



Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

14 October 2025



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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 40 2025, up to 05 October 2025)

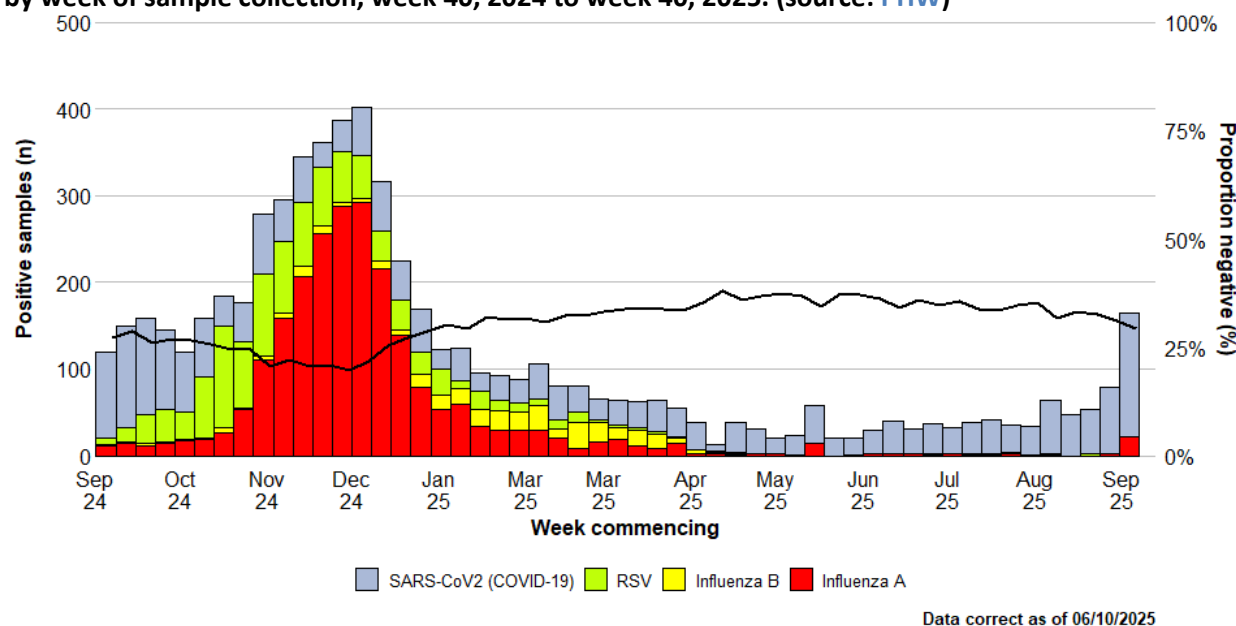
- Overall, COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **increased**.
- Influenza in-patient cases and admissions have **increased** in the latest week.
- Norovirus confirmed cases have **increased** in the most recent week (week 40).
- Whooping Cough notifications **increased** in week 39 (the latest week available).
- Scarlet Fever notifications **increased** in the most recent week (week 40).

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 40 2025 (to 05 October 2025).
- As of 05 October 2025 (week 40), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to 68 (53 in the previous week) and there were 374 in-patient cases of confirmed COVID-19, six of whom were in critical care compared to 291 and five in the previous week.
- Confirmed cases of positive tests increased to 19.0 % in hospital and non-sentinel GP practices in the most recent week (week 40) compared with 14.0% 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 is the most frequently detected variant in Wales currently, accounting for **33.1%** of sequenced cases.

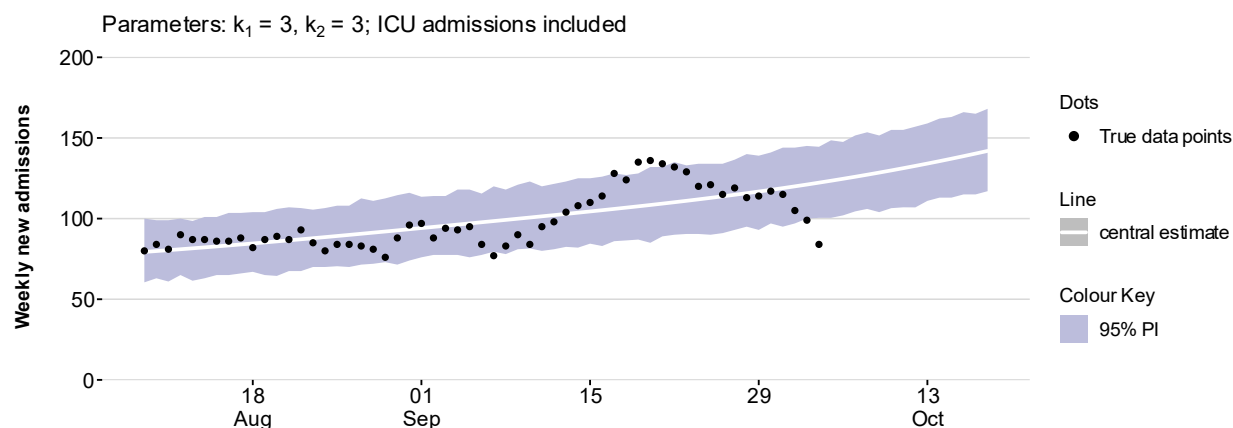
Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 40, 2024 to week 40, 2025. (source: PHW)



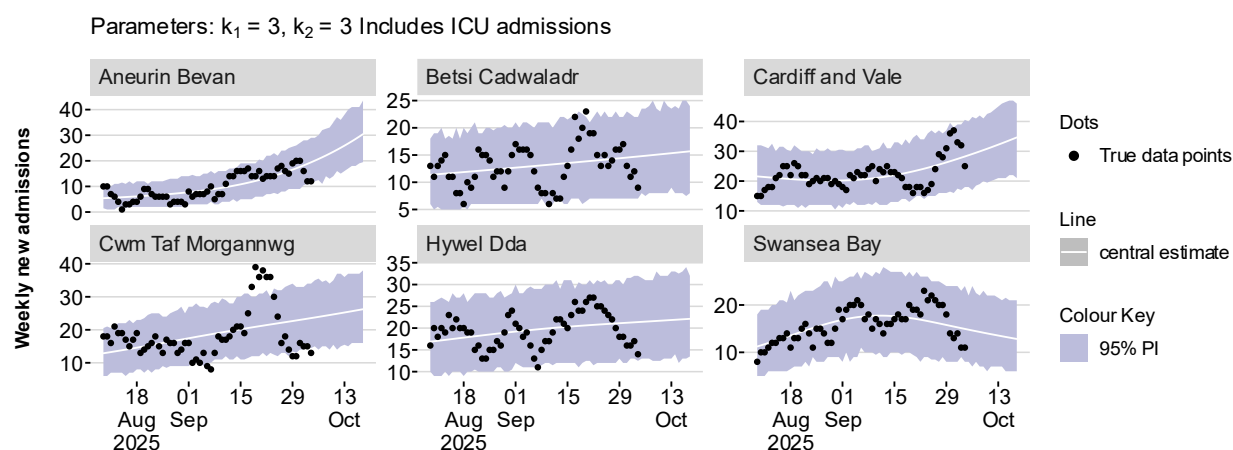
COVID-19 Short Term Projections

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 level. 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 04 October 2025 to make short term projections for COVID-19 two weeks forward (**18 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. The STPs for Wales show that COVID-19 admissions are projected to increase over the next two week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to increase in health boards in Wales except for Swansea Bay health board where a decrease 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 04 October 2025)

Source: Public Health Wales

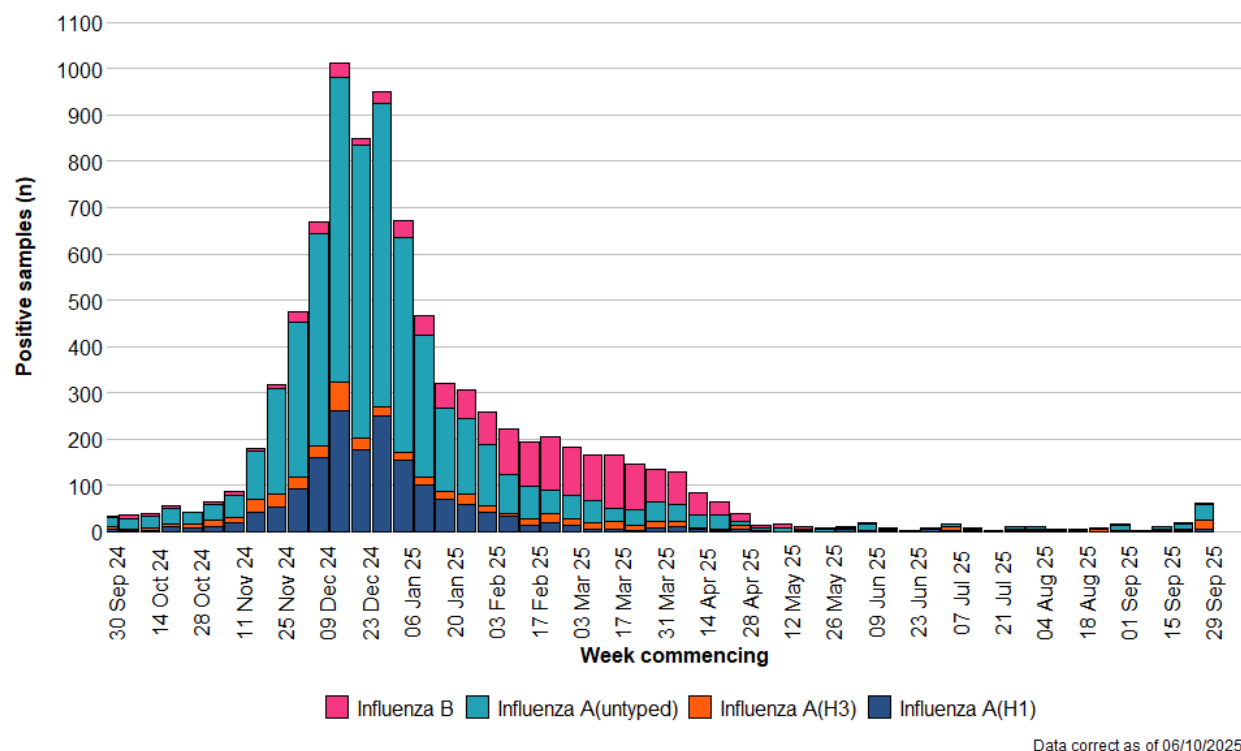
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 04 October 2025)

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 10 in the current week (compared to **2** in the previous week). Test positivity increased to 2.2%.
- There were **13** in-patient cases of confirmed influenza and **one** in critical care, compared to **0** and **none** in the previous week. In week 40 2025, there were 20 confirmed cases of influenza A(H3), 4 cases of influenza A(H1N1), 35 influenza A untyped and 1 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 40, 2024 to week 40, 2025 (source: PHW)



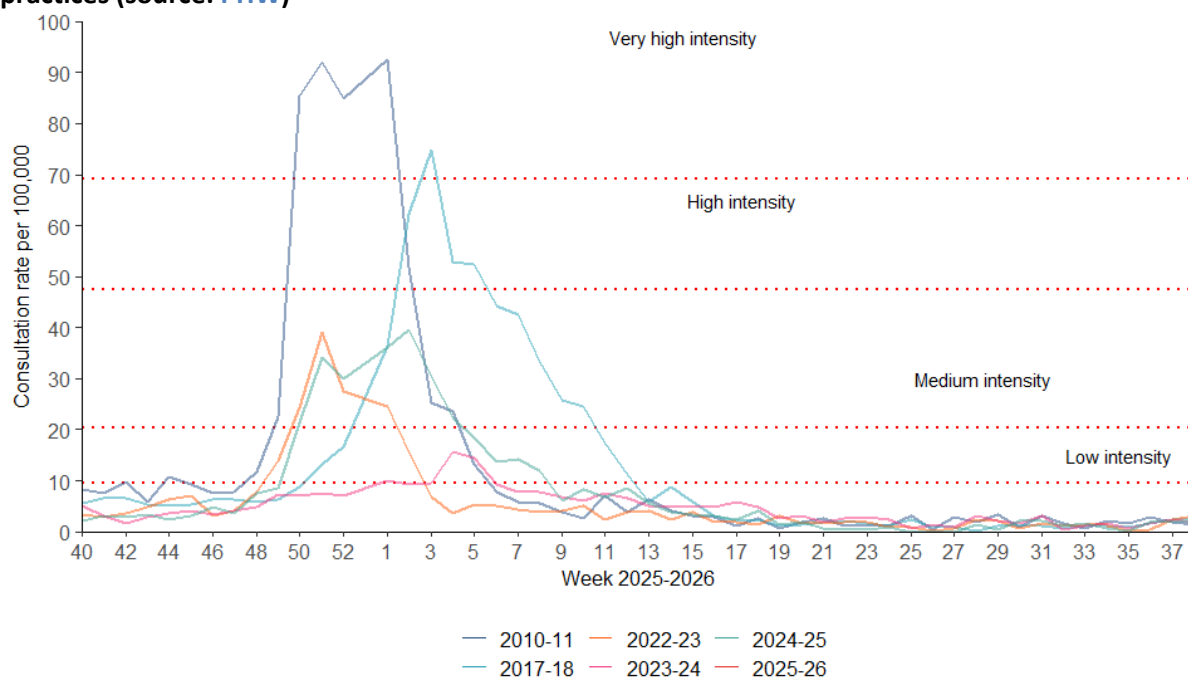
The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is increasing.

There were **5.8** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (3.2 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 16.2 ARI consultations per 100,000 practice population, stable compared to 16.1 in the previous week. The highest rates were found in people aged under 1 year (812.4) followed by people aged 1 to 4 (536.2) and people aged 75+ (219.1).

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)



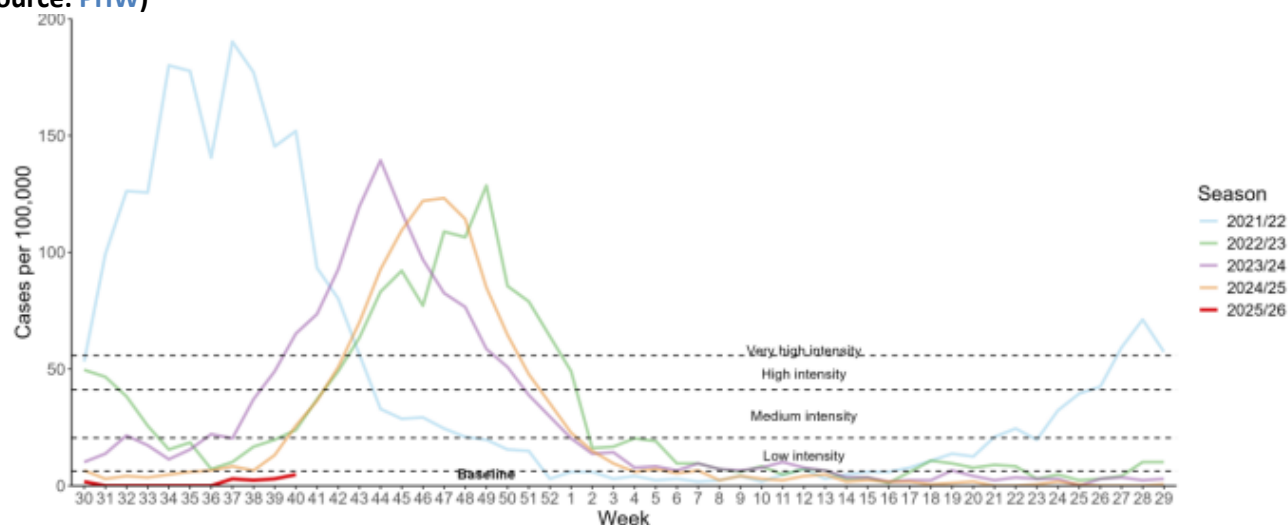
Data correct as of 07/10/2025

B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to 6.

Incidence per 100,000 population in children aged up to 5y **increased** to 4.8 in the most recent week (3.1 in the previous week). During Week 40 there were four in-patient cases of confirmed RSV, and none in critical care.

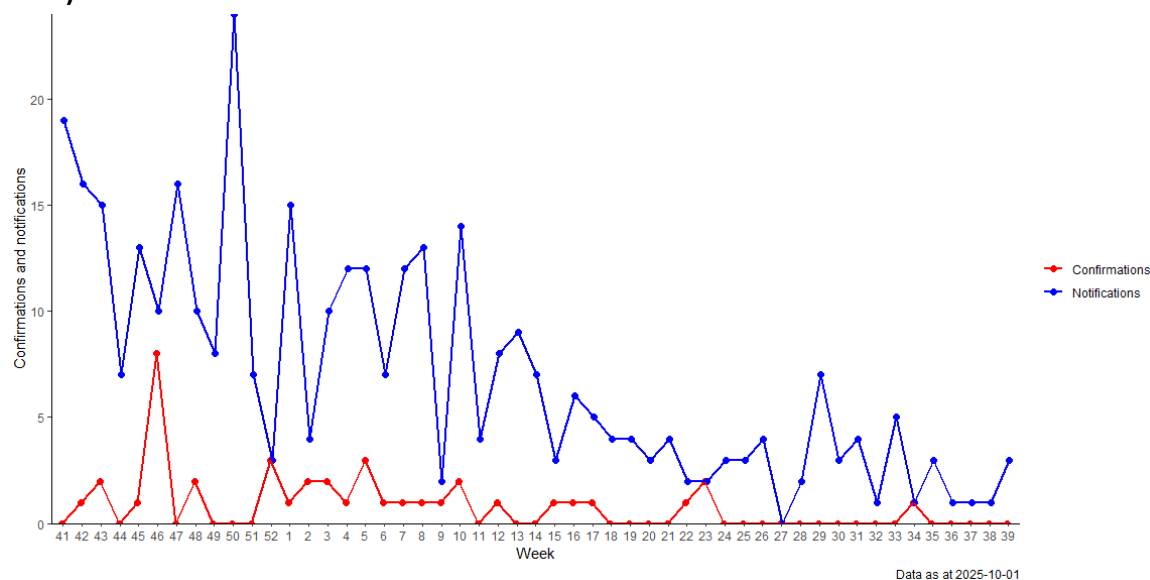
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 40 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 39 (latest available) **increased** but remain at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

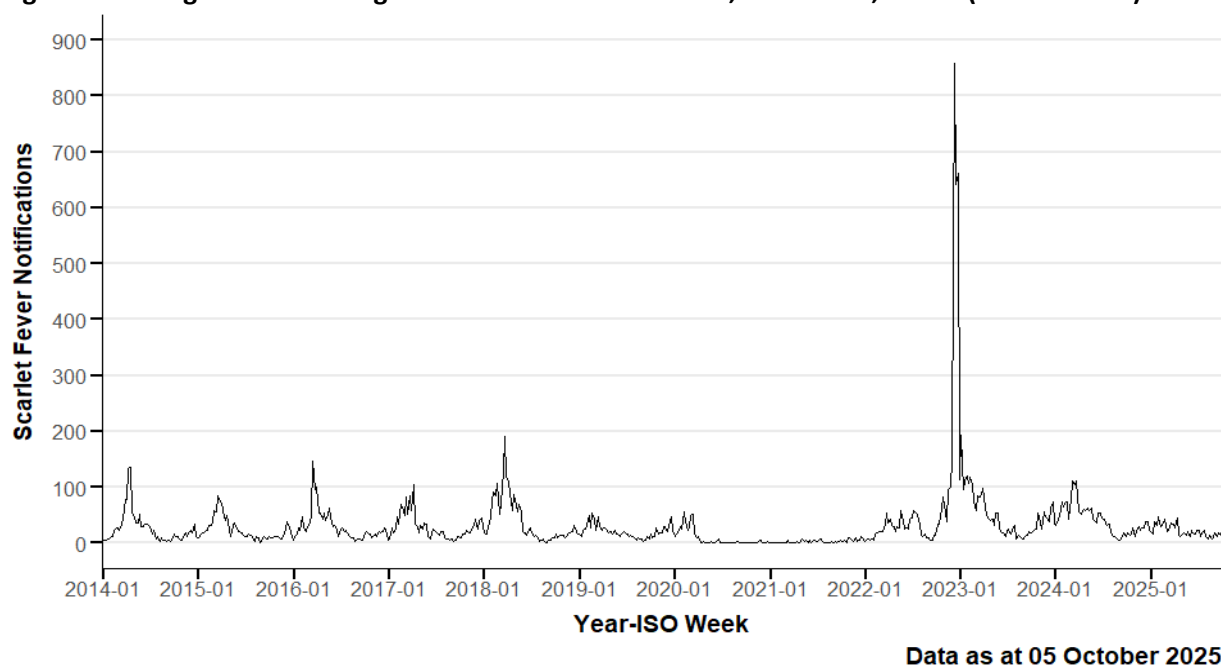
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** in the most recent week (week 40) 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 increased from 1,746 in the previous week to 1,784 in the latest reporting week.
- During Week 40, 2025, 13 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these eight were COVID-19, one was COVID-19/Parainfluenza, one was COVID-19/Rhinovirus, one was Influenza A, one was Rhinovirus, and one was Rhinovirus/Enterovirus/Influenza-Like-Illness. 12 were in Residential Homes, and one was in 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.

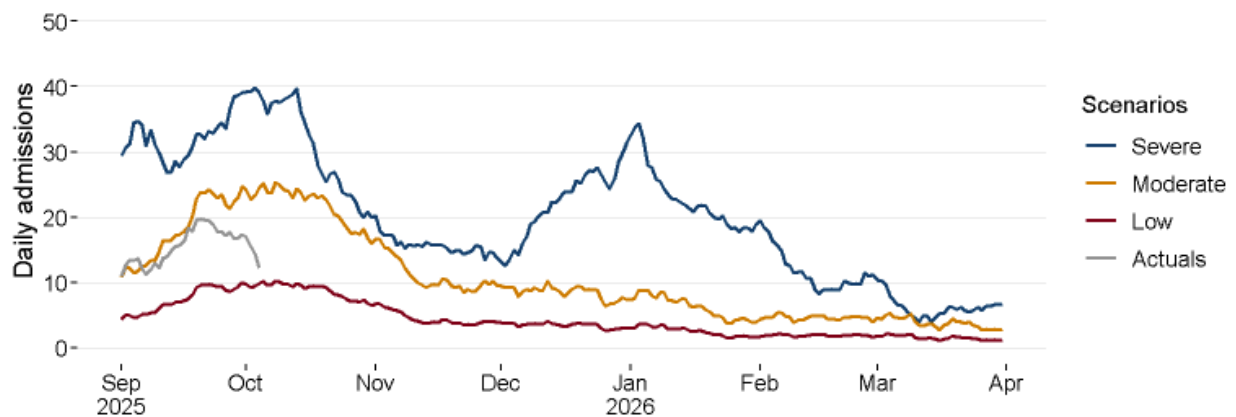
The charts that follow (Figures 9-11) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details on how the 'actuals' were estimated).

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

COVID-19

COVID-19 admissions actuals are currently between the Low and Moderate scenarios.

Figure 9: Daily COVID-19 Winter 2025-6 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.

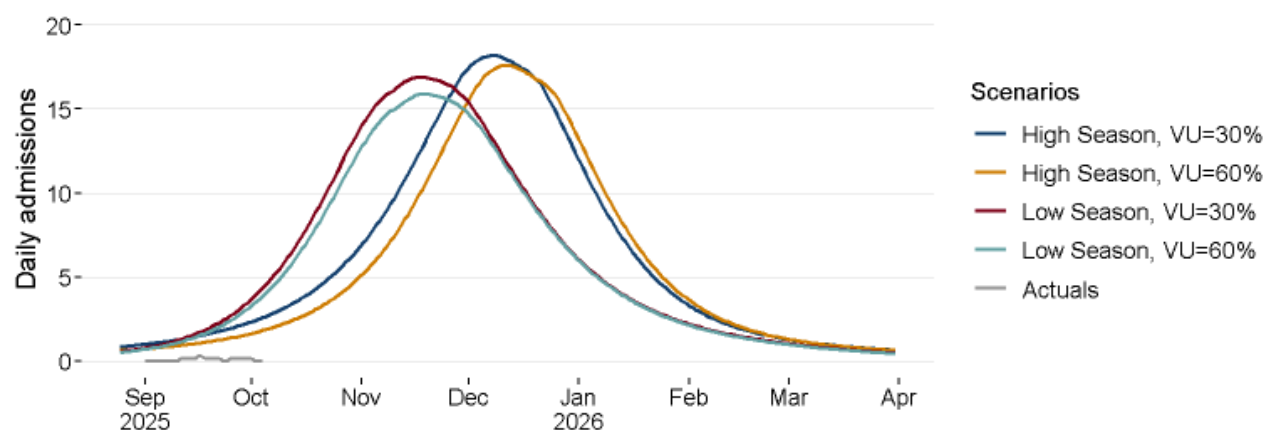
Notes

Scenarios repeat previous year's data from Digital Health and Care Wales. Includes ICD-10 codes U071, U072, U099, U109.

RSV

RSV admissions actuals are currently tracking below the Scenarios and are at low levels.

Figure 10: Daily RSV winter 2025-26 paediatric (ages 0-4) admissions scenarios data until 31 March 2026

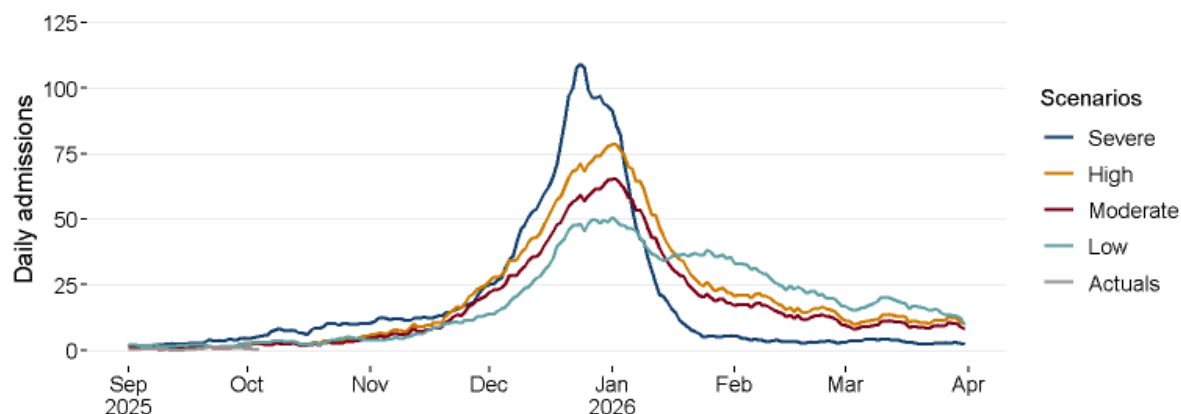


Source: Raw data to 31 March 2024 provided by DHCW, projected scenarios from 1 September 2024 to 31 March 2025 from SEA.

Influenza

Influenza admissions actuals are currently 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)

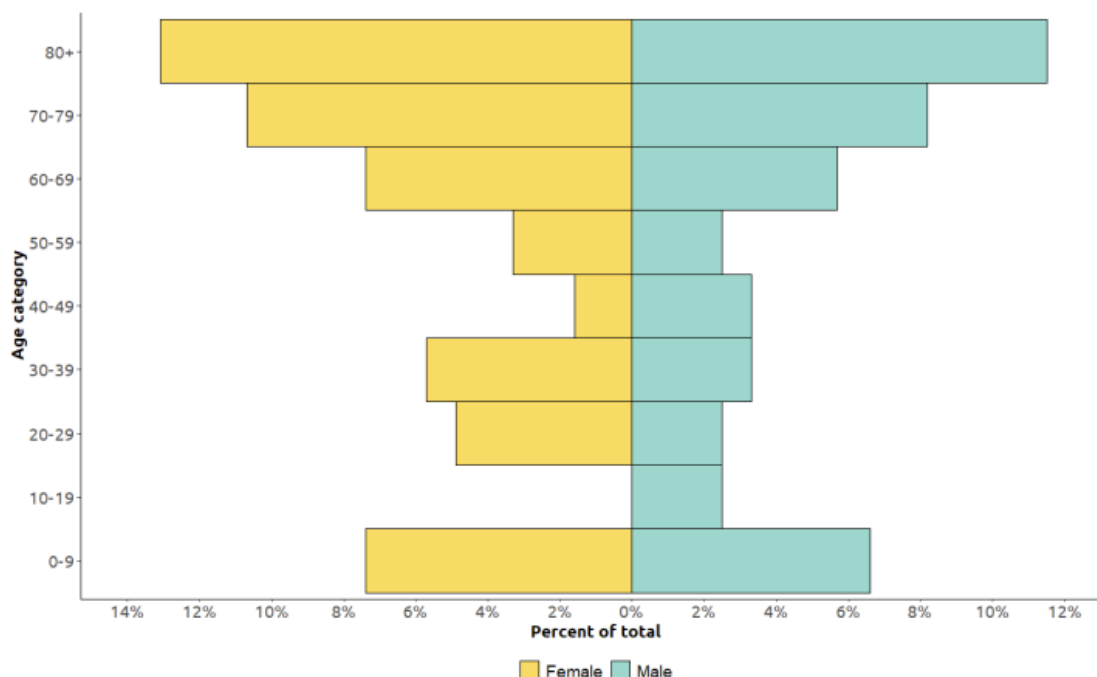
D.1. Norovirus

In the current reporting week (week 40 2025), a total of **10** Norovirus cases were reported in Welsh residents. This is an increase **(66.7%)** in reported cases compared to the previous reporting week (week 39 2025) when **6** Norovirus confirmed cases were reported.

In the last 12 week period (14/07/2025 to 05/10/2025) a total of **122** Norovirus cases were reported in Welsh residents. This is a decrease **(-55.8%)** in reported cases compared to the same 12 week period in the previous year (14/07/2024 to 05/10/2024) when **276** Norovirus cases were reported.

In the last 12 weeks (14/07/2025 to 05/10/2025) **66 (54.1%)** confirmed Norovirus cases were female and **56 (45.9%)** confirmed cases were male. The age groups with the most cases were the 80+ (**30** cases) and 70-79 (**23** cases) age groups.

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (14/07/2025 to 05/10/2025)



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 40 2025 (14/07/2025 to 05/10/2025).

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 13 October 2025)

13 October 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in poultry at a [premises near Wybunbury, Cheshire East, Cheshire \(AIV 2025/64\)](#) on 13 October 2025. This was a commercial flock with more than 10,000 birds.

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

11 October 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in captive birds at a [premises near Stockbridge, Test Valley, Hampshire \(AIV 2025 63\)](#) on 11 October 2025.

A 3km captive bird (monitoring) controlled zone has been declared around the premises. All poultry on the premises will be humanely culled.

E.2. [Bluetongue serotype 3 \(BTV-3\) at a premises in Monmouthshire, Wales](#) (up to 13 October)

There has been no further update regarding Bluetongue serotype 3 (BTV-3) since the 29th of September 2025.

E.3. [Seasonal surveillance of dengue](#) (10 October)

Since the beginning of 2025, and as of 8 October 2025, three countries in Europe have reported cases of dengue: France (28), Italy (4), and Portugal (2).

In the past week, France has reported two new locally acquired cases of dengue, one in a cluster in Aubagne and one in a new cluster in Roques. Three clusters in France are currently active.

No other countries have reported dengue cases in the past week.

E.4. [Seasonal surveillance of West Nile virus infection in the EU/EEA](#) (10 October)

Since the beginning of 2025, and as of 8 October 2025, 13 countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, 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.5. [Seasonal surveillance of Crimean-Congo haemorrhagic fever](#) (10 October)

Since the beginning of 2025, and as of 8 October 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (3) and Greece (2).

The most recent case reported to ECDC was in week 32.

E.6. [Chikungunya virus disease](#) (10 October)

Since the beginning of 2025, and as of 8 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (700) and Italy (353).

In the past week, France has reported 63 new locally acquired cases of chikungunya virus disease and Italy has reported 30 cases.

E.7. [Ebola virus disease - Democratic Republic of the Congo - 2025](#) (10 October)

As of 5 October 2025, 64 cases (53 confirmed and 11 probable) of Ebola virus disease (EVD) have been reported in Kasai Province, Democratic Republic of the Congo (DRC), including 43 deaths (32 confirmed and 11 probable; case fatality rate (CFR) among all cases: 67.2%).

All confirmed cases have been reported from Bulape health zone. A total of 1,985 contacts have been identified and 20,190 individuals have been vaccinated.

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

E.8. [SARS-CoV-2 variant classification](#) (10 October)

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