



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

09 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 40 2026, up to 04 October 2026)

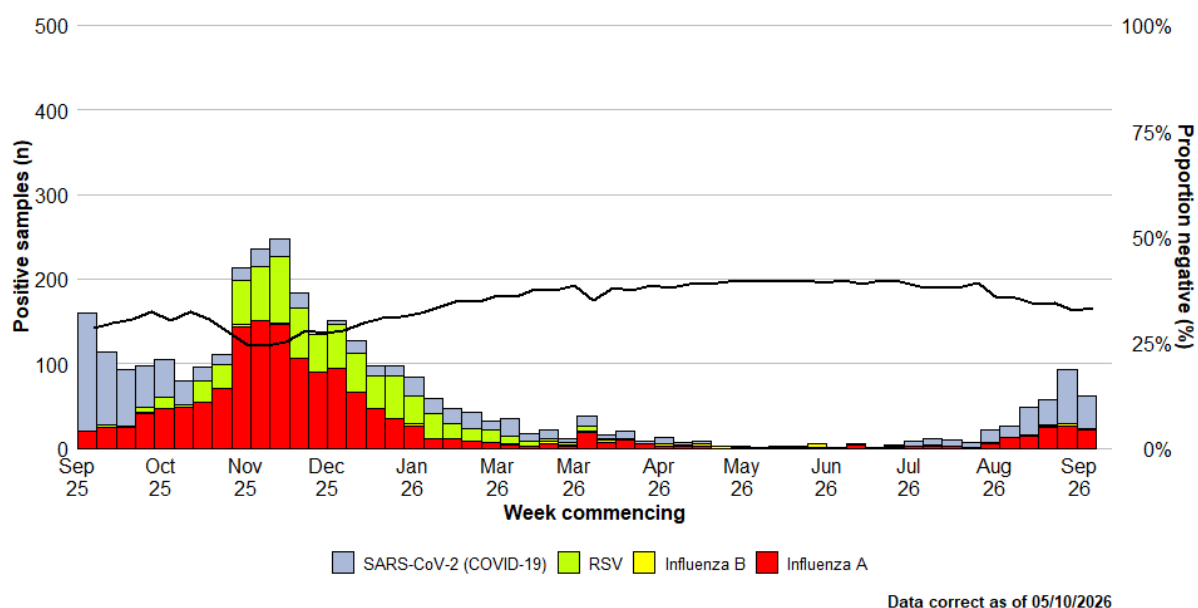
- COVID-19 confirmed case admissions to hospital has **increased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **increased**.
- Influenza confirmed case admissions to hospital have **decreased slightly** and inpatients have **decreased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 40).
- Scarlet Fever notifications **decreased** in the most recent week, (week 40).

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 **increased** and the number of cases who were inpatients **increased** in week 40 2026 (to 04 October 2026).
- As of 04 October 2026 (week 40), the number of confirmed cases of community acquired COVID-19 admitted to hospital has **increased** to 27 (23 in the previous week) and there were **153** in-patient cases of confirmed COVID-19, **1** of whom was in critical care compared to **134** and **2** in the previous week.
- Confirmed cases of positive tests remained stable at **6.8%** in hospital and non-sentinel GP practices in the most recent week (week 40). Consultations with Sentinel GPs for COVID-19 decreased in recent weeks.
- 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.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 40, 2025 to week 40, 2026 (source: PHW).



COVID-19 Short Term Projections

The Science Research Evidence (SRE) team at Welsh Government have produced short term projections (STPs) for COVID-19 at national and at the Local Health Board level. STPs project 2 weeks forward using the most recent data covering the previous 8 weeks, and do not explicitly factor in properties of the infectious disease, policy changes, changes in testing, changes in behaviour, emergence of new variants or rapid changes in vaccinations.

The STPs report the difference between the most recent observed data (7 day rolling sum) and the projected central estimate 2 weeks later. STP computations use admissions data from PHW until **04 October** to make short term projections two weeks forward (**to 18 October**). The black dots in the charts represent the most recent observed data (7 day rolling sum) points while the white line is the central estimate from the most recent projection. The colour shadings represent the 95% confidence interval of the projections with light purple showing the most recent projection and the dark purple showing the oldest.

Please note: The STPs are produced nationally and at the provider health board level, not at resident health board level. Powys health board is not included in the analysis due to low numbers.

Note: due to low levels of flu and RSV circulating currently, only modelling for COVID-19 is presented this week

STPs for Wales show that COVID-19 admissions are projected to decrease over the next two-week period (Figure 2). Figure 3 shows that COVID-19 admissions are projected to decrease or plateau in Cwm Taf, Cardiff and Vale, and Betsi Cadwaladr health boards over the next two-week period (**to 18 October 2026**) and increase in Aneurin Bevan, Hywel Dda and Swansea Bay health boards.

Figure 2: Short Term Projections for COVID-19 hospital admissions in Wales (data to 04 October 2026, projection 18 October 2026).

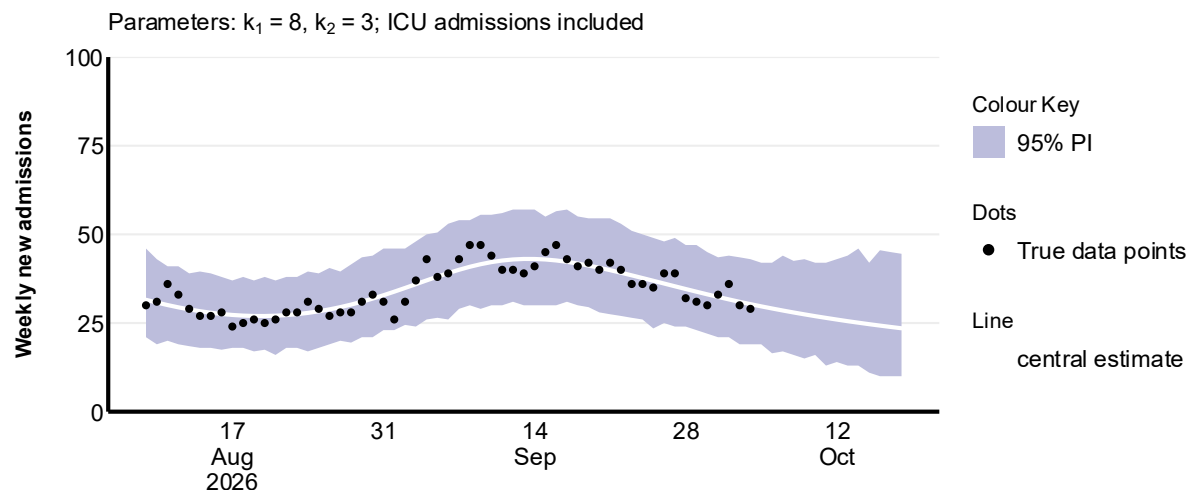
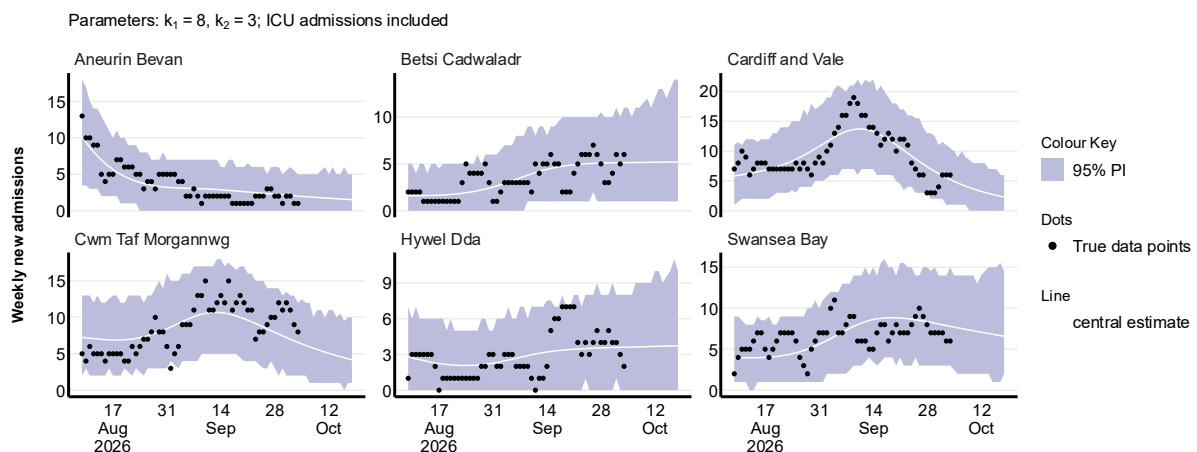


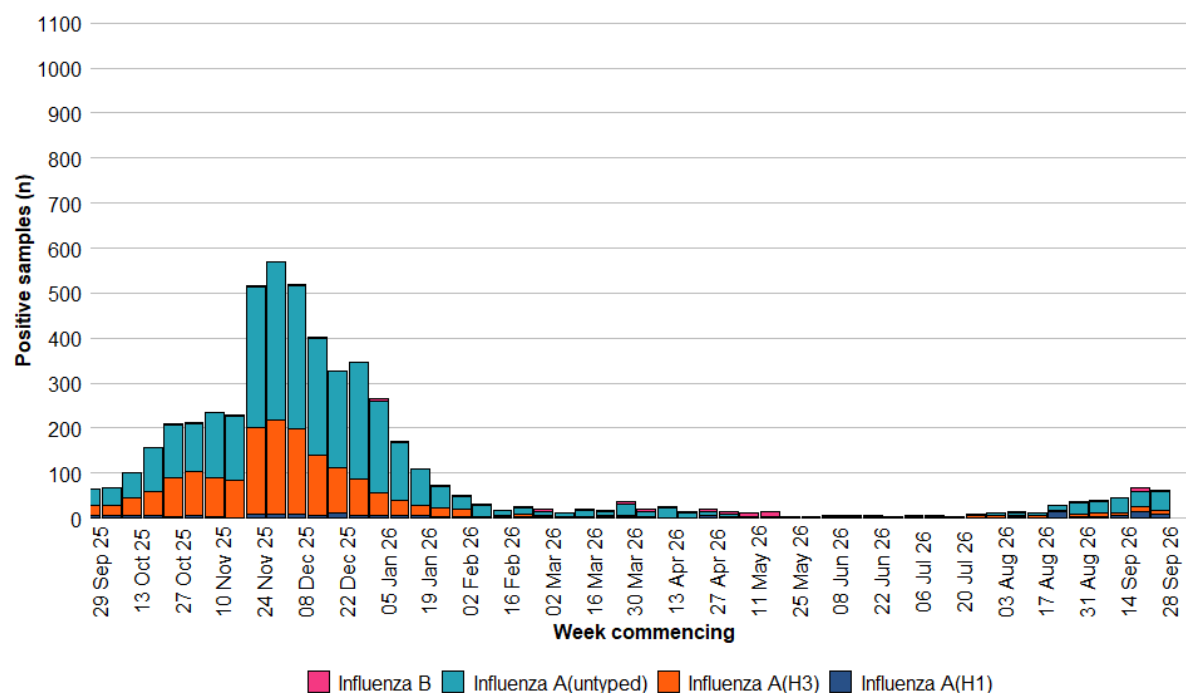
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 04 October 2026, projection to 18 October 2026).



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 3.5%.
- Consultations for influenza-like illness (ILI) with sentinel GPs are at baseline intensity levels and decreased compared to the previous week. Two 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 slightly to **18** in the most recent week.
- There were **44** in-patient cases of confirmed influenza, one of whom was in critical care.
- In week 40 2026, there were 61 total influenza cases confirmed (9 influenza A(H3N2), 8 influenza A(H1N1), 42 influenza A untyped and 2 influenza B; Figure 4).

Figure 4: 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 40, 2025 to week 40, 2026 (source: PHW).



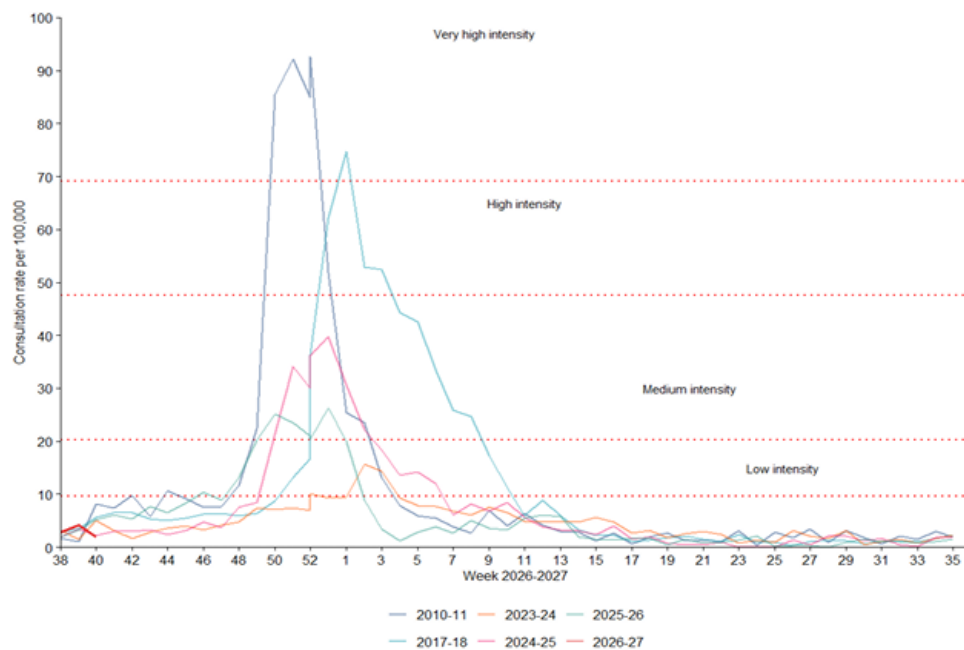
Data correct as of 05/10/2026

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

There were 2 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (4.1 consultations per 100,000).

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

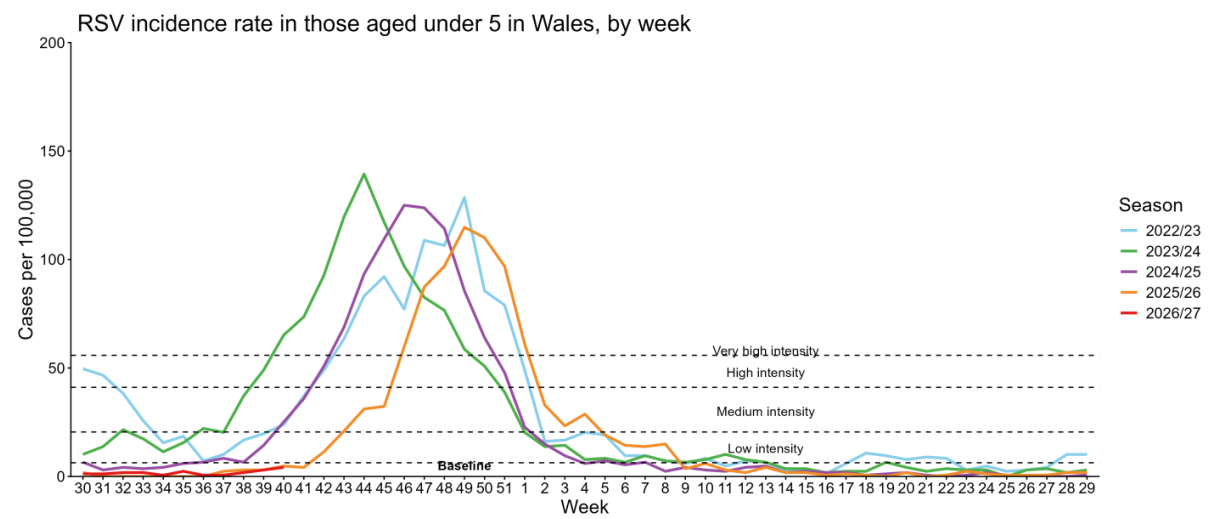
Figure 5: Sentinel GP network clinical consultation rate for ILI per 100,000 practice population (source: [PHW](#)).



B.3. Respiratory Syncytial Virus (RSV) update

- The number of confirmed cases of community acquired RSV admitted to hospital increased to 6. There were 3 in-patient cases of confirmed RSV.
- RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels (4.2). This was an increase compared to the previous week (3.0).

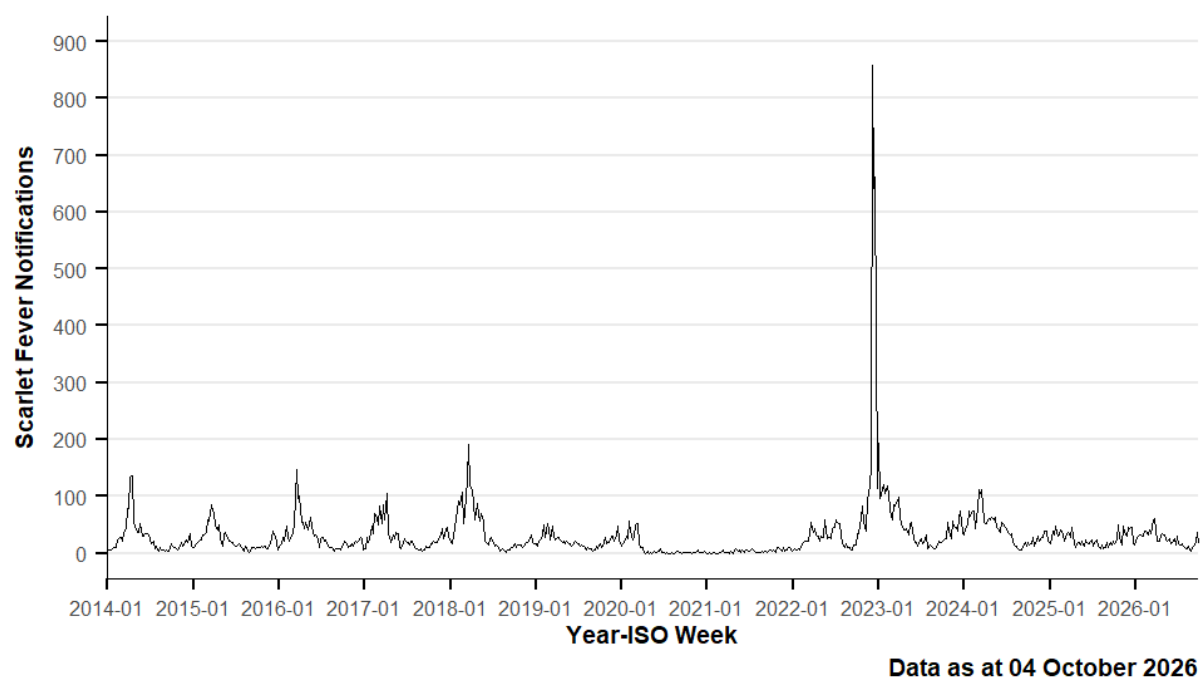
Figure 6: RSV Incidence Rate per 100,000 population under 5 years, weeks 30, 2020 to week 40, 2026 (source: PHW).



B.4. iGAS and Scarlet Fever

The number of iGAS notifications are currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **decreased** in the most recent week (week 40) as shown in the figure below (up to 04 October 2026).

Figure 7: Rolling 3-week average Scarlet Fever notifications, 2014-2026, Wales (source: [PHW](#)).



B.5. Additional indicators

- The number of ambulance calls recorded referring to respiratory syndromic indicators increased from 1,400 in the previous week to 1,604 in the latest reporting week.
- During Week 40, 2026, **2** ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, **1** was ARI, and **1** was COVID-19 and both 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 have published modelled scenarios for COVID-19 for [Winter 2026-27](#).

This uses analysis of historical data to estimate what we may see in winter 2026/27 in terms of hospital admissions and hospital bed occupancy in Wales, contributing to winter planning for NHS Wales.

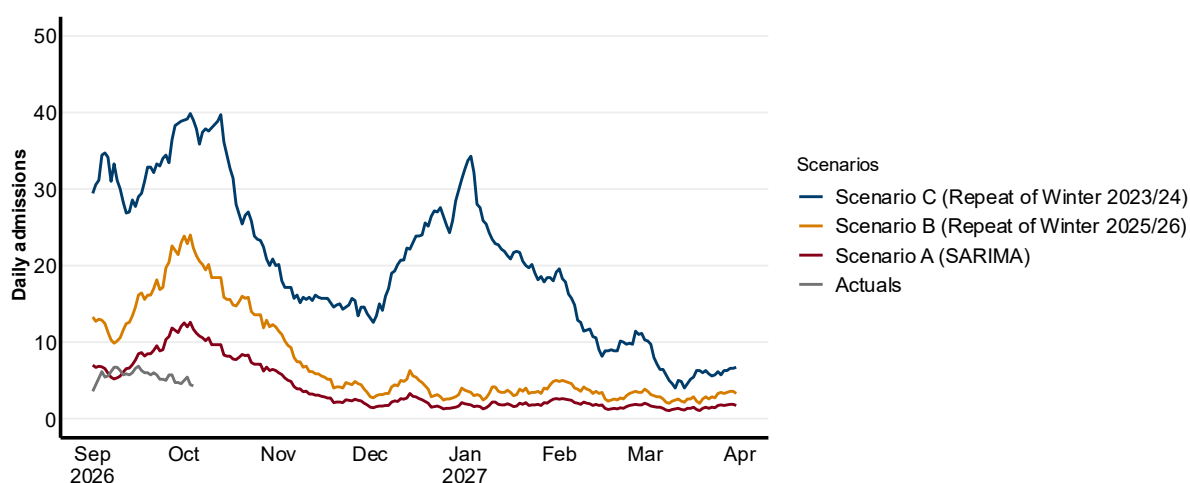
The chart that follows (**Figure 8**) shows an estimate of COVID-19 hospital admissions occurring so far in winter 2026/27 using actual data and these are compared to our 2026/27 winter modelling scenarios (see the technical notes at the end of section **C. Science Research Evidence Winter Modelling** for details on how the 'actuals' were estimated).

Note that modelling is an estimate of what may happen, not a prediction of what will happen.

COVID-19

COVID-19 actuals are currently tracking below all Scenarios.

Figure 8: Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2027 (actuals data until 04 October 2026).



Source: Raw data to 31 March 2026 provided by DHCW, projected scenarios from 1 September 2026 to 31 March 2027 from SRE, actuals data until 04 October 2026 PHW.

Technical Notes

The winter modelling used hospital admissions data from the Patient Episode Data for Wales (PEDW) dataset provided by Digital Health and Care Wales (DHCW). However, due to a lag in clinical coding and receiving PEDW data from DHCW, the ICNET admissions data provided by Public Health Wales (PHW) were used for the actuals. The data sources differ for a few reasons: the flu and RSV data from PHW includes lab-confirmed results only and includes inpatients only. The PEDW data from DHCW is based on [International Classification of Diseases version 10](#) (ICD-10) codes.

Modelling scenario details

- **COVID-19:** data includes ICD-10 codes U07.1, U07.2, U09.9, U10.9. Two scenarios repeat recent year's data from Digital Health and Care Wales, and one is calculated by applying a statistical technique.
- **Names of COVID-19 scenarios and the statistical model applied**

Scenario name	Technique
Scenario A (SARIMA)	SARIMA technique
Scenario B (Repeat of Winter 2025/26)	Repeat of 2025/26 data
Scenario C (Repeat of Winter 2023/24)	Repeat of 2023/24 data

- **RSV:** Data includes ICD-10 codes J12.1, J20.5, J21.0, B97.4.
- **Names of RSV scenarios, model assumptions**

Scenario name	Scenario
Scenario A (Low coverage)	Model fit to data between 1 April 2023 and 31 March 2026. Low vaccine coverage.
Scenario B (Baseline coverage)	Model fit to data between 1 April 2023 and 31 March 2026. Baseline vaccine coverage.
Scenario C (High coverage)	Model fit to data between 1 April 2023 and 31 March 2022. High vaccine coverage.

- **Flu:** Data includes ICD-10 codes J09X, J100 to J102, J110, J108, J111, J112.
- **Names of influenza scenarios and the statistical models applied**

Scenario name	Scenario
Scenario A (H1N1 & H3N2 dominant, Low coverage)	2022 to 2023 winter season (when both H1N1 and H3N2 were dominant) with low vaccine uptake assumptions (20% lower than observed uptake)
Scenario B (H1N1 & H3N2 dominant, Baseline coverage)	2022 to 2023 winter season (when both H1N1 and H3N2 were dominant) with baseline vaccine uptake assumptions (observed vaccine uptake)
Scenario C (H1N1 dominant, Baseline coverage)	2024 to 2025 winter season (when H1N1 was dominant) with baseline vaccine uptake assumptions (observed vaccine uptake)
Scenario D (H1N1 dominant, High coverage)	2023 to 2024 winter season (when H1N1 was dominant) with high vaccine uptake assumptions (20% higher than observed vaccine uptake)

D. Communicable Disease Situation Update (non-respiratory)

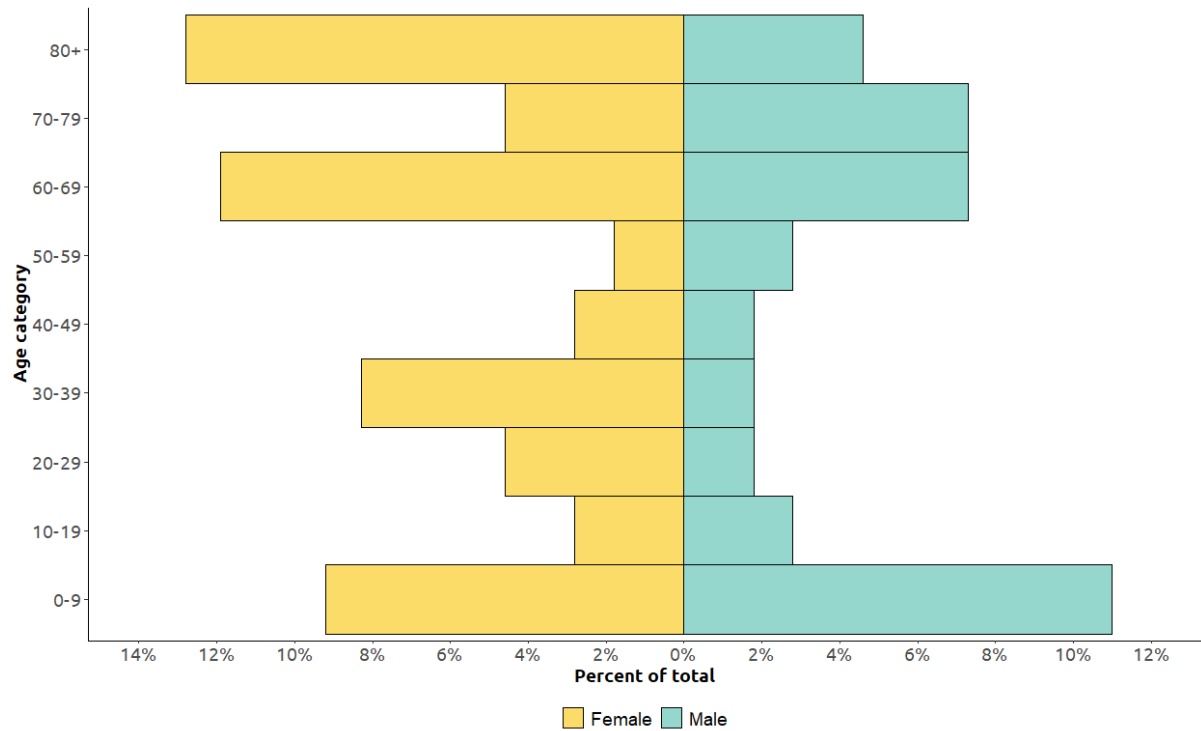
D.1. Norovirus

In the current reporting week (week 40, 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 39, 2026), when **9** Norovirus cases were reported.

In the last 12-week period (13/07/2026 to 04/10/2026) a total of **109** Norovirus cases were reported in Welsh residents. This is a decrease **(9.2%)** in reported cases compared to the same 12-week period in the previous year (13/07/2025 to 04/10/2025) when **120** Norovirus cases were reported.

In the last 12 weeks (13/07/2026 to 04/10/2026) **64 (58.7%)** Norovirus cases were female and **45 (41.3%)** cases were male. The age groups with the most cases were the **0-9 (22 cases)** and **60-69 (21 cases)** age groups.

Figure 9: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (to 04 October 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 40 2026 (to 04/10/2026). 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](#) (8 October)

On 7 October 2026, the [Democratic Republic of the Congo \(DRC\)](#) reported a total of 8,728 confirmed cases, including 4,205 related deaths (from data up until 6 October). A total of 1,066 patients are hospitalised in isolation. This represents an increase of 63 new confirmed cases and 27 deaths since the previous report on 6 October (reporting data up until 5 October). The 63 new cases have been reported from Ituri (33 cases), and North Kivu (30 cases). Among the individuals who tested positive for Bundibugyo virus, 2,269 have recovered. In total, 82% of identified case contacts are under follow-up in the affected provinces.

Ituri province remains the most affected, with 6,513 cases, including 3,007 deaths, reported from 28 of 36 health zones. In North Kivu, 1,785 cases, including 1,021 deaths, have been reported from 17 of 34 health zones. In South Kivu, three cases, including one death, have been reported from one of 34 health zones. In Haut-Uélé, 364 cases, including 153 deaths, have been reported from seven of 13 health zones. In Tshopo, 51 cases, including 18 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, 64 of 167 health zones are currently affected across the seven provinces.

E.2. [Influenza \(H5N1\) - Multi-country \(World\) Monitoring human cases](#) (2 October)

On 27 September 2026, the Ministry of Health of Cambodia reported a laboratory-confirmed human case of avian influenza A(H5N1) in a man in his forties from Trapeang Prasat district, Oddar Meanchey Province, Cambodia.

Infection was confirmed by the National Institute of Public Health and the Institut Pasteur du Cambodge. The patient is a poultry farmer who reportedly had direct contact with sick and dead chickens. The poultry outbreak was confirmed as avian influenza on 23 September 2026 by the National Animal Health and Production Research Institute. The patient is currently hospitalised in isolation and receiving treatment. Public health investigations are ongoing to identify the source of infection, detect additional human cases, and trace contacts. National and sub-national health authorities are working in collaboration with agricultural authorities and local officials. Antiviral prophylaxis (oseltamivir) is being provided to close contacts, and risk communication and health education activities have been implemented in the affected community.

This is the sixth human case of avian influenza A(H5N1) infection reported in Cambodia in 2026. Previously Cambodia reported sporadic human cases between 2003 and 2014, with

exposure history to infected poultry or contaminated environments. Human cases re-emerged in 2023. Overall, 40 laboratory-confirmed cases, including 15 deaths (CFR: 37.5%) have been reported in Cambodia.

E.3. [Seasonal surveillance of West Nile Virus infections – 2026](#) (2 October)

Since the beginning of the 2026 transmission season, and as at 30 September, 202 areas affected by West Nile virus (WNV) have been identified in 16 countries across Europe.

These areas are located in Italy (67), France (25), Greece (24), Romania (24), the Netherlands (15), Serbia (10), Spain (6), Belgium (5), Croatia (5), North Macedonia (5), Hungary (4), Kosovo* (4), Austria (3), Germany (3), Albania (1) and Cyprus (1). The 16 countries have reported 1 765 locally acquired human cases of WNV infection.

This week, 16 areas are reported as affected for the first time this season.

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.

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](#) (2 October)

Since the beginning of 2026, and as at 30 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.

E.5. [Seasonal surveillance of chikungunya virus disease](#) (2 October)

Since the beginning of 2026 and as at 30 September 2026, two countries in Europe have reported locally acquired cases of chikungunya virus disease: France (124 cases) and Italy (1 case).

Since last week's update, France reported 34 new locally acquired chikungunya virus disease cases, including 18 in the municipality of Prayssac (Lot department), bringing the total to 124 cases. These cases are distributed across 19 clusters, with six new clusters identified. Seventeen 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](#) (2 October)

Since the beginning of 2026, and as at 30 September 2026, two countries in Europe have reported locally acquired cases of dengue: Italy (59 cases) and France (6 cases).

Since last week's update, Italy reported 12 new locally acquired dengue cases. The cumulative number of locally acquired cases in Italy is 59, distributed across nine clusters, two of which are newly identified: one in the Firenze NUTS 3 region (Firenze) and one in the Vicenza NUTS 3 region (Cartigliano). All clusters are currently active.

One new locally acquired dengue case has been reported by France since last week's update. The cumulative number of locally acquired cases in France is six, 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).