



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

25 September 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 38 2026, up to 20 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 **increased**.
- Influenza confirmed case admissions to hospital have **increased** and inpatients have **increased**.
- Norovirus confirmed cases have **decreased** in the most recent week (week 38).
- Scarlet Fever notifications are stable with a slight **increase** in the most recent week, (week 38).

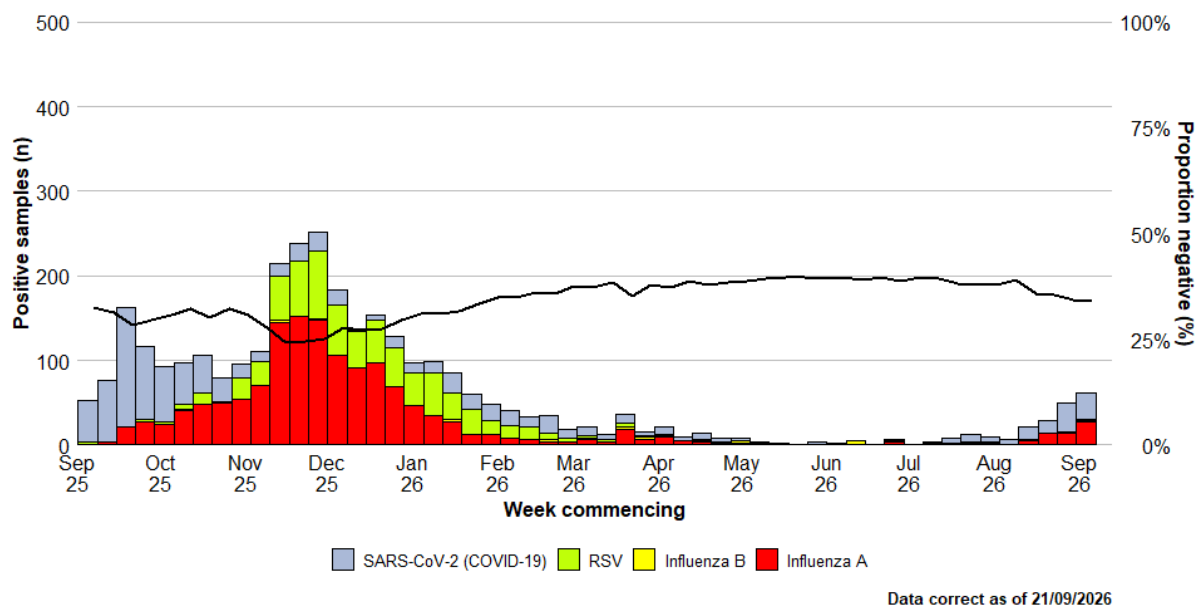
B. Acute Respiratory Infections Situation Update

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 38 2026 (to 20 September 2026).
- As of 20 September 2026 (week 38), the number of confirmed cases of community acquired COVID-19 admitted to hospital was **0** and there were **no** in-patient cases of confirmed COVID-19, compared to 4 and 0 previous week.
- Confirmed cases of positive tests increased to 7.8% in hospital and non-sentinel GP practices in the most recent week.

- In the last six weeks, Omicron **RF.5*** is the most frequently detected Pango lineage group in Wales currently, accounting for **16.2%** of sequenced cases in the previous six weeks.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 38, 2025 to week 38, 2026. (source: PHW)



Short Term Projections (STPs)

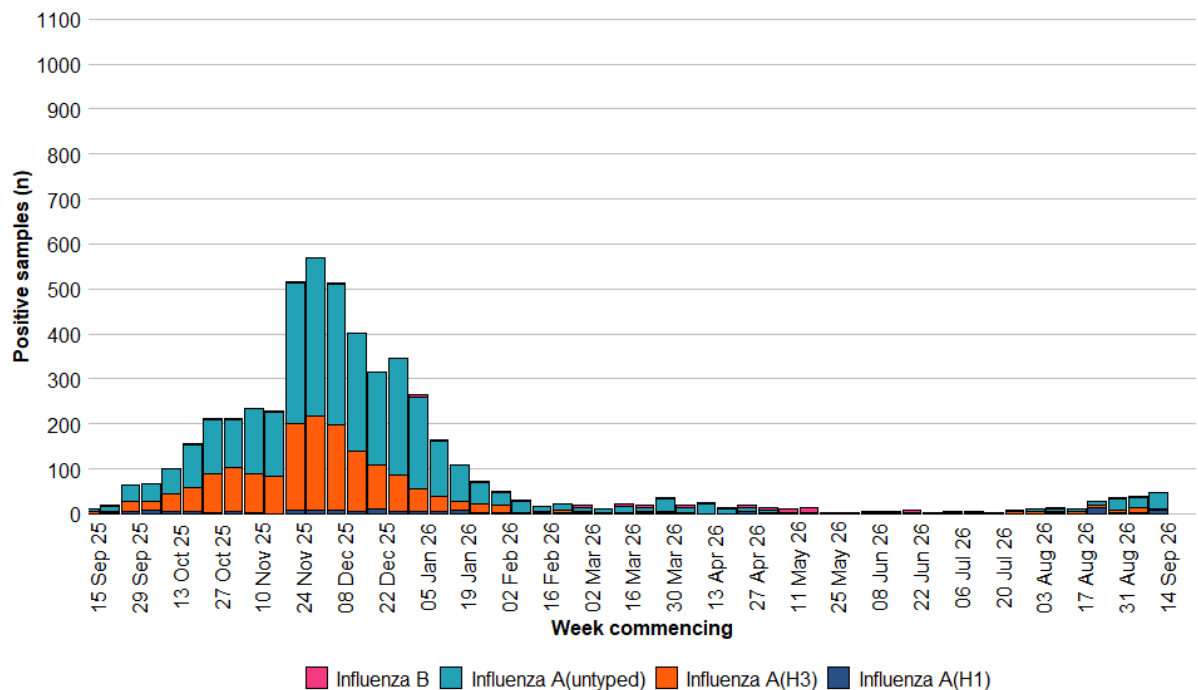
STPs will not be produced for RSV and Influenza during the summer period.

STPs will not be published for COVID-19 during the summer period unless we see an increase in infections.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. **Four** 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 increased to **24** in the current week (**13** in previous week). Test positivity decreased to 2.2%.
- There were **49** in-patient cases of confirmed influenza, **2 of whom were** in critical care, compared to 40 and 2 previous-week.
- In week 38 2026, there were 4 influenza A(H3), 8 influenza A(H1N1), 34 influenza A untyped and 2 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 38, 2025 to week 38, 2026 (source: [PHW](#))



Data correct as of 21/09/2026

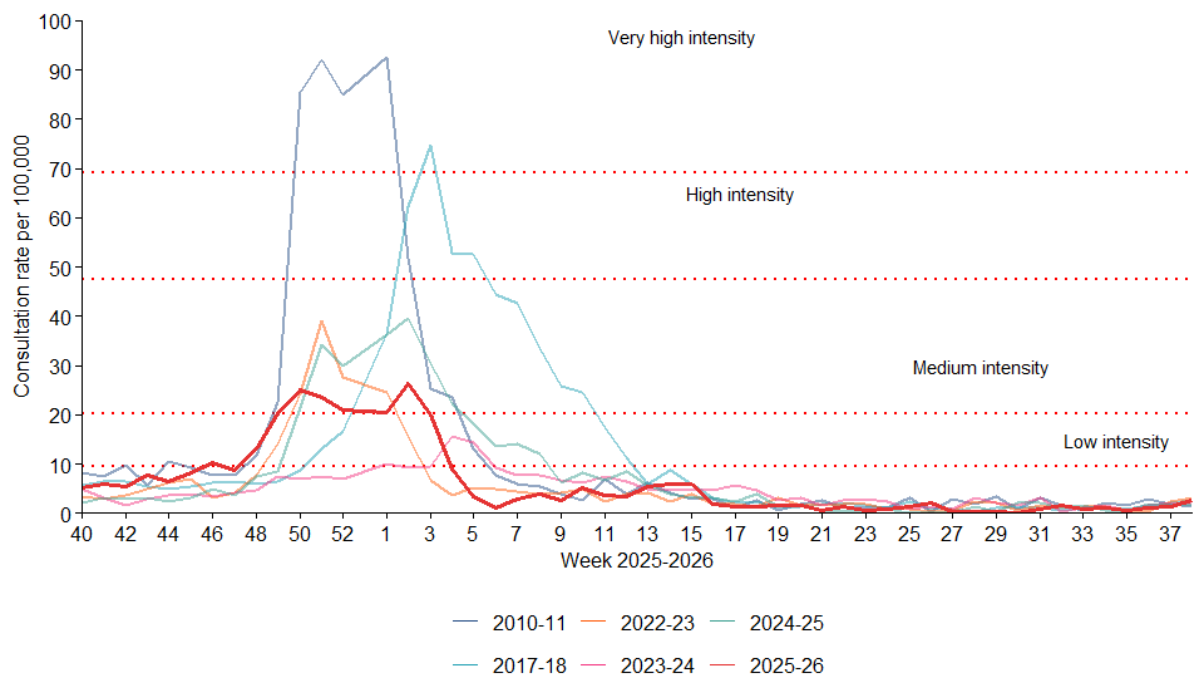
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline intensity, and the three-week trend is increasing.

There were 2.8 ILI consultations per 100,000 practice population in the most recent week, an increase 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)



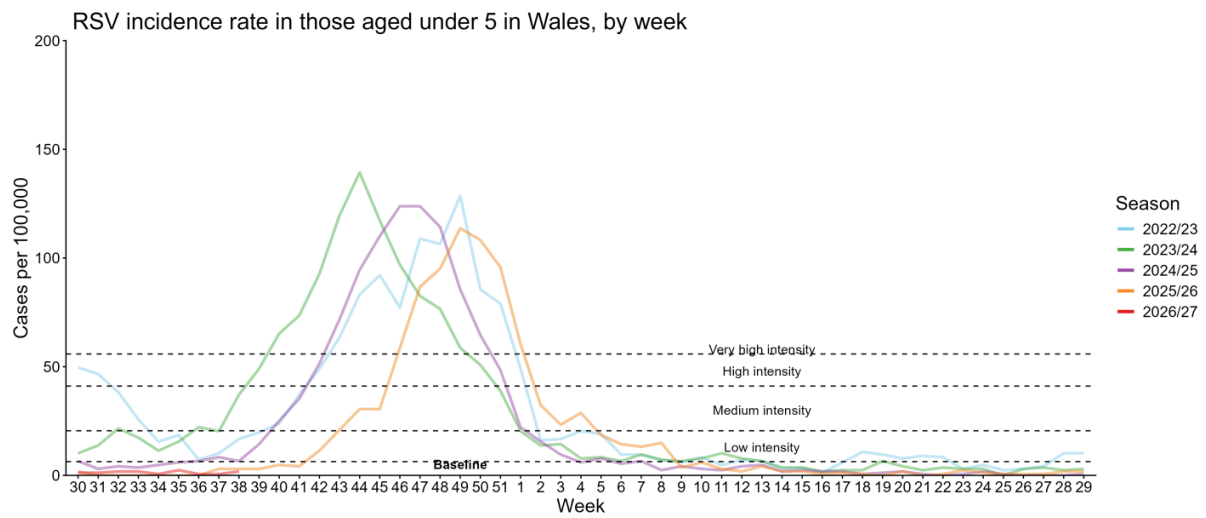
Data correct as of 22/09/2026

B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to 2 in week 38.

RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels (1.8). During week 38 there were 3 in-patient case of confirmed RSV, one of whom was in critical care.

Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 38 2026(source: PHW)



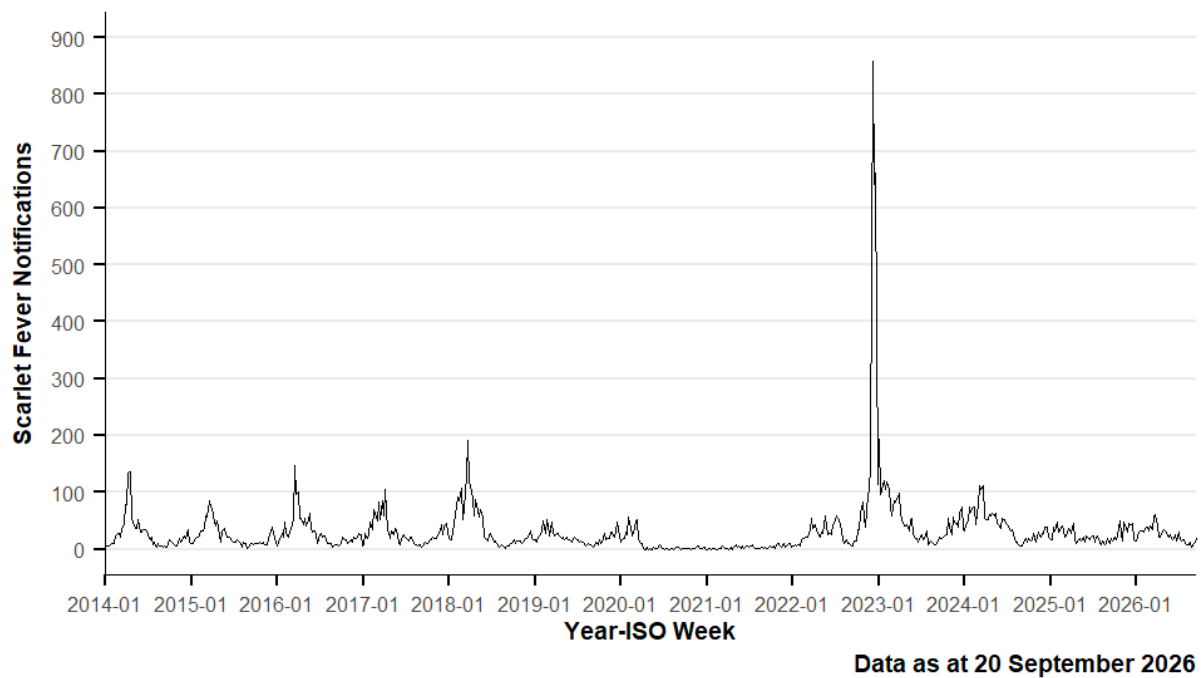
B.4. Whooping Cough (Pertussis)

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 lower levels. Scarlet Fever notifications are fluctuating in recent weeks but have seen a small increase in week 38, 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 remained stable at **1,504** in the latest reporting week.
- During week 38, 2026, **3** ARI outbreaks were reported to the Public Health Wales Health Protection Team. Two incidents were COVID-19 and one was Influenza A. All were in residential 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 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)

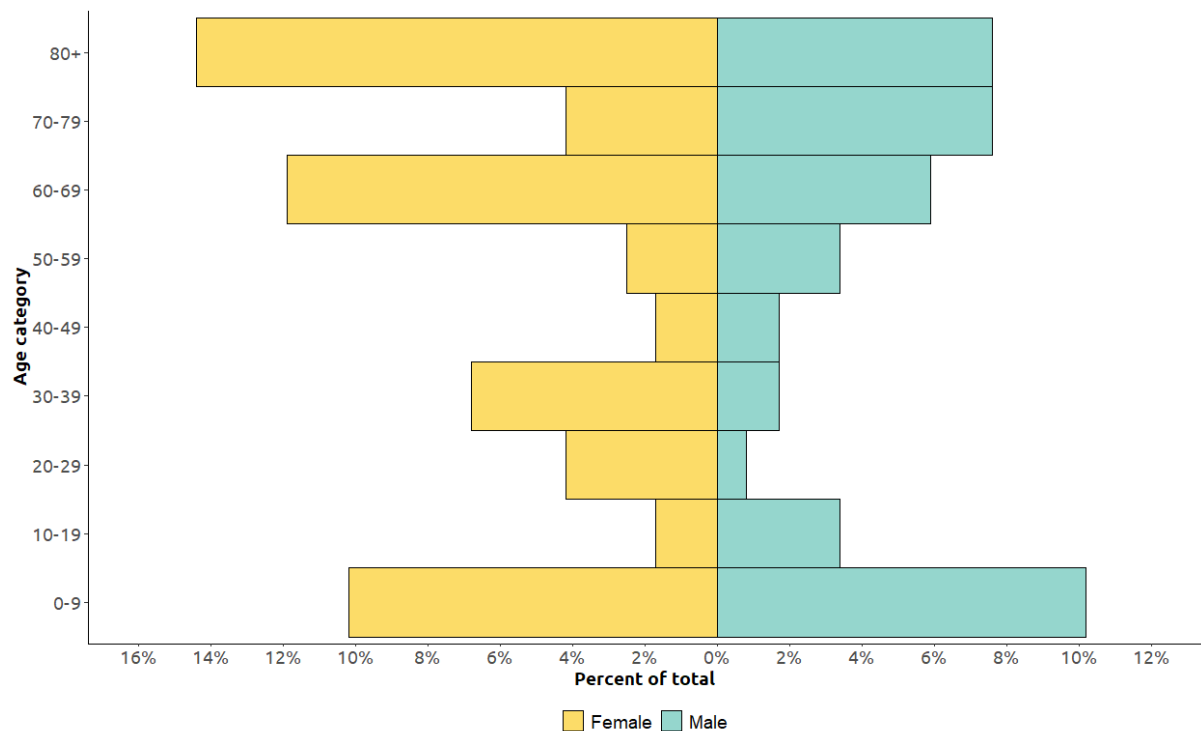
D.1. Norovirus

In the current reporting week (week 38 2026), a total of **8** Norovirus cases were reported in Welsh residents. This is a **decrease** (11.1%) in reported cases compared to the previous reporting week (week 37 2026), when **9** Norovirus cases were reported.

In the last 12 week period (29/06/2026 to 20/09/2026) a total of **118** Norovirus cases were reported in Welsh residents. This is a **decrease** (3.3%) in reported cases compared to the same 12 week period in the previous year (29/06/2025 to 20/09/2025) when **122** Norovirus cases were reported.

In the last 12 weeks (29/06/2026 to 20/09/2026) **68** (57.6%) Norovirus cases were female and **50** (42.4%) cases were male. The age groups with the most cases were in the 80+ (26 cases) and 0-9 (24 cases) age groups.

Figure 6: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (to 20 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 38 2026 (29/06/2026 to 20/09/2026). 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](#) (22 September)

On 22 September 2026, the Democratic Republic of the Congo (DRC) reported a total of 7,773 confirmed cases, including 3 759 related deaths (from data up until 21 September). A total of 839 patients are hospitalised in isolation. This represents an increase of 40 new confirmed cases and 27 deaths since the previous report on 21 September (reporting data up until 20 September). The 40 new cases have been reported from Ituri (19 cases), North Kivu (13 cases), Haut-Uélé (five cases), and Tshopo (three cases). Among the individuals who tested positive for Bundibugyo virus, 1,935 have recovered. In total, 84.5 % of identified case contacts are under follow-up in the affected provinces.

Ituri province remains the most affected, with 5 966 cases, including 2,737 deaths, reported from 28 of 36 health zones. In North Kivu, 1 438 cases, including 872 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, 316 cases, including 129 deaths, have been reported from seven of 13 health zones. In Tshopo, 42 cases, including 15 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, 63 of 167 health zones are currently affected across the seven provinces.

E.2. [Influenza A\(H5\) - Multi-country \(World\) Monitoring human cases](#) (18 September)

One new laboratory-confirmed human case of avian influenza A(H5N1) virus infection was reported in Bangladesh by the World Health Organization (WHO) in the Influenza at the human-animal interface, Summary and risk assessment, from 8 August to 6 September 2026, published on 6 September 2026.

The case involved a child from Rangpur Division, who developed symptoms (fever, cough and rhinitis) on 15 August 2026 and was hospitalised on 17 August 2026. Respiratory specimens collected as part of influenza surveillance tested positive for influenza A(H5) virus by real-time RT-PCR at the icddr,b Diagnostic Laboratory on 18 August 2026. Testing performed at the Molecular and Genomic Laboratory Department of Institute of Epidemiology, Disease Control and Research (IEDCR) and National Influenza Centre (NIC) of Bangladesh confirmed infection with influenza A(H5N1) virus. At the time of reporting,

genetic sequencing was ongoing and the child remained in hospital, but was improving clinically.

The child had exposure to ducks and chickens, including some that were sick, in the household and neighbouring households. Environmental samples from poultry meat and oropharyngeal swabs collected from several backyard chickens tested negative for influenza A(H5) virus. The case had no reported history of travel.

Close contacts of the case were identified and monitored. All identified contacts remained asymptomatic, except for two healthcare workers. Respiratory specimens collected from the two tested negative for influenza A viruses.

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](#) (18 September)

Since the beginning of the 2026 transmission season, and as at 17 September, 180 areas affected by West Nile virus (WNV) have been identified in 16 countries across Europe. These areas are located in Italy (65), Greece (22), Romania (22), France (19), the Netherlands (13), Serbia (8), Croatia (5), Spain (5), Belgium (4), North Macedonia (4), Germany (3), Hungary (3), Austria (2), Kosovo* (2), Albania (1) and Cyprus (1).

This week, 19 areas are reported as being affected for the first time this season. The 16 countries have reported 1,482 locally acquired human cases of WNV infection

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](#) (18 September)

Since the beginning of 2026 and as at 16 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](#) (18 September)

Overview: Since the beginning of 2026 and as at 16 September 2026, two countries in Europe have reported locally acquired cases of chikungunya virus disease: France (75 cases) and Italy (one case). A total of 18 additional locally acquired cases have been reported in Europe since the last update was published on 11 September.

Of the 13 clusters reported in France in 2026, 11 are currently active, including two new clusters, with one case in Créon and three cases in Biscarosse. The largest active cluster is still in Prignac-et-Marcamps in the department of Gironde, with a total of 30 cases. No new cases have been reported in Italy.

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.

E.6. [Seasonal surveillance of dengue in the EU/EEA](#) (18 September)

Since the beginning of 2026 and as at 16 September 2026, two countries in Europe have reported locally acquired cases of dengue: Italy (37 cases) and France (five cases).

This week, Italy reported an additional 13 locally-acquired cases, including six cases in the Lecce area and five cases in the Livorno area. Both clusters were already active. One new cluster has been identified in the Milan area, with two cases. No new cases were reported in France.

Dengue is a mosquito-borne viral disease that is increasingly emerging in Europe, with locally acquired cases reported in several EU/EEA countries. In light of this development, ECDC has implemented seasonal enhanced weekly 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. This includes assessing the risk of dengue transmission through substances of human origin (SoHO).

Dengue is a notifiable disease at the EU level and cases are reported in accordance with the EU case definition. Dengue cases – and their corresponding case numbers – are 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.