

RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year..... 23/2023
 Week Starting - Ending..... 05/06/2023 - 11/06/2023
 No. of Practices..... 1,104
 Population..... 9,816,349

National (England)

- **Acute Bronchitis** : increased from 5.9 in week 22 to 6.3 in week 23.
- **Asthma** : increased from 6.3 in week 22 to 9.5 in week 23.
- **Common Cold** : increased from 1.5 in week 22 to 1.7 in week 23.
- **Influenza-like illness** : increased from 1.1 in week 22 to 1.4 in week 23.
- **Respiratory System Diseases** : increased from 220.8 in week 22 to 301.1 in week 23.
- **COVID-19** : decreased from 8.3 in week 22 to 8.0 in week 23.

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

- **Acute Bronchitis** : increased from 2.7 in week 22 to 3.7 in week 23 in the London region, increased from 7.4 in week 22 to 9.5 in week 23 in the North region, increased from 5.0 in week 22 to 5.8 in week 23 in the South region, and decreased from 8.4 in week 22 to 6.8 in week 23 in the Midlands And East region.
- **Asthma** : increased from 5.3 in week 22 to 8.6 in week 23 in the London region, increased from 6.8 in week 22 to 9.9 in week 23 in the North region, increased from 7.5 in week 22 to 10.6 in week 23 in the South region, and increased from 5.5 in week 22 to 8.7 in week 23 in the Midlands And East region.
- **Common Cold** : decreased from 2.4 in week 22 to 1.9 in week 23 in the London region, increased from 1.3 in week 22 to 1.6 in week 23 in the North region, was unchanged at 1.1 in week 22 and 1.1 in week 23 in the South region, and increased from 1.3 in week 22 to 2.1 in week 23 in the Midlands And East region.
- **Influenza-like illness** : increased from 1.6 in week 22 to 2.0 in week 23 in the London region, increased from 0.9 in week 22 to 1.3 in week 23 in the North region, increased from 1.0 in week 22 to 1.3 in week 23 in the South region, and increased from 0.9 in week 22 to 1.0 in week 23 in the Midlands And East region.
- **Respiratory System Diseases** : increased from 175.2 in week 22 to 251.4 in week 23 in the London region, increased from 267.3 in week 22 to 349.6 in week 23 in the North region, increased from 211.0 in week 22 to 306.5 in week 23 in the South region, and increased from 228.7 in week 22 to 303.4 in week 23 in the Midlands And East region.
- **COVID-19** : decreased from 6.5 in week 22 to 6.2 in week 23 in the London region, decreased from 7.7 in week 22 to 7.4 in week 23 in the North region, decreased from 9.7 in week 22 to 9.4 in week 23 in the South region, and decreased from 8.9 in week 22 to 8.8 in week 23 in the Midlands And East region.

Comment:

Overall presentations with respiratory infections have increased this week in-line with the seasonal uptick for this time of year and are below the seasonal average. Rates of allergic rhinitis have increased and remain close to the seasonal norm (Page 7). Rates of COVID-19 have continued to decrease and are at low levels in all regions and age bands.

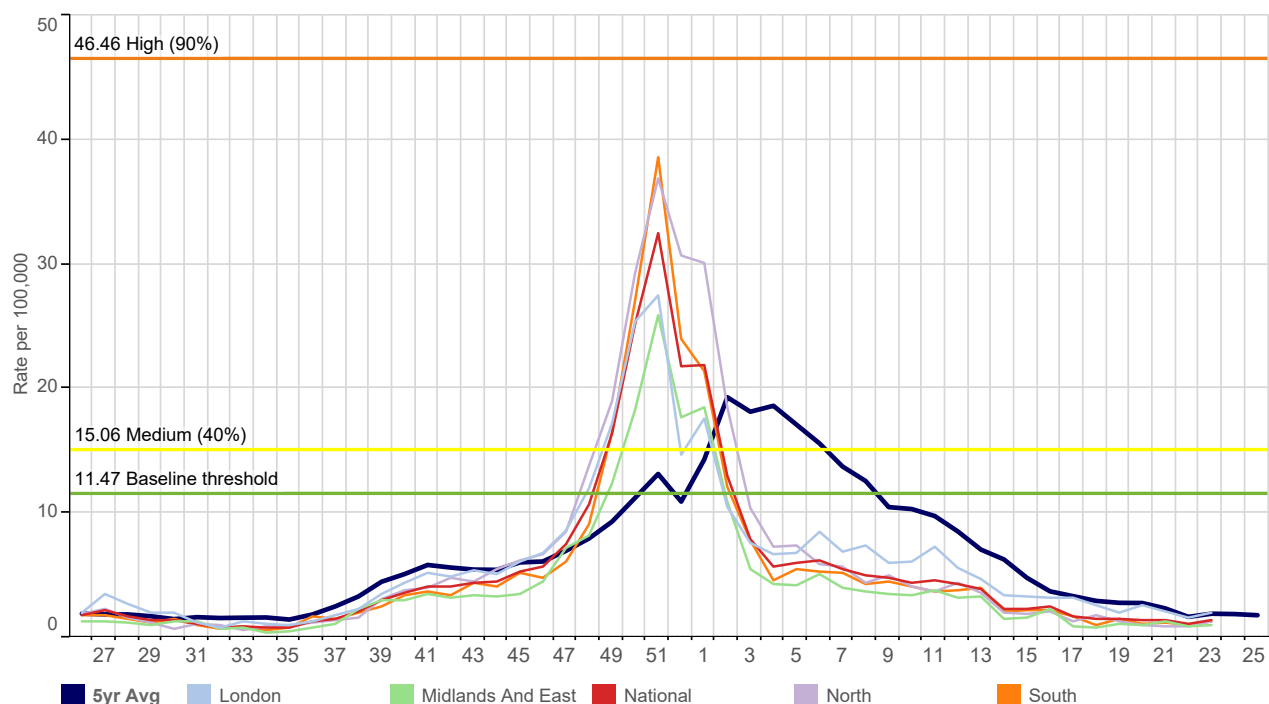
Presentations with scabies have increased and are above the seasonal average, particularly in the North and London regions (page 12).

This report includes a virology update. SARS-CoV-2, influenza and RSV are the predominant circulating viruses detected.

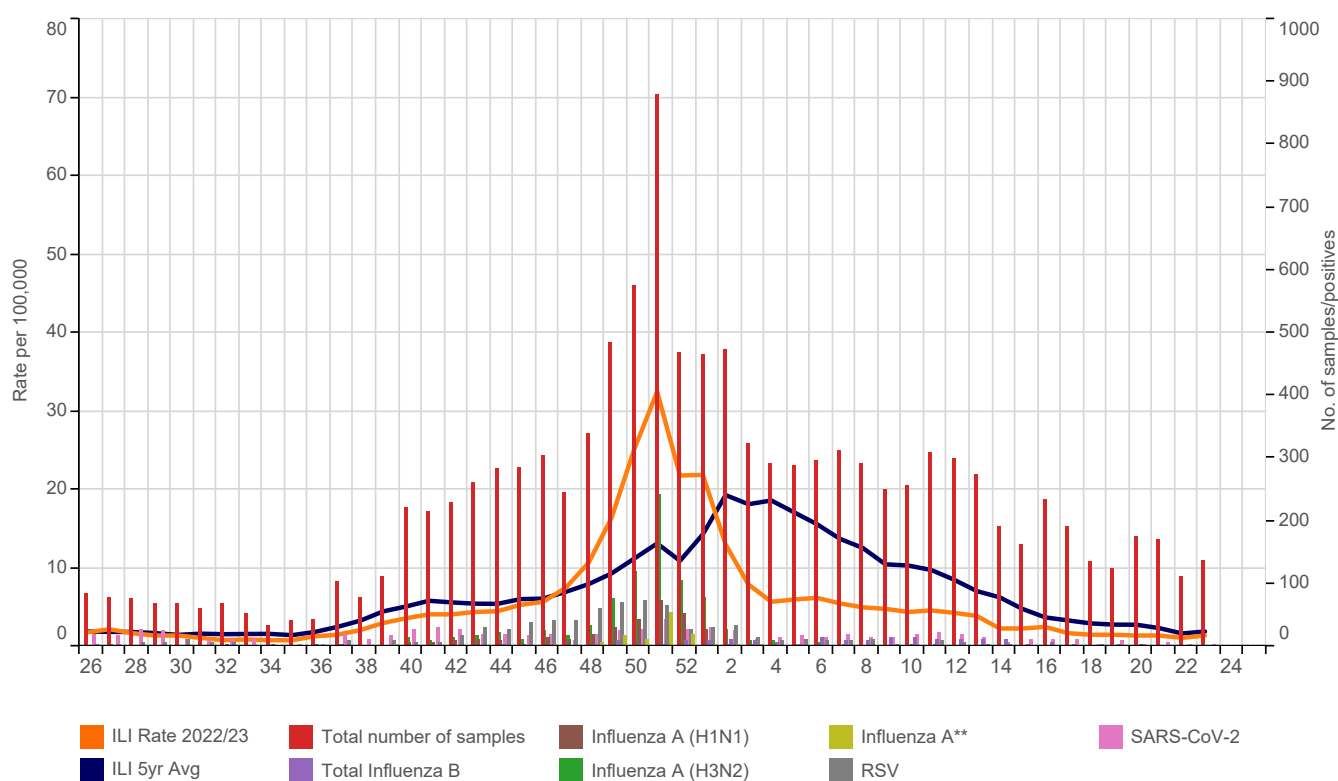
Winter Focus 2022/23

Please see page 15 for explanatory notes on the data.

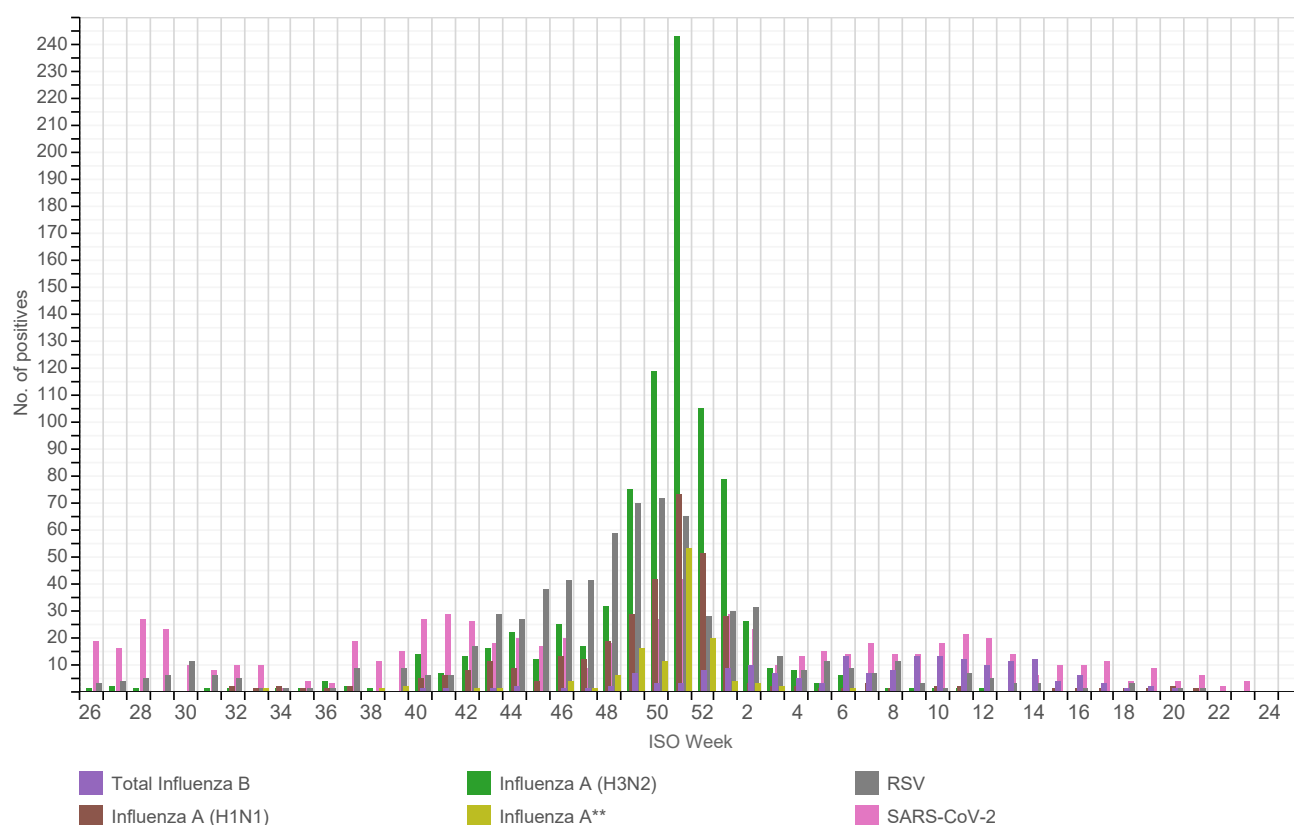
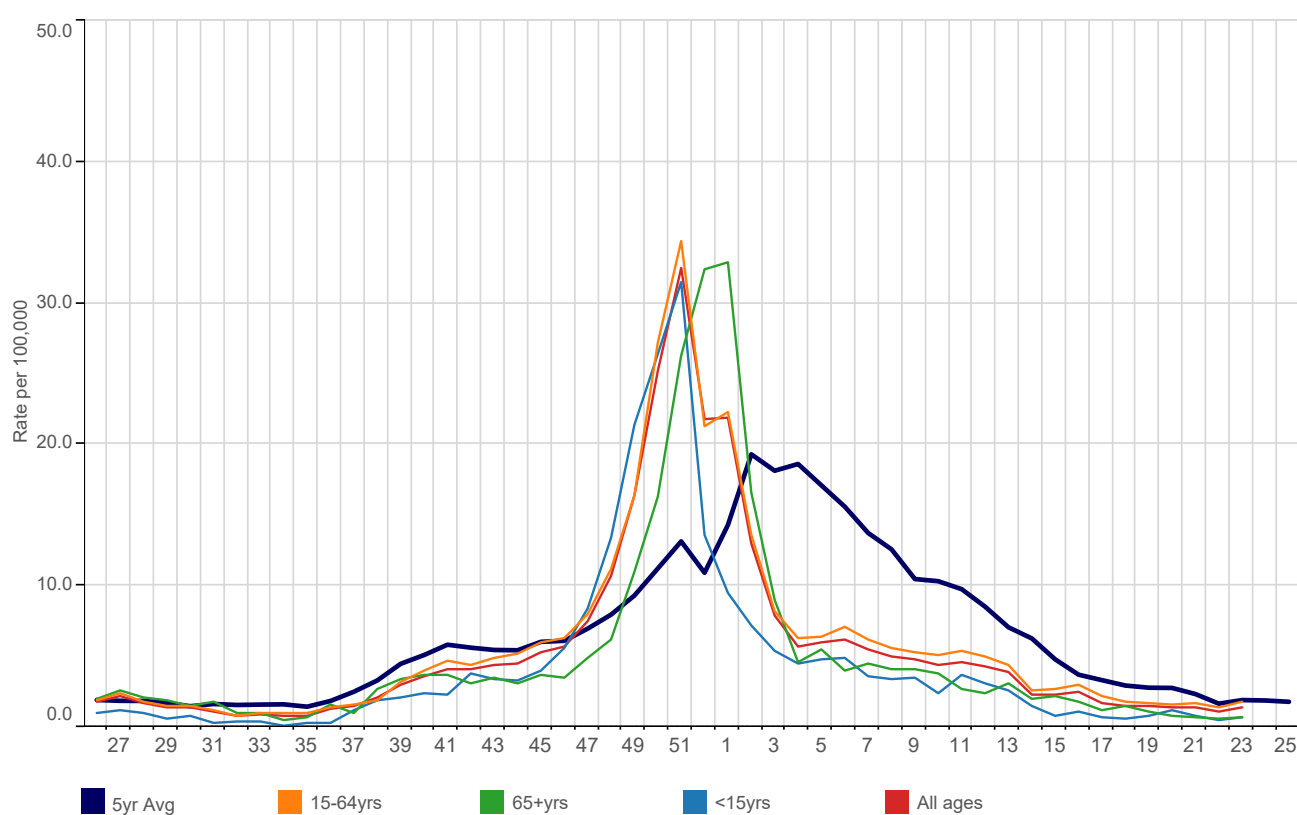
(A) Influenza-like illness: national incidence rate 2022/23 by region*



(B) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2022/23*



* The seasonal average line (blue) is based on 5 year historic RCGP RSC data (Graph A & B). The weekly virology samples displayed are offset from the ISO Week (Graphs B & C). **No specified subtype, or coinfection with H1N1 and H3N2.

(C) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2022/23 by viral strain***(D) Influenza-like illness: national incidence rate 2022/23 by age group***

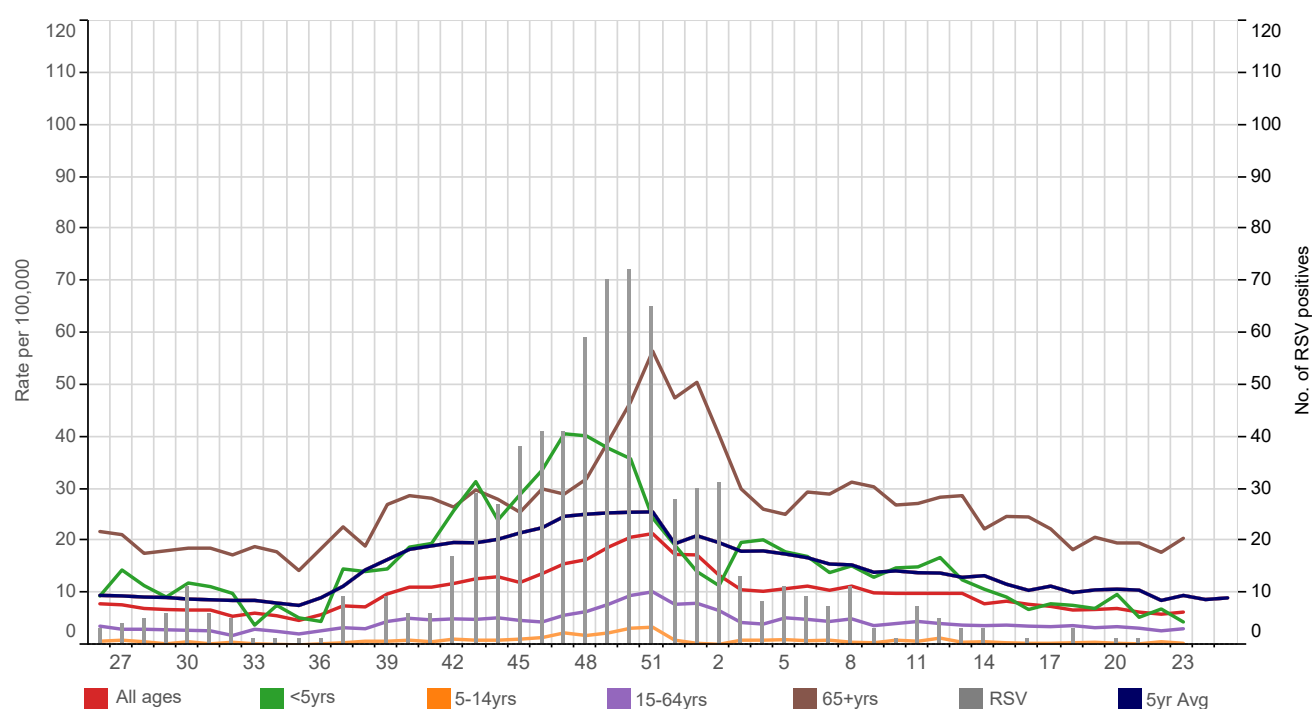
(E) Influenza-like illness: national incidence rate 2022/23 by age group*

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.

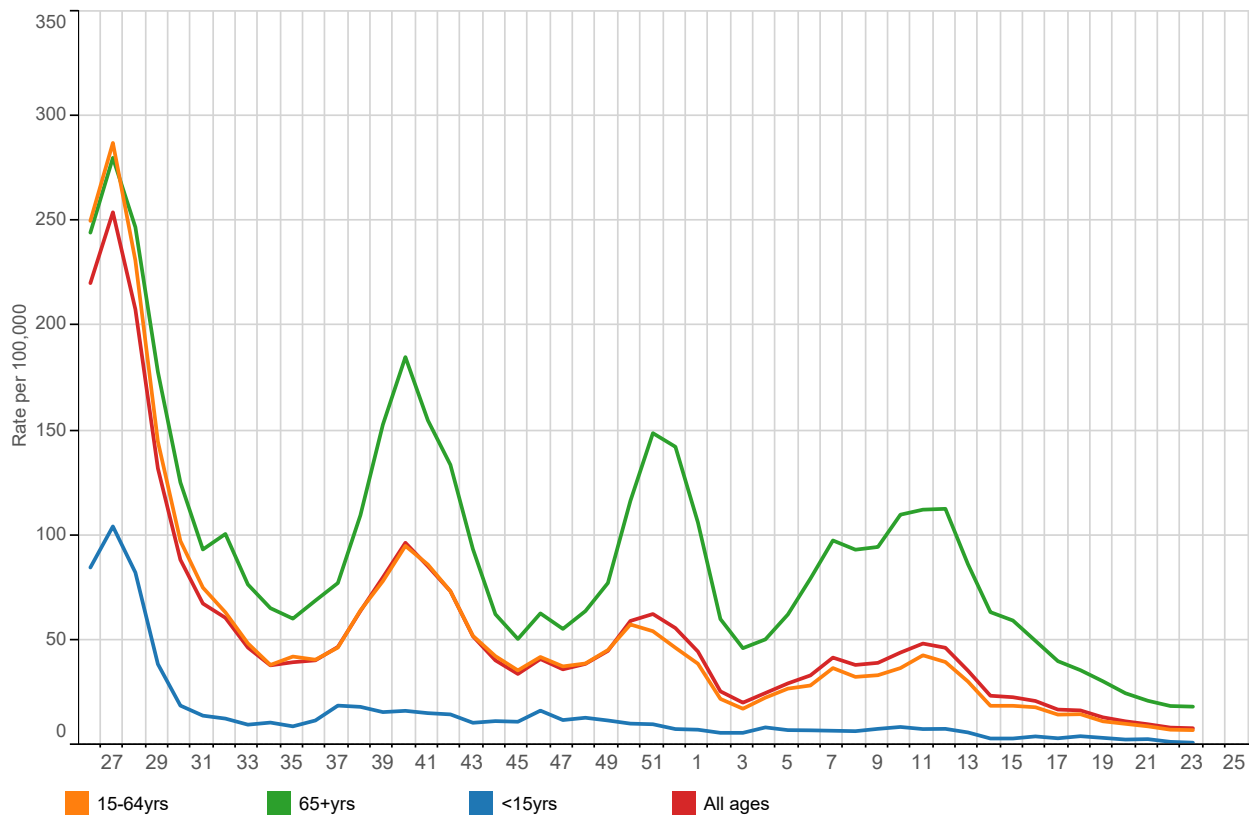
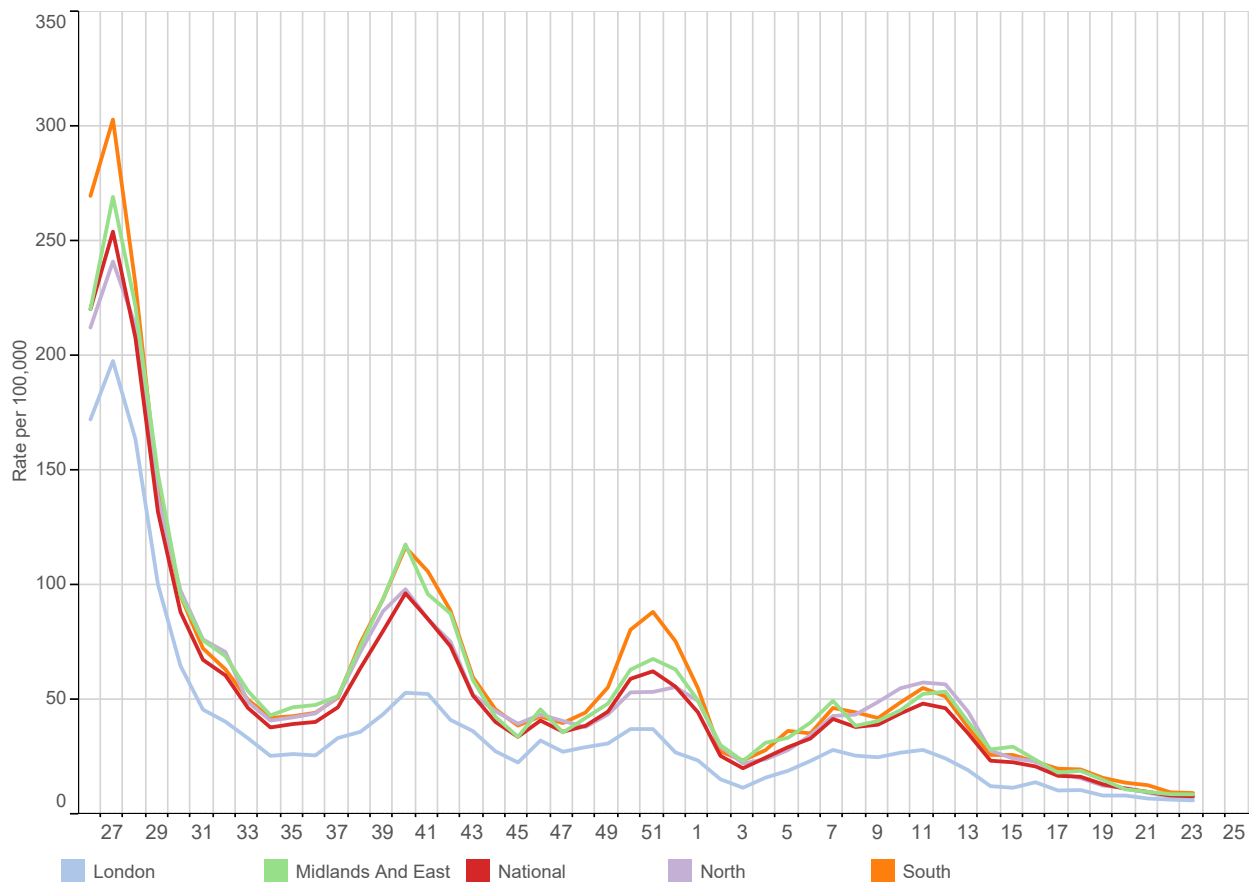
Table 1	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7
15-64yrs	4.4	4.9	5.2	6.0	6.3	8.0	11.2	16.4	27.2	34.4	21.3	22.3	13.6	8.2	6.3	6.4	7.1	6.2
65+yrs	3.1	3.5	3.1	3.7	3.5	4.9	6.2	11.0	16.3	26.3	32.4	32.9	16.6	9.0	4.6	5.5	4.0	4.5
<15yrs	3.8	3.4	3.3	4.0	5.6	8.4	13.4	21.4	26.4	31.5	13.6	9.5	7.2	5.4	4.5	4.8	4.9	3.6
All ages	4.1	4.4	4.5	5.3	5.7	7.5	10.7	16.4	25.2	32.5	21.8	21.9	13.0	7.9	5.7	6.0	6.2	5.5

	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
<15yrs	3.4	3.5	2.4	3.7	3.1	2.6	1.5	0.8	1.1	0.7	0.6	0.8	1.2	0.8	0.5	0.7		
15-64yrs	5.6	5.3	5.1	5.4	5.0	4.4	2.6	2.7	3.0	2.2	1.8	1.7	1.6	1.7	1.4	1.8		
65+yrs	4.1	4.1	3.8	2.7	2.4	3.1	2.0	2.2	1.8	1.2	1.5	1.1	0.8	0.7	0.6	0.7		
All ages	5.0	4.8	4.4	4.6	4.3	3.9	2.3	2.3	2.5	1.7	1.5	1.5	1.4	1.4	1.1	1.4		

Table 2	Below Threshold ¹	Threshold to Medium ²	Medium to High ³	High to Very High ⁴	Above Very High ⁵
15-64yrs	<14.62	14.62 to 16.81	16.81 to 60.16	60.16 to 105.70	105.70+
65+yrs	<12.54	11.03 to 12.54	12.54 to 45.79	45.79 to 81.19	81.19+
<15yrs	<8.05	8.05 to 13.38	13.38 to 30.96	30.96 to 44.85	44.85+
All Ages	<11.47	11.47 to 15.06	15.06 to 46.46	46.46 to 76.44	76.44+

Threshold levels¹Below baseline threshold²baseline threshold breach to < 40th percentile³40th to <90th percentile⁴90th to <97.5th percentile⁵97.5th+ percentile**(F) Acute Bronchitis: national incidence rate 2022/23 by age group*****Weekly Influenza-like illness and Acute Bronchitis incidence rates per 100,000 persons**

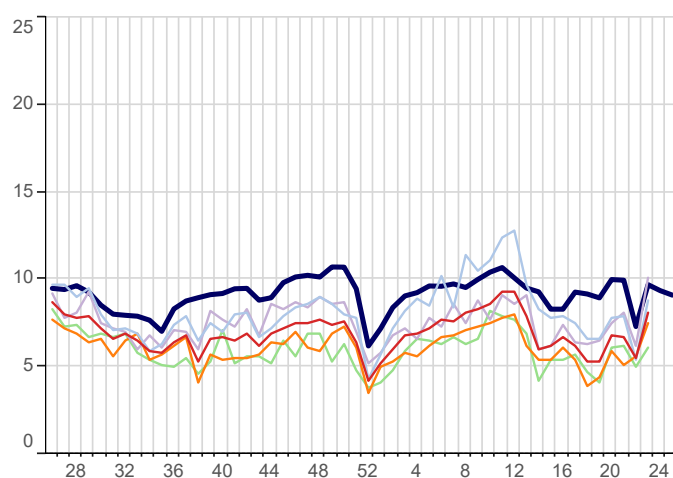
Influenza-like illness		Acute Bronchitis		Influenza-like illness		Acute Bronchitis	
<1yr	4.9	76.3	London	2.0	3.7		
1-4yrs	0.5	4.4	North	1.3	9.5		
5-14yrs	0.4	0.3	South	1.3	5.8		
15-24yrs	1.7	0.3	Midlands And East	1.0	6.8		
25-44yrs	2.0	1.3	National	1.4	6.3		
45-64yrs	1.5	6.5					
65-74yrs	0.6	17.2					
75-84yrs	1.0	24.7					
85+yrs	0.5	21.8					
All ages	1.4	6.3					

(G) COVID-19 : national incidence rate 2022/23 by age group***(H) COVID-19 : national incidence rate 2022/23 by region***

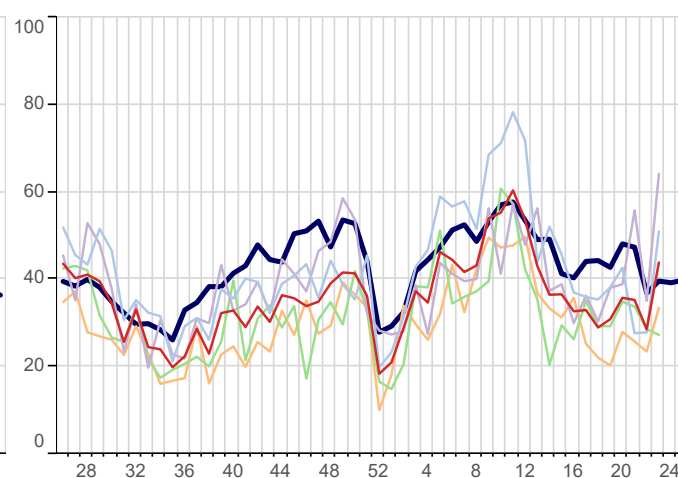
1. Water & Food Borne Disorders:

5yr Avg National London North South Midlands And East

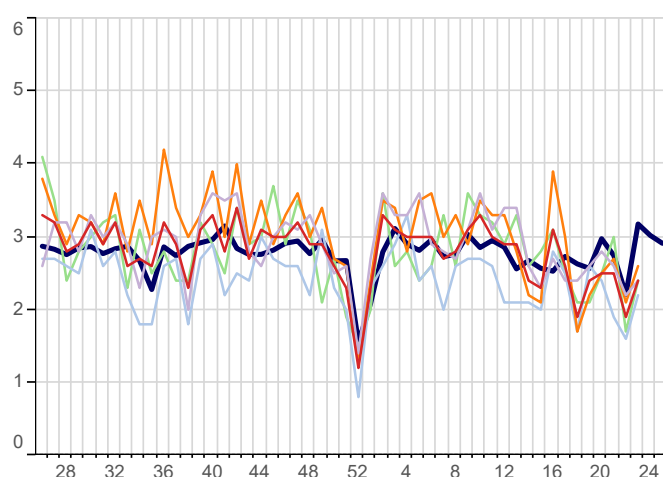
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **all ages**) by regions
for 2022/23 compared with 5 year average



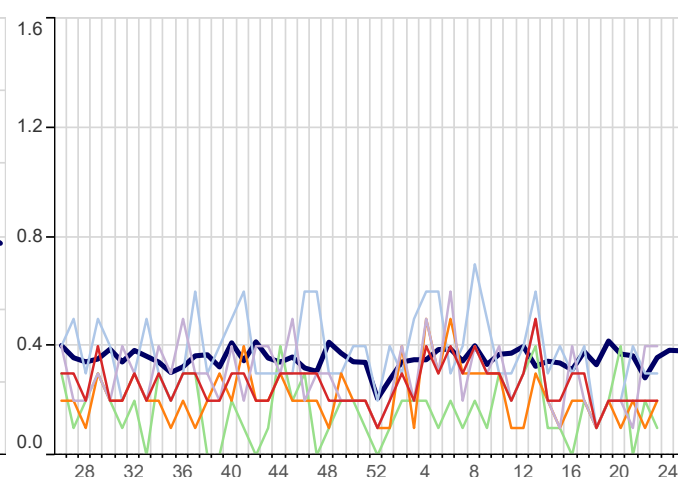
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **0-4 years**) by regions
for 2022/23 compared with 5 year average



Non-Infective Enteritis & Colitis (ICD10: K50-K52)
Weekly incidence (per 100,000 **all ages**) by region
for 2022/23 compared with 5 year average



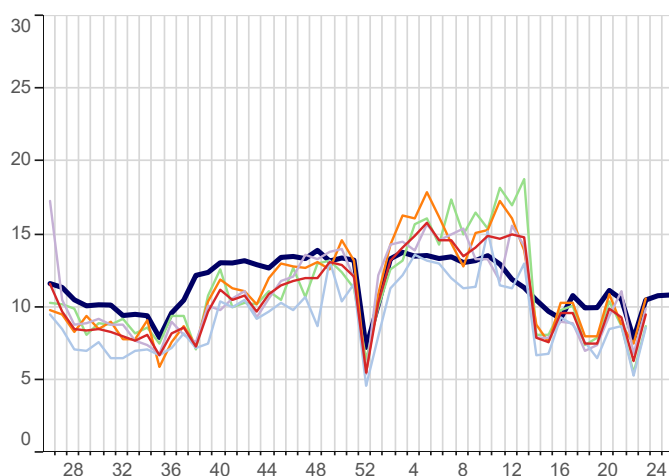
Viral Hepatitis (ICD10: B15-B19)
Weekly incidence (per 100,000 **all ages**) by region
for 2022/23 compared with 5 year average



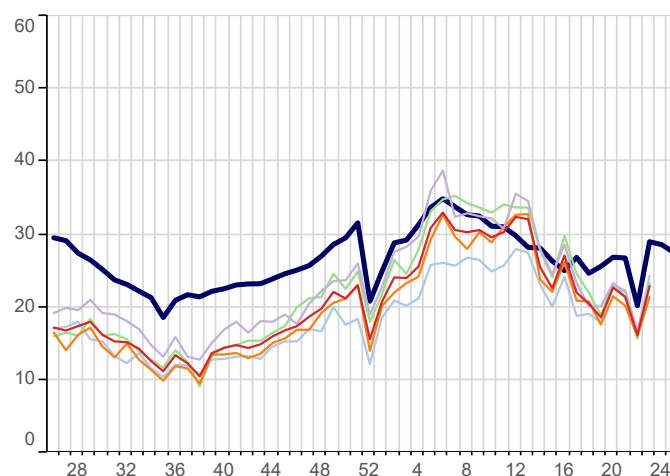
2. Environmentally Sensitive Disorders:

5yr Avg National London North South Midlands And East

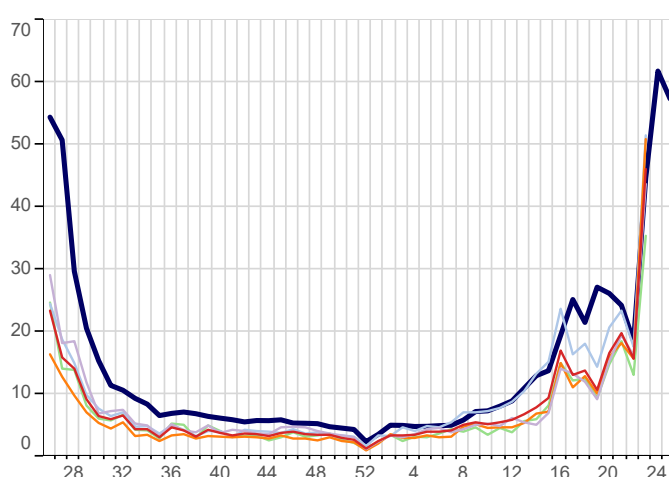
Asthma (ICD10: J45-J46)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



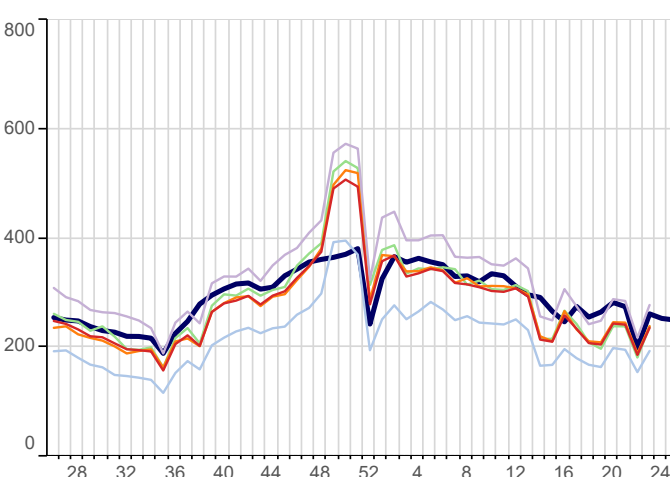
Disorders of Conjunctiva (ICD10: H10-H13)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Hayfever/Allergic Rhinitis (ICD10: J30)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



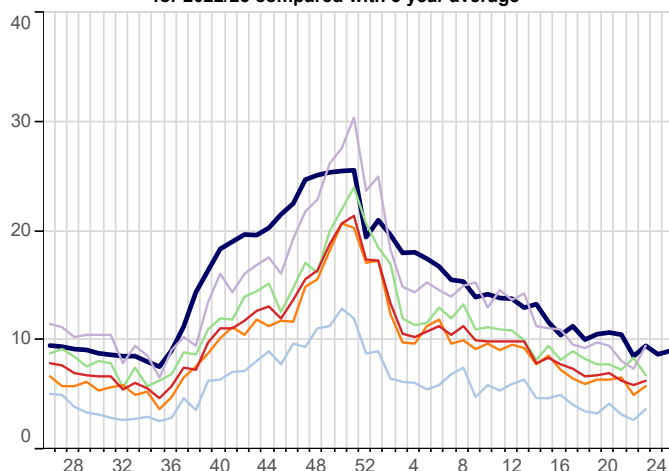
Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



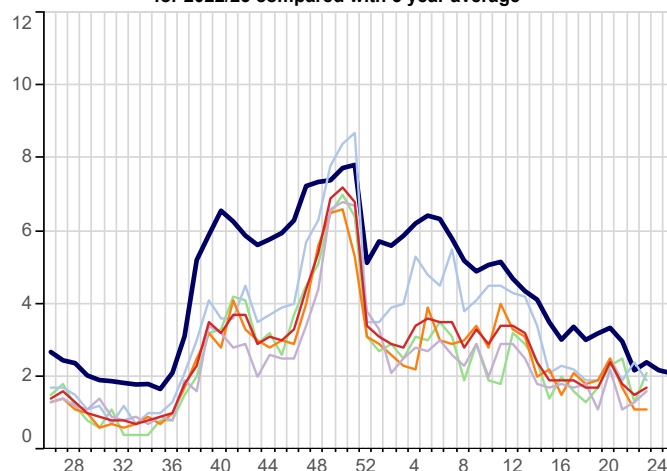
3. Respiratory Infections:

5yr Avg National London North South Midlands And East

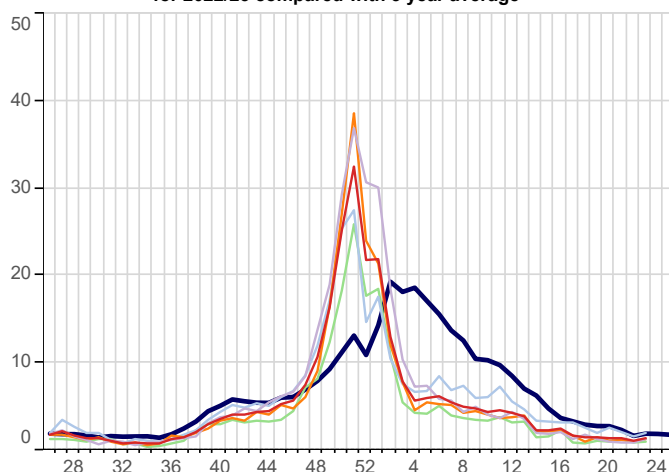
Acute Bronchitis (ICD10: J20-J21,J40)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



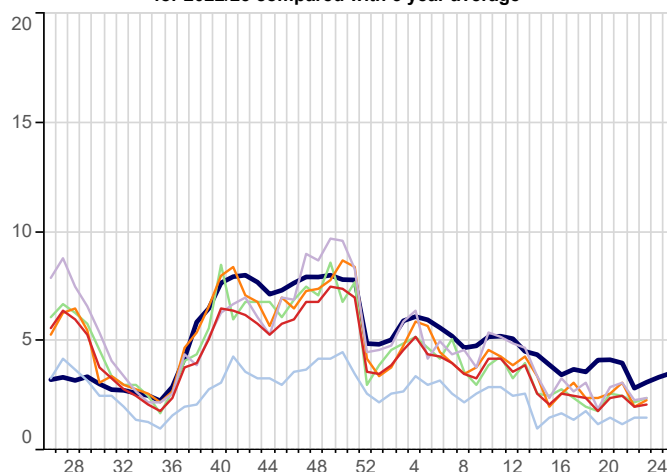
Common Cold (ICD10: J00,J06)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



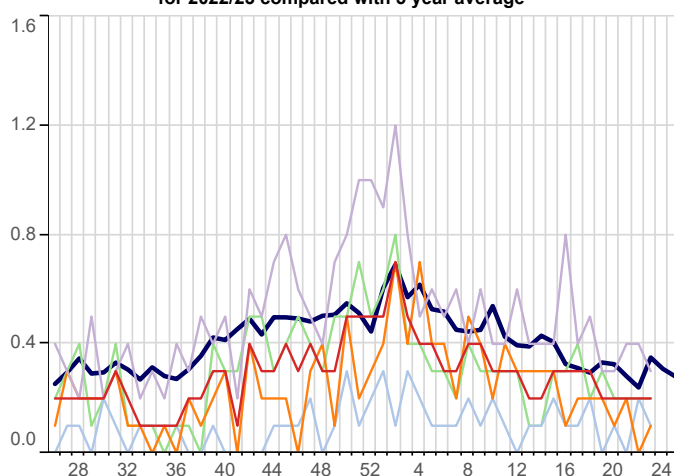
Influenza-like illness (ICD10: J09-J11)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



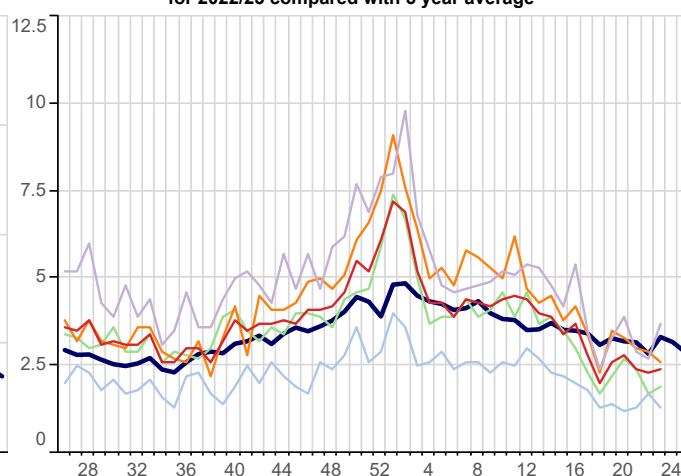
Acute Laryngitis/Tracheitis (ICD10: J04)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Pleurisy (ICD10: R091)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



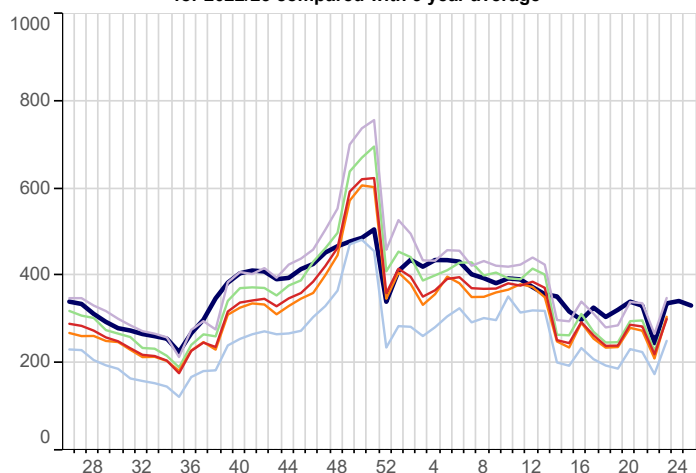
Pneumonia/Pneumonitis (ICD10: J12-J18)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



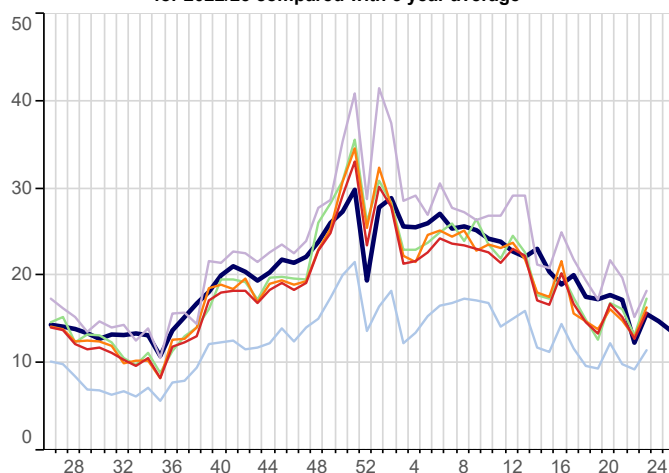
3. Respiratory Infections(Continued):

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

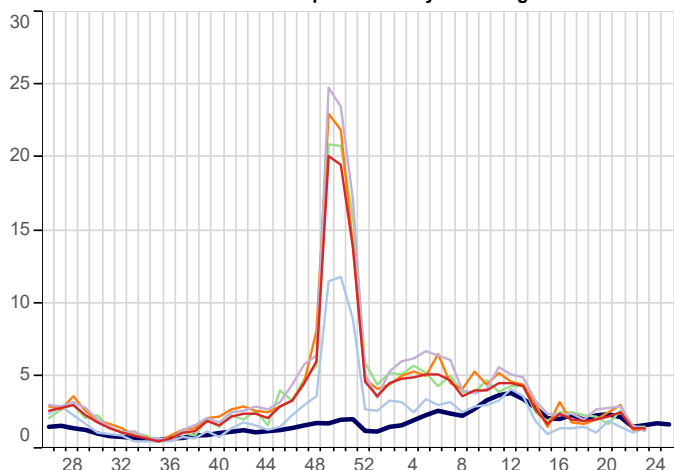
Respiratory System Diseases (ICD10: J00-J99)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



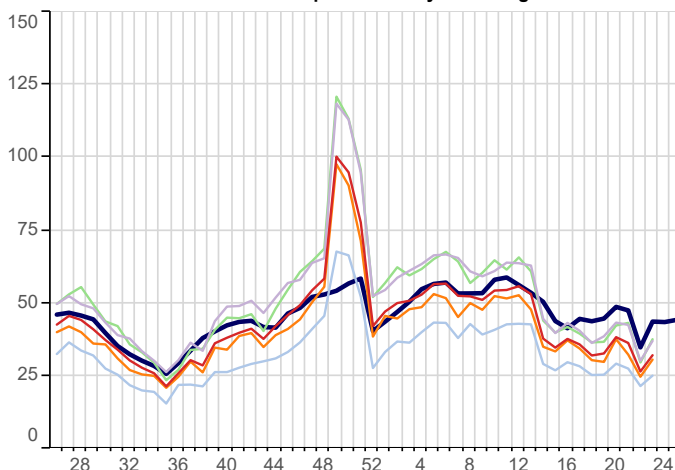
Acute Sinusitis (ICD10: J01)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



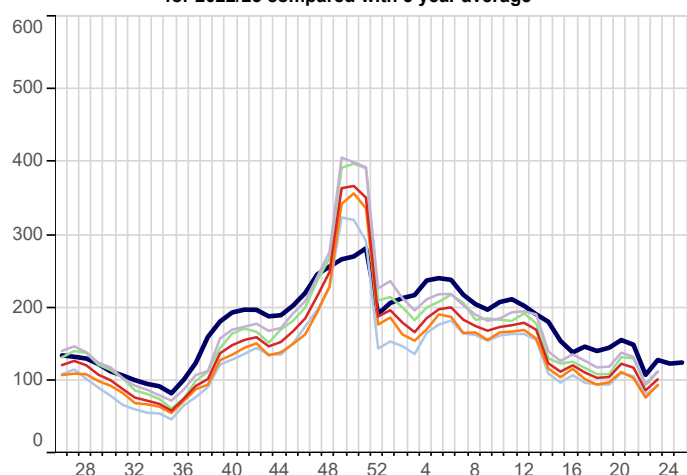
Strep Sore Throat, Scarlatina and Peritonsillar Abscess (ICD10: A38,J020,J36)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



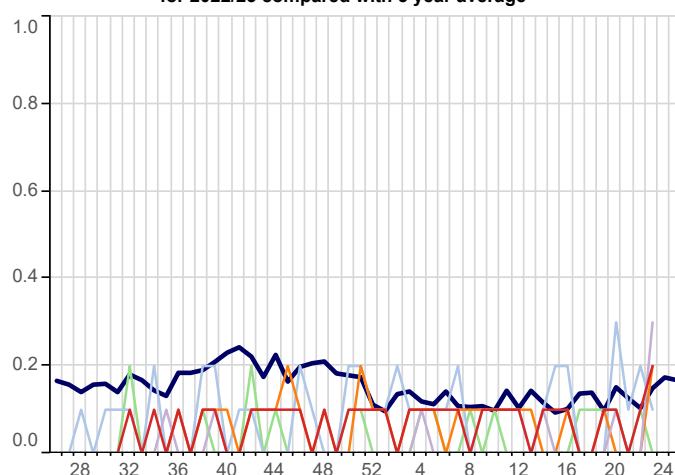
Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



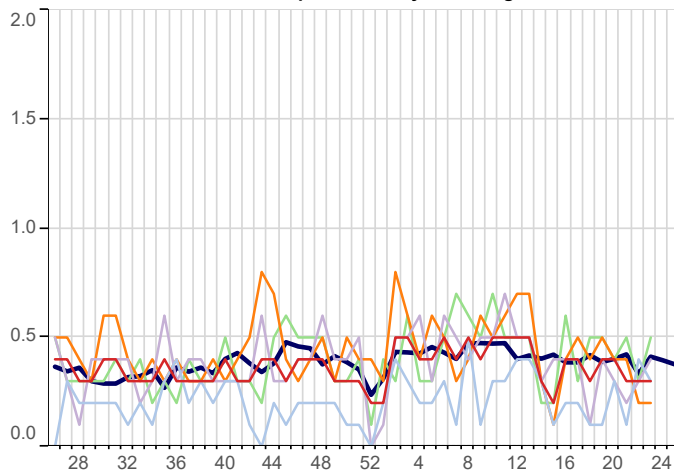
Whooping Cough (ICD10: A37)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



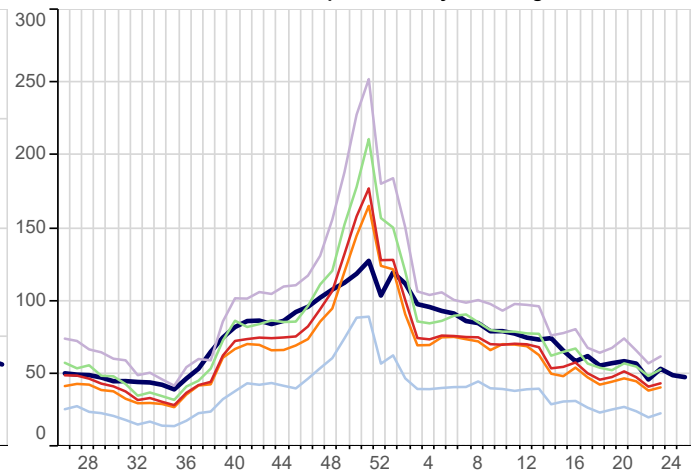
3. Respiratory Infections(Continued):

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

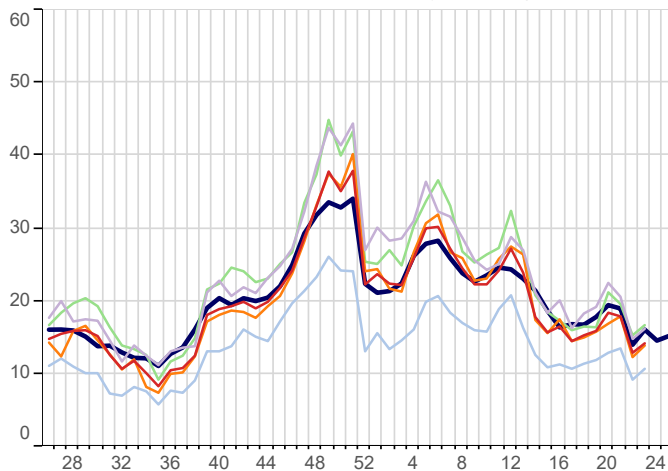
Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



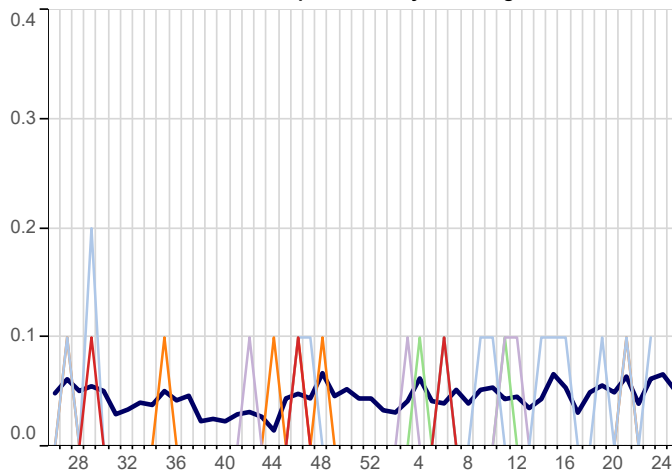
Acute Otitis Media (ICD10: H650-H651,H660,H669)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



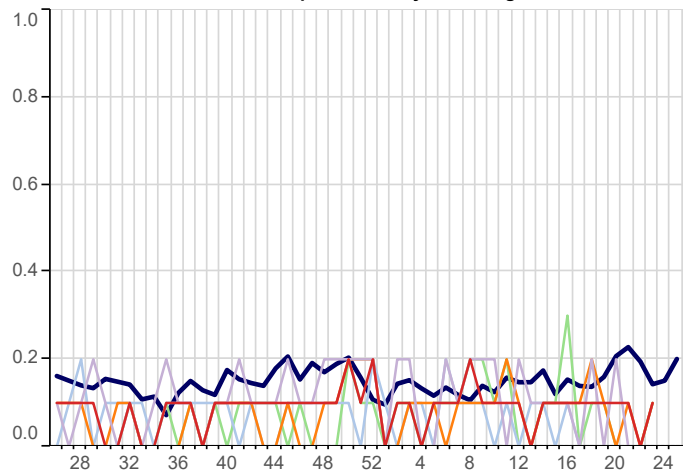
4. Vaccine Sensitive Disorders

5yr Avg National London North South Midlands And East

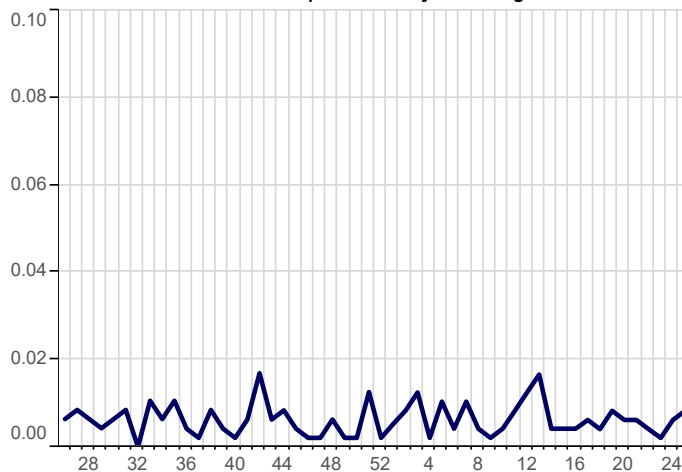
Measles (ICD10: B05)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Mumps (ICD10: B26)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average

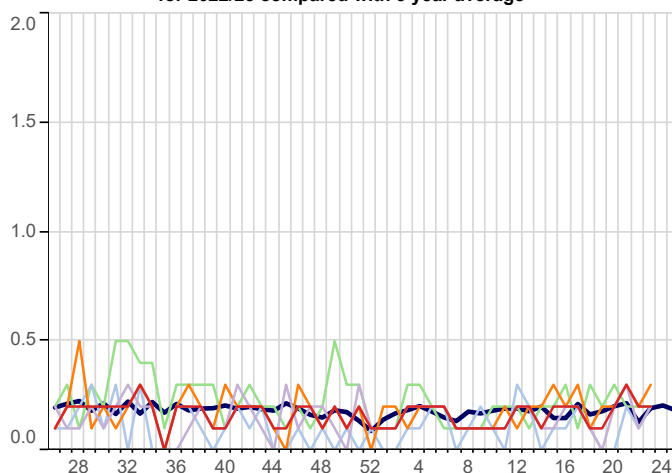


Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average

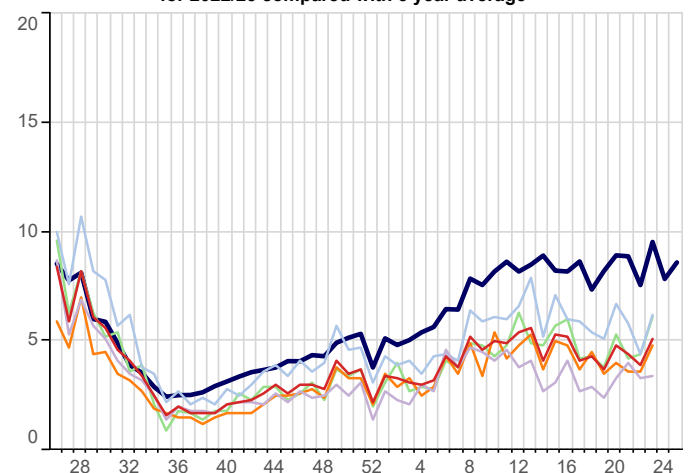


5. Skin Contagions

Bullous Dermatoses (ICD10: L10-L14)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



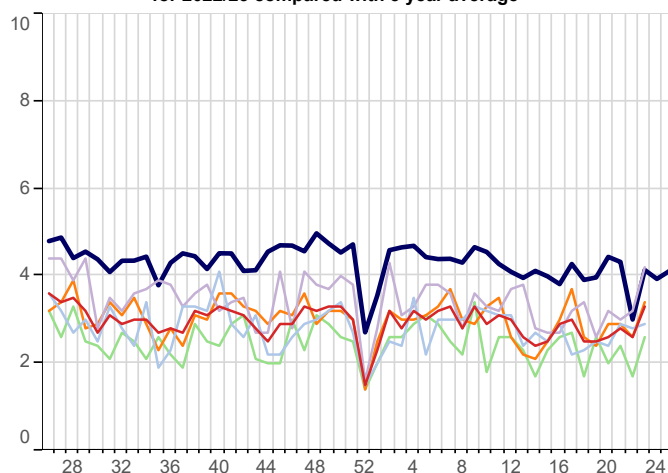
Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



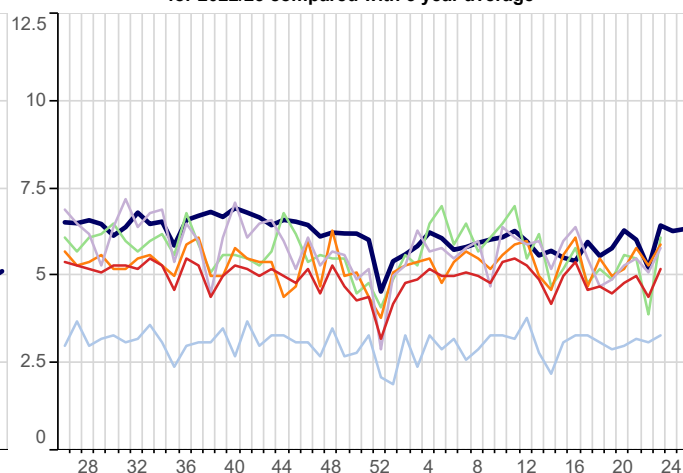
5. Skin Contagions (Continued)

5yr Avg National London North South Midlands And East

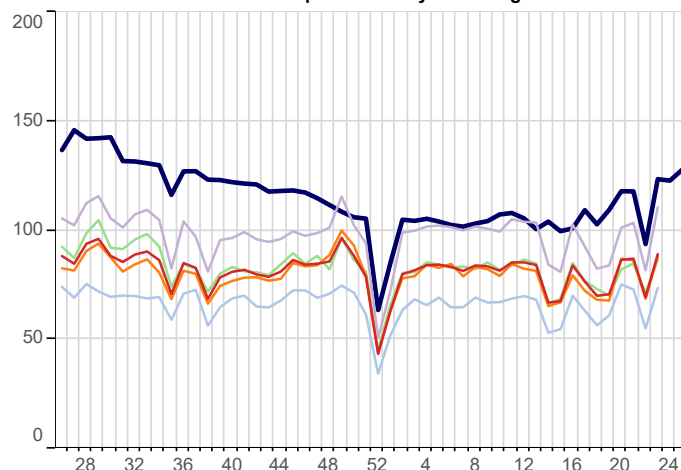
Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



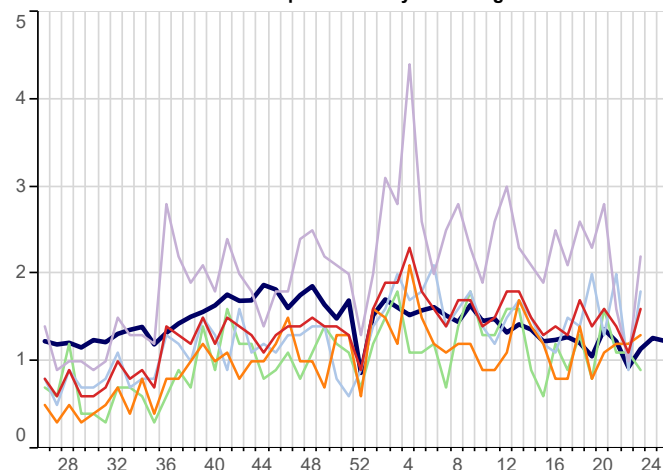
Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



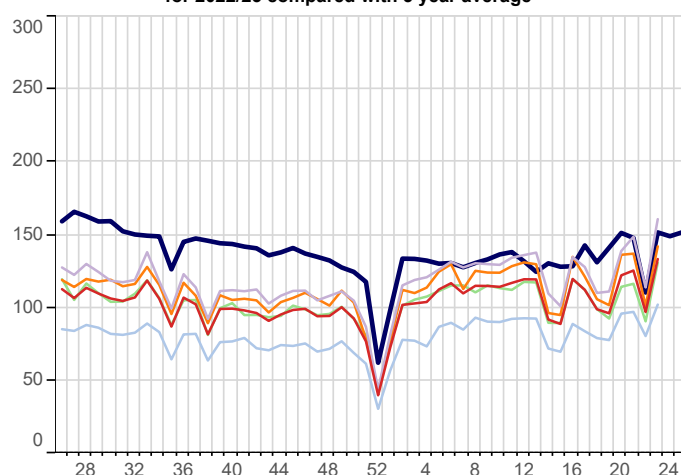
Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



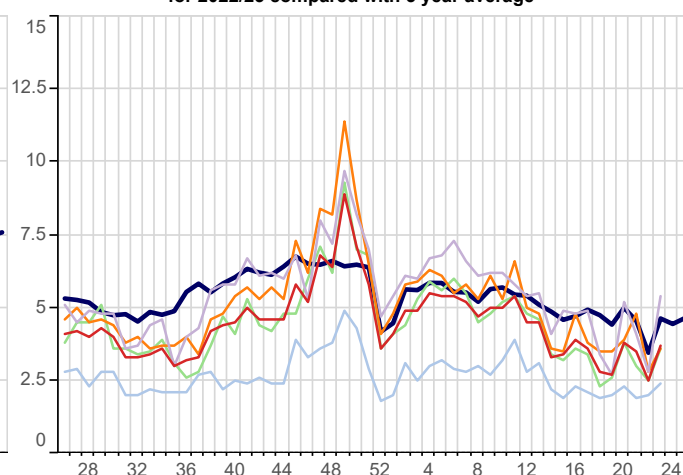
Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



6. Disorders Affecting the Nervous System

5yr Avg

National

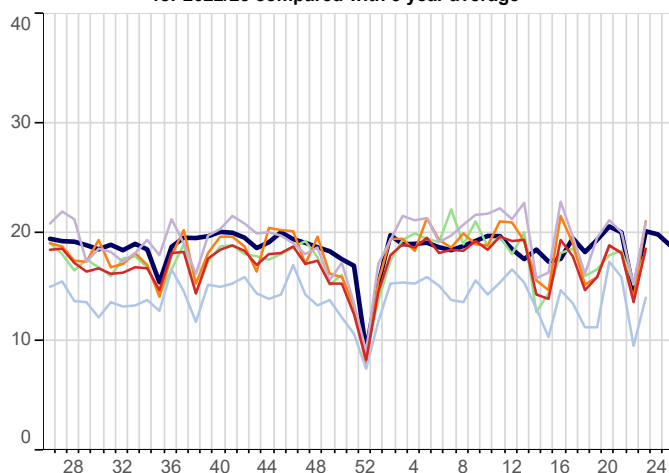
London

North

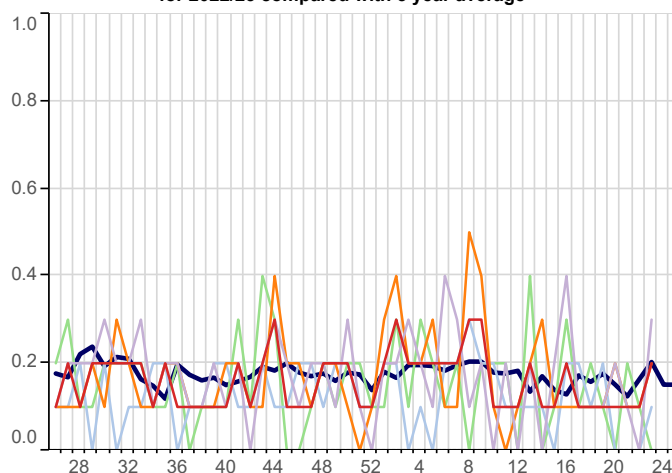
South

Midlands And East

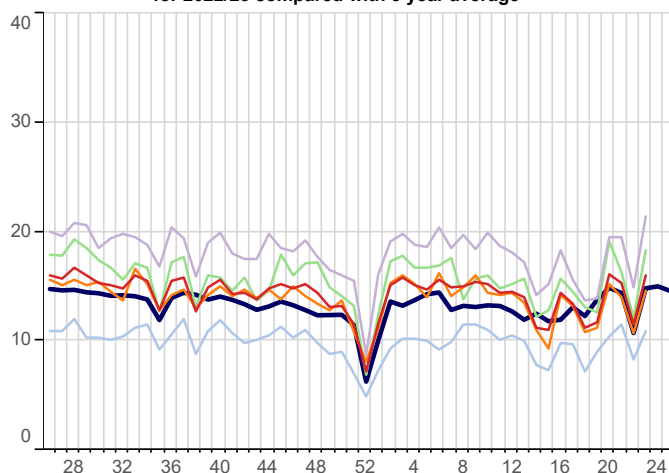
Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Meningitis/Encephalitis (ICD10: A170-A171,A390,A38-A85,A87,G00-G05)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average

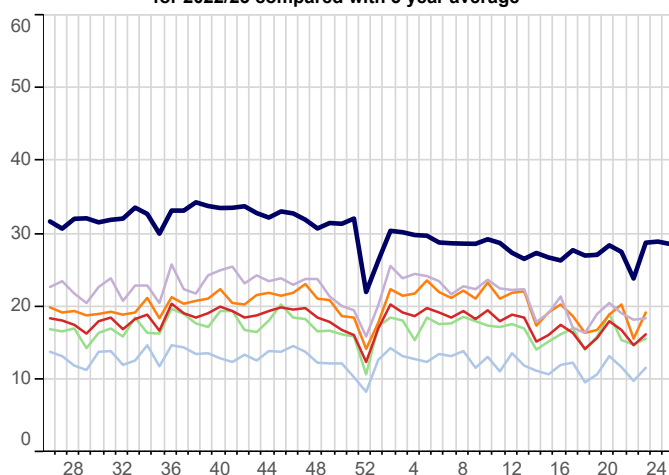


Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



7. Genitourinary System Disorders

Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



8. Tabular Summary by Disease

Disease Name	Week beginning Week ending		05/06/2023 11/06/2023		29/05/2023 04/06/2023		22/05/2023 28/05/2023		15/05/2023 21/05/2023	
	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Acute Bronchitis	6.3	618	5.9	504	6.3	570	7.0	642		
Allergic Rhinitis	46.1	4,523	15.7	1,348	19.8	1,782	16.6	1,520		
Asthma	9.5	933	6.3	545	9.3	835	9.9	905		
Bullous Dermatoses	0.2	22	0.2	14	0.3	23	0.2	16		
Chickenpox	5.1	501	3.9	334	4.4	394	4.8	440		
Common Cold	1.7	162	1.5	128	1.8	161	2.4	218		
Conjunctival Disorders	22.9	2,252	16.2	1,397	21.4	1,932	22.7	2,079		
COVID-19	8.0	782	8.3	711	9.9	895	11.3	1,039		
Herpes Simplex	3.3	322	2.6	220	2.8	251	2.6	242		
Herpes Zoster	5.2	513	4.4	380	5.0	454	4.8	442		
Impetigo	3.7	364	2.5	218	3.5	316	3.8	350		
Infectious Intestinal Diseases	8.1	800	5.5	477	6.7	608	6.8	620		
Infectious Mononucleosis	0.3	31	0.3	27	0.3	31	0.4	34		
Influenza-like illness	1.4	138	1.1	93	1.4	123	1.4	127		
Laryngitis and Tracheitis	2.1	208	2.0	173	2.5	225	2.4	224		
Lower Respiratory Tract Infections	43.5	4,271	41.2	3,550	47.7	4,298	51.7	4,731		
Measles	0.0	2	0.0	0	0.0	4	0.0	3		
Meningitis and Encephalitis	0.2	15	0.1	5	0.1	11	0.1	9		
Mumps	0.1	10	0.0	3	0.1	6	0.1	7		
Non-infective Enteritis and Colitis	2.4	237	1.9	165	2.5	229	2.5	233		
Otitis Media Acute	14.2	1,390	12.9	1,110	17.9	1,616	18.4	1,688		
Peripheral Nervous Disease	18.5	1,819	13.6	1,167	18.1	1,629	18.8	1,719		
Pleurisy	0.2	17	0.2	16	0.2	21	0.2	16		
Pneumonia and Pneumonitis	2.4	232	2.3	197	2.4	218	2.8	257		
Respiratory System Diseases	301.1	29,560	220.8	19,006	284.3	25,608	288.3	26,392		
Rubella	0.0	0	0.0	1	0.0	0	0.0	1		
Scabies	1.6	154	1.1	91	1.4	130	1.6	151		
Sinusitis	15.8	1,547	12.8	1,100	15.3	1,374	16.8	1,541		
Skin and Subcutaneous Tissue Infections	89.1	8,746	69.4	5,970	87.0	7,833	86.5	7,917		
Strep Throat and Peritonsillar Abscess	1.4	134	1.4	118	2.5	228	2.2	205		
Symptoms involving musculoskeletal	16.0	1,568	11.5	992	15.3	1,380	16.1	1,478		
Symptoms involving Respiratory and Chest	235.8	23,145	186.4	16,048	241.8	21,781	243.8	22,323		
Symptoms involving Skin and Integument Tissues	133.5	13,102	97.1	8,358	125.6	11,313	122.3	11,196		
Tonsillitis and acute Pharyngitis	32.1	3,154	26.5	2,281	36.3	3,273	38.3	3,503		
Upper Respiratory Tract Infections	101.8	9,995	86.5	7,442	117.8	10,608	123.1	11,267		
Urinary Tract Infections	16.2	1,593	14.7	1,264	16.8	1,517	18.0	1,648		
Viral Hepatitis	0.2	24	0.2	21	0.2	17	0.2	21		
Whooping Cough	0.2	15	0.1	6	0.0	3	0.1	11		
Practice Count		1,104		966		1,004		1,016		
Denom		9,816,349		8,607,221		9,008,407		9,155,072		

FURTHER INFORMATION:

About the report

Winter focus

The first two pages of data within this report focus on Influenza-like illness and COVID-19, 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 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 a five-year average, 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 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 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. Ten years of data were used for *all-ages* and *age-specific* thresholds calculation (winter seasons 2011/12- 2021/22 excluding the pandemic year 2020/21).

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 Wellbeing data management and EMIS-X 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 Wellbeing 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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