



Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

29 October 2024



Science Evidence Advice (SEA)

gov.wales

Providing evidence and advice for Health and Social Services
Group on behalf of the Chief Scientific Advisor for Health

Science Evidence Advice: Weekly Surveillance Report

A. Top Line Summary

- Overall, COVID-19 infections have **increased** in the most recent week.
- COVID-19 hospital admissions **increased** in the most recent week.
- RSV activity in children under 5 years has **increased** in the most recent week.
- Influenza cases have **remained stable** and remain at low levels in the latest week.
- Whooping Cough notifications have **remained stable** in the most recent week.
- Scarlet Fever notifications **remained stable** in the most recent week.
- Norovirus confirmed cases have **decreased** in the most recent reporting week.

B. Acute Respiratory Infections Situation Update

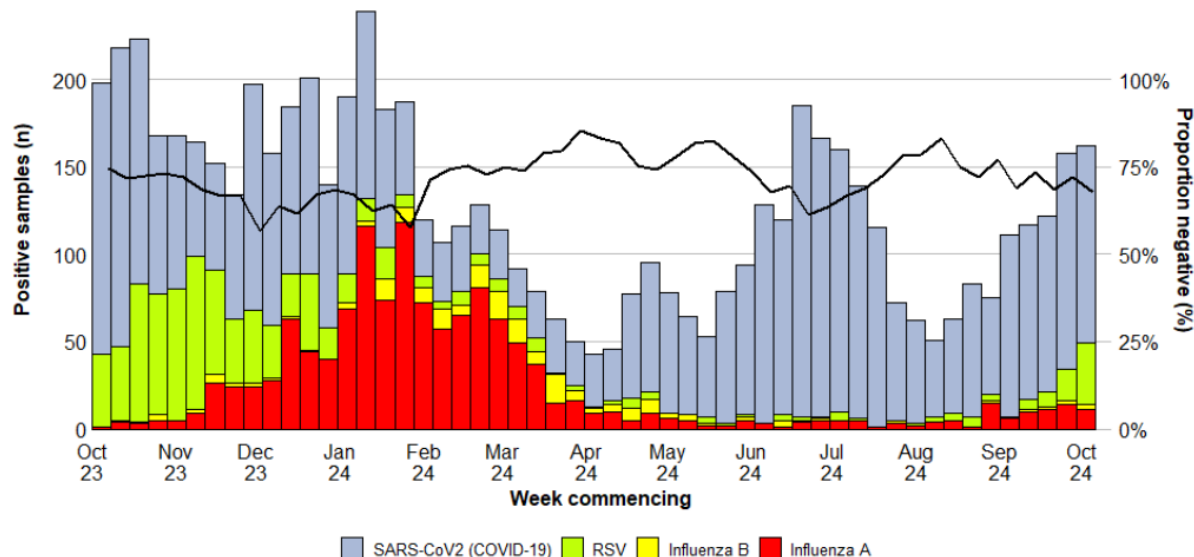
B.1 COVID-19 Situation Update

Overall, COVID-19 infections have slightly decreased in the most recent week. While not consistent across all indicators, many of the indicators remain stable.

- At a national level, the weekly number of confirmed case admissions to hospital increased and the number of cases who are inpatients have increased in week 42.
- As at 20 October 2024, The number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to **76** and there were **431** in-patient cases of confirmed COVID-19, **3** of whom were in critical care compared to **400** and **2** in the previous week.
- The overall proportion of samples testing positive in hospitals and sentinel GP practices decreased from **12.5%** to **11.6%** in the most recent week. Consultations with sentinel GPs for ARI increased in the most recent week and confirmed cases of COVID-19 in sentinel GP patients increased.
- During week 42, according to European Mortality Monitoring (EuroMoMo) methods, 'no excess deaths' were reported in the weekly number of deaths from all causes in Wales.
- Between weeks 34 and 39, KP.3* from the Pango lineage was the most dominant variant in Wales, accounting for **59%** of all sequenced cases.
- The number of Ambulance calls recorded referring to syndromic indicators increased from 2,030 in the previous week to 2,154 in the latest reporting week.

During week 42, 2024, 5 ARI outbreaks were reported to the Public Health Wales Health Protection Team. All of these were Covid-19 and all were in a Residential Home setting.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 42, 2023 to Week 42, 2024 (source: [PHW](#))

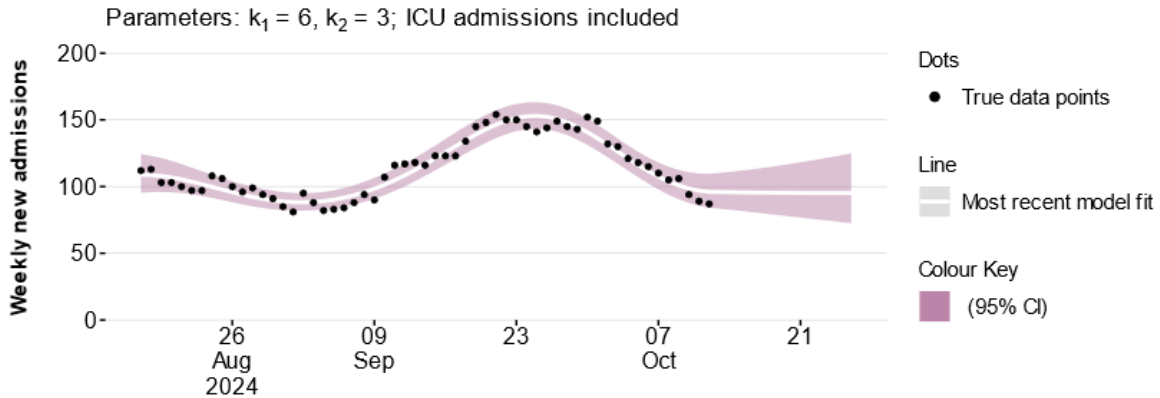


COVID-19 Short Term Projections

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 are based on using generalised additive models to 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.

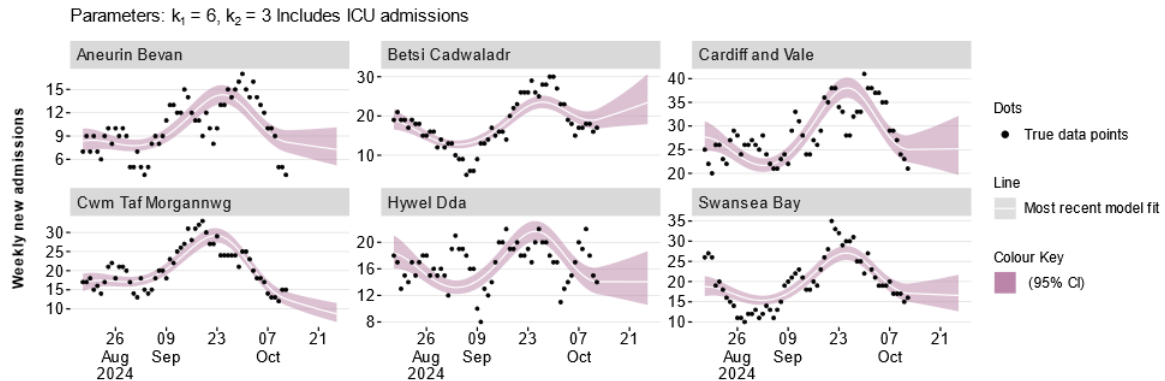
The COVID-19 STPs uses admissions data from PHW until 12 October 2024 to make short term projections for COVID-19 weeks forward (26 October 2024). The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence 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 remain stable over the next two week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to increase in Betsi Cadwaladr health board over the next two weeks.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 12 October 2024)



Source: Public Health Wales

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data until 12 October 2024)

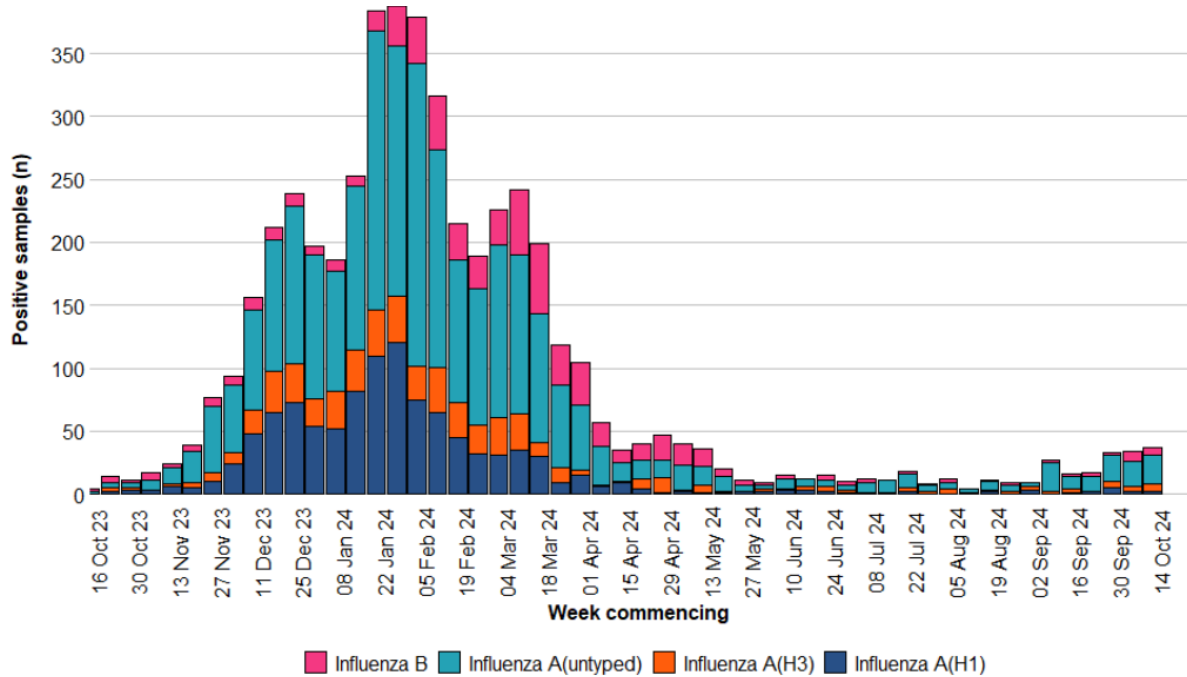


Source: Public Health Wales

B.2 Influenza Situation Update

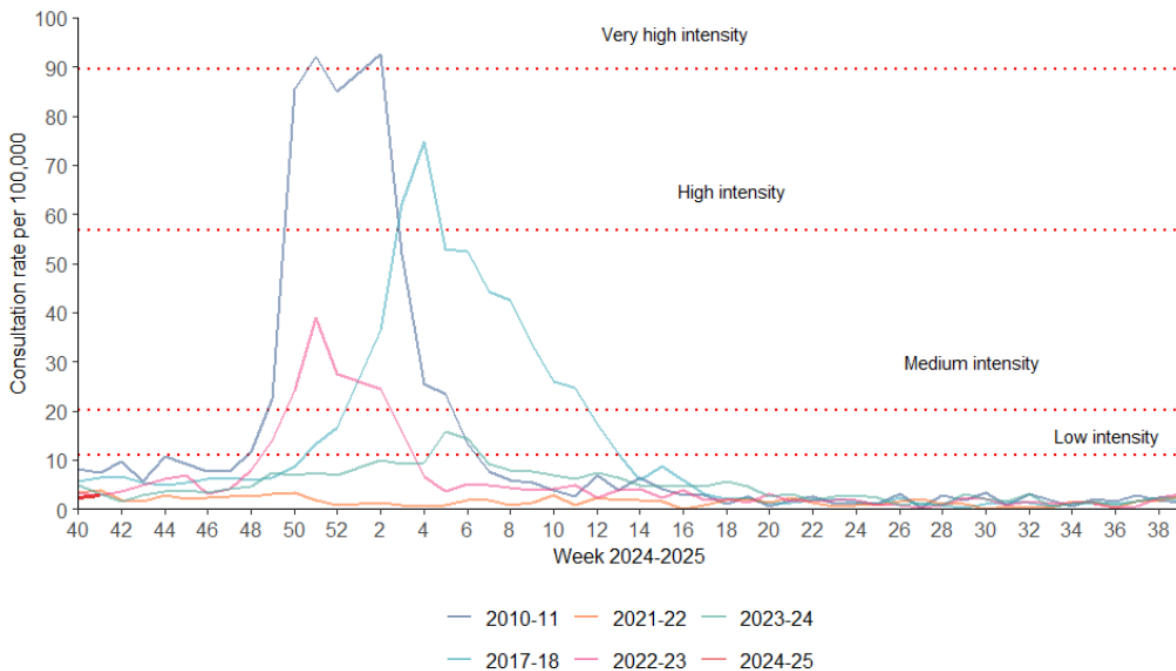
Influenza case numbers remained low and stable in week 42. The number of confirmed cases of community acquired influenza admitted to hospital increased to **13** in the most recent week. In the most recent week, there were **21** hospital in-patient cases of confirmed influenza, **4** of whom were in critical care. In the most recent week there were 6 confirmed cases of influenza A(H3N2), 2 cases of influenza A(H1N1), 22 influenza A untyped and 6 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, 2023 to Week 42, 2024 (source: PHW)



Consultations for influenza-like illness (ILI) with sentinel GPs increased compared to the previous week but remain below the baseline thresholds. (2.2 consultations per 100,000).

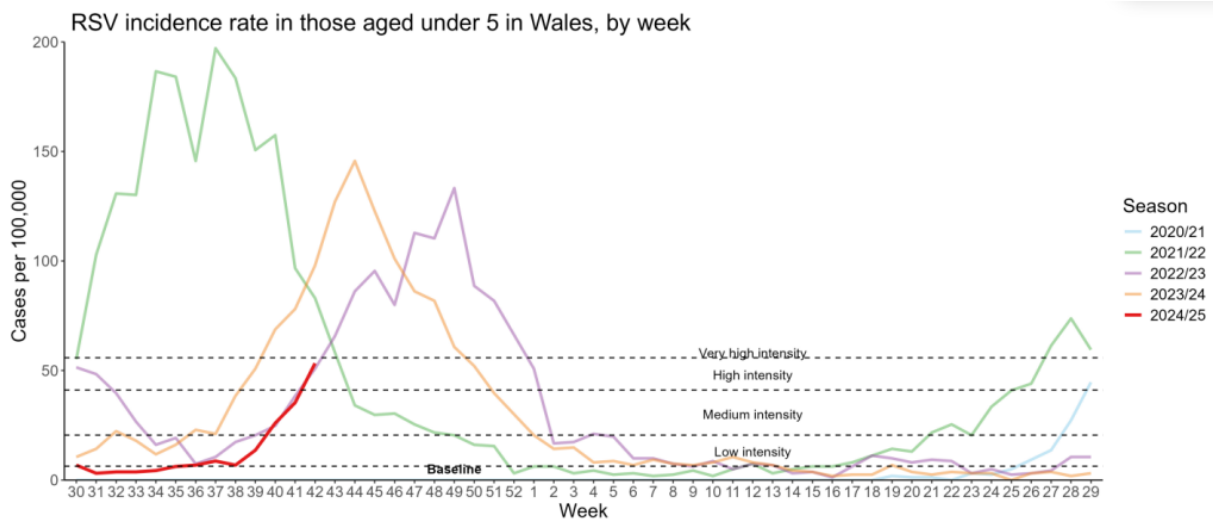
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



B.3. Respiratory Syncytial Virus (RSV) update

RSV is circulating, with activity at high intensity levels in children aged up to 5 years old. Incidence per 100,000 population in children aged up to 5y increased to **53.3** in the most recent week. The number of confirmed cases of community acquired RSV admitted to hospital increased to **48** in the most recent week.

Figure 6: RSV Incidence Rate per 100,000 population under 5 years (source: [PHW](#))

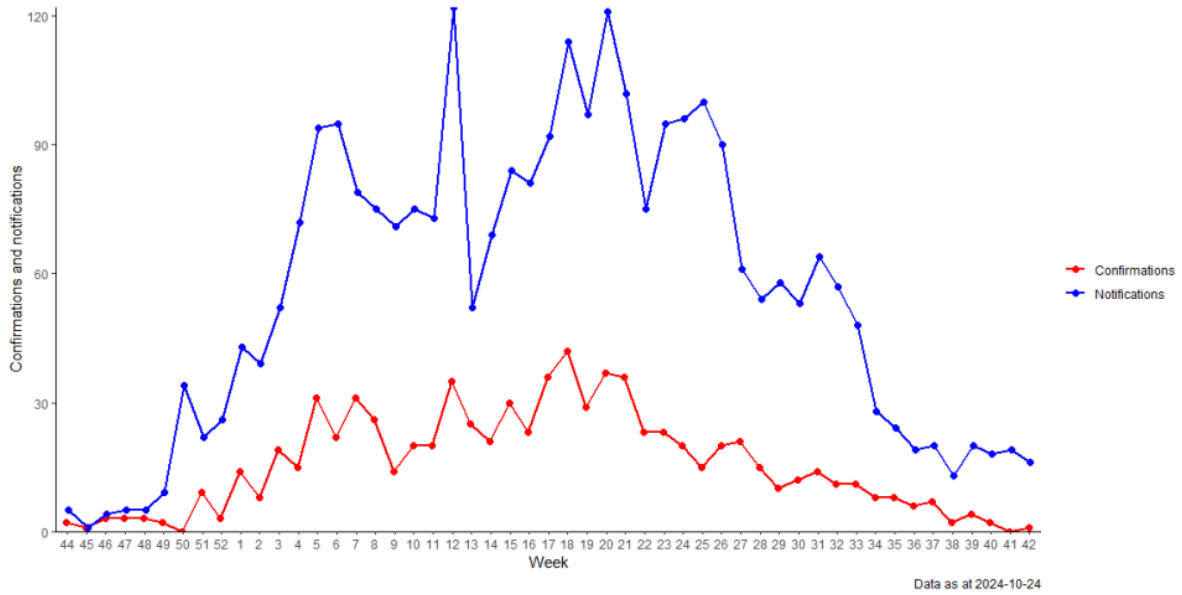


B.4 Whooping Cough (Pertussis)

Whooping cough has waves of increased infection every 3-4 years and in the last few months, notifications of whooping cough have risen sharply. Following reduced circulation in 2020-2022, this whooping cough season has seen notifications at levels not seen since 2012 and 2015.

Figure 7 below shows that whooping cough notifications up to the end of week 42 remained stable at low levels. Lab confirmations continue to be at very low levels and have also decreased in the latest week.

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 remained stable in the most recent week (week 42) as shown in the figures below (up to 20 October 2024) with Figure 9 showing a stable picture overall for the current season (the bright red line on the chart). These notifications are now well below 100 a week compared to the peak of over 800 notifications in winter 2022-23.

Figure 8: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2024, Wales (source: PHW)

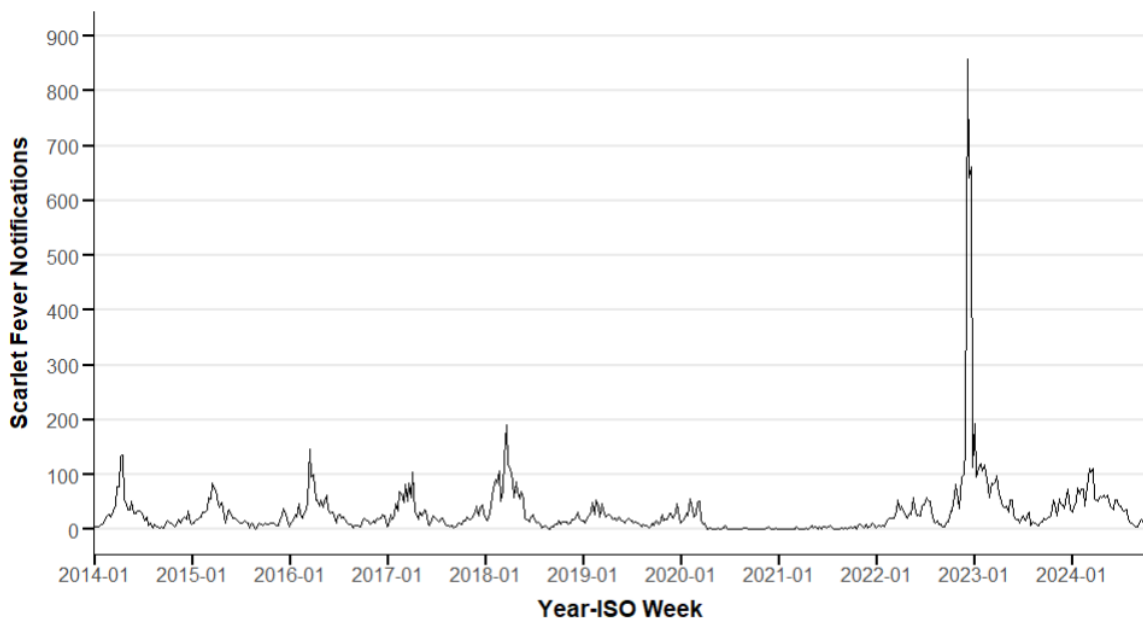
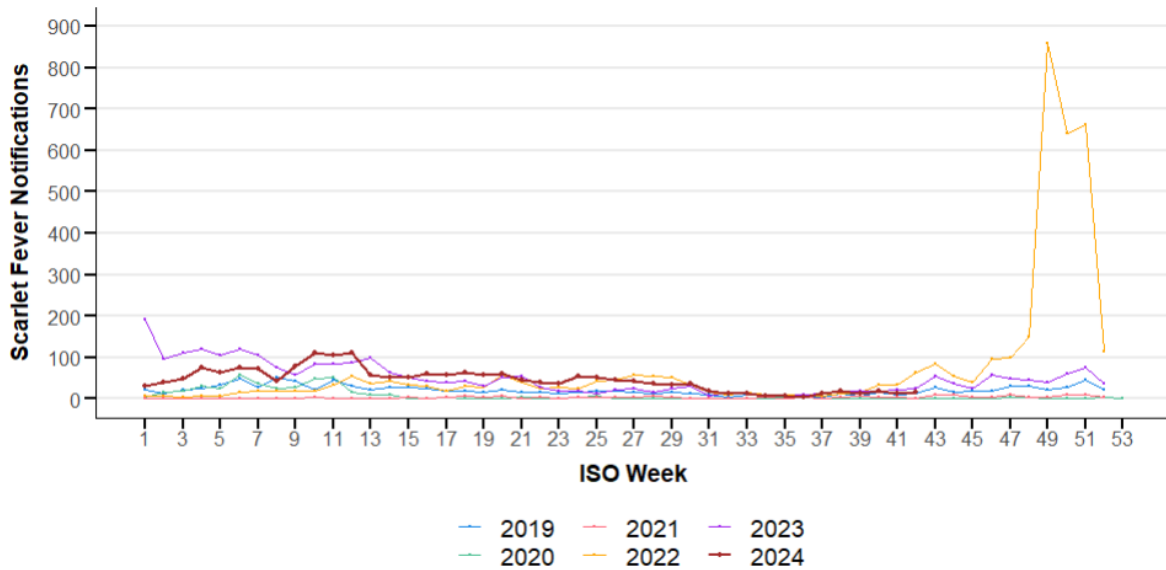


Figure 9: Rolling 3 Week Average Scarlet Fever Notifications, 2019-2024, Wales (Source: [PHW](#))



C. Communicable Disease Situation Update (non-respiratory)

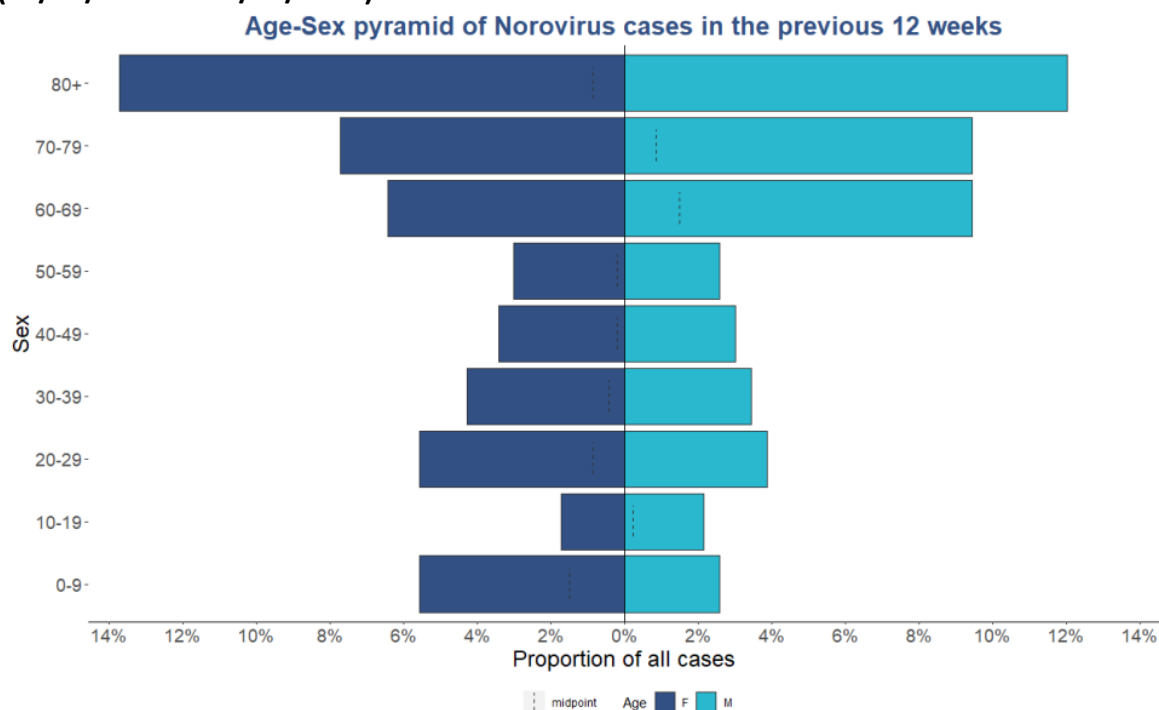
C.1 Norovirus

In the current reporting week (week 42 2024), a total of **17** Norovirus confirmed cases were reported in Welsh residents. This is a decrease (-41.4%) in reported cases compared to the previous reporting week (week 41 2024), where 29 Norovirus confirmed cases were reported.

In the last 12 week period (29/07/2024 to 20/10/2024) a total of **273** Norovirus confirmed cases were reported in Welsh residents. This is an increase (116.7%) in reported cases compared to the same 12 week period in the previous year (29/07/2023 to 20/10/2023) where **126** Norovirus confirmed cases were reported.

In the last 12 weeks (29/07/2024 to 20/10/2024) 142 (52.0%) confirmed Norovirus cases were female and **130** (47.6%) confirmed cases were male. The age groups with the most cases were the 80+ (79 cases) and 70-79 (47 cases) age groups. Sex data were not available for 1 case.

Figure 10: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (29/07/2024 to 20/10/2024)



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 36 2024 (29/07/2024 to 20/10/2024). 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.

D. International Surveillance Update

D.1 Mpox Clade 1 ([UKHSA Update](#))

On 14th August the World Health Organisation (WHO) determined that the upsurge of mpox in the DRC and a growing number of countries in Africa constitutes a public health emergency of international concern (PHEIC) under the International Health Regulations (2005) (IHR).

Mpox is an infectious disease that is caused by infection with monkeypox virus (MPXV). There are 2 major genetic groups (clades) of MPXV, Clade I (formerly known as Central African or Congo basin clade) and Clade II (formerly known as West African clade). Clade I is split into Clade Ia and Clade Ib.

Historically, Clade I mpox was known to circulate in 5 Central African Region countries:

- Cameroon
- Central African Republic (CAR)
- the Democratic Republic of the Congo (DRC)

- Gabon
- the Republic of the Congo

In 2024, Clade I mpox cases were reported from countries in Africa beyond these 5 Central African Region countries. This is likely to be because of multiple factors including waning population immunity from the discontinued smallpox vaccine and changing environmental and social factors, but the full aetiology remains unclear.

Clade I MPXV has previously been intermittently transmitted from animals to humans, with small mammals and primates acting as hosts. Clade I MPXV can also spread via human-to-human transmission and had previously been associated with close contact. However, in March 2023, infections linked to sexual contact and international travel were reported in the DRC for the first time. Two cases of Clade 1b have been detected outside of Africa in recent weeks, one in Sweden and one in Thailand. A case of mpox in Malappuram District, Kerala State, India has also been confirmed as a clade 1b mpox infection. In the last week a case of Clade 1b mpox has been identified in Germany. No cases of Clade I mpox have ever been detected in the UK.

D.2 Communicable Disease Centre (CDC) USA – Avian Flu [update](#)

18 October, 2024: Since April 2024, CDC, working with state public health departments, has confirmed avian influenza A(H5) infections in 27 people in the United States. Nine of these cases were associated with exposure to H5N1 bird flu-infected poultry and 17 were associated with exposure to sick or infected dairy cows 12. This includes 13 cases in California, seven of which were confirmed by CDC during the week of October 13, two of them on Friday, October 18. All California cases have occurred in dairy workers on affected farms. All available data so far suggests sporadic instances of animal-to-human spread. The farm workers who were diagnosed with avian flu infections in California all described mild symptoms, many with eye redness or discharge (conjunctivitis). None of the workers were hospitalized. CDPH is monitoring hundreds of workers in affected counties, and any who develop symptoms are being tested; if the test is positive in the state lab, the sample is sent to CDC for confirmatory testing. CDC is reporting confirmed cases, by state and source of exposure, in a table on its website, which is being updated three times weekly. The source of the exposure in one case, which was reported by Missouri on September 6, could not be determined. Serological testing of the contacts of the Missouri case are pending. To date, human-to-human transmission of avian influenza A(H5) virus has not been identified in the United States. CDC believes the immediate risk to the general public from H5N1 bird flu remains low, but people with exposure to infected animals are at higher risk of infection.

D.3 [European Communicable Disease Centre \(ECDC\) – Mpox Clade I update and Influenza A\(H5N1\) human cases – Multi-Country – 2024](#)

Mpox Update:

On 22 October 2024, Germany made public the information about an individual confirmed with mpox clade Ib associated with travel abroad. The case was confirmed to be mpox clade Ib on 18 October. This person represents the first report of importation of MPXV clade Ib in Germany. The case was detected in North Rhine-Westphalia. The individual is a male aged 30 to 40, who travelled to Rwanda from September to early October and had heterosexual contact in the country. A few days after his return to Germany, he developed symptoms typical of Mpox and consulted a doctor. The patient is receiving medical care in the hospital in compliance with the recommended isolation measures and is recovering.

All contact persons were classified as low-risk. Further investigations are ongoing. Considering the measures implemented by Germany, including isolation of the case and contact tracing, the risk for the general population in the EU/EEA related to this importation is considered **very low**, given a very low likelihood of further spread and a low impact.

D.4 [Marburg Virus Disease \(MVD\) Rwanda](#)

On 24 October 2024, the Ministry of Health of Rwanda reported a new case of Marburg virus disease (MVD), who is a contact under follow up linked to the presumed index case. This brings a total of 64 MVD cases reported since the outbreak of MVD was declared in Rwanda on 27 September 2024. Among these, 46 have recovered and 15 have passed away. Based on the available information, all cases belong to one big cluster with different branches linked to healthcare facilities and the presumed index case.

ECDC Assessment

The impact of an MVD case for an EU/EEA citizen in Rwanda is assessed as low. Although MVD is a potentially life-threatening disease, at the population level case numbers are low and in the context of this outbreak adequate supportive care is available locally. Therefore, the overall risk for EU/EEA citizens visiting or living in Rwanda is estimated as low.