



14 August 2018

Year: 2018 Week: 32

In This Issue:

- Key Messages.
- Weekly summary.
- Total contacts.
- Syndromic indicators.
- Notes and caveats.
- Further information.
- Acknowledgements.

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: 12 August 2018

Consultations for gastroenteritis and diarrhoea increased in the <1 year age group during week 32 (figures 7a & 8a).

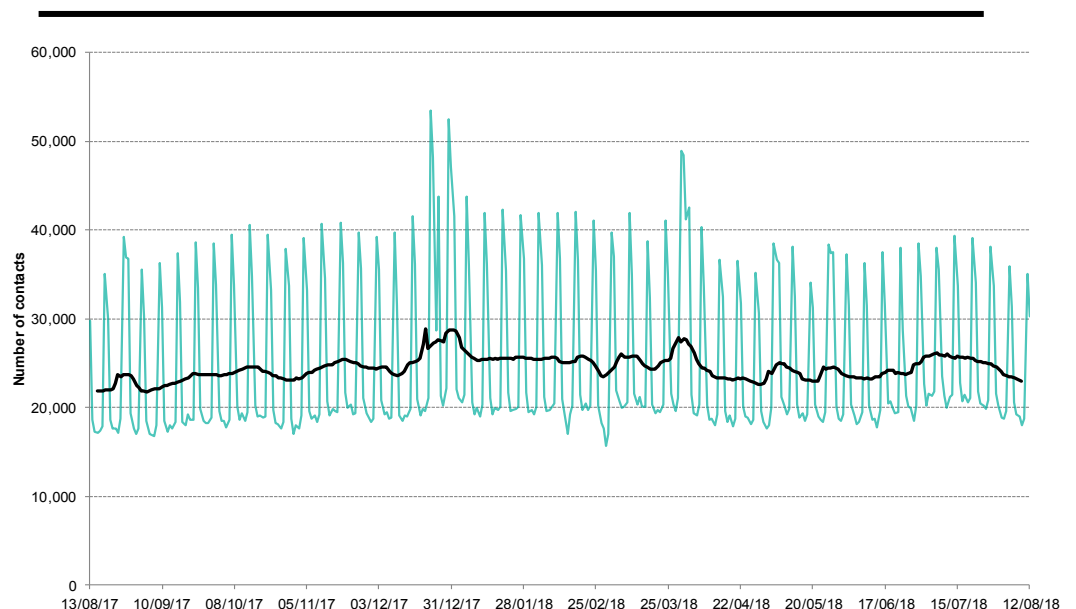
A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance data during this period.

Heat-health watch level (current reporting week): **Level 1/3 Summer preparedness/ Heatwave action**

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

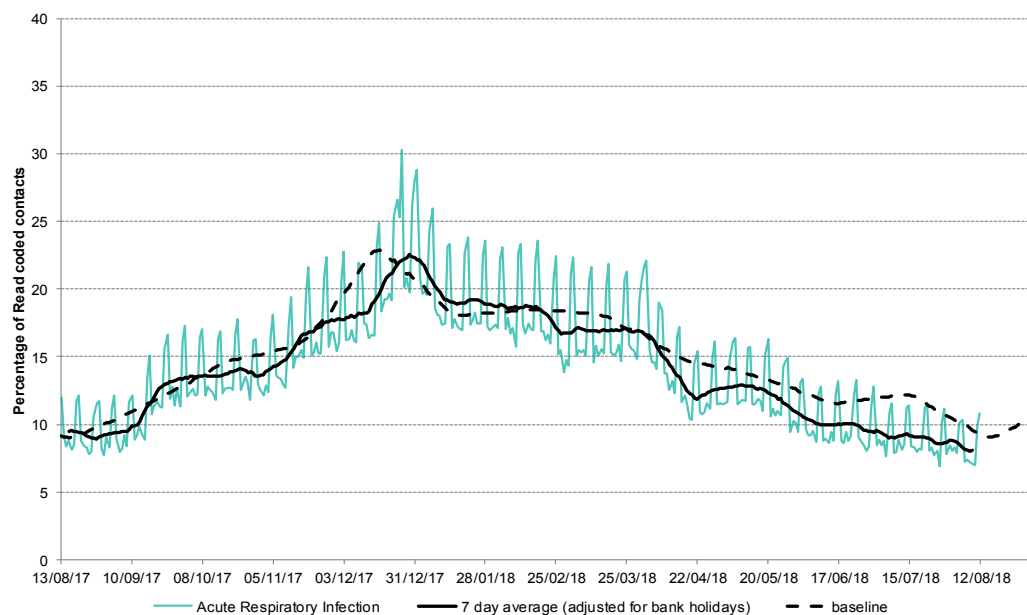
Key indicator	No. of contacts	% Week 32	% Week 31	Trend*
All OOH contacts, all causes	160,757			
Acute respiratory infection	5,988	8.60	9.05	↓
Influenza-like illness	39	0.06	0.07	↔
Bronchitis/bronchiolitis	52	0.07	0.05	↔
Difficulty breathing/wheeze/asthma	961	1.38	1.36	↔
Pharyngitis	41	0.06	0.08	↓
Gastroenteritis	3,054	4.39	4.60	↔
Diarrhoea	850	1.22	1.33	↔
Vomiting	1,051	1.51	1.56	↔
Myocardial infarction	664	0.95	0.86	↑
Heatstroke	8	0.01	0.02	↔

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



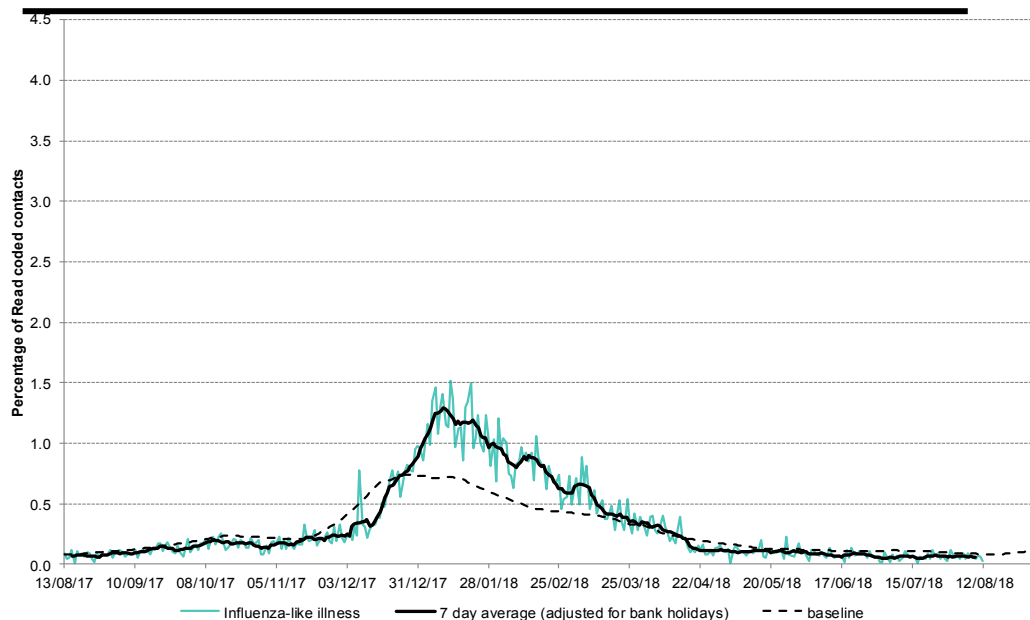
2: Acute Respiratory Infection daily contacts.

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



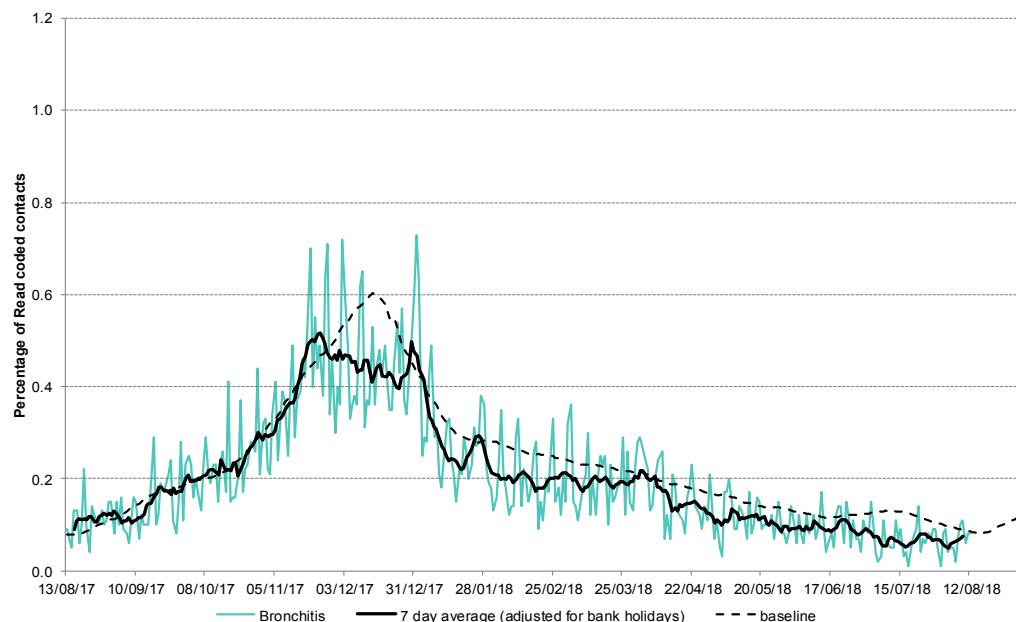
3: Influenza-like illness daily contacts.

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*.



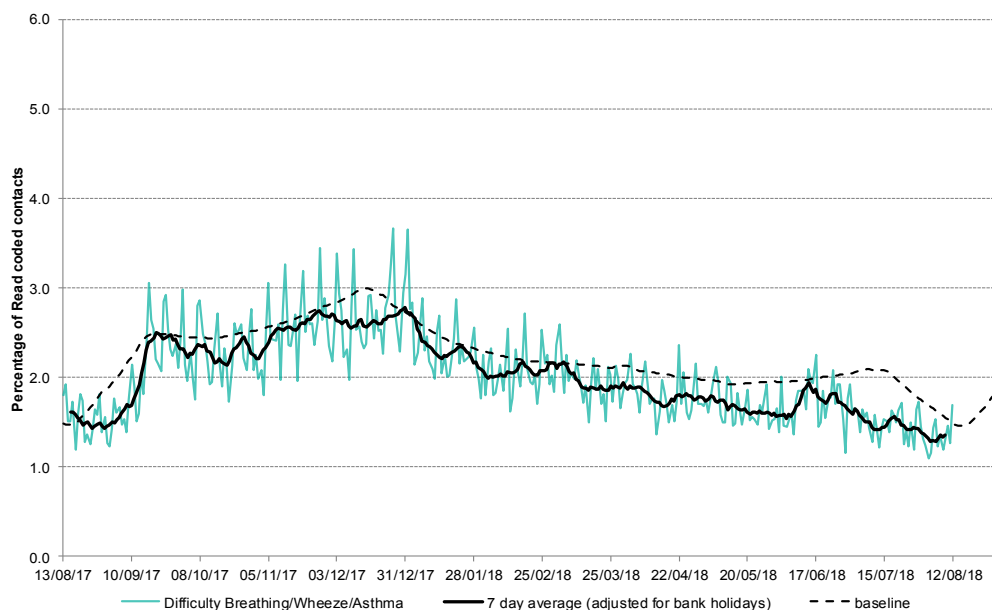
*7-day moving average adjusted for bank holidays.

14 August 2018

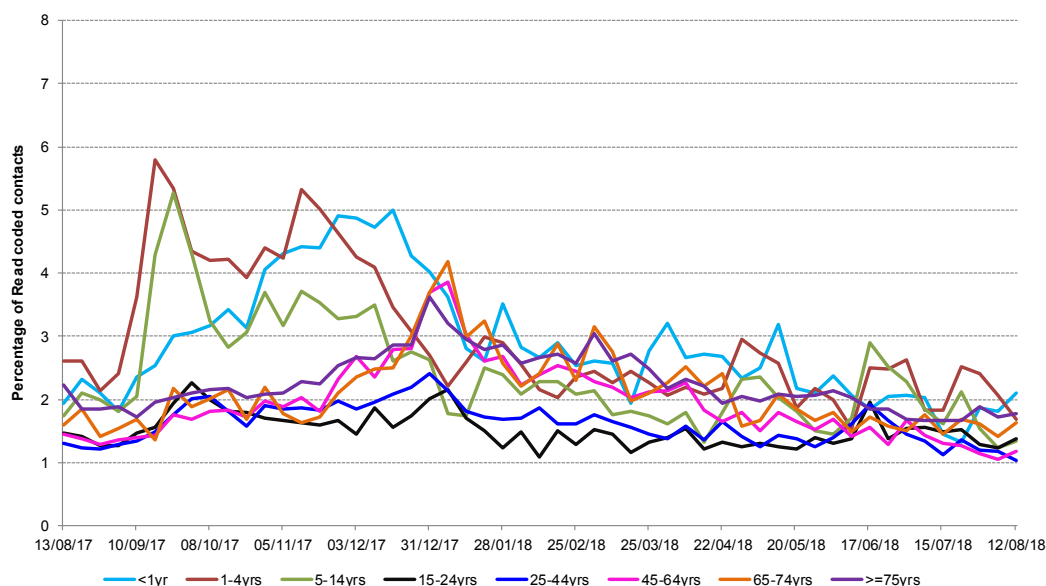
Year: 2018 Week: 32

**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*.

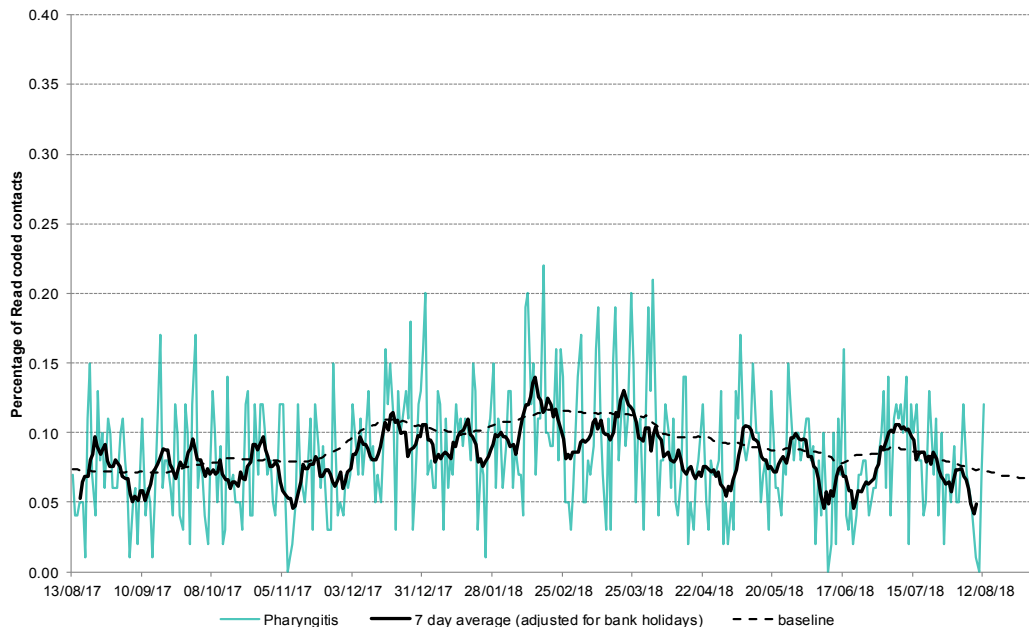


**5a: Difficulty
breathing/wheeze/
asthma daily
contacts by age
group.**



**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*.



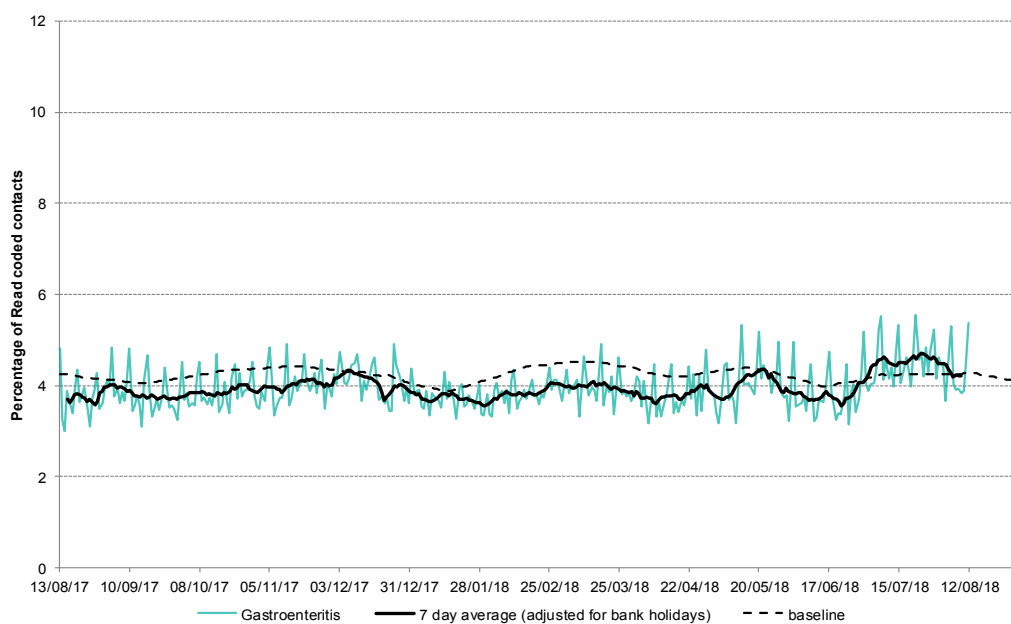
*7-day moving average
adjusted for bank
holidays.

14 August 2018

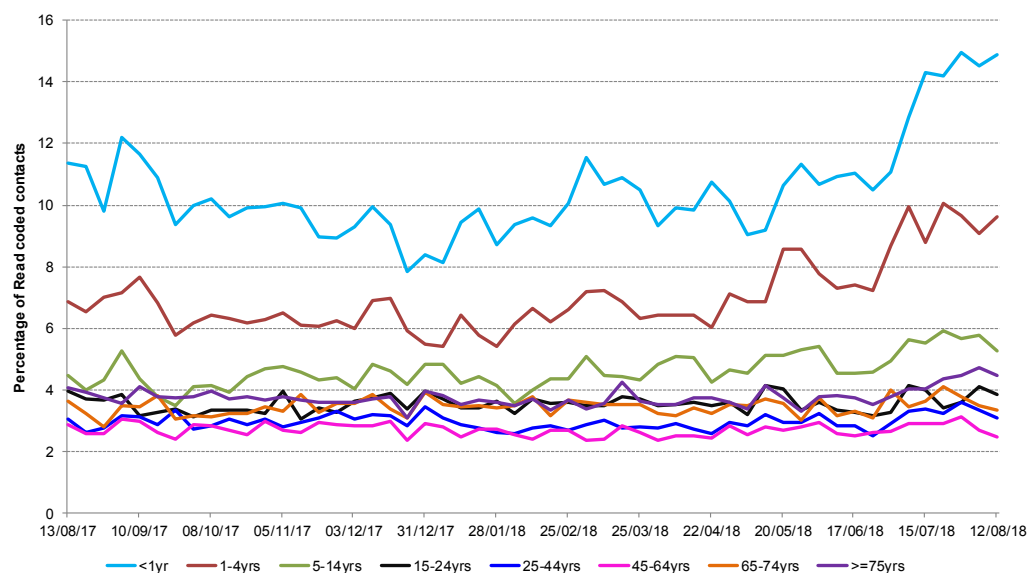
Year: 2018 Week: 32

7: Gastroenteritis daily contacts

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

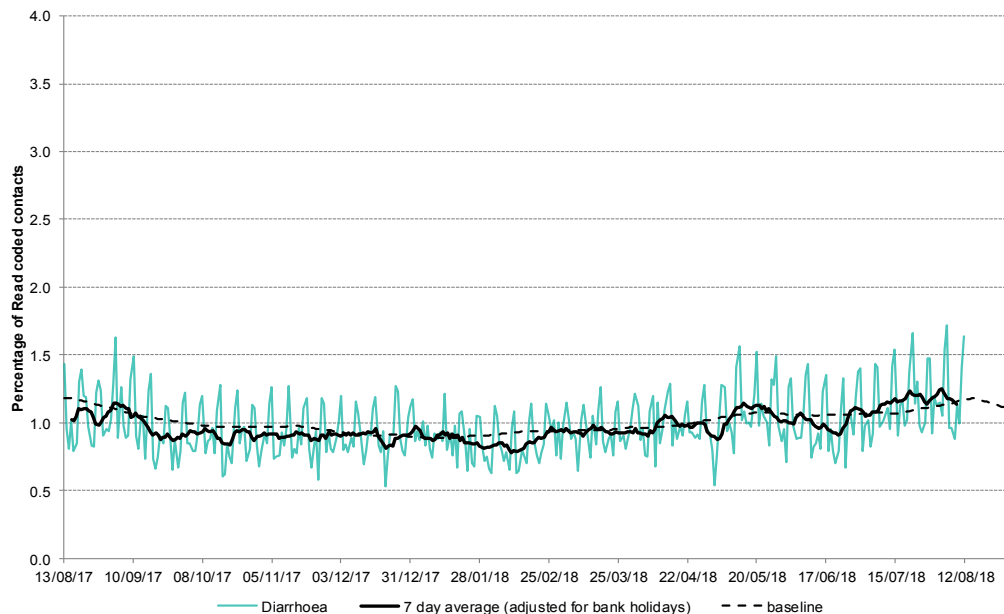


7a: Gastroenteritis weekly contacts by age group.



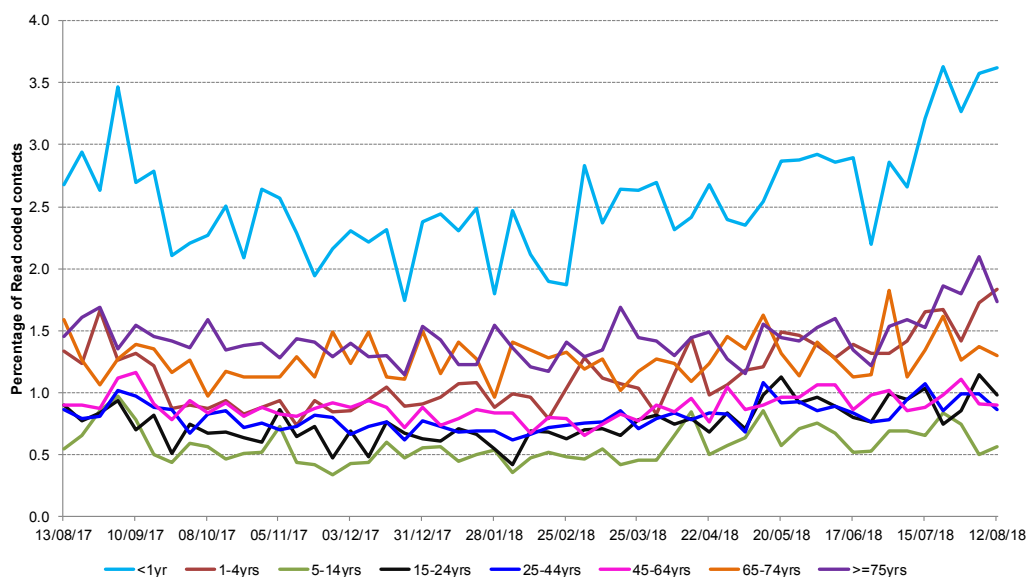
8: Diarrhoea daily contacts.

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



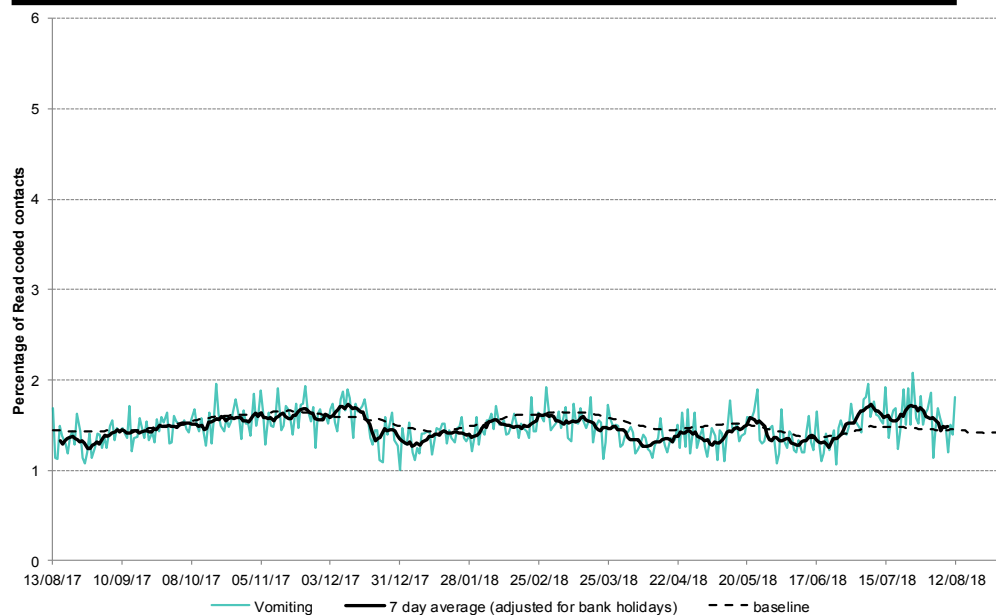
*7-day moving average adjusted for bank holidays.

8a: Diarrhoea weekly contacts by age group.

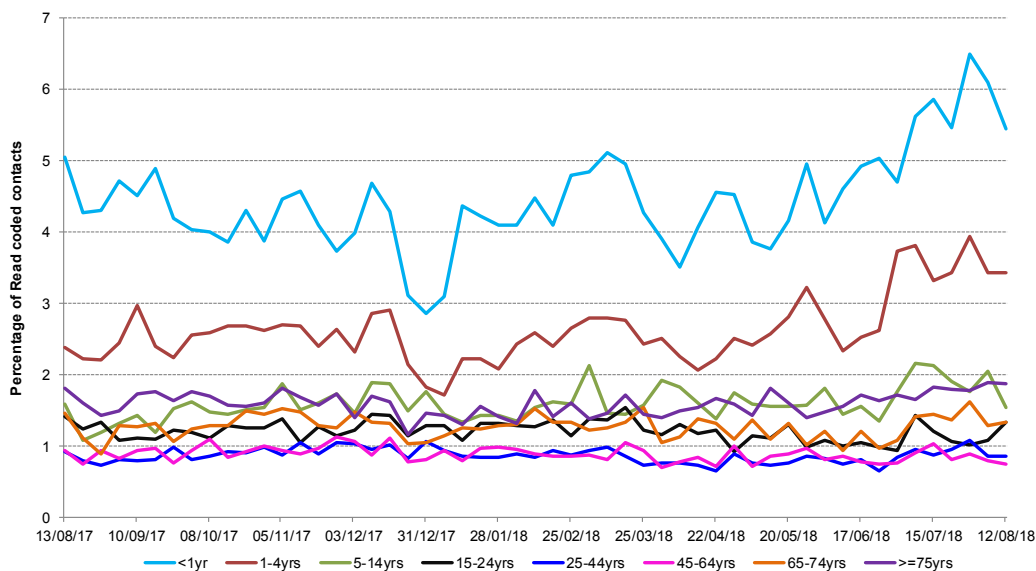


9: Vomiting daily contacts.

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.



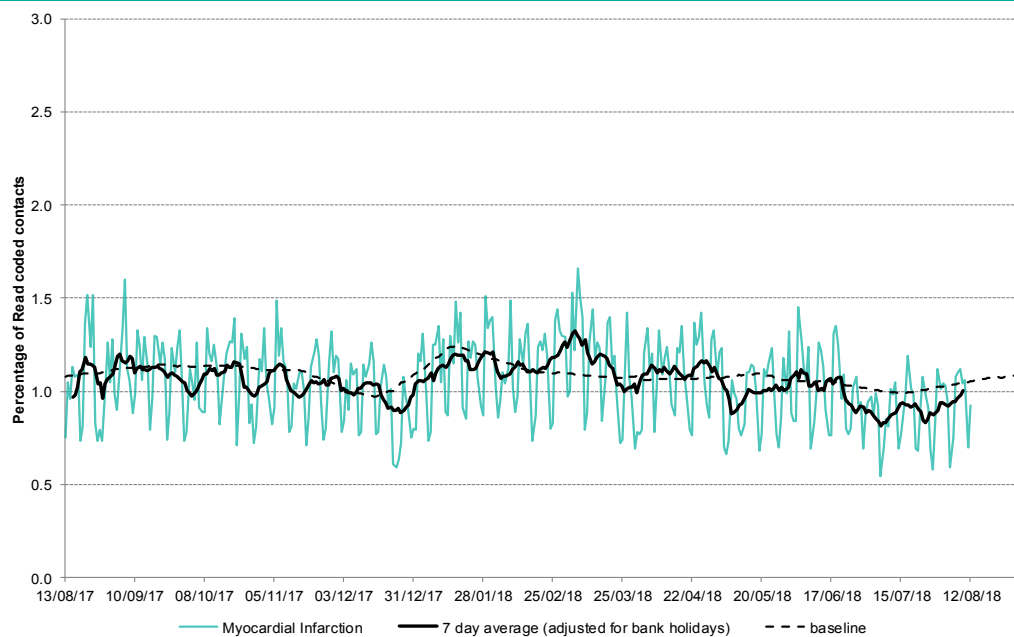
*7-day moving average adjusted for bank holidays.

14 August 2018

Year: 2018 Week: 32

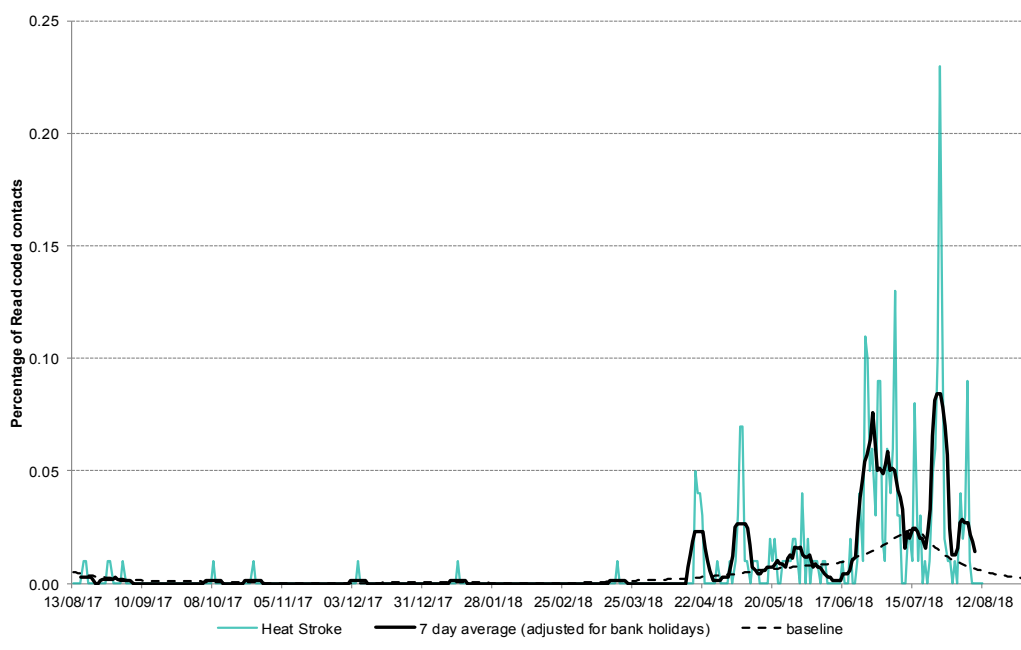
10: Myocardial Infarction daily contacts.

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.

14 August 2018

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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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