

RSC Communicable and Respiratory Disease Report for England

Week Number / Year

47 / 2025

Population

18,768,267

Dates

17/11/2025 - 23/11/2025

No. Practices

1,784

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 and continue to climb in all regions, page 3. ILI rates for 1-4 year old are in the "Medium to High" category, section E, page 5.

Virology swabbing positivity shows that Influenza A and RSV are the dominant circulating viruses, although some SARS-CoV-2 is also circulating, pages 3 and 4.

Rates of acute respiratory illness (ARI) have increased this week in all regions and all ages. ARI rates nationally remain below the seasonal average, page 7.

Rates of COVID-19 declined in all regions and ages except for infants <1 year old, page 6.

Other comments:

- Rates of exacerbation in chronic lung disease (ECLD), page 8; ECLD asthma exacerbation, page 9; URTI sinusitis, page 12, all are above the seasonal average for this time of year.
- Rates of scabies (page 16) remain above the seasonal average.

Seasonal Focus

In the "Change since last week" column, a change in rate of 5% to 10% is marked with a single arrow ($^{\diamond}$ or $^{\diamond}$), while a change of more than 10% is marked with a double arrow ($^{\diamond}$ or $^{\diamond}$). A flat line ($^{\leftarrow}$) indicates the rate was stable, changing less than 5%.

Region Breakdown

	Acute i	espiratoı (ARI	ry infections)	Influe	nza-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	251.5🛚	211.3🛭	☆ 40.2	7.9🛚	7.18	☆ 0.8	10.2🛭	9.6	^ 0.7	
Midlands And East	322.4⊠	278.5🛚	☆ 43.9	7.5🛚	6.5🛚	☆ 1.0	19.4🛭	19.5🛭	 -0.1	
North	401.8	350.3🛭	☆ 51.4	11.9⊠	9.5🛚	☆ 2.3	26.5🛚	27.0₺	 -0.5	
South	260.5⊠	232.1🛭	☆ 28.4	6.9⊠	6.4🛚	^ 0.5	17.1⊠	18.6	∨ -1.5	
National	309.4	269.0	☆ 40.4	8.5	7.4	☆ 1.1	18.7	19.2	 -0.5	
	Lower respiratory tract infections (LRTI)			Uppe	er resnira	tory tract	COVID-19			
	in	fections	•		fections	-		OOVID	-19	
	This week	fections Last week	•		-	-	This week	Last week	Change since last week	
London	This	Last	(LRTI) Change since	This	fections Last	(URTI) Change since last week		Last	Change since	
London Midlands And East	This week	Last week	(LRTI) Change since last week	This week	Last week	(URTI) Change since last week ↑ 31.0	week	Last week	Change since last week	
	This week	Last week 48.9\(\text{\tint{\text{\ti}\text{\\texit{\text{\text{\text{\te\tint{\text{\text{\text{\text{\ti}}}\\text{\text{\text{\te	(LRTI) Change since last week ↑ 11.1	This week	Last week	Change since last week 31.0 33.3	week 0.5⊠	Last week	Change since last week	
Midlands And East	This week 60.0 98.5	Last week 48.9\(\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\texit{\texi{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\tex{\text{\text{\text{\text{\text{\texi}\text{\texit{\text{\ti	Change since last week \$\times 11.1\$ \$\times 9.9\$	This week 186.3 214.0	Last week 155.3\mathbb{M} 180.7\mathbb{M}	Change since last week 31.0 33.3	week 0.5⊠ 0.8	Last week 0.5\mathbb{M} 0.7\mathbb{M}	Change since last week	

Age Group Breakdown

All ages

94.3

85.6

8.8

	Acute respiratory infections (ARI)			Influ	enza-like i	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	1,602.9🛭	1,194.6	☆ 408.3	14.6	5.2🛭	☆ 9.4	0.0	0.0	- 0.0	
1-4yrs	1,620.1🛭	1,209.1🛭	☆ 410.9	20.6	12.7🛭	☆ 7.9	2.7🛚	1.9🛚	≈ 0.8	
5-14yrs	443.6	311.5⊠	☆ 132.1	11.7🛭	8.5🛚	☆ 3.2	9.3🛚	5.2🛭	☆ 4.1	
15-64yrs	200.7⊠	192.2⊠	- 8.5	7.9🛭	7.2🛭	^ 0.6	14.2🛭	15.0⊠	 -0.7	
65+yrs	276.18	276.6	 -0.6	5.9⊠	6.1🛭	 -0.1	45.6	48.4⊠	∨ -2.8	
All ages	309.4	269.0	☆ 40.4	8.5	7.4	☆ 1.1	18.7	19.2	 -0.5	
	Lower res	piratory tr (LRTI)	act infections	Upper res	piratory tı (URTI)	ract infections)	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	448.2🛚	298.5🛚	☆ 149.7	1,307.1🛭	990.9🛭	☆ 316.2	1.9🛚	0.6	☆ 1.3	
1-4yrs	356.2⅓	246.8	☆ 109.4	1,386.9🛭	1,057.6	☆ 329.3	0.0🛚	0.5🛭	> −0.5	
5-14yrs	57.0⊠	37.6	☆ 19.4	379.6	271.3🛭	☆ 108.4	0.0🛚	0.1🛭	¥ 0.0	
15-64yrs	61.9🛚	60.1⊠	- 1.8	127.8	121.2🛭	^ 6.6	0.5🛚	0.7🛚	> −0.2	
65+yrs							4 ===	4.00		
001913	163.2⅓	164.4∅	 -1.2	78.1⊠	75.9⅓	- 2.2	1.7🛭	1.9🛭	> −0.2	

174.0

☆ 33.0

0.7

8.0

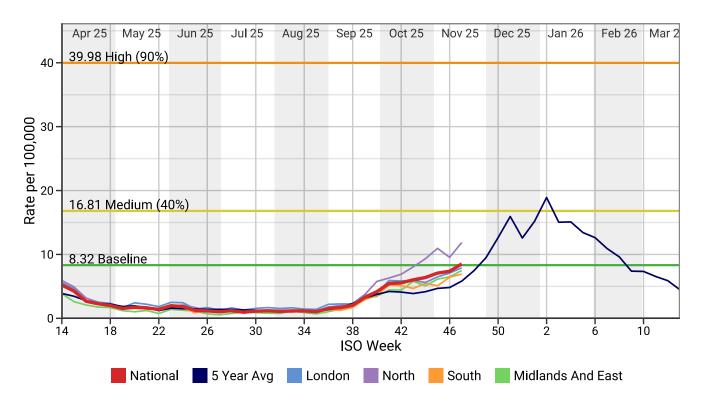
> −0.2

206.9

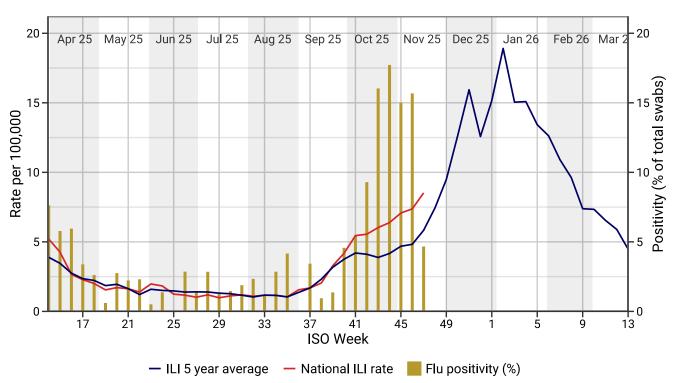
2024/25 Focus

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

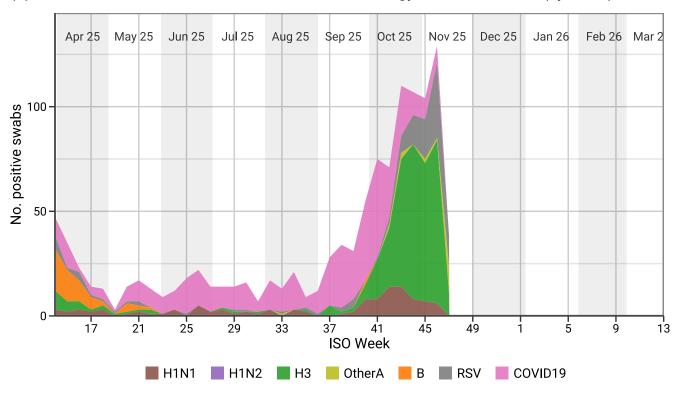
The horizontal lines in the following graph are thresholds derived from the Moving Epidemic Method (MEM) model. See p20 for more information.



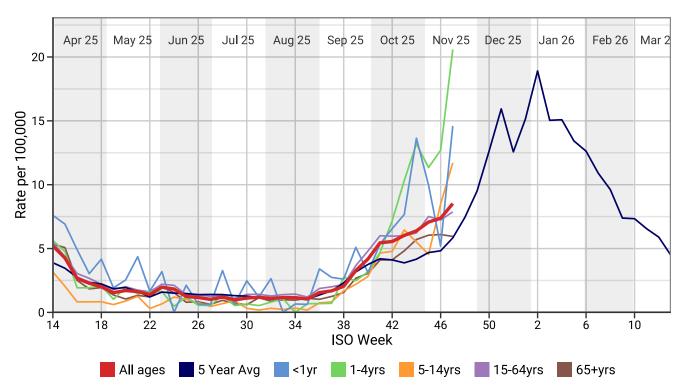
(B) RCGP/UKHSA influenza virology swab surveillance



(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

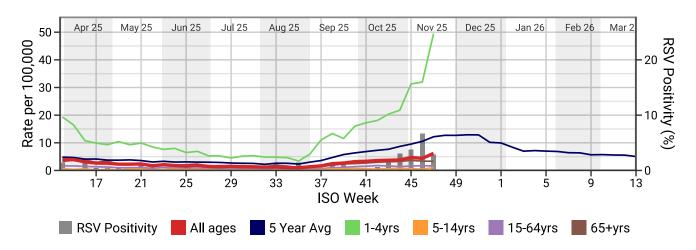
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - thresholds are shown in the second table. Refer to page 19 for more information.

	12	13	14	15	16	17	18	19	20	21	1	22	23	24	25	26	27	28	29
1-4yrs	6.7	6.8	5.6	4.8	1.9	1.9	2.1	1.0	2.0	1.5	5 .	1.6	1.6	0.5	1.2	0.6	0.5	1.3	0.5
5-14yrs	5.4	4.7	3.2	2.0	0.8	0.8	0.8	0.6	0.9	1.3	3 (0.3	0.7	1.2	1.0	0.8	0.5	0.7	0.9
15-64yrs	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	1.3	1.3	1.1
65+yrs	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	8.0	0.8	0.6	0.9	0.7
All ages	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	1.0	1.2	1.0
	30	31	32	33	34	35	36	37	38	39	40	41	42	43	4	4	45	46	47
1-4yrs	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	11.3	12.7	20.6
5-14yrs	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	4.5	8.5	11.7
15-64yrs	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	7.5	7.2	7.9
65+yrs	0.6		0.9	1.0	1.0		1.0	1.2	1.6	2.7	3.1	4.1	4.1	4.8	5	.7	6.0	6.1	5.9
All ages	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	7.1	7.4	8.5

	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.

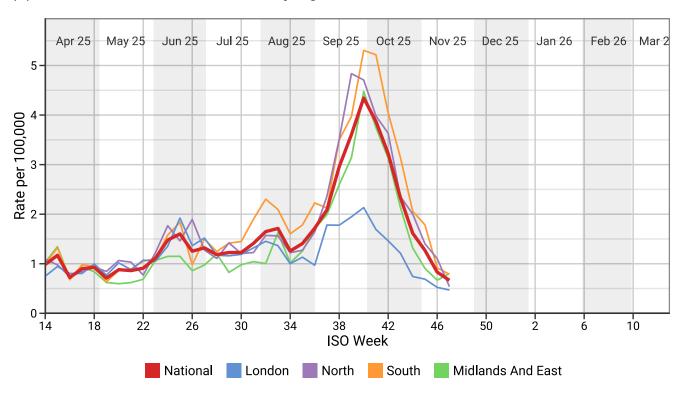


Weekly incidence rates of influenza-like illness, and acute bronchitis and bronchiolitis (per 100,000)

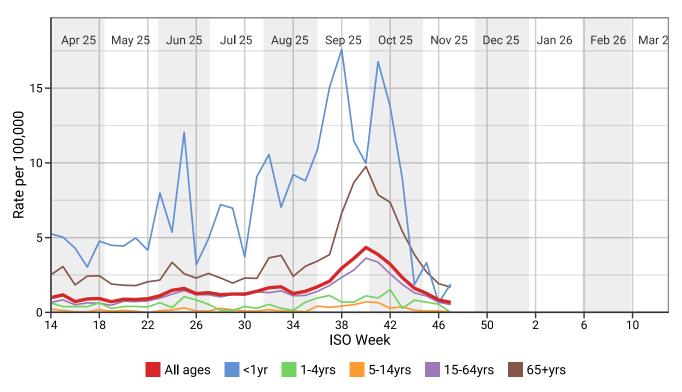
	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	14.6	288.8
1-4yrs	20.6	49.5⋈
5-14yrs	11.7🛭	1.1🛛
15-24yrs	9.4🛚	1.0🛚
25-44yrs	7.9🛚	1.6
45-64yrs	7.1🛭	2.0🛚
65-74yrs	5.8	2.9🛚
75-84yrs	5.5🛚	3.4🛚
85+yrs	7.7🛚	4.7🛚
All ages	8.5🛚	6.21

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	7.9🛚	4.5🛚
Midlands And East	7.5🛚	5.6
North	11.9🛭	8.2
South	6.91	5.9🛚
National	8.5🛚	6.2

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

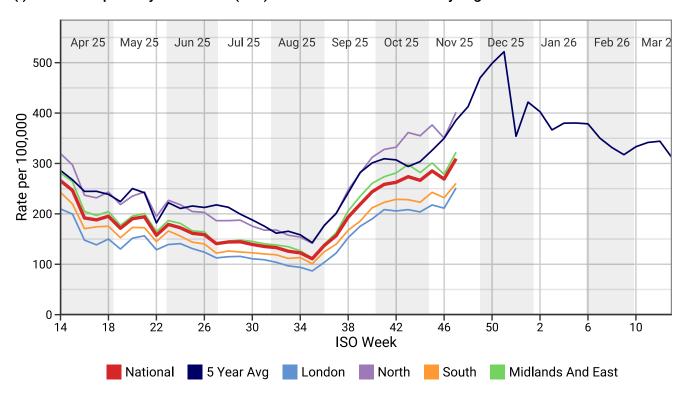


(H) COVID-19: national incidence rate by age band



1. Respiratory Infections

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

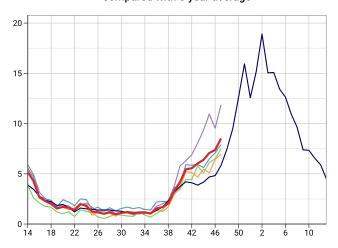


(J) Acute Respiratory Infections (ARI): national incidence rate by age band

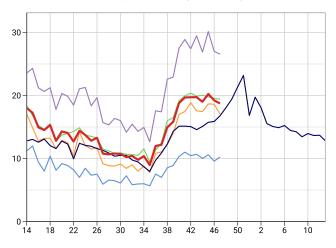


National London South 5 Year Avg North Midlands And East

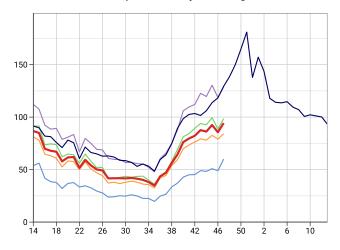
Influenza-like illness (ILI) Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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

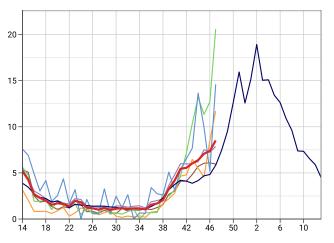


Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by region for 2025/26
compared with 5 year average

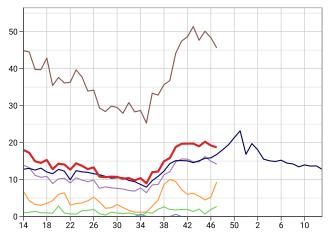




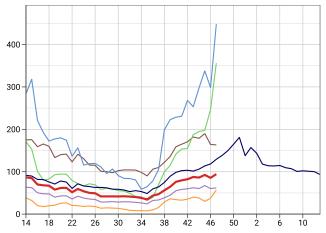
Influenza-like illness (ILI)
Weekly incidence (per 100,000 all ages) by age band for
2025/26 compared with 5 year average



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

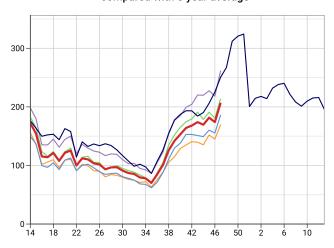


Lower Respiratory Tract Infections (LRTI)
Weekly incidence (per 100,000 all ages) by age band for
2025/26 compared with 5 year average

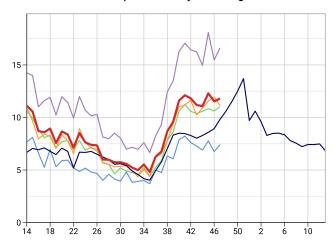


National London South 5 Year Avg North Midlands And East

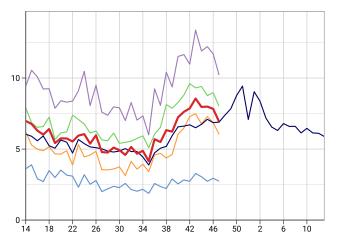
Upper Respiratory Tract Infections (URTI) Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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



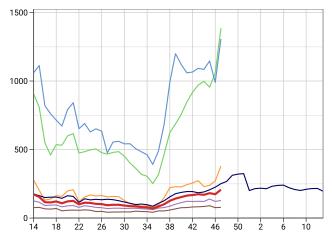
ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



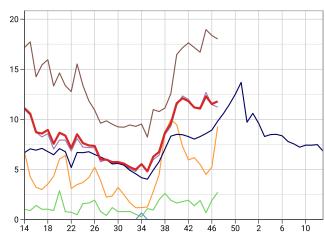
Respiratory Infections - by age band



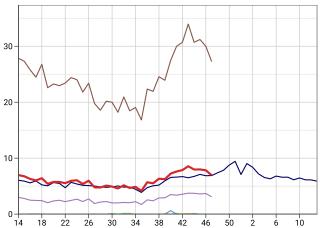
Upper Respiratory Tract Infections (URTI)
Weekly incidence (per 100,000 all ages) by age band for
2025/26 compared with 5 year average



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

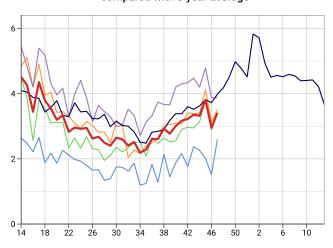


ECLD - COPD Exacerbations Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average

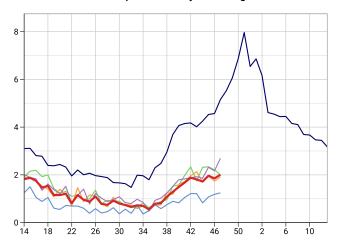


National London South 5 Year Avg North Midlands And East

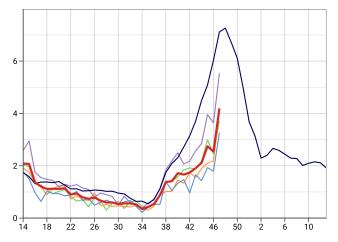
LRTI - Pneumonia Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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

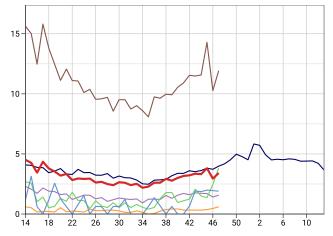


LRTI - Bronchiolitis Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

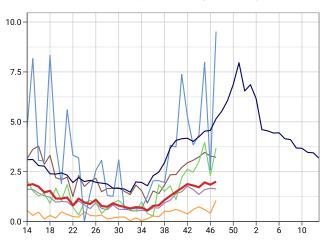




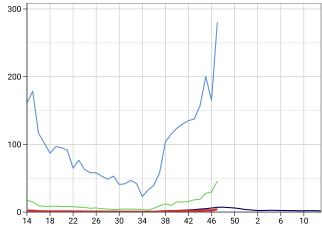
LRTI - Pneumonia Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



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

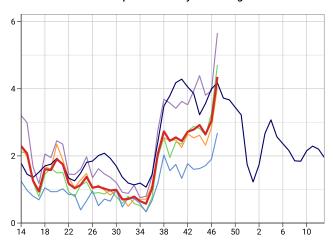


LRTI - Bronchiolitis
Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average

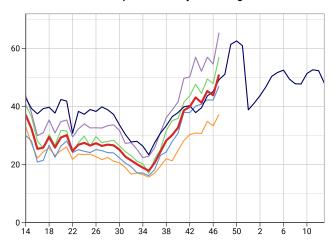


National London South 5 Year Avg North Midlands And East

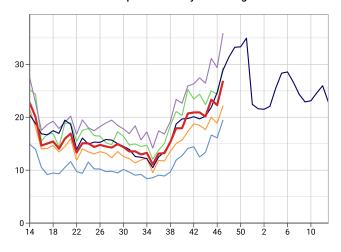
URTI - Croup Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



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

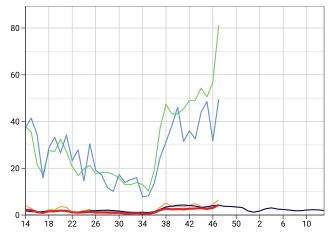


URTI - Otitis Media Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

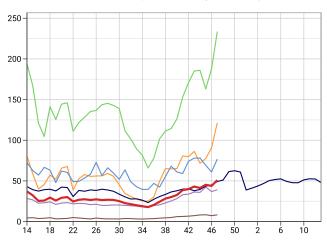




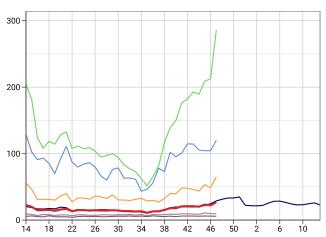
URTI - Croup Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



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

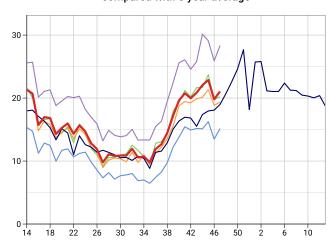


URTI - Otitis Media Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average

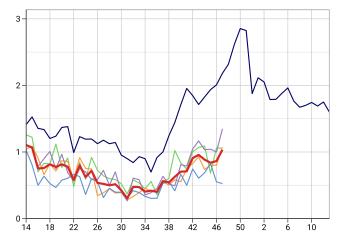


National London South 5 Year Avg North Midlands And East

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

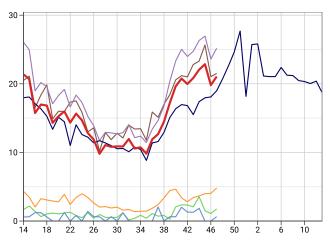


URTI - Laryngitis
Weekly incidence (per 100,000 all ages) by region for 2025/26
compared with 5 year average

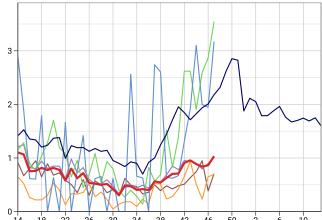




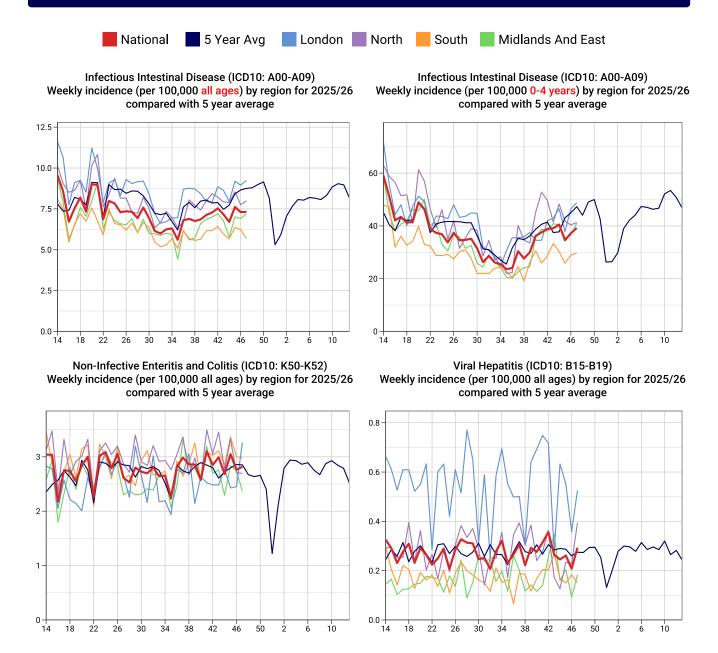
URTI - Sinusitis Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



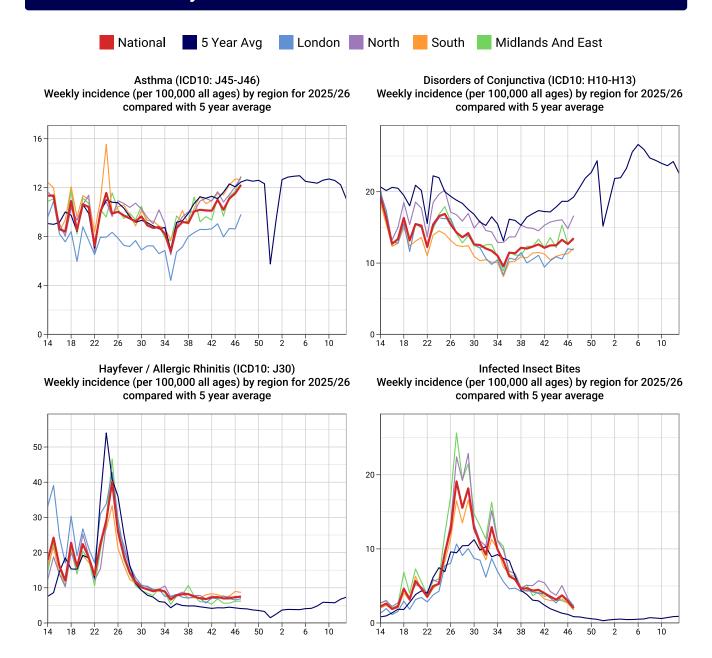
URTI - Laryngitis Weekly incidence (per 100,000 all ages) by age band for 2025/26 compared with 5 year average



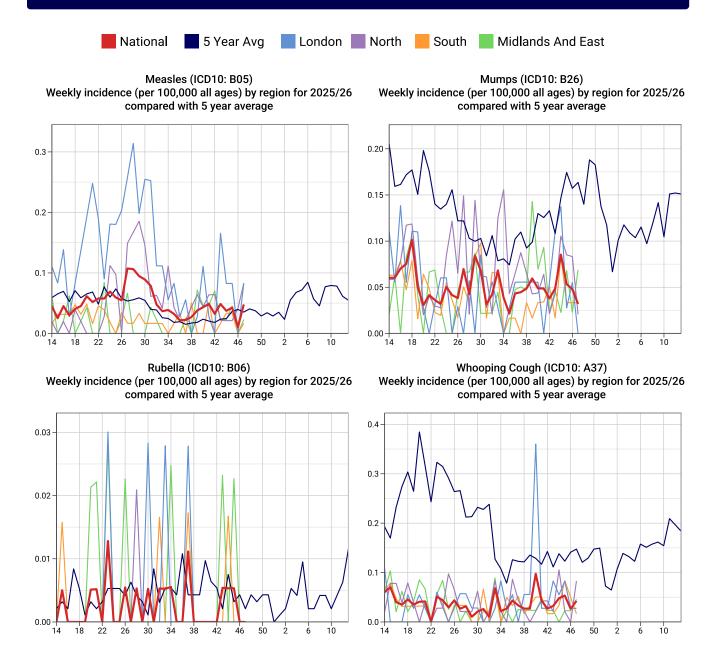
2. Water and Food Borne Disorders



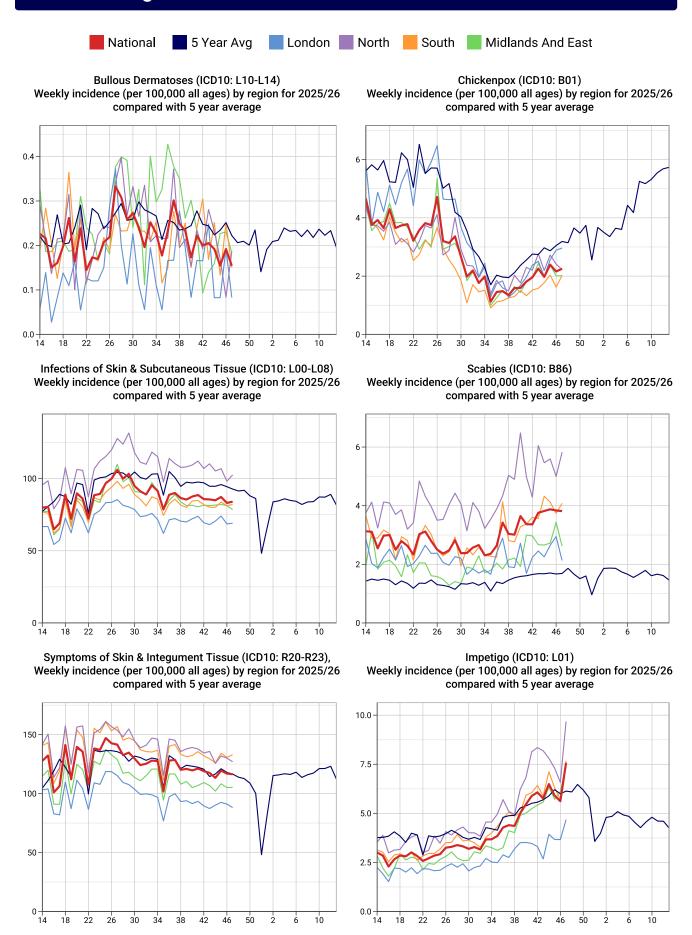
3. Environmentally Sensitive Disorders

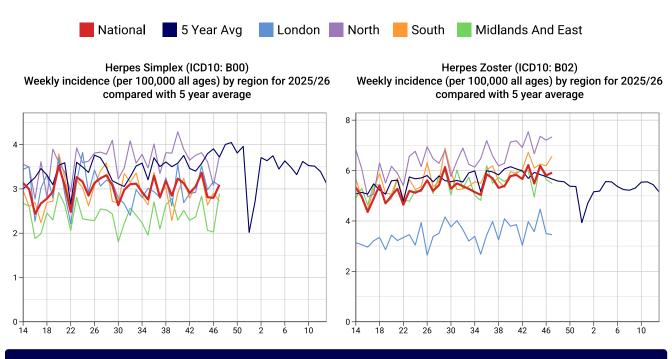


4. Vaccine Sensitive Disorders



5. Skin Contagions

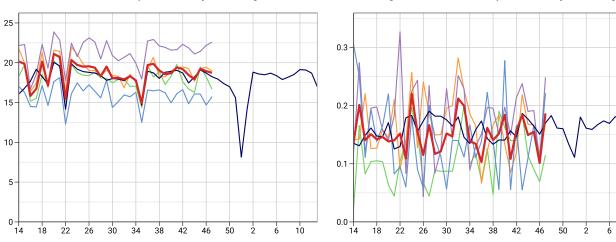




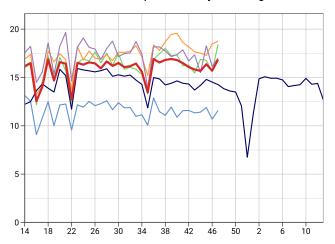
6. Disorders Affecting the Nervous System

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



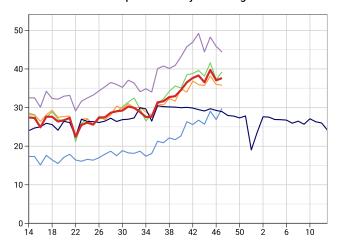
Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



7. Genitourinary System Disorders

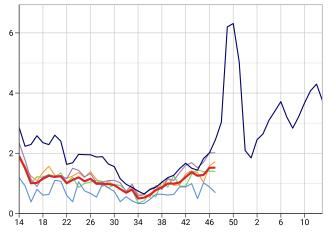


Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region for 2025/26
compared with 5 year average

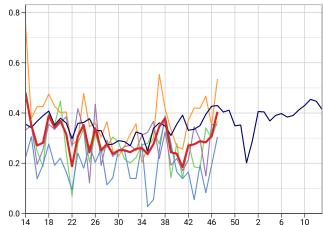


8. Other Disorders

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 44	Week 45	Week 46	Week 47
Dates	27/10/2025 - 02/11/2025	03/11/2025 - 09/11/2025	10/11/2025 - 16/11/2025	17/11/2025 - 23/11/2025
Population	18,746,215	18,727,168	18,760,641	18,768,267
Practice Count	1,790	1,783	1,781	1,784

	Wee	ek 44	Wee	ek 45	Wee	k 46	Wee	ek 47
Disease	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	1.7	322	2.0	368	1.8	347	2.0	376
Acute Respiratory Infections (ARI)	266.5	49,963	285.2	53,402	269.0	50,475	309.4	58,074
Allergic Rhinitis	7.0	1,306	7.0	1,309	7.4	1,379	7.5	1,403
Asthma	10.2	1,910	11.1	2,080	11.5	2,161	12.2	2,296
Bronchiolitis	2.1	396	2.7	514	2.5	477	4.2	787
Bullous Dermatoses	0.2	36	0.2	29	0.2	36	0.2	29
COVID-19	1.6	303	1.3	238	8.0	156	0.7	125
Chickenpox	2.0	370	2.4	448	2.2	405	2.3	423
Conjunctival Disorders	12.5	2,341	13.3	2,484	12.7	2,376	13.5	2,531
Croup	2.9	547	2.6	495	3.0	570	4.4	817
ECLD - COPD exacerbations	8.0	1,493	8.0	1,496	7.8	1,469	6.9	1,302
ECLD - asthma exacerbations	11.1	2,077	12.3	2,304	11.5	2,164	11.8	2,215
Exacerbations of chronic lung disease (ECLD)	19.0	3,562	20.2	3,792	19.2	3,608	18.7	3,517
Herpes Simplex	3.4	631	2.8	527	2.8	525	3.1	581
Herpes Zoster	5.5	1,028	6.2	1,158	5.8	1,089	5.9	1,111
Impetigo	6.5	1,217	5.9	1,106	5.6	1,054	7.6	1,422
Infected Insect Bites	3.2	591	3.7	698	2.9	551	2.0	372
Infectious Intestinal Diseases	6.7	1,256	7.6	1,426	7.3	1,370	7.3	1,373
Infectious Mononucleosis	0.3	54	0.3	53	0.3	58	0.4	76
Influenza-like Illness (ILI)	6.4	1,197	7.1	1,325	7.4	1,383	8.5	1,599
Laryngitis	0.9	166	0.8	157	0.9	162	1.0	194
Lower respiratory tract infections (LRTI)	86.2	16,164	92.4	17,312	85.6	16,050	94.3	17,701
Measles	0.0	7	0.0	8	0.0	2	0.0	9
Meningitis and Encephalitis	0.1	28	0.2	29	0.1	19	0.2	35
Mumps	0.1	16	0.1	10	0.0	9	0.0	6
Non-infective Enteritis and Colitis	2.7	503	3.0	571	2.8	518	2.8	529
Peripheral Nervous Disease	17.9	3,357	19.2	3,603	18.9	3,553	18.7	3,518
Pneumonia	3.3	622	3.8	713	2.9	553	3.4	640
Rubella	0.0	1	0.0	1	0.0	0	0.0	0
Scabies	3.8	716	3.9	726	3.8	720	3.8	716
Sinusitis	22.1	4,135	22.9	4,281	19.8	3,718	21.1	3,952
Skin and Subcutaneous Tissue Infections	84.9	15,923	87.3	16,341	83.1	15,589	84.0	15,762
Strep Throat and Peritonsillar Abscess	1.3	235	1.3	240	1.5	285	1.5	286
Symptoms involving Skin and Integument Tissues	113.4	21,253	119.5	22,374	116.9	21,940	116.4	21,844
Symptoms involving musculoskeletal	15.7	2,939	16.4	3,065	15.7	2,945	16.9	3,163
Tonsillitis and Pharyngitis	41.3	7,741	45.3	8,478	43.8	8,223	51.0	9,569
Upper respiratory tract infections (URTI)	169.5	31,783	181.7	34,025	174.0	32,639	206.9	38,838
Urinary Tract Infections	36.5	6,850	39.7	7,442	37.0	6,950	37.6	7,063
Viral Hepatitis	0.2	46	0.3	49	0.2	39	0.3	55
Whooping Cough	0.0	9	0.1	10	0.0	5	0.0	8

Further Information

Focus on winter respiratory infections and infections with epidemic or pandemic infection

A key role of the RSC is to monitor conditions that cause winter pressures on the NHS, as well as provide early warnings of outbreaks, epidemics, and pandemics. The RSC has been collecting data on infections since 1957, conducting sentinel surveillance since 1967 (with virology added in 1993), and serosurveillance from 2000.

Pages 2-6 of this report focus on influenza-like illness (ILI), virology data, and acute respiratory infections (ARI). ILI is the name given to clinically identified flu cases, around half of which will be due to the influenza virus (the other half will be due to other viruses).

Measuring the level of circulating influenza

The level of influenza-like illness (ILI) is reported using intensity thresholds (Graph A, page 2 and Table E, page 4). These are calculated using the Moving Epidemic Method (MEM). MEM works by identifying seasonal epidemic peaks and then calculating a baseline threshold and intensity levels based on pre- and post-epidemic rates. This provides a better measure of severity of ILI than simply comparing it to the five-year average rate.

The MEM intensity levels for ILI are defined as follows:

Threshold to Medium Below 40% percentile

Medium to High From 40% to below 90% percentile
High to Very High From 90% to below 97.5% percentile

Above Very High At or above 97.5% percentile

The MEM methodology is used by the UK Health Security Agency (UKHSA) and by the European Centre for Disease Prevention and Control (ECDC) to standardise reporting of influenza activity.

More information about MEM can be found at:

https://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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