Llywodraeth Cymru
Welsh Government

Yr Is-adran Gwyddoniaeth, Ymchwil a Thystiolaeth
Science, Research, Evidence Division
Y Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar
Health, Social Care and Early Years Group

Weekly Surveillance Report

6th January 2026

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This report was produced by the Science Research Evidence Division (SRE) (previously Science Evidence Advice Division (SEA))

Science Research Evidence: Weekly Surveillance Report

A. Top Line Summary (as at week 52 2025, up to 28 December 2025)

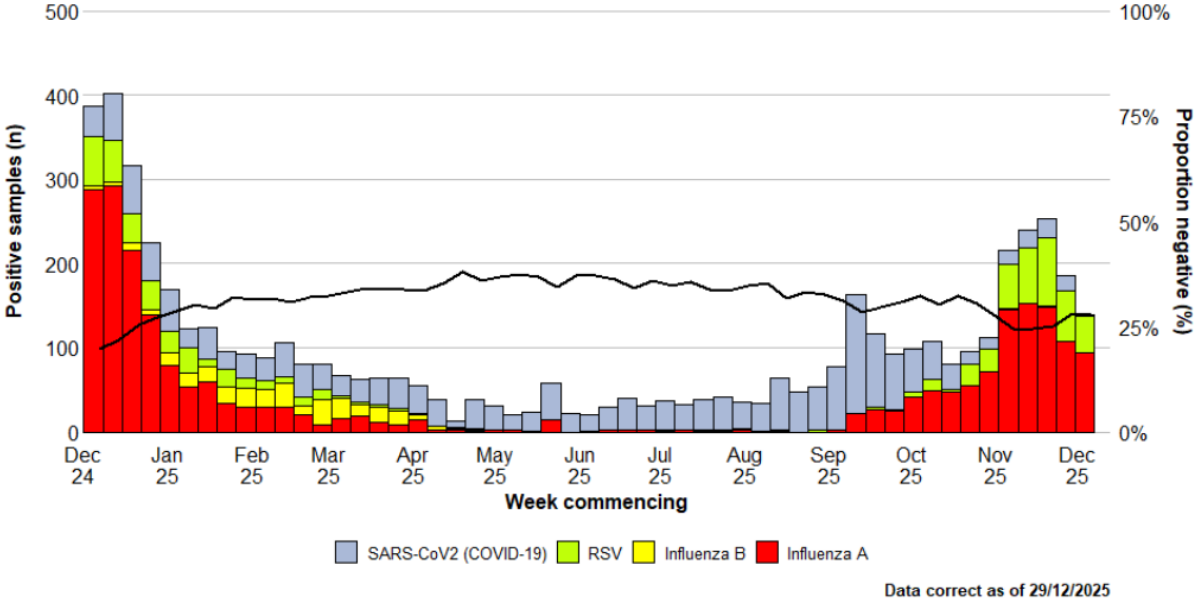
- Overall, COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **decreased**.
- Influenza in-patient cases have **decreased** and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **increased** in the most recent week (week 52).
- Whooping Cough notifications have **remained stable** in week 51 (the most recent reporting week).
- Scarlet Fever notifications are **decreasing** in recent weeks (up to week 52).

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 **increased** and the number of cases who were inpatients **decreased** in week 52 2025 (to 28 December 2025).
- As of 28 December 2025 (week 52), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to **15** (10 in the previous week) and there were **71** in-patient cases of confirmed COVID-19, **one** of whom was in critical care compared to 88 and two in the previous week.
- Confirmed cases of positive tests remained stable at 2.2 % in hospital and non-sentinel GP practices in the most recent week (week 52). Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 remained stable in the most recent week.
- In the last six weeks, Omicron XFG.3 is the most frequently detected variant in Wales currently, accounting for **31.8%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 52, 2024 to week 52, 2025. (source: PHW)



COVID-19, Respiratory Syncytial Virus (RSV) and Influenza Short Term Projections

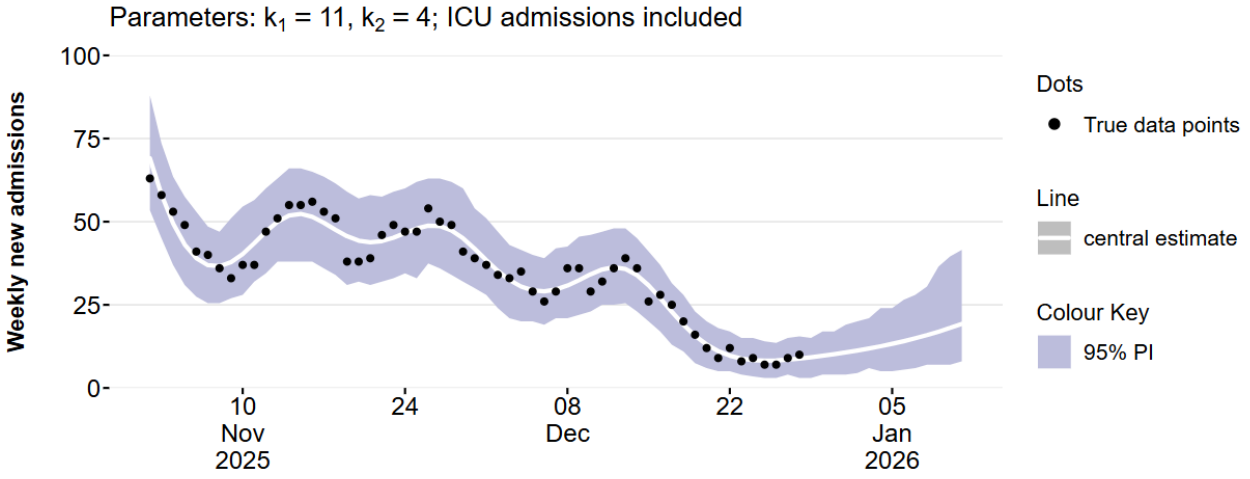
The Science Research Evidence (SRE) team at Welsh Government have produced short term projections (STPs) for COVID-19, RSV and Influenza which can be produced nationally and at the Local Health Board level. RSV is also produced by age groups nationally. STPs project 2 weeks forward using current data from the previous 8 weeks, 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.

COVID-19, RSV and Influenza STPs use admissions data from PHW until **28 December 2025** to make short term projections for COVID-19 two weeks forward **(to 11 January 2026)**. The black or brown dots represent the actual data points while the white line is the central estimate from the most recent projection. The colour shadings represent the 95% confidence interval of the projections.

Please note: The STPs are produced nationally and at the provider health board level, not at resident health board level. Powys health board is not included in the analysis due to low numbers.

The STPs for Wales show that COVID-19 admissions are projected to increase slightly over the next two-week period (Figure 2).

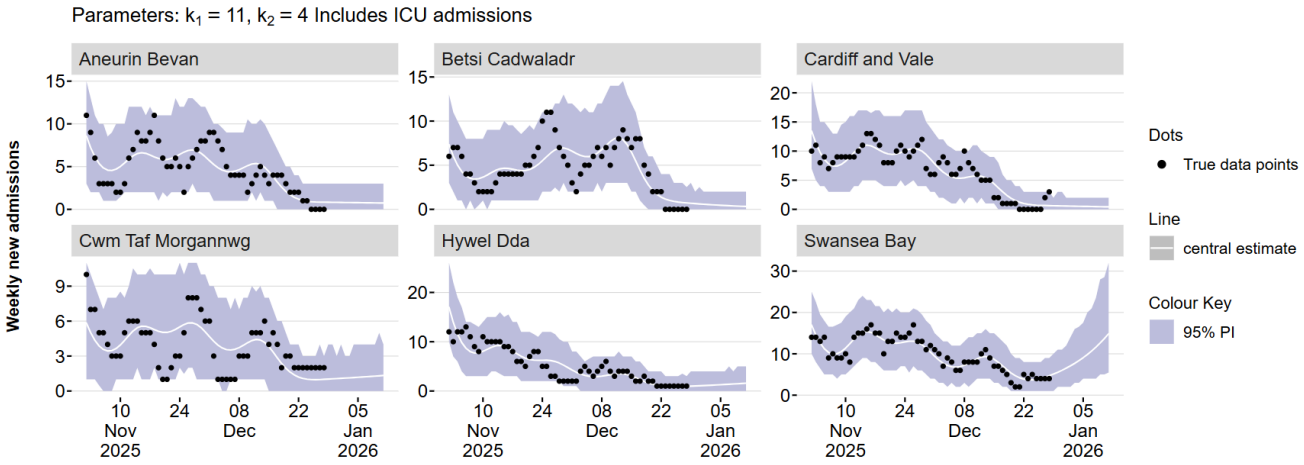
Figure 2: Short Term Projection for COVID-19 hospital admissions in Wales (data to 28 December 2025, projection to 11 January 2026)



Source: Public Health Wales

Figure 3 shows that COVID-19 admissions are projected to approximately plateau in health boards in Wales except Swansea Bay (increase) over the next two weeks (to 11 January 2026).

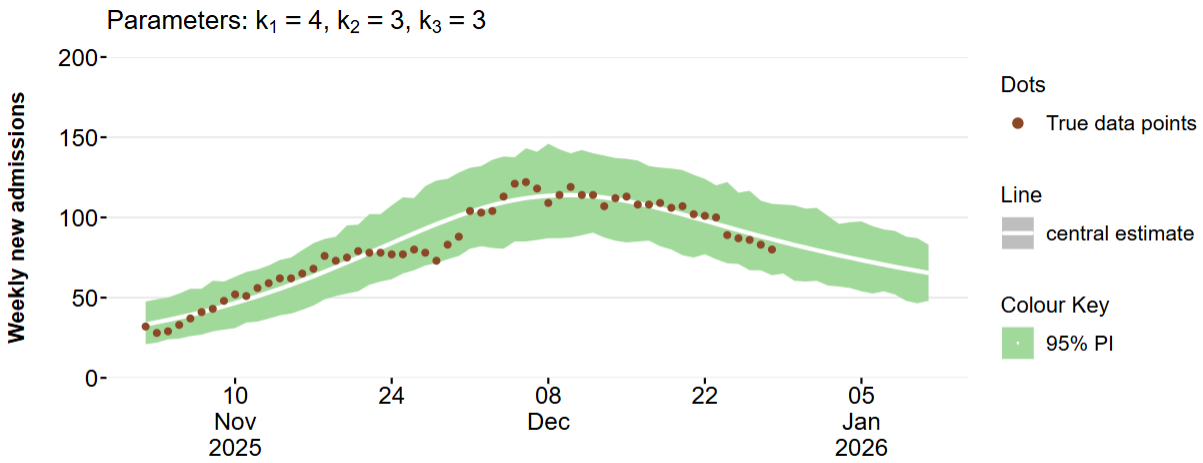
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 28 December 2025, projections to 11 January 2026)



Source: Public Health Wales

The STPs for Wales show that RSV admissions are projected to decrease over the next two-week period (Figure 4).

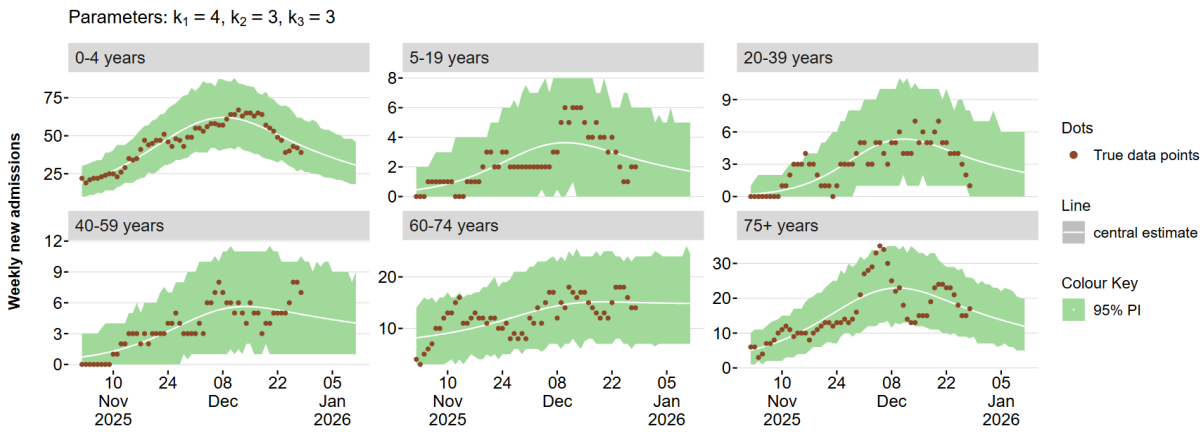
Figure 4: Short Term Projection for RSV hospital admissions in Wales (data to 28 December 2025, projection to 11 January 2025)



Source: Public Health Wales

Figure 5 shows that RSV admissions for all age groups are projected to decrease over the next two weeks (to 11 January 2026).

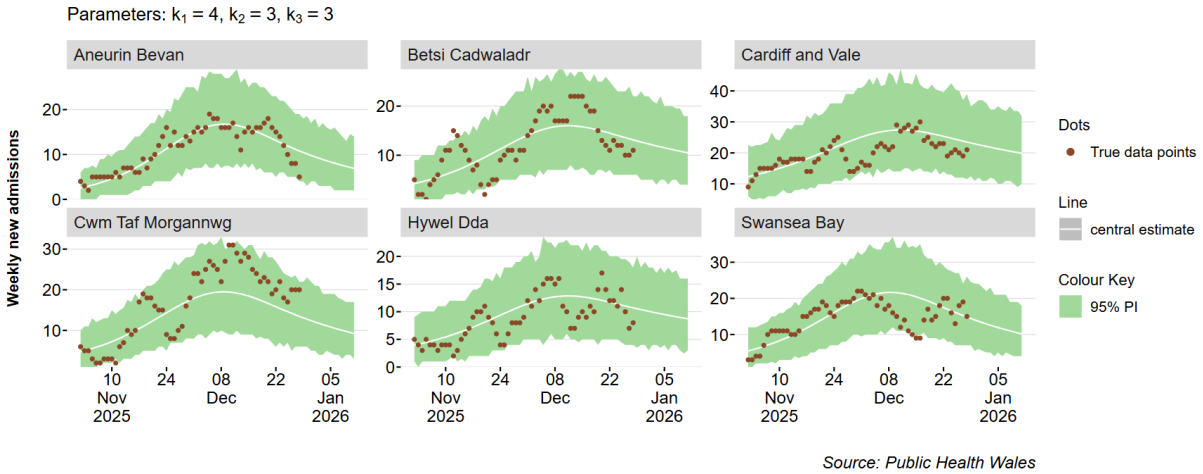
Figure 5: Short Term Projections for RSV hospital admissions in Wales by age groups (data to 28 December 2025, projections to 11 January 2026)



Source: Public Health Wales

Figure 6 shows that RSV admissions for all health boards are projected to decrease over the next two weeks (to 11 December 2026).

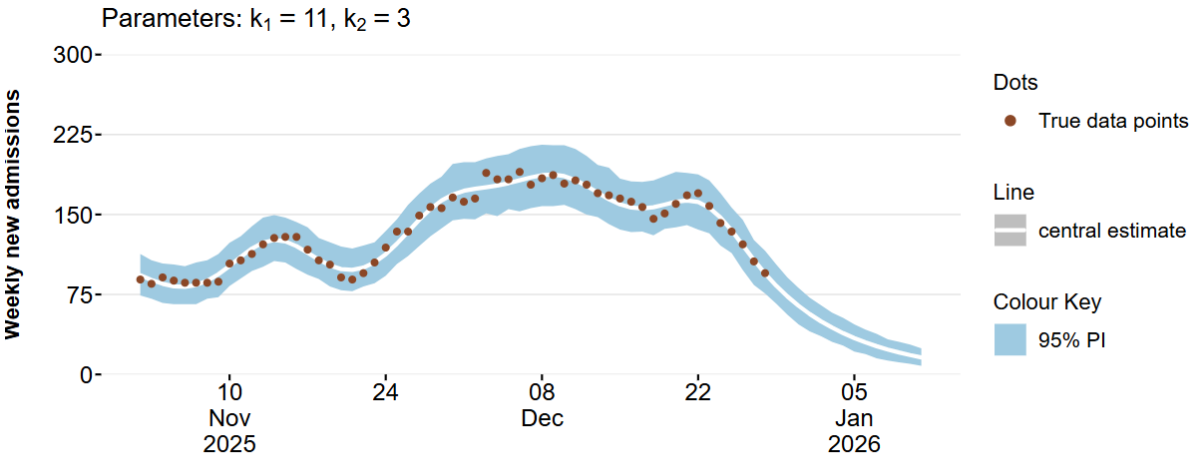
Figure 6: Short Term Projections for RSV hospital admissions in Wales Local Health Boards (data to 28 December 2025, projections to 11 January 2025)



Source: Public Health Wales

The STPs for Wales show that Influenza admissions are projected to increase over the next two-week period (Figure 7).

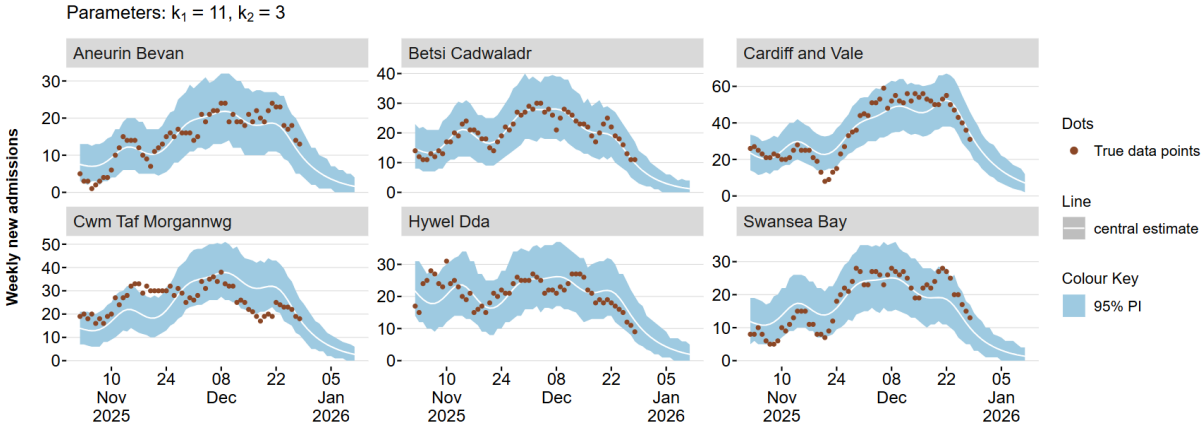
Figure 7: Short Term Projection for Influenza hospital admissions in Wales (data to 28 December 2025, projection to 11 January 2026)



Source: Public Health Wales

Figure 8 below shows that Influenza admissions are projected to increase or plateau in all health boards in Wales over the next two weeks (to 11 January 2026).

Figure 8: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 28 December 2025, projections to 11 January 2026)

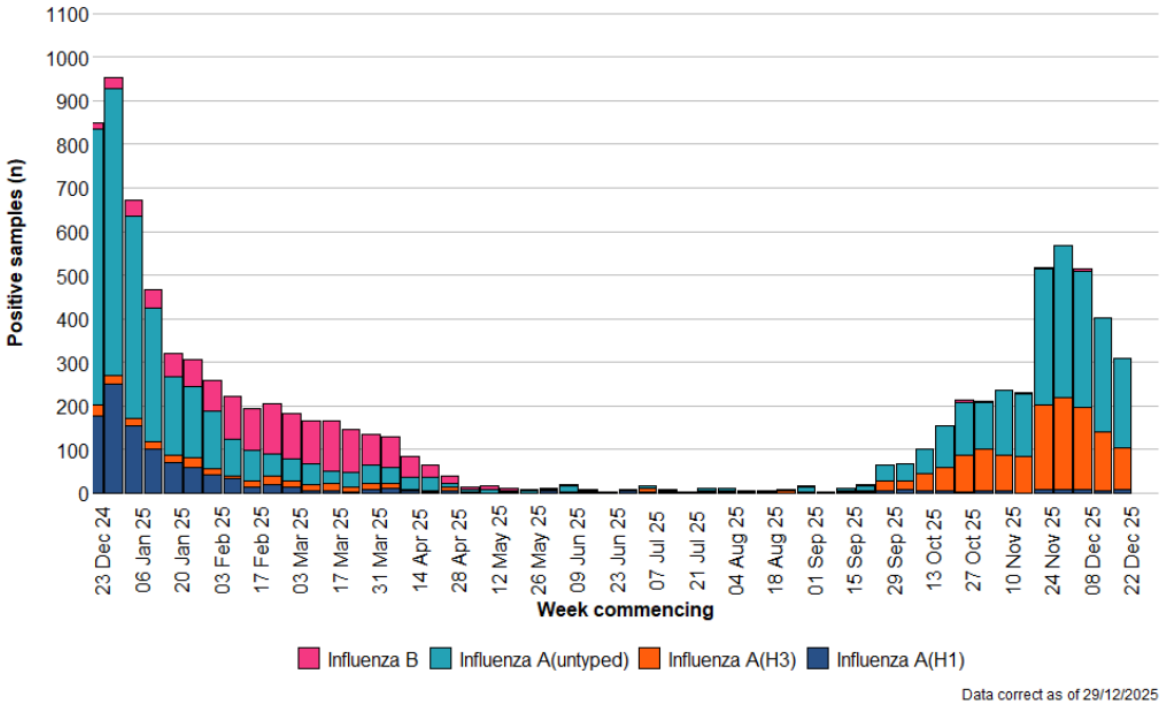


Source: Public Health Wales

B.2. Influenza Situation Update

- Influenza activity is at medium levels, with increases in test positivity and decreases in confirmed cases in the most recent week. Hospital admissions in patients with confirmed influenza decreased compared to last week. Influenza A(H3) continues to be the most frequently detected influenza virus in Wales, accounting for the vast majority of typed cases.
- Confirmed cases of community acquired influenza admitted to hospital decreased to **106** in the current week (compared to **176** in the previous week). Test positivity increased to **19.8%**.
- There were **261** in-patient cases of confirmed influenza, eight of whom were in critical care compared to **284** and **11** in the previous week.
- In week 52 2025, there were 94 influenza A(H3), nine influenza A(H1N1), 205 influenza A untyped and zero influenza B (Figure 9).

Figure 9: 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 52, 2024 to week 52, 2025 (source: PHW)



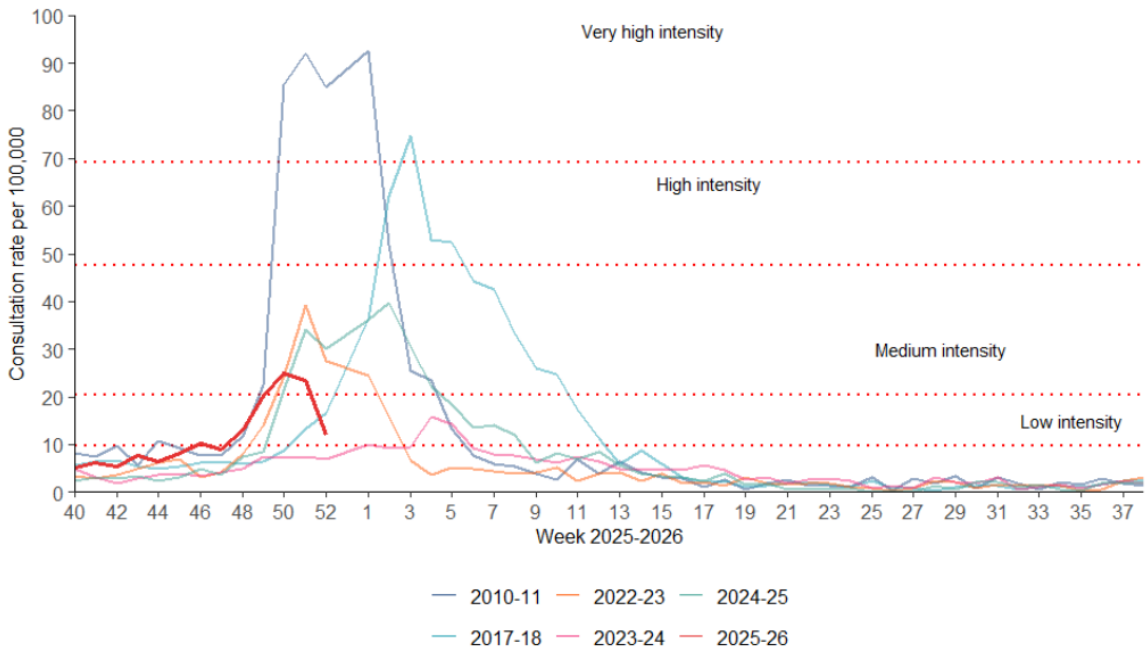
The sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is decreasing.

In the most recent week, using all available data from general practices, 19.8 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (23.6 consultations per 100,000). The most recent week contained two bank holidays when usual in-hours general practices were closed. The estimated ILI consultation rate if practices had been open for the usual five days is 19.8 per 100,000. This estimated figure still represents a decrease compared to the previous week.

In the most recent week, using all available data from general practices, there were 16 ARI consultations per 100,000 practice population, an increase from 11.2 in the previous week (Table 1.2). The highest rates were found in people aged 1 to 4 (651) followed by people aged under 1 year (559.7) and people aged 75+ (168.9).

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

Figure 10: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)

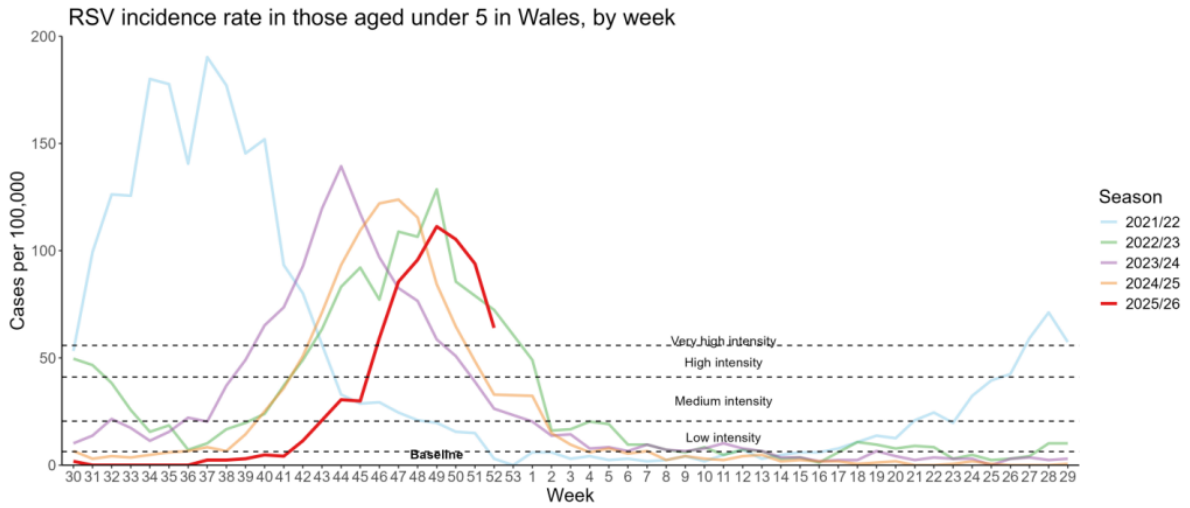


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital decreased to **114** in Week 52.

Incidence per 100,000 in children aged up to 5 years **decreased** to **64.0** in the most recent week (95.1 in the previous week) but remains at very high intensity levels. During Week 52 there were 134 in-patient cases of confirmed RSV, and ten in critical care.

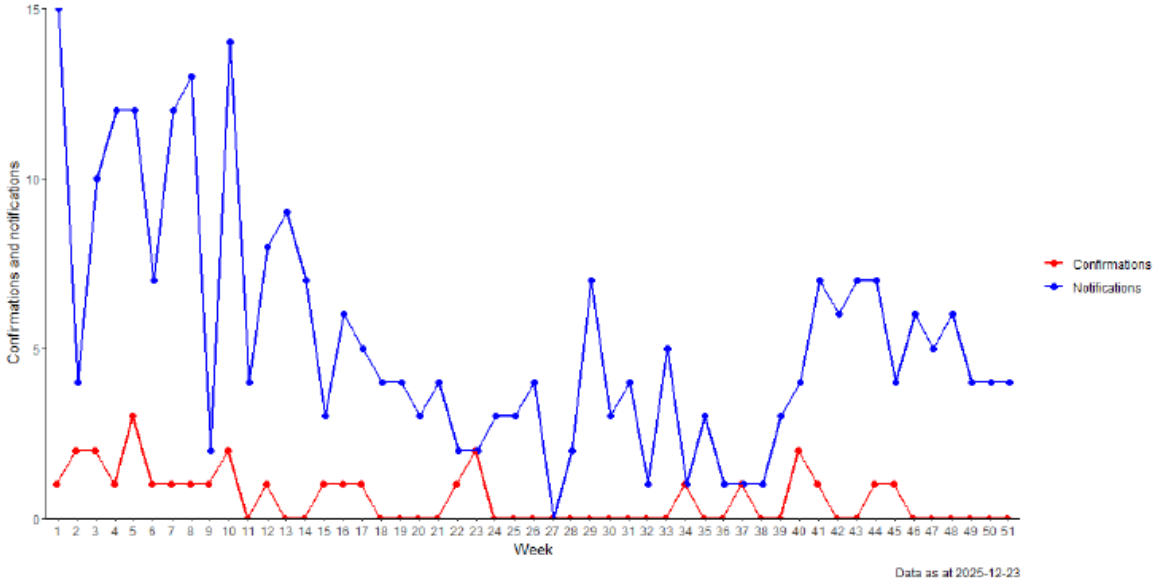
Figure 11: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 52 2025 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 12 below shows that whooping cough notifications up to the end of week 52 ***remained stable***. Lab confirmations continue to be at very low levels (*Whooping cough is now reported on every two weeks*).

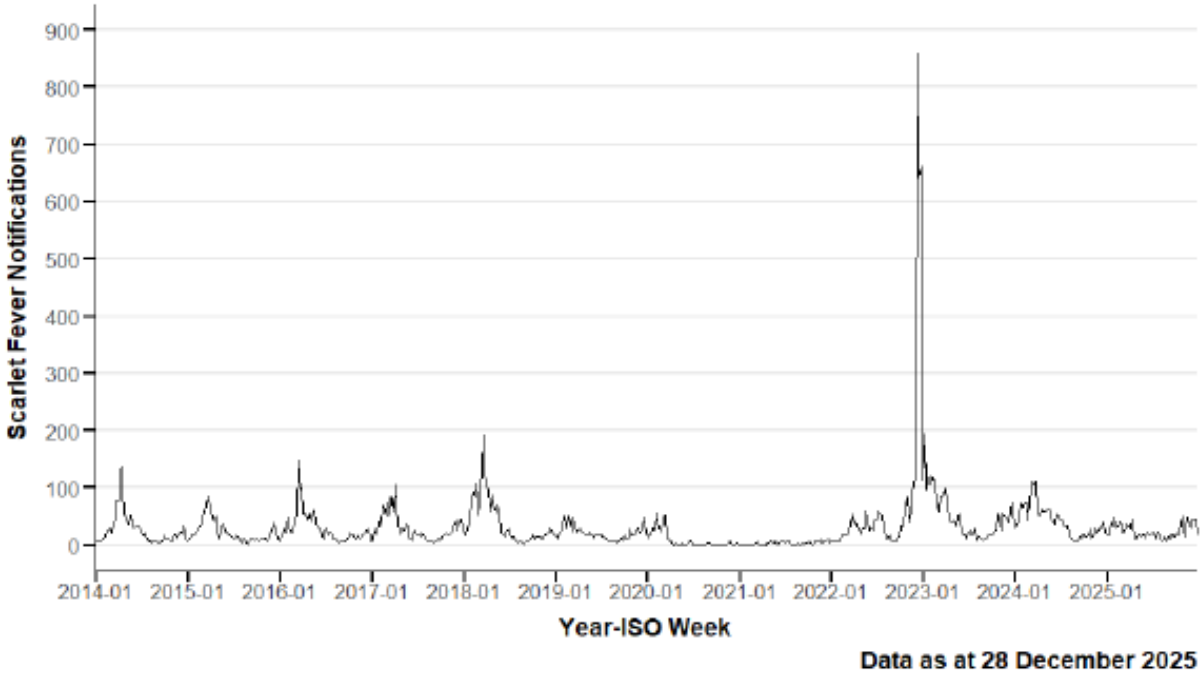
Figure 12: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5. iGAS and Scarlet Fever

The number of iGAS notifications is currently low, remaining at seasonally expected levels. Scarlet Fever notifications are **decreasing** in recent weeks (up to week 52) as shown in the figure below.

Figure 13: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2025, Wales (source: PHW)



B.6. Additional indicators

- The number of ambulance calls recorded referring to syndromic indicators increased from **1,586** in the previous week to **2,014** in the latest reporting week.
- During Week 52, 2025, 6 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, two were Influenza A, one was Influenza A and RSV, one was Influenza-Like Illness, and two were Rhinovirus/Enterovirus.
- All were in residential care homes.
- Thus far this season, According to European Mortality Monitoring (EuroMoMo) methods, no excess has been reported in the weekly number of deaths from all causes in Wales.

C. Science Research Evidence Winter Modelling (no updates in the latest week)

The Science Research Evidence (SRE) team in Welsh Government have published modelled scenarios for COVID-19, RSV and Influenza for Winter 2025-26.

This uses analysis of historical data to estimate what we may see in winter 2025/26 in terms of hospital admissions and hospital bed occupancy in Wales, contributing to winter planning for NHS Wales.

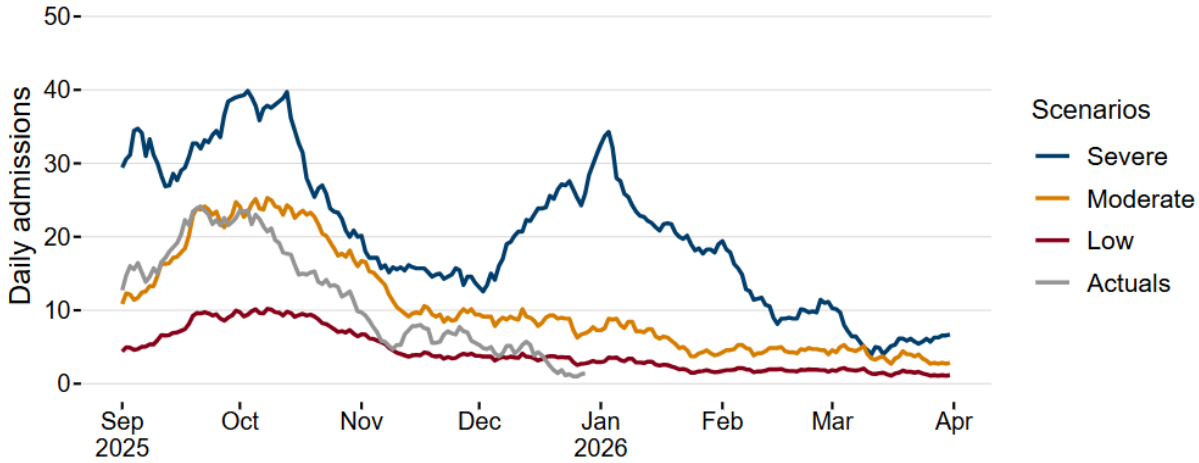
The charts that follow (Figures 14-16) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Research Evidence Winter Modelling** for details on how the 'actuals' were estimated).

Note that modelling is an estimate of what may happen, not a prediction of what will happen.

COVID-19

COVID-19 admissions are fluctuating and are currently around the Low scenario.

Figure 14 Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 28 December 2025)



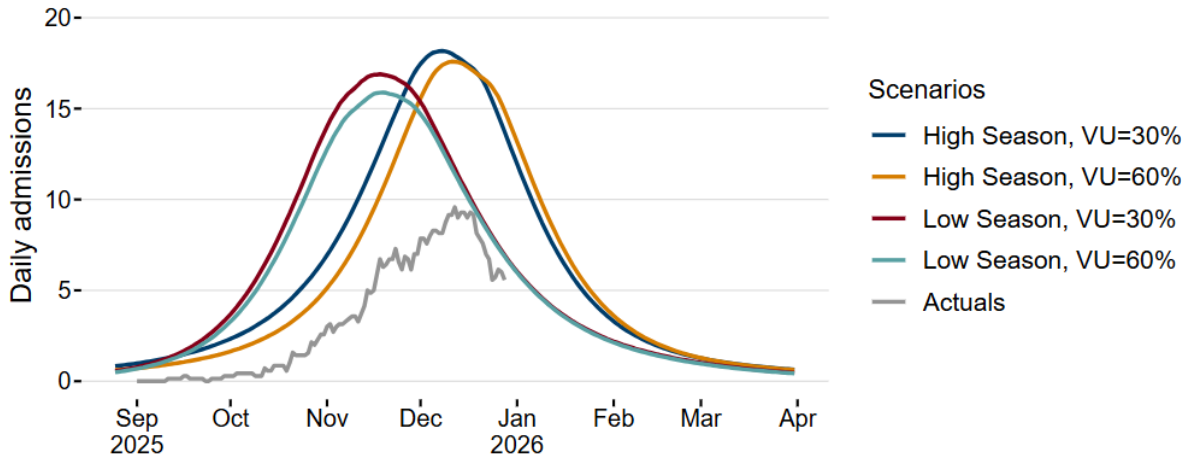
Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, actuals data until 28 December 2025 from PHW.

Notes: Scenarios repeat previous year's data from Digital Health and Care Wales. Includes ICD-10 codes U071, U072, U099, U109.

RSV

RSV admissions (ages 0-4 years) actuals are declining and are currently tracking below all Scenarios.

Figure 15: Daily RSV Winter 2025-26 paediatric (ages 0-4) admissions scenarios, modelling to 31 March 2026 (actuals data until 28 December 2025)

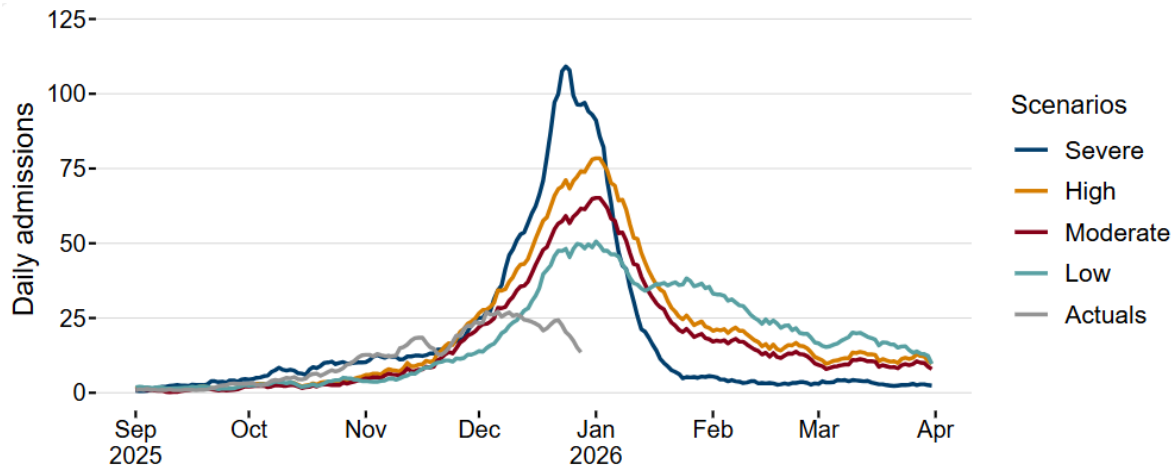


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, actuals data until 28 December 2025 from PHW.

Influenza

Influenza (flu) admissions actuals may have peaked and are currently tracking below the Low scenario.

Figure 16: Daily flu winter 2025-6 admissions scenarios, modelling to 31 March 2026 (actuals data until 28 December 2025)



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, actuals data until 28 December 2025 from PHW.

Technical Notes

The winter modelling used hospital admissions data from the Patient Episode Data for Wales (PEDW) dataset provided by Digital Health and Care Wales (DHCW). However, due to a lag in clinical coding and receiving PEDW data from DHCW, the ICNET admissions data provided by Public Health Wales (PHW) were used for the actuals. The data sources differ for a few reasons: the flu and RSV data from PHW includes lab-confirmed results only and includes inpatients only. The PEDW data from DHCW is based on International Classification of Diseases version 10 (ICD-10) codes.

Modelling scenario details:

- **COVID-19**: Data includes ICD-10 codes U071, U072, U099, U109. Two scenarios repeat recent year's data from Digital Health and Care Wales, and one is calculated by applying a statistical technique.

Names of COVID-19 scenarios and the statistical model applied

Scenario name	Technique
Severe	Repeat of 2023/2024 data
Moderate	Repeat of 2024/2025 data
Low	SARIMA

- **RSV**: Data includes ICD-10 codes J121, J205, J210, B974.

Names of RSV scenarios, model assumptions

Scenario name	Reference Season	Vaccine uptake (VU)
High season, VU= 30%	2022/23 winter	30%
High season, VU= 60%	2022/23 winter	60%
Low season, VU= 30%	2023/24 winter	30%
Low season, VU= 60%	2023/24 winter	60%

- **Flu**: Data includes ICD-10 codes J09X, J100 to J102, J110, J108, J111, J112, J118.

Names of influenza scenarios and the statistical models applied

Scenario name	Technique
Severe	Repeat of 2022/23 data
High	Repeat of 2024/25 data
Moderate	SARIMA
Low	ETS

D. Communicable Disease Situation Update (non-respiratory)

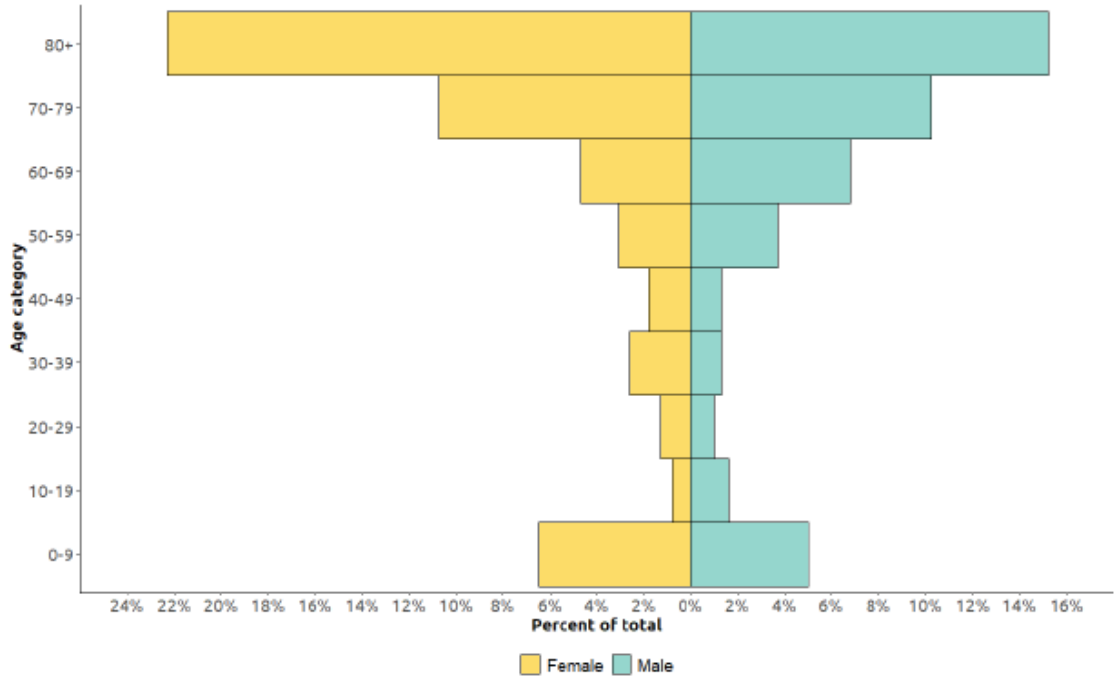
D.1 Norovirus

In the current reporting week (week 52 2025), a total of **39** Norovirus cases were reported in Welsh residents. This is *an increase* (8.3%) in reported cases compared to the previous reporting week (week 51 2025), when **36** Norovirus cases were reported.

In the last 12-week period (06/10/2025 to 28/12/2025) a total of **382** Norovirus cases were reported in Welsh residents. This is *a decrease* (-12.8%) in reported cases compared to the same 12-week period in the previous year (06/10/2024 to 28/12/2024) when **438** Norovirus cases were reported.

In the last 12 weeks (06/10/2025 to 28/12/2025) **206** (53.9%) Norovirus cases were female and **176** (46.1%) cases were male. The age groups with the most cases were the 80+ (143 cases) and 70-79 (80 cases) age groups.

Figure 17: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (06/10/2025 to 28/12/2025)



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 52 2025 (06/10/2025 to 28/12/2025).

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 (no update in the most recent week)

E.1 Updates on Avian Influenza in the UK (up to 4th January 2026)

4 January 2026

Following successful completion of disease control activities and surveillance in the zone around a premises near Hallow, Malvern Hills, Worcestershire (AIV 2025/94) the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone.

2 January 2026

Following successful completion of disease control activities and surveillance in the zone around a premises near Attleborough, Breckland, Norfolk (AIV 2025/91) the 3km protection zone has ended and the area that formed it becomes part of the 10km surveillance zone.

Following successful completion of disease control activities and surveillance in the zone around a premises near Welshpool, Powys in Wales (AIV 2025/95), the chief veterinary officer (CVO) for Wales has confirmed that the surveillance zone has ended. The part of the 10km surveillance zone extending into England has been revoked.

31 December 2025

Following further testing, highly pathogenic avian influenza (HPAI) H5N1 has been confirmed in a large commercial poultry unit at a premises near Newark-on-Trent, Newark and Sherwood, Nottinghamshire (AIV 2025/139, previously AIV SOS 2025/05).

The 3km temporary control zone A and 10km temporary control zone B have been revoked and replaced by a 3km protection zone and a 10km surveillance zone surrounding the premises.

Following successful completion of disease control activities and surveillance in the zone around a second premises near Thirsk, Thirsk and Malton, North Yorkshire (AIV 2025/93), the protection zone has ended and the surveillance zone has been revoked at the same time.

Following successful completion of disease control activities and surveillance in the zone around a premises near Welshpool, Powys in Wales (AIV 2025/95) the chief veterinary officer (CVO) for Wales has confirmed that the protection zone has ended and the area that formed it becomes part of the surveillance zone. Part of the 10km surveillance zone extends into England and remains in force.

30 December 2025

Highly pathogenic avian influenza (HPAI) was suspected in commercial poultry on 30 December 2025 at a premises near Newark-on-Trent, Newark and Sherwood, Nottinghamshire (AIV SOS 2025/05).

A 3km temporary control zone A and a 10km temporary control zone B have been declared around the premises. All poultry on the premises will be humanely culled.

Following successful completion of disease control activities and surveillance in the zone around a premises near Kirkham, Fylde, Lancashire (AIV 2025/89), the surveillance zone has been revoked.

29 December 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a flock of non-commercial captive birds near Bridgwater, Somerset (AIV 2025/138).

A 3km captive bird (monitoring) controlled zone has been declared around the premises. All affected birds on the premises will be humanely culled.

Following a review of the risk level of poultry exposure to HPAI H5, the risk to poultry with suboptimal biosecurity has been reduced from very high to high (event occurs very regularly) with medium uncertainty.

28 December 2025

Following successful completion of disease control activities and surveillance in the zone around a premises near Swineshead, Boston, Lincolnshire (AIV 2025/78), the surveillance zone has been revoked.

Following successful completion of disease control activities and surveillance in the zone near Donington, South Holland, Lincolnshire (AIV 2025/80), the surveillance zone has been revoked.

Following successful completion of disease control activities and surveillance in the zone around a premises near Kirkham, Fylde, Lancashire (AIV 2025/89), the protection zone has ended and the area that formed it becomes part of the surveillance zone.

27 December 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a large commercial poultry flock near Alvechurch, Bromsgrove, Worcestershire (AIV 2025/137). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

26 December 2025

Following further testing, highly pathogenic avian influenza (HPAI) H5N1 has been confirmed at a premises near Newark-on-Trent, Newark and Sherwood, Nottinghamshire (AIV 2025/136 previously AIV SOS 2025/04). The 3km temporary control zone A and 10km temporary control zone B have been revoked and replaced by a 3km protection zone and a 10km surveillance zone surrounding the premises. All poultry on the premises will be humanely culled.

Highly pathogenic avian influenza (HPAI) was suspected in commercial poultry on 26 December 2025 at a premises near Newark-on-Trent, Newark and Sherwood, Nottinghamshire (AIV SOS 2025/04).

A 3km temporary control zone A and a 10km temporary control zone B have been declared around the premises. All poultry on the premises will be humanely culled.

21 December 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed at a large commercial poultry flock near Market Rasen, West Lindsey, Lincolnshire (AIV 2025/131) on 21 December 2025.

A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

20 December 2025

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a backyard flock near Bicester, Cherwell, Oxfordshire (AIV 2025/129) on 20 December 2025.

A 3km captive bird (monitoring) controlled zone has been declared around the premises. All poultry on the premises will be humanely culled.

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed at a second large commercial poultry flock near Dereham, Breckland, Norfolk (AIV 2025/130) on 20 December 2025.

A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

E.2. Mpox clade Ib and clade IIb, UK (13 November)

There has been no further update regarding UK cases of Mpox clade Ib and clade IIb since the 13th of November 2025.

E.3. Seasonal surveillance of West Nile virus infection in the EU/EEA (last update: 10 December)

In 2025, and as of 10 December 2025, 14 countries in Europe have reported 1,112 locally acquired human cases of WNV infection. The earliest and latest date of onset were on 19 May 2025 and 27 October 2025, respectively. Locally acquired cases have been reported by Italy (779), Greece (96, one of which had an unknown place of infection), France (62), Serbia (62), Romania (49), Spain (36), Hungary (14), Croatia (4), Albania (3), Germany (2), North Macedonia (2), Bulgaria (1), Kosovo* (1) and Türkiye (1). In Europe, 97 deaths were reported. Case numbers reported this year were above the average for the past decade

(758). However, the figures remained lower than those seen in 2018, 2022, and 2024 – years when virus circulation was particularly intense, with over 1,300 cases reported.

This year, Italy experienced a large outbreak, with 779 confirmed human cases, including 72 fatalities (case fatality rate of 9.2%, which is within the expected range). This is the highest number of human WNV cases reported by Italy in a year. Most cases (267) were reported from the Lazio region (Latina, Roma and Frosinone), followed by 133 cases reported by the Campania region (Napoli, Caserta, Salerno and Avellino). Other regions reported similar numbers to previous years. Furthermore, France reported more cases than in any previous year and 14 regions reported cases for the first time ever.

As of 3 December 2025, locally acquired human cases of WNV infection were reported in 157 regions across 14 countries. This compares with 188 regions across 18 countries in 2024. All 14 countries had previously reported human cases of WNV.

*All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

E.4. Chikungunya virus disease (19 December)

Since the beginning of 2025, and as of 30 November (last day with available data), approximately 485 908 chikungunya virus disease (CHIKVD) cases and 229 CHIKVD-related deaths have been reported in 24 countries/territories.

Cases have been reported in the Americas, Africa, Asia, and Europe (France - mainland and outermost regions, i.e. Réunion and Mayotte - and Italy).

As further cases are unlikely, given the current unfavourable seasonal weather conditions for vector-borne transmission, ECDC is concluding its weekly reports for the 2025 season.

E.5. Ebola virus disease - Democratic Republic of the Congo - 2025 (Last update: 3 December)

On 1 December 2025, WHO published a Disease Outbreak News (DON) Item announcing the end of the Ebola virus disease outbreak in DRC. According to the DON, no new cases have been detected in the past 42 days, since the last confirmed case was discharged from treatment on 19 October 2025. The country is now beginning a 90- day period of enhanced disease surveillance.

On 19 October 2025, WHO announced that the last Ebola virus disease patient in DRC was discharged and initiated the 42-day countdown for declaring the outbreak over. A total of 19 patients recovered from the disease (29.7%) and the last case was reported on 26 September. All 1 735/1 787 (97.3%) contacts that were followed up, completed their monitoring.

E.6. Rift Valley fever in Senegal and Mauritania – 2025 (Last update: 21 November)

As of 20 November, 482 human cases (including 31 deaths) of Rift Valley fever (RVF) have been reported in Senegal.

Since 27 September 2025, and as of 9 November, 52 human cases (including 14 deaths) of RVF have been reported in Mauritania.

On 5 November, media quoting health officials reported one human case of RVF in The Gambia, close to the border with Senegal.

All three countries have reported outbreaks among livestock.

To date, no human-to-human transmission of RVF has been documented.

E.7. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases (Last update: 28 November)

On 25 November 2025, a fatal human case of avian influenza A(H5N1) virus infection was reported in an adult man from Chroy Changvar District in the autonomous municipality of Phnom Penh, Cambodia.

The infection was laboratory-confirmed on 24 November 2025, and the patient passed away the same day.

Since 2003, and as of 17 November 2025, a total of 993 confirmed human cases of A(H5N1) have been reported worldwide, including 476 deaths (case fatality rate (CFR): 48%). Of these, 90 cases were reported from Cambodia, including 52 deaths (CFR: 58%).

ECDC's risk assessment for A(H5N1) remains unchanged, overall, the risk related to zoonotic influenza for the general population in the EU/EEA is considered low.

E.8. Influenza A(H5N5) – Multi-country (World) – Monitoring human cases (Last update: 28 November)

The first human case of avian influenza A(H5N5) has been confirmed in Washington State, USA.

The case, an older adult with underlying conditions, was hospitalised in early November 2025 and died on 21 November 2025. The likely source of exposure is mixed backyard poultry that had contact with wild birds.

The US CDC assesses the risk of avian influenza A(H5) to the general public as low.

HPAI A(H5N5) has recently been circulating in wild birds in northern Europe, with occasional detections and outbreaks in wild mammals and domestic poultry.

The virus was identified as belonging to clade 2.3.4.4b, genotype A6/EA-2021-I, which has been detected in birds and mammals in North America. No markers associated with mammalian adaptations of significance were observed.

E.9. Marburg virus disease (MVD) - Ethiopia - 2025 (16 December)

Since 12 December 2025, there has been one additional confirmed case and one additional death of Marburg Virus Disease (MVD) reported in Ethiopia. Since the outbreak was confirmed on 14 November 2025 and as of 18 December 2025, 17 cases (14 laboratory confirmed and three probable) of Marburg Virus Disease (MVD) have been reported in Ethiopia, according to the Ministry of Health. A total of 12 deaths have been reported, nine of which were in laboratory-confirmed cases and three in probable cases (case fatality rate (CFR) among confirmed cases: 64.3%).

According to media quoting health officials, the deaths include two healthcare workers. As of 17 December, two areas have been affected across two regions; Jinka town, South Ethiopia Regional State and Hawassa City, Sidama Region. According to media quoting the Ethiopian Ministry of Health on 27 November, one of the cases was confirmed in Hawassa City, Sidama Region, after returning from Jinka town. Jinka town is considered to be the epicentre of the outbreak, according to Africa CDC.

Cases have presented with symptoms including sudden fever, muscle pain, severe fatigue, headache, diarrhoea, vomiting and, in later stages, unexplained bleeding. As of 18 December, a total of five cases have recovered and none are currently in treatment, according to the Ministry of HealthCases have presented with symptoms including sudden fever, muscle pain, severe fatigue, headache, diarrhoea, vomiting and, in later stages, unexplained bleeding. As of 4 December, a total of four cases have recovered and one is being treated, according to the Ministry of Health.

Cases have been reported in two regions; Jinka city, Omo Zone, South Ethiopia Regional State and Hawassa City, Sidama Region. Jinka city, is considered the epicentre of the outbreak, according to Africa CDC. According to media quoting the Ethiopian Ministry of Health on 27 November, one of the cases was confirmed in Hawassa City, Sidama Region, after returning from Jinka City.

On 14 November 2025, the Ministry of Health of Ethiopia confirmed an MVD outbreak in Jinka city, southern Ethiopia and reported that there were 17 suspected cases. Jinka is in south-west Ethiopia, which is close to the border with South Sudan and Kenya. Jinka is a small market town with about 30 000 inhabitants. It is also the capital of South Omo region and a tourist hub for the area. It is two days away from Addis Ababa. A small airport has recently been inaugurated there.

According to WHO, the virus strain shows similarities to those previously identified in East Africa.

The likelihood of exposure to MVD for EU/EEA citizens visiting or living in Ethiopia is assessed as low, with uncertainties connected to the limited epidemiological information available. The impact, assessed at population level, is low since the number of MVD cases in EU/EEA citizens in Ethiopia is expected to be very small. Therefore, the overall risk for EU/EEA citizens visiting or living in Ethiopia is low.

In the event of MVD cases being imported into the EU/EEA, we consider the likelihood of further transmission to be very low, and the associated impact low. Therefore, the overall risk for the EU/EEA is assessed as low.

E.10. Mers-CoV – France ex. Arabian Peninsula - 2025 (10 December)

Since the previous update on 3 November 2025, and as of 10 December 2025, two new imported MERS cases have been reported in France. The patients were part of the same travel group who visited the Arabian Peninsula. No secondary cases have been detected so far. The previous MERS cases in the EU were reported in 2014.

Summary: Since the beginning of 2025, and as of 10 December 2025, 14 MERS cases (including three fatalities) have been reported with date of onset in 2025. Among these, 12 cases (including three fatalities) have been reported in Saudi Arabia, and two imported cases have been reported in France.

Since April 2012, and as of 10 December 2025, a total of 2 642 cases of MERS, including 958 deaths, have been reported by health authorities worldwide