



Llywodraeth Cymru
Welsh Government

Science Evidence Advice

Weekly Surveillance Report

17 September 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 **decreased** 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** at low levels in the latest week.
- Whooping Cough notifications have **decreased** in the most recent week.
- Scarlet Fever notifications **decreased** in the most recent week.
- Norovirus confirmed cases have **increased** in the most recent week (week 36).

B. Communicable Disease Situation Update (non-respiratory)

B.1 Norovirus (no update this week)

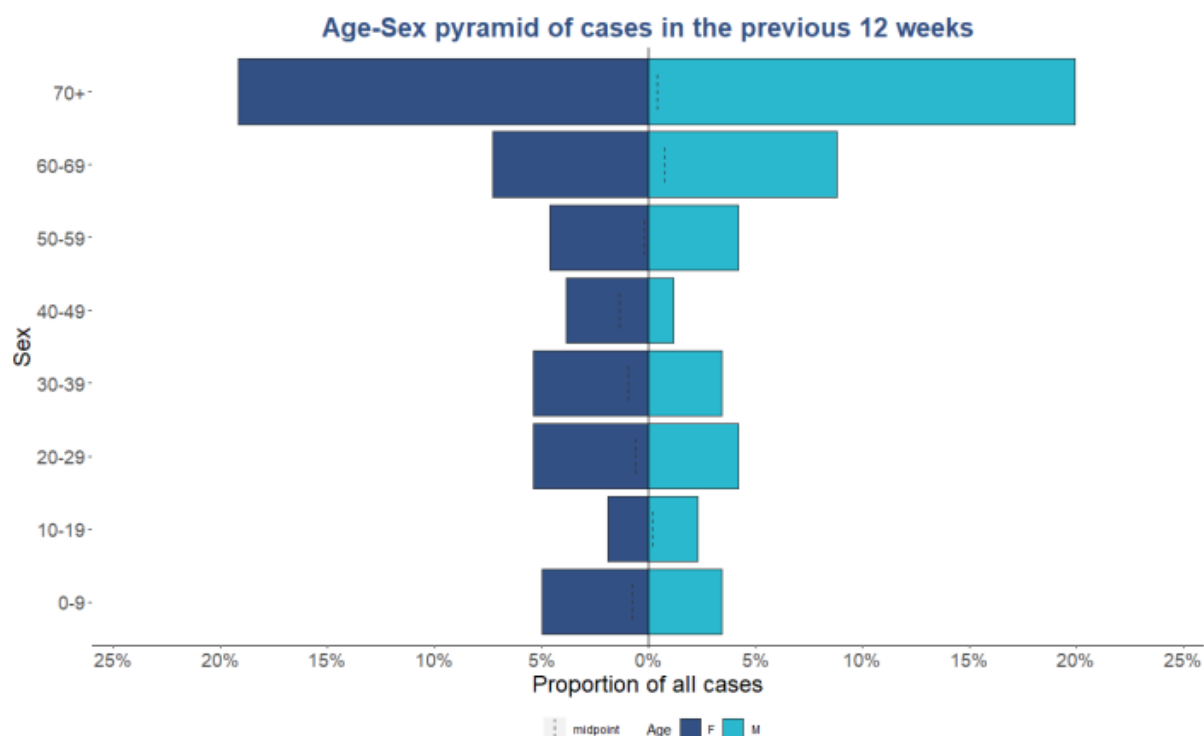
In the current reporting week (week 36 2024), a total of **19** Norovirus confirmed cases were reported in Welsh residents. This is an increase (18.8%) in reported cases compared to the previous reporting week (week 35 2024), where **16** Norovirus confirmed cases were reported.

In the last 12 week period (17/06/2024 to 08/09/2024) a total of **365** Norovirus confirmed cases were reported in Welsh residents. This is an increase (135.5%) in reported cases compared to the same 12 week period in the previous year (17/06/2023 to 08/09/2023) where **155** Norovirus confirmed cases were reported.

In the last 12 weeks (17/06/2024 to 08/09/2024) **196** (53.7%) confirmed cases were female and **169** (46.3%) confirmed cases were male. The age groups with the most cases were the 70+ (**193** cases) and 60-69 (**49** cases) age groups

Figure 1: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (17/06/2024 to 08/09/2024)

Females



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 (17/06/2024 to 08/09/2024). 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.

B.2 Monkeypox 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 but no cases of Clade I mpox have ever been detected in the UK.

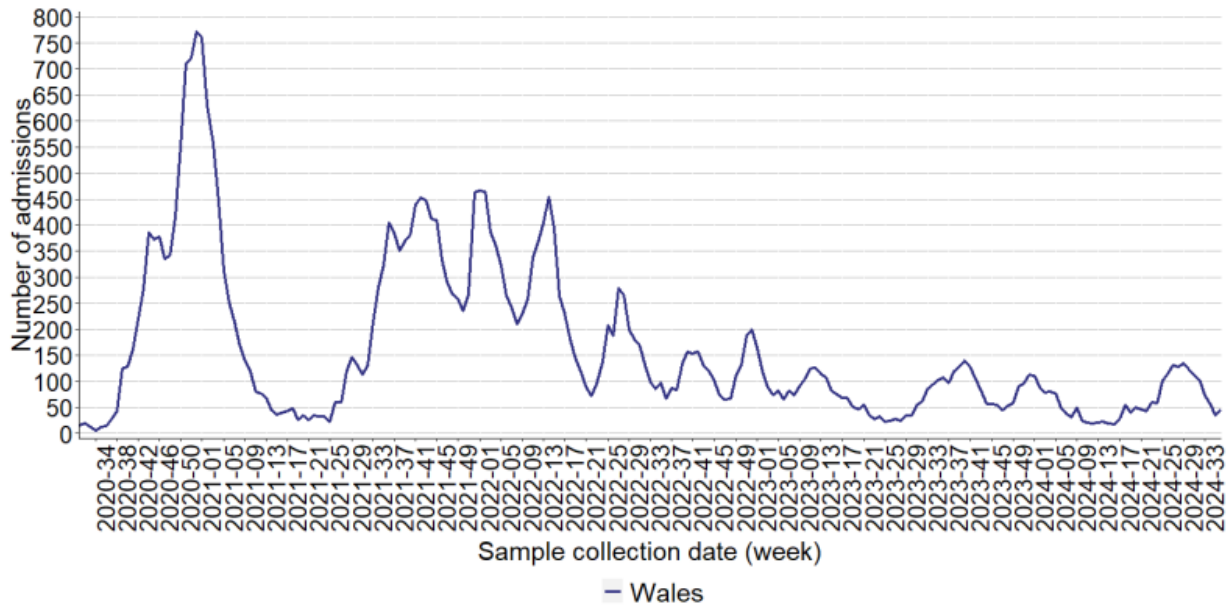
C. Acute Respiratory Infections Situation Update

C1. COVID-19 Situation Update

Overall, COVID-19 infections have decreased in the most recent week. While not consistent across all indicators, some of the indicators have increased.

- At a national level, the weekly number of confirmed case admissions to hospital increased in week 36, and the number of cases who are inpatients has remained stable. The number of admissions to ICU has increased slightly in week 36.
- As at 8th September 2024, **192** people currently in hospital have had a positive COVID-19 test, with **5** currently in ICU. (compared to **194** and **4** in the previous week (week 35).
- The all-Wales incidence as estimated using PCR episodes remained fairly stable at low levels in week 36.
- The number of deaths from any cause has decreased slightly in the latest reported data available from ONS.
- Between weeks 30 and 35, KP.3* from the Pango lineage was the most dominant variant in Wales, accounting for **77.2%** of all sequenced cases.
- There were 2 new respiratory incidents reported in week 36 2024 recorded in the health protection case and incident management system (Tarian). Of the 2 respiratory incidents, both were in residential homes. The average numbers of Acute respiratory and COVID-confirmed incidents in care homes (recorded on Tarian) have decreased in week 36 when looking at these by the date of onset of the first case.
- In week 36, GP consultations for any Acute Respiratory Infection (ARI) have increased slightly and consultations for suspected COVID have remained stable at low levels.
- The overall number of ambulance calls related to COVID-19 have increased and the proportion of incidents has also increased in week 36.

Figure 2: Weekly number of COVID-19 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 (MTPs) for COVID-19

The latest available Swansea University MTPs using data up to 10 July indicate a decline in COVID-19 non-ICU hospital admissions into August and a lower trajectory through September 2024. ICU admissions are projected to remain at low levels as are deaths caused by COVID-19.

Figure 3: Daily COVID-19 hospital admissions, projected to September 2024

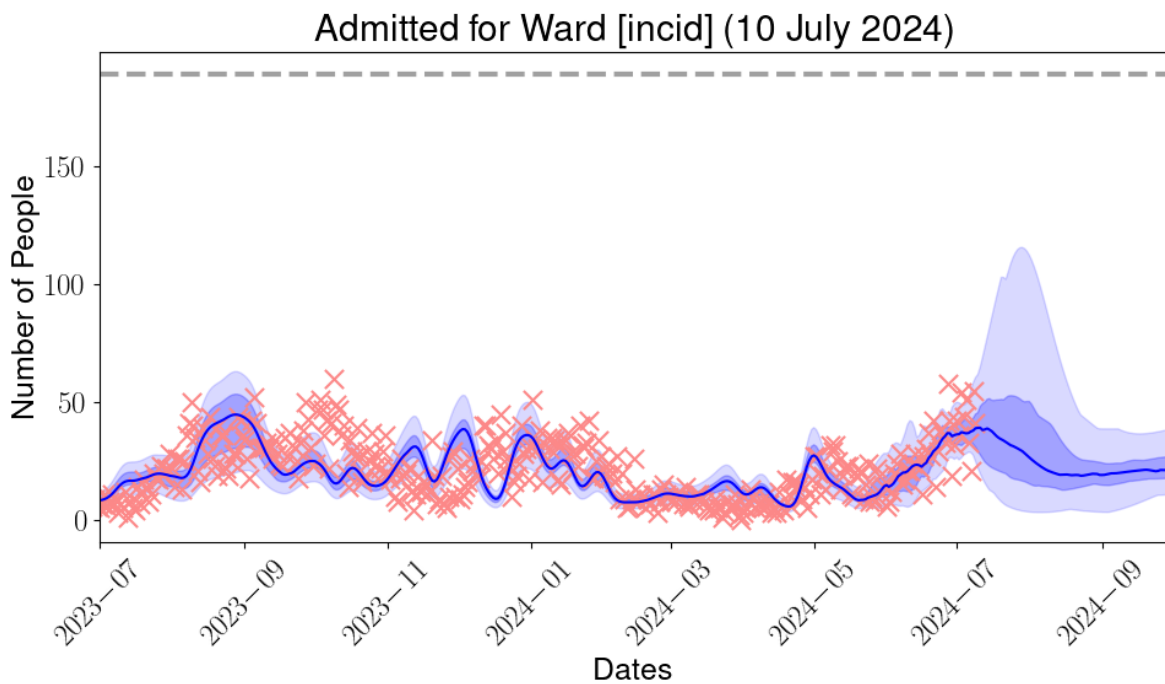


Figure 4: Daily COVID-19 ICU admissions, projected to September 2024

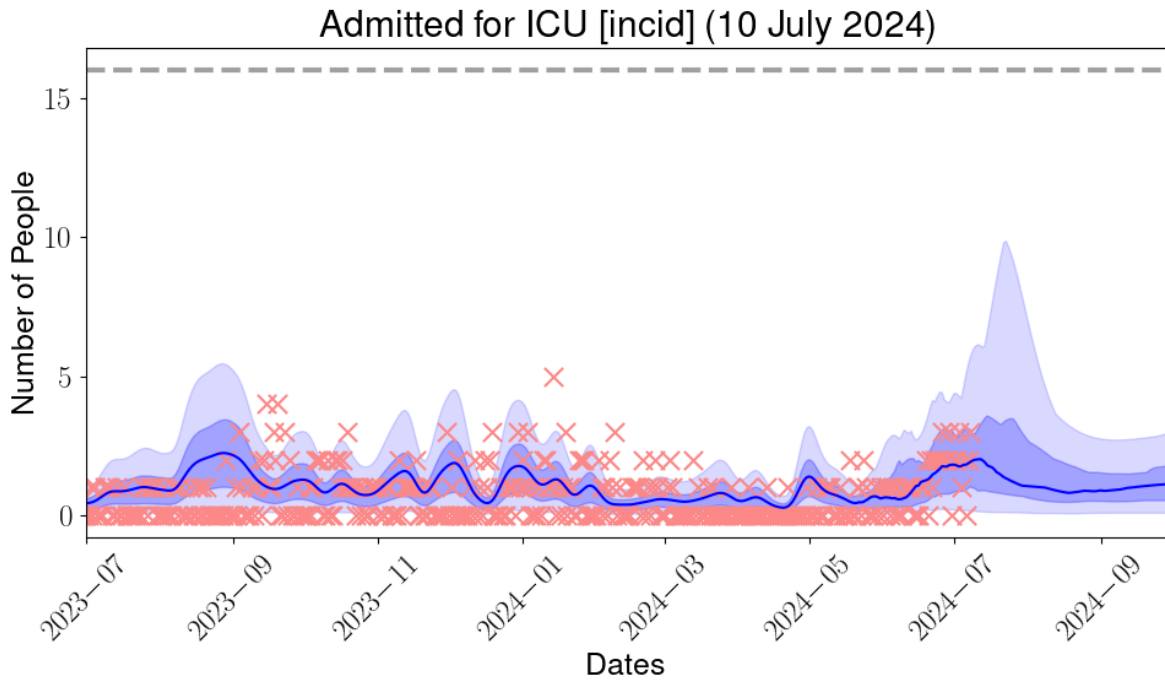
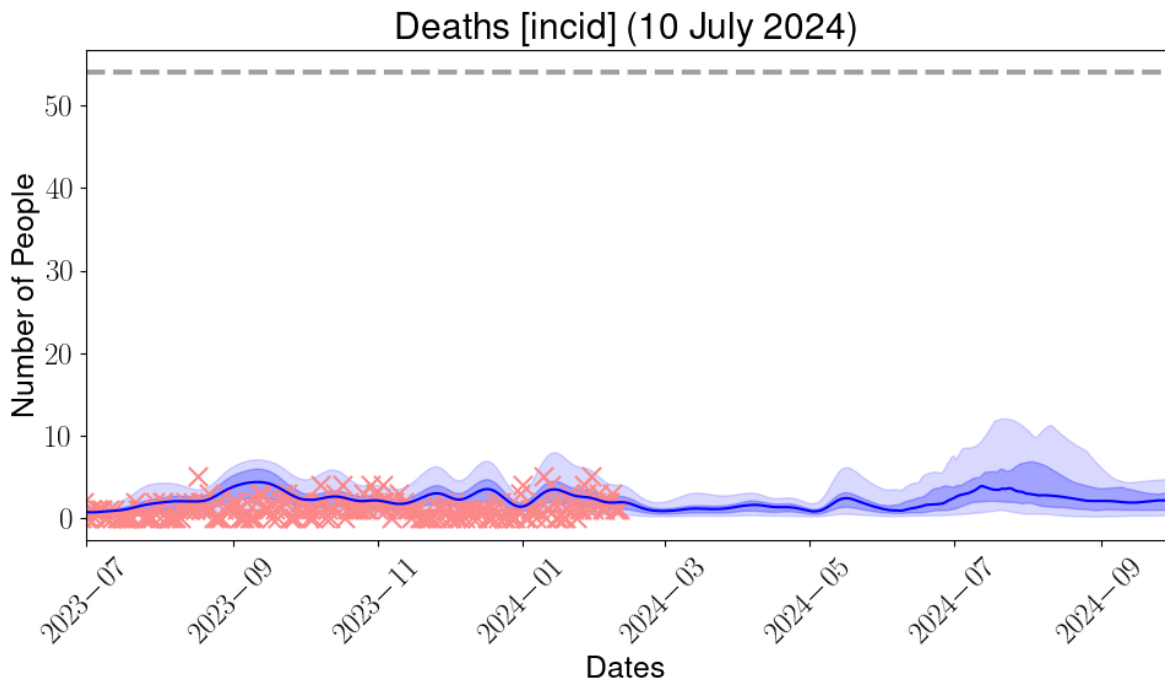


Figure 5: Daily COVID-19 deaths, projected to projected to September 2024



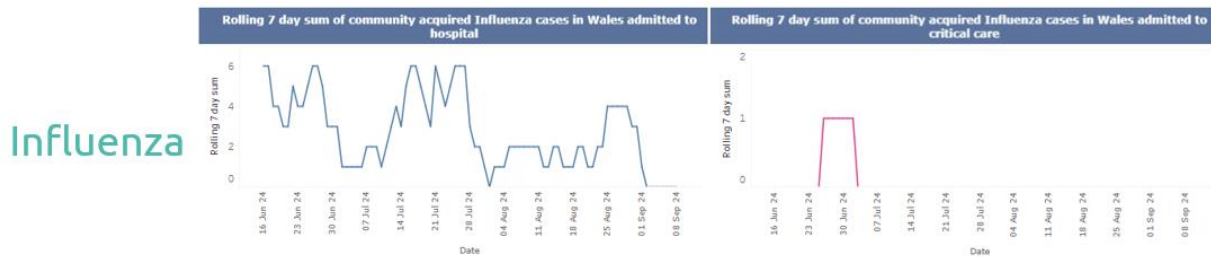
Notes: In the charts above, red crosses represent actual COVID-19 cases data. The blue line represents the central modelling estimate. The blue ribbon represents the confidence intervals, with the darker blue ribbon indicating the 25th to 75th percentiles, and the 95% confidence limits in the lighter ribbon.

C2. Influenza Situation Update

Current levels of influenza are low, and the current trend is stable. During week 36 (ending 07/09/2024) there were 9 confirmed cases of influenza in Wales 3 for influenza A(H3N2), 3 for influenza A(H1N1) and 3 influenza A (not subtyped).

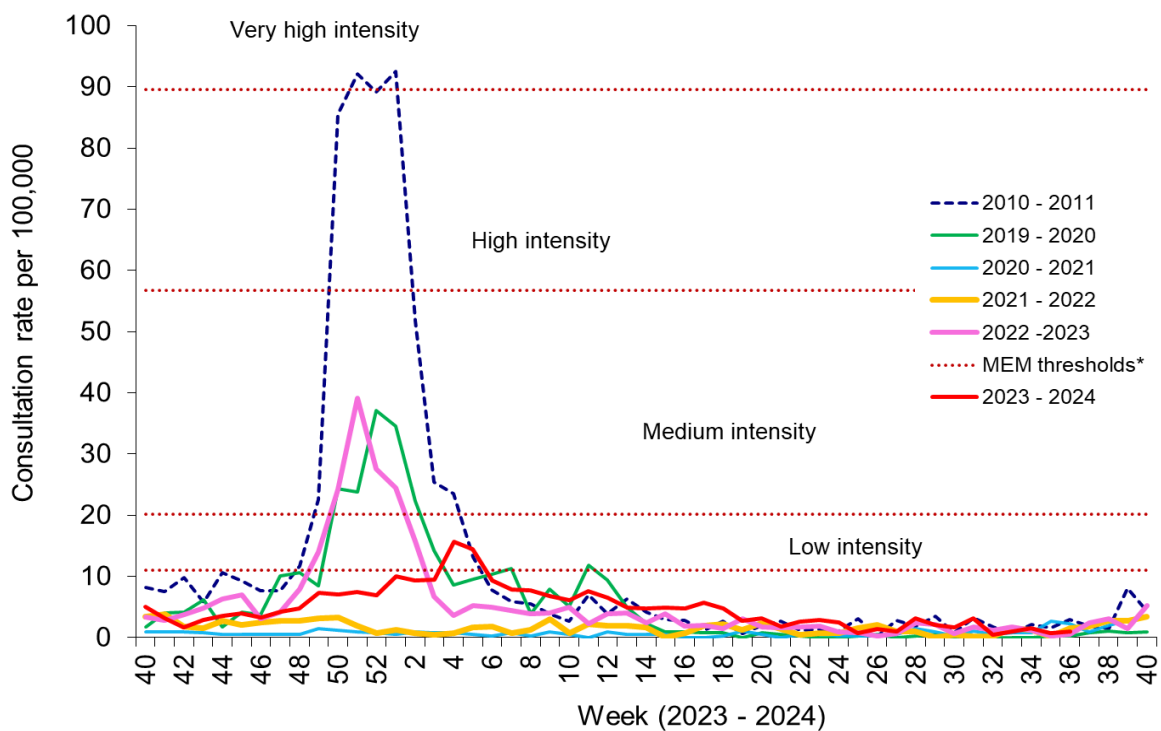
In recent weeks, detections of Rhinovirus and Adenovirus remain elevated.

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



There has been an increase in syndromic surveillance of influenza like illness (ILI) in recent weeks following a stable period. The figure below shows this increase in week 36 in the 2023-2024 series (the bright red line is the 2023-2024 influenza like illness season) and this is still below the low intensity level threshold.

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



C3. Whooping Cough (Pertussis)

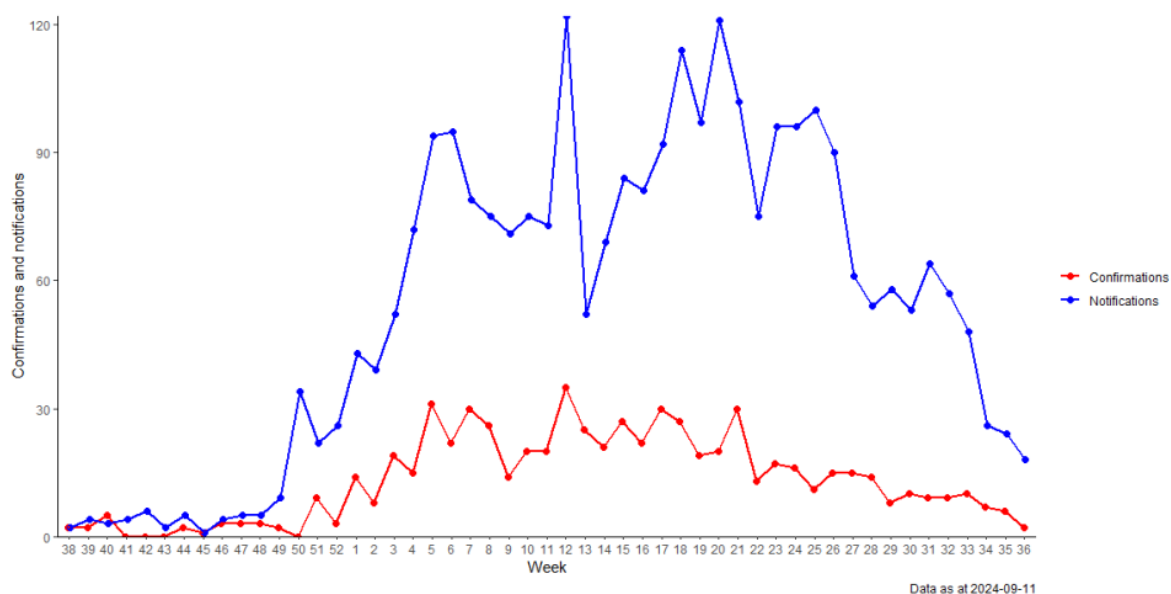
[Whooping Cough vaccination urged as cases rise rapidly in Wales - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/news/2024/01/whooping-cough-vaccination-urged-as-cases-rise-rapidly-in-wales/)

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 (Published: 24 January 2024) weeks.

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 8 below shows that whooping cough notifications up to the end of week 36 continued to decrease. Lab confirmations continue to be at very low levels and have also decreased in the latest week.

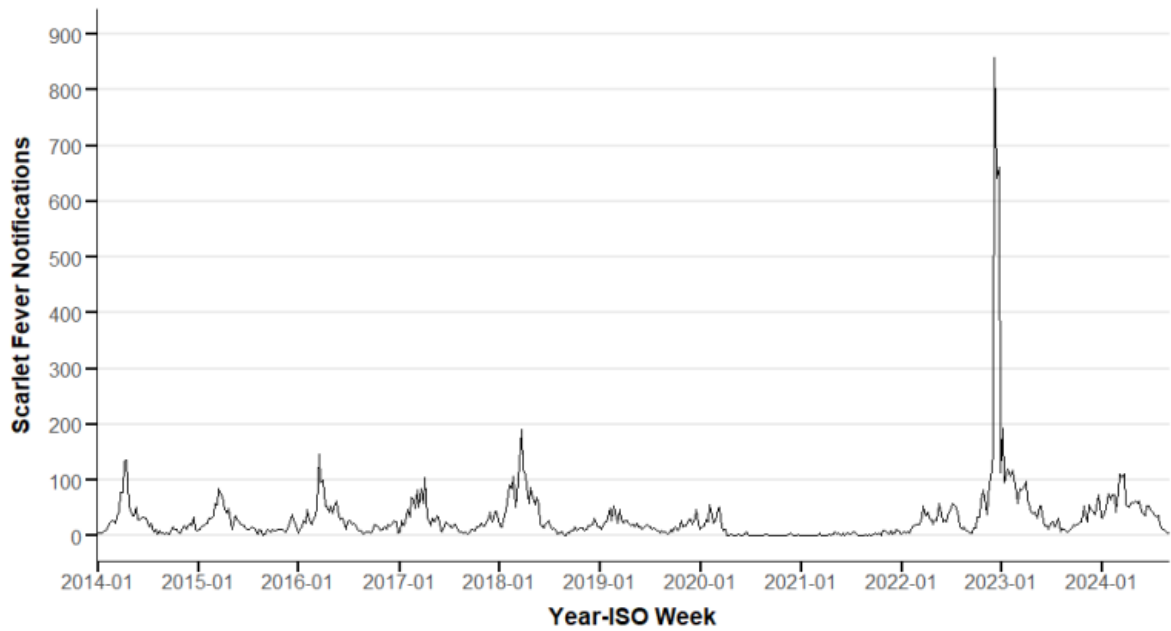
Figure 8: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



C4. iGAS and Scarlet Fever

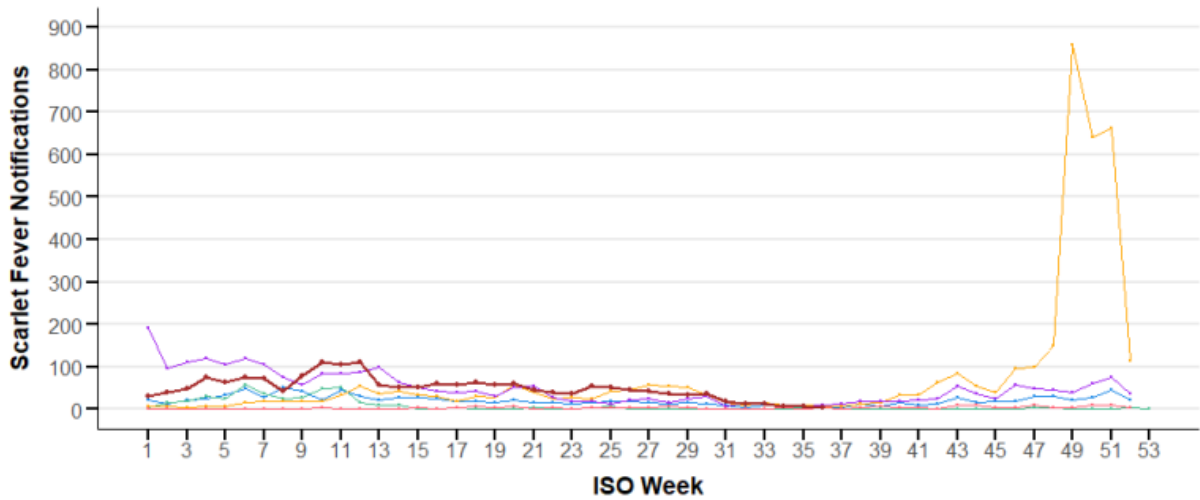
The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have decreased in the most recent week (week 36) as shown in the figures below (up to 8 September 2024) with Figure 10 showing a stable picture overall for the current season (the bright red line on the chart) with the latest plateau in notifications also visible. These notifications are now well below 100 a week compared to the peak of over 800 notifications in winter 2022-23.

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



Data as at 08 September 2024

Figure 10: Rolling 3 Week Average Scarlet Fever Notifications, 2019-2024, Wales (Source: [PHW](#))

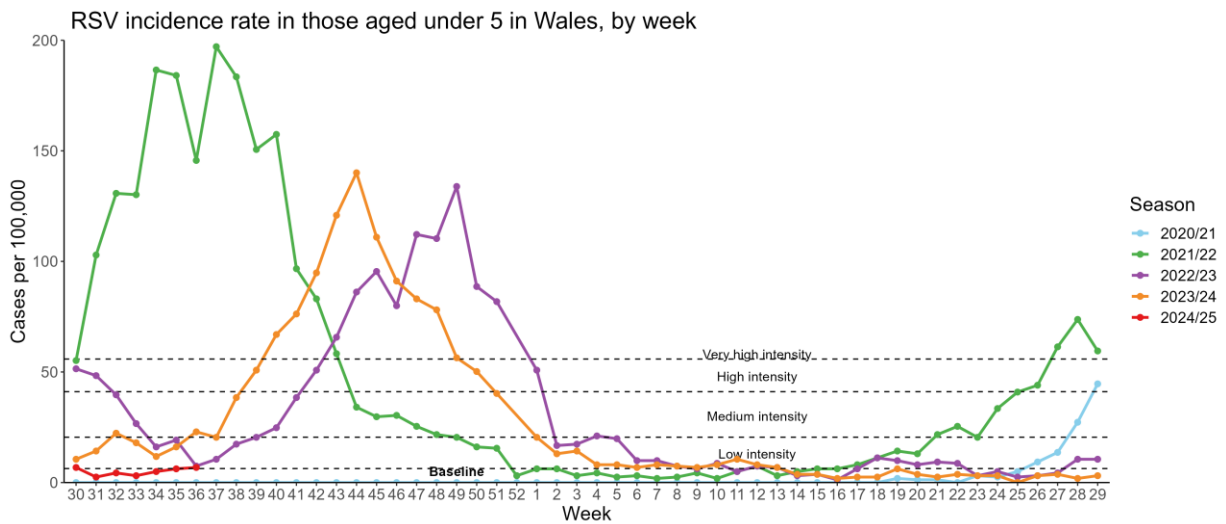


Data as at 08 September 2024

C5. Respiratory Syncytial Virus (RSV) update

RSV activity in children under 5 years has seen a further increase in the most recent week and looks likely to extend above baseline levels. The red line on the chart denotes the 2024-2025 season which began in week 30 hence the very short series.

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 case in [Missouri](#)

September 13, 2024: CDC continues to respond to the public health challenge posed by a multistate outbreak of avian influenza A(H5N1) virus, or "H5N1 bird flu," in dairy cows, poultry and other animals in the United States. CDC is working in collaboration with the U.S. Department of Agriculture (USDA), the Food and Drug Administration (FDA), Administration for Strategic Preparedness and Response (ASPR), state public health and animal health officials, and other partners using a One Health approach.

Since April 2024, 14 human cases of avian influenza A(H5) virus infection have been reported in the United States. Four of these cases were associated with exposure to sick dairy cows and nine were associated with exposure to avian influenza A(H5N1) virus-infected poultry. The source of the exposure in the most recent case, which was reported by Missouri on September 6, has not been determined. The immediate risk to the general public from H5 bird flu remains low.

On the animal health side, USDA is reporting that 202 dairy cow herds in 14 U.S. states have confirmed cases of avian influenza A(H5N1) virus infections in dairy cows as the number of infected herds continues to grow. Most recently, outbreaks in cows on eight California dairy farms were confirmed. USDA reports that since April 2024, there have been A(H5) detections in 35 commercial flocks and 22 backyard flocks, for a total of 18.68 million birds affected.

Missouri Case Update: Missouri continues to lead the investigation into the H5 case reported last week with technical assistance from CDC in Atlanta. The case was in a person who was hospitalized as a result of significant underlying medical conditions. They presented with chest pain, nausea, vomiting, diarrhoea, and weakness. The person was not severely ill, nor were they in the intensive care unit. They were treated with influenza antiviral medications, subsequently discharged, and have since recovered. One household contact of the patient became ill with similar symptoms on the same day as the case, was not tested, and has since recovered. The simultaneous development of symptoms does not support person-to-person spread but suggests a common exposure. Also shared by Missouri, subsequently, a second close contact of the case – a health care worker – developed mild symptoms and tested negative for flu. A 10-day follow-up period has since passed, and no additional cases have been found. There is no epidemiologic evidence to support person-to-person transmission of H5 at this time.

D.2 [European Communicable Disease Centre \(ECDC\)](#) – Mpox Clade I update and Influenza A(H5N1) human cases – Multi-Country – 2024

Mpox Update:

This week the epidemiological situation with regards to monkeypox virus (MPXV) clade I and clade II circulation globally has not evolved significantly. Similar to in previous weeks, there is an increasing trend in cases of mpox due to MPXV clade I reported by the Democratic Republic of the Congo and Burundi. However, the epidemiological profile of the cases remains the same. No new countries have reported confirmed mpox cases due to MPXV clade I.

- Overall, more than 24 000 confirmed or suspected mpox cases due to MPXV clade I and clade II, including over 600 deaths, have been reported from 14 African Union Member States in 2024. This total includes over 5 000 confirmed cases, according to the Africa CDC Epidemic Intelligence Report, issued on 10 September 2024.
- Imported mpox cases due to MPXV clade I outside of the African continent have been reported by Sweden (15 August; one case) and Thailand (22 August; one case). No secondary transmission has been reported.
- Additional information can be found in the ECDC Rapid Risk Assessment published on 16 August (Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries), the Rapid scientific advice on public health measures and the Epidemiological Updates.
- ECDC is closely monitoring and assessing the epidemiological situation