Llywodraeth Cymru
Welsh Government

Yr Is-adran Gwyddoniaeth, Ymchwil a Thystiolaeth
Science Research Evidence Division
Y Grŵp Iechyd, Gofal ac Atal
Health, Care and Prevention Group

Weekly Surveillance Report

21 August 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 33 2026, up to 16 August 2026)

- COVID-19 confirmed case admissions to hospital **remained stable**.
- COVID-19 cases who are inpatients have **increased** slightly.
- RSV activity in children under 5 years has **increased** slightly.
- Influenza confirmed case admissions to hospital have **increased** and inpatients have **remained stable**.
- Norovirus confirmed cases have **remained stable** in the most recent week (week 33).

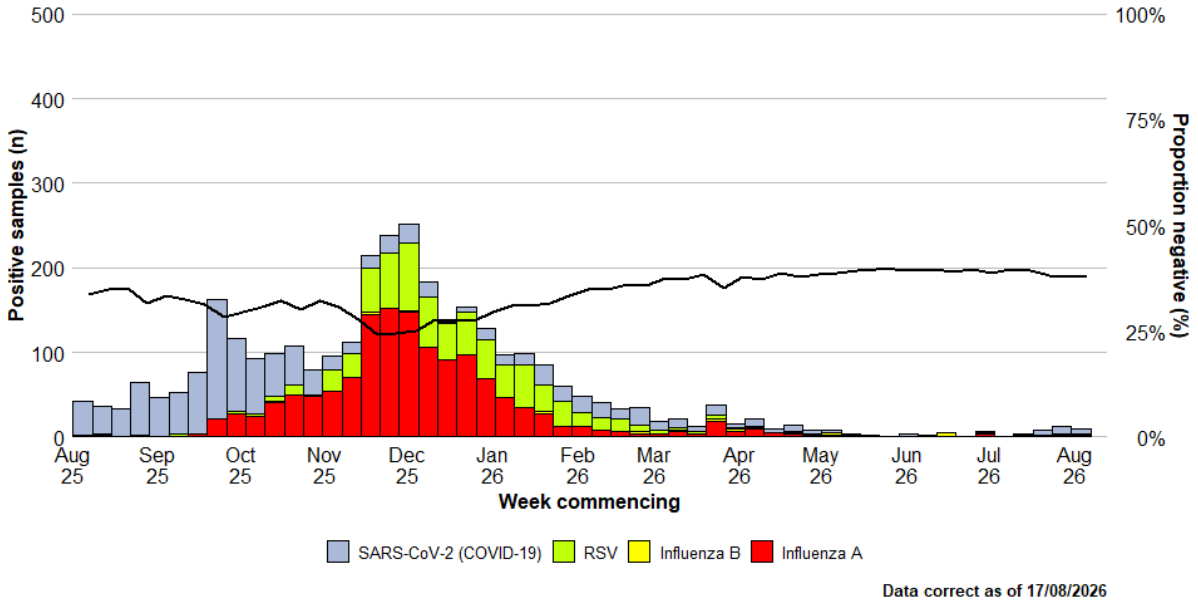
Please note, from the 29th of April 2026 the weekly surveillance report is now produced fortnightly until September 2026 and this is in line with Public Health Wales reporting.

B. Acute Respiratory Infections Situation Update

B.1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **remained stable** and the number of cases who were inpatients **increased** slightly in week 33 2026 (to 16 August 2026).
- As of 16 August 2026 (week 33), the number of confirmed cases of community acquired COVID-19 admitted to hospital **remained stable** (5 two weeks ago) and there were **30** in-patient cases of confirmed COVID-19, **none** of whom were in critical care compared to 8 and 6 two weeks ago.
- Confirmed cases of positive tests increased to 2.8% in hospital and non-sentinel GP practices in the most recent week. Consultations with Sentinel GPs for COVID-19 decreased in the most recent weeks.
- In the last six weeks, Omicron PQ.2* is the most frequently detected Pango lineage group in Wales currently, accounting for **36.8**% of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 33, 2025 to week 33, 2026. (source: PHW)



Short Term Projections (STPs)

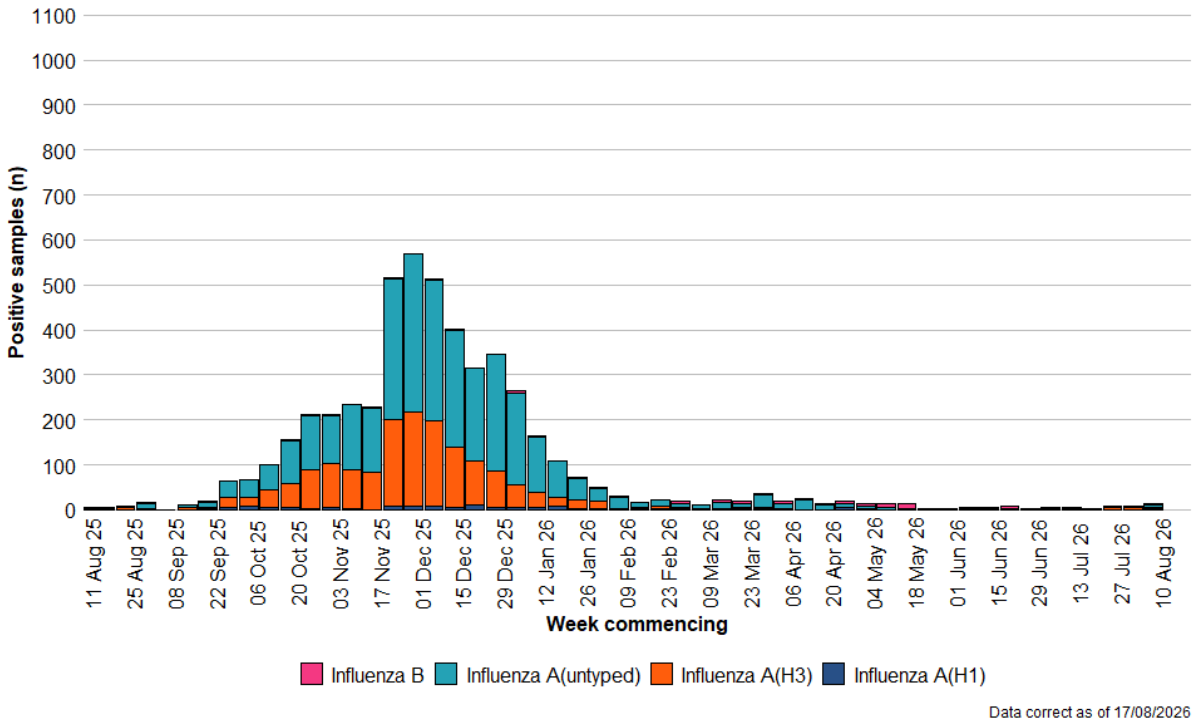
STPs will not be produced for RSV and Influenza during the summer period.

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. One case of influenza was 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 increased to **5** in the current week (**4** two weeks ago). Test positivity remained stable at **1.8%**.
- There was **1** in-patient case of confirmed influenza, and **none** in critical care, compared to 2 and none two weeks ago.
- In week 33 2026, there were 4 influenza A(H3), 2 influenza A(H1N1), 6 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 33, 2025 to week 33, 2026 (source: PHW)



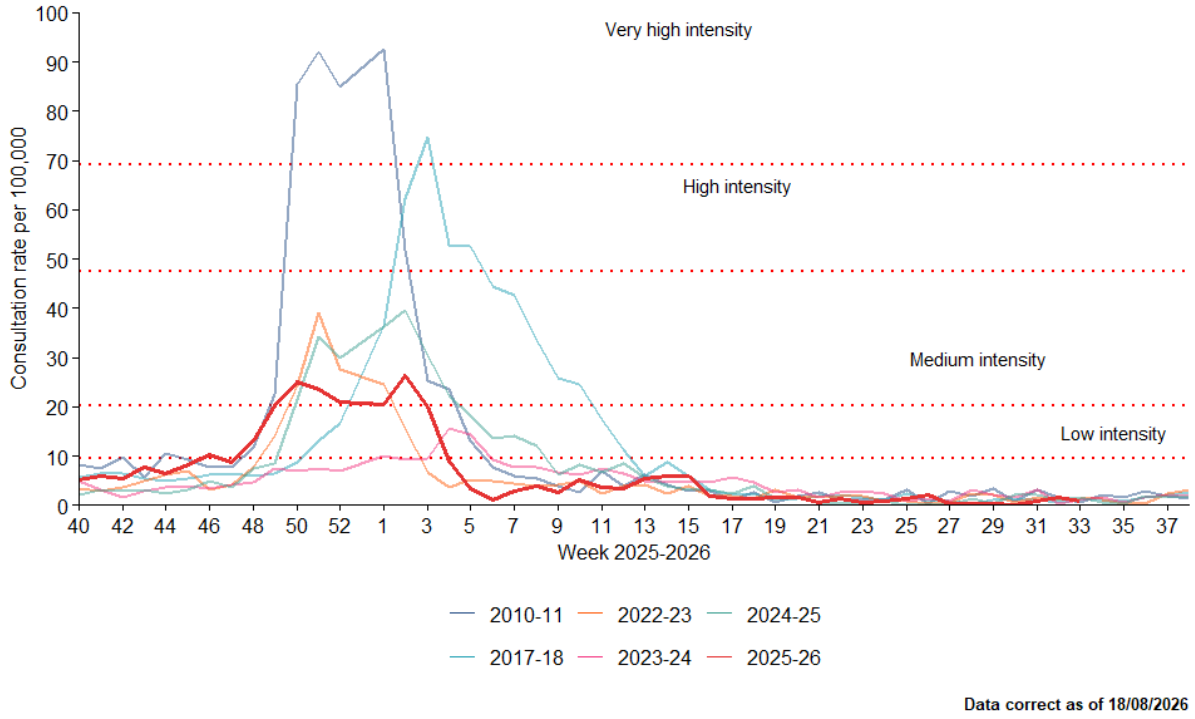
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline intensity and the three-week trend is variable.

There were 1.0 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 2.1 ARI consultations per 100,000 practice population, an increase from 1.7 in the previous week.

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

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

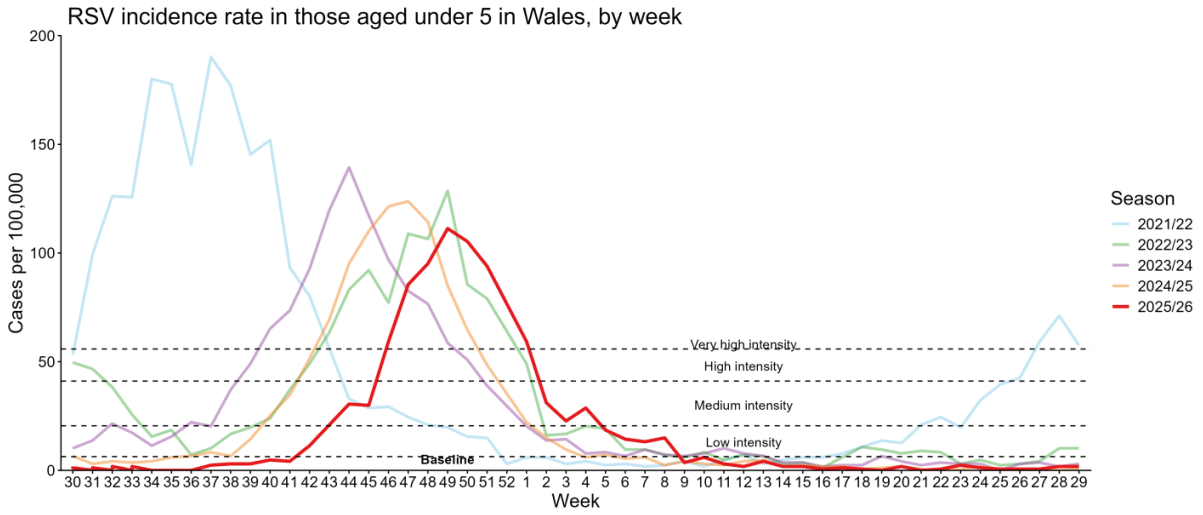


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to 2 week 33.

RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels and remains stable. During week 33 there was **1** in-patient cases of confirmed RSV but not in critical care.

Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 33 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Please note that Whooping cough will not be reported on during August 2026 and will recommence in September.

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 increased from 1,398 in the previous week to 1,430 in the latest reporting week.
- During week 33, 2026, **0** ARI outbreak were reported to the Public Health Wales Health Protection Team.
- 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)

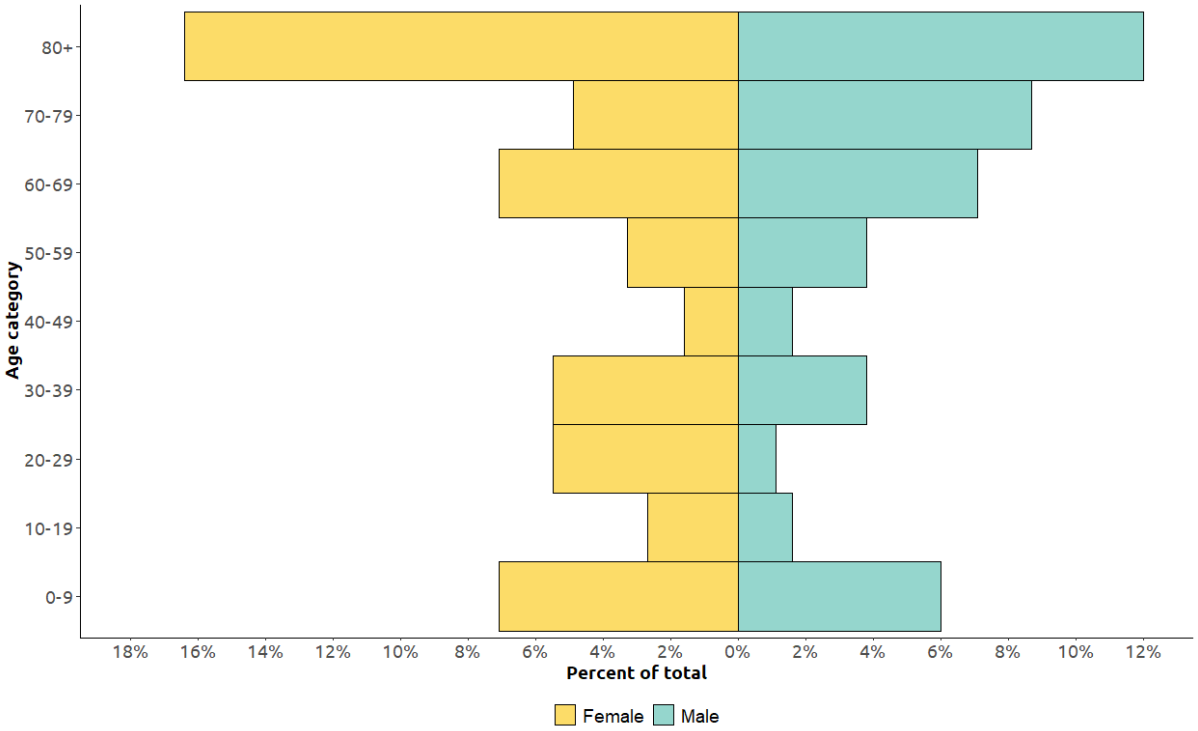
D.1. Norovirus

In the current reporting week (week 33 2026), a total of **6** Norovirus cases were reported in Welsh residents. This is the same number of reported cases as in the previous reporting week (week 32 2026).

In the last 12-week period (25/05/2026 to 16/08/2026) a total of **185** Norovirus cases were reported in Welsh residents. This is a decrease (-8.0%) in reported cases compared to the same 12-week period in the previous year (25/05/2025 to 16/08/2025) when **201** Norovirus cases were reported.

In the last 12 weeks (25/05/2026 to 16/08/2026) **99** (53.5%) Norovirus cases were female and **84** (45.4%) cases were male. The age groups with the most cases were the **80+** (52 cases) and **60-69** (26 cases) age groups.

Figure 6: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (week 33 to 16 August 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 33 2026 (25/05/2026 to 16/08/2026). 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. Ebola disease outbreak caused by Bundibugyo virus – Democratic Republic of the Congo and Uganda – 2026 (20 August)

On 19 August 2026, the Democratic Republic of the Congo (DRC) published a situation update reporting a total of 5 208 confirmed cases, including 2 476 related deaths (from data up until 18 August). A total of 730 patients are hospitalised in isolation. This represents an increase of 187 new confirmed cases and 98 deaths since the previous report on 18 August (reporting data up until 16 August). Among the individuals that tested positive for Bundibugyo virus, 1 115 have recovered. Overall, 56 of 151 health zones are currently affected across the six provinces. In total, 84% of identified case contacts are under follow-up in the affected provinces.

As of 28 July 2026, a total of 20 confirmed cases, including two deaths, have been reported by the Ministry of Health in Uganda. The last confirmed case was reported on 21 June and no new cases have been reported since then. On 16 July, Uganda discharged the last Ebola patient who had been receiving treatment at the Mulago National Referral Isolation Centre. On 28 July 2026, 12 days since the last case was discharged, the Uganda's Ministry of Health declared the end of the Ebola disease outbreak.

In May 2026, there was an imported case in a US citizen who was medically evacuated to Germany for treatment, and on 24 June 2026 a further imported case was reported in France by the Ministry of Health. Both cases were imported from areas affected by the ongoing outbreak in DRC. On 10 July 2026, the US CDC reported that a US citizen working for a humanitarian organisation in DRC had tested positive for Bundibugyo virus. The patient was medically evacuated to Germany on 13 July 2026.

Although there are still significant gaps in surveillance and epidemiology, the likelihood of infection for people living in the European Union/European Economic Area (EU/EEA) is considered to be very low. ECDC continues to monitor the situation closely and will update its assessment as new information becomes available.

E.2. Avian influenza A(H9N2) Multi-Country (31 July)

On 31 July 2026, four new laboratory-confirmed human cases of avian influenza A(H9N2) virus infection in China were reported in the Avian Influenza Weekly Update (Number 1055) published by WHO Western Pacific Region. The four cases, which were geographically distinct from each other, involved the following:

• A 72-year-old woman from Jiangxi Province with symptom onset on 5 July 2026;

• A 12-year-old boy from Jiangsu Province with symptom onset on 6 July 2026;

• A 3-year-old girl from Gansu Province with symptom onset on 11 July 2026;

• A 58-year-old woman from Yunnan Province with symptom onset on 13 July 2026.

Two cases had underlying chronic respiratory conditions and were hospitalised, while the other two cases had mild symptoms and did not require hospitalisation. All four cases made a full recovery. One case had direct exposure to live poultry, while the other three had potential exposure to live poultry stalls or wet markets.

Since 2015, a total of 174 laboratory-confirmed human cases of avian influenza A(H9N2) virus infection have been reported from China to WHO.

ECDC assessment:

Sporadic human infections with avian influenza A(H9N2) have been observed outside of the EU/EEA. One case has also been reported in the EU/EEA, with exposure history during travel outside of Europe. Direct contact with infected birds or contaminated environments is the most likely source of human infection with avian influenza viruses. In most cases, influenza A(H9N2) leads to mild clinical illness. To date, no clusters of human A(H9N2) infection have been reported. There is no evidence that the virus has acquired the ability for sustained transmission among humans. The risk related to zoonotic avian influenza (due to A(H9N2) viruses) for the general population in the EU/EEA is currently considered very low

E.3. Seasonal surveillance of West Nile Virus infections – 2026 (13 August)

Since the beginning of the 2026 transmission season, and as at 13 August, 77 areas affected by West Nile virus (WNV) have been identified in nine countries across Europe. These areas are located in Italy (40), Greece (13), Romania (12), France (four), North Macedonia (three), Spain (two), Germany (one), Kosovo (one) and Serbia (one). This week, 19 areas are reported as affected for the first time this season.

Throughout the season, ECDC will publish a weekly report with updates on risk areas for locally acquired WNV infections. A monthly report will also be published.

WNV infection in humans is a notifiable disease at EU level and cases should be reported by national public health authorities through the EpiPulse Cases platform according to the EU case definition. According to Commission Directives 2004/33/EC and 2014/110/EU on blood safety, blood establishments in EU/EEA countries should apply temporary deferral criteria for donors of allogeneic blood donation for 28 days after they have left a risk area for locally acquired WNV, unless an individual nucleic acid test (NAT) is negative.

WNV surveillance activities carried out by ECDC support the competent authorities responsible for blood safety in the implementation of these directives.

ECDC assessment: Seasonal weather conditions are currently favourable for mosquito-borne transmission; therefore, more cases are expected to occur in the coming weeks.

E.4. Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2026 (12 August)

Since the beginning of 2026, and as at 12 August 2026, only Spain has reported locally acquired cases (three cases) of Crimean-Congo haemorrhagic fever (CCHF) in Europe. In the past week, no new case of CCHF have been reported to ECDC.

Although the risk of contracting CCHF for the general population in the areas where the virus is known to be present in Spain is low, this risk increases for people undertaking outside activities that expose them to tick bites (e.g. hunting, forestry work, hiking, animal surveillance). As a general precaution against CCHF, but also against other tick-borne diseases, people who may potentially be exposed to ticks should apply personal protective measures (ECDC Protective Measures against ticks). In Spain, CCHF virus is transmitted to humans mainly by ticks of the genus Hyalomma. While Hyalomma lusitanicum plays a key role in virus maintenance and transmission dynamics, Hyalomma marginatum is generally considered to be the principal species involved in transmission to humans. Hyalomma marginatum is widely present in southern and eastern Europe and Hyalomma lusitanicum is present in parts of southern Europe.

More information on CCHF can be found in ECDC's factsheet. In December 2023, ECDC published a report on the spatial distribution of CCHF based on predicted ecological suitability.

E.5. Seasonal surveillance of chikungunya virus disease (12 August)

Overview: Since the beginning of 2026 and as at 12 August 2026, only France has reported locally acquired cases (15 cases) of chikungunya virus disease in Europe. In the past week, France reported eight new cases of locally acquired cases of chikungunya virus disease. Currently there are two active clusters.

Chikungunya is a mosquito-borne viral disease that is emerging in Europe, with locally acquired cases reported in several EU/EEA countries. In the light of this development, ECDC has implemented seasonal enhanced surveillance to monitor the occurrence of cases in the EU/EEA. The primary objective is to inform public health authorities and support the implementation of appropriate response measures. Chikungunya virus disease is a notifiable disease at the EU level and cases are reported in accordance with the EU case definition. Chikungunya virus disease cases – and their corresponding case numbers – have been reported to the European surveillance portal for infectious diseases (EpiPulse Cases). Please note that cases acquired in Portuguese and Spanish Outermost Regions are included. However, due to the distinct epidemiological situation and differences in surveillance systems, cases acquired in the French Outermost Regions are not included.