

April 2026 / ISSUE 253

# OXFORD-RCGP RSC DIRECTOR'S MESSAGE



YOUR WEEKLY UPDATE FROM PROF. SIMON DE LUSIGNAN,  
DIRECTOR OF THE OXFORD-RCGP RSC



Easter is a time for family, reflection and, of course, chocolate but why not make it about health too?

Remember that, while we don't test on rabbits, we do (swab) test on humans. So, check out our **Sampling Opportunities** section and consider taking part in our surveillance work.

From our team to yours, we wish you a safe and happy Easter and long weekend.



## Meet your Oxford-RCGP RSC team - Benoit Corriveau

I joined the RSC six months ago to start my DPhil at the University of Oxford. I am originally from Canada, where I trained as a public health physician, working mainly in communicable disease control, addiction medicine and health technology assessment.

My earlier research included developing approaches to evaluate primary care innovations beyond the reach of traditional HTA, and examining how virtual care use and preferences in primary care vary by socioeconomic status.



High-performing health systems rely on strong primary care, and I believe rigorous use of data can help protect and strengthen it. My current research focuses on primary care workforce sustainability, using routinely collected data to better understand what supports clinician wellbeing, engagement and retention in general practice. I aim to assess how recent changes in workload, policies or population needs impact clinicians and how we can move towards more supportive working environments.

Outside of work, I try to stay in shape both physically and mentally through running, cycling, rowing, and skiing, though the move across the pond has limited my ability to practice the last one.

### Sampling Opportunities

**A big thanks** to our serology and virology sampling practices for contributing samples for 2025-26.

We're pleased to **confirm that we have agreed our targets** with UKHSA for **2026-27** and will be able to **offer increased virology capacity to practices**. We can onboard practices this Spring, for a new in-practice swabbing pathway, please contact us at [practiceenquiries@phc.ox.ac.uk](mailto:practiceenquiries@phc.ox.ac.uk) to find out more.

### Upcoming webinar series

We have planned a webinar series for our network practices.

The first webinar will take place on **22nd April 2026**, titled:  
**A Reintroduction to the RSC**

If you are interested in attending, please use this [form](#) to express you interest.



# Sampling Is Informing

Welcome to the newest segment of our weekly newsletter

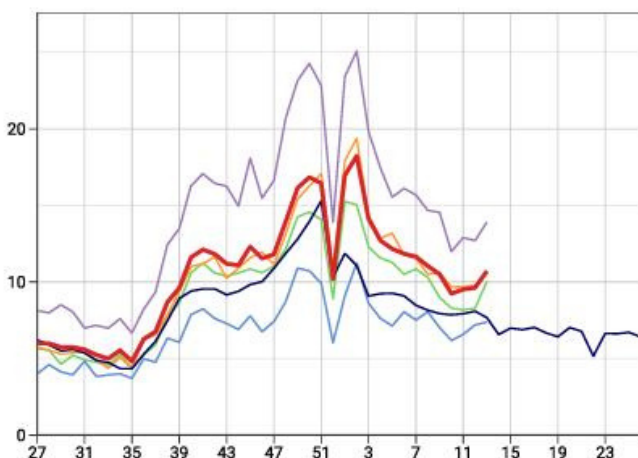
## What have we learnt from this Flu Season?

As we move into April we can take a look back over the flu season. After the early start in November things settled down to the average at Christmas and rates of influenza-like illness have been a little lower than average over the last couple of months.

Levels are lower at the moment and we would expect them to drop even further as summer arrives. Data from our swabbing practices showed that the main flu virus type was H3 this year which is included in the vaccine and we will be working to measure how effective that vaccine was. The flu H1 virus, which was high in 2024/5 was much less common this year and have seen almost no B type influenza at all.

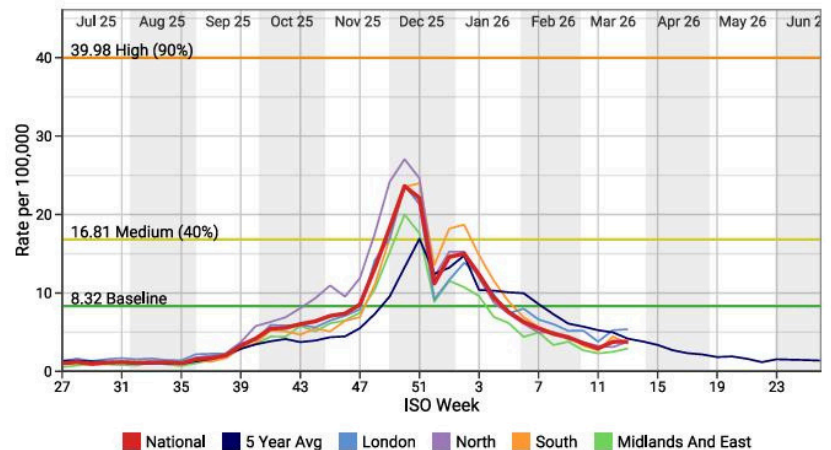
## High Asthma levels in comparison to previous years and why coding is so important

**ECLD - Asthma Exacerbations**  
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



**(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.



Asthma levels have been higher this year than in previous years. This is particularly apparent in older patients and in the North of England. We have even seen a small rise in the rate in the last week, although we cannot read too much into a single week of data.

Unlike flu we have seen a peak after Christmas, which is traditionally the busiest time for hospital services. There does not seem to be any clear viral culprit behind these higher rates but accurately coded diagnoses will help us to monitor these trends.