

## RSC Communicable and Respiratory Disease Report for England

Week Number / Year

**44 / 2025**

Population

**18,746,215**

Dates

**27/10/2025 - 02/11/2025**

No. Practices

**1,790**

### 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 influenza-like illness (ILI) remain above the seasonal average for this time of year and continue to climb especially in those under 15 years of age, pages 3 to 5. Virology swab positivity continues to climb especially for influenza A, pages 3 and 4.

Rates of acute respiratory illness (ARI) have plateaued this week except in the under 5 age groups. ARI rates nationally remain below the seasonal average, page 7.

Rates of COVID-19 continue to decline in all regions and ages groups, page 6.

Other comments:

- Rates of exacerbation in chronic lung disease (ECLD), page 8; ECLD – asthma exacerbation, page 9; ECLD – COPD exacerbation, page 9; URTI – Tonsillitis/ Pharyngitis, page 11; URTI – sinusitis, page 12 all are above the seasonal average for this time of year.
- Rates of measles (page 15) and scabies (page 16) remain above the seasonal average.
- Rates of symptoms of nervous & musculoskeletal systems (page 17) remains above the seasonal average.
- Rates of urinary tract infection/ cystitis (page 18) remains 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 (↗ or ↘), while a change of more than 10% is marked with a double arrow (↗↗ or ↘↘). A flat line (—) indicates the rate was stable, changing less than 5%.

### Region Breakdown

	Acute respiratory infections (ARI)			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	203.9	208.4	— -4.5	5.6	5.9	↘ -0.3	10.0	10.7	↘ -0.7
Midlands And East	281.9	297.9	↘ -16.0	5.1	5.8	↘ -0.7	20.0	19.9	— 0.2
North	355.0	361.3	— -6.4	9.3	8.1	↗ 1.3	26.9	29.5	↘ -2.6
South	223.1	228.1	— -5.0	5.5	4.7	↗ 0.8	17.4	17.6	— -0.1
<b>National</b>	<b>266.5</b>	<b>273.8</b>	<b>— -7.3</b>	<b>6.4</b>	<b>6.0</b>	<b>↗ 0.4</b>	<b>19.0</b>	<b>19.7</b>	<b>— -0.7</b>
	Lower respiratory tract infections (LRTI)			Upper respiratory tract infections (URTI)			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
London	48.3	49.0	— -0.7	149.2	151.1	— -1.8	0.7	1.2	↘ -0.5
Midlands And East	92.7	93.9	— -1.2	178.6	191.0	↘ -12.4	1.3	2.1	↘ -0.8
North	119.6	122.7	— -3.1	219.9	220.2	— -0.3	2.0	2.4	↘ -0.4
South	78.1	79.3	— -1.2	135.3	139.6	— -4.4	2.1	3.1	↘ -1.1
<b>National</b>	<b>86.2</b>	<b>87.6</b>	<b>— -1.4</b>	<b>169.5</b>	<b>174.0</b>	<b>— -4.4</b>	<b>1.6</b>	<b>2.3</b>	<b>↘ -0.7</b>

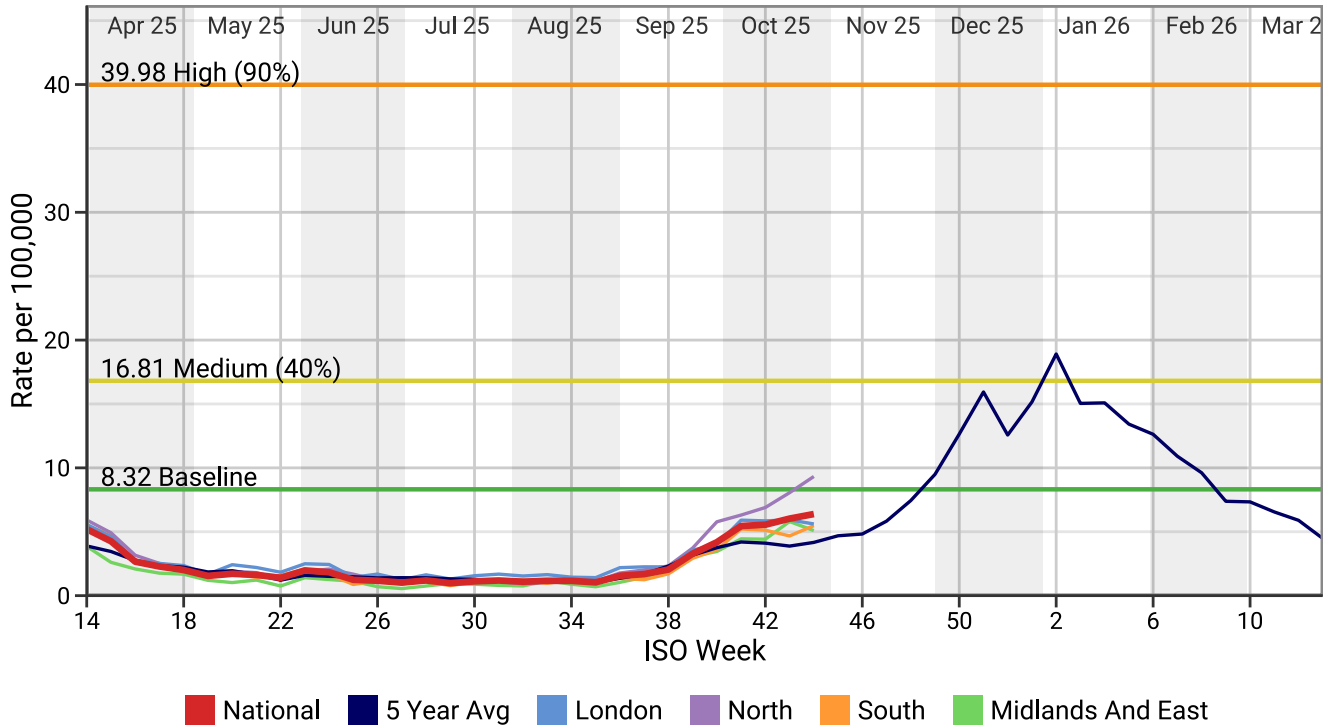
### Age Group Breakdown

	Acute respiratory infections (ARI)			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
<1yr	1,280.2	1,236.8	— 43.4	13.6	7.7	↗ 6.0	0.0	0.0	— 0.0
1-4yrs	1,116.1	1,093.8	— 22.2	13.2	10.3	↗ 2.9	2.0	1.4	↗ 0.7
5-14yrs	268.0	315.8	↘ -47.8	5.5	6.5	↘ -1.0	5.5	6.3	↘ -0.8
15-64yrs	192.8	196.6	— -3.8	6.2	6.0	— 0.2	14.8	14.8	— 0.0
65+yrs	301.6	305.2	— -3.5	5.7	4.8	↗ 0.9	47.7	51.4	↘ -3.7
<b>All ages</b>	<b>266.5</b>	<b>273.8</b>	<b>— -7.3</b>	<b>6.4</b>	<b>6.0</b>	<b>↗ 0.4</b>	<b>19.0</b>	<b>19.7</b>	<b>— -0.7</b>
	Lower respiratory tract infections (LRTI)			Upper respiratory tract infections (URTI)			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	297.6	253.2	↗ 44.3	1,084.9	1,092.9	— -8.0	1.9	9.0	↘ -7.1
1-4yrs	194.7	187.3	— 7.4	997.7	970.1	— 27.6	0.8	0.3	↗ 0.5
5-14yrs	38.1	40.1	↘ -2.0	229.4	273.0	↘ -43.6	0.1	0.4	↘ -0.2
15-64yrs	60.2	62.1	— -2.0	120.9	122.3	— -1.4	1.3	1.9	↘ -0.6
65+yrs	178.9	181.9	— -3.0	84.6	82.2	— 2.4	3.9	5.4	↘ -1.6
<b>All ages</b>	<b>86.2</b>	<b>87.6</b>	<b>— -1.4</b>	<b>169.5</b>	<b>174.0</b>	<b>— -4.4</b>	<b>1.6</b>	<b>2.3</b>	<b>↘ -0.7</b>

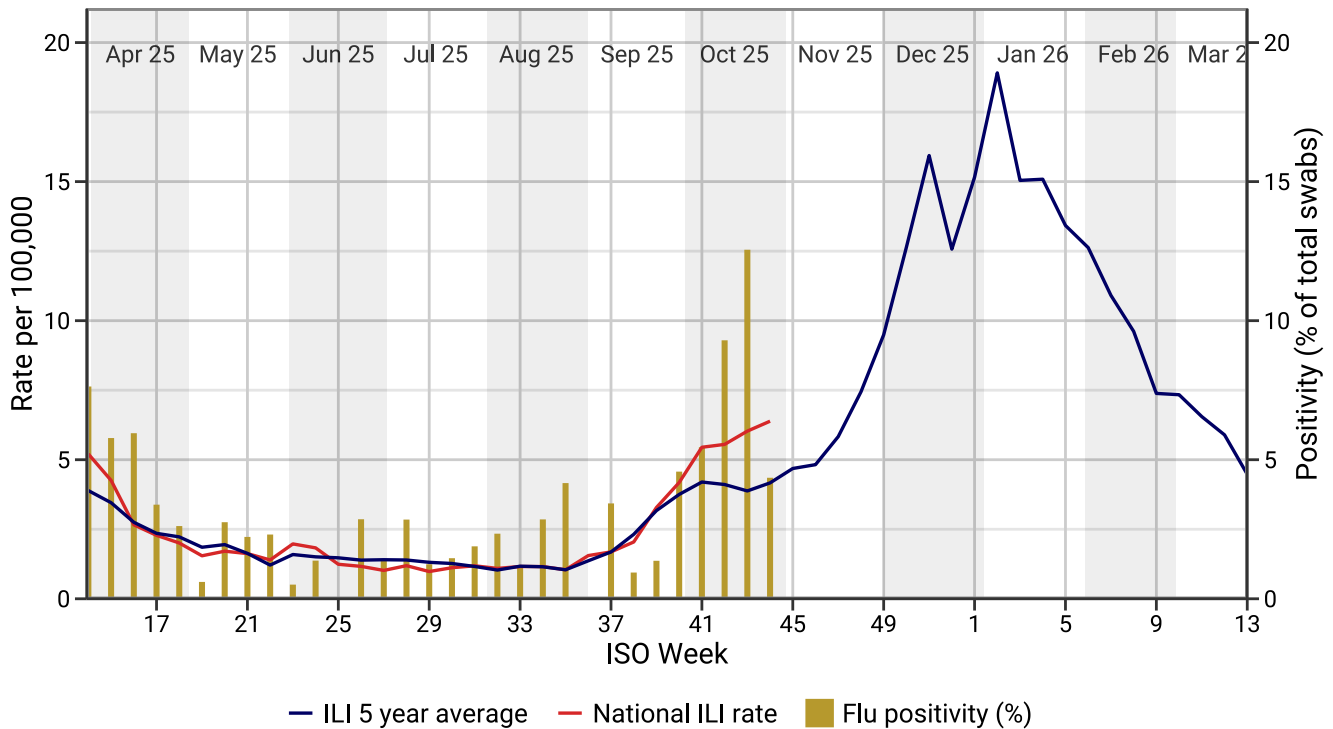
## 2024/25 Focus

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

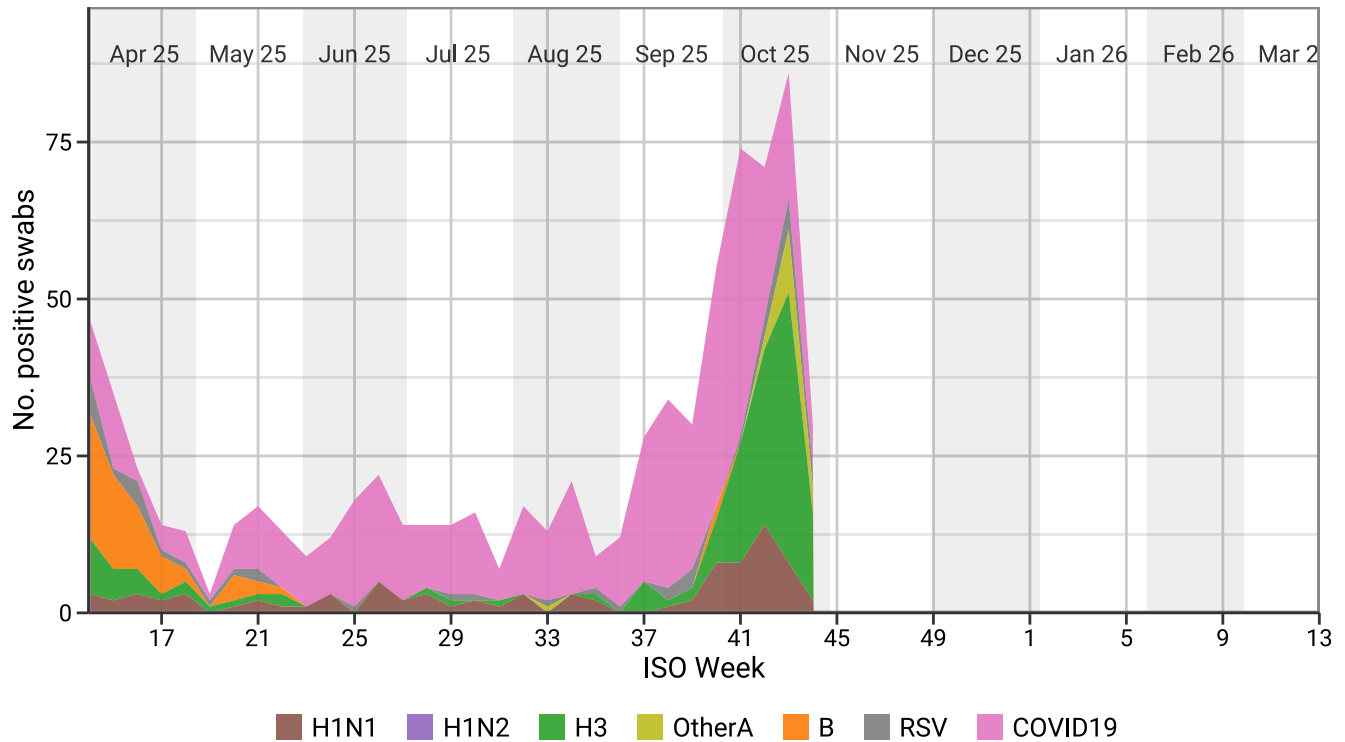
The horizontal lines in the following graph are thresholds derived from the Moving Epidemic Method (MEM) model. See p20 for more information.



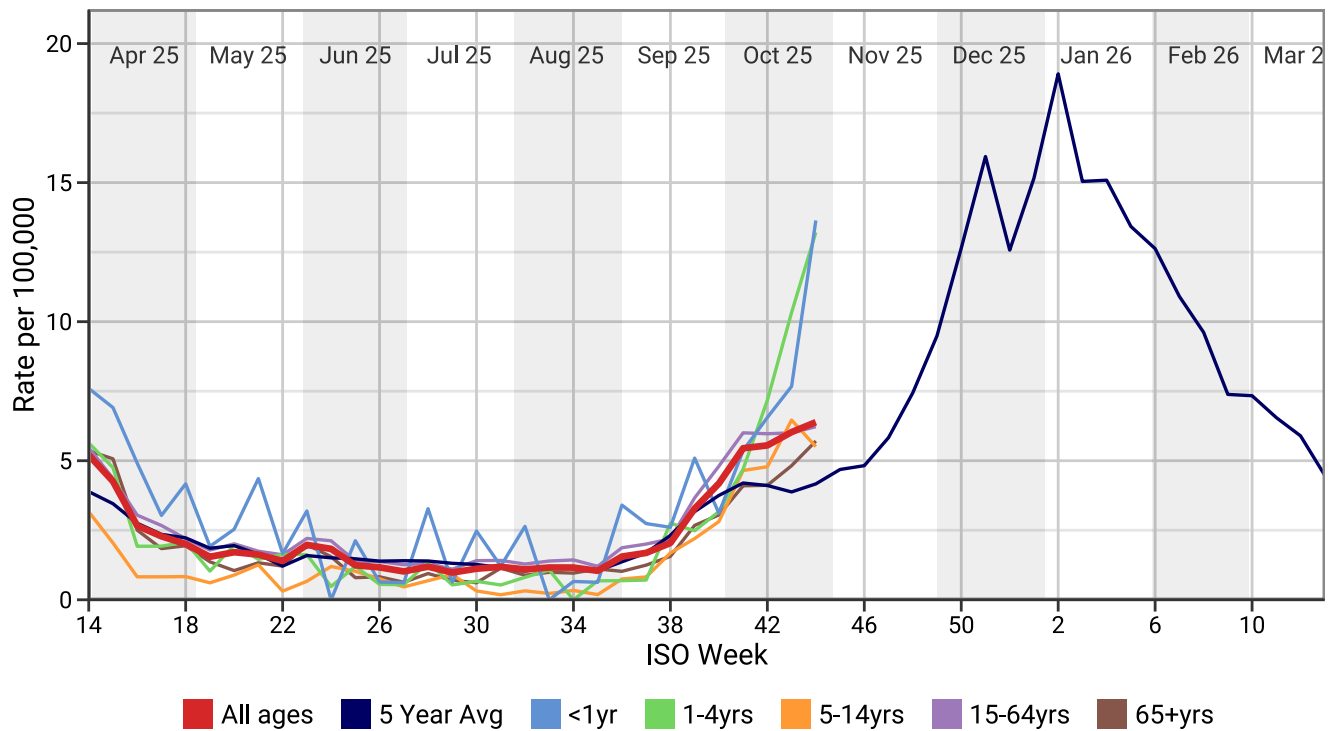
### (B) RCGP/UKHSA influenza virology swab surveillance



(C) RCGP/UKHSA RSV, influenza and SARS-CoV-2 virology swab surveillance (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.

	9	10	11	12	13	14	15	16	17	18	19	20	21	22	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	1.6	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	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	1.6	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	1.3	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	1.6	1.4	2.0	1.8	1.2	1.2

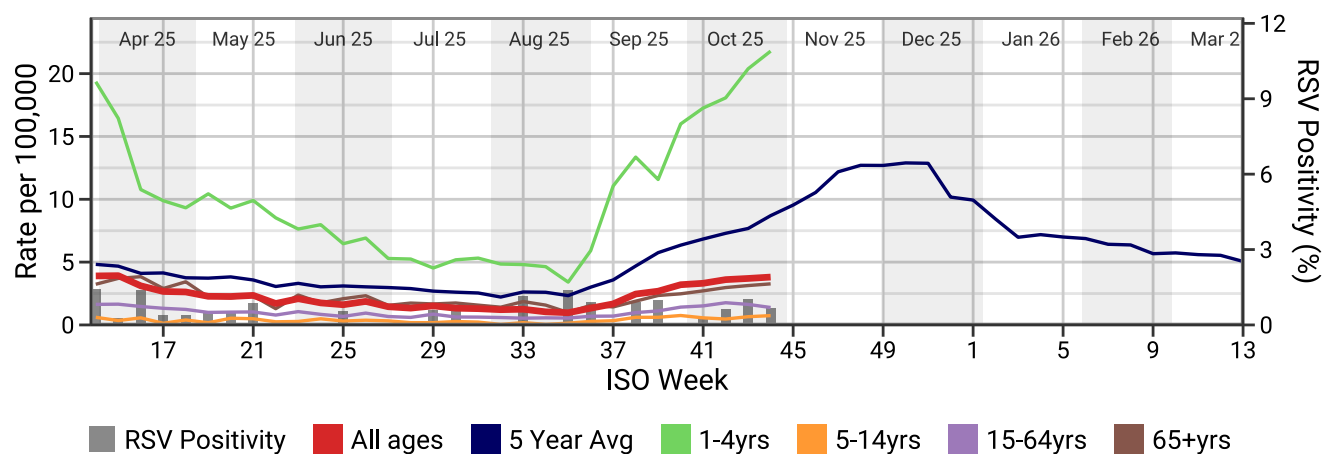
	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1-4yrs	0.5	1.3	0.5	0.7	0.5	0.8	1.1	0.0	0.7	0.7	0.7	2.8	2.5	3.2	4.7	7.2	10.3	13.2
5-14yrs	0.5	0.7	0.9	0.3	0.2	0.3	0.2	0.3	0.2	0.7	0.8	1.7	2.2	2.8	4.6	4.8	6.5	5.5
15-64yrs	1.3	1.3	1.1	1.4	1.4	1.3	1.4	1.4	1.2	1.9	2.0	2.2	3.7	4.8	6.0	6.0	6.0	6.2
65+yrs	0.6	0.9	0.7	0.6	1.1	0.9	1.0	1.0	1.1	1.0	1.2	1.6	2.7	3.1	4.1	4.1	4.8	5.7
All ages	1.0	1.2	1.0	1.1	1.2	1.1	1.2	1.2	1.0	1.6	1.7	2.0	3.3	4.2	5.4	5.6	6.0	6.4

	Below Threshold	Threshold to medium	Medium to high	High to very high	Above very high
1-4yrs	<7.86	7.86 to 16.38	16.38 to 30.29	30.29 to 39.75	39.75+
5-14yrs	<5.17	5.17 to 11.83	11.83 to 29.13	29.13 to 43.38	43.38+
15-64yrs	<9.81	9.81 to 18.31	18.31 to 44.31	44.31 to 65.49	65.49+
65+yrs	<8.10	8.10 to 14.49	14.49 to 37.90	37.90 to 57.96	57.96+
All Ages	<8.32	8.32 to 16.81	16.81 to 39.98	39.98 to 58.62	58.62+

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

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

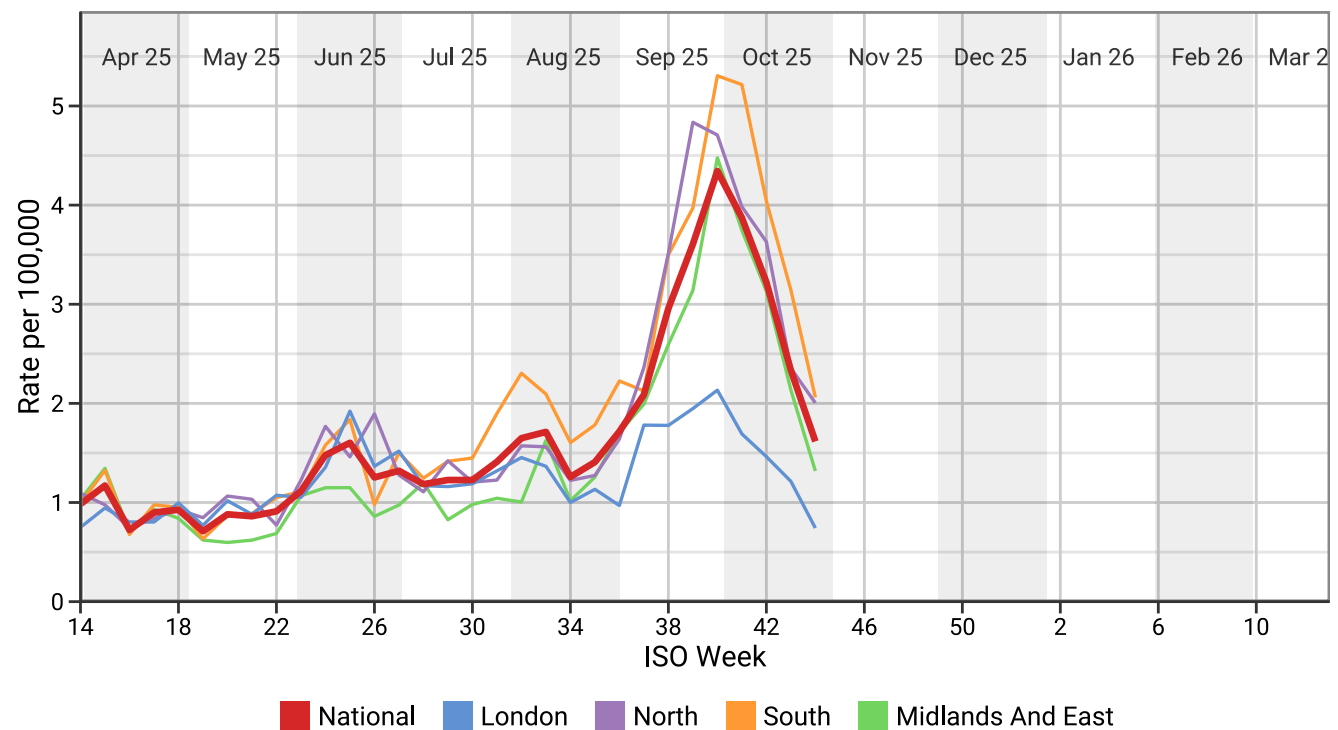
**Weekly incidence rates of influenza-like illness, and acute bronchitis and bronchiolitis (per 100,000)**

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	13.6	159.3
1-4yrs	13.2	21.8
5-14yrs	5.5	0.7
15-24yrs	6.3	0.5
25-44yrs	6.8	1.2
45-64yrs	5.5	2.1
65-74yrs	5.8	3.1
75-84yrs	5.2	3.3
85+yrs	6.5	3.9
All ages	6.4	3.8

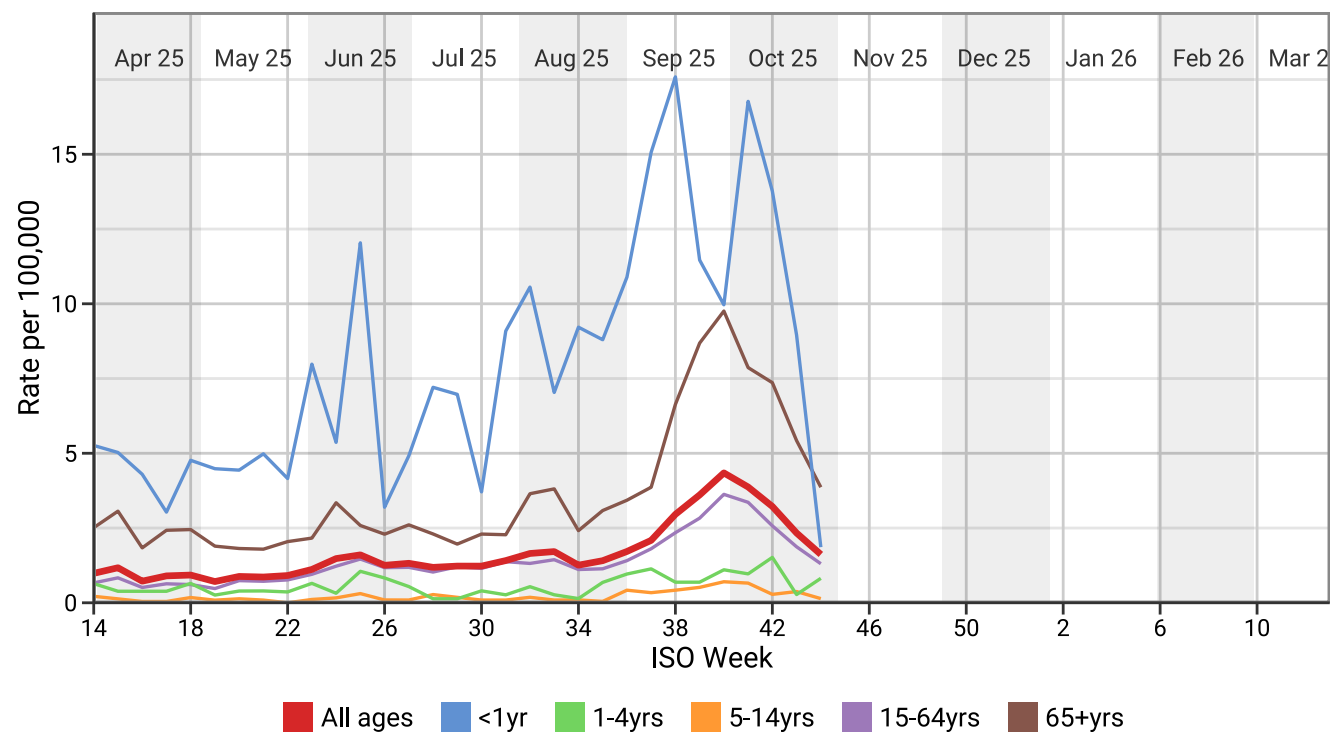
  

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	5.6	2.3
Midlands And East	5.1	4.5
North	9.3	4.7
South	5.5	3.6
National	6.4	3.8

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

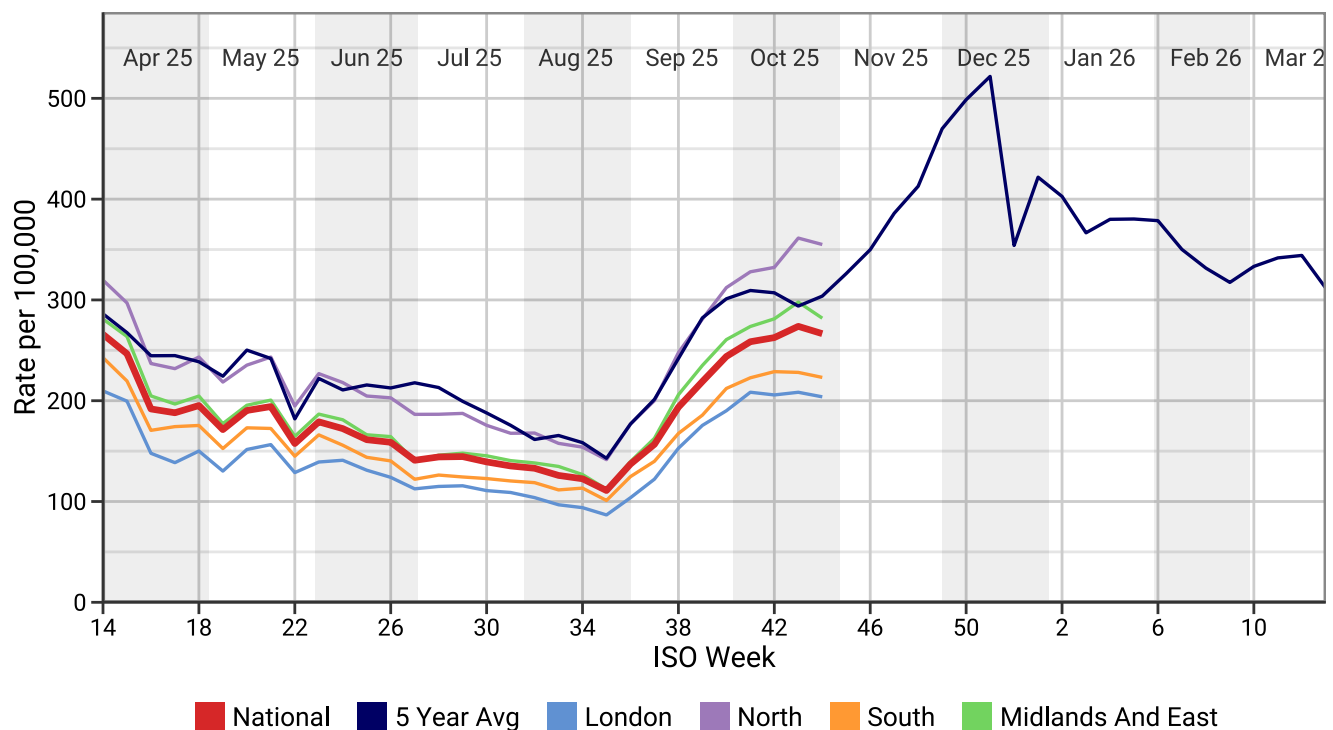


(H) COVID-19: national incidence rate by age band

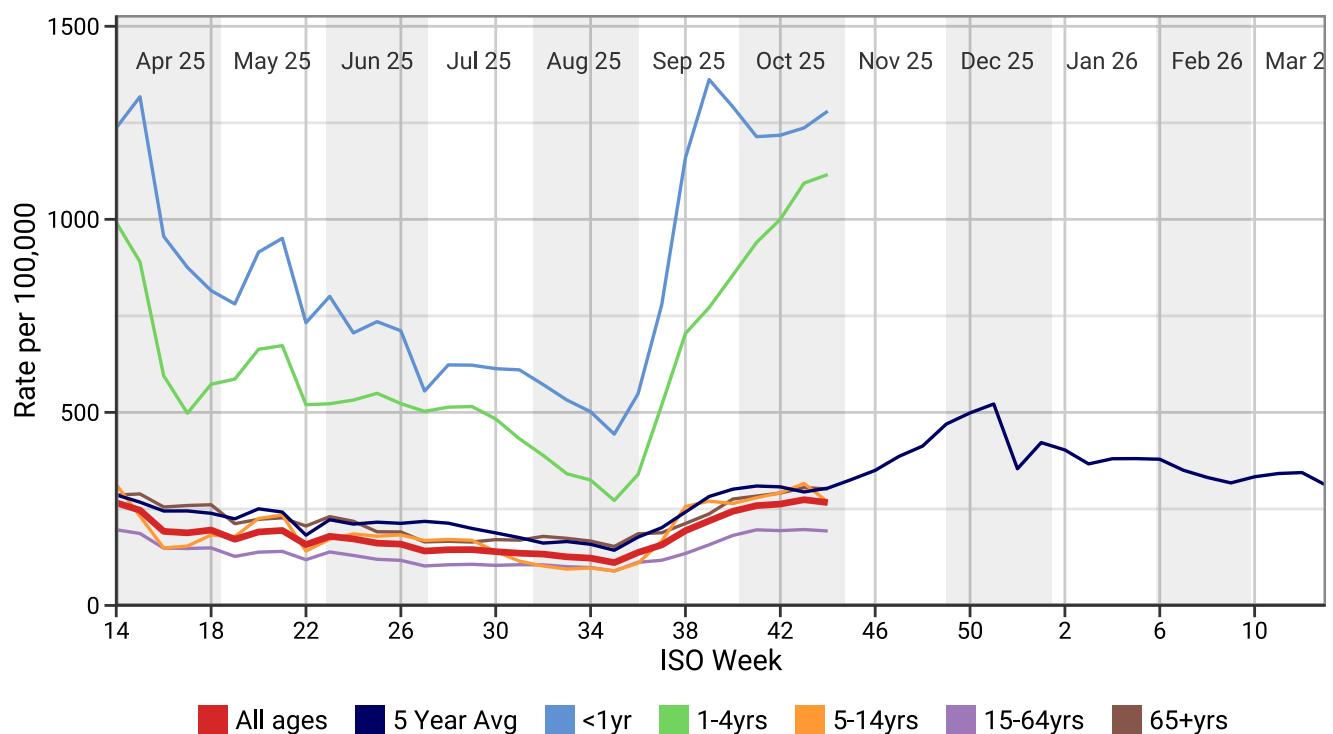


# 1. Respiratory Infections

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



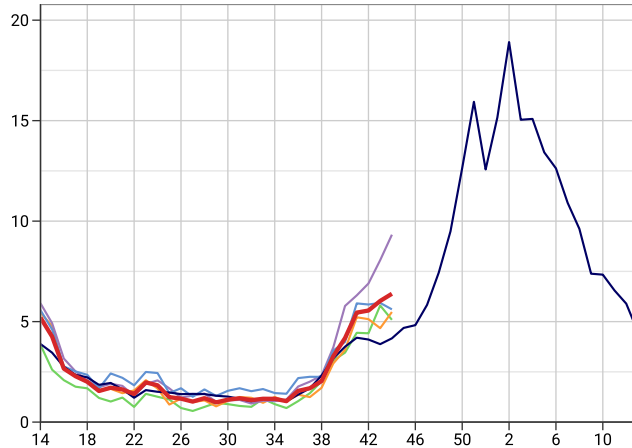
## (J) Acute Respiratory Infections (ARI): national incidence rate by age band



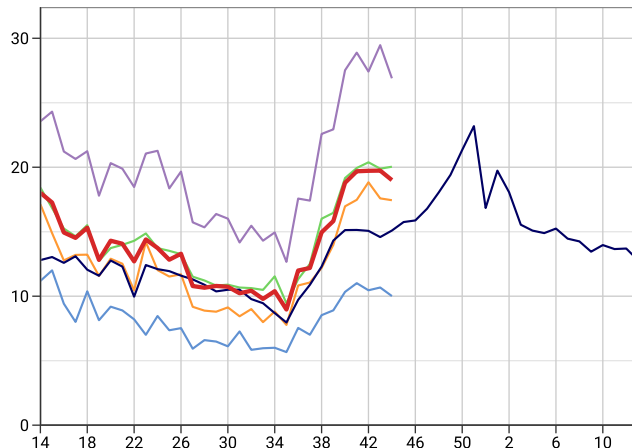
## Respiratory Infections - by region

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

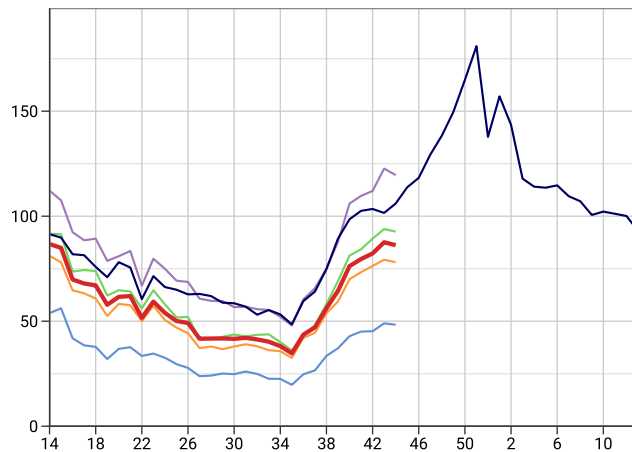
**Influenza-like illness (ILI)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



**Exacerbations of Chronic Lung Disease (ECLD)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



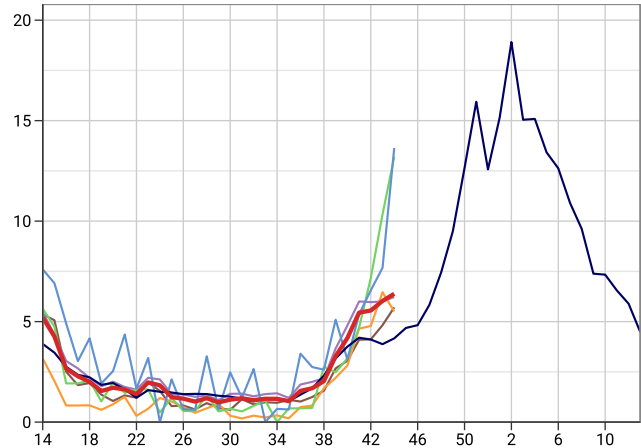
**Lower Respiratory Tract Infections (LRTI)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



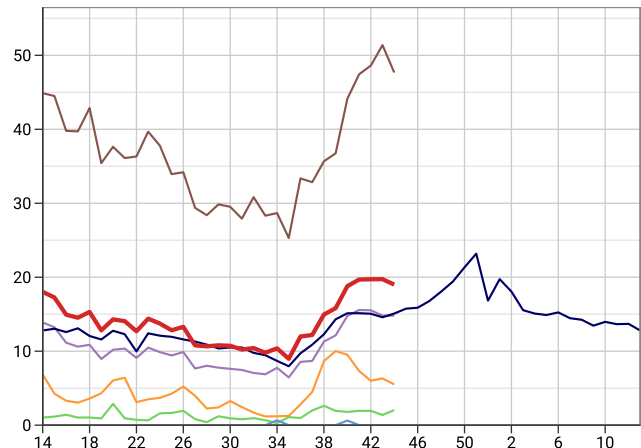
## Respiratory Infections - by age band

■ All ages ■ <1yr ■ 5-14yrs ■ 65+yrs  
■ 5 Year Avg ■ 1-4yrs ■ 15-64yrs

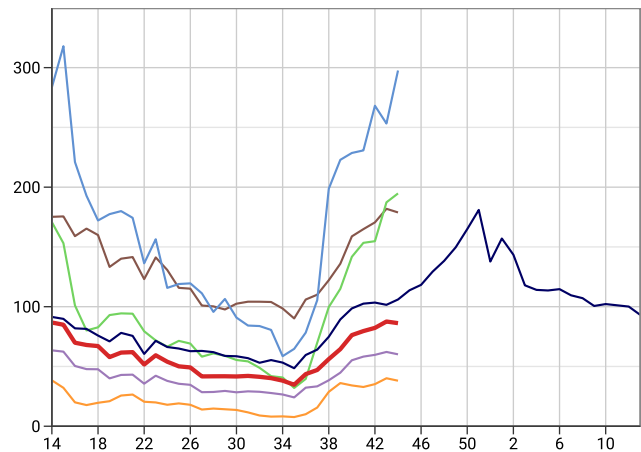
**Influenza-like illness (ILI)**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



**Exacerbations of Chronic Lung Disease (ECLD)**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



**Lower Respiratory Tract Infections (LRTI)**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average

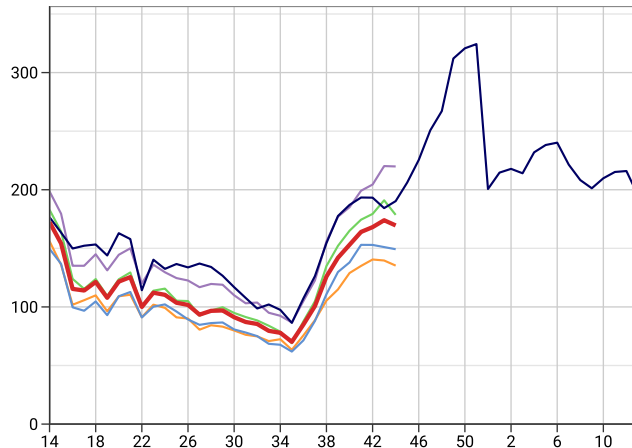




## Respiratory Infections - by region

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

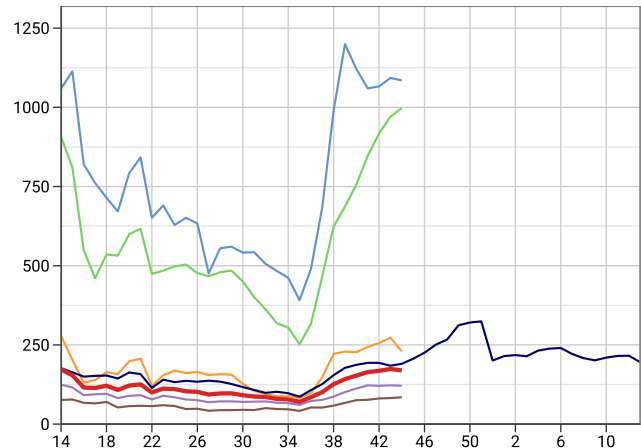
**Upper Respiratory Tract Infections (URTI)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



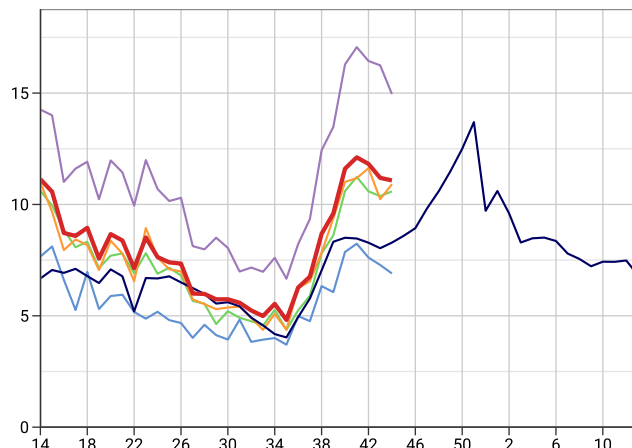
## Respiratory Infections - by age band

■ All ages ■ <1yr ■ 5-14yrs ■ 65+yrs  
■ 5 Year Avg ■ 1-4yrs ■ 15-64yrs

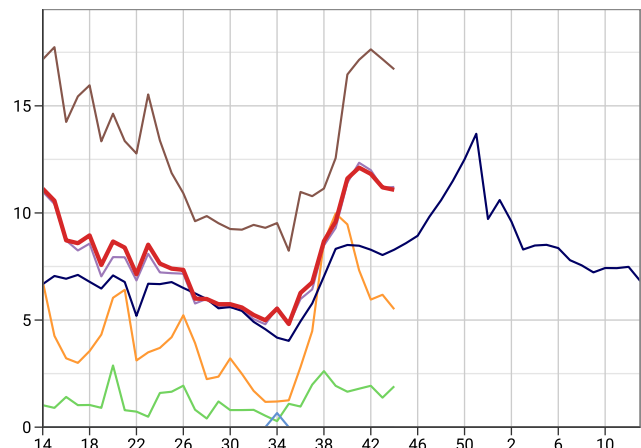
**Upper Respiratory Tract Infections (URTI)**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



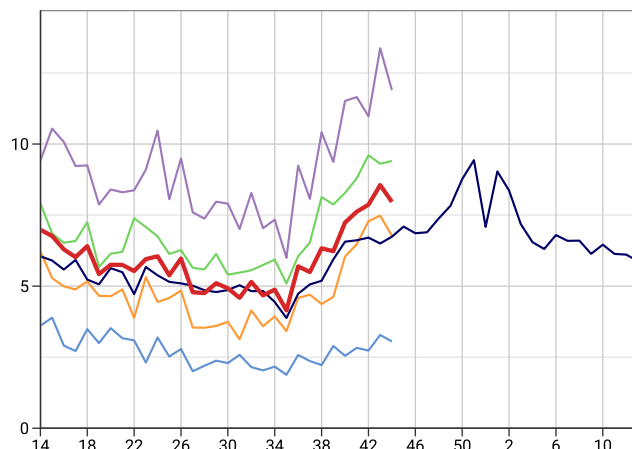
**ECLD - Asthma Exacerbations**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



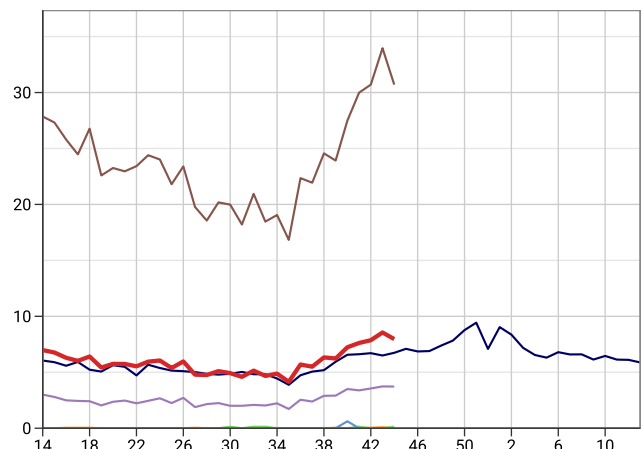
**ECLD - Asthma Exacerbations**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



**ECLD - COPD Exacerbations**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



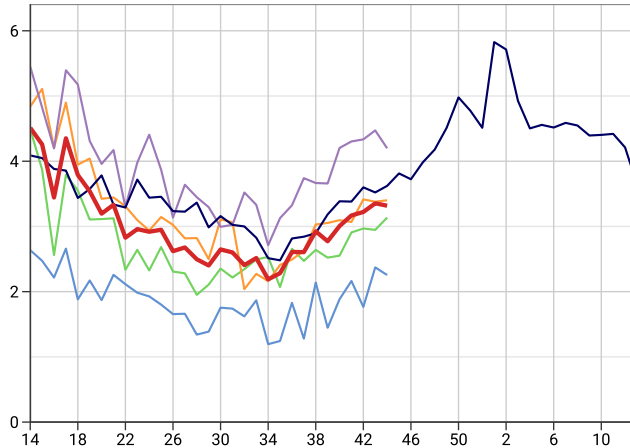
**ECLD - COPD Exacerbations**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



## Respiratory Infections - by region

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

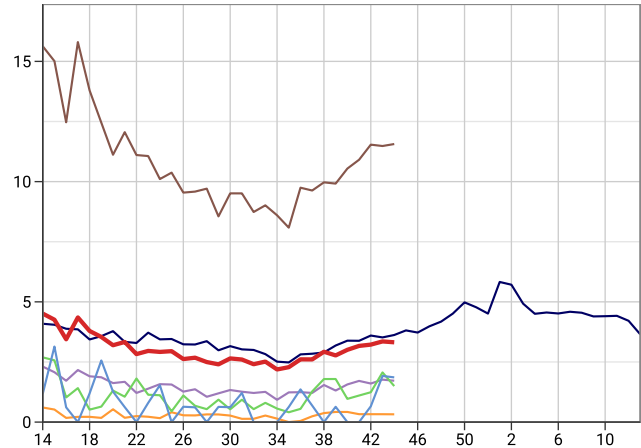
**LRTI - Pneumonia**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



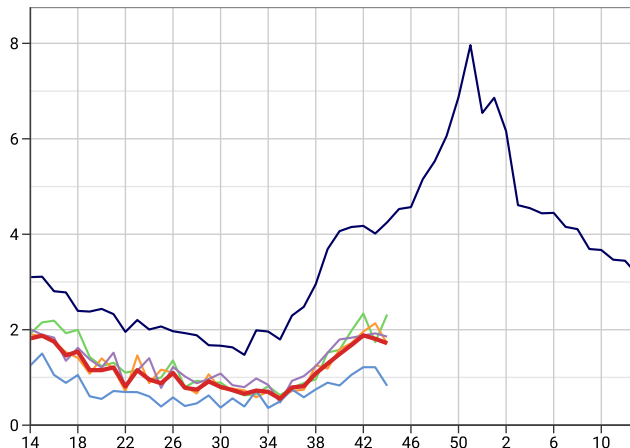
## Respiratory Infections - by age band

■ All ages ■ <1yr ■ 5-14yrs ■ 65+yrs  
■ 5 Year Avg ■ 1-4yrs ■ 15-64yrs

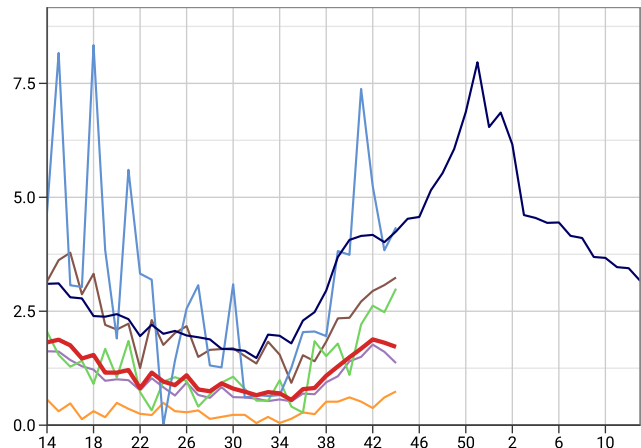
**LRTI - Pneumonia**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



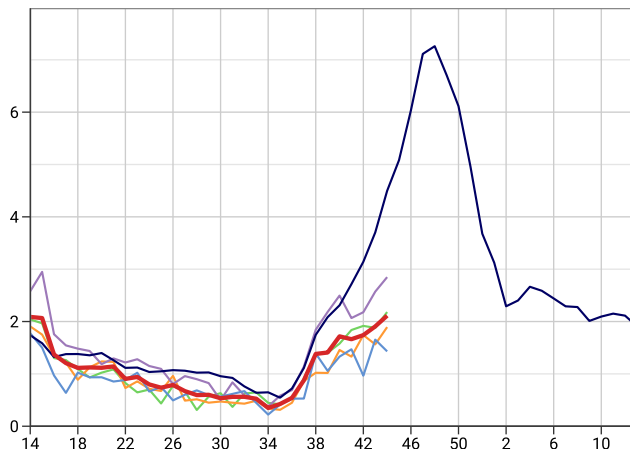
**LRTI - Acute Bronchitis**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



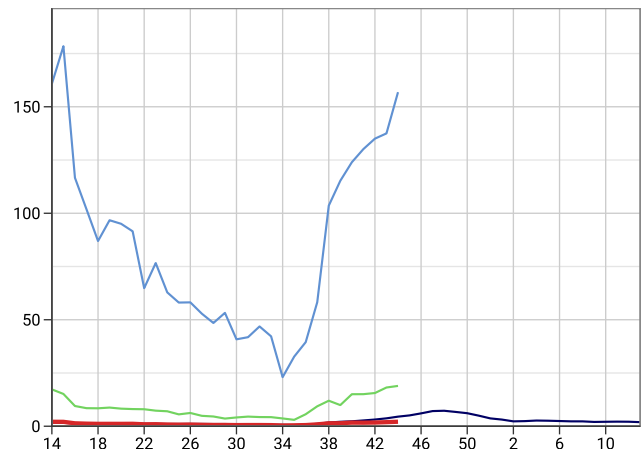
**LRTI - Acute Bronchitis**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



**LRTI - Bronchiolitis**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



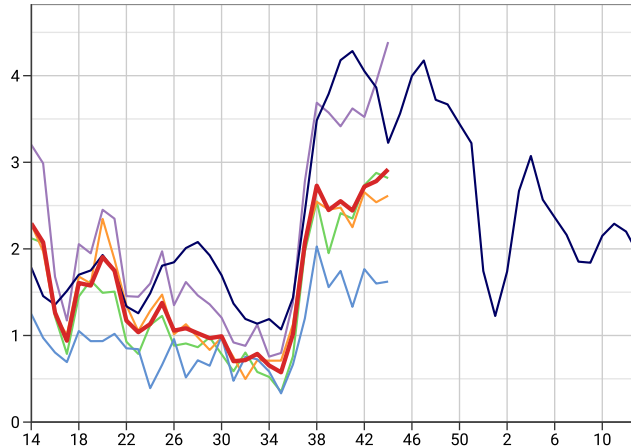
**LRTI - Bronchiolitis**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



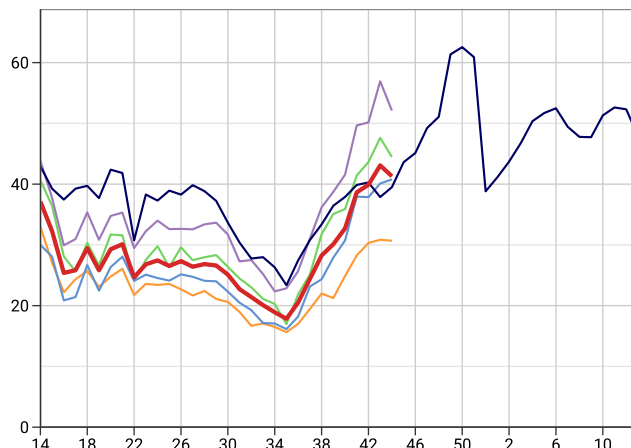
## Respiratory Infections - by region

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

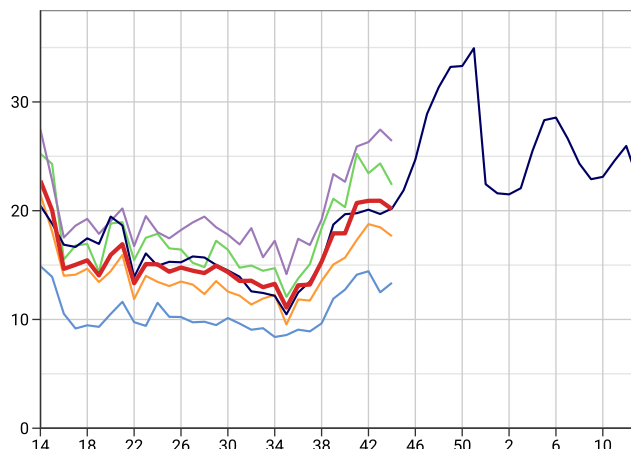
**URTI - Croup**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



**URTI - Tonsillitis/Pharyngitis**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



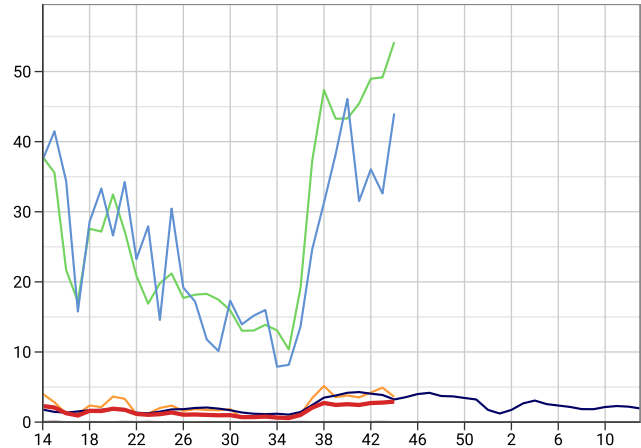
**URTI - Otitis Media**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



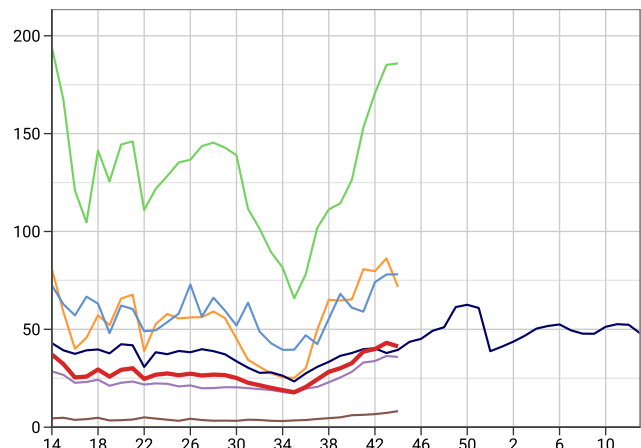
## Respiratory Infections - by age band

■ All ages ■ <1yr ■ 5-14yrs ■ 65+yrs  
■ 5 Year Avg ■ 1-4yrs ■ 15-64yrs

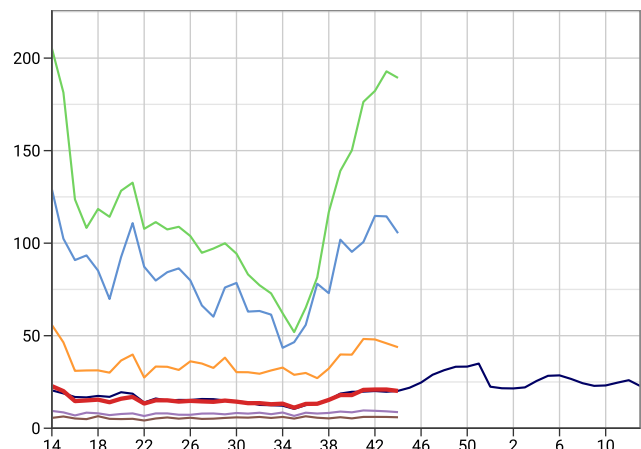
**URTI - Croup**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



**URTI - Tonsillitis/Pharyngitis**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



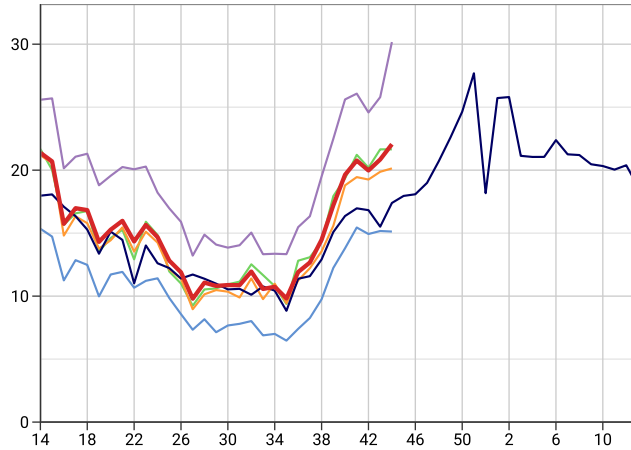
**URTI - Otitis Media**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



## Respiratory Infections - by region

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

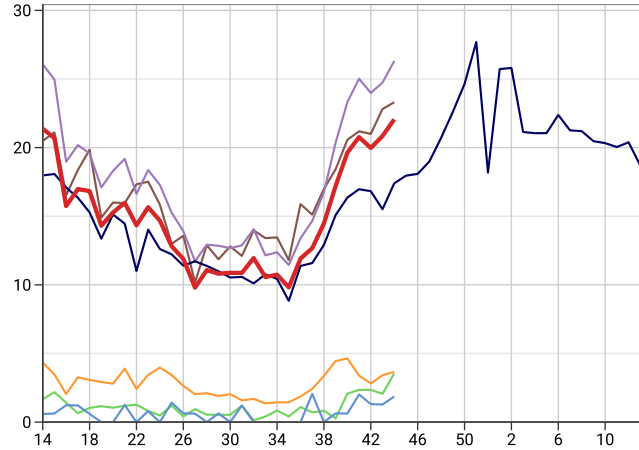
**URTI - Sinusitis**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



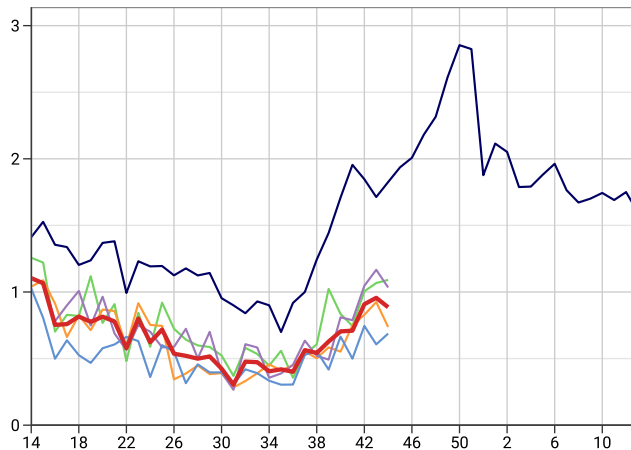
## Respiratory Infections - by age band

■ All ages 
 ■ <1yr 
 ■ 5-14yrs 
 ■ 65+yrs 
 ■ 5 Year Avg 
 ■ 1-4yrs 
 ■ 15-64yrs

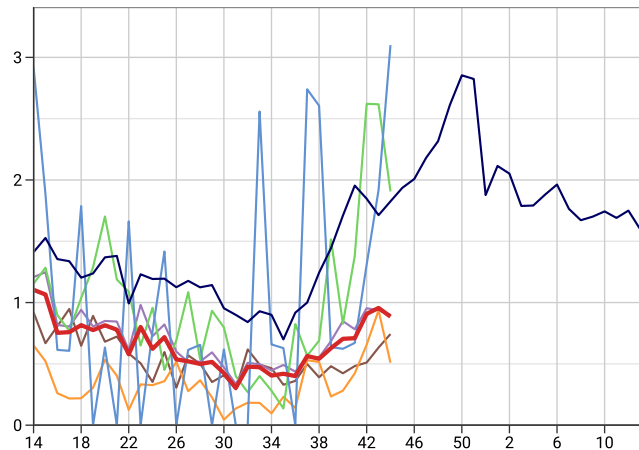
**URTI - Sinusitis**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



**URTI - Laryngitis**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



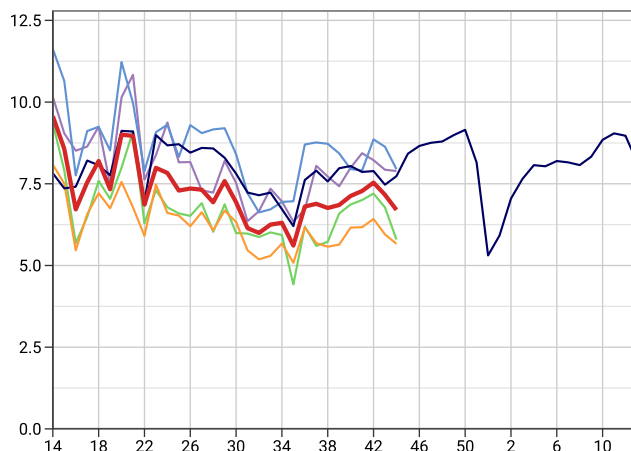
**URTI - Laryngitis**  
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



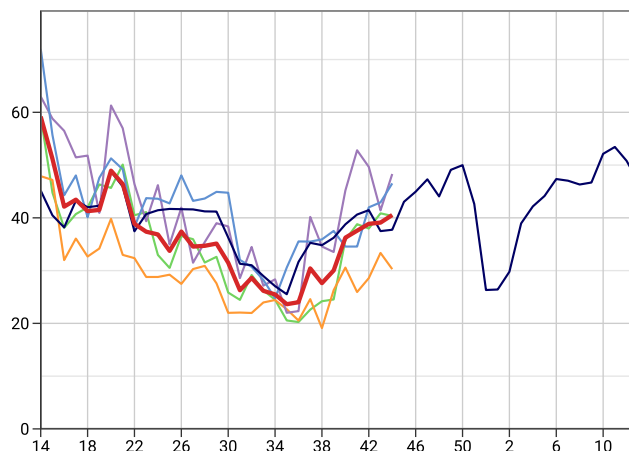
## 2. Water and Food Borne Disorders

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

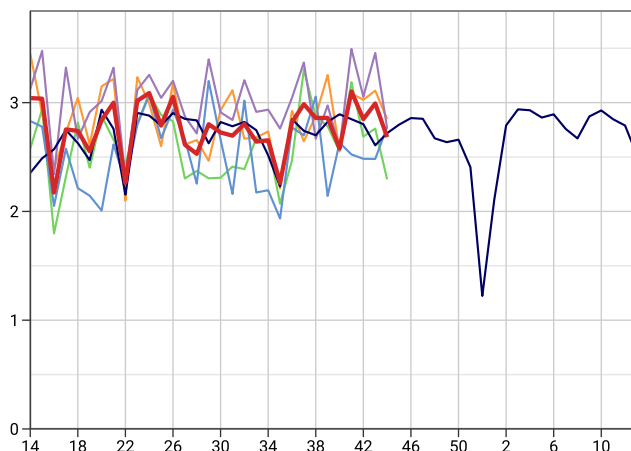
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



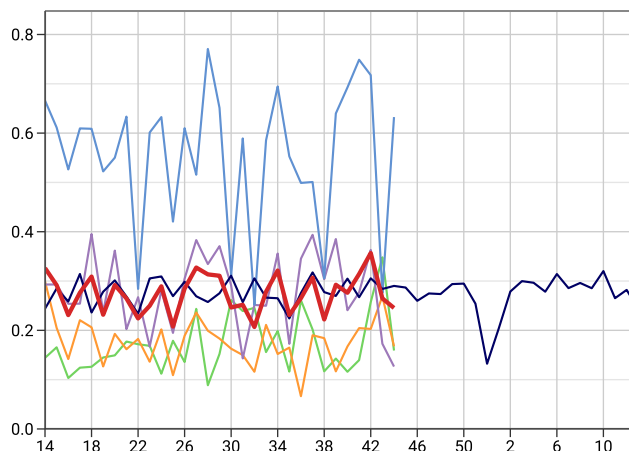
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 0-4 years) by region for 2025/26 compared with 5 year average



**Non-Infective Enteritis and Colitis (ICD10: K50-K52)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



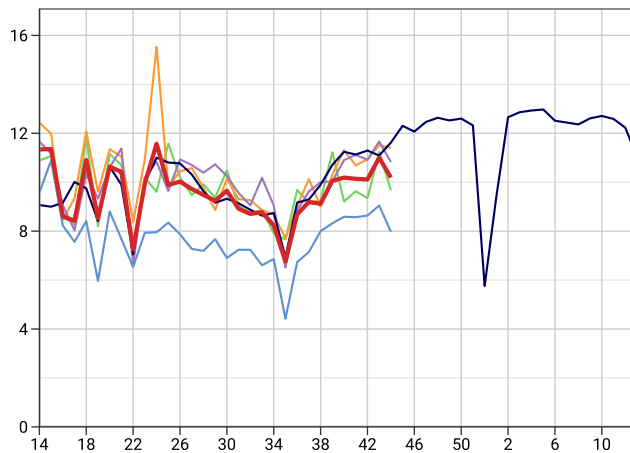
**Viral Hepatitis (ICD10: B15-B19)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



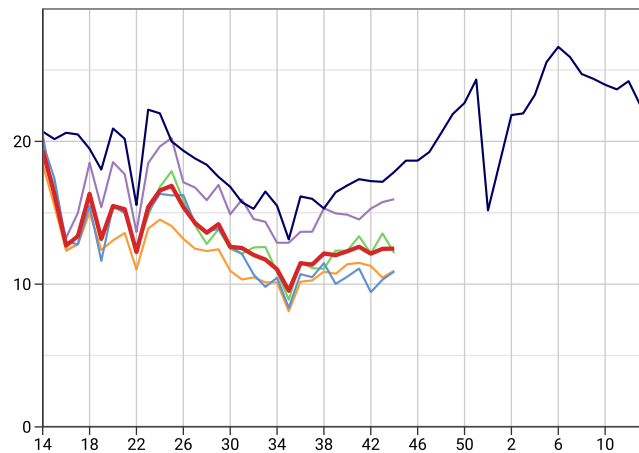
### 3. Environmentally Sensitive Disorders

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

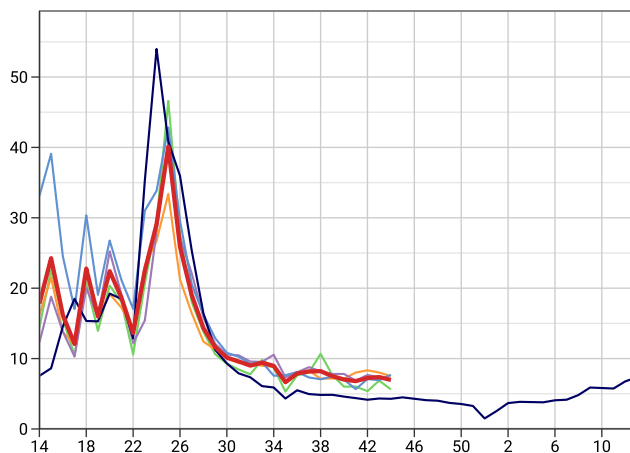
**Asthma (ICD10: J45-J46)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



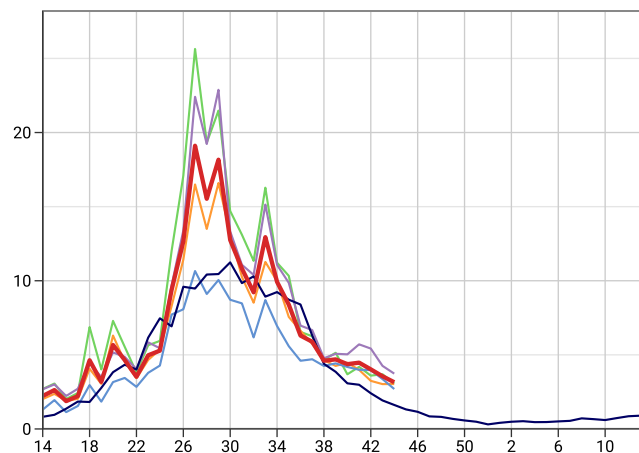
**Disorders of Conjunctiva (ICD10: H10-H13)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



**Hayfever / Allergic Rhinitis (ICD10: J30)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



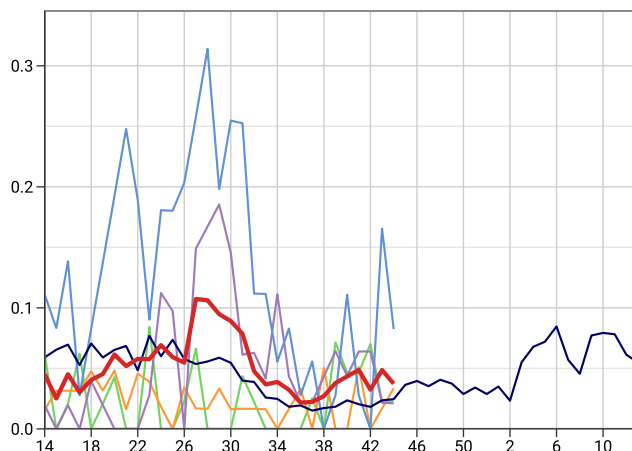
**Infected Insect Bites**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



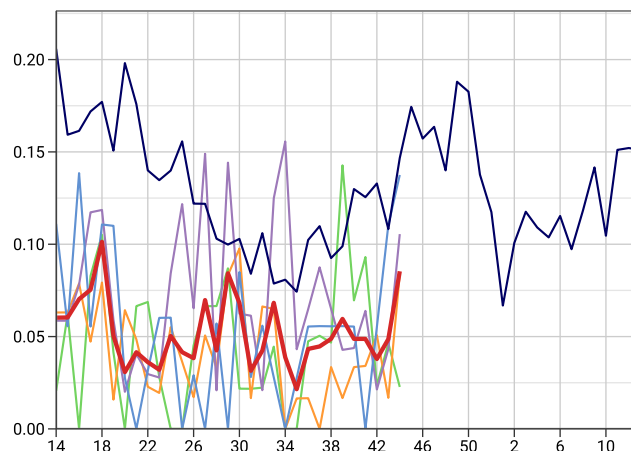
## 4. Vaccine Sensitive Disorders

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

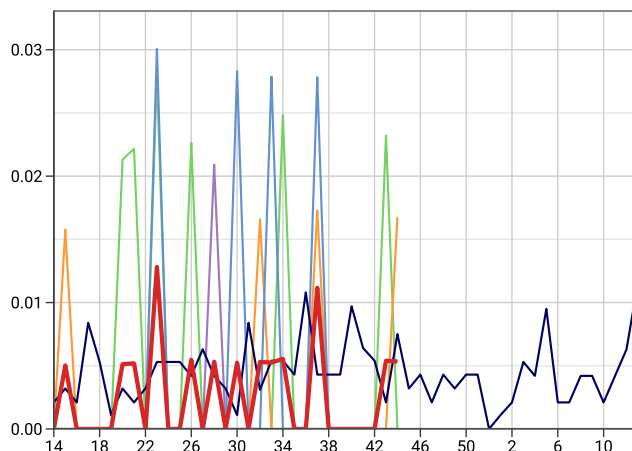
**Measles (ICD10: B05)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



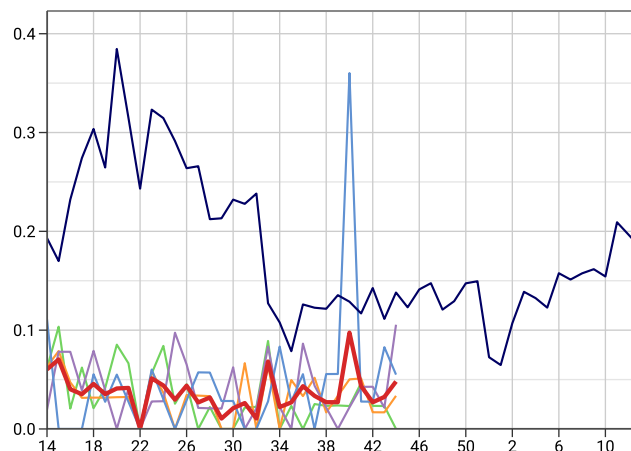
**Mumps (ICD10: B26)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



**Rubella (ICD10: B06)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



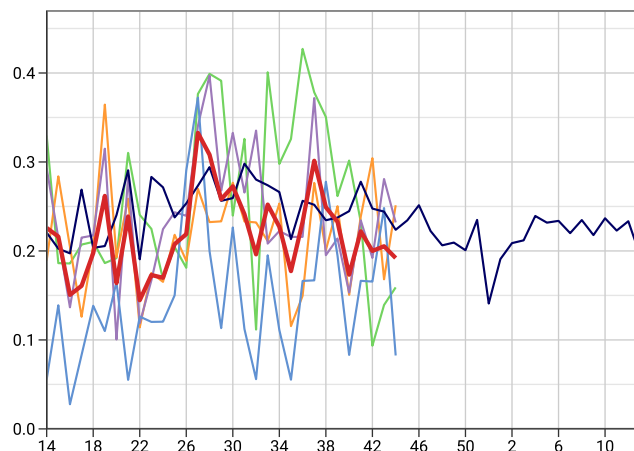
**Whooping Cough (ICD10: A37)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



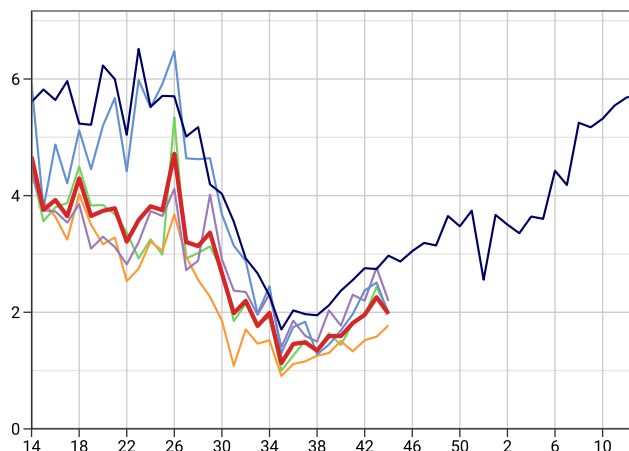
## 5. Skin Contagions

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

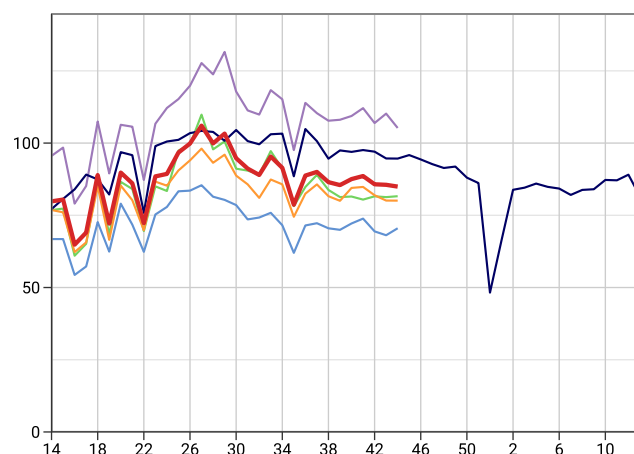
**Bullous Dermatoses (ICD10: L10-L14)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



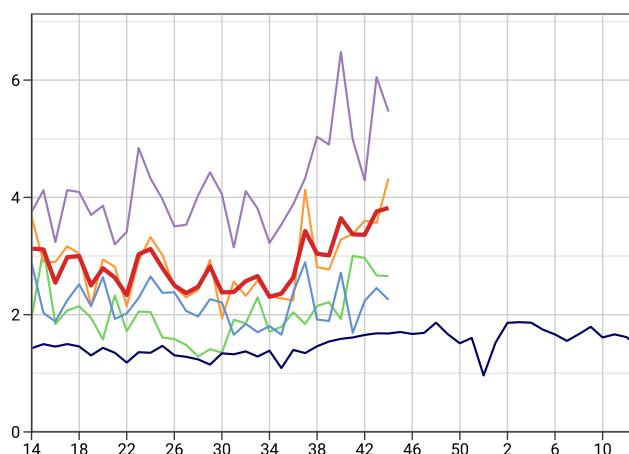
**Chickenpox (ICD10: B01)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



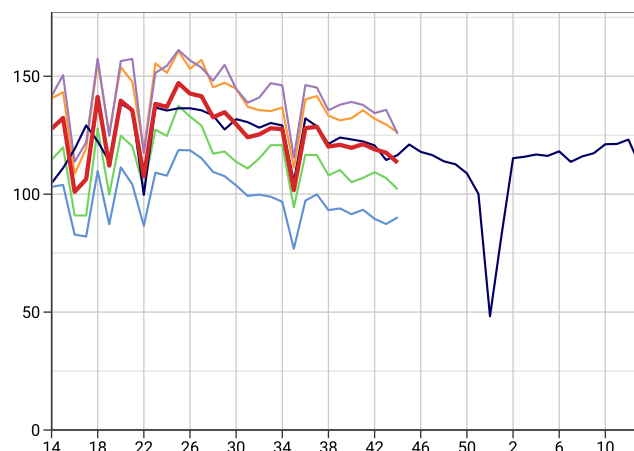
**Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



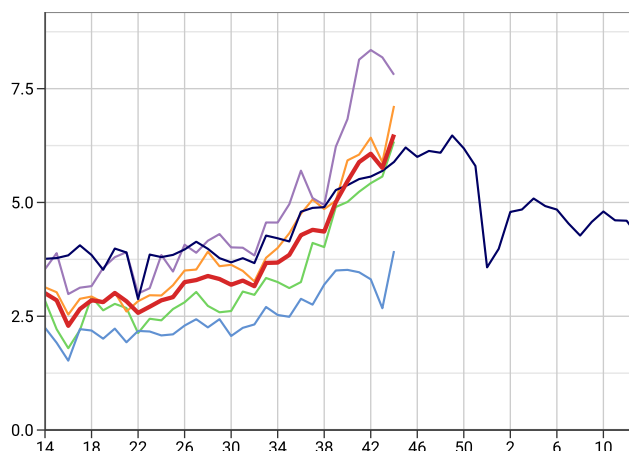
**Scabies (ICD10: B86)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



**Symptoms of Skin & Integument Tissue (ICD10: R20-R23),**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



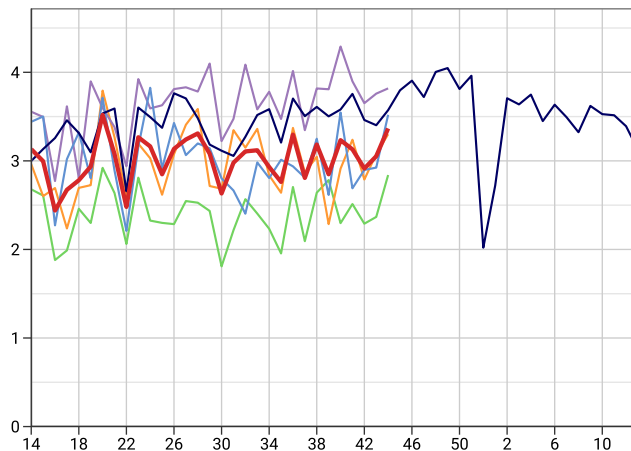
**Impetigo (ICD10: L01)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



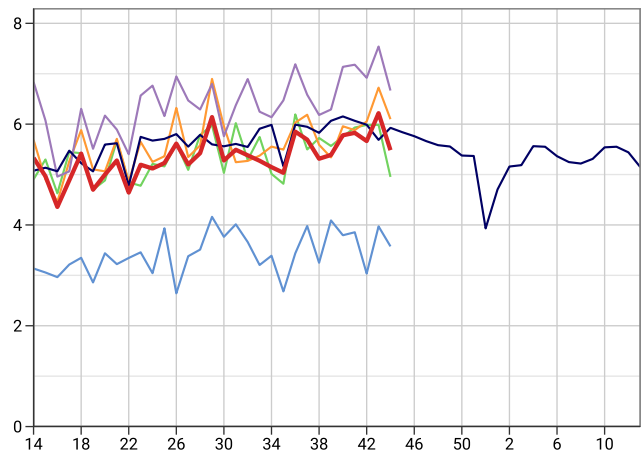


■ National 
 ■ 5 Year Avg 
 ■ London 
 ■ North 
 ■ South 
 ■ Midlands And East

**Herpes Simplex (ICD10: B00)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

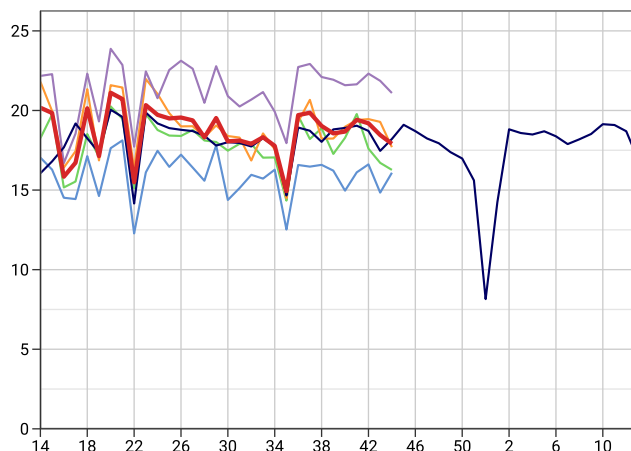


**Herpes Zoster (ICD10: B02)**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

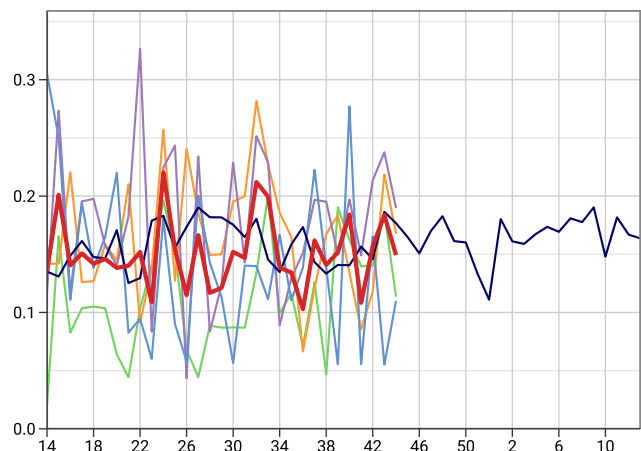


## 6. Disorders Affecting the Nervous System

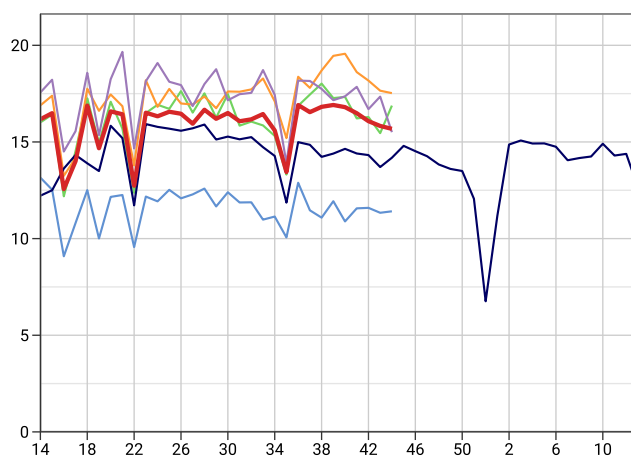
**Disorders of Peripheral Nervous System (ICD10: G50-G64,G70-G72), Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average**



**Meningitis/Encephalitis (ICD10: A170-A171,A390,A38-A85,A87,G00-G05), Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average**



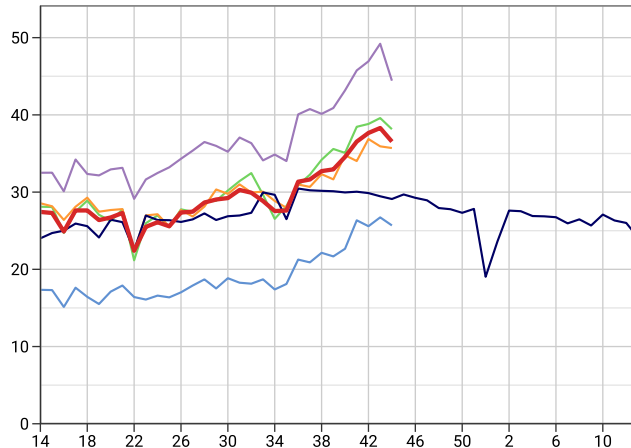
**Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average**



## 7. Genitourinary System Disorders

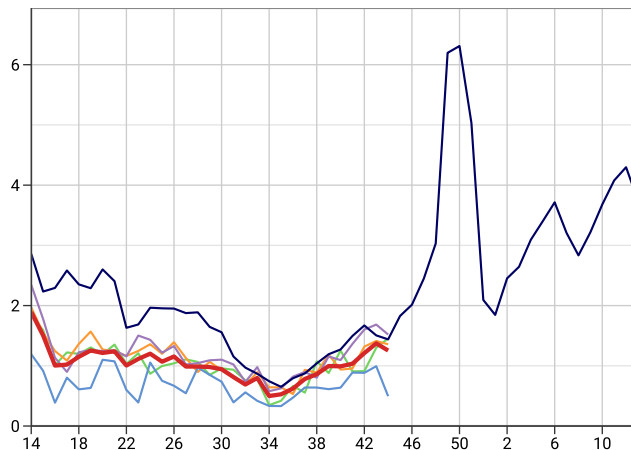
■ National ■ 5 Year Avg ■ London ■ North ■ South ■ Midlands And East

Urinary Tract Infection/Cystitis (ICD10: N30,N390)  
Weekly incidence (per 100,000 all ages) by region for 2025/26  
compared with 5 year average

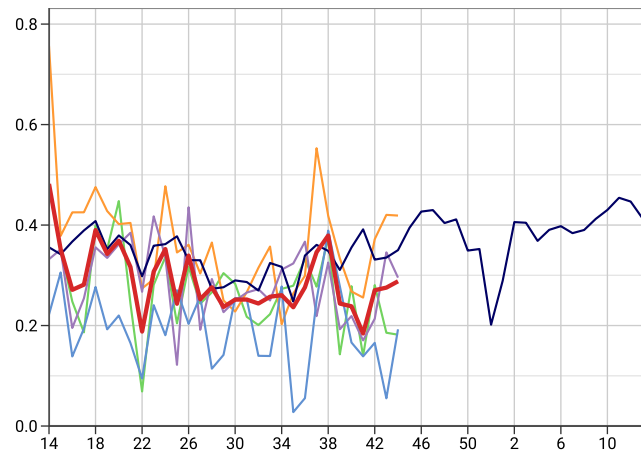


## 8. Other Disorders

Strep Sore Throat, Scarletina and Peritonsillar Abscess (ICD10:  
A38,J020,J36), Weekly incidence (per 100,000 all ages) by  
region for 2025/26 compared with 5 year average



Infectious Mononucleosis (ICD10: B27)  
Weekly incidence (per 100,000 all ages) by region for 2025/26  
compared with 5 year average



## 9. Tabular Summary by Disease

	Week 41	Week 42	Week 43	Week 44
Dates	06/10/2025 - 12/10/2025	13/10/2025 - 19/10/2025	20/10/2025 - 26/10/2025	27/10/2025 - 02/11/2025
Population	18,464,799	18,500,128	18,512,146	18,746,215
Practice Count	1,769	1,763	1,776	1,790

Disease	Week 41		Week 42		Week 43		Week 44	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	1.7	310	1.9	348	1.8	335	1.7	322
Acute Respiratory Infections (ARI)	258.5	47,737	262.6	48,584	273.8	50,684	266.5	49,963
Allergic Rhinitis	6.8	1,255	7.2	1,339	7.4	1,364	7.0	1,306
Asthma	10.1	1,872	10.1	1,871	11.0	2,037	10.2	1,910
Bronchiolitis	1.7	307	1.7	322	1.9	353	2.1	396
Bullous Dermatoses	0.2	41	0.2	37	0.2	38	0.2	36
COVID-19	3.9	715	3.2	596	2.3	432	1.6	303
Chickenpox	1.8	335	2.0	362	2.3	418	2.0	370
Conjunctival Disorders	12.6	2,330	12.1	2,245	12.5	2,309	12.5	2,341
Croup	2.4	451	2.7	503	2.8	515	2.9	547
ECLD - COPD exacerbations	7.6	1,407	7.9	1,455	8.6	1,584	8.0	1,493
ECLD - asthma exacerbations	12.1	2,237	11.8	2,187	11.2	2,072	11.1	2,077
Exacerbations of chronic lung disease (ECLD)	19.7	3,635	19.7	3,649	19.7	3,654	19.0	3,562
Herpes Simplex	3.1	578	2.9	539	3.1	565	3.4	631
Herpes Zoster	5.8	1,076	5.7	1,048	6.2	1,151	5.5	1,028
Impetigo	5.9	1,087	6.1	1,123	5.8	1,066	6.5	1,217
Infected Insect Bites	4.5	826	4.0	744	3.6	658	3.2	591
Infectious Intestinal Diseases	7.3	1,344	7.5	1,394	7.2	1,326	6.7	1,256
Infectious Mononucleosis	0.2	34	0.3	50	0.3	51	0.3	54
Influenza-like Illness (ILI)	5.4	1,006	5.6	1,027	6.0	1,116	6.4	1,197
Laryngitis	0.7	131	0.9	168	1.0	177	0.9	166
Lower respiratory tract infections (LRTI)	79.6	14,698	82.3	15,220	87.6	16,215	86.2	16,164
Measles	0.0	9	0.0	6	0.0	9	0.0	7
Meningitis and Encephalitis	0.1	20	0.2	29	0.2	34	0.1	28
Mumps	0.0	9	0.0	7	0.0	9	0.1	16
Non-infective Enteritis and Colitis	3.1	573	2.8	527	3.0	554	2.7	503
Peripheral Nervous Disease	19.4	3,585	19.2	3,551	18.5	3,417	17.9	3,357
Pneumonia	3.2	585	3.2	596	3.4	621	3.3	622
Rubella	0.0	0	0.0	0	0.0	1	0.0	1
Scabies	3.4	622	3.4	622	3.8	696	3.8	716
Sinusitis	20.8	3,834	20.0	3,695	20.8	3,859	22.1	4,135
Skin and Subcutaneous Tissue Infections	88.6	16,358	85.7	15,861	85.6	15,838	84.9	15,923
Strep Throat and Peritonsillar Abscess	1.0	191	1.2	224	1.4	254	1.3	235
Symptoms involving Skin and Integument Tissues	121.2	22,386	119.0	22,021	117.6	21,762	113.4	21,253
Symptoms involving musculoskeletal	16.5	3,044	16.1	2,974	15.8	2,930	15.7	2,939
Tonsillitis and Pharyngitis	38.7	7,137	39.9	7,381	43.1	7,976	41.3	7,741
Upper respiratory tract infections (URTI)	164.0	30,283	168.1	31,099	174.0	32,205	169.5	31,783
Urinary Tract Infections	36.5	6,747	37.7	6,967	38.3	7,090	36.5	6,850
Viral Hepatitis	0.3	58	0.4	66	0.3	49	0.2	46
Whooping Cough	0.0	8	0.0	5	0.0	6	0.0	9

## 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:

<b>Threshold to Medium</b>	Below 40% percentile
<b>Medium to High</b>	From 40% to below 90% percentile
<b>High to Very High</b>	From 90% to below 97.5% percentile
<b>Above Very High</b>	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://pubmed.ncbi.nlm.nih.gov/22897919/>

### 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:

<b>North</b>	NHS North East and Yorkshire, and North West regions
<b>Midlands and East</b>	NHS East of England and Midlands regions
<b>South</b>	NHS South East and South West regions
<b>London</b>	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 tonsillitis 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](http://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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