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

10th April 2026

gov.wales

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 14 2026, up to 05 April 2026)

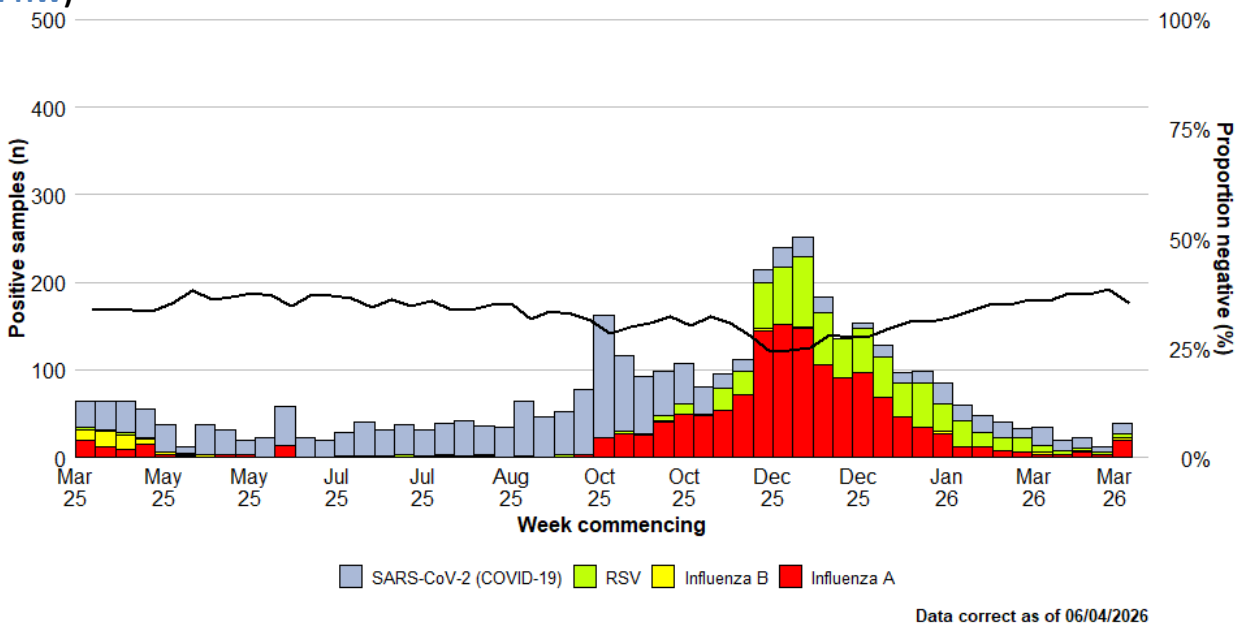
- COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **decreased**.
- Influenza in-patient cases and admissions have **increased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 14).
- Whooping Cough notifications were **unchanged** (data to 01/04/2026).
- Scarlet Fever notifications **decreased**.

B. Acute Respiratory Infections Situation Update

B1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **decreased** and the number of cases who were inpatients **decreased** in week 14 2026 (to 05 April 2026).
- As of 05 April 2026 (week 14), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 16 (19 in the previous week) and there were **67** in-patient cases of confirmed COVID-19, 3 of whom were in critical care compared to 81 and none in the previous week.
- Confirmed cases of positive tests decreased to 2.0 % in hospital and non-sentinel GP practices in the most recent week. Consultations with Sentinel GPs and Pharmacies for COVID-19 have increased.
- In the last six weeks, Omicron PQ.2* is the most frequently detected Pango lineage group in Wales currently, accounting for **21.5%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 14, 2025 to Week 14, 2026. (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 at national and Local Health Board levels. RSV STPs are also produced by age groups nationally. STPs project 2 weeks forward using current data covering 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.

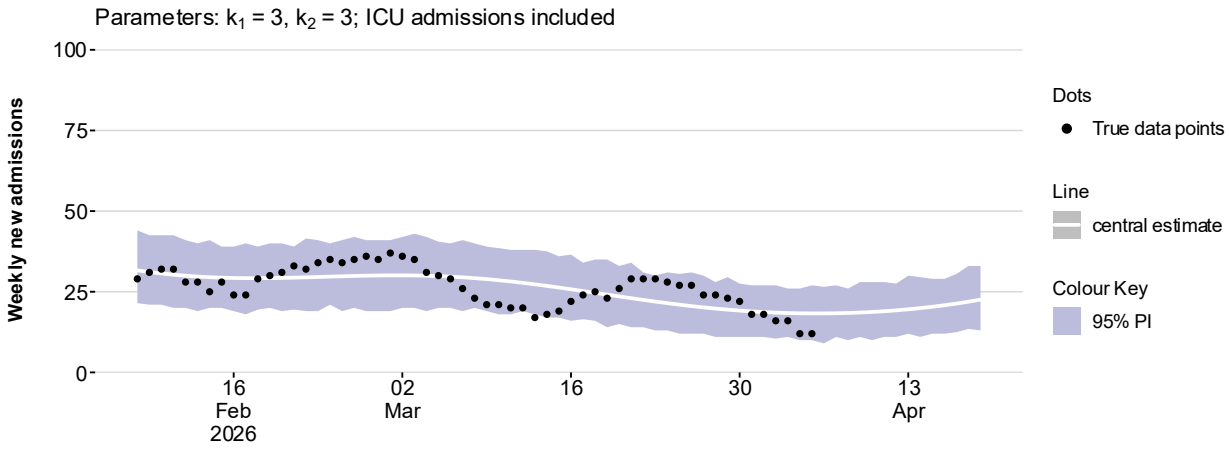
SRE previously reported on the trends of the central estimates. From December 2025, in line with PHW, the difference between the most recent observed data (7 day rolling sum) and the projected central estimate 2 weeks later is reported on.

STP computations use admissions data from PHW until **05 April 2026** to make short term projections for COVID-19 two weeks forward **(to 19 April 2026)**. The black or brown dots in the charts represent the most recent observed data (7 day rolling sum) 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 plateau over the next two-week period (Figure 2).

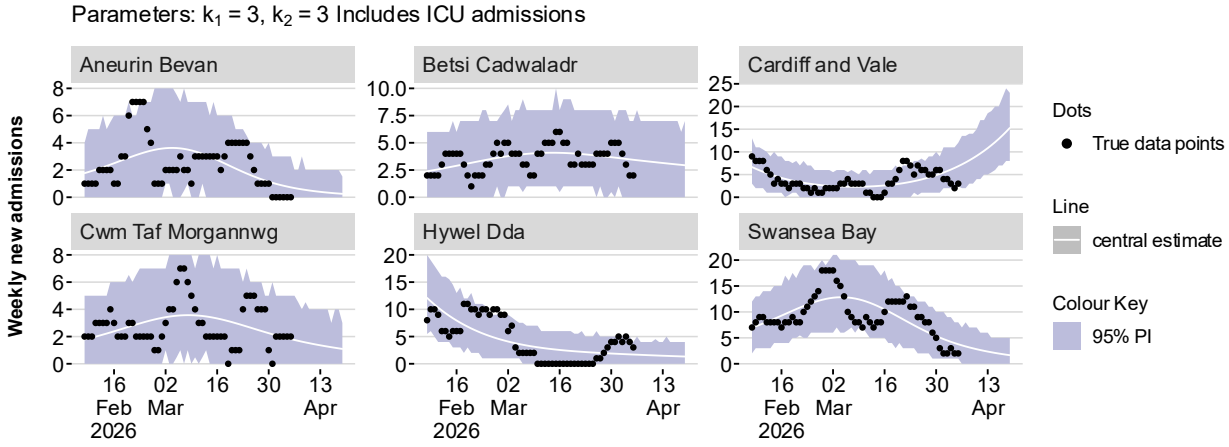
Figure 2: Short Term Projection for COVID-19 hospital admissions in Wales (data to 05 April 2026, projection to 19 April 2026)



Source: Public Health Wales

Figure 3 shows that COVID-19 admissions are projected to decrease or plateau in health boards in Wales except for Cardiff and Vale health board where an increase in admissions for COVID-19 is projected over the next two weeks.

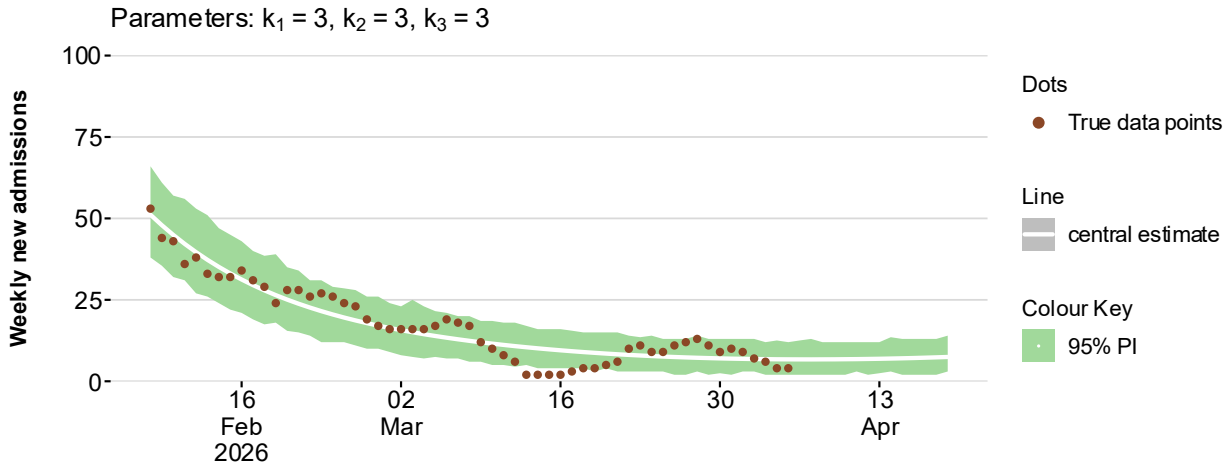
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 05 April 2026, projection to 19 April 2026)



Source: Public Health Wales

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

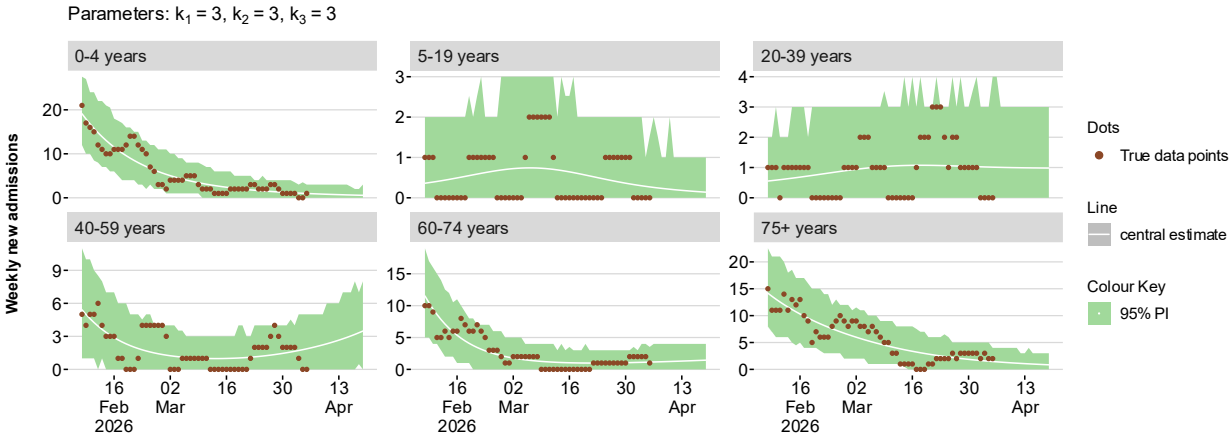
Figure 4: Short Term Projection for RSV hospital admissions in Wales (data to 05 April 2026, projection to 19 April 2026)



Source: Public Health Wales

Figure 5 shows that RSV admissions for age group 40-59 years is projected to increase over the next two weeks **(to 19 April 2026)**.

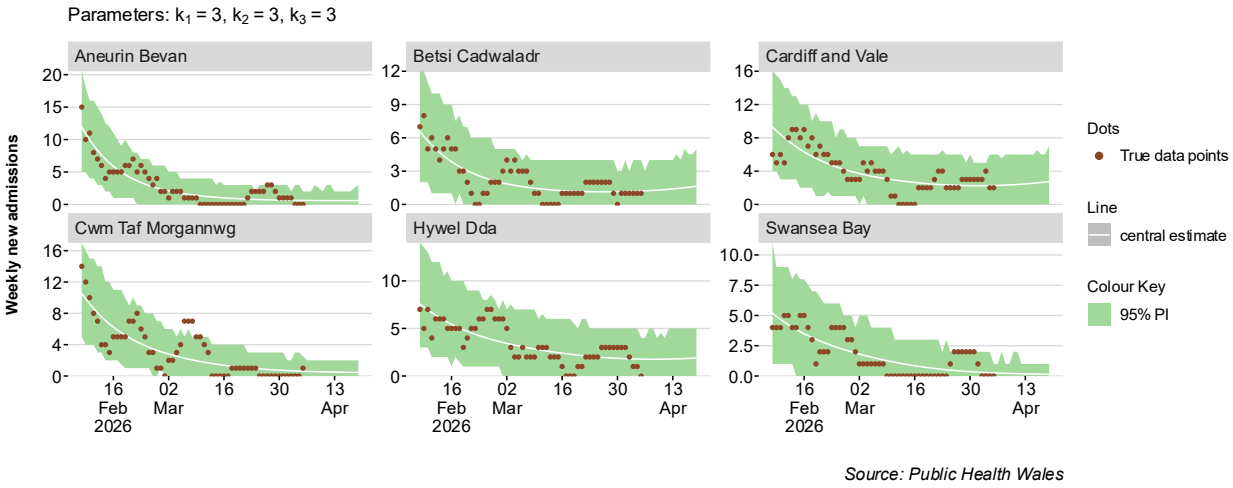
Figure 5: Short Term Projections for RSV hospital admissions in Wales by age groups (data to 05 April 2026, projection to 19 April 2026)



Source: Public Health Wales

Figure 6 shows that RSV admissions are projected to plateau in all health boards over the next two weeks **(to 19 April 2026)**.

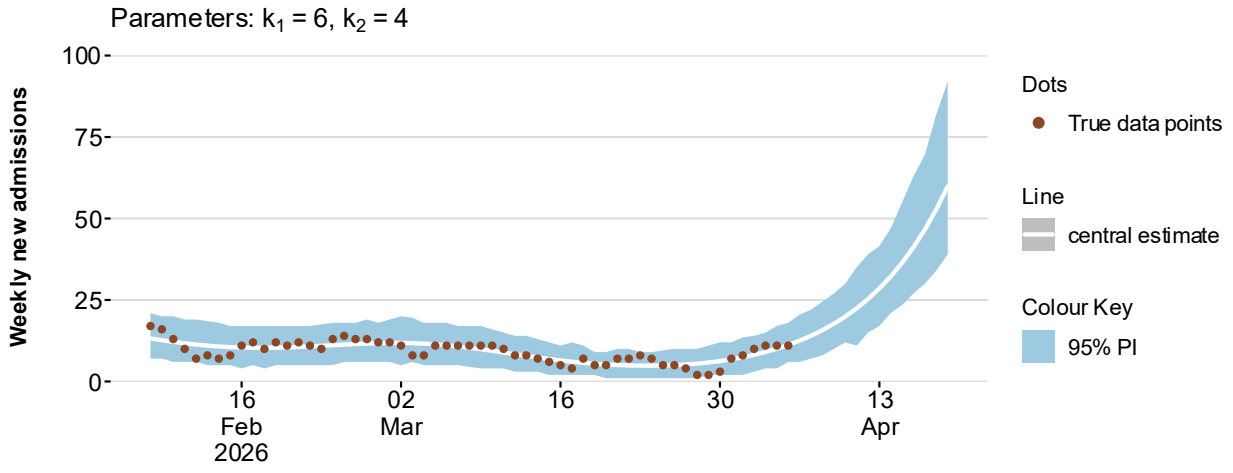
Figure 6: Short Term Projections for RSV hospital admissions in Wales Local Health Boards (data to 05 April 2026, projection to 19 April 2026)



Source: Public Health Wales

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

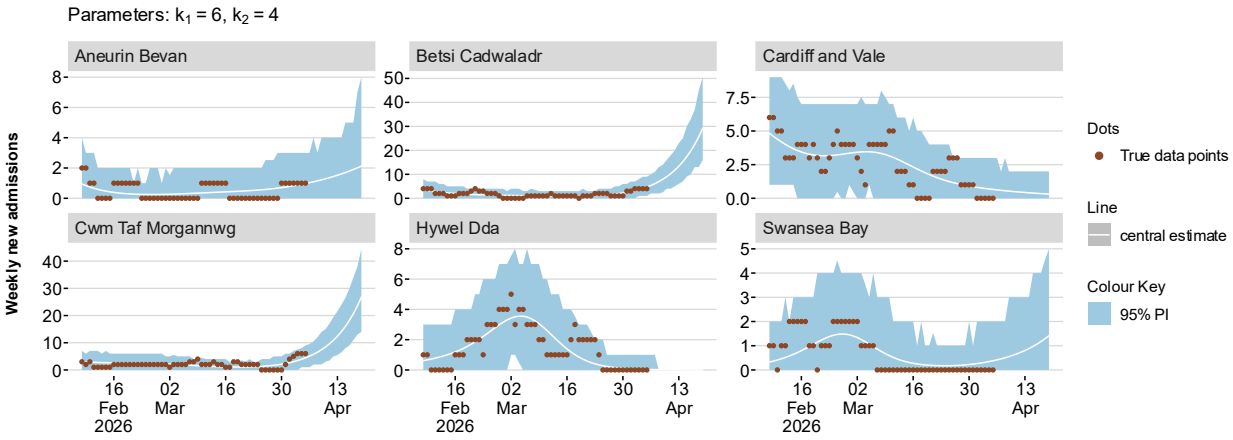
Figure 7: Short Term Projection for Influenza hospital admissions in Wales (data to 05 April 2026, projection to 19 April 2026)



Source: Public Health Wales

Figure 8 below shows that Influenza admissions are projected to increase in health boards boards in Wales over the next two weeks, other than Cardiff and Vale and Hywel Dda health boards.

Figure 8: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 05 April 2026, projection to 19 April 2026)

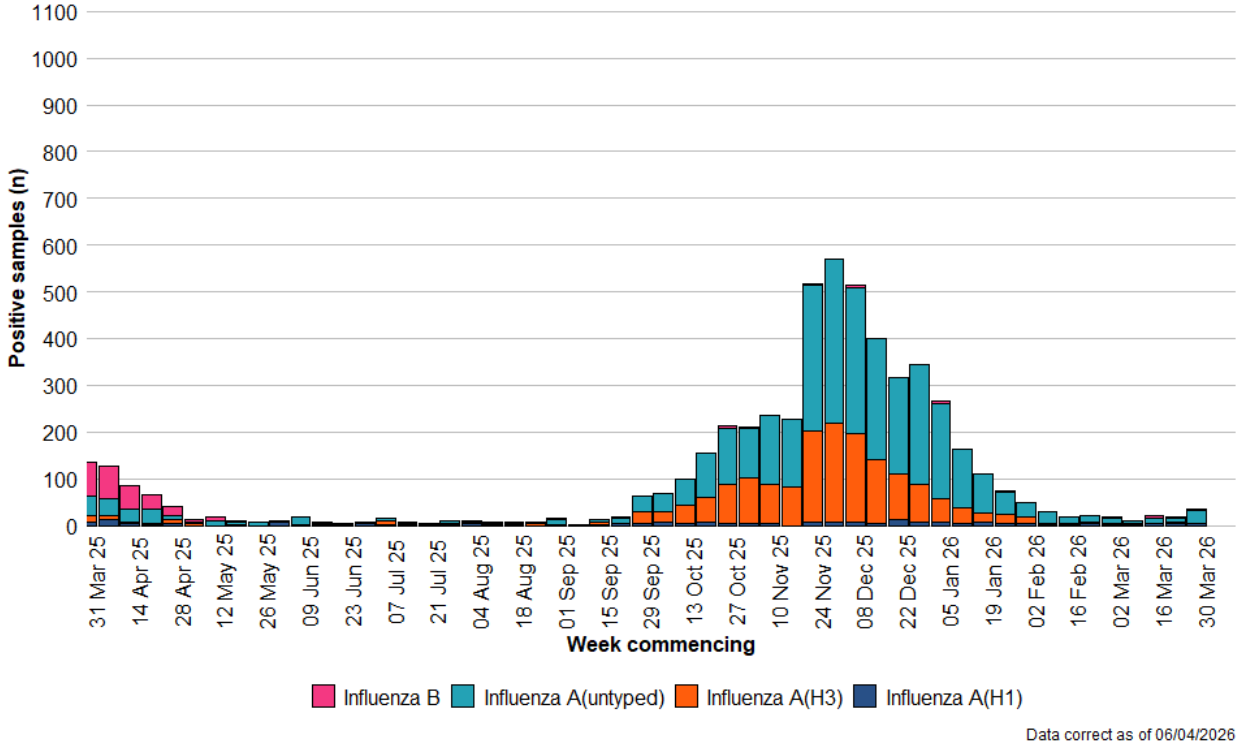


Source: Public Health Wales

B.2. Influenza Situation Update

- Overall, influenza activity is at baseline intensity levels though slightly increased compared to previous week. Test positivity remained stable and confirmed cases have increased in the most recent week compared to last week. 1 case of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week. Influenza A untyped is the most frequently detected influenza virus in Wales, accounting for the majority of cases.
- Confirmed cases of community acquired influenza admitted to hospital increased to **13** in the current week (**5** in the previous week). Test positivity remained stable at **2.0%**.
- There were **18** in-patient cases of confirmed influenza, **1** of whom was in critical care compared to **10** and **2** in the previous week.
- In week 14 2026, there was 1 influenza A(H3), 3 influenza A(H1N1), 27 influenza A untyped and 3 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 14, 2025 to Week 14, 2026 (source: PHW)



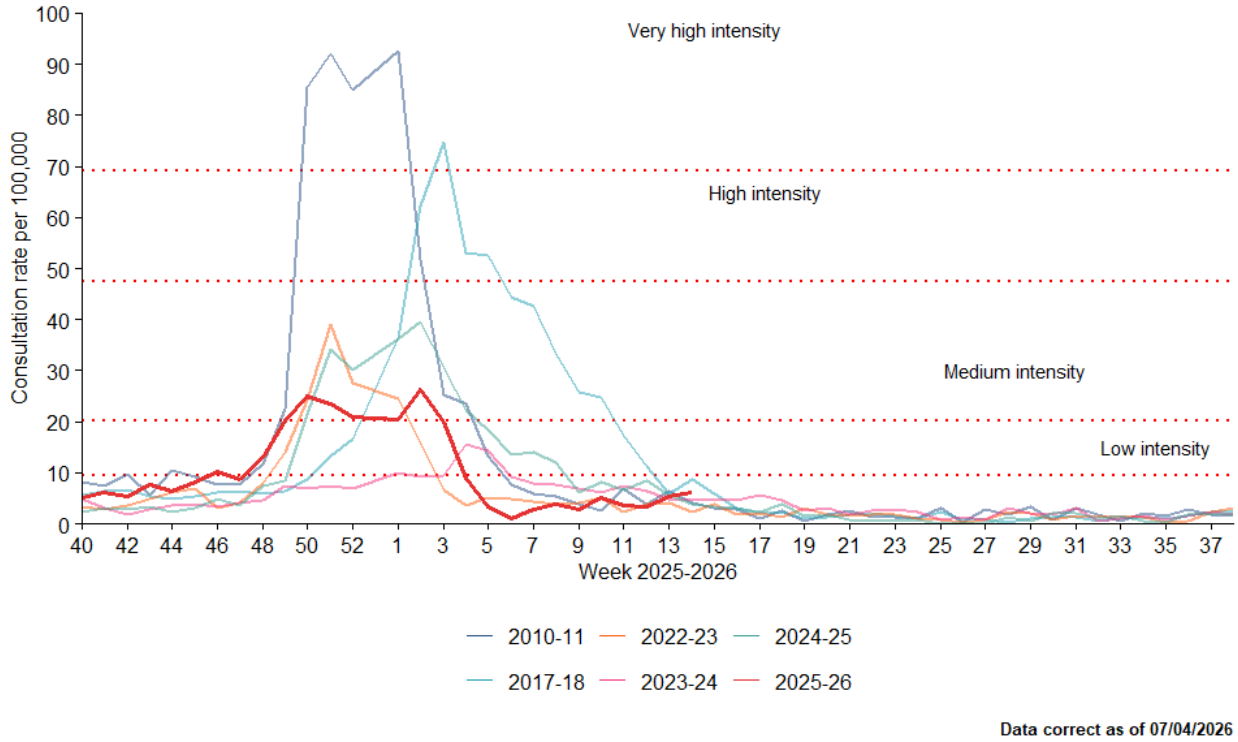
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline levels and the three-week trend has increased but remains low.

There were 6.1 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (5.5 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 11.2 ARI consultations per 100,000 practice population, an increase from 8.7 in the previous week. The highest rates were found in people aged under 1 year (948.2) followed by people aged 1 to 4 (896.4) and people aged 5 to 14 (210.9).

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)

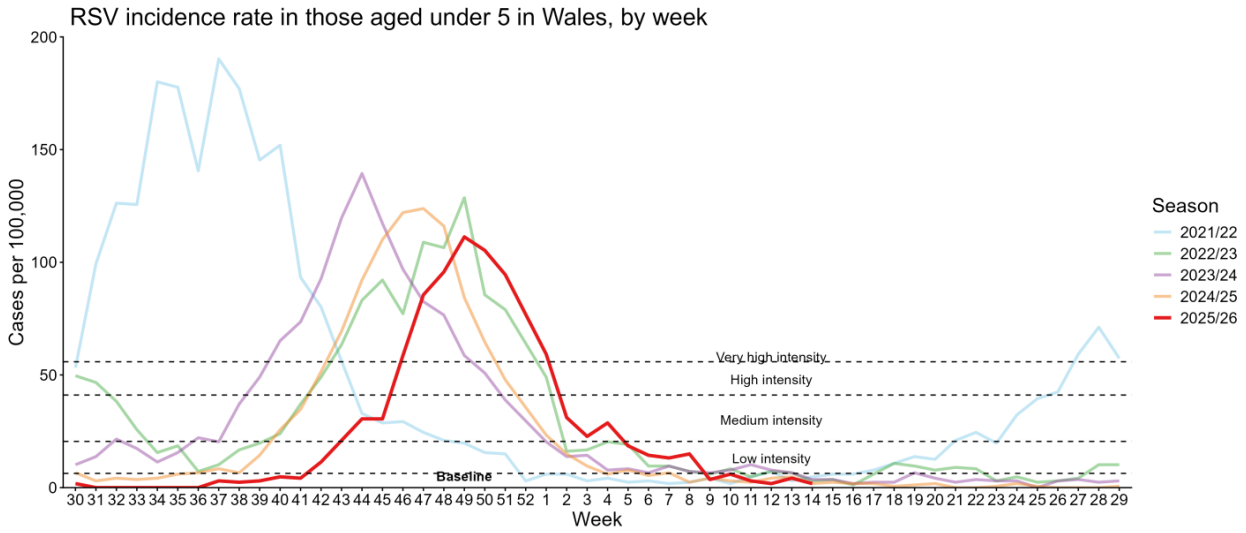


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital decreased to **7** during week 14.

RSV incidence per 100,000 in children aged up to 5 years **decreased** to **1.8** in week 14 (4.2 in the previous week) and is currently at baseline intensity levels. During week 14 there were **16** in-patient cases of confirmed RSV, **one** of whom was in critical care.

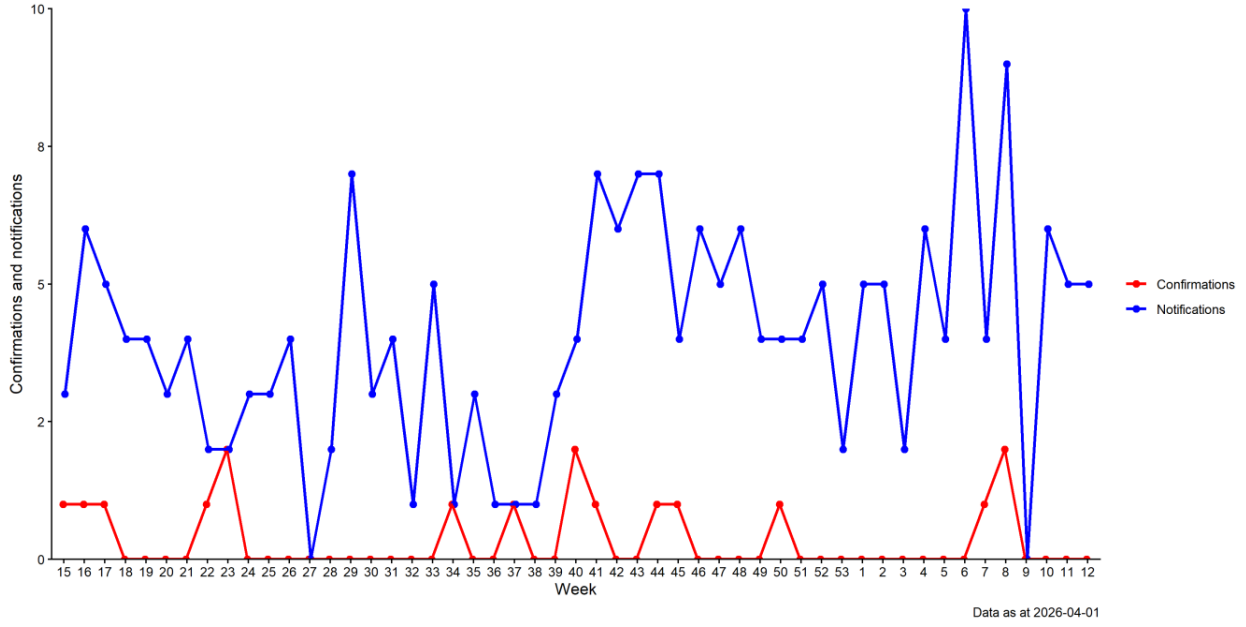
Figure 11: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 14 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 12 below shows that whooping cough notifications (data as at 29/03/2026) ***were unchanged***. Lab confirmations are at low levels (*Whooping cough is now reported on every two weeks*).

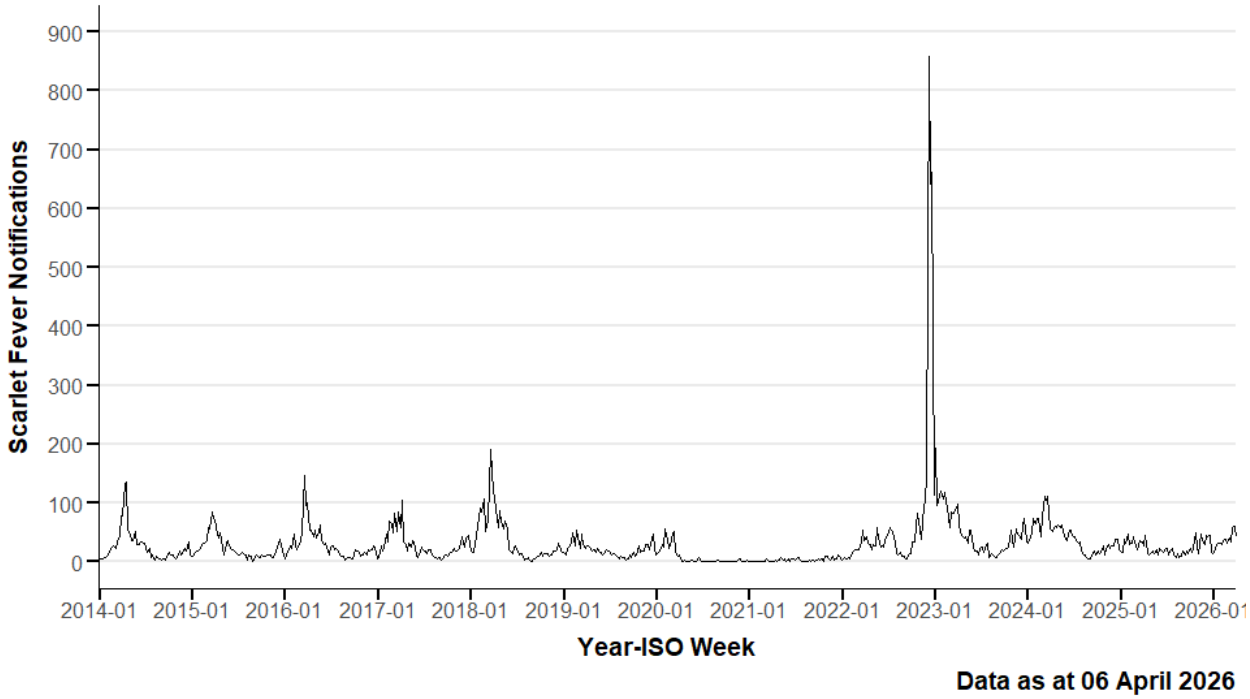
Figure 12: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications is currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **decreased** in the most recent 3-week average as shown in the figure below.

Figure 13: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2026, Wales (source: PHW)



B.6 Additional indicators

- The number of ambulance calls recorded referring to syndromic indicators decreased from **1,554** in the previous week to **1,490** in the latest reporting week.
- During Week 14, 2026, 1 ARI and 1 influenza outbreak were reported to the Public Health Wales Health Protection Team. Of these 1 was Rhinovirus and the other Influenza A. The incidents 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

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.

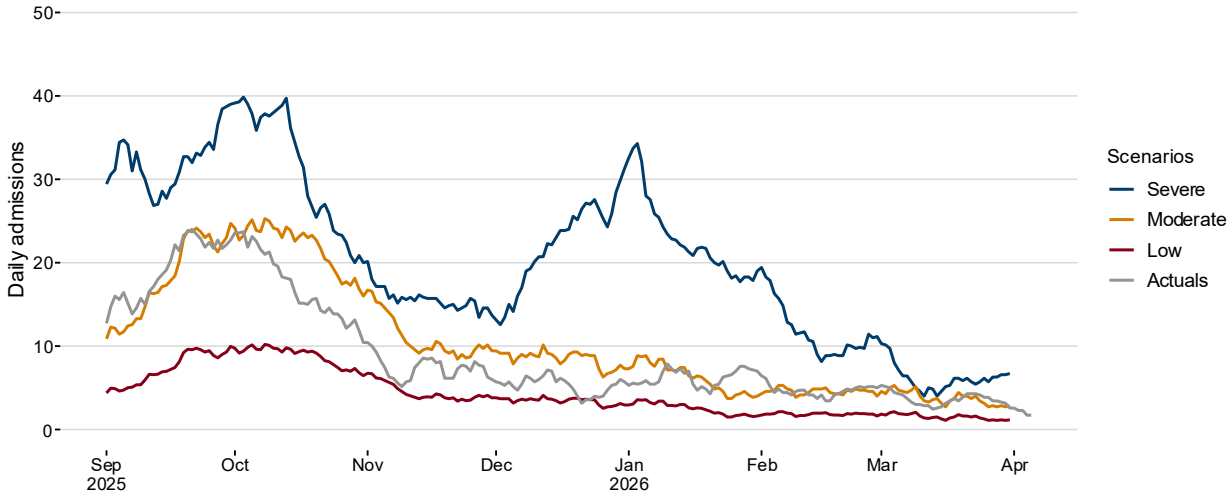
The charts that follow (Figures 14-16) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Research Evidence Winter Modelling** for details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

Note that modelling was an estimate of what might happen, not a prediction of what would happen.

COVID-19

COVID-19 admissions are decreasing. At the end of the scenarios (March 2026) they tracked closely with the Moderate scenario.

Figure 14 Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (most recent observed data (7 day rolling sum) until 05 April 2026)



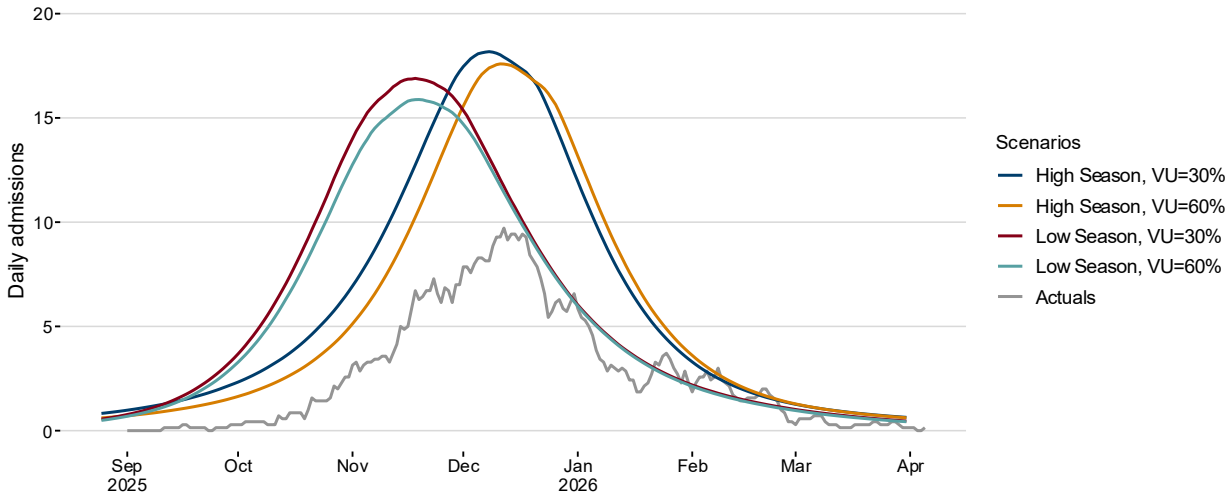
Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 05 April 2026 from PHW.

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 stable. At the end of the scenarios (March 2026) they tracked below all scenarios (all scenarios had converged).

Figure 15: Daily RSV Winter 2025-26 paediatric (ages 0-4) admissions scenarios, modelling to 31 March 2026 (most recently observed data (7 day rolling sum) until 05 April 2026)

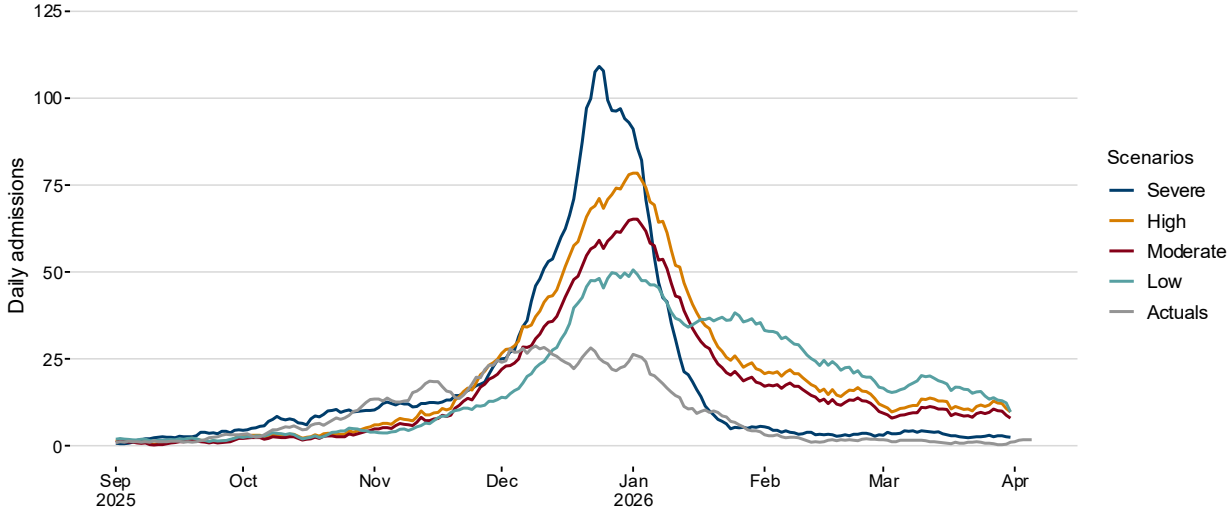


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 05 April 2026 from PHW.

Influenza

Influenza (flu) admissions actuals are stable. At the end of the scenarios (March 2026) they tracked below all scenarios.

Figure 16: Daily flu winter 2025-26 admissions scenarios, modelling to 31 March 2026 (most recently observed data (7 day rolling sum) until 05 April 2026)



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 05 April 2026 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)

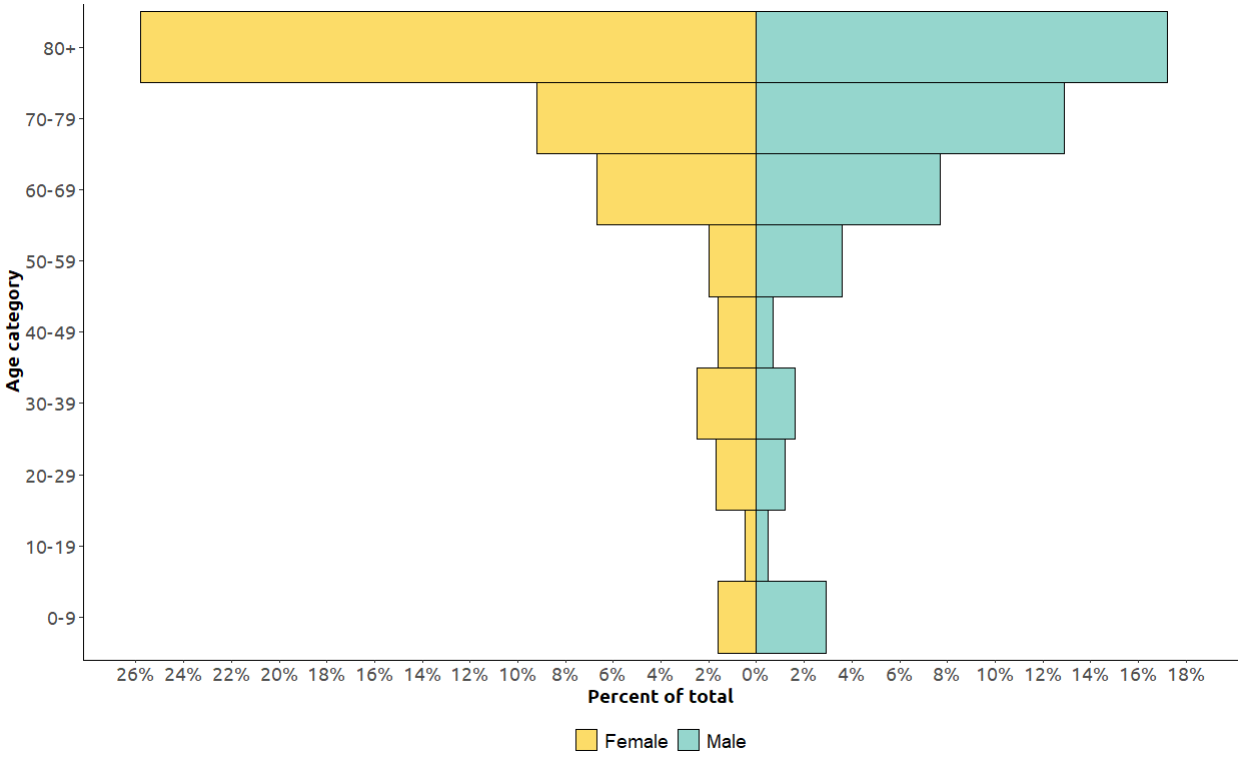
D.1 Norovirus

In the current reporting week (week 14 2026), a total of **64** Norovirus cases were reported in Welsh residents. This is a ***decrease*** (-12.3%) in reported cases compared to the previous reporting week (week 13 2026), when **73** Norovirus cases were reported.

In the last 12-week period (12/01/2026 to 05/04/2026) a total of **751** Norovirus cases were reported in Welsh residents. This is an ***increase*** (25.0%) in reported cases compared to the same 12-week period in the previous year (12/01/2025 to 05/04/2025) when **601** Norovirus cases were reported.

In the last 12 weeks (12/01/2026 to 05/04/2026) **388** (51.7%) Norovirus cases were female and **363** (48.3%) cases were male. The age groups with the most cases were the **80+** (**323** cases) and **70-79** years (**166** cases) age groups.

Figure 17: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (12/01/2026 to 05/04/2026)



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 14 2026 (12/01/2026 to 05/04/2026). 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

E.1. Updates on Avian Influenza in the UK (up to 9 April 2026)

9 April 2026: further update

Following successful completion of disease control activities and surveillance in zone around a premises near Pickering, Thirsk and Malton, Yorkshire (AIV 2026/15) the 10km surveillance zone has been revoked.

9 April 2026: AIPZ housing measures lifted

You can now let your birds outside again unless you're in a protection zone or captive bird (monitoring) controlled zone. Check what zone you're in.

You must continue to follow the mandatory biosecurity measures.

All bird flu cases and disease control zones

The first case of HPAI H5N1 of the 2025 to 2026 outbreak season was confirmed in:

England on 11 October 2025

Scotland on 12 November 2025

Wales on 25 October 2025

Northern Ireland on 9 October 2025

In line with World Organisation for Animal Health (WOAH) rules, the UK is no longer free from highly pathogenic avian influenza (bird flu).

Find details of all bird flu cases and disease zones in England.

2025 to 2026: summary of confirmed cases in the UK

	HPAI H5N1 cases	LPAI cases
England	75	1
Scotland	9	0
Wales	7	0
Northern Ireland	5	0
Total	96	1

2 April 2026: prepare to let birds outside again from 9 April

Mandatory housing measures for poultry and other captive birds will be lifted in England and Wales from 00:01am on Thursday 9 April 2026.

As birds may have been housed for several months, there is a 7 day notice period to give keepers time to prepare. Keepers should follow the guidance on preparing to let birds outside again, including cleansing and disinfecting hard surfaces, fencing off ponds or standing water and reintroducing wild bird deterrents.

Birds must still be housed if you are in a protection zone or captive bird (monitoring) controlled zone. All keepers must continue to follow strict biosecurity measures to prevent bird flu and stop it spreading.

The housing measures are being lifted because bird flu risk levels have reduced.

Mandatory biosecurity measures remain in place in England, Scotland and Wales.

31 March 2026

Following successful completion of disease control activities and surveillance in zone around a premises near Pickering, Thirsk and Malton, Yorkshire (AIV 2026/15) the 3km protection zone has ended and the area that formed it becomes part of the surveillance zone.

20 March 2026

Following successful completion of disease control activities and surveillance in the zone around a premises near Ancroft, Northumberland, Northumberland (AIV 2026/14) the 3km captive bird (monitoring) controlled zone has been revoked.

12 March 2026

Updated the section on bird gatherings to show that gatherings of columbiformes, passeriformes, psittaciformes and birds of prey are covered by the general licence. Apply for a specific licence for to hold a gathering of galliformes, anseriformes and ratites. Updated the risk levels for the risk of HPAI H5 in Great Britain in wild birds and poultry.

E.2. Cases of invasive meningococcal disease notified in Kent (2 April – no further updates)

Update 2 April

The latest information from The UK Health Security Agency up-to-date count of confirmed or probable notified cases states as of 12:30pm on 1 April 2026, UKHSA has been notified of 21 confirmed cases of invasive meningococcal disease with epidemiological links to Canterbury, Kent.

All of the 21 confirmed cases are meningococcal group B (MenB). 18 of these have the outbreak strain subtype P1.12-1,16-183.

All cases have been hospitalised. There have been 2 deaths since the start of the incident.

Case counts attached to the incident are provisional and subject to change (upwards or downwards) as intelligence about their connection to the incident improves, clinical assessment changes, or further microbiological characterisation becomes available. In outbreaks, case definitions are updated as new intelligence comes to light, which may affect the counts.

E.3. Dengue cases – EU/EEA ex. Maldives (27 March)

Since 2025, several EU/EEA countries have reported an increasing number of travel-associated cases of dengue virus disease linked to returning travellers from the Maldives. No unusual severity has been reported among the cases in the EU/EEA countries.

Since the beginning of 2026, and as of 23 March 2026, over 500 000 cases of dengue and over 100 dengue-related deaths had been reported globally, according to information from publicly available sources. This is a decrease compared to the same period in 2025.

In 2026, no cases have been reported in the EU/EEA excluding the outermost regions. Cases have been reported by Martinique, Guadeloupe, Reunion, and by French Guiana (French outermost regions)

The likelihood of onward transmission of dengue virus in mainland Europe following introduction by a viraemic traveller is currently considered low, as environmental conditions are not favourable for Aedes mosquito activity at this time of year. The current likelihood of dengue virus infection for travellers to the Maldives is moderate.

E.4. Influenza A(H5N1) – Multi-country (3 April)

On 31 March 2026, the Cambodian Ministry of Health reported a new human case of avian influenza A(H5N1) virus infection in a boy under five years old from Banteay Ampil District in Oddar Meanchey province. The child is currently isolated in hospital and is receiving treatment. Epidemiological investigations revealed that the patient had played with poultry and that there had been sick and dead poultry both in the household and in the village. On 29 March 2026, the National Institute of Public Health confirmed infection with avian influenza A(H5N1). No additional information is available at this time.

National and local authorities are actively investigating the event and implementing response measures. As part of the response, close contacts of the case have received antiviral prophylaxis (oseltamivir), and health education campaigns are ongoing in the affected villages. This is the third human case reported in Cambodia this year. The previous case (in a woman) was reported on 15 March 2026. Information about the virus clade has not been reported for the recent cases. Clade 2.3.2.1e has been circulating among birds in Cambodia and has been detected in infected humans in the recent past. Overall, since 2003, Cambodia has reported 93 cases, including 52 deaths (CFR: 56%)

E.5. Travel-associated chikungunya virus disease in EU/EEA countries imported from Seychelles (11 March)

Overview:

Since November 2025, more than 110 travel-related cases of chikungunya virus disease have been reported by 13 EU/EEA countries among travellers returning from Seychelles. This represents a marked increase compared with the earlier months of 2025, and no cases have been reported in preceding years. The emergence of chikungunya virus disease in the Seychelles aligns with a broader regional spread throughout the Indian Ocean. Notably, Réunion (France) experienced a major outbreak in 2025. According to local health authorities, chikungunya virus has become more prevalent in the Seychelles compared with other circulating arboviruses. For global epidemiological updates, see ECDC's dedicated chikungunya webpage.

ECDC assessment:

The current likelihood of chikungunya virus infection for travellers to Seychelles is high. Given that the peak travel period to Seychelles occurs between February and April, it is important to strengthen communication to travellers and travel medicine clinics regarding the ongoing outbreak and the need for reinforced preventive measures. Vaccination of travellers may be considered, based on national recommendations. The likelihood of onward transmission of chikungunya virus in mainland Europe following introduction by a viraemic traveller is currently considered unlikely, as environmental conditions are not favourable for Aedes mosquito activity at this time of year.

E.6. Serious adverse events to IXCHIQ chikungunya virus disease vaccine (20 March)

The current product information for the chikungunya vaccine Ixchiq (from Valneva) lists aseptic meningitis as a potential side effect following vaccination, particularly in males aged 65 years and above or individuals with chronic medical conditions, with an unknown frequency (meaning that the available data do not allow an estimation of how often the side effects occur). Following the identification of a young adult who developed aseptic meningitis post-vaccination, EMA completed a separate review of this safety signal. PRAC has recommended updating Ixchiq's product information to explicitly state that SAEs, such as aseptic meningitis, have also been observed in healthy young adults, and not only in older adults or those with comorbidities. PRAC is also conducting an evaluation of Ixchiq as part of a regular six-monthly periodic safety update report (PSUR, to conclude in June 2026) which will assess whether the new evidence on aseptic meningitis, or any other emerging safety information, has an impact on the balance of benefits and risks of Ixchiq.

E.7. Measles outbreak in Latvia 2026 (27 March)

Latvia reported its first measles outbreak since 2018. The index case of infection is in a 11-year old girl who developed rash on 6 March 2026 after attending an international public event in Riga on 21–22 February 2026, where exposure to a symptomatic traveller from abroad is reported. The case then travelled on 5 March from Riga to the United States via Istanbul.

As of 26 March 2026, a total of 28 measles cases have been identified in Latvia, including 27 laboratory-confirmed cases. In one case, the individual's parents refused to proceed with diagnostic testing. Of these, 19 are children and 9 are adults (7 vaccinated based on self-reported information, 1 fully vaccinated according to documentation, and 1 partially vaccinated according to documentation). Most confirmed paediatric cases are unvaccinated school contacts of the index case, with a few secondary household cases among their families. A large number of contacts (over 1,000 individuals) have been identified in the country and are under follow-up.

ECDC assessment: Measles cases are expected to continue increasing in the EU/EEA in the coming months due to sub optimal vaccination coverage for measles containing vaccines (MCV) in a number of EU/EEA countries, the high probability of importation from areas experiencing high circulation and the fact that the coming months represent the seasonal peak of the virus.

The risk from measles on the rest of the Europe remains unchanged, with moderate risk for infants <12 months, young children, and immunocompromised individuals, low–moderate risk for older unvaccinated persons and very low for immunized people.

E.8. Human case of avian influenza A(H9N2) - Italy (imported) - 2026 (27 March)

A human case of avian influenza A(H9N2) infection has been reported in the Lombardy region of Italy in a traveller returning from a non-European country where the virus has previously been identified in birds. This is the first human case of avian influenza A(H9N2) reported in the EU/EEA.

The patient has co-existing medical conditions and is currently in hospital isolation, receiving medical treatment. Italian public health authorities performed contact tracing to identify and control any possible onward transmission. Several epidemiological and microbiological investigations have been initiated.

ECDC assessment: Based on information shared by Italy's public health authorities and knowledge of the virus epidemiology, ECDC currently assesses the risk for the general population in the EU/EEA of influenza A(H9N2) related to this event as very low.

ECDC is in contact with authorities in Italy, is monitoring the situation closely, and will reassess the risk as more information becomes available.

E.9. Transmission of integrase inhibitor resistant HIV-1 – Multi country – 2026 (3 April)

Overview: On 4 March 2026, the Netherlands reported two patients with baseline resistance to all currently available integrase strand transfer inhibitors (INSTIs). Both individuals were diagnosed with HIV-1 subtype B in autumn 2025 and had no history of pre-exposure prophylaxis (PrEP) or antiretroviral treatment (ART).

The first patient was a heterosexual man from the Netherlands, who reported no sexual partners since 2022. No resistance mutations were detected in the reverse transcriptase or protease genes; however, mutations associated with INSTI resistance (G140S and Q148H) were identified in the integrase gene.

The second patient was a bisexual man from South America who had immigrated to the Netherlands. In this case, no resistance mutations were found in the protease gene, but several were identified in the reverse transcriptase gene (K101E, Y181C, H221Y), conferring resistance to non-nucleoside reverse transcriptase inhibitors (NNRTIs). Additionally, mutations associated with INSTI resistance (E138K and Q148K) were detected in the integrase gene. There was no evidence of an epidemiological link between the two cases, and phylogenetic analysis also showed no molecular linkage. There is no ongoing surveillance of HIV drug resistance at the EU-level.

As of March 2026, 33 treatment-naive patients without PrEP history were reported by Belgium, Denmark, France, Greece, Hungary, Lithuania, Luxembourg and the Netherlands with viruses carrying high-level or major INSTI resistance and varying NNRTI and NRTI resistance. Additional persons with low-level resistance were reported. Findings of resistance in treatment-naive patients are evidence of transmission of INSTI-resistant HIV, which has been historically rare.

Although the number of reported cases remains small, and there is currently no evidence of widespread transmission of INSTI-resistant viruses across the EU/EEA, the absence of epidemiological or molecular linkage between cases reported by countries suggests that these are likely isolated transmission events rather than large transmission clusters. Nevertheless, HIV transmitted drug resistance in the EU/EEA remains an important public health concern, particularly in the context of expanding ART options and the increasing use of INSTIs