

RSC Communicable and Respiratory Disease Report for England

Week Number / Year

42 / 2025

Population

18,500,128

Dates

13/10/2025 - 19/10/2025

No. Practices

1,763

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) are above the seasonal average for this time of year.

ILI rates continue to climb in all regions and all ages groups with virology swab positivity increasing for influenza A, pages 3 to 4.

Rates of acute respiratory illness (ARI) continue to increase this week in all regions and ages groups, but ARI rates nationally are below the seasonal average, page 7.

Rates of COVID-19 have decreased in all regions and ages groups, except children aged 1-4 years, page 6.

Of note, rates of exacerbation in chronic lung disease (ECLD), page 8; ECLD – asthma exacerbation, page 9; ECLD – COPD exacerbation, page 9; URTI – Otitis Media, page 11; URTI – sinusitis, page 12 all are above the seasonal average for this time of year. Rates of impetigo have increased above the seasonal average, page 16 and rates of URTI- Tonsillitis/ Pharyngitis are approaching the seasonal average.

Other comments:

- Rates of measles (page 15) and scabies (page 16) remain above the seasonal average.
- Rates of viral hepatitis (page 13) have increased 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 ($^{\diamond}$ or $^{\diamond}$), while a change of more than 10% is marked with a double arrow ($^{\diamond}$ or $^{\diamond}$). A flat line ($^{\leftarrow}$) indicates the rate was stable, changing less than 5%.

Region Breakdown

	Acute	respirato (AR	ry infections I)	Influe	enza-like	illness (ILI)	Exacer	of 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	205.7	208.4	- -2.7	5.9	5.9	 -0.1	10.5	11.0	∨ -0.6	
Midlands And East	281.2	273.7	- 7.6	4.4	4.4	- 0.0	20.4	19.9	- 0.4	
North	332.3	327.9	- 4.4	6.9	6.3	^ 0.6	27.4	28.9	∨ -1.5	
South	228.8	222.7	- 6.1	5.1	5.2	- -0.1	18.8	17.5	^ 1.4	
National	262.6	258.5	- 4 .1	5.6	5.4	- 0.1	19.7	19.7	- 0.0	
	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	45.2	45.1	- 0.2	152.9	153.0	- -0.1	1.5	1.7	> −0.2	
Midlands And East	89.3	84.2	^ 5.1	179.4	174.4	- 4.9	3.1	3.7	> −0.6	
North	112.0	109.7	- 2.4	204.4	199.2	- 5.3	3.6	4.0	∨ -0.4	
South	76.3	73.4	- 2.9	140.5	135.0	- 5.5	4.0	5.2	> −1.2	
South	7 0.0	, 0	2.7			0.0		٠.ــ	· ··-	

168.1

164.0

-4.1

3.2

3.9

> −0.7

Age Group Breakdown

82.3

79.6

- 2.7

National

5-14yrs

15-64yrs

65+yrs

All ages

35.2

59.7

170.5

82.3

32.8

58.2

164.9

79.6

^ 2.4

-1.5

- 5.7

- 2.7

	Acute respiratory infections (ARI)			Influ	uenza-like	illness (ILI)	Exacerbations of chronic lung disease (ECLD)				
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week		
<1yr	1,217.9	1,214.1	- 3.8	6.6	5.4	2 1.2	0.0	0.0	- 0.0		
1-4yrs	1,000.1	940.3	^ 59.8	7.2	4.7	☆ 2.5	1.9	1.9	- 0.0		
5-14yrs	291.7	279.0	 12.8	4.8	4.6	- 0.1	6.0	7.3	> −1.3		
15-64yrs	193.8	195.8	- -2.0	6.0	6.0	- 0.0	15.5	15.6	- 0.0		
65+yrs	291.1	283.2	- 7.9	4.1	4.1	- 0.0	48.6	47.4	 1.2		
All ages	262.6	258.5	- 4.1	5.6	5.4	- 0.1	19.7	19.7	- 0.0		
	Lower res	spiratory tı (LRTI)	ract infections	Upper re	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	268.1	230.7	☆ 37.4	1,065.9	1,059.8	- 6.0	13.8	16.8	> −3.0		
1-4yrs	154.8	153.4	- 1.4	917.6	846.5	~ 71.1	1.5	1.0	☆ 0.6		

243.6

122.2

76.5

164.0

- 12.1

-- -1.6

^ 4.4

- 4.1

0.3

2.6

7.4

3.2

0.7

3.4

7.9

3.9

> -0.4

> −0.8

∨ -0.5

> -0.7

255.7

120.7

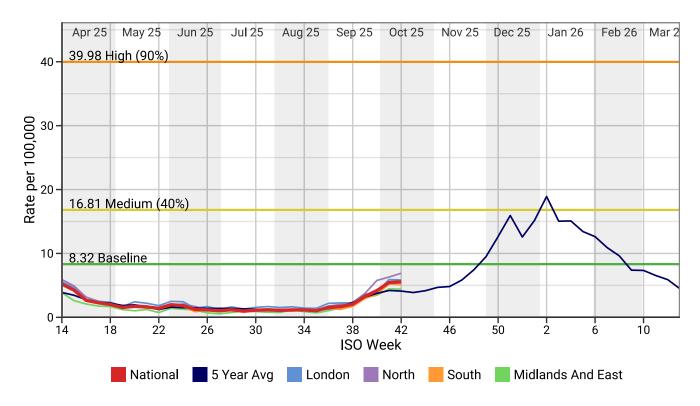
81.0

168.1

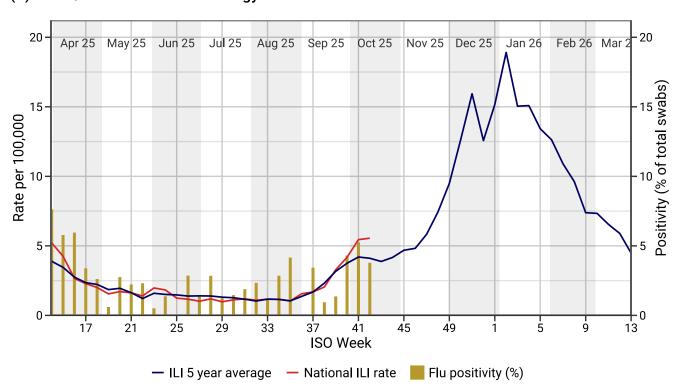
2024/25 Focus

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

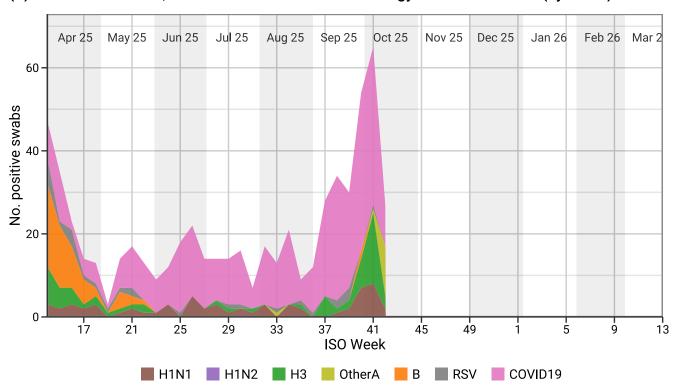
The horizontal lines in the following graph are thresholds derived from the Moving Epidemic Method (MEM) model. See p20 for more information.



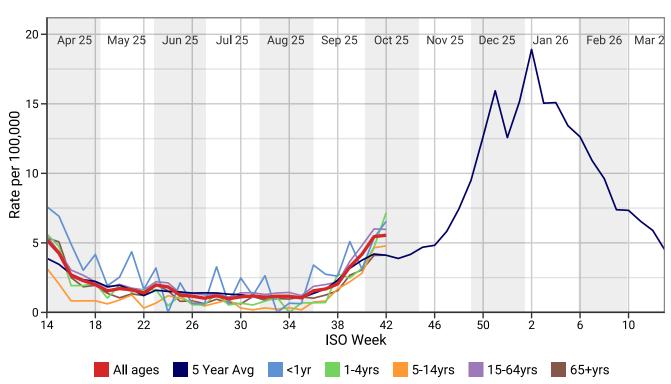
(B) RCGP/UKHSA influenza virology swab surveillance



(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

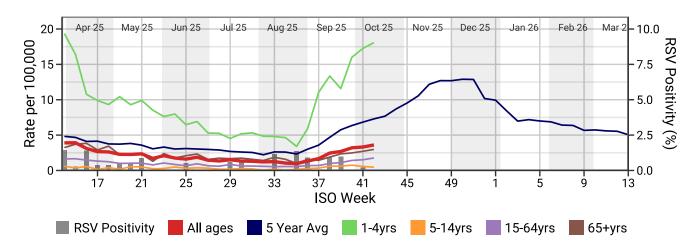
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - thresholds are shown in the second table. Refer to page 19 for more information.

	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1-4yrs	15.7	12.9	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
5-14yrs	10.4	7.0	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
15-64yrs	12.6	12.0	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
65+yrs	9.3	7.7	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
All ages	11.9	10.8	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
	25	26	27	28 2	29 3	30	31	32	33	34	35	36	37	38	39	40	41	42
1-4yrs	1.2	0.6	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
5-14yrs	1.0	0.8	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
15-64yrs	1.4	1.4	1.3	1.3	1.1 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
65+yrs	0.8	8.0	0.6	0.9	0.7 (0.6		0.9	1.0	1.0		1.0	1.2	1.6	2.7	3.1	4.1	4.1
All ages	1.2	1.2	1.0	1.2	1.0 1	1.1	1.2		1.2	1.2	1.0	1.6	1.7	2.0	3.3	4.2	5.4	5.6

	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.

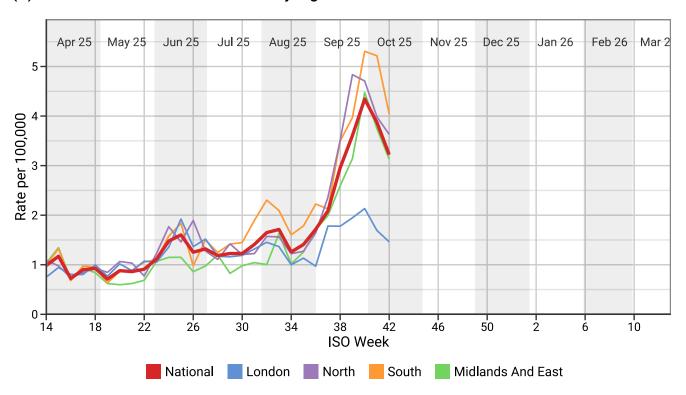


Weekly incidence rates of influenza-like illness, and acute bronchitis and bronchiolitis (per 100,000)

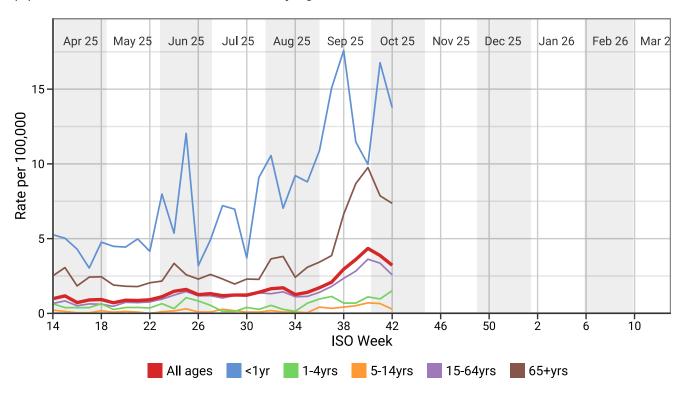
	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	6.6	139.0
1-4yrs	7.2	18.1
5-14yrs	4.8	0.5
15-24yrs	7.7	1.0
25-44yrs	5.7	1.6
45-64yrs	5.3	2.3
65-74yrs	3.1	2.5
75-84yrs	5.5	3.2
85+yrs	4.1	4.1
All ages	5.6	3.6

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	5.9	2.1
Midlands And East	4.4	4.2
North	6.9	4.1
South	5.1	3.7
National	5.6	3.6

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

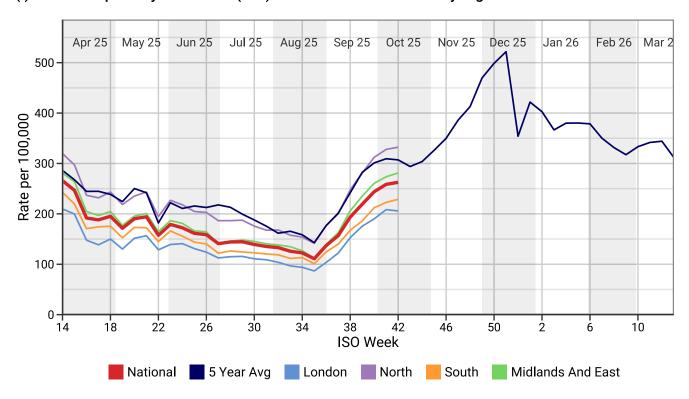


(H) COVID-19: national incidence rate by age band

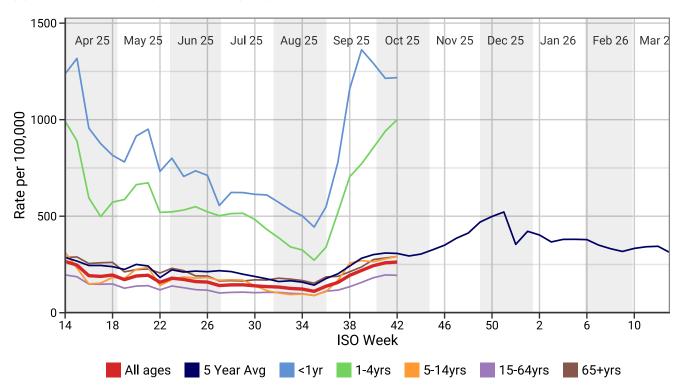


1. Respiratory Infections

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

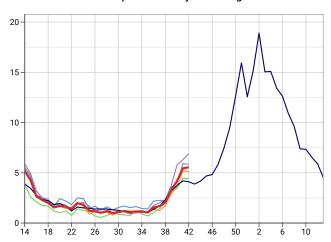


(J) Acute Respiratory Infections (ARI): national incidence rate by age band

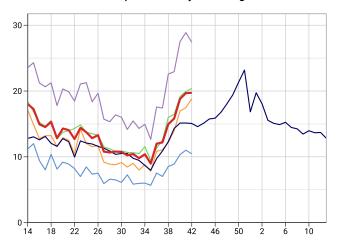


National London South 5 Year Avg North Midlands And East

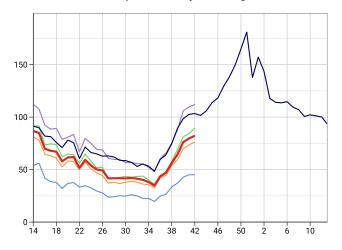
Influenza-like illness (ILI) Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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

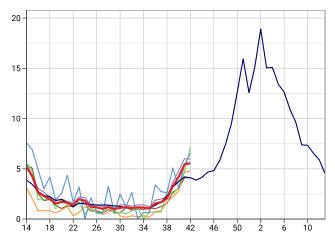


Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by region for 2025/26
compared with 5 year average

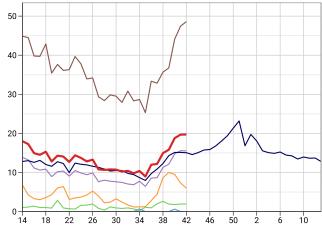




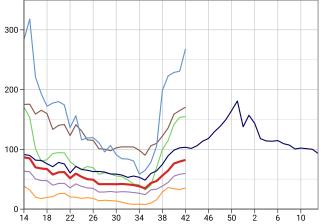
Influenza-like illness (ILI)
Weekly incidence (per 100,000 all ages) by age band for
2025/26 compared with 5 year average



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

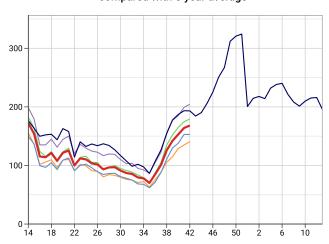


Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by age band for
2025/26 compared with 5 year average

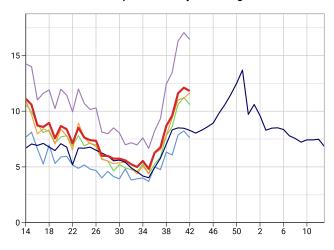


National London South 5 Year Avg North Midlands And East

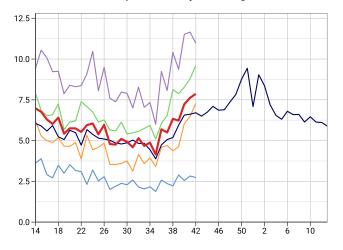
Upper Respiratory Tract Infections (URTI) Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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



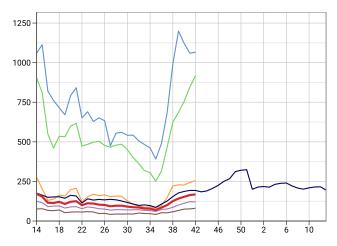
ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



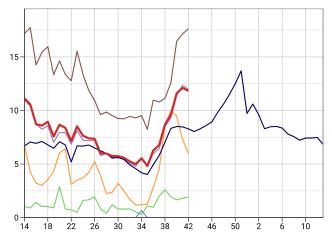
Respiratory Infections - by age band



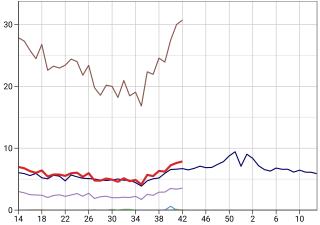
Upper Respiratory Tract Infections (URTI)
Weekly incidence (per 100,000 all ages) by age band for
2025/26 compared with 5 year average



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

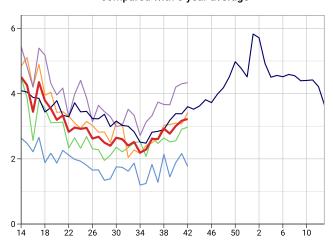


ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average

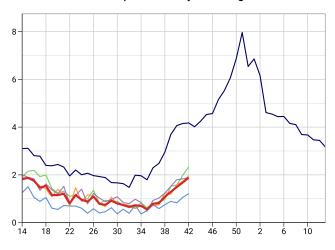


National London South 5 Year Avg North Midlands And East

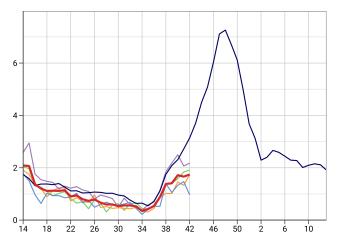
LRTI - Pneumonia Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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

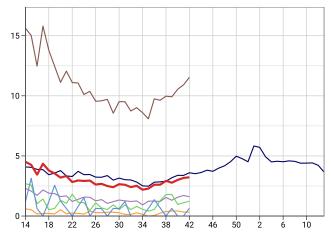


LRTI - Bronchiolitis Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

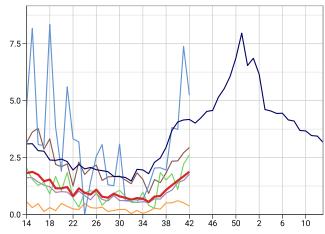




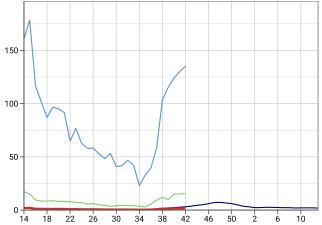
LRTI - Pneumonia Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



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

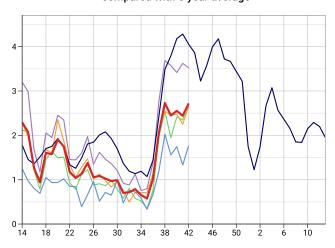


LRTI - Bronchiolitis
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average

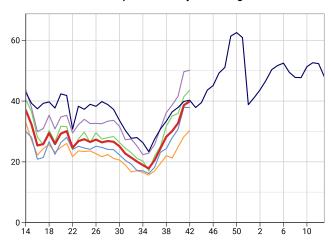


National London South 5 Year Avg North Midlands And East

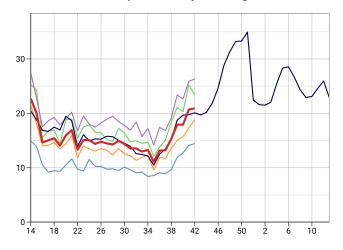
URTI - Croup Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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

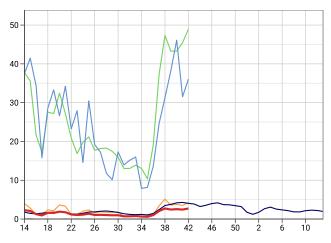


URTI - Otitis Media Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

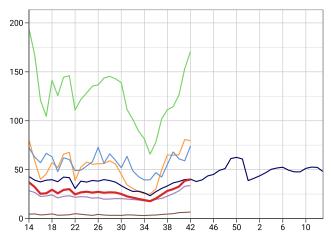




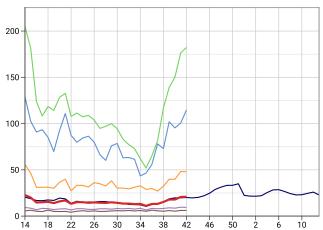
URTI - Croup Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



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

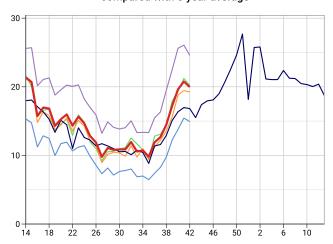


URTI - Otitis Media Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average

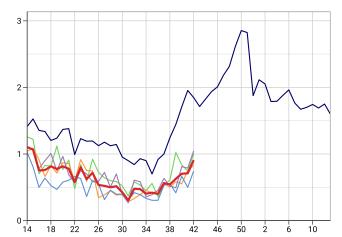


National London South 5 Year Avg North Midlands And East

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

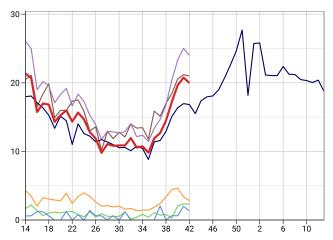


URTI - Laryngitis
Weekly incidence (per 100,000 all ages) by region for 2025/26
compared with 5 year average

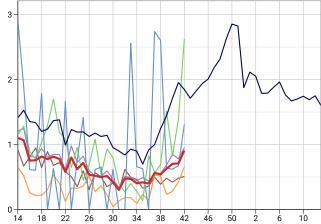




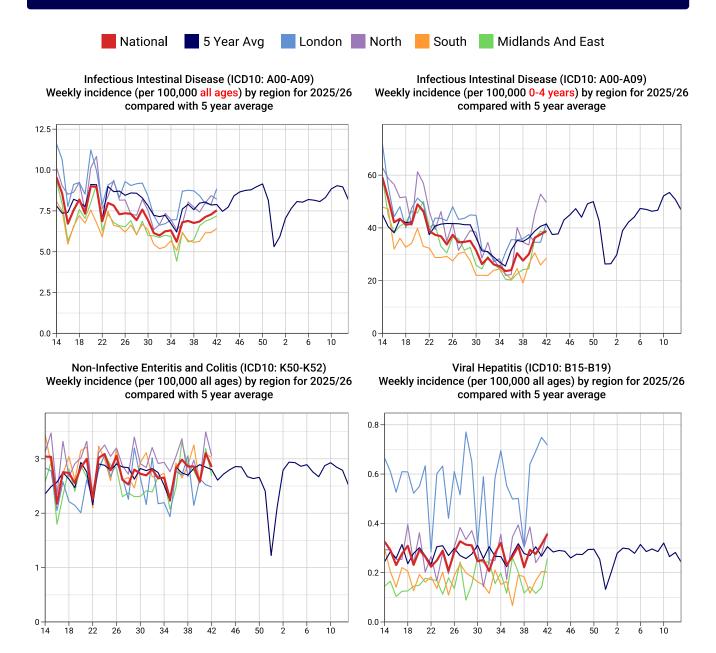
URTI - Sinusitis Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



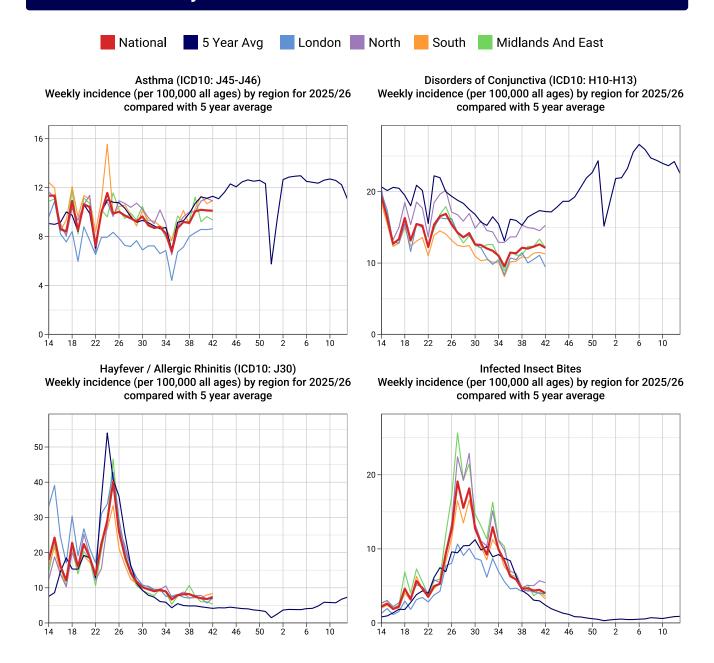
URTI - Laryngitis Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



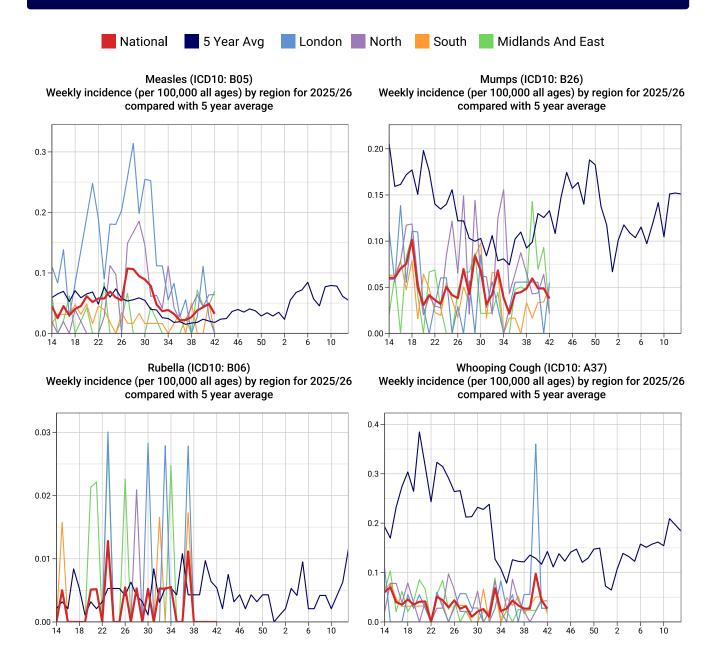
2. Water and Food Borne Disorders



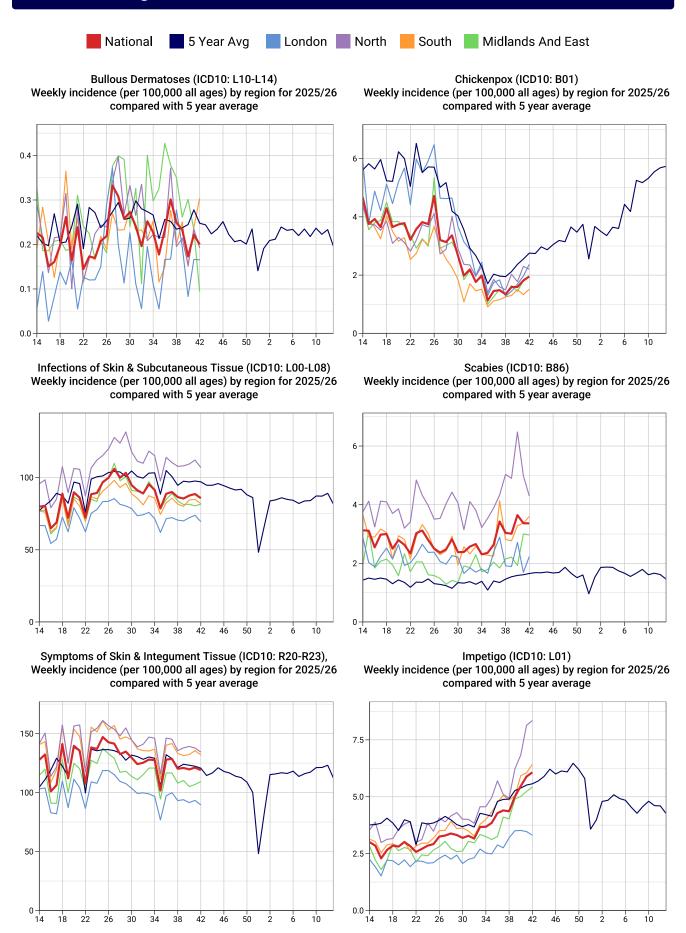
3. Environmentally Sensitive Disorders

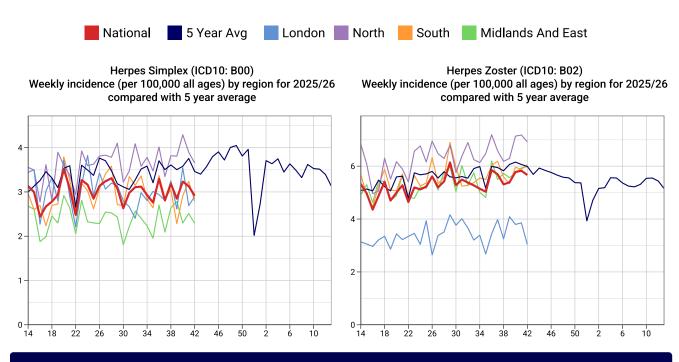


4. Vaccine Sensitive Disorders



5. Skin Contagions



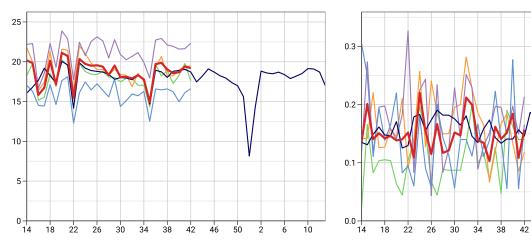


6. Disorders Affecting the Nervous System

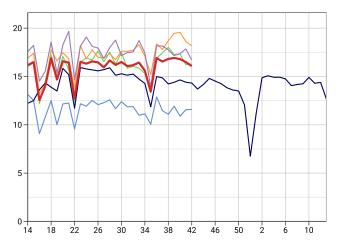
Disorders of Peripheral Nervous System (ICD10: G50-G64,G70-G72), Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

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

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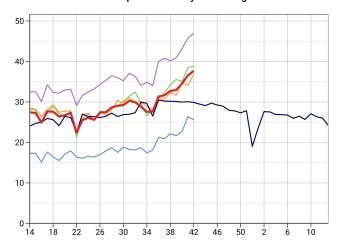
Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



7. Genitourinary System Disorders

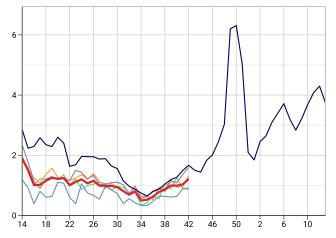


Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region for 2025/26
compared with 5 year average

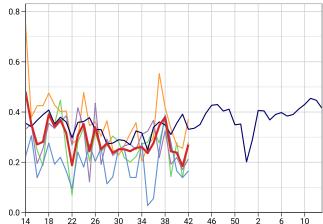


8. Other Disorders

Strep Sore Throat, Scarlatina 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 39	Week 40	Week 41	Week 42
Dates	22/09/2025 - 28/09/2025	29/09/2025 - 05/10/2025	06/10/2025 - 12/10/2025	13/10/2025 - 19/10/2025
Population	18,465,583	18,463,320	18,464,799	18,500,128
Practice Count	1,763	1,760	1,769	1,763

	Wee	k 39	Wee	ek 40	Wee	ek 41	Wee	ek 42
Disease	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	1.3	238	1.5	275	1.7	310	1.9	348
Acute Respiratory Infections (ARI)	219.1	40,449	243.9	45,033	258.5	47,737	262.6	48,584
Allergic Rhinitis	7.5	1,385	7.0	1,296	6.8	1,255	7.2	1,339
Asthma	10.1	1,857	10.2	1,881	10.1	1,872	10.1	1,871
Bronchiolitis	1.4	260	1.7	317	1.7	307	1.7	322
Bullous Dermatoses	0.2	43	0.2	32	0.2	41	0.2	37
COVID-19	3.6	666	4.3	802	3.9	715	3.2	596
Chickenpox	1.6	294	1.6	294	1.8	335	2.0	362
Conjunctival Disorders	12.0	2,221	12.3	2,272	12.6	2,330	12.1	2,245
Croup	2.4	452	2.6	471	2.4	451	2.7	503
ECLD - COPD exacerbations	6.2	1,150	7.2	1,336	7.6	1,407	7.9	1,455
ECLD - asthma exacerbations	9.6	1,772	11.6	2,143	12.1	2,237	11.8	2,187
Exacerbations of chronic lung disease (ECLD)	15.8	2,922	18.8	3,470	19.7	3,635	19.7	3,649
Herpes Simplex	2.8	526	3.2	597	3.1	578	2.9	539
Herpes Zoster	5.4	995	5.8	1,067	5.8	1,076	5.7	1,048
Impetigo	5.0	925	5.5	1,009	5.9	1,087	6.1	1,123
Infected Insect Bites	4.7	867	4.4	807	4.5	826	4.0	744
Infectious Intestinal Diseases	6.9	1,265	7.1	1,316	7.3	1,344	7.5	1,394
Infectious Mononucleosis	0.2	45	0.2	44	0.2	34	0.3	50
Influenza-like Illness (ILI)	3.3	606	4.2	772	5.4	1,006	5.6	1,027
Laryngitis	0.6	116	0.7	130	0.7	131	0.9	168
Lower respiratory tract infections (LRTI)	64.5	11,907	76.2	14,075	79.6	14,698	82.3	15,220
Measles	0.0	7	0.0	8	0.0	9	0.0	6
Meningitis and Encephalitis	0.2	28	0.2	34	0.1	20	0.2	29
Mumps	0.1	11	0.0	9	0.0	9	0.0	7
Non-infective Enteritis and Colitis	2.9	528	2.6	476	3.1	573	2.8	527
Peripheral Nervous Disease	18.6	3,427	18.7	3,448	19.4	3,585	19.2	3,551
Pneumonia	2.8	512	3.0	555	3.2	585	3.2	596
Rubella	0.0	0	0.0	0	0.0	0	0.0	0
Scabies	3.0	556	3.6	673	3.4	622	3.4	622
Sinusitis	17.2	3,179	19.6	3,625	20.8	3,834	20.0	3,695
Skin and Subcutaneous Tissue Infections	85.5	15,780	87.5	16,162	88.6	16,358	85.7	15,861
Strep Throat and Peritonsillar Abscess	1.0	184	1.0	183	1.0	191	1.2	224
Symptoms involving Skin and Integument Tissues	120.9	22,329	119.6	22,091	121.2	22,386	119.0	22,021
Symptoms involving musculoskeletal	16.9	3,123	16.8	3,102	16.5	3,044	16.1	2,974
Tonsillitis and Pharyngitis	30.1	5,562	32.7	6,040	38.7	7,137	39.9	7,381
Upper respiratory tract infections (URTI)	142.0	26,222	153.0	28,251	164.0	30,283	168.1	31,099
Urinary Tract Infections	32.9	6,083	34.6	6,380	36.5	6,747	37.7	6,967
Viral Hepatitis	0.3	54	0.3	51	0.3	58	0.4	66
Whooping Cough	0.0	5	0.1	18	0.0	8	0.0	5

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://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:

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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