

## RSC Communicable and Respiratory Disease Report for England

### Key Statistics:

Week Number/Year..... 19/2024  
 Week Starting - Ending..... 06/05/2024 - 12/05/2024  
 No. of Practices..... 236  
 Population..... 2,576,635

#### National (England)

- **Acute Respiratory Infections:** decreased from 268.7 in week 18 to 237.5 in week 19.
- **Influenza-like illness:** decreased from 2.8 in week 18 to 1.7 in week 19.
- **Exacerbations of Chronic Lung Disease:** decreased from 16.4 in week 18 to 13.0 in week 19.
- **Lower Respiratory Tract Infections:** decreased from 95.5 in week 18 to 83.1 in week 19.
- **Upper Respiratory Tract Infections:** decreased from 165.0 in week 18 to 145.8 in week 19.
- **COVID-19:** decreased from 2.3 in week 18 to 1.5 in week 19.

#### Regional (North, South, London and Midlands and East)

- **Acute Respiratory Infections:** decreased from 210.4 in week 18 to 179.4 in week 19 in the London region, decreased from 314.7 in week 18 to 285.4 in week 19 in the North region, decreased from 244.4 in week 18 to 176.6 in week 19 in the South region, and decreased from 296.9 in week 18 to 254.3 in week 19 in the Midlands And East region.
- **Influenza-like illness:** decreased from 3.6 in week 18 to 1.5 in week 19 in the London region, increased from 2.6 in week 18 to 2.7 in week 19 in the North region, decreased from 2.9 in week 18 to 1.2 in week 19 in the South region, and decreased from 2.4 in week 18 to 1.6 in week 19 in the Midlands And East region.
- **Exacerbations of Chronic Lung Disease:** was unchanged at 10.4 in week 18 and 10.4 in week 19 in the London region, decreased from 21.9 in week 18 to 19.1 in week 19 in the North region, decreased from 15.0 in week 18 to 10.2 in week 19 in the South region, and decreased from 17.1 in week 18 to 11.7 in week 19 in the Midlands And East region.
- **Lower Respiratory Tract Infections:** decreased from 62.0 in week 18 to 54.9 in week 19 in the London region, decreased from 118.6 in week 18 to 108.8 in week 19 in the North region, decreased from 89.5 in week 18 to 59.9 in week 19 in the South region, and decreased from 104.6 in week 18 to 85.8 in week 19 in the Midlands And East region.
- **Upper Respiratory Tract Infections:** decreased from 142.8 in week 18 to 109.7 in week 19 in the London region, decreased from 186.5 in week 18 to 168.1 in week 19 in the North region, decreased from 146.6 in week 18 to 105.5 in week 19 in the South region, and decreased from 183.6 in week 18 to 162.0 in week 19 in the Midlands And East region.
- **COVID-19:** decreased from 2.0 in week 18 to 0.0 in week 19 in the London region, decreased from 2.0 in week 18 to 1.9 in week 19 in the North region, decreased from 3.0 in week 18 to 1.9 in week 19 in the South region, and decreased from 1.9 in week 18 to 1.1 in week 19 in the Midlands And East region.

### Comment:

This report has a smaller number of practices than normal.

Overall presentations to primary care of acute respiratory infections (ARI) are similar across most regions (graph I, page 6).

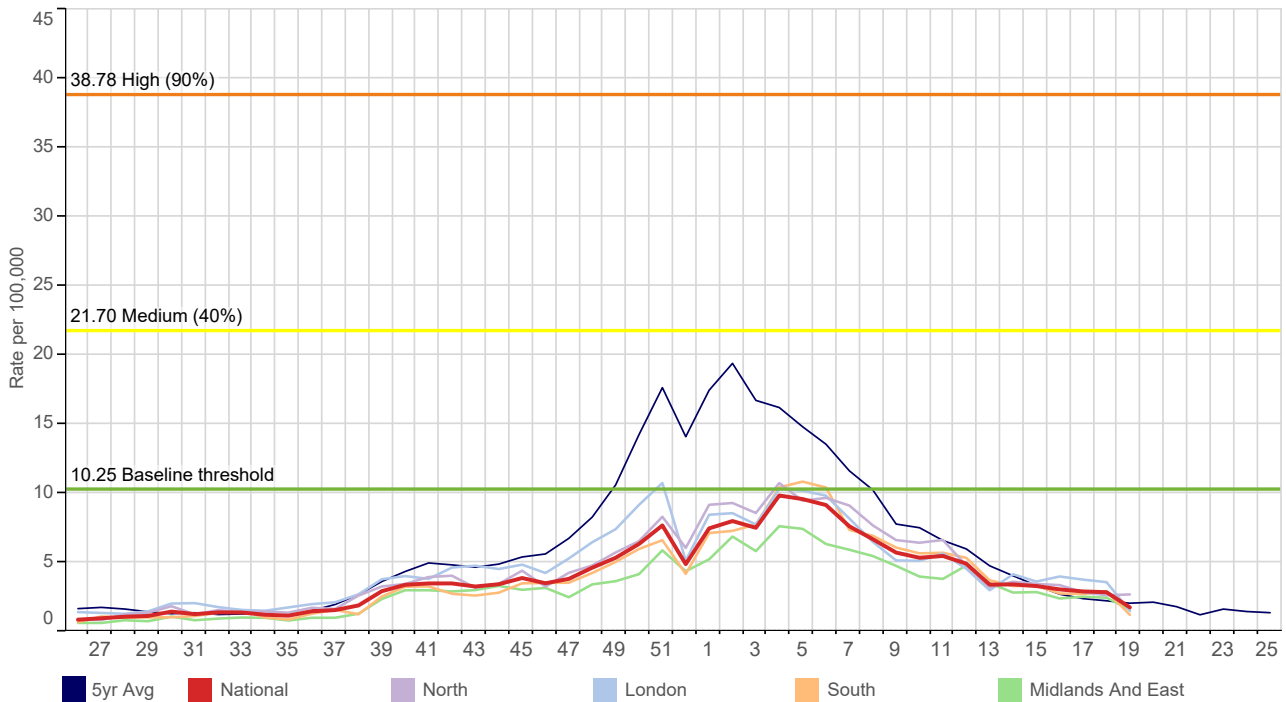
Overall rates of measles and whooping cough remain above the seasonal average (page 14); and also rates of scabies remain above the seasonal average (page 15).

This report includes a respiratory virology update. Influenza was not detected this week but overall along with SARS-CoV-2 and RSV, are the predominant circulating viruses detected by the UK Health Security Agency (UKHSA) Reference Virology Lab.

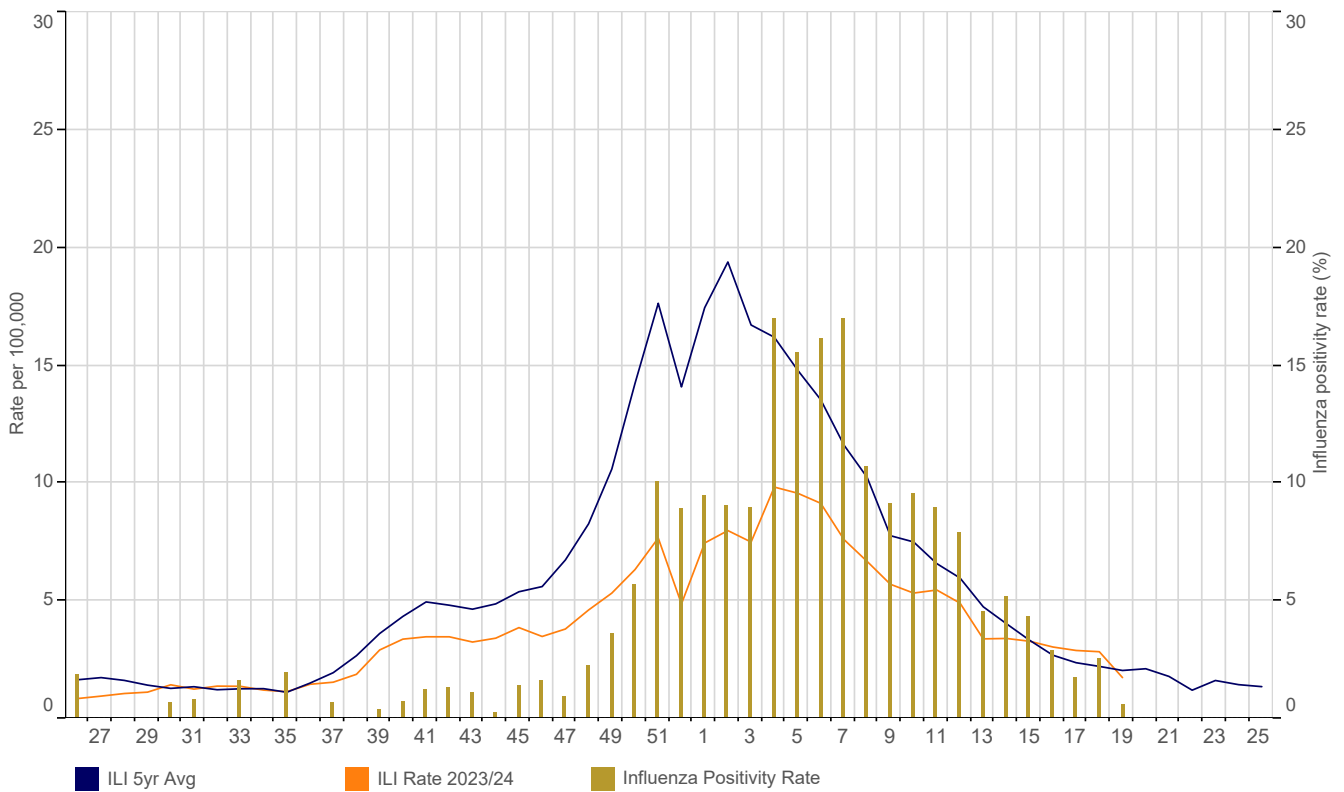
## 2023/24 Focus

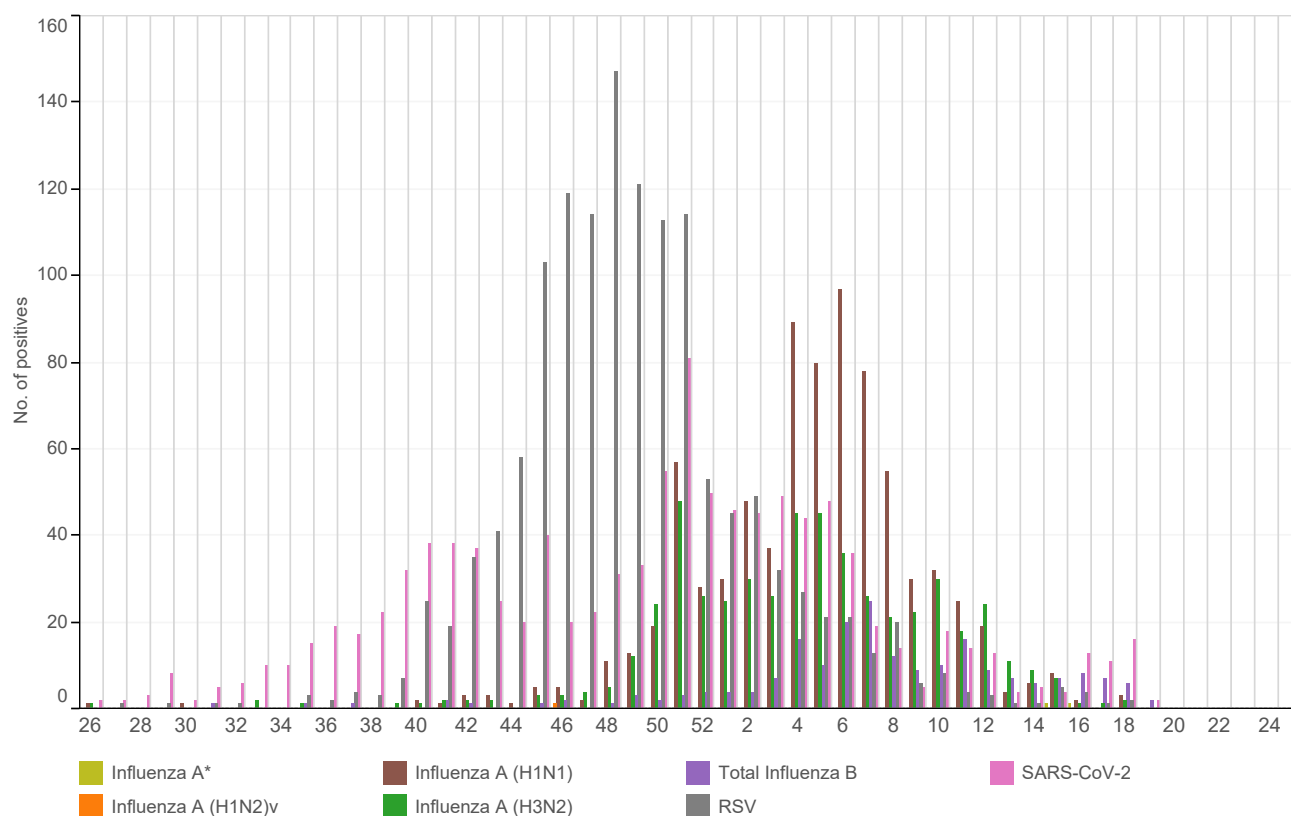
Please see page 19 for explanatory notes on the data.

### (A) Influenza-like illness: national incidence rate 2023/24 by region



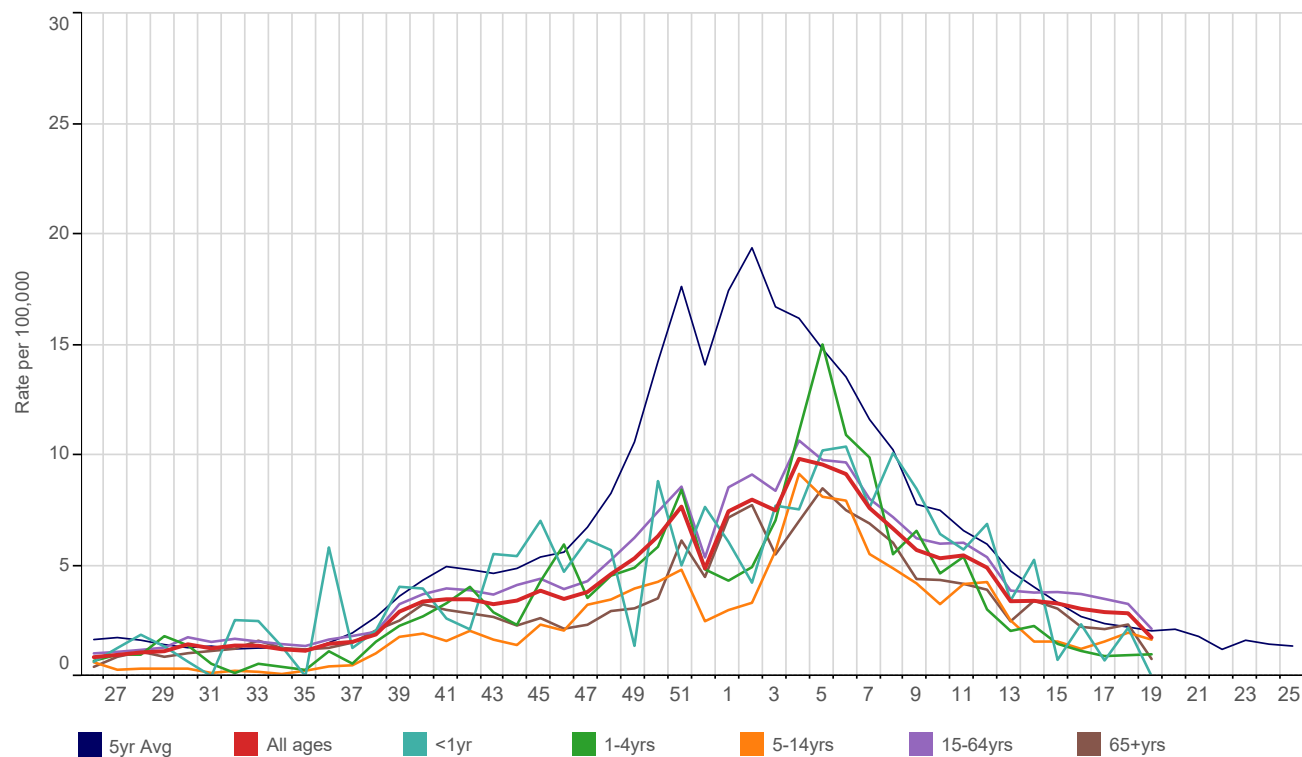
### (B) RCGP/UKHSA Influenza Virology Swab Surveillance 2023/24



**(C) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2023/24 by viral strain**

The weekly virology samples displayed are offset from the ISO Week (Graph C).

\*No specified subtype, or coinfection with H1N1 and H3N2.

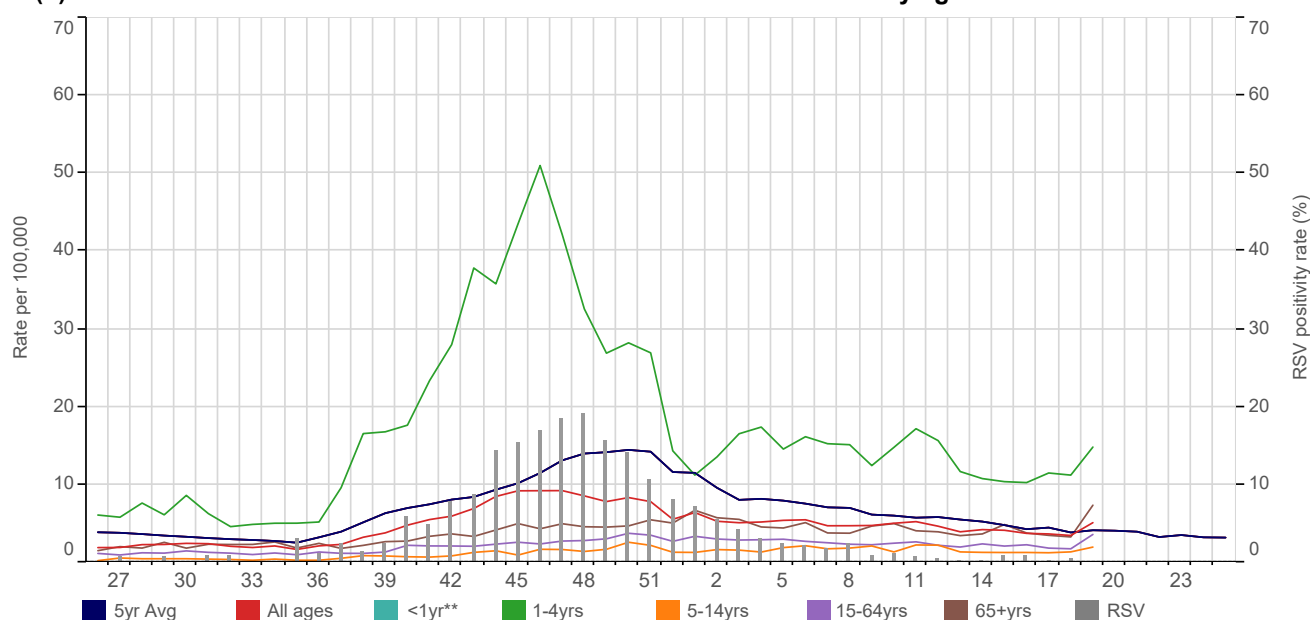
**(D) Influenza-like illness: national incidence rate 2023/24 by age band**

**(E) Influenza-like illness: national incidence rate 2023/24 by age band**

This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - the ranges are shown in the table Threshold levels by age band.

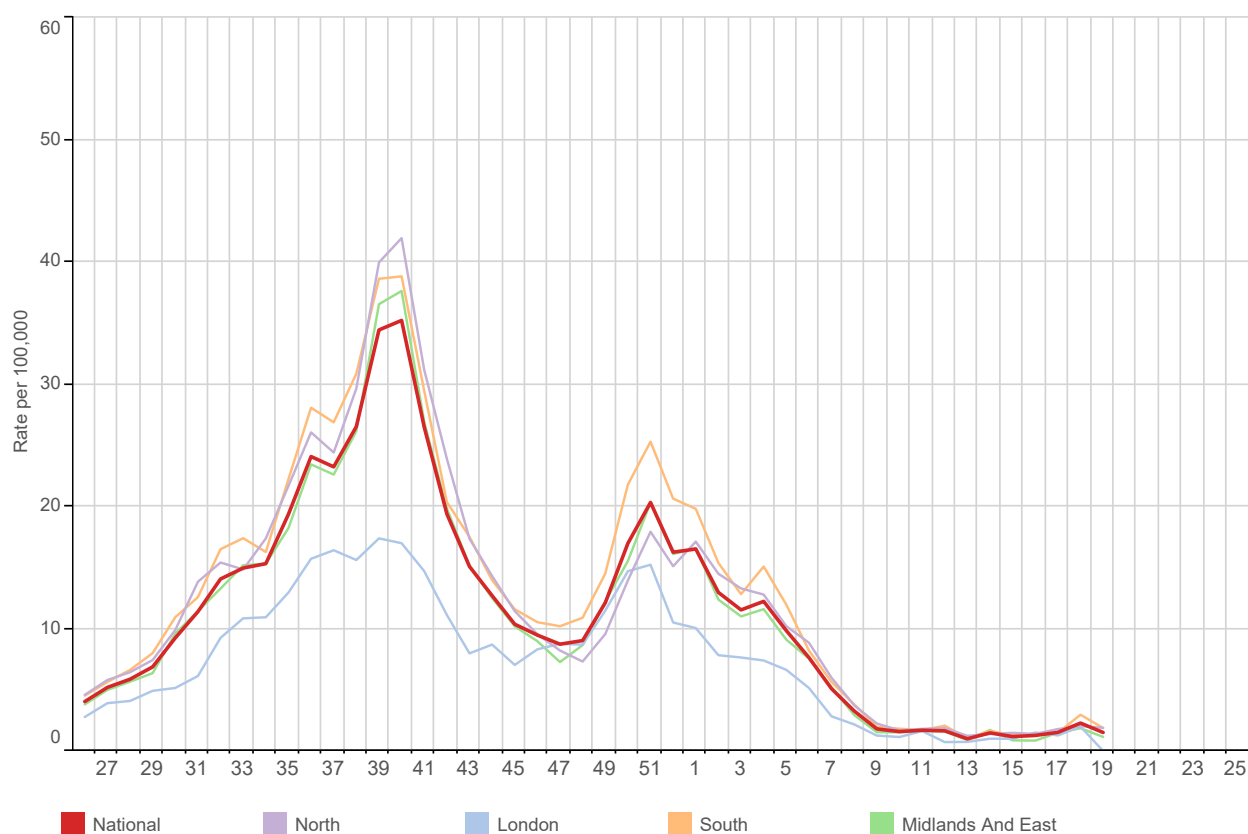
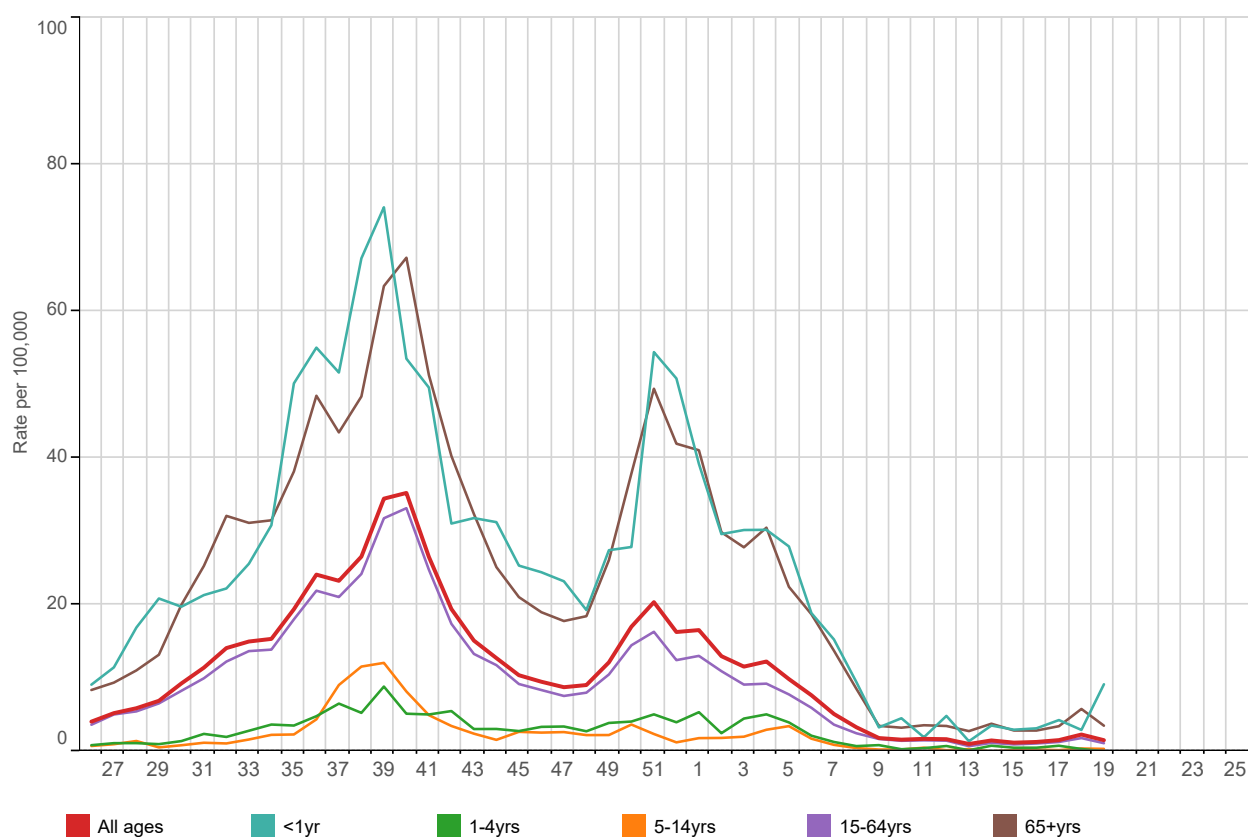
Table 1	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7
1-4yrs	4.0	2.9	2.3	4.3	6.0	3.5	4.5	4.9	5.9	8.4	4.8	4.3	4.9	7.1	11.1	15.0	10.9	9.9
5-14yrs	2.1	1.7	1.4	2.3	2.1	3.2	3.5	4.0	4.3	4.8	2.5	3.0	3.3	5.7	9.2	8.1	7.9	5.5
15-64yrs	3.9	3.7	4.1	4.4	3.9	4.3	5.3	6.3	7.4	8.6	5.4	8.6	9.1	8.4	10.7	9.8	9.7	8.0
65+yrs	2.8	2.7	2.3	2.6	2.1	2.3	2.9	3.1	3.5	6.1	4.5	7.2	7.7	5.5	7.0	8.5	7.5	6.9
All ages	3.5	3.3	3.4	3.9	3.5	3.8	4.6	5.3	6.3	7.7	4.9	7.5	8.0	7.5	9.8	9.6	9.1	7.6
	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1-4yrs	5.5	6.6	4.7	5.4	3.0	2.0	2.3	1.5	1.1	0.9	0.9	1.0						
5-14yrs	4.9	4.2	3.3	4.2	4.3	2.5	1.6	1.6	1.2	1.6	2.0	1.7						
15-64yrs	7.2	6.2	6.0	6.0	5.4	3.9	3.8	3.8	3.7	3.5	3.3	2.1						
65+yrs	6.0	4.4	4.4	4.2	3.9	2.5	3.4	3.1	2.2	2.1	2.3	0.8						
All ages	6.7	5.7	5.3	5.5	4.9	3.4	3.4	3.3	3.0	2.9	2.8	1.7						

Table 2	Below Threshold <sup>1</sup>	Threshold to Medium <sup>2</sup>	Medium to High <sup>3</sup>	High to Very High <sup>4</sup>	Above Very High <sup>5</sup>
1-4yrs	<8.05	8.05 to 15.57	15.58 to 23.50	23.51 to 28.19	28.20+
5-14yrs	<6.53	6.53 to 15.55	15.56 to 32.18	32.19 to 44.39	44.40+
15-64yrs	<12.23	12.23 to 24.53	24.54 to 45.08	45.09 to 58.99	59.00+
65+yrs	<9.62	9.62 to 16.69	16.70 to 35.98	35.99 to 50.52	50.53+
All Ages	<10.25	10.25 to 21.69	21.70 to 38.77	38.78 to 50.11	50.12+

**Threshold levels**<sup>1</sup>Below baseline threshold<sup>2</sup>baseline threshold breach to < 40th percentile<sup>3</sup>40th to <90th percentile<sup>4</sup>90th to <97.5th percentile<sup>5</sup>97.5th+ percentile**(F) Acute Bronchitis and Bronchiolitis: national incidence rate 2023/24 by age band****Weekly Influenza-like illness and Acute Bronchitis and Bronchiolitis incidence rates per 100,000 persons**

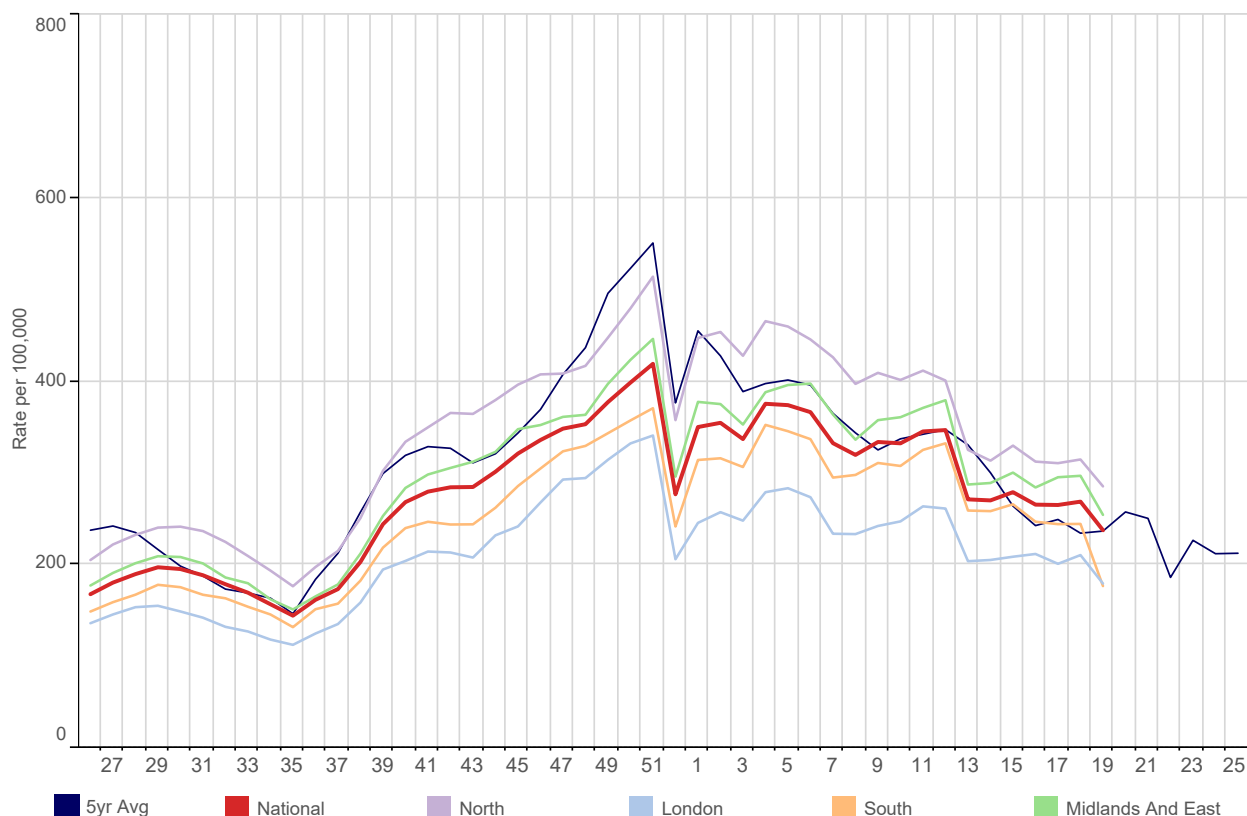
Influenza-like illness		Acute Bronchitis and Bronchiolitis		Influenza-like illness		Acute Bronchitis and Bronchiolitis	
<1yr	0.0	64.0		London	1.5	10.4	
1-4yrs	1.0	14.8		North	2.7	5.7	
5-14yrs	1.7	2.0		South	1.2	5.4	
15-24yrs	2.5	2.8		Midlands And East	1.6	4.3	
25-44yrs	2.3	3.2		National	1.7	5.1	
45-64yrs	1.8	4.4					
65-74yrs	0.4	7.4					
75-84yrs	1.6	7.4					
85+yrs	0.0	7.0					
All ages	1.7	5.1					

\*\*The <1yr age band is not presented (Graph F).

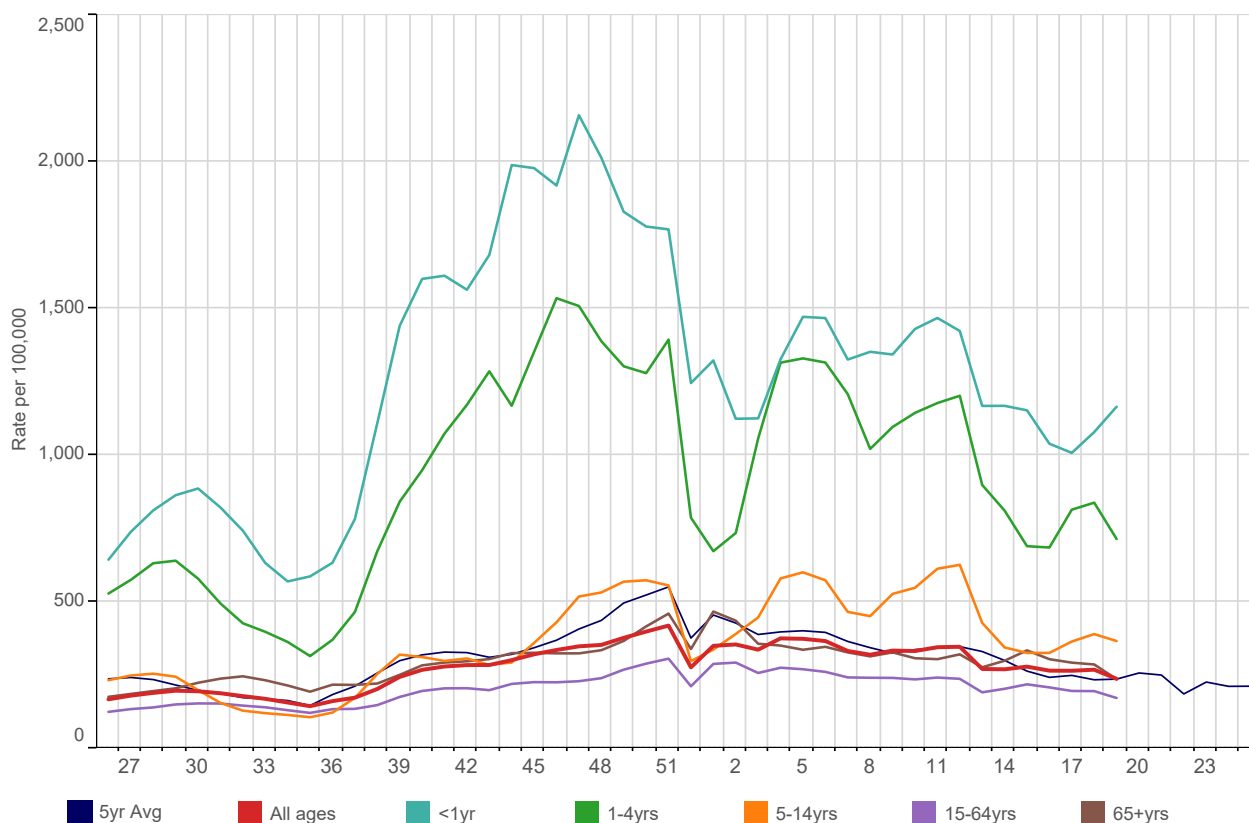
**(G) COVID-19: national incidence rate 2023/24 by region****(H) COVID-19: national incidence rate 2023/24 by age band**

# 1. Respiratory Infections

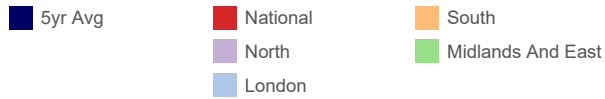
## (I) Acute Respiratory Infections (ARI): national incidence rate 2023/24 by region



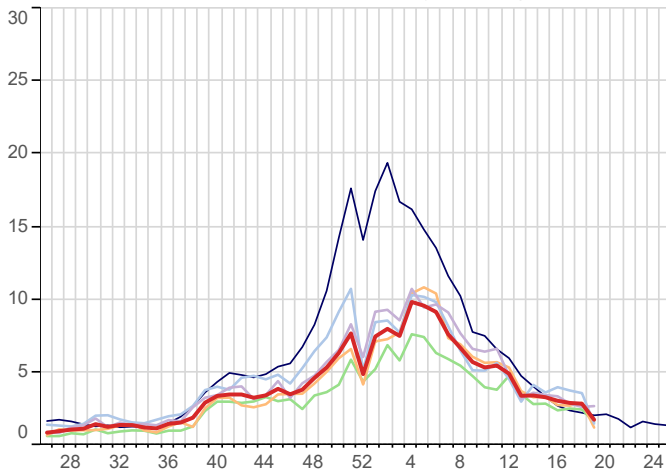
## (J) Acute Respiratory Infections (ARI): national incidence rate 2023/24 by age band



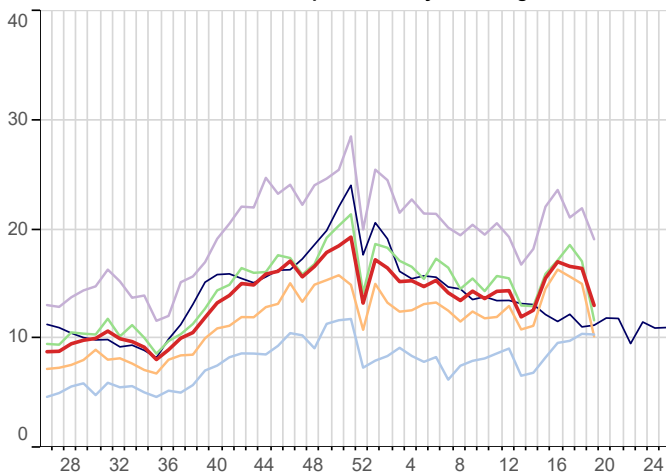
# 1. Respiratory Infections - *by region*



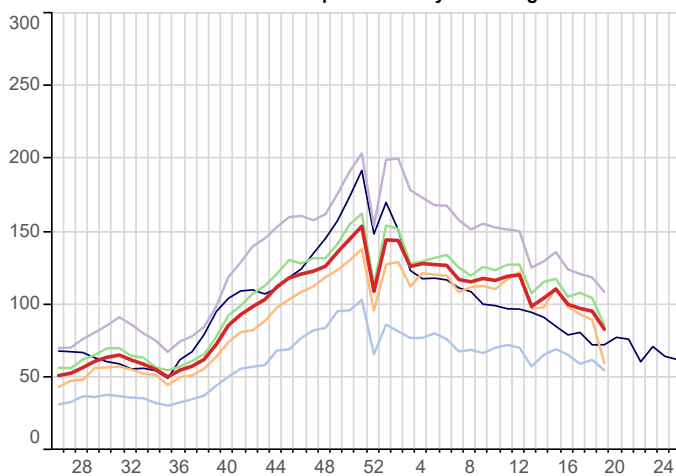
**Influenza-like illness (ILI)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



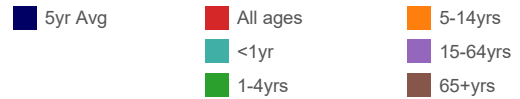
**Exacerbations of Chronic Lung Disease (ECLD)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



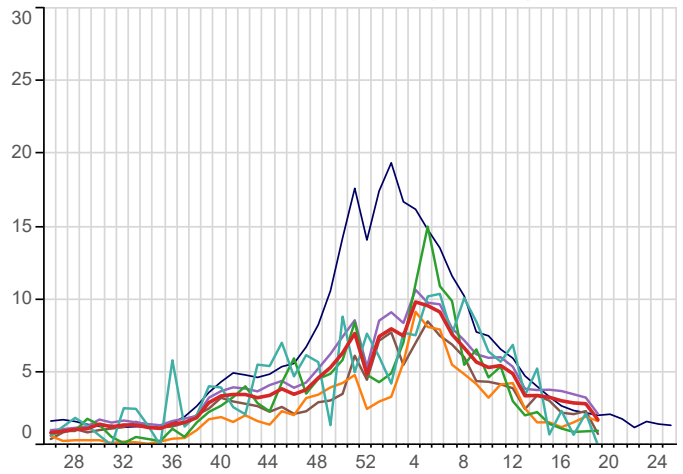
**Lower Respiratory Tract Infections (LRTI)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



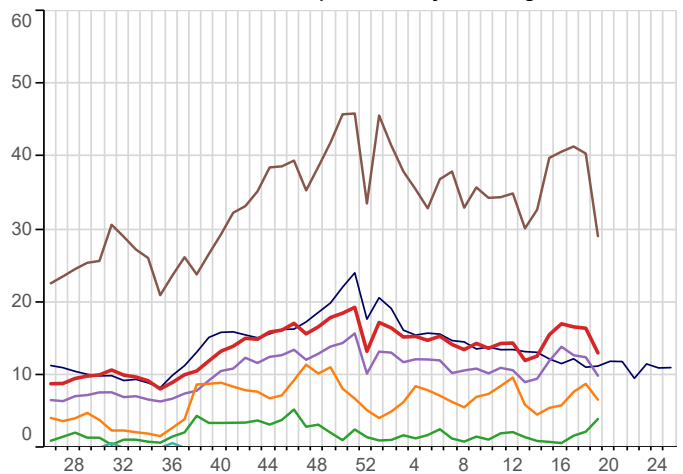
# 1. Respiratory Infections - *by age band*



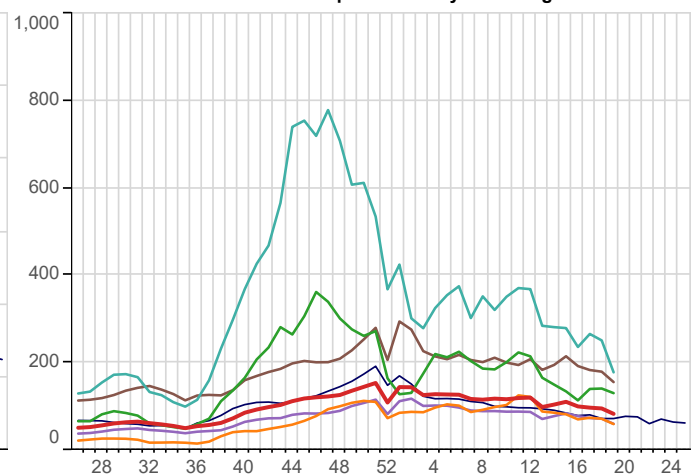
**Influenza-like illness (ILI)**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average



**Exacerbations of Chronic Lung Disease (ECLD)**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average



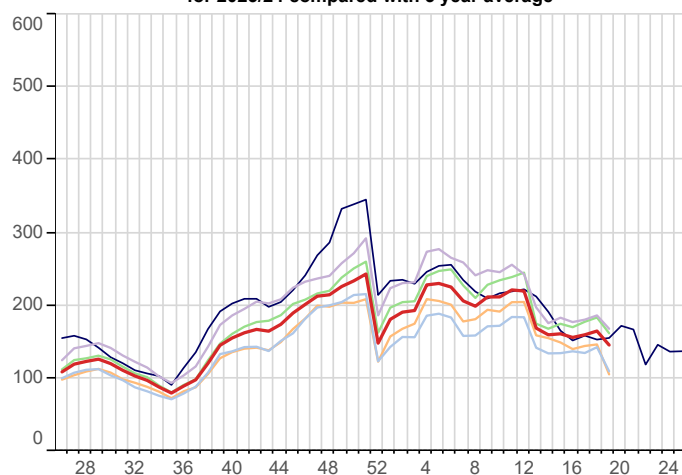
**Lower Respiratory Tract Infections (LRTI)**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average



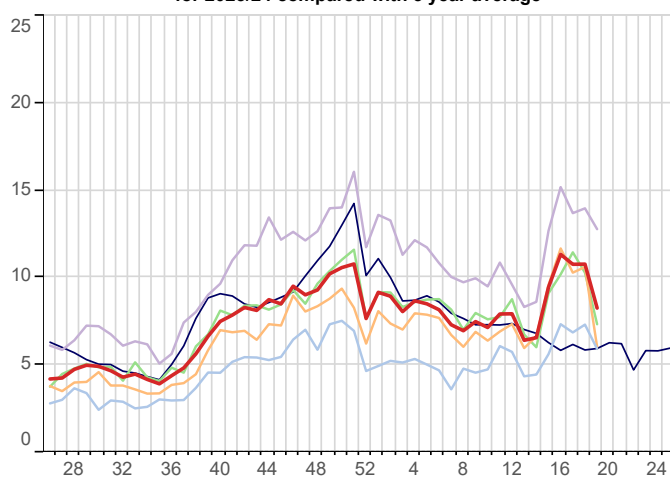
## 1. Respiratory Infections - *by region*

■ 5yr Avg    ■ National    ■ South  
■ North    ■ Midlands And East  
■ London

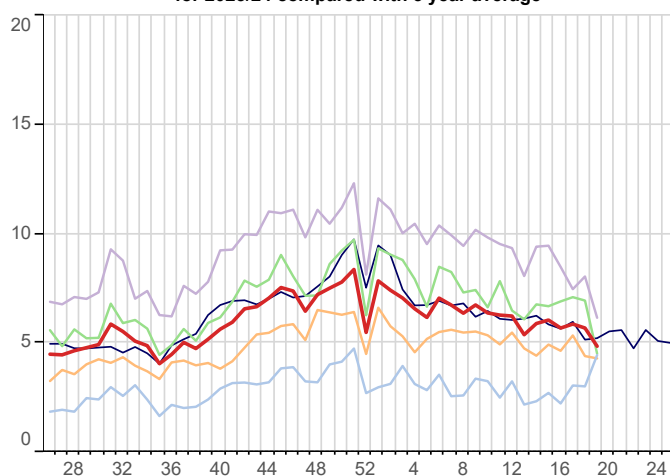
**Upper Respiratory Tract Infections (URTI)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



**Exacerbations of Chronic Lung Disease (ECLD) - Asthma Exacerbations**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



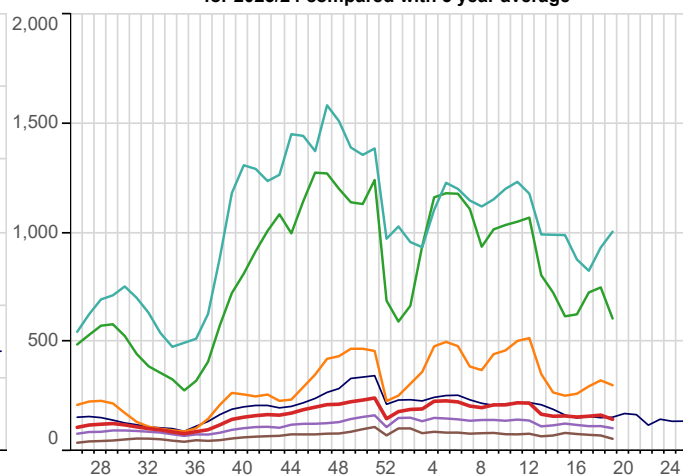
**Exacerbations of Chronic Lung Disease (ECLD) - COPD Exacerbations**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



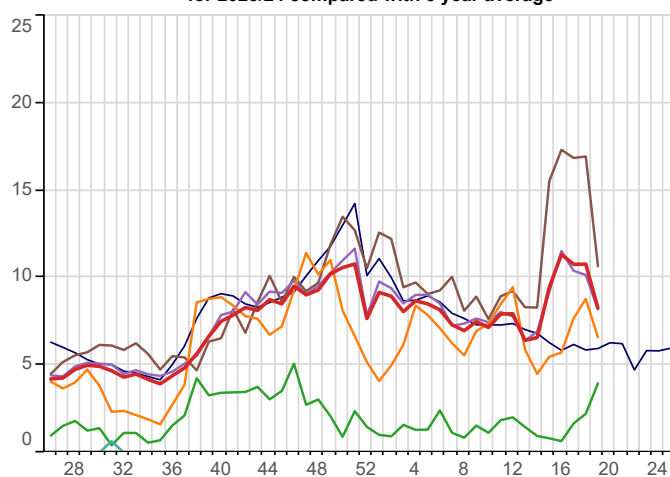
## 1. Respiratory Infections - *by age band*

■ 5yr Avg    ■ All ages    ■ 5-14yrs  
■ <1yr    ■ 15-64yrs  
■ 1-4yrs    ■ 65+yrs

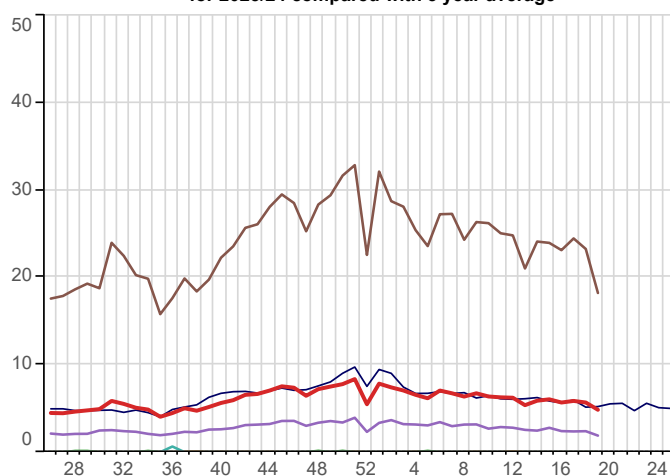
**Upper Respiratory Tract Infections (URTI)**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average



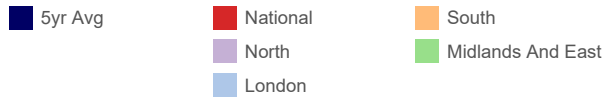
**Exacerbations of Chronic Lung Disease (ECLD) - Asthma Exacerbations**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average



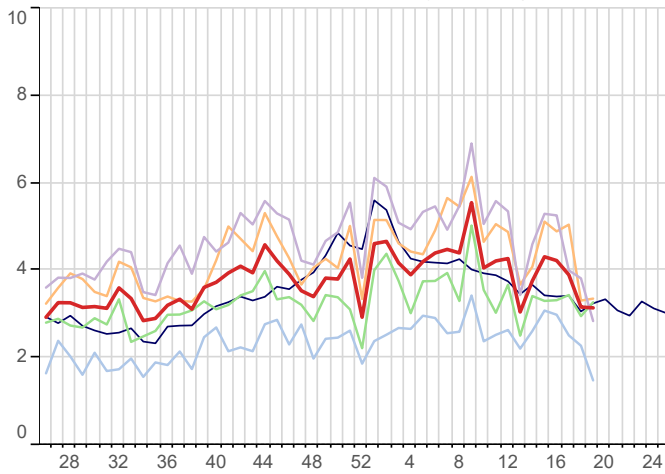
**Exacerbations of Chronic Lung Disease (ECLD) - COPD Exacerbations**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average



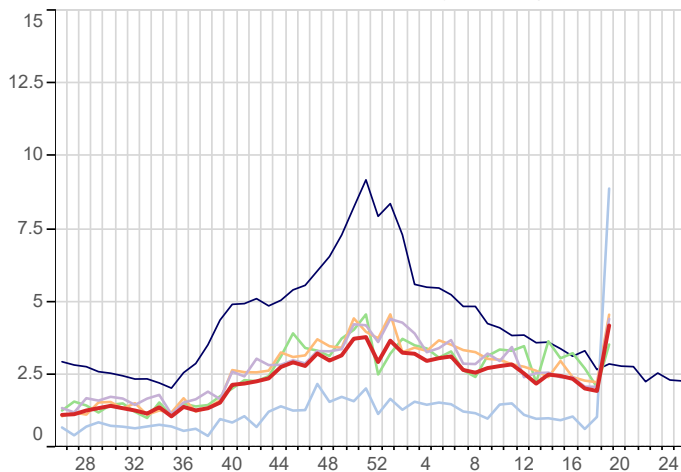
## 1. Respiratory Infections - *by region*



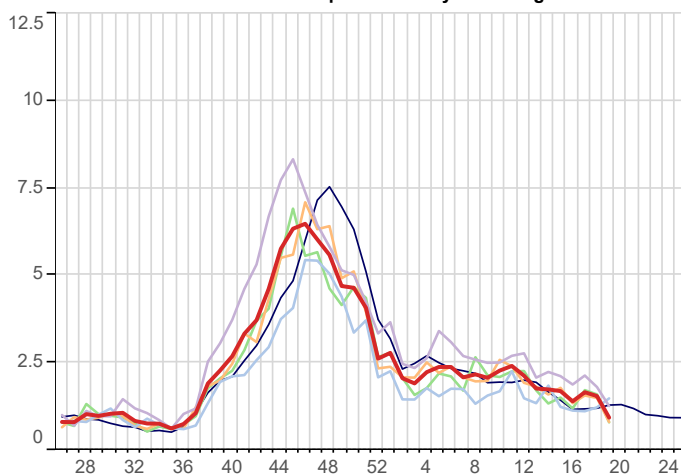
**Lower Respiratory Tract Infections (LRTI) - Pneumonia**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



**Lower Respiratory Tract Infections (LRTI) - Acute Bronchitis**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



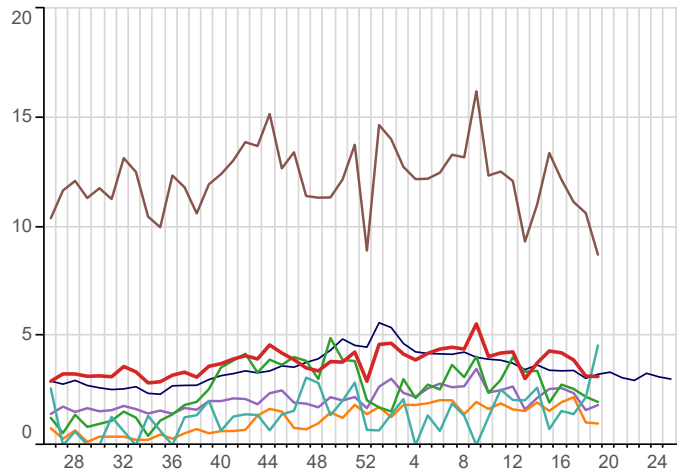
**Lower Respiratory Tract Infections (LRTI) - Bronchiolitis**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



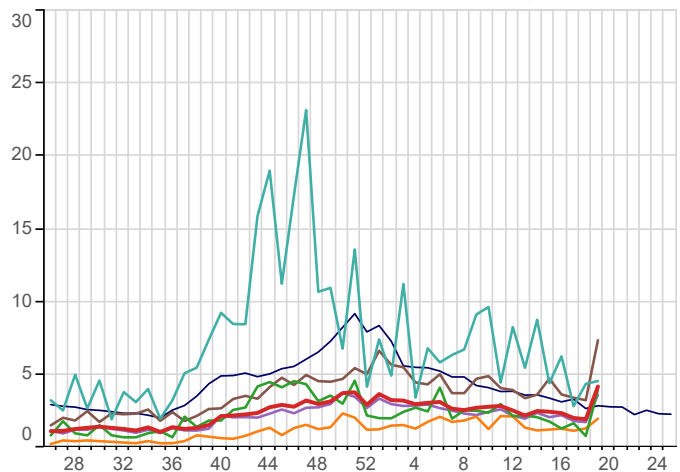
## 1. Respiratory Infections - *by age band*



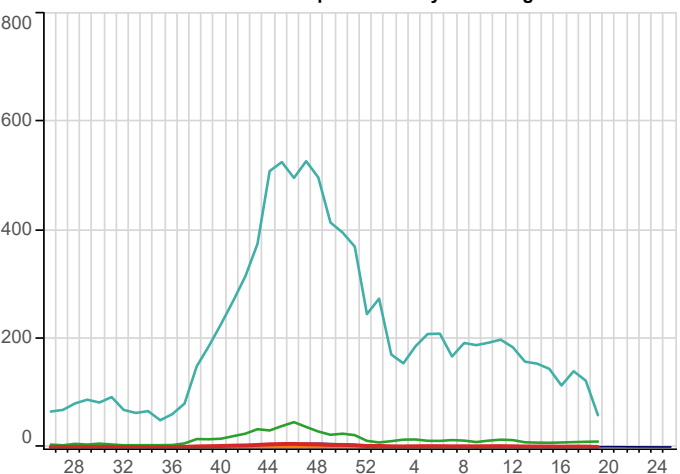
**Lower Respiratory Tract Infections (LRTI) - Pneumonia**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average

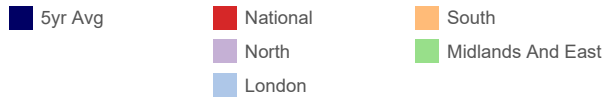


**Lower Respiratory Tract Infections (LRTI) - Acute Bronchitis**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average

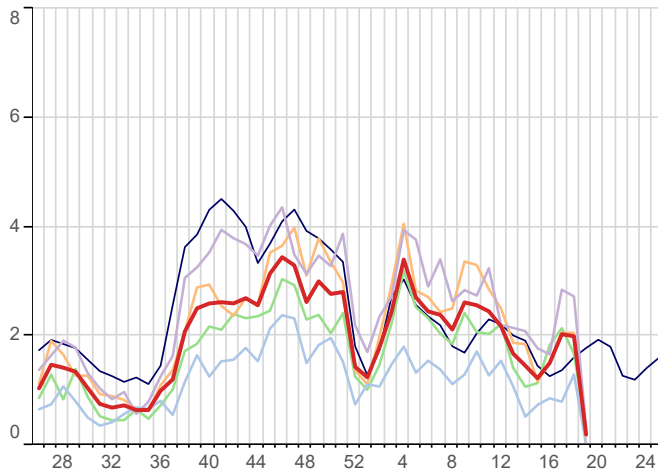


**Lower Respiratory Tract Infections (LRTI) - Bronchiolitis**  
Weekly incidence (per 100,000 all regions) by age band  
for 2023/24 compared with 5 year average

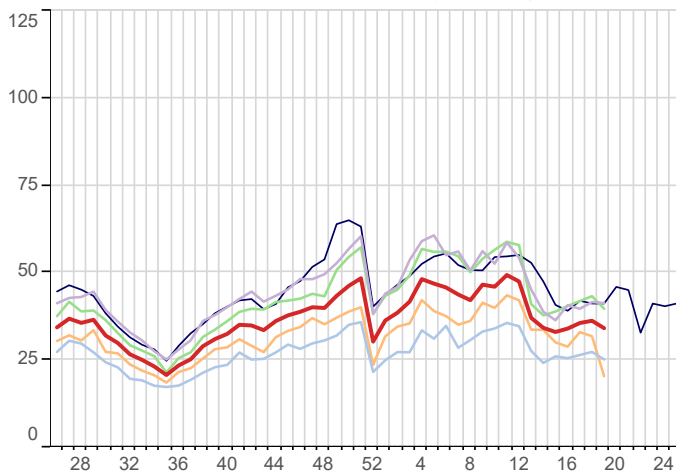


1. Respiratory Infections - *by region*

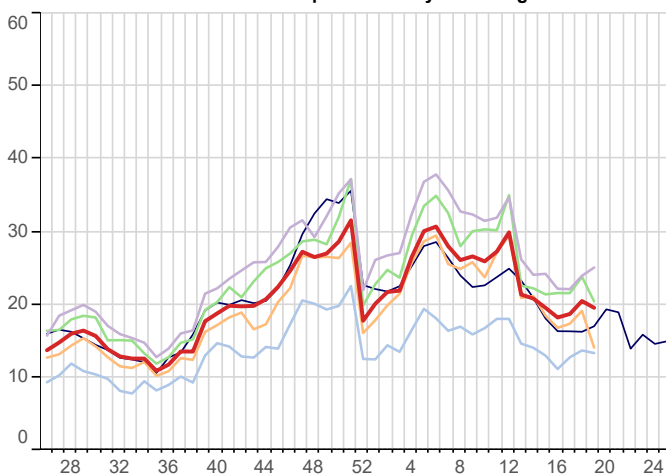
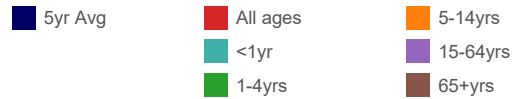
**Upper Respiratory Tract Infections (URTI) - Croup**  
 Weekly incidence (per 100,000 all ages) by region  
 for 2023/24 compared with 5 year average



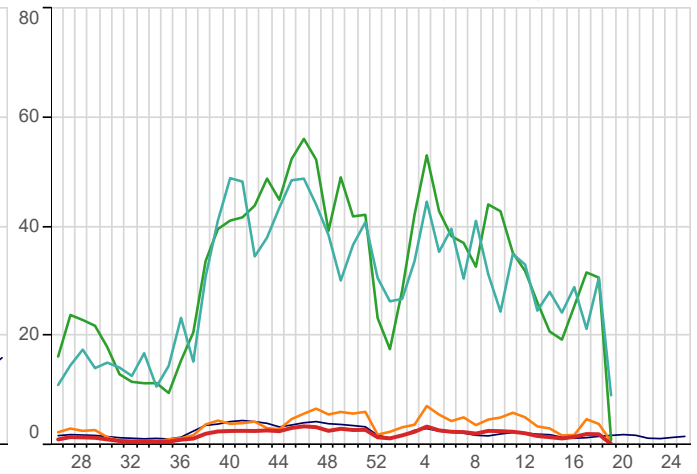
**Upper Respiratory Tract Infections (URTI) - Tonsillitis/Pharyngitis**  
 Weekly incidence (per 100,000 all ages) by region  
 for 2023/24 compared with 5 year average



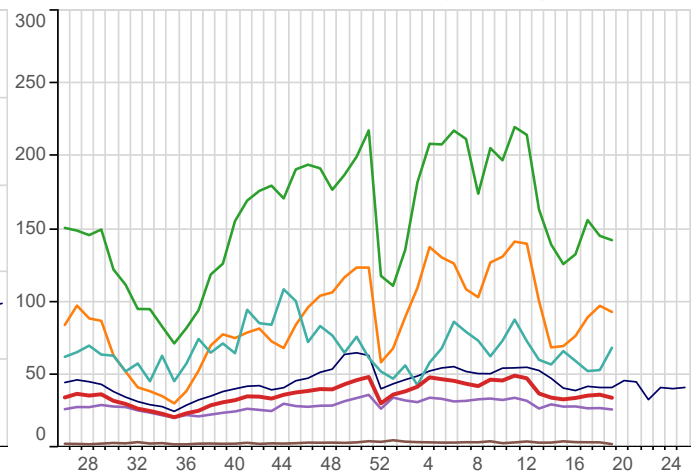
**Upper Respiratory Tract Infections (URTI) - Otitis Media**  
 Weekly incidence (per 100,000 all ages) by region  
 for 2023/24 compared with 5 year average

1. Respiratory Infections - *by age band*

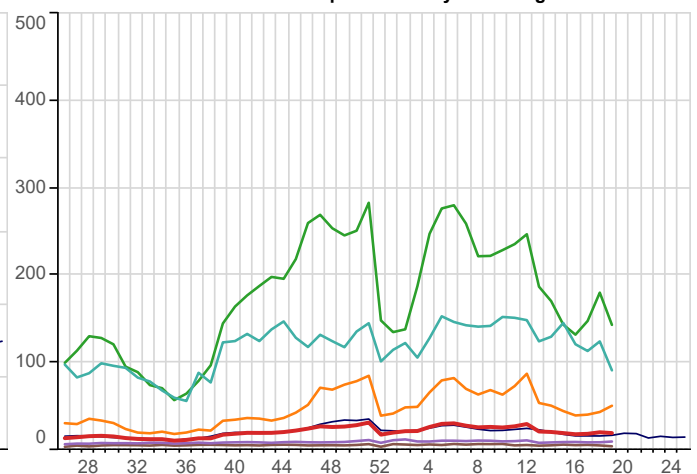
**Upper Respiratory Tract Infections (URTI) - Croup**  
 Weekly incidence (per 100,000 all regions) by age band  
 for 2023/24 compared with 5 year average



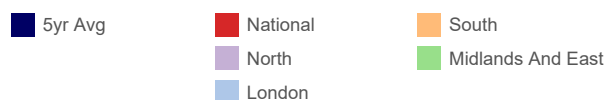
**Upper Respiratory Tract Infections (URTI) - Tonsillitis/Pharyngitis**  
 Weekly incidence (per 100,000 all regions) by age band  
 for 2023/24 compared with 5 year average



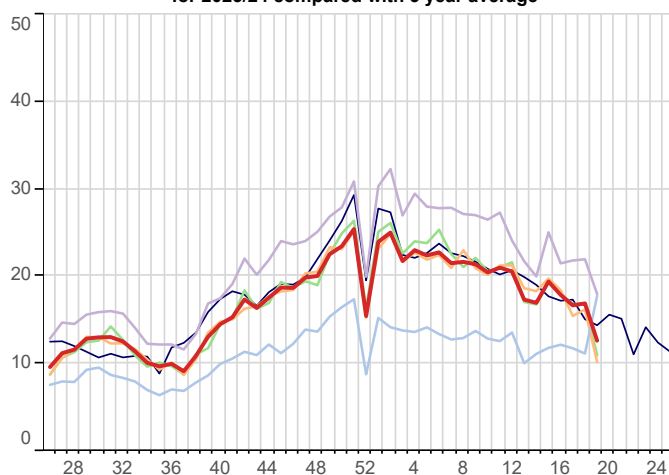
**Upper Respiratory Tract Infections (URTI) - Otitis Media**  
 Weekly incidence (per 100,000 all regions) by age band  
 for 2023/24 compared with 5 year average



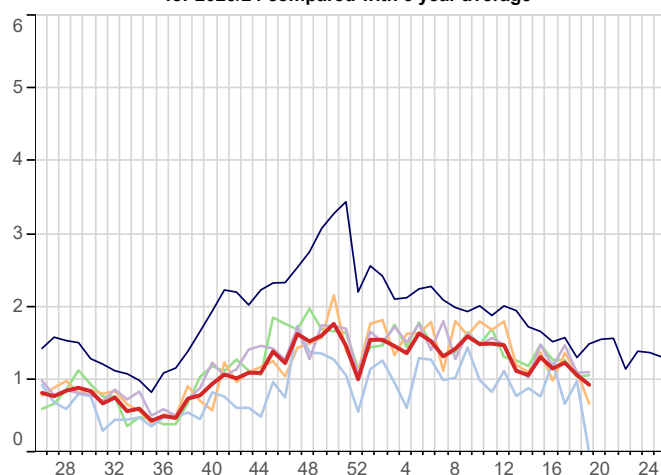
## 1. Respiratory Infections - *by region*



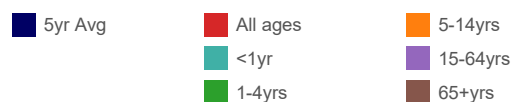
**Upper Respiratory Tract Infections (URTI) - Sinusitis**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



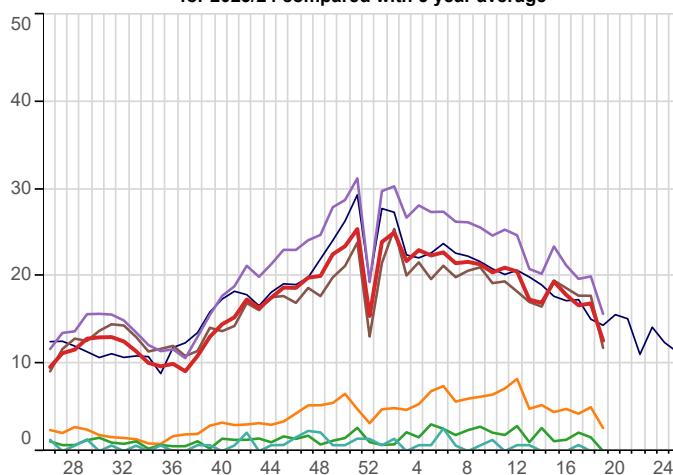
**Upper Respiratory Tract Infections (URTI) - Laryngitis**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



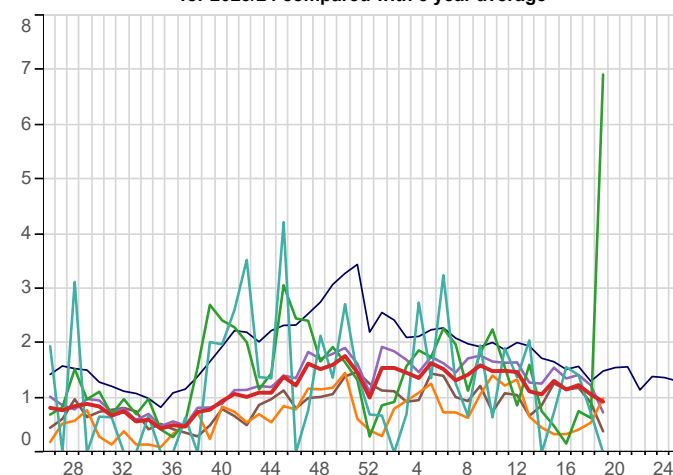
## 1. Respiratory Infections - *by age band*



**Upper Respiratory Tract Infections (URTI) - Sinusitis**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



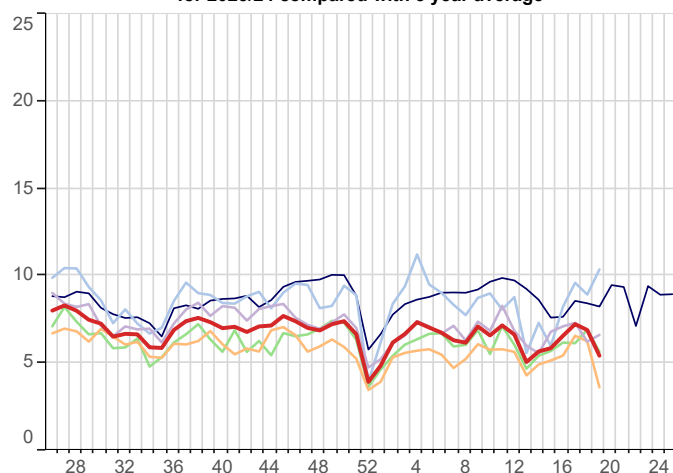
**Upper Respiratory Tract Infections (URTI) - Laryngitis**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



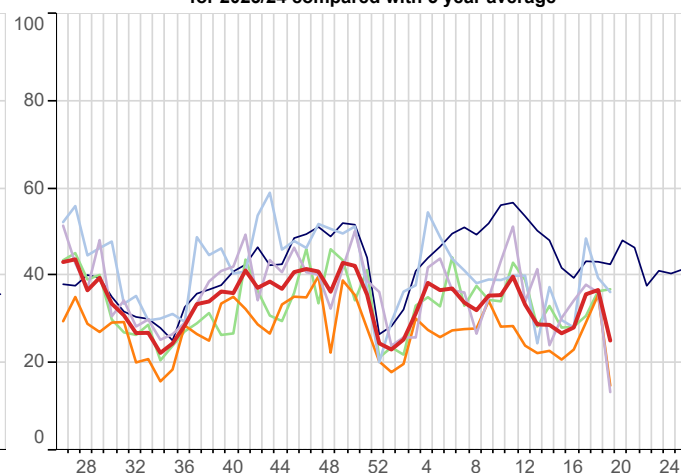
## 2. Water & Food Borne Disorders

5yr Avg   National   North   London   South   Midlands And East

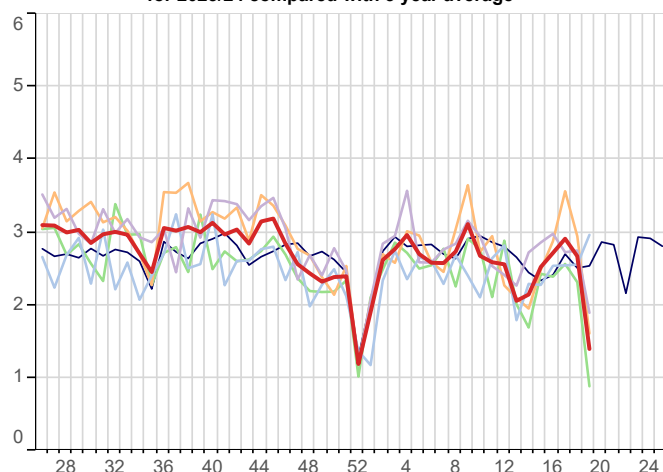
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **all ages**) by region  
for 2023/24 compared with 5 year average



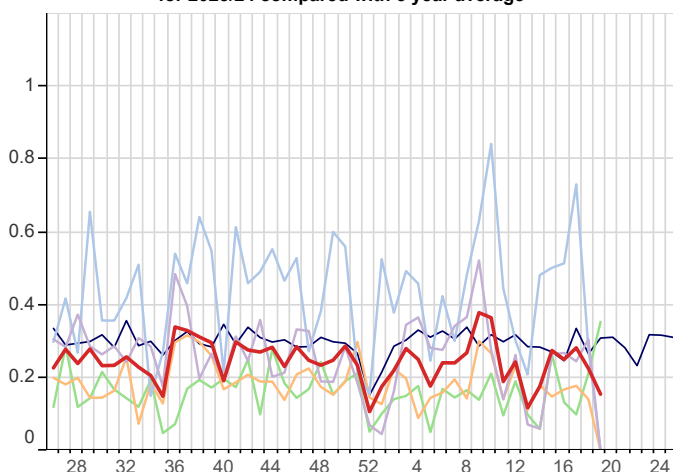
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **0-4 years**) by region  
for 2023/24 compared with 5 year average



**Non-Infective Enteritis & Colitis (ICD10: K50-K52)**  
Weekly incidence (per 100,000 **all ages**) by region  
for 2023/24 compared with 5 year average



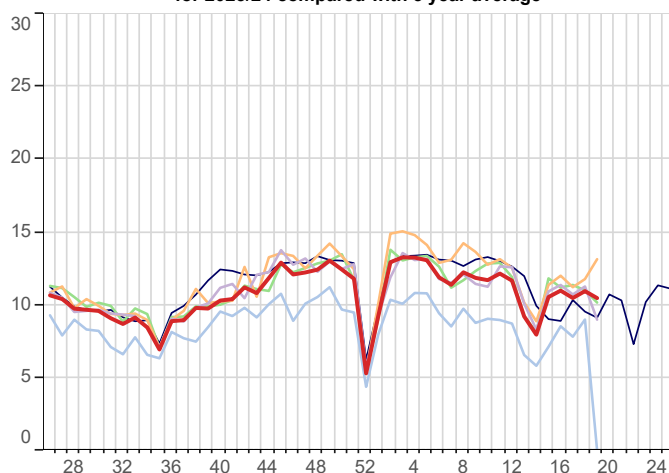
**Viral Hepatitis (ICD10: B15-B19)**  
Weekly incidence (per 100,000 **all ages**) by region  
for 2023/24 compared with 5 year average



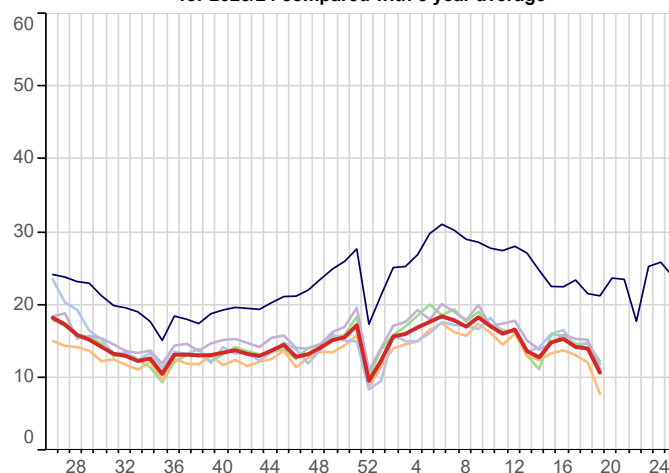
### 3. Environmentally Sensitive Disorders

5yr Avg   National   North   London   South   Midlands And East

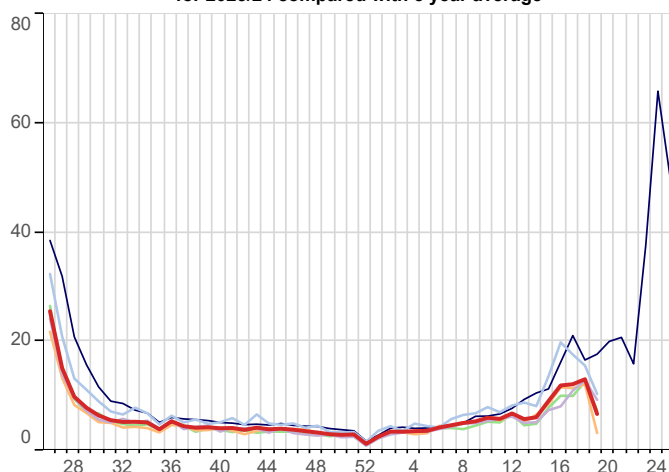
**Asthma (ICD10: J45-J46)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



**Disorders of Conjunctiva (ICD10: H10-H13)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



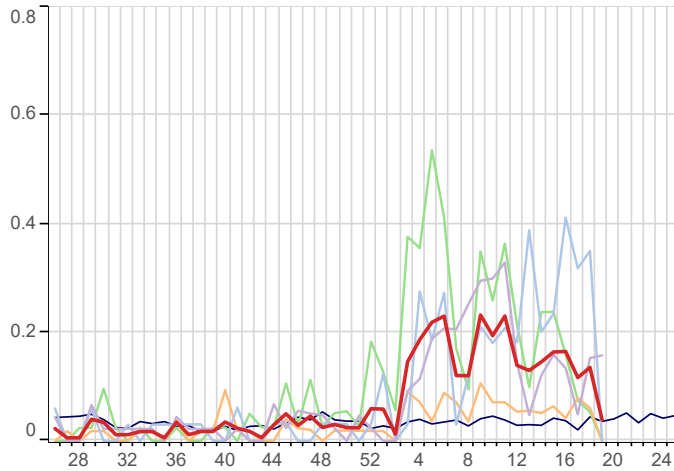
**Hayfever/Allergic Rhinitis (ICD10: J30)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



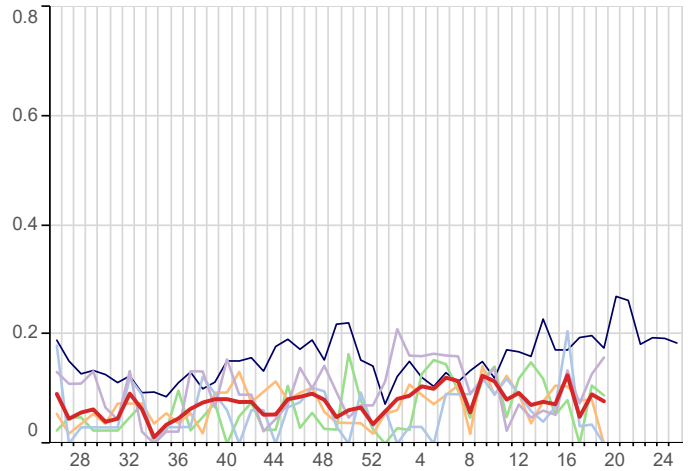
## 4. Vaccine Sensitive Disorders

5yr Avg   National   North   London   South   Midlands And East

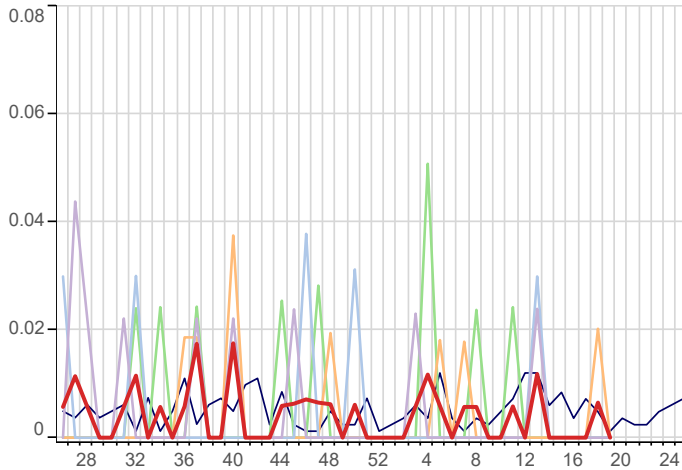
**Measles (ICD10: B05)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



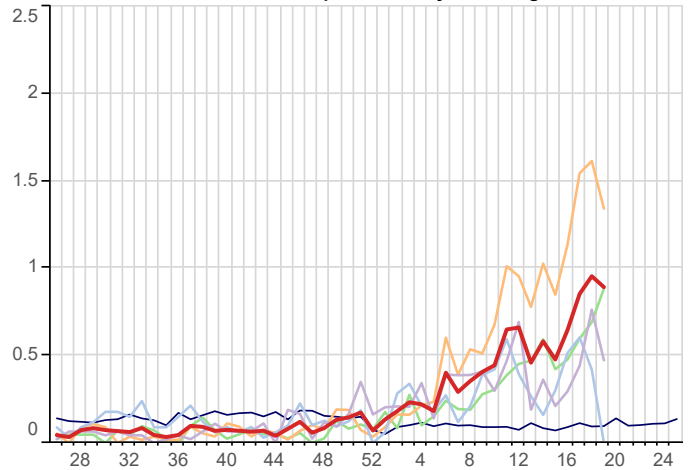
**Mumps (ICD10: B26)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



**Rubella (ICD10: B06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average

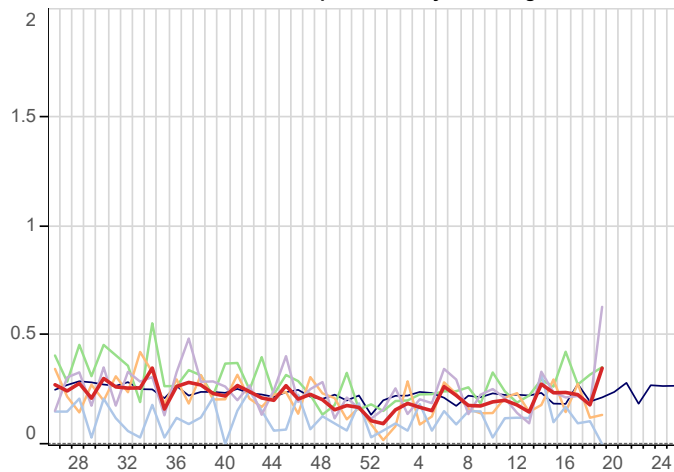


**Whooping Cough (ICD10: A37)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average

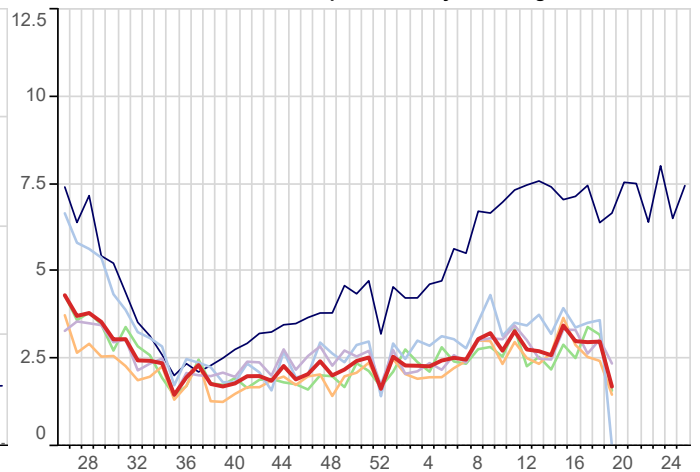


## 5. Skin Contagions

**Bullous Dermatoses (ICD10: L10-L14)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



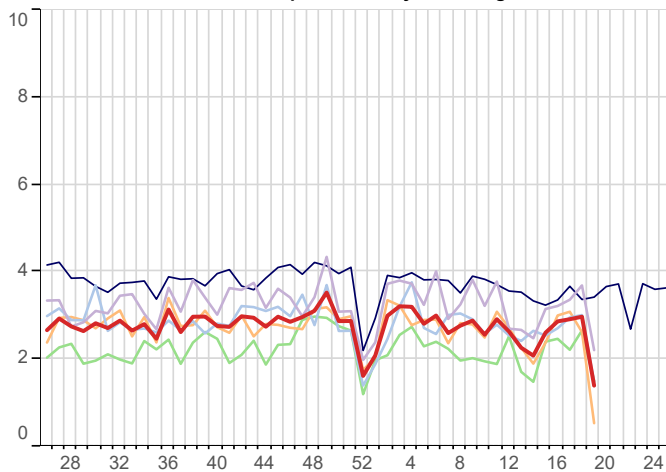
**Chickenpox (ICD10: B01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



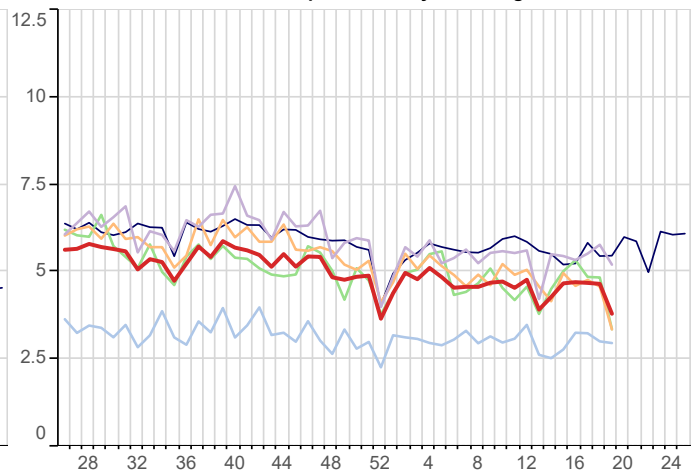
## 5. Skin Contagions (Continued)

5yr Avg   National   North   London   South   Midlands And East

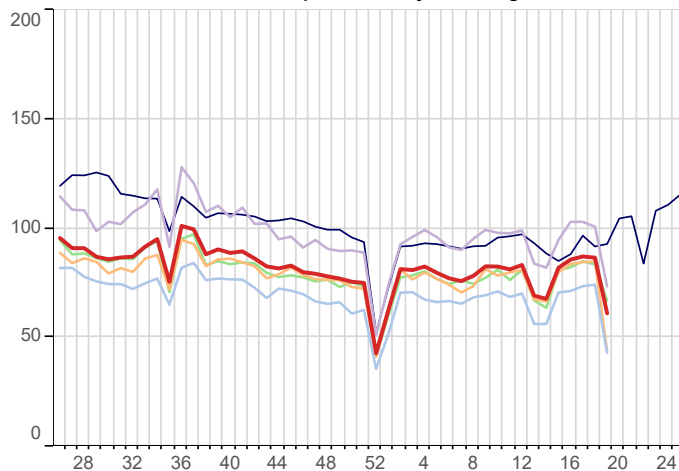
**Herpes Simplex (ICD10: B00)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



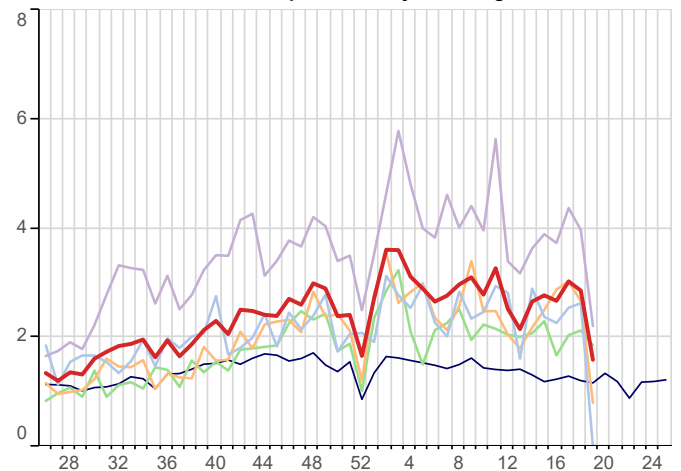
**Herpes Zoster (ICD10: B02)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



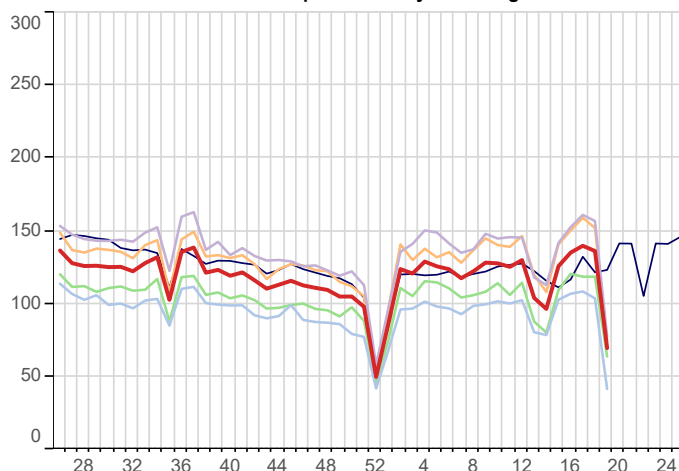
**Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



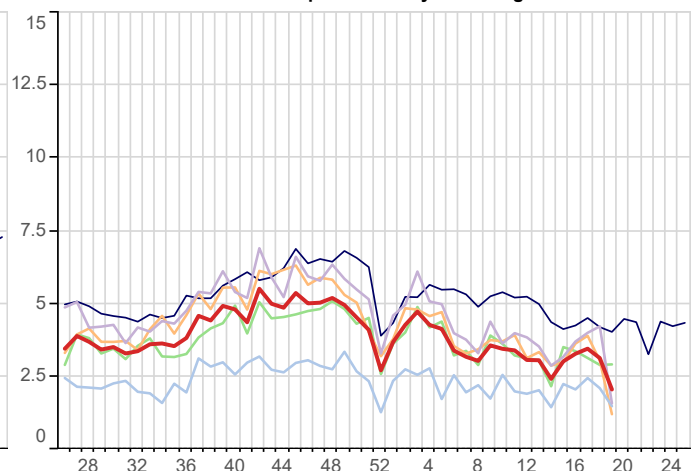
**Scabies (ICD10: B86)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



**Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



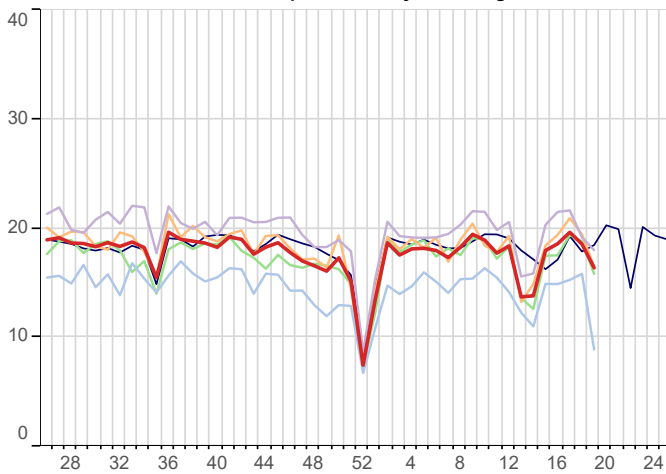
**Impetigo (ICD10: L01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



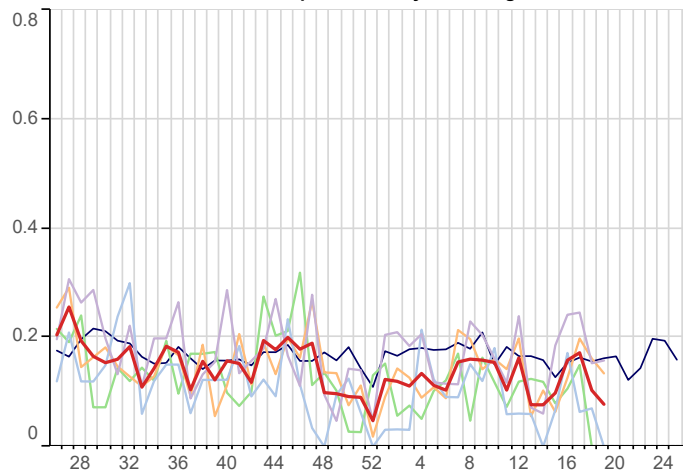
## 6. Disorders Affecting the Nervous System

5yr Avg   National   North   London   South   Midlands And East

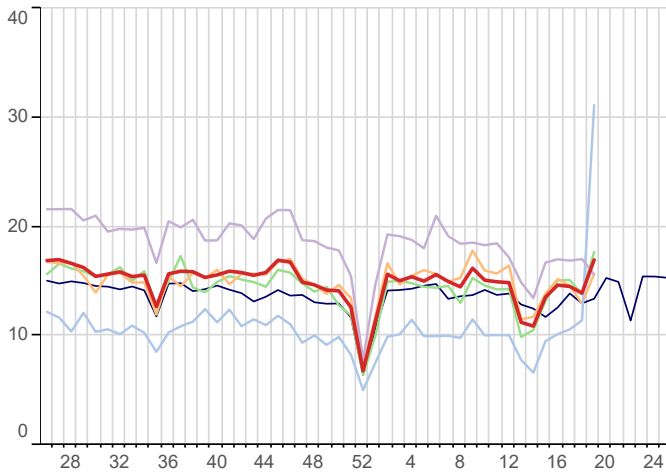
**Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



**Meningitis/Encephalitis (ICD10: A170-A171,A390,A38-A85,A87,G00-G05)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average

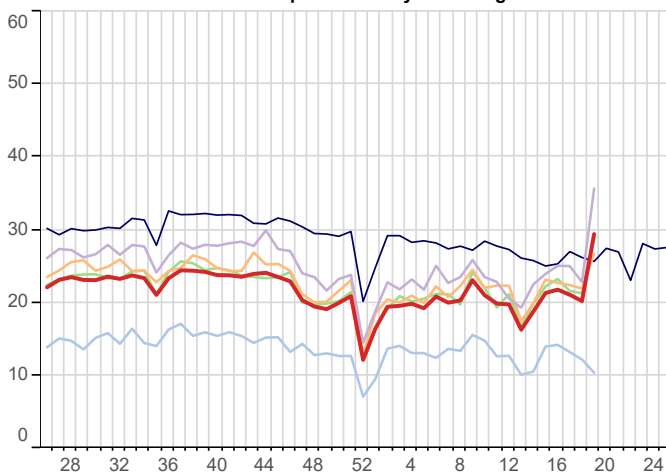


**Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



## 7. Genitourinary System Disorders

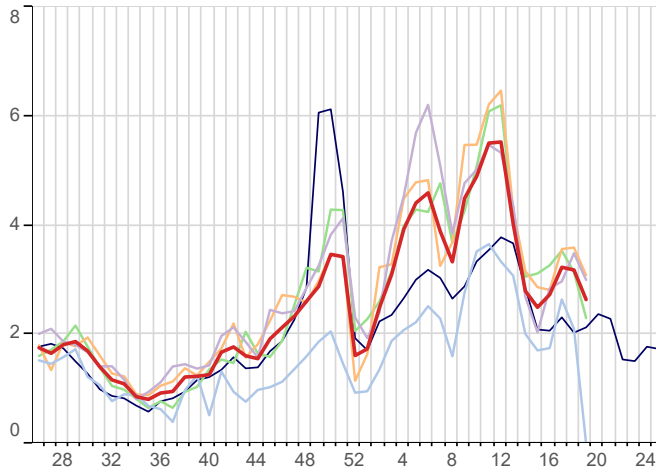
**Urinary Tract Infection/Cystitis (ICD10: N30,N390)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



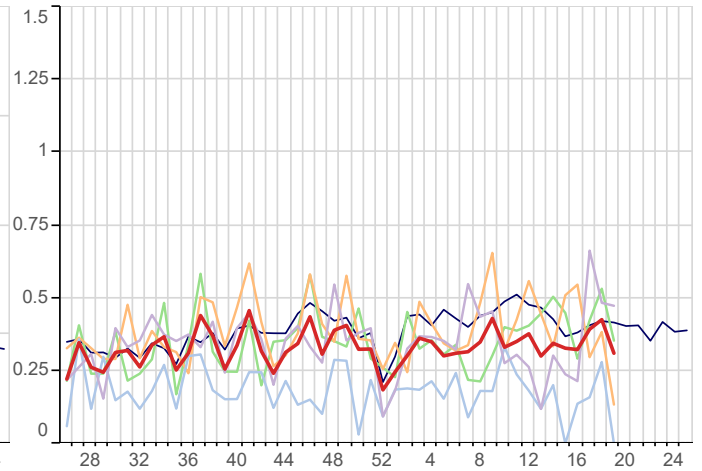
## 8. Other Disorders

5yr Avg   National   North   London   South   Midlands And East

**Strep Sore Throat, Scarlatina and Peritonsillar Abscess (ICD10: A38,J020,J36)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



**Infectious Mononucleosis (ICD10: B27)**  
Weekly incidence (per 100,000 all ages) by region  
for 2023/24 compared with 5 year average



## 8. Tabular Summary by Disease

Disease Name	Week beginning Week ending		06/05/2024 12/05/2024		29/04/2024 05/05/2024		22/04/2024 28/04/2024		15/04/2024 21/04/2024	
	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Acute Bronchitis	4.2	108	1.9	301	2.0	330	2.4	358		
Acute respiratory infections (ARI)	237.5	6,120	268.7	41,639	265.1	43,153	265.4	40,256		
Allergic Rhinitis	6.7	173	13.1	2,028	12.2	1,981	11.9	1,811		
Asthma	10.5	270	11.0	1,698	10.5	1,707	11.0	1,667		
Bronchiolitis	0.9	24	1.5	240	1.7	270	1.4	212		
Bullous Dermatoses	0.3	9	0.2	28	0.2	37	0.2	36		
Chickenpox	1.7	44	3.0	464	3.0	485	3.0	456		
Conjunctival Disorders	10.7	276	14.0	2,176	14.2	2,319	15.3	2,327		
COVID-19	1.5	39	2.3	354	1.5	248	1.3	193		
Croup	0.2	5	2.0	309	2.0	331	1.5	228		
ECLD - Asthma exacerbations	8.3	213	10.8	1,671	10.8	1,754	11.3	1,720		
ECLD - COPD exacerbations	4.9	125	5.7	881	5.9	955	5.7	862		
Exacerbations of chronic lung disease	13.0	336	16.4	2,546	16.6	2,705	17.0	2,584		
Herpes Simplex	1.4	36	3.0	461	2.9	475	2.9	435		
Herpes Zoster	3.8	98	4.7	722	4.7	763	4.7	714		
Impetigo	2.1	53	3.1	486	3.5	563	3.3	498		
Infectious Intestinal Diseases	5.4	140	6.9	1,070	7.2	1,179	6.6	997		
Infectious Mononucleosis	0.3	8	0.4	66	0.4	64	0.3	49		
Influenza-like illness	1.7	45	2.8	441	2.9	472	3.0	462		
Laryngitis	0.9	24	1.1	165	1.2	201	1.2	175		
Lower respiratory tract infections	83.1	2,142	95.5	14,796	97.3	15,847	100.2	15,192		
Measles	0.0	1	0.1	21	0.1	19	0.2	25		
Meningitis and Encephalitis	0.1	2	0.1	16	0.2	28	0.2	24		
Mumps	0.1	2	0.1	14	0.0	8	0.1	19		
Non-infective Enteritis and Colitis	1.4	36	2.7	414	2.9	474	2.7	412		
Otitis Media	19.6	504	20.5	3,175	18.7	3,045	18.2	2,764		
Peripheral Nervous Disease	16.4	422	18.6	2,875	19.6	3,196	18.6	2,818		
Pneumonia	3.1	81	3.2	490	3.9	635	4.2	641		
Rubella	0.0	0	0.0	1	0.0	0	0.0	0		
Scabies	1.6	41	2.9	443	3.0	493	2.7	405		
Sinusitis	12.7	326	16.9	2,621	16.7	2,717	17.9	2,713		
Skin and Subcutaneous Tissue Infections	61.1	1,574	86.6	13,413	87.1	14,180	85.7	12,993		
Strep Throat and Peritonsillar Abscess	2.6	68	3.2	493	3.2	526	2.7	414		
Symptoms involving musculoskeletal	17.0	437	13.9	2,156	14.5	2,365	14.7	2,222		
Symptoms involving Skin and Integument Tissues	69.6	1,793	136.3	21,115	139.8	22,765	135.2	20,499		
Tonsillitis/Pharyngitis	34.2	880	36.3	5,622	35.6	5,800	34.0	5,162		
Upper respiratory tract infections	145.8	3,756	165.0	25,566	159.9	26,029	156.2	23,692		
Urinary Tract Infections	29.4	758	20.2	3,132	21.1	3,433	21.8	3,305		
Viral Hepatitis	0.2	4	0.2	35	0.3	46	0.3	38		
Whooping Cough	0.9	23	1.0	148	0.9	139	0.6	98		
<b>Practice Count</b>		<b>236</b>		<b>1,533</b>		<b>1,610</b>		<b>1,476</b>		
<b>Denom</b>		<b>2,576,635</b>		<b>15,495,605</b>		<b>16,279,768</b>		<b>15,165,268</b>		

## FURTHER INFORMATION:

### About the report

#### Focus

The first two pages of data within this report focus on influenza-like illness and virology data, in order to provide information about seasonal influenza and early warnings of any epidemic.

#### Rate calculation

Each weekly incidence rate is presented per 100,000 population. All presentations are for males and females, and for all age bands, unless otherwise stated.

The denominator used for this report is taken from our most recent extract of data from GP practice systems, and includes all patients currently registered with eligible practices. The denominator varies week-on-week as patients register and deregister; it may also be the case that all patients from an individual practice are excluded because of problems with the data extraction from that practice in a specific week. As stated above, patients who have withheld consent for data-sharing are excluded.

In addition to the national rate, we present data for the four NHS England regions: North; Midlands and East; South; and London.

#### Five-year averages

Weekly rates are set against a five-year average (navy blue lines), previously we reported against a ten-year average. The change to a five-year average was made because longer-term trends in the incidence of disease have led to weekly rates for certain diseases becoming increasingly divergent from their ten-year average. The use of five-year averages lessens this effect and enables more meaningful comparison.

#### Threshold calculation for influenza-like illness (ILI)

We are now using the Moving Epidemic Method (MEM) to calculate threshold and intensity levels for influenza-like illness (Graph A, page 2 and Table E, page 4 of this report). MEM works by identifying seasonal epidemic peaks and then calculates thresholds and intensity levels based on the pre and post epidemic values. This allows us to report the severity of ILI against multiple thresholds, rather than a simple comparison with the five-year average as the wide variation in ILI year on year, especially during the seasonal peak, makes the average less representative.

In addition to the All Ages thresholds, we have also calculated thresholds for four age bands: those aged 1-4, 5-14, 15-64 and those aged 65 and over. ILI incidence rates vary among different age bands, and the age-specific thresholds allow us to highlight epidemics where ILI disproportionately affects a particular age band.

This methodology is used by the European Centre for Disease Prevention and Control to standardise reporting of influenza activity across Europe, and is also in use by the UK Health Security Agency. Full details of the methodology can be found in: Vega *et al.* (2012) Influenza surveillance in Europe: establishing epidemic thresholds by the moving epidemic method. Influenza and Other Respiratory Viruses 7(4), 546–558.

Both the *all-ages* thresholds and the *age-specific* thresholds are shown in Table E, page 4. Five years of data were used for *all-ages* and *age-specific* thresholds calculation (winter seasons 2015/16, 2016/17, 2017/18, 2018/19 and 2022/23, excluding 2019/20, 2020/21 and 2021/22).

## About the Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC)

### Acknowledgement:

Staff from the Data Science department at the National Physical Laboratory (<https://www.npl.co.uk/data-science>) assisted in the provision of and extension of the primary care national surveillance reports during the 2020 SARS-CoV-2 pandemic; as well as adding resilience.

### What we do

The RCGP RSC was established in 1957, with the current name in use since 2009. The Centre is an internationally renowned source of information, analysis and interpretation concerning the onset, patterns, prevalence and trends over time of morbidity in primary care. The RSC is an active research and surveillance unit that collects and monitors data; its most important research is the surveillance of influenza and the monitoring of vaccine effectiveness.

The RSC data and analytics hub is housed at the Oxford-Royal College of General Practitioners Research and Surveillance Centre.

Further information about the RSC can be found on our website:

<http://www.rcgp.org.uk/rsc>

### Our data extraction process and information governance

Data are extracted twice weekly from practice systems by Magentus data management and EMIS-X Analytics (EXA) on the RCGP's behalf. Patients who have withheld consent for data sharing are excluded from the extraction process.

Data are pseudonymised as close to source as possible. Data are held on secure servers at the RCGP data and analytics hub at the Oxford-Royal College of General Practitioners Research and Surveillance Centre. Both Magentus data management and the University of Oxford are Registered and compliant with the Data Protection Act and fully compliant with all relevant NHS Digital data information governance best practice.

### What the data is used for

The RCGP RSC has been providing reports weekly about health and disease, called the Weekly Returns Service (WRS) since 1964. The WRS monitors the number of patients consulting with new episodes of illness classified by diagnosis in England and provides weekly incidence rates per 100,000 population for these new episodes of illness. It is the key primary care element of the national disease monitoring systems run by the UK Health Security Agency. The bulletin can be found at the following URL:

<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

In addition to the WRS, the data is used for other research studies. Any other uses of the data for research follow ethical approval or agreement from NIHR proportionate review, and where relevant Health Research Authority Confidential Advisory Group advice that further approval is not needed. Full details can be found on our website:

<http://www.rcgp.org.uk/rsc>

### For further information

For further information about the work of the RSC, or if you would like to be included on our email notification list, please contact:

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