Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

05 August 2025

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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 30 2025, up to 27 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 **increased**.
- Influenza in-patient cases have **remained stable**, and hospital admission have **decreased**.
- Norovirus confirmed cases have **decreased** in the most recent week (week 30).
- Whooping Cough notifications have **increased** in week 29 (the most recent reporting week).
- Scarlet Fever notifications **increased** in the most recent week (week 30).

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

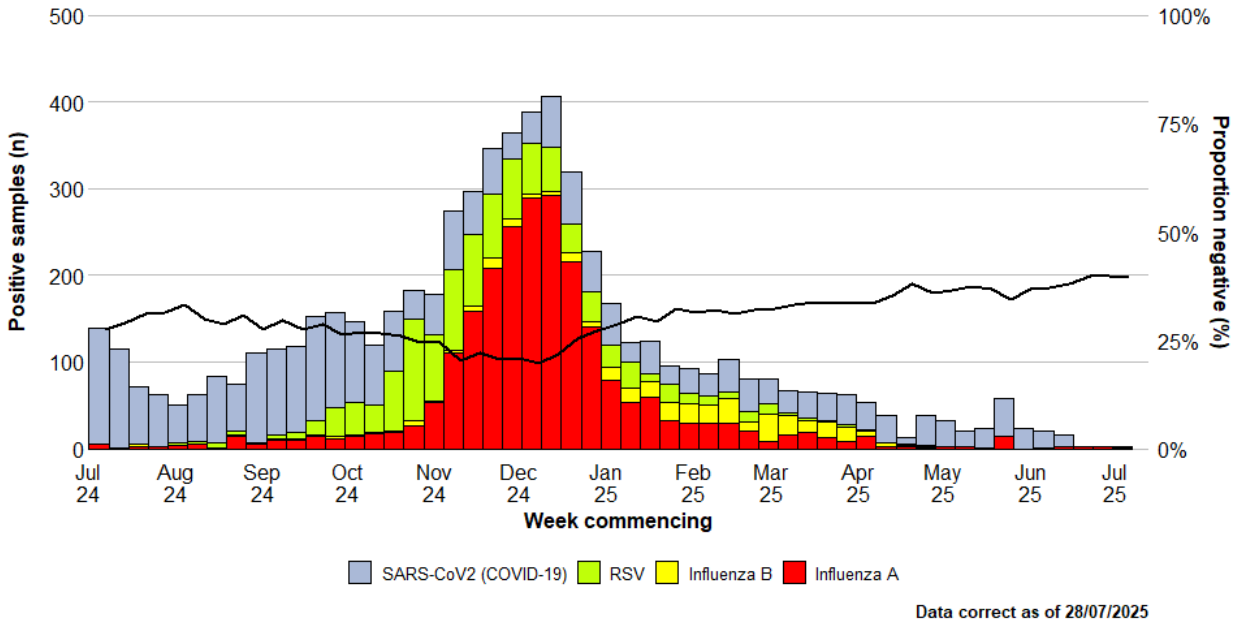
B. Acute Respiratory Infections Situation Update

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 30 2025 (to 27 July 2025).
- As at 27 July 2025 (week 30), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to 37 (27 two weeks ago) and there were 148 in-patient cases of confirmed COVID-19, one of whom was in critical care compared to 121 and one in the previous week.
- Confirmed cases of positive tests **remained stable** at <0.1% in hospital and non-sentinel GP practices. 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 **30.9** % of all sequenced cases.
- The number of ambulance calls recorded referring to syndromic indicators **decreased** from **1,698** in the previous week to **1,586** in the latest reporting week.
- During week 30, 2025, **0** 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 30, 2024 to week 30, 2025. (source: PHW)

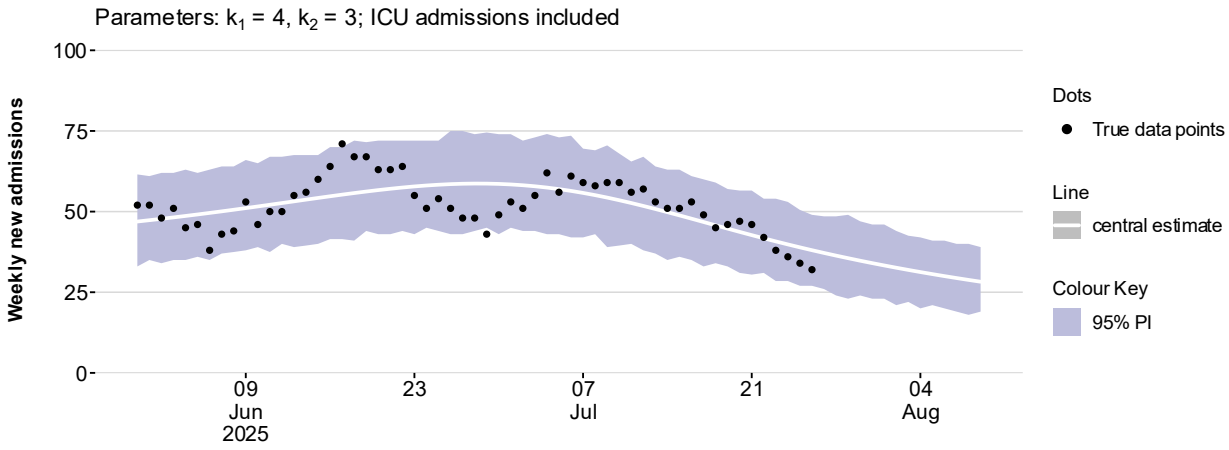


COVID-19 Short Term Projections

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.

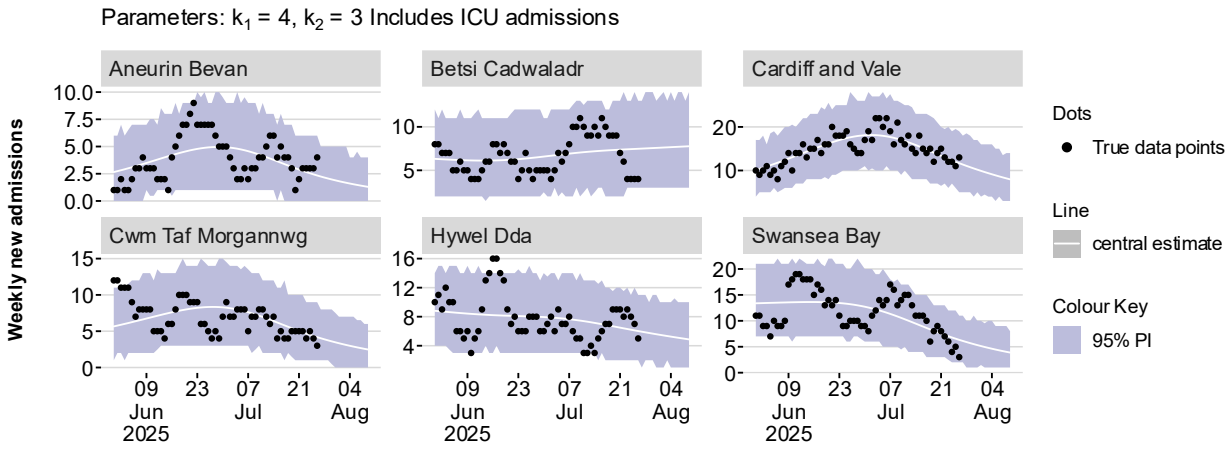
The COVID-19 STPs use admissions data from PHW until **26 July 2025** to make short term projections for COVID-19 two weeks forward **(9 August 2025)**. The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% 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 decrease over the next two-week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease in health boards in Wales except for Betsi Cadwaladr health board where they are projected to plateau over the next two weeks.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 26 July 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 26 July 2025)



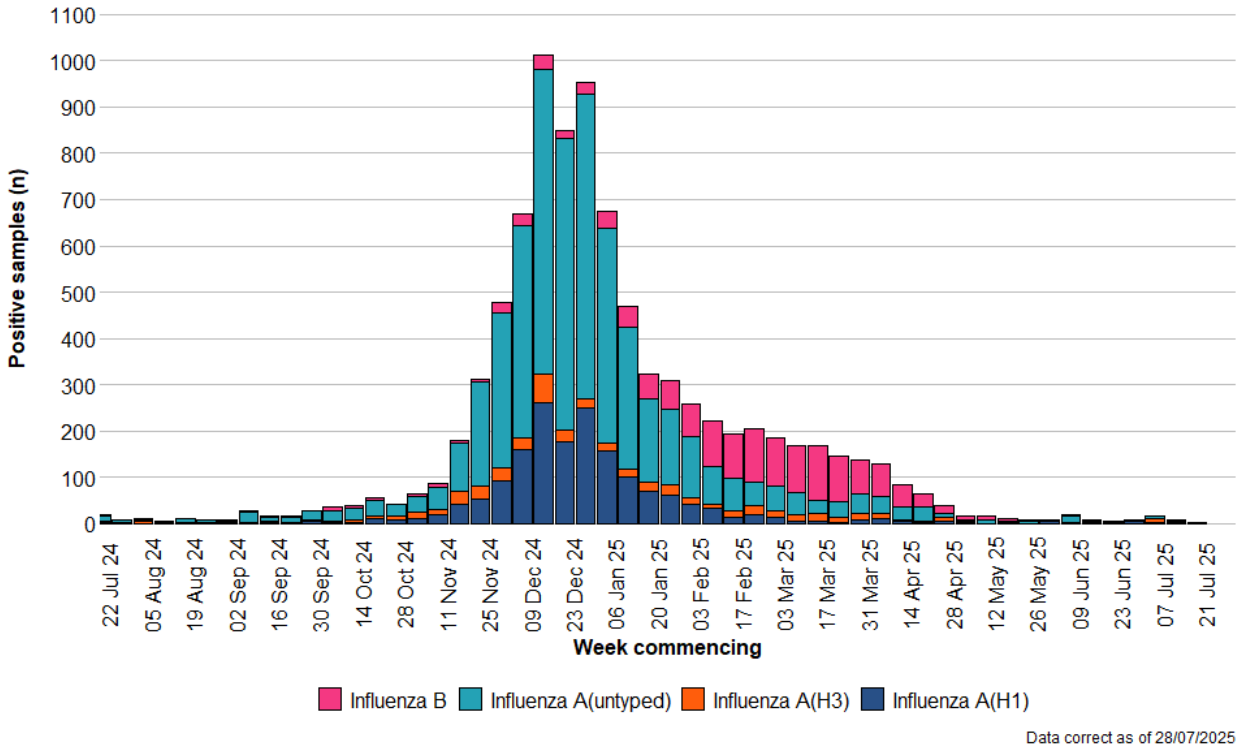
Source: Public Health Wales

B.2. Influenza Situation Update

Influenza activity is at baseline intensity and case numbers remain broadly stable. Confirmed cases of community acquired influenza admitted to hospital **decreased** to 1 in the current week. Test positivity remained stable at 0.3%.

There were **4** in-patient cases of confirmed influenza, none of whom were in critical care (identical to **4** and **0** two weeks ago). In week 30 2025, there were 0 confirmed cases of influenza A(H3), 1 case of influenza A(H1N1), 2 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 30, 2024 to week 30, 2025 (source: PHW)



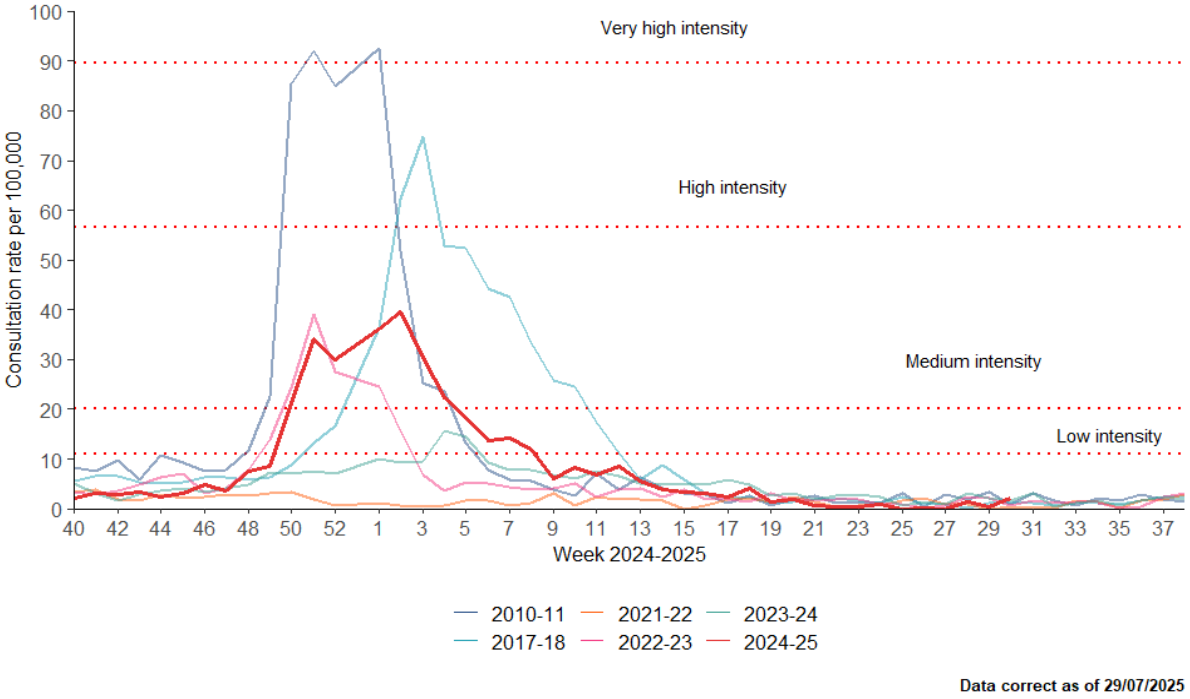
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable.

There were **2.1** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (0.5 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 11.2 ARI consultations per 100,000 practice population, an increase from 10 in the previous week. The highest rates were found in people aged under 1 year (428.2) followed by people aged 1 to 4 (357.7) and people aged 75+ (142.5).

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)

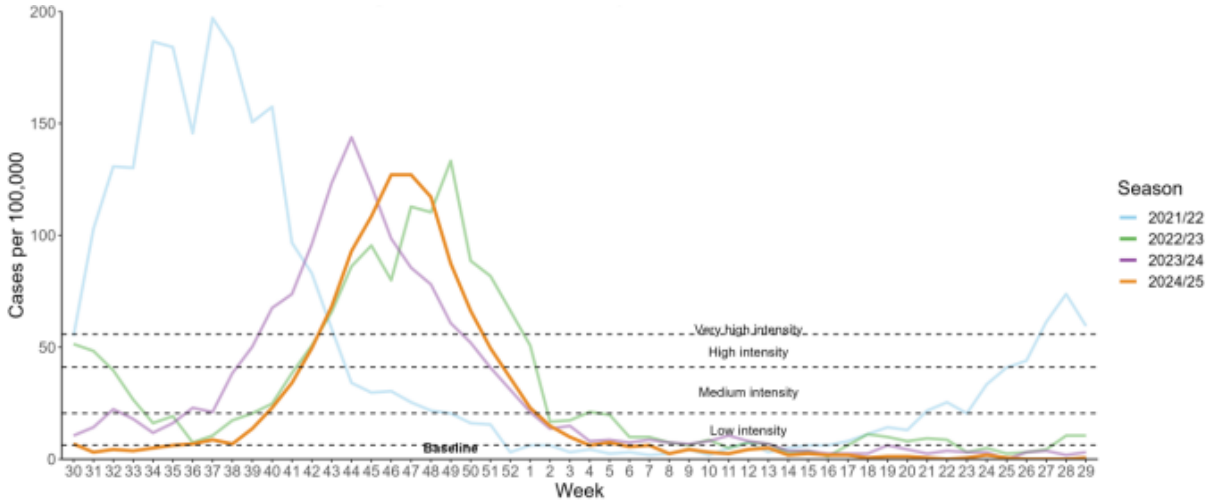


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to two during week 30.

Incidence per 100,000 population in children aged up to 5y **increased** to 1.9 in the most recent week (<0.1 two weeks ago). During Week 30 there were **two** in-patient cases of confirmed RSV, none in critical care.

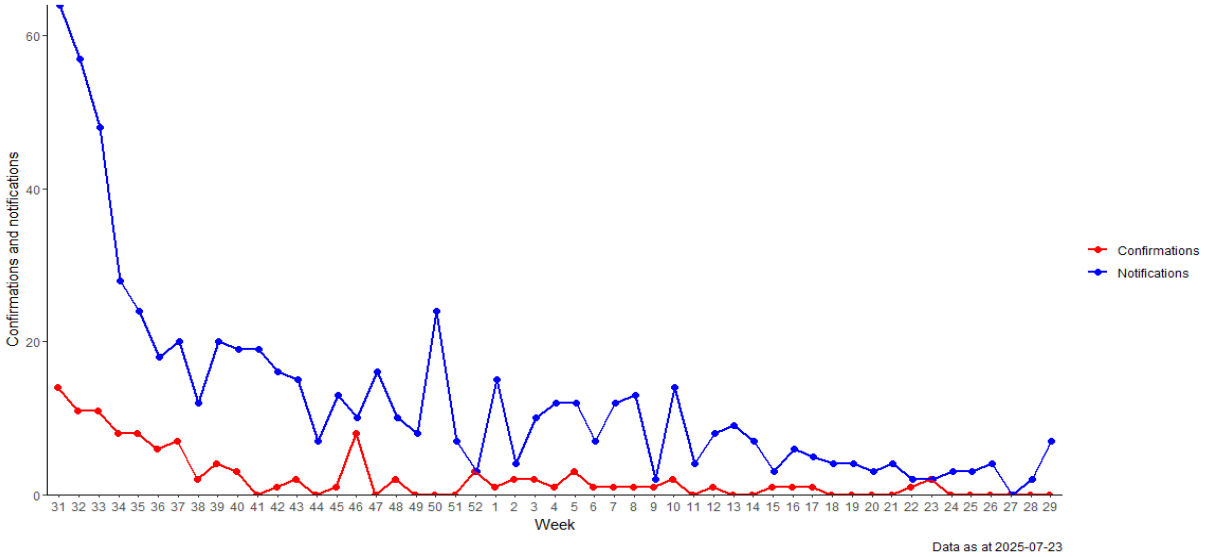
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 30 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 29 **increased** but remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

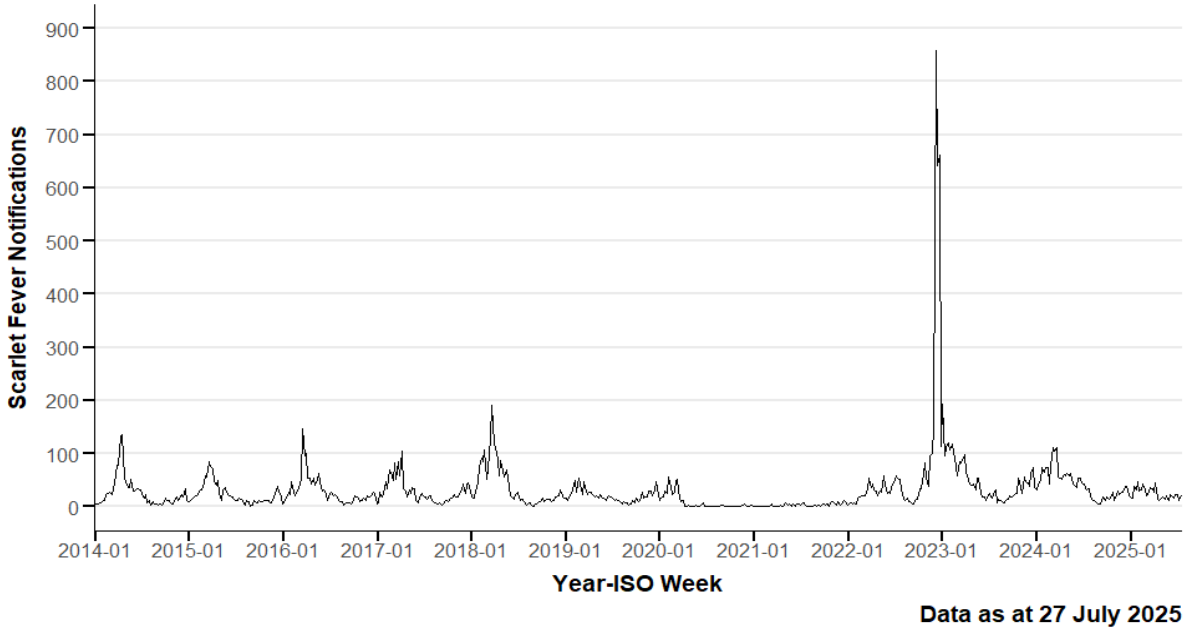
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales (source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications **increased** in the most recent week (week 30) as shown in the figure below (up to 27 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)

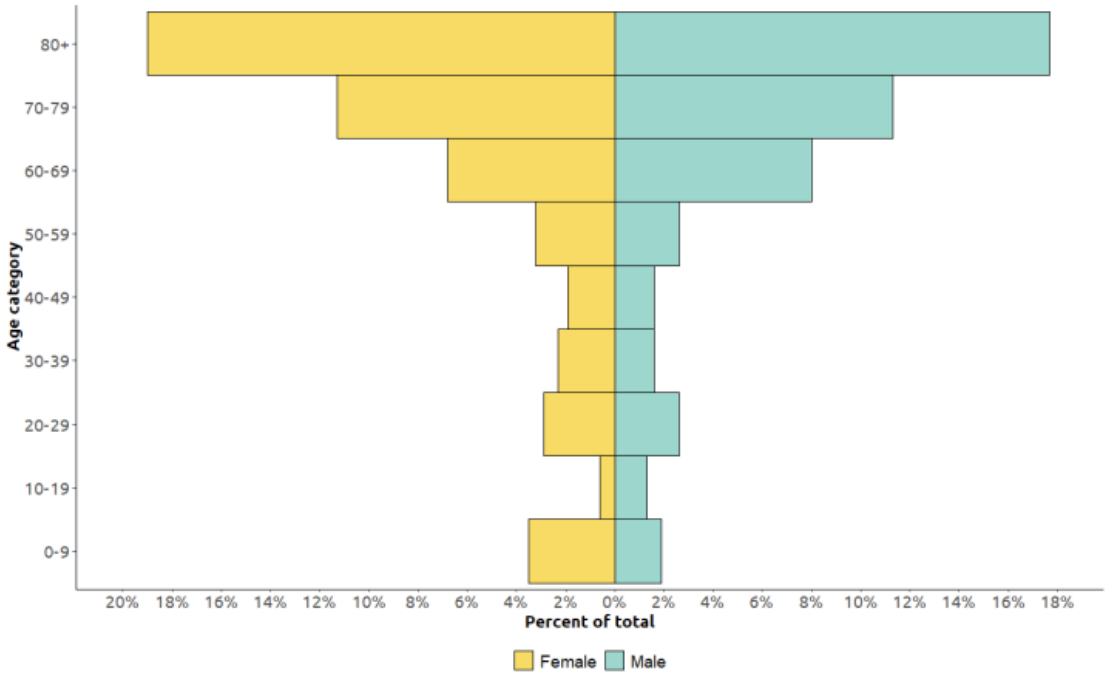
D.1. Norovirus

In the current reporting week (week 30 2025), a total of **11** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-26.7%)** in reported cases compared to the previous reporting week (week 29 2025), when **15** Norovirus confirmed cases were reported.

In the last 12-week period (05/05/2025 to 27/07/2025) a total of **311** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-36.9%)** in reported cases compared to the same 12-week period in the previous year (05/05/2024 to 27/07/2024) when **493** Norovirus confirmed cases were reported.

In the last 12-week period (05/05/2025 to 27/07/2025) **160 (51.4%)** confirmed Norovirus cases were female and **151 (48.6%)** confirmed cases were male. The age groups with the most cases were the **80+** (**114** cases) and **70-79** (**70** cases) age groups.

Figure 9: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (05/05/2025 to 27/07/2025)



Notes: This data from PHW only includes laboratory-confirmed PCR positive cases of Norovirus in Wales within the 12-week period up until the end of the current reporting week, week 30 2025 (05/05/2025 to 27/07/2025).

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 4 August 2025)

1 August 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed by the CVO Scotland at a premises near Banff, Aberdeenshire (AIV2025/55).

A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

31 July 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in other captive birds at a premises near Yeovil, Yeovil, Somerset (AIV 2025/54). A 3km captive bird (monitoring) controlled zone has been declared surrounding the premises.

30 July 2025

Highly pathogenic avian influenza (HPAI) H5N1 has been confirmed in commercial poultry on the 30 July 2025 at the following premises:

- premises near Tiverton, Mid Devon, Devon (AIV2025/52)
- premises near Attleborough, Breckland, Norfolk (AIV2025/53)

A 3km protection zone and 10km surveillance zone has been declared surrounding each of the premises. All poultry on the premises will be humanely culled.

28 July 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in poultry near Dulverton, Tiverton and Minehead, Somerset on 28 July 2025.

A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises have been humanely culled.

E.2. Seasonal surveillance of dengue (1 August)

Three countries in Europe have reported locally acquired cases of dengue in 2025 so far: France (6), Italy (3), and Portugal (two in the outermost region of Madeira).

France has reported two new cases since last week.

E.3. Seasonal surveillance of West Nile virus infection in the EU/EEA (1 August)

Since the beginning of 2025, and as of 30 July 2025, five countries in Europe have reported human cases of West Nile virus infection: Bulgaria, France, Greece, Italy and Romania

E.4. Seasonal surveillance of Crimean-Congo haemorrhagic fever (1 August)

Since the beginning of 2025, and as of 30 July 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Greece (2) and Spain (2).

The second case reported by Greece is a healthcare professional who provided care to the primary case.

E.5. Chikungunya virus disease (1 August)

France has reported 49 locally acquired cases of chikungunya virus disease in 14 local administrative units in 2025. Italy has reported two locally acquired case of chikungunya virus disease so far during 2025

E.6. Serious adverse events to IXCHIQ chikungunya virus disease vaccine (1 August)

There has been no further update regarding serious adverse events to IXCHIQ chikungunya virus disease vaccine since the 25th of July 2025.

E.7. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases (1 August)

On 29 July 2025, the Cambodian Ministry of Health reported one human case of avian influenza A(H5N1) virus infection in a male aged <30 years from Siem Reap Provine, Cambodia. The case had known exposure to dead poultry prior to the onset of symptoms. The patient is currently receiving intensive medical care and outbreak investigation is ongoing.

Since 2003, and as of 29 July 2025, there have been 989 confirmed human cases of A(H5N1) worldwide, including 474 deaths.

E.8. SARS-CoV-2 variant classification update (1 August)

Since the last update on 27 June 2025, and as of 25 July 2025, no changes were made to the ECDC list of variants of interest or variants under monitoring.

E.9. Suspected Cholera, Poland ARS-CoV-2 variant classification Update (1 August)

The Polish National Public Health Authority communicated the laboratory results of the previously suspected case of cholera in the West Pomeranian Voivodeship showing that the pathogen is non-O1 and non O-139 V. cholerae, lacking the enterotoxin.

An unrelated individual residing in Lublin Voivodeship, was reported as a mild case of vibriosis. Preventive home quarantine for five days was implemented for close contacts pending microbiological confirmation.

In Poland, the occurrence of non-toxin-causing vibrio in water reservoirs has been observed periodically for many years. When the route of infection is via food or water the symptomatology is usually mild, therefore the impact for the general population is considered low.