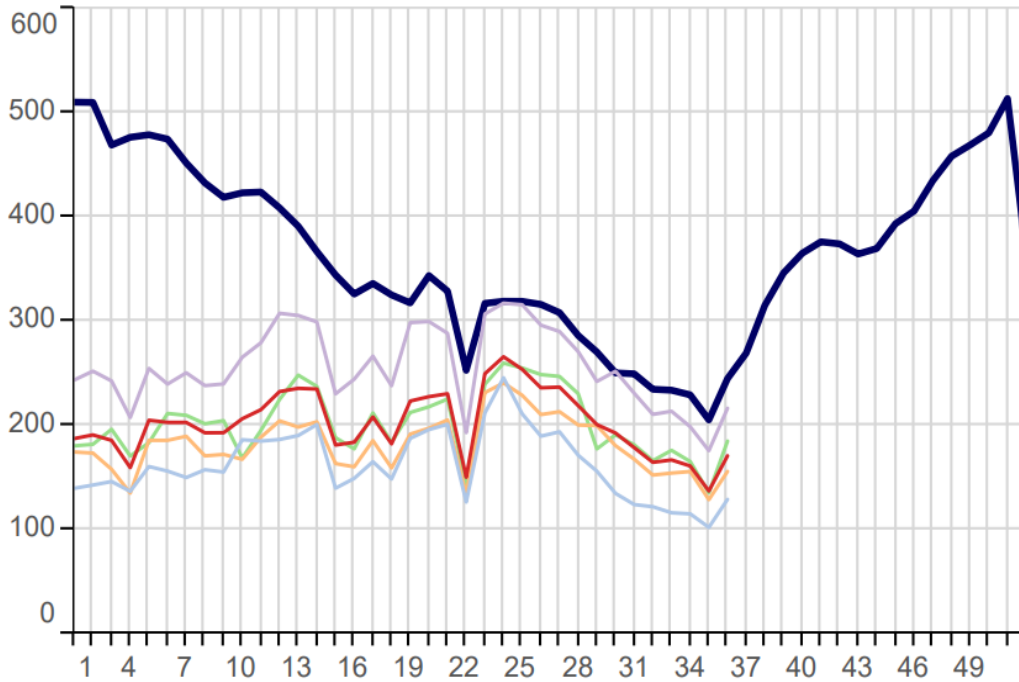


**Your Weekly Update from Simon de Lusignan, Director of RCGP RSC**

5yr Avg    National    London    North

**Respiratory System Diseases (ICD10: J00-J99)**  
**Weekly incidence (per 100,000 all ages) by region**  
**for 2022 compared with 5 year average**



**Respiratory System Diseases Have Increased**

Although the rates of respiratory system diseases largely remain below seasonal levels for this time of year, overall presentations have increased over the first week of September.

This typically happens with the start of the new school year. It's worth noting that Australia has had its flu early this year, so we will be monitoring to look for indications as to whether that pattern is repeated here. However, with the end to community, and shortly hospital and prison testing, swabbing is now our key guide to determine this, along with which viral strains are most dominant within the community.

Please continue to swab every patient who you believe has an influenza-like-illness (ILI). Thank you for your continuing support.

# Payments for Your Samples



Yesterday the invoice requests were sent to all our practices who have been sampling over the period of June to August.

If you haven't received your invoice request yet, or you'd like more information on our payments policy, please contact our PLO Team member, Jack Macartney at [jack.macartney@phc.ox.ac.uk](mailto:jack.macartney@phc.ox.ac.uk)

## ClinT Of The Week

Remember, coding is caring! Please code a disease as a problem.



**Influenza-like illness (finding)**  
**SCTID: 95891005**

95891005 | Influenza-like illness (finding) |  
Influenza-like illness  
Flu-like symptoms  
Influenza-like illness (finding)  
Flu-like illness  
Influenza like illness

## Publication Of The Week

**PLOS ONE**

[Long term follow up of direct oral anticoagulants and warfarin therapy on stroke, with all-cause mortality as a competing risk, in people with atrial fibrillation: Sentinel network database study | PLOS ONE](#)

We investigated differences in risk of stroke, with all-cause mortality as a competing risk, in people newly diagnosed with atrial fibrillation (AF) who were commenced on either direct oral anticoagulants (DOACs) or warfarin treatment.

We conducted a retrospective cohort study of the Oxford Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) database (a network of 500 English general practices). We compared long term exposure to DOAC (n = 5,168) and warfarin (n = 7,451) in new cases of AF not previously treated with oral anticoagulants.

Analyses included: survival analysis, estimating cause specific hazard ratios (CSHR), Fine-Gray analysis for factors affecting cumulative incidence of events occurring over time and a cumulative risk regression with time varying effects.

To see our conclusions, please click the link above for the full publication.