Public Health England

GP In Hours

Syndromic Surveillance System: England

Key messages

Data to: 24 September 2017

There were increases in GP consultations for upper respiratory tract infection and asthma during week 38, particularly in children aged 0-14 years (figures 1a & 9a).

Diagnostic indicators at a glance:

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

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2017	38	3,078	24.8 million

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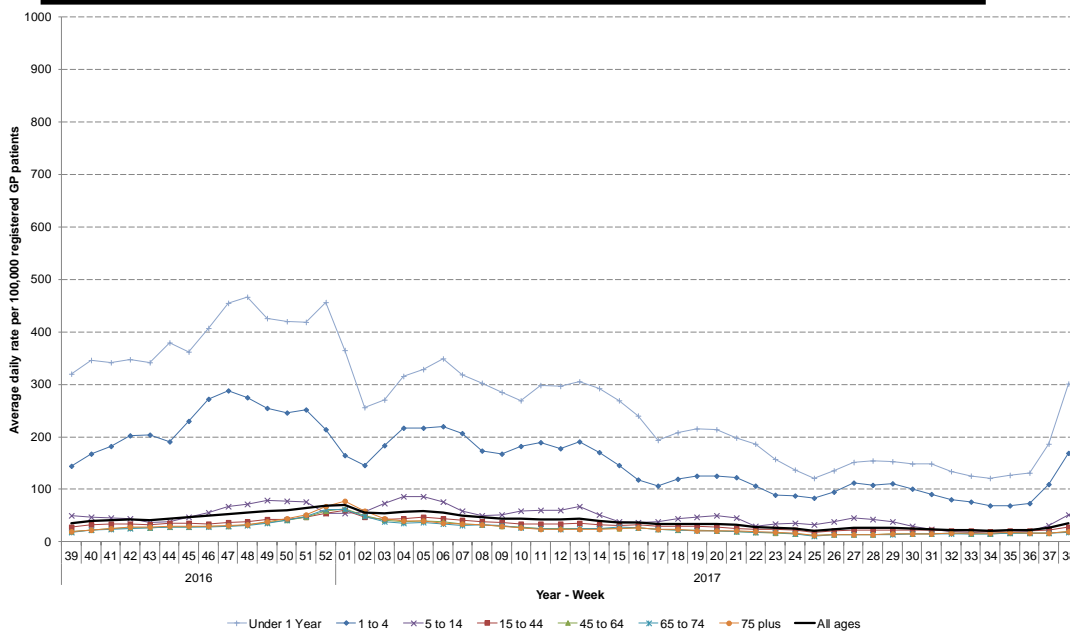
Public Health England

1: Upper respiratory tract infection (URTI)

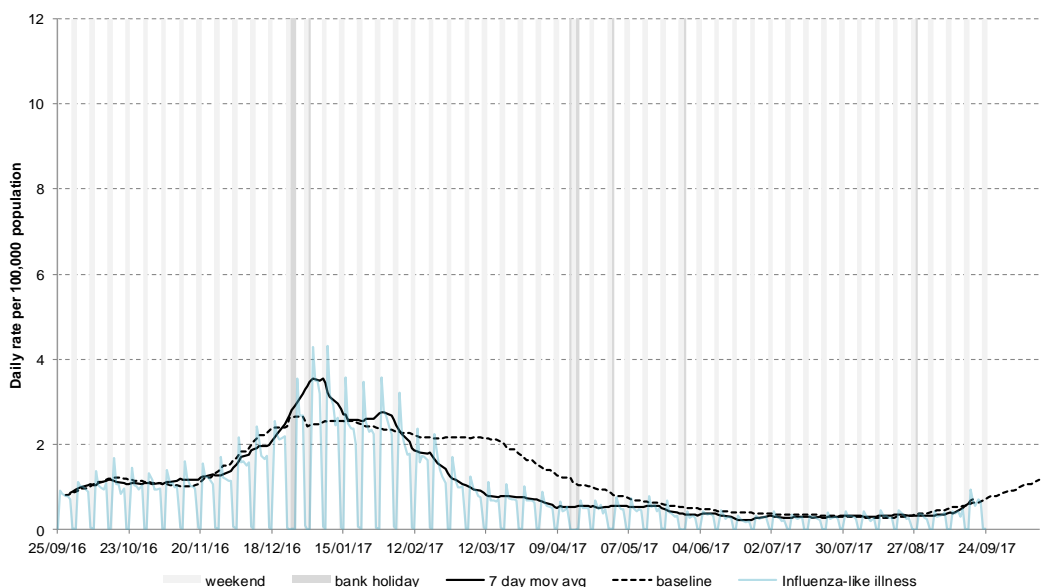Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).
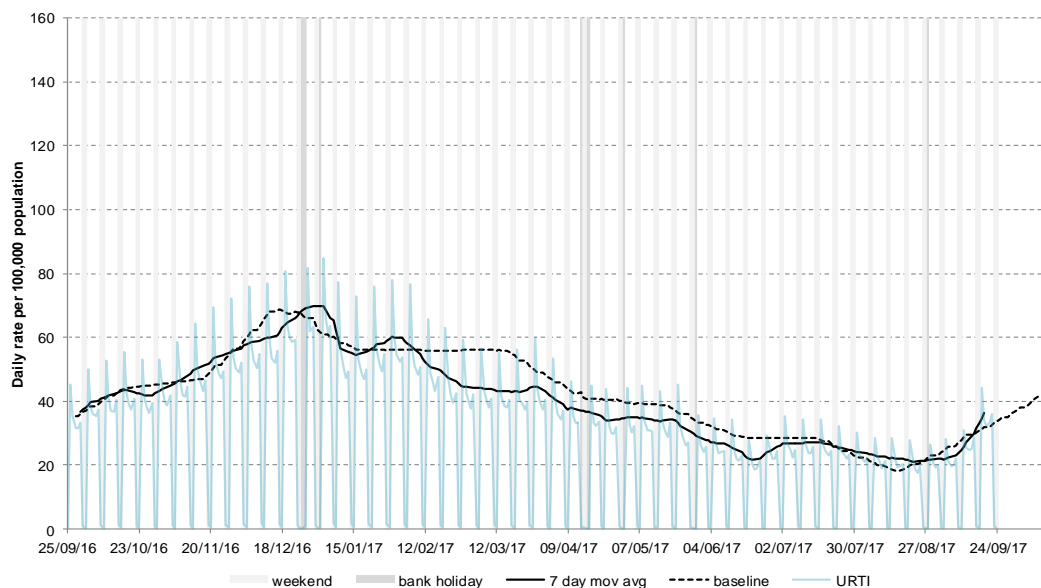
1a: Upper respiratory tract infection (URTI) by age

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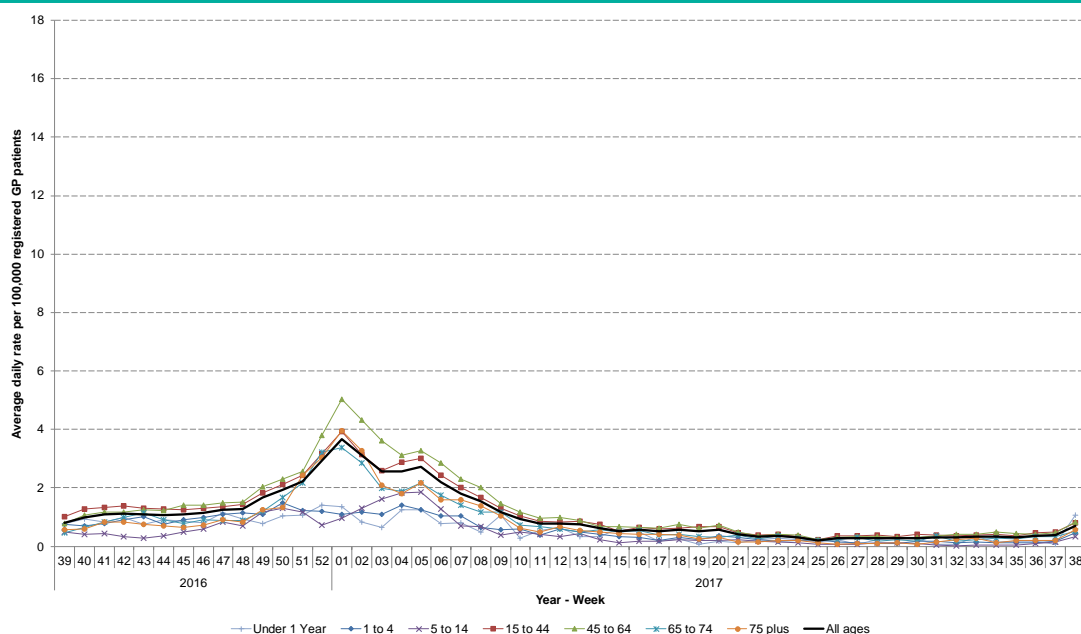

2: Influenza-like illness

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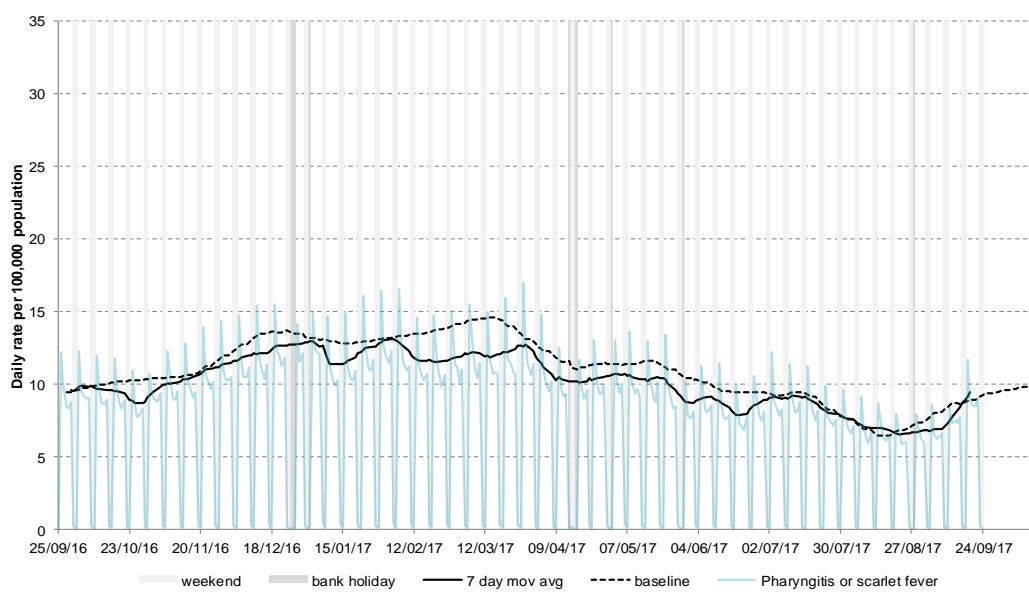

* 7-day moving average adjusted for bank holidays.

2

2a: Influenza-like illness by age

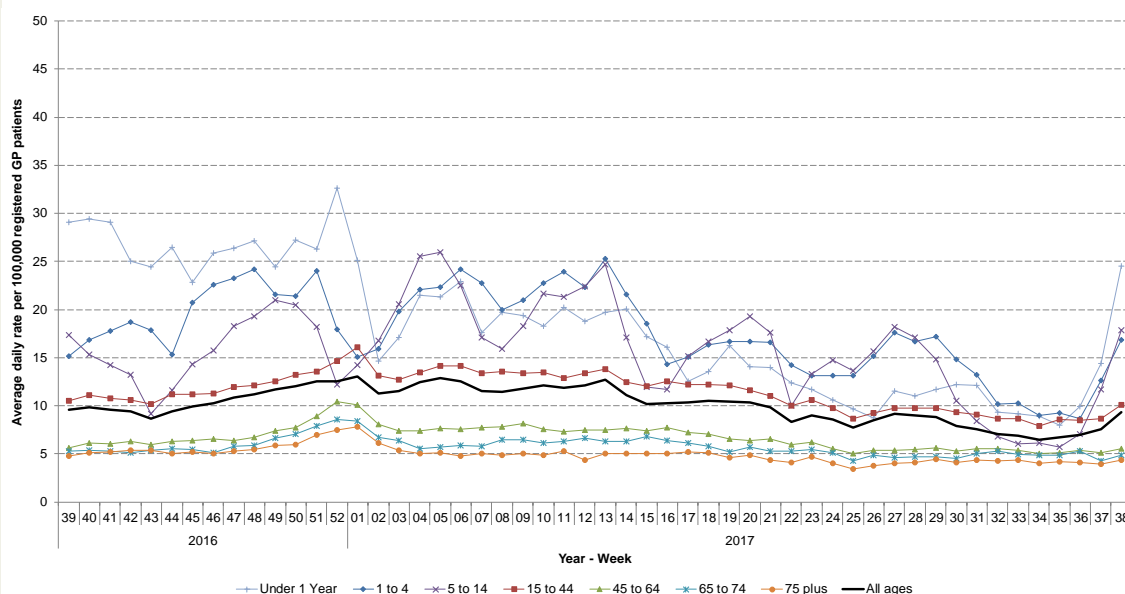Average daily incidence rate by week per 100,000 population (all England).

3: Pharyngitis or scarlet fever

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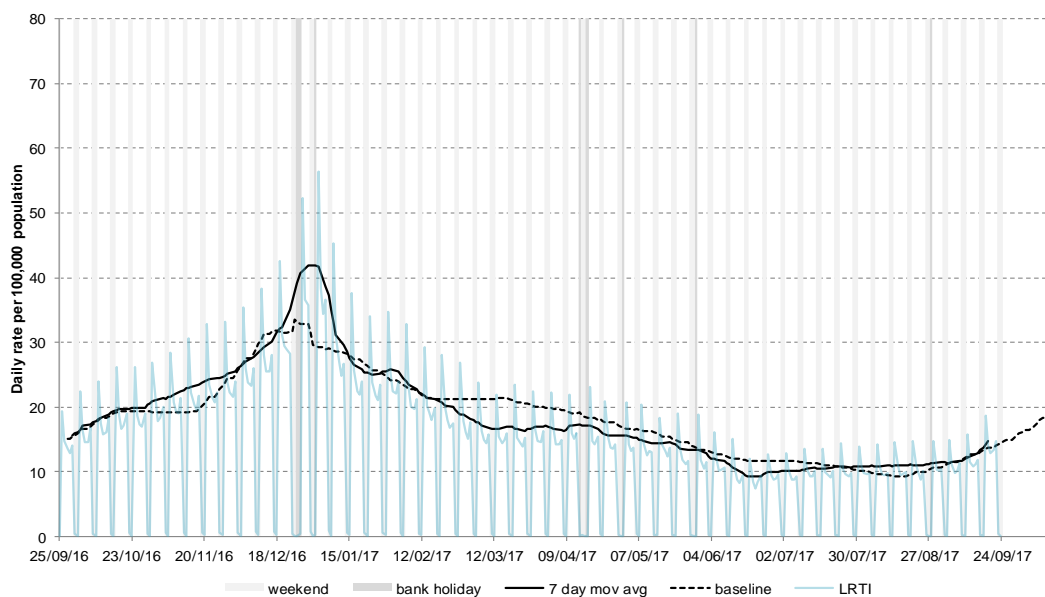

3a: Pharyngitis/scarlet fever by age

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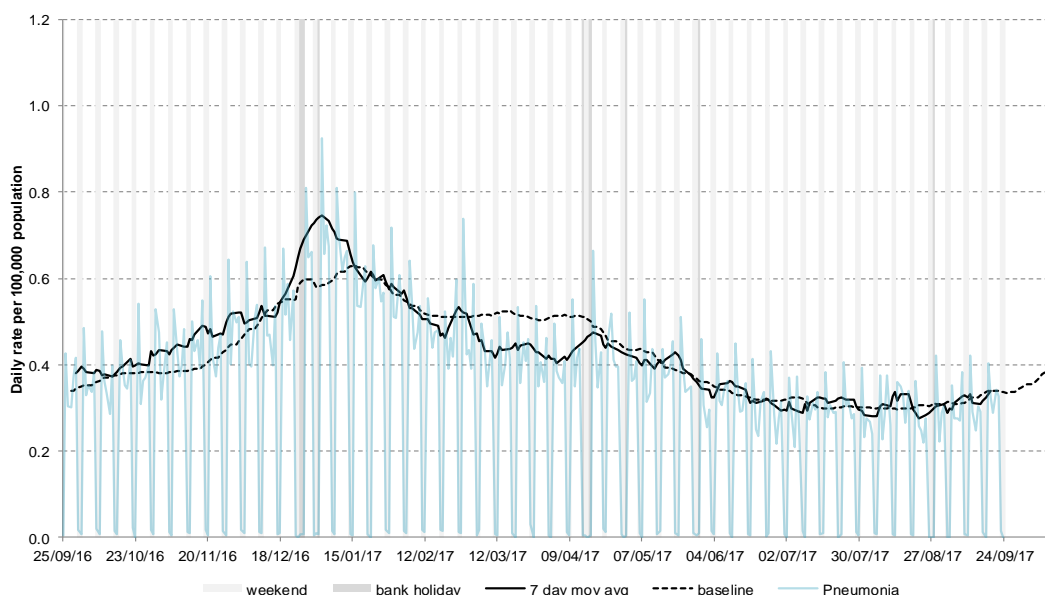

* 7-day moving average

3

4: Lower respiratory tract infection (LRTI)

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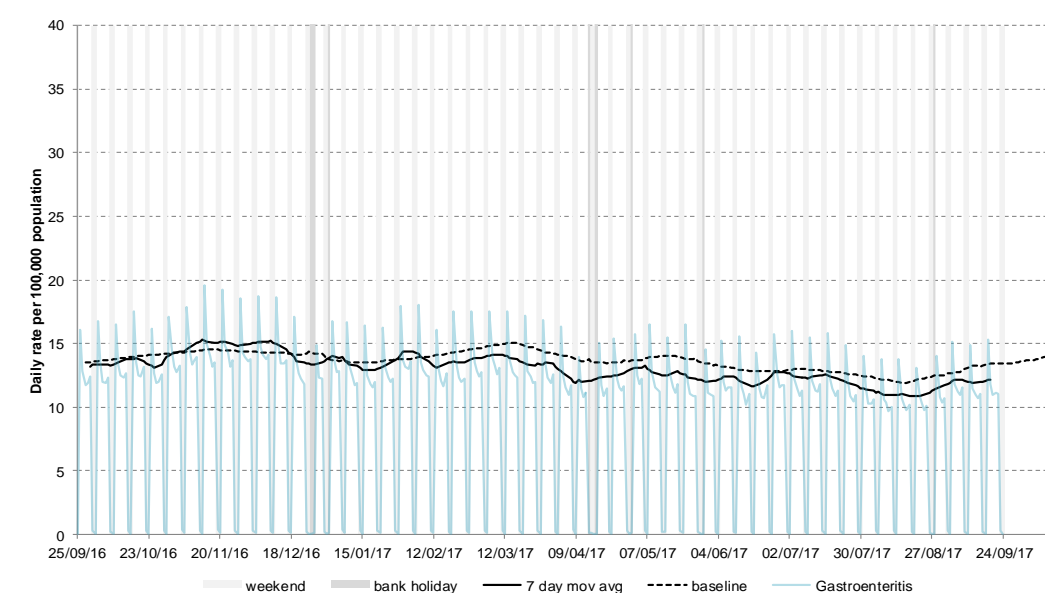

5: Pneumonia

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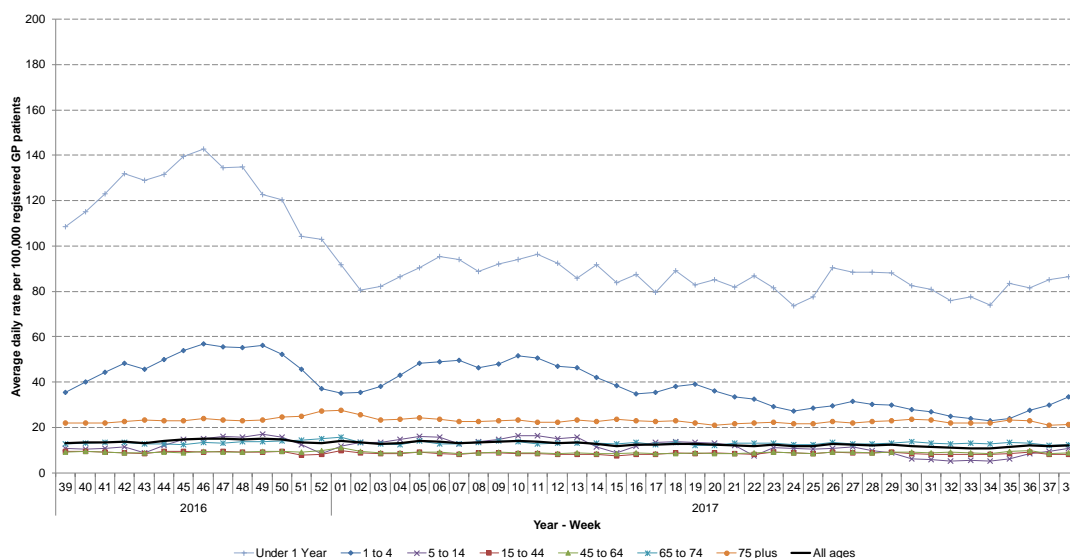

6: Gastroenteritis

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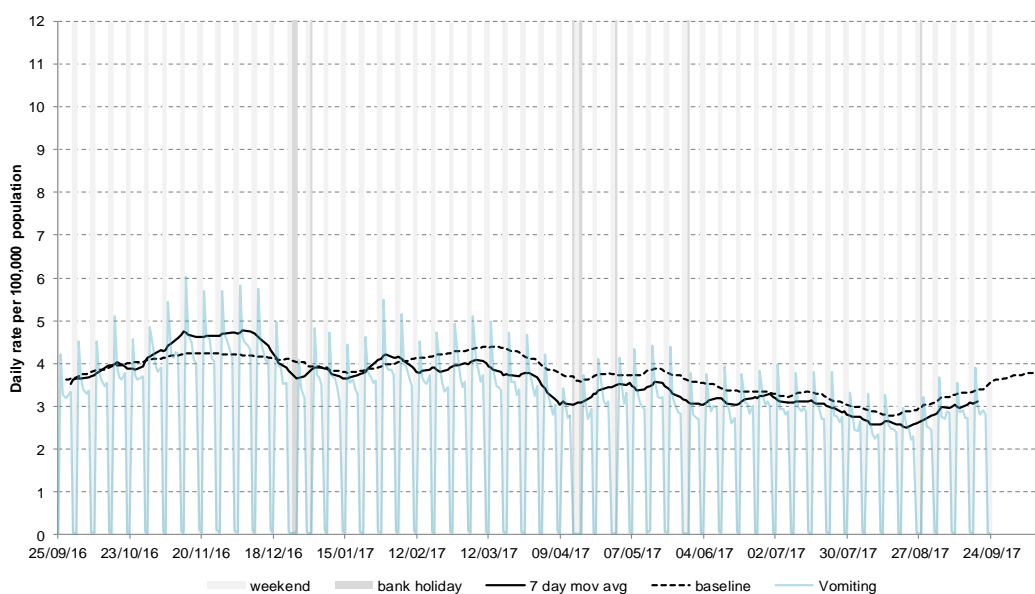

* 7-day moving average adjusted for bank holidays.

4

6a: Gastroenteritis by age

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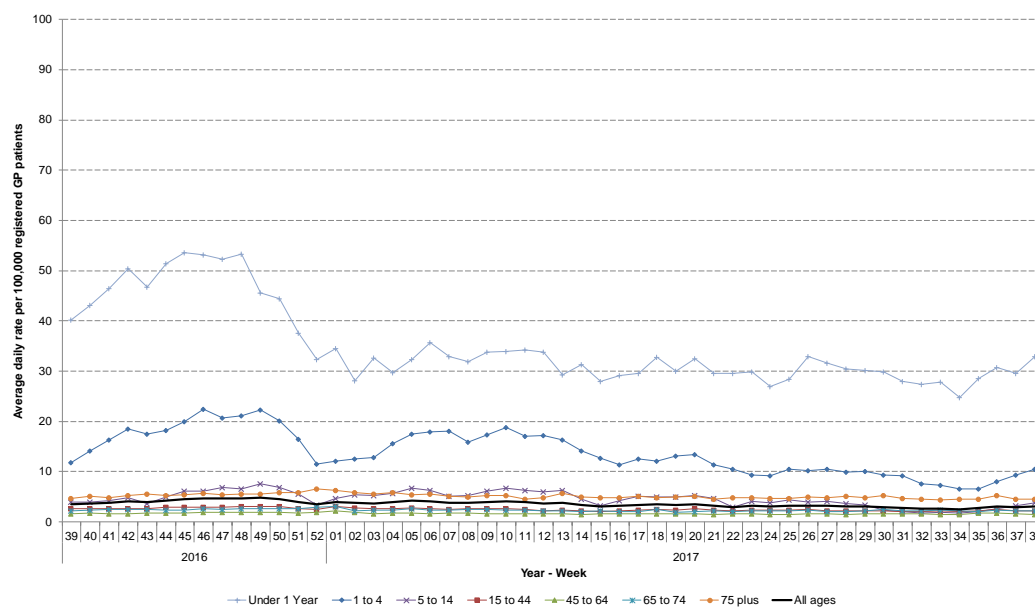

7: Vomiting

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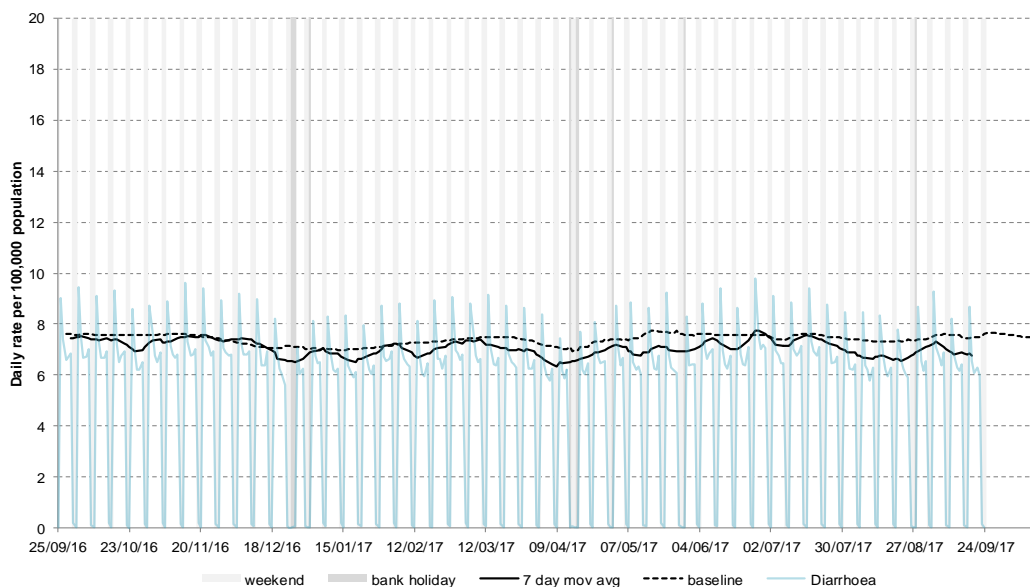

7a: Vomiting by age

Average daily incidence rate by week per 100,000 population (all England).
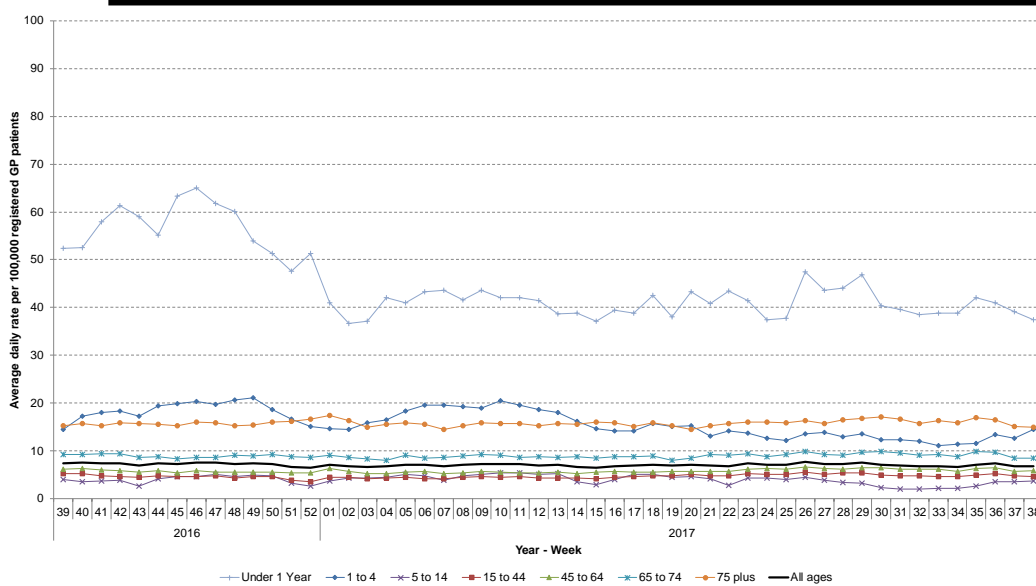
* 7-day moving average adjusted for bank holidays.

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8: Diarrhoea

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

8a. Diarrhoea by age

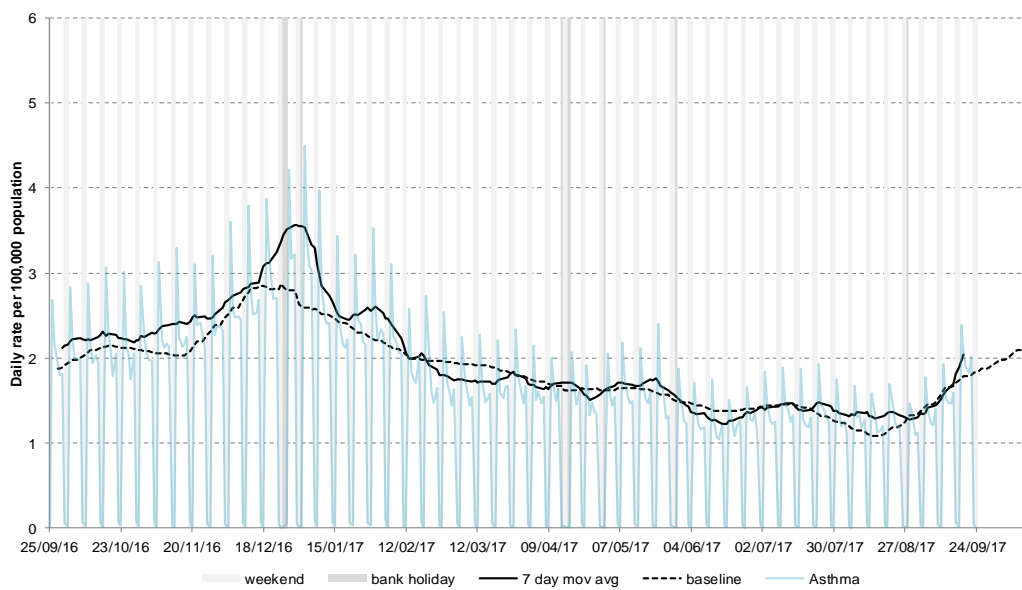Average daily incidence rate by week per 100,000 population (all England).

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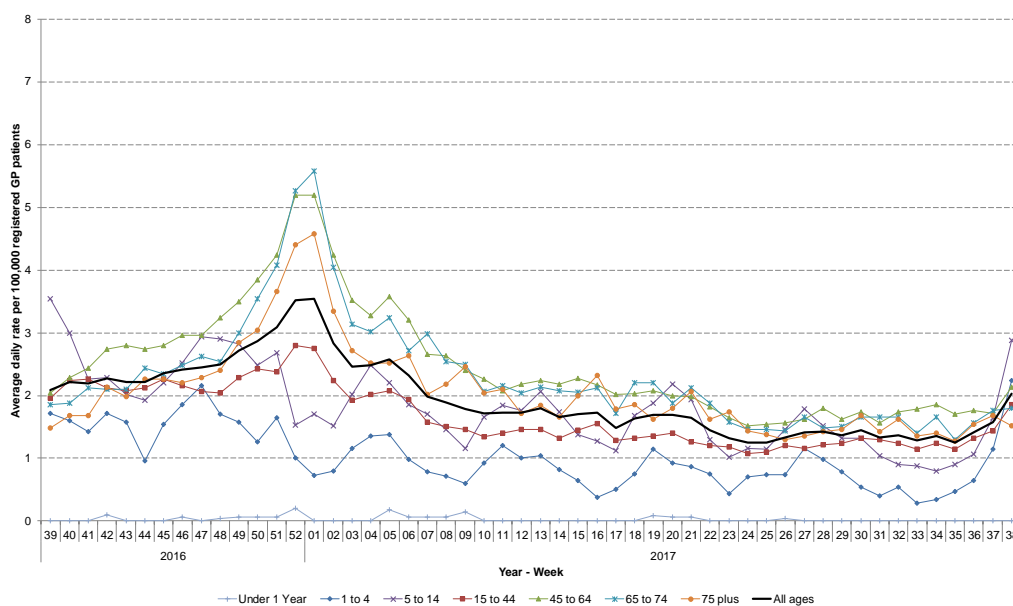* 7-day moving average adjusted for bank holidays.

9: Asthma

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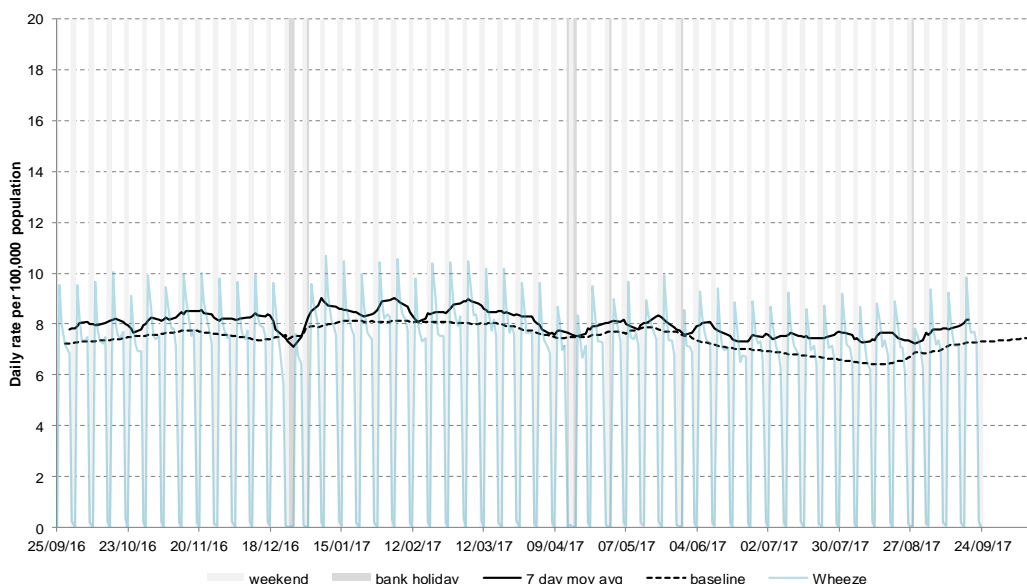population (all England,
all ages).

9a: Asthma by age

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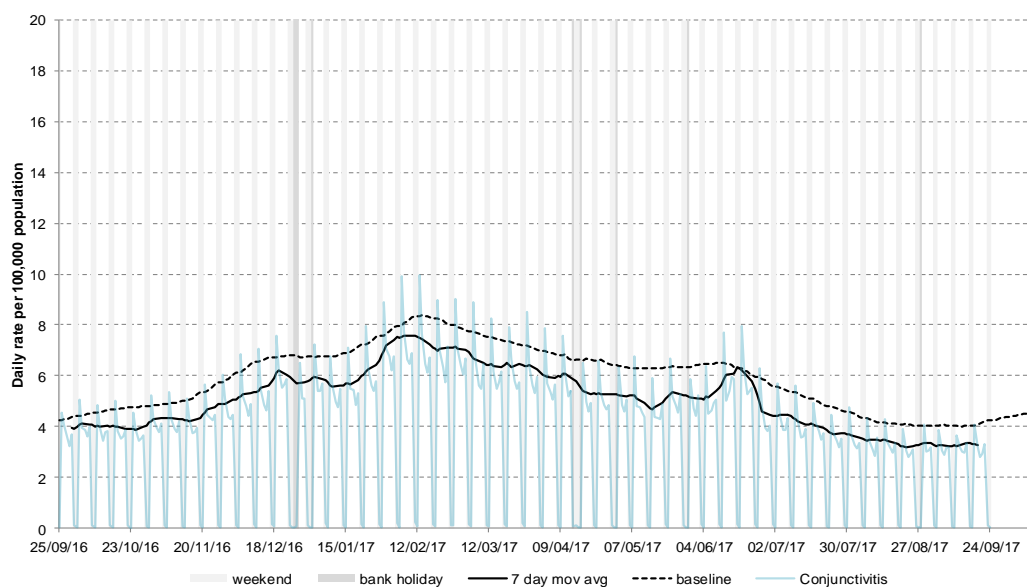100,000 population (all
England).

10: Wheeze

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

* 7-day moving average
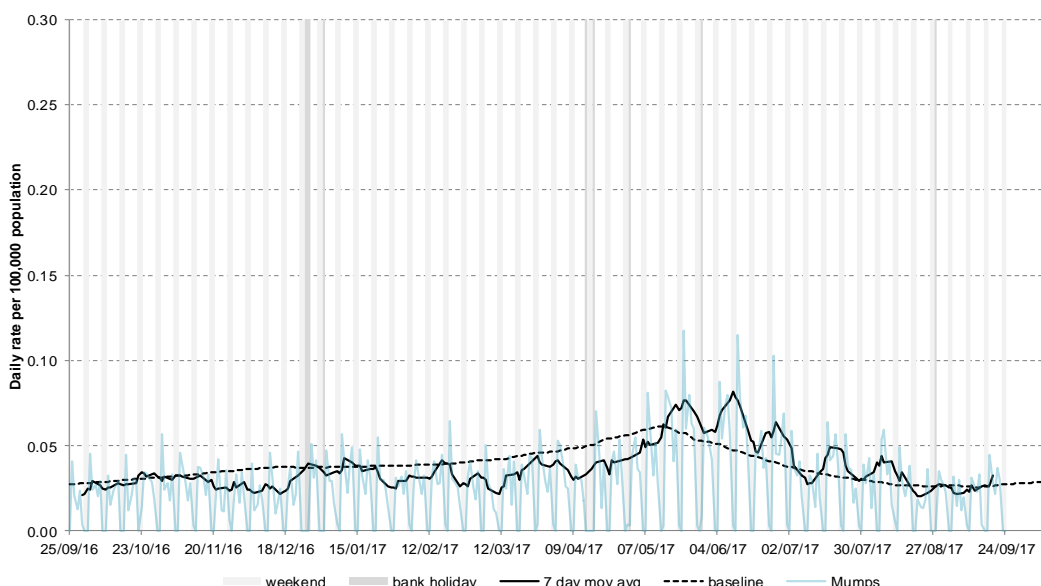adjusted for bank
holidays.

11: Conjunctivitis

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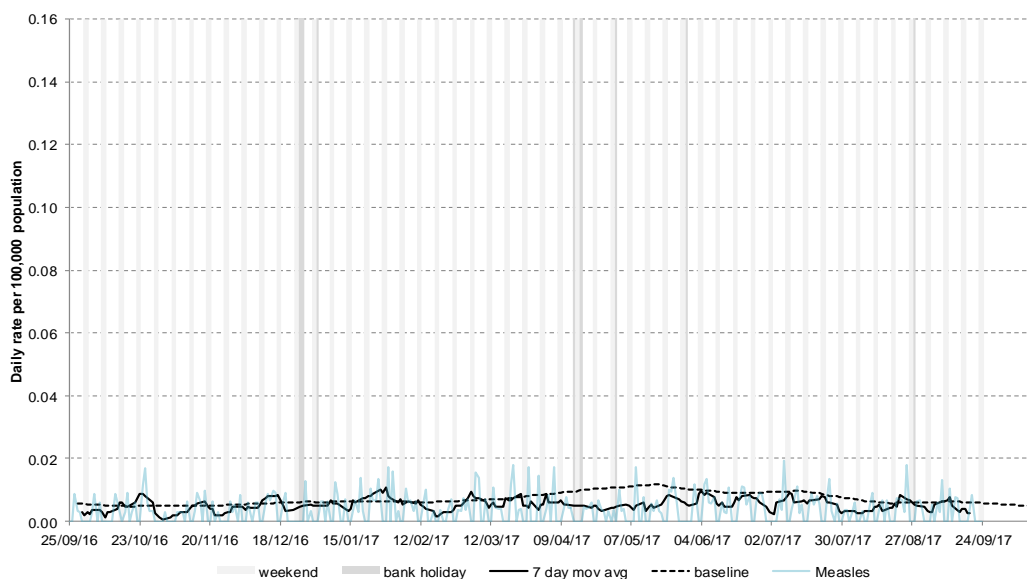

12: Mumps

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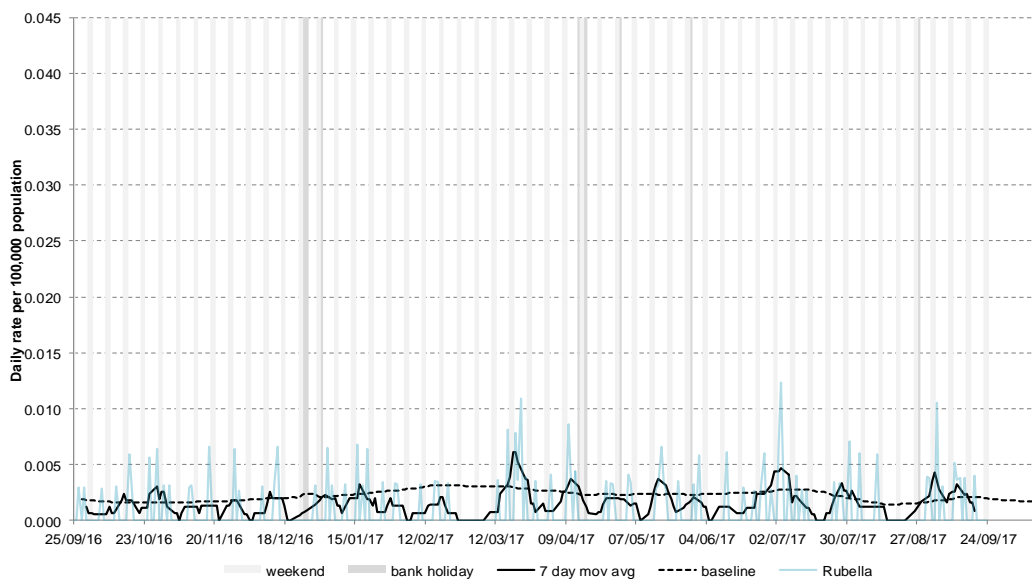

13: Measles

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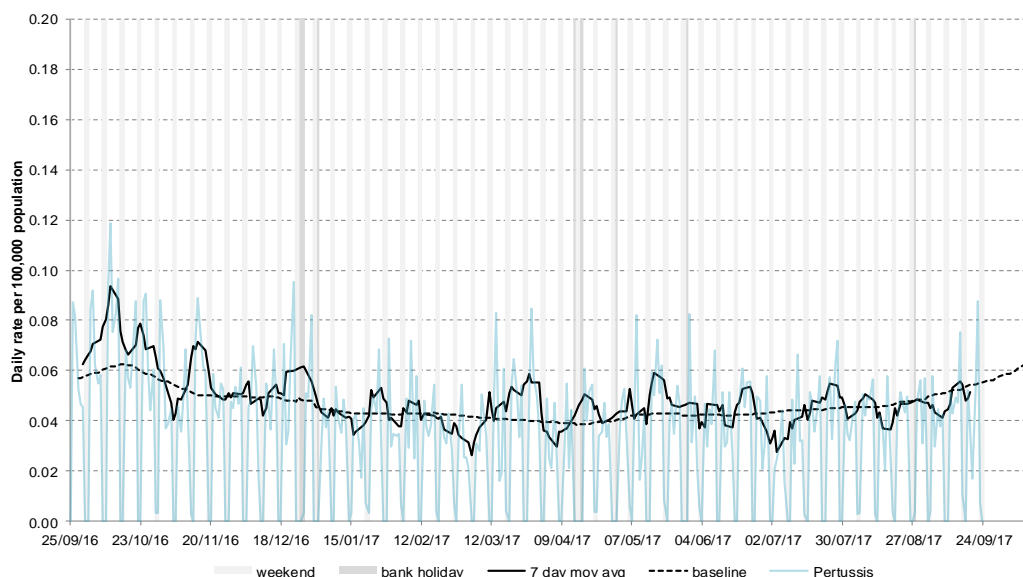

* 7-day moving average

8

14: Rubella

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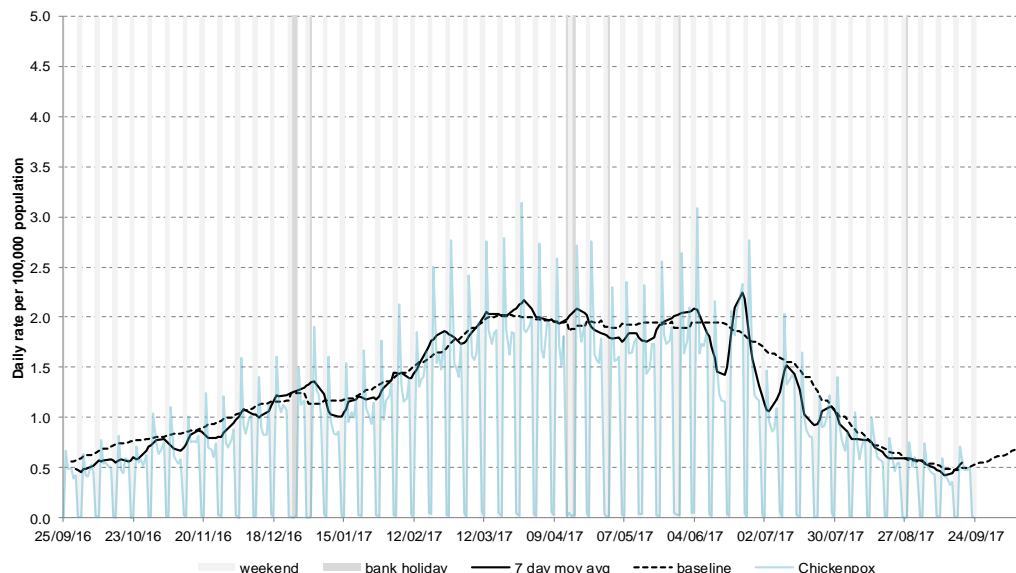

15: Pertussis

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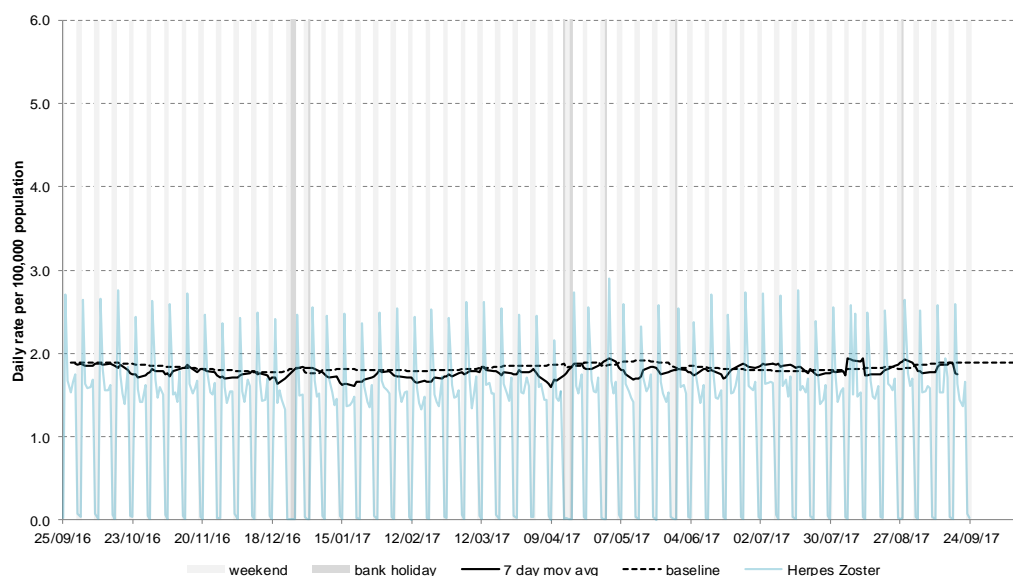

16: Chickenpox

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

* 7-day moving average

9

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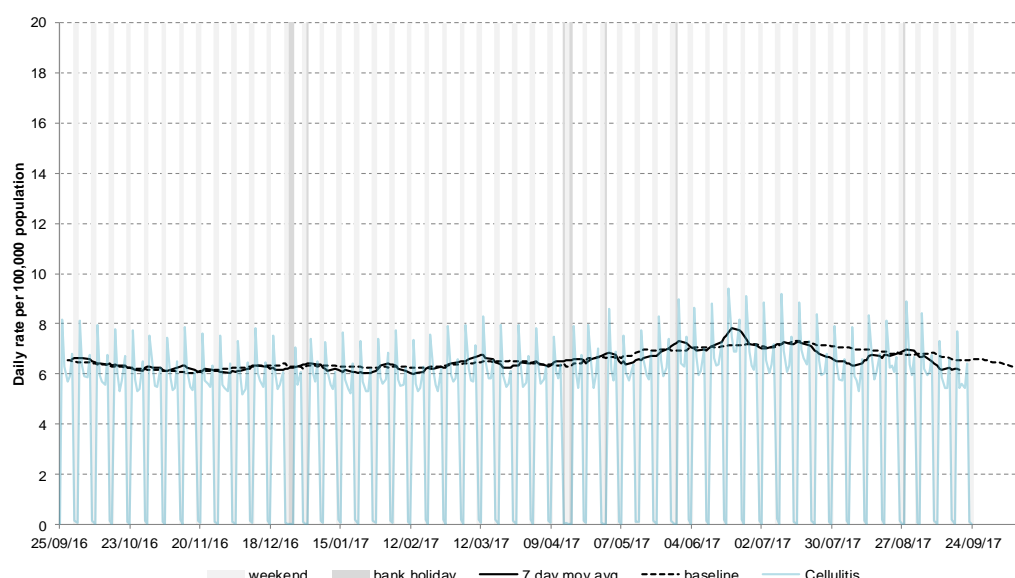
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).
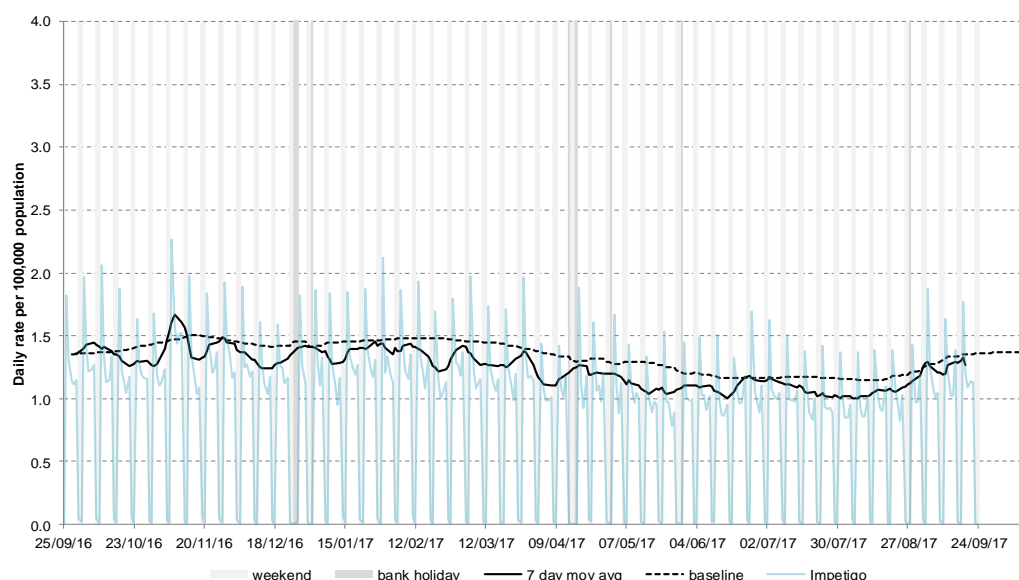

18: Cellulitis

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

19: 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.

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).[1] MEM is used as a standard methodology for setting influenza surveillance thresholds across Europe.[2]

- 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.

[1] Vega T et al. *Influenza Other Respir Viruses*. 2013;**7**(4):546-58.

[2] Green HK et al. *Epidemiol Infect.* 2015;**143**(1):1-12.

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