

RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year..... 9/2023
 Week Starting - Ending..... 27/02/2023 - 05/03/2023
 No. of Practices..... 513
 Population..... 5,393,400

National (England)

- **Acute Bronchitis** : decreased from **6.9** in week 8 to **6.3** in week 9.
- **Asthma** : increased from **21.8** in week 8 to **22.0** in week 9.
- **Common Cold** : increased from **2.2** in week 8 to **2.5** in week 9.
- **Influenza-like illness** : decreased from **4.6** in week 8 to **3.8** in week 9.
- **Respiratory System Diseases** : decreased from **323.3** in week 8 to **317.5** in week 9.
- **COVID-19** : increased from **35.6** in week 8 to **36.3** in week 9.

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

- **Acute Bronchitis** : decreased from **3.4** in week 8 to **2.6** in week 9 in the London region, decreased from **11.1** in week 8 to **9.3** in week 9 in the North region, increased from **6.1** in week 8 to **6.4** in week 9 in the South region, and decreased from **6.5** in week 8 to **5.8** in week 9 in the Midlands And East region.
- **Asthma** : increased from **22.5** in week 8 to **24.4** in week 9 in the London region, decreased from **24.1** in week 8 to **20.9** in week 9 in the North region, increased from **16.3** in week 8 to **19.2** in week 9 in the South region, and decreased from **28.8** in week 8 to **26.8** in week 9 in the Midlands And East region.
- **Common Cold** : was unchanged at **3.0** in week 8 and **3.0** in week 9 in the London region, increased from **2.1** in week 8 to **2.9** in week 9 in the North region, increased from **1.8** in week 8 to **1.9** in week 9 in the South region, and increased from **2.2** in week 8 to **2.9** in week 9 in the Midlands And East region.
- **Influenza-like illness** : decreased from **7.4** in week 8 to **4.5** in week 9 in the London region, increased from **4.0** in week 8 to **4.7** in week 9 in the North region, decreased from **4.2** in week 8 to **3.7** in week 9 in the South region, and decreased from **3.1** in week 8 to **2.2** in week 9 in the Midlands And East region.
- **Respiratory System Diseases** : decreased from **273.7** in week 8 to **267.9** in week 9 in the London region, decreased from **390.8** in week 8 to **382.9** in week 9 in the North region, decreased from **296.9** in week 8 to **283.4** in week 9 in the South region, and increased from **334.3** in week 8 to **348.9** in week 9 in the Midlands And East region.
- **COVID-19** : decreased from **26.1** in week 8 to **22.2** in week 9 in the London region, increased from **36.8** in week 8 to **43.6** in week 9 in the North region, decreased from **40.7** in week 8 to **38.8** in week 9 in the South region, and increased from **34.1** in week 8 to **35.4** in week 9 in the Midlands And East region.

Comment:

Overall presentations of influenza-like illness (ILI) have decreased this week although rates have increased in the North region and the population aged 65 years and over.

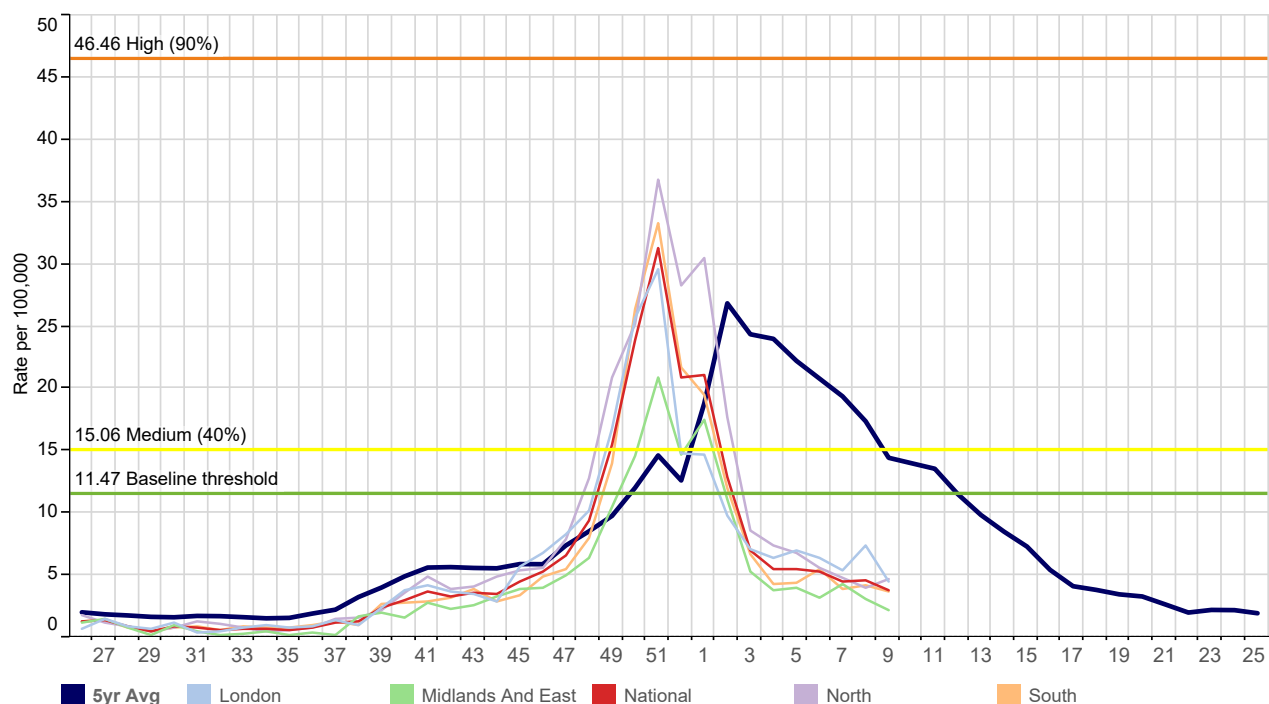
Rates of COVID-19 have increased this week and the increase is of note in the North and Midlands and East regions, and the population aged 65 years and over.

This report includes a virology update. Circulating influenza A (H1N1, H3N2 and no specified subtype or coinfection), and influenza B, SARS-CoV-2 and RSV have also been detected.

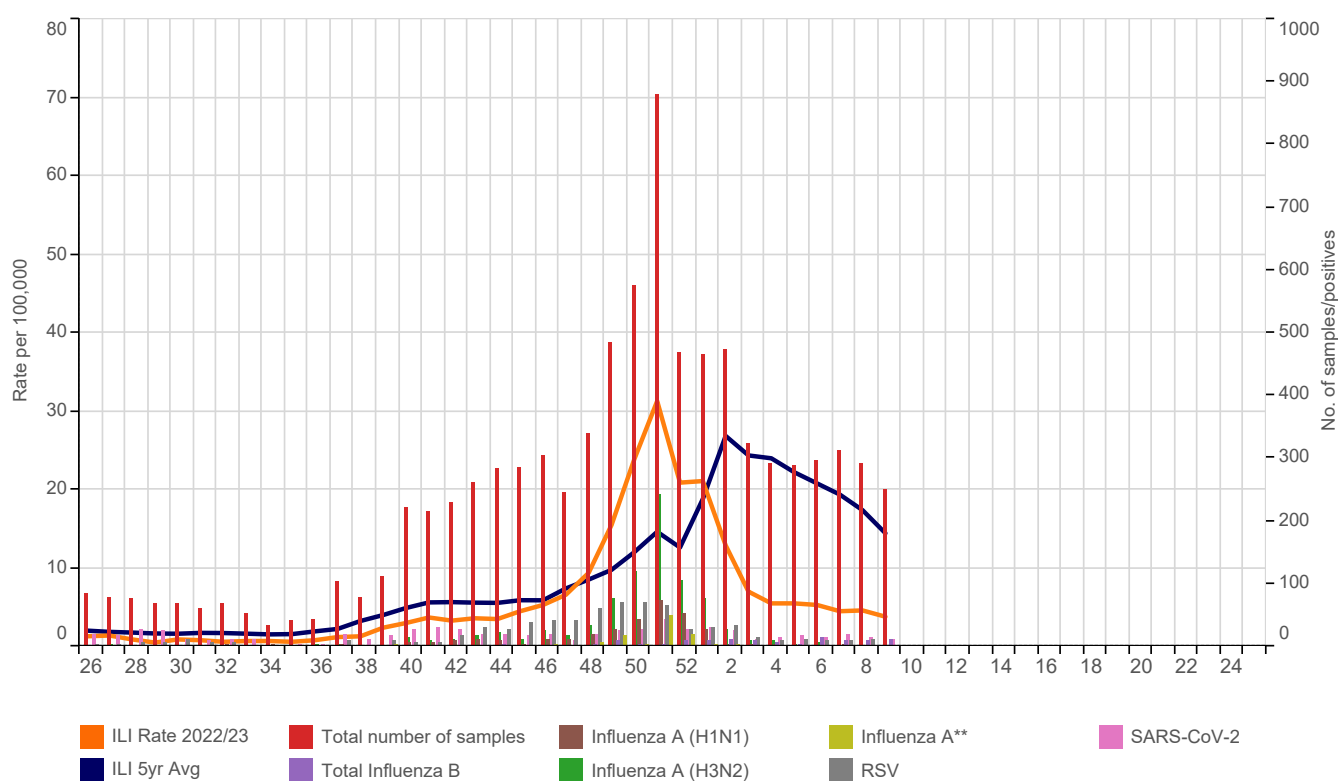
Winter Focus 2022/23

Please see page 15 for explanatory notes on the data.

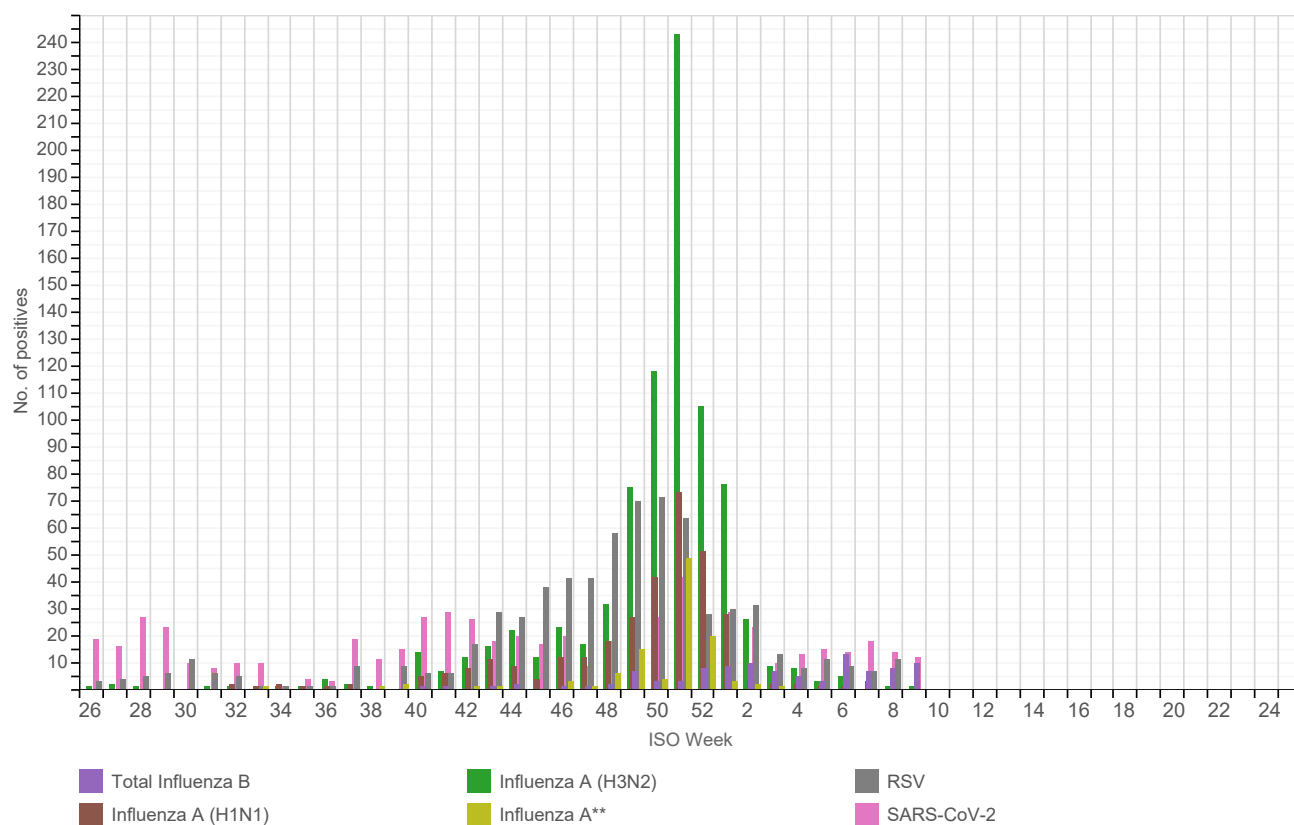
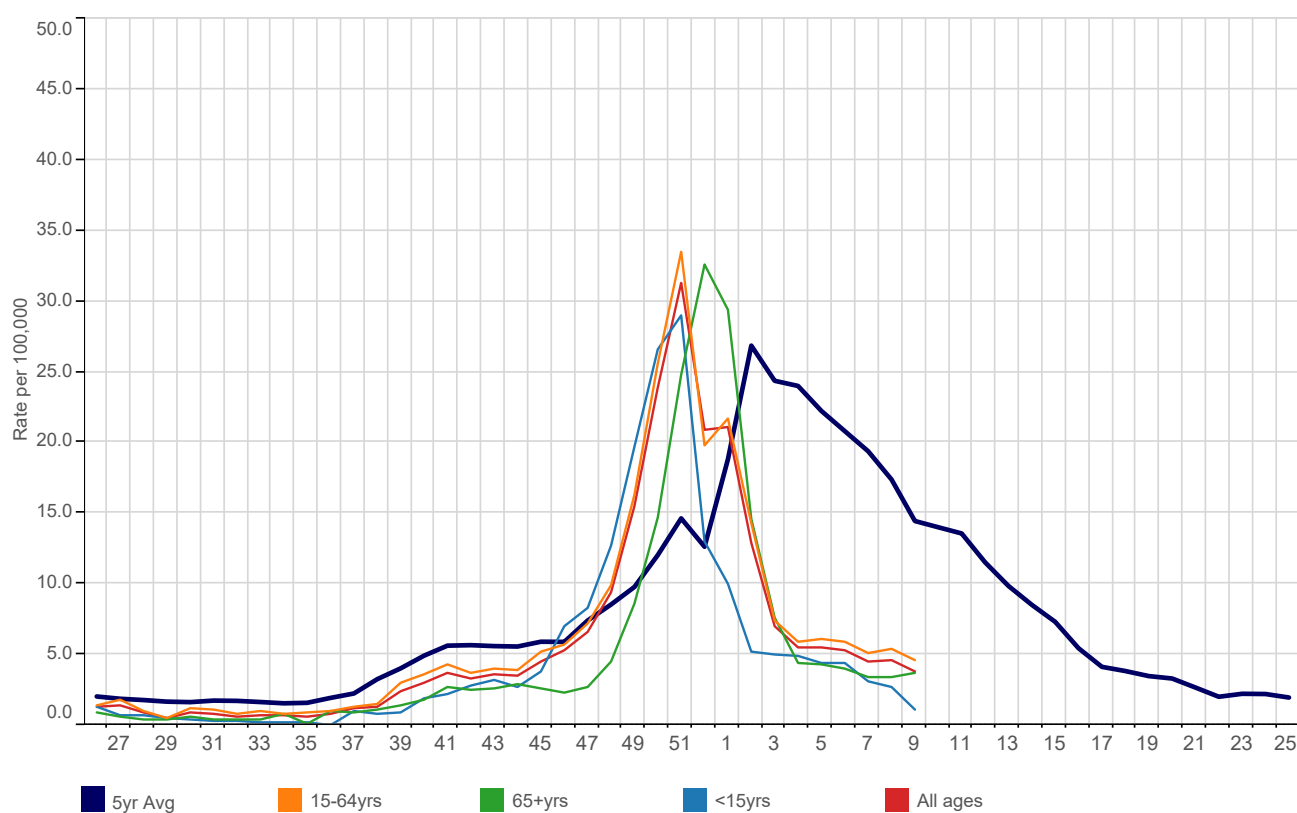
(A) Influenza-like illness: national incidence rate 2022/23 by region*



(B) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2022/23*



* The seasonal average line (blue) is based on 5 year historic RCGP RSC data (Graph A & B). The weekly virology samples displayed are offset from the ISO Week (Graphs B & C). **No specified subtype, or coinfection with H1N1 and H3N2.

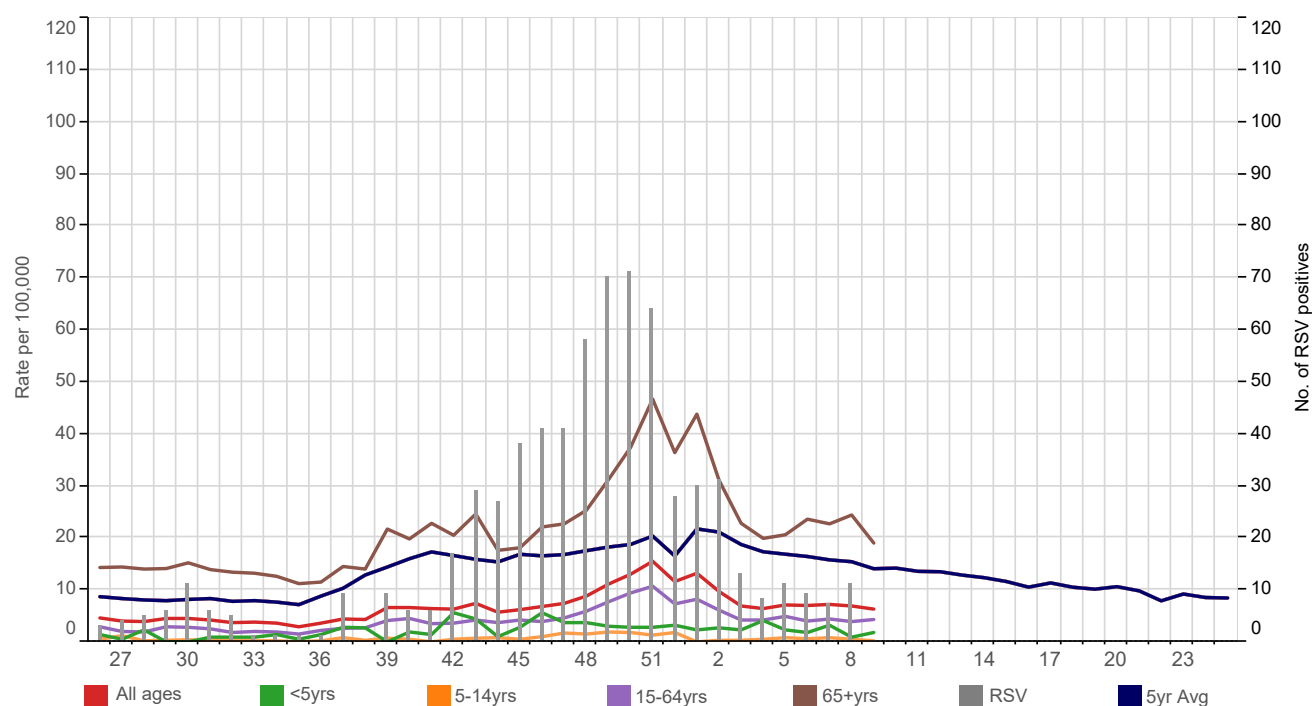
(C) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2022/23 by viral strain***(D) Influenza-like illness: national incidence rate 2022/23 by age group***

(E) Influenza-like illness: national incidence rate 2022/23 by age group*

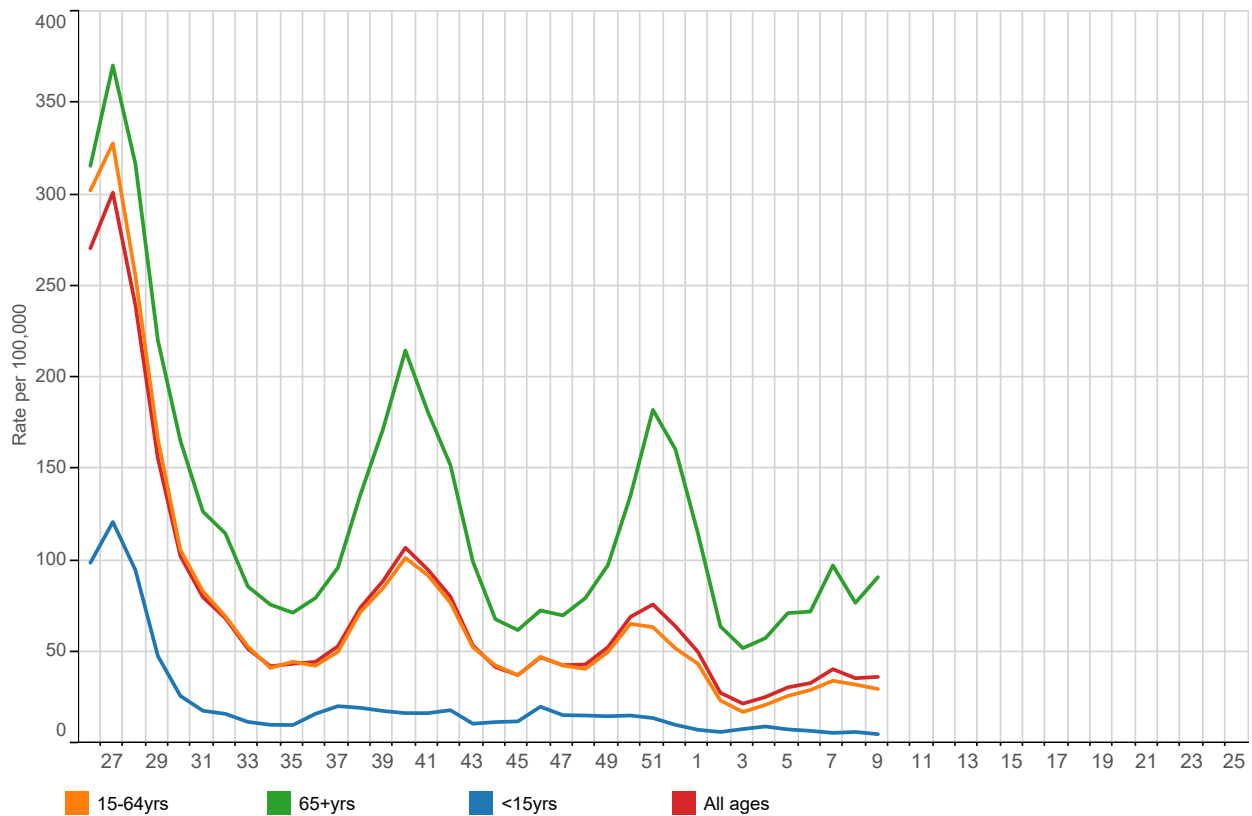
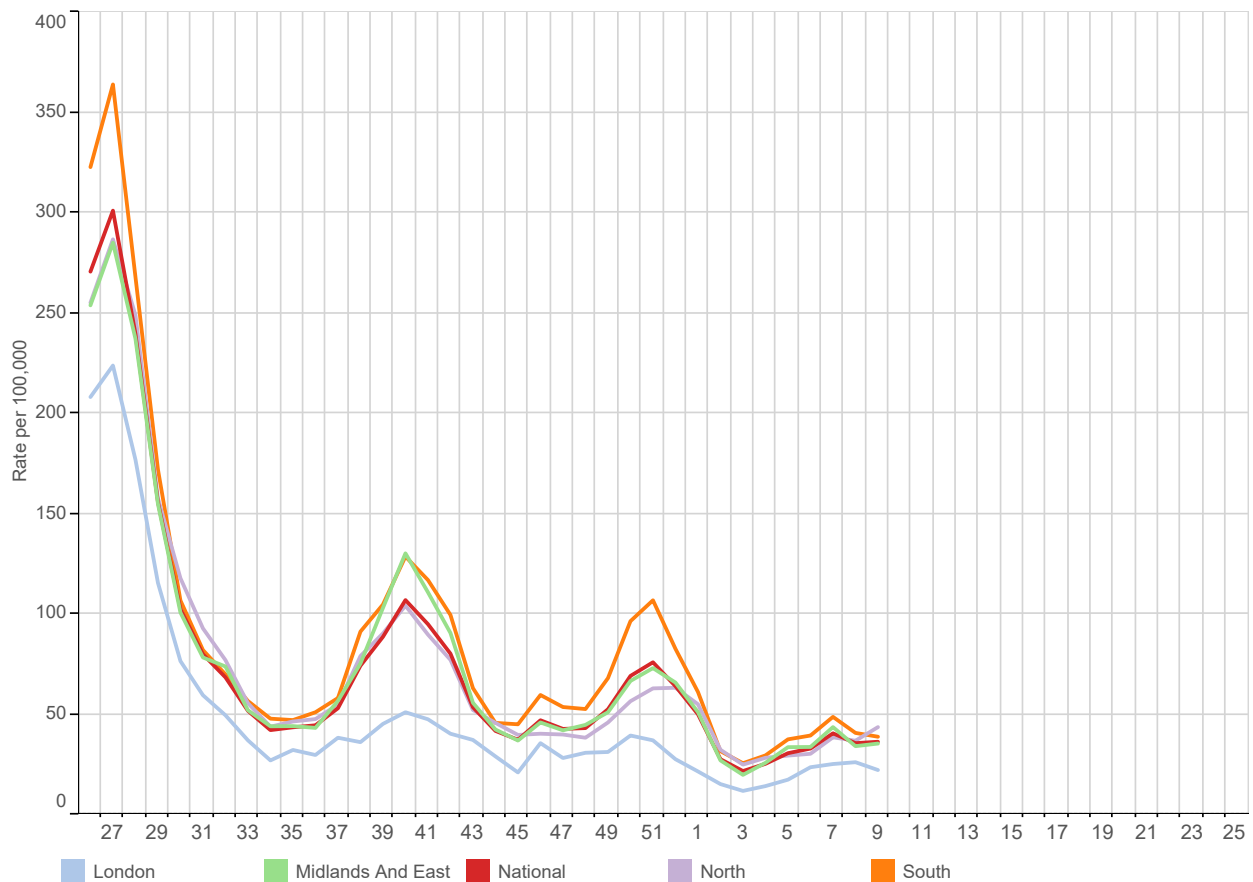
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - the ranges are shown in the table Threshold levels by age band.

Table 1	42	43	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7
15-64yrs	3.7	4.0	3.9	5.2	5.7	7.2	9.9	16.3	25.6	33.5	19.8	21.7	14.3	7.4	5.9	6.1	5.9	5.1
65+yrs	2.5	2.6	2.9	2.6	2.3	2.7	4.5	8.6	14.7	24.8	32.6	29.4	14.6	7.6	4.4	4.3	4.0	3.4
<15yrs	2.8	3.2	2.7	3.8	7.0	8.3	12.7	19.7	26.6	29.0	13.0	10.0	5.2	5.0	4.9	4.4	4.4	3.1
All ages	3.3	3.6	3.5	4.5	5.3	6.6	9.4	15.5	23.9	31.3	20.9	21.1	12.9	7.0	5.5	5.5	5.3	4.5
	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
<15yrs	2.7	1.1																
15-64yrs	5.4	4.6																
65+yrs	3.4	3.7																
All ages	4.6	3.8																

Table 2	Below Threshold ¹	Threshold to Medium ²	Medium to High ³	High to Very High ⁴	Above Very High ⁵
15-64yrs	<14.62	14.62 to 16.81	16.81 to 60.16	60.16 to 105.70	105.70+
65+yrs	<12.54	11.03 to 12.54	12.54 to 45.79	45.79 to 81.19	81.19+
<15yrs	<8.05	8.05 to 13.38	13.38 to 30.96	30.96 to 44.85	44.85+
All Ages	<11.47	11.47 to 15.06	15.06 to 46.46	46.46 to 76.44	76.44+

Threshold levels¹Below baseline threshold²baseline threshold breach to < 40th percentile³40th to <90th percentile⁴90th to <97.5th percentile⁵97.5th+ percentile**(F) Acute Bronchitis: national incidence rate 2022/23 by age group*****Weekly Influenza-like illness and Acute Bronchitis incidence rates per 100,000 persons**

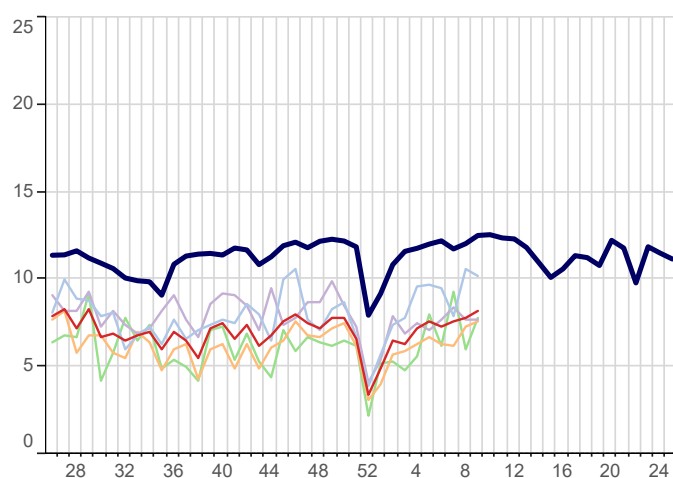
Influenza-like illness		Bronchitis		Influenza-like illness		Bronchitis	
<1yr	0.0	10.2	London	4.5	2.6		
1-4yrs	0.4	1.8	North	4.7	9.3		
5-14yrs	1.4	0.2	South	3.7	6.4		
15-24yrs	4.8	1.1	Midlands And East	2.2	5.8		
25-44yrs	4.6	1.9	National	3.8	6.3		
45-64yrs	4.5	8.5					
65-74yrs	3.6	17.3					
75-84yrs	4.5	23.0					
85+yrs	2.3	14.9					
All ages	3.8	6.3					

(G) COVID-19 : national incidence rate 2022/23 by age group***(H) COVID-19 : national incidence rate 2022/23 by region***

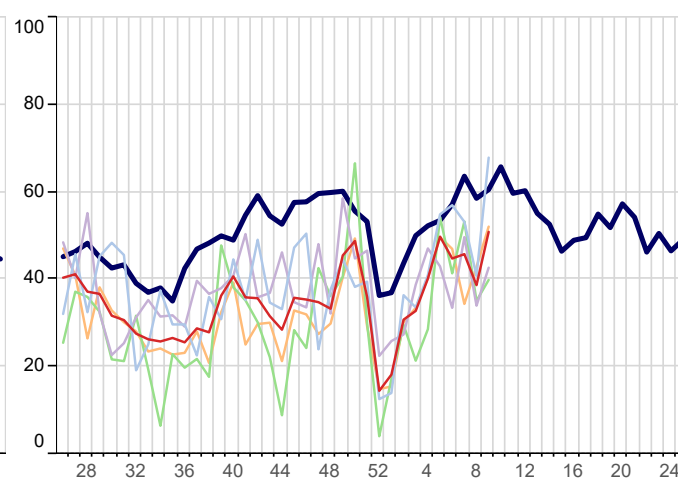
1. Water & Food Borne Disorders:

5yr Avg National London North South Midlands And East

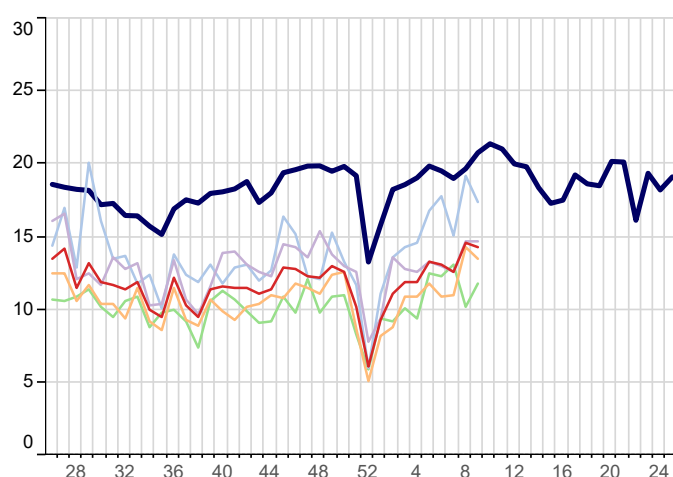
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **all ages**) by regions
for 2022/23 compared with 5 year average



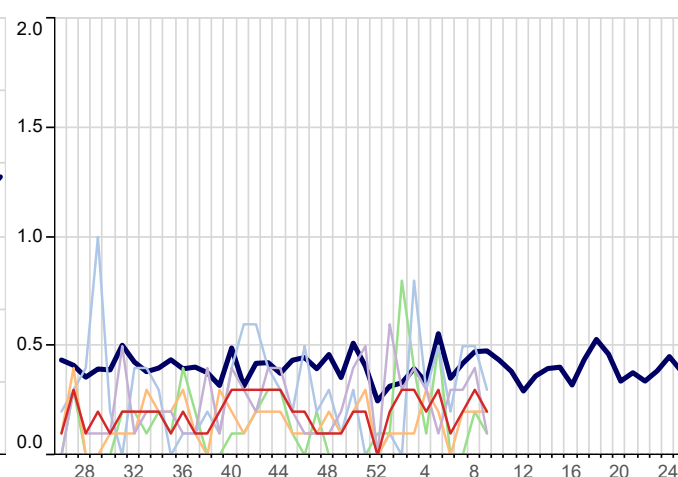
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **0-4 years**) by regions
for 2022/23 compared with 5 year average



Non-Infective Enteritis & Colitis (ICD10: K50-K52)
Weekly incidence (per 100,000 **all ages**) by region
for 2022/23 compared with 5 year average



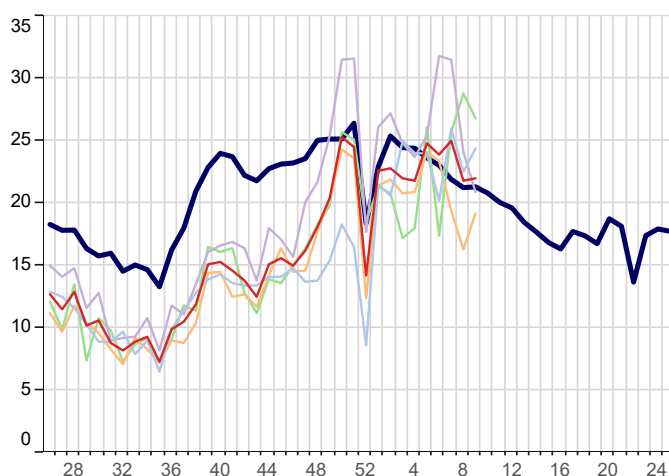
Viral Hepatitis (ICD10: B15-B19)
Weekly incidence (per 100,000 **all ages**) by region
for 2022/23 compared with 5 year average



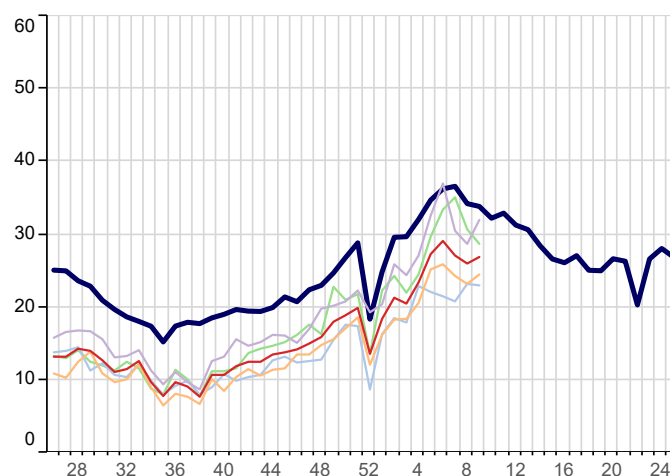
2. Environmentally Sensitive Disorders:

5yr Avg National London North South Midlands And East

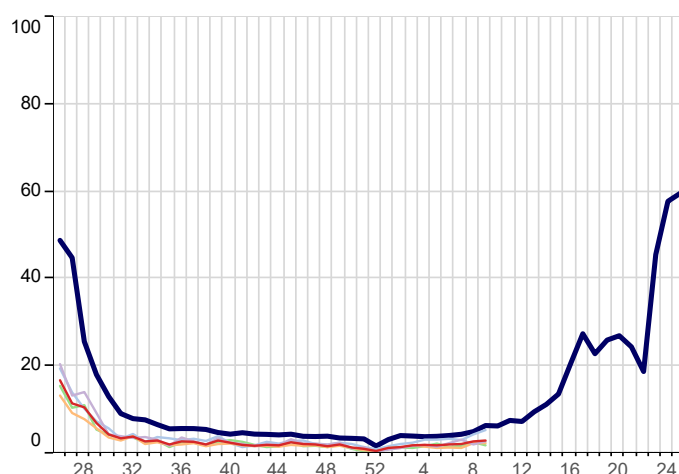
Asthma (ICD10: J45-J46)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



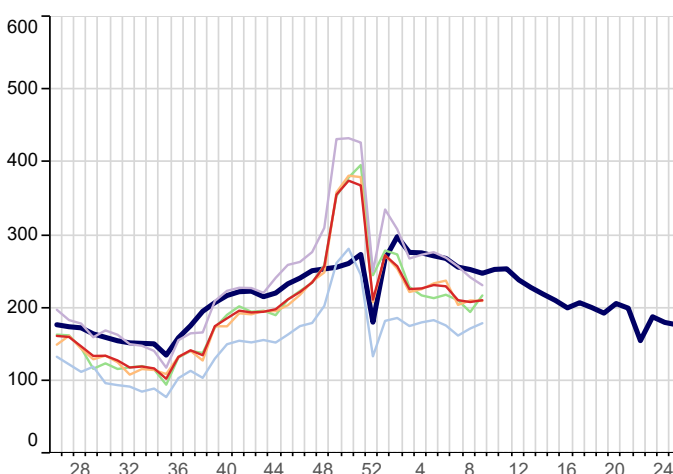
Disorders of Conjunctiva (ICD10: H10-H13)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Hayfever/Allergic Rhinitis (ICD10: J30)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



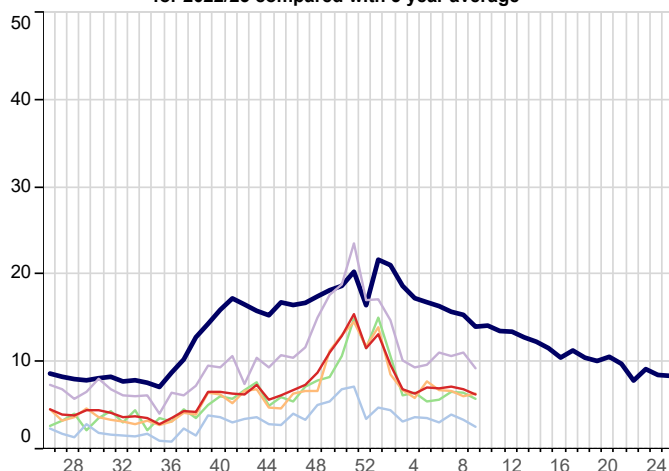
Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



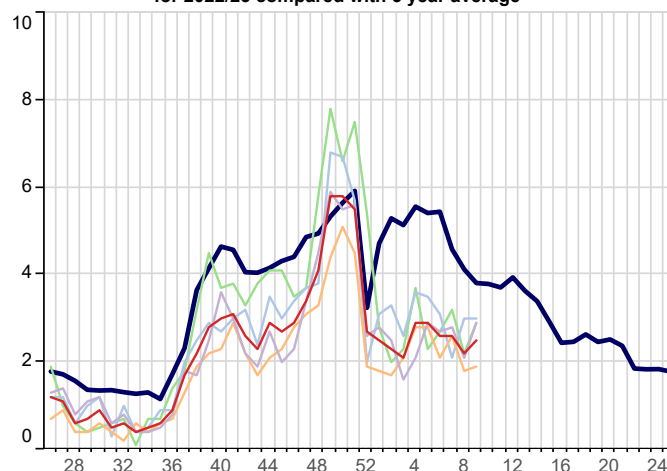
3. Respiratory Infections:

5yr Avg National London North South Midlands And East

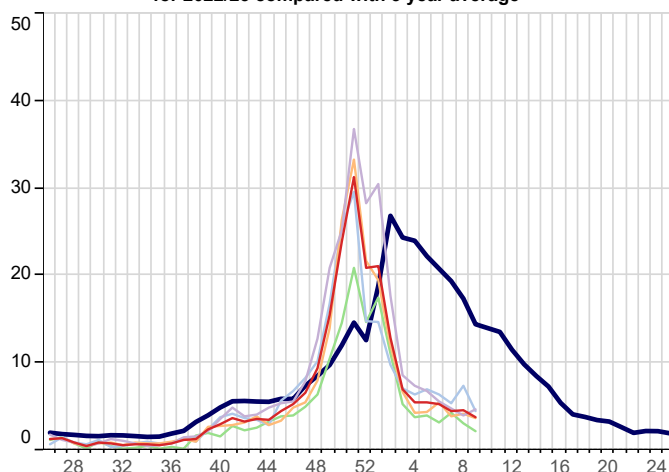
Acute Bronchitis (ICD10: J20-J21,J40)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



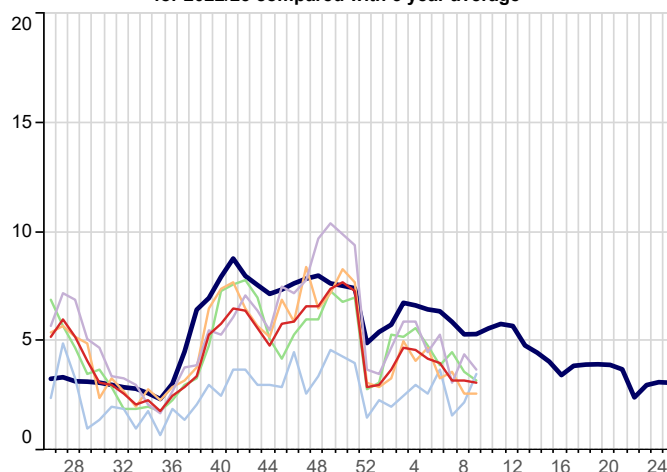
Common Cold (ICD10: J00,J06)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



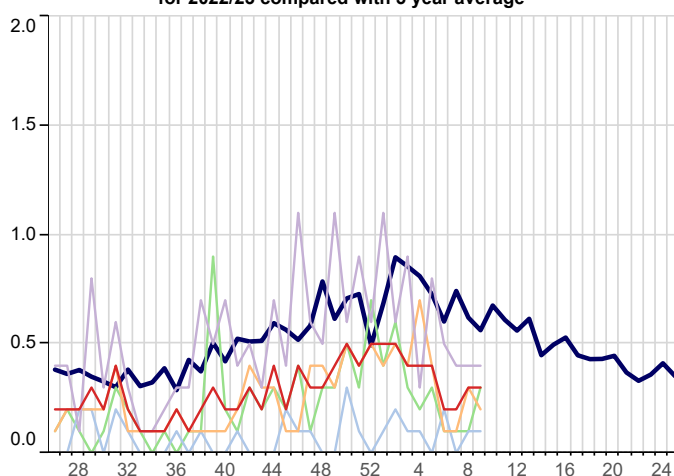
Influenza-like illness (ICD10: J09-J11)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



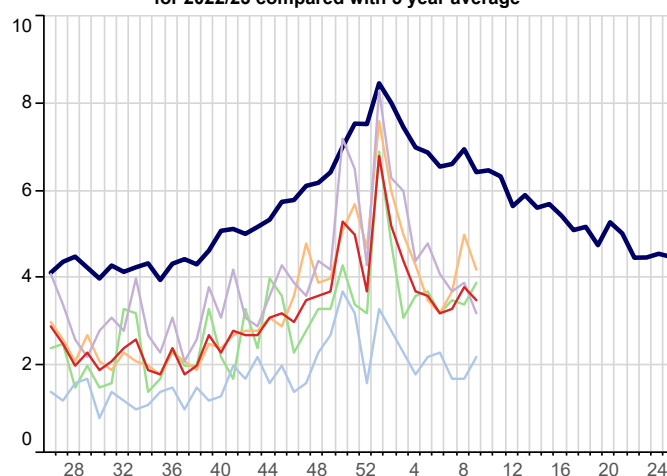
Acute Laryngitis/Tracheitis (ICD10: J04)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Pleurisy (ICD10: R091)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



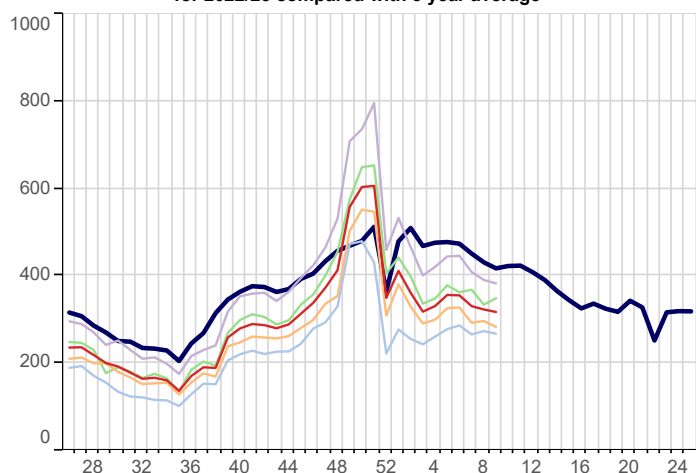
Pneumonia/Pneumonitis (ICD10: J12-J18)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



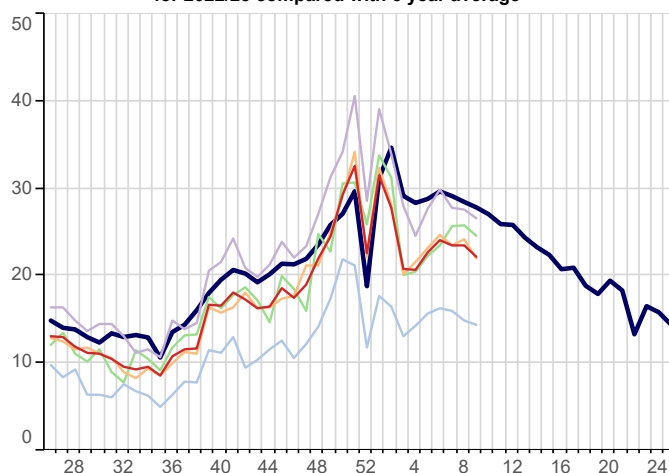
3. Respiratory Infections(Continued):

5yr Avg National London North South Midlands And East

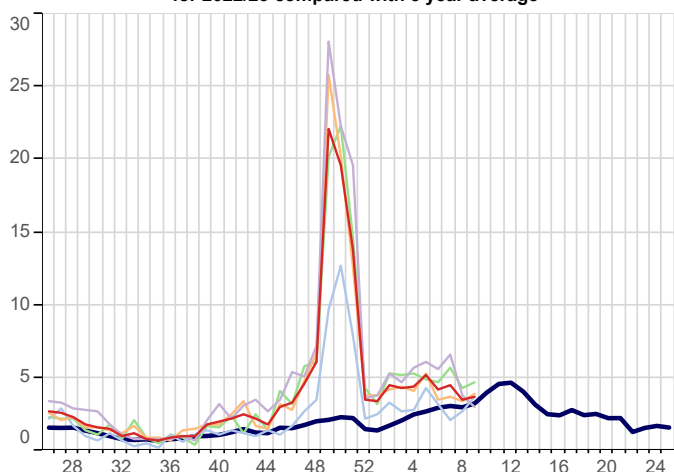
Respiratory System Diseases (ICD10: J00-J99)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



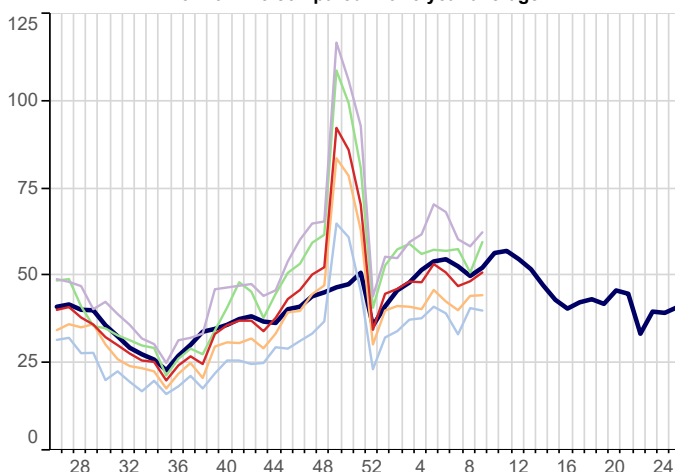
Acute Sinusitis (ICD10: J01)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



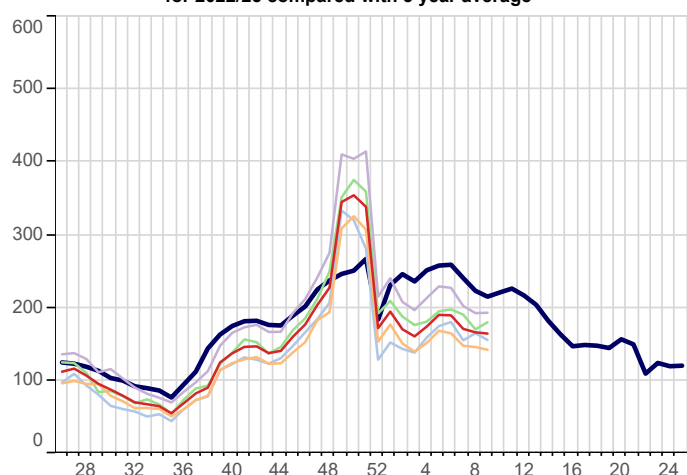
Strep Sore Throat, Scarlatina and Peritonsillar Abscess (ICD10: A38,J020,J36)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



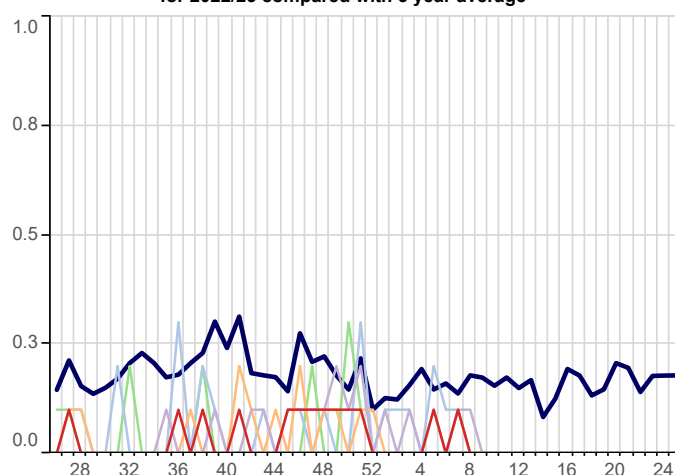
Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



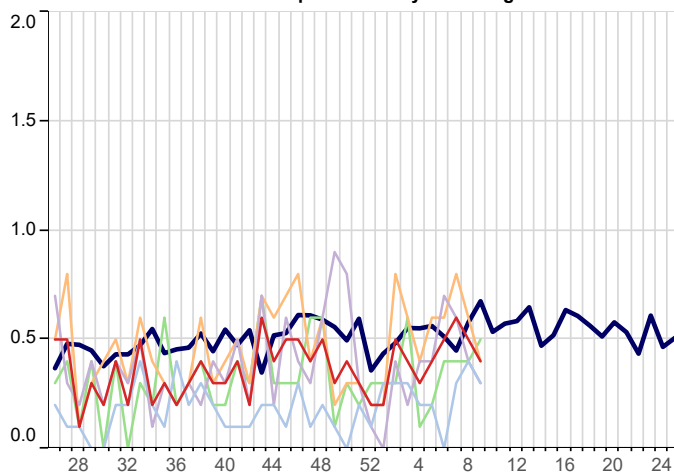
Whooping Cough (ICD10: A37)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



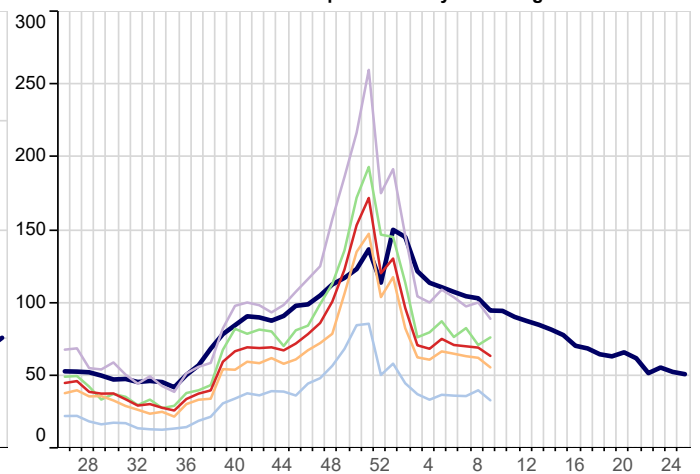
3. Respiratory Infections(Continued):

5yr Avg National London North South Midlands And East

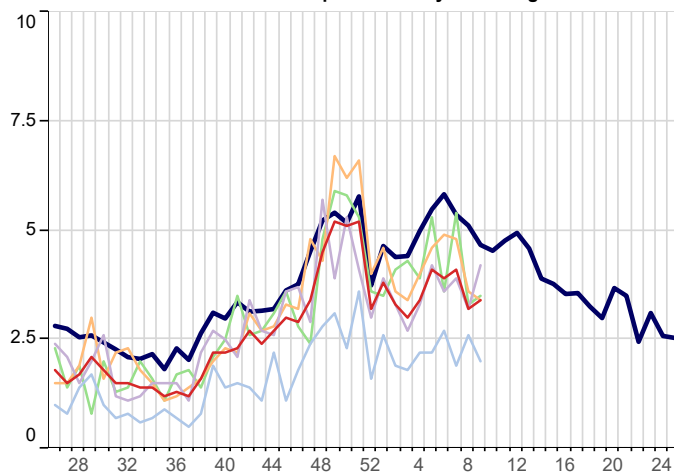
Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



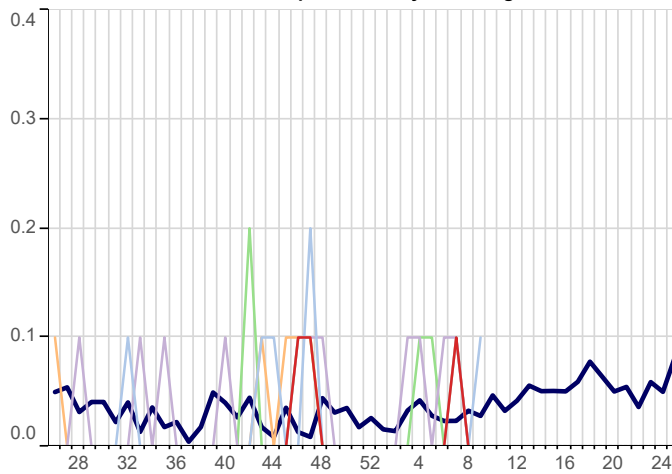
Acute Otitis Media (ICD10: H650-H651,H660,H669)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



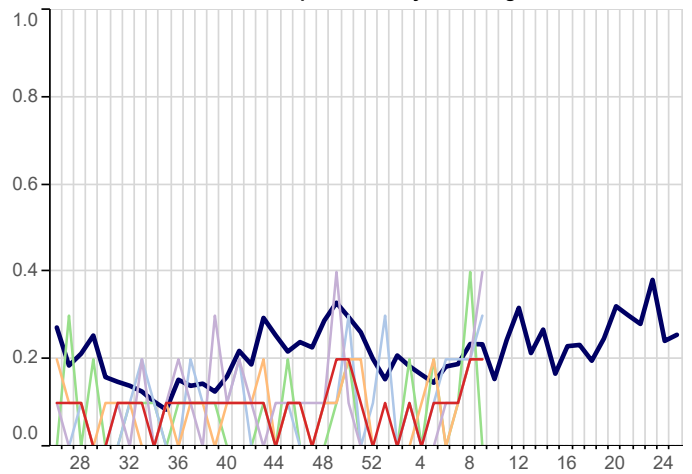
4. Vaccine Sensitive Disorders

5yr Avg National London North South Midlands And East

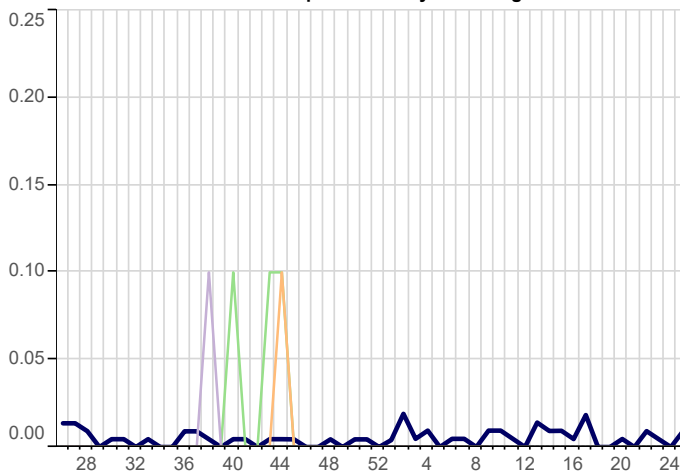
Measles (ICD10: B05)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Mumps (ICD10: B26)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average

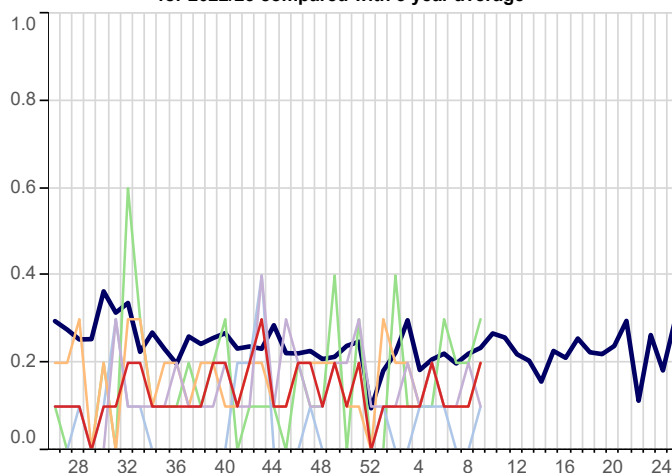


Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average

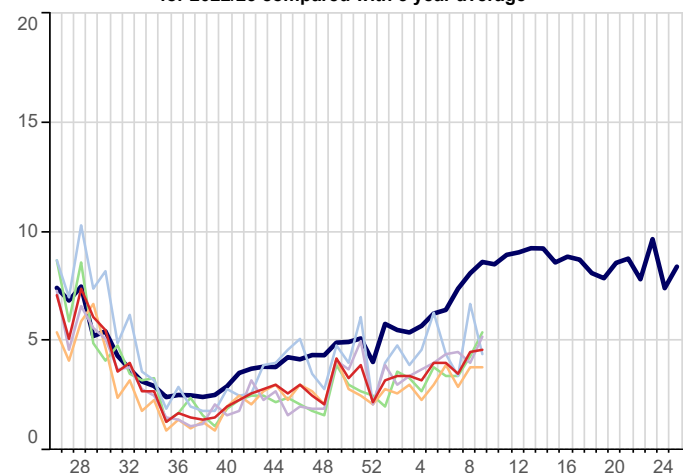


5. Skin Contagions

Bullous Dermatoses (ICD10: L10-L14)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



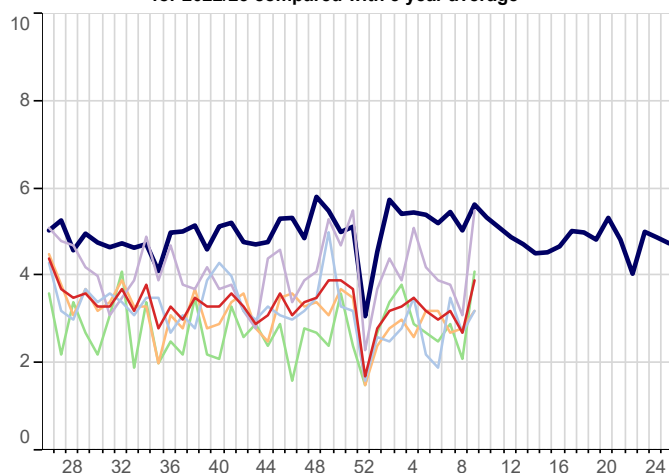
Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



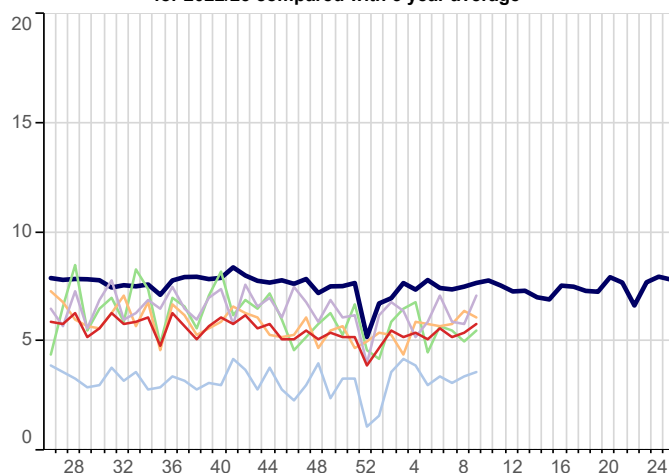
5. Skin Contagions (Continued)

5yr Avg National London North South Midlands And East

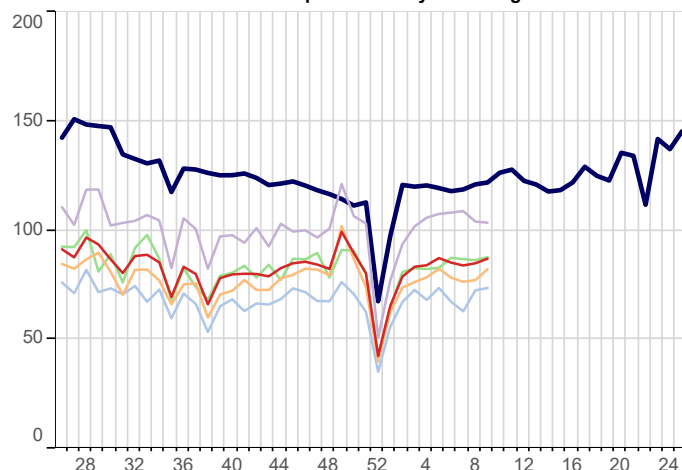
Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



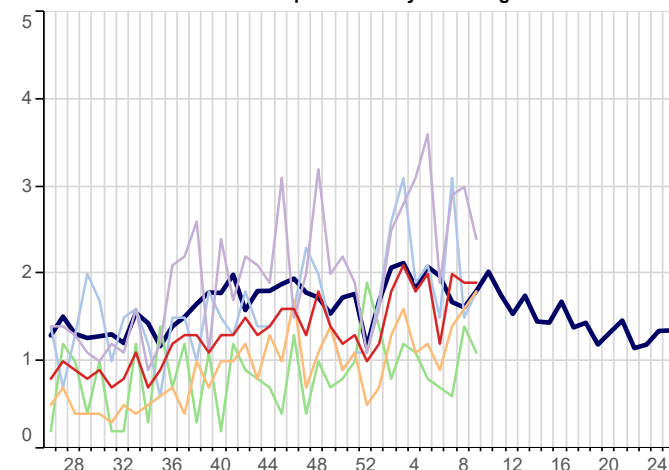
Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



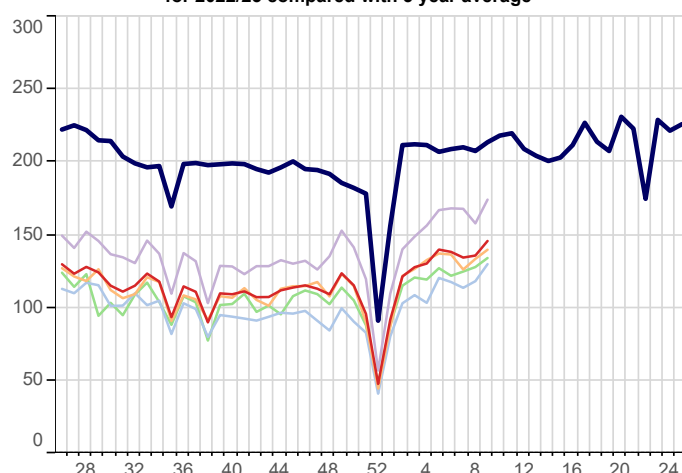
Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



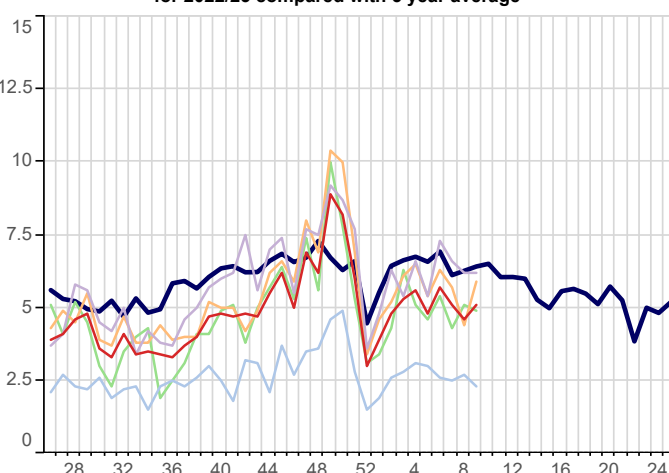
Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



6. Disorders Affecting the Nervous System

5yr Avg

National

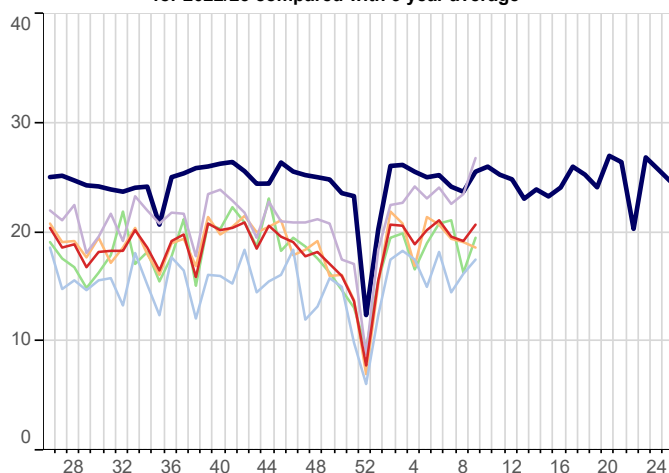
London

North

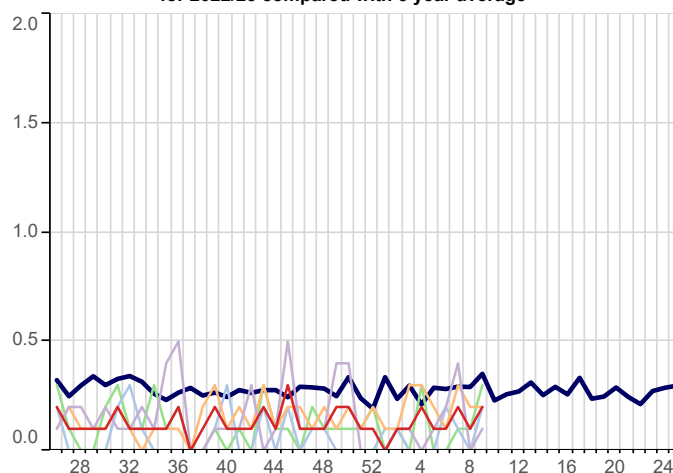
South

Midlands And East

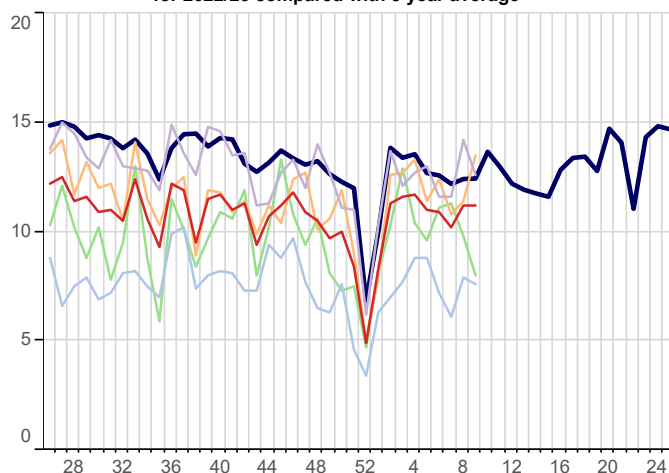
Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



Meningitis/Encephalitis (ICD10: A170-A171, A390, A38-A85, A87, G00-G05)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average

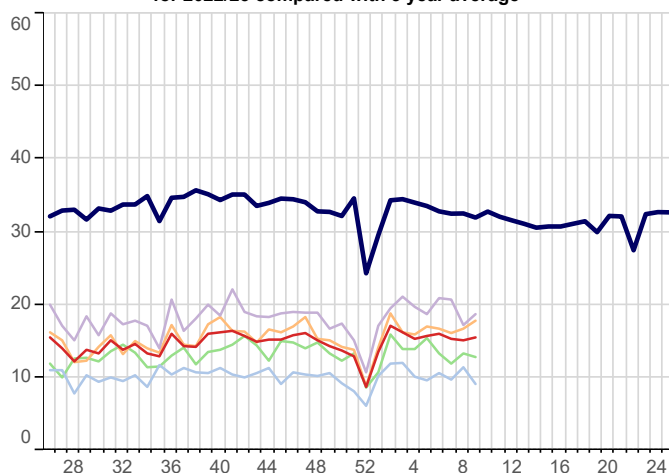


Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



7. Genitourinary System Disorders

Urinary Tract Infection/Cystitis (ICD10: N30, N390)
Weekly incidence (per 100,000 all ages) by region
for 2022/23 compared with 5 year average



8. Tabular Summary by Disease

Disease Name	Week beginning Week ending		27/02/2023 05/03/2023		20/02/2023 26/02/2023		13/02/2023 19/02/2023		06/02/2023 12/02/2023	
	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Allergic Rhinitis	3.0	161	2.8	151	2.2	121	2.1	112		
Asthma	22.0	1,184	21.8	1,184	25.0	1,354	23.9	1,292		
Bronchitis	6.3	340	6.9	377	7.2	390	7.0	376		
Bullous Dermatoses	0.2	9	0.1	7	0.1	6	0.1	8		
Chickenpox	4.6	247	4.5	246	3.5	190	4.0	218		
Common Cold	2.5	136	2.2	117	2.6	143	2.6	139		
Conjunctival Disorders	26.9	1,450	26.0	1,412	27.1	1,467	29.1	1,575		
Herpes Simplex	3.9	213	2.7	148	3.2	172	3.0	163		
Herpes Zoster	5.8	311	5.4	293	5.2	283	5.6	302		
Impetigo	5.1	276	4.6	252	5.1	275	5.7	306		
Infectious Mononucleosis	0.4	20	0.5	25	0.6	31	0.5	25		
Influenza-like illness	3.8	207	4.6	248	4.5	243	5.3	288		
Infectious Intestinal Diseases	8.2	440	7.8	426	7.6	414	7.3	395		
Laryngitis and Tracheitis	3.1	169	3.2	173	3.2	174	4.0	217		
Lower Respiratory Tract Infections	63.7	3,433	69.4	3,772	70.3	3,808	71.2	3,852		
Measles	0.0	1	0.0	0	0.1	4	0.0	1		
Meningitis and Encephalitis	0.2	11	0.1	5	0.2	12	0.1	7		
Mumps	0.2	12	0.2	12	0.1	6	0.1	4		
Non-infective Enteritis and Colitis	14.3	769	14.6	795	12.6	682	13.1	707		
Otitis Media Acute	3.4	181	3.2	176	4.1	222	3.9	212		
Peripheral Nervous Disease	20.7	1,115	19.2	1,041	19.6	1,060	21.1	1,140		
Pleurisy	0.3	15	0.3	14	0.2	9	0.2	12		
Pneumonia and Pneumonitis	3.5	189	3.8	205	3.3	177	3.2	175		
Respiratory System Diseases	317.5	17,126	323.3	17,570	330.9	17,927	355.6	19,237		
Rubella	0.0	0	0.0	0	0.0	0	0.0	0		
Scabies	1.9	100	1.9	104	2.0	107	1.2	67		
Sinusitis	22.2	1,197	23.5	1,277	23.5	1,274	24.1	1,304		
Skin and Subcutaneous Tissue Infections	87.0	4,693	84.9	4,613	83.9	4,547	85.2	4,610		
Strep Throat and Peritonsillar Abscess	3.7	202	3.5	192	4.5	243	4.2	225		
Symptoms involving musculoskeletal	11.2	603	11.2	607	10.2	550	10.9	590		
Symptoms involving Respiratory and Chest	210.8	11,367	208.3	11,318	210.8	11,420	229.9	12,437		
Symptoms involving Skin and Integument Tissues	145.9	7,869	135.9	7,385	134.5	7,284	138.4	7,486		
Tonsillitis and acute Pharyngitis	51.0	2,749	48.5	2,634	47.1	2,553	51.0	2,761		
Upper Respiratory Tract Infections	164.6	8,880	166.3	9,036	171.0	9,261	189.6	10,258		
Urinary Tract Infections	15.5	836	15.1	823	15.3	830	16.0	863		
Viral Hepatitis	0.2	11	0.3	16	0.2	12	0.1	7		
Whooping Cough	0.0	1	0.0	1	0.1	4	0.0	2		
Practice Count		513		516		515		514		
Denom		5,393,400		5,433,955		5,417,318		5,409,375		

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 E, page 4.

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 2011/12- 2021/22 excluding the pandemic year 2020/21).

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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