Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

5 November 2024

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Science Evidence Advice (SEA)

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 confirmed case admissions to hospital **decreased** in the most recent week.
- COVID-19 cases who are inpatients have **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 **increased** in the most recent week.
- Norovirus confirmed cases have **increased** in the most recent reporting week.

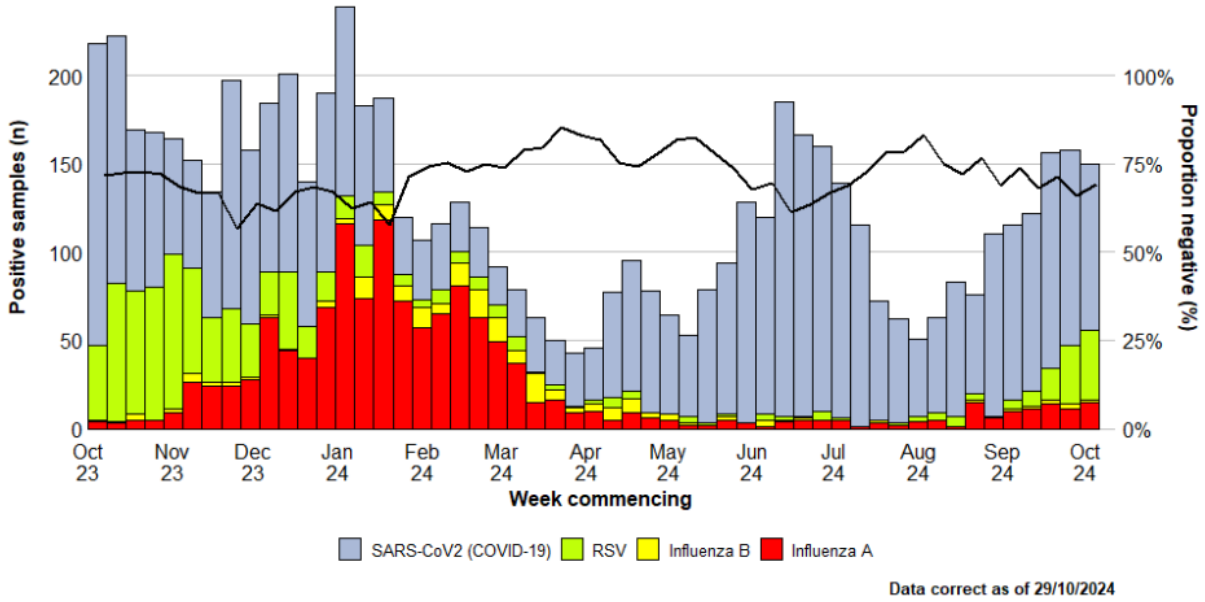
B. Acute Respiratory Infections Situation Update

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 decreased but the number of cases who are inpatients have increased in week 43.
- As at 27 October 2024 the number of confirmed cases of community acquired COVID-19 admitted to hospital decreased to 67 but there were 436 in-patient cases of confirmed COVID-19, 3 of whom were in critical care compared to 431 and 3 in the previous week..
- The overall proportion of samples testing positive in hospitals and sentinel GP practices decreased to **12%** 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 decreased.
- During week 43, 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 decreased from 2,154 in the previous week to 1,971 in the latest reporting week.
- During week 43, 2024, **1** ARI outbreak was reported to the Public Health Wales Health Protection Team. The outbreak was RSV and was in a School/nursery setting.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, Week 43, 2023 to Week 43, 2024 (source: PHW)

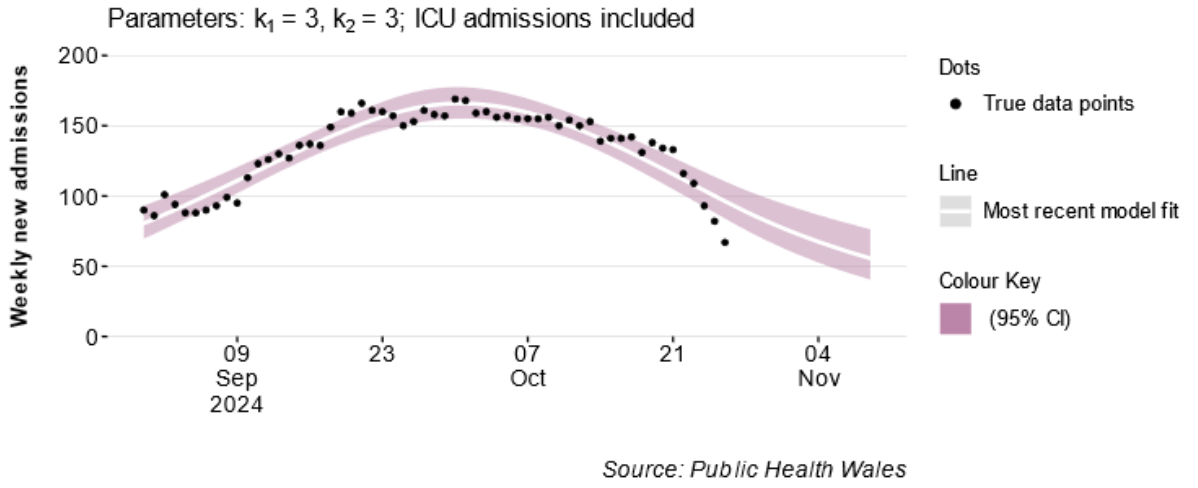


COVID-19 Short Term Projections

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.

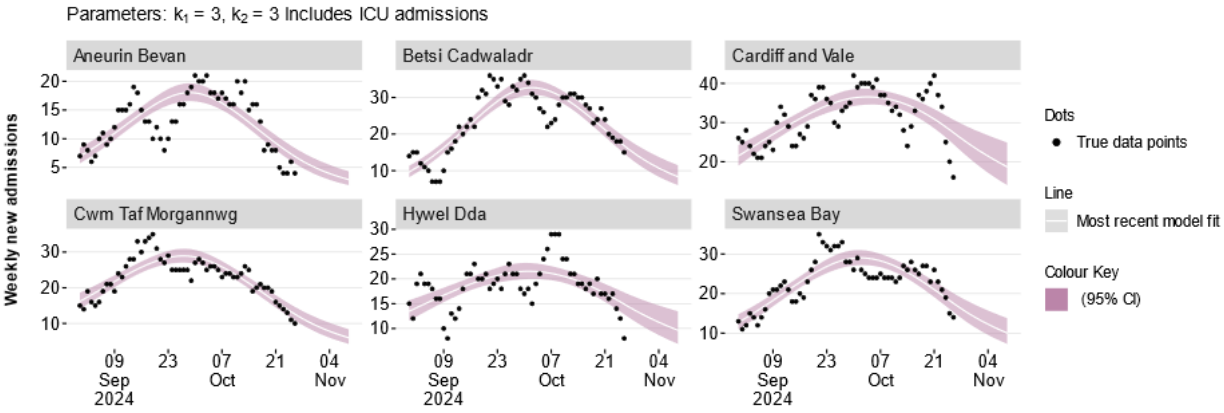
The COVID-19 STPs uses admissions data from PHW until 26 October 2024 to make short term projections for COVID-19 weeks forward (9 November 2024). The black dots show the actual data points while the white line is the best fit from the most recent projection. The colour shadings represent the 95% confidence 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 decrease over the next two week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease across all health boards over the next two weeks.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data until 26 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)

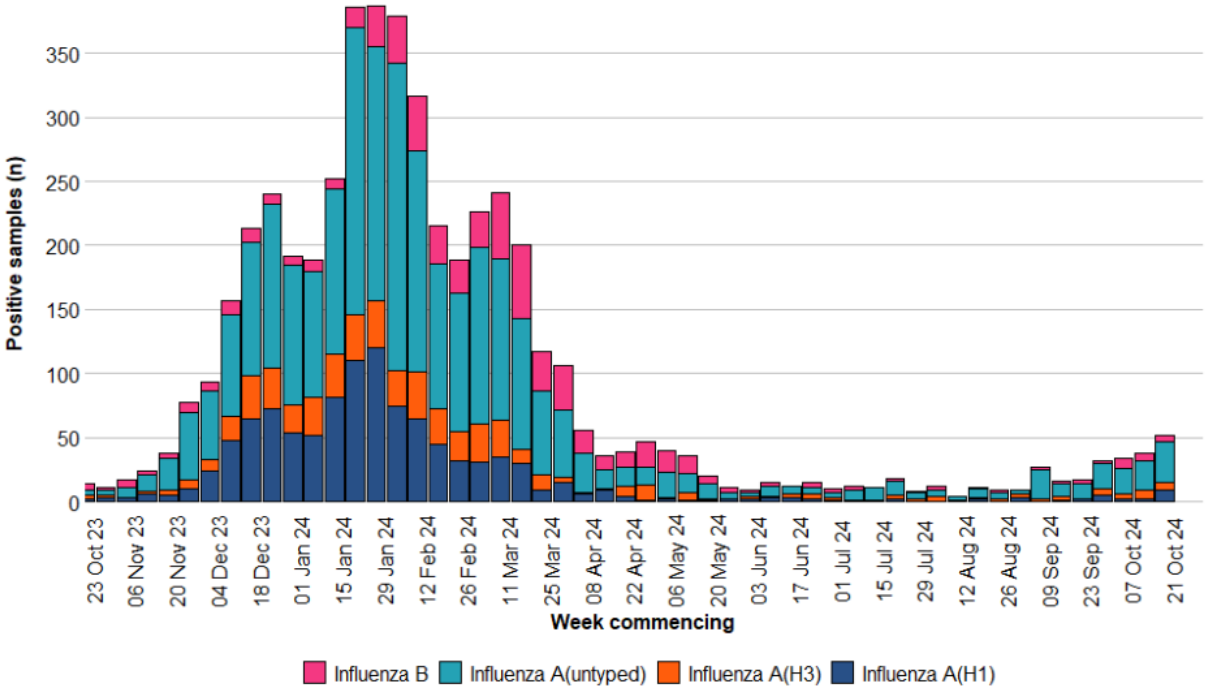


Source: Public Health Wales

B.2 Influenza Situation Update

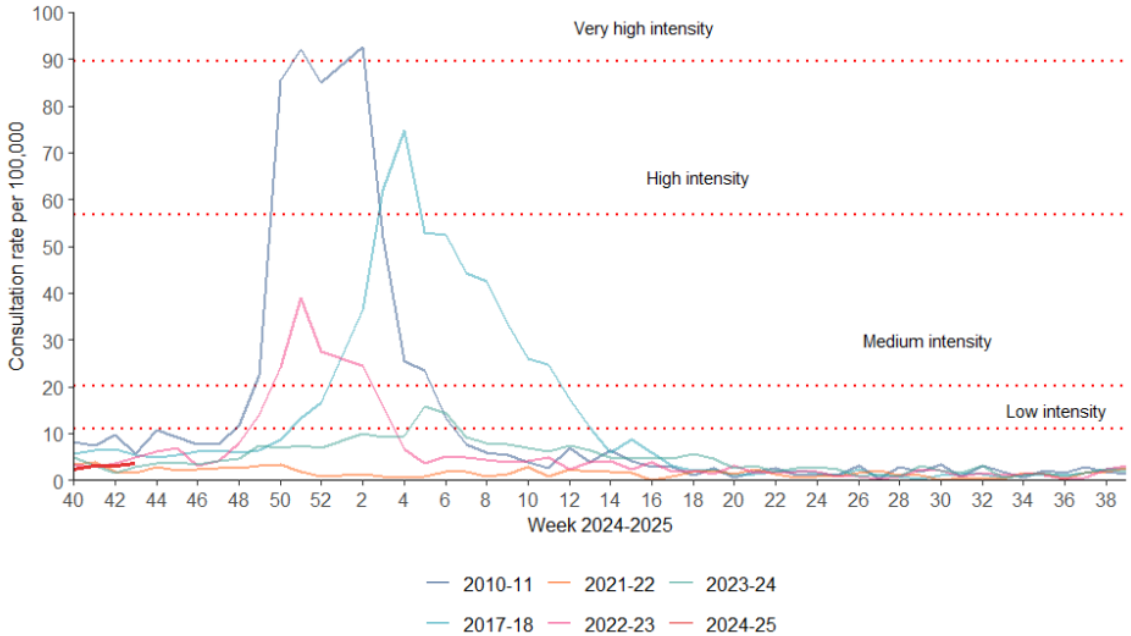
Influenza case numbers remained low and stable in week 43. The number of confirmed cases of community acquired influenza admitted to hospital increased to **18** in the most recent week. In the most recent week, there were **23** hospital in-patient cases of confirmed influenza, **1** of whom was in critical care. In the most recent week there were 6 confirmed cases of influenza A(H3N2), 9 cases of influenza A(H1N1)pdm09, 32 influenza A untyped and 5 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 43, 2023 to Week 43, 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).

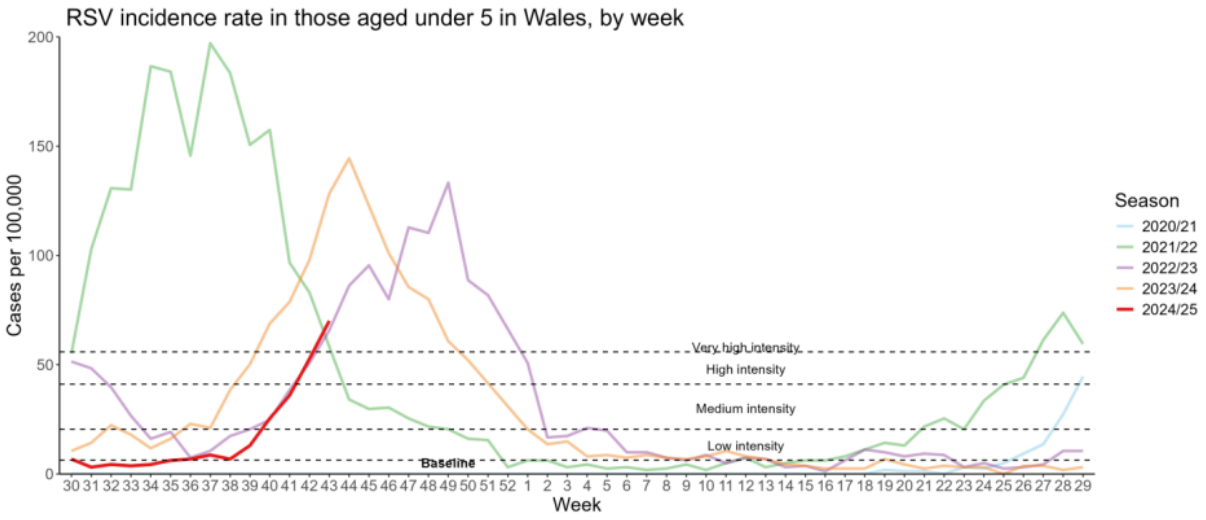
Figure 5: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



B.3. Respiratory Syncytial Virus (RSV) update

RSV is circulating, with activity at very high intensity levels in children aged up to 5 years old. Incidence per 100,000 population in children aged up to 5y increased to **70** in the most recent week. The number of confirmed cases of community acquired RSV admitted to hospital increased to **50**in the most recent week.

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

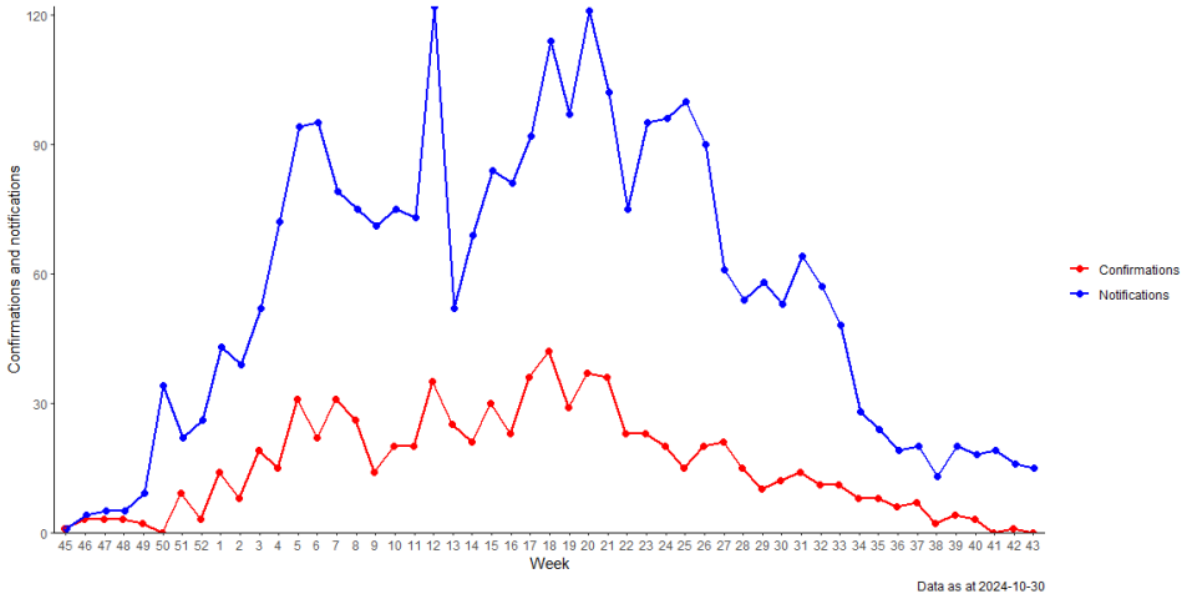


B.4 Whooping Cough (Pertussis)

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 43 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 increased in the most recent week (week 43) as shown in the figures below (up to 27 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)

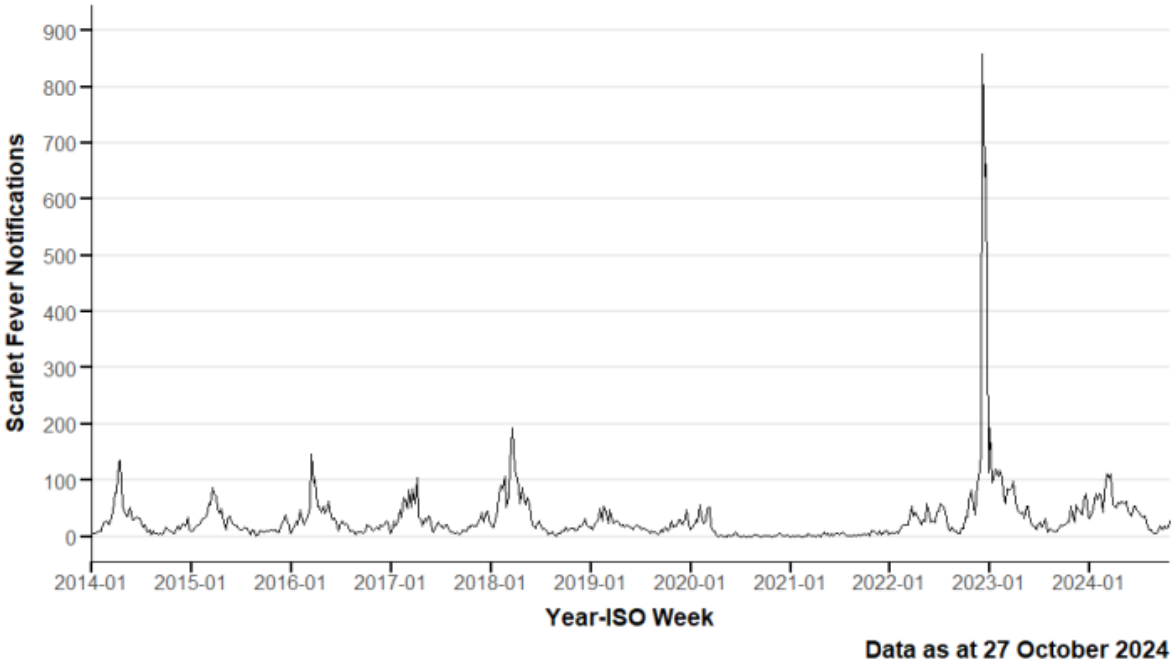
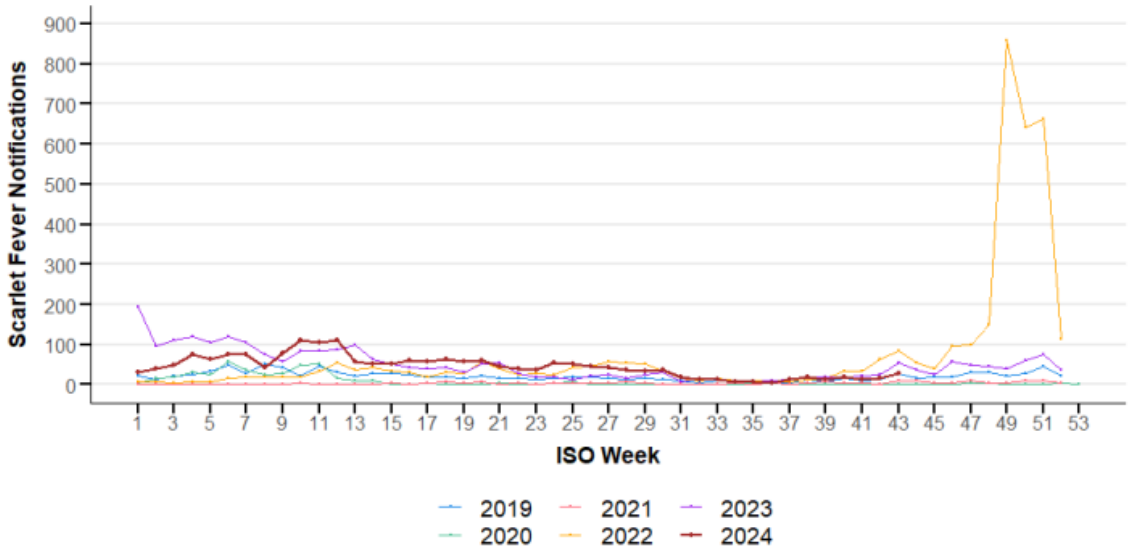


Figure 9: Rolling 3 Week Average Scarlet Fever Notifications, 2019-2024, Wales (Source: PHW)



C. Communicable Disease Situation Update (non-respiratory)

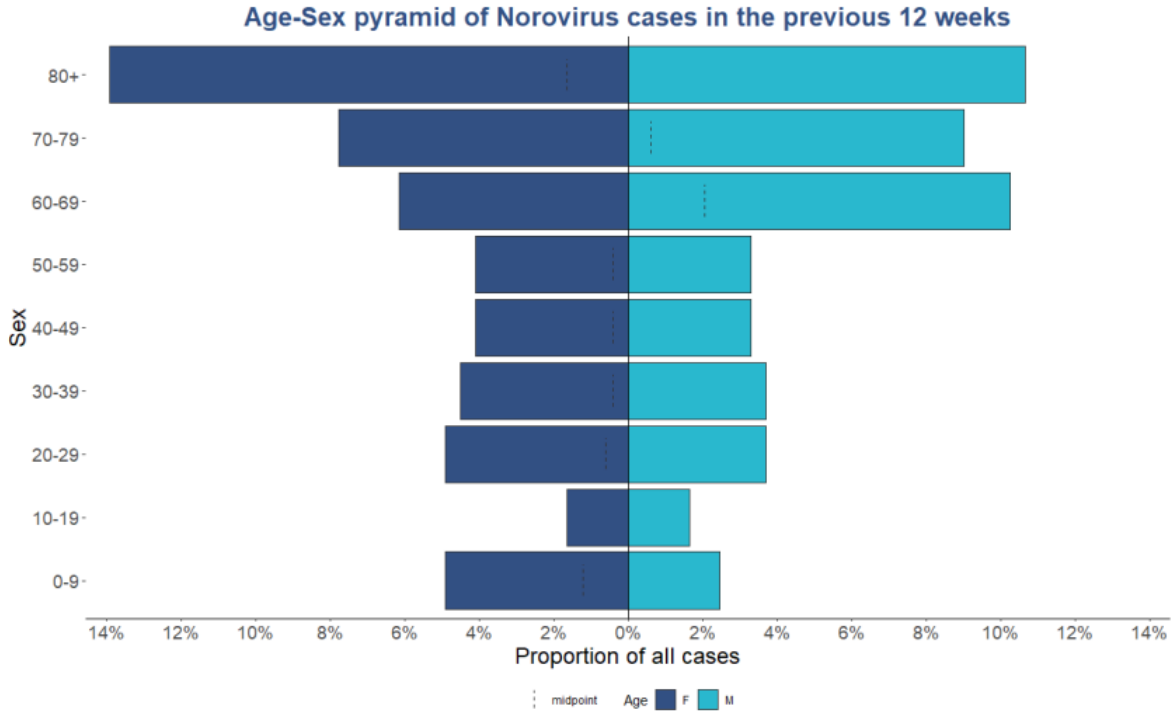
C.1 Norovirus

In the current reporting week (week 43 2024), a total of **29** Norovirus confirmed cases were reported in Welsh residents. This is an increase (45%) in reported cases compared to the previous reporting week (week 42 2024), where **20** Norovirus confirmed cases were reported.

In the last 12 week period (05/08/2024 to 27/10/2024) a total of **288** Norovirus confirmed cases were reported in Welsh residents. This is an increase (88.2%) in reported cases compared to the same 12 week period in the previous year (05/08/2023 to 27/10/2023) where **153** Norovirus confirmed cases were reported

In the last 12 weeks (05/08/2024 to 27/10/2024) **150** (52.1%) confirmed Norovirus cases were female and **137** (47.6%) confirmed cases were male. The age groups with the most cases were the 80+ (80 cases) and 60-69 (49 cases) age groups. Sex data was not available for 1 case.

Figure 10: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (05/08/2024 to 27/10/2024)



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 43 2024 (05/08/2024 to 27/10/2024). 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)

30 October: The UK Health Security Agency (UKHSA) has detected a single confirmed human case of Clade Ib mpox. The risk to the UK population remains low.

This is the first detection of this Clade of mpox in the UK. It is different from mpox Clade II that has been circulating at low levels in the UK since 2022, primarily among gay, bisexual and other men-who-have-sex-with-men (GBMSM).

UKHSA, the NHS and partner organisations have well tested capabilities to detect, contain and treat novel infectious diseases, and while this is the first confirmed case of mpox Clade Ib in the UK, there has been extensive planning underway to ensure healthcare professionals are equipped and prepared to respond to any confirmed cases.

The case was detected in London and the individual has been transferred to the Royal Free Hospital High Consequence Infectious Diseases unit. They had recently travelled to countries

in Africa that are seeing community cases of Clade Ib mpox. The UKHSA and NHS will not be disclosing any further details about the individual.

Close contacts of the case are being followed up by UKHSA and partner organisations. Any contacts will be offered testing and vaccination as needed and advised on any necessary further care if they have symptoms or test positive.

UKHSA is working closely with the NHS and academic partners to determine the characteristics of the pathogen and further assess the risk to human health. While the existing evidence suggests mpox Clade Ib causes more severe disease than Clade II, we will continue to monitor and learn more about the severity, transmission and control measures. We will initially manage Clade Ib as a high consequence infectious disease (HCID) whilst we are learning more about the virus.

November 5: Two cases of Clade Ib mpox have been detected in household contacts of the first case, the UK Health Security Agency (UKSHA) can confirm. This brings the total number of confirmed cases to 3.

The 2 patients are currently under specialist care at Guy's and St Thomas' NHS Foundation Trust in London. The risk to the UK population remains low.

There has been extensive planning underway to ensure healthcare professionals are equipped and prepared to respond to any further confirmed cases.

Professor Susan Hopkins, Chief Medical Adviser at UKHSA, said:

Mpox is very infectious in households with close contact and so it is not unexpected to see further cases within the same household.

The overall risk to the UK population remains low. We are working with partners to make sure all contacts of the cases are identified and contacted to reduce the risk of further spread.

Contacts of all 3 cases are being followed up by UKHSA and partner organisations. All contacts will be offered testing and vaccination as needed and advised on any necessary further care if they have symptoms or test positive.

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 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.