



UK Health
Security
Agency

National influenza and COVID-19 surveillance report

Week 25 report (up to week 24 2024 data)

20 June 2024

Contents

Correction.....	3
Executive summary.....	4
Overall.....	4
Influenza.....	4
COVID-19.....	4
Other viruses.....	4
Laboratory surveillance.....	6
Respiratory DataMart system (England).....	6
Primary care surveillance.....	8
RCGP sentinel swabbing scheme in England.....	8
Secondary care surveillance.....	10
COVID-19, SARI Watch.....	10
ECMO, SARI Watch.....	12
COVID-19 vaccination.....	12
COVID-19 vaccine uptake in England.....	12
Spring 2024 campaign.....	12
International update.....	14
Global COVID-19 update.....	14
Global influenza update.....	14
Influenza in Europe.....	14
Influenza in North and South America.....	14
Influenza in Australia.....	14
Other respiratory viruses.....	14
Additional surveillance sources.....	15
COVID-19 deaths.....	15
All-cause mortality assessment (England).....	15
Flu Detector.....	15
Syndromic surveillance.....	15
Related links.....	16
About the UK Health Security Agency.....	17

For additional information including regional data on COVID-19 and other respiratory viruses, 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](#).

Correction

From week 24 of 2023, Respiratory DataMart data for the 2023 to 2024 season to date has been updated retrospectively. This is due to issues with the uploading of positive and negative test results in one laboratory. This results in a small difference in the positivity at a national level, most notably for RSV. This correction affects the DataMart section of the report.

Executive summary

This report summarises the information from the surveillance systems which are used to monitor COVID-19 (caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)), influenza, and diseases caused by 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 of 2024 (between 10 and 16 June 2024).

Overall

In week 24, influenza activity decreased, and COVID-19 activity increased across all indicators.

Influenza

Through Respiratory DataMart, influenza positivity decreased to 0.8% in week 24 compared with 1.2% in the previous week.

Through primary care surveillance, the influenza positivity in GP sentinel swabbing decreased to 0.0% in week 23 compared with 0.4% the previous week.

COVID-19

Through Respiratory DataMart, SARS-CoV-2 increased to 10.0% compared with 8.4% in the previous week.

Through primary care surveillance, the SARS-CoV-2 positivity in GP sentinel swabbing increased to 5.3% in week 23 compared with 4.7% the previous week.

Overall, COVID-19 hospital admissions increased slightly to 3.31 per 100,000 compared with 2.67 per 100,000 in the previous week. Hospitalisations were highest in those aged 85 years and over. COVID-19 ICU admissions were very low but increased slightly to 0.12 per 100,000 in week 24.

Overall, 59.6% of all people aged 75 years and over in England had been vaccinated with a spring 2024 booster dose since 15 April 2024.

Other viruses

Through Respiratory DataMart, RSV positivity remained low at 0.2%, with the highest positivity in those aged under 5 years at 0.4%. Adenovirus positivity decreased slightly to 2.4%, with the highest positivity in those aged between 5 and 14 years at 6.5%. Human metapneumovirus

(hMPV) positivity increased slightly to 1.6%, with the highest positivity in those aged under 5 years at 2.9%. Parainfluenza positivity decreased to 1.9%, with the highest positivity in those aged under 5 years at 3.7%. Rhinovirus positivity increased slightly to 9.4% overall, with the highest positivity in those aged under 5 years at 23.6%.

Laboratory surveillance

Respiratory DataMart system (England)

In week 24, data is based on reporting from 11 out of the 16 sentinel laboratories.

In week 24, 3,984 respiratory specimens reported through the Respiratory DataMart System were tested for influenza. There were 30 positive samples for influenza; 8 influenza A(not subtyped), 12 influenza A(H3N2), 0 influenza A(H1N1)pdm09, and 10 influenza B. Overall, influenza positivity decreased to 0.8% in week 24 compared with 1.2% in the previous week.

In week 24, 4,273 respiratory specimens reported through the Respiratory DataMart System were tested for SARS-CoV-2. There were 428 positive samples for SARS-CoV-2 with an overall positivity of 10.0%, which increased compared with 8.4% in the previous week. The highest positivity was seen in adults aged over 65 years at 12.5%.

RSV positivity remained low at 0.2%, with the highest positivity in those aged under 5 years at 0.4%.

Adenovirus positivity decreased slightly to 2.4%, with the highest positivity in those aged between 5 and 14 years at 6.5%.

Human metapneumovirus (hMPV) positivity decreased slightly to 1.6%, with the highest positivity in those aged under 5 years at 2.9%.

Parainfluenza positivity decreased to 1.9%, with the highest positivity in those aged under 5 years at 3.7%.

Rhinovirus positivity increased slightly to 9.4% overall, with the highest positivity in those aged under 5 years at 23.6%.

DataMart data is provisional and subject to retrospective updates. From week 24 of 2023, Respiratory DataMart data for the 2023 to 2024 season to date has been updated retrospectively. This follows the identification of issues with the uploading of testing data from a laboratory.

Figure 1a. Respiratory DataMart weekly positivity (%) for influenza, SARS-CoV-2, RSV and rhinovirus, England

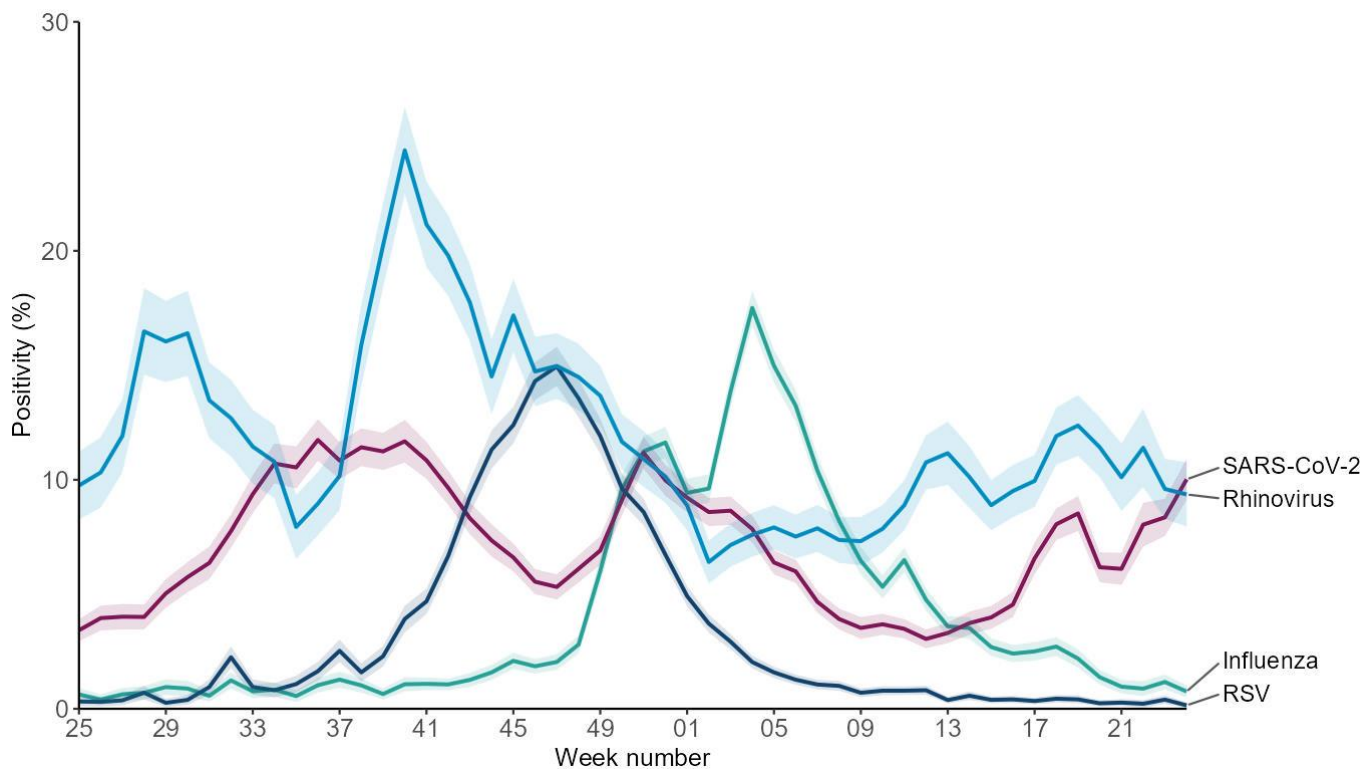
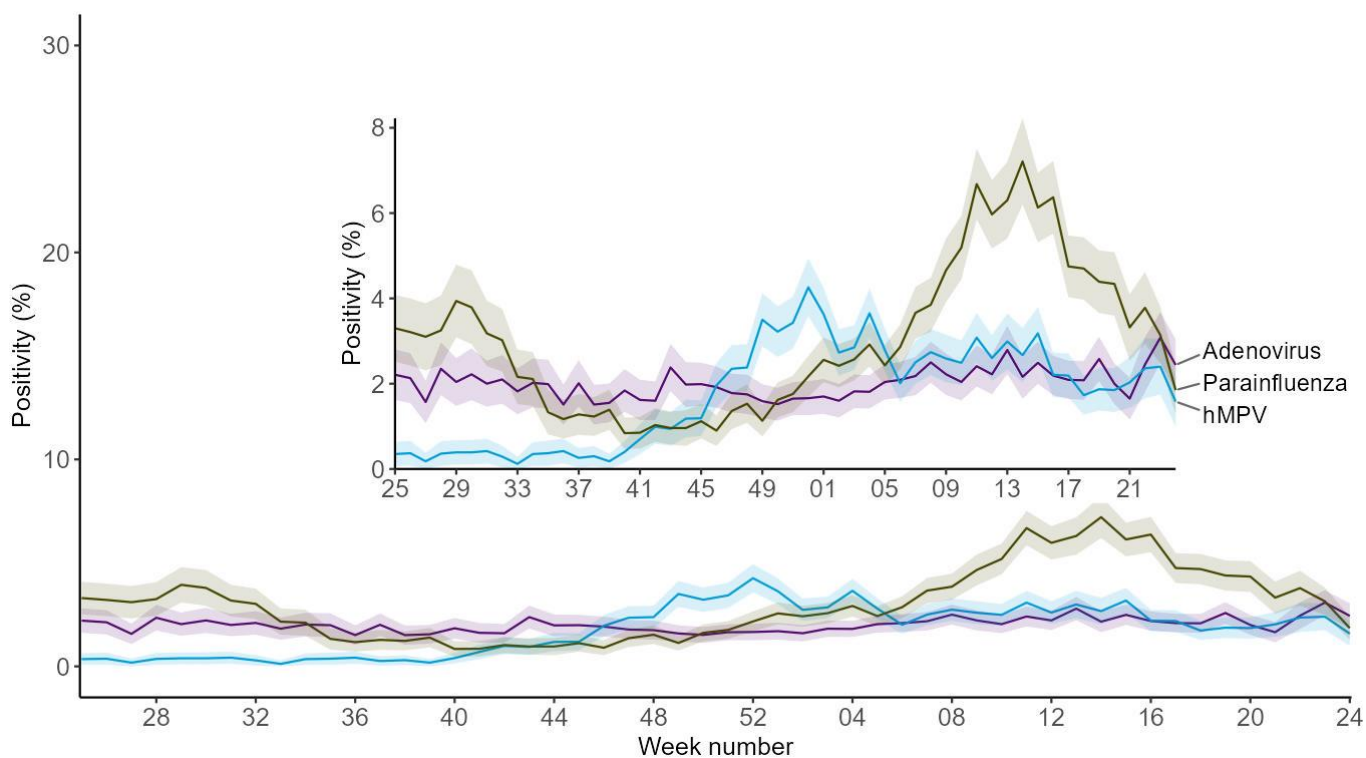


Figure 1b. Respiratory DataMart weekly positivity (%) for adenovirus, hMPV and parainfluenza, England



Primary care surveillance

RCGP sentinel swabbing scheme in England

Starting from week 51 2023, testing for enterovirus and rhinovirus have been delayed.

Based on the date samples were taken, in week 23 of 2024 (week commencing 3 June 2024) 337 samples were tested through the GP sentinel swabbing scheme in England of which 13 samples tested positive ([Figure 2](#)). Among all positive samples, 53.9% were positive for SARS-CoV-2, 15.4% were positive for adenovirus, 15.4% were positive for hMPV, 0.0% were positive for influenza, 7.7% were positive for other seasonal coronaviruses and 7.7% were positive for RSV. There were no available results for week 24. The proportion of detections among all positive samples is not calculated when the number of samples with a result is fewer than 50.

Note there is a very small number of samples with an untyped influenza A result; this result occurs when subtyping fails due to a low viral load from the specimen. Due to the number of samples which have not yet been categorised, data should be interpreted with caution when compared with previous weeks.

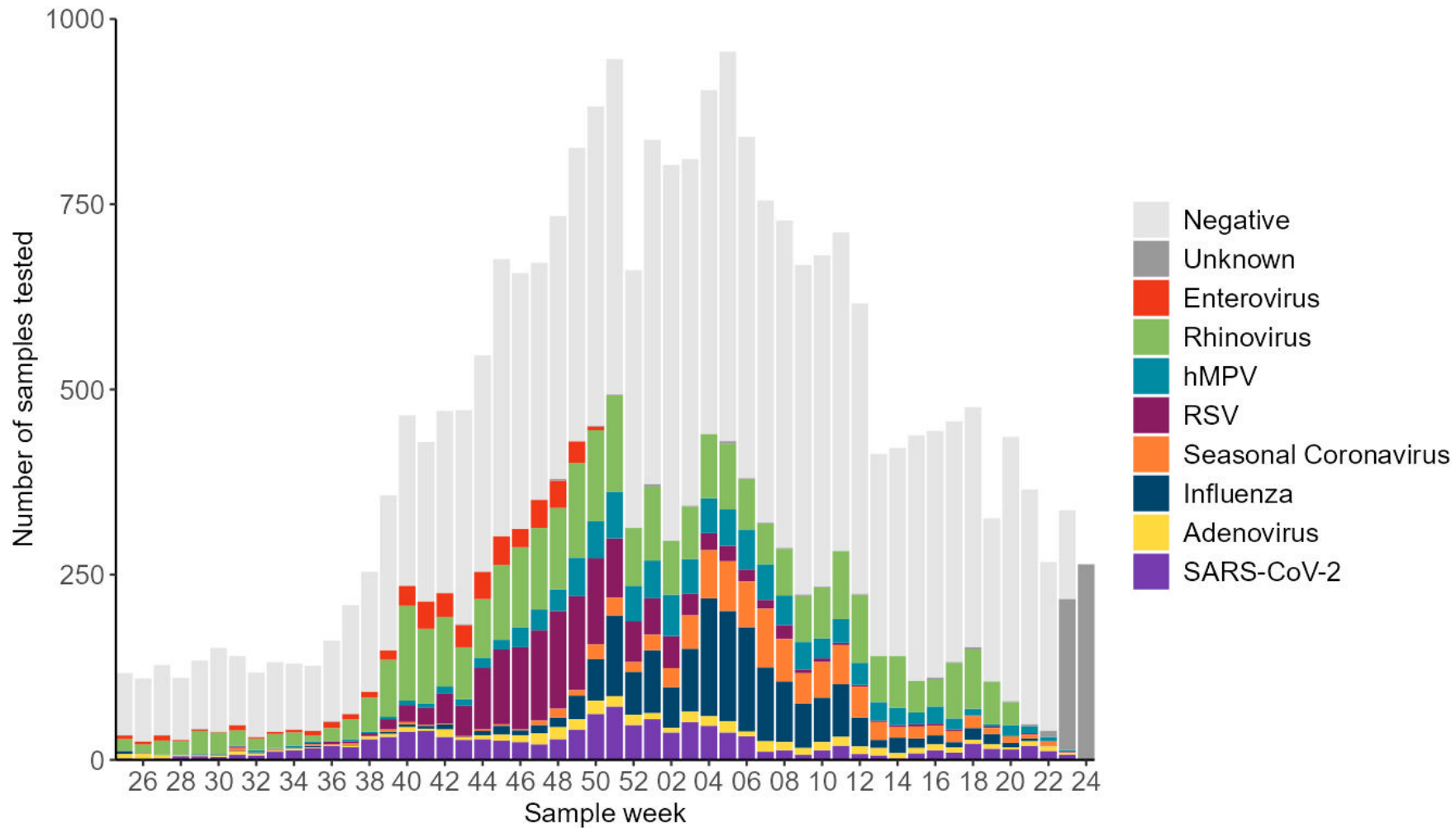
Among all samples which had a known test result, in week 23, positivity for SARS-CoV-2 was 5.3%, positivity for influenza was 0.0%, and positivity for RSV was 0.8%. Due to the number of samples which have not yet been categorised, data should be interpreted with caution when compared with previous weeks.

In previous reports, [Figure 2](#) was produced based on the date samples were received in the reference laboratory. From 23 November 2023 (week 47 report) this figure has been updated to be based on the date samples were taken.

From 27 November 2023, swabbing was temporarily increased in the Yorkshire and Humber region in response to the [identification of a case of influenza A\(H1N2\)v](#). This may lead to an over-representation of the Yorkshire and Humber region.

More extensive data can be found on the [RCGP virology dashboard](#).

Figure 2. Number of samples tested for SARS-CoV-2, influenza, and other respiratory viruses in England by week, GP sentinel swabbing [note 1]



[note 1] Unknown category corresponds to samples with no result yet.

Secondary care surveillance

COVID-19, SARI Watch

Surveillance of COVID-19 hospitalisations to all levels of care and surveillance of admissions to ICU or HDU for COVID-19 are both mandatory with data required from all acute NHS trusts in England. Please note that the SARI Watch rates for 2023 to 2024 use the latest trust catchment population. For consistency the rates have been updated back to October 2020.

In week 24 (ending 16 June 2024), the overall weekly hospital admission rate for COVID-19 increased to 3.31 per 100,000 compared with 2.67 per 100,000 in the previous week. This follows a short interval of small decreases from week 19 to 22. By UKHSA region, the highest hospital admission rate for COVID-19 was observed in the West Midlands (increased to 4.14 per 100,000 from 2.39 per 100,000 in the previous week, with an increase in most of the other regions). By age group, the highest hospital admission rate for confirmed COVID-19 continued to be in those aged over 85 years, although increasing to 34.70 per 100,000 following a short interval of decreases. Increases also occurred for those aged between 65 and 74 years, in those aged between 75 and 84 years, and most of the younger age groups.

In week 24 (ending 16 June 2024), the overall weekly ICU or HDU admission rate for COVID-19 was very low but increased slightly to 0.12 per 100,000, compared with 0.11 per 100,000 in the previous week. Note that with very low rates in critical care, small random fluctuations may occur. Note that ICU or HDU admission rates may represent a lag from admission to hospital to an ICU or HDU ward. The ICU or HDU admission rate for COVID-19 by UKHSA centre or by age group is currently fluctuating at low levels due to low underlying numbers.

Please note one NHS trust has recently retrospectively updated its returns back to October 2022 to include positive results for SARS-CoV-2 from lateral flow tests. This means the overall, age and region specific rates will change slightly. After April 2022, all our surveillance guidance was updated to include positive results from LFTs as acceptable for case confirmation in addition to molecular diagnostic methods.

Figure 3. Weekly overall COVID-19 hospital admission rates per 100,000 trust catchment population, reported through SARI Watch mandatory surveillance, England

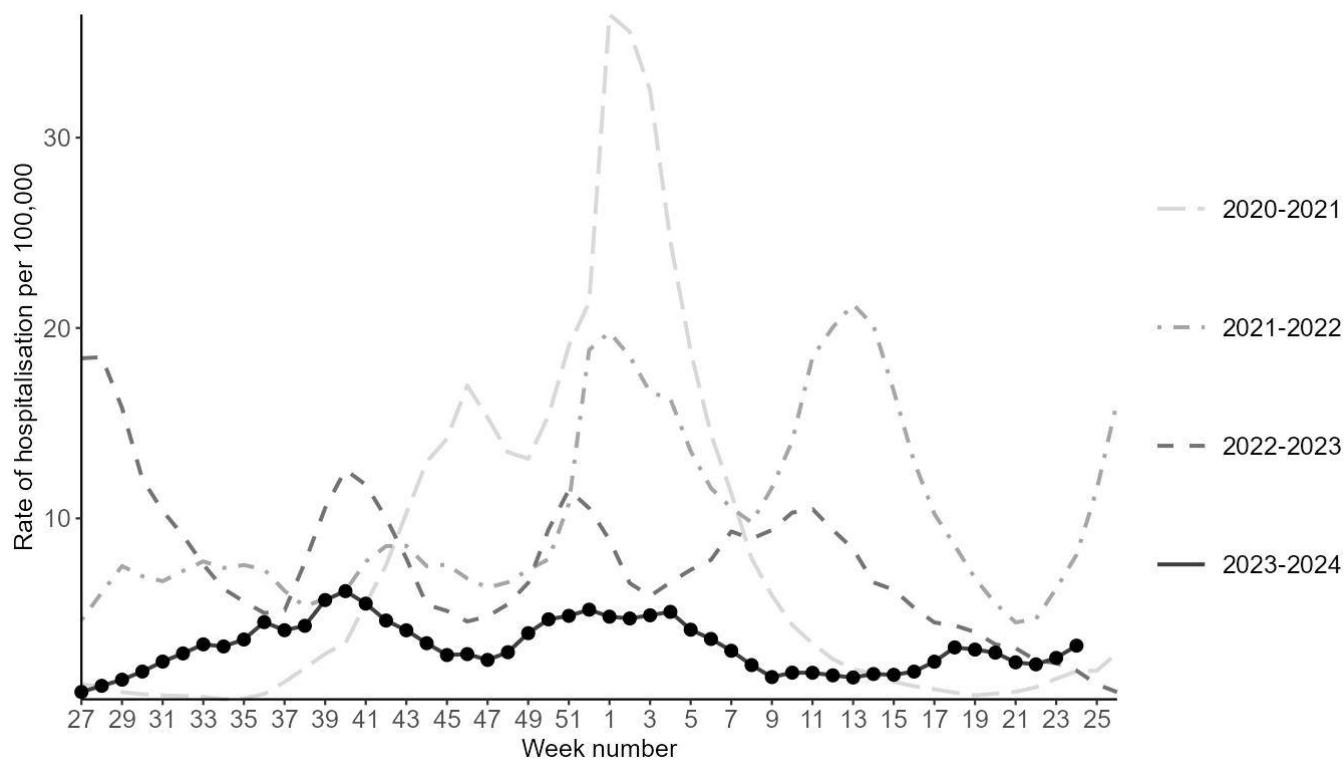
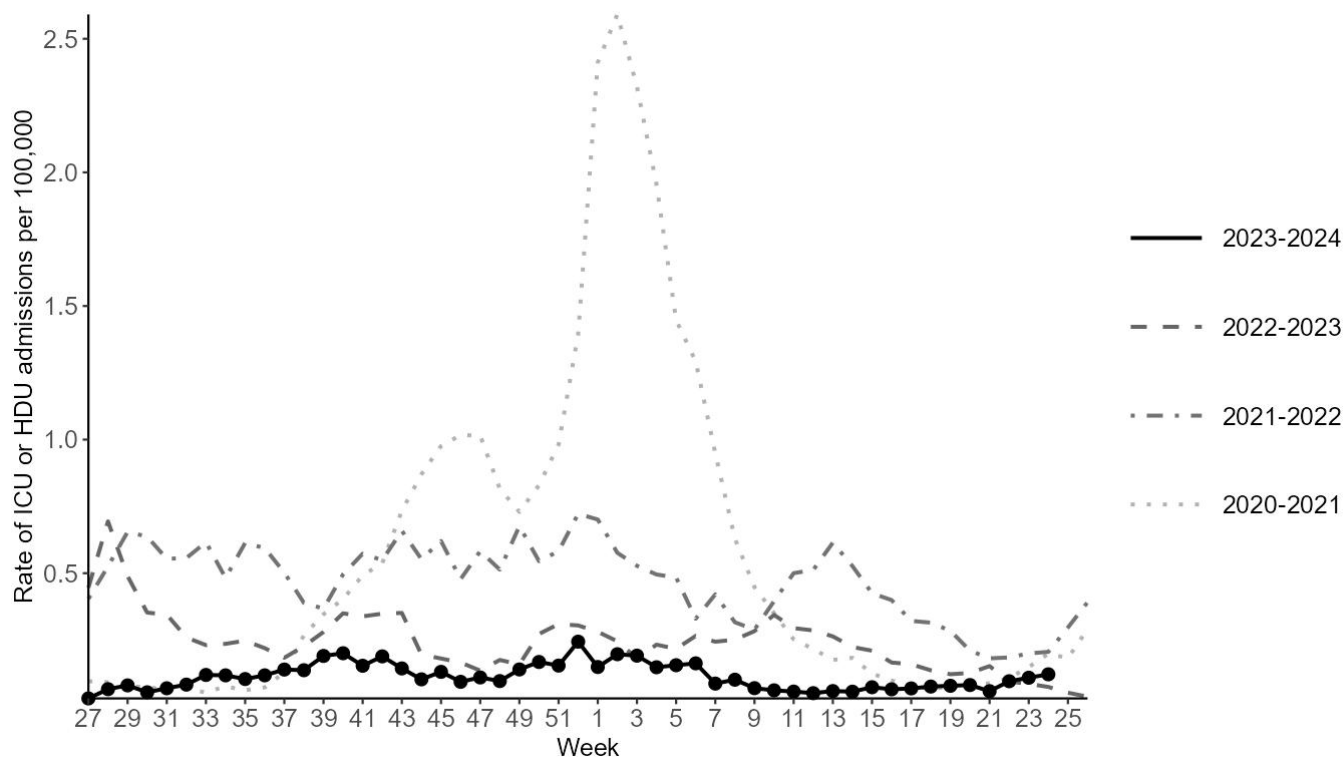


Figure 4. Weekly overall COVID-19 ICU or HDU admission rates per 100,000 trust catchment population, reported through SARI Watch mandatory surveillance, England



ECMO, SARI Watch

There was 1 new corporeal membrane oxygenation (ECMO) admissions reported in week 24 from the 7 Severe Respiratory Failure (SRF) centres in the UK. The admission was due to a suspected ARI.

Please note that the other group includes other viral, bacterial or fungal ARI, suspected ARI, non-infection (such as asthma, primary cardiac and trauma) and sepsis of non-respiratory origin.

SARI Watch data is provisional and subject to retrospective updates.

COVID-19 vaccination

COVID-19 vaccine uptake in England

Cumulative vaccination data up to week 24 2024 (week ending 16 June 2024) was extracted from the Immunisation Information System (formally National Immunisation Management Service). Age is calculated as age on 30 September 2024. From 15 April 2024, data are extracted on a Monday with data capped to the previous Sunday.

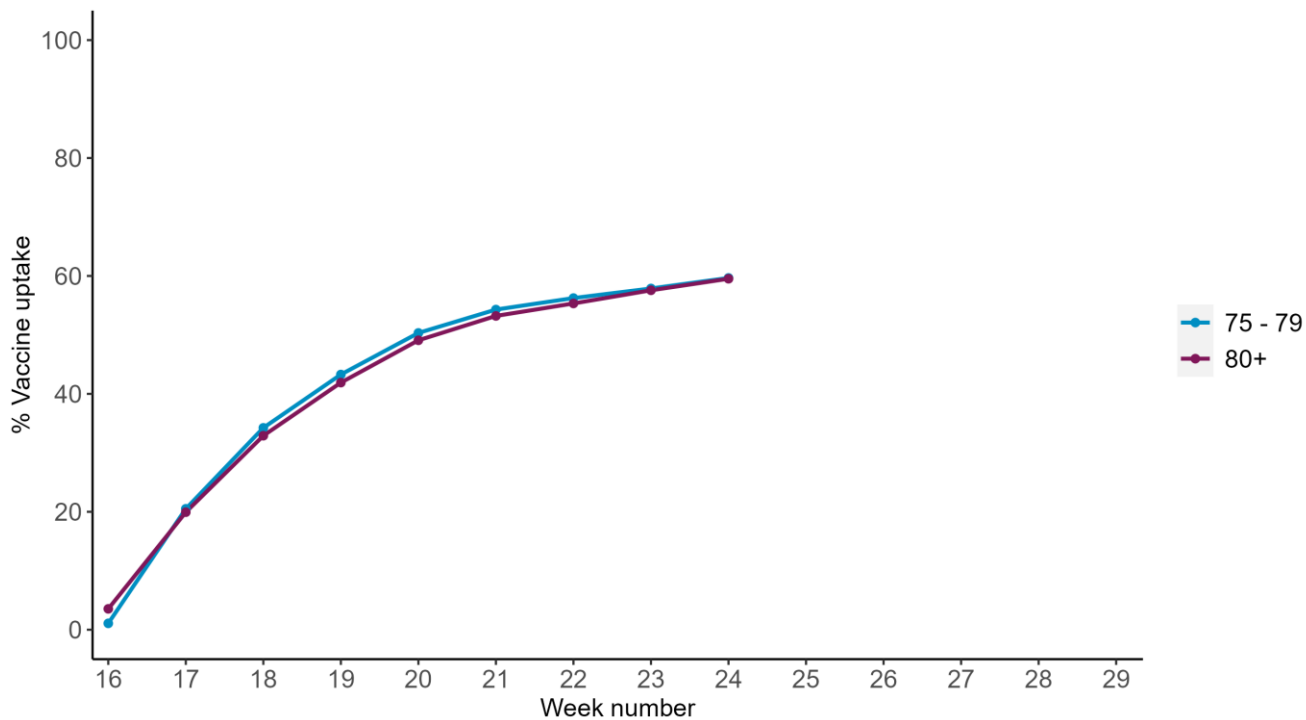
Data is provisional and subject to change following further validation checks. Any changes to historic figures will be reflected in the most recent publication.

Spring 2024 campaign

The spring 2024 data reported below covers any dose administered from 15 April 2024 provided there are at least 20 days from any previous dose. Eligible groups for the spring campaign are defined in the COVID-19 healthcare guidance Green Book.

By the end of week 24 2024, (week ending 16 June 2024), 59.6% (3,468,452 out of 5,821,208) of all people aged 75 years and over who are living and resident in England had received a vaccine dose in the spring 2024 campaign (Figure 5).

Figure 5. Cumulative weekly COVID-19 vaccine uptake in those who are living and resident in England vaccinated with a spring 2024 dose since 15 April 2024 by age group



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

For further information on the global influenza situation please see the [World Health Organization \(WHO\) Influenza update](#).

Influenza in Europe

For further information on influenza in Europe please see the [European Respiratory Virus Surveillance Summary weekly update](#)

Influenza in North and South America

For further information on influenza in the American continent please see the [Pan American Health Organisation influenza surveillance report](#). For further information on influenza in the United States of America please see the [Centre for Disease Control weekly influenza surveillance report](#). For further information on influenza in Canada please see the [Public Health Agency weekly influenza report](#).

Influenza in Australia

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

For further information, please see the [latest WHO update on 26 February 2024](#) and the [latest UKHSA avian influenza technical briefing 14 July 2023](#).

Middle East respiratory syndrome coronavirus (MERS-CoV)

For further information please see the [WHO disease outbreak news reports](#) and the [WHO monthly updates](#).

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

Additional surveillance sources

COVID-19 deaths

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

All-cause mortality assessment (England)

For further information on all-cause mortality in England please see the [Excess mortality within England: post-pandemic method report](#), which uses ONS death registration data, the [all-cause mortality surveillance report](#), which uses the European mortality monitoring (EuroMOMO) model to identify weeks with higher than expected mortality and the [ONS all-cause excess mortality report](#).

Flu Detector

For further information on syndromic surveillance please see the [daily influenza-like illness rates](#).

Syndromic surveillance

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

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](#)

[RCGP virology dashboard](#)

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

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

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

© Crown copyright 2024

Prepared by: Immunisation and Vaccine Preventable Diseases Division
For queries relating to this document, please contact: respdsr.enquiries@ukhsa.gov.uk

Published: 20 June 2024
Publication reference: GOV-16850



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 [OGI](#). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.



UKHSA supports the
Sustainable Development Goals

