Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

15 April 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 14 2025, up to 06 April 2025)

- Overall, COVID-19 confirmed case admissions to hospital **increased** 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 **increased** in the latest week.
- Whooping Cough notifications have **increased** in the latest week (week 13) but remain at low levels.
- Scarlet Fever notifications **decreased** in the most recent week (week 14).
- Norovirus confirmed cases have **decreased** in the most recent reporting week (week 14).

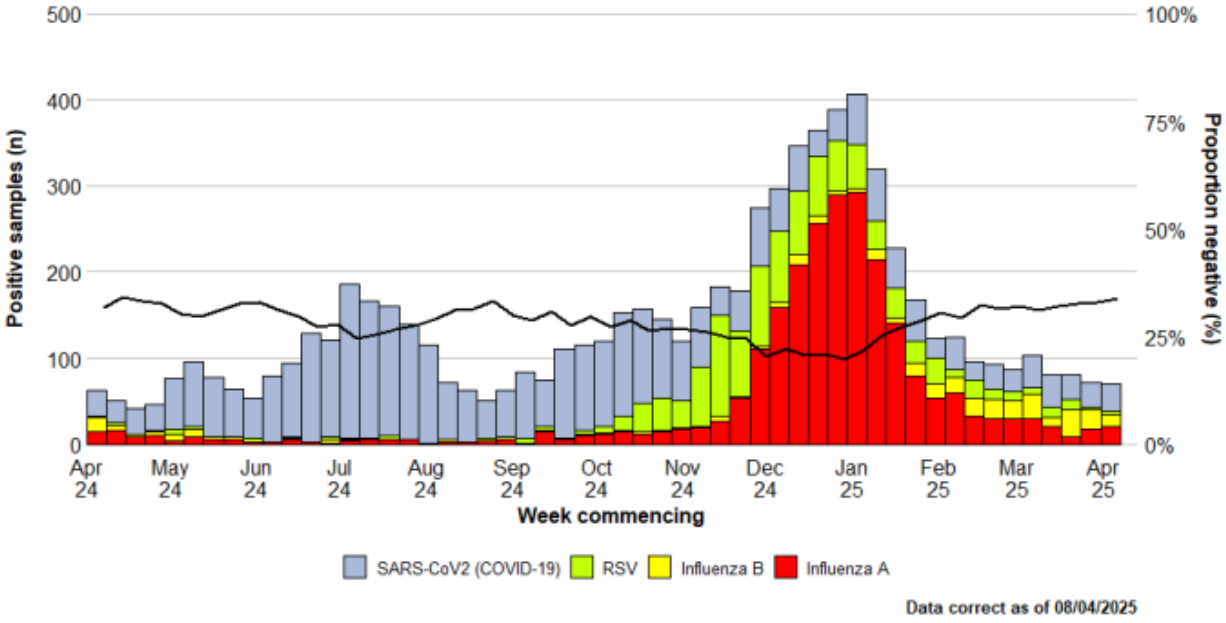
B. Acute Respiratory Infections Situation Update

B1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **increased** and the number of cases who were inpatients **decreased** in week 14 2025 (to 06 April 2025).
- At 06 April 2025 (week 14) the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to **19** (15 in the previous week) and there were **149** in-patient cases of confirmed COVID-19, **one** of whom were in critical care compared to **159** and **one** in the previous week.
- The overall proportion of samples testing positive for COVID-19 in hospitals and non-sentinel GP practices remained stable at **4.2%** in the most recent week (week 14) compared with **4.5%** in the previous week. Consultations with sentinel GPs for COVID-19 remained stable in the most recent week.
- 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. **Omicron XEC** is the most frequently detected COVID-19 variant in Wales, accounting for **34.0**% of all sequenced cases in the previous six weeks.
- The number of Ambulance calls recorded referring to syndromic indicators decreased from **1,760** in the previous week to **1,627** in the latest reporting week.

During week 14, **1** ARI outbreak was reported to the Public Health Wales Health Protection Team. The incident was Influenza Like Illness. The incident was 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 14, 2024 to Week 14, 2025. (source: PHW)

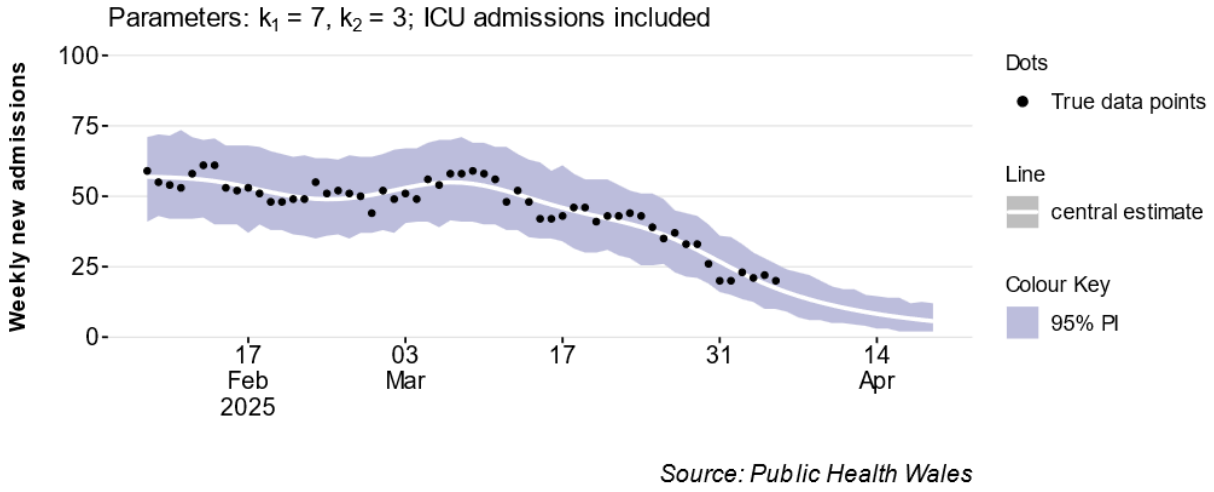


COVID-19 Short Term Projections

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.

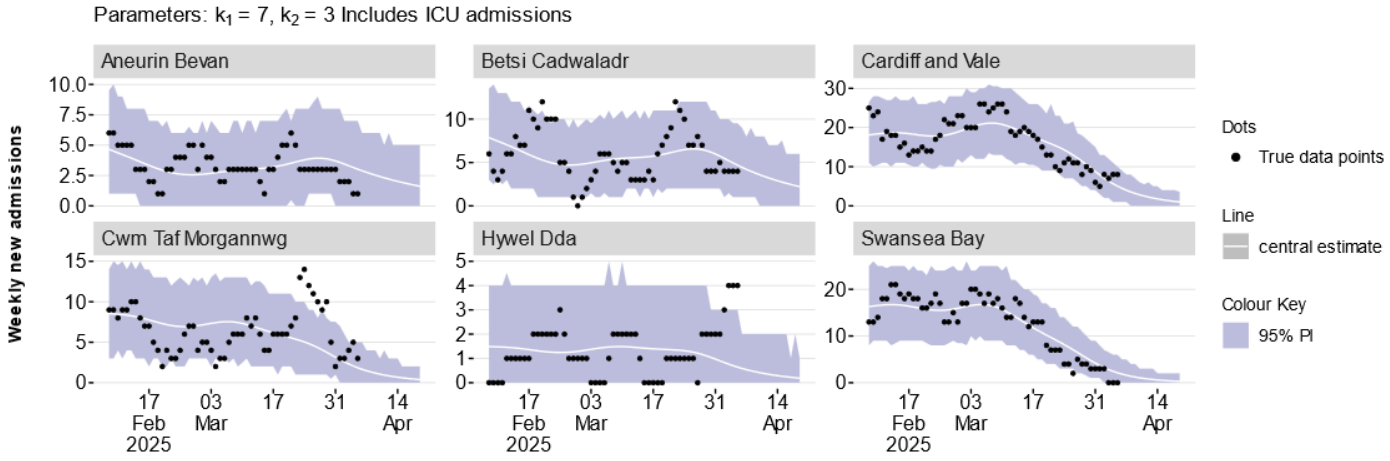
COVID-19 STPs uses admissions data from PHW until **5 April 2025** to create short term projections for COVID-19 two weeks forward (to **19th April 2025**). The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 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 5 April 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 5 April 2025)



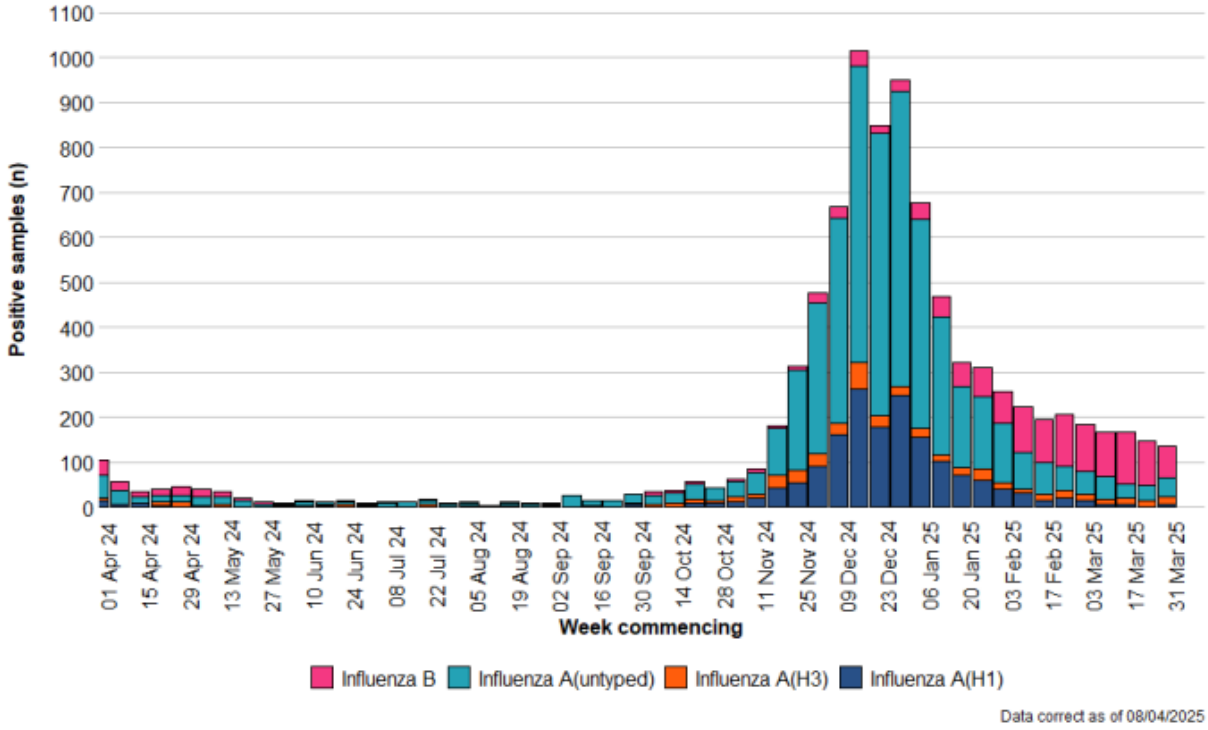
Source: Public Health Wales

B2. Influenza Situation Update

Influenza is currently circulating, and case numbers remain broadly stable at low levels. Consultations for influenza-like illness (ILI) with sentinel GPs increased but remain at baseline intensity decreased, as has test positivity. Influenza B was the most frequently detected type last week.

During the week ending 06 April the number of confirmed cases of community acquired influenza admitted to hospital **increased** to **40** and there were **79** in-patient cases of confirmed influenza, **4** of whom were in critical care (compared to **64** and **5** in the previous week). In week 14 2025, there were 15 confirmed case of influenza A(H3N2), seven cases of influenza A(H1N1)pdm09, 43 influenza A untyped and 71 influenza B. (Figure 4).

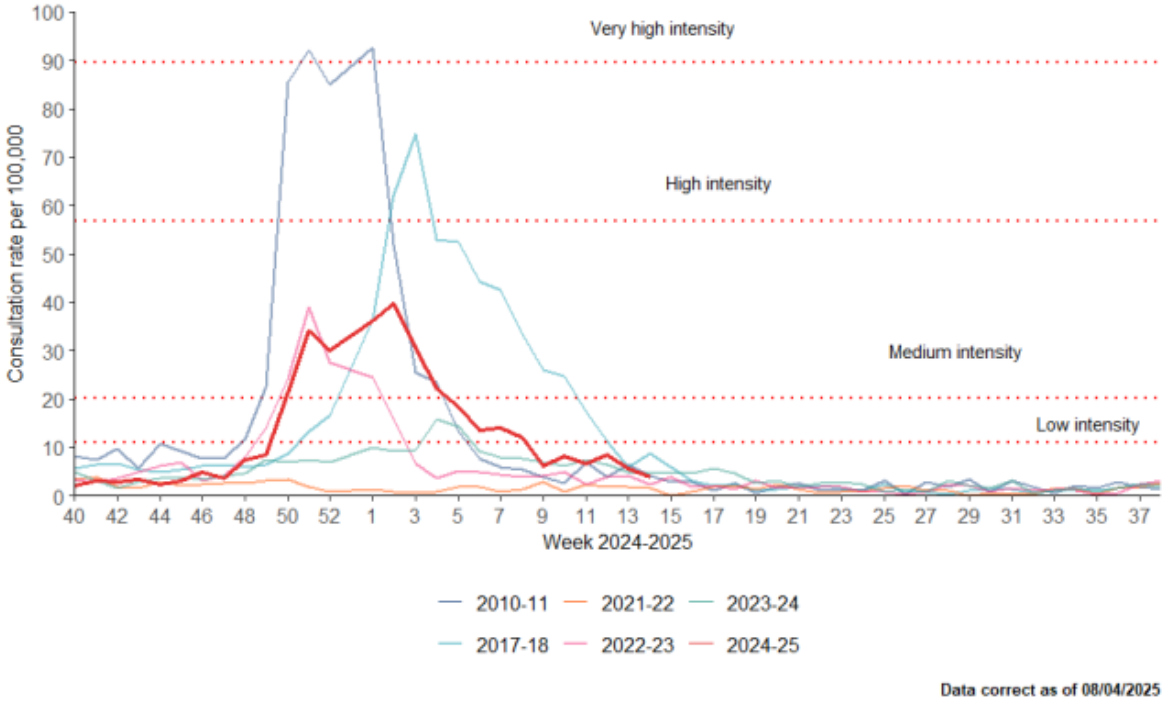
Figure 4: Influenza subtypes based on samples submitted for virological testing by Sentinel GPs and community pharmacies, hospital patients, and non-Sentinel GPs, by week of sample collection, Week 14, 2024 to Week 14, 2025 (source: PHW)



The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is decreasing. There were **3.8** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (5.6 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, stable compared to 16 in the previous week. The highest rates were found in people aged under 1 year (1,069.9) followed by people aged 1 to 4 (502.2) and people aged 5 to 14 (219.8). Surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under 5 years.

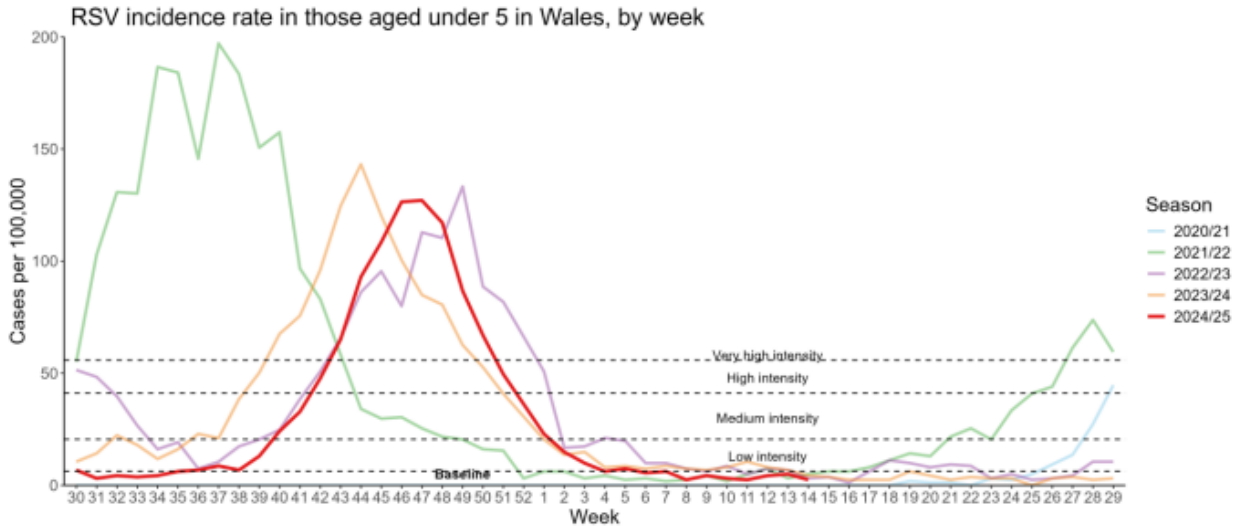
Figure 5: Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (source: PHW)



B.3. Respiratory Syncytial Virus (RSV) update

RSV incidence in children aged up to 5 years old remains at baseline levels. Incidence per 100,000 population in children aged up to 5 years decreased to **2.5** in the most recent week (**5.0** in the previous week). The number of confirmed cases of community acquired RSV admitted to hospital increased to **7** in the most recent week (**3** in the previous week). In the most recent week, there were **29** in-patient cases of confirmed RSV, none of whom were in critical care.

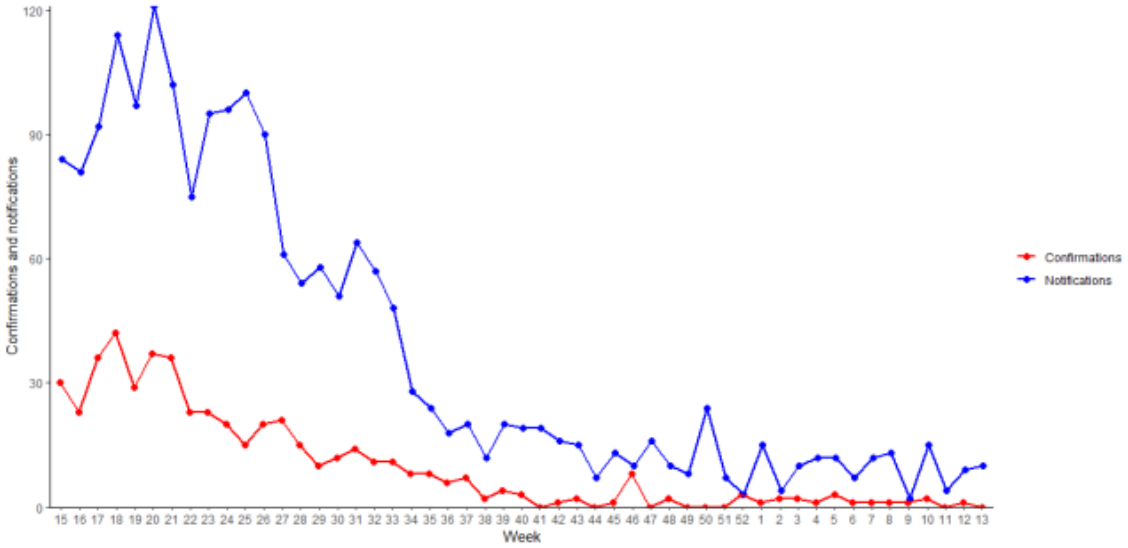
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 14 2025 (source: PHW)



B4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 13 (latest release) **increased** but remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

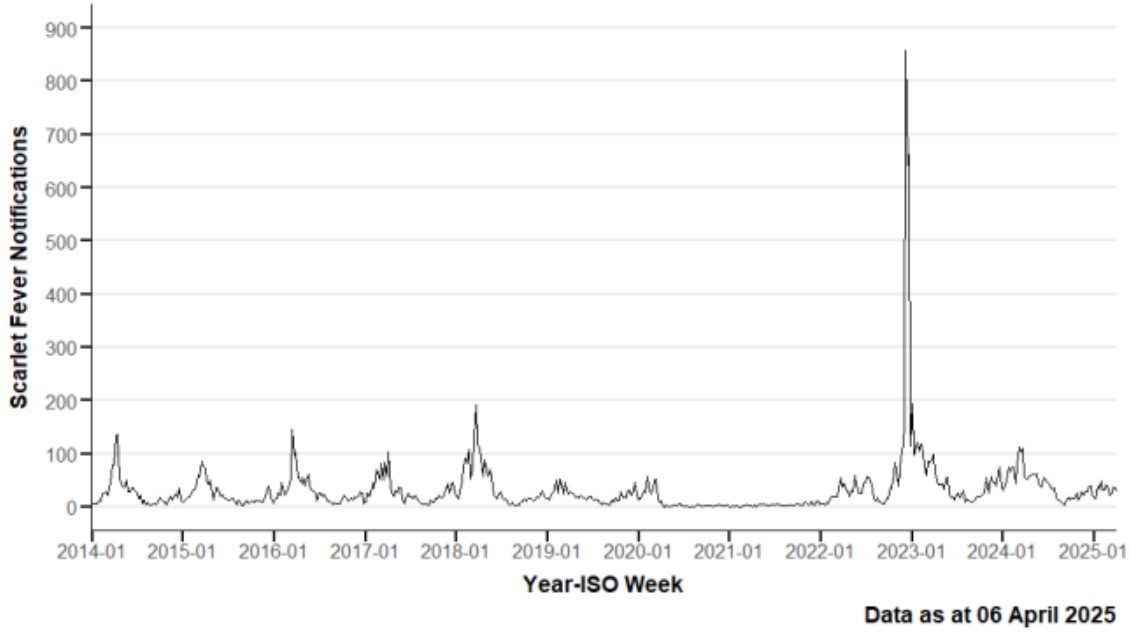
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales up to week 13 (fortnightly reporting). (Source: PHW)



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 14) as shown in the Figure 8 below.

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



C. Science Evidence Advice Winter Modelling

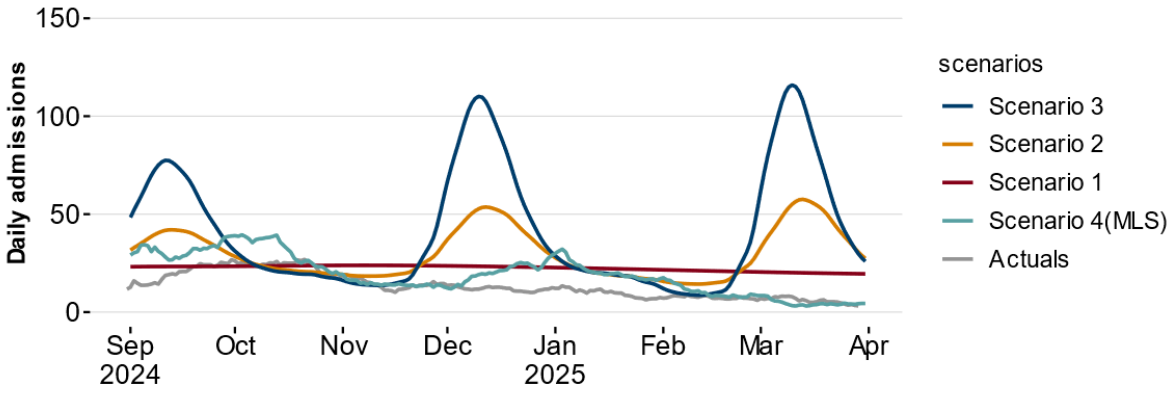
The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This used analysis of historical data and projects forward to estimate hospital demand throughout winter 2024/25, contributing to winter planning for NHS Wales. 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 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 29 March 2025

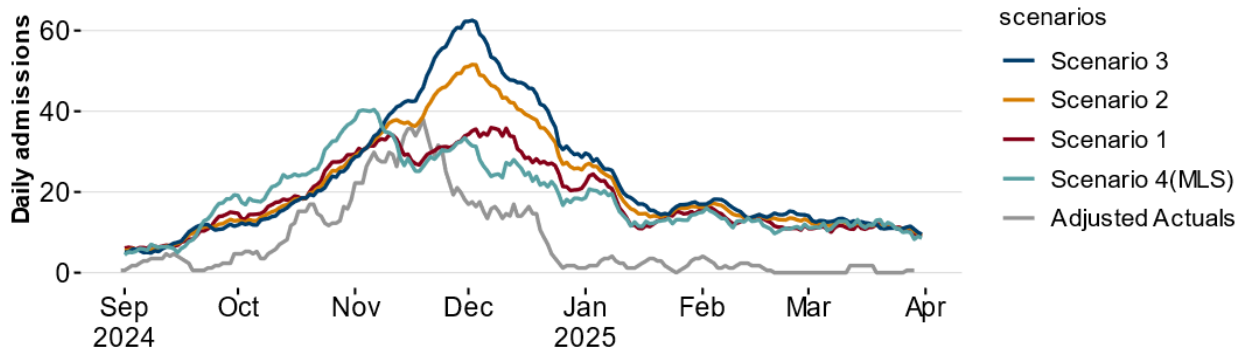


Source: Swansea University modelling (Scenarios 1, 2 3), actuals underlying the MLS to 31 March 2024 provided by DHCW, projected MLS scenarios from 1 September 2024 to 31 March 2025 from SEA.

RSV

Adjusted RSV actuals are currently tracking below the MLS and are at baseline levels.

Figure 10: Daily RSV Winter 2024-25 paediatric (ages 0-4 years) admissions scenarios data until 29 March 2025

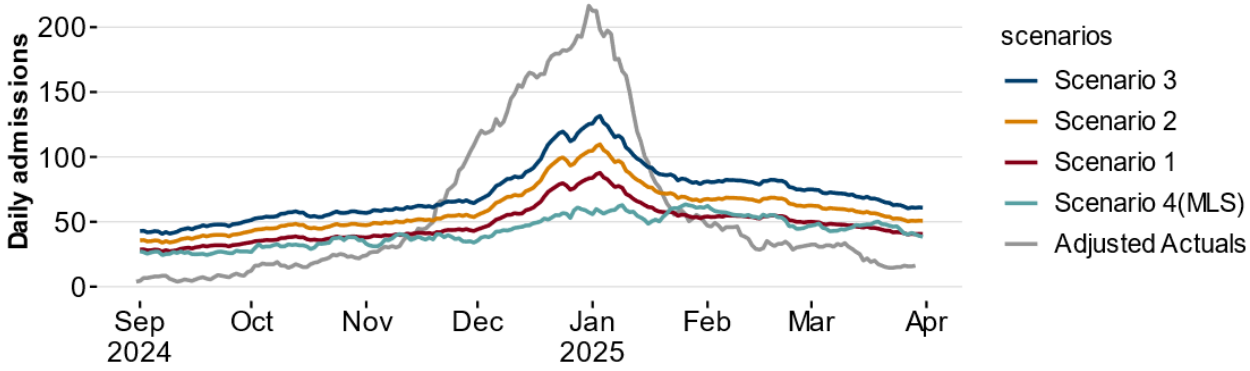


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals 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 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 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

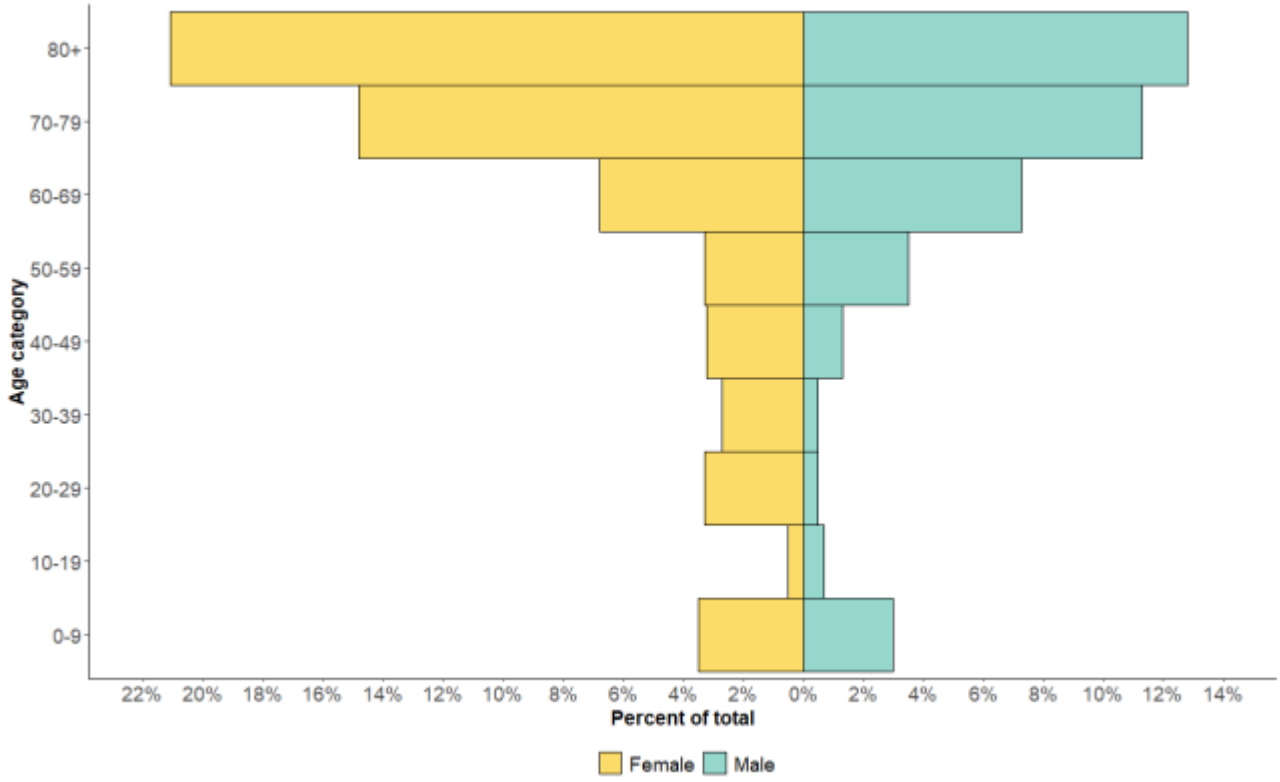
In the current reporting week (week 14 2025), a total of **70** Norovirus confirmed cases were reported in Welsh residents. This is a **decrease (-2.8%)** in reported cases compared to the previous reporting week (week 13 2025), when **72** Norovirus confirmed cases were reported.

In the last 12-week period (13/01/2025 to 06/04/2025) a total of **603** Norovirus confirmed cases were reported in Welsh residents. This is an increase (15.7%) in reported cases compared to the same 12-week period in the previous year (13/01/2024 to 06/04/2024) when **521** Norovirus confirmed cases were reported.

In the last 12 weeks (13/01/2025 to 06/04/2025) **356** (59.0%) confirmed Norovirus cases were female and **246** (40.8%) confirmed cases were male. The age groups with the most cases were the 80+ (204 cases) and 70-79 (157 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 (13/01/2025 to 06/04/2025)



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 14 2025** (13/01/2025 to 06/04/2025). 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 12 April 2025)

12 April 2025

Following successful completion of disease control activities and surveillance in the zone around a premise near Wem, North Shropshire, Shropshire (AIV 2025/05), the 3km protection zone has ended and has now part of the 10km surveillance zone.

Please note, part of the surveillance zone extends into the Wrexham local authority area of Wales.

10 April 2025

Following successful completion of disease control activities and surveillance within the zones surrounding the following premises the 3 km protection zone surrounding these premises have ended and the area that formed them becomes part of a 10 km surveillance zone:

- **second premises near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/28)**
- **third premises near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/29)**

7 April 2025

Extension of the AIPZ with housing measures

From 00:01 on Monday 7 April 2025 the **regional AIPZ** mandating enhanced biosecurity and housing for kept birds currently in force across Cheshire, City of Kingston Upon Hull, East Riding of Yorkshire, Herefordshire, Lancashire, Lincolnshire, Merseyside, Norfolk, North Yorkshire, Shropshire, Suffolk, Worcestershire and York will be extended to cover the following counties:

- Cumbria
- County Durham
- Northumberland
- Tyne and Wear

All bird flu cases and disease control zones

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, the UK is no longer free from highly pathogenic avian influenza.

Find details of all bird flu cases and disease zones in England.

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

	HPAI H5N5	HPAI H5N1
England	1	55
Scotland	0	2
Wales	0	0
Northern Ireland	0	4

E2. Avian Flu in Mexico (up to 11 April 2025)

On 8 April 2025, the Mexican Ministry of Health reported the country's first human death from avian influenza A(H5N1) virus infection. The case involved a three-year-old child from the state of Durango.

This is the first avian influenza A(H5N1) human infection and fatality in Mexico since the virus was first tracked globally in 2003.

The Ministry of Health has notified the World Health Organization (WHO) in line with international protocols and emphasised that, according to current assessments, the risk to the general population remains low.

Environmental monitoring is underway around the patient's residence, including sampling of wild and domestic birds. The Ministry of Agriculture and Rural Development has confirmed that no commercial production units have been recently affected by avian influenza A (H5N1) in any region of the country. To date, 38 human contacts of the case have been sampled and all tested negative.

E3. Ebola disease in Uganda (up to 11 April 2025)

As of 10 April, no new Ebola cases have been reported. All cases (comprising of 12 confirmed and two probable cases) have been discharged and there are no active contacts under follow-up.

The countdown for declaring the outbreak over was initiated on 15 March, following the discharge of the last patient being treated. As of 10 April, 26 days of the 42-day countdown period had been completed.