



Llywodraeth Cymru
Welsh Government

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

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

Weekly Surveillance Report

13th February 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 06 2026, up to 08 February 2026)

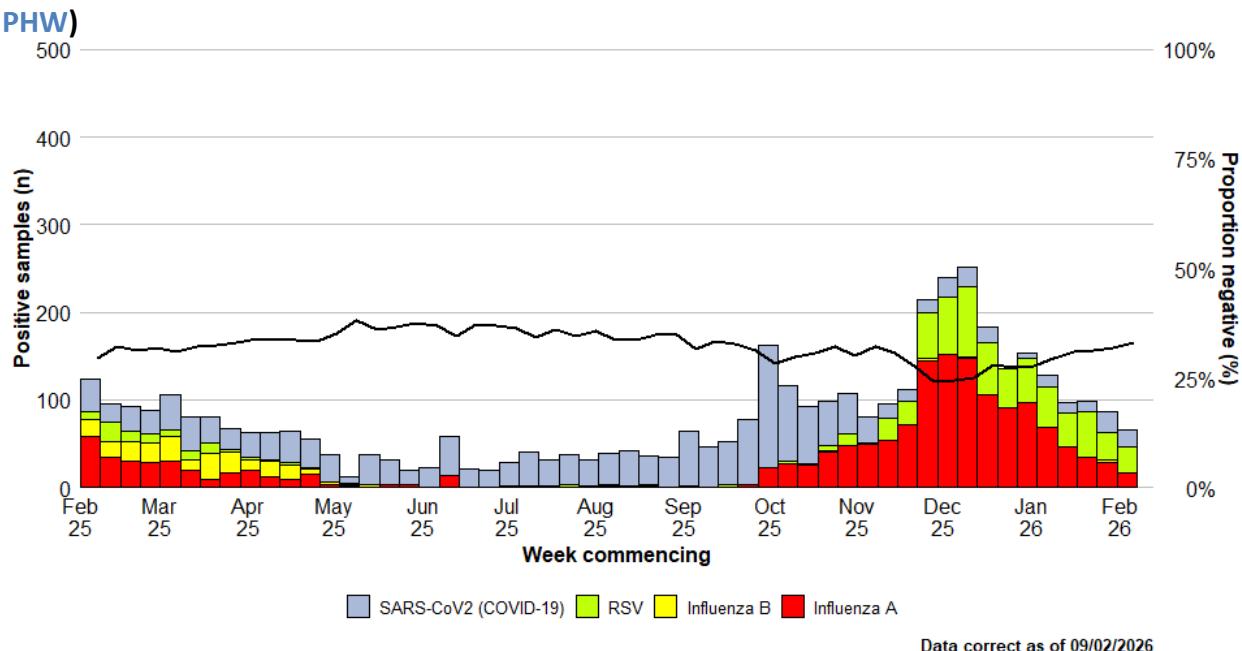
- COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **decreased**.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 06).
- Whooping Cough notifications **remained at zero** in week 04 (the most recent reporting week).
- Scarlet Fever notifications are **fluctuating** in a narrow band in recent weeks.

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 **decreased** and the number of cases who were inpatients **increased** in week 06 (to 08 February 2026).
- As of 08 February 2026 (week 06), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased to 16** (19 in the previous week) and there were **110** in-patient cases of confirmed COVID-19, **none** of whom were in critical care compared to 98 and none in the previous week.
- Confirmed cases of positive tests remained stable at 3.9% in hospital and non-sentinel GP practices in the most recent week. Consultations with Sentinel GPs for COVID-19 remains stable.
- In the last six weeks, Omicron PQ.2 is the most frequently detected variant in Wales, accounting for **14.4%** of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 06, 2025 to Week 06, 2026. (source: PHW)



Data correct as of 09/02/2026

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 at national and Local Health Board levels. RSV STPs are also produced by age groups nationally. STPs project 2 weeks forward using current 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.

SRE previously reported on the trends of the central estimates. From December 2025, in line with PHW, the difference between the most recent observed data (7 day rolling sum) and the projected central estimate 2 weeks later is reported on.

STP computations use admissions data from PHW until **08 February 2026** to make short term projections two weeks forward (**to 22 February 2026**). The black or brown 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.

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 decrease over the next two-week period (Figure 2).

Figure 2: Short Term Projection for COVID-19 hospital admissions in Wales (data to 08 February 2026, projection to 22 February 2026)

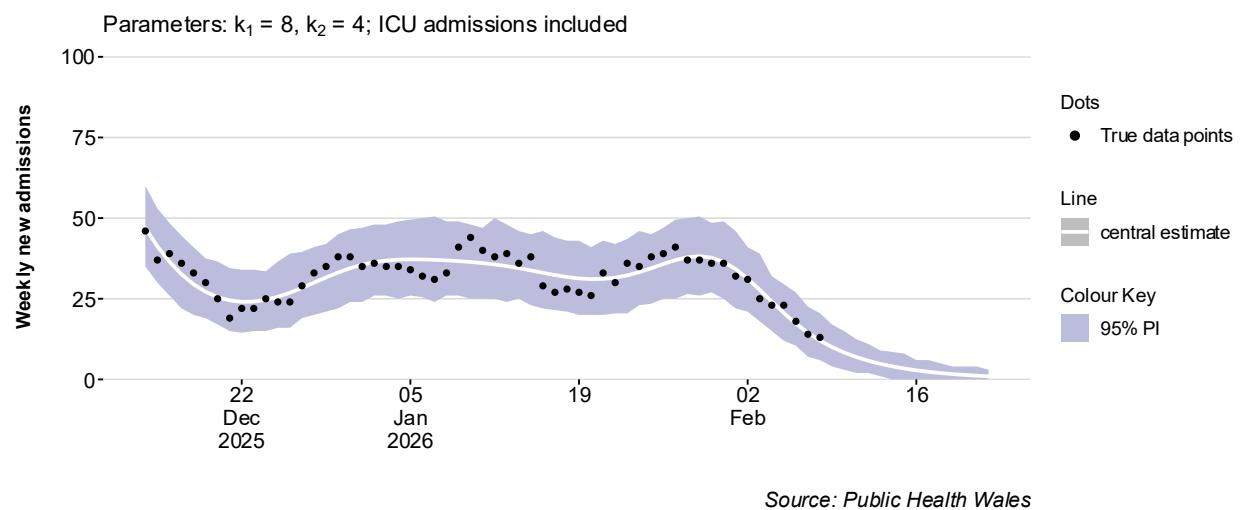
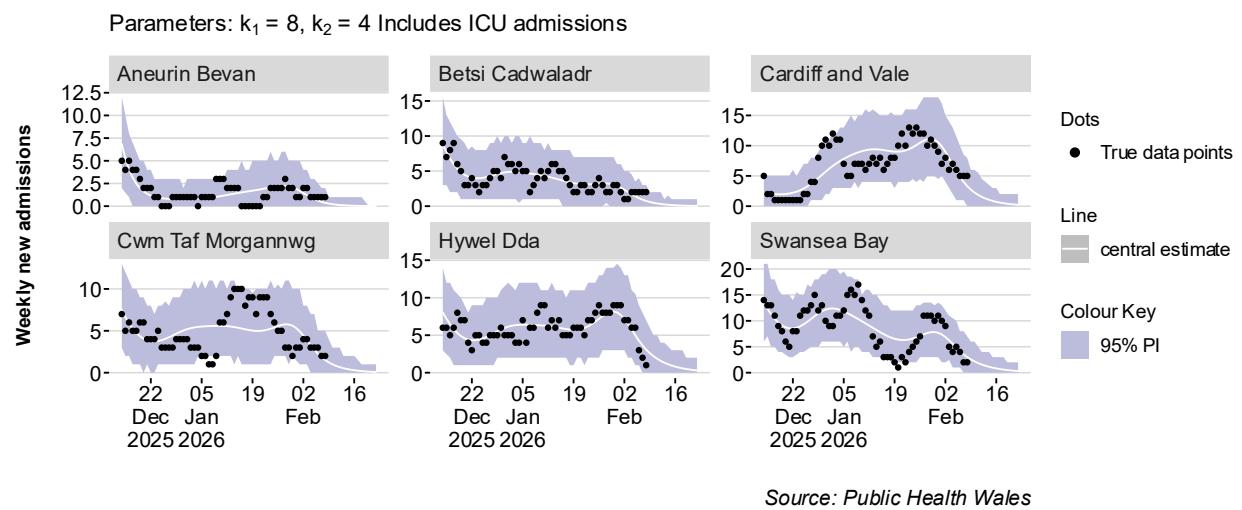


Figure 3 shows that COVID-19 admissions are projected to decrease or plateau in health boards in Wales over the next two weeks.

Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 08 February 2026, projection to 22 February 2026)



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

Figure 4: Short Term Projection for RSV hospital admissions in Wales (data to 08 February 2026, projection to 22 February 2026)

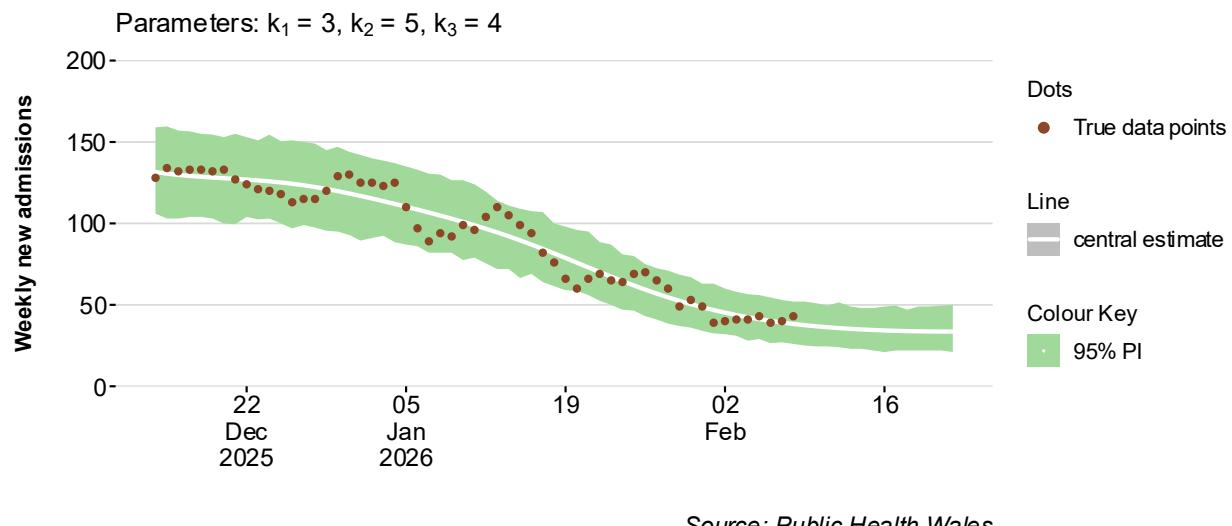


Figure 5 shows that RSV admissions for all age groups are projected to decrease or plateau over the next two weeks **(to 22 February 2026)**.

Figure 5: Short Term Projections for RSV hospital admissions in Wales by age groups (data to 08 February 2026, projection to 22 February 2026)

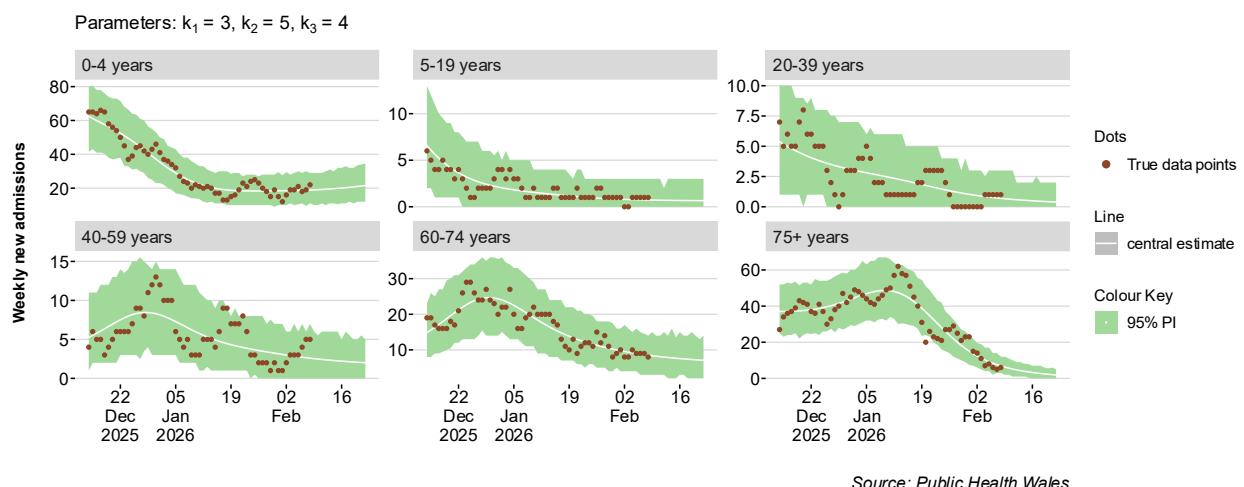
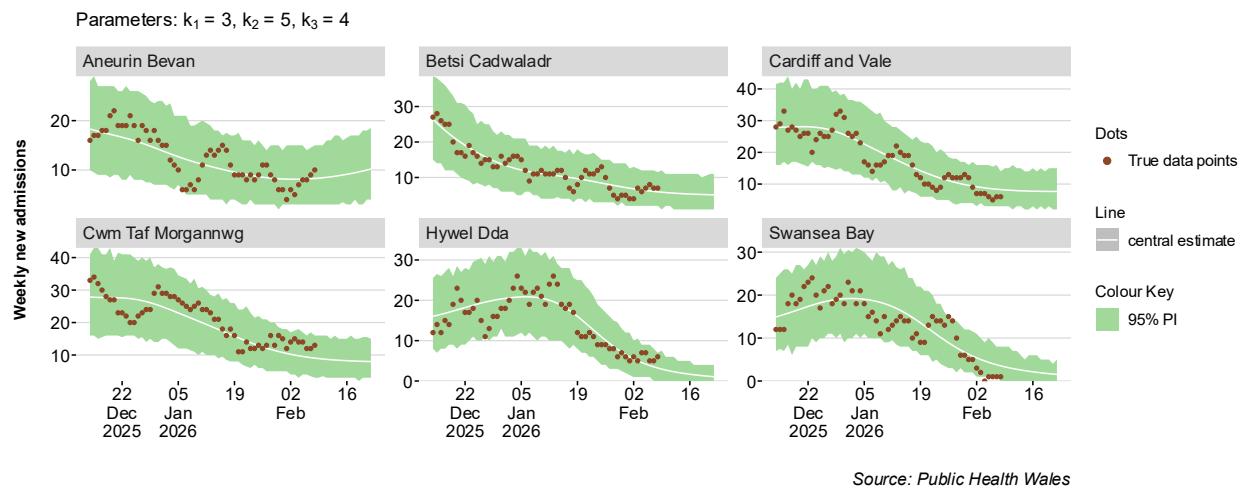


Figure 6 shows that RSV admissions for Swansea Bay and Cardiff and Vale health boards are projected to increase over the next two weeks with a decrease or plateau in other health boards. **(to 22 February 2026)**.

Figure 6: Short Term Projections for RSV hospital admissions in Wales Local Health Boards (data to 08 February 2026, projection to 22 February 2026)



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

Figure 7: Short Term Projection for Influenza hospital admissions in Wales (data to 08 February 2026, projection to 22 February 2026)

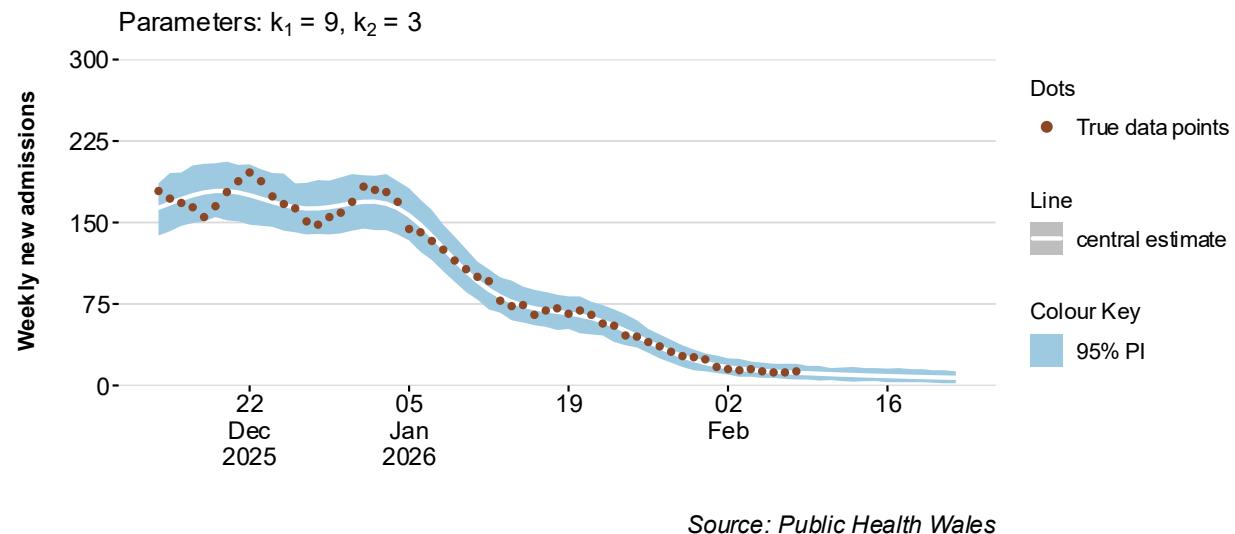
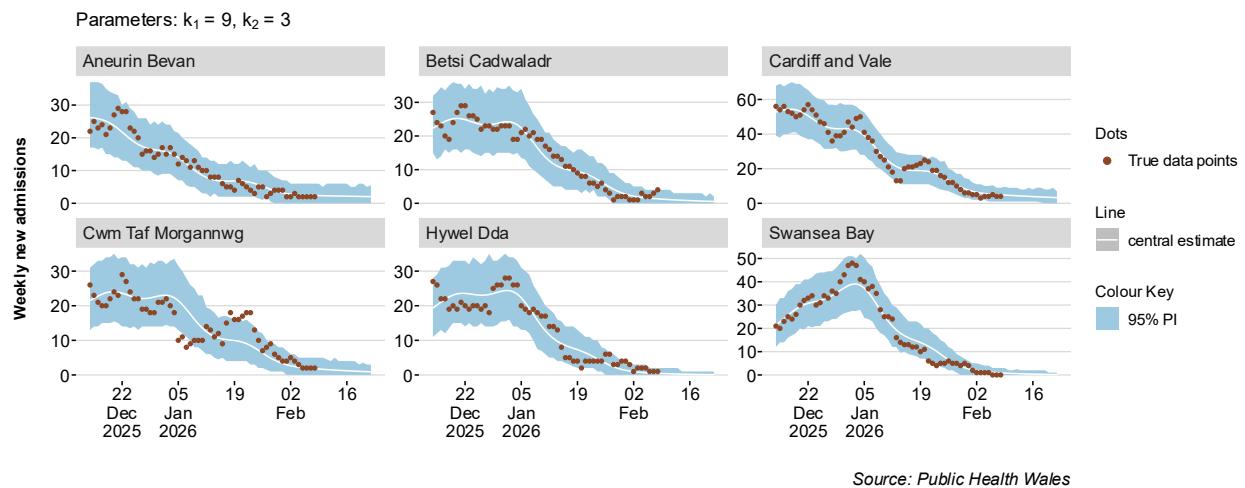


Figure 8 below shows that Influenza admissions are projected to decrease or plateau in health boards in Wales over the next two weeks.

Figure 8: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 08 February 2026, projection to 22 February 2026)

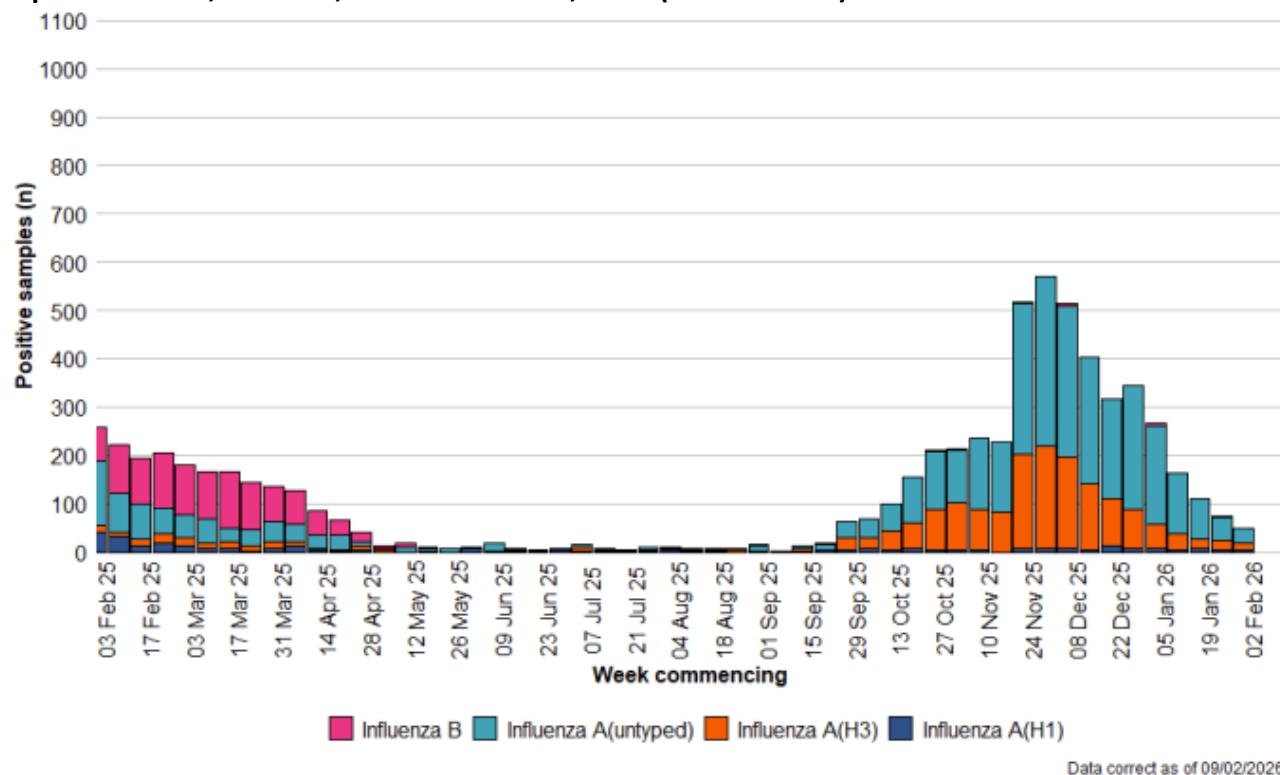


B.2. Influenza Situation Update

- Influenza activity is at low intensity levels. Test positivity decreased and confirmed cases have decreased in the most recent week 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 **23** in the current week (compared to **41** in the previous week). Test positivity has decreased to **2.5%**.
- There were **66** in-patient cases of confirmed influenza, **2** of whom were in critical care compared to **112** and **3** in the previous week.
- In week 06, 2026, there were 16 influenza A(H3), 3 influenza A(H1N1), 29 influenza A untyped and 1 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 06, 2025 to week 06, 2026 (source: PHW)



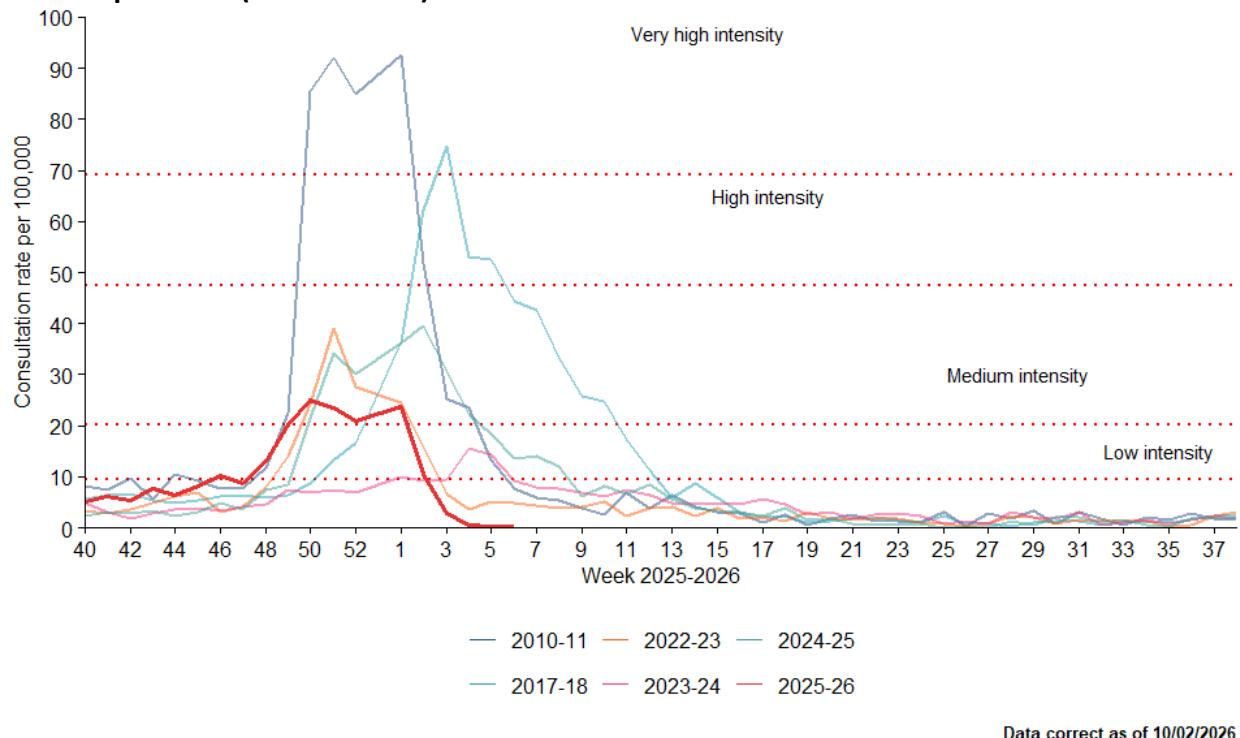
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is decreasing.

There were <1.0 ILI consultations per 100,000 practice population in the most recent week, stable compared to the previous week.

In the most recent week, using all available data from general practices, there were 4.2 ARI consultations per 100,000 practice population, a decrease from 5.3 in the previous week. The highest rates were found in people aged 1 to 4 years (9.7) followed by people aged 5 to 14 years (3.2) and people aged 35 to 44 years (2.5).

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)

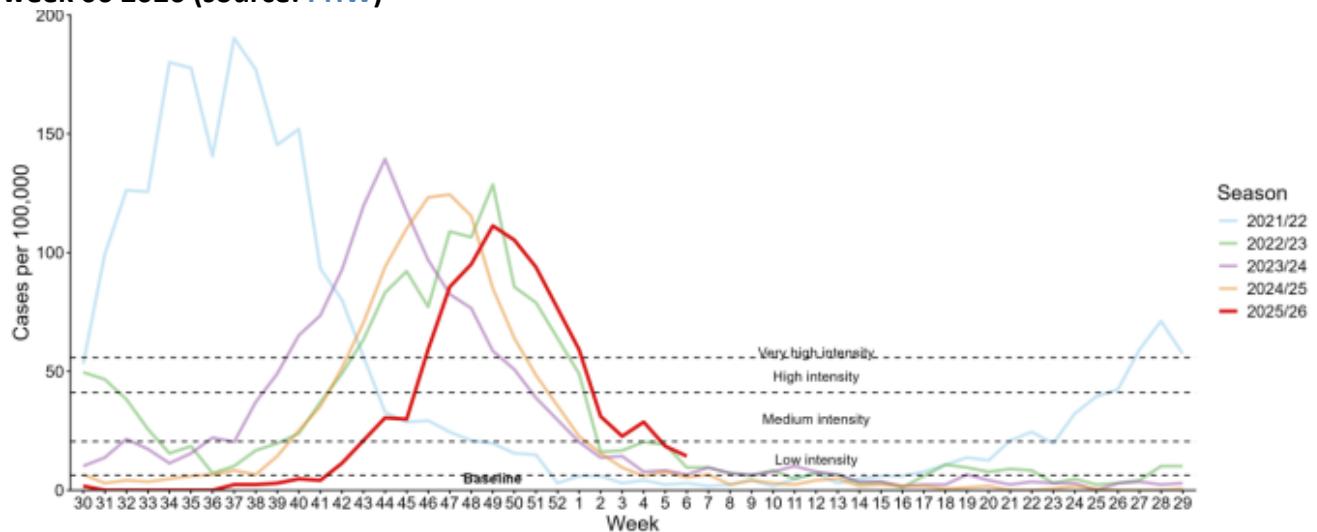


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to **53** during week 06.

RSV incidence per 100,000 in children aged up to 5 years **decreased** to **14.4** in Week 06 (18.5 in the previous week) and is currently at low intensity levels. During Week 06 there were **164** in-patient cases of confirmed RSV, and **2** in critical care.

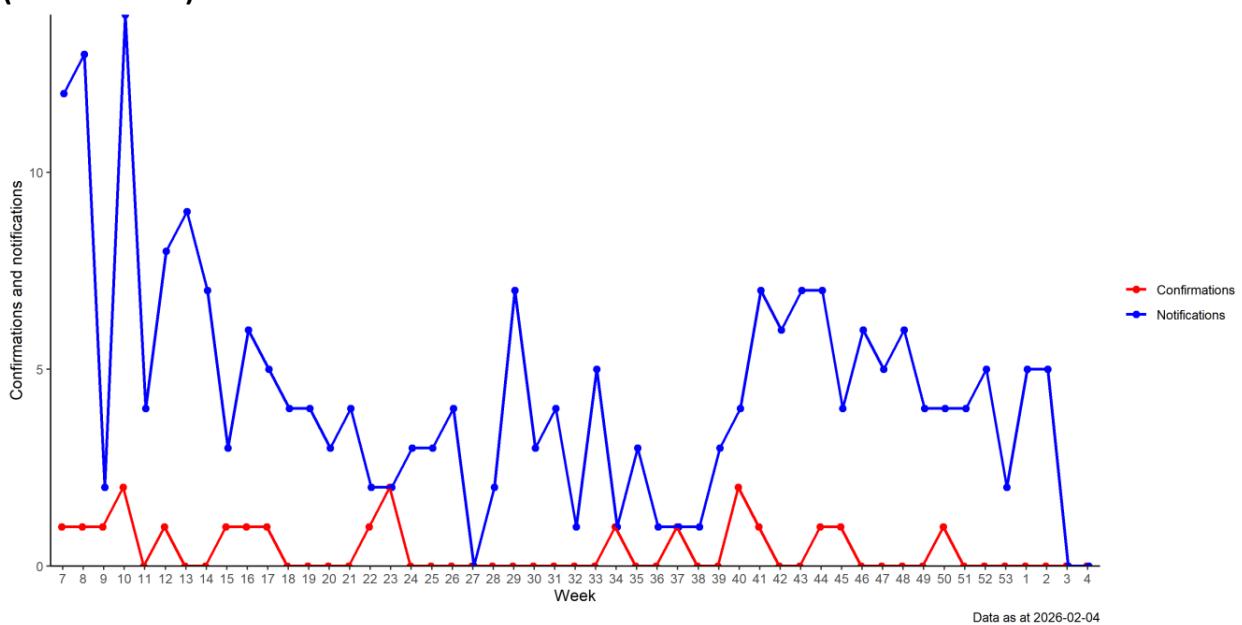
Figure 11: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 06 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 12 below shows that whooping cough notifications up to the end of week 04 **remained at zero for a second week**. Lab confirmations continue to be at very low levels (Whooping cough is now reported on every two weeks).

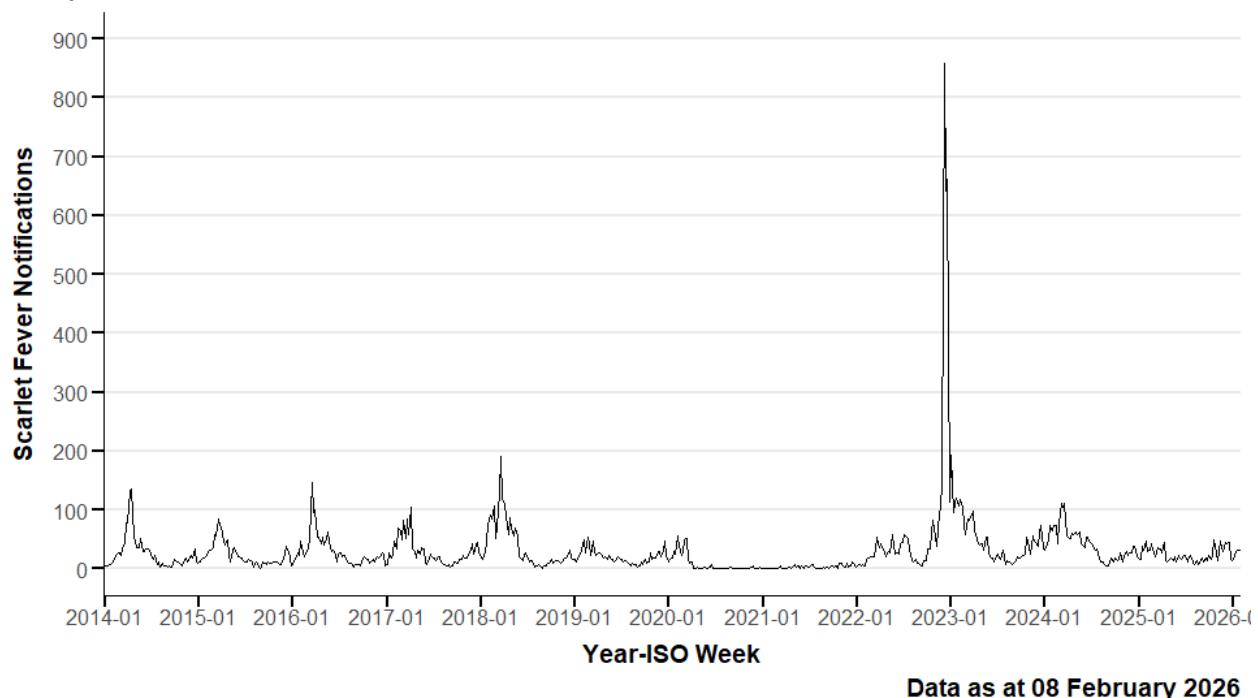
Figure 12: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications is currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **fluctuated in a narrow range** in recent weeks 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 **1,809** in the previous week to **1,764** in the latest reporting week.
- During Week 6, 2026, 3 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these, one was ARI, one was Covid-19, and one was Rhinovirus/Enterovirus. All three 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, 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.

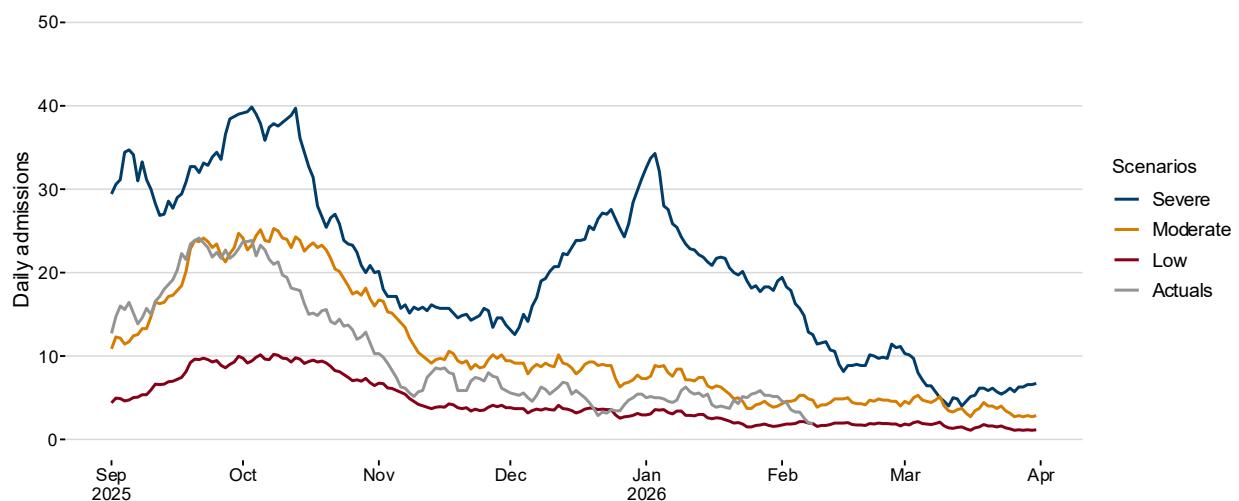
The charts that follow (Figures 14-16) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Research Evidence Winter Modelling** for details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

Figure 14 Daily COVID-19 winter 2025-26 admissions scenarios, modelling to 31 March 2026 (most recent observed data (7 day rolling sum) until 08 February 2026)



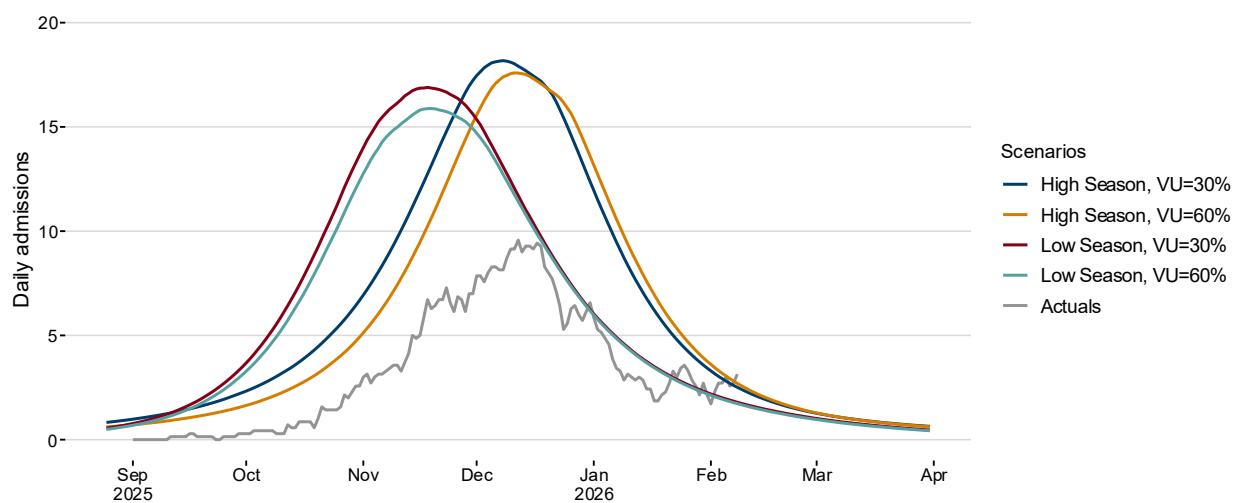
Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 08 February 2026 from PHW.

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 stable and track above all scenarios.

Figure 15: Daily RSV winter 2025-26 paediatric (ages 0-4) admissions scenarios, modelling to 31 March 2026 (most recently observed data (7 day rolling sum) until 08 February 2026)

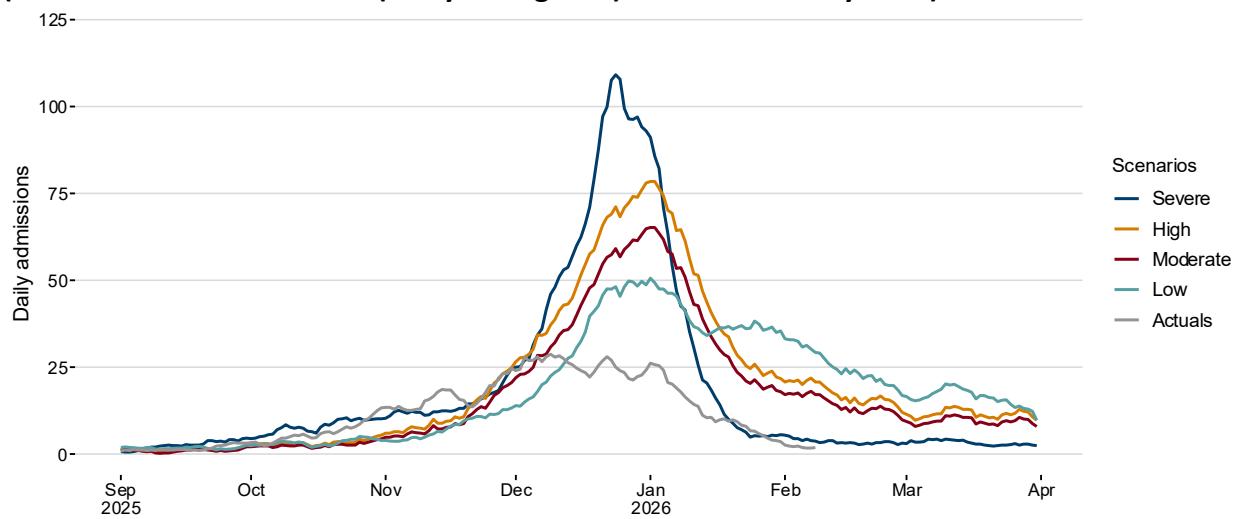


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 08 February 2026 from PHW.

Influenza

Influenza (flu) admissions actuals are declining from the season peak and are currently tracking below all scenarios.

Figure 16: Daily flu winter 2025-26 admissions scenarios, modelling to 31 March 2026 (most recent observed data (7 day rolling sum) until 08 February 2026)



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 08 February 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)

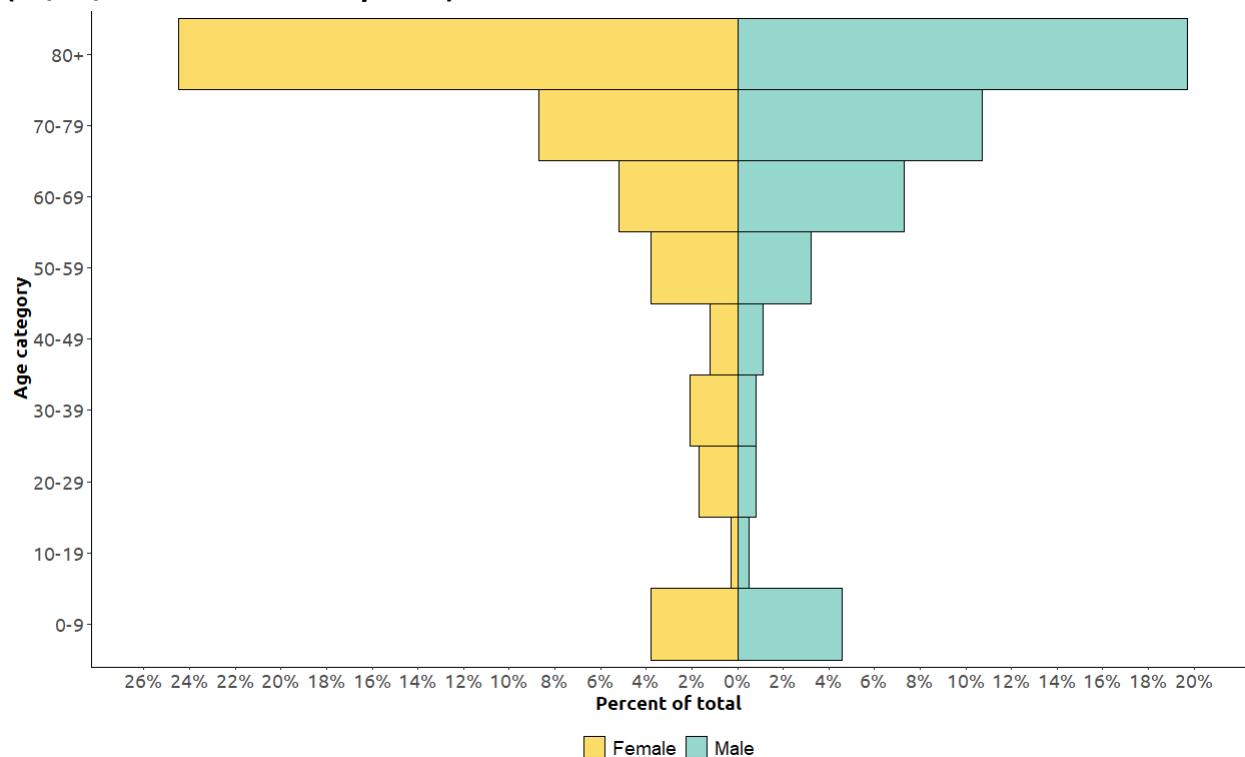
D.1 Norovirus

In the current reporting week (week 6 2026), a total of **57** Norovirus cases were reported in Welsh residents. This is a *decrease* (-26.0%) in reported cases compared to the previous reporting week (week 5 2026), when **77** Norovirus cases were reported.

In the last 12-week period (17/11/2025 to 08/02/2026) a total of **654** Norovirus cases were reported in Welsh residents. This is an *increase* (39.4%) in reported cases compared to the same 12-week period in the previous year (17/11/2024 to 08/02/2025) when **469** Norovirus cases were reported.

In the last 12 weeks (17/11/2025 to 08/02/2026) **336** (51.4%) Norovirus cases were female and **318** (48.6%) cases were male. The age groups with the most cases were the 80+ years (289 cases) and 70-79 years (127 cases) age groups.

Figure 17: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (17/11/2025 to 08 February 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 06 2026 (17/11/2025 to 08/02/2026).

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 4th February 2026)

12 February 2026

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed at a [second premises near Penicuik, Midlothian, Scotland](#) on 12 February 2026. Following a risk assessment, a 3km Protection Zone (PZ) was declared, but some of the standard PZ measures have not been applied.

Following successful completion of disease control activities and surveillance, the following 3km protection zones have ended and the area that formed them has become part of the surveillance zones around:

- a premises [near Sudbrooke, West Lindsey, Lincolnshire \(AIV 2025/122\)](#)
- a third premises [near Gainsborough, West Lindsey, Lincolnshire \(AIV 2025/121\)](#)

Following successful completion of disease control activities and surveillance, the surveillance zones have been revoked around:

- a premises [near Ely, East Cambridgeshire, Cambridgeshire \(AIV 2025/114\)](#)
- a premises [near Newark-on-Trent, Newark and Sherwood, Nottinghamshire \(AIV 2025/136, previously AIV SOS 2025/04\)](#)

11 February 2026 - further update

Following successful completion of disease control activities and surveillance in the zone around a premises [near Market Rasen, West Lindsey, Lincolnshire \(AIV 2025/131\)](#), the 3km protection zone has ended and the surveillance zone has been revoked.

11 February 2026

Following successful completion of disease control activities and surveillance in the zone around a premises near [Welton, West Lindsey, Lincolnshire \(AIV 2025/126\)](#), the 3km 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 in the zone around a premises near [Brockworth, Tewkesbury, Gloucestershire \(AIV 2025/127\)](#), the surveillance zone has been revoked.

10 February 2026

Following successful completion of disease control activities and surveillance, the following 3km protection zones have ended and the area that formed them has become part of the surveillance zones:

- a premises near [Dereham, Breckland, Norfolk \(AIV 2025/124\)](#)
- a premises near [Newark-on-Trent, Newark and Sherwood, Nottinghamshire \(AIV 2025/139\)](#), previously AIV SOS 2025/05
- a second premises near [Newington, Swale, Kent \(AIV 2025/120\)](#)
- a premises near [Ely, East Cambridgeshire, Cambridgeshire \(AIV2025/114\)](#)

8 February 2026

Following successful completion of disease control activities and surveillance in the zones surrounding 2 premises near Swaffham, Breckland, Norfolk ([AIV 2025/103](#) and [AIV 2025/109](#)) the surveillance zones surrounding these premises have been revoked.

6 February 2026

Following successful completion of disease control activity and surveillance in the zone around a premises near [Alvechurch, Bromsgrove, Worcestershire \(AIV 2025/137\)](#), the protection zone has ended, and the surveillance zone has been revoked.

Following successful completion of disease control activities and surveillance in the zone around a premises near [Alderley Edge, Cheshire East, Cheshire](#), the 3km captive bird (monitoring) controlled zone has been revoked.

Following successful completion of disease control activities and surveillance in the zone around a premises near [Dalton-in-Furness, Westmorland and Furness, Cumbria \(AIV 2025/111\)](#) the surveillance zone has been revoked.

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. [Mpox Global outbreak Clades I and II \(6 February\)](#)

Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries globally. The epidemiological profile of mpox cases due to MPXV clade II cases reported outside Africa since 2022 remains similar to previous weeks. With regards to clade I, cases have been reported by several countries outside Africa with and without travel history to countries with ongoing clade I transmission. For both clade I and II, sexual contacts have been described as drivers of transmission.

A summary of the recently observed global trends of clades I and II is provided below along with the classification of countries based on the clade I transmission.

Mpox clade II summary

Mpox clade II has been circulating globally since 2022. In African countries with recent mpox clade II outbreaks (e.g. Ghana, Guinea, Sierra Leone, Liberia), cases have been reported among young adults, affecting both males and females. Sexual contact has been described as a main driver of spread. Outside Africa, cases were mostly reported in adults (99%) and males (97%), the majority of whom reported having had sex with men (89%) (Global Mpox Trends published 3 February 2026).

Mpox clade I summary and transmission patterns classification

In Africa, in 2025, the five countries that reported most confirmed and suspected clade I cases are DRC, Uganda and Burundi, followed by Kenya and Zambia. According to WHO, in the past six weeks, and as of 1 February 2026, most confirmed cases of clade I were reported by DRC and Madagascar (253 and 196 cases, respectively). In DRC, clades Ia and Ib are co-circulating. Cases due to clade IIb have also been reported. Madagascar reported confirmed mpox clade Ib cases for the first time in December 2025. Since the first reports, confirmed cases have been reported from eight regions and suspected cases from 20 of 24 regions (Multi-country outbreak of mpox, External situation report #62 - 23 January 2026).

Comoros also reported four clade Ib cases imported from Madagascar in January 2026. All other countries in Africa reported fewer than 50 cases during the last six weeks. Overall, a decreasing trend in clade I mpox cases has been reported in Africa since May 2025 (Global Mpox Trends published 3 February 2026)

E.4. Bacillus cereus in infant formula (6 February)

In January 2026, the recall of infant nutrition products was expanded after cereulide, the emetic toxin produced by *Bacillus cereus*, was detected in the products. Cereulide is a highly thermostable toxin capable of causing sudden onset of nausea and vomiting shortly after ingestion. The root cause analysis carried out so far led to the identification of the contaminated ingredient being the arachidonic acid (ARA) oil, which is an omega 6 supplement. The recall is global, with recalls both in the EU/EEA market and in countries outside EU/EEA. The preventive recall is a risk-management action, taken following the detection of the toxin. Investigations following the recalls are ongoing in the Member States.

- A multi-country recall of several infant nutrition products (different batches, products, and brands) was initiated following the detection of cereulide, the emetic toxin produced by *Bacillus cereus*.
- The precautionary recall was initiated in December 2025 and is still ongoing in January 2026 as a preventive measure to protect public health. The root cause analysis undertaken by the company identified the ingredient (arachidonic acid (ARA) oil) leading to the contamination event.
- ECDC has received some reports of diarrhoea cases in infants and one confirmed case related to *B. cereus* toxin detection

ECDC assessment:

The particular products are widely distributed in EU/EEA and other countries, and the likelihood of exposure to a contaminated formula batch is therefore moderate to high for infants drinking formula. The impact of potential exposure/ingestion to the toxin is low to moderate depending on the age of the child. Neonates and young infants less than six months may be more likely to develop symptoms and even have complications like dehydration, electrolyte abnormalities etc. Therefore, the overall risk to infants less than one year in the EU/EEA would be assessed as moderate in this incident. As the voluntary withdrawals and recalls of these products are ongoing in many countries the likelihood of exposure is decreasing, and this will also decrease the risk.

E.5. Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases (23 January)

On 16 January 2026, the World Health Organization (WHO) reported three new human cases of avian influenza A(H9N2) virus infection in China. The cases were identified through surveillance for influenza-like illness, with symptom onset in November and December

2025. All three cases were in children. The cases were reported from Hubei, Jiangsu and Guangxi provinces. All three children recovered. One child was reported to have had exposure to backyard poultry, one did not have direct exposure to live poultry, and one had indirect exposure to freshly slaughtered poultry. The details for each case are as follows:

- The first case was in a five-year-old boy from Hubei province, who developed symptoms on 30 November 2025. The patient had exposure to backyard poultry.
- The second case was in an eight-year-old girl from Jiangsu province, who developed symptoms on 4 December 2025. No direct exposure to live poultry was identified, however, the parents of the child had visited stores that sold freshly slaughtered poultry.
- The third case was in a one-year-old boy from Guangxi province, who developed symptoms on 7 December 2025. Indirect exposure to freshly slaughtered poultry was reported.

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 (30 January)

On 26 January 2026, the Ministry of Health of Ethiopia declared the end of the Marburg virus disease (MVD) outbreak in the country. According to a WHO Disease Outbreak News (DON) item published on 26 January, no new cases have been detected in the past 42 days, since the death of the last confirmed case on 14 December 2025.

Since the CDTR update of 23 January 2026, two additional probable cases of MVD have been retrospectively reported in Ethiopia, following the publication of a WHO Disease Outbreak News (DON) report on 26 January 2026.

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), Riyad (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