Llywodraeth Cymru
Welsh Government

# Science Evidence Advice

**Weekly Surveillance Report**

28 October 2025

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# Science Evidence Advice: Weekly Surveillance Report

## A. Top Line Summary (as at week 42 2025, up to 19 October 2025)

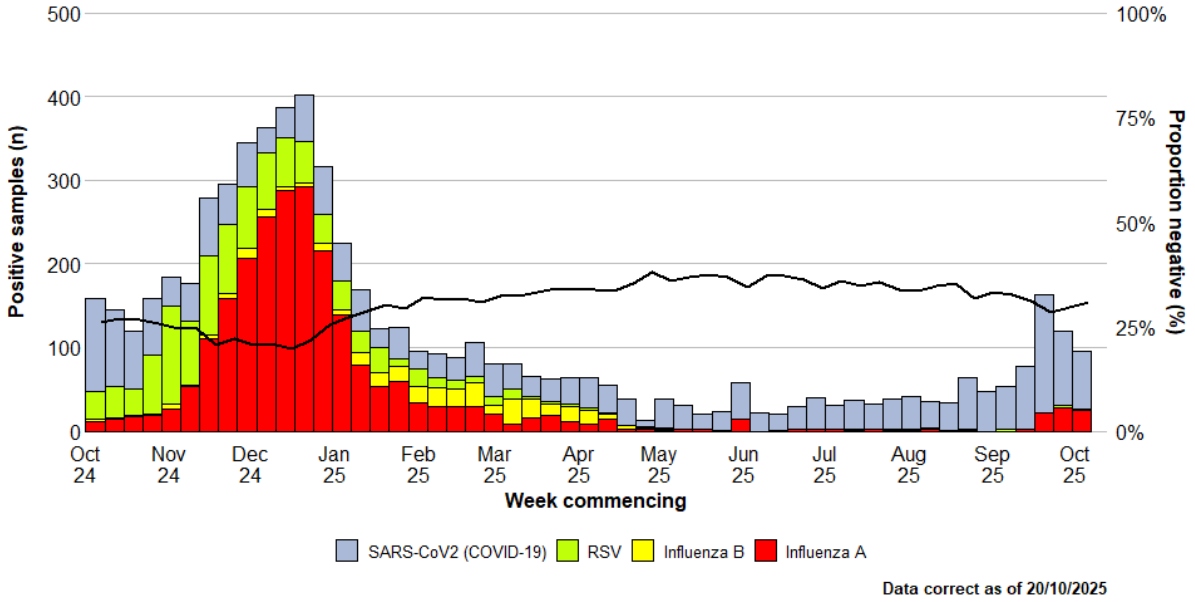
- Overall, COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **increased**.
- Influenza in-patient cases and admissions have **increased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 42).
- Whooping Cough notifications have **increased** in the most recent reporting week (week 41).
- Scarlet Fever notifications **increased** in the most recent week (week 42).

## 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 **decreased** in week 42 2025 (to 19 October 2025).
- As of 19 October 2025 (week 42), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 55 (61 in the previous week) and there were 414 in-patient cases of confirmed COVID-19, four of whom were in critical care compared to 415 and six in the previous week.
- Confirmed cases of positive tests decreased to 11.4 % in hospital and non-sentinel GP practices in the most recent week (week 42) compared with 13.4% 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.3 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 42, 2024 to week 42, 2025. (source: PHW)**



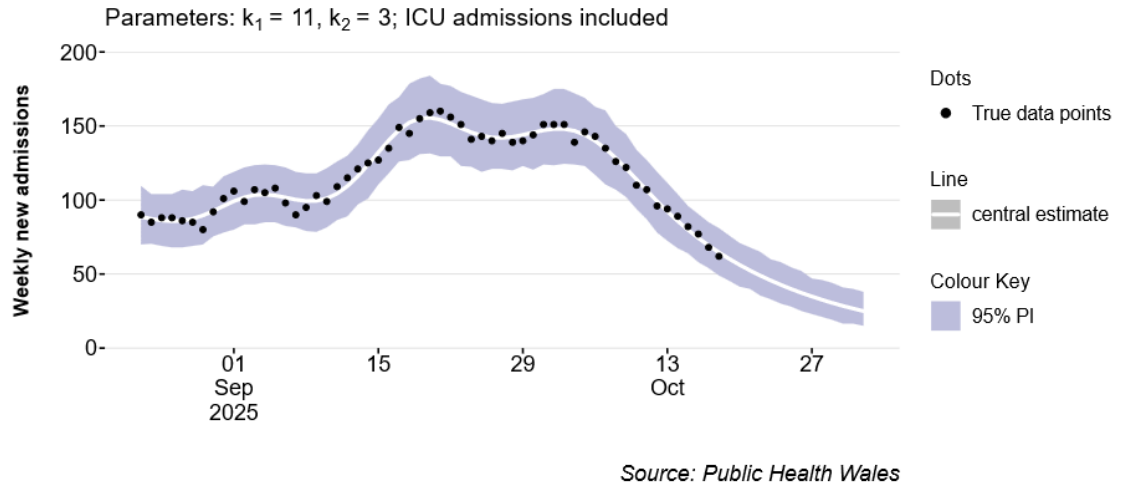

## COVID-19 Short Term Projections

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 using current data from the previous 8 weeks, 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 19 October 2025 to create short term projections for COVID-19 two weeks forward **(1st November 2025)**. The black dots represent the actual data points while the white line is the central estimate 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 all health boards in Wales over the next two weeks.

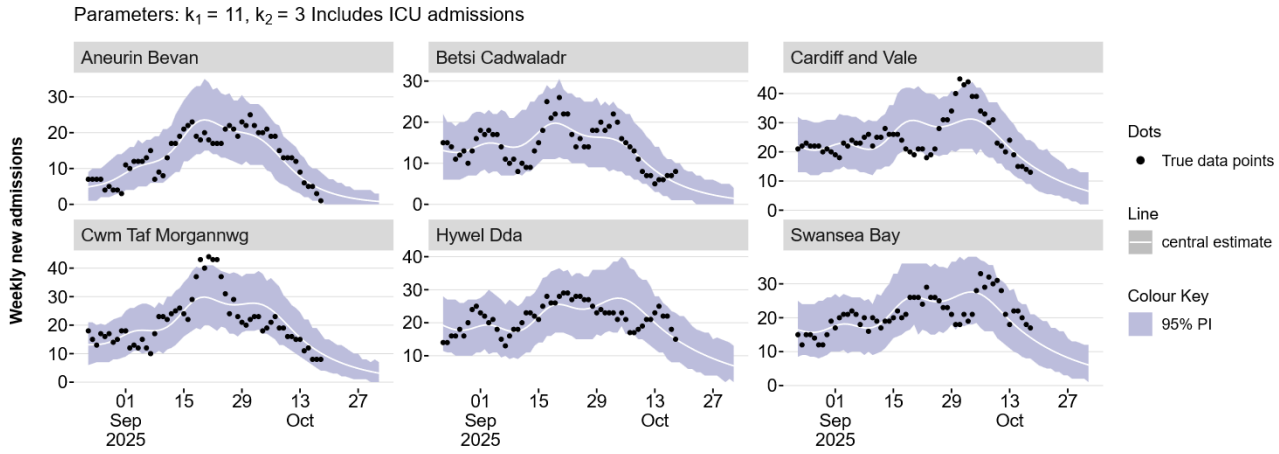
Please note: The STPs are produced nationally and at the provider health board level, not at resident health board level. Powys health board is not included in the analysis due to low numbers.

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




*Source: Public Health Wales*

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

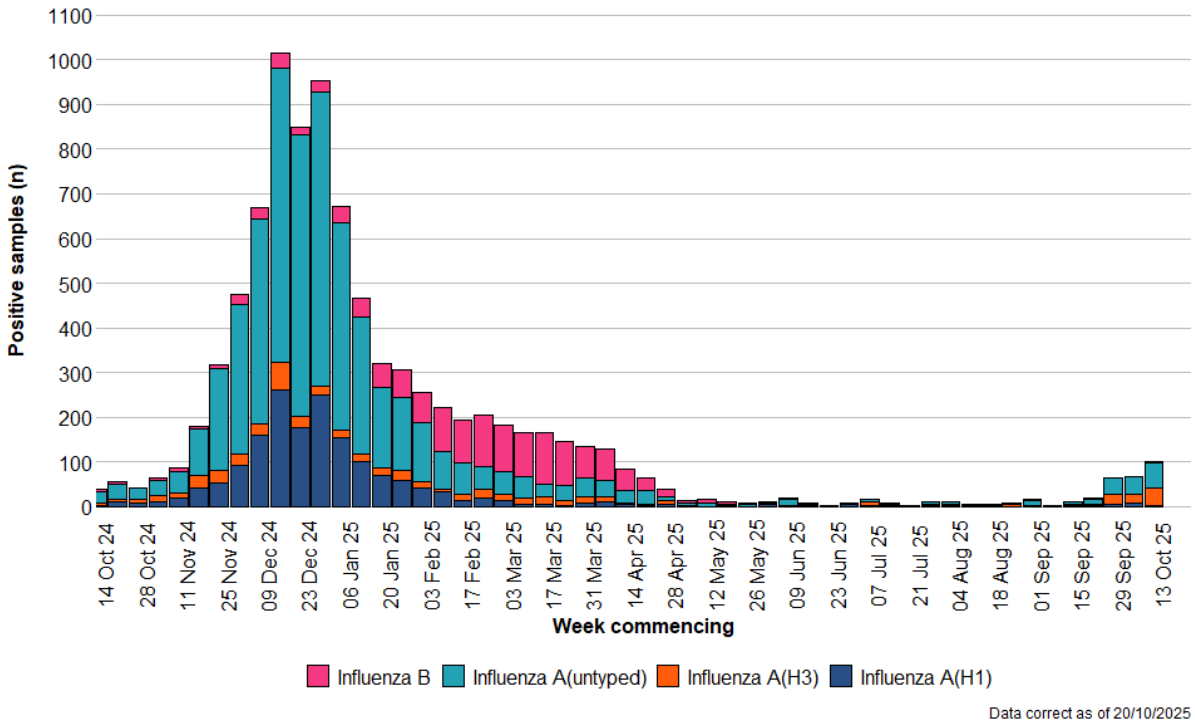



*Source: Public Health Wales*

## B.2. Influenza Situation Update

- Evidence from surveillance suggests that influenza is now circulating in the community in Wales. Current case numbers are low but increasing.
- Confirmed cases of community acquired influenza admitted to hospital ***increased*** to 28 in the current week (compared to **23** in the previous week). Test positivity increased to 5.4%.
- There were **36** in-patient cases of confirmed influenza, **one** of whom was in critical care, compared to **21** and **none** in the previous week.
- In week 42 2025, there were 39 confirmed cases of influenza A(H3), 3 cases of influenza A(H1N1), 57 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 42, 2024 to week 42, 2025 (source: PHW)**



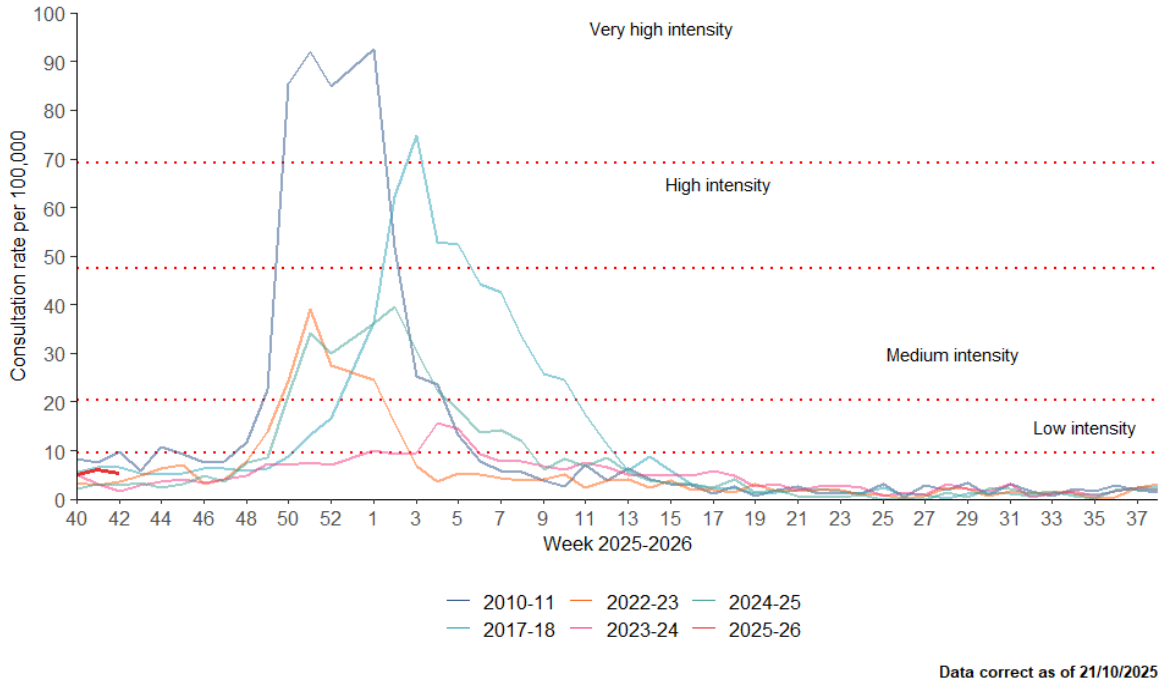

The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is variable.

There were **5.3** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (6.5 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 15.3 ARI consultations per 100,000 practice population, an increase from 12.9 in the previous week. The highest rates were found in people aged under 1 year (851.9) followed by people aged 1 to 4 years (683) and people aged 75+ years (207.7).

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)**

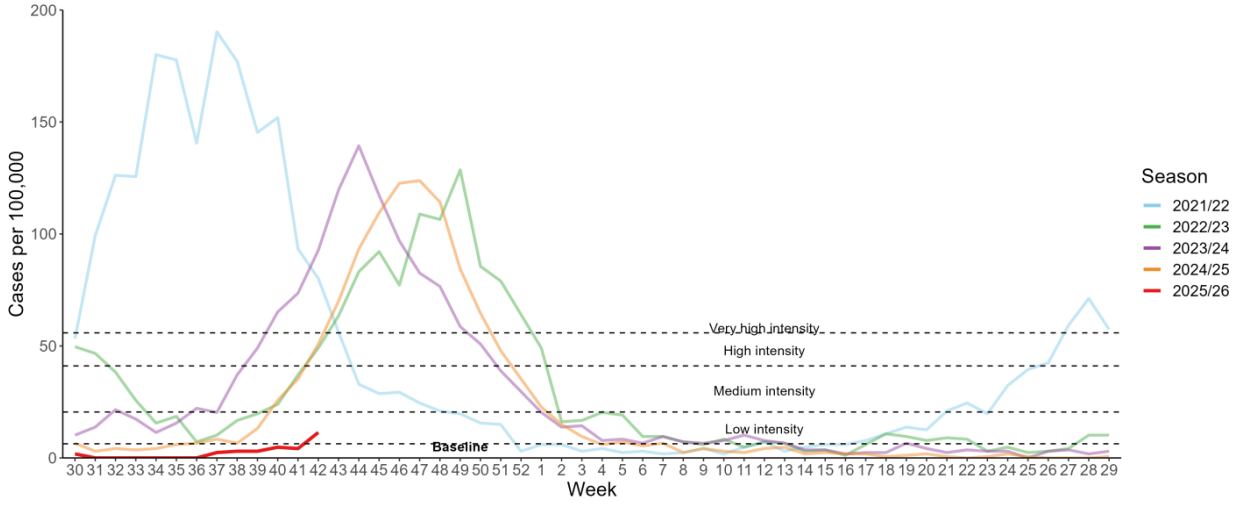



## B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to 11 in week 42.

Incidence per 100,000 population in children aged up to 5 years **increased** to 11.4 in the most recent week (**4.2** in the previous week). During Week 42 there were eight in-patient cases of confirmed RSV, and none in critical care.

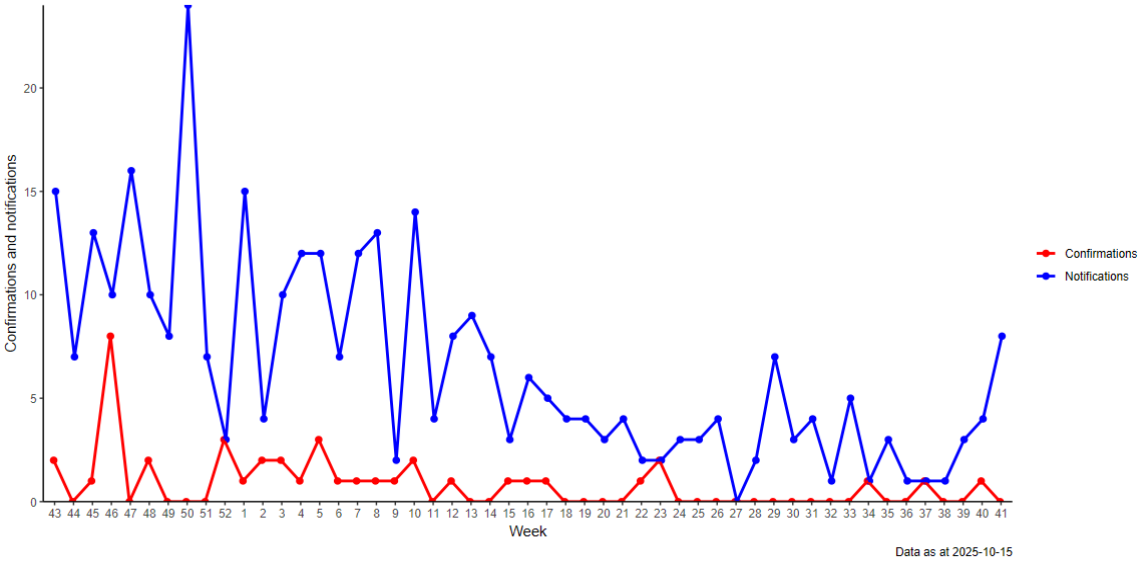
**Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 42 2025 (source: PHW)**



### B.4. Whooping Cough (Pertussis)

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

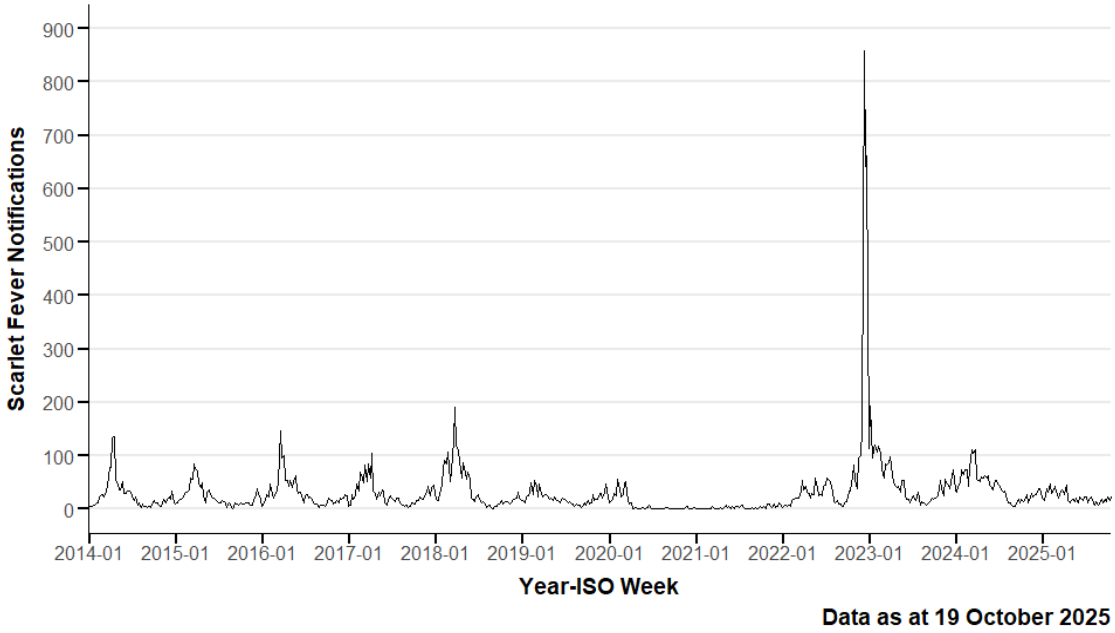
**Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (source: PHW)**




### B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have ***slightly increased*** in the most recent week (week 42) 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 1,796 in the previous week to 1,774 in the latest reporting week.
- During Week 42, 2025, four ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, one was cough, two were COVID-19 and one was Parainfluenza. All four outbreaks were in a Residential home.
- 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 to estimate what we may see in winter 2025/26 in terms of hospital admissions and hospital bed occupancy in Wales, contributing to winter planning for NHS Wales.

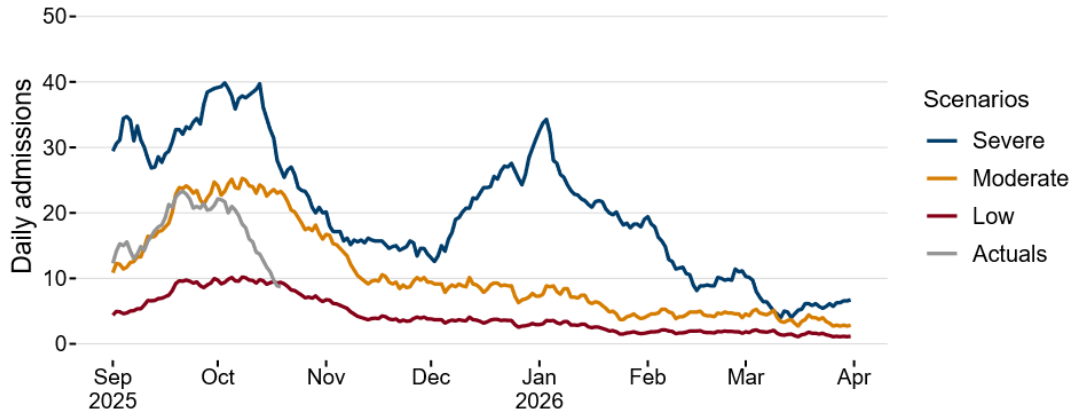
The charts that follow (Figures 9-11) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details 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 observed to date this season (actuals) are currently about the same as the Low scenario.

**Figure 9: Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 19 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 19 October 2025 from PHW.

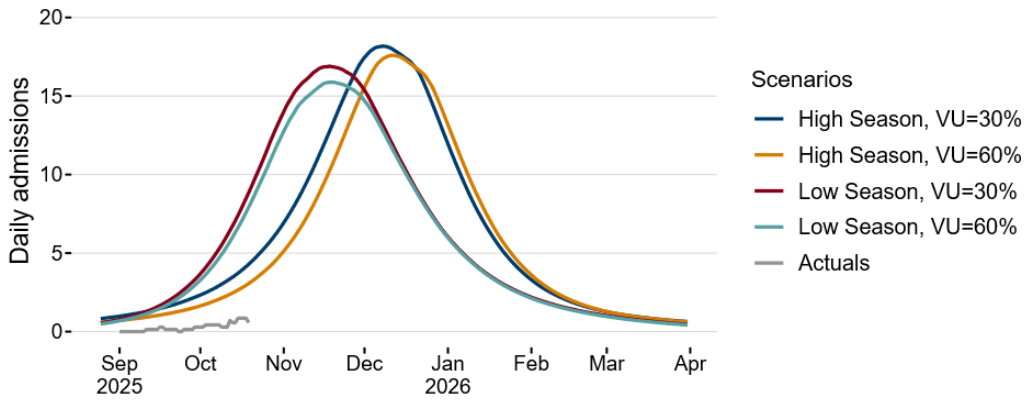
Notes

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 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 19 October 2025)**

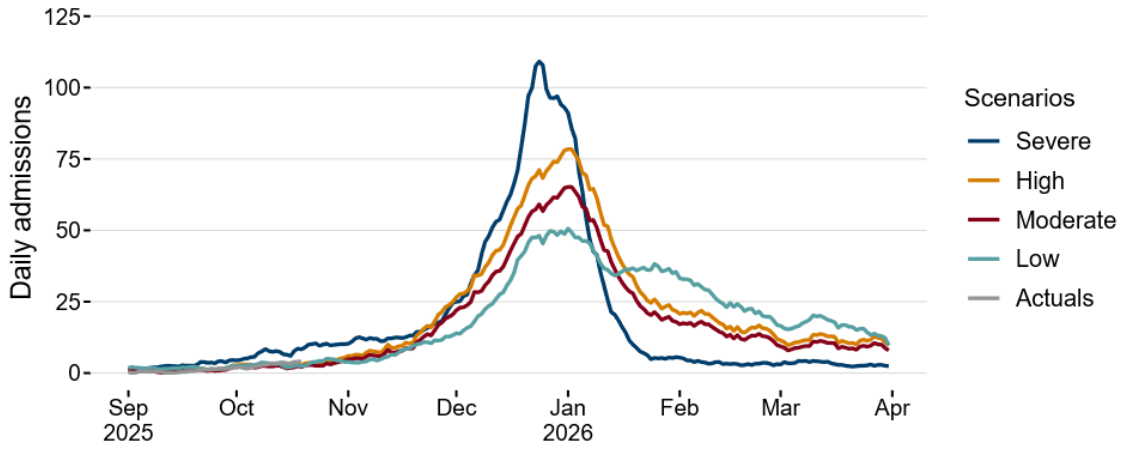



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 19 October 2025 from PHW.

## Influenza

Influenza (flu) 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 19 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 19 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. 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.

**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)

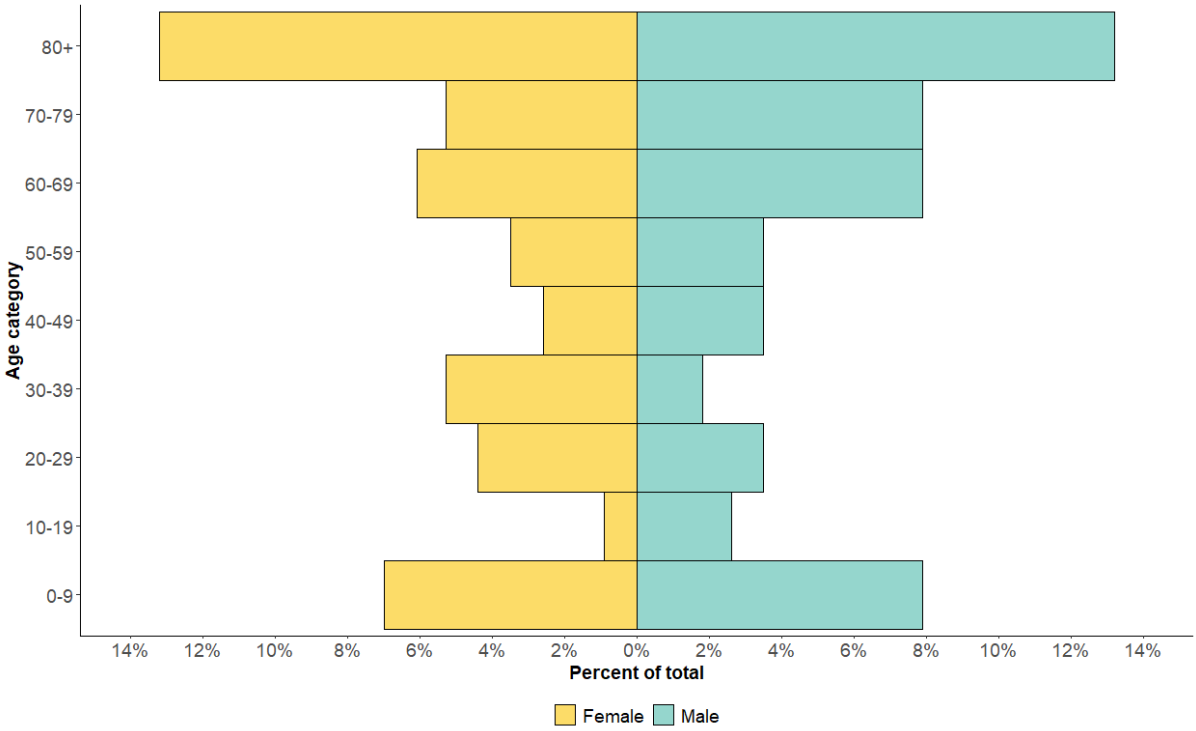
### D.1. Norovirus

In the current reporting week (week 42 2025), a total of **8** Norovirus cases were reported in Welsh residents. This is a **decrease (-20.0%**) in reported cases compared to the previous reporting week (week 41 2025), when 10 Norovirus cases were reported.

In the last 12 week period (28/07/2025 to 19/10/2025) a total of **114** Norovirus cases were reported in Welsh residents. This is a decrease **(-58.8%)** in reported cases compared to the same 12 week period in the previous year (28/07/2024 to 19/10/2024) when **277** Norovirus cases were reported.

In the last 12 weeks (28/07/2025 to 19/10/2025) **55 (48.2%)** Norovirus cases were female and **59 (51.8%)** cases were male. The age groups with the most cases were the 80+ (**30** cases) and 0-9 years (**17** cases) age groups.

**Figure 12: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (28/07/2025 to 19/10/2025)**




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 42 2025 28/07/2025 to 19/10/2025).

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 27 October 2025)

**27 October 2025**

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in other captive birds at a premises near Newington, Swale, Kent (AIV 2025/71) on 27 October 2025. A 3km Captive Bird (Monitoring) Controlled Zone has been declared around the premises.

Following successful disease control activities and surveillance in the zone around a premises near Wetheral, Cumberland, Cumbria (AIV 2025/62), the 3km protection has ended and the area that formed it becomes part of the surveillance zone.

**26 October 2025**

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises near Lakenheath, West Suffolk, Suffolk (AIV 2025/70) on 26 October 2025.

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

**25 October 2025**

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at the following premises on 25 October 2025:

- premises near Bedale, Thirsk and Malton, Yorkshire (AIV2025/68)
- second premises near Penrith, Westmorland and Furness, Cumbria (AIV2025/69)

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

**24 October 2025**

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in other captive birds at a premises near Burscough, West Lancashire, Lancashire (AIV2025/66) on 24 October 2025.

A 3km captive bird (monitoring) controlled zone has been declared around the premises.

**E.2. Seasonal surveillance of dengue (24 October)**

Since the beginning of 2025, and as of 22 October 2025, three countries in Europe have reported cases of dengue: France (29), Italy (four), and Portugal (two).

Two clusters in France are currently active.

This week, one new case of dengue has been reported to ECDC.

**E.3. Seasonal surveillance of West Nile virus infection in the EU/EEA (24 October)**

Since the beginning of 2025, and as of 22 October 2025, 14 countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, France, Germany, 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 (24 October)

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

### E.5. Chikungunya virus disease (24 October)

Since the beginning of 2025, and as of 22 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (755) and Italy (369).

In the past week, France has reported 21 new locally acquired cases of chikungunya virus disease and Italy has reported five. In the previous week, 34 and 11 new cases were reported by France and Italy, respectively.

### E.6. Ebola virus disease - Democratic Republic of the Congo - 2025 (24 October)

As of 22 October 2025, no new Ebola cases have been reported. All patients have been discharged and there are no contacts under active monitoring.

The 42-day countdown for declaring the outbreak over was initiated on 19 October, following the discharge of the last patient being treated.

Since the beginning of the outbreak, and as of 22 October, 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%).

The current risk for people from the EU/EEA living in or travelling to Kasai province in DRC is estimated to be low, due to the current low likelihood of exposure. For people living 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. Early start of influenza season – Japan - 2025 (24 October)

There has been no further update regarding the start of the influenza season in Japan since the 17th of October 2025.

### E.8. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases (24 October)

There has been no further update regarding new human cases of avian influenza A(H5N1) virus infection since the 17th of October 2025.

**E.9. Human infection with avian influenza A(H5) virus - Mexico - 2025 (24 October)**

There has been no further update regarding new human cases of avian influenza A(H5) virus infection since the 17th of October 2025.

**E.10. Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases (24 October)**

There has been no further update regarding new human cases of avian influenza A(H9N2) virus infection since the 17th of October 2025.

**E.11. Rift Valley fever in Senegal and Mauritania – 2025 (24 October)**

There has been no further update regarding new human cases of Rift Valley fever since the 17th of October 2025.