

RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year..... 19/2024

Week Starting - Ending...... 01/05/2024 - 07/05/2024

No. of Practices.....1.452

Population...... 14,544,096

National (England)

- Acute Respiratory Infections: decreased from 268.7 in week 18 to 223.4 in week 19.
- Influenza-like illness: decreased from 2.8 in week 18 to 2.1 in week 19.
- Exacerbations of Chronic Lung Disease: decreased from 16.4 in week 18 to 13.2 in week 19.
- Lower Respiratory Tract Infections: decreased from 95.5 in week 18 to 78.4 in week 19.
- Upper Respiratory Tract Infections: decreased from 165.0 in week 18 to 138.9 in week 19.
- COVID-19: decreased from 2.3 in week 18 to 1.9 in week 19.

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

Acute Respiratory Infections: decreased from 210.4 in week 18 to 172.5 in week 19 in the London region, decreased from 314.7 in week 18 to 262.0 in week 19 in the North region, decreased from 244.4 in week 18 to 204.4 in week 19 in the South region, and decreased from 296.9 in week 18 to 244.8 in week 19 in the Midlands And East region.

Influenza-like illness: decreased from 3.6 in week 18 to 2.4 in week 19 in the London region, decreased from 2.6 in week 18 to 1.9 in week 19 in the North region, decreased from 2.9 in week 18 to 2.2 in week 19 in the South region, and decreased from 2.4 in week 18 to 2.1 in week 19 in the Midlands And East region.

Exacerbations of Chronic Lung Disease: decreased from **10.4** in week 18 to **8.0** in week 19 in the London region, decreased from **21.9** in week 18 to **18.1** in week 19 in the North region, decreased from **15.0** in week 18 to **11.6** in week 19 in the South region, and decreased from **17.1** in week 18 to **13.8** in week 19 in the Midlands And East region.

Lower Respiratory Tract Infections: decreased from **62.0** in week 18 to **51.6** in week 19 in the London region, decreased from **118.6** in week 18 to **95.6** in week 19 in the North region, decreased from **89.5** in week 18 to **74.7** in week 19 in the South region, and decreased from **104.6** in week 18 to **85.0** in week 19 in the Midlands And East region.

Upper Respiratory Tract Infections: decreased from **142.8** in week 18 to **117.6** in week 19 in the London region, decreased from **186.5** in week 18 to **159.2** in week 19 in the North region, decreased from **146.6** in week 18 to **123.8** in week 19 in the South region, and decreased from **183.6** in week 18 to **152.7** in week 19 in the Midlands And East region.

• COVID-19: decreased from 2.0 in week 18 to 1.7 in week 19 in the London region, decreased from 2.0 in week 18 to 1.6 in week 19 in the North region, decreased from 3.0 in week 18 to 2.4 in week 19 in the South region, and decreased from 1.9 in week 18 to 1.6 in week 19 in the Midlands And East region.

Comment:

Rates of acute respiratory infections (ARI) have decreased across all regions (graph I, page 6). Rates of influenza-like illness (ILI) decreased a little but remain above the seasonal average in most regions (graph A, page 2). COVID-19 rates have decreased a little this week in all regions (page 5). Rates of pneumonia (page 9) have increased in some regions but has fallen to just below the season average nationally. Exacerbations of chronic lung disease (page 7) have decreased in all regions. Rates of measles and whooping cough (page 14), and scabies (page 15) remain above their seasonal averages. Rates of strep sore throat, scarlatina and peritonsillar abscess (page 17) have decreased but remain above the seasonal average in most regions.

This report includes a respiratory virology update. Influenza, RSV, and SARS-CoV-2 are the predominant circulating viruses detected by the UK Health Security Agency (UKHSA) Reference Virology Lab. This report includes the May bank holiday when most general practices will be closed.

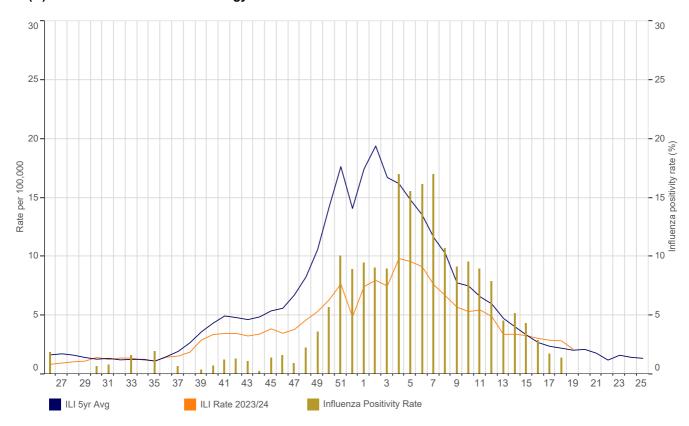
2023/24 Focus

Please see page 19 for explanatory notes on the data.

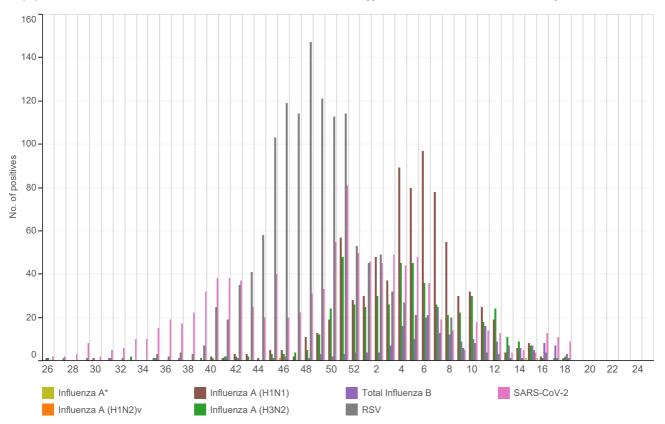
(A) Influenza-like illness: national incidence rate 2023/24 by region



(B) RCGP/UKHSA Influenza Virology Swab Surveillance 2023/24

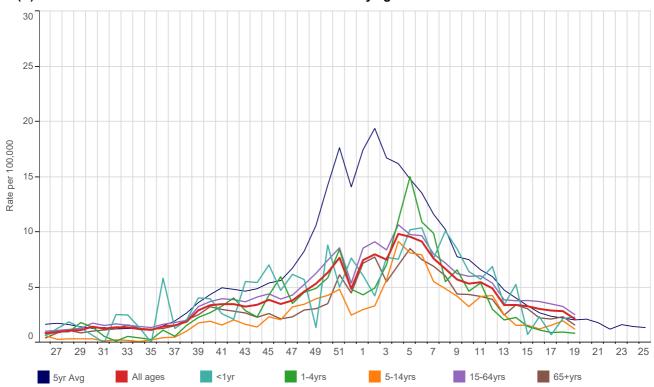


(C) RCGP/UKHSA RSV, Influenza and SARS-CoV-2 Virology Swab Surveillance 2023/24 by viral strain



The weekly virology samples displayed are offset from the ISO Week (Graph C). *No specified subtype, or coinfection with H1N1 and H3N2.

(D) Influenza-like illness: national incidence rate 2023/24 by age band



(E) Influenza-like illness: national incidence rate 2023/24 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 - 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
1-4yrs	4.0	2.9	2.3	4.3	6.0	3.5	4.5	4.9	5.9	8.4	4.8	4.3	4.9	7.1	11.1	15.0	10.9	9.9
5-14yrs	2.1	1.7	1.4	2.3	2.1	3.2	3.5	4.0	4.3	4.8	2.5	3.0	3.3	5.7	9.2	8.1	7.9	5.5
15-64yrs	3.9	3.7	4.1	4.4	3.9	4.3	5.3	6.3	7.4	8.6	5.4	8.6	9.1	8.4	10.7	9.8	9.7	8.0
65+yrs	2.8	2.7	2.3	2.6	2.1	2.3	2.9	3.1	3.5	6.1	4.5	7.2	7.7	5.5	7.0	8.5	7.5	6.9
All ages	3.5	3.3	3.4	3.9	3.5	3.8	4.6	5.3	6.3	7.7	4.9	7.5	8.0	7.5	9.8	9.6	9.1	7.6
	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1-4yrs	5.5	6.6	4.7	5.4	3.0	2.0	2.3	1.5	1.1	0.9	0.9	8.0						
5-14yrs	4.9	4.2	3.3	4.2	4.3	2.5	1.6	1.6	1.2	1.6	2.0	1.2						
15-64yrs	7.2	6.2	6.0	6.0	5.4	3.9	3.8	3.8	3.7	3.5	3.3	2.5						
65+yrs	6.0	4.4	4.4	4.2	3.9	2.5	3.4	3.1	2.2	2.1	2.3	1.6						

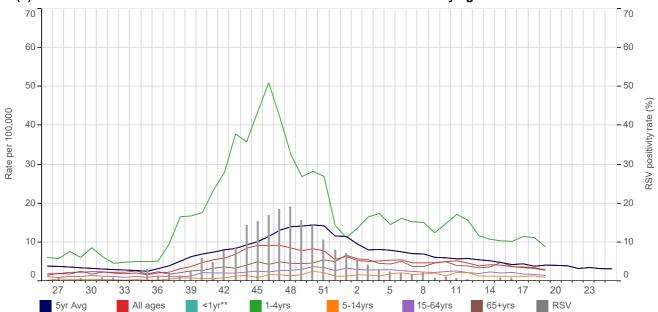
	Below	Threshold to	Medium to	High to	Above
Table 2	Threshold	Medium ²	High ³	Very High⁴	Very High⁵
1-4yrs	<8.05	8.05 to 15.57	15.58 to 23.50	23.51 to 28.19	28.20+
5-14yrs	<6.53	6.53 to 15.55	15.56 to 32.18	32.19 to 44.39	44.40+
15-64yrs	<12.23	12.23 to 24.53	24.54 to 45.08	45.09 to 58.99	59.00+
65+yrs	<9.62	9.62 to 16.69	16.70 to 35.98	35.99 to 50.52	50.53+
All Ages	<10.25	10.25 to 21.69	21.70 to 38.77	38.78 to 50.11	50.12+

Threshold levels

¹Below baseline threshold
²baseline threshold breach to < 40th percentile
³40th to <90th percentile
⁴90th to <97.5th percentile

597.5th+ percentile

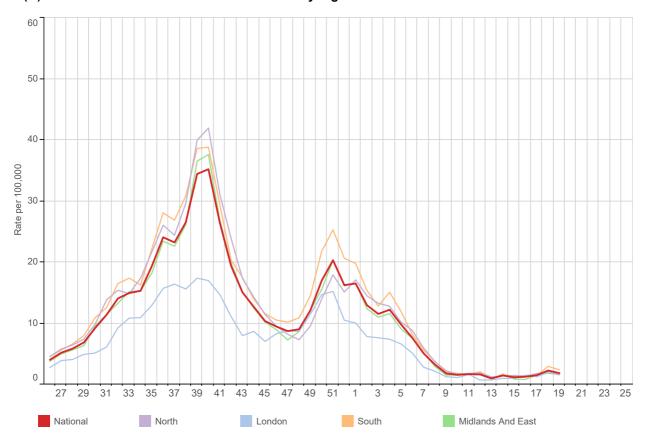
(F) Acute Bronchitis and Bronchiolitis: national incidence rate 2023/24 by age band



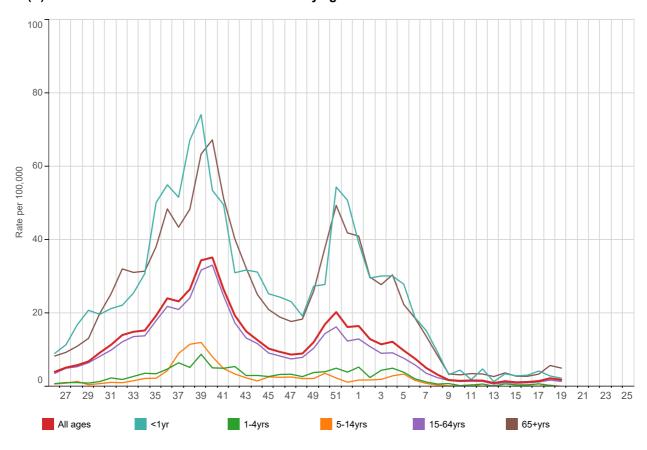
Weekly Influenza-like illness and Acute Bronchitis and Bronchiolitis incidence rates per 100,000 persons

	Influenza-like illness	Acute Bronchitis and Bronchiolitis		Influenza-like illness	Acute Bronchitis and Bronchiolitis
<1yr	2.3	109.1	London	2.4	2.1
1-4yrs	0.8	8.9	North	1.9	3.1
5-14yrs	1.2	1.0	South	2.2	2.8
15-24yrs	2.8	0.7	Midlands And East	2.1	3.5
25-44yrs	3.1	1.5	National	2.1	2.9
45-64yrs	1.8	1.8			
65-74yrs	1.4	3.0			
75-84yrs	1.8	2.9			
85+yrs	1.7	2.0			
All ages	2.1	2.9	**The <1yr age band is	not presented (Graph F).	

(G) COVID-19: national incidence rate 2023/24 by region



(H) COVID-19: national incidence rate 2023/24 by age band

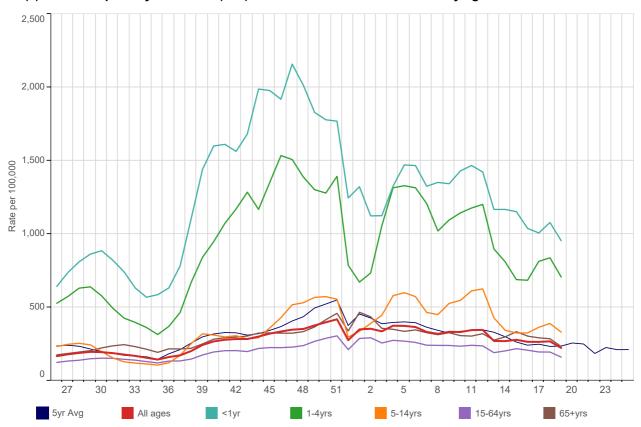


1. Respiratory Infections

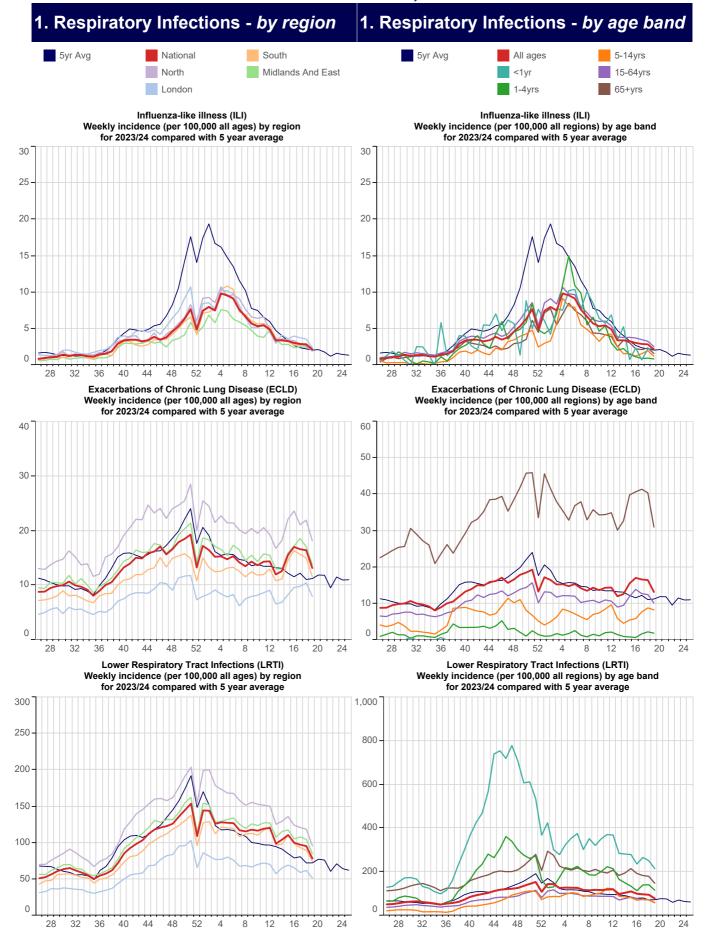
(I) Acute Respiratory Infections (ARI): national incidence rate 2023/24 by region



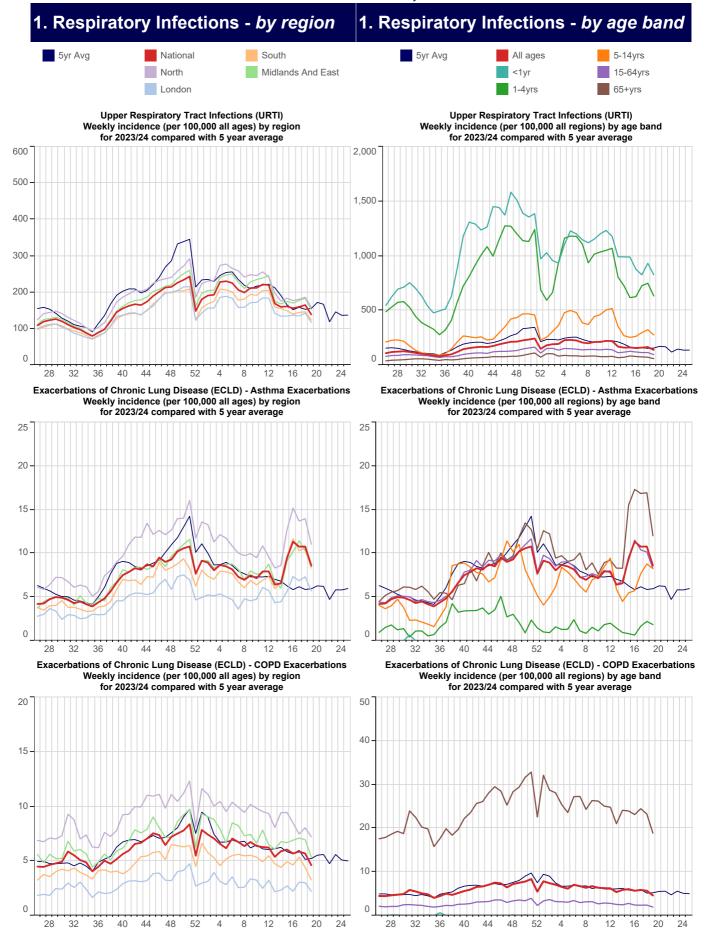
(J) Acute Respiratory Infections (ARI): national incidence rate 2023/24 by age band



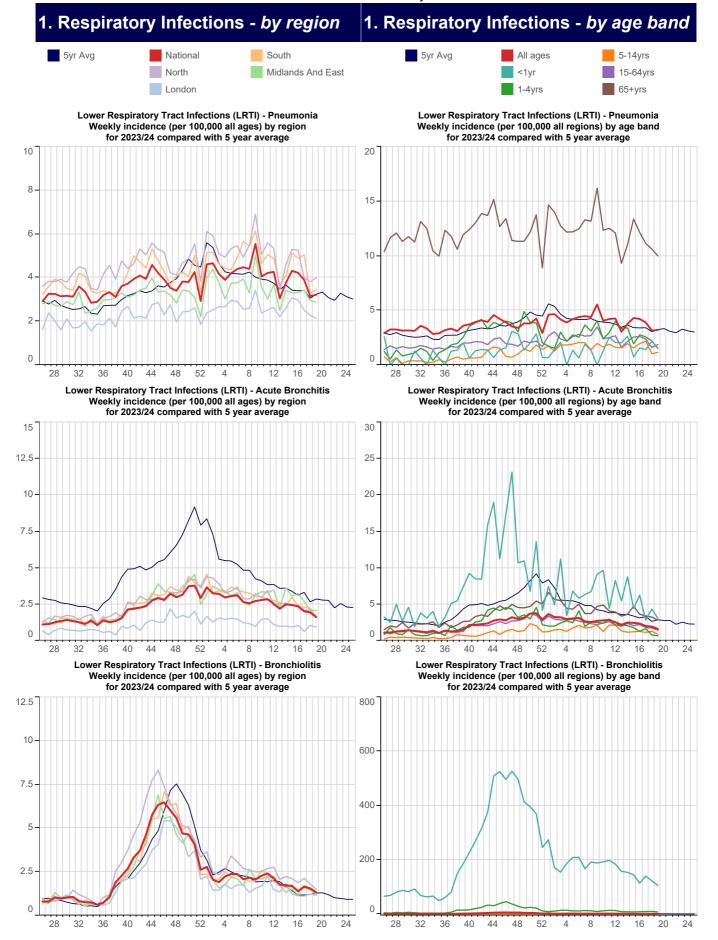
Page 6 of 20 - RCGP Research & Surveillance Centre Weekly Returns Service



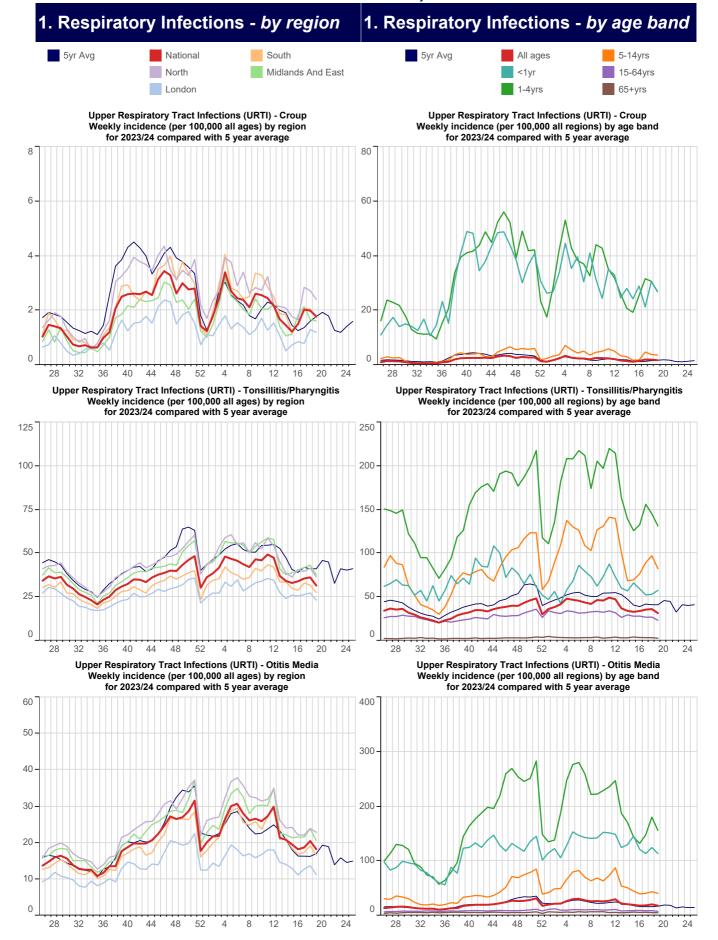
Page 7 of 20 - RCGP Research & Surveillance Centre Weekly Returns Service



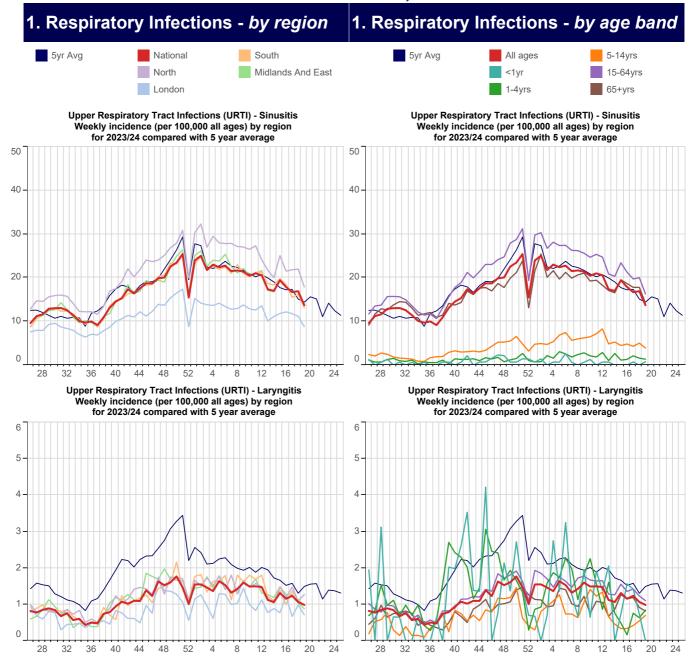
Page 8 of 20 - RCGP Research & Surveillance Centre Weekly Returns Service



Page 9 of 20 - RCGP Research & Surveillance Centre Weekly Returns Service



Page 10 of 20 - RCGP Research & Surveillance Centre Weekly Returns Service



2. Water & Food Borne Disorders 5yr Avg National North London South Midlands And East Infectious Intestinal Disease (ICD10: A00-A09) Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average Infectious Intestinal Disease (ICD10: A00-A09) Weekly incidence (per 100,000 0-4 years) by region for 2023/24 compared with 5 year average 25 100 20 80 15 60 10 40 20 5 0 28 32 36 20 28 32 36 40 48 16 20 Non-Infective Enteritis & Colitis (ICD10: K50-K52) Viral Hepatitis (ICD10: B15-B19) Weekly incidence (per 100,000 all ages) by region Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average for 2023/24 compared with 5 year average 6 5 0.8 4 0.6 3 0.4 2

0.2

28

16 20

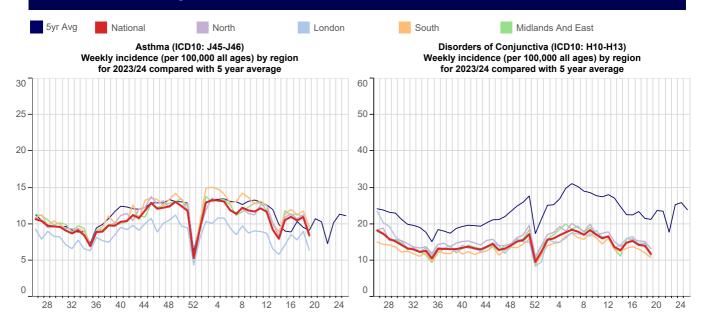
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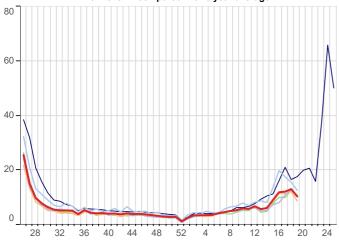
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24

3. Environmentally Sensitive Disorders







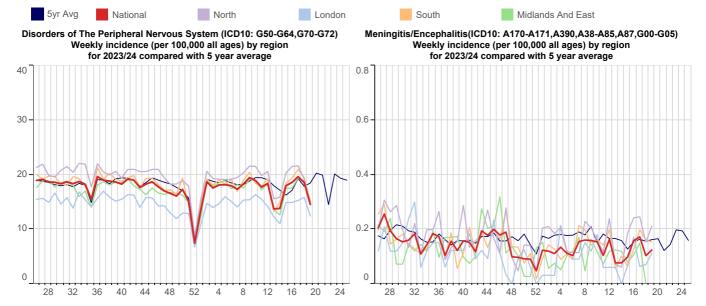
4. Vaccine Sensitive Disorders 5yr Avg National North London South Midlands And East Measles (ICD10: B05) Mumps (ICD10: B26) Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average 0.8 0.8 0.6 0.6 0.4 0.4 0.2 0.2 0 40 48 28 32 36 40 24 28 36 48 Rubella (ICD10: B06) Whooping Cough (ICD10: A37) Weekly incidence (per 100,000 all ages) by region Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average for 2023/24 compared with 5 year average 0.08 0.06 1.5 0.04 0.02 0.5 0 24 44 48 52 12 16 5. Skin Contagions Bullous Dermatoses (ICD10: L10-L14) Chickenpox (ICD10: B01) Weekly incidence (per 100,000 all ages) by region Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average for 2023/24 compared with 5 year average 10 0.6 7.5 2.5 0 48 24

Page 14 of 20 - RCGP Research & Surveillance Centre Weekly Returns Service

5. Skin Contagions (Continued) 5yr Avg National London South North Midlands And East Herpes Simplex (ICD10: B00) Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average Herpes Zoster (ICD10: B02) Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average 12.5 7.5 Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08) Scabies (ICD10: B86) Weekly incidence (per 100,000 all ages) by region Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average for 2023/24 compared with 5 year average Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23) Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average Impetigo (ICD10: L01) Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average 12.5 2.5

Page 15 of 20 - RCGP Research & Surveillance Centre Weekly Returns Service

6. Disorders Affecting the Nervous System

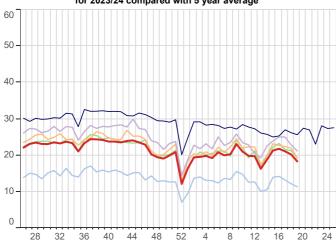


Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region
for 2023/24 compared with 5 year average

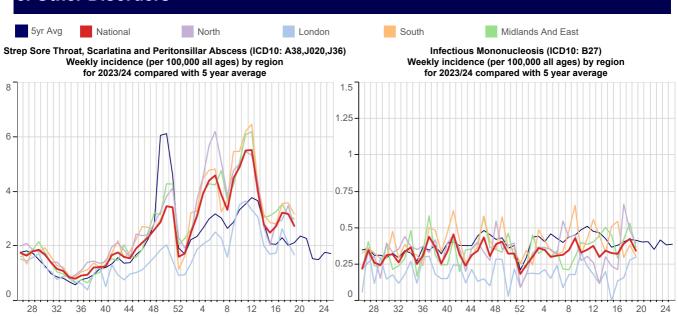


7. Genitourinary System Disorders

Urinary Tract Infection/Cystitis (ICD10: N30,N390) Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average



8. Other Disorders



8. Tabular Summary by Disease

Week beginning Week ending		Offset week 06/05/2024 02/05/2024	(29/04/2024 05/05/2024		22/04/2024 28/04/2024		15/04/2024 21/04/2024
Disease Name	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Acute Bronchitis	1.6	235	1.9	301	2.0	330	2.4	358
Acute respiratory infections (ARI)	223.4	32,487	268.7	41,639	265.1	43,153	265.4	40,256
Allergic Rhinitis	10.4	1,511	13.1	2,028	12.2	1,981	11.9	1,811
Asthma	8.5	1,232	11.0	1,698	10.5	1,707	11.0	1,667
Bronchiolitis	1.3	192	1.5	240	1.7	270	1.4	212
Bullous Dermatoses	0.1	18	0.2	28	0.2	37	0.2	36
Chickenpox	2.6	374	3.0	464	3.0	485	3.0	456
Conjunctival Disorders	11.8	1,715	14.0	2,176	14.2	2,319	15.3	2,327
COVID-19	1.9	271	2.3	354	1.5	248	1.3	193
Croup	1.8	259	2.0	309	2.0	331	1.5	228
ECLD - Asthma exacerbations	8.6	1,252	10.8	1,671	10.8	1,754	11.3	1,720
ECLD - COPD exacerbations	4.6	671	5.7	881	5.9	955	5.7	862
Exacerbations of chronic lung disease	13.2	1,916	16.4	2,546	16.6	2,705	17.0	2,584
Herpes Simplex	2.2	325	3.0	461	2.9	475	2.9	435
Herpes Zoster	3.7	535	4.7	722	4.7	763	4.7	714
Impetigo	2.4	353	3.1	486	3.5	563	3.3	498
Infectious Intestinal Diseases	5.8	840	6.9	1,070	7.2	1,179	6.6	997
Infectious Mononucleosis	0.3	50	0.4	66	0.4	64	0.3	49
Influenza-like illness	2.1	311	2.8	441	2.9	472	3.0	462
Laryngitis	1.0	143	1.1	165	1.2	201	1.2	175
Lower respiratory tract infections	78.4	11,405	95.5	14,796	97.3	15,847	100.2	15,192
Measles	0.2	23	0.1	21	0.1	19	0.2	25
Meningitis and Encephalitis	0.1	18	0.1	16	0.2	28	0.2	24
Mumps	0.1	11	0.1	14	0.0	8	0.1	19
Non-infective Enteritis and Colitis	2.1	299	2.7	414	2.9	474	2.7	412
Otitis Media	18.2	2,652	20.5	3,175	18.7	3,045	18.2	2,764
Peripheral Nervous Disease	14.5	2,116	18.6	2,875	19.6	3,196	18.6	2,818
Pneumonia	3.2	468	3.2	490	3.9	635	4.2	641
Rubella	0.0	0	0.0	1	0.0	0	0.0	0
Scabies	2.2	315	2.9	443	3.0	493	2.7	405
Sinusitis	13.7	1,992	16.9	2,621	16.7	2,717	17.9	2,713
Skin and Subcutaneous Tissue Infections	70.2	10,213	86.6	13,413	87.1	14,180	85.7	12,993
Strep Throat and Peritonsillar Abscess	2.7	399	3.2	493	3.2	526	2.7	414
Symptoms involving musculoskeletal	11.2	1,636	13.9	2,156	14.5	2,365	14.7	2,222
Symptoms involving Skin and Integument Tissues	103.8	15,098	136.3	21,115	139.8	22,765	135.2	20,499
Tonsillitis/Pharyngitis	31.6	4,593	36.3	5,622	35.6	5,800	34.0	5,162
Upper respiratory tract infections	138.9	20,201	165.0	25,566	159.9	26,029	156.2	23,692
Urinary Tract Infections	18.3	2,665	20.2	3,132	21.1	3,433	21.8	3,305
Viral Hepatitis	0.2	26	0.2	35	0.3	46	0.3	38
Whooping Cough	0.9	124	1.0	148	0.9	139	0.6	98
Practice Count		1,452		1,533		1,610		1,476
Denom	1	4,544,096	1	15,495,605	1	16,279,768	1	15,165,268

FURTHER INFORMATION:

About the report

Focus

The first two pages of data within this report focus on influenza-like illness and virology data, 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 bands, 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 (navy blue lines), 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 (Graph A, page 2 and Table E, page 4 of this report). 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 four age bands: those aged 1-4, 5-14, 15-64 and those aged 65 and over. ILI incidence rates vary among different age bands, and the age-specific thresholds allow us to highlight epidemics where ILI disproportionately affects a particular age band.

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.

Both the *all-ages* thresholds and the *age-specific* thresholds are shown in Table E, page 4. Five years of data were used for *all-ages* and *age-specific* thresholds calculation (winter seasons 2015/16, 2016/17, 2017/18, 2018/19 and 2022/23, excluding 2019/20, 2020/21 and 2021/22).

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 Practioners 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 Magentus data management and EMIS-X Analytics (EXA) 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 Magentus 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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