

Influenza UK Statistics

Prepared August 2026

3,798

UKHSA FluMOMO model, 2025-26 season

influenza-attributable deaths estimated in England

104,200

Main UKHSA vaccine-impact model, England, 2025-26

hospital admissions estimated to have been prevented

4.8 million

RAND Europe model published in 2023 - not an annual surveillance count

working days potentially lost to flu each year

The 2025-26 flu season at a glance

The latest completed UK season began earlier than the year before. Influenza A(H3N2) rose first in children and younger adults, with activity across the UK peaking around the week beginning 8 December 2025. Overall activity was lower than in 2024-25, but higher than in 2023-24.

Measure	Latest result	Scope and meaning
Season timing	Peak around week 50	Week commencing 8 December 2025 across UK indicators
England hospital admissions	13,048 confirmed admissions	Reported by 28 sentinel trusts over 27 weeks; cumulative rate 100.1 per 100,000 trust catchment population
England ICU/HDU	1,617 confirmed admissions	Reported by 116 participating trusts over 27 weeks
England mortality	3,798 attributable deaths	Modelled estimate; 95% confidence interval 3,488 to 4,108
Dominant virus	Influenza A(H3N2)	The season was dominated by subclade K; influenza B activity was minimal

Source: UKHSA annual epidemiological report, winter 2025 to 2026

Why flu matters beyond a few days off

The workplace impact

The Office for National Statistics estimated that 148.8 million working days were lost to sickness or injury across the UK in 2025, equal to 4.4 days per worker. Minor illnesses - a category that includes coughs, colds and flu - accounted for 30.4% of sickness-absence occurrences. These figures cover all sickness absence and should not be attributed to flu alone.

2.4 million

working adults could contract influenza annually

RAND Europe epidemiologic-economic model

4.8 million

working days could be lost

Absence and reduced productivity combined

GBP 644 million

estimated annual loss to the UK economy

Published model estimate.

Note: The RAND estimates were published in 2023 and drew partly on a survey covering the 2018-19 to 2021-22 flu seasons. They are useful for scale, but they are not measured totals for 2025-26.

Benefits of flu vaccination

- The flu vaccine reduces the risk of catching flu. During the 2025–26 season, it was approximately 32% effective against laboratory-confirmed flu requiring primary care in adults aged 18–64.
- Flu vaccination can reduce the risk of serious illness and hospitalisation. During 2025–26, the vaccine was approximately 22% effective against flu-related hospitalisation in adults aged 18–64 and 29% effective in adults aged 65 and over.
- In England, the 2025–26 vaccination programme was estimated to have prevented approximately 104,200 hospital admissions and 7,100 deaths.
- Research suggests that flu vaccination may reduce the risk of heart attacks and other cardiovascular events, particularly among people with existing cardiovascular disease.
- People who develop flu after vaccination may still benefit from protection against severe illness and hospitalisation.
- Vaccination can also help reduce the spread of flu, protecting colleagues, family members and people who are more vulnerable to serious illness.

- [1] [UK Health Security Agency, Influenza in the UK: annual epidemiological report, winter 2025 to 2026 \(28 May 2026\)](#)
- [2] [UKHSA, Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza \(updated 23 January 2026\)](#)
- [3] [Kwong et al., Acute Myocardial Infarction after Laboratory-Confirmed Influenza Infection, New England Journal of Medicine \(2018\)](#)
- [4] [Office for National Statistics, Sickness absence in the UK labour market: 2025 \(1 May 2026\)](#)
- [5] [RAND Europe, The societal and indirect economic burden of seasonal influenza in the United Kingdom \(27 April 2023\)](#)
- [6] [UKHSA and NHS England, National flu immunisation programme 2026 to 2027 letter \(updated 9 June 2026\)](#)
- [7] [UKHSA and NHS England, Amendment to the national flu immunisation programme 2026 to 2027 letter \(9 June 2026\)](#)
- [8] [NHS England, Flu Vaccination Programme 2026/27](#)
- [9] [UKHSA, All influenza vaccines marketed in the UK for the 2026 to 2027 season \(updated 21 July 2026\)](#)
- [10] [Doctorcall, workplace flu vaccinations and flu vaccination vouchers](#)

COVID-19 UK Statistics

13.3%
peak test positivity in England

UKHSA, October 2025

40 per million
cumulative COVID-19 mortality rate

England, July to December 2025

47.6%
additional protection against hospitalisation

Adults 75+, 5 to 9 weeks after vaccination

July to December 2025 at a glance

COVID-19 continued to circulate during the second half of 2025, with one main peak in October. Cases, test positivity, hospital admissions and mortality increased during this period before falling again. A smaller rise in reported cases occurred in December without a corresponding increase in test positivity.

Measure	Latest result	Scope and meaning
Cases and positivity	3,507 weekly cases 13.3% positivity	Peak recorded in England in October 2025
Hospital admissions	22.4 per million	Highest weekly hospital-admission rate during the period
Severe admissions	Below 1 per million	Weekly rate remained below this level throughout the period
Mortality	40 deaths per million	Cumulative rate between July and December 2025
Highest-risk age group	498 deaths per million	Cumulative mortality rate among adults aged 80 and over
Dominant lineage	XFG and sub-lineages	Dominant among sequenced samples from July to December 2025

Source: UKHSA, [Epidemiology of COVID-19 in England, July to December 2025](#)

Why COVID-19 still matters

The workplace context

COVID-19 can still cause short-term sickness absence and, for some people, symptoms that continue after the initial infection. There is no current official estimate for the number of UK working days lost specifically to COVID-19 during 2025.

The Office for National Statistics estimated that 148.8 million working days were lost to sickness or injury across the UK in 2025, equal to 4.4 days per worker. This covers all illnesses and injuries and should not be attributed to COVID-19 alone.

Evidence note: Current COVID-19 vaccination policy is focused on preventing serious disease in those at greatest risk. The vaccines provide limited protection against mild infection and no evident protection against person-to-person transmission.

Benefits of COVID-19 vaccination

- The main purpose of vaccination is to reduce the risk of serious illness, hospitalisation and death.
- During the autumn 2025 programme, vaccination provided an estimated 47.6% additional protection against hospitalisation among adults aged 75 and over in England, five to nine weeks after vaccination.
- Effectiveness against hospitalisation was estimated at 35.3% after 20 weeks or more, although this longer-term estimate was less certain.
- Protection from previous vaccination or infection can decrease over time. Seasonal vaccination tops up protection for people most likely to become seriously ill.
- The JCVI states that the safety profile of the COVID-19 vaccines currently licensed in the UK remains acceptable.

Sources

[11] UKHSA, [Epidemiology of COVID-19 in England, July to December 2025 \(updated 25 June 2026\)](#)

[12] JCVI, [COVID-19 vaccination in autumn 2026 and spring 2027](#)

[13] ONS, [Sickness absence in the UK labour market: 2025 \(1 May 2026\)](#)