



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

24th 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 29 2026, up to 19 July 2026)

- COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **decreased**.
- RSV activity in children under 5 years has **increased** but is at baseline levels.
- Influenza confirmed case admissions to hospital have **remained stable** and inpatients have also **remained stable**.
- Norovirus confirmed cases have **increased** in the most recent week (week 29).
- Whooping cough notifications have decreased in the most recent week (week 29).

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.

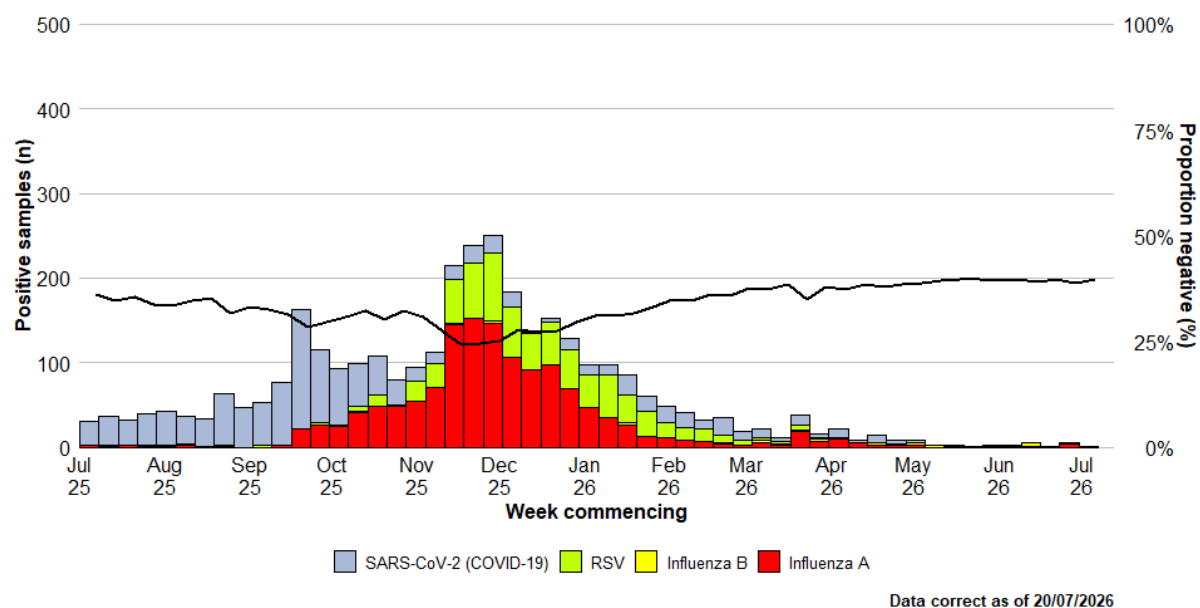
B. Acute Respiratory Infections Situation Update

B.1. COVID-19 Situation Update

- At a national level, the weekly number of confirmed cases of community-acquired admissions to hospital **increased** and the number of cases who were inpatients **decreased** in week 29 2026 (to 19 July 2026).
- As of 19 July 2026 (week 29), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased to 3** (1 two weeks ago) and there were **6** in-patient cases of confirmed COVID-19, **3** of whom were in critical care compared to 8 and 2 two weeks ago.
- Confirmed cases of positive tests decreased to 0.0% in hospital and non-sentinel GP practices in the most recent week. Consultations with Sentinel GPs for COVID-19 decreased in the most recent weeks.

- 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 29, 2025 to week 29, 2026. (source: PHW)



Short Term Projections (STPs)

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

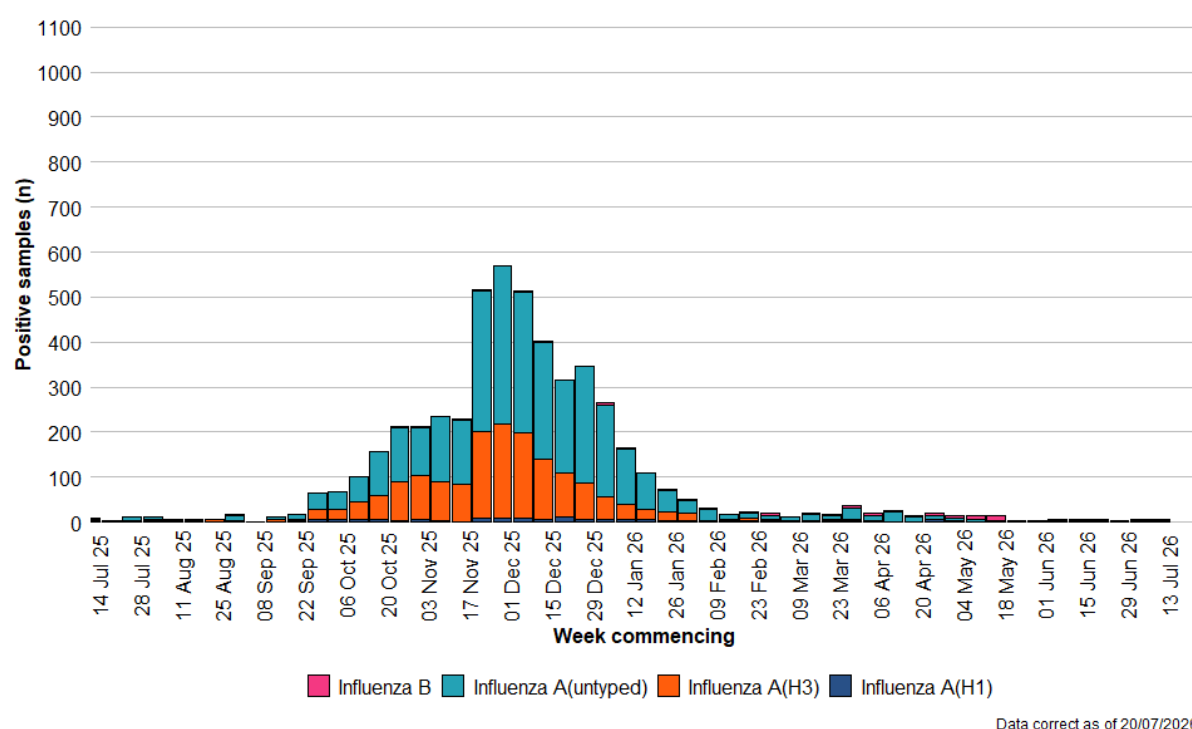
STPs will not be published for COVID-19 during the summer period unless we see an increase in infections.

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 remained stable at **1** in the current week (**2** two weeks ago). Test positivity remained stable at **0.3%**.

- There were **2** in-patient case of confirmed influenza, and **none** in critical care, compared to 2 and none two weeks ago.
- In week 29 2026, there were 2 influenza A(H3), 0 influenza A(H1N1), 3 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 29, 2025 to week 29, 2026 (source: PHW)



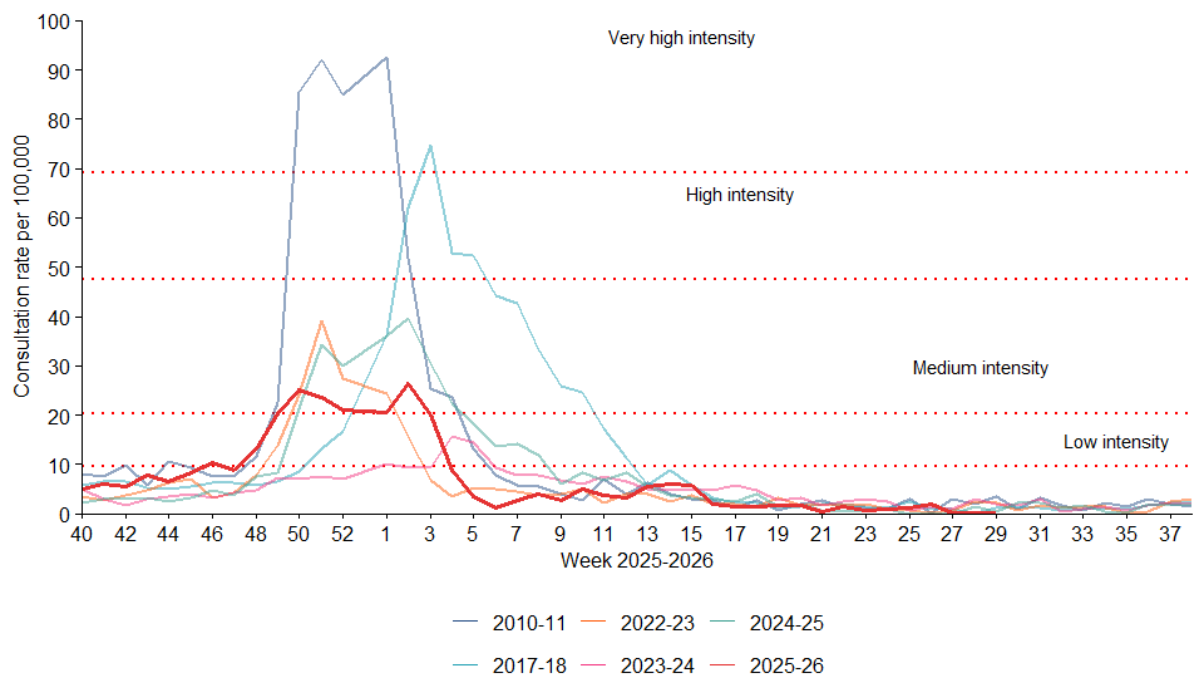
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline intensity and the three-week trend is variable.

There were 0.3 ILI consultations per 100,000 practice population in the most recent week, stable compared to the previous week (0.3 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 (575.3) followed by people aged 1 to 4 (416.7) and people aged 5 to 14 (149.3).

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)



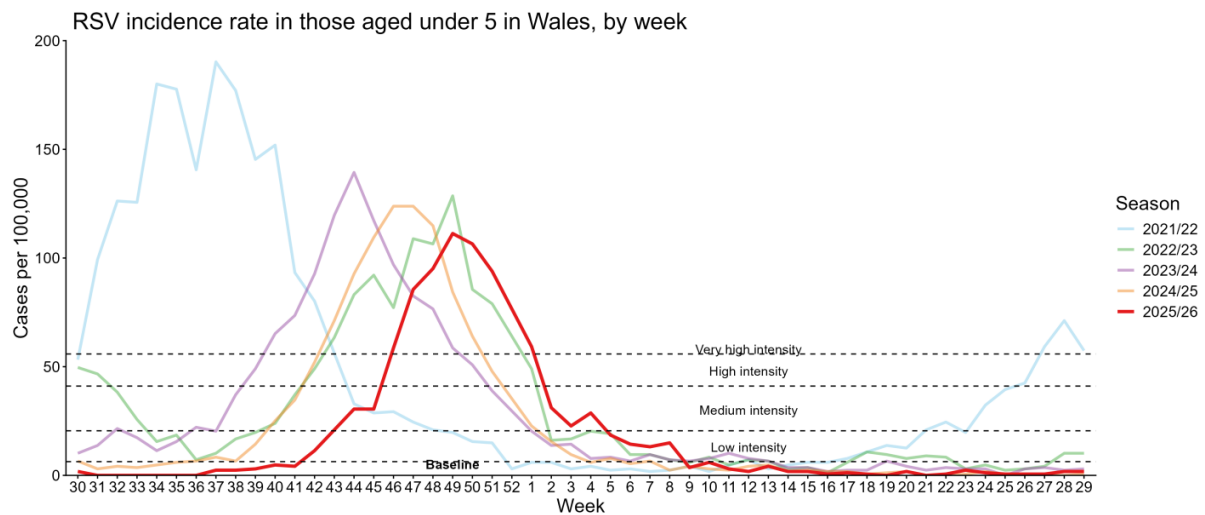
Data correct as of 21/07/2026

B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital increased to **2** during week 29.

RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels and remains stable. During week 29 there was **1** in-patient case of confirmed RSV, who was in critical care.

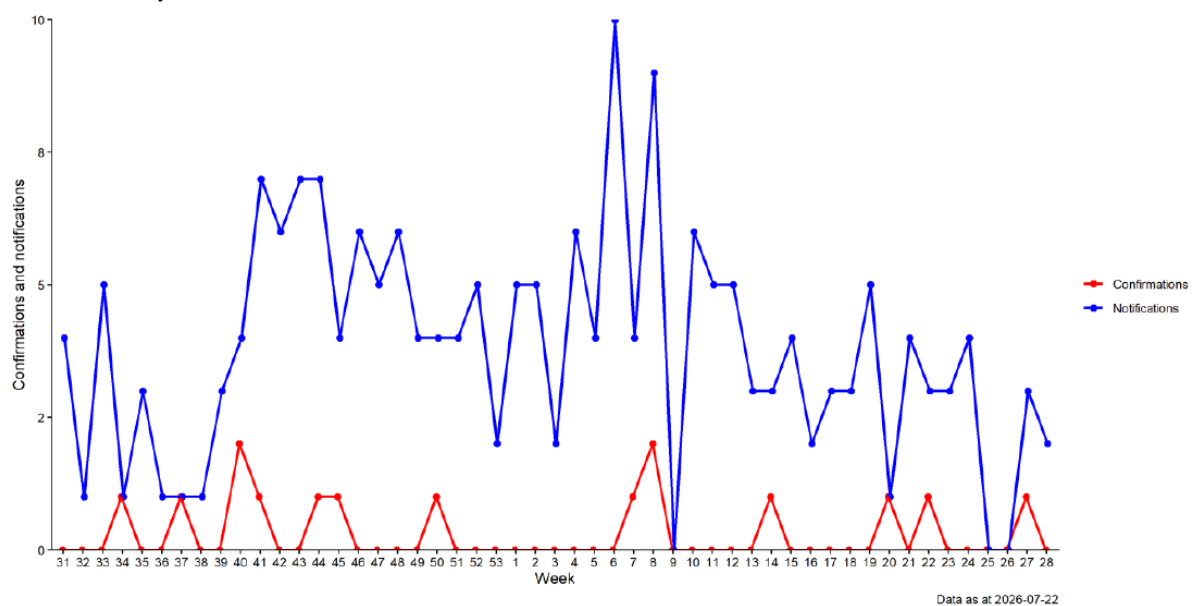
Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 29 2026 (source: PHW)



B.4. Whooping Cough (Pertussis)

Figure 5 below shows that whooping cough notifications (data as at 19/07/2026) have **decreased** in the latest week. Lab confirmations are at baseline 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 decreased from **1,766** in the previous week to **1,436** in the latest reporting week.
- During week 29, 2026, **0** ARI outbreak were reported to the Public Health Wales Health Protection Team.
- 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)

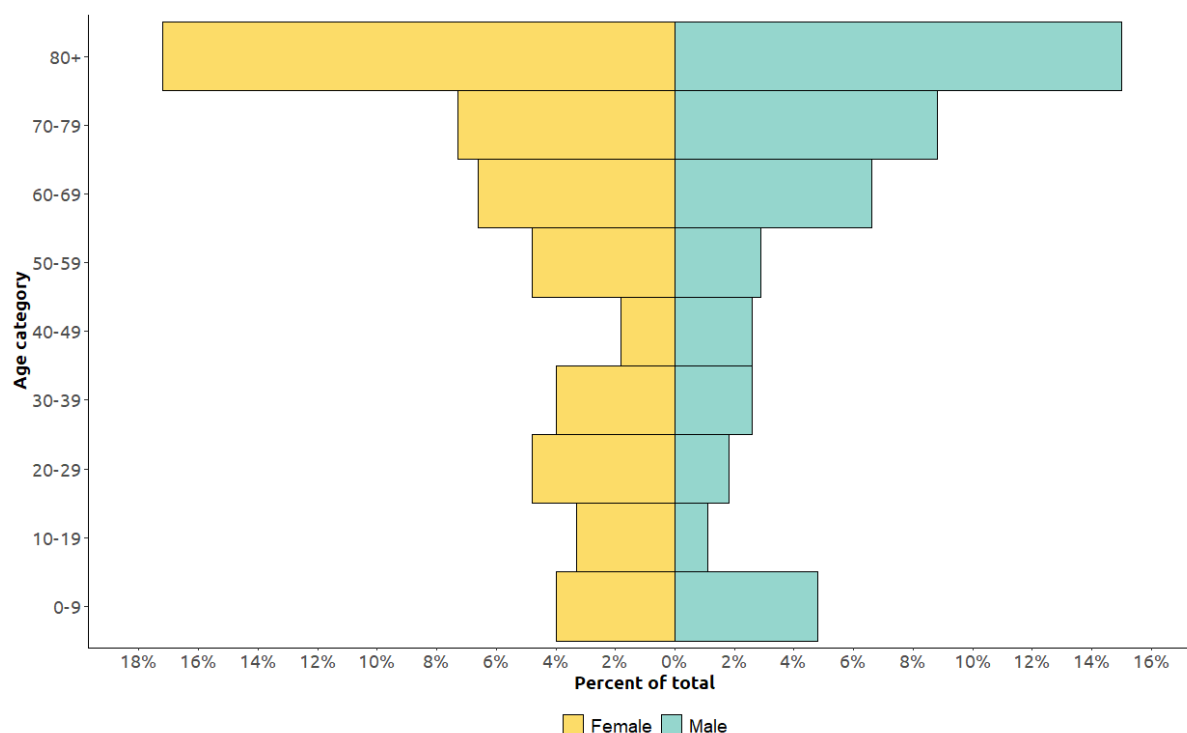
D.1. Norovirus

In the current reporting week (week 29 2026), a total of **13** Norovirus cases were reported in Welsh residents. This is an increase (8.3%) in reported cases compared to the previous reporting week (week 28 2026), when **12** Norovirus cases were reported.

In the last 12-week period (27/04/2026 to 19/07/2026) a total of **276** Norovirus cases were reported in Welsh residents. This is a decrease (-14.0%) in reported cases compared to the same 12-week period in the previous year (27/04/2025 to 19/07/2025) when **321** Norovirus cases were reported.

In the last 12 weeks (27/04/2026 to 19/07/2026) **147** (53.3%) Norovirus cases were female and **126** (45.7%) cases were male. The age groups with the most cases were the 80+ (88 cases) and 70-79 (44 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 (week 29 to 19 July 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 29 2026 (27/04/2026 to 19/07/2026). 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](#).

E.2. [Ebola disease outbreak caused by Bundibugyo virus – Democratic Republic of the Congo and Uganda – 2026 \(22 July\)](#)

ECDC update: On 22 July 2026, the [Democratic Republic of the Congo \(DRC\) reported](#) a total of 2 536 confirmed cases, including 1 033 related deaths (from data up until 21 July). A total of 738 patients are hospitalised in isolation. This represents an increase of 63 new confirmed cases and 34 deaths since the previous day. The 63 new cases have been reported from Ituri (48 cases), North Kivu (12 cases) and Haut Uele (five cases). Among the individuals that tested positive for Bundibugyo virus, 506 have recovered. In total 77.2 % of identified case contacts are under follow-up in the Ituri, North Kivu and Tshopo provinces.

Ituri province remains the most affected, with 2 248 cases, including 864 deaths, reported from 28 of 36 health zones. In North Kivu, 259 cases, including 152 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. In Haut-Uele, 21 cases (including 12 deaths) have been reported from four of 13 health zones and in Tshopo five cases (including four deaths) [have been reported](#) from three of 23 health zones. Overall, 47 of 140 health zones are currently affected across the five provinces.

Data reported by DRC on confirmed cases and deaths are under continuous review and harmonisation.

As of 17 July 2026, a total of 20 confirmed cases, including two deaths, have been [reported by the Ministry of Health](#) in Uganda. The last confirmed case was reported on 21 June and no new cases have been reported since then. On 16 July, Uganda discharged the last Ebola patient who had been receiving treatment at the Mulago National Referral Isolation Centre. [Uganda's Ministry of Health](#) announced the start of the 42-day countdown to declaring the end of the outbreak.

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. On 10 July 2026, [the US CDC reported](#) that a US citizen working for a humanitarian organisation in DRC had tested positive for Bundibugyo virus. The patient was [medically evacuated to Germany on 13 July 2026](#).

Although there are still significant gaps in surveillance and epidemiology, the likelihood of infection for people living in the European Union/European Economic Area (EU/EEA) is considered to be very low. ECDC continues to monitor the situation closely and will update its assessment as new information becomes available.

E.3. [Avian influenza A\(H3N2\) Multi-Country](#) (17 July)

One laboratory-confirmed human infection with swine-origin influenza A(H3N2) variant (v) virus in Santa Catarina state, Brazil, was reported by the World Health Organization (WHO) in the Influenza at the human-animal interface, Summary and risk assessment, from 13 June to 7 July 2026 (published on 7 July 2026).

The case involved a child who developed symptoms on 12 June 2026. On 16 June, medical care was sought due to worsening respiratory symptoms. The patient was admitted to hospital with a diagnosis of Severe Acute Respiratory Infection (SARI). An antigen test was performed upon admission which detected influenza A and the patient was placed in respiratory isolation in a private room. Antiviral therapy was initiated. The case was discharged from hospital on 19 June.

A nasopharyngeal swab was collected on 16 June and submitted to the State public health laboratory for testing using real-time RT PCR. Influenza A(H3) was detected on 18 June with suspicion of a swine-origin influenza H3 variant, and the sample was sent to the Laboratory of Respiratory Viruses, Exanthems, Enteroviruses, and Viral Emergencies (LVRE) at the Oswaldo Cruz Institute (Fiocruz/Rio de Janeiro) for further testing on 19 June. Molecular testing and genomic sequencing analyses confirmed the presence of an influenza A(H3N2)v virus.

An epidemiological investigation established that the child's grandfather worked at a swine nursery with approximately 5 000 animals, although he reported that sanitary barriers were in place. The child frequently visited the grandfather's home, coming into contact with him several days a week.

All identified contacts remained asymptomatic

E.4. [Seasonal surveillance of West Nile Virus infections – 2026](#) (15 July)

Since the beginning of the 2026 transmission season, and as at 15 July, 28 areas affected by West Nile virus (WNV) have been identified in five countries across Europe. These areas are located in Italy (17), Greece (five), North Macedonia (two), Romania (two) and Spain (two).

Throughout the season, ECDC will publish a weekly report with updates on risk areas for locally acquired WNV infections. A monthly report will also 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. [Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2026](#) (15 July)

Overview Since the beginning of 2026 and as at 15 July 2026, one country in Europe has reported locally acquired cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (two cases).

The cases in Salamanca (Spain) are not unexpected as *Hyalomma* spp. – the main vector of CCHF virus – are widely distributed across the region. In addition, CCHF virus is known to circulate in local animal populations, and human cases have previously been reported there. The timing of these cases aligns with the expected seasonal pattern of CCHF in Spain.

Although the risk of contracting CCHF for the general population in the areas where the virus is known to be present in Spain is low, this risk increases for people undertaking outside activities that expose them to tick bites (e.g. hunting, forestry work, hiking, animal surveillance). As a general precaution against CCHF, but also against other tick-borne diseases, people who may potentially be exposed to ticks should apply personal protective measures (ECDC Protective Measures against ticks). In Spain, CCHF virus is transmitted to humans mainly by ticks of the genus *Hyalomma*. While *Hyalomma lusitanicum* plays a key role in virus maintenance and transmission dynamics, *Hyalomma marginatum* is generally considered to be the principal species involved in transmission to humans. *Hyalomma marginatum* is widely present in southern and eastern Europe and *Hyalomma lusitanicum* is present in parts of southern Europe.

More information on CCHF can be found in ECDC's factsheet. In December 2023, ECDC published a report on the spatial distribution of CCHF based on predicted ecological suitability.