Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

04 November 2025

gov.wales

Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 43 2025, up to 26 October 2025)

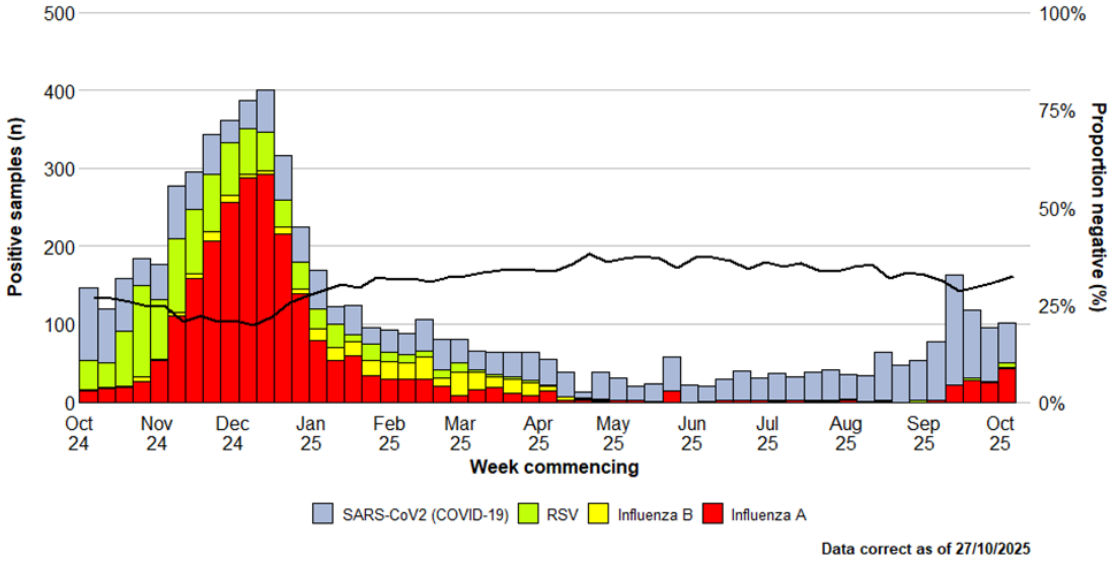
- Overall, COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **increased**.
- Influenza in-patient cases and admissions have **increased** in the latest week.
- Norovirus confirmed cases have **increased** in the most recent week (week 43).
- Whooping Cough notifications have **increased** in the most recent week (week 43).
- Scarlet Fever notifications **increased** in the most recent week (week 43).

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 **decreased** in week 43 2025 (to 20 October 2025).
- As of 20 October 2025 (week 43), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to 69 (55 in the previous week) and there were 385 in-patient cases of confirmed COVID-19, four of whom were in critical care compared to 414 and four in the previous week.
- Confirmed cases of positive tests decreased to 9.6 % in hospital and non-sentinel GP practices in the most recent week (week 43) compared with 11.4% in the previous week. Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 decreased 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 43, 2024 to week 43, 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 and Influenza 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.

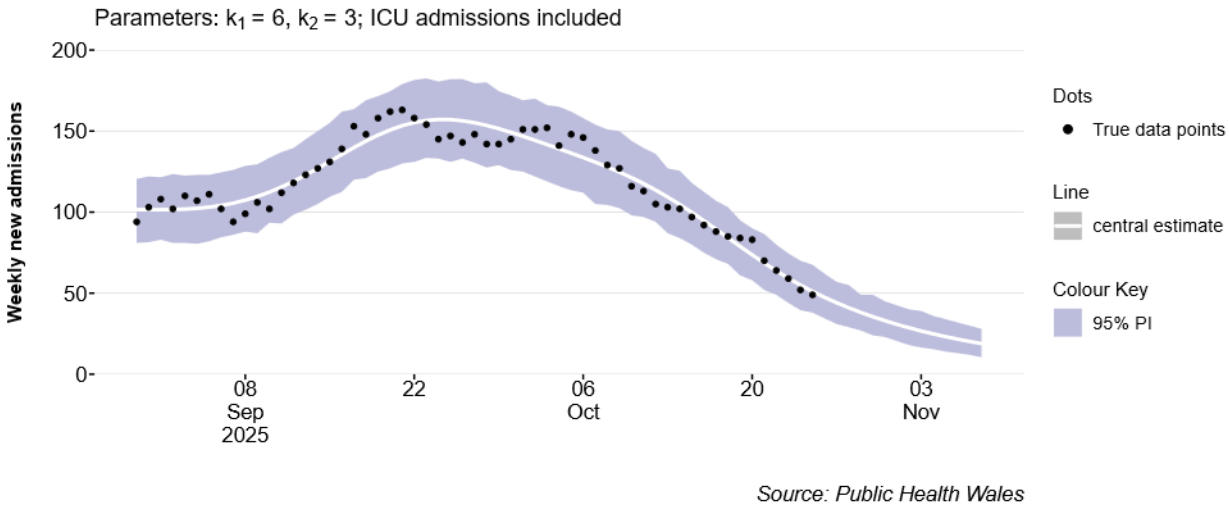
The COVID-19 and Influenza STPs use admissions data from PHW until 25 October 2025 to create short term projections for COVID-19 two weeks forward **(to 8th November 2025)**. The black or brown dots represent the actual data points while the white line is the central estimate from the most recent projection. 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 (to 8th November 2025).

The STPs for Wales show that Influenza admissions are projected to increase over the next two week period (Figure 4). Figure 5 shows that Influenza admissions are projected to increase in health boards in Wales, except for Cardiff and Vale health board where a decrease in admissions for Influenza is projected over the next two weeks (to 8th November 2025).

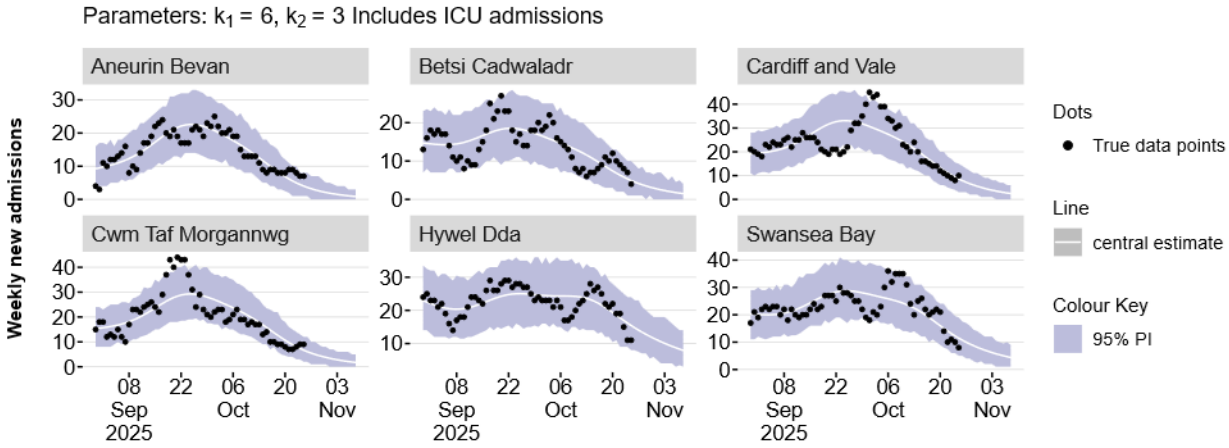
Please note: The STPs are produced nationally and at the provider health board level, not at resident health board level. Powys health board is not included in the analysis due to low numbers.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data to 25 October 2025, projection to 8 November 2025)



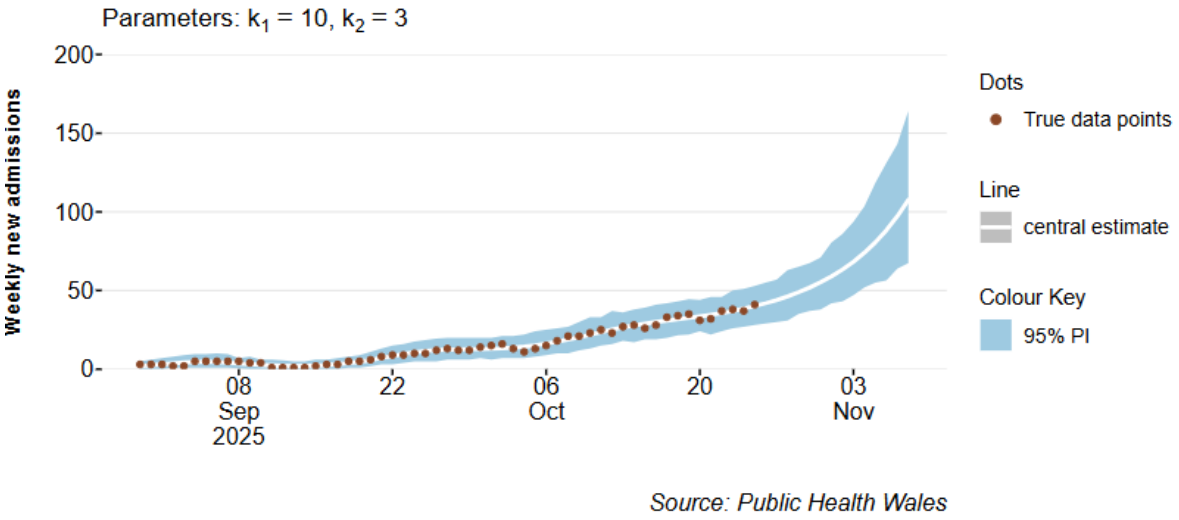
Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Local Health Boards (data to 25 October 2025, projections to 8 November 2025)



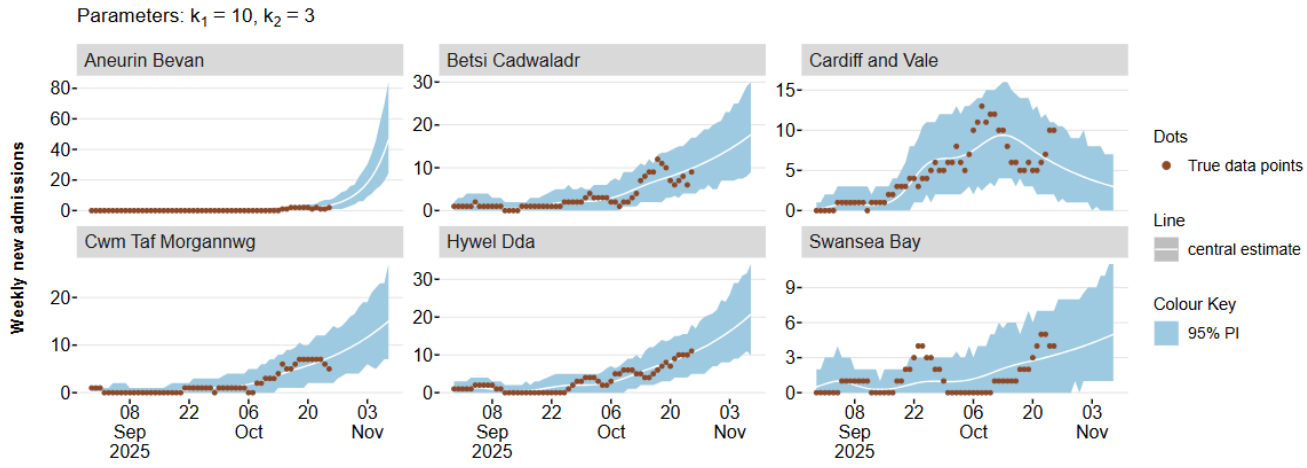
Source: Public Health Wales

Figure 4: Short Term Projections for Influenza hospital admissions in (data to 25 October 2025, projection to 8 November 2025)



Source: Public Health Wales

Figure 5: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 25 October 2025, projections to 8 November 2025)



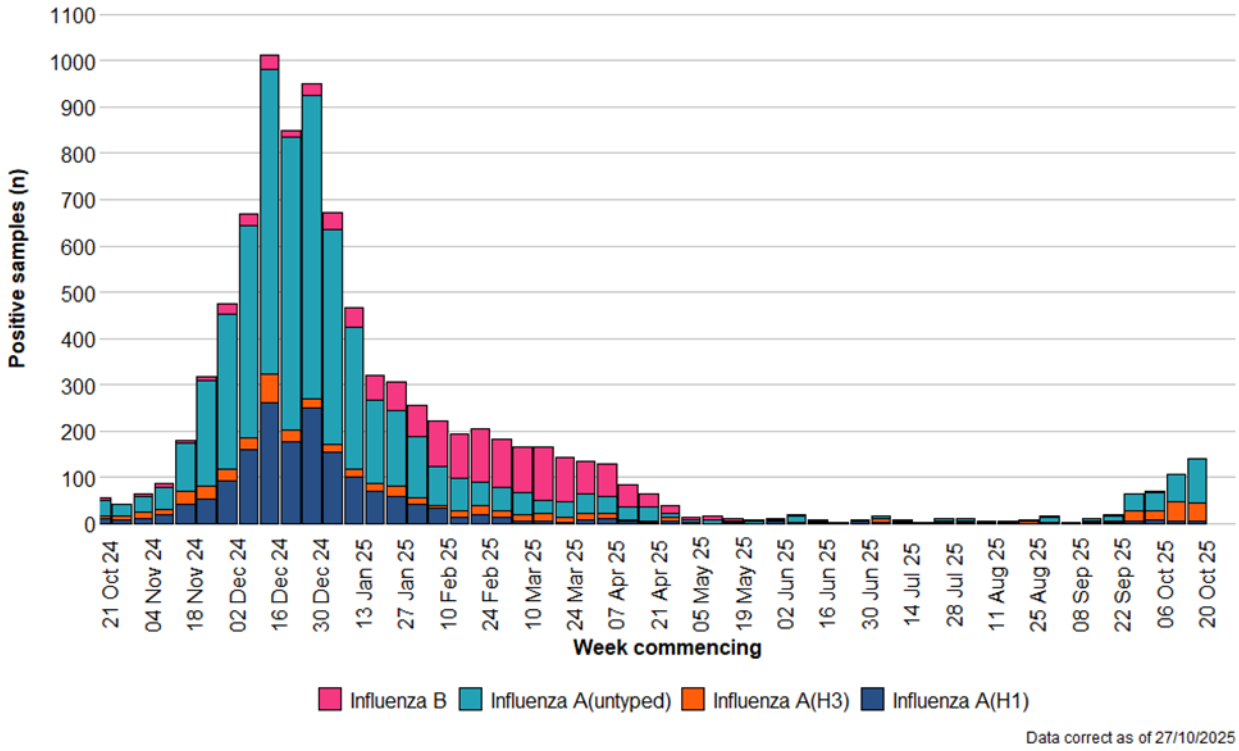
Source: Public Health Wales

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 47 in the current week (compared to **28** in the previous week). Test positivity increased to 6.2%.
- There were **54** in-patient cases of confirmed influenza, **one** of whom was in critical care, compared to **36** and **one** in the previous week.

- In week 43 2025, there were 40 confirmed cases of influenza A(H3), 4 cases of influenza A(H1N1), 95 influenza A untyped and 2 influenza B. (Figure 4).

Figure 6: 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 43, 2024 to week 43, 2025 (source: PHW)



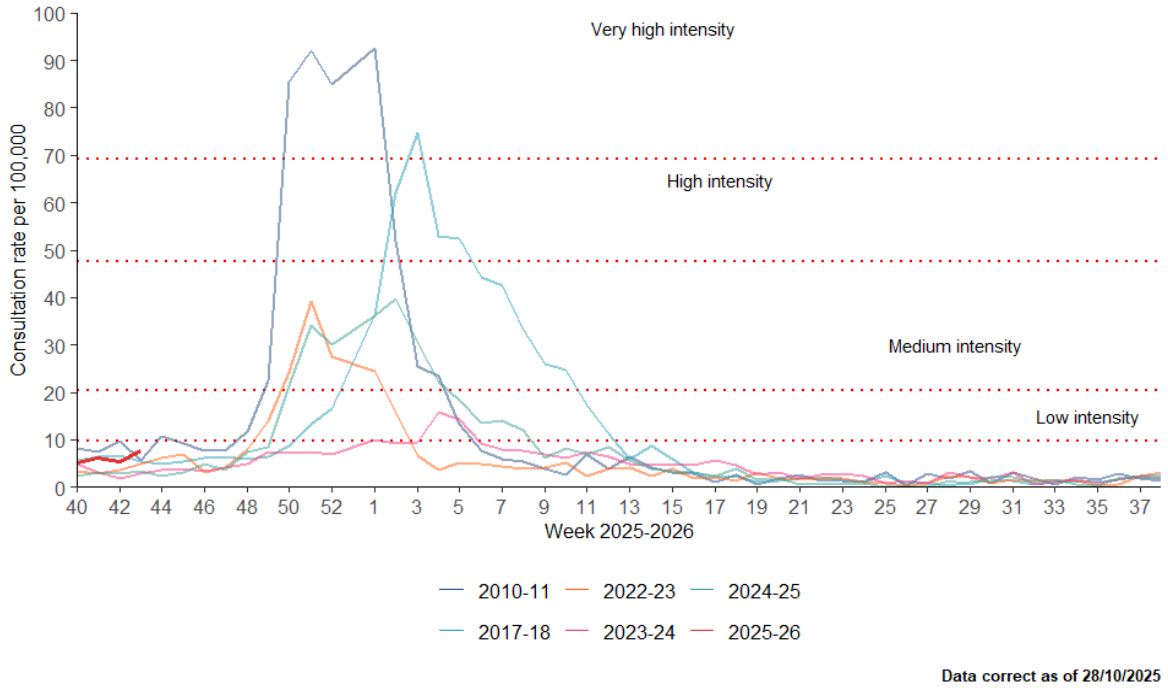
The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is increasing.

There were **7.8** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (5.4 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 17.2 ARI consultations per 100,000 practice population, an increase from 15.3 in the previous week. The highest rates were found in people aged under 1 year (1,575.2) followed by people aged 1 to 4 years (701.8) and people aged 75+ years (207.7).

Surveillance indicators for acute respiratory infections in GP consultation data in Wales are increasing in people aged under 5 years.

Figure 7: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)

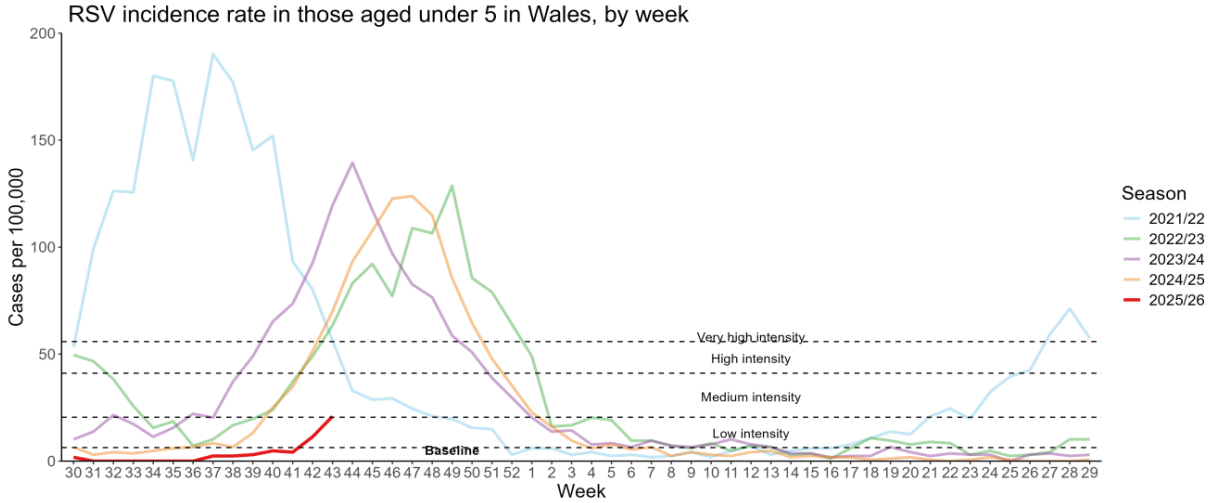


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to 20 in week 43.

Incidence per 100,000 population in children aged up to 5 years **increased** to **20.9** in the most recent week (**11.4** in the previous week). During week 43 there were nine in-patient cases of confirmed RSV, and none in critical care.

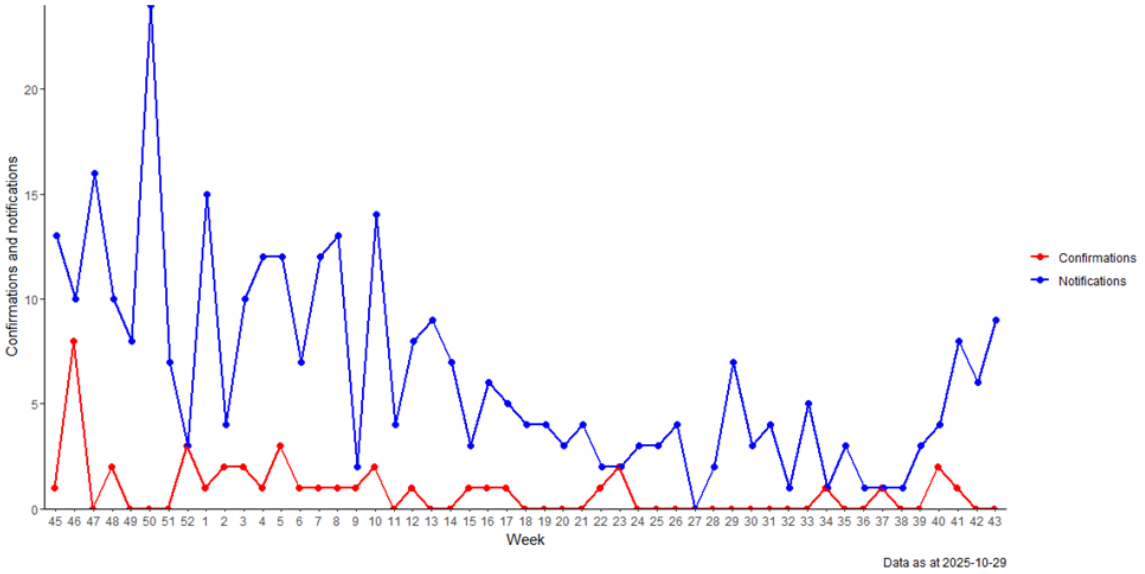
Figure 8: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 43 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 9 below shows that whooping cough notifications up to the end of week 43 (latest data available) ***increased***. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

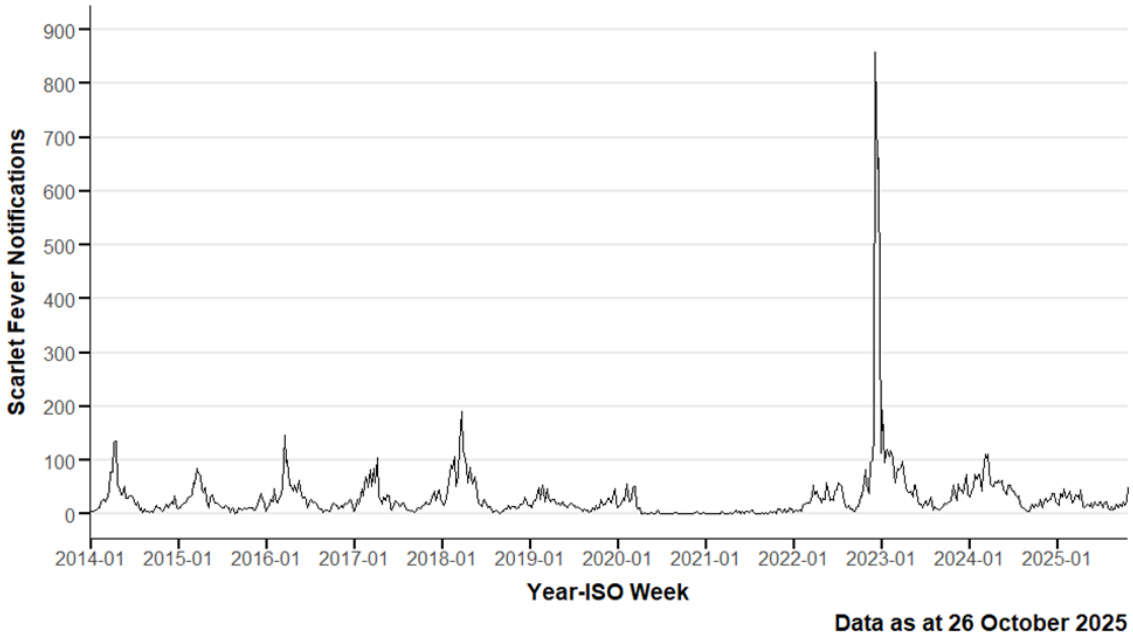
Figure 9: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (source: PHW)



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 43) as shown in the figure below.

Figure 10: 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 1,774 in the previous week to 1,983 in the latest reporting week.
- During week 43, 2025, four ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, two were COVID-19 and two were Acute Respiratory Infection (ARI) unconfirmed. One was in a setting of 'other' and three were in Residential Homes.
- 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.

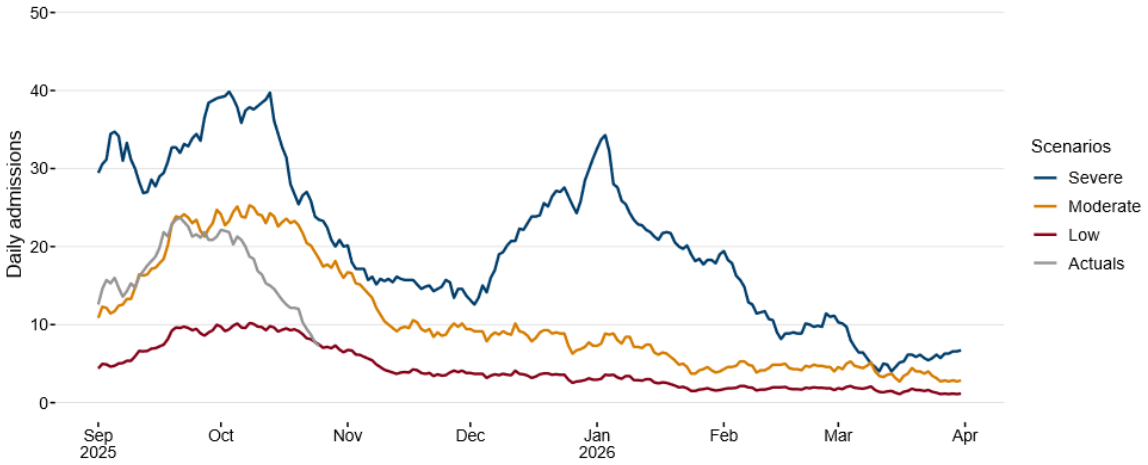
The charts that follow (Figures 11-13) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details 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 tracking close to the Low scenario.

Figure 11: Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 25 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 25 October 2025 from PHW.

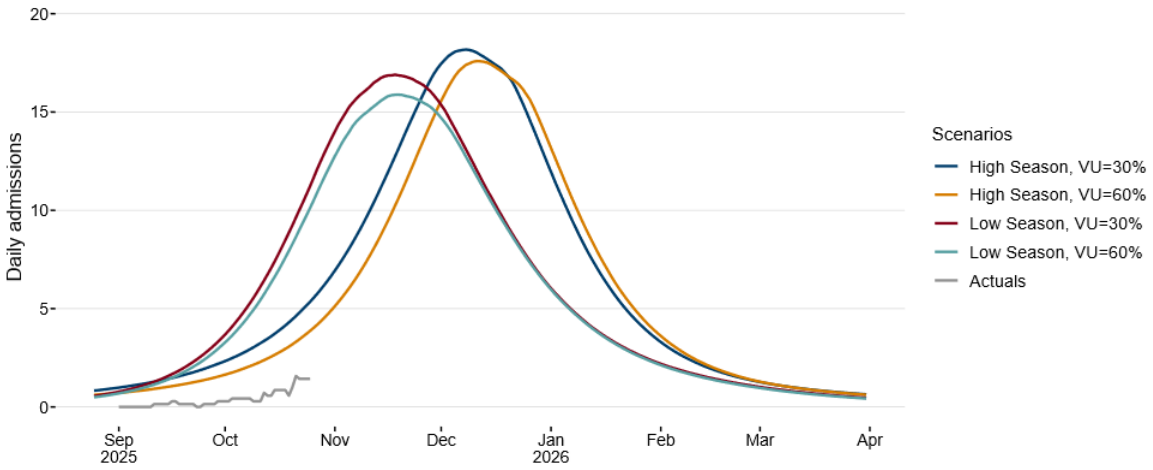
Notes

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 increasing but are currently tracking below all Scenarios.

Figure 12: Daily RSV Winter 2025-26 paediatric (ages 0-4) admissions scenarios, modelling to 31 March 2026 (actuals data until 25 October 2025)

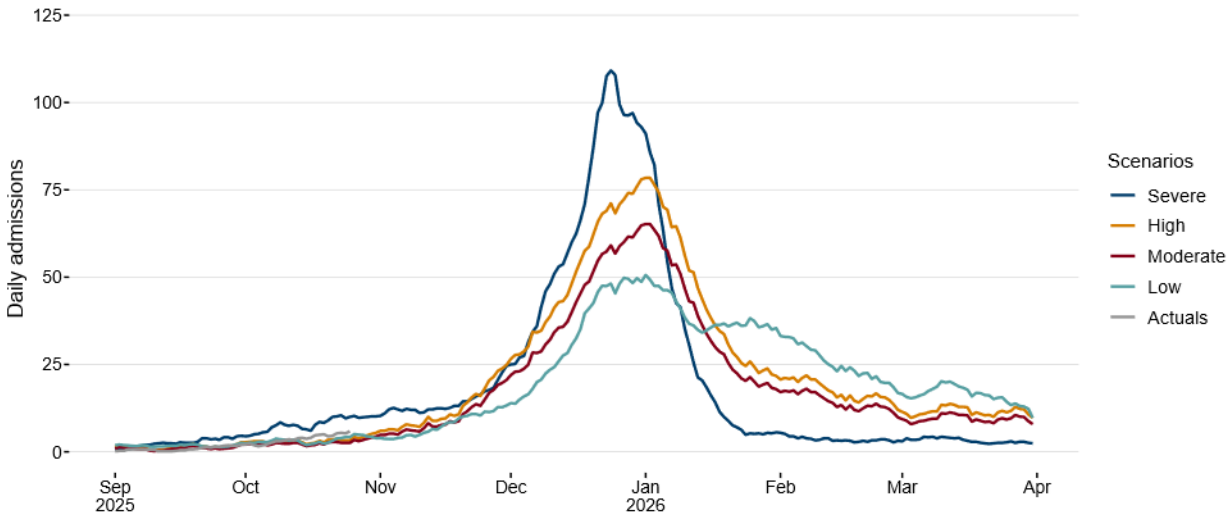


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 25 October 2025 from PHW.

Influenza

Actual Influenza (flu) admissions are increasing and are currently tracking above the High Scenario. Flu admissions are likely to rise as we progress through the flu season.

Figure 13: Daily flu Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 25 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 20 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)

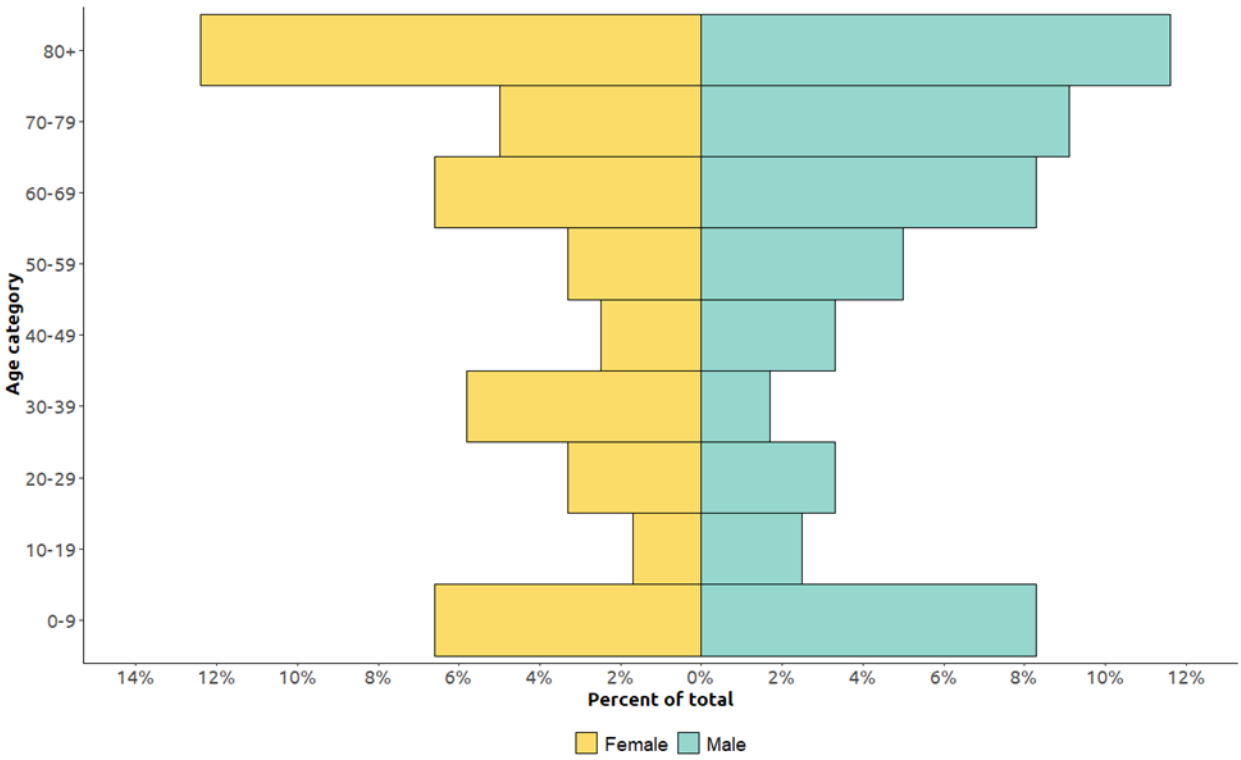
D.1. Norovirus

In the current reporting week (week 43 2025), a total of **16** Norovirus cases were reported in Welsh residents. This is an **increase** (**100.0%**) in reported cases compared to the previous reporting week (week 42 2025), when 8 Norovirus cases were reported.

In the last 12 week period (04/08/2025 to 26/10/2025) a total of **121** 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 (04/08/2024 to 26/10/2024) when **294** Norovirus cases were reported.

In the last 12 weeks (04/08/2025 to 26/10/2025) **57 (47.1%)** Norovirus cases were female and **64 (52.9%)** cases were male. The age groups with the most cases were the 80+ years (**29** cases) and 0-9 years (**18** cases) age groups.

Figure 14: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (04/08/2025 to 26/10/2025)



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 43 2025 04/08/2025 to 26/10/2025).

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 3 November 2025)

3 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in the following:

- a large commercial poultry unit near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/82)
- a large commercial poultry unit near Crediton, Mid Devon, Devon (AIV 2025/84)

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

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in captive birds near Danehill, Wealden, East Sussex (AIV 2025/83). A 3km captive bird (monitoring) controlled zone has been declared around the premises. All birds on the premises will be humanely culled.

Following successful completion of disease control activities and surveillance in the zone around a second premises near Stockbridge, Test Valley, Hampshire (AIV 2025/63) the 3km captive bird (monitoring) controlled zone has been revoked.

2 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry near Easingwold, Wetherby and Easingwold, North Yorkshire (AIV 2025/81).

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

1 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in the following:

- a large commercial poultry unit near Honington, West Suffolk, Suffolk (AIV 2025/79)
- a large commercial poultry unit near Donington, South Holland, Lincolnshire (AIV 2025/80)

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

31 October 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in the following:

- a large commercial poultry unit near Ormesby St Margaret, Great Yarmouth, Norfolk (AIV 2025 76)
- a large commercial poultry unit near Uckfield, Wealden, East Sussex (AIV 2025 77)
- a large commercial poultry unit near Swineshead, Boston, Lincolnshire (AIV 2025/78)

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

31 October 2025 - Wales

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed by the chief veterinary officer (CVO) for Wales in poultry at a second premises near Milford Haven, Pembrokeshire, Wales (AIV 2025 75)

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

30 October 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in captive birds near Silloth, Cumberland, Cumbria.

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

29 October 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a large commercial poultry unit near Brandon, West Suffolk, Suffolk.

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

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.

E.2. All-Wales Bluetongue (BTV-3) Restricted Zone (30 October 2025)

As of 30 October 2025, eleven cases of BTV-3 have been confirmed in Wales: 4 in Powys and 7 in the Temporary Control Zone located in Monmouthshire.

An all-Wales Restricted Zone (RZ) for Bluetongue serotype 3 (BTV-3) was announced on the 30th of October 2025 by the Deputy First Minister with responsibility for Climate Change and Rural Affairs, Huw Irranca-Davies, which will begin from the 10 November 2025.

E.3. Seasonal surveillance of dengue (31 October)

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

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

E.4. Seasonal surveillance of West Nile virus infection in the EU/EEA (31 October)

Since the beginning of 2025, and as of 29 October 2025, 14 countries in Europe have 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.5. Chikungunya virus disease (31 October)

Since the beginning of 2025, and as of 29 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (768) and Italy (370).

In the past week, France has reported 13 new locally acquired cases of chikungunya virus disease and Italy has reported one. In the previous week, 21 and 5 new cases were reported by France and Italy, respectively.

E.6. Ebola virus disease - Democratic Republic of the Congo - 2025 (31 October)

As of 29 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 29 October, 64 cases (53 confirmed and 11 probable) of Ebola virus disease (EVD) have been reported in Kasai Province, 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. Rift Valley fever in Senegal and Mauritania – 2025 (31 October)

Since 21 September 2025, and as of 29 October, 343 human cases (including 28 deaths) of Rift Valley fever have been reported in Senegal.

Since 2 October 2025, and as of 19 October, 42 human cases (including 14 deaths) of Rift Valley fever have been reported in Mauritania.

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