

Influenza and COVID-19 Surveillance graphs

UKHSA publishes a 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 12 (between 18 March 2024 and 24 March 2024).



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) <u>Primary Care surveillance</u>
- 7) Secondary Care surveillance
- 8) <u>Co- and secondary infections in persons with COVID-19 and influenza in England</u>

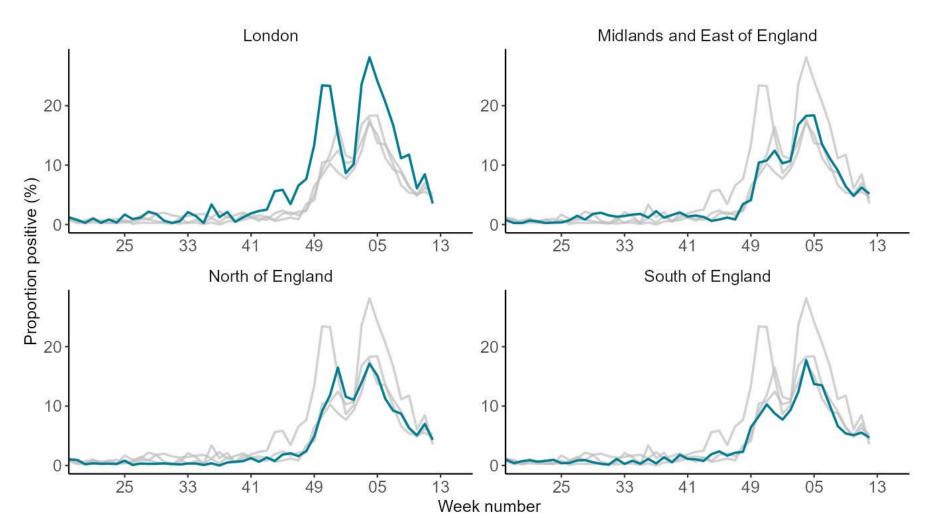
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Respiratory Datamart system (England)



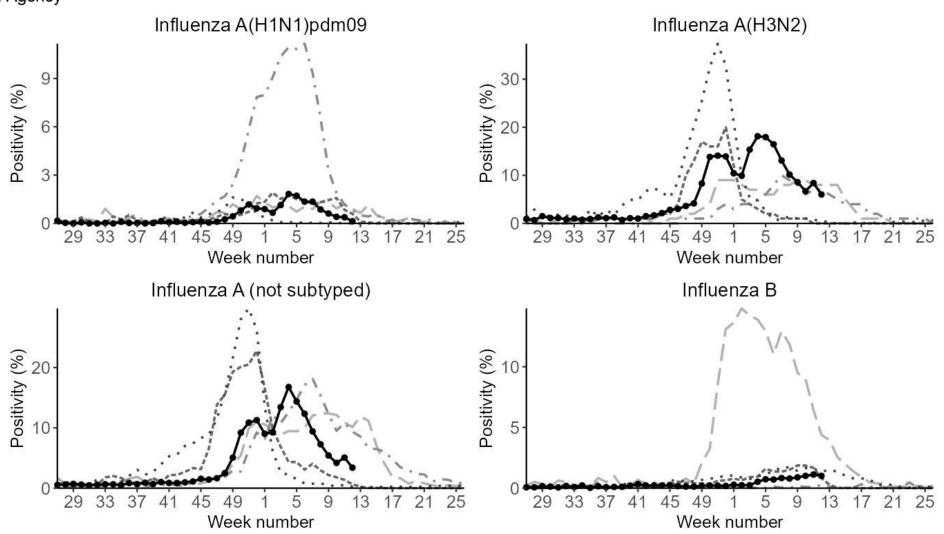
Respiratory DataMart – influenza weekly positivity by UKHSA region



^{*}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



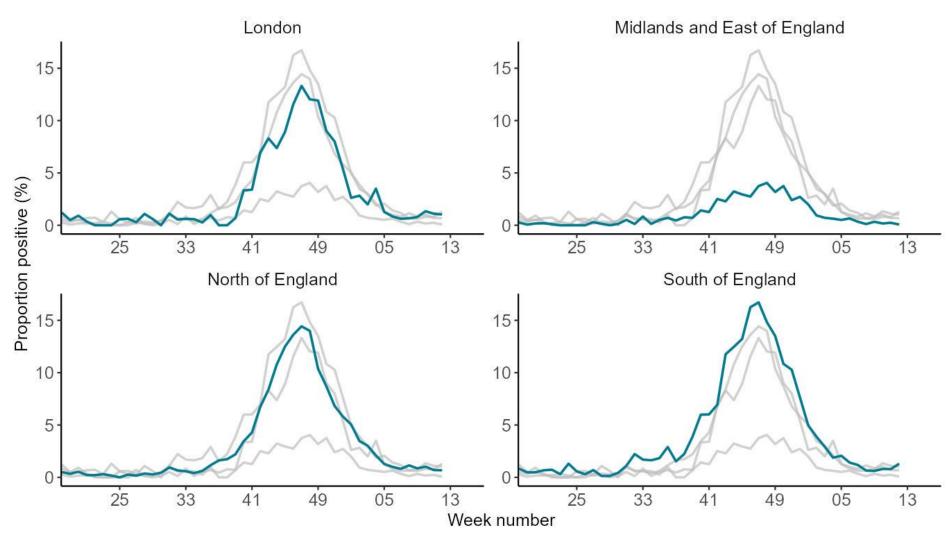
Respiratory DataMart – Influenza subtypes



Please note y-axis uses different scales across graphs



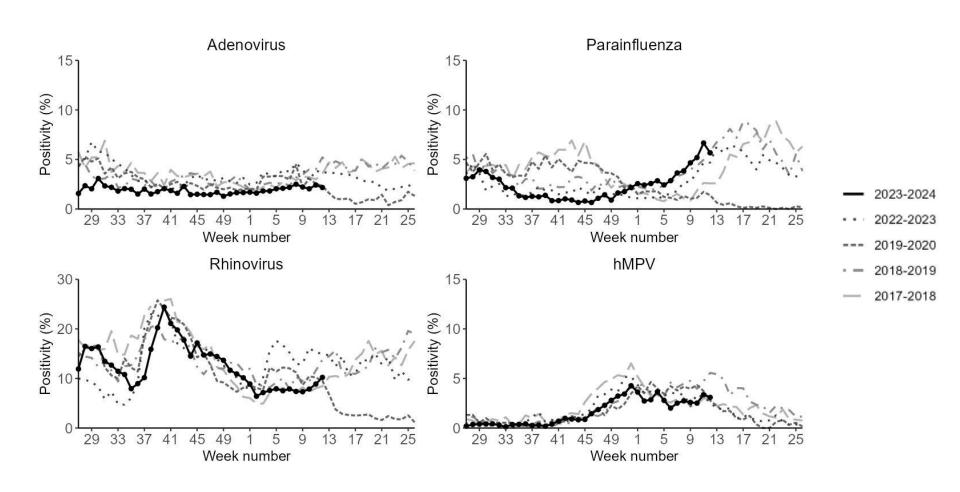
Respiratory DataMart – Respiratory syncytial virus (RSV) weekly positivity by UKHSA region



^{*}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



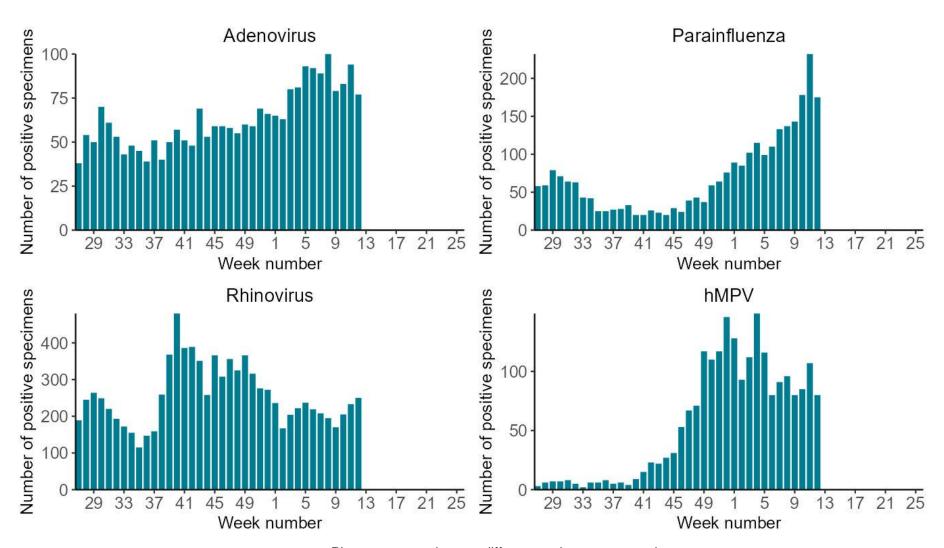
Respiratory DataMart – other respiratory viruses



Please note y-axis uses different scales across graphs



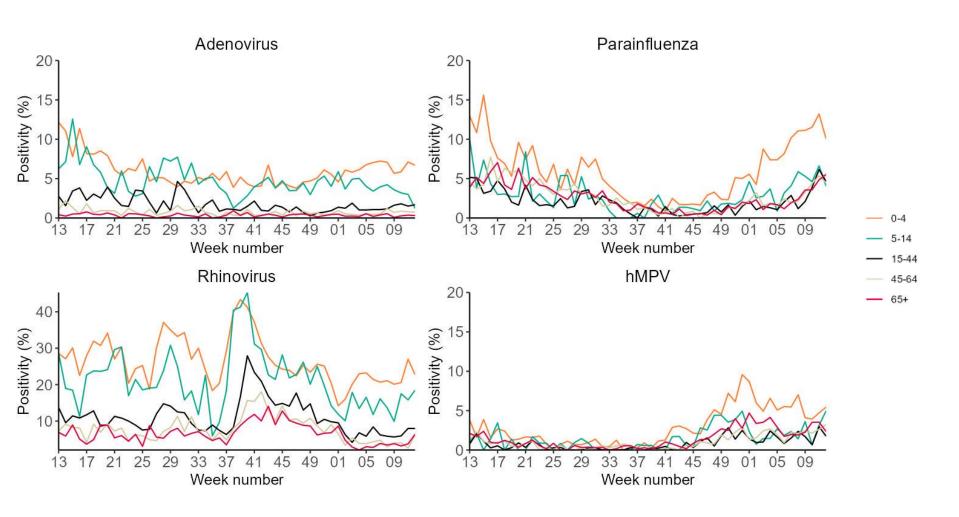
Respiratory DataMart – other respiratory viruses



Please note y-axis uses different scales across graphs



Respiratory DataMart – other respiratory viruses



Please note y-axis uses different scales across graphs



Confirmed COVID-19 episodes in England



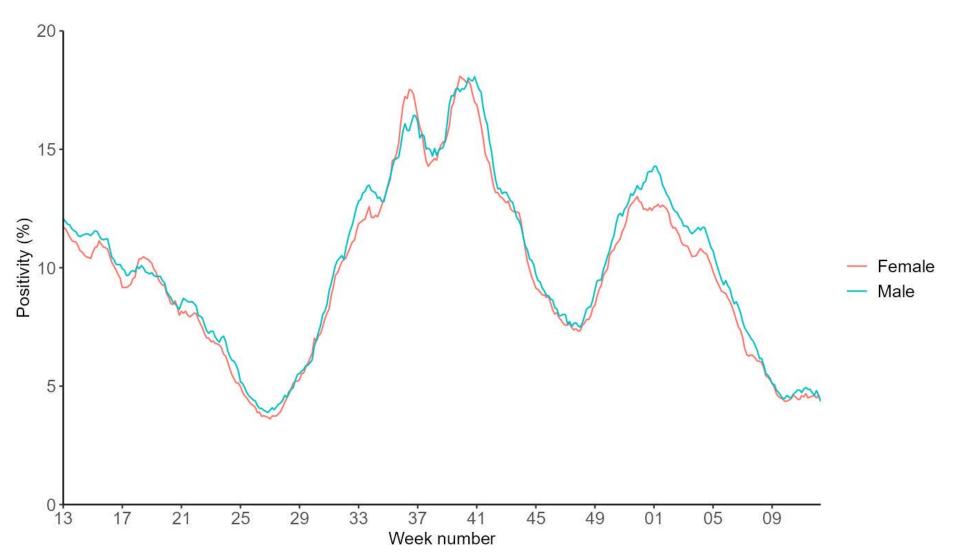
Confirmed COVID-19 episodes in England

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 <u>confirmatory PCR testing in individuals who test positive using a lateral flow device was temporarily removed</u>.
- 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
 <a href="Maintenance-adapted-nois
- 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.



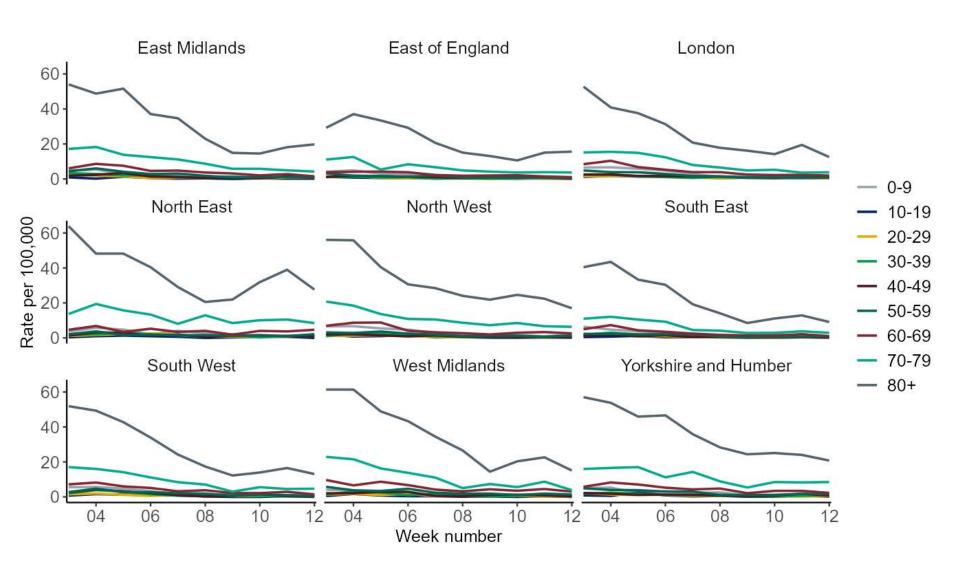
Seven-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested by sex under Pillar 1



28 March 2024

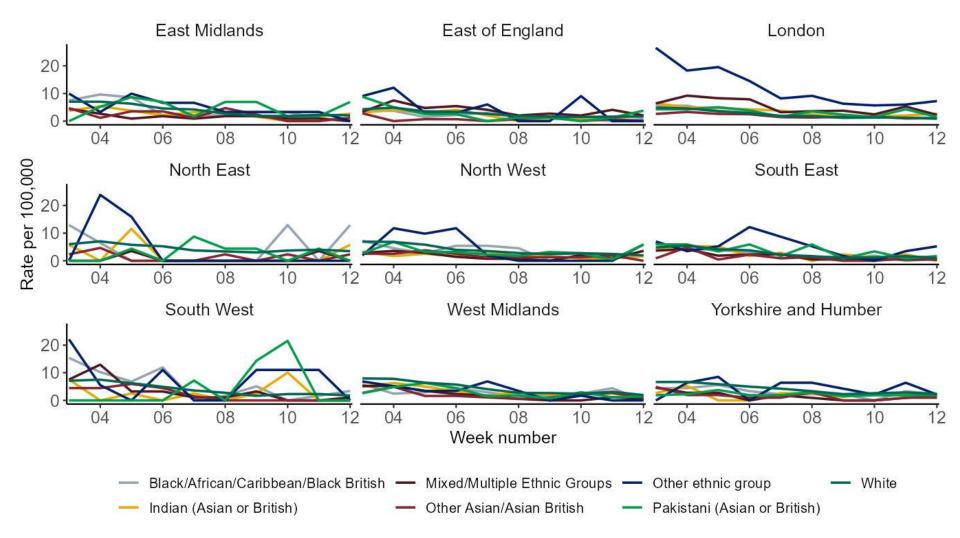


Weekly COVID-19 episodes tested under Pillar 1, per 100,000 population by age and UKHSA region, weeks 3 to 12



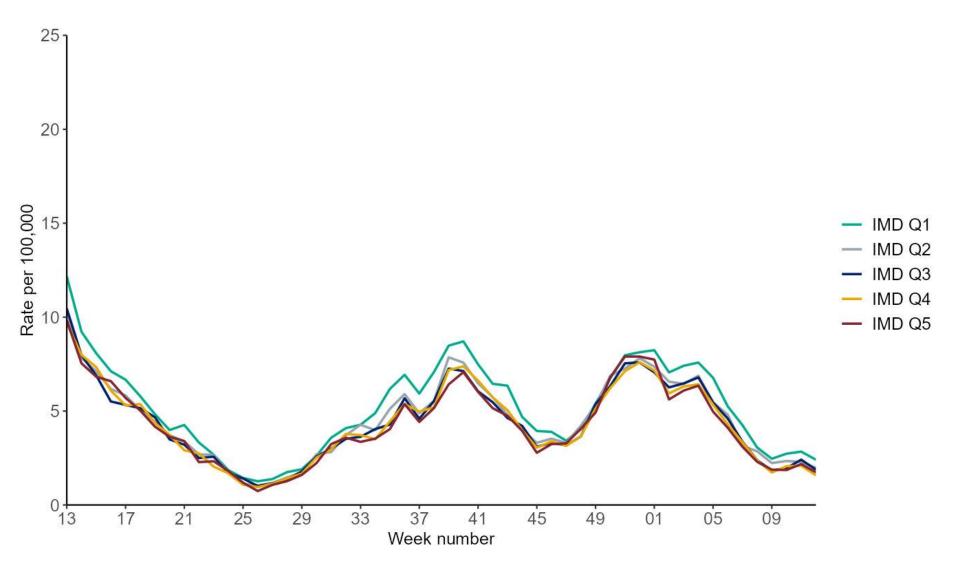


Weekly COVID-19 episodes tested under Pillar 1, per 100,000 population by ethnicity and GOR region, weeks 3 to 12



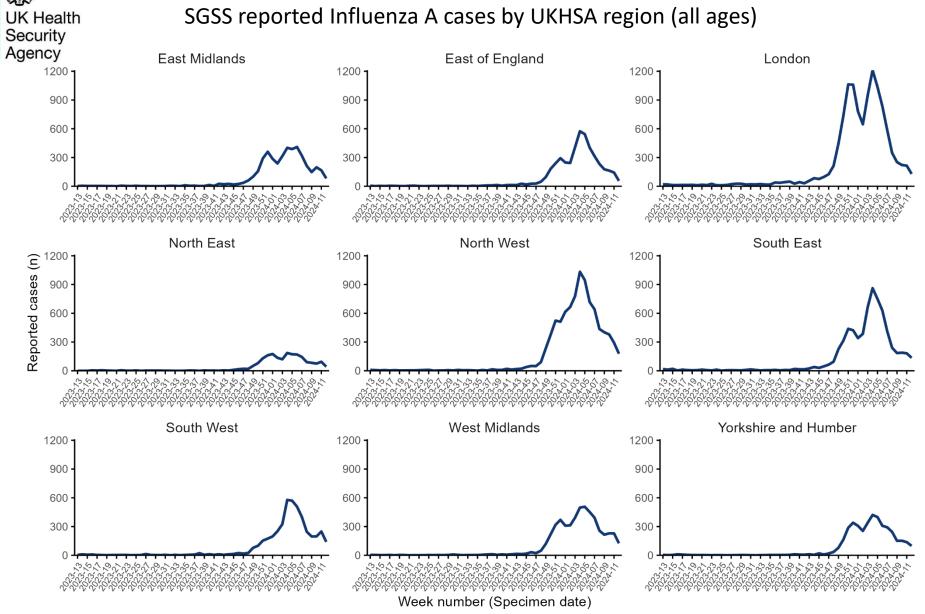


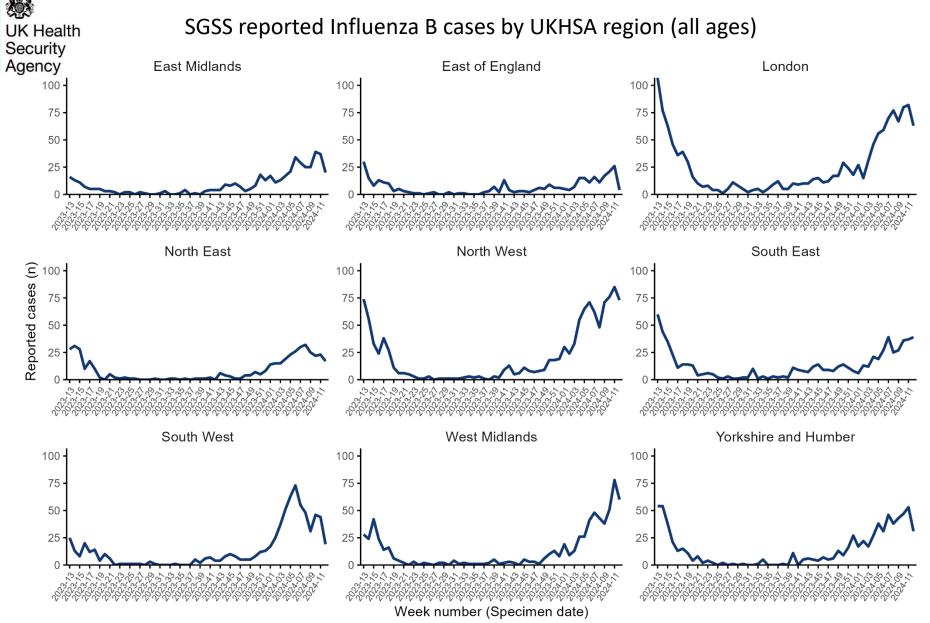
Weekly COVID-19 rate tested under Pillar 1, per 100,000 population by IMD quintile (1 being the most deprived and 5 being the least deprived)



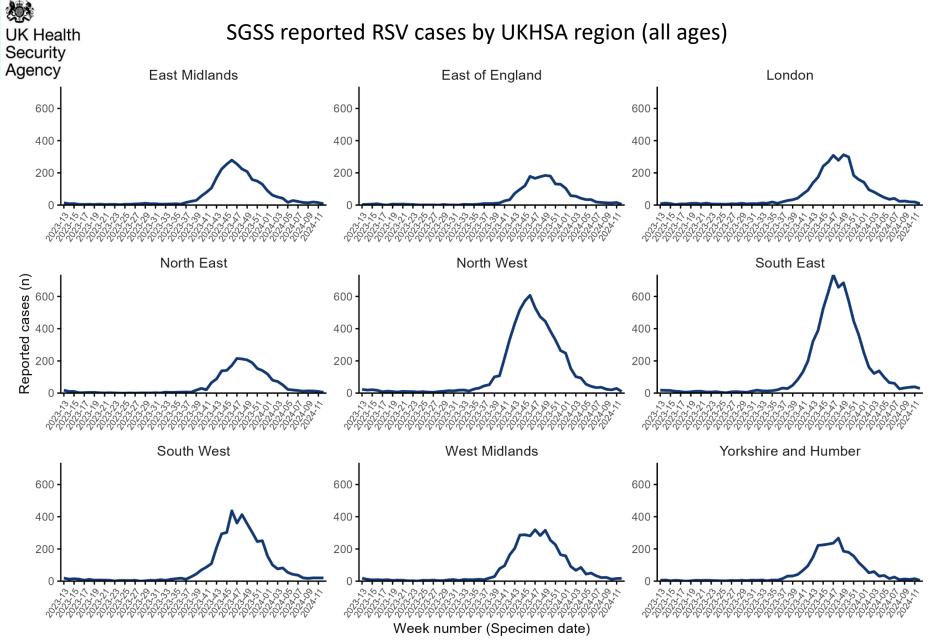


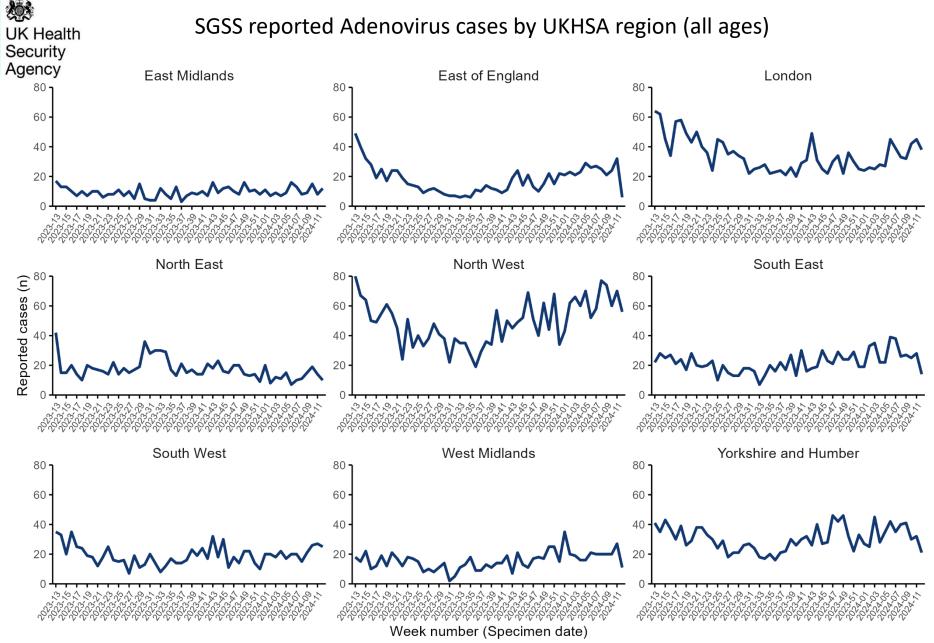
Second generation surveillance system (SGSS)

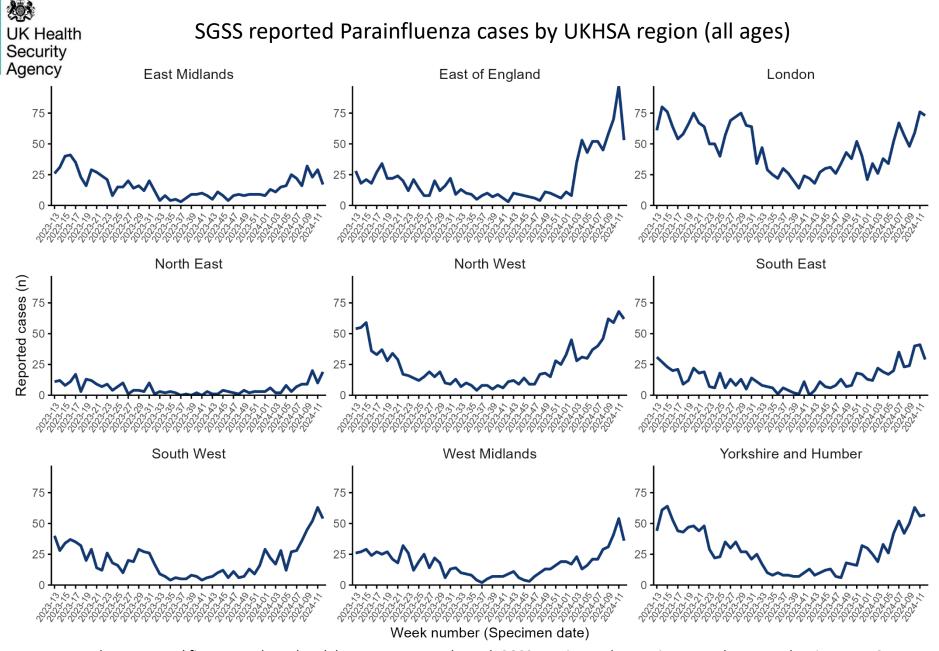


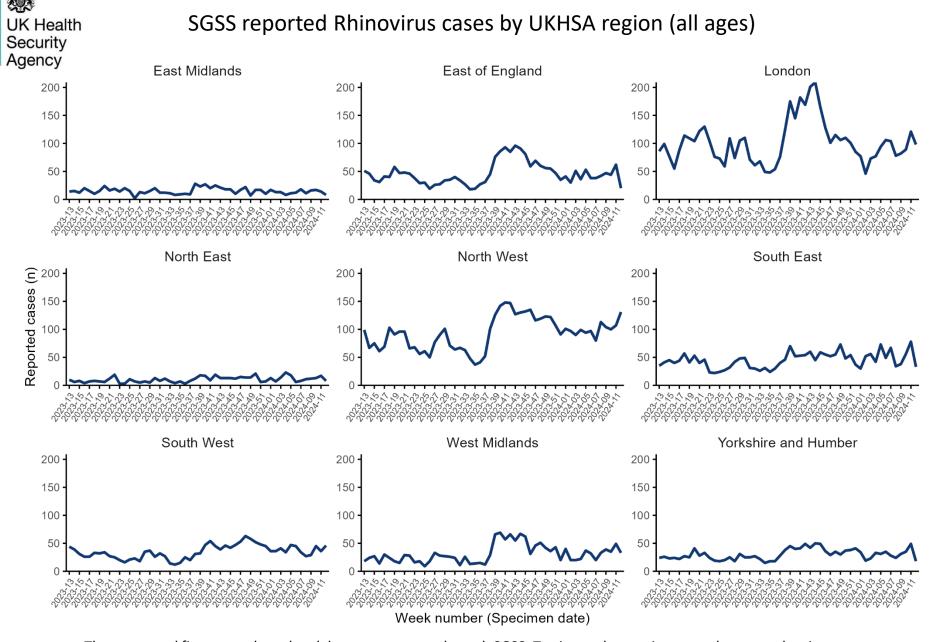


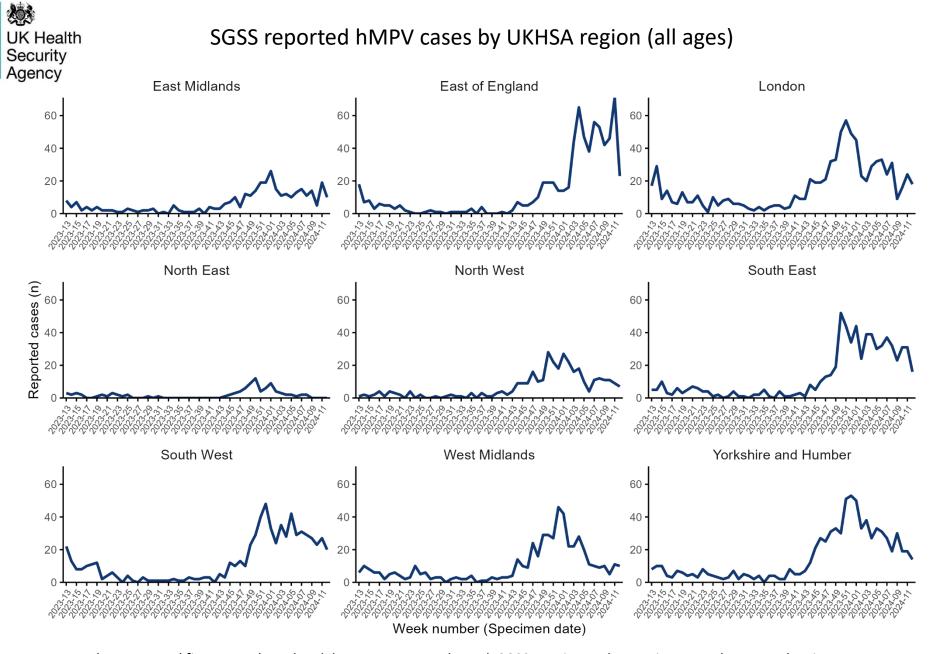
28 March 2024









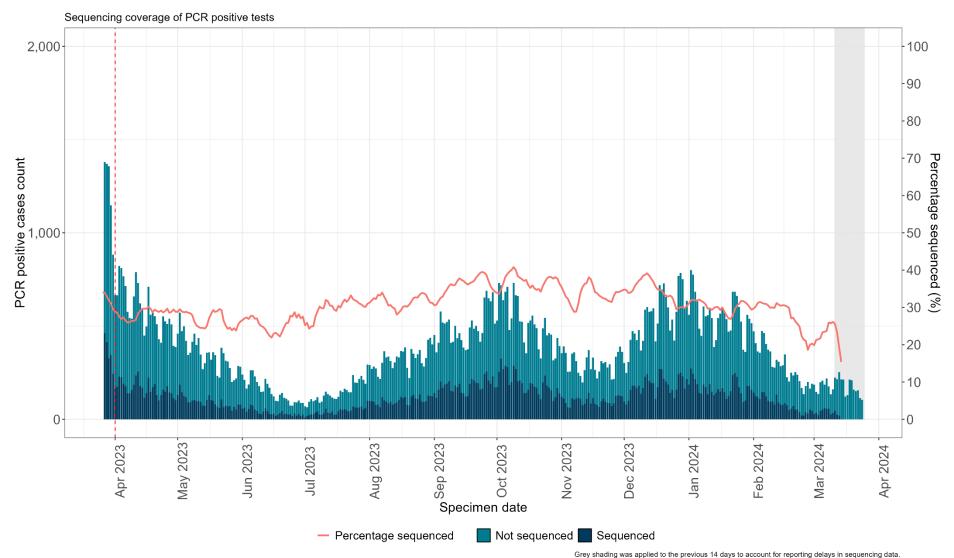




SARS-CoV-2 Whole Genome Sequencing (WGS) coverage, England



SARS-CoV-2 coverage of sequencing with a valid result and genotyping over time

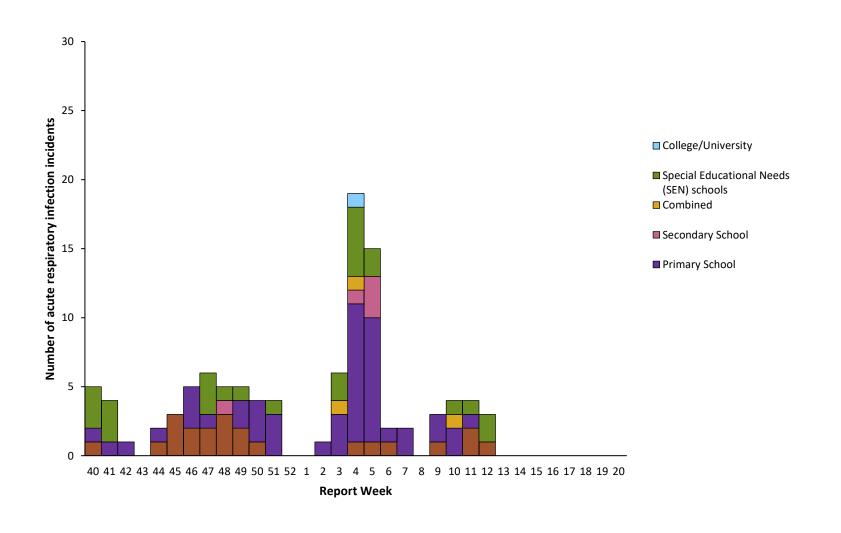




Community surveillance



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

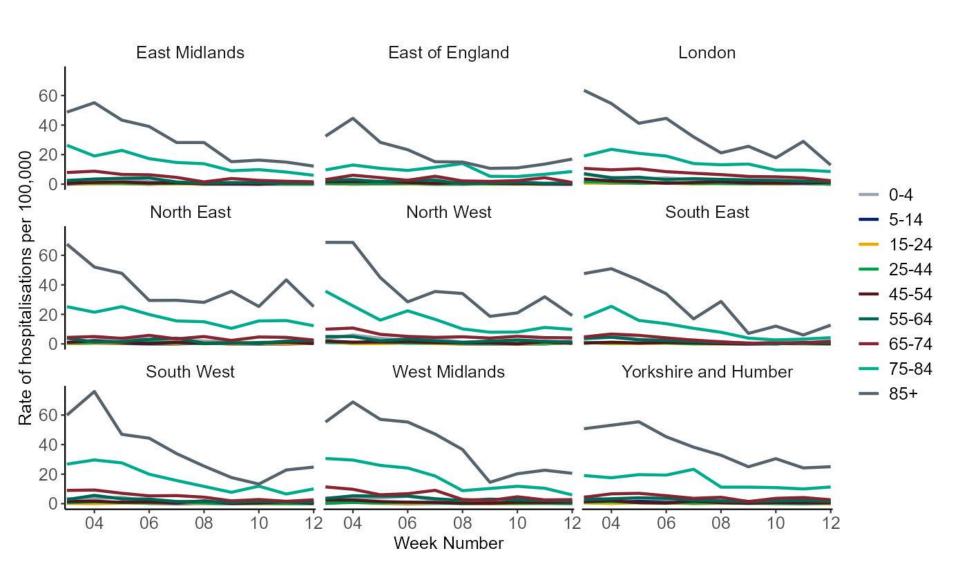
	Week Number																						
	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12
England (RCGP)	3.5	3.2	3.3	3.8	3.4	3.8	4.6	5.3	6.3	7.7	4.9	7.5	8.0	7.5	9.8	9.6	9.1	7.6	6.7	5.7	5.3	5.5	4.9
Wales	1.7	2.9	3.6	4.0	3.3	4.2	4.8	7.4	7.1	7.4	7.0	10. 1	9.3	9.4	15. 7	14. 4	9.3	7.9	7.8	6.8	6.1	6.3	-
Scotland	2.7	2.6	1.9	7.0	2.3	4.3	4.7	4.3	3.8	7.1	6.8	16. 7	7.1	9.6	9.3	13. 6	7.5	15. 1	13. 4	5.3	8.1	7.5	7.5
Northern Ireland	3.6	3.4	2.9	4.2	3.7	3.7	4.2	6.5	7.0	9.3	8.7	14. 9	16. 4	17. 4	19. 2	17. 2	16. 0	13. 6	11. 5	9.4	9.8	9.4	6.5



Secondary Care surveillance



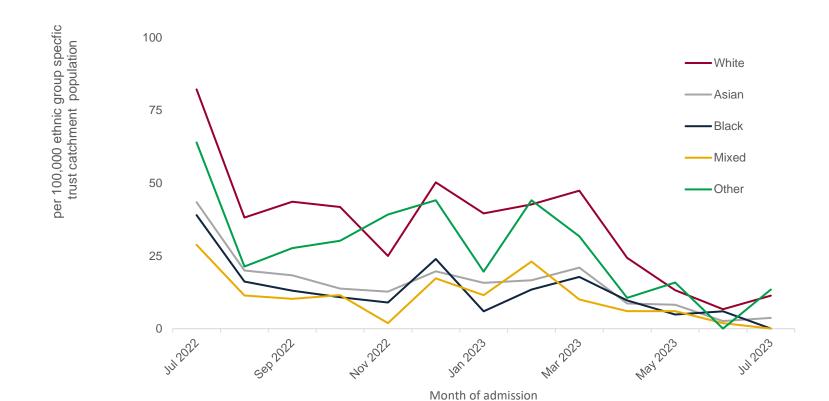
Weekly COVID-19 hospitalisation rate per 100,000 trust catchment population by age group and UKHSA region, weeks 3 to 12







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





Preceding, co- and secondary infections in persons with COVID-19 and influenza in England, July 2022 to 18 March 2024

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 <u>influenza</u>, <u>key bacterial and fungal infections</u> and <u>invasive pneumococcal disease</u> (IPD) in comparison to persons without co/secondary infection.
- <u>Data analysis</u> 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

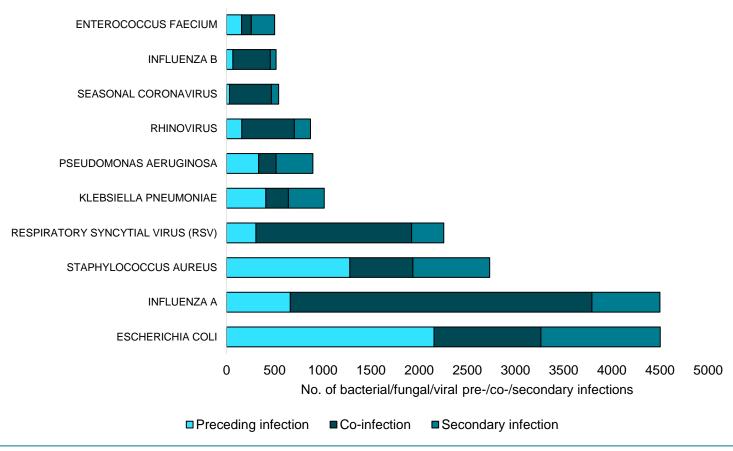
Data information

- 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



Most frequent bacterial, fungal, and viral specimens, by timing of diagnosis, in persons with COVID-19 in England from ISO week 27 of 2022

Last Updated 21 March 2024



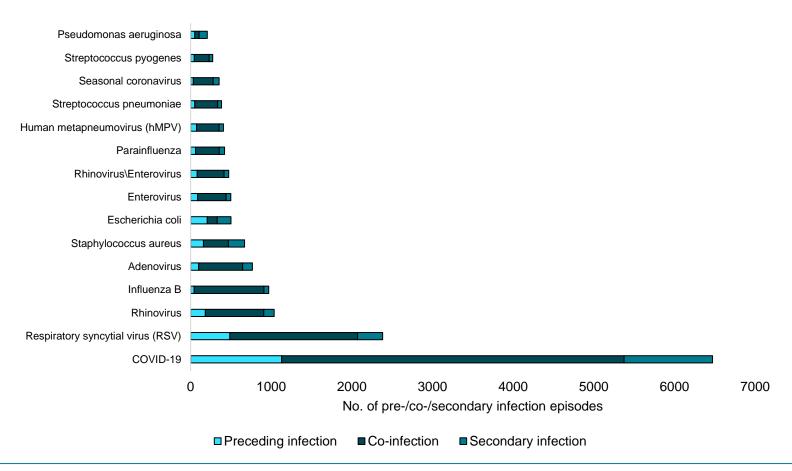
Key findings:

From ISO week 27 of 2022, the most frequent organisms identified were *Escherichia coli*, Influenza A, and *Staphylococcus aureus*.



Most frequent bacterial/fungal/respiratory viral infections, by timing of diagnosis, in persons with influenza in England from ISO week 27 of 2022

Last Updated 21 March 2024



Key findings:

From ISO week 27 of 2022, the most frequent organisms identified were COVID-19, RSV, and rhinovirus.

^{*}The baseline infection is any type of influenza (influenza A or B or both) for all bacterial/fungal/respiratory viral preceding/co-/secondary infections except for influenza B, where the baseline infection is influenza A.



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.

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^					
Influenza B	+/- 1d	2-28d^					
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 (patie	ents with most severe clinical respiratory signs)						
ECMO patients	Individual case review	Individual case review					
Blood stream and respiratory infection	ons (bacterial and fungal)						
Achromobacter xylosoxidans	+/- 1d	2-28d					
Acinetobacter spp.	+/- 1d	2-28d					
Aspergillus	+/- 1d	2-28d (pre) 2-60d (post, continually hospitalised patients only)					
Bordetella pertussis	+/- 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)					
Burkholderia cepacia	+/- 1d	2-28d					
Candida spp.	+/- 1d	2-28d (pre) 2-60d (post, continually hospitalised patients only)					
Chlamydia pneumoniae	0-7d PCR	PCR within 14-28 d (8-13d PCR*)					
Enterobacter spp.	+/- 1d	2-28d					
Enterococcus spp.	+/- 1d	2-28d					
E. coli	+/- 1d	2-28d					
Haemophilus influenzae	+/- 2d	3-28d					

See final slide for †, ^ and * notes.



Appendix 1 continued: Pre-/co-/secondary infection definitions

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 (ba								
Klebsiella spp.	+/- 1d	2-28d						
Legionella pneumophila/species	Individual case review	Individual case review						
Mycoplasma pneumoniae	0-7d PCR, IgM serology 0-21d <16y	PCR within 14-28 d (8-13d PCR*)						
Neisseria meningitidis	+/- 2d	3-28d						
Pseudomonas spp.	+/- 1d	2-28d						
Serratia spp.	+/- 1d	2-28d						
Staphylococcus aureus	+/- 1d	2-28d						
Coagulase-neg Staphylococcus (S. haemolyticus)	+/- 1d	2-28d						
Stenotrophomonas spp., (S. maltophilia)	+/- 1d	2-28d						
Streptococcus spp. ‡	+/- 1d	2-28d						
Streptococcus pneumoniae	+/- 2d	3-28d						
Tuberculosis								
Mycobacterium tuberculosis	Individual case review	Individual case review						
Pathogens of the immunocompromised (eg	g 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 E. coli (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								
C. difficile	+/- 1d	2-28d						
Bacteroides spp. (B. fragilis and non-fragilis Bacteroides)	+/- 1d	2-28d						

See final slide for †, * and ‡ notes.

28 March 2024



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:

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