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

12th June 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 23 2026, up to 07 June 2026)

- COVID-19 confirmed case admissions to hospital **remained stable**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **remained stable** at baseline levels.
- Influenza confirmed case admissions to hospital and inpatients have **remained stable**.
- Norovirus confirmed cases have **increased** in the most recent week (week 23).
- Whooping Cough notifications are at **baseline levels** in week 23.

Please note, from the 29th of April 2026 the SEA weekly surveillance report is now produced fortnightly until September 2026 and this is in line with Public Health Wales reporting.

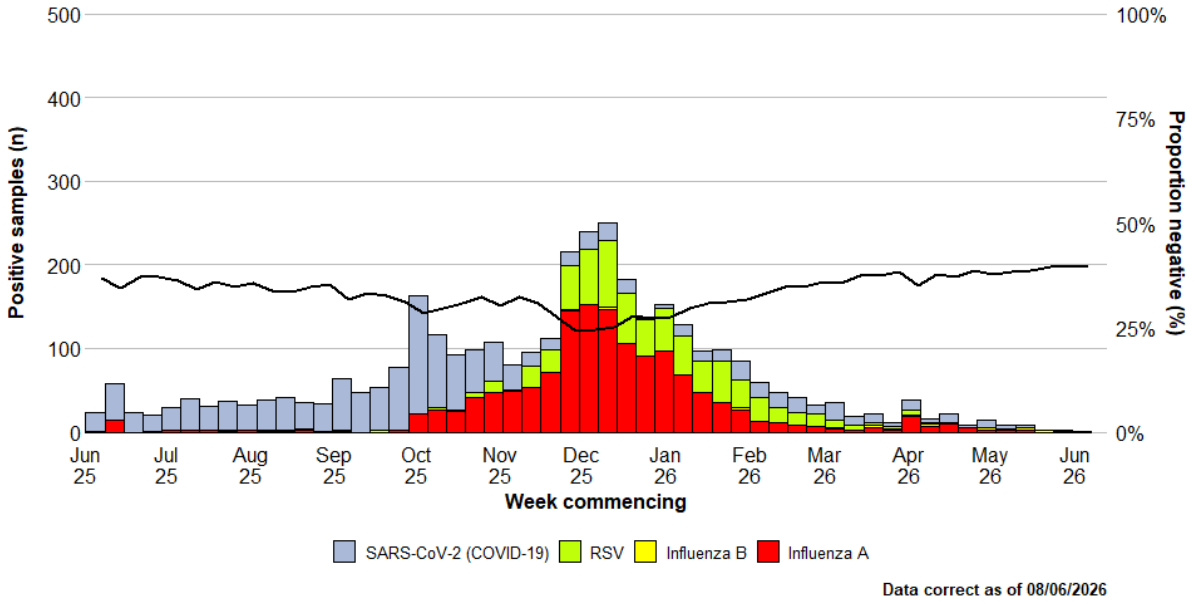
B. Acute Respiratory Infections Situation Update

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 23 2026 (to 07 June 2026).
- As of 07 June 2026 (week 23), the number of confirmed cases of community acquired COVID-19 admitted to hospital **remained stable** at 4 (4 two weeks ago) and there were **10** in-patient cases of confirmed COVID-19, **none** of whom was in critical care compared to 13 and none two weeks ago.
- Confirmed cases of positive tests remained stable at 1.1% in hospital and non-sentinel GP practices in the most recent week. Consultations with Sentinel GPs for COVID-19 remained stable in recent weeks.

- In the last six weeks, Omicron RE.2* is the most frequently detected Pango lineage group in Wales, accounting for **43.3%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 23, 2025 to Week 23, 2026. (source: PHW)



Short Term Projections (STPs)

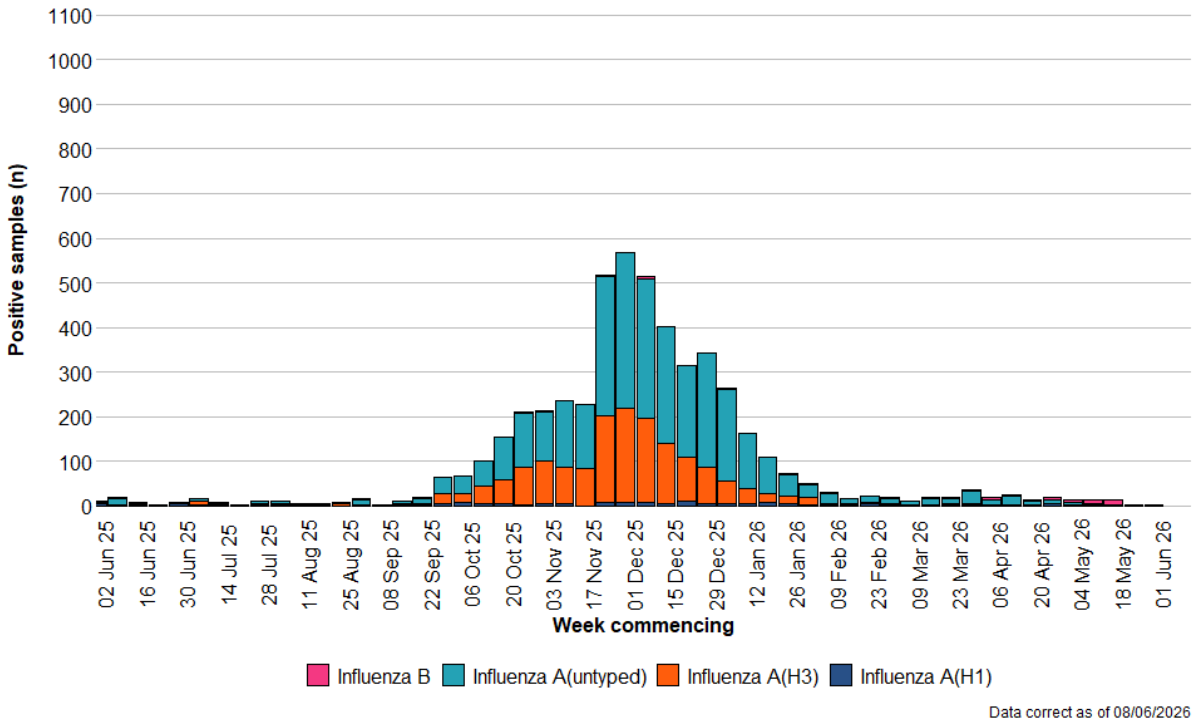
STPs will not be produced for RSV and Influenza during the summer period.

STPs will not be published for COVID-19 during the summer period unless we see an increase in infections.

B.2. Influenza Situation Update

- Overall, influenza is not currently circulating in Wales. Test positivity remained stable and confirmed cases have remained stable in the most recent week compared to two weeks ago. No cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week. Influenza A untyped is the most detected influenza virus in Wales.
- Confirmed cases of community acquired influenza admitted to hospital remained at zero in the current week (**1** two weeks ago). Test positivity remained stable at **0.1%**.
- There was **1** in-patient case of confirmed influenza, and **none** in critical care, the same as two weeks ago.
- In week 23 2026, there were 1 influenza A untyped and 1 influenza B. (Figure 2).

Figure 2: 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 23, 2025 to Week 23, 2026 (source: PHW)



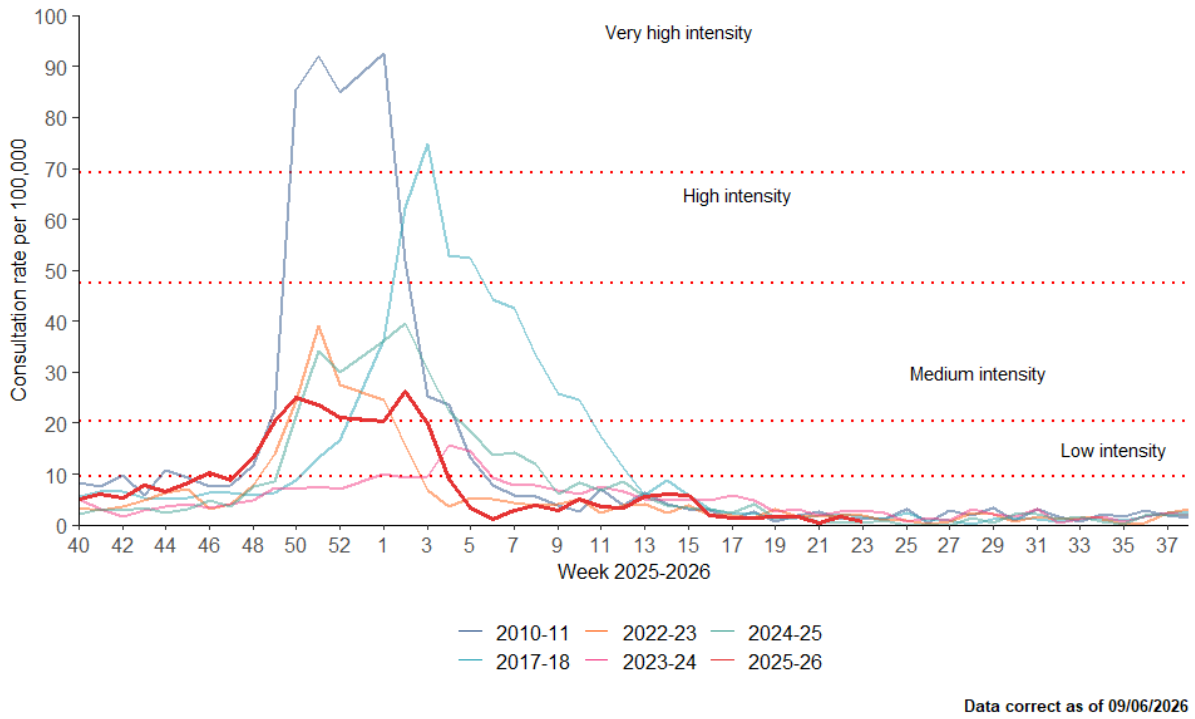
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is stable.

There were 0.7 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (1.5 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 2.6 ARI consultations per 100,000 practice population, an increase from 0.7 in the previous week. The highest rates were found in people aged under 1 year (509.3) followed by people aged 1 to 4 (398.2) and people aged 75+ (173.9)

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

Figure 3: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)

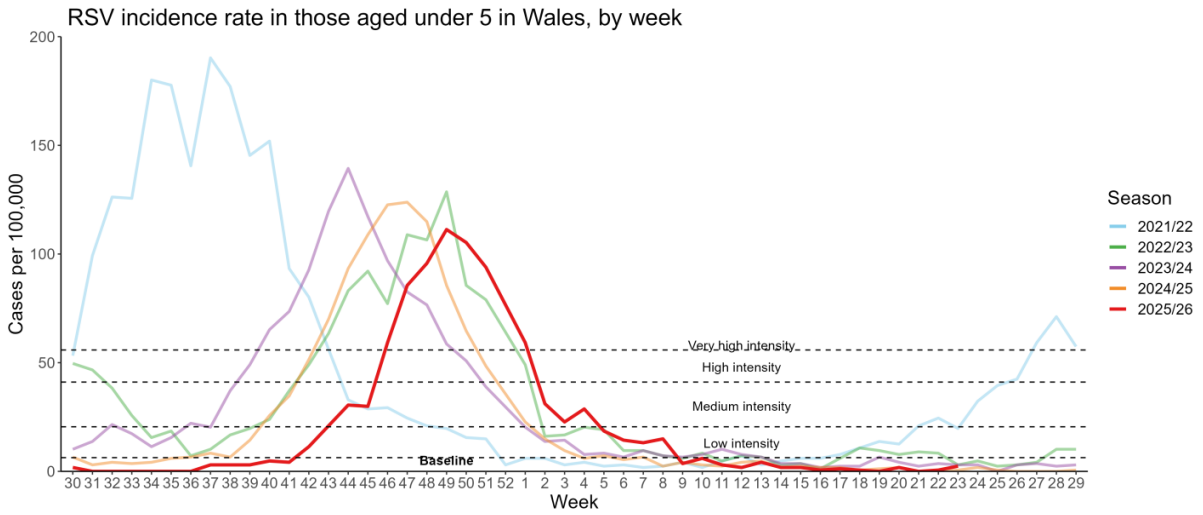


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to **2** during week 23.

RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels and remains stable. During week 23 there were **2** in-patient cases of confirmed RSV, and none were in critical care.

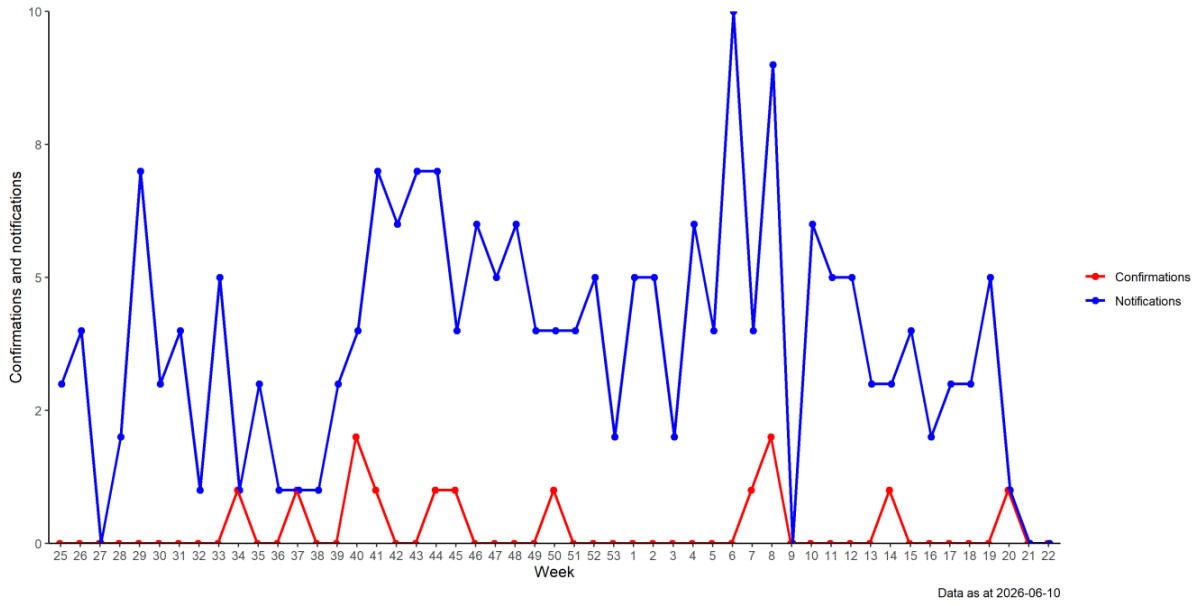
Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 23 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 5 below shows that whooping cough notifications (data as at 10/06/2026) ***remained at Baseline level***. Lab confirmations continue to be at very low levels (*Whooping cough is now reported on every two weeks*).

Figure 5: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

Please note that the Scarlet Fever and iGAS reporting from PHW has been stepped down for the summer and it will recommence in the Autumn.

B.6 Additional indicators

- The number of ambulance calls recorded referring to syndromic indicators decreased from **1,501** in the previous week to **1,460** in the latest reporting week.
- During Week 23, 2026, 1 ARI outbreak was reported to the Public Health Wales Health Protection Team. The incident was Rhinovirus & Enterovirus and was based in a Residential home.
- 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 published modelled scenarios for COVID-19, RSV and Influenza for Winter 2025-26. This used analysis of historical data and projected forward to estimate hospital demand throughout winter 2025/26, which contributed to winter planning for NHS Wales.

The modelled scenarios were produced from September 2025 until end of March 2026 and these can be found in previous surveillance reports along with the technical notes, Science Research Evidence: communicable disease surveillance reports | GOV.WALES.

Note that the modelling was an estimate of what may happen not a prediction of what would happen.

D. Communicable Disease Situation Update (non-respiratory)

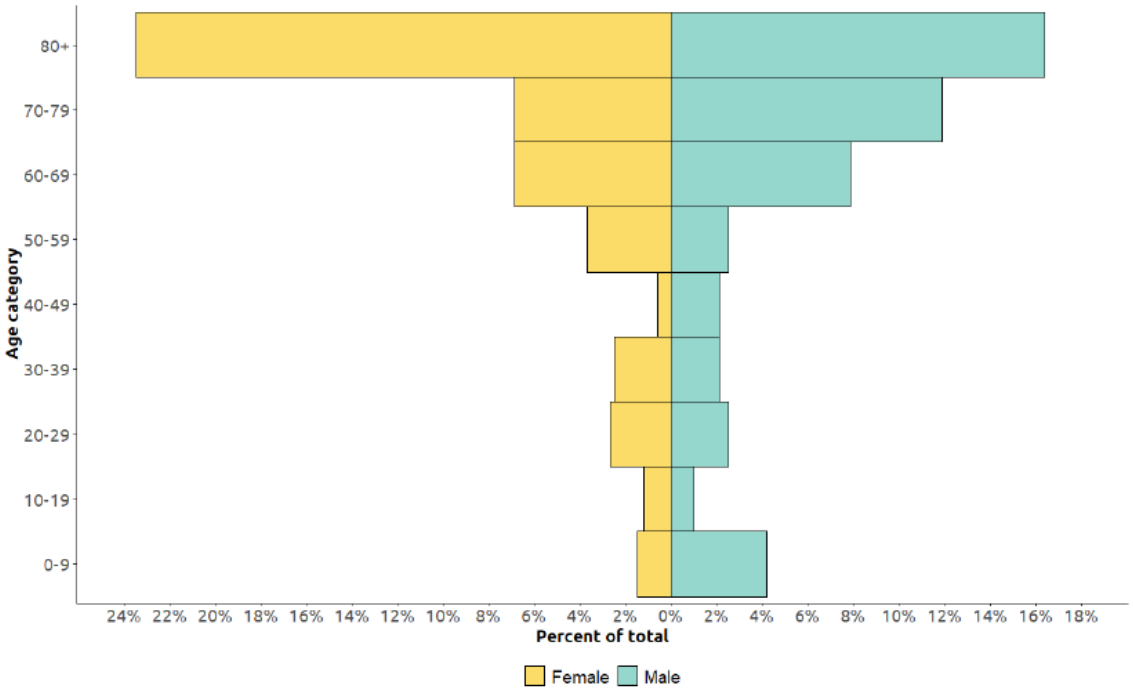
D.1 Norovirus

In the current reporting week (week 23 2026), a total of **32** Norovirus cases were reported in Welsh residents. This is an increase (39.1%) in reported cases compared to the previous reporting week (week 22 2026), when **23** Norovirus cases were reported.

In the last 12-week period (16/03/2026 to 07/06/2026) a total of **484** Norovirus cases were reported in Welsh residents. This is a decrease (-18.5%) in reported cases compared to the same 12-week period in the previous year (16/03/2025 to 07/06/2025) when **594** Norovirus cases were reported.

In the last 12 weeks (16/03/2026 to 07/06/2026) 238 (49.2%) Norovirus cases were female and 243 (50.2%) cases were male. The age groups with the most cases were the **80+** (192 cases) and **70-79** (90 cases) age groups.

Figure 7: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (16/03/2026 to 07/06/2026)



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 23 2026 (16/03/2026 to 07/06/2026). 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 20 May 2026)

4 June 2026

The avian influenza prevention zone (AIPZ) for poultry and captive birds in England, Wales and Scotland has been lifted from noon on 4 June 2026.

All bird keepers should continue to take steps to prevent bird flu and stop it spreading at all times and be vigilant for signs of disease.

20 May 2026

Following successful completion of disease control activities and surveillance in the zone around:

- a fourth premises near Gainsborough, West Lindsey, Lincolnshire (AIV 2026/17)
- a fifth premises near Gainsborough, West Lindsey, Lincolnshire (AIV 2026/19)

The 10km surveillance zone around each premises has been revoked.

19 May 2026

Following successful completion of disease control activities and surveillance in the zone around a second premises near Great Shelford, South Cambridgeshire, Cambridgeshire (AIV 2026/18) the 3km protection zone has ended and the 10km surveillance zone has been revoked.

15 May 2026

Following successful completion of disease control activities and surveillance in the zone around a second premises near Market Rasen, West Lindsey, Lincolnshire (AIV 2026/16) the surveillance zone has been revoked.

E.2. Ebola disease outbreak caused by Bundibugyo virus – Democratic Republic of the Congo and Uganda – 2026 (11 June)

As of 11 June 2026, the Ebola disease outbreak caused by Bundibugyo virus is affecting the Democratic Republic of the Congo (DRC) and Uganda.

On 10 June, the DRC Ministry of Health published updated figures, reporting a total of 635 confirmed cases, including 127 confirmed related deaths, and 260 individuals hospitalised in isolation (as of 9 June). Included in this report are 37 new confirmed cases and 12 new deaths since the last update on 10 June.

Ituri is the most affected province, with 600 confirmed cases from 18 health zones. Since the previous update, one new affected health zone (Tchomia) has been

reported in Ituri with two confirmed cases. In North Kivu, 32 confirmed cases have been reported from seven health zones and in South Kivu, three cases from one health zone. Data are continuously being reviewed and harmonised as samples from suspected Ebola cases go through the process of laboratory confirmation.

As of 10 June, Uganda had reported a total of 19 confirmed cases, including two deaths. The three most recent new cases were reported on 5 June and no new cases have been reported since. According to health officials, among the confirmed cases, five were associated with local transmission events and 14 had travel links to DRC. Of nine cases with known geographical information, eight were reported in Kampala and one in the neighbouring district of Wakiso.

Although information remains limited, the likelihood of infection for people living in the European Union/European Economic Area (EU/EEA) as very low.

E.3. Hantavirus disease outbreak on cruise ship - South Atlantic (13 May)

On 2 May 2026, the Netherlands informed ECDC about an outbreak of unknown aetiology on a cruise liner under the Dutch flag, the MV Hondius. The ship had been on a cruise in the Southern Atlantic after departing from Argentina on 1 April and was en route to Cabo Verde. The cruise followed an itinerary including stops on mainland Antarctica, South Georgia, Nightingale Island, Tristan da Cunha, St Helena, and Ascension Island with Cabo Verde as the next port of call.

As of 13 May 2026, no new cases or deaths have been reported. A repatriated asymptomatic passenger from the United States had inconclusive test results and has been reclassified as such pending additional laboratory tests. A second US citizen was reported who developed mild symptoms during evacuation and tested negative for the Andes virus.

The cruise ship MV Hondius arrived at the port of Granadilla, Tenerife on Sunday 24 May. Disembarkation of passengers and part of the crew was carried out and completed on 11 May. The passengers and crew members were transported to the airport and repatriated via evacuation flights throughout 10 and 11 May.

Evacuation was carried out from Tenerife to the following countries: Spain (14), France (5), Canada (4), the Netherlands (26), UK (22), Ireland (2), Turkey (3), and the US (17).

Preliminary analysis of genome sequences from some of the positive cases confirmed a high level of genetic similarity between isolates, likely indicating an initial zoonotic spillover event followed by human-to-human transmission. Further results from genomic sequences are pending.

Since the start of the outbreak and as of 12 May 2026, 11 cases (eight confirmed, two probable and one inconclusive) have been reported. Of these, three have passed away. Infection prevention measures, including use of personal protective equipment, isolation of

symptomatic individuals and social distancing, have been recommended. Further investigations are ongoing to identify a potential source of exposure.

Even if transmission of ANDV were to happen from passengers evacuated from the ship, ANDV does not transmit easily so it is unlikely that it would cause many cases or a widespread outbreak in the community, if infection prevention and control measures are applied. In addition, the natural reservoir for ANDV is not present in Europe, so introduction to the rodent population and potential rodent-to-human transmission in Europe is not expected. The risk to the general population in the EU/EEA from ANDV spreading from this cruise ship outbreak is very low.

E.4. Avian influenza A(H5N6) Multi-Country (13 May)

On 8 May 2026, one human case of human infection with avian influenza A(H5N6) virus was reported by WHO in the Avian Influenza Weekly Update Number 1044 (WHO Avian Influenza Weekly Update). The case was a female in her fifties from Chongqing Municipality, China. The person developed symptoms on 16 April. She was hospitalised on 23 April, after developing severe pneumonia, and died on 3 May. The case had exposure to live poultry, which she purchased, slaughtered and consumed prior symptoms onset. Samples collected from the cutting board were positive for A(H5) virus. None of the close contacts developed symptoms and all tested negative for influenza virus.

Since 2014, and as of 8 May 2026, a total of 94 laboratory-confirmed human cases of avian influenza A(H5N6), including 58 deaths (case fatality rate: 62.4%), have been reported from China (93) and Laos (1) to WHO. The majority of cases (>90%) reported exposure to domestic poultry.

E.5. Chikungunya virus disease – French Guiana, France – 2026 (1 May)

There is ongoing chikungunya virus circulation in French Guiana. Since January 2026, 143 confirmed autochthonous cases have been identified, with 33 cases in week 16 2026, compared with 15 cases the previous week. Most cases (n=115; 80%) were detected in Littoral ouest sector, located on the western side of French Guiana, near the border with Suriname. This sector has now entered the outbreak epidemic phase, the highest level, a level higher than the isolated clusters phase.

The Maroni, Savanes, and Ile de Cayenne sectors are in a phase of sporadic transmission, whereas the Intérieur, Intérieur Est, and Oyapock sectors remain in a surveillance phase, with no cases identified to date. All cases were confirmed by RT-PCR and the identified strain in French Guiana belongs to the ECSA genotype but lacks the E1-A226V mutation. It shows a close genetic relationship with recent sequences from Cuba and Brazil.

The last chikungunya virus disease outbreak in French Guiana occurred in 2014. During the 2014-2015 outbreak in French Guiana, more than 16 000 suspected cases and 500

hospitalisations were reported, resulting in an estimated chikungunya virus disease seroprevalence of 20% in 2017.

E.6. Human cases of swine influenza A(H1N2) variant virus infection (13 May)

On 8 May 2026, one new human infection with swine influenza A(H1N2) variant (v) virus was reported in the Weekly US Influenza Surveillance Report for week 17 (Weekly US Influenza Surveillance Report | CDC). The case was in a person under 18 years old who developed respiratory illness during the week ending on 4 April 2026. After their symptoms worsened, the person sought medical help during the week ending on 18 April 2026, but was not hospitalised, and has since recovered. Investigation by public health authorities did not find any direct or indirect contact with pigs. A close contact developed mild respiratory illness on the same day as the case, but there was no other human cases of A(H1N2)v infection associated with this event. This is the first case of A(H1N2)v infection reported in the US this year, and the second associated with the 2025-2026 season.

Overall, 34 cases of human A(H1N2)v infection have been reported globally since 2019, four of which were reported in the EU/EEA: Austria (2021), Denmark (2019), France (2021), and the Netherlands (2022). Outside the EU/EEA, cases have been reported in Brazil (3), Canada (3), Taiwan (3), the United Kingdom (1), the US (19), and mainland China (1).