



UK Health  
Security  
Agency

# **National Influenza and COVID-19 surveillance report**

Week 25 report (up to week 24 data)

22 June 2023

# Contents

Executive summary .....	4
Laboratory surveillance .....	6
Confirmed COVID-19 cases (England).....	6
Respiratory DataMart system (England).....	8
Community surveillance .....	10
Acute respiratory infection incidents .....	10
Syndromic surveillance.....	12
Primary care surveillance .....	13
RCGP Clinical Indicators (England).....	13
RCGP sentinel swabbing scheme in England .....	14
Secondary care surveillance .....	18
Hospitalisations, SARI Watch .....	18
ICU or HDU admissions, SARI Watch .....	20
ECMO, SARI Watch .....	23
RSV admissions, SARI Watch.....	24
Mortality surveillance .....	25
COVID-19 deaths .....	25
Daily excess all-cause mortality (England) .....	25
Microbiological surveillance .....	26
SARS-CoV-2 variants.....	26
COVID-19 vaccination.....	28
COVID-19 vaccine uptake in England .....	28
International update .....	30
Global COVID-19 update.....	30
Global influenza update.....	30
Other respiratory viruses .....	33
Related links .....	35
About the UK Health Security Agency .....	36

National Influenza and COVID-19 Report: week 25 report (up to week 24 data)

For additional information including regional data on COVID-19 and other respiratory viruses, COVID-19 in educational settings, co- and secondary infections with COVID-19 and other data supplementary to this report, please refer to the [accompanying graph pack](#).

For additional information regarding data source please refer to [Sources of surveillance data for influenza, COVID-19 and other respiratory viruses](#)

## Executive summary

This report summarises the information from the surveillance systems which are used to monitor coronavirus (COVID-19), influenza, and other seasonal respiratory viruses in England. References to COVID-19 represent the disease name and SARS-CoV-2 represent the virus name. The report is based on data from week 24 (between 12 June and 18 June 2023) and for some indicators daily data up to 20 June 2023.

### Overall

In week 24, from most indicators, influenza activity remained stable and COVID-19 activity decreased or remained stable.

### COVID-19

COVID-19 case rates through Pillar 1 decreased in all regions and ethnic groups in week 24. Through Respiratory Datamart, SARS-CoV-2 positivity decreased to 4.2% compared with the previous week.

The overall number of reported SARS-CoV-2 confirmed outbreaks remained stable compared with the previous week. Five SARS-CoV-2 confirmed outbreaks were reported in week 24 in England.

Overall, COVID-19 hospitalisations and ICU admissions decreased in week 24 compared with the previous week. Hospitalisations were highest in the 85 years and over age group. Through syndromic surveillance indicators, emergency department attendances for covid-like illness remained stable nationally.

### Influenza

In week 24, influenza remained low and stable at 0.4% compared with the previous week, with highest positivity seen in the 15 to 44 years old age group at 0.9%.

Through primary care surveillance, the influenza-like-illness consultations indicator remained stable in week 24 compared with the previous week and was within the baseline activity level range.

No influenza confirmed outbreaks were reported in week 24 in England.

Influenza ICU admissions remained low and stable in week 24 and remained within the baseline range of activity.

Emergency department attendances for influenza-like illness remained stable nationally.

## **RSV**

The overall positivity for RSV remained low at 0.4%, with the highest positivity in those aged under 5 years old at 1.6%. Emergency department attendances for acute bronchiolitis remained stable nationally.

## **Other viruses**

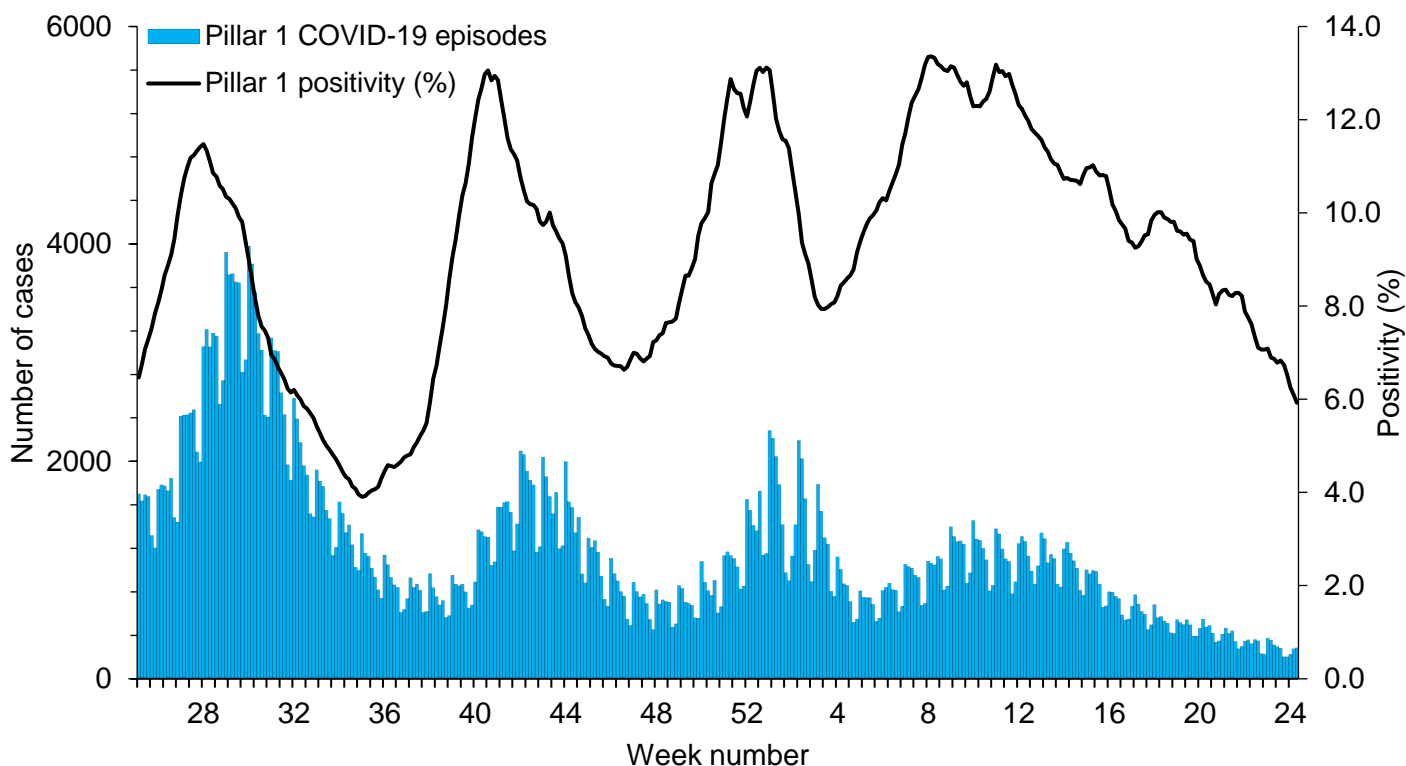
Adenovirus positivity remained low at 2.6%, with the highest positivity in those aged under 5 year olds at 6.2%. Human metapneumovirus (hMPV) positivity remained low at 0.4%, with the highest positivity in the 5 to 14 year olds age group at 1.5%. Parainfluenza positivity remained stable at 3.9%, with the highest positivity in those aged under 5 years old at 6.2%. Rhinovirus positivity increased slightly to 10.0% overall, with the highest positivity in those aged under 5 years old at 22.5%.

# Laboratory surveillance

## Confirmed COVID-19 cases (England)

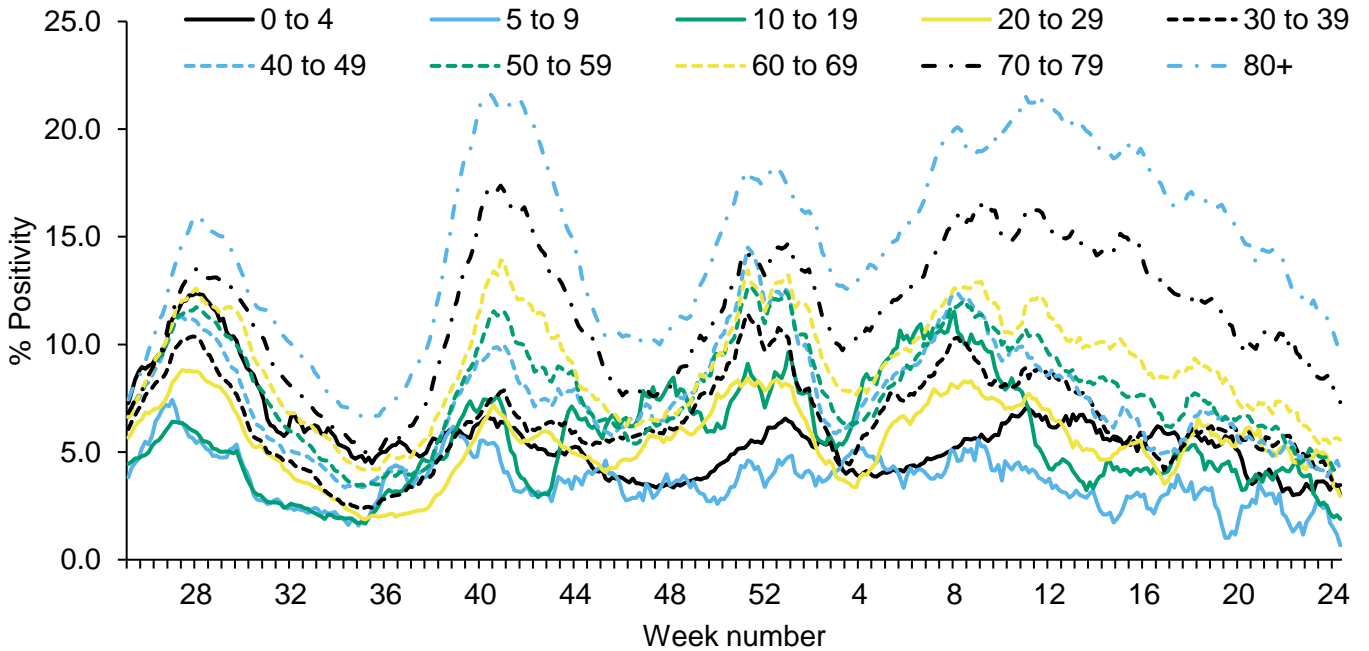
As of 9am on 18 June 2023, a total of 2,102,742 episodes have been confirmed for COVID-19 in England under Pillar 1, and 18,741,461 episodes under Pillar 2, since the beginning of the pandemic. COVID-19 case rates through Pillar 1 decreased in all regions and ethnic groups in week 24.

**Figure 1: Confirmed COVID-19 episodes tested under Pillar 1, based on sample day with overall seven-day rolling average PCR positivity for Pillar 1 (%)**



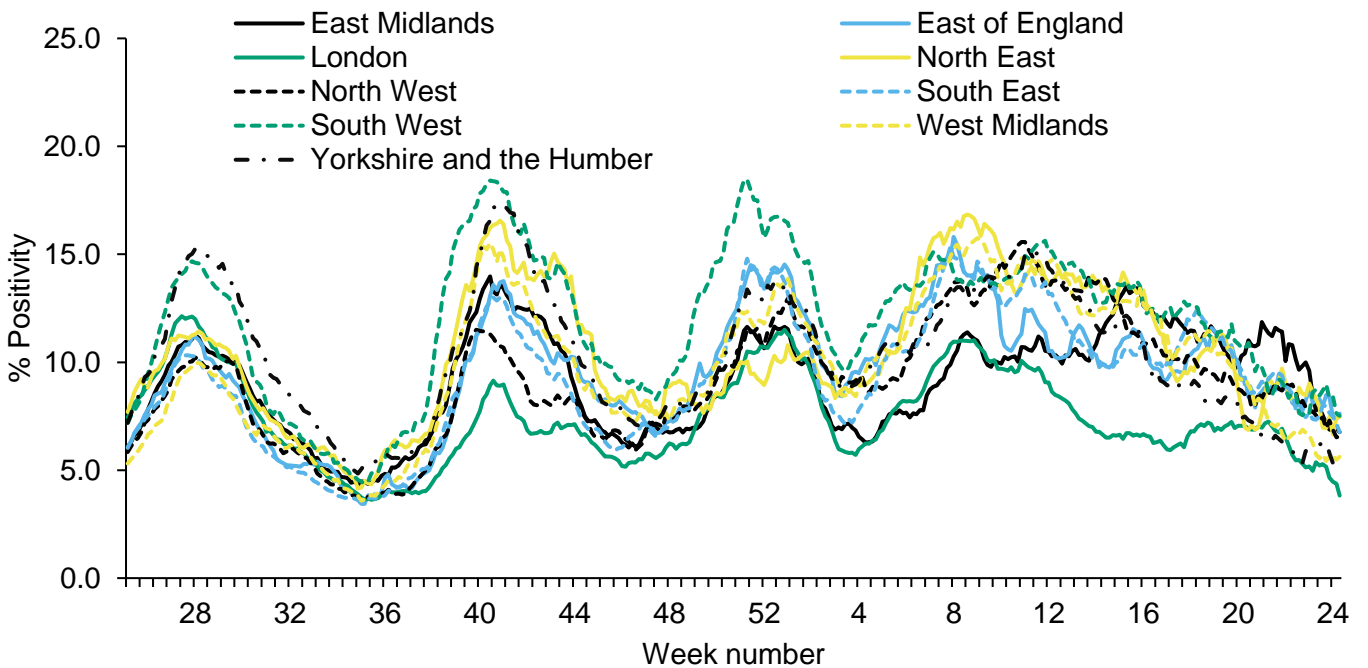
## Age

**Figure 2: Seven-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested under Pillar 1 by age group**



## Geography

**Figure 3: Seven-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested under Pillar 1 by UKHSA centres**



## Respiratory DataMart system (England)

In week 24, data is based on reporting from 12 out of the 16 sentinel laboratories.

In week 24, 5,708 respiratory specimens reported through the Respiratory DataMart System were tested for SARS-CoV-2. 237 samples were positive for SARS-CoV-2 with an overall positivity of 4.2%, which decreased compared to the previous week. The highest positivity was seen in the 65 years old and over at 5.9%.

In week 24, 2,350 respiratory specimens reported through the Respiratory DataMart System were tested for influenza. 10 samples tested positive for influenza; seven influenza A(not subtyped) and three influenza B (Figure 4). Overall, influenza positivity remained low at 0.4% in week 24 compared to the previous week, with the highest positivity seen in the 15 to 44 year olds age group at 0.9%.

Adenovirus positivity remained low at 2.6%, with the highest positivity in those aged under 5 years old at 6.2%.

Human metapneumovirus (hMPV) positivity remained low at 0.4%, with the highest positivity in the 5 to 14 year olds age group at 1.5%.

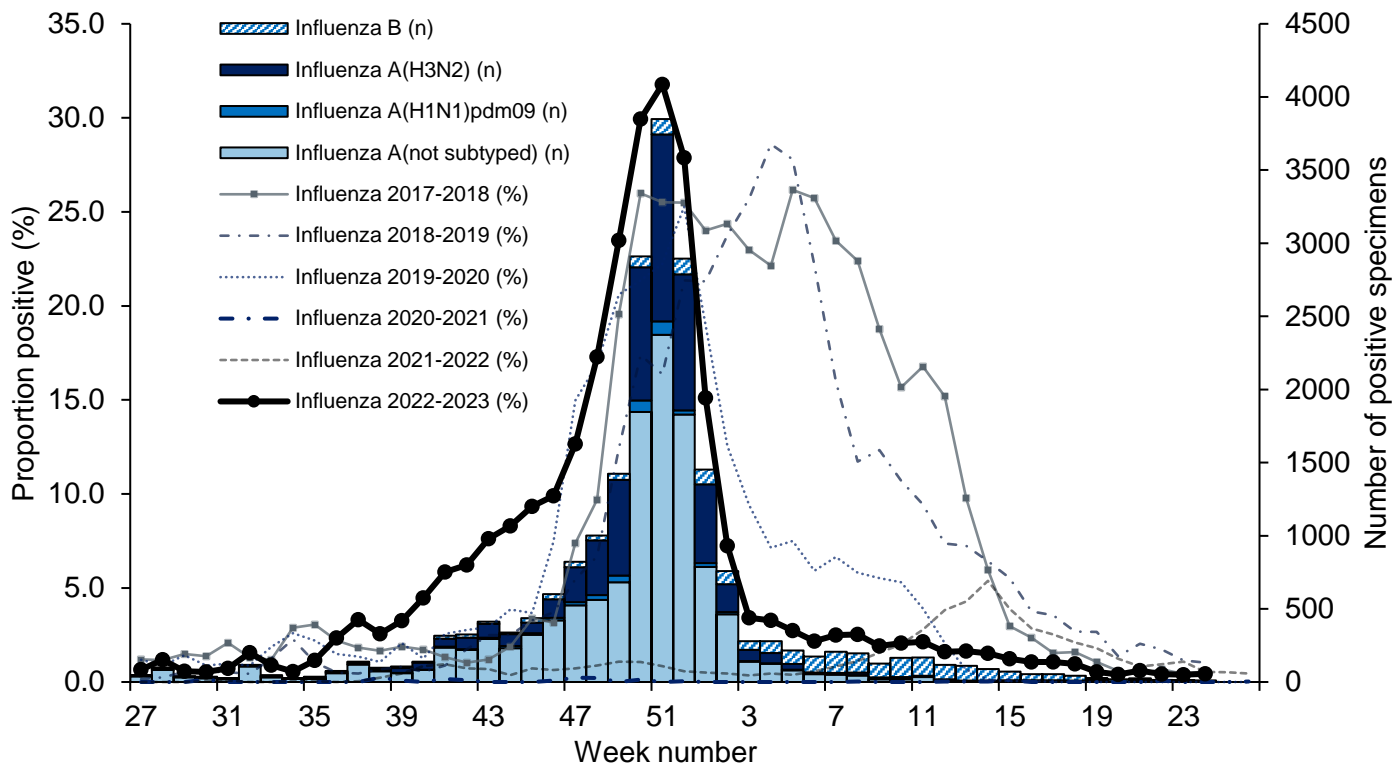
Parainfluenza positivity remained stable at 3.9%, with the highest positivity in those aged under 5 years old at 6.2%.

Rhinovirus positivity increased slightly to 10.0% overall, with the highest positivity in those aged under 5 years old at 22.5%.

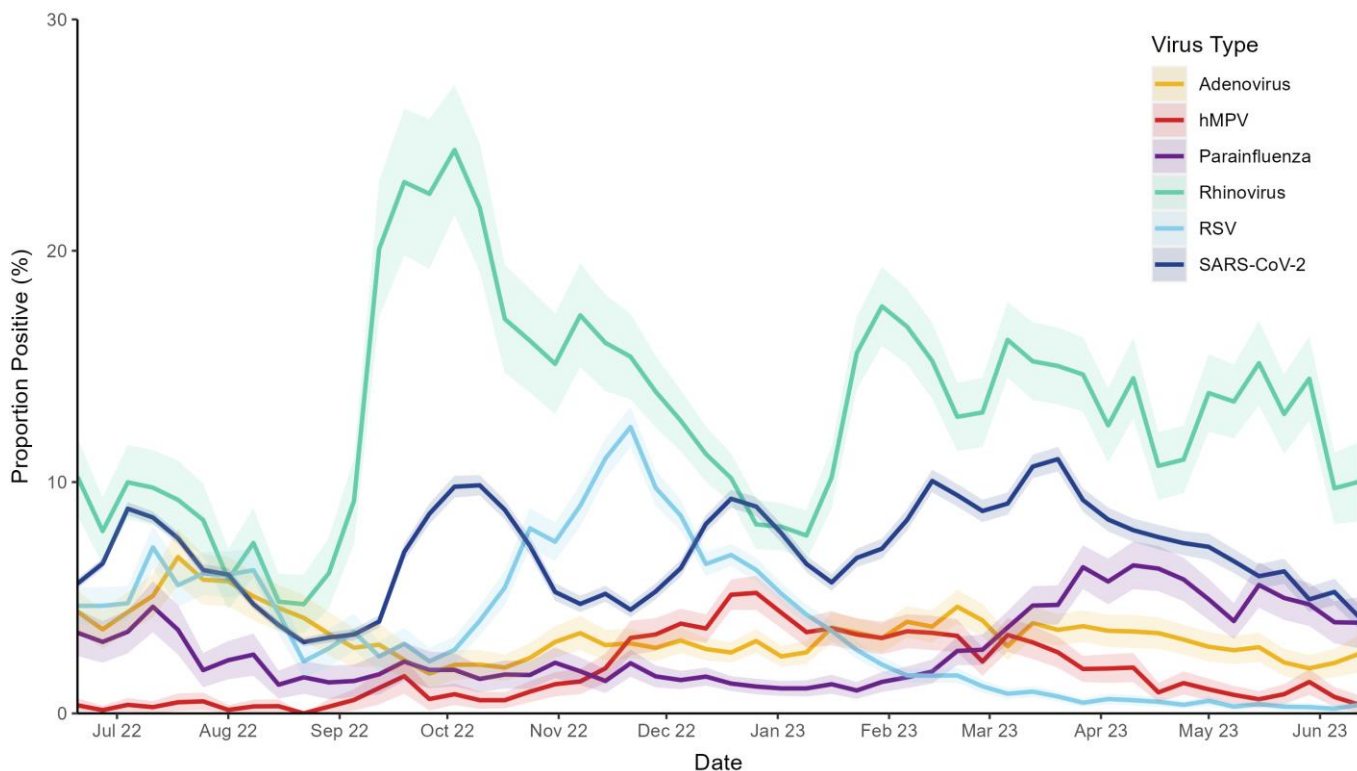
The overall positivity for RSV remained low at 0.4%, with the highest positivity in those aged under 5 years old at 1.6%.



**Figure 4: Respiratory DataMart samples positive for influenza and weekly positivity (%) for influenza, England**



**Figure 5: Respiratory DataMart weekly positivity (%) for other viruses, England**



# Community surveillance

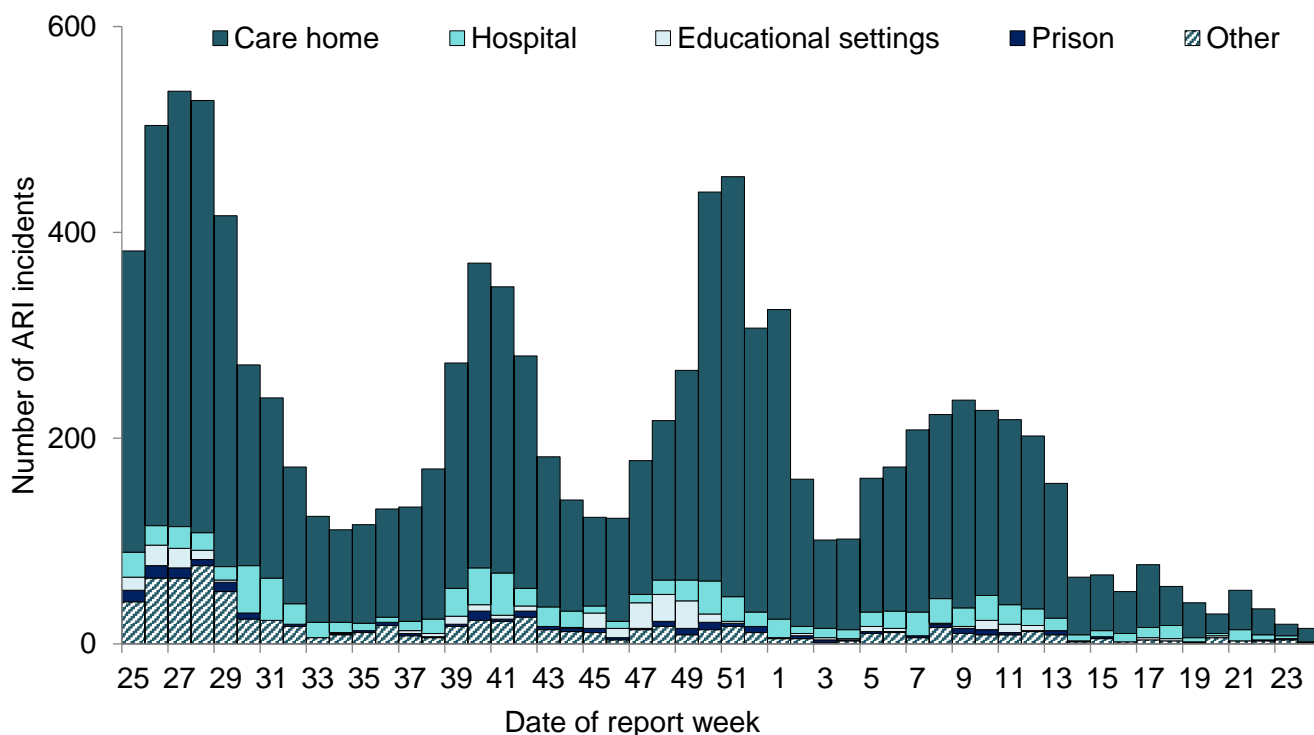
## Acute respiratory infection incidents

Here we present data on acute respiratory infection (ARI) incidents in different settings that are reported to UKHSA Health Protection Teams (HPTs).

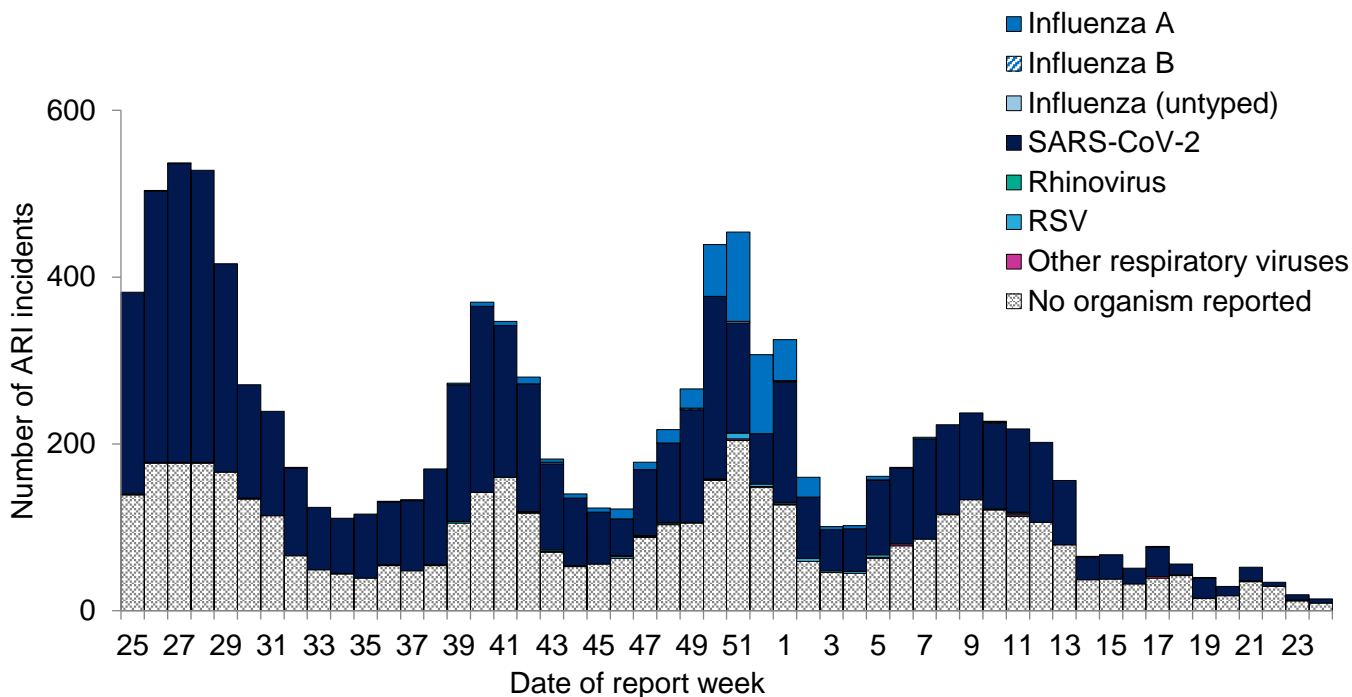
29 new ARI incidents have been reported in week 24 in the UK:

- 20 incidents were from care homes, where nine had at least one linked case that tested positive for SARS-CoV-2 and one for rhinovirus
- Four incidents were from hospitals, where three had at least one linked case that tested positive for SARS-CoV-2
- Five incidents were from other settings, where four had at least one linked case that tested positive for SARS-CoV-2

**Figure 6: Number of acute respiratory infection (ARI) incidents by setting, England**



**Figure 7: Number of acute respiratory infection (ARI) incidents in all settings by virus type, England**



## Syndromic surveillance

During week 24, NHS 111 calls for cold or flu decreased and were below baseline levels. NHS 111 calls for cough remained stable nationally. GP in hours consultation rates for influenza-like illness were stable and similar to baseline levels. Emergency department attendances (ED) for influenza-like illness and acute respiratory infection remained stable nationally and similar to baseline levels. ED for acute bronchiolitis remained stable nationally and below baseline levels. ED for covid-19-like illness remained stable nationally.

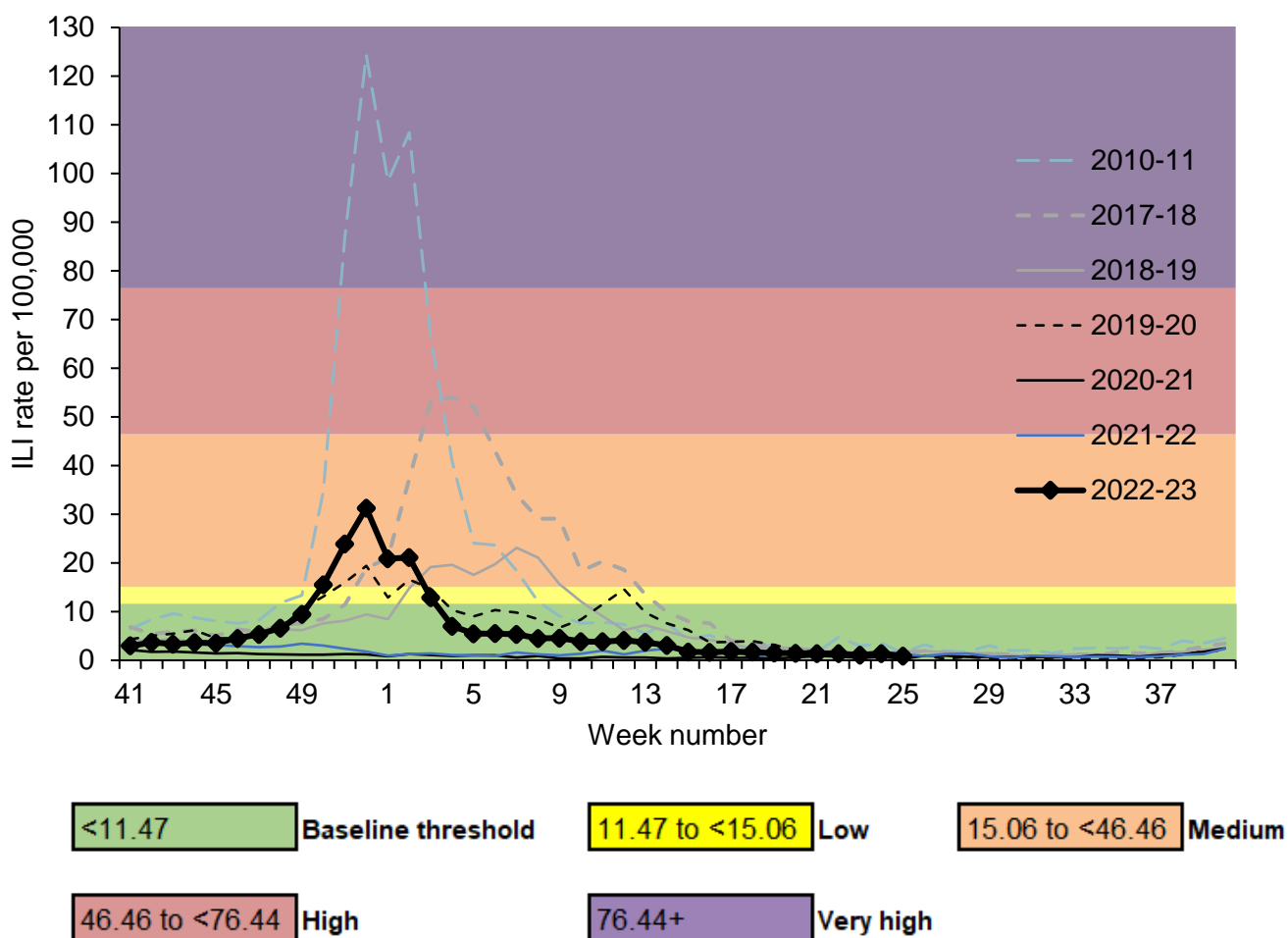
For further information on syndromic surveillance please see the [Syndromic Surveillance: weekly summaries](#).

# Primary care surveillance

## RCGP Clinical Indicators (England)

The weekly ILI consultation rate through the RCGP surveillance remained stable at 0.9 per 100,000 registered population in participating GP practices in week 24 and was within baseline activity levels (less than 11.47 per 100,000) (Figure 8).

**Figure 8: RCGP influenza-like illness (ILI) consultation rates, all ages, England**

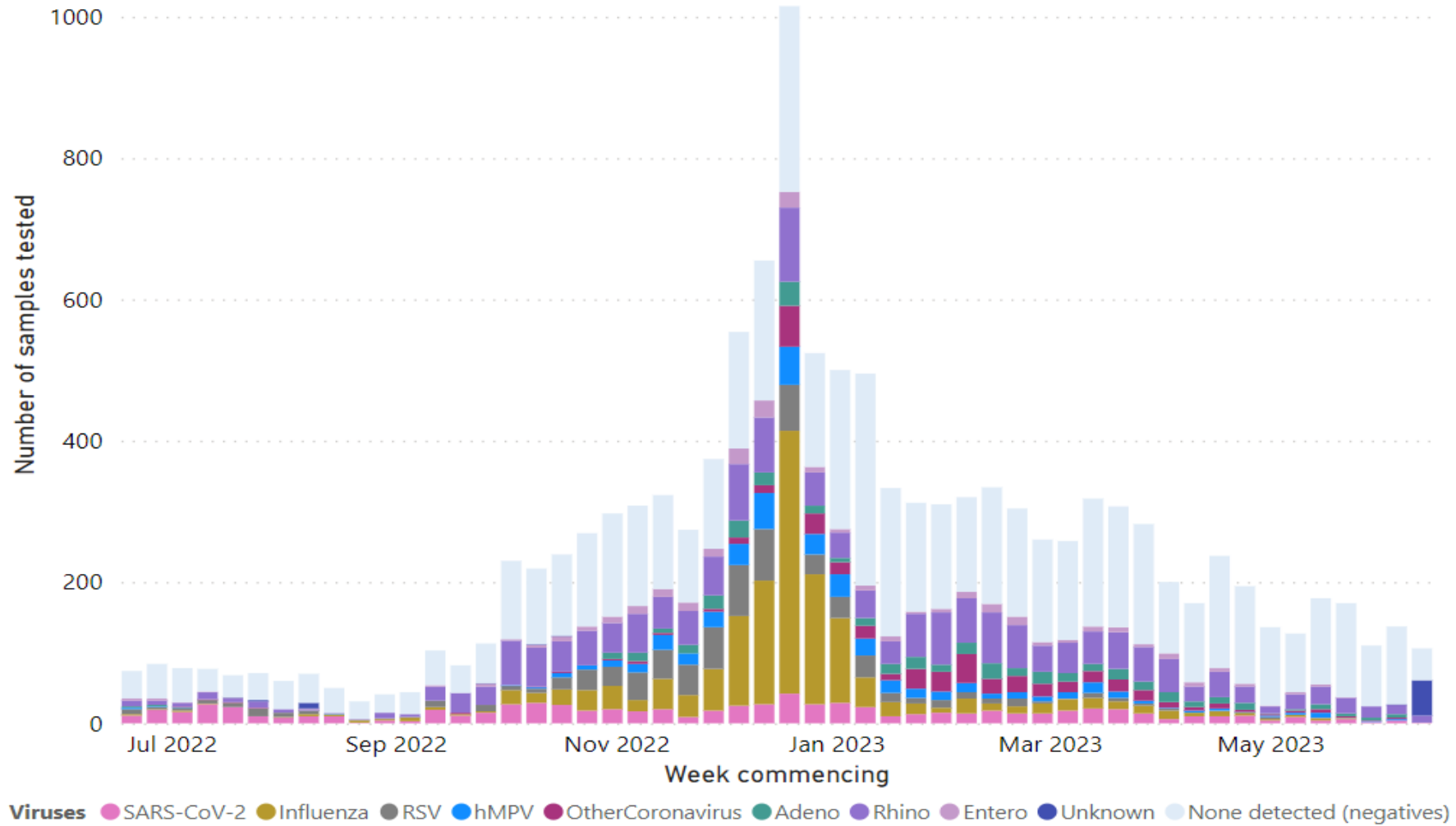


## RCGP sentinel swabbing scheme in England

Based on the date samples were received in the reference laboratory, in week 24 2023 (week commencing 12 June 2023) 106 samples were tested through the GP sentinel swabbing scheme in England, of which 11 samples tested positive (Figure 9). Among all positive samples, 90.9% were for rhinovirus and 9.1% for SARS-CoV-2 (Figure 10).

Based on the date samples were taken, sample numbers were too low this week to update Figure 11. Data for the most recent week will be updated retrospectively. Positivity (%) is not calculated when the total number tested based on sample date is less than 20 (Figure 11).

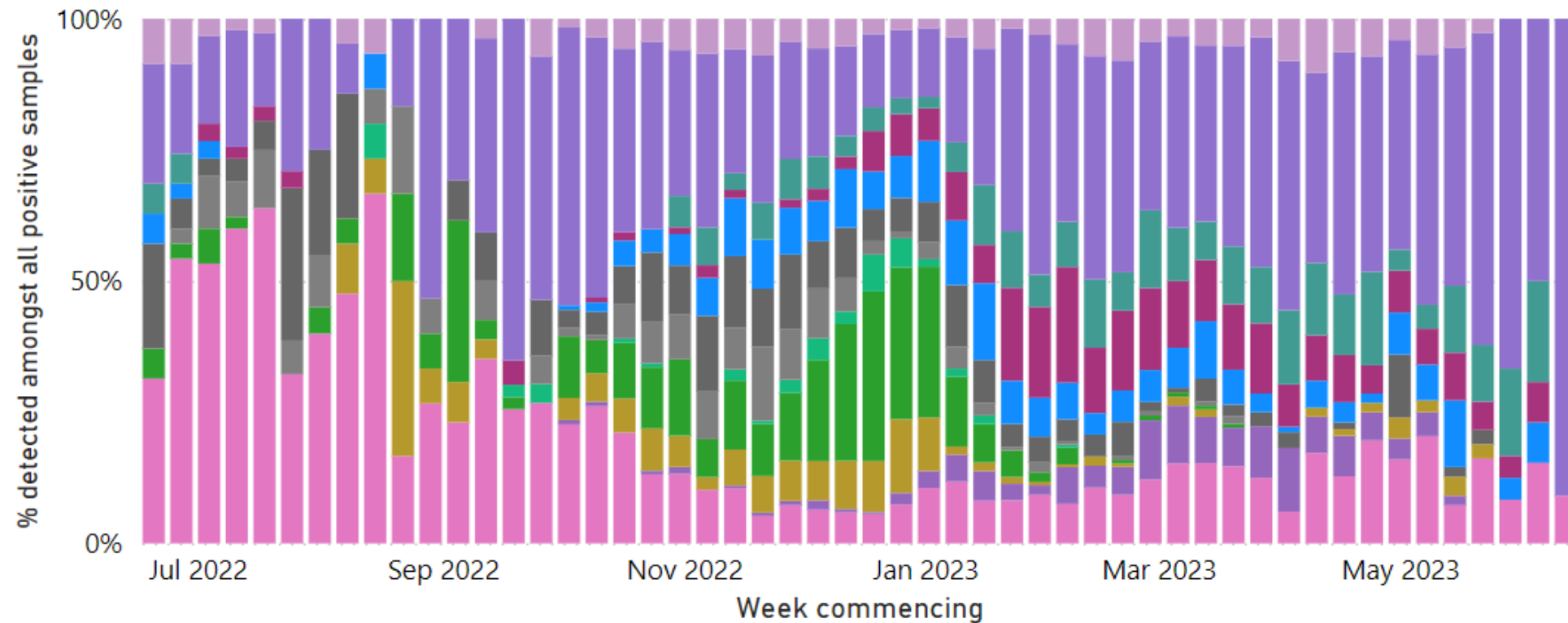
**Figure 9: Number of samples tested for SARS-CoV-2, influenza, and other respiratory viruses in England by week, GP sentinel swabbing**



Unknown category corresponds to samples with no result yet.

Source: RCGP Research and Surveillance Centre sentinel primary care practices ([RCGP Virology Dashboard](#))

**Figure 10: Proportion of detections of SARS-CoV-2, influenza, and other respiratory viral strains amongst virologically positive respiratory surveillance samples in England by week, GP sentinel swabbing scheme**

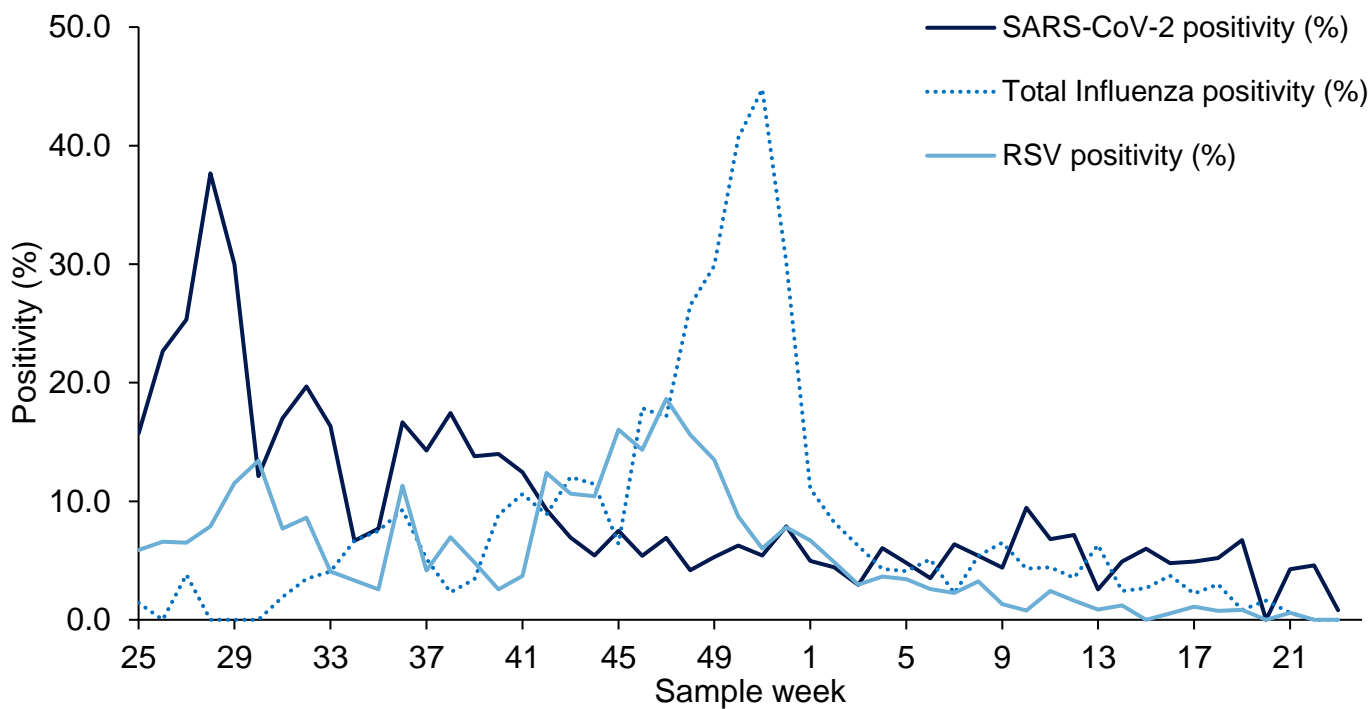


**Viral strains** SARS-CoV-2 B H1 H3 A RSVA RSVB hMPV OtherCoronavirus Adeno Rhino Entero

Source: RCGP Research and Surveillance Centre sentinel primary care practices ([RCGP Virology Dashboard](#))



**Figure 11: Weekly positivity (%) for COVID-19, Influenza and RSV in England by week, GP sentinel swabbing**



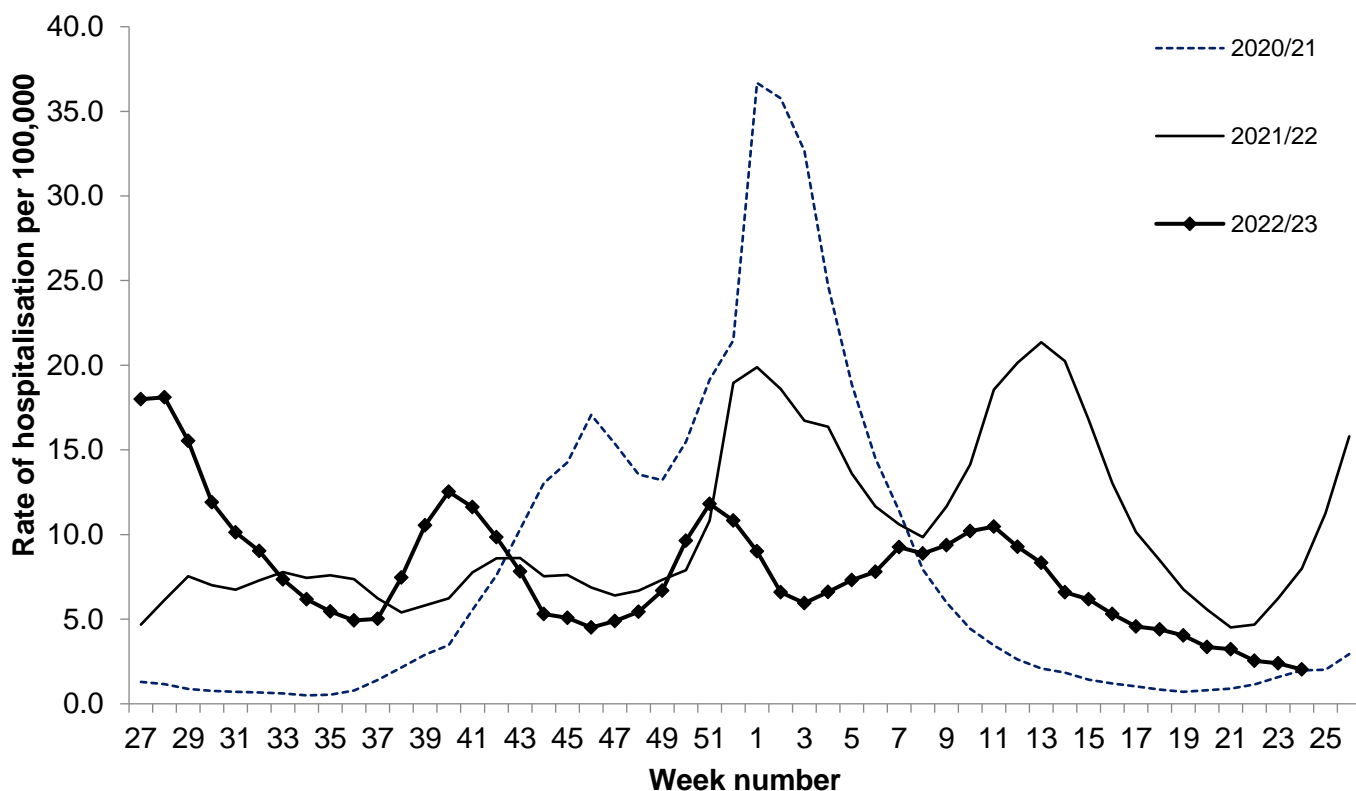
# Secondary care surveillance

## Hospitalisations, SARI Watch

In week 24 (ending 18 June 2023), the overall weekly hospital admission rate for COVID-19 decreased to 2.03 per 100,000 compared to 2.39 per 100,000 in the previous week, the lowest rate in 2023. The last time the rate was similarly low was in week 25 2021 (end of June 2021).

By UKHSA centre, the highest hospital admission rate for COVID-19 was observed in the North East. By age group, the highest hospital admission rate for confirmed COVID-19 continues to be in those aged 85 years old and over.

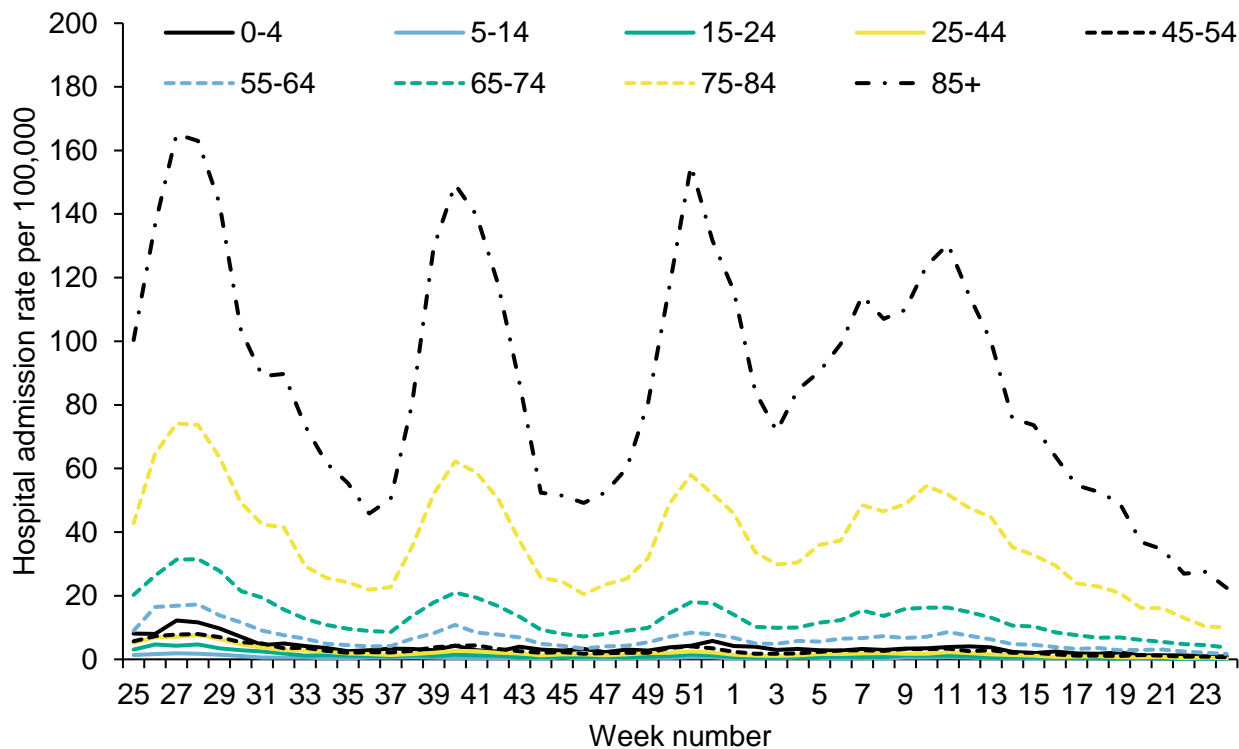
**Figure 12: Weekly overall COVID-19 hospital admission rates per 100,000 trust catchment population, SARI Watch, England**



\* COVID-19 hospital admission rate based on 83 NHS trusts for week 24

\* SARI Watch data is provisional and subject to retrospective updates

**Figure 13: Weekly hospital admission rate by age group for new COVID-19 positive cases**

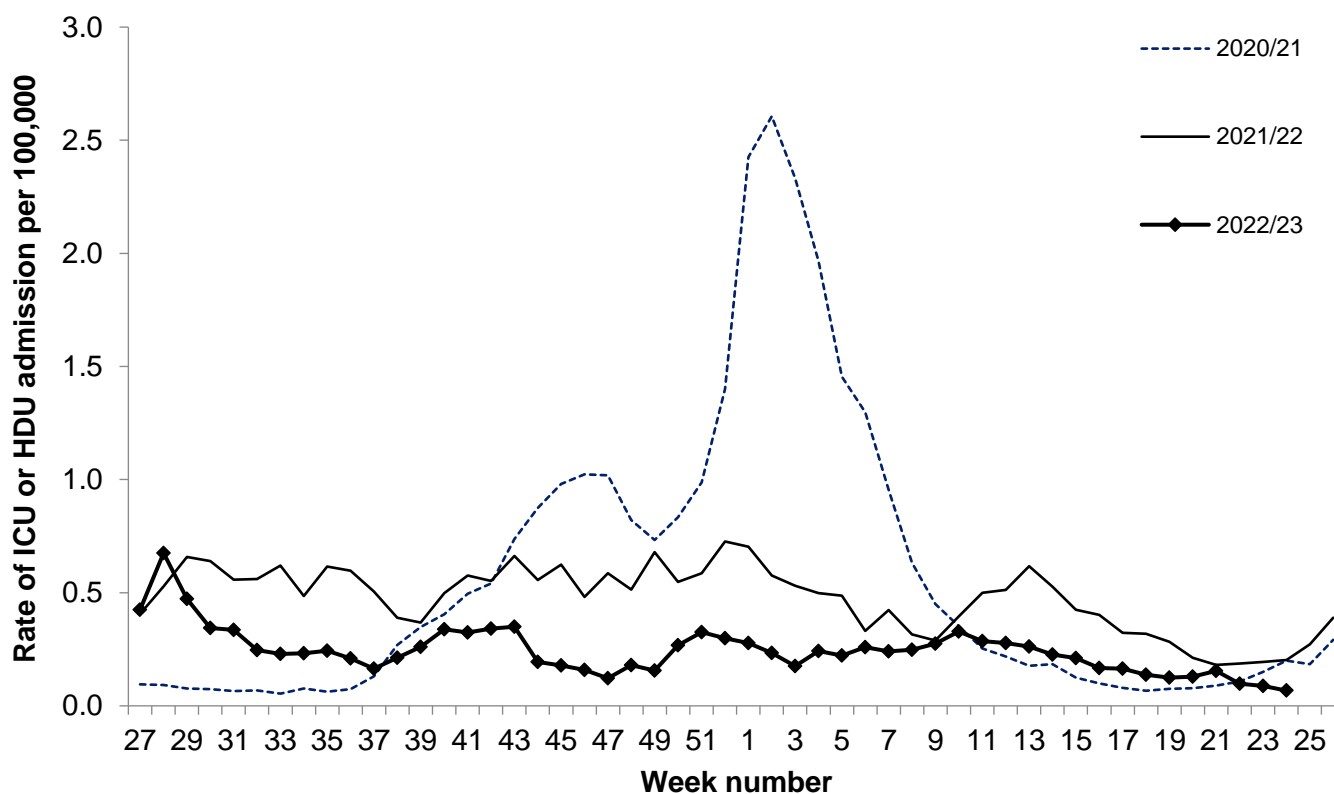


## ICU or HDU admissions, SARI Watch

In week 24 (ending 18 June 2023), the overall weekly ICU or HDU admission rate for COVID-19 remained very low, decreasing slightly to 0.07 per 100,000, compared to 0.09 per 100,000 in the previous week. The last time the rates were similarly low was in May 2021. Note that ICU or HDU admission rates may represent a lag from admission to hospital to an ICU or HDU ward.

In week 24, the overall ICU or HDU rate for influenza remained stable at 0.01 per 100,000 compared to 0.01 per 100,000 in the previous week. The rate in the latest week remained at baseline activity levels. There were three new case reports of an ICU or HDU admission for influenza in week 24 (three influenza A(H1N1)pdm09).

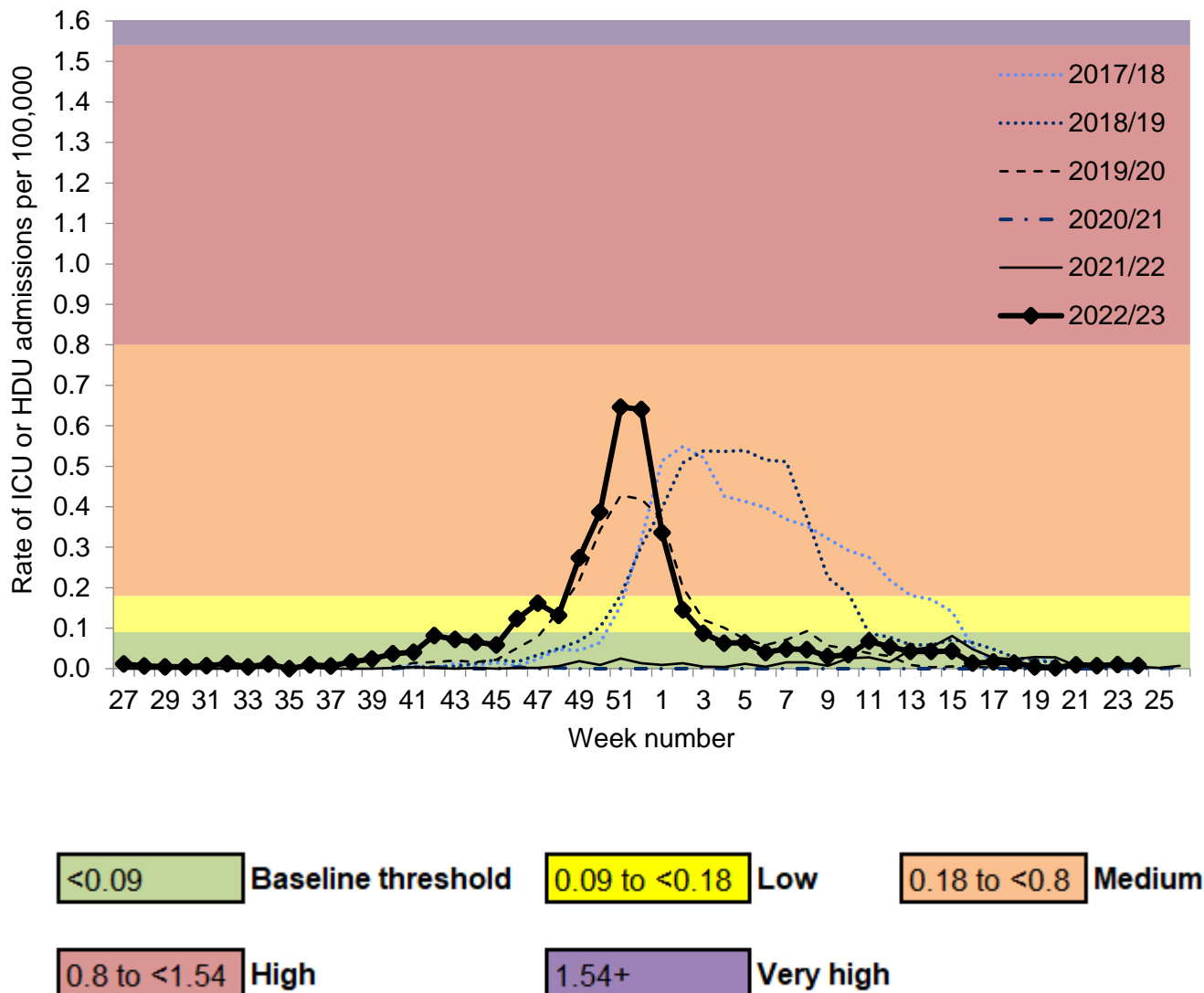
**Figure 14: Weekly overall COVID-19 ICU or HDU admission rates per 100,000 trust catchment population, SARI Watch, England**



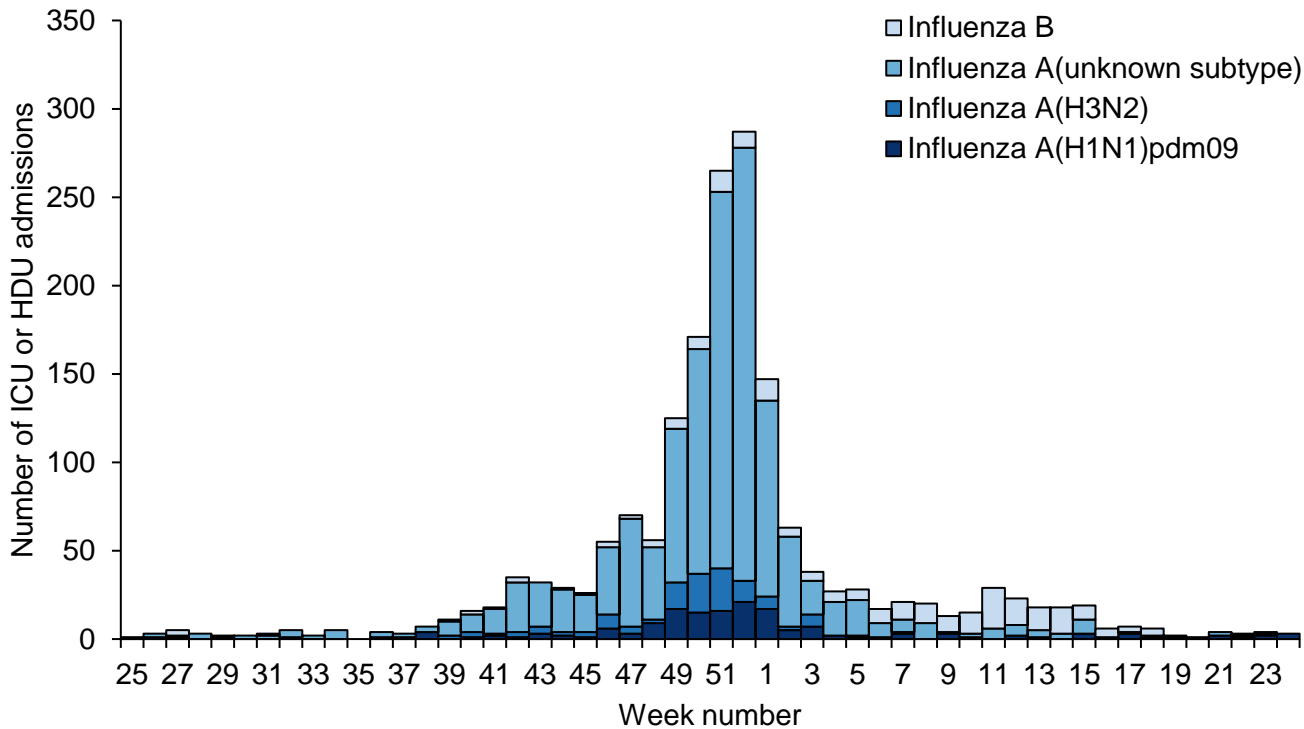
\* COVID-19 ICU or HDU admission rate based on 73 NHS trusts for week 24

\* SARI Watch data is provisional and subject to retrospective updates

**Figure 15: Weekly overall influenza ICU or HDU admission rates per 100,000 trust catchment population with MEM thresholds, SARI Watch, England**



**Figure 16: Weekly influenza ICU or HDU admissions by influenza type, SARI Watch, England**



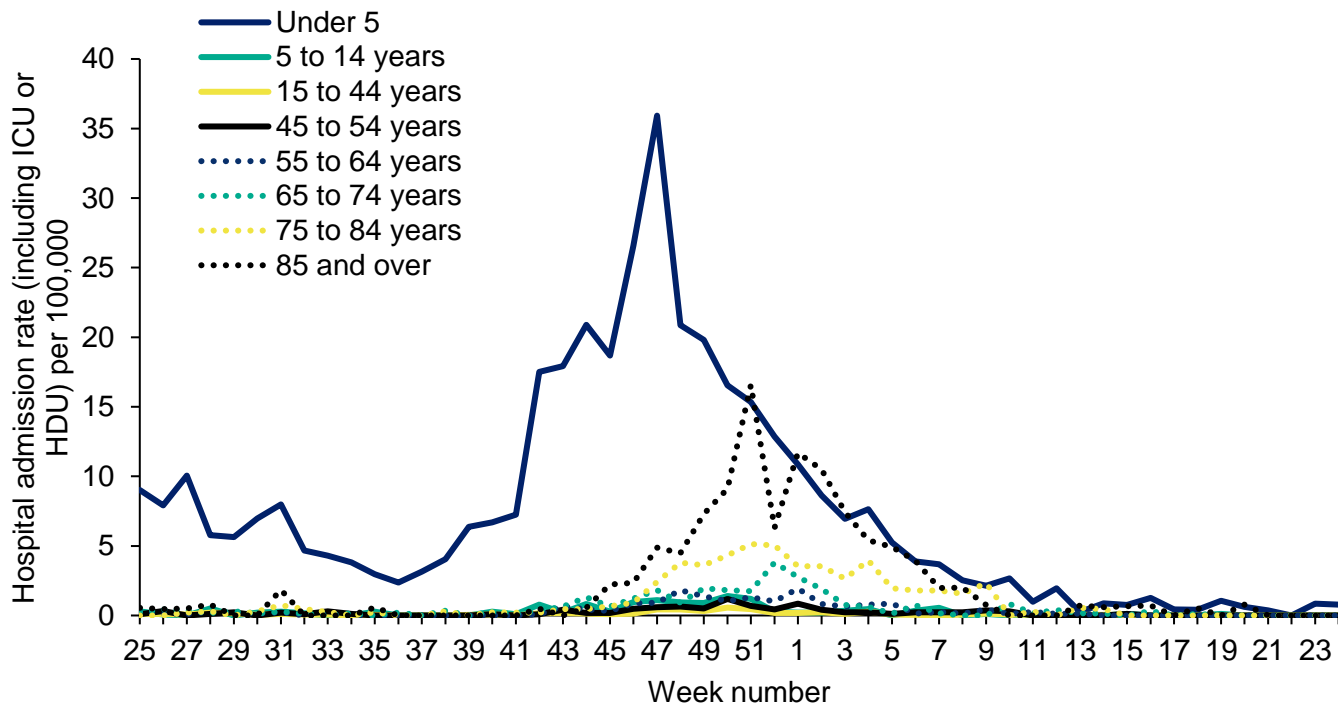
## ECMO, SARI Watch

There were no new ECMO admissions reported in week 24 from the 7 Severe Respiratory Failure (SRF) centres in the UK.

## RSV admissions, SARI Watch

Data on hospitalisations, including ICU or HDU admissions, with respiratory syncytial virus (RSV) are shown below. RSV SARI Watch surveillance is sentinel.

**Figure 17: Weekly hospitalisation (including ICU or HDU) admission rates by age group for new RSV cases reported through SARI Watch, England**



\* SARI Watch data is provisional

\* Please note that rates are based on the number of hospitalised cases divided by the Trust catchment population, multiplied by 100,000



## Mortality surveillance

### COVID-19 deaths

For further information on COVID-19 related deaths in England please see the [COVID-19 dashboard for death](#).

### Daily excess all-cause mortality (England)

For further information on excess all-cause mortality in England please see the [Fingertips excess mortality in England report](#), which uses ONS death registration data and the [all-cause mortality surveillance report](#), which uses the EuroMOMO model to measure excess deaths.

# Microbiological surveillance

## SARS-CoV-2 variants

Due to a technical issue, there is no update to the SARS-CoV-2 variants prevalence data this week (Figure 18). Updated SARS-CoV-2 genome sequence prevalence and growth rate can be found [here](#).

UKHSA conducts genomic surveillance of SARS-CoV-2 variants.

This section provides an overview of new and current circulating variants in England.

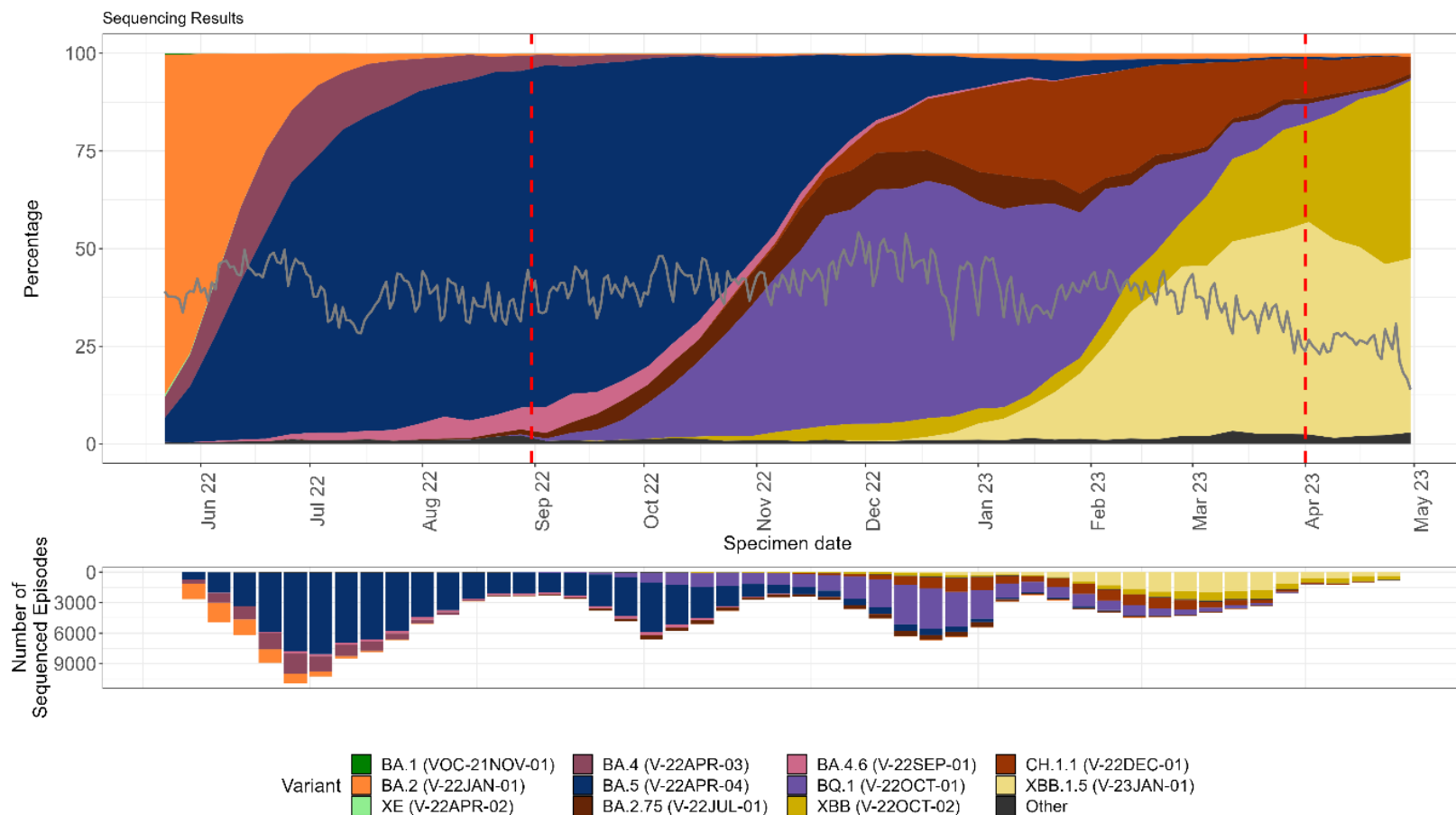
Detailed surveillance of particular variants of concerns can be found in recent [technical briefings](#).

Information on whole genome sequencing coverage can be found in the accompanying slide set.

The prevalence of different UKHSA-designated variants amongst sequenced episodes is presented in Figure 18.

To account for sequencing delays, we report the proportion of variants from sequenced episodes between 24 April 2023 and 30 April 2023. Of those sequenced in this period, 44.6% were classified as XBB.1.5 (V-23JAN-01), 45.4% as XBB (V-22OCT-02), 4.3% as CH.1.1 (V-22DEC-01), 0.6% as BQ.1 (V-22OCT-01), 1.2% as BA.2.75 (V-22JUL-01), 0.9% as BA.2 (V-22JAN-01) and 2.9% as Other.

**Figure 18: Prevalence of SARS-CoV-2 variants amongst available sequences episodes for England from 16 May 2022 up to 30 April 2023**



The grey line indicates proportion of cases sequenced.

The vertical dashed lines (red) denote changes in policies:

- Line 1: End of August 2022 denotes the change in asymptomatic testing
- Line 2: April 2023 denotes changes in PCR testing in social care and hospital settings

Note: Recombinants such as XD, are not specified but are largely within the 'Other' group currently as numbers are too small.

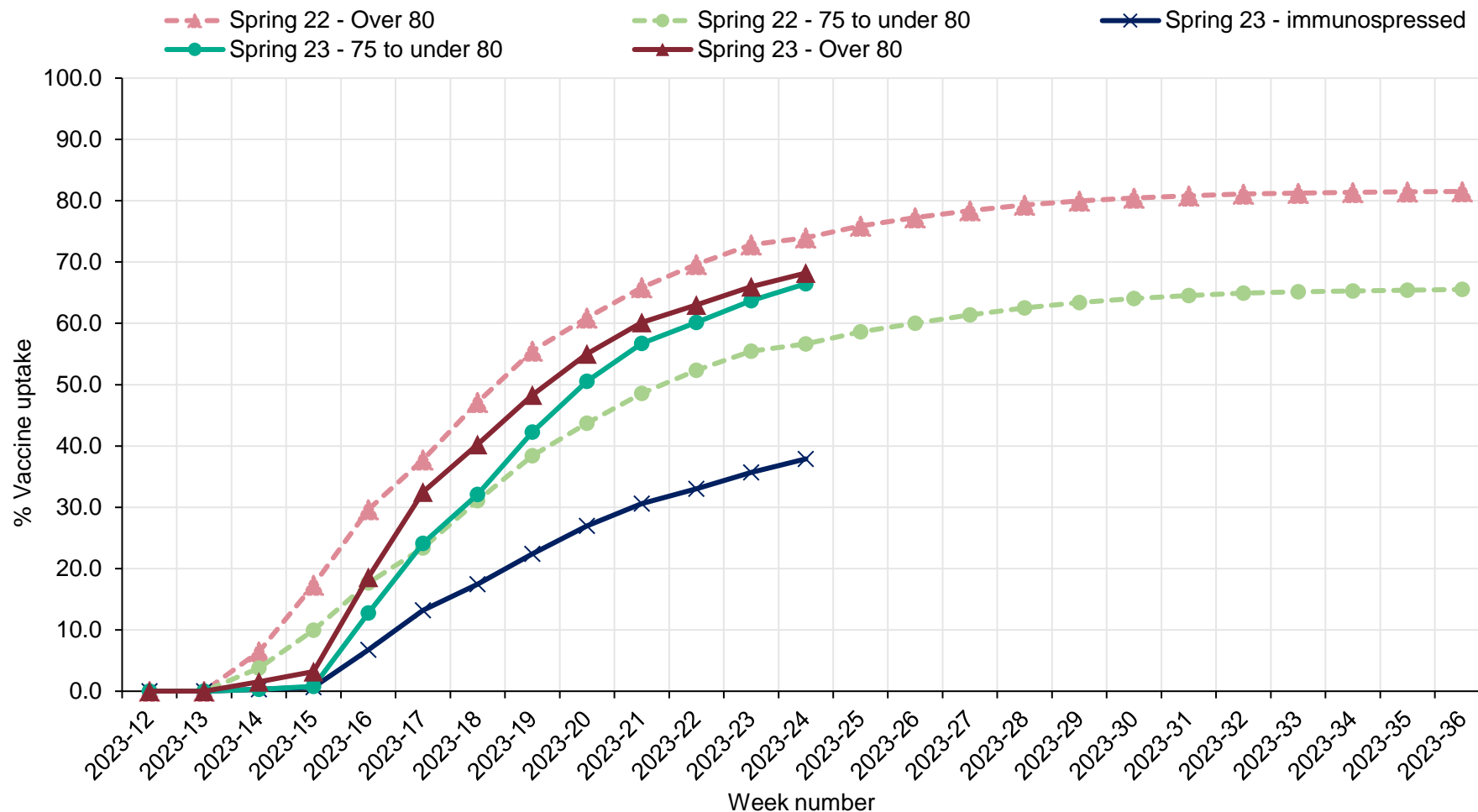
## COVID-19 vaccination

### COVID-19 vaccine uptake in England

By the end of week 24 2023 (week ending 18 June 2023), 67.4% (3,651,180 out of 5,414,982) of all people aged over 75 years old who are living and resident in England had been vaccinated with a Spring 2023 booster dose since 3 April 2023 (Figure 19).

By the end of week 24 2023 (week ending 18 June 2023), 37.9% (834,114 out of 2,201,179) of all people aged 5 years and over who are immunosuppressed and living and resident in England had been vaccinated with a Spring 2023 booster dose since 3 April 2023 (Figure 19).

**Figure 19: Cumulative weekly COVID-19 vaccine uptake in those who are living and resident in England vaccinated with a Spring 2023 booster since 3 April 2023\***



\*Please note that this graph shows data for the Spring 2022 campaign and does not correspond to the date axis but is aligned to the current Spring 2023 campaign to allow comparison of both.

## International update

### Global COVID-19 update

For further information on the global COVID-19 situation please see the [World Health Organization \(WHO\) COVID-19 situation reports](#).

### Global influenza update

Updated 12 June 2023 (based on data up to 28 May 2023) ([WHO website](#)).

Globally, influenza detections decreased further due to a decline in detections in the northern hemisphere, while some countries in the southern hemisphere reported an increase in influenza detections in recent weeks.

In the countries of North America, influenza activity remained low with most indicators of influenza activity at levels typically observed between influenza seasons. Influenza B viruses predominated.

In Europe, overall influenza detections continued to decrease and influenza positivity from sentinel sites decreased to 2%, below epidemic threshold of 10% at the regional level. At national level, only Norway and Slovakia reported influenza positivity above 10% in sentinel primary care. All countries reported low or below baseline intensity and most countries reported no or sporadic activity. Influenza detections were low in all reporting countries and influenza B viruses predominated in both sentinel and non-sentinel surveillance overall.

In Oceania, influenza activity increased slightly following trends similar to previous seasons.

In South Africa, influenza activity increased above the seasonal threshold in pneumonia and influenza-like illness (ILI) surveillance with influenza A viruses predominately detected.

In temperate South America, influenza activity continued to increase with A(H1N1)pdm09 viruses most frequently detected followed by B viruses, mainly reflecting an increase in Chile.

In the Caribbean countries, influenza activity remained low overall, although increased activity was reported in a few reporting countries, with influenza A(H1N1)pdm09 and B/Victoria lineage viruses co-circulating.

In the tropical countries of South America, overall influenza activity remained elevated though decreasing with detections of predominantly A(H1N1)pdm09 and B viruses.

In tropical Africa, influenza detections were low in reporting countries. Influenza A(H1N1)pdm09 viruses predominated among reported detections.

In Southern Asia, influenza activity remained low with all seasonal subtypes detected.

In South-East Asia, influenza activity remained stable in most reporting countries, with continued reporting of predominantly A(H1N1)pdm09 and A(H3N2) virus detections.

In the temperate zones of the northern hemisphere, influenza activity continued to decrease and was reported at low levels or below seasonal threshold in most reporting countries. All seasonal influenza subtypes were detected in similar proportions overall.

The WHO GISRS laboratories tested more than 328,524 specimens during that time period. 9,814 were positive for influenza viruses, of which 6,248 (63.7%) were typed as influenza A and 3,566 (36.3%) as influenza B. Of the sub-typed influenza A viruses, 2,992 (78.9%) were influenza A(H1N1)pdm09 and 799 (21.1%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (499) belonged to the B-Victoria lineage.

## Influenza in Australia

Updated 16 June 2023 (based on data up to fortnight ending 11 June 2023) ([Australian Government website](#)).

Australia monitors influenza through a number of complementary systems. The Australian government advises caution in the interpretation of data reported from various influenza surveillance systems due to the effects of COVID-19, particularly when making inter-season comparisons. Caution should also be applied in assessing the implications of influenza activity in Australia to the UK. It is not possible to reliably predict the course of the 2023 southern hemisphere influenza season or the implications for the following 2023 to 2024 northern hemisphere season, such as the timing, activity and impact of the 2023 to 2024 influenza season in the UK. Australia is one of many countries from which flu may arrive in the UK, including other countries which are more populous and or have more frequent inbound travel. Australia's influenza activity reflects its specific epidemiological circumstance and has no bearing on the local persistence of influenza in the UK in our inter-seasonal period.

Influenza-like-illness (ILI) activity in the community and hospitalisations due to influenza at sentinel hospitals decreased this fortnight, while ILI presentations to sentinel general practitioners (GPs) increased. The number of notifications of laboratory-confirmed influenza has increased in half of the Australian jurisdictions this fortnight, and has decreased or remained stable in the others. In the year-to-date (1 January to 11 June 2023), there have been 85,986 notifications reported to the National Notifiable Diseases Surveillance System (NNDSS) in Australia, of which 27,540 notifications had a diagnosis date this fortnight. In the year to date, notification rates have been highest in people aged 5 to 9 years, followed by those aged 0 to 4 years, and 10 to 14 years.

There is currently not enough information to comprehensively assess the potential severity of the 2023 influenza season at this time. In the year-to-date, of the 85,986 notifications of laboratory-confirmed influenza, 78 influenza-associated deaths have been identified by the National Notifiable Diseases Surveillance System (NNDSS). Since seasonal surveillance commenced in April 2023, there have been 782 sentinel hospital admissions, of which 55 (7%) were admitted directly to ICU.

In the year-to-date, 73% of notifications of laboratory-confirmed influenza reported to the NNDSS were influenza A, of which 95% were influenza A(unsubtyped); 4% were influenza A(H1N1); and 1% were influenza A(H3N2). Influenza B accounted for 25.7% of notifications; influenza A and B accounted for 0.2% of notifications, and 1% of influenza notifications were untyped.

Of the 1,332 samples referred to the WHOCC in the year-to-date, 97.0% of influenza A(H1N1) isolates, 77.9% of influenza A(H3N2) isolates, and 98.7% of influenza B/Victoria isolates characterised were antigenically similar to the corresponding vaccine components. It is too early to assess vaccine match and effectiveness for this season.

For further information on influenza in Australia please see the [Australian Influenza Surveillance Report and Activity Updates](#).



## Other respiratory viruses

### Avian influenza and other zoonotic influenza

[Latest WHO update on 31 May 2023](#)

From 25 April to 31 May 2023, one human case of infection with an influenza A(H1N2) variant virus, two human cases with positive influenza A(H5N1) detections, one human case of infections with an influenza A(H5N6) virus, and one human case of infection with an influenza A(H9N2) virus were reported officially.

The overall public health risk from currently known influenza viruses at the human-animal interface has not changed, and the likelihood of sustained human-to-human transmission of these viruses remains low. Human infections with viruses of animal origin are expected at the human-animal interface wherever these viruses circulate in animals.

UKHSA has detected influenza A(H5) virus in two poultry workers, following the introduction of an asymptomatic testing programme for people who have been in contact with infected birds. See the [UKHSA press release 16 May 2023](#) for more information.

[Latest UKHSA avian influenza technical briefing 2 June 2023](#)

See also the [WHO Disease Outbreak News Reports](#) for more information.

### Middle East respiratory syndrome coronavirus (MERS-CoV)

From April 2012 to May 2023, a total of 2,604 laboratory-confirmed cases of MERS-CoV and 936 associated deaths were reported globally to [WHO](#) under the International Health Regulations (IHR 2005).

Between 29 December 2021 and 31 October 2022, four laboratory-confirmed cases of MERS-CoV were reported to WHO by the Ministry of Health of the Kingdom of Saudi Arabia. No deaths were reported ([WHO website](#)).

On 28 April 2022, the National IHR Focal point of Oman notified WHO of one case of MERS-CoV in Oman ([WHO website](#)).

Between 22 March and 3 April 2022, the National IHR Focal Point of Qatar reported 2 laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection to the WHO ([WHO website](#)).

A total of 5 cases of Middle East respiratory syndrome coronavirus, MERS-CoV, (3 imported and 2 linked cases) have been confirmed in the UK through ongoing surveillance since September 2012.

[Further information on management and guidance of possible cases](#) is available online. The latest [ECDC MERS-CoV risk assessment](#) highlights that risk of widespread transmission of MERS-CoV remains very low.

## Related links

[Previous national COVID-19 reports](#)

[Previous weekly influenza reports](#)

[Annual influenza reports](#)

[COVID-19 vaccine surveillance reports](#)

[Previous COVID-19 vaccine surveillance reports](#)

[Public Health England \(PHE\) monitoring of the effectiveness of COVID-19 vaccination](#)

[Investigation of SARS-CoV-2 variants of concern: technical briefings](#)

[Sources of surveillance data for influenza, COVID-19 and other respiratory viruses](#)

UKHSA has delegated authority, on behalf of the Secretary of State, to process Patient Confidential Data under Regulation 3 The Health Service (Control of Patient Information) Regulations 2002

Regulation 3 makes provision for the processing of patient information for the recognition, control and prevention of communicable disease and other risks to public health.

# About the UK Health Security Agency

The [UK Health Security Agency](#) is an executive agency, sponsored by the [Department of Health and Social Care](#).

© Crown copyright 2023

Prepared by: Immunisation and Vaccine Preventable Diseases Division  
For queries relating to this document, please contact: [Enquiries@ukhsa.gov.uk](mailto:Enquiries@ukhsa.gov.uk)

Published: 22 June 2023



You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](#). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.



UKHSA supports the UN  
Sustainable Development Goals

