

# RSC Communicable and Respiratory Disease Report for England

Week Number / Year

39 / 2025

**Population** 

18,465,583

Dates

22/09/2025 - 28/09/2025

No. Practices

1,763

#### **Notes**

All rates in this report are given per 100,000 population presenting in the week of the report. A rolling 5-year average rate is also provided as a historical comparison. Rates are provided for four regions (North, South, Midlands and East, and London). For acute respiratory infections, a breakdown by age group is also provided.

Rates are presented on a weekly basis, using ISO week numbers.

Please see page 20 for further explanatory notes on the data.

#### **Comments**

Rates of acute respiratory illness (ARI), page 7 continue to increase this week in all regions and all age groups.

Rates of influenza-like illness (ILI) has also begun to increase nationally in all age groups, pages 3 to 5 in line with the rates expected this time of the year.

Rates of COVID-19 continue to increase in all regions and all age groups except the very young <1, page 6.

Of note, rates of exacerbation in chronic lung disease (ECLD), page 8; ECLD – asthma exacerbation, page 9; ECLD – COPD exacerbation, page 9; URTI – sinusitis, page 12 are all above the seasonal average for this time of year.

#### Other comments:

- Rates of measles (page 15) and rates of scabies (page 16) remain above the seasonal average.
- Rates of urinary tract infection/ cystitis (page 18) has increased above the seasonal average.

## **Seasonal Focus**

In the "Change since last week" column, a change in rate of 5% to 10% is marked with a single arrow ( $^{\wedge}$  or  $^{\vee}$ ), while a change of more than 10% is marked with a double arrow ( $^{\wedge}$  or  $^{\vee}$ ). A flat line ( $^{-}$ ) indicates the rate was stable, changing less than 5%.

#### **Region Breakdown**

	Acute	respirato (AR	ry infections I)	Influ	enza-like	illness (ILI)	8.9 16.5 22.9 14.0 15.8		of chronic lung (ECLD)
	This week	Last week	Change since last week	This week	Last week	Change since last week		Last week	Change since last week
London	175.5	152.8	<b>☆</b> 22.7	3.6	2.3	<b>☆</b> 1.3	8.9	8.5	<b>-</b> 0.4
Midlands And East	235.0	205.9	<b>☆</b> 29.1	3.1	2.0	<b>☆</b> 1.0	16.5	16.0	<del>-</del> 0.5
North	281.0	247.7	<b>☆</b> 33.2	3.7	2.3	<b>☆</b> 1.4	22.9	22.6	<del>-</del> 0.4
South	185.7	167.5	<b>☆</b> 18.1	2.9	1.7	<b>☆</b> 1.2	14.0	12.2	<b>☆</b> 1.8
National	219.1	193.6	<b>☆</b> 25.5	3.3	2.0	<b>☆</b> 1.2	15.8	15.0	<b>^</b> 0.9
			atory tract			atory tract		COVID	D-19
	11	nfections	(LRTI)	ir	nfections	(URTI)			
	This week	Last week	Change since last week	This week	nfections Last week	(URTI) Change since last week	This week	Last week	Change since last week
London	This	Last	Change since	This	Last	Change since			-
London Midlands And East	This week	Last week	Change since last week	This week	Last week	Change since last week	week	week	last week
	This week	Last week 33.5	Change since last week   ★ 3.7	This week	Last week 110.8	Change since last week  ↑ 19.0	<b>week</b> 1.9	<b>week</b> 1.8	last week  ^ 0.2
Midlands And East	This week 37.1 69.2	Last week 33.5 58.2	Change since last week	This week 129.8 152.1	Last week 110.8 134.9	Change since last week  ↑ 19.0  ↑ 17.3	<b>week</b> 1.9 3.1	1.8 2.6	<b>last week</b>

#### Age Group Breakdown

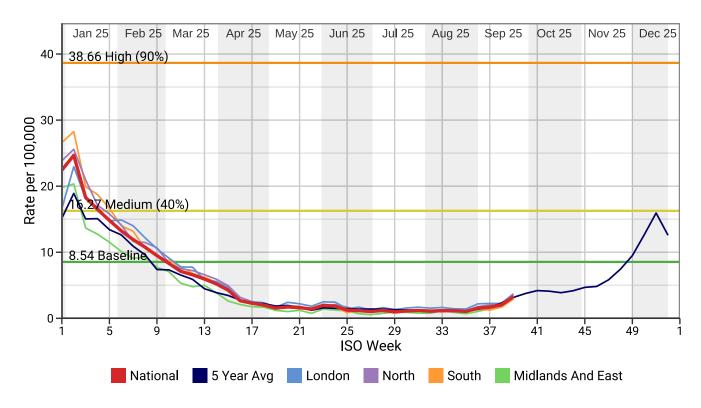
	Acute re	spiratory i	nfections (ARI)	Influ	enza-like	illness (ILI)	Exacerbations of chronic lung disease (ECLD)			
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week	
<1yr	1,362.1	1,159.5	<b>☆</b> 202.5	5.1	2.6	<b>☆</b> 2.5	0.0	0.0	<b>-</b> 0.0	
1-4yrs	771.7	704.3	<b>^</b> 67.4	2.5	2.8	<b>∨</b> -0.3	1.9	2.6	<b>&gt;</b> −0.7	
5-14yrs	270.1	256.2	<b>^</b> 13.9	2.2	1.7	<b>☆</b> 0.5	10.0	8.7	<b>☆</b> 1.4	
15-64yrs	157.2	134.6	<b>☆</b> 22.6	3.7	2.2	<b>☆</b> 1.5	12.1	11.3	<b>^</b> 0.8	
65+yrs	237.2	212.2	<b>☆</b> 25.0	2.7	1.6	<b>☆</b> 1.1	36.8	35.7	<del>-</del> 1.1	
All ages	219.1	193.6	<b>☆</b> 25.5	3.3	2.0	<b>☆</b> 1.2	15.8	15.0	<b>^</b> 0.9	
	Lower res	spiratory tr	act infections	Upper res	spiratory t	ract infections		COVII	)-19	

	Lower re	LRT)	T)	оррег ге	(URT	T)		<i>3</i> 13	
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week
<1yr	222.9	198.7	<b>☆</b> 24.2	1,199.7	990.2	<b>☆</b> 209.5	11.5	17.6	<b>&gt;</b> −6.1
1-4yrs	114.9	99.7	<b>☆</b> 15.2	686.1	623.9	<b>^</b> 62.2	0.7	0.7	<del>-</del> 0.0
5-14yrs	36.1	28.8	<b>☆</b> 7.3	228.8	221.8	<del></del> 7.1	0.5	0.4	<b>☆</b> 0.1
15-64yrs	44.8	38.4	<b>☆</b> 6.4	101.0	86.8	<b>☆</b> 14.3	2.8	2.3	<b>☆</b> 0.5
65+yrs	135.9	122.2	<b>☆</b> 13.8	67.0	58.4	<b>☆</b> 8.6	8.7	6.6	<b>☆</b> 2.0
All ages	64.5	56.2	≈ 8.3	142.0	125.9	<b>☆</b> 16.1	3.6	3.0	<b>☆</b> 0.6

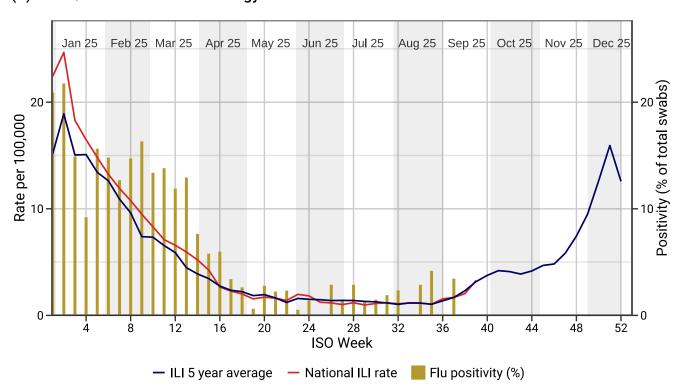
## 2024/25 Focus

#### (A) Influenza-like Illness: national incidence rate by region

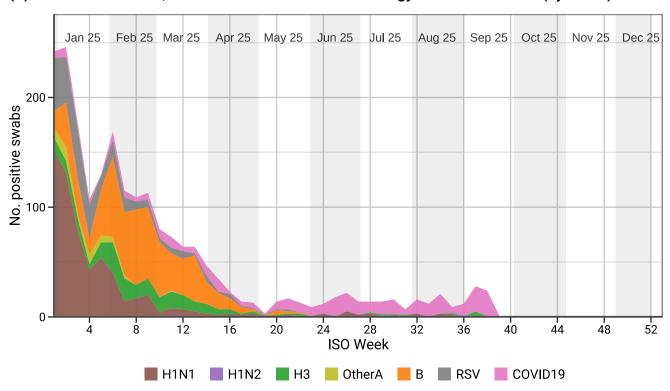
The horizontal lines in the following graph are thresholds derived from the Moving Epidemic Method (MEM) model. See p20 for more information.



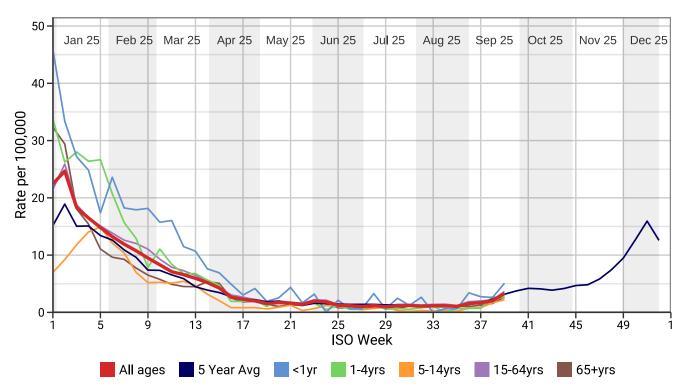
#### (B) RCGP/UKHSA influenza virology swab surveillance



#### (C) RCGP/UKHSA RSV, influenza and SARS-CoV-2 virology swab surveilance (by strain)



#### (D) Influenza-like Illness: national incidence rate by age band



#### (E) Influenza-like Illness: national incidence rate by age band

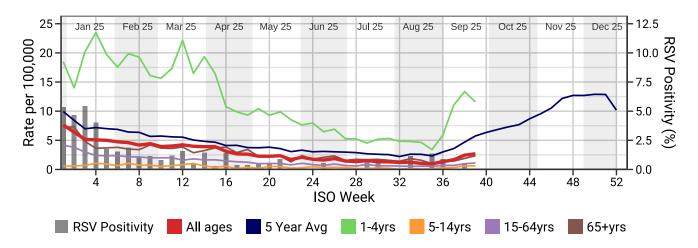
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - thresholds are shown in the second table. Refer to page 19 for more information.

	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1-4yrs	26.4	26.6	20.7	15.7	12.9	7.9	11.1	8.4	6.7	6.8	5.6	4.8	1.9	1.9	2.1	1.0	2.0	1.5
5-14yrs	14.0	14.9	12.1	10.4	7.0	5.2	5.2	5.1	5.4	4.7	3.2	2.0	0.8	0.8	0.8	0.6	0.9	1.3
15-64yrs	16.5	15.1	13.8	12.6	12.0	11.1	9.3	7.9	7.3	6.5	5.5	4.4	3.0	2.7	2.2	1.8	2.0	1.7
65+yrs	15.4	11.1	9.6	9.3	7.7	6.5	5.8	4.9	4.5	4.5	5.4	5.1	2.5	1.8	1.9	1.4	1.0	1.3
All ages	16.5	14.8	13.2	11.9	10.8	9.5	8.3	7.1	6.6	5.9	5.2	4.3	2.7	2.3	2.0	1.5	1.7	1.6
	22	23	24	25	26	27 2	8 29	30	3	1 3	32	33	34	35	36	37	38	39
1-4yrs	1.6	1.6	0.5	1.2	0.6	0.5 1	.3 0.5	0.7	<sup>7</sup> 0.	5 (	0.8	1.1	0.0	0.7	0.7	0.7	2.8	2.5
5-14yrs	0.3	0.7	1.2	1.0	0.8	0.5 0	.7 0.9	0.3	0.	2 (	0.3	0.2	0.3	0.2	0.7	0.8	1.7	2.2
15-64yrs	1.6	2.2	2.1	1.4	1.4	1.3 1	.3 1.1	1.4		4 1	1.3	1.4	1.4	1.2	1.9	2.0	2.2	3.7
65+yrs	1.2	2.0	1.5	8.0	0.8	0.6 0	.9 0.7	0.6		1 (	).9	1.0	1.0		1.0	1.2	1.6	2.7
All ages	1.4	2.0	1.8	1.2	1.2	1.0 1	.2 1.0	1.1	1.	2 1	1.1	1.2	1.2	1.0	1.6	1.7	2.0	3.3

	Below Threshold	Threshold to Medium	Medium to High	High to Very High	Above Very High
1-4yrs	<7.9	7.9 to 12.6	12.6 to 26.2	26.2 to 36.1	36.1+
5-14yrs	<5.4	5.4 to 10.7	10.7 to 26.6	26.6 to 39.9	39.9+
15-64yrs	<9.8	9.8 to 17.9	17.9 to 43.0	43.0 to 63.4	63.4+
65+yrs	<9.3	9.3 to 15.0	15.0 to 38.8	38.8 to 59.0	59.0+
All Ages	<8.54	8.54 to 16.27	16.27 to 38.66	38.66 to 56.68	56.68+

#### (F) Acute Bronchitis and Bronchiolitis: national incidence rate by age band

Children under 1 year old are omitted from the following graph.

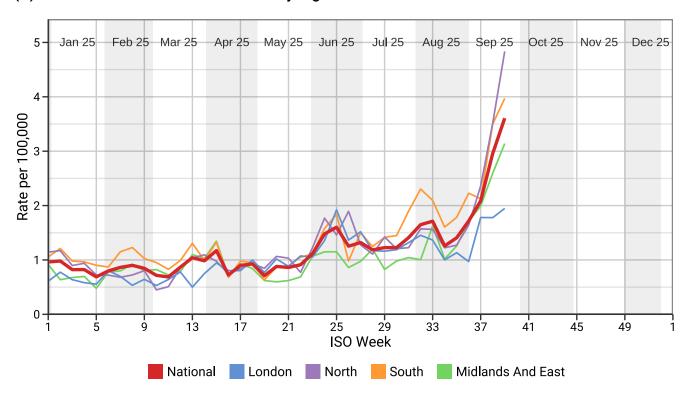


#### Weekly incidence rates of influenza-like illness, and acute bronchitis and bronchiolitis (per 100,000)

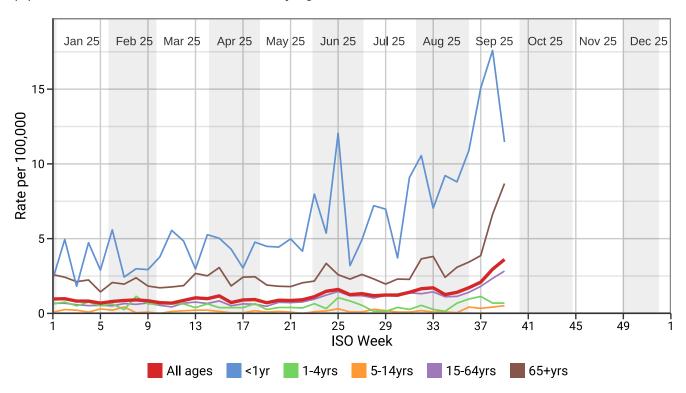
	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	5.1	118.4
1-4yrs	2.5	11.6
5-14yrs	2.2	0.6
15-24yrs	3.6	0.8
25-44yrs	3.8	1.0
45-64yrs	3.5	1.5
65-74yrs	2.7	2.5
75-84yrs	2.5	1.8
85+yrs	3.0	3.0
All ages	3.3	2.7

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	3.6	1.9
Midlands And East	3.1	2.9
North	3.7	3.7
South	2.9	2.2
National	3.3	2.7

#### (G) COVID-19: national incidence rate by region

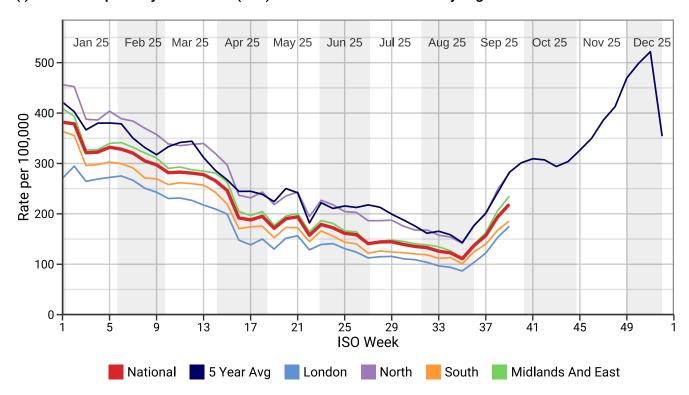


#### (H) COVID-19: national incidence rate by age band



## 1. Respiratory Infections

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



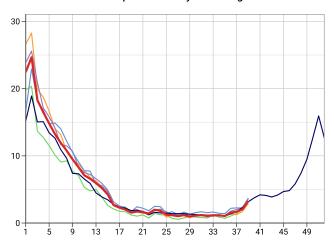
#### (J) Acute Respiratory Infections (ARI): national incidence rate by age band



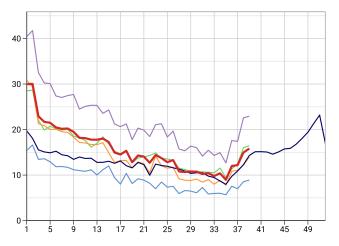
#### Respiratory Infections - by region



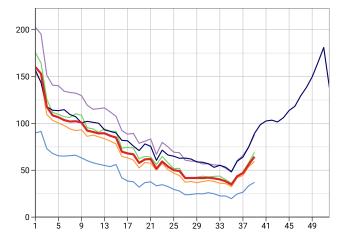
## Influenza-like illness (ILI) Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



Exacerbations of Chronic Lung Disease (ECLD)
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average



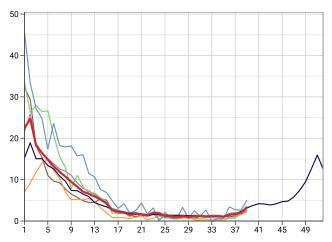
Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average



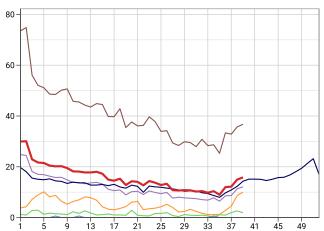
#### Respiratory Infections - by age band



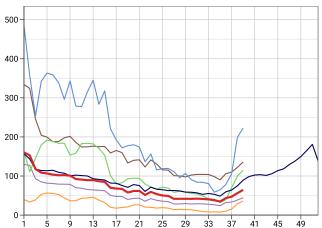
Influenza-like illness (ILI)
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average



Exacerbations of Chronic Lung Disease (ECLD)
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average



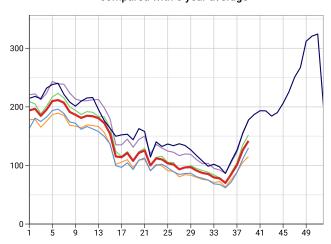
Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average



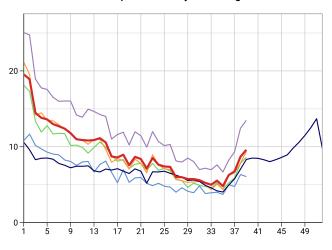
#### Respiratory Infections - by region



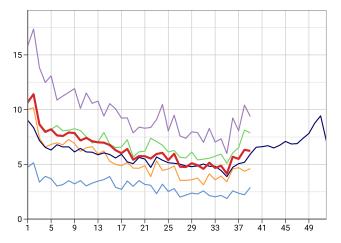
## Upper Respiratory Tract Infections (URTI) Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



ECLD - Asthma Exacerbations Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



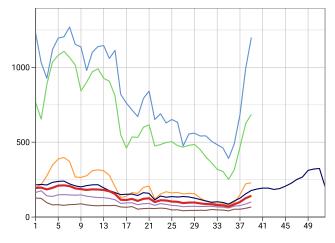
ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



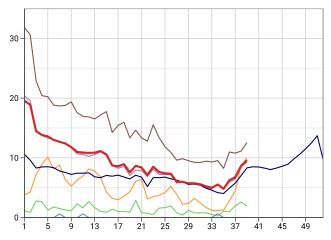
#### Respiratory Infections - by age band



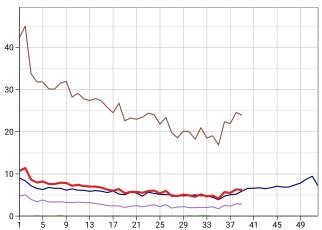
Upper Respiratory Tract Infections (URTI)
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average



ECLD - Asthma Exacerbations Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



### Respiratory Infections - by region Respiratory Infections - by age band National London South All ages 5-14yrs 65+yrs 5 Year Avg North Midlands And East 5 Year Avg 1-4yrs 15-64yrs LRTI - Pneumonia LRTI - Pneumonia Weekly incidence (per 100,000 all ages) by region for 2024/25 Weekly incidence (per 100,000 all ages) by age band for compared with 5 year average 2024/25 compared with 5 year average 25 20 15 10 2 25 **LRTI - Acute Bronchitis LRTI - Acute Bronchitis** Weekly incidence (per 100,000 all ages) by region for 2024/25 Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average compared with 5 year average 25 29 33 37 41 45 **LRTI - Bronchiolitis LRTI - Bronchiolitis** Weekly incidence (per 100,000 all ages) by age band for Weekly incidence (per 100,000 all ages) by region for 2024/25 2024/25 compared with 5 year average compared with 5 year average 300 200 100

17 21 25 29 33

13

25

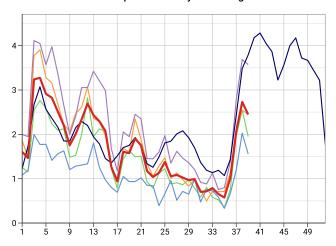
29 33

21

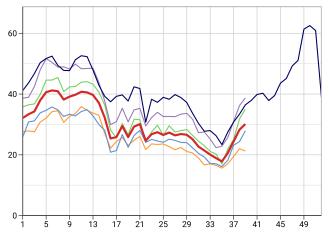
#### Respiratory Infections - by region

## National London South 5 Year Avg North Midlands And East

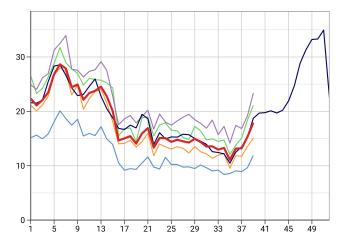
#### URTI - Croup Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



URTI - Tonsillitis/Pharyngitis
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average



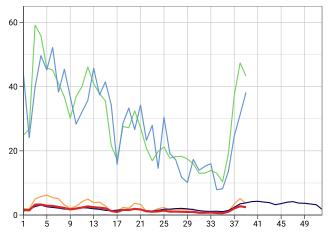
URTI - Otitis Media Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



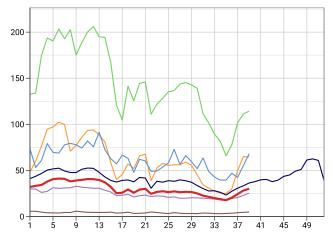
#### Respiratory Infections - by age band



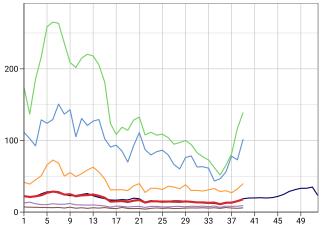
URTI - Croup Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



URTI - Tonsillitis/Pharyngitis
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average



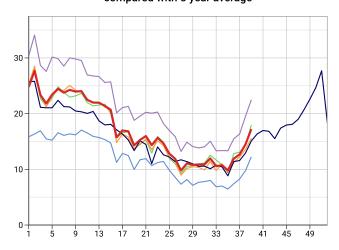
URTI - Otitis Media Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



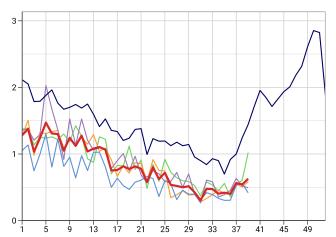
#### Respiratory Infections - by region

## National London South 5 Year Avg North Midlands And East

#### URTI - Sinusitis Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



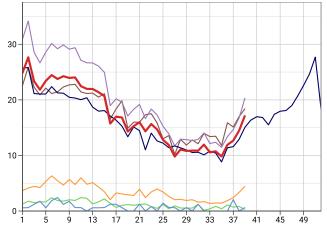
URTI - Laryngitis Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



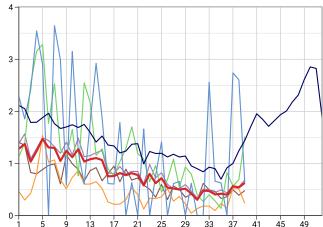
#### Respiratory Infections - by age band



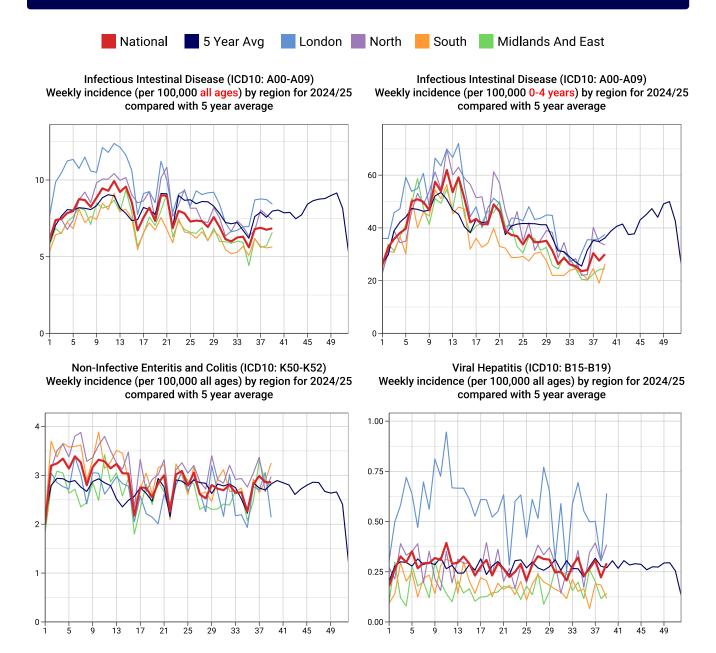
URTI - Sinusitis Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



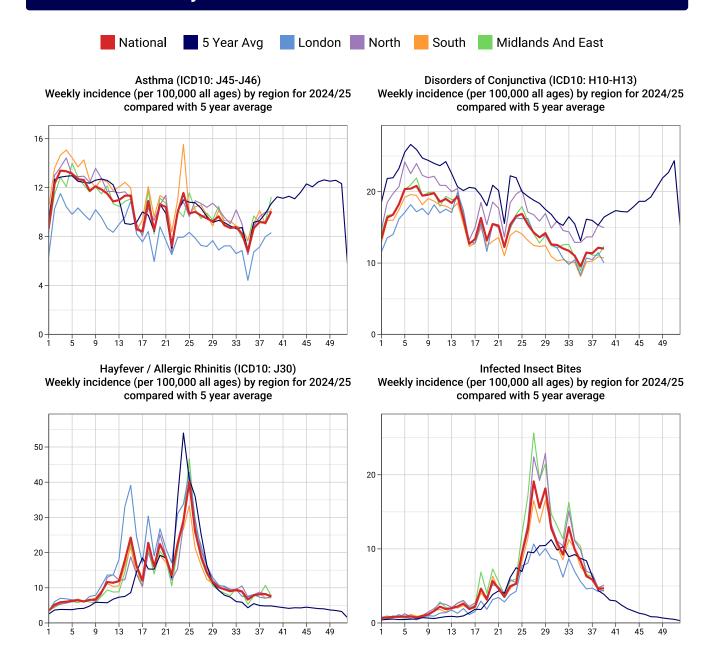
URTI - Laryngitis Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



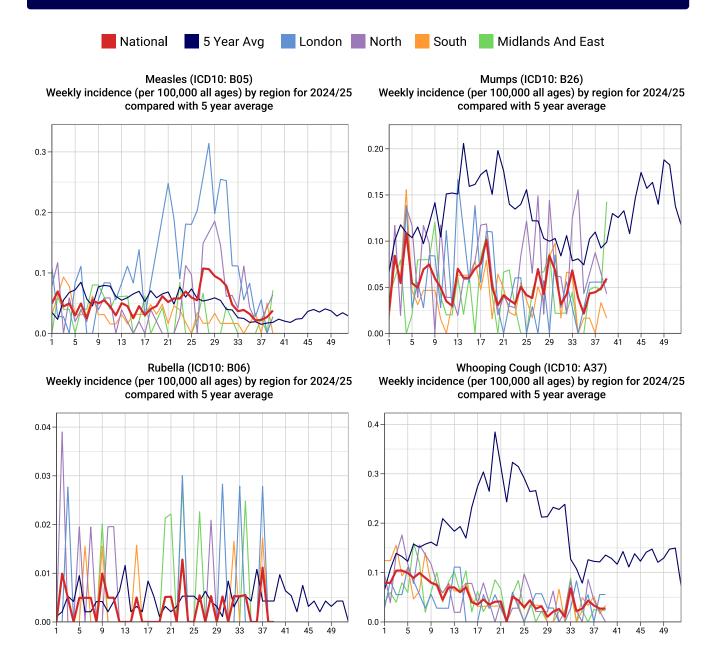
## 2. Water and Food Borne Disorders



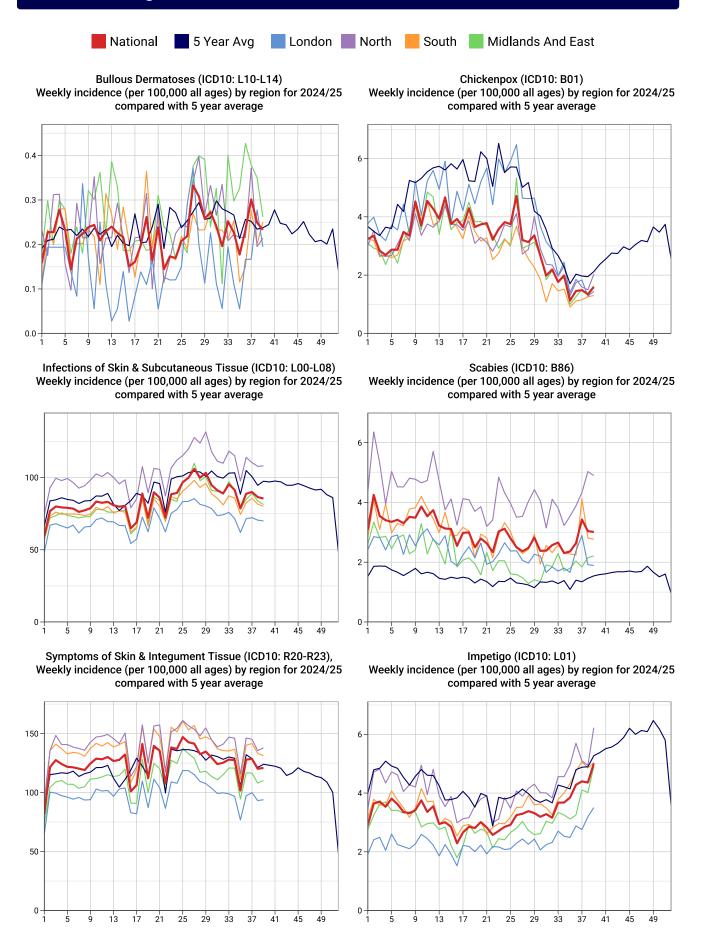
## 3. Environmentally Sensitive Disorders

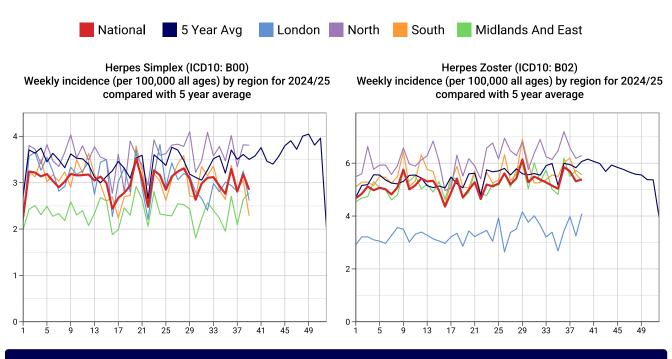


## **4. Vaccine Sensitive Disorders**



## 5. Skin Contagions

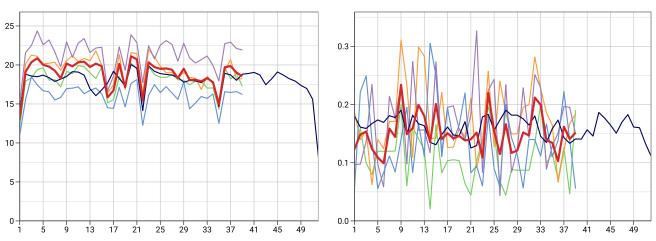




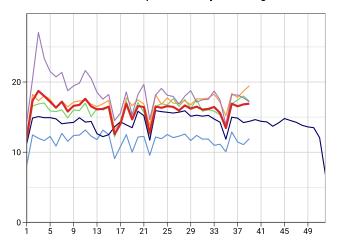
## 6. Disorders Affecting the Nervous System

Disorders of Peripheral Nervous System (ICD10: G50-G64,G70-G72), Weekly incidence (per 100,000 all ages) by region for 2024/25 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 2024/25 compared with 5 year average



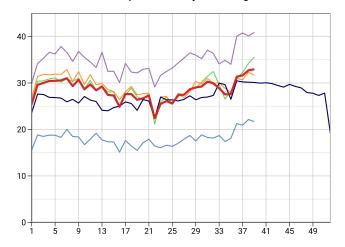
Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



## 7. Genitourinary System Disorders

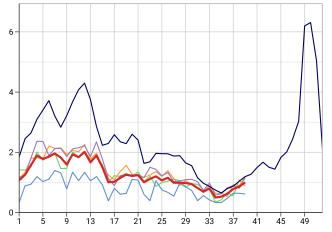


Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average

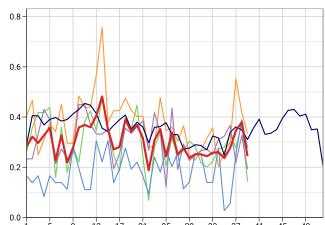


## 8. Other Disorders

Strep Sore Throat, Scarlatina and Peritonsillar Abscess (ICD10: A38,J020,J36), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average



## 9. Tabular Summary by Disease

	Week 36	Week 37	Week 38	Week 39
Dates	01/09/2025 - 07/09/2025	08/09/2025 - 14/09/2025	15/09/2025 - 21/09/2025	22/09/2025 - 28/09/2025
Population	18,474,622	17,917,722	18,463,704	18,465,583
Practice Count	1,762	1,715	1,767	1,763

	Wee	k 36	Wee	ek 37	Wee	k 38	Wee	ek 39
Disease	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	0.8	146	0.8	146	1.1	200	1.3	238
Acute Respiratory Infections (ARI)	137.1	25,334	156.7	28,085	193.6	35,744	219.1	40,449
Allergic Rhinitis	7.9	1,457	8.2	1,463	8.2	1,516	7.5	1,385
Asthma	8.7	1,605	9.2	1,647	9.1	1,683	10.1	1,857
Bronchiolitis	0.5	100	0.9	157	1.4	255	1.4	260
Bullous Dermatoses	0.2	43	0.3	54	0.2	46	0.2	43
COVID-19	1.7	317	2.1	374	3.0	546	3.6	666
Chickenpox	1.5	269	1.5	266	1.3	248	1.6	294
Conjunctival Disorders	11.5	2,118	11.4	2,037	12.1	2,243	12.0	2,221
Croup	1.0	188	2.1	370	2.7	504	2.4	452
ECLD - COPD exacerbations	5.7	1,052	5.5	985	6.3	1,169	6.2	1,150
ECLD - asthma exacerbations	6.3	1,158	6.8	1,211	8.7	1,603	9.6	1,772
Exacerbations of chronic lung disease (ECLD)	12.0	2,215	12.2	2,184	15.0	2,761	15.8	2,922
Herpes Simplex	3.3	609	2.8	503	3.2	588	2.8	526
Herpes Zoster	5.9	1,081	5.7	1,020	5.3	981	5.4	995
Impetigo	4.3	791	4.4	788	4.4	805	5.0	925
Infected Insect Bites	6.3	1,164	5.9	1,054	4.6	850	4.7	867
Infectious Intestinal Diseases	6.8	1,257	6.9	1,234	6.8	1,248	6.9	1,265
Infectious Mononucleosis	0.3	51	0.3	62	0.4	70	0.2	45
Influenza-like Illness (ILI)	1.6	287	1.7	302	2.0	377	3.3	606
Laryngitis	0.4	74	0.6	101	0.5	100	0.6	116
Lower respiratory tract infections (LRTI)	43.6	8,055	47.1	8,433	56.2	10,369	64.5	11,907
Measles	0.0	4	0.0	4	0.0	5	0.0	7
Meningitis and Encephalitis	0.1	19	0.2	29	0.1	26	0.2	28
Mumps	0.0	8	0.0	8	0.0	9	0.1	11
Non-infective Enteritis and Colitis	2.8	521	3.0	535	2.9	528	2.9	528
Peripheral Nervous Disease	19.7	3,641	19.9	3,558	19.0	3,513	18.6	3,427
Pneumonia	2.6	482	2.6	467	2.9	540	2.8	512
Rubella	0.0	0	0.0	2	0.0	0	0.0	0
Scabies	2.6	487	3.4	614	3.0	561	3.0	556
Sinusitis	11.9	2,201	12.7	2,270	14.5	2,673	17.2	3,179
Skin and Subcutaneous Tissue Infections	88.8	16,397	90.0	16,130	86.5	15,966	85.5	15,780
Strep Throat and Peritonsillar Abscess	0.6	115	0.8	140	0.9	159	1.0	184
Symptoms involving Skin and Integument Tissues	128.0	23,640	128.6	23,045	120.2	22,189	120.9	22,329
Symptoms involving musculoskeletal	16.9	3,124	16.5	2,964	16.8	3,105	16.9	3,123
Tonsillitis and Pharyngitis	20.5	3,793	24.4	4,371	28.3	5,217	30.1	5,562
Upper respiratory tract infections (URTI)	84.9	15,689	100.7	18,046	125.9	23,249	142.0	26,222
Urinary Tract Infections	31.3	5,791	31.6	5,668	32.7	6,041	32.9	6,083
Viral Hepatitis	0.3	49	0.3	55	0.2	41	0.3	54
Whooping Cough	0.0	8	0.0	6	0.0	5	0.0	5

#### **Further Information**

#### Focus on winter respiratory infections and infections with epidemic or pandemic infection

A key role of the RSC is to monitor conditions that cause winter pressures on the NHS, as well as provide early warnings of outbreaks, epidemics, and pandemics. The RSC has been collecting data on infections since 1957, conducting sentinel surveillance since 1967 (with virology added in 1993), and serosurveillance from 2000.

Pages 2-6 of this report focus on influenza-like illness (ILI), virology data, and acute respiratory infections (ARI). ILI is the name given to clinically identified flu cases, around half of which will be due to the influenza virus (the other half will be due to other viruses).

#### Measuring the level of circulating influenza

The level of influenza-like illness (ILI) is reported using intensity thresholds (Graph A, page 2 and Table E, page 4). These are calculated using the Moving Epidemic Method (MEM). MEM works by identifying seasonal epidemic peaks and then calculating a baseline threshold and intensity levels based on pre- and post-epidemic rates. This provides a better measure of severity of ILI than simply comparing it to the five-year average rate.

The MEM intensity levels for ILI are defined as follows:

Threshold to Medium Below 40% percentile

Medium to High From 40% to below 90% percentile
High to Very High From 90% to below 97.5% percentile

Above Very High At or above 97.5% percentile

The MEM methodology is used by the UK Health Security Agency (UKHSA) and by the European Centre for Disease Prevention and Control (ECDC) to standardise reporting of influenza activity.

More information about MEM can be found at:

https://www.ecdc.europa.eu/en/news-events/acute-respiratory-infections-eueea-epidemiological-update-and-current-public-health

#### Rate of monitored conditions

Our monitored conditions are reported as the number of new cases each week per 100,000 population. We refer to this as the 'weekly incidence'. All conditions are shown with males and females combined.

The report's population, also called the denominator, is the registered population of RSC practices who share anonymised data for this report. The denominator varies weekly as patients register and deregister; additionally, a practice's data may not be included if there is an issue with data extraction.

#### Five-year averages

In addition to weekly incidence rates, we plot a five-year average for most conditions. Previously a ten-year average was used, but this window was shortened to reflect faster changes in seasonal variations and therefore enable a more meaningful comparison to relevant historic trends. COVID-19 pandemic years are excluded from this calculation for some conditions.

#### Regional rates of monitored conditions

In addition to a national rate, we present regional rates for all monitored conditions for four regions of England. The four RSC regions are aggregated NHS regions:

North NHS North East and Yorkshire, and North West regions

Midlands and East NHS East of England and Midlands regions

South NHS South East and South West regions

**London** NHS London region

#### Reporting of acute respiratory infections (ARI) by age band

In addition to regional rates, we report rates by age band for ARI. We display five age bands: those aged under 1 year, 1-4 years, 5-14 years, 15-64 years, and those aged 65 years and over. We subdivide ARI into four categories:

- influenza-like illness (ILI);
- exacerbations of chronic lung disease (ECLD), mainly asthma and chronic obstructive pulmonary disease (COPD);
- lower respiratory tract infections (LRTI), including bronchitis and pneumonia;
- upper respiratory tract infections (URTI), including tonsilitis and sinusitis.

More information about our classification of ARI can be found at:

https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2024.29.35.2300682

#### **About the RCGP Research and Surveillance Centre (RSC)**

#### What we do

Established in 1957, the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) 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 provides weekly reports about health and disease: the Weekly Returns Service (WRS). The WRS has been produced since 1967, in collaboration with the UK Health Security Agency (UKHSA) and its predecessor bodies. The University of Oxford currently provides the WRS on behalf of RCGP and UKHSA.

The RSC is active in research and surveillance. In addition to the WRS, the RSC contributes data to UKHSA's Syndromic Surveillance system, and supports vaccine effectiveness studies. The role of general practice members of the RSC is set out in an annual commissioning letter.

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

www.rcgp.org.uk/representing-you/research-at-rcgp/research-surveillance-centre

#### Our data extraction process and governance

Data are extracted on behalf of the RSC from practice computerised medical record systems, twice a week by Magentus Data Management, or daily by EMIS-X Analytics (EXA).

Data are pseudonymised as close to source as possible. Data are held on secure servers at the Nuffield Department of Primary Care Health Sciences (NDPCHS) at the University of Oxford. Our systems meet the requirements of the General Data Protection Regulation (GDPR). Further information about the NHS England approval of the RSC's data security can be found at:

https://www.dsptoolkit.nhs.uk/OrganisationSearch/EE133863-MSD-NDPCHS

#### What the data is used for

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.

In addition to the WRS, the data are 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.

#### Get in touch

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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