



Royal College of
General Practitioners
Research and Surveillance Centre

RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year.....39/2017
Week Starting - Ending.....25/09/2017 - 01/10/2017
No. of Practices.....164
Population.....1685847

National (England)

- **Allergic Rhinitis** : decreased from **6.3** in week 38 to **4.0** in week 39.
- **Asthma** : increased from **14.5** in week 38 to **15.4** in week 39.
- **Common Cold** : increased from **88.6** in week 38 to **100.5** in week 39.
- **Infectious Intestinal Diseases (IID)** : increased from **8.2** in week 38 to **9.0** in week 39.
- **Respiratory System Diseases** : increased from **267.3** in week 38 to **295.9** in week 39.

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

- **Allergic Rhinitis** : decreased from **9.8** in week 38 to **5.9** in week 39 in the London region, decreased from **4.7** in week 38 to **4.2** in week 39 in the North region, decreased from **6.9** in week 38 to **3.3** in week 39 in the South region, and decreased from **3.5** in week 38 to **2.8** in week 39 in the Midlands And East region.
- **Asthma** : was unchanged at **12.4** in week 38 compared with **12.1** in week 39 in the London region, increased from **16.9** in week 38 to **18.6** in week 39 in the North region, increased from **14.1** in week 38 to **16.0** in week 39 in the South region, and decreased from **13.7** in week 38 to **12.1** in week 39 in the Midlands And East region.
- **Common Cold** : increased from **109.0** in week 38 to **132.0** in week 39 in the London region, increased from **89.7** in week 38 to **103.7** in week 39 in the North region, increased from **74.3** in week 38 to **81.3** in week 39 in the South region, and increased a little from **91.7** in week 38 to **95.3** in week 39 in the Midlands And East region.
- **Infectious Intestinal Diseases (IID)** : decreased from **14.8** in week 38 to **10.0** in week 39 in the London region, increased from **7.9** in week 38 to **9.8** in week 39 in the North region, increased from **5.2** in week 38 to **8.7** in week 39 in the South region, and increased a little from **6.6** in week 38 to **6.8** in week 39 in the Midlands And East region.
- **Respiratory System Diseases** : increased from **273.9** in week 38 to **321.2** in week 39 in the London region, increased from **285.6** in week 38 to **321.8** in week 39 in the North region, increased from **237.6** in week 38 to **259.6** in week 39 in the South region, and was unchanged at **291.3** in week 38 compared with **290.9** in week 39 in the Midlands And East region.

Comment:

Presentations of respiratory and other conditions have continued to increase this week, but these changes are in line with those anticipated at this time of year.

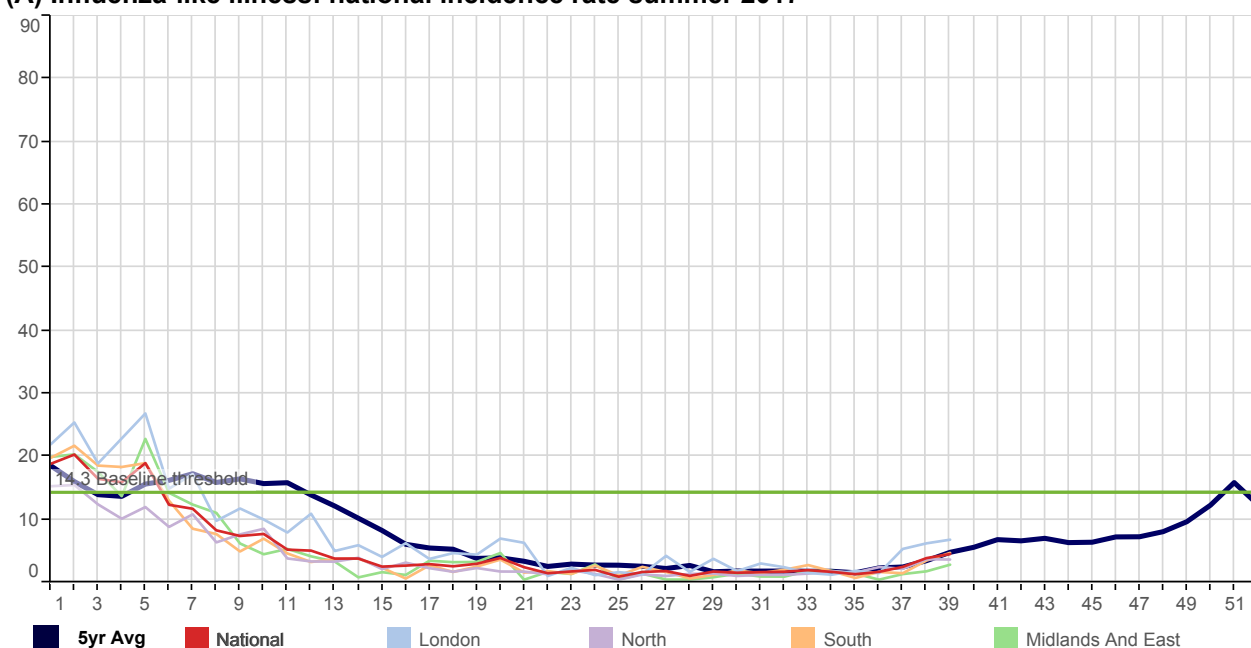
Spring/Summer Focus 2017

Please see page 13 for explanatory notes on the data.

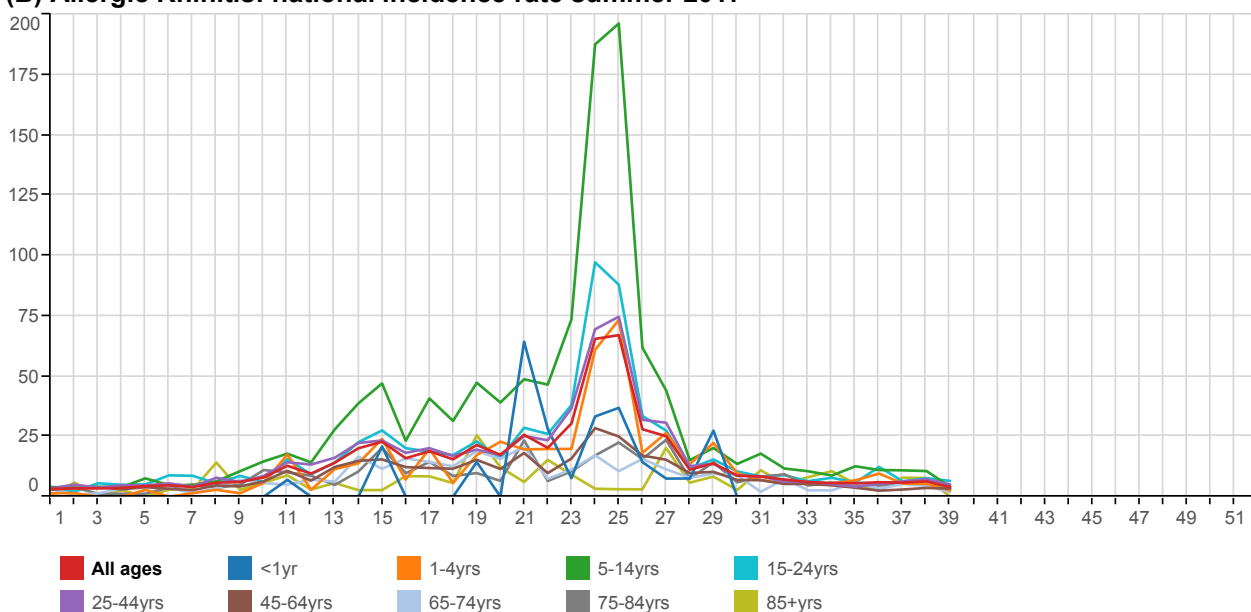
Weekly influenza-like illness and Acute bronchitis incidence rates per 100,000 persons

| | Acute Bronchitis | Influenza-like illness | | Acute Bronchitis | Influenza-like illness |
|----------|------------------|------------------------|-------------------|------------------|------------------------|
| <1yr | 267.2 | 0.0 | London | 65.0 | 6.8 |
| 1-4yrs | 159.2 | 2.6 | North | 84.7 | 3.6 |
| 5-14yrs | 27.4 | 1.0 | South | 58.9 | 4.7 |
| 15-24yrs | 29.0 | 7.0 | Midlands And East | 75.2 | 2.8 |
| 25-44yrs | 37.8 | 5.0 | National | 70.5 | 4.5 |
| 45-64yrs | 68.5 | 6.4 | | | |
| 65-74yrs | 118.3 | 1.9 | | | |
| 75-84yrs | 159.0 | 3.3 | | | |
| 85+yrs | 276.5 | 0.0 | | | |
| All ages | 70.5 | 4.5 | | | |

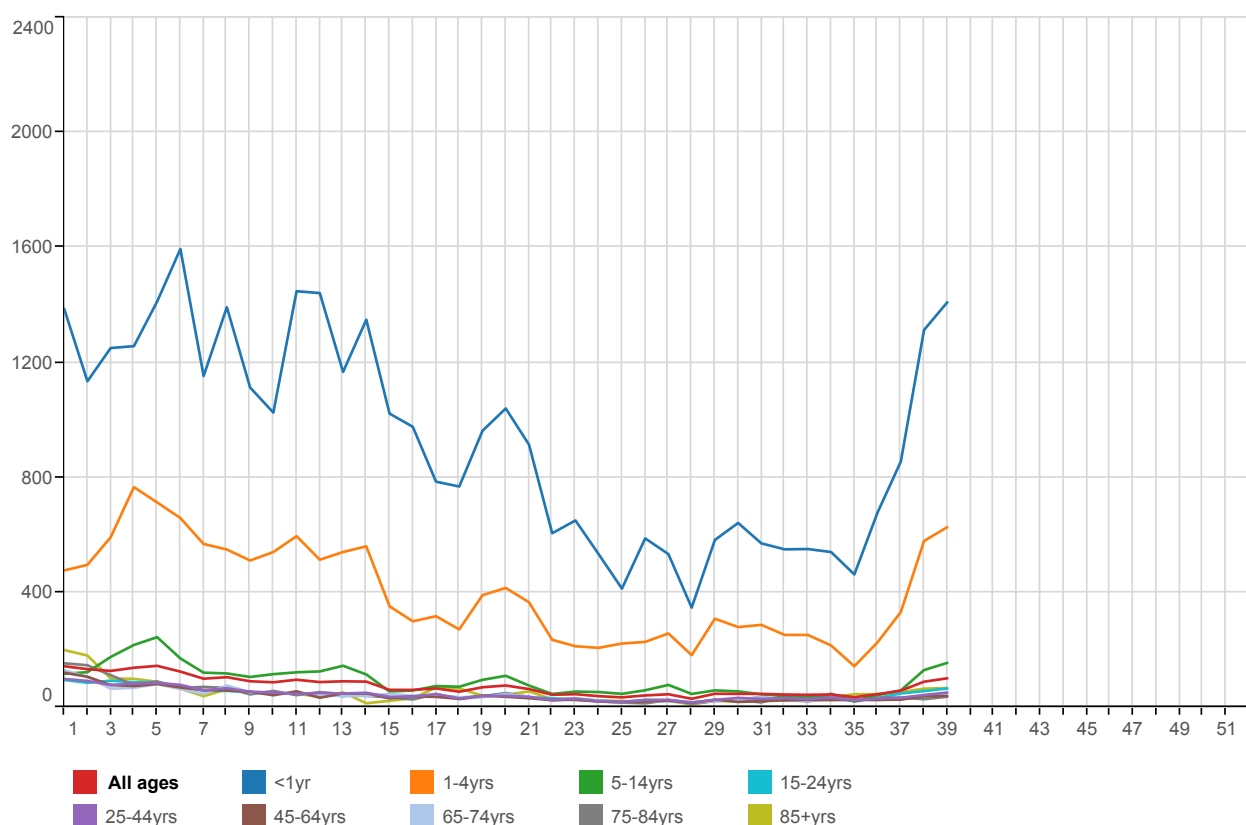
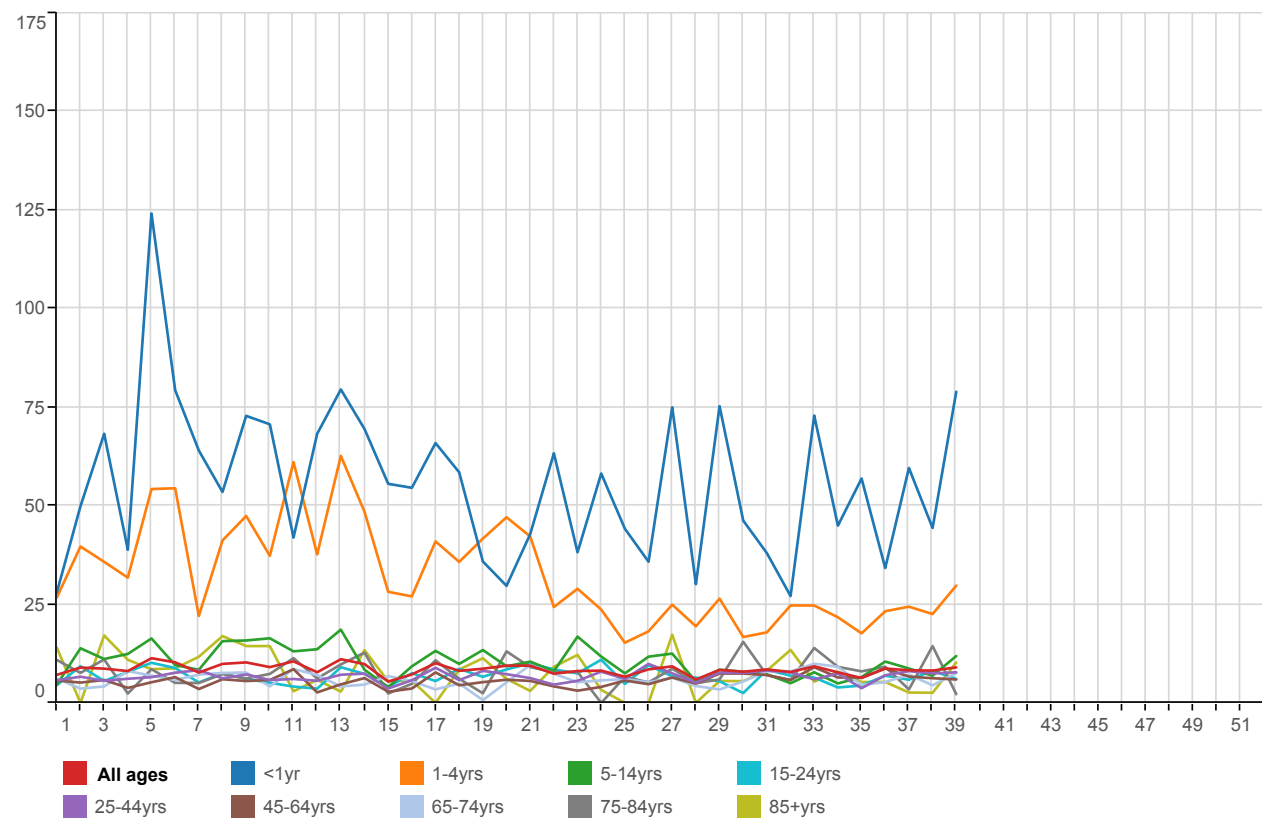
(A) Influenza-like illness: national incidence rate summer 2017*



(B) Allergic Rhinitis: national incidence rate summer 2017*



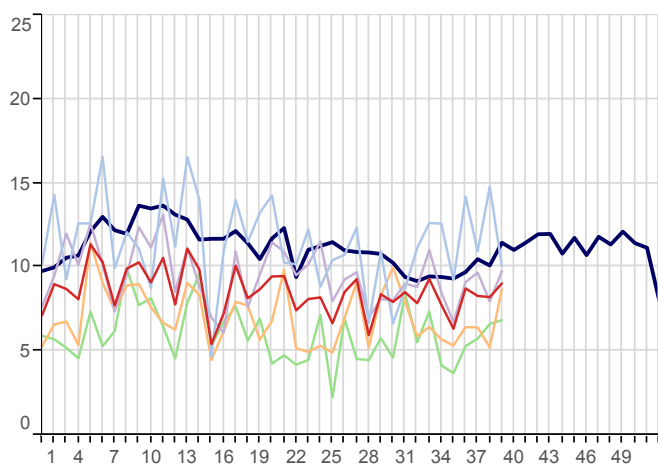
* The thresholds used are the agreed RCGP/ Public Health England levels for 2016. The rolling average line (blue) is based on 5 year historic RCGP RSC level.

(C) Common Cold : national incidence rate 2017 by age group***(D) Infectious Intestinal Diseases : national incidence rate 2017 by age group***

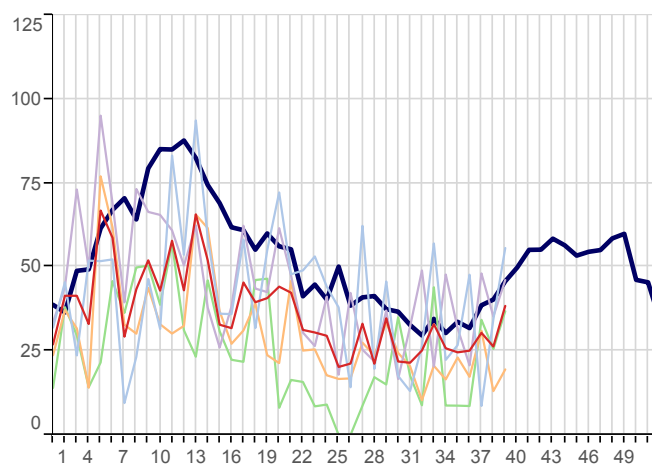
1. Water & Food Borne Disorders:

5yr Avg National London North South Midlands And East

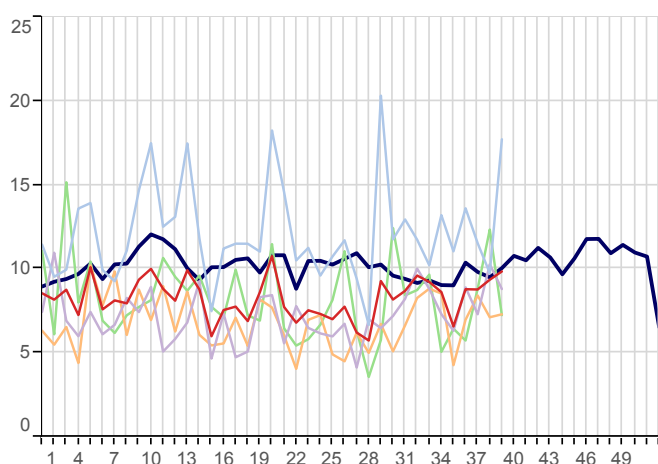
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **all ages**) by regions
for 2017 compared with 5 year average



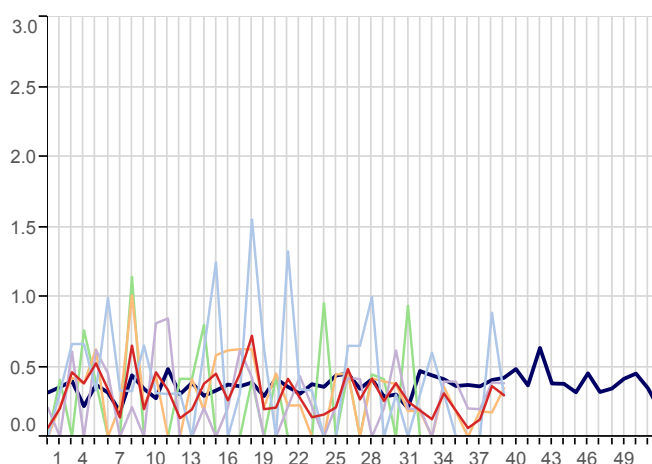
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **0-4 years**) by regions
for 2017 compared with 5 year average



Non-Infective Enteritis & Colitis (ICD10: K50-K52)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



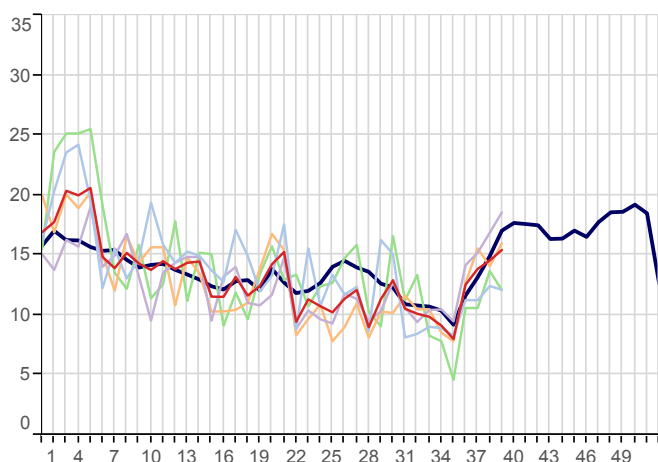
Viral Hepatitis (ICD10: B15-B19)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



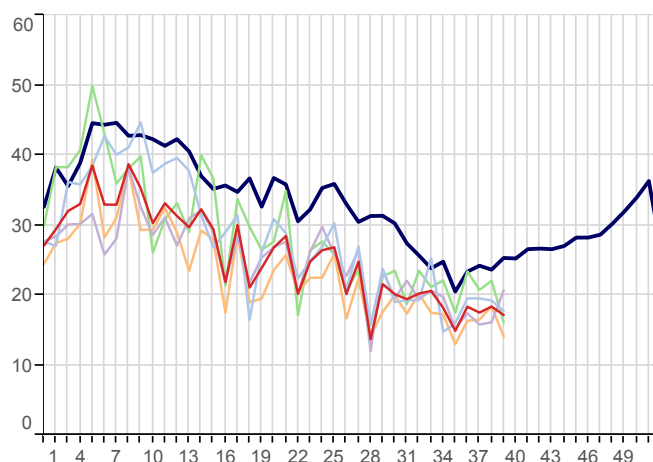
2. Environmentally Sensitive Disorders:

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

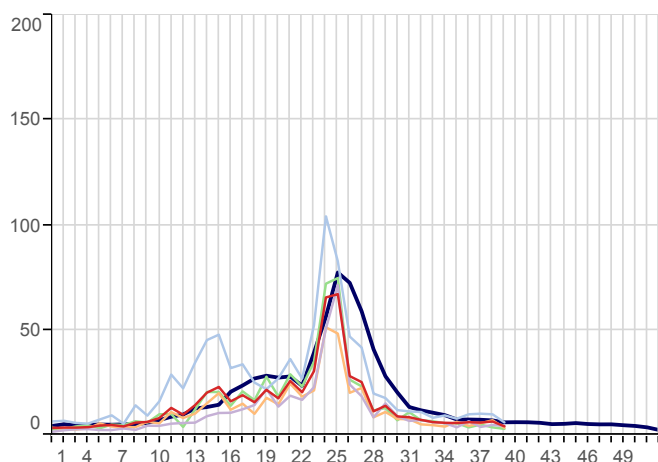
Asthma (ICD10: J45-J46)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



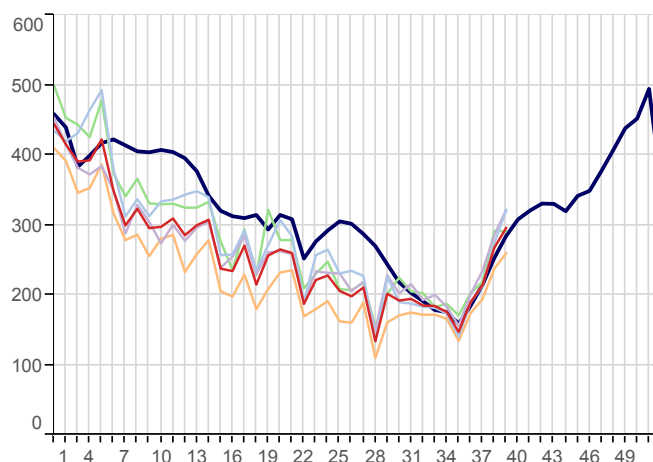
Disorders of Conjunctiva (ICD10: H10-H13)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Hayfever/Allergic Rhinitis (ICD10: J30)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



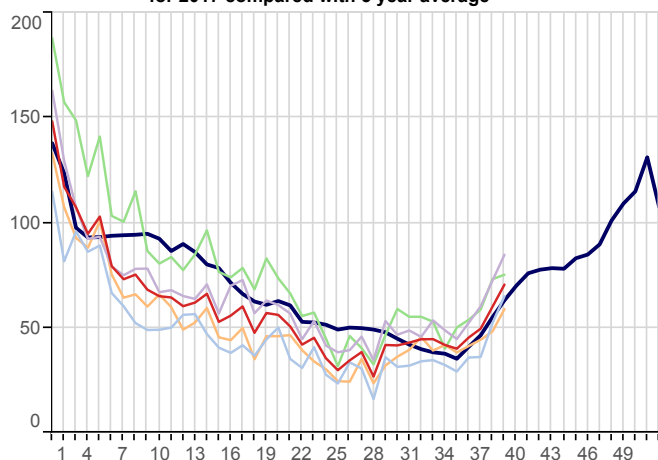
Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



3. Respiratory Infections:

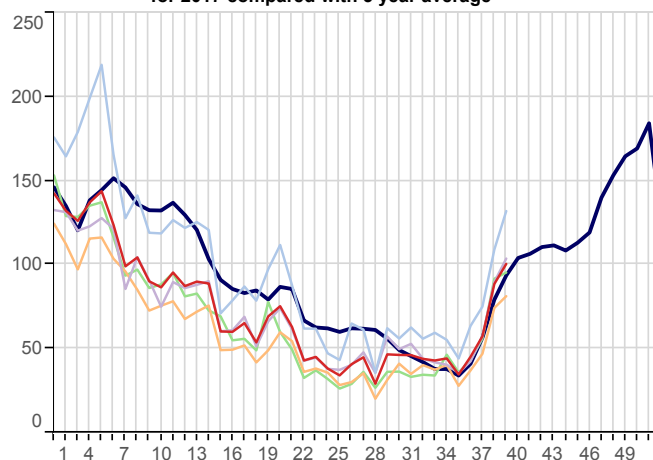
5yr Avg National London North

Acute Bronchitis (ICD10: J20-J21,J40)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

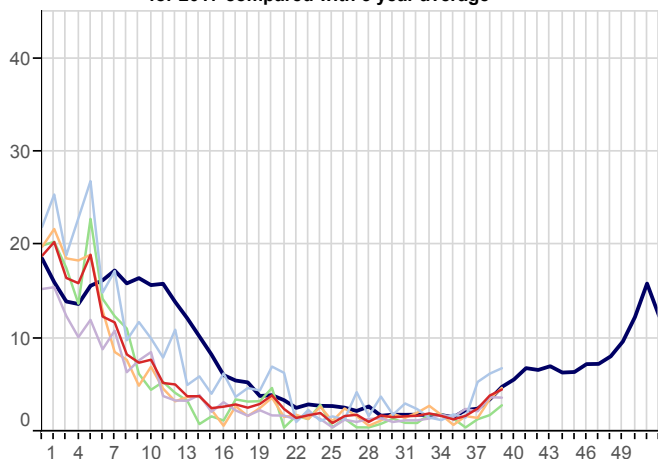


South Midlands And East

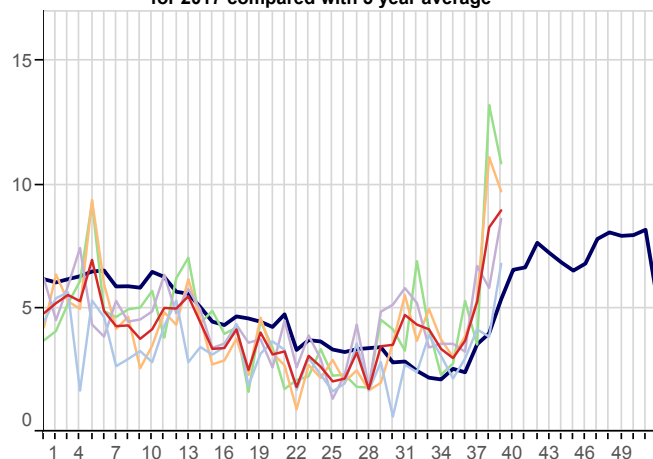
Common Cold (ICD10: J00,J06)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



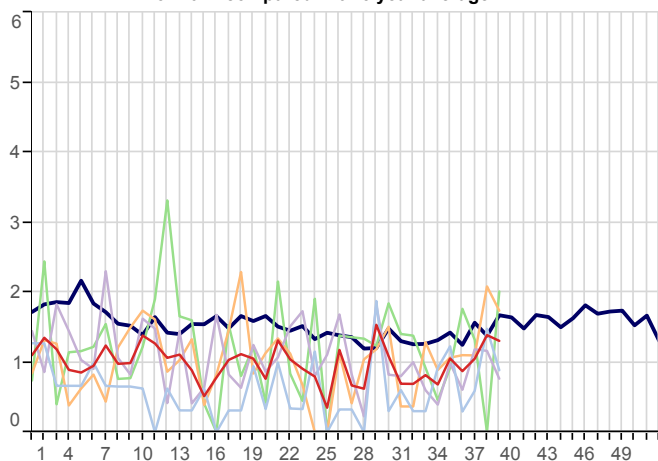
Influenza-Like Illness (ICD10: J09-J11)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



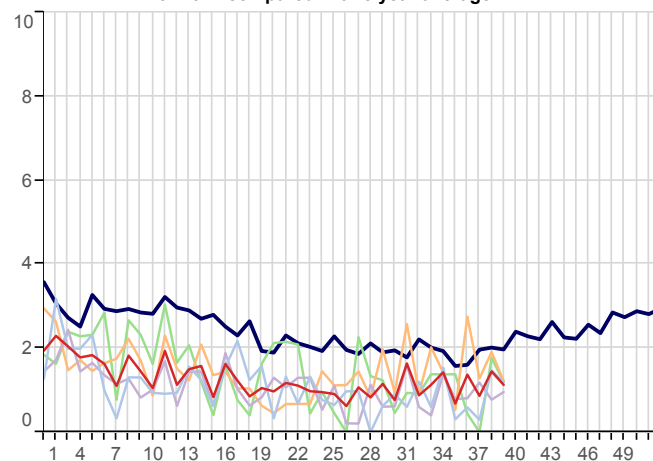
Acute Laryngitis/Tracheitis (ICD10: J04)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Pleurisy (ICD10: R091)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



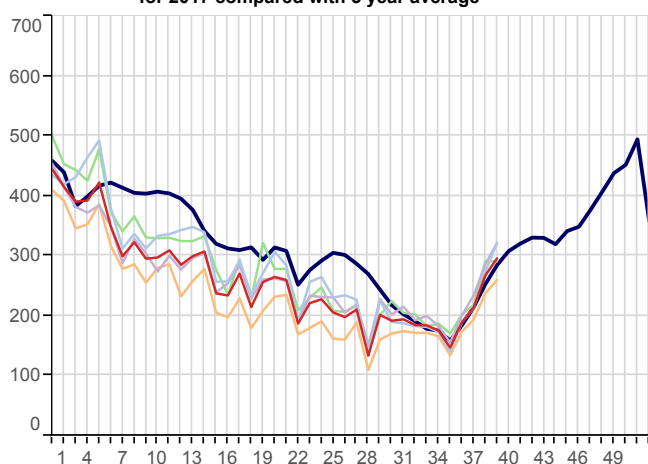
Pneumonia/Pneumonitis (ICD10: J12-J18)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



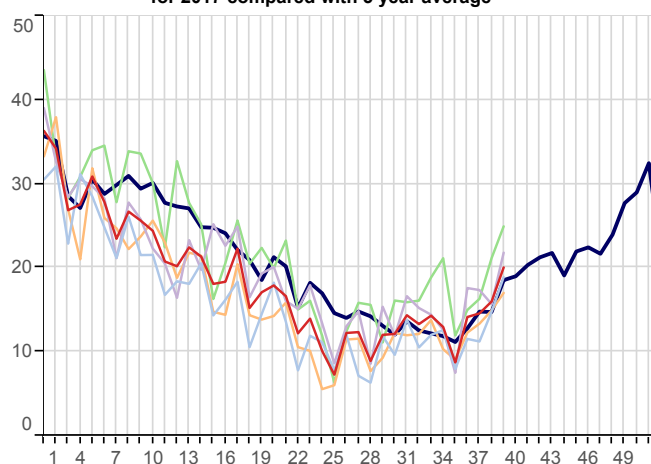
3. Respiratory Infections(Continued):

5yr Avg National London North South Midlands And East

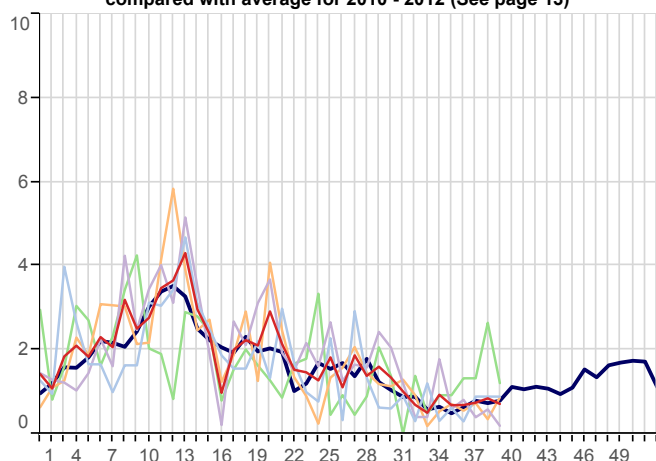
Respiratory System Diseases (ICD10: J00-J99)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



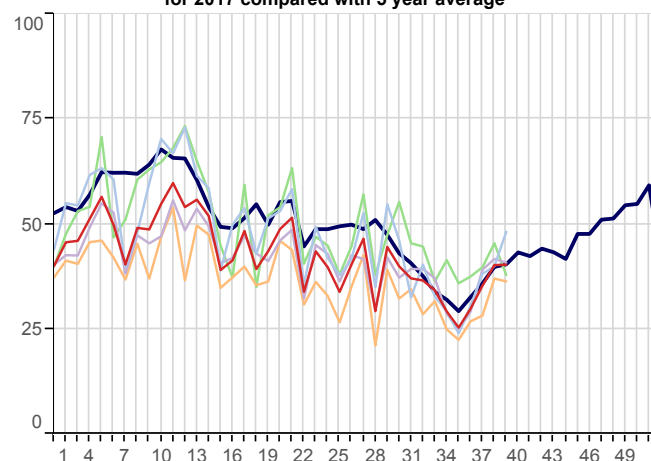
Acute Sinusitis (ICD10: J01)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



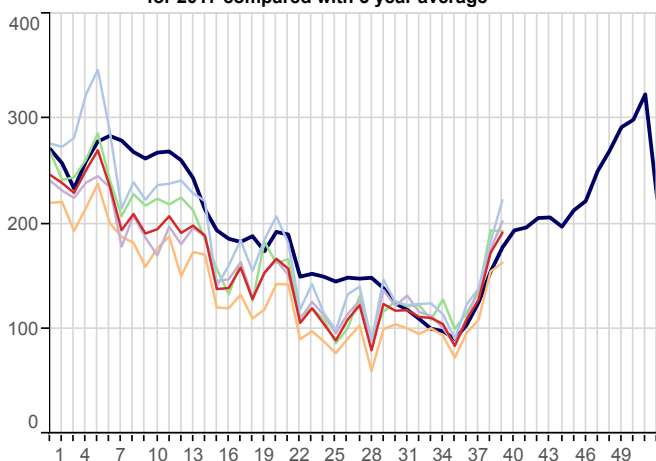
Strep Sore Throat, Scarletina and Peritonsillar Abscess (ICD10: A38,J020,J36)
Weekly incidence (per 100,000 all ages) by region for 2015
compared with average for 2010 - 2012 (See page 13)



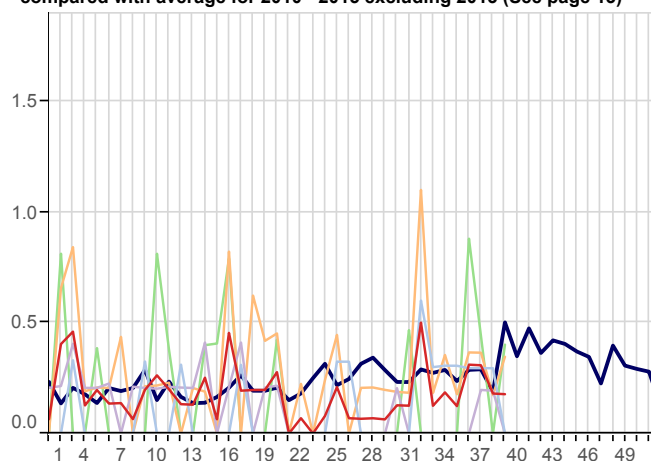
Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



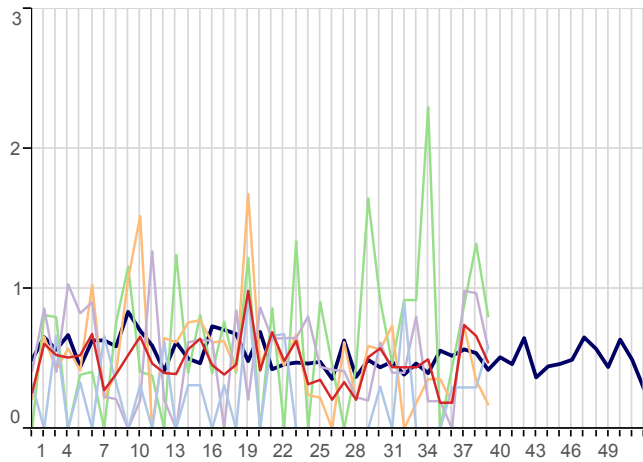
Whooping Cough (ICD10: A37)
Weekly incidence (per 100,000 all ages) by region for 2015
compared with average for 2010 - 2015 excluding 2013 (See page 13)



3. Respiratory Infections(Continued):

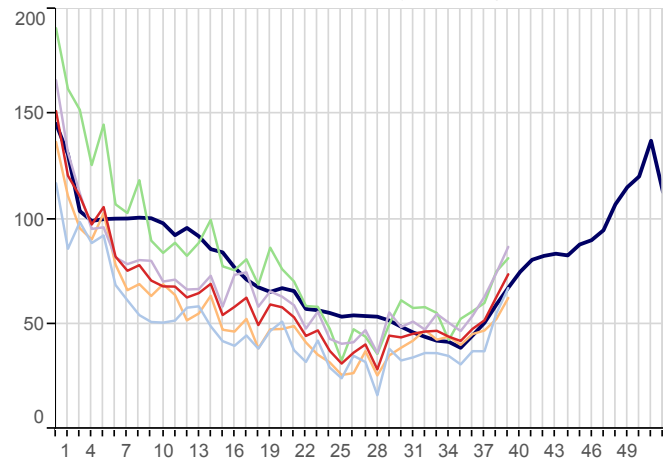
5yr Avg National London North

Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

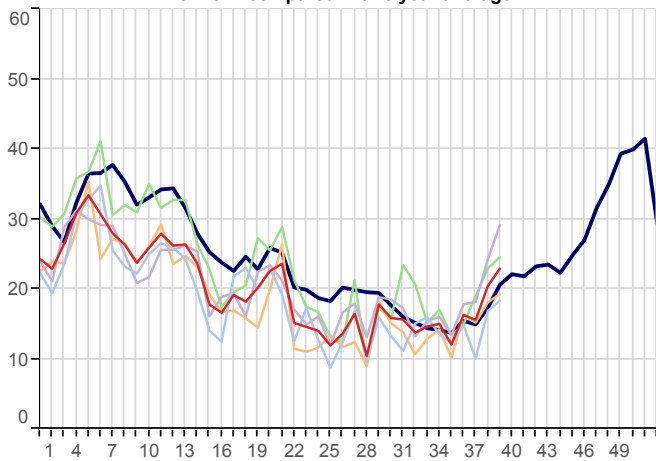


South Midlands And East

Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



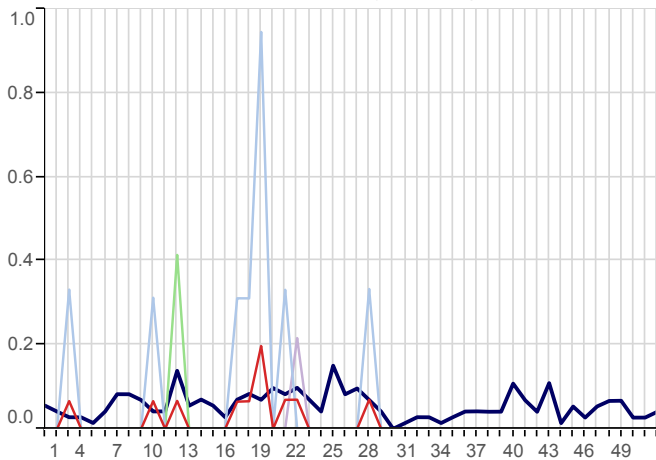
Acute Otitis Media (ICD10: H650-H651,H660,H669)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



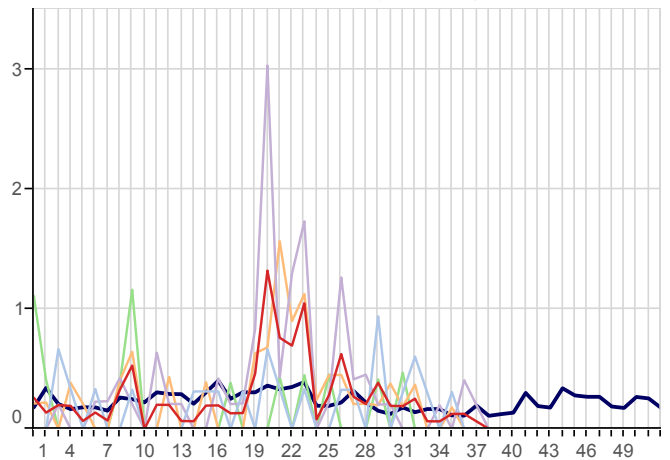
4. Vaccine Sensitive Disorders

5yr Avg National London North South Midlands And East

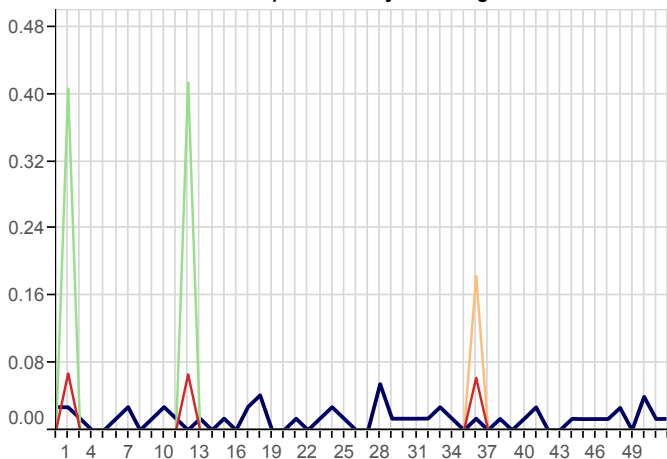
Measles (ICD10: B05)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Mumps (ICD10: B26)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

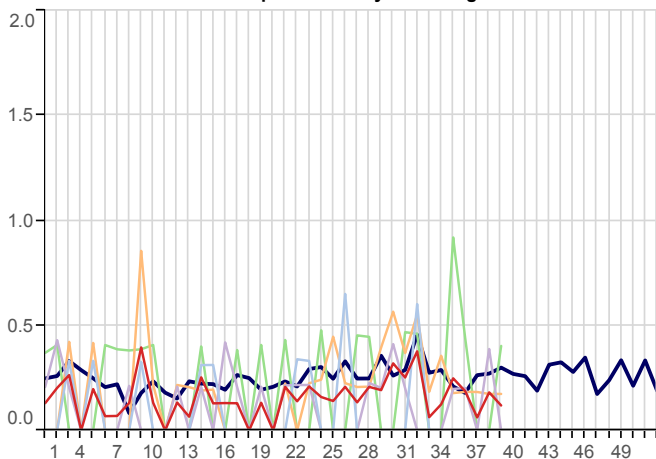


Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

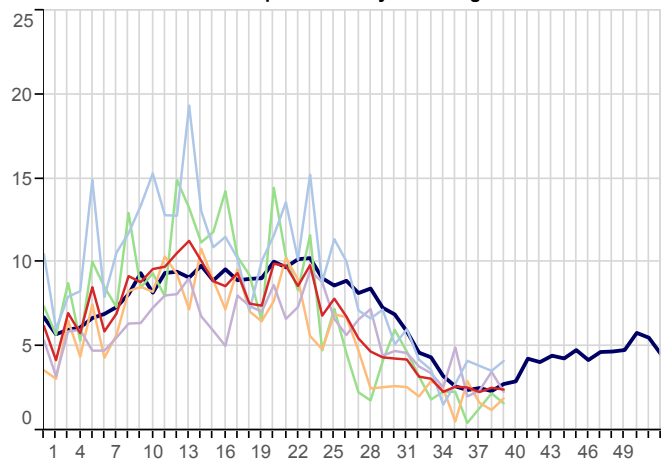


5. Skin Contagions

Bullous Dermatoses (ICD10: L10-L14)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



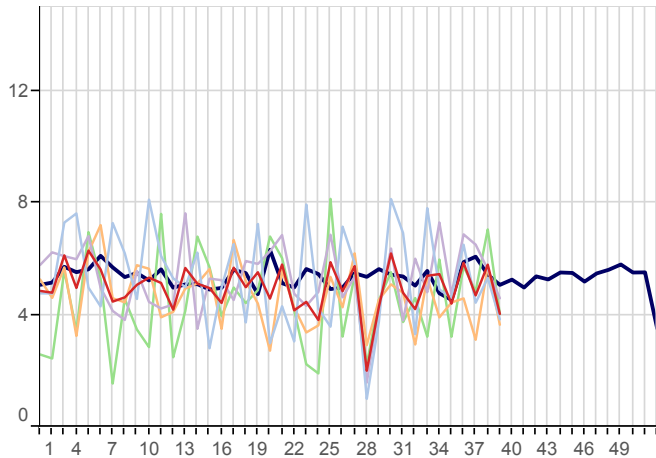
Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



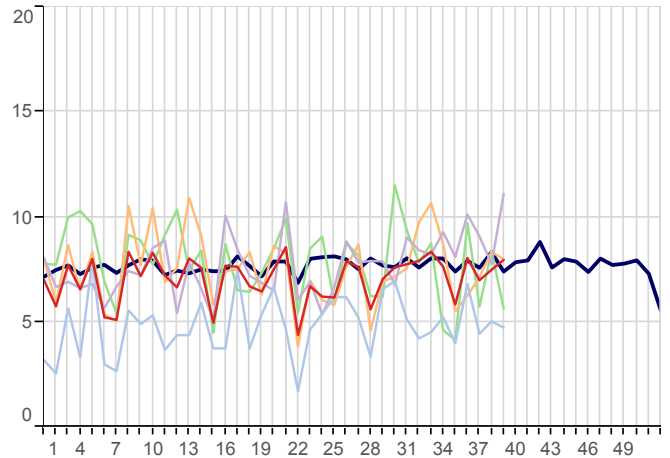
5. Skin Contagions (Continued)

5yr Avg National London North South Midlands And East

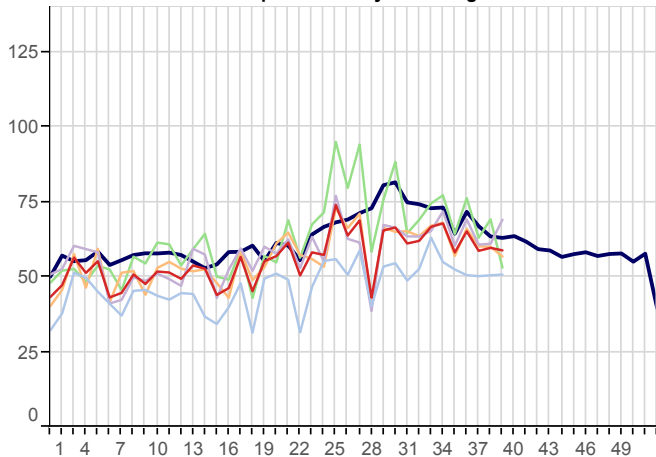
Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



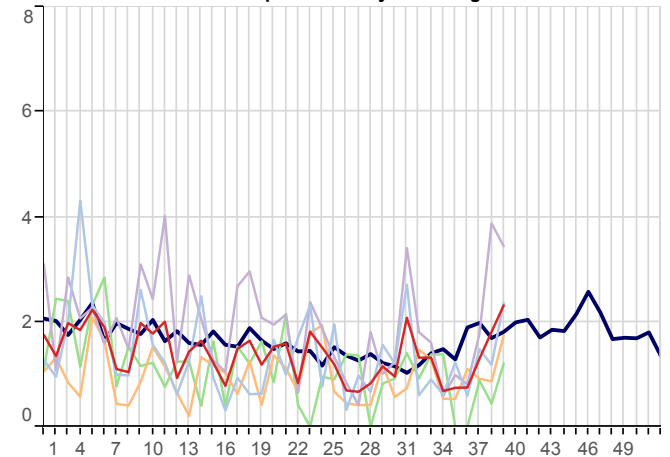
Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



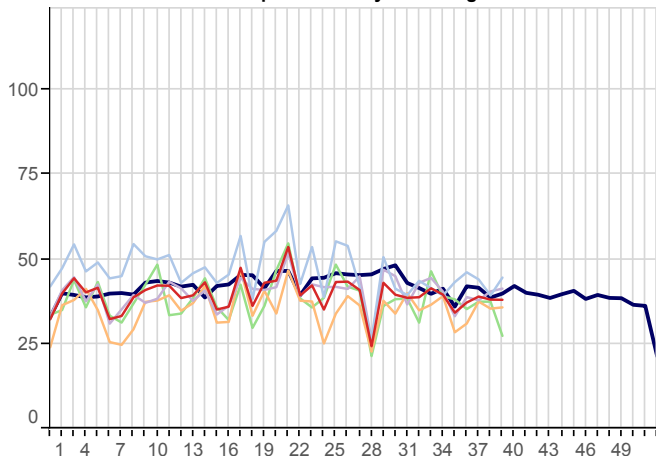
Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



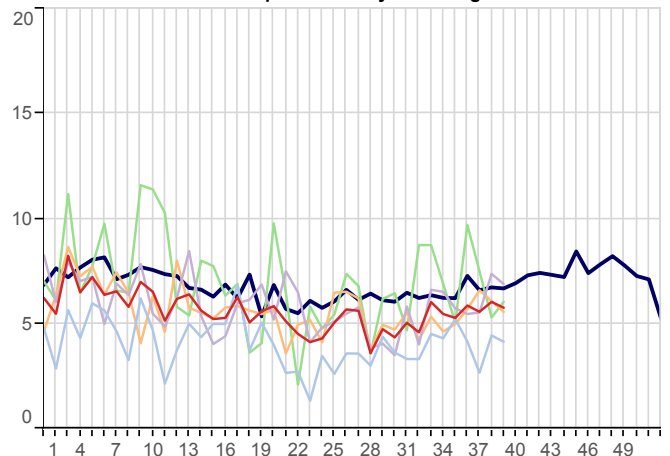
Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



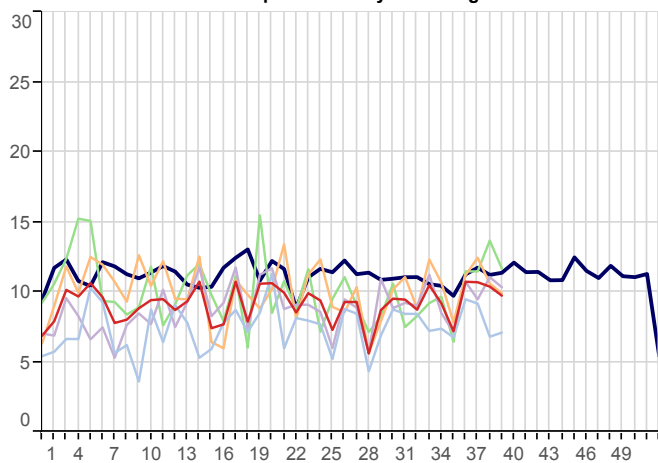
Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



6. Disorders Affecting the Nervous System

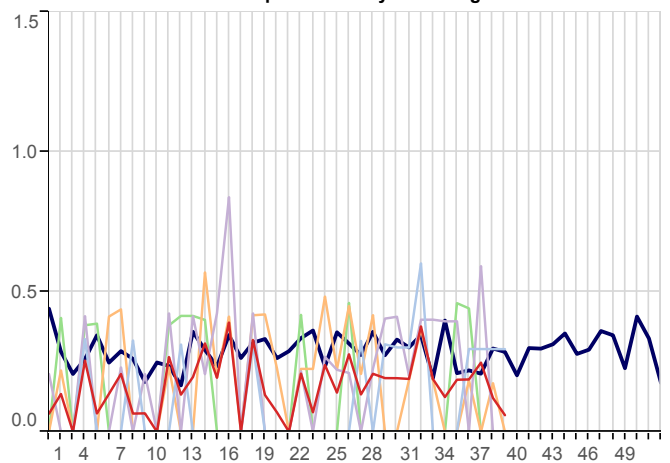
5yr Avg National London North

Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

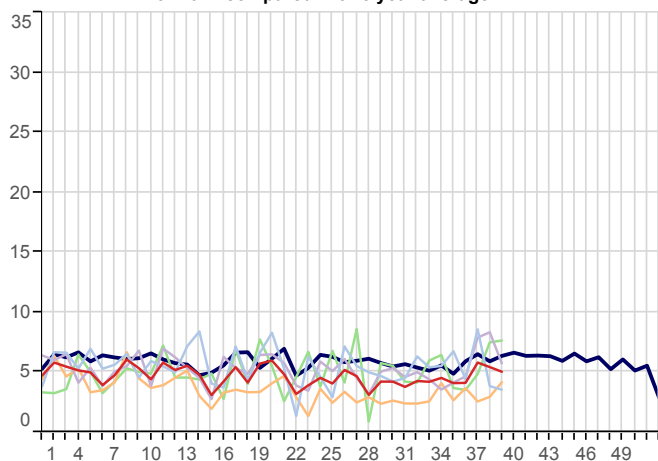


South Midlands And East

Meningitis/Encephalitis (ICD10: A170-A171, A390, A38-A85, A87, G00-G05)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

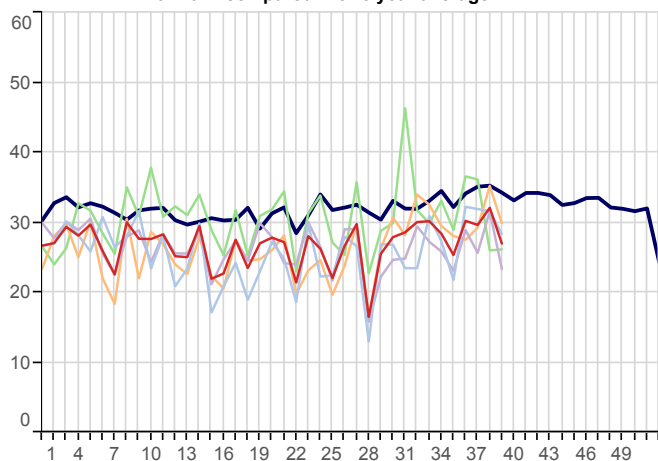


Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



7. Genitourinary System Disorders

Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



8. Tabular Summary by Disease

| Disease Name | Week beginning Week ending | 25/09/2017 01/10/2017 | | 18/09/2017 24/09/2017 | | 11/09/2017 17/09/2017 | | 04/09/2017 10/09/2017 | |
|--|-------------------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|
| | | Rate | Numer | Rate | Numer | Rate | Numer | Rate | Numer |
| Acute Bronchitis | | 70.5 | 1,189 | 60.0 | 995 | 49.5 | 802 | 45.3 | 727 |
| Allergic Rhinitis | | 4.0 | 68 | 6.3 | 105 | 5.8 | 94 | 6.0 | 96 |
| Asthma | | 15.4 | 260 | 14.5 | 241 | 13.8 | 224 | 12.5 | 201 |
| Bullous Dermatoses | | 0.1 | 2 | 0.2 | 3 | 0.1 | 1 | 0.2 | 3 |
| Chickenpox | | 2.4 | 41 | 2.5 | 42 | 2.3 | 37 | 2.6 | 41 |
| Common Cold | | 100.5 | 1,694 | 88.6 | 1,468 | 57.4 | 929 | 45.2 | 725 |
| Conjunctival Disorders | | 17.1 | 289 | 18.3 | 304 | 17.5 | 283 | 18.3 | 294 |
| Herpes Simplex | | 4.0 | 68 | 5.8 | 96 | 4.7 | 76 | 5.9 | 94 |
| Herpes Zoster | | 7.9 | 134 | 7.5 | 124 | 7.0 | 113 | 8.0 | 129 |
| Impetigo | | 5.8 | 97 | 6.0 | 100 | 5.6 | 90 | 5.9 | 94 |
| Infectious Mononucleosis | | 0.5 | 8 | 0.7 | 11 | 0.7 | 12 | 0.2 | 3 |
| Influenza-like illness | | 4.5 | 76 | 3.9 | 64 | 2.5 | 40 | 1.7 | 27 |
| Infectious Intestinal Diseases | | 9.0 | 152 | 8.2 | 136 | 8.3 | 134 | 8.7 | 140 |
| Laryngitis and Tracheitis | | 9.0 | 151 | 8.3 | 137 | 5.3 | 85 | 3.7 | 59 |
| Lower Respiratory Tract Infections | | 73.6 | 1,241 | 62.7 | 1,040 | 51.6 | 836 | 47.6 | 764 |
| Measles | | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 |
| Meningitis and Encephalitis | | 0.1 | 1 | 0.1 | 2 | 0.2 | 4 | 0.2 | 3 |
| Mumps | | 0.0 | 0 | 0.0 | 0 | 0.1 | 1 | 0.1 | 2 |
| Non-infective Enteritis and Colitis | | 9.8 | 166 | 9.4 | 155 | 8.8 | 142 | 8.8 | 141 |
| Otitis Media Acute | | 22.9 | 386 | 20.4 | 338 | 15.6 | 252 | 16.3 | 261 |
| Peripheral Nervous Disease | | 9.7 | 164 | 10.4 | 172 | 10.7 | 173 | 10.7 | 172 |
| Pleurisy | | 1.3 | 22 | 1.4 | 23 | 1.1 | 17 | 0.9 | 14 |
| Pneumonia and Pneumonitis | | 1.1 | 19 | 1.4 | 24 | 0.9 | 14 | 1.4 | 22 |
| Respiratory System Diseases | | 295.9 | 4,988 | 267.3 | 4,431 | 213.8 | 3,461 | 189.4 | 3,039 |
| Rubella | | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.1 | 1 |
| Scabies | | 2.3 | 39 | 1.8 | 30 | 1.3 | 21 | 0.7 | 12 |
| Sinusitis | | 20.0 | 338 | 16.0 | 265 | 14.6 | 236 | 14.1 | 227 |
| Skin and Subcutaneous Tissue Infections | | 58.8 | 992 | 59.7 | 989 | 58.7 | 950 | 65.2 | 1,046 |
| Strep Throat and Peritonsillar Abscess | | 0.7 | 12 | 0.8 | 14 | 0.7 | 12 | 0.7 | 11 |
| Symptoms involving musculoskeletal | | 5.0 | 85 | 5.4 | 90 | 5.8 | 94 | 4.1 | 66 |
| Symptoms involving Respiratory and Chest | | 19.5 | 329 | 18.0 | 298 | 17.1 | 277 | 17.7 | 284 |
| Symptoms involving Skin and Integument Tissues | | 38.0 | 641 | 38.1 | 631 | 39.0 | 631 | 37.2 | 597 |
| Tonsillitis and acute Pharyngitis | | 40.3 | 679 | 40.2 | 666 | 35.3 | 571 | 29.8 | 478 |
| Upper Respiratory Tract Infections | | 191.4 | 3,226 | 172.1 | 2,852 | 127.7 | 2,067 | 108.8 | 1,745 |
| Urinary Tract Infections | | 27.0 | 455 | 32.1 | 532 | 29.6 | 480 | 30.2 | 485 |
| Viral Hepatitis | | 0.3 | 5 | 0.4 | 6 | 0.1 | 2 | 0.1 | 1 |
| Whooping Cough | | 0.2 | 3 | 0.2 | 3 | 0.3 | 5 | 0.3 | 5 |
| Practice Count | | 164 | | 162 | | 159 | | 158 | |
| Denom | | 1,685,847 | | 1,657,477 | | 1,618,960 | | 1,604,530 | |

FURTHER INFORMATION:

About the report

Summer focus

The first two pages of data within this report focus on the weekly incidence rates of Influenza-Like Illness, Allergic Rhinitis, Common Cold, and Infectious Intestinal Diseases.

Rate calculation

Each weekly incidence rate is presented per 100,000 population. All presentations are for males and females, and for all age groups, 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. 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 the five-year average, calculated from data for the calendar years 2011-2015. 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.

For two diseases, years with exceptionally high incidence have been excluded from the averages: for Whooping Cough, data from 2012 has been excluded; for Strep Sore Throat, Scarletina and Peritonsillar Abscess, data from 2013 and 2014 have been excluded so that similar rates in the future will appear as exceptional rather than normal in 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. 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.

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 Public Health England. 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. For ease of graphical representation, the final threshold (Very High) is not included in Graph A, page 2.

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

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, relevance 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 in the Section of Clinical Medicine and Ageing at the University of Surrey.

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

<http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx>

Our data extraction process and information governance

Data are extracted twice weekly from practice systems by Apollo Medical Software Solutions 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 in the Section of Clinical Medicine and Ageing at the University of Surrey. Both Apollo and the University of Surrey 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 Public Health England. The bulletin can be found at the following URL:

<https://www.gov.uk/government/publications/syndromic-surveillance-summary>

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

<http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx>

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:

RCGP Research & Surveillance Centre
CIRC, First floor
30 Euston Square
London NW1 2FB
Tel: +44 (0)203 188 7690

RCGP Research & Surveillance Centre
University of Surrey
Section of Clinical Medicine and Ageing
GUILDFORD
GU2 7XH
Tel: +44 (0)1483 684802

Medical Director: Professor Simon de Lusignan
MedicalDirectorRSC@rcgp.org.uk

Practice Liaison Officer: Ivelina Yonova
i.yonova@surrey.ac.uk
Tel: +44 (0)1483 682758

