



UK Health
Security
Agency

National influenza and COVID-19 surveillance report

Week 27 report (up to week 26 2024 data)

5 July 2024

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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](#).

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 26 of 2024 (between 10 and 30 June 2024).

Overall

In week 26, influenza circulated at low levels. COVID-19 activity remained stable.

Influenza

Through Respiratory DataMart, influenza remained stable at 0.9% in week 26 compared with 1.0% in the previous week.

Through primary care surveillance, the influenza positivity in GP sentinel swabbing decreased to 0.0% in week 25 compared with 0.4% the previous week.

COVID-19

Through Respiratory DataMart, SARS-CoV-2 decreased to 11.5% compared with 12.3% in the previous week.

Through primary care surveillance, the SARS-CoV-2 positivity in GP sentinel swabbing increased to 12.7% in week 25 compared with 7.1% the previous week.

Overall, COVID-19 hospital admissions remained stable 4.14 per 100,000 compared with 4.17 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 0.16 per 100,000 in week 26.

Overall, 63.0% 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 1.1%. Adenovirus positivity increased slightly to 2.4%, with the highest positivity in those aged under 5 years at 5.8%. Human metapneumovirus (hMPV)

positivity remained stable at 1.9%, with the highest positivity in those aged under 5 years at 3.7%. Parainfluenza positivity decreased slightly to 2.4%, with the highest positivity in those aged under 5 years at 7.1%. Rhinovirus positivity remained stable at 10.2% overall, with the highest positivity in those aged under 5 years at 22.0%.

Laboratory surveillance

Respiratory DataMart system (England)

In week 26, data is based on reporting from 12 out of the 16 sentinel laboratories.

In week 26, 3,715 respiratory specimens reported through the Respiratory DataMart System were tested for influenza. There 33 positive samples for influenza; 16 influenza A(not subtyped), 16 influenza A(H3N2), 1 influenza A(H1N1)pdm09, and 0 influenza B. Overall, influenza positivity remained stable at 0.9% in week 26 compared with 1.0% in the previous week.

In week 26, 3,654 respiratory specimens reported through the Respiratory DataMart System were tested for SARS-CoV-2. There were 420 positive samples for SARS-CoV-2 with an overall positivity of 11.5%, which decreased compared with 12.3% in the previous week. The highest positivity was seen in adults aged over 65 years at 14.2%.

RSV positivity remained low at 0.2%, with the highest positivity in those aged under 5 years at 1.1%.

Adenovirus positivity increased slightly to 2.4%, with the highest positivity in those aged under 5 years at 5.8%.

Human metapneumovirus (hMPV) positivity remained stable at 1.9%, with the highest positivity in those aged under 5 years at 3.7%.

Parainfluenza positivity decreased slightly to 2.4%, with the highest positivity in those aged under 5 years at 7.1%.

Rhinovirus positivity remained stable at 10.2% overall, with the highest positivity in those aged under 5 years at 22.0%.

DataMart data is provisional and subject to retrospective updates.

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

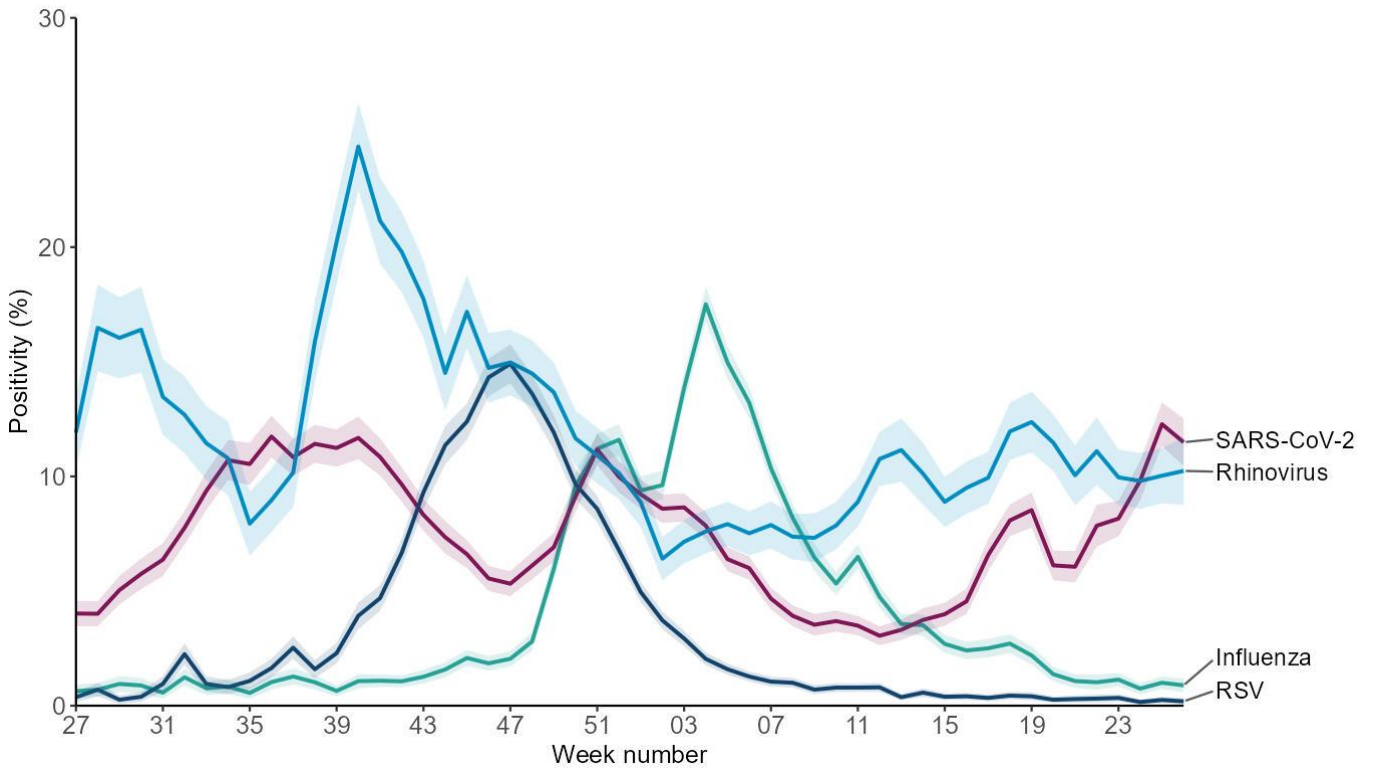
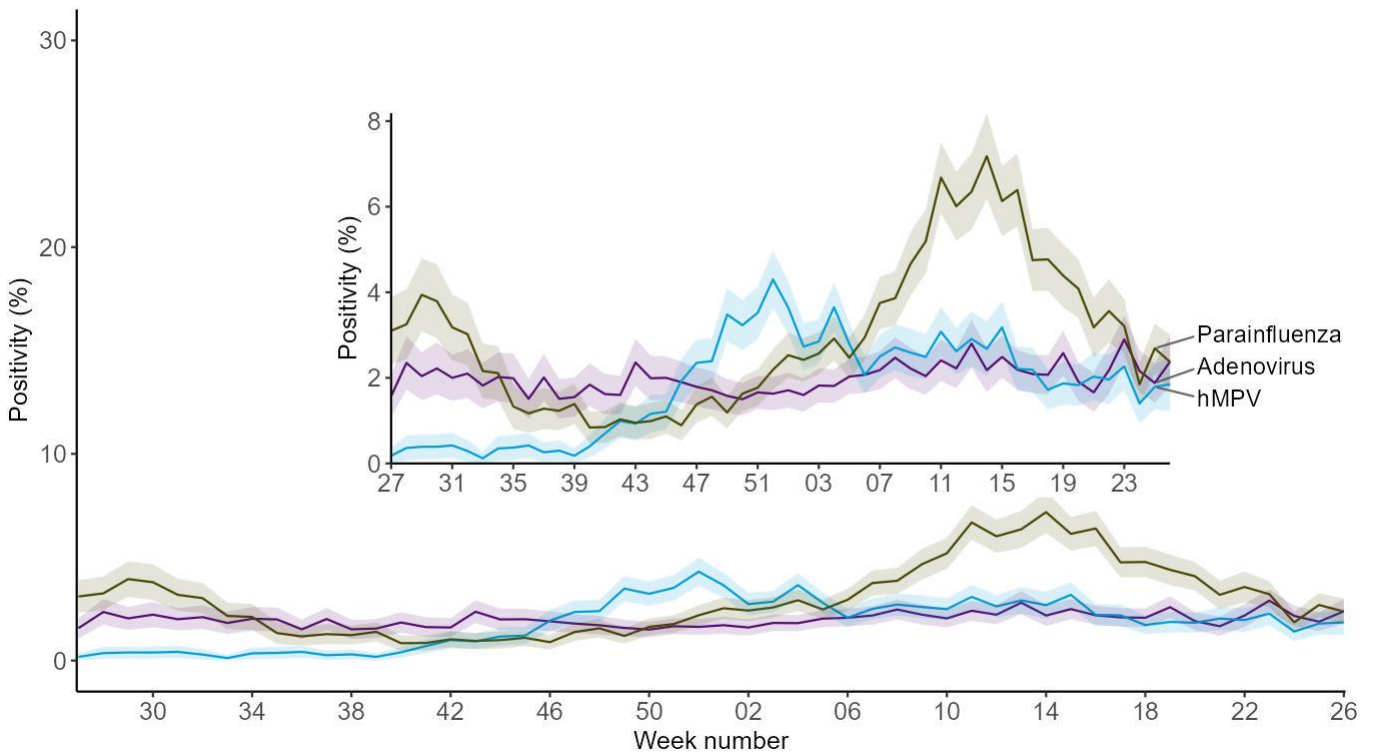


Figure 1b. Respiratory DataMart weekly positivity (%) for adenovirus, hMPV and parainfluenza, England



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 25 of 2024 (week commencing 17 June 2024) 325 samples were tested through the GP sentinel swabbing scheme in England of which 16 samples tested positive ([Figure 2](#)). All positive samples were positive for SAR-CoV-2. There were no available results for week 26. 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.

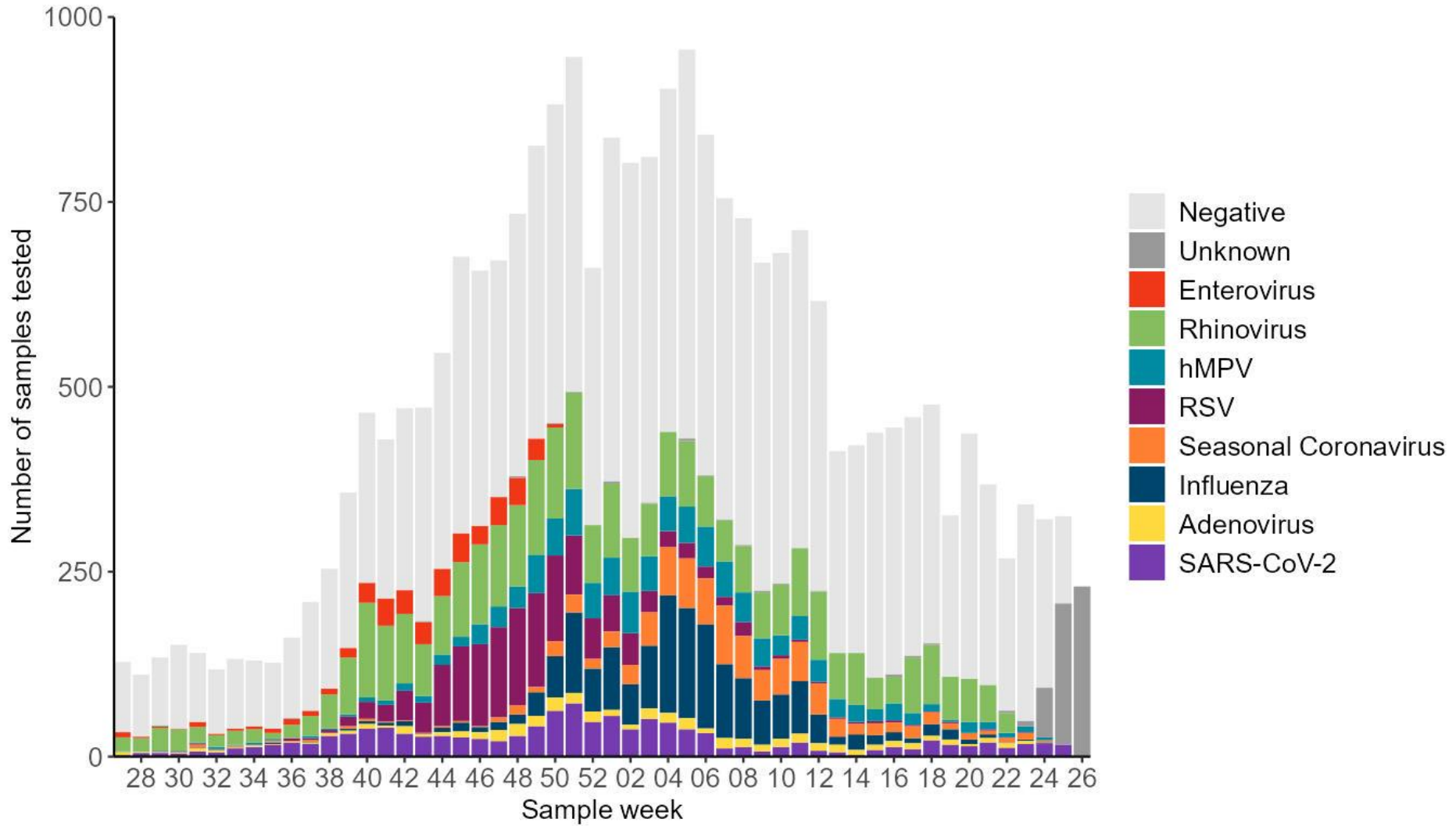
Among all samples which had a known test result, in week 25, positivity for SARS-CoV-2 was 12.7%, positivity for influenza was 0.0%, and positivity for RSV was 0.0%. Due to the number of samples which have not yet been categorised, data should be interpreted with caution when compared with previous weeks.

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 26 (ending 30 June 2024), the overall weekly hospital admission rate for COVID-19 remained stable at 4.14 per 100,000 compared with 4.17 per 100,000 in the previous week. By UKHSA region, the highest hospital admission rate for COVID-19 was observed in the North East (decreased to 5.83 per 100,000 from 6.35 per 100,000 in the previous week, with a decrease 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, increasing slightly to 42.48 per 100,000.

In week 26 (ending 30 June 2024), the overall weekly ICU or HDU admission rate for COVID-19 was very low but increased slightly to 0.16 per 100,000, compared with 0.13 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 that data from one trust has been temporarily excluded from February 2024 due to incomplete returns. The data will be updated by the next report. In the meantime, the exclusion will slightly affect historical data.

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

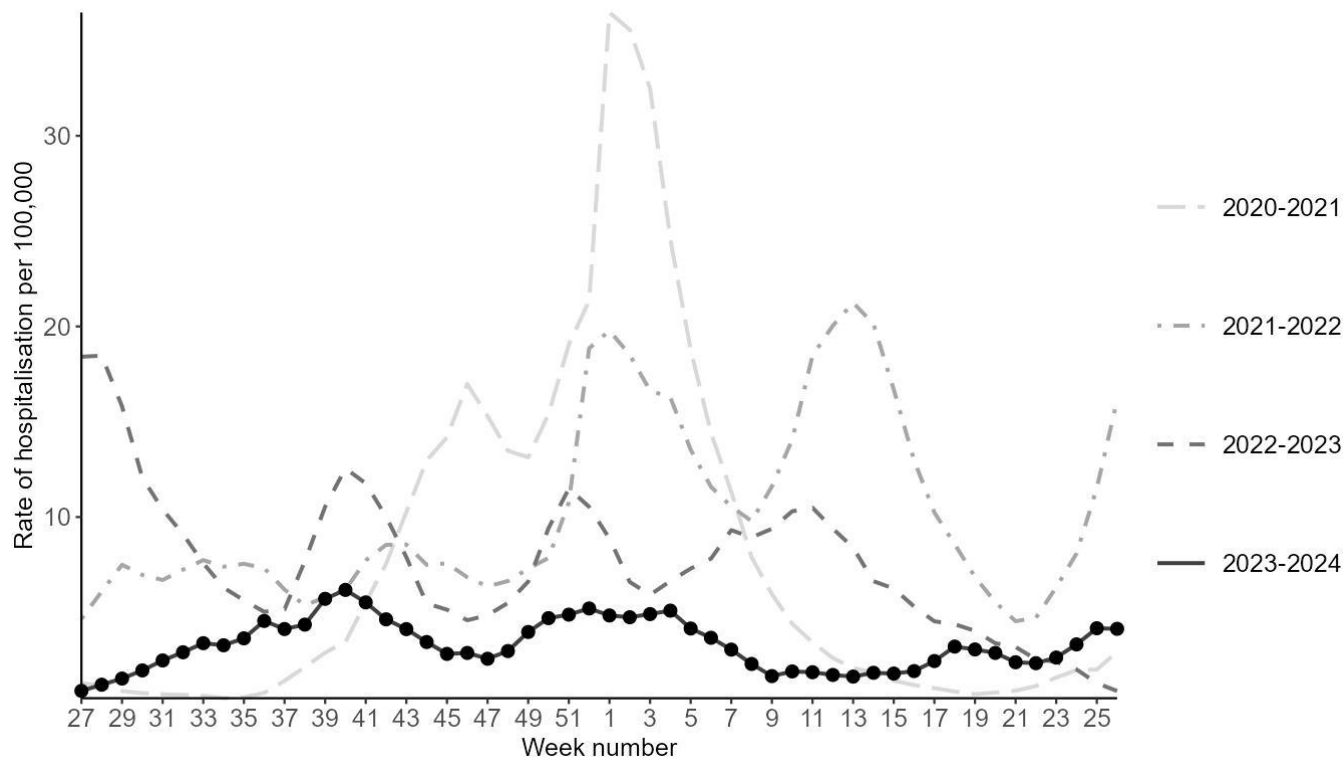
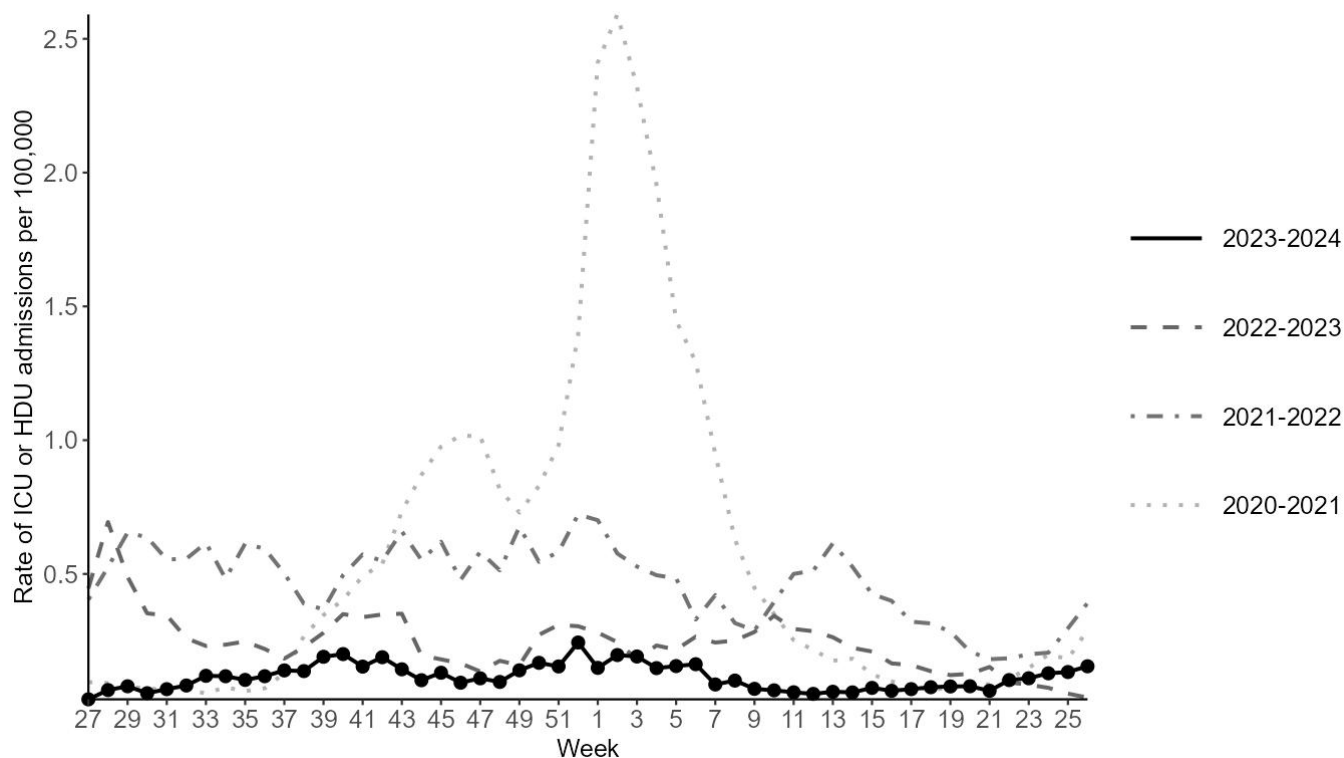


Figure 4. Weekly overall COVID-19 ICU or HDU admission rates per 100,000 trust catchment population, reported through SARI Watch mandatory surveillance, England



ECMO, SARI Watch

There were 0 new corporeal membrane oxygenation (ECMO) admissions reported in week 26 from the 7 Severe Respiratory Failure (SRF) centres in the UK.

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 26 2024 (week ending 30 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 is extracted on a Monday with data capped to the previous Sunday.

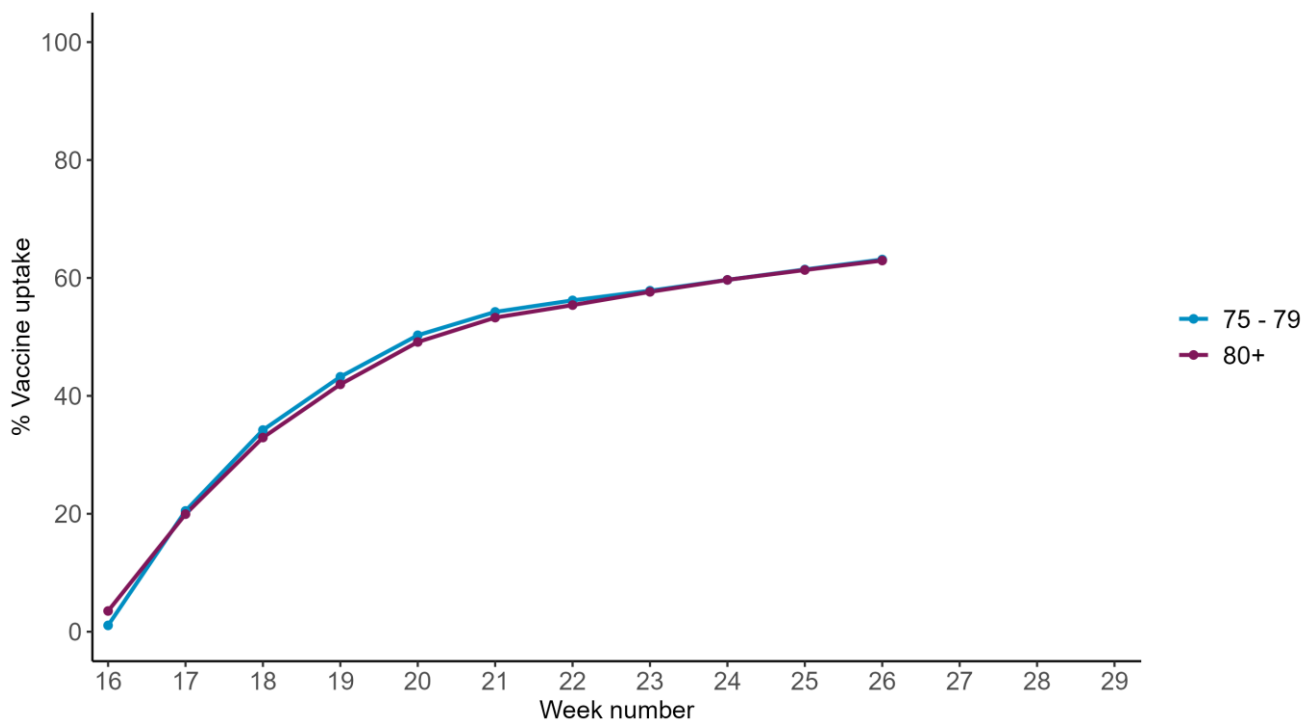
Data is provisional and subject to change following further validation checks. Any changes to historic figures will be reflected in the most recent publication.

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 26 2024, (week ending 30 June 2024), 63.0% (3,367,253 out of 5,835,879) 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](#)

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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.

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