

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

Respiratory Syncytial Virus

You may have seen or heard that Respiratory Syncytial Virus (RSV) infections are on the rise. Thanks to the participation of many of you through the swabs you have collected, we are able to identify some of these cases.

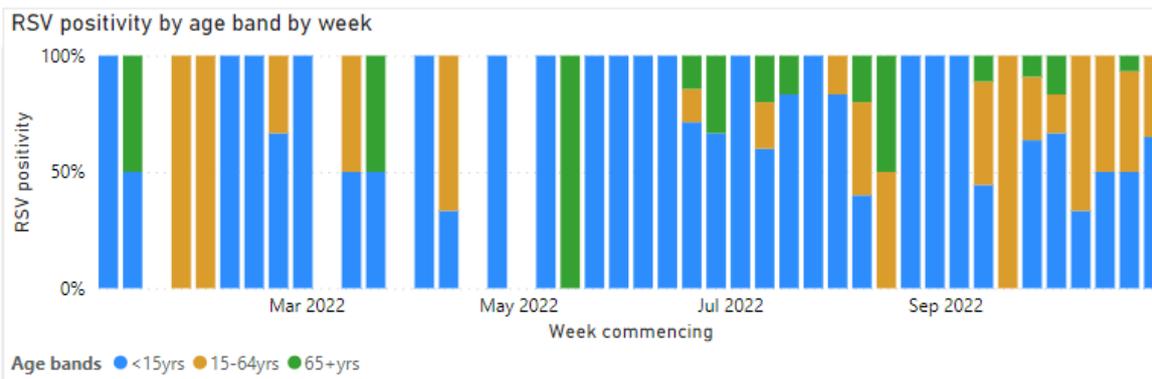
Since the beginning of the year, **176 cases** of RSV have been identified by the practices in our network. 115 of these are from children under 15 years (with 100 of those coming from children under the age of 5), 46 are from people aged 15-64 years and 15 are from over people over 65 years.

RSV causes a significant level of morbidity and mortality, particularly in young infants. There are at least five candidate immunisations at phase 2 or 3 clinical trial. There is a need to establish RSV disease burden in the UK, particularly in younger children and the elderly (e.g. those with COPD) to inform optimal future use of these new vaccines and to provide a baseline for subsequent impact studies.

RSV generally starts circulating in October, lasting for 4-5 months, and peaks in December. Half of the identified cases so far this year have occurred outside of this window. This highlights the importance of our year-round disease surveillance. Regular testing will help identify trends.

As well as Flu and COVID-19, our virology swabs test for RSV and we **urge everyone to participate**. Suspected cases can be tested using either our in-practice kits or TakeATestUK kits. As well as the benefits to research for taking part, practices can earn £12.50 for every received swab.

Who should you be swabbing: Any patient, regardless of age, that is presenting with upper or lower respiratory tract infection symptoms, such as cough or coryza. Both our in-practice and TakeATestUK kits can be used to test patients of any age so you can determine which route is best. Those at a greater risk of severe infection are babies under the age of one and the elderly.



The above graph identifies the positive RSV results, broken down into age groups, in our network from the 3rd January 2022 to 31st October 2022. It is clear that majority of the cases are in the under 15s and, as stated above, most of these come from children under the age of 5. Coinfection is also present in two of the cases that have been identified this year.



Please consider also joining the RSV ComNet study:

The study involves taking a routine virology swab from children under the age of 5 years old and following up with Parents/guardians of RSV positive children for two short follow up questionnaires (usually less than 10 minutes to complete each). Findings will support the development of clinical services and preventative care for children in the UK.

Practices are paid for their participation.

If you are interested in joining this study then please email elizabeth.button@phc.ox.ac.uk.

Pancreatic Cancer

BMI and HbA1c are metabolic markers for pancreatic cancer: Matched case-control study using a UK primary care database

Pancreatic cancer could be identified in patients up to three years earlier than current diagnoses, new research suggests. Weight loss and increasing blood glucose levels are early indicators of pancreatic cancer and could lead to a more timely diagnosis, helping to improve survival rates.

PLOS ONE

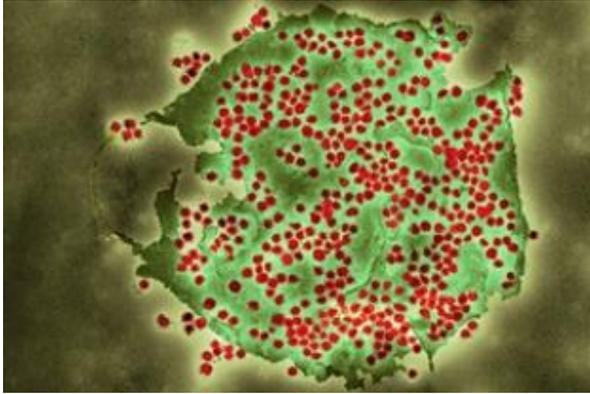
You can read the University of Oxford article here: [Pancreatic cancer could be diagnosed up to three years earlier](#)

You can read the study article here: [BMI and HbA1c are metabolic markers for pancreatic cancer: Matched case-control study using a UK primary care database](#)

Respiratory Virus & Vaccine Effectiveness Surveillance Programme 22/23

If you are considering participating in our disease surveillance but would like further information about what we do and why then please take a few minutes to read our Respiratory Virus & Vaccine Effectiveness Surveillance letter.

[Oxford-RCGP RSC and UKHSA Commissioning Letter for Virology and Serology Sampling 2022/2023](#)



Latest Updates from UKHSA

[National Flu and COVID-19 Surveillance](#)

ClinT Of The Week

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



Human adenovirus present (finding)
SCTID: 440930009

440930009 | Human adenovirus present (finding) |
Human adenovirus present (finding)
Human adenovirus present