Llywodraeth Cymru
Welsh Government

Yr Is-adran Gwyddoniaeth, Ymchwil a Thystiolaeth
Science Research Evidence Division
Y Grŵp Iechyd, Gofal ac Atal
Health, Care and Prevention Group

Weekly Surveillance Report

10th July 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 27 2026, up to 05 July 2026)

- COVID-19 confirmed case admissions to hospital **decreased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **remained stable** and is at baseline levels.
- Influenza confirmed case admissions to hospital have **decreased** and inpatients have **remained stable**.
- Norovirus confirmed cases have **decreased** in the most recent week (week 27).
- Whooping cough notifications and confirmations **remained stable** at baseline levels in week 27 (data up to 05/07/2026).

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

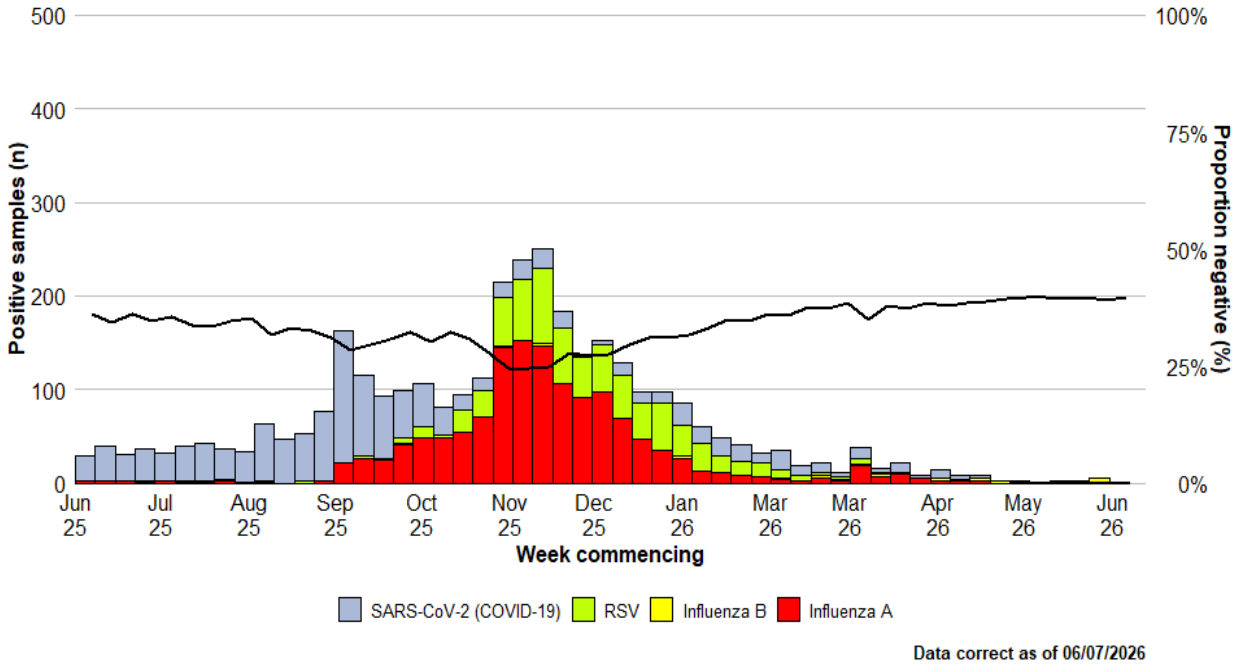
B. Acute Respiratory Infections Situation Update

B.1. 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 27 2026 (to 05 July 2026).
- As of 05 July 2026 (week 27), the number of confirmed cases of community acquired COVID-19 admitted to hospital **decreased** to **2** (5 two weeks ago) and there were **8** in-patient cases of confirmed COVID-19, 2 of whom were in critical care compared to 10 and none two weeks ago.
- Confirmed cases of positive tests decreased to 0.4% 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 PQ.2* is the most frequently detected Pango lineage group in Wales currently, accounting for **36.8**% of sequenced cases.

Figure 1: Samples from hospital patients submitted for RSV, Influenza and SARS-CoV2 testing only, by week of sample collection, week 27, 2025 to week 27, 2026. (source: PHW)



Short Term Projections (STPs)

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

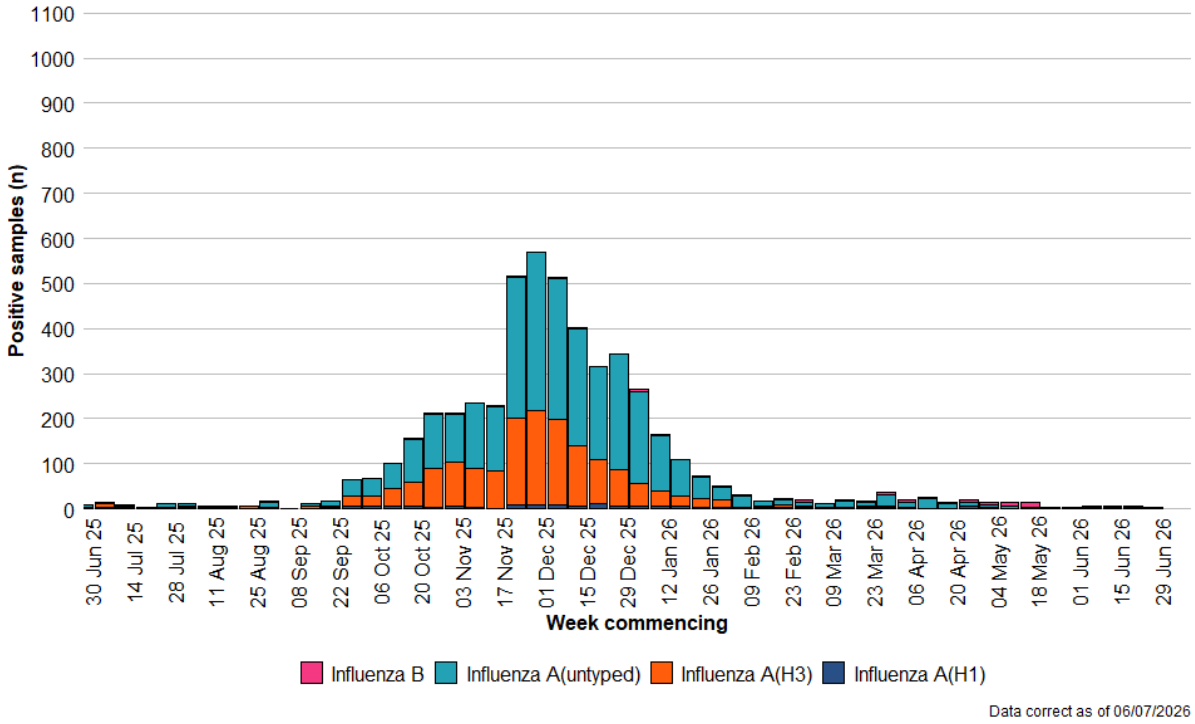
STPs will not be published for COVID-19 during the summer period unless we see an increase in infections.

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. One case of influenza was 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 decreased to **1** the current week (**2** two weeks ago). Test positivity remained stable at **0.1%**.
- There were 2 in-patient case of confirmed influenza, and none in critical care, compared to 2 and 1 two weeks ago.

- In week 27 2026, there were 0 influenza A(H3), 1 influenza A(H1N1), 1 influenza A untyped and 0 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 27, 2025 to week 27, 2026 (source: PHW)



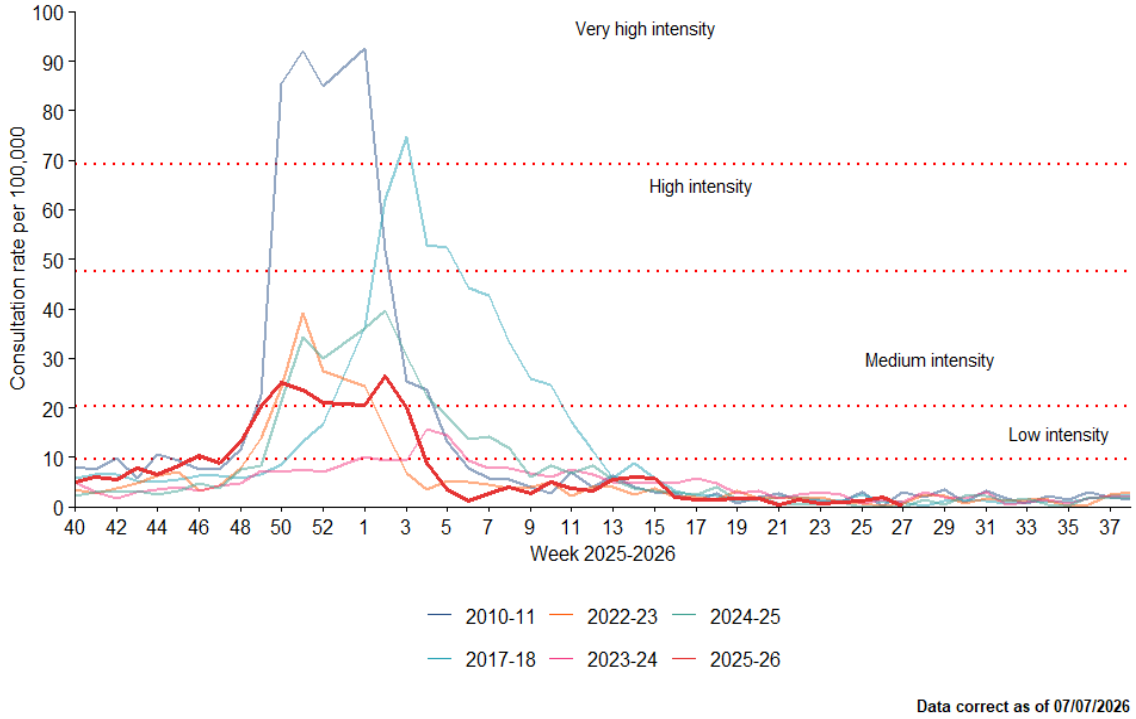
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline and the three-week trend is variable.

There were 0.2 ILI consultations per 100,000 practice population in the most recent week, a decrease compared to the previous week (2.1 consultations per 100,000).

In the most recent week, using all available data from general practices, there were 1.2 ARI consultations per 100,000 practice population, an increase from 0.5 in the previous week. The highest rates were found in people aged under 1 year (575.7) followed by people aged 1 to 4 years (317.2) and people aged 75 years and above (110).

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)

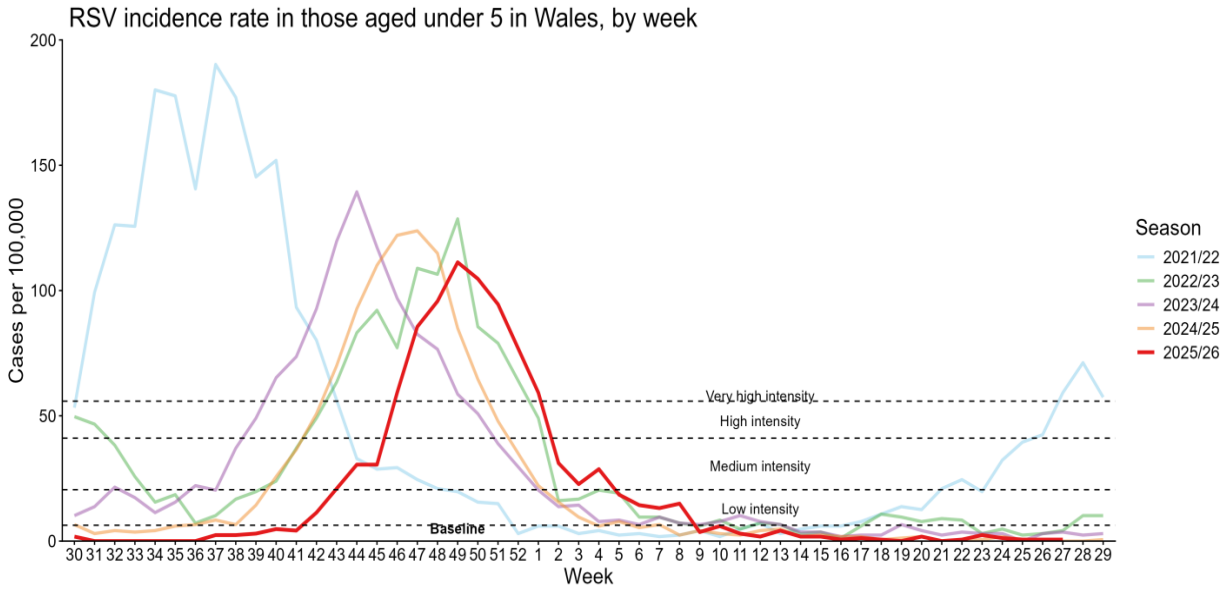


B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital remained stable at zero during week 27.

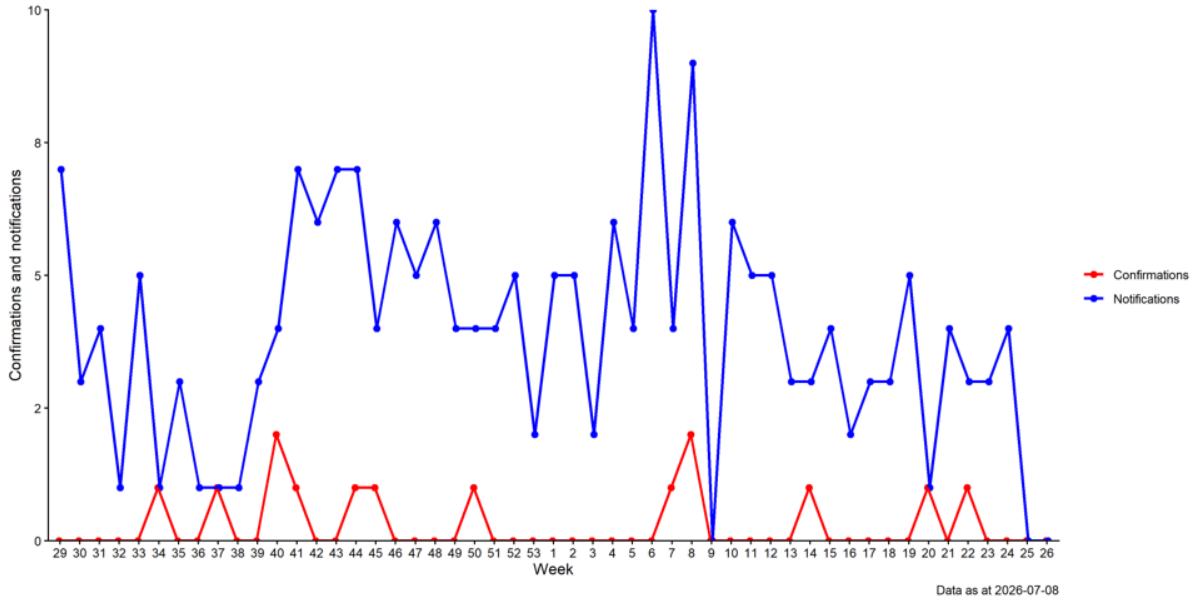
RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels and remains stable. During week 27 there was **one** in-patient cases of confirmed RSV, and none were in critical care.

Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 27 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 5 below shows that whooping cough notifications (data as at 05/07/2026) have **remained stable** at baseline levels. Lab confirmations are also at baseline levels. (Whooping cough is now reported on every two weeks).



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 decreased from **1,766** in the previous week to **1,436** in the latest reporting week.
- During week 27, 2026, 1 ARI outbreak was reported to the Public Health Wales Health Protection Team. The incident was Acute Respiratory Infection and was detected 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 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

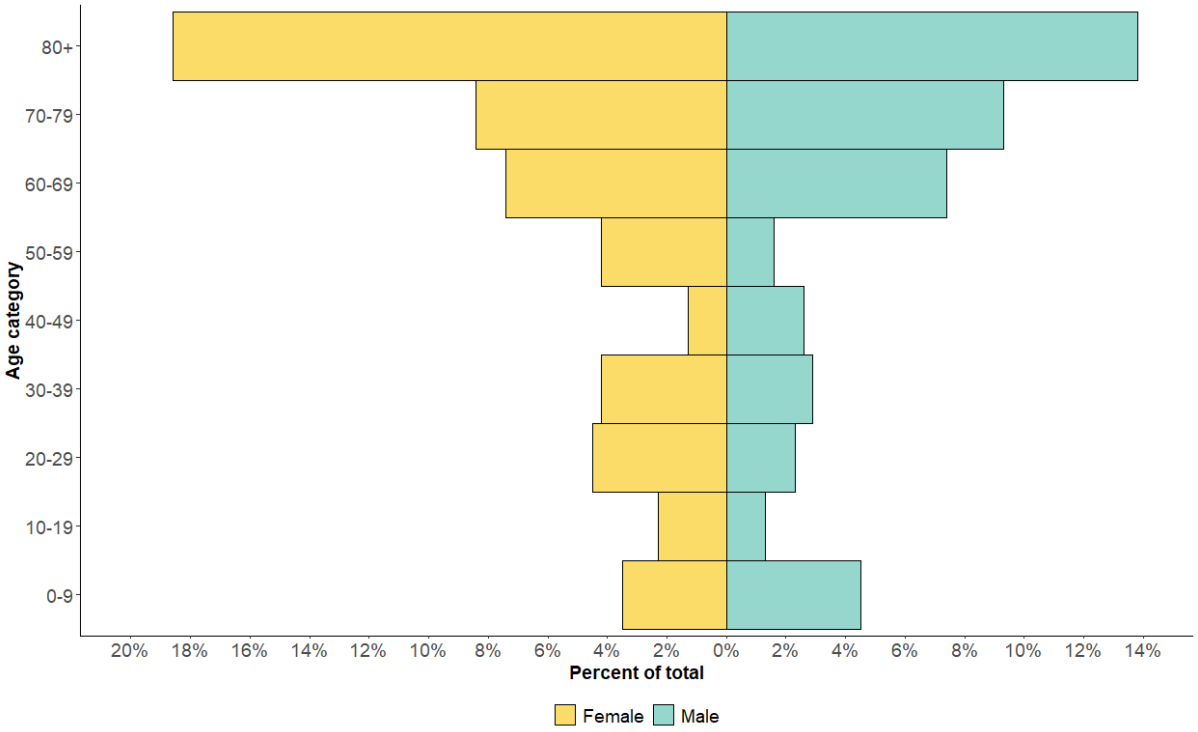
In the current reporting week (week 27 2026), a total of **16** Norovirus cases were reported in Welsh residents. This is a decrease (-27%) in reported cases compared to the previous reporting week (week 25 2026), when **22** Norovirus cases were reported.

In the last 12 week period (13/04/2026 to 05/07/2026) a total of **314** Norovirus cases were reported in Welsh residents. This is a decrease (-13.7%) in reported cases compared to the same 12 week period in the previous year (13/04/2025 to 05/07/2025) when **364** Norovirus cases were reported.

In the last 12 weeks (13/04/2026 to 05/07/2026) **169** (53.8%) Norovirus cases were female and **142** (45.2%) cases were male. The age groups with the most cases were the **80+** years (101 cases) and **70-79** years (55 cases) age groups.

Age data were not available for 3 cases and sex data were not available for 3 cases.

Figure 6: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (13/04/2026 to 05/07/2026)



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 27 2026 (13/04/2026 to 05/07/2026). 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.

E.2. Ebola disease outbreak caused by Bundibugyo virus – Democratic Republic of the Congo and Uganda – 2026 (9 July)

As of 9 July 2026, the Ebola disease outbreak caused by Bundibugyo virus is affecting the Democratic Republic of the Congo (DRC) and Uganda.

On 8 July 2026, the Democratic Republic of the Congo (DRC) reported a total of 1 759 confirmed cases, including 600 related deaths (from data up until 7 July). A total of 750 patients are hospitalised in isolation. This represents an increase of 51 new confirmed cases. The newly confirmed cases include 55 deaths.

Among the confirmed cases in DRC, Ituri province remains the most affected, with 1 601 cases, including 511 deaths, reported from 25 of 36 health zones. In North Kivu, 155 cases, including 88 deaths, have been reported from 11 of 34 health zones. In South Kivu, three

cases, including one death, have been reported from one of 34 health zones. Overall, 37 of 104 health zones are currently affected across the three provinces.

As of 8 July 2026, in Uganda a total of 20 confirmed cases, including two deaths, have been reported by the Ministry of Health. The last confirmed case was reported on 21 June and no new cases have been reported since then. Sixteen individuals have recovered. Among the confirmed cases, 15 had travel links to DRC and five were associated with local transmission events.

In May 2026, there was an imported case in a US citizen who was medically evacuated to Germany for treatment and on 24 June 2026, a further imported case was reported in France by the Ministry of Health. 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 23 June 2026, one new human case of avian influenza A(H9N2) was reported in China according to the Avian Influenza Report (Volume 22, Number 25) published by the Hong Kong's Centre for Health Protection.

The case involves a girl under five years old from the Guangxi Zhuang Autonomous Region in southern China, who developed symptoms on 31 May 2026. The case was confirmed to have been infected with avian influenza A(H9N2).

ECDC assessment: Sporadic human infections with avian influenza A(H9N2) have been observed outside of the EU/EEA.

One case has also been reported in the EU/EEA, with exposure history during travel outside of Europe. Direct contact with infected birds or contaminated environments is the most likely source of human infection with avian influenza viruses. In most cases, influenza A(H9N2) leads to mild clinical illness. To date, no clusters of human A(H9N2) infections have been reported.

There is no evidence that the virus has acquired the ability for sustained transmission among humans. The risk to human health in the EU/EEA is currently considered very low.

E.4. Seasonal surveillance of West Nile Virus infections – 2026 (3 July)

In Europe, since the beginning of 2026, and as of 1 July, three countries have reported six human cases of West Nile virus (WNV) infection: Italy, Romania and North Macedonia.

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.