



21 November 2016

Year: 2016 Week: 46

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: 20 November 2016

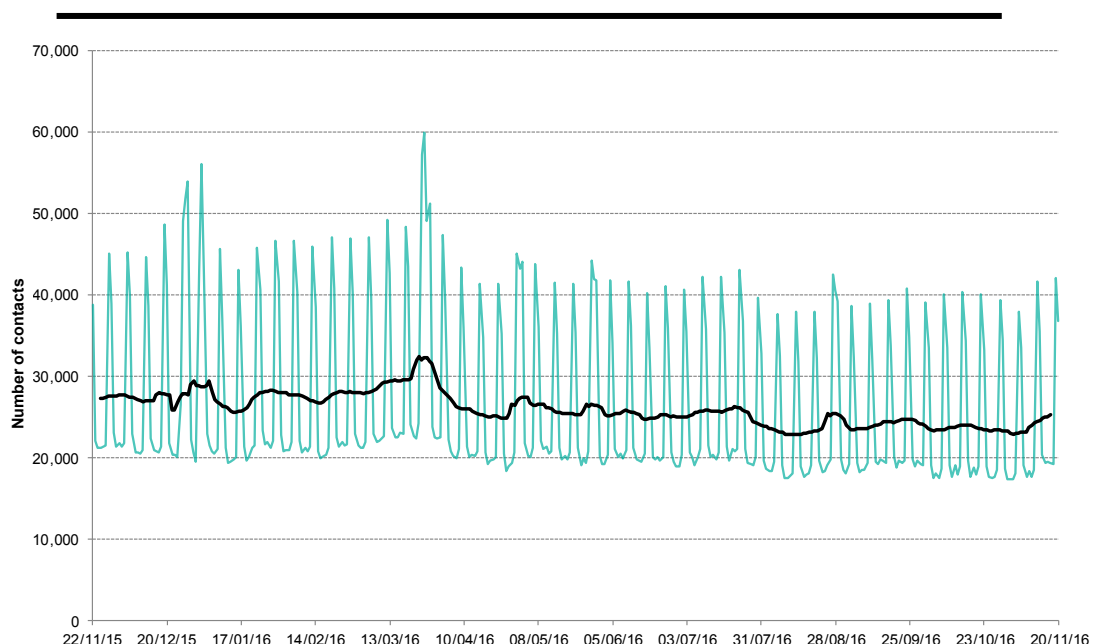
During week 46 there were further seasonal increases in consultations for acute respiratory infection (figure 2), and bronchitis/bronchiolitis in children aged under 1 years (figure 4a) in line with increases in laboratory reports for respiratory syncytial virus (RSV).

A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance team will be monitoring the impact of cold weather on syndromic surveillance data during this period.

Cold weather alert level (current reporting week): **Level 1/2 Winter Preparedness and Action/Alert and Readiness**
<http://www.metoffice.gov.uk/weather/uk/coldweatheralert/>

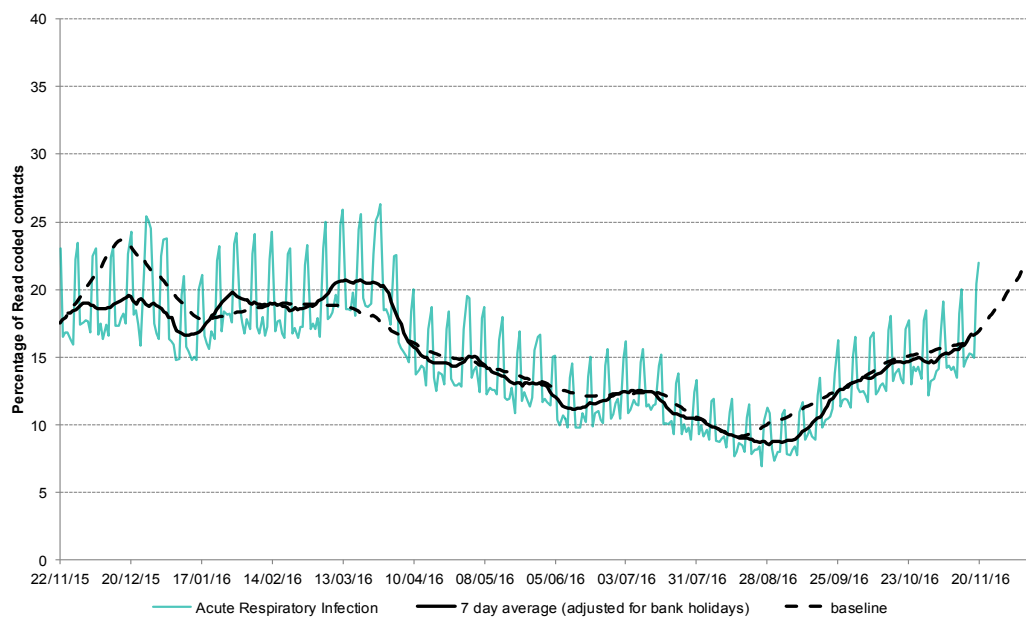
Key indicator	No. of contacts	% Week 46	% Week 45	Trend*
All OOH contacts, all causes	176,504			
Acute respiratory infection	15,809	17.94	16.58	↑
Influenza-like illness	195	0.22	0.22	↔
Bronchitis/bronchiolitis	487	0.55	0.45	↑
Difficulty breathing/wheeze/asthma	2,386	2.71	2.51	↑
Pharyngitis	69	0.08	0.09	↔
Gastroenteritis	4,488	5.09	5.12	↑
Diarrhoea	890	1.01	1.06	↔
Vomiting	1,676	1.90	1.89	↔
Myocardial infarction	860	0.98	1.00	↔

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

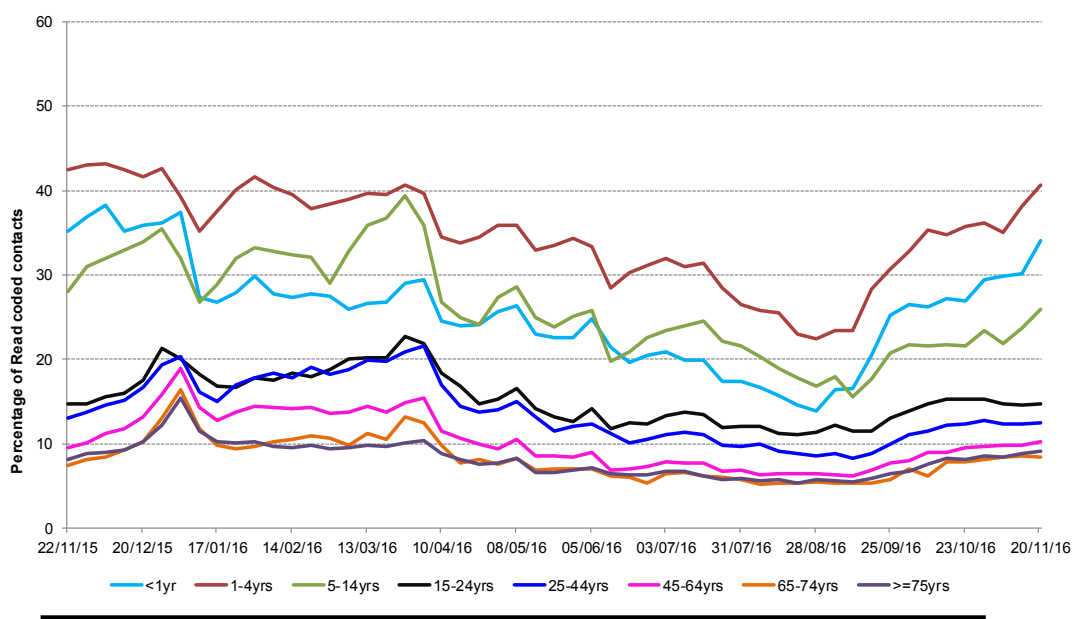


2: Acute Respiratory Infection daily contacts.

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

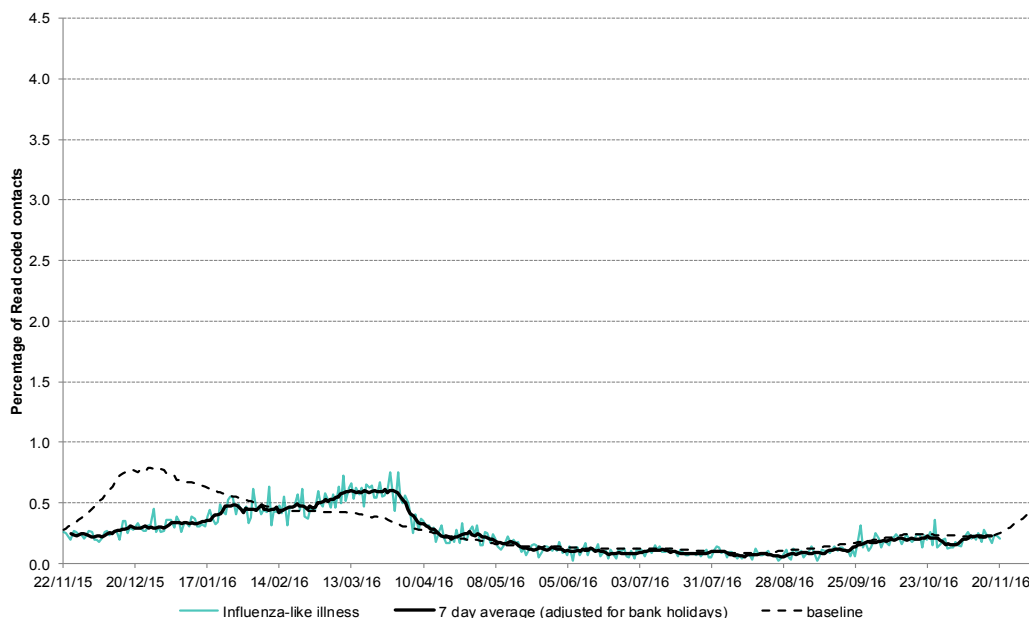


2a: Acute respiratory infection weekly contacts by age group.



3: Influenza-like illness daily contacts.

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



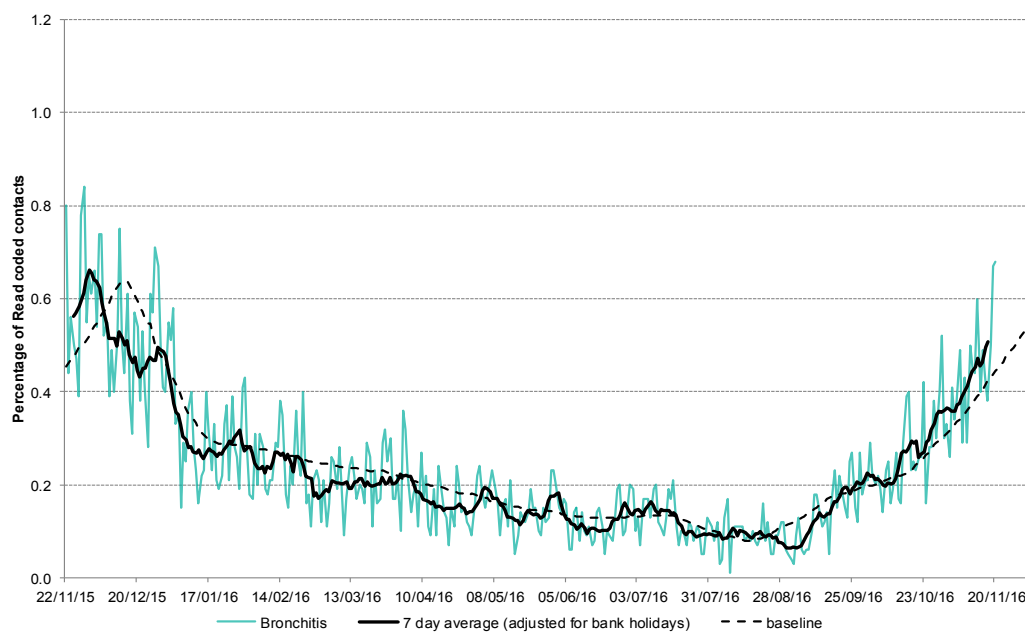
*7-day moving average adjusted for bank holidays.

21 November 2016

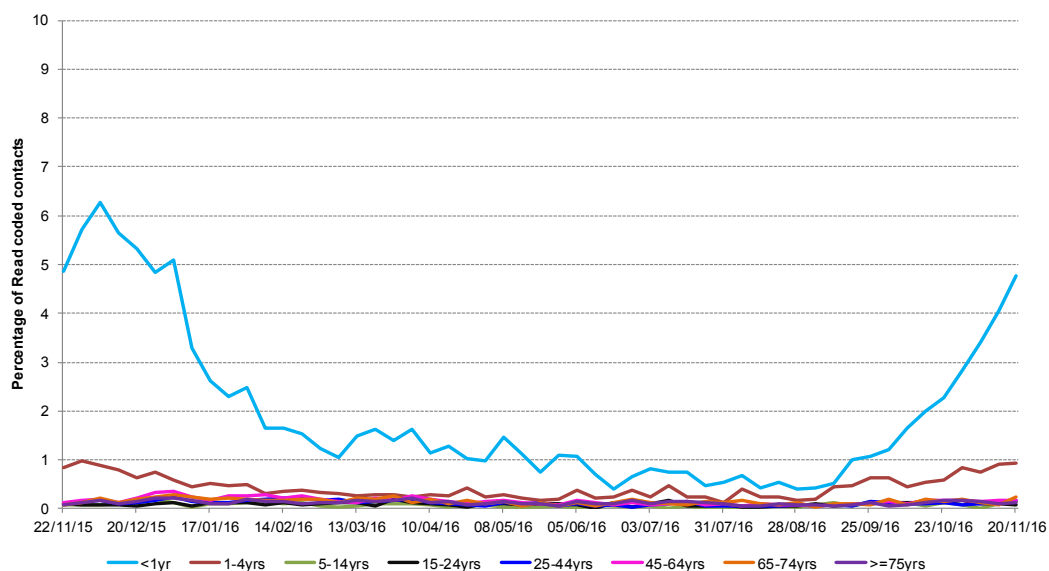
Year: 2016 Week: 46

**4: Bronchitis/
bronchiolitis daily
contacts.**

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



**4a: Bronchitis/
bronchiolitis weekly
contacts by age
group.**



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*7-day moving average adjusted for bank holidays.

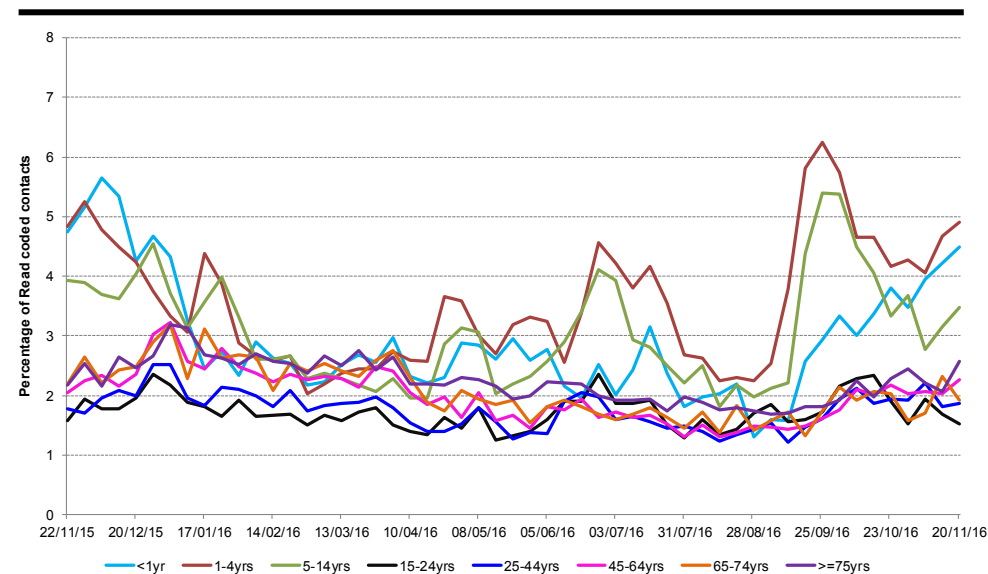
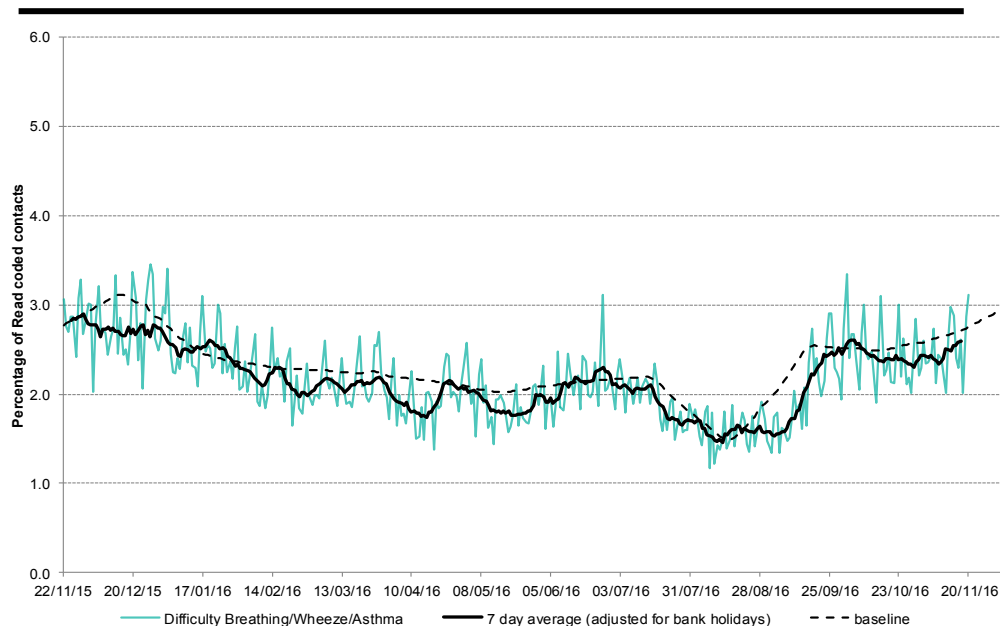
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**5: Difficulty breathing/
wheeze/asthma daily
contacts.**

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

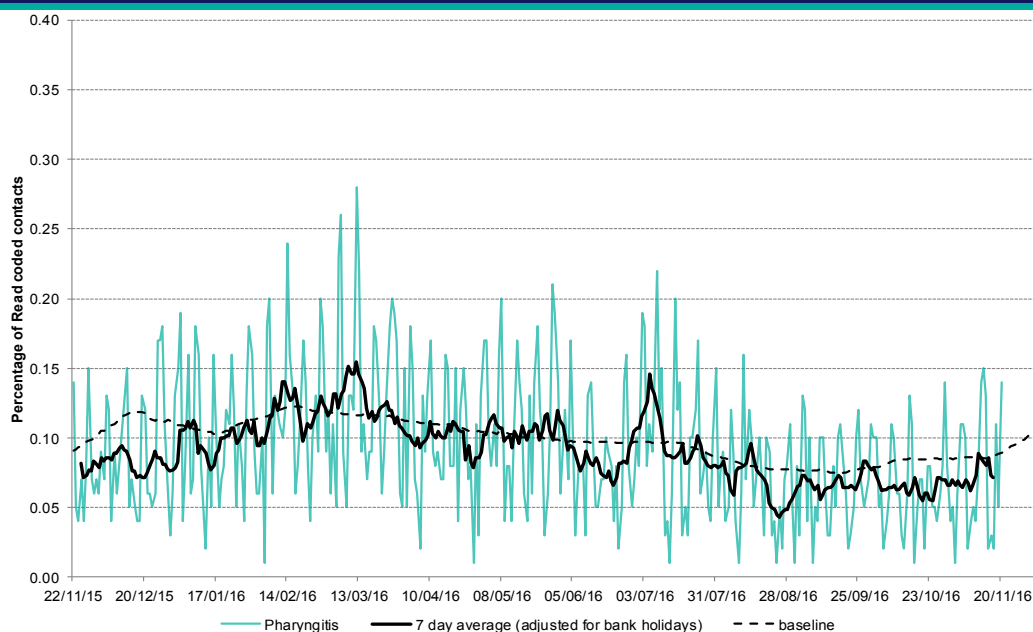
**5a: Difficulty
breathing/wheeze/
asthma weekly
contacts by age
group.**

*7-day moving average
adjusted for bank
holidays.



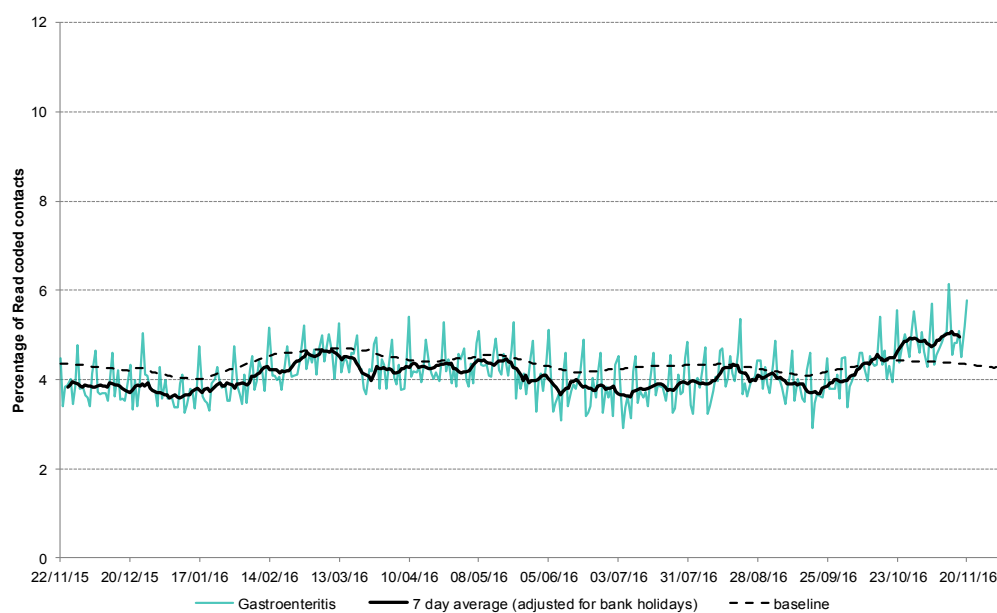
6: Acute pharyngitis and persistent sore throat.

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



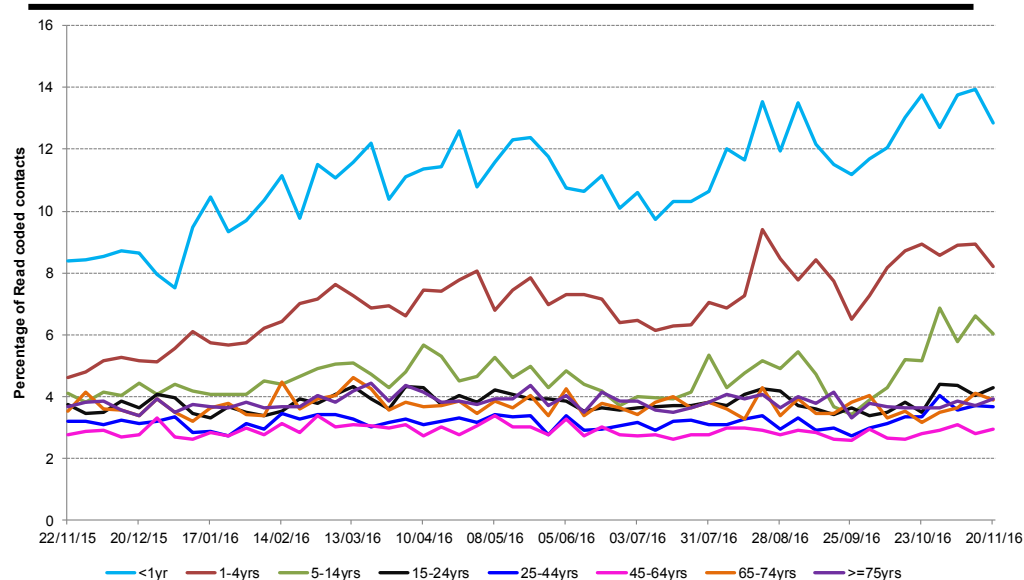
7: Gastroenteritis daily contacts

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



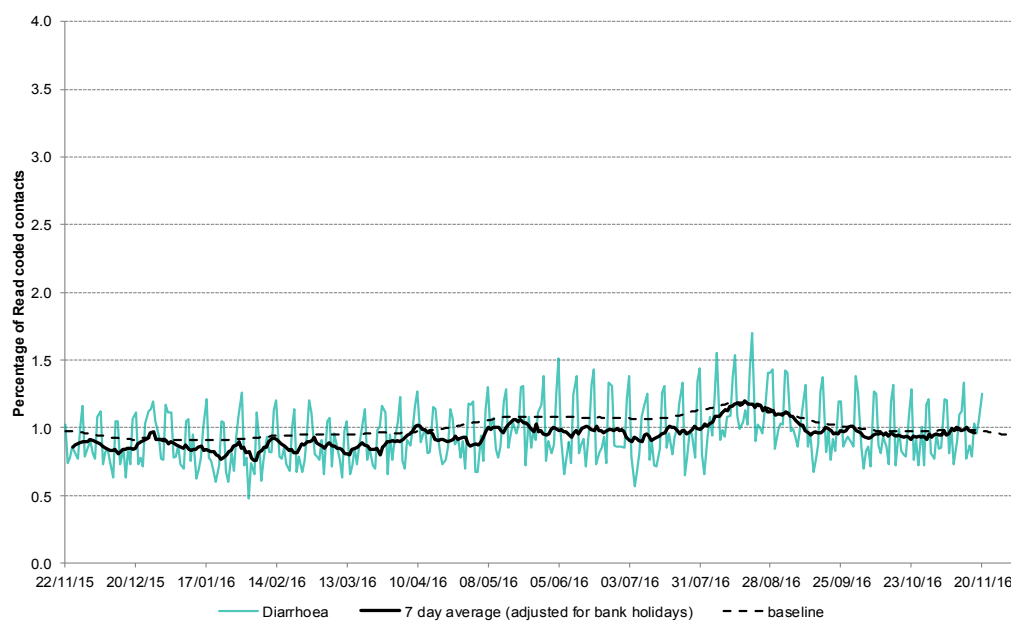
7a: Gastroenteritis weekly contacts by age group.

*7-day moving average adjusted for bank holidays.



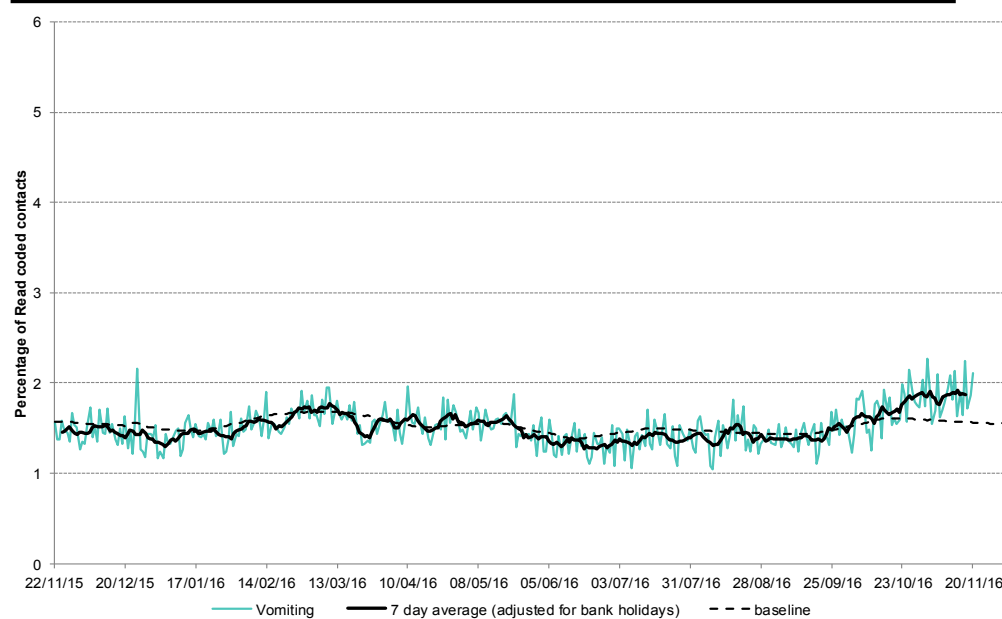
8: Diarrhoea daily contacts.

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

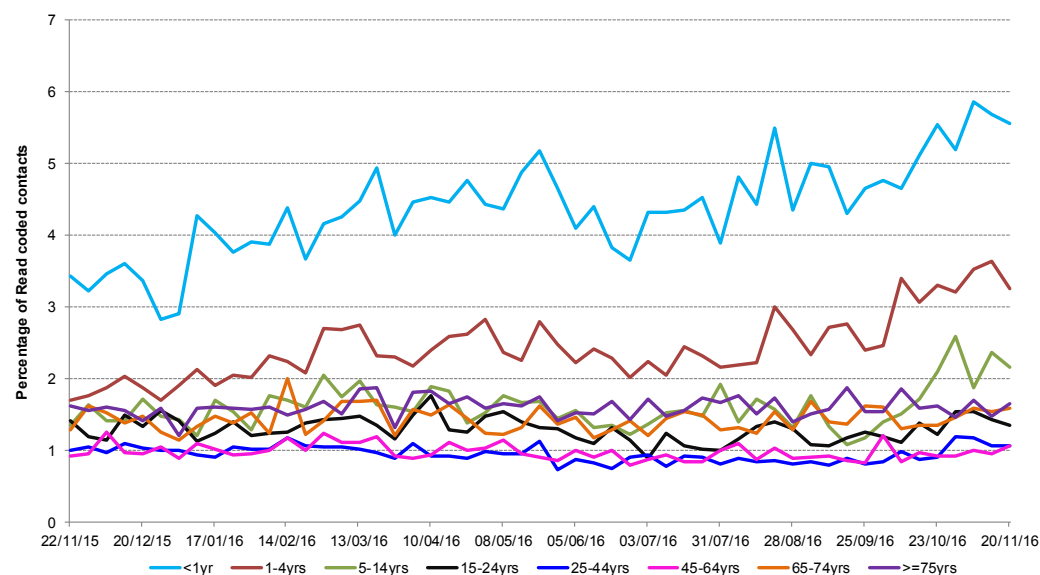


9: Vomiting daily contacts.

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.



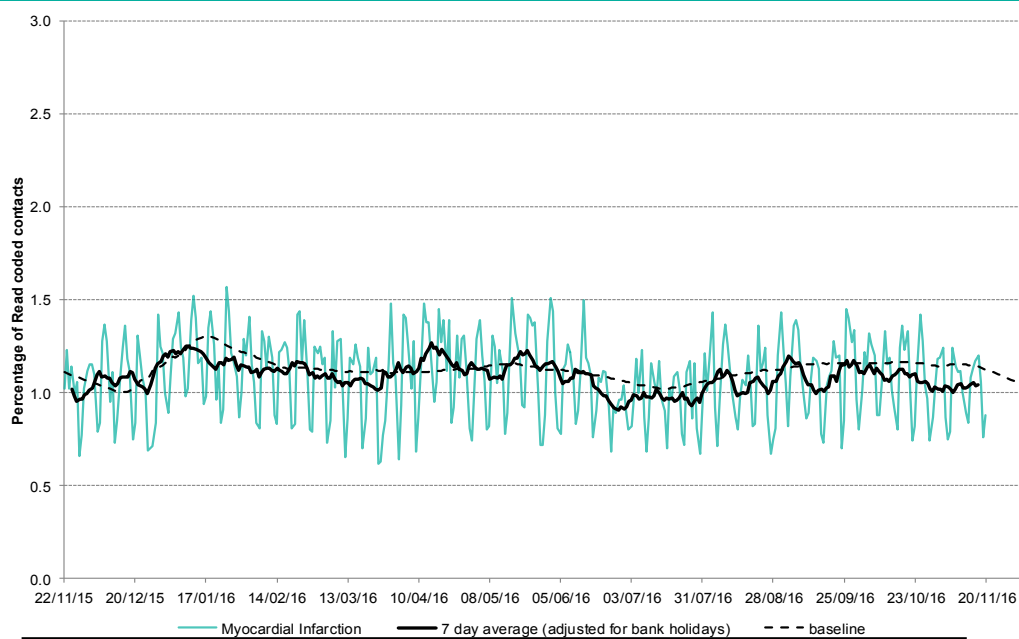
*7-day moving average adjusted for bank holidays.

21 November 2016

Year: 2016 Week: 46

10: Myocardial Infarction daily 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.

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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