

## RSC Communicable and Respiratory Disease Report for England

### Key Statistics:

Week Number/Year..... 44/2022  
 Week Starting - Ending..... 31/10/2022 - 06/11/2022  
 No. of Practices..... 495  
 Population..... 5,071,360

### National (England)

- **Acute Bronchitis** : decreased from 7.4 in week 43 to 5.7 in week 44.
- **Asthma** : increased from 12.5 in week 43 to 15.1 in week 44.
- **Common Cold** : increased from 2.3 in week 43 to 2.9 in week 44.
- **Influenza-like illness** : decreased from 3.6 in week 43 to 3.5 in week 44.
- **Respiratory System Diseases** : increased from 280.2 in week 43 to 289.1 in week 44.
- **COVID-19** : decreased from 51.6 in week 43 to 35.6 in week 44.

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

- **Acute Bronchitis** : decreased from 3.7 in week 43 to 2.9 in week 44 in the London region, decreased from 10.5 in week 43 to 9.4 in week 44 in the North region, decreased from 6.9 in week 43 to 4.8 in week 44 in the South region, and decreased from 7.7 in week 43 to 5.0 in week 44 in the Midlands And East region.
- **Asthma** : increased from 13.4 in week 43 to 14.1 in week 44 in the London region, increased from 13.8 in week 43 to 18.0 in week 44 in the North region, increased from 11.7 in week 43 to 14.2 in week 44 in the South region, and increased from 11.2 in week 43 to 13.9 in week 44 in the Midlands And East region.
- **Common Cold** : increased from 2.4 in week 43 to 3.5 in week 44 in the London region, increased from 1.9 in week 43 to 2.7 in week 44 in the North region, increased from 1.7 in week 43 to 2.1 in week 44 in the South region, and increased from 3.8 in week 43 to 4.1 in week 44 in the Midlands And East region.
- **Influenza-like illness** : decreased from 3.5 in week 43 to 2.9 in week 44 in the London region, increased from 4.1 in week 43 to 4.9 in week 44 in the North region, decreased from 3.9 in week 43 to 2.9 in week 44 in the South region, and increased from 2.6 in week 43 to 3.3 in week 44 in the Midlands And East region.
- **Respiratory System Diseases** : increased from 226.6 in week 43 to 227.2 in week 44 in the London region, increased from 342.6 in week 43 to 363.8 in week 44 in the North region, increased from 256.9 in week 43 to 262.4 in week 44 in the South region, and increased from 288.9 in week 43 to 298.6 in week 44 in the Midlands And East region.
- **COVID-19** : decreased from 36.5 in week 43 to 24.8 in week 44 in the London region, decreased from 50.3 in week 43 to 38.8 in week 44 in the North region, decreased from 61.1 in week 43 to 37.8 in week 44 in the South region, and decreased from 52.5 in week 43 to 38.5 in week 44 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 acute tonsillitis.

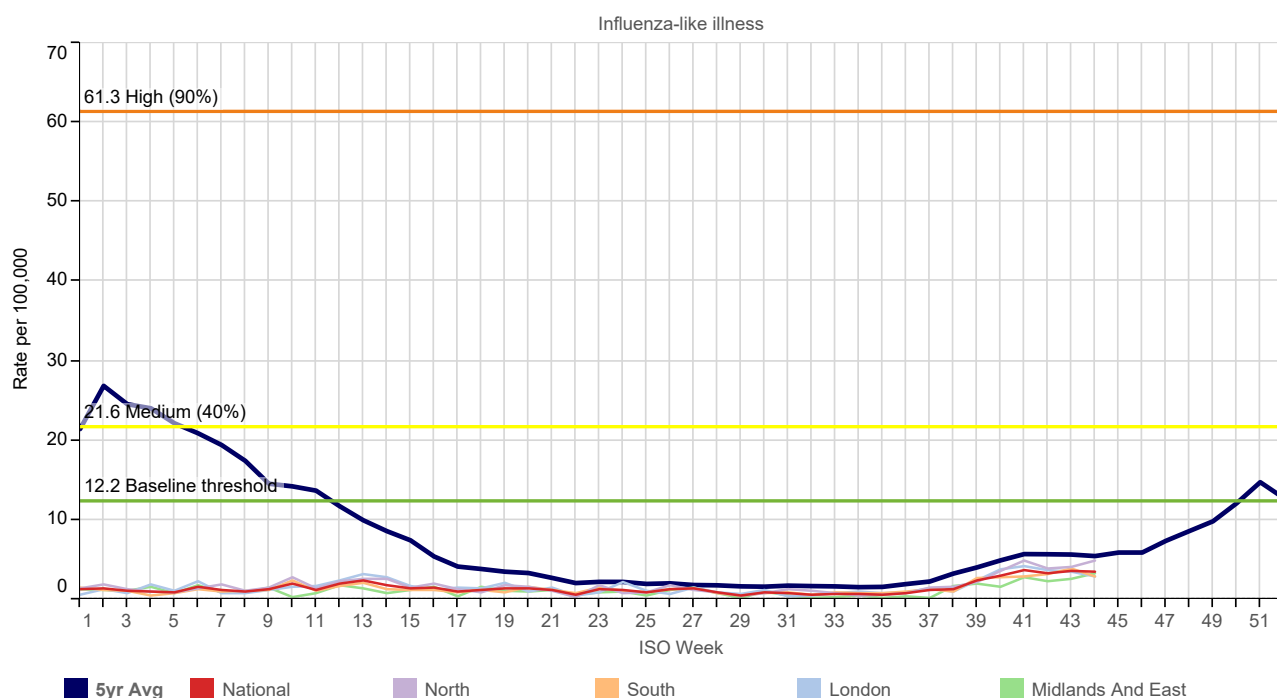
This week rates of COVID-19 continued to decrease across all regions and age bands. Although the highest rates were in the North region and the population aged 65 years and over, rates in all regions were closer to the national rate compared to previous weeks. We have detected an additional 1 case of monkeypox across the RSC network, the total number of cases detected since the 19th of May 2022 is 325 (cases across the wider RSC population of 19 million). Weekly cases of monkeypox remain low.

This report includes a virology update. Sporadic circulating influenza (A and B), SARS-CoV-2 and RSV have been detected.

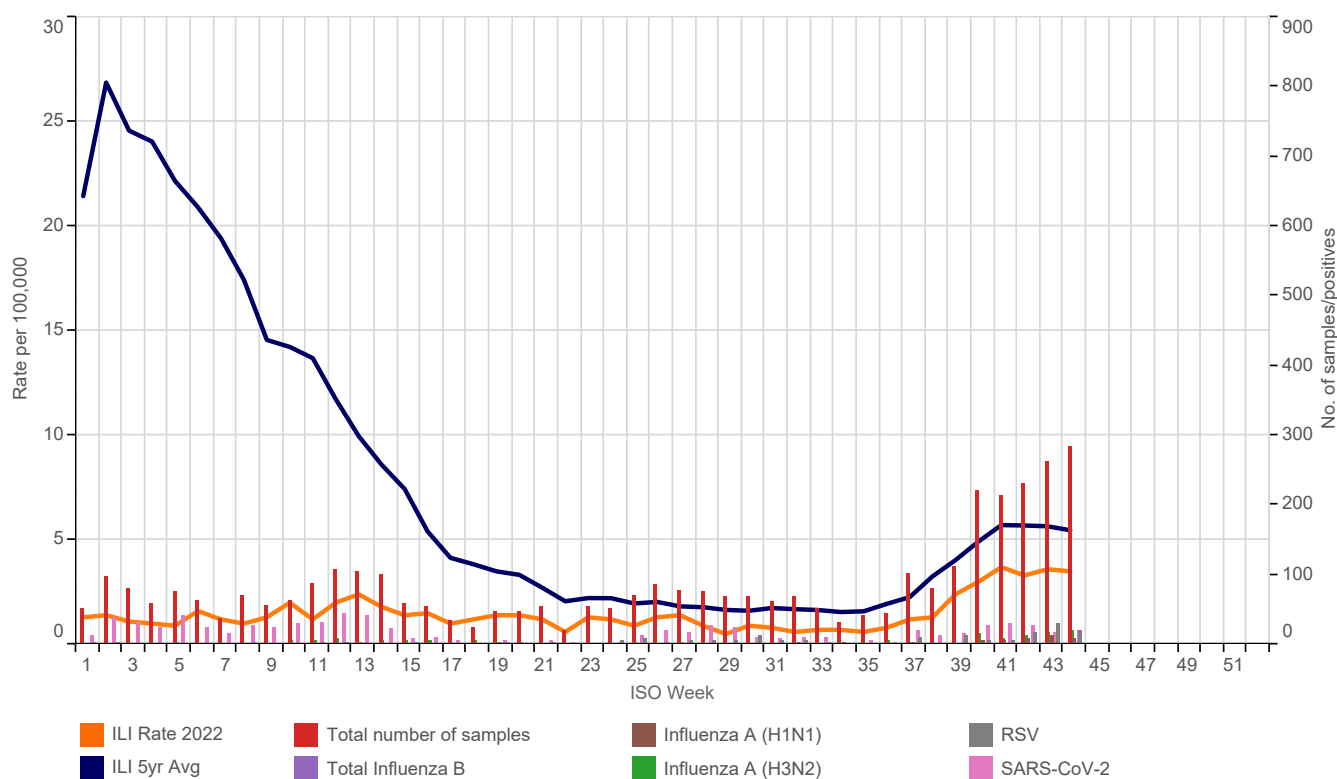
## Winter Focus 2022

Please see page 15 for explanatory notes on the data.

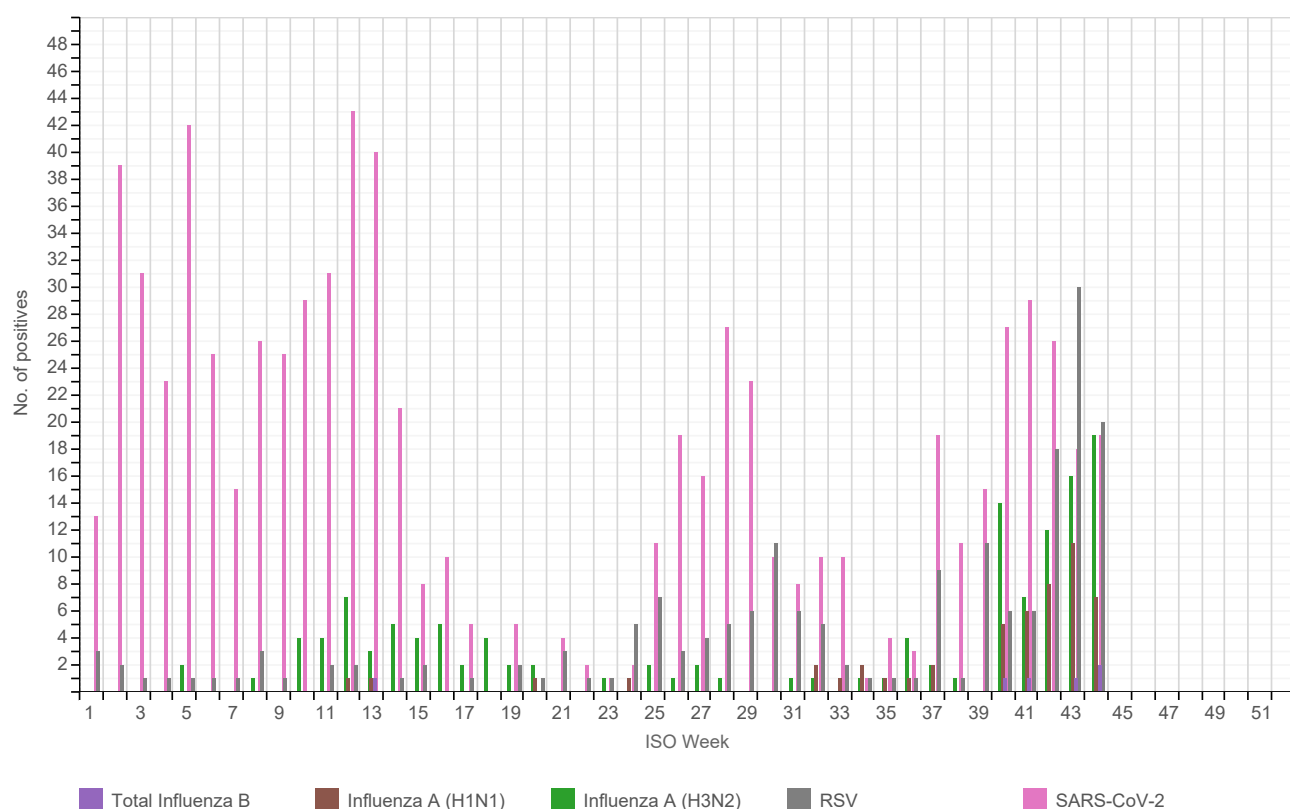
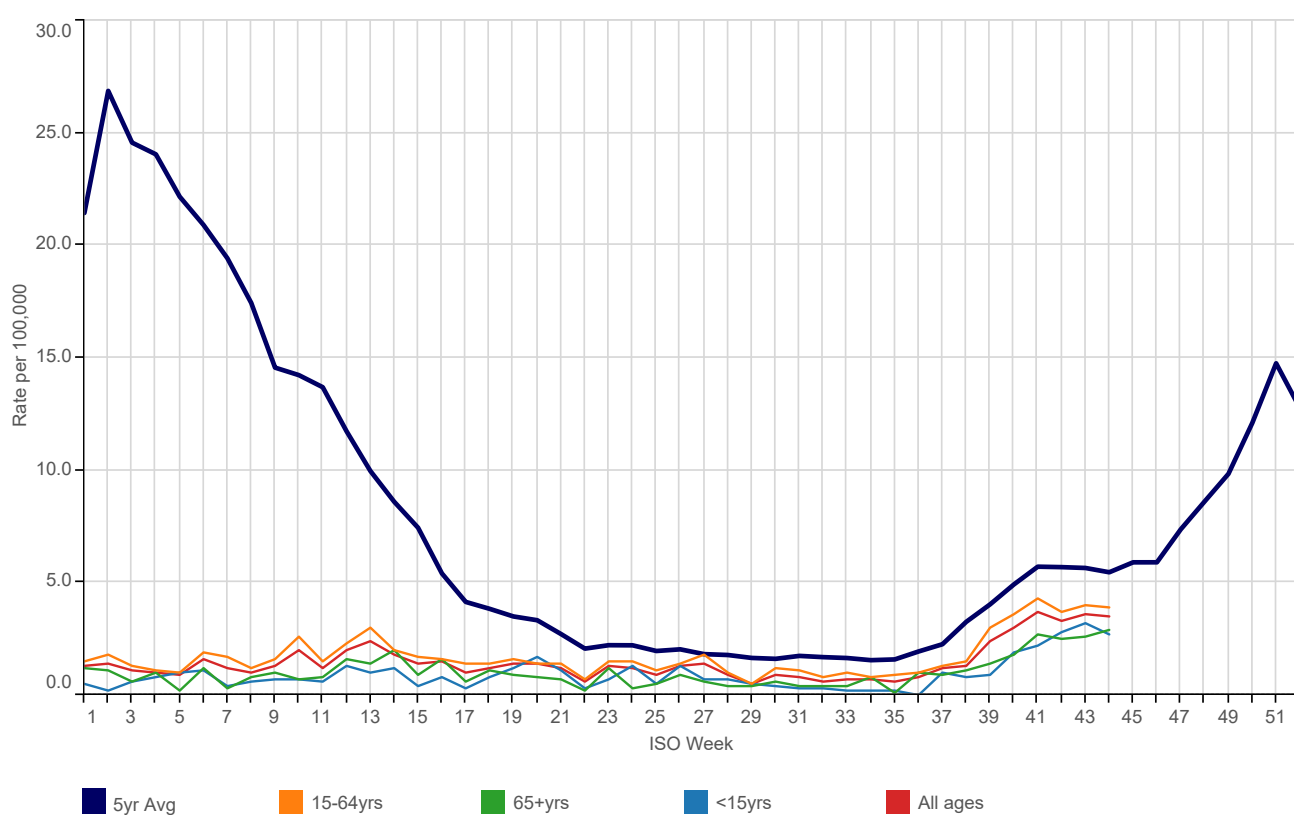
### (A) Influenza-like illness: national incidence rate 2022 by region\*



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



\* The seasonal average line (blue) is based on 5 year historic RCGP RSC level (Graph A & B). The weekly virology samples displayed are offset from the ISO Week (Graphs B & C).

**(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\***

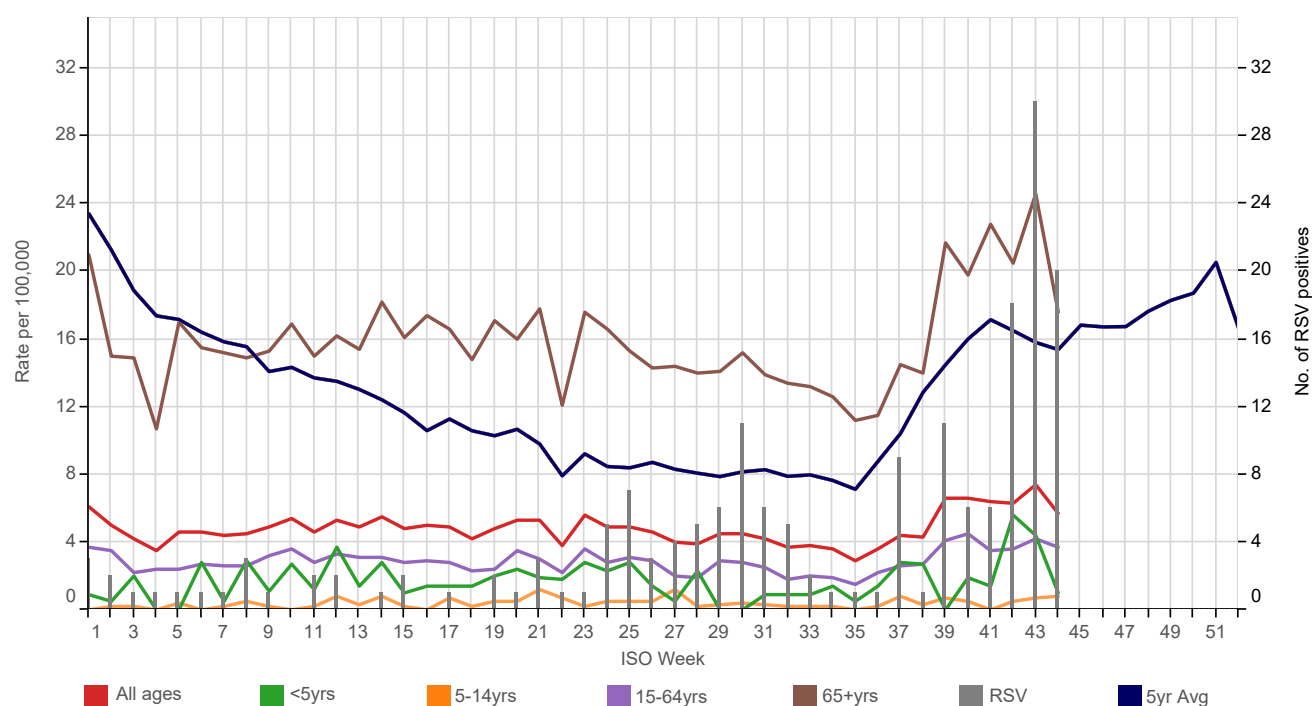
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - the ranges are shown in the table Threshold levels by age band.

Table 1	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
<15yrs	0.3	0.8	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	0.2
15-64yrs	1.4	1.4	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	0.8
65+yrs	0.6	1.1	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	0.8
All ages	1.0	1.2	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	0.7

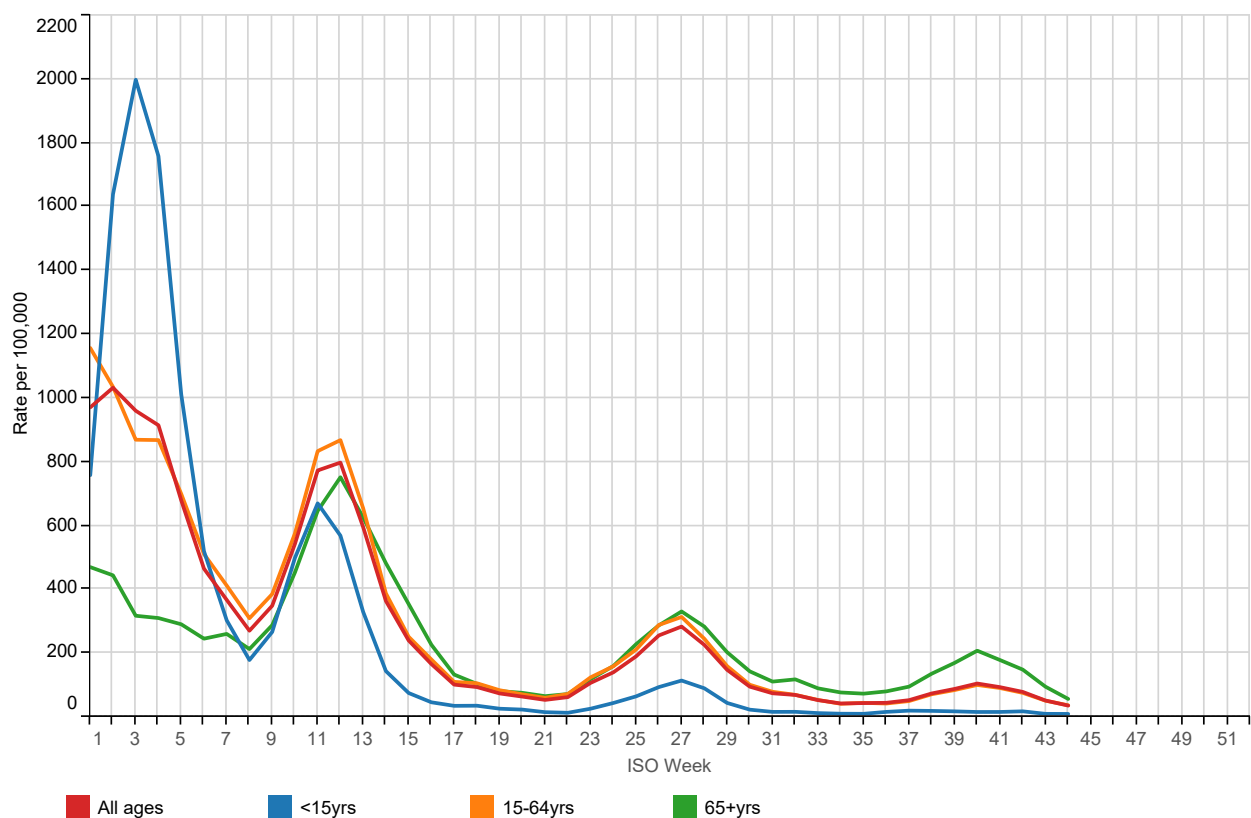
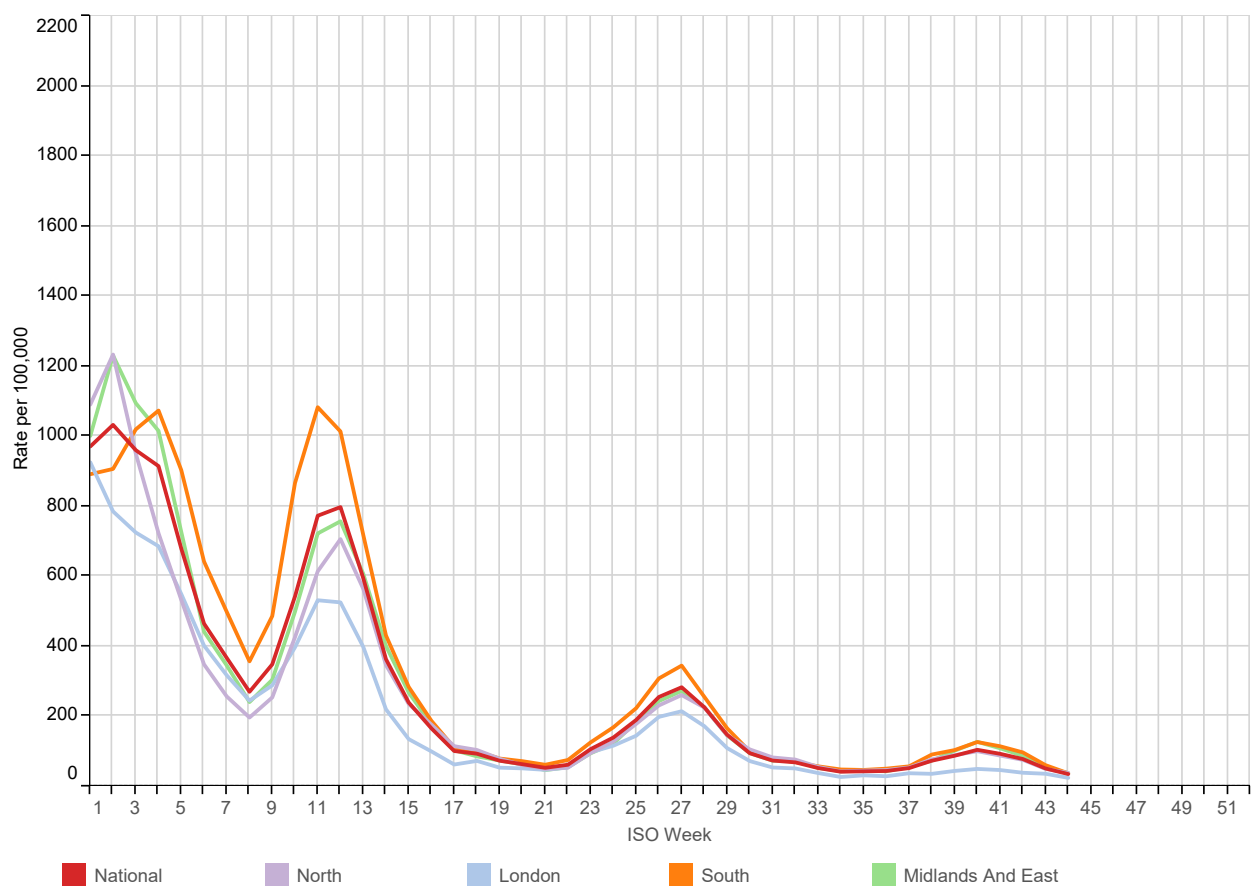
  

	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
<15yrs	0.2	0.0	1.0	0.8	0.9	1.9	2.2	2.8	3.2	2.7								
15-64yrs	0.9	1.0	1.3	1.5	3.0	3.6	4.3	3.7	4.0	3.9								
65+yrs	0.1	1.0	0.9	1.1	1.4	1.8	2.7	2.5	2.6	2.9								
All ages	0.6	0.8	1.2	1.3	2.4	3.0	3.7	3.3	3.6	3.5								

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>
All Ages	<12.2	12.2 to <21.6	21.6 to <61.3	61.3 to <97.3	97.3+
<15yrs	<10.7	10.7 to <17.6	17.6 to <47.7	47.7 to <74.1	74.1+
15-64yrs	<15.0	15.0 to <26.1	26.1 to <63.4	63.4 to <93.8	93.8+
65+yrs	<11.5	11.5 to <16.5	16.5 to <37.8	37.8 to <54.5	54.5+

**Threshold levels**<sup>1</sup>Below baseline threshold<sup>2</sup>baseline 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**(F) Acute Bronchitis: national incidence rate 2022 by age group\*****Weekly Influenza-like illness and Acute Bronchitis incidence rates per 100,000 persons**

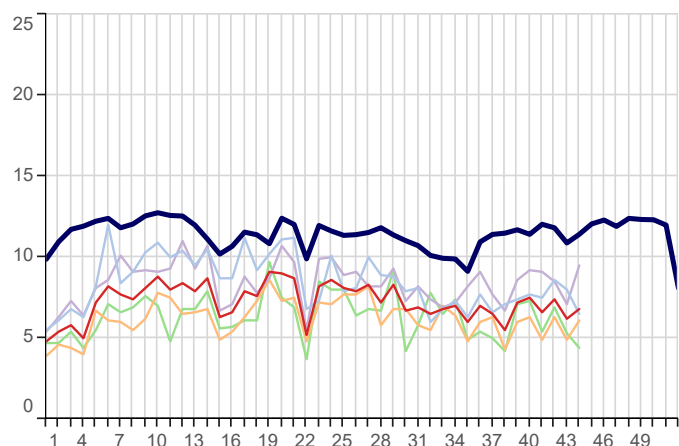
Influenza-like illness		Bronchitis		Influenza-like illness		Bronchitis	
<1yr	6.5	10.8	London	2.9	2.9		
1-4yrs	2.4	1.0	North	4.9	9.4		
5-14yrs	2.5	0.8	South	2.9	4.8		
15-24yrs	3.2	0.8	Midlands And East	3.3	5.0		
25-44yrs	4.5	1.4	National	3.5	5.7		
45-64yrs	3.4	7.8					
65-74yrs	2.7	17.5					
75-84yrs	2.6	18.9					
85+yrs	4.2	14.4					
All ages	3.5	5.7					

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

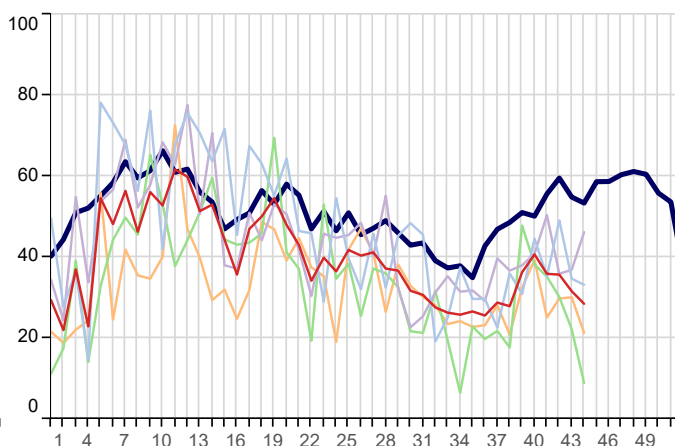
# 1. Water & Food Borne Disorders:

5yr Avg   National   London   North   South   Midlands And East

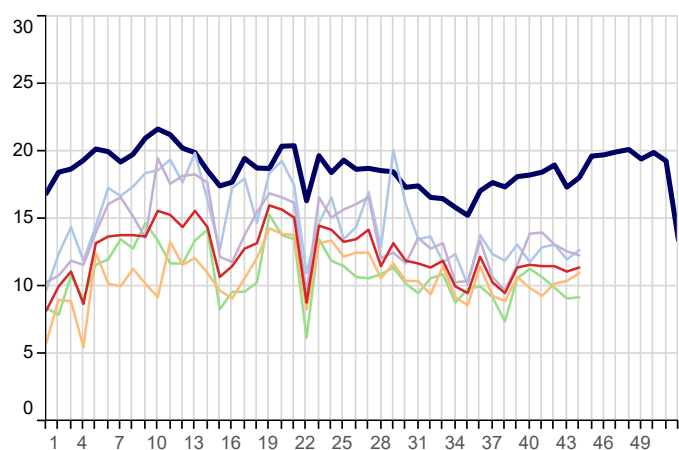
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **all ages**) by regions  
for 2022 compared with 5 year average



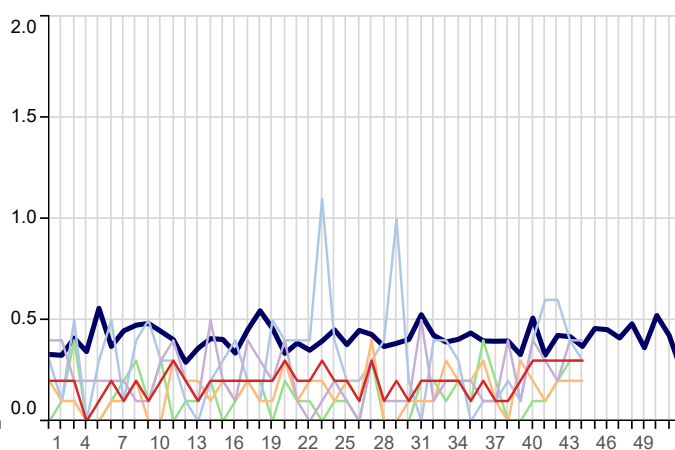
**Infectious Intestinal Disease (ICD10: A00-A09)**  
Weekly incidence (per 100,000 **0-4 years**) by regions  
for 2022 compared with 5 year average



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



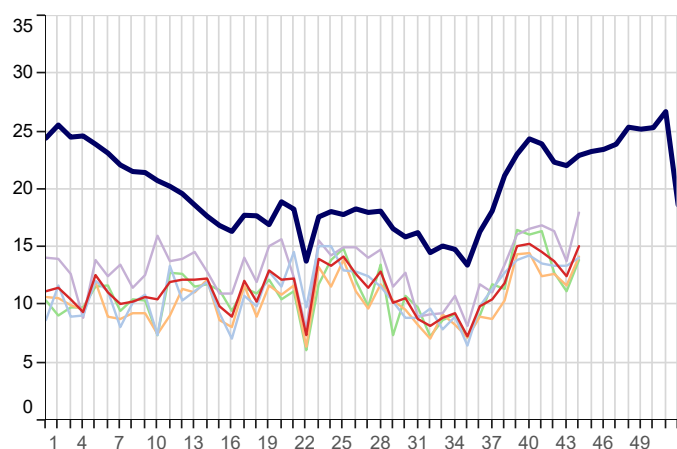
**Viral Hepatitis (ICD10: B15-B19)**  
Weekly incidence (per 100,000 **all ages**) by region  
for 2022 compared with 5 year average



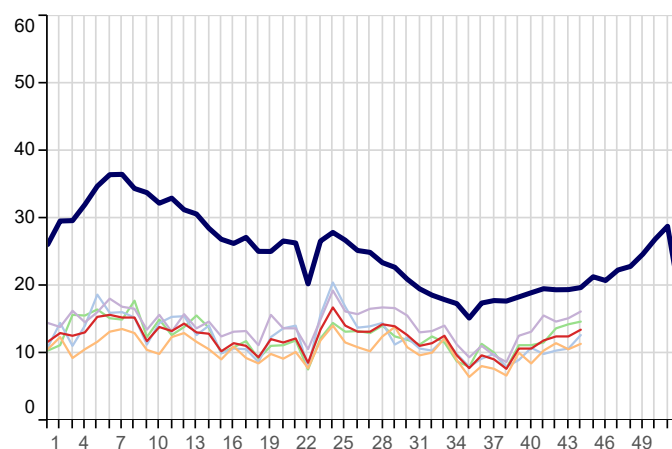
## 2. Environmentally Sensitive Disorders:

5yr Avg   National   London   North   South   Midlands And East

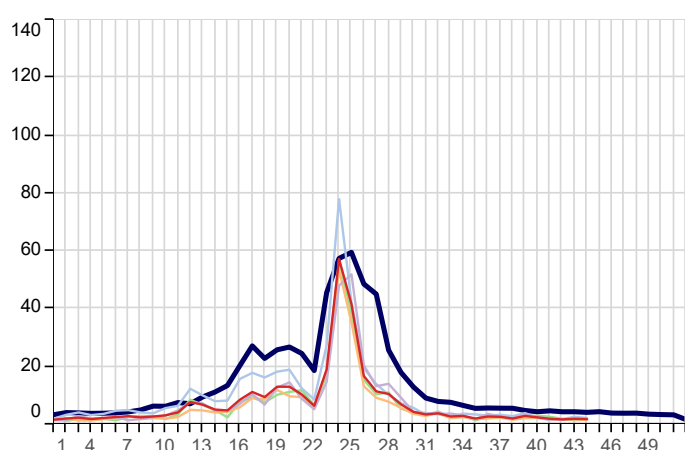
**Asthma (ICD10: J45-J46)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



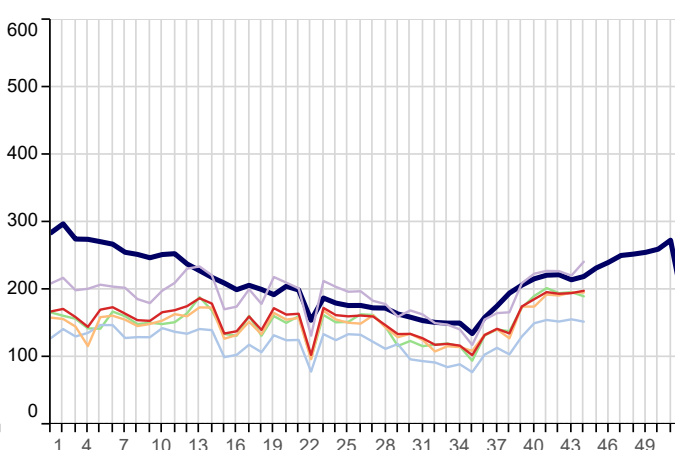
**Disorders of Conjunctiva (ICD10: H10-H13)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



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



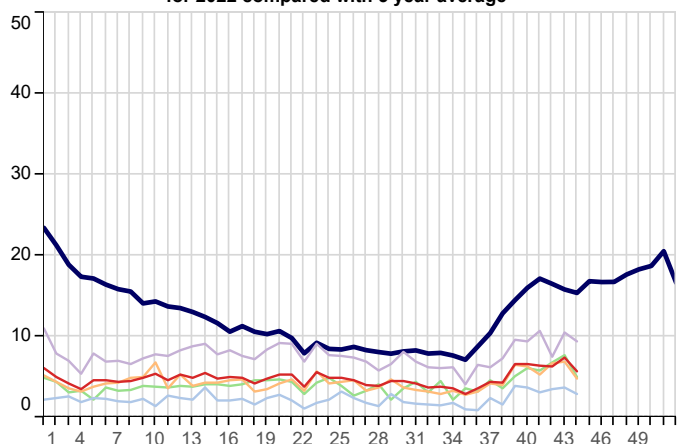
**Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



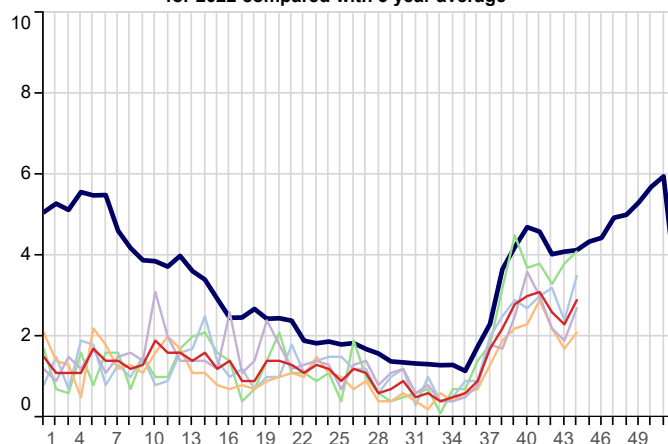
### 3. Respiratory Infections:

5yr Avg   National   London   North   South   Midlands And East

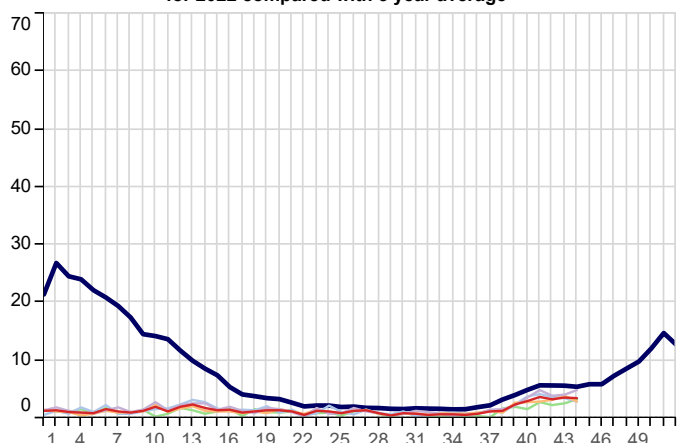
**Acute Bronchitis (ICD10: J20-J21,J40)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



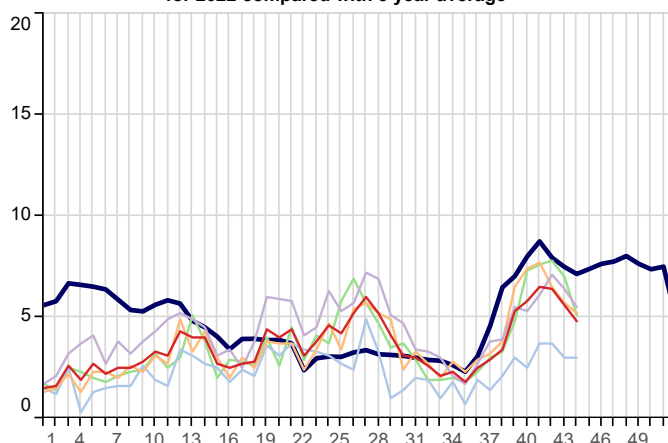
**Common Cold (ICD10: J00,J06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



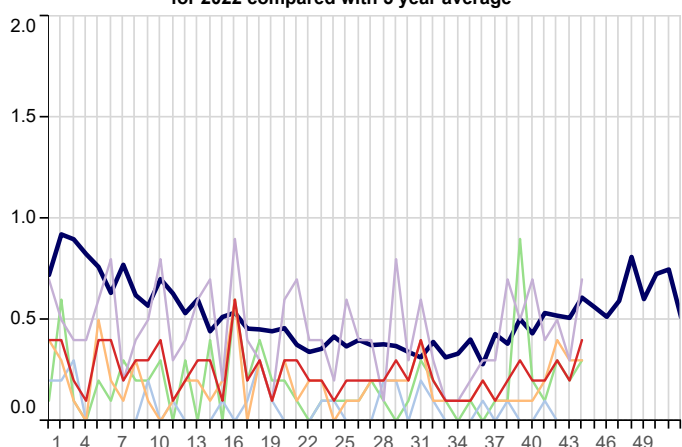
**Influenza-like illness (ICD10: J09-J11)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



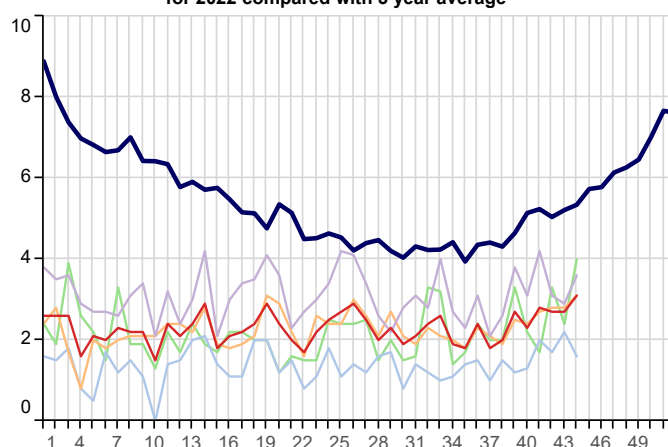
**Acute Laryngitis/Tracheitis (ICD10: J04)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



**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

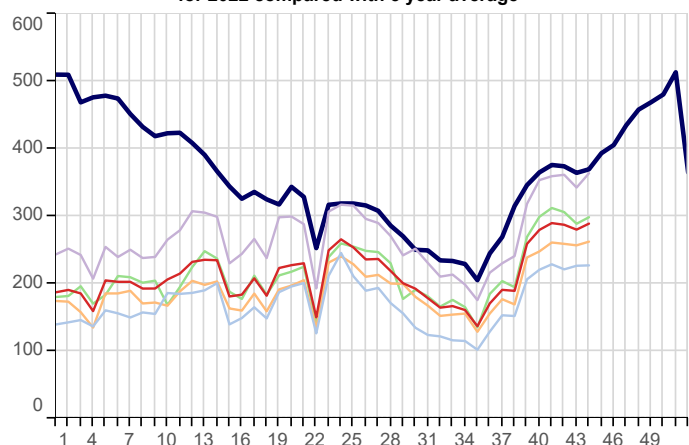




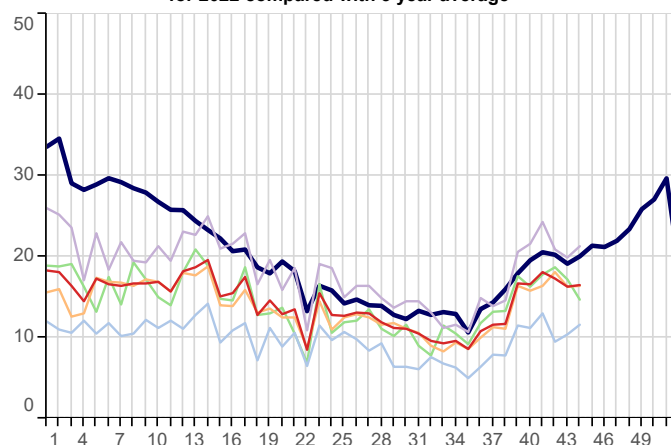
### 3. Respiratory Infections(Continued):

■ 5yr Avg ■ National ■ London ■ North ■ South ■ Midlands And East

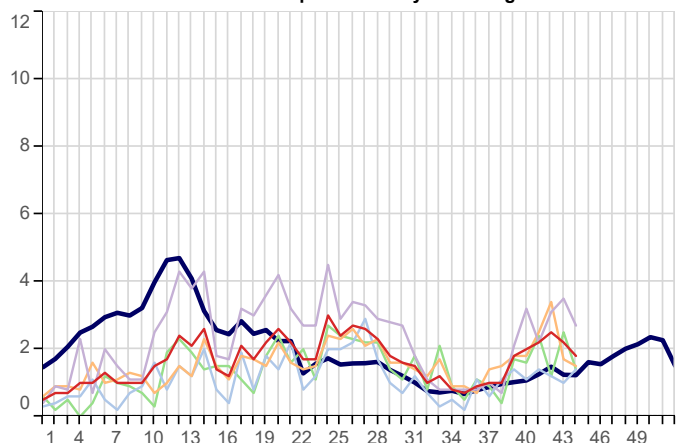
**Respiratory System Diseases (ICD10: J00-J99)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



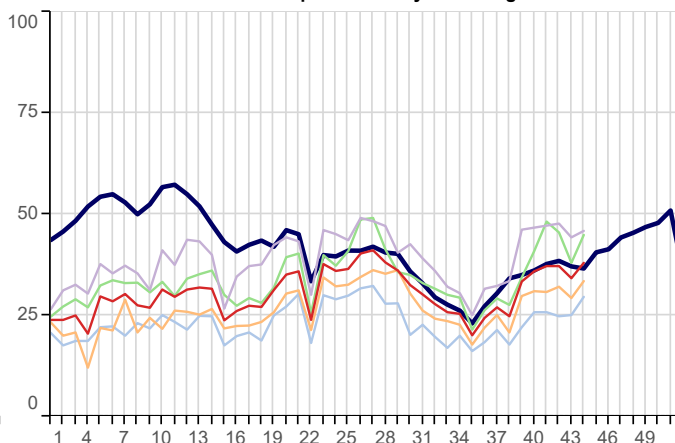
**Acute Sinusitis (ICD10: J01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



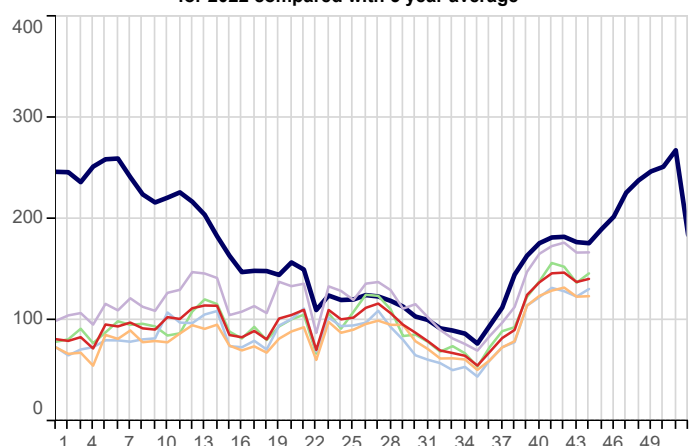
**Strep Sore Throat, Scarletina and Peritonsillar Abscess (ICD10: A38,J020,J36)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



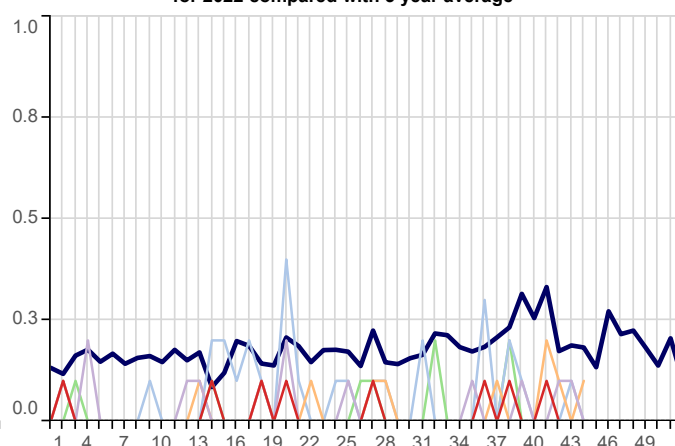
**Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



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



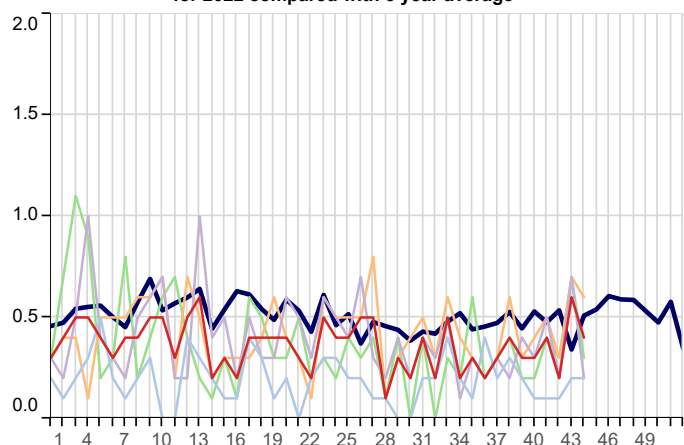
**Whooping Cough (ICD10: A37)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



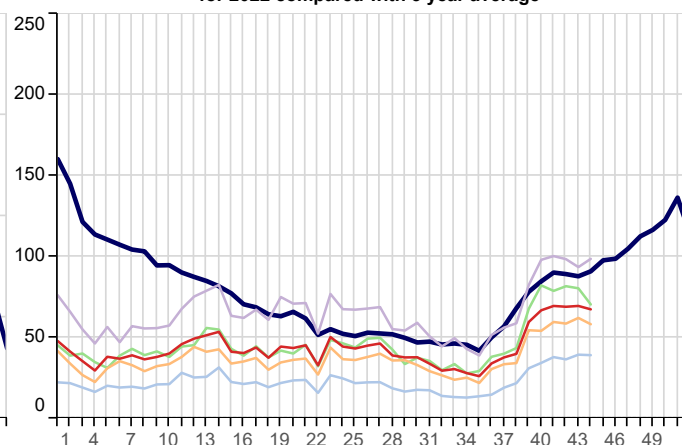
### 3. Respiratory Infections(Continued):

5yr Avg   National   London   North   South   Midlands And East

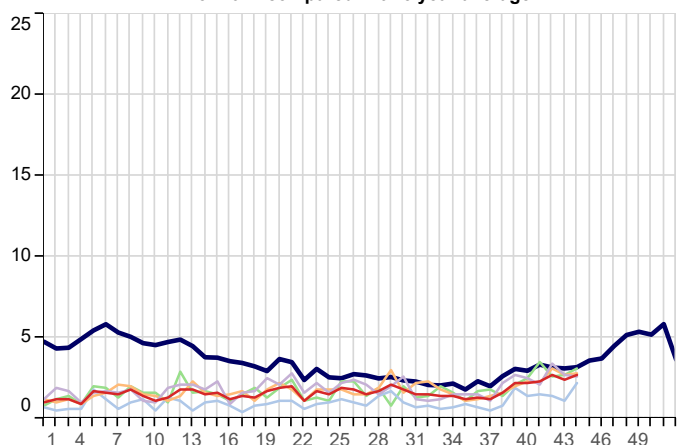
**Infectious Mononucleosis (ICD10: B27)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



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



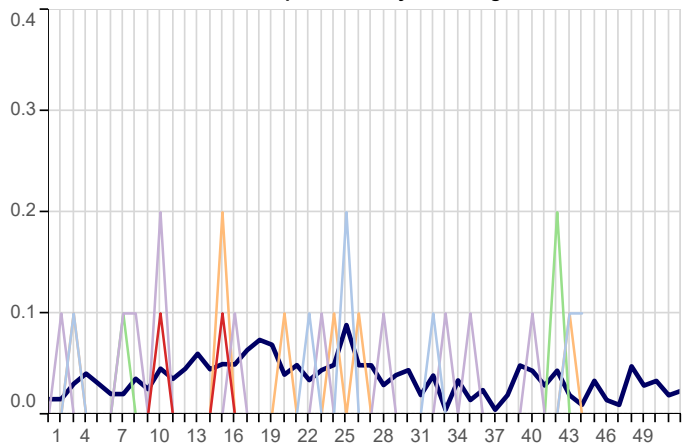
**Acute Otitis Media (ICD10: H650-H651,H660,H669)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



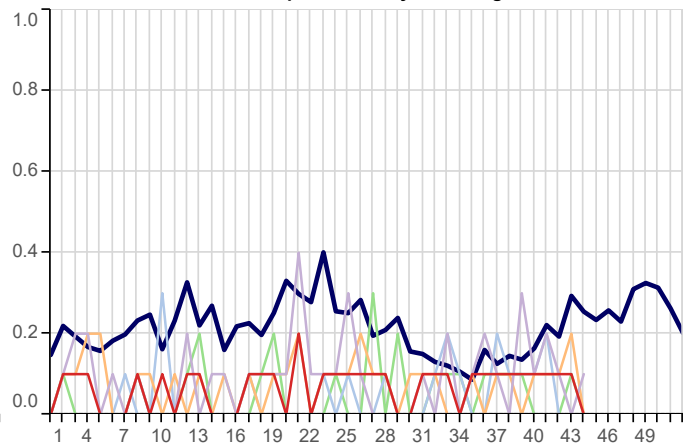
## 4. Vaccine Sensitive Disorders

5yr Avg   National   London   North   South   Midlands And East

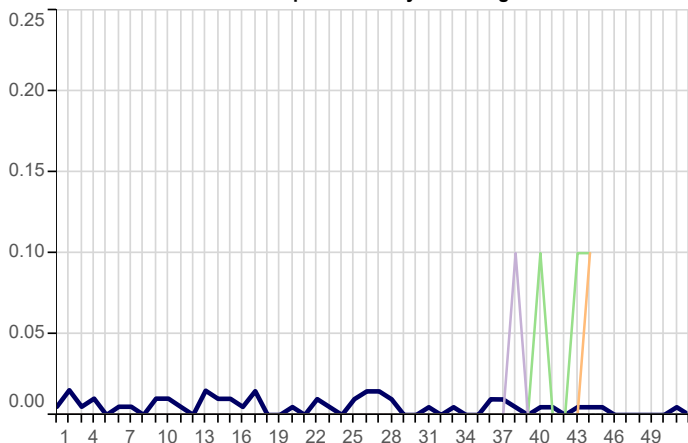
**Measles (ICD10: B05)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



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

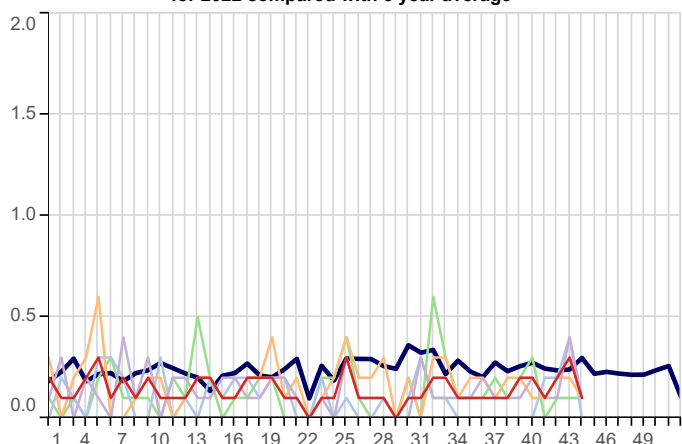


**Rubella (ICD10: B06)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average

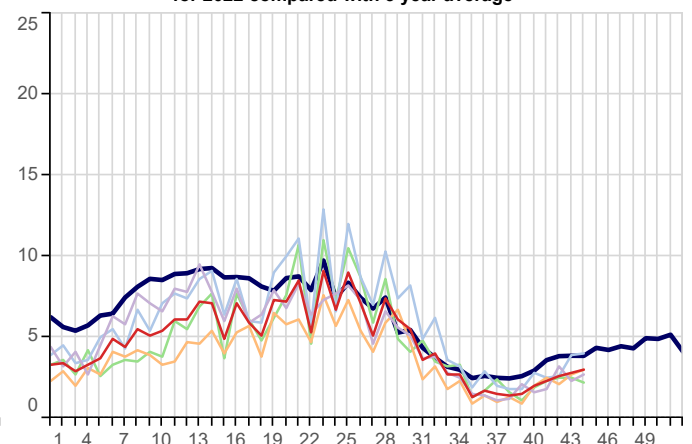


## 5. Skin Contagions

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



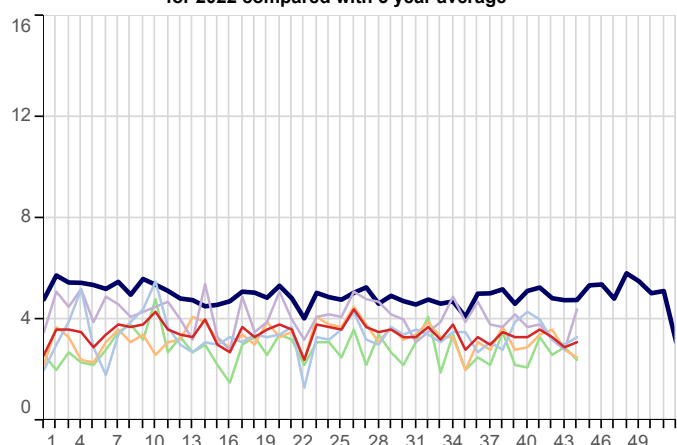
**Chickenpox (ICD10: B01)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



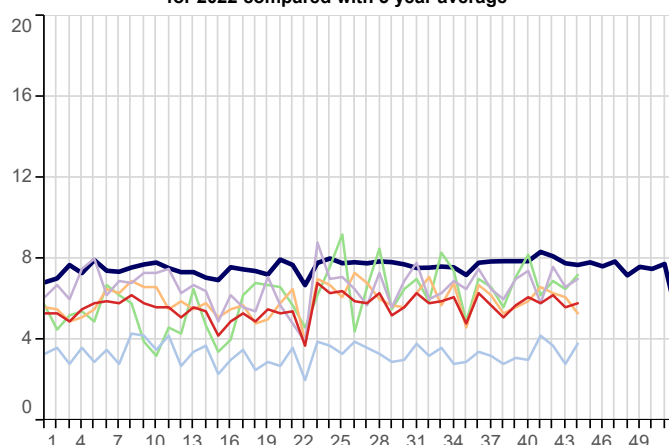
## 5. Skin Contagions (Continued)

5yr Avg   National   London   North   South   Midlands And East

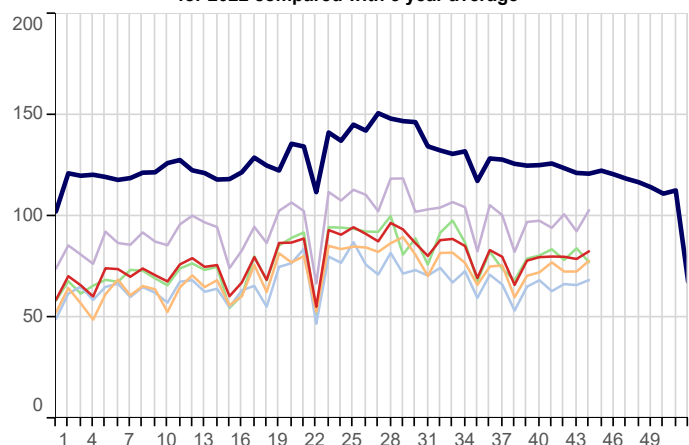
**Herpes Simplex (ICD10: B00)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



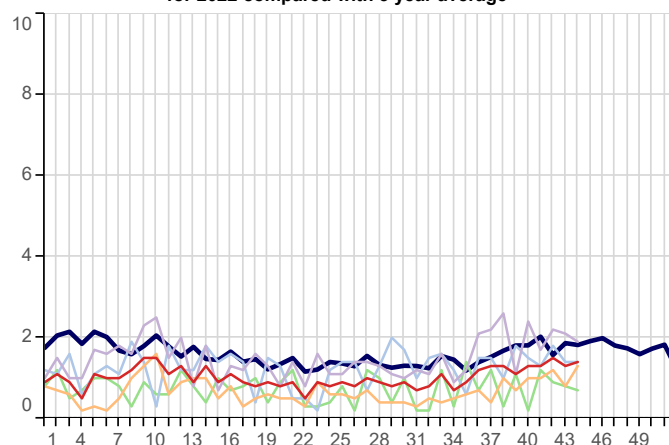
**Herpes Zoster (ICD10: B02)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



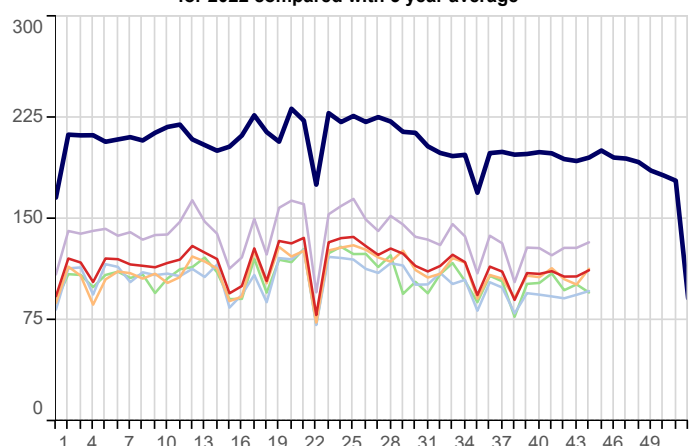
**Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



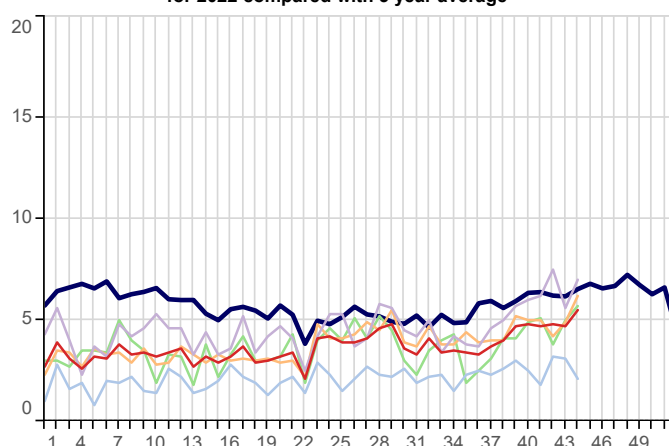
**Scabies (ICD10: B86)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



**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

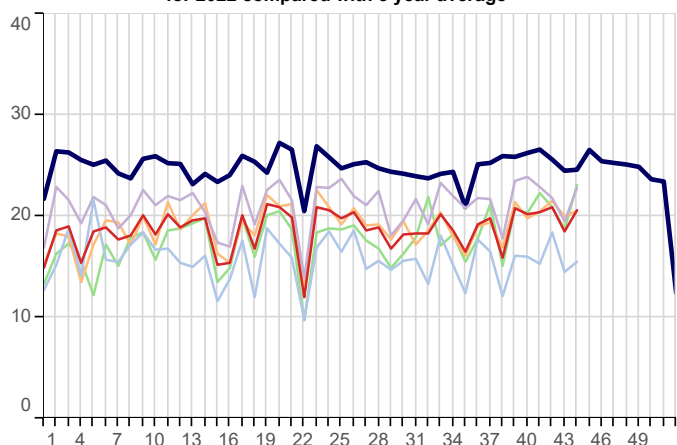
London

North

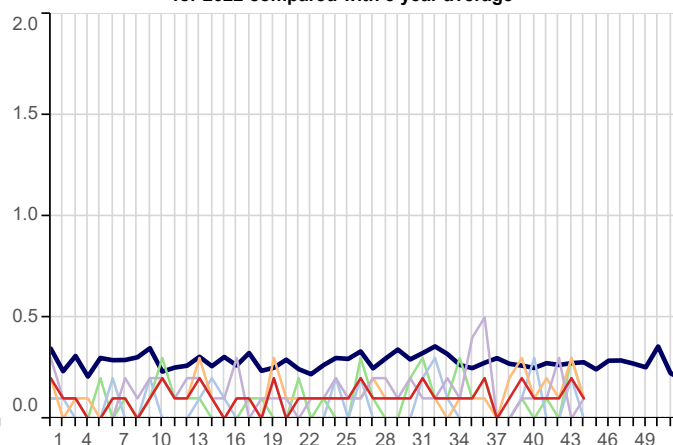
South

Midlands And East

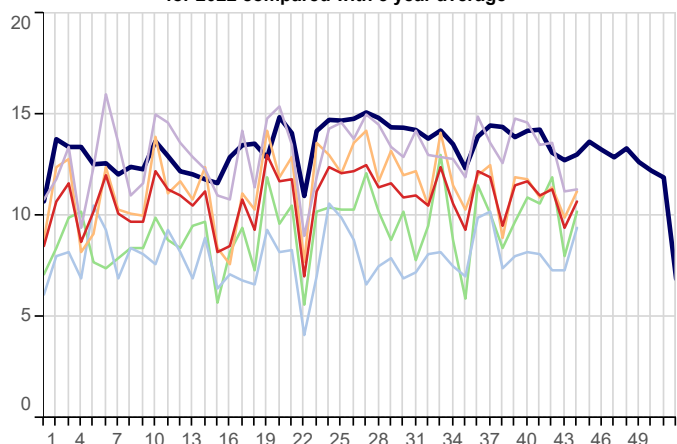
**Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



**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

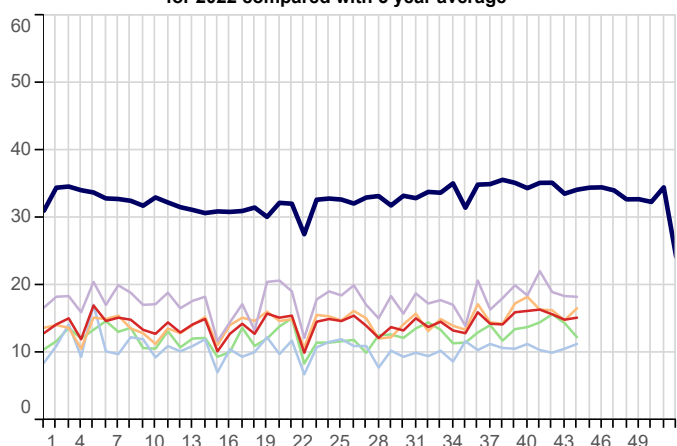


**Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)**  
Weekly incidence (per 100,000 all ages) by region  
for 2022 compared with 5 year average



## 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		31/10/2022 06/11/2022		24/10/2022 30/10/2022		17/10/2022 23/10/2022		10/10/2022 16/10/2022	
	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Allergic Rhinitis	1.9	94	2.0	100	1.8	93	2.0	105		
Asthma	15.1	768	12.5	613	13.8	720	14.6	757		
Bronchitis	5.7	289	7.4	361	6.3	328	6.4	333		
Bullous Dermatoses	0.1	4	0.3	14	0.2	8	0.1	6		
Chickenpox	3.0	151	2.8	137	2.6	134	2.3	118		
Common Cold	2.9	146	2.3	112	2.6	135	3.1	161		
Conjunctival Disorders	13.5	687	12.5	614	12.5	652	11.9	619		
Herpes Simplex	3.1	159	2.9	141	3.3	170	3.6	188		
Herpes Zoster	5.8	292	5.6	275	6.2	325	5.8	302		
Impetigo	5.5	279	4.7	232	4.8	251	4.7	244		
Infectious Mononucleosis	0.4	18	0.6	29	0.2	13	0.4	21		
Influenza-like illness	3.5	178	3.6	177	3.3	173	3.7	191		
Infectious Intestinal Diseases	6.8	345	6.2	303	7.4	387	6.6	344		
Laryngitis and Tracheitis	4.8	244	5.6	273	6.4	331	6.5	337		
Lower Respiratory Tract Infections	67.5	3,425	69.6	3,405	69.1	3,596	69.6	3,613		
Measles	0.0	1	0.0	2	0.0	2	0.0	0		
Meningitis and Encephalitis	0.1	4	0.2	10	0.1	5	0.1	6		
Mumps	0.0	2	0.1	4	0.1	4	0.1	7		
Non-infective Enteritis and Colitis	11.4	577	11.1	541	11.5	598	11.5	598		
Otitis Media Acute	2.7	136	2.4	116	2.7	143	2.3	117		
Peripheral Nervous Disease	20.6	1,043	18.5	907	20.9	1,087	20.4	1,059		
Pleurisy	0.4	18	0.2	11	0.3	18	0.2	11		
Pneumonia and Pneumonitis	3.1	156	2.7	130	2.7	142	2.8	145		
Respiratory System Diseases	289.1	14,661	280.2	13,709	287.4	14,964	289.9	15,047		
Rubella	0.0	2	0.0	1	0.0	0	0.0	0		
Scabies	1.4	69	1.3	63	1.5	80	1.3	66		
Sinusitis	16.5	835	16.3	797	17.3	899	18.1	939		
Skin and Subcutaneous Tissue Infections	82.7	4,196	78.9	3,861	80.0	4,168	80.1	4,158		
Strep Throat and Peritonsillar Abscess	1.8	90	2.2	108	2.5	130	2.2	114		
Symptoms involving musculoskeletal	10.7	543	9.4	459	11.3	587	11.0	572		
Symptoms involving Respiratory and Chest	198.4	10,064	194.9	9,535	194.0	10,104	196.4	10,195		
Symptoms involving Skin and Integument Tissues	112.0	5,680	107.4	5,254	107.3	5,589	111.3	5,774		
Tonsillitis and acute Pharyngitis	38.0	1,929	34.2	1,671	37.2	1,937	37.2	1,932		
Upper Respiratory Tract Infections	140.8	7,141	137.7	6,738	147.0	7,655	146.3	7,591		
Urinary Tract Infections	15.2	772	14.9	729	15.7	817	16.4	852		
Viral Hepatitis	0.3	15	0.3	16	0.3	14	0.3	13		
Whooping Cough	0.0	1	0.0	2	0.0	2	0.1	3		
<b>Practice Count</b>		<b>495</b>		<b>479</b>		<b>496</b>		<b>499</b>		
<b>Denom</b>		<b>5,071,360</b>		<b>4,892,707</b>		<b>5,207,286</b>		<b>5,190,104</b>		

## 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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