# RSC Communicable and Respiratory Disease Report for England

## Key Statistics:

<table>
<thead>
<tr>
<th>Week Number/Year</th>
<th>44/2022</th>
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<tbody>
<tr>
<td>Week Starting - Ending</td>
<td>26/10/2022 - 01/11/2022</td>
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<tr>
<td>No. of Practices</td>
<td>468</td>
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<td>Population</td>
<td>4,792,293</td>
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</table>

## National (England)

- **Acute Bronchitis**: decreased from 7.4 in week 43 to 6.6 in week 44.
- **Asthma**: increased from 12.5 in week 43 to 13.3 in week 44.
- **Common Cold**: increased from 2.3 in week 43 to 2.5 in week 44.
- **Influenza-like illness**: increased from 3.6 in week 43 to 3.8 in week 44.
- **Respiratory System Diseases**: decreased from 280.2 in week 43 to 277.8 in week 44.
- **COVID-19**: decreased from 49.4 in week 43 to 41.3 in week 44.

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

- **Acute Bronchitis**: decreased from 3.7 in week 43 to 2.6 in week 44 in the London region, increased from 10.5 in week 43 to 10.8 in week 44 in the North region, decreased from 6.9 in week 43 to 6.5 in week 44 in the South region, and decreased from 7.7 in week 43 to 5.3 in week 44 in the Midlands And East region.
- **Asthma**: was unchanged at 13.4 in week 43 and 13.4 in week 44 in the London region, increased from 13.8 in week 43 to 15.6 in week 44 in the North region, increased from 11.7 in week 43 to 11.8 in week 44 in the South region, and increased from 11.2 in week 43 to 13.0 in week 44 in the Midlands And East region.
- **Common Cold**: increased from 2.4 in week 43 to 2.8 in week 44 in the London region, increased from 1.9 in week 43 to 2.4 in week 44 in the North region, increased from 1.7 in week 43 to 1.8 in week 44 in the South region, and increased from 3.8 in week 43 to 3.9 in week 44 in the Midlands And East region.
- **Influenza-like illness**: was unchanged at 3.5 in week 43 and 3.5 in week 44 in the London region, increased from 4.1 in week 43 to 5.0 in week 44 in the North region, decreased from 3.9 in week 43 to 2.8 in week 44 in the South region, and increased from 2.6 in week 43 to 4.3 in week 44 in the Midlands And East region.
- **Respiratory System Diseases**: decreased from 226.6 in week 43 to 226.1 in week 44 in the London region, increased from 342.6 in week 43 to 353.0 in week 44 in the North region, decreased from 256.9 in week 43 to 248.8 in week 44 in the South region, and decreased from 288.9 in week 43 to 282.3 in week 44 in the Midlands And East region.
- **COVID-19**: decreased from 34.4 in week 43 to 32.1 in week 44 in the London region, decreased from 47.2 in week 43 to 41.2 in week 44 in the North region, decreased from 58.7 in week 43 to 47.6 in week 44 in the South region, and decreased from 51.8 in week 43 to 38.6 in week 44 in the Midlands And East region.

## Comment:

Overall presentations of respiratory system diseases have decreased this week and remain below the seasonal average in all regions. Presentations of strep sore throat and infectious mononucleosis are above the seasonal average.

This week COVID-19 rates have decreased in all regions and all age-bands.

This report includes a virology update.
Please see page 15 for explanatory notes on the data.

(A) Influenza-like illness: national incidence rate 2022 by region*

(B) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2022*
(E) Influenza-like illness: national incidence rate 2022 by age group*

This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - the ranges are shown in the table Threshold levels by age band.

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Threshold levels
¹Below baseline threshold
²Baseline threshold breach to < 40th percentile
³40th to <90th percentile
⁴90th to <97.5th percentile
⁵97.5th+ percentile

(F) Acute Bronchitis: national incidence rate 2022 by age group*

Weekly Influenza-like illness and Acute Bronchitis incidence rates per 100,000 persons

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<td>All ages</td>
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</table>

London: 3.5  2.6
North: 5.0  10.8
South: 2.8  6.5
Midlands And East: 4.3  5.3
National: 3.8  6.6
(G) COVID-19: national incidence rate 2022 by age group*

(H) COVID-19: national incidence rate 2022 by region*
1. Water & Food Borne Disorders:

- **Infectious Intestinal Disease (ICD10: A00-A09)**
  - Weekly incidence (per 100,000 all ages) by regions for 2022 compared with 5 year average

- **Non-Infective Enteritis & Colitis (ICD10: K50-K52)**
  - Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Viral Hepatitis (ICD10: B15-B19)**
  - Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average
2. Environmentally Sensitive Disorders:

- **Asthma (ICD10: J45-J46)**
  - Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Disorders of Conjunctiva (ICD10: H10-H13)**
  - Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Hayfever/Allergic Rhinitis (ICD10: J30)**
  - Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)**
  - Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average
3. Respiratory Infections:

- **Acute Bronchitis (ICD10: J20-J21, J40)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Influenza-like illness (ICD10: J09-J11)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Common Cold (ICD10: J00, J06)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Acute Laryngitis/Tracheitis (ICD10: J04)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Pleurisy (ICD10: R091)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Pneumonia/Pneumonitis (ICD10: J12-J18)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average
3. Respiratory Infections (Continued):

- **Acute Sinusitis (ICD10: J01)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Upper Respiratory Tract Infections (URT1)(ICD10: J00-J06)**
  Weekly incidence (per 100,000 all ages) by region for 2022 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 2022 compared with 5 year average

- **Whooping Cough (ICD10: A37)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Respiratory System Diseases (ICD10: J00-J99)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

- **Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)**
  Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average
3. Respiratory Infections (Continued):

Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Acute Otitis Media (ICD10: H650-H651,H660,H669)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average
4. Vaccine Sensitive Disorders

Measles (ICD10: B05)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Mumps (ICD10: B36)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

5. Skin Contagions

Bullous Dermatoses (ICD10: L10-L14)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average
5. Skin Contagions (Continued)

Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average

Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region for 2022 compared with 5 year average
6. Disorders Affecting the Nervous System

Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region for 2022 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 2022 compared with 5 year average

Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region for 2022 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 2022 compared with 5 year average
## 8. Tabular Summary by Disease

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<tr>
<th>Disease Name</th>
<th>Week beginning</th>
<th>Week ending</th>
<th>Rate</th>
<th>Numer</th>
<th>Rate</th>
<th>Numer</th>
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<th>Rate</th>
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<td>Sinusitis</td>
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<td>797</td>
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<td>Skin and Subcutaneous Tissue Infections</td>
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<td>80.0</td>
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<td>Strep Throat and Peritonsillar Abscess</td>
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<td>Symptoms involving musculoskeletal</td>
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<td>Symptoms involving Respiratory and Chest</td>
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<td>9,535</td>
<td>194.0</td>
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<td>Upper Respiratory Tract Infections</td>
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<td>137.7</td>
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<td>147.0</td>
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<td>146.3</td>
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<td>729</td>
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<td>Whooping Cough</td>
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<td>0.1</td>
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### Practice Count

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About the report

Winter focus

The first two pages of data within this report focus on Influenza-like illness and COVID-19, in order to provide information about seasonal influenza and early warnings of any epidemic.

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. As stated above, 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 a five-year average, 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.

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.

In addition to the All Ages thresholds, we have also calculated thresholds for three age bands: those aged under 15, 15-64 year olds and those aged 65 and over. ILI incidence rates vary among different age groups, and the age-specific thresholds allow us to highlight epidemics where ILI disproportionately affects a particular age group.

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 the UK Health Security Agency. 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, but it is part of Table 3, page 3.

Both the all-ages thresholds and the age-specific thresholds are shown in Table E, page 4. Ten years of data were used for all-ages and age-specific thresholds calculation (winter seasons 2006/07- 2016/17 excluding 2009/10).
Acknowledgement:

Staff from the Data Science department at the National Physical Laboratory (https://www.npl.co.uk/data-science) assisted in the provision of and extension of the primary care national surveillance reports during the 2020 SARS-CoV-2 pandemic; as well as adding resilience.

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, prevalence 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 at the Oxford-Royal College of General Practitioners Research and Surveillance Centre.

Further information about the RSC can be found on our website:
http://www.rcgp.org.uk/rsc

Our data extraction process and information governance

Data are extracted twice weekly from practice systems by Wellbeing data management 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 at the Oxford-Royal College of General Practitioners Research and Surveillance Centre. Both Wellbeing data management and the University of Oxford 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 the UK Health Security Agency. The bulletin can be found at the following URL: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses

In addition to the WRS, the data is 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. Full details can be found on our website:
http://www.rcgp.org.uk/rsc

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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