Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

21 October 2025

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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 41 2025, up to 12 October 2025)

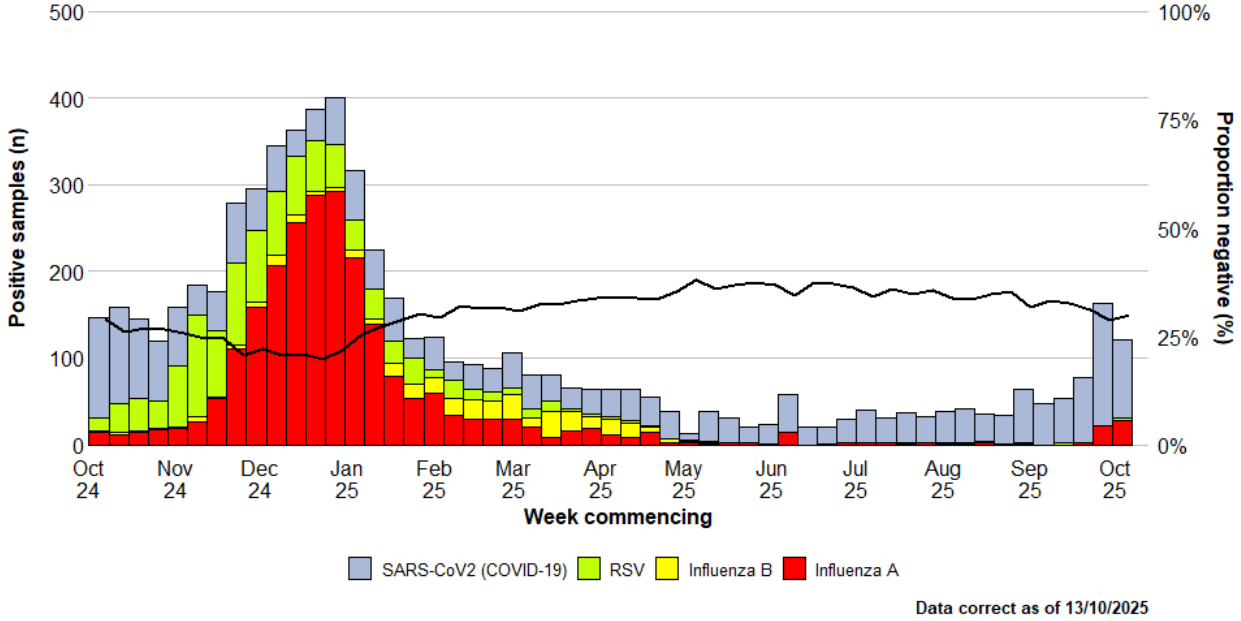
- Overall, COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **remained stable**.
- Influenza in-patient cases and admissions have **increased** in the latest week.
- Norovirus confirmed cases are **unchanged** in the most recent week (week 41).
- Whooping Cough notifications have **increased** in the most recent week (week 41).
- Scarlet Fever notifications **decreased** in the most recent week (week 41).

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 **decreased** and the number of cases who were inpatients **increased** in week 41 2025 (to 12 October 2025).
- As of 12 October 2025 (week 41), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 61 (68 in the previous week) and there were 415 in-patient cases of confirmed COVID-19, six of whom were in critical care compared to 374 and six in the previous week.
- Confirmed cases of positive tests decreased to 13.4 % in hospital and non-sentinel GP practices in the most recent week (week 41) compared with 19.0% in the previous week. Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 remained stable in the most recent week.
- In the last six weeks, Omicron XFG is the most frequently detected variant in Wales currently, accounting for **27.9%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 41, 2024 to week 41, 2025. (source: PHW)

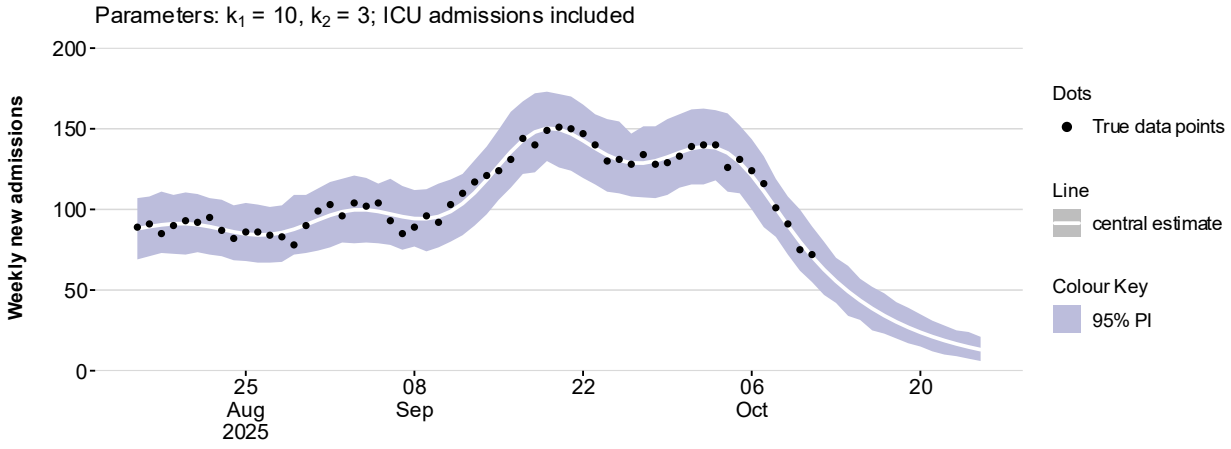


COVID-19 Short Term Projections

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.

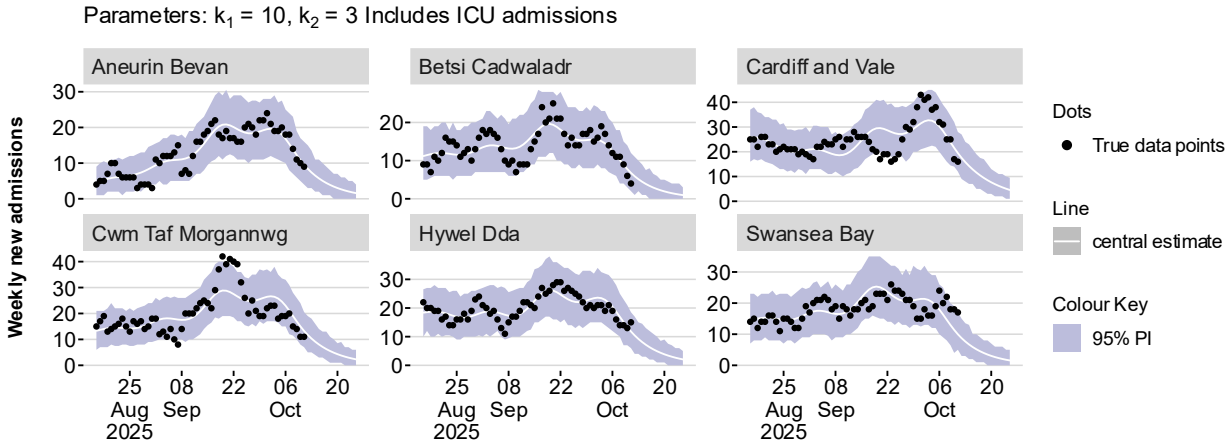
The COVID-19 STPs uses admissions data from PHW until 11 October 2025 to make short term projections for COVID-19 two weeks forward **(25 October 2025)**. The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval of the projections. The STPs for Wales show that COVID-19 admissions are projected to 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 over the next two weeks.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 11 October 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 11 October 2025)

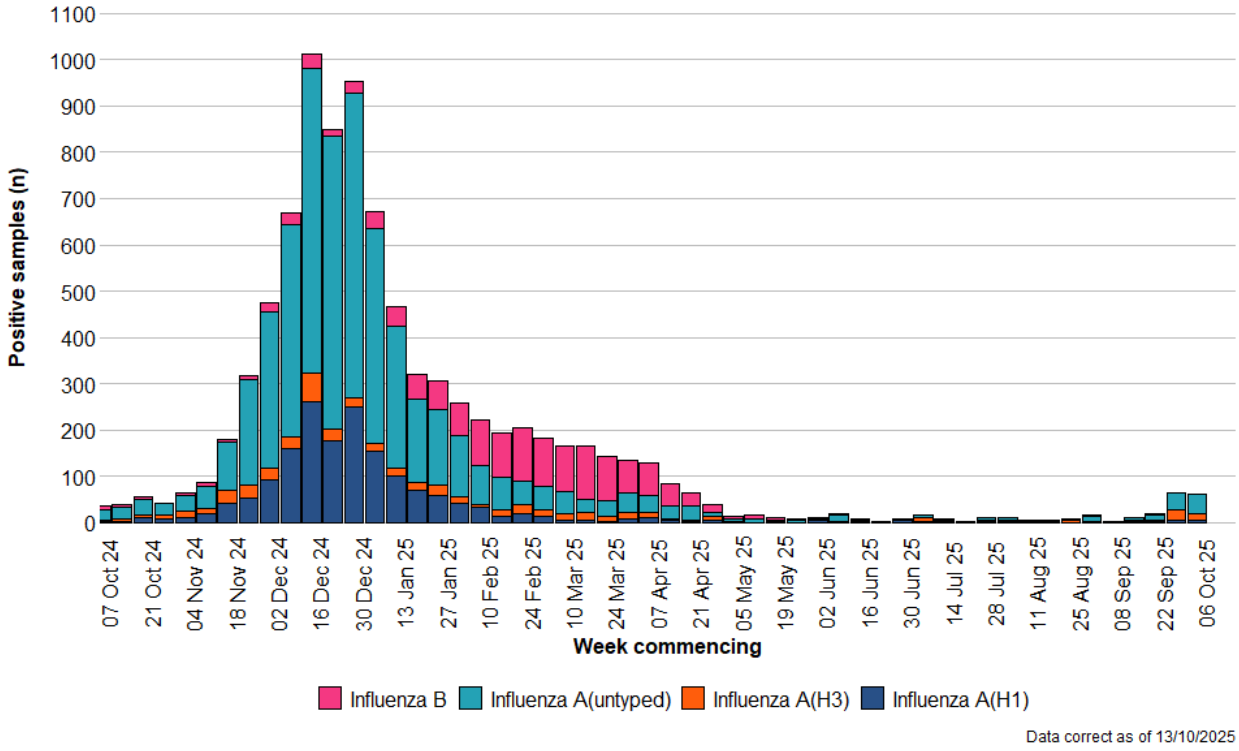


Source: Public Health Wales

B.2. Influenza Situation Update

- GP consultations for influenza-like illness decreased and remained at baseline intensity. Confirmed cases of community acquired influenza admitted to hospital ***increased*** to 23 in the current week (compared to **10** in the previous week). Test positivity remained stable at 2.2%.
- There were **21** in-patient cases of confirmed influenza, **none** of whom were in critical care, compared to **13** and **one** in the previous week.
- In week 41 2025, there were 13 confirmed cases of influenza A(H3), 6 cases of influenza A(H1N1), 41 influenza A untyped and zero 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 41, 2024 to week 41, 2025 (source: PHW)



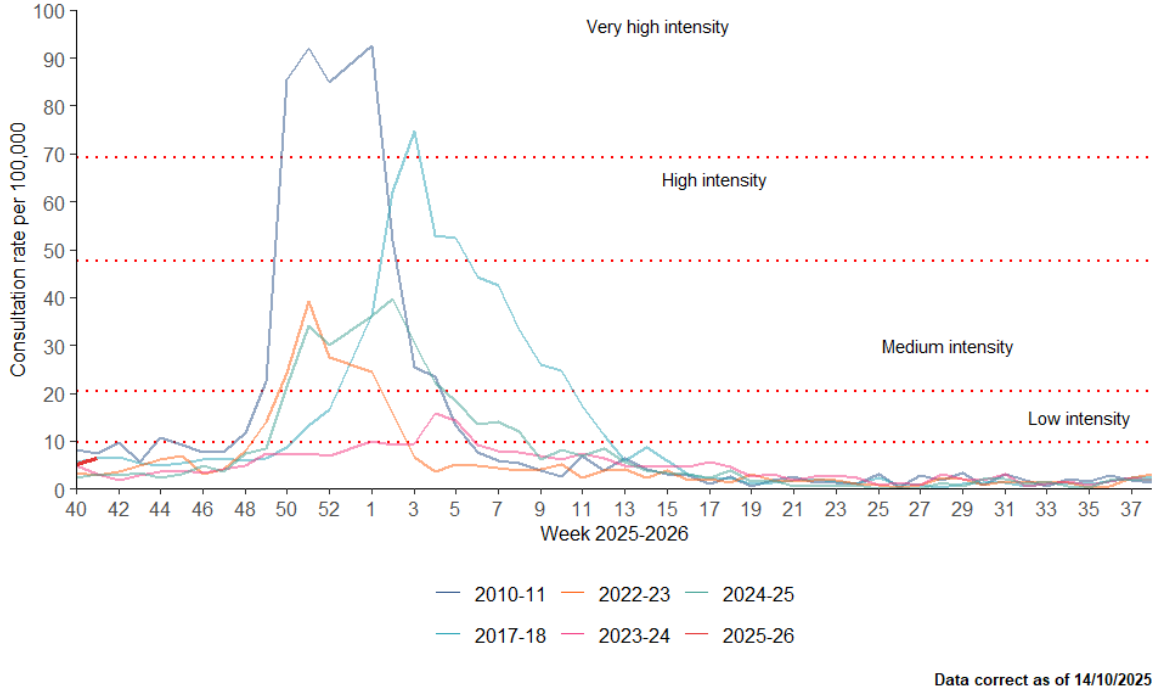
The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is increasing.

There were **6.5** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (5.1 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 12.9 ARI consultations per 100,000 practice population, a decrease from 16.2 in the previous week. The highest rates were found in people aged under one year (1,307.2) followed by people aged one to four (554.5) and people aged 5 to 14 (198.8).

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)

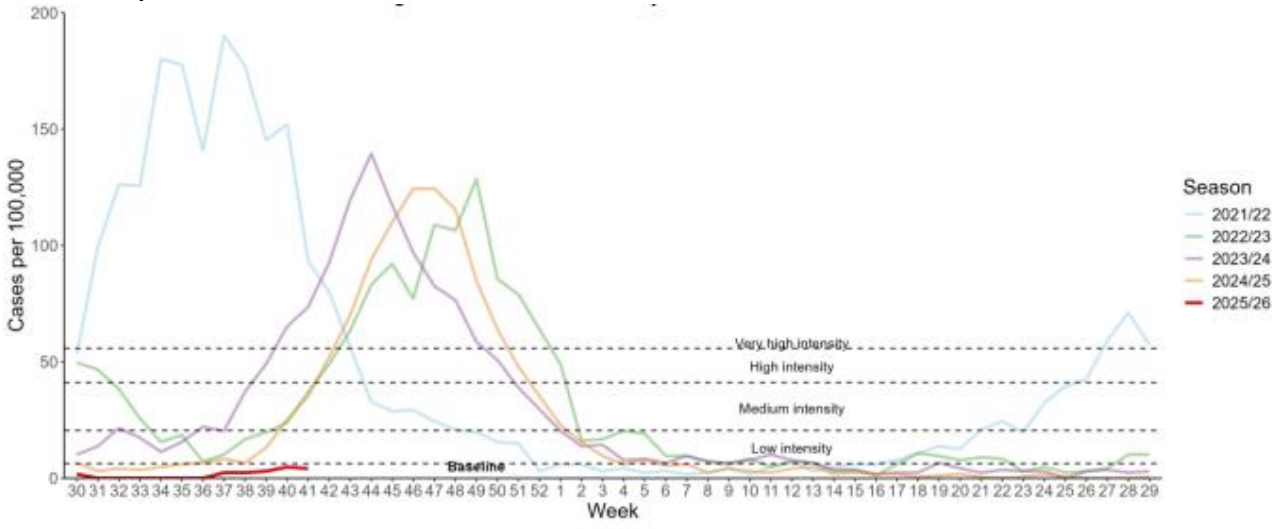


B.3. Respiratory Syncytial Virus (RSV) update

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

Incidence per 100,000 population in children aged up to 5y **was stable** at 4.2 in the most recent week (**4.8** in the previous week). During Week 41 there were five in-patient cases of confirmed RSV, and none in critical care.

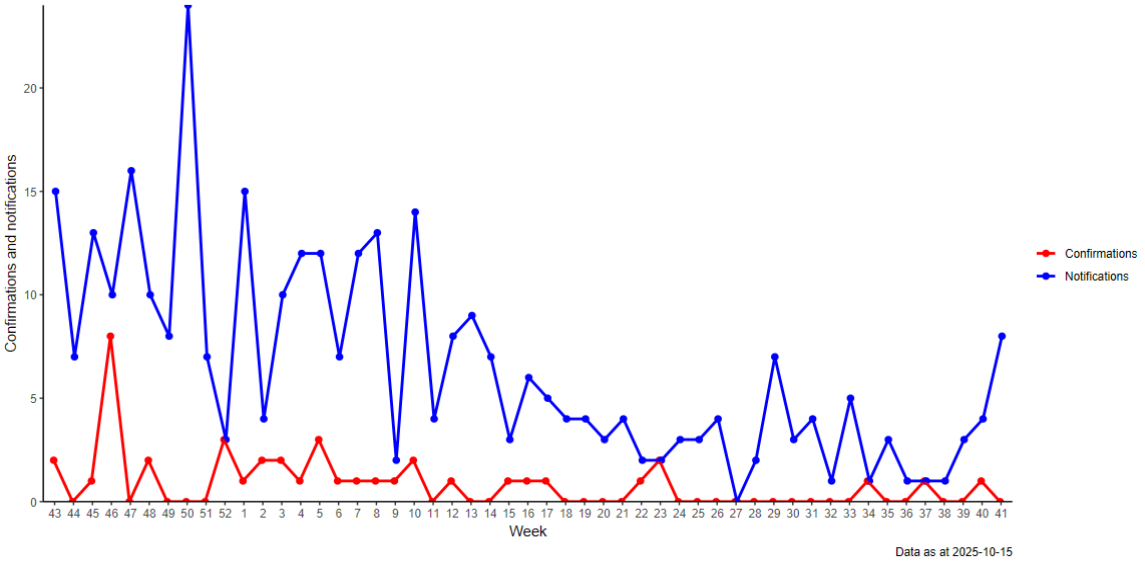
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 41 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 41 ***increased***. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

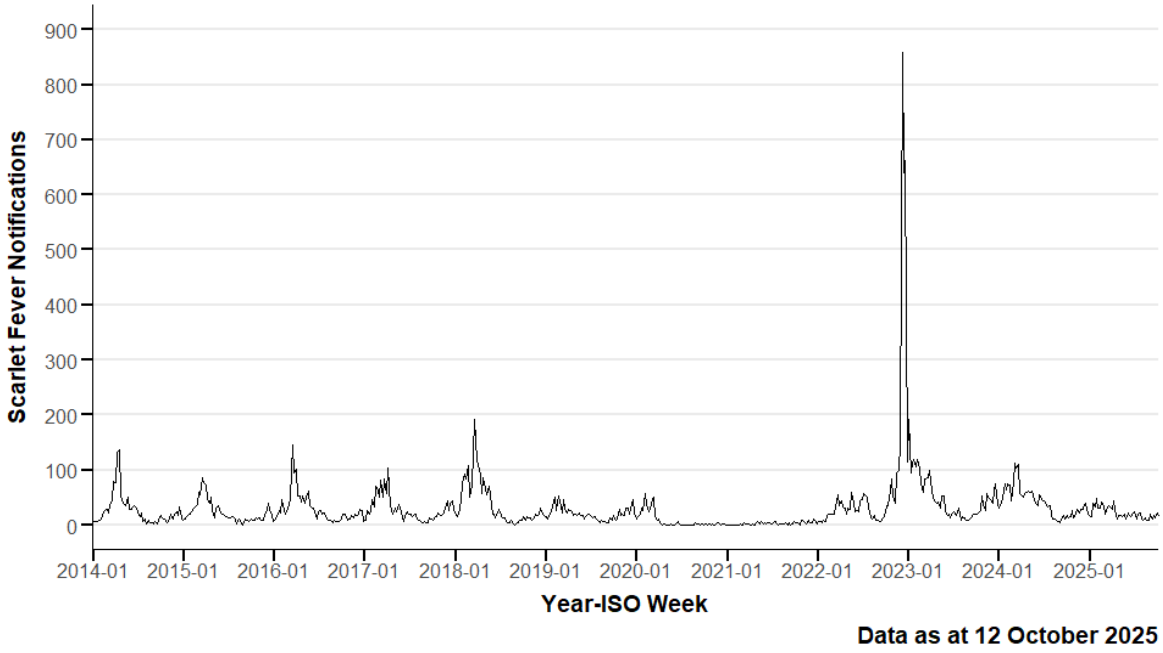
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (source: PHW)



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 41) 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 1,778 in the previous week to 1,801 in the latest reporting week.
- During Week 41, 2025, eight ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, one was Acute Respiratory Infection (ARI)-Like Symptoms, one was Cold-Like Symptoms, five were COVID-19 and one was influenza. Seven were in a Residential Home and one was in a School/Nursery/Day Care setting.
- 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.

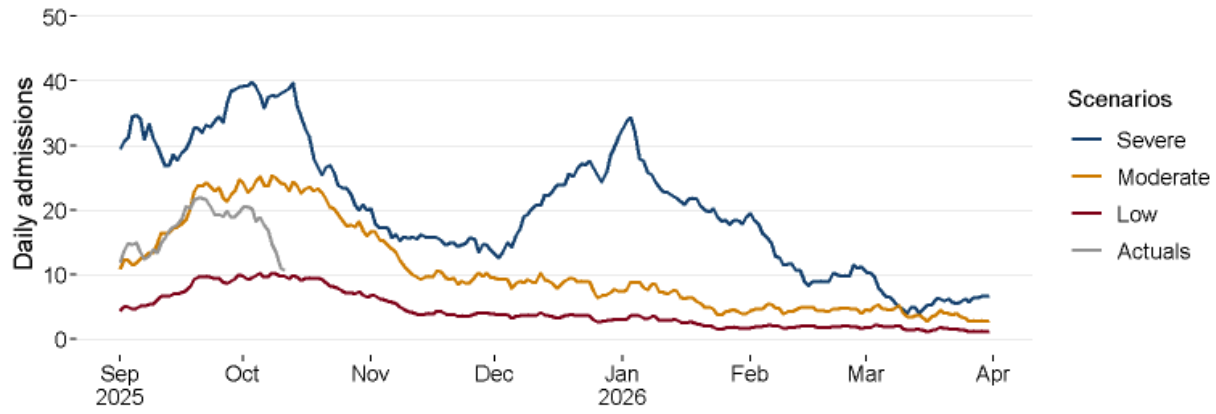
The charts that follow (Figures 9-11) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details on how the 'actuals' were estimated).

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 just above the Low scenario.

Figure 9: Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 11 October 2025)



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 11 October 2025 from PHW.

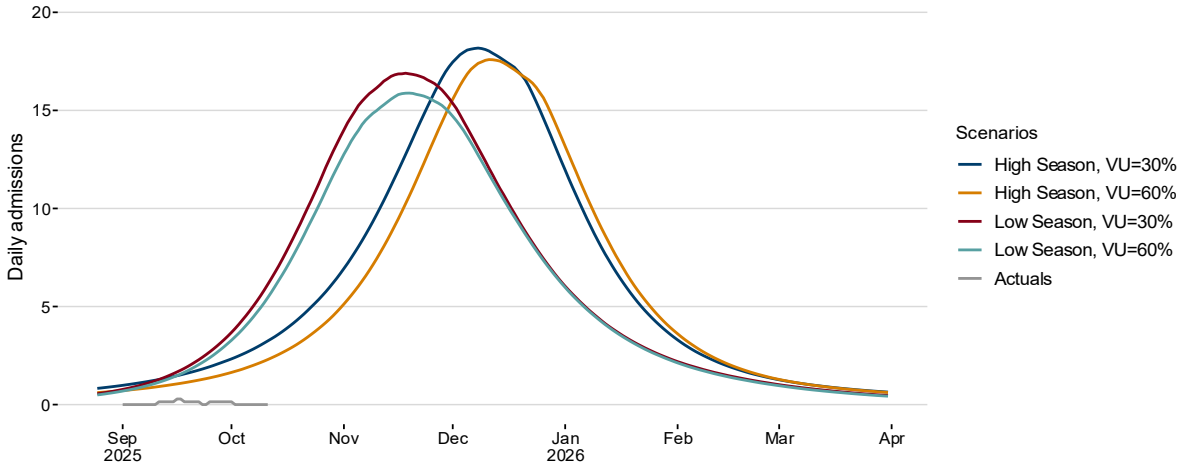
Notes

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, modelling to 31 March 2026 (actuals data until 11 October 2025)

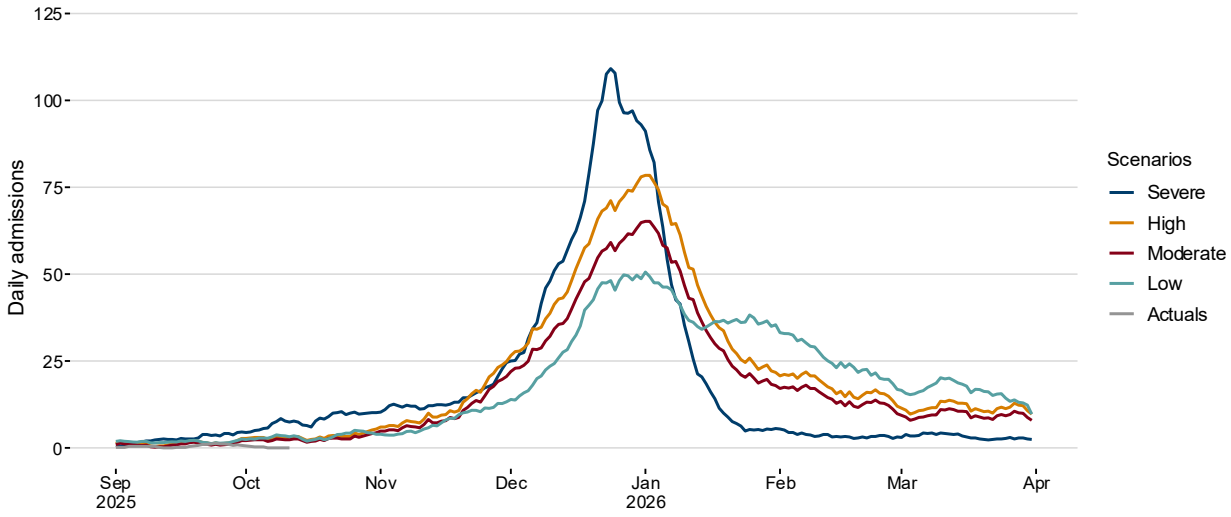


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 11 October 2025 from PHW.

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 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 11 October 2025)



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 11 October 2025 from PHW.

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)

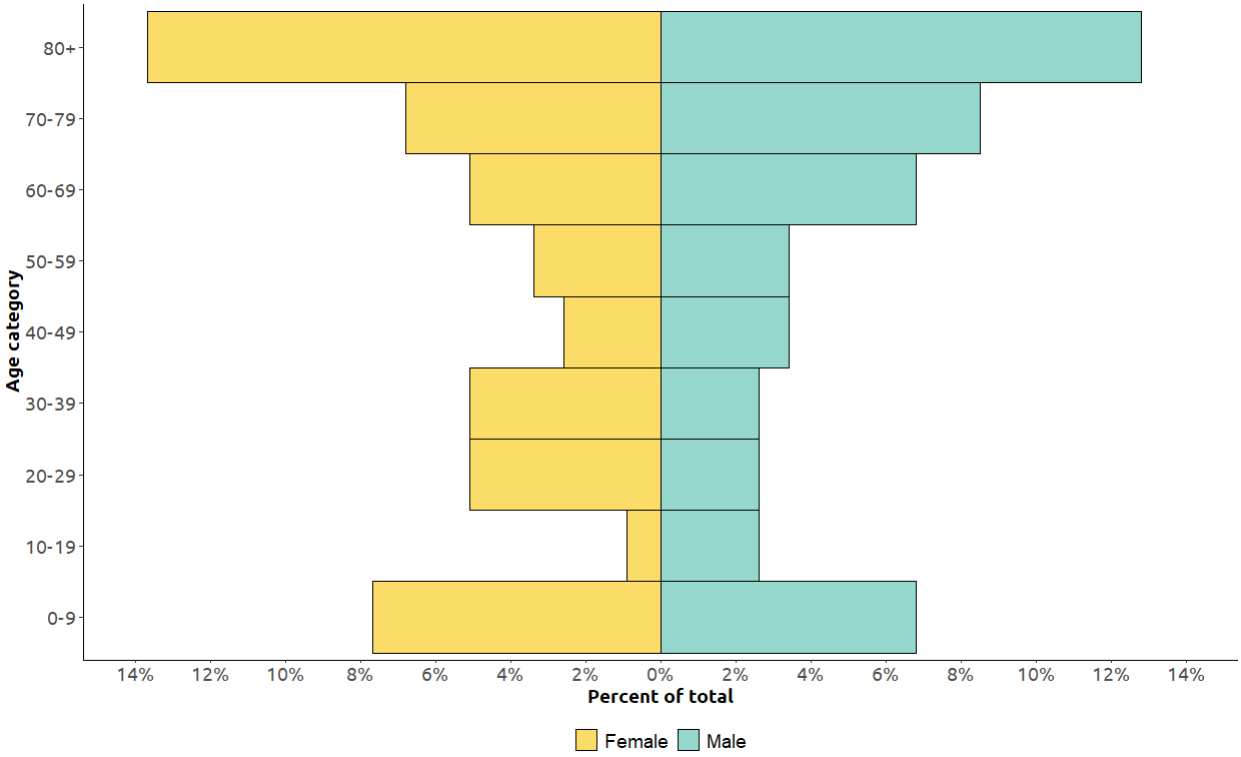
D.1. Norovirus

In the current reporting week (week 41 2025), a total of **10** Norovirus cases were reported in Welsh residents. This is **no different** from the number of reported cases compared to the previous reporting week (week 40 2025).

In the last 12 week period (21/07/2025 to 12/10/2025) a total of **117** Norovirus cases were reported in Welsh residents. This is a decrease **(-58.5%)** in reported cases compared to the same 12 week period in the previous year (21/07/2024 to 12/10/2024) when **282** Norovirus cases were reported.

In the last 12 weeks (21/07/2025 to 12/10/2025) **59 (50.4%)** confirmed Norovirus cases were female and **58 (49.6%)** confirmed cases were male. The age groups with the most cases were the 80+ (**31** cases) and 70-79 (**18** cases) age groups.

Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (21/07/2025 to 12/10/2025)



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 41 2025 (21/07/2025 to 12/10/2025).

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 20 October 2025)

18 October 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Penrith, Westmorland and Furness, Cumbria (AIV 2025/65) on 18 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.

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. Seasonal surveillance of dengue (17 October)

Since the beginning of 2025, and as of 15 October 2025, three countries in Europe have reported cases of dengue: France (28), Italy (4), and Portugal (2).

Three clusters in France are currently active.

This week, no new cases of dengue have been reported.

E.3. Seasonal surveillance of West Nile virus infection in the EU/EEA (17 October)

Since the beginning of 2025, and as of 15 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.4. Seasonal surveillance of Crimean-Congo haemorrhagic fever (17 October)

There has been no further update regarding Crimean-Congo haemorrhagic fever (CCHF): since the 10 October 2025.

E.5. Chikungunya virus disease (17 October)

Since the beginning of 2025, and as of 15 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (734) and Italy (364).

In the past week, France has reported 34 new locally acquired cases of chikungunya virus disease and Italy has reported 11.

E.6. Ebola virus disease - Democratic Republic of the Congo - 2025 (17 October)

As of 16 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 45 deaths (34 confirmed and 11 probable; case fatality rate (CFR) among all cases: 70.3%).

All confirmed cases have been reported from Bulape health zone.

Contact tracing will end on 17 October and 26 557 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.7. Early start of influenza season – Japan - 2025 (17 October)

On 3 October 2025, the Japanese Ministry of Health published a press release indicating the start of the influenza season in Japan on epidemiological week 39 (22 - 28 September 2025).

In epidemiological week 39, the number of cases of Influenza reported per sentinel site reached 1.04 (approximately 3 000 sentinel sites nationwide; number of reported cases: 4300).

The highest number of cases during epidemiological week 39 were seen in Okinawa, Tokyo, and Osaka.

In the EU/EEA, seasonal influenza circulation remains currently at low level. The EU/EEA 10% primary care test positivity threshold signalling the start of the influenza season has not yet been reached in the EU/EEA for the current 2025-26 season.

E.8. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases (17 October)

On 16 October 2025, one new human case of avian influenza A(H5N1) virus infection was reported in a young girl from Kampong Speu province, Cambodia.

The patient is currently receiving intensive treatment.

Dead and sick chickens and ducks were observed in the patient's residential area. Epidemiological investigation is ongoing to identify close contacts

Since 2003, and as of 17 October 2025, there have been 992 confirmed human cases of A(H5N1) worldwide, including 475 deaths.

ECDC's risk assessment for A(H5N1) remains unchanged. Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low.

E.9. Human infection with avian influenza A(H5) virus - Mexico - 2025 (17 October)

On the 15 October 2025, a new human case with avian influenza A(H5) virus infection was reported in Mexico City, Mexico.

The patient has no travel history and developed severe illness by the end of September.

Samples from one pigeon, a neighbour's dog and one poultry bird tested positive for avian influenza A(H5) in the residential place of the patient. Results from testing of environmental samples are pending.

A range of public health measures have been implemented by national and local authorities.

This is the third severe human case of avian influenza A(H5) in Mexico and the second case in Mexico City since 2024.

This event does not change the risk of zoonotic influenza in the EU/EEA, which remains low.

E.10. Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases (17 October)

On 14 October 2025, two new human cases of avian influenza A(H9N2) virus infection were reported in China.

An adult from Jiangxi and a child from Hunan Provinces both developed symptoms in September 2025.

Overall, 183 cases, including two deaths, have been reported since 1998 from ten countries.

The risk to human health in the EU/EEA is currently considered very low.

E.11. Rift Valley fever in Senegal and Mauritania – 2025 (17 October)

As of the 15 October 2025 there have been 196 human cases (including 21 deaths) of Rift Valley fever reported in Senegal.

Additionally, there have been 36 human cases (including 13 deaths) of Rift Valley fever reported in Mauritania as of 12 October 2025.

According to Africa CDC, the majority of cases are in males and the most affected age group is aged 15-35 years.

Both countries have reported outbreaks among live animals across multiple districts.

Outbreaks of RVF are regularly reported in Senegal and Mauritania and the early autumn is a period of high RVF epidemic potential in northern Senegal.

Travellers to and residents of Senegal or Mauritania are at low risk of infection if they apply appropriate preventive measures. Those who are in contact with potentially infected animals (e.g. veterinarians and those involved in livestock farming, butchering and slaughtering of animals in RVF-affected areas) have an increased risk of infection with RVF virus and should ensure safe animal husbandry and slaughtering practices.

Visitors to affected areas should apply personal protective measures against mosquito bites. The likelihood of introduction of RVF virus from the current outbreak in Senegal and Mauritania to EU/EEA countries is very low, as the importation of live ruminants and raw animal products of them are not allowed. Introduction via travellers with the infection or vectors is also unlikely.