UK Health Security Agency

Influenza and COVID-19 supplementary surveillance graphs

UKHSA publishes a national influenza and COVID-19 surveillance report which summarises the information from the surveillance systems 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 the end of week 44 (up to 1 November 2026).

Contents

1. Laboratory-confirmed cases (England)
2. Respiratory DataMart system (England)
3. Primary care surveillance (England)
4. Secondary care surveillance: COVID-19 (England)
5. AMR and HCAI Division

Confirmed COVID-19 episodes in England

From week 41 onwards, case rates have been updated to use the latest Office for National Statistics (ONS) population estimates for mid-2025. Previously, case rates were calculated using the mid-2020 population estimates.

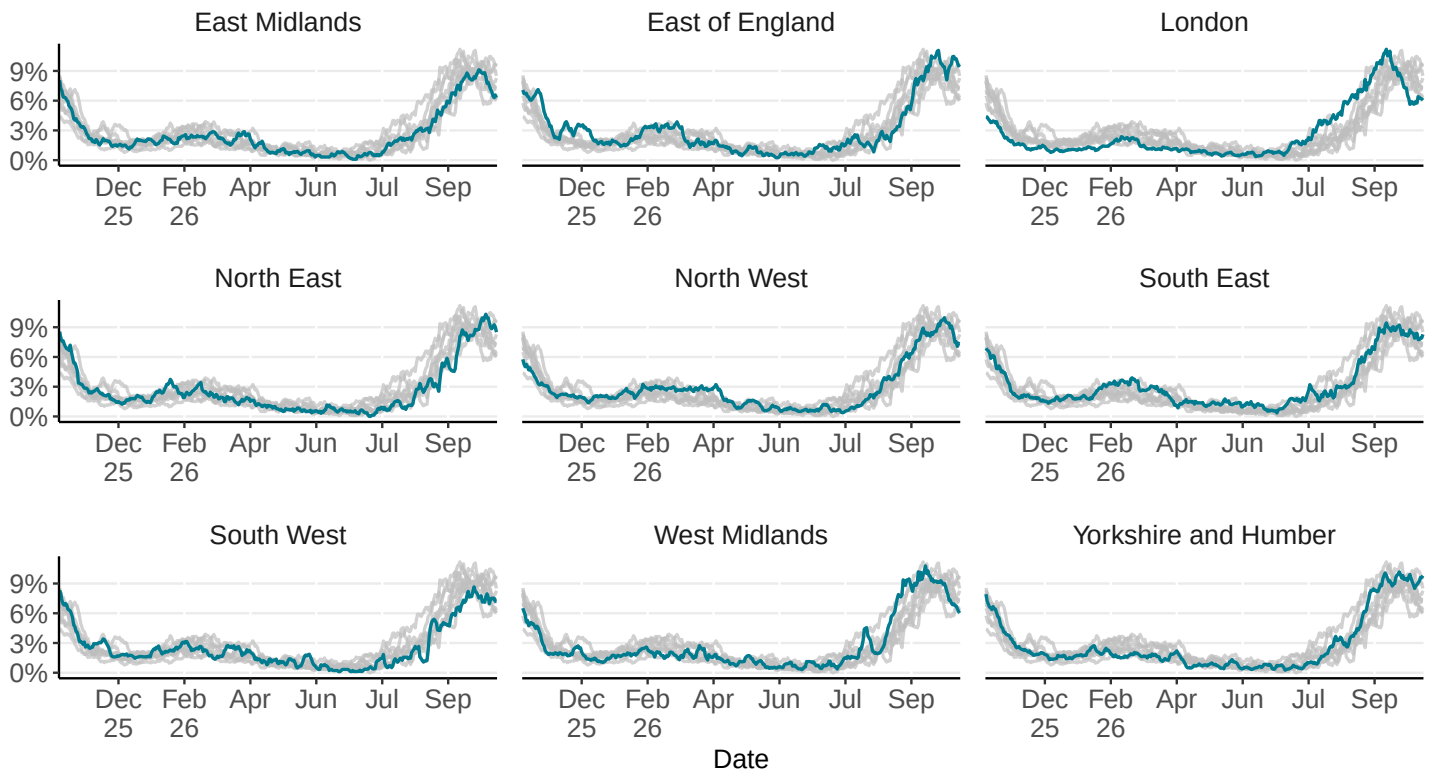
From 11 January 2022, the requirement for confirmatory PCR testing in individuals who tested positive using a lateral flow device was temporarily removed.

Rates by ethnicity and IMD quintile are now presented using the mid-2024 population estimates. Previously, these were calculated using the mid-2019 estimates.

From 31 January 2022, UKHSA moved all COVID-19 case reporting in England to an 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.

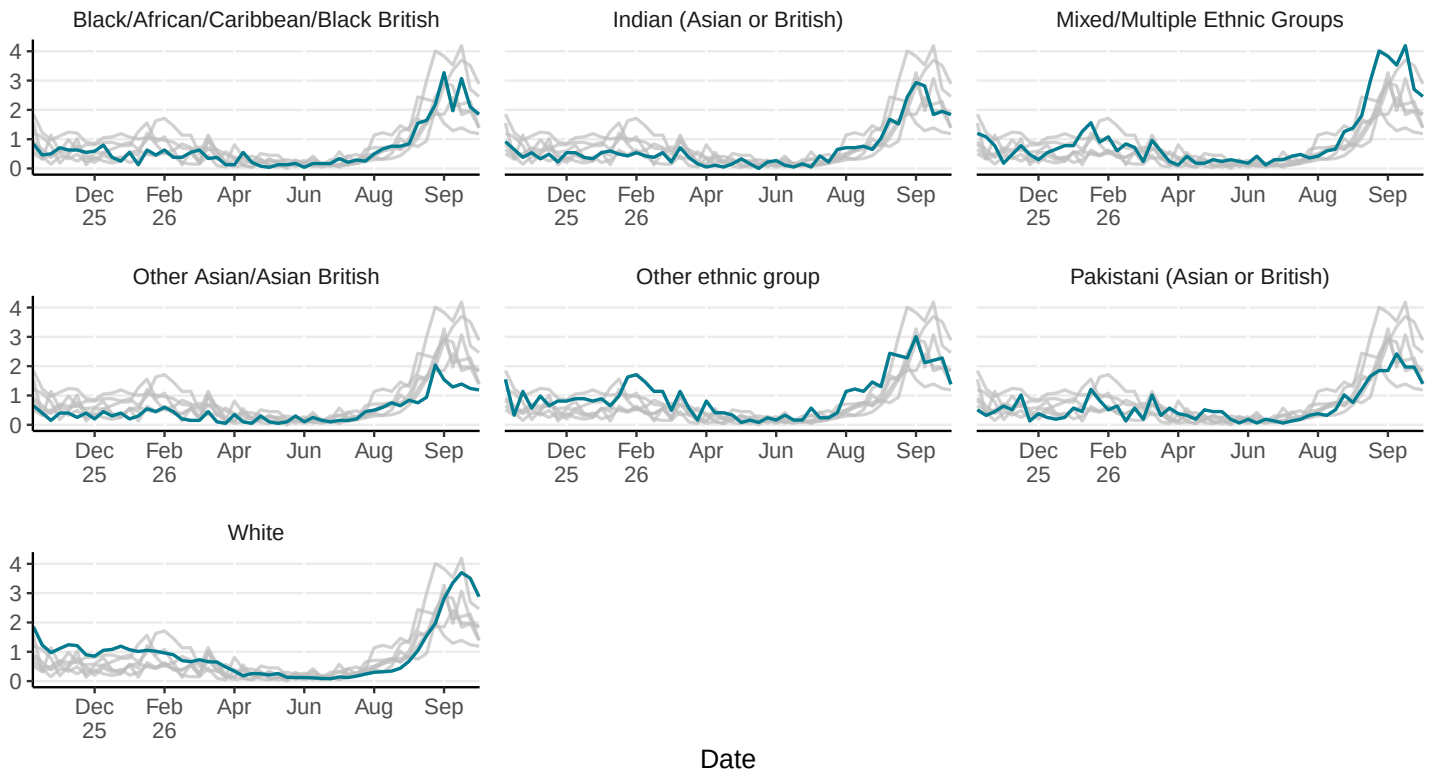
Since 1 April 2022, free universal symptomatic and asymptomatic testing for the general public in England is no longer available. As such, there was a reduction in Pillar 2 testing from April 2022 onwards. Data in this report should be interpreted in the context of this change to testing.

Slide 4. 7-day rolling PCR positivity rate (%) of confirmed COVID-19 cases tested under Pillar 1 by UKHSA region



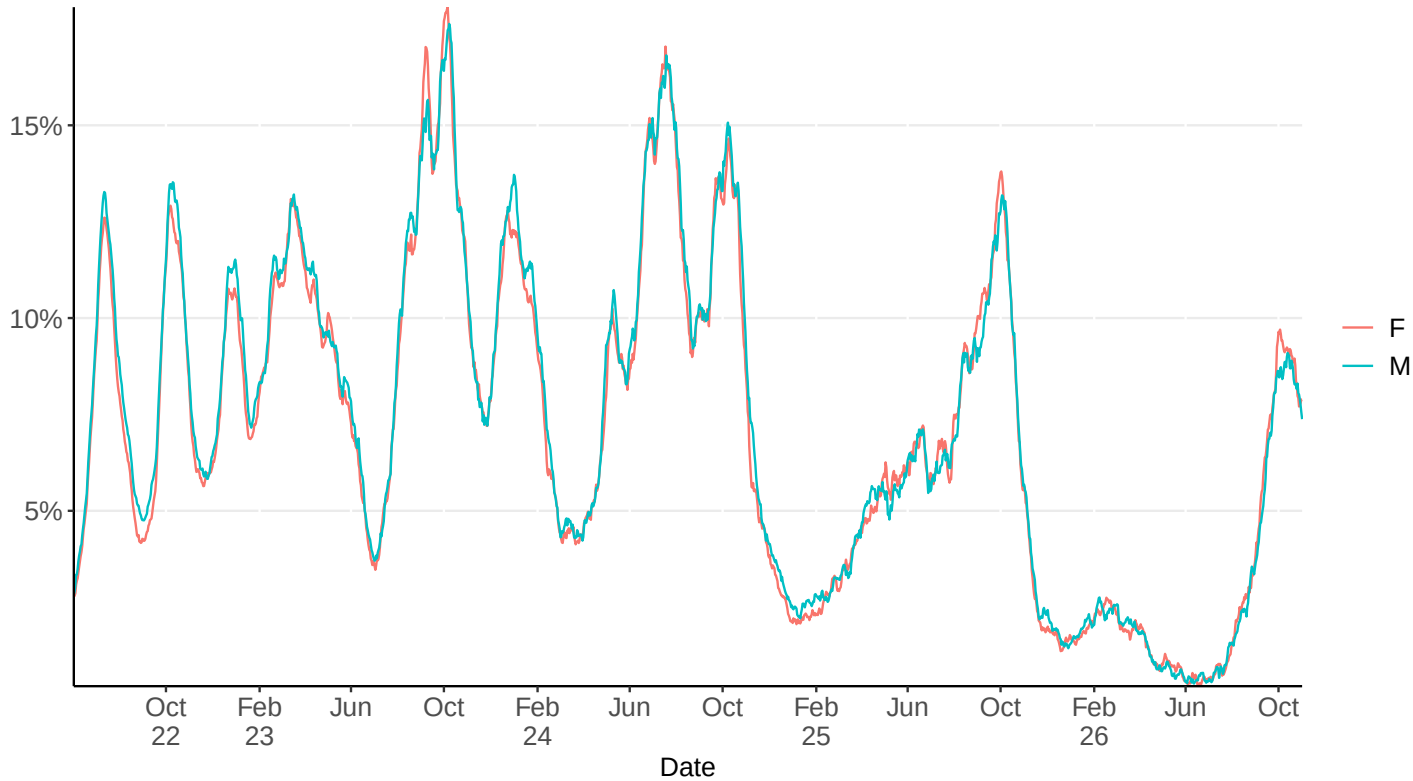
The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions

Slide 5. Weekly incidence of confirmed COVID-19 cases per 100,000 population by ethnicity (Pillar 1), England

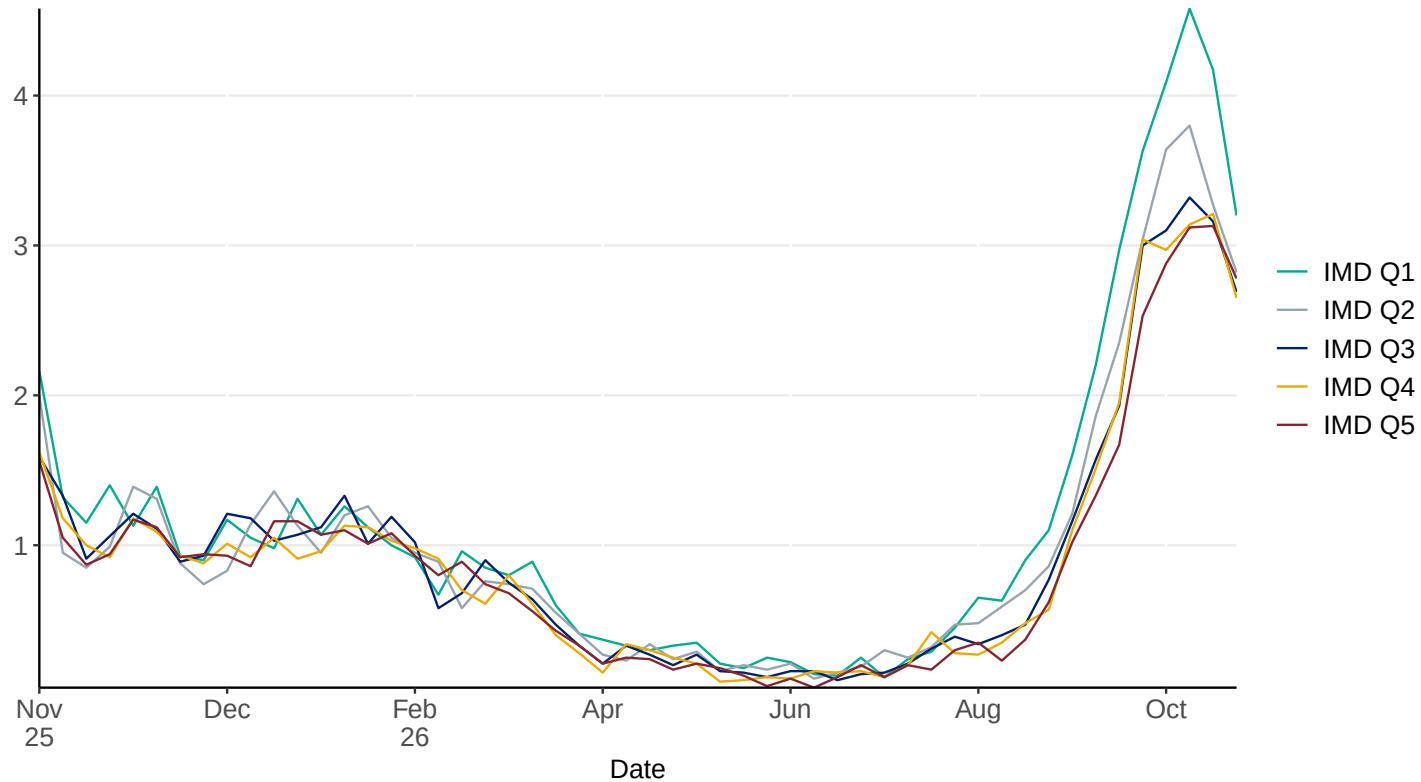


The highlighted line corresponds to the ethnicity in the subplot title, grey lines correspond to all other ethnicities

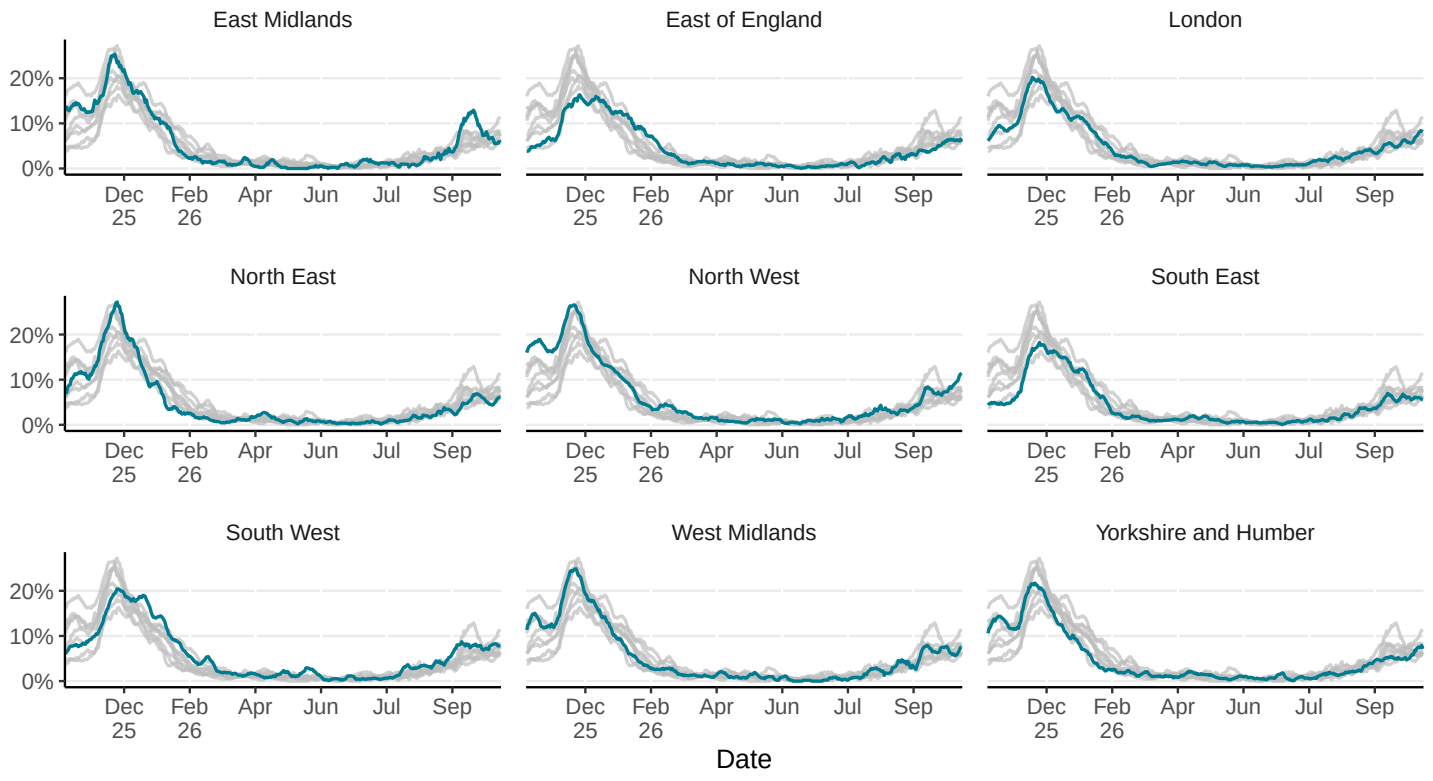
Slide 6. 7-day rolling PCR positivity rate (%) of confirmed COVID-19 cases tested by sex under Pillar 1



Slide 7. 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)

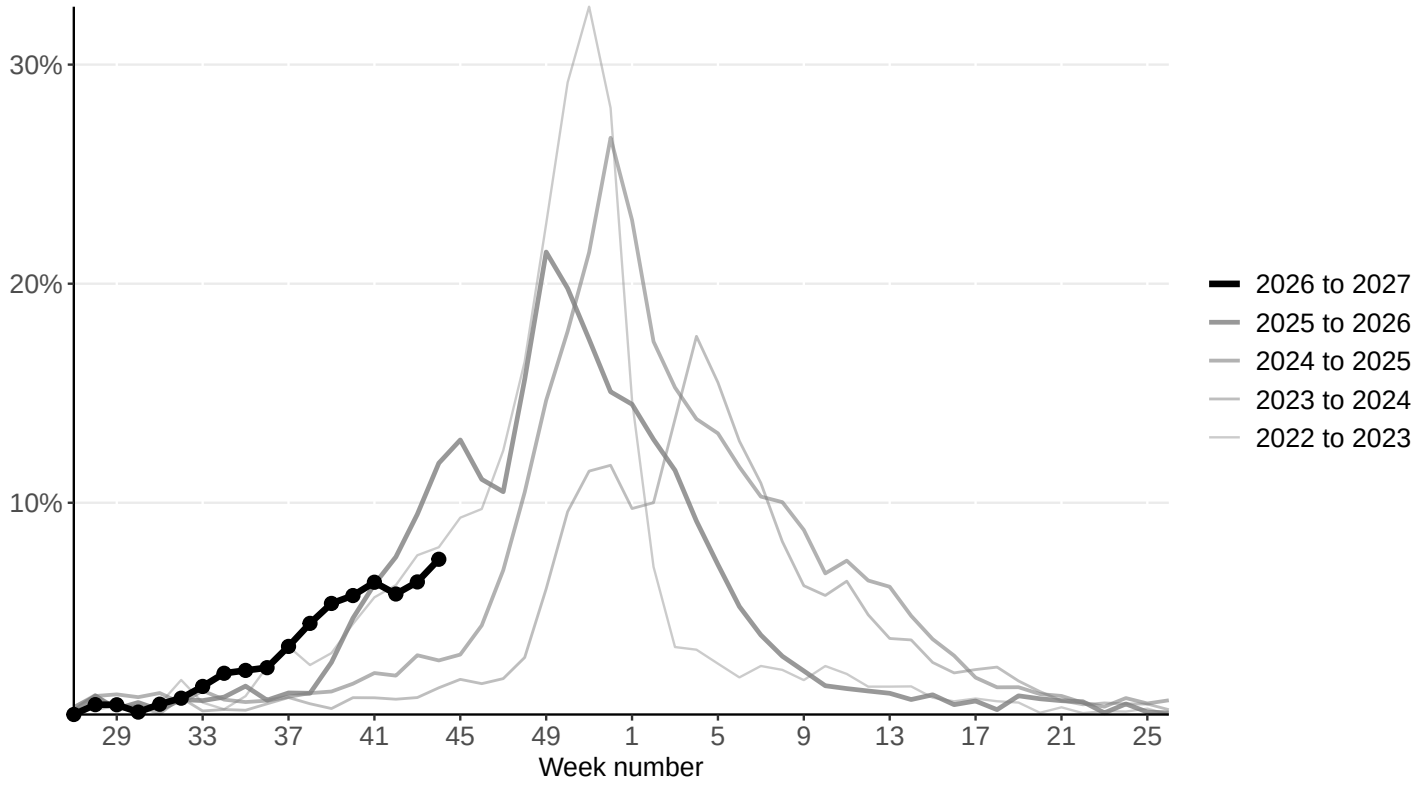


Slide 8. 7-day rolling PCR positivity rate (%) of confirmed influenza cases tested under Pillar 1 by UKHSA region

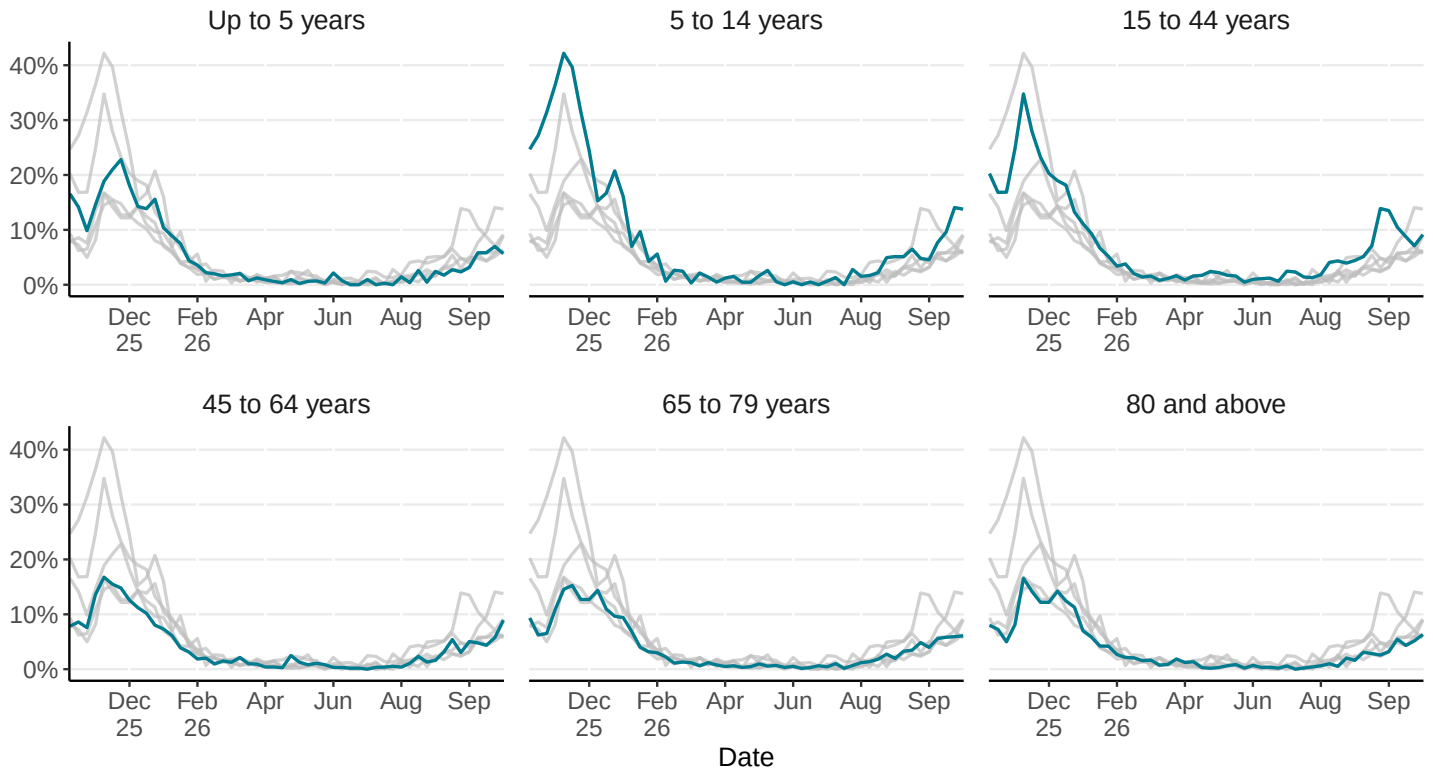


The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions

Slide 9. Respiratory DataMart influenza positivity by seasons

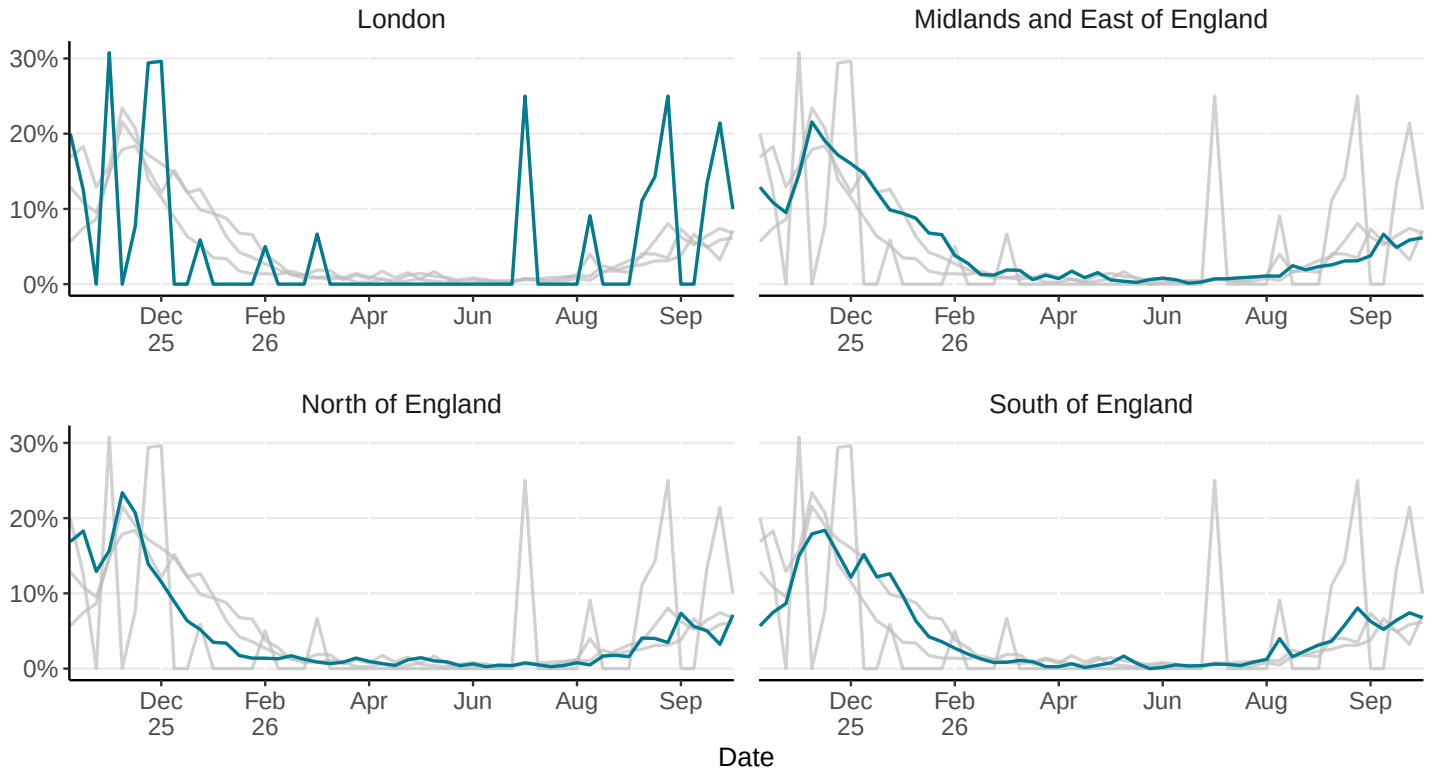


Slide 10. Respiratory DataMart weekly positivity (%) for influenza by age, England



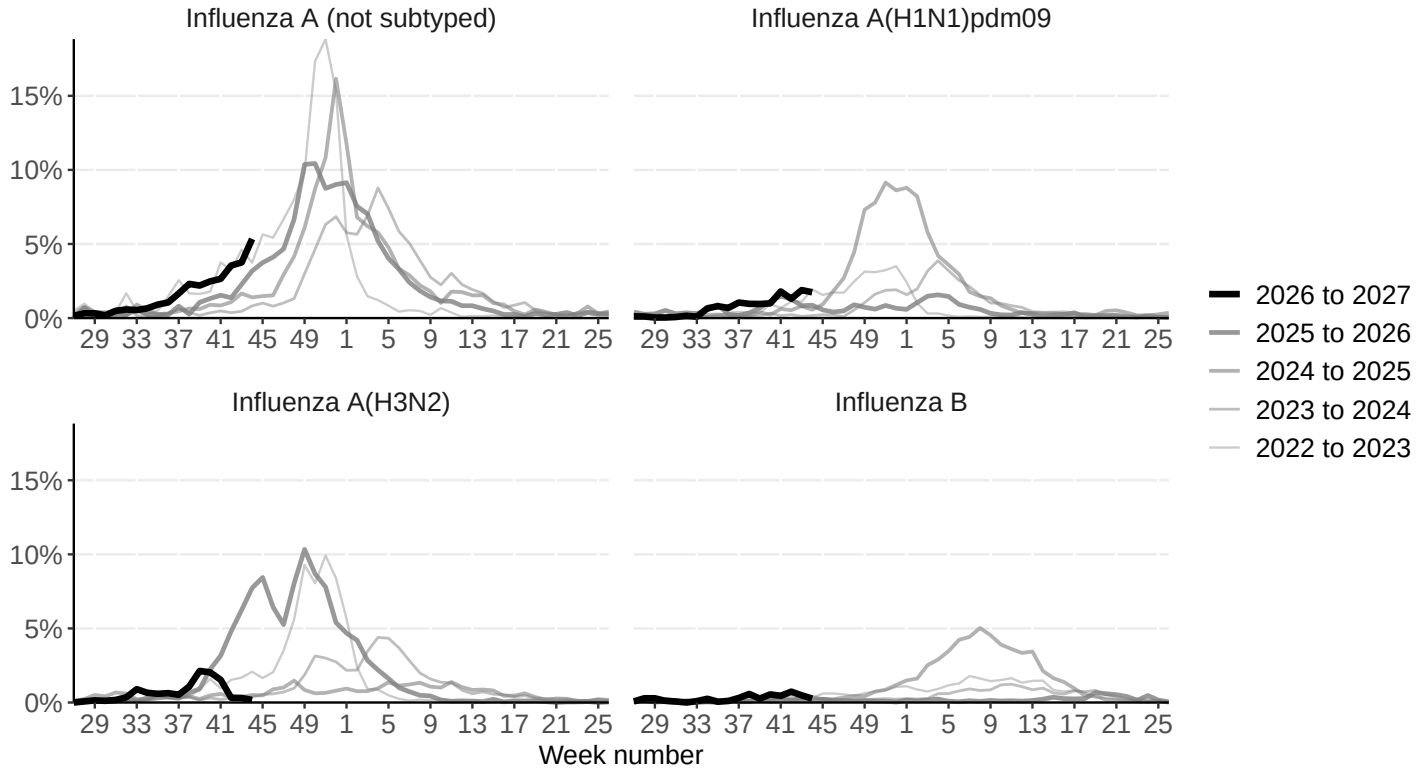
The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups

Slide 11. Respiratory DataMart weekly positivity (%) for influenza by UKHSA region

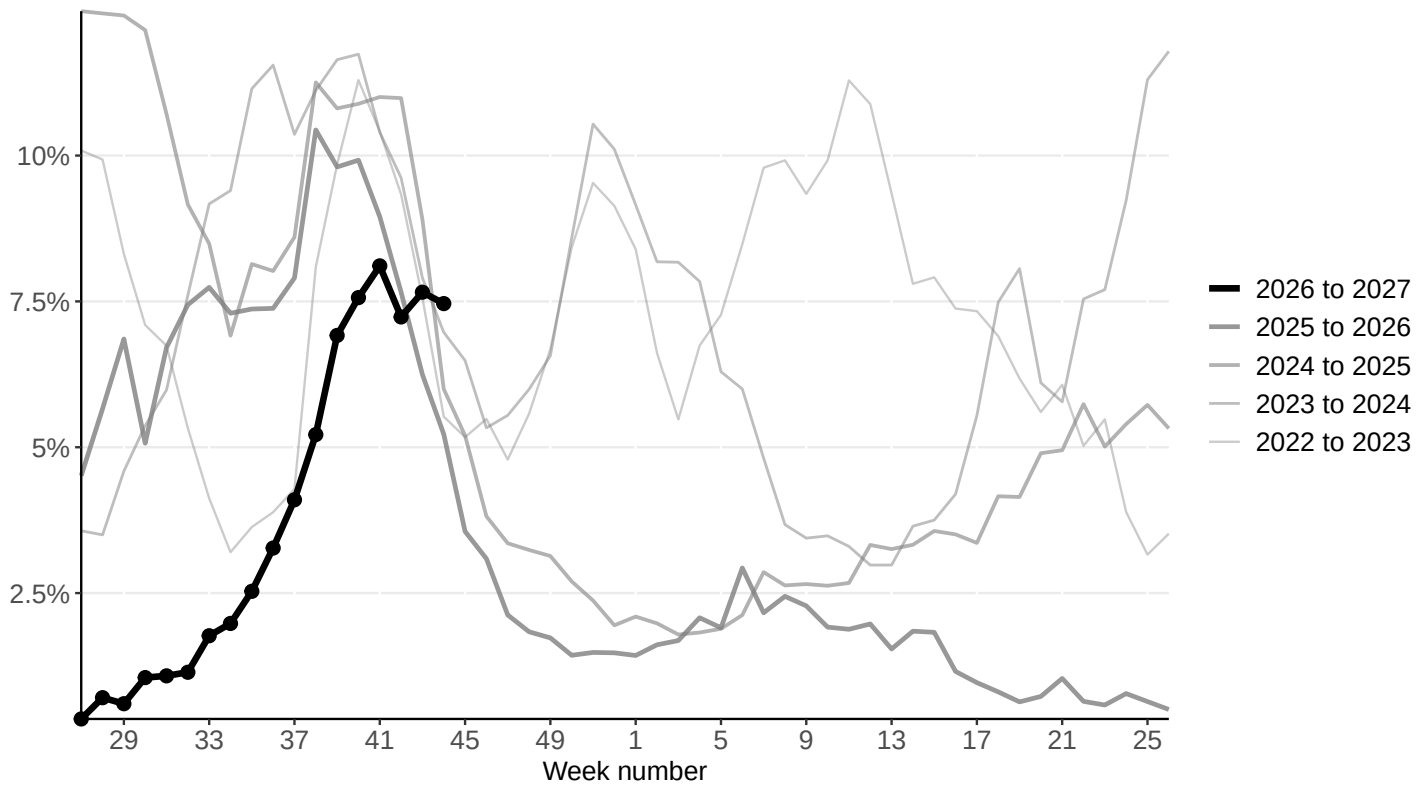


Changes in positivity should be interpreted with caution as there may be a low number of samples when subset by region. The highlighted line corresponds to the region in the subplot title, grey lines correspond to all regions

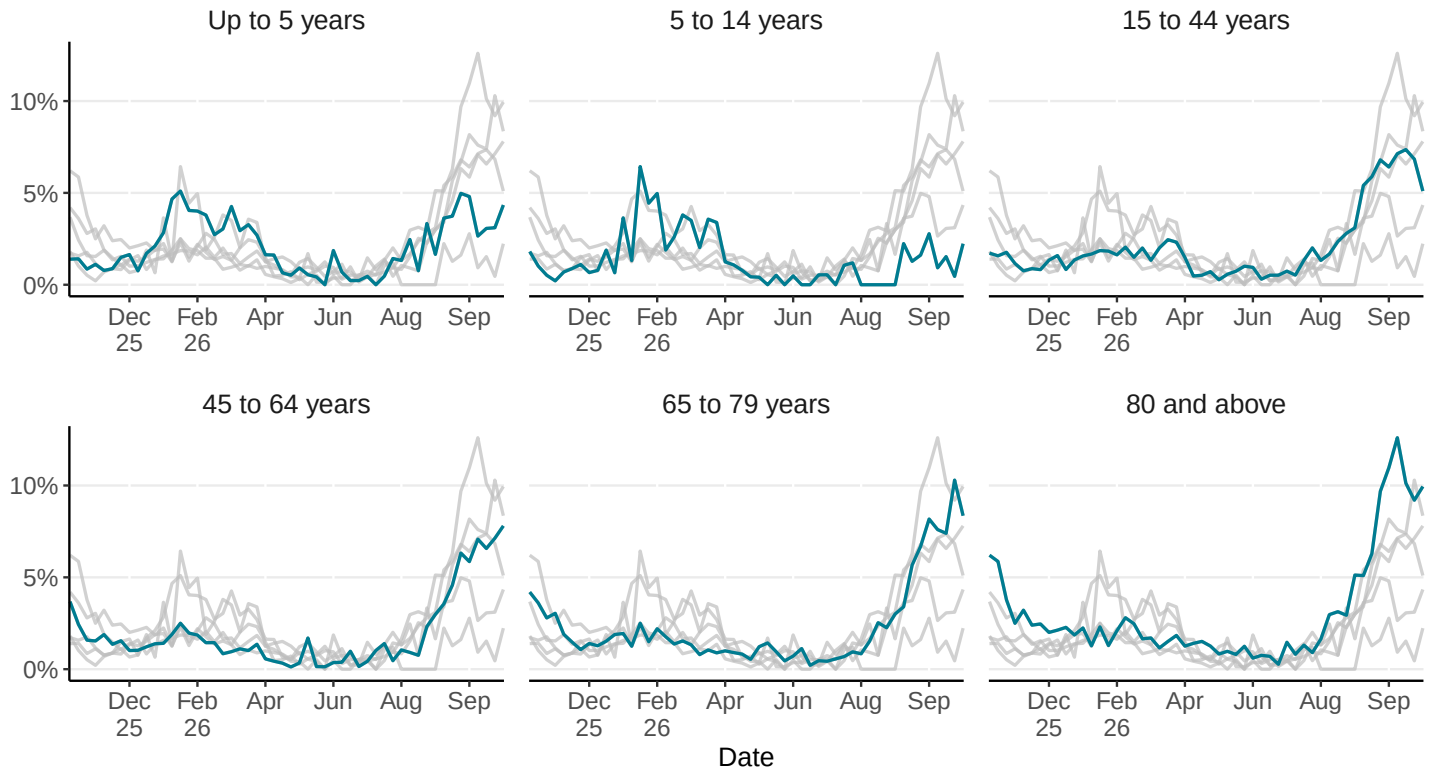
Slide 12. Respiratory DataMart influenza subtype positivity (%)



Slide 13. Respiratory DataMart weekly positivity (%) for SARS-CoV-2 by seasons, England

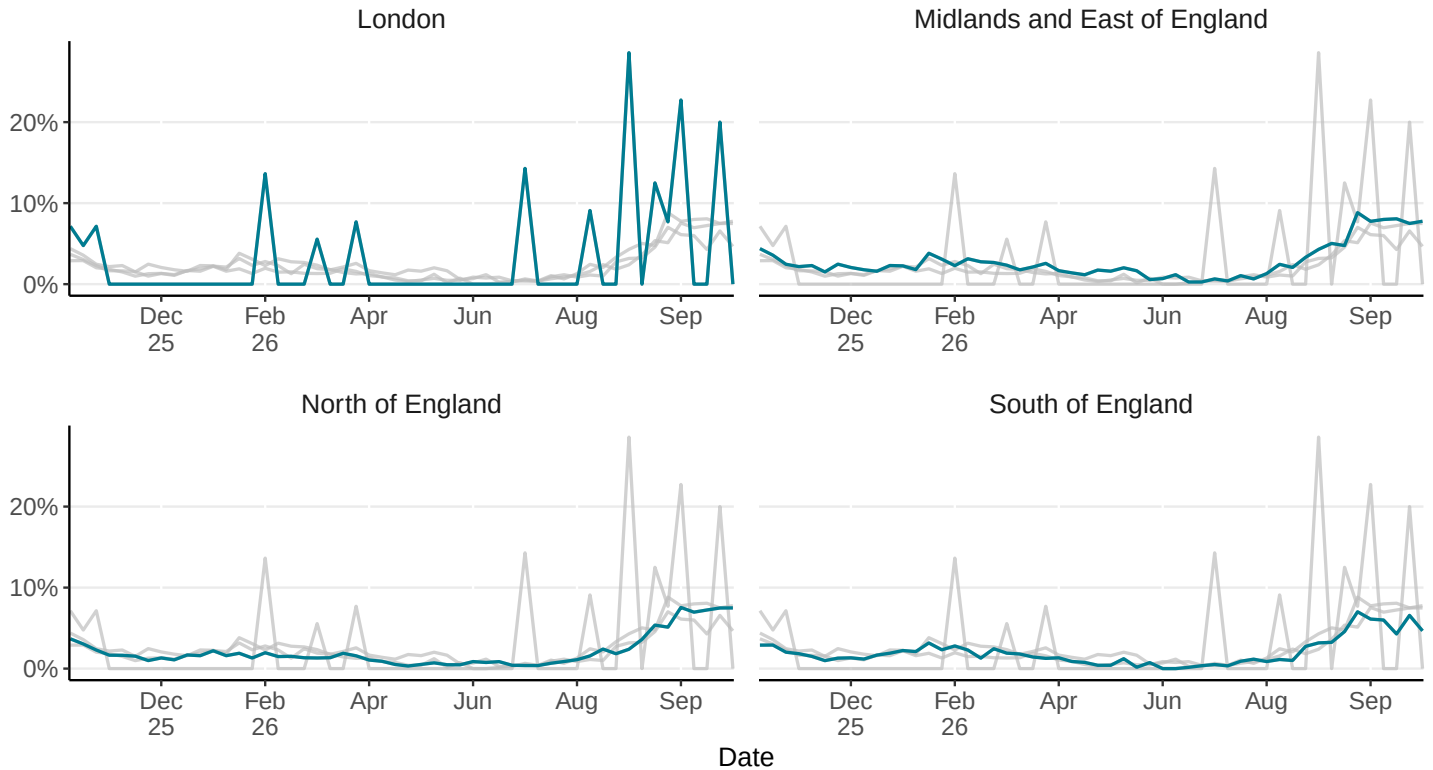


Slide 14. Respiratory DataMart weekly positivity (%) for SARS-CoV-2 by age, England



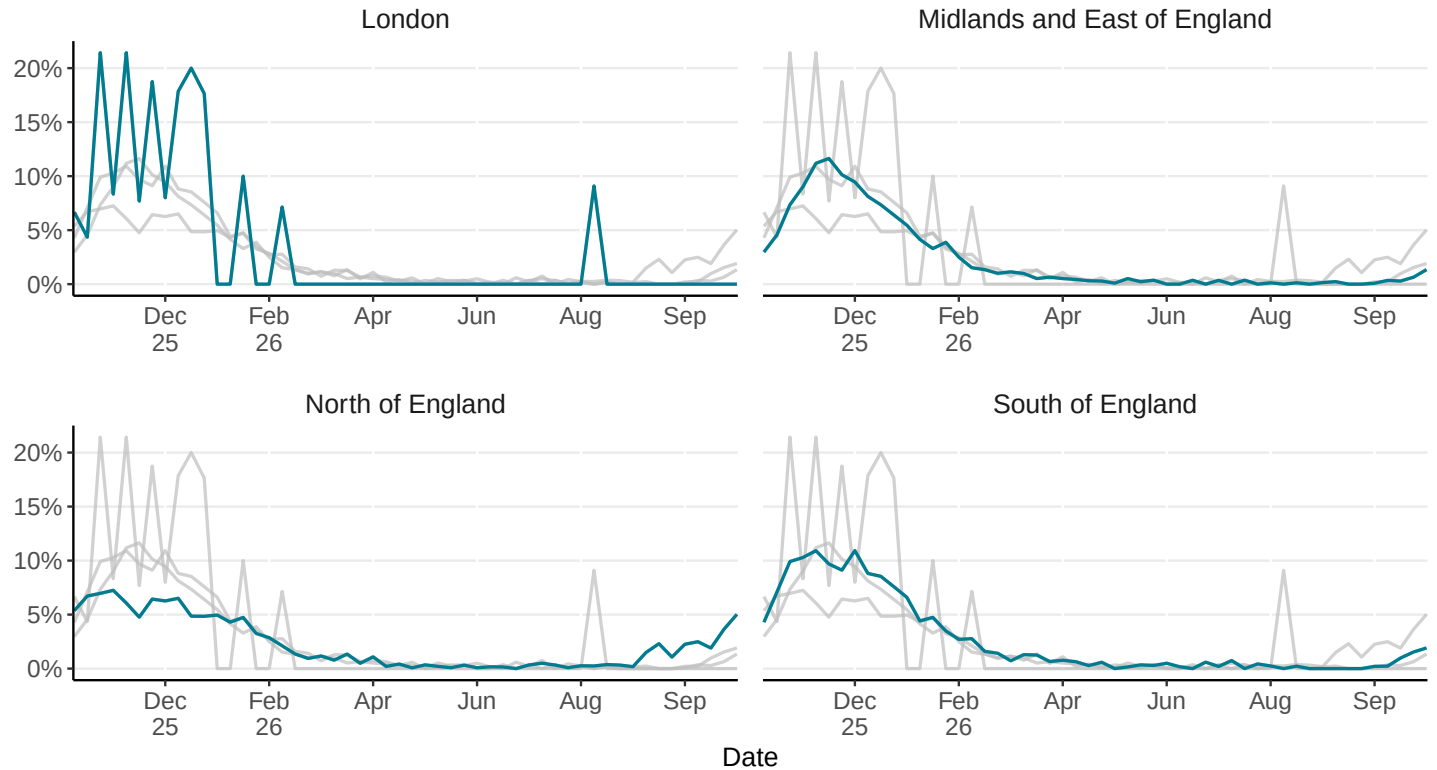
The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups

Slide 15. Respiratory DataMart weekly positivity (%) for SARS-CoV-2 by region, England



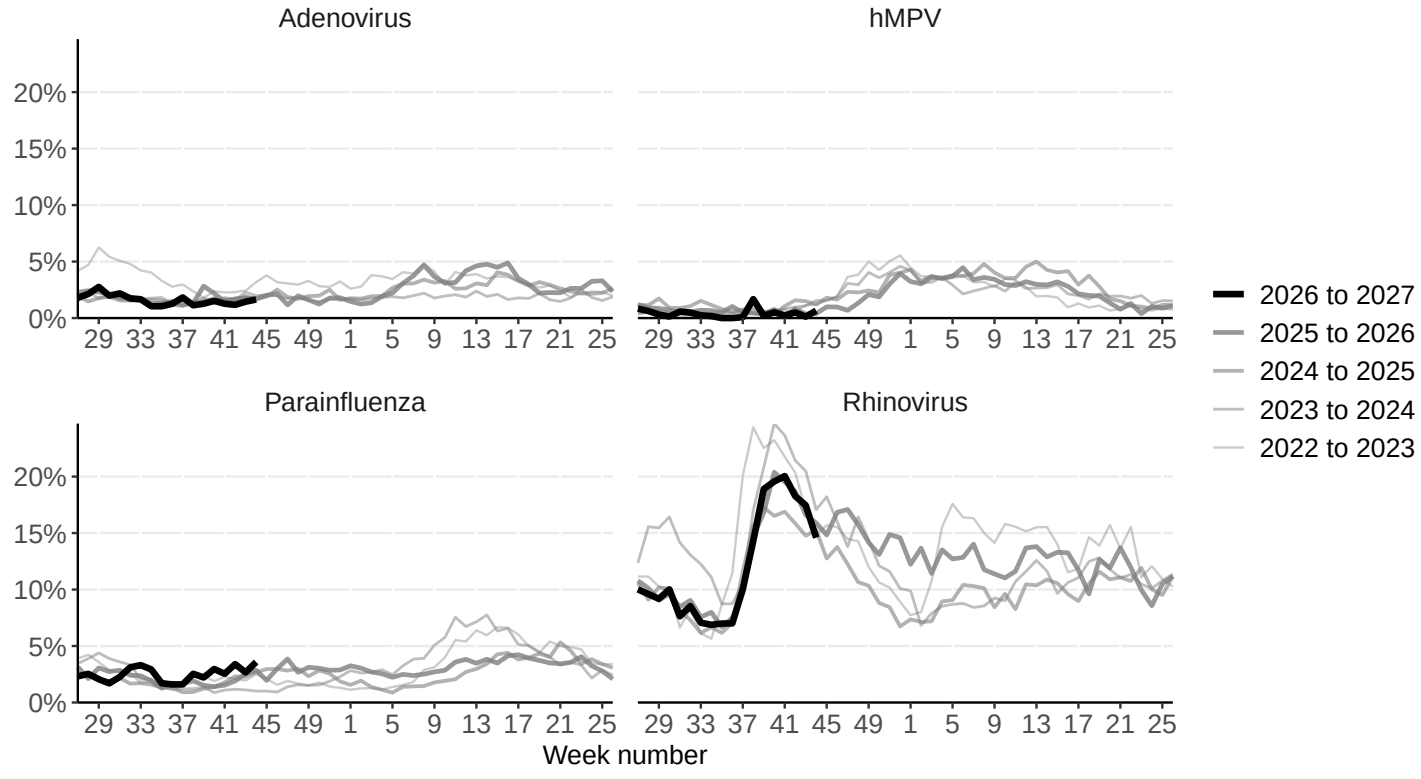
Changes in positivity should be interpreted with caution as there may be a low number of samples when subset by region. The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions

Slide 16. Respiratory DataMart weekly positivity (%) for respiratory syncytial virus (RSV) by UKHSA region

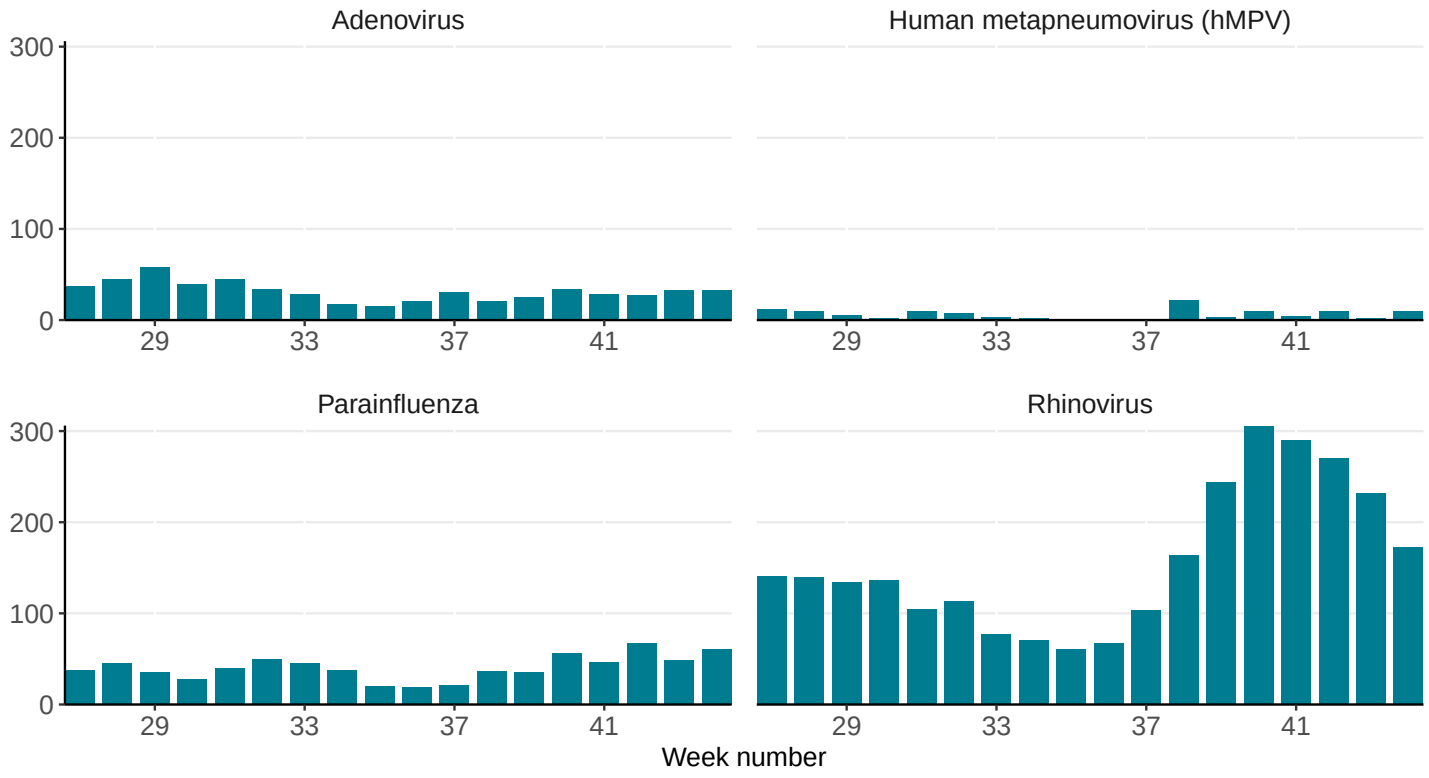


Changes in positivity should be interpreted with caution as there may be a low number of samples when subset by region. The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions

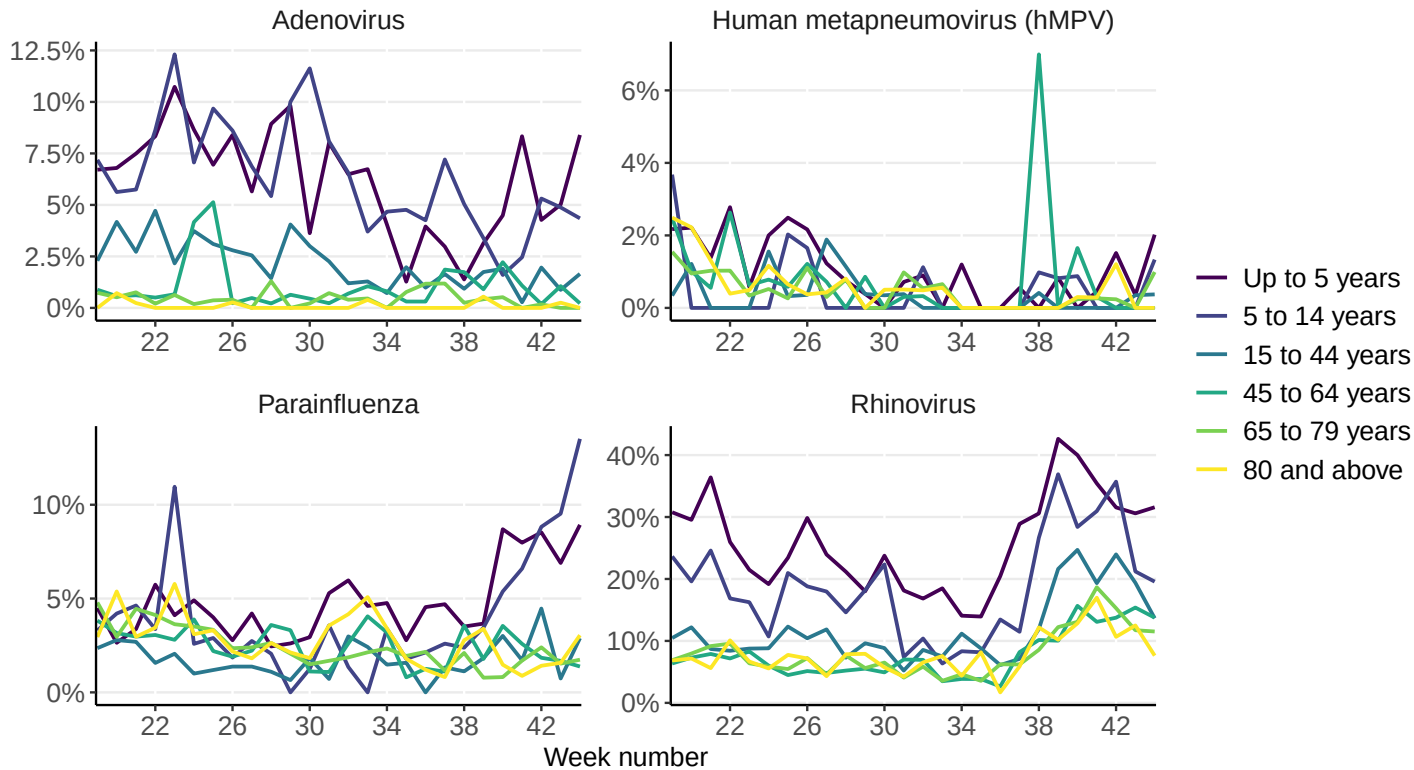
Slide 17. Respiratory DataMart other viruses positivity (%)



Slide 18. Respiratory DataMart other respiratory viruses

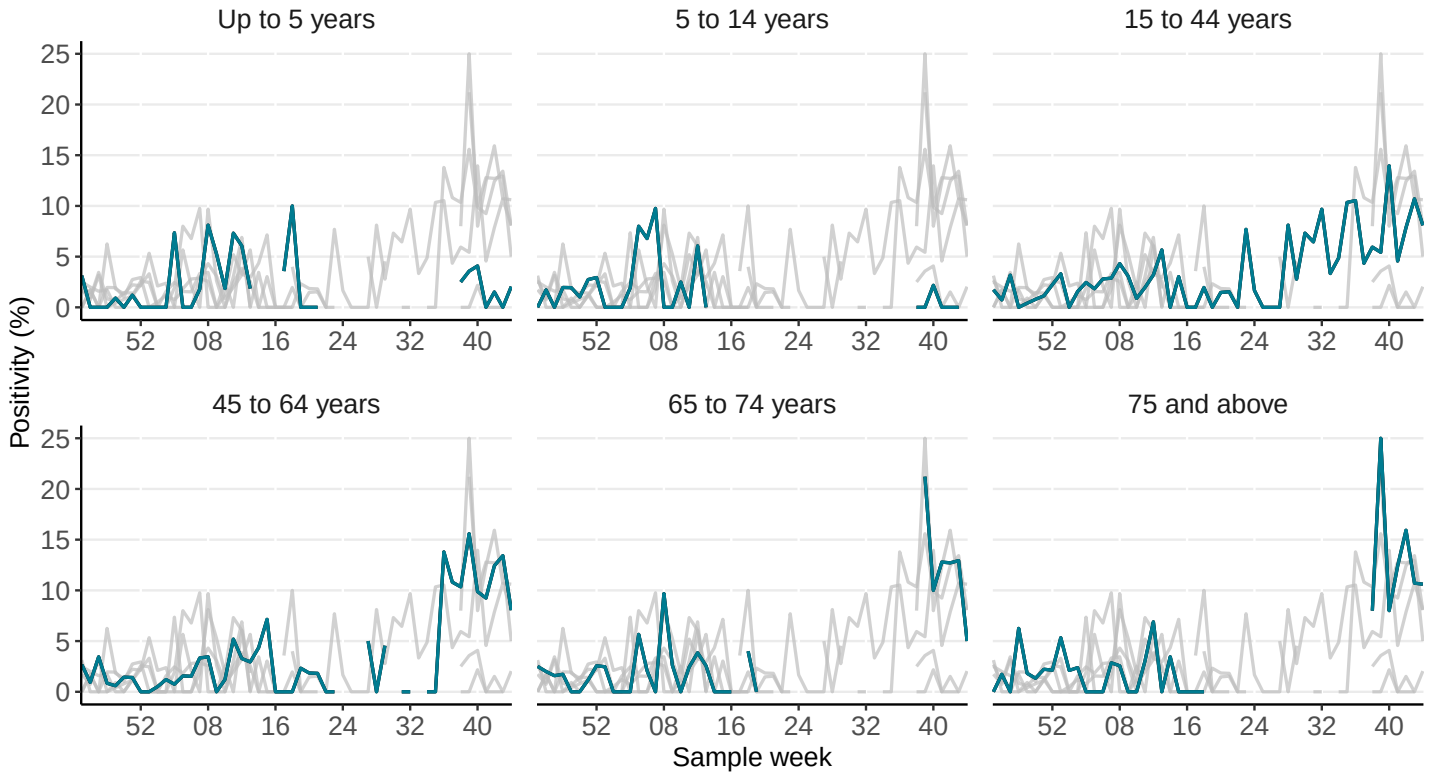


Slide 19. Respiratory DataMart weekly positivity (%) for respiratory viruses by age, England



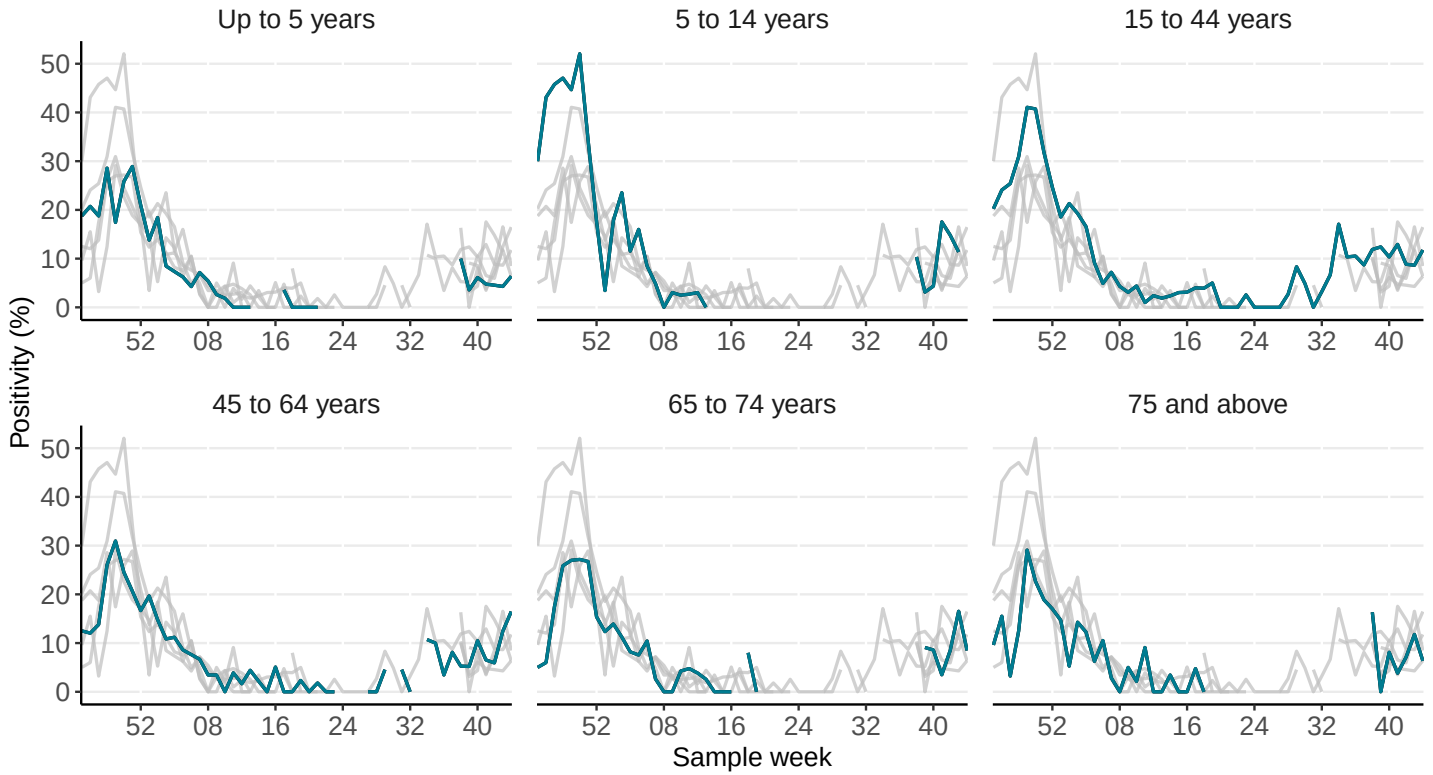
Please note y-axis uses different scales across graphs

Slide 20. Weekly positivity (%) for SARS-CoV-2 by age group in England, GP sentinel swabbing scheme



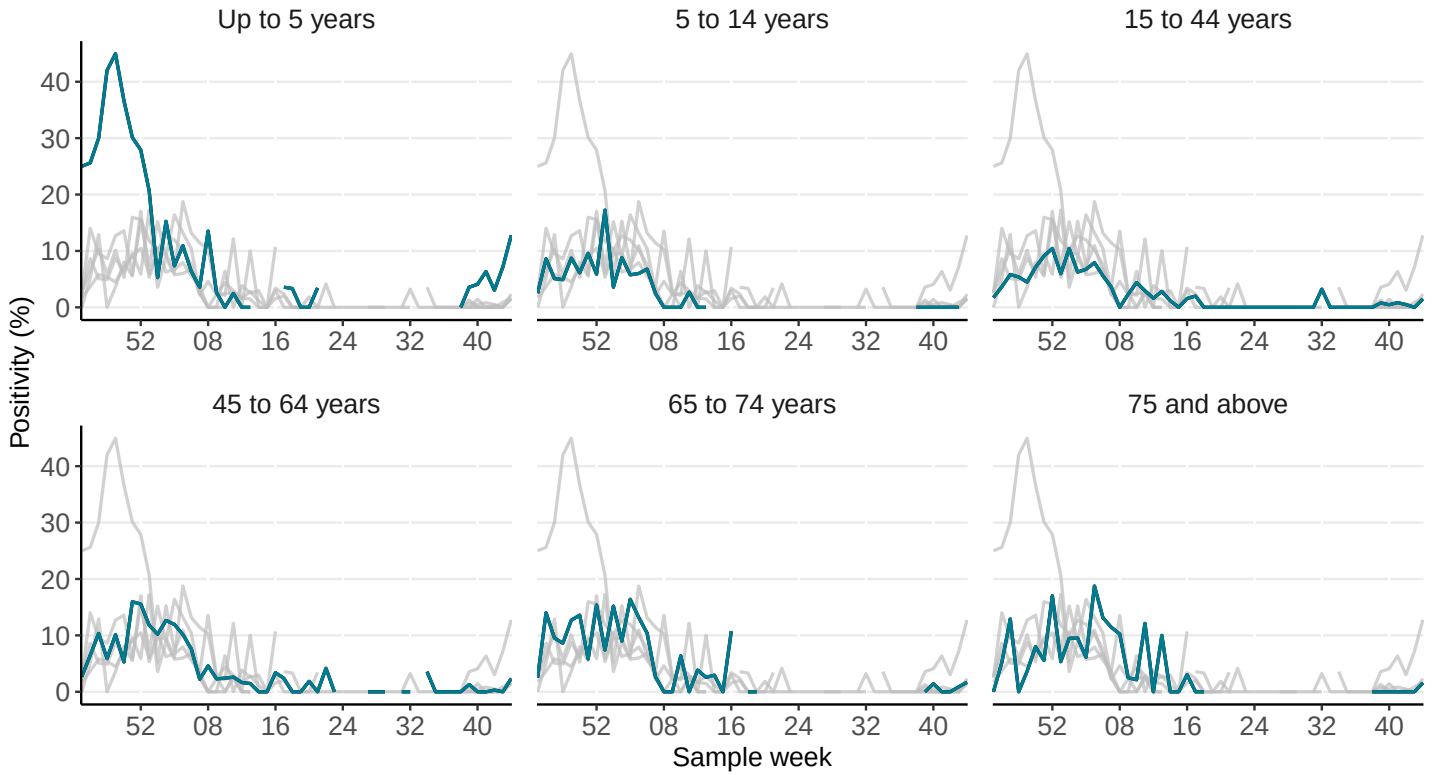
Weeks where fewer than 20 samples were tested in the age group are omitted. The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups

Slide 21. Weekly positivity (%) for influenza by age group in England, GP sentinel swabbing scheme



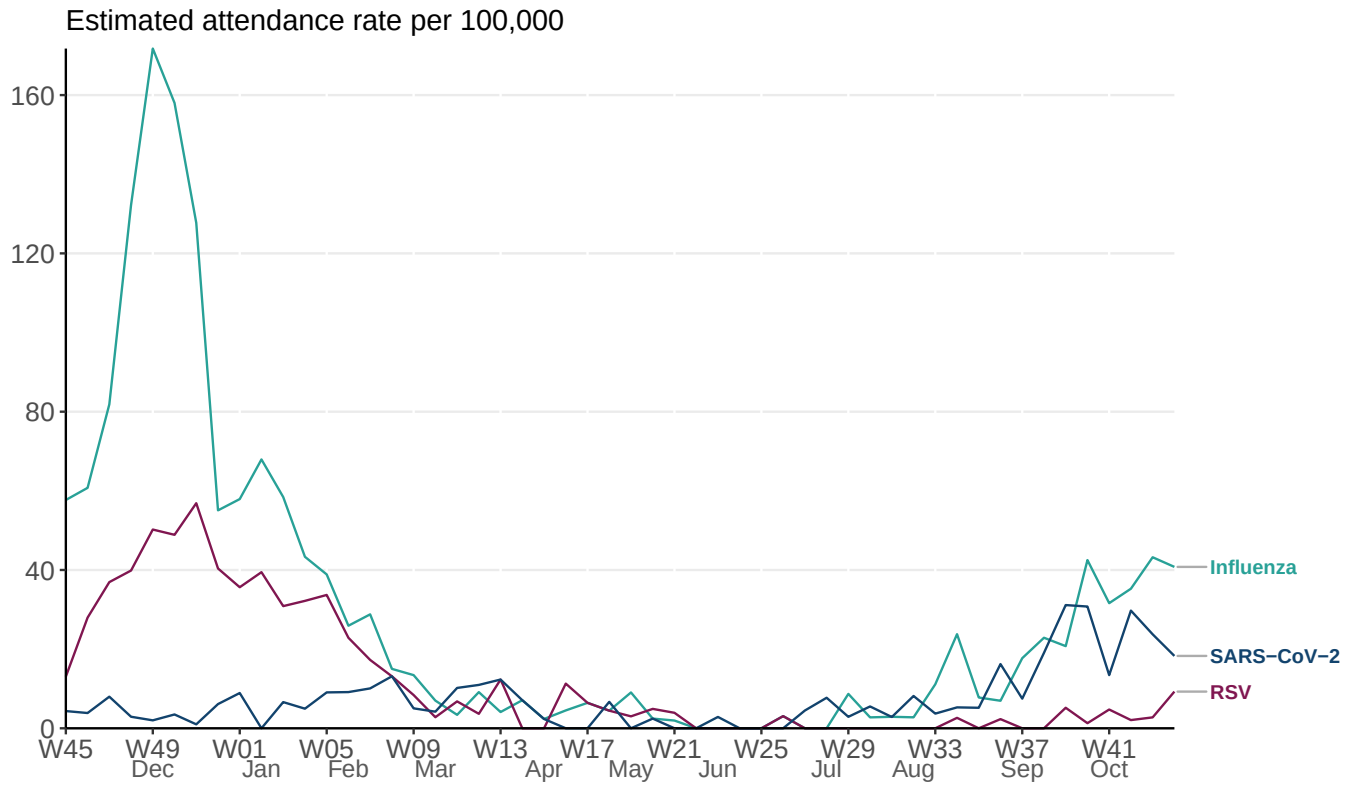
Weeks where fewer than 20 samples were tested in the age group are omitted. The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups

Slide 22. Weekly positivity (%) for respiratory syncytial virus (RSV) by age group in England, GP sentinel swabbing scheme



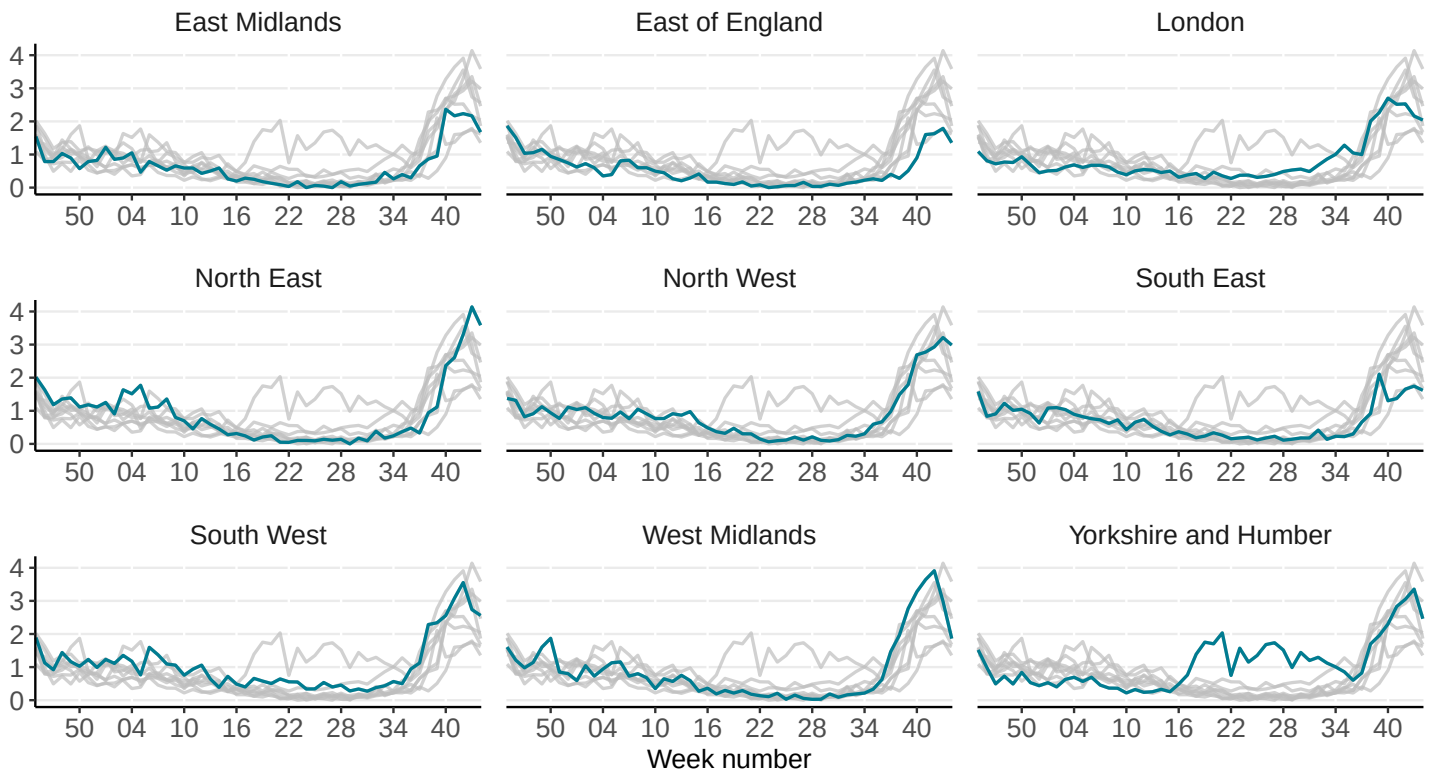
Weeks where fewer than 20 samples were tested in the age group are omitted. The highlighted line corresponds to the age group in the subplot title, grey lines correspond to all other age groups

Slide 23. Weekly primary care influenza, RSV and SARS-CoV-2 attendances per 100,000 (proxy) in England, RCGP



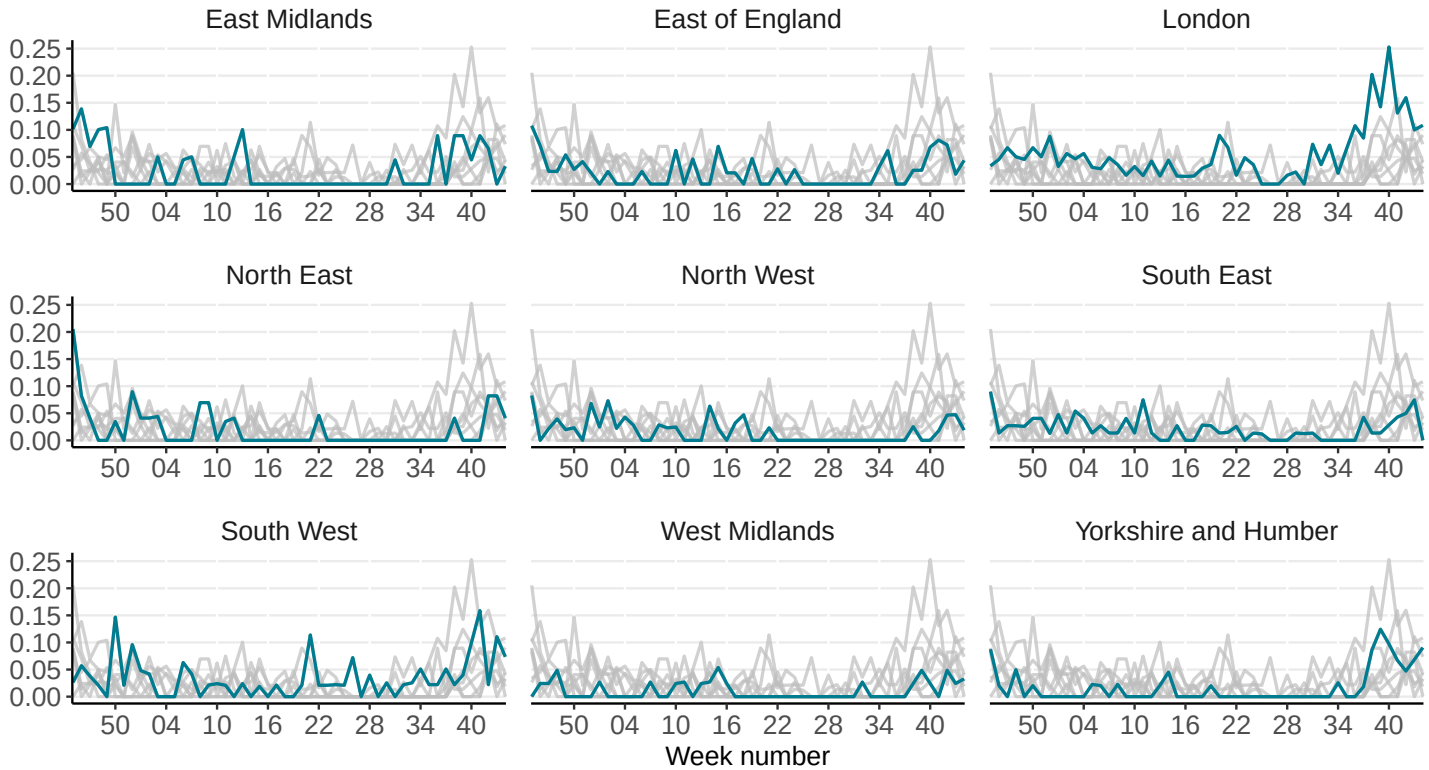
This is an experimental metric used as a proxy for the incidence of primary care attendances per 100,000 population calculated by multiplying the weekly ARI rate per 100,000 population by the weekly positivity among the ARI presentations. The ARI rate is calculated within the RCGP and RSC network. The positivity is from a subset of the GP practices which participate in the virology swabbing surveillance. This approach is described in the WHO pandemic influenza severity assessment framework.

Slide 24. Weekly hospital admission rate per 100,000 by region for new COVID-19 positive cases, SARI Watch



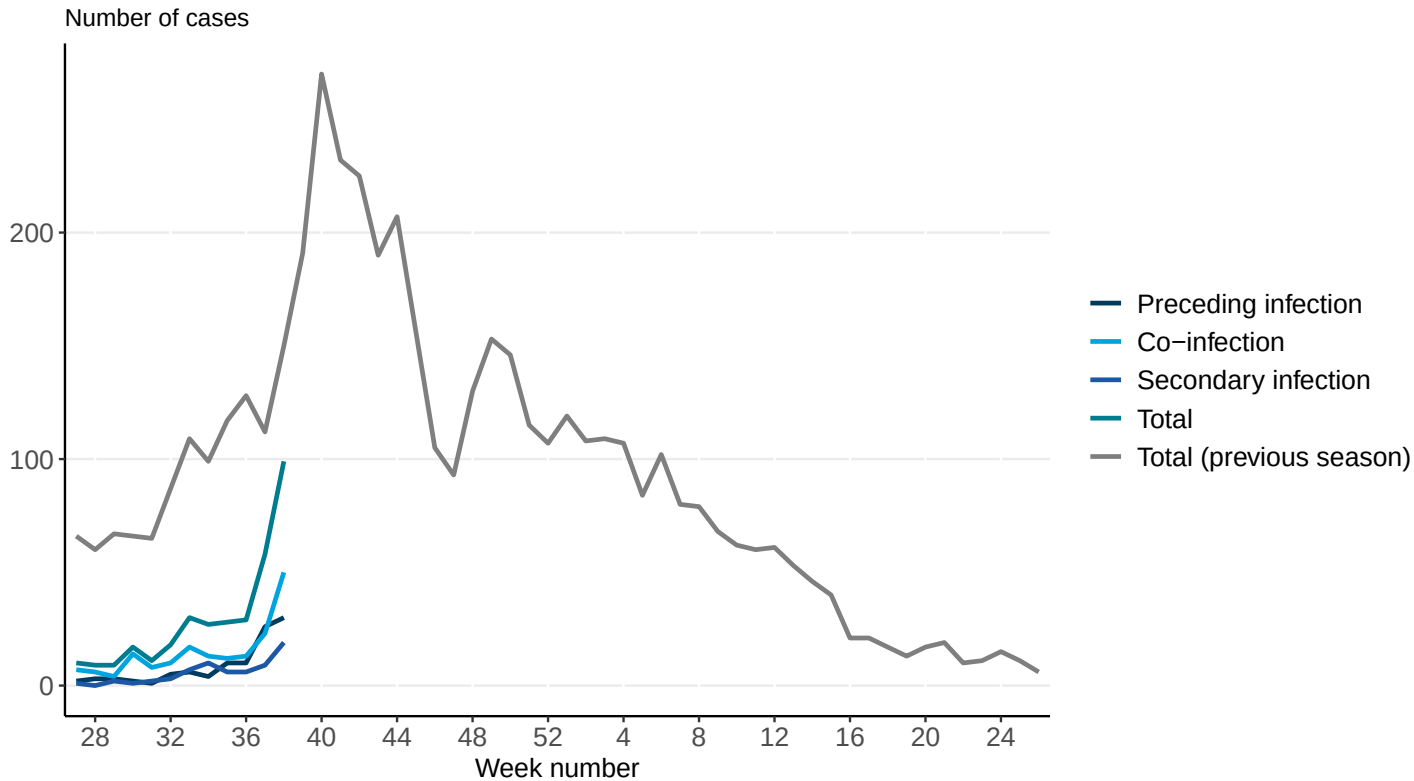
The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions

Slide 25. Weekly COVID-19 ICU or HDU admission rate per 100,000 by UKHSA region for new COVID-19 positive cases reported through SARI Watch



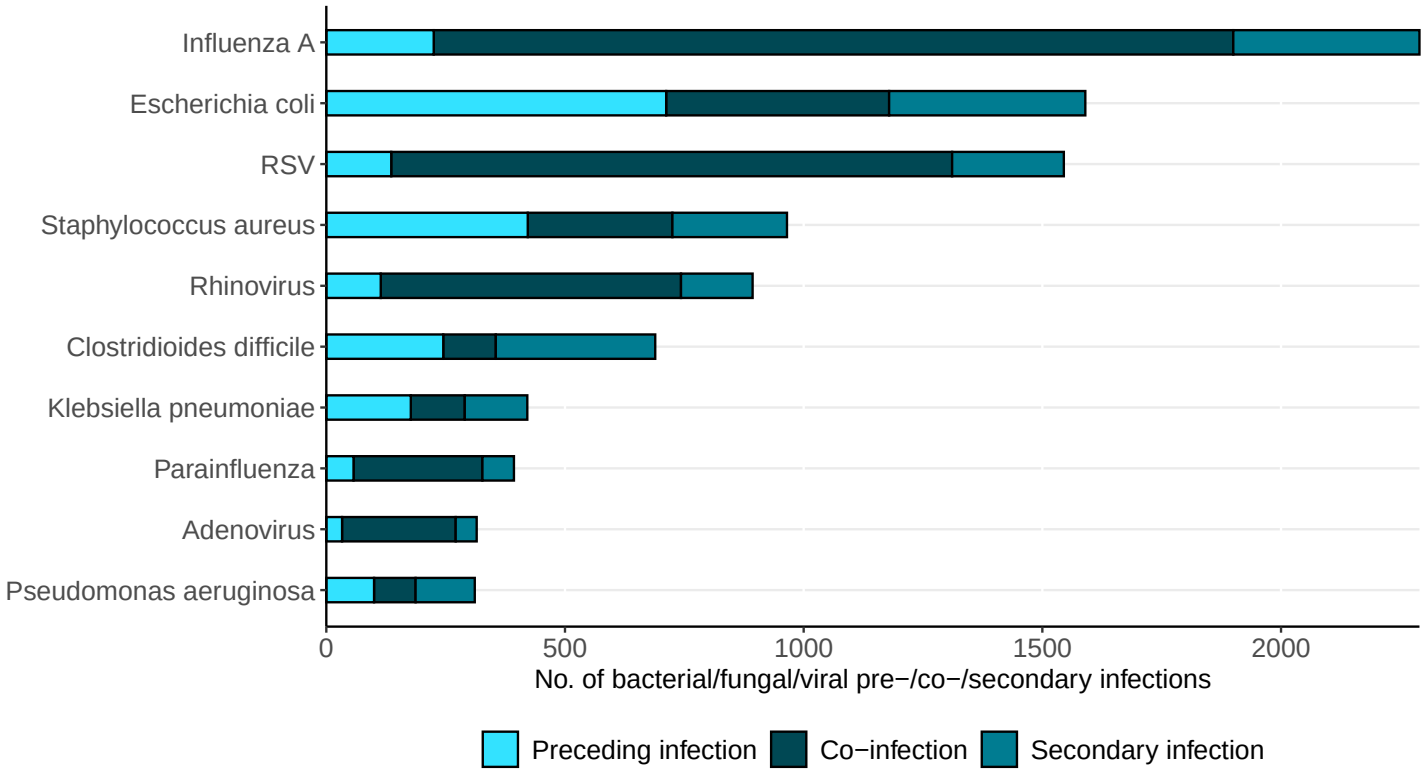
The highlighted line corresponds to the region in the subplot title, grey lines correspond to all other regions

Slide 26. Bacterial, fungal or respiratory viral infections in persons with COVID-19 in England



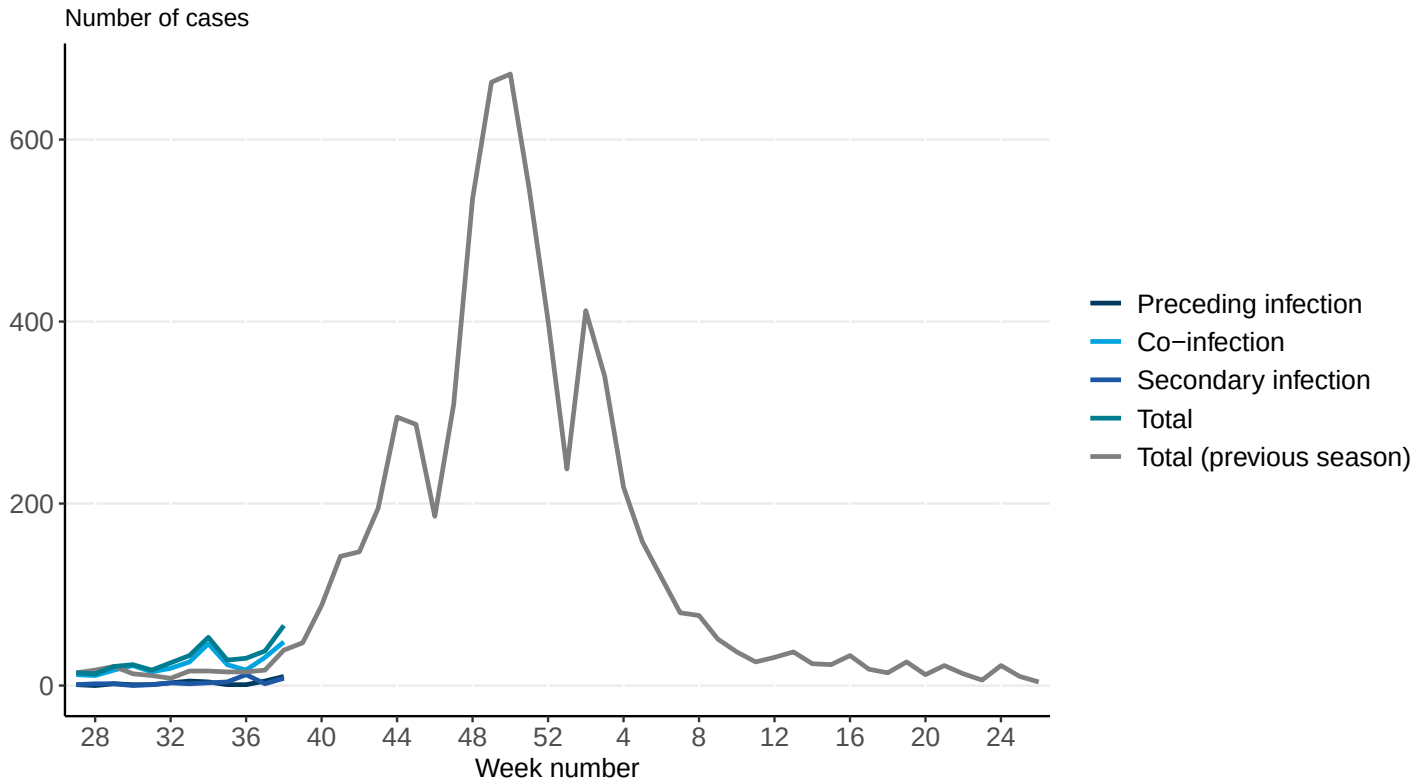
Definitions and methodology can be found in the Data Quality Report

Slide 27. Most frequent bacterial, fungal, and viral specimens, by timing of diagnosis, in persons with COVID-19 in England, cumulative totals between week 27 2024 and week 38 2026



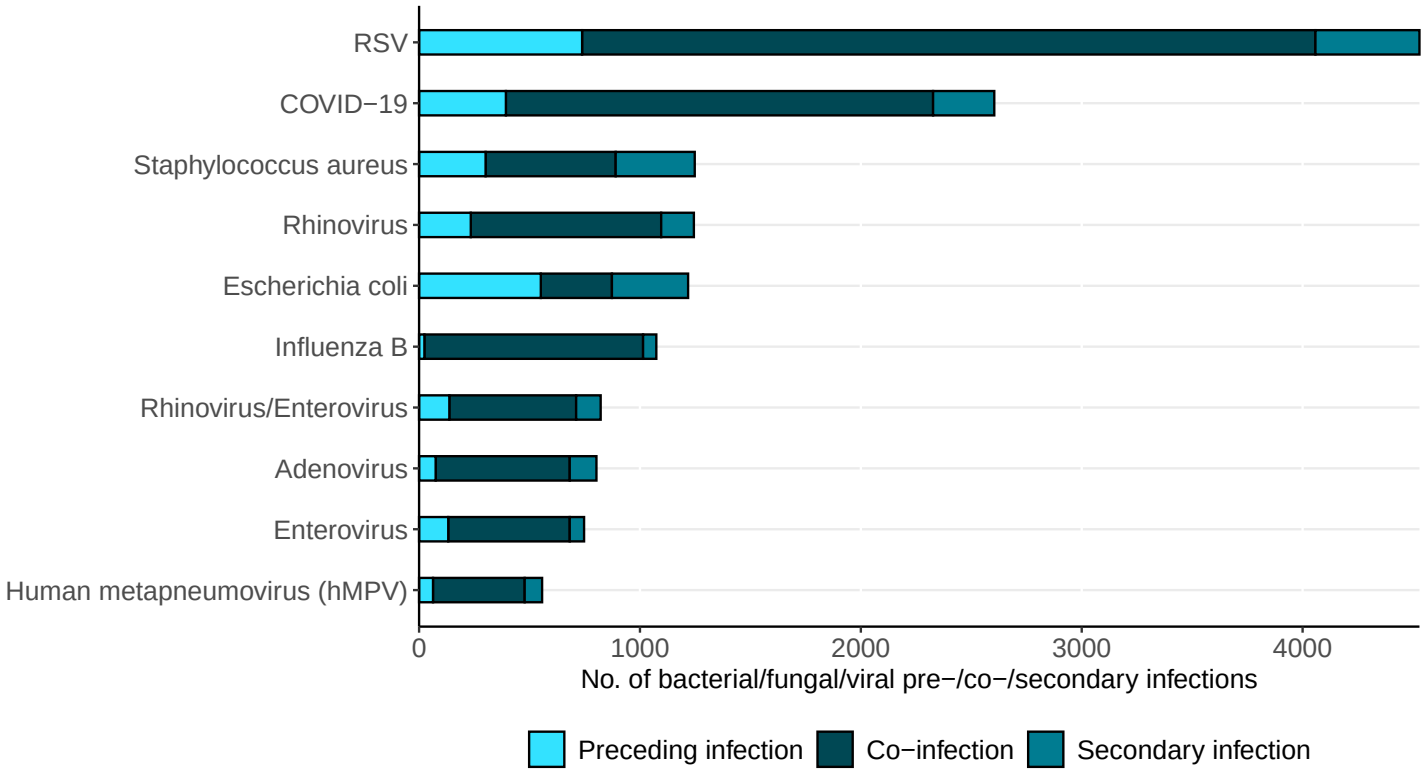
Definitions and methodology can be found in the Data Quality Report

Slide 28. Bacterial, fungal or respiratory viral infections in persons with influenza in England



Definitions and methodology can be found in the Data Quality Report

Slide 29. Most frequent bacterial, fungal, and viral specimens, by timing of diagnosis, in persons with influenza in England, cumulative totals between week 27 2024 and week 38 2026



Definitions and methodology can be found in the Data Quality Report