



Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

16 September 2025



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Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary (as at week 36 2025, up to 7 September 2025)

- Overall, COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **remained stable at zero**.
- Influenza in-patient cases **decreased** and admissions **increased** in the latest week.
- Norovirus confirmed cases have **increased** in week 36.
- Whooping Cough notifications have **increased** in week 35 (the most recent reporting week).
- Scarlet Fever notifications **increased** in the most recent week (week 36).

Please note, from the 10th of June 2025 the SEA weekly surveillance report has been produced fortnightly; returning to weekly from the 30th of September.

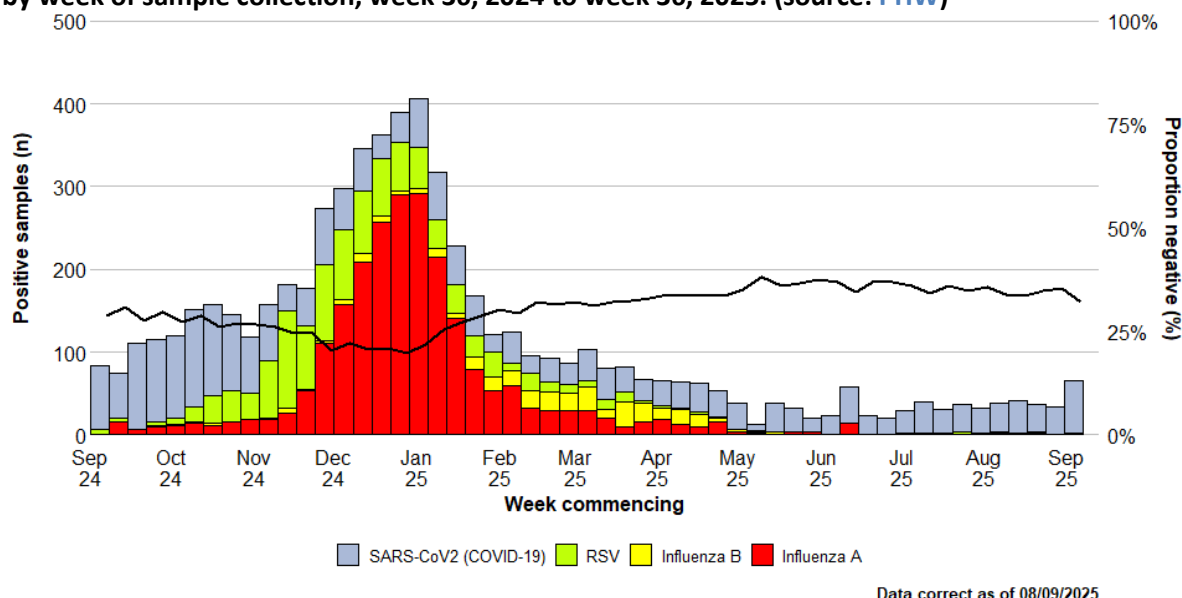
B. Acute Respiratory Infections Situation Update

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 in-patients **increased** in week 36 2025 (to 07 September 2025).
- As at 07 September 2025 (week 36), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 40 (44 in the previous week) and there were 184 in-patient cases of confirmed COVID-19, five of whom were in critical care compared to 173 and two in the previous week.
- Confirmed cases of positive tests **remained stable** at 10.5 % in hospital and non-sentinel GP practices in the most recent week (week 36) compared with 10.3% in the previous week. Consultations with Sentinel and Non sentinel GPs for COVID-19 increased in the most recent week.

- Thus far this season, according to European Mortality Monitoring (EuroMoMo) methods, a low excess has been reported in the weekly number of deaths from all causes in Wales.
- In the last six weeks, Omicron XFG has been the most frequently detected COVID-19 variant in Wales, accounting for **33.1%** of sequenced cases.
- The number of ambulance calls recorded referring to syndromic indicators **decreased** from **1,728** in the previous week to **1,713** in the latest reporting week.
- During Week 36, 2025, **3** ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, one was unknown, one was Covid-19, and one was influenza A. All were in Residential Homes.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 36, 2024 to week 36, 2025. (source: PHW)



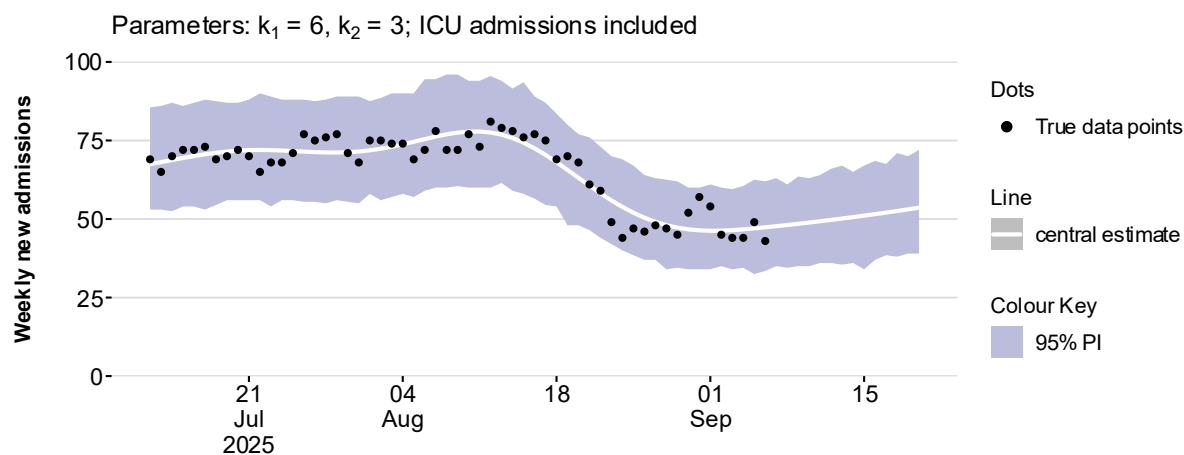
COVID-19 Short Term Projections

The Science Evidence Advice team at Welsh Government have produced short term projections (STPs) for COVID-19 which can be produced nationally and at the Local Health Board unit. STPs project 2 weeks forward from 8 weeks of current data, and do not explicitly factor in properties of the infectious disease, policy changes, changes in testing, changes in behaviour, emergence of new variants or rapid changes in vaccinations.

The COVID-19 STPs uses admissions data from PHW until 06 September 2025 to make short term projections for COVID-19 two weeks forward (**20 September 2025**). The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence interval of the projections with light purple showing the most recent projection and the dark purple showing the oldest. The STPs for Wales show that COVID-19 admissions are projected to rise slightly over the next two-week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease or plateau in health boards in Wales except for Cardiff and Vale

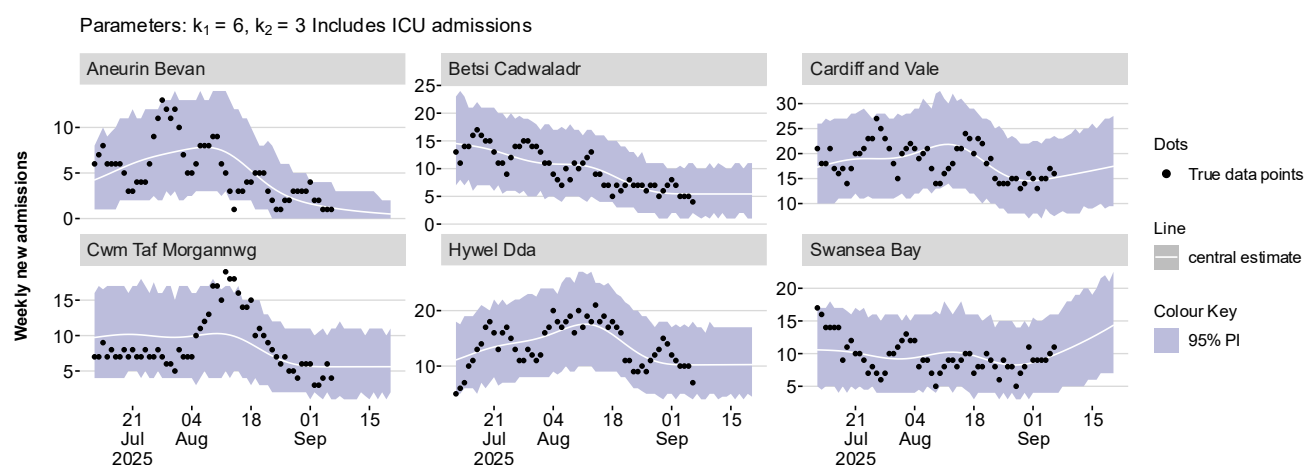
health board and Swansea Bay health board where an increase in admissions for COVID-19 is projected over the next two weeks.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 06 September 2025)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 06 September 2025)



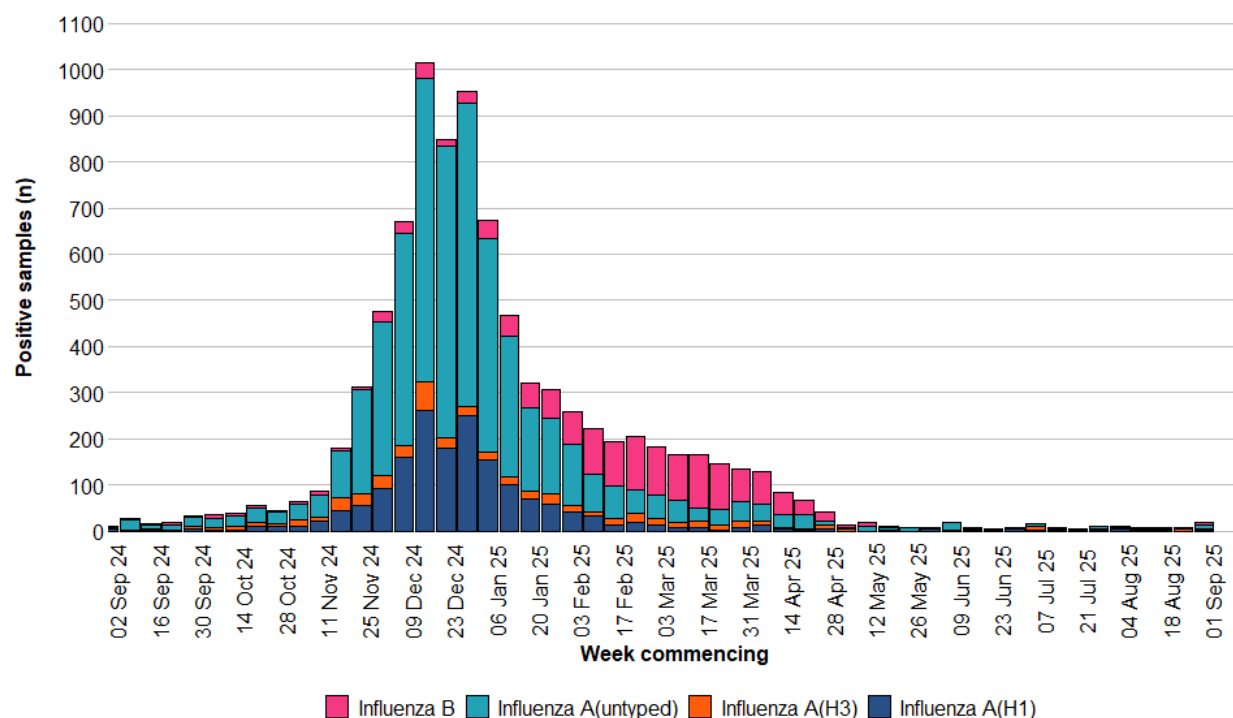
Source: Public Health Wales

B.2. Influenza Situation Update

GP consultations for influenza-like illness increased but remained at baseline intensity. Confirmed cases of community acquired influenza admitted to hospital **increased** to 5 in the current week. Test positivity increased to 2.1%.

There were **2** in-patient cases of confirmed influenza, **none** of whom were in critical care (compared to **3** and **0** last week). In week 36 2025, there was 1 confirmed case of influenza A(H3), two cases of influenza A(H1N1), 11 influenza A untyped and 3 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 36, 2024 to Week 36, 2025 (source: PHW)



Data correct as of 08/09/2025

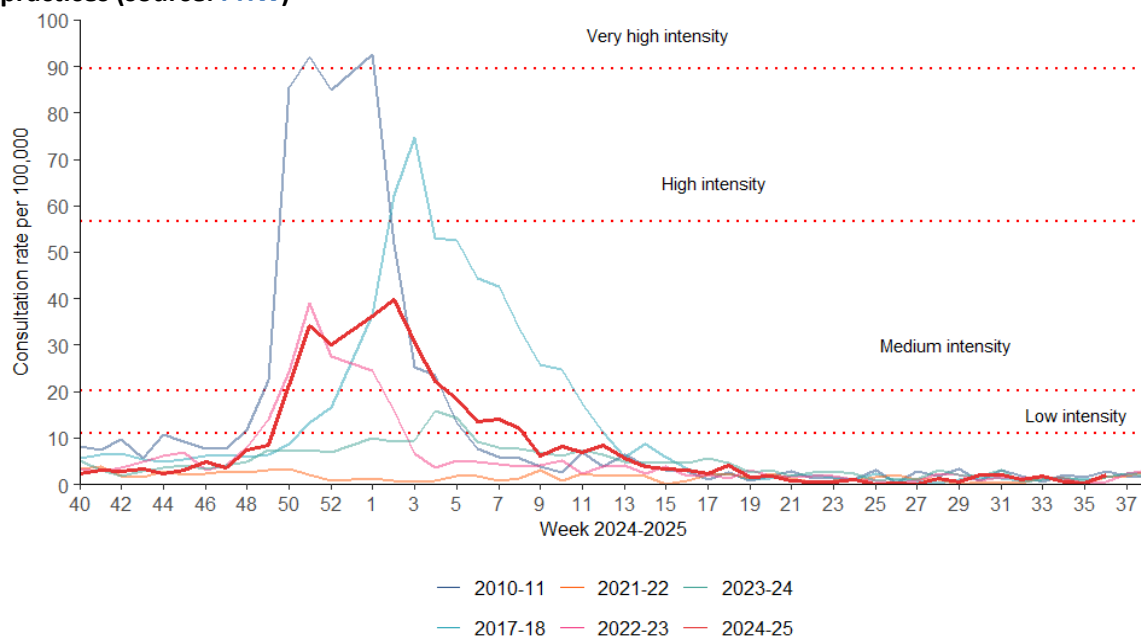
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable.

There were **2.0** ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (0.2 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 9.1 ARI consultations per 100,000 practice population, a decrease from 11.6 in the previous week. The highest rates were found in people aged under 1 year (356.8) followed by people aged 1 to 4 (279.1) and people aged 15 to 24 (111.3).

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

Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



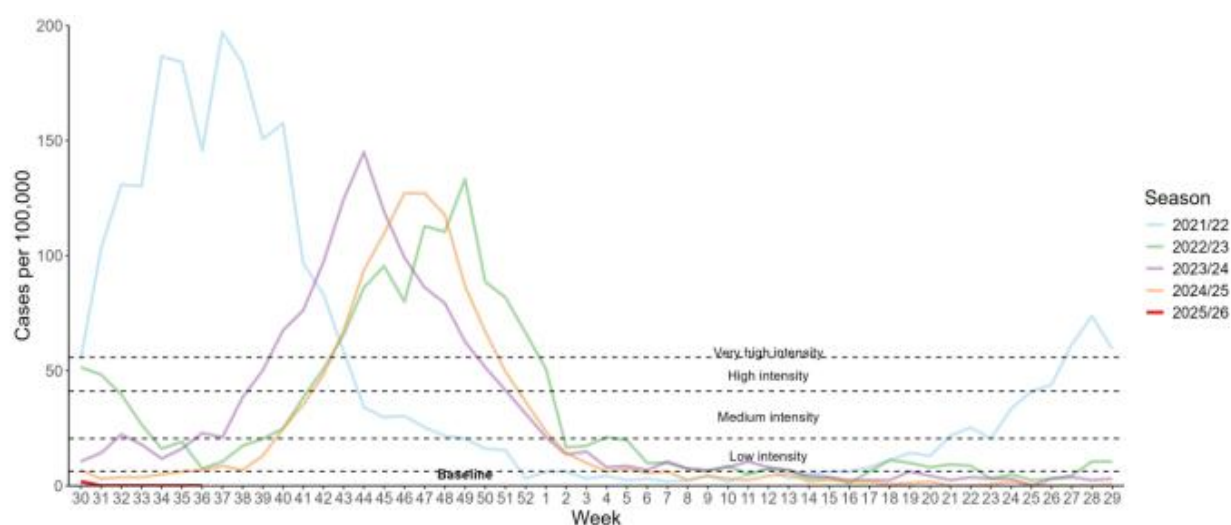
Data correct as of 09/09/2025

B.3. Respiratory Syncytial Virus (RSV) update

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

Incidence per 100,000 population in children aged up to 5y **remained stable** at 0.0 (same in the previous week). During Week 36 there were two in-patient cases, none in critical care (same as the previous week).

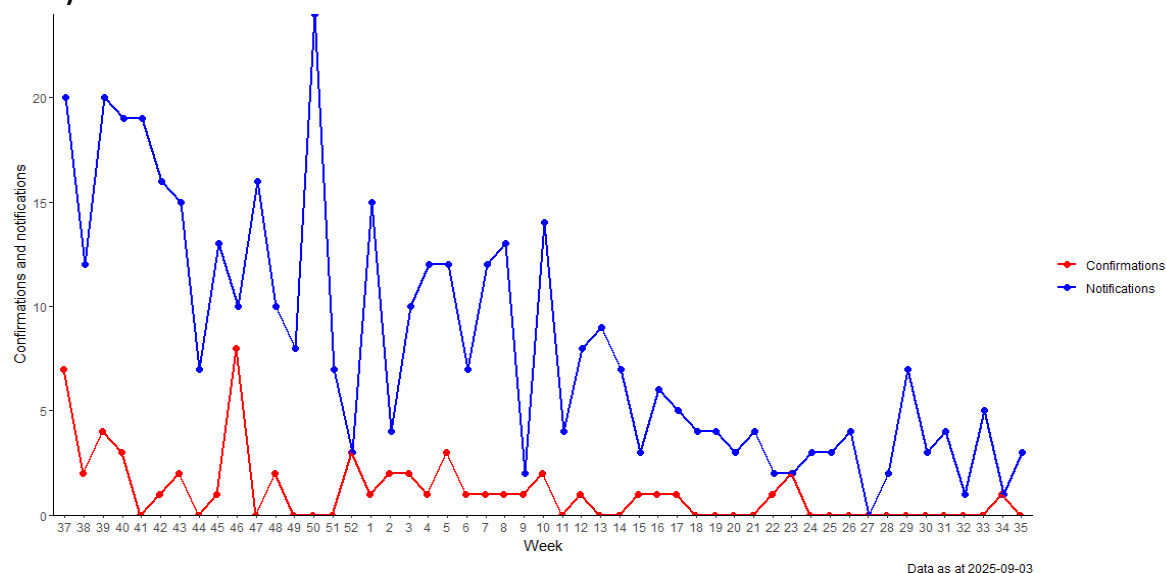
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, week 30 2020 to week 36 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 7 below shows that whooping cough notifications up to the end of week 35 (latest available) **increased** but remained at low levels. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

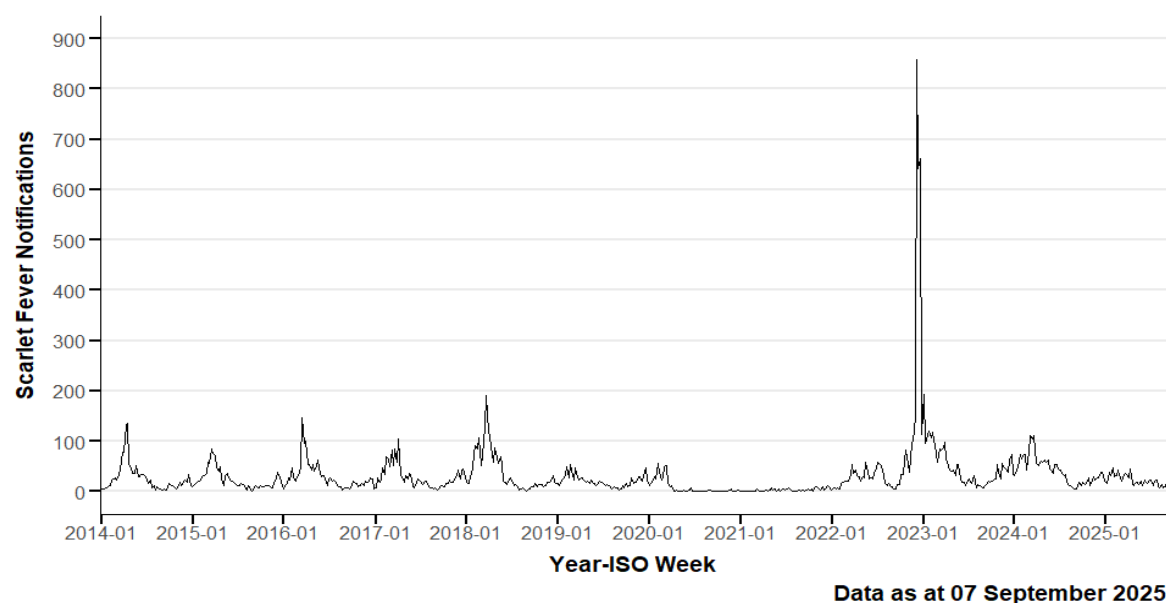
Figure 7: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** in the most recent week (week 36) as shown in the figure below.

Figure 8: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2025, Wales (source: PHW)



C. Science Evidence Advice Winter Modelling

The Science Evidence Advice (SEA) team in Welsh Government published modelled scenarios for COVID-19, RSV and Influenza for [Winter 2024-25](#). This used analysis of historical data and projected forward to estimate hospital demand throughout winter 2024/25, which contributed to winter planning for NHS Wales.

The modelled scenarios were produced from September 2024 until April 2025 and these can be found in previous surveillance reports along with the technical notes, [Science Evidence Advice: communicable disease surveillance reports | GOV.WALES](#)

Note that the modelling was an estimate of what may happen not a prediction of what would happen.

D. Communicable Disease Situation Update (non-respiratory)

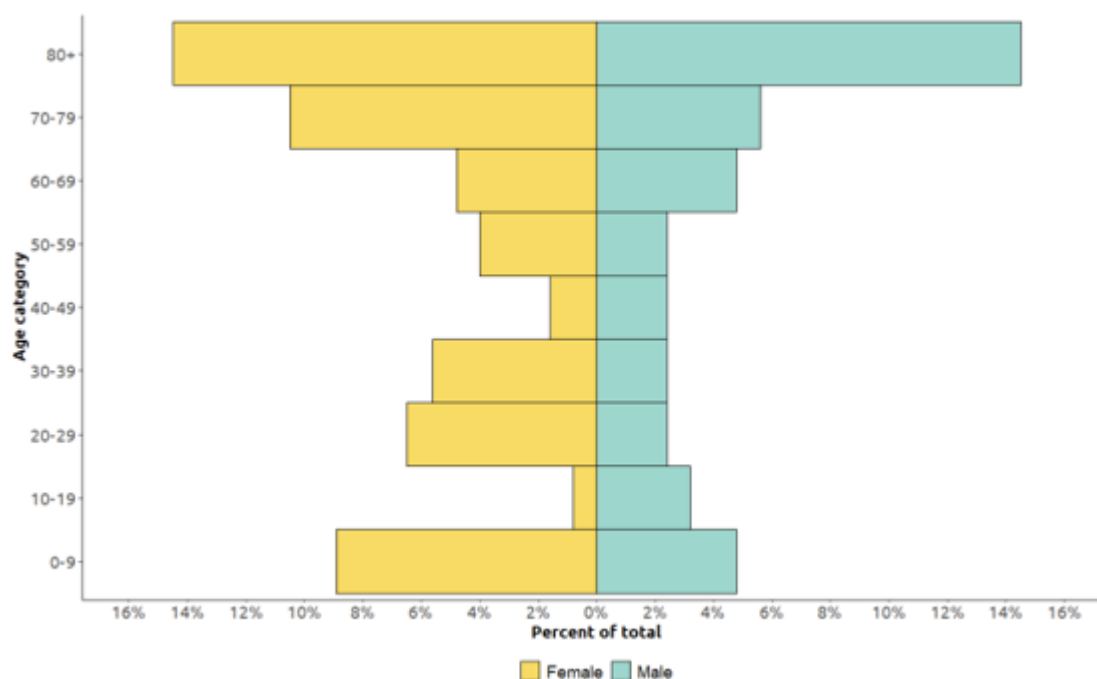
D.1. Norovirus

In the current reporting week (week 36 2025), a total of **15** Norovirus confirmed cases were reported in Welsh residents. This is an increase (**114.3%**) in reported cases compared to the previous reporting week (week 35 2025), when 7 Norovirus confirmed cases were reported.

In the last 12 week period (16/06/2025 to 07/09/2025) a total of **124** Norovirus confirmed cases were reported in Welsh residents. This is *a decrease* (**-66.4%**) in reported cases compared to the same 12 week period in the previous year (16/06/2024 to 07/09/2024) when **369** Norovirus confirmed cases were reported.

In the last 12 weeks (16/06/2025 to 07/09/2025) **71 (57.3%)** confirmed Norovirus cases were female and **53 (42.7%)** confirmed cases were male. The age groups with the most cases were the 80+ (**36** cases) and 70-79 (**20** cases) age groups.

Figure 9: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (16/06/2025 to 07/09/2025)



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 36 2025 (16/06/2025 to 07/09/2025).

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 16 September 2025)

15 September 2025

Following successful completion of disease control activities and surveillance in the zone surrounding a [premises near Lifton, West Devon, Devon \(AIV 2025/59\)](#), the 10km surveillance zone has been revoked.

12 September 2025

Following successful completion of disease control activities and surveillance in the zone surrounding a [premises near Seaton, East Devon, Devon \(AIV 2025/58\)](#), the 10km surveillance zone has been revoked.

10 September

Disease control activities and surveillance have been successfully completed in the zone around the following premises:

- a [fourth premises near Attleborough, Breckland, Norfolk](#) (AIV 2025/53)
- a [fifth premises near Attleborough, Breckland, Norfolk](#) (AIV 2025/56)

The 10km surveillance zones have now been revoked.

9 September 2025

Following successful completion of disease control activities and surveillance in the [zone around a premises near Lifton, West Devon, Devon \(AIV 2025/59\)](#), the protection zone has ended and the area that formed it becomes part of the surveillance zone.

8 September 2025

Following successful completion of disease control activities and surveillance in the [zone around the premises near Seaton, East Devon, Devon \(AIV 2025/58\)](#), the protection zone has ended and the area that formed the zone becomes part of the surveillance zone.

4 September 2025

Following successful completion of disease control activities and surveillance in the [zone around a premises near Dulverton, Tiverton and Minehead, Somerset \(AIV 2025/51\)](#), the surveillance zone has been revoked.

E.2. [Seasonal surveillance of dengue](#) (12 September)

Since the beginning of 2025, and as of 10 September 2025, three countries in Europe have reported cases of dengue: France (21), Italy (four), and Portugal (two).

This week, France reported two new cases (compared to 5 new cases last week).

E.3. [Seasonal surveillance of West Nile virus infection in the EU/EEA](#) (12 September)

Since the beginning of 2025, and as of 10 September 2025, 10 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia, Spain, and Türkiye.

E.4. [Seasonal surveillance of Crimean-Congo haemorrhagic fever](#) (12 September)

Since the beginning of 2025, and as of 10 September 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three) and Greece (two).

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

E.5. [Chikungunya virus disease](#) (12 September)

Since the beginning of 2025 and as of 10 September 2025, two countries in Europe have reported cases of chikungunya virus disease: France (383) and Italy (167).

This week, France reported 82 new locally acquired cases of chikungunya virus disease (compared to 74 new cases last week), while Italy reported 60 new locally acquired cases (compared to 44 new cases last week).

E.6. [Ebola virus disease - Democratic Republic of the Congo - 2025](#) (12 September)

As of 8 September 2025, there have been 68 suspected cases and 16 deaths. Cases have been reported from Bulape, Mwaka, Mushenge, and Dekese health zones in Kasai Province.

The current risk for EU/EEA citizens living in or travelling to Kasai province in the Democratic Republic of the Congo is estimated to be low, due to the current low likelihood of exposure. For citizens 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. [SARS-CoV-2 variant classification](#) (5 September)

Since the last update on 25 July, and as of 29 August 2025, no changes have been made to ECDC's list of variants of interest or variants under monitoring.

Sufficient data for estimating variant proportions for the reporting weeks 32-33 are only available from four EU/EEA countries. Therefore, the statistics below only represent a limited part of the EU/EEA.

The VOI and VUM median proportions in the EU/EEA for weeks 32-33, based on four reporting countries:

- BA.2.86 (VOI): 5.3% (range: 0.0%-8.3%)
- LP.8.1 (VUM): 4.4% (range: 0.0%-41.7%)
- NB.1.8.1 (VUM): 6.8% (range: 0.0%-38.5%)
- XFG (VUM): 71.6% (range: 0.0%-89.5%)