



Llywodraeth Cymru
Welsh Government

Science Advice Evidence

Weekly Surveillance Report

14 May 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 18 2025, up to 04 May 2025)

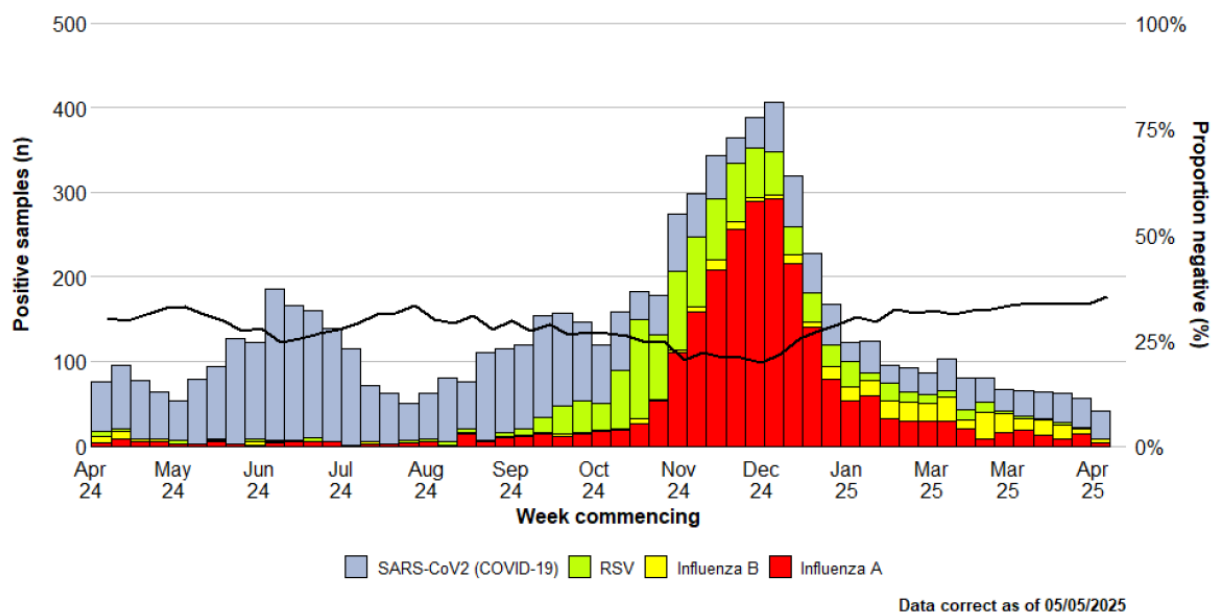
- Overall, COVID-19 confirmed case admissions to hospital **increased** in the most recent week.
- COVID-19 cases who are inpatients have **increased** in the most recent week.
- RSV activity in children under 5 years has **decreased** in the most recent week.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent reporting week.
- Whooping Cough notifications have **decreased** in the most recent week (week 18).
- Scarlet Fever notifications **increased** in the most recent 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 **increased** and the number of cases who were inpatients **increased** in week 17 2025 (to 04 May 2025).
- As at week 17 (latest data available), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to 25 (16 in the previous week) and there were 141 in-patient cases of confirmed COVID-19, one of whom was in critical care compared to 139 and one in the previous week.
- Confirmed cases of positive tests increased to 5.5% in hospital and non-sentinel GP practices in the most recent 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.
- In the last six reporting weeks, LP.8 is the most dominant COVID-19 variant in Wales, accounting for 44.7 % of all sequenced cases.
- The number of ambulance calls recorded referring to syndromic indicators increased from 1,665 in the previous week to 1,704 in the latest reporting week.
- During Week 18, 2025, no ARI outbreaks were reported to the Public Health Wales Health Protection Team.

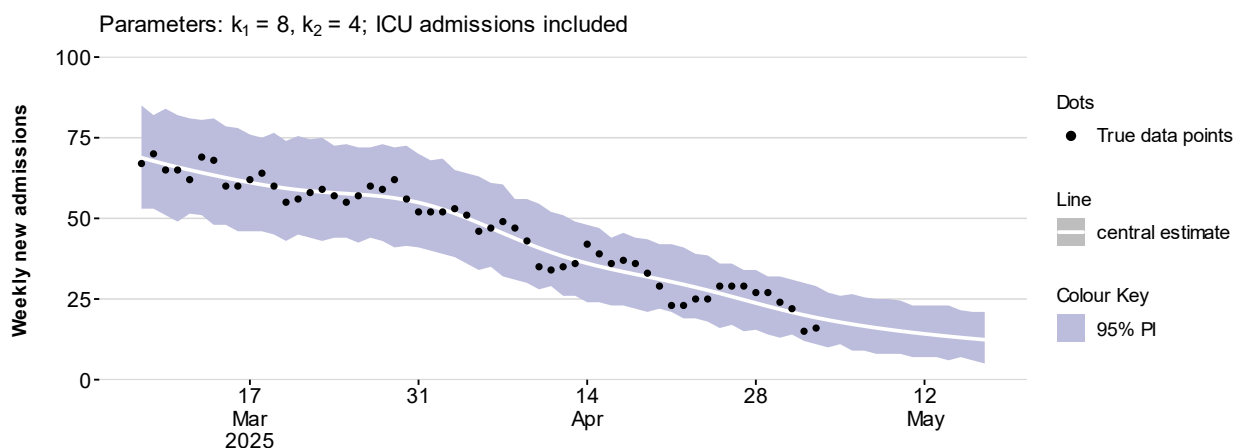
Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 18, 2024 to Week 18, 2025. (source: [PHW](#))



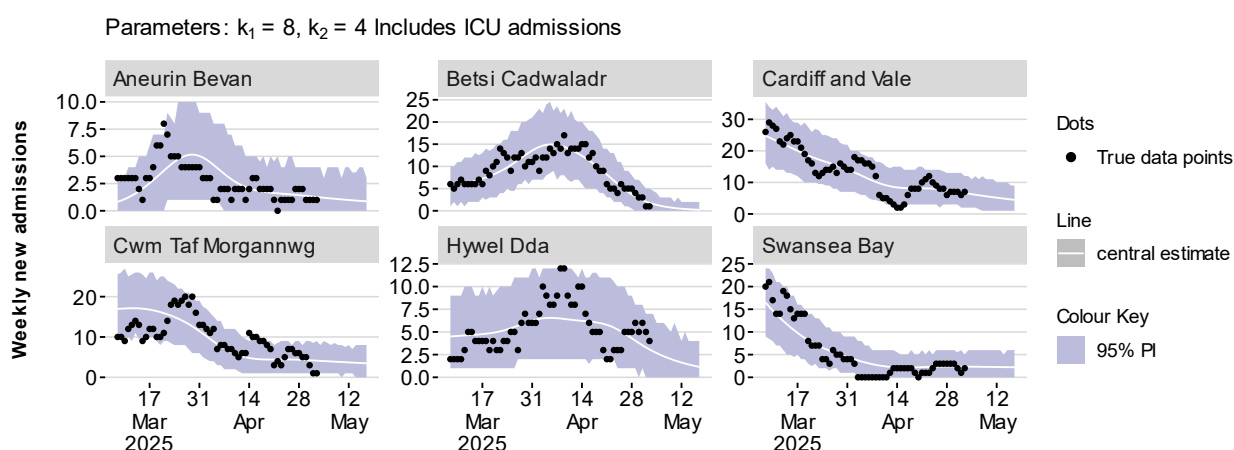
COVID-19 Short Term Projections

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 **03 May 2025** to make short term projections for COVID-19 two weeks forward (**17 May 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 all health boards in Wales over the next two weeks.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 03 May 2025)

Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 03 May 2025)

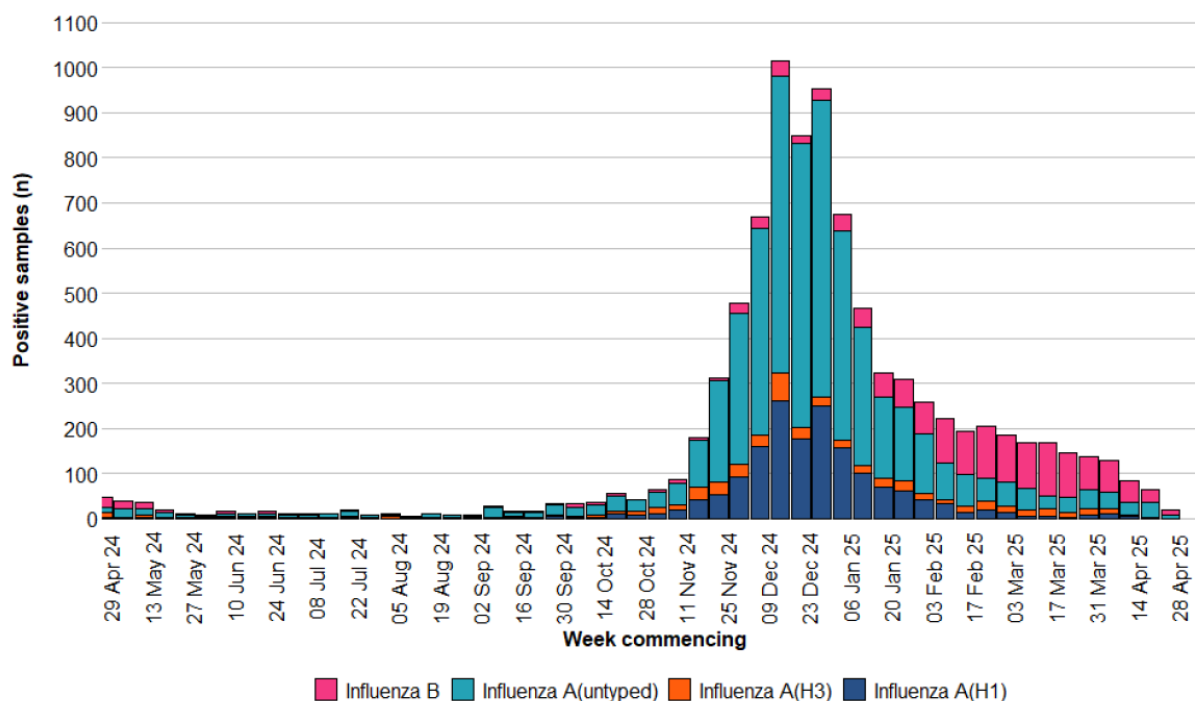
Source: Public Health Wales

B2. Influenza Situation Update

Influenza activity is at low levels and case numbers remain broadly stable but 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 increased in the current week but remain at baseline intensity whilst test positivity has decreased. Influenza A (H1N1) was the most frequently detected type last week.

During week 17 (latest data available) the number of confirmed cases of community acquired influenza admitted to hospital decreased to 13 and there were **54** in-patient cases of confirmed influenza, **2** of whom were in critical care (compared to **81** and **2** in the previous week (week 15)). In the most recent week: nine influenza A untyped and 11 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 18, 2024 to Week 18, 2025



Data correct as of 05/05/2025

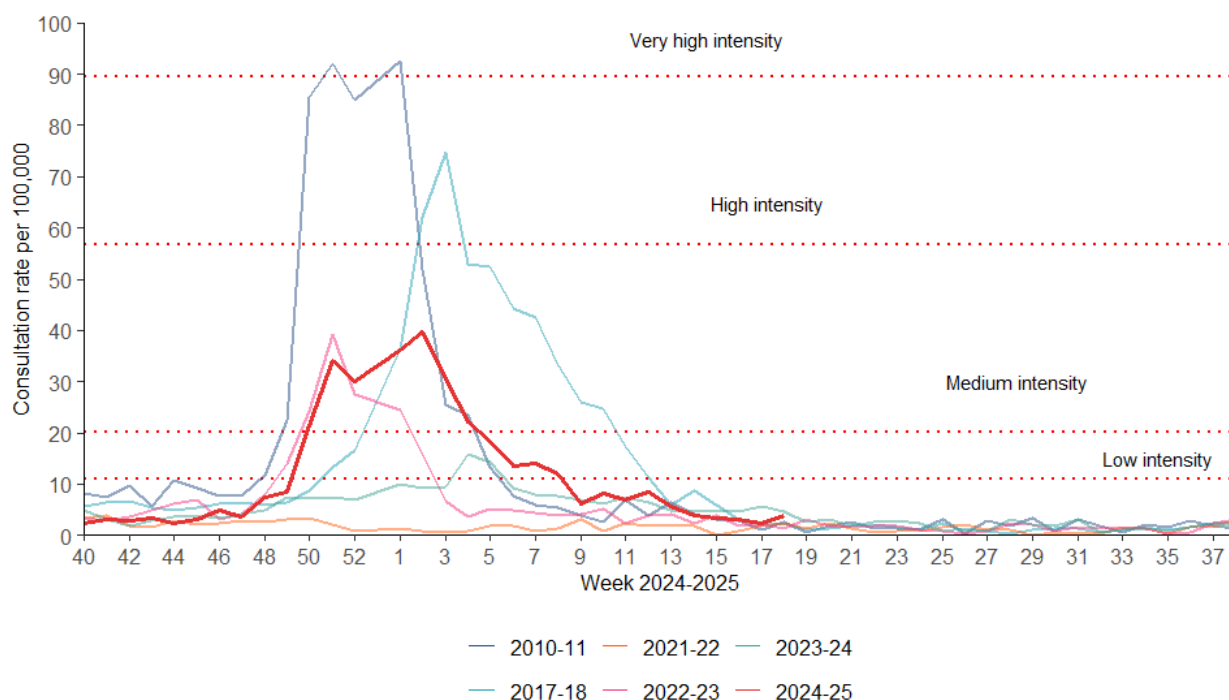
(source: [PHW](#))

The sentinel GP consultation rate for influenza-like illness ILI is at baseline and the three week trend is variable. There were **3.8** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (2.4 consultations per 100,000).

In the most recent week using all available data from general practices there were **9.2** ARI consultations per 100,000 practice population a decrease from 11.9 in the previous week.

Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under five years.

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

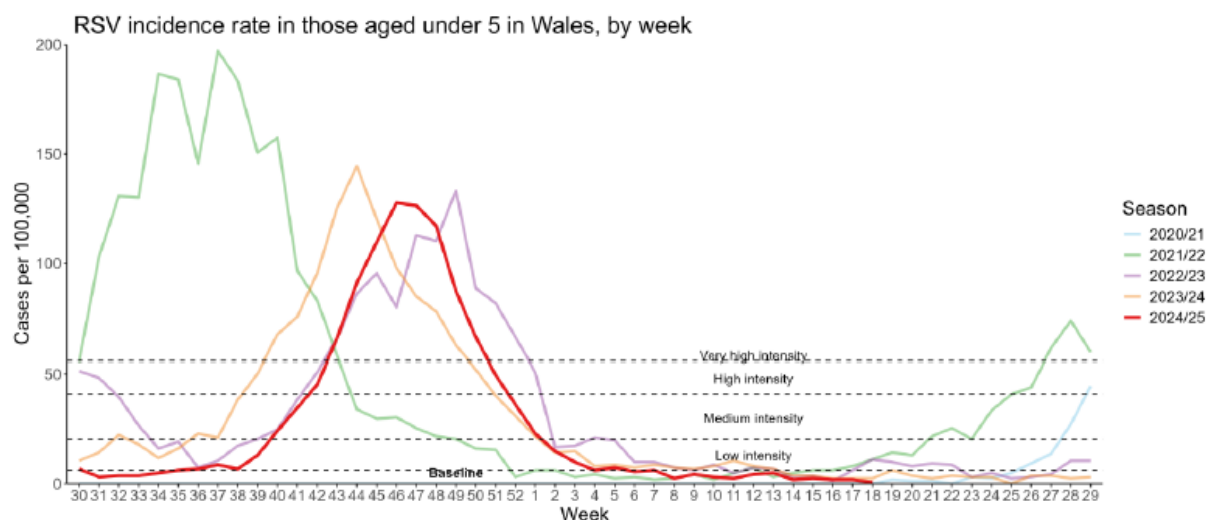


Data correct as of 06/05/2025

B.3. Respiratory Syncytial Virus (RSV) update

RSV incidence in children aged up to 5y is currently at baseline levels. Incidence per 100,000 population in children aged up to 5y **decreased** to **0.6** in the most recent week (**1.9** in the previous week). The number of confirmed cases of community acquired RSV admitted to hospital decreased to one during Week 17 (latest data available).

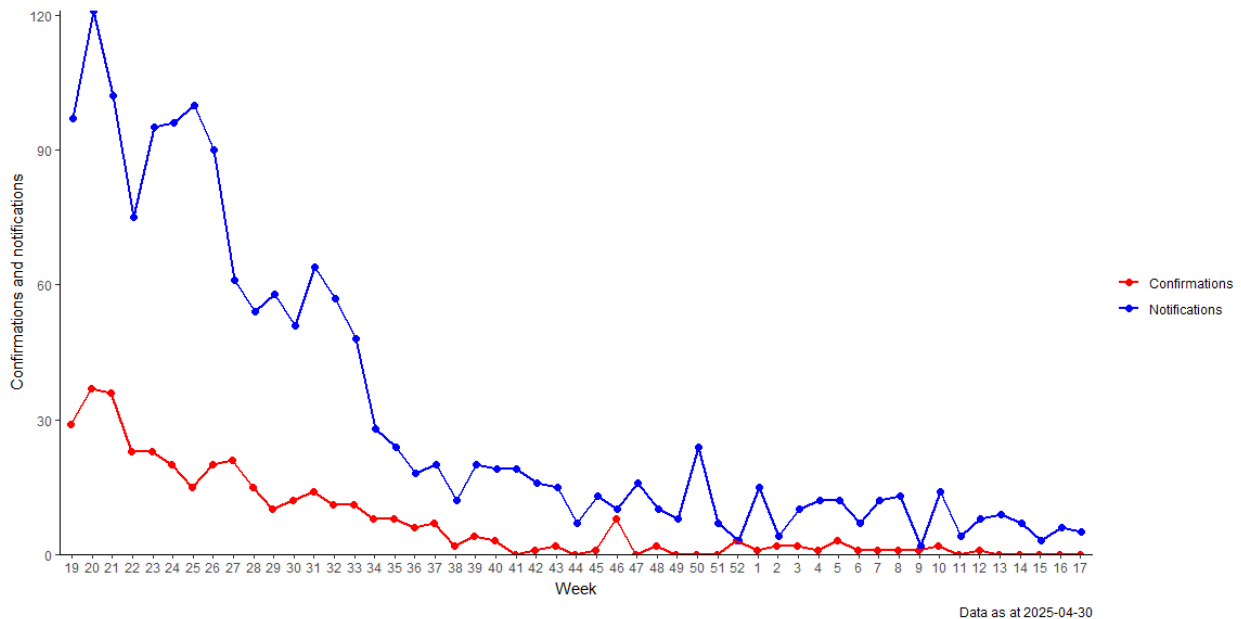
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 18 2025 (source: [PHW](#))



B4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 17 (latest data available) **decreased**, and remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

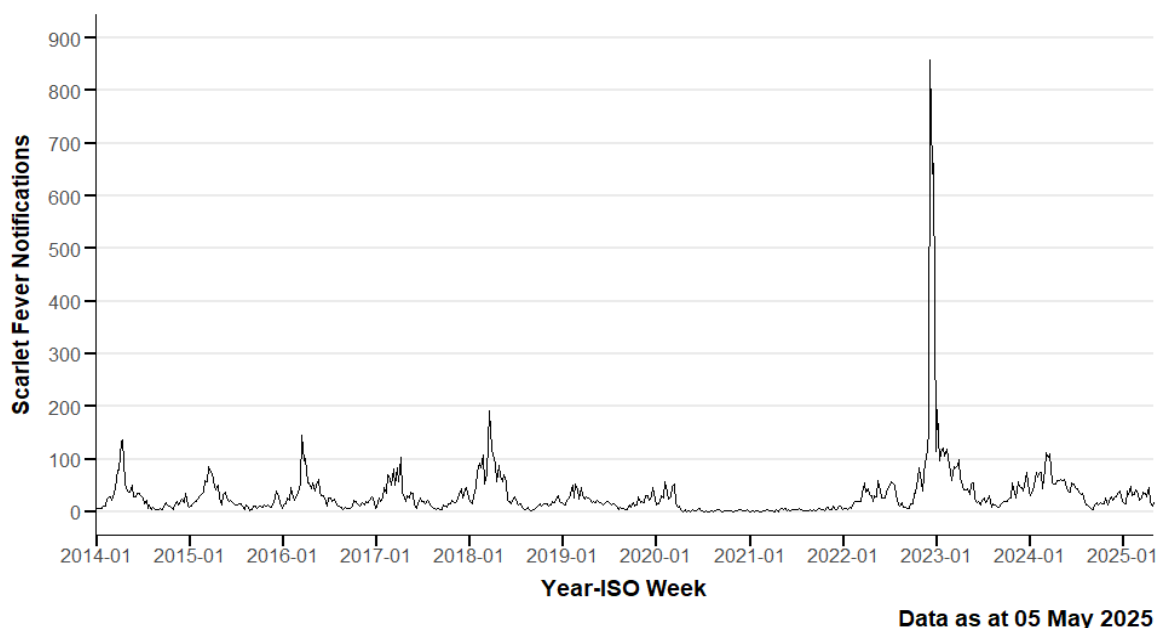
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales.
(Source: [PHW](#))



B.5 iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have further **increased** in the most recent week (week 18) as shown in the figure below (up to 05 May 2025).

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

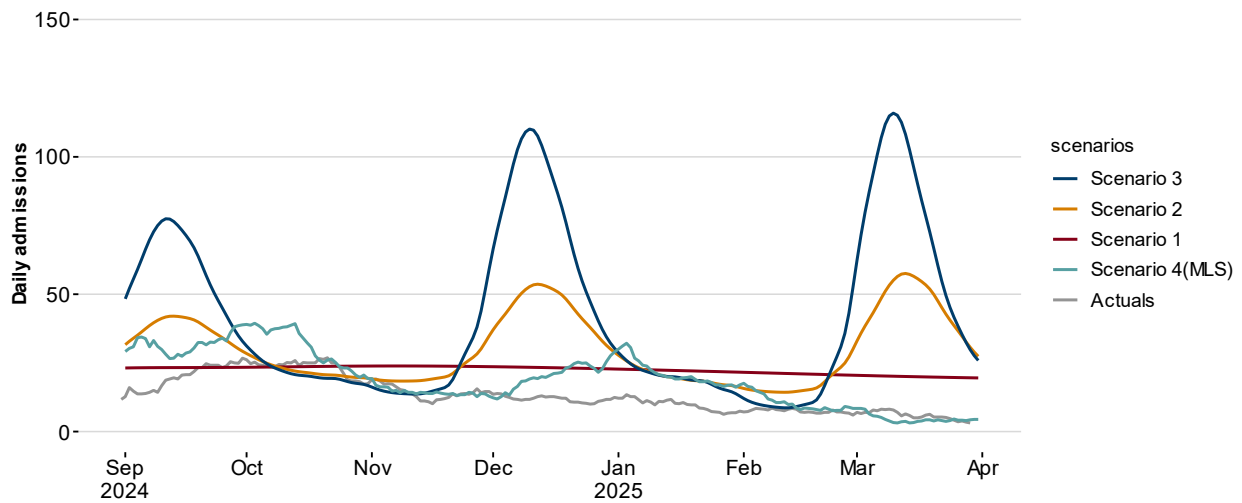


C. Science Evidence Advice Winter Modelling

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 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 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). There has been a downward trend since the new year which has continued through into May.

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.

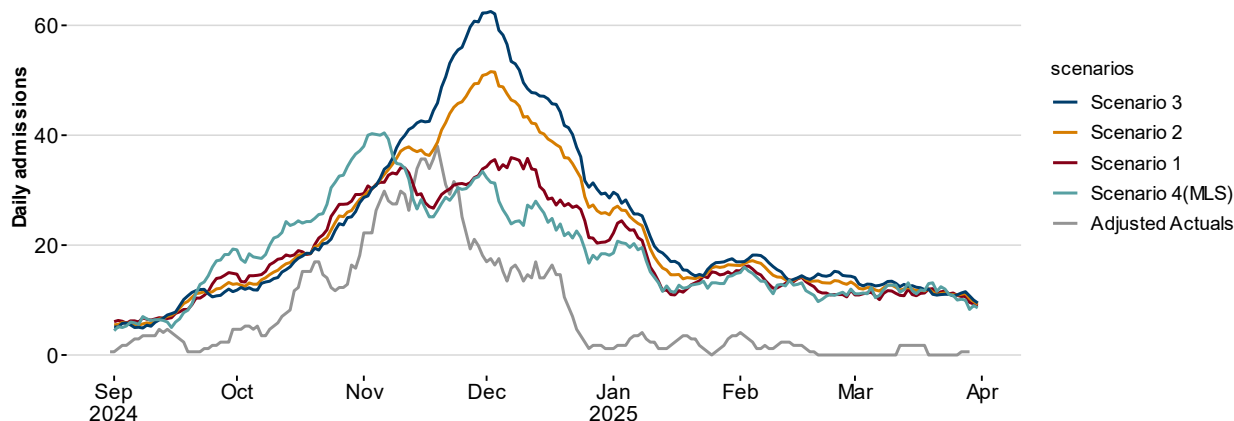
Notes

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.

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

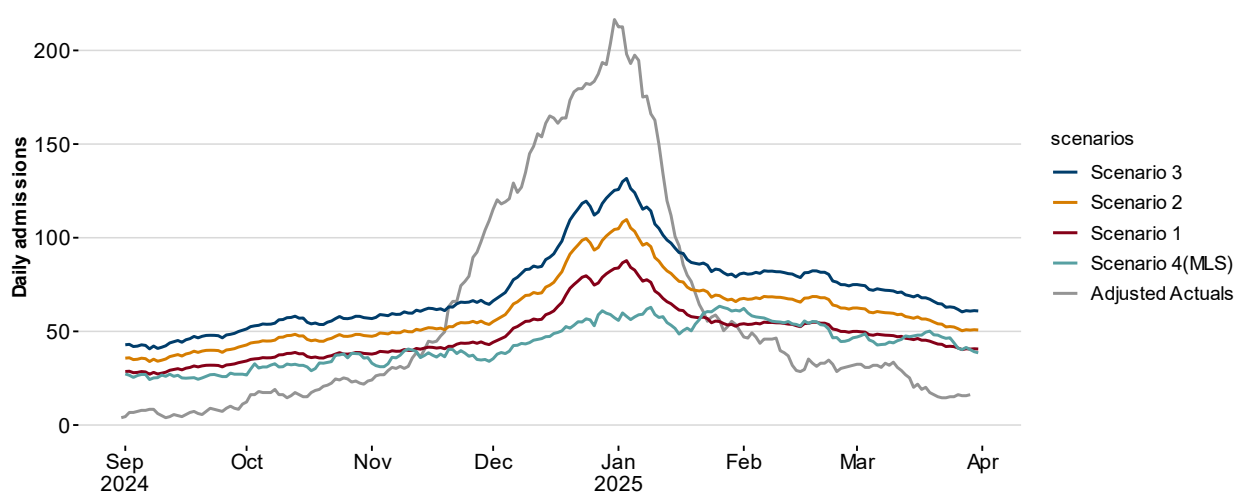


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals have been tracking below the Most Likely Scenario, 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, 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)

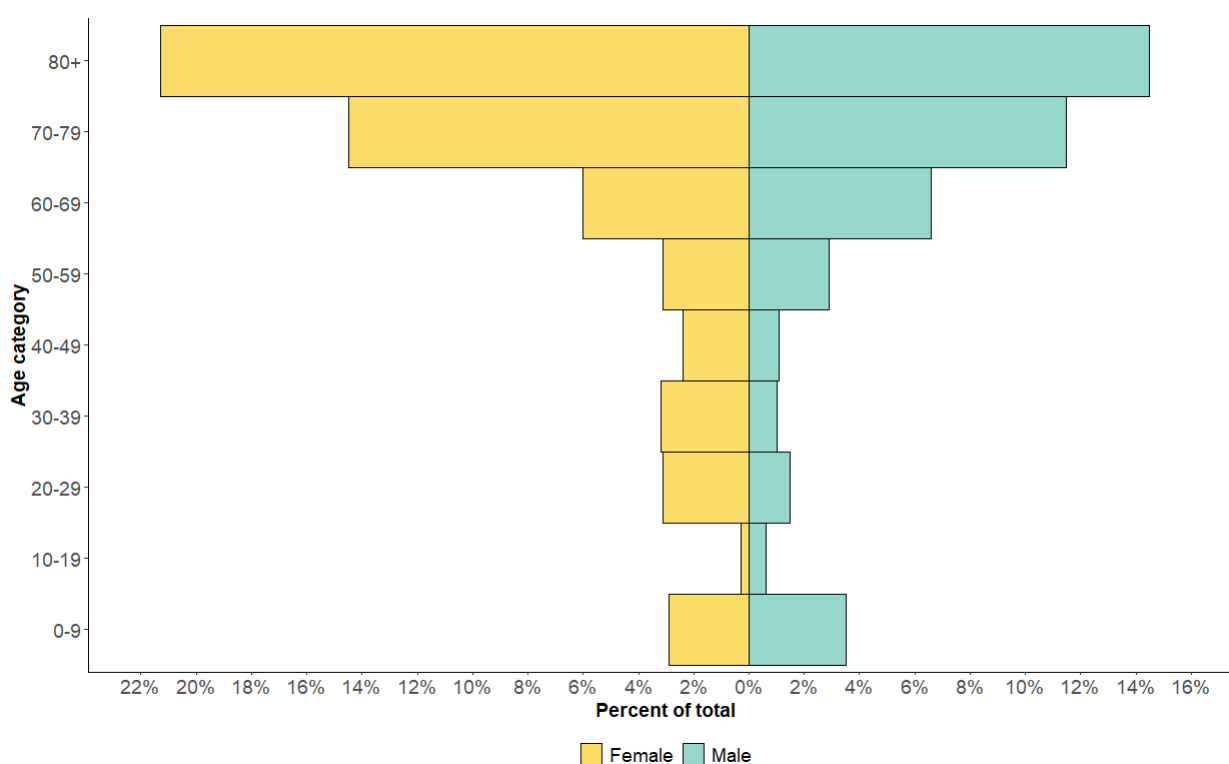
D.1 Norovirus

In the current reporting week (week 18 2025), a total of 21 Norovirus confirmed cases were reported in Welsh residents. This is a decrease (-36.4%) in reported cases compared to the previous reporting week (week 17 2025), when 33 Norovirus confirmed cases were reported.

In the last 12-week period (10/02/2025 to 04/05/2025) a total of 621 Norovirus confirmed cases were reported in Welsh residents. This is an increase (35.6%) in reported cases compared to the same 12-week period in the previous year (10/02/2024 to 04/05/2024) when 458 Norovirus confirmed cases were reported.

In the last 12 weeks (10/02/2025 to 04/05/2025) **352 (56.7%)** confirmed Norovirus cases were female and **268 (43.2%)** confirmed cases were male. The age groups with the most cases were the 80+ (**222 cases**) and 70-79 (**161 cases**) age groups. Sex data were not available for 1 case.

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (10/02/2025 to 04 May 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 18** 2025 (10/02/2025 to 04/05/2025). 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 May 2025)

12 May 2025

Following ongoing monitoring using the latest scientific evidence and risk assessment, bird flu risk levels have been reduced.

Therefore, mandatory housing measures for poultry and captive birds will start to be lifted across England from 00:01 on Thursday 15 May 2025 and birds can be kept outside unless they are in a Protection Zone or Captive Bird Monitoring (Controlled) Zone. Mandatory stringent [biosecurity measures](#) will remain in place nationwide.

As birds may have been housed for several months, there will be a 7 day transition period from 00:01 15 May 2025 until 00:01 22 May 2025 during which, where necessary, previously housed birds must be released gradually to minimise welfare issues.

Poultry keepers who intend to allow their birds outside are advised to use the upcoming days to prepare their outside areas for the safe release of their birds. This will include cleansing and disinfection of hard surfaces, fencing off ponds or standing water and reintroduction of wild bird deterrents.

The Avian Influenza Prevention Zone (AIPZ) mandating strict biosecurity will remain in place in England, Scotland and Wales. Bird gatherings also remain banned

10 May 2025

Following the successful completion of disease control activities and surveillance within the zones surrounding the [seventh premises near Thirsk, Thirsk & Malton, Yorkshire \(AIV 2025/43\)](#), the 3km protection zone has ended.

The area that formed it becomes part of the 10km surveillance zone surrounding this premises.

9 May 2025

Following the successful completion of disease control activities and surveillance within the zones surrounding the [sixth premises near Thirsk, Thirsk & Malton, Yorkshire \(AIV 2025/42\)](#), the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone surrounding this premises.

8 May 2025

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

- [fourth premises near Thirsk, Thirsk and Malton, North Yorkshire \(AIV 2025/32\)](#)
- [premises near Romsey, Test Valley, Hampshire \(AIV 2025/36\)](#)
- [a fifth premises near Thirsk, Thirsk and Malton, North Yorkshire \(AIV 2025/38\)](#)

E2. [Avian Flu in Mexico and Ho Chi Minh City](#): (up to 6 May 2025)

There has been no further update regarding the previously reported fatal case of Avian Flu in Mexico.

There has been no further update regarding the human case of avian influenza A (H5N1) in Ho Chi Minh City.

E3. [Ebola disease in Uganda](#) (up to 6 May 2025)

On 26 April 2025, the Ministry of Health in Uganda declared the end of the Ebola outbreak. Overall, during the outbreak, 12 confirmed and two probable cases were reported, including four deaths (two confirmed and two probable cases) (case-fatality rate (CFR) 28.6%). Cases were reported from Jinja, Kampala, Kyegegwe, Mbale, Ntoroko, and Wakiso regions.

E4. [Chikungunya virus disease in Réunion, France](#) (up to May 9 2025)

Since the beginning of the year, and as of 4 May 2025, more than 47 500 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since the beginning of the outbreak, 12 deaths in individuals over the age of 70 with comorbidities were classified as chikungunya virus disease related.