

# RSC Communicable and Respiratory Disease Report for England

Week Number / Year

16 / 2025

Population

16,632,708

**Dates** 

14/04/2025 - 20/04/2025

No. Practices

1,566

### **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**

Overall rates of influenza-like illness (ILI) continue to decrease in all regions and are around the seasonal average for this time of year (pages 3 to 5). ILI rates are now below the medium threshold across all age bands: see Table (E), page 5.

Rates of acute respiratory infections (ARI) are stable across all regions, remaining at or below the seasonal average, page 7.

Overall rates of COVID-19 are stable and remain low, page 6.

This report includes a respiratory virology update: see Graph (C), page 4. Influenza B is the predominant circulating virus reported by the UK Health Security Agency (UKHSA) Reference Virology Laboratory.

Other comments:

Rates of scabies (page 16) remain 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 ( $^{\diamond}$  or  $^{\diamond}$ ), while a change of more than 10% is marked with a double arrow ( $^{\diamond}$  or  $^{\diamond}$ ). A flat line ( $^{\leftarrow}$ ) indicates the rate was stable, changing less than 5%.

### Region Breakdown

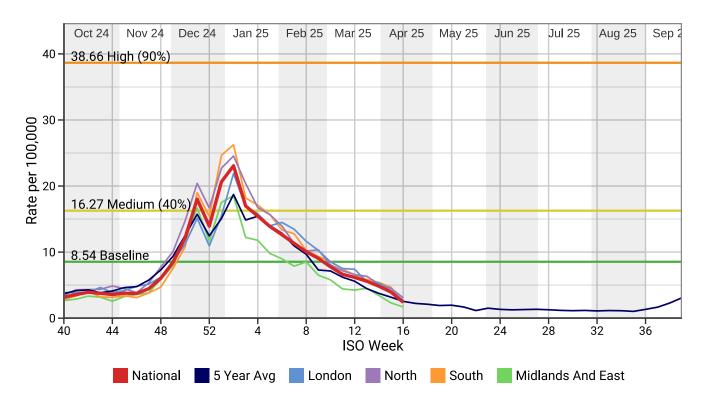
	Acute respiratory infections (ARI)			Influ	Influenza-like illness (ILI)			Exacerbations of chronic lung disease (ECLD)			
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week		
London	141.0	191.5	<b>&gt;</b> −50.5	2.7	4.1	<b>&gt;</b> -1.4	9.2	11.5	<b>&gt;</b> −2.3		
Midlands And East	182.1	239.3	<b>&gt;</b> −57.2	1.7	2.3	<b>&gt;</b> −0.6	14.2	15.7	<b>∨</b> -1.5		
North	214.1	282.0	<b>&gt;</b> −67.9	3.1	4.5	<b>&gt;</b> -1.4	20.2	23.8	<b>&gt;</b> −3.6		
South	157.3	208.5	<b>&gt;</b> −51.2	2.3	4.7	<b>&gt;</b> −2.4	11.8	14.3	<b>以</b> −2.5		
National	174.5	230.6	<b>⇒</b> -56.1	2.4	4.0	<b>⇒</b> −1.5	14.0	16.4	<b>⇒</b> -2.4		
		er respira	atory tract (LRTI)		er respira	atory tract (URTI)		COVII	D-19		
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week		
London	40.3	53.2	<b>&gt;</b> −13.0	94.1	131.6	<b>&gt;</b> −37.4	0.7	0.8	<b>&gt;</b> −0.2		
Midlands And East	66.5	83.5	<b>&gt;</b> −17.0	108.4	148.3	<b>&gt;</b> −39.9	0.5	1.1	<b>&gt;</b> −0.6		
North	84.4	103.9	<b>&gt;</b> −19.5	121.3	169.4	<b>&gt;</b> −48.1	0.6	0.9	<b>&gt;</b> −0.3		
South	59.7	74.7	<b>&gt;</b> −15.0	94.1	128.4	<b>&gt;</b> −34.2	0.6	1.0	<b>&gt;</b> −0.4		
			*			• • • • • •					

	Acute respiratory infections (ARI)			Influ	uenza-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	851.5	1,274.0	<b>&gt;</b> −422.5	3.8	7.5	<b>&gt;</b> −3.7	0.0	0.0	<b>-</b> 0.0	
1-4yrs	540.5	837.6	<b>&gt;</b> −297.0	1.7	4.2	<b>以</b> −2.5	0.9	1.1	<b>&gt;</b> −0.1	
5-14yrs	136.4	217.8	<b>&gt;</b> −81.4	0.8	1.7	<b>&gt;</b> −0.9	3.0	3.7	<b>&gt;</b> −0.8	
15-64yrs	135.1	174.0	<b>&gt;</b> −38.9	2.8	4.0	<b>以</b> −1.2	10.5	12.7	<b>&gt;</b> −2.2	
65+yrs	235.8	272.3	<b>&gt;</b> −36.5	2.2	4.9	<b>以</b> −2.7	37.9	42.4	<b>&gt;</b> −4.5	
All ages	174.5	230.6	<b>⇒</b> -56.1	2.4	4.0	<b>⇒</b> −1.5	14.0	16.4	<b>⇒</b> -2.4	
	Lower respiratory tract infections (LRTI)			Upper re	espiratory (URT	tract infections I)	COVID-19			
	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	186.1	296.4	<b>&gt;</b> −110.4	745.0	1,090.6	<b>&gt;</b> −345.6	4.5	2.2	<b>☆</b> 2.3	
1-4yrs	87.6	142.7	<b>&gt;</b> −55.2	499.3	763.0	<b>&gt;</b> −263.7	0.3	0.3	<del>-</del> 0.0	
5-14yrs	19.2	31.5	<b>以</b> −12.3	119.3	190.0	<b>&gt;</b> −70.7	0.0	0.1	<b>&gt;</b> −0.1	
15-64yrs	46.9	58.9	<b>&gt;</b> −12.0	81.9	107.5	<b>&gt;</b> −25.6	0.4	0.7	<b>&gt;</b> −0.3	
65+yrs	145.4	165.6	<b>&gt;</b> −20.2	63.2	74.0	<b>&gt;</b> −10.8	1.5	2.5	<b>&gt;</b> −1.1	
All ages	63.8	79.8	<b>⇒</b> −16.0	104.4	143.8	<b>⇒</b> −39.4	0.6	1.0	<b>⇒</b> -0.4	

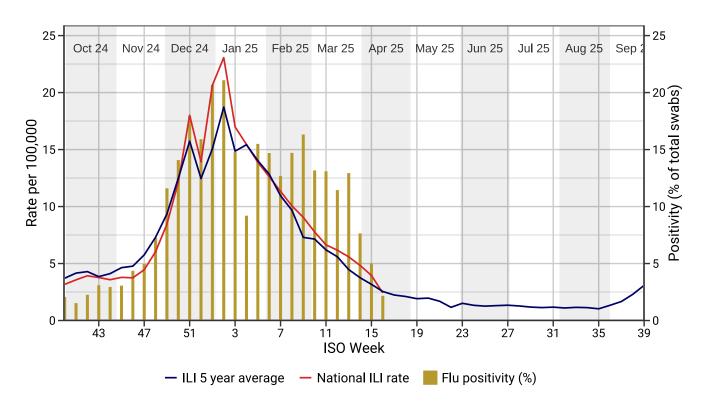
### 2024/25 Focus

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

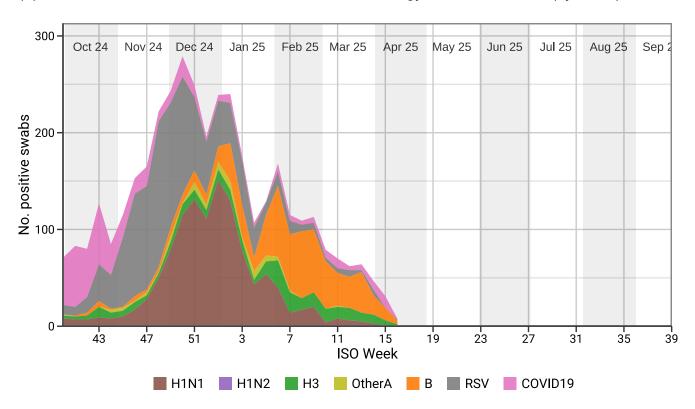
The horizontal lines in the following graph are thresholds derived from the Moving Epidemic Method (MEM) model. See p20 for more information.



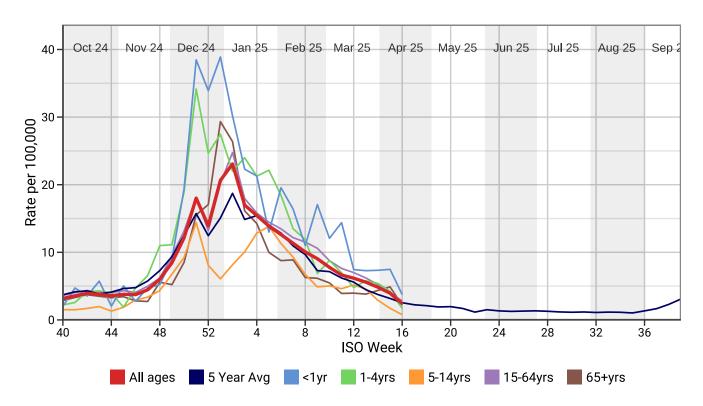
### (B) RCGP/UKHSA influenza virology swab surveillance



### (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

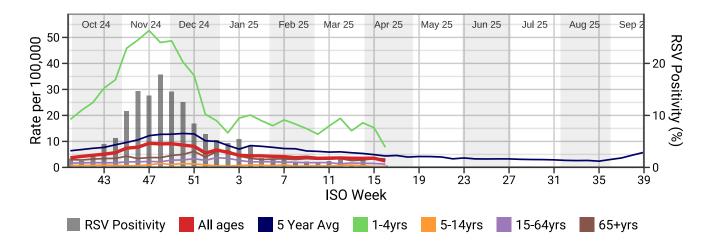
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - thresholds are shown in the second table. Refer to page 19 for more information.

	33	34	35	36	37	38 3	39 40	) 41	42	43	44	45	46	47	48	8	49	50
1-4yrs	0.9	0.6	0.6	0.7	0.9	3.0 2	2.1 2.2	2 2.6	4.2	4.3	4.0	1.9	4.7	6.6	11.	0 ′	11.1	18.9
5-14yrs	0.2	0.4	0.2	0.4	0.4	1.2 1	.8 1.5	5 1.5	1.7	2.0	1.3	1.9	2.9	3.4	4.	4	6.8	9.2
15-64yrs	1.2	1.2	1.0	1.7	1.8	2.5 2	2.8 3.6	5 4.0	4.4	4.1	4.1	4.3	4.1	5.0		2	9.5	13.1
65+yrs	1.0	1.0	0.9	0.8	1.6	1.8 1	.7 2.9	3.3	3.7	3.5	3.3	3.4	2.8	2.7	5.	6	5.2	8.5
All ages	1.0	1.1	0.9	1.3	1.5	2.3 2	2.5 3.2	2 3.6	3.9	3.8	3.6	3.8	3.7	4.5	6.	0	8.5	12.1
	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1-4yrs	34.2	24.7	27.5	22.0	24.0	21.3	22.1	18.4	13.5	11.9	6.9	8.8	7.0	4.8	5.8	5.4	4.2	1.7
5-14yrs	14.4	8.1	6.1	8.2	10.1	12.8	13.8	11.3	9.3	6.7	4.9	5.0	4.6	5.2	4.6	2.9	1.7	0.8
		400	20.2	24.8	18.0	15.8	14.5	13.5	12.2	11.5	10.6	8.8	7.6	7.0	6.2	5.2	4.0	2.8
15-64yrs	18.1	13.2	20.2	24.0	10.0	10.0	17.0	10.0										
15-64yrs 65+yrs	18.1 15.5	17.1	29.3	26.4	16.1	14.3	10.0	8.8	8.9	6.3	6.2	5.5	3.9	4.0	3.8	4.4	4.9	2.2

	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.

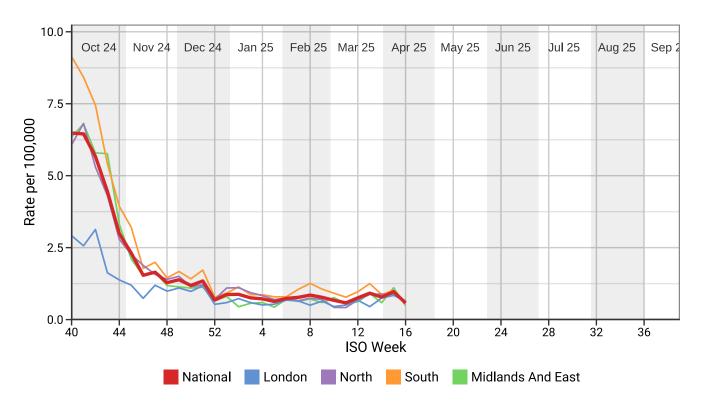


### Weekly incidence rates of influenza-like illness, and acute bronchitis and bronchiolitis (per 100,000)

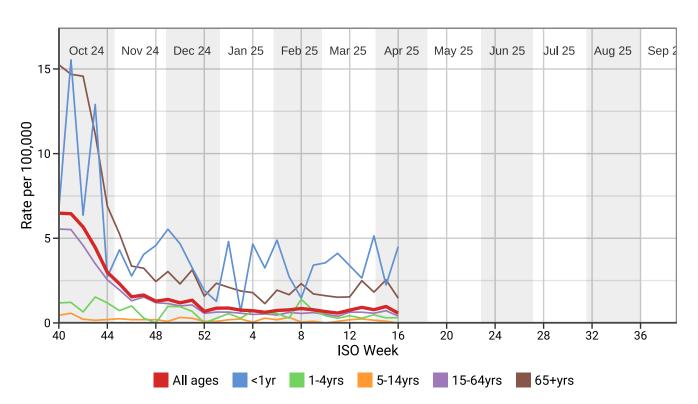
	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	3.8	90.0
1-4yrs	1.7	7.8
5-14yrs	0.8	0.4
15-24yrs	1.6	0.7
25-44yrs	3.5	1.1
45-64yrs	2.6	1.8
65-74yrs	2.1	3.2
75-84yrs	2.5	3.3
85+yrs	1.7	3.2
All ages	2.4	2.5

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	2.7	1.8
Midlands And East	1.7	2.8
North	3.1	3.1
South	2.3	2.0
National	2.4	2.5

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

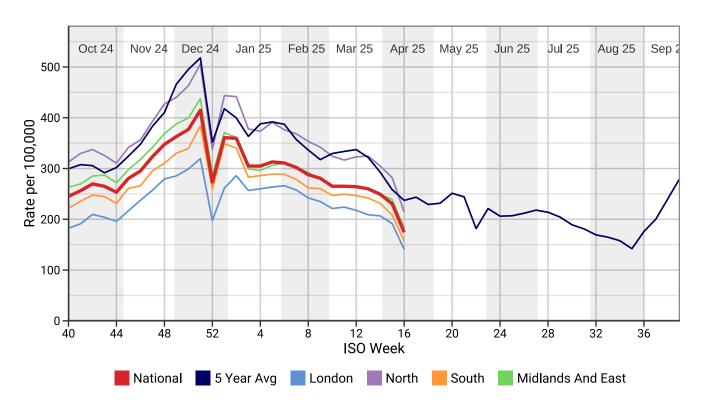


### (H) COVID-19: national incidence rate by age band

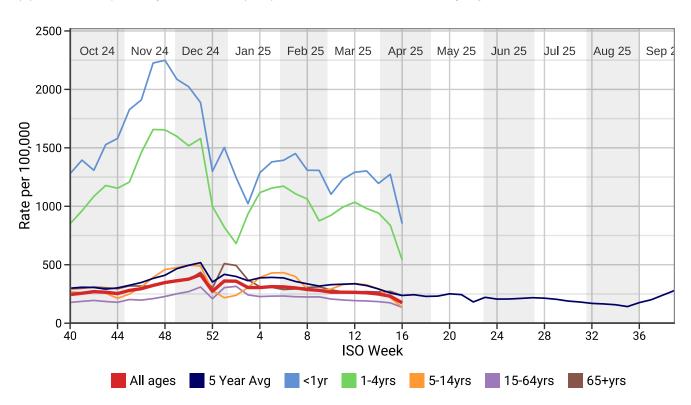


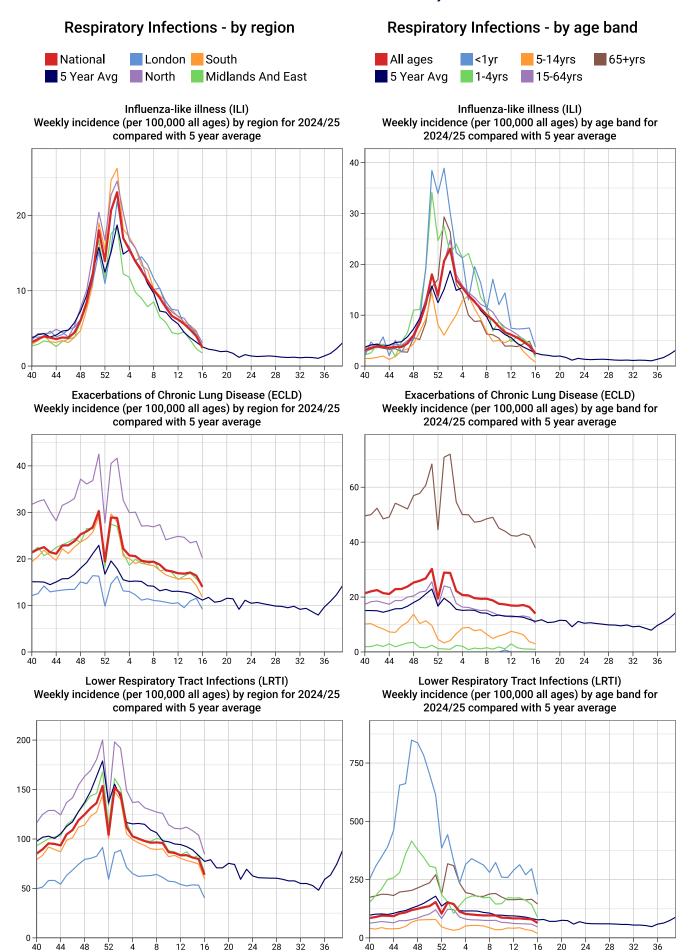
### 1. Respiratory Infections

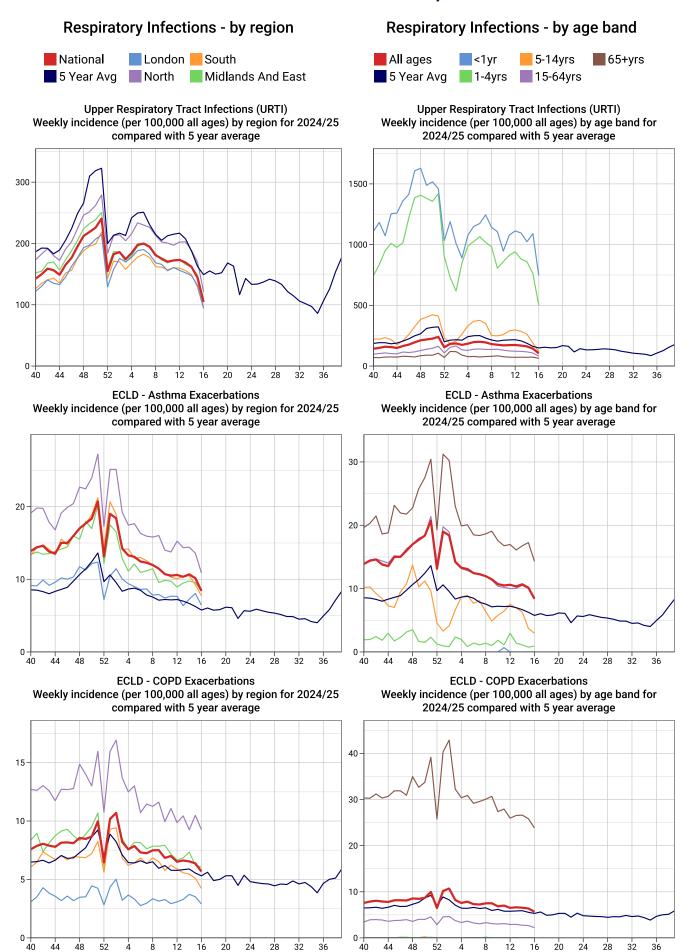
### (I) Acute Respiratory Infections (ARI): national incidence rate by region

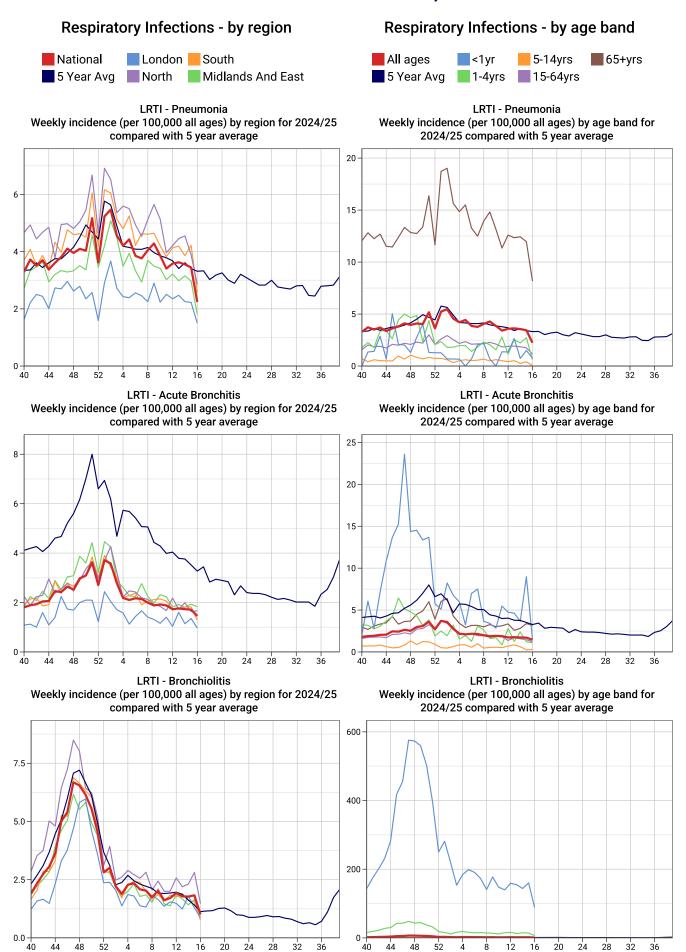


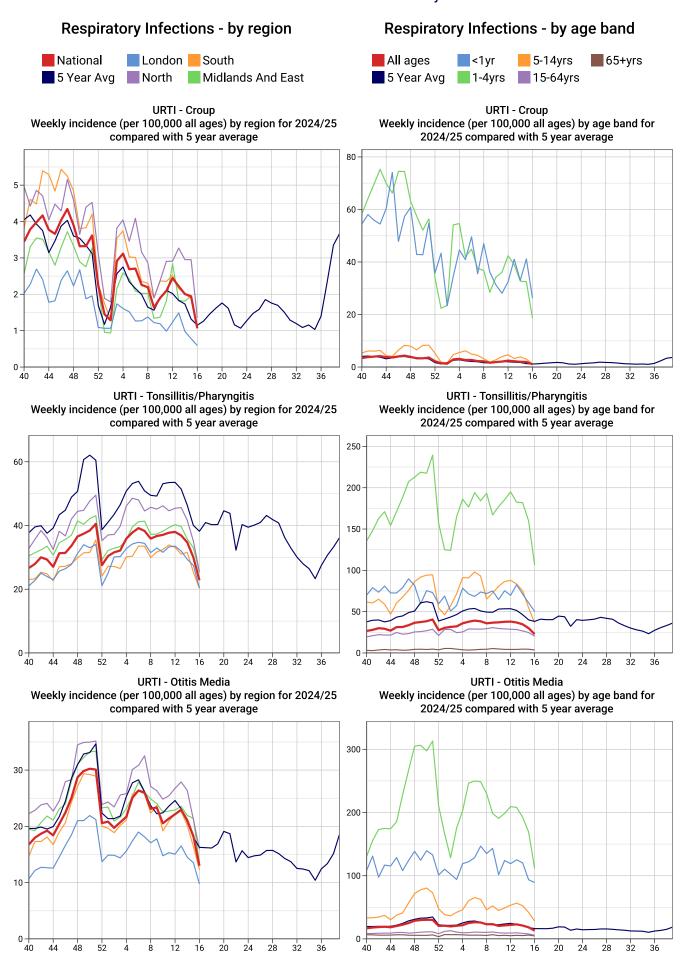
### (J) Acute Respiratory Infections (ARI): national incidence rate by age band

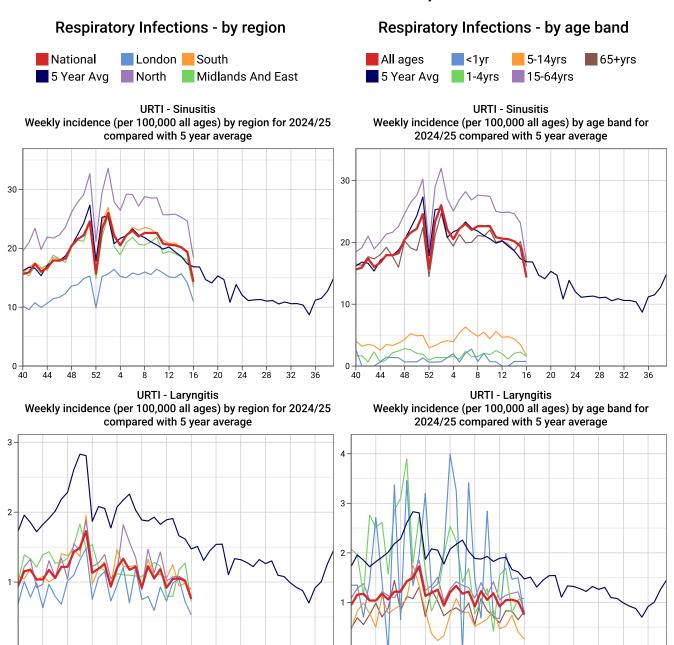








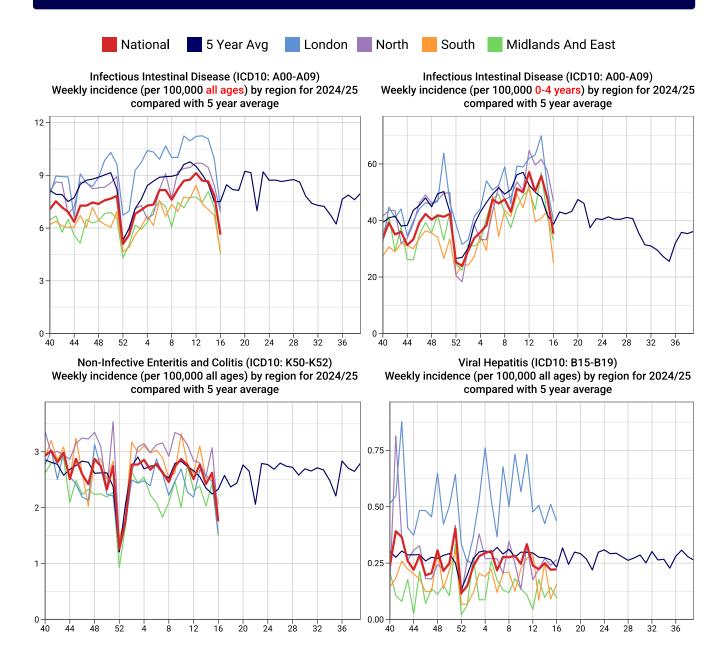




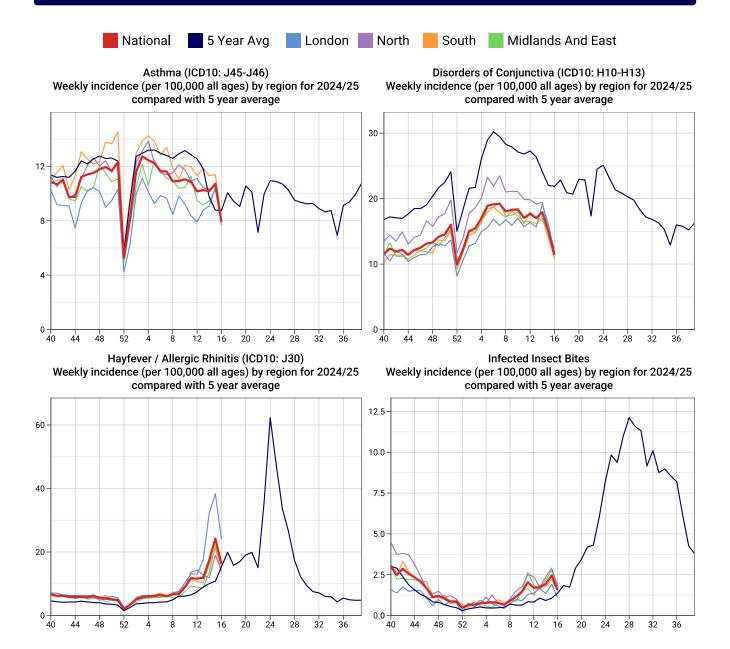
40 44

28 32 36

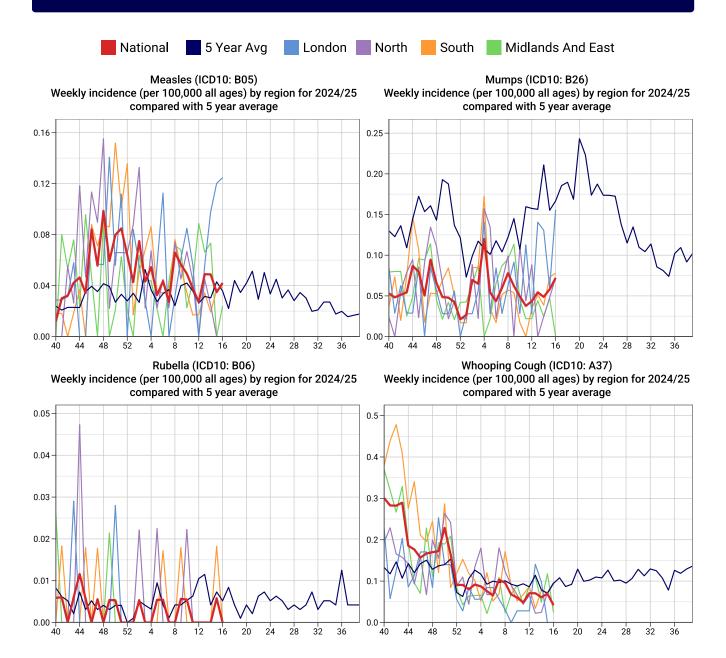
### 2. Water and Food Borne Disorders



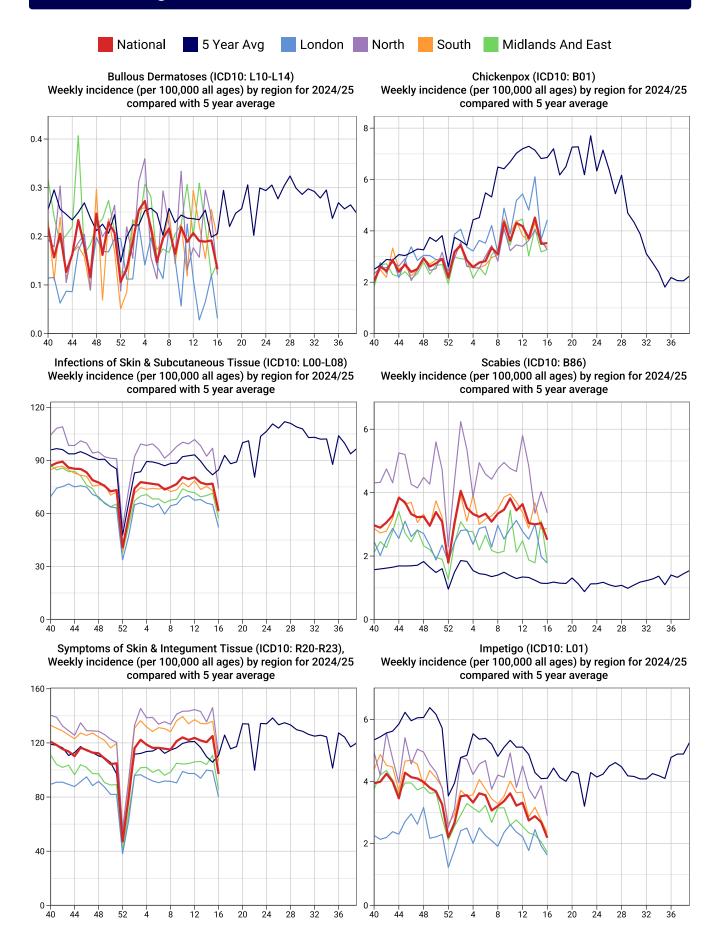
### 3. Environmentally Sensitive Disorders

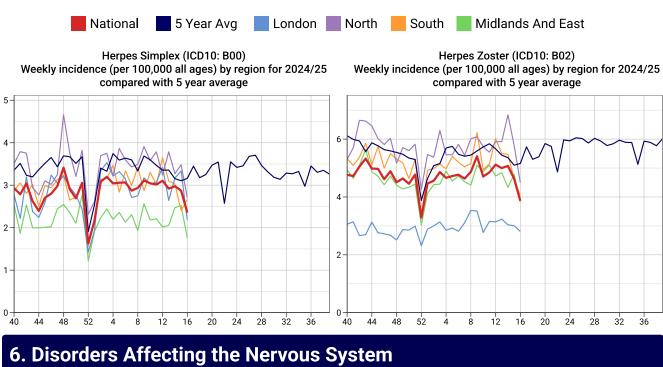


### **4. Vaccine Sensitive Disorders**



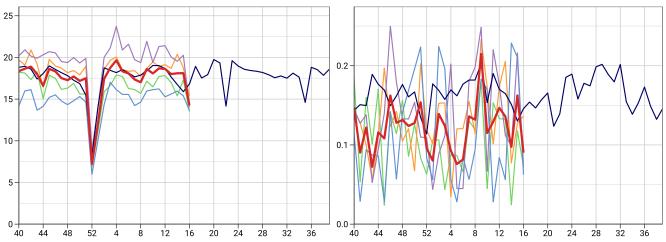
### 5. Skin Contagions



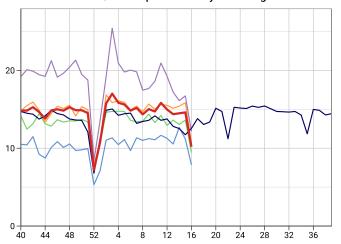


Disorders of Peripheral Nervous System (ICD10: G50-G64,G70-G72), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average

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



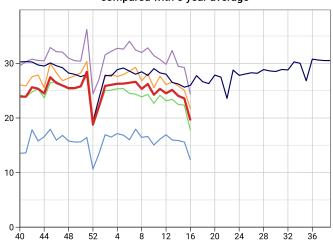
Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



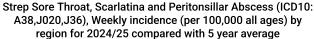
### 7. Genitourinary System Disorders



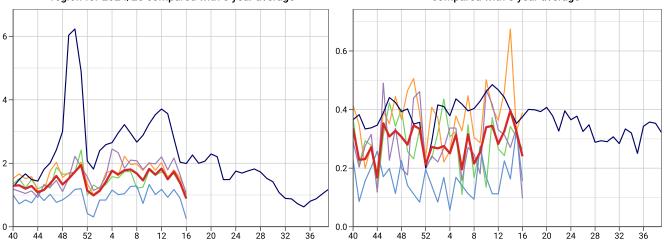
Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average



### 8. Other Disorders



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 13	Week 14	Week 15	Week 16
Dates	24/03/2025 - 30/03/2025	31/03/2025 - 06/04/2025	07/04/2025 - 13/04/2025	14/04/2025 - 20/04/2025
Population	18,387,061	16,398,684	17,226,690	16,632,708
Practice Count	1,710	1,523	1,614	1,566

	Wee	ek 13	Wee	ek 14	Wee	k 15	Wee	ek 16
Disease	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	1.8	324	1.7	284	1.7	295	1.5	242
Acute Respiratory Infections (ARI)	259.9	47,787	249.3	40,881	230.6	39,720	174.5	29,024
Allergic Rhinitis	11.9	2,189	17.4	2,854	24.2	4,173	16.3	2,706
Asthma	10.2	1,884	10.2	1,671	10.7	1,847	7.9	1,317
Bronchiolitis	1.8	328	1.8	291	1.8	315	1.0	168
Bullous Dermatoses	0.2	35	0.2	31	0.2	33	0.1	22
COVID-19	0.9	169	0.8	128	1.0	167	0.6	96
Chickenpox	3.7	683	4.5	741	3.5	602	3.5	586
Conjunctival Disorders	17.0	3,130	17.9	2,939	15.0	2,578	11.4	1,898
Croup	2.2	408	2.0	329	1.9	335	1.1	177
ECLD - COPD exacerbations	6.6	1,218	6.5	1,073	6.4	1,098	5.7	944
ECLD - asthma exacerbations	10.3	1,902	10.7	1,752	10.2	1,749	8.4	1,399
Exacerbations of chronic lung disease (ECLD)	16.8	3,094	17.1	2,802	16.4	2,825	14.0	2,326
Herpes Simplex	2.9	537	3.0	488	2.9	495	2.4	392
Herpes Zoster	5.0	919	5.1	832	4.6	797	3.9	643
Impetigo	2.7	504	2.9	472	2.7	463	2.2	363
Infected Insect Bites	1.7	319	1.9	317	2.5	423	1.5	256
Infectious Intestinal Diseases	8.7	1,600	8.7	1,419	7.8	1,352	5.6	936
Infectious Mononucleosis	0.3	60	0.4	65	0.3	56	0.2	40
Influenza-like Illness (ILI)	5.6	1,027	4.8	793	4.0	681	2.4	402
Laryngitis	1.0	192	1.1	173	1.0	175	0.8	126
Lower respiratory tract infections (LRTI)	83.6	15,379	81.2	13,323	79.8	13,746	63.8	10,610
Measles	0.0	9	0.0	8	0.0	6	0.0	7
Meningitis and Encephalitis	0.1	25	0.1	16	0.2	28	0.1	15
Mumps	0.1	10	0.0	8	0.1	10	0.1	12
Non-infective Enteritis and Colitis	2.8	509	2.4	397	2.6	452	1.8	292
Peripheral Nervous Disease	18.0	3,310	18.1	2,968	18.1	3,120	14.3	2,371
Pneumonia	3.6	667	3.6	583	3.4	594	2.2	373
Rubella	0.0	0	0.0	0	0.0	1	0.0	0
Scabies	3.0	559	3.0	492	3.0	523	2.5	418
Sinusitis	20.5	3,772	20.2	3,308	19.4	3,336	14.3	2,382
Skin and Subcutaneous Tissue Infections	77.4	14,240	76.4	12,536	76.8	13,237	61.4	10,217
Strep Throat and Peritonsillar Abscess	1.5	275	1.7	285	1.4	239	0.9	148
Symptoms involving Skin and Integument Tissues	121.8	22,390	120.6	19,772	125.1	21,546	97.0	16,135
Symptoms involving musculoskeletal	14.4	2,643	14.5	2,376	14.6	2,517	10.2	1,695
Tonsillitis and Pharyngitis	36.9	6,783	34.7	5,692	30.0	5,171	22.8	3,795
Upper respiratory tract infections (URTI)	168.9	31,051	161.7	26,523	143.8	24,774	104.4	17,370
Urinary Tract Infections	25.1	4,623	24.1	3,944	23.6	4,061	19.5	3,251
Viral Hepatitis	0.2	41	0.3	41	0.2	38	0.2	37
Whooping Cough	0.1	13	0.1	10	0.1	12	0.0	7

### **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.rcqp.orq.uk/representing-you/research-at-rcqp/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:

Director: Professor Simon de Lusignan (Simon.DeLusignanPA@phc.ox.ac.uk)

RCGP Research and Surveillance Centre Policy, Research and Campaigns Royal College of General Practitioners 30 Euston Square London, NW1 2FB

Tel: 020 3188 7400

Nuffield Department of Primary Care Health Sciences Gibson Building Radcliffe Observatory Quarter Woodstock Road Oxford, OX2 6GG Tel: 01865 617855



