RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year: 43/2018
Week Starting - Ending: 22/10/2018 - 28/10/2018
No. of Practices: 194
Population: 2004196

National (England)
- **Acute Bronchitis**: decreased a little from 68.7 in week 42 to 66.3 in week 43.
- **Asthma**: was unchanged at 14.2 in week 42 compared with 14.5 in week 43.
- **Common Cold**: was unchanged at 84.1 in week 42 compared with 84.8 in week 43.
- **Influenza-Like illness**: decreased from 4.5 in week 42 to 3.6 in week 43.
- **Respiratory System Diseases**: decreased a little from 263.4 in week 42 to 253.5 in week 43.

Regional (London, North, South and Midlands And East)
- **Acute Bronchitis**: increased a little from 50.7 in week 42 to 53.1 in week 43 in the London region, decreased from 94.0 in week 42 to 87.5 in week 43 in the North region, decreased from 60.0 in week 42 to 53.4 in week 43 in the South region, and increased from 62.9 in week 42 to 72.2 in week 43 in the Midlands And East region.
- **Asthma**: decreased from 15.0 in week 42 to 11.2 in week 43 in the London region, was unchanged at 15.1 in week 42 compared with 15.3 in week 43 in the North region, increased from 12.8 in week 42 to 15.3 in week 43 in the South region, and increased from 14.4 in week 42 to 15.3 in week 43 in the Midlands And East region.
- **Common Cold**: increased from 103.8 in week 42 to 122.4 in week 43 in the London region, decreased from 94.0 in week 42 to 82.7 in week 43 in the North region, increased from 68.8 in week 42 to 63.0 in week 43 in the South region, and increased from 73.5 in week 42 to 91.0 in week 43 in the Midlands And East region.
- **Influenza-Like illness**: decreased from 5.5 in week 42 to 4.0 in week 43 in the London region, increased from 2.9 in week 42 to 3.7 in week 43 in the North region, decreased from 4.8 in week 42 to 3.2 in week 43 in the South region, and decreased from 5.8 in week 42 to 3.8 in week 43 in the Midlands And East region.
- **Respiratory System Diseases**: increased a little from 258.8 in week 42 to 269.4 in week 43 in the London region, decreased from 308.3 in week 42 to 279.3 in week 43 in the North region, decreased from 231.9 in week 42 to 212.9 in week 43 in the South region, and increased from 254.2 in week 42 to 278.0 in week 43 in the Midlands And East region.

Comment:

Presentations of many respiratory and other conditions have decreased this week and are in line with those anticipated at this time of year.
Please see page 13 for explanatory notes on the data.

(A) Influenza-like illness: incidence rate winter 2018/19*

(B) RCGP/PHE RSV and Influenza Virology Swab Surveillance 2018/19(all ages, gender & regions combined)*

* The thresholds used are the agreed RCGP/ Public Health England levels for 2018/19. The rolling average line(blue) is based on 5 year historic RCGP RSC level.
(C) Influenza-like illness: national incidence rate 2018/2019 by age group

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

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<td>5.80</td>
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<td>All ages</td>
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<td>3.90</td>
<td>4.50</td>
<td>3.60</td>
<td>3.30</td>
<td>2.90</td>
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<td>0.10</td>
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### Table 2

<table>
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<th>Threshold levels</th>
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<td>Below baseline threshold</td>
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</tbody>
</table>

| <15yrs | 0-14 | <10.8 | 10.0 to <16.5 | 16.5 to <50.4 | 50.4 to <82.4 | 82.4+ |
| 15-64yrs | 0-14 | <14.6 | 14.6 to <28.9 | 28.9 to <69.6 | 69.6 to <102.7 | 102.7+ |
| 65+yrs | 0-14 | <11.7 | 11.7 to <17.4 | 17.6 to <43.6 | 43.6 to <65.1 | 65.1+ |
| All Ages | 0-14 | <13.1 | 13.1 to <24.7 | 24.7 to <72.1 | 72.1 to <115.6 | 115.6+ |

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

<table>
<thead>
<tr>
<th>Influenza-like illness</th>
<th>Acute Bronchitis</th>
</tr>
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<td>&lt;1yr</td>
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<td>15-24yrs</td>
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<td>53.2</td>
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<td>65-74yrs</td>
<td>101.7</td>
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<tr>
<td>75-84yrs</td>
<td>150.4</td>
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<tr>
<td>85+yrs</td>
<td>249.6</td>
</tr>
<tr>
<td>All ages</td>
<td>66.3</td>
</tr>
</tbody>
</table>
**E) Acute Bronchitis: national incidence rate 2018/2019 by age group**

**Weekly Influenza-like illness and Acute Bronchitis incidence rates per 100,000 persons**

<table>
<thead>
<tr>
<th>Influenza-like illness</th>
<th>Acute Bronchitis</th>
</tr>
</thead>
<tbody>
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<td>5-14 yrs</td>
<td>0.4</td>
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<tr>
<td>15-64 yrs</td>
<td>4.4</td>
</tr>
<tr>
<td>65+ yrs</td>
<td>2.3</td>
</tr>
<tr>
<td>All ages</td>
<td>3.6</td>
</tr>
</tbody>
</table>
1. Water & Food Borne Disorders:

**Infectious Intestinal Disease (ICD10: A00-A09)**
Weekly incidence (per 100,000 all ages) by regions for 2018/19 compared with 5 year average

**Non-Infective Enteritis & Colitis (ICD10: K50-K52)**
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

**Viral Hepatitis (ICD10: B15-B19)**
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average
2. Environmentally Sensitive Disorders:

- **Asthma (ICD10: J45-J46)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

- **Disorders of Conjunctiva (ICD10: H10-H13)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

- **Hayfever/Allergic Rhinitis (ICD10: J30)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

- **Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average
3. Respiratory Infections:

Acute Bronchitis (ICD10: J20-J21,J40)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Influenza-Like Illness (ICD10: J09-J11)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Acute Laryngitis/Tracheitis (ICD10: J04)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Common Cold (ICD10: J00,J06)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Pneumonia/Pneumonitis (ICD10: J12-J18)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Pleurisy (ICD10: R091)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

NATIONAL
LONDON
SOUTH
MIDLANDS AND EAST

5yr Avg National London North South Midlands And East

Acute Bronchitis (ICD10: J20-J21,J40)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Influenza-Like Illness (ICD10: J09-J11)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Acute Laryngitis/Tracheitis (ICD10: J04)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Common Cold (ICD10: J00,J06)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Pneumonia/Pneumonitis (ICD10: J12-J18)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Pleurisy (ICD10: R091)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

5 y r A v g (G r a p h s s h o w p r o v is io n a l ra te f o r th e  la te s t w e e k p lu s c o n firm e d f o r p re v io u s  w e e k s .)
3. Respiratory Infections (Continued):

- **Acute Sinusitis (ICD10: J01)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

- **Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 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 2018/19 compared with 5 year average

- **Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

- **Whooping Cough (ICD10: A37)**
  - Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average
3. Respiratory Infections (Continued):

Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average

Acute Otitis Media (ICD10: H650-H651,H660,H669)
Weekly incidence (per 100,000 all ages) by region for 2018/19 compared with 5 year average
4. Vaccine Sensitive Disorders

Bullous Dermooses (ICD10: L10-L14)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Mumps (ICD10: B36)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

5. Skin Contagions

Bullous Dermatoses (ICD10: L10-L14)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average
5. Skin Contagions (Continued)

Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average

Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region
for 2018/19 compared with 5 year average
6. Disorders Affecting the Nervous System

Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region for 2018/19 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 2018/19 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 2018/19 compared with 5 year average
### 8. Tabular Summary by Disease

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Week beginning</th>
<th>Week ending</th>
<th>22/10/2018</th>
<th>23/10/2018</th>
<th>15/10/2018</th>
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<th>09/10/2018</th>
<th>01/10/2018</th>
<th>02/10/2018</th>
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<td>1,277</td>
<td>66.6</td>
<td>1,355</td>
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<td>4.5</td>
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<td>26</td>
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<td>27</td>
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<td>350</td>
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About the report

Winter focus

The first two pages of data within this report focus on Influenza-Like Illness, in order to provide information about the on set of seasonal influenza and early warning 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 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. 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 the five-year average, calculated from data for the calendar years 2013-2017. 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. 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 three age bands: those aged under 15, 15-64 year olds and those aged 65 and over. ILI incidence rates vary among different age groups, and the age-specific thresholds allow us to highlight epidemics where ILI disproportionately affects a particular age group.

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, but it is part of Table 3, page 3.

Both the all-ages thresholds and the age-specific thresholds are shown in Table 2, page 3. Ten years of data were used for all-ages and age-specific thresholds calculation (winter seasons 2005/06- 2015/16 excluding 2009/10).
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 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/rsc

Our data extraction process and information governance

Data are extracted twice weekly from practice systems by Wellbeing data management 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 Wellbeing data management 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:

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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