



17 May 2017

Year: 2017 Week: 19

## In This Issue:

- Key messages.
- Diagnostic indicators at a glance.
- GP practices and denominator population.
- National syndromic indicators.
- Notes and further information.
- Appendix.

## Key messages

Data to: 11 May 2017

There was nothing new to report during week 19\*.

\*Following the cyber attack on 12 May, we temporarily disconnected PHE from a number of NHS IT systems. This has resulted in syndromic surveillance data feeds from NHS health service providers being unavailable. PHE is currently working with the NHS to re-establish these links. This report covers data from Mon 8 to Thurs 11 May 2017 and therefore should be interpreted with caution due to the incomplete reporting (missing data Fri 12 to Sun 14 May) during week 19.

**Please note that there is currently no GPIH data spreadsheet available for week 19.**

## Diagnostic indicators at a glance:

Indicator	Trend	Level
Upper respiratory tract infection	no trend	below baseline levels
Influenza-like illness	no trend	below baseline levels
Pharyngitis	no trend	below baseline levels
Scarlet fever	no trend	below baseline levels
Lower respiratory tract infection	no trend	below baseline levels
Pneumonia	decreasing	similar to baseline levels
Gastroenteritis	increasing	below baseline levels
Vomiting	increasing	below baseline levels
Diarrhoea	increasing	below baseline levels
Asthma	no trend	similar to baseline levels
Wheeze	no trend	similar to baseline levels
Conjunctivitis	no trend	below baseline levels
Mumps	no trend	below baseline levels
Measles	no trend	below baseline levels
Rubella	no trend	similar to baseline levels
Pertussis	no trend	similar to baseline levels
Chickenpox	decreasing	below baseline levels
Herpes zoster	no trend	similar to baseline levels
Cellulitis	no trend	similar to baseline levels
Impetigo	no trend	below baseline levels
Allergic rhinitis	no trend	similar to baseline levels

## GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2017	18	3,582	28.3 million

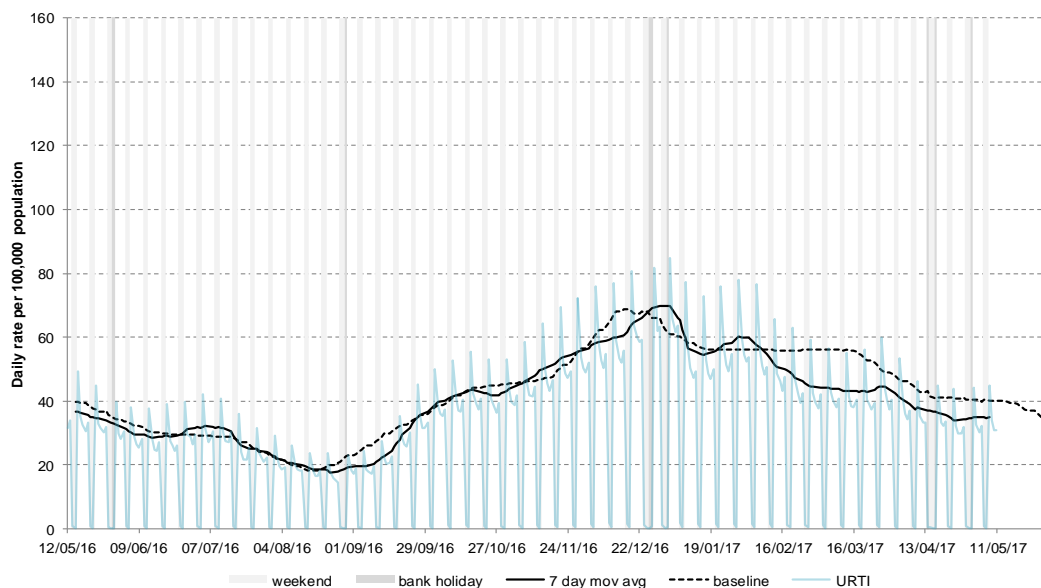
\*\*based on the average number of practices and denominator population in the reporting working week.

17 May 2017

Year: 2017 Week: 19

## 1: Upper respiratory tract infection (URTI)

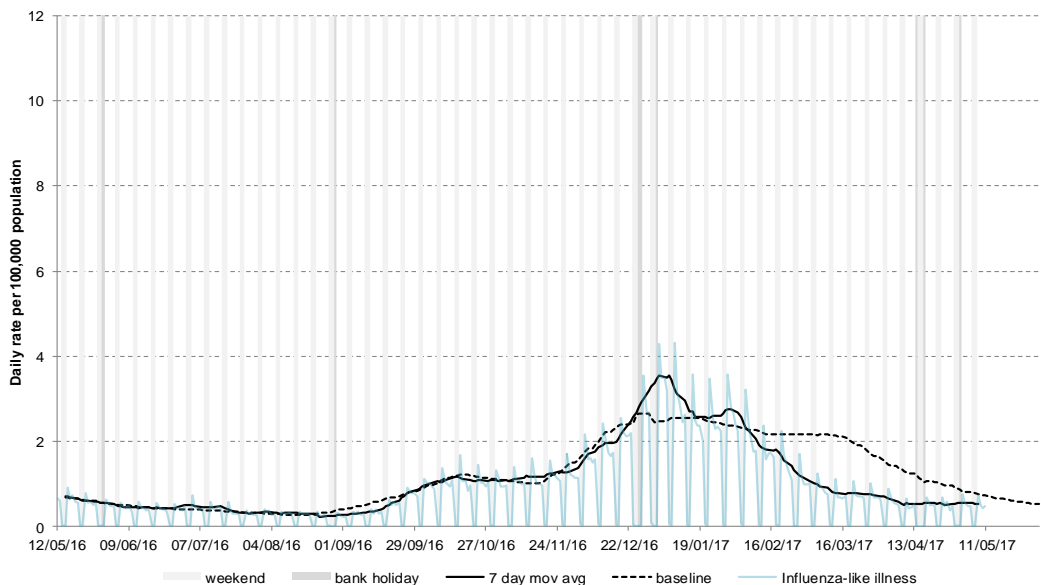
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



Intentionally left blank

## 2: Influenza-like illness (ILI)

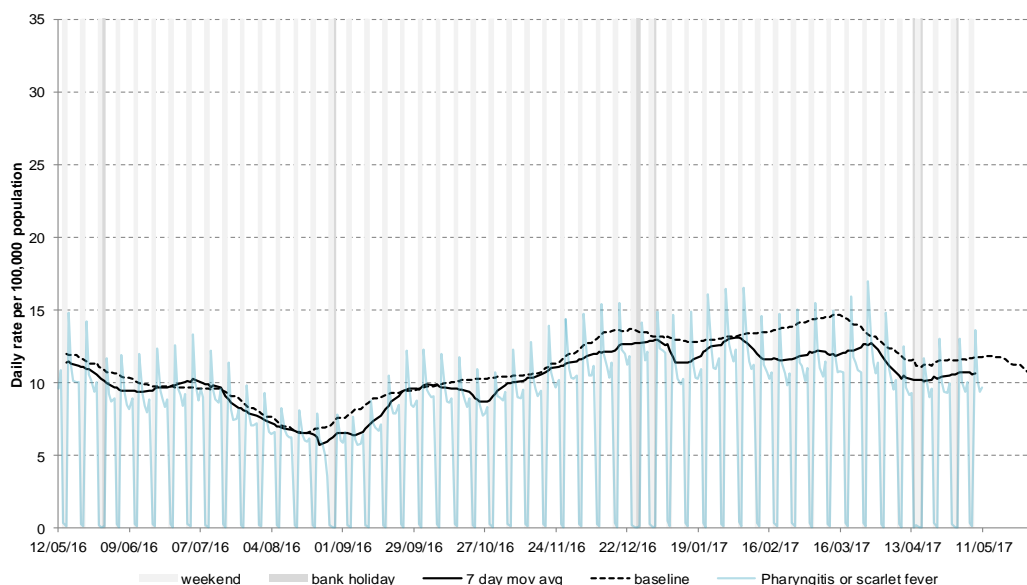
Daily incidence rates (and 7-day moving average\*) per 100,000 population (all England, all ages).



\* 7-day moving average adjusted for bank holidays.

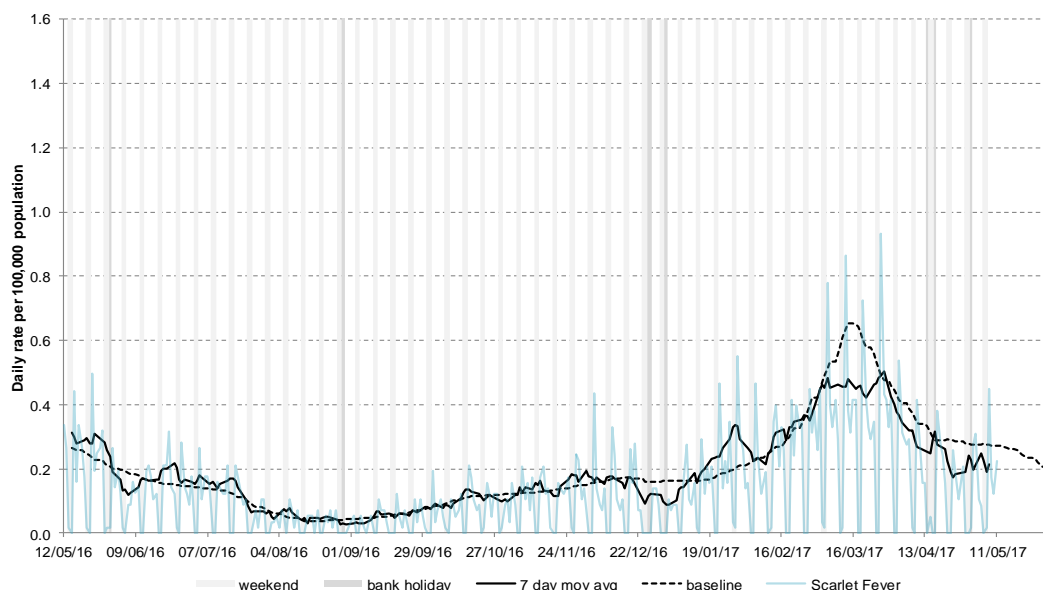
### 3: Pharyngitis or scarlet fever

Daily incidence rates (and 7-day moving average\*) per 100,000 population (all England, all ages).



### 4: Scarlet fever

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, based on a population denominator of approximately 5.5 million patients).



Intentionally left blank

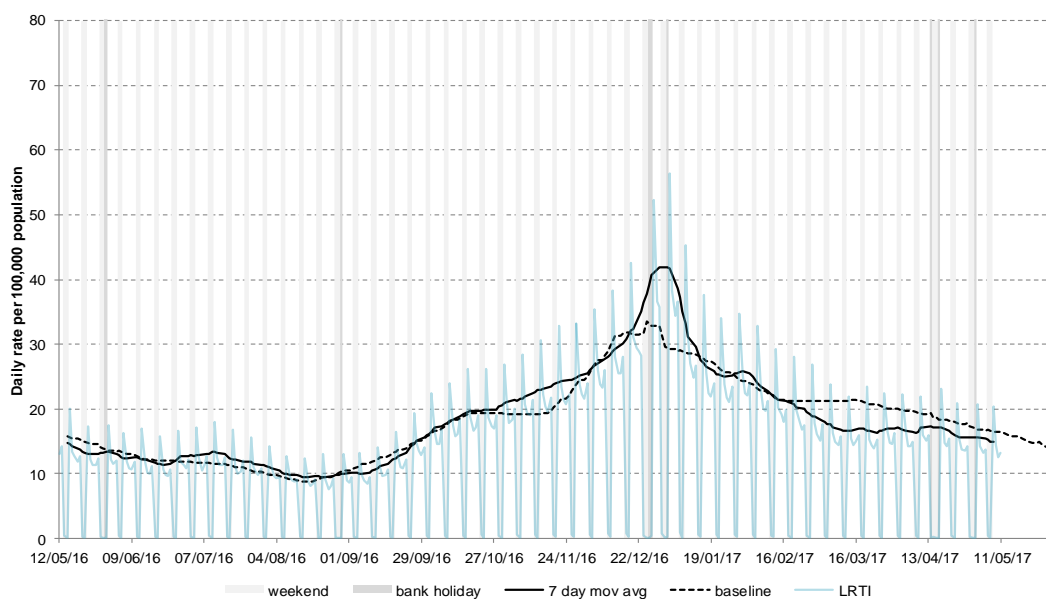
\* 7-day moving average adjusted for bank holidays.

17 May 2017

Year: 2017 Week: 19

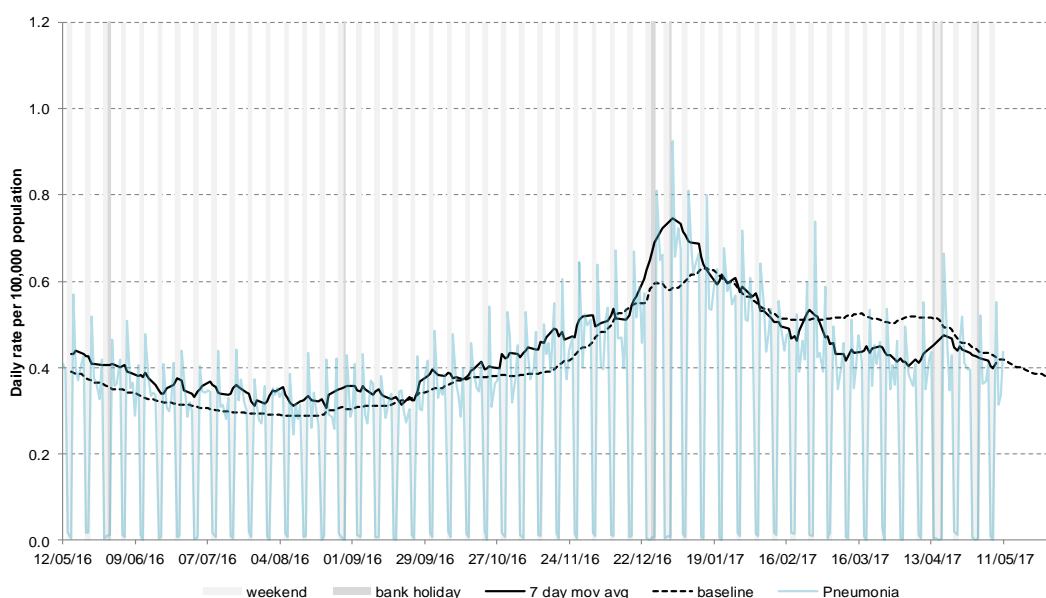
## 5: Lower respiratory tract infection (LRTI)

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



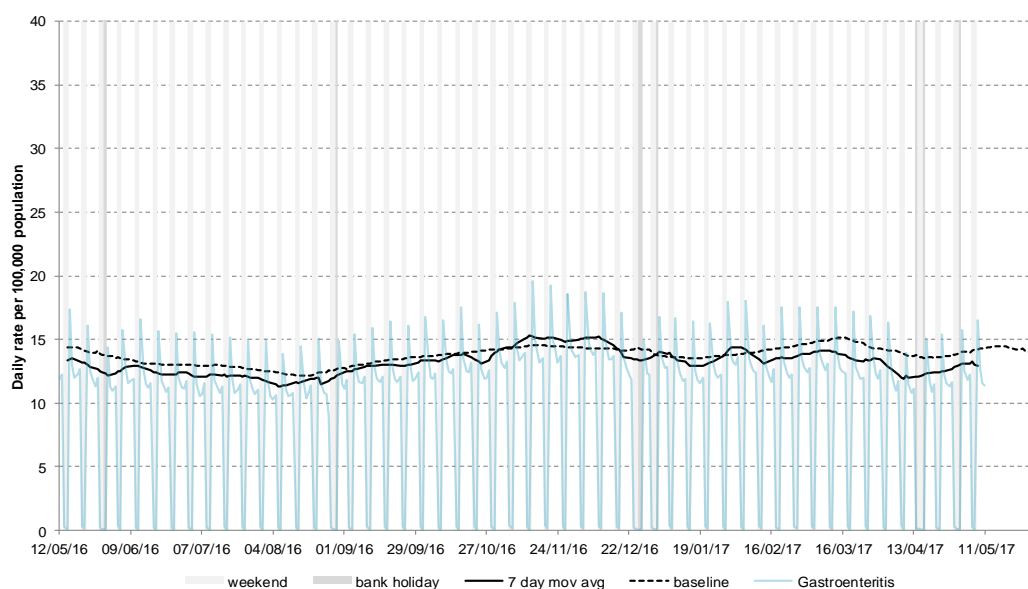
## 6: Pneumonia

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



## 7: Gastroenteritis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



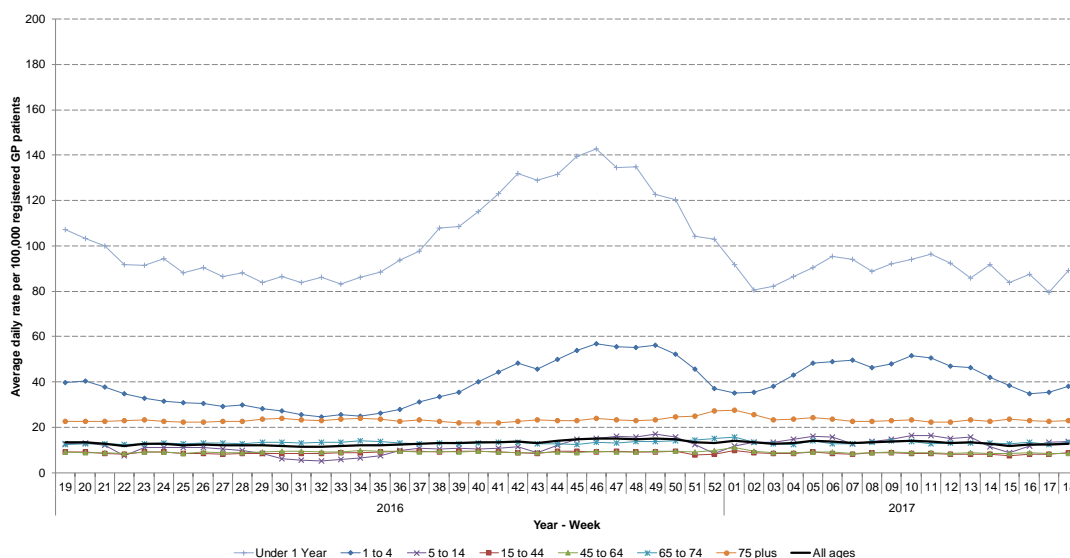
\* 7-day moving average adjusted for bank holidays.

17 May 2017

Year: 2017 Week: 19

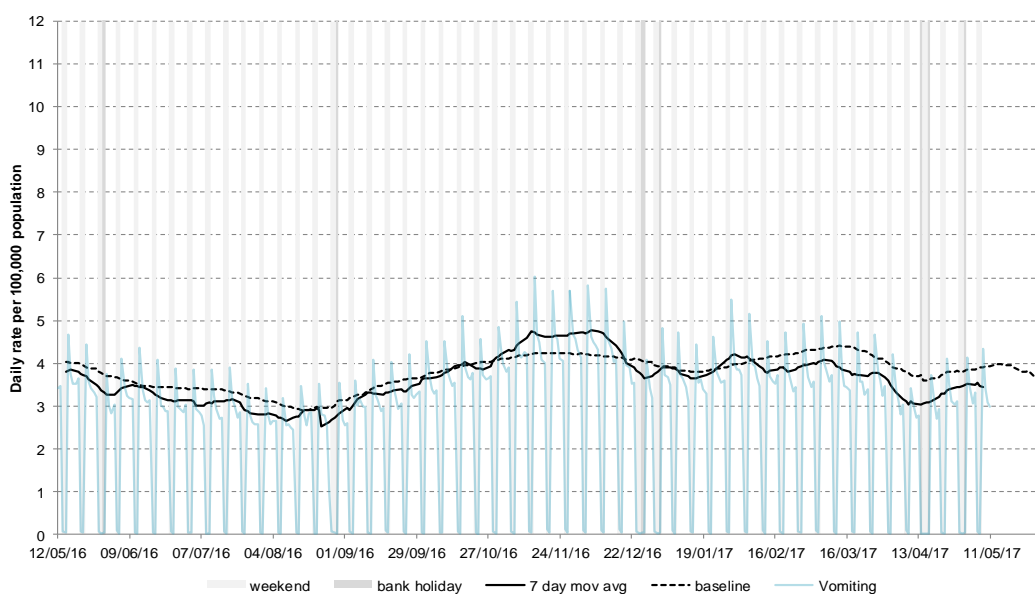
## 7a: Gastroenteritis by age

Average daily incidence rate by week per 100,000 population (all England).



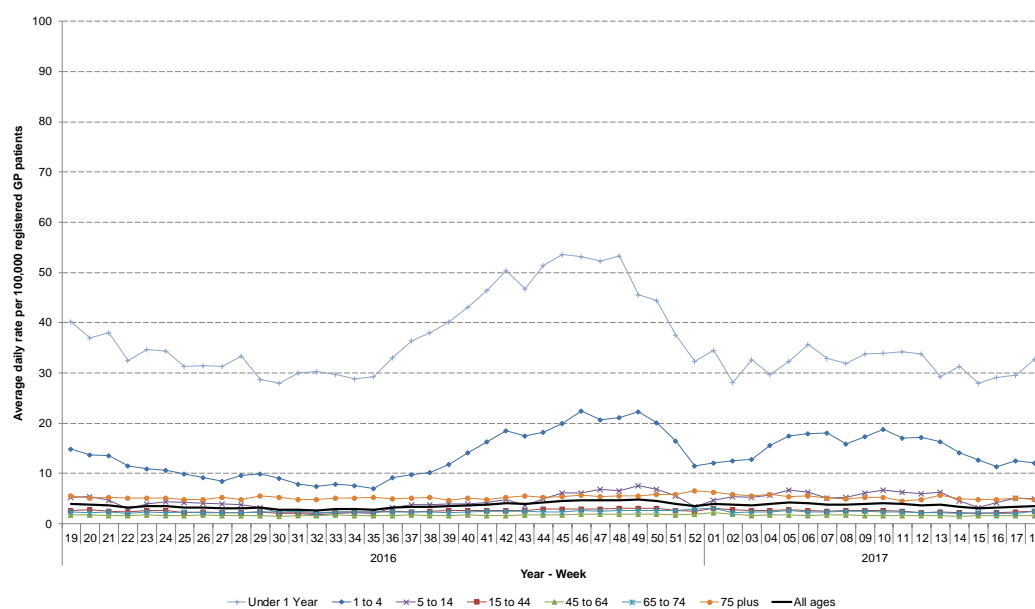
## 8: Vomiting

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



## 8a: Vomiting by age

Average daily incidence rate by week per 100,000 population (all England).



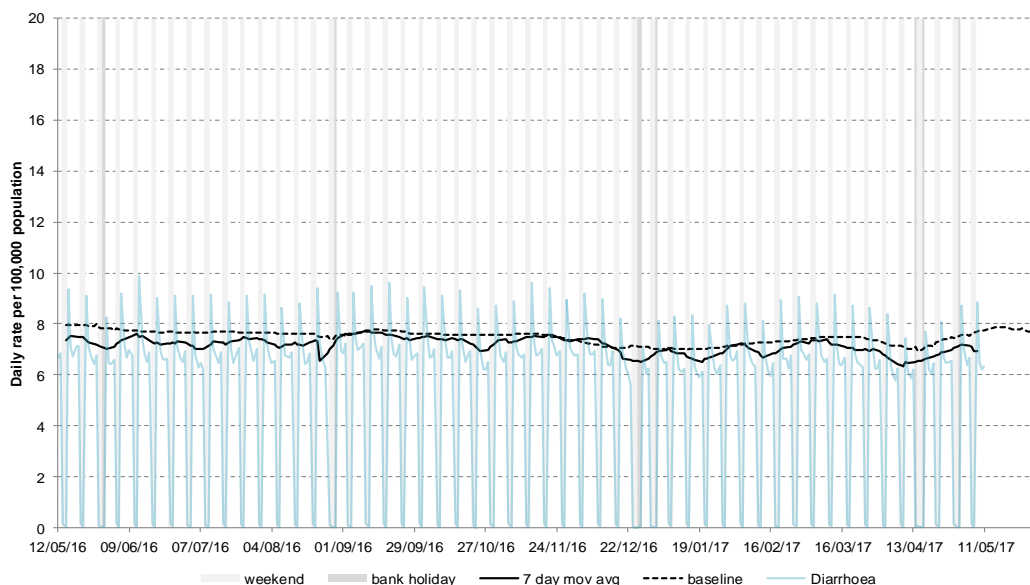
\* 7-day moving average adjusted for bank holidays.

17 May 2017

Year: 2017 Week: 19

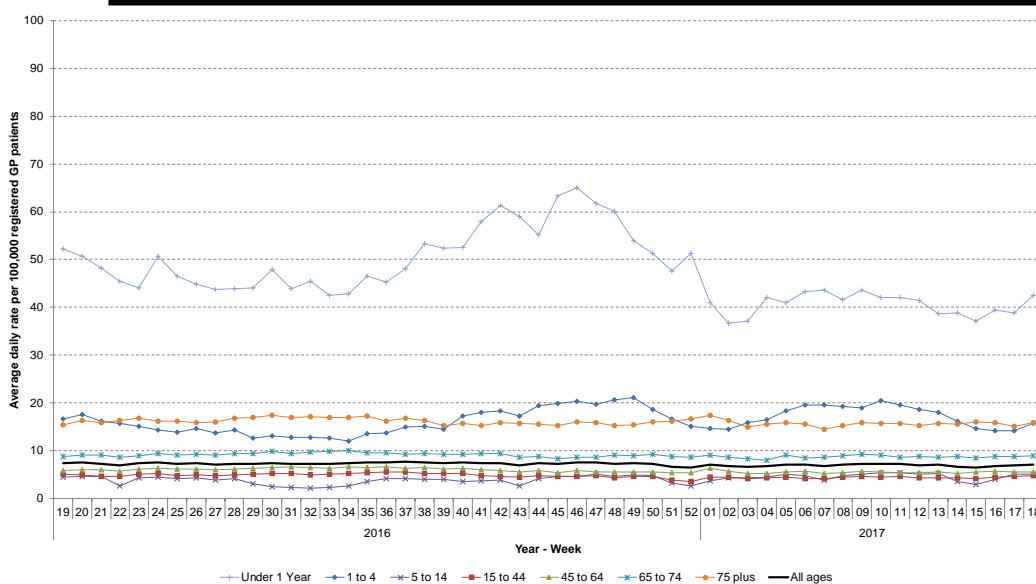
## 9: Diarrhoea

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



## 9a. Diarrhoea by age

Average daily incidence rate by week per 100,000 population (all England).



Intentionally left blank

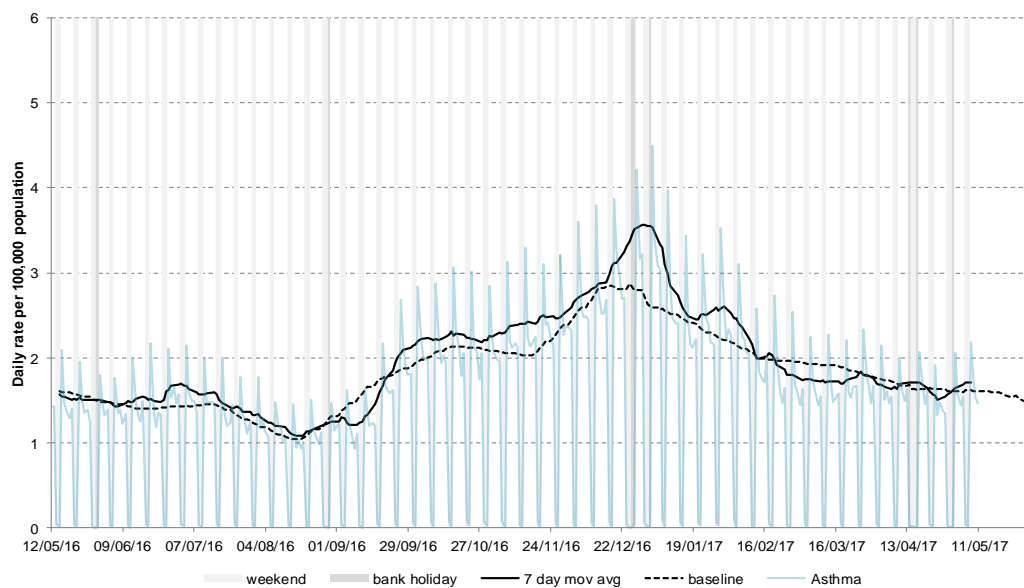
\* 7-day moving average adjusted for bank holidays.

17 May 2017

Year: 2017 Week: 19

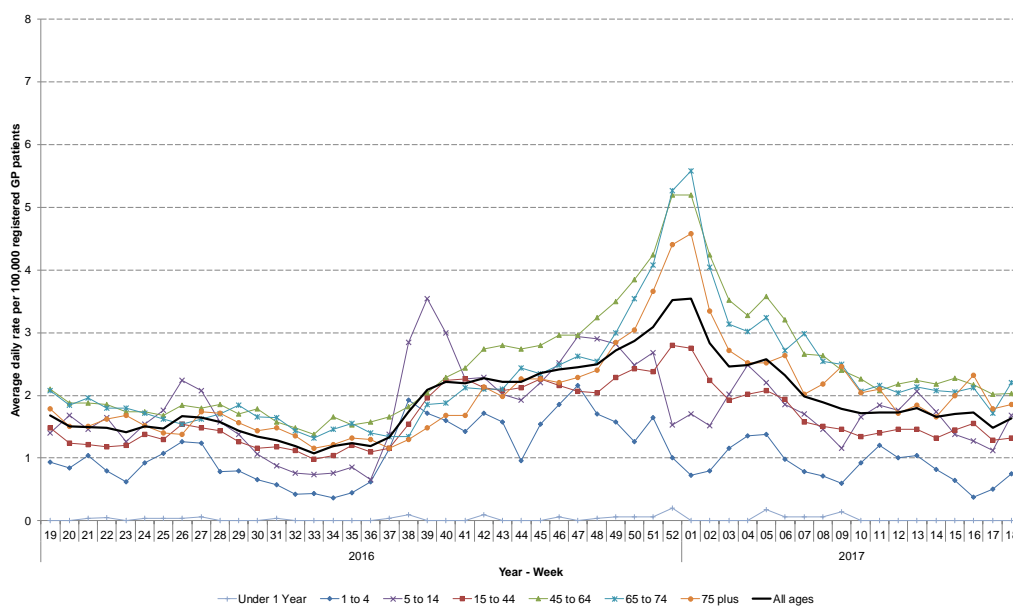
## 10: Asthma

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



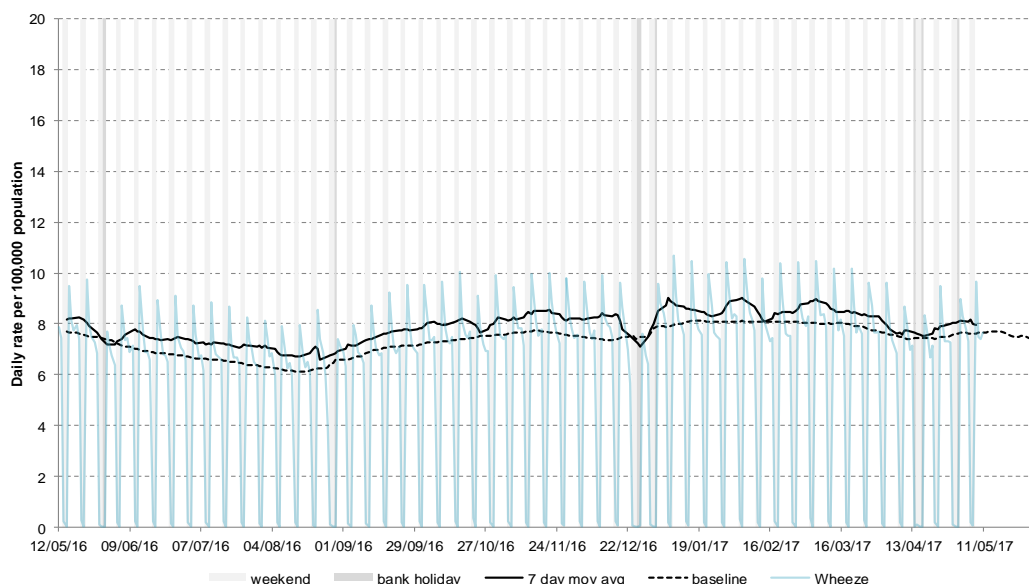
## 10a: Asthma by age

Average daily incidence rate by week per 100,000 population (all England).



## 11: Wheeze

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



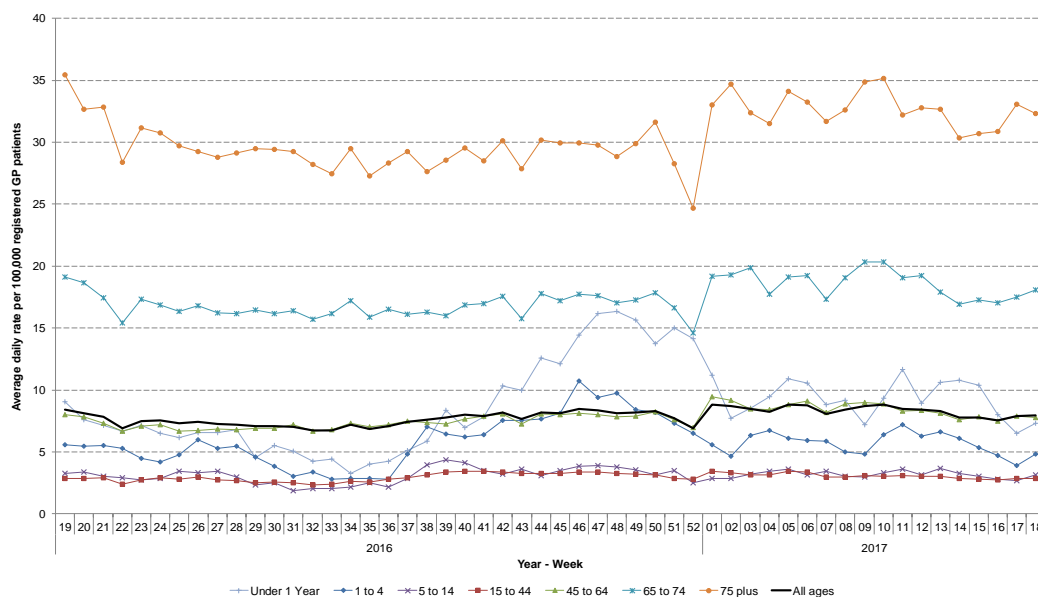
\* 7-day moving average adjusted for bank holidays.

17 May 2017

Year: 2017 Week: 19

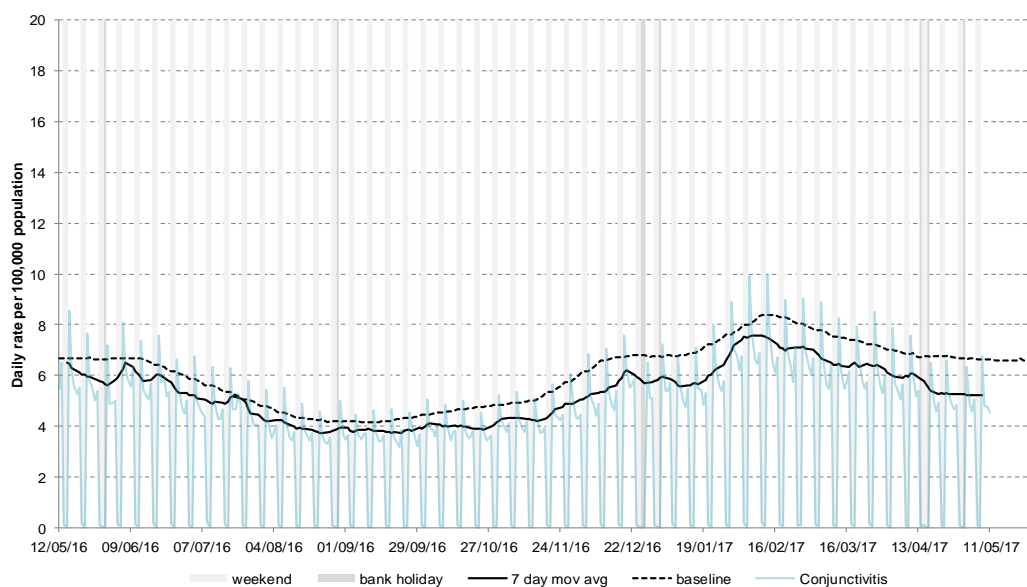
## 11a: Wheeze by age

Average daily incidence rate by week per 100,000 population (all England).



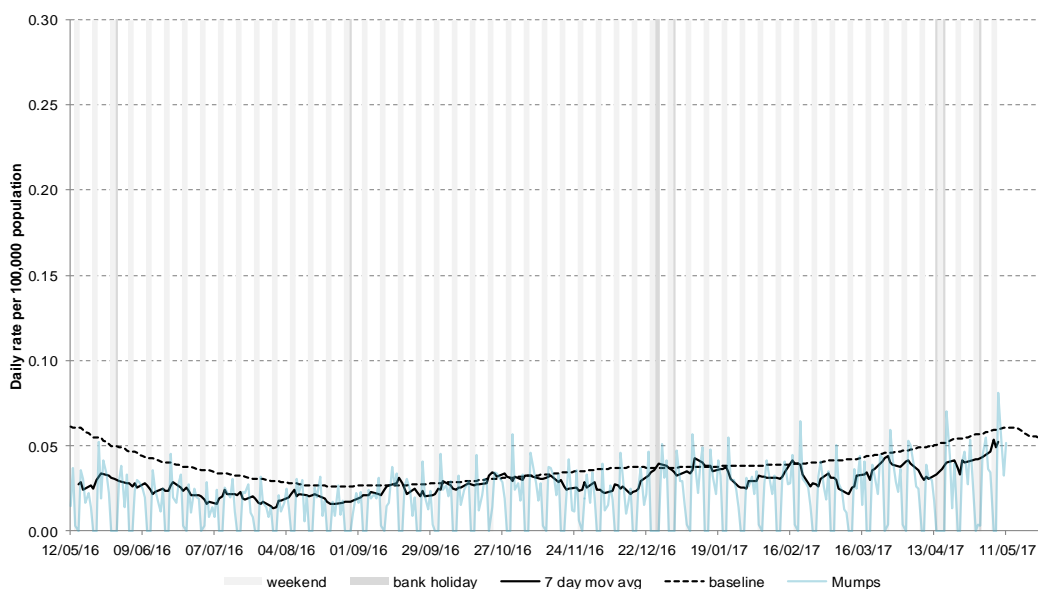
## 12: Conjunctivitis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



## 13: Mumps

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



\* 7-day moving average adjusted for bank holidays.

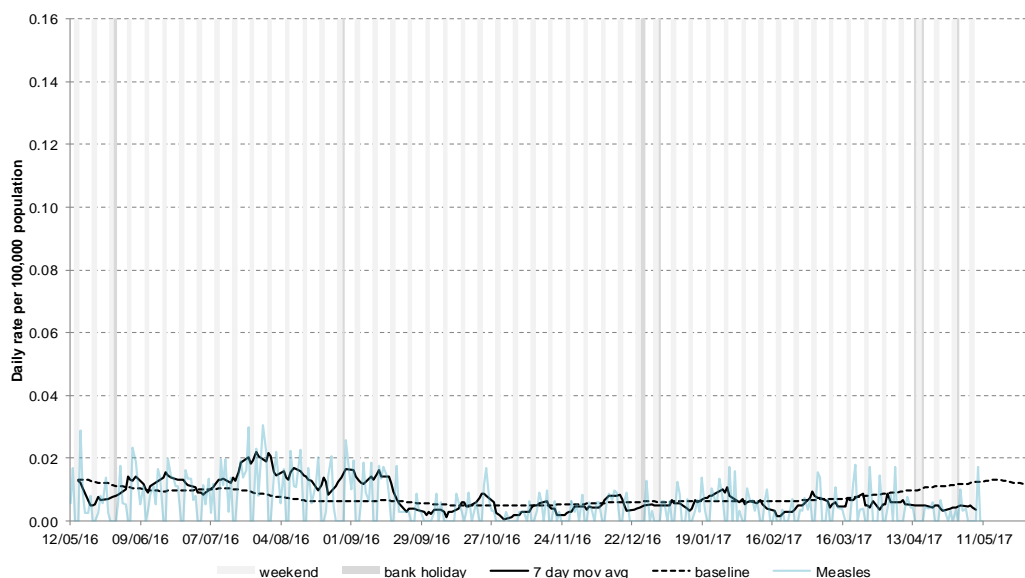


17 May 2017

Year: 2017 Week: 19

## 14: Measles

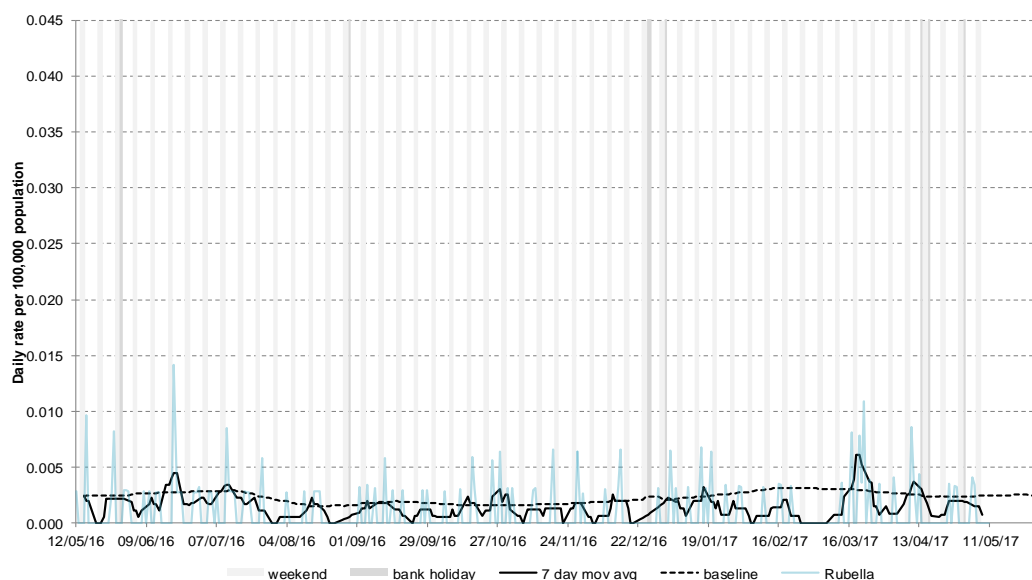
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



Intentionally left blank

## 15: Rubella

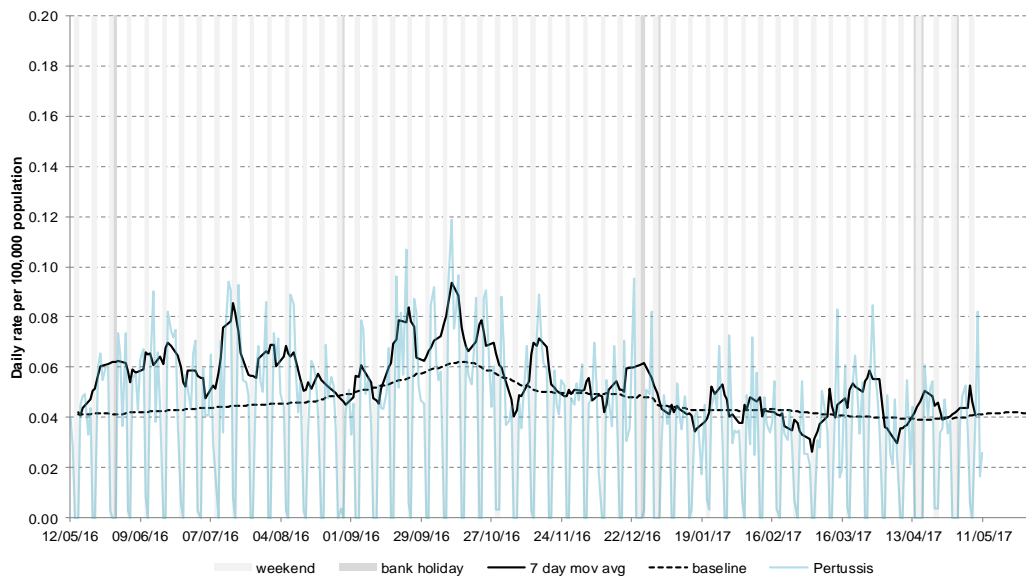
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



\* 7-day moving average adjusted for bank holidays.

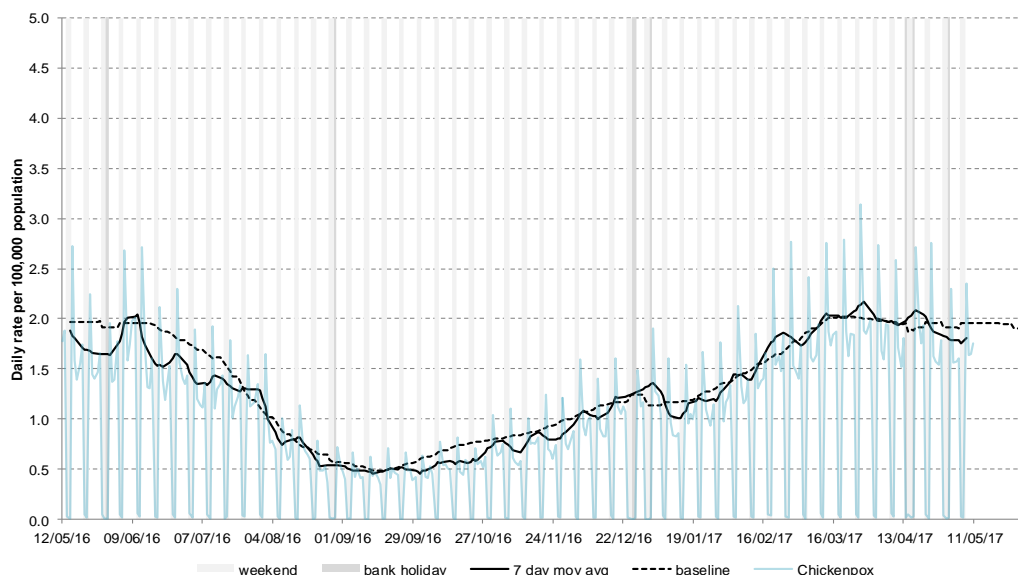
## 16: Pertussis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



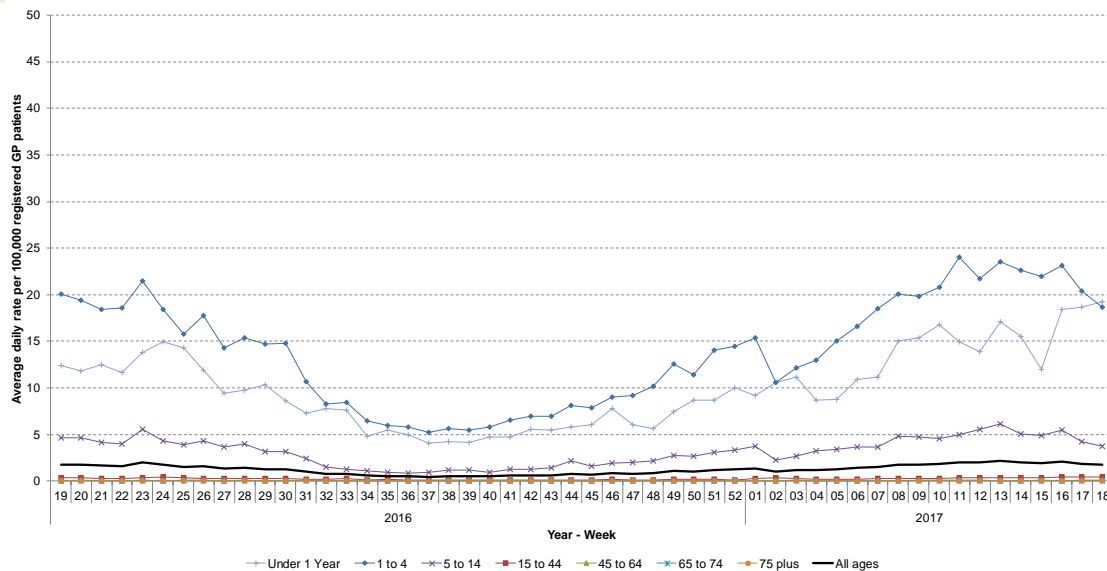
## 17: Chickenpox

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



## 17a: Chickenpox by age

Average daily incidence rate by week per 100,000 population (all England).



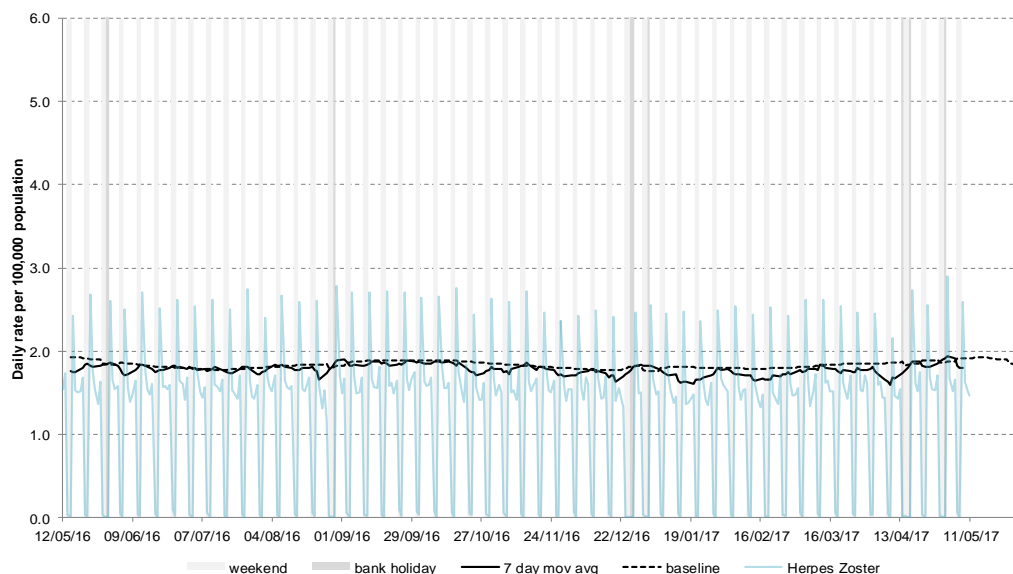
\* 7-day moving average adjusted for bank holidays.

17 May 2017

Year: 2017 Week: 19

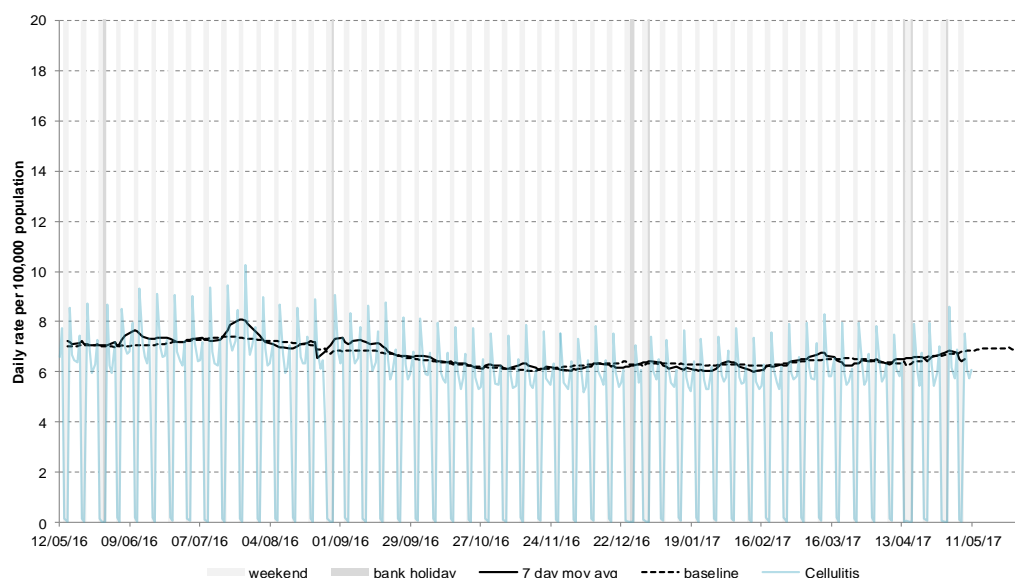
## 18: Herpes zoster

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



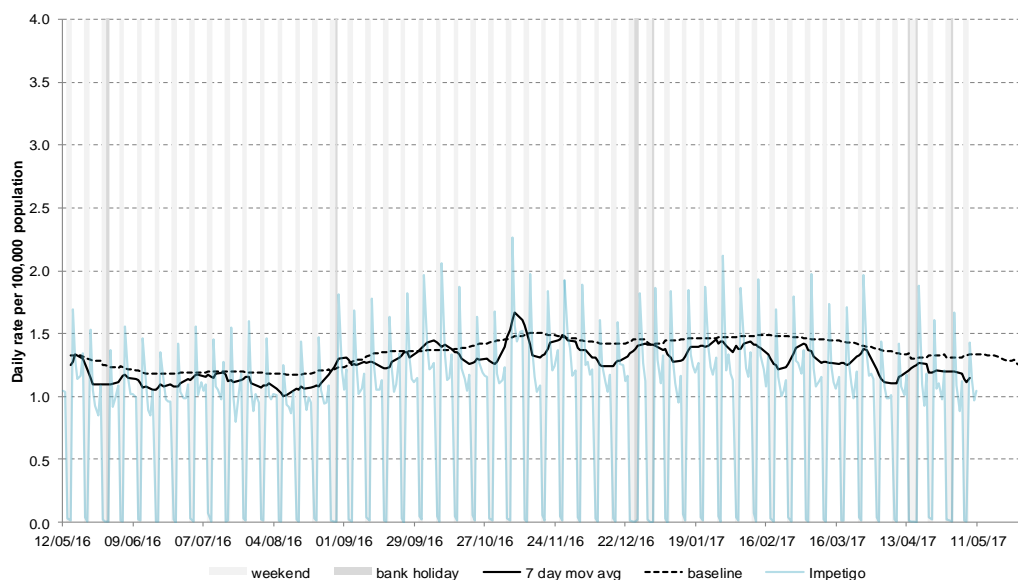
## 19: Cellulitis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



## 20: Impetigo

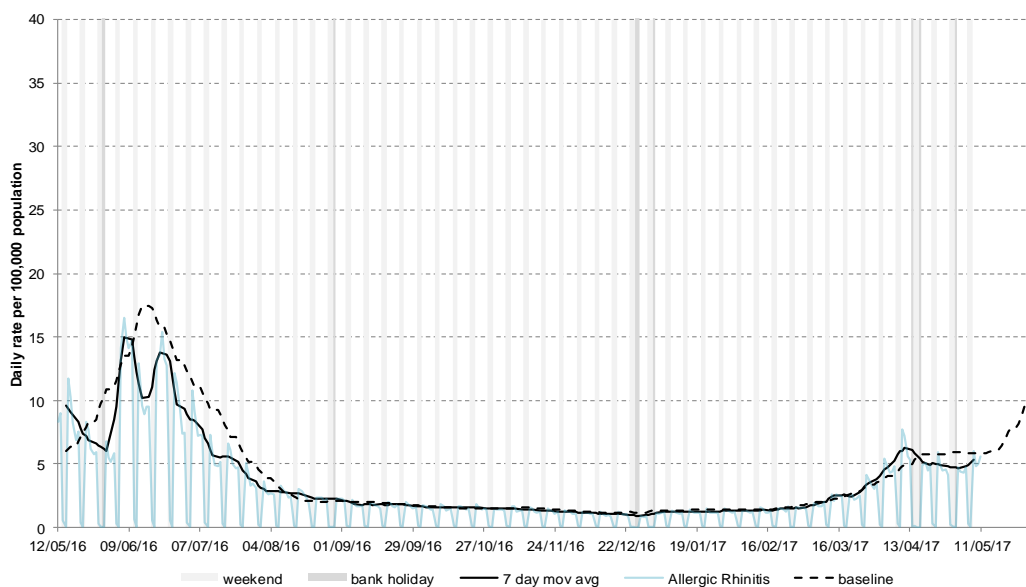
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



\* 7-day moving average adjusted for bank holidays.

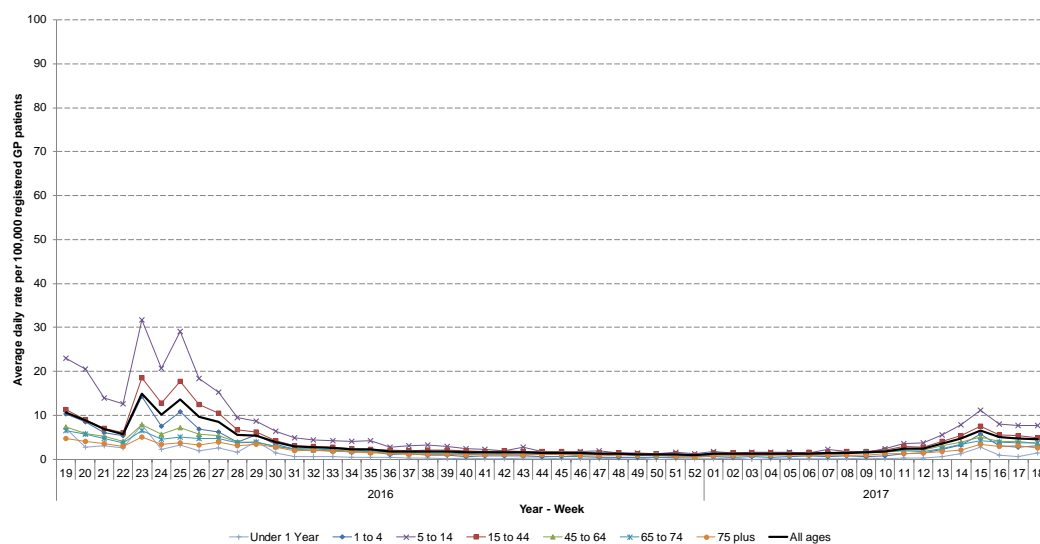
## 21: Allergic rhinitis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



## 21a: Allergic rhinitis by age

Average daily incidence rate by week per 100,000 population (all England).



Intentionally left blank

\* 7-day moving average adjusted for bank holidays.

## Notes and further information

- The Public Health England GP in hours surveillance system is a syndromic surveillance system monitoring community-based morbidity recorded by GP practices.
  - GP consultation data are analysed on a daily basis to identify national and regional trends. A statistical algorithm underpins each system, routinely identifying activity that has increased significantly or is statistically significantly high for the time of year. Results from these daily analyses are assessed by the ReSST, along with analysis by age group, and anything deemed of public health importance is alerted by the team.
  - This system captures anonymised GP morbidity data from two GP clinical software systems, EMIS, from version 1 of the QSurveillance® database, and TPP SystmOne.
  - Baselines represent seasonally expected levels of activity and are constructed from historical data. Furthermore, they take into account any known substantial changes in data collection, population coverage or reporting practices. Baselines are refreshed using the latest data on a regular basis.
- 

## Maps:

- From week 40 2015 the influenza-like illness thresholds illustrated in the bulletin appendix maps are calculated using the “Moving Epidemic Method” (MEM).<sup>1</sup> MEM is used as a standard methodology for setting influenza surveillance thresholds across Europe.<sup>2</sup>
- The ILI thresholds have been calculated separately for each of the nine PHE Centres to allow for structural differences between areas e.g. background rates are historically higher in London than other areas of England.
- The current ILI thresholds are based on six previous influenza seasons (excluding the 2009/10 H1N1 pandemic). In future, thresholds will be recalculated each year incorporating the latest season’s data.
- The maps on the following pages contains Ordnance Survey data © Crown copyright and database right 2014. Contains National Statistics data © Crown copyright and database right 2014.

<sup>1</sup> Vega T et al. *Influenza Other Respir Viruses*. 2013;7(4):546-58.

<sup>2</sup> Green HK et al. *Epidemiol Infect*. 2015;143(1):1-12.

---

## Acknowledgements:

We thank and acknowledge the University of Nottingham, ClinRisk® and the contribution of EMIS and EMIS practices. Data source: version 1 of the QSurveillance® database.

We thank TPP, ResearchOne and the SystmOne GP practices contributing to this surveillance system.

---

## GP In Hours Syndromic Surveillance System Bulletin.

**Produced by:** PHE Real-time Syndromic Surveillance Team  
6<sup>th</sup> Floor, 5 St Philip’s Place, Birmingham, B3 2PW

**Tel:** 0344 225 3560 > Option 4 > Option 2      **Fax:** 0121 236 2215

**Web:** <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

**Contact ReSST:**  
syndromic-surveillance  
@phe.gov.uk