Royal College of General Practitioners

RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year…….24/2016
Week Starting - Ending……..13/06/2016 - 19/06/2016
No. of Practices……145
Population…… 1365941

National (England)

- **Allergic Rhinitis :** decreased from **74.3** in week 23 to **47.1** in week 24.
- **Asthma :** increased from **11.7** in week 23 to **13.0** in week 24.
- **Common Cold & URTI NOS :** increased from **55.1** in week 23 to **59.0** in week 24.
- **Infectious Intestinal Diseases (IID) :** decreased from **10.4** in week 23 to **9.2** in week 24.
- **Respiratory System Diseases :** decreased from **289.3** in week 23 to **258.8** in week 24.

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

- **Allergic Rhinitis :** decreased from **79.3** in week 23 to **63.3** in week 24 in the London region, decreased from **60.5** in week 23 to **37.2** in week 24 in the North region, decreased from **89.5** in week 23 to **48.5** in week 24 in the South region, and decreased from **70.2** in week 23 to **44.6** in week 24 in the Midlands And East region.
- **Asthma :** decreased from **14.6** in week 23 to **12.9** in week 24 in the London region, increased from **10.2** in week 23 to **13.2** in week 24 in the North region, was unchanged at **10.8** in week 23 compared with **11.1** in week 24 in the South region, and increased from **11.9** in week 23 to **16.2** in week 24 in the Midlands And East region.
- **Common Cold & URTI NOS :** was unchanged at **84.1** in week 23 compared with **83.6** in week 24 in the London region, increased from **46.6** in week 23 to **54.7** in week 24 in the North region, increased from **42.1** in week 23 to **49.0** in week 24 in the South region, and decreased a little from **54.1** in week 23 to **52.2** in week 24 in the Midlands And East region.
- **Infectious Intestinal Diseases (IID) :** decreased from **11.5** in week 23 to **10.5** in week 24 in the London region, decreased a little from **13.2** in week 23 to **12.7** in week 24 in the North region, decreased from **8.6** in week 23 to **5.4** in week 24 in the South region, and was unchanged at **6.4** in week 23 compared with **6.3** in week 24 in the Midlands And East region.
- **Respiratory System Diseases :** decreased a little from **311.6** in week 23 to **300.4** in week 24 in the London region, decreased from **280.5** in week 23 to **247.2** in week 24 in the North region, decreased from **271.1** in week 23 to **226.7** in week 24 in the South region, and decreased from **306.9** in week 23 to **282.0** in week 24 in the Midlands And East region.

Comment:

Hay fever / allergic rhinitis is near or at its seasonally expected peak. The rate of presentations was highest for people aged 5-24.

Other conditions are at or around seasonally expected levels.

Spring/Summer Focus 2016

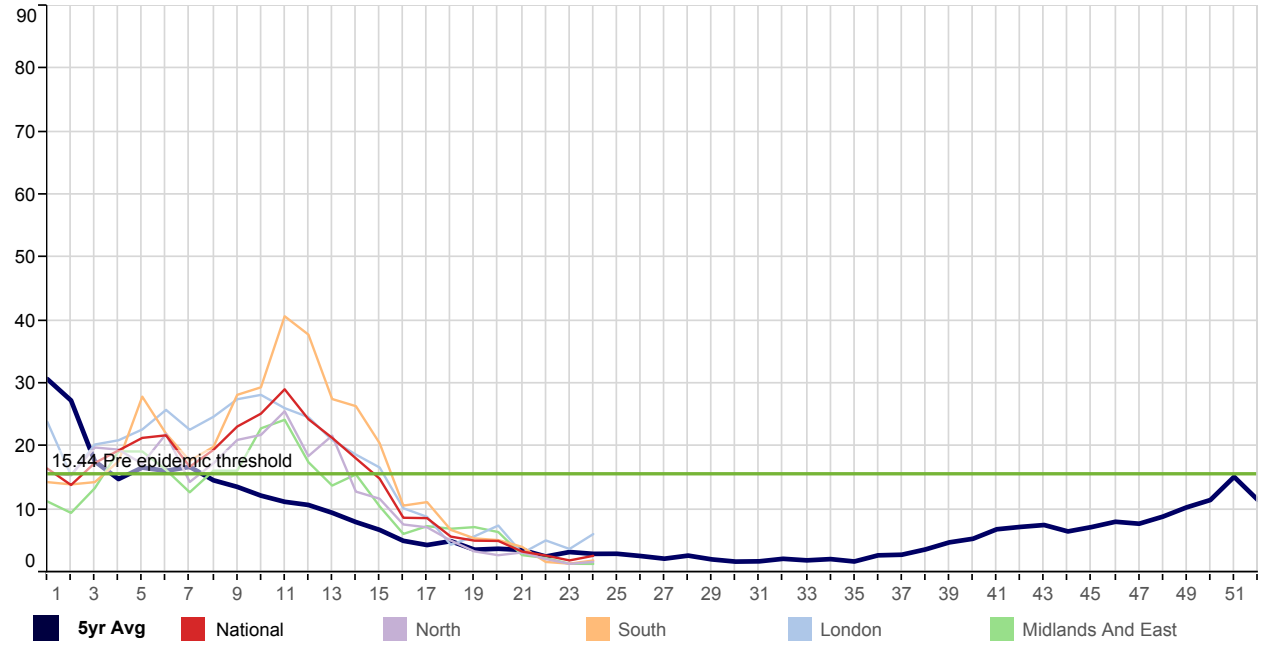
Please see page 13 for explanatory notes on the data.

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

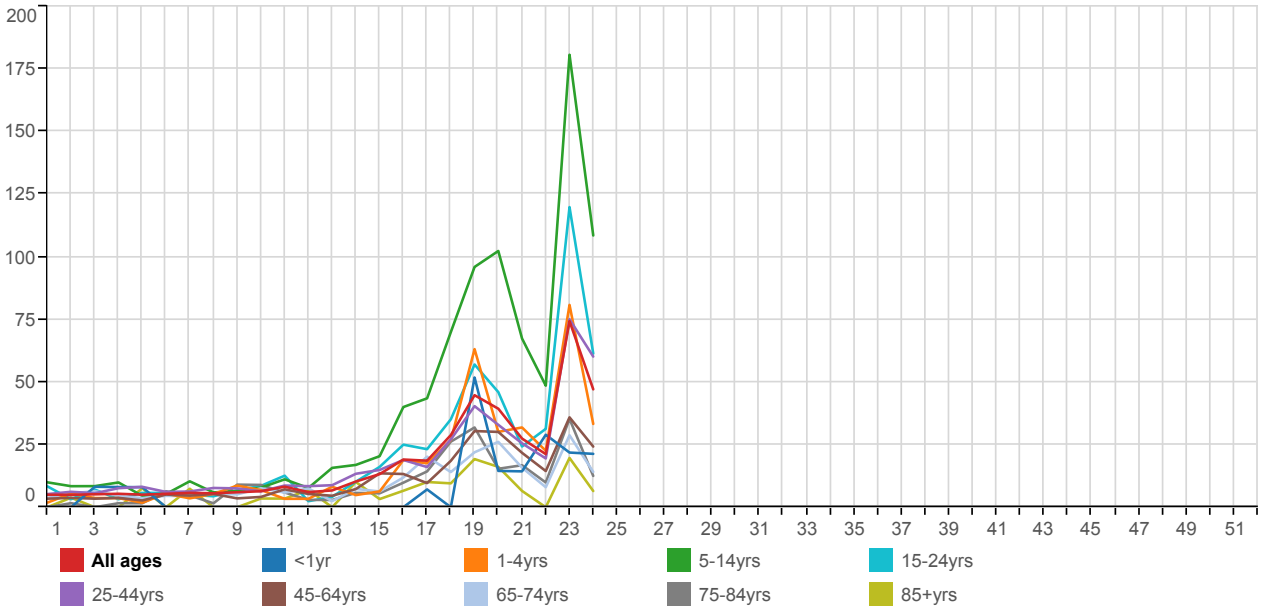
	Bronchitis	Influenza-like illness
<1yr	99.5	7.1
1-4yrs	58.6	0.0
5-14yrs	15.2	2.0
15-24yrs	14.1	4.5
25-44yrs	28.7	3.1
45-64yrs	48.4	2.7
65-74yrs	83.0	1.6
75-84yrs	144.4	1.4
85+yrs	229.3	0.0
All ages	48.0	2.6

	Influenza-like illness	Bronchitis
London	6.1	43.6
North	1.7	52.8
South	1.9	35.7
Midlands And East	1.4	64.0
National	2.6	48.0

(A) Influenza-like illness: national incidence rate summer 2016*

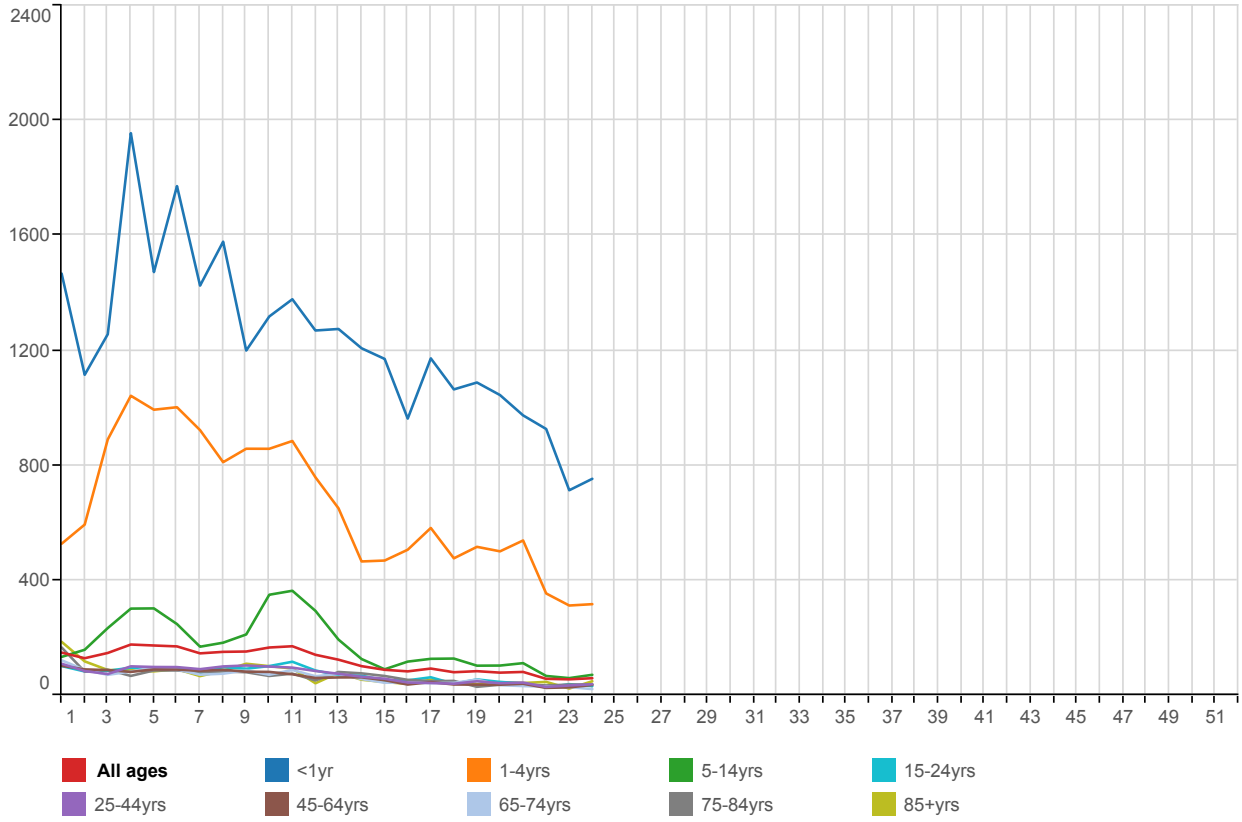


(B) Allergic Rhinitis: national incidence rate summer 2016*

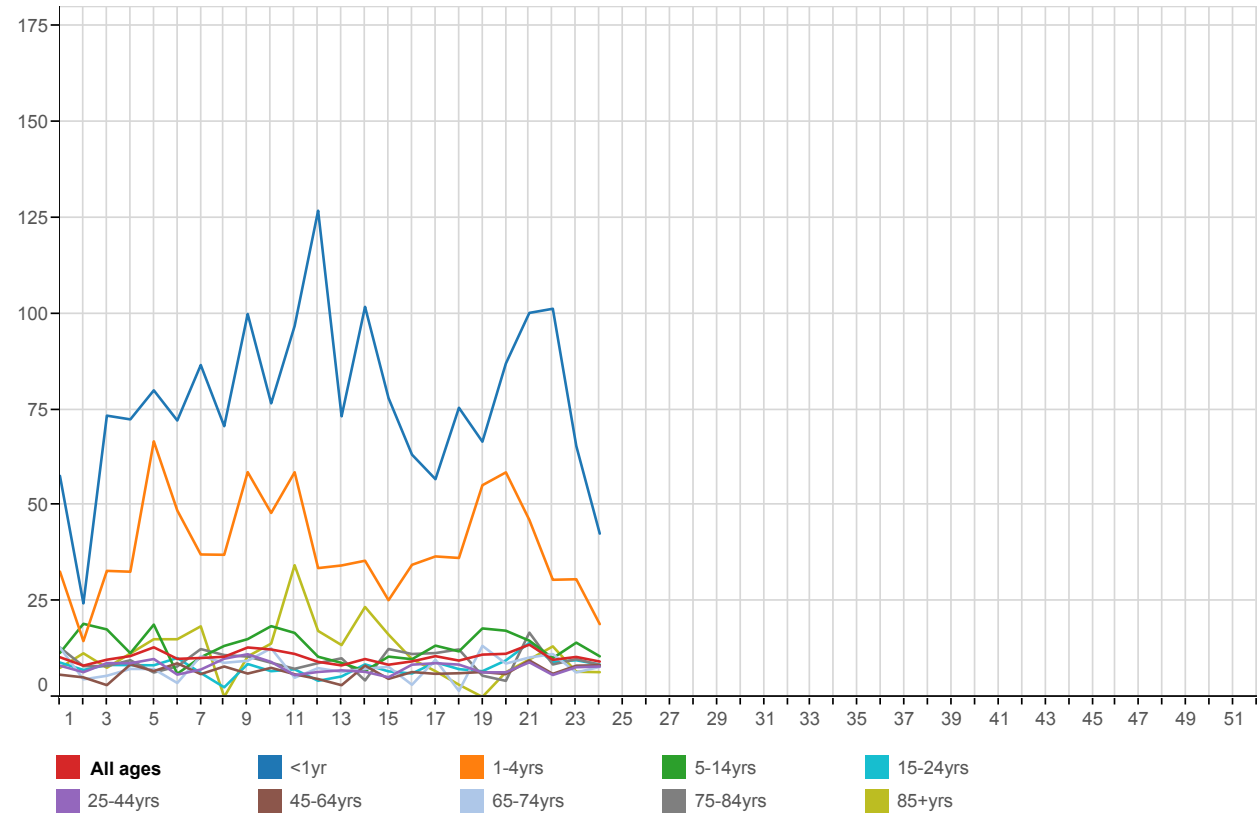


* The thresholds used are the agreed RCGP/ Public Health England levels for 2016. The rolling average line (blue) is based on 5 year historic RCGP RSC level.

(C) Common Cold & URTI NOS : national incidence rate 2016 by age group*



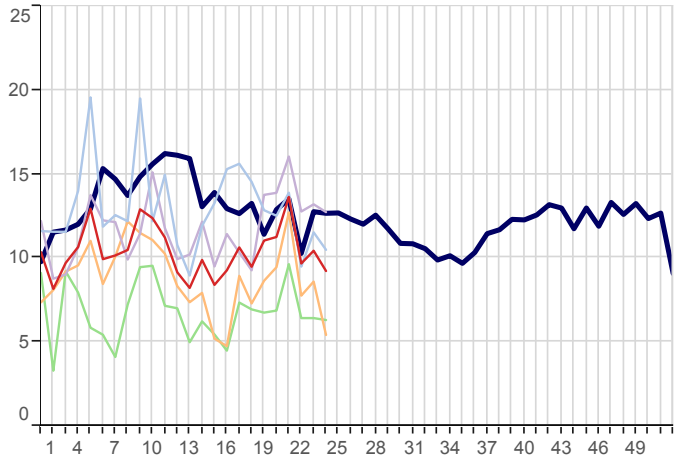
(D) Infectious Intestinal Diseases : national incidence rate 2016 by age group*



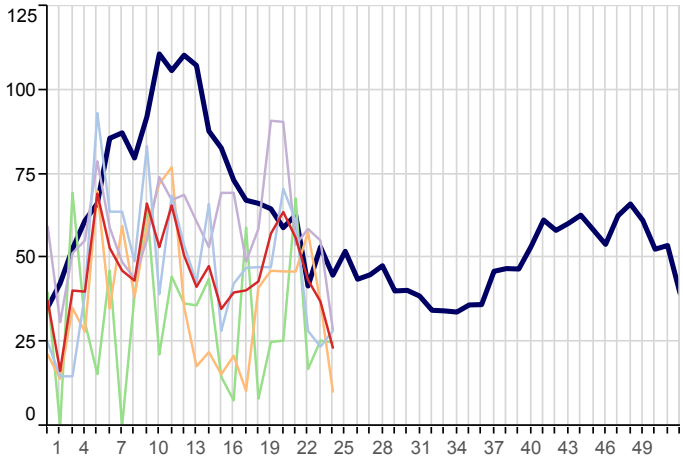
1. Water & Food Borne Disorders:

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

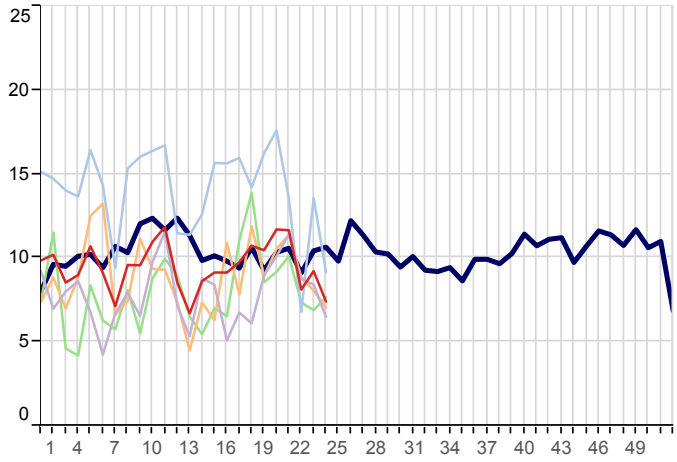
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 all ages) by regions
for 2016 compared with 5 year average



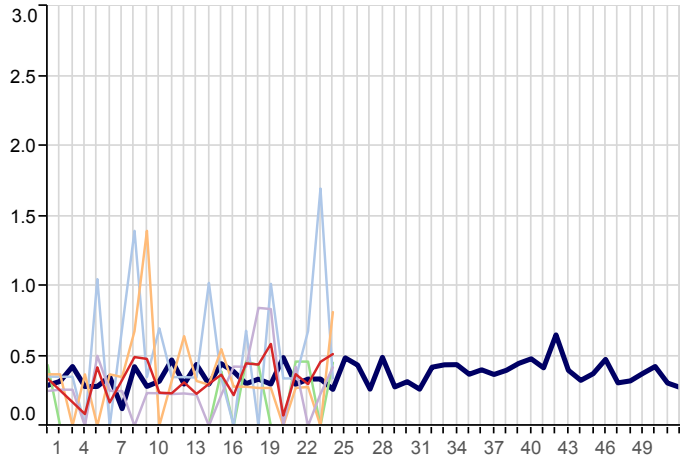
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 0-4 years) by regions
for 2016 compared with 5 year average



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



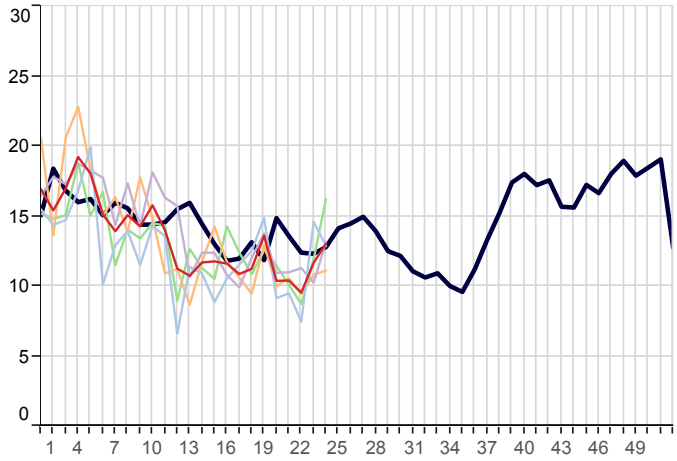
Viral Hepatitis (ICD10: B15-B19)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



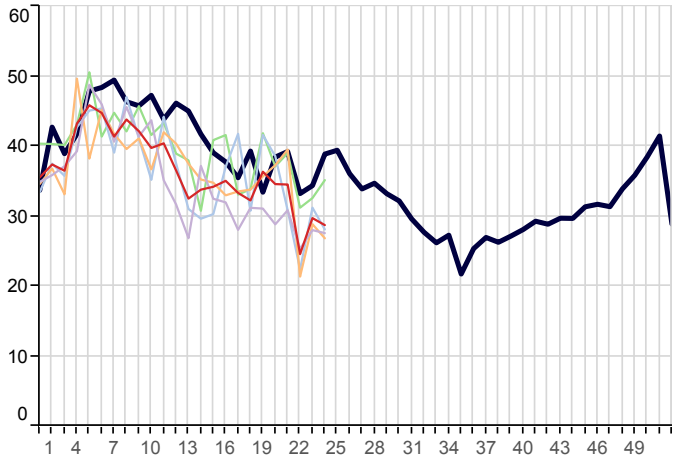
2. Environmentally Sensitive Disorders:

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

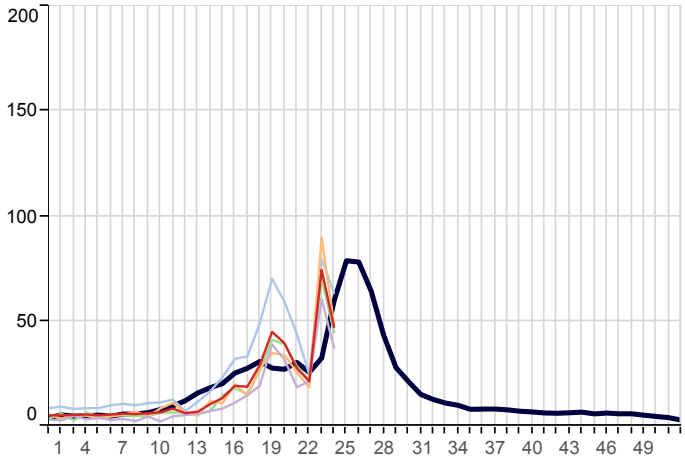
Asthma (ICD10: J45-J46)
Weekly incidence (per 100,000 all ages) by region for 2016 compared with 5 year average



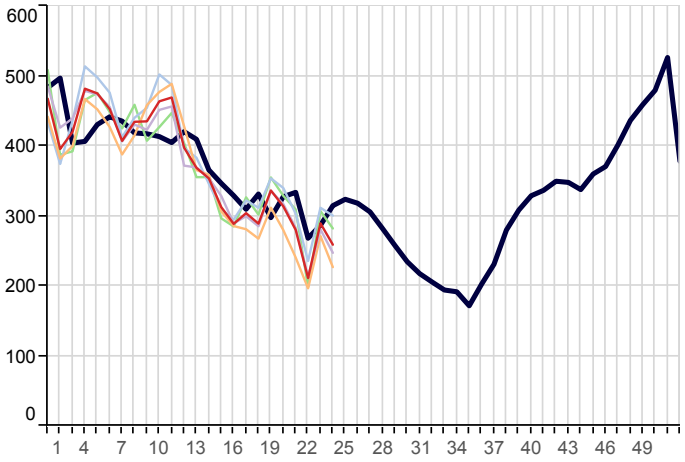
Disorders of Conjunctiva (ICD10: H10-H13)
Weekly incidence (per 100,000 all ages) by region for 2016 compared with 5 year average



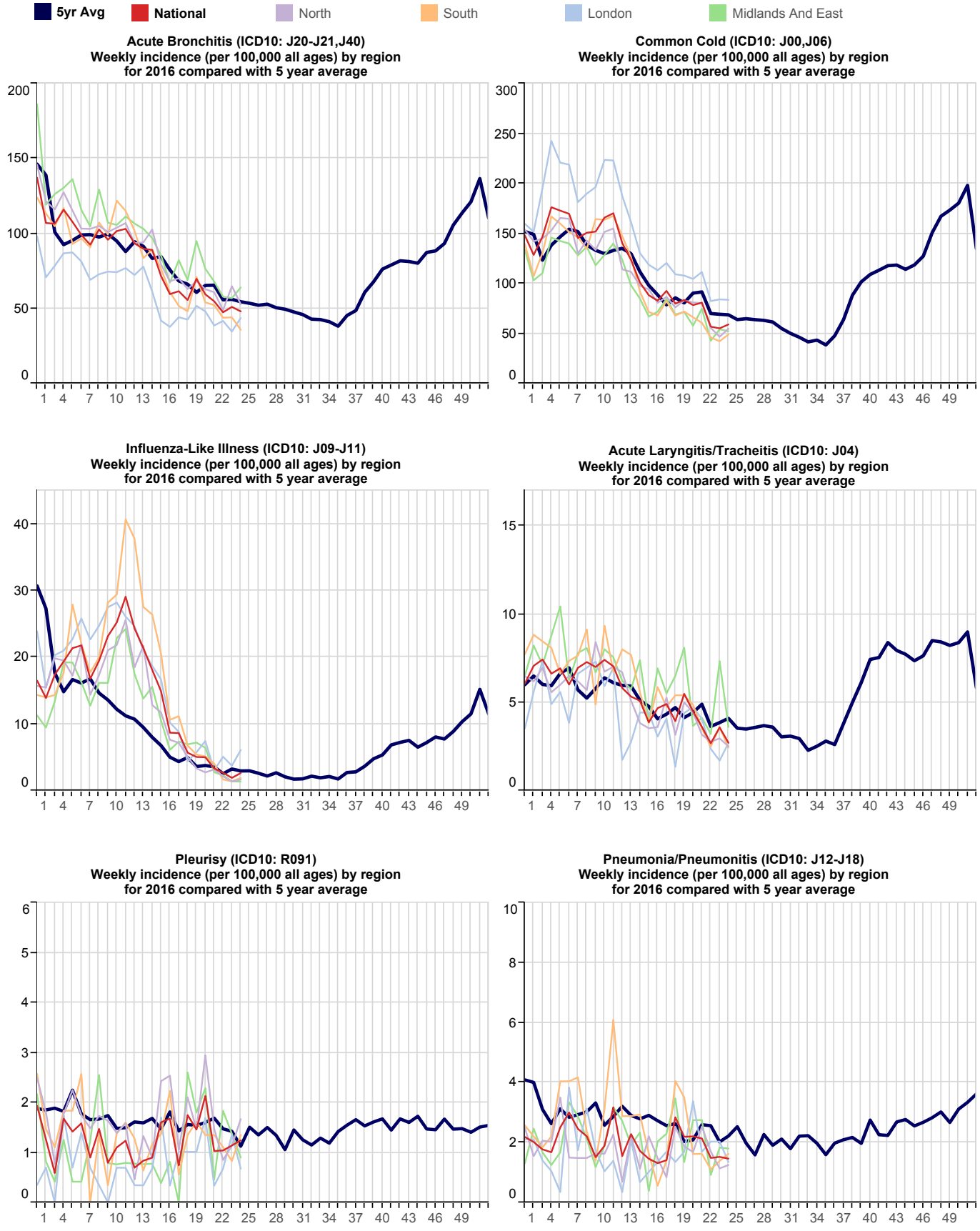
Hayfever/Allergic Rhinitis (ICD10: J30)
Weekly incidence (per 100,000 all ages) by region for 2016 compared with 5 year average



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



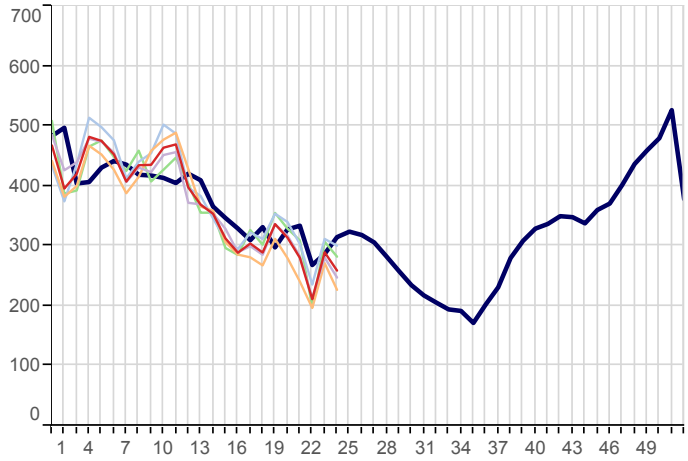
3. Respiratory Infections:



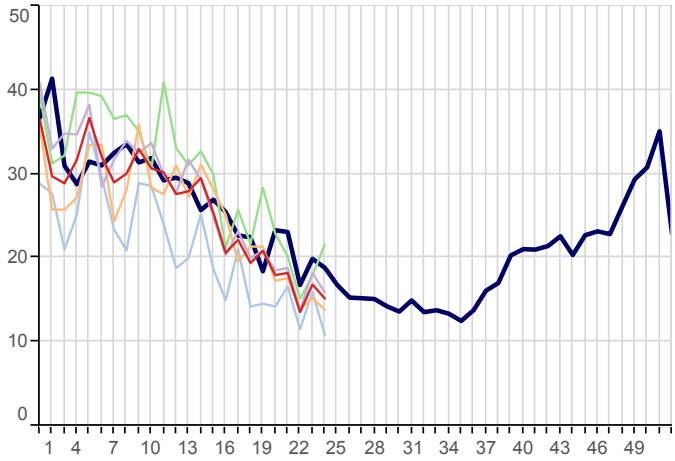
3. Respiratory Infections(Continued):

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

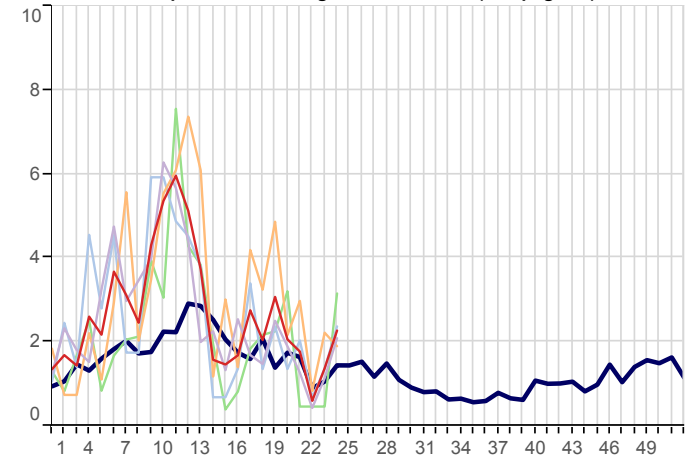
Respiratory System Diseases (ICD10: J00-J99)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



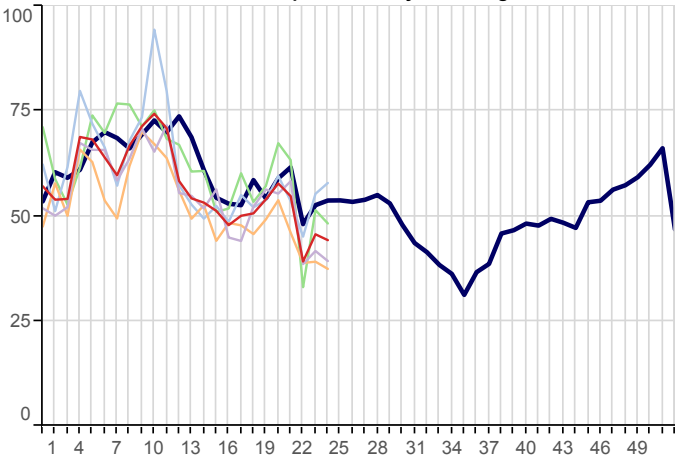
Acute Sinusitis (ICD10: J01)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



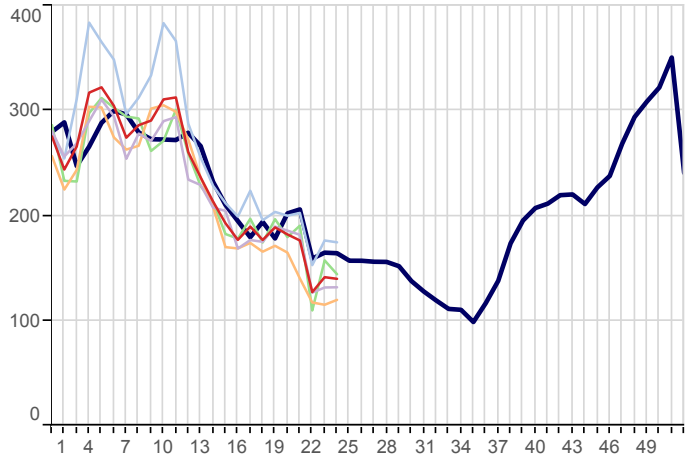
Strep Sore Throat, Scarlatina and Peritonsillar Abscess (ICD10: A38,J020,J36)
Weekly incidence (per 100,000 all ages) by region for 2015
compared with average for 2010 - 2012 (See page 13)



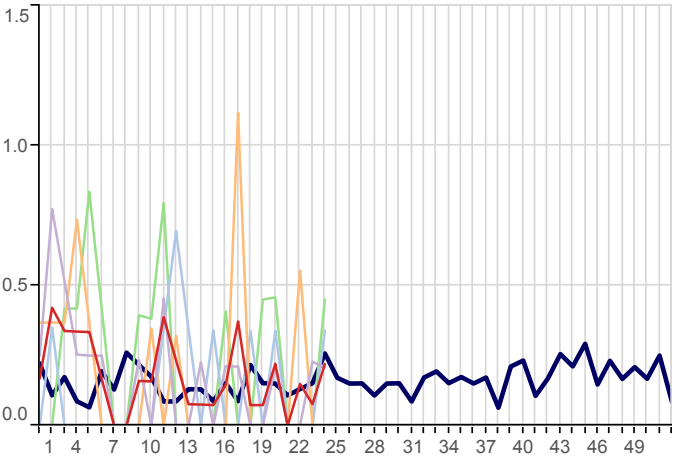
Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



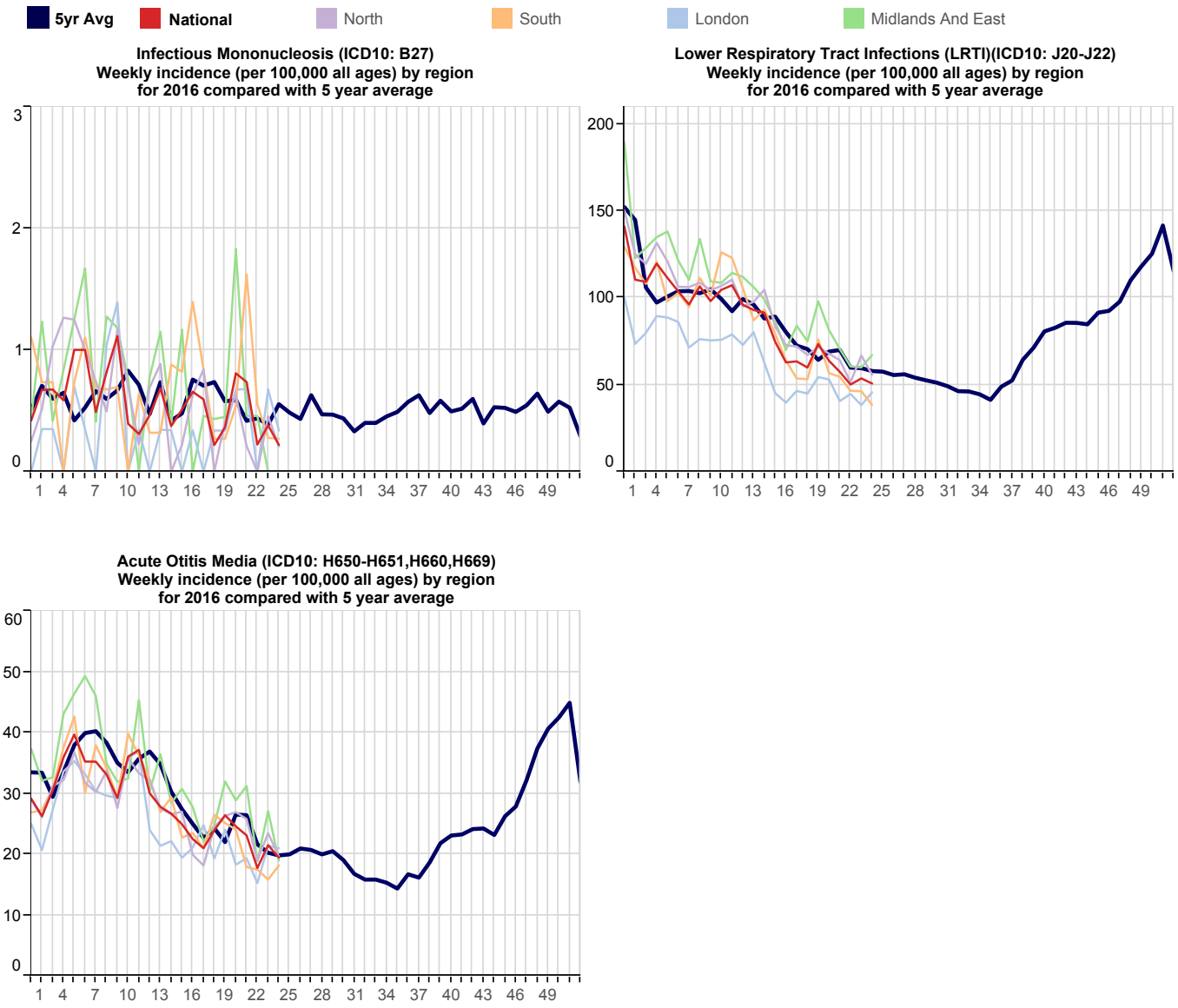
Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



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

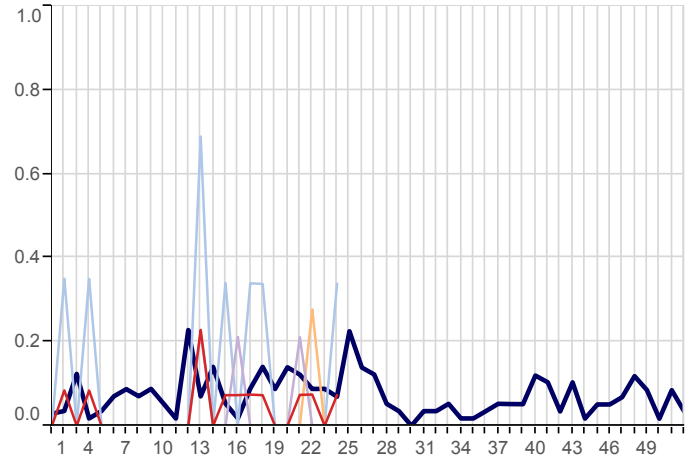


3. Respiratory Infections(Continued):

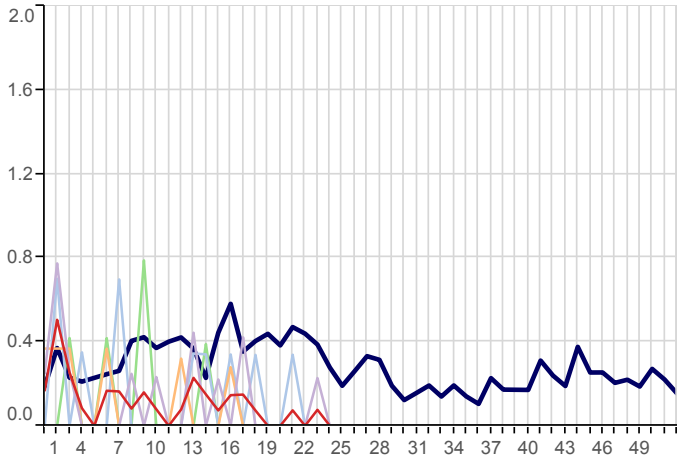


4. Vaccine Sensitive Disorders

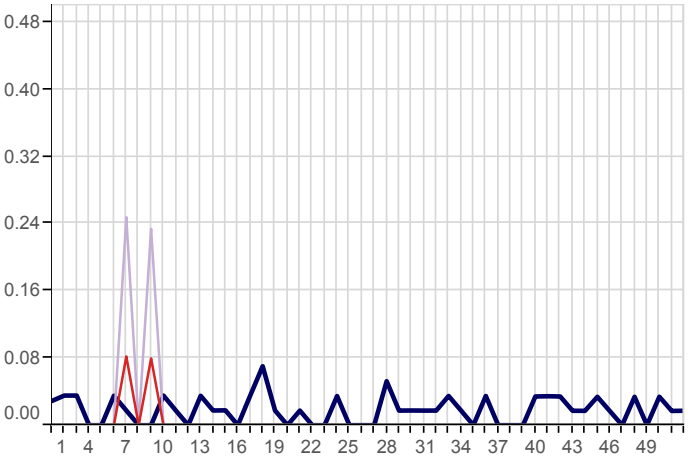
Measles (ICD10: B05)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



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

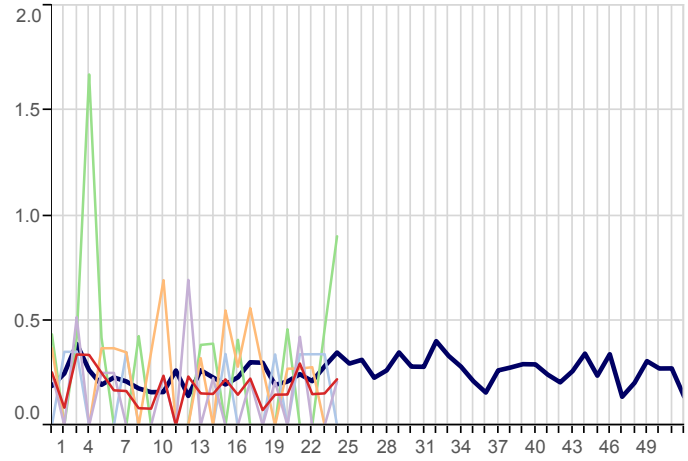


Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average

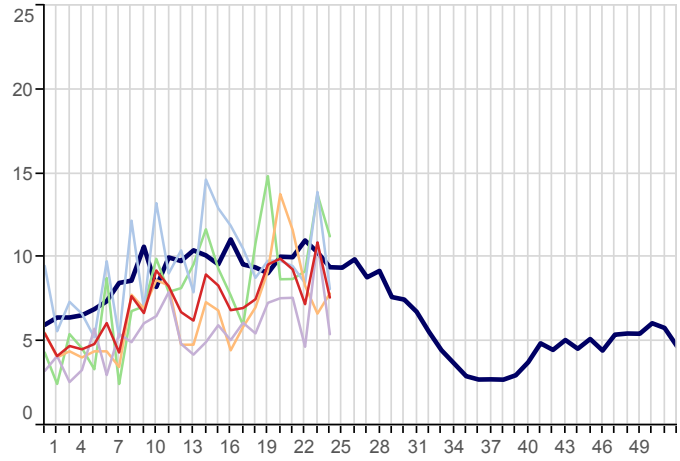


5. Skin Contagions

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



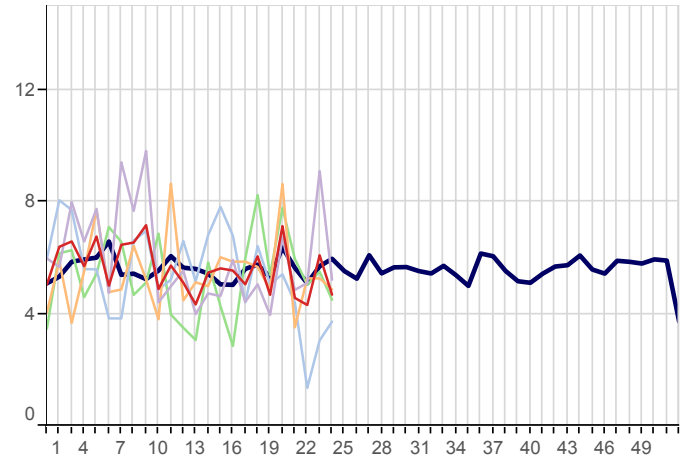
Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



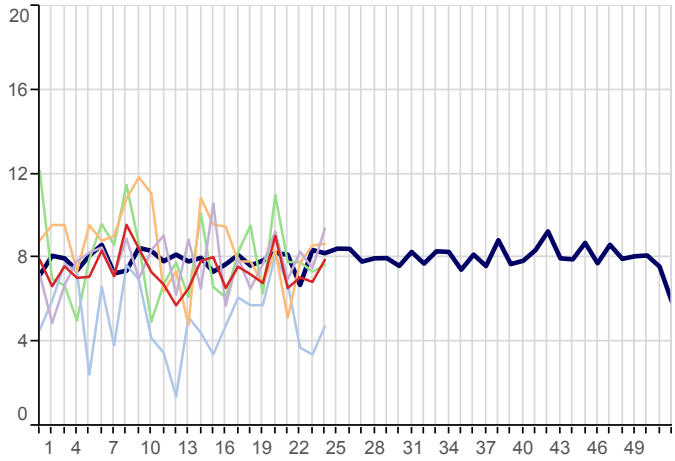
5. Skin Contagions (Continued)

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

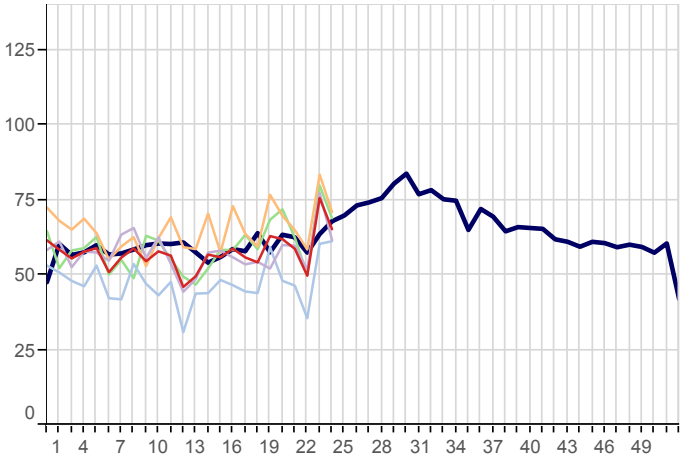
Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



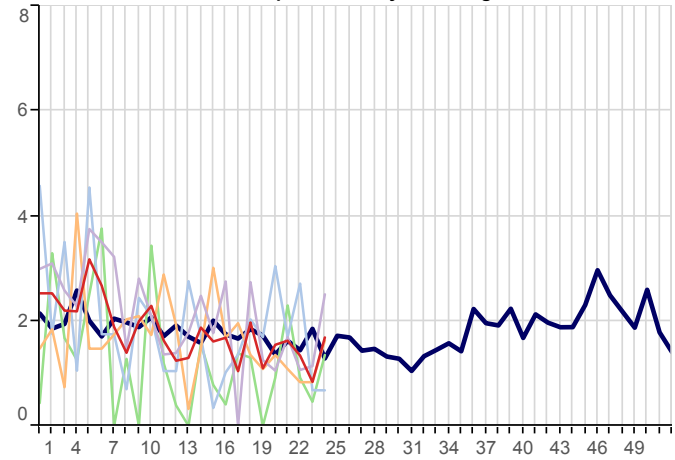
Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



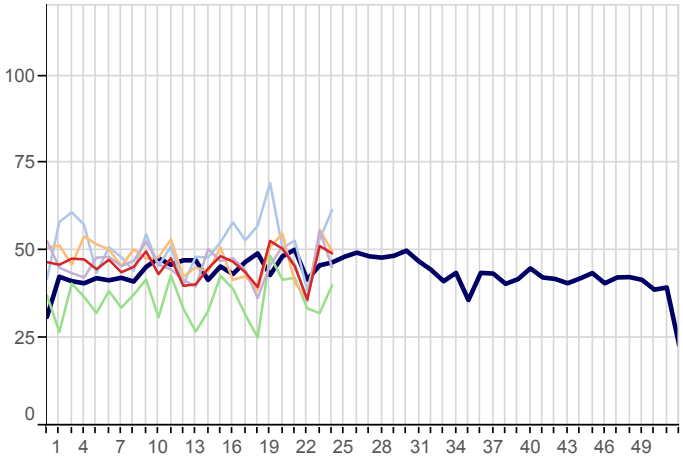
Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



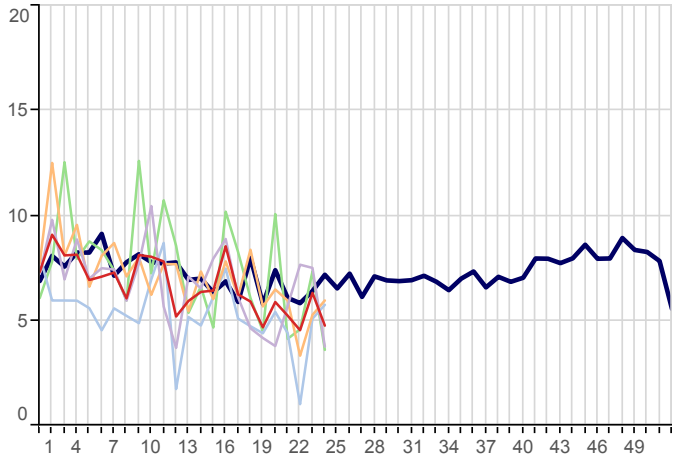
Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



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



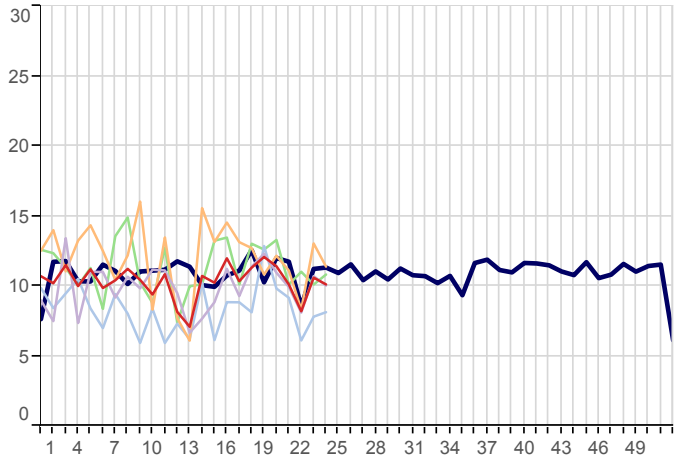
Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



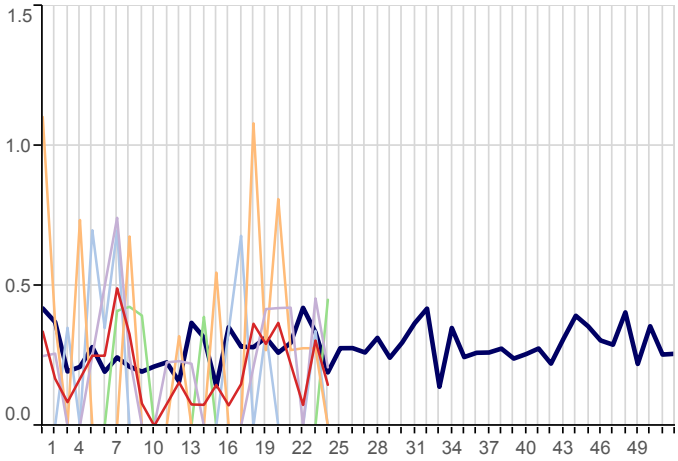
6. Disorders Affecting the Nervous System

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

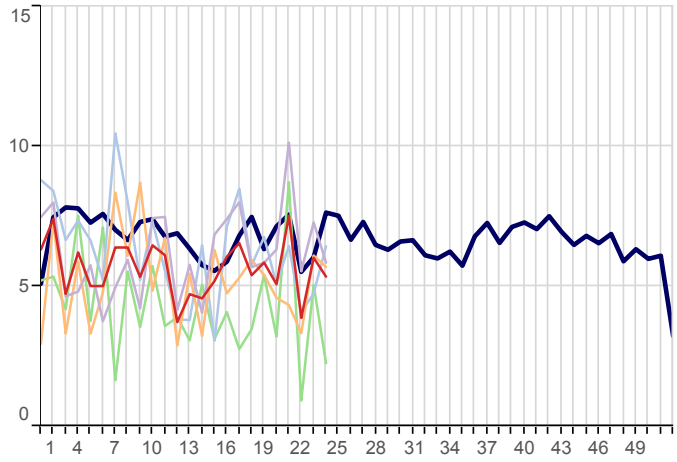
Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



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

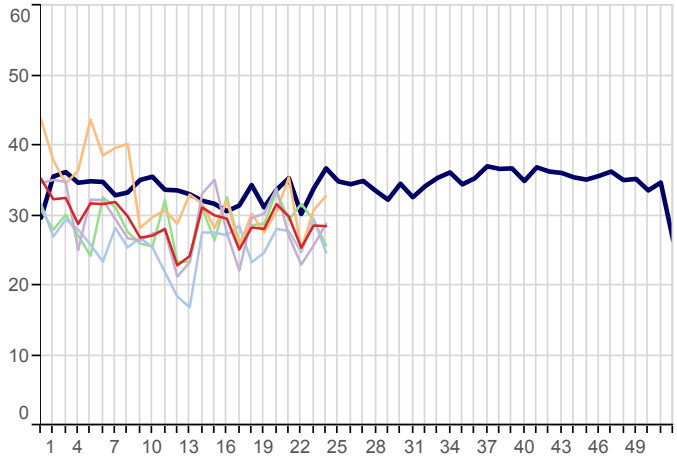


Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region
for 2016 compared with 5 year average



7. Genitourinary System Disorders

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



8. Tabular Summary by Disease

Week beginning / Week ending	13/06/2016 19/06/2016		06/06/2016 12/06/2016		30/05/2016 05/06/2016		23/05/2016 29/05/2016	
Disease Name	Rate	Episodes	Rate	Episodes	Rate	Episodes	Rate	Episodes
Allergic Rhinitis	47.1	643	74.3	976	21.2	285	27.4	372
Asthma	13.0	178	11.7	153	9.5	128	10.4	141
Acute Bronchitis	48.0	656	51.0	670	47.4	637	54.8	743
Bullous Dermatoses	0.2	3	0.2	2	0.1	2	0.3	4
Chickenpox	7.6	104	10.9	143	7.2	97	9.3	126
Common Cold	59.0	806	55.1	723	56.8	763	80.8	1,096
Conjunctival Disorders	28.7	392	29.7	390	24.6	330	34.5	468
Herpes Simplex	4.7	64	6.1	80	4.3	58	4.6	62
Herpes Zoster	7.9	108	6.9	90	7.1	95	6.6	89
Impetigo	4.8	65	6.3	83	4.5	61	5.2	71
Infectious Mononucleosis	0.2	3	0.4	5	0.2	3	0.7	10
Influenza-like illness	2.6	36	1.9	25	2.7	36	3.3	45
Infectious Intestinal Diseases	9.2	126	10.4	137	9.7	130	13.6	185
Laryngitis and Tracheitis	2.7	37	3.6	47	2.7	36	3.6	49
Lower Respiratory Tract Infections	50.7	693	53.7	705	50.1	674	57.5	780
Measles	0.1	1	0.0	0	0.1	1	0.1	1
Meningitis and Encephalitis	0.1	2	0.3	4	0.1	1	0.2	3
Mumps	0.0	0	0.1	1	0.0	0	0.1	1
Non-infective Enteritis and Colitis	7.4	101	9.2	121	8.1	109	11.6	158
Otitis Media Acute	19.4	265	21.5	282	17.7	238	23.1	313
Peripheral Nervous Disease	10.1	138	10.6	139	8.2	110	10.1	137
Pleurisy	1.2	17	1.1	15	1.0	14	1.0	14
Pneumonia and Pneumonitis	1.5	20	1.5	20	1.5	20	2.1	29
Respiratory System Diseases	258.8	3,535	289.3	3,799	211.1	2,837	280.0	3,799
Rubella	0.0	0	0.0	0	0.0	0	0.0	0
Scabies	1.7	23	0.8	11	1.3	18	1.6	22
Sinusitis	15.2	207	16.8	221	13.5	182	18.2	247
Skin and Subcutaneous Tissue Infections	65.2	891	75.6	993	49.7	668	58.7	796
Strep Throat and Peritonsillar Abscess	2.3	31	1.4	18	0.6	8	1.8	24
Symptoms involving musckuoskeletal	5.3	73	6.0	79	3.9	52	7.5	102
Symptoms involving Respiratory and Chest	18.8	257	18.9	248	15.2	204	20.9	283
Symptoms involving Skin and Integument Tissues	49.2	672	51.3	674	36.0	484	45.5	617
Tonsillitis and acute Pharyngitis	44.2	604	45.6	599	39.1	526	54.7	742
Upper Respiratory Tract Infections	139.8	1,909	141.3	1,856	127.1	1,708	176.3	2,392
Urinary Tract Infections	28.5	389	28.6	375	25.4	341	29.9	405
Viral Hepatitis	0.5	7	0.5	6	0.3	4	0.4	5
Whooping Cough	0.2	3	0.1	1	0.1	2	0.0	0
Practice Count		**145**		**141**		**142**		**143**
Denom		**1,365,941**		**1,313,197**		**1,344,014**		**1,356,655**

FURTHER INFORMATION:

About the report

Summer focus

The first two pages of data within this report focus on the weekly incidence rates of Influenza-Like Illness, Allergic Rhinitis, Common Cold, and Infectious Intestinal Diseases.

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. Patients who have withheld consent for data-sharing are excluded.

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

Five-year averages

Weekly rates are set against the five-year average, calculated from data for the calendar years 2011-2015. Previously we reported against a ten-year average. The change to a five-year average was made because longer-term trends in the incidence of disease have led to weekly rates for certain diseases becoming increasingly divergent from their ten-year average. The use of five-year averages lessens this effect and enables more meaningful comparison.

For two diseases, years with exceptionally high incidence have been excluded from the averages: for Whooping Cough, data from 2012 has been excluded; for Strep Sore Throat, Scarlatina and Peritonsillar Abscess, data from 2013 and 2014 have been excluded so that similar rates in the future will appear as exceptional rather than normal in comparison.

Threshold calculation for Influenza-Like Illness (ILI)

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

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

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

What we do

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

The RSC data and analytics hub is housed in the Section of Clinical Medicine and Ageing at the University of Surrey.

Further information about the RSC can be found on our website:
http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx

Our data extraction process and information governance

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

Data are pseudonymised as close to source as possible. Data are held on secure servers at the RCGP data and analytics hub in the Section of Clinical Medicine and Ageing at the University of Surrey. Both Apollo and the University of Surrey are registered and compliant with the Data Protection Act, and fully compliant with all relevant HSCIC and NHS data information governance best practice.

What the data is used for

The RCGP RSC has been providing reports weekly about health and disease, called the Weekly Returns Service (WRS) since1964. The WRS monitors the number of patients consulting with new episodes of illness classified by diagnosis in England, and provides weekly incidence rates per 100,000 population for these new episodes of illness. It is the key primary care element of the national disease monitoring systems run by Public Health England. The bulletin can be found at the following URL:
https://www.gov.uk/government/publications/syndromic-surveillance-summary

In addition to the WRS, the data is used for other research studies. Any other uses of the data for research follow ethical approval from the Health Research Authority (HRA), and, where relevant, HRA Confidential Advisory Group (CAG) advice that further approval is not needed. Full details can be found on our website:
http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx

For further information

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

RCGP Research & Surveillance Centre
CIRC, First floor
30 Euston Square
London NW1 2FB
Tel: +44 (0)203 188 7690

Medical Director: Professor Simon de Lusignan
MedicalDirectorRSC@rcgp.org.uk

RCGP Research & Surveillance Centre
University of Surrey
Department of Clinical and Experimenta Medicine
GUILDFORD
GU2 7XH
Tel: +44 (0)1483 684802

Practice Liaison Officer: Ivelina Yonova
i.yonova@surrey.ac.uk
Tel: +44 (0)1483 682758