Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

22 July 2025

gov.wales

Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 28 2025, up to 13 July 2025)

- Overall, COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **remained stable** at 0.
- Influenza in-patient cases have **decreased** and admissions **remained stable**.
- Norovirus confirmed cases have **increased** in the most recent week (week 28).
- Whooping Cough notifications have **decreased** in week 27 (the most recent reporting week).
- Scarlet Fever notifications **decreased** in the most recent week (week 28).

Please note, from the 10th of June 2025 the SEA weekly surveillance report is now produced fortnightly until September 2025.

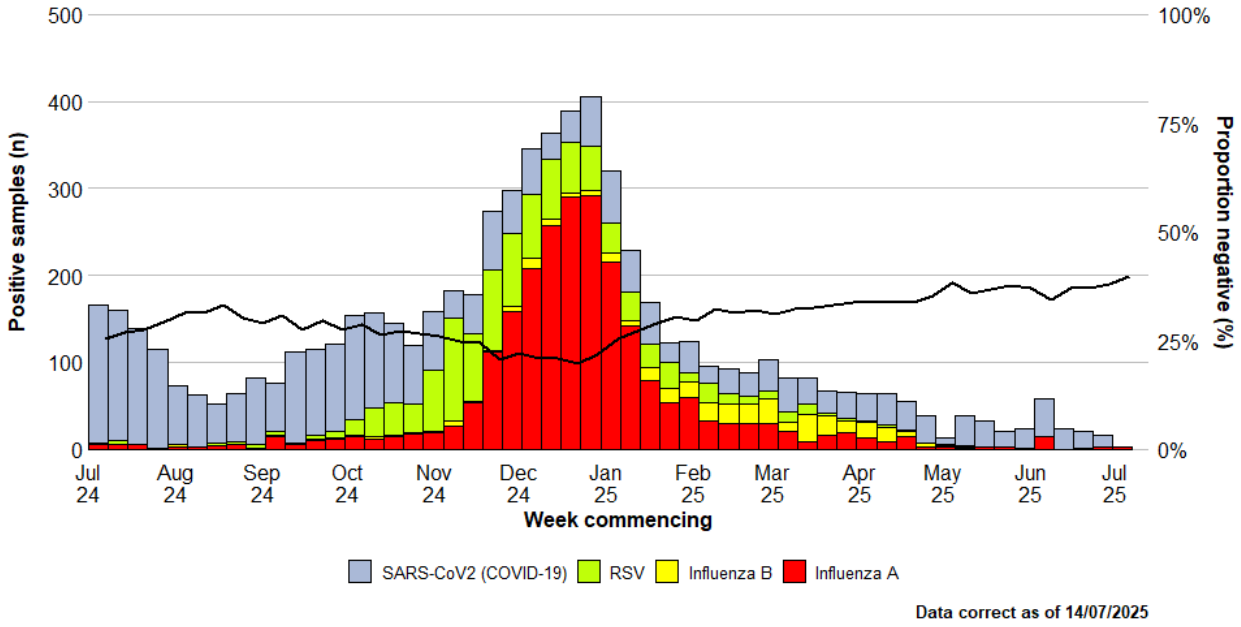
B. Acute Respiratory Infections Situation Update

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 28 2025 (to 13 July 2025).
- As at 13 July 2025 (week 28), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to 27 (20 two weeks ago) and there were 121 in-patient cases of confirmed COVID-19, one of whom was in critical care compared to 105 and four two weeks ago.
- Confirmed cases of positive tests **decreased** to <0.1% in hospital and non-sentinel GP practices (7.4% two weeks ago). Consultations with sentinel GPs for COVID-19 increased to 10 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 **30.9** % of all sequenced cases.
- The number of ambulance calls recorded referring to syndromic indicators **decreased** from **1,605** in the previous week to **1,583** in the latest reporting week.
- During week 28 2025, **4** ARI outbreaks were reported to the Public Health Wales Health Protection Team: two were Covid-19, one was Respiratory, and one was Respiratory/GI. All four were in Residential Homes.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 28, 2024 to week 28, 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 **12 July 2025** to make short term projections for COVID-19 two weeks forward **(26 July 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 Cardiff and Vale health board where a slight 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 12 July 2025)

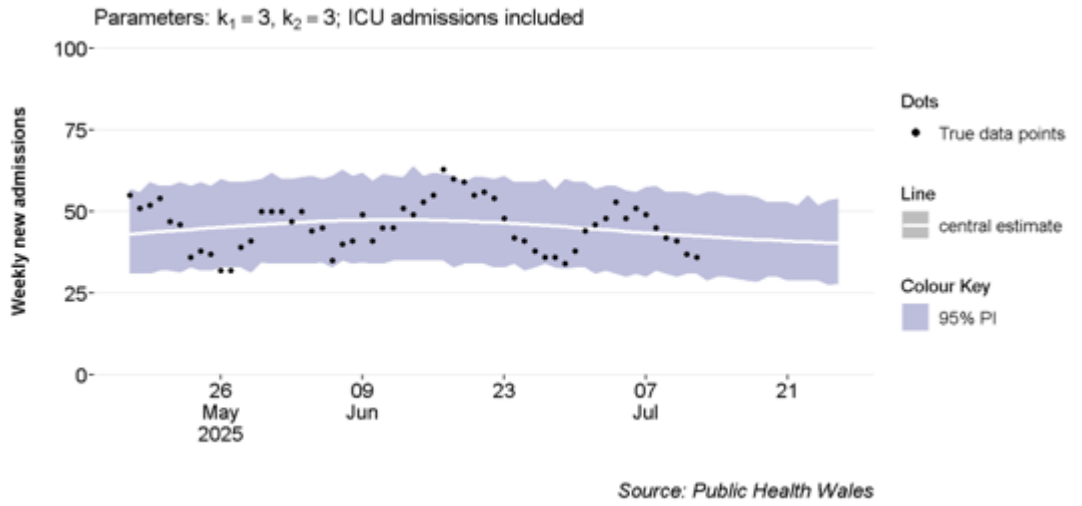
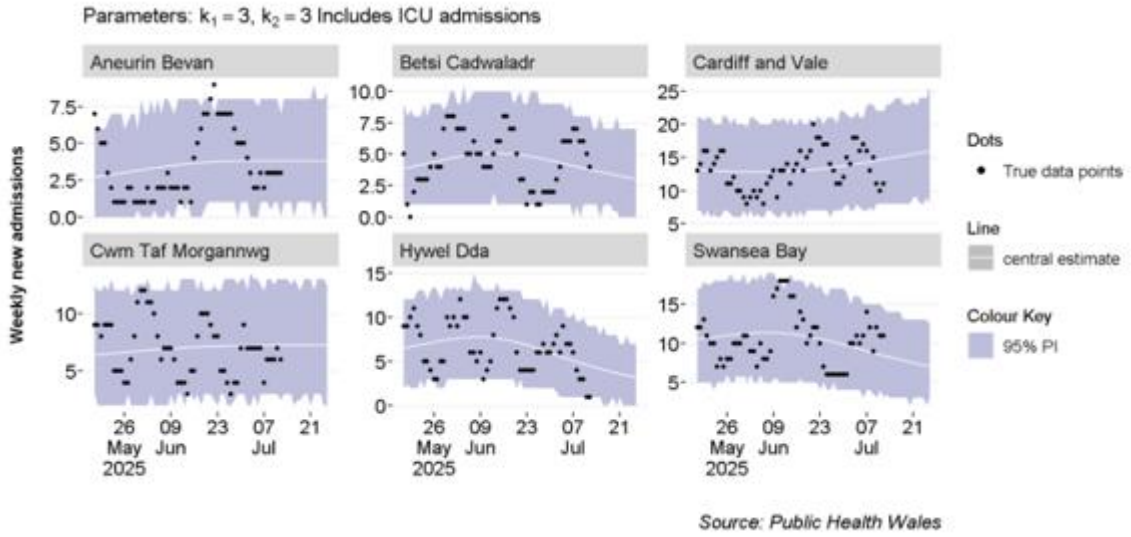


Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 12 July 2025)

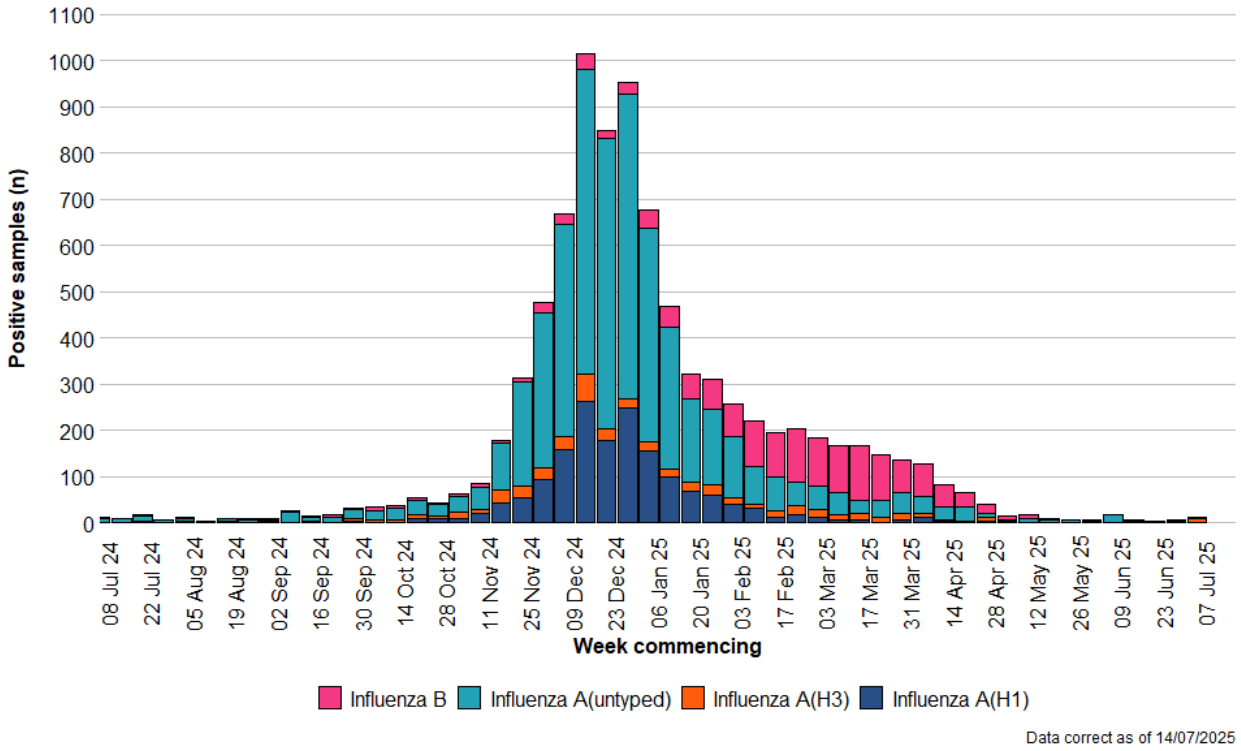


B.2. Influenza Situation Update

Influenza activity is at baseline levels and case numbers remain broadly stable. GP consultations for influenza-like illness increased but remained at baseline intensity. Confirmed cases of community acquired influenza admitted to hospital **remained stable** at 2 in the current week. Test positivity remained stable at 1.2%.

There were **4** in-patient cases of confirmed influenza, none of whom were in critical care (compared to **17** and **0** two weeks ago). In week 28 2025, there were 8 confirmed cases of influenza A(H3), 1 case of influenza A(H1N1), 4 influenza A untyped and 0 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 28, 2024 to week 28, 2025 (source: PHW)



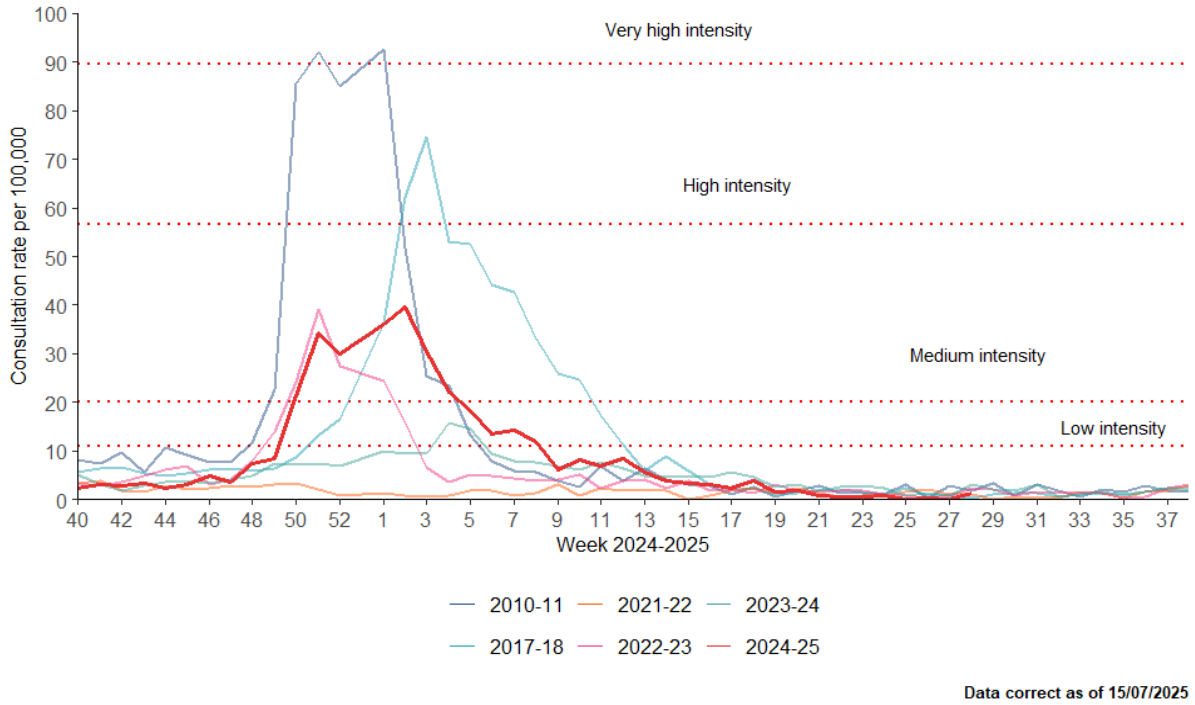
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is broadly stable.

There were **1.4** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (<0.1 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 6.8 ARI consultations per 100,000 practice population, a decrease from 7.4 in the previous week. The highest rates were found in people aged 1 to 4 (298) followed by people aged under 1 year (248.6) and people aged 65 to 74 (130.1).

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

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

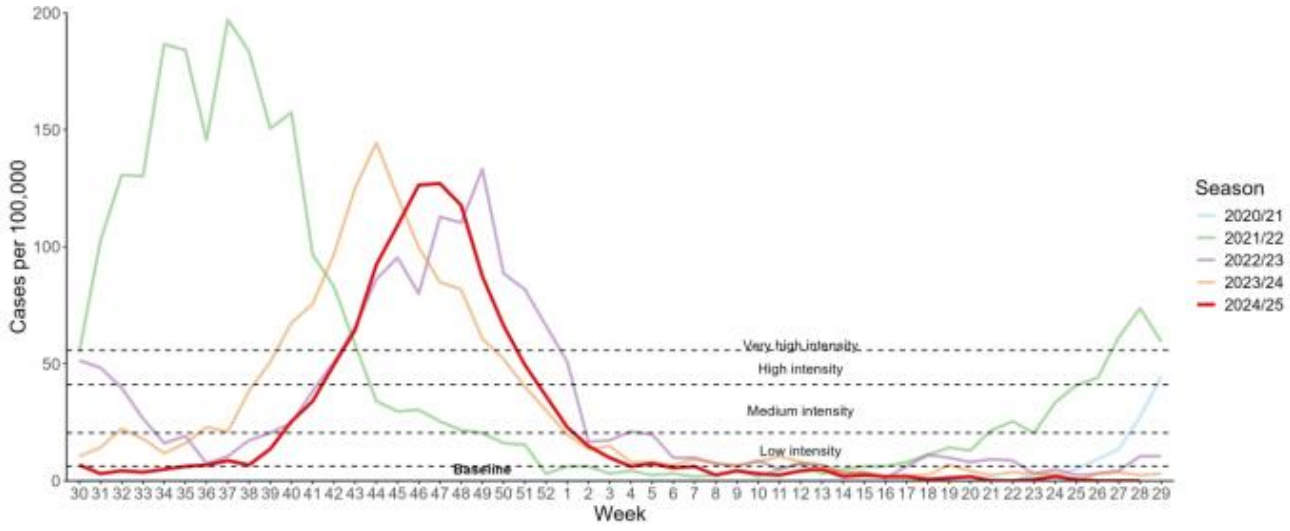


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital remained stable at zero during week 28.

Incidence per 100,000 population in children aged up to 5y **remained stable** at <0.1 (0 two weeks ago). During week 28 there were **no** inpatient cases of confirmed RSV, none in critical care.

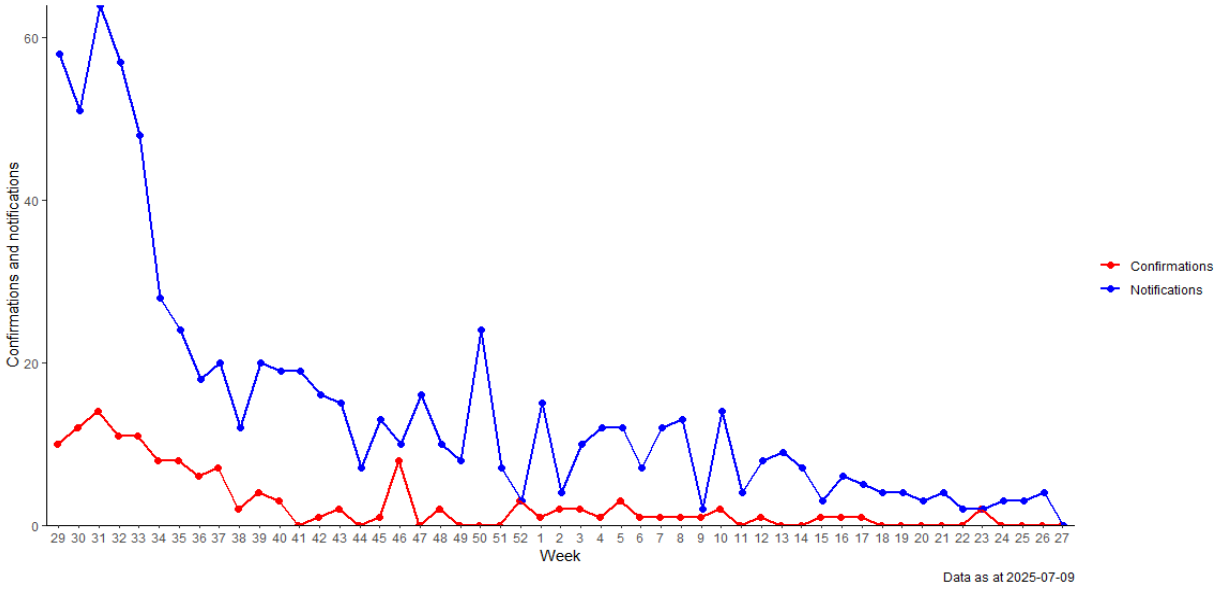
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 28 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 27 **decreased** and remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

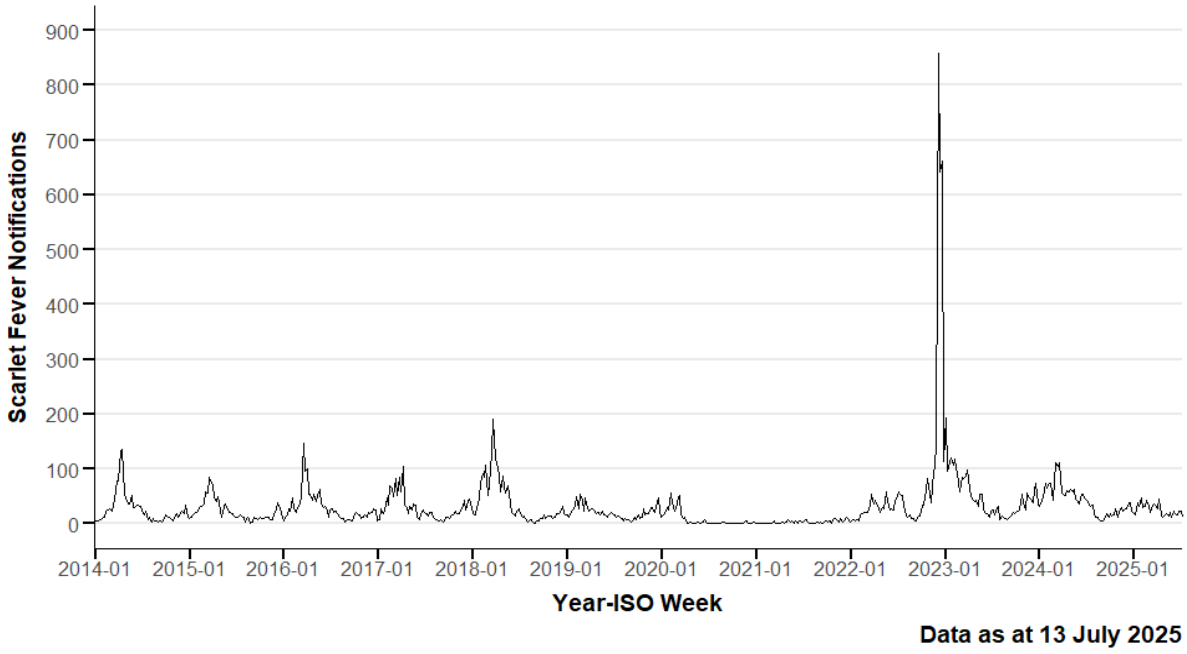
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have further **decreased** in the most recent week (week 28) as shown in the figure below (data as at 13 July 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 was an estimate of what may happen not a prediction of what would happen.

D. Communicable Disease Situation Update (non-respiratory)

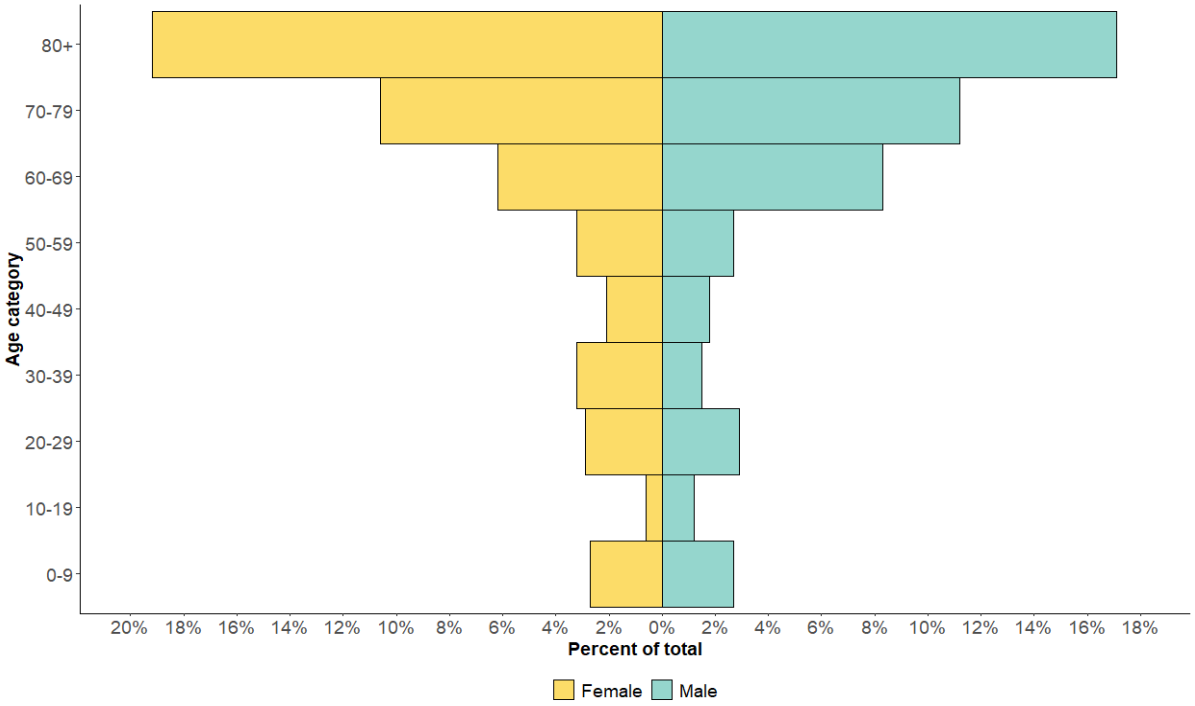
D.1. Norovirus

In the current reporting week (week 28 2025), a total of **13** Norovirus confirmed cases were reported in Welsh residents. This is an increase **(160.0%)** in reported cases compared to the previous reporting week (week 27 2025), when **5** Norovirus confirmed cases were reported.

In the last 12-week period (21/04/2025 to 13/07/2025) a total of **339** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-34.9%)** in reported cases compared to the same 12-week period in the previous year (21/04/2024 to 13/07/2024) when **521** Norovirus confirmed cases were reported.

In the last 12 weeks (21/04/2025 to 13/07/2025) **172 (50.7%)** confirmed Norovirus cases were female and **167 (49.3%)** confirmed cases were male. The age groups with the most cases were the 80+ (**123** cases) and 70-79 (**74** cases) age groups.

Figure 9: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (21/04/2025 to 13/07/2025)



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 28 2025 (21/04/2025 to 13/07/2025).

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 21 July 2025)

21 July 2025

Following successful completion of disease control activities and surveillance in the zone near Stanhope, Bishop Auckland, County Durham (AIV 2025/46) the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone.

16 July 2025

Following successful completion of disease control activities and surveillance in the zone near Linton-on-Ouse, Wetherby and Easingwold, North Yorkshire (AIV 2025/47) the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone.

15 July 2025

Following successful completion of disease control activities and surveillance within the zone near Ravensthorpe, Kirklees, West Yorkshire (AIV 2025/45), the 10km surveillance zone has been revoked.

E.2. Seasonal surveillance of dengue (18 July)

Since the beginning of 2025 and as of 16 July 2025, three countries in Europe have reported cases of dengue: Italy (1), Portugal (2), and France (1).

This week, France and Italy reported their first locally acquired dengue cases of 2025, from the Loire department and the province of Bologna, respectively. This is the first time that locally acquired dengue cases have been reported from these regions.

The two cases reported in January in Madeira, an outermost region of Portugal, were likely transmitted in 2024.

E.3. Seasonal surveillance of West Nile virus infection in the EU/EEA (18 July)

Since the beginning of 2025, and as of 16 July 2025, three countries in Europe have reported human cases of West Nile virus infection: Greece, Italy and Romania.

E.4. Seasonal surveillance of Crimean-Congo haemorrhagic fever (18 July)

Since the beginning of 2025, and as of 16 July 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Greece (2) and Spain (2).

The cases in Greece that occurred in Thessaly region are unexpected, as this region and neighbouring regions have not reported CCHF cases or CCHF virus circulation in animals previously. The exact transmission route of the primary and secondary cases is still under scrutiny. These are the first cases in Greece since 2008.

The (CCHF) event in Spain is not unexpected, as CCHF virus is known to be circulating among animals in this region and human CCHF cases have been previously reported in the area.

E.5. Chikungunya virus disease (18 July)

Since the beginning of 2025 and as of 16 July 2025, two countries in Europe have reported cases of chikungunya virus disease: Italy (1) and France (30). To date, in 2025, public health authorities in France have reported 30 cases of locally acquired chikungunya virus disease in 12 different local administrative units. All clusters except one are currently classified as active. The largest cluster consists of 13 cases and is located in Salon-de-Provence, Bouches-du-Rhône department.

E.6. Serious adverse events to IXCHIQ chikungunya virus disease vaccine (18 July)

In its July 7–10 meeting, EMA's Pharmacovigilance Risk Assessment Committee (PRAC) concluded its review of the live-attenuated chikungunya vaccine Ixchiq. The temporary age restriction for adults aged 65 and older has been lifted because this is the age group in which chikungunya can be severe. However, PRAC strongly emphasises that Ixchiq should only be used when there is a significant risk of chikungunya infection and after a careful benefit-risk evaluation in all age groups.

Healthcare professionals are reminded that Ixchiq must not be given to people whose immune system is weakened because of disease or medical treatment as they are at greater risk of having complications from vaccines containing live attenuated viruses.

Updated product information and a Direct Healthcare Professional Communication (DHPC) are forthcoming.

E.7. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases (18 July)

On 1 July 2025, WHO reported in their monthly Influenza at the human-animal interface report, one confirmed human case of avian influenza A(H5N1) virus infection. The infected person was one year of age and lived in Cumilla district, Chittagong district, Bangladesh.

After developing a SARI syndrome, the case was admitted to hospital on 21 May. Additional symptoms included diarrhoea and fever. Samples for laboratory testing were collected the same day.

The patient fully recovered at home, despite being discharged against medical advice. No travel history was reported. Exposure to backyard poultry was reported prior to symptom onset. No further cases were detected among the contacts of the patient.

E.8. SARS-CoV-2 variant classification Update (18 July)

There has been no further update SARS-CoV-2 variant classification Update regarding since the 4th of July 2025.