



Royal College of  
General Practitioners  
Research and Surveillance Centre

## RSC Communicable and Respiratory Disease Report for England

### Key Statistics:

Week Number/Year.....30/2017  
Week Starting - Ending.....24/07/2017 - 30/07/2017  
No. of Practices.....156  
Population.....1566299

### National (England)

- **Allergic Rhinitis** : decreased from **13.8** in week 29 to **8.7** in week 30.
- **Asthma** : increased from **11.3** in week 29 to **12.9** in week 30.
- **Common Cold** : was unchanged at **46.6** in week 29 compared with **46.3** in week 30.
- **Infectious Intestinal Diseases (IID)** : decreased from **8.4** in week 29 to **7.9** in week 30.
- **Respiratory System Diseases** : decreased a little from **201.6** in week 29 to **191.9** in week 30.

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

- **Allergic Rhinitis** : decreased from **17.5** in week 29 to **11.8** in week 30 in the London region, decreased from **15.0** in week 29 to **8.8** in week 30 in the North region, decreased from **10.9** in week 29 to **7.5** in week 30 in the South region, and decreased from **12.8** in week 29 to **6.9** in week 30 in the Midlands And East region.
- **Asthma** : decreased from **16.3** in week 29 to **15.1** in week 30 in the London region, increased from **10.3** in week 29 to **12.7** in week 30 in the North region, was unchanged at **10.3** in week 29 compared with **10.2** in week 30 in the South region, and increased from **9.1** in week 29 to **16.6** in week 30 in the Midlands And East region.
- **Common Cold** : decreased from **62.2** in week 29 to **56.1** in week 30 in the London region, decreased from **57.2** in week 29 to **49.7** in week 30 in the North region, increased from **31.4** in week 29 to **41.1** in week 30 in the South region, and was unchanged at **36.2** in week 29 compared with **36.4** in week 30 in the Midlands An..
- **Infectious Intestinal Diseases (IID)** : decreased from **10.9** in week 29 to **6.6** in week 30 in the London region, was unchanged at **8.1** in week 29 compared with **8.0** in week 30 in the North region, increased from **8.3** in week 29 to **10.0** in week 30 in the South region, and decreased from **5.8** in week 29 to **4.6** in week 30 in the Midlands And East region.
- **Respiratory System Diseases** : decreased from **225.6** in week 29 to **189.6** in week 30 in the London region, decreased from **228.1** in week 29 to **202.0** in week 30 in the North region, increased from **160.6** in week 29 to **170.6** in week 30 in the South region, and increased from **201.3** in week 29 to **224.6** in week 30 in the Midlands And East region.

### Comment:

Presentations of hay fever/allergic rhinitis in primary care have decreased this week, and remain at or below seasonally expected levels.

Most conditions are at or below seasonally expected levels.

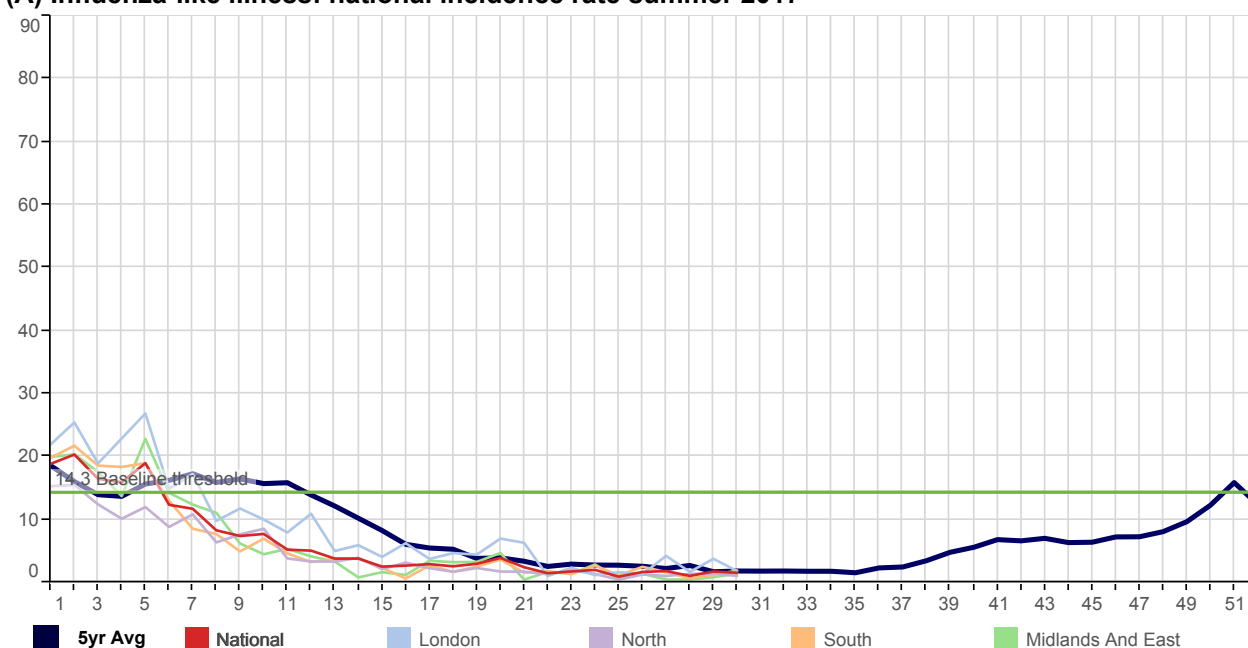
## Spring/Summer Focus 2017

Please see page 13 for explanatory notes on the data.

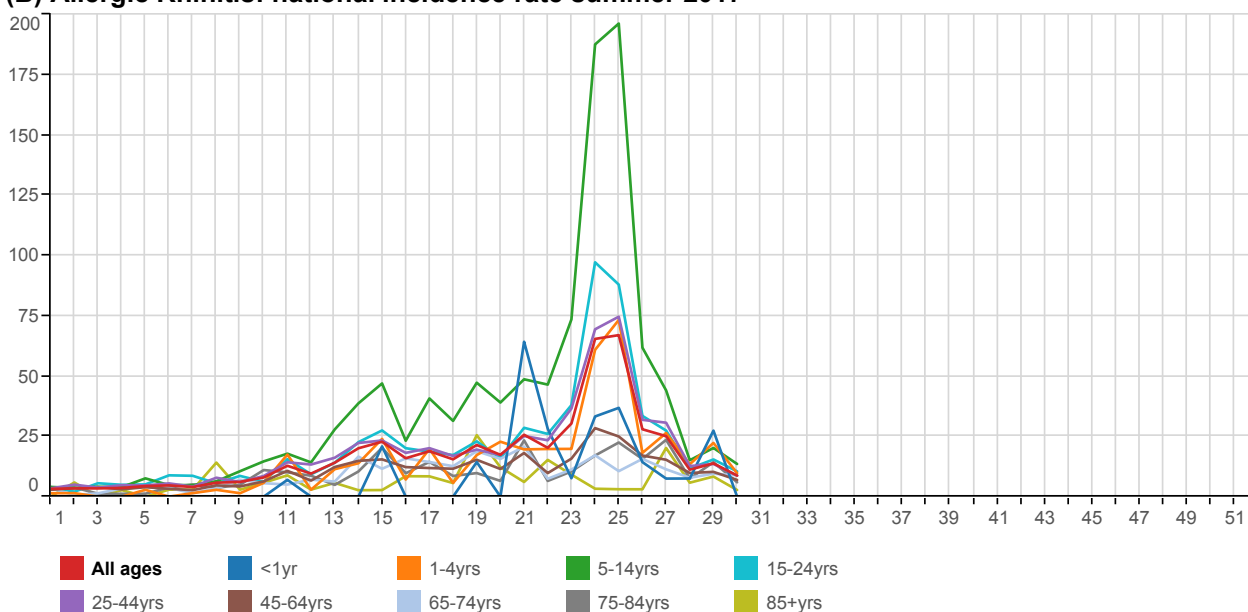
### Weekly influenza-like illness and bronchitis incidence rates per 100,000 persons

	Bronchitis	Influenza-like illness		Influenza-like illness	Acute Bronchitis
<1yr	112.4	0.0	London	1.8	31.3
1-4yrs	72.4	0.0	North	1.0	46.6
5-14yrs	18.1	0.6	South	1.9	36.2
15-24yrs	19.0	2.5	Midlands And East	1.4	58.9
25-44yrs	26.0	1.8	National	1.5	41.6
45-64yrs	36.7	2.6			
65-74yrs	66.8	0.0			
75-84yrs	106.1	0.0			
85+yrs	182.3	0.0			
All ages	41.6	1.5			

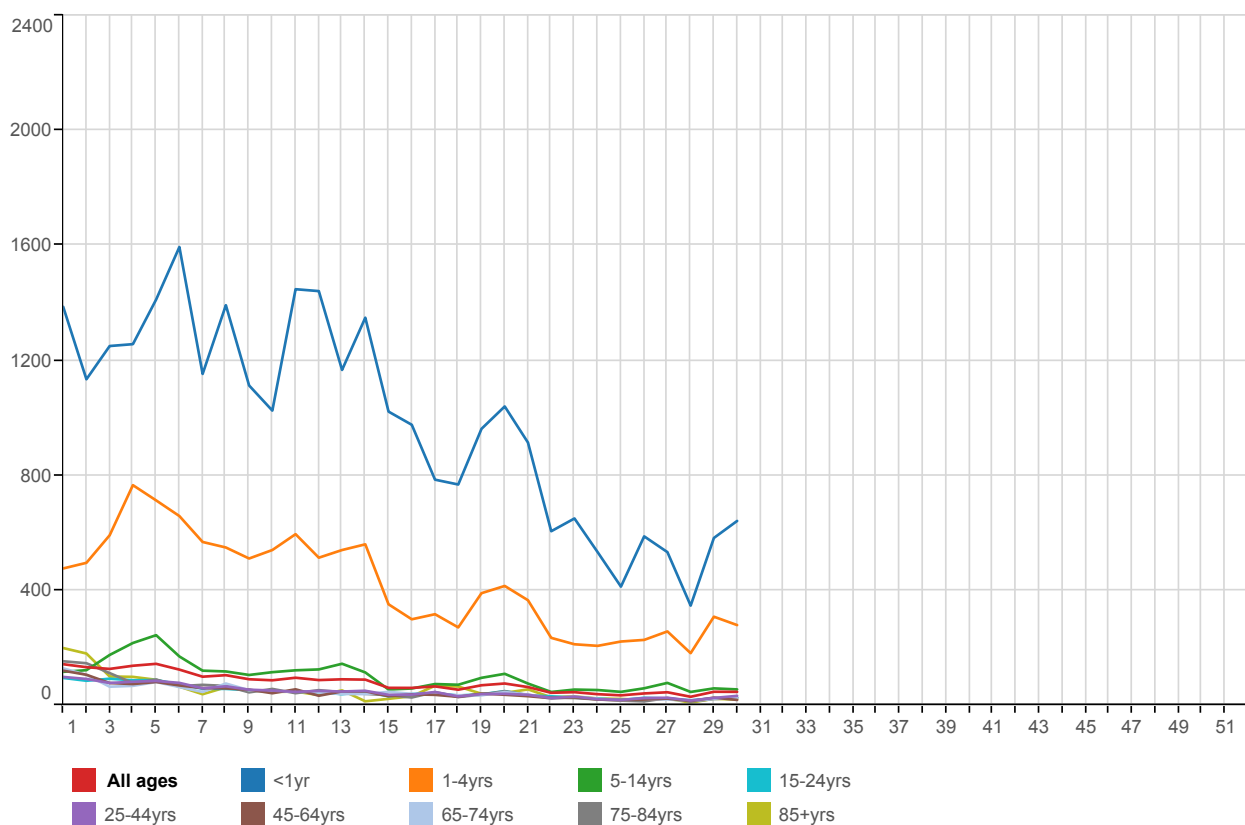
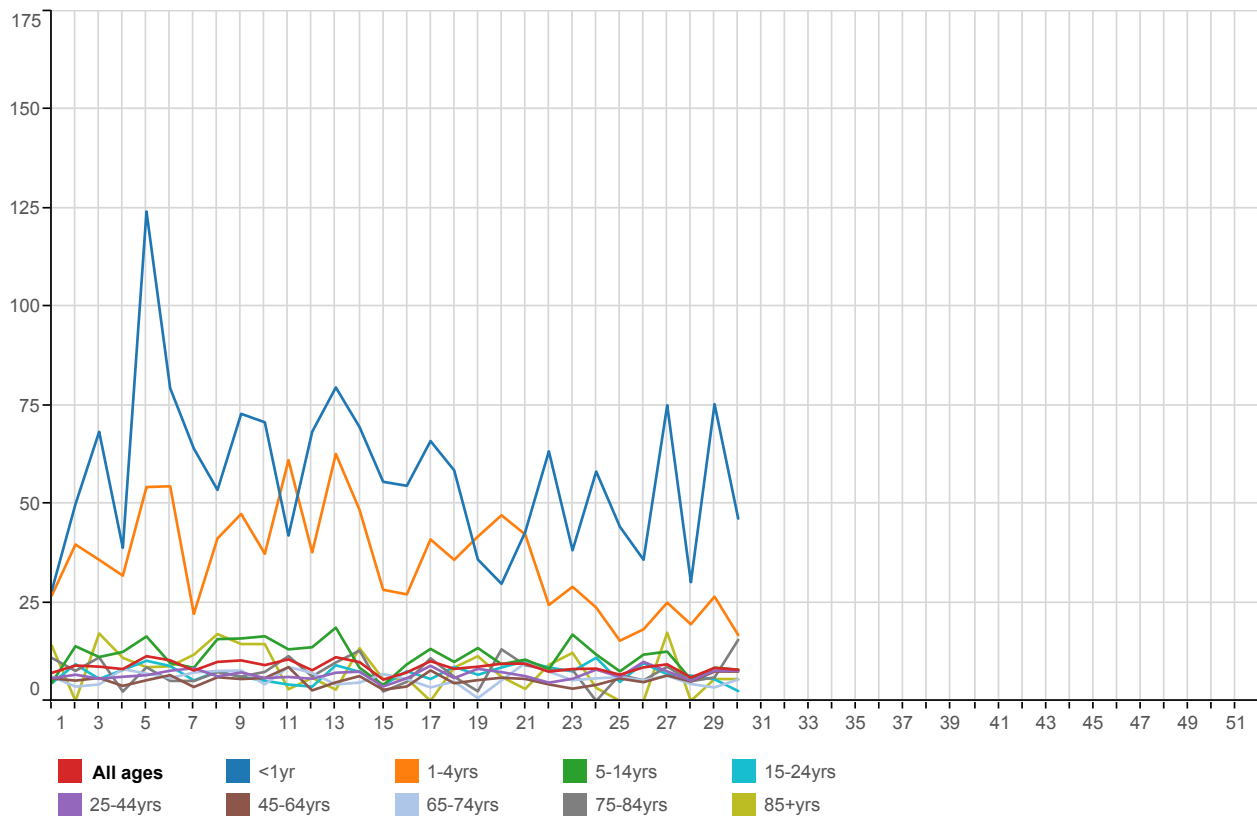
#### (A) Influenza-like illness: national incidence rate summer 2017\*



#### (B) Allergic Rhinitis: national incidence rate summer 2017\*



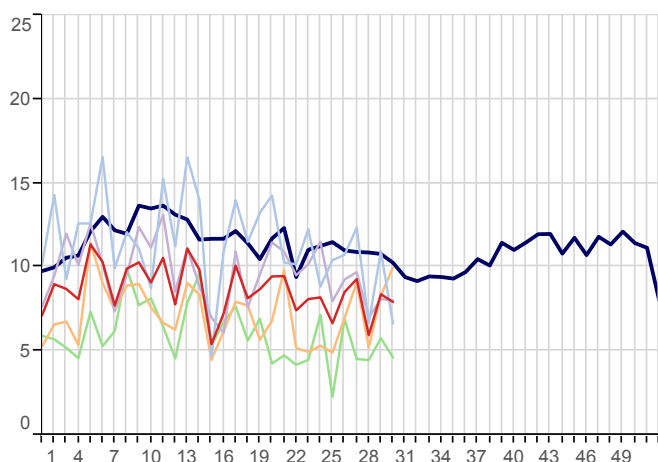
\* The thresholds used are the agreed RCGP/ Public Health England levels for 2016. The rolling average line (blue) is based on 5 year historic RCGP RSC level.

**(C) Common Cold : national incidence rate 2017 by age group\*****(D) Infectious Intestinal Diseases : national incidence rate 2017 by age group\***

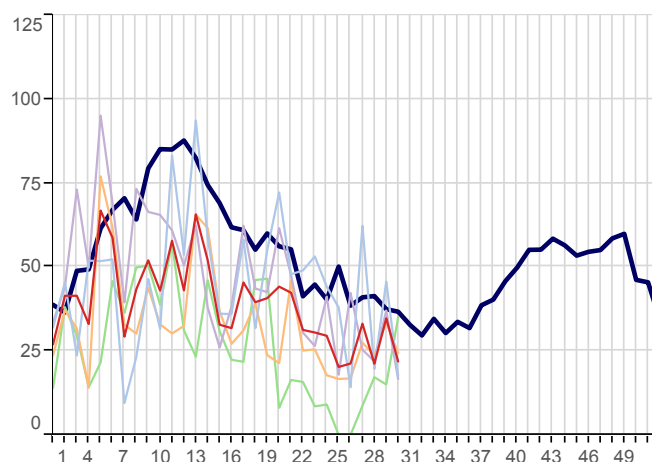
# 1. Water & Food Borne Disorders:

5yr Avg   National   London   North   South   Midlands And East

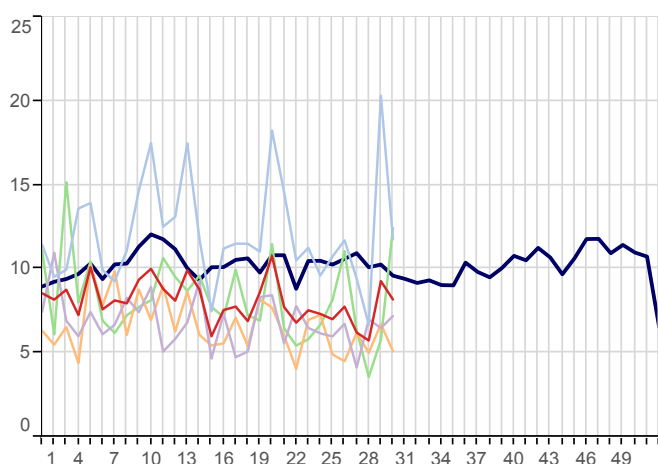
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **all ages**) by regions  
for 2017 compared with 5 year average



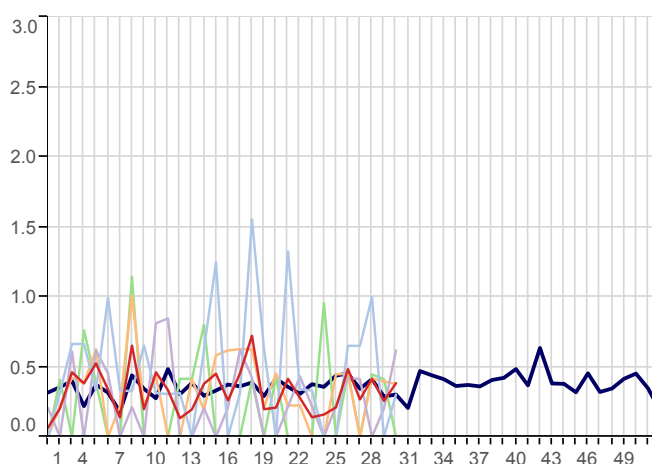
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **0-4 years**) by regions  
for 2017 compared with 5 year average



**Non-Infective Enteritis & Colitis (ICD10: K50-K52)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



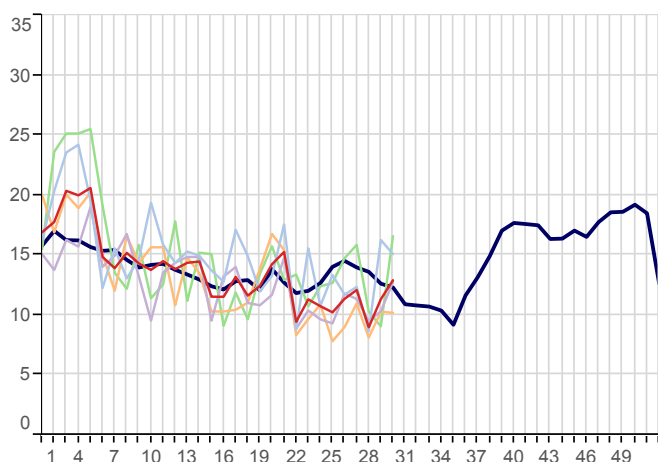
**Viral Hepatitis (ICD10: B15-B19)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



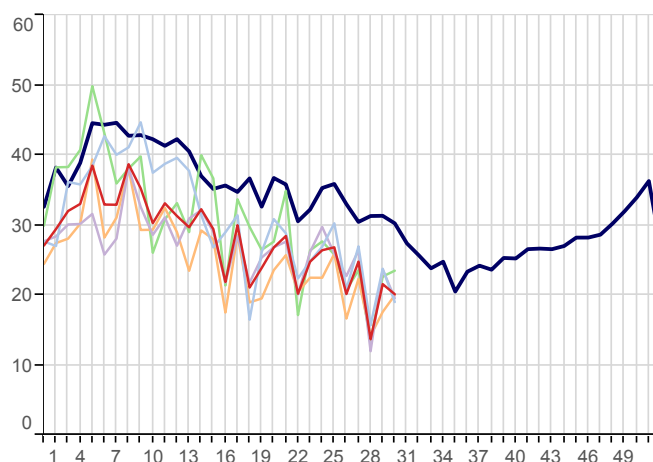
## 2. Environmentally Sensitive Disorders:

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

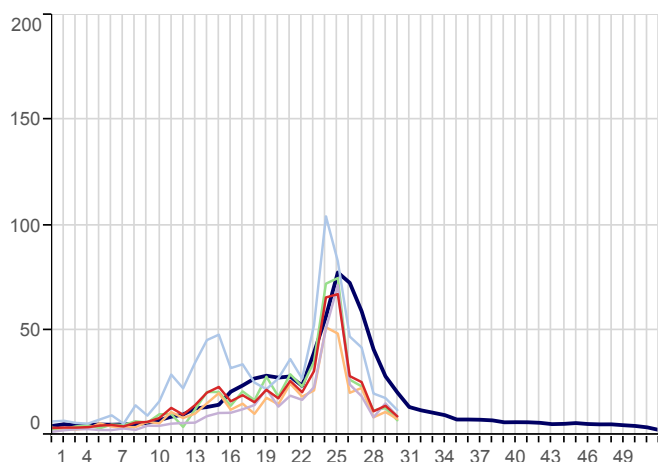
**Asthma (ICD10: J45-J46)**  
Weekly incidence (per 100,000 all ages) by region for 2017 compared with 5 year average



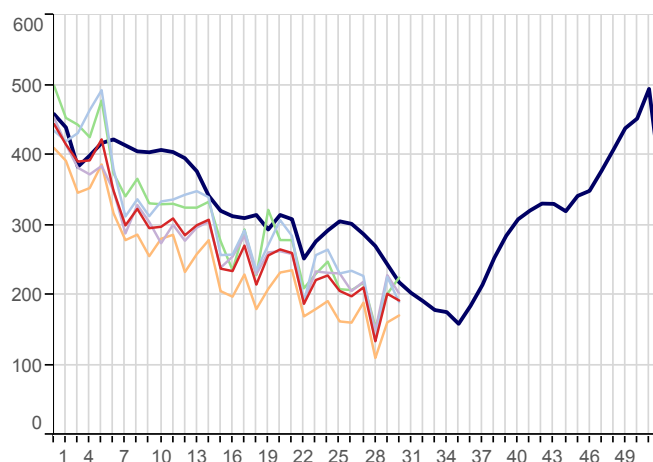
**Disorders of Conjunctiva (ICD10: H10-H13)**  
Weekly incidence (per 100,000 all ages) by region for 2017 compared with 5 year average



**Hayfever/Allergic Rhinitis (ICD10: J30)**  
Weekly incidence (per 100,000 all ages) by region for 2017 compared with 5 year average



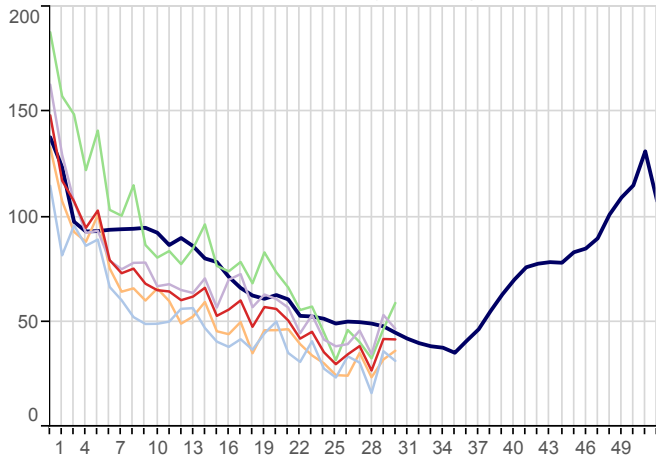
**Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)**  
Weekly incidence (per 100,000 all ages) by region for 2017 compared with 5 year average



### 3. Respiratory Infections:

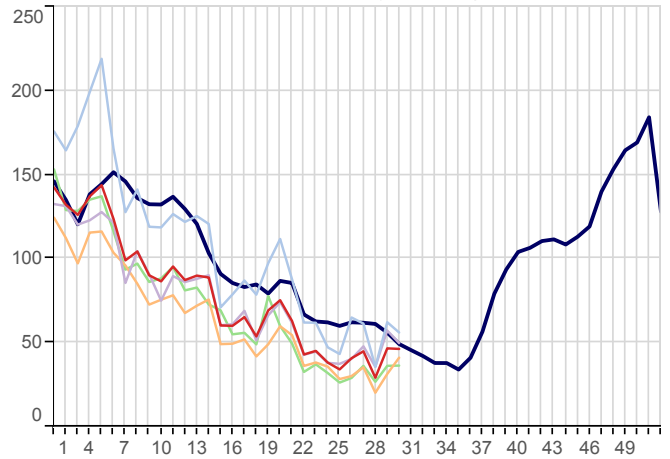
5yr Avg   National   London   North

**Acute Bronchitis (ICD10: J20-J21,J40)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average

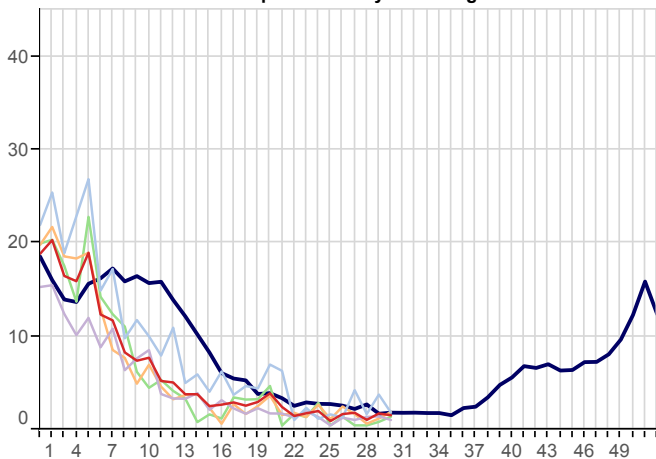


South   Midlands And East

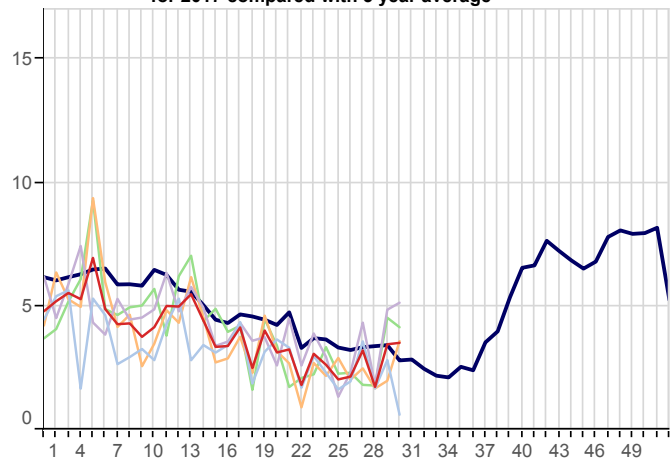
**Common Cold (ICD10: J00,J06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



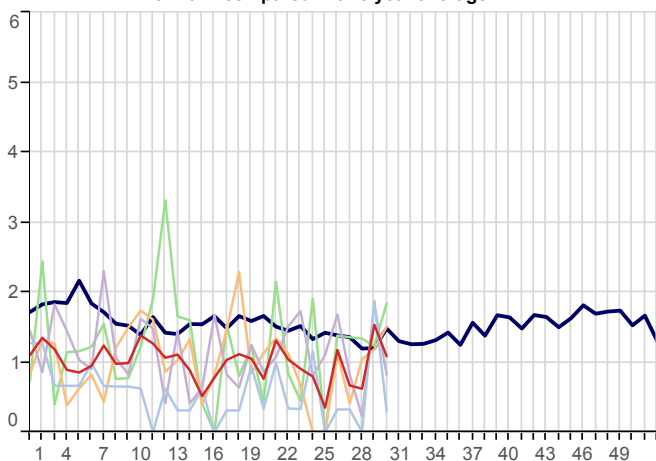
**Influenza-Like Illness (ICD10: J09-J11)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



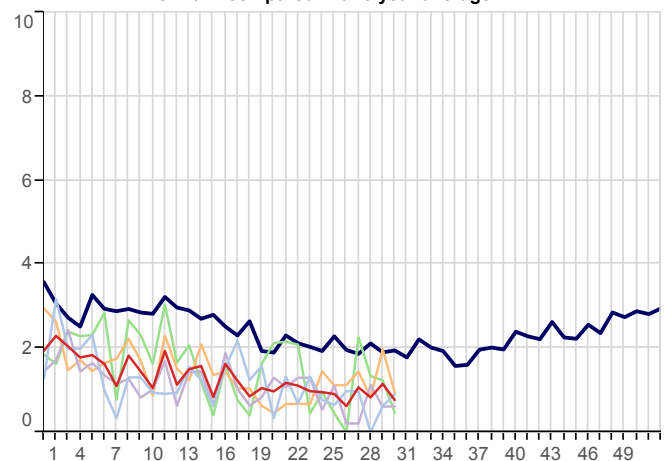
**Acute Laryngitis/Tracheitis (ICD10: J04)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



**Pleurisy (ICD10: R091)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



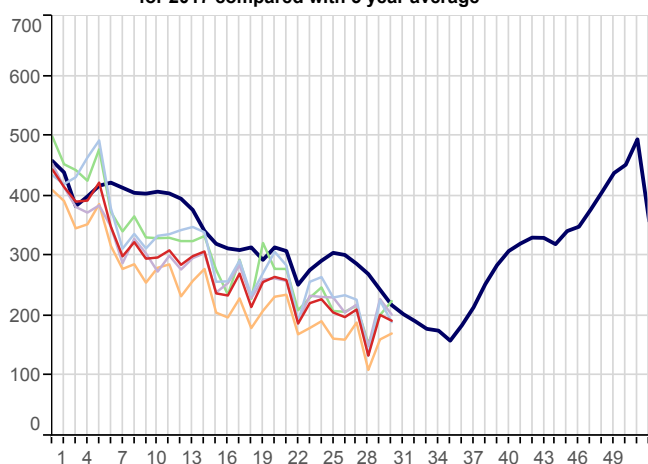
**Pneumonia/Pneumonitis (ICD10: J12-J18)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



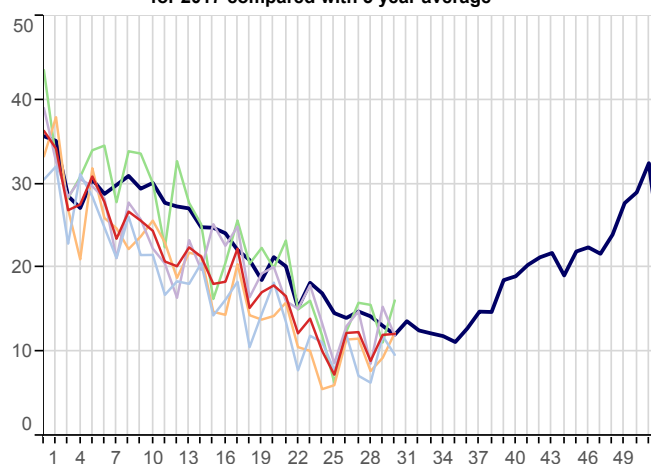
### 3. Respiratory Infections(Continued):

5yr Avg   National   London   North   South   Midlands And East

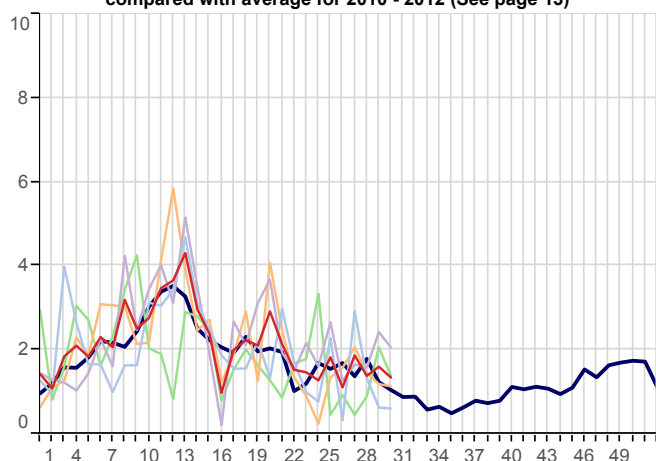
**Respiratory System Diseases (ICD10: J00-J99)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



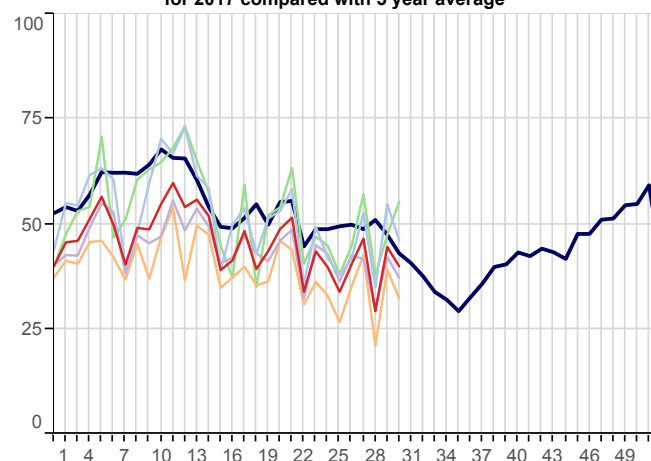
**Acute Sinusitis (ICD10: J01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



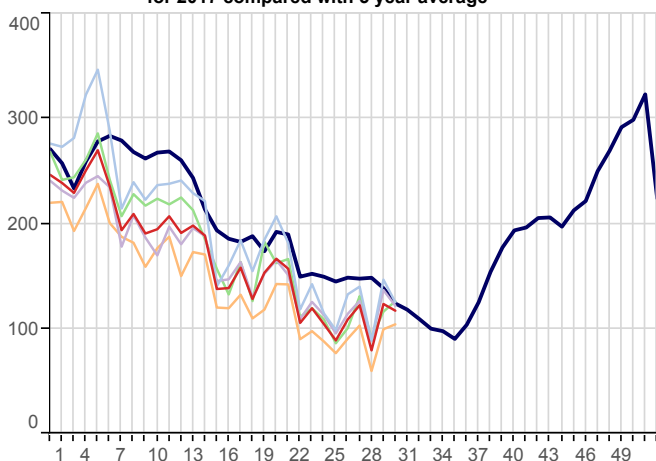
**Strep Sore Throat, Scarletina and Peritonsillar Abscess (ICD10: A38,J020,J36)**  
Weekly incidence (per 100,000 all ages) by region for 2015  
compared with average for 2010 - 2012 (See page 13)



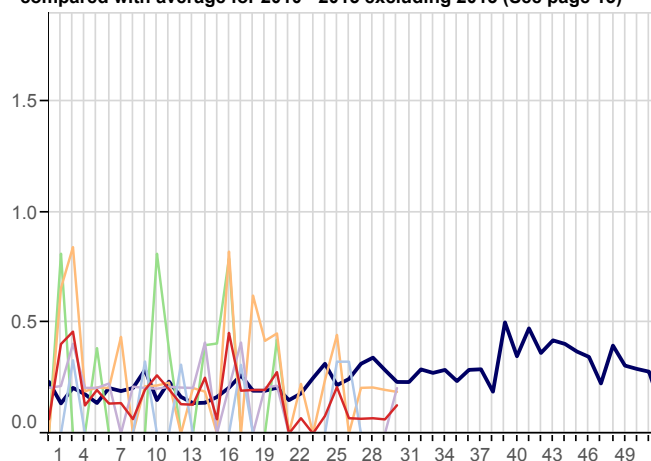
**Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



**Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



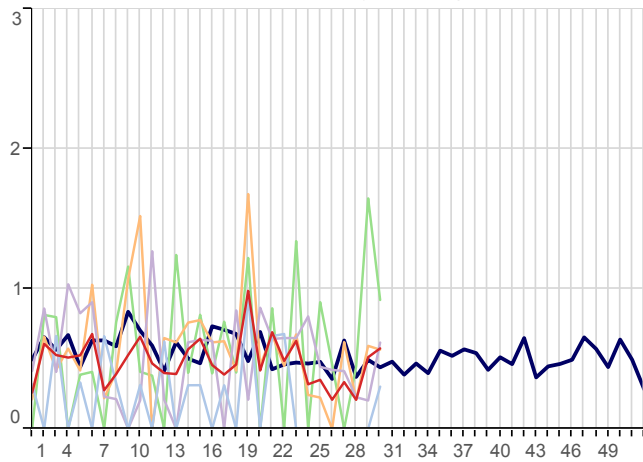
**Whooping Cough (ICD10: A37)**  
Weekly incidence (per 100,000 all ages) by region for 2015  
compared with average for 2010 - 2015 excluding 2013 (See page 13)



### 3. Respiratory Infections(Continued):

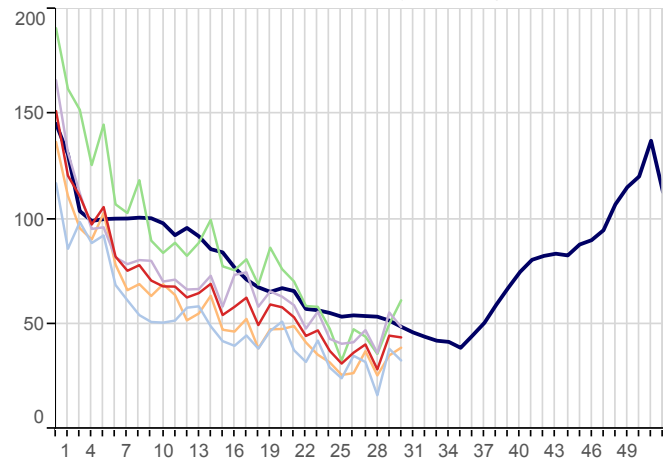
5yr Avg   National   London   North

**Infectious Mononucleosis (ICD10: B27)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average

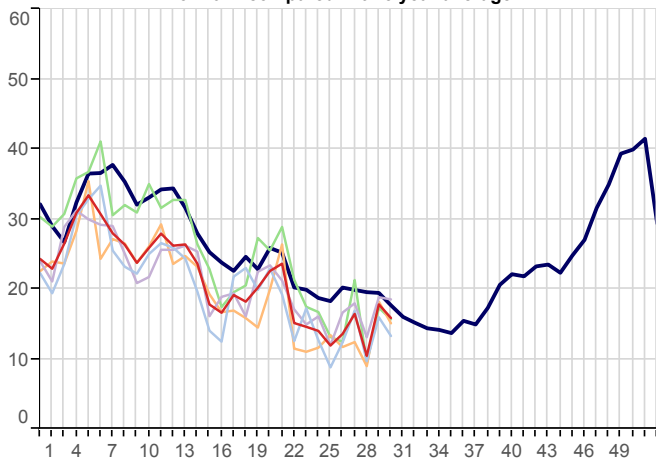


South   Midlands And East

**Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



**Acute Otitis Media (ICD10: H650-H651,H660,H669)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average

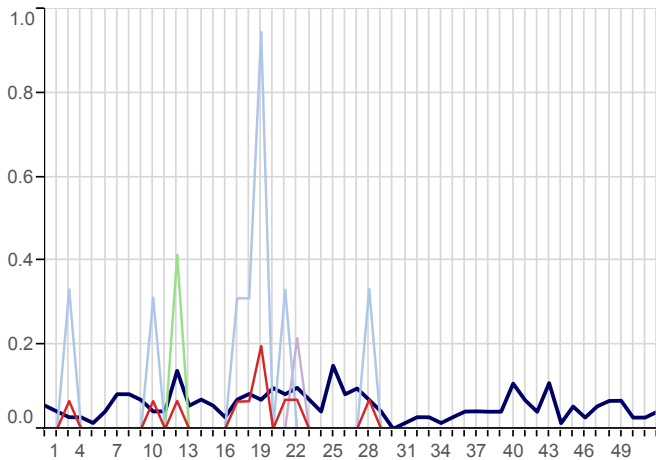




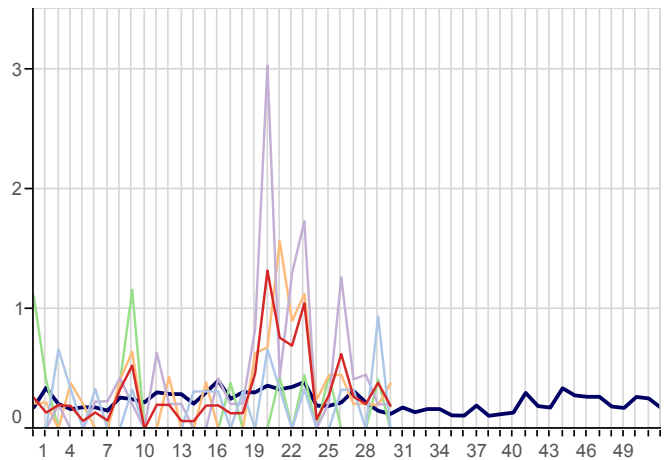
## 4. Vaccine Sensitive Disorders

5yr Avg   National   London   North   South   Midlands And East

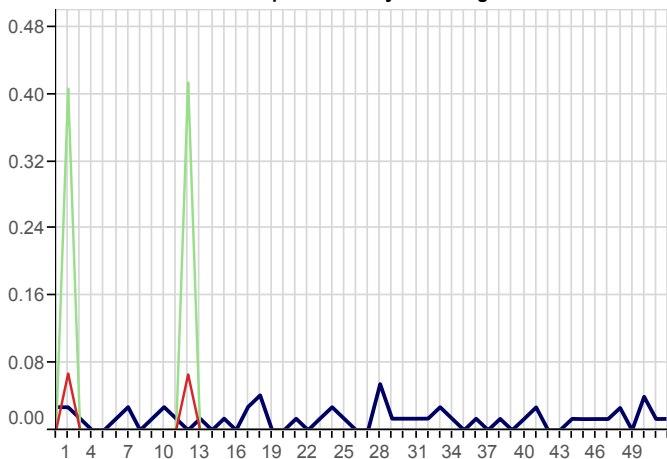
**Measles (ICD10: B05)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



**Mumps (ICD10: B26)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average

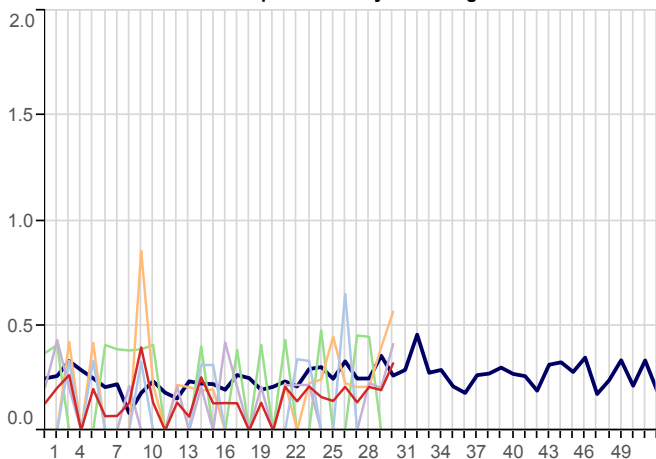


**Rubella (ICD10: B06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average

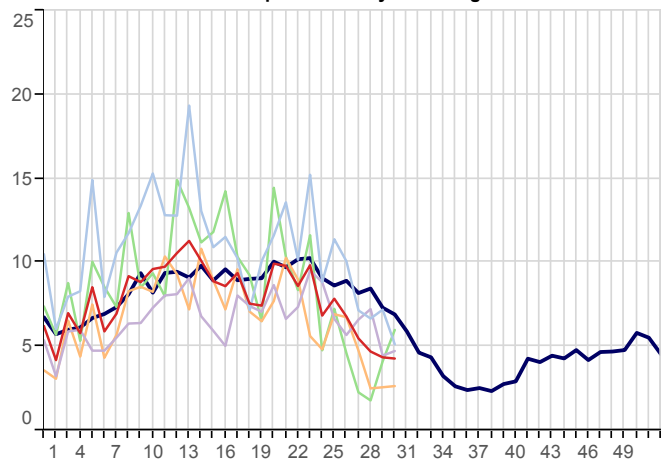


## 5. Skin Contagions

**Bullous Dermatoses (ICD10: L10-L14)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



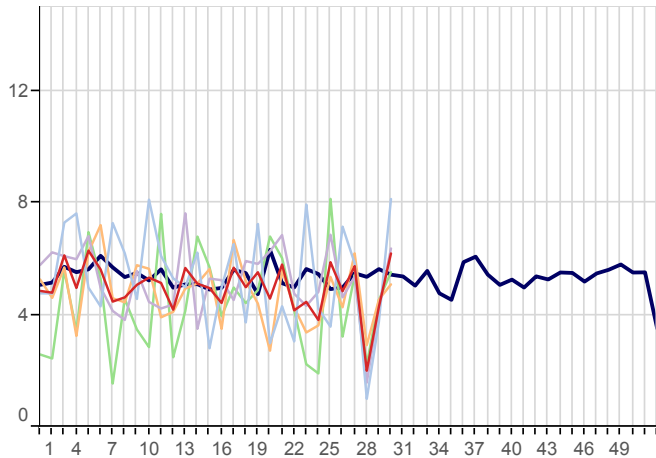
**Chickenpox (ICD10: B01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



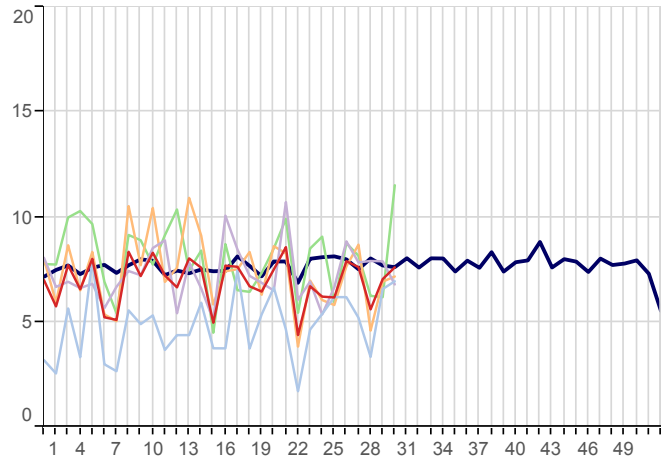
## 5. Skin Contagions (Continued)

5yr Avg   National   London   North   South   Midlands And East

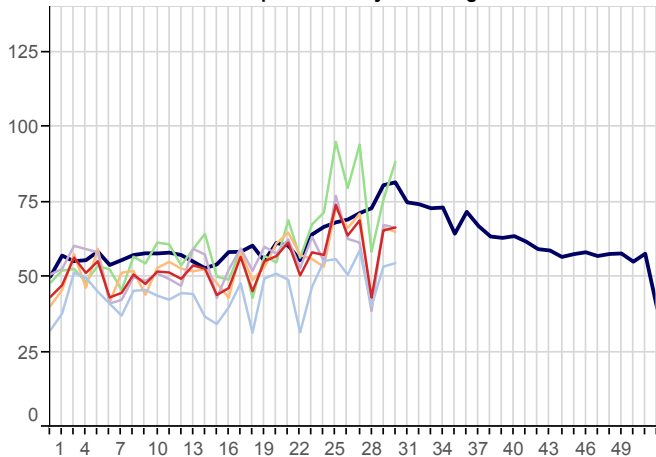
**Herpes Simplex (ICD10: B00)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



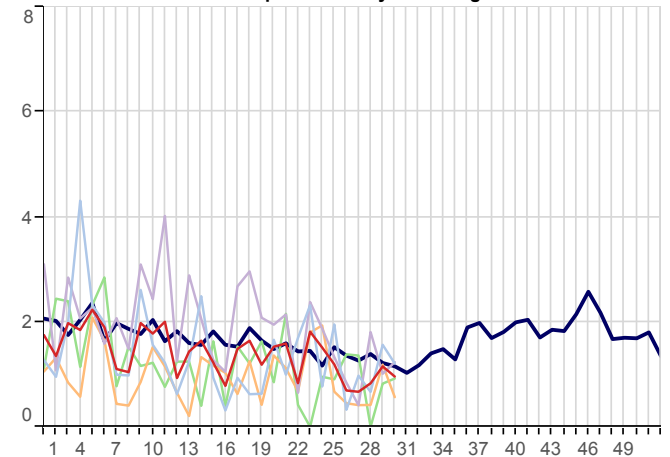
**Herpes Zoster (ICD10: B02)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



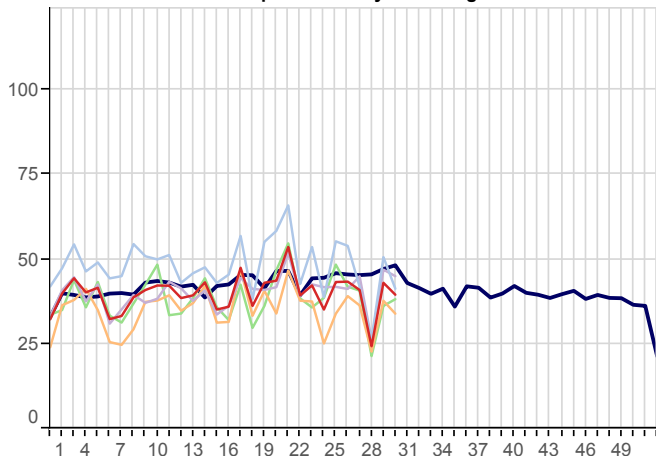
**Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



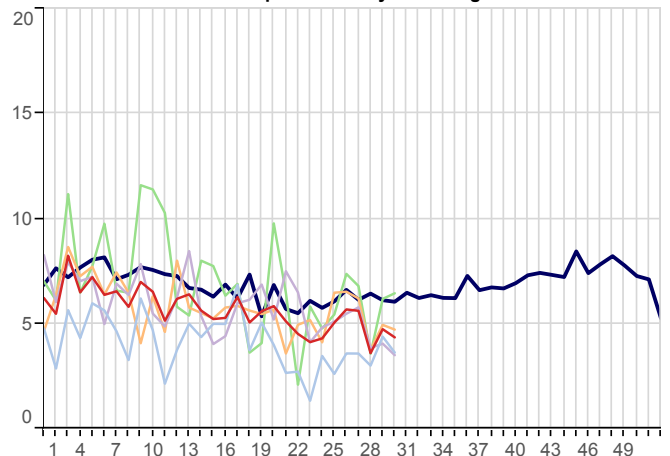
**Scabies (ICD10: B86)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



**Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



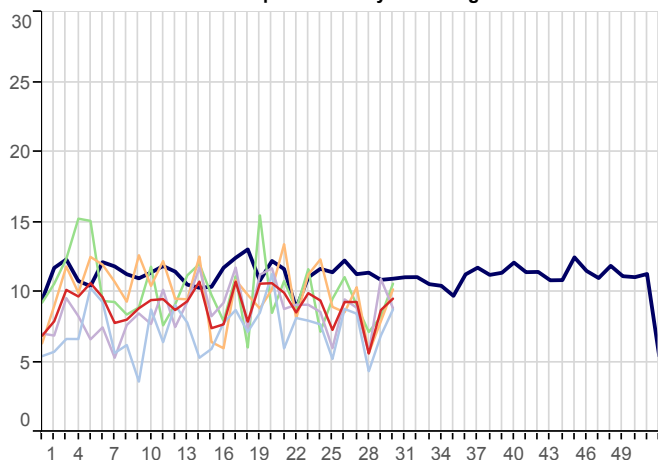
**Impetigo (ICD10: L01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



## 6. Disorders Affecting the Nervous System

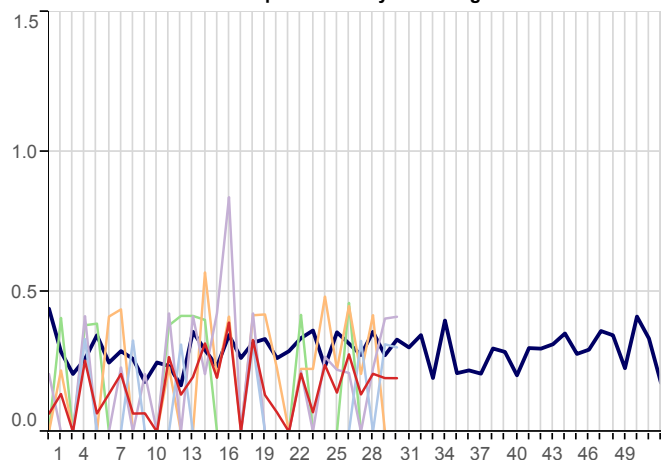
5yr Avg   National   London   North

**Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average

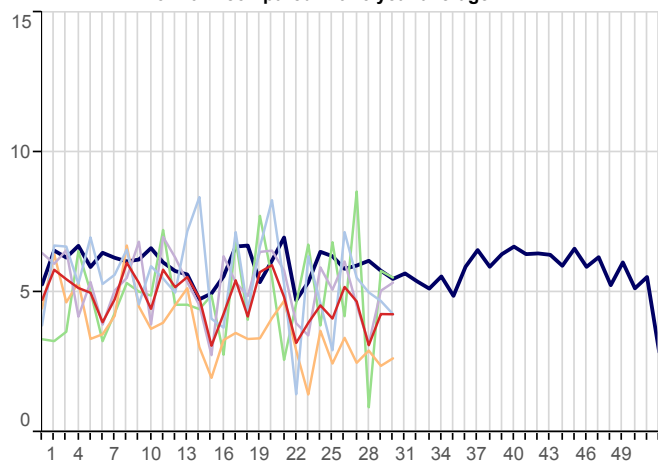


South   Midlands And East

**Meningitis/Encephalitis (ICD10: A170-A171, A390, A38-A85, A87, G00-G05)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average

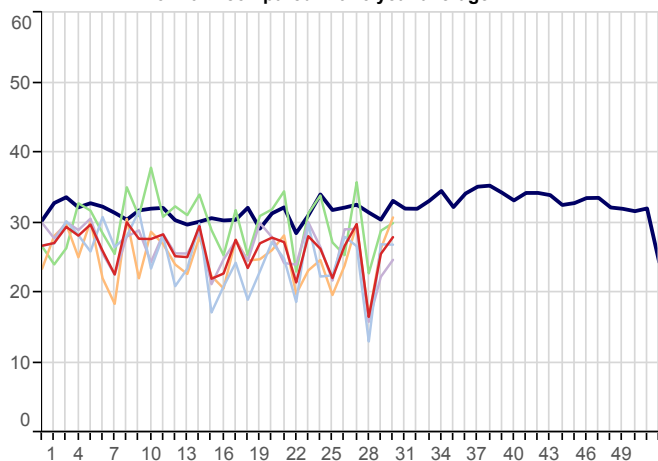


**Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



## 7. Genitourinary System Disorders

**Urinary Tract Infection/Cystitis (ICD10: N30,N390)**  
Weekly incidence (per 100,000 all ages) by region  
for 2017 compared with 5 year average



## 8. Tabular Summary by Disease

Disease Name	Week beginning Week ending	24/07/2017 30/07/2017		17/07/2017 23/07/2017		10/07/2017 16/07/2017		03/07/2017 09/07/2017	
		Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Allergic Rhinitis		8.7	137	13.8	216	11.2	162	25.1	376
Asthma		12.9	202	11.3	177	9.0	130	12.1	181
Acute Bronchitis		41.6	651	41.8	653	26.7	387	38.4	575
Bullous Dermatoses		0.3	5	0.2	3	0.2	3	0.1	2
Chickenpox		4.3	67	4.3	68	4.7	68	5.5	82
Common Cold		46.3	725	46.6	729	29.1	422	44.9	672
Conjunctival Disorders		20.1	315	21.6	337	13.7	198	24.8	371
Herpes Simplex		6.2	97	4.3	67	2.0	29	5.7	86
Herpes Zoster		7.6	119	7.0	110	5.6	81	7.6	114
Impetigo		4.3	68	4.7	74	3.6	52	5.6	84
Infectious Mononucleosis		0.6	9	0.5	8	0.2	3	0.3	5
Influenza-like illness		1.5	24	1.7	27	1.0	15	1.8	27
Infectious Intestinal Diseases		7.9	124	8.4	131	5.9	86	9.3	139
Laryngitis and Tracheitis		3.5	55	3.5	54	1.7	25	3.2	48
Lower Respiratory Tract Infections		43.5	682	44.4	694	28.3	410	40.2	602
Measles		0.0	0	0.0	0	0.1	1	0.0	0
Meningitis and Encephalitis		0.2	3	0.2	3	0.2	3	0.1	2
Mumps		0.2	3	0.4	6	0.2	3	0.3	4
Non-infective Enteritis and Colitis		8.2	128	9.3	145	5.7	83	6.2	93
Otitis Media Acute		15.8	248	17.8	278	10.4	151	16.4	246
Peripheral Nervous Disease		9.5	149	8.7	136	5.6	81	9.3	139
Pleurisy		1.1	17	1.5	24	0.6	9	0.7	10
Pneumonia and Pneumonitis		0.8	12	1.2	18	0.8	12	1.1	16
Respiratory System Diseases		191.9	3,005	201.6	3,152	133.7	1,936	210.5	3,154
Rubella		0.0	0	0.0	0	0.0	0	0.0	0
Scabies		1.0	15	1.2	18	0.8	12	0.7	10
Sinusitis		12.1	190	12.0	188	8.9	129	12.3	185
Skin and Subcutaneous Tissue Infections		66.5	1,041	65.5	1,024	43.1	624	68.8	1,031
Strep Throat and Peritonsillar Abscess		1.3	21	1.6	25	1.4	20	1.9	28
Symptoms involving musculoskeletal		4.2	66	4.2	66	3.1	45	4.7	70
Symptoms involving Respiratory and Chest		16.5	259	16.9	265	11.8	171	17.2	257
Symptoms involving Skin and Integument Tissues		39.5	619	43.0	673	24.3	352	40.9	613
Tonsillitis and acute Pharyngitis		39.9	625	44.5	696	29.2	423	46.5	696
Upper Respiratory Tract Infections		117.0	1,833	123.4	1,930	79.2	1,147	122.2	1,831
Urinary Tract Infections		27.9	437	25.5	399	16.5	239	29.8	446
Viral Hepatitis		0.4	6	0.3	4	0.4	6	0.3	4
Whooping Cough		0.1	2	0.1	1	0.1	1	0.1	1
<b>Practice Count</b>		<b>156</b>		<b>156</b>		<b>147</b>		<b>152</b>	
<b>Denom</b>		<b>1,566,299</b>		<b>1,563,756</b>		<b>1,447,993</b>		<b>1,498,175</b>	

## FURTHER INFORMATION:

### **About the report**

#### **Summer focus**

The first two pages of data within this report focus on the weekly incidence rates of Influenza-Like Illness, Allergic Rhinitis, Common Cold, and Infectious Intestinal Diseases.

#### **Rate calculation**

Each weekly incidence rate is presented per 100,000 population. All presentations are for males and females, and for all age groups, unless otherwise stated.

The denominator used for this report is taken from our most recent extract of data from GP practice systems, and includes all patients currently registered with eligible practices. The denominator varies week-on-week as patients register and deregister; it may also be the case that all patients from an individual practice are excluded because of problems with the data extraction from that practice in a specific week. Patients who have withheld consent for data-sharing are excluded.

In addition to the national rate, we present data for the four NHS England regions: North; Midlands and East; South; and London.

#### **Five-year averages**

Weekly rates are set against the five-year average, calculated from data for the calendar years 2011-2015. Previously we reported against a ten-year average. The change to a five-year average was made because longer-term trends in the incidence of disease have led to weekly rates for certain diseases becoming increasingly divergent from their ten-year average. The use of five-year averages lessens this effect and enables more meaningful comparison.

For two diseases, years with exceptionally high incidence have been excluded from the averages: for Whooping Cough, data from 2012 has been excluded; for Strep Sore Throat, Scarletina and Peritonsillar Abscess, data from 2013 and 2014 have been excluded so that similar rates in the future will appear as exceptional rather than normal in comparison.

#### **Threshold calculation for Influenza-Like Illness (ILI)**

We are now using the Moving Epidemic Method (MEM) to calculate threshold and intensity levels for Influenza-Like Illness. MEM works by identifying seasonal epidemic peaks and then calculates thresholds and intensity levels based on the pre and post epidemic values. This allows us to report the severity of ILI against multiple thresholds, rather than a simple comparison with the five-year average as the wide variation in ILI year on year, especially during the seasonal peak, makes the average less representative.

This methodology is used by the European Centre for Disease Prevention and Control to standardise reporting of influenza activity across Europe, and is also in use by Public Health England. Full details of the methodology can be found in: Vega et al. (2012) Influenza surveillance in Europe: establishing epidemic thresholds by the moving epidemic method. Influenza and Other Respiratory Viruses 7(4), 546–558. For ease of graphical representation, the final threshold (Very High) is not included in Graph A, page 2.

## About the Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC)

### What we do

The RCGP RSC was established in 1957, with the current name in use since 2009. The Centre is an internationally renowned source of information, analysis, and interpretation concerning the onset, patterns, relevance and trends over time of morbidity in primary care. The RSC is an active research and surveillance unit that collects and monitors data; its most important research is the surveillance of influenza and the monitoring of vaccine effectiveness.

The RSC data and analytics hub is housed in the Section of Clinical Medicine and Ageing at the University of Surrey.

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

<http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx>

### Our data extraction process and information governance

Data are extracted twice weekly from practice systems by Apollo Medical Software Solutions on the RCGP's behalf. Patients who have withheld consent for data sharing are excluded from the extraction process.

Data are pseudonymised as close to source as possible. Data are held on secure servers at the RCGP data and analytics hub in the Section of Clinical Medicine and Ageing at the University of Surrey. Both Apollo and the University of Surrey are registered and compliant with the Data Protection Act and fully compliant with all relevant NHS Digital data information governance best practice.

### What the data is used for

The RCGP RSC has been providing reports weekly about health and disease, called the Weekly Returns Service (WRS) since 1964. The WRS monitors the number of patients consulting with new episodes of illness classified by diagnosis in England, and provides weekly incidence rates per 100,000 population for these new episodes of illness. It is the key primary care element of the national disease monitoring systems run by Public Health England. The bulletin can be found at the following URL:

<https://www.gov.uk/government/publications/syndromic-surveillance-summary>

In addition to the WRS, the data is used for other research studies. Any other uses of the data for research follow ethical approval from the Health Research Authority (HRA), and, where relevant, HRA Confidential Advisory Group (CAG) advice that further approval is not needed. Full details can be found on our website:

<http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx>

### For further information

For further information about the work of the RSC, or if you would like to be included on our email notification list, please contact:

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