



Royal College of
General Practitioners
Research and Surveillance Centre

RSC Communicable and Respiratory Disease Report for England

Key Statistics:

Week Number/Year.....41/2017
Week Starting - Ending.....09/10/2017 - 15/10/2017
No. of Practices.....163
Population.....1678805

National (England)

- **Acute Bronchitis** : increased from **71.6** in week 40 to **77.0** in week 41.
- **Asthma** : was unchanged at **16.0** in week 40 compared with **15.6** in week 41.
- **Common Cold** : decreased from **105.4** in week 40 to **100.1** in week 41.
- **Influenza-Like illness** : decreased from **6.8** in week 40 to **5.4** in week 41.
- **Respiratory System Diseases** : was unchanged at **306.4** in week 40 compared with **305.3** in week 41.

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

- **Acute Bronchitis** : was unchanged at **62.4** in week 40 compared with **62.9** in week 41 in the London region, increased from **79.4** in week 40 to **87.8** in week 41 in the North region, increased from **61.3** in week 40 to **66.1** in week 41 in the South region, and increased from **92.6** in week 40 to **99.5** in week 41 in the Midlands And East region.
- **Asthma** : decreased from **15.3** in week 40 to **13.0** in week 41 in the London region, increased from **15.1** in week 40 to **16.2** in week 41 in the North region, was unchanged at **18.6** in week 40 compared with **18.1** in week 41 in the South region, and decreased from **13.0** in week 40 to **12.3** in week 41 in the Midlands And East region.
- **Common Cold** : decreased a little from **136.3** in week 40 to **129.6** in week 41 in the London region, was unchanged at **105.7** in week 40 compared with **104.0** in week 41 in the North region, decreased a little from **85.9** in week 40 to **83.3** in week 41 in the South region, and decreased from **106.0** in week 40 to **88.1** in week 41 in the Midlands And East region.
- **Influenza-Like illness** : decreased from **7.8** in week 40 to **6.9** in week 41 in the London region, decreased from **6.6** in week 40 to **5.1** in week 41 in the North region, decreased from **6.4** in week 40 to **4.4** in week 41 in the South region, and decreased a little from **6.7** in week 40 to **6.4** in week 41 in the Midlands And East region.
- **Respiratory System Diseases** : was unchanged at **314.1** in week 40 compared with **313.4** in week 41 in the London region, was unchanged at **333.9** in week 40 compared with **337.2** in week 41 in the North region, was unchanged at **268.4** in week 40 compared with **266.6** in week 41 in the South region, and decreased a little from **326.1** in week 40 to **314.1** in week 41 in the Midlands And East region.

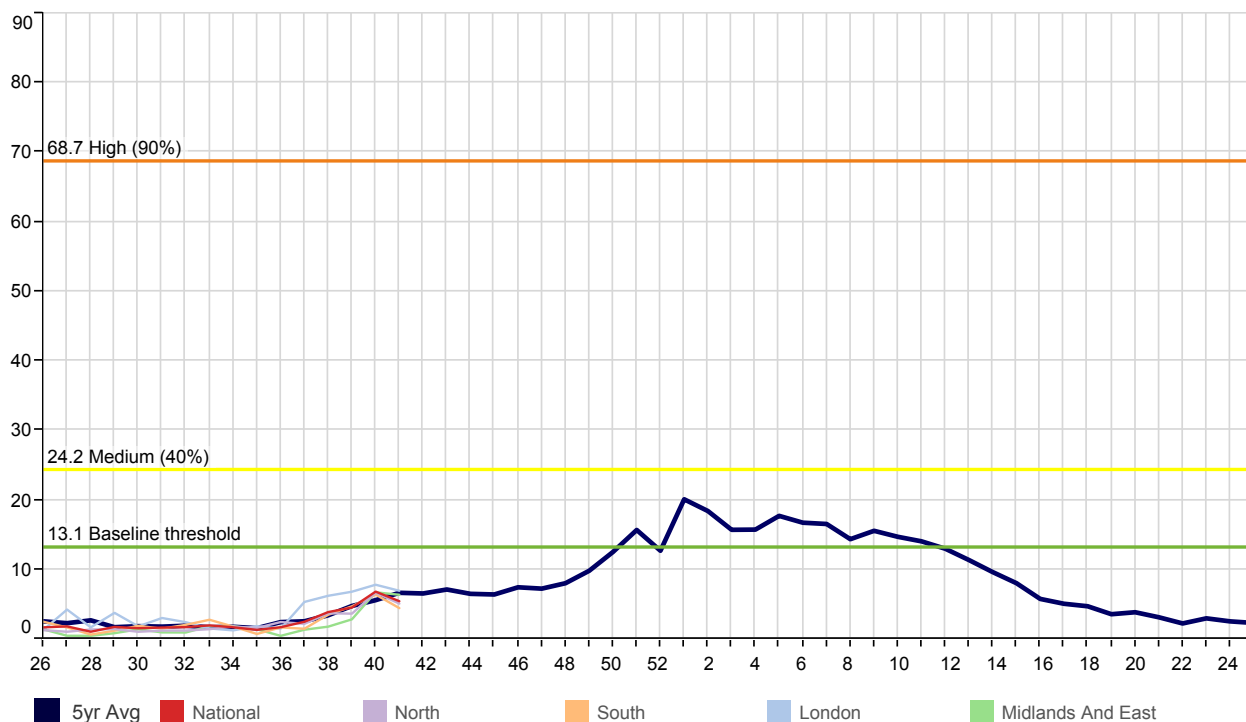
Comment:

Presentations of respiratory and other conditions have changed little this week and are in line with those anticipated at this time of year.

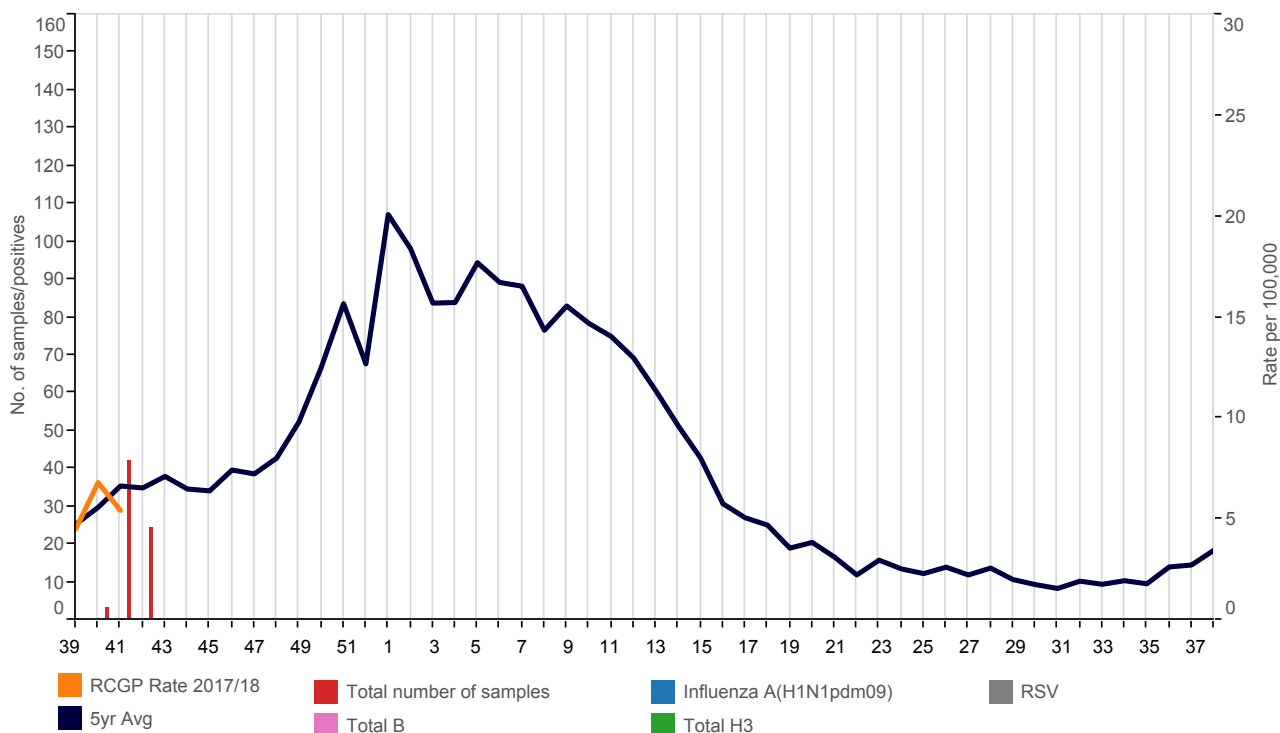
Winter Focus 2017/18

Please see page 13 for explanatory notes on the data.

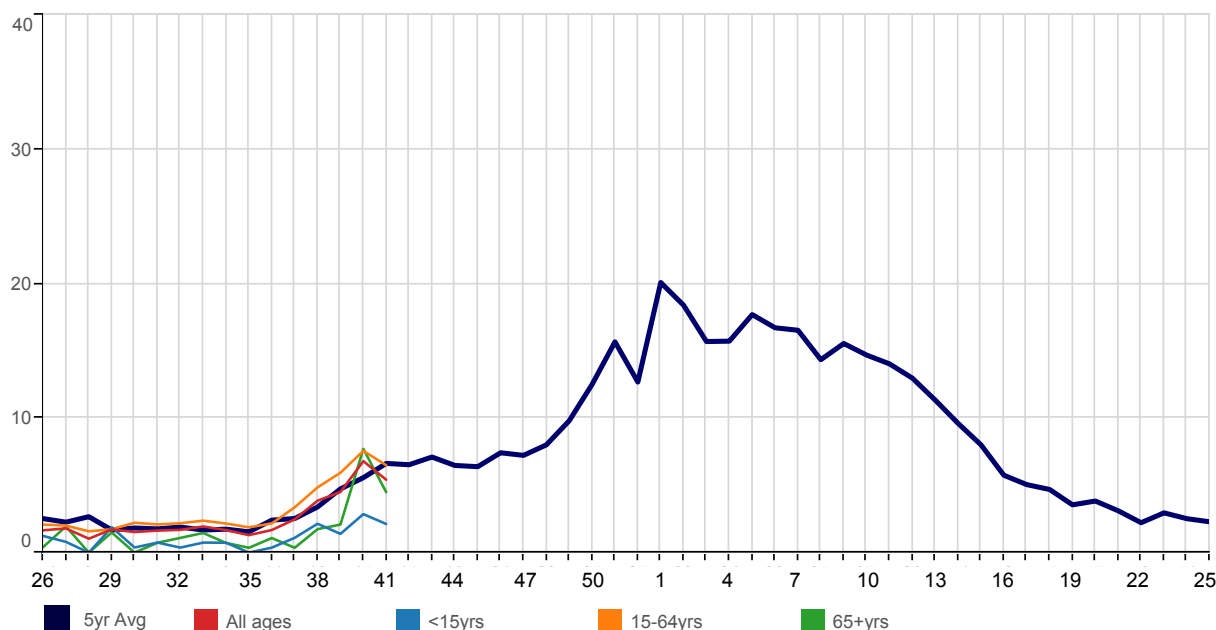
(A) Influenza-like illness: incidence rate winter 2017/18*



(B) RCGP/PHE RSV and Influenza Virology Swab Surveillance 2017/18(all ages, gender & regions combined)*



* The thresholds used are the agreed RCGP/ Public Health England levels for 2017/18. The rolling average line (blue) is based on 5 year historic RCGP RSC level.

(C) Influenza-like illness: national incidence rate 2017/2018 by age group***(D) Influenza-like illness: national incidence rate 2017/2018 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.

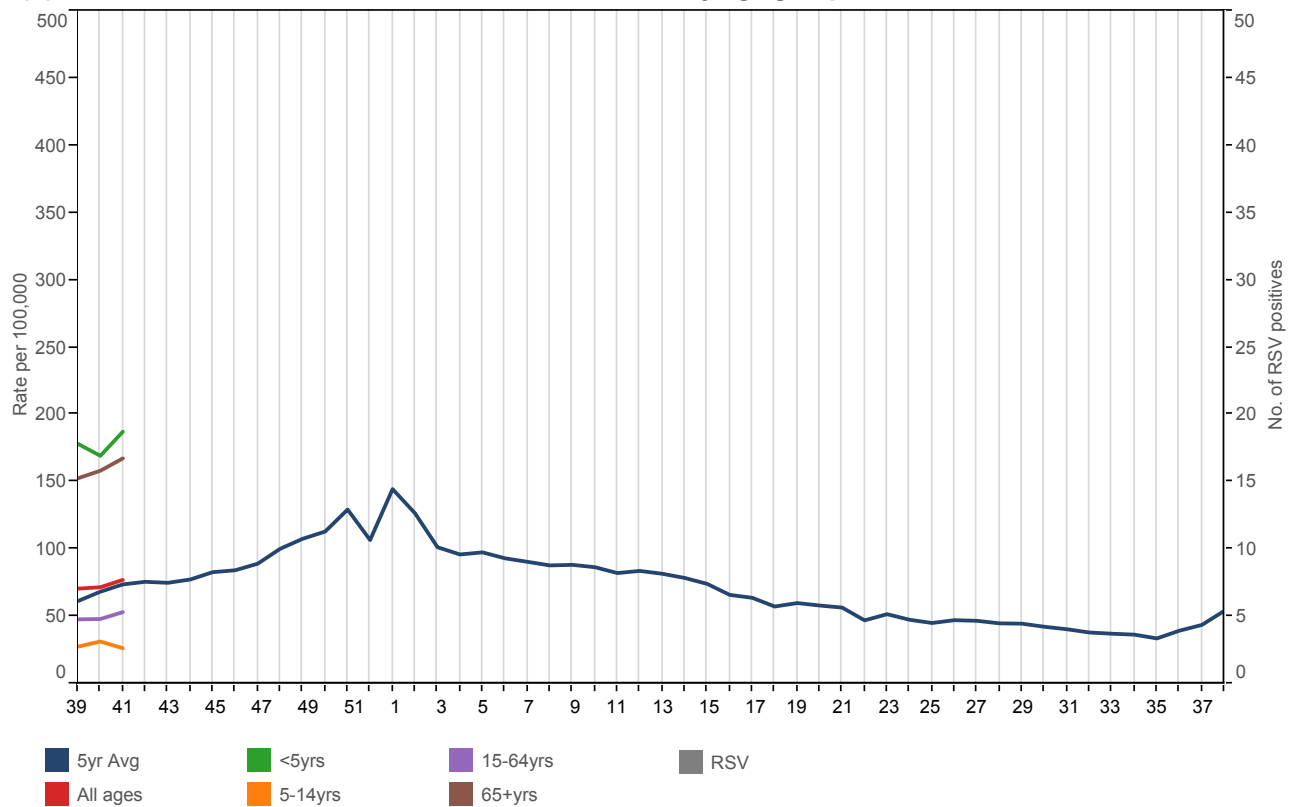
	40	41	42	43	44	45	46	47	48	49	50	51	52	1	2	5	6
<15yrs	2.87	2.13															
15-64yrs	7.57	6.50															
65+yrs	7.71	4.49															
All ages	6.80	5.42															

	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<15yrs															
15-64yrs															
65+yrs															
All ages															

Table 2	Below Threshold ¹	Threshold to Medium ²	Medium to High ³	High to Very High ⁴	Above Very High ⁵	Threshold levels
0-14	<10.8	10.8 to <16.2	16.2 to <49.0	49.0 to <80.0	80.0+	¹ Below baseline threshold
15-64	<14.6	14.6 to <27.5	27.5 to <62.6	62.6 to <90.0	90.0+	² baseline threshold breach to < 40th percentile
65+	<11.0	11.0 to <15.8	15.8 to <34.4	34.4 to <48.5	48.5+	³ 40th to <90th percentile
All Ages	<13.1	13.1 to <24.2	24.2 to <68.7	68.7 to <108.9	108.9+	⁴ 90th to <97.5th percentile
						⁵ 97.5th+ percentile

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

	Influenza-like illness	Acute Bronchitis		Influenza-like illness	Acute Bronchitis
<1yr	0.0	343.5	London	6.9	62.9
1-4yrs	2.6	155.4	North	5.1	87.8
5-14yrs	2.1	26.3	South	4.4	66.1
15-24yrs	3.8	31.0	Midlands And East	6.4	99.5
25-44yrs	6.7	37.5	National	5.4	77.0
45-64yrs	7.6	81.8			
65-74yrs	5.0	122.7			
75-84yrs	5.5	173.6			
85+yrs	0.0	333.3			
All ages	5.4	77.0			

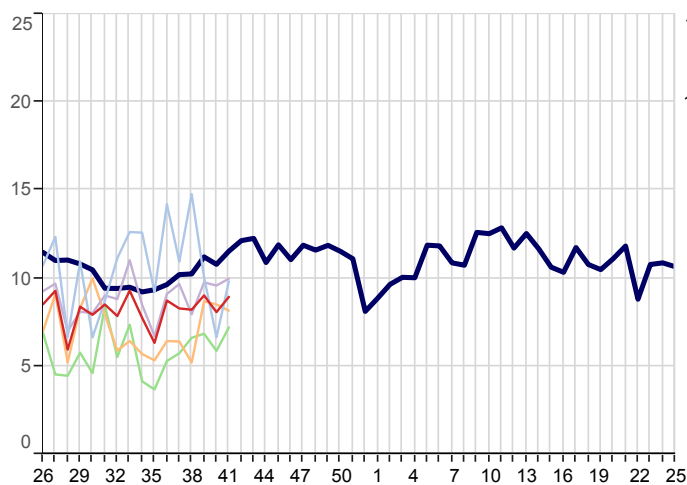
(E) Acute Bronchitis: national incidence rate 2017/2018 by age group***Weekly Influenza-like illness and Acute Bronchitis incidence rates per 100,000 persons**

	Influenza-like illness	Acute Bronchitis
<5yrs	2.2	187.1
5-14yrs	2.1	26.3
15-64yrs	6.5	53.1
65+yrs	4.5	167.3
All ages	5.4	77.0

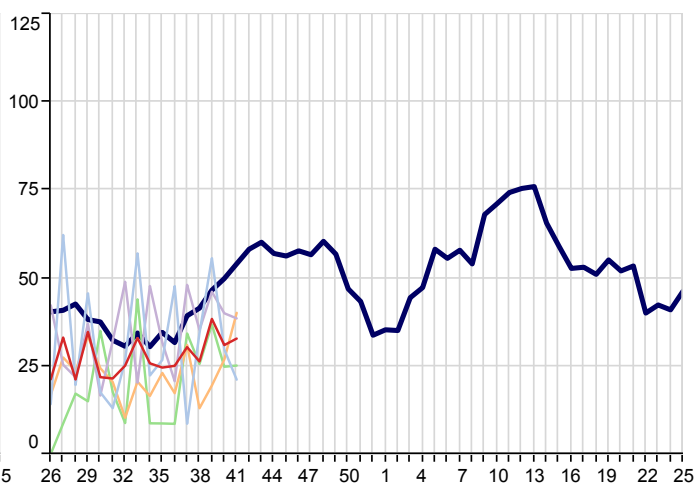
1. Water & Food Borne Disorders:

5yr Avg National London North South Midlands And East

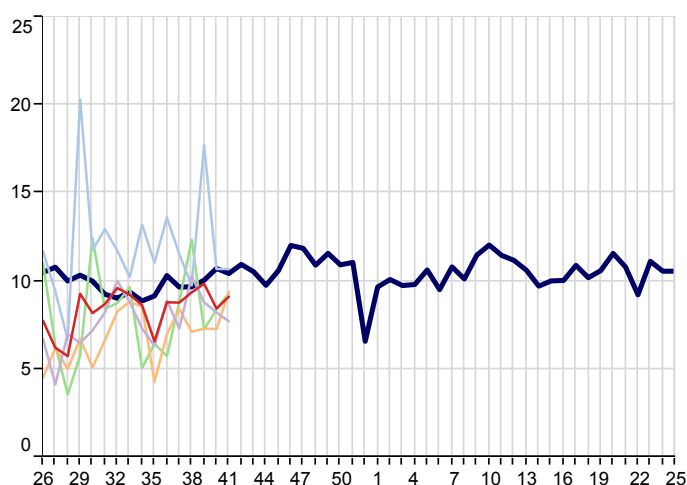
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **all ages**) by regions
for 2017 compared with 5 year average



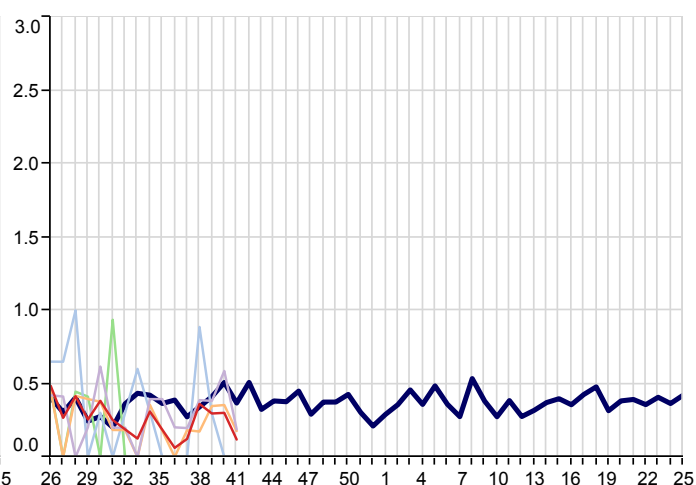
Infectious Intestinal Disease (ICD10: A00-A09)
Weekly incidence (per 100,000 **0-4 years**) by regions
for 2017 compared with 5 year average



Non-Infective Enteritis & Colitis (ICD10: K50-K52)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



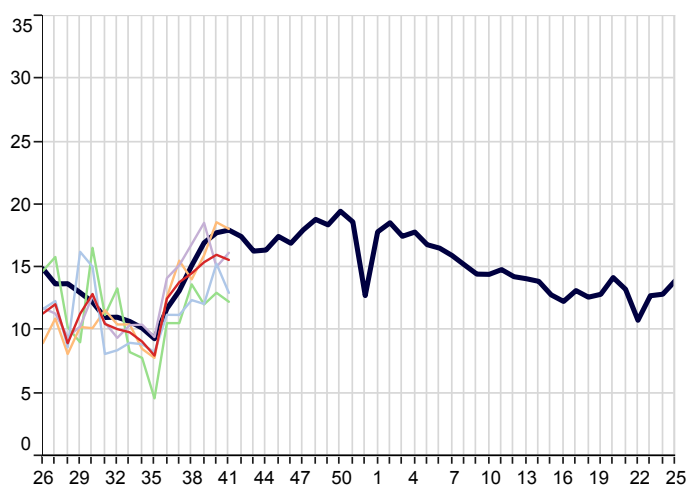
Viral Hepatitis (ICD10: B15-B19)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



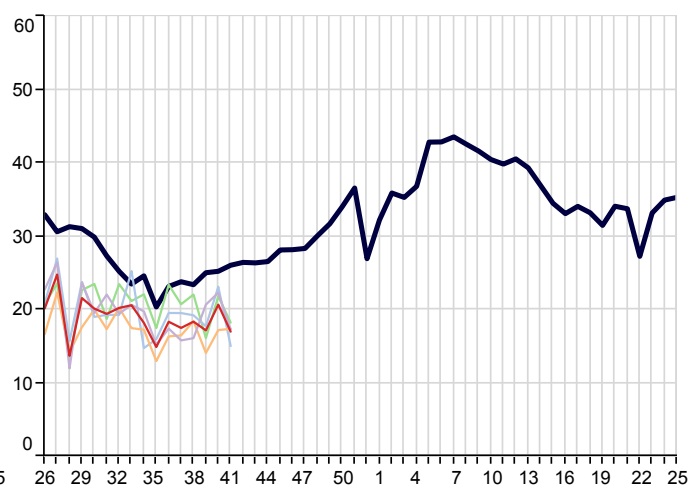
2. Environmentally Sensitive Disorders:

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

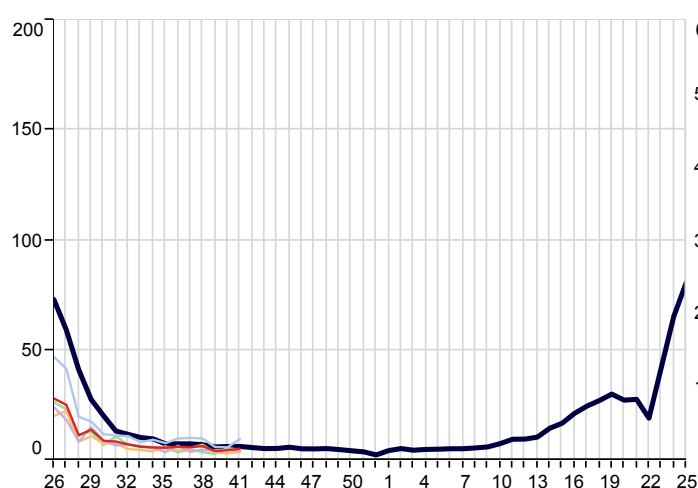
Asthma (ICD10: J45-J46)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



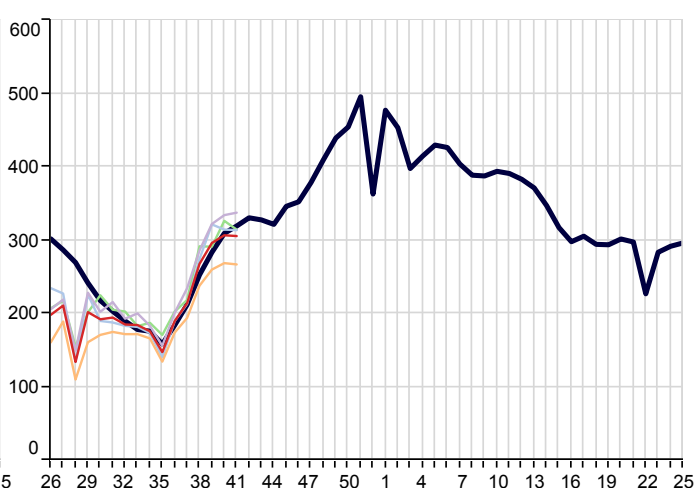
Disorders of Conjunctiva (ICD10: H10-H13)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Hayfever/Allergic Rhinitis (ICD10: J30)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



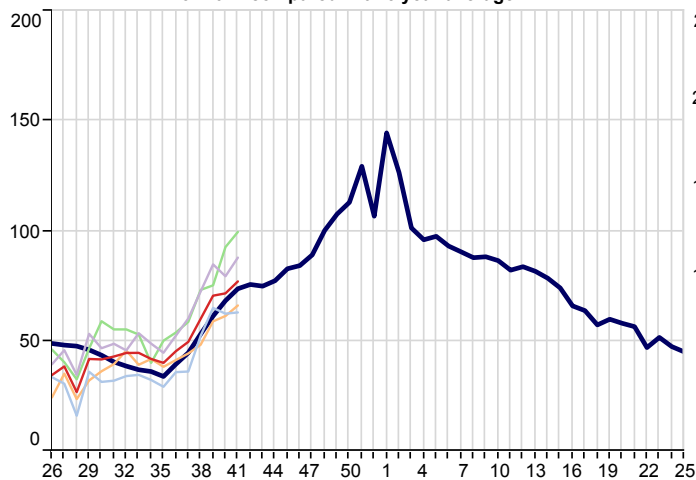
Symptoms involving Respiratory & Chest (ICD10: R05-R07,R09)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



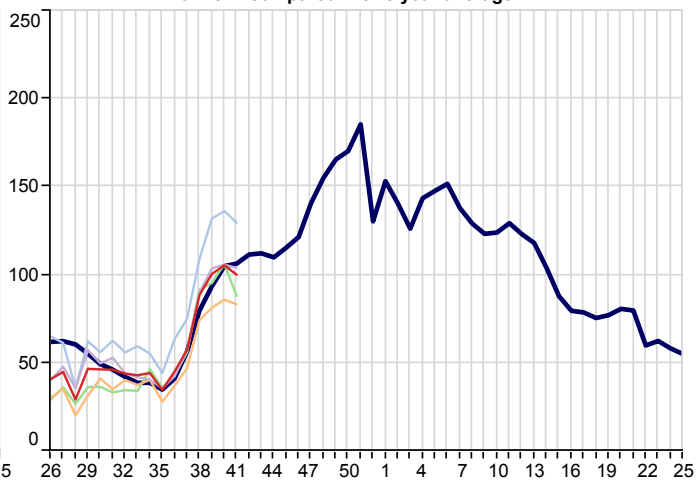
3. Respiratory Infections:

5yr Avg National London North South Midlands And East

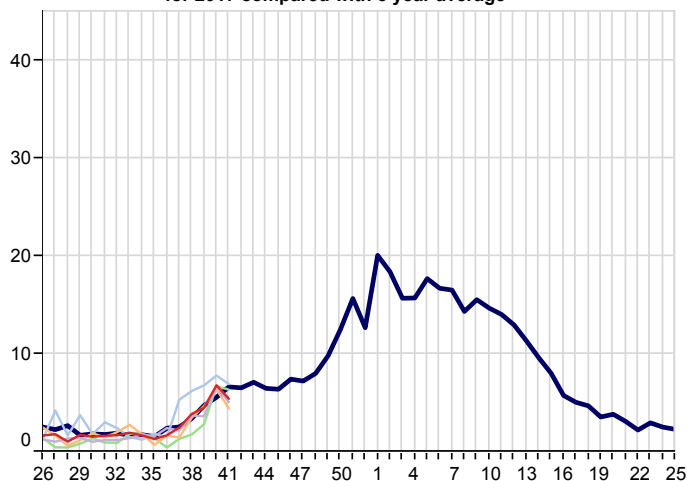
Acute Bronchitis (ICD10: J20-J21,J40)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



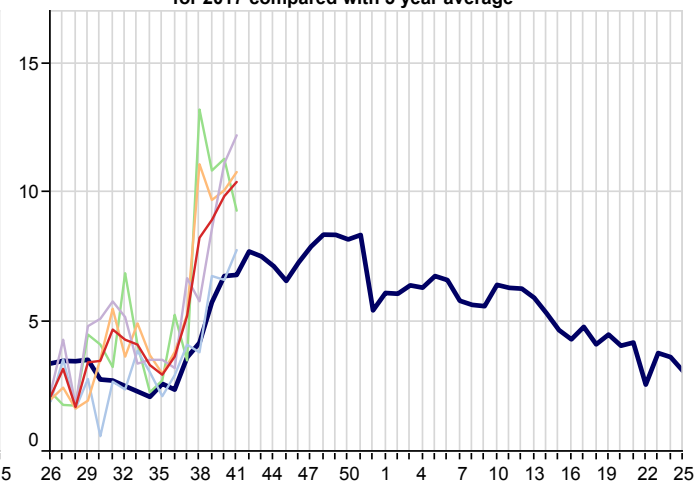
Common Cold (ICD10: J00,J06)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



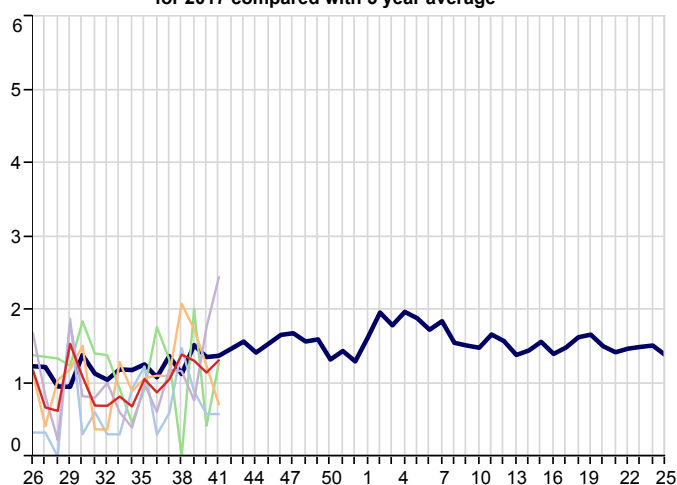
Influenza-Like Illness (ICD10: J09-J11)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



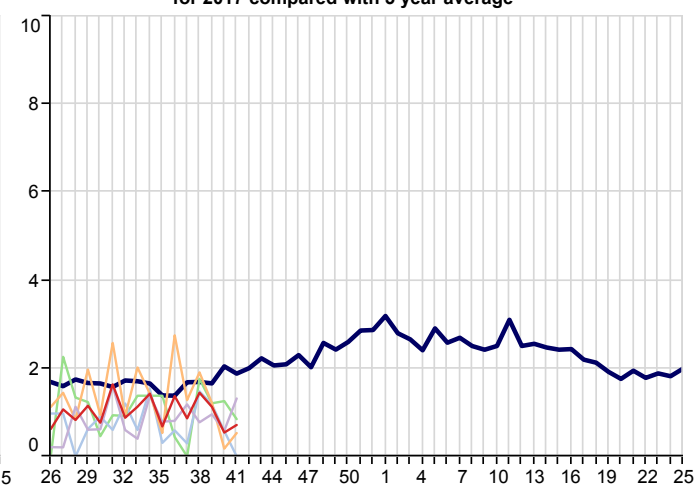
Acute Laryngitis/Tracheitis (ICD10: J04)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Pleurisy (ICD10: R091)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



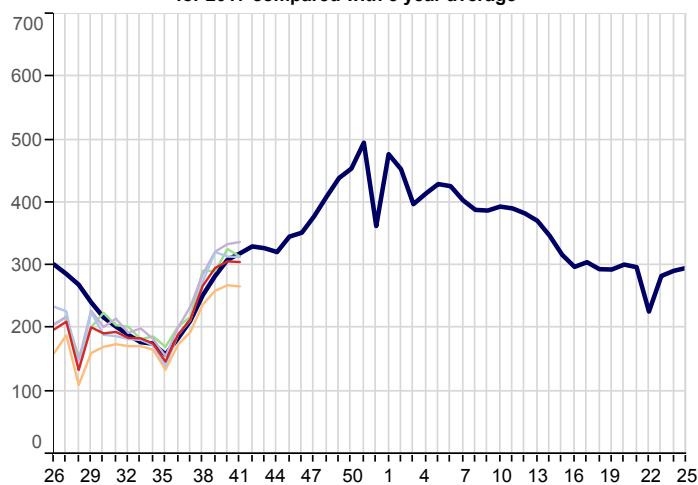
Pneumonia/Pneumonitis (ICD10: J12-J18)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



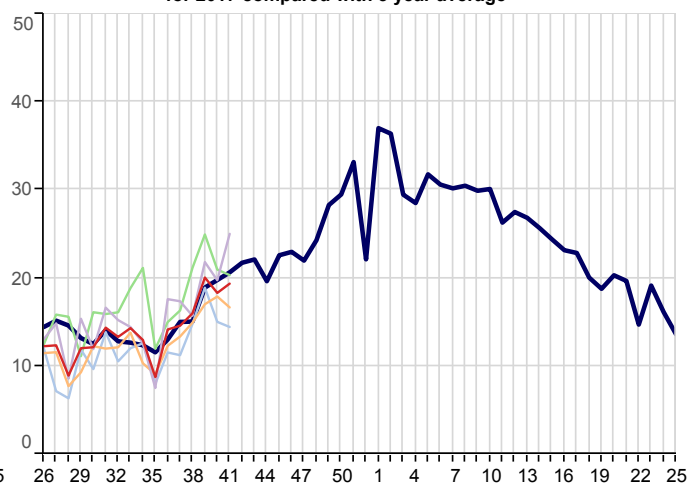
3. Respiratory Infections(Continued):

5yr Avg National London North South Midlands And East

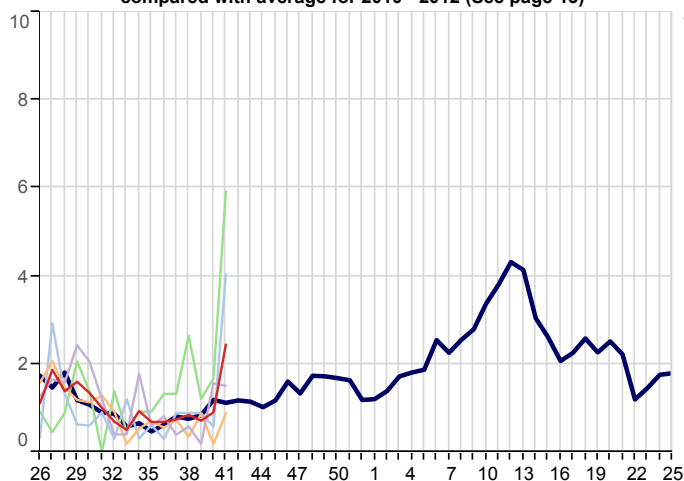
Respiratory System Diseases (ICD10: J00-J99)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



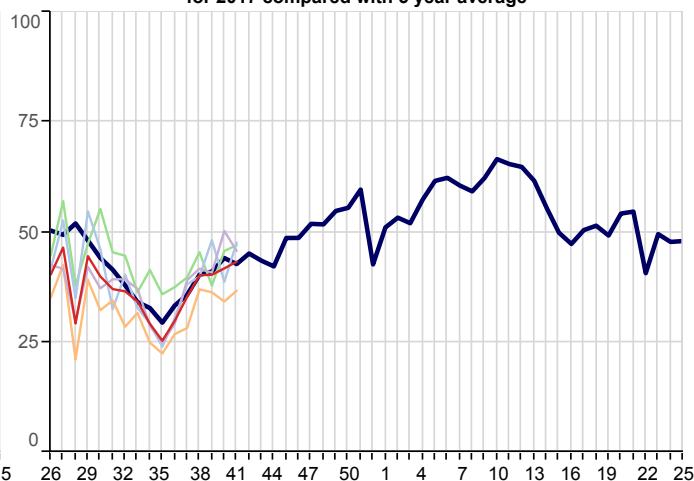
Acute Sinusitis (ICD10: J01)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



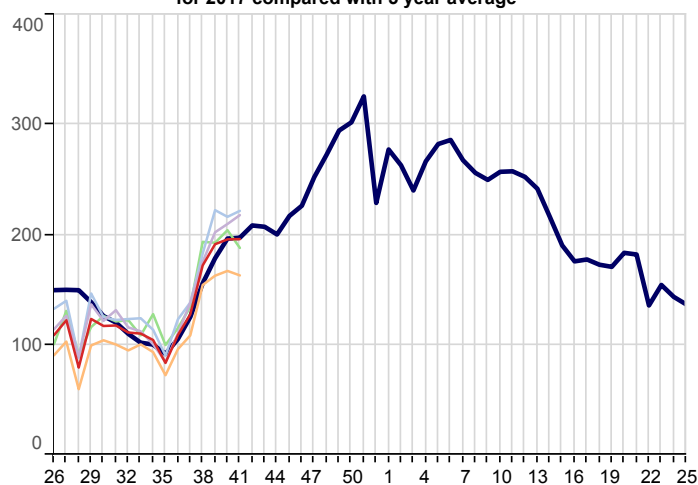
Strep Sore Throat, Scarletina and Peritonsillar Abscess (ICD10: A38,J020,J36)
Weekly incidence (per 100,000 all ages) by region for 2017
compared with average for 2010 - 2012 (See page 13)



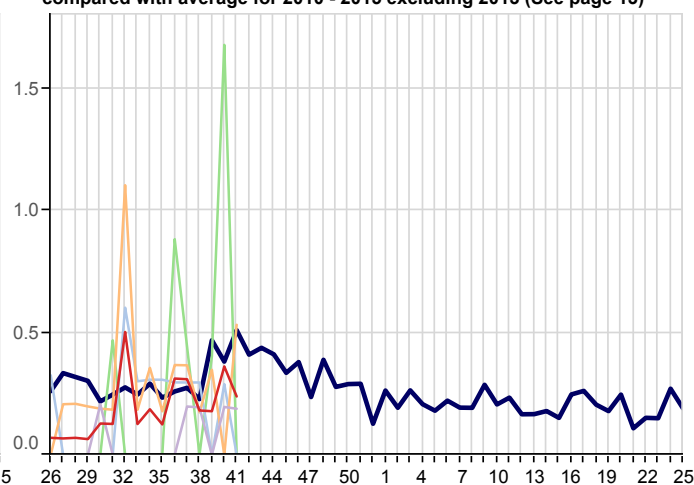
Acute Tonsillitis/Pharyngitis (ICD10: J02-J03)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Upper Respiratory Tract Infections (URTI)(ICD10: J00-J06)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



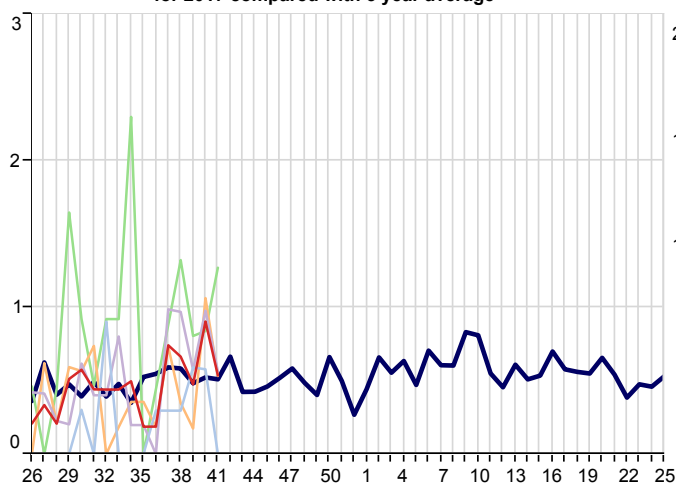
Whooping Cough (ICD10: A37)
Weekly incidence (per 100,000 all ages) by region for 2017
compared with average for 2010 - 2015 excluding 2013 (See page 13)



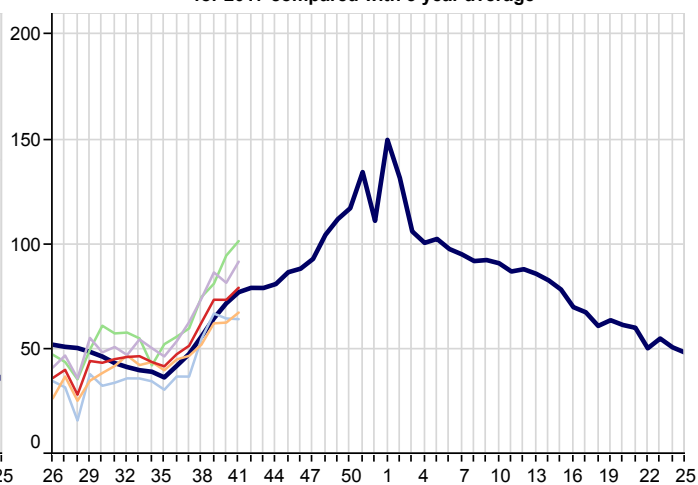
3. Respiratory Infections(Continued):

5yr Avg National London North South Midlands And East

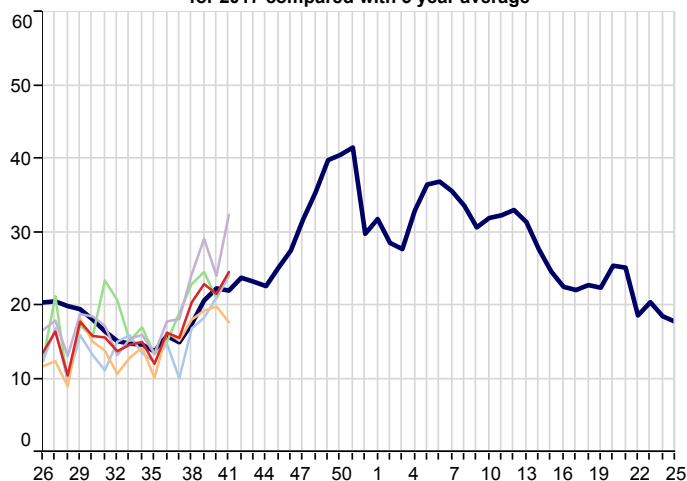
Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Lower Respiratory Tract Infections (LRTI)(ICD10: J20-J22)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



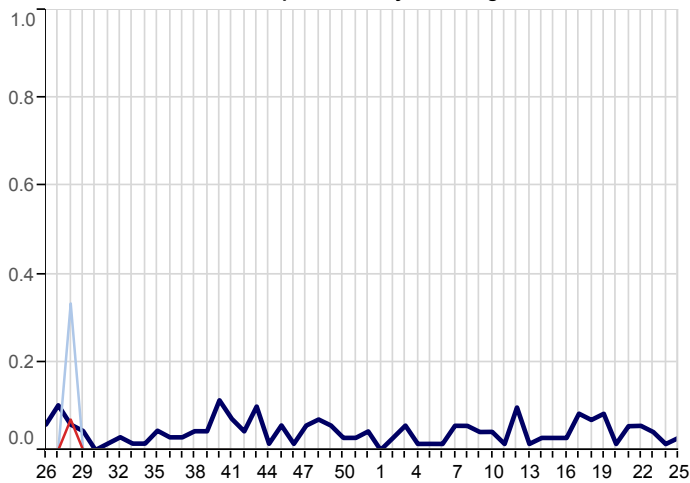
Acute Otitis Media (ICD10: H650-H651,H660,H669)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



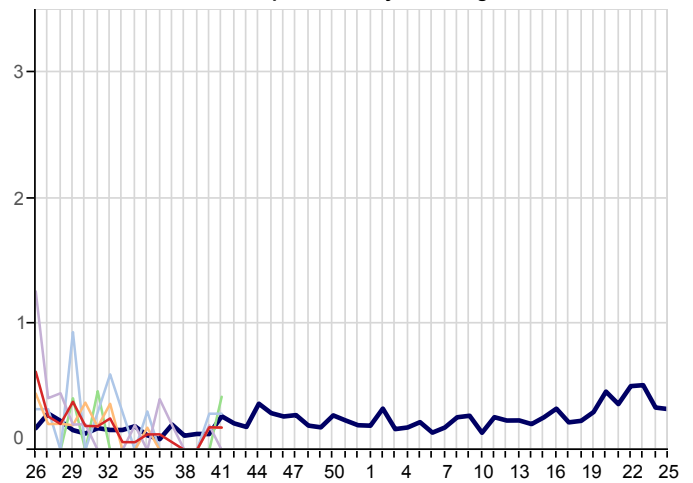
4. Vaccine Sensitive Disorders

5yr Avg National London North South Midlands And East

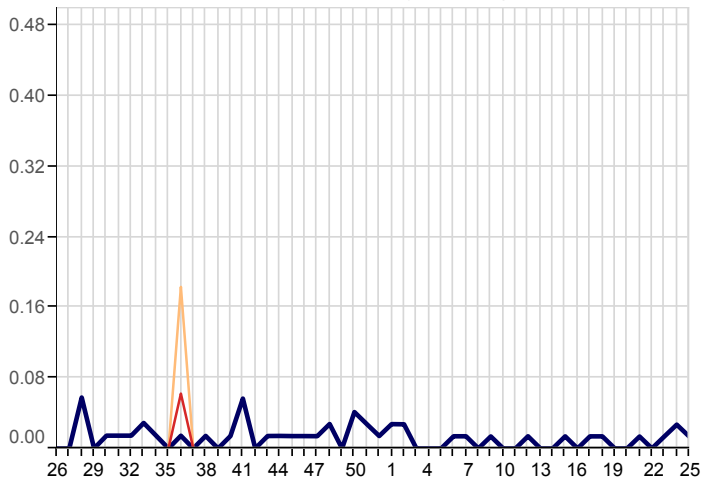
Measles (ICD10: B05)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Mumps (ICD10: B26)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

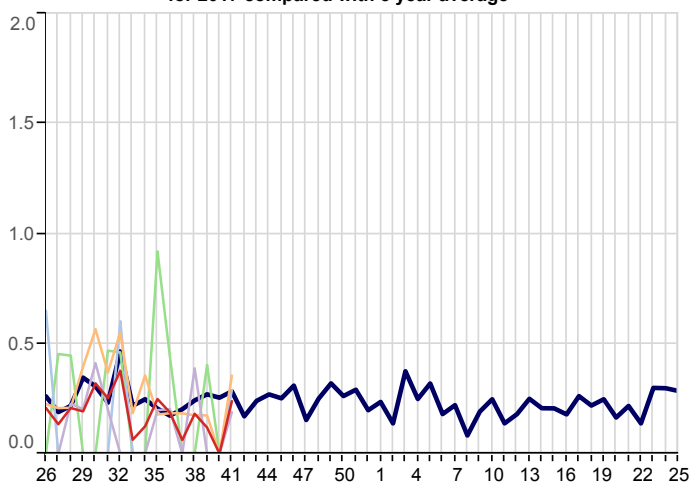


Rubella (ICD10: B06)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

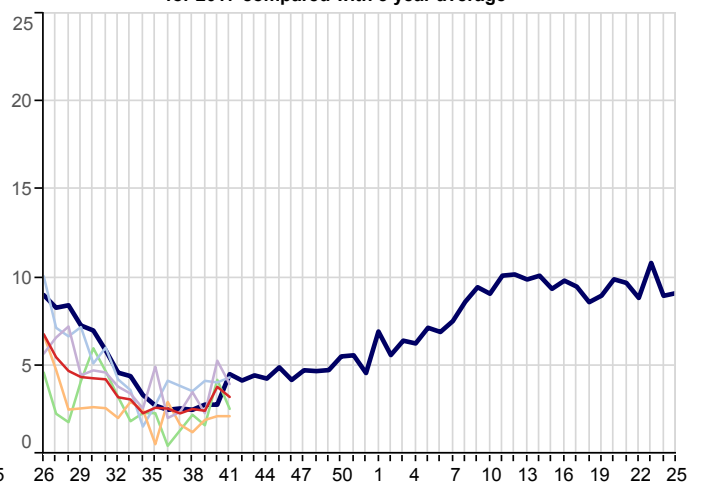


5. Skin Contagions

Bullous Dermatoses (ICD10: L10-L14)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



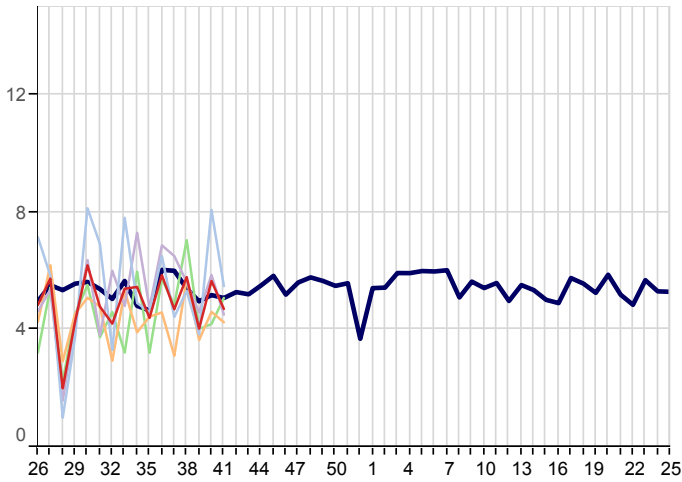
Chickenpox (ICD10: B01)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



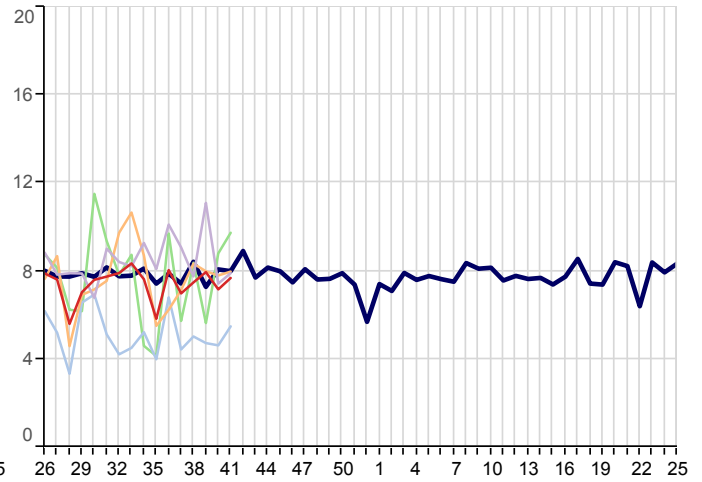
5. Skin Contagions (Continued)

5yr Avg National London North South Midlands And East

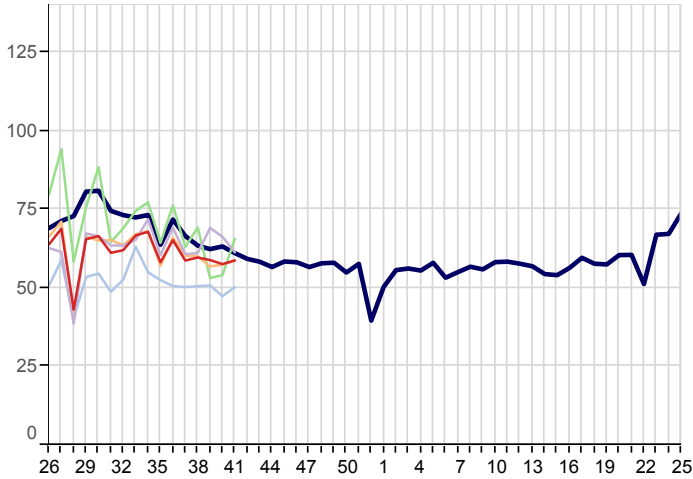
Herpes Simplex (ICD10: B00)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



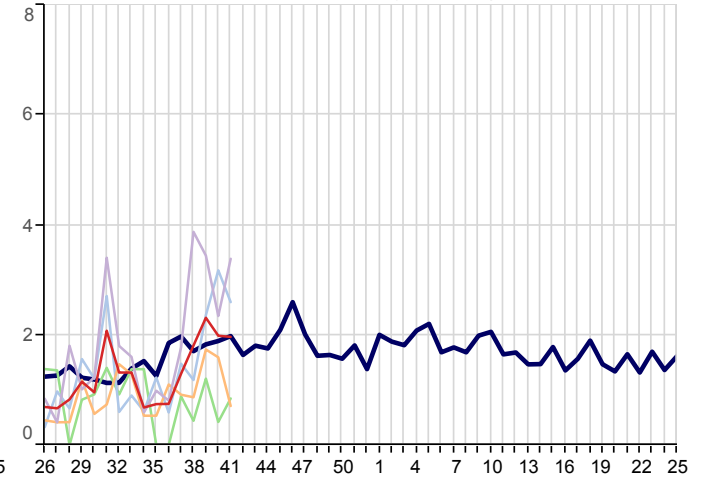
Herpes Zoster (ICD10: B02)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



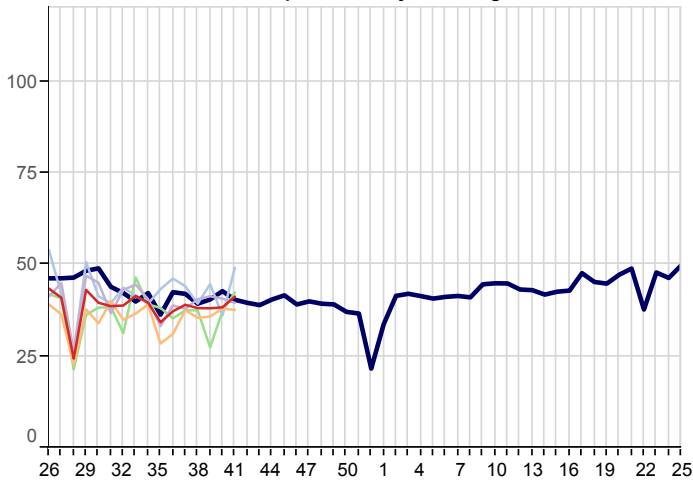
Infections of Skin & Subcutaneous Tissue (ICD10: L00-L08)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



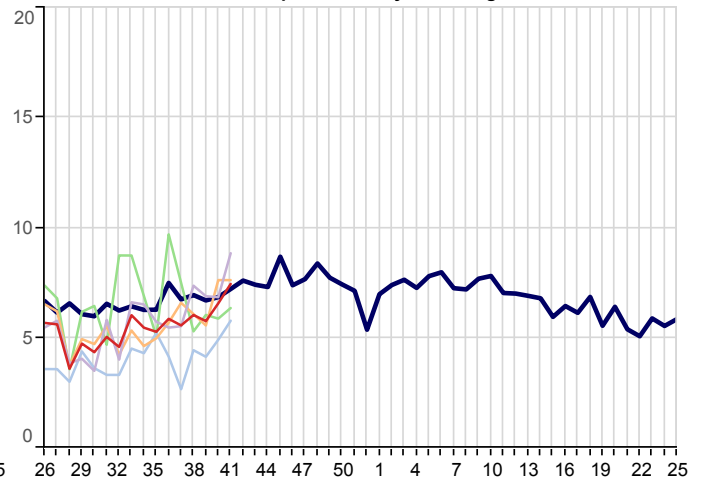
Scabies (ICD10: B86)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Symptoms involving Skin & Oth Integument Tiss (ICD10: R20-R23)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



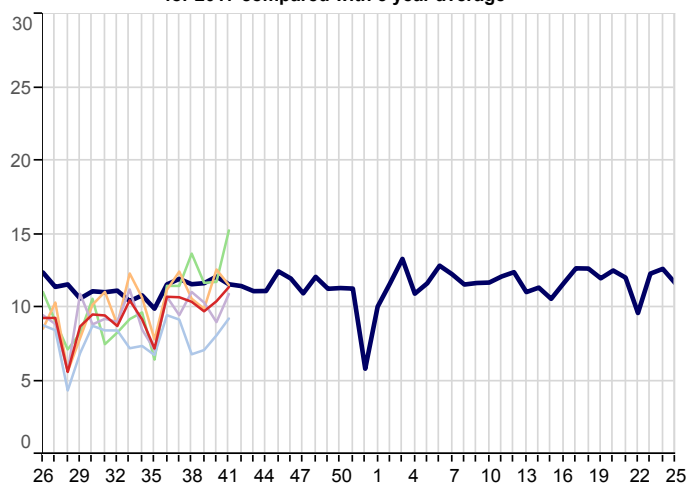
Impetigo (ICD10: L01)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



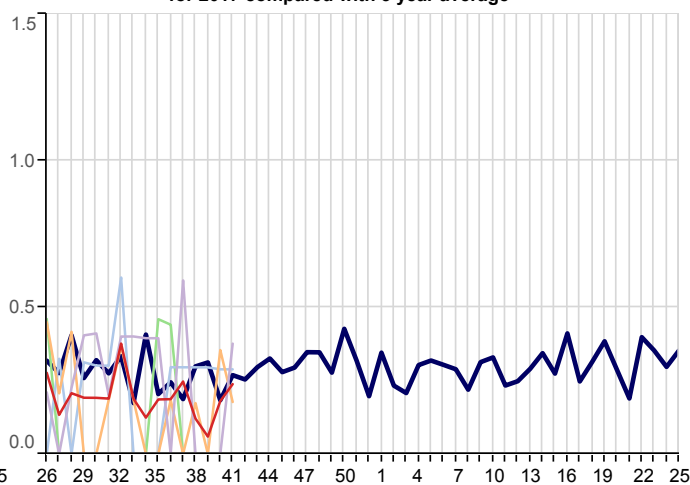
6. Disorders Affecting the Nervous System

5yr Avg National London North South Midlands And East

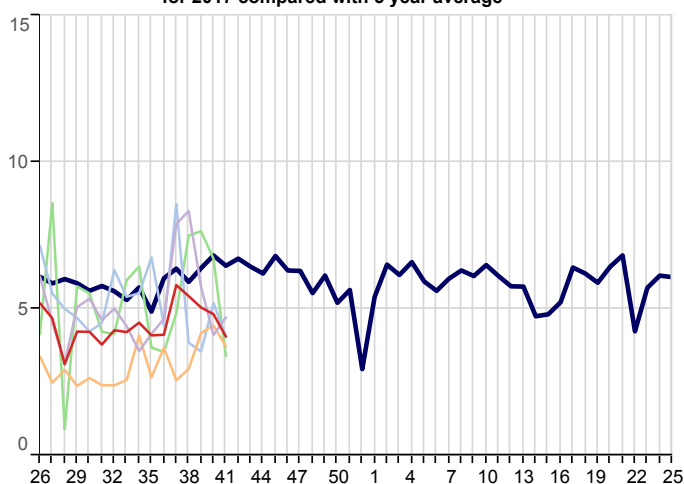
Disorders of The Peripheral Nervous System (ICD10: G50-G64,G70-G72)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



Meningitis/Encephalitis (ICD10: A170-A171,A390,A38-A85,A87,G00-G05)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average

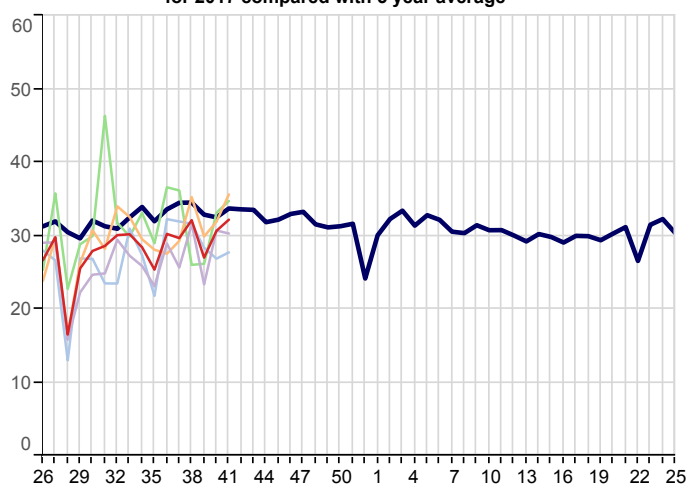


Symptoms Involving Nervous & Musculoskeletal (ICD10: R25-R29)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



7. Genitourinary System Disorders

Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region
for 2017 compared with 5 year average



8. Tabular Summary by Disease

Disease Name	Week beginning Week ending		09/10/2017 15/10/2017		02/10/2017 08/10/2017		25/09/2017 01/10/2017		18/09/2017 24/09/2017	
	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer	Rate	Numer
Acute Bronchitis	77.0	1,293	71.6	1,189	70.5	1,189	60.0	995		
Allergic Rhinitis	5.1	86	4.5	74	4.0	68	6.3	105		
Asthma	15.6	262	16.0	266	15.4	260	14.5	241		
Bullous Dermatoses	0.2	4	0.0	0	0.1	2	0.2	3		
Chickenpox	3.2	54	3.8	63	2.4	41	2.5	42		
Common Cold	100.1	1,680	105.4	1,751	100.5	1,694	88.6	1,468		
Conjunctival Disorders	17.0	285	20.7	343	17.1	289	18.3	304		
Herpes Simplex	4.7	79	5.7	94	4.0	68	5.8	96		
Herpes Zoster	7.7	129	7.2	119	7.9	134	7.5	124		
Impetigo	7.4	125	6.6	109	5.8	97	6.0	100		
Infectious Mononucleosis	0.5	9	0.9	15	0.5	8	0.7	11		
Influenza-like illness	5.4	91	6.8	113	4.5	76	3.9	64		
Infectious Intestinal Diseases	8.9	150	8.1	134	9.0	152	8.2	136		
Laryngitis and Tracheitis	10.4	175	9.9	164	9.0	151	8.3	137		
Lower Respiratory Tract Infections	79.3	1,332	73.6	1,222	73.6	1,241	62.7	1,040		
Measles	0.0	0	0.0	0	0.0	0	0.0	0		
Meningitis and Encephalitis	0.2	4	0.2	3	0.1	1	0.1	2		
Mumps	0.2	3	0.2	3	0.0	0	0.0	0		
Non-infective Enteritis and Colitis	9.1	153	8.4	140	9.8	166	9.4	155		
Otitis Media Acute	24.5	412	21.6	358	22.9	386	20.4	338		
Peripheral Nervous Disease	11.4	191	10.4	173	9.7	164	10.4	172		
Pleurisy	1.3	22	1.1	19	1.3	22	1.4	23		
Pneumonia and Pneumonitis	0.7	12	0.5	9	1.1	19	1.4	24		
Respiratory System Diseases	305.3	5,126	306.4	5,089	295.9	4,988	267.3	4,431		
Rubella	0.0	0	0.0	0	0.0	0	0.0	0		
Scabies	2.0	33	2.0	33	2.3	39	1.8	30		
Sinusitis	19.4	325	18.3	304	20.0	338	16.0	265		
Skin and Subcutaneous Tissue Infections	58.7	986	57.6	956	58.8	992	59.7	989		
Strep Throat and Peritonsillar Abscess	2.4	41	0.9	15	0.7	12	0.8	14		
Symptoms involving musculoskeletal	4.1	68	4.8	80	5.0	85	5.4	90		
Symptoms involving Respiratory and Chest	20.6	345	18.6	309	19.5	329	18.0	298		
Symptoms involving Skin and Integument Tissues	41.2	692	38.3	636	38.0	641	38.1	631		
Tonsillitis and acute Pharyngitis	43.2	726	41.7	693	40.3	679	40.2	666		
Upper Respiratory Tract Infections	196.0	3,290	195.8	3,252	191.4	3,226	172.1	2,852		
Urinary Tract Infections	32.2	540	30.6	509	27.0	455	32.1	532		
Viral Hepatitis	0.1	2	0.3	5	0.3	5	0.4	6		
Whooping Cough	0.2	4	0.4	6	0.2	3	0.2	3		
Denom	1,678,805		1,660,997		1,685,847		1,657,477			
Practice Count	163		163		164		162			

FURTHER INFORMATION:

About the report

Winter focus

The first two pages of data within this report focus on Influenza-Like Illness, in order to provide information about the on set of seasonal influenza and early warning 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 the five-year average, calculated from data for the calendar years 2012-2016. 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, Scarletina 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.

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 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, but it is part of Table 3, page 3.

Both the *all-ages* thresholds and the *age-specific* thresholds are shown in Table 2, page 3. Ten years of data were used for *all-ages* and *age-specific* thresholds calculation (winter seasons 2005/06- 2015/16 excluding 2009/10).

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, 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 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 Software 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 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 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 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/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:

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