

# RSC Communicable and Respiratory Disease Report for England

Week Number / Year

26 / 2025

Population

18,275,193

Dates

23/06/2025 - 29/06/2025

No. Practices

1,757

### **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) are stable in all regions and are around the seasonal average for this time of year (pages 3 to 5). ILI rates are now below the threshold across all age bands: see Table (E), page 5.

Rates of acute respiratory infections (ARI) have decreased slightly in all regions, remaining at or below the seasonal average, page 7.

Overall rates of COVID-19 are increased slightly from last week, page 6.

This report includes a respiratory virology update: see Graph (C), page 4.

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**

Region Breakdo	**!!								
	Acute	respirato (ARI	ry infections )	Influe	nza-like	illness (ILI)		bations o disease (	f chronic lung (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	124.0⊠	131.1🛭	<b>∨</b> -7.1	1.7⊠	1.4🛭	<b>☆</b> 0.2	7.5⊠	7.4🛚	<b>-</b> 0.2
Midlands And East	164.4⊠	166.2🛚	<del></del> -1.8	0.7🛚	1.18	<b>&gt;</b> −0.4	13.3⊠	13.5🛭	<del>-</del> -0.3
North	202.8	204.7🛚	<del></del> -1.8	1.2⊠	1.7🛭	<b>&gt;</b> −0.5	19.7⊠	18.4🛚	<b>^</b> 1.3
South	140.3⊠	143.8	<del></del> -3.6	1.2🛭	0.9🛭	<b>☆</b> 0.3	11.7⊠	11.5🛭	<del>-</del> 0.2
National	158.8	161.3	<del>-</del> -2.6	1.2	1.2	<b>∨</b> -0.1	13.3	12.8	<del>-</del> 0.5
	Lower respiratory tract infections (LRTI)								
			•		er respira	itory tract (URTI)		COVID	)-19
		fections	•			•	This week	COVID	Change since last week
London	This	fections Last	(LRTI) Change since	in This	fections Last	(URTI) Change since		Last	Change since last week
London Midlands And East	This week	fections Last week	(LRTI) Change since last week	This week	fections Last week	(URTI) Change since last week	week	Last week	Change since last week
	This week	Last week	(LRTI) Change since last week  > -1.8	This week	Last week	(URTI) Change since last week  V -6.8	week 1.4⊠	Last week	Change since last week
Midlands And East	This week 27.8 52.0 M	Last week 29.6 51.8	Change since last week  -1.8 -0.2	This week  89.3  105.0	Last week 96.1 \textsquare 105.3 \textsquare	Change since last week  -6.8 -0.3	week 1.4⊠ 0.9⊠	Last week 1.9\textsquare	Change since last week

### Age Group Breakdown

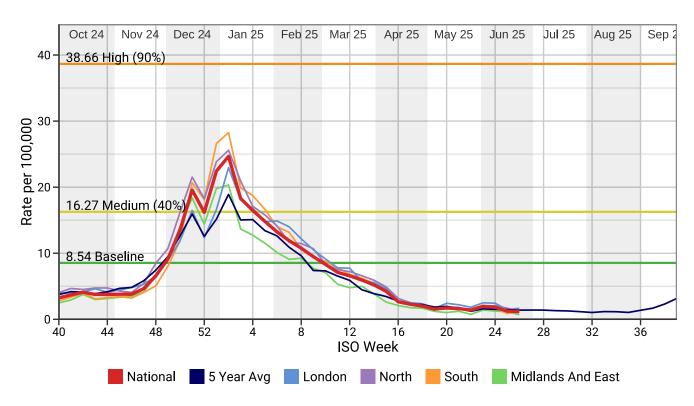
	Acute res	spiratory i	nfections (ARI)	Influ	enza-like	illness (ILI)	Exacerbations of chronic lung disease (ECLD)			
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week	
<1yr	711.4🛭	735.0🛚	<del>-</del> -23.7	0.6	2.1🛭	<b>&gt;</b> −1.5	0.0	0.0	<b>-</b> 0.0	
1-4yrs	522.7🛚	549.4🛚	<del></del> -26.6	0.6	1.2🛚	<b>&gt;</b> −0.6	1.9🛚	1.7⊠	<b>☆</b> 0.3	
5-14yrs	182.7🛭	179.3🛭	<del>-</del> 3.4	0.8	1.0⊠	<b>&gt;</b> −0.3	5.2🛚	4.3🛚	<b>☆</b> 1.0	
15-64yrs	116.8	119.5🛚	<del>-</del> -2.7	1.4🛚	1.4🛚	<del>-</del> 0.0	9.9🛚	9.4🛚	<b>-</b> 0.5	
65+yrs	190.2🛭	190.8	<del></del> -0.5	0.8	0.8	<del>-</del> 0.0	34.2🛚	33.9🛚	<b>-</b> 0.3	
All ages	158.8	161.3	<del>-</del> -2.6	1.2	1.2	<b>∨</b> −0.1	13.3	12.8	<del>-</del> 0.5	
	Lower re	spiratory t	ract infections	Upper re	spiratory t	tract infections		COVID	)-19	

	Lowerie	LRT)	l)	оррег те	URT)	I)		OOVID	, 15
	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	119.5🛚	119.0⊠	<del>-</del> 0.6	633.4🛭	651.5⊠	<del></del> -18.1	3.2⊠	12.0⊠	<b>以</b> −8.8
1-4yrs	69.1🛭	71.4⊠	<del>-</del> -2.3	477.1⊠	503.7⊠	<b>∨</b> -26.6	8.0	1.1🛭	<b>&gt;</b> −0.2
5-14yrs	17.9🛭	19.1⊠	<b>∨</b> -1.2	164.7🛭	161.0⊠	<del>-</del> 3.7	0.1🛭	0.3🛭	<b>&gt;</b> −0.2
15-64yrs	34.6	35.5⊠	<del></del> -0.9	75.5🛚	77.7⊠	<del>-</del> -2.2	1.2🛭	1.5🛚	<b>&gt;</b> −0.3
65+yrs	115.1🛭	115.8	<del></del> -0.7	48.5⊠	47.5⊠	<del></del> 1.0	2.3🛚	2.6	<b>&gt;</b> −0.3
All ages	49.2	50.1	<del>-</del> -0.9	101.7	103.6	<del></del> -1.8	1.3	1.6	<b>&gt; -0.3</b>

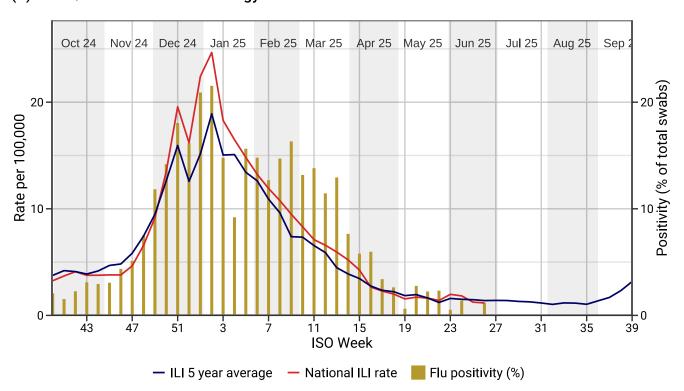
## 2024/25 Focus

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

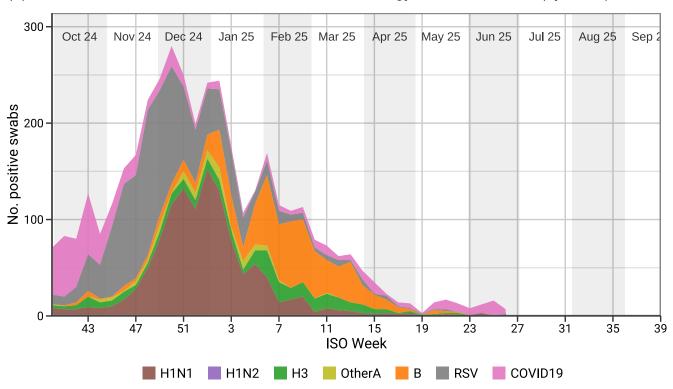
The horizontal lines in the following graph are thresholds derived from the Moving Epidemic Method (MEM) model. See p20 for more information.



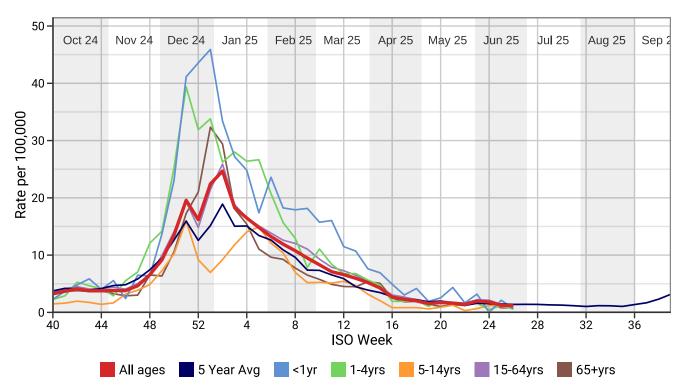
### (B) RCGP/UKHSA influenza virology swab surveillance



### (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

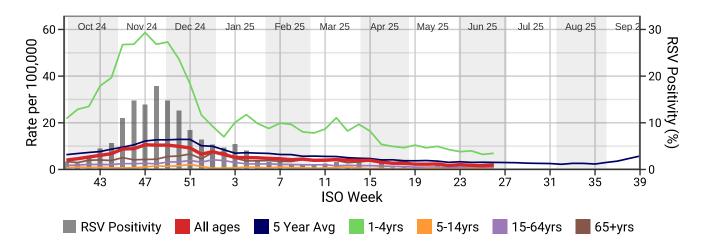
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - thresholds are shown in the second table. Refer to page 19 for more information.

	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8
1-4yrs	4.7	4.1	2.9	5.5	7.1	12.1	14.2	25.3	39.4	31.9	33.8	26.2	28.0	26.4	26.6	20.7	15.7	12.9
5-14yrs	1.7	1.4	1.7	3.2	3.9	4.9	7.3	10.2	16.0	9.2	7.0	9.2	11.8	14.0	14.9	12.1	10.4	7.0
15-64yrs	4.1	4.2	4.4	4.1	5.1	6.6	9.9	14.1	19.4	14.8	21.5	25.9	18.8	16.5	15.1	13.8	12.6	12.0
65+yrs	3.7	3.8	3.3	2.9	3.0	6.5	6.4	10.6	17.3	21.0	32.3	29.4	18.1	15.4	11.1	9.6	9.3	7.7
All ages	3.8	3.8	3.8	3.8	4.6	6.6	9.2	13.5	19.6	16.2	22.4	24.7	18.3	16.5	14.8	13.2	11.9	10.8
		9	10	11	12	13	14	15	16	17	18	19 :	20 2	21 22	2 23	24	25	26
1-4yrs	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 1.	5 1.6	0.5	1.2	0.6
5-14yrs	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 0.3	3 0.7	1.2	1.0	0.8
15-64yrs	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 1.	5 2.2	2.1	1.4	1.4
65+yrs	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		2 2.0	1.5	0.8	0.8
All ages	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		4 2.0	1.8	1.2	1.2

	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.

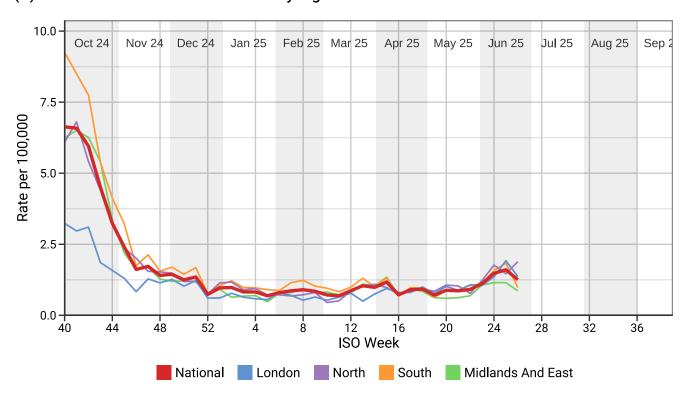


### Weekly incidence rates of influenza-like illness, and acute bronchitis and bronchiolitis (per 100,000)

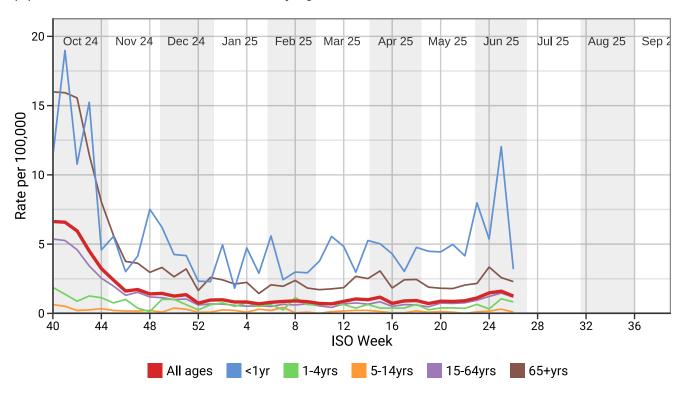
	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	0.6	60.71
1-4yrs	0.6	6.9⋈
5-14yrs	0.8	0.4🛭
15-24yrs	1.0🛚	0.5🛚
25-44yrs	1.5🛚	0.91
45-64yrs	1.4🛚	1.1🛚
65-74yrs	1.1🛭	2.01
75-84yrs	0.6	2.7🛚
85+yrs	0.4🛚	2.4🛚
All ages	1.2🛭	1.9🛚

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	1.7🛭	1.1🛭
Midlands And East	0.7🛭	2.1
North	1.2🛭	2.0
South	1.2🛭	2.0
National	1.2🛚	1.9🛚

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

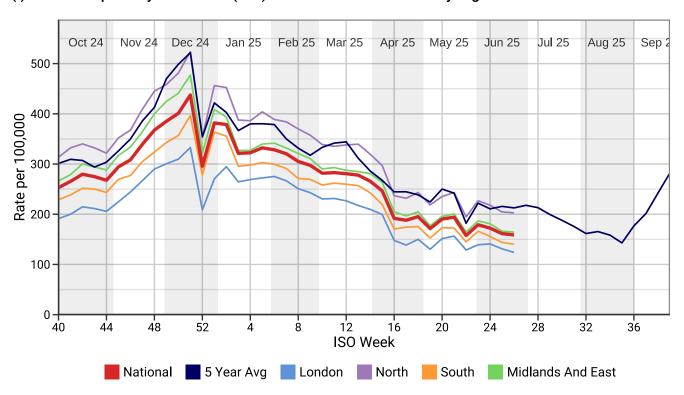


### (H) COVID-19: national incidence rate by age band

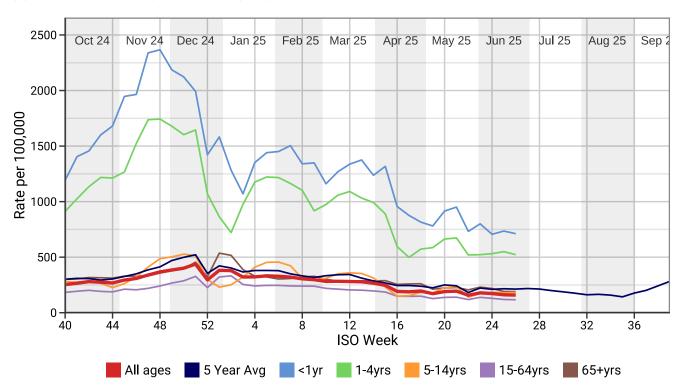


## 1. Respiratory Infections

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

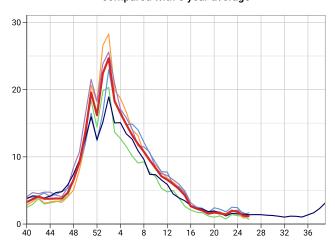


### (J) Acute Respiratory Infections (ARI): national incidence rate by age band

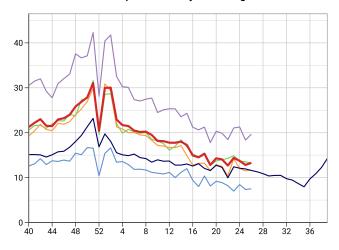


## National London South 5 Year Avg North Midlands And East

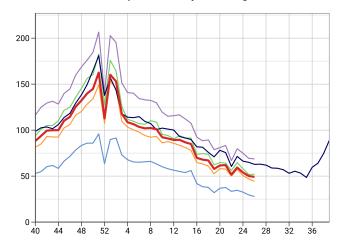
## Influenza-like illness (ILI) Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



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

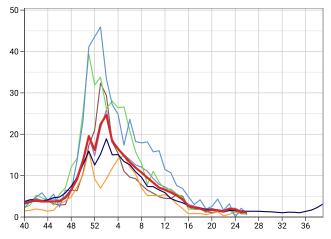


Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average

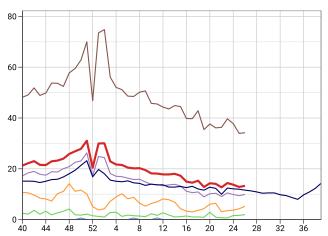




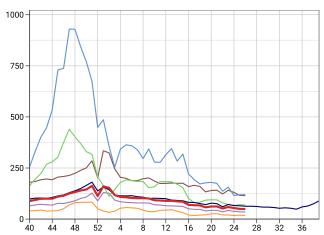
Influenza-like illness (ILI)
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average



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

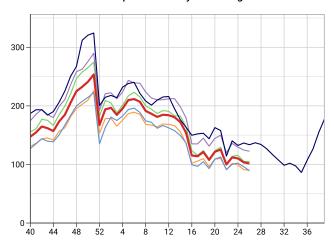


Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average

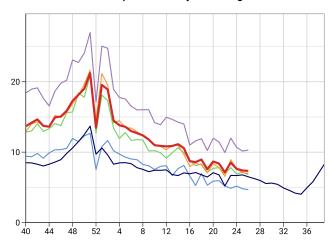


## National London South 5 Year Avg North Midlands And East

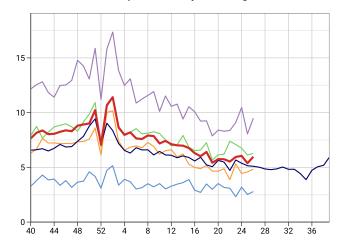
## Upper Respiratory Tract Infections (URTI) Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



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



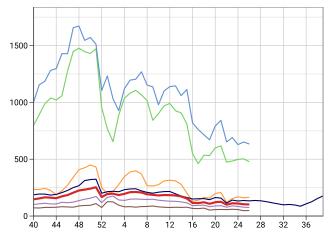
ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



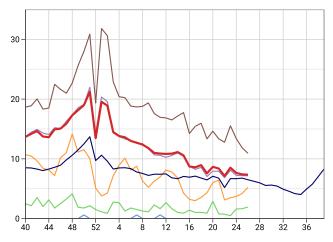
### Respiratory Infections - by age band



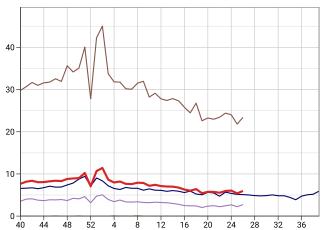
Upper Respiratory Tract Infections (URTI)
Weekly incidence (per 100,000 all ages) by age band for
2024/25 compared with 5 year average



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

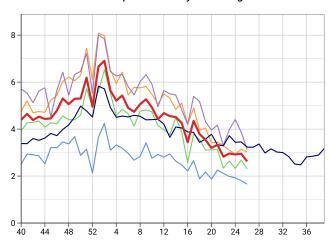


ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average

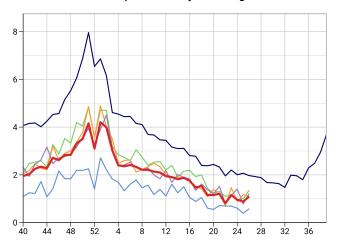


## National London South 5 Year Avg North Midlands And East

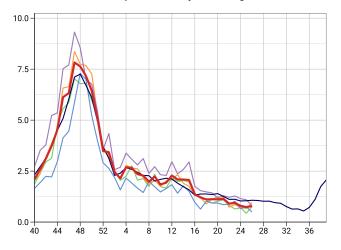
#### LRTI - Pneumonia Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



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

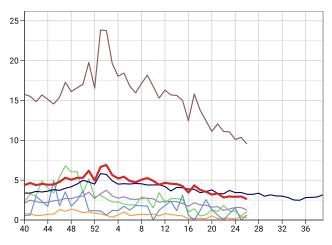


LRTI - Bronchiolitis Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average

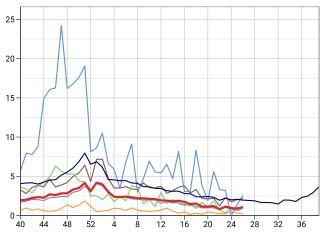




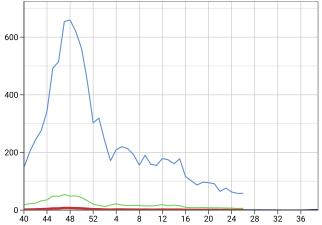
LRTI - Pneumonia Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



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

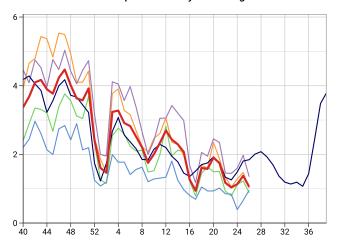


LRTI - Bronchiolitis Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average

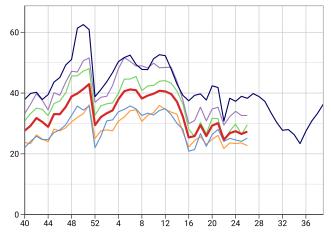


## National London South 5 Year Avg North Midlands And East

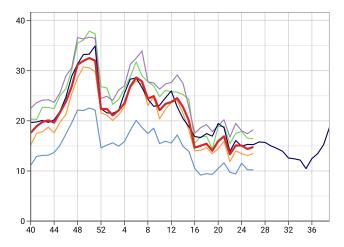
#### URTI - Croup Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



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

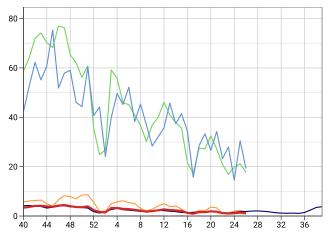


URTI - Otitis Media Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average

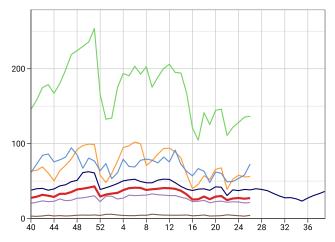




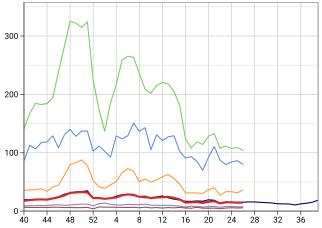
URTI - Croup Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



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

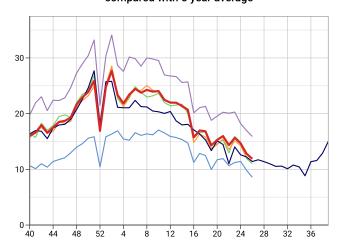


URTI - Otitis Media Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average

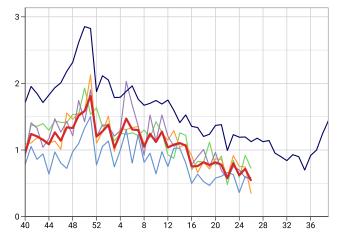


## National London South 5 Year Avg North Midlands And East

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

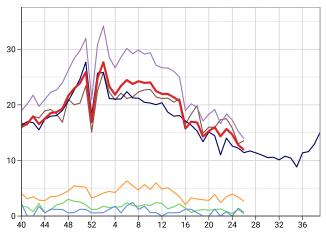


URTI - Laryngitis Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average

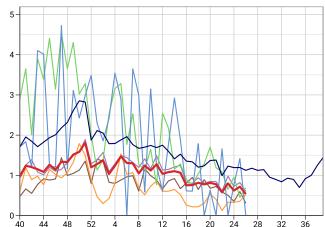




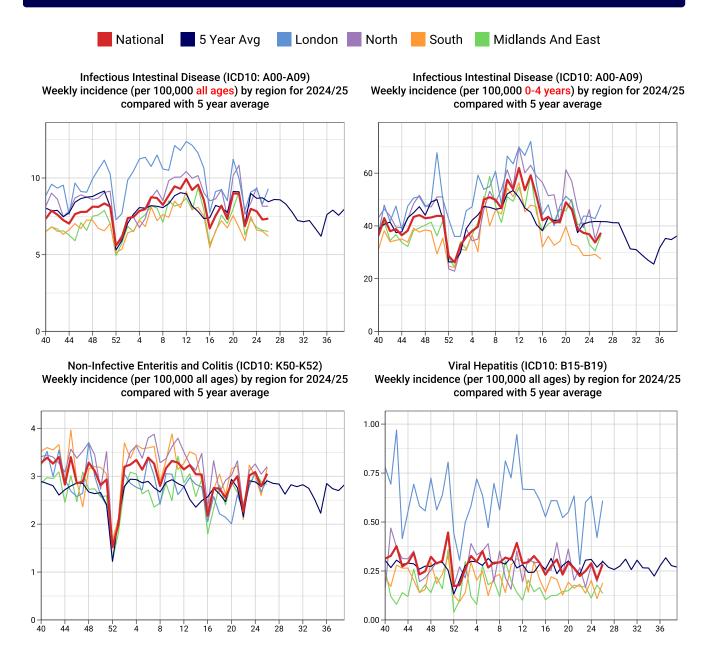
URTI - Sinusitis Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



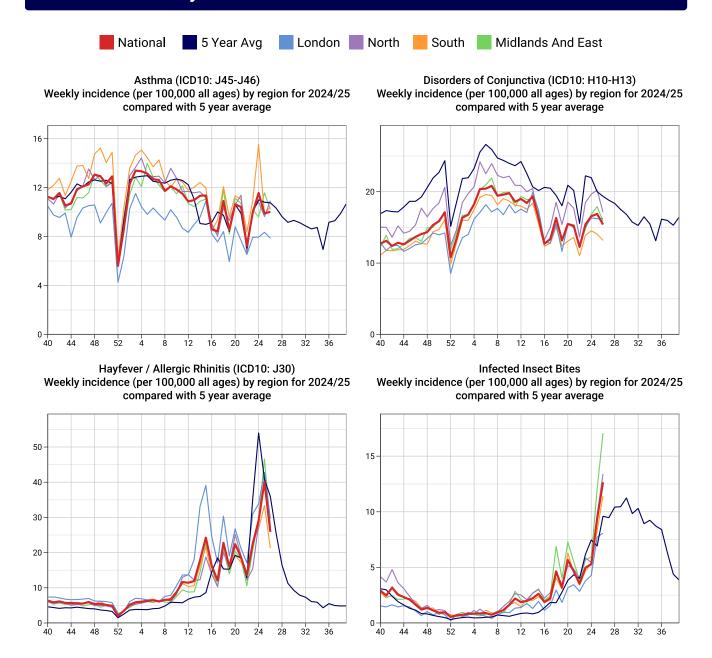
URTI - Laryngitis Weekly incidence (per 100,000 all ages) by age band for 2024/25 compared with 5 year average



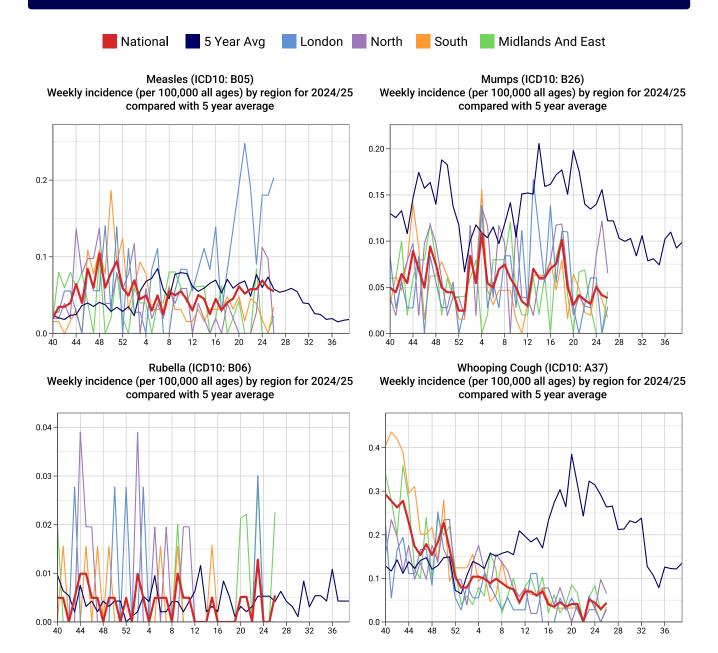
## 2. Water and Food Borne Disorders



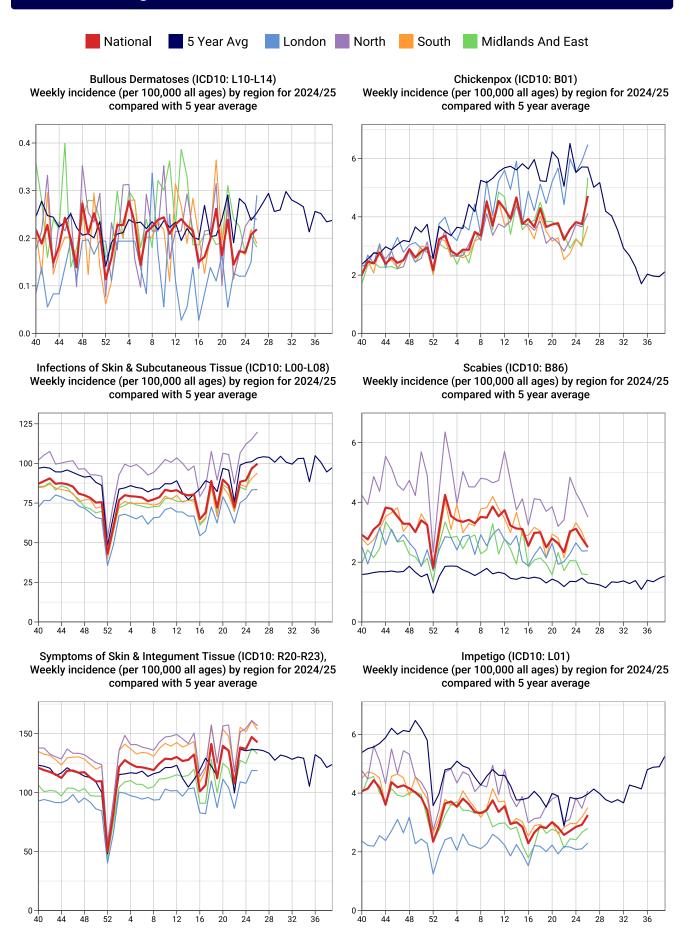
## 3. Environmentally Sensitive Disorders

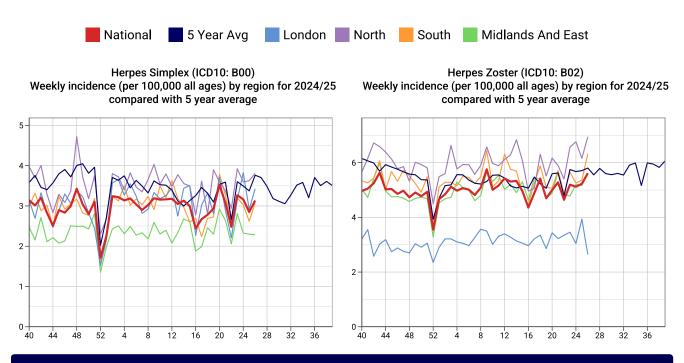


## **4. Vaccine Sensitive Disorders**



## 5. Skin Contagions

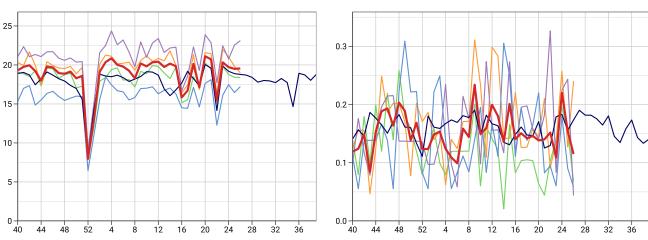




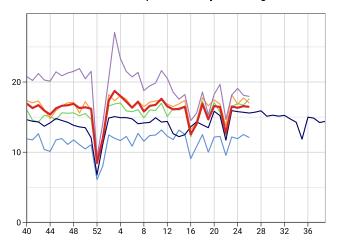
## 6. Disorders Affecting the Nervous System

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



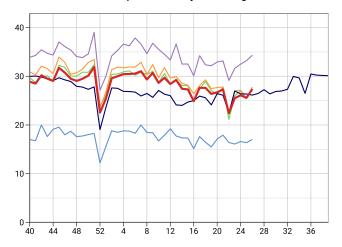
Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



## 7. Genitourinary System Disorders

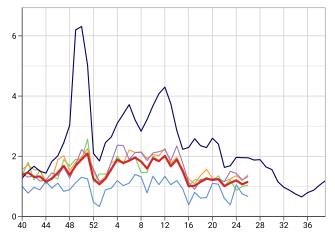


Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region for 2024/25
compared with 5 year average

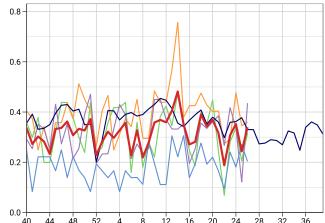


## 8. Other Disorders

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 23	Week 24	Week 25	Week 26
Dates	02/06/2025 - 08/06/2025	09/06/2025 - 15/06/2025	16/06/2025 - 22/06/2025	23/06/2025 - 29/06/2025
Population	15,612,234	15,899,124	16,851,422	18,275,193
Practice Count	1,519	1,546	1,653	1,757

	Wee	ek 23	Wee	ek 24	Wee	k 25	Wee	ek 26
Disease	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	1.2	180	1.0	152	0.9	148	1.1	200
Acute Respiratory Infections (ARI)	179.1	27,954	172.3	27,399	161.3	27,187	158.8	29,013
Allergic Rhinitis	22.5	3,512	29.1	4,627	40.1	6,757	25.9	4,731
Asthma	10.0	1,554	11.6	1,839	9.9	1,666	10.0	1,832
Bronchiolitis	0.9	147	0.8	127	0.7	124	0.8	144
Bullous Dermatoses	0.2	27	0.2	27	0.2	35	0.2	40
COVID-19	1.1	174	1.5	235	1.6	270	1.3	229
Chickenpox	3.6	559	3.8	607	3.8	632	4.7	862
Conjunctival Disorders	15.4	2,404	16.6	2,633	16.9	2,846	15.4	2,814
Croup	1.0	162	1.1	180	1.4	232	1.1	193
ECLD - COPD exacerbations	6.0	929	6.1	962	5.4	907	6.0	1,091
ECLD - asthma exacerbations	8.5	1,330	7.6	1,214	7.4	1,247	7.3	1,342
Exacerbations of chronic lung disease (ECLD)	14.4	2,248	13.7	2,184	12.8	2,162	13.3	2,429
Herpes Simplex	3.3	510	3.2	503	2.8	480	3.1	573
Herpes Zoster	5.2	811	5.1	814	5.2	881	5.6	1,026
Impetigo	2.7	423	2.8	453	2.9	492	3.3	594
Infected Insect Bites	5.0	776	5.3	840	9.4	1,581	12.7	2,313
Infectious Intestinal Diseases	8.0	1,247	7.8	1,245	7.3	1,229	7.4	1,344
Infectious Mononucleosis	0.3	48	0.4	56	0.2	41	0.3	62
Influenza-like Illness (ILI)	2.0	308	1.8	291	1.2	209	1.2	213
Laryngitis	0.8	125	0.6	99	0.7	121	0.5	98
Lower respiratory tract infections (LRTI)	59.3	9,265	54.0	8,579	50.1	8,443	49.2	8,987
Measles	0.1	9	0.1	11	0.1	10	0.1	10
Meningitis and Encephalitis	0.1	17	0.2	35	0.2	26	0.1	21
Mumps	0.0	5	0.1	8	0.0	7	0.0	7
Non-infective Enteritis and Colitis	3.0	471	3.1	491	2.8	470	3.1	558
Peripheral Nervous Disease	20.3	3,175	19.7	3,136	19.5	3,286	19.6	3,574
Pneumonia	3.0	462	2.9	464	2.9	497	2.6	479
Rubella	0.0	2	0.0	0	0.0	0	0.0	1
Scabies	3.0	473	3.1	496	2.8	471	2.5	457
Sinusitis	15.7	2,444	14.7	2,334	12.8	2,160	11.9	2,173
Skin and Subcutaneous Tissue Infections	88.5	13,812	89.3	14,203	96.7	16,299	99.8	18,247
Strep Throat and Peritonsillar Abscess	1.1	174	1.2	191	1.1	180	1.2	211
Symptoms involving Skin and Integument Tissues	138.3	21,586	137.0	21,785	147.1	24,792	142.7	26,071
Symptoms involving musculoskeletal	16.5	2,578	16.3	2,596	16.6	2,791	16.5	3,008
Tonsillitis and Pharyngitis	26.8	4,184	27.4	4,364	26.5	4,470	27.3	4,994
Upper respiratory tract infections (URTI)	112.1	17,507	110.3	17,539	103.6	17,451	101.7	18,588
Urinary Tract Infections	25.5	3,981	26.1	4,149	25.6	4,309	27.4	5,000
Viral Hepatitis	0.2	39	0.3	46	0.2	35	0.3	52
Whooping Cough	0.1	8	0.0	7	0.0	5	0.0	8

### **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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