



# Weekly Influenza and COVID-19 Surveillance graphs

UKHSA publishes a weekly national influenza and COVID-19 surveillance report which summarises the information from the surveillance systems which are used to monitor influenza, COVID-19 and other seasonal respiratory viruses in England.

Additional figures based on these surveillance systems are included in this slide set.

The figures presented in this slide set are based on data from week 3 (between 17 January and 23 January 2022).



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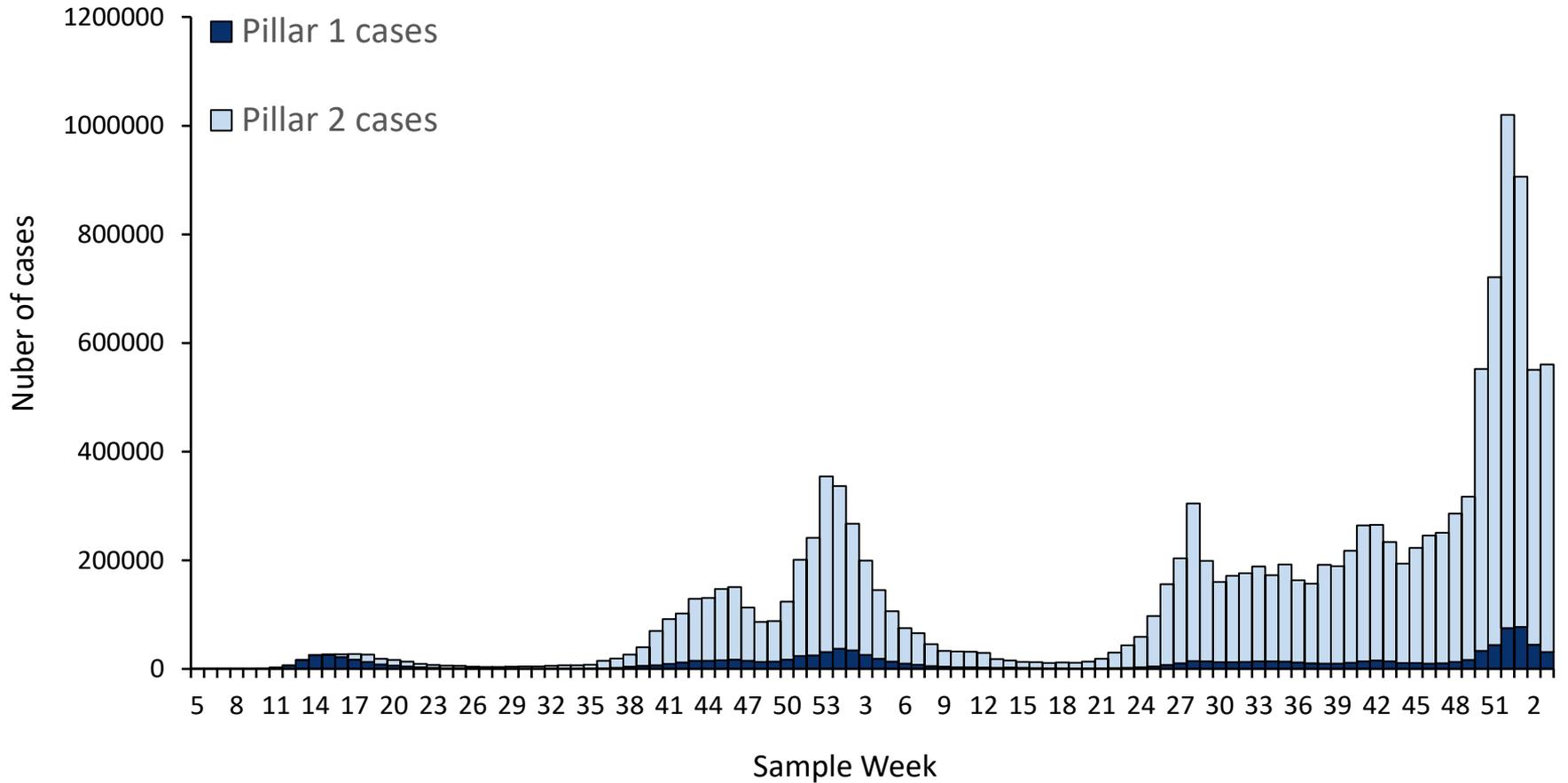


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# COVID-19 Pandemic Overview

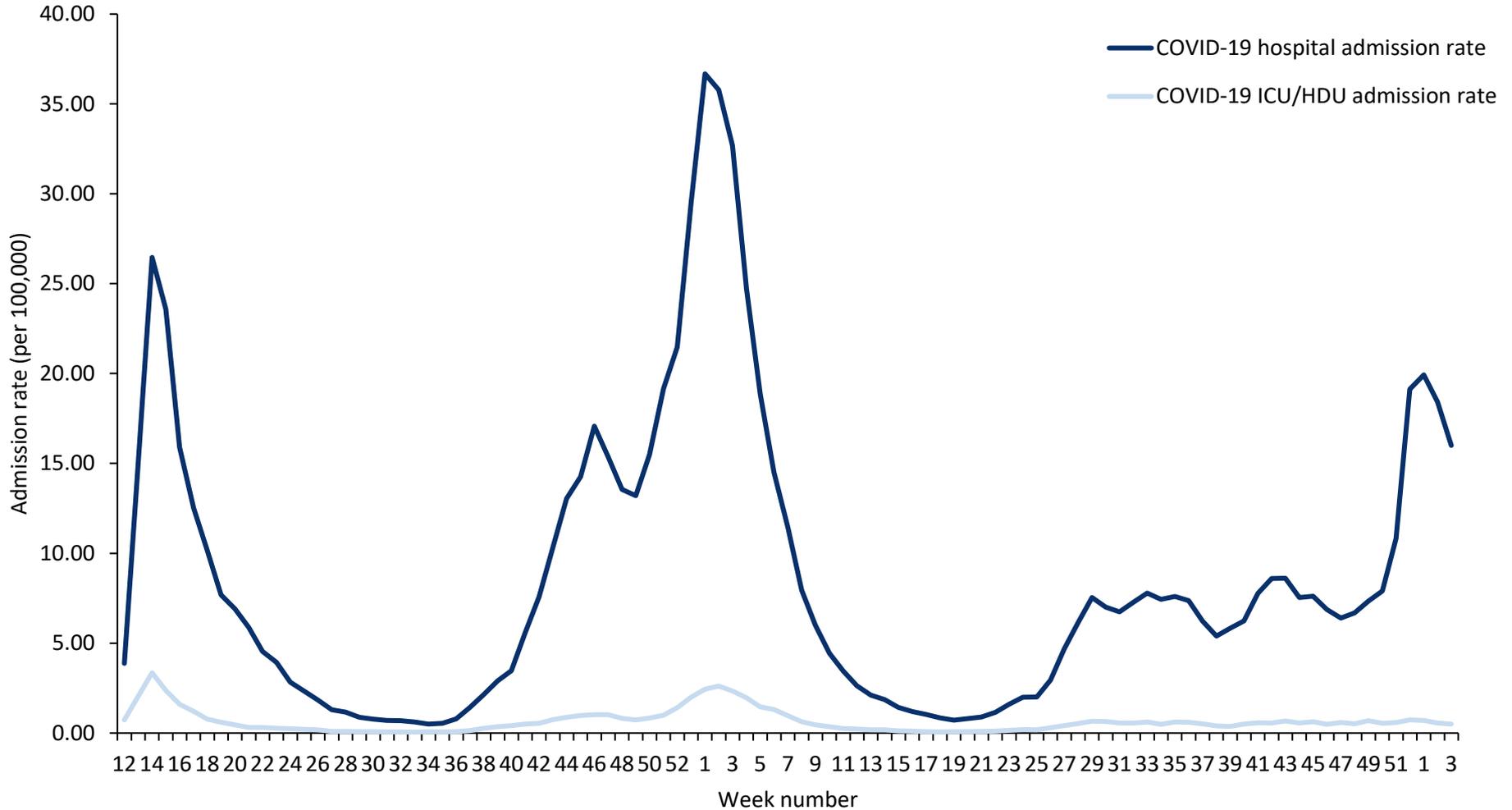


# Confirmed COVID-19 cases tested under Pillar 1 and Pillar 2, by sample week, since week 5 2020



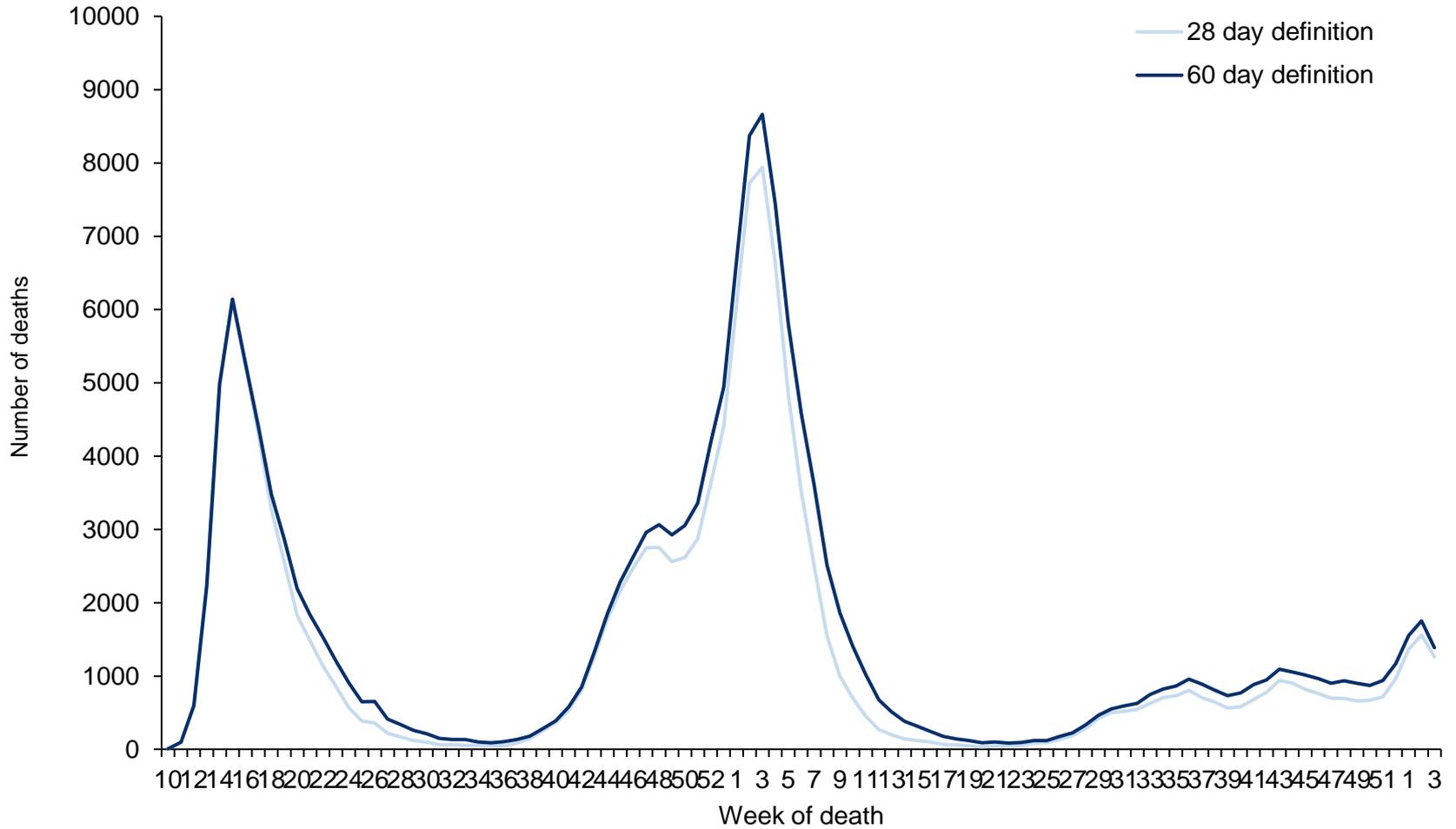


# Weekly overall hospital and ICU/HDU admission rates per 100,000 of new COVID-19 positive cases reported through SARI Watch, England since week 12 2020





# Number of deaths since week 10 2020 by week of death and time since laboratory confirmation of COVID-19, England





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# Confirmed COVID-19 cases in England

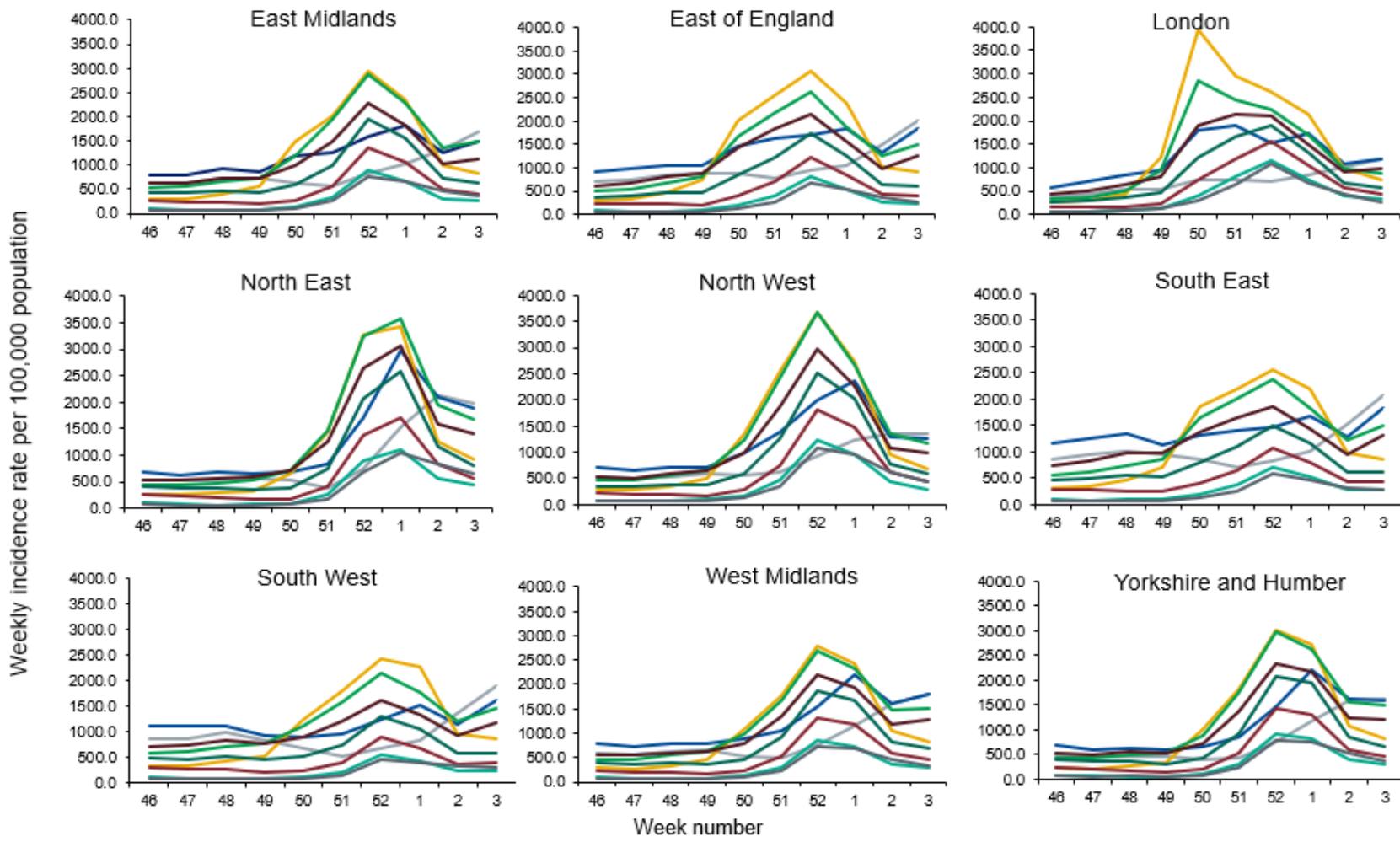


### Data Information

- From the week 32 report onwards, case rates have been updated to use the latest ONS population estimates for mid-2020. Previously case rates were calculated using the mid-2019 population estimates
- Rates by ethnicity and IMD quantile will continue to be presented using the mid-2019 estimates, until the mid-2020 estimates become available.

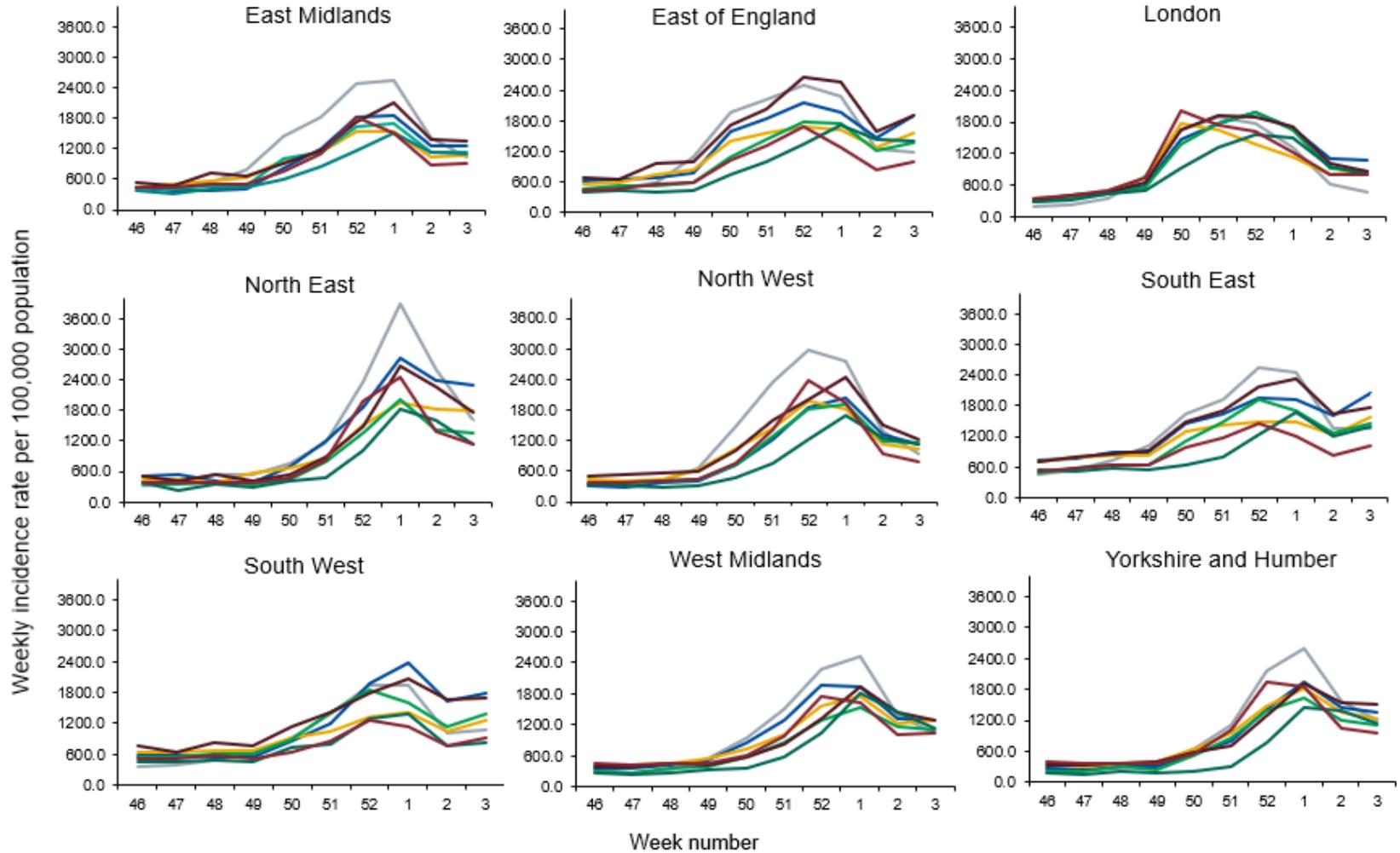


# Weekly COVID-19 incidence per 100,000 population by age group and region, weeks 46 to 3





# Weekly COVID-19 incidence per 100,000 population by ethnicity and region, weeks 46 to 3



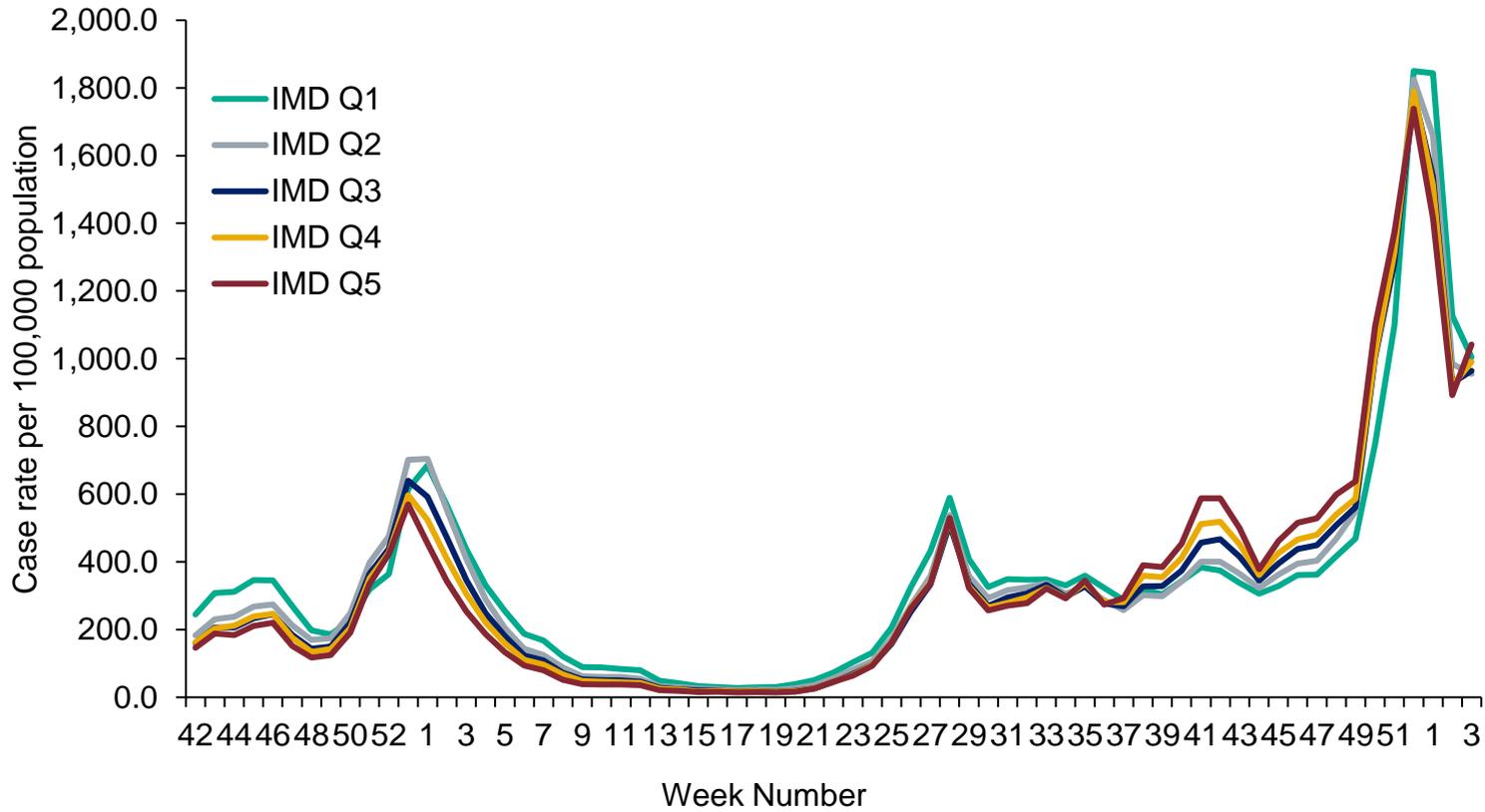
- Black/African/Caribbean/Black British
- Indian (Asian or British)
- Mixed/Multiple Ethnic Groups
- Other Asian/Asian British
- Other ethnic group
- Pakistani (Asian or British)
- White

\*these incidence rates have been calculated using the mid-2019 ONS population estimates

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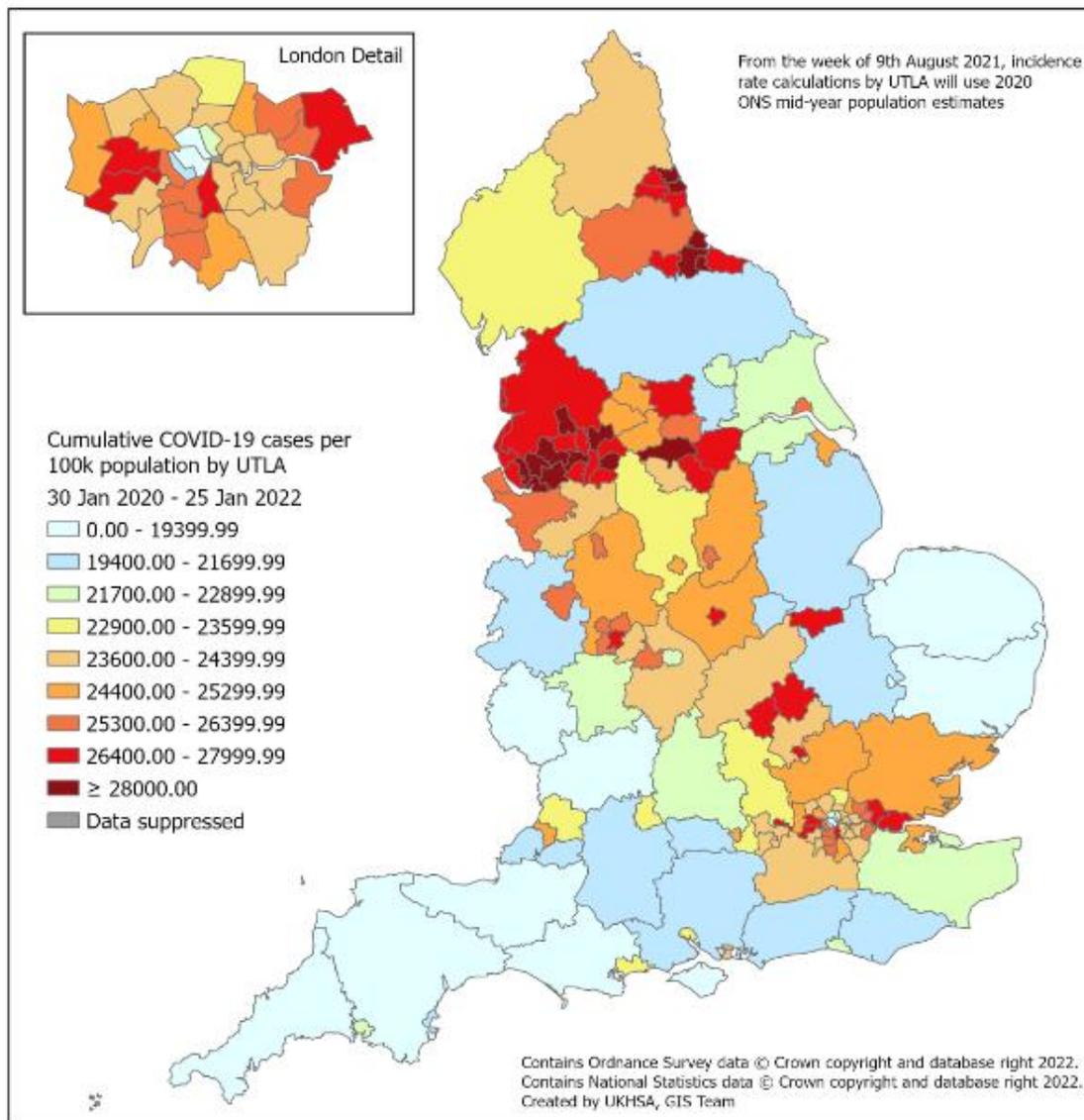
# Weekly COVID-19 rate per 100,000 population by IMD quintile (1 being the most deprived and 5 being the least deprived)



\*these incidence rates have been calculated using the mid-2019 ONS population estimates



# Cumulative rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2, by upper-tier local authority, England (box shows enlarged map of London area)

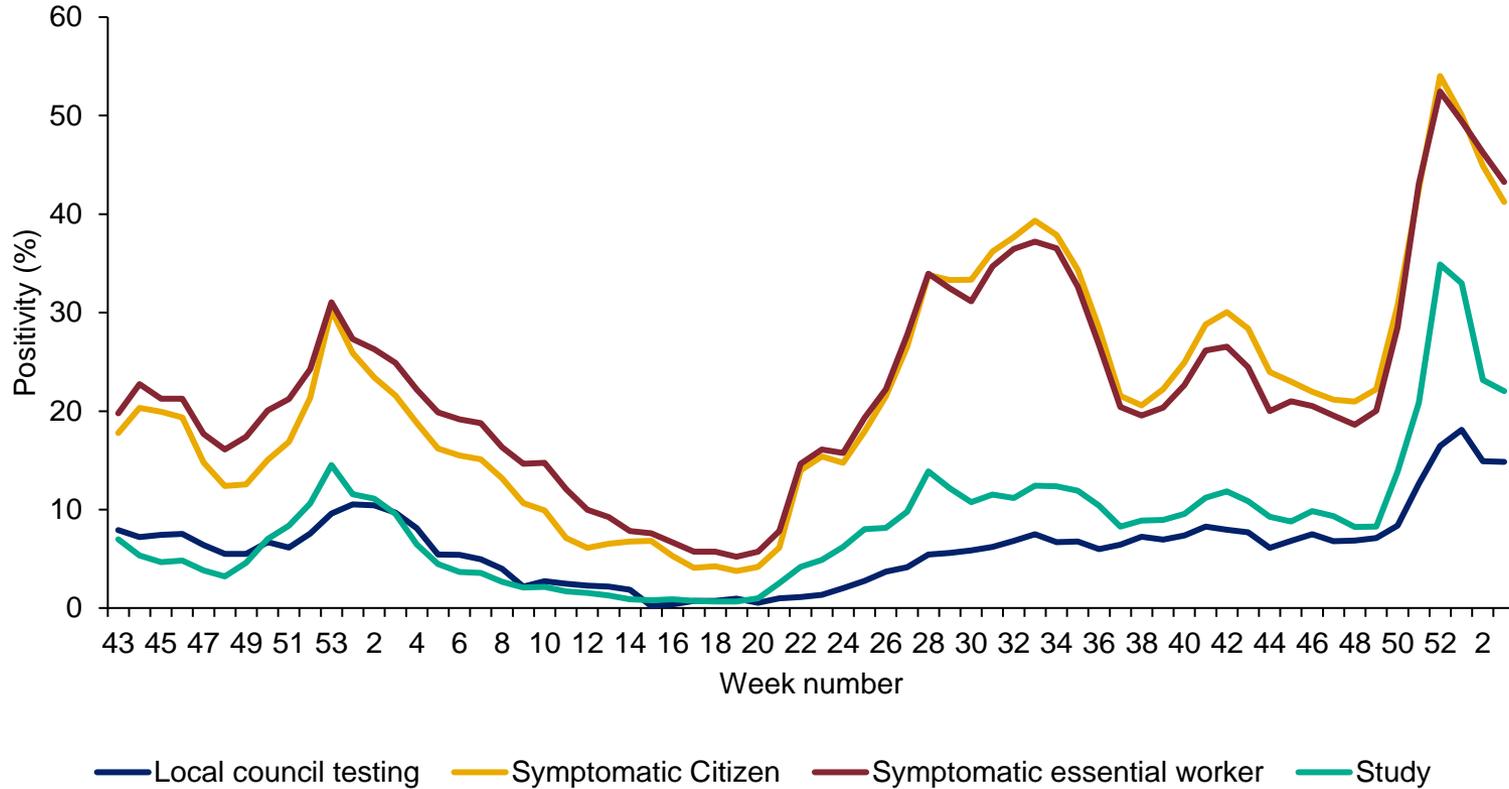




# Weekly PCR positivity of COVID-19 cases by reason for test, weeks 43 2021 to

3 2022

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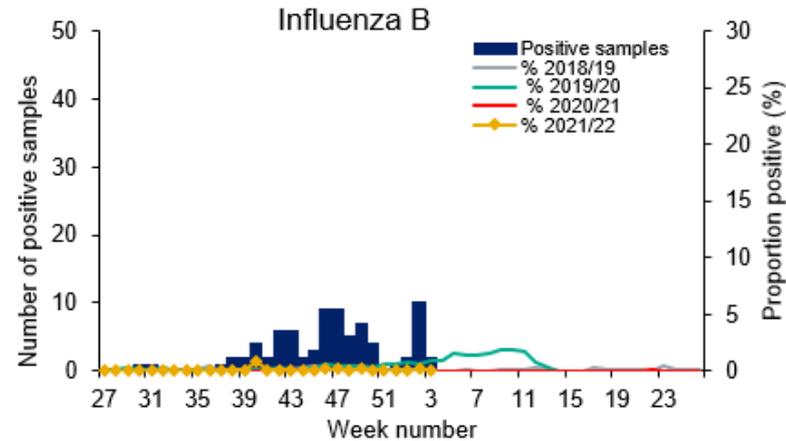
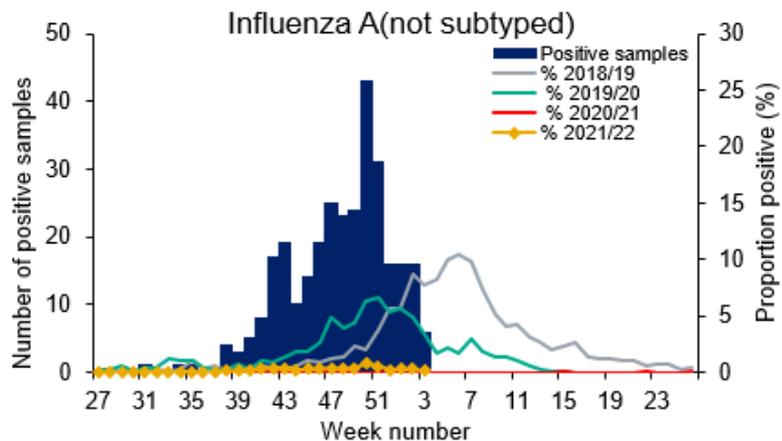
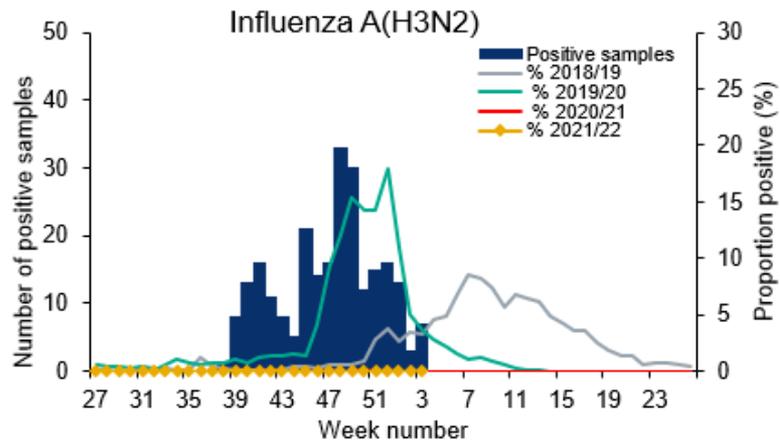
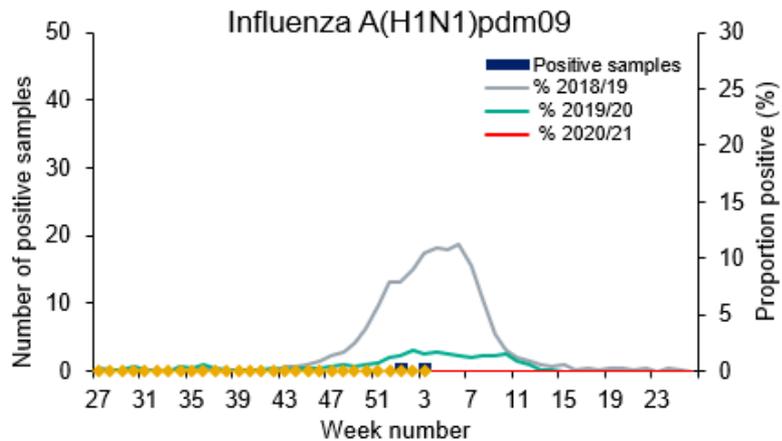


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# Respiratory Datamart system (England)

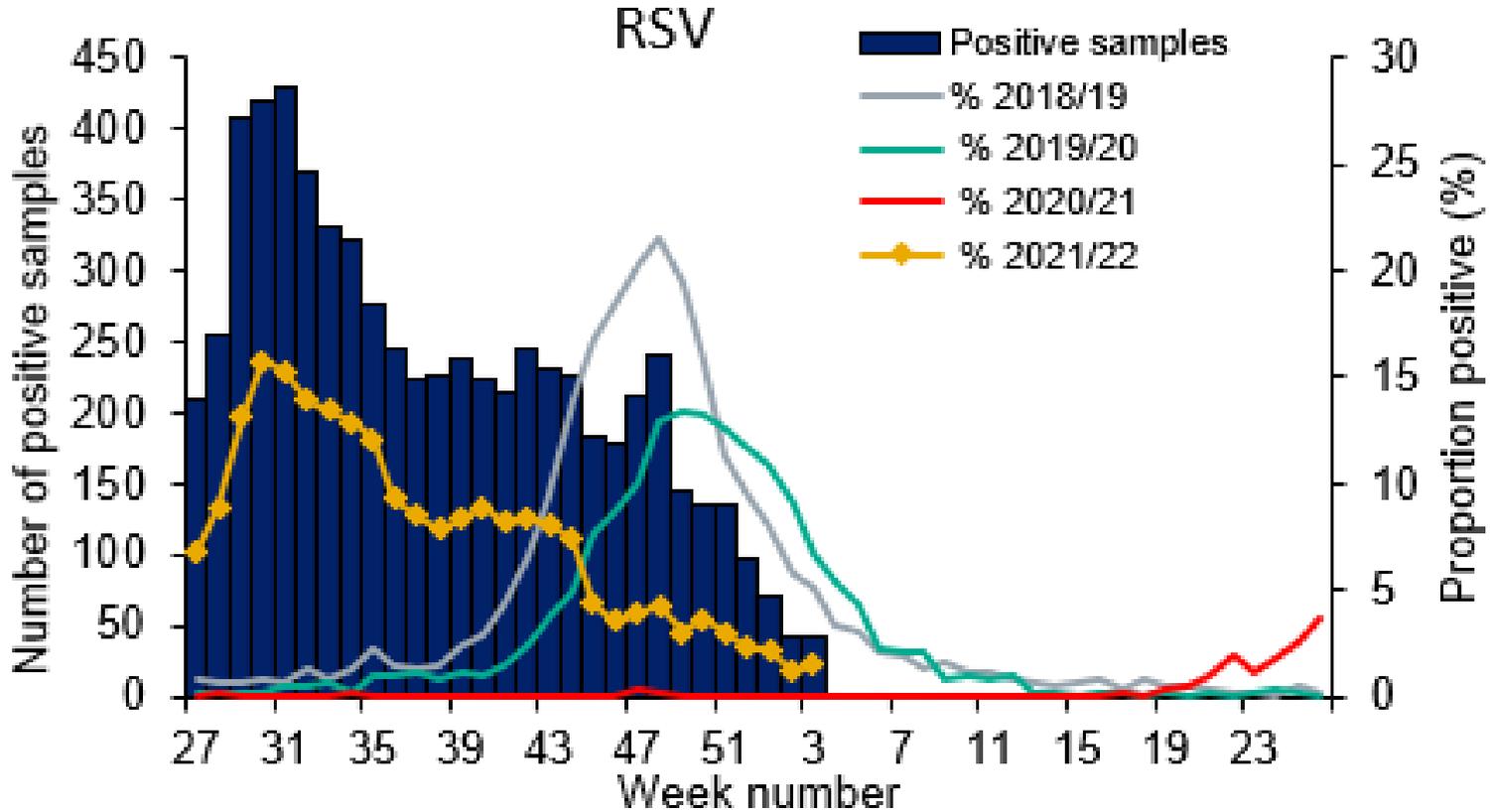


# Respiratory DataMart – Influenza subtypes



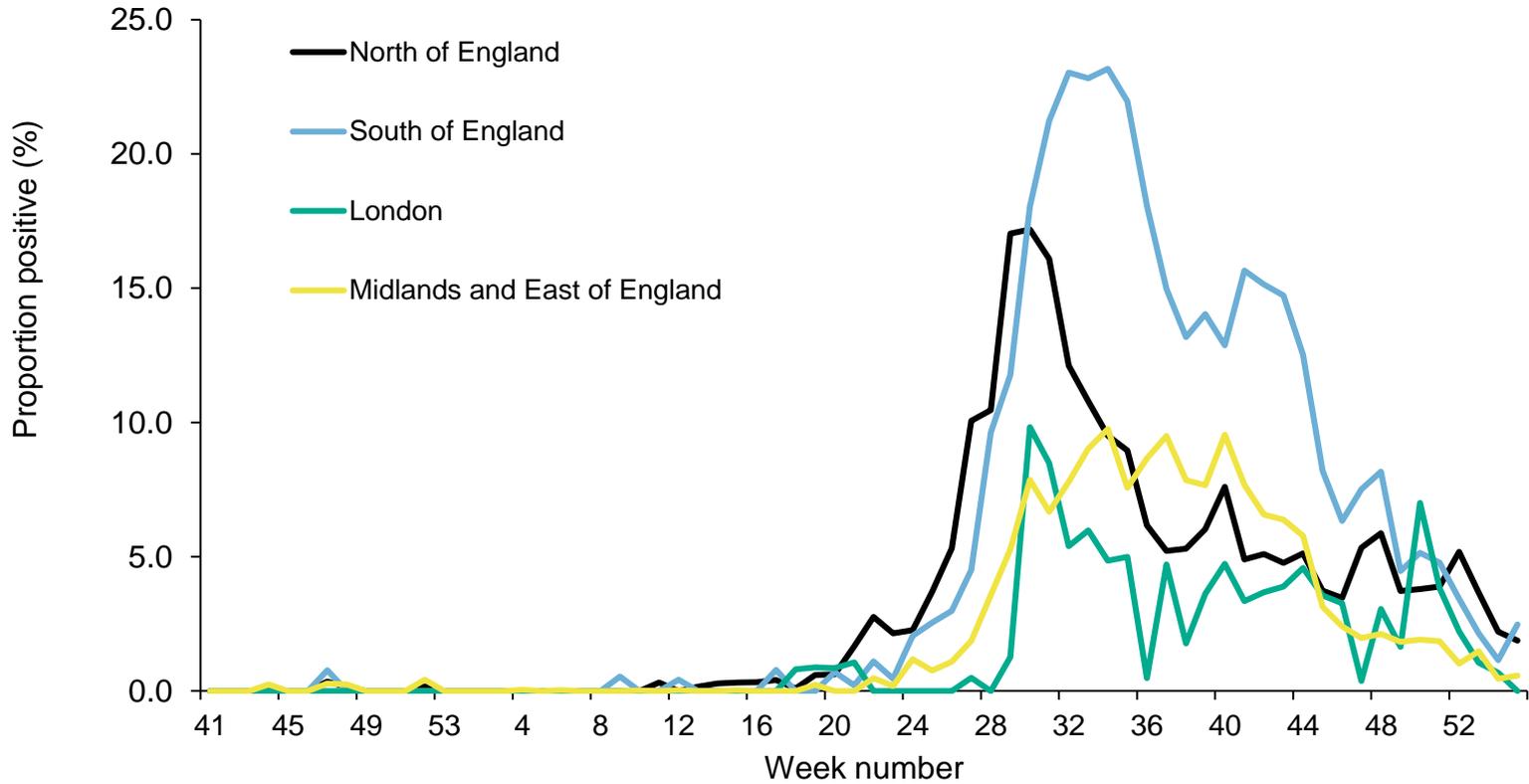


# Respiratory DataMart – Respiratory syncytial virus (RSV)



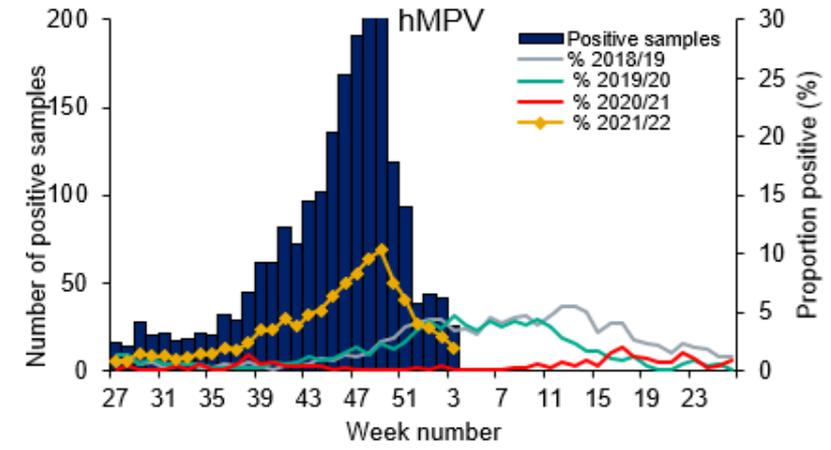
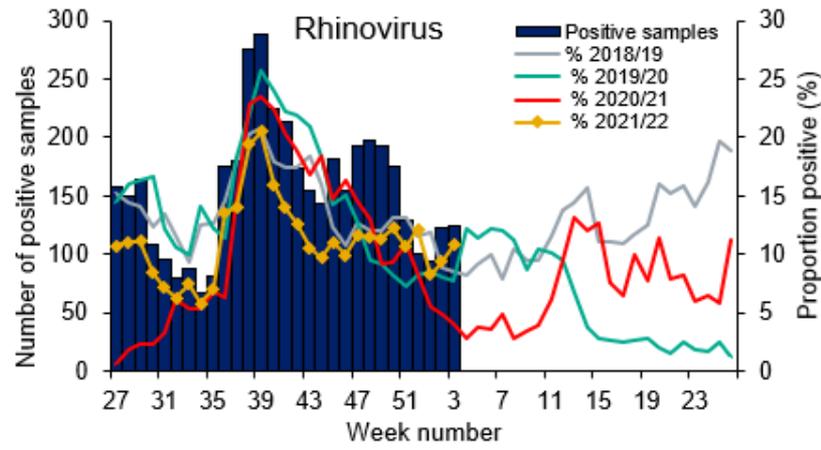
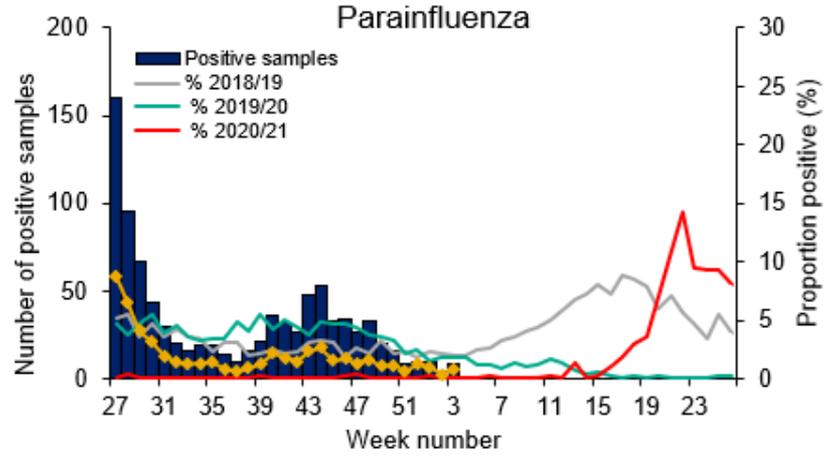
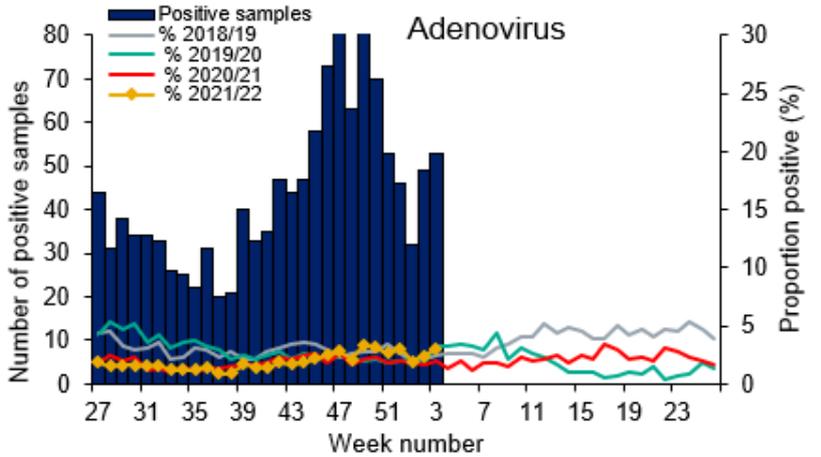


# Respiratory DataMart – Respiratory syncytial virus (RSV) weekly positivity by UKHSA region





# Respiratory DataMart – other respiratory viruses

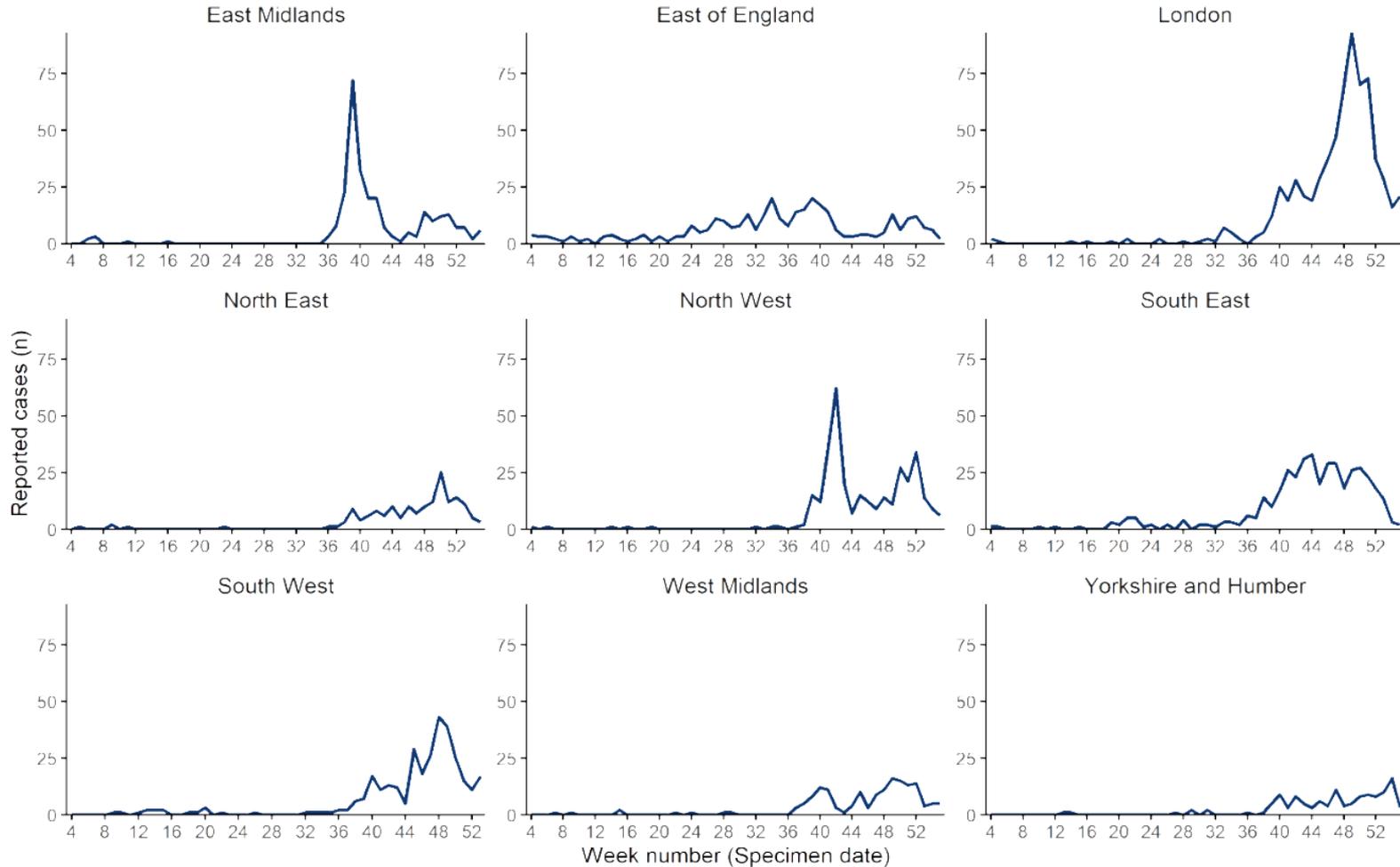




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# Second generation surveillance system (SGSS)

# SGSS reported Influenza A cases by region (all ages)

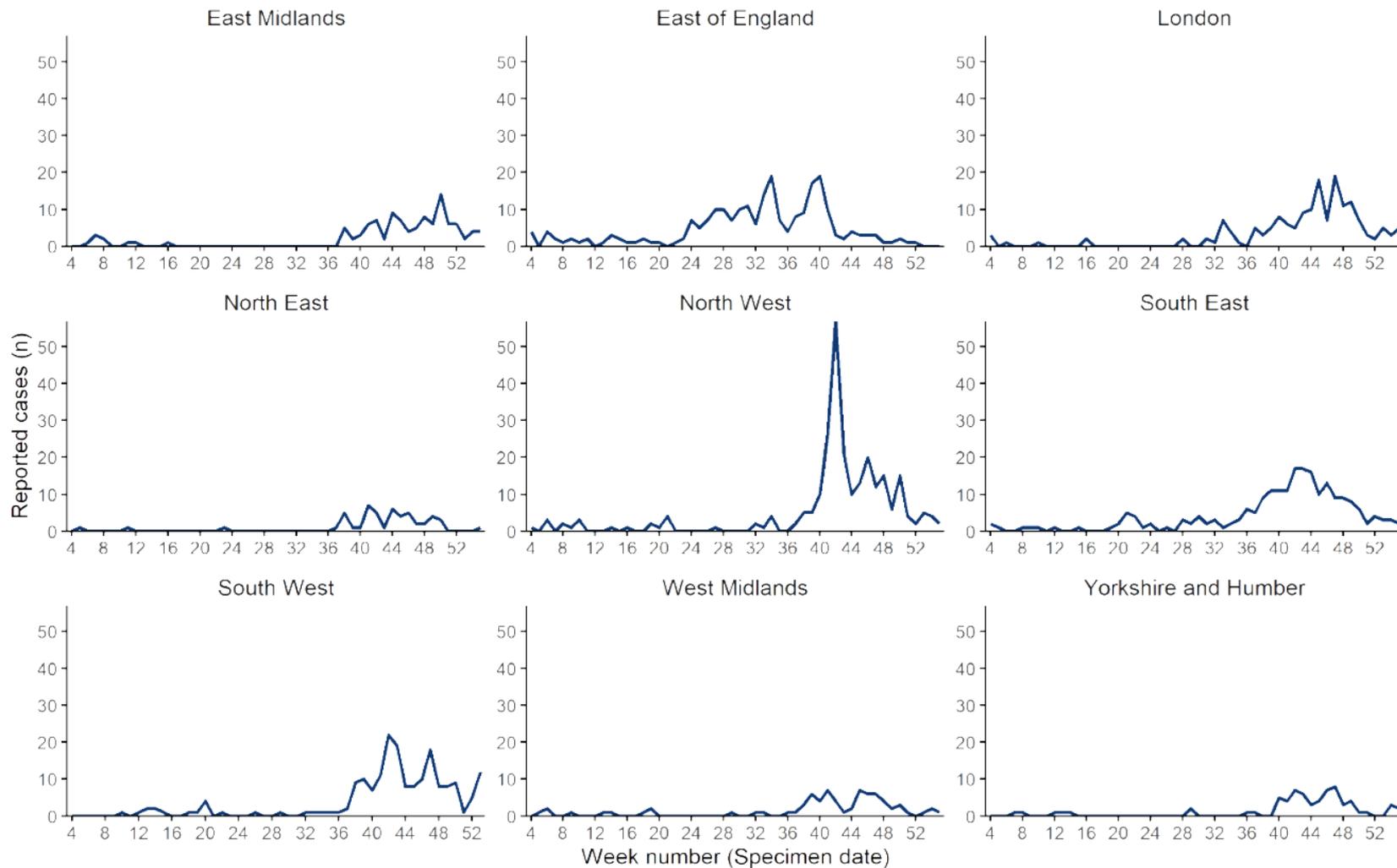


The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA Centre and over time, including short-term trends in testing. Therefore comparisons should be done with caution.

10 February 2022

Previously, this data was presented by report date however is now presented by specimen date.

## SGSS reported Influenza B cases by region (all ages)



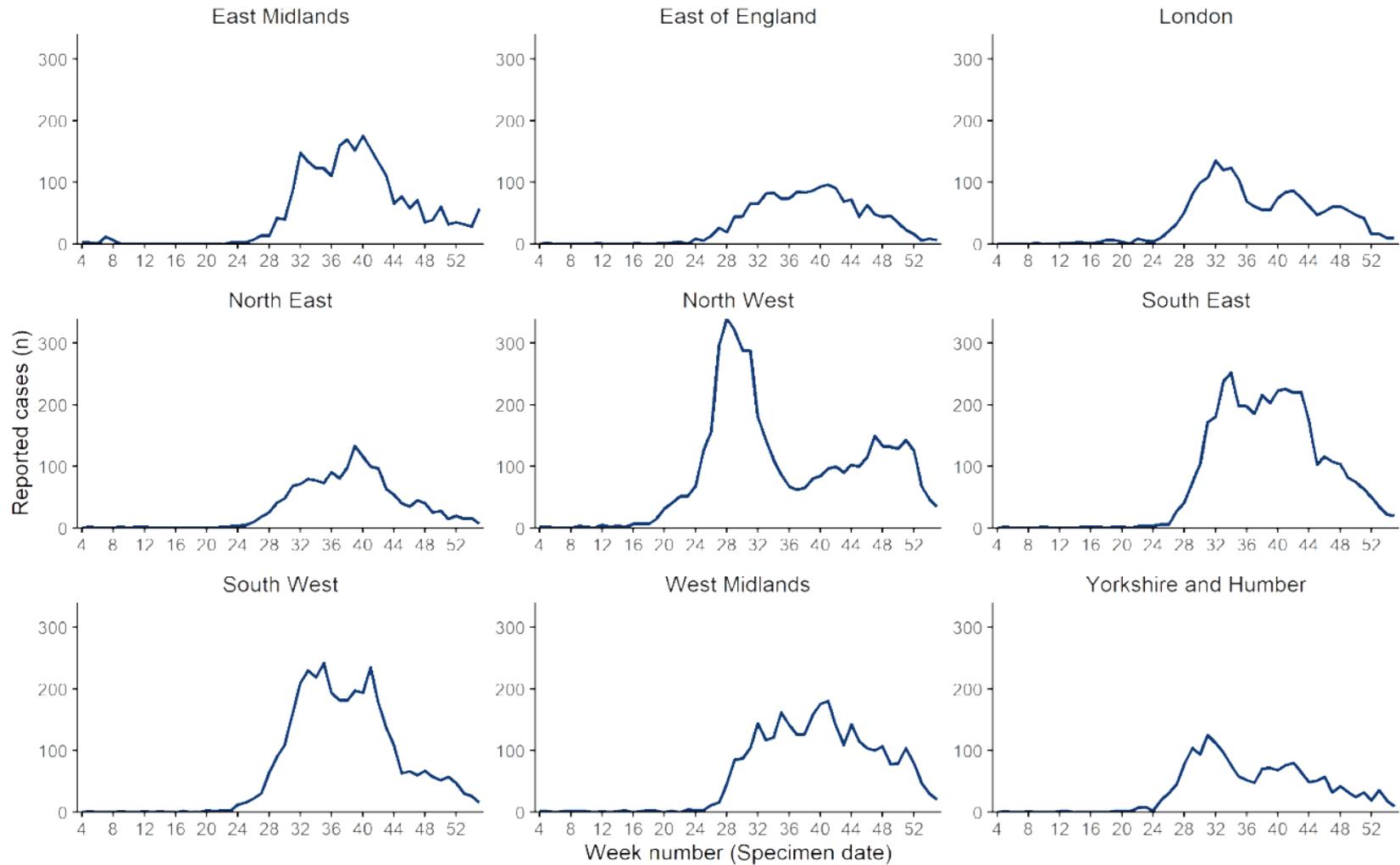
The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA Centre and over time, including short-term trends in testing. Therefore comparisons should be done with caution.

10 February 2022

Previously, this data was presented by report date however is now presented by specimen date.



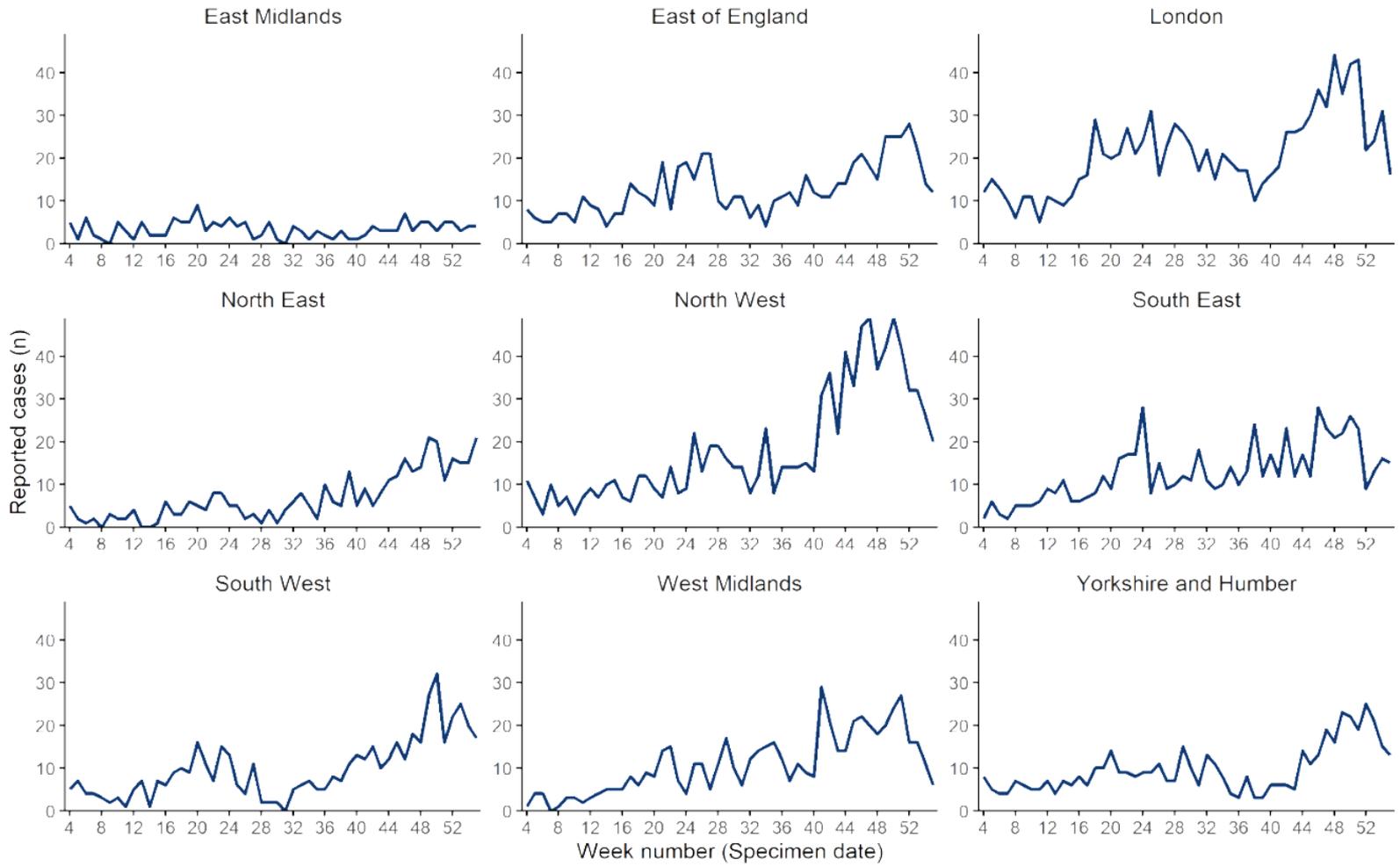
# SGSS reported RSV cases by region (all ages)



The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA Centre and over time, including short-term trends in testing. Therefore comparisons should be done with caution. Previously, this data was presented by report date however is now presented by specimen date.



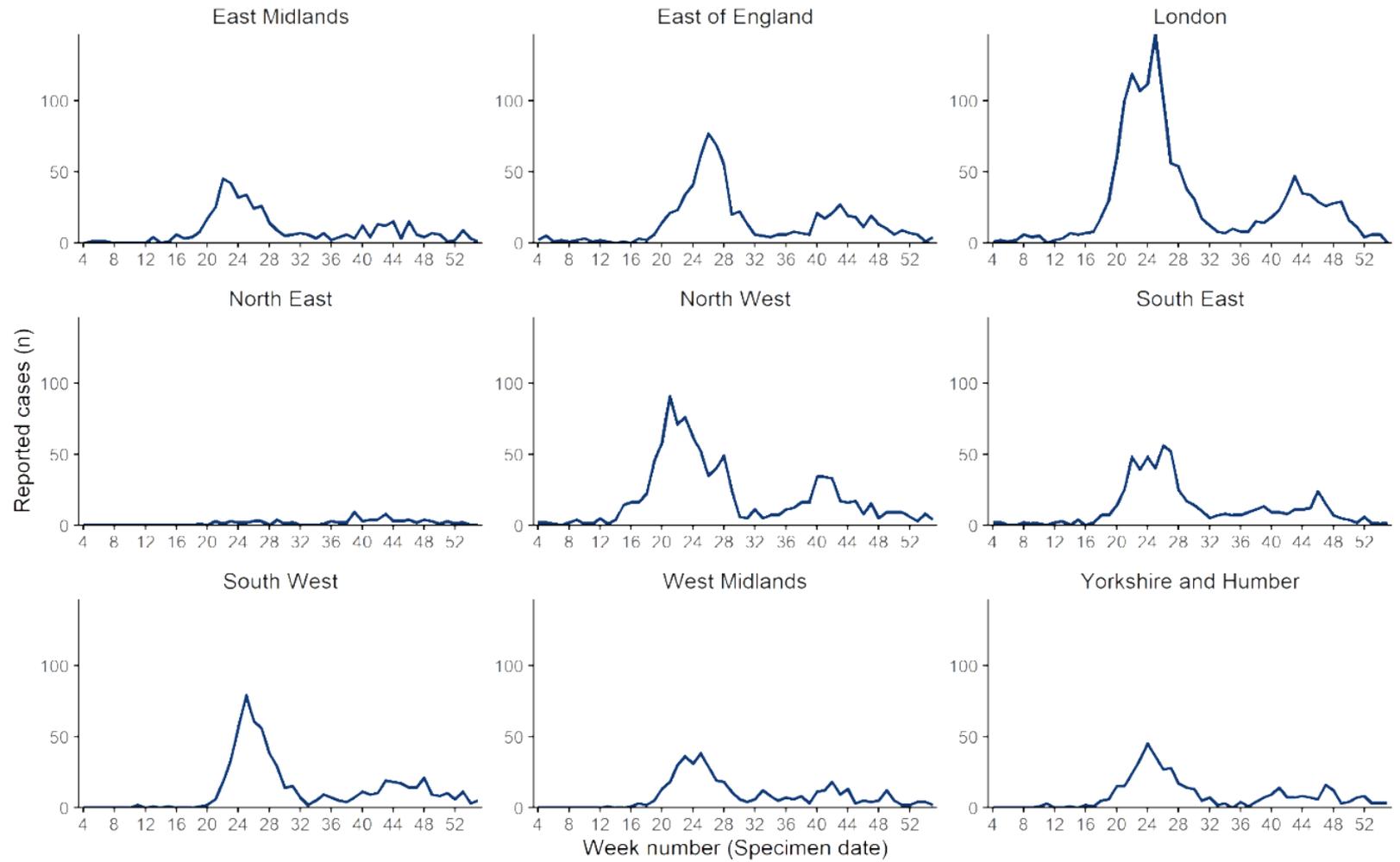
# SGSS reported Adenovirus cases by region (all ages)



The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA Centre and over time, including short-term trends in testing. Therefore comparisons should be done with caution.



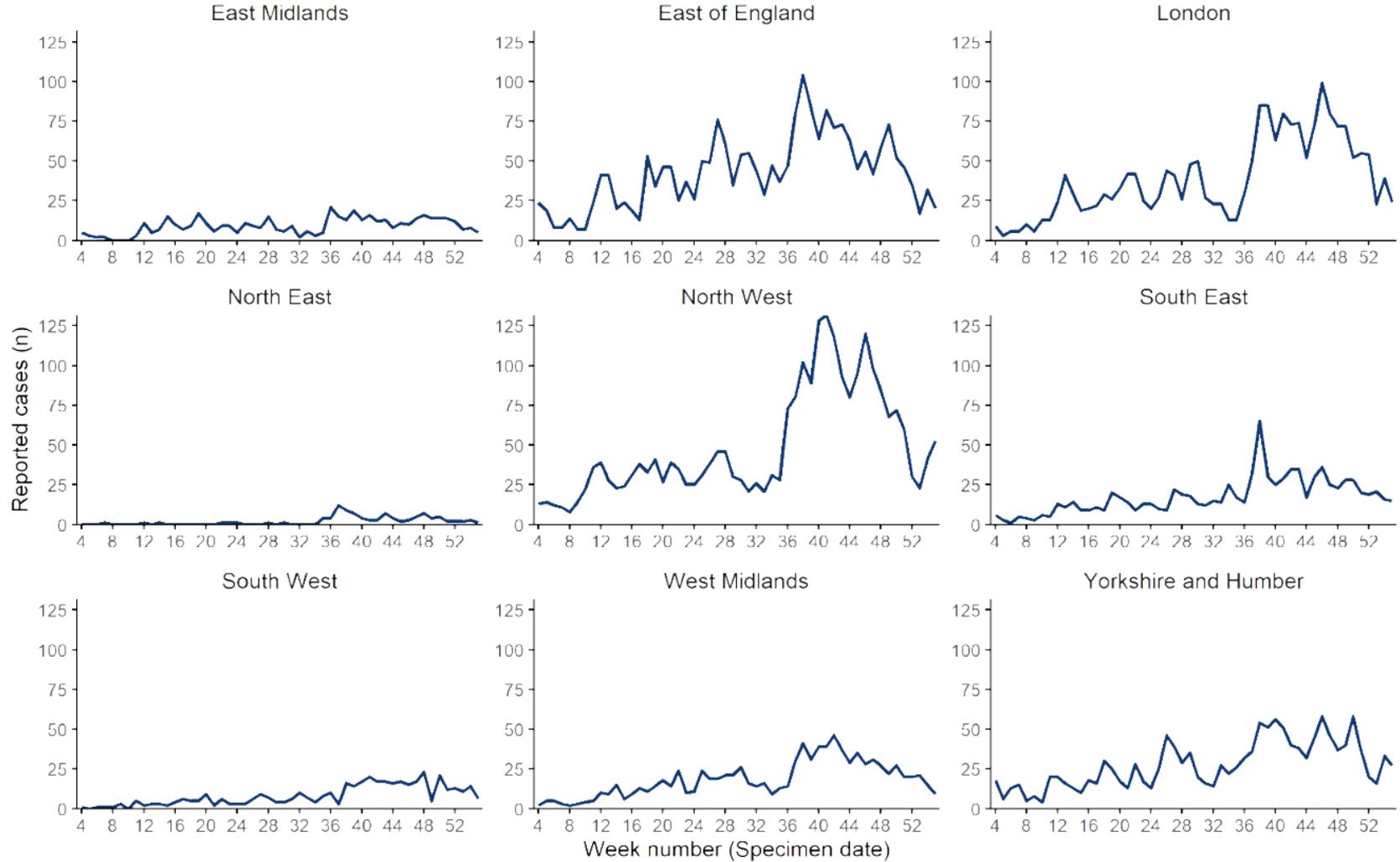
# SGSS reported Parainfluenza cases by region (all ages)



The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA Centre and over time, including short-term trends in testing. Therefore comparisons should be done with caution.



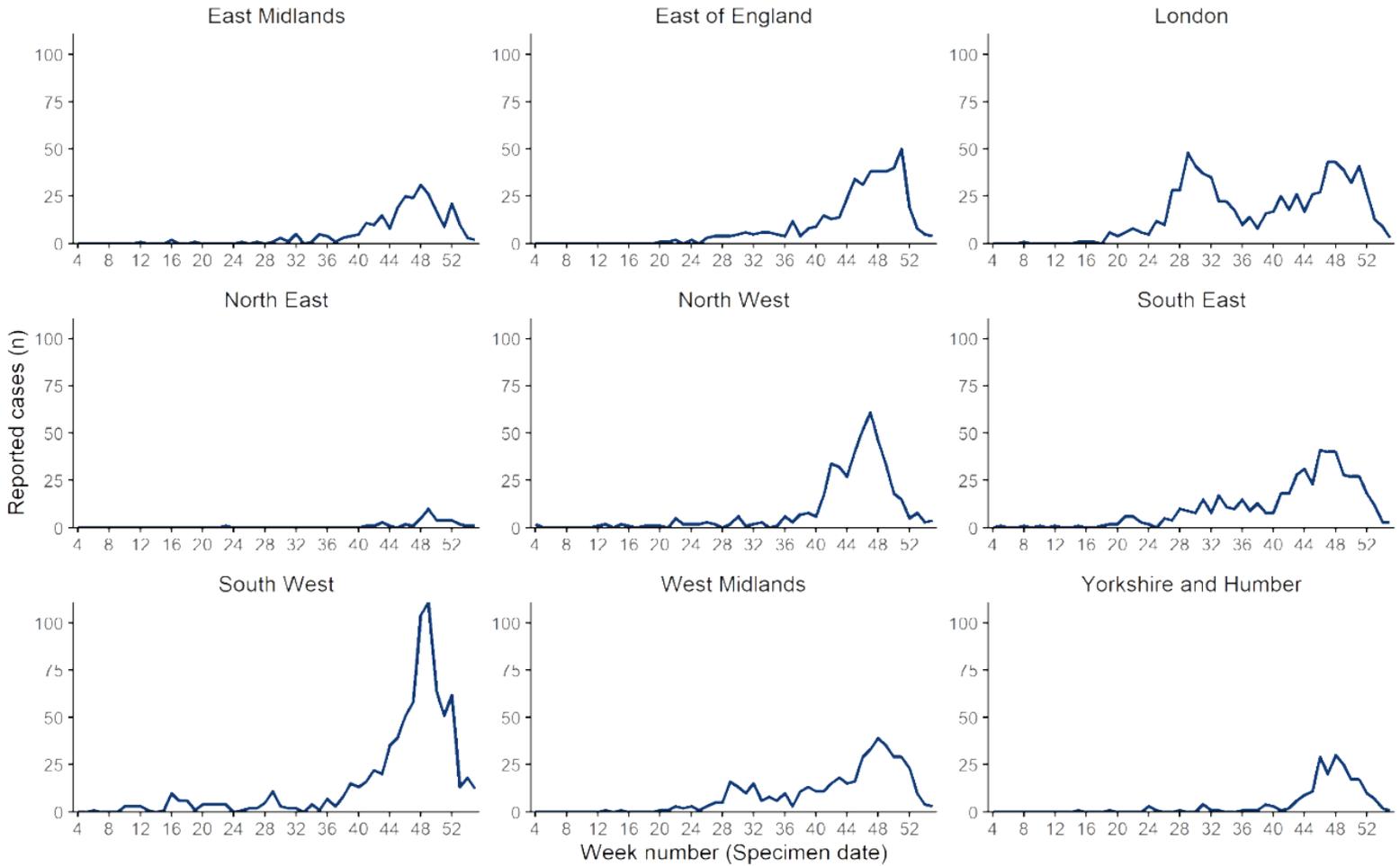
# SGSS reported Rhinovirus cases by region (all ages)



The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA Centre and over time, including short-term trends in testing. Therefore comparisons should be done with caution.



# SGSS reported hMPV cases by region (all ages)



The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA Centre and over time, including short-term trends in testing. Therefore comparisons should be done with caution.



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# Community surveillance



# COVID-19 clusters or outbreaks in educational settings

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## Data Information

- we report on new acute respiratory infection (ARI) incidents reported to Health Protection Teams (HPTs) and entered on HPZone in the previous reporting week in educational settings by locality
- individual case notes are reviewed by an epidemiologist and an assessment made about whether the criteria for a confirmed COVID-19 cluster or outbreak are met. See definitions below
- the incidents captured on HPZone represent a subset of all ongoing clusters and outbreaks in England. A variety of arrangements are in place with local authorities and other stakeholders supporting HPTs, however data may not routinely be documented on HPZone. As a result, the number of outbreaks reported for some of the regions are underestimates
- For the 2021-2022 academic year the thresholds for reporting an outbreak in an educational setting to HPTs and HPZone have been revised, therefore comparisons with the 2020 to 2021 season should be interpreted with caution. Please see the next slide for the updated thresholds.

## Caveats

- National Schools and Universities helplines remain in place to support educational settings to manage cases and outbreaks that may not require HPT input
- From Monday 19 July 2021, schools, colleges and nurseries no longer carry out routine contact tracing. Close contacts are now identified and contacted by NHS Test and Trace.



## Thresholds for reporting

For the 2021-2022 academic year the thresholds for reporting an outbreak in an educational setting to HPZone have been revised, therefore when comparing with the 2020-2021 season, please interpret with caution.

Clusters and outbreaks are now reported to HPZone if either of the two following criteria are met:

- 5 cases or 10% (whichever is reached first) test-confirmed cases of COVID-19 (either PCR testing or LFD Ag testing with follow-up PCR) within 10 days, among students or staff clustered in a consistent group or cohort. Dates should be calculated based on illness onset, or test date if asymptomatic

Or

- Evidence of severe illness e.g. students or staff members admitted to hospital or a death as a result of a COVID-19 infection (PCR or LFD Ag with follow up PCR) as the setting may require advice on risk assessment and communication.

## Definitions

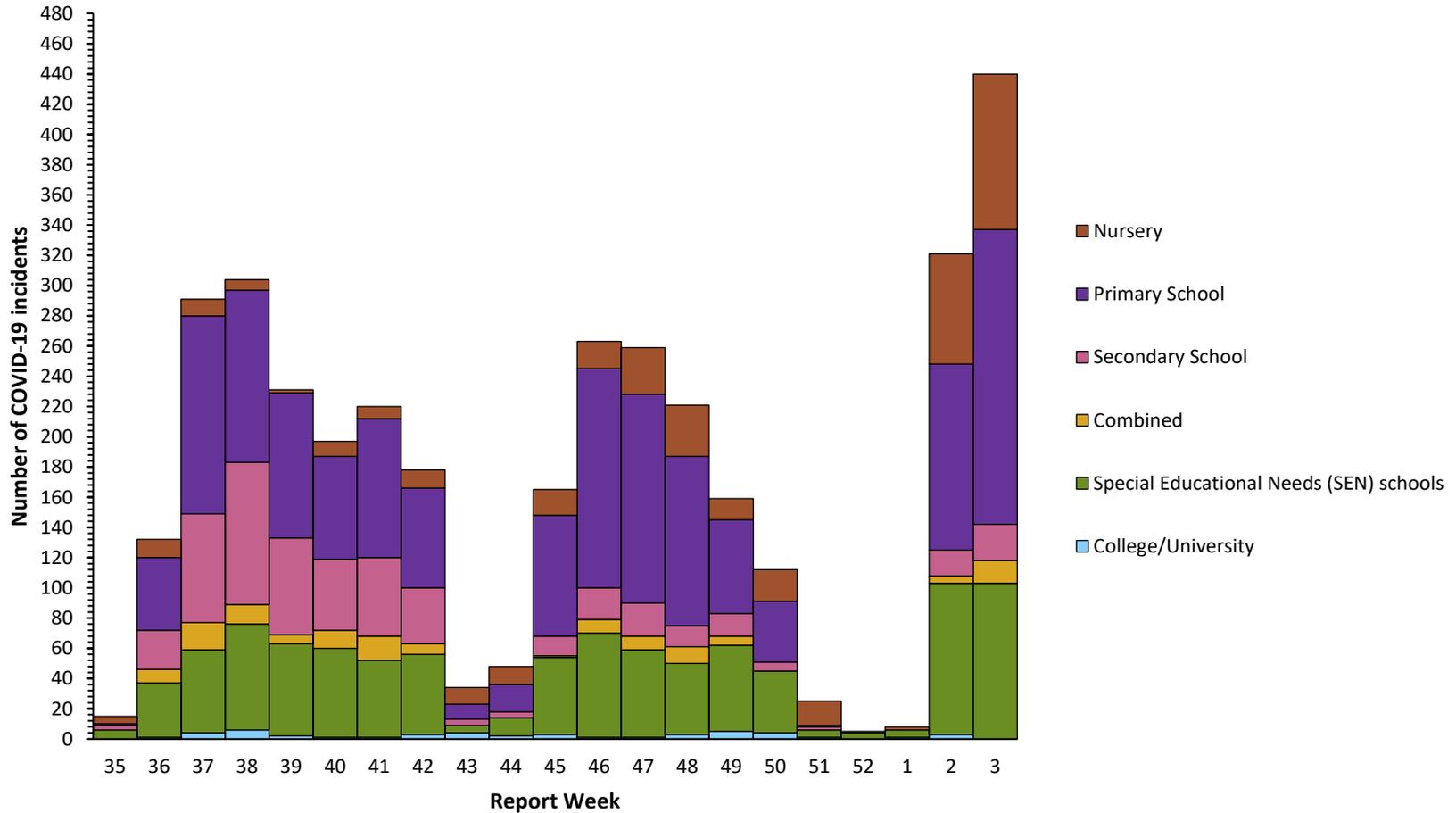
**Cluster:** two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14-day period (in the absence of detailed information about the type of contact between the cases).

**Outbreak:** two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:

- identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
- When there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases



# Number of COVID-19 confirmed clusters or outbreaks by type of educational setting, England





# Number of COVID-19 confirmed clusters or outbreaks by type of educational setting, England

End of academic year total

Week 36 2020- 34 2021

Centres	Cumulative number of confirmed COVID-19 clusters or outbreaks by type of educational setting for the 2020/21 academic year Week 36 2020- 34 2021						
	Nursery	Primary School	Secondary School	Combined	Special Educational Needs (SEN) schools	College University	Total
<b>Total</b>	<b>846</b>	<b>2125</b>	<b>2122</b>	<b>40</b>	<b>666</b>	<b>268</b>	<b>6067</b>

Week 3 2022

Main table

PHE Centres	Cumulative number of confirmed COVID-19 clusters or outbreaks by type of educational setting for the 2021/22 academic year from Week 35 2021						
	Nursery	Primary School	Secondary School	Combined	Special Educational Needs (SEN)	College University	Total
East Midlands Centre	64 (2)	54 (0)	25 (2)	14 (1)	120 (14)	4 (0)	<b>281 (19)</b>
East of England Centre	0 (0)	12 (0)	8 (0)	3 (0)	11 (0)	2 (0)	<b>36 (0)</b>
London Centre	273 (98)	904 (185)	218 (11)	47 (10)	167 (26)	23 (0)	<b>1632 (330)</b>
North East Centre	0 (0)	2 (0)	0 (0)	0 (0)	1 (0)	0 (0)	<b>3 (0)</b>
North West Center	9 (1)	27 (1)	9 (1)	2 (0)	87 (8)	6 (0)	<b>140 (11)</b>
South East Centre	41 (2)	383 (4)	126 (0)	34 (0)	212 (21)	5 (0)	<b>801 (27)</b>
South West Centre	3 (0)	57 (1)	73 (4)	26 (3)	173 (18)	1 (0)	<b>333 (26)</b>
West Midlands Centre	17 (0)	68 (3)	51 (4)	7 (1)	114 (10)	5 (0)	<b>262 (18)</b>
Yorkshire & the Humber	13 (0)	33 (1)	27 (2)	4 (0)	63 (6)	0 (0)	<b>140 (9)</b>
<b>Total</b>	<b>420 (103)</b>	<b>1540 (195)</b>	<b>537 (24)</b>	<b>137 (15)</b>	<b>948 (103)</b>	<b>46 (0)</b>	<b>3628 (440)</b>

\* Number of clusters or outbreaks for the most recent week in brackets



# Weekly number of COVID-19 cases in NHS Test and Trace contact tracing data, who reported attending educational settings

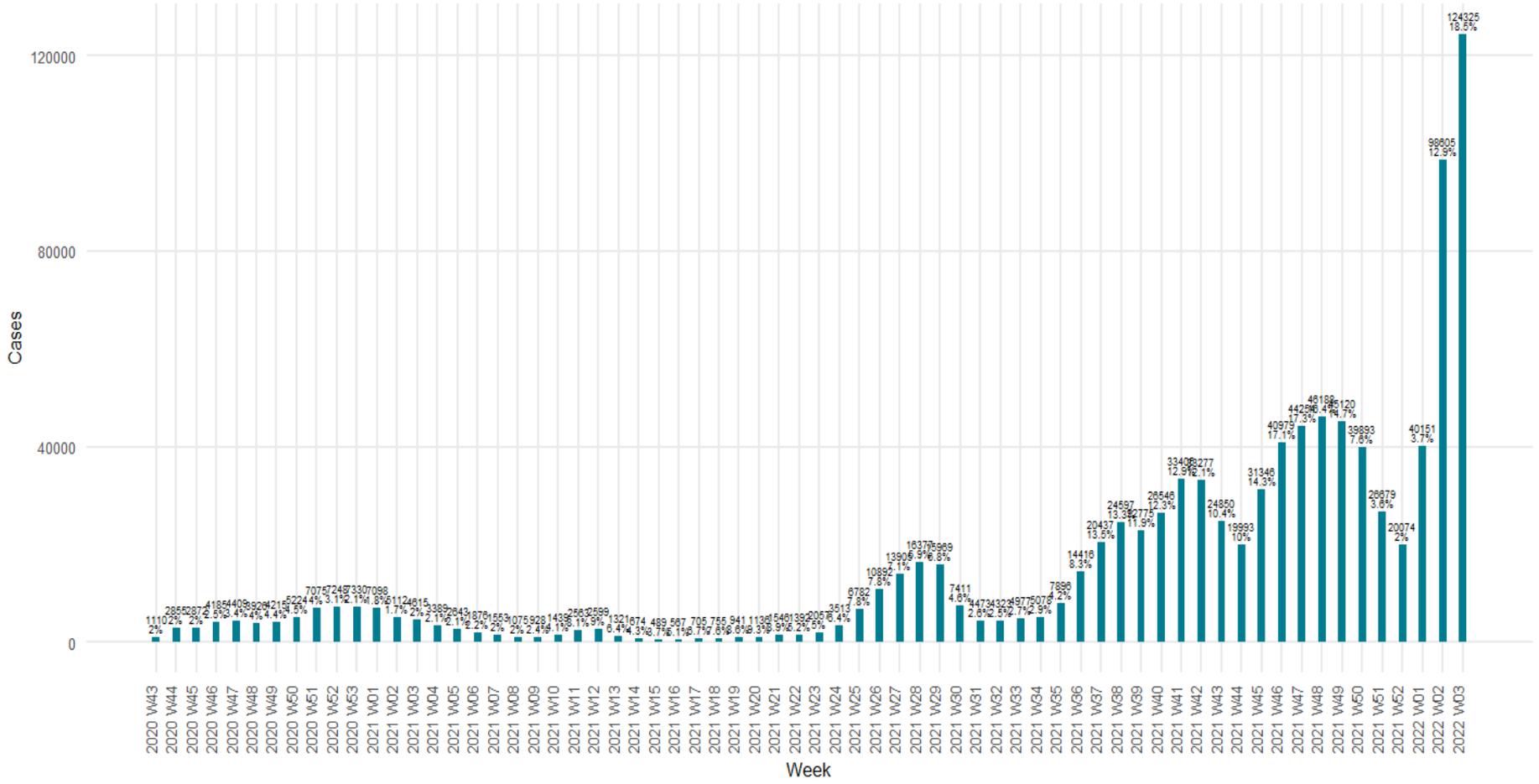
## Data sources/definitions

1. The NHS Test & Trace contact tracing form asks individuals about their work or education settings. This report includes those who selected: 'Attending childcare, school, education setting' and selected an education setting of: 'Primary school', 'Secondary school' or 'college' (counted together), 'University'.
2. Age was used to confirm that cases were likely to be students, using the following age ranges as inclusive cut-offs: Primary school: 4 to 12 years old Secondary school college: 11 to 19 years old University: 16 years and above
3. Student cases may not be recorded if 'work and education' was selected rather than 'Attending childcare, school, education setting' Approximately 1% of primary, secondary, and college cases may be underreported because of this, and 4% of university cases.
4. Weeks are defined using ISO-8601, meaning Week 1 starts Monday January 4<sup>th</sup> and ends Sunday January 10<sup>th</sup>, 2021.
5. Percentages in charts = percent of all cases (people who tested positive and were referred for contact tracing) for that week, this includes cases which may not have completed the forms and entered work or education settings.
6. The data starts 23 October 2020, when education settings started to be recorded in the present format, and ends with the most recent complete week.
7. Cases are assigned to dates by the date they were transferred to the NHS Test and Trace contact tracing system.
8. If a case reports being in education, this does not specify that they attended the setting in person during the time that they were exposed/infectious (for example they may have been remote learning). In addition, cases that did attend in person may have been exposed in other settings, such as their household or while doing other activities. This data can not be used to directly infer that these cases acquired their infection, or that they exposed others, in an the education setting.



# Number of people testing positive that reported attending primary school and proportion among all people testing positive (weeks 43 2020 to 3 2022)

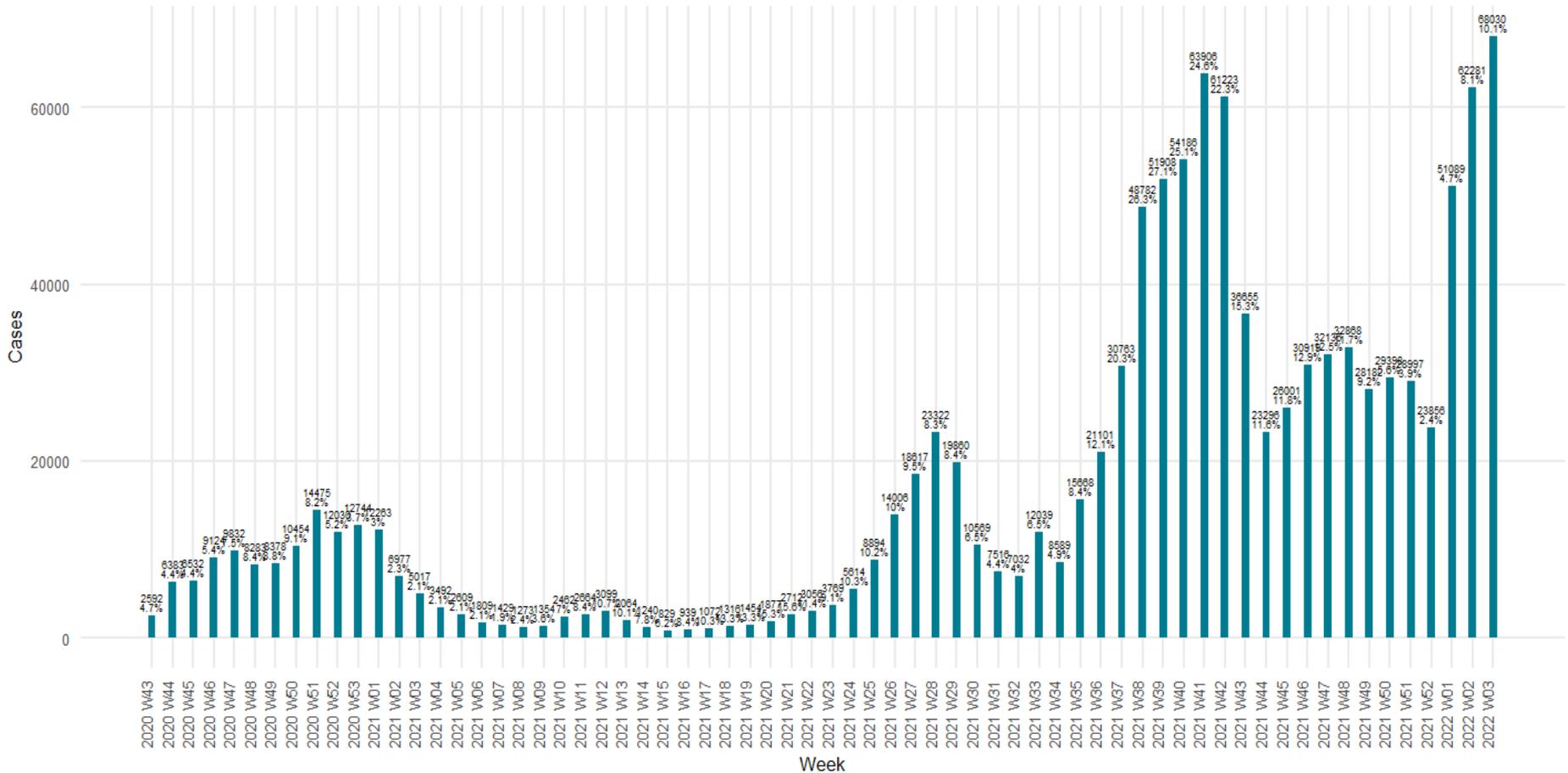
(Data source: NHS Test and Trace)





# Number of people testing positive that reported attending secondary school and proportion among all people testing positive (weeks 43 2020 to 3 2022)

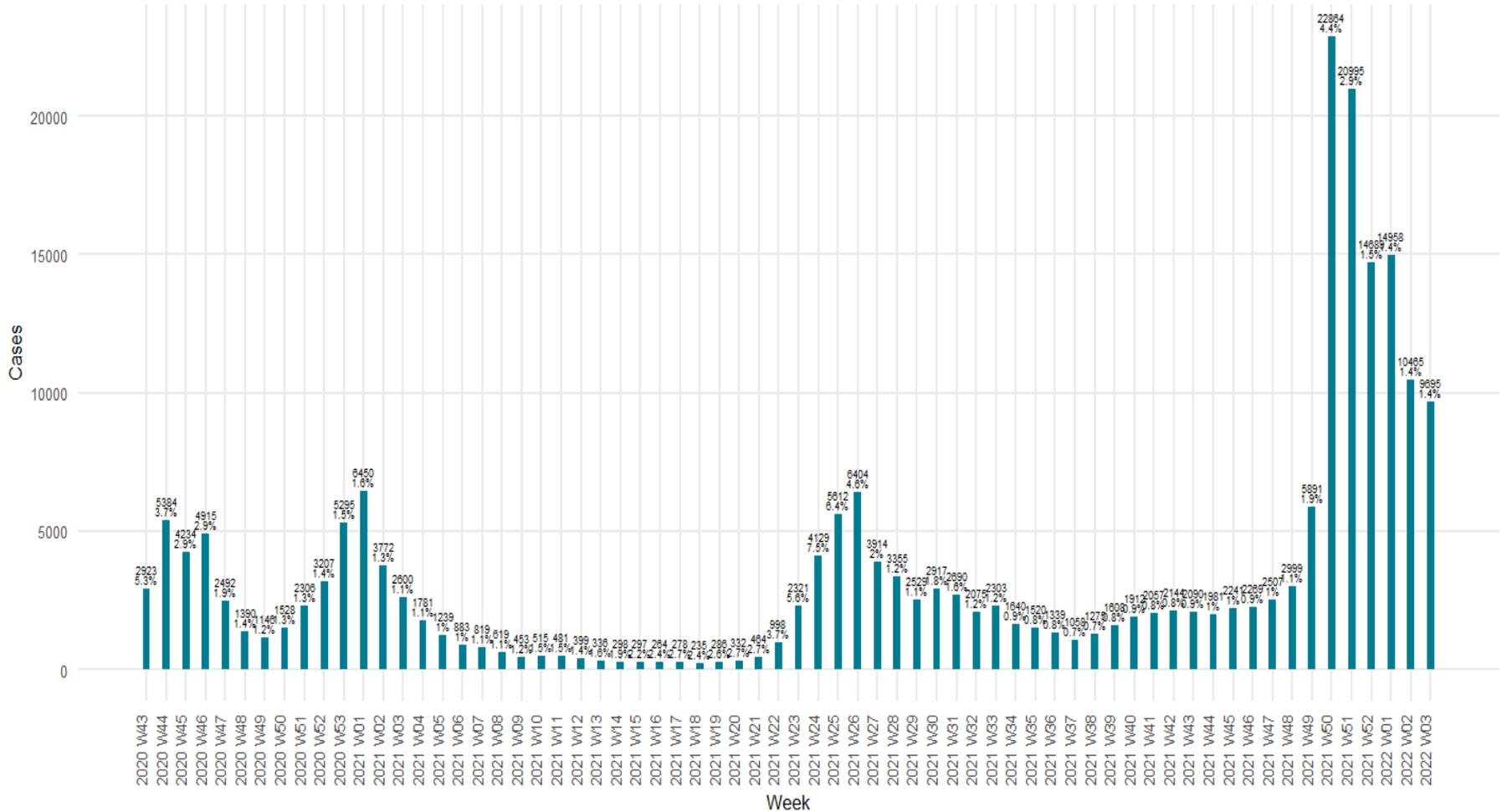
(Data source: NHS Test and Trace)





# Number of people testing positive that reported attending university and proportion among all people testing positive (weeks 43 2020 to 3 2022)

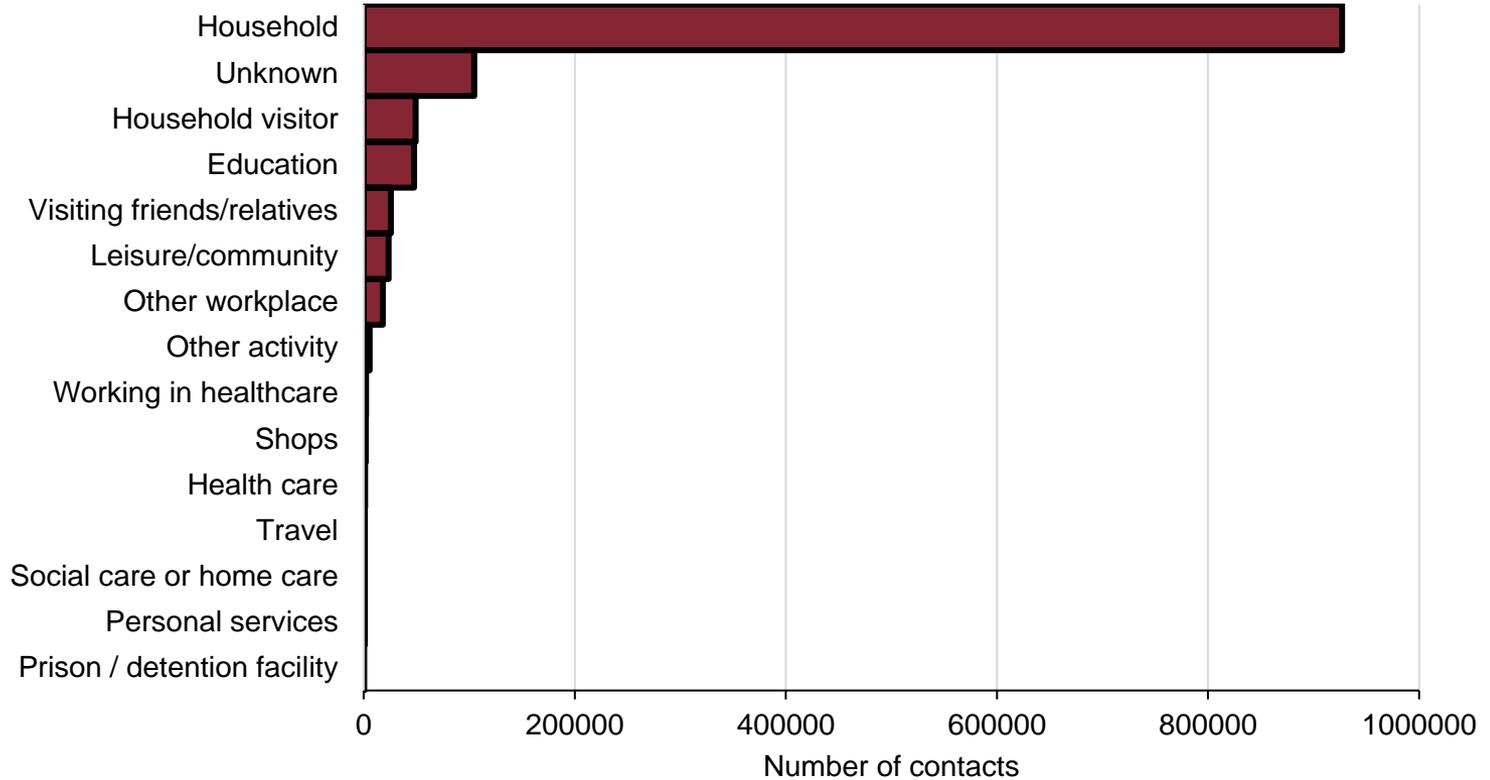
(Data source: NHS Test and Trace)





# Contacts by exposure/activity setting in week 3, England

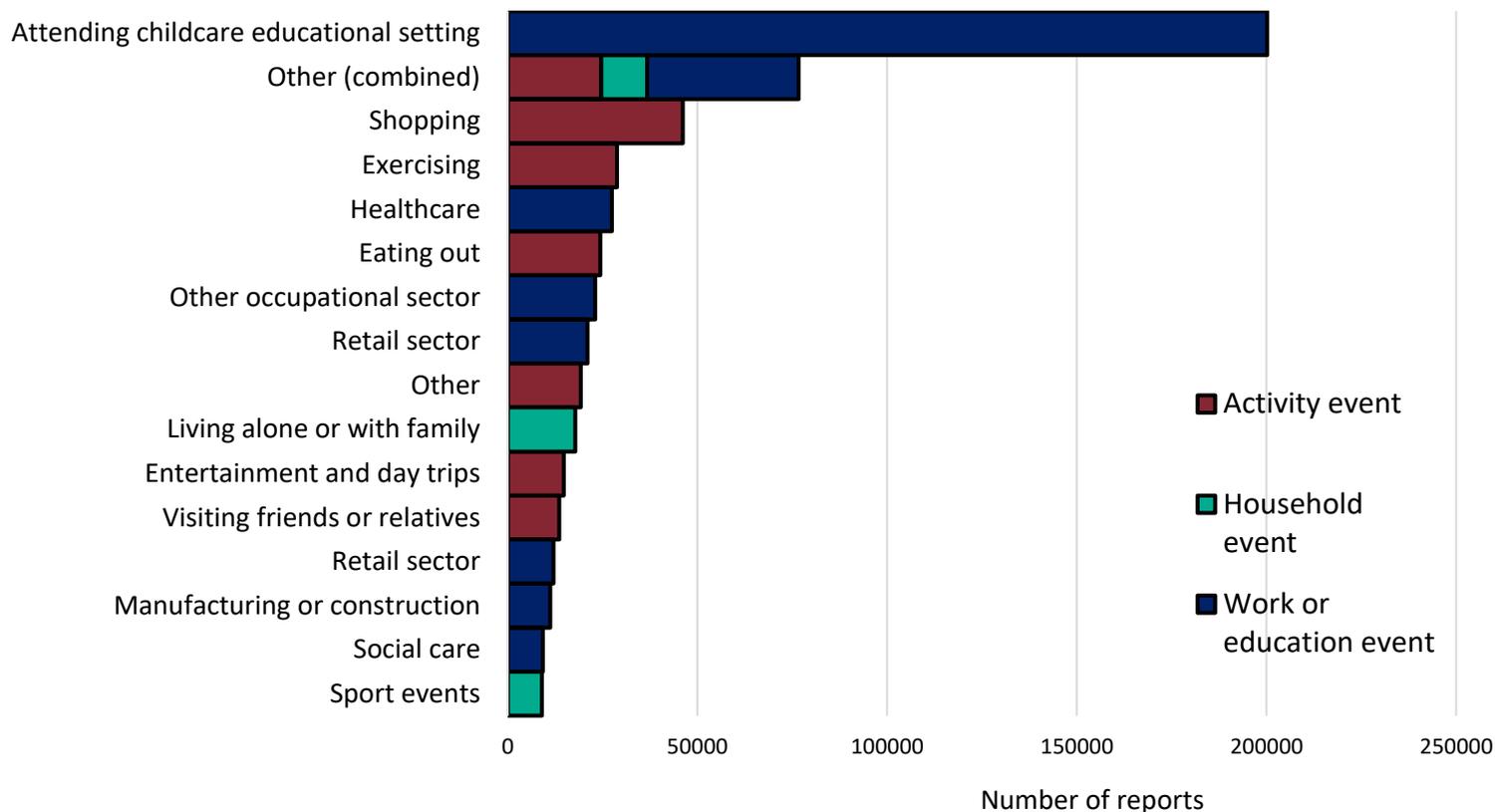
(Data source: NHS Test and Trace)



Note: categories have been grouped as follows: leisure / community includes eating out, attending events and celebrations, exercising, worship, arts, entertainment or recreation, community activities and attending play groups or organised trips; other workplace includes: retail, manufacturing or construction, hospitality, transport, emergency services or border force, food production and agriculture, prison, financial services, civil service or local government, information and communication, military, critical national infrastructure. Personal services include hairdressers, barbers, tattooists and nail bars.



# Events and activities reported by people testing positive, prior to symptom onset in week 3, England (Data source: NHS Test and Trace)



Note: 'Other' includes a wide range of different activities and settings, each of which has small numbers of individuals, as well as activities which did not fit any specific category and were added as Other by the case. This includes: all within 'activities': Arts, entertainment or recreation; Civil service or government; Close contact services; Community and charity activities; Critical national infrastructure; Emergency services; Financial services; Food production; Hospitality; Immigration border services; Information and communication; Military; Personal care; Prison; Private events and celebrations; Public events and mass gathering; event within a shared household; Sport events; Supported living; Teaching and education; Transport; 'Other (combined)' includes all exposure group types that have small counts such as "went to church", "went to the zoo" within that event type.



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# Surveillance in 'educational-age' cohorts



## Methodology and limitations

- Data source: SGSS Pillar 1 (NHS and UKHSA testing) and Pillar 2 (community testing) – England
- Educational-age cohorts have been calculated using dates of birth that correspond to a particular year group. School year groups run from 1 September to 31 of August of the following calendar year.
- We include all cases regardless of whether or not they attended an educational setting or whether or not the educational setting was open during the reporting period
- Data for the most recent week are provisional and likely to be an underestimate
- The 2021-2022 school season commenced 1 September 2021. For information regarding the 2020-2021 school season please refer to the Weekly National Flu and COVID-19 reports published between 22 October 2020 to 2 September 2021.
- The following cohorts became eligible for COVID-19 vaccination on the dates indicated below :
  - All over 18 year olds, from week 24 2021
  - All 16 to 17 year olds, from week 33 2021
  - All 12 to 15 year olds, from week 38 2021
- More information on vaccine coverage can be found here:  
<https://www.gov.uk/government/publications/covid-19-vaccine-surveillance-report>
- From week 39 the data for the “Secondary age cohort” (Years 7-13) has been split into the “Secondary age cohort” and the “Sixth form age cohort” (Years 7-11 and Years 12-13 respectively)



## Methodology and limitations - Birth cohort – Year group

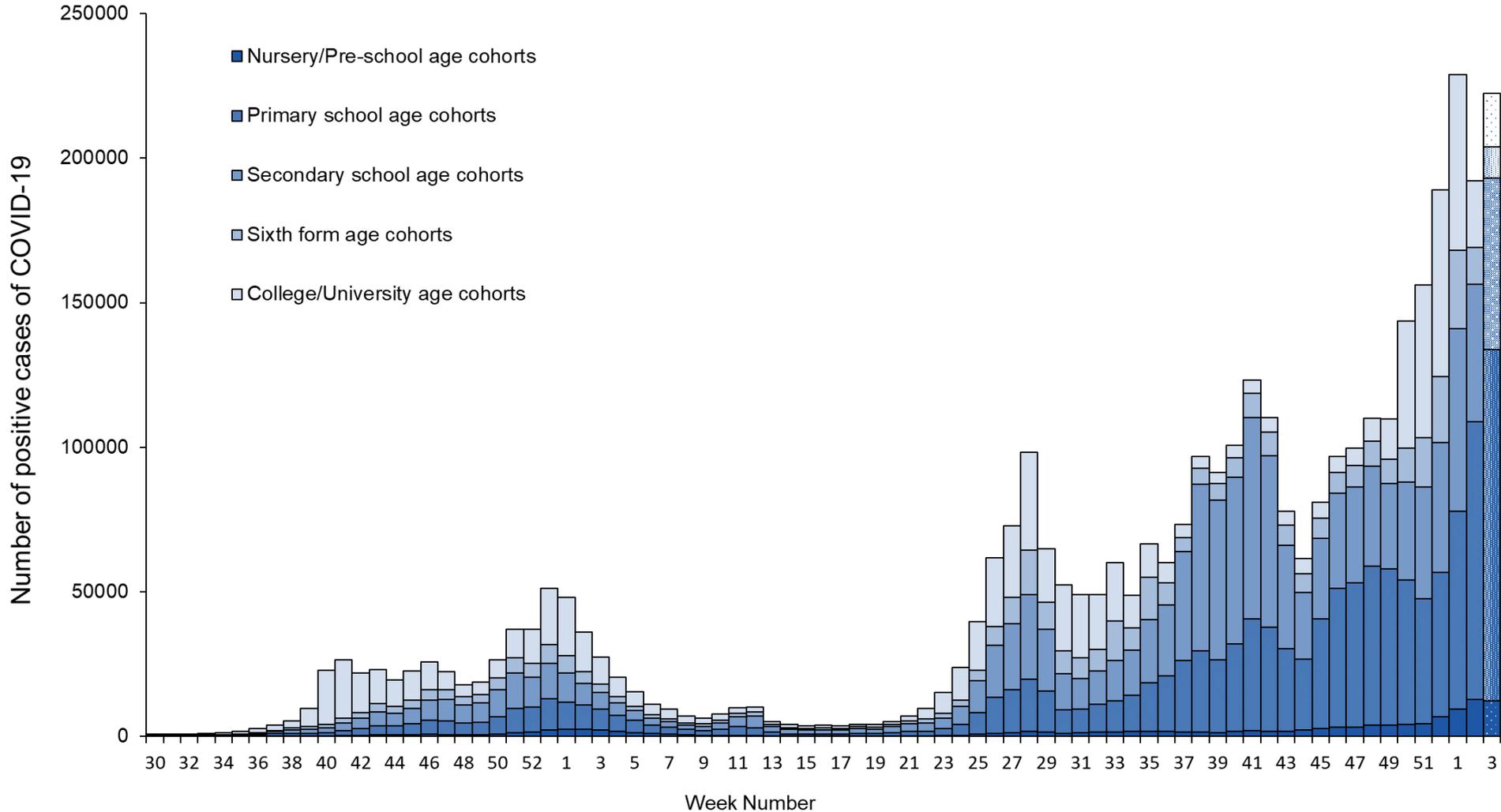
- The table aside represents the birth cohorts for each year group

Birth cohort			Year group
01/09/1999	to	31/08/2000	Uni Year 4
01/09/2000	to	31/08/2001	Uni Year 3
01/09/2001	to	31/08/2002	Uni Year 2
01/09/2002	to	31/08/2003	Uni Year 1
01/09/2003	to	31/08/2004	Year 13
01/09/2004	to	31/08/2005	Year 12
01/09/2005	to	31/08/2006	Year 11
01/09/2006	to	31/08/2007	Year 10
01/09/2007	to	31/08/2008	Year 9
01/09/2008	to	31/08/2009	Year 8
01/09/2009	to	31/08/2010	Year 7
01/09/2010	to	31/08/2011	Year 6
01/09/2011	to	31/08/2012	Year 5
01/09/2012	to	31/08/2013	Year 4
01/09/2013	to	31/08/2014	Year 3
01/09/2014	to	31/08/2015	Year 2
01/09/2015	to	31/08/2016	Year 1
01/09/2016	to	31/08/2017	Reception
01/09/2017	to	31/08/2018	Pre-school
01/09/2018	to	31/08/2019	Nursery



Weekly number of COVID-19 cases, from Week 30 2020 in:

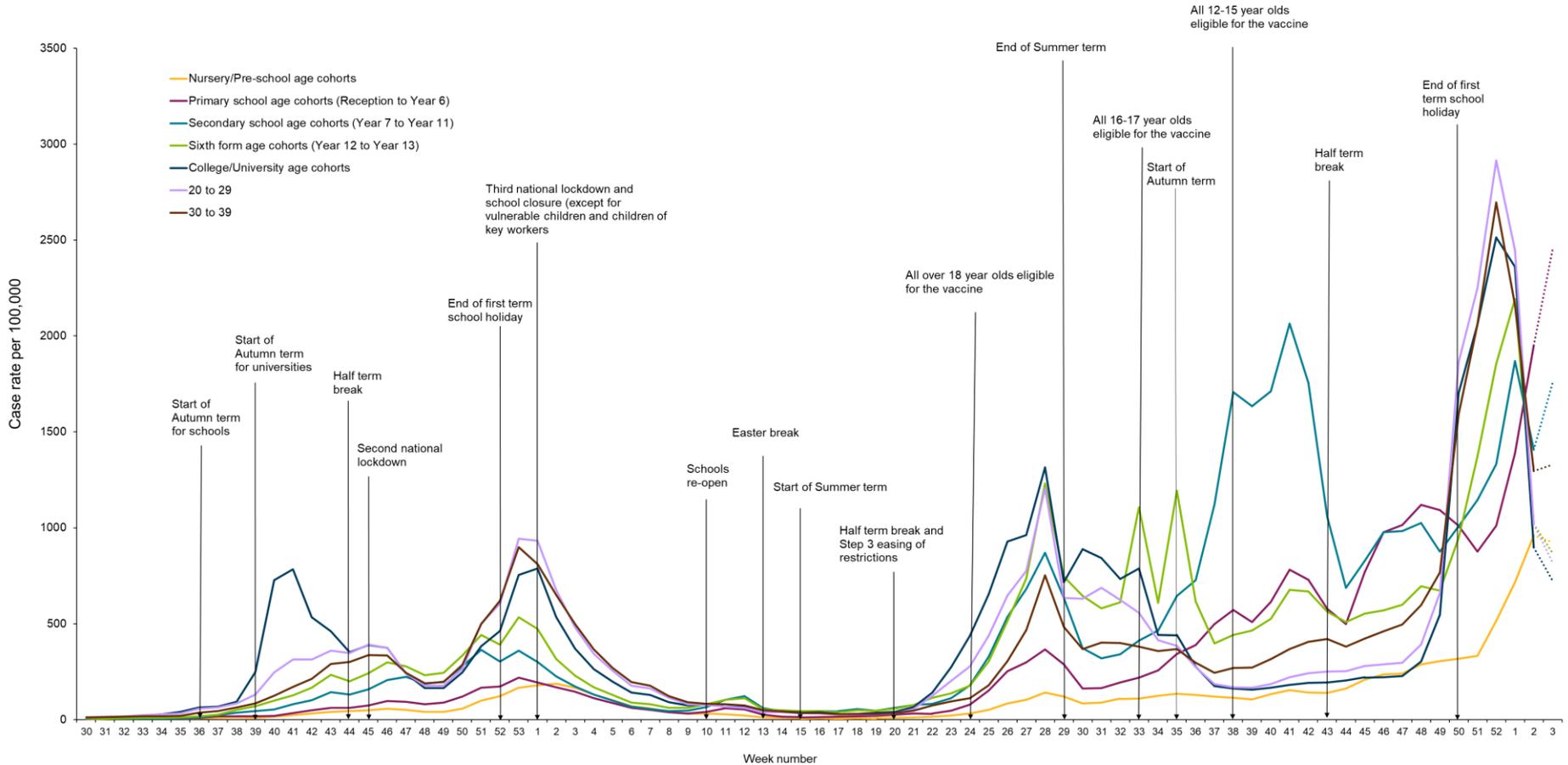
- nursery/preschool age cohorts
- primary school age cohorts
- secondary school age cohorts
- college/University age cohorts





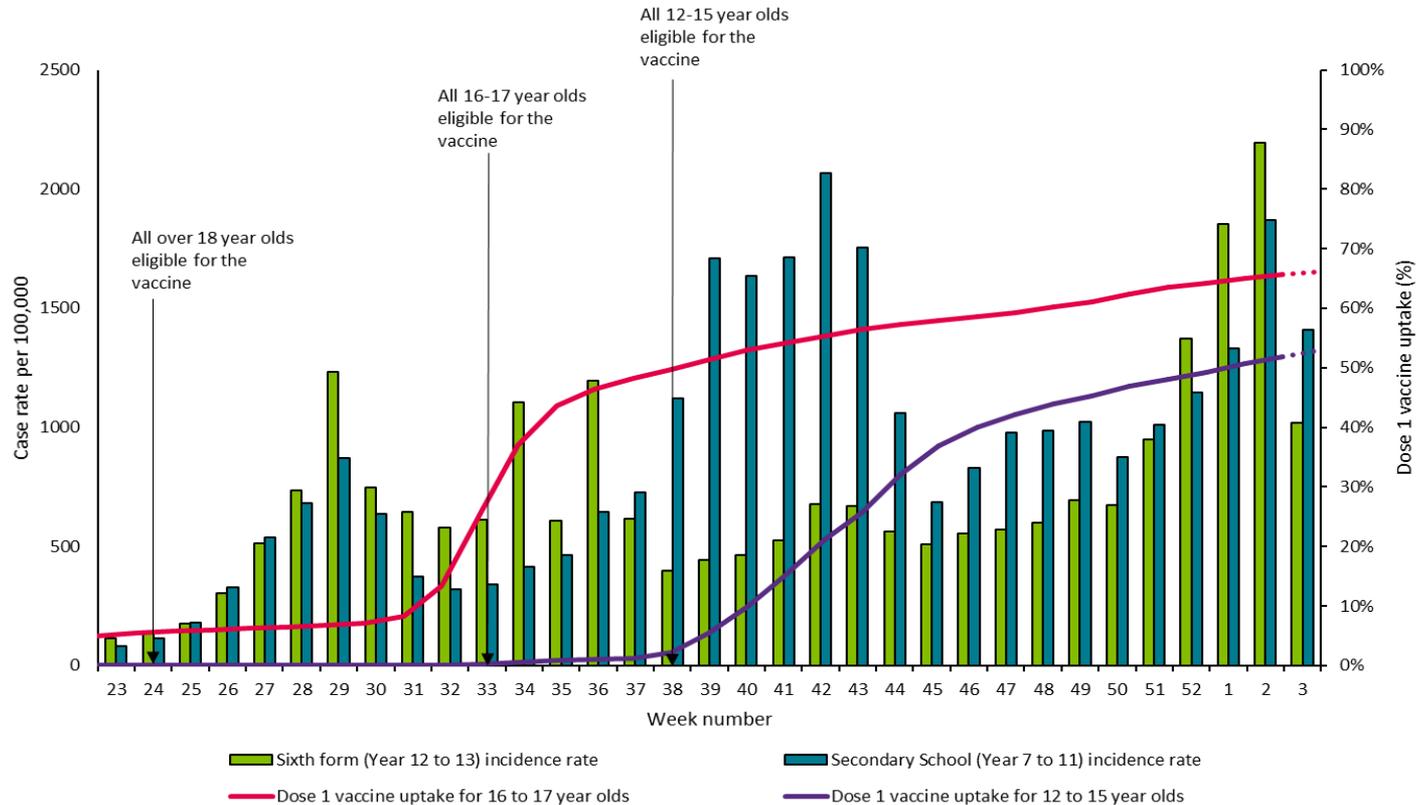
Weekly incidence of COVID-19 cases per 100,000 population from Week 30 2020, in:

- nursery/preschool age cohorts
- primary school age cohorts (Reception to Year 6)
- secondary school age cohorts (Year 7 to Year 11)
- sixth form (Year 12 to Year 13)
- college/University age cohorts





Weekly incidence of COVID-19 cases per 100,000 population from Week 23 2021, in secondary age cohorts (Year 7 to 11) and sixth form age cohorts (Year 12 to Year 13) with dose 1 vaccine uptake in 12 to 15 year olds and in 16 to 17 year olds

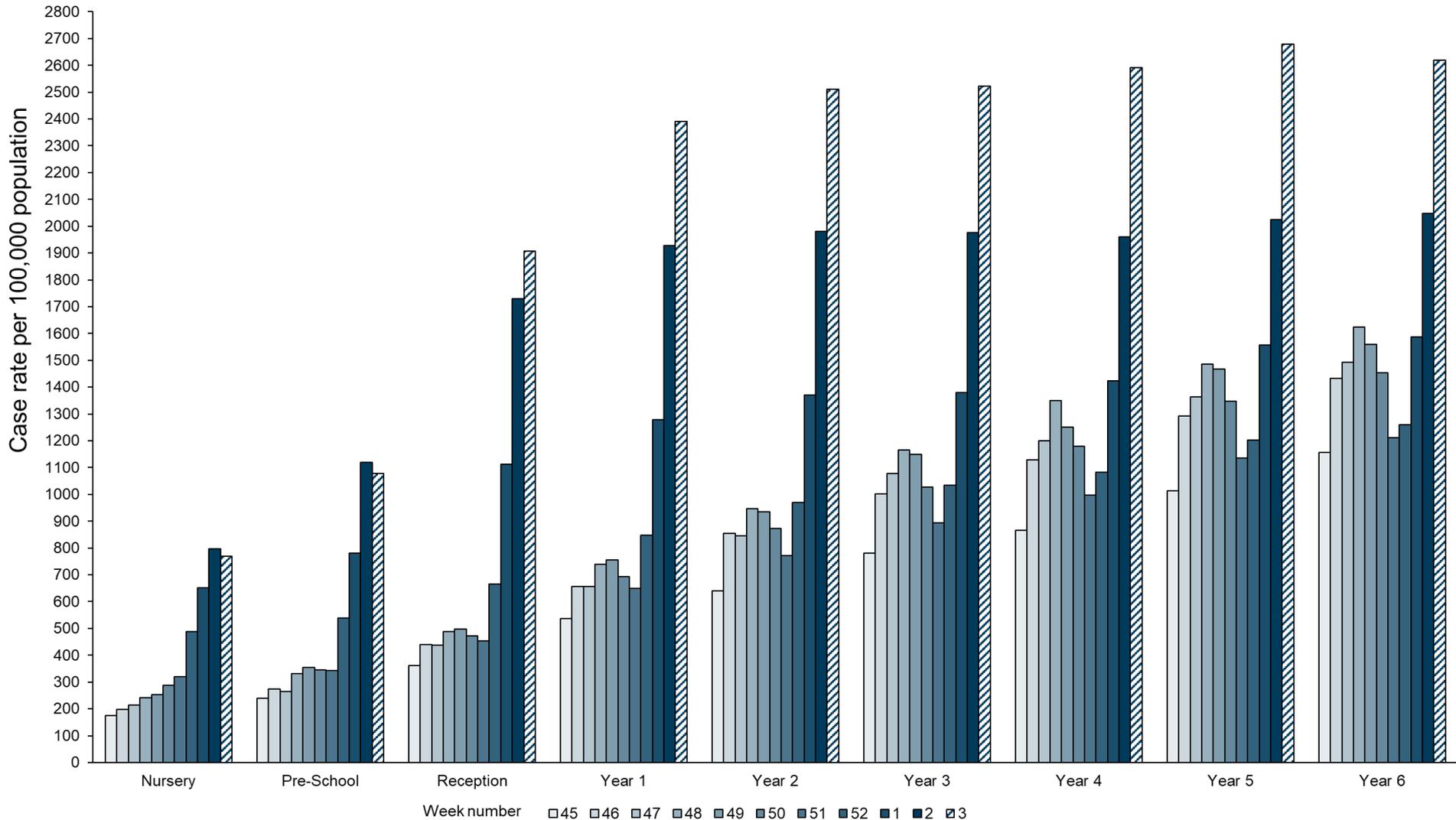


Incidence definition: School age cohorts are calculated based on academic year birth cohorts. Those born between 01/09/2004 – 31/08/2005 are included in the year 12 school group and those born between 01/09/2003 – 31/08/2004 are included in the year 13 school group. Case rate denominators are sourced from ONS 2020 mid-year estimates.

Vaccine coverage definition: From Week 42 the ages are calculated based on age as of 31 August 2021. The under 50 age group includes all those aged under 50 including those born after the 31 August 2021 (denominator). Those whose date of birth is after the 31 August 2021, have an age of zero and are included in the denominator. Only vaccinations recorded as given to persons aged greater or equal to 1 have been included (numerator). Both numerators and denominators are sourced from the NIMS and exclude deaths. All data presented are for vaccinations within the living population on the date of extraction and therefore removes both formal and informal registered deaths in the numerator and denominator for the purposes of calculating vaccine uptake.

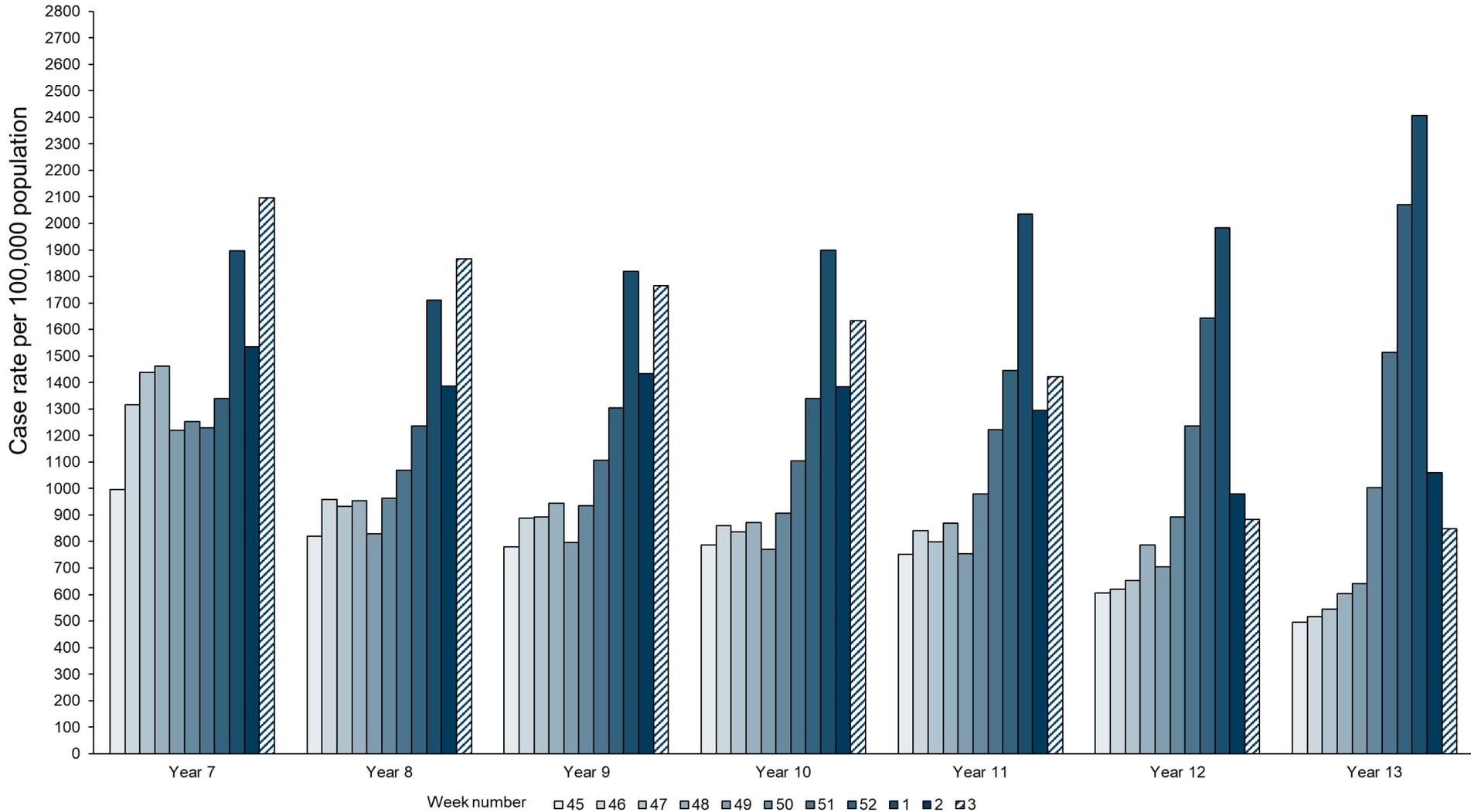


# Weekly incidence of COVID-19 cases per 100,000 population in educational age cohorts presented by Year group, from nursery to Year 6, weeks 45 2021 to 03 2022



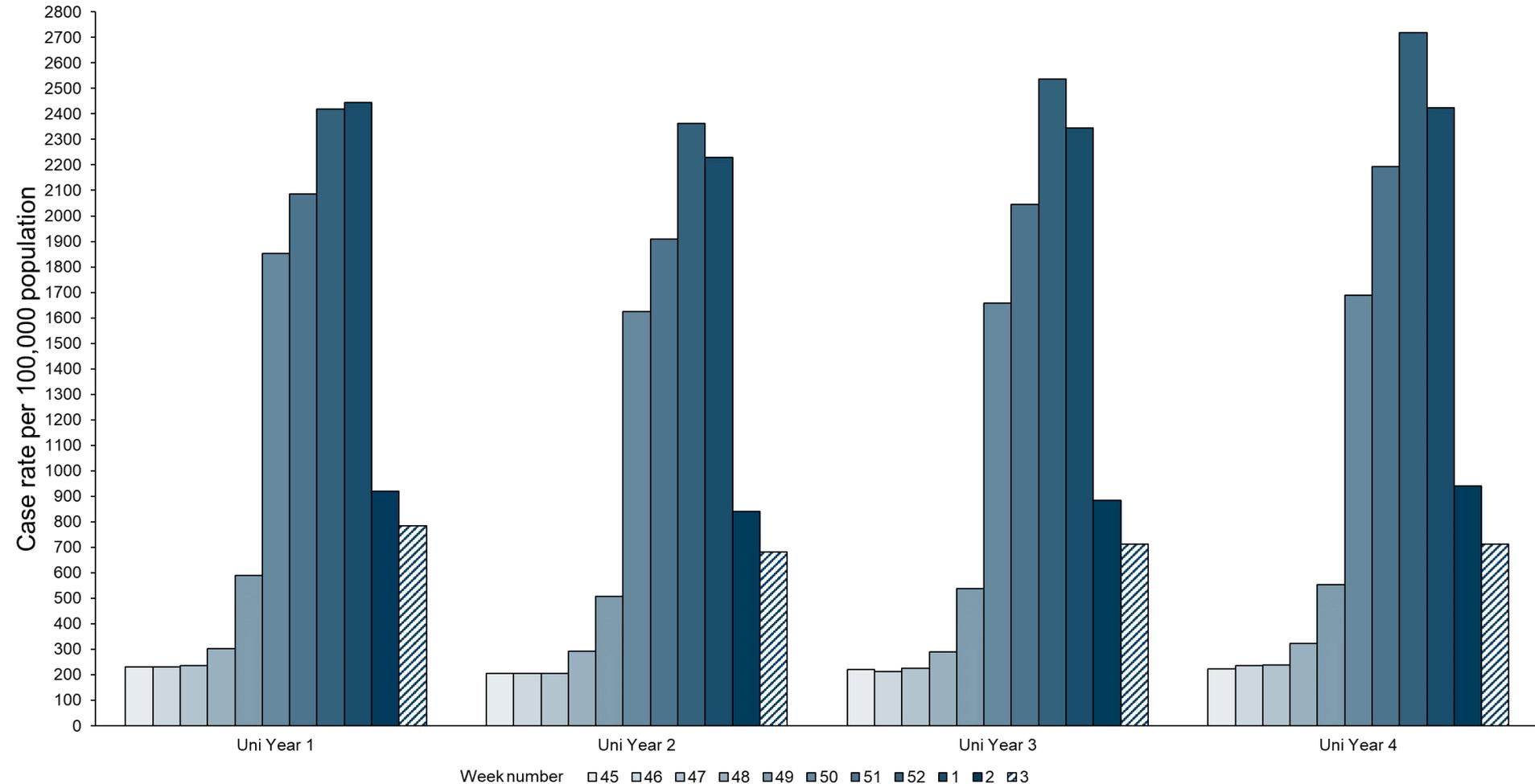


# Weekly incidence of COVID-19 cases per 100,000 population in educational age groups presented by secondary school year groups (Year 7 to Year 13), weeks 45 2021 to 03 2022





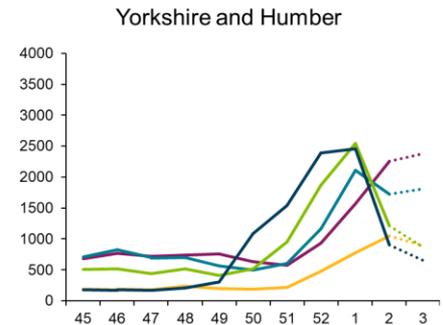
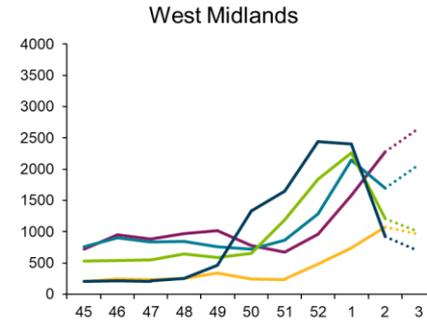
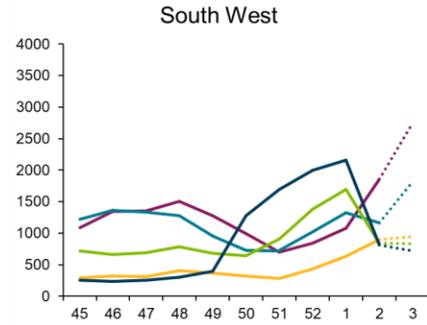
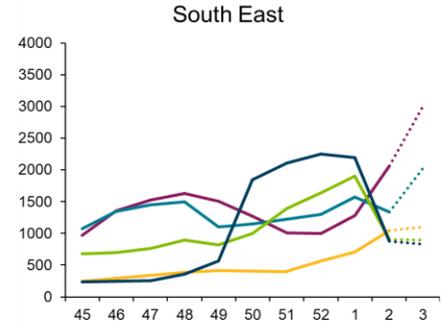
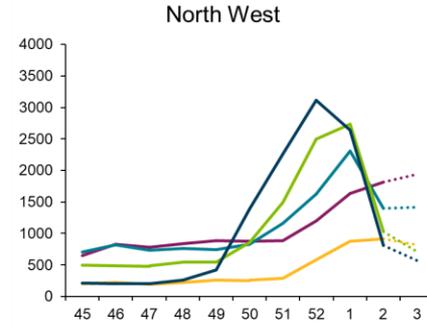
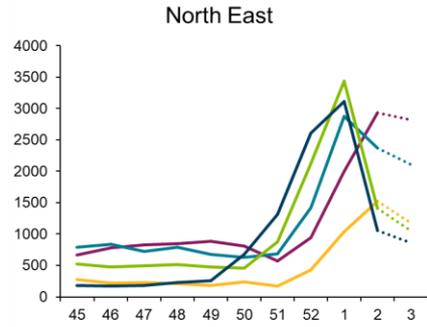
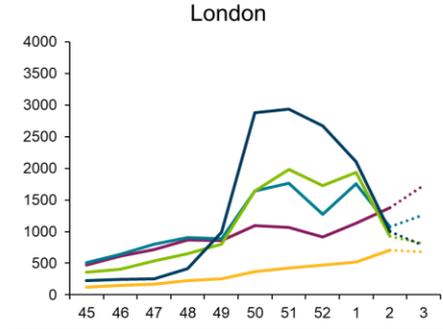
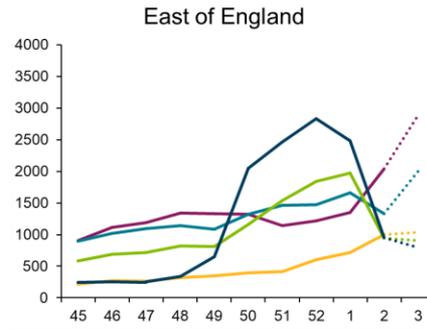
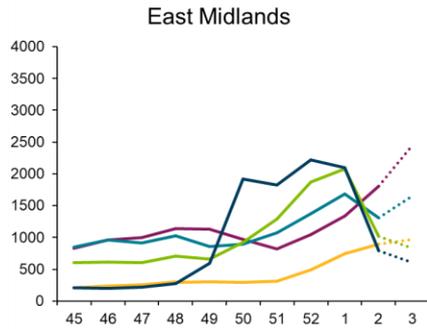
# Weekly incidence of COVID-19 cases per 100,000 population in educational age cohorts corresponding to university/college year groups, weeks 45 2021 to 03 2022





# Weekly incidence of COVID-19 cases per 100,000 population by educational age cohorts and UKHSA region, weeks 45 2021 to 03 2022

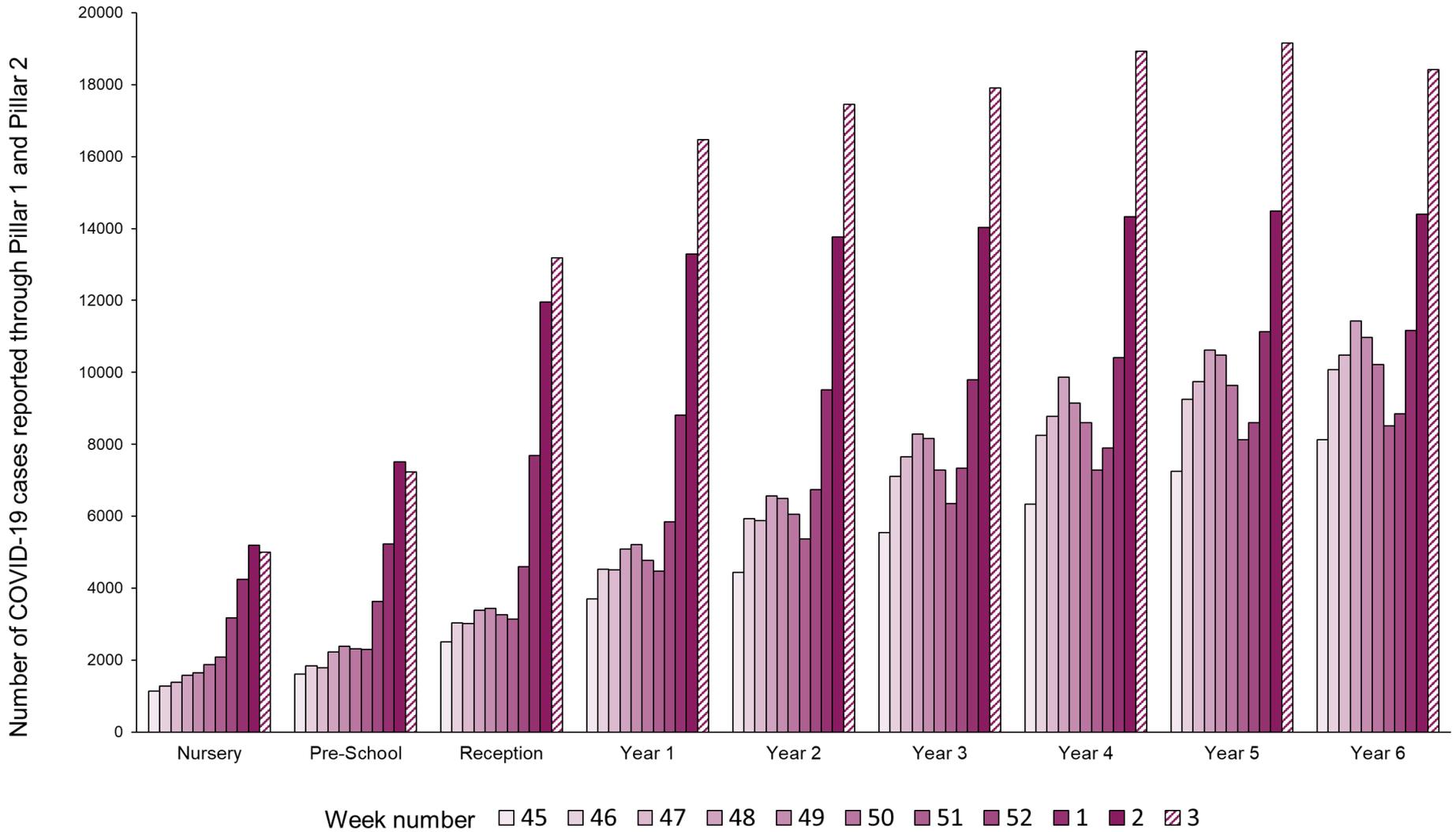
Case rate per 100,000 population



— Nursery/Pre-school age cohorts 
 — Primary school age cohorts 
 — Secondary school age cohorts 
 — Sixth form age cohorts 
 — College/University age cohorts



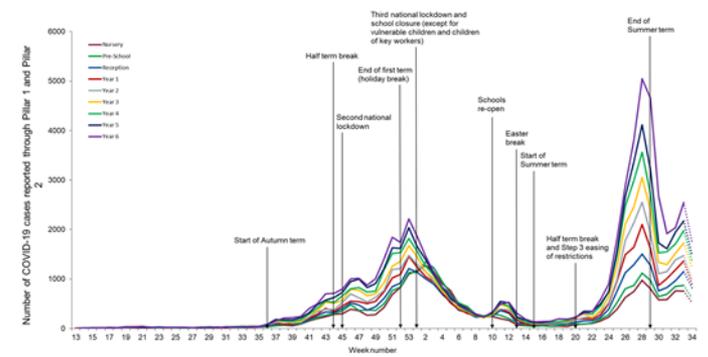
# Weekly number of new COVID-19 cases in educational age cohorts presented by Year group, from nursery to Year 6, weeks 45 2021 to 03 2022



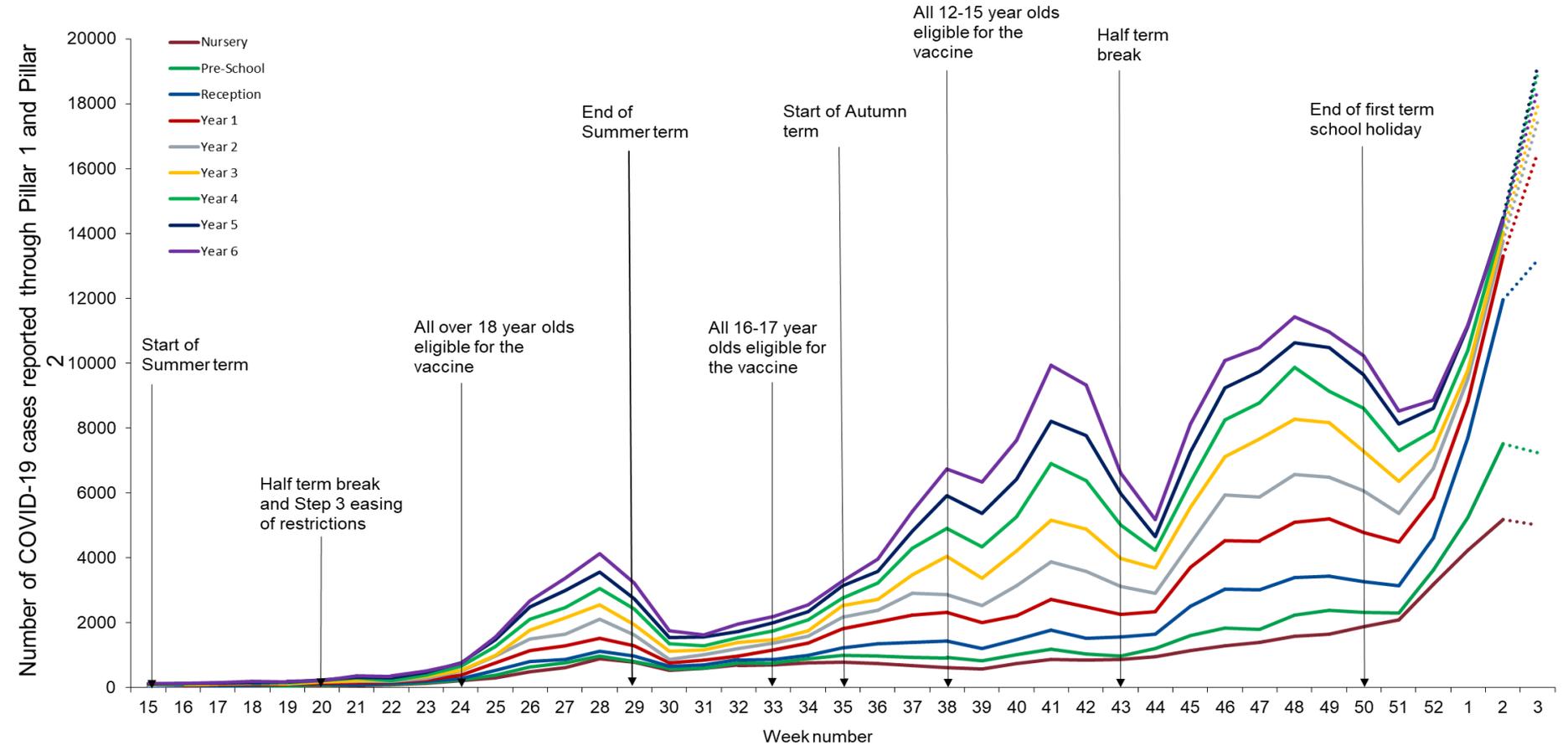


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# Weekly number of new COVID-19 cases in educational age cohorts presented by Year group, from nursery to Year 6 (from Week 15 2021)

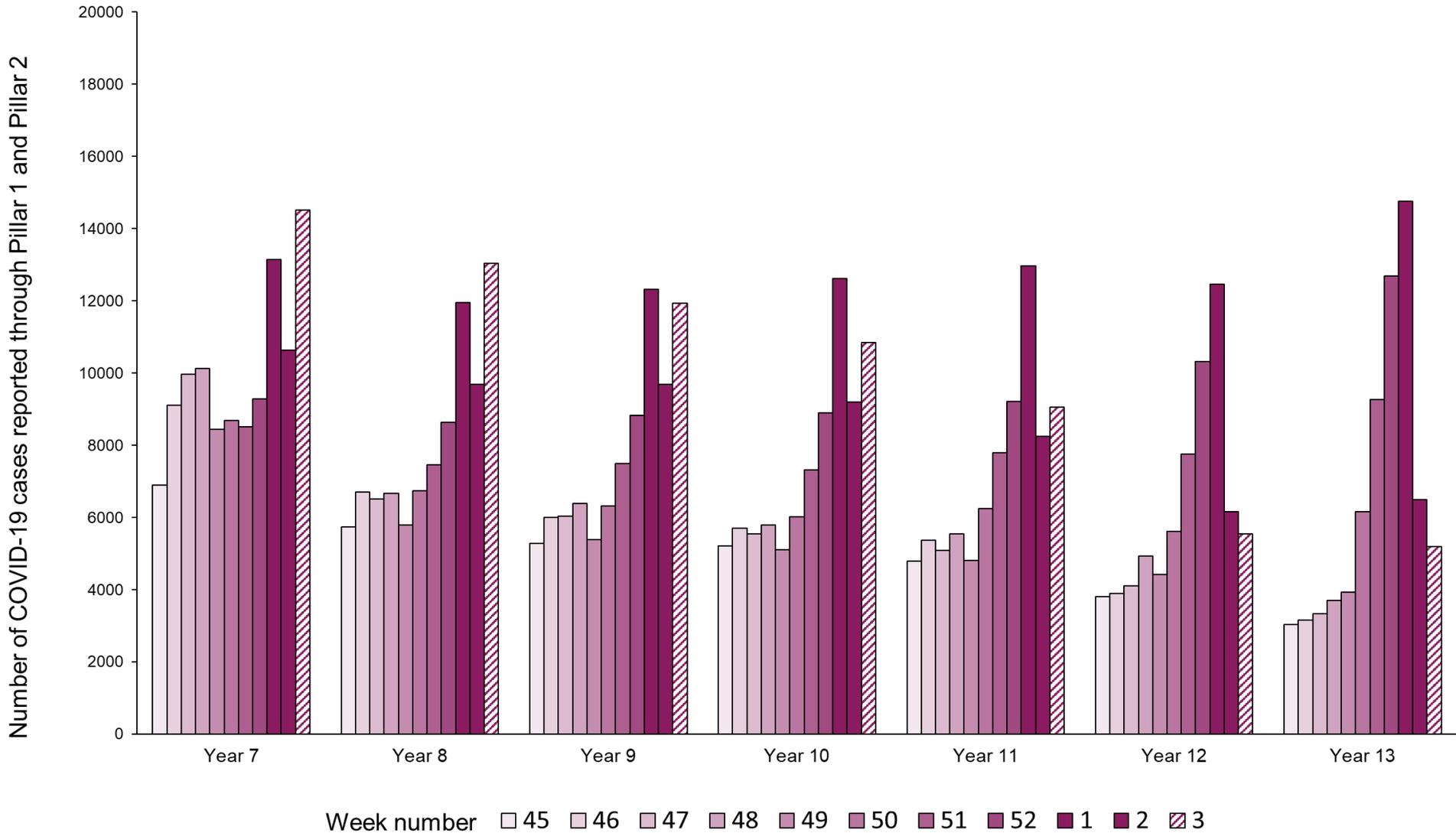


Above figure: Historic data - Weekly number of COVID-19 cases, from Week 13 2020 to Week 34 2021





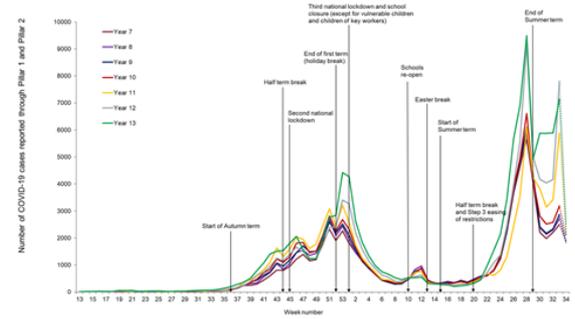
# Weekly number of new COVID-19 cases in educational age groups presented by secondary school year groups (Year 7 to Year 13), weeks 45 2021 to 03 2022



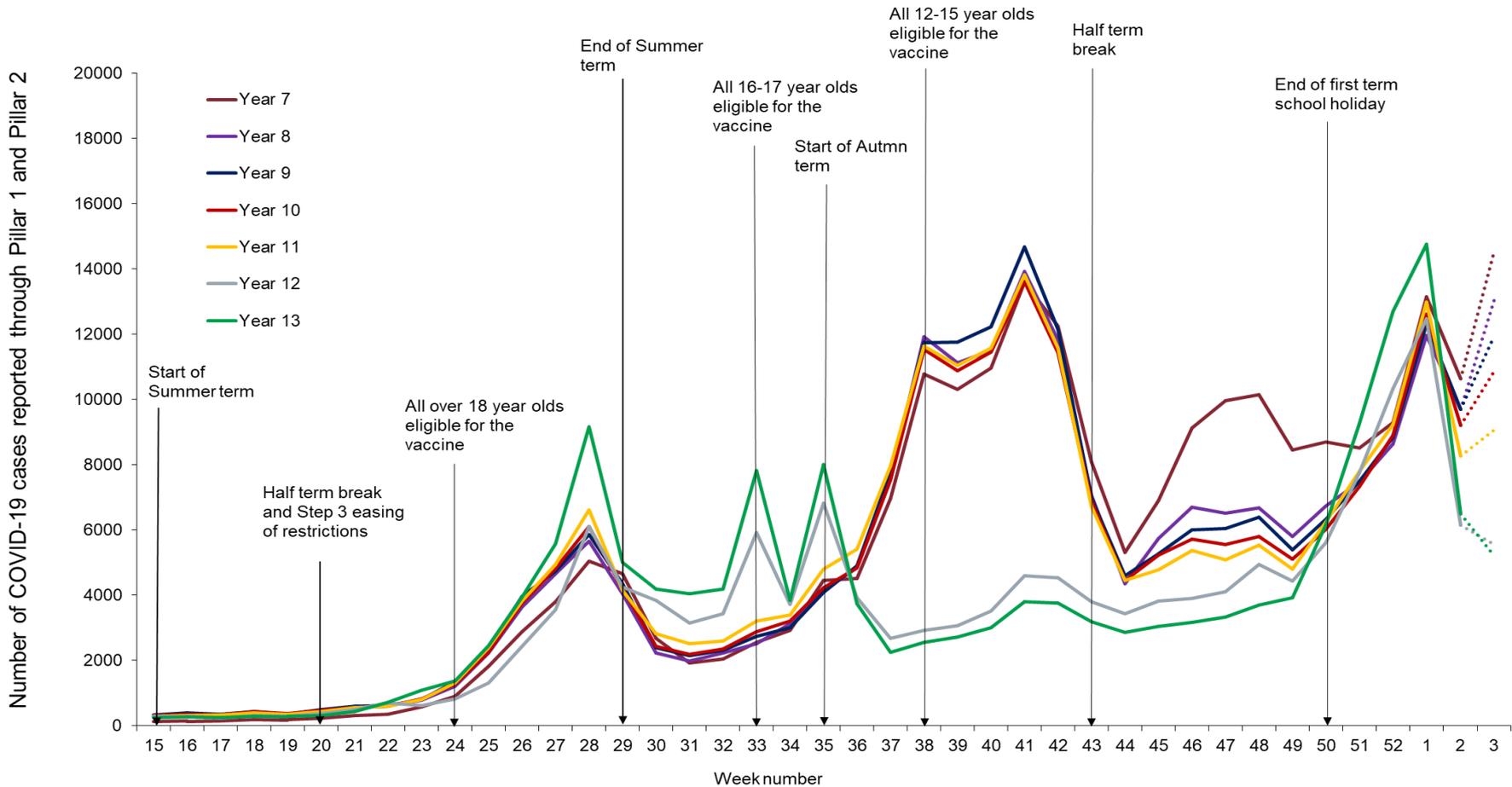


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# Weekly number of new COVID-19 cases in educational age groups presented by secondary school year groups (Year 7 to Year 13) (from Week 15 2021)

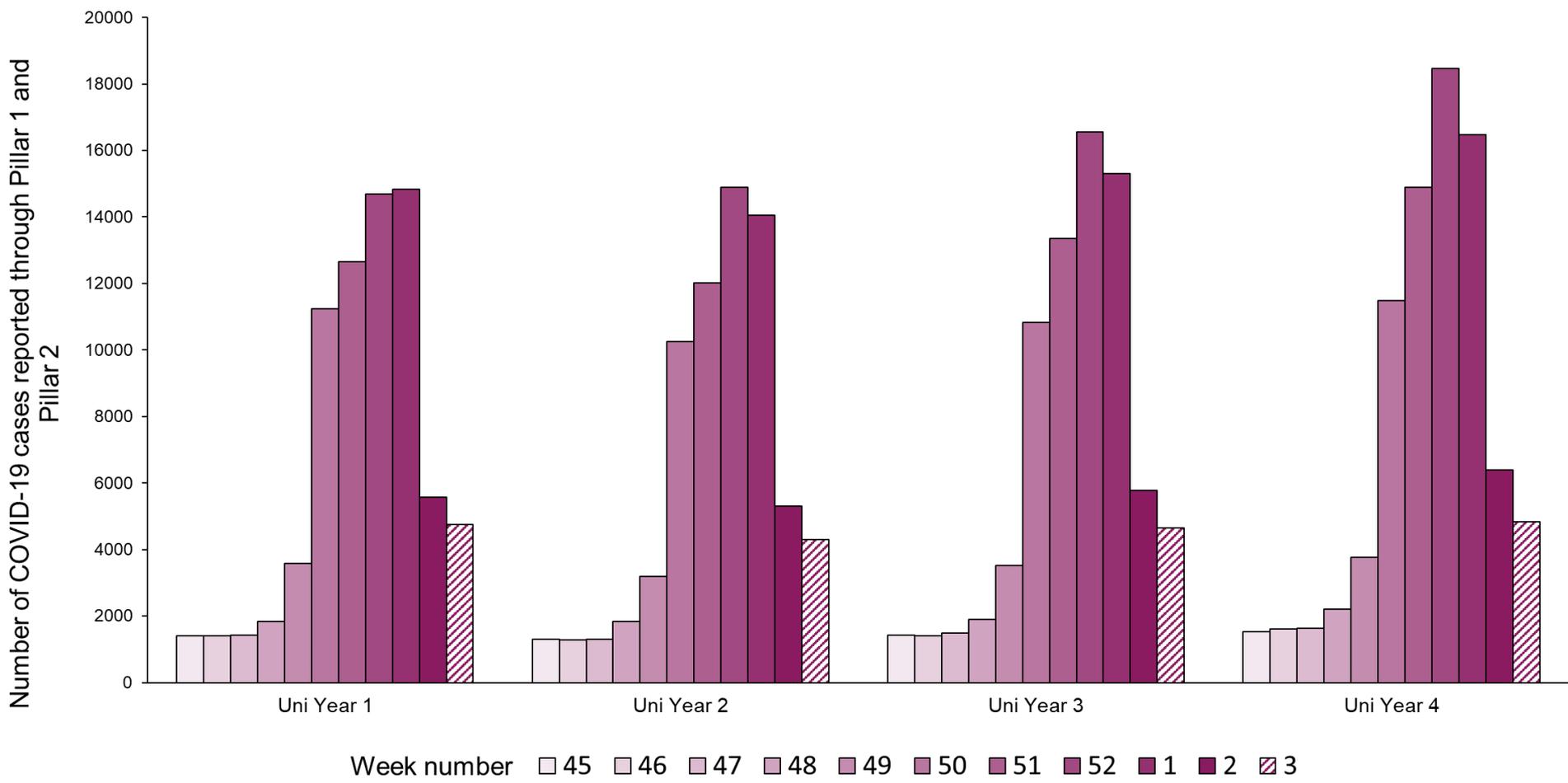


Above figure: Historic data - Weekly number of COVID-19 cases, from Week 13 2020 to Week 34 2021





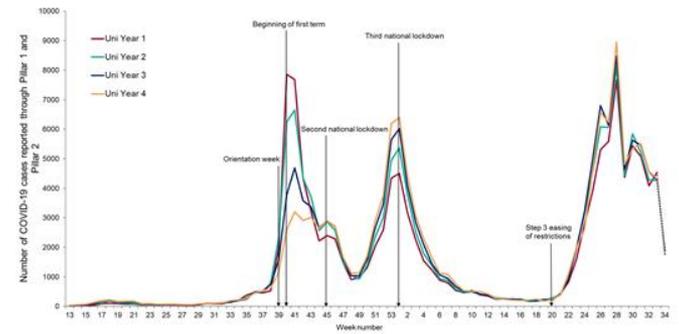
# Weekly number of new COVID-19 cases in educational age cohorts corresponding to university/college year groups, weeks 45 2021 to 03 2022



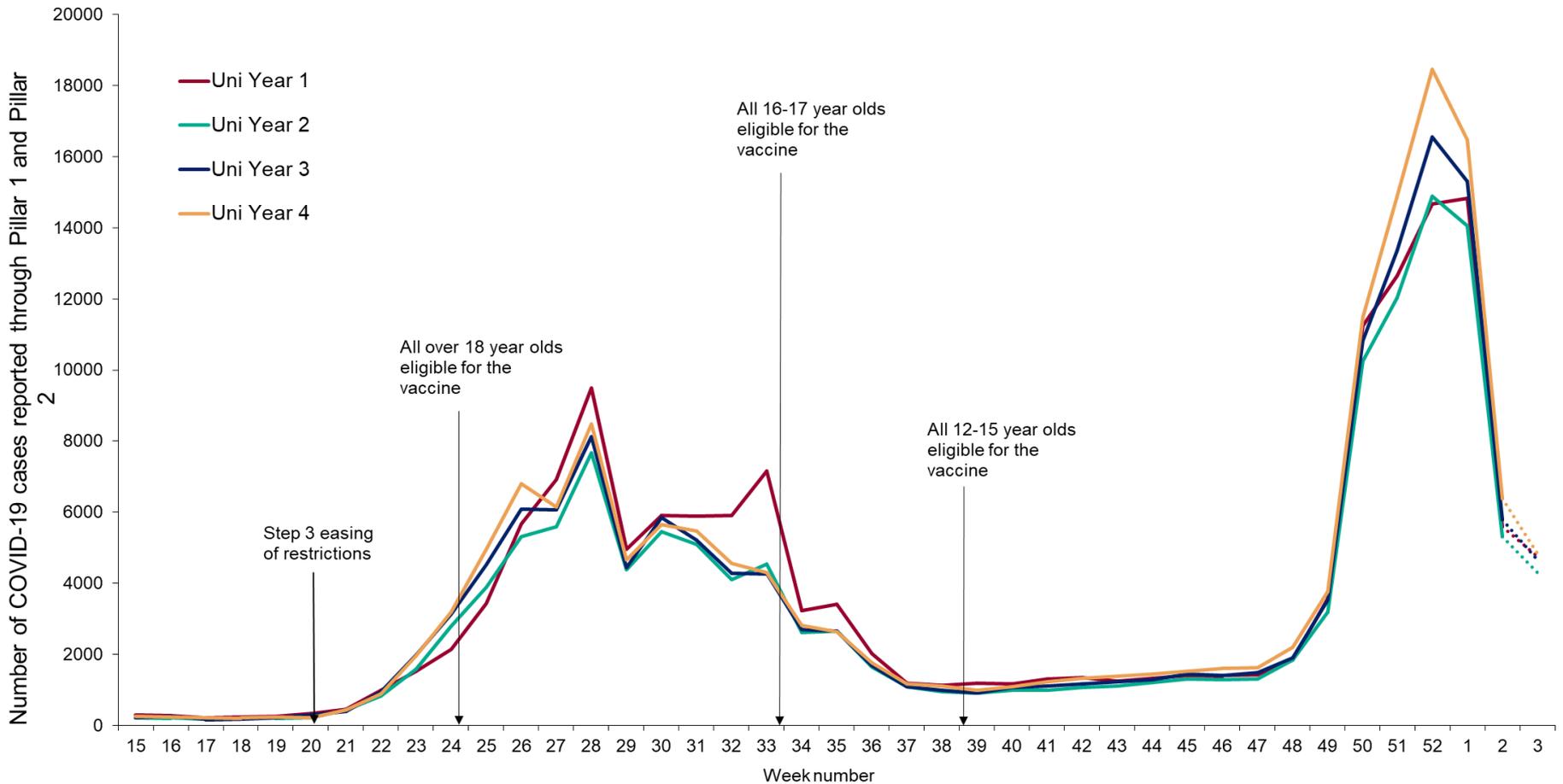


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# Weekly number of new COVID-19 cases in educational age cohorts corresponding to university/college year groups (from Week 15 2021)



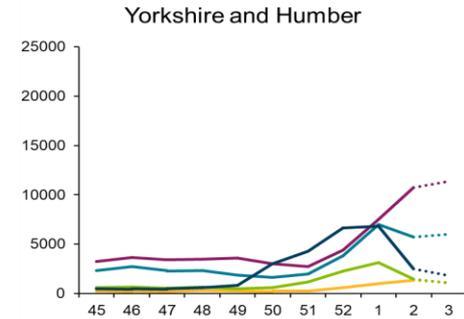
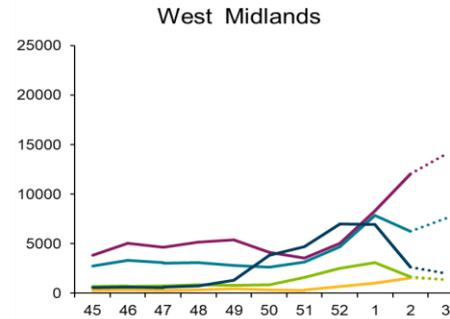
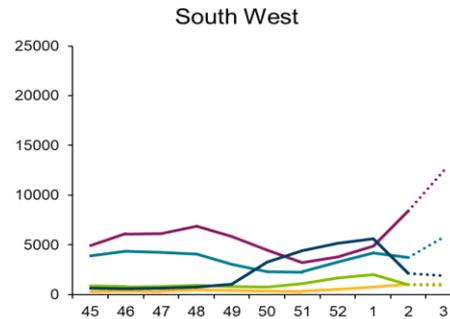
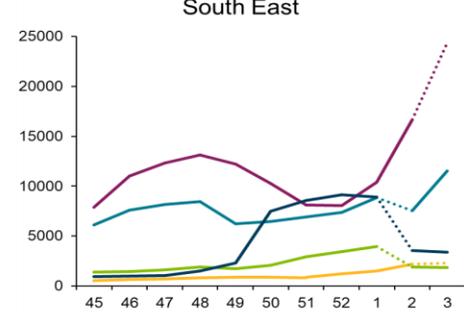
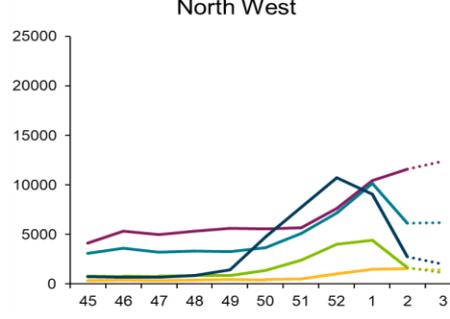
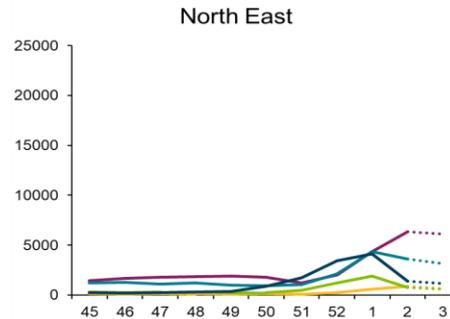
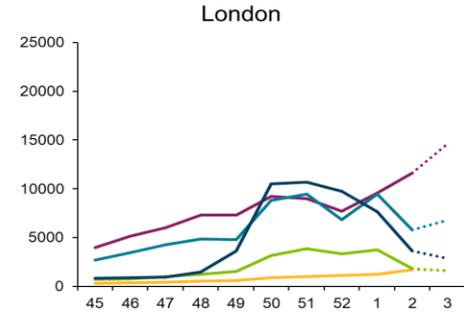
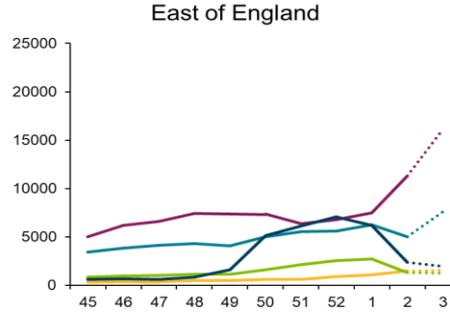
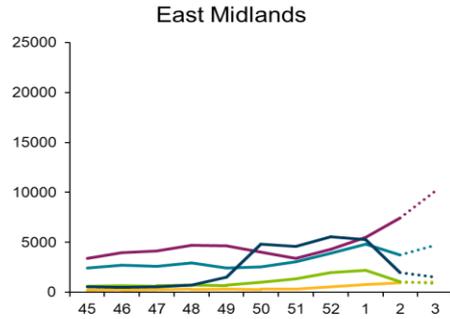
Above figure: Historic data - Weekly number of COVID-19 cases, from Week 13 2020 to Week 34 2021





# Weekly number of new COVID-19 cases by educational age cohorts and UKHSA region, weeks 45 2021 to 03 2022

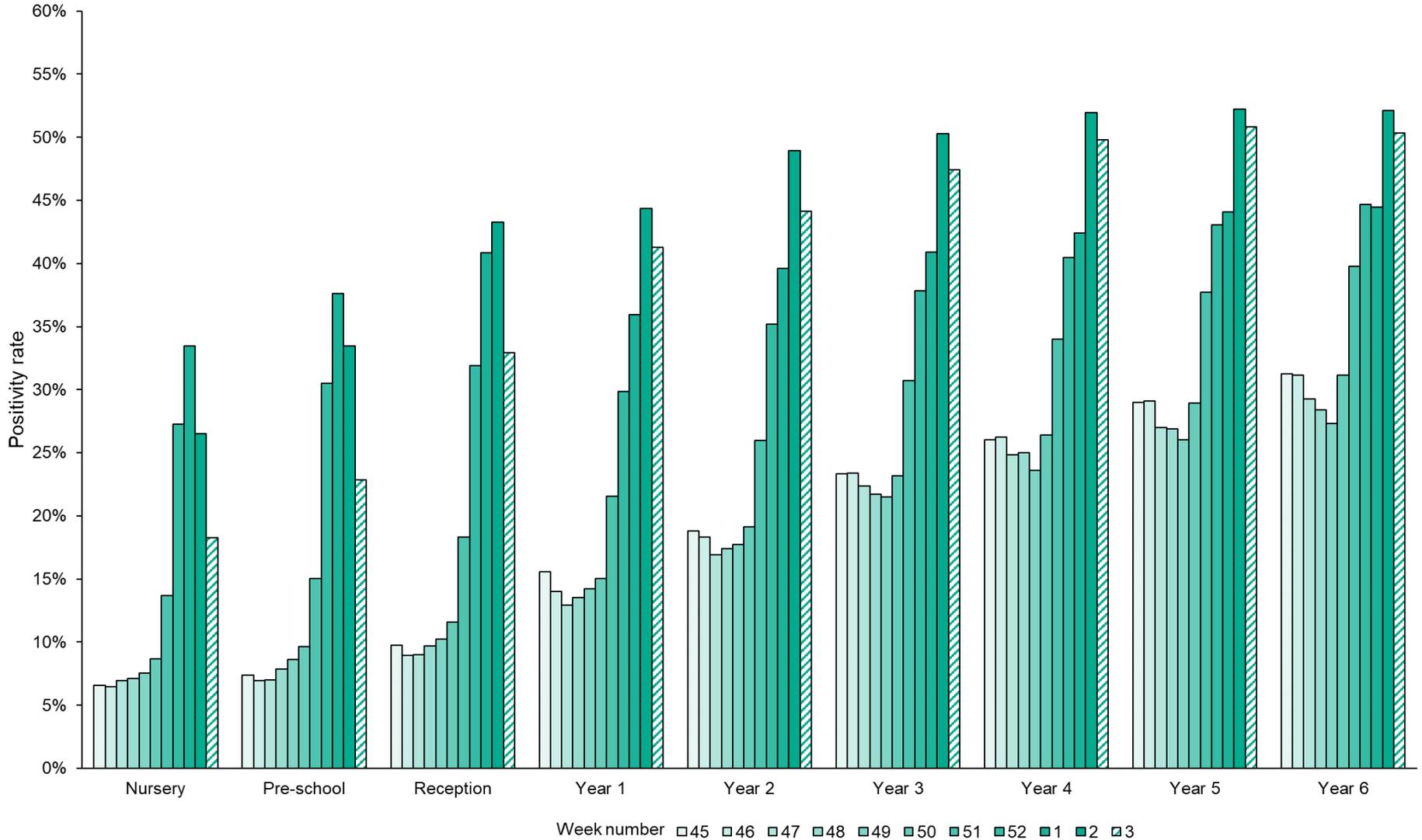
Number of new COVID-19 cases



— Nursery/Pre-school age cohorts 
 — Primary school age cohorts 
 — Secondary school age cohorts 
 — Sixth form age cohorts 
 — College/University age cohorts

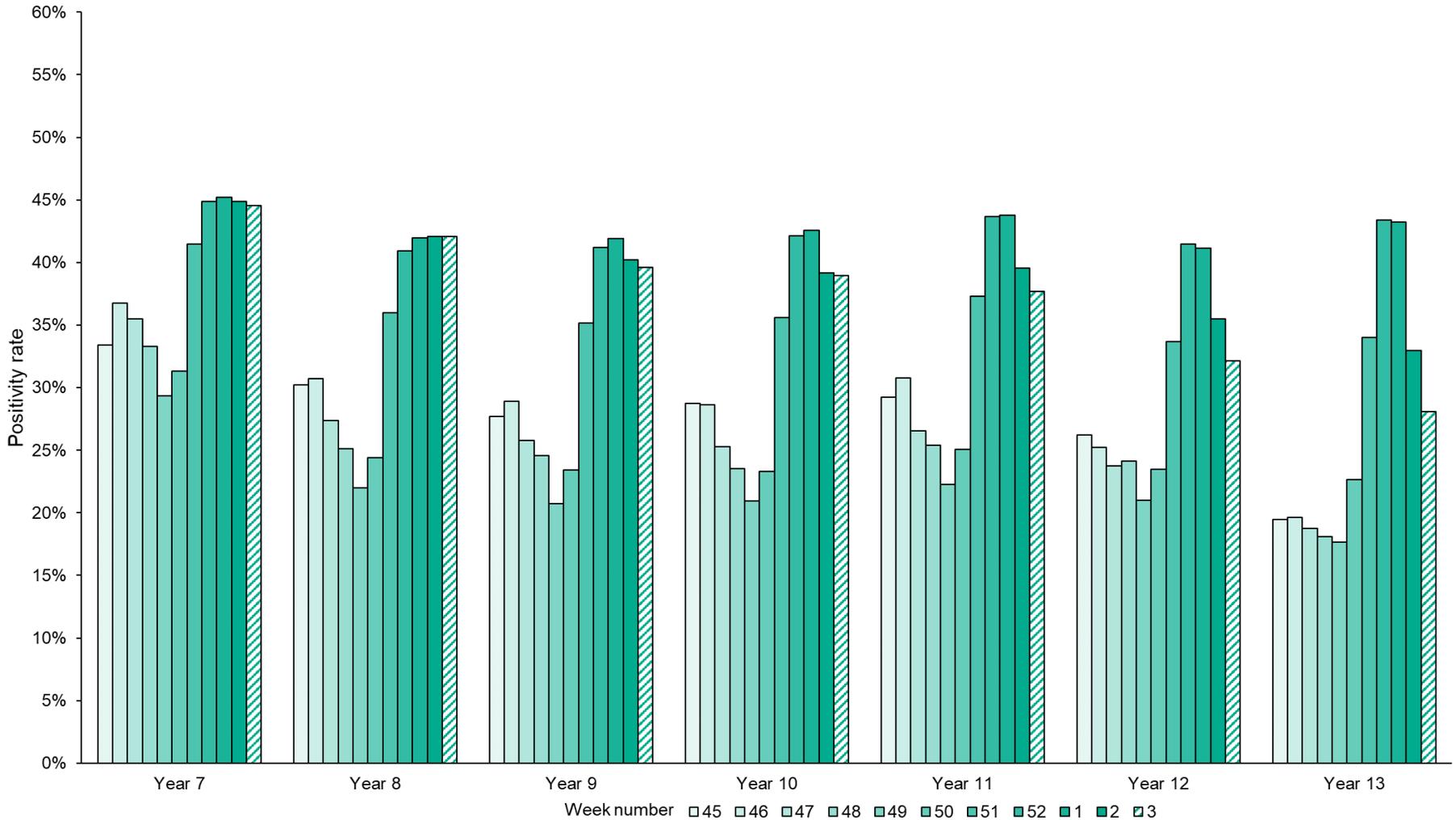


# Weekly PCR positivity rates of COVID-19 cases in educational age cohorts presented by Year group, from nursery to Year 6, weeks 45 2021 to 03 2022



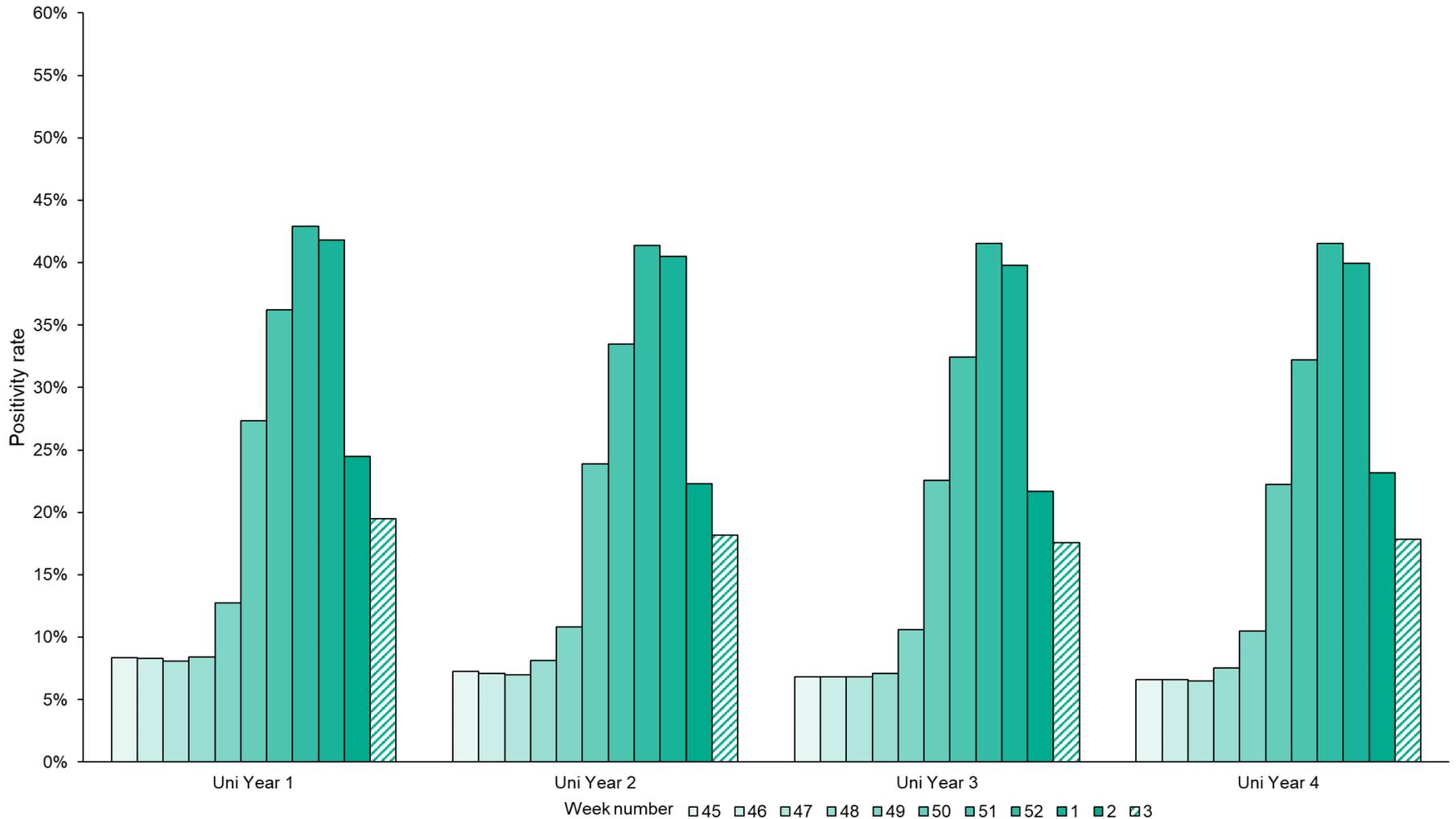


# Weekly PCR positivity rates of COVID-19 cases in educational age cohorts presented by secondary school year groups (Year 7 to Year 13), weeks 45 2021 to 03 2022





# Weekly PCR positivity rates of COVID-19 cases in educational age cohorts corresponding to university/college year groups, weeks 45 2021 to 03 2022

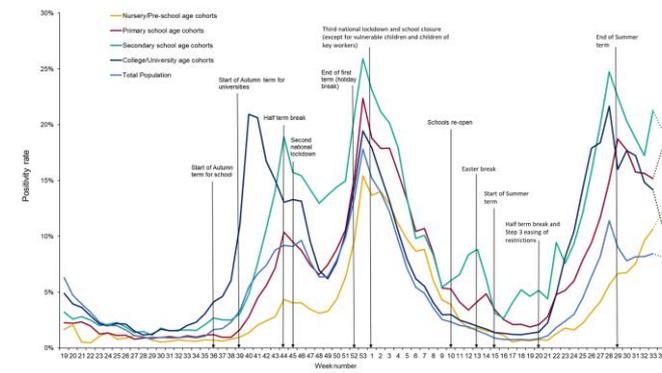




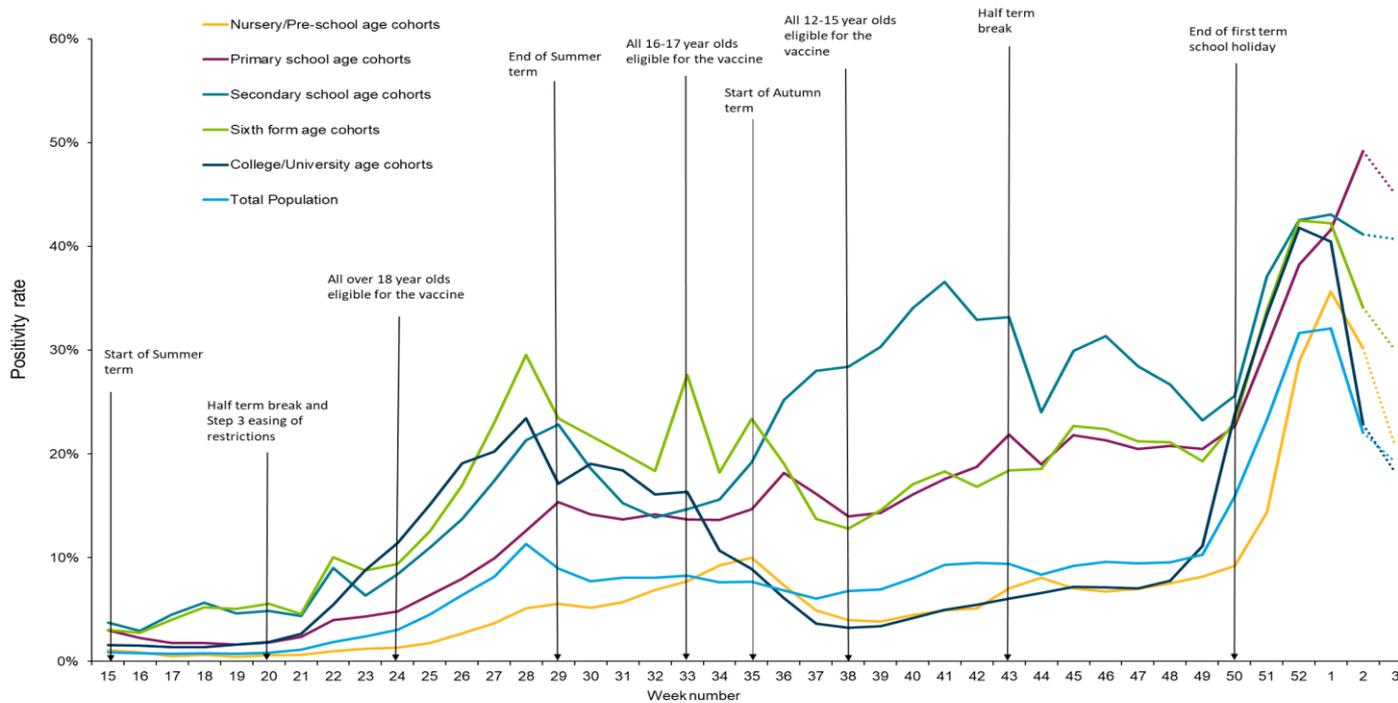
# Weekly SARS-CoV-2 PCR positivity rates,

## Week 15 2021 to week 03 2022:

- nursery/preschool age cohorts
- primary school age cohorts
- secondary school age cohorts
- college/University age cohorts



Above figure: Historic data - Positivity rate from Week 13 2020 to Week 34 2021

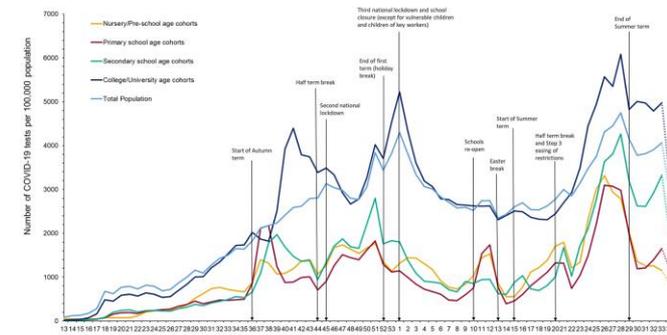


- Positivity data presented in this report has been calculated only using PCR from week 19 2020
- Previous reports have also included lateral flow device tests
- Changes to testing policies over time may impact on positivity rates. From 11 January 2022 the requirement for confirmatory PCR testing in individuals who test positive using a lateral flow device was temporarily removed

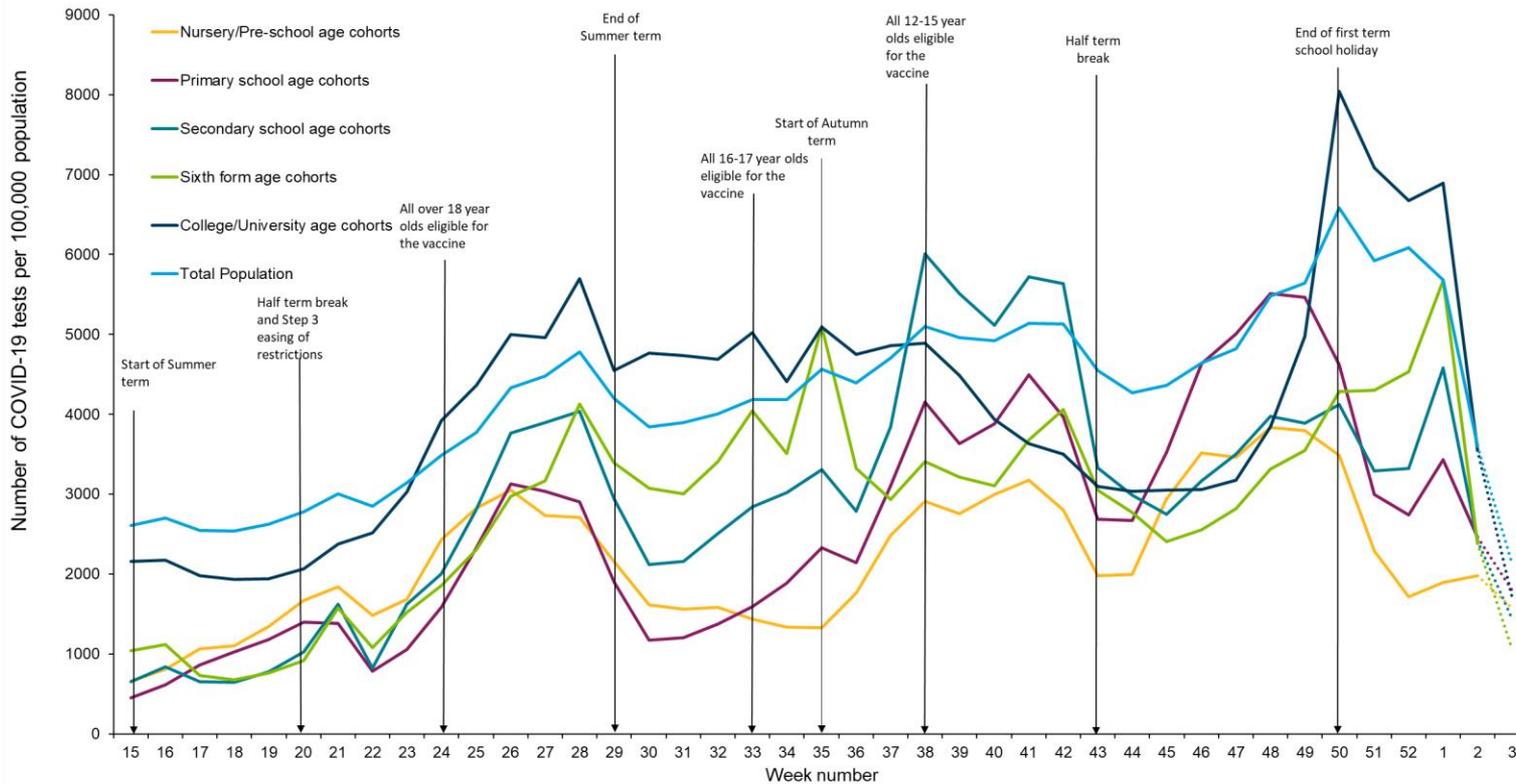


# Weekly rate of individuals tested for SARS-CoV-2 by PCR per 100,000 population, from Week 15 2021:

- nursery/preschool age cohorts
- primary school age cohorts
- secondary school age cohorts
- college/University age cohorts



Above figure: Historic data - Weekly rate of individuals tested from Week 13 2020 to Week 34 2021



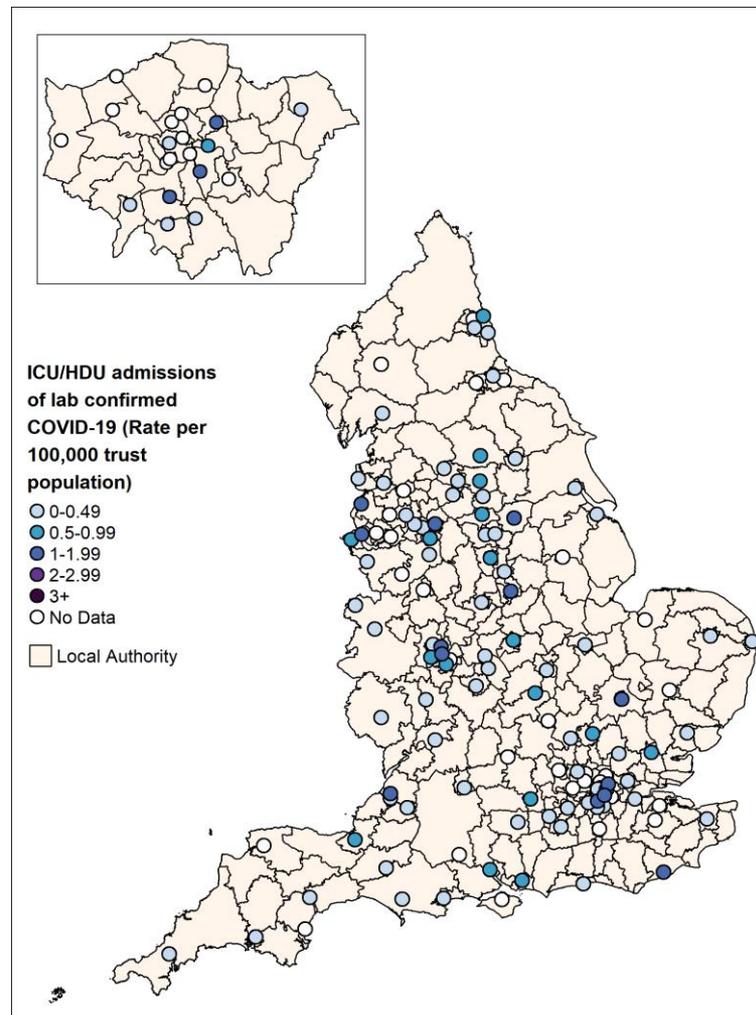
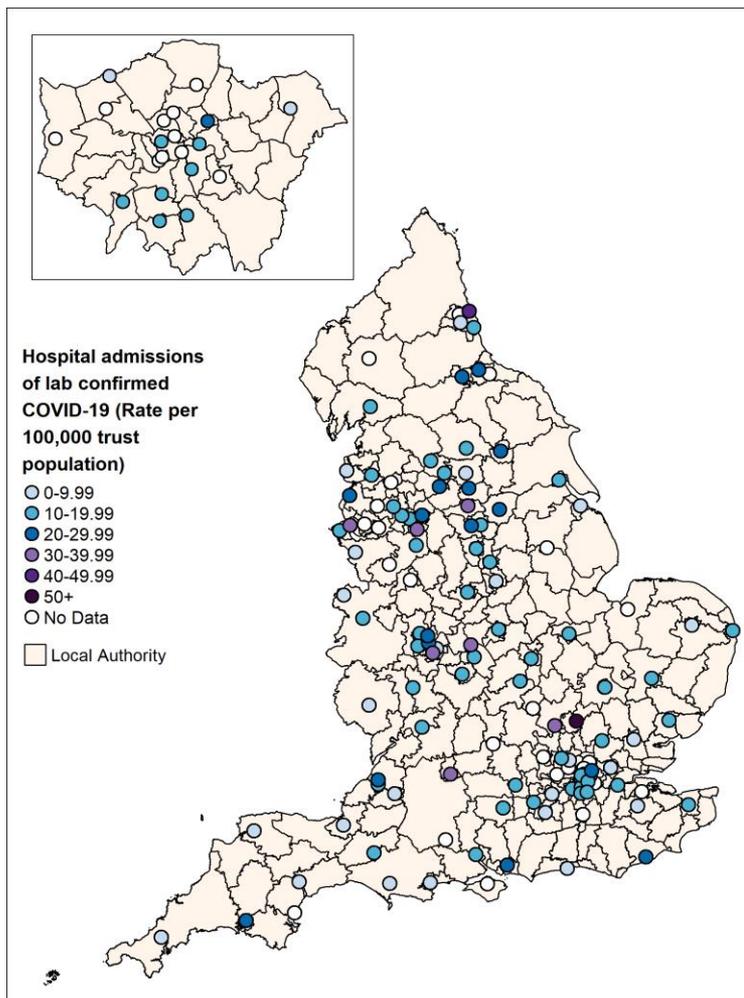
- Positivity data presented in this report has been calculated only using PCR from week 13 2020
- Previous reports have also included lateral flow device tests
- Changes to testing policies over time may impact on positivity rates. From 11 January 2022 the requirement for confirmatory PCR testing in individuals who test positive using a lateral flow device was temporarily removed



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# Secondary Care surveillance

# Weekly admission rates for hospital and ICU/HDU laboratory confirmed COVID-19 cases reported through SARI Watch, week 3



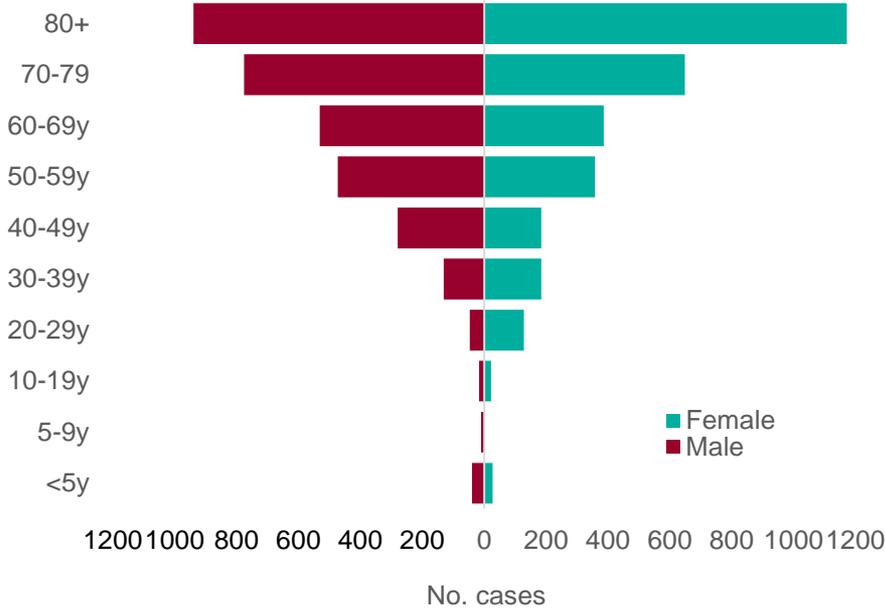
Source: PHE SARI-Watch (Severe Acute Respiratory Infection-Watch, formerly CHES).

\*Only NHS Acute trusts that have reported  $\geq 1$  day in the past week; excludes Specialist trusts. Acute NHS trusts (including Specialist trusts) reporting into SARI-Watch COVID-19 hospitalisation surveillance are typically around 100 per week. This was 107 for the hospitalisation (all levels of care) indicator in the week 17 to 23 January 2022 inclusive and 100 trusts for the ICU/HDU indicator. For the maps, as Specialist trusts are excluded, the number of trusts providing data on COVID-19 hospitalisations in week ending 23 January 2022 was 98 and 92 for ICU/HDU admissions for COVID-19 trusts



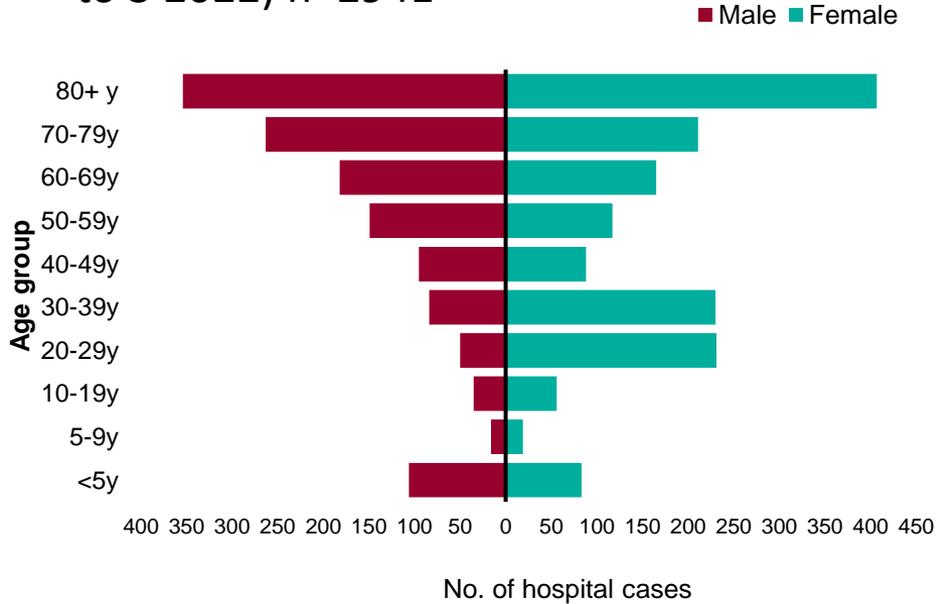
# Age/sex pyramid of hospitalisations (all levels of care) for COVID-19, data from sentinel acute NHS trusts, England

(a) Peak of 2<sup>nd</sup> wave (week 53 2020 to week 3 2021) n= 6,359



Reporting trusts=22

(b) Most recent 4 weeks (week 52 2021 to 3 2022) n=2941



Reporting trusts=16

This figure is based on individual patient level data which are provided to SARI Watch from a subset of NHS Acute Trusts, therefore the data should be interpreted with caution as the distribution of age, sex and ethnic group may not be representative of all hospitalised patients.

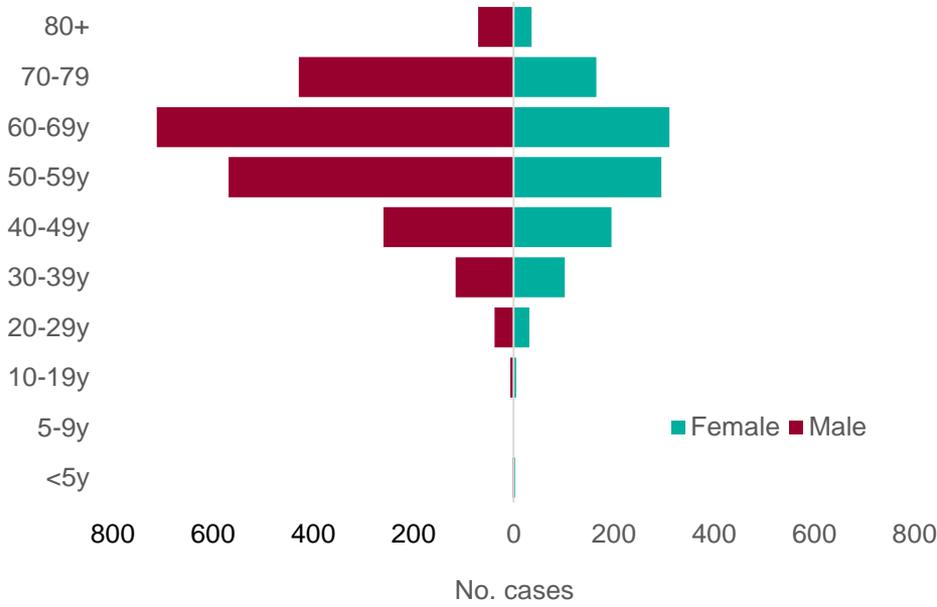


# Age/sex pyramid for admissions to ICU/HDU for COVID-19, mandatory case level data, acute NHS trusts, England

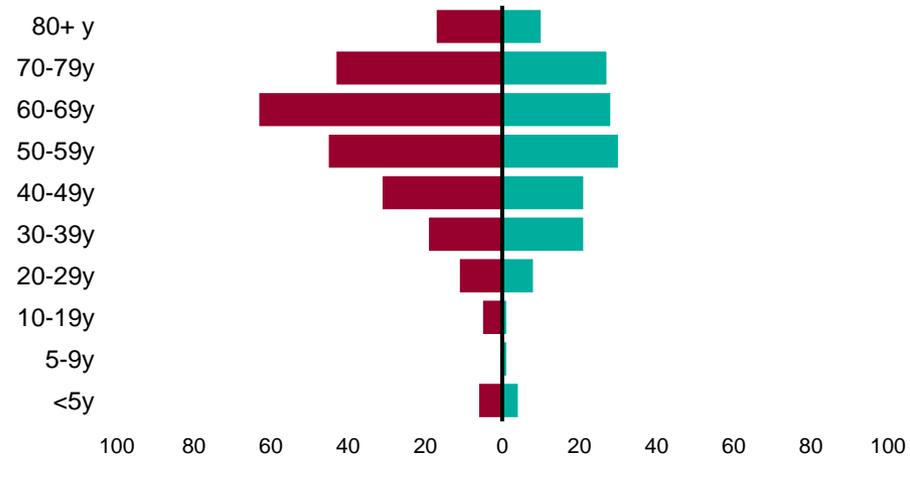
(a) Peak of 2<sup>nd</sup> wave (week 53 2020 to week 3 2021) n= 3,349

(b) Most recent 4 weeks (week 52 2021 to 3 2022) n=391

■ Male ■ Female



Reporting trusts=70



Reporting trusts=43

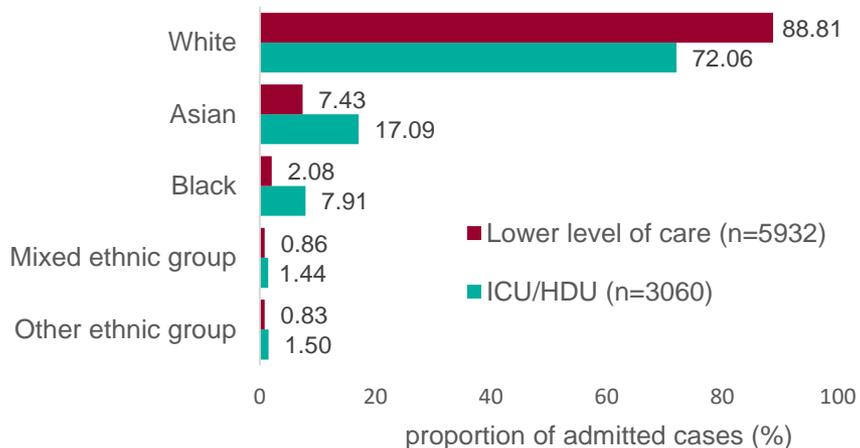
This figure is based on individual patient level data which are provided to SARI Watch from a subset of NHS Acute Trusts, therefore the data should be interpreted with caution as the distribution of age, sex and ethnic group may not be representative of all hospitalised patients.



# Laboratory confirmed admissions for COVID-19, to acute NHS trusts, by level

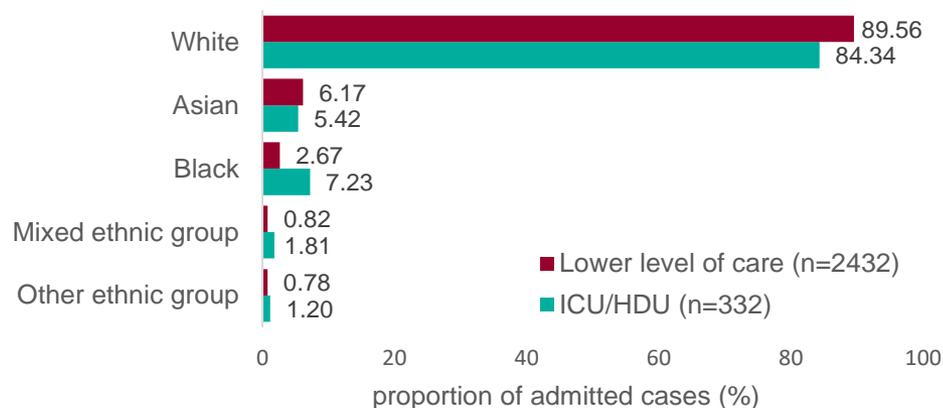
## UK Health Security Agency of care and ethnicity

(a) Peak of 2<sup>nd</sup> wave (week 53 2020 to week 3 2021)



Reporting trusts  
 Lower level of care=5932  
 ICU/HDU=3060

(b) Most recent 4 weeks (week 52 2021 to 3 2022)



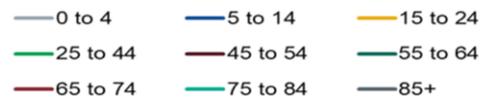
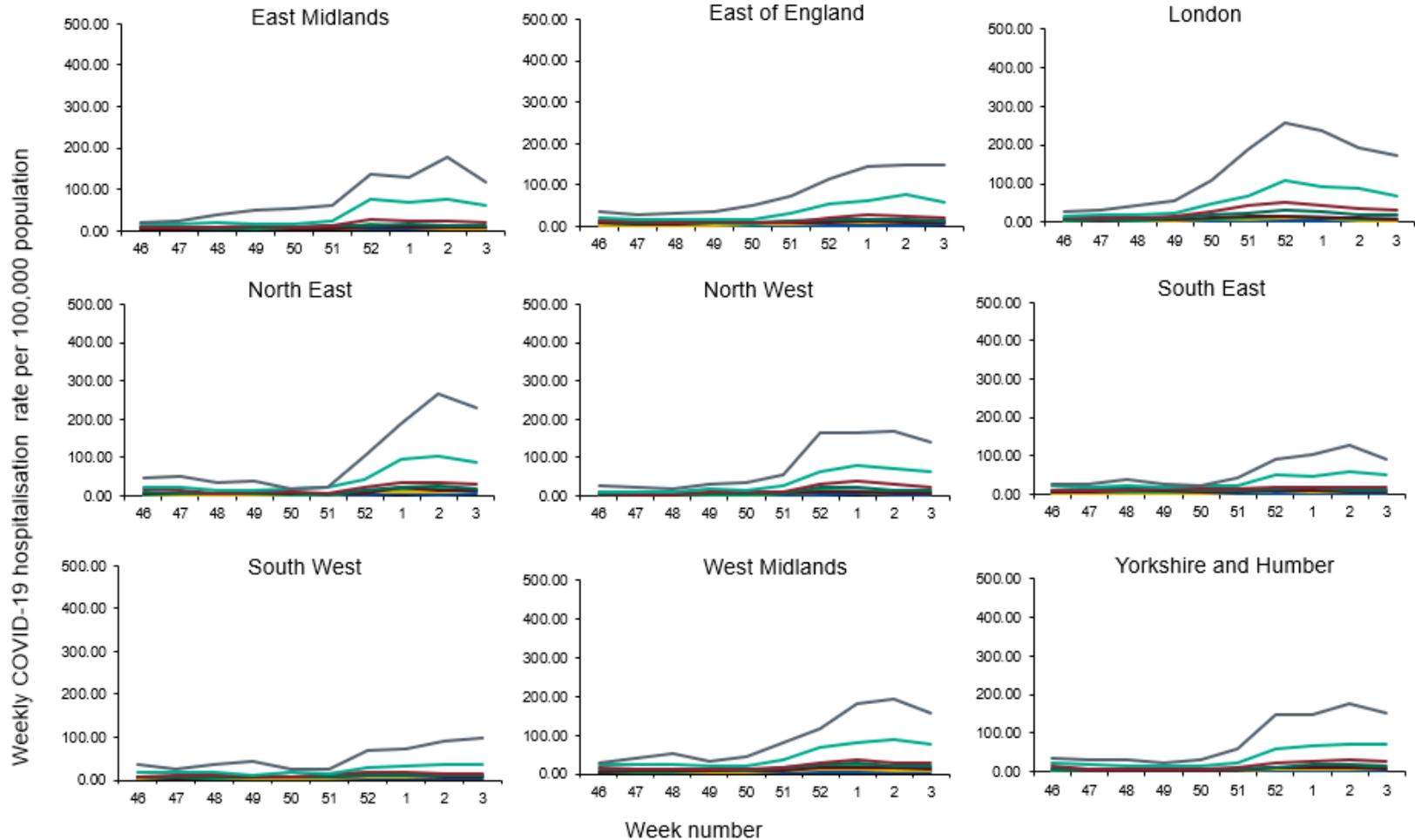
Reporting trusts  
 Lower level of care=2432  
 ICU/HDU=332

This figure is based on individual patient level data which are provided to SARI Watch from a subset of NHS Acute Trusts, therefore the data should be interpreted with caution as the distribution of age, sex and ethnicity may not be representative of all hospitalised patients.

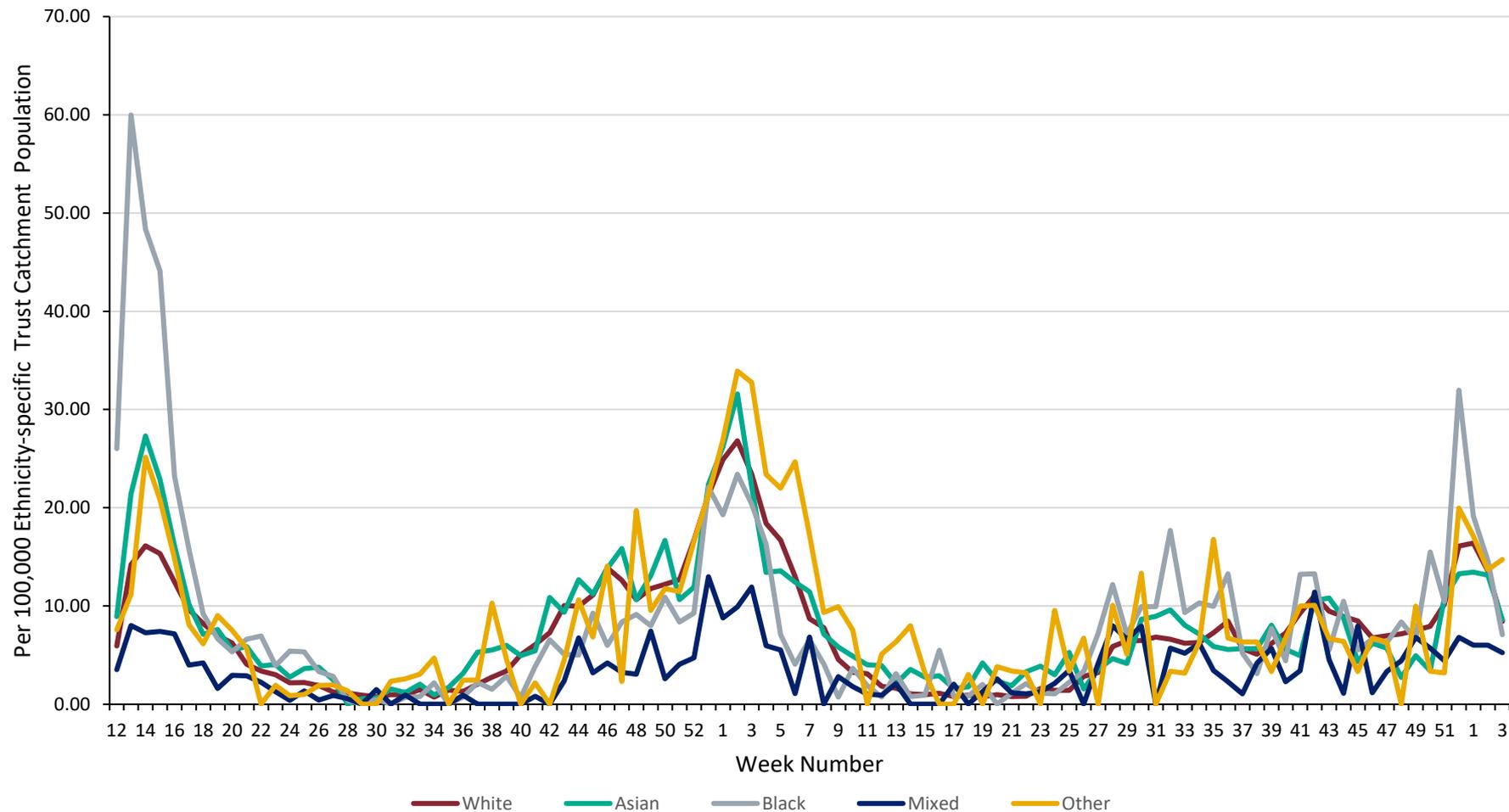
**Caveat:** From week 24 the ethnicity analysis is based on a new method for assigning ethnicity, developed by UKHSA. The previous method used the most recent ethnicity recorded through linkage to Hospital Episode Statistics. However, this method led to unfeasibly high rates in the 'Other' ethnic group when applied to COVID-19 cases, hospitalisation or mortality. The new method uses the most frequent ethnicity recorded through linkage to Hospital Episode Statistics, unless the most frequent was 'Other' when the second most frequent was chosen.



# Weekly COVID-19 hospitalisation rate per 100,000 trust catchment population by age group and region, weeks 46 to 3



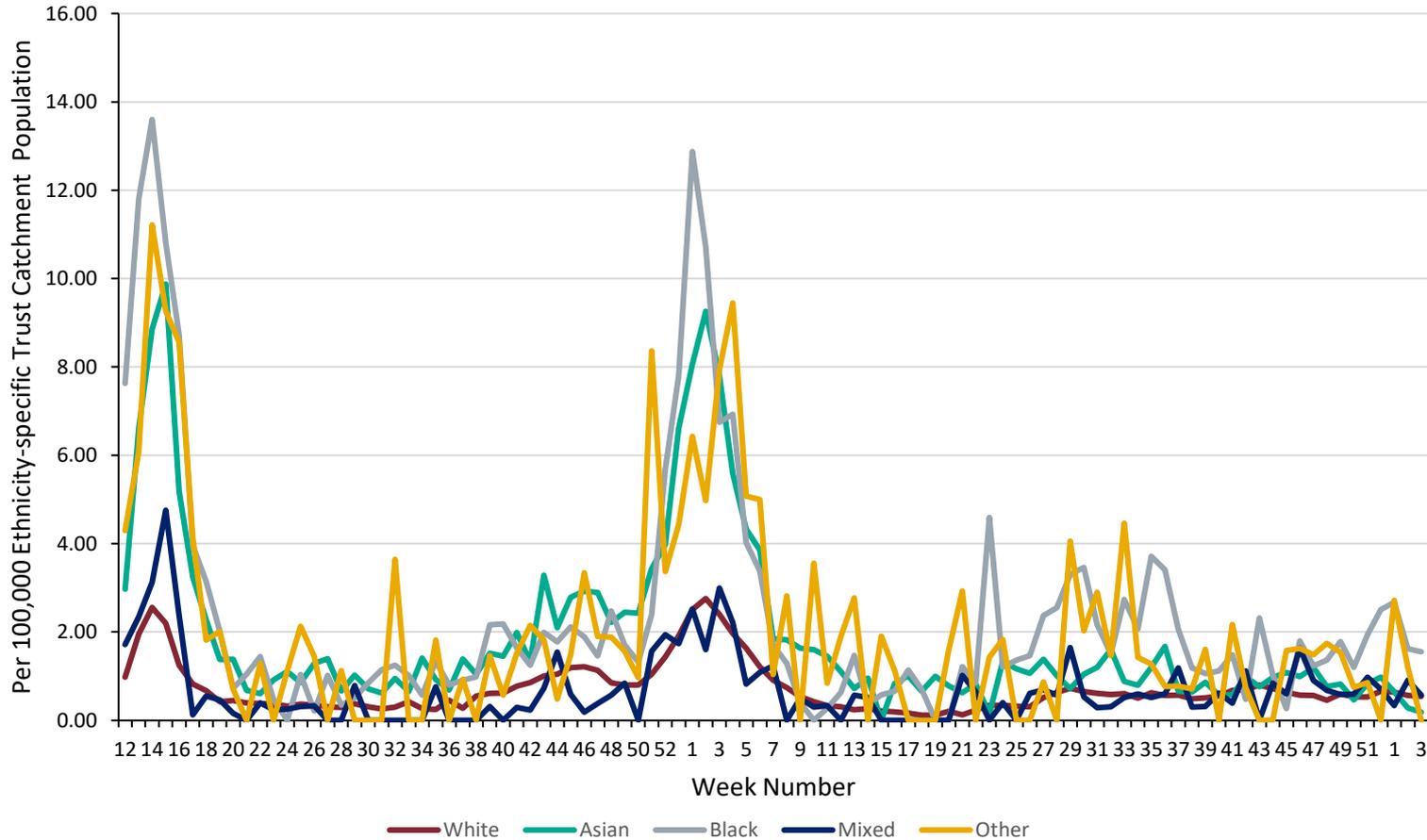
# Hospital admission rate (excluding ICU/HDU) by ethnicity per 100,000 trust catchment population



Caveat: From week 24 the ethnicity analysis is based on a new method for assigning ethnicity, developed by UKHSA. The previous method used the most recent ethnicity recorded through linkage to Hospital Episode Statistics. However, this method led to unfeasibly high rates in the 'Other' ethnic group when applied to COVID-19 cases, hospitalisation or mortality. The new method uses the most frequent ethnicity recorded through linkage to Hospital Episode Statistics, unless the most frequent was 'Other' when the second most frequent was chosen.



# Rate of admission to ICU/HDU by ethnicity, per 100,000 trust catchment population



Caveat: From week 24 the ethnicity analysis is based on a new method for assigning ethnicity, developed by UKHSA. The previous method used the most recent ethnicity recorded through linkage to Hospital Episode Statistics. However, this method led to unfeasibly high rates in the 'Other' ethnic group when applied to COVID-19 cases, hospitalisation or mortality. The new method uses the most frequent ethnicity recorded through linkage to Hospital Episode Statistics, unless the most frequent was 'Other' when the second most frequent was chosen.



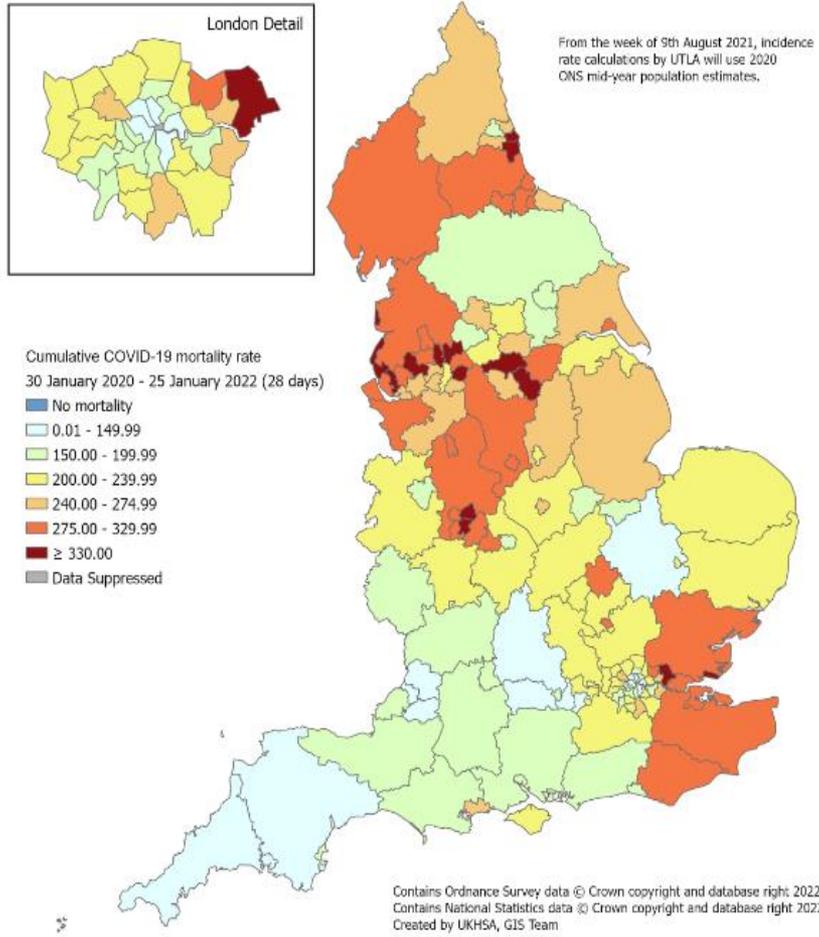
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# Mortality surveillance

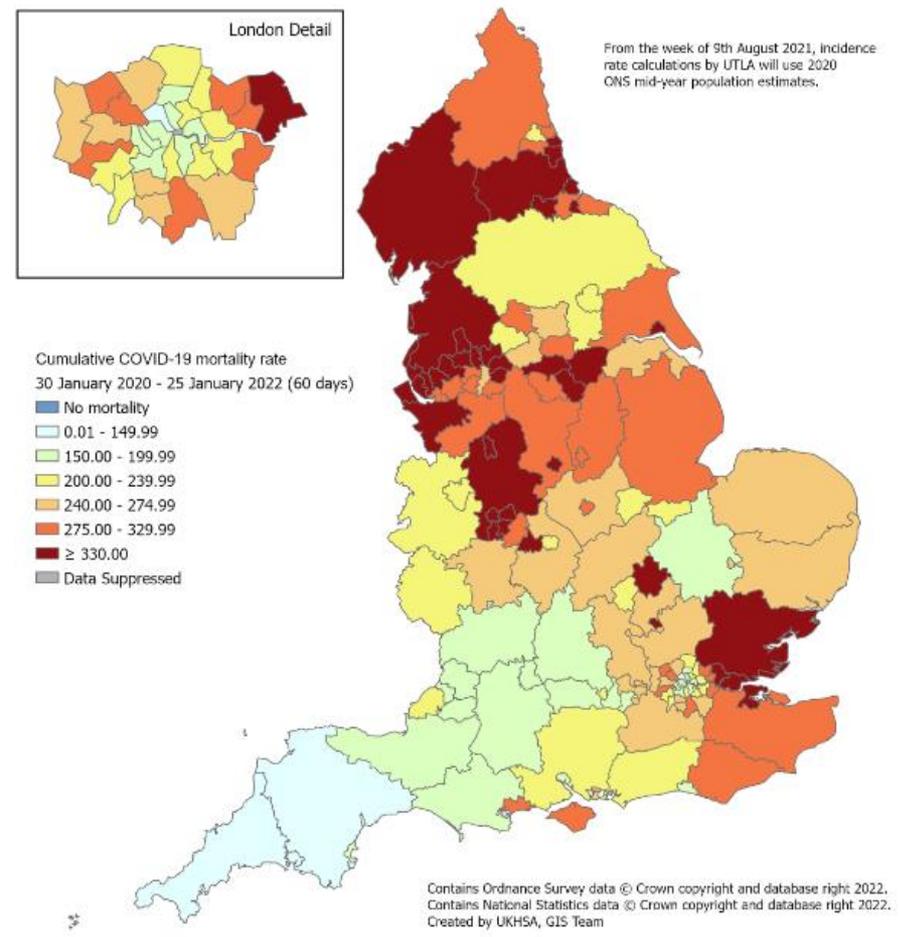


# Cumulative mortality rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2 since the beginning of the pandemic by (a) 28 day definition and (b) 60 day definition

(a)

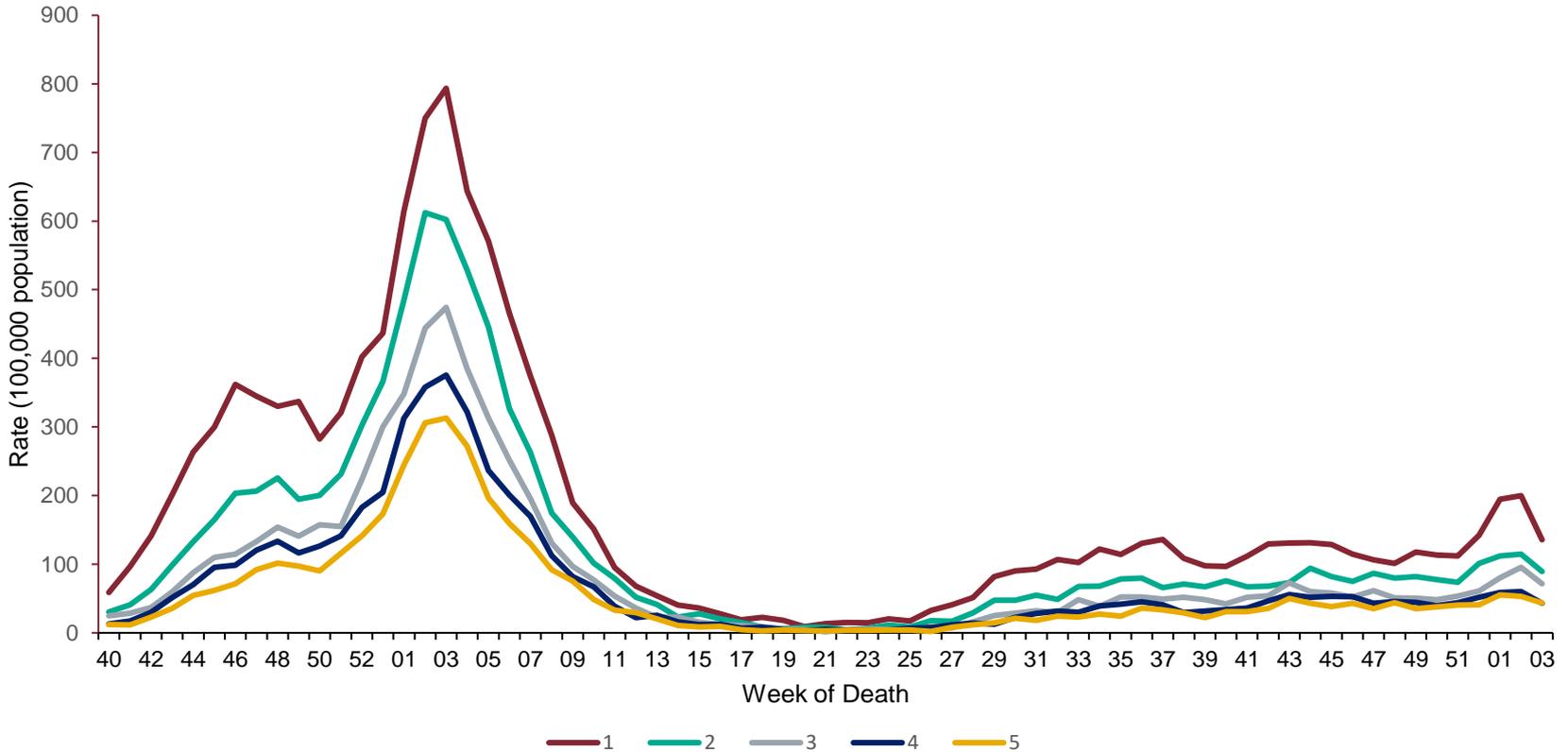


(b)





# Age-adjusted mortality rate\*\* (per 100,000 population) in laboratory-confirmed cases of COVID-19 by IMD quintile, by week using the 60 day definition



\*\*Rates are time-adjusted: a weekly population denominator has been used to calculate the mortality rate



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# Possible reinfections in England

(updated monthly – last update 27 January)



## Possible reinfections in England

The following figures present population data based on the first time that individuals tested positive for SARS-CoV-2 through PCR and/ or lateral flow device testing in England together with those who have tested positive for SARS-CoV-2 through PCR and/ or lateral flow testing with an interval of at least 90 days between two consecutive positive tests. This excludes positive LFD test results removed from the main SGSS dataset because the LFD test positive result was followed by a negative PCR result within 3 days and LFD test results where we have had feedback that a positive result was entered in error. The interval of 90 days is in line with the definition currently adopted within Siren, by CDC in [their definition](#) of a person to prioritise for investigation of suspected SARS-CoV-2 reinfection and the draft definition being considered by the World Health Organisation for a suspected reinfection.

These figures present population level data that complements studies that can undertake more detailed investigation at an individual level as exemplified by SIREN the large multicentre prospective cohort study that has followed around 45,000 participants employed by NHS hospitals. In line with [other studies](#), this suggested that those with serological evidence of a previous SARS\_CoV-2 infection had an 84% lower risk of infection than those without evidence of prior infection over a median 7-month period.

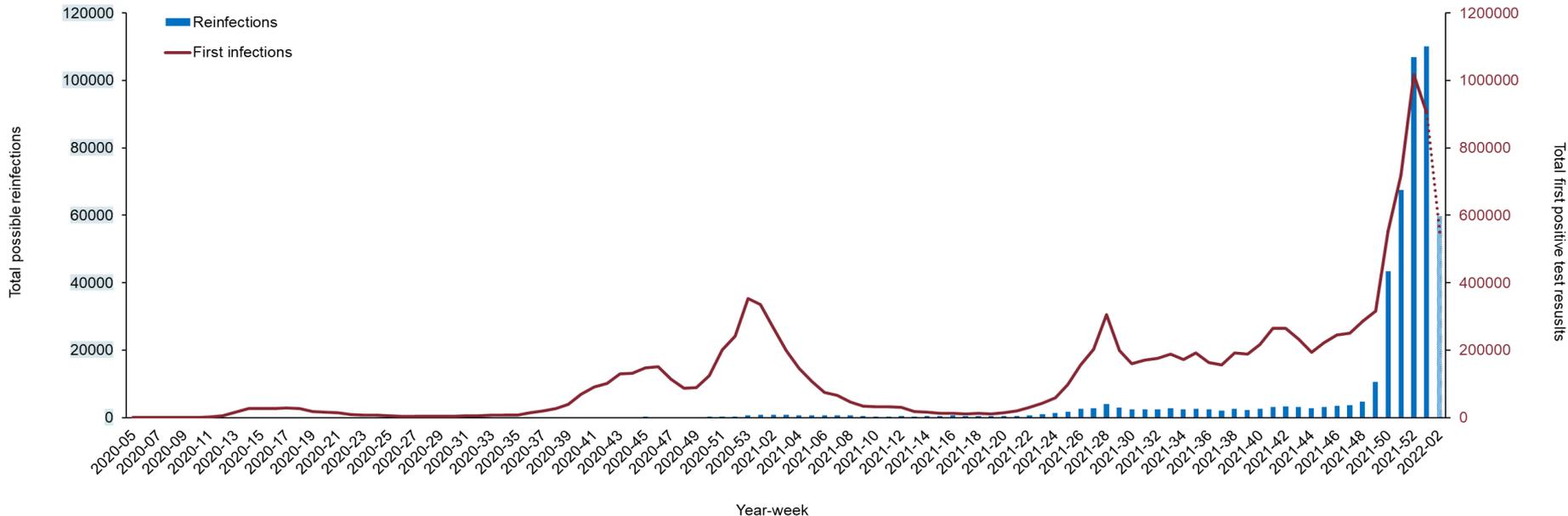
For a possible reinfection to be categorised as confirmed they require sequencing of a specimen at each episode and for the second specimen to be genetically distinct from that sequenced from the first episode. Availability of such dual sequencing is currently very low for several reasons; sequencing was not widely undertaken early in the pandemic; LFD test results do not allow sequencing and some PCR samples have a low viral load where sequencing cannot be undertaken. To meet the definition of a probable reinfection requires sequencing at the second episode that identifies a variant that was not circulating at the time of the first episode.

Further data on reinfections is published in the weekly Influenza and COVID-19 surveillance report.



# Possible reinfections and first infections in England to week 2022-02

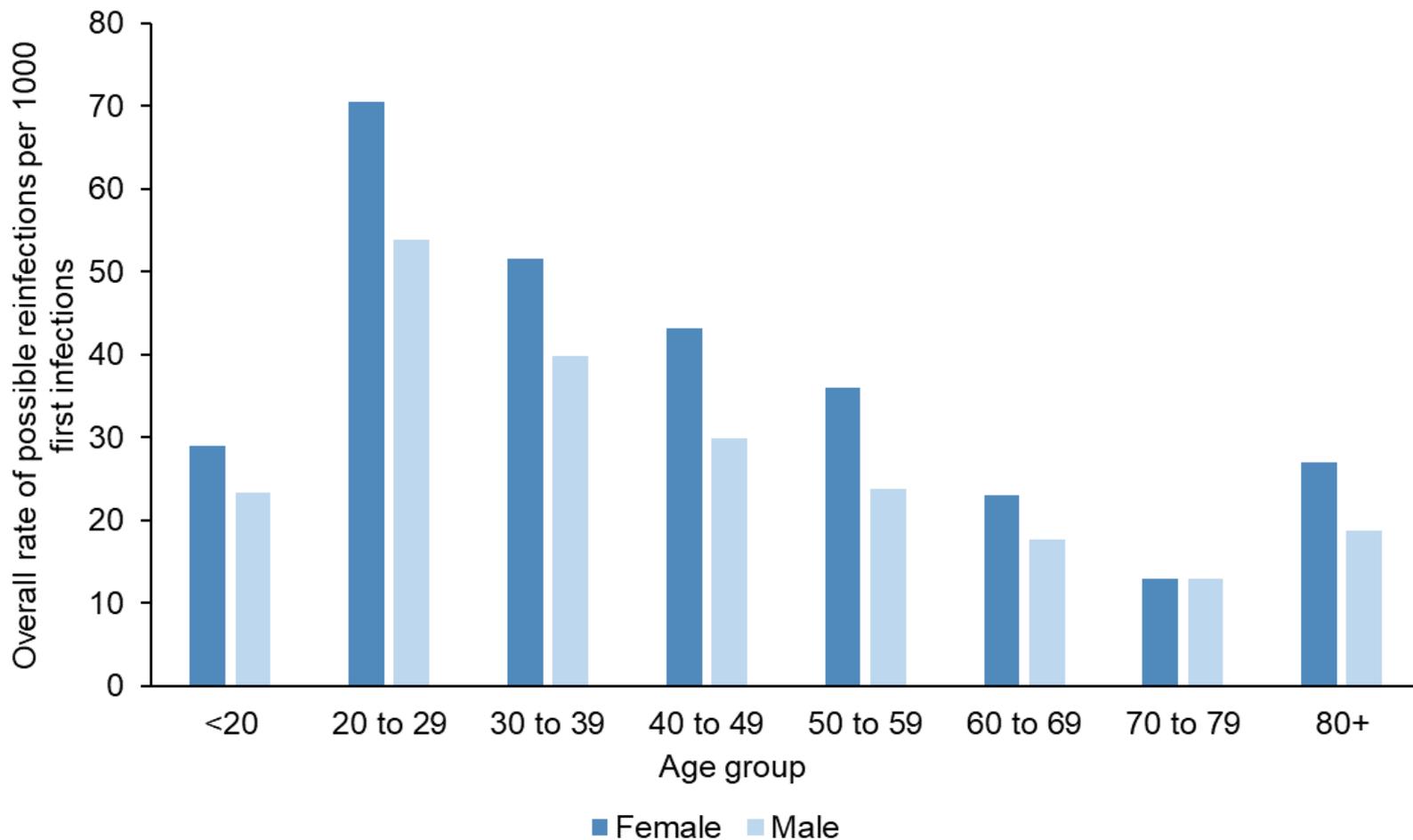
It is important to consider reinfections in the context of first infections and there is a 90-day delay before people with a first infection can become eligible for reinfection. The graph below shows: numbers of possible reinfections and numbers of first infections (secondary Y-axis) by week of onset (based on sample date throughout) through the weeks of the pandemic. The data collected for week 02 are not complete and results are provisional.



\*These data have been derived independently based on P1 and P2 datasets and may therefore differ to previously published data.



The age and sex distribution of possible reinfections by overall rate per 1000 first infections (up to week 02, provisional) by sex and age group in England





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# Co/secondary infections with COVID-19



## Co/secondary infections with COVID-19

- Caveat - undertesting for other pathogens may result in an underestimate of co/secondary infection cases.
- Co/secondary infections refers to when a patient has an infection with more than one pathogen at the same time (co-infection), or acquires another infection after contracting the first infection (secondary infection). Please see Appendix 1 – Co and secondary infection with COVID-19 definitions.
- Numbers of co/secondary infection remain low across UKHSA surveillance systems.
- For patients with severe respiratory failure requiring Extra Corporeal Membrane Oxygenation (ECMO), analysis of data from five adult ECMO centres in England indicates that among patients with severe respiratory failure due to COVID-19, almost a third of these have co/secondary infections.
- Published data analysis from pandemic wave 1 (W-1) indicates increased mortality associated with COVID-19 and [influenza](#), [key bacterial and fungal infections](#) and [invasive pneumococcal disease \(IPD\)](#) in comparison to patients without co/secondary infection.
- [Data analysis](#) from W-1 indicates that *Aspergillus* and *candidemia* cases have increased risk of mortality in comparison to patients without co/secondary infection.



## Co/secondary infections among patients with severe respiratory failure requiring Extra Corporeal Membrane Oxygenation (ECMO)

Analysis is based on cumulative data from five adult ECMO centres in England. The data covers ECMO activity from week 40 2019 (30 Sep 2019) to week 39 2021 (ending 3 Oct 2021) to cover two complete seasons. Data covering wave 1 of the pandemic was from week 40 2019 to week 39 2020. Data covering waves 2 and 3 of the pandemic was from week 40 2020 to week 39 2021. COVID-19 cases were reported from week 05 2020 (commencing 27 Jan 2020).

- In the 2020/21 season (as defined above), 30% (112/373) of ECMO patients admitted for severe respiratory failure due to laboratory confirmed COVID-19 had co/secondary infections. In the 2019/20 season (as defined above) this figure was 33% (79/236).
- In both seasons the majority of co/secondary infections among respiratory failure COVID-19 cases comprised Gram-negative bacilli from the order Enterobacterales: 46% (36/79) in 2019/20, decreasing significantly to 29% (33/112) in 2020/21.



Bloodstream & respiratory infections (bacterial & fungal co/secondary infections) & *Clostridioides difficile* infections, in COVID-19 patients diagnosed in England in wave 3 (27/04/21 - 31/10/21 incl.)

- In wave 3 (W-3), 0.06% of COVID-19 patients had a key\* bacterial/fungal coinfection\*\* or secondary infection^ at, or within 28 days, following their COVID-19 diagnosis
  - 0.02% had a key respiratory infection
  - 0.03% had a key bloodstream infection
- In W-3 >80% of co/secondary infections of any site‡ were categorised as secondary infections.
- Most frequent species identified from co/secondary infection isolates in W-3 were:
  - Respiratory: *Staphylococcus aureus*, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*
  - Blood: *Escherichia coli*, *K. pneumoniae* and *S. aureus*
- Patients aged ≥60y accounted for 64% of coinfections in W-3.
- For secondary infections in W-3, patients aged ≥60y accounted for 49% of cases. Furthermore, over one-third of W-3 secondary infections were amongst patients aged 40-59y (34%).

\*Key organisms included: *E. coli*, *Klebsiella* spp., *Enterobacter* spp., *Pseudomonas* spp., *Acinetobacter* spp., *Serratia* spp., *Stenotrophomonas* spp., *S. aureus*, Coagulase negative staphylococci (CoNS; respiratory only), *Streptococcus* spp., *Candida* spp (blood specimens only), *Bordetella* spp., *Burkholderia* spp., *Aspergillus* spp. (respiratory only), *Enterococcus* spp., *Citrobacter* spp., *Morganella* spp., *Proteus* spp., *Providencia*., *Serratia* spp., *N. meningitidis*, *Achromobacter* spp., *Corynebacterium striatum*, *C. difficile* (CDI; from stool samples in patients aged > 2 years). *Rhizopus* spp., *Mucor* spp., *Rhizomucor* spp., *Syncephalastrum* spp., *Apophysomyces* spp., *Lichtheimia/Absidia* spp., *Cunninghamella bertholletiae*.

\*\* +/- positive bacterial/fungal isolate ±1 day of first SARS-CoV-2 positive specimen date

^ positive bacterial/fungal isolate identified between 2 days and <28 days after the SARS-CoV-2 positive specimen date

‡ includes respiratory, bloodstream, *Clostridioides difficile* infection (CDI) as well as any combination of respiratory, bloodstream infection and CDI



Frequency of respiratory viral infections, reported to SGSS and Respiratory Datamart, in COVID-19 patients by virus and timing of diagnosis, in COVID-19 patients diagnosed in England, with SARS-CoV-2 specimen dates from 30 Jan 2020 to 19 Dec 2021 (n=9,826,305)

Respiratory viral infection	COVID-19 patients with respiratory viral infection		Timing of respiratory viral diagnosis in relation to COVID-19 diagnosis					
	n	% of COVID cases	Co-infection*		Secondary infection after COVID-19 infection**		Secondary COVID-19 infection after other respiratory infection***	
			n	%	n	%	n	%
Adenovirus	147	<0.01	65	44.2	44	29.9	38	25.9
Enterovirus	86	<0.01	37	43.0	22	25.6	27	31.4
hMPV†	195	<0.01	94	48.2	44	22.6	57	29.2
Influenza A	148	<0.01	61	41.2	41	27.7	46	31.1
Influenza B	53	<0.01	30	56.6	9	17.0	14	26.4
Influenza untyped	6	<0.01	1	16.7	1	16.7	4	66.7
Parainfluenza	128	<0.01	50	39.1	41	32.0	37	28.9
Rhinovirus	466	<0.01	193	41.4	118	25.3	155	33.3
RSV‡	937	0.01	486	51.9	289	30.8	162	17.3
Seasonal coronavirus	244	<0.01	121	49.6	90	36.9	33	13.5
<b>Any infection</b>	<b>2,410</b>	<b>0.02</b>	<b>1,138</b>	<b>47.2</b>	<b>699</b>	<b>29.0</b>	<b>573</b>	<b>23.8</b>

### Key findings, Wave 3:

- 2 in every 10,000 COVID-19 patients had infection with another respiratory virus detected within 28 days of their COVID-19 diagnosis
- Infections with other respiratory viruses were most commonly categorised as co-infections (47.2%)

\*detection of respiratory virus +/- 1 days either side of first patient COVID-19 specimen

\*\*secondary respiratory virus detection 2-28 days after primary COVID-19 detection

\*\*\*secondary COVID-19 detection 2-28 days after primary respiratory virus detection

†Human metapneumovirus ‡Respiratory syncytial virus

Please note, data for wave 1 (30/01/2020-28/06/2020) and wave 2 (29/06/2020-26/04/2021) was last updated on 16/12/2021 and remains static for future publications



# Frequency of respiratory viral infections, reported to SGSS and Respiratory Datamart, in COVID-19 patients by virus and timing of diagnosis, in COVID-19 patients diagnosed in England in Wave 3, with SARS-CoV-2 specimen dates from 27 Apr 2021 to 19 Dec 2021 (n= 5,973,694))

Respiratory viral infection	COVID-19 patients with respiratory viral infection		Timing of respiratory viral diagnosis in relation to COVID-19 diagnosis					
	n	% of COVID cases	Co-infection*		Secondary infection after COVID-19 infection**		Secondary COVID-19 infection after other respiratory infection***	
			n	%	n	%	n	%
Adenovirus	70	<0.01	33	47.1	18	25.7	19	27.1
Enterovirus	60	<0.01	24	40.0	16	26.7	20	33.3
hMPV†	101	<0.01	42	41.6	36	35.6	23	22.8
Influenza A	83	<0.01	39	47.0	31	37.3	13	15.7
Influenza B	27	<0.01	13	48.1	5	18.5	9	33.3
Influenza untyped	3	<0.01	1	33.3	0	0.0	2	66.7
Parainfluenza	93	<0.01	39	41.9	25	26.9	29	31.2
Rhinovirus	187	<0.01	77	41.2	51	27.3	59	31.6
RSV‡	916	0.02	474	51.7	285	31.1	157	17.1
Seasonal coronavirus	119	<0.01	53	44.5	49	41.2	17	14.3
<b>Any infection</b>	<b>1,659</b>	<b>0.03</b>	<b>795</b>	<b>47.9</b>	<b>516</b>	<b>31.1</b>	<b>348</b>	<b>21.0</b>

## Key findings, Wave 3:

- 3 in every 10,000 COVID-19 patients had infection with another respiratory virus detected within 28 days of their COVID-19 diagnosis
- Infections with other respiratory viruses were most commonly categorised as co-infections (47.9%)

\*detection of respiratory virus +/- 1 days either side of first patient COVID-19 specimen

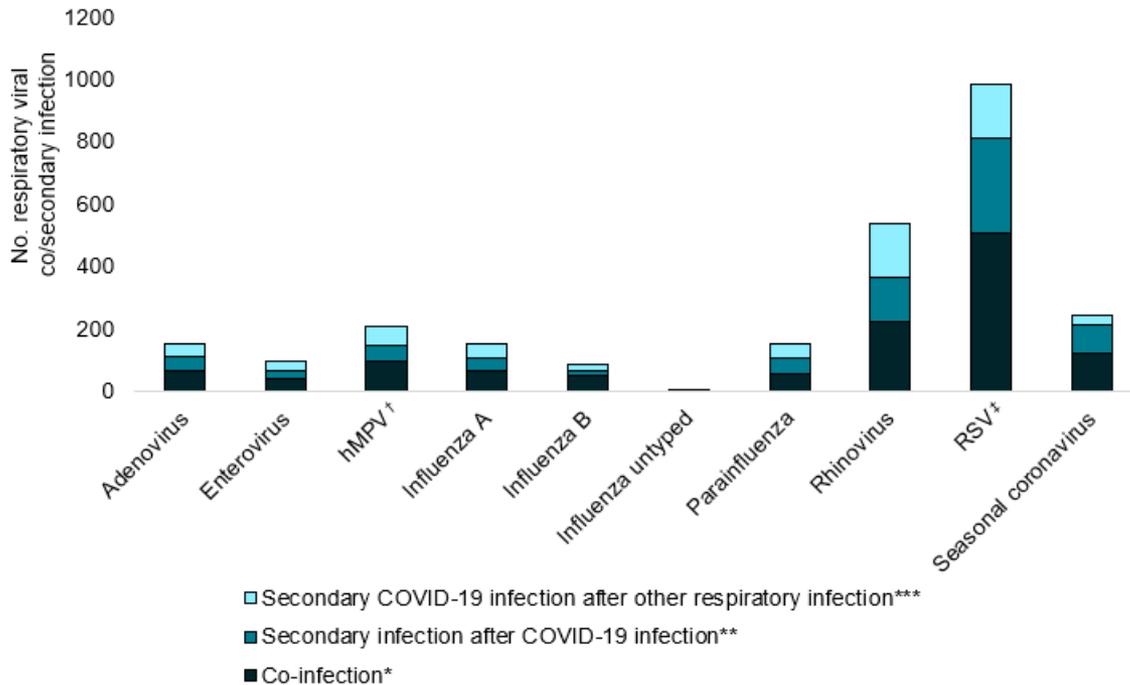
\*\*secondary respiratory virus detection 2-28 days after primary COVID-19 detection

\*\*\*secondary COVID-19 detection 2-28 days after primary respiratory virus detection

†Human metapneumovirus ‡Respiratory syncytial virus



Frequency of respiratory viral infections, reported to SGSS and Respiratory Datamart, in COVID-19 patients by virus and timing of diagnosis, in COVID-19 patients diagnosed in England in Wave 3, with SARS-CoV-2 specimen dates from 27 Apr 2021 to 19 Dec 2021



**Key findings:**

- Most frequent viruses identified from co-/secondary infection isolates were RSV and rhinovirus

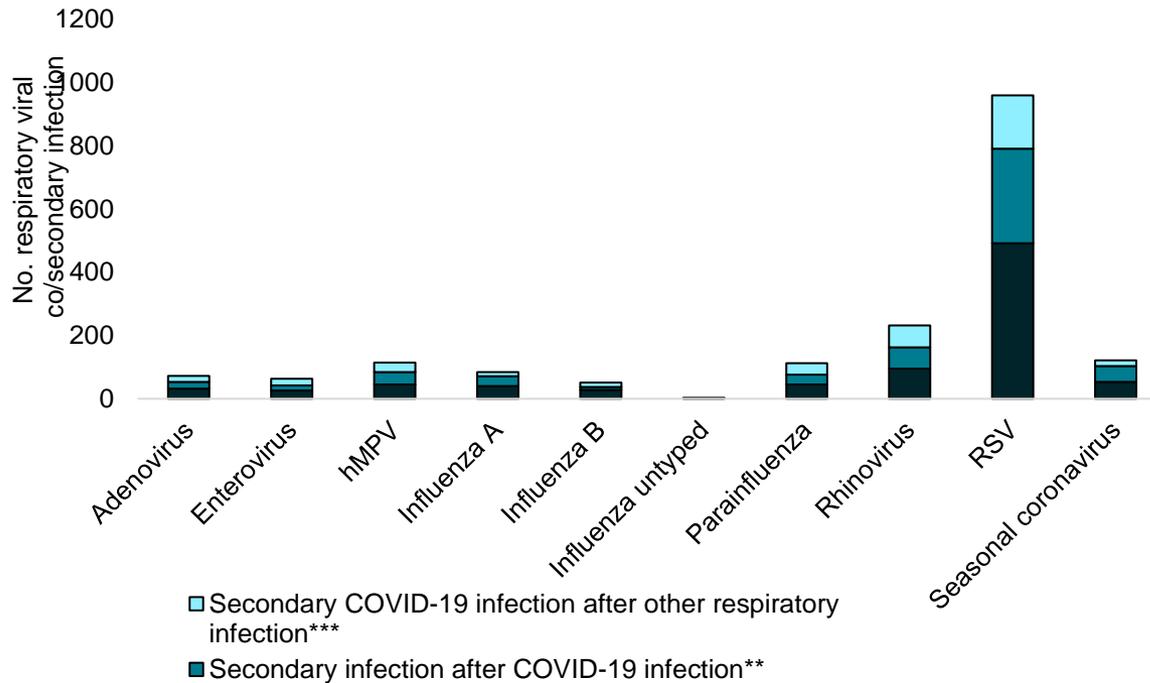
\*detection of respiratory virus +/- 1 days either side of first patient COVID-19 specimen  
 \*\*secondary respiratory virus detection 2-28 days after primary COVID-19 detection  
 \*\*\*secondary COVID-19 detection 2-28 days after primary respiratory virus detection  
 †Human metapneumovirus ‡Respiratory syncytial virus

Please note patients can have multiple viruses identified, numbers here do not reflect the number of patients.

Please note, data for wave 1 (30/01/2020-28/06/2020) and wave 2 (29/06/2020-26/04/2021) was last updated on 16/12/2021 and remains static for future publications



# Frequency of respiratory viral infections, reported to SGSS and Respiratory Datamart, in COVID-19 patients by virus and timing of diagnosis, in COVID-19 patients diagnosed in England in Wave 3, with SARS-CoV-2 specimen dates from 27 Apr 2021 to 19 Dec 2021



### Key findings, Wave 3:

- Most frequent viruses identified from co-/secondary infection isolates were RSV and rhinovirus

\*detection of respiratory virus +/- 1 days either side of first patient COVID-19 specimen

\*\*secondary respiratory virus detection 2-28 days after primary COVID-19 detection

\*\*\*secondary COVID-19 detection 2-28 days after primary respiratory virus detection

†Human metapneumovirus ‡Respiratory syncytial virus

Please note patients can have multiple viruses identified, numbers here do not reflect the number of patients.



Bacteria/Fungi	First Wave	Second Wave	Third Wave	Total Cases
	(30 Jan 2020 - 28 June 2020)	(29 June 2020 – 30 April 2021)	(1 May 2021 – 24 December 2021)	
<i>Aspergillus fumigatus</i> isolates (azole resistant)	46 (4)	120 (2)	106(10)	<b>272(16)</b>
Probable/Proven cases of CAPA*	15	38	29	<b>82</b>
<i>Candida</i> spp.: Candidemia	63	133	14	<b>210</b>
<i>Bordetella pertussis</i>	0	0	0	<b>0</b>
<i>Haemophilus influenzae</i>	3	2	0	<b>5</b>
<i>Neisseria meningitidis</i>	2	0	0	<b>2</b>
<i>Streptococcus pneumoniae</i>	40	45	14	<b>99</b>

\*COVID-19-associated pulmonary aspergillosis

Please note fungal data refers to secondary infections only. Mycology data contains results from Mycology reference laboratory data, Candidaemia is representative of deep infection. One case of osteomyelitis, one case of ventriculitis and one case of endocarditis was documented in wave two. *Bordetella pertussis* co-infection is defined as +/- 28 d Culture/PCR (based on pertussis sample date), +/- 28 Serology/Oral fluid (anti-pertussis toxin Ig) (based on pertussis symptom onset date, excluding cases without onset date). *Haemophilus influenzae*, *Neisseria meningitidis* and *Streptococcus pneumoniae* co-infection is defined as +/- 2d. *Legionella*, *Mycoplasma* and gastrointestinal infection data not included.

# Appendix 1: Co and secondary infection definitions with COVID-19

The day pertains to the date of the sample collection that yielded a positive result. These definitions do not apply to persistent COVID-19 patients. Patients with persistent COVID-19 require independent clinical assessment.

Organism	Definition co-infection with SARS-CoV-2 †	Definition of infection pre-SARS-CoV-2 infection (other pathogen is primary infection) or Definition of post SARS-CoV-2 secondary infection (SARS-CoV-2 is primary infection)
Influenza A	+/- 1d	2-28d <sup>^</sup>
Influenza B	+/- 1d	2-28d <sup>^</sup>
RSV	+/- 1d	2-28d
Adenovirus	+/- 1d	2-28d
Enterovirus	+/- 1d	2-28d
Human metapneumovirus	+/- 1d	2-28d
Parainfluenza (any subtype)	+/- 1d	2-28d
Seasonal coronavirus	+/- 1d *	2-28d
Rhinovirus	+/- 1d	2-28d
Co-infections in ECMO patient (patients with most severe clinical respiratory signs)		
ECMO patients	Individual case review	Individual case review
Blood stream and respiratory infections (bacterial and fungal)		
<i>Achromobacter xylosoxidans</i>	+/- 1d	2-28d
<i>Acinetobacter</i> spp.,	+/- 1d	2-28d
<i>Aspergillus</i>	+/- 1d	2-28d (pre) 2-60d (post, continually hospitalised patients only)
<i>Bordetella pertussis</i>	+/- 28 d Culture/PCR (based on pertussis sample date) +/- 28 Serology/Oral fluid (anti-pertussis toxin Ig) (based on pertussis symptom onset date, excluding cases without onset date)	N/A (Pertussis presentation is often delayed)
<i>Burkholderia cepacia</i>	+/- 1d	2-28d
<i>Candida</i> spp	+/- 1d	2-28d (pre) 2-60d (post, continually hospitalised patients only)
<i>Chlamydia pneumoniae</i>	0-7d PCR	PCR within 14-28 d (8-13d PCR*)
<i>Enterobacter</i> spp.,	+/- 1d	2-28d
<i>Enterococcus</i> spp.	+/- 1d	2-28d
<i>E. coli</i>	+/- 1d	2-28d
<i>Haemophilus influenzae</i>	+/- 2d	3-28d

# Appendix 1 continued: Co and secondary infection definitions with COVID-19

The day pertains to the date of the sample collection that yielded a positive result. These definitions do not apply to persistent COVID-19 patients. Patients with persistent COVID-19 require independent clinical assessment.

Organism	Definition co-infection with SARS-CoV-2 †	Definition of infection pre-SARS-CoV-2 infection (other pathogen is primary infection) or
		Definition of post SARS-CoV-2 secondary infection (SARS-CoV-2 is primary infection)
Blood stream and respiratory infections (bacterial and fungal)		
<i>Klebsiella</i> spp.	+/- 1d	2-28d
<i>Legionella pneumophila/species</i>	Individual case review	Individual case review
<i>Mycoplasma pneumoniae</i>	0-7d PCR, IgM serology 0-21d <16y	PCR within 14-28 d (8-13d PCR*)
<i>Neisseria meningitidis</i>	+/- 2d	3-28d
<i>Pseudomonas</i> spp.,	+/- 1d	2-28d
<i>Serratia</i> spp.,	+/- 1d	2-28d
<i>Staphylococcus aureus</i>	+/- 1d	2-28d
Coag-neg Staphylococcus (S. haemolyticus)	+/- 1d	2-28d
<i>Stenotrophomonas</i> spp., (S. maltophilia)	+/- 1d	2-28d
<i>Streptococcus</i> spp. ‡	+/- 1d	2-28d
<i>Streptococcus pneumoniae</i>	+/- 2d	3-28d
Tuberculosis		
<i>Mycobacterium tuberculosis</i>	Individual case review	Individual case review
Pathogens of the immunocompromised (eg HIV)		
HIV	Individual case review	Individual case review
Gastrointestinal infections		
Listeria	0-5d *	Individual case review
Campylobacter	0-5d *	Individual case review
Shiga toxin-producing <i>E. coli</i> (STEC)	0-5d *	Individual case review
Norovirus	0-5d *	Individual case review
Salmonella	0-5d *	Individual case review
Shigella	0-5d *	Individual case review
Anaerobes		
<i>C. difficile</i>	+/- 1d	2-28d
Bacteroides sp. ( <i>B. fragilis</i> and non-fragilis Bacteroides)	+/- 1d	2-28d

# Appendix 1 continued: Co and secondary infection definitions with COVID-19

## Notes

† From SARS-CoV-2 first detection date. Not including multiple episodes of SARS-CoV-2 per patient.

\* Additional data check required. (Resistance is not detailed, data for MERS is not currently available).

^ Definition post- SARS-CoV-2 secondary infection (SARS-CoV-2 is primary infection). This has been extended from prior 14d secondary infection definition for influenza used by PHE to account for disparities in testing throughout the 28d period after SARS-CoV-2 detection.

‡ Streptococcus species includes the following groups and species:

Group	Species/other names
Anginosus Group	<i>Streptococcus anginosus</i> ; <i>Streptococcus constellatus</i> ( <i>Streptococcus constellatus</i> subspecies <i>constellatus</i> <i>Streptococcus constellatus</i> subspecies <i>pharynges</i> ); <i>Streptococcus</i> Group F; <i>Streptococcus intermedius</i> ; <i>Streptococcus milleri</i> group; <i>Streptococcus sinensis</i>
Bovis Group	<i>Streptococcus alactolyticus</i> ; <i>Streptococcus bovis</i> untyped; <i>Streptococcus equinus</i> ; <i>Streptococcus gallolyticus</i> subspecies <i>gallolyticus</i> ( <i>Streptococcus bovis</i> biotype I); <i>Streptococcus infantarius</i> ( <i>Streptococcus infantarius</i> sp <i>infantarius</i> ; <i>Streptococcus bovis</i> biotype II); <i>Streptococcus lutetiensis</i> ; <i>Streptococcus infantarius</i> subspecies <i>coli</i> ( <i>Streptococcus bovis</i> biotype II); <i>Streptococcus pasteurianus</i> ( <i>Streptococcus bovis</i> biotype II)
Closely Related Genera	<i>Abiotrophia</i> spp.; <i>Aerococcus</i> spp.; <i>Faklamia</i> spp.; <i>Gemella</i> spp.; <i>Globicatella sanguinis</i> ; <i>Granulicatella</i> spp.; <i>Leuconostoc</i> spp.; <i>Pedicoccus</i> spp.; <i>Peptostreptococcus</i> spp.
Mitis Group	<i>Streptococcus cristatus</i> ; <i>Streptococcus mitior</i> ; <i>Streptococcus mitis</i> ; <i>Streptococcus oralis</i> ; <i>Streptococcus pseudopneumoniae</i> ; <i>Streptococcus infantis</i> ; <i>Streptococcus peroris</i>
Mutans Group	<i>Streptococcus mutans</i> ; <i>Streptococcus sobrinus</i>
Other streptococci (including but not limited to)	Anaerobic streptococcus; <i>Streptococcus acidominimus</i> ; <i>Streptococcus</i> spp., other named/not fully identified; <i>Streptococcus suis</i> ; <i>Streptococcus uberis</i>
Salivarius Group	<i>Streptococcus vestibularis</i> ; <i>Streptococcus thermophilus</i>
Sanguinis Group	<i>Streptococcus gordonii</i> ; <i>Streptococcus massiliensis</i> ; <i>Streptococcus parasanguinis</i> ; <i>Streptococcus sanguinis</i>
<i>Streptococcus</i> Group A	Group A; <i>Streptococcus pyogenes</i> ; <i>Streptococcus dysgalactiae</i> subspecies <i>equisimilis</i>
<i>Streptococcus</i> Group B	Group B; <i>Streptococcus agalactiae</i>
<i>Streptococcus</i> Group C	Group C; <i>Streptococcus dysgalactiae</i> subspecies <i>equisimilis</i> ; <i>Streptococcus equi</i> subspecies <i>zooepidemicus</i>
<i>Streptococcus</i> Group G	Group G; <i>Streptococcus canis</i> ; <i>Streptococcus dysgalactiae</i> subspecies <i>equisimilis</i>