

RSC Communicable and Respiratory Disease Report for England

Week Number / Year

4 / 2025

Population

18,344,147

Dates

20/01/2025 - 26/01/2025

No. Practices

1,711

Notes

All rates in this report are given per 100,000 population presenting in the week of the report. A rolling 5-year average rate is also provided as a historical comparison. Rates are provided for four regions (North, South, Midlands and East, and London). For acute respiratory infections, a breakdown by age group is also provided.

Rates are presented on a weekly basis, using ISO week numbers.

Please see page 20 for further explanatory notes on the data.

Comments

The seasonal peak of influenza-like illness (ILI) appears to have passed, although ILI rates remain above the baseline epidemic threshold across all regions and age bands.

Overall, rates of acute respiratory infections (ARI, page 7) are stable in all regions, remaining at or below the seasonal average. Exacerbations of chronic lung disease (ECLD, page 8) remain above the seasonal average but have decreased this week.

Rates of influenza-like illness (ILI, pages 3 to 5) have decreased in all regions and are now around the seasonal average. In all age bands, ILI rates remain above the seasonal epidemic threshold, but only rates for children under 14 are above the medium level: see Table (E), page 5.

Overall rates of COVID-19 are stable and remain low (page 6).

This report includes a respiratory virology update: see Graph (C), page 4. Influenza A (H1N1), RSV and influenza B are the predominant circulating viruses detected by the UK Health Security Agency (UKHSA) Reference Virology Laboratory.

Other comments:

• Rates of scabies (page 16) remain above the seasonal average.

Seasonal Focus

In the "Change since last week" column, a change in rate of 5% to 10% is marked with a single arrow ($^{\wedge}$ or $^{\vee}$), while a change of more than 10% is marked with a double arrow ($^{\wedge}$ or $^{\vee}$). A flat line ($^{-}$) indicates the rate was stable, changing less than 5%.

Region Breakdown

	Acute	respirato (AR	ry infections I)	Influe	enza-like	illness (ILI)	Exacerbations of chronic lung disease (ECLD)			
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week	
London	260.0	256.8	- 3.2	15.8	16.9	∨ -1.1	13.0	13.1	- -0.1	
Midlands And East	296.1	299.3	- -3.2	11.8	12.2	- -0.4	18.6	21.3	> −2.7	
North	373.5	378.1	- -4.6	16.7	20.4	> −3.7	29.9	32.6	∨ -2.7	
South	286.2	282.8	- 3.3	17.1	18.2	∨ -1.1	20.1	20.6	- -0.5	
National	304.8	304.9	- -0.2	15.4	17.0	∨ -1.5	20.7	22.2	∨ -1.5	
		er respira	atory tract (LRTI)		er respir	atory tract s (URTI)	COVID-19			
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week	
London	65.0	71.3	∨ -6.3	177.2	169.8	- 7.4	0.5	0.6	> −0.1	
London Midlands And East	65.0 102.7	71.3 116.6	∨ -6.3 ⊗ -13.9	177.2 179.8	169.8 169.8	− 7.4 ^ 10.0	0.5 0.6	0.6	> −0.1 − 0.0	
Midlands And East	102.7	116.6	以 −13.9	179.8	169.8	^ 10.0	0.6	0.6	- 0.0	

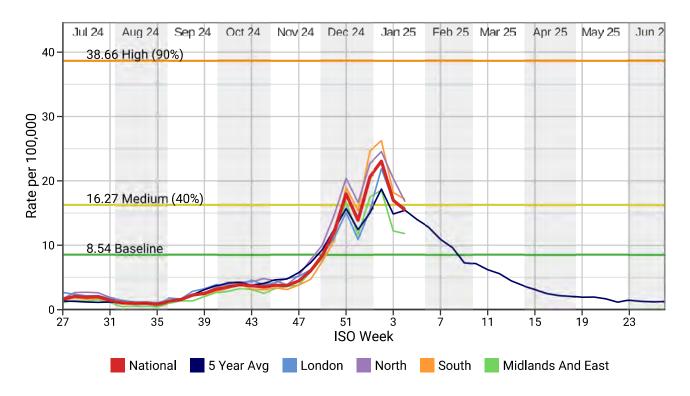
Age Group Breakdown

	Acute re	nfections (ARI)	Influ	ıenza-like	illness (ILI)	Exacerbations of chronic lung disease (ECLD)				
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week	
<1yr	1,287.2	1,022.5	☆ 264.7	21.3	22.3	 -1.0	0.0	0.0	- 0.0	
1-4yrs	1,117.3	935.1	☆ 182.2	21.3	24.0	> −2.7	2.1	2.4	> −0.3	
5-14yrs	392.0	304.9	\$ 87.0	12.8	10.1	☆ 2.8	8.7	6.6	☆ 2.0	
15-64yrs	227.7	241.7	∨ -14.0	15.8	18.0	> −2.1	16.4	17.7	∨ -1.3	
65+yrs	312.1	370.2	> −58.1	14.3	16.1	以 −1.9	50.0	54.6	∨ -4.6	
All ages	304.8	304.9	- -0.2	15.4	17.0	∨ -1.5	20.7	22.2	∨ -1.5	
	Lower re	spiratory t (LRTI)	ract infections)	Upper re	spiratory (URT	tract infections I)	COVID-19			
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week	
<1yr	315.3	235.8	☆ 79.5	1,077.0	890.0	☆ 187.0	4.7	0.7	☆ 4.0	
1-4yrs	169.1	139.1	☆ 30.0	988.3	849.5	☆ 138.9	0.7	0.3	☆ 0.4	
5-14yrs	51.6	37.5	☆ 14.1	331.9	263.0	☆ 68.9	0.0	0.2	> −0.2	
15-64yrs	80.5	89.2	∨ -8.7	129.1	133.2	- -4.1	0.5	0.6	> −0.1	
65+yrs	194.4	234.6	> −40.3	76.9	90.5	以 −13.6	1.8	1.9	∨ -0.1	
All ages	102.7	112.1	∨ -9.5	184.3	174.4	^ 9.9	0.7	0.8	- 0.0	

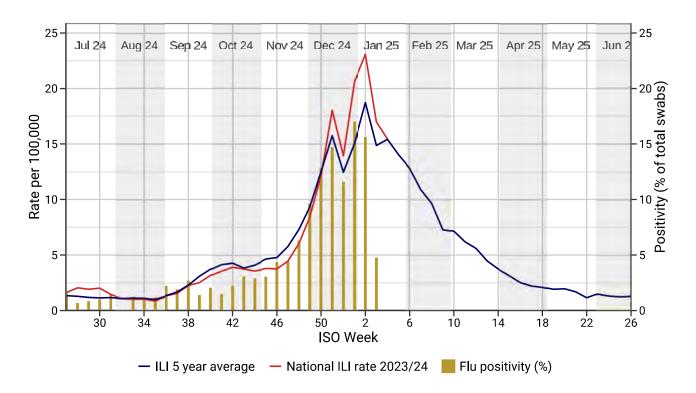
2024/25 Focus

(A) Influenza-like Illness: national incidence rate by region

The horizontal lines in the following graph are thresholds derived from the Moving Epidemic Method (MEM) model. See p20 for more information.

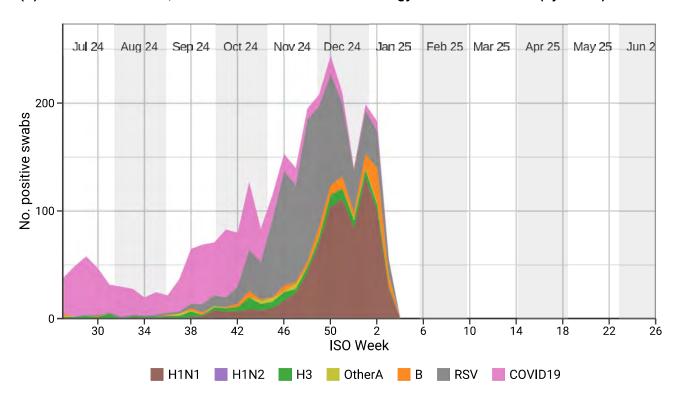


(B) RCGP/UKHSA influenza virology swab surveillance

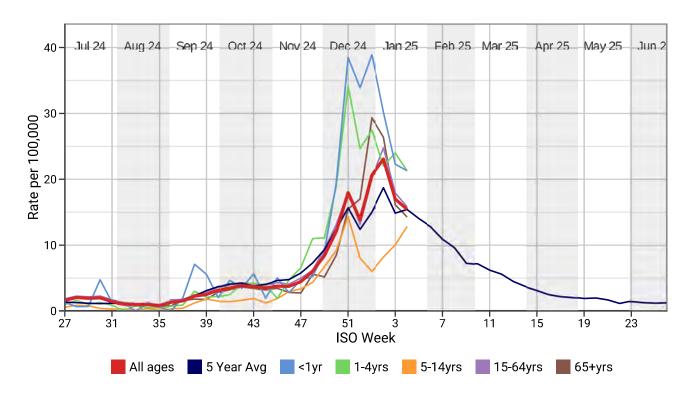


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(C) RCGP/UKHSA RSV, influenza and SARS-CoV-2 virology swab surveilance (by strain)



(D) Influenza-like Illness: national incidence rate by age band



(E) Influenza-like Illness: national incidence rate by age band

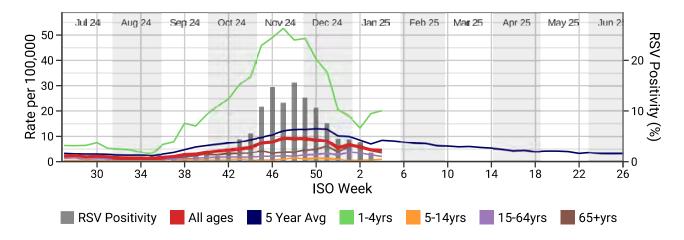
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - thresholds are shown in the second table. Refer to page 19 for more information.

	21	22	23	24	. 2	25	26	27	28	29	30	31	32	33	34	35	36	37	38
1-4yrs	1.4	1.5	1.4	1.5	5 1	1.5	1.0	1.0	1.6	1.0	1.3	0.9	0.1	0.9	0.6	0.6	0.7	0.9	3.0
5-14yrs	1.1	0.4	1.1	1.2	2 1	1.0	1.0	0.6	0.9	8.0	0.4	0.3	0.3	0.2	0.4	0.2	0.4	0.4	1.2
15-64yrs	2.1	1.9	2.2	2.6	5 2	2.3	1.9	1.8	2.3	2.1	2.3	1.7	1.3	1.2	1.2	1.0	1.7	1.8	2.5
65+yrs	1.2	1.3	1.3		1 1	1.5	1.0	1.6	2.2	2.1	2.1	1.4	1.0	1.0	1.0	0.9	0.8	1.6	1.8
All ages	1.8	1.6	1.9	2.2	2 2	2.0	1.6	1.6	2.0	1.9	2.0	1.5	1.1	1.0	1.1	0.9	1.3	1.5	2.3
	39	40	41	42	43	44	45	46	47	48	49	50	51	5:	2	1	2	3	4
1-4yrs	2.1	2.2	2.6	4.2	4.3	4.0	1.9	4.7	6.6	11.0	11.1	18.9	34.2	24.	7 2	27.5	22.0	24.0	21.3
5-14yrs	1.8	1.5	1.5		2.0	1.3	1.9	2.9	3.4	4.4	6.8	9.2	14.4	8.	1	6.1	8.2	10.1	12.8
15-64yrs	2.8	3.6	4.0	4.4	4.1	4.1	4.3	4.1	5.0	6.2	9.5	13.1	18.1	13.	2 2	20.2	24.8	18.0	15.8
65+yrs	1.7	2.9	3.3	3.7	3.5	3.3	3.4	2.8	2.7	5.6	5.2	8.5	15.5	17.	1 2	9.3	26.4	16.1	14.3
All ages	2.5	3.2	3.6	3.9	3.8	3.6	3.8	3.7	4.5	6.0	8.5	12.1	18.0	13.	9 2	20.6	23.1	17.0	15.4

	Below Threshold	Threshold to Medium	Medium to High	High to Very High	Above Very High
1-4yrs	<7.9	7.9 to 12.6	12.6 to 26.2	26.2 to 36.1	36.1+
5-14yrs	<5.4	5.4 to 10.7	10.7 to 26.6	26.6 to 39.9	39.9+
15-64yrs	<9.8	9.8 to 17.9	17.9 to 43.0	43.0 to 63.4	63.4+
65+yrs	<9.3	9.3 to 15.0	15.0 to 38.8	38.8 to 59.0	59.0+
All Ages	<8.54	8.54 to 16.27	16.27 to 38.66	38.66 to 56.68	56.68+

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

Children under 1 year old are omitted from the following graph.

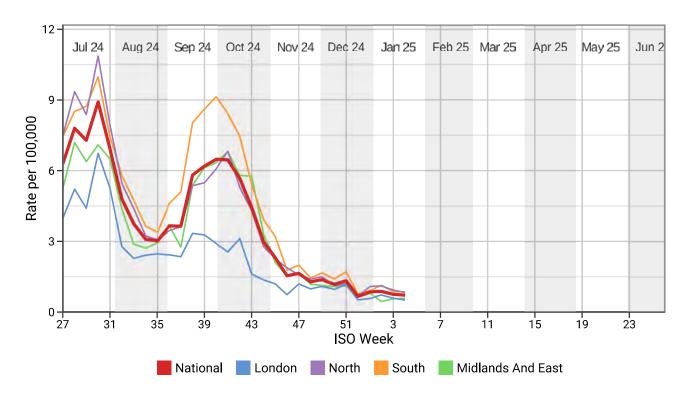


Weekly incidence rates of influenza-like illness, and acute bronchitis and bronchiolitis (per 100,000)

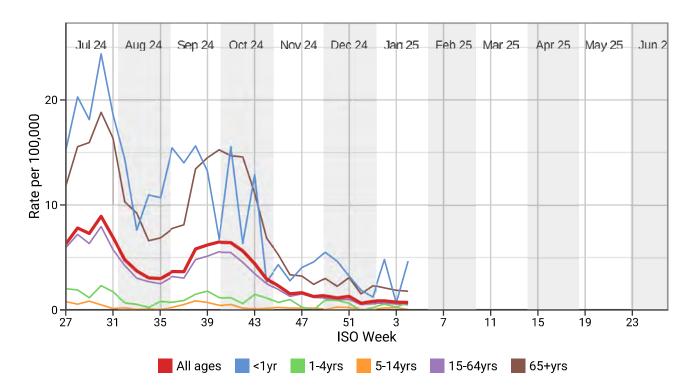
	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	21.3	190.2
1-4yrs	21.3	20.1
5-14yrs	12.8	0.9
15-24yrs	12.8	1.2
25-44yrs	17.4	1.6
45-64yrs	15.3	3.1
65-74yrs	9.9	3.1
75-84yrs	14.9	4.0
85+yrs	28.3	3.5
All ages	15.4	4.5

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	15.8	3.4
Midlands And East	11.8	4.6
North	16.7	5.1
South	17.1	4.5
National	15.4	4.5

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

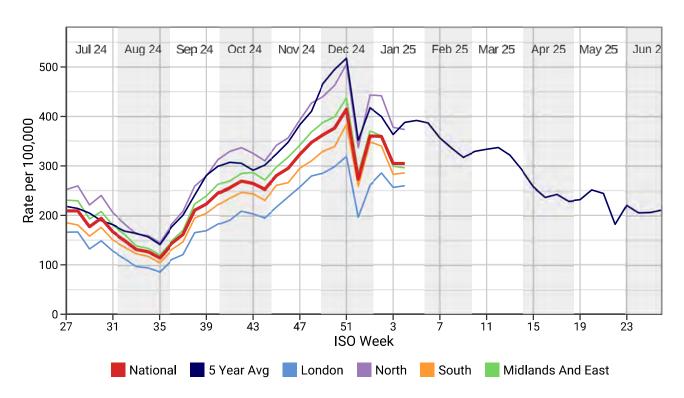


(H) COVID-19: national incidence rate by age band

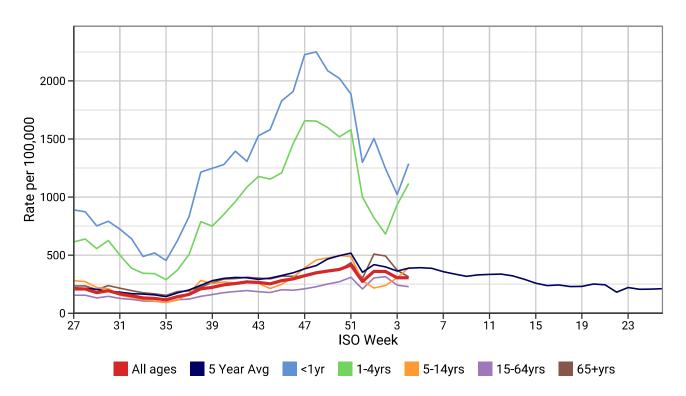


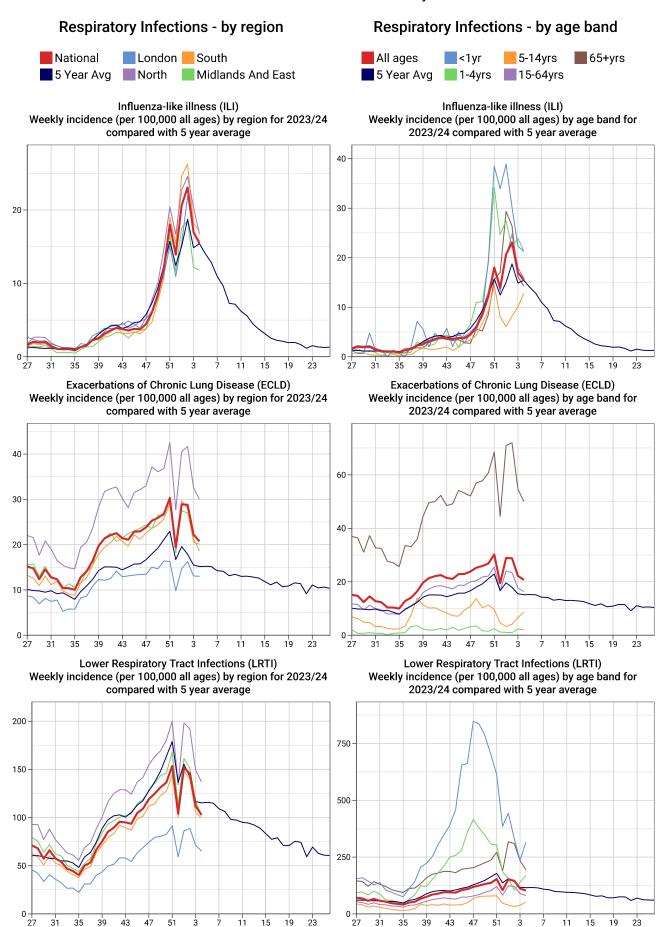
1. Respiratory Infections

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

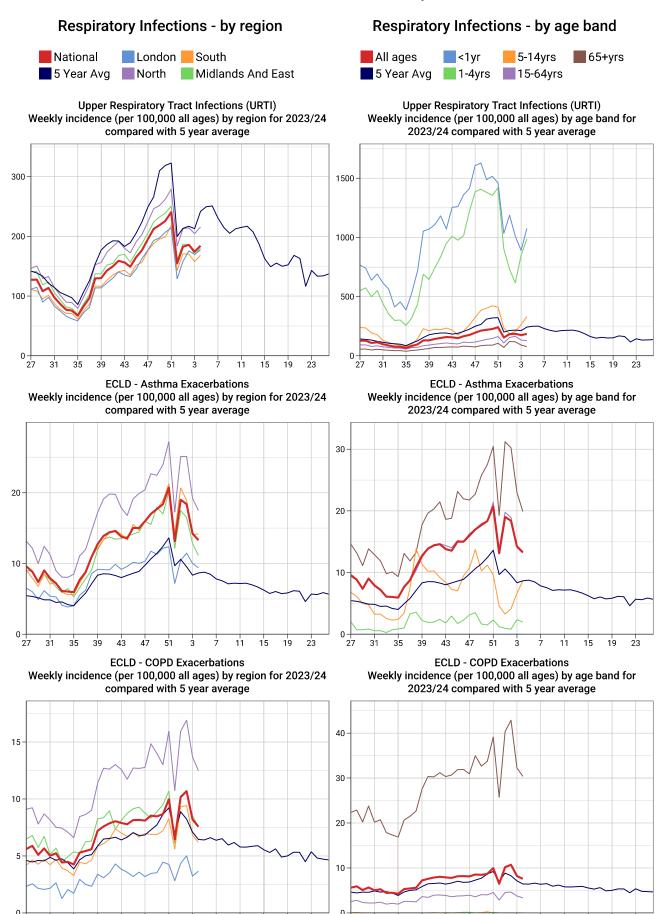


(J) Acute Respiratory Infections (ARI): national incidence rate by age band





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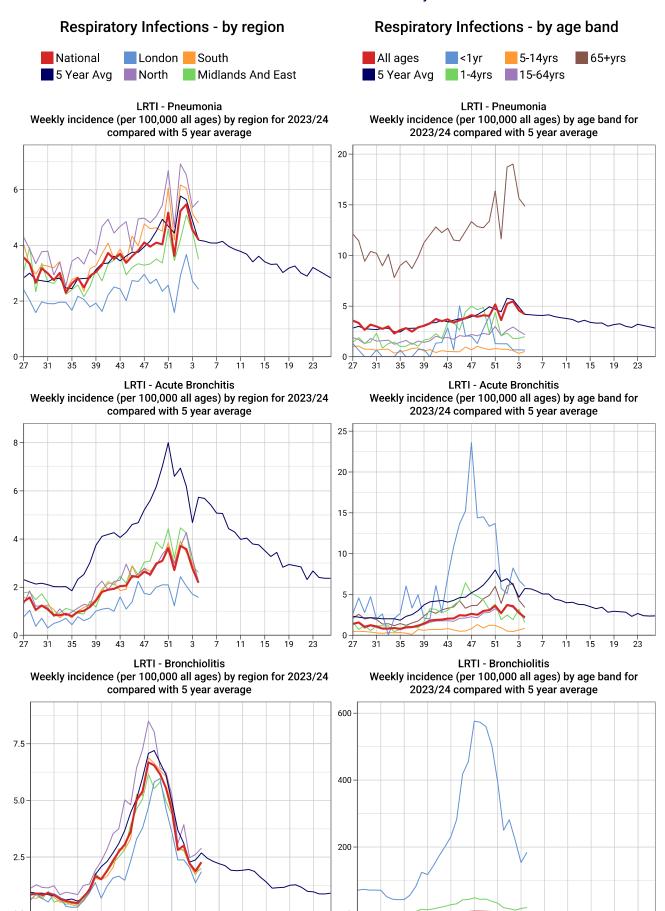
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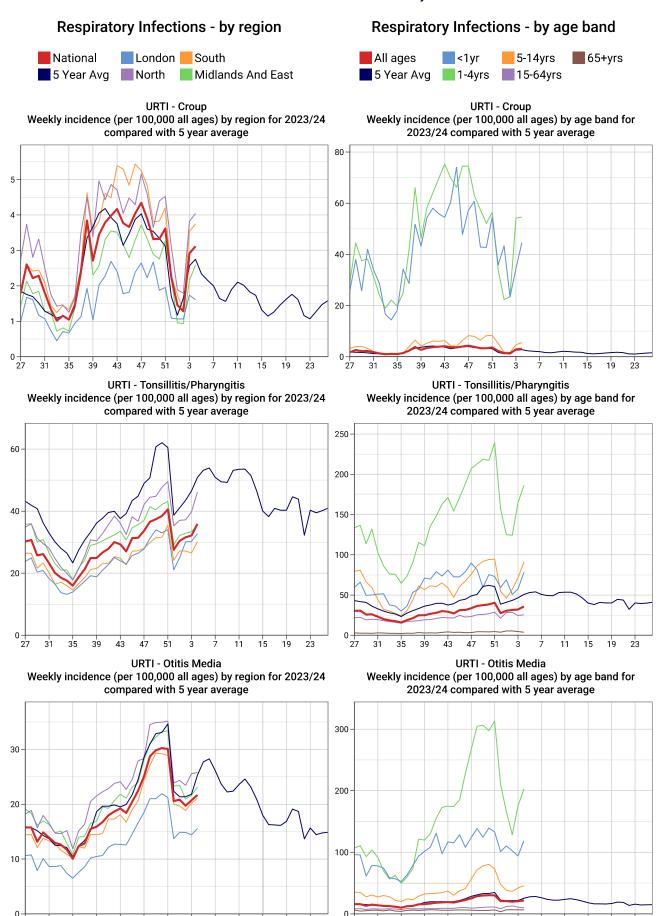
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11 15 19



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31 35 39

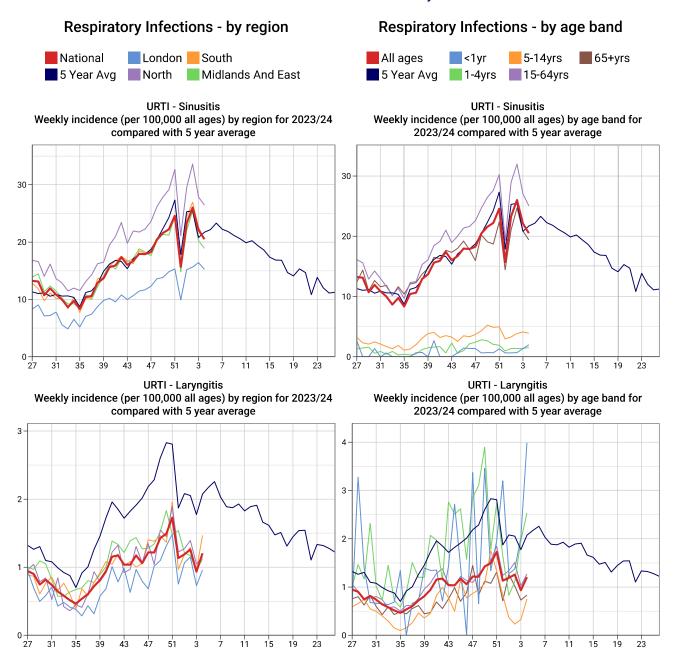


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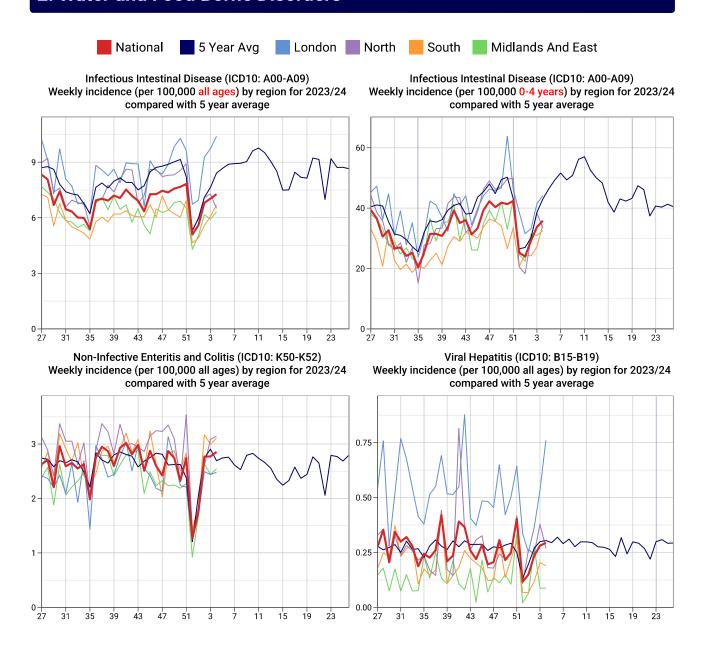
51

11 15 19

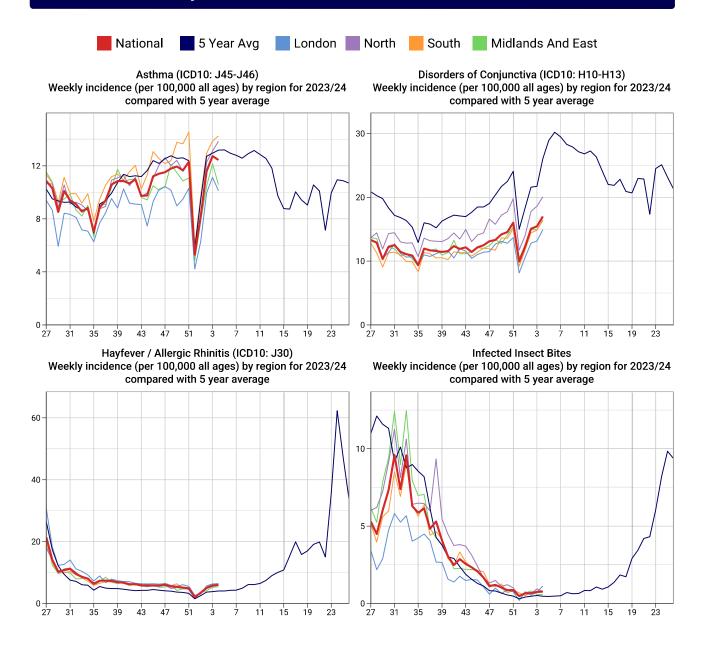
RCGP Research and Surveillance Centre - Weekly Returns Service



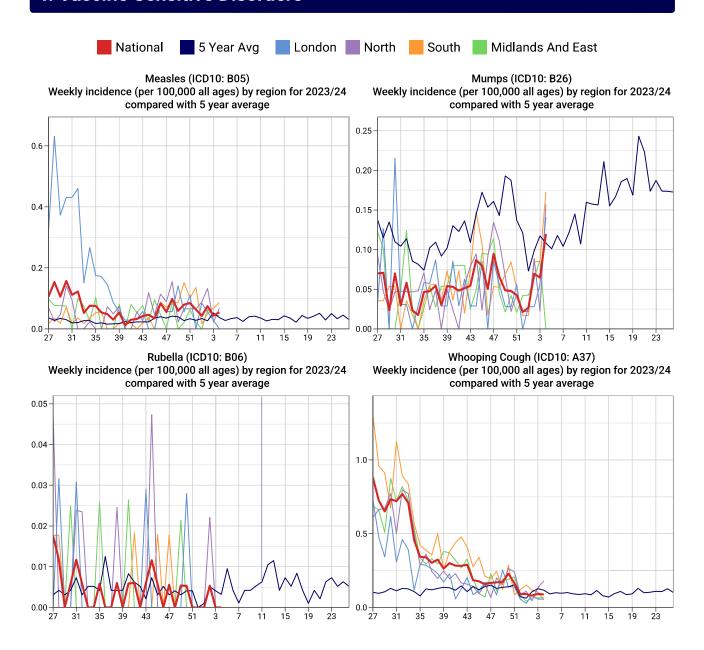
2. Water and Food Borne Disorders



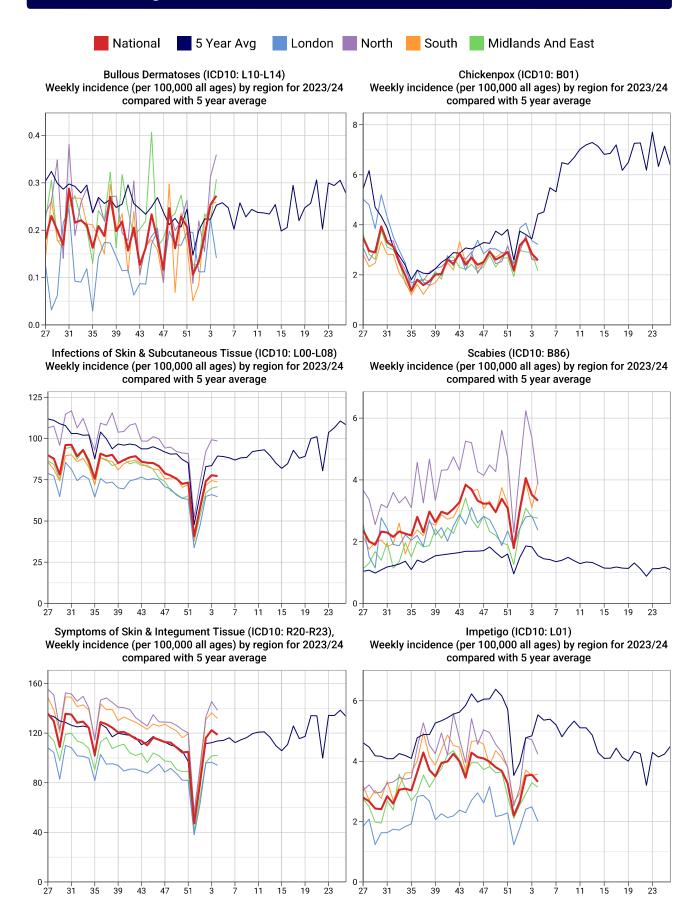
3. Environmentally Sensitive Disorders



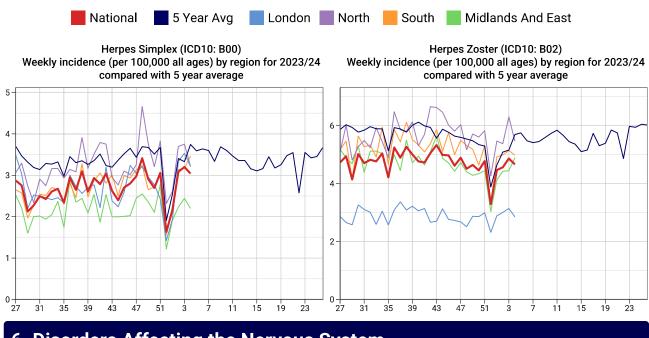
4. Vaccine Sensitive Disorders



5. Skin Contagions



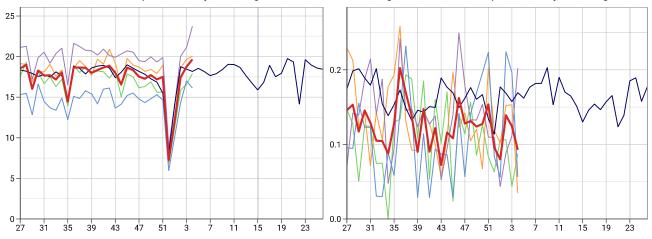
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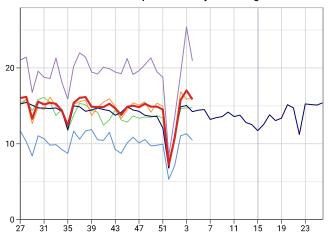
6. Disorders Affecting the Nervous System

Disorders of Peripheral Nervous System (ICD10: G50-G64,G70-G72), Weekly incidence (per 100,000 all ages) by region for 2023/24 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 2023/24 compared with 5 year average



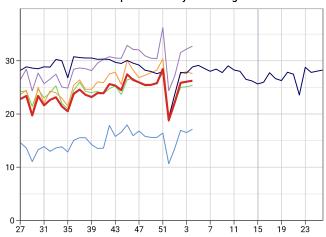
Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average



7. Genitourinary System Disorders



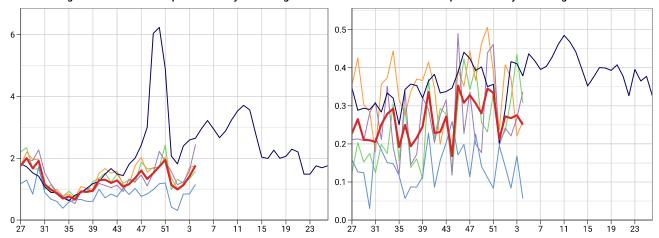
Urinary Tract Infection/Cystitis (ICD10: N30,N390)
Weekly incidence (per 100,000 all ages) by region for 2023/24
compared with 5 year average



8. Other Disorders

Strep Sore Throat, Scarlatina and Peritonsillar Abscess (ICD10: A38,J020,J36), Weekly incidence (per 100,000 all ages) by region for 2023/24 compared with 5 year average

Infectious Mononucleosis (ICD10: B27)
Weekly incidence (per 100,000 all ages) by region for 2023/24
compared with 5 year average



9. Tabular Summary by Disease

	Week 1	Week 2	Week 3	Week 4
Dates	30/12/2024 - 05/01/2025	06/01/2025 - 12/01/2025	13/01/2025 - 19/01/2025	20/01/2025 - 26/01/2025
Population	18,716,179	18,689,762	18,514,704	18,344,147
Practice Count	1,721	1,733	1,724	1,711

	We	ek 1	We	ek 2	We	ek 3	We	ek 4
Disease	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	3.7	695	3.6	669	2.8	515	2.2	401
Acute Respiratory Infections (ARI)	360.7	67,510	359.5	67,192	304.9	56,456	304.8	55,906
Allergic Rhinitis	3.4	644	5.0	938	5.8	1,075	6.0	1,097
Asthma	8.2	1,531	11.6	2,166	12.7	2,357	12.5	2,284
Bronchiolitis	3.0	563	2.2	415	1.9	350	2.3	418
Bullous Dermatoses	0.1	25	0.2	35	0.3	47	0.3	50
COVID-19	0.9	163	0.9	164	0.8	140	0.7	132
Chickenpox	3.2	596	3.4	643	2.8	527	2.6	475
Conjunctival Disorders	12.3	2,296	15.1	2,815	15.4	2,859	17.0	3,121
Croup	1.5	272	1.3	240	2.9	540	3.1	572
ECLD - COPD exacerbations	10.2	1,905	10.7	1,999	8.2	1,519	7.6	1,390
ECLD - asthma exacerbations	19.0	3,558	18.4	3,439	14.2	2,636	13.3	2,439
Exacerbations of chronic lung disease (ECLD)	28.9	5,409	28.8	5,381	22.2	4,115	20.7	3,806
Herpes Simplex	2.2	405	3.1	576	3.2	592	3.0	558
Herpes Zoster	4.5	836	4.6	852	4.9	900	4.7	855
Impetigo	2.7	499	3.5	658	3.6	658	3.3	609
Infected Insect Bites	0.6	121	0.7	126	0.7	137	0.8	142
Infectious Intestinal Diseases	5.6	1,048	6.8	1,272	7.0	1,302	7.3	1,335
Infectious Mononucleosis	0.3	51	0.3	50	0.3	51	0.3	46
Influenza-like Illness (ILI)	20.6	3,862	23.1	4,312	17.0	3,145	15.4	2,834
Laryngitis	1.2	223	1.3	235	0.9	173	1.2	221
Lower respiratory tract infections (LRTI)	151.7	28,401	145.6	27,204	112.1	20,759	102.7	18,831
Measles	0.0	8	0.1	14	0.0	8	0.1	10
Meningitis and Encephalitis	0.1	15	0.1	26	0.1	23	0.1	17
Mumps	0.0	5	0.1	13	0.1	12	0.1	22
Non-infective Enteritis and Colitis	1.8	329	2.8	518	2.8	513	2.9	524
Peripheral Nervous Disease	12.1	2,264	17.4	3,258	18.7	3,471	19.7	3,605
Pneumonia	5.2	980	5.5	1,022	4.6	845	4.2	772
Rubella	0.0	0	0.0	1	0.0	0	0.0	0
Scabies	3.1	571	4.1	758	3.5	651	3.3	610
Sinusitis	23.3	4,358	26.0	4,861	22.1	4,092	20.5	3,763
Skin and Subcutaneous Tissue Infections	57.7	10,792	74.1	13,856	77.7	14,387	77.2	14,164
Strep Throat and Peritonsillar Abscess	1.0	185	1.1	211	1.4	262	1.8	324
Symptoms involving Skin and Integument Tissues	78.7	14,738	116.1	21,702	122.3	22,640	118.7	21,771
Symptoms involving musculoskeletal	10.7	2,008	15.8	2,945	17.0	3,151	15.8	2,907
Tonsillitis and Pharyngitis	30.4	5,693	31.6	5,904	32.1	5,952	35.9	6,582
Upper respiratory tract infections (URTI)	182.6	34,169	185.9	34,746	174.4	32,287	184.3	33,811
Urinary Tract Infections	22.1	4,140	25.9	4,835	26.1	4,827	26.3	4,818
Viral Hepatitis	0.1	28	0.2	44	0.3	52	0.3	54
Whooping Cough	0.1	17	0.1	15	0.1	17	0.1	16

Further Information

Focus on winter respiratory infections and infections with epidemic or pandemic infection

A key role of the RSC is to monitor conditions that cause winter pressures on the NHS, as well as provide early warnings of outbreaks, epidemics, and pandemics. The RSC has been collecting data on infections since 1957, conducting sentinel surveillance since 1967 (with virology added in 1993), and serosurveillance from 2000.

Pages 2-6 of this report focus on influenza-like illness (ILI), virology data, and acute respiratory infections (ARI). ILI is the name given to clinically identified flu cases, around half of which will be due to the influenza virus (the other half will be due to other viruses).

Measuring the level of circulating influenza

The level of influenza-like illness (ILI) is reported using intensity thresholds (Graph A, page 2 and Table E, page 4). These are calculated using the Moving Epidemic Method (MEM). MEM works by identifying seasonal epidemic peaks and then calculating a baseline threshold and intensity levels based on pre- and post-epidemic rates. This provides a better measure of severity of ILI than simply comparing it to the five-year average rate.

The MEM intensity levels for ILI are defined as follows:

Threshold to Medium Below 40% percentile

Medium to High From 40% to below 90% percentile
High to Very High From 90% to below 97.5% percentile

Above Very High At or above 97.5% percentile

The MEM methodology is used by the UK Health Security Agency (UKHSA) and by the European Centre for Disease Prevention and Control (ECDC) to standardise reporting of influenza activity.

More information about MFM can be found at:

https://www.ecdc.europa.eu/en/news-events/acute-respiratory-infections-eueea-epidemiological-update-and-current-public-health

Rate of monitored conditions

Our monitored conditions are reported as the number of new cases each week per 100,000 population. We refer to this as the 'weekly incidence'. All conditions are shown with males and females combined.

The report's population, also called the denominator, is the registered population of RSC practices who share anonymised data for this report. The denominator varies weekly as patients register and deregister; additionally, a practice's data may not be included if there is an issue with data extraction.

Five-year averages

In addition to weekly incidence rates, we plot a five-year average for most conditions. Previously a ten-year average was used, but this window was shortened to reflect faster changes in seasonal variations and therefore enable a more meaningful comparison to relevant historic trends. COVID-19 pandemic years are excluded from this calculation for some conditions.

Regional rates of monitored conditions

In addition to a national rate, we present regional rates for all monitored conditions for four regions of England. The four RSC regions are aggregated NHS regions:

North NHS North East and Yorkshire, and North West regions

Midlands and East NHS East of England and Midlands regions

South NHS South East and South West regions

London NHS London region

Reporting of acute respiratory infections (ARI) by age band

In addition to regional rates, we report rates by age band for ARI. We display five age bands: those aged under 1 year, 1-4 years, 5-14 years, 15-64 years, and those aged 65 years and over. We subdivide ARI into four categories:

- influenza-like illness (ILI);
- exacerbations of chronic lung disease (ECLD), mainly asthma and chronic obstructive pulmonary disease (COPD);
- lower respiratory tract infections (LRTI), including bronchitis and pneumonia;
- upper respiratory tract infections (URTI), including tonsilitis and sinusitis.

More information about our classification of ARI can be found at:

https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2024.29.35.2300682

About the RCGP Research and Surveillance Centre (RSC)

What we do

Established in 1957, the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) 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 provides weekly reports about health and disease: the Weekly Returns Service (WRS). The WRS has been produced since 1967, in collaboration with the UK Health Security Agency (UKHSA) and its predecessor bodies. The University of Oxford currently provides the WRS on behalf of RCGP and UKHSA.

The RSC is active in research and surveillance. In addition to the WRS, the RSC contributes data to UKHSA's Syndromic Surveillance system, and supports vaccine effectiveness studies. The role of general practice members of the RSC is set out in an annual commissioning letter.

Further information about the RSC can be found on our website:

www.rcgp.org.uk/representing-you/research-at-rcgp/research-surveillance-centre

Our data extraction process and governance

Data are extracted on behalf of the RSC from practice computerised medical record systems, twice a week by Magentus Data Management, or daily by EMIS-X Analytics (EXA). 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 Nuffield Department of Primary Care Health Sciences (NDPCHS) at the University of Oxford. Our systems meet the requirements of the General Data Protection Regulation (GDPR). Further information about the NHS England approval of the RSC's data security can be found at:

https://www.dsptoolkit.nhs.uk/OrganisationSearch/EE133863-MSD-NDPCHS

What the data is used for

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.

In addition to the WRS, the data are 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.

Get in touch

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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