

RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year..... 33/2022
 Week Starting - Ending..... 15/08/2022 - 21/08/2022
 No. of Practices..... 502
 Population..... 5,213,888

National (England)

- **Acute Bronchitis** : increased from 3.7 in week 32 to 3.8 in week 33.
- **Asthma** : increased from 8.2 in week 32 to 8.9 in week 33.
- **Common Cold** : decreased from 0.6 in week 32 to 0.4 in week 33.
- **Influenza-like illness** : increased from 0.6 in week 32 to 0.7 in week 33.
- **Respiratory System Diseases** : increased from 164.5 in week 32 to 166.8 in week 33.
- **COVID-19** : decreased from 65.4 in week 32 to 45.6 in week 33.

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

- **Acute Bronchitis** : decreased from 1.6 in week 32 to 1.5 in week 33 in the London region, decreased from 6.2 in week 32 to 6.1 in week 33 in the North region, decreased from 3.2 in week 32 to 2.9 in week 33 in the South region, and increased from 3.1 in week 32 to 4.5 in week 33 in the Midlands And East region.
- **Asthma** : decreased from 9.7 in week 32 to 7.9 in week 33 in the London region, increased from 9.2 in week 32 to 9.3 in week 33 in the North region, increased from 7.1 in week 32 to 9.2 in week 33 in the South region, and increased from 7.3 in week 32 to 8.7 in week 33 in the Midlands And East region.
- **Common Cold** : decreased from 1.0 in week 32 to 0.4 in week 33 in the London region, decreased from 0.8 in week 32 to 0.4 in week 33 in the North region, increased from 0.2 in week 32 to 0.6 in week 33 in the South region, and decreased from 0.7 in week 32 to 0.1 in week 33 in the Midlands And East region.
- **Influenza-like illness** : increased from 0.5 in week 32 to 0.8 in week 33 in the London region, decreased from 1.1 in week 32 to 0.8 in week 33 in the North region, increased from 0.6 in week 32 to 0.9 in week 33 in the South region, and increased from 0.2 in week 32 to 0.3 in week 33 in the Midlands And East region.
- **Respiratory System Diseases** : decreased from 121.9 in week 32 to 116.1 in week 33 in the London region, increased from 210.5 in week 32 to 213.5 in week 33 in the North region, increased from 152.3 in week 32 to 154.2 in week 33 in the South region, and increased from 166.1 in week 32 to 176.0 in week 33 in the Midlands And East region.
- **COVID-19** : decreased from 48.6 in week 32 to 31.6 in week 33 in the London region, decreased from 72.6 in week 32 to 48.9 in week 33 in the North region, decreased from 66.4 in week 32 to 49.7 in week 33 in the South region, and decreased from 71.3 in week 32 to 47.3 in week 33 in the Midlands And East region.

Comment:

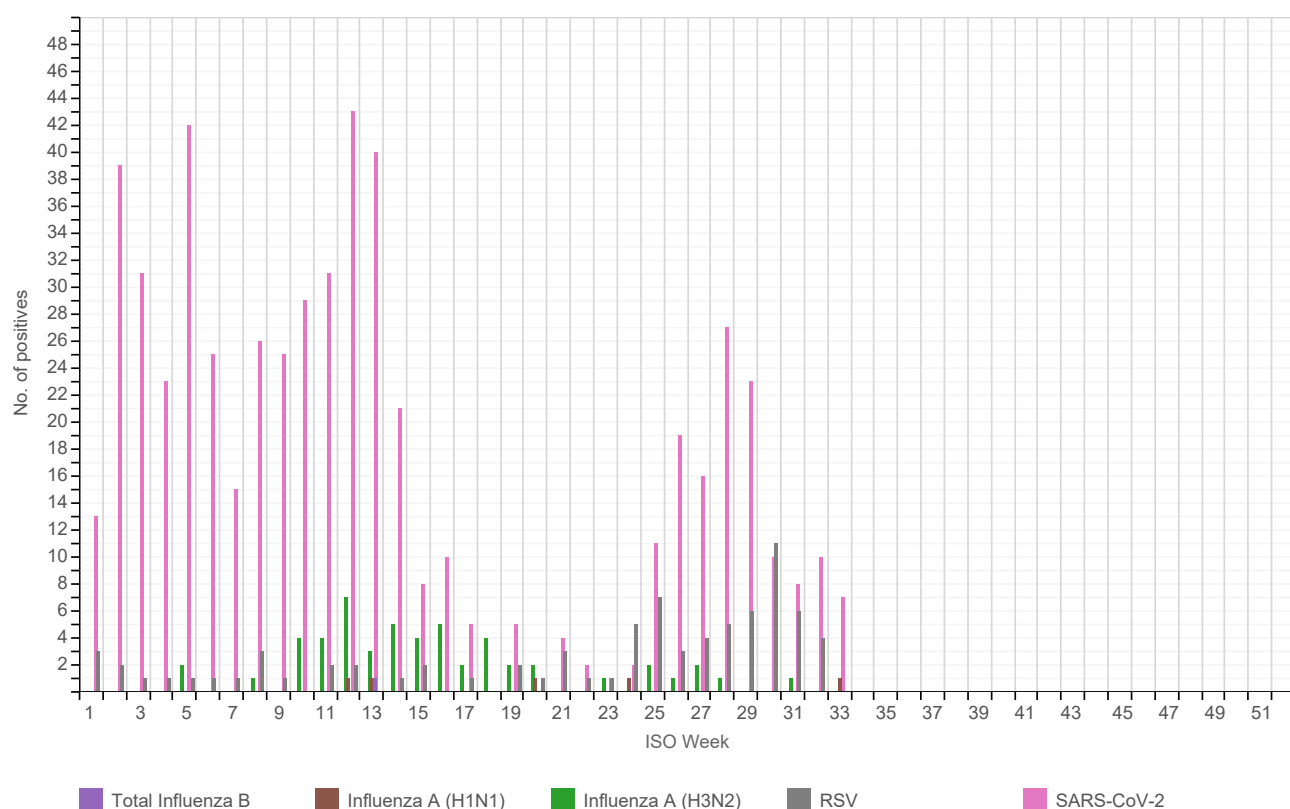
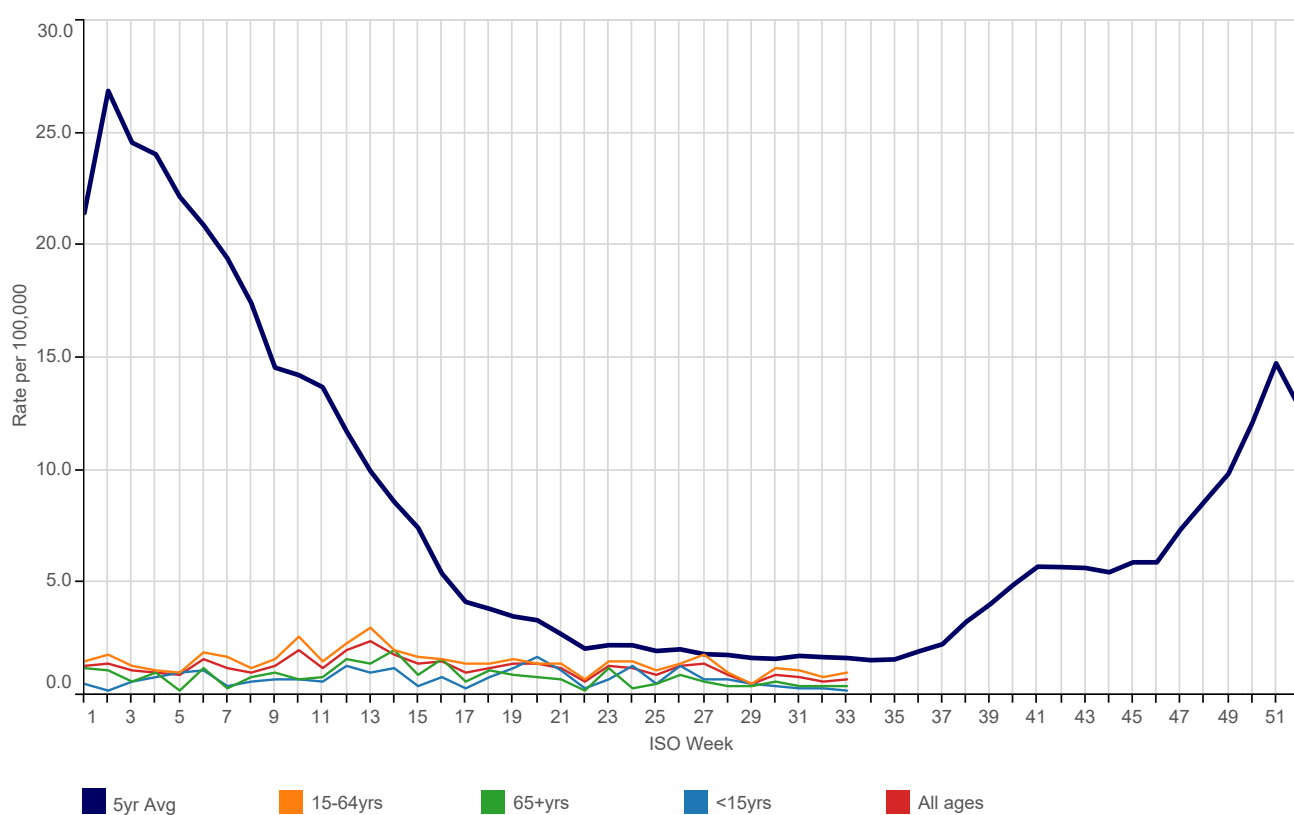
Overall presentations of respiratory system diseases have increased this week though they remain below seasonal levels for this time of year with the exception of strep sore throat and infectious mononucleosis (glandular fever).

COVID-19 rates have plateaued in all regions and age bands with the highest rates in the North region and the population aged 65 years and over. We have detected an additional 13 cases of monkeypox across the RSC network, the total number of cases detected since the 19th of May 2022 is 262 (cases across the wider RSC population of 19 million).

This report includes a virology update. Sporadic circulating influenza, SARS-CoV-2 and respiratory syncytial virus (RSV) are noted.

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



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

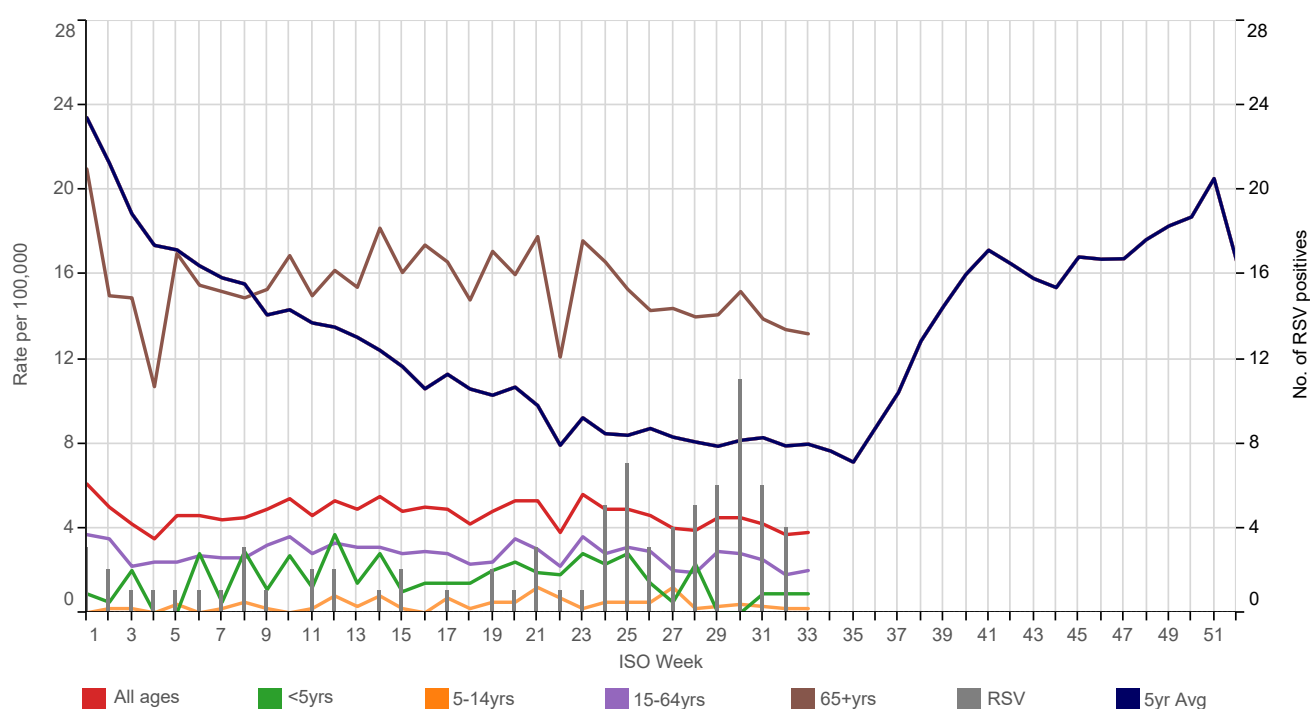
(E) Influenza-like illness: national incidence rate 2022 by age group*

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

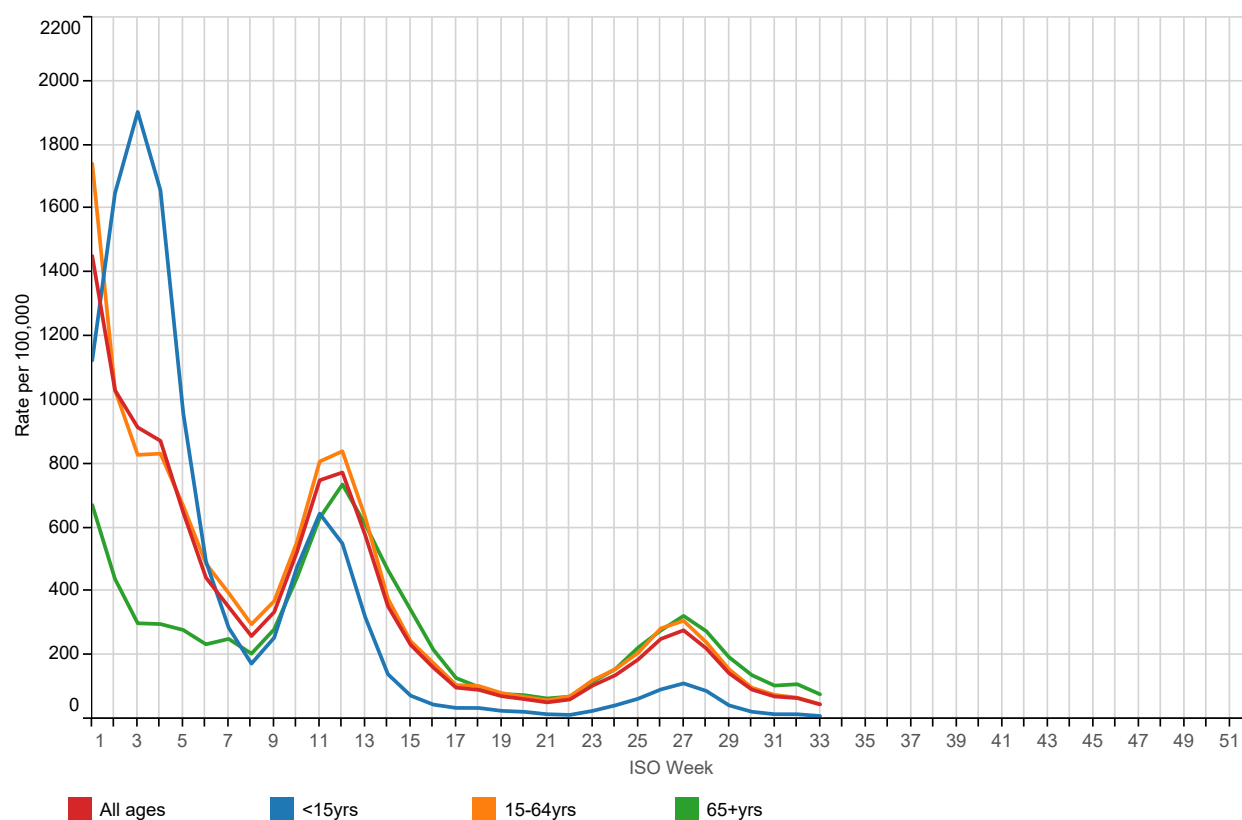
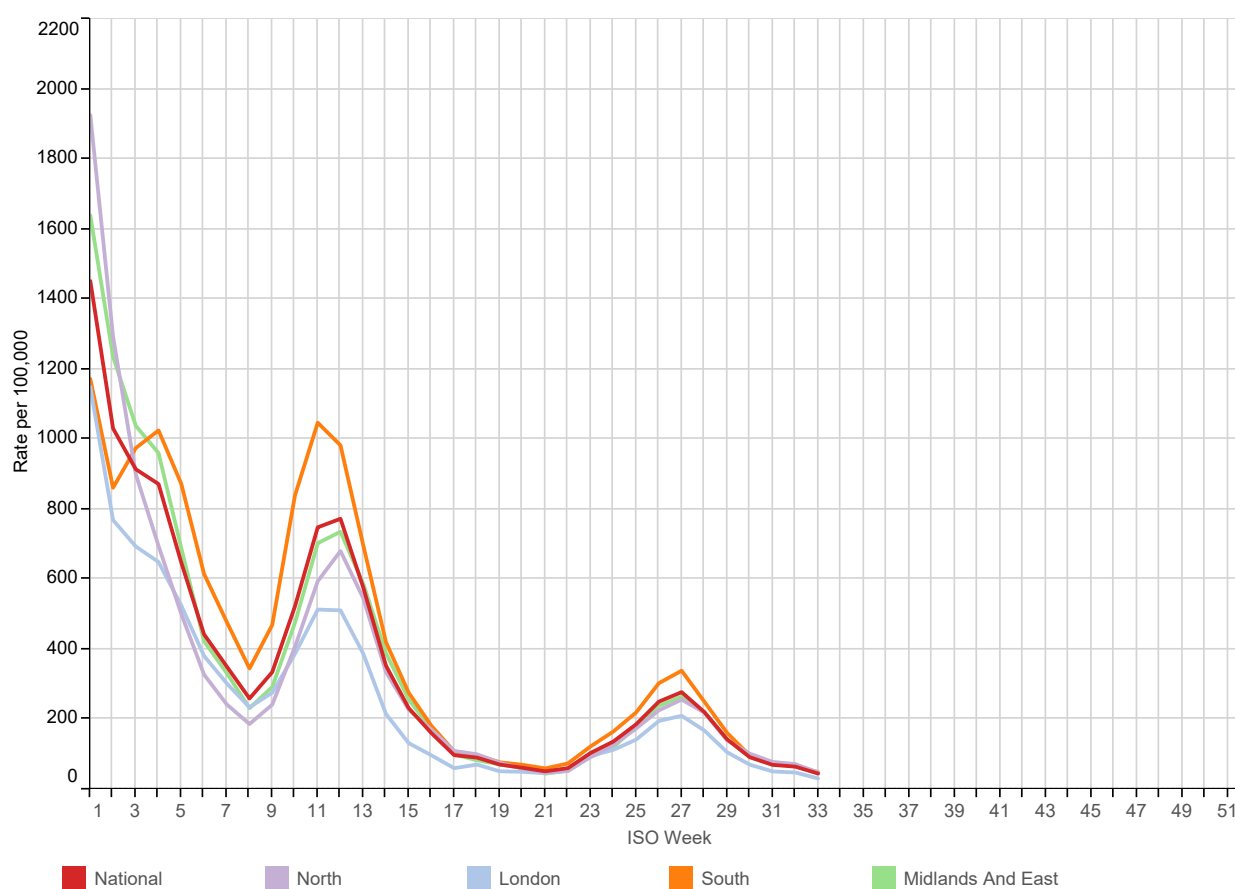
Table 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<15yrs	0.5	0.2	0.6	0.8	1.0	1.1	0.4	0.6	0.7	0.7	0.6	1.3	1.0	1.2	0.4	0.8	0.3	0.8
15-64yrs	1.5	1.8	1.3	1.1	1.0	1.9	1.7	1.2	1.6	2.6	1.5	2.3	3.0	2.0	1.7	1.6	1.4	1.4
65+yrs	1.2	1.1	0.6	1.0	0.2	1.2	0.3	0.8	1.0	0.7	0.8	1.6	1.4	2.0	0.9	1.6	0.6	1.1
All ages	1.3	1.4	1.1	1.0	0.9	1.6	1.2	1.0	1.3	2.0	1.2	2.0	2.4	1.8	1.4	1.5	1.0	1.2

	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
<15yrs	1.2	1.7	1.1	0.3	0.7	1.3	0.5	1.3	0.7	0.7	0.5	0.4	0.3	0.3	0.2			
15-64yrs	1.6	1.4	1.4	0.7	1.5	1.5	1.1	1.4	1.8	1.0	0.5	1.2	1.1	0.8	1.0			
65+yrs	0.9	0.8	0.7	0.2	1.2	0.3	0.5	0.9	0.6	0.4	0.4	0.6	0.4	0.4	0.4			
All ages	1.4	1.4	1.2	0.6	1.3	1.2	0.9	1.3	1.4	0.9	0.5	0.9	0.8	0.6	0.7			

Table 2	Below Threshold ¹	Threshold to Medium ²	Medium to High ³	High to Very High ⁴	Above Very High ⁵	Threshold levels
All Ages	<12.2	12.2 to <21.6	21.6 to <61.3	61.3 to <97.3	97.3+	¹ Below baseline threshold
<15yrs	<10.7	10.7 to <17.6	17.6 to <47.7	47.7 to <74.1	74.1+	² baseline threshold breach to < 40th percentile
15-64yrs	<15.0	15.0 to <26.1	26.1 to <63.4	63.4 to <93.8	93.8+	³ 40th to <90th percentile
65+yrs	<11.5	11.5 to <16.5	16.5 to <37.8	37.8 to <54.5	54.5+	⁴ 90th to <97.5th percentile
						⁵ 97.5th+ percentile

(F) Acute Bronchitis: national incidence rate 2022 by age group***Weekly Influenza-like illness and Acute Bronchitis incidence rates per 100,000 persons**

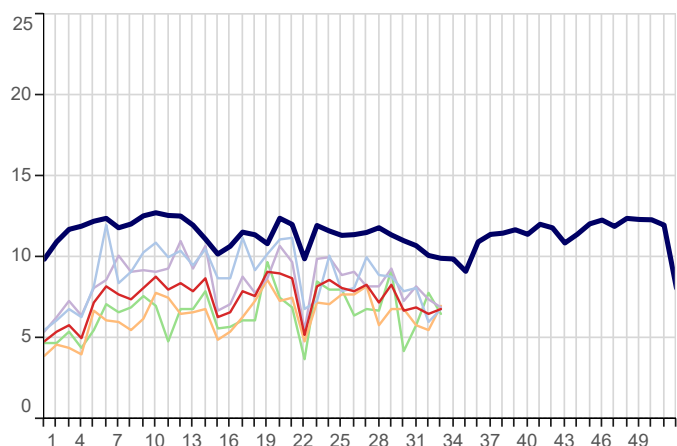
Influenza-like illness		Bronchitis	Influenza-like illness		Bronchitis
<1yr	2.2	6.5	London	0.8	1.5
1-4yrs	0.0	0.9	North	0.8	6.1
5-14yrs	0.2	0.2	South	0.9	2.9
15-24yrs	1.0	0.3	Midlands And East	0.3	4.5
25-44yrs	1.1	1.1	National	0.7	3.8
45-64yrs	0.8	3.9			
65-74yrs	0.4	11.5			
75-84yrs	0.6	17.2			
85+yrs	0.0	9.6			
All ages	0.7	3.8			

(G) COVID-19 : national incidence rate 2022 by age group***(H) COVID-19 : national incidence rate 2022 by region***

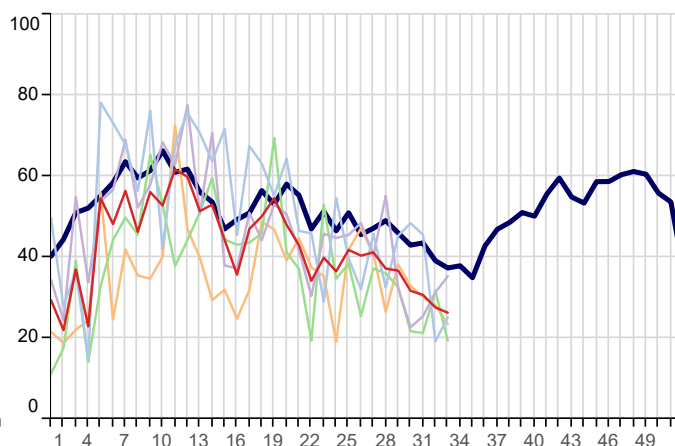
1. Water & Food Borne Disorders:

5yr Avg National London North South Midlands And East

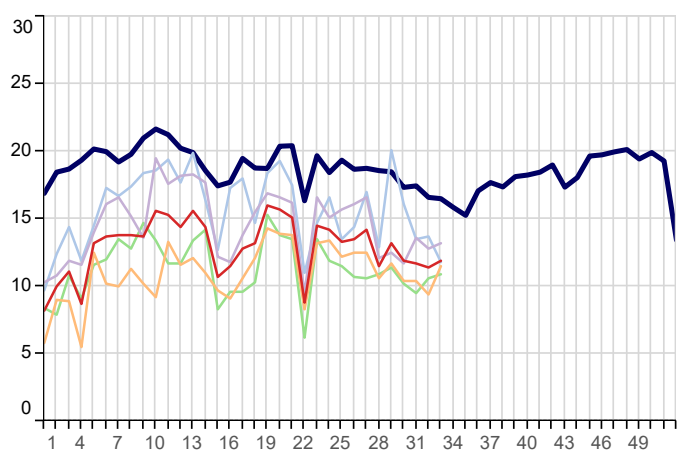
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **all ages**) by regions
for 2022 compared with 5 year average



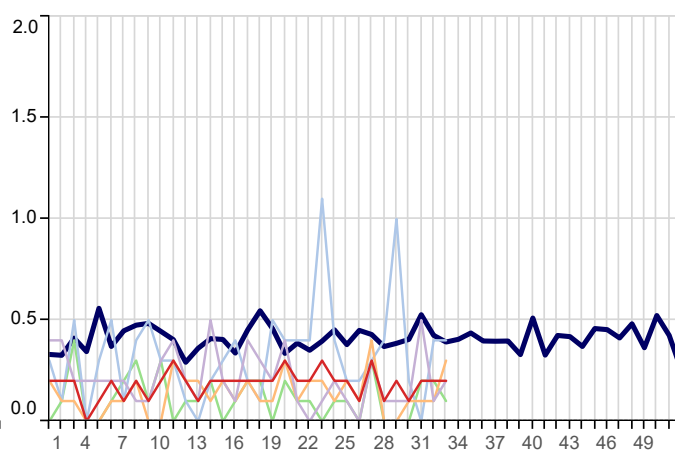
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **0-4 years**) by regions
for 2022 compared with 5 year average



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



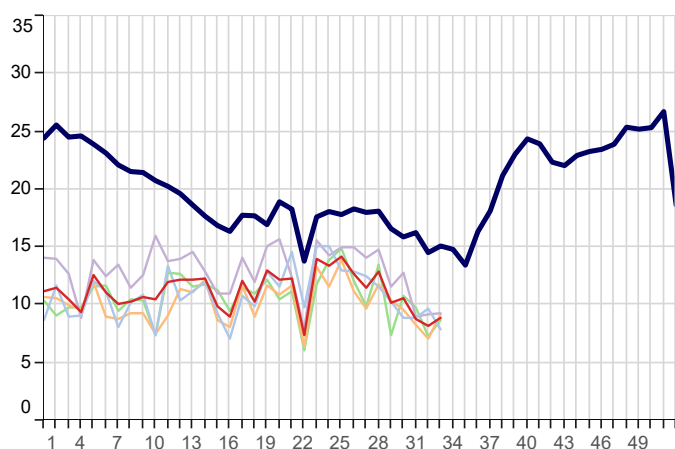
Viral Hepatitis (ICD10: B15-B19)
Weekly incidence (per 100,000 **all ages**) by region
for 2022 compared with 5 year average



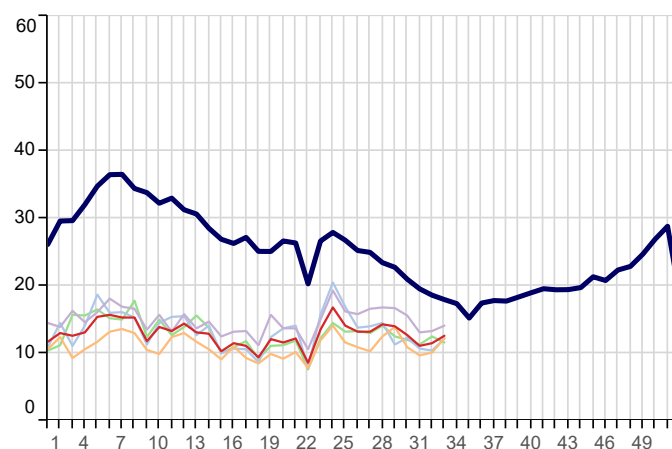
2. Environmentally Sensitive Disorders:

5yr Avg National London North South Midlands And East

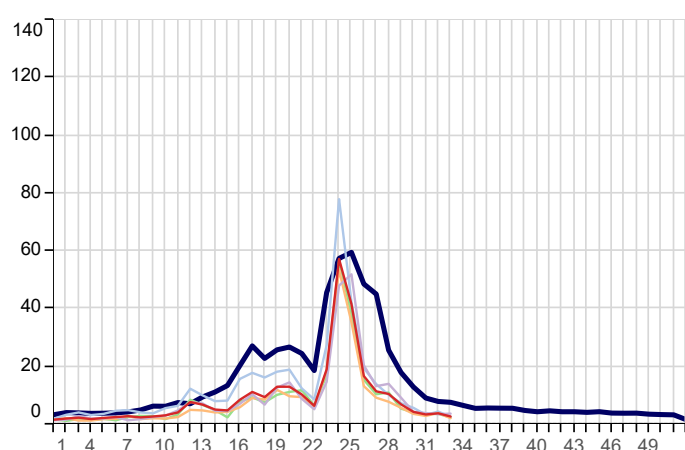
Asthma (ICD10: J45-J46)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



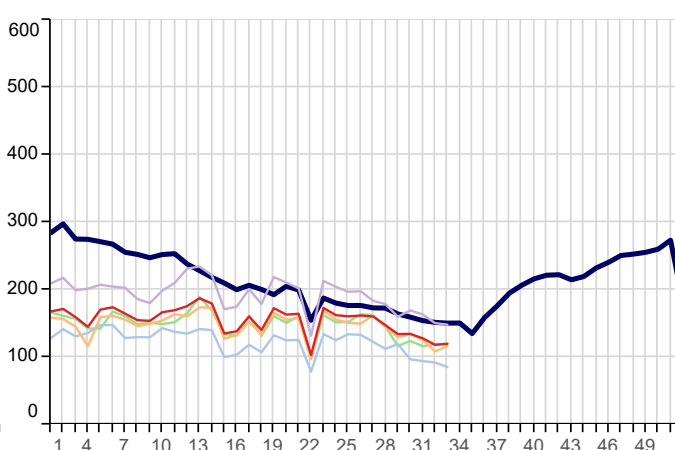
Disorders of Conjunctiva (ICD10: H10-H13)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



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



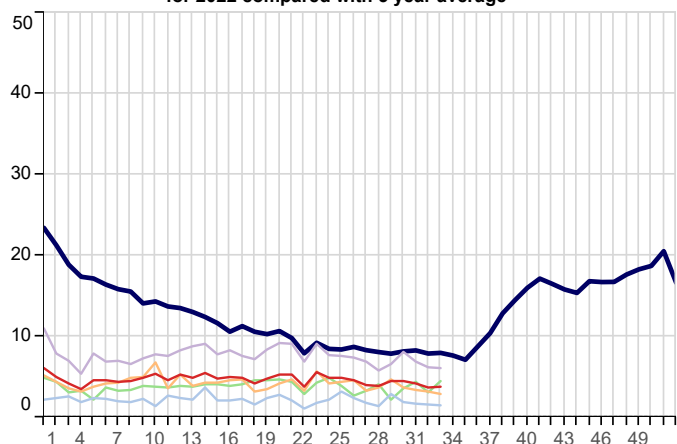
Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



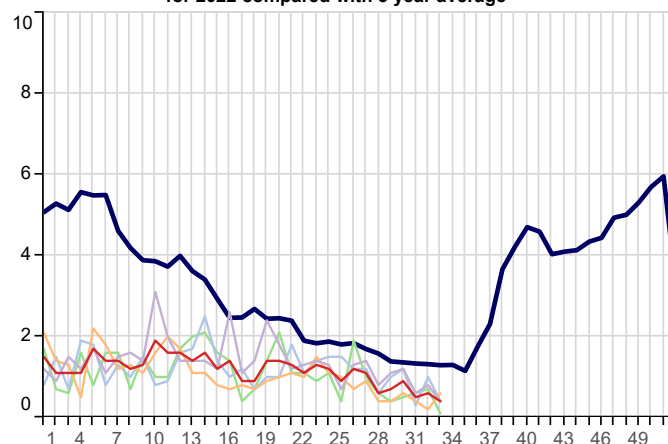
3. Respiratory Infections:

5yr Avg National London North South Midlands And East

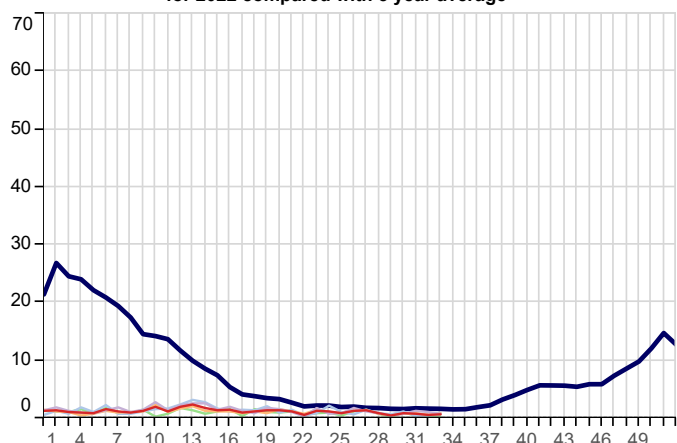
Acute Bronchitis (ICD10: J20-J21,J40)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



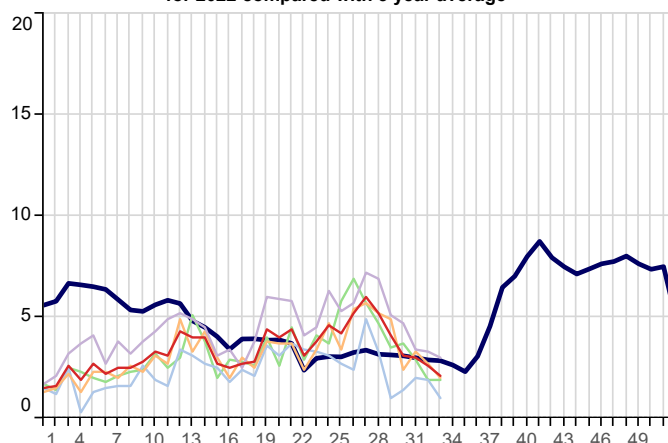
Common Cold (ICD10: J00,J06)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



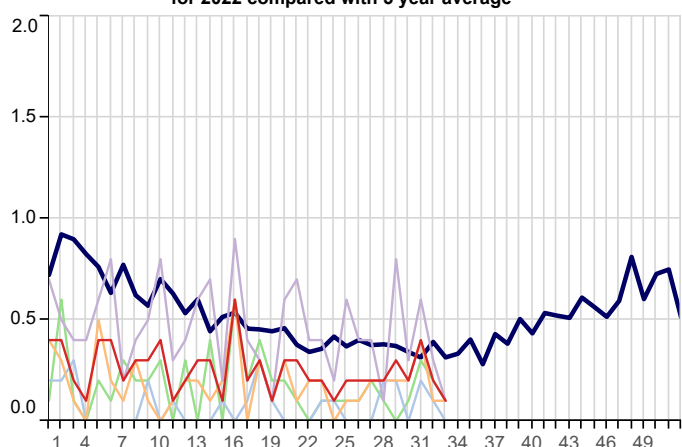
Influenza-like illness (ICD10: J09-J11)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



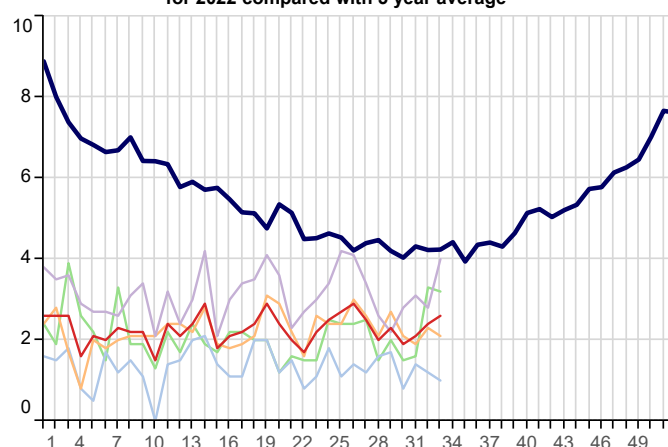
Acute Laryngitis/Tracheitis (ICD10: J04)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



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



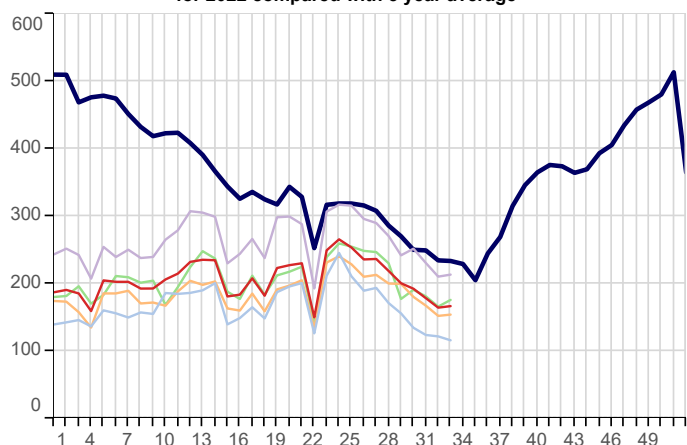
Pneumonia/Pneumonitis (ICD10: J12-J18)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



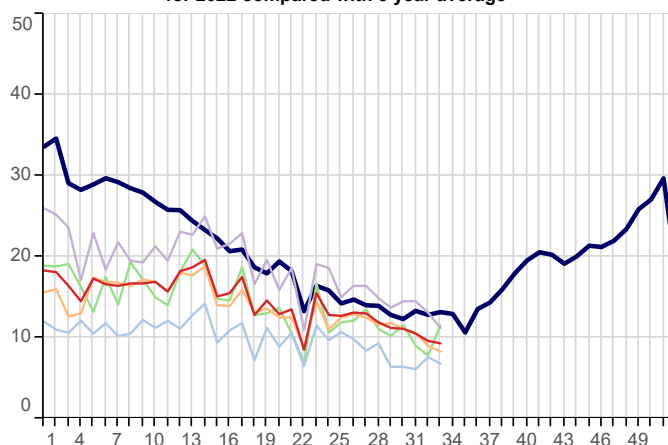
3. Respiratory Infections(Continued):

5yr Avg National London North South Midlands And East

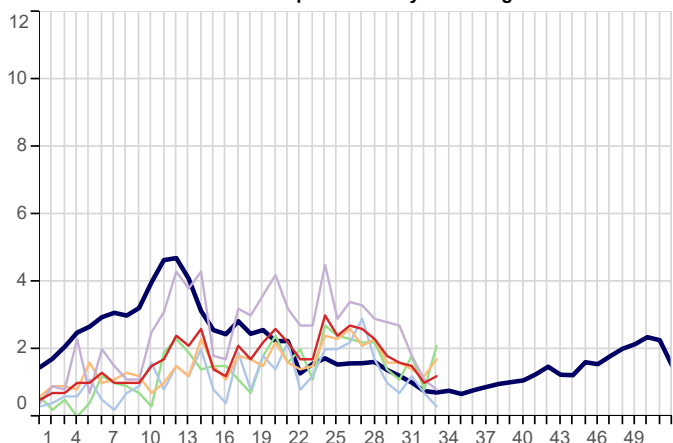
Respiratory System Diseases (ICD10: J00-J99)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



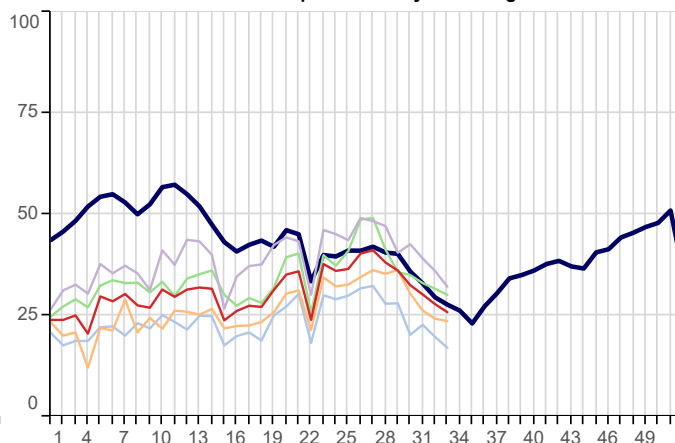
Acute Sinusitis (ICD10: J01)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



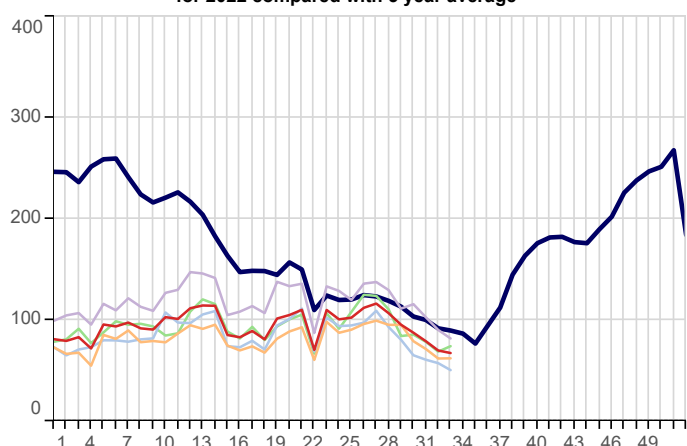
Strep Sore Throat, Scarletina and Peritonsillar Abscess (ICD10: A38,J02,J36)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



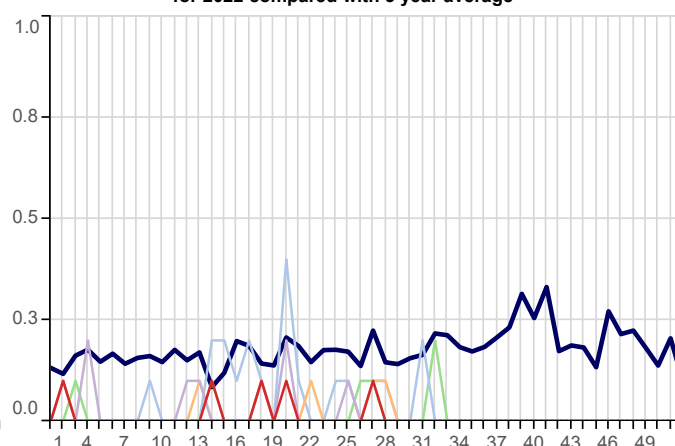
Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



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



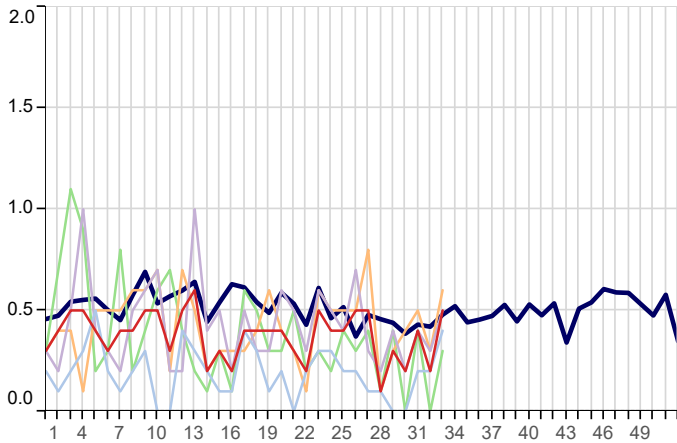
Whooping Cough (ICD10: A37)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



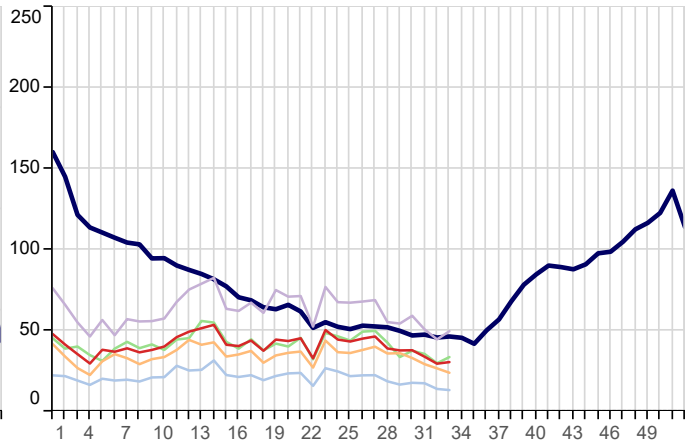
3. Respiratory Infections(Continued):

5yr Avg National London North South Midlands And East

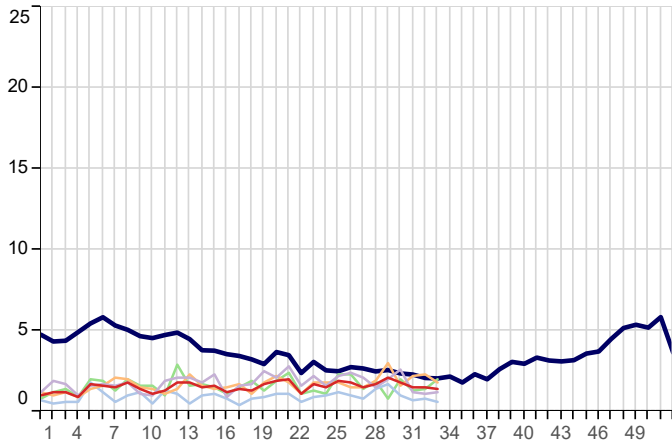
Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



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



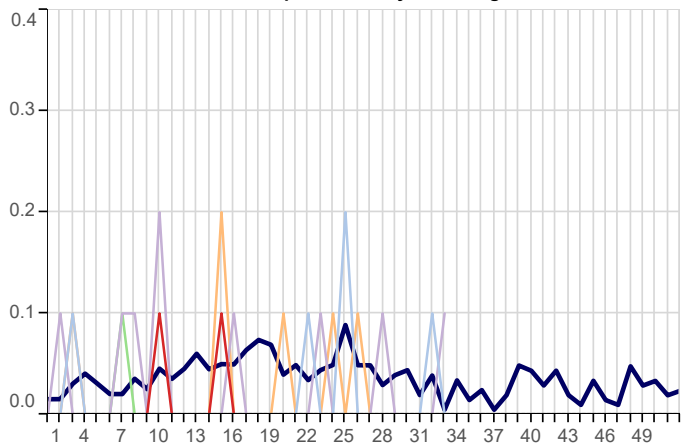
Acute Otitis Media (ICD10: H650-H651,H660,H669)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



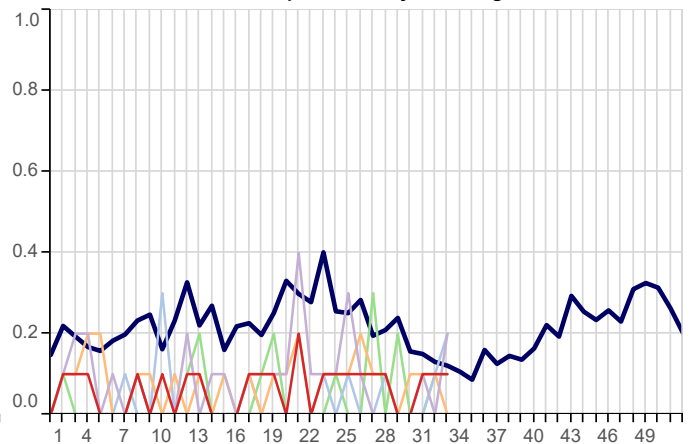
4. Vaccine Sensitive Disorders

5yr Avg National London North South Midlands And East

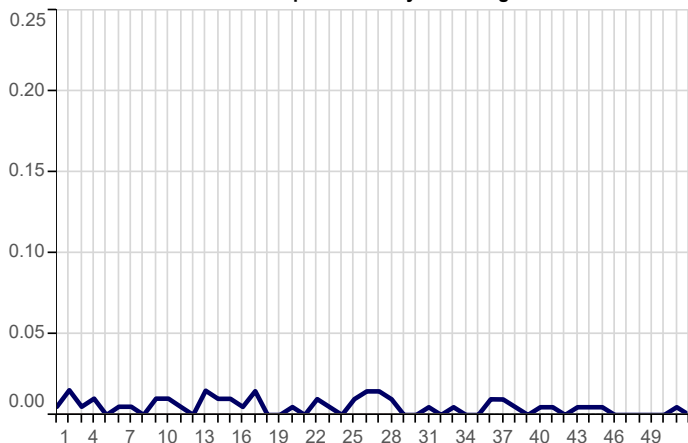
Measles (ICD10: B05)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



Mumps (ICD10: B26)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average

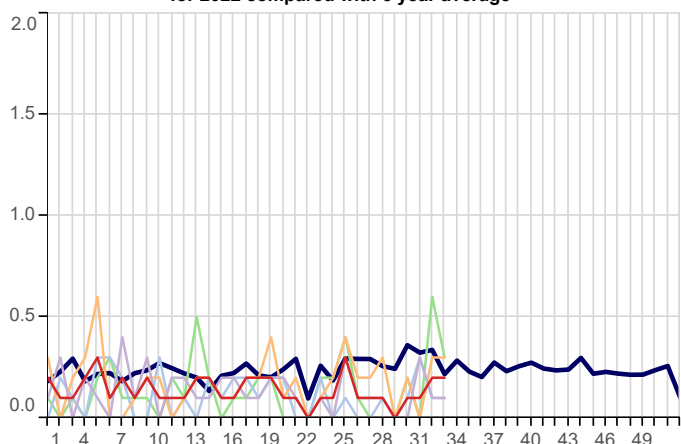


Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average

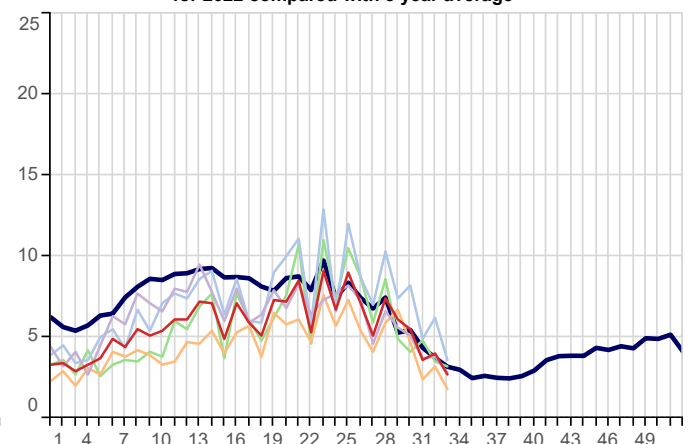


5. Skin Contagions

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



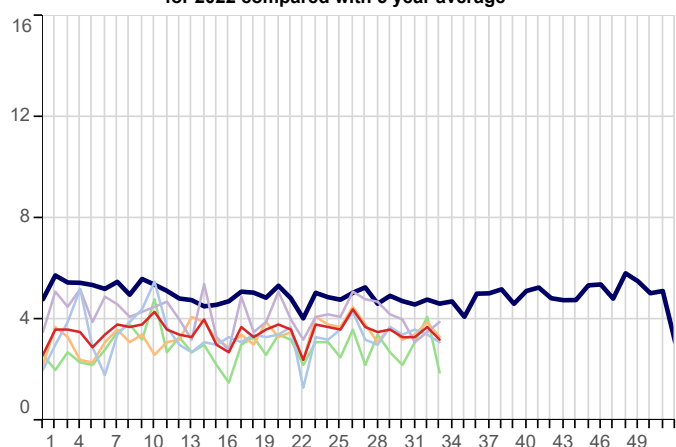
Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



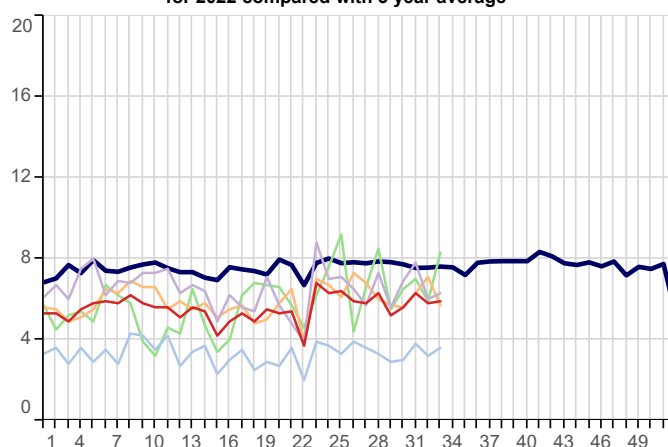
5. Skin Contagions (Continued)

5yr Avg National London North South Midlands And East

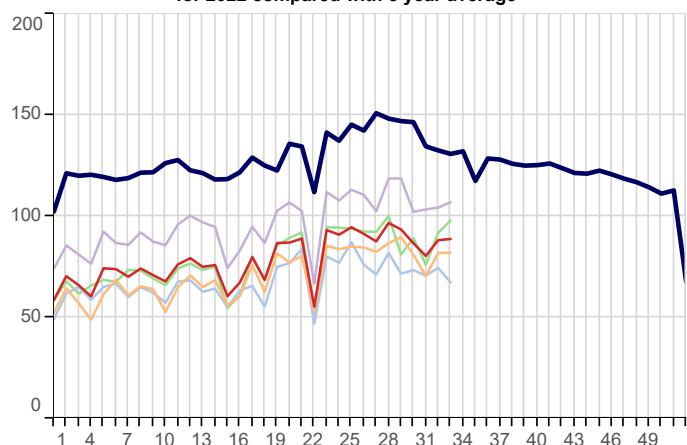
Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



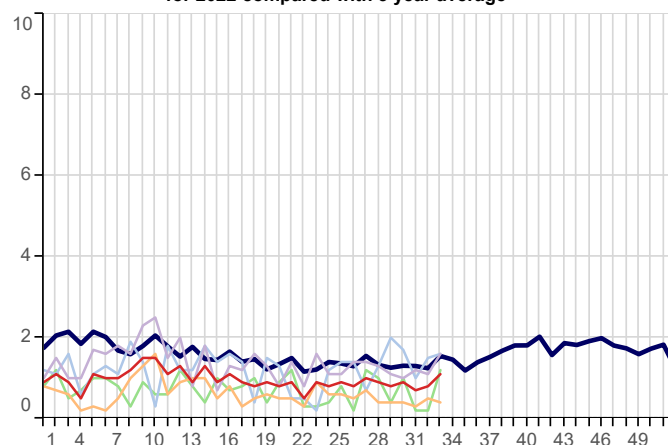
Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



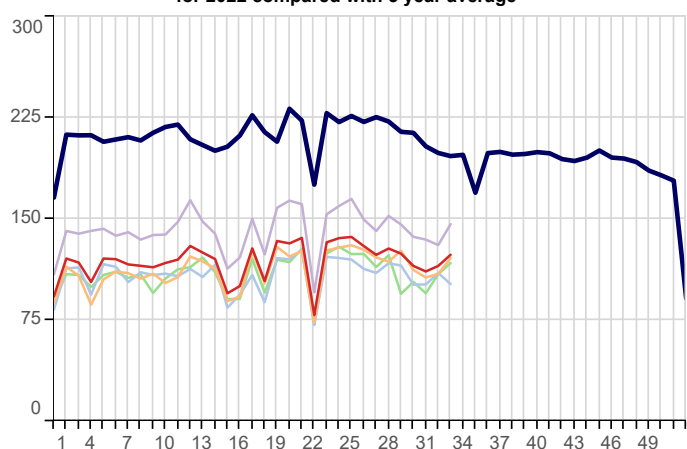
Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



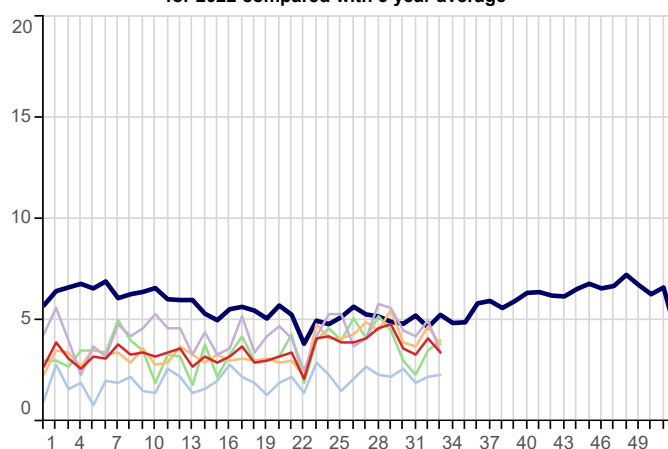
Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



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



Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



6. Disorders Affecting the Nervous System

5yr Avg

National

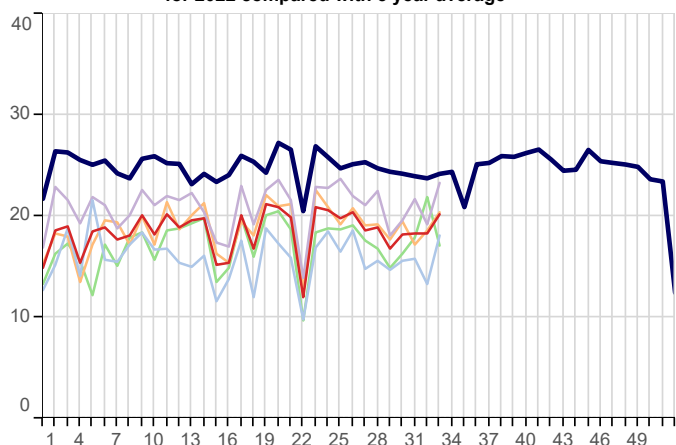
London

North

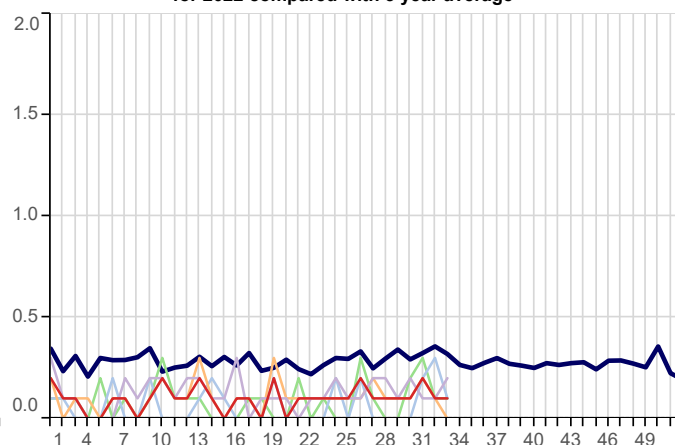
South

Midlands And East

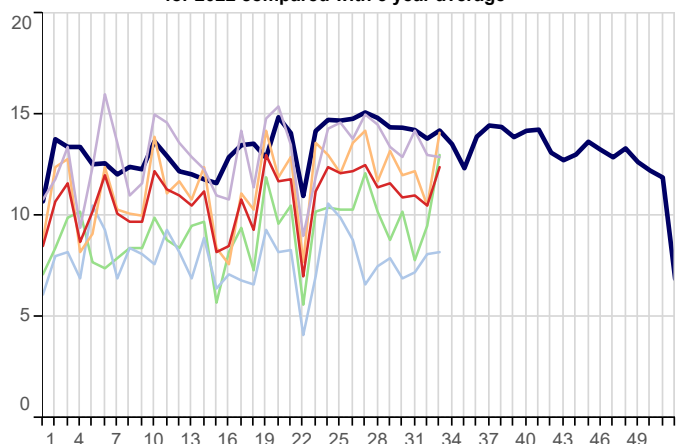
Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



Meningitis/Encephalitis (ICD10: A170-A171,A390,A38-A85,A87,G00-G05)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average

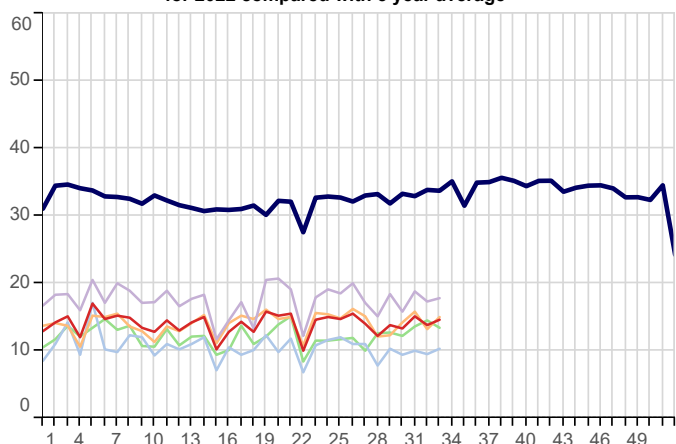


Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



7. Genitourinary System Disorders

Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region
for 2022 compared with 5 year average



8. Tabular Summary by Disease

Disease Name	Week beginning Week ending		15/08/2022 21/08/2022		08/08/2022 14/08/2022		01/08/2022 07/08/2022		25/07/2022 31/07/2022	
	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Allergic Rhinitis	2.8	146	3.9	204	3.5	184	4.4	208		
Asthma	8.9	462	8.2	428	8.8	469	10.6	495		
Bronchitis	3.8	197	3.7	192	4.2	221	4.5	213		
Bullous Dermatoses	0.2	10	0.2	12	0.1	7	0.1	6		
Chickenpox	2.7	139	4.0	210	3.6	193	5.5	256		
Common Cold	0.4	23	0.6	31	0.5	26	0.9	42		
Conjunctival Disorders	12.6	657	11.5	597	11.1	589	12.7	595		
Herpes Simplex	3.2	165	3.7	195	3.3	175	3.3	155		
Herpes Zoster	5.9	308	5.8	304	6.3	335	5.6	262		
Impetigo	3.4	179	4.1	213	3.3	173	3.6	170		
Infectious Mononucleosis	0.5	25	0.2	11	0.4	21	0.2	9		
Influenza-like illness	0.7	39	0.6	33	0.8	44	0.9	44		
Infectious Intestinal Diseases	6.8	357	6.5	338	6.9	366	6.7	316		
Laryngitis and Tracheitis	2.1	107	2.6	135	3.0	158	3.1	144		
Lower Respiratory Tract Infections	30.6	1,595	29.6	1,540	33.9	1,800	37.9	1,778		
Measles	0.0	1	0.0	1	0.0	0	0.0	0		
Meningitis and Encephalitis	0.1	5	0.1	6	0.2	9	0.1	5		
Mumps	0.1	6	0.1	4	0.1	3	0.0	2		
Non-infective Enteritis and Colitis	11.9	621	11.4	592	11.7	621	11.9	559		
Otitis Media Acute	1.4	74	1.5	79	1.5	78	1.8	85		
Peripheral Nervous Disease	20.2	1,052	18.3	951	18.3	970	18.2	851		
Pleurisy	0.1	5	0.2	8	0.4	20	0.2	8		
Pneumonia and Pneumonitis	2.6	135	2.4	124	2.1	111	1.9	90		
Respiratory System Diseases	166.8	8,698	164.5	8,561	178.6	9,471	192.6	9,027		
Rubella	0.0	0	0.0	0	0.0	0	0.0	0		
Scabies	1.1	57	0.8	42	0.7	35	0.9	44		
Sinusitis	9.3	486	9.6	500	10.5	557	11.1	522		
Skin and Subcutaneous Tissue Infections	88.8	4,629	88.2	4,593	80.4	4,263	86.7	4,065		
Strep Throat and Peritonsillar Abscess	1.2	64	1.0	52	1.5	81	1.6	76		
Symptoms involving musculoskeletal	12.4	648	10.5	548	11.0	583	10.9	509		
Symptoms involving Respiratory and Chest	119.7	6,239	118.3	6,160	128.0	6,787	134.5	6,305		
Symptoms involving Skin and Integument Tissues	123.5	6,439	115.2	5,999	111.1	5,893	115.2	5,401		
Tonsillitis and acute Pharyngitis	25.8	1,345	27.8	1,446	30.2	1,602	32.5	1,522		
Upper Respiratory Tract Infections	67.5	3,519	70.0	3,643	79.2	4,199	87.6	4,106		
Urinary Tract Infections	14.6	759	13.8	718	15.1	801	13.3	623		
Viral Hepatitis	0.2	13	0.2	9	0.2	10	0.1	4		
Whooping Cough	0.0	0	0.0	2	0.0	2	0.0	0		
Practice Count		502		503		511		473		
Denom		5,213,888		5,205,788		5,302,427		4,688,014		

FURTHER INFORMATION:

About the report

Winter focus

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

Rate calculation

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

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

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

Five-year averages

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

Threshold calculation for Influenza-Like Illness (ILI)

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

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

This methodology is used by the European Centre for Disease Prevention and Control to standardise reporting of influenza activity across Europe, and is also in use by the UK Health Security Agency. Full details of the methodology can be found in: Vega *et al.* (2012) Influenza surveillance in Europe: establishing epidemic thresholds by the moving epidemic method. Influenza and Other Respiratory Viruses 7(4), 546–558. For ease of graphical representation, the final threshold (Very High) is not included in Graph A, page 2, but it is part of Table 3, page 3.

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

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

Acknowledgement:

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

What we do

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

The RSC data and analytics hub is housed at the Oxford-Royal College of General Practitioners Research and Surveillance Centre.

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

<http://www.rcgp.org.uk/rsc>

Our data extraction process and information governance

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

Data are pseudonymised as close to source as possible. Data are held on secure servers at the RCGP data and analytics hub at the Oxford-Royal College of General Practitioners Research and Surveillance Centre. Both Wellbeing data management and the University of Oxford are Registered and compliant with the Data Protection Act and fully compliant with all relevant NHS Digital data information governance best practice.

What the data is used for

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

<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

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

<http://www.rcgp.org.uk/rsc>

For further information

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

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