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

06th 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 05 2026, up to 01 February 2026)

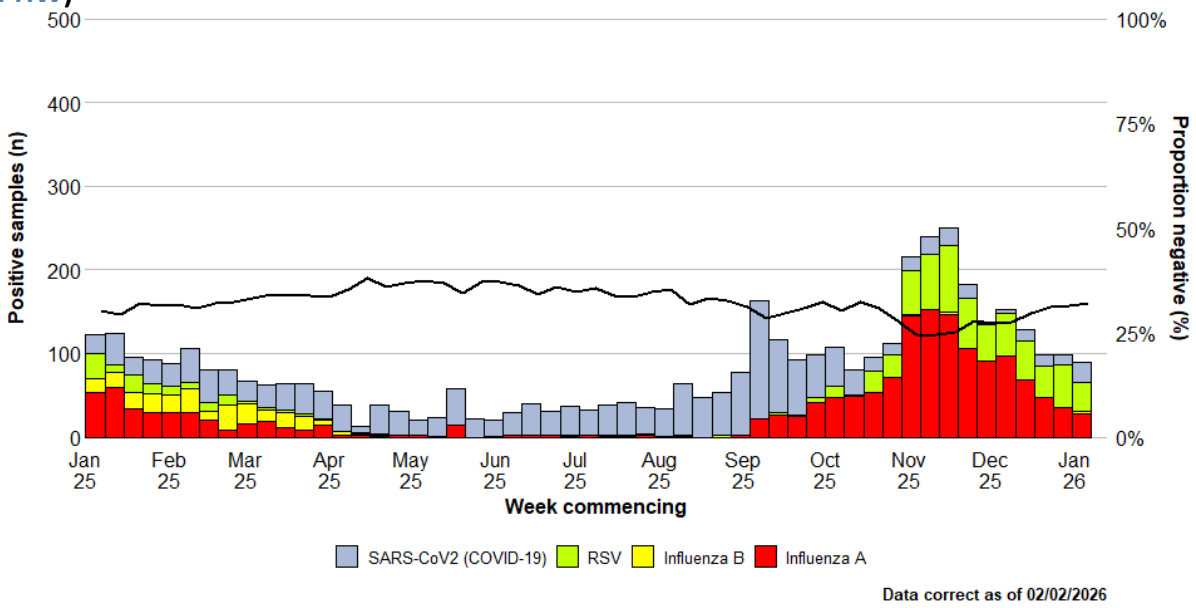
- Covid-19 confirmed case admissions to hospital **decreased.**
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **decreased**.
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **increased** in the most recent week (week 05).
- Whooping Cough notifications **remained at zero** in week 04 (the most recent reporting week).
- The number of iGAS notifications is currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** in the most recent week

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 05 2026 (to 01 February 2026).
- As of 15 February 2026 (week 05), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to **19** (21 in the previous week) and there were **98** in-patient cases of confirmed COVID-19, **none** of whom was in critical care compared to 86 and none in the previous week.
- Confirmed cases of positive tests remained stable at 3.1 % 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 05, 2025 to Week 05, 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 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.

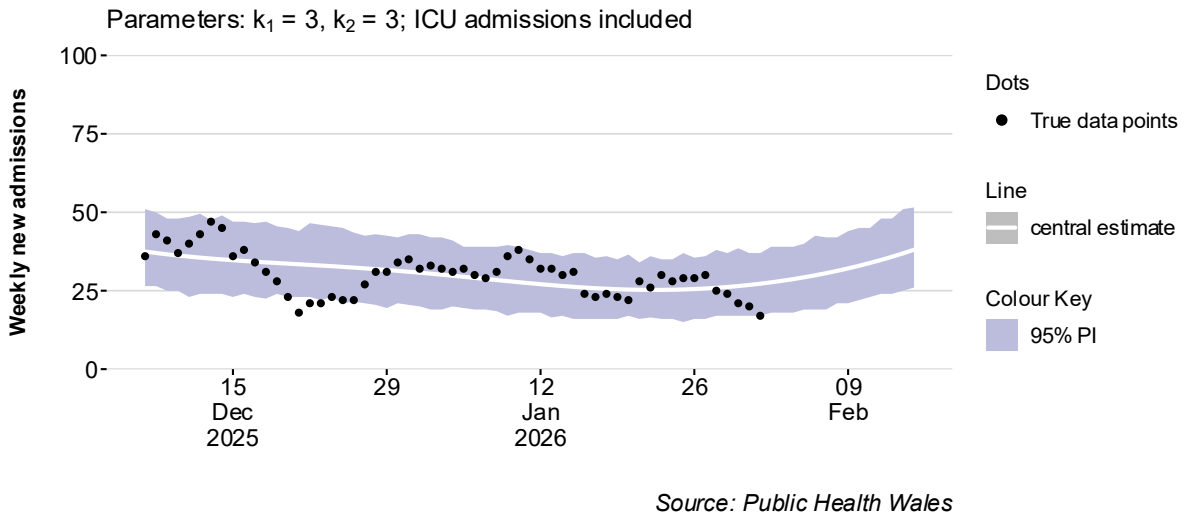
SRE previously reported on the trends of the central estimates. From December 2025, in line with PHW, the difference between the most recent observed data (7 day rolling sum) and the projected central estimate 2 weeks later is reported on.

STPs computations use admissions data from PHW until **to 01 February 2026** to make short term projections two weeks forward **(to 15 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 increase over the next two-week period (Figure 2).

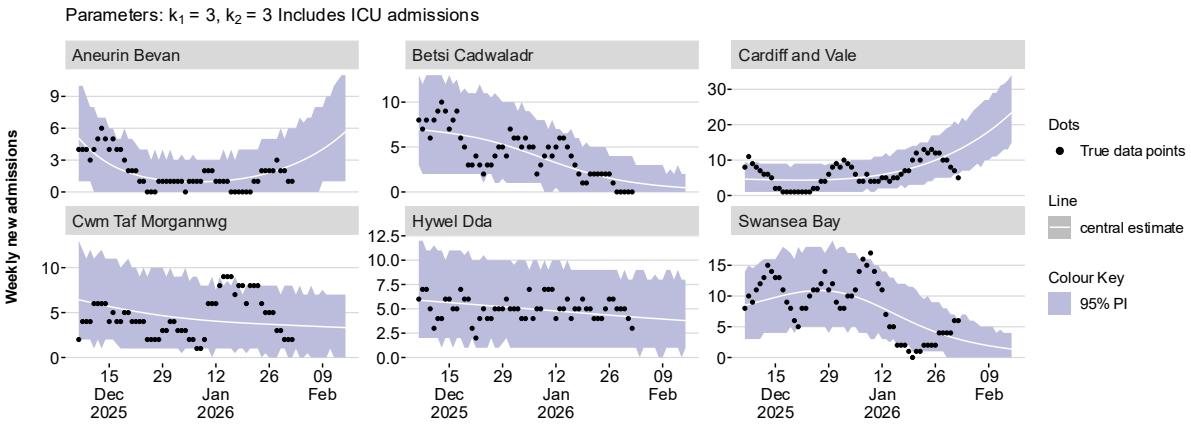
Figure 2: Short Term Projection for COVID-19 hospital admissions in Wales (data to 01 February 2026, projection to 15 February 2026)



Source: Public Health Wales

Figure 3 shows that COVID-19 admissions are projected to increase in Cardiff and Vale and Aneurin Bevan health boards.

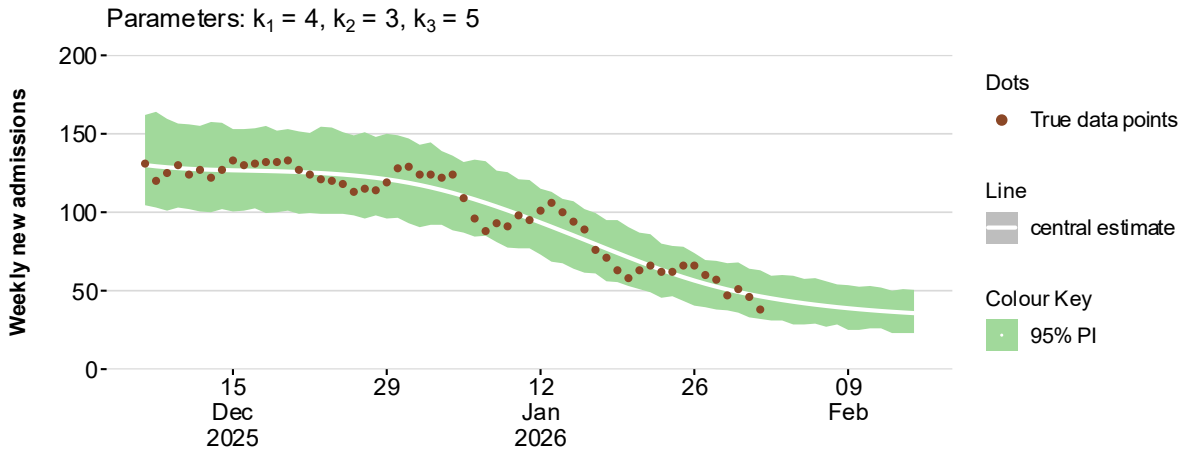
Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 01 February 2026, projection to 15 February 2026)



Source: Public Health Wales

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

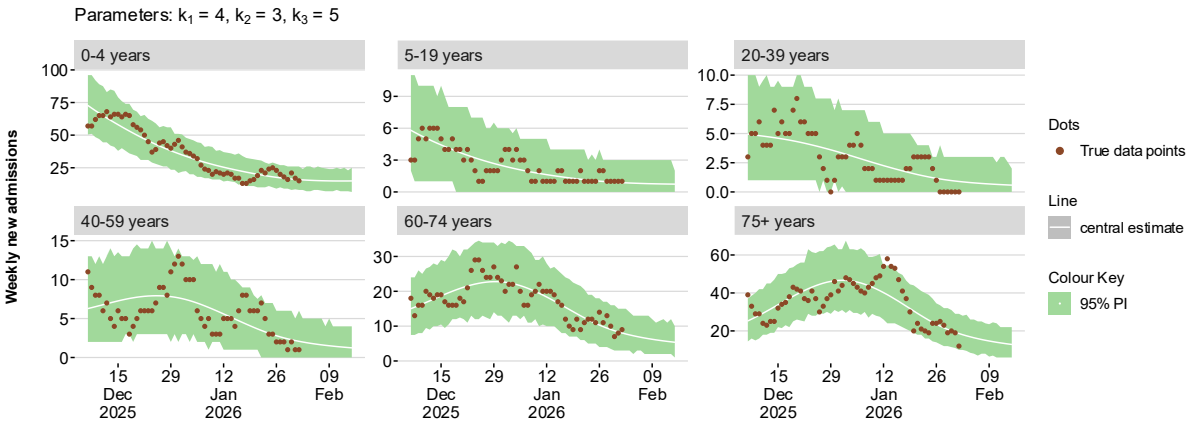
Figure 4: Short Term Projection for RSV hospital admissions in Wales (data to 01 February 2026, projection to 15 February 2026)



Source: Public Health Wales

Figure 5 shows that RSV admissions for all age groups show a decrease or stability in RSV admissions projections over the next two weeks **(to 15 February 2026)**.

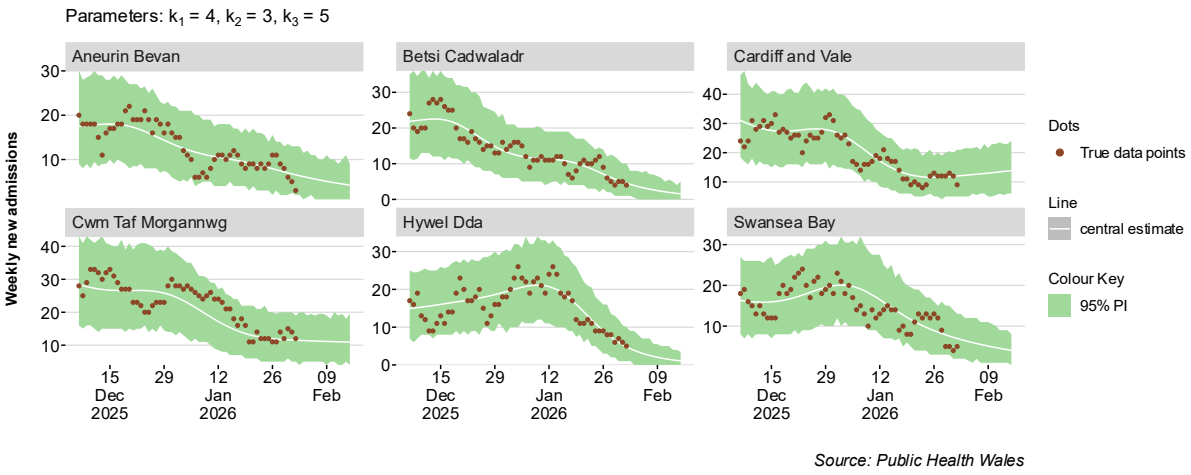
Figure 5: Short Term Projections for RSV hospital admissions in Wales by age groups (data to 01 February 2026, projection to 15 February 2026)



Source: Public Health Wales

Figure 6 shows Betsi Cadwaladr, Cwm Taf, Hywel Dda and Swansea Bay have decrease in RSV admissions projections while Cardiff and Vale and Aneurin Bevan health boards show an increase (to **15 February 2026**).

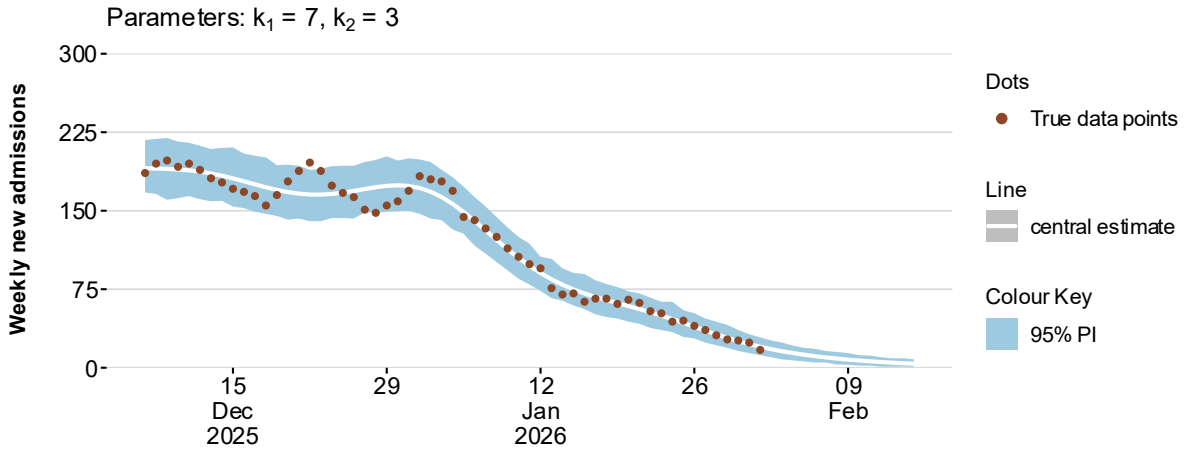
Figure 6: Short Term Projections for RSV hospital admissions in Wales Local Health Boards (data to 01 February 2026, projection to 15 February 2026)



Source: Public Health Wales

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

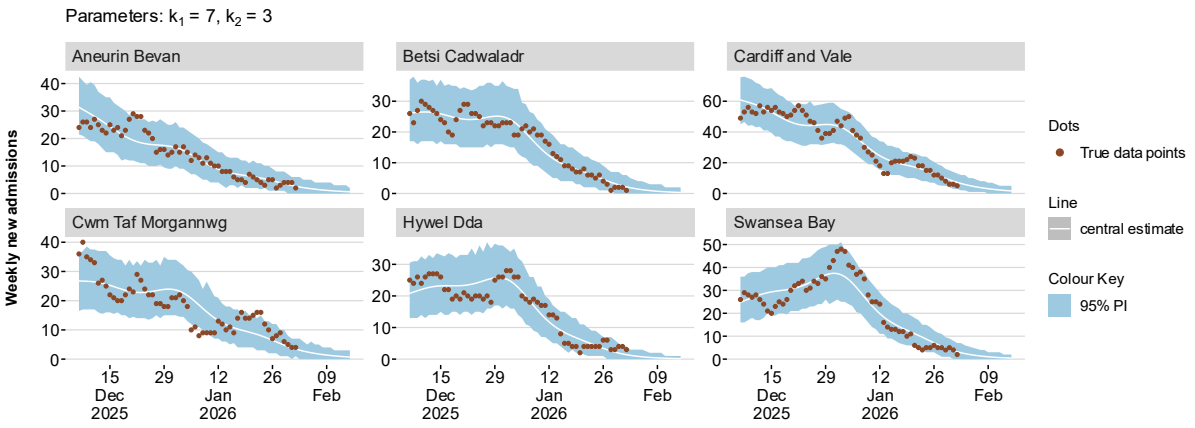
Figure 7: Short Term Projection for Influenza hospital admissions in Wales (data to 01 February 2026, projection to 15 February 2026)



Source: Public Health Wales

Figure 8 below shows that Influenza admissions are projected to decrease in health boards in Wales over the next two weeks (to 15 February 2026).

Figure 8: Short Term Projections for Influenza hospital admissions in Wales Local Health Boards (data to 01 February 2026, projection to 15 February 2026)

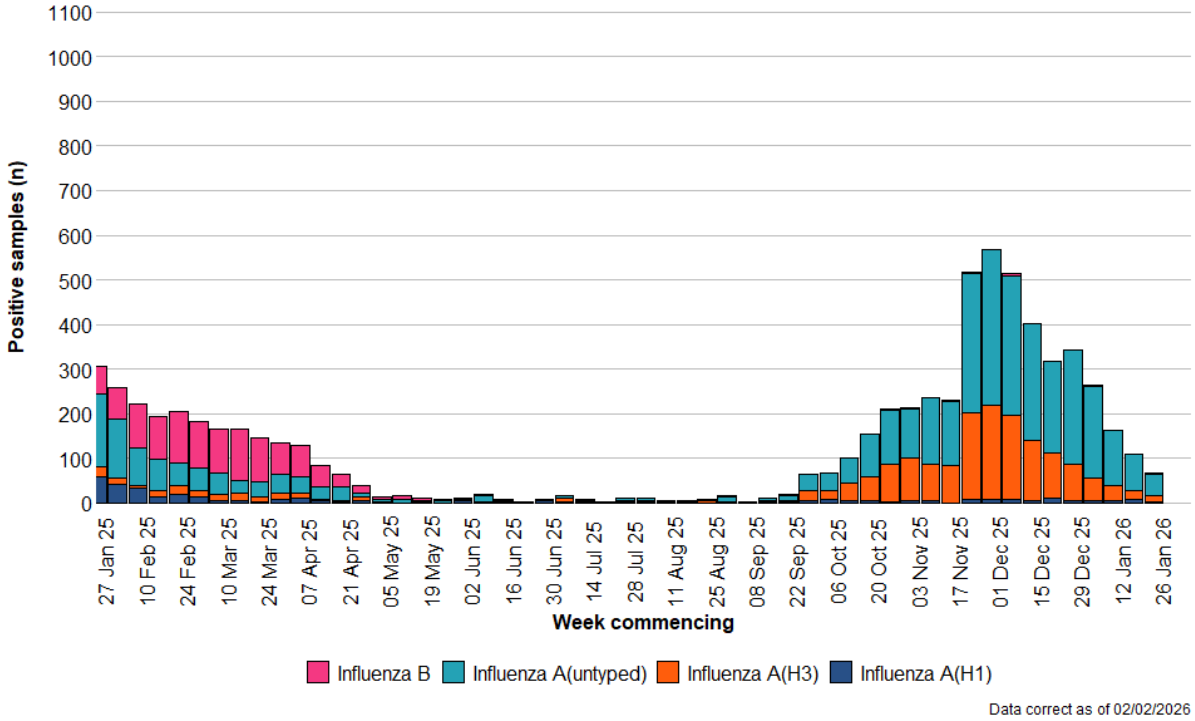


Source: Public Health Wales

B.2. Influenza Situation Update

- Influenza activity is at low 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 **41** in the current week (compared to **49** in the previous week). Test positivity has decreased to **2.9%**.
- There were **112** in-patient cases of confirmed influenza, 3 of whom were in critical care compared to **158** and **4** in the previous week.
- In week 05 2026, there were 14 influenza A(H3), 3 influenza A(H1N1), 47 influenza A untyped and 3 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 05, 2025 to Week 05, 2026 (source: PHW)



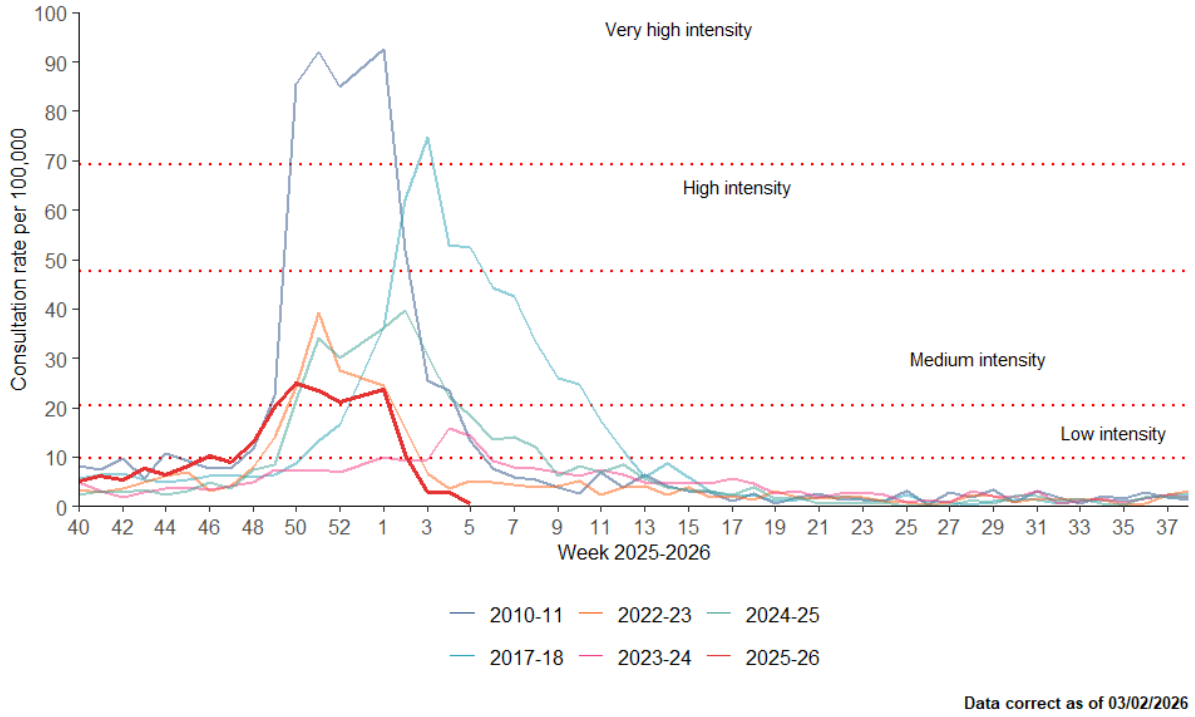
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is decreasing.

There were 0.5 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (2.9 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 5.3 ARI consultations per 100,000 practice population, a decrease from 7.4 in the previous week. The highest rates were found in people aged under 1 year (33.6) followed by people aged 1 to 4 years (7) and people aged 65 to 74 (4.2).

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)

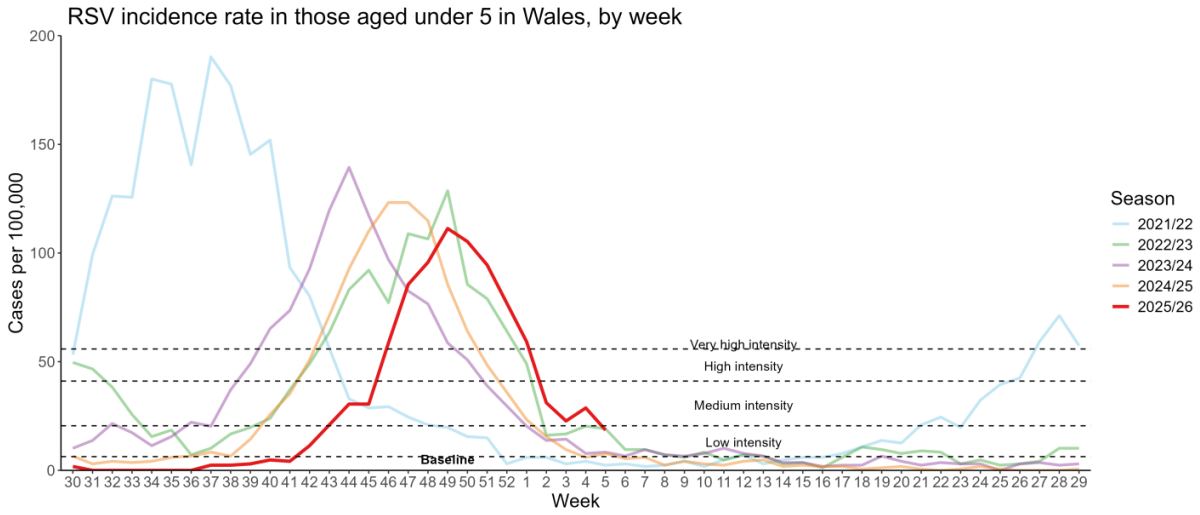


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital decreased to **46** during week 05.

RSV incidence per 100,000 in children aged up to 5 years **decreased** to **18.5** in Week 05 (28.7 in the previous week) and is now at low intensity levels. During Week 05 there were 191 in-patient cases of confirmed RSV, and 2 in critical care.

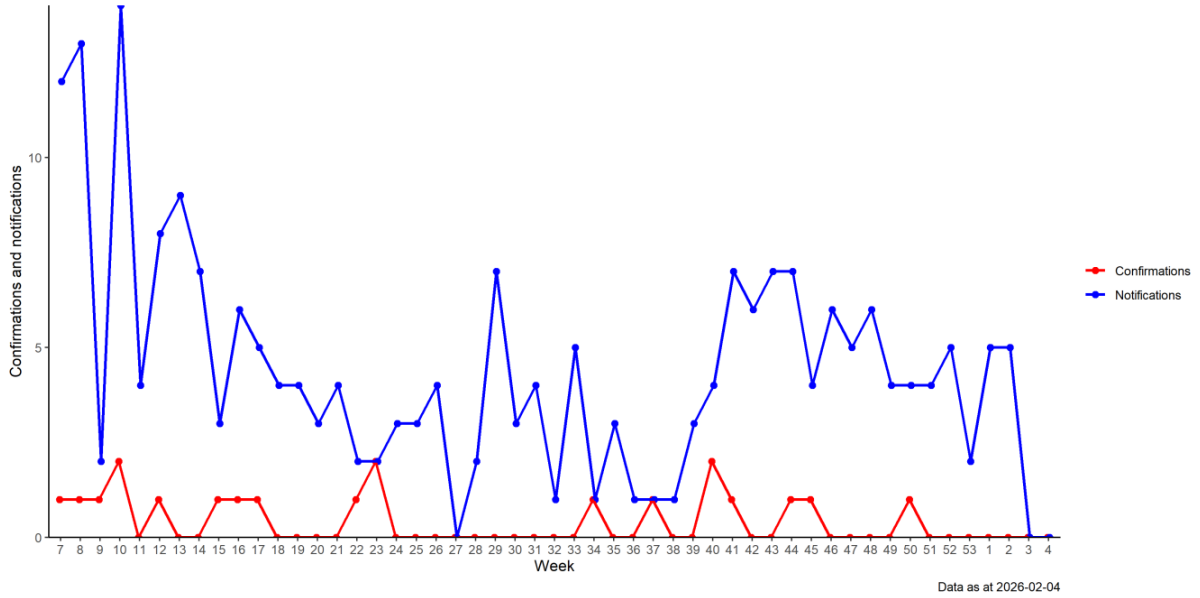
Figure 11: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 05 2026 (source: PHW)



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*).

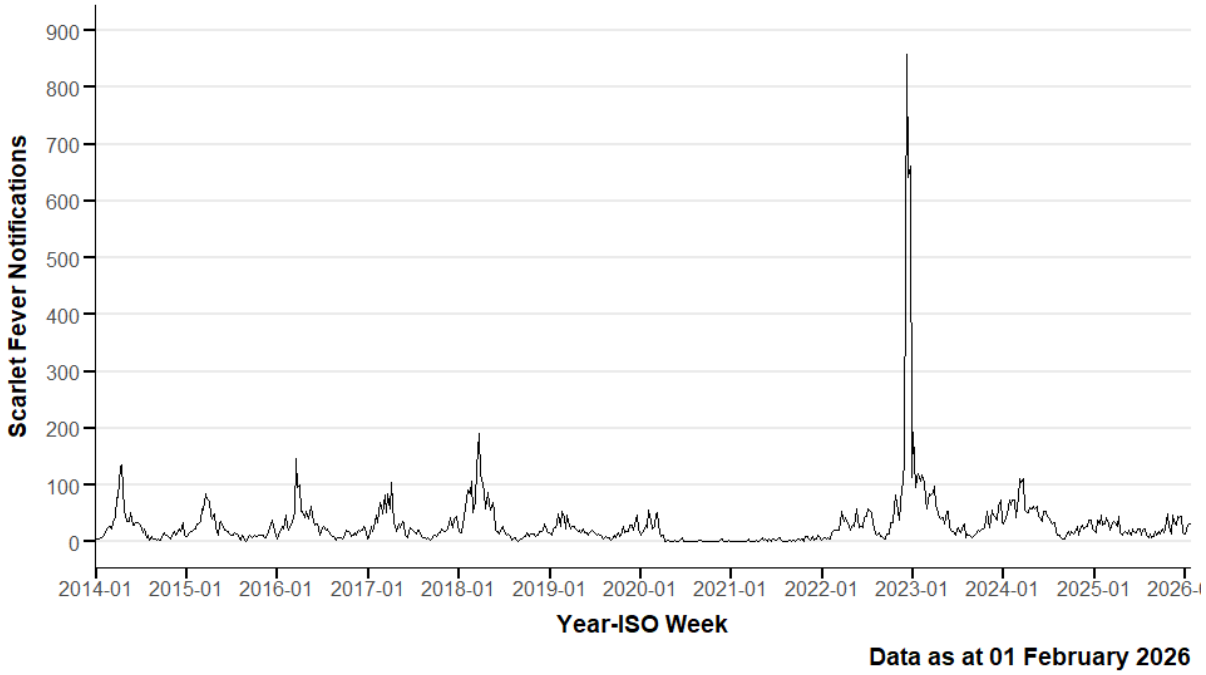
Figure 12: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

The number of iGAS notifications is currently low, remaining at seasonally expected levels. Scarlet Fever notifications have **increased** in the most recent week (week 05) 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 **1,845** in the previous week to **1,809** in the latest reporting week.
- During Week 05, 2026, 1 ARI outbreak was reported to the Public Health Wales Health Protection Team. The outbreak was confirmed as COVID-19 and the incident was in a Residential Home.
- 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.

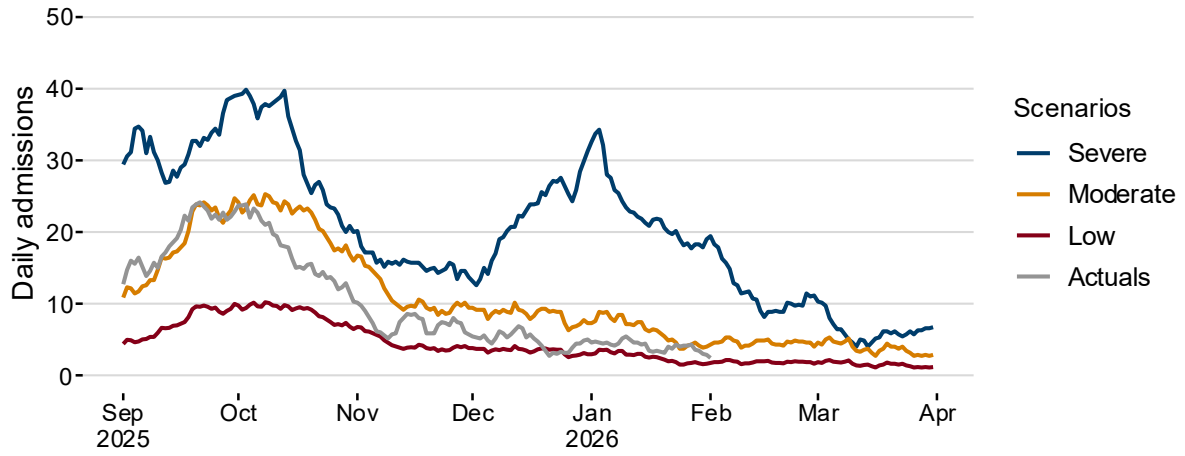
The charts that follow (Figures 14-16) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Research Evidence Winter Modelling** for details 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 below the Moderate 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 01 February 2026)



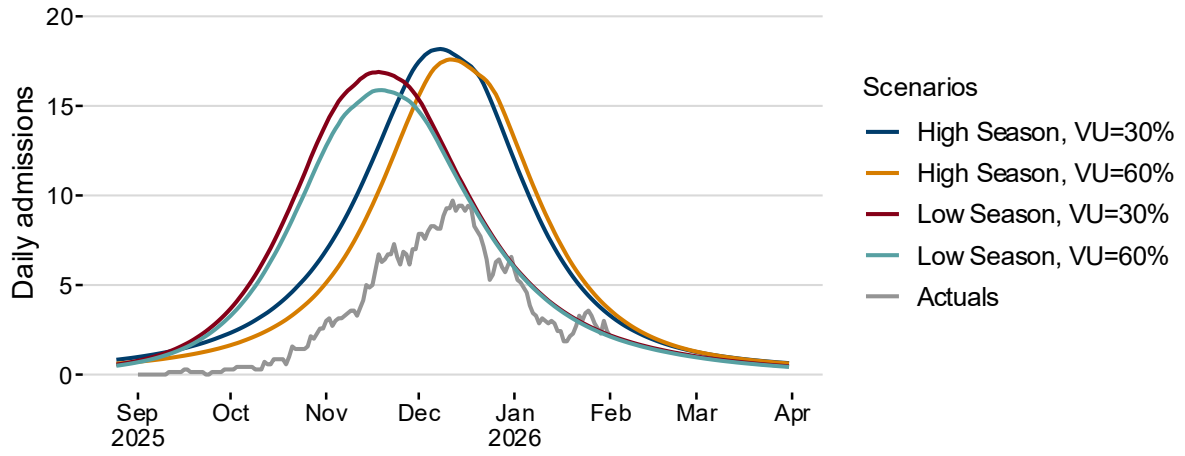
Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 24 January 2026 from PHW.

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 decreasing and track closely with "Low Season" scenarios.

Figure 15: Daily RSV Winter 2025-26 paediatric (ages 0-4) admissions scenarios, modelling to 31 March 2026 (most recent observed data (7 day rolling sum) until 01 February 2026)

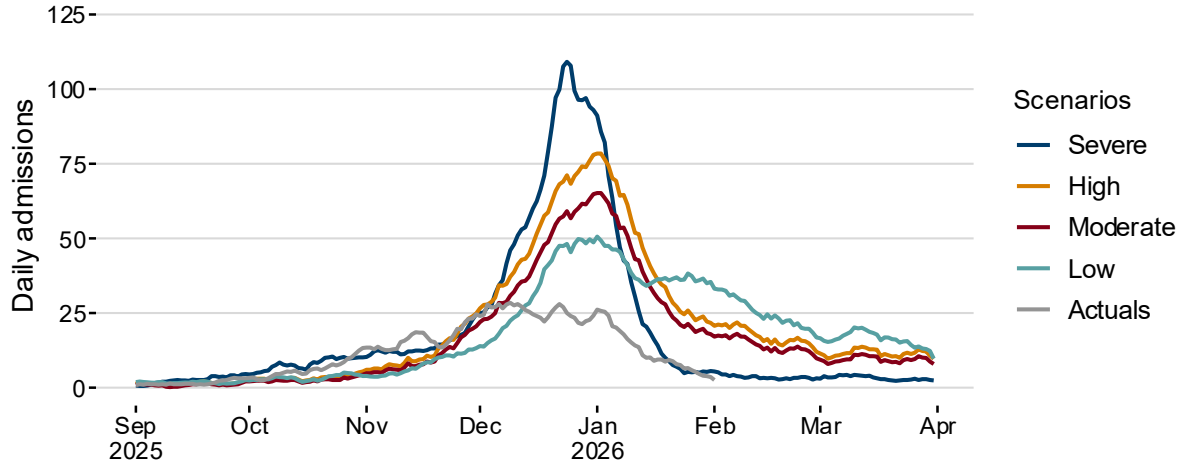


Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 24 January 2026 from PHW.

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 01 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 24 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)

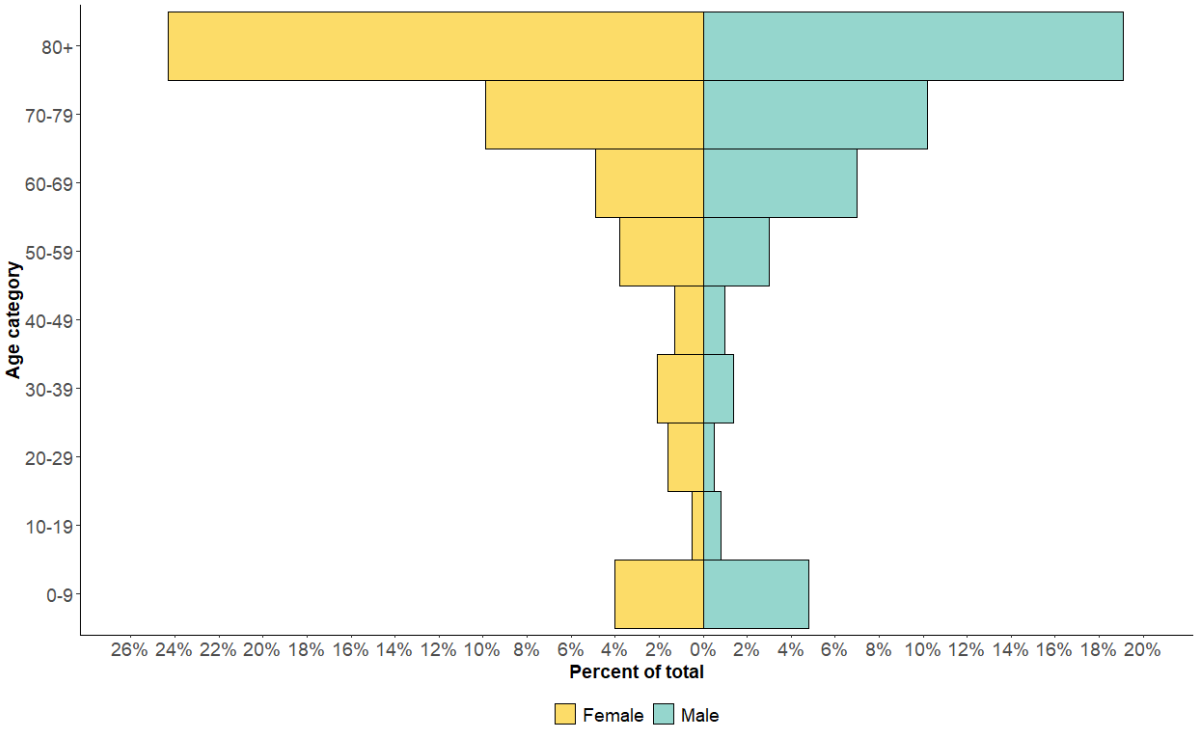
D.1 Norovirus

In the current reporting week (week 05 2026), a total of **75** Norovirus cases were reported in Welsh residents. This is an *increase* (33.9%) in reported cases compared to the previous reporting week (week 04 2026), when **56** Norovirus cases were reported.

In the last 12-week period (10/11/2025 to 01/02/2026) a total of **629** Norovirus cases were reported in Welsh residents. This is an *increase* (32.7%) in reported cases compared to the same 12-week period in the previous year (10/11/2024 to 01/02/2025) when **474** Norovirus cases were reported.

In the last 12 weeks (10/11/2025 to 01/02/2026) **329** (52.3%) Norovirus cases were female and **300** (47.7%) cases were male. The age groups with the most cases were the 80+ (273 cases) and 70-79 (126 cases) age groups.

Figure 17: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (10/11/2025 to 01/02/2026)



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 05 2026 (10/11/2025 to 01/02/2026).

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)

4 February 2026

Following successful completion of disease control activities and surveillance in the zone around a premises near Driffield, Bridlington and The Wolds, East Riding of Yorkshire (AIV 2025/107), the surveillance zone has been revoked.

3 February 2026

Following successful completion of disease control activity and surveillance around a premises around a premises near Bridgwater, Somerset, Somerset (AIV 2025/138), the 3km captive bird (monitoring) controlled zone has been revoked.

Following successful completion of disease control activities and surveillance around a premises near York, York, North Yorkshire (AIV 2025/135), the 3km protection zone has ended and the area that formed it becomes part of the surveillance zone.

1 February 2026

Following successful completion of disease control activities and surveillance around a premises near Ashcott, Wells and Mendip Hills, Somerset (AIV 2025/116), the 10km surveillance zone has been revoked.

Following successful completion of disease control activities and surveillance in the zone surrounding a premises near Thorne, Doncaster, South Yorkshire (AIV 2025/104), the 3km protection zone has ended and the 10km surveillance zone has been revoked.

30 January 2026

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in a small poultry flock near Needham Market, Mid Suffolk, Suffolk (AIV 2026/12). A 3km protection zone and 10km surveillance zone has been declared around the premises. All poultry on the premises will be humanely culled.

Following successful completion of disease control activities and surveillance in the zone around the following:

- a premises near Gainsborough, West Lindsey, Lincolnshire (AIV 2025/110)
- a second premises near Gainsborough, West Lindsey, Lincolnshire (AIV 2025/115)
- a premises near Dalton-in-Furness, Westmorland and Furness, Cumbria (AIV2025/111)
- a premises near Newark-on-Trent, Newark and Sherwood, Nottinghamshire (AIV 2025/136, previously AIV SOS 2025/04)

The protection zones around each have ended and the area that formed them become part of the surveillance zone.

29 January 2026

Following successful completion of disease control activities and surveillance in the zone around a commercial poultry premises near Lydd, Folkstone and Hythe, Kent (AIV 2025/113), the surveillance zone has been revoked.

27 January 2026

Following successful completion of disease control activities and surveillance in the zone around a premises near Watton, Breckland, Norfolk (AIV 2025/102) the captive bird (monitoring) controlled zone has revoked.

25 January 2026

Following successful completion of disease control activities and surveillance within the zone around a premises near Driffield, Bridlington and the Wolds, East Riding of Yorkshire (AIV 2025/107), 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 within the zone around a premises near Lydd, Folkestone and Hythe, Kent (AIV 2025/113), 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 within the zone around a premises near Brockworth, Tewkesbury, Gloucestershire, (AIV 2025/127), the 3km protection zone has ended and the area that formed it becomes part of the surveillance zone.

24 January 2026

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed at a fifth premises near Penicuik, Scottish Borders (AIV 2026/11) on 24 January 2026. A 3km protection zone and 10 km surveillance zone are in place. All poultry on the premises will be humanely culled.

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)

  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 in the EU/EEA (15 January)

Since 1 December 2025, and as of 15 January 2026, 40 clade Ib mpox cases were reported to TESSy from Spain (28), Italy (5), France (3), the Netherlands (2), Ireland (1) and Germany (1). In addition, two cases from Germany were reported in January through event-based surveillance, as well as one case reported by Mayotte (France outermost region) with travel history to Madagascar.

Overall, EU/EEA countries have reported 108 clade I mpox cases to TESSy since August 2024 and as of 15 January 2026: Spain (45), Germany (16), the Netherlands (12), Italy (11), Belgium (8), France (7), Ireland (5), Greece (1), Portugal (1), Romania (1) and Sweden (1). All were clade Ib except the first case in Ireland, which was clade Ia.

Of all 103 mpox cases with information on hospitalisation available, 10 were hospitalised for treatment.

Of the 61 cases with information available on sexual behaviour, 51 were reported in men who have sex with men: Spain (34), the Netherlands (10), Germany (3), Belgium (2), Greece (1) and Ireland (1). All cases among men who have sex with men, except the case in Greece and one case in Belgium, had symptom onset since October 2025. The cases reported from Spain are reported from four different regions and the cases from Germany are all from

Berlin. Forty-five cases among men who have sex with men had travel information available and 36 were due to local transmission.

One country reported a case in November related to travel to the Netherlands, one country reported a case in December related to travel to Switzerland, and two countries reported one case each in December directly or indirectly related to travel to Germany.

Of the 48 cases among men who have sex with men with known hospitalisation status, four were hospitalised but it is unknown whether the reason for hospitalisation was for treatment or isolation.

Of the 45 cases among men who have sex with men with vaccination information available, 33 were unvaccinated, nine were vaccinated with two doses and three with one dose. These results indicate ongoing transmission of clade I mpox in sexual networks of gay, bisexual and other men who have sex with men, including local transmission in the EU/EEA.

Prior to October 2025, all cases were imported or directly related to imported cases, and were related to heterosexual and household transmission.

E.4. Bacillus cereus in infant formula (30 January)

- 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