



Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

11 November 2025



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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 44 2025, up to 02 November 2025)

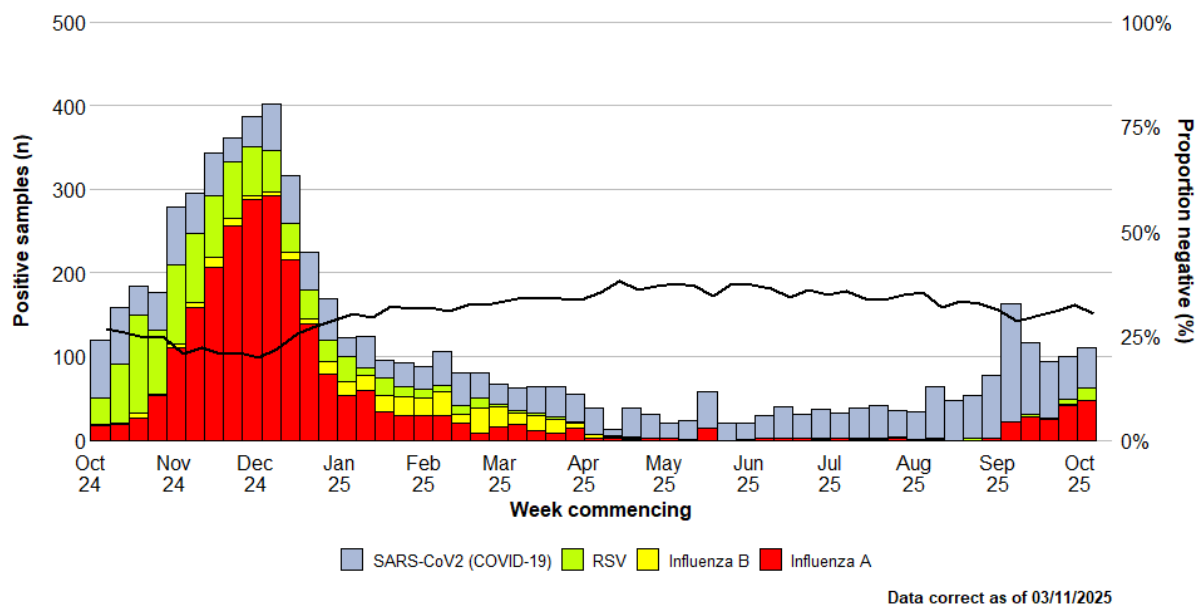
- Overall, COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **increased**.
- Influenza in-patient cases and admissions have **increased** in the latest week.
- Norovirus confirmed cases have **increased** in the most recent week (week 44).
- Whooping Cough notifications have **increased** in the most recent reporting week (week 43).
- Scarlet Fever notifications **decreased** in the most recent week (week 44).

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 44 2025 (to 02 November 2025).
- As of 02 November 2025 (week 44), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 57 (69 in the previous week) and there were 298 in-patient cases of confirmed COVID-19, four of whom were in critical care compared to 385 and four in the previous week.
- Confirmed cases of positive tests decreased to 9.7 % in hospital and non-sentinel GP practices in the most recent week (week 44). 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 44, 2024 to week 44, 2025. (source: PHW)



COVID-19 and Influenza 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.

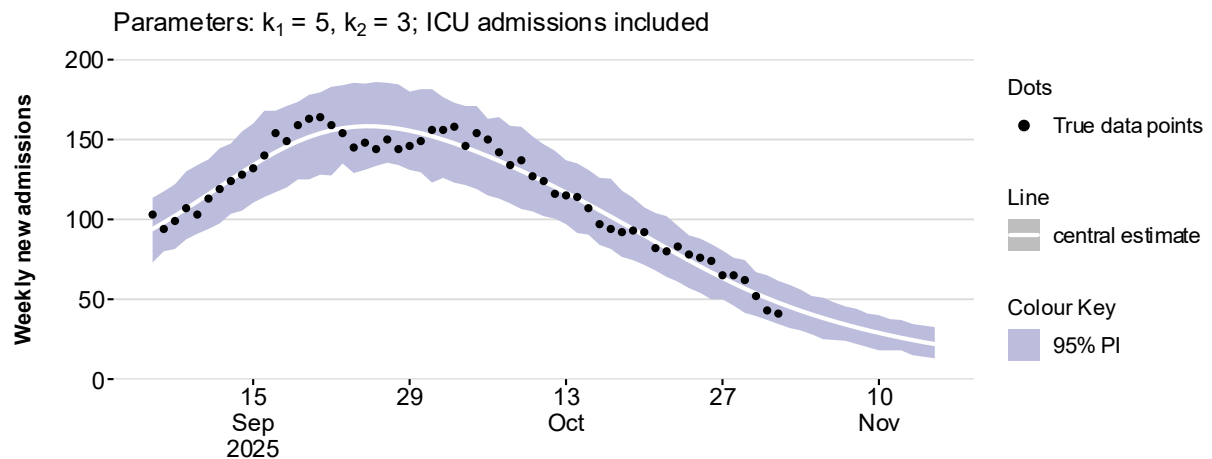
The COVID-19 and Influenza STPs use admissions data from PHW until 01 November 2025 to create short term projections for COVID-19 two weeks forward (**to 15 November 2025**). The black or brown dots represent the actual data points while the white line is the central estimate from the most recent projection. 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 15 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 decrease in health boards in Wales, except for Cardiff and Vale and Hywel Dda health boards where an increase in admissions for Influenza is projected over the next two weeks (to 15 November 2025).

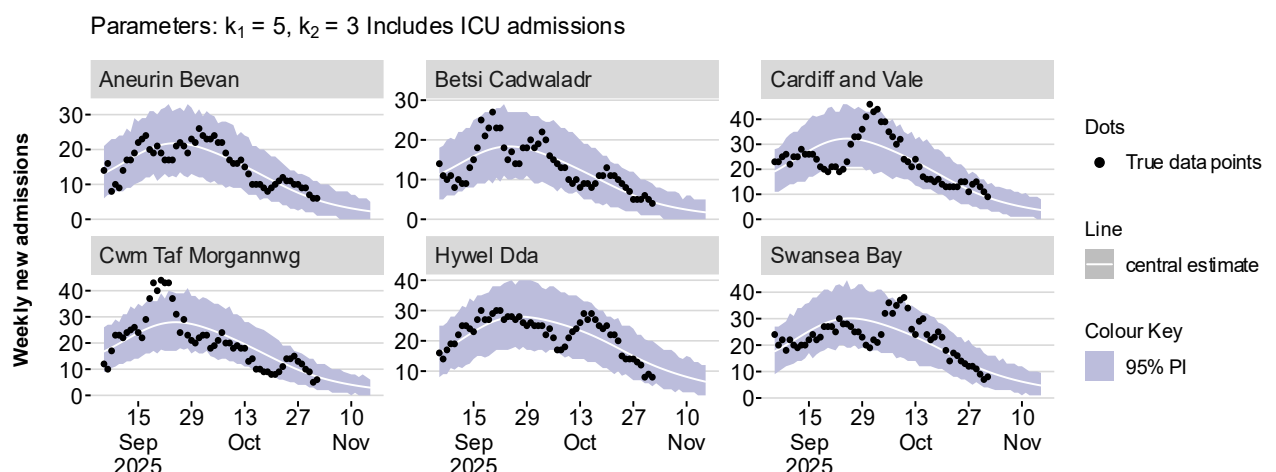
Please note: The STPs are produced nationally and at the provider health board level, not at resident health board level. Powys health board is not included in the analysis due to low numbers.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data to 01 November 2025, projection to 15 November)



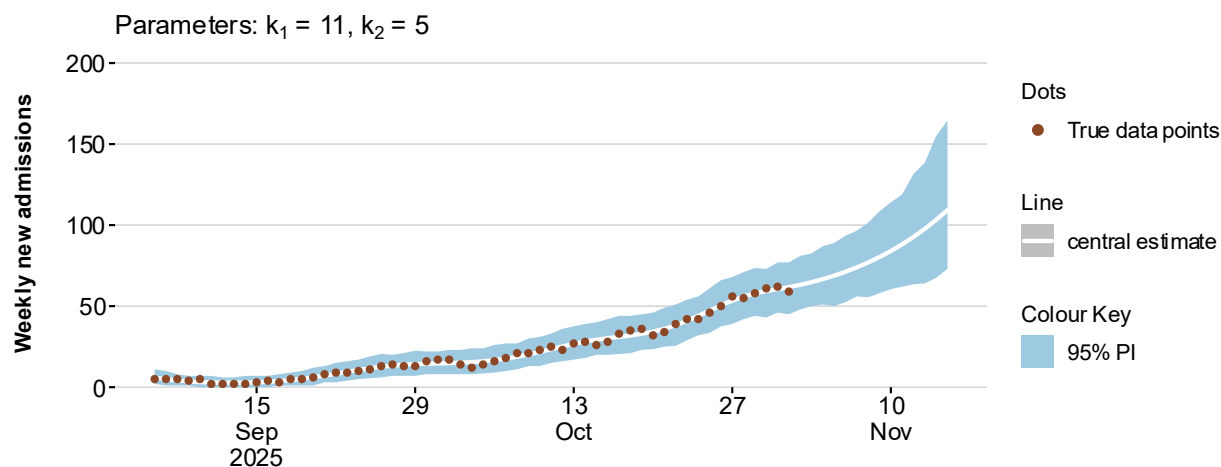
Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Local Health Boards (data to 01 November 2025, projections to 15 November)



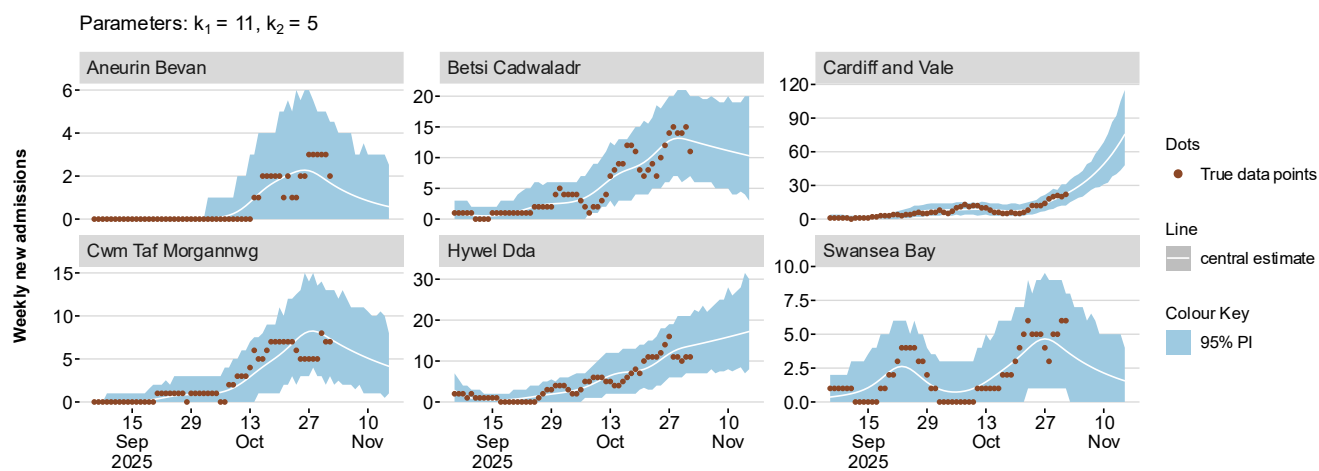
Source: Public Health Wales

Figure 4: Short Term Projections for Influenza hospital admissions in Wales (data to 01 November 2025, projection to 15 November)



Source: Public Health Wales

Figure 5: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 01 November 2025, projections to 15 November)



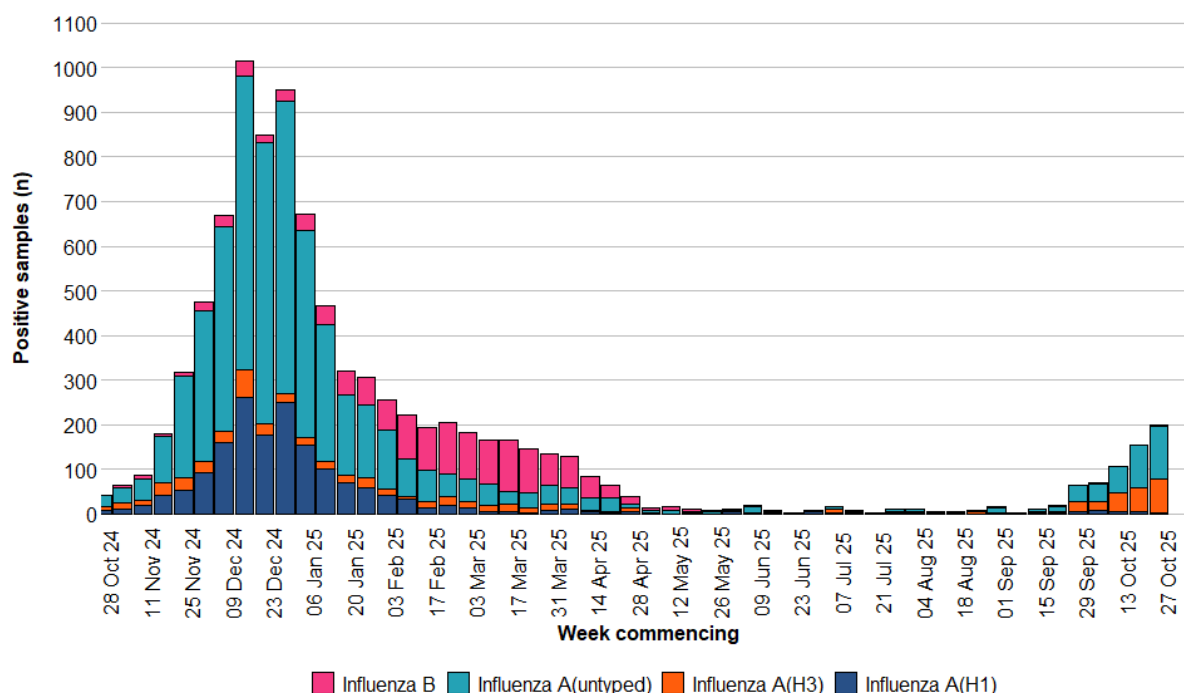
Source: Public Health Wales

B.2. Influenza Situation Update

- Evidence from surveillance suggests that influenza is now circulating in the community in Wales. Current Influenza activity is at low levels; however, case numbers continue to increase.
- Confirmed cases of community acquired influenza admitted to hospital **increased** to 71 in the current week (compared to **47** in the previous week). Test positivity increased to 10.3%.

- There were **72** in-patient cases of confirmed influenza, **one** of whom was in critical care, compared to **54** and **one** in the previous week.
- In week 44 2025, there were 74 confirmed cases of influenza A(H3), 3 cases of influenza A(H1N1), 120 influenza A untyped and 3 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 44, 2024 to week 44, 2025 (source: PHW)



Data correct as of 03/11/2025

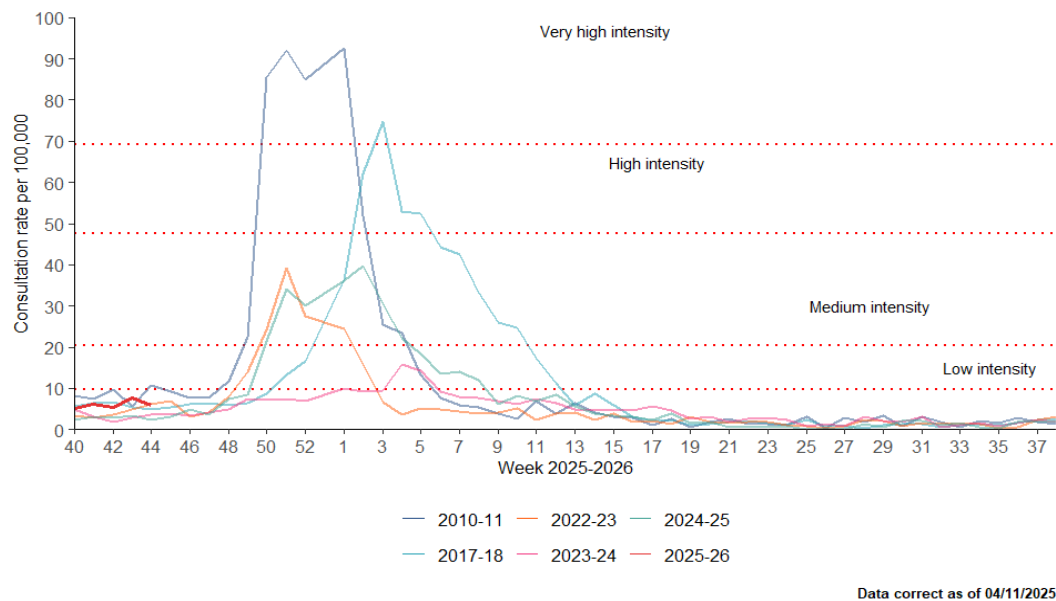
The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is variable.

There were **5.9** ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (7.8 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 21 ARI consultations per 100,000 practice population, an increase from 17.2 in the previous week. The highest rates were found in people aged under 1 year (726.5) followed by people aged 1 to 4 years (700.2) and people aged 5 to 14 years (188.5).

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

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

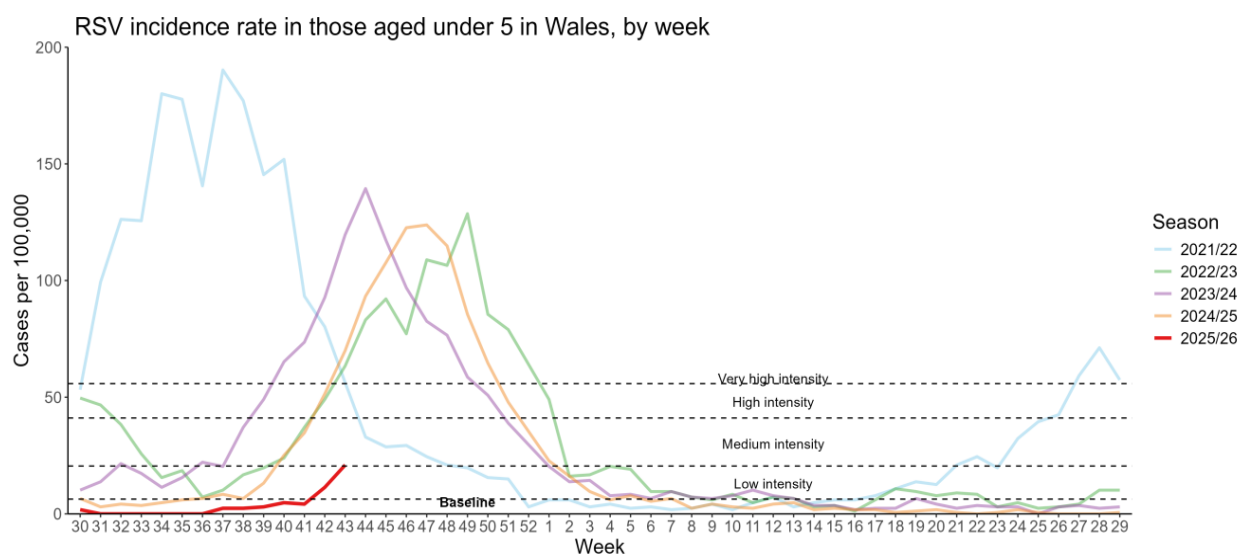


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to 34 in week 44.

Incidence per 100,000 population in children aged up to 5 years **increased to 30.5** in the most recent week (**20.9** in the previous week). During week 44 there were 15 in-patient cases of confirmed RSV, and one in critical care.

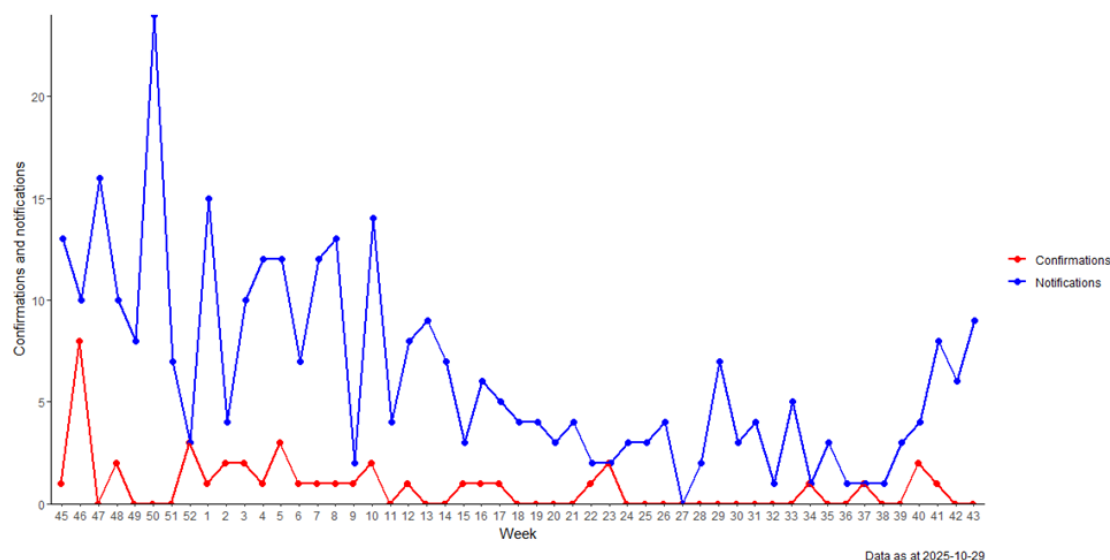
Figure 8: RSV Incidence Rate per 100,000 population under 5 years, week 30 2021 to week 44 2025 (source: PHW)



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).

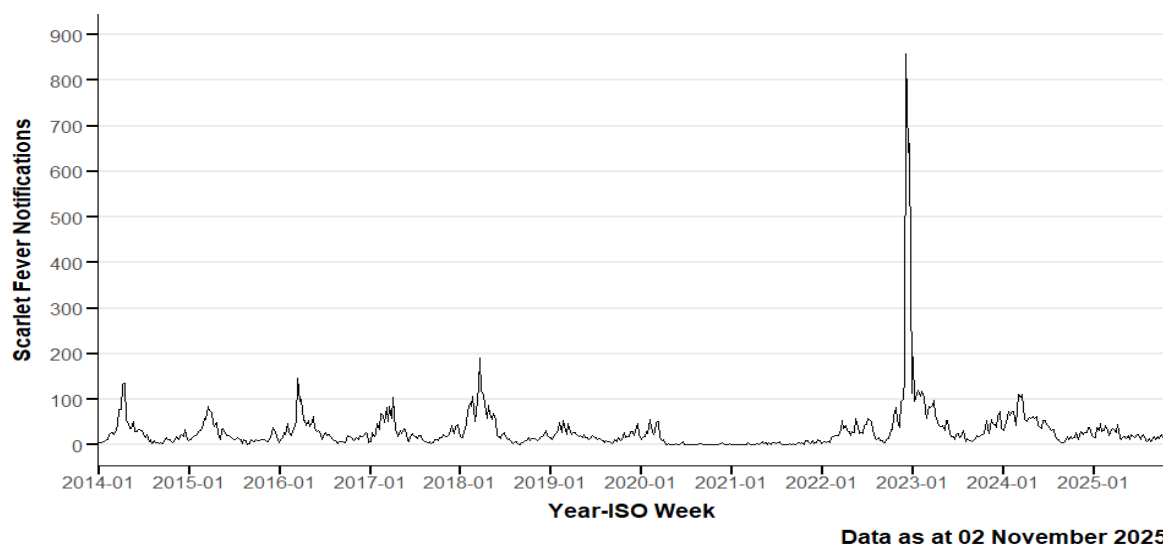
Figure 9: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **decreased** in the most recent week (week 44) 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 decreased from 1,983 in the previous week to 1,893 in the latest reporting week.
- During week 44, 2025, 3 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, two were COVID-19 and one was Influenza-Like Illness. All 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.

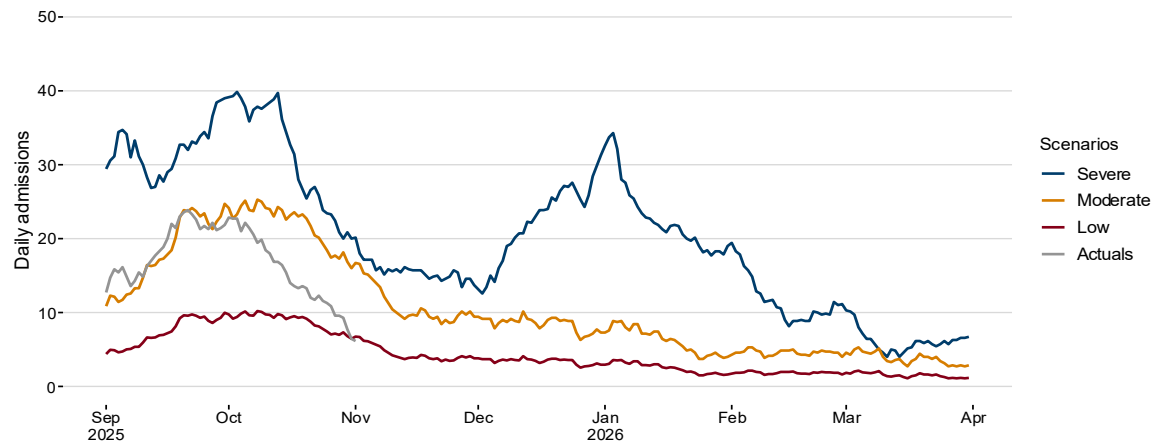
The charts that follow (Figures 11-13) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details 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 are decreasing and 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 01 November 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 01 November 2025 from PHW.

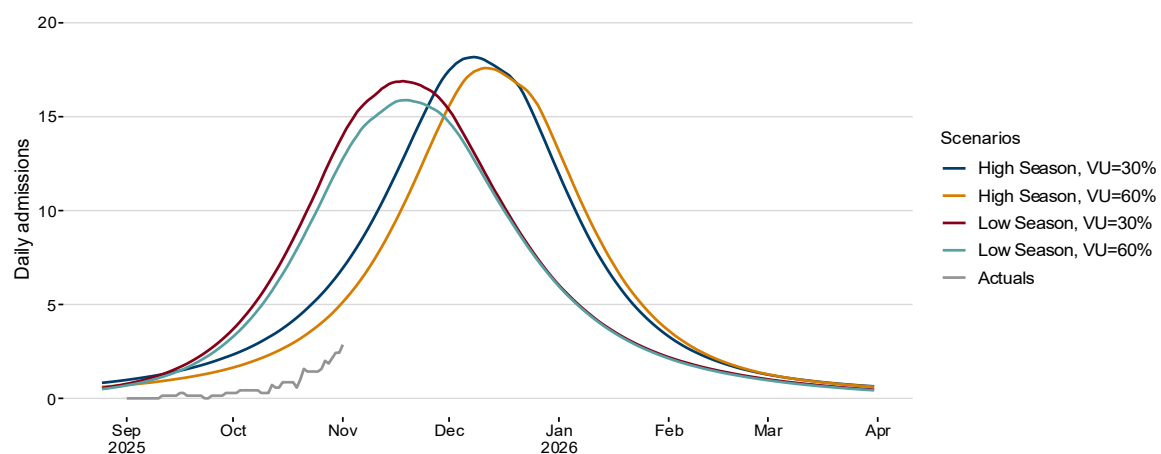
Notes

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 01 November 2025)

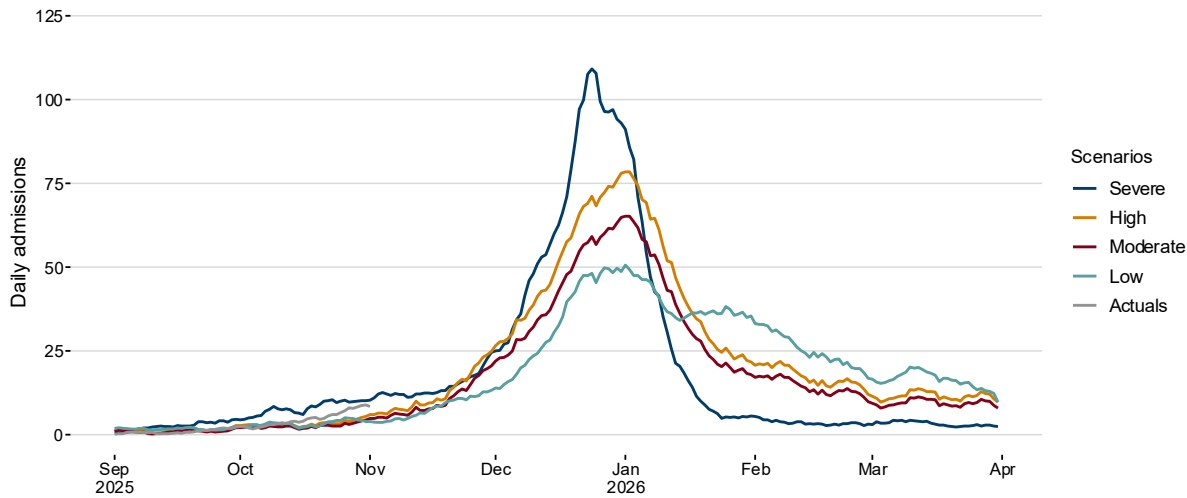


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 01 November 2025 from PHW.

Influenza

Actual Influenza (flu) admissions are increasing and are currently tracking above the High Scenario.

Figure 13: Daily flu Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 01 November 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 01 November 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)

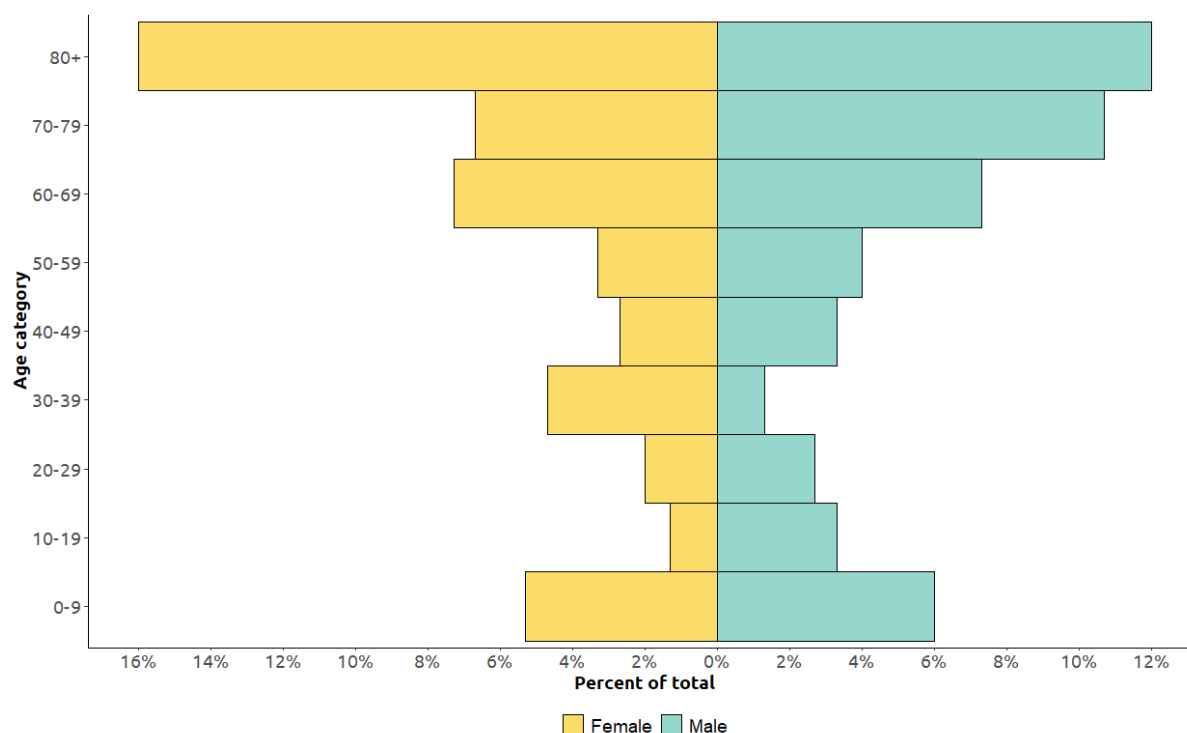
D.1. Norovirus

In the current reporting week (week 44 2025), a total of **40** Norovirus cases were reported in Welsh residents. This is an **increase (150.0%)** in reported cases compared to the previous reporting week (week 43 2025), when 16 Norovirus cases were reported.

In the last 12 week period (11/08/2025 to 02/11/2025) a total of **150** Norovirus cases were reported in Welsh residents. This is a decrease **(-48.3%)** in reported cases compared to the same 12 week period in the previous year (11/08/2024 to 02/11/2024) when **290** Norovirus cases were reported.

In the last 12 weeks (11/08/2025 to 02/11/2025) **74 (49.3%)** Norovirus cases were female and **76 (50.7%)** cases were male. The age groups with the most cases were the 80+ years (**42** cases) and 70-79 years (**26** cases) age groups.

Figure 14: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (11/08/2025 to 02/11/2025)



Notes: This data from PHW only includes locally-confirmed PCR positive cases of Norovirus in Wales within the 12 week period up until the end of the current reporting week, week 44 2025 (11/08/2025 to 02/11/2025).

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 10 November 2025)

9 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in commercial poultry at a premises [near Welshpool, Powys in Wales \(AIV 2025/95\)](#).

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

Part of the 10km surveillance zone extends into England.

8 November 2025

HPAI H5N1 was confirmed in commercial poultry [near Hallow, Malvern Hills, Worcestershire \(AIV 2025/94\)](#).

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

7 November 2025

HPAI H5N1 was confirmed at the following:

- a large commercial poultry premises [near Feltwell, King's Lynn and West Norfolk, Norfolk \(AIV 2025/90\)](#)
- a large commercial poultry premises [near Attleborough, Breckland, Norfolk \(AIV 2025/91\)](#)
- a large commercial poultry premises [near Alford, East Lindsey, Lincolnshire \(AIV 2025/92\)](#)
- a second large commercial poultry premises [near Thirsk, Thirsk and Malton, North Yorkshire \(AIV 2025/93\)](#)

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

Following the receipt of official laboratory confirmation by the National Reference Laboratory, Weybridge, England, the Chief Veterinary Officer for Northern Ireland has confirmed that HPAI H5N1 is present in:

- commercial poultry premises [near Pomeroy, County Tyrone, Northern Ireland](#)
- commercial poultry premises [near Lisnaskea, County Fermanagh, Northern Ireland](#)

As a result, the temporary control zones that were put in place, around each premises have now been revoked and replaced by 3km protection zones and 10km surveillance zones.

6 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed by the Chief Veterinary Officer for Wales in a large commercial poultry flock [near Milford Haven, Pembrokeshire, Wales \(AIV 2025/88\)](#). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a small non-commercial poultry flock [near Kirkham, Fylde, Lancashire \(AIV 2025/89\)](#) on 6 November 2025. A 3km

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

AIPZ housing measures from 6 November 2025

Great Britain (England, Scotland and Wales) is in an avian influenza prevention zone (AIPZ). By law you must follow strict biosecurity and hygiene rules to [prevent bird flu and stop it spreading](#).

In the AIPZ in England there are mandatory housing measures which mean you may have to house your birds.

- If you have more than 50 birds you must house them. This applies to all types of birds.
- If you keep less than 50 birds and they are for your own use only (for example you do not sell or give away their eggs or meat), you do not have to house them.
- If you keep less than 50 birds but you do sell or give away their eggs, poultry products or live birds, you must house them. These birds are known as 'poultry'.

You can read more information on the requirements for certain types of bird in the declaration for the [AIPZ in England](#).

5 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in captive birds [near Preesall, Wyre, Lancashire \(AIV 2025/86\)](#). A 3km Captive Bird (Monitoring) Controlled Zone has been declared around the premises. Affected birds on the premises will be humanely culled.

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a small commercial poultry flock [near Corby Glen, South Kesteven, Lincolnshire \(AIV 2025/87\)](#). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

Following successful disease control activities and surveillance in the zone, the 10 km surveillance zone around a premises [near Wetheral, Cumberland, Cumbria \(AIV 2025/62\)](#) has been revoked.

4 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a large commercial poultry premises [near Wells-Next-The-Sea, North Norfolk, Norfolk](#).

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

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.

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

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. [Mpox clade Ib and clade IIb, UK](#) (7 November)

Up to 31st of October 2025, 18 cases of mpox clade Ib have been reported in the UK. Of these: 17 were in England, 0 in Northern Ireland, 1 was in Scotland and 0 were in Wales.

As of 31st of October 2025, most of these cases have reported direct or indirect links to travel to countries where mpox clade Ib is circulating. More information can be found in the list of [Clade I mpox: affected countries](#).

The epidemiology of clade Ib mpox may have changed with person-to-person transmission now occurring outside the African Region including amongst specific gay, bisexual and other men who have sex with men (GBMSM) networks in at least 2 other World Health Organization regions (European Region and Region of the Americas) in the past month.

The probability of importation of clade Ib and clade IIb Mpox into the UK has increased from medium to high.

E.4. [Seasonal surveillance of dengue](#) (7 November)

Since the beginning of 2025, and as of 5 November 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. All clusters are currently closed.

E.5. [Seasonal surveillance of West Nile virus infection in the EU/EEA](#) (7 November)

Since the beginning of 2025, and as of 5 November 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.6. [Chikungunya virus disease](#) (7 November)

Since the beginning of 2025, and as of 5 November 2025, two countries in Europe have reported cases of chikungunya virus disease: France (776) and Italy (374).

In the past week, France has reported 8 new locally acquired cases of chikungunya virus disease and Italy has reported four. In the previous week, 13 cases and 1 new case were reported by France and Italy, respectively.

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

As of 6 November 2025, no new Ebola cases have been reported in the Democratic Republic of the Congo (DRC). 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 start of the outbreak, and as of 6 November, 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.8. [Rift Valley fever in Senegal and Mauritania – 2025](#) (7 November)

Since 21 September 2025, and as of 6 November, 397 human cases (including 29 deaths) of Rift Valley fever (RVF) have been reported in Senegal.

Since 27 September 2025, and as of 30 October, 46 human cases (including 14 deaths) of RVF have been reported in Mauritania.

On 5 November, media quoting health officials reported one human case of RVF in Gambia, close to the border with Senegal.

All three countries have reported outbreaks among live animals.

To date, no human-to-human transmission of RVF has been documented.