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

## 20th February 2026

gov.wales

*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 07 2026, up to 15 February 2026)

- COVID-19 confirmed case admissions to hospital **decreased** in the most recent week (week 07).
- COVID-19 cases who are inpatients have **decreased** in the most recent week (week 07).
- RSV activity in children under 5 years has **decreased** in the latest week (week 07)
- Influenza in-patient cases and admissions have **decreased** in the latest week.
- Norovirus confirmed cases have **decreased** in the most recent week (week 07).
- Whooping Cough notifications have **decreased** in week 07 (the most recent reporting week).
- Scarlet Fever notifications are **fluctuating at low levels** in the most recent week, (week 07).

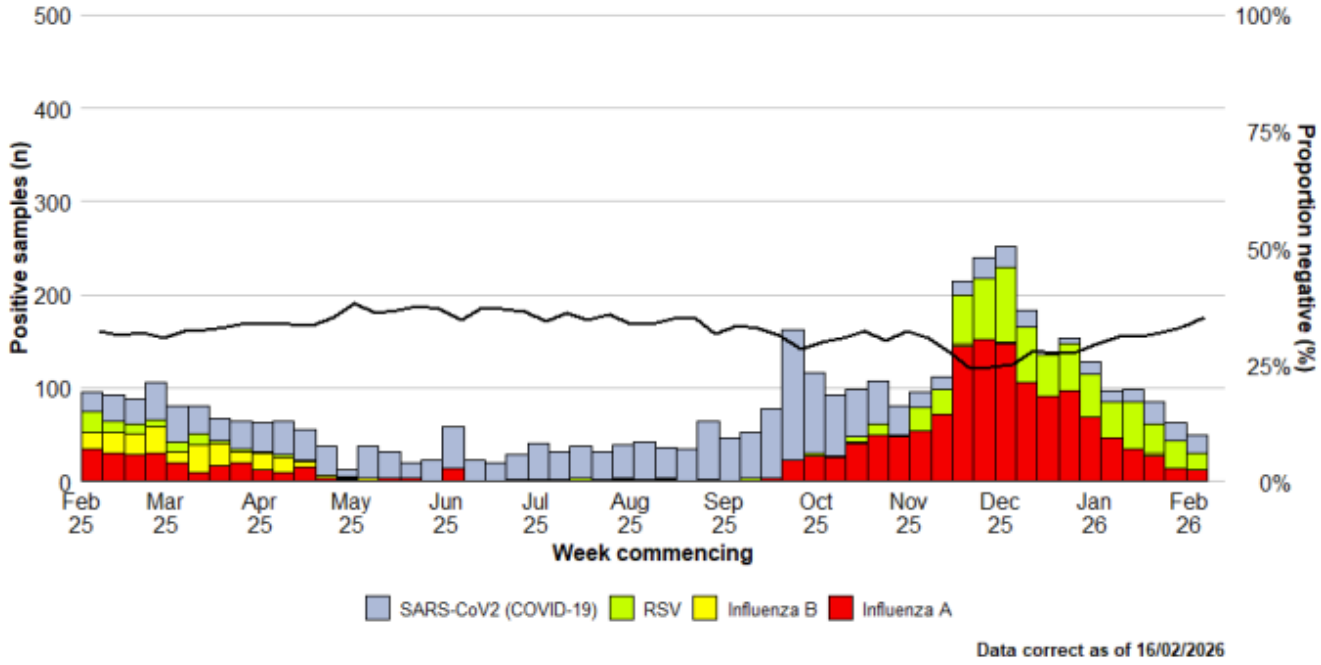
### B. Acute Respiratory Infections Situation Update

### 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 **decreased** in week 07 2026 (to 15 February 2026).
- As of 15 February 2026 (week 07), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to 15 (16 in the previous week) and there were **100** in-patient cases of confirmed COVID-19, **one** of whom was in critical care compared to 110 and none in the previous week.
- Confirmed cases of positive tests remained stable at 3.0% in hospital and non-sentinel GP practices in the most recent week. Consultations with Sentinel GPs for COVID-19 have increased.

- 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 07, 2025 to Week 07, 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.

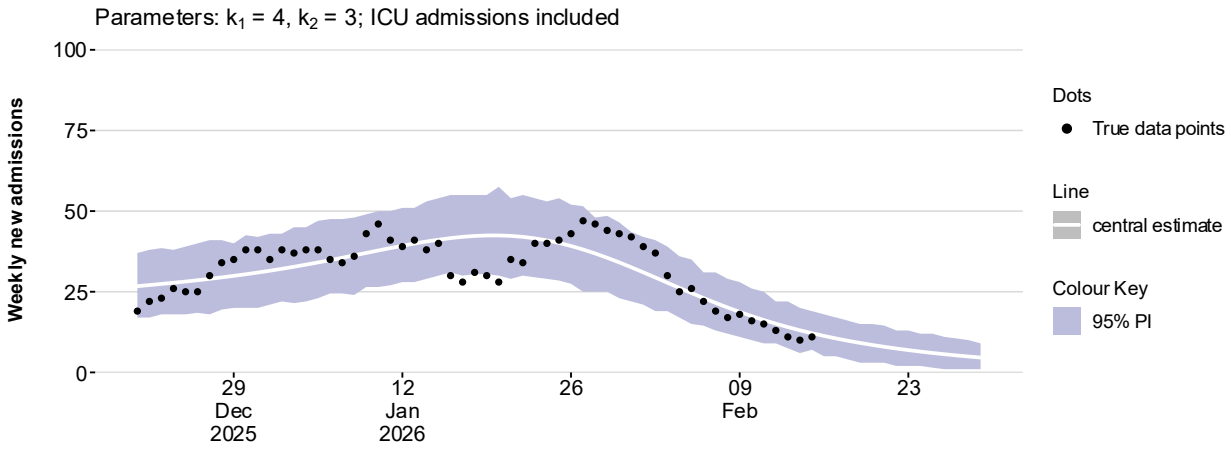
SRE previously reported on the trends of the central estimates. From December 2025, in line with PHW, the difference between the most recent observed data (7 day rolling sum) and the projected central estimate 2 weeks later is reported on.

STP computations use admissions data from PHW until **15 February 2026** to make short term projections two weeks forward **(to 01 March 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).

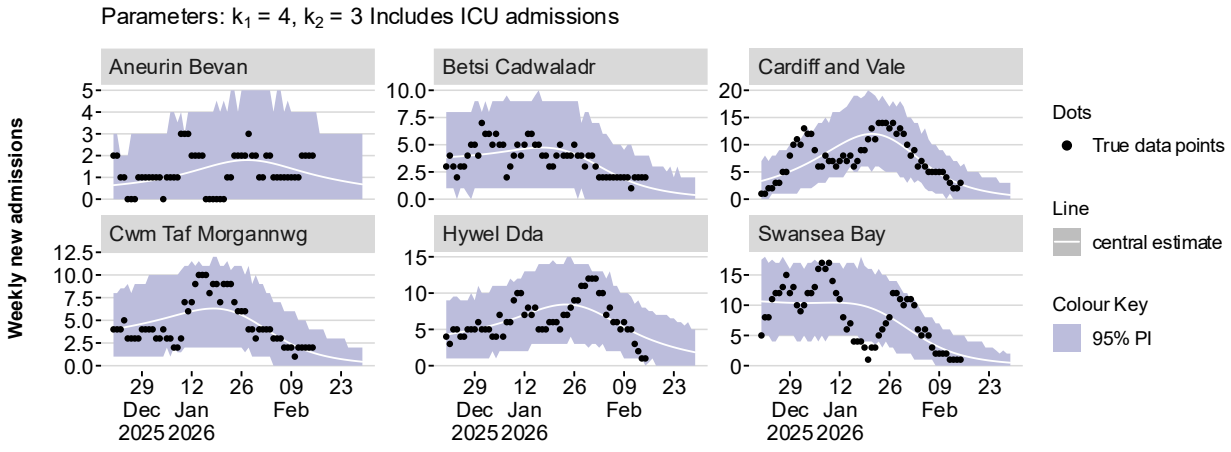
**Figure 2: Short Term Projection for COVID-19 hospital admissions in Wales (data to 15 February 2026, projection to 01 March 2026)**




*Source: Public Health Wales*

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

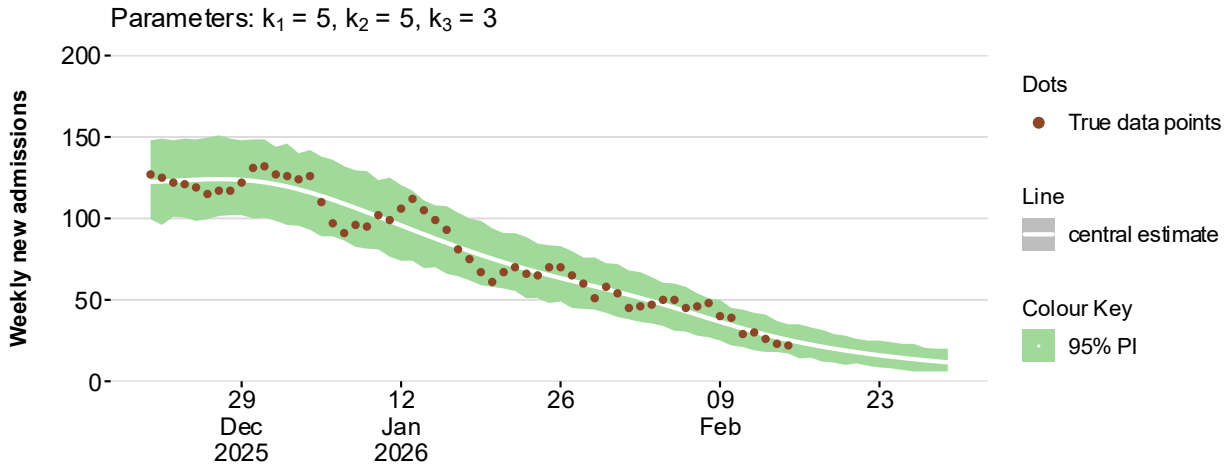
**Figure 3: Short Term Projections for COVID-19 hospital admissions in Wales Health Boards (data to 15 February 2026, projection to 01 March 2026)**




*Source: Public Health Wales*

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

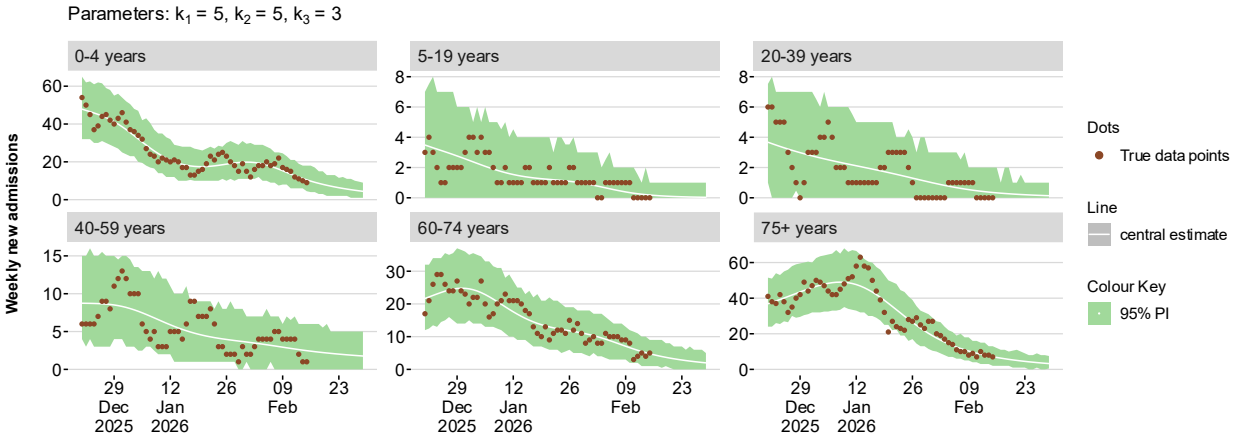
**Figure 4: Short Term Projection for RSV hospital admissions in Wales (data to 15 February 2026, projection to 01 March 2026)**




*Source: Public Health Wales*

Figure 5 shows that RSV admissions for all age groups projected to decrease or plateau over the next two weeks **(to 01 March 2026)**.

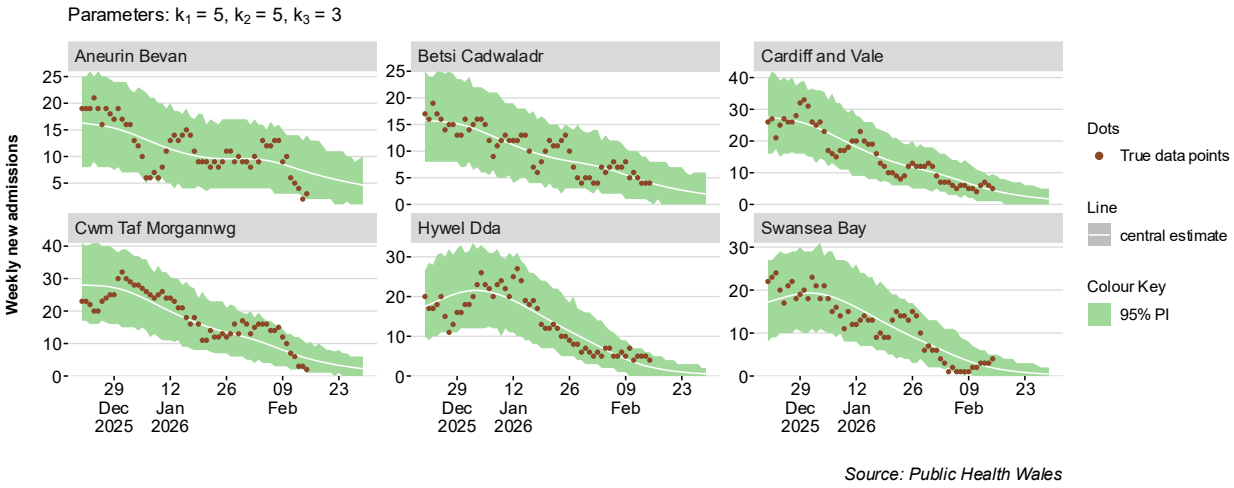
**Figure 5: Short Term Projections for RSV hospital admissions in Wales by age groups (data to 15 February 2026, projection to 01 March 2026)**




*Source: Public Health Wales*

Figure 6 shows that RSV admissions are projected to decrease or plateau over the next two weeks **(to 01 March 2026)**.

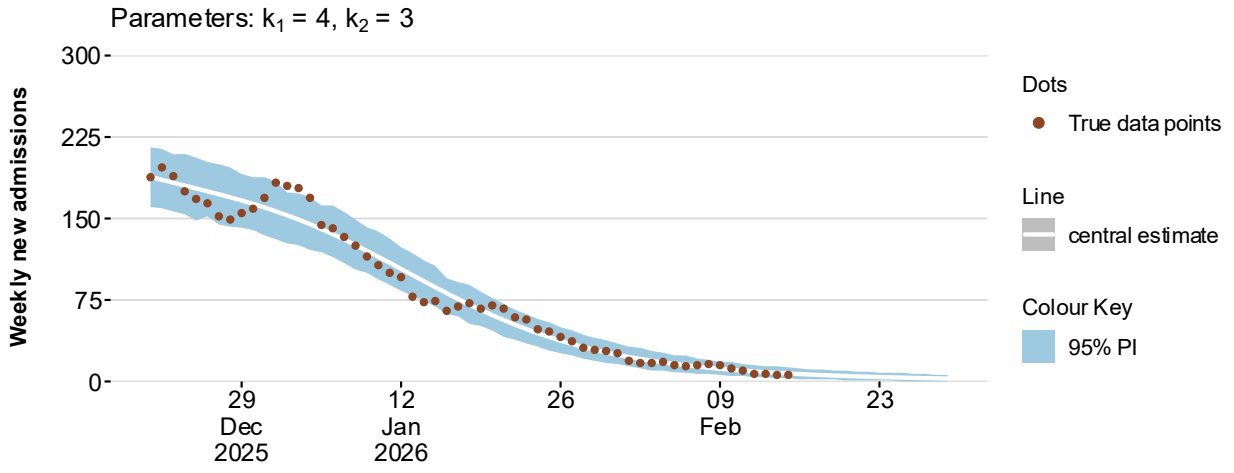
**Figure 6: Short Term Projections for RSV hospital admissions in Wales Local Health Boards (data to 15 February 2026, projection to 01 March 2026)**




*Source: Public Health Wales*

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

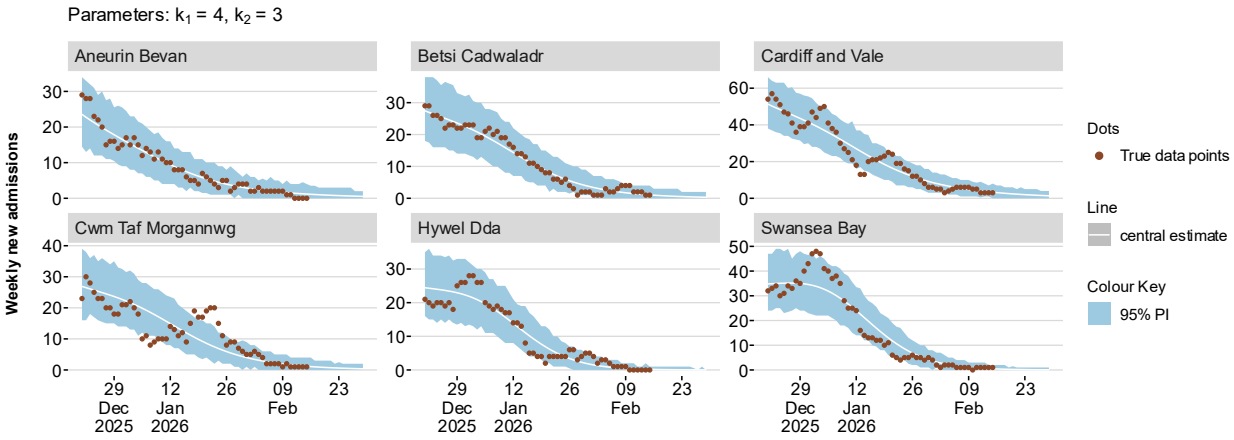
**Figure 7: Short Term Projection for Influenza hospital admissions in Wales (data to 15 February 2026, projection to 01 March 2026)**




*Source: Public Health Wales*

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 15 February 2026, projection to 01 March 2026)**

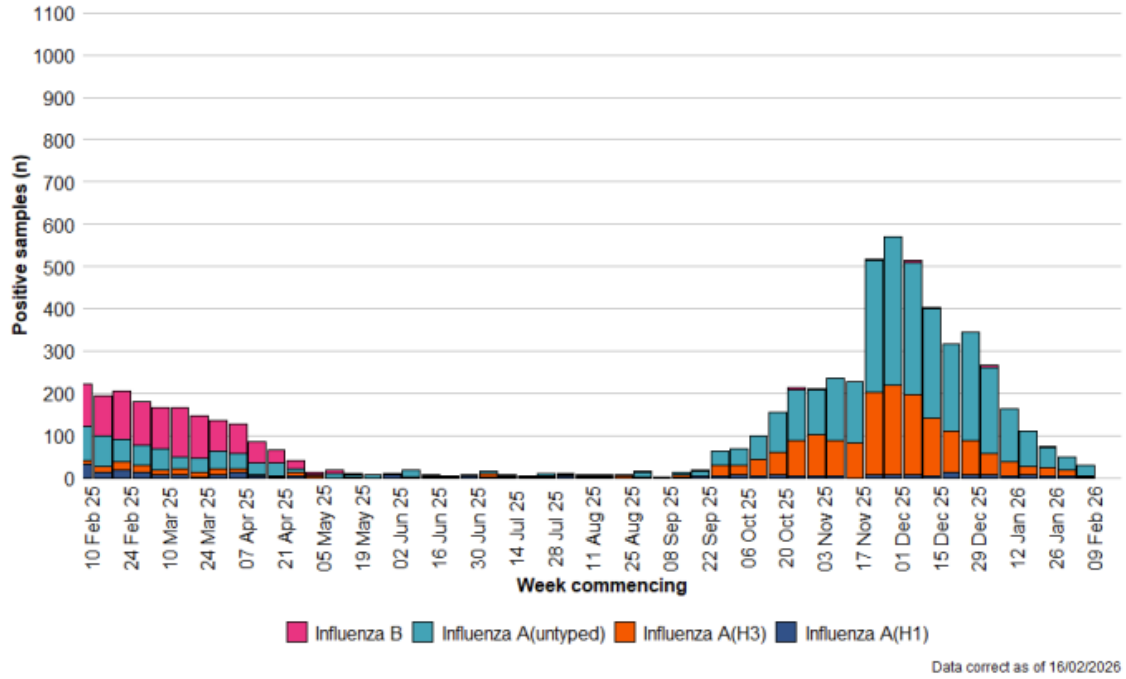



*Source: Public Health Wales*

## 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 **10** in the current week (compared to **23** in the previous week). Test positivity has decreased to **1.7%.**
- There were **44** in-patient cases of confirmed influenza, **none** of whom were in critical care compared to **66** and **2** in the previous week.
- In week 07, 2026, there were 3 influenza A(H3), 1 influenza A(H1N1), 24 influenza A untyped and 2 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 07, 2025 to Week 07, 2026** (source: PHW)



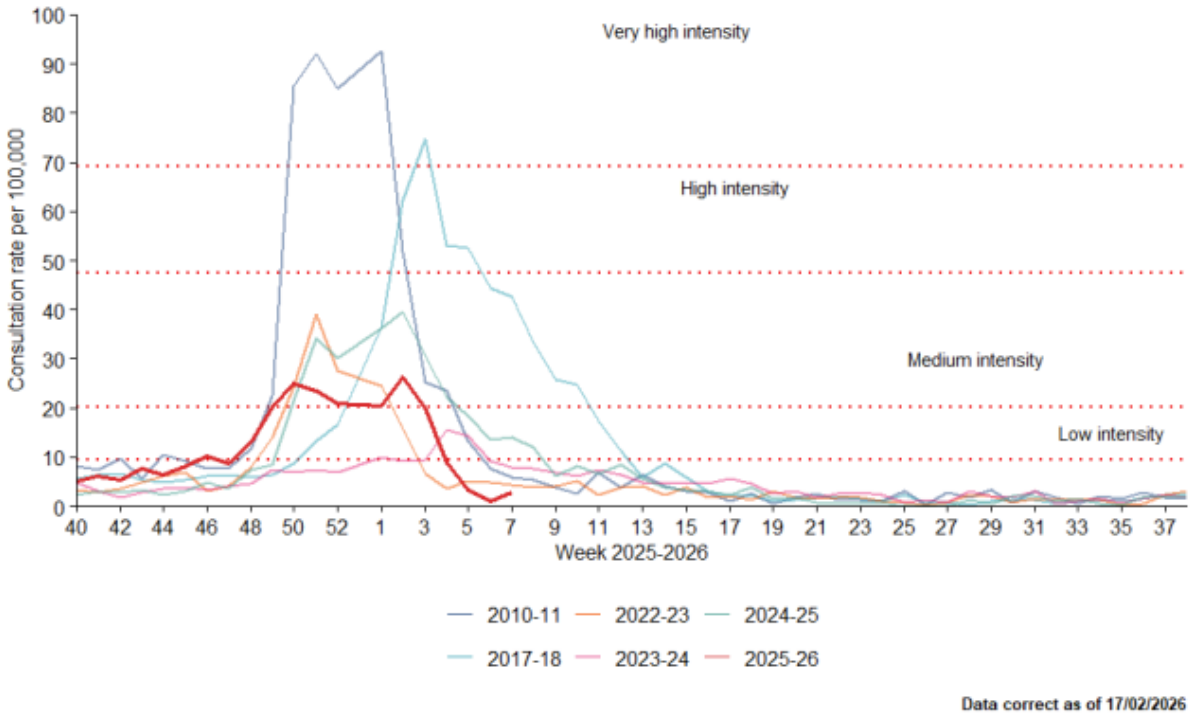

The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline levels and the three-week trend is variable.

There were 2.8 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (1.1 consultations per 100,000).

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 under 1 year (68.8) followed by people aged 1 to 4 (14.4) and people aged 5 to 14 (4.7).

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)**

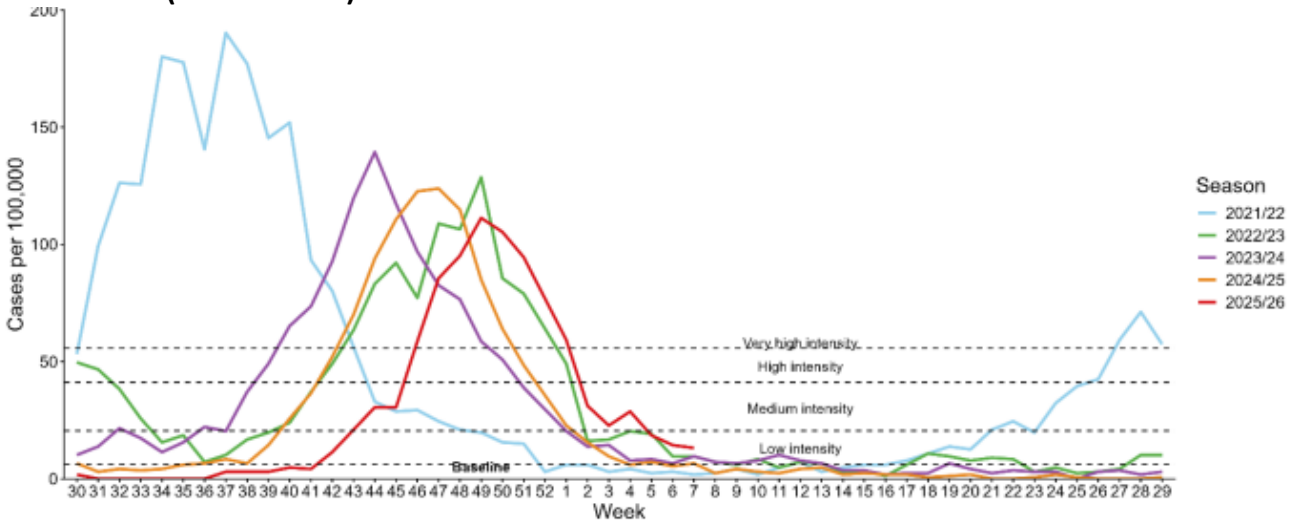



### B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital decreased to **37** during week 07.

RSV incidence per 100,000 in children aged up to 5years **decreased** to **13.2** in Week 07 (14.4 in the previous week) and is currently at low intensity levels. During week 07 there were **127** in-patient cases of confirmed RSV, and **5** in critical care.

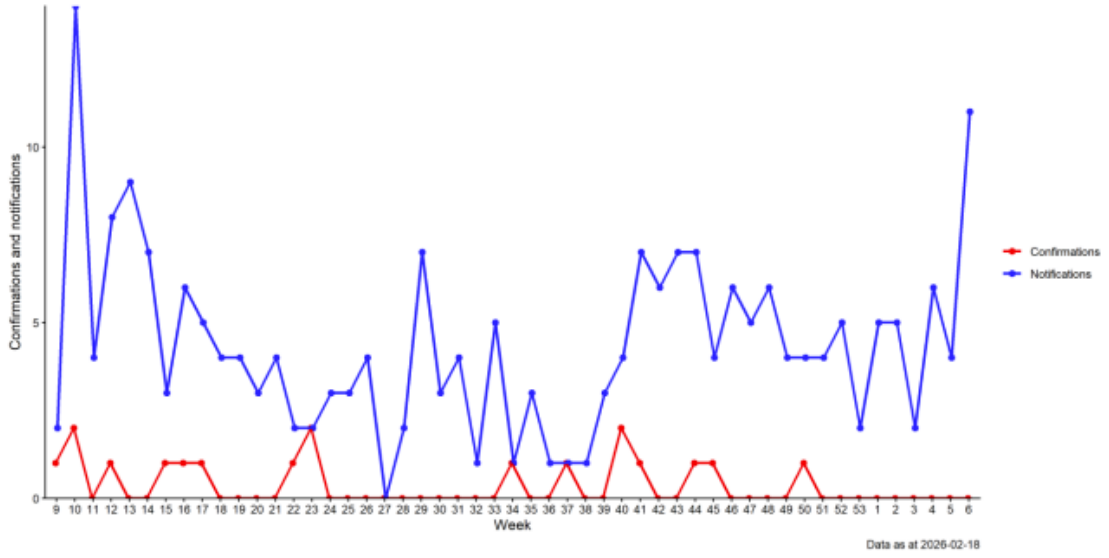
**Figure 11: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 07 2026 (source: PHW)**




## B.4. Whooping Cough (Pertussis)

Figure 12 below shows that whooping cough notifications up to the end of week 07 ***increased*** to the highest levels for about a year. Lab confirmations continue to be at very low levels (*Whooping cough is now reported on every two weeks*).

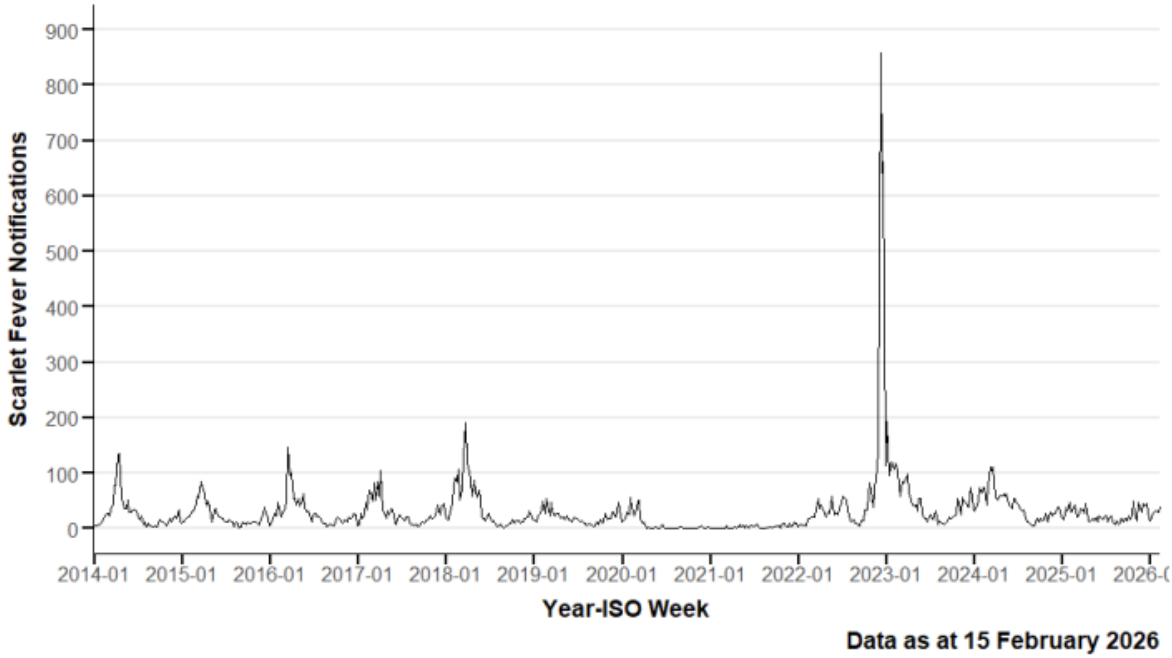
**Figure 12: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)**




## 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 7, 2026, 4 ARI outbreaks were reported to the Public Health Wales Health Protection Team. Of these two were Acute Respiratory Infection, one was influenza and one was Influenza A. All 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.

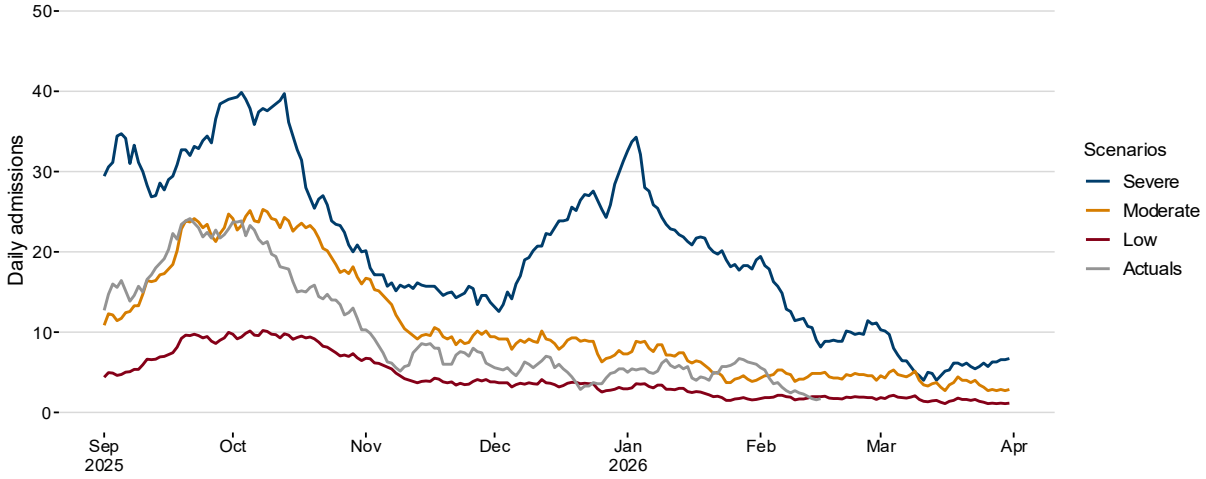
The charts that follow (Figures 14-16) show estimates of hospital admissions occurring so far in winter 2025/26 using actual data and these are compared to our 2025/26 winter modelling scenarios. (See the technical notes at the end of section **C. Science Research Evidence Winter Modelling** for details 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 15 February 2026)**



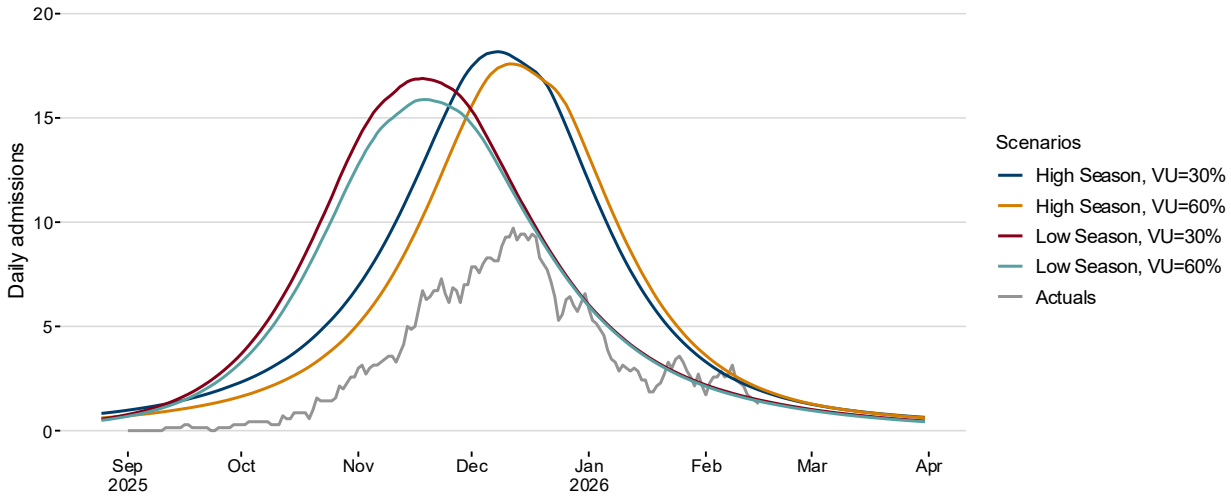

Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 15 February 2026 from PHW.

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 decreasing and track around low 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 15 February 2026)**

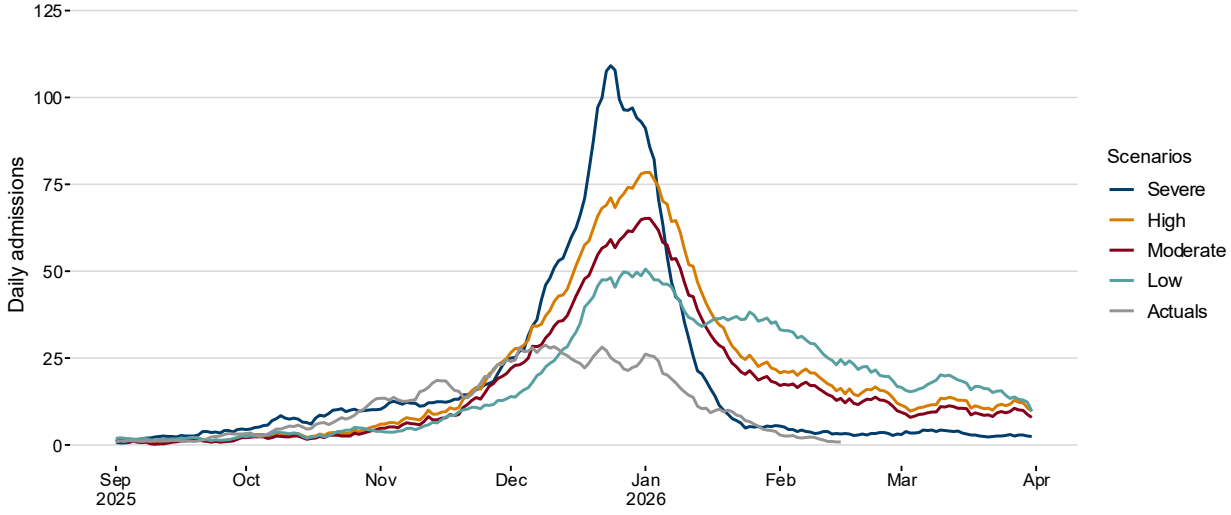



Source: historical data to 31 March 2025 provided by DHCW, projected scenarios from 1 September 2025 to 31 March 2026 from SRE, most recent observed data (7 day rolling sum) until 15 February 2026 from PHW.

### 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 recently observed data (7 day rolling sum) until 15 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 15 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

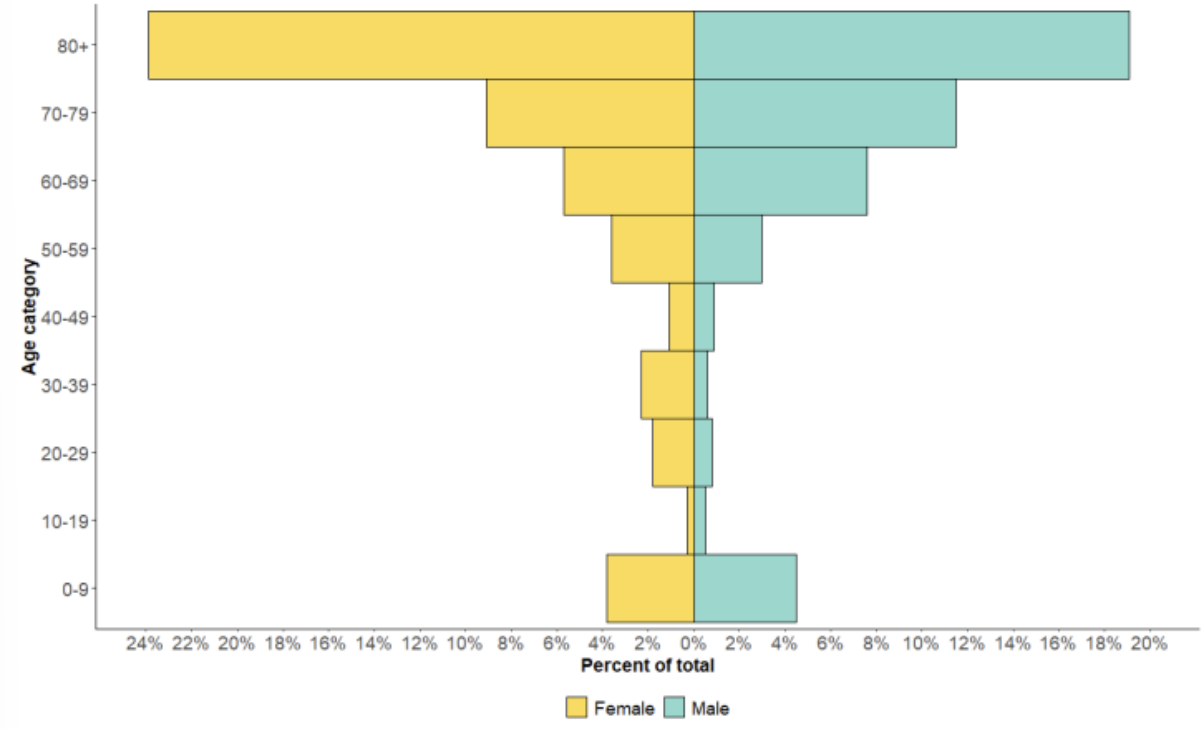
In the current reporting week (week 7 2026), a total of **56** Norovirus cases were reported in Welsh residents. This is a *decrease* (-3.4%) in reported cases compared to the previous reporting week (week 6 2026), when **58** Norovirus cases were reported.

In the last 12-week period (24/11/2025 to 15/02/2026) a total of **661** Norovirus cases were reported in Welsh residents. This is an *increase* (38.3%) in reported cases compared to the

same 12-week period in the previous year (24/11/2024 to 15/02/2025) when **478** Norovirus cases were reported.

In the last 12 weeks (24/11/2025 to 15/02/2026) **341** (51.6%) Norovirus cases were female and **320** (48.4%) cases were male. The age groups with the most cases were the 80+ years (284 cases) and 70-79 years (136 cases) age groups.

**Figure 17: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (24/11/2025 to 15/02/2026)**




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 07 2026 (24/11/2025 to 15/02/2026).

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 19th February 2026)

**19 February 2026**

Following successful completion of disease control activities and surveillance in the zone around a third premises near Newington, Swale, Kent (AIV 2025/125), the protection zone has ended and the area that formed it becomes part of the surveillance zone. All birds on the premises have been humanely culled.

**18 February 2026**

Following successful completion of disease control activities and surveillance in the zone around the following premises, the 3km protection zones have ended and the surveillance zones have been revoked:

- a premises near Mundford, Breckland, Norfolk (AIV2025/112)
- a second premises near Mundford, Breckland, Norfolk (AIV2025/117)

**17 February 2026**

Following successful completion of disease control activities and surveillance in the zone around a third premises near Newark-on-Trent, Newark and Sherwood, Nottinghamshire (AIV 2026/02), the surveillance zone has been revoked.

**16 February 2026 – further update**

Following successful completion of disease control activities and surveillance in the zone around a third premises near Gainsborough, West Lindsey, Lincolnshire (AIV 2025/121), the 10km surveillance zone has been revoked.

Following successful completion of disease control activities and surveillance in the zone around a premises near Chedburgh, West Suffolk, Suffolk (AIV 2025/119), the protection zone has ended, and the surveillance zone has been revoked.

**16 February 2026**

Following successful completion of disease control activities and surveillance in the zone around a premises near York, York, North Yorkshire (AIV 2025/135), the surveillance zone has been revoked.

**14 February 2026**

Highly pathogenic avian influenza (HPAI) H5N1 was confirmed in other captive birds at a premises near Ancroft, Northumberland, Northumberland (AIV 2026/14). A 3km captive bird (monitoring) controlled zone has been put in place.

**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)

### E.2. 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.3. 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.4. Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases (10 February)**

According to the Hong Kong Centre for Health Protection's Avian Influenza Report from 10 February 2026, two human infections with avian influenza A(H9N2) were reported in China. The first case was in a 73-year-old woman from Guangdong Province who developed symptoms on 17 January 2026. The second case was in a two-year-old boy from Hunan Province with symptom onset on 29 December 2025. No further epidemiological information was provided for either case.

**Background:**

Overall, 195 human cases of avian influenza A(H9N2), including two deaths, have been reported since 1998 from 10 countries. Since 2015, China has reported 154 human cases of avian influenza A(H9N2) virus infection to the World Health Organization (WHO), including two deaths (case fatality rate (CFR): 1%)

**E.5. 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.6. 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

**E.7. Nipah virus disease – India and Bangladesh – 2026 (6 February)**

Update: Bangladesh: On 6 February 2026, WHO posted a Disease Outbreak News (DON) item about a confirmed death due to NiV infection that occurred in Rajshahi Division, northwestern Bangladesh. The patient was a woman in her forties residing in Naogaon District, Rajshahi Division. She developed symptoms compatible with NiV infection on 21 January, beginning with fever, headache, muscle cramps, anorexia, weakness and vomiting, which progressed to hypersalivation, disorientation and convulsions. She became unconscious on 27 January and was referred to a tertiary hospital, where she was admitted on 28 January; samples were collected on admission and she died later the same day.

The patient had repeatedly consumed raw date palm sap between 5–20 January, considered the likely exposure source. An outbreak investigation involving One Health partners began on 30 January. Investigators identified 35 contacts, and six symptomatic contacts were sampled; all tested negative for NiV by PCR and IgM ELISA. As of 3 February, no additional cases have been detected, and all contacts remain under monitoring.

Summary: India: According to the National IHR Focal Point for India reporting to the World Health Organization (WHO) on 26 January 2026, there have been two confirmed cases of NiV reported in the state of West Bengal, India. A total of 196 contacts of the confirmed cases were identified and tested negative for NiV. No additional cases have been reported as of 27 January 2026, according to the Indian Ministry of Health. Several media outlets, quoting India's health authorities, have reported five NiV disease cases in the same outbreak in healthcare workers at the same hospital, in the district of North 24 Parganas, in the West Bengal State, India. Both individuals are between the ages of 20 and 30 years old, one male and one female, working as nurses at the same private hospital in Barasat, located in North 24 Parganas district, West Bengal State. Both of them developed symptoms typical of severe NiV infection in late December 2025 and were admitted to hospital in early January 2026. As of 21 January 2026, the second individual showed clinical improvement, while the first remained under critical care