



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

18 September 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 37 2026, up to 13 September 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 confirmed case admissions to hospital have **remained stable** and inpatients have **increased**.
- Norovirus confirmed cases have **increased** in the most recent week (week 37).
- Scarlet Fever notifications are stable at **baseline levels** in the most recent week, (week 37).

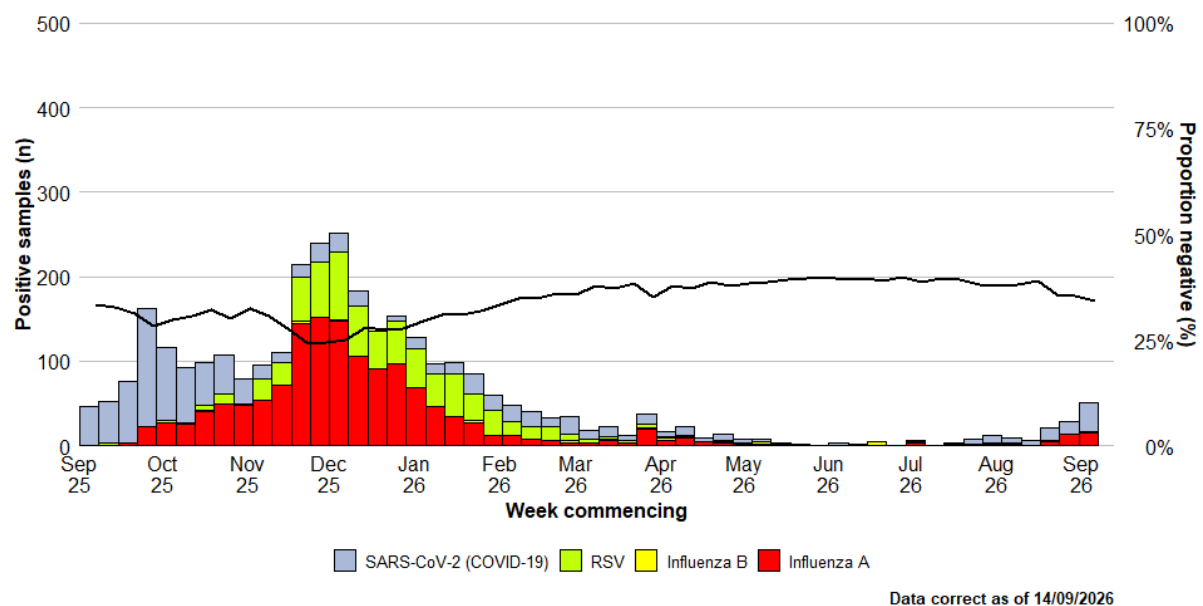
B. Acute Respiratory Infections Situation Update

B.1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **decreased** and the number of cases who were inpatients **decreased** in week 37 2026 (to 13 September 2026).
- As of 13 September 2026 (week 37), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 1 and there were **4** in-patient cases of confirmed COVID-19, **none** of whom were in critical care compared to 23 and 0 two weeks ago.
- Confirmed cases of positive tests increased to 6.5% 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 37, 2025 to week 37, 2026. (source: PHW)



Short Term Projections (STPs)

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

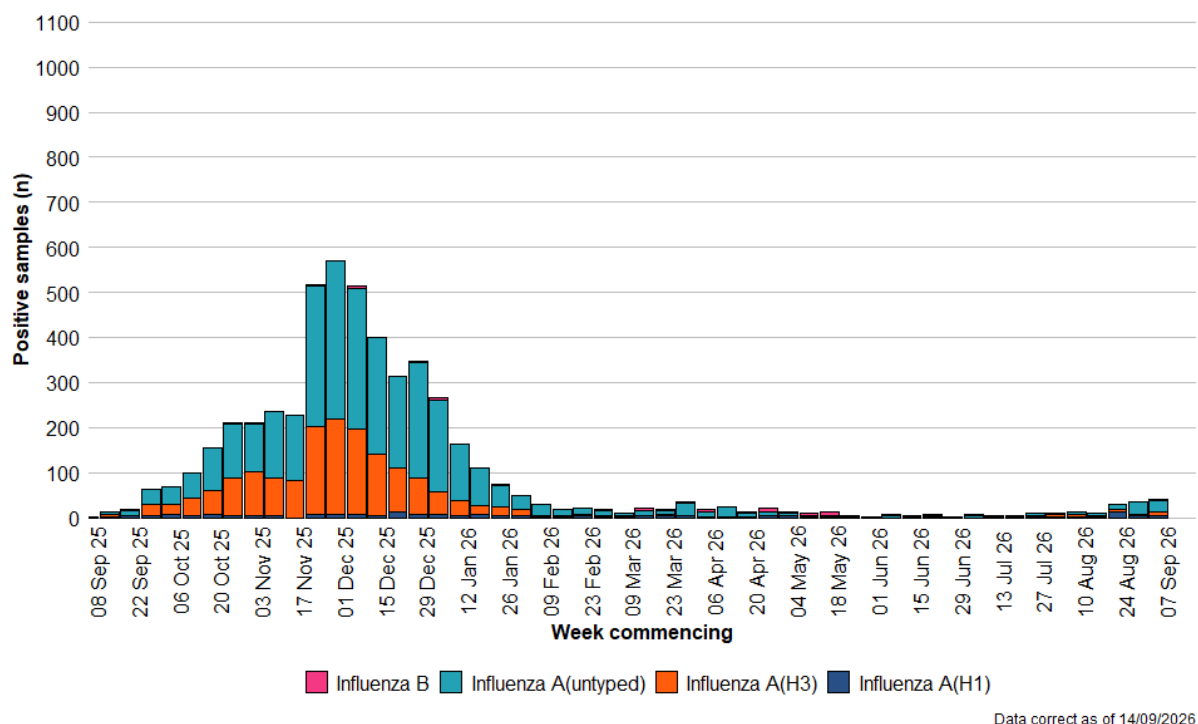
STPs will not be published for COVID-19 during the summer period unless we see an increase in infections.

B.2. Influenza Situation Update

- Overall, influenza is not currently circulating in Wales. Three 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 stable at 13 in the current week (8 two weeks ago). Test positivity decreased to 3.4%.

- There were **40** in-patient cases of confirmed influenza, and **2 of whom were** in critical care, compared to 21 and none two weeks ago.
- In week 37 2026, there were 8 influenza A(H3), 4 influenza A(H1N1), 25 influenza A untyped and 3 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 37, 2025 to week 37, 2026 (source: [PHW](#))



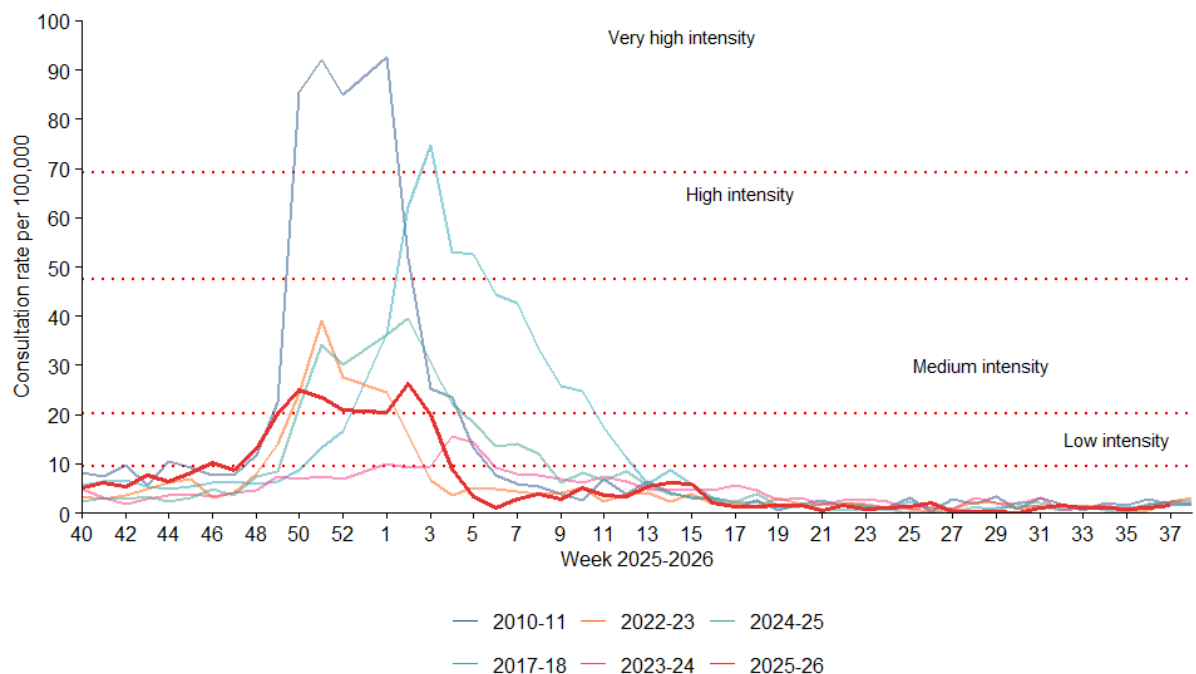
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline intensity, and the three-week trend is increasing.

There were 1.5 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (1.0 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 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)



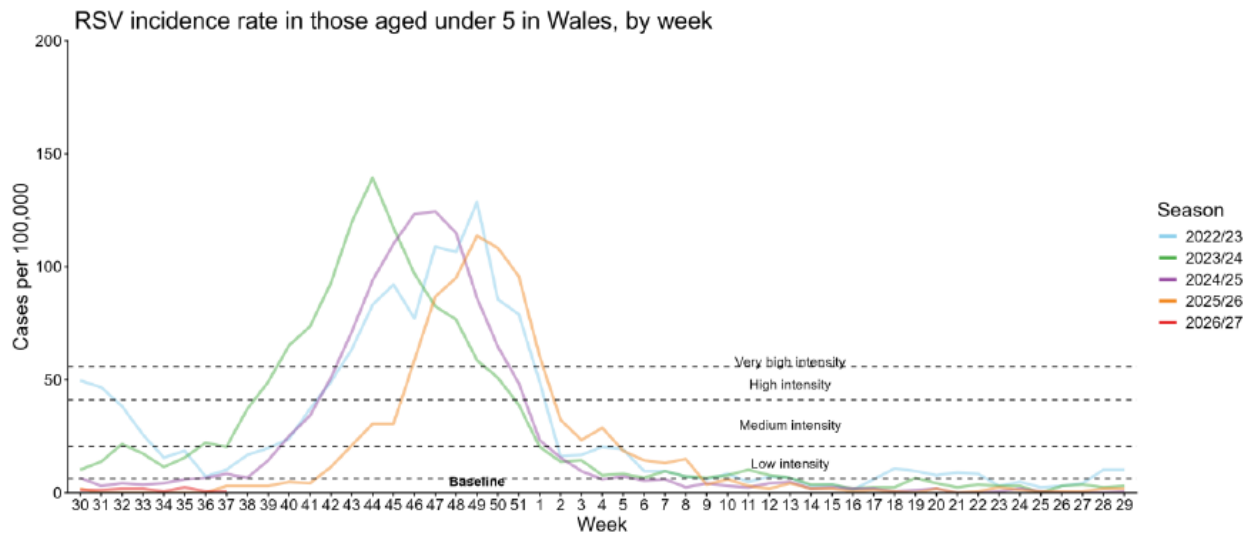
Data correct as of 15/09/2026

B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital decreased to 0 in week 37.

RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels and remains stable. During week 37 there were 0 in-patient case of confirmed RSV.

Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 37 2026 (source: PHW)



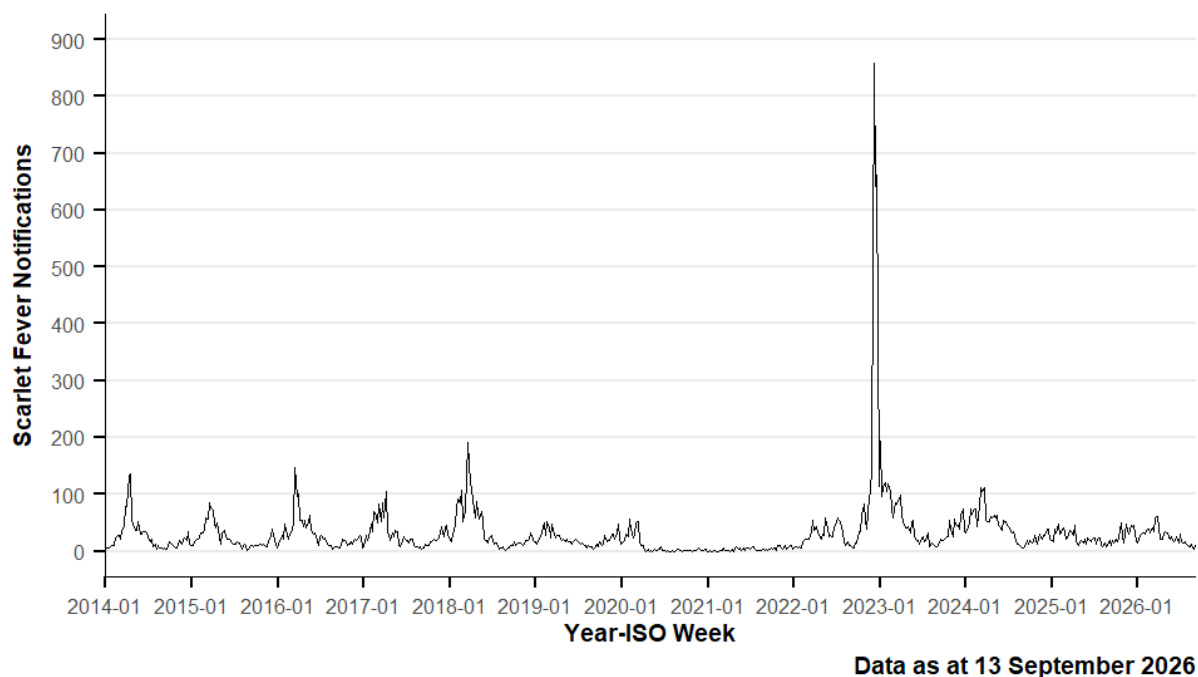
B.4. Whooping Cough (Pertussis)

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

B.5. iGAS and Scarlet Fever

The number of iGAS notifications is currently low, remaining at seasonally expected decreasing levels. Scarlet Fever notifications are fluctuating in recent weeks (up to week 37) as shown in the figure below.

Figure 5: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2026, Wales (source: PHW)



B.6. Additional indicators

- The number of ambulance calls recorded referring to respiratory syndromic indicators increased from **1,411** in the previous week to **1,505** in the latest reporting week.
- During week 37, 2026, **1** ARI outbreak were reported to the Public Health Wales Health Protection Team. The incident was COVID-19 and was 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)

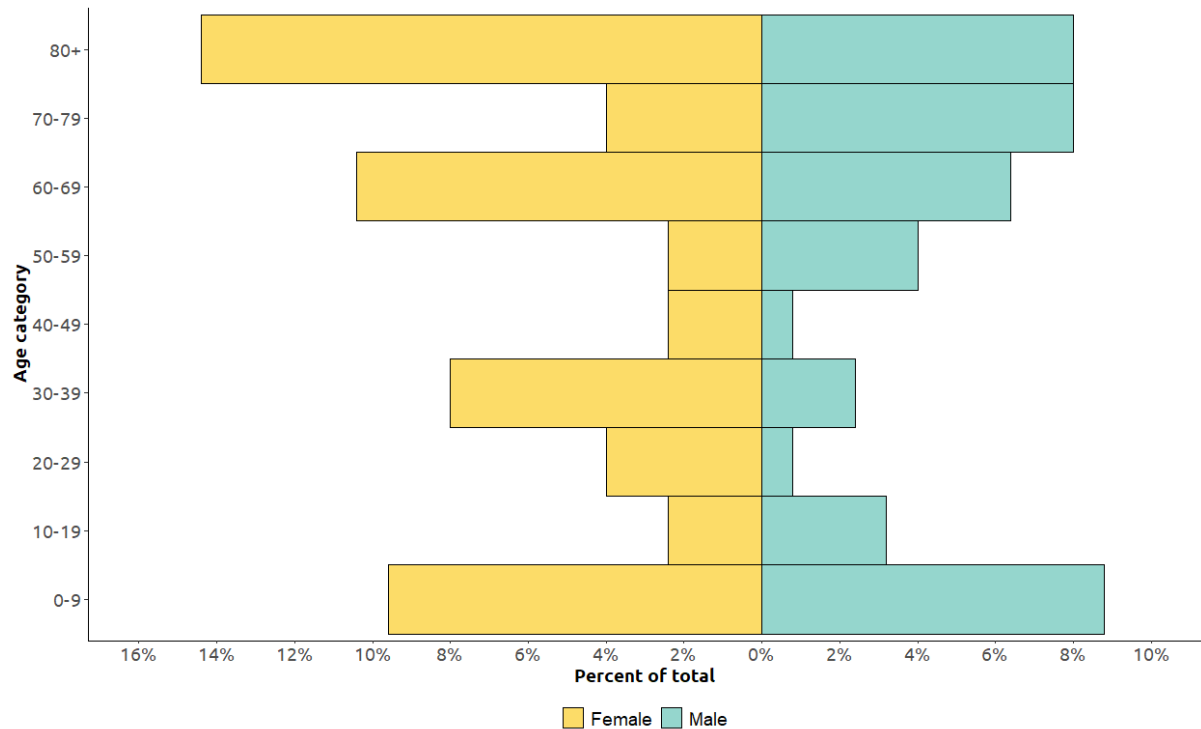
D.1. Norovirus

In the current reporting week (week 37 2026), a total of **8** Norovirus cases were reported in Welsh residents. This is an increase (14.3%) in reported cases compared to the previous reporting week (week 36 2026), when **7** Norovirus cases were reported.

In the last 12-week period (22/06/2026 to 13/09/2026) a total of **125** Norovirus cases were reported in Welsh residents. This is an increase (1.6%) in reported cases compared to the same 12-week period in the previous year (22/06/2025 to 13/09/2025) when **123** Norovirus cases were reported.

In the last 12 weeks (22/06/2026 to 13/09/2026) 72 (**57.6%**) Norovirus cases were female and 53 (**42.4%**) cases were male. The age groups with the most cases were the 80+ (28 cases) and 0-9 (23 cases) age groups.

Figure 6: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (week 37 to 13 September 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 37 2026 (22/06/2026 to 13/09/2026). 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](#) (16 September)

On 16 September 2026, the [Democratic Republic of the Congo \(DRC\)](#) reported a total of 7 404 confirmed cases, including 3 577 related deaths (from data up until 15 September). A total of 930 patients are hospitalised in isolation. This represents an increase of 59 new confirmed cases and 32 deaths since the previous report on 15 September (reporting data up until 14 September). The 59 new cases have been reported from Ituri (35 cases), North Kivu (21 cases), Bas Uélé (two cases), and Tshopo (one case). Among the individuals who tested positive for Bundibugyo virus, 1 776 have recovered. In total, 87.4% of identified case contacts are under follow-up in the affected provinces.

Ituri province remains the most affected, with 5 751 cases, including 2 622 deaths, reported from 28 of 36 health zones. In North Kivu, 1 323 cases, including 821 deaths, have been reported from 16 of 34 health zones. In South Kivu, three cases, including one death, have been reported from one of 34 health zones. In Haut-Uélé, 290 cases, including 118 deaths, have been reported from six of 13 health zones. In Tshopo, 29 cases, including 10 deaths, have been reported from seven of 23 health zones. In Bas-Uélé, seven cases, including four deaths, have been reported from three of 11 health zones. In Sud Ubangi, one case and one death have been reported from one of 16 health zones. Overall, 62 of 167 health zones are currently affected across the seven provinces.

In Uganda, a total of [20 cases were reported](#) between May and June 2026 by the Ministry of Health. On 25 August, [WHO declared the end of the outbreak](#) following 42 days without a new confirmed case being reported.

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](#). All three have since [recovered](#).

E.2. [Human cases of swine influenza A\(H1N2\) variant virus infection](#) (3 September)

On 21 August, US CDC reported a human case of swine influenza A(H1N2)v virus infection in its Weekly US Influenza Surveillance Report (Weekly US Influenza Surveillance Report: Week 32, 2026 | CDC). This marks the second case linked to the Kent County Youth Fair, which took place from 3 to 8 August at the Grand Agricultural Center of West Michigan in Lowell (MDHHS confirms detection of influenza A H1N2 variant (swine flu) in Michigan resident). The first case was reported in the CDTR of week 34.

Both cases are aged under 18 years and developed symptoms during the week ending 15 August 2026. Neither required hospitalisation, both are currently recovering, and one received antiviral treatment. Although the two individuals had no contact with each other, sick pigs were reported at the fair before the onset of their symptoms. No further human infections linked to these cases or the agricultural fair have been identified.

State and county health officials are tracking potential influenza illnesses among swine exhibitors and visitors from the Kent County Youth Fair. Local doctors are on alert for respiratory symptoms in anyone who visited the fair or was exposed to pigs there.

MDHHS has issued comprehensive public health guidance to help the public prevent variant influenza exposure, recognise influenza symptoms, protect populations at high risk of infection, and seek timely medical help.

Sequences from the two viruses from Michigan (GISAID virus names A/Michigan/74/2026 and A/Michigan/75/2026) are highly similar in the examined HA, NA and PB2 segments. The viruses cluster with virus sequences from swine (and two virus sequences from turkey) from the United States submitted recently in 2025. The two viruses do not display reassortment compared to their closest viruses of swine origin in examined NA and PB2 segments.

E.6. [Aedes aegypti incursion in East London, United Kingdom](#) (August 2026)

A very localised reproducing population of *Aedes aegypti* was identified in East London in August 2026. Preliminary investigations suggest the mosquitoes were accidentally introduced through imported plants or other commercial goods originating from tropical areas.

Public health and vector control authorities have implemented enhanced surveillance and control activities to limit the extent of the population and support eradication efforts. Control measures have been implemented to destroy larvae, and the affected area will continue to be monitored. UKHSA is encouraging public participation through the Mosquito Watch surveillance scheme to support early detection of invasive mosquitoes.

Ae. aegypti is not established in the UK however introductions of this species have previously been reported in other regions in Europe.

The initial detection was reported through the UK Health Security Agency (HSA) Mosquito Watch surveillance scheme. This event demonstrates the value of surveillance systems that facilitate reporting by the public, supporting early detection of introduced mosquito

populations and increasing the likelihood that control measures can be implemented before wider establishment occurs.

ECDC assessment *Aedes aegypti* is a competent vector of dengue, chikungunya, and Zika viruses. Incursions have previously been reported in several European countries, including the Netherlands and Luxembourg, and EU/EEA outermost regions). The detection in east London highlights the continued risk of invasive mosquito species being introduced into Europe through international trade and transport pathways.

At present, there is no evidence that *Ae. aegypti* is established in the UK, and it is unclear if *Ae. aegypti* could establish there in the current climate. The public health risk associated with this event is considered low, and there is no evidence of human infections associated with this event.

E.3. [Seasonal surveillance of West Nile Virus infections – 2026](#) (10 September)

Since the beginning of the 2026 transmission season, and as at 10 September, 161 areas affected by West Nile virus (WNV) have been identified in 15 countries across Europe.

These areas are located in Italy (64), Greece (21), Romania (20), France (14), the Netherlands (10), Serbia (7), Croatia (5), Spain (5), North Macedonia (4), Hungary (3), Austria (2), Germany (2), Albania (1), Cyprus (1) and Kosovo* (1). 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](#) (9 September)

Since the beginning of 2026 and as at 9 September 2026, one country in Europe has reported locally acquired cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (four cases). In the past week, no new cases have been reported to ECDC.

For the general population, the risk of contracting CCHF in the areas where the virus is known to be present in Spain is low. This risk increases for people undertaking outdoor 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.

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](#) (9 September)

Overview: Since the beginning of 2026 and as at 9 September 2026, two countries in Europe have reported locally acquired cases of chikungunya virus disease: France (57 cases) and Italy (one case).

Since last Friday's update was published, a total of 12 additional locally-acquired cases have been reported in Europe. Italy has also reported for the first time this season, with one case in Rome.

Of the eleven clusters reported in France in 2026, ten are currently active. Three new clusters, with one case each, have been reported in Bordeaux, Etauliers, and Portets in the department of Gironde. The largest active cluster is still the one at Prignac-et-Marcamps in the department of Gironde, consisting of 28 cases.

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.