



# RSV ComNet II

Burden of Respiratory Syncytial Virus (RSV) in the Community Network II  
(Webinar 2)

Tuesday 18<sup>th</sup> May 2021, 1pm

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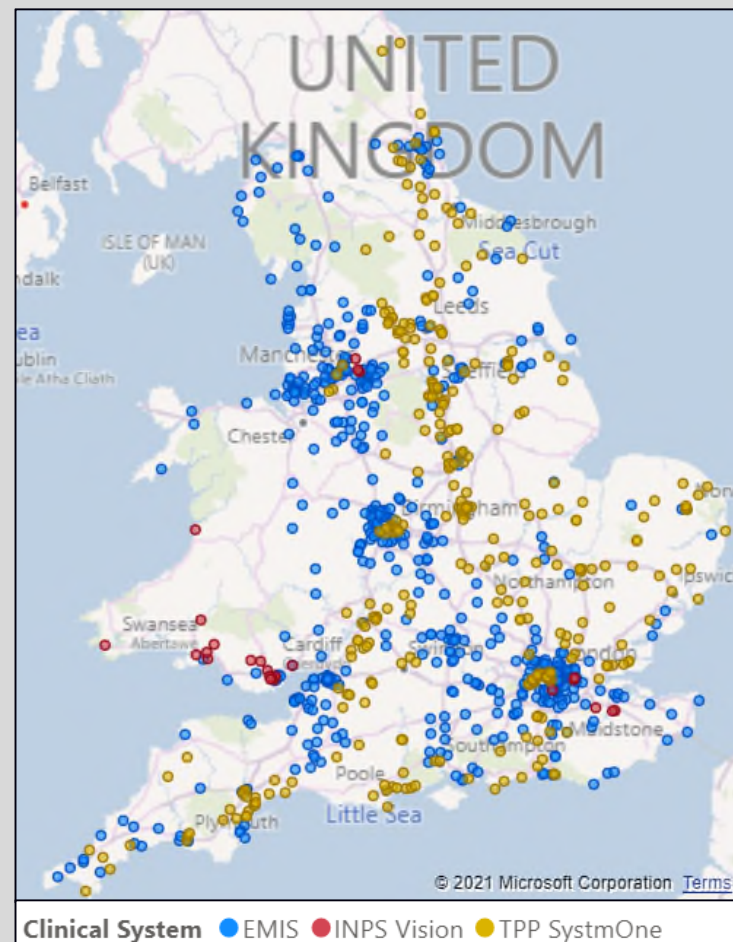
# Overview

- Oxford-RCGP RSC network
- RSV study aims, design, and further details
- RSV data trends this season
- Payments
- Next steps for practices and key documents
- FAQs

All information available on RSV study webpage:  
<https://orchid.phc.ox.ac.uk/index.php/rsvcomnet2/>

# Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC)

- **One of Europe's oldest sentinel systems**
  - Over 50 years of collaboration with Public Health England (PHE)
  - 53<sup>rd</sup> season of the 'Weekly Returns Service'
- **Network of nearly 2000 GP practices**
  - Extracting data from primary care computer systems
  - Virology and serology sampling
  - Bottom-up professionally led network
- **Excellent data quality**
  - Data linkage e.g. HES, SUS, CHES
  - Clinical Informatics Digital Hub (ORCHID)
  - Informs policy e.g. PHE, WHO
- **Looking to engage more broadly in research**
  - Cross-sectional, cohort and case-control studies





# RSV Study Aims

**RSV:** is associated with a high rate of illness in children aged under 5 years.

**Aims:**

1. Assess the clinical and socio-economic disease burden of RSV in young children aged under 5 years
2. Specifically, which children develop symptoms requiring further healthcare usage including primary care, and to identify which groups are at risk of more severe RSV infection requiring hospitalisation or intensive care

**Inform:** Primary health care provision and contributes towards baseline data for RSV immunisation strategies

**Swabbing + 2 telephone surveys:** Questions include e.g. patient's medical history, healthcare usage, the impact of RSV on their quality of life.

Comparative studies in the Netherlands, and Italy

# RSV Study Design

Day 1

Virology Surveillance and  
Study Approach

- Child patient <5 years of age presents with ARI, ILI, fever (acute, 10 days of symptom onset)
- Practice collects a nose and throat swab for Surveillance
- Practice approaches parents/guardians about the RSV study and obtains informed consent
- Practice enters Surveillance and RSV research code into patient's computerised medical record (CMR) e.g. EMIS
- Practice informs parent/guardian of RSV result

Day 14

Telephone Survey 1

- Practice staff contact parents/guardians of patients who have tested positive for RSV and completes short telephone survey 1

Day 30

Telephone Survey 2

- Practice staff contact parents/guardians of patients who have tested positive for RSV and complete short telephone survey 2

## Further Details

**Testing kits:** In-practice kits, or self-swabbing kits can be used. For more details:  
<https://orchid.phc.ox.ac.uk/index.php/all-year-virology-and-serology-surveillance/>

**Consent:** Written or verbal (please record on Parent/Guardian Consent form). Practices are expected to know how to take informed consent (GCP training not required)

**Coding:**

- Surveillance e.g. Swab: 'Swab from nasopharynx taken for virology', results
- RSV research code e.g. 'Consent given by person with parental responsibility', CPMS ID: '47281'. Further instructions available on study webpage.

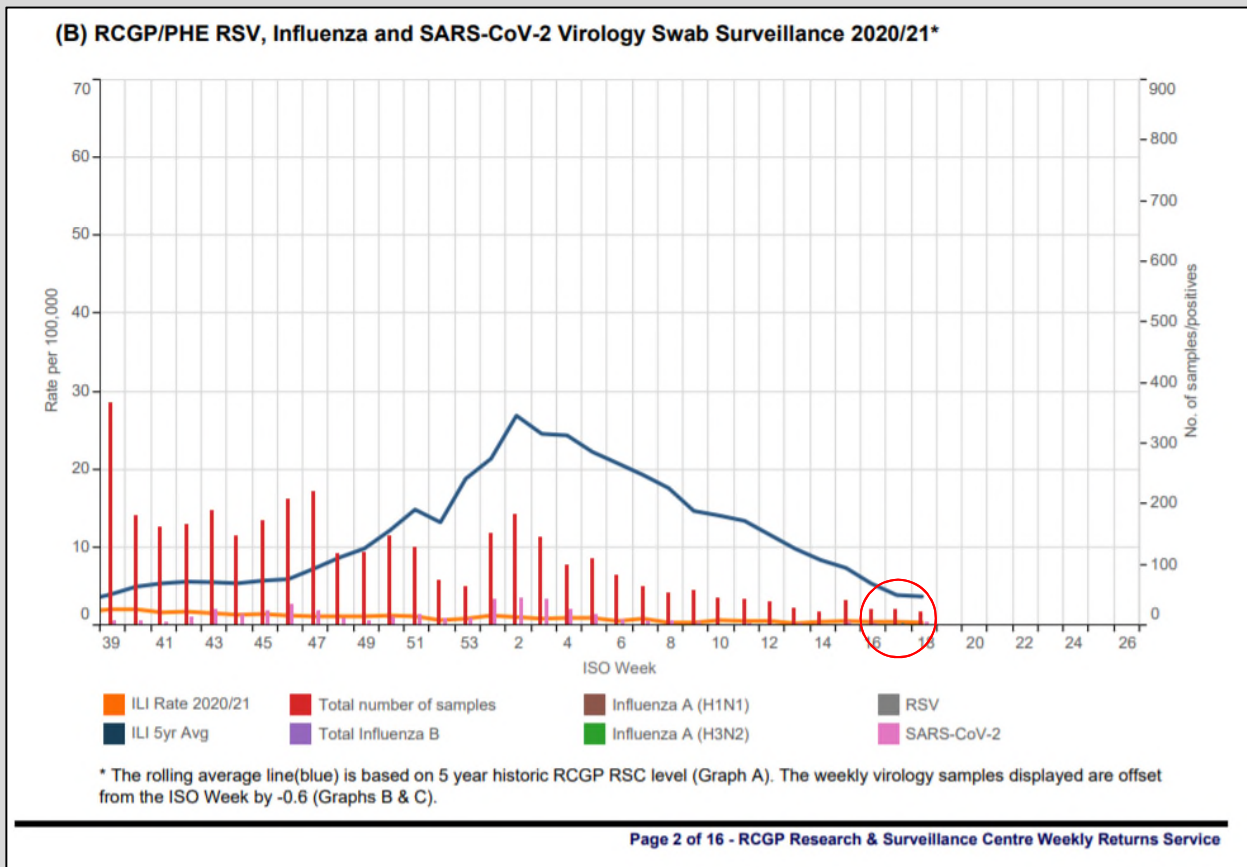
**Monitoring/Data linkage:** Practices will need to update a short Data Linkage form for study monitoring which will be provided by the study team

**Surveys:** Done using electronic form provided by the study team. Should take about 20 minutes to complete.

**Target:** 500 swabbed participants across participating practices (regardless of RSV result)

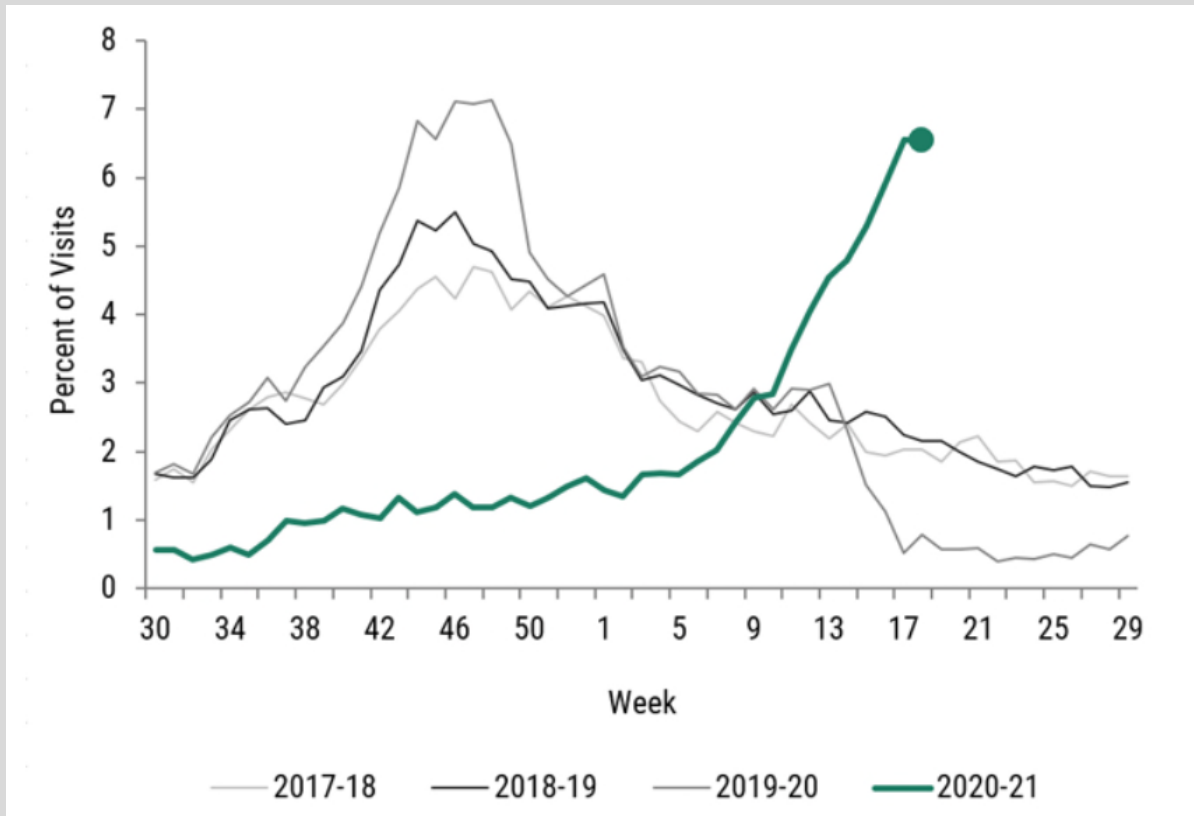
**Timeline:** Currently spring 2020/2021, though likely to be extended to end of winter season 2021/2022

# RSV Surveillance | UK



- In a typical winter virus season, we would expect RSV cases to mirror the ILI 5 year average (blue line) which peaks at weeks 50-4 (end of December/beginning of January)
- Due to lockdown, circulation of winter viruses has been low
- It is only in recent weeks that we have seen the first few cases of RSV emerge (red circle), which we suspect is linked to the easing of lockdown and greater school mixing

# RSV in Florida | USA



- In Australia we saw a summer surge of RSV cases, which we anticipated to be mirrored in the northern hemisphere
- In the US, Florida is now experiencing a spring surge of RSV urgent care visits in children <5
- Other RSV cases now emerging in France



# Payments

|   | <b>Research Costs</b><br>Invoice Study Team | <b>Support Costs</b><br>Invoice CRN |
|---|---|-------------------------------------|
| Site set up (training, monitoring) (per site) | £100  |                                     |
| Informed consent                              |   | £ TBC                               |
| Eligibility checks                            |   | £ TBC                               |
| Virology swab for Surveillance*               | £7.50                                       |                                     |
| Study Approach                                | £7.35                                       |                                     |
| Telephone Survey 1                            | £15.00                                      |                                     |
| Telephone Survey 2                            | £15.00                                      |                                     |

\*Virology swabs will be reimbursed through the Surveillance collection. Research costs will be paid at the end of the study

# Next Steps

1

- Be an Oxford-RCGP RSC practice and contributing towards Virology Surveillance: [practiceenquiries@phc.ox.ac.uk](mailto:practiceenquiries@phc.ox.ac.uk)

2

- Complete [RSV Expression of Interest \(EOI\) form](#), thus confirming capacity
- (A member of the study team will be in touch about next steps)

3

- Sign GP Site Agreement (University of Oxford)
- Complete Organisation Information Document (OID) (NIHR)

4

- **Begin swabbing eligible <5 year olds, and be on the lookout for RSV cases**

5

- Approach parents/guardian about RSV study and obtain consent

7

- Code into patient's CMR and update Data Linkage form

# Key Documents

## Practice Recruitment

EOI  
(complete)

GP Site  
Agreement  
(sign)

OID  
(complete)

## Study Implementation

Patient  
Information  
Sheets

Consent Form  
(complete)

Telephone  
Surveys  
(complete)

## Monitoring

Data Linkage  
Form (update)

## Further Information

GP  
Information  
Sheet

Study Protocol

CRN RISP

# FAQs

Thank You

RSV Study: [elizabeth.button@phc.ox.ac.uk](mailto:elizabeth.button@phc.ox.ac.uk)  
General queries / Surveillance: [practiceenquiries@phc.ox.ac.uk](mailto:practiceenquiries@phc.ox.ac.uk)