



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

02 October 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 39 2026, up to 27 September 2026)

- COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **increased**.
- Influenza confirmed case admissions to hospital have **decreased** and inpatients have **decreased** in the latest week.
- Norovirus confirmed cases have **remained stable** in the most recent week (week 39).
- Scarlet Fever notifications **increased** in the most recent week, (week 39).

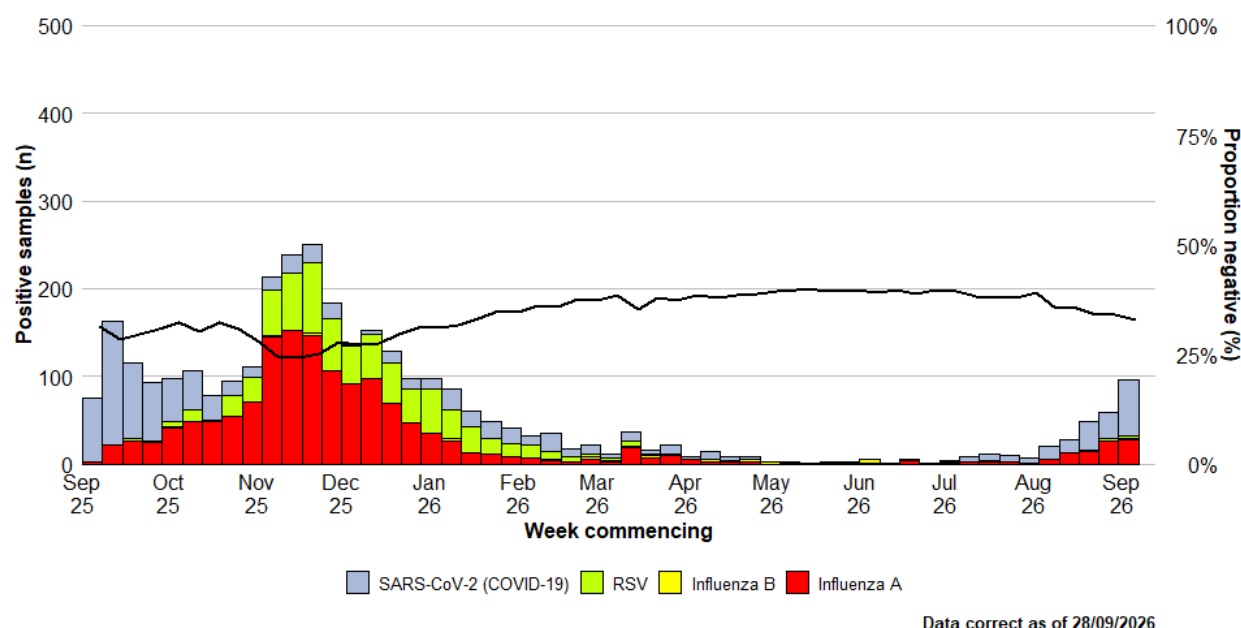
B. Acute Respiratory Infections Situation Update

B.1. COVID-19 Situation Update

An issue with COVID-19 hospital admission data from PHW has been identified and now resolved. This resulted in lower COVID-19 case counts in hospital patients over the last four weeks which explains the large increase in COVID-19 cases in week 39 highlighted below.

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **increased** and the number of cases who were inpatients **increased** in week 39 2026 (to 27 September 2026).
- The overall proportion of samples testing remained stable at **7.3%** in hospital and non- sentinel GP practices. Consultations with Sentinel GPs for COVID- 19 increased in recent weeks.
- As of 27 September 2026 (week 39), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to **23** (1 in the previous week) and there were **134** in-patient cases of confirmed COVID-19, **2** of whom were in critical care compared to 4 and none in the previous 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 39, 2025 to week 39, 2026 (source: PHW)



Short Term Projections (STPs)

STPs will not be produced for RSV and Influenza during the summer period unless we see an increase in admissions (over a threshold of 30).

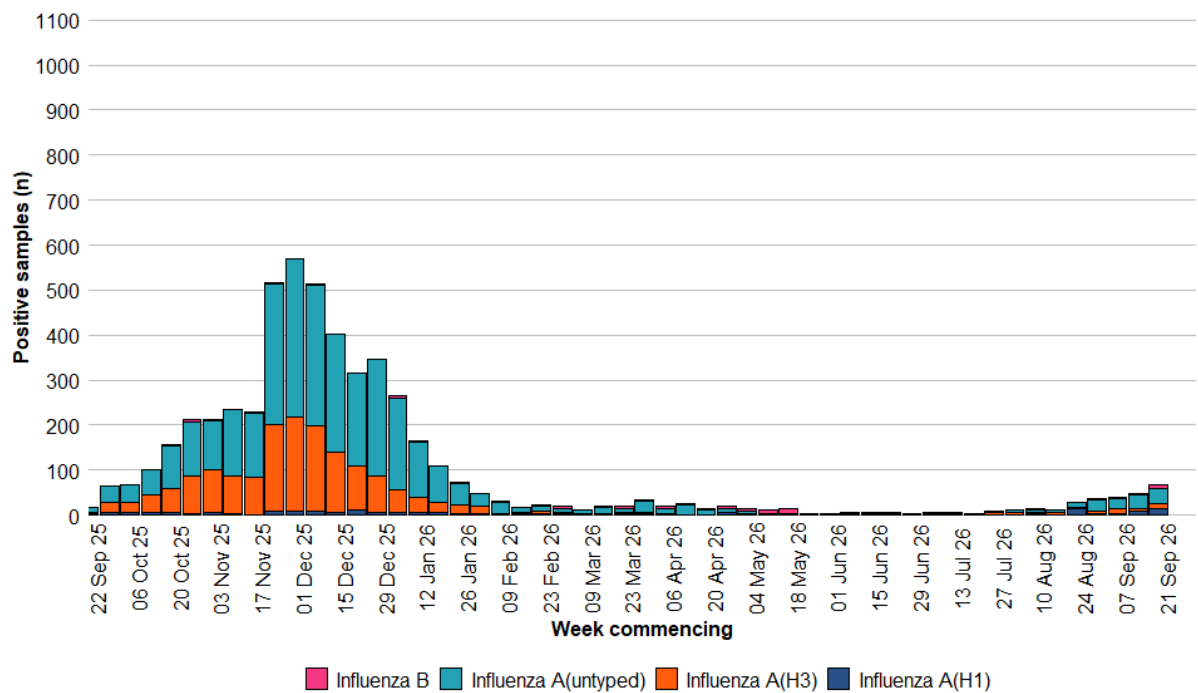
STPs will not be published for COVID-19 during the summer period unless we see an increase in admissions (over a threshold of 30).

B.2. Influenza Situation Update

- Overall, influenza is not currently circulating in Wales.
- The overall proportion of samples testing positive in hospital and non-sentinel patients increased in the most recent week to **3.7%**.
- Consultations for influenza-like illness (ILI) with sentinel GPs are at baseline intensity levels and increased compared to the previous week. **4** cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week.
- Confirmed cases of community acquired influenza admitted to hospital decreased to **19** in the current week (**24** in previous week).
- There were **46** in-patient cases of confirmed influenza, **1** of whom was in critical care, compared to **49** and **2** in the previous week.

- In week 39 2026, there were 10 influenza A(H3), 14 influenza A(H1N1), 34 influenza A untyped and 8 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 39, 2025 to Week 39, 2026 (source: [PHW](#))



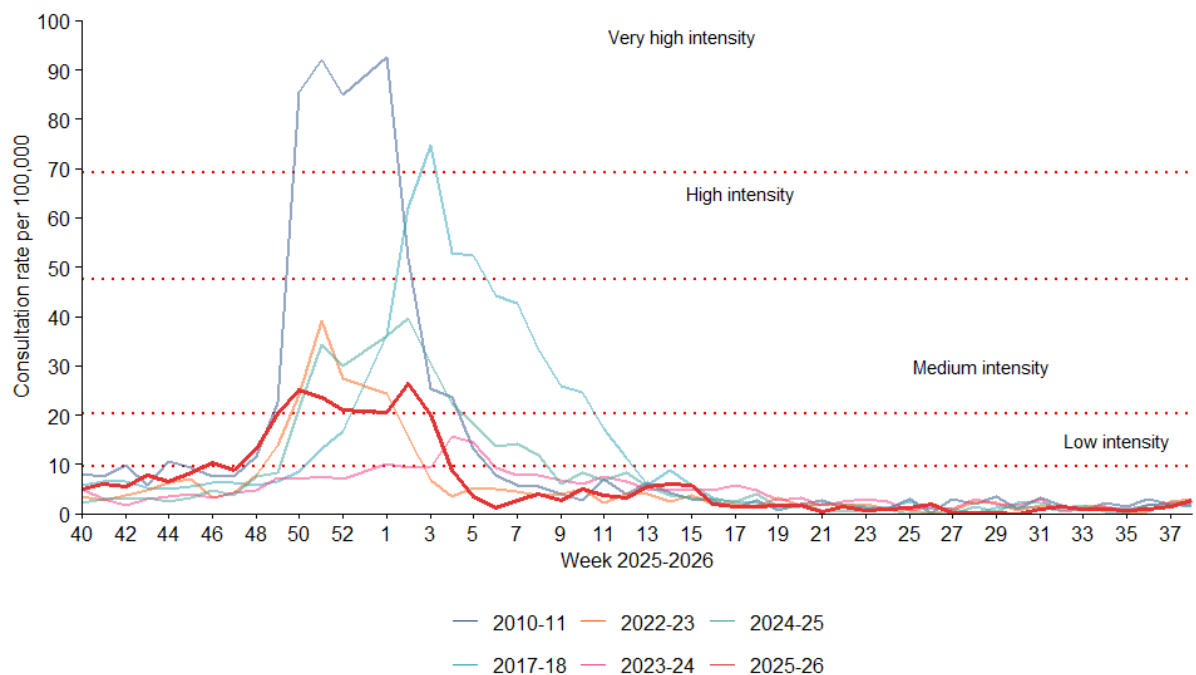
Data correct as of 28/09/2026

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

There were 4.1 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (2.8 consultations per 100,000).

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)

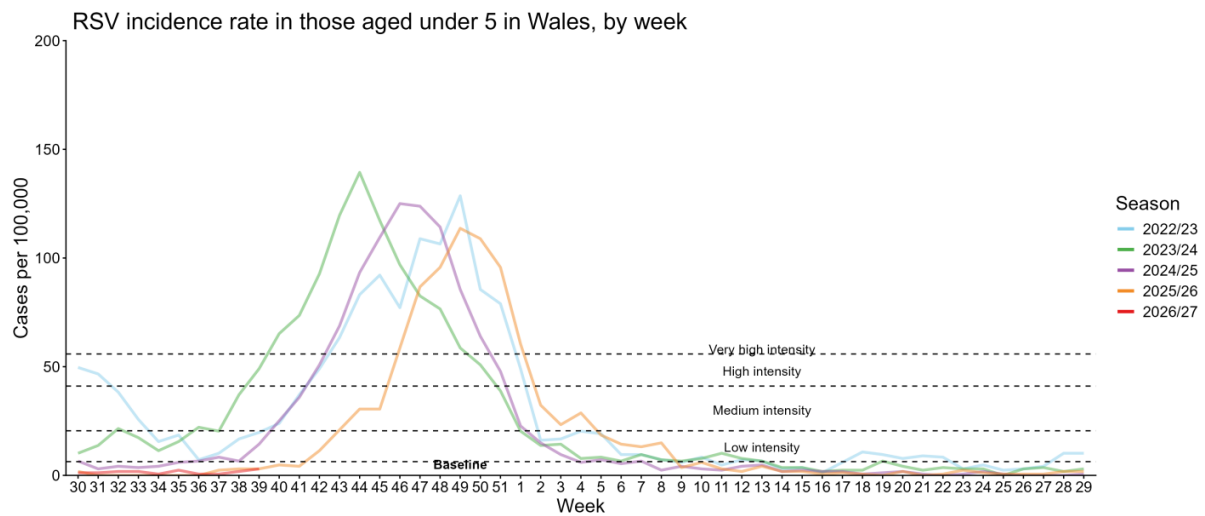


Data correct as of 29/09/2026

B.3. Respiratory Syncytial Virus (RSV) update

- The number of confirmed cases of community acquired RSV admitted to hospital increased to 4. There were 4 in-patient cases of confirmed RSV, none of whom in critical care.
- RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels (3.0). This was an increase compared to the previous week.

Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 39 2026 (source: PHW)



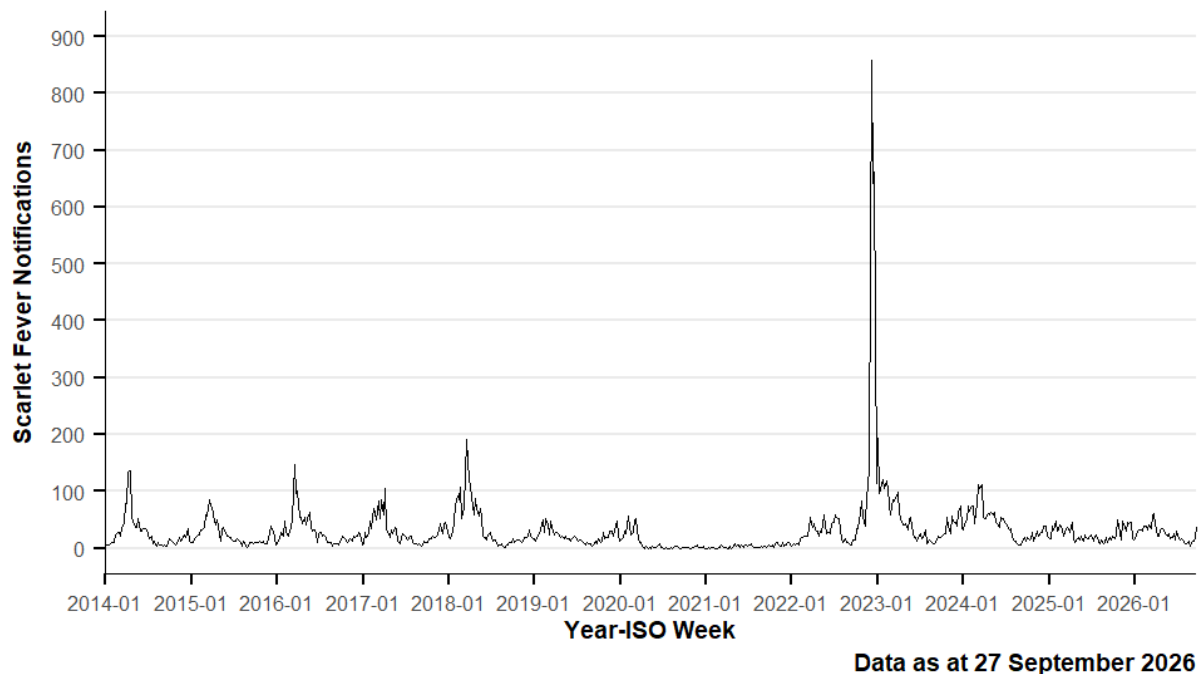
B.4. Whooping Cough (Pertussis)

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 are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have further **increased** in the most recent week (week 39) as shown in the figure below (up to 39 September 2026).

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 decreased from **1,504** in the previous week to **1,400** in the latest reporting week.
- During Week 39, 2026, **2** ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, 1 was Influenza like illness, and 1 was Influenza A. 1 was in a Residential Home and 1 was in an “Other” setting.
- 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)

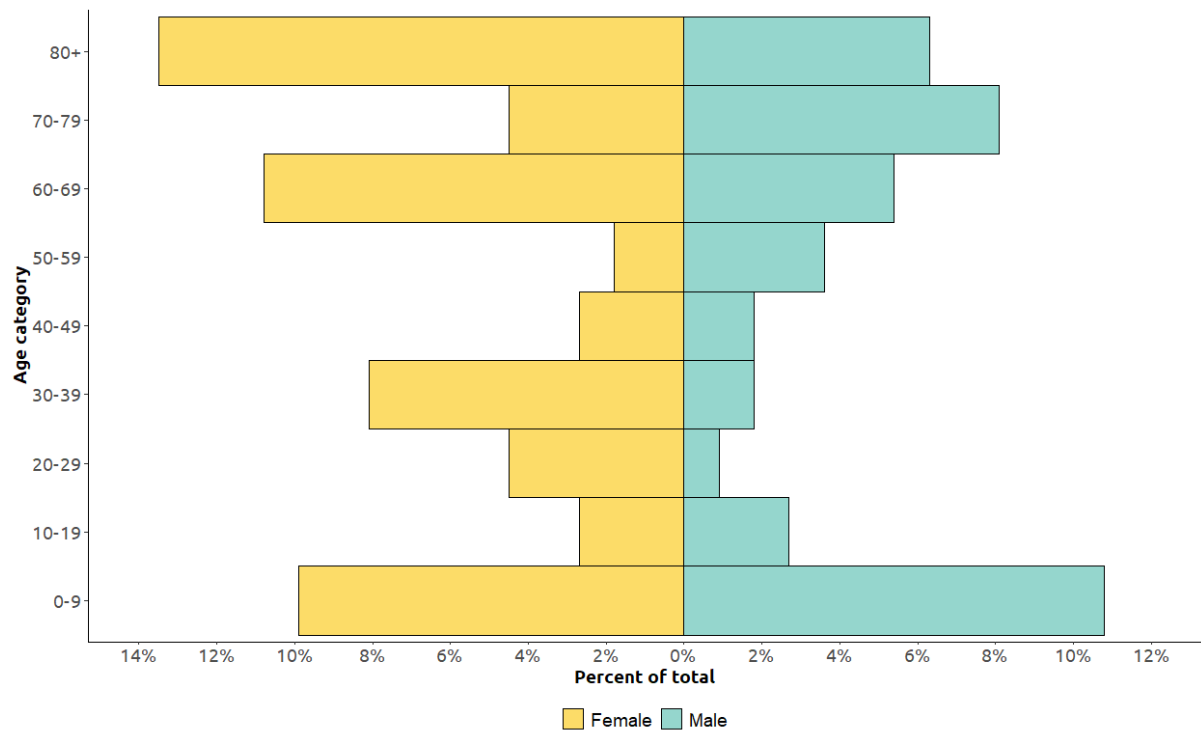
D.1. Norovirus

In the current reporting week (week 39 2026), a total of **8** Norovirus cases were reported in Welsh residents. This is the same number of reported cases as in the previous reporting week (week 38 2026).

In the last 12 week period (06/07/2026 to 27/09/2026) a total of **111** Norovirus cases were reported in Welsh residents. This is a **decrease** (-10.5%) in reported cases compared to the same 12 week period in the previous year (06/07/2025 to 27/09/2025) when **124** Norovirus cases were reported.

In the last 12 weeks (06/07/2026 to 27/09/2026) **65** (58.6%) Norovirus cases were female and **46** (41.4%) cases were male. The age groups with the most cases were the 09 (23 cases) and 80+ (22 cases) age groups.

Figure 6: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (to 27 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 39 2026 (06/07/2026 to 27/09/2026). 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 \(30 September\)](#)

On 30 September 2026, the [Democratic Republic of the Congo \(DRC\)](#) reported a total of 8 224 confirmed cases, including 3 982 related deaths (from data up until 29 September). A total of 851 patients are hospitalised in isolation. This represents an increase of 53 new confirmed cases and 28 deaths since the previous report on 29 September (reporting data up until 28 September). The 53 new cases have been reported from Ituri (32 cases), North Kivu (17 cases), and Haut-Uélé (four cases). Among the individuals who tested positive for Bundibugyo virus, 2 121 have recovered. In total, 78.7 % of identified case contacts are under follow-up in the affected provinces.

Ituri province remains the most affected, with 6 250 cases, including 2 885 deaths, reported from 28 of 36 health zones. In North Kivu, 1 570 cases, including 931 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, 344 cases, including 144 deaths, have been reported from seven of 13 health zones. In Tshopo, 45 cases, including 16 deaths, have been reported from seven of 23 health zones. In Bas-Uélé, 10 cases, including four deaths, have been reported from three of 11 health zones. In Sud Ubangi, two cases 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.3. [Seasonal surveillance of West Nile Virus infections – 2026](#) (25 September)

Since the beginning of the 2026 transmission season, and as at 23 September, 186 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 (21), the Netherlands (13), Serbia (8), Spain (6), Croatia (5), North Macedonia (5), Belgium (4), Hungary (4), Austria (3), Germany (3), Kosovo* (3), Albania (1) and Cyprus (1). This week, six areas are reported as being affected for the first time this season.

The 16 countries have reported 1 569 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](#) (25 September)

Since the beginning of 2026, and as at 23 September 2026, one country in Europe has reported locally acquired cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (4 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](#) (25 September)

Since the beginning of 2026, and as at 23 September 2026, two countries in Europe have reported locally acquired cases of chikungunya virus disease: France (90 cases) and Italy (1 case).

Since the previous week, France has reported 15 new locally acquired chikungunya virus disease cases, including nine in the municipality of Prayssac (Lot department), bringing the total to 90 cases. These cases are distributed across 13 clusters, with no new clusters identified. Eleven clusters are currently active, including the largest cluster in Prignac-et-Marcamps (Gironde department), which consists of 30 cases.

No new locally acquired chikungunya virus disease cases have been reported by Italy since last week's update. To date, Italy has reported one locally acquired chikungunya virus disease case in Rome. The associated cluster remains active.

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](#) (25 September)

Since the beginning of 2026, and as at 23 September 2026, two countries in Europe have reported locally acquired cases of dengue: Italy (47 cases) and France (5 cases).

Since the previous week's update, Italy has reported 10 new locally acquired dengue cases. The cumulative number of locally acquired cases in Italy is 47, distributed across seven clusters, four of which are newly identified: three in the Firenze NUTS 3 region (Campi Bisenzio, Signa and Sesto Fiorentino) and one in the Napoli NUTS 3 region (Ischia). All clusters are currently active.

No new locally acquired dengue cases have been reported by France since last week's update. The cumulative number of locally acquired cases in France remains five, distributed across four clusters. No clusters are currently active.

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.