

OXFORD-RCGP RSC DIRECTOR'S MESSAGE



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

The Who's Who of Spring Sniffles



With the May Bank Holiday behind us, we can safely declare that we have entered the season of sunshine, blue skies, and flowers in bloom. Warmer weather invites outdoor activities, socialising, and exercise, but it's not sunshine and rainbows for us all. Those who suffer from hayfever may dread the presence of Spring.

Historically, hayfever was known as "rose fever", reflecting a 19th-century belief that the scent of flowers was responsible for seasonal symptoms. Although a romantic notion, modern medicine recognises airborne pollen as the primary trigger of these symptoms. Nonetheless, the clinical challenge presented by airborne pollen has changed little over the centuries. Each Spring, clinicians encounter a predictable rise in patients with nasal congestion, rhinorrhoea, and throat irritation—symptoms that overlap closely with those of acute respiratory viral infections.

Hayfever and Sampling In-Practice

This overlap in symptoms can make early clinical distinction difficult, particularly in the absence of clear systemic features. While itching and the absence of fever may point towards allergic rhinitis, presentations are not always typical. In this context, virology sampling remains an important component of the clinical assessment.

Swabbing enables confirmation of active viral infection and supports appropriate management, especially in patients with fever, myalgia, or increased risk of complications. It also reduces the risk of attributing infectious symptoms to seasonal allergy alone, which may delay diagnosis or infection control measures where these are required.

Beyond individual patient care, sampling contributes to surveillance. During periods of high allergy prevalence, testing patterns can shift, potentially influencing positivity rates and interpretations of circulating viral activity. Consistent and appropriate swabbing, supported by good technique and timing, helps maintain the reliability of these data.

Maintaining awareness of seasonal patterns in both allergy and infection is essential. Where diagnostic uncertainty exists, targeted use of virology testing remains a practical and valuable tool in supporting clinical decision-making during this period of overlap.

If your practice is interested in taking part in seasonal virology sampling, please contact our team on practiceenquiries@phc.ox.ac.uk and we'll be happy to meet with you.



Updates on Payments

We're currently processing payments in batches, with several already completed. The remaining payments, particularly those requiring bank detail confirmation, are now being finalised and should reach you by the end of May. Thank you for your patience and understanding while we complete this process — we greatly appreciate your support.

Sampling Is Informing

Welcome to the newest segment of our weekly newsletter

Hay Fever

Hay fever season is well and truly upon us, with the average rates of exacerbations starting to ramp up in line with increasing pollen counts across the country. The highest rates currently appear to be in London, although all regions are following a similar trajectory. Judging by previous years, we expect rates to peak around week 24, in mid-June.

Symptoms can resemble those of the common cold but tend to persist throughout the hay fever season. Patients who have not started taking antihistamines before the onset of pollen season may experience more severe symptoms; however, some simple measures can help reduce both discomfort and symptom severity.

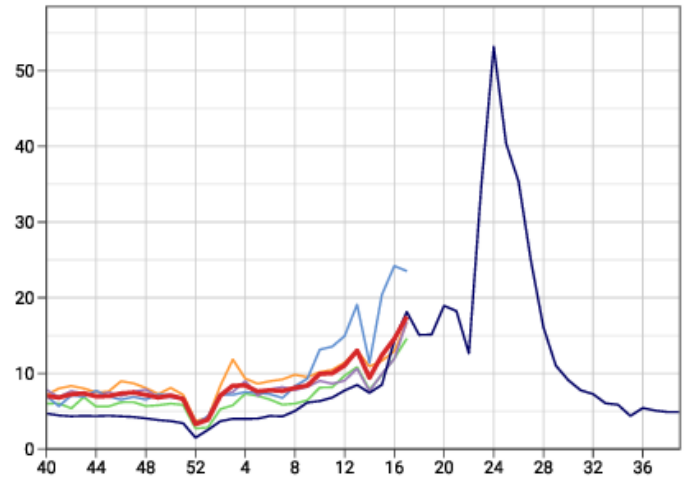
Croup

Croup seems to display a stepwise pattern when reviewing the 5 year averages, and even if the main season is in winter, we can see a small uptick in cases across all regions in England in recent weeks. As the condition is triggered by a virus (usually parainfluenza viruses), the cases start to wane in spring and summer.

Affected children will display the characteristic “barking cough”, and most experience a mild illness with minimal respiratory distress.

But it is worth noting that all cases are recommended to be prescribed a one-off steroid dose whether mild, moderate or severe, which would indicate that all these cases should receive a dose of Dexamethasone all year-round: [Croup | Health topics A to Z | CKS | NICE](#) It’s a weight-based dose, so up-to-date weight is needed to prescribe.

Hayfever / Allergic Rhinitis (ICD10: J30)
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average



URTI - Croup
Weekly incidence (per 100,000 all ages) by region for 2025/26 compared with 5 year average

