Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

28 May 2025

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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 20 2025, up to 18 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 remained stable (within baseline levels) in the most recent week.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **increased** in the most recent week (week 20).
- Whooping Cough notifications have **decreased** in the most recent reporting week (week 19).
- Scarlet Fever notifications **decreased** in the most recent week (week 20).

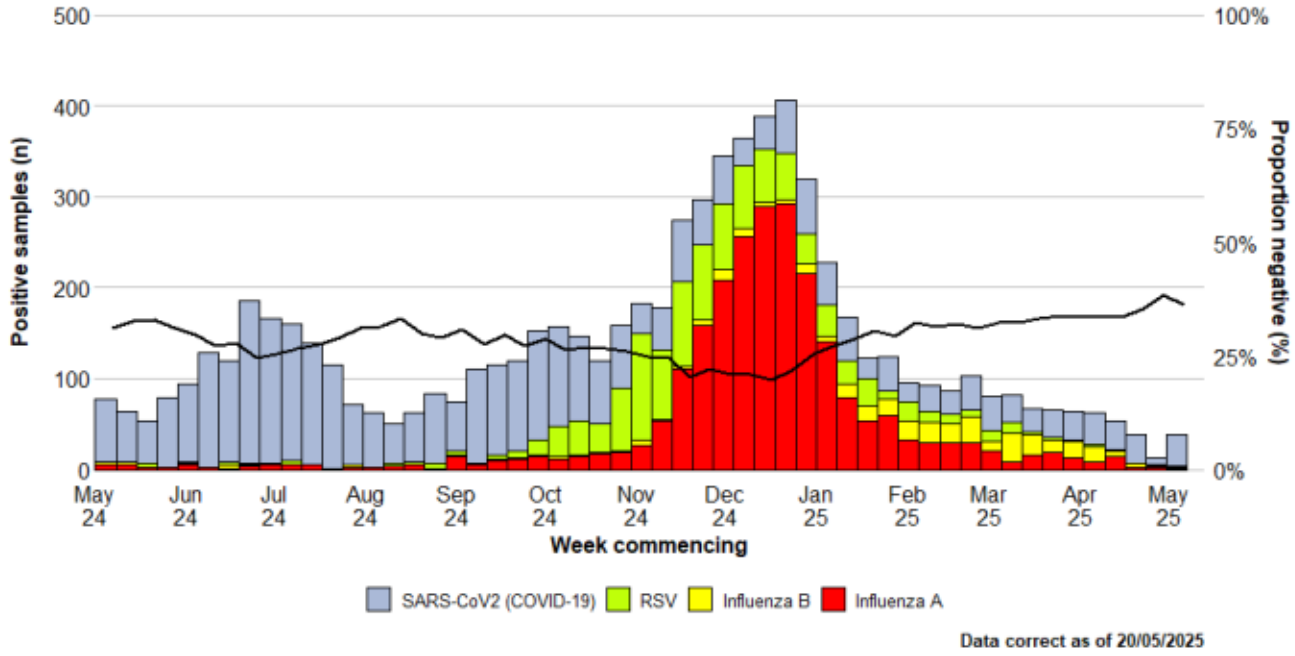
B. Acute Respiratory Infections Situation Update

B.1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **increased** and the number of cases who were inpatients **increased** in week 20 2025 (to 18 May 2025).
- As of 18 May 2025 (week 20), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to 28 (21 in the previous week). There were 112 in-patient cases of confirmed COVID-19, two of whom were in critical care compared to 104 and one in the previous week.
- Confirmed cases of positive tests decreased to 2.0% in hospital and non-sentinel GP practices in the most recent week compared with 2.9% in the previous week. Consultations with sentinel GPs for COVID-19 decreased 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 weeks, **Omicron LP.8** is the most frequently detected COVID-19 variant in Wales, accounting for **44.7** % of all sequenced cases.

- The number of ambulance calls recorded referring to syndromic indicators decreased from **1,663** in the previous week to **1,625** in the latest reporting week.
- During week 20 2025, **1** ARI outbreak was reported to the Public Health Wales Health Protection Team. The incident was Acute Respiratory Illness. The incident was in a Residential Home.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 20, 2024 to week 20, 2025. (source: PHW)

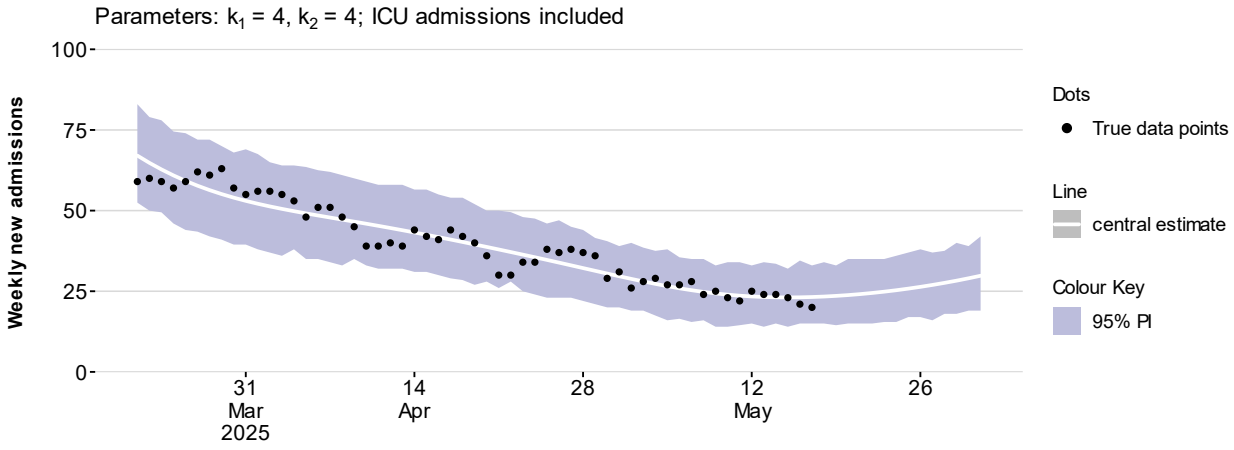


COVID-19 Short Term Projections

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.

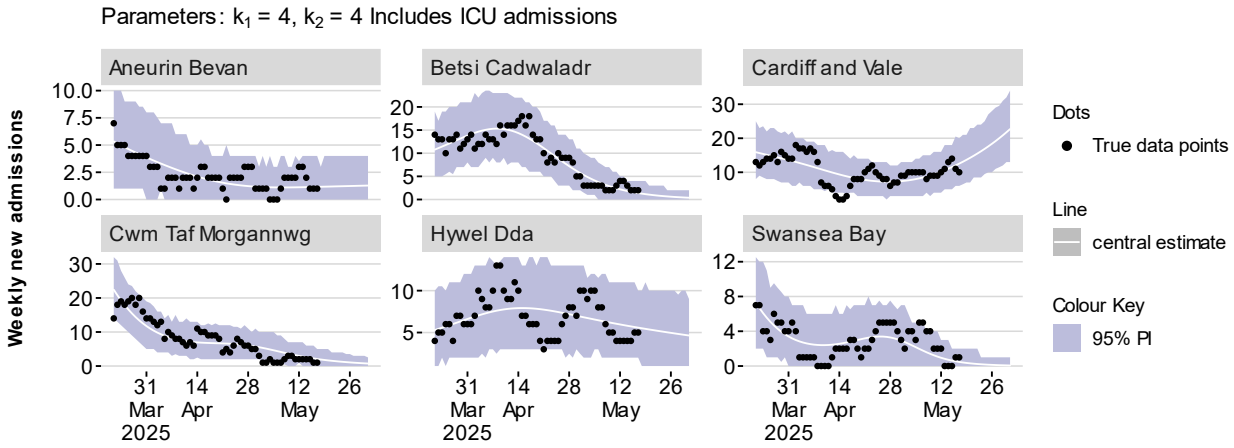
The COVID-19 STPs uses admissions data from PHW until **17 May 2025** to make short term projections for COVID-19 two weeks forward **(31 May 2025)**. The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval of the projections with light purple showing the most recent projection and dark purple showing the oldest. The STPs for Wales show that COVID-19 admissions are projected to rise slightly over the next two-week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease or plateau in health boards in Wales except for Cardiff and Vale health board where an increase 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 17 May 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 17 May 2025)



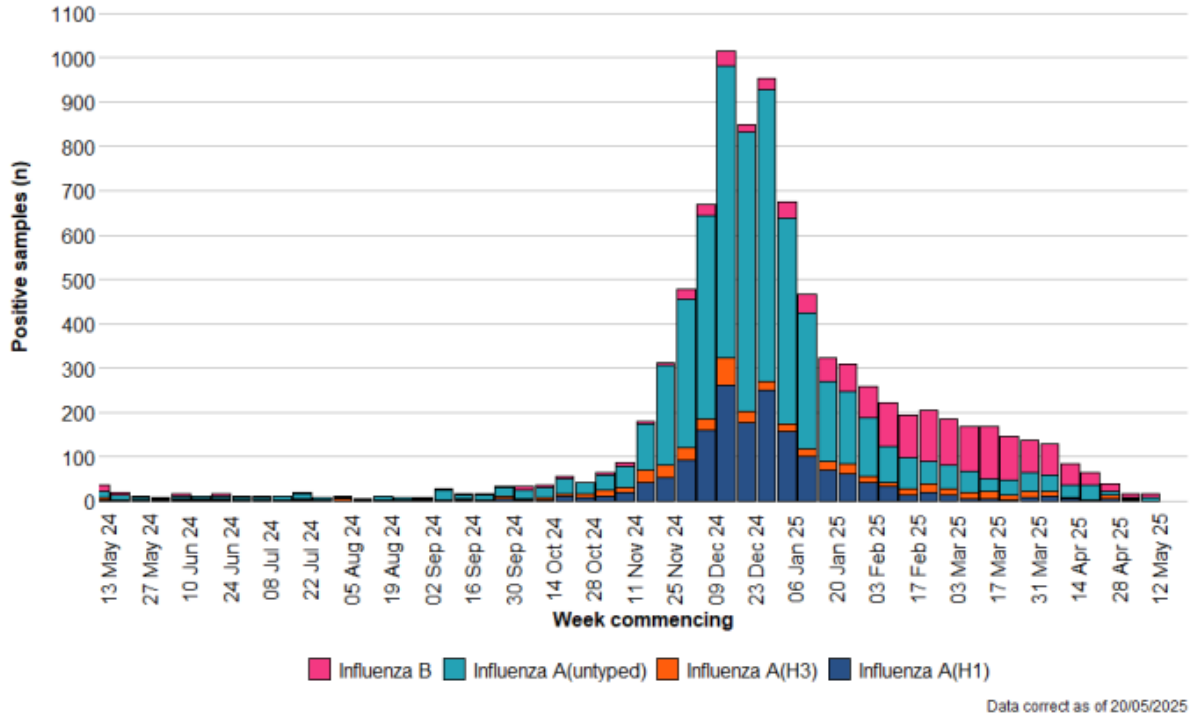
Source: Public Health Wales

B.2. Influenza Situation Update

Influenza circulation has returned to baseline levels. GP consultations for influenza-like illness increased but remained at baseline intensity. Confirmed case numbers have decreased in the current week, as has test positivity. Influenza B was the most frequently detected type last week.

During the week ending 18 May the number of confirmed cases of community acquired influenza admitted to hospital decreased to 2 and there were **13** in-patient cases of confirmed influenza, none of whom were in critical care (compared to **33** and none in the previous week). In week 20 2025, there were zero confirmed cases of influenza A(H3), zero of influenza A(H1N1), 9 influenza A untyped and 8 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 20, 2024 to week 20, 2025 (source: PHW)

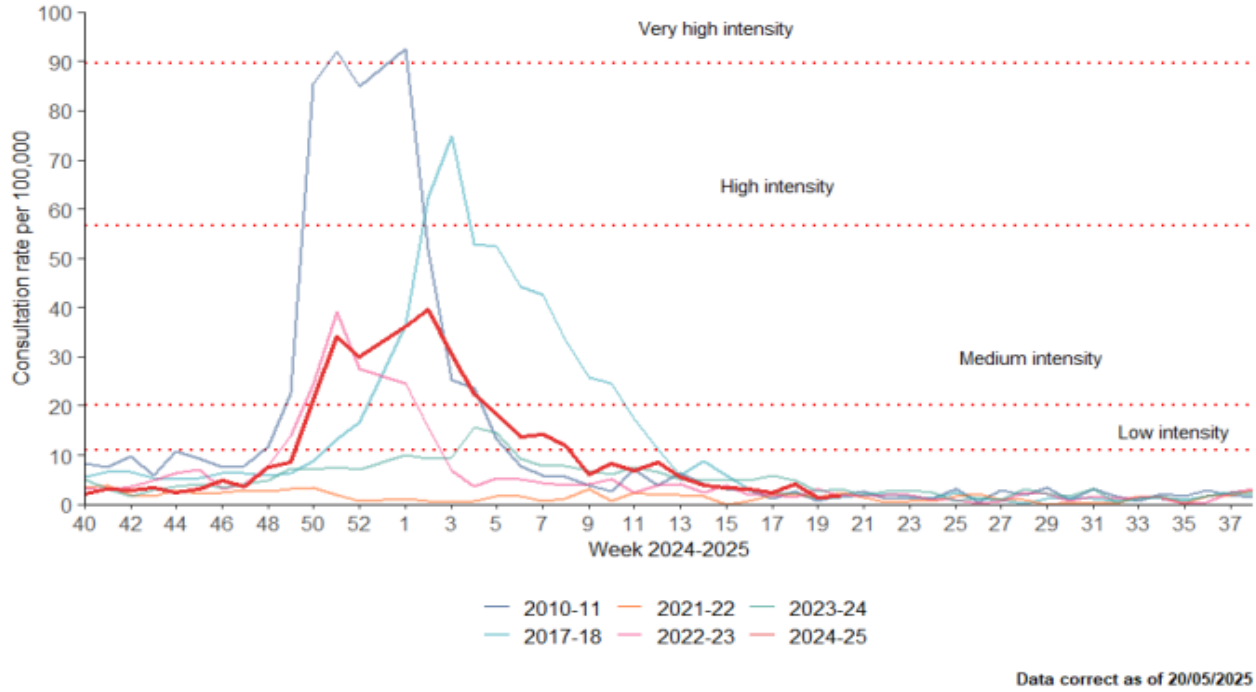


The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable.

There were **1.7** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (1.5 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 7.8 ARI consultations per 100,000 practice population, a decrease from 8.9 in the previous week. The highest rates were found in people aged under 1 year (383.9) followed by people aged 1 to 4 (165.5) and people aged 75+ (82).

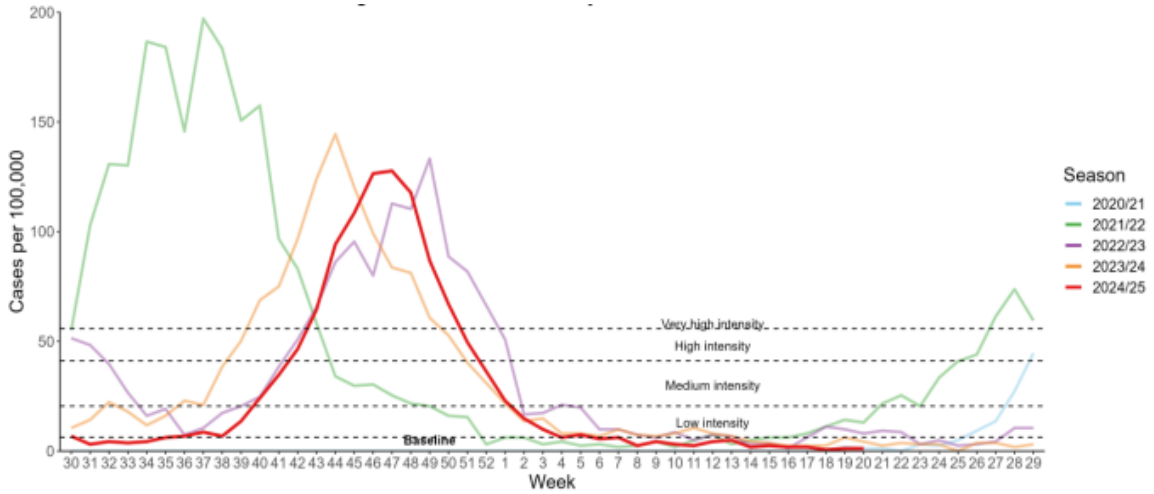
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



B.3. Respiratory Syncytial Virus (RSV) update

RSV incidence in children aged under 5 years is currently at baseline levels. Incidence per 100,000 population in children aged up to 5 years **remained stable** at **1.2** in the most recent week. The number of confirmed cases of community acquired RSV admitted to hospital decreased to zero during week 20. In the most recent week, there were **two** in-patient cases of confirmed RSV, none in critical care.

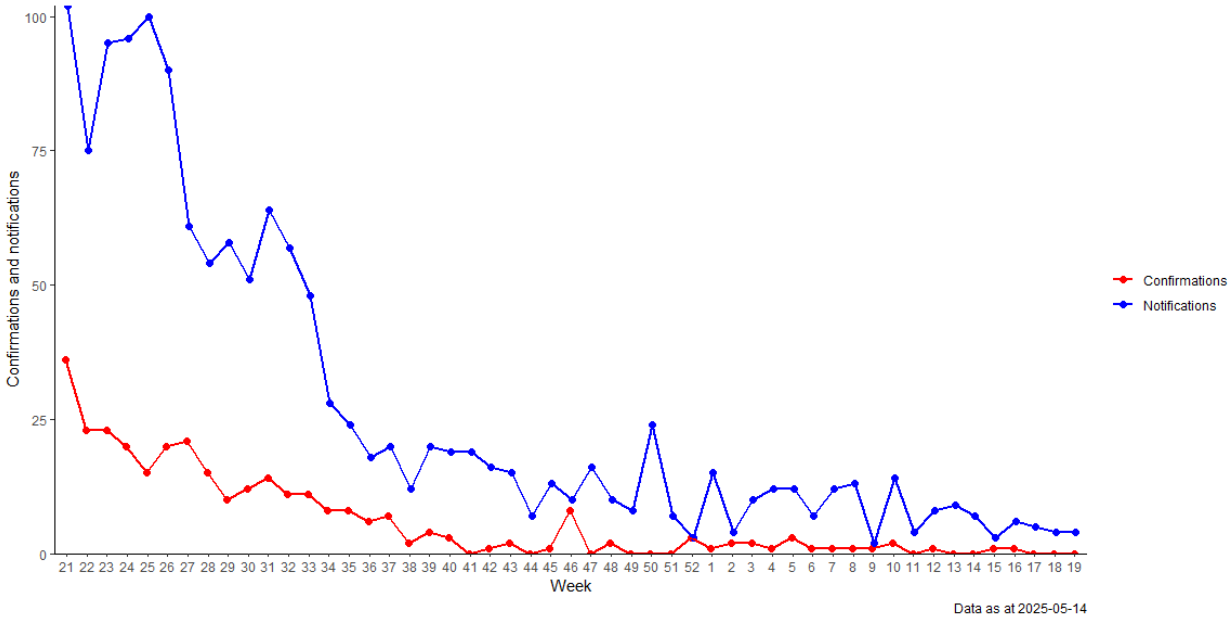
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 20 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 19 **decreased** and remain at low levels. (Whooping cough is now reported on every two weeks).

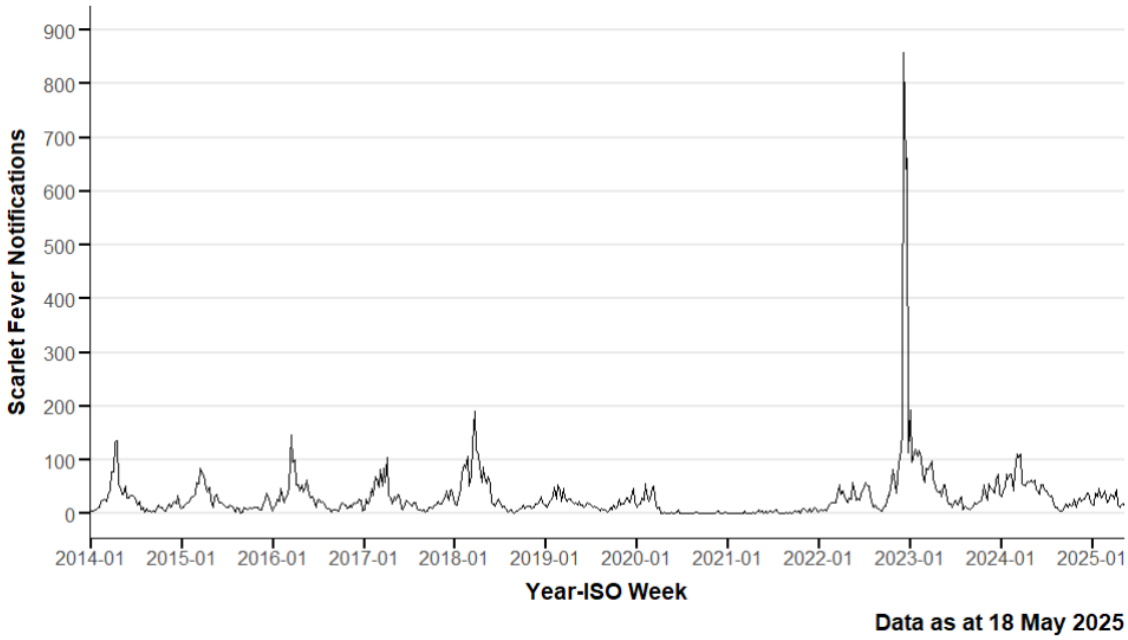
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



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 20) as shown in the figure below (up to 18 May 2025).

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



C. Science Evidence Advice Winter Modelling

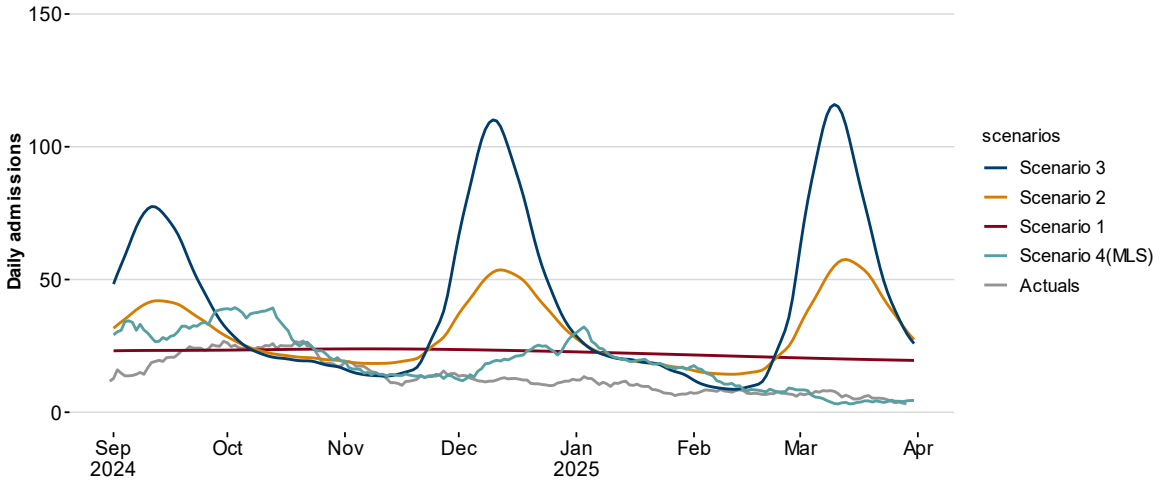
The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for Winter 2024-25. This used analysis of historical data and projects forward to estimate hospital demand throughout winter 2024/25, contributing to winter planning for NHS Wales. 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 tracked alongside scenario 4 which is the Most Likely Scenario (MLS). There was a downward trend since the new year which continued through to March.

Figure 9 Daily COVID-19 Winter 2024-5 admissions scenarios, data until 29 March 2025



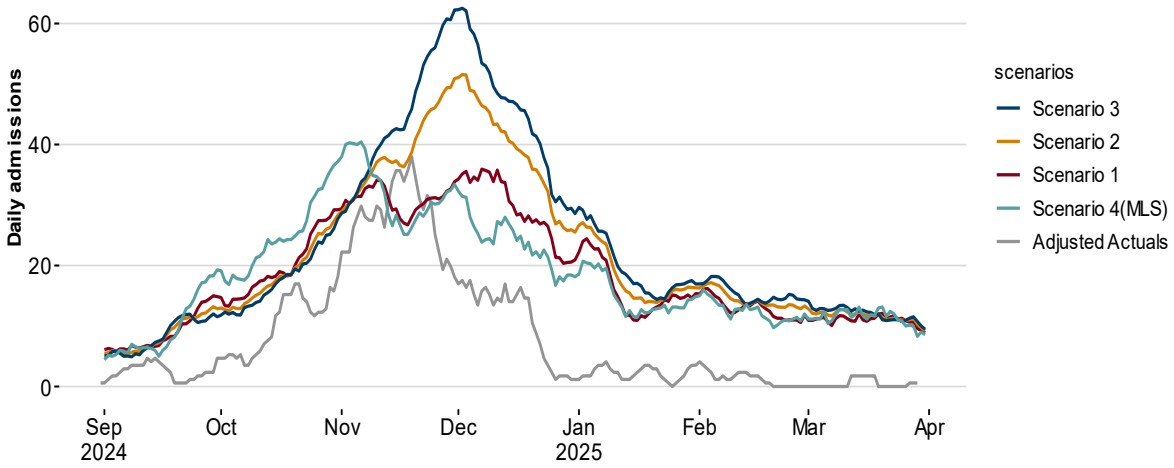
Source: Swansea University modelling (Scenarios 1, 2 3), actuals underlying the MLS to 31 March 2024 provided by DHCW, projected MLS scenarios from 1 September 2024 to 31 March 2025 from SEA.

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 tracked below the MLS at baseline levels.

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

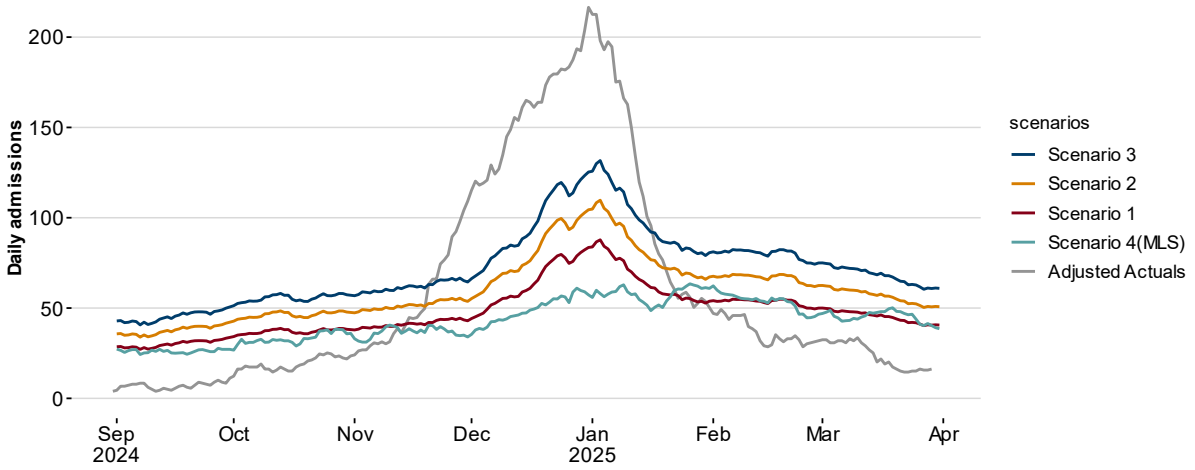


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Influenza and Pneumonia

Adjusted Influenza and pneumonia actuals tracked below the Most Likely Scenario, reflecting the sharp decrease in flu admissions as we 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 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

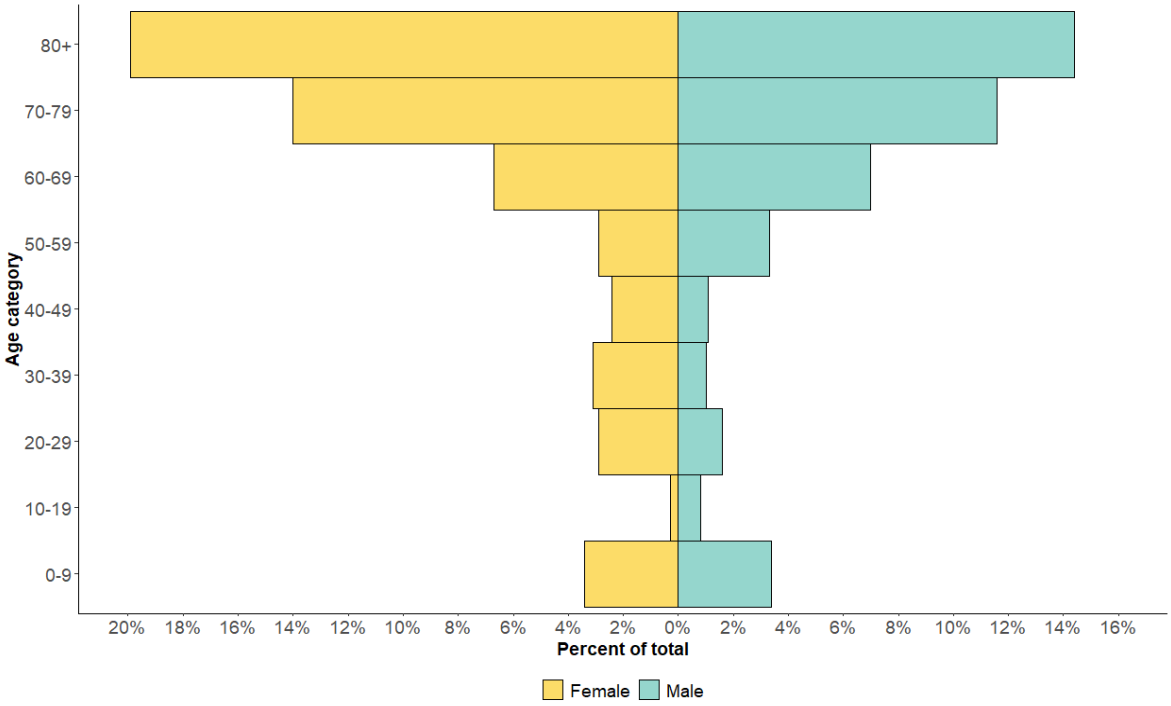
In the current reporting week (week 20 2025), a total of **47** Norovirus confirmed cases were reported in Welsh residents. This is an increase **(20.5%)** in reported cases compared to the previous reporting week (week 19 2025), when **39** Norovirus confirmed cases were reported.

In the last 12-week period (24/02/2025 to 18/05/2025) a total of **618** Norovirus confirmed cases were reported in Welsh residents. This is an increase **(35.5%)** in reported cases compared to the same 12-week period in the previous year (24/02/2024 to 18/05/2024) when **456** Norovirus confirmed cases were reported.

In the last 12 weeks (24/02/2025 to 18/05/2025) **334 (54.0%)** confirmed Norovirus cases were female and **283 (45.8%)** confirmed cases were male. The age groups with the most cases were the 80+ (**215** cases) and 70-79 (**160** 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 (24/02/2025 to 18/05/2025)



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 20 2025 (24/02/2025 to 18/05/2025). 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 28 May 2025)

22 May 2025

Mandatory housing measures have been lifted in the avian influenza prevention zone (AIPZ) in England.

The AIPZ with mandatory biosecurity measures remains in place in England, Scotland and Wales. Poultry gatherings also remain banned.

You can let your birds outside again unless you're in a protection zone or captive bird (monitoring) controlled zone. All keepers must continue to follow strict biosecurity measures.

You should follow guidance on preparing to let your birds outside again. This includes cleansing and disinfecting hard surfaces, fencing off ponds or standing water and reintroducing wild bird deterrents.

The lifting of housing measures is in response to a reduction in bird flu risk levels and is supported by the latest scientific evidence.

18 May 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in other captive birds at a premises near Pokesdown, Bournemouth, Christchurch and Poole, Dorset (AIV 2025/44).

A 3km captive bird (monitoring) controlled zone has been declared surrounding the premises. The affected birds on the premises will be humanely culled.

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

	HPAI H5N5	**HPAI H5N1**
England	1	57
Scotland	0	2
Wales	0	0
Northern Ireland	0	4

E.2. Avian Flu in China (23 May)
There has been no further update regarding Avian Flu in China, since the last report on the 16th of May.

E.3. Autochthonous chikungunya virus disease – Réunion and Mayotte, France (23 May)
In August 2024, France reported the first autochthonous case of chikungunya virus disease in 10 years in Réunion, with onset of symptoms on 12 August. Since the beginning of the year and as of 18 May 2025, close to 51 000 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion.

Since week 17, a decrease in surveillance indicators has been observed. The estimated number of primary care visits and emergency department visits for chikungunya virus disease on week 20 was 4 730 and 116, respectively. This represents a 42% decrease in

primary care visits and 30% decrease in emergency department visits, compared with week 19, but data are still being consolidated. Cases have been reported in all municipalities.

E.4. Measles in Europe (23 May)

There has been no further update regarding measles in Europe, since the last report on the 16th of May.