



Royal College of  
General Practitioners

## RSC Communicable and Respiratory Disease Report for England

### Key Statistics:

Week Number/Year.....41/2016  
Week Starting - Ending.....10/10/2016 - 16/10/2016  
No. of Practices.....144  
Population.....1390727

#### National (England)

- **Acute Bronchitis** : increased from **65.6** in week 40 to **74.3** in week 41.
- **Asthma** : increased from **19.5** in week 40 to **20.9** in week 41.
- **Common Cold & URTI NOS** : decreased a little from **110.7** in week 40 to **106.1** in week 41.
- **Influenza-Like illness** : was unchanged at **7.7** in week 40 compared with **7.8** in week 41.
- **Respiratory System Diseases** : was unchanged at **305.4** in week 40 compared with **313.1** in week 41.

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

- **Acute Bronchitis** : increased from **45.1** in week 40 to **57.9** in week 41 in the London region, increased from **79.4** in week 40 to **97.2** in week 41 in the North region, was unchanged at **57.4** in week 40 compared with **58.0** in week 41 in the South region, and was unchanged at **80.5** in week 40 compared with **79.2** in week 41 in the Midlands And East region.
- **Asthma** : increased from **18.0** in week 40 to **19.9** in week 41 in the London region, increased from **22.4** in week 40 to **23.7** in week 41 in the North region, was unchanged at **18.9** in week 40 compared with **19.3** in week 41 in the South region, and increased from **17.2** in week 40 to **19.3** in week 41 in the Midlands And East region.
- **Common Cold & URTI NOS** : increased from **148.0** in week 40 to **159.1** in week 41 in the London region, decreased from **123.9** in week 40 to **99.4** in week 41 in the North region, increased from **82.3** in week 40 to **88.3** in week 41 in the South region, and decreased from **90.8** in week 40 to **84.5** in week 41 in the Midlands And East region.
- **Influenza-Like illness** : increased from **9.7** in week 40 to **10.6** in week 41 in the London region, decreased from **9.1** in week 40 to **7.6** in week 41 in the North region, increased from **5.1** in week 40 to **8.6** in week 41 in the South region, and decreased from **7.4** in week 40 to **3.7** in week 41 in the Midlands And East region.
- **Respiratory System Diseases** : increased from **325.7** in week 40 to **358.3** in week 41 in the London region, was unchanged at **340.6** in week 40 compared with **345.1** in week 41 in the North region, was unchanged at **257.5** in week 40 compared with **265.0** in week 41 in the South region, and decreased from **301.7** in week 40 to **281.0** in week 41 in the Midlands And East region.

### Comment:

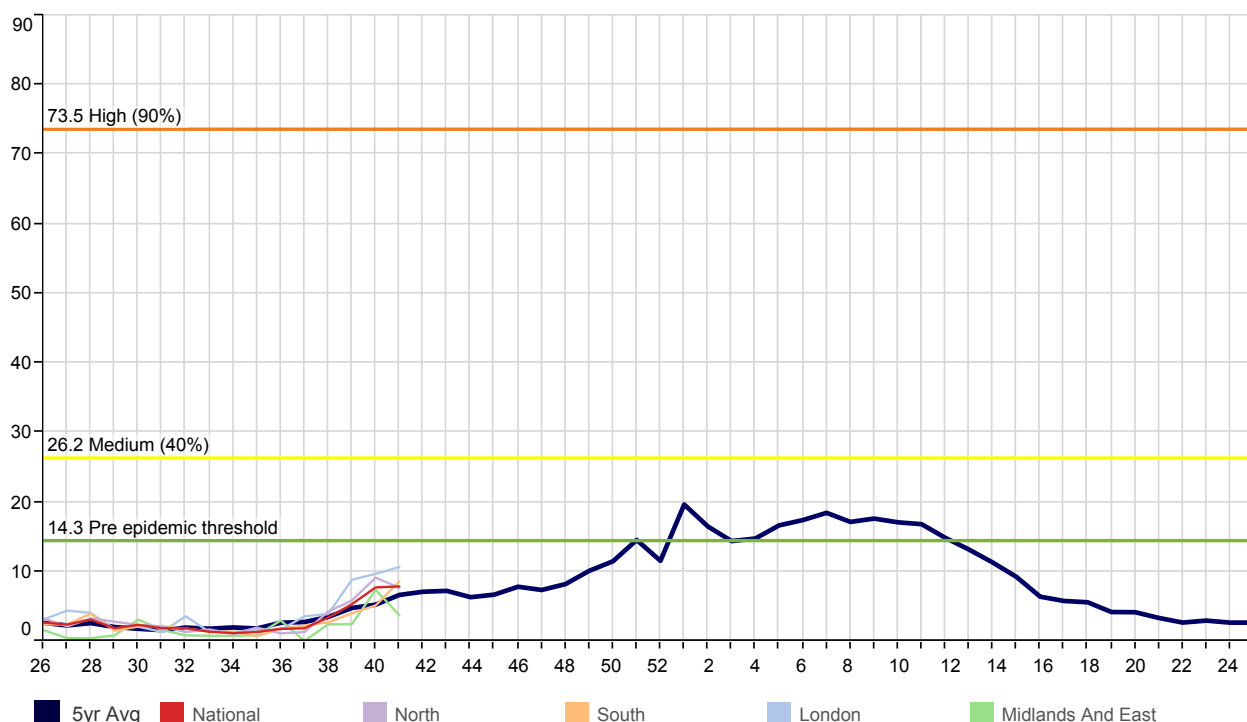
The rate of respiratory conditions remained unchanged from last week, and in line with seasonally expected levels.

Influenza-like illness remains unchanged from last week, and is still below the pre-epidemic threshold.

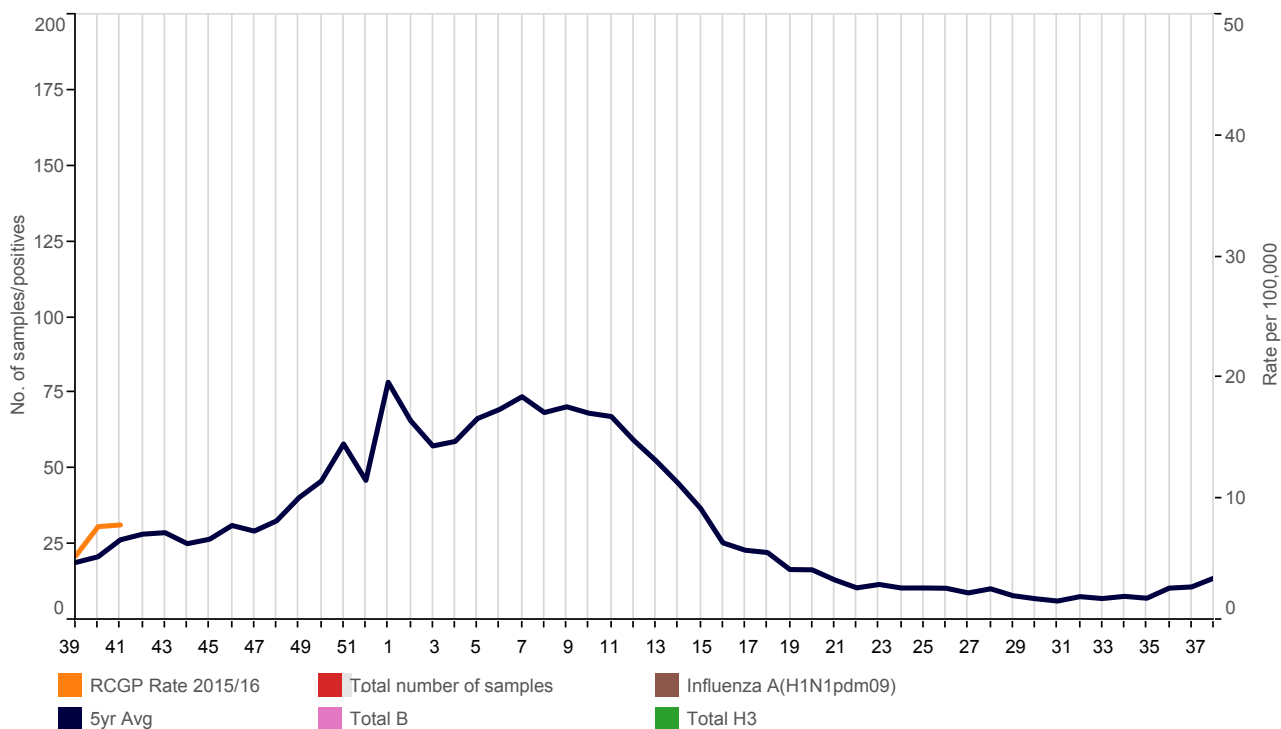
## Winter Focus 2016/17

Please see page 13 for explanatory notes on the data.

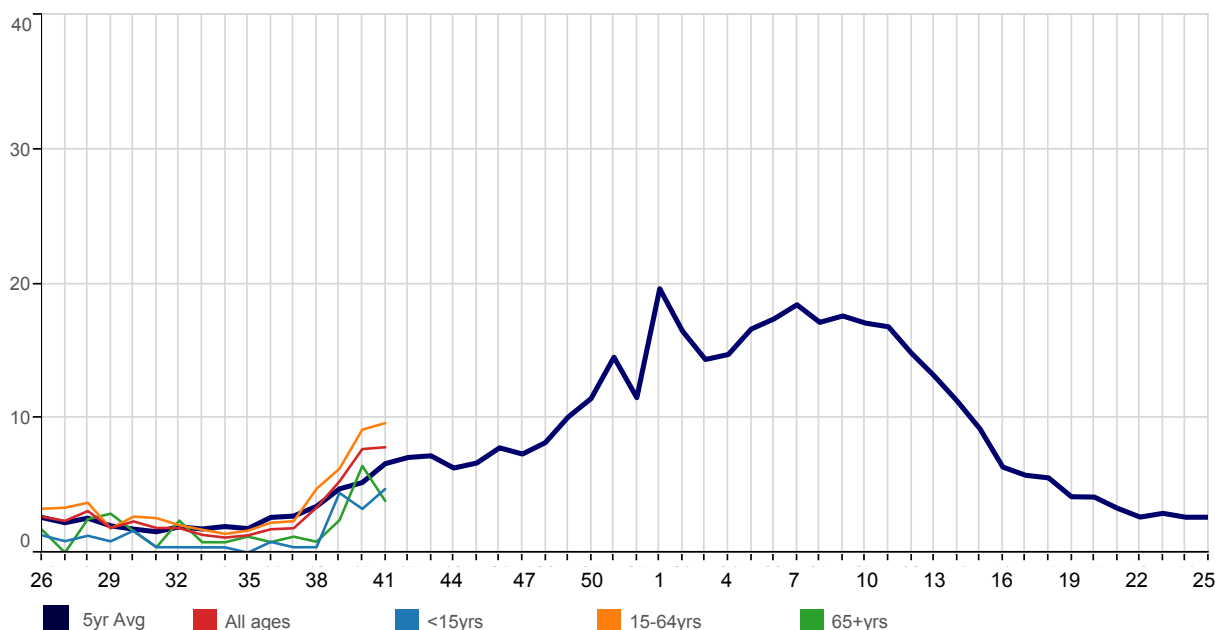
### (A) Influenza-like illness: incidence rate winter 2016/17\*



### (B) RCGP/PHE Influenza Swabbing Surveillance 2016/17 (all ages, gender, & regions combined)\*



\* The thresholds used are the agreed RCGP/ Public Health England levels for 2016/17. The rolling average line (blue) is based on 5 year historic RCGP RSC level.

**(C) Influenza-like illness: national incidence rate 2016/2017 by age group\*****(D) Influenza-like illness: national incidence rate 2016/2017 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.

Table 1	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	3
<15yrs	3.25	4.73														
15-64yrs	9.15	9.63														
65+yrs	6.45	3.84														
All ages	7.70	7.84														

5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

<15yrs

15-64yrs

65+yrs

All ages

Table 2	Below Threshold <sup>1</sup>	Threshold to Medium <sup>2</sup>	Medium to High <sup>3</sup>	High to Very High <sup>4</sup>	Above Very High <sup>5</sup>
0-14	<11.0	11.0 to <18.0	18.0 to <55.3	55.3 to <90.7	90.7+
15-64	<14.6	14.6 to <28.2	28.2 to <63.1	63.1 to <90.1	90.1+
65+	<11.1	11.1 to <14.6	14.6 to <32.8	32.8 to <46.8	46.8+
All Ages	<14.3	14.3 to <26.2	26.2 to <73.5	73.5 to <116.1	116.1+

**Threshold levels**

<sup>1</sup>Below pre-epidemic threshold

<sup>2</sup>Pre-epidemic threshold breach to < 40th percentile

<sup>3</sup>40th to <90th percentile

<sup>4</sup>90th to <97.5th percentile

<sup>5</sup>97.5th+ percentile

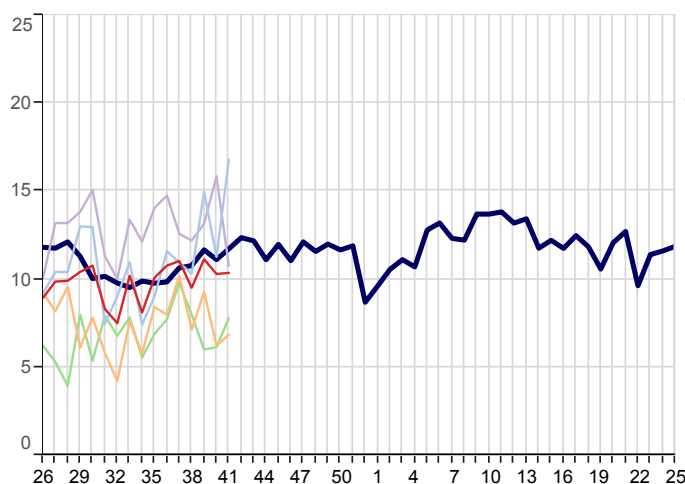
**Weekly influenza-like illness and bronchitis incidence rates per 100,000 persons**

Influenza-like illness		Bronchitis	Influenza-like illness		Acute Bronchitis
<1yr	6.9	296.7	London	10.6	57.9
1-4yrs	1.6	147.2	North	7.6	97.2
5-14yrs	5.8	26.6	South	8.6	58.0
15-24yrs	9.8	27.3	Midlands And East	3.7	79.2
25-44yrs	10.3	52.6	National	7.8	74.3
45-64yrs	8.7	66.9			
65-74yrs	2.3	130.7			
75-84yrs	5.4	145.7			
85+yrs	6.4	287.3			
All ages	7.8	74.3			

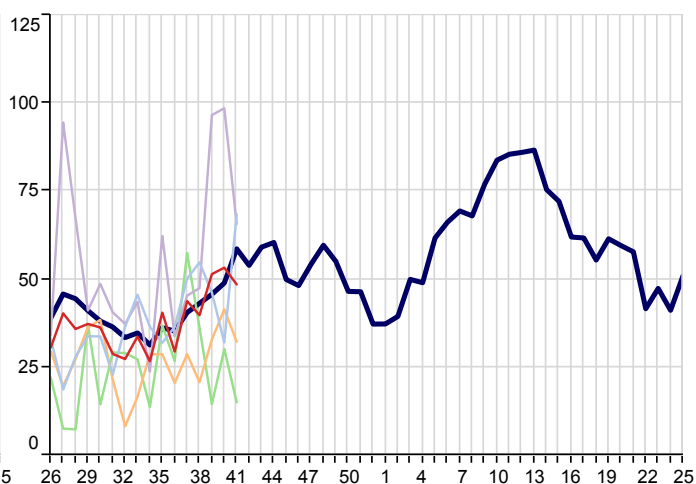
# 1. Water & Food Borne Disorders:

5yr Avg   National   London   North   South   Midlands And East

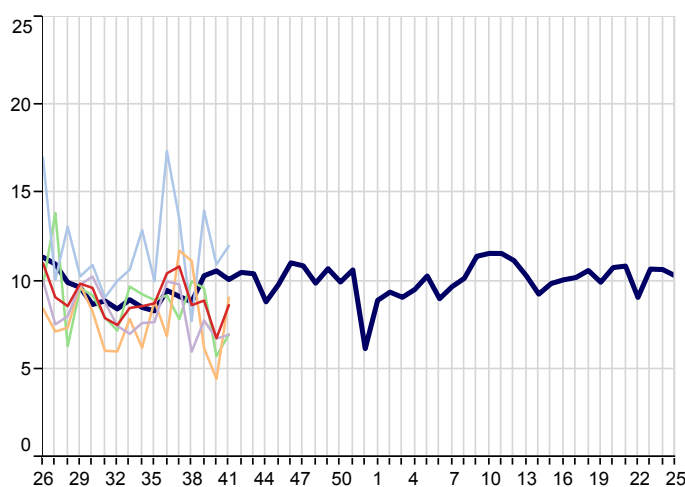
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **all ages**) by regions  
for 2016 compared with 5 year average



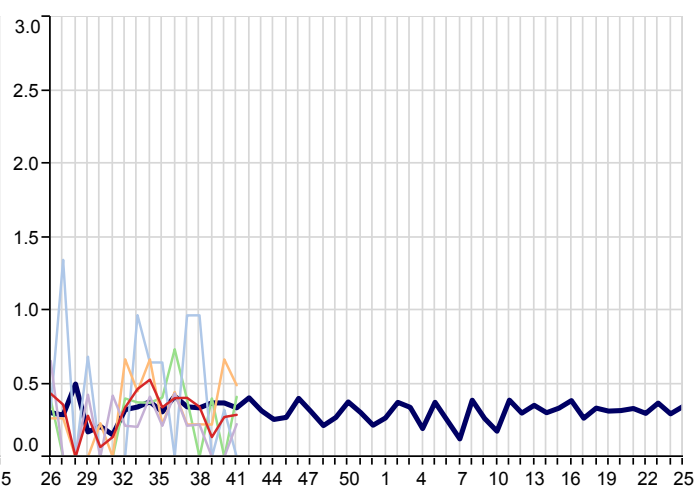
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **0-4 years**) by regions  
for 2016 compared with 5 year average



**Non-Infective Enteritis & Colitis (ICD10: K50-K52)**  
Weekly incidence (per 100,000 **all ages**) by region  
for 2016 compared with 5 year average



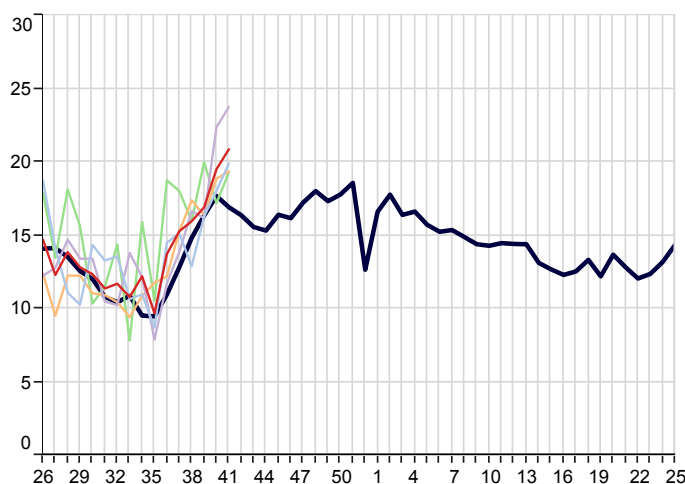
**Viral Hepatitis (ICD10: B15-B19)**  
Weekly incidence (per 100,000 **all ages**) by region  
for 2016 compared with 5 year average



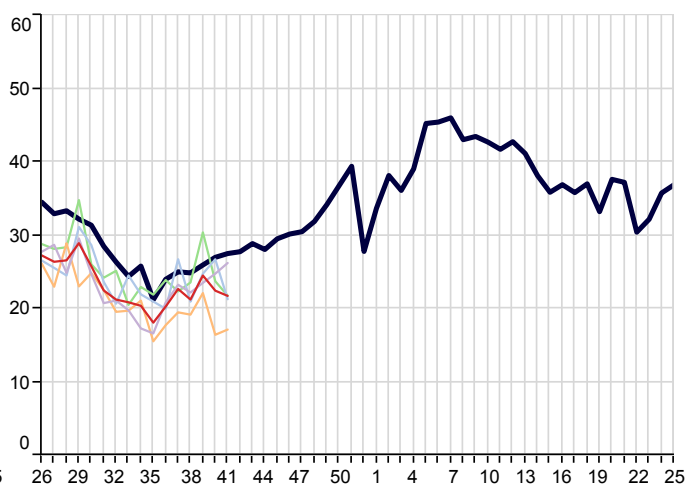
## 2. Environmentally Sensitive Disorders:

5yr Avg   National   London   North   South   Midlands And East

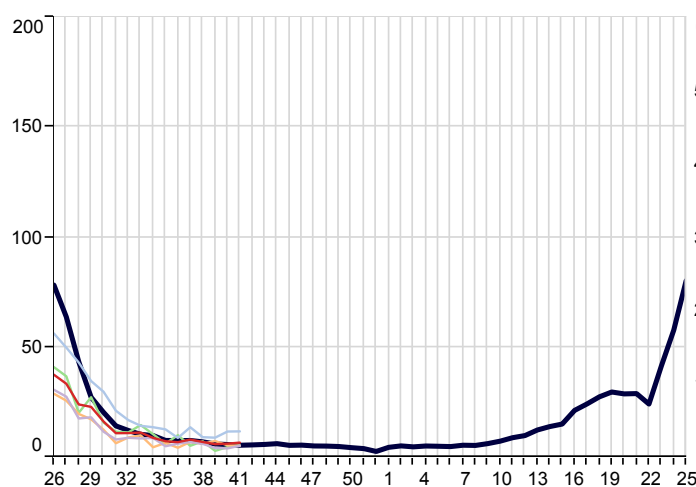
**Asthma (ICD10: J45-J46)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



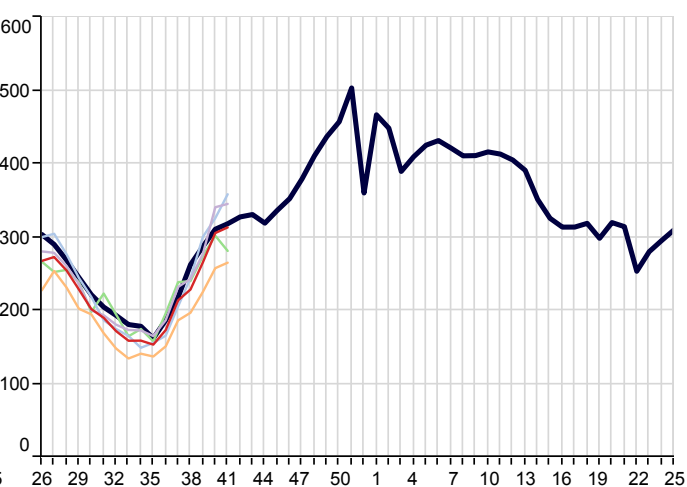
**Disorders of Conjunctiva (ICD10: H10-H13)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Hayfever/Allergic Rhinitis (ICD10: J30)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



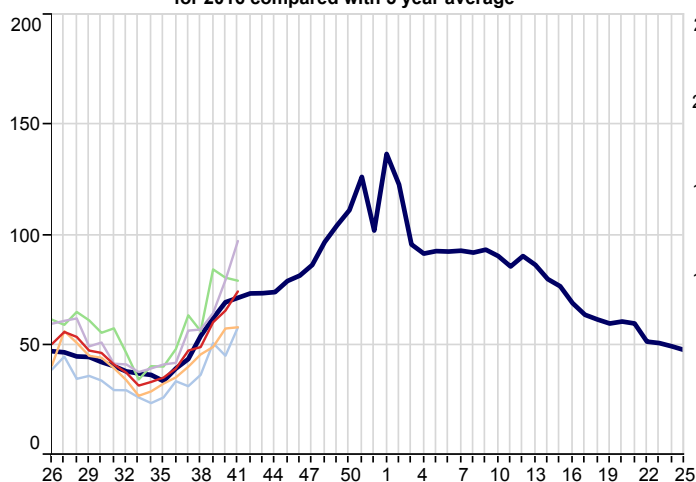
**Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



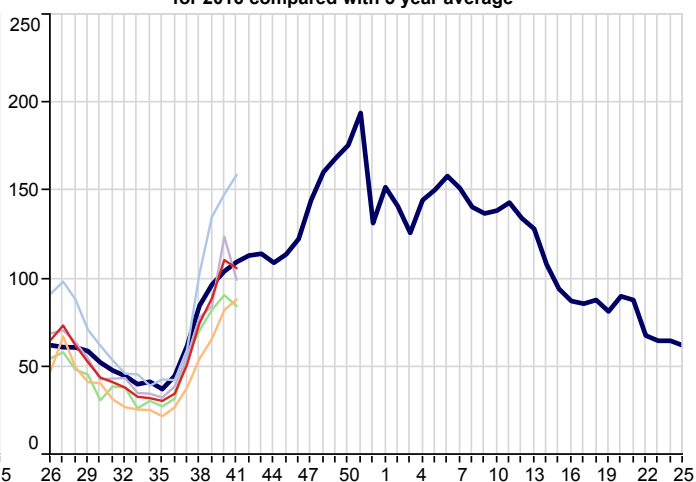
### 3. Respiratory Infections:

5yr Avg   National   North   South   London   Midlands And East

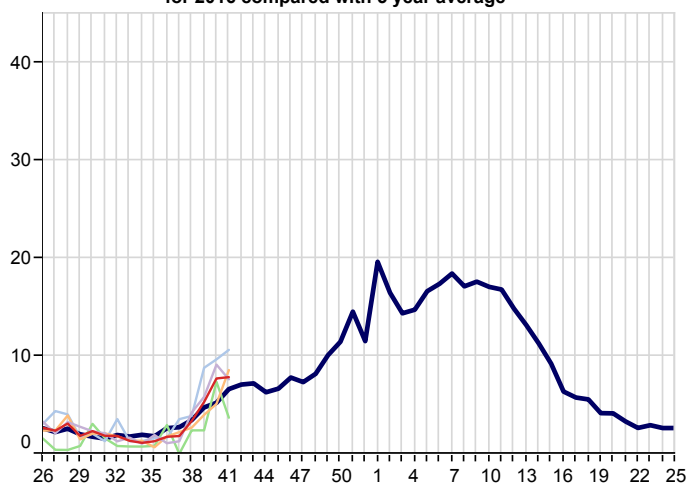
**Acute Bronchitis (ICD10: J20-J21,J40)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



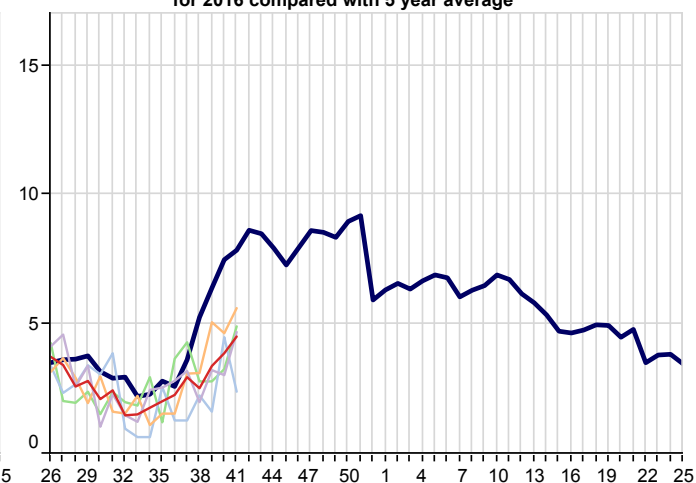
**Common Cold (ICD10: J00,J06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



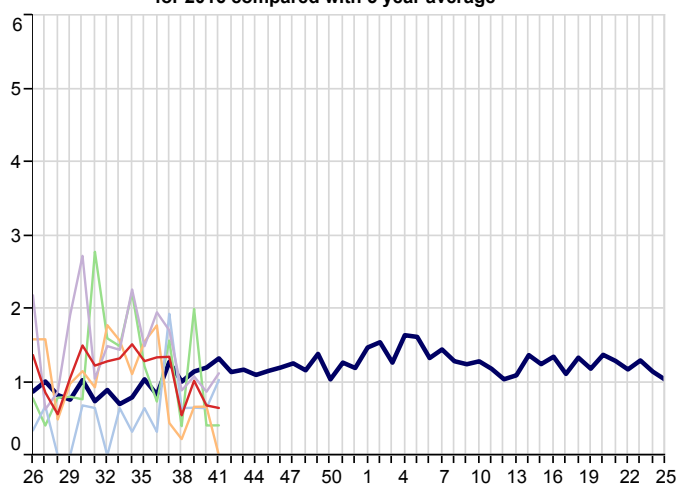
**Influenza-Like Illness (ICD10: J09-J11)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



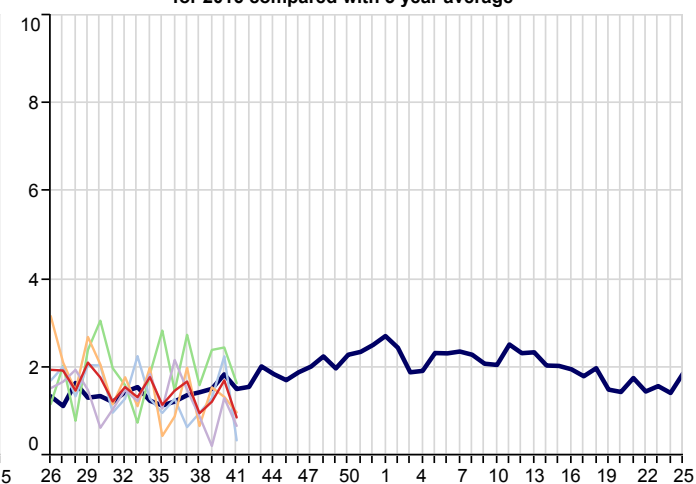
**Acute Laryngitis/Tracheitis (ICD10: J04)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Pleurisy (ICD10: R091)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



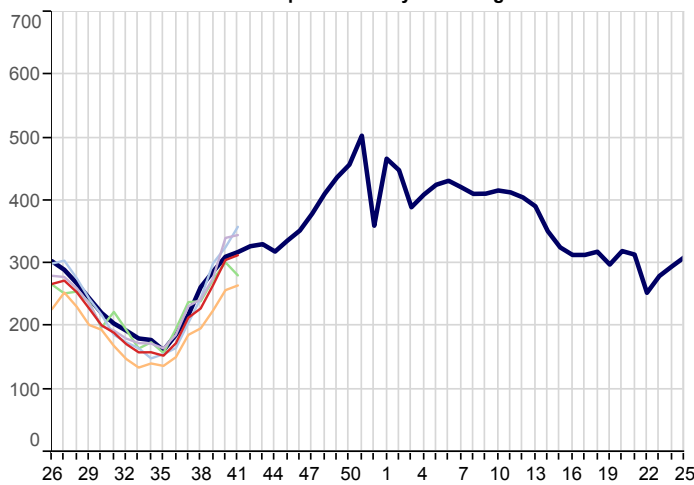
**Pneumonia/Pneumonitis (ICD10: J12-J18)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



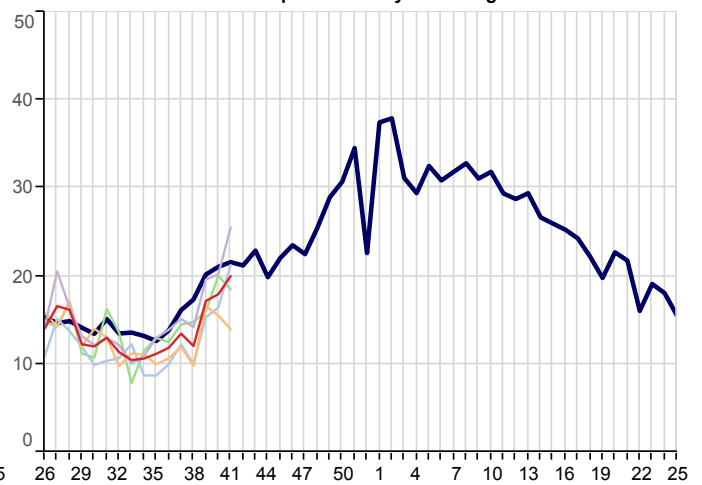
### 3. Respiratory Infections(Continued):

5yr Avg   National   North   South   London   Midlands And East

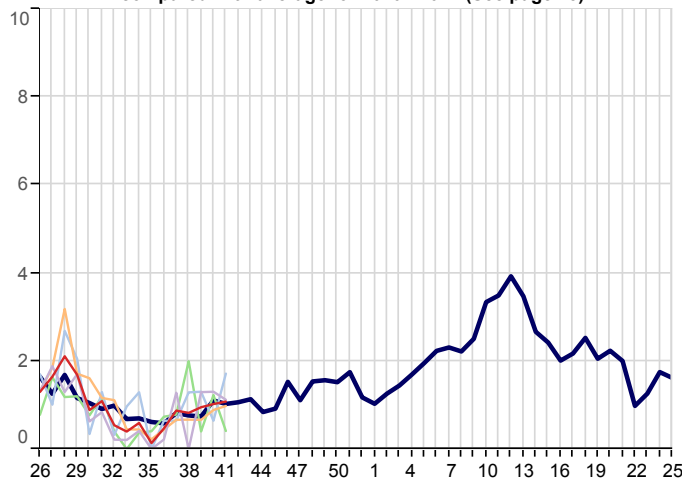
**Respiratory System Diseases (ICD10: J00-J99)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



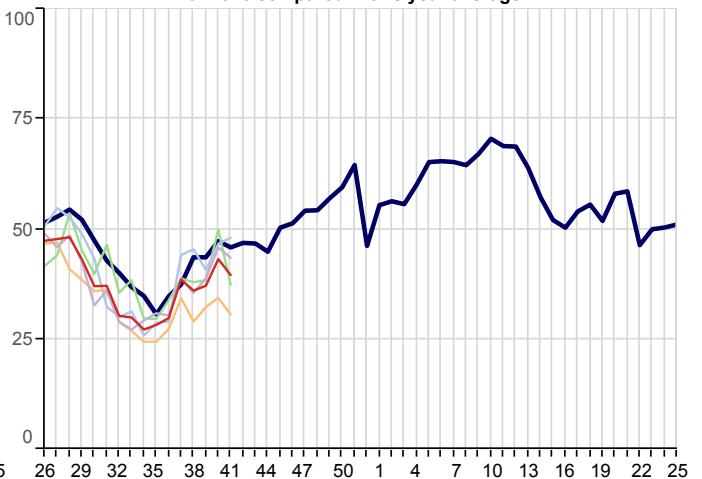
**Acute Sinusitis (ICD10: J01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



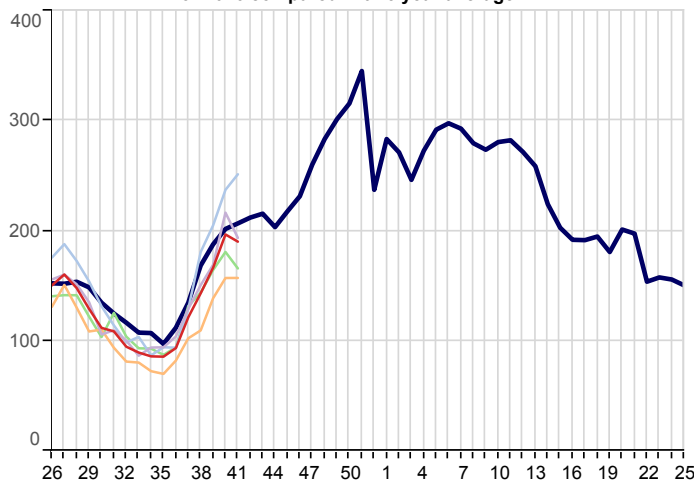
**Strep Sore Throat, Scarletina and Peritonsillar Abscess (ICD10: A38,J020,J36)**  
Weekly incidence (per 100,000 all ages) by region for 2016  
compared with average for 2010 - 2012 (See page 13)



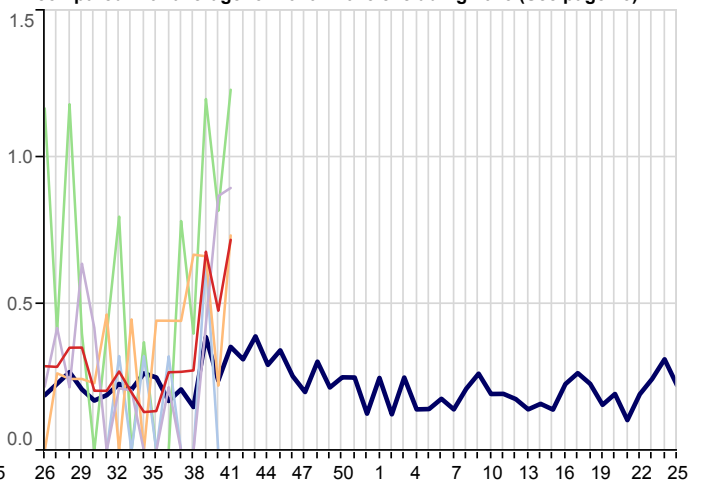
**Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



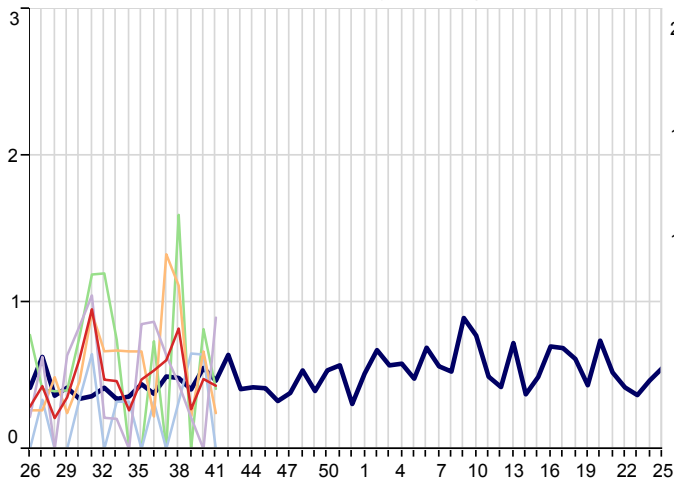
**Whooping Cough (ICD10: A37)**  
Weekly incidence (per 100,000 all ages) by region for 2016  
compared with average for 2010 - 2015 excluding 2013 (See page 13)



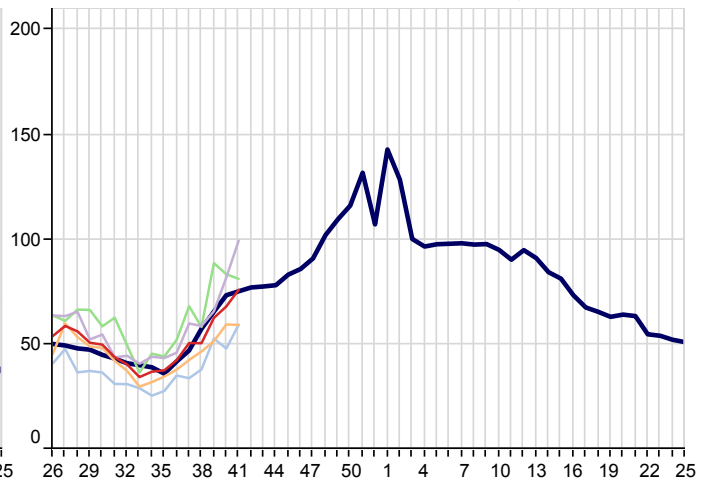
### 3. Respiratory Infections(Continued):

5yr Avg   National   North   South   London   Midlands And East

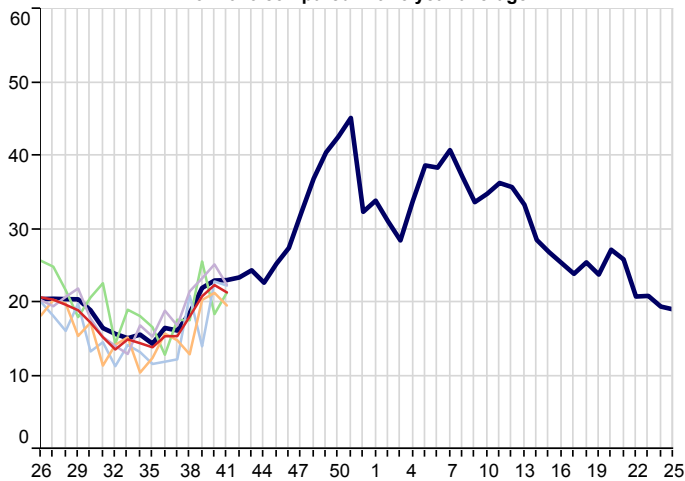
**Infectious Mononucleosis (ICD10: B27)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Acute Otitis Media (ICD10: H650-H651,H660,H669)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average

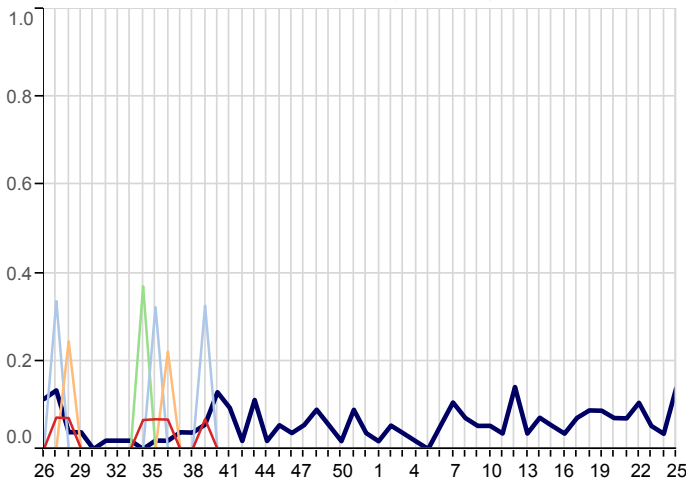




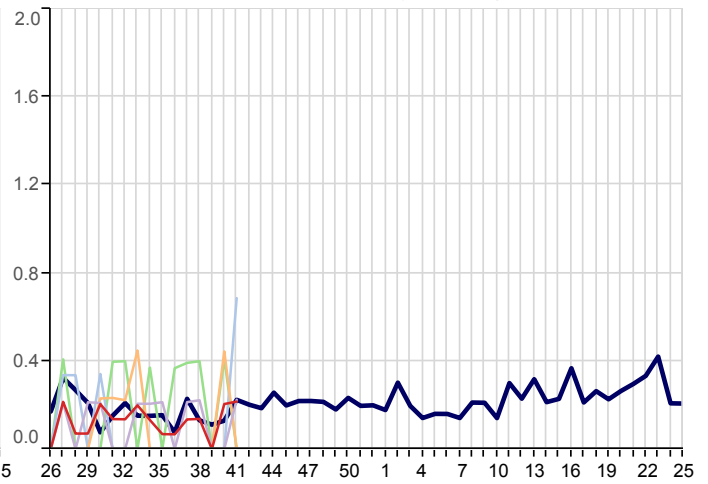
## 4. Vaccine Sensitive Disorders

5yr Avg   National   North   South   London   Midlands And East

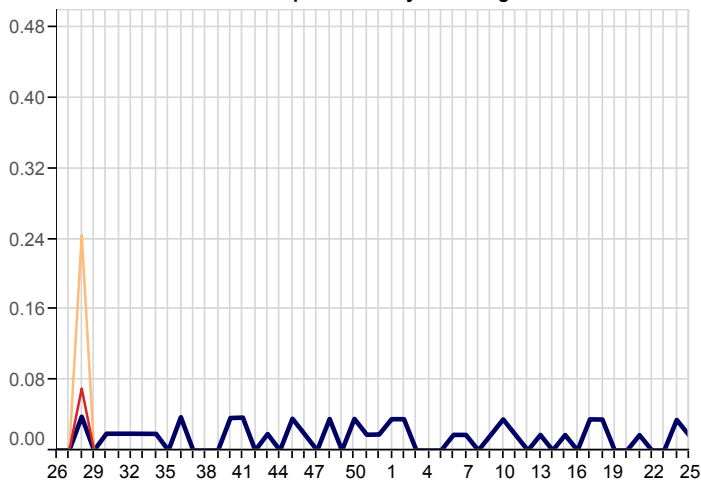
**Measles (ICD10: B05)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Mumps (ICD10: B26)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average

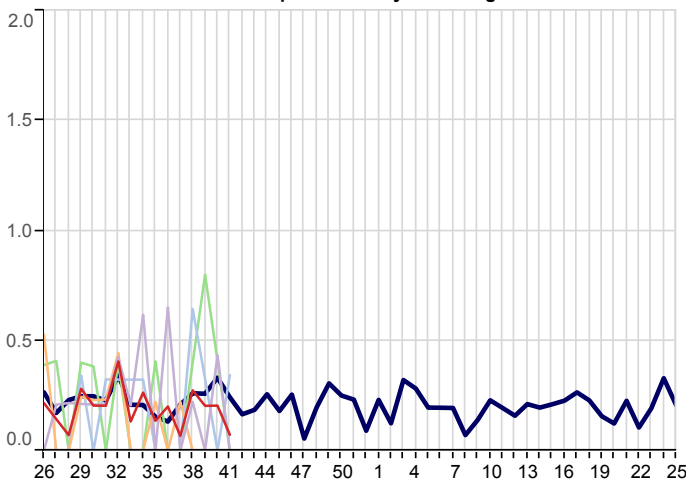


**Rubella (ICD10: B06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average

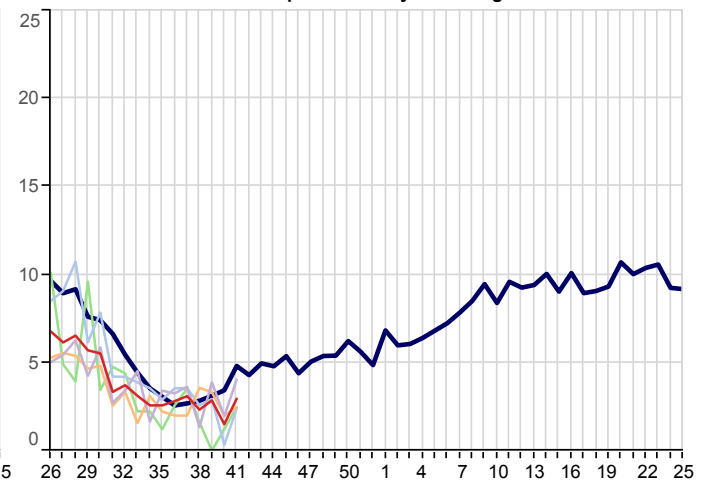


## 5. Skin Contagions

**Bullous Dermatoses (ICD10: L10-L14)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



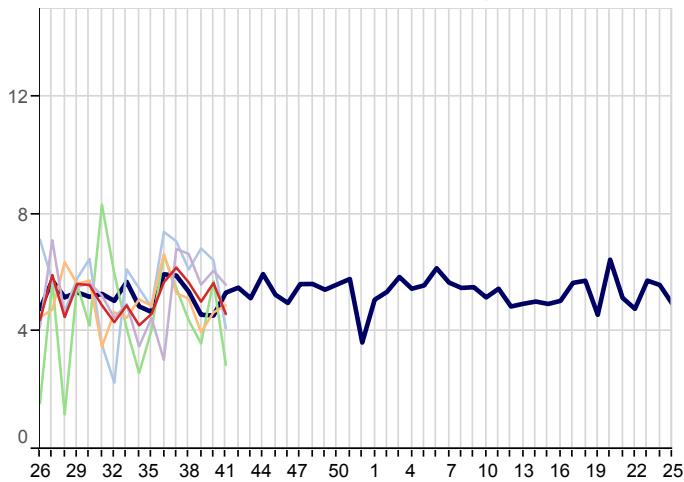
**Chickenpox (ICD10: B01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



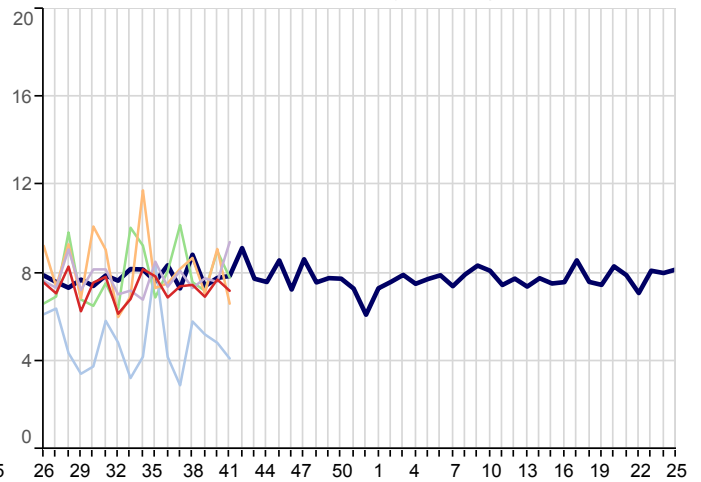
## 5. Skin Contagions (Continued)

5yr Avg   National   North   South   London   Midlands And East

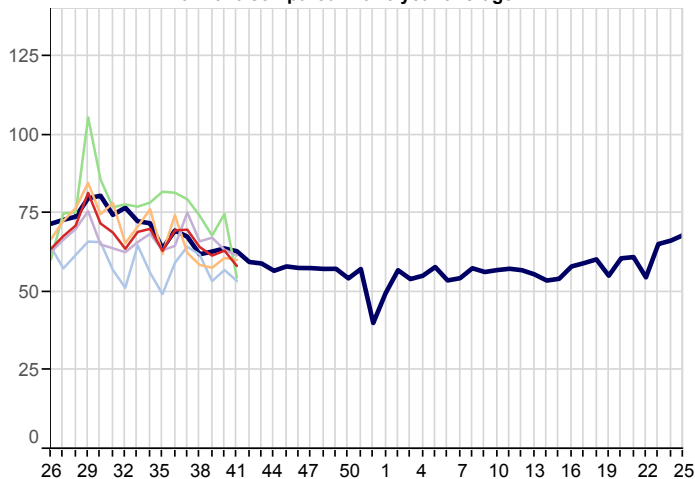
**Herpes Simplex (ICD10: B00)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



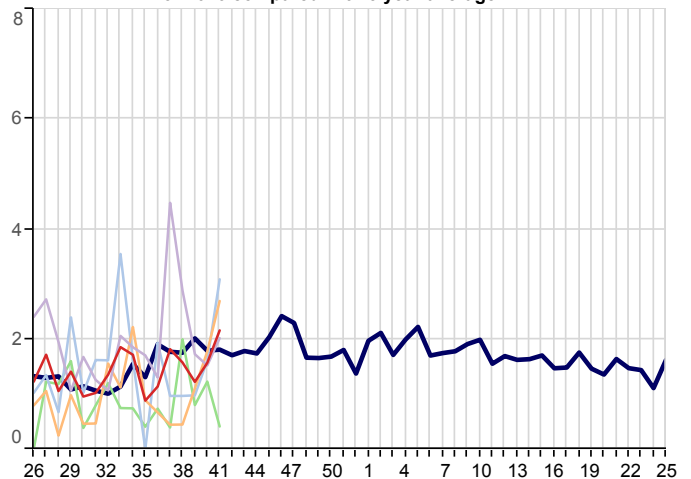
**Herpes Zoster (ICD10: B02)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



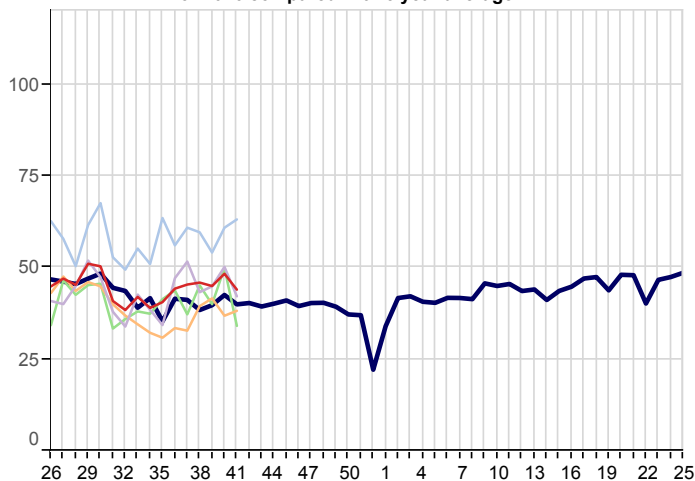
**Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



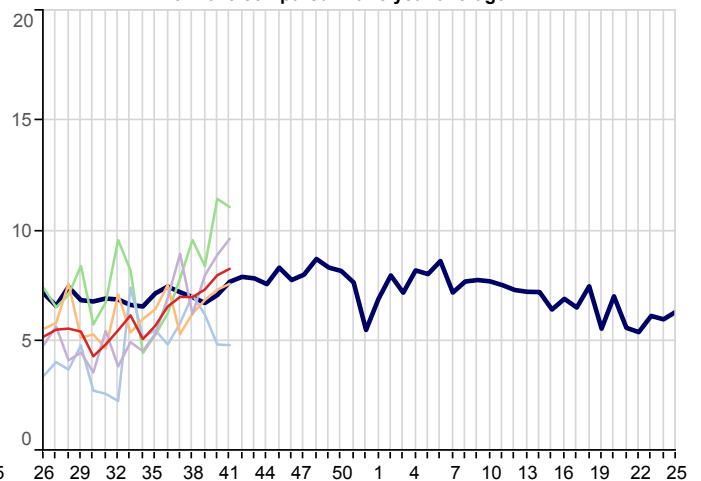
**Scabies (ICD10: B86)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



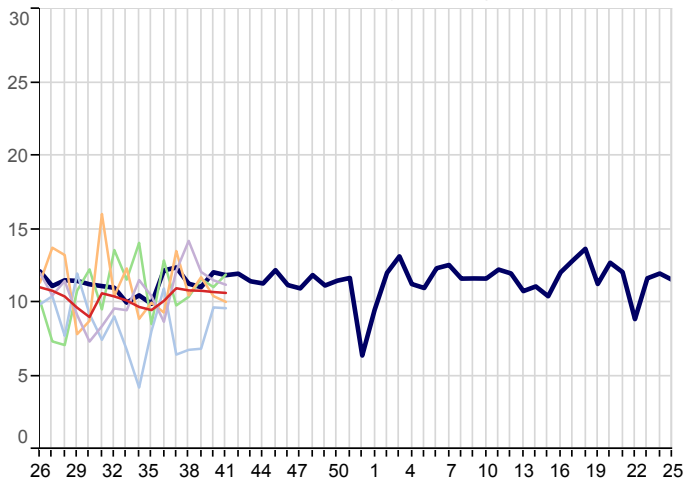
**Impetigo (ICD10: L01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



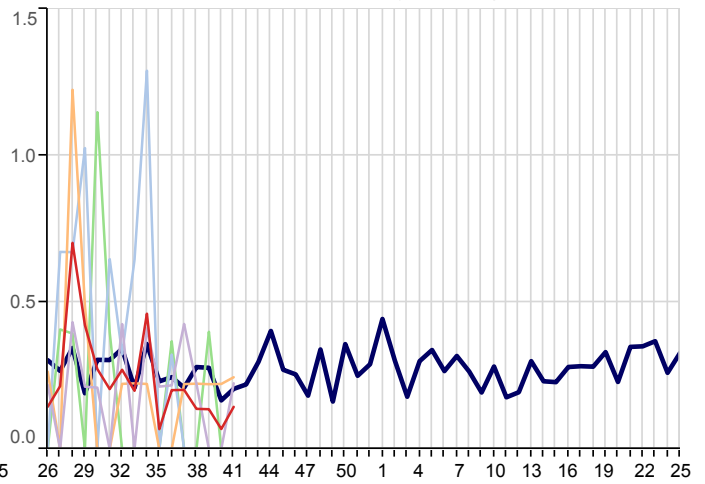
## 6. Disorders Affecting the Nervous System

5yr Avg   National   North   South   London   Midlands And East

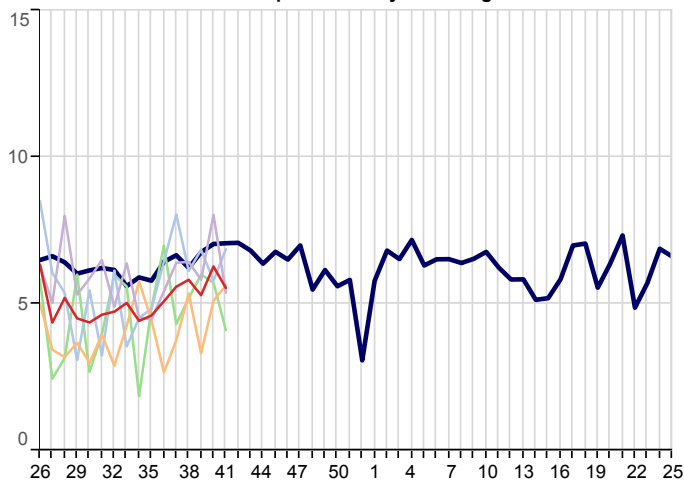
**Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



**Meningitis/Encephalitis (ICD10: A170-A171,A390,A38-A85,A87,G00-G05)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average

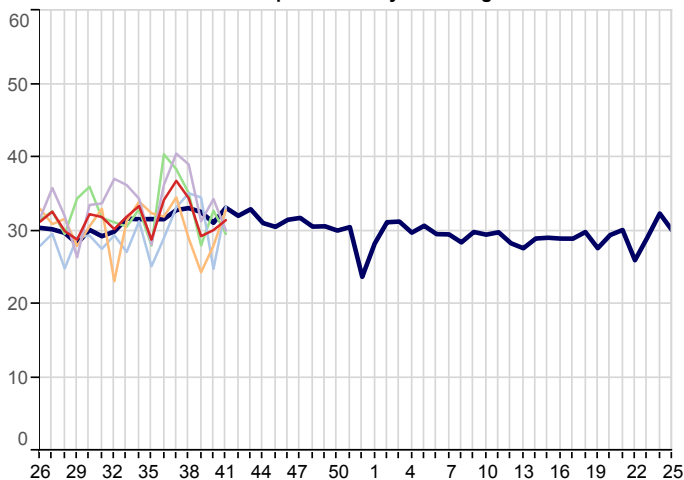


**Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



## 7. Genitourinary System Disorders

**Urinary Tract Infection/Cystitis (ICD10: N30,N390)**  
Weekly incidence (per 100,000 all ages) by region  
for 2016 compared with 5 year average



## 8. Tabular Summary by Disease

Disease Name	Week beginning Week ending		10/10/2016 16/10/2016		03/10/2016 09/10/2016		26/09/2016 02/10/2016		19/09/2016 25/09/2016	
	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Allergic Rhinitis	6.5	91	6.1	89	5.8	86	6.8	100		
Asthma	20.9	290	19.5	286	16.9	249	15.9	233		
Acute Bronchitis	74.3	1,033	65.6	962	60.2	888	49.0	716		
Bullous Dermatoses	0.1	1	0.2	3	0.2	3	0.3	4		
Chickenpox	2.9	41	1.5	22	2.8	42	2.3	34		
Common Cold	106.1	1,475	110.7	1,624	88.9	1,311	74.9	1,094		
Conjunctival Disorders	21.7	302	22.4	329	24.5	361	21.2	310		
Herpes Simplex	4.6	64	5.7	83	5.0	74	5.7	83		
Herpes Zoster	7.2	100	7.7	113	6.9	102	7.5	109		
Impetigo	8.3	115	8.0	117	7.3	108	7.0	102		
Infectious Mononucleosis	0.4	6	0.5	7	0.3	4	0.8	12		
Influenza-like illness	7.8	109	7.7	113	5.3	78	3.4	49		
Infectious Intestinal Diseases	10.4	144	10.3	151	11.1	164	9.5	139		
Laryngitis and Tracheitis	4.5	63	3.9	57	3.4	50	2.5	37		
Lower Respiratory Tract Infections	76.0	1,057	68.0	998	62.6	922	50.5	738		
Measles	0.0	0	0.0	0	0.1	1	0.0	0		
Meningitis and Encephalitis	0.1	2	0.1	1	0.1	2	0.1	2		
Mumps	0.2	3	0.2	3	0.0	0	0.1	2		
Non-infective Enteritis and Colitis	8.6	120	6.7	99	8.9	131	8.6	126		
Otitis Media Acute	21.4	297	22.4	328	20.8	307	18.1	264		
Otitis Media Acute New	3.4	47	3.1	46	3.5	52	2.3	33		
Peripheral Nervous Disease	10.6	148	10.7	157	10.8	159	10.8	158		
Pleurisy	0.6	9	0.7	10	1.0	15	0.5	8		
Pneumonia and Pneumonitis	0.9	12	1.7	25	1.2	18	1.0	14		
Respiratory System Diseases	313.1	4,354	305.4	4,480	265.4	3,912	228.4	3,337		
Rubella	0.0	0	0.0	0	0.0	0	0.0	0		
Scabies	2.2	30	1.6	23	1.2	18	1.6	23		
Sinusitis	20.0	278	17.9	263	17.2	253	12.0	176		
Skin and Subcutaneous Tissue Infections	58.2	810	63.1	926	61.5	907	64.3	939		
Strep Throat and Peritonsillar Abscess	1.1	15	1.0	15	0.9	14	0.8	12		
Symptoms involving musculoskeletal	5.5	77	6.3	92	5.3	78	5.8	85		
Symptoms involving Respiratory and Chest	21.4	297	19.6	288	22.5	332	22.0	321		
Symptoms involving Skin and Integument Tissues	43.9	611	48.3	708	44.9	662	45.9	670		
Tonsillitis and acute Pharyngitis	39.5	550	43.2	633	37.1	547	36.0	526		
Upper Respiratory Tract Infections	190.0	2,643	196.6	2,884	166.3	2,451	143.1	2,091		
Urinary Tract Infections	31.4	437	30.1	441	29.2	431	34.4	503		
Viral Hepatitis	0.3	4	0.3	4	0.1	2	0.3	5		
Whooping Cough	0.7	10	0.5	7	0.7	10	0.3	4		
<b>Denom</b>	<b>1,390,727</b>		<b>1,466,956</b>		<b>1,473,900</b>		<b>1,461,151</b>			
<b>Practice Count</b>	<b>144</b>		<b>150</b>		<b>151</b>		<b>151</b>			

## FURTHER INFORMATION:

### About the report

#### Winter focus

The first two pages of data within this report focus on Influenza-Like Illness, in order to provide information about the on set of seasonal influenza and early warning 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 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.

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 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, but it is part of Table 3, page 3.

Both the *all-ages* thresholds and the *age-specific* thresholds are shown in Table 2, page 3. Ten years of data were used for *all-ages* and *age-specific* thresholds calculation (winter seasons 2004/05- 2014/15 excluding 2009/10).

## 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, 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 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 Systems 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 HSCIC and NHS 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 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/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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