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

26th June 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 25 2026, up to 21 June 2026)

- COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **remained the same**.
- RSV activity in children under 5 years has **decreased** and is at baseline levels.
- Influenza confirmed case admissions to hospital and inpatients have **remained stable**.
- Norovirus confirmed cases have **increased** in the most recent week (week 25).
- Whooping Cough notifications have **increased** in week 25.

Please note, from the 29th of April 2026 the SEA weekly surveillance report is now produced fortnightly until September 2026 and this is in line with Public Health Wales reporting.

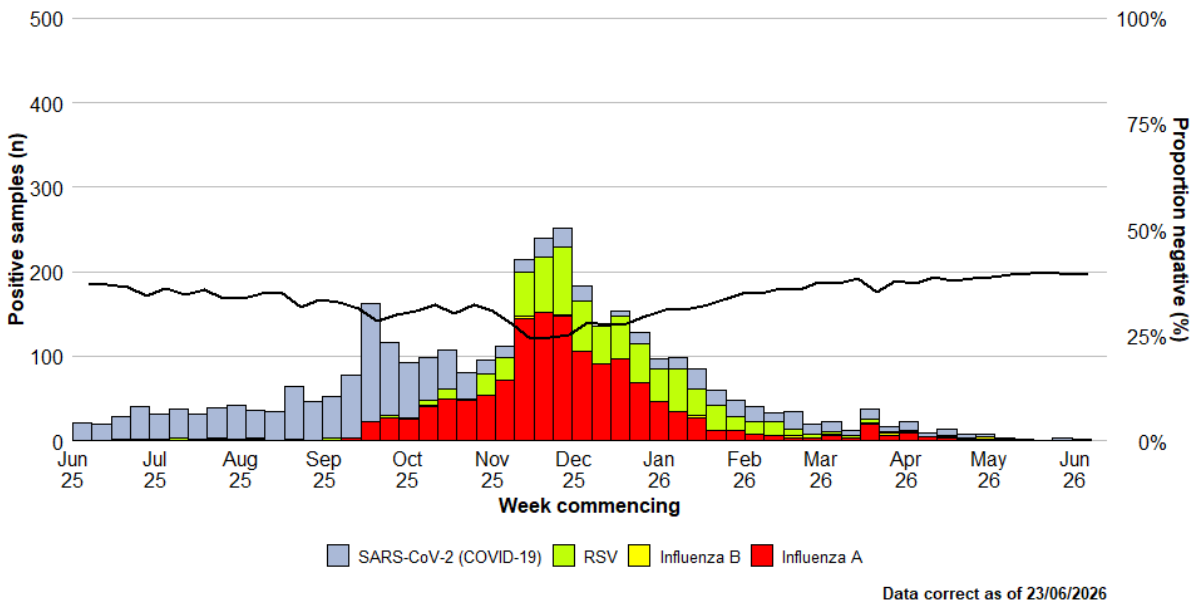
B. Acute Respiratory Infections Situation Update

B1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **increased** and the number of cases who were inpatients **remained stable** in week 25 2026 (to 21 June 2026).
- As of 21 June 2026 (week 25), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to **5** (4 two weeks ago) and there were **10** in-patient cases of confirmed COVID-19, **none** of whom was in critical care compared to 10 and none two weeks ago.
- Confirmed cases of positive tests decreased to 0.9% in hospital and non-sentinel GP practices in the most recent week. Consultations with Sentinel GPs and pharmacies for COVID-19 decreased in the most recent week.

- In the last six weeks, Omicron RE.1* is the most frequently detected Pango lineage group in Wales currently, accounting for **43.3**% of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 25, 2025 to Week 25, 2026. (source: PHW)



Short Term Projections (STPs)

STPs will not be produced for RSV and Influenza during the summer period.

STPs will not be published for COVID-19 during the summer period unless we see an increase in infections.

B.2. Influenza Situation Update

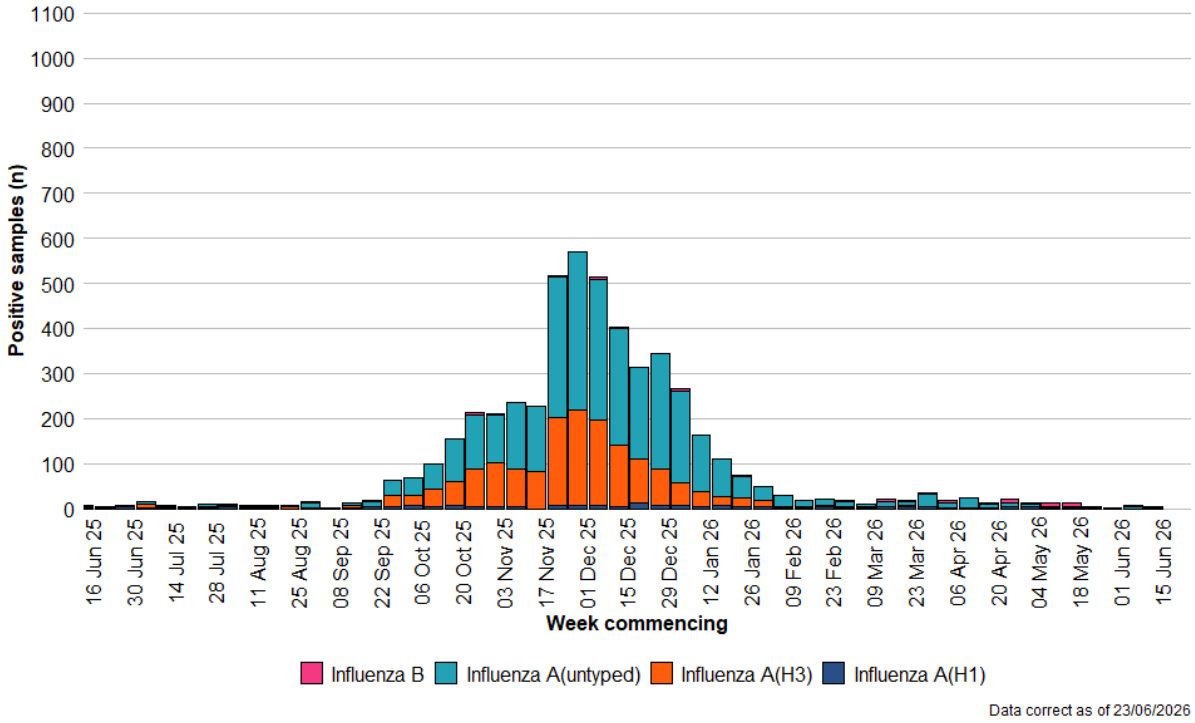
- Overall, influenza is not currently circulating in Wales. Test positivity remained stable and confirmed cases have remained stable in the most recent week compared to two weeks ago. No cases of influenza were confirmed from symptomatic sentinel GP network patients across Wales last week. Influenza A untyped is the most detected influenza virus in Wales.

- Confirmed cases of community acquired influenza admitted to hospital remained stable at 2 in the current week (**0** two weeks ago). Test positivity remained stable at **0.5%**.

- There were 2 in-patient case of confirmed influenza, and **1** in critical care, compared to 1 and 0 two weeks ago.

- In week 25 2026, there were 3 influenza A untyped and 1 influenza B. (Figure 2).

Figure 2: 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 25, 2025 to Week 25, 2026 (source: PHW)



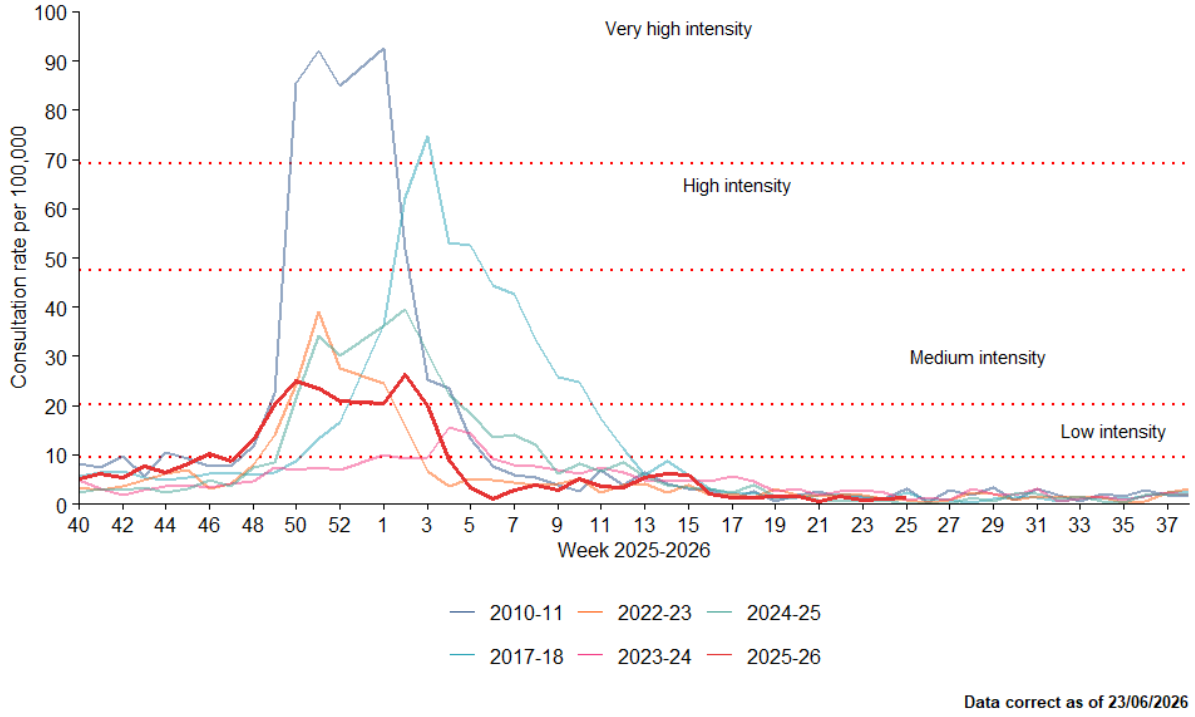
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is stable.

There were 1.3 ILI consultations per 100,000 practice population in the most recent week, an increase compared to the previous week (1 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 3 ARI consultations per 100,000 practice population, an increase from 2.7 in the previous week. The highest rates were found in people aged 1 to 4 (513.2) followed by people aged under 1 year (360.1) and people aged 5 to 14 (153.8)

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

Figure 3: Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (source: PHW)

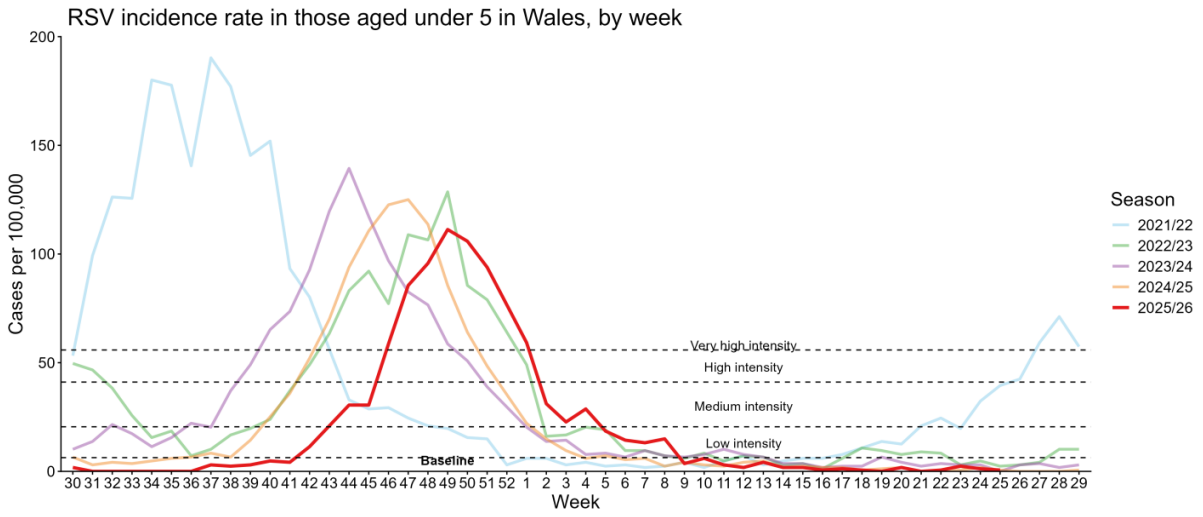


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital decreased to 0 during week 25.

RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels and remains stable. During week 25 there were **no** in-patient cases of confirmed RSV, and none were in critical care.

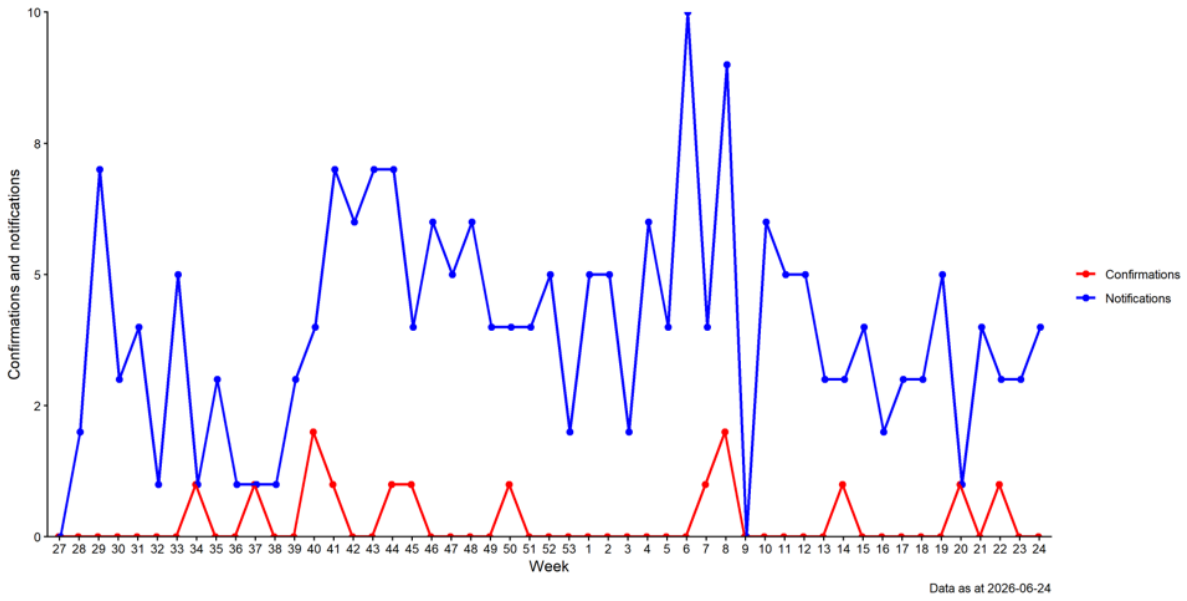
Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to Week 25 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 5 below shows that whooping cough notifications (data as at 21/06/2026) have **increased**. Lab confirmations continue to be at very low levels (*Whooping cough is now reported on every two weeks*).

Figure 5: Weekly notifications and confirmations of Pertussis/Whooping Cough in Wales. (Source: PHW)



B.5 iGAS and Scarlet Fever

Please note that the Scarlet Fever and iGAS reporting from PHW has been stepped down for the summer and it will recommence in the Autumn.

B.6 Additional indicators

- The number of ambulance calls recorded referring to syndromic indicators increased from **1,500** in the previous week to **1,564** in the latest reporting week.
- During Week 25, 2026, 1 ARI outbreak was reported to the Public Health Wales Health Protection Team. The incident was COVID-19 and was detected in a School/Nursery/Day Care setting.
- 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 published modelled scenarios for COVID-19, RSV and Influenza for Winter 2025-26. This used analysis of historical data and projected forward to estimate hospital demand throughout winter 2025/26, which contributed to winter planning for NHS Wales.

The modelled scenarios were produced from September 2025 until end of March 2026 and these can be found in previous surveillance reports along with the technical notes, Science Research Evidence: communicable disease surveillance reports | GOV.WALES.

Note that the modelling was an estimate of what may happen not a prediction of what would happen.

D. Communicable Disease Situation Update (non-respiratory)

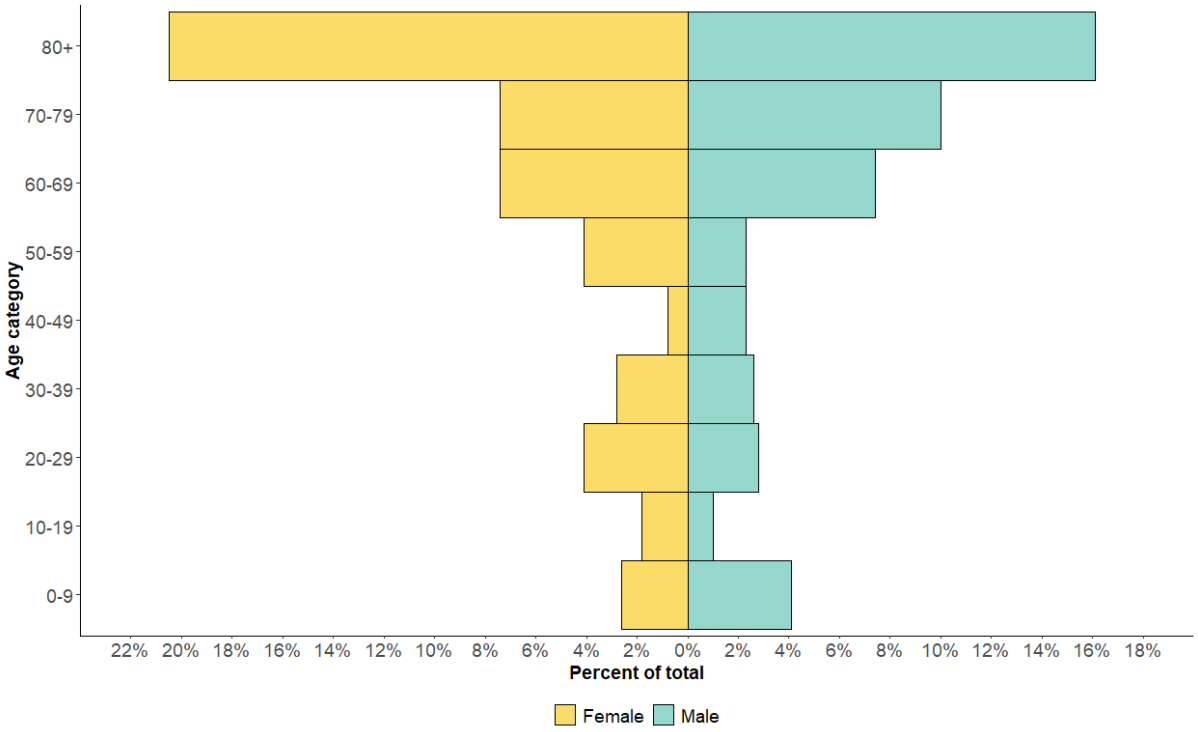
D.1 Norovirus

In the current reporting week (week 25 2026), a total of **22** Norovirus cases were reported in Welsh residents. This is an increase (10.0%) in reported cases compared to the previous reporting week (week 24 2026), when **20** Norovirus cases were reported.

In the last 12 week period (30/03/2026 to 21/06/2026) a total of **395** Norovirus cases were reported in Welsh residents. This is a decrease (-17.2%) in reported cases compared to the same 12 week period in the previous year (30/03/2025 to 21/06/2025) when **477** Norovirus cases were reported.

In the last 12 weeks (30/03/2026 to 21/06/2026) 201 (50.9%) Norovirus cases were female and 190 (48.1%) cases were male. The age groups with the most cases were the **80+** (143 cases) and **70-79** (68 cases) age groups.

Figure 7: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (30/03/2026 to 21/06/2026)



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 25 2026 (30/03/2026 to 21/06/2026). 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 4 June 2026)

4 June 2026

The avian influenza prevention zone (AIPZ) for poultry and captive birds in England, Wales and Scotland has been lifted from noon on 4 June 2026.

All bird keepers should continue to take steps to prevent bird flu and stop it spreading at all times and be vigilant for signs of disease.

20 May 2026

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

- a fourth premises near Gainsborough, West Lindsey, Lincolnshire (AIV 2026/17)
- a fifth premises near Gainsborough, West Lindsey, Lincolnshire (AIV 2026/19)

The 10km surveillance zone around each premises has been revoked.

19 May 2026

Following successful completion of disease control activities and surveillance in the zone around a second premises near Great Shelford, South Cambridgeshire, Cambridgeshire (AIV 2026/18) the 3km protection zone has ended and the 10km surveillance zone has been revoked.

15 May 2026

Following successful completion of disease control activities and surveillance in the zone around a second premises near Market Rasen, West Lindsey, Lincolnshire (AIV 2026/16) the surveillance zone has been revoked.

E.2. Ebola disease outbreak caused by Bundibugyo virus – Democratic Republic of the Congo and Uganda – 2026 (25 June)

As of 25 June 2026, the Ebola disease outbreak caused by Bundibugyo virus is affecting the Democratic Republic of the Congo (DRC) and Uganda.

On 24 June, the DRC Ministry of Health reported a total of 1 118 confirmed cases, including 291 confirmed related deaths, and 408 individuals hospitalised in isolation (as of 23 June). Included in this report are 24 new confirmed cases and 14 new deaths since the last update on ECDC's website (24 June, with data as of 22 June).

Ituri is the most affected province, with 1 020 confirmed cases from 22 health zones. In North Kivu, 95 confirmed cases have been reported from 11 health zones, and in South Kivu, three cases from one health zone. Since the previous update, no new affected health zones have been reported in the three provinces. Surveillance data are continuously being

reviewed and updated as samples from suspected Ebola cases go through the process of laboratory confirmation.

As of 24 June, Uganda had reported a total of 20 confirmed cases, including two deaths. The most recent case was reported on 21 June, and no new cases have been reported since. Among the confirmed cases, 15 had travel links to DRC and five were associated with local transmission events. Of nine cases with known geographical information, eight were reported in Kampala and one in the neighbouring district of Wakiso.

In the European Union/European Economic Area (EU/EEA), one confirmed case of Ebola virus disease has been reported in France by the Ministry of Health on 24 June. To date, there has been one other confirmed case, on 19 May, involving a US citizen who was medically evacuated to Germany for treatment. Both cases were imported from areas affected by the ongoing outbreak in DRC.

Although information remains limited, we assess the likelihood of infection for people living in the EU/EEA as very low. ECDC continues to monitor the situation closely and will update its assessment as new information becomes available.

E.3. Avian influenza A(H9N2) Multi-Country (25 June)

On 15 June 2026, the health authorities in Hong Kong reported the results of whole-genome sequencing of clinical specimens collected from the previously reported case, confirming infection with low-pathogenic avian influenza A(H9N2) virus. Genomic analysis revealed that all of the virus genes were of avian origin and there were no significant genetic variations in the detected virus. No additional cases have been identified among household contacts. Staff at the shop also remain asymptomatic. Of the environmental samples collected during the investigation, one sample obtained from a metal tray located beneath a live chicken cage in the implicated shop tested positive for A(H9) avian influenza virus. Further laboratory analysis of environmental samples is underway. The patient remains clinically stable with mild symptoms.

Summary:

On 12 June 2026, one new human case of avian influenza A(H9) virus infection was reported in Hong Kong, according to a press release from the Government of Hong Kong Special Administrative Region. On 9 June 2026, a child from Sha Tin District in Hong Kong developed mild symptoms (fever, diarrhoea). On 10 June, the patient was admitted to a hospital. A respiratory specimen tested by the Public Health Laboratory Services Branch (PHLSB) of the Centre for Health Protection (CHP) was positive for influenza A (H9). The patient is currently in a stable condition and has been transferred to an isolation ward at Princess Margaret Hospital.

Preliminary investigation indicated no travel history during the incubation period; the case is therefore classified as locally acquired. The patient does not attend school or daycare and is mainly looked after at home by family members. The household does not keep poultry. According to family members, the patient did not consume undercooked poultry and had no known contact with symptomatic individuals. In early June, the patient visited Wo Che Market on two occasions, where he entered a shop selling live poultry and had contact with the shop environment. Environmental sampling has been conducted at the premises by CHP in collaboration with the Food and Environmental Hygiene Department (FEHD). Staff at the shop remain asymptomatic.

The patient has six household contacts, all of whom remain asymptomatic. They have been placed under medical surveillance and provided with antiviral prophylaxis

E.4. Seasonal surveillance of West Nile Virus infections – 2026 (25 June)

In Europe, since the beginning of 2026, and as of 17 June, two countries have reported three human cases of West Nile virus (WNV) infection: Italy and North Macedonia. A total of three areas are currently known to be affected. The report is available online. Throughout the season, ECDC will publish a weekly report with updates on risk areas for locally acquired WNV infections. In addition, a monthly report will be published. WNV infection in humans is a notifiable disease at EU level and cases should be reported by national public health authorities through the EpiPulse Cases platform according to the EU case definition.

According to Commission Directives 2004/33/EC and 2014/110/EU on blood safety, blood establishments in EU/EEA countries should apply temporary deferral criteria for donors of allogeneic blood donation for 28 days after they have left a risk area for locally acquired WNV, unless an individual nucleic acid test (NAT) is negative.

WNV surveillance activities carried out by ECDC support the competent authorities responsible for blood safety in the implementation of these directives.

ECDC assessment: Seasonal weather conditions are currently favourable for mosquito-borne transmission; therefore more cases are expected to occur in the coming weeks.

E.5. Human cases of swine influenza A(H1N2) variant virus infection (13 May)

On 8 May 2026, one new human infection with swine influenza A(H1N2) variant (v) virus was reported in the Weekly US Influenza Surveillance Report for week 17 (Weekly US Influenza Surveillance Report | CDC). The case was in a person under 18 years old who developed respiratory illness during the week ending on 4 April 2026. After their symptoms worsened, the person sought medical help during the week ending on 18 April 2026, but was not hospitalised, and has since recovered. Investigation by public health authorities did not find any direct or indirect contact with pigs. A close contact developed mild respiratory

illness on the same day as the case, but there was no other human cases of A(H1N2)v infection associated with this event. This is the first case of A(H1N2)v infection reported in the US this year, and the second associated with the 2025-2026 season.

Overall, 34 cases of human A(H1N2)v infection have been reported globally since 2019, four of which were reported in the EU/EEA: Austria (2021), Denmark (2019), France (2021), and the Netherlands (2022). Outside the EU/EEA, cases have been reported in Brazil (3), Canada (3), Taiwan (3), the United Kingdom (1), the US (19), and mainland China (1).