Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

18 November 2025

gov.wales

Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 45 2025, up to 09 November 2025)

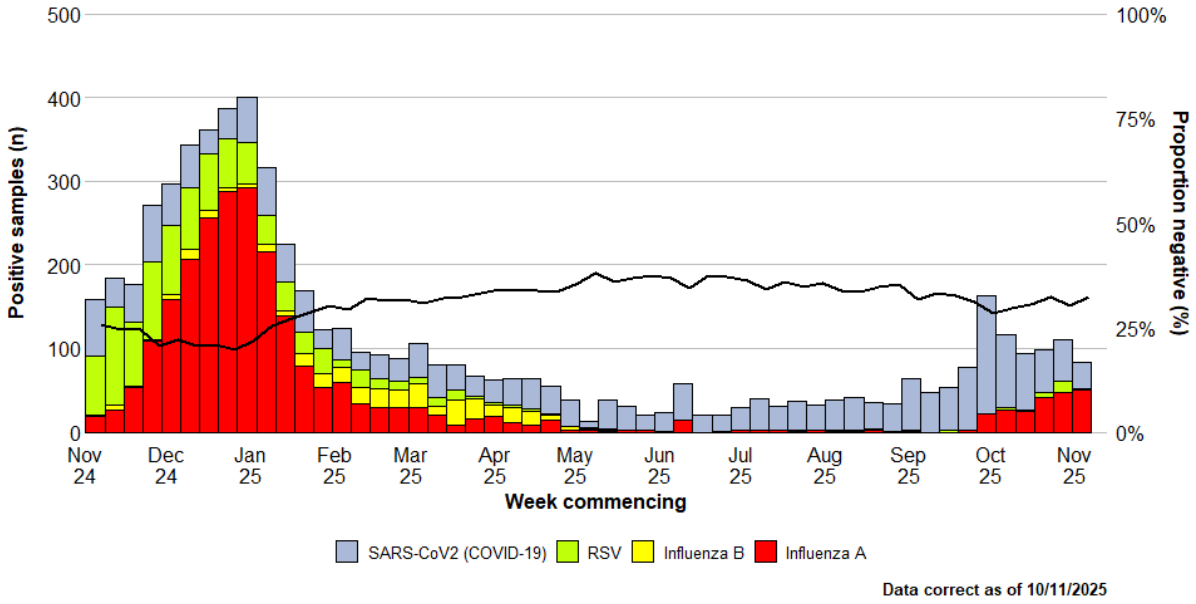
- Overall, COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **remained stable**.
- Influenza in-patient cases have **increased,** and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 45).
- Whooping Cough notifications have **decreased** in the most recent reporting week (week 45).
- Scarlet Fever notifications **decreased** in the most recent week (week 45).

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 45 2025 (to 09 November 2025).
- As of 09 November 2025 (week 45), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 33 (57 in the previous week) and there were 215 in-patient cases of confirmed COVID-19, two of whom were in critical care compared to 298 and four in the previous week.
- Confirmed cases of positive tests decreased to 4.9 % in hospital and non-sentinel GP practices in the most recent week (week 45). 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 **34.3%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 45, 2024 to week 45, 2025 (source: PHW).



COVID-19, Respiratory Syncytial Virus (RSV) and Influenza Short Term Projections

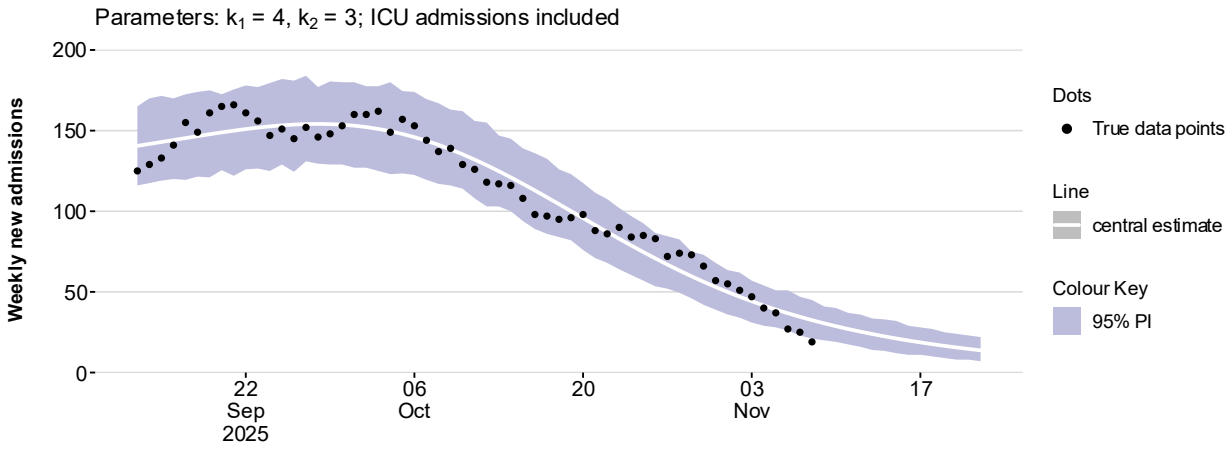
The Science Evidence Advice (SEA) team at Welsh Government have produced short-term projections (STPs) for COVID-19, RSV and Influenza which can be produced nationally and at the Local Health Board level. RSV is also produced by age groups nationally. STPs project 2 weeks forward using current data from 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, RSV and Influenza STPs use admissions data from PHW until **08 November 2025** to create short term projections for COVID-19 two weeks forward **(to 22 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.

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.

The STPs for Wales show that COVID-19 admissions are projected to decrease over the next two week period (Figure 2).

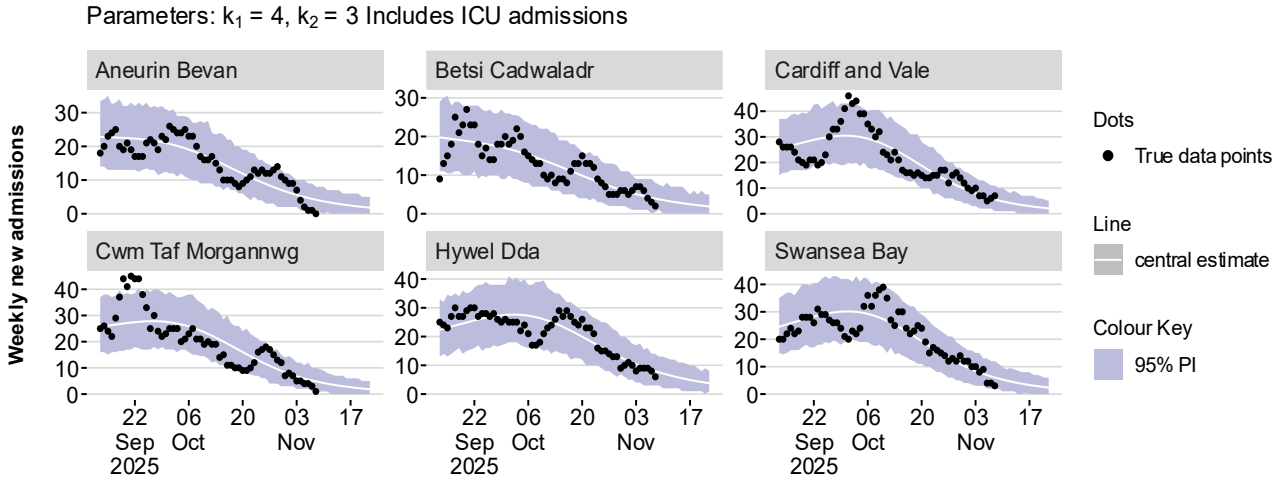
Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data to 08 November 2025, projection to 22 November)



Source: Public Health Wales

Figure 3 shows that COVID-19 admissions are projected to decrease in all health boards in Wales over the next two weeks (to 22 November 2025).

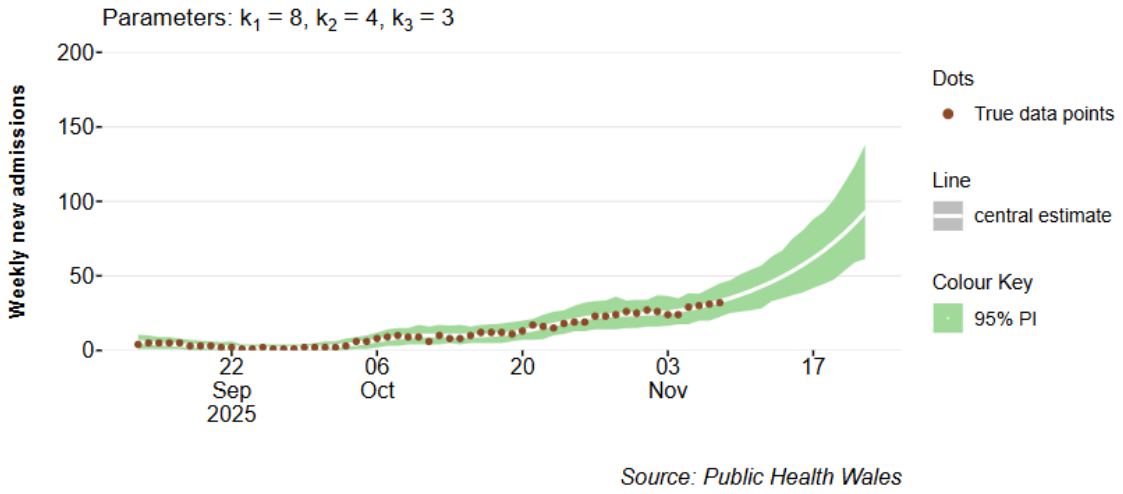
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 08 November 2025, projections to 22 November)



Source: Public Health Wales

The STPs for Wales show that RSV admissions are projected to increase over the next two-week period (Figure 4).

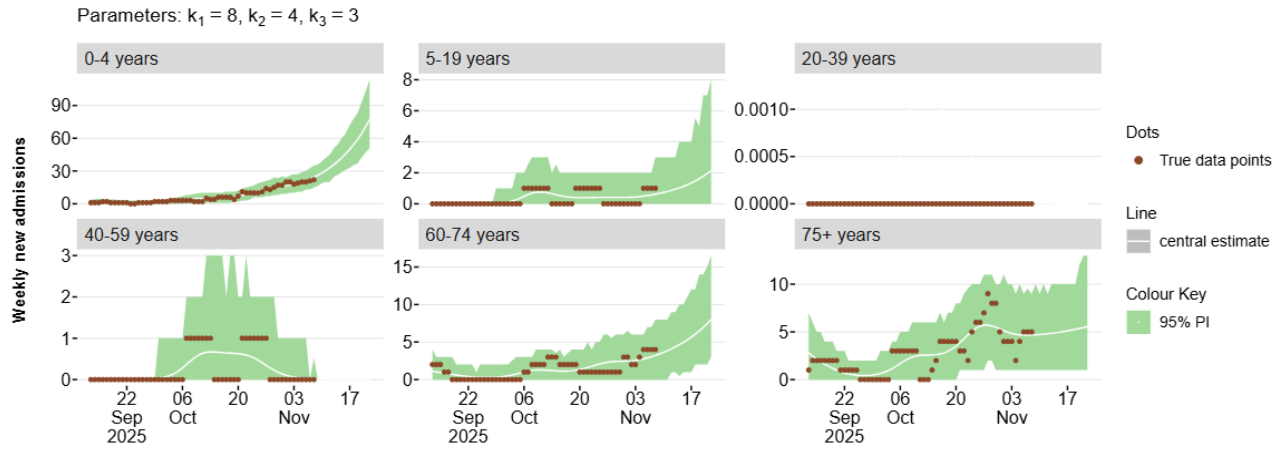
Figure 4: Short Term Projections for RSV hospital admissions in Wales (data to 08 November 2025, projection to 22 November)



Source: Public Health Wales

Figure 5 shows that RSV admissions for age groups 0-4 years, 5-19 years, 60-74 years and 75 plus years are projected to increase over the next two weeks (to 22 November 2025).

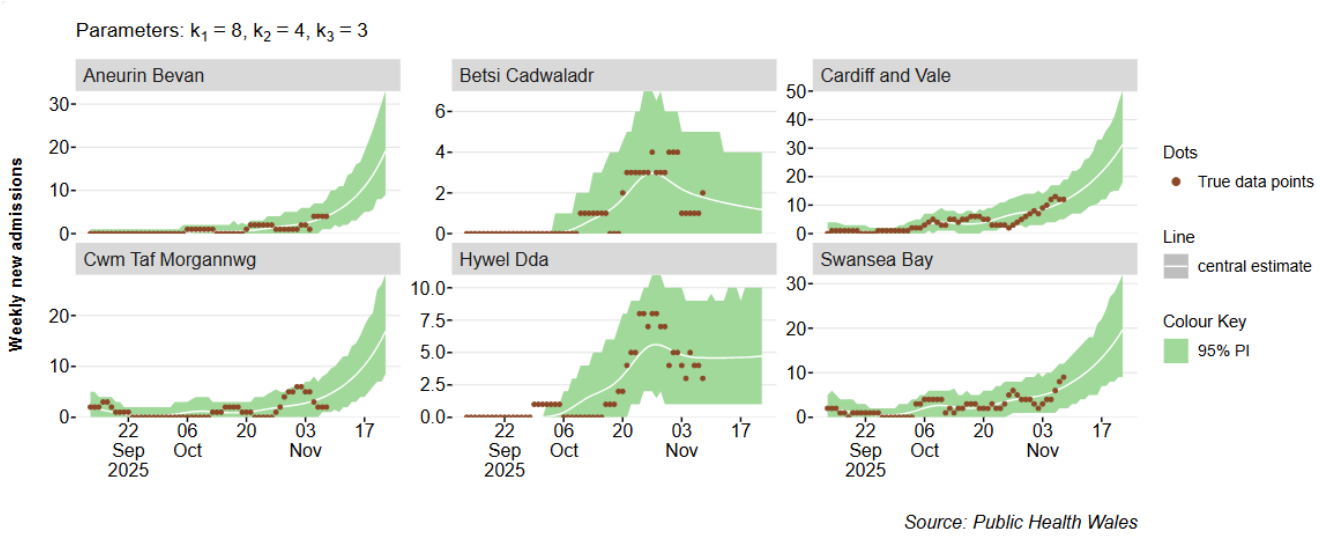
Figure 5: Short Term Projections for RSV hospital admissions in Wales by age groups (data to 08 November 2025, projections to 22 November 2025)



Source: Public Health Wales

Figure 6 shows that RSV admissions for Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg and Swansea Bay health boards are projected to increase over the next two weeks (to 22 November 2025).

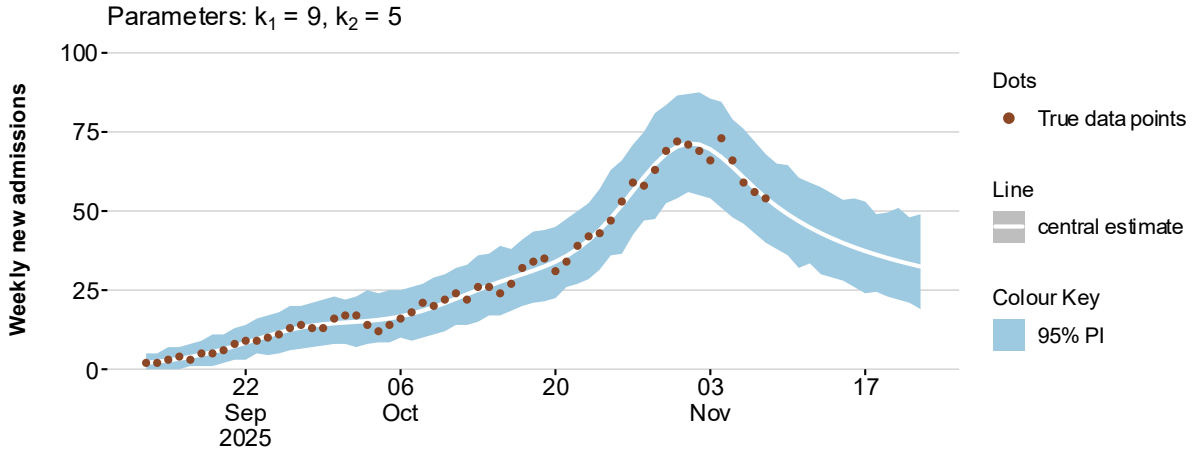
Figure 6: Short Term Projections for RSV hospital admissions in Wales Local Health Boards (data to 08 November 2025, projections to 22 November 2025)



Source: Public Health Wales

The STPs for Wales show that Influenza admissions are projected to decrease over the next two-week period (Figure 7).

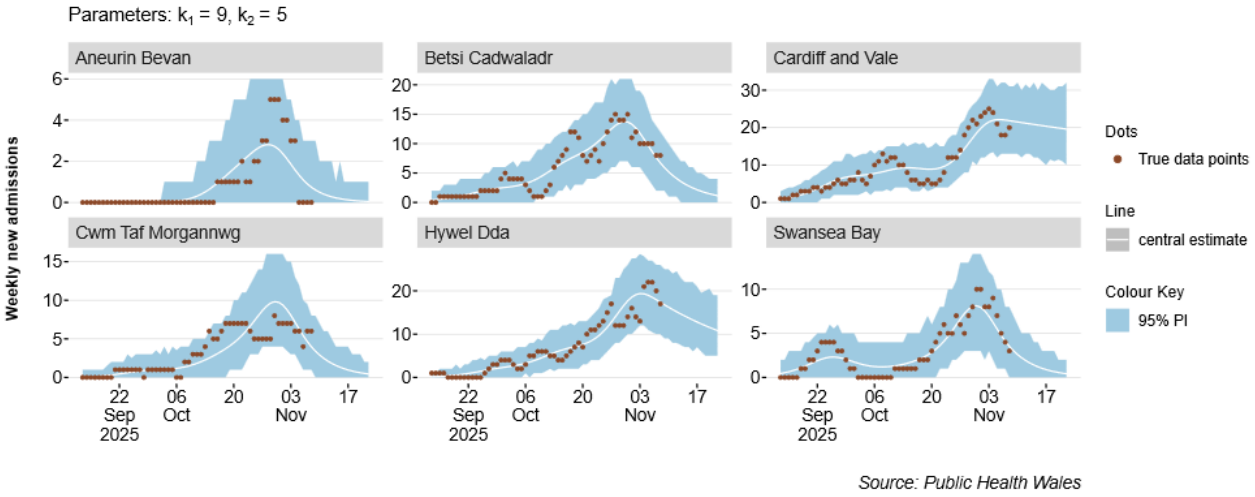
Figure 7: Short Term Projections for Influenza hospital admissions in Wales (data to 08 November 2025, projection to 22 November)



Source: Public Health Wales

Figure 8 shows that Influenza admissions are projected to decrease in all health boards in Wales over the next two weeks (to 22 November 2025).

Figure 8: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 08 November 2025, projections to 22 November 2025)

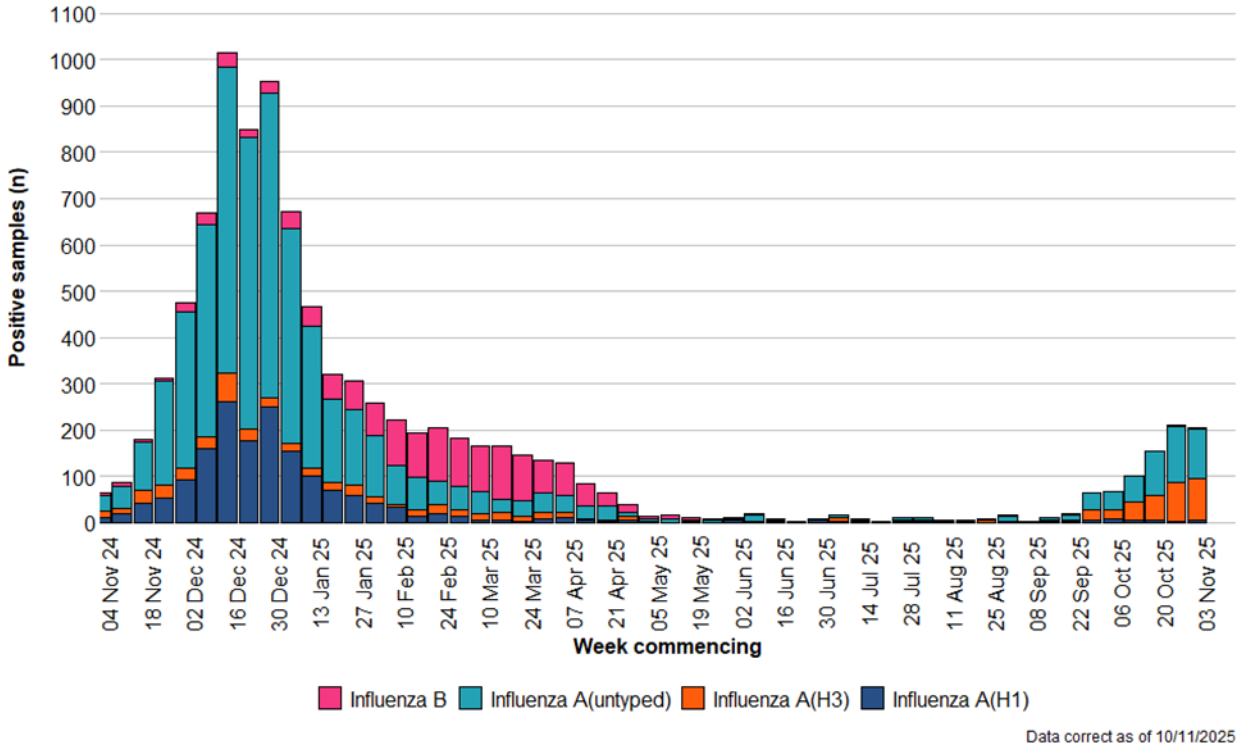


Source: Public Health Wales

B.2. Influenza Situation Update

- Evidence from surveillance suggests that influenza is now circulating in the community in Wales. Current Influenza activity is at low levels; however, case numbers continue to increase.
- Confirmed cases of community acquired influenza admitted to hospital **decreased** to 62 in the current week (compared to **71** in the previous week). Test positivity decreased to **8.8**%.
- There were **76** in-patient cases of confirmed influenza, **four** of whom were in critical care, compared to **72** and **one** in the previous week.
- In week 45 2025, there were 89 confirmed cases of influenza A(H3), 5 cases of influenza A(H1N1), 108 influenza A untyped and 2 influenza B. (Figure 6).

Figure 9: 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 45, 2024 to week 45, 2025 (source: PHW)



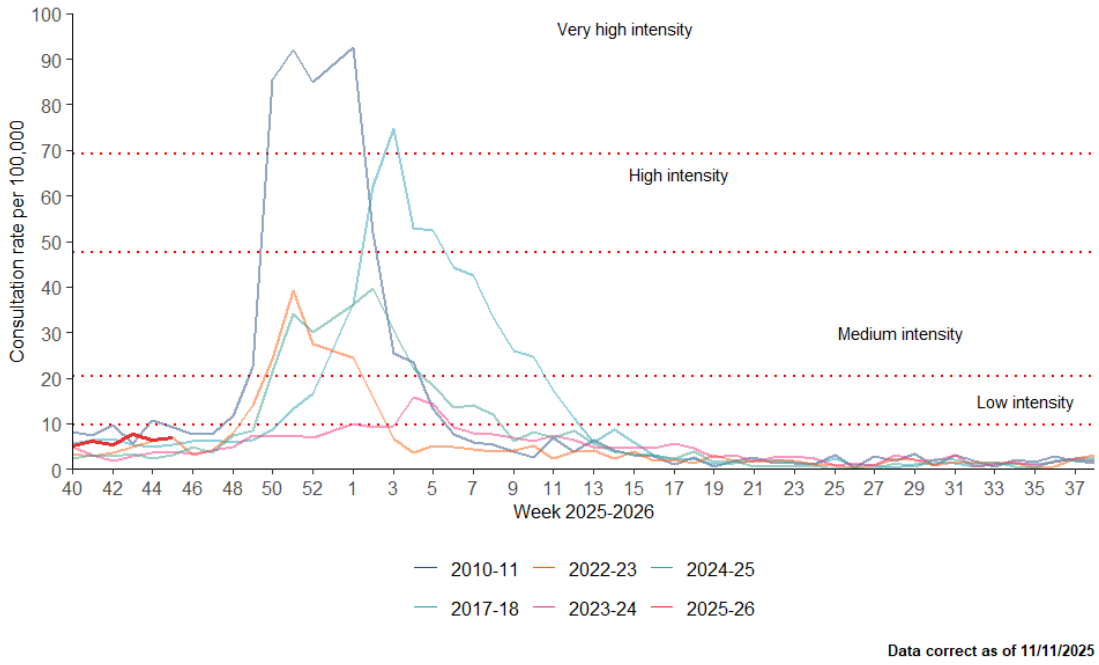
The sentinel GP consultation rate for influenza like illness (ILI) is at baseline and the three-week trend is variable.

There were **7.0** ILI consultations per 100,000 practice population in the most recent week, an increase 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 20.9 ARI consultations per 100,000 practice population, a decrease from 21.0 in the previous week. The highest rates were found in people aged under 1 year (1,275.8) followed by people aged 1 to 4 years (590.3) and people aged 75+ years (217.3).

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

Figure 10: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)

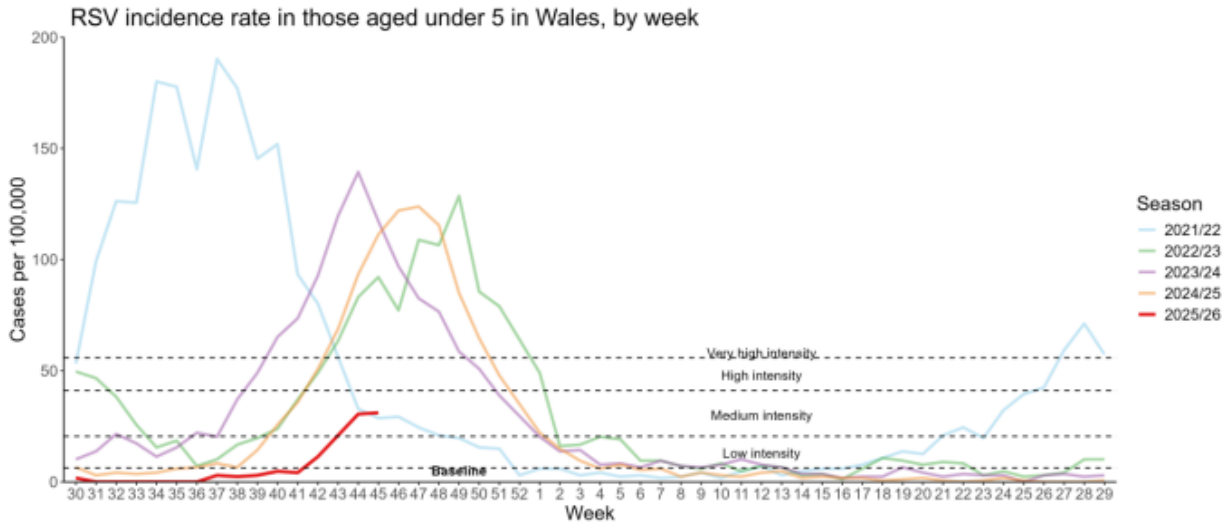


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to 37 in week 45.

Incidence per 100,000 population in children aged up to 5 years **remained stable** at **30.5** in the most recent week (**30.5** in the previous week). During week 45 there were 30 in-patient cases of confirmed RSV, and one in critical care.

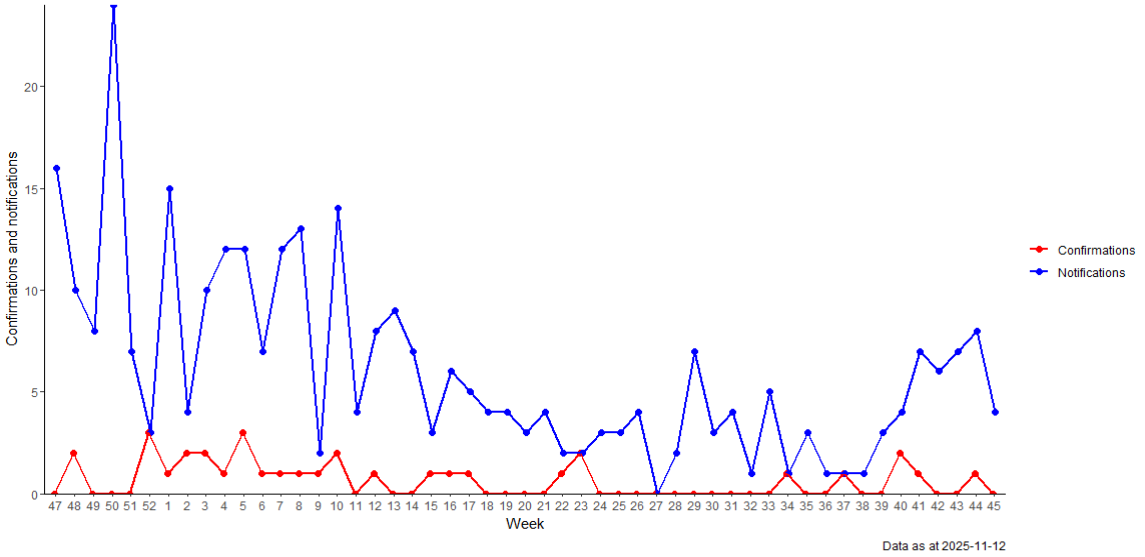
Figure 11: RSV Incidence Rate per 100,000 population under 5 years, week 30 2021 to week 45 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 12 below shows that whooping cough notifications up to the end of week 45 (latest data available) ***decreased***. Lab confirmations continue to be at very low levels (*Whooping cough is now reported on every two weeks*).

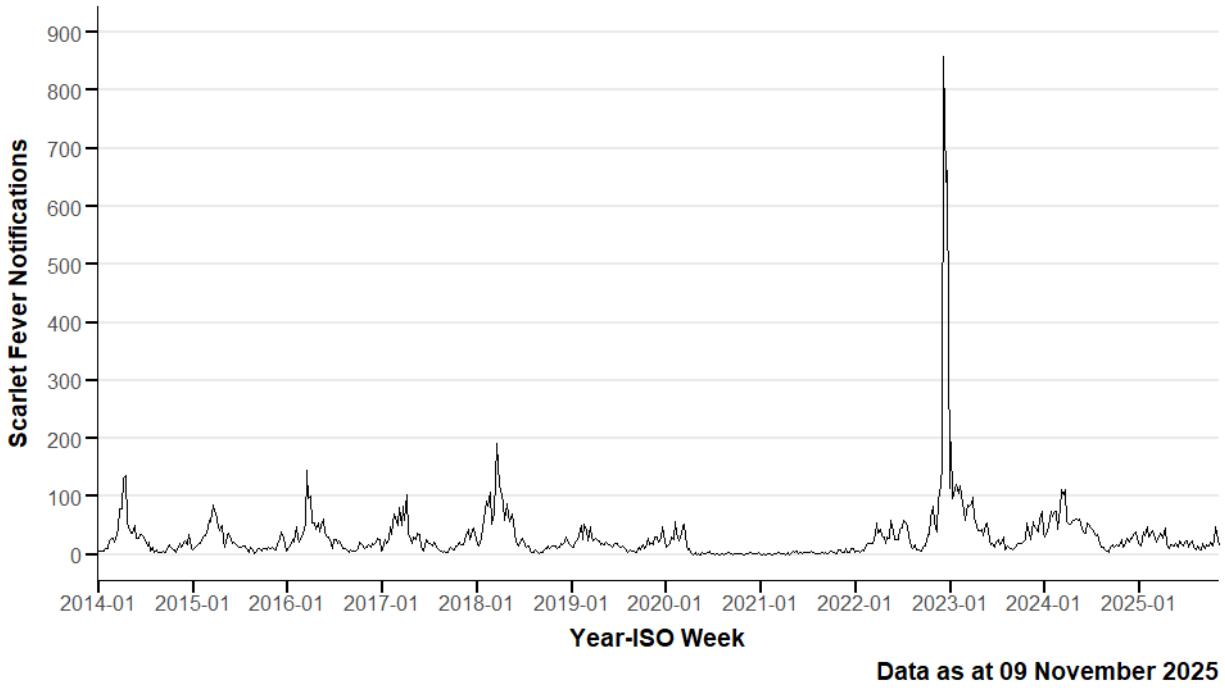
Figure 12: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales (source: PHW)



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 45) as shown in the figure below.

Figure 13: 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 1,892 in the previous week to 1,830 in the latest reporting week.
- During week 45, 2025, 2 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, one was Influenza A, and one was Rhinovirus. 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.

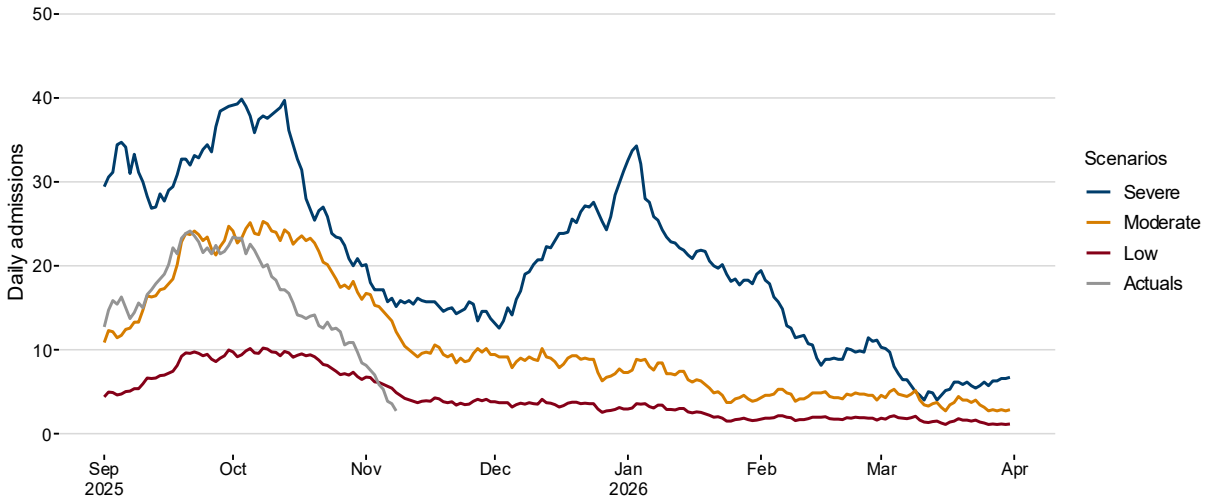
The charts that follow (Figures 14-16) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Evidence Advice Winter Modelling** for details 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 14: Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 08 November 2025)



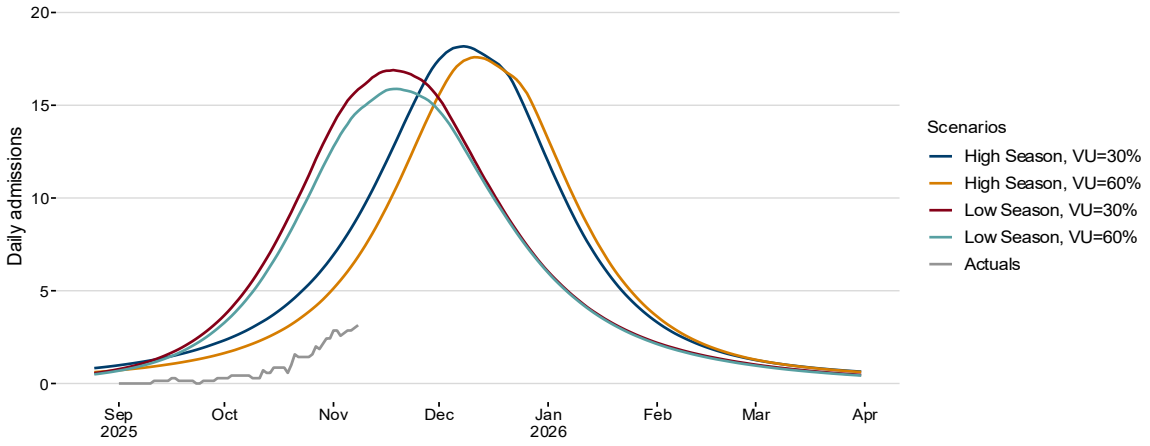
Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 08 November 2025 from PHW.

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 15: Daily RSV Winter 2025-26 paediatric (ages 0-4) admissions scenarios, modelling to 31 March 2026 (actuals data until 08 November 2025)

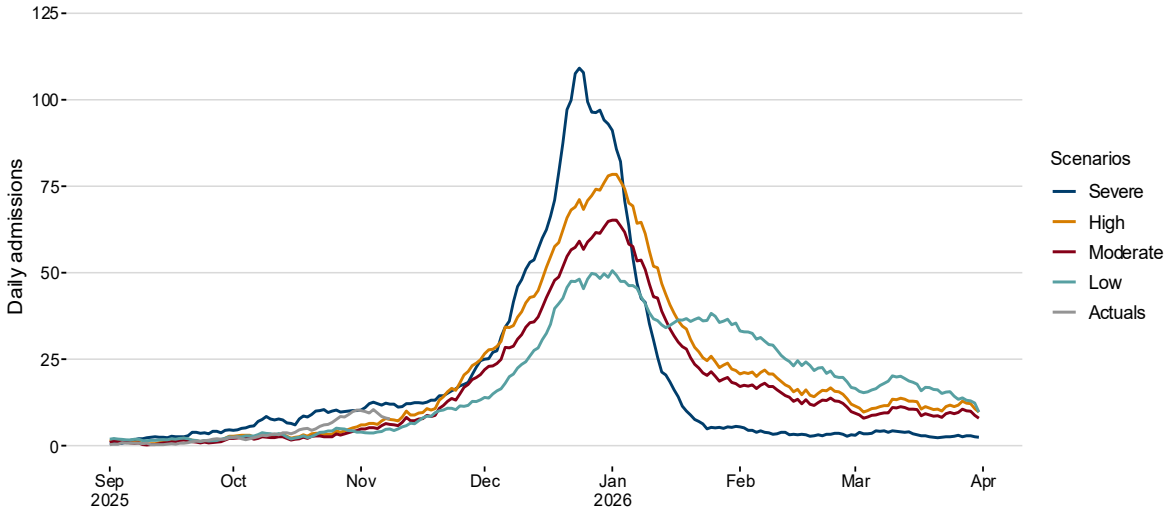


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SEA, actuals data until 08 November 2025 from PHW.

Influenza

Actual Influenza (flu) admissions are increasing but are currently tracking below the Severe Scenario.

Figure 16: Daily flu Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 08 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 08 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)

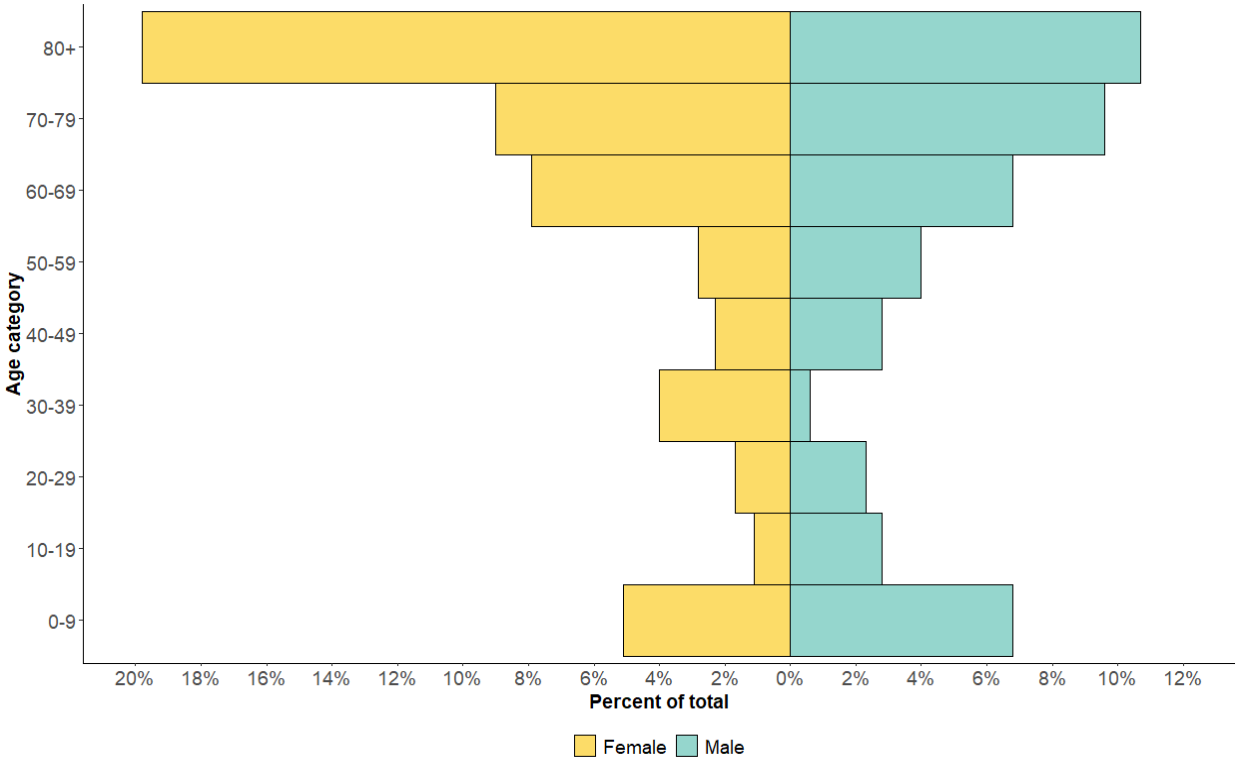
D.1. Norovirus

In the current reporting week (week 45 2025), a total of **36** Norovirus cases were reported in Welsh residents. This is a **decrease (-10.0%)** in reported cases compared to the previous reporting week (week 44 2025), when 40 Norovirus cases were reported.

In the last 12 week period (18/08/2025 to 09/11/2025) a total of **177** Norovirus cases were reported in Welsh residents. This is a decrease (-37.0%) in reported cases compared with the same 12 week period in the previous year (18/08/2024 to 09/11/2024) when **281** Norovirus cases were reported.

In the last 12 weeks (18/08/2025 to 09/11/2025) **95 (53.7%)** Norovirus cases were female and **82 (46.3%)** cases were male. The age groups with the most cases were the 80+ years (**54** cases) and 70-79 (**33** cases) age groups.

Figure 17: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (18/08/2025 to 09/11/2025)



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 45 2025 (18/08/2025 to 09/11/2025).

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 17 November 2025)

16 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a large commercial poultry unit near Thorne, Doncaster, South Yorkshire (AIV 2025/104).

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

15 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a large commercial poultry unit near Swaffham, Breckland, Norfolk (AIV 2025/103) .

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 backyard flock of captive birds near Watton, Breckland, Norfolk (AIV 2025/102)
- a small group of ornamental captive birds near Dawlish, Teignbridge, Devon (AIV 2025/101)

A 3km Captive Bird (Monitoring) Controlled Zone has been declared around each premises. All birds on the premises will be humanely culled.

14 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a small backyard flock of captive birds near Pontyberem, Carmarthenshire, Wales (AIV 2025/100) on 14 November 2025.

A 3km Captive Bird (Monitoring) Controlled Zone has been declared around the premises. All birds on the premises will be humanely culled.

13 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a large commercial flock of poultry near Poringland, South Norfolk, Norfolk (AIV 2025/99) on 13 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.

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a small backyard flock of captive birds near Gosforth, Cumberland, Cumbria (AIV 2025/98) on 13 November 2025.

A 3km Captive Bird (Monitoring) Controlled Zone has been declared around the premises. All birds on the premises will be humanely culled.

12 November 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a large commercial poultry unit near Woodbridge, East Suffolk, Suffolk (AIV 2025/97).

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 large commercial poultry flock at a premises near Lanark, South Lanarkshire, Scotland (AIV 2025 96).

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

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.

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 13th of November 2025, 19 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 1 was 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 (14 November)

Since the beginning of 2025 and as of 12 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 (14 November)

Since the beginning of 2025, and as of 12 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 (14 November)

Since the beginning of 2025 and as of 12 November 2025, two countries in Europe have reported cases of chikungunya virus disease: France (776) and Italy (384).

In the past week, France did not report surveillance data on locally acquired cases of chikungunya virus disease. Italy has reported ten new cases. In the previous week, 8 and 4 new cases were reported by France and Italy, respectively.

E.7. Ebola virus disease - Democratic Republic of the Congo - 2025 (14 November)

As of 13 November 2025, no new Ebola virus disease 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 13 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 (14 November)

There has been no further update regarding Rift Valley fever (RVF) in Senegal and Mauritania since the 31st of October 2025.

E.9. Detection of wild poliovirus type 1 (WPV1) in a wastewater sample in Germany (14 November)

On 11 November 2025, Germany reported the detection of wild poliovirus type 1 (WPV1) in a wastewater sample in Hamburg. No clinical cases of poliomyelitis have been reported.

The detection of WPV1 in a wastewater sample in Germany is unusual but not unexpected. As long as there are populations who are not vaccinated or under-vaccinated in European countries, and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains.

The risk to the EU/EEA population from this WPV1 detection in wastewater in Germany is considered as very low due to high vaccination rates and isolated detection in wastewater. However, the occurrence of a clinical case in individuals who are not vaccinated against polio cannot be ruled out.