



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 13 (between 24 March 2025 and 30 March 2025).



Contents

- 1) [Laboratory confirmed cases \(England\)](#)
- 2) [Respiratory DataMart system \(England\)](#)
- 3) [Primary Care surveillance](#)
- 4) [Secondary Care surveillance](#)
- 5) [Co- and secondary infections in persons with COVID-19 and influenza in England](#)



Laboratory-confirmed cases (England)



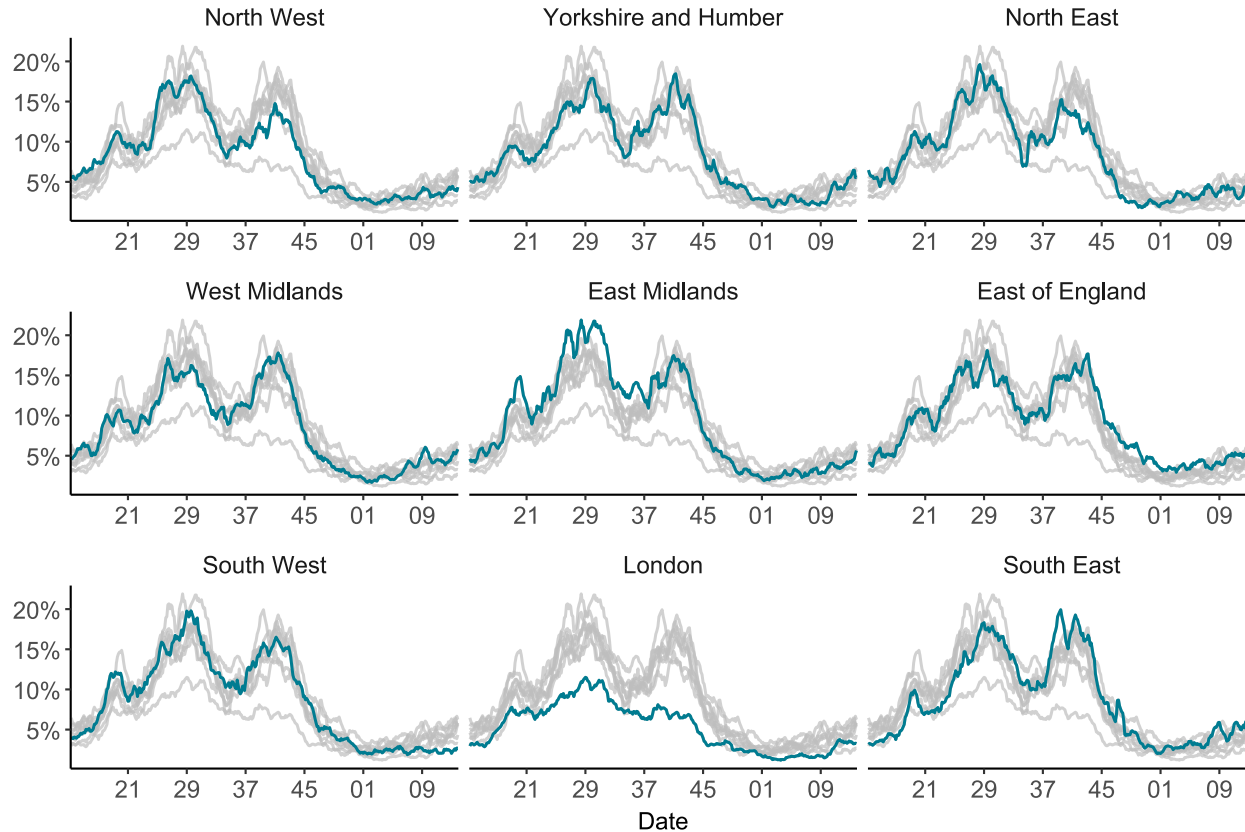
Confirmed COVID-19 episodes in England

Data information

- From the week 32 report onwards, case rates have been updated to use the latest Office for National Statistics (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
- 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 [UKHSA data 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.



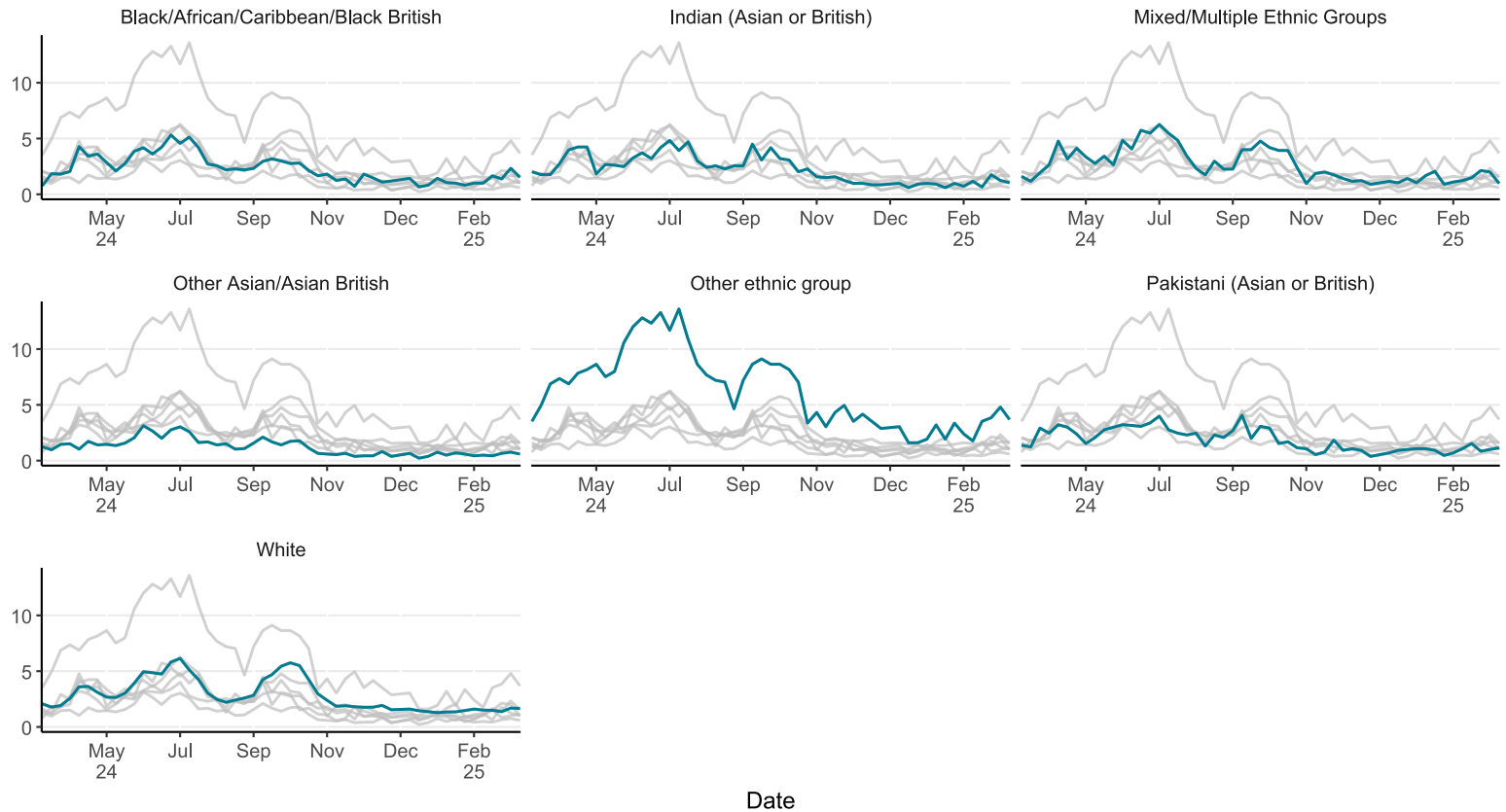
7-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested under Pillar 1 by UKHSA region



The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions



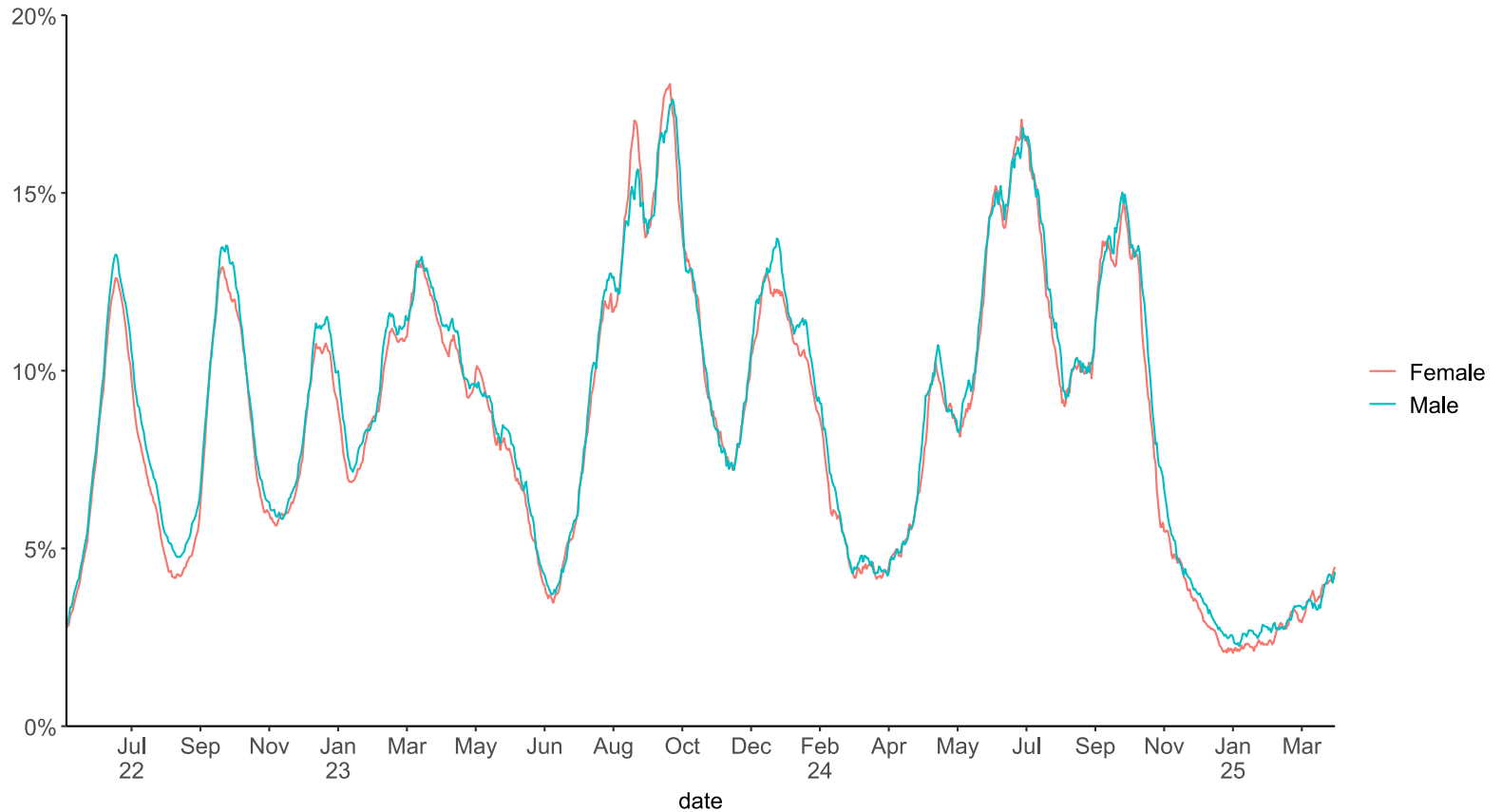
Weekly incidence of confirmed COVID-19 cases per 100,000 population by ethnicity (Pillar 1), England



The highlighted line corresponds to the ethnicity in the subplot title, grey lines correspond to all other ethnicities

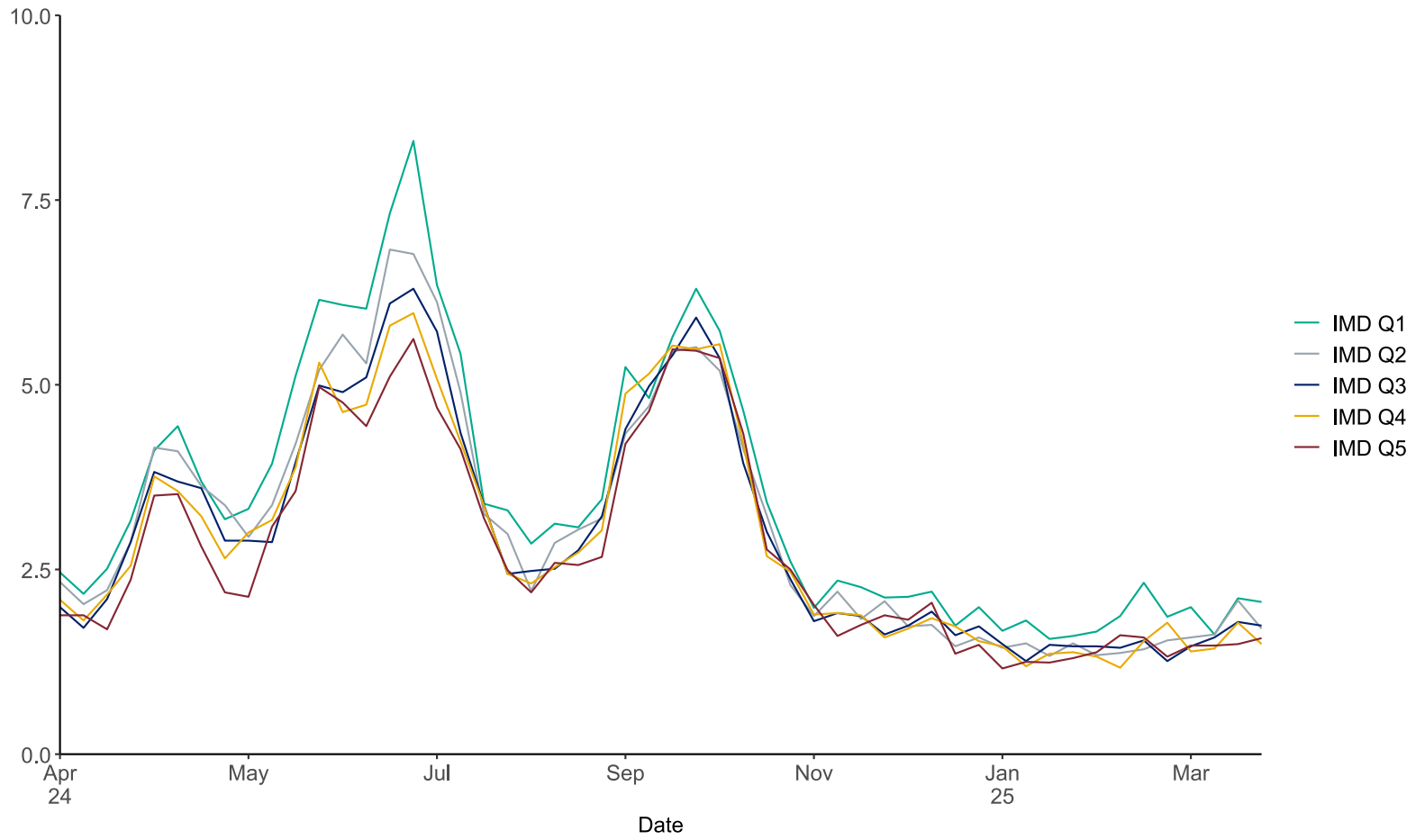


7-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested by sex under Pillar 1





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



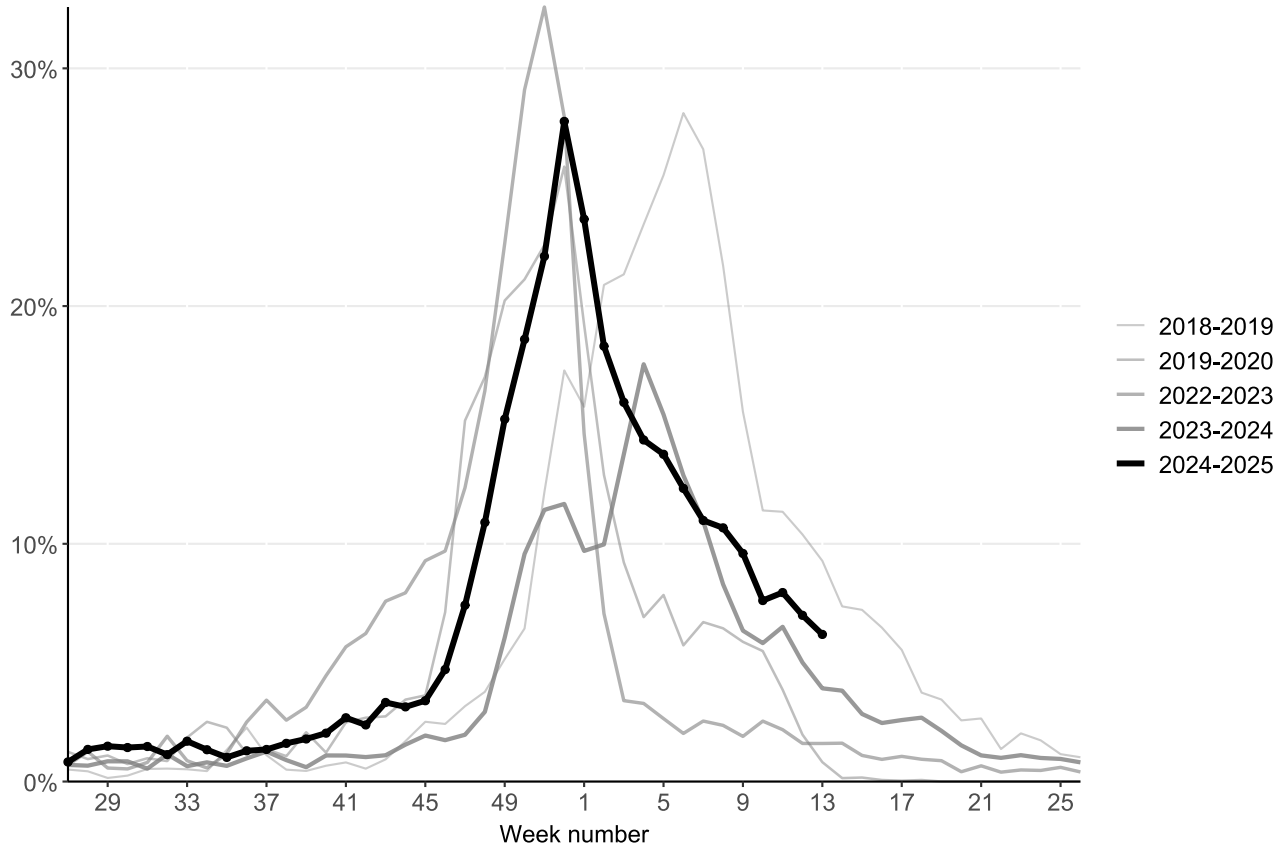
*incidence rates have been calculated using the mid-2019 ONS population estimates



Respiratory DataMart system (England)



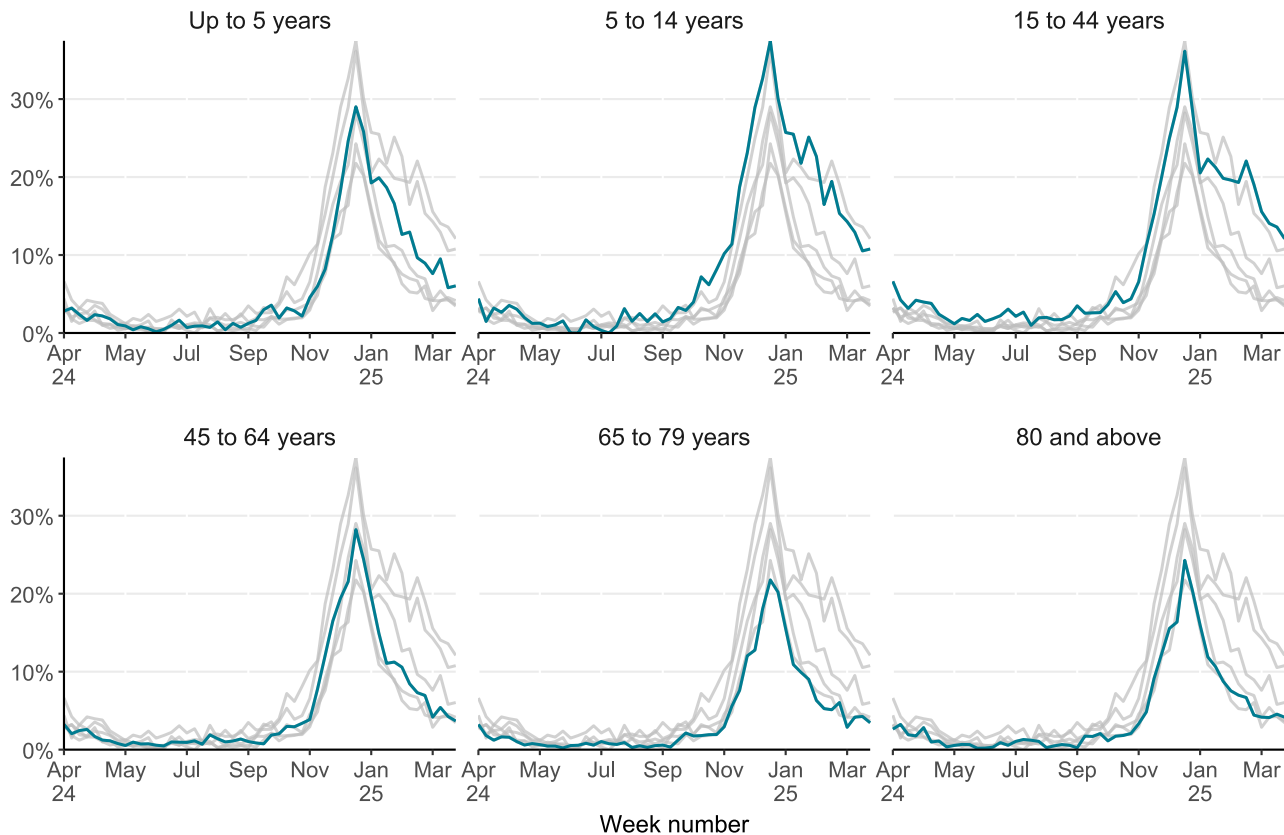
Respiratory DataMart - influenza positivity by seasons



[note 1] Data from seasons 2020 to 2021 and 2021 to 2022 has been removed as there was low activity throughout these seasons



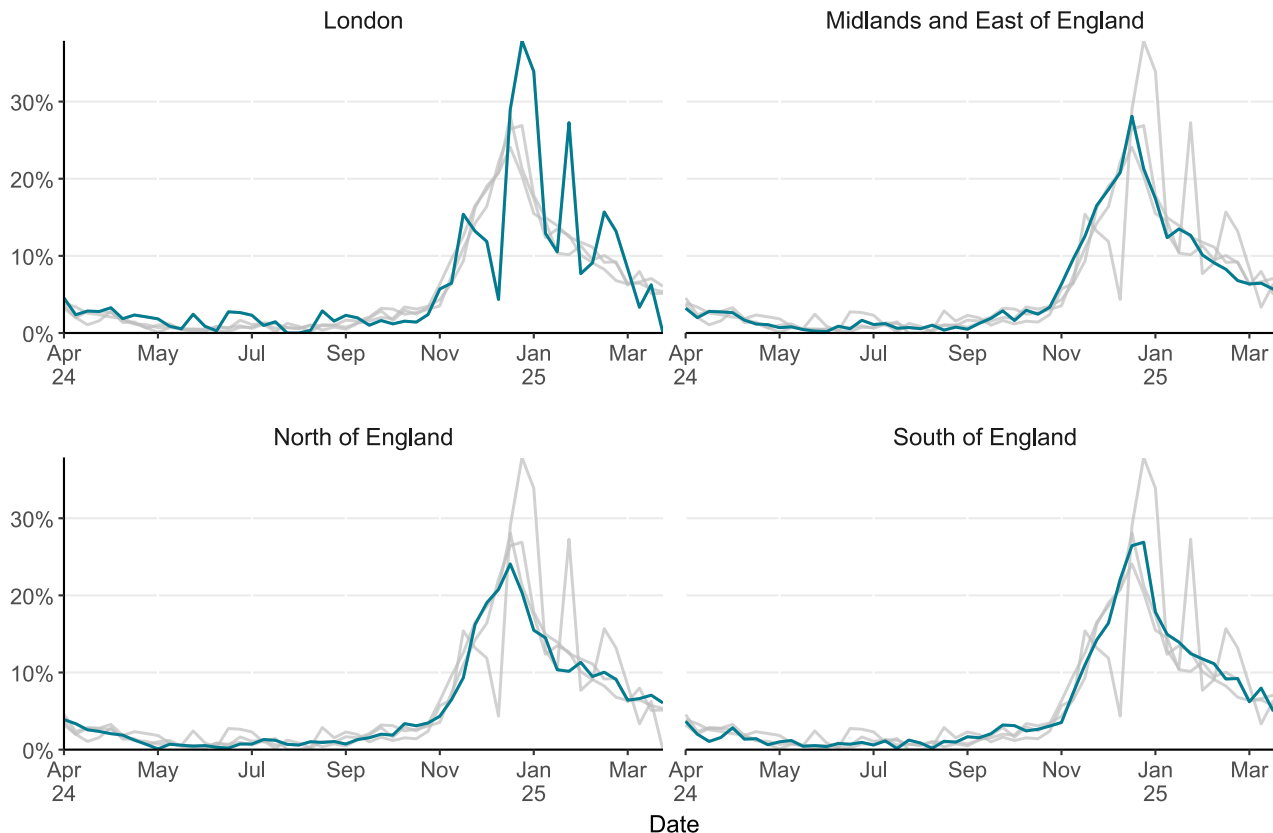
Respiratory DataMart- weekly positivity (%) for influenza by age, England



The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups



Respiratory DataMart- weekly positivity (%) for influenza by UKHSA region

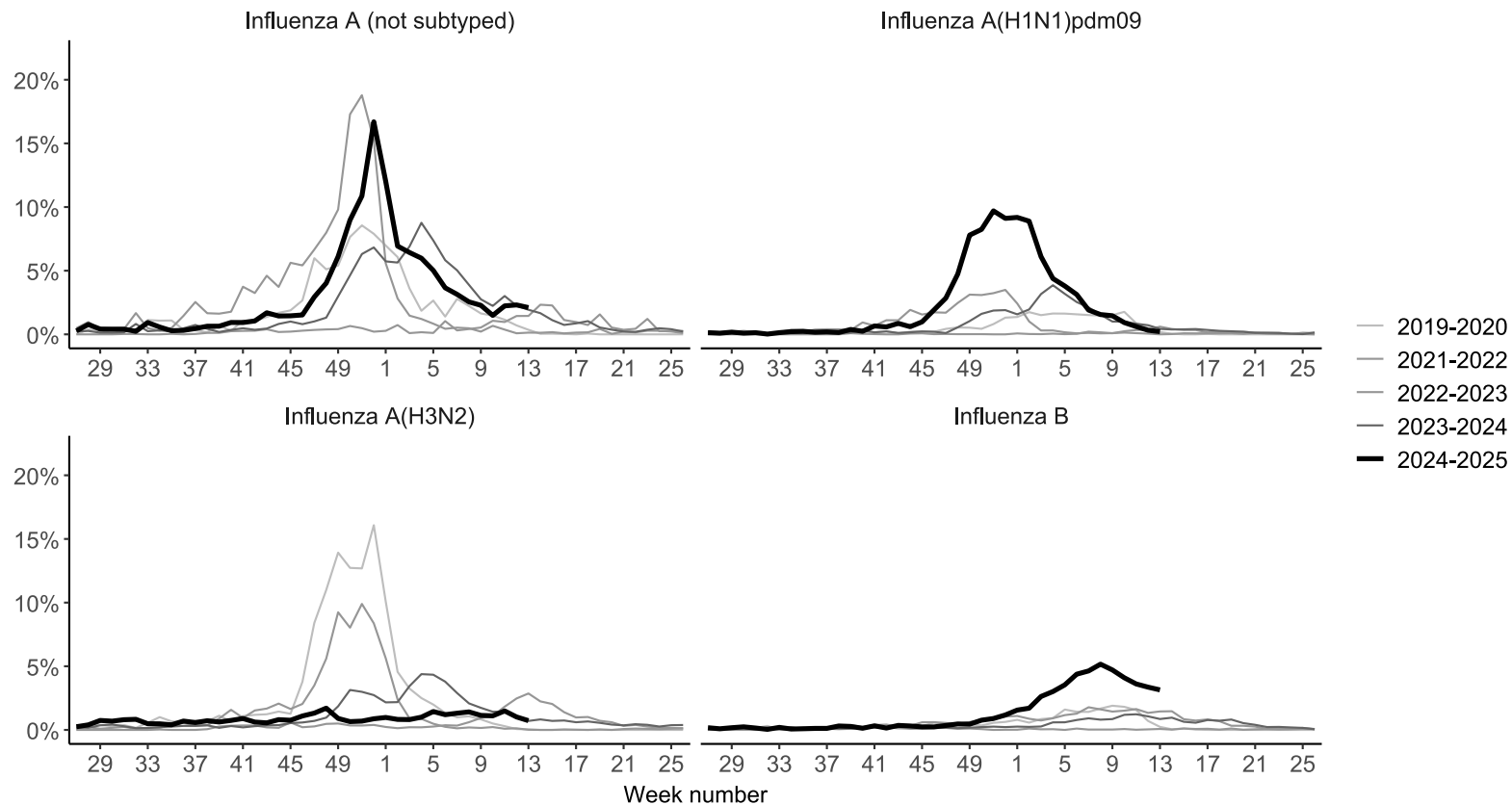


Changes in positivity in London should be interpreted with caution as there was a low number of samples this week and is subject to retrospective updates

The highlighted line corresponds to the region in the subplot title, grey lines correspond to all regions

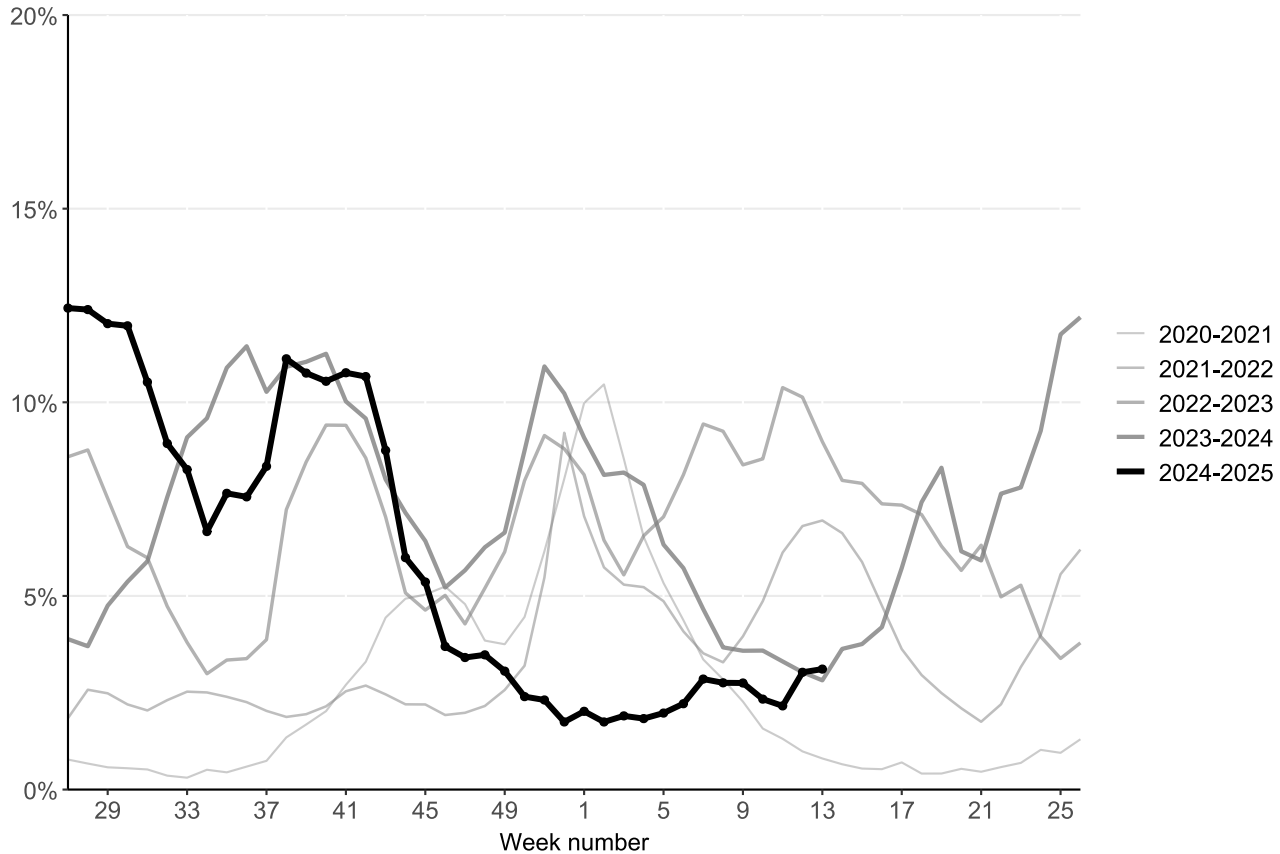


Respiratory DataMart – influenza subtype positivity



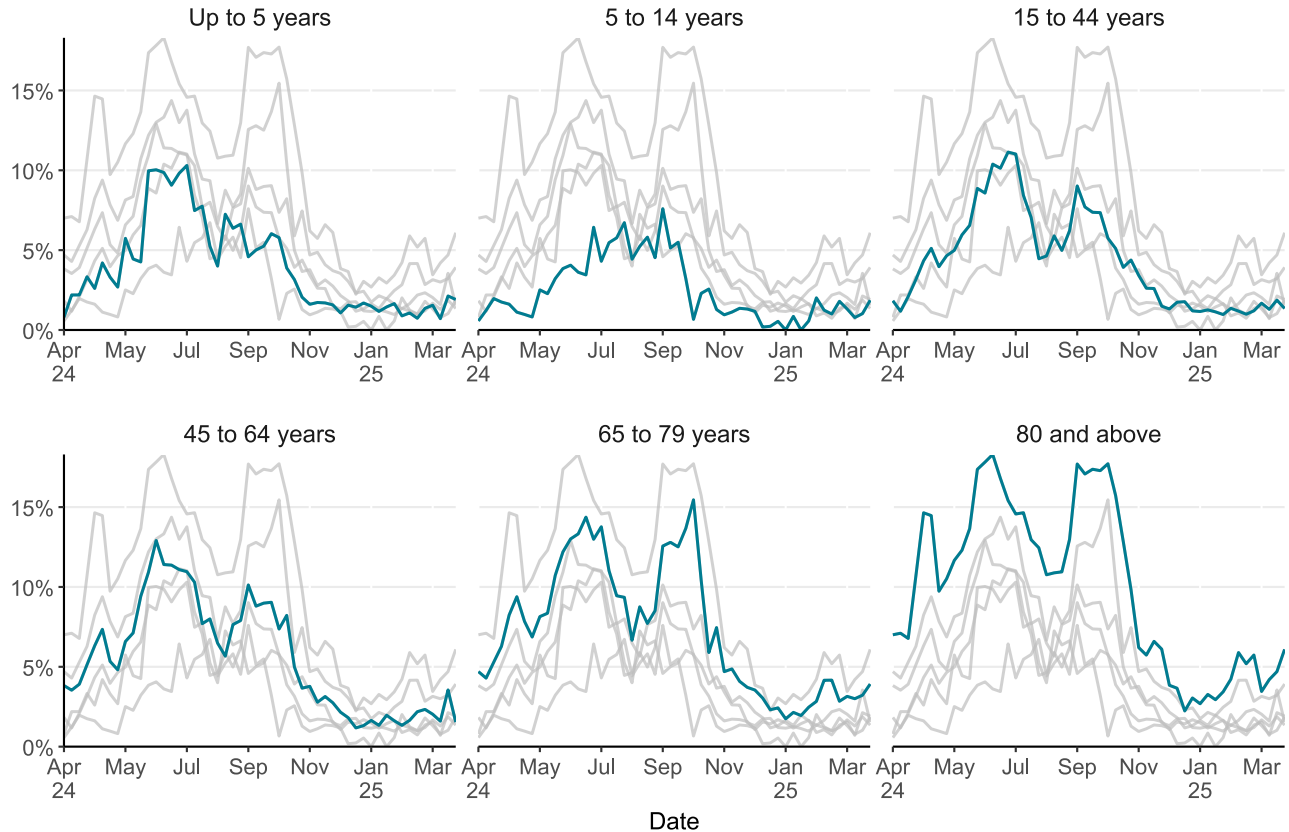


Respiratory DataMart – weekly positivity (%) for SARS-CoV-2 by seasons, England





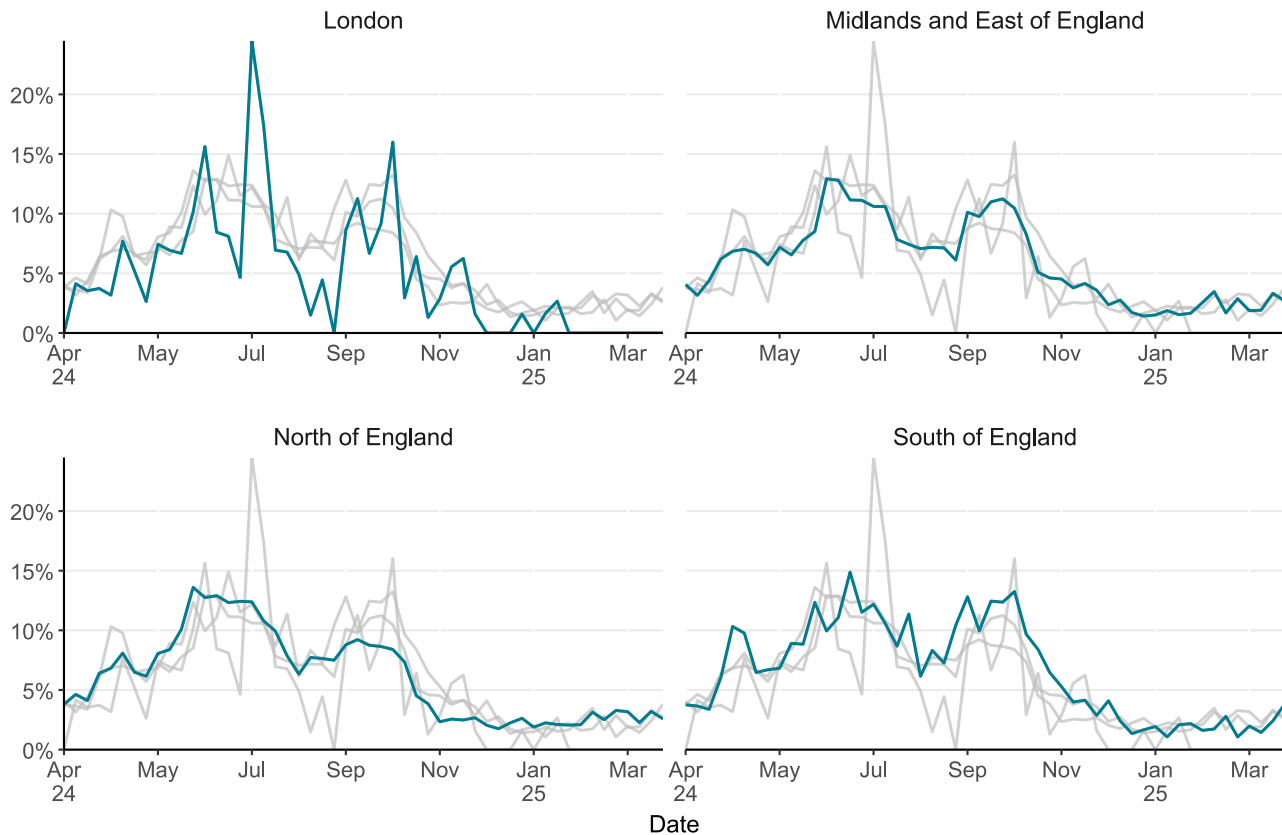
Respiratory DataMart – weekly positivity (%) for SARS-CoV-2 by age, England



The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups



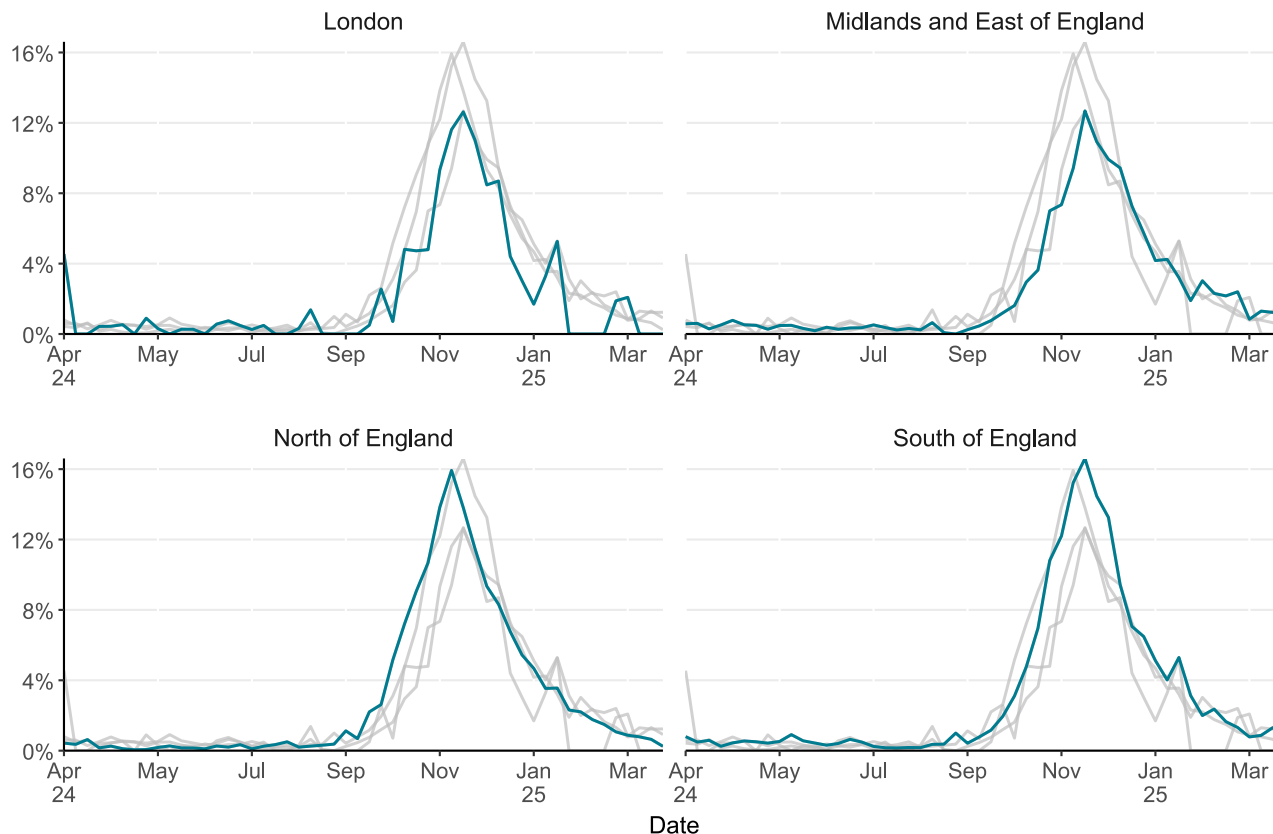
Respiratory DataMart – weekly positivity (%) for SARS-CoV-2 by UKHSA region



The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other regions



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

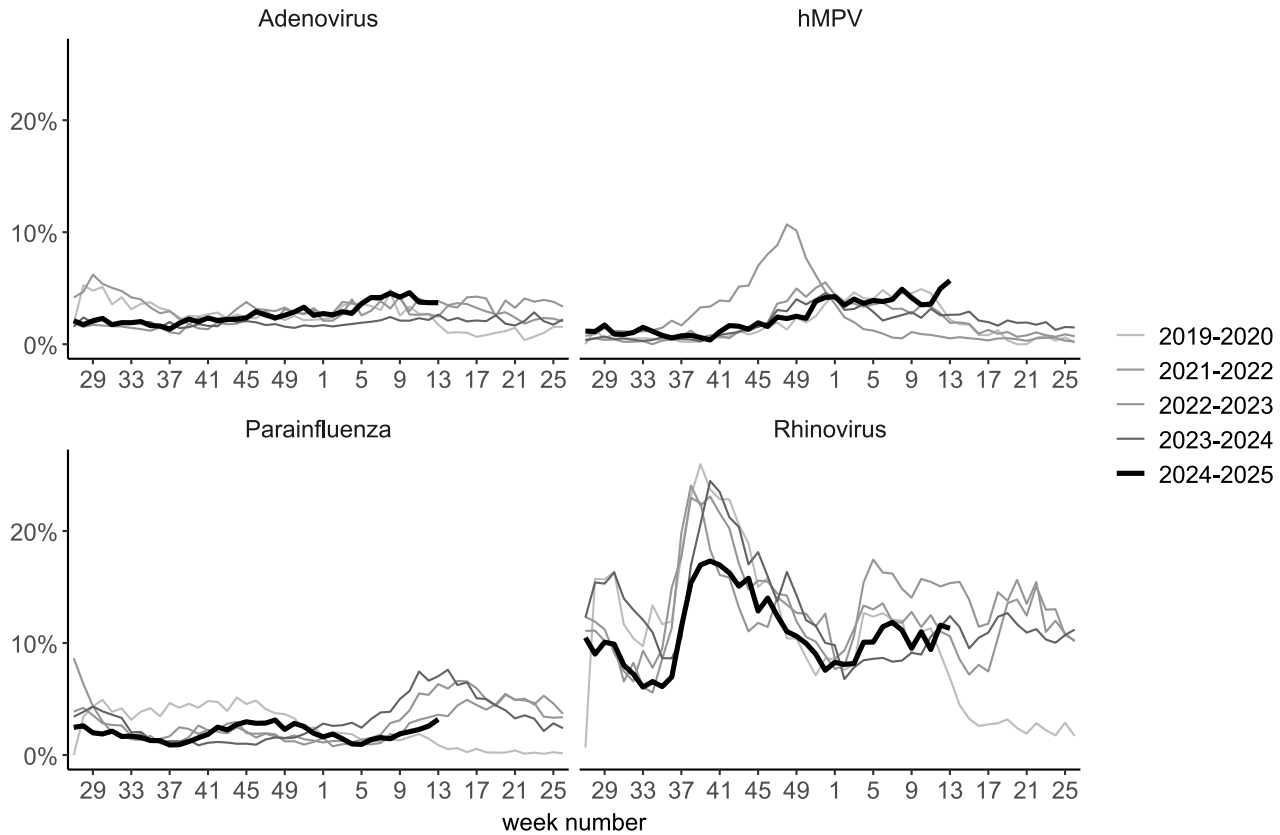


Changes in positivity in London should be interpreted with caution as there was a low number of samples this week and is subject to retrospective updates

The highlighted line corresponds to the region in the subplot title, grey lines correspond to all regions

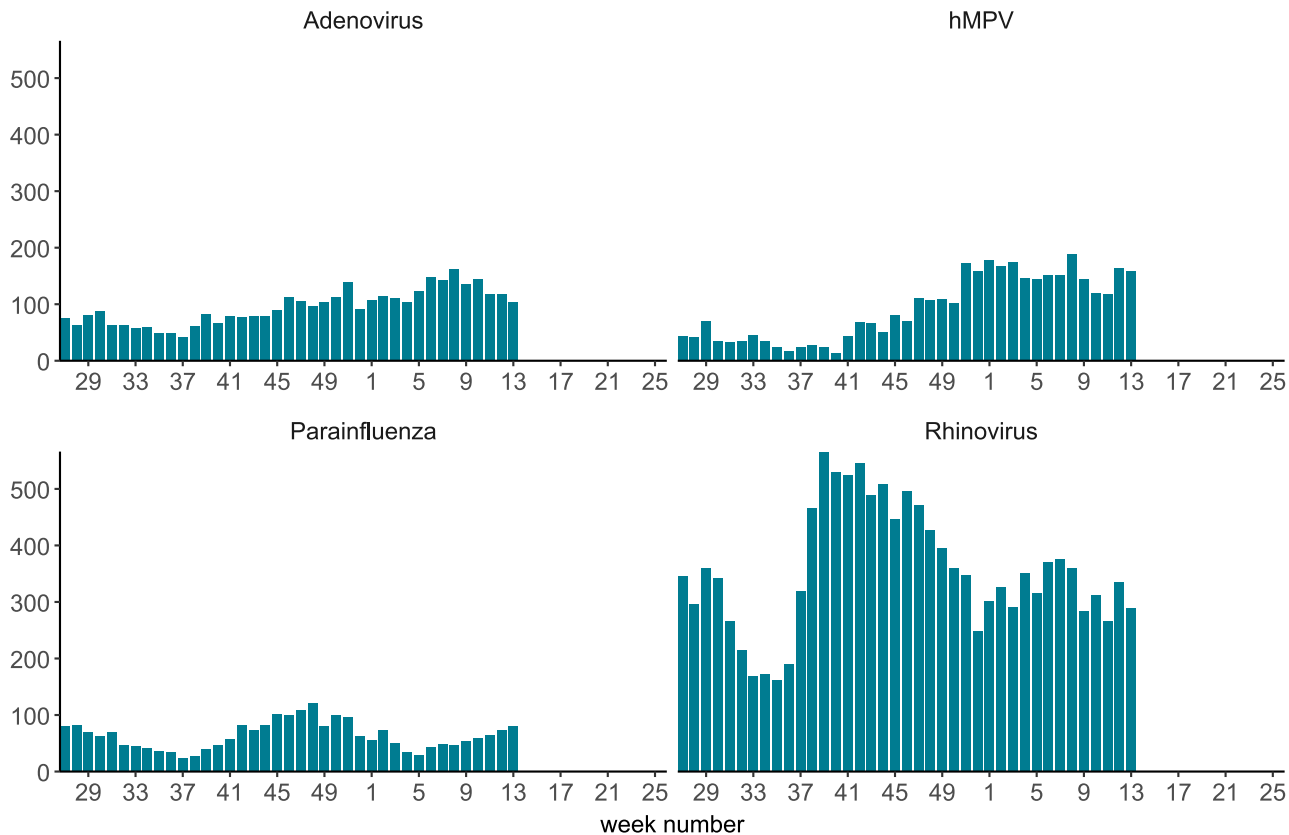


Respiratory DataMart – other viruses positivity (%)



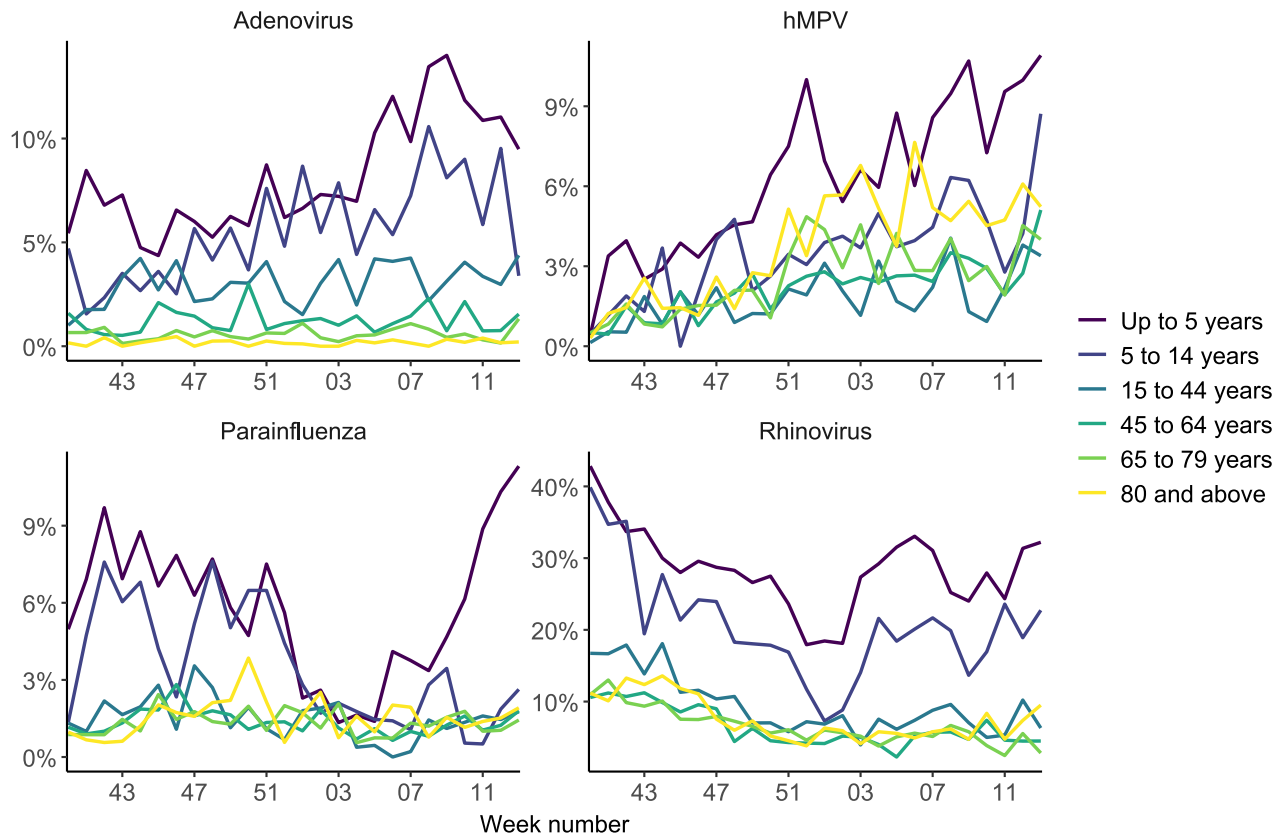


Respiratory DataMart – other respiratory viruses





Respiratory DataMart – weekly positivity (%) for respiratory viruses by age, England



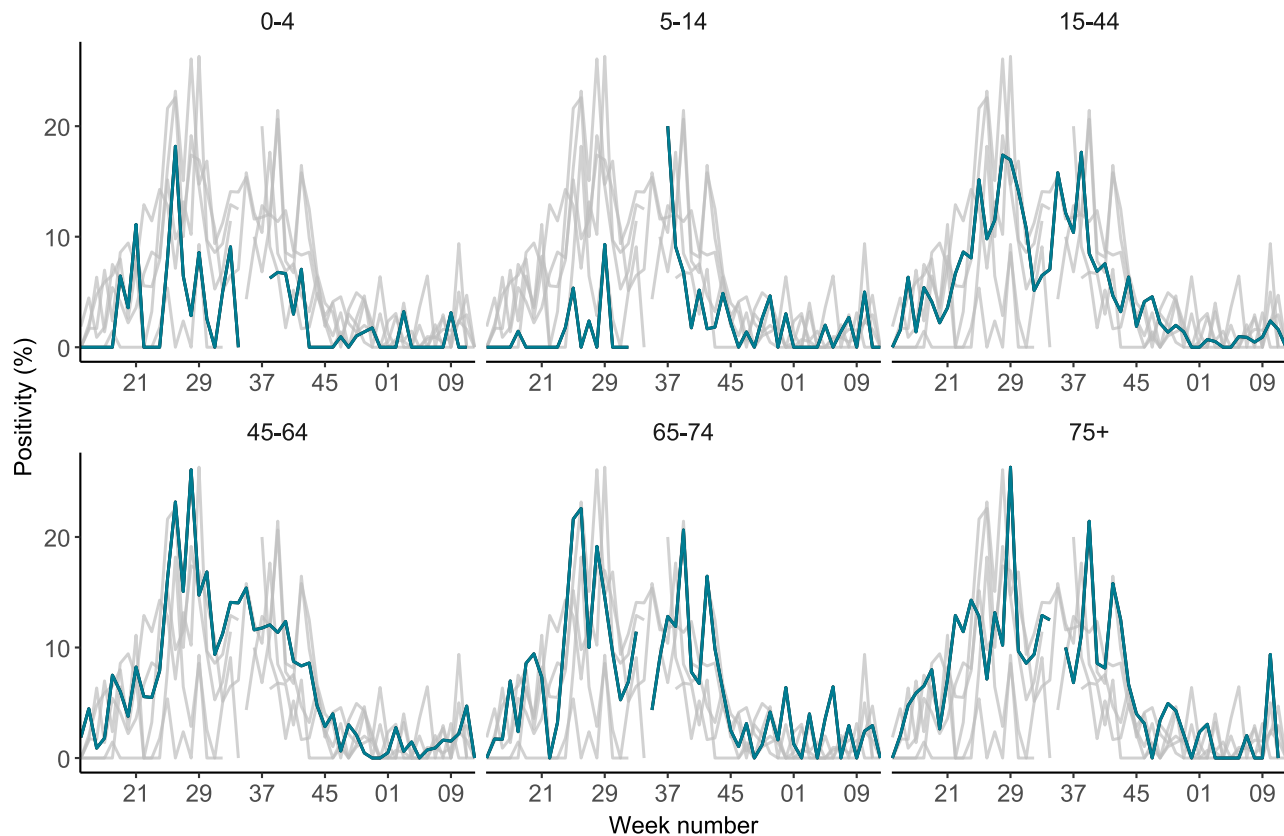
Please note y-axis uses different scales across graphs



Primary care surveillance



Weekly positivity (%) for SARS-CoV-2 by age group in England, GP sentinel swabbing scheme

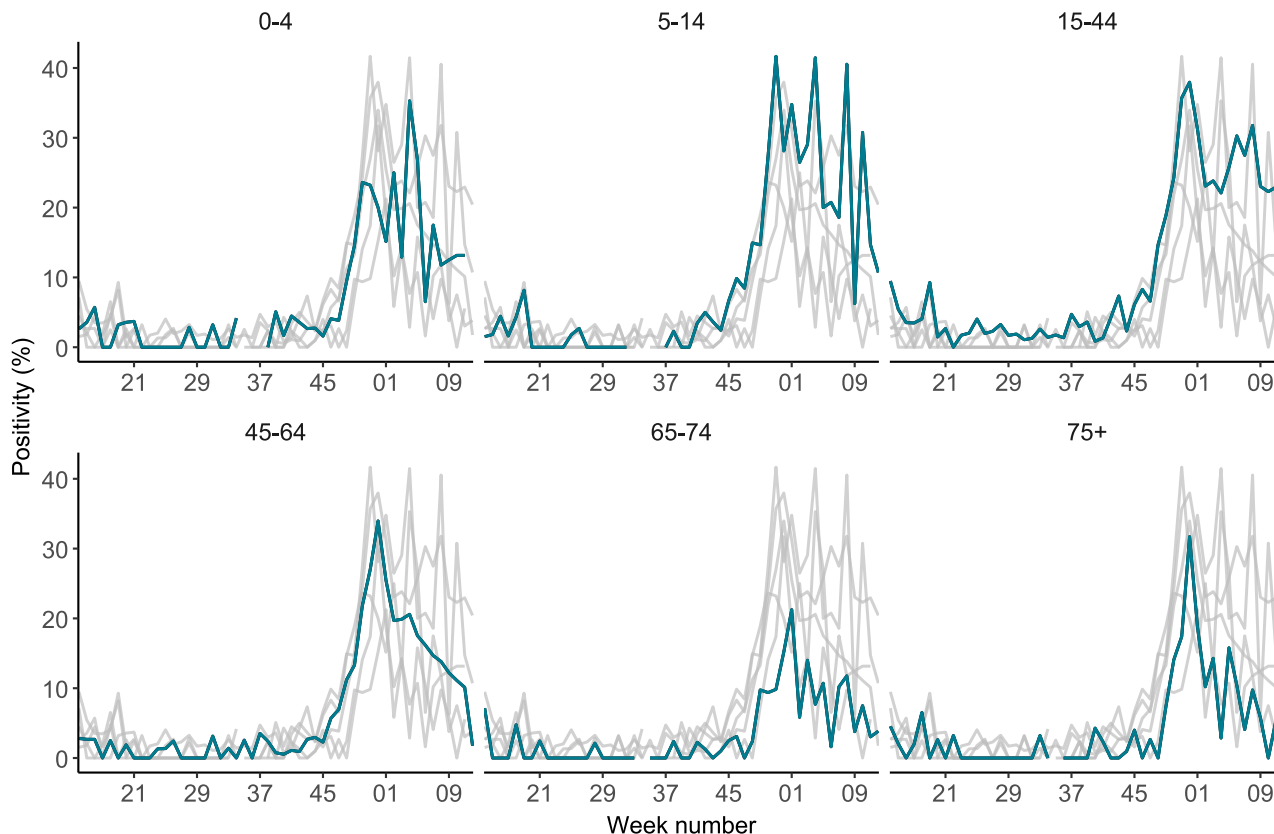


Note: Weeks where fewer than 20 samples were tested in the age group are omitted

The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups



Weekly positivity (%) for influenza by age group in England, GP sentinel swabbing scheme

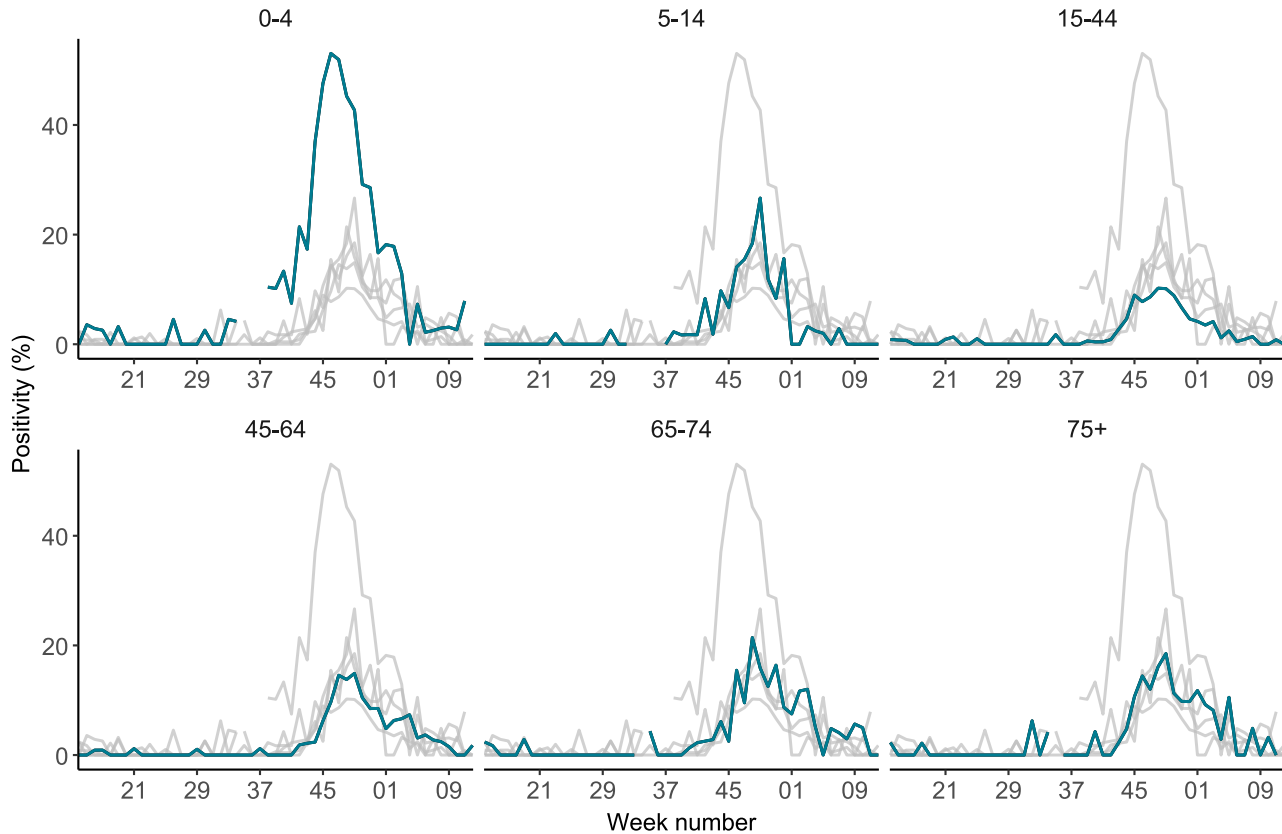


Note: Weeks where fewer than 20 samples were tested in the age group are omitted

The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups



Weekly positivity (%) for respiratory syncytial virus (RSV) by age group in England, GP sentinel swabbing scheme



Note: Weeks where fewer than 20 samples were tested in the age group are omitted

The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups

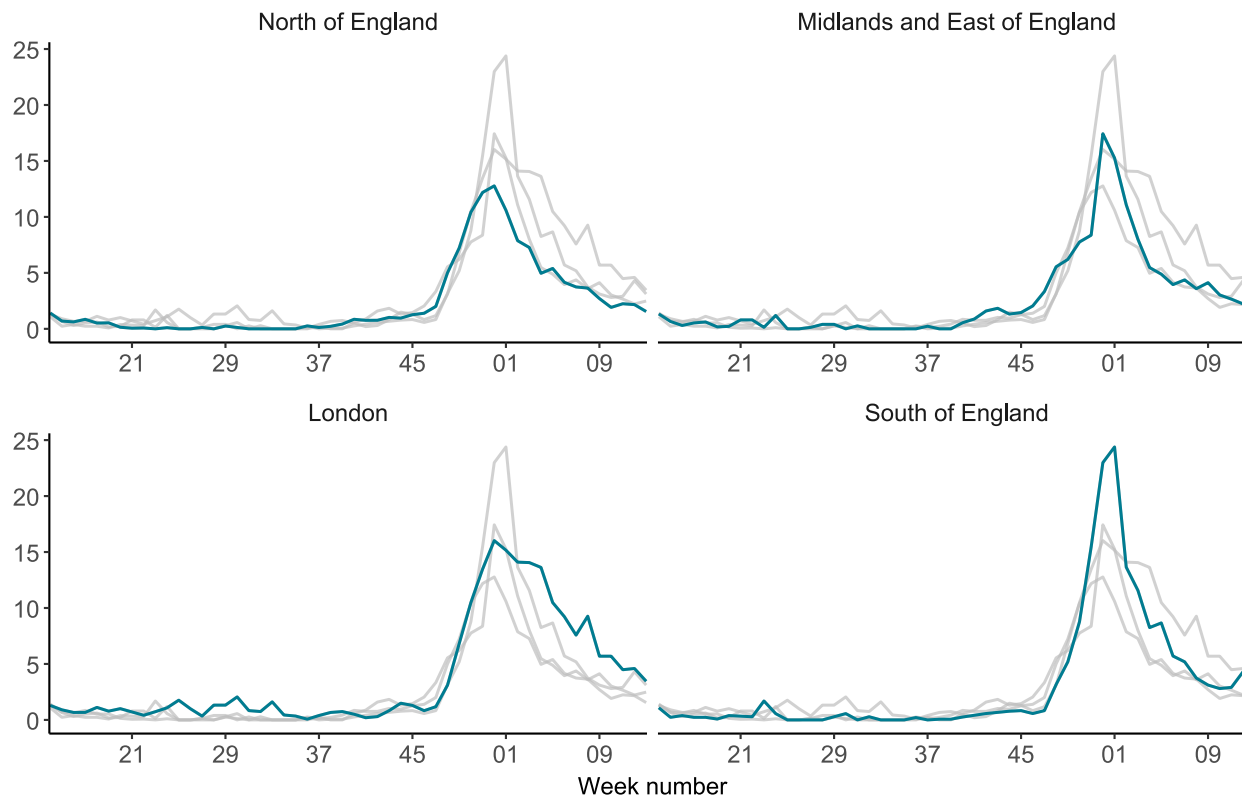


Secondary care surveillance



Weekly influenza hospital admission rate by UKHSA region, SARI Watch sentinel surveillance

Weekly Hospitalisation rate per 100,000 trust catchment population

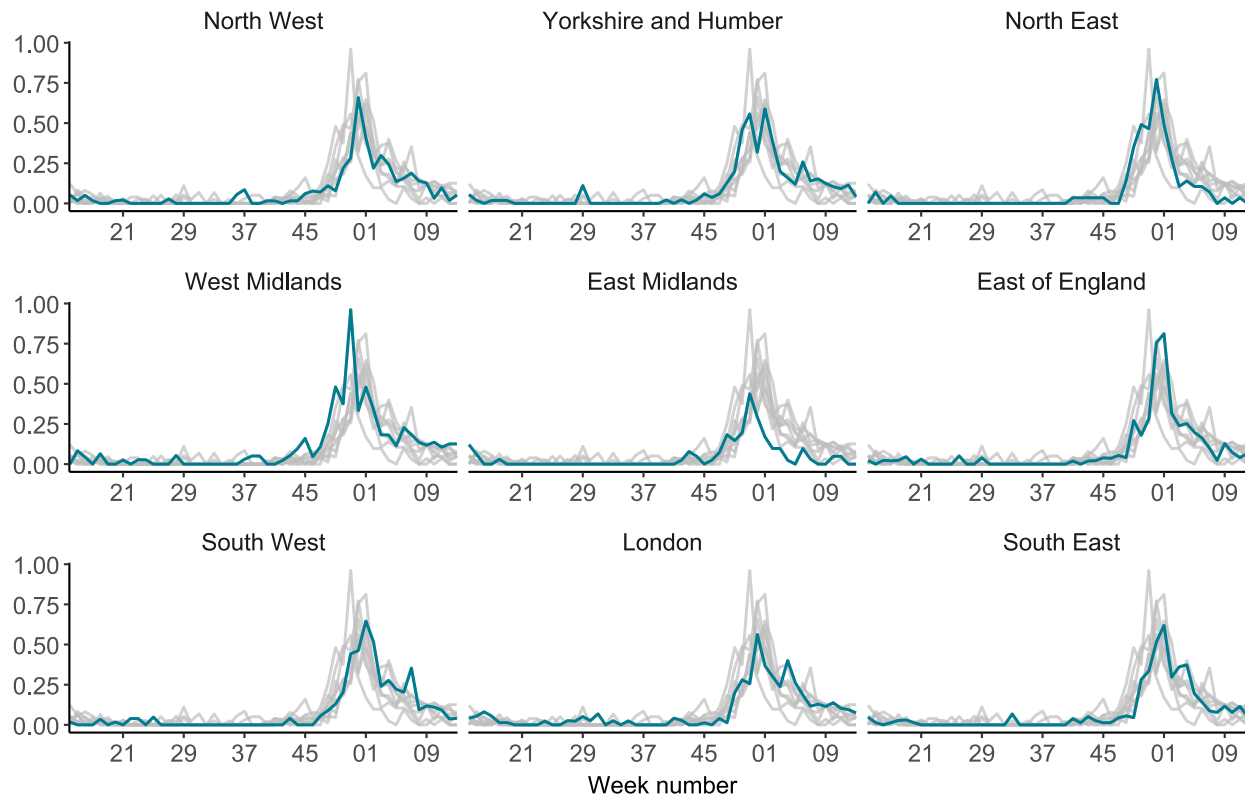


The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions



Weekly influenza ICU or HDU admission rate by UKHSA region for new influenza, reported through SARI Watch mandatory surveillance

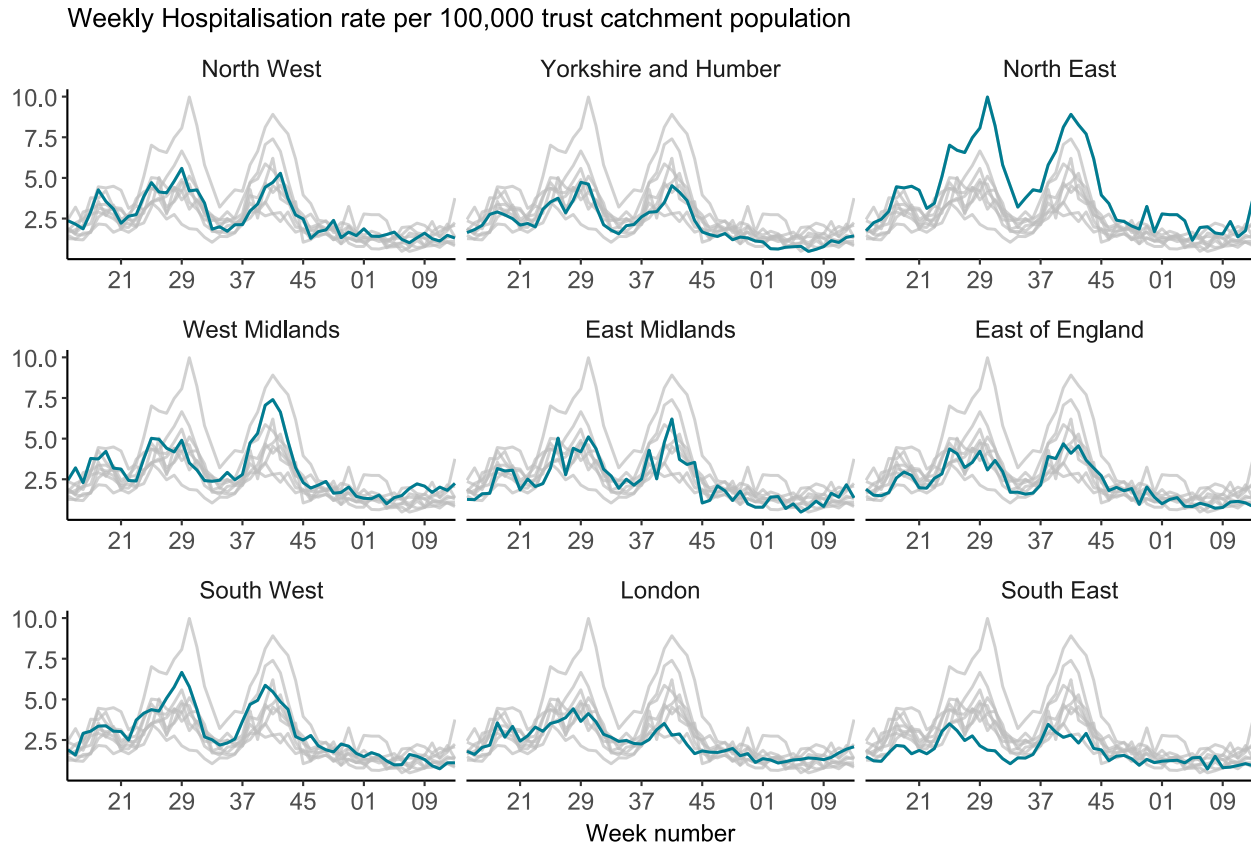
ICU admission rate per 100,000 trust catchment population



The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions



Weekly hospital admission rate by region for new COVID-19 positive cases, SARI Watch mandatory surveillance

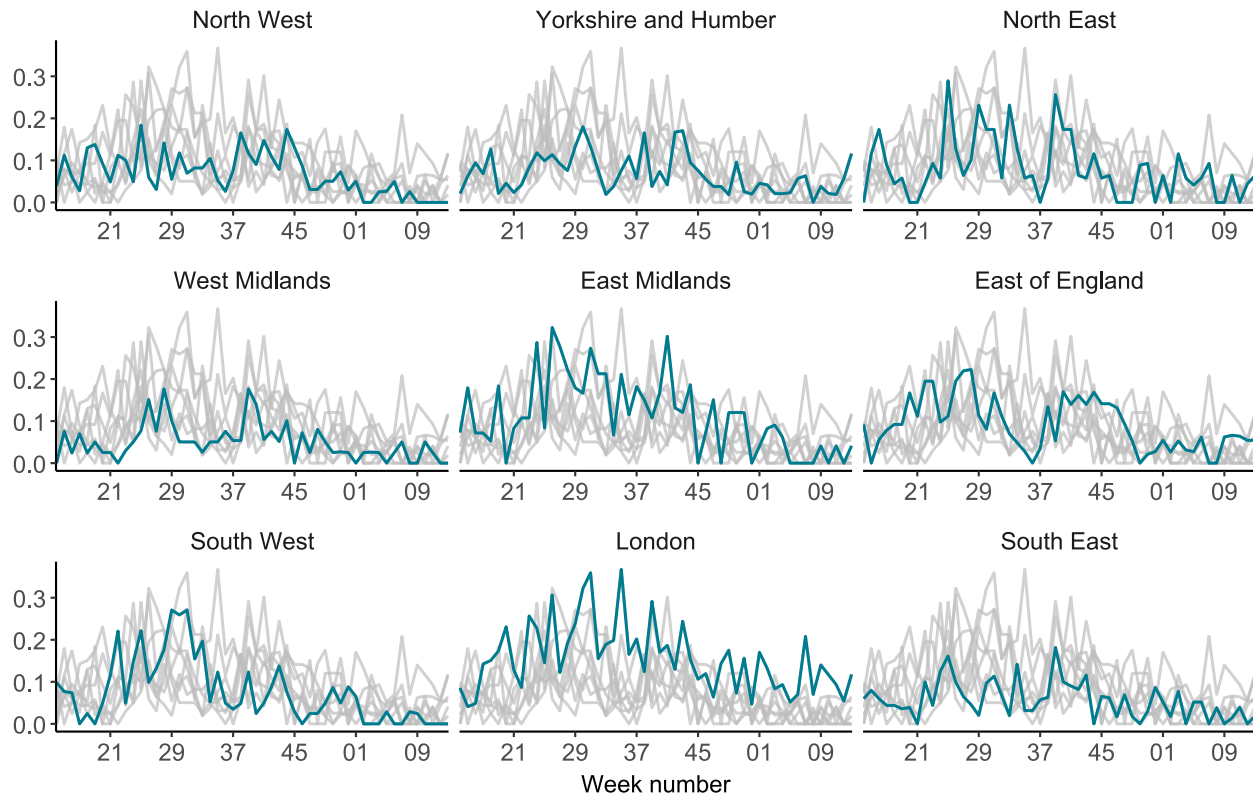


The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions



Weekly COVID-19 ICU or HDU admission rate by UKHSA region for new COVID-19 positive cases reported through SARI Watch mandatory surveillance

ICU admission rate per 100,000 trust catchment population



The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions

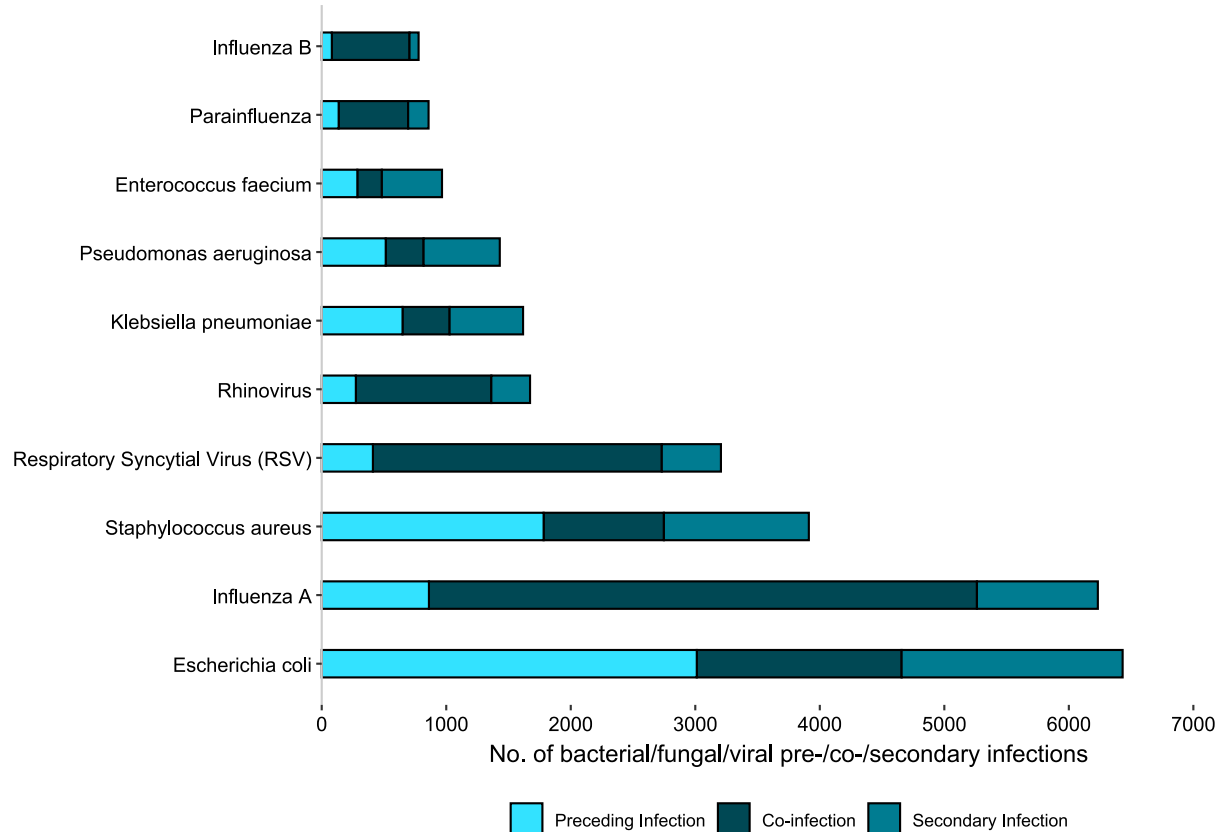


HCAI, Fungal, AMR, AMU & Sepsis Division

**Preceding, co- and secondary
infections in persons with COVID-
19 and influenza in England, July
2022 – 1st April 2025**

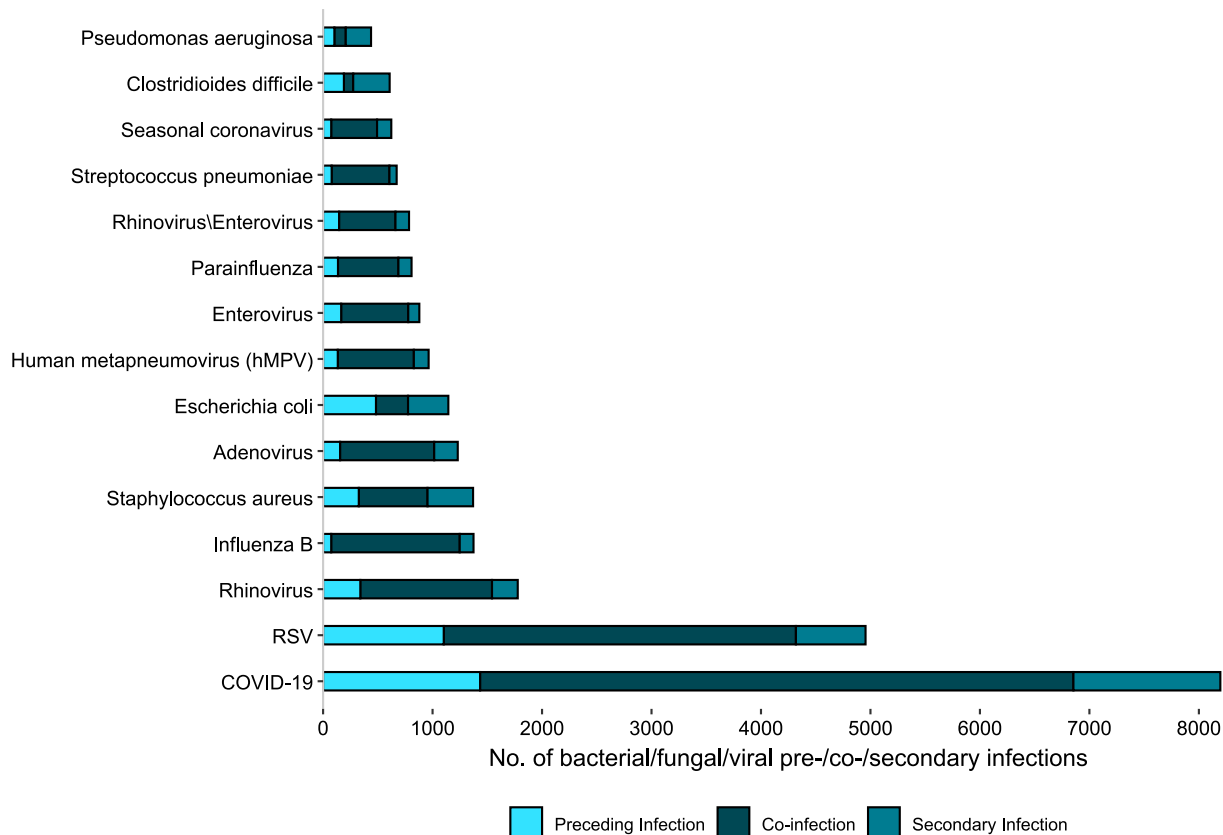


Most frequent bacterial, fungal, and viral specimens, by timing of diagnosis, in persons with COVID-19 in England from ISO week 27 of 2022





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



*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.