Llywodraeth Cymru
Welsh Government

Science Research Evidence

Weekly Surveillance Report

30 September 2025

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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 38 2025, up to 21 September 2025)

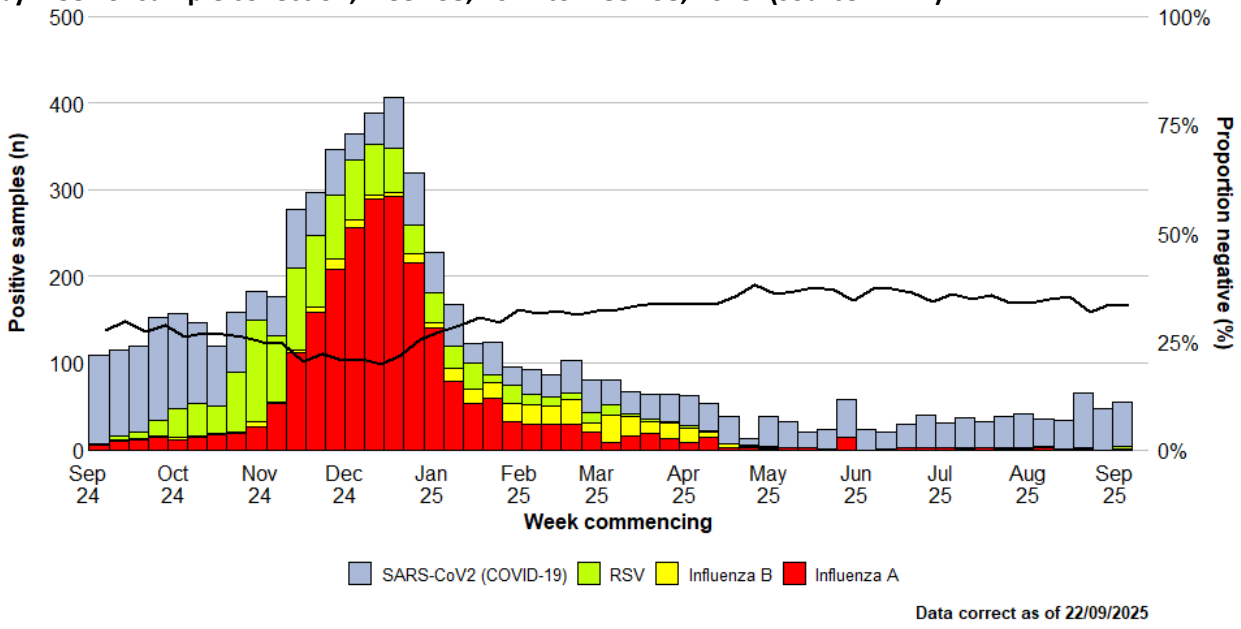
- Overall, COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases of inpatients have **increased**.
- RSV activity in children under 5 years has **remained stable**.
- Influenza in-patient cases have **decreased,** and admissions **increased** in the latest week.
- Norovirus confirmed cases are **unchanged** in the most recent week (week 38).
- Whooping Cough notifications have **remained stable** in week 37 (the most recent reporting week).
- Scarlet Fever notifications have **increased** in the most recent week (week 38).

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 38 2025 (to 21 September 2025).
- As of 21 September 2025 (week 38), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to 55 (41 in the previous week) and there were 207 in-patient cases of confirmed COVID-19, two of whom were in critical care compared to 189 and two in the previous week.
- Confirmed cases of positive tests increased 13.3% in hospital and non-sentinel GP practices in the most recent week (week 38) compared with 10.2% in the previous week. Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 increased in the most recent week.
- In the last six weeks, Omicron XFG has been the most frequently detected COVID-19 variant in Wales, accounting for **33.1%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 38, 2024 to week 38, 2025. (source: PHW)

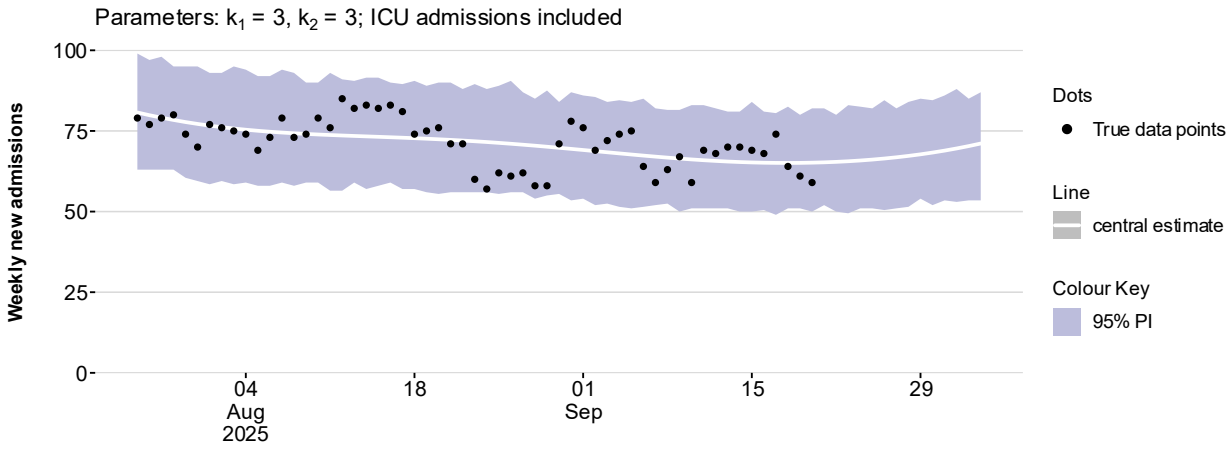


COVID-19 Short Term Projections

The Science Evidence Advice (SEA) 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.

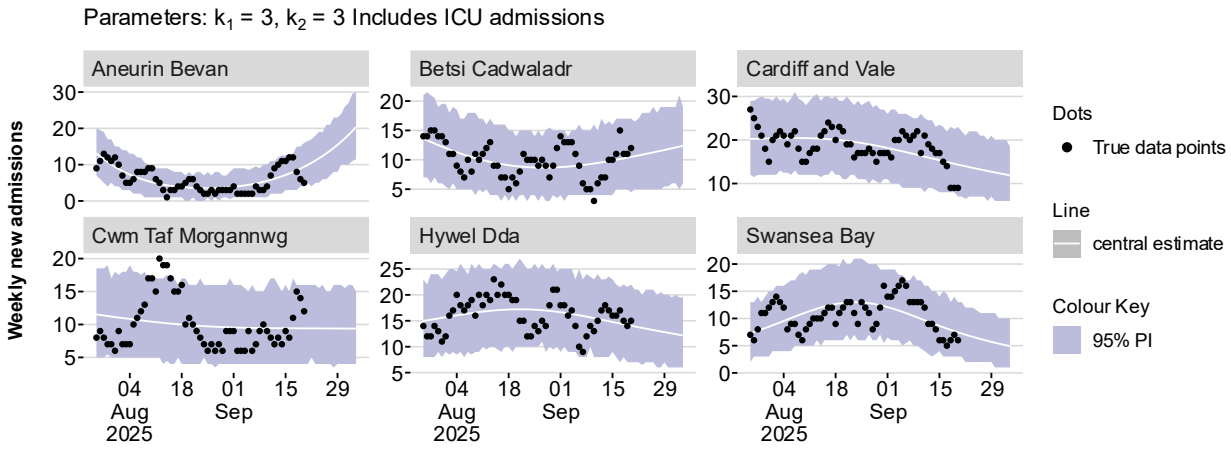
The COVID-19 STPs uses admissions data from PHW until 20 September 2025 to make short term projections for COVID-19 two weeks forward **(4 October 2025)**. The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 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 approximately 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 Aneurin Bevan and Betsi Cadwaladr health boards 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 20 September 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 20 September 2025)

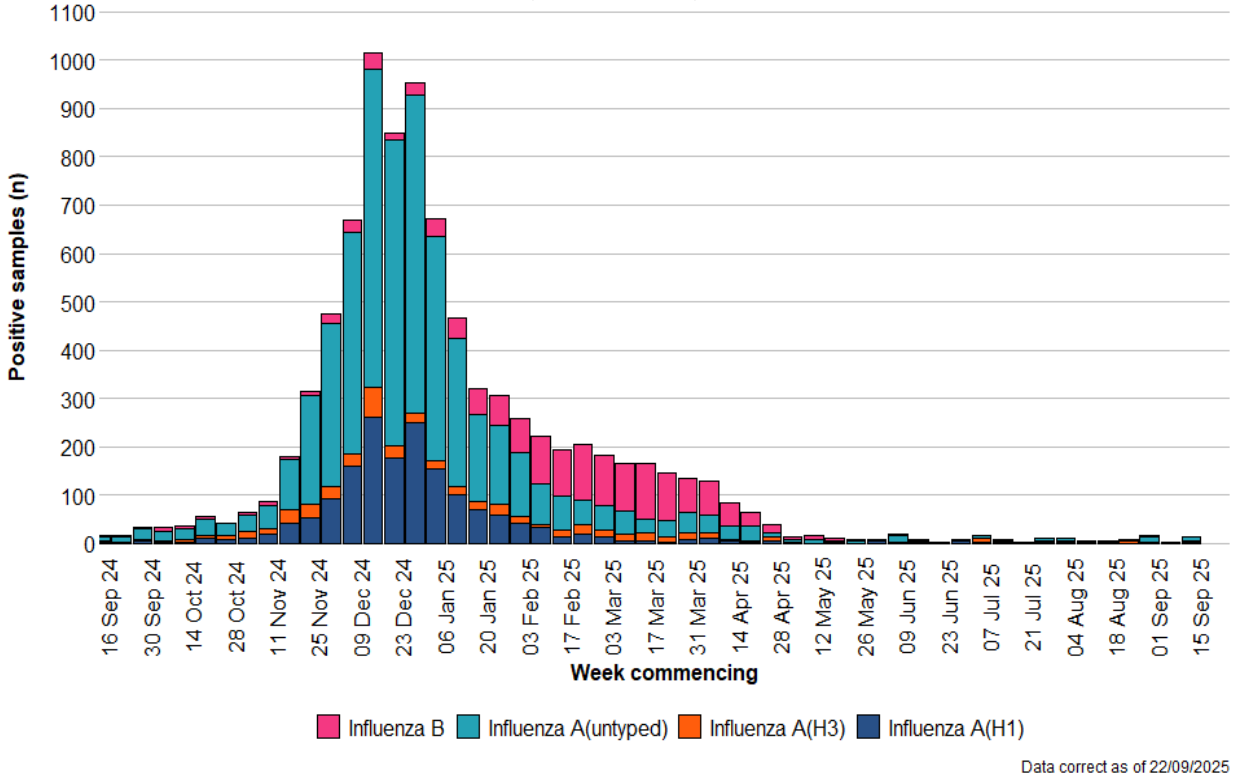


Source: Public Health Wales

B.2. Influenza Situation Update

- GP consultations for influenza-like illness increased but remained at baseline intensity. Confirmed cases of community acquired influenza admitted to hospital **increased** to **6** in the current week (compared to **0** in the previous week). Test positivity increased to 0.9%.
- There were **no** in-patient cases of confirmed influenza, and ***none*** in critical care (compared to **1** and **0** in the previous week). In week 38 2025, there were 5 confirmed cases of influenza A(H3), 1 case of influenza A(H1N1), 7 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 38, 2024 to week 38, 2025 (source: PHW)



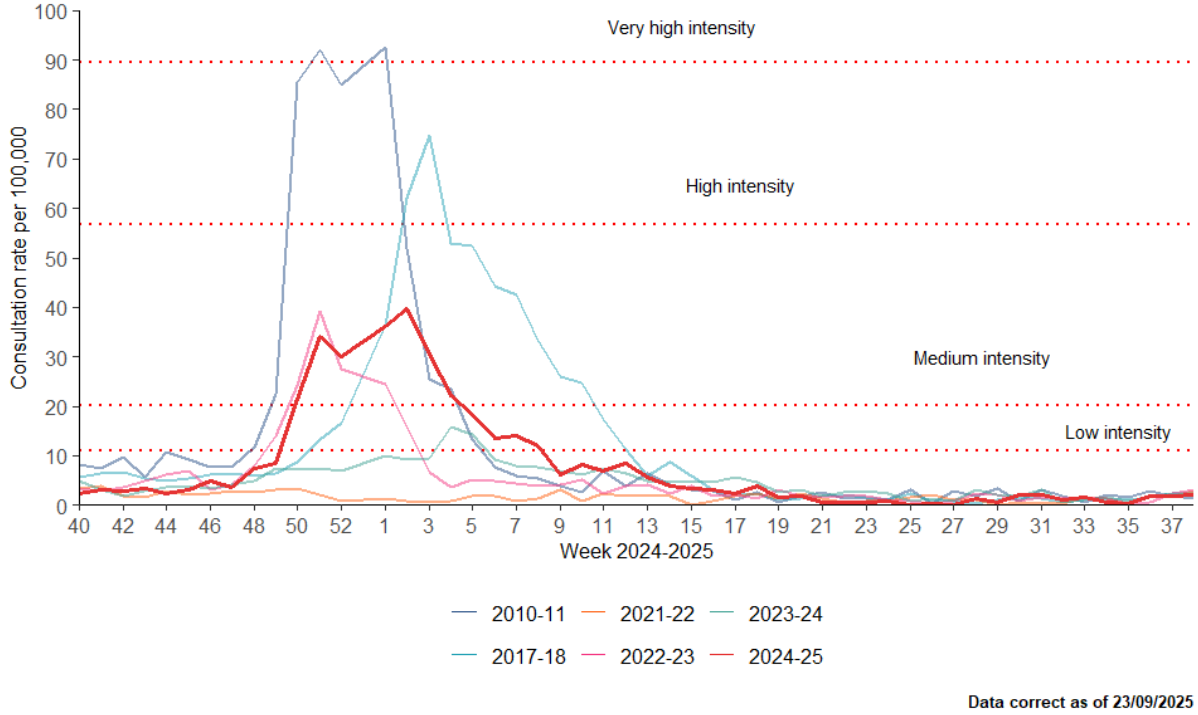
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable.

There were **2.1** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (1.8 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 15.1 ARI consultations per 100,000 practice population, an increase from 11 in the previous week. The highest rates were found in people aged under 1 year (940.9) followed by people aged 1 to 4 (437.4) and people aged 5 to 14 (165).

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)

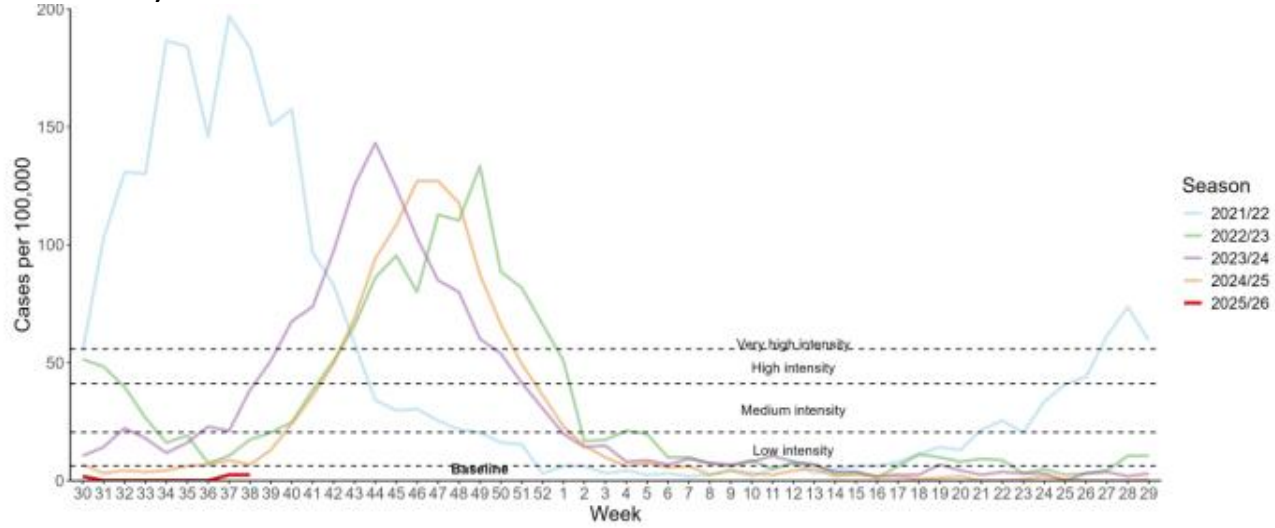


B.3. Respiratory Syncytial Virus (RSV) update

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

Incidence per 100,000 population in children aged up to 5y **remained stable** at 2.5 in the most recent week (2.5 in the previous week). During Week 38 there were four in-patient cases of confirmed RSV, and none in critical care.

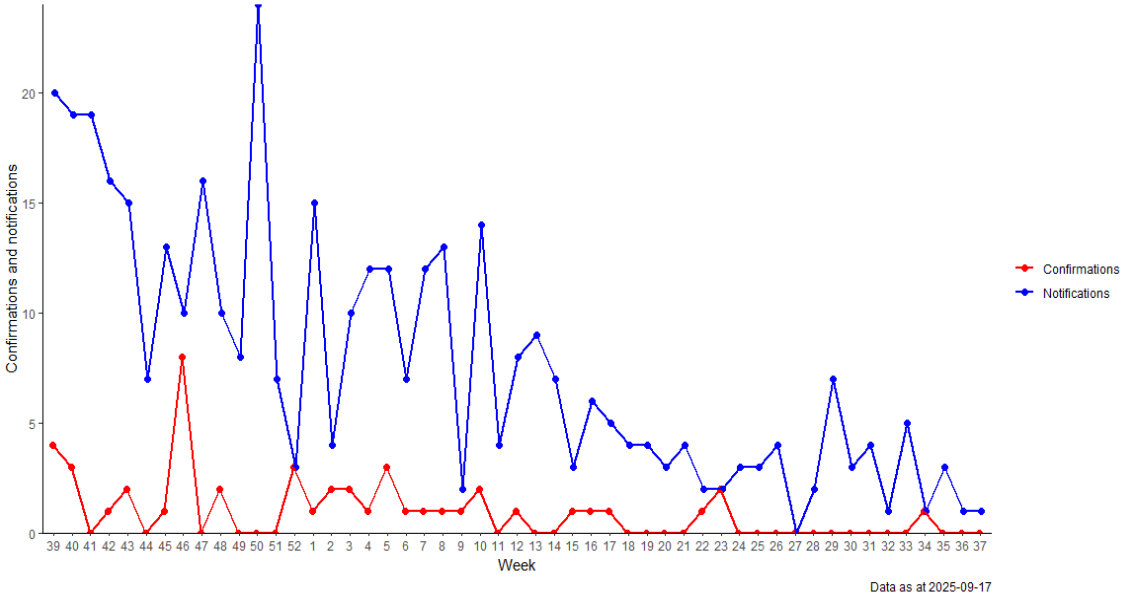
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 38 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 37 (latest available) **remained stable** and remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

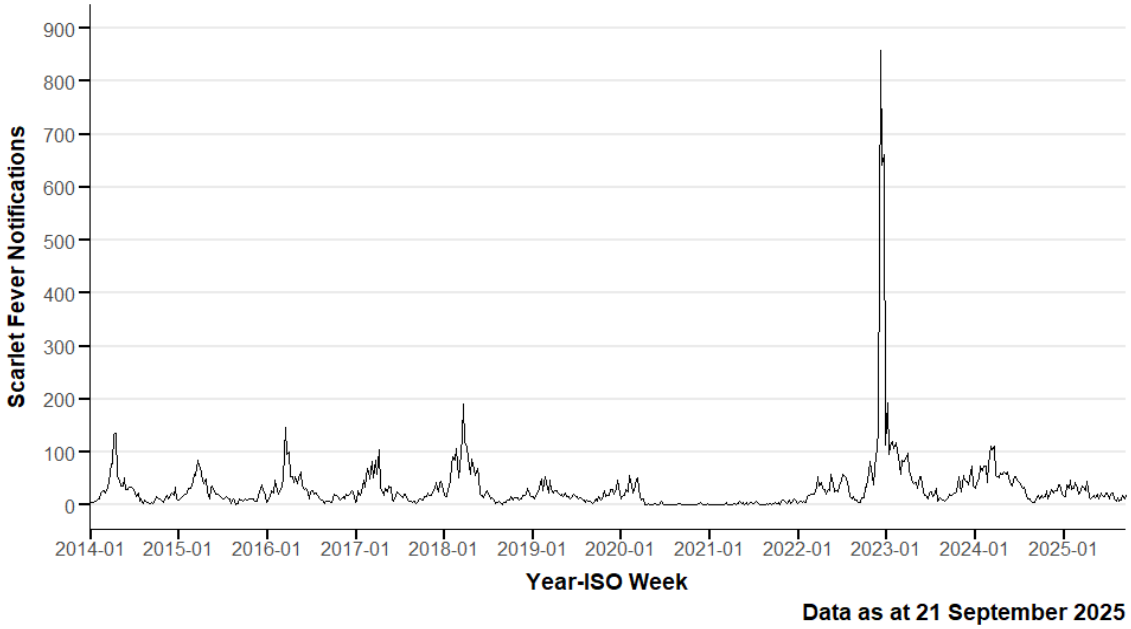
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales (source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have ***increased*** in the most recent week (week 38) as shown in the figure below.

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



B.6. Additional indicators

- The number of ambulance calls recorded referring to syndromic indicators decreased from 1,793 in the previous week to 1,689 in the latest reporting week.
- During Week 38, 2025, 6 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these five were Covid-19, and one was Rhinovirus. Five were in Residential Homes, and one was School/Nursery/Day Care.
- Thus far this season, according to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.

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 2025-26.

This uses analysis of historical data used to project forward to estimate what we may see in winter 2025/26, contributing to winter planning for NHS Wales.

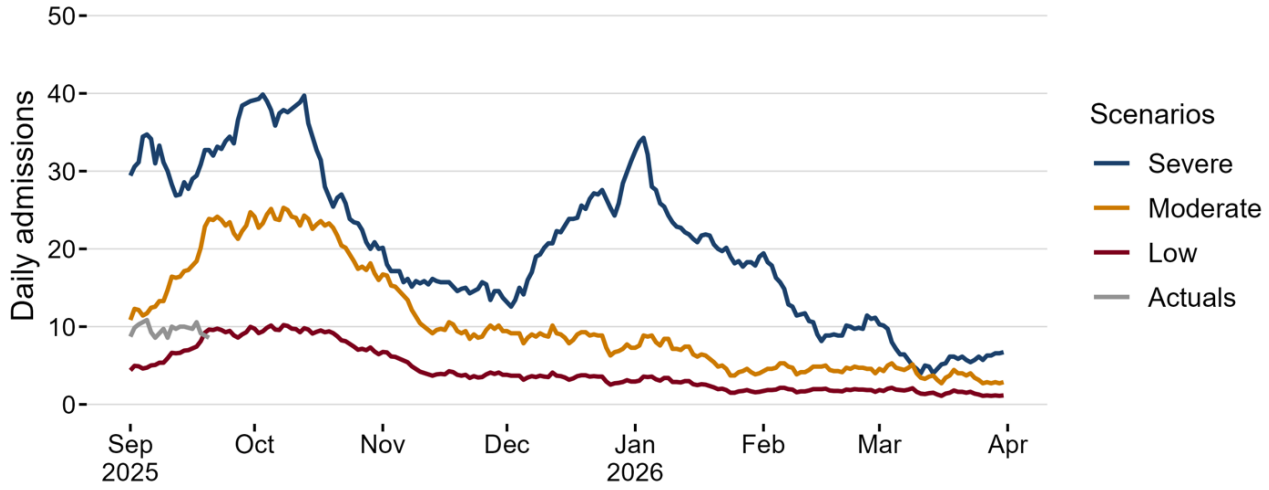
The charts that follow (Figures 9-11) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details on how the 'adjusted actuals' were estimated).

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 between the Low and Moderate scenarios.

Figure 9 Daily COVID-19 Winter 2024-5 admissions scenarios, data until 31 March 2026



Source: actuals to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA.

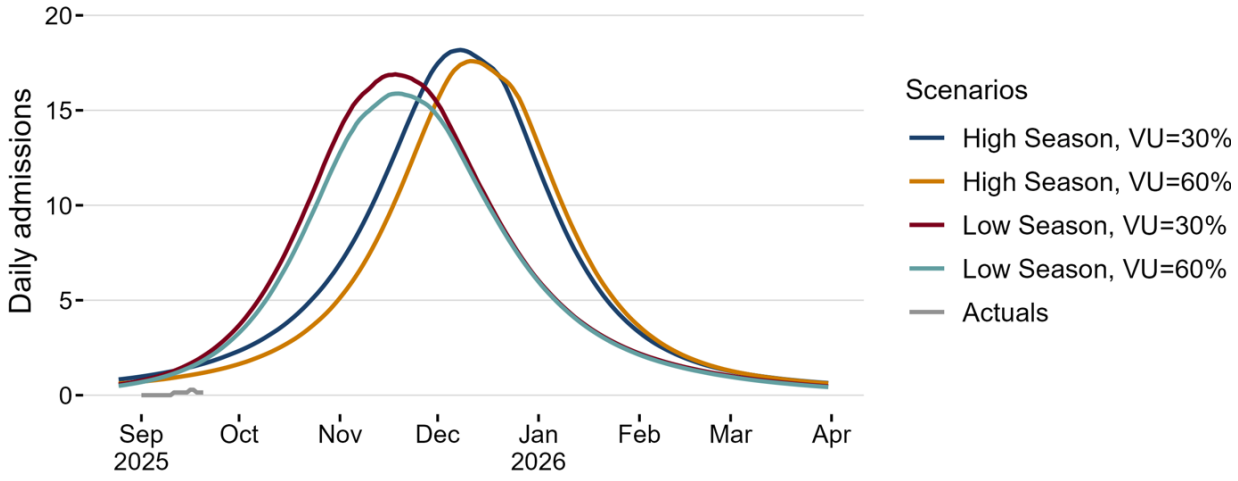
Notes

Scenarios repeat previous 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 Scenarios and are at baseline levels.

Figure 10: Daily RSV Winter 2024-25 pediatric (ages 0-4) admissions scenarios data until 31 March 2026

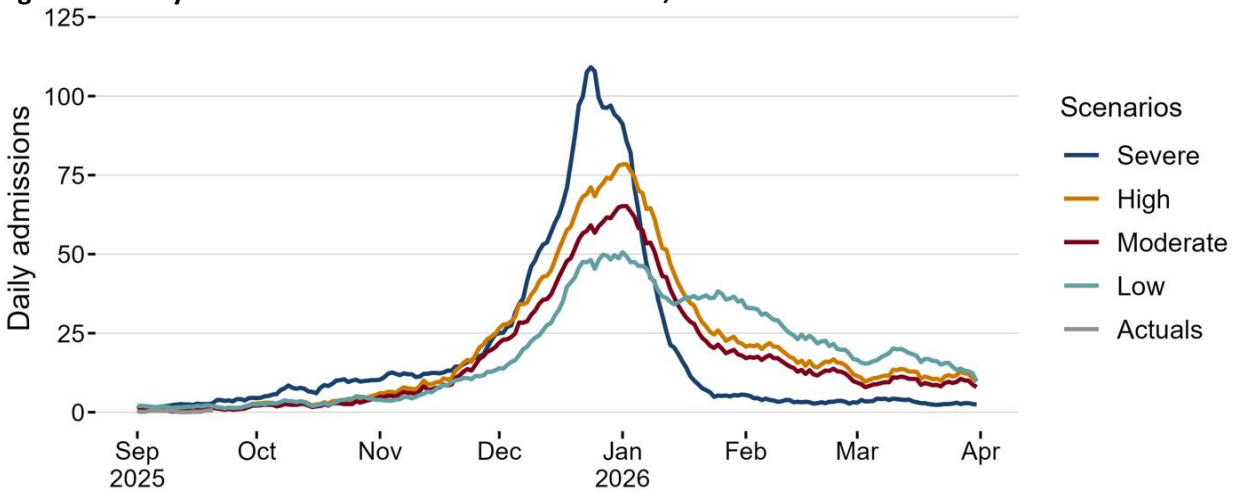


Source: Raw data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA

Influenza

Adjusted Influenza actuals are currently tracking below the Scenarios. Flu admissions are likely to rise as we progress through the flu season.

Figure 11: Daily flu winter 2025-6 admissions scenarios, data until 31 March 2026



Source: Raw data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 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.

Modelling scenario details:

- **COVID-19**: Data includes ICD-10 codes U071, U072, U099, U109. Two scenarios repeat recent year's data from Digital Health and Care Wales and one is calculated by applying a statistical technique.

Names of COVID-19 scenarios and the statistical model applied

Scenario name	Technique
Severe	Repeat of 2023/2024 data
Moderate	Repeat of 2024/2025 data
Low	SARIMA

- **RSV**: Data includes ICD-10 codes J121, J205, J210, B974.

Names of RSV scenarios, model assumptions

Scenario name	Reference Season	Vaccine uptake (VU)
High season, VU= 30%	2022/23 winter	30%
High season, VU= 60%	2022/23 winter	60%
Low season, VU= 30%	2023/24 winter	30%
Low season, VU= 60%	2023/24 winter	60%

- **Flu**: Data includes ICD-10 codes J09X, J100 to J102, J110, J108, J111, J112, J118.

Names of influenza scenarios and the statistical models applied

Scenario name	Technique
Severe	Repeat of 2022/23 data
High	Repeat of 2024/25 data
Moderate	SARIMA
Low	ETS

D. Communicable Disease Situation Update (non-respiratory)

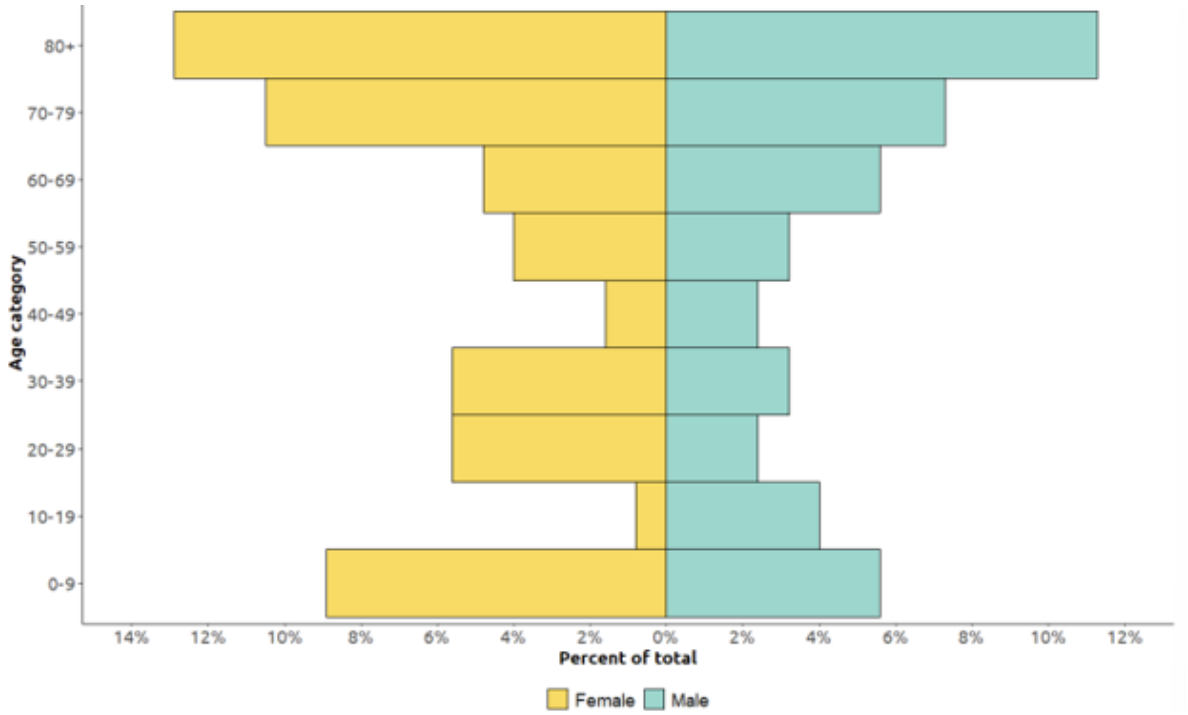
D.1. Norovirus

In the current reporting week (week 38 2025), a total of **11** Norovirus confirmed cases were reported in Welsh residents. This is the same number of cases reported in the previous reporting week (week 37 2025).

In the last 12 week period (30/06/2025 to 21/09/2025) a total of **124** Norovirus confirmed cases were reported in Welsh residents. This is a decrease **(-61.0%)** in reported cases compared to the same 12 week period in the previous year (30/06/2024 to 21/09/2024) when **318** Norovirus confirmed cases were reported.

In the last 12 weeks (30/06/2025 to 21/09/2025) **68 (54.8%)** confirmed Norovirus cases were female and **56 (45.2%)** confirmed cases were male. The age groups with the most cases were the 80+ (**30** cases) and 70-79 (**22** cases) age groups.

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (30/06/2025 to 21/09/2025)



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 38 2025 (30/06/2025 to 21/09/2025).

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 29 September 2025)

28 September 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Wetheral, Cumberland, Cumbria on 28 September 2025.

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

23 September 2025

Following successful completion of disease control activities and activities in the zone around a premises near Tiverton, Mid Devon, Devon (AIV 2025/52) the protection zone has ended and the area that formed it became a surveillance zone and following further checks, the 10km surveillance zone has now also been revoked.

23 September 2025

Following successful completion of disease control activities in the zone near Exminster, Teignbridge, Devon (AIV2025/61) the protection zone has ended and the area that formed it becomes part of the surveillance zone.

22 September 2025

The AIPZ with mandatory biosecurity measures in England has been updated to include:

- further clarity on the biosecurity measures for game bird rearers and shoot operators
- enhanced reporting requirements for all bird keepers where there are changes in morbidity, mortality or a reduction in egg production or feed and water intake.

Following successful completion of disease control activity and surveillance in the zone around a premises near Evercreech, Frome and East Somerset, Somerset (AIV 2025/60), the 3km captive bird (monitoring) controlled zone has been revoked.

E.2. Seasonal surveillance of dengue (26 September)

Since the beginning of 2025, and as of 24 September 2025, three countries in Europe have reported cases of dengue: France (24), Italy (four), and Portugal (two).

In the past week, France has reported three new locally acquired cases of dengue: two cases in a cluster in Aubagne and one case in a cluster in Fonsorbes. No other countries have reported dengue cases in the past week.

E.3. Seasonal surveillance of West Nile virus infection in the EU/EEA (26 September)

Since the beginning of 2025, and as of 24 September 2025, 12 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain, and Türkiye.

**This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.*

E.4. Seasonal surveillance of Crimean-Congo haemorrhagic fever (26 September)

Since the beginning of 2025, and as of 24 September 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three) and Greece (two).

E.5. Chikungunya virus disease (26 September)

Since the beginning of 2025, and as of 24 September 2025, two countries in Europe have reported cases of chikungunya virus disease: France (573) and Italy (268).

In the past week, France has reported 93 new locally acquired cases of chikungunya virus disease and Italy has reported 63 cases.

E.6. Ebola virus disease - Democratic Republic of the Congo - 2025 (26 September)

As of 24 September 2025, 58 cases (48 confirmed, 10 probable) of Ebola Virus Disease (EVD) have been reported in Kasai Province, Democratic Republic of the Congo (DRC), including 37 deaths (CFR 63.8%).

All confirmed cases have been reported from Bulape health zone. Children under 15 years old are the most affected group.

Of the 1 180 contacts that have been identified, 94 completed 21 days of monitoring and the remaining are under follow-up. Some 2 013 people have been vaccinated.

The current risk for EU/EEA citizens living in or travelling to Kasai province in the DRC is estimated to be low, due to the current low likelihood of exposure. For citizens in the EU/EEA the risk is very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

E.7. SARS-CoV-2 variant classification (26 September)

There has been no further update regarding SARS-CoV-2 variant classification since the last update on the 5th of September 2025.

E.8. Human cases of swine influenza A(H1N1) virus variant (26 September)

On 18 September 2025, Germany reported a human case of avian-like swine influenza A(H1N1) variant virus (clade 1C.2.2).

The patient was hospitalised in August 2025 following worsening of long-standing respiratory symptoms with onset in November 2024. The patient worked in a meat

processing plant, where he mainly had exposure to pork. No additional cases have been identified among contacts of the patient.

E.9. Nipah virus - Bangladesh – 2025 (19 September)

The WHO has reported four deaths from Nipah virus (NiV) infection in Bangladesh that have occurred between 1st January and 29th August 2025.

The deaths were reported from four different districts across three geographically separate divisions: Barisal, Dhaka and Rajshahi.

The most recent was reported outside of the typical season (December to April).

To date, no new cases have been identified among contacts of the three cases. Eleven symptomatic contacts of the fourth, most recent case, have been tested, six have tested negative for NiV and test results for the other five are pending.

E.10. Rabies alert- Bangkok – Thailand - 2025 (19 September)

Local health authorities in Bangkok, Thailand, issued an alert related to the presence of animals sick with rabies in areas of the city.

The probability of infection with rabies for EU/EEA travellers in endemic areas is very low if basic preventive measures are followed, such as avoiding contact with wild and domestic animals, including pets.

Those planning outdoor activities in high-risk zones or remote areas should receive an individual risk assessment and be offered pre-exposure rabies vaccination, if appropriate.