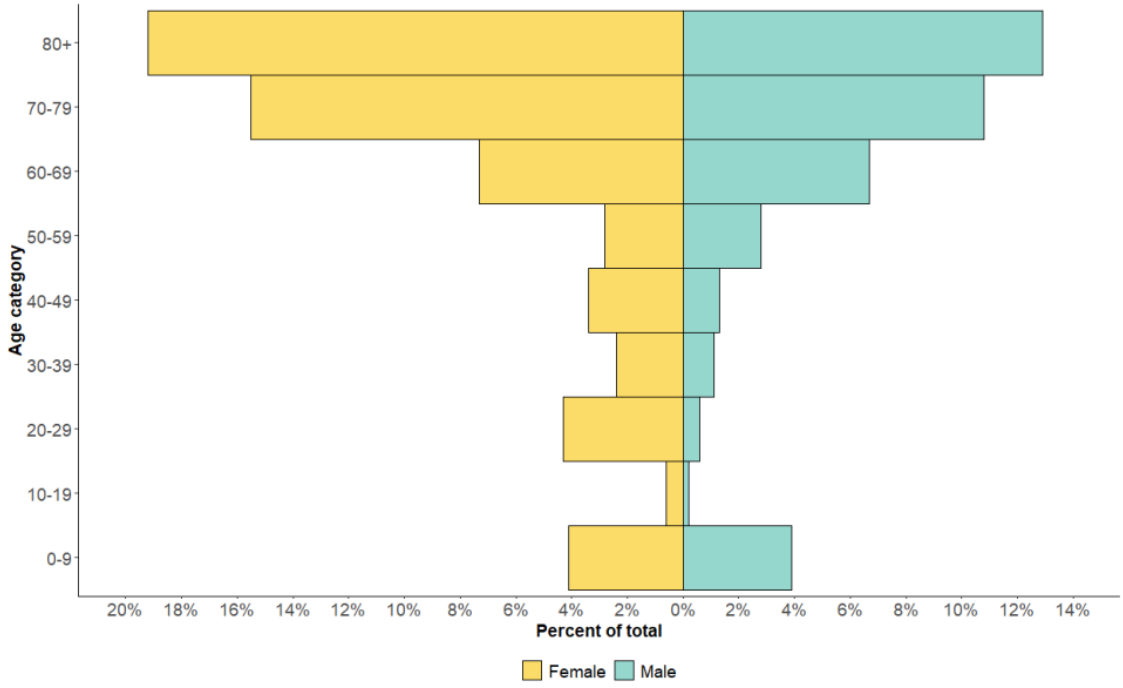
In the current reporting week (week 11 2025), a total of **54** Norovirus confirmed cases were reported in Welsh residents. This is an **increase** (**31.7%)** in reported cases compared to the previous reporting week (week 10 2025), when **41** Norovirus confirmed cases were reported.

In the last 12 week period (23/12/2024 to 16/03/2025) a total of **465** Norovirus confirmed cases were reported in Welsh residents. This is a decrease (-14.5%) in reported cases compared to the same 12 week period in the previous year (23/12/2023 to 16/03/2024) when **544** Norovirus confirmed cases were reported.

In the last 12 weeks (23/12/2024 to 16/03/2025) **277** (59.6%) confirmed Norovirus cases were female and **187** (40.2%) confirmed cases were male. The age groups with the most cases were the 80+ (149 cases) and 70-79 (122 cases) age groups. Sex data were not available for 1 case.

[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 (23/12/2024 to 16/03/2025)



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 11 2025** (23/12/2024 to 16/03/2025). 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 24 March 2025)

24 March 2025

Influenza of avian origin (H5N1) has been detected in a sheep in England. The case was identified following routine surveillance of farmed livestock on a premises in Yorkshire where highly pathogenic avian influenza (H5N1) had been confirmed in other captive birds. All affected birds and the infected ewe were humanely culled. Further official testing of the remaining flock of sheep at the premises, including the lambs of the affected ewe, were negative for the presence of avian influenza virus.

While this is the first time avian influenza virus has been detected in a sheep, it is not the first time influenza of avian origin has been detected in livestock in other countries. There is no evidence to suggest an increased risk to the nation's livestock population.

21 March 2025

Further update following the successful completion of disease control activities and surveillance within the zone surrounding the premises near Teignmouth, Teignbridge, Devon (AIV 2025/22), the 3km protection zone surrounding this premises has been revoked. The area that formed this zone has become part of the surveillance zone in force surrounding this premises.

6 March 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/27). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled. Following successful completion of disease control activities and surveillance in the zone, the 3km protection zone around a third premises near Pocklington, East Riding of Yorkshire, Yorkshire (AIV 2025/14) has ended and the area that formed it becomes a surveillance zone.

4 March 2025 update

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Kington, North Herefordshire, Herefordshire (AIV 2025/26). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled. Please note part of the protection zone and part of the surveillance extends into Wales.

Following successful completion of disease control activities and surveillance in the zone around a premises near Loddon, South Norfolk, Norfolk (AIV 2025/12), the 10km protection zone has been revoked.

3 March 2025 update

Following successful completion of disease control activities and surveillance in the zones around the following premises, the 10km surveillance zones have been revoked:

- near Mablethorpe, East Lindsay, Lincolnshire (AIV 2025/04)
- near Alford, East Lindsay, Lincolnshire (AIV 2025/08)
- near Skegness, East Lindsay, Lincolnshire (AIV 2025/10)

All bird flu cases and disease control zones

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
- Northern Ireland on 12 February 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.

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

Country	HPAI H5N5	HPAI H5N1
England	1	43
Scotland	0	2
Wales	0	0
Northern Ireland	0	4

E2. Avian Flu in America: (21 March 2025)

21 March 2025

To date, there have been no confirmed human cases of influenza A(H5N1) infection and no reports of A(H5N1) infection in cattle in the EU/EEA. The genotype B3.13, identified in cattle and several of the human cases in the US, has not been detected in Europe. The genotype D1.1 has been found in wild birds, poultry, a limited number of cattle herds in the US, and a small number of human cases in the US and Canada. The genotype D1.3 has been identified in one human case in Ohio.

ECDC has assessed the risk from the circulating HPAI A(H5N1) clade 2.3.4.4b viruses as low for the general population and low-to-moderate for those whose activities expose them to infected animals or contaminated environments (e.g. occupational exposure to infected animals).

19 March 2025

On 19 March 2025, US CDC published findings from two laboratory investigations related to previously reported human cases of avian influenza A(H5N1) virus infections. The first study involved serological testing of blood samples from a previously reported case in a child in San Francisco, who had mild illness and no known animal exposure, as well as close contacts of the child. The child tested positive for antibodies to avian influenza A(H5N1) virus, consistent with a recent infection. However, none of the close contacts tested positive for antibodies, supporting the conclusion that they were not infected and that no person-to-person transmission occurred in this case. To date, human-to-human transmission of influenza A(H5) virus has not been detected in the US.

In the second study, US CDC sequenced the virus from a recent human case reported in February 2025 in Ohio. The sequencing revealed that the virus belonged to clade 2.3.4.4b, genotype D1.3, according to the genotyping criteria of the United States Department of Agriculture (USDA). This is the first detection of genotype D1.3 in a human case in the current A(H5N1) outbreak. No genetic markers were found that would affect the efficacy of antiviral treatments or existing candidate vaccine viruses. Additionally, the US CDC did not identify any mutations that would make the virus more capable of infecting or transmitting among mammals. Virus isolation efforts in eggs are ongoing.

E3. Ebola disease in Uganda

Update

On 6 March 2025, Africa CDC reported two new confirmed cases of Ebola disease. The total number of confirmed cases is now 12, including two deaths. A new cluster has been identified around the previously reported four-year-old male (the tenth overall case). This cluster is not epidemiologically linked to the previous one but the clusters are genetically linked. There are 69 new contacts connected with this cluster, who are under follow up. The total number of affected districts is now five. The Africa CDC briefing mentioned that community transmission is highly likely and that there are concerns since cases have been reported in Kampala.