



25 June 2018

Year: 2018 Week: 25

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Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

1: Total out-of-hours contacts:

Daily total number of out-of-hours and unscheduled contacts and 7 day average (adjusted for bank holidays).

Key messages

Data to: 24 June 2018

There was nothing new to report during week 25.

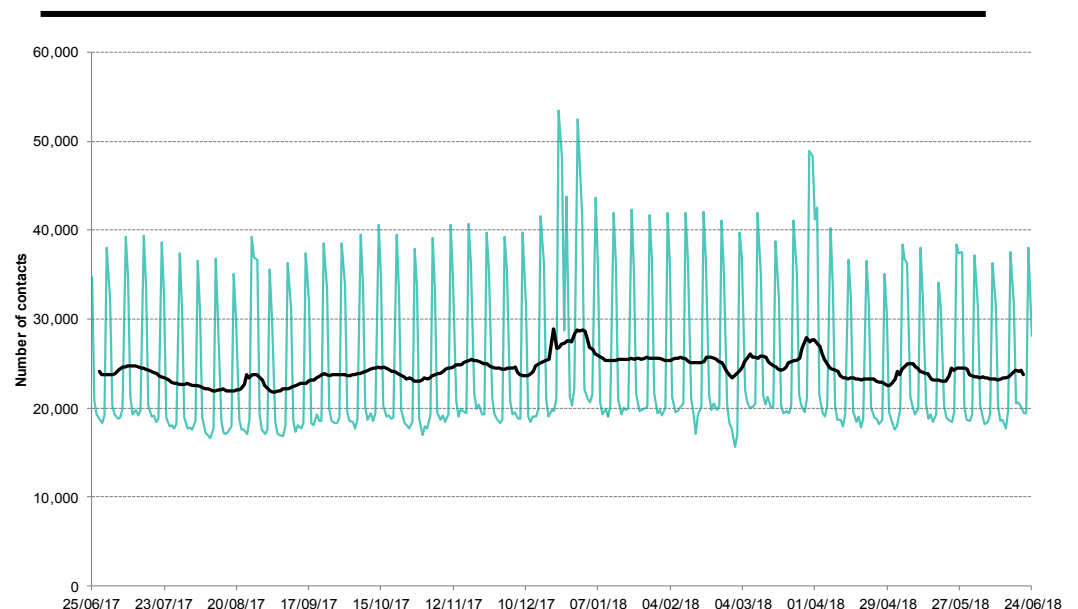
A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance data during this period.

Heat-health watch level (current reporting week): **Level 1 Summer preparedness**

<http://www.metoffice.gov.uk/public/weather/heat-health/>

Key indicator	No. of contacts	% Week 25	% Week 24	Trend*
All OOH contacts, all causes	164,008			
Acute respiratory infection	8,054	10.70	10.61	↔
Influenza-like illness	67	0.09	0.07	↔
Bronchitis/bronchiolitis	90	0.12	0.08	↔
Difficulty breathing/wheeze/asthma	1,328	1.76	1.97	↓
Pharyngitis	39	0.05	0.08	↓
Gastroenteritis	2,842	3.77	3.86	↔
Diarrhoea	746	0.99	1.03	↓
Vomiting	989	1.31	1.38	↔
Myocardial infarction	766	1.02	0.95	↔
Heatstroke	10	0.01	0.00	↑

*Trend: reports on the trend seen over previous weeks in the percentage of Read coded contacts.

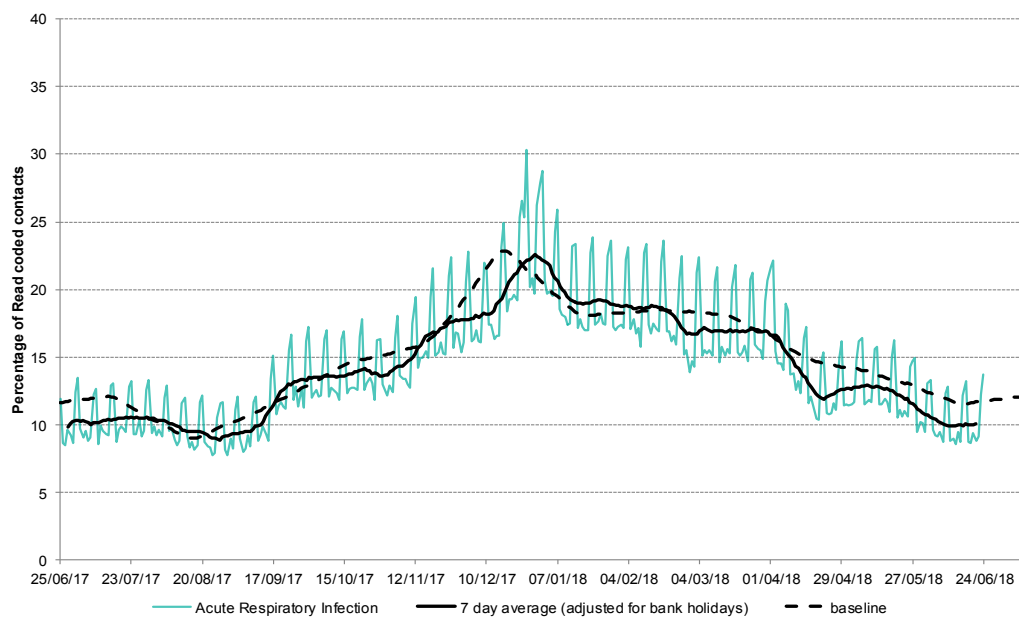


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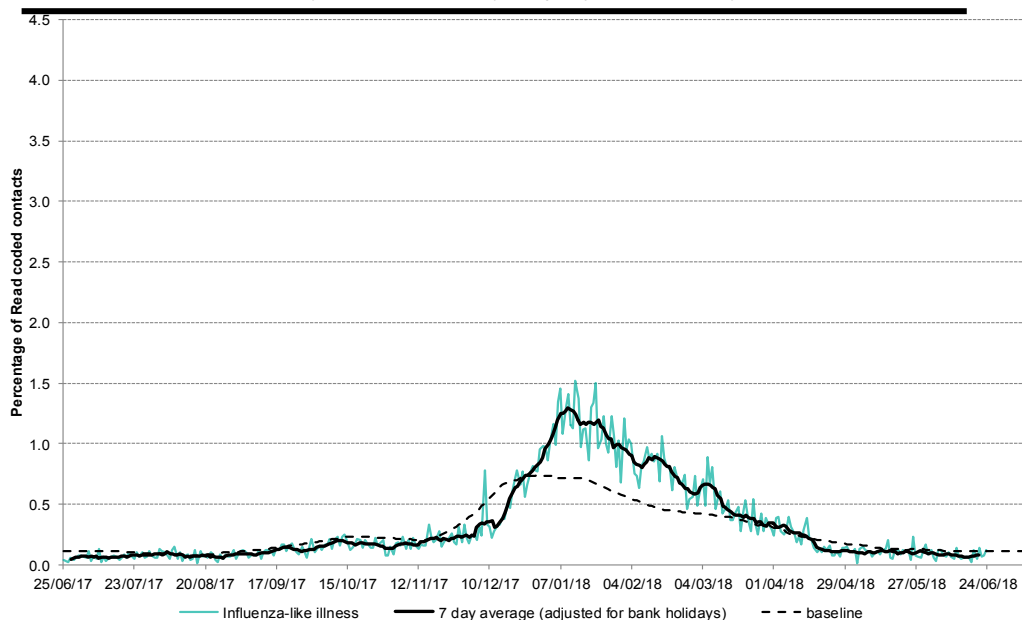
2: Acute Respiratory Infection daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



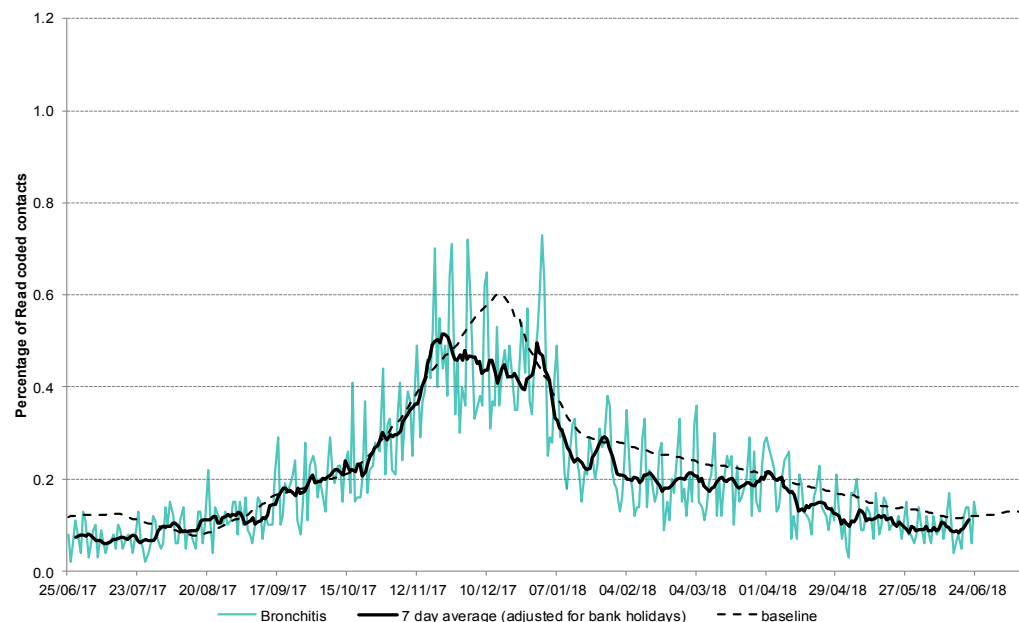
3: Influenza-like illness daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



4: Bronchitis/ bronchiolitis daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



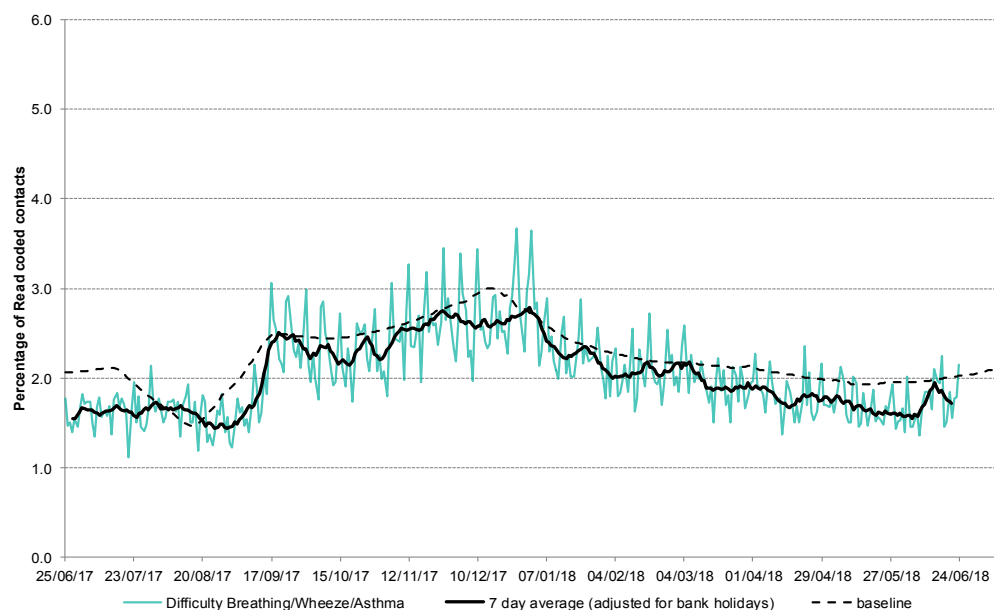
*7-day moving average adjusted for bank holidays.

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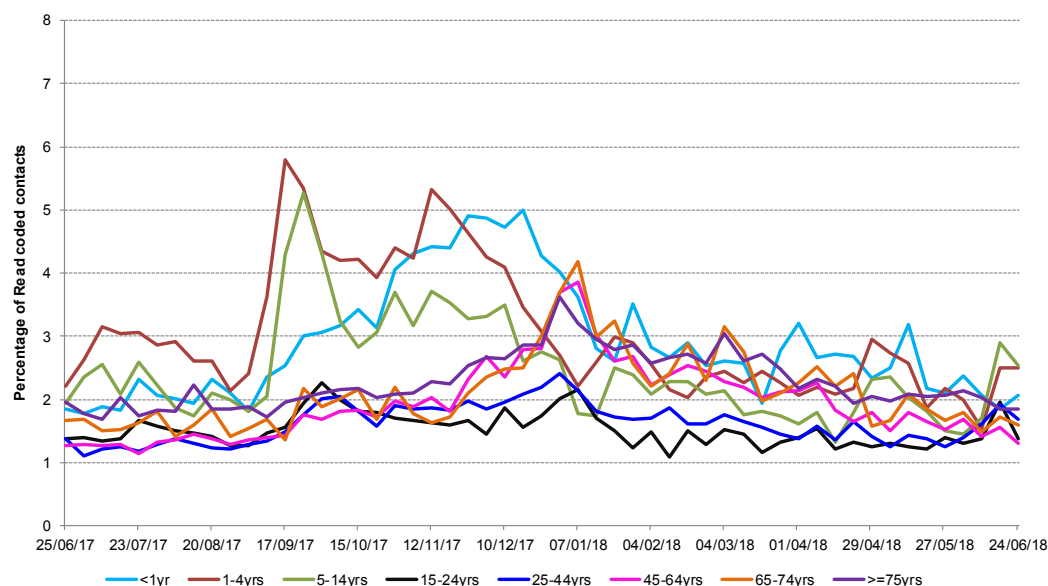
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**5: Difficulty breathing/
wheeze/asthma daily
contacts.**

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

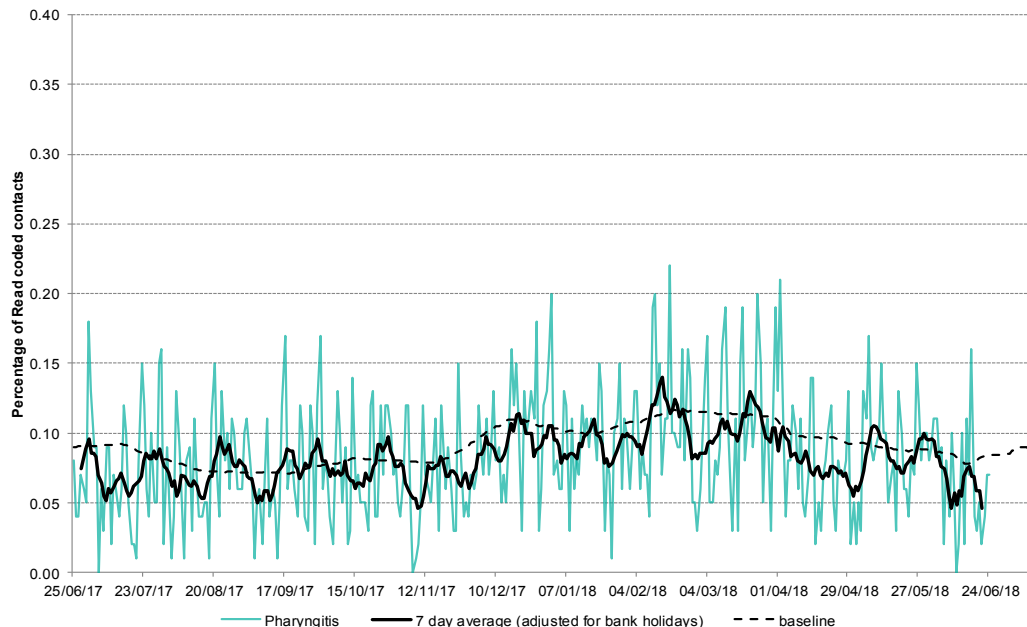


**5a: Difficulty
breathing/wheeze/
asthma daily
contacts by age
group.**



**6: Acute pharyngitis
and persistent sore
throat.**

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



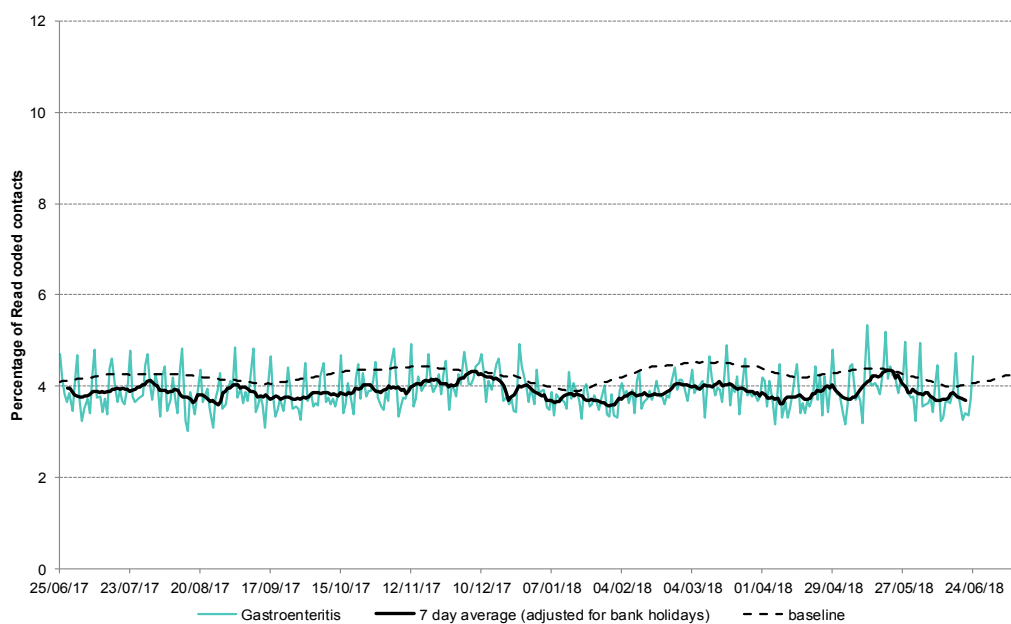
*7-day moving average
adjusted for bank
holidays.

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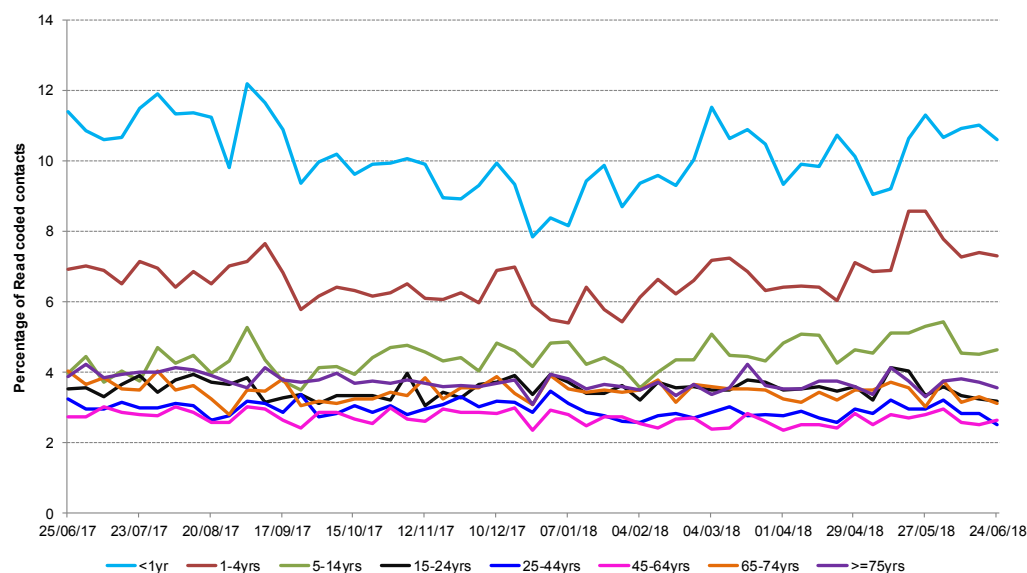
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7: Gastroenteritis daily contacts

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

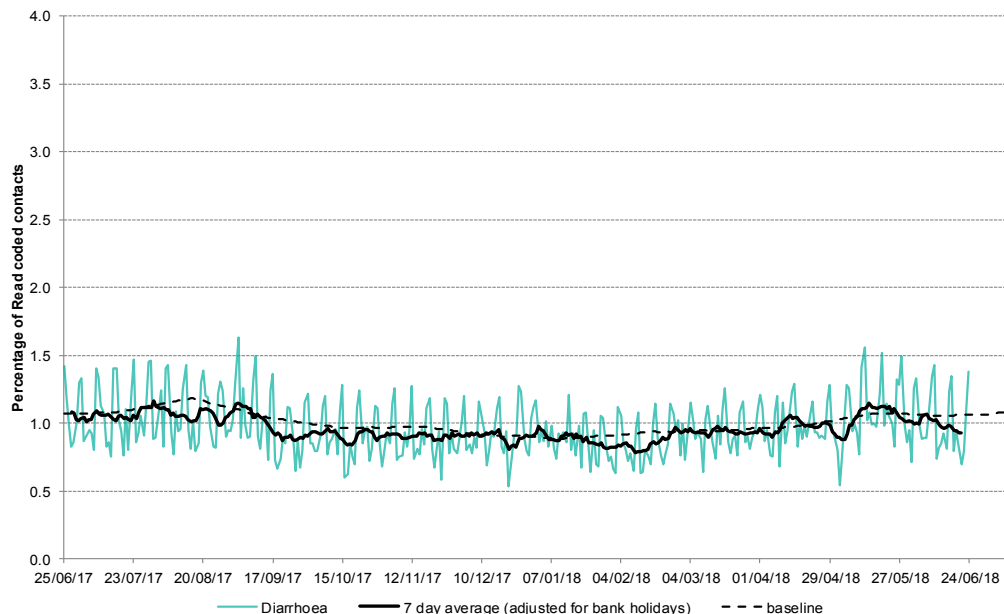


7a: Gastroenteritis weekly contacts by age group.



8: Diarrhoea daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

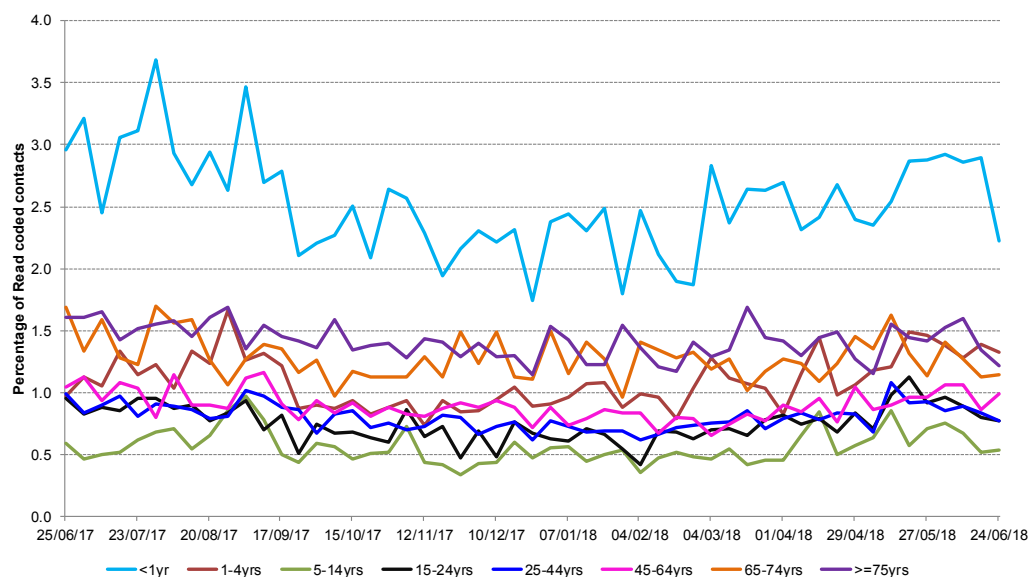


*7-day moving average adjusted for bank holidays.

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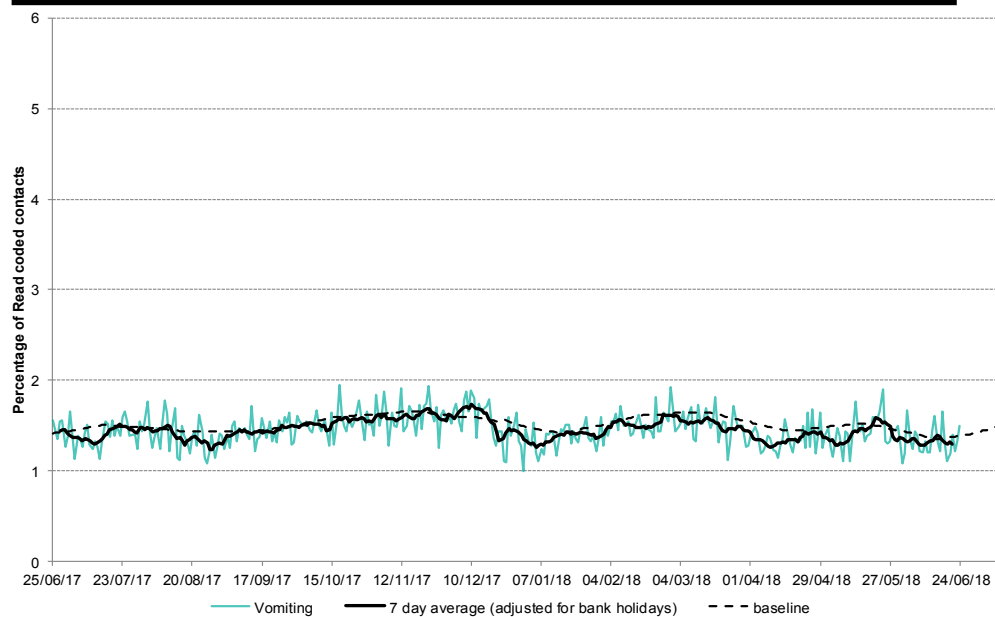
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8a: Diarrhoea weekly contacts by age group.

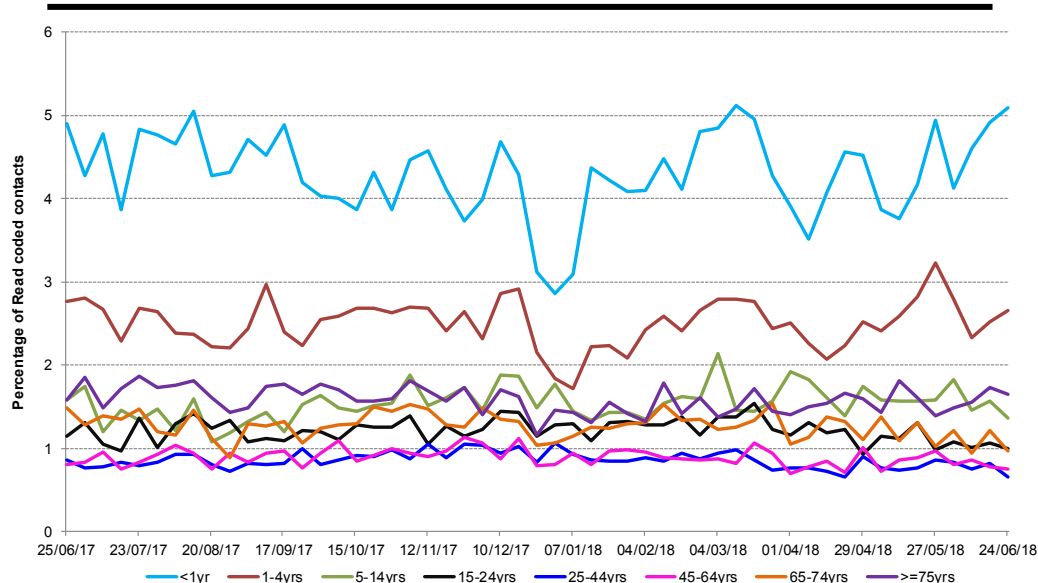


9: Vomiting daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



9a: Vomiting weekly contacts by age group.



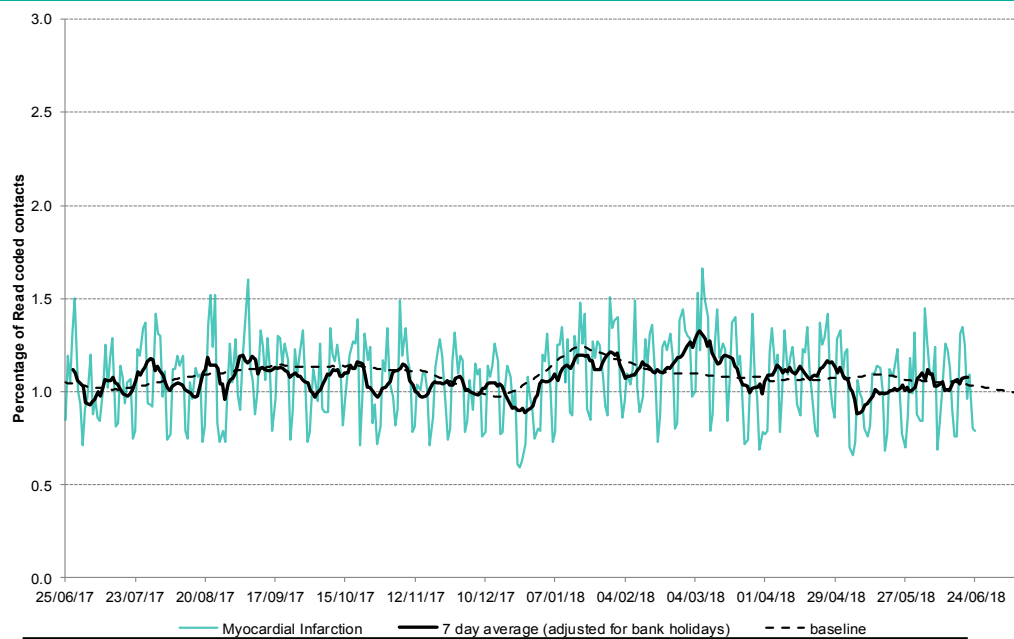
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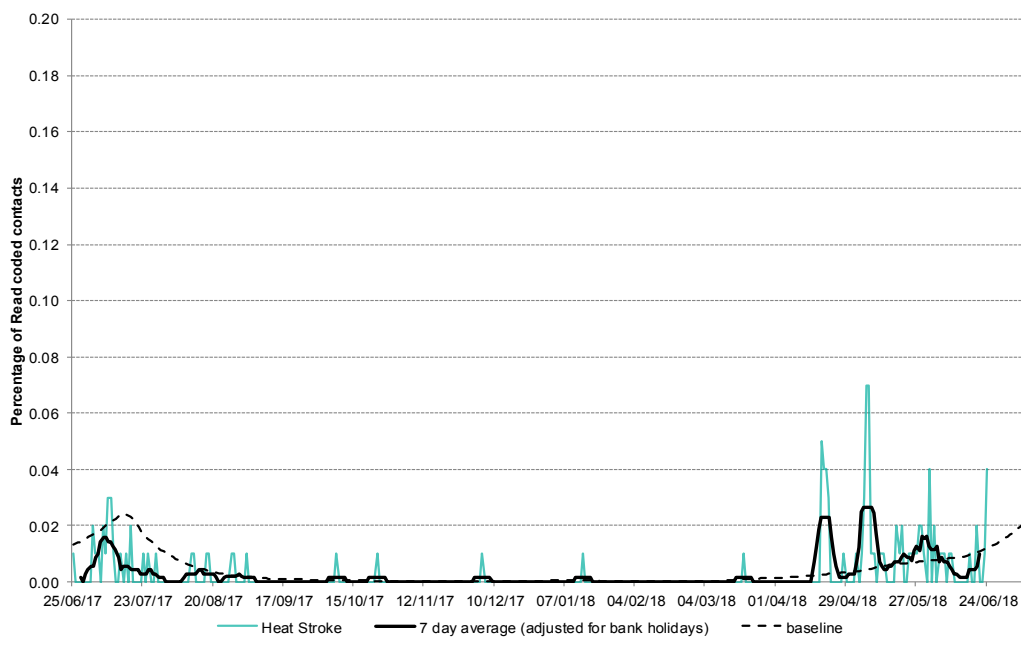
10: Myocardial Infarction daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



11: Heatstroke contacts

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



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*7-day moving average adjusted for bank holidays.

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Notes and caveats:

- This bulletin presents data from the Public Health England (PHE) GP Out-of-hours\Unscheduled Care Surveillance System (GP OOHSS).
- Fully anonymised data from GP out-of-hours (OOH) and unscheduled care service providers in England are being transferred to the PHE for analysis and interpretation by the PHE Real-time Syndromic Surveillance Team (ReSST).
- This system supplements existing PHE syndromic surveillance systems by monitoring data on general practitioner consultations outside of routine surgery opening times (evenings, weekends and bank holidays) and unplanned contacts within NHS primary care.
- The key indicators presented within this bulletin are derived by grouping selected Read coded consultations.
- GP OOH 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.
- 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.

Further information:

The GP Out-of-Hours Surveillance System Bulletin can also be downloaded from the PHE Real-time Syndromic Surveillance website which also contains more information about syndromic surveillance:

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

Acknowledgements:

We are grateful to Advanced Health and Care and the GP out-of-hours and unscheduled care service providers who have kindly agreed to participate in this system.

PHE Out-of-Hours/Unscheduled Care Surveillance

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