



Llywodraeth Cymru  
Welsh Government

# Science Evidence Advice

Weekly Surveillance Report

10 June 2025



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## Science Evidence Advice: Weekly Surveillance Report

### A. Top Line Summary (as at week 22 2025, up to 01 June 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 **remained stable** at zero 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 week (week 22).
- Whooping Cough notifications have **slightly increased** in week 21 (the most recent reporting week).
- Scarlet Fever notifications **decreased** in the most recent week (week 22).

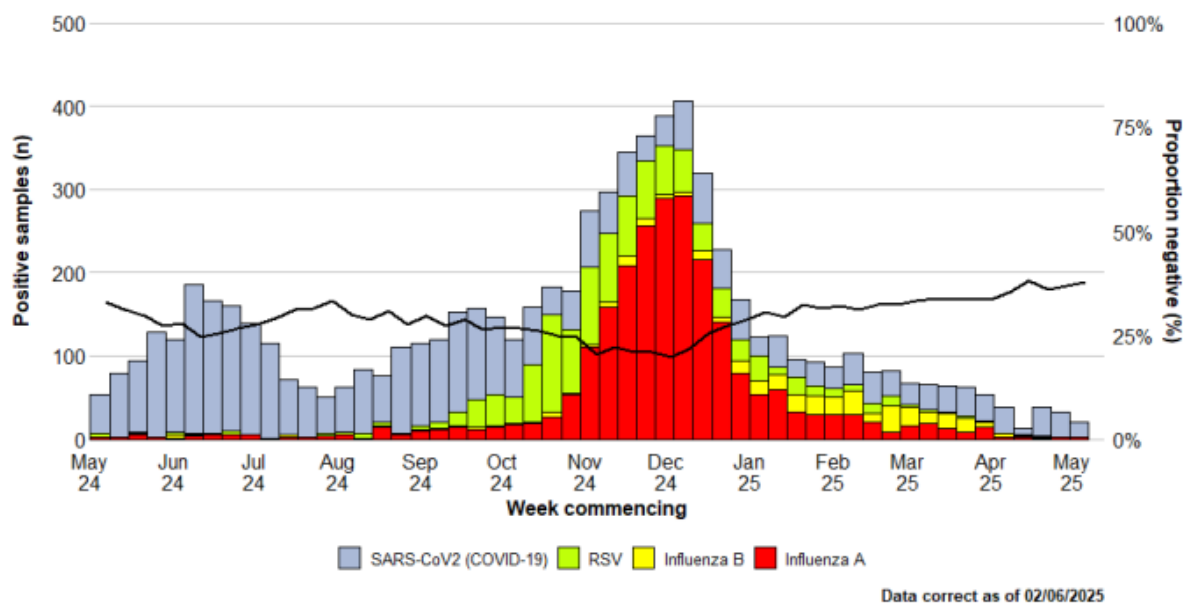
### B. Acute Respiratory Infections Situation Update

#### B.1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **remained stable** and the number of cases who were inpatients **decreased** in week 22 (to 01 June 2025).
- As at 01 June 2025 (week 22), the number of confirmed cases of community acquired COVID-19 admitted to hospital **remained stable** at 22 and there were 117 in-patient cases of confirmed COVID-19, three of whom were in critical care compared to 126 and two in the previous week.
- Confirmed cases of positive tests **increased** to 6.5% in hospital and non-sentinel GP practices in the most recent week compared with 5.5% 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 **increased** from **1,587** in the previous week to **1,725** in the latest reporting week.
- During week 22 2025, 4 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, one was Rhinovirus, one was Covid-19, one was Influenza-Like Illness, and one was Parainfluenza. Three were in a Residential Home and one in 'Other' settings.

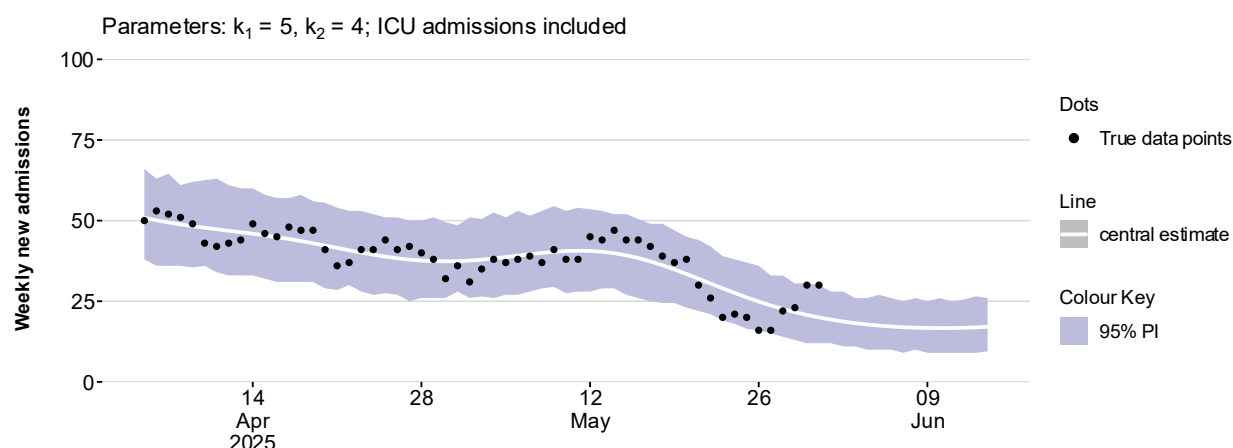
**Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 22, 2024 to week 22, 2025. (source: PHW)**



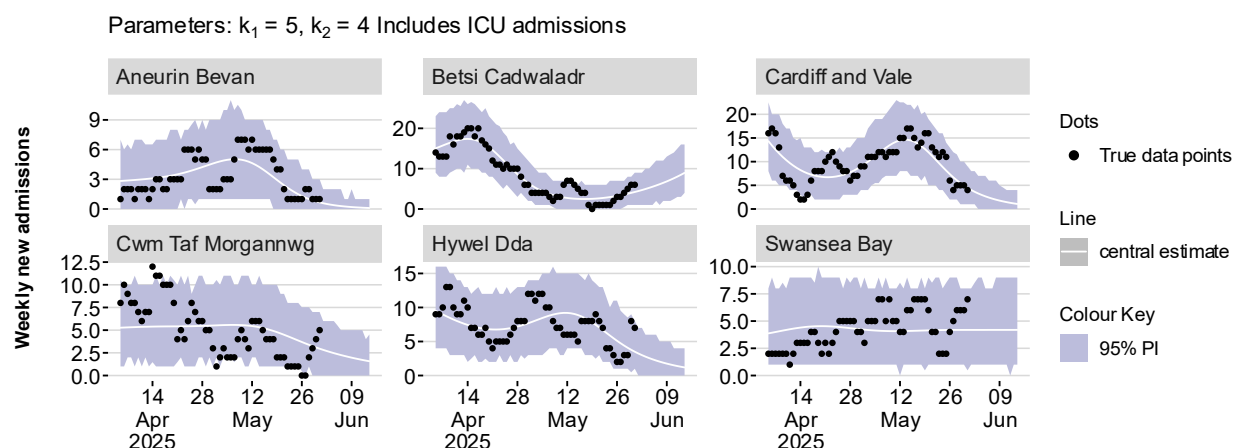
### COVID-19 Short Term Projections

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 **31 May 2025** to make short term projections for COVID-19 two weeks forward (**14 June 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 health boards in Wales except for Betsi Cadwaladr 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 31 May 2025)**

Source: Public Health Wales

**Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 31 May 2025)**

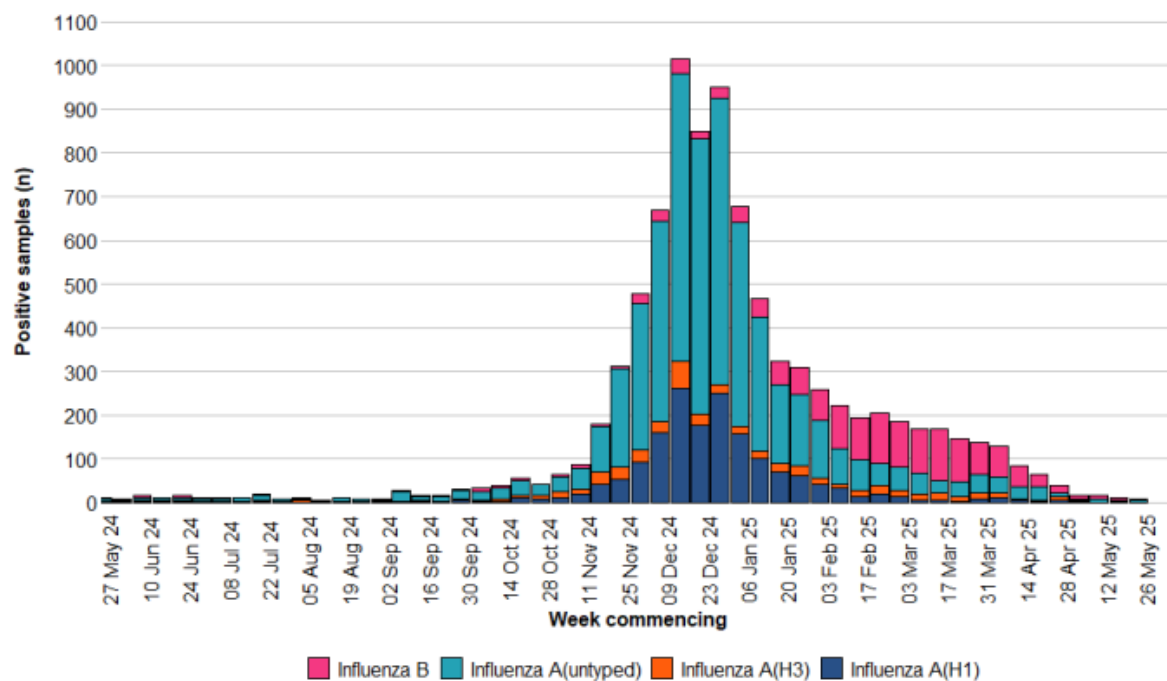
Source: Public Health Wales

## B.2. Influenza Situation Update

Influenza activity is at baseline levels and case numbers remain broadly stable. GP consultations for influenza-like illness decreased and remained at baseline intensity. Confirmed cases of community acquired influenza admitted to hospital decreased in the current week. Test positivity remained stable at 0.6%. Influenza A untyped was the most frequently detected type last week.

During week 22, ending 01 June the number of confirmed cases of community acquired influenza admitted to hospital **decreased** to 3 and there were **8** in-patient cases of confirmed influenza, **none** of whom were in critical care (compared to **11** and **0** in the previous week). In week 22 2025, there were zero confirmed cases of influenza A(H3), zero confirmed cases of influenza A(H1N1), 6 influenza A untyped and 2 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 22, 2024 to week 22, 2025 (source: [PHW](#))**



Data correct as of 02/06/2025

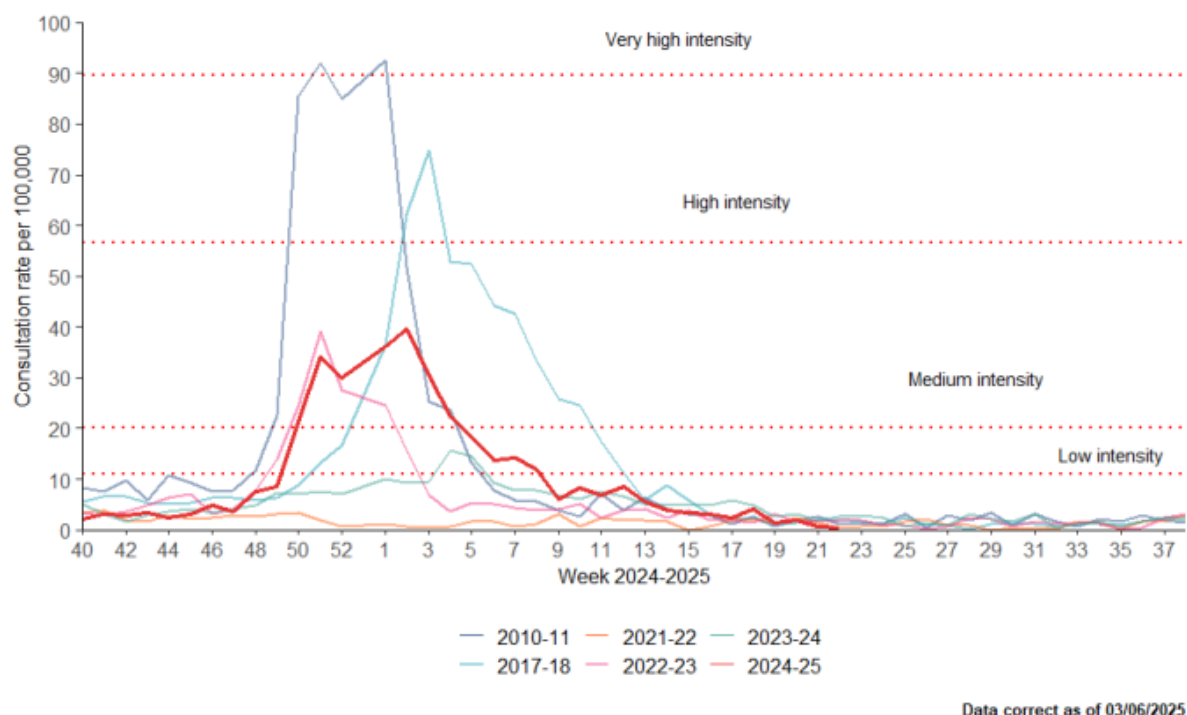
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three week trend is decreasing.

There were **0.5** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (0.7 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 8.6 ARI consultations per 100,000 practice population, stable compared to 8.5 in the previous week. The highest rates were found in people aged under 1 year (174.8) followed by people aged 1 to 4 (79.3) and people aged 75+ (43.1).

Surveillance indicators for acute respiratory infections in GP consultation data in Wales are decreasing in people aged under 5 years.

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

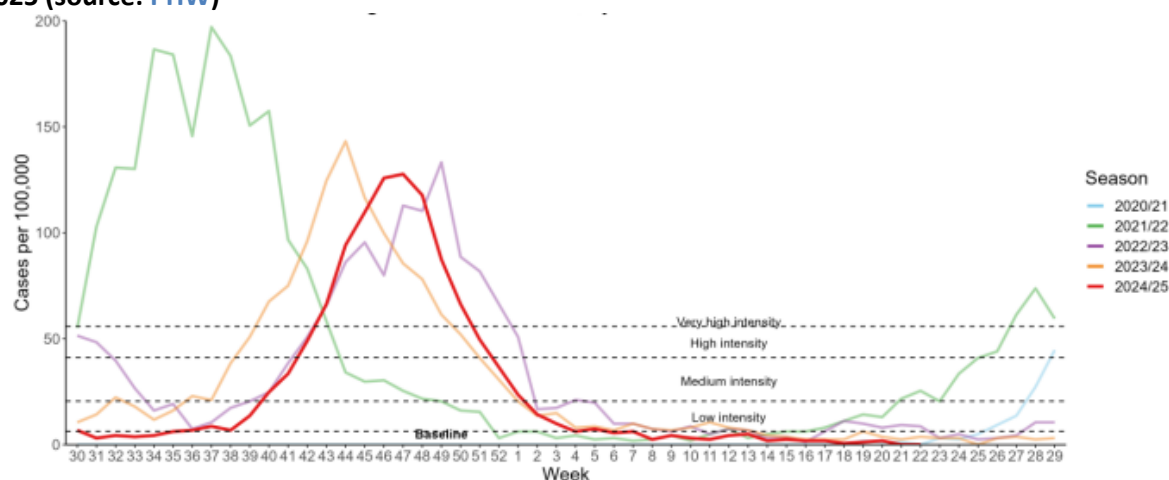


### B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital remained stable at zero in Week 22.

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 zero in the most recent week. In the most recent week, there were **three** in-patient cases of confirmed RSV, none in critical care.

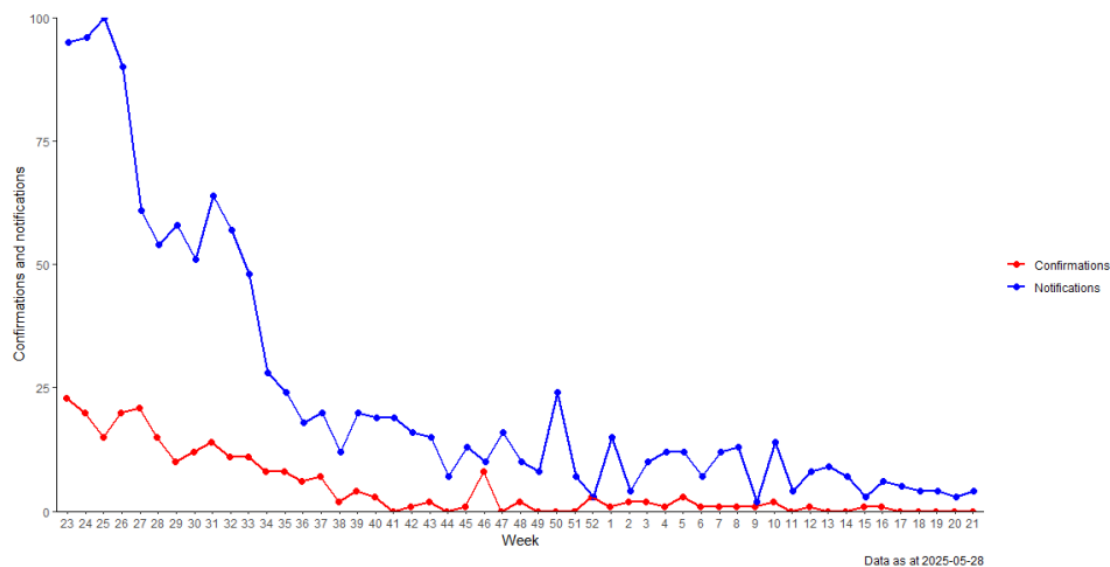
**Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 22 2025 (source: PHW)**



#### B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to week 21 *slightly increased* but remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

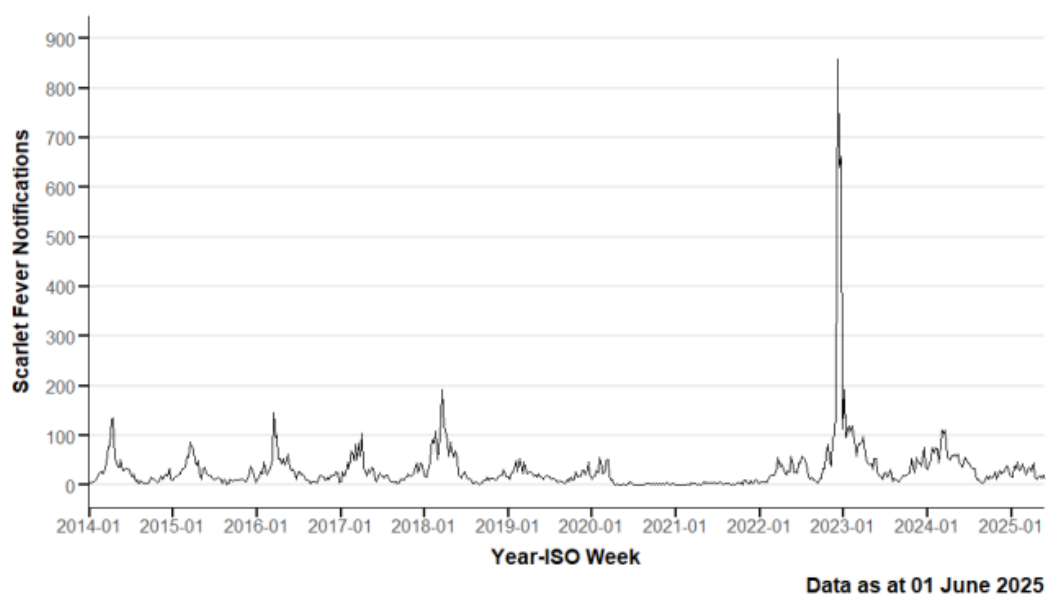
**Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (source: PHW)**



#### 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 22) as shown in the Figure 8 below (up to 1 June 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 projected forward to estimate hospital demand throughout winter 2024/25, which contributed to winter planning for NHS Wales.

The modelled scenarios were produced from September 2024 until April 2025 and these can be found in previous surveillance reports along with the technical notes, [Science Evidence Advice: communicable disease surveillance reports | GOV.WALES](#)

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

## **D. Communicable Disease Situation Update (non-respiratory)**

### **D.1. Norovirus**

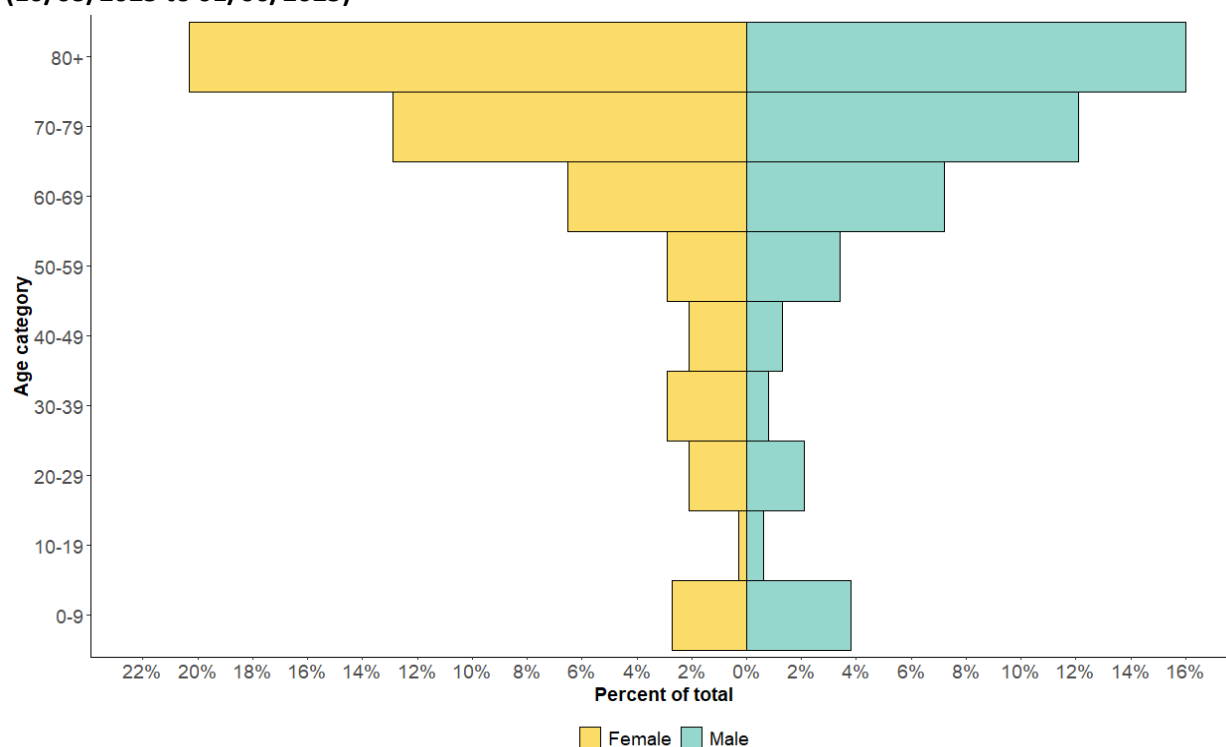
In the current reporting week (week 22 2025), a total of **30** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-46.4%)** in reported cases compared to the previous reporting week (week 21 2025), when **56** Norovirus confirmed cases were reported.

In the last 12-week period (10/03/2025 to 01/06/2025) a total of **617** Norovirus confirmed cases were reported in Welsh residents. This is an increase **(34.4%)** in reported cases compared to the same 12-week period in the previous year (10/03/2024 to 01/06/2024) when **459** Norovirus confirmed cases were reported.

In the last 12 weeks (10/03/2025 to 01/06/2025) **322 (52.2%)** confirmed Norovirus cases were female and **295 (47.8%)** confirmed cases were male. The age groups with the most cases were the 80+ (**227** cases) and 70-79 (**154** cases) age groups.



**Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (10/03/2025 to 01/06/2025)**



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 22 2025 (10/03/2025 to 01/06/2025).

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 10 June)**

#### **10 June 2025**

There have been no further updates regarding Avian Influenza in the UK since the 30<sup>th</sup> of May.

#### **30 May 2025**

Following successful completion of disease control activities and surveillance within the zone around a [seventh premises near Thirsk, Thirsk and Malton, North Yorkshire \(AIV 2025/43\)](#), the 10km surveillance zone has ended.

## **E.2. [Avian Flu in Cambodia](#) (10 June)**

On 28 May 2025, one new fatal human case with avian influenza A(H5N1) infection was reported in a child in Cambodia. Investigations revealed there were sick and dying birds in the backyard of the child's home one week prior to their illness. The investigations did not reveal instances of human-to-human transmission around this case.

Since 2003, and as of 2 June 2025, there have been 976 human cases of A(H5N1) worldwide, including 471 deaths.

## **E.3. [SARS-CoV-2 variant classification](#) (10 June)**

There have been no further updates regarding SARS-CoV-2 variant classification since the 28<sup>th</sup> of May.

## **E.4. [MERS-CoV - Mass gathering monitoring - Hajj - Kingdom of Saudi Arabia](#) (10 June)**

As of 5 June 2025, no relevant public health events related to communicable diseases have been detected in connection with the annual Islamic Hajj pilgrimage. The likelihood of infection with communicable diseases and the impact for EU/EEA citizens during Hajj are considered low if public health recommendations are followed.

## **E.5. [MERS-CoV – Multi-country update](#) (10 June)**

Since the previous update on 12 May 2025, and as of 3 June 2025, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.

Since the beginning of 2025, and as of 3 June 2025, 10 MERS cases, including two fatalities, have been reported with date of onset in 2025 in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low, and the current MERS-CoV situation poses a low risk to the EU/EEA.

## **E.6. [Autochthonous chikungunya virus disease – Réunion and Mayotte, France](#) (10 June)**

As of 02 June 2025, 560 confirmed cases of the disease have been reported on the island. Due to the intensified circulation of locally acquired cases of chikungunya, the ORSEC plan has transitioned to phase 3 to control the outbreak and better prepare for a possible epidemic phase.

**E.7. [Chikungunya and dengue – Multi-country update](#) (10 June)**

Since the beginning of 2025, and as of May 2025, approximately 220 000 Chikungunya virus disease (CHIKVD) cases and 80 CHIKVD-related deaths have been reported in 14 countries/territories.

Cases have been reported in the Americas, Africa, and Asia, and while no cases have been reported in mainland Europe, in Réunion and Mayotte, a CHIKVD outbreak is ongoing (*see section E.6.*).

Since the beginning of 2025, over three million dengue cases and over 1 400 dengue-related deaths have been reported from 90 countries/territories globally. In mainland Europe, no autochthonous cases have been reported in 2025.

**E.8. [Hepatitis A - Multi-country \(Europe\)](#) (10 June)**

There have been no further updates regarding Hepatitis A in Europe since the 28<sup>th</sup> of May.

**E.9. [Crimean-Congo haemorrhagic fever, Spain](#) (10 June)**

Spain reported the first confirmed Crimean-Congo haemorrhagic fever (CCHF) case in 2025 in the autonomous community of Castile and León.

The patient was bitten by a tick on 25 May in a village in the province of Salamanca and developed symptoms (fever, headache, and vomiting) two days later. The case was admitted to a hospital on 27 May and tested positive for CCHF virus RNA by PCR.