

RSC Communicable and Respiratory Disease Report for England

Week Number / Year	Population
10 / 2025	18,254,142
Dates 03/03/2025 - 09/03/2025	No. Practices 1,701

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

Overall rates of influenza-like illness (ILI) continue to decrease in all regions and are around the seasonal average for this time of year (pages 3 to 5). ILI rates are now below the medium threshold across all age bands: see Table (E), page 5.

Rates of acute respiratory infections (ARI) are stable or have decreased across all regions and age bands, remaining at or below the seasonal average, page 7.

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 B is the predominant circulating virus reported 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 (\land or \checkmark), while a change of more than 10% is marked with a double arrow (\land or \diamondsuit). A flat line (-) indicates the rate was stable, changing less than 5%.

Region Breakdown

	Acute	Acute respiratory infections (ARI)			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	221.2	235.0	∨ -13.7	8.5	10.3	♥-1.7	10.7	10.9	- -0.2	
Midlands And East	263.6	278.9	✓ −15.3	5.8	6.5	癸-0.7	17.7	17.5	-0.2	
North	324.3	342.1	✔ -17.9	8.1	10.3	& −2.3	24.1	27.4	⋧ -3.3	
South	246.9	260.5	∨ -13.5	8.6	9.3	∨ -0.7	16.6	17.5	✓ -1.0	
National	265.1	280.8	∽ −15.7	7.8	9.1	⇒ −1.3	17.6	18.8	∽ −1.2	
		er respirations	atory tract s (LRTI)	Upper respiratory tract infections (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	57.3	61.2	∽ -3.9	155.6	166.0	∽ -10.4	0.5	0.6	& −0.2	
Midlands And East	88.1	99.3	ୡ -11.1	168.4	173.0	- -4.6	0.8	0.6	♠ 0.2	
North	114.3	125.9	∨ -11.6	200.7	202.4	- -1.7	0.4	0.7	& −0.3	
South	82.1	90.1	∨ -7.9	157.1	161.4	- -4.3	0.9	1.1	& −0.1	
National	86.7	96.0	∽ -9.3	170.3	175.4	- -5.1	0.7	0.8	≫ -0.1	

Age Group Breakdown

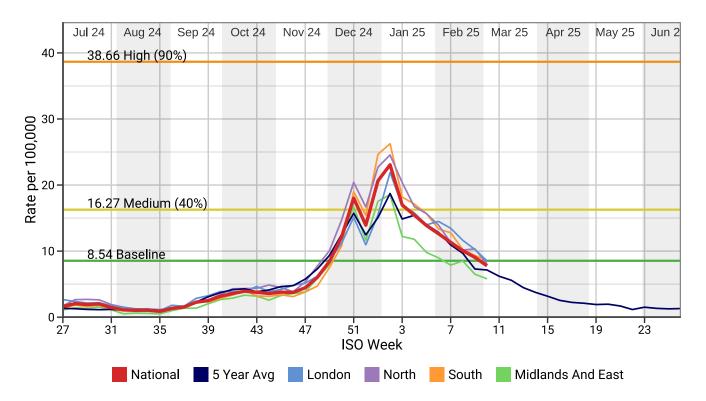
	Acute re	espiratory i	nfections (ARI)	Influ	Influenza-like illness (ILI)			Exacerbations of chronic lung disease (ECLD)		
	This week	Last week	Change since last week	This week	Last week	Change since last week	This week	Last week	Change since last week	
<1yr	1,102.8	1,307.2	癸 -204.4	12.1	17.1	癸 −5.0	0.0	0.0	- 0.0	
1-4yrs	922.9	875.4	~ 47.5	8.8	6.9	☆ 1.9	1.8	1.0	♠ 0.8	
5-14yrs	292.0	279.1	- 12.9	5.0	4.9	-0.2	5.8	4.9	♠ 0.9	
15-64yrs	206.8	225.0	✓ -18.2	8.8	10.6	≽ −1.8	13.3	14.3	∨ -0.9	
65+yrs	285.0	311.2	✔ -26.1	5.5	6.2	≽ −0.7	45.1	49.0	∨ -4.0	
All ages	265.1	280.8	∽ −15.7	7.8	9.1	⇒ −1.3	17.6	18.8	✓ -1.2	
	Lower res	spiratory tr	act infections	Upper respiratory tract infections			COVID-19			

		(LRTI)			(URTI)					
	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	260.6	323.4	ఈ −62.8	946.6	1,105.9	癸 −159.3	3.6	3.4	- 0.1	
1-4yrs	146.7	145.1	- 1.6	860.5	805.3	▲ 55.2	0.4	0.7	♥-0.3	
5-14yrs	35.5	35.0	- 0.6	258.6	248.6	- 10.0	0.0	0.1	♥-0.1	
15-64yrs	66.4	75.4	癸 −9.0	130.5	138.5	✔ -8.0	0.5	0.6	♥-0.1	
65+yrs	175.4	190.6	∽ -15.2	77.1	84.2	✓ -7.1	1.6	1.7	✓ -0.1	
All ages	86.7	96.0	∽ -9.3	170.3	175.4	- -5.1	0.7	0.8	≫ −0.1	

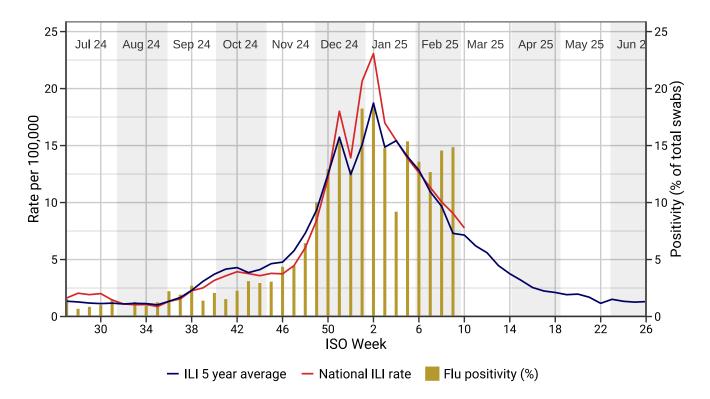
2024/25 Focus

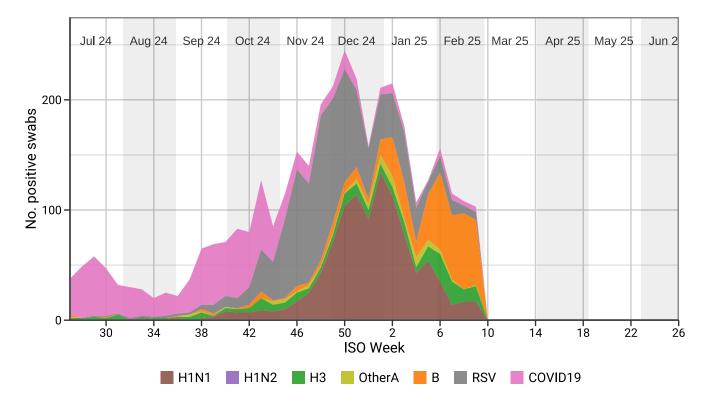
(A) Influenza-like Illness: national incidence rate by region

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



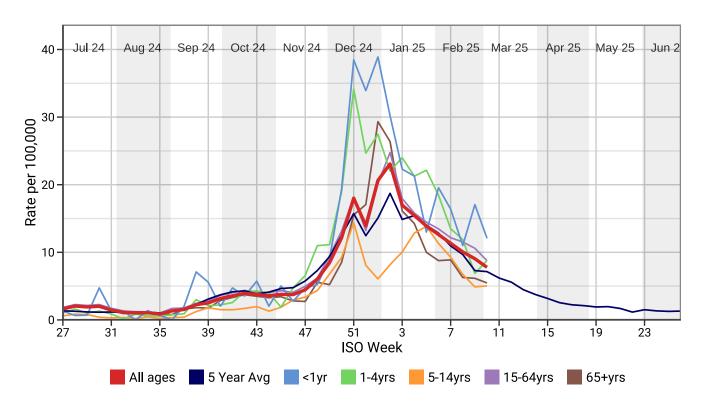
(B) RCGP/UKHSA influenza virology swab surveillance





(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

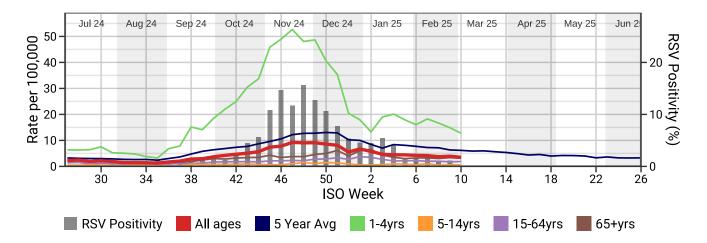
This table shows the level of intensity of ILI by age band. MEM thresholds have been calculated separately for each age band - thresholds are shown in the second table. Refer to page 19 for more information.

	27	7 2	28	29	30	31 3	2 33	3 34	35	36	37	38	39	40	41	42	43	44
1-4yrs	1.0) 1	1.6	1.0	1.3	0.9 0	.1 0.	9 0.0	5 O.6	0.7	0.9	3.0	2.1	2.2	2.6	4.2	4.3	4.0
5-14yrs	0.6	5 ().9	0.8	0.4	0.3 0	.3 0.1	2 0.4	4 0.2	0.4	0.4	1.2	1.8	1.5	1.5	1.7	2.0	1.3
15-64yrs	1.8	3 2	2.3	2.1	2.3	1.7 1	.3 1.3	2 1.2	2 1.0	1.7	1.8	2.5	2.8	3.6	4.0	4.4	4.1	4.1
65+yrs	1.6	5 2	2.2	2.1	2.1	1.4 1	.0 1.	0 1.(0.9	0.8	1.6	1.8	1.7	2.9	3.3	3.7	3.5	3.3
All ages	1.6	5 2	2.0	1.9	2.0	1.5 1		0 1.1	I 0.9	1.3	1.5	2.3	2.5	3.2	3.6	3.9	3.8	3.6
	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10
1-4yrs	1.9	4.7	6.6	11.0	11.1	18.9	34.2	24.7	27.5	22.0	24.0	21.3	22.1	18.4	13.5	11.9	6.9	8.8
5-14yrs	1.9	2.9	3.4	4.4	6.8	9.2	14.4	8.1	6.1	8.2	10.1	12.8	13.8	11.3	9.3	6.7	4.9	5.0
15-64yrs	4.3	4.1	5.0	6.2	9.5	13.1	18.1	13.2	20.2	24.8	18.0	15.8	14.5	13.5	12.2	11.5	10.6	8.8
65+yrs	3.4	2.8	2.7	5.6	5.2	8.5	15.5	17.1	29.3	26.4	16.1	14.3	10.0	8.8	8.9	6.3	6.2	5.5
Allages	3.8	3.7	4.5	6.0	8.5	12.1	18.0	13.9	20.6	23.1	17.0	15.4	13.9	12.6	11.3	10.1	9.1	7.8

	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

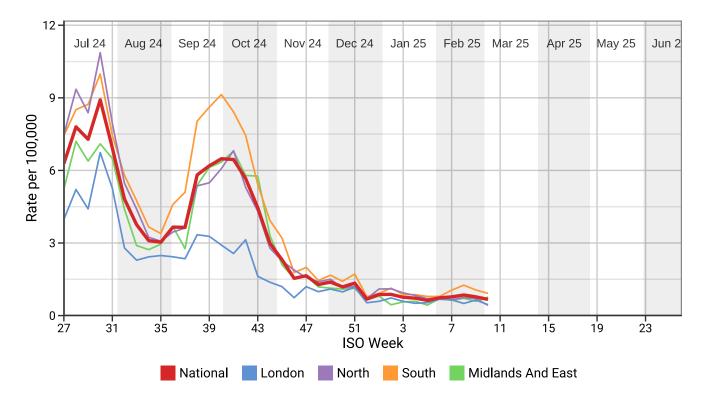
Children under 1 year old are omitted from the following graph.



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

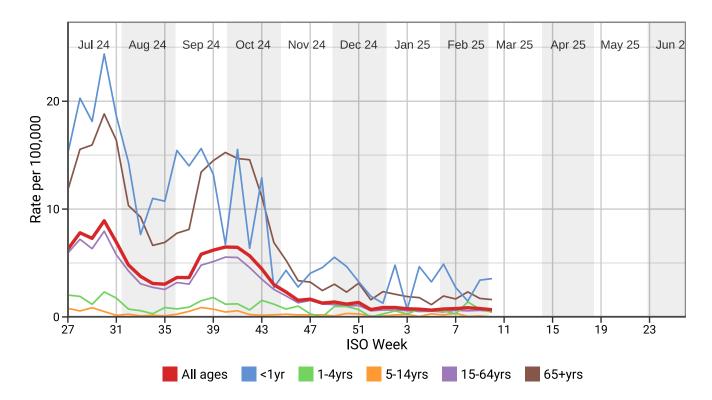
	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
<1yr	12.1	149.8
1-4yrs	8.8	12.8
5-14yrs	5.0	0.6
15-24yrs	7.5	1.0
25-44yrs	10.6	1.7
45-64yrs	7.1	2.6
65-74yrs	4.5	3.2
75-84yrs	5.9	3.4
85+yrs	8.0	2.2
All ages	7.8	3.5

	Influenza-like illness (ILI)	ARI-Bronchitis and Bronchiolitis
London	8.5	2.5
Midlands And East	5.8	3.8
North	8.1	3.8
South	8.6	3.7
National	7.8	3.5



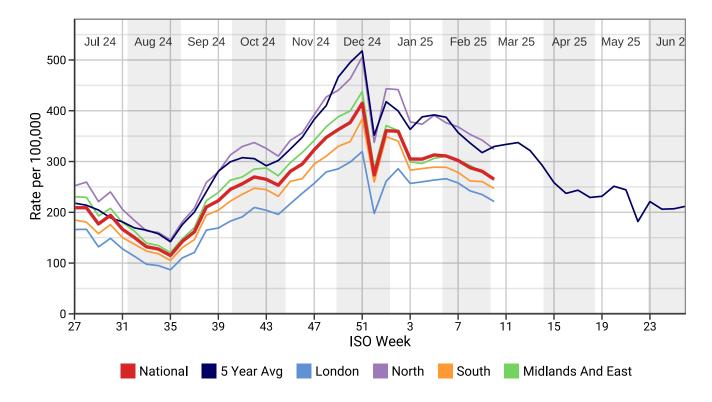
(G) COVID-19: national incidence rate by region

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

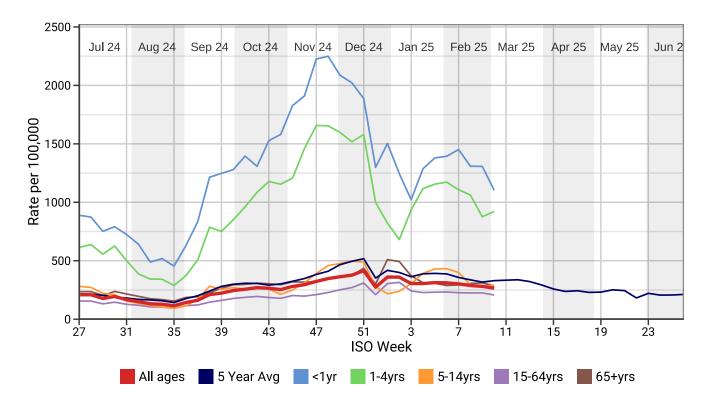


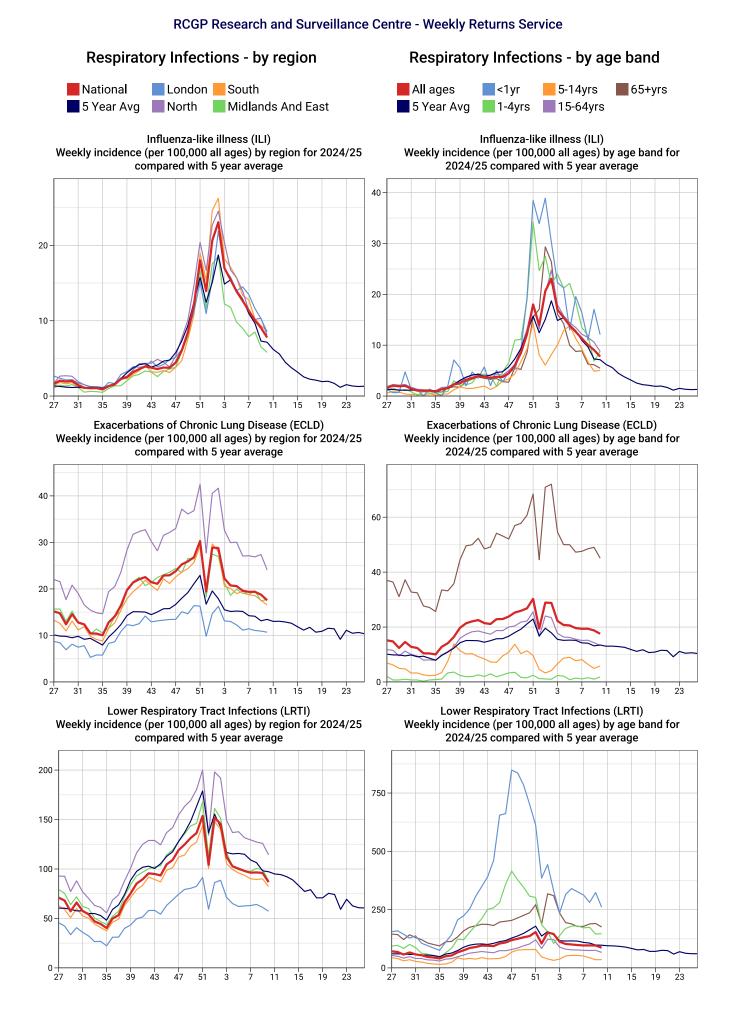
1. Respiratory Infections

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



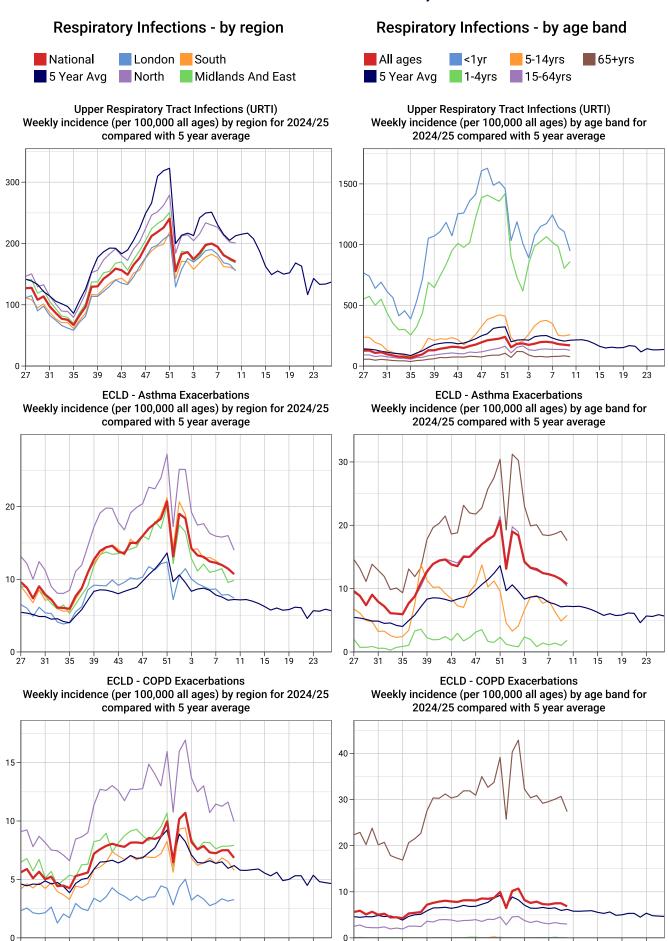
(J) Acute Respiratory Infections (ARI): national incidence rate by age band





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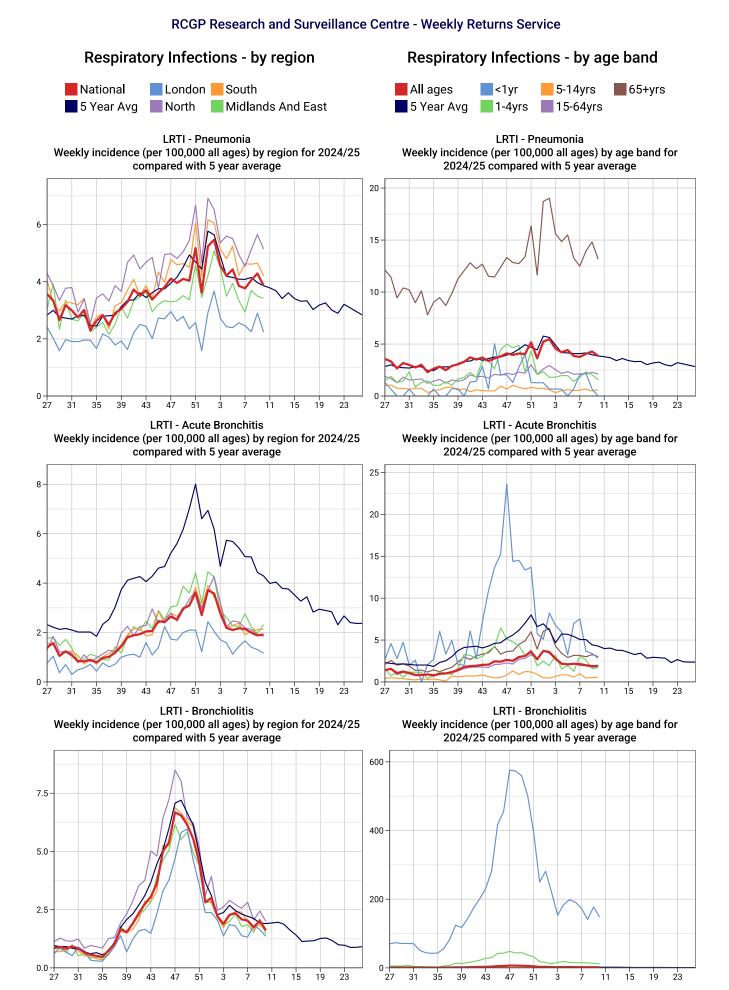
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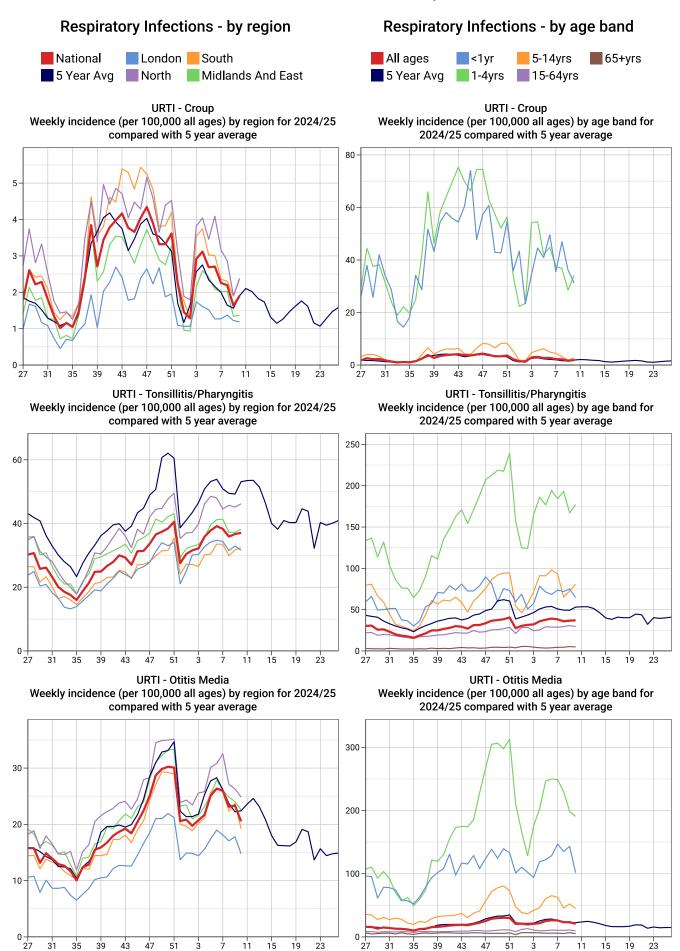
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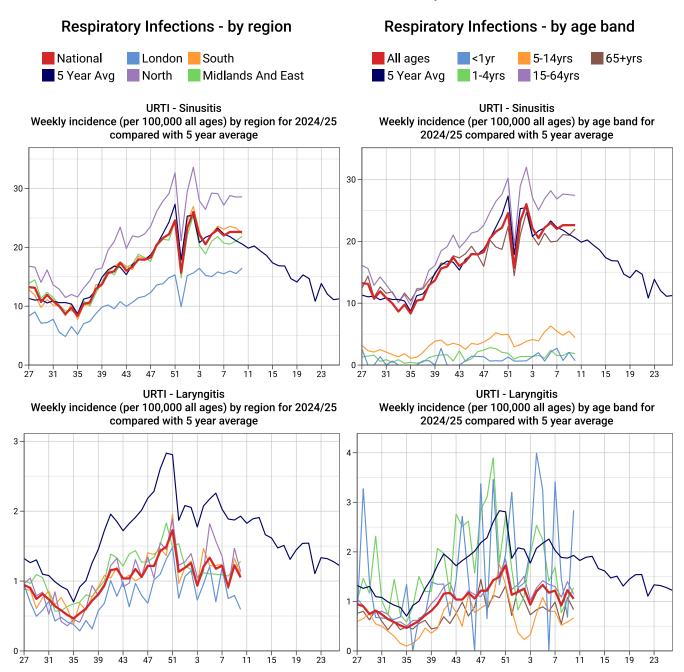
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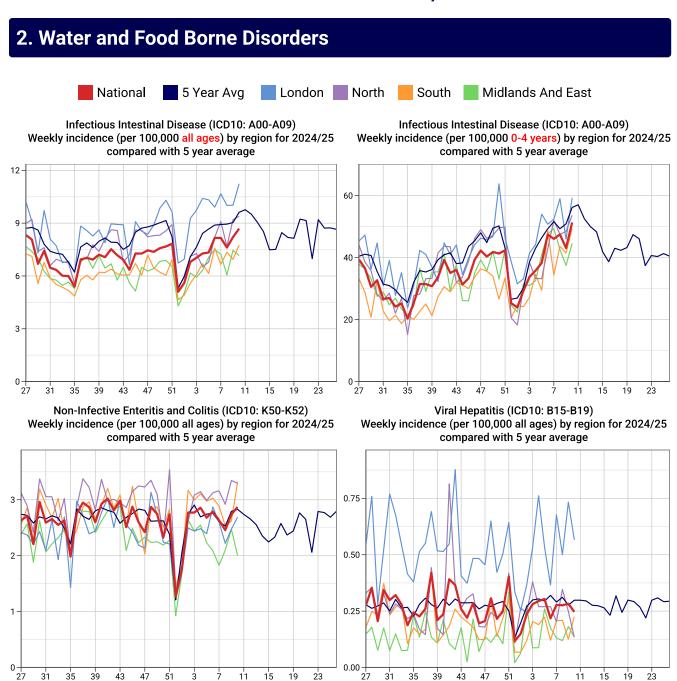




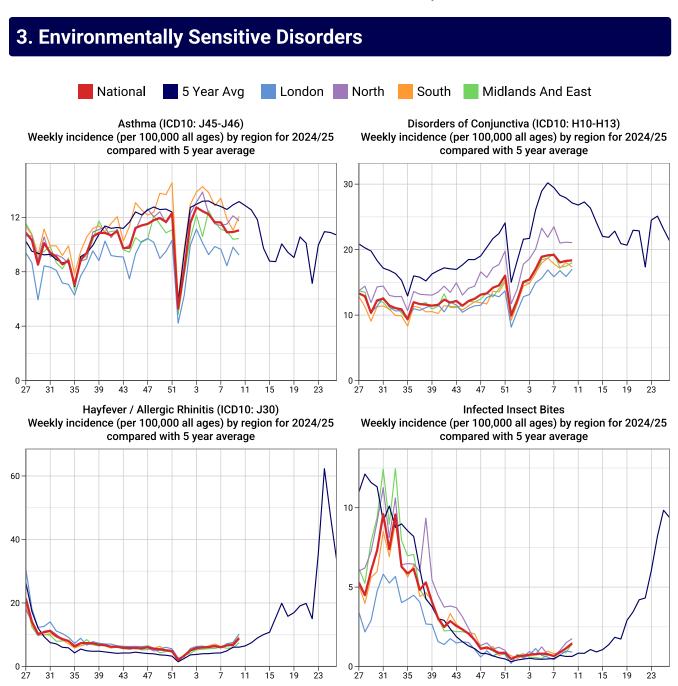


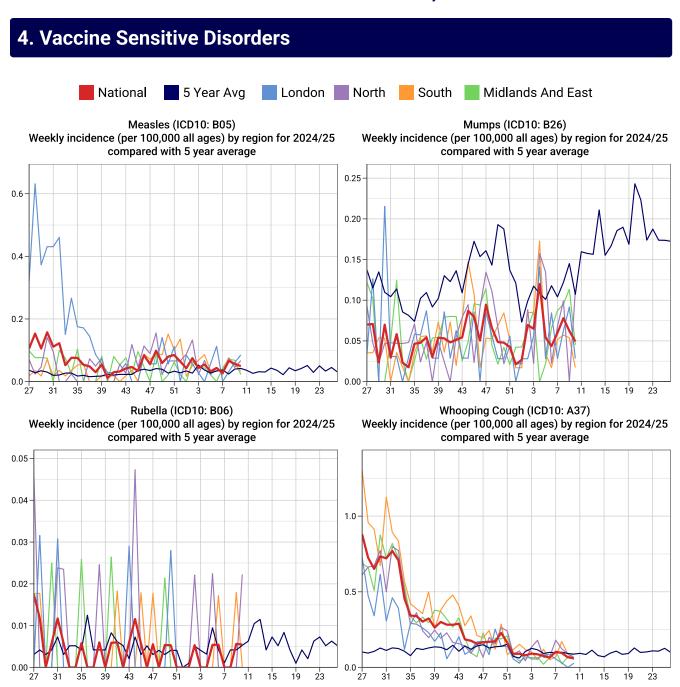




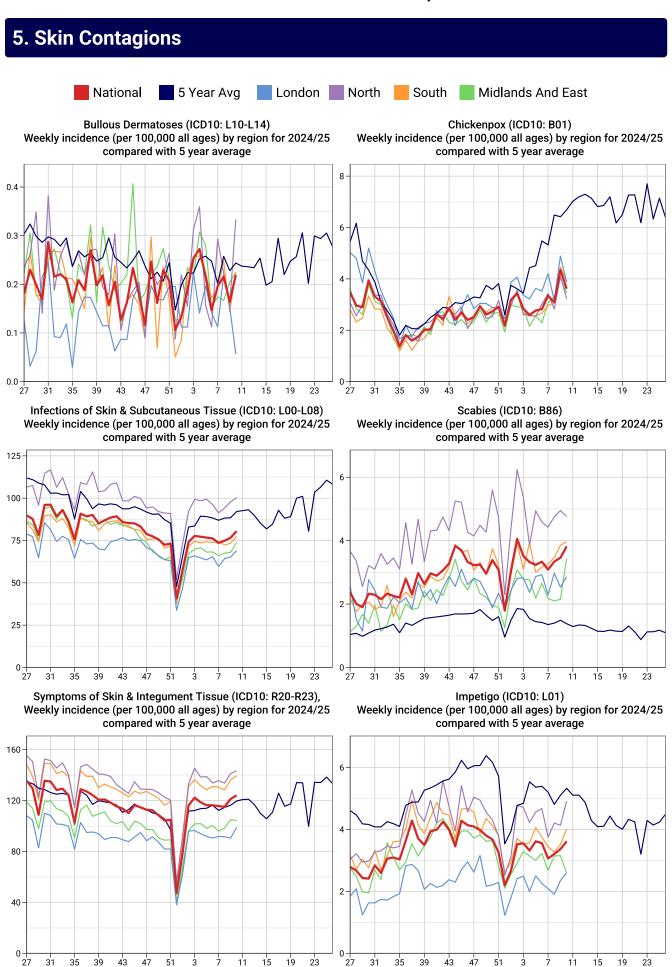


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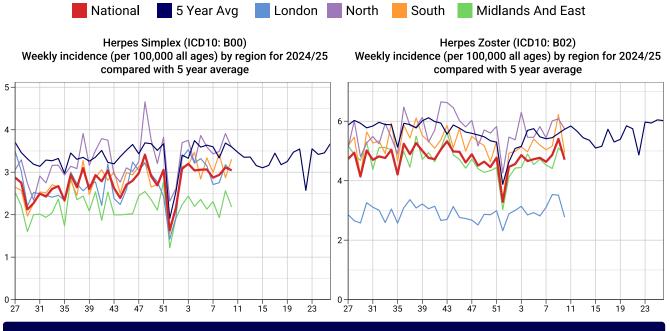




RCGP Research and Surveillance Centre - Weekly Returns Service

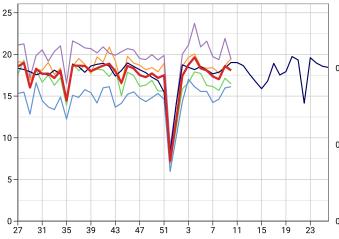


RCGP Research and Surveillance Centre - Weekly Returns Service

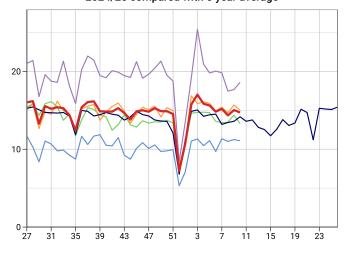


6. Disorders Affecting the Nervous System

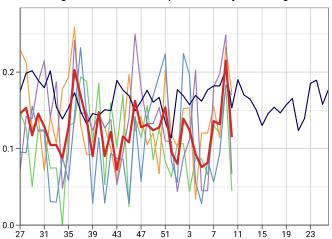
Disorders of Peripheral Nervous System (ICD10: G50-G64,G70-G72), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average

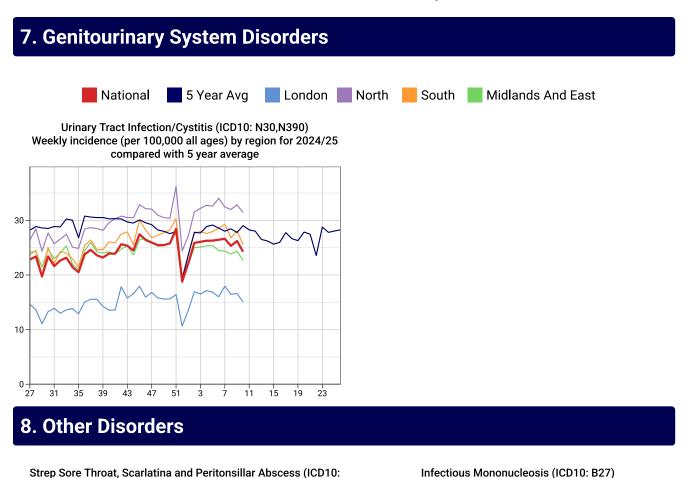


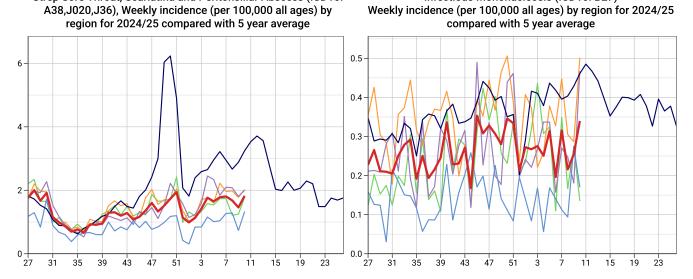
Symptoms of Nervous & Musculoskeletal Systems (ICD10: R25-R29), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average



Meningitis/Encephalitis (ICD10: A170-A171,A390,A38-A85,A87,G00-G05), Weekly incidence (per 100,000 all ages) by region for 2024/25 compared with 5 year average







9. Tabular Summary by Disease

	Week 7	Week 8	Week 9	Week 10
Dates	10/02/2025 - 16/02/2025	17/02/2025 - 23/02/2025	24/02/2025 - 02/03/2025	03/03/2025 - 09/03/2025
Population	18,379,896	16,684,415	17,682,740	18,254,142
Practice Count	1,710	1,555	1,655	1,701

	We	ek 7	We	ek 8	We	ek 9	Wee	ek 10
Disease	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Acute Bronchitis	2.1	394	2.0	333	1.9	333	1.9	351
Acute Respiratory Infections (ARI)	302.1	55,527	287.8	48,024	280.8	49,651	265.1	48,387
Allergic Rhinitis	6.1	1,116	6.6	1,108	6.8	1,203	8.9	1,624
Asthma	11.6	2,137	10.9	1,819	10.9	1,931	11.0	2,016
Bronchiolitis	2.0	373	1.7	291	2.0	359	1.6	295
Bullous Dermatoses	0.2	36	0.2	36	0.2	29	0.2	40
COVID-19	0.8	142	0.9	142	0.8	137	0.7	122
Chickenpox	3.3	614	3.1	515	4.3	768	3.6	660
Conjunctival Disorders	19.2	3,530	18.0	3,011	18.3	3,232	18.4	3,351
Croup	2.3	415	2.2	366	1.6	289	1.9	347
ECLD - COPD exacerbations	7.2	1,331	7.5	1,250	7.5	1,327	6.8	1,249
ECLD - asthma exacerbations	12.3	2,256	12.0	1,997	11.5	2,028	10.7	1,955
Exacerbations of chronic lung disease (ECLD)	19.4	3,560	19.4	3,235	18.8	3,318	17.6	3,205
Herpes Simplex	2.9	528	2.9	490	3.1	550	3.0	556
Herpes Zoster	4.6	852	4.9	812	5.4	956	4.7	859
Impetigo	3.1	563	3.2	535	3.4	595	3.6	660
Infected Insect Bites	0.7	120	0.9	149	1.1	202	1.4	264
Infectious Intestinal Diseases	8.2	1,500	7.6	1,270	8.2	1,451	8.7	1,586
Infectious Mononucleosis	0.3	58	0.2	36	0.3	45	0.3	62
Influenza-like Illness (ILI)	11.3	2,083	10.1	1,678	9.1	1,601	7.8	1,419
Laryngitis	1.2	224	0.9	153	1.2	217	1.1	192
Lower respiratory tract infections (LRTI)	96.2	17,690	96.5	16,105	96.0	16,972	86.7	15,831
Measles	0.0	5	0.1	11	0.1	10	0.0	9
Meningitis and Encephalitis	0.1	25	0.1	22	0.2	38	0.1	21
Mumps	0.1	11	0.1	13	0.1	11	0.0	9
Non-infective Enteritis and Colitis	2.6	484	2.5	410	2.7	484	2.9	524
Peripheral Nervous Disease	17.4	3,190	17.0	2,840	18.6	3,290	18.1	3,300
Pneumonia	3.8	692	4.1	676	4.3	758	3.9	705
Rubella	0.0	0	0.0	0	0.0	1	0.0	1
Scabies	3.1	567	3.3	557	3.5	612	3.8	697
Sinusitis	22.0	4,044	22.6	3,773	22.6	3,999	22.6	4,129
Skin and Subcutaneous Tissue Infections	73.5	13,514	74.9	12,497	76.6	13,546	80.5	14,702
Strep Throat and Peritonsillar Abscess	1.8	332	1.7	280	1.5	258	1.8	333
Symptoms involving Skin and Integument Tissues	115.7	21,262	115.1	19,198	121.2	21,437	124.0	22,644
Symptoms involving musculoskeletal	15.2	2,791	14.4	2,395	15.0	2,658	14.7	2,688
Tonsillitis and Pharyngitis	38.3	7,038	35.9	5,988	36.7	6,489	37.1	6,767
Upper respiratory tract infections (URTI)	194.6	35,773	180.9	30,182	175.4	31,016	170.3	31,088
Urinary Tract Infections	26.6	4,894	25.3	4,226	26.2	4,636	24.3	4,429
Viral Hepatitis	0.3	51	0.3	46	0.3	50	0.2	45
Whooping Cough	0.1	19	0.1	16	0.1	12	0.1	11

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 MEM 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).

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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