NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES
RESEARCH & SURVEILLANCE CENTRE

September 2026 / ISSUE 315

OXFORD-RCGP RSC DIRECTOR'S MESSAGE

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

Back to School, Back to Surveillance

As September begins, the return to school and university marks a familiar turning point for general practice. After the relative quiet of summer, practices often begin to see the early signs of autumn respiratory activity, with more presentations of coughs, sore throats, fever and other acute respiratory infections.

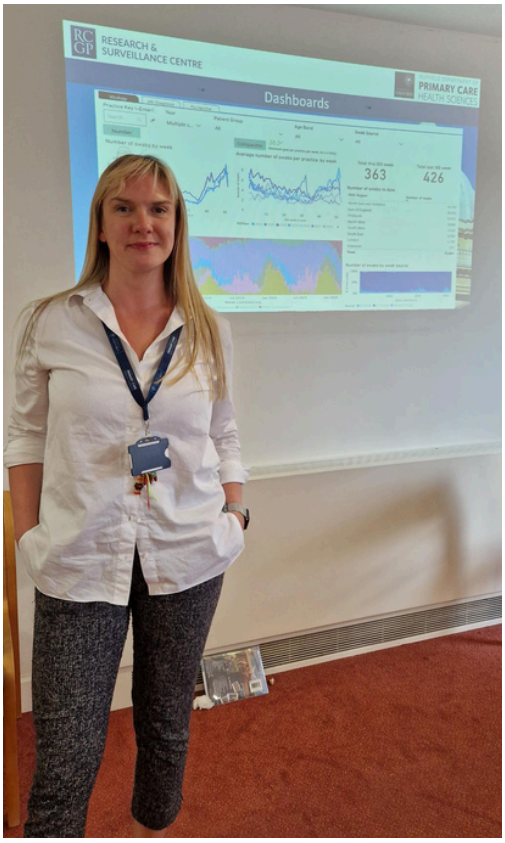
This is a particularly important time for the Oxford-RCGP RSC network. The changes seen in primary care at the start of the academic year can provide an early indication of how respiratory illness is beginning to circulate in the community. Children returning to classrooms, students arriving on campus and families settling back into routine all create opportunities for infections to spread, making timely surveillance especially valuable.

For participating practices, this is also a good moment to review sampling processes, stock levels and team awareness ahead of the busier winter period. Virology and serology sampling continue to play an important role in helping us understand which infections are circulating, how patterns are changing, and how these trends affect different patient groups.

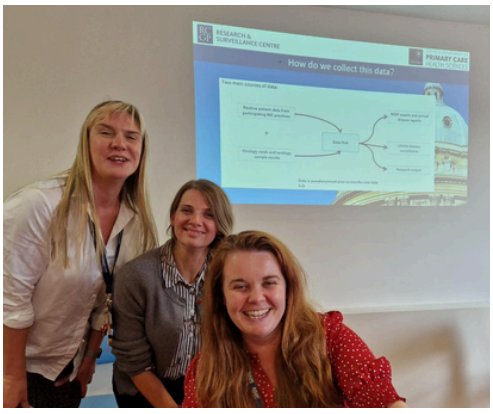
We are grateful to all practices for their continued contribution to this work. Each sample, coded consultation and practice conversation helps build a clearer picture of respiratory illness across England. As autumn begins, the insight provided by general practice remains central to effective surveillance and public health response.

PLOs Out in Practice

This week, Practice Liaison Officers, Dr. Timea Suli and Dr. Tia Yang, visited St Bartholomew & Hollow Way Medical Practice as part of their staff research training day. The visit provided an opportunity to give an overview of the Oxford-RCGP RSC, including what it means to be part of the network, how practices contribute to national surveillance, and the role of virology and serology sampling in supporting public health research.



It was a very positive and constructive visit. The practice team were highly engaged, with a strong interest in research and a clear understanding of the value of primary care data and sampling. As a large, multi-site practice with a diverse patient population, their participation offers an important contribution to the wider surveillance picture.



The discussion was particularly timely as practices begin preparing for autumn and winter respiratory illness. With schools and universities returning, many practices will be anticipating increased presentations of acute respiratory infection over the coming weeks. Visits like this help ensure teams feel confident about sampling processes, available resources and the support offered by the RSC Practice Liaison Team.

The session also gave us the chance to hear directly from practice staff about what works well and where processes could be improved. This kind of feedback is invaluable. It helps us understand how RSC activity fits into everyday general practice and where we can make participation easier, more efficient and more sustainable.

Sampling is Informing

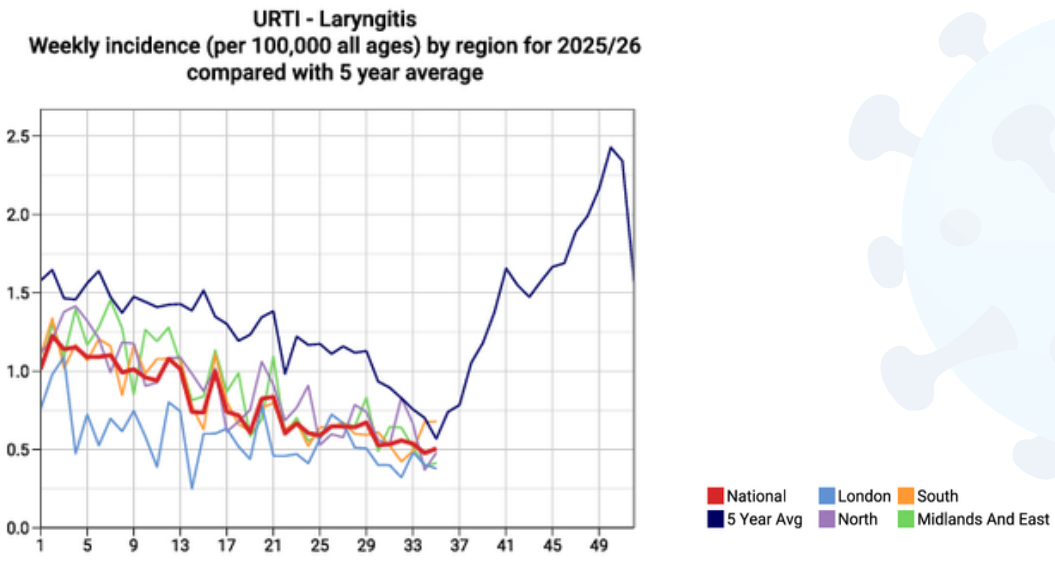
Weekly observations from our on-team GPs

Laryngitis on the Rise as Autumn Begins

by Dr Rashmi Wimalaratna, M.D.

With September underway and children returning to school, we have observed **increasing rates across all Acute Respiratory Infection types**. This week, I have encountered a cluster of patients with laryngitis, so it was interesting to see this anecdotal observation reflected in the weekly report charts. Most regions in England are beginning to show small increases in laryngitis cases, with the exception of London, the Midlands and East. This follows the year's nadir over the summer, with counts expected to rise further as autumn progresses.

The majority of laryngitis cases are viral in origin, typically presenting with sore throat, cough, fever and vocal hoarseness, which can sometimes result in loss of voice. These infections are usually self-limiting, with no specific treatment required beyond supportive measures such as hydration, analgesia and vocal rest.

Bacterial laryngitis is less common, with most cases linked to *Haemophilus influenzae*. It can, however, be life-threatening because of the risk of airway compromise. Thankfully, bacterial cases remain rare due to the national immunisation programme. However, in patients with incomplete or unknown immunisation status, *H. influenzae* remains a potential risk, and suspected cases require prompt hospital assessment for support and treatment.

At this time of year, we would mainly suspect an infective cause for most acute presentations. However, laryngitis can also have non-infectious causes, with smoking history being an important risk factor. These cases are more likely to be non-resolving and not clearly linked to an infectious history.