

Influenza and COVID-19 surveillance graphs

The UK Health Security Agency (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 up to week 30 (between 21 July 2025 and 27 July 2025).



Contents

- 1) Laboratory confirmed cases (England)
- 2) Respiratory DataMart system (England)
- 3) Secondary care surveillance



Laboratory-confirmed cases (England)



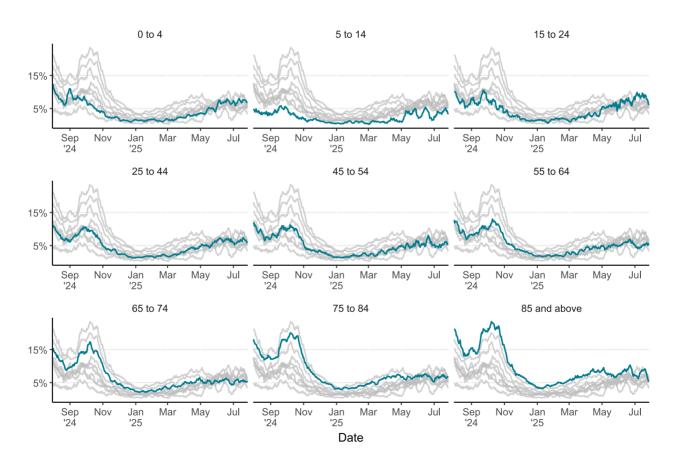
Confirmed COVID-19 episodes in England

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 <u>UKHSA data</u>
 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 <u>living with COVID-19</u>. 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. <u>Public health guidance</u> remains in place for cases and their close contacts. Additionally, further changes in <u>testing policy</u> are in effect since 1 April 2023, which may affect case rates and positivity rates.



Daily percentage of tests positive for SARS-CoV-2 among all reported SARS-CoV-2 tests by age group (7-day rolling average), England



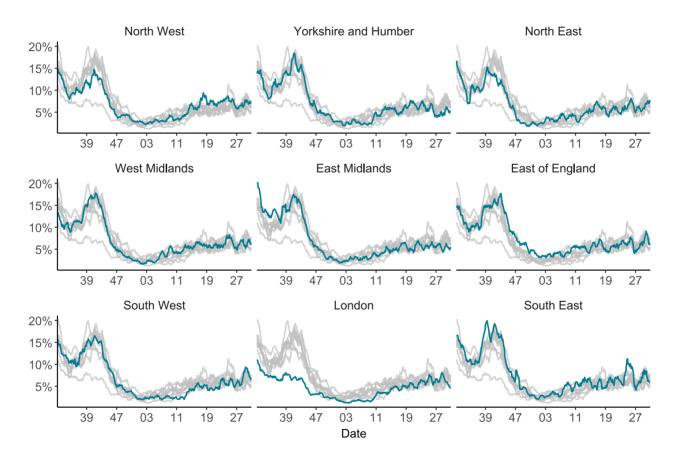
The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups

31 July 2025

5



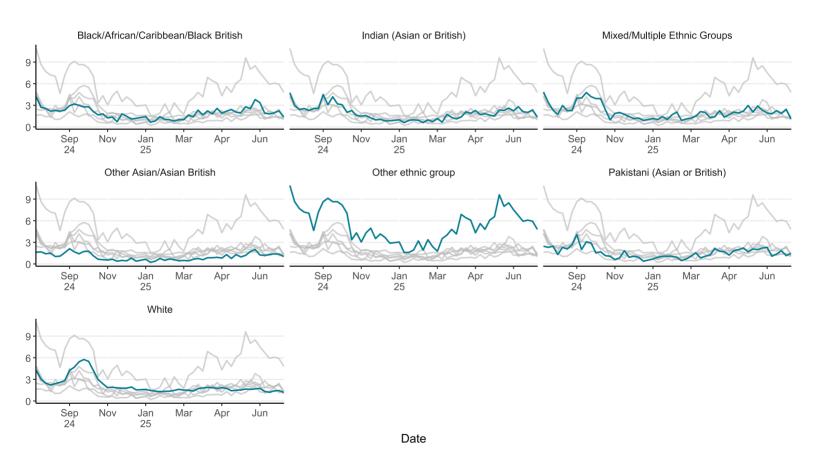
7-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested under Pillar 1 by UKHSA region



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



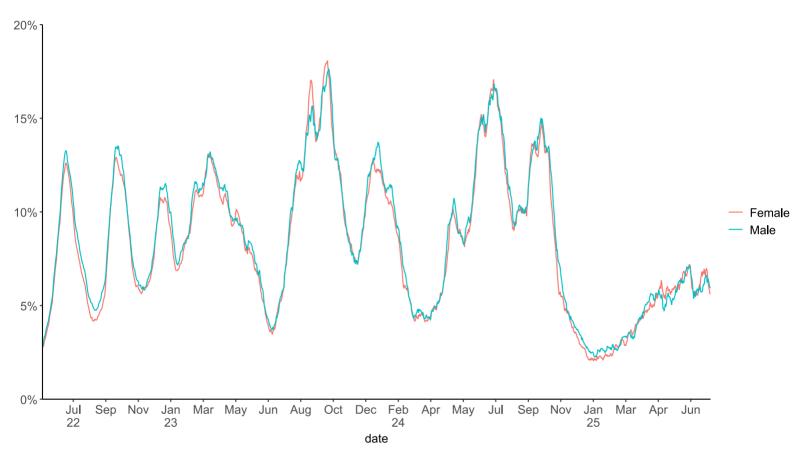
Weekly incidence of confirmed COVID-19 cases per 100,000 population by ethnicity (Pillar 1), England



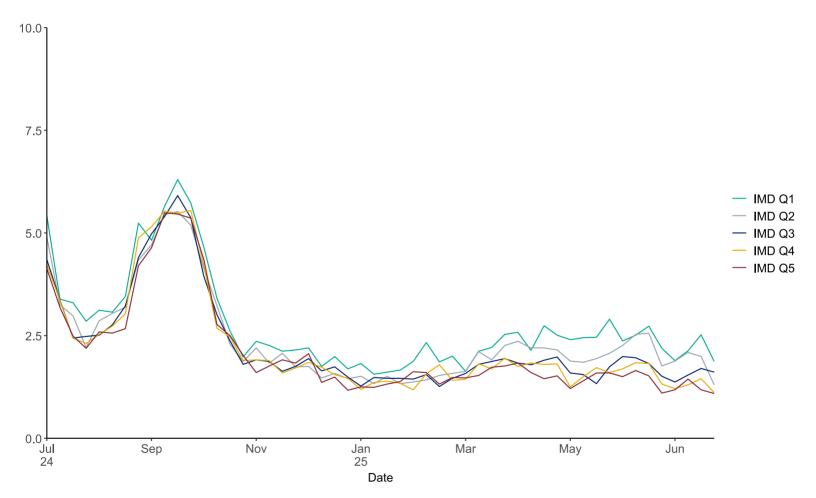
The highlighted line corresponds to the ethnicity in the subplot title, grey lines correspond to all other ethnicities



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



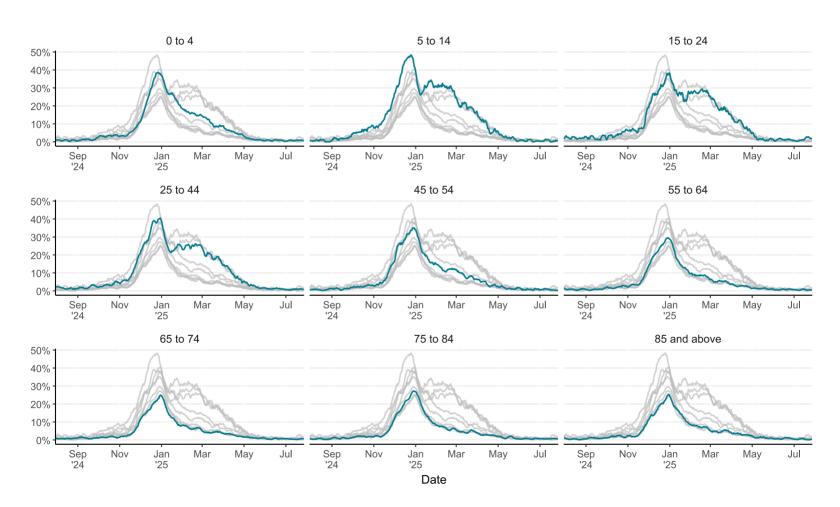
UK Health Security Agency Agency quintile (1 being the most deprived and 5 being the least deprived)



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

UK Health Security Agency **a**l

Daily percentage of tests positive for influenza among all reported influenza tests by age group (7-day rolling average), England



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

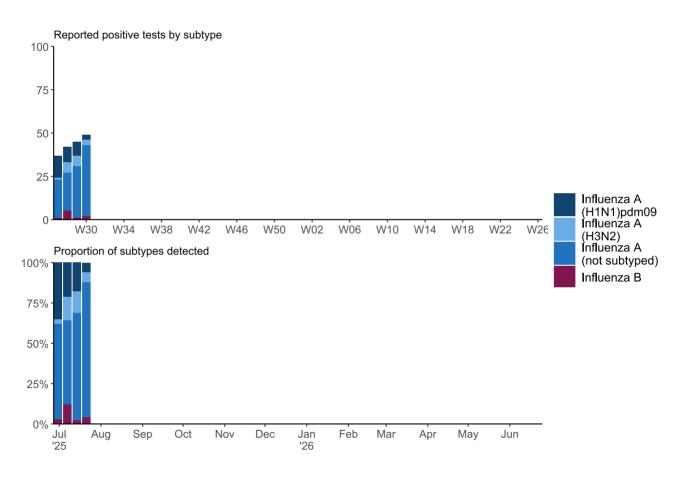


Respiratory DataMart system (England)

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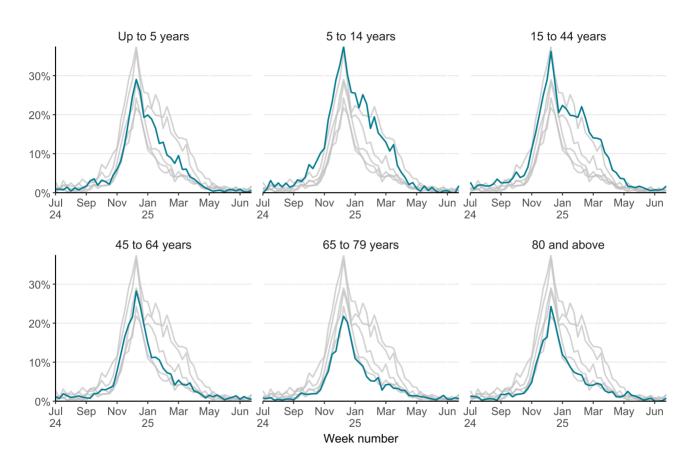


Respiratory DataMart weekly cases by influenza subtype, England





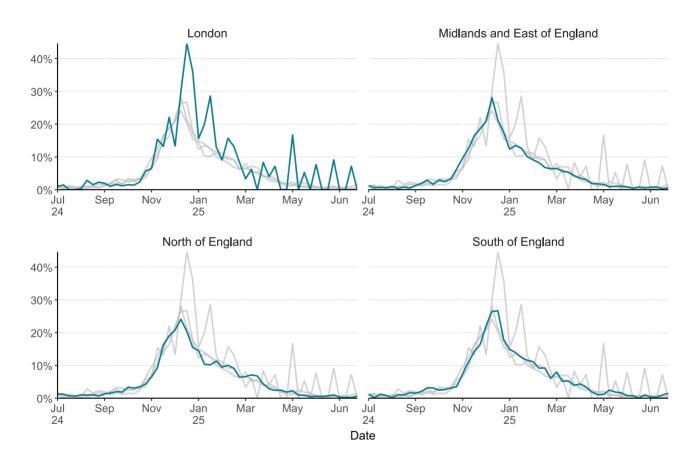
Respiratory DataMartweekly positivity (%) for influenza by age, England



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



Respiratory DataMartweekly positivity (%) for influenza by UKHSA region

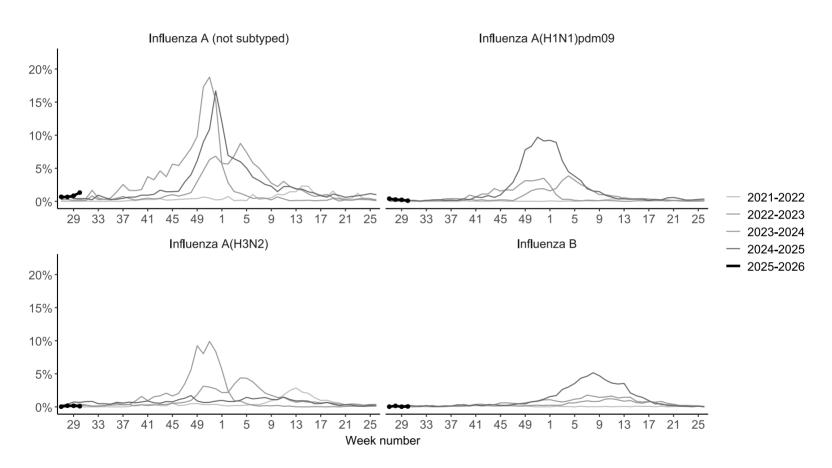


Changes in positivity in London should be interpreted with caution as there was a low number of samples this week and is subject to retrospective updates

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

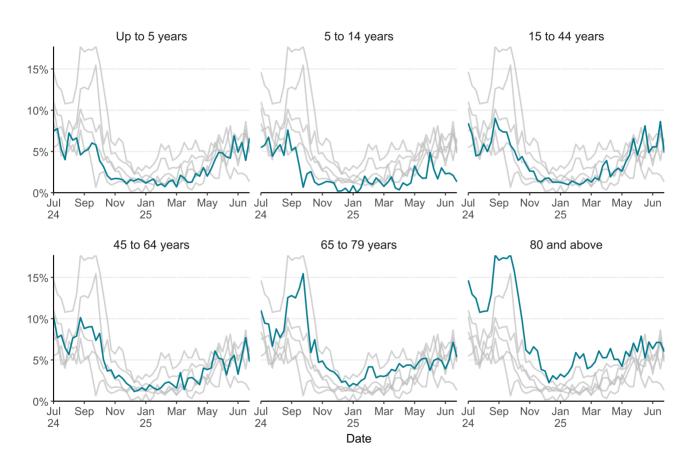


Respiratory DataMart – influenza subtype positivity





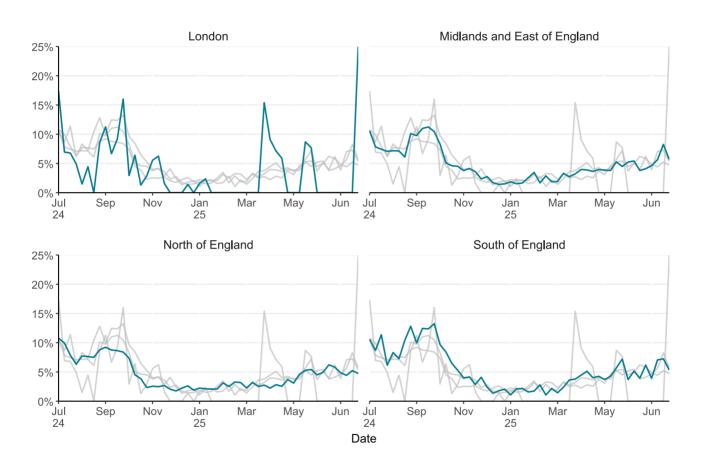
Respiratory DataMart – weekly positivity (%) for SARS-CoV-2 by age, England



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

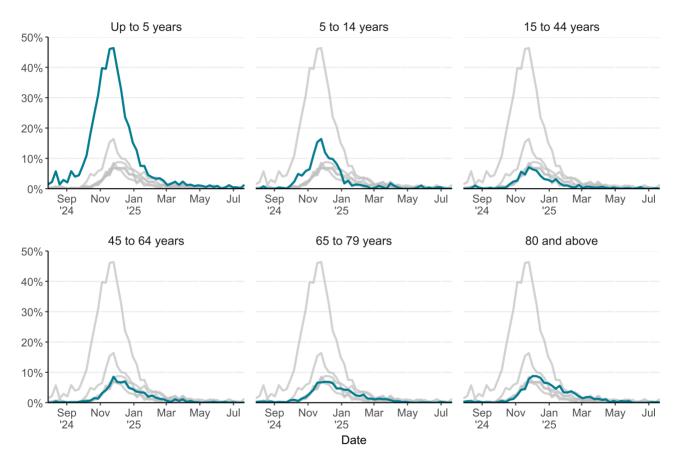


Changes in positivity in London should be interpreted with caution as there was a low number of samples this week and is subject to retrospective updates

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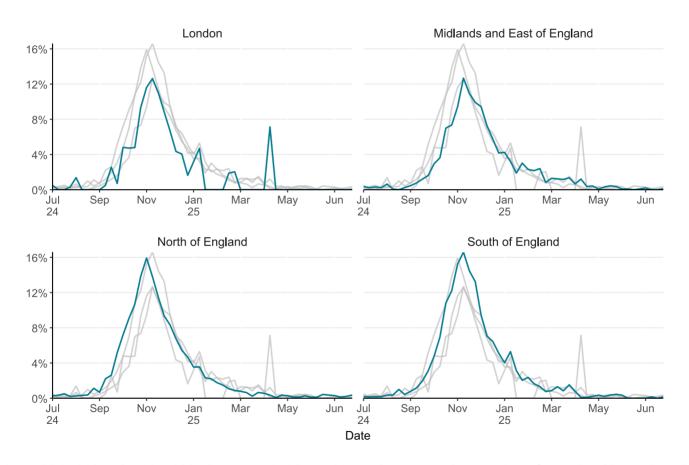
Respiratory DataMart – weekly positivity (%) for RSV by age, England



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 respiratory syncytial virus (RSV) by UKHSA region



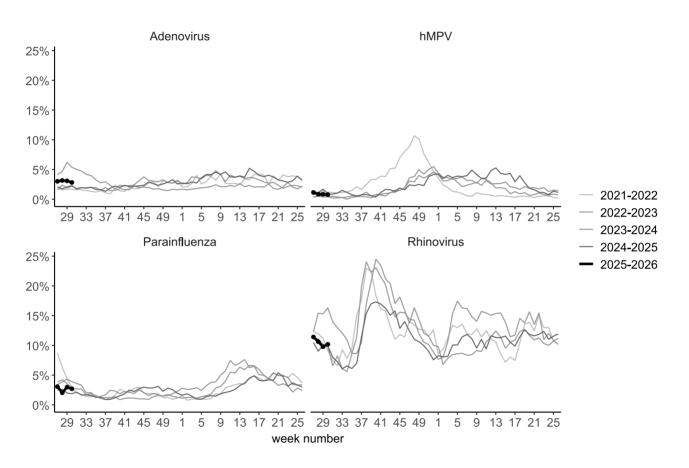
Changes in positivity in London should be interpreted with caution as there was a low number of samples this week and is subject to retrospective updates

The highlighted line corresponds to the region in the subplot title, grey lines correspond to all regions 31 July 2025

19

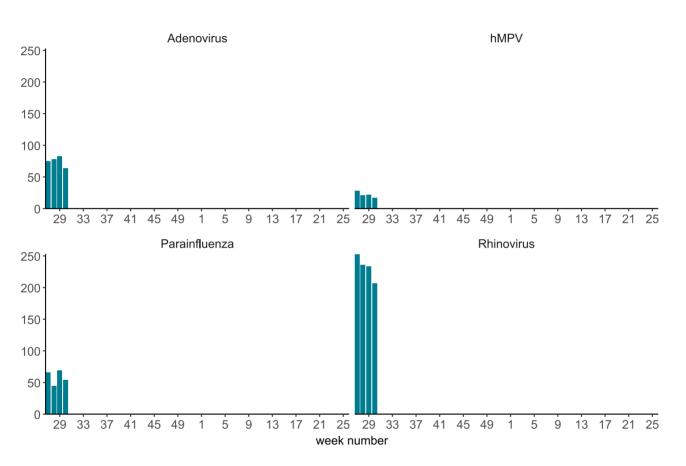


Respiratory DataMart – other viruses positivity (%)



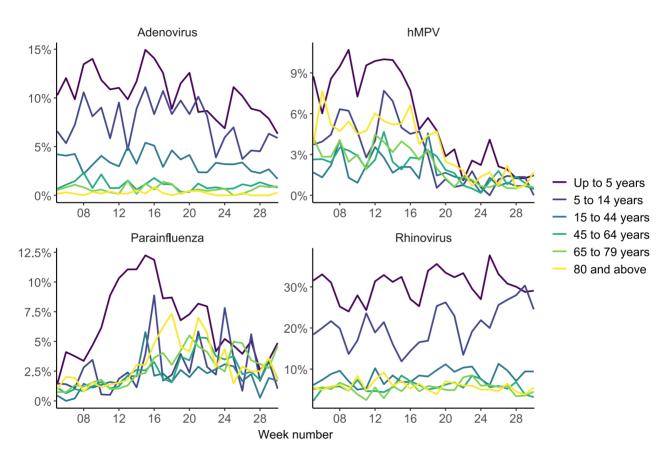


Respiratory DataMart – other respiratory viruses





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



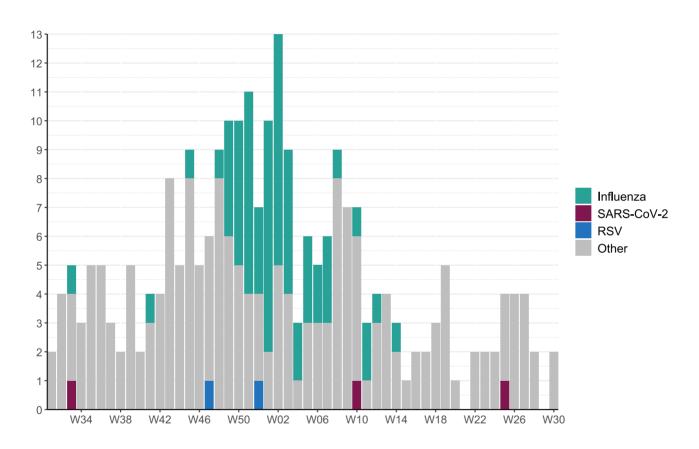
Please note y-axis uses different scales across graphs



Secondary care surveillance



Laboratory confirmed ECMO admissions in adults (COVID-19, influenza and non-COVID-19 confirmed) to severe respiratory failure 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.