



Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

17 June 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

- Cases of STEC have **increased** in Wales up to 4 June.
- Measles cases are **stable** at 18 with no new cases since the 20 May.
- Norovirus cases have remained **stable** over the last two weeks at 44 cases a week.
- 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** slightly in the most recent week.
- Influenza cases have **decreased** with 7 confirmed cases in the latest week.
- Whooping Cough notifications have **increased** slightly in the most recent week.
- Scarlet Fever notifications have remained **stable** in the most recent week.

B. Communicable Disease Situation Update (non-respiratory)

B.1 Shiga toxin-producing E.coli (STEC)

The [UK Health Security Agency](#) (UKHSA), together with public health agencies in Scotland, Northern Ireland and Wales, are investigating an increase in the number of Shiga toxin-producing E. coli (STEC) cases in the UK in recent weeks. As of 11 June, there have been a further 98 cases associated with this outbreak of STEC O145 in the UK, bringing the total number of confirmed cases to 211. All cases had sample dates before 31 May, but it is expected that this figure will rise as whole genome sequencing is ongoing to find any further cases which may be linked to the outbreak. Case numbers as of 11 June are as follows:

- 147 in England
- 27 in Wales
- 35 in Scotland
- 2 in Northern Ireland (for these cases, evidence suggests that they acquired their infection while visiting England)

Based on information from 160 cases to date, 42% were admitted to hospital.

UKHSA has worked closely with the Food Standards Agency (FSA), Food Standards Scotland and the devolved public health agencies to investigate the incident, carrying out epidemiological investigations and whole genome sequence analysis to help identify foods commonly consumed by the cases.

As a result of evidence gathered to date, [product recall information notices](#) have been published by FSA as a precaution.

Public Health Wales have advised that is working with partners in the UK and across the Welsh NHS to investigate this incident. There are currently 27 cases identified in Wales and healthcare providers have been advised of the increase in cases. PHW advise anyone who has experienced bloody diarrhoea or severe stomach cramps to seek medical attention.

B.2 Measles

Public health officials are reminding parents and carers to ensure that their children are fully vaccinated with two doses of the MMR vaccine, as cases in the Gwent measles outbreak rise to 17. The increase is up from nine cases announced at the end of April.

The new confirmed cases are in people who have been identified as close contacts of previous cases, rather than resulting from further spread in the community. No new cases have been identified since 20 May.

PHW are advising families who are planning to attend mass events or who intend to travel internationally over the summer months to ensure their children are vaccinated to reduce the risk of transmission in these settings.

Measles can be prevented by a highly effective and safe vaccine. Two doses of the MMR vaccine is more than 95 per cent effective at preventing measles

The first dose of MMR is usually given to babies at 12 months of age and the second just after three years of age. However, if children are visiting countries of high incidence of measles an MMR vaccine can be given from six months of age with further doses being given in line with the routine scheduled from 12 months.

Measles can be a serious illness for children but can be caught at any age. Adults who have never had measles or the MMR vaccine and who are in close contact with children are also urged to ensure they speak to their GP about vaccination.

More information on MMR is available [here](#).

B.3 Norovirus

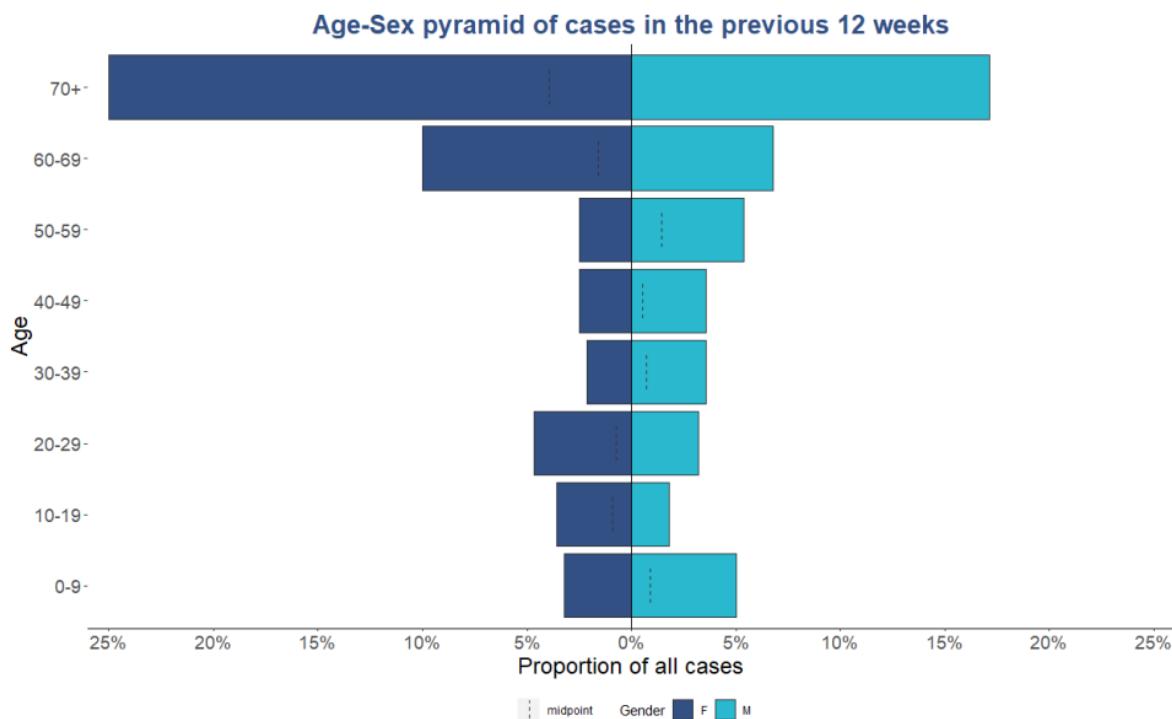
In the current reporting week (week 23 2024), the Communicable Disease Surveillance Centre (CDSC) at [PHW](#) reported a total of 44 Norovirus confirmed cases in Welsh residents. This is the same number of cases as in the previous reporting week (week 22 2024).

In the last 12 week period (18/03/2024 to 09/06/2024) a total of 428 Norovirus confirmed cases were reported in Welsh residents. This is an increase (22.6%) in reported cases compared to the same 12 week period in the previous year (18/03/2023 to 09/06/2023) where 349 Norovirus confirmed cases were reported.

In the last 12 weeks (18/03/2024 to 09/06/2024) 245 (57.2%) confirmed cases were female and 182 (42.5%) confirmed cases were male. The age groups with the most cases were the

70+ (244 cases) and 60-69 (62 cases) age groups.

Figure 1: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (18/03/2024 to 09/06/2024)



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 23 2024 (18/03/2024 to 09/06/2024). 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.

C. Acute Respiratory Infections Situation Update

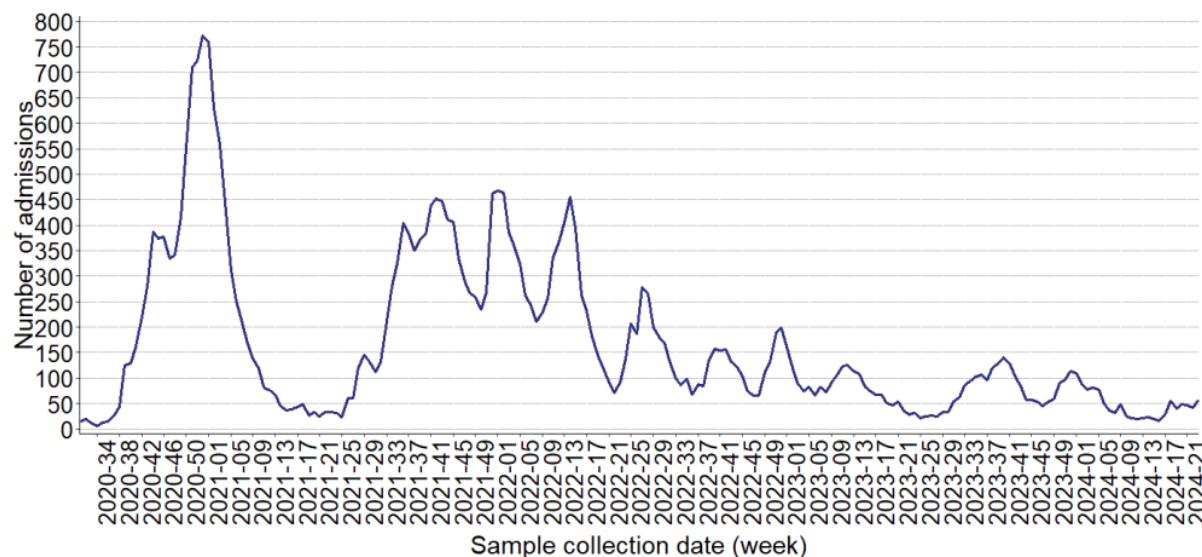
C1. COVID-19 Situation Update

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

- At a national level, the weekly number of confirmed case admissions to hospital and the number of cases who are inpatients has increased slightly during week 23. The number of admissions to ICU has remained stable in week 23.
- As of 9 June 2024, **280** people currently in hospital have had a positive COVID-19 test, with **2** in ICU (compared to **275** and **2** in the previous week (week 22)).
- The all-Wales incidence as estimated using PCR episodes remains at low levels.
- The number of deaths from any cause has decreased slightly in the latest reported data available from ONS and remains above the 5-year average.

- In the last four reporting weeks, V-23DEC-01 (Omicron, JN.1) is the most dominant variant in Wales, accounting for **96.5%** of all sequenced cases.
- There were **3** new respiratory incidents reported in week 23 2024 recorded in the health protection case and incident management system (Tarian). Of the 3 respiratory incidents, 2 were in residential homes and 1 in a school/nursery setting. Across recent reporting weeks, the average numbers of Acute respiratory and COVID-confirmed incidents in care homes (recorded on Tarian) have been relatively stable when looking at these by the date of onset of the first case.
- The proportion of calls to NHS 111 and NHS Direct related to possible COVID-19 symptoms decreased in week 18 compared to previous weeks. *Please note that syndromic surveillance data from PHW is not available for the current week due to a technical issue.*
- In week 23, GP consultations for any Acute Respiratory Infection (ARI) have increased in the most recent week and consultations for suspected COVID have remained stable at very low levels.
- The overall number of ambulance calls related to COVID-19 has increased slightly and the proportion of incidents has decreased slightly in week 23.

Figure 2: Weekly number of admissions to all hospitals in Wales testing positive on or within 28d prior to admission, Wales (ICNET clinical surveillance software)(source: [PHW](#))



Swansea University Mid Term Projections for COVID-19

The latest available Swansea University MTPs using data up to 1 May indicate a plateau at low levels in COVID-19 non-ICU hospital occupancy through May and continuing on this trajectory through to the end of June 2024. ICU occupancy are projected to remain at low levels as are deaths caused by COVID-19.

Figure 3: Daily COVID-19 hospital admissions, projected to end of June 2024

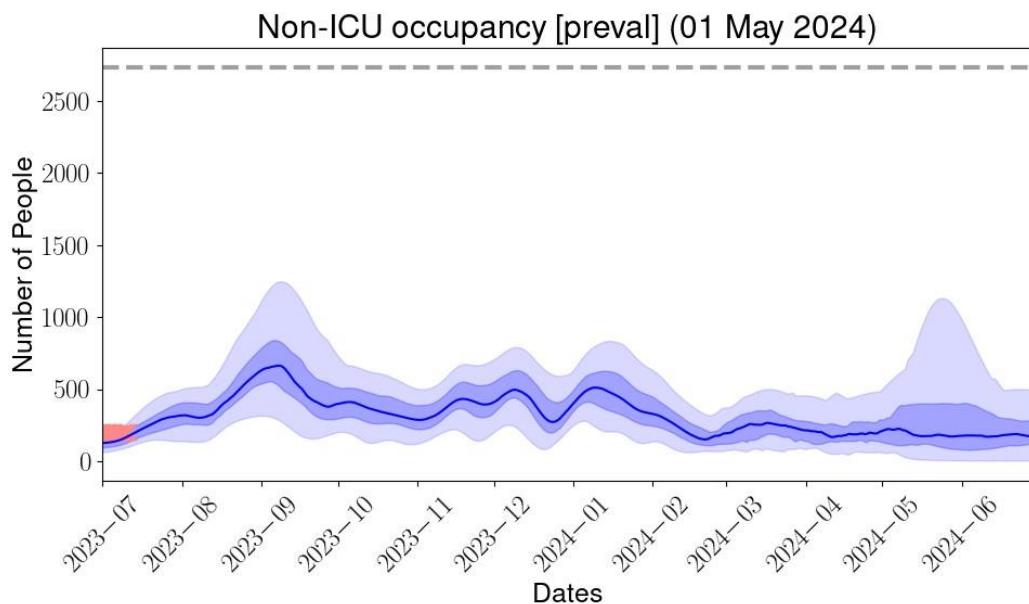


Figure 4: Daily COVID-19 ICU admissions, projected to end of June 2024

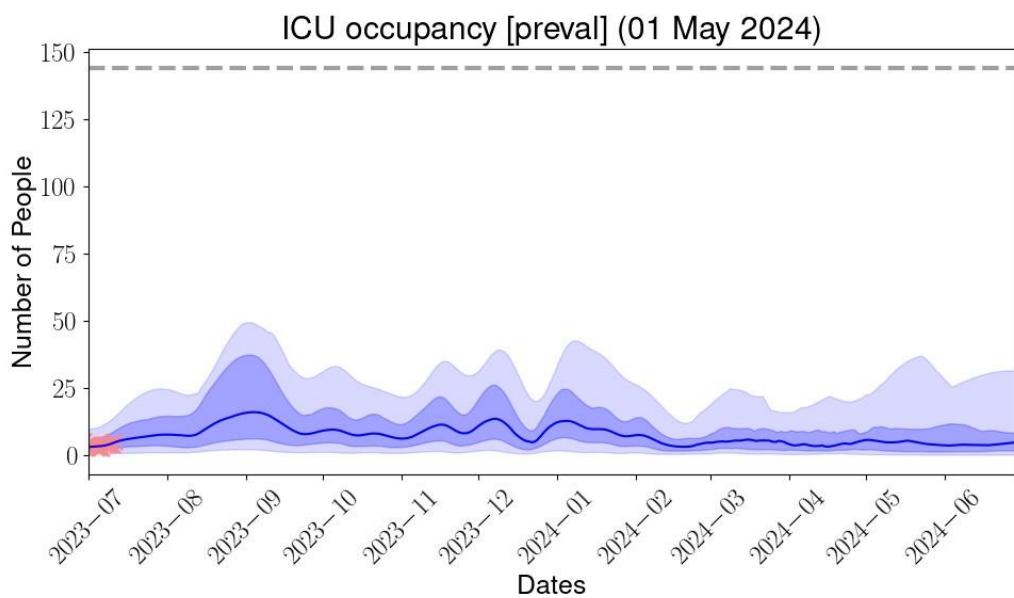
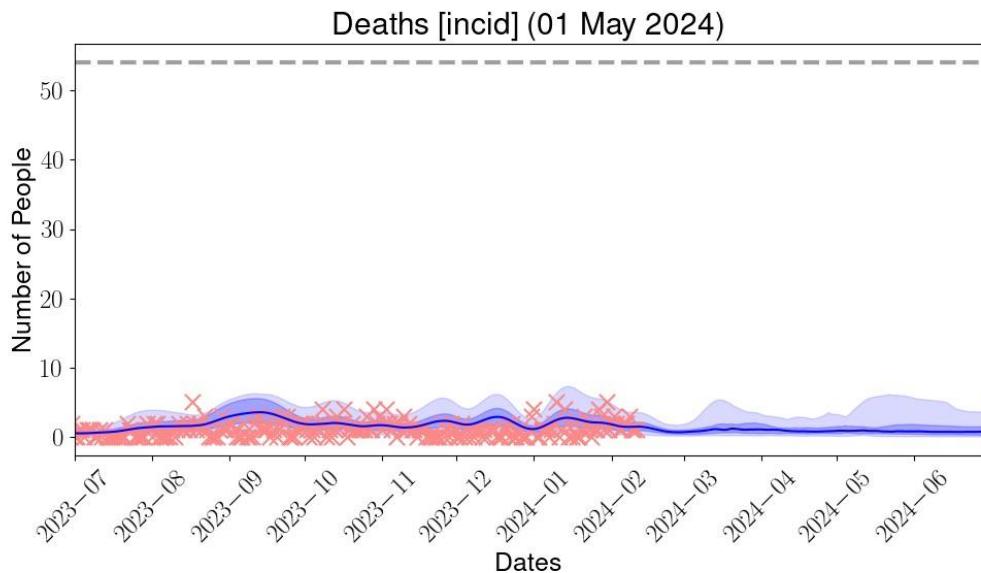
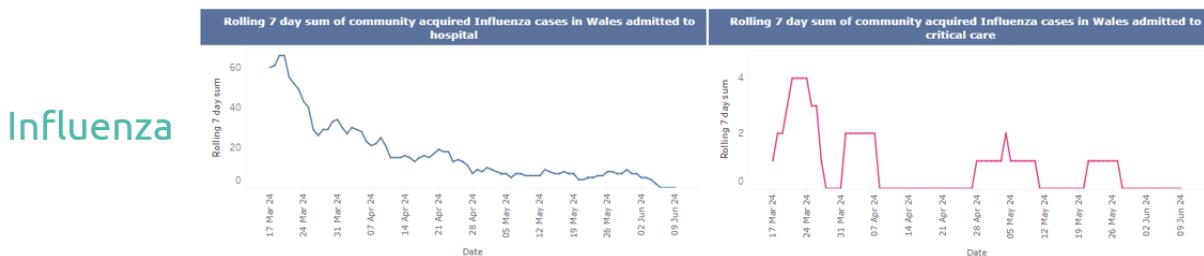


Figure 5: Daily COVID-19 deaths, projected to end of June 2024

Notes: In the charts above, red crosses represent actual COVID-19 cases data. The blue line represents the central modelling estimate. The blue ribbon represents the confidence intervals, with the darker blue ribbon indicating the 25th to 75th percentiles, and the 95% confidence limits in the lighter ribbon. The above are occupancy projections, based on the observed admissions and assuming a distribution of bed length of stay. Currently this is using an assumed LoS distribution of 7-24 days (non ICU) and 2-17 days (ICU)

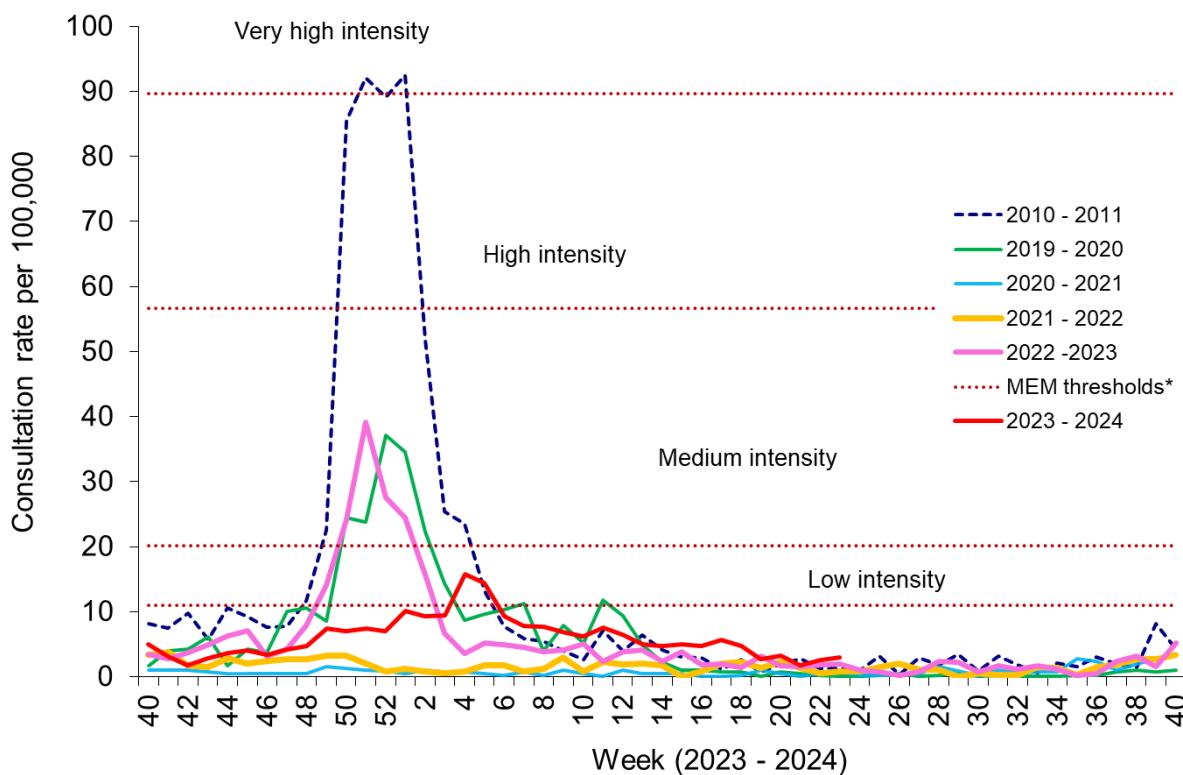
C2. Influenza Situation Update

Current levels of influenza are low and the trend is decreasing. During week 23 (ending 09/06/2024) there were 7 confirmed cases of influenza in Wales (1 for influenza A(H1N1), 3 for influenza A (not subtyped), 2 for influenza A(H3N2), and 1 for influenza B).

Figure 6: 7 day rolling sum of influenza case admissions to hospital in Wales (source: [PHW](#))

There is evidence of a slight increase in syndromic surveillance of influenza like illness (ILI) in the most recent period but this remains stable overall and well below the low intensity level threshold. The figure below shows the slight increase to week 23 in the 2023-2024 series (the bright red line is the 2023-2024 influenza season).

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



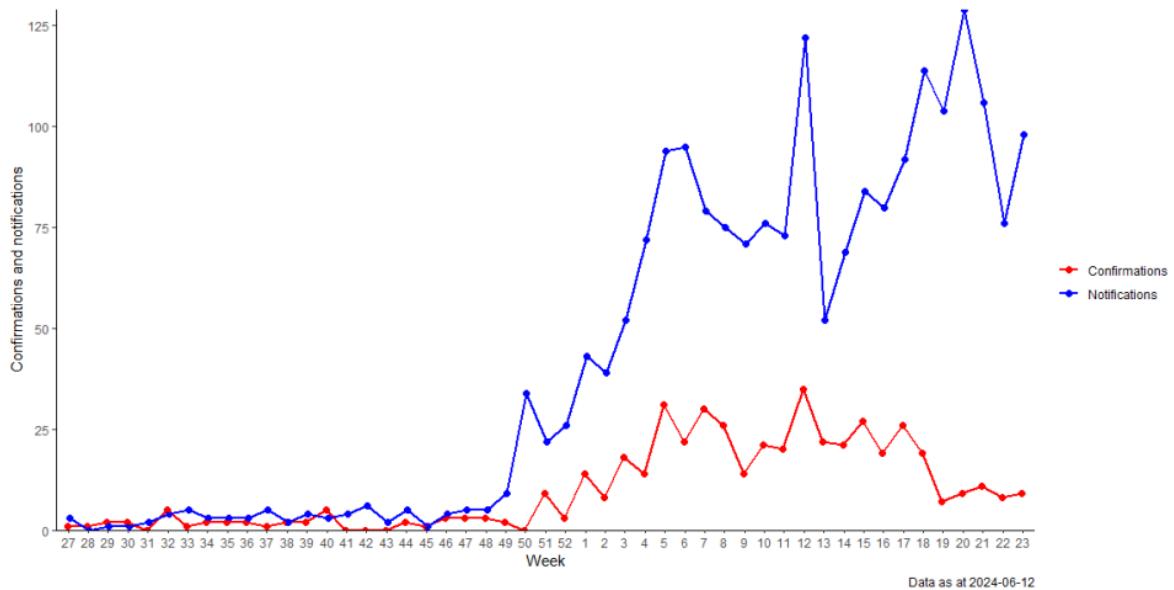
C3. Whooping Cough (Pertussis)

Public health experts in Wales are encouraging all pregnant women and parents of babies and young children to ensure that they have had their Pertussis (Whooping Cough) vaccinations as cases in Wales show rapid increase in recent weeks.

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

Figure 8 below shows that there has been an increase in whooping cough notifications up to the end of week 23 following a decline in recent weeks. Lab confirmations continue to be at low levels but have also increased in the latest week.

Figure 8: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales in the 2023-24 season year. (Source: PHW)



C4. 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 22) as shown in the figures below (up to 2 June 2024) with Figure 10 showing a stable picture overall for the current season (the bright red line on the chart) with the latest decline in notifications also shown. These notifications are now well below 100 a week compared to the peak of over 800 notifications in January 2023.

Figure 9: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2024, Wales (source: [PHW](#))

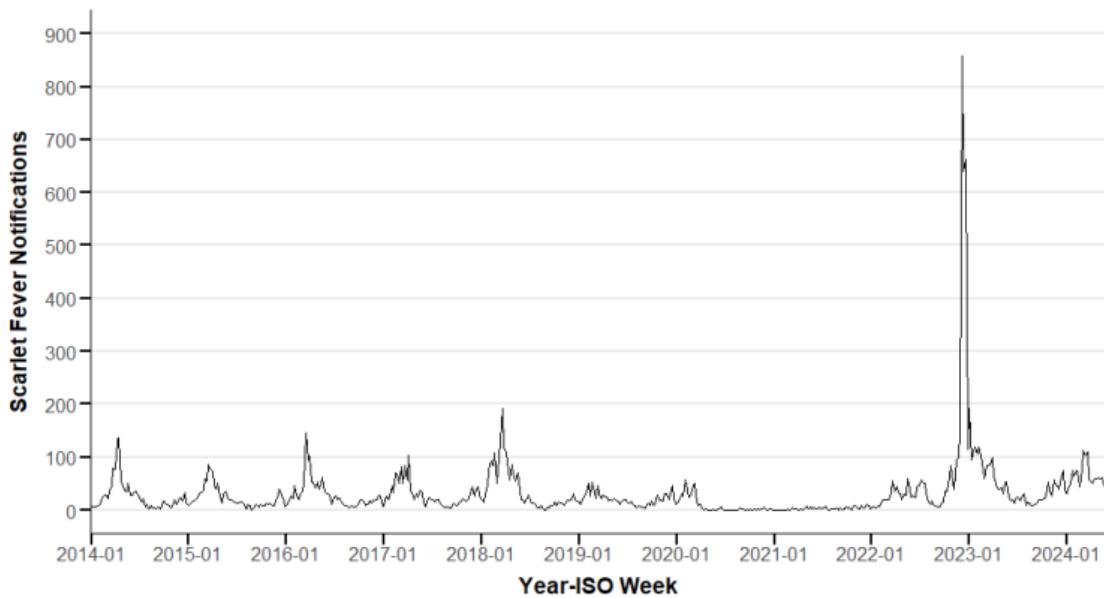
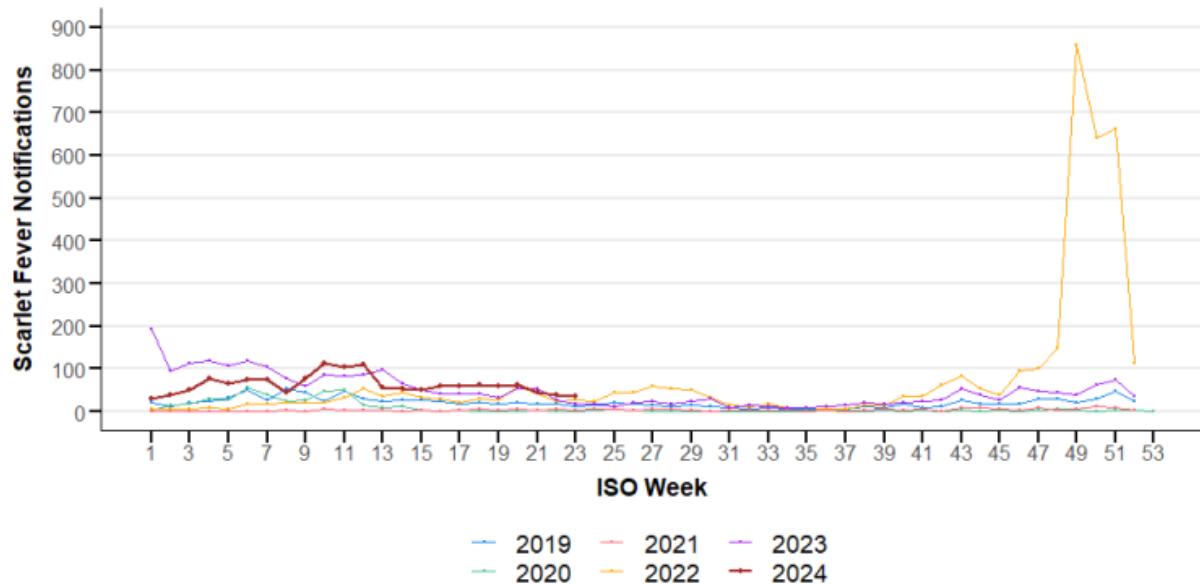
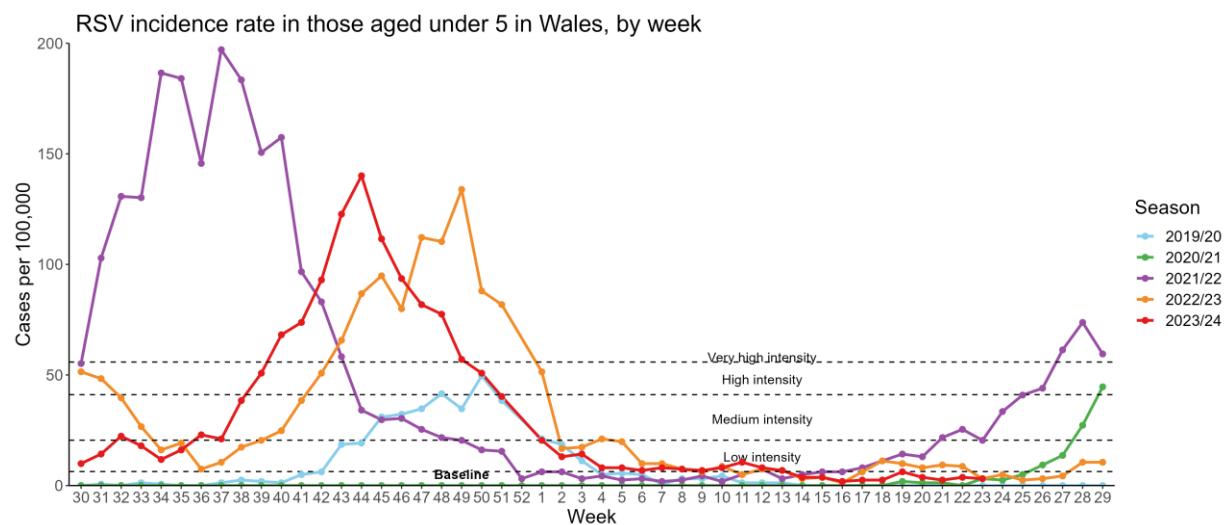


Figure 10: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2024, Wales (Source: [PHW](#))

C5. Respiratory Syncytial Virus (RSV) update

RSV activity in children under 5 years has increased in the most recent week but remains at low intensity levels and very close to baseline (compared to historic levels before 2021). The red line on the chart is the 2023-2024 season.

Figure 11: RSV Incidence Rate per 100,000 population under 5 years (source: [PHW](#))

D. International Surveillance Update

D1. Communicable Disease Centre (CDC) USA – Avian Flu (H5N1) in Cattle ([outbreaks reporting](#))

The CDC has confirmed a second human case of [highly pathogenic avian influenza](#) (HPAI) A(H5) virus infection in the state of Michigan. This is the third human case associated with an ongoing multistate outbreak of A(H5N1) in U.S. dairy cows. None of the three cases are associated with the others. As with the previous two cases (one in Texas, one in Michigan), the person is a dairy farm worker with exposure to infected cows, making this another instance of probable cow-to-person spread. This is the first human case of H5 in the United States to report more typical symptoms of acute respiratory illness associated with influenza virus infection, including A(H5N1) viruses. CDC continues to closely monitor available data from influenza surveillance systems, particularly in affected states, and there has been no sign of unusual influenza activity in people, including no increase in emergency room visits for influenza and no increase in laboratory detection of human influenza cases.

Based on the information available at this time, this case does not change CDC's current A(H5N1) bird flu human health risk assessment for the U.S. general public because all three sporadic cases had direct contact with infected cows. Risk depends on exposure, and in this case, the relevant exposure is to infected animals. As a result the risk to members of the general public who do not have exposure to infected animals is reported as low by CDC.

D.2 European Communicable Disease Centre (ECDC) - Influenza A(H5N2), Multi-country (World). Monitoring human cases

- On 11 June 2024, WHO reported one human infection with avian influenza A(H9N2) virus in India. This is the second detection of A(H9N2) in humans in the country.
- The case had exposure to poultry at home and household surroundings.
- No other cases of respiratory illness have been reported by family members, neighbours, or healthcare workers (HCWs) at health facilities attended by the case at the time of reporting.
- Since 1998, 137 human cases of A(H9N2) have been confirmed globally, including two deaths.
- Most of the cases reported to date have been in China (122 cases). No human cases have been reported in the EU/EEA.
- The risk to human health in the EU/EEA is currently considered very low.