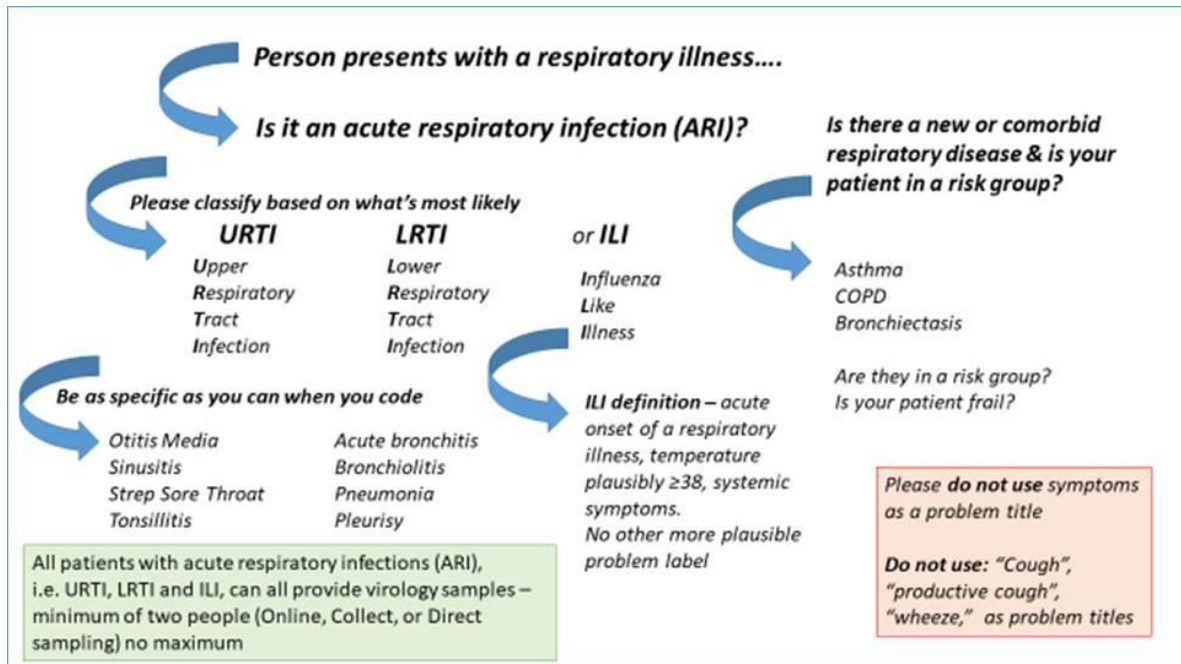




## Your Weekly Update from Simon de Lusignan, Director of RCGP RSC

### Coding is Critical



Taking swabs is key to informing UKHSA on which viruses are spreading and measuring vaccine effective. But specific coding is also critical.

For example, if we see an unexpected increase in 'tonsillitis' or 'bronchiolitis' it could signal that something new or unusual is circulating. Using symptoms like 'cough' as the 'problem title' is too broad a description for us to narrow down what might be happening.

In order to help clarify what we need from practices, we've produced a graphic to illustrate pathways to identify eligible patients and what to code. Please avoid using symptoms like 'cough'. Instead be as specific as possible by coding likely problems e.g. 'acute bronchitis' or 'influenza-like illness'.

We would encourage all our swabbing practices to consider these steps every time a virology sample is taken.

Thank you!

**Don't forget, we now pay £12.50 per swab**

## Webinars - What Do You Think?



We're considering reintroducing webinars, which have previously covered issues such as:

- **The Value of GP surveillance**
- **Monitoring Contagious Diseases**
- **The Importance of Virology in a Year of Respiratory Illness Reset**

Our full list of previous webinars can be found here: [RCGP Research - YouTube](#)

Would you like to see more of these? What sort of subjects would you find helpful? Were you aware of them? Please let us know by completing our [Webinar Survey \(office.com\)](#)

## ClinT Of The Week

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



**Viral hepatitis (disorder)**  
**SCTID: 3738000**

3738000 | Viral hepatitis (disorder) |  
Viral hepatitis  
VH - Viral hepatitis  
Viral hepatitis (disorder)

## Publication Of The Week



[Safety of routine childhood vaccine coadministration versus separate vaccination - PubMed \(nih.gov\)](#)

As new vaccines are developed more vaccine coadministrations vaccines are being offered to make delivery more practical for health systems and patients.

We compared the safety of coadministered vaccines with separate vaccination for 20 coadministrations by considering nine types of adverse events following immunisation (AEFI).

Real-life immunisation and adverse event data for this observational cohort study were extracted from the Oxford-Royal College of General Practitioners Research and Surveillance Centre for children registered in the database between 2008 and 2018.

We applied the self-controlled case series method to calculate relative incidence ratios (RIR) for AEFI. These RIRs compare the RI of AEFI following coadministration with the RI following separate administration of the same vaccines.

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