UKHSA publishes a national influenza and COVID-19 surveillance report which summaries 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 51 and 52 (between 18 December and 31 December 2023).
Contents

1) Respiratory Datamart system (England)
2) Confirmed COVID-19 episodes in England
3) Second generation surveillance system (SGSS)
4) SARS-CoV-2 Whole Genome Sequencing (WGS) coverage, England
5) Community surveillance
6) Primary Care surveillance
7) Secondary Care surveillance
8) Co- and secondary infections in persons with COVID-19 and influenza in England
Respiratory Datamart system (England)
Respiratory DataMart – influenza weekly positivity by UKHSA region

*Changes in positivity in London should be interpreted with caution as there was a low number of samples this week and is subject to retrospective updates
Respiratory DataMart – Influenza subtypes

Influenza A(H1N1)pdm09

Influenza A(H3N2)

Influenza A (not subtyped)

Influenza B

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

*Changes in positivity in London should be interpreted with caution this week and is subject to retrospective updates*
Respiratory DataMart – other respiratory viruses

- Adenovirus
  - Positivity (%)
  - Week number

- Parainfluenza
  - Positivity (%)
  - Week number

- Rhinovirus
  - Positivity (%)
  - Week number

- hMPV
  - Positivity (%)
  - Week number
Respiratory DataMart – other respiratory viruses

Adenovirus

Parainfluenza

Rhinovirus

hMPV

Number of positive specimens

Week number
Respiratory DataMart – other respiratory viruses

- Adenovirus
- Parainfluenza
- Rhinovirus
- hMPV

Week number

Positivity (%)

0 1 5 9 13 17 21 25 29 33 37 41 45 49

0 5 10 15

0 5 10 15 20

0 5 10 15 20

4 January 2024
Confirmed COVID-19 episodes in England
Confirmed COVID-19 episodes 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.

- From 11 January 2022 the requirement for confirmatory PCR testing in individuals who test positive using a lateral flow device was temporarily removed.

- Rates by ethnicity and IMD quantile will continue to be presented using the mid-2019 estimates, until the mid-2020 estimates become available.

- From 31 January 2022, UKHSA moved all COVID-19 case reporting in England to use a new episode-based definition which includes possible reinfections. Each infection episode is counted separately if there are at least 91 days between positive test results (PCR or LFD). Each infection episode begins with the earliest positive specimen date. Further information can be found on the UK COVID-19 dashboard.

- Since 1 April 2022, free universal symptomatic and asymptomatic testing for the general public in England is no longer available, as outlined in the plan for living with COVID-19. As such, there will be a reduction in the reporting of data obtained through Pillar 2 from April 2022 onwards. Data in this report should be interpreted in the context of this change to testing. Public health guidance remains in place for cases and their close contacts. Additionally, further changes in testing policy are in effect since 1 April 2023, which may affect case rates and positivity rates.
Seven-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested by sex under Pillar 1
Weekly COVID-19 episodes tested under Pillar 1, per 100,000 population by age group and region, weeks 42 to 52
Weekly COVID-19 episodes tested under Pillar 1, per 100,000 population by ethnicity and region, weeks 42 to 52
Weekly COVID-19 rate tested under Pillar 1, per 100,000 population by IMD quintile (1 being the most deprived and 5 being the least deprived)

*incidence rates have been calculated using the mid-2019 ONS population estimates
Second generation surveillance system (SGSS)
The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA region and over time, including short-term trends in testing. Therefore comparisons should be done with caution.
The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA regions and over time, including short-term trends in testing. Therefore comparisons should be done with caution.
SGSS reported RSV cases by UKHSA region (all ages)

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

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

The presented figures are based on laboratory reports through SGSS. Testing and reporting procedures vary by virus, UKHSA region and over time, including short-term trends in testing. Therefore comparisons should be done with caution.
SARS-CoV-2 Whole Genome Sequencing (WGS) coverage, England
SARS-CoV-2 coverage of sequencing with a valid result and genotyping over time

Sequencing coverage of PCR positive tests

Grey shading was applied to the previous 14 days to account for reporting delays in sequencing data. Cases where the individual only tested using a lateral flow device are not included in the percentage denominator.
Community surveillance
Estimates of COVID-19 prevalence over time by age group between 14 November 2023 and 13 December 2023, Winter COVID-19 study, England

Last updated 21st December 2023
Number of acute respiratory infection outbreaks reported to UKHSA by type of educational setting, England
Primary Care surveillance
General practice Influenza-like-illness consultation rates per 100,000 population, UK administrations

<table>
<thead>
<tr>
<th>GP ILI consultation rates (all ages)</th>
<th>40</th>
<th>41</th>
<th>42</th>
<th>43</th>
<th>44</th>
<th>45</th>
<th>46</th>
<th>47</th>
<th>48</th>
<th>49</th>
<th>50</th>
<th>51</th>
<th>52</th>
</tr>
</thead>
<tbody>
<tr>
<td>England (RCGP)</td>
<td>3.5</td>
<td>3.2</td>
<td>3.5</td>
<td>3.2</td>
<td>3.3</td>
<td>3.8</td>
<td>3.4</td>
<td>3.8</td>
<td>4.6</td>
<td>5.3</td>
<td>6.3</td>
<td>7.7</td>
<td>4.9</td>
</tr>
<tr>
<td>Wales</td>
<td>5.0</td>
<td>3.1</td>
<td>1.7</td>
<td>2.9</td>
<td>3.6</td>
<td>4.0</td>
<td>3.3</td>
<td>4.2</td>
<td>4.7</td>
<td>7.4</td>
<td>7.1</td>
<td>7.4</td>
<td>7.1</td>
</tr>
<tr>
<td>Scotland</td>
<td>1.5</td>
<td>0.7</td>
<td>2.7</td>
<td>2.6</td>
<td>1.9</td>
<td>7.0</td>
<td>2.3</td>
<td>4.3</td>
<td>4.7</td>
<td>4.2</td>
<td>3.8</td>
<td>7.1</td>
<td>6.9</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>3.3</td>
<td>3.2</td>
<td>3.6</td>
<td>3.4</td>
<td>2.9</td>
<td>4.2</td>
<td>3.7</td>
<td>3.7</td>
<td>4.2</td>
<td>6.5</td>
<td>7.0</td>
<td>9.3</td>
<td>8.6</td>
</tr>
</tbody>
</table>
Secondary Care surveillance
Weekly COVID-19 hospitalisation rate per 100,000 trust catchment population by age group and region, weeks 42 to 52
Rate of COVID-19 hospitalisation (to all levels of care including ICU-HDU) by ethnic group, per 100,000 ethnic group specific trust catchment population, England

HCAI, Fungal, AMR, AMU & Sepsis Division
Preceding/co-/secondary infections with COVID-19

Background

• Numbers of preceding/co-/secondary infection remain low across UKHSA surveillance systems.

• Free community testing ended 31 March 2022 as part of the government’s Living with COVID-19 plan, with asymptomatic testing continuing in some settings. As of 31 August 2022, asymptomatic testing in all settings, including hospitals, has been paused. Please use caution when comparing incidence of bacterial, fungal and viral preceding/co-/secondary infections with COVID-19 over time due to these differences in testing strategies.

• Published data analyses from pandemic wave 1 indicates increased mortality associated with COVID-19 and influenza, key bacterial and fungal infections and invasive pneumococcal disease (IPD) in comparison to persons without co/secondary infection.

• Data analysis from wave 1 indicates that Aspergillosis and candidemia cases had increased risk of mortality in comparison to patients without co/secondary infection.
Surveillance of bacterial, fungal and respiratory viral infections in persons with COVID-19 in England

Data information

• Data are provisional and subject to change due to possible delayed reporting of microbiological samples
• Relative undertesting for other pathogens may result in an underestimate of preceding/co-/secondary infection cases. In addition, testing varies between pathogens therefore caution should be used in comparing preceding/co-/secondary infection rates between different pathogens
• Preceding/co-/secondary infections refers to when a person has a COVID-19 infection with one or more other pathogen (Please see Appendix 1 – Preceding/co-/secondary infection definitions.)
  – Preceding infection: SARS-CoV-2 detected after another pathogen
  – Co-infection: SARS-CoV-2 and other pathogen detected at the same time
  – Secondary infection: SARS-CoV-2 detected before another pathogen
• The following outputs included in this section have been produced via the Unified Infection Dataset (UID)
• Bacterial, fungal and respiratory viral infection data sources:
  – Fungal, bacterial and respiratory viral data (excluding Clostridioides difficile): Second Generation Surveillance System (SGSS)
  – Respiratory viral data: Respiratory Datamart
  – Clostridioides difficile: HCAI Data Capture System
Key findings:
From ISO week 27 of 2022, the most frequent organisms identified were *Escherichia coli*, Influenza A, and *Staphylococcus aureus*.
Appendix 1: Pre-/co-/secondary infection definitions

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.

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

See final slide for †, ^ and * notes. Continued overleaf
### Appendix 1 continued: Pre-/co-/secondary infection definitions

<table>
<thead>
<tr>
<th>Organism</th>
<th>Definition co-infection with SARS-CoV-2†</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood stream and respiratory infections (bacterial and fungal)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Klebsiella spp.</td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td>Legionella pneumophila/species</td>
<td>Individual case review</td>
<td>Individual case review</td>
</tr>
<tr>
<td>Mycoplasma pneumoniae</td>
<td>0-7d PCR, IgM serology 0-21d &lt;16y</td>
<td>PCR within 14-28 d (8-13d PCR)*</td>
</tr>
<tr>
<td>Neisseria meningitidis</td>
<td>+/- 2d</td>
<td>3-28d</td>
</tr>
<tr>
<td>Pseudomonas spp.</td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td>Serratia spp.</td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td>Coagulate-neg Staphylococcus (S. haemolyticus)</td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td>Stenotrophomonas spp., (S. maltophilia)</td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td>Streptococcus spp.</td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>+/- 2d</td>
<td>3-28d</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mycobacterium tuberculosis</td>
<td>Individual case review</td>
<td>Individual case review</td>
</tr>
<tr>
<td><strong>Pathogens of the immunocompromised (eg HIV)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Individual case review</td>
<td>Individual case review</td>
</tr>
<tr>
<td><strong>Gastrointestinal infections</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listeria</td>
<td>0-5d *</td>
<td>Individual case review</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>0-5d *</td>
<td>Individual case review</td>
</tr>
<tr>
<td>Shiga toxin-producing <em>E. coli</em> (STEC)</td>
<td>0-5d *</td>
<td>Individual case review</td>
</tr>
<tr>
<td>Norovirus</td>
<td>0-5d *</td>
<td>Individual case review</td>
</tr>
<tr>
<td>Salmonella</td>
<td>0-5d *</td>
<td>Individual case review</td>
</tr>
<tr>
<td>Shigella</td>
<td>0-5d *</td>
<td>Individual case review</td>
</tr>
<tr>
<td>Anaerobes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>C. difficile</em></td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
<tr>
<td><em>Bacteroides spp. (B. fragilis and non-fragilis Bacteroides)</em></td>
<td>+/- 1d</td>
<td>2-28d</td>
</tr>
</tbody>
</table>

See final slide for †, * and ‡ notes.
Appendix 1 continued: Pre-/co-/secondary infection definitions

**Notes**
† From the first specimen date of a SARS-CoV-2 infection episode.
* 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 UKHSA to account for disparities in testing throughout the 28d period after SARS-CoV-2 detection.
‡ Streptococcus species includes the following groups and species:

<table>
<thead>
<tr>
<th>Group</th>
<th>Species/other names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anginosus Group</td>
<td><em>Streptococcus anginosus</em>; <em>Streptococcus constellatus</em> (Streptococcus constellatus subspecies constellatus <em>Streptococcus constellatus</em> subspecies pharynges); Streptococcus Group F; <em>Streptococcus intermedius</em>; <em>Streptococcus milleri</em> group; <em>Streptococcus sinensis</em></td>
</tr>
<tr>
<td>Bovis Group</td>
<td><em>Streptococcus alactolyticus</em>; <em>Streptococcus bovis</em> untyped; <em>Streptococcus equinus</em>; <em>Streptococcus galolyticus</em> subspecies galolyticus (<em>Streptococcus bovis</em> biotype I); <em>Streptococcus infantarius</em> (<em>Streptococcus infantarius</em> sp infantarius; <em>Streptococcus bovis</em> biotype II); <em>Streptococcus lutetiensis</em>; <em>Streptococcus infantarius</em> subspecies coli (<em>Streptococcus bovis</em> biotype II); <em>Streptococcus pasteurianus</em> (<em>Streptococcus bovis</em> biotype II)</td>
</tr>
<tr>
<td>Mitis Group</td>
<td><em>Streptococcus cristatus</em>; <em>Streptococcus mitior</em>; <em>Streptococcus mitis</em>; <em>Streptococcus oralis</em>; <em>Streptococcus pseudopneumoniae</em>; <em>Streptococcus infantis</em>; <em>Streptococcus peroris</em></td>
</tr>
<tr>
<td>Mutans Group</td>
<td><em>Streptococcus mutans</em>; <em>Streptococcus sobrinus</em></td>
</tr>
<tr>
<td>Other streptococci (including but not limited to)</td>
<td>Anaerobic streptococcus; <em>Streptococcus acidominimus</em>; <em>Streptococcus</em> spp., other named/not fully identified; <em>Streptococcus suis</em>; <em>Streptococcus uberis</em></td>
</tr>
<tr>
<td>Salivarius Group</td>
<td><em>Streptococcus vestibularis</em>; <em>Streptococcus thermophilus</em></td>
</tr>
<tr>
<td>Sanguinis Group</td>
<td><em>Streptococcus gordonii</em>; <em>Streptococcus massiliensis</em>; <em>Streptococcus parasanguinis</em>; <em>Streptococcus sanguinis</em></td>
</tr>
<tr>
<td>Streptococcus Group A</td>
<td>Group A; <em>Streptococcus pyogenes</em>; <em>Streptococcus dysgalactiae</em> subspecies <em>equisimilis</em></td>
</tr>
<tr>
<td>Streptococcus Group B</td>
<td>Group B; <em>Streptococcus agalactiae</em></td>
</tr>
<tr>
<td>Streptococcus Group C</td>
<td>Group C; <em>Streptococcus dysgalactiae</em> subspecies <em>equisimilis</em>; <em>Streptococcus equi</em> subspecies <em>zooepidemicus</em></td>
</tr>
<tr>
<td>Streptococcus Group G</td>
<td>Group G; <em>Streptococcus canis</em>; <em>Streptococcus dysgalactiae</em> subspecies <em>equisimilis</em></td>
</tr>
</tbody>
</table>