



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

07 August 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 31 2026, up to 02 August 2026)

- COVID-19 confirmed case admissions to hospital **increased**.
- COVID-19 cases who are inpatients have **increased**.
- RSV activity in children under 5 years has **remained stable** at baseline levels.
- Influenza confirmed case admissions to hospital have **increased** and inpatients have **remained stable**.
- Norovirus confirmed cases have **increased** in the most recent week (week 31).

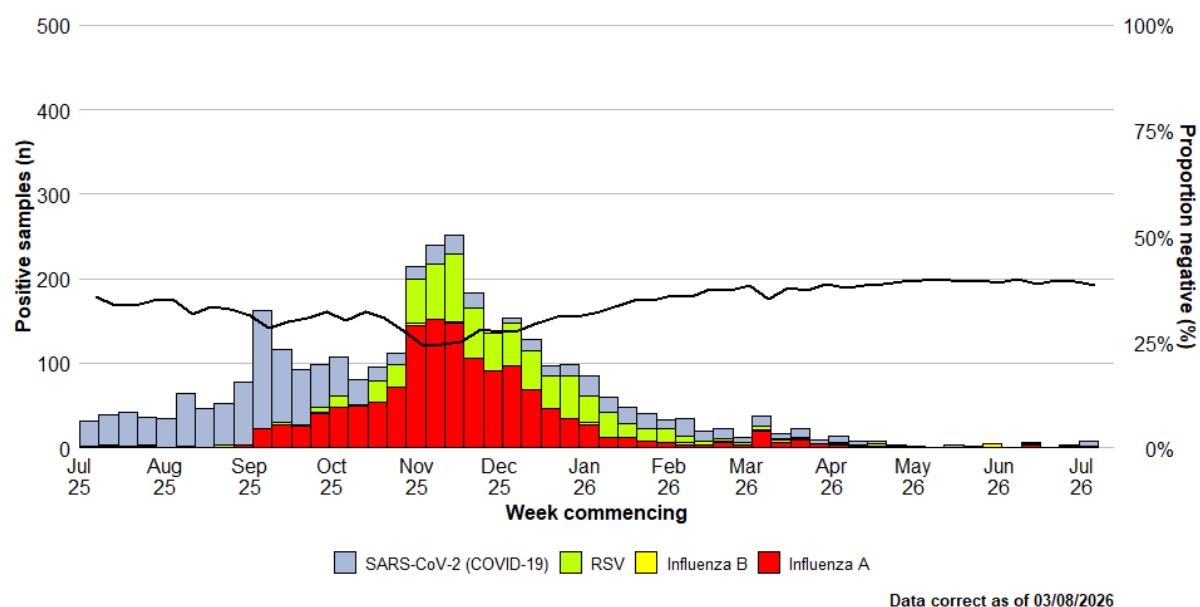
Please note, from the 29th of April 2026 the weekly surveillance report is now produced fortnightly until September 2026 and this is in line with [Public Health Wales](#) reporting.

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 **increased** in week 31 2026 (to 02 August 2026).
- As of 02 August 2026 (week 31), the number of confirmed cases of community acquired COVID-19 admitted to hospital **increased** to **5** (3 two weeks ago) and there were **8** in-patient cases of confirmed COVID-19, **none** of whom were in critical care compared to 6 and 2 two weeks ago.
- Confirmed cases of positive tests increased to 1.2% 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 31, 2025 to week 31, 2026. (source: PHW)



Short Term Projections (STPs)

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

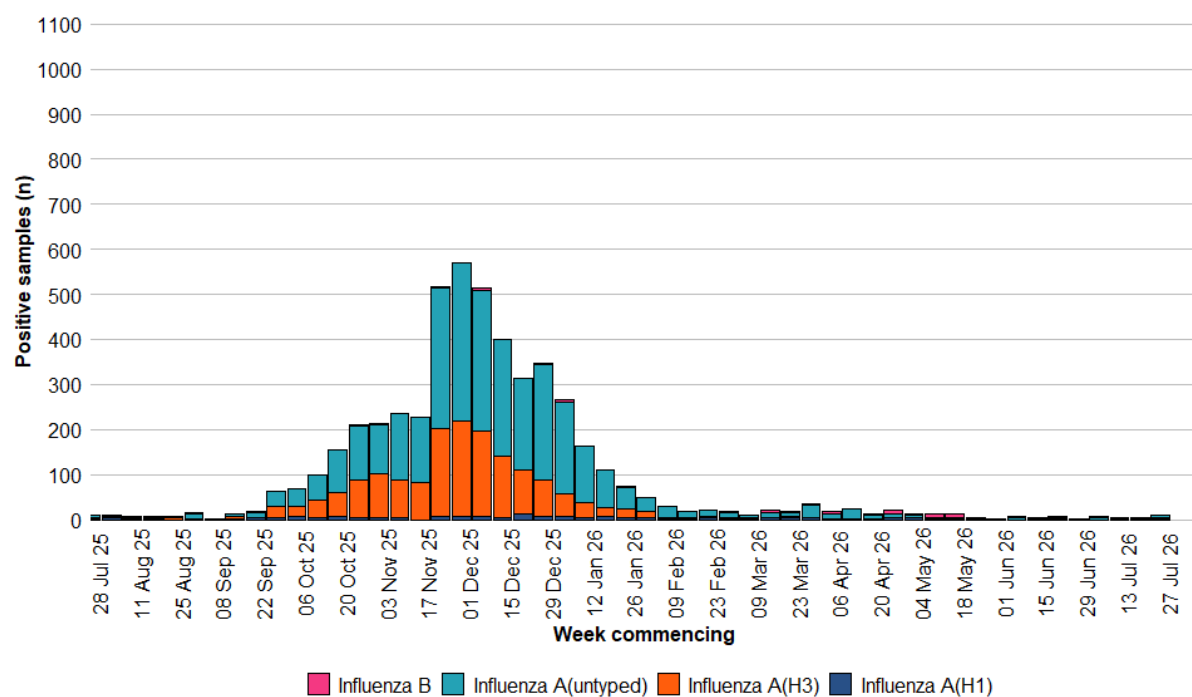
STPs will not be published for COVID-19 during the summer period unless we see an increase in infections.

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 increased to **4** in the current week (**1** two weeks ago). Test positivity remained stable at **0.9%**.
- There was **1** in-patient case of confirmed influenza, and **none** in critical care, compared to 2 and none two weeks ago.

- In week 31 2026, there were 4 influenza A(H3), 1 influenza A(H1N1), 4 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 31, 2025 to week 31, 2026 (source: PHW)



Data correct as of 03/08/2026

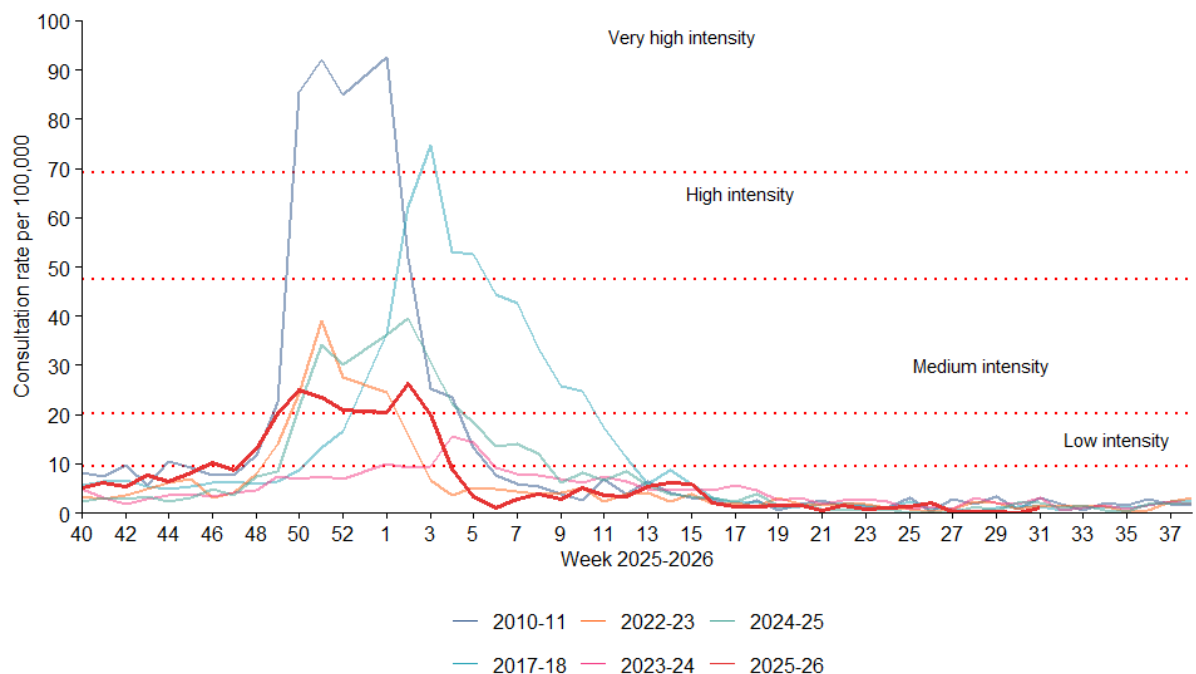
The sentinel GP consultation rate for influenza-like illness (ILI) is at baseline intensity and the three-week trend is variable.

There were 1 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 2 ARI consultations per 100,000 practice population, a decrease from 2.3 in the previous week. The highest rates were found in people aged under 1 year (547.8) followed by people aged 1 to 4 (398.5) and people aged 15 to 24 (119.9).

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

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



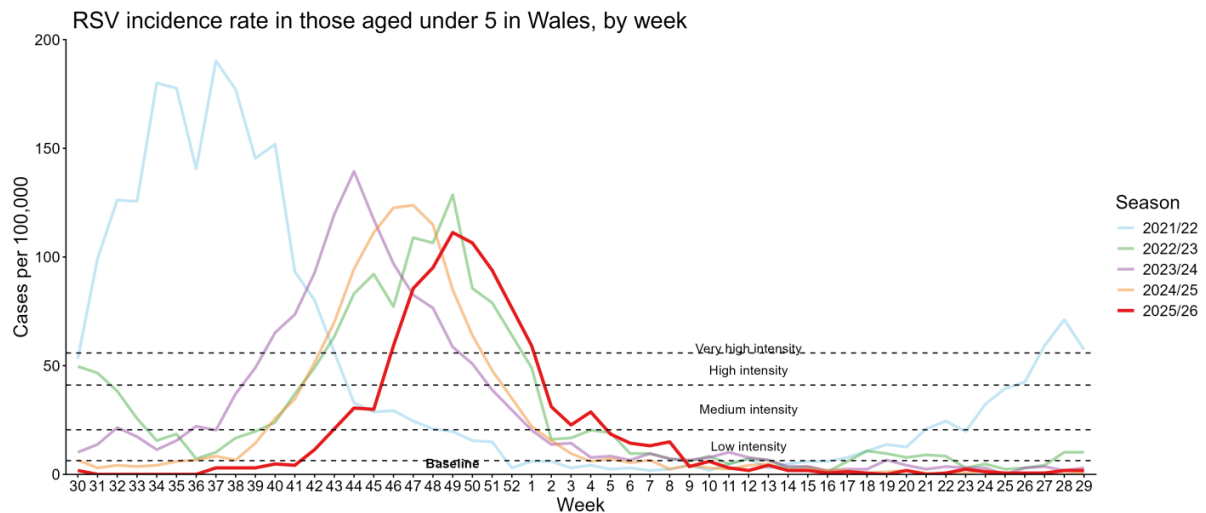
Data correct as of 04/08/2026

B.3. Respiratory Syncytial Virus (RSV) update

The number of confirmed cases of community acquired RSV admitted to hospital remained stable at 1 during week 31.

RSV incidence per 100,000 in children aged up to 5y is at baseline intensity levels and remains stable. During week 31 there were **no** in-patient cases of confirmed RSV.

Figure 4: RSV Incidence Rate per 100,000 population under 5 years, weeks 30 2020 to week 31 2026 (source: [PHW](#))

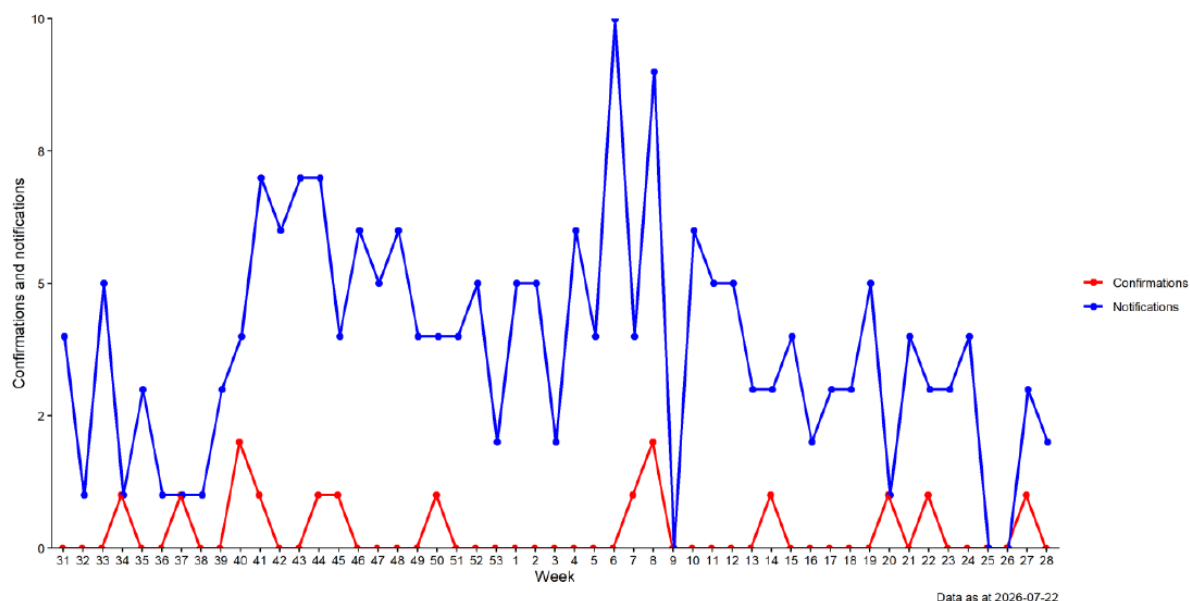


B.4. Whooping Cough (Pertussis)

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 will not be reported on during August 2026 and will resume in September.

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 1,387 in the previous week to 1,293 in the latest reporting week.
- During week 31, 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)

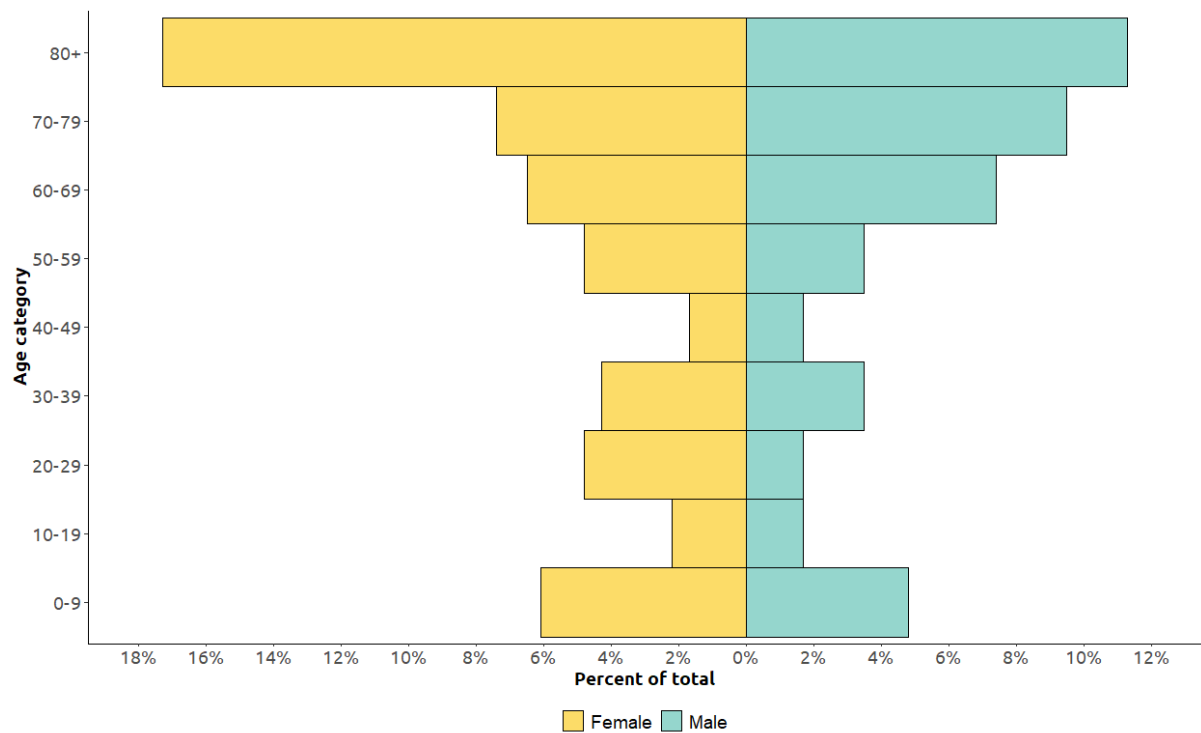
D.1. Norovirus

In the current reporting week (week 31 2026), a total of **11** Norovirus cases were reported in Welsh residents. This is an increase (10.0%) in reported cases compared to the previous reporting week (week 30 2026), when **10** Norovirus cases were reported.

In the last 12week period (11/05/2026 to 02/08/2026) a total of 234 Norovirus cases were reported in Welsh residents. This is a decrease (-18.8%) in reported cases compared to the same 12 week period in the previous year (11/05/2025 to 02/08/2025) when 288 Norovirus cases were reported.

In the last 12 weeks (11/05/2026 to 02/08/2026) 127 (54.3%) Norovirus cases were female and 104 (44.4%) cases were male. The age groups with the most cases were the 80+ (66 cases) and 70-79 (39 cases) age groups.

Figure 6: Age and sex distribution of confirmed Norovirus cases in the last 12 weeks (week 31 to 02 August 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 31 2026 (11/05/2026 to 02/08/2026). 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 \(6 August\)](#)

On 5 August 2026, the [Democratic Republic of the Congo \(DRC\)](#) reported a total of 3 973 confirmed cases, including 1 801 related deaths (from data up until 4 August). A total of 674 patients are hospitalised in isolation. This represents an increase of 99 new confirmed cases and 52 deaths since the previous report of 4 August (reporting data up until 3 August). The 99 new cases have been reported from Ituri (85 cases) North Kivu (10 cases) and Haut Uele (four cases). In total, 75.3% of identified case contacts are under follow-up in the Ituri, North Kivu, South Kivu, Haut-Uele and Tshopo provinces.

Ituri province remains the most affected, with 3 460 cases, including 1 464 deaths, reported from 28 of 36 health zones. In North Kivu, 436 cases, including 292 deaths, have been reported from 12 of 34 health zones. In South Kivu, three cases, including one death, have been reported from one of 34 health zones. In Haut-Uele, 67 cases (including 39 deaths) have been reported from five of 13 health zones and in Tshopo seven cases (including five deaths) have been reported from five of 23 health zones. Overall, 51 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 28 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. On 28 July 2026, twelve days since the last case was discharged, the [Uganda's Ministry of Health](#) declared the end of the Ebola disease 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\(H9N2\) Multi-Country](#) (31 July)

On 31 July 2026, four new laboratory-confirmed human cases of avian influenza A(H9N2) virus infection in China were reported in the Avian Influenza Weekly Update (Number 1055) published by WHO Western Pacific Region. The four cases, which were geographically distinct from each other, involved the following:

- A 72-year-old woman from Jiangxi Province with symptom onset on 5 July 2026;
- A 12-year-old boy from Jiangsu Province with symptom onset on 6 July 2026;
- A 3-year-old girl from Gansu Province with symptom onset on 11 July 2026;
- A 58-year-old woman from Yunnan Province with symptom onset on 13 July 2026.

Two cases had underlying chronic respiratory conditions and were hospitalised, while the other two cases had mild symptoms and did not require hospitalisation. All four cases made a full recovery. One case had direct exposure to live poultry, while the other three had potential exposure to live poultry stalls or wet markets.

Since 2015, a total of 174 laboratory-confirmed human cases of avian influenza A(H9N2) virus infection have been reported from China to WHO.

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) infection have been reported. There is no evidence that the virus has acquired the ability for sustained transmission among humans. The risk related to zoonotic avian influenza (due to A(H9N2) viruses) for the general population in the EU/EEA is currently considered very low

E.4. [Seasonal surveillance of West Nile Virus infections – 2026](#) (31 July)

Since the beginning of the 2026 transmission season, and as at 29 July, 49 areas affected by West Nile virus (WNV) have been identified in seven countries across Europe. These areas are located in Italy (30), Greece (eight), Romania (four), North Macedonia (two), Spain (two), France (two), and Germany (one)

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](#) (31 July)

Since the beginning of 2026 and as at 29 July 2026, one country in Europe has reported locally acquired cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three cases). This week, one new case of CCHF has been reported to ECDC.

This is the first time Ciudad Real (province in Spain) has reported a locally acquired human case, while cases have previously been reported in Salamanca. *Hyalomma* spp. – the main vectors of CCHF virus – are widely distributed across the country and CCHF virus is known to circulate in local animal populations. 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.