



Llywodraeth Cymru
Welsh Government

Yr Is-adran Gwyddoniaeth, Ymchwil a Thystiolaeth Science Research Evidence Division

Y Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar
Health, Social Care and Early Years Group

Weekly Surveillance Report

16th January 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 02 2026, up to 11 January 2026)

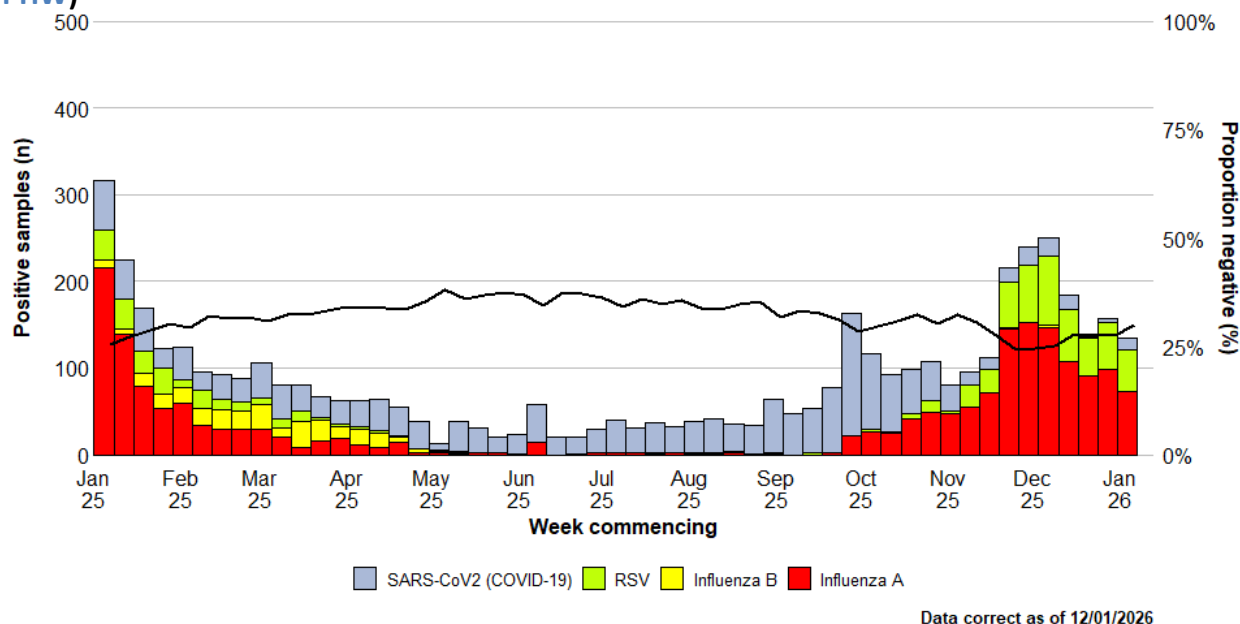
- COVID-19 confirmed case admissions to hospital **remained stable**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **decreased**.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 02).
- Whooping Cough (Pertussis) notifications have **decreased** in week 01 (the most recent reporting week).
- Scarlet Fever notifications are **fluctuating** in recent weeks (to week 02).

B. Acute Respiratory Infections Situation Update

B1. 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** in week 02 2026 (to 11 January 2026).
- As of 11 January 2026 (week 02), the number of confirmed cases of community acquired COVID-19 admitted to hospital **remained stable** at **15** and there were **67** in-patient cases of confirmed COVID-19, **four** of whom were in critical care compared to 50 and two in the previous week.
- Confirmed cases of positive tests remained stable at 3.5 % in hospital and non-sentinel GP practices in the most recent week (week 2). Consultations with Sentinel GPs and sentinel community Pharmacies for COVID-19 decreased in recent weeks.
- In the last six weeks, lineage XFG.3 is the most frequently detected variant in Wales, accounting for **31.8%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 02, 2025 to Week 02, 2026. (source: PHW)



COVID-19, Respiratory Syncytial Virus (RSV) and Influenza Short Term Projections

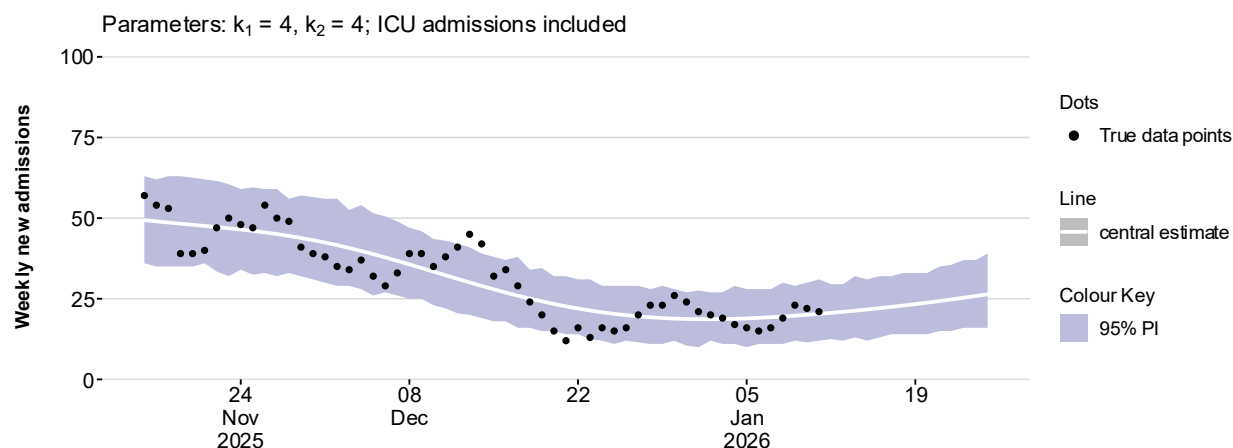
The Science Research Evidence (SRE) team at Welsh Government have produced short term projections (STPs) for COVID-19, RSV and Influenza which can be produced nationally and at the Local Health Board level. RSV is also produced by age groups nationally. STPs project 2 weeks forward using current data from 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.

COVID-19, RSV and Influenza STPs use admissions data from PHW until **10 January 2026** to make short term projections two weeks forward (**to 24 January 2026**). The black or brown dots represent the actual data 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.

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.

The STPs for Wales show that COVID-19 admissions are projected to rise slightly over the next two-week period (Figure 2).

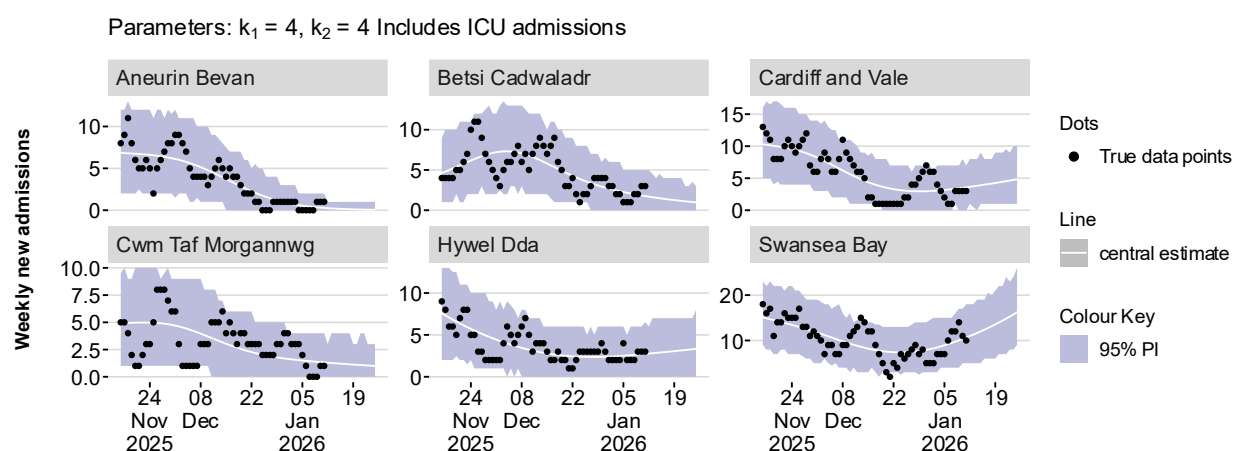
Figure 2: Short Term Projection for COVID-19 hospital admissions in Wales (data to 10 January 2026, projection to 24 January 2026)



Source: Public Health Wales

Figure 3 shows that COVID-19 admissions are projected to approximately plateau in health boards in Wales except for Swansea Bay health board where an increase in admissions for COVID-19 is projected over the next two weeks (to 24 January 2026).

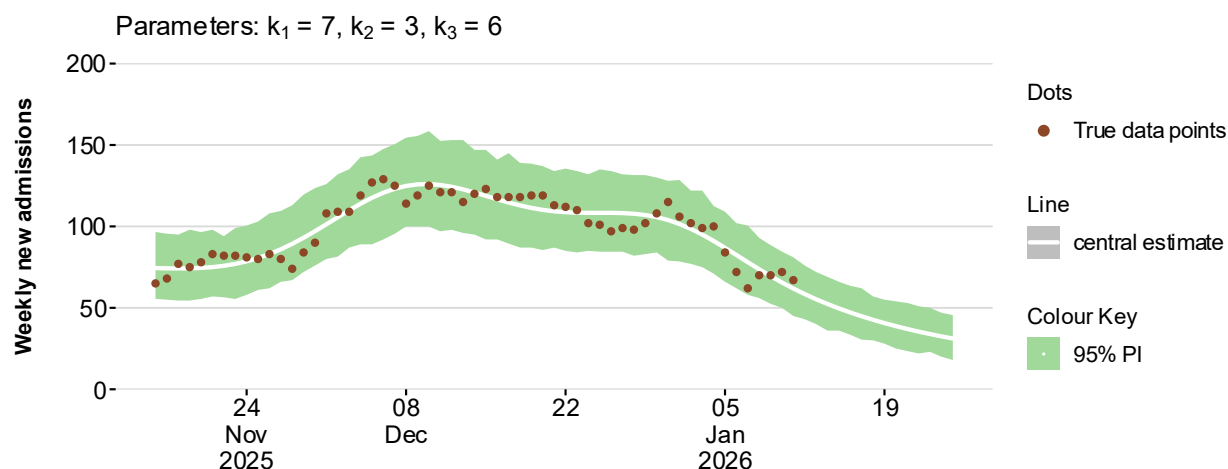
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 10 January 2026, projection to 24 January 2026)



Source: Public Health Wales

The STPs for Wales show that RSV admissions are projected to decrease over the next two-week period (Figure 4).

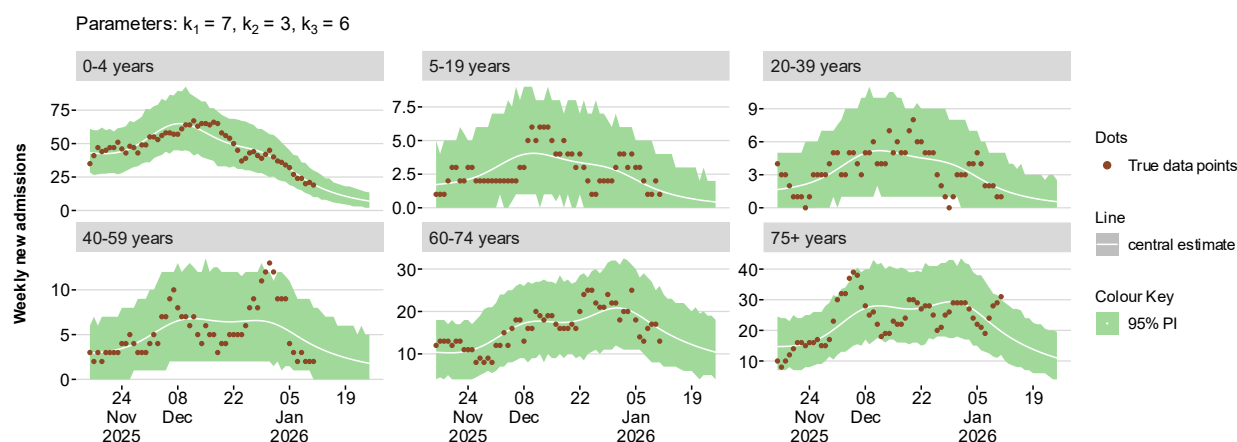
Figure 4: Short Term Projection for RSV hospital admissions in Wales (data to 10 January 2026, projection to 24 January 2026)



Source: Public Health Wales

Figure 5 shows that RSV admissions for all age groups are projected to decrease over the next two weeks (to 24 January 2026).

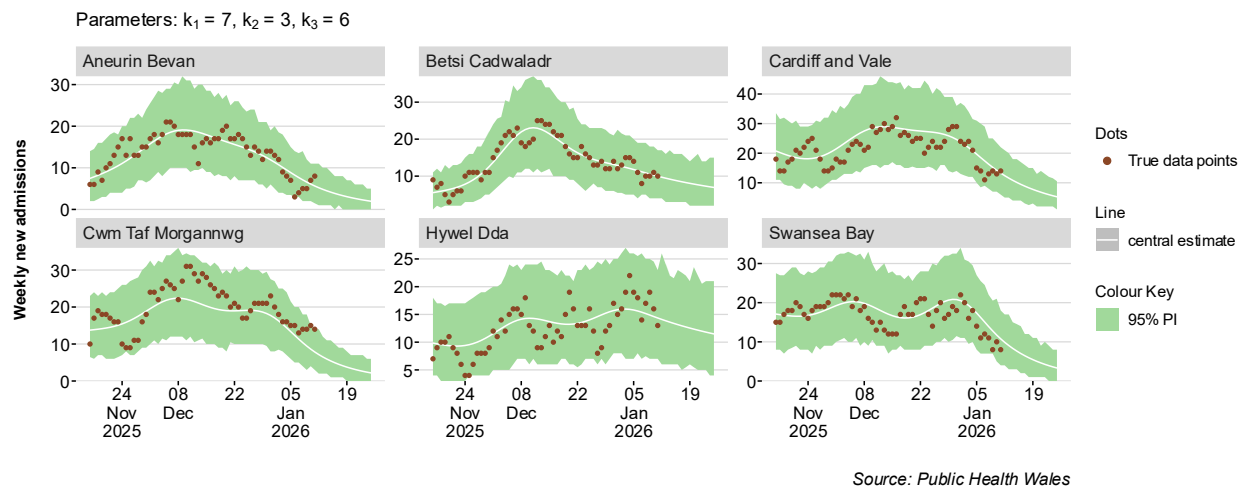
Figure 5: Short Term Projections for RSV hospital admissions in Wales by age groups (data to 10 January 2026, projection to 24 January 2026)



Source: Public Health Wales

Figure 6 shows that RSV admissions for all health boards are projected to decrease over the next two weeks (to 24 January 2026).

Figure 6: Short Term Projections for RSV hospital admissions in Wales Local Health Boards (data to 10 January 2026, projection to 24 January 2026)



The STPs for Wales show that Influenza admissions are projected to decrease over the next two-week period (Figure 7).

Figure 7: Short Term Projection for Influenza hospital admissions in Wales (data to 10 January 2026, projection to 24 January 2026)

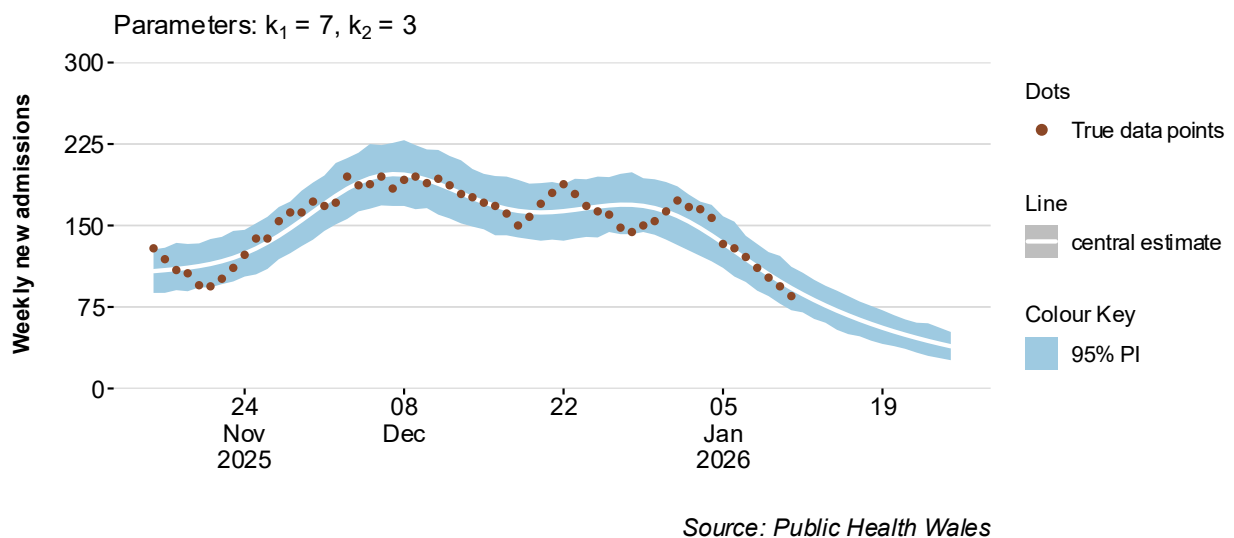
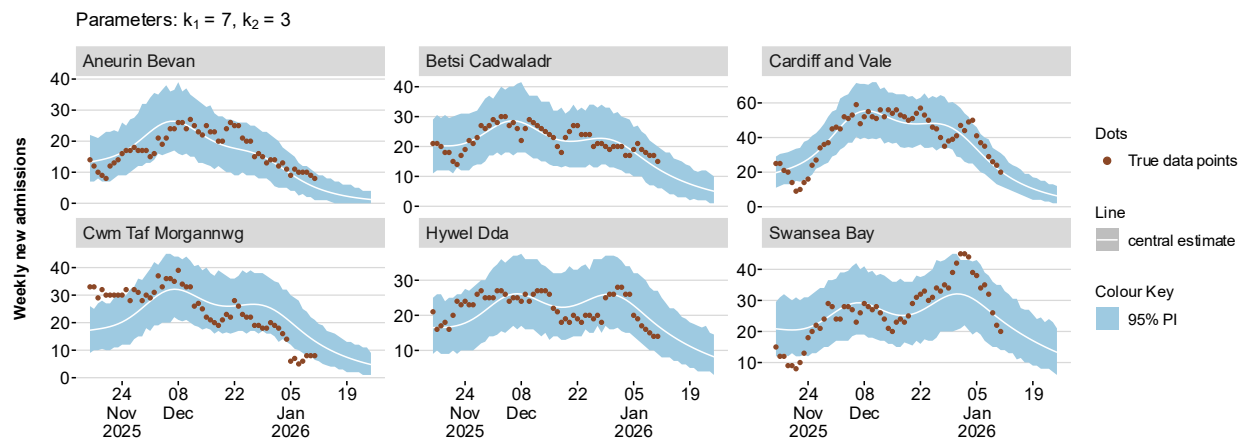


Figure 8 below shows that Influenza admissions are projected to decrease in health boards over the next two weeks (to 24 January 2026).

Figure 8: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 10 January 2026, projection to 24 January 2026)

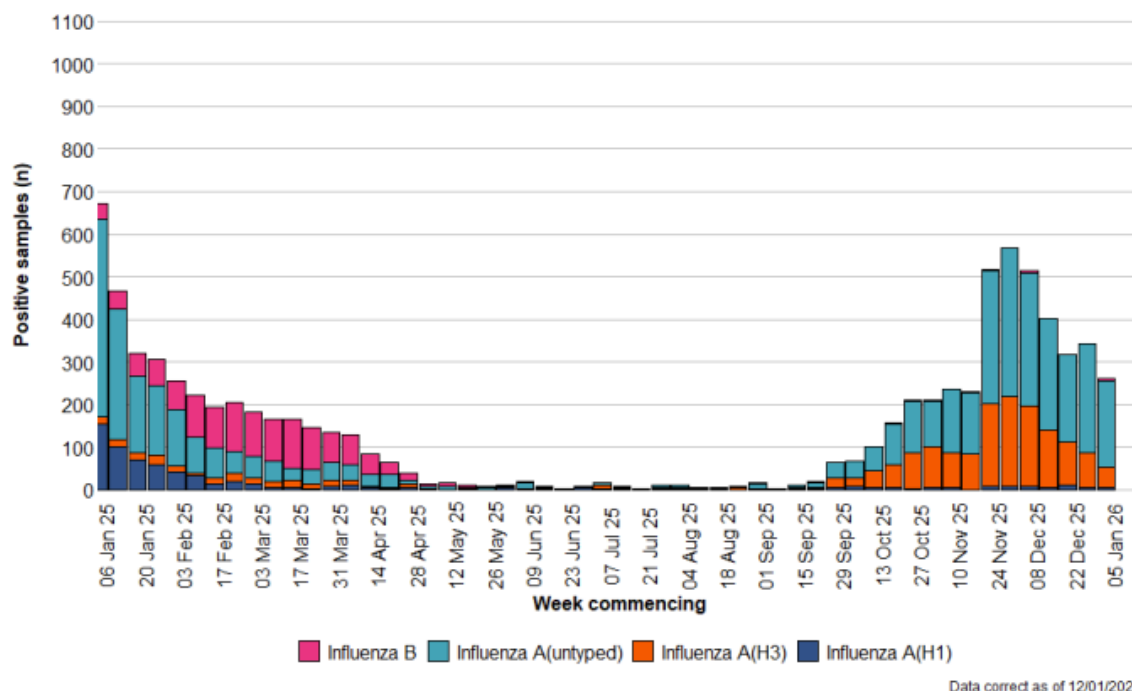


Source: Public Health Wales

B.2. Influenza Situation Update

- Influenza activity is at medium intensity levels. Test positivity decreased, confirmed cases decreased in the most recent week. Hospital admissions in patients with confirmed influenza decreased compared to last week. Influenza A untyped is the most frequently detected influenza virus in Wales, accounting for the majority of cases.
- Confirmed cases of community acquired influenza admitted to hospital decreased to **91** in the current week (compared to **138** in the previous week). Test positivity decreased to **12.4%**.
- There were **241** in-patient cases of confirmed influenza, 17 of whom were in critical care compared to **265** and **15** in the previous week.
- In week 02 2026, there were 46 influenza A(H3), five influenza A(H1N1), 204 influenza A untyped and five influenza B. (Figure 9).

Figure 9: 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 02, 2025 to Week 02, 2026 (source: PHW)



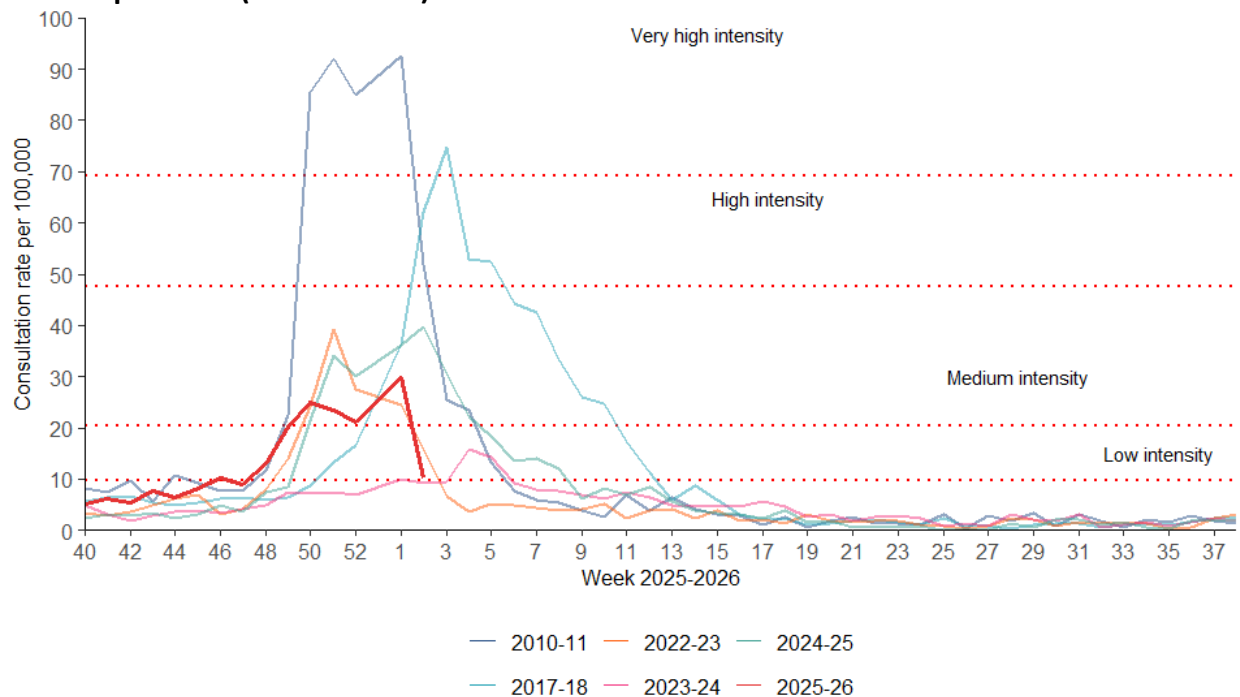
The sentinel GP consultation rate for influenza-like illness (ILI) is at low intensity and the three-week trend is variable.

There were 10.1 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (29.7 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 9.3 ARI consultations per 100,000 practice population, a decrease from 14 in the previous week. The highest rates were found in people aged under 1 year (891.6) followed by people aged 1 to 4 (218.6) and people aged 75+ (209.9).

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

Figure 10: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)



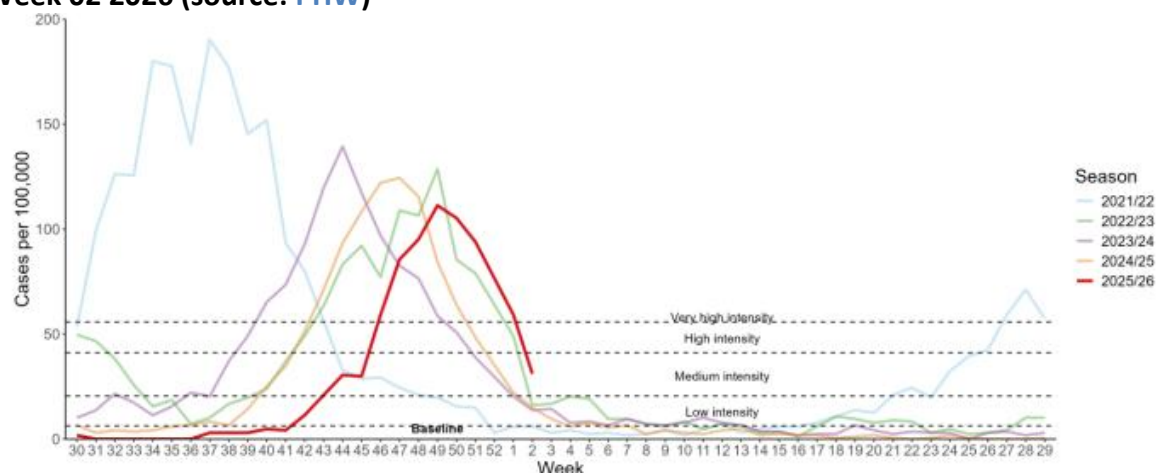
Data correct as of 13/01/2026

B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital decreased to **84** during Week 2.

RSV incidence per 100,000 in children aged up to 5 years **decreased** to **31.1** in Week 2 (59.2 in the previous week) and is now at medium intensity levels. During Week 2 there were 148 in-patient cases of confirmed RSV, and eight in critical care.

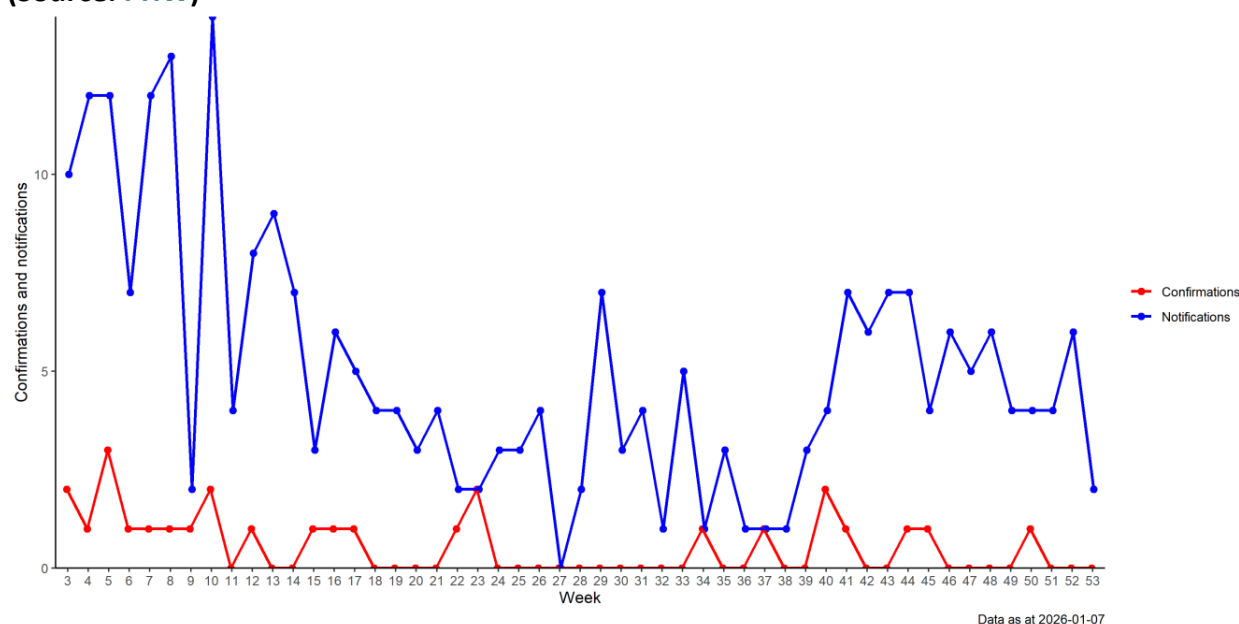
Figure 11: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 02 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 12 below shows that whooping cough notifications up to the end of week 01 (most recent week available) **decreased**. Lab confirmations continue to be at very low levels levels (*Whooping cough is now reported on every two weeks*).

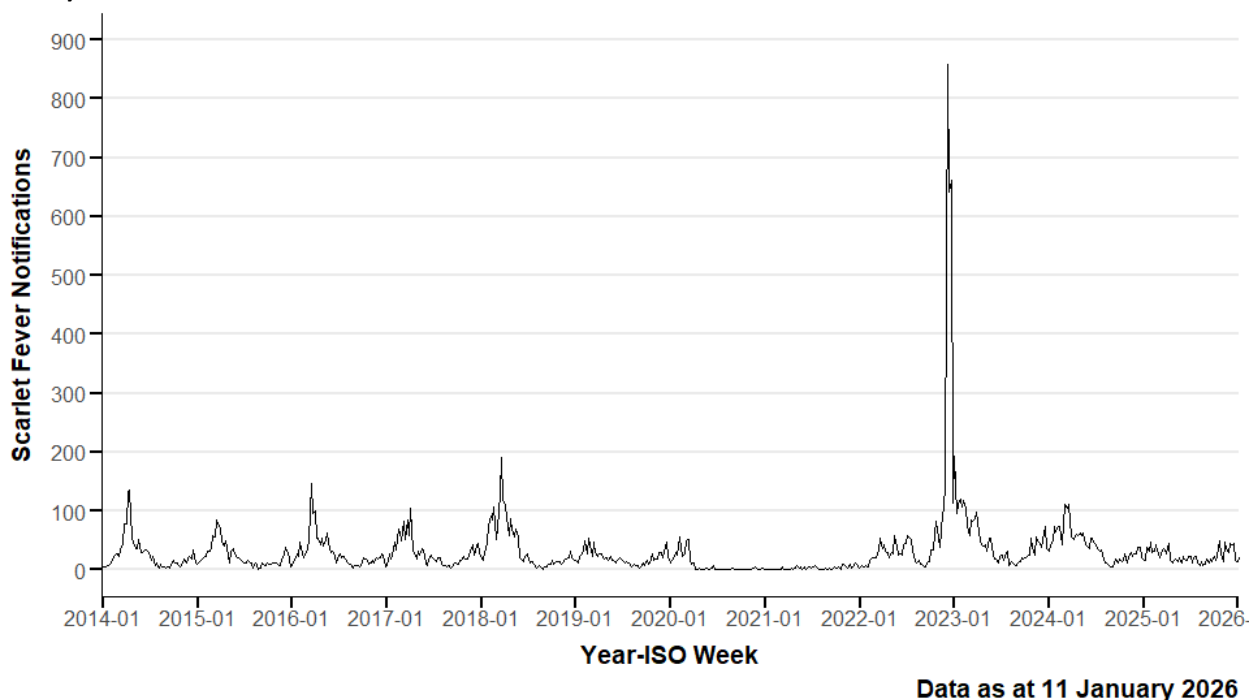
Figure 12: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications is currently low, remaining at seasonally expected levels. Scarlet Fever notifications are **fluctuating** in the most recent week (week 02) as shown in the figure below.

Figure 13: Rolling 3 Week Average Scarlet Fever Notifications, 2014-2026, Wales (source: PHW)



B.6 Additional indicators

- The number of ambulance calls recorded referring to syndromic indicators decreased from **2,047** in the previous week to **1,939** in the latest reporting week.
- During Week 2, 2026, 13 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these all were Influenza or Influenza-like illness. All 13 were in residential care 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, RSV and Influenza for [Winter 2025-26](#).

This uses analysis of historical data to estimate what we may see in winter 2025/26 in terms of hospital admissions and hospital bed occupancy in Wales, contributing to winter planning for NHS Wales.

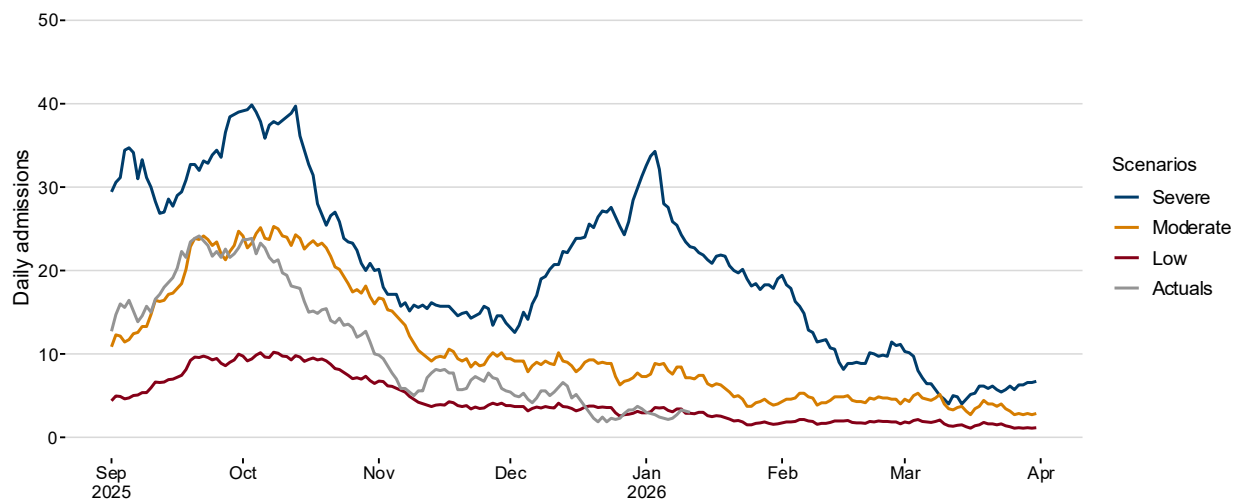
The charts that follow (Figures 14-16) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Research Evidence Winter Modelling** for details 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 admissions are fluctuating and are currently close to the Low scenario.

Figure 14 Daily COVID-19 Winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 10 January 2026)



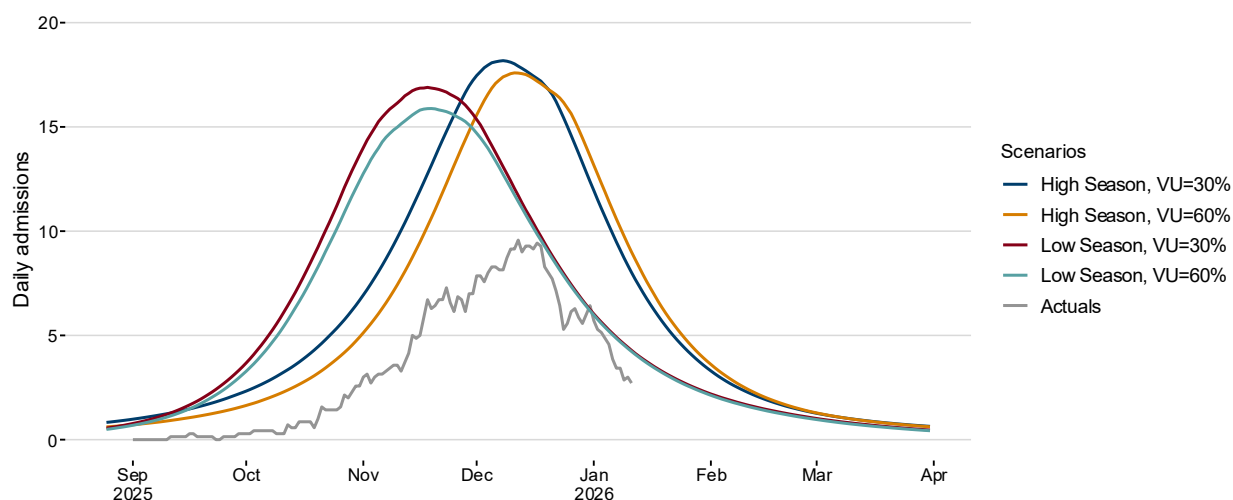
Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, actuals data until 10 January 2026 from PHW.

Notes: Scenarios repeat previous year's data from Digital Health and Care Wales. Includes ICD-10 codes U071, U072, U099, U109.

RSV

RSV admissions (ages 0-4 years) actuals are declining and are currently tracking below Low Season Scenarios.

Figure 15: Daily RSV Winter 2025-25 paediatric (ages 0-4) admissions scenarios, modelling to 31 March 2026 (actuals data until 10 January 2026)

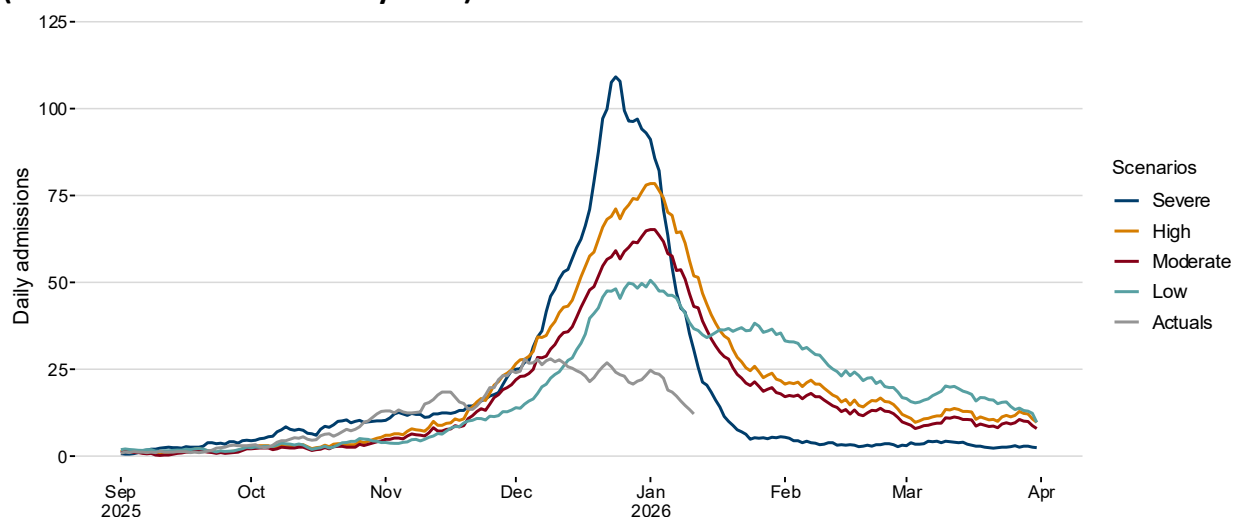


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, actuals data until 10 January 2026 from PHW.

Influenza

Influenza (flu) admissions actuals are below the season peak and are currently tracking below the Low scenario.

Figure 16: Daily flu winter 2025-26 admissions scenarios, modelling to 31 March 2026 (actuals data until 10 January 2026)



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, actuals data until 10 January 2026 from 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 U071, U072, U099, U109. 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
Severe	Repeat of 2023/2024 data
Moderate	Repeat of 2024/2025 data
Low	SARIMA

- **RSV:** Data includes ICD-10 codes J121, J205, J210, B974.

Names of RSV scenarios, model assumptions

Scenario name	Reference Season	Vaccine uptake (VU)
High season, VU= 30%	2022/23 winter	30%
High season, VU= 60%	2022/23 winter	60%
Low season, VU= 30%	2023/24 winter	30%
Low season, VU= 60%	2023/24 winter	60%

- **Flu:** Data includes ICD-10 codes J09X, J100 to J102, J110, J108, J111, J112, J118.

Names of influenza scenarios and the statistical models applied

Scenario name	Technique
Severe	Repeat of 2022/23 data
High	Repeat of 2024/25 data
Moderate	SARIMA
Low	ETS

D. Communicable Disease Situation Update (non-respiratory)

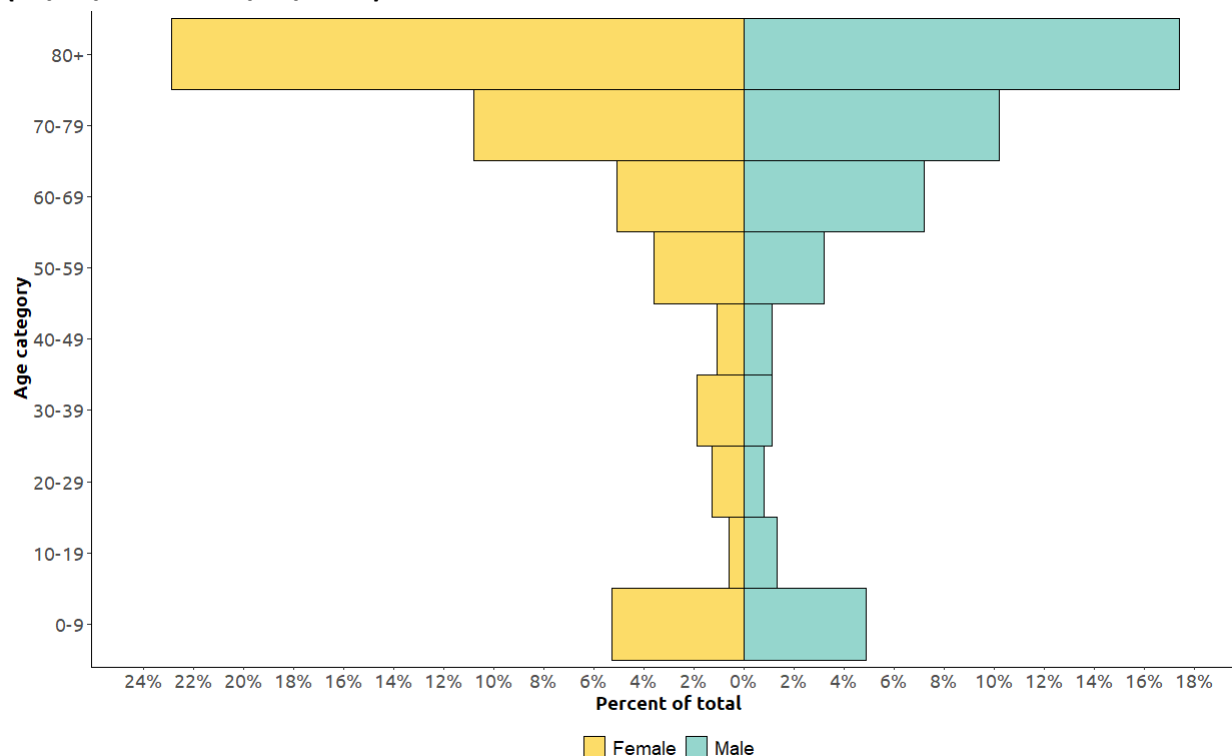
D.1 Norovirus

In the current reporting week (week 2 2026), a total of **80** Norovirus cases were reported in Welsh residents. This is *a decrease* (-3.6%) in reported cases compared to the previous reporting week (week1 2026), when **83** Norovirus cases were reported.

In the last 12-week period (20/10/2025 to 11/01/2026) a total of **528** Norovirus cases were reported in Welsh residents. This is *an increase* (12.8%) in reported cases compared to the same 12-week period in the previous year (20/10/2024 to 11/01/2025) when **468** Norovirus cases were reported.

In the last 12 weeks (20/10/2025 to 11/01/2026) **278** (52.7%) Norovirus cases were female and **250** (47.3%) cases were male. The age groups with the most cases were the 80+ (213 cases) and 70-79 (111 cases) age groups.

Figure 17: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (20/10/2025 to 11/01/2026)



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 02 2026 (20/10/2025 to 11/01/2026).

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 Updates on Avian Influenza in the UK (up to 15th January 2026)

15 January 2026 – further update

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed at a third large commercial premises near [York, York, North Yorkshire \(AIV 2026/08\)](#). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed at a fourth premises near [Penicuik, Scottish Borders \(AIV 2026/06\)](#) on 15 January 2026. A 3km Protection Zone (PZ) and 10 km Surveillance Zone (SZ) are in place. All poultry on the premises will be humanely culled.

Low pathogenic avian influenza (LPAI) H5 was confirmed at a large commercial poultry premises near [Mundford, Breckland, Norfolk \(AIV 2026/07\)](#) on 15 January 2026. A 1km Low Pathogenic Avian Influenza Restricted Zone has been declared around the premises. All poultry on the premises will be humanely culled.

15 January 2026

Following successful completion of disease control activities and surveillance in the zone around a premises [near Hallow, Malvern Hills, Worcestershire \(AIV 2025/94\)](#), the 10km surveillance zone has been revoked.

13 January 2026 – further update

Following successful completion of disease control activities and surveillance within the zone around a premises [near Dawlish, Teignbridge, Devon \(AIV 2025/101\)](#), the captive bird (monitoring) controlled zone has been revoked.

13 January 2026

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a [second large commercial poultry flock near York, York, North Yorkshire \(AIV 2026/05\)](#).

A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

12 January 2026

Following successful completion of disease control activities and surveillance in the zone near [Alford, East Lindsey, Lincolnshire \(AIV 2025/92\)](#), the surveillance zone has been revoked.

11 January 2026

Following successful completion of disease control activities and surveillance in the zone around a [premises near Woodbridge, East Suffolk, Suffolk \(AIV 2025/97\)](#), the protection zone has ended and the area that formed it becomes part of the surveillance zone.

Following successful completion of disease control activities and surveillance within the zone around a [premises near Burscough, West Lancashire, Lancashire \(AIV 2025/66\)](#) the captive bird (monitoring) controlled zone has been revoked.

The chief veterinary officer (CVO) for Scotland confirmed the presence of highly pathogenic avian influenza (HPAI) in a commercial flock of poultry on 11 January 2026 at a premises [near Penicuik, Scottish Borders, Scotland \(AIV 2026/004\)](#).

A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

10 January 2026

Following successful completion of disease control activities and surveillance in the zone around a [premises near Alford, East Lindsey, Lincolnshire \(AIV 2025/92\)](#), the protection zone has ended and the area that formed it becomes part of the surveillance zone.

All bird flu cases and disease control zones

The first case of HPAI H5N1 of the 2025 to 2026 outbreak season was confirmed in:

- England on 11 October 2025
- Scotland on 12 November 2025
- Wales on 25 October 2025
- Northern Ireland on 9 October 2025

In line with World Organisation for Animal Health (WOAH) rules, the UK is no longer free from highly pathogenic avian influenza (bird flu).

Find [details of all bird flu cases and disease zones in England](#).

2025 to 2026: summary of confirmed cases in the UK

	HPAI H5N1 cases	LPAI cases
England	70	1
Scotland	7	0
Wales	7	0
Northern Ireland	4	0
Total	88	1

E.2. [Current epidemiological situation of mpox clade IIb up to 31 December 2025](#)

During the period, 2023 to 2025 (up to 31 December 2025) there have been a total of 700 cases of mpox clade IIb reported in the UK. Of these:

- 645 were in England (291 cases were presumed to have acquired mpox in the UK, 219 were acquired outside the UK and 135 are awaiting classification)
- 9 were in Northern Ireland (5 were presumed to have acquired mpox in the UK, 3 were imported cases acquired outside the UK and 1 is awaiting classification)
- 30 were in Scotland (10 were presumed to have acquired mpox in the UK, 17 were imported cases acquired outside the UK and 3 are awaiting classification)
- 16 were in Wales (5 were presumed to have acquired mpox in the UK, 5 were imported cases acquired outside the UK and 6 are awaiting classification)

Despite continuing and regular imports of mpox clade IIb, it is likely case numbers during 2023 to 2025 remain substantially lower than that seen in 2022 as a result of high levels of vaccine protection suppressing transmission.

E.3. [Seasonal surveillance of West Nile virus infection in the EU/EEA](#) (last update: 10 December)

In 2025, and as of 10 December 2025, 14 countries in Europe have reported 1,112 locally acquired human cases of WNV infection. The earliest and latest date of onset were on 19 May 2025 and 27 October 2025, respectively. Locally acquired cases have been reported by Italy (779), Greece (96, one of which had an unknown place of infection), France (62), Serbia (62), Romania (49), Spain (36), Hungary (14), Croatia (4), Albania (3), Germany (2), North Macedonia (2), Bulgaria (1), Kosovo* (1) and Türkiye (1). In Europe, 97 deaths were reported. Case numbers reported this year were above the average for the past decade (758). However, the figures remained lower than those seen in 2018, 2022, and 2024 – years when virus circulation was particularly intense, with over 1,300 cases reported.

This year, Italy experienced a large outbreak, with 779 confirmed human cases, including 72 fatalities (case fatality rate of 9.2%, which is within the expected range). This is the highest number of human WNV cases reported by Italy in a year. Most cases (267) were reported from the Lazio region (Latina, Roma and Frosinone), followed by 133 cases reported by the Campania region (Napoli, Caserta, Salerno and Avellino). Other regions reported similar numbers to previous years. Furthermore, France reported more cases than in any previous year and 14 regions reported cases for the first time ever.

As of 3 December 2025, locally acquired human cases of WNV infection were reported in 157 regions across 14 countries. This compares with 188 regions across 18 countries in 2024. All 14 countries had previously reported human cases of WNV.

*All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

E.4. [Chikungunya virus disease](#) (19 December)

Since the beginning of 2025, and as of 30 November (last day with available data), approximately 485 908 chikungunya virus disease (CHIKVD) cases and 229 CHIKVD-related deaths have been reported in 24 countries/territories.

Cases have been reported in the Americas, Africa, Asia, and Europe (France - mainland and outermost regions, i.e. Réunion and Mayotte - and Italy).

As further cases are unlikely, given the current unfavourable seasonal weather conditions for vector-borne transmission, ECDC is concluding its weekly reports for the 2025 season.

E.5. [Avian influenza A\(H9N2\) – Multi-country \(World\) – Monitoring human cases](#) (9 January)

According to WHO monthly Influenza at the human-animal interface summary and assessment report, published on 19 December 2025, since 5 November and as of 19 December 2025, WHO reported seven new cases of human infection with avian influenza A(H9N2), all in China. The cases were reported in Guangdong (1), Guangxi (3), Henan (1) and Hubei (2) provinces with onset of symptoms in September, October and November 2025. Five patients were children and two were adults. Five of the seven individuals had mild disease, two elderly individuals were hospitalised, of whom one with underlying conditions was hospitalised with severe pneumonia. All but one had exposure to birds either in backyard poultry (4) or live poultry market (2). Investigations are ongoing for one case to determine the source of infection. No new cases have been reported among contacts of these cases. For some of the individuals, environmental samples tested positive to A(H9). All these cases are not epidemiologically related.

Overall, 190 human cases, including two deaths, of avian influenza A(H9N2) have been reported since 1998 from 10 countries. Since 2015, China has reported 149 human cases of avian influenza A(H9N2) virus infection to WHO, including two deaths (case fatality rate (CFR): 1.4%)

E.6. [Marburg virus disease \(MVD\) - Ethiopia - 2025](#) (9 January)

Since the CDTR update on 19 December 2025, and as of 5 January 2026, there have been no additional confirmed cases of Marburg Virus Disease (MVD) reported in Ethiopia. The most recent confirmed case was reported on 12 December 2025. According to a press release

published by the MoH on January 5 2026, there has been no new cases of MVD and no contacts being monitored for 21 days. In alignment with the WHO and Ethiopian Marburg Disease Surveillance and Response Guidelines, the outbreak will be declared over 42 days after the last Marburg patient tests negative and is discharged.

Since the outbreak was confirmed on 14 November 2025, and as of 5 January 2026, 17 cases (14 laboratory confirmed and three probable) of Marburg Virus Disease (MVD) have been reported in Ethiopia, according to the Ministry of Health. A total of 12 deaths have been reported, nine of which were in laboratory-confirmed cases and three in probable cases (case fatality rate (CFR) among confirmed cases: 64.3%), as of 5 January 2026. According to media quoting health officials, the deaths include two healthcare workers

E.7. [Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#) (9 January)

Update: Since the previous update on 10 December 2025, and as of 5 January 2026, five new MERS cases (including one fatality) have been reported in Saudi Arabia with date of onset between September and December 2025. The patients reside in Makkah (2), Riyadh (2) and Najran (1) regions in Saudi Arabia. All patients are adults, three of whom are over 65 years of age. Two patients had direct contact with camels and there was no known contact with camels or camel products reported by the other cases. No secondary cases have been detected so far.

Summary: Since the beginning of 2025, and as of 10 December 2025, 14 MERS cases (including three fatalities) have been reported with date of onset in 2025. Among these, 12 cases (including three fatalities) have been reported in Saudi Arabia, and two imported cases have been reported in France.

Since April 2012, and as of 10 December 2025, a total of 2 642 cases of MERS, including 958 deaths, have been reported by health authorities worldwide