



11 January 2016

Year: 2016 Week: 01

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: 10 January 2016

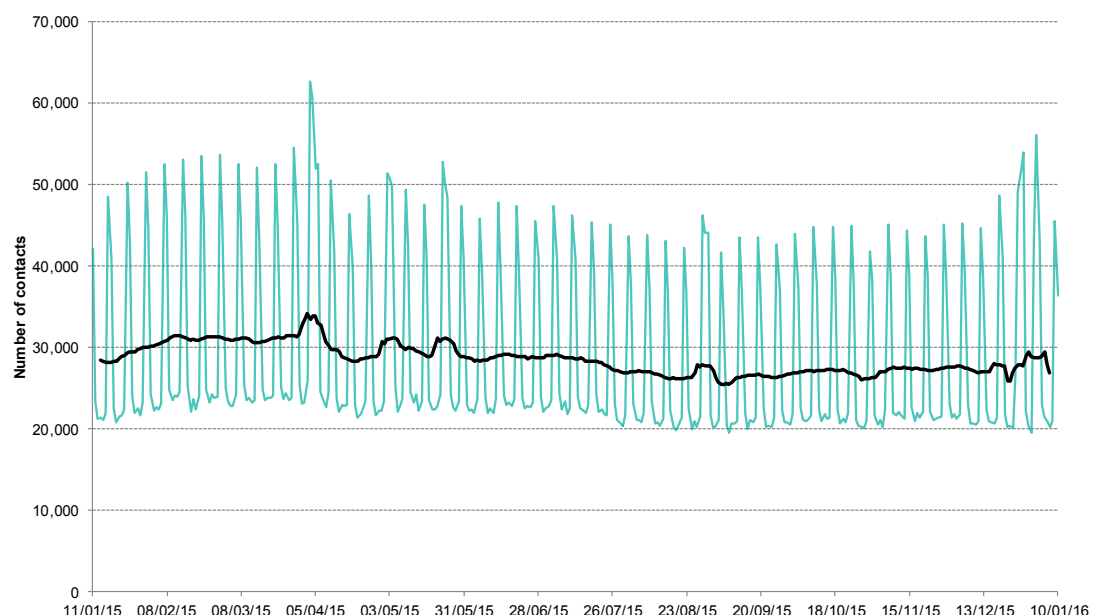
There were further decreases in GP out of hours consultations for acute respiratory infection and bronchitis during week 1 (figures 2 and 4).

Consultations for influenza-like illness remained stable (figure 3).

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 – Winter preparedness**
<http://www.metoffice.gov.uk/weather/uk/coldweatheralert/>

Key indicator	No. of contacts	% Week 01	% Week 53	Trend*
All OOH contacts, all causes	188,117			
Acute respiratory infection	15,568	17.91	22.24	↓
Influenza-like illness	281	0.32	0.32	↔
Bronchitis/bronchiolitis	284	0.33	0.55	↓
Difficulty breathing/wheeze/asthma	2,195	2.53	3.03	↓
Pharyngitis	108	0.12	0.12	↑
Gastroenteritis	3,273	3.77	3.84	↔
Diarrhoea	795	0.91	1.05	↔
Vomiting	1,226	1.41	1.30	↓
Myocardial infarction	1,009	1.16	1.02	↑

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

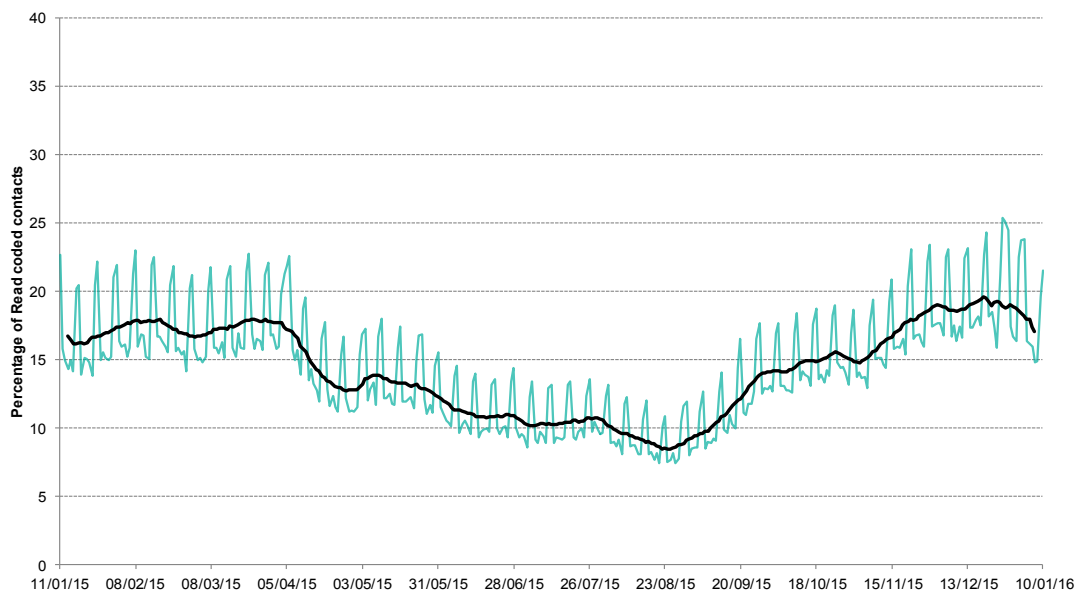


11 January 2016

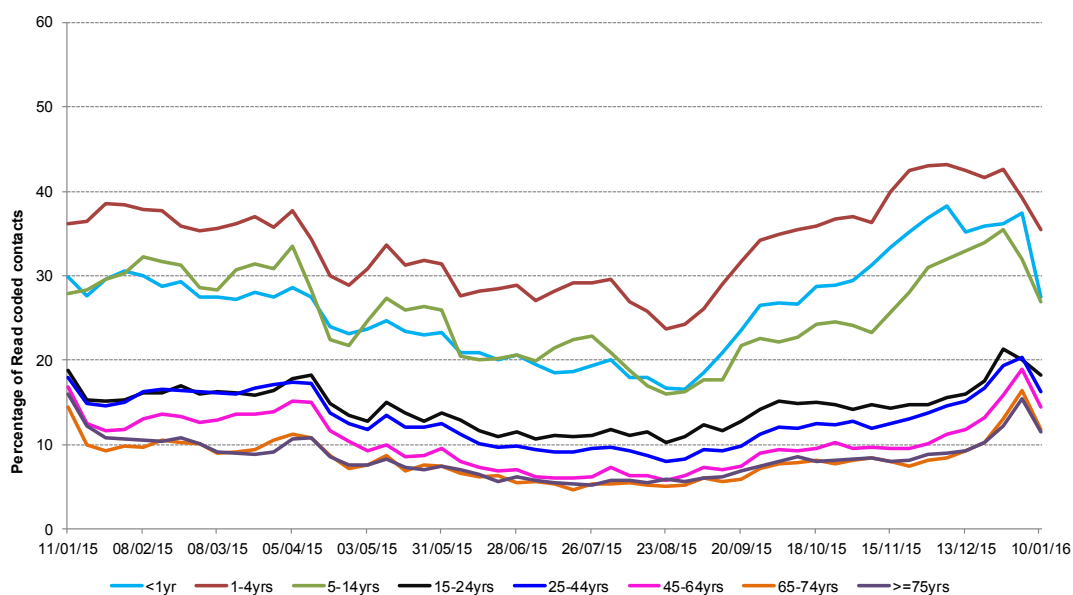
Year: 2016 Week: 01

2: Acute Respiratory Infection daily contacts.

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

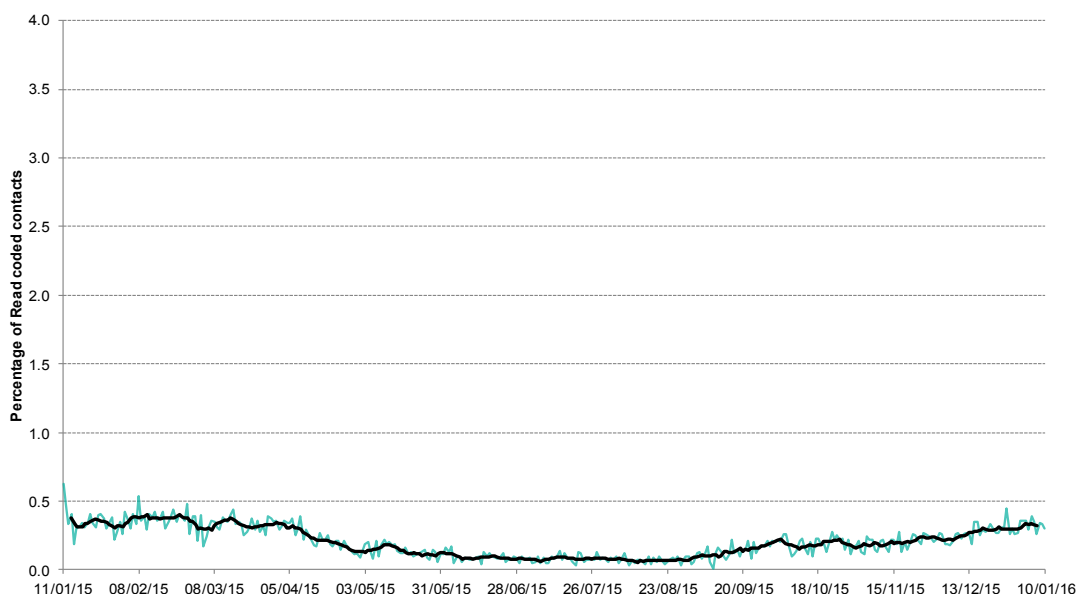


2a: Acute respiratory infection weekly contacts by age group.



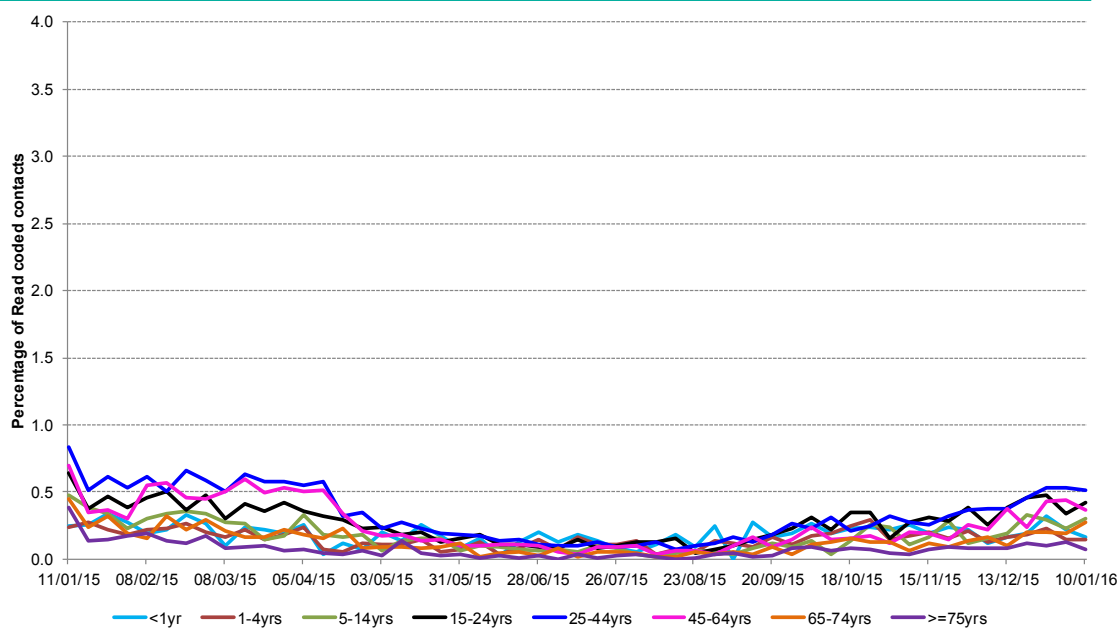
3: Influenza-like illness daily contacts.

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



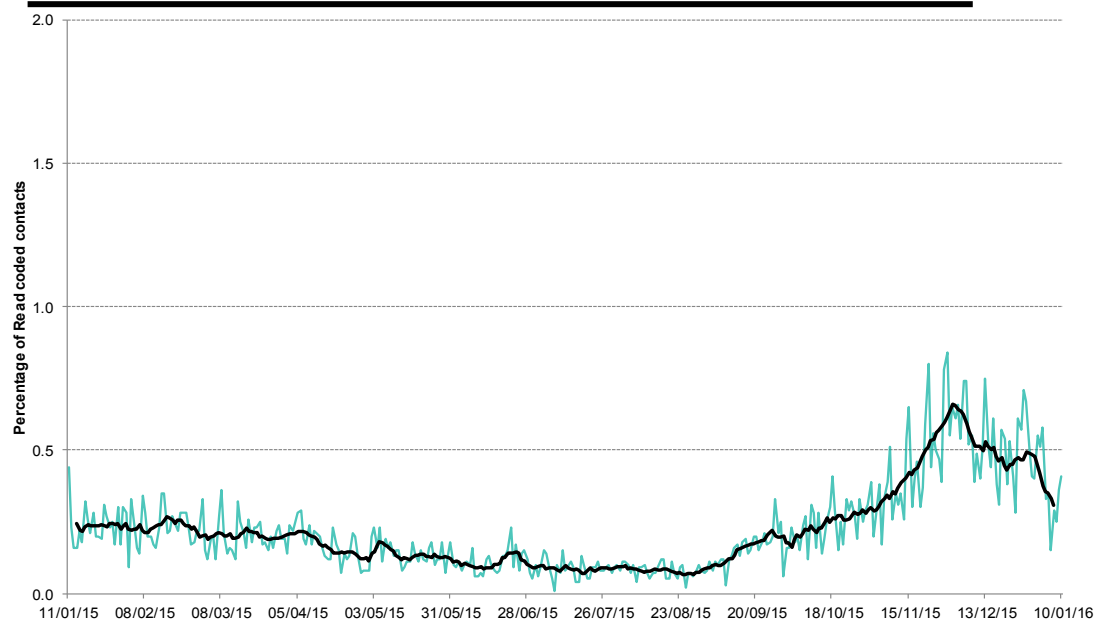
*7-day moving average adjusted for bank holidays.

3a: Influenza-like illness daily contacts by age group.

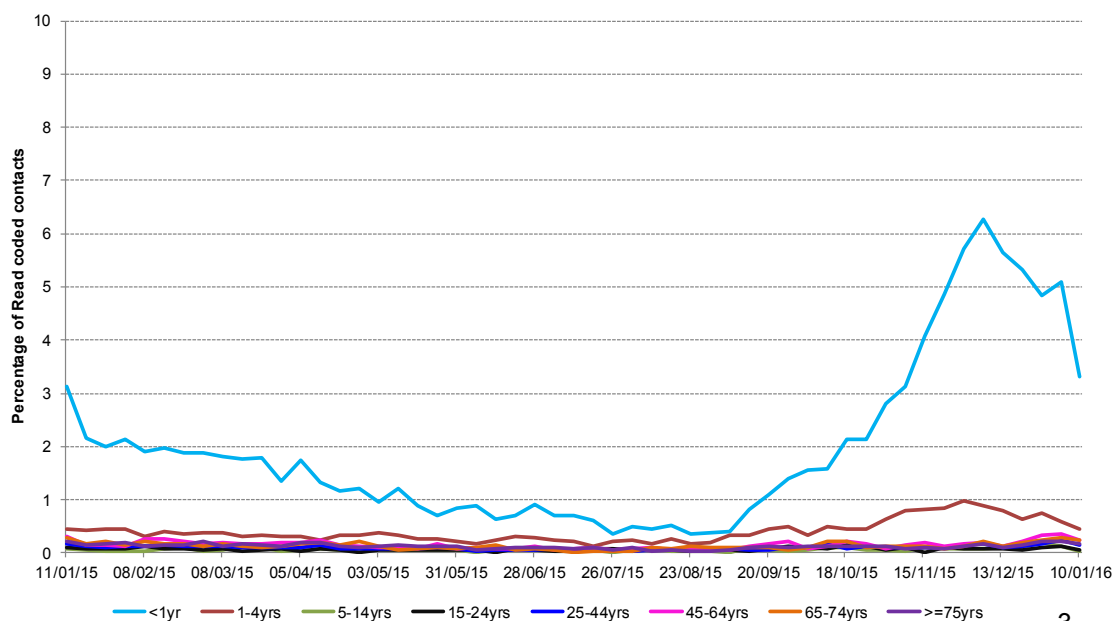


4: Bronchitis/ bronchiolitis daily contacts.

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



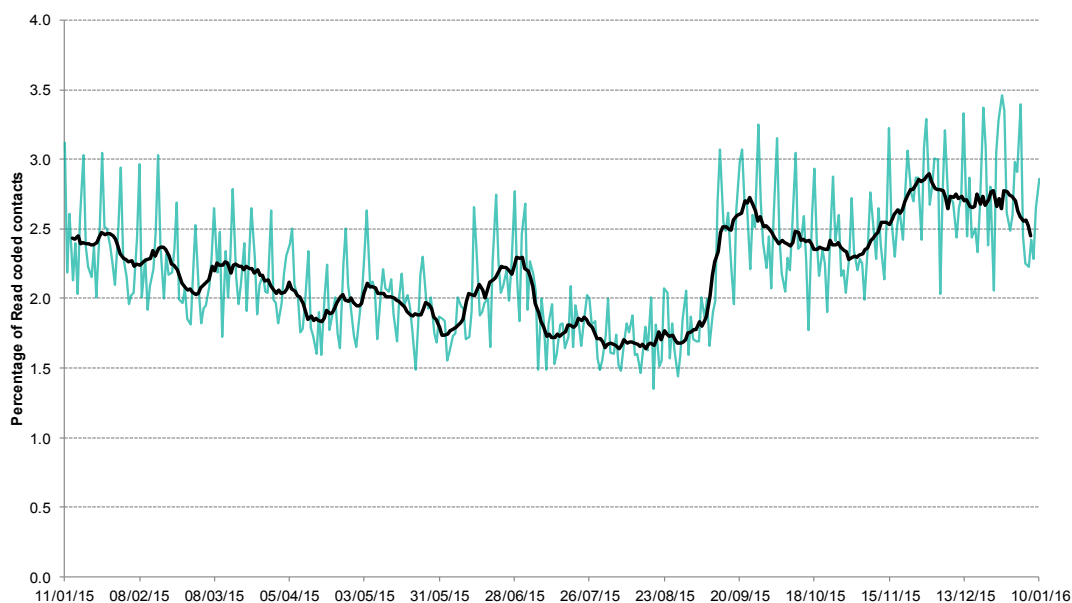
4a: Bronchitis/ bronchiolitis daily contacts by age group.



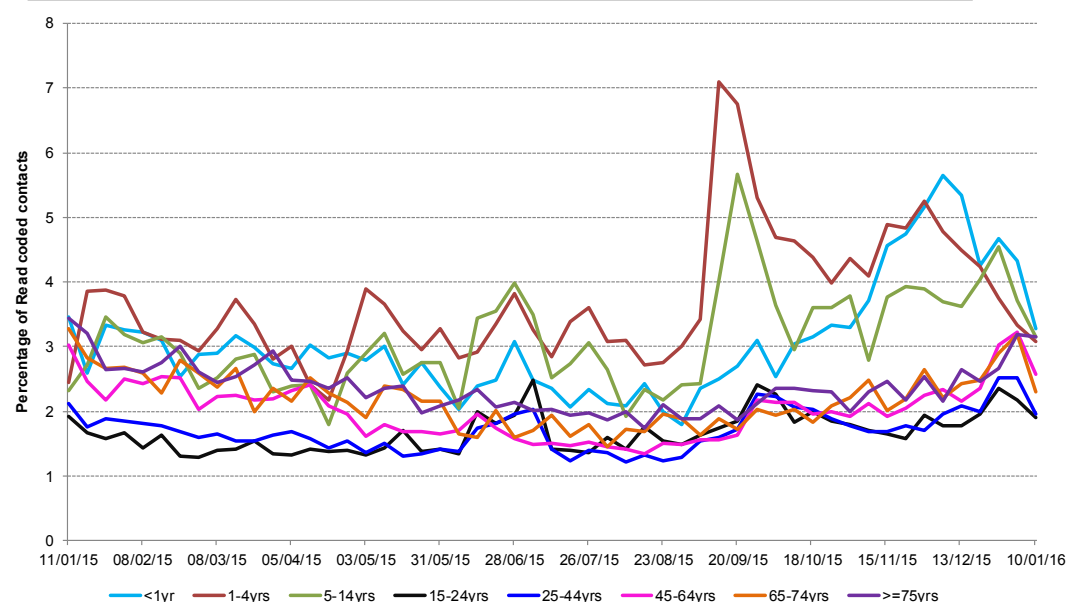
*7-day moving average adjusted for bank holidays.

**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*.

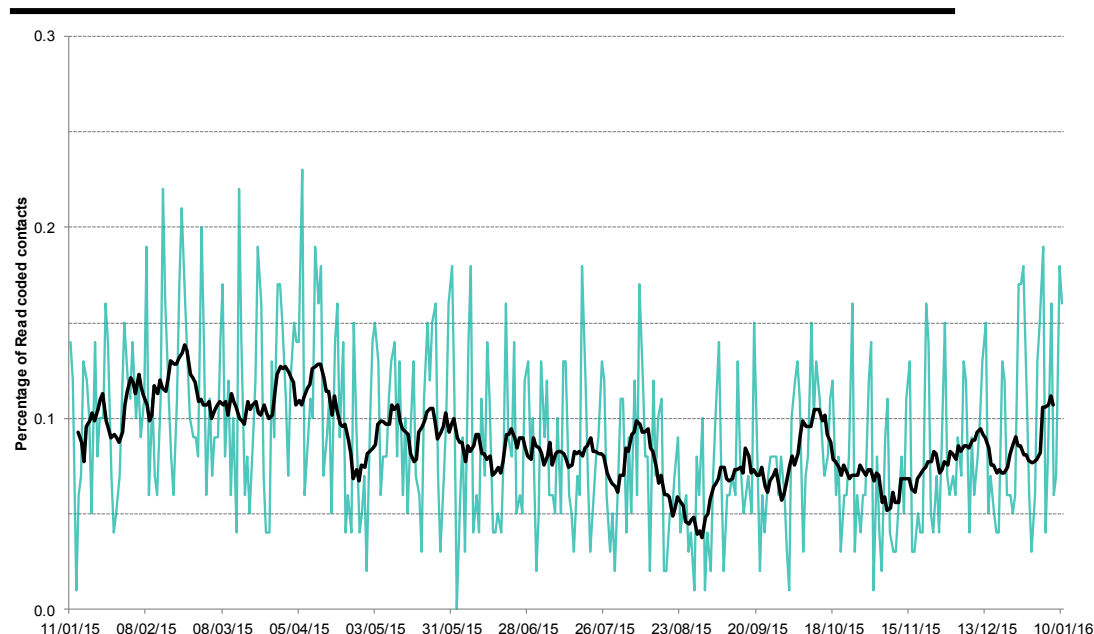


**5a: Difficulty
breathing/wheeze/
asthma weekly
contacts by age
group.**



**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*.



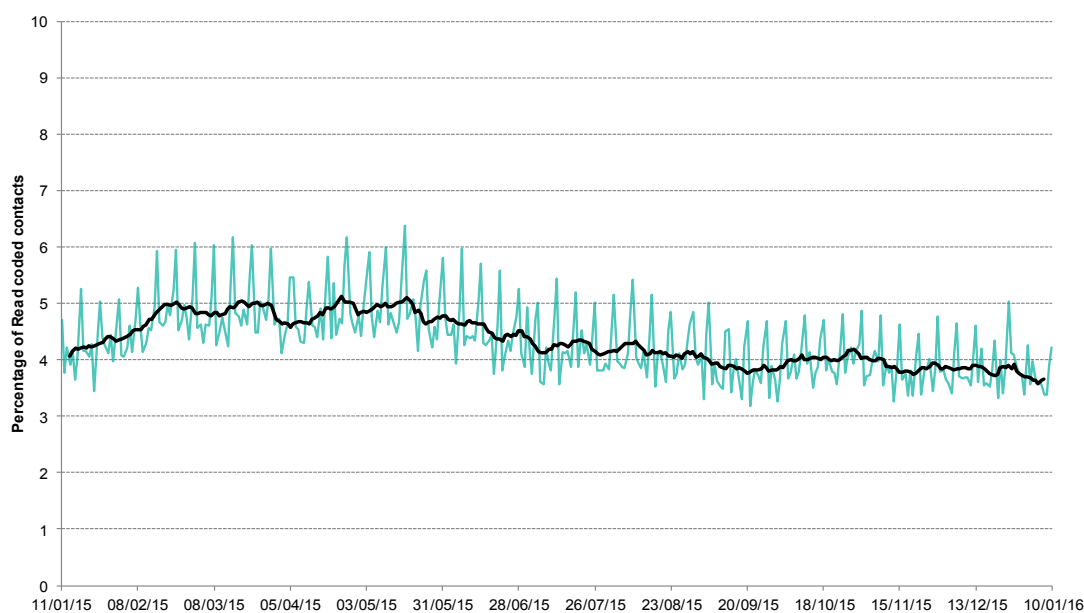
*7-day moving average
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11 January 2016

Year: 2016 Week: 01

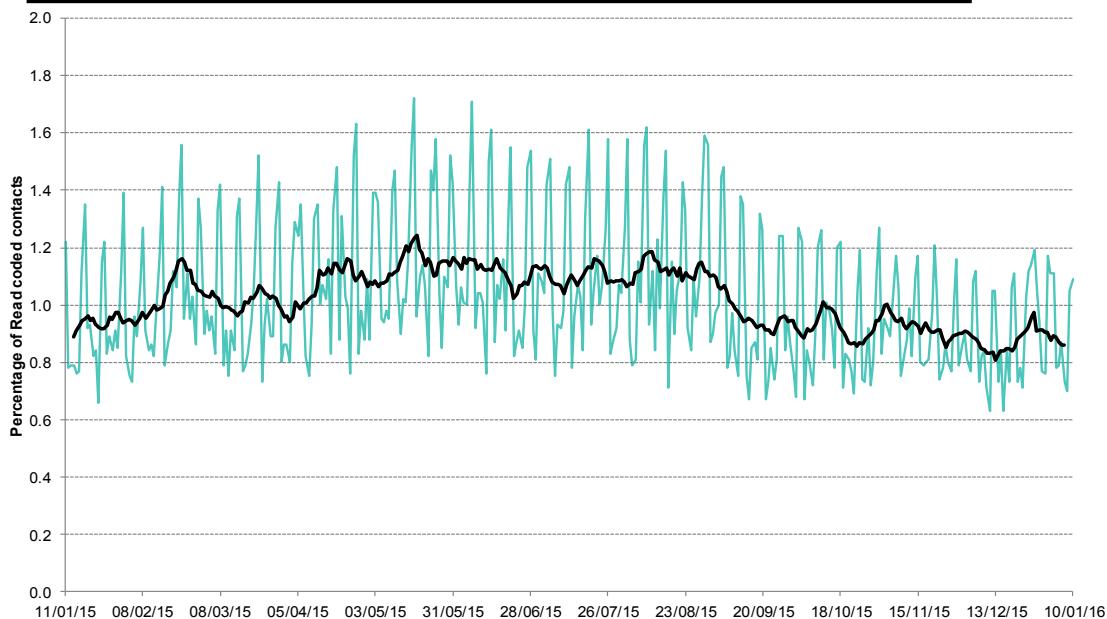
7: Gastroenteritis daily contacts

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



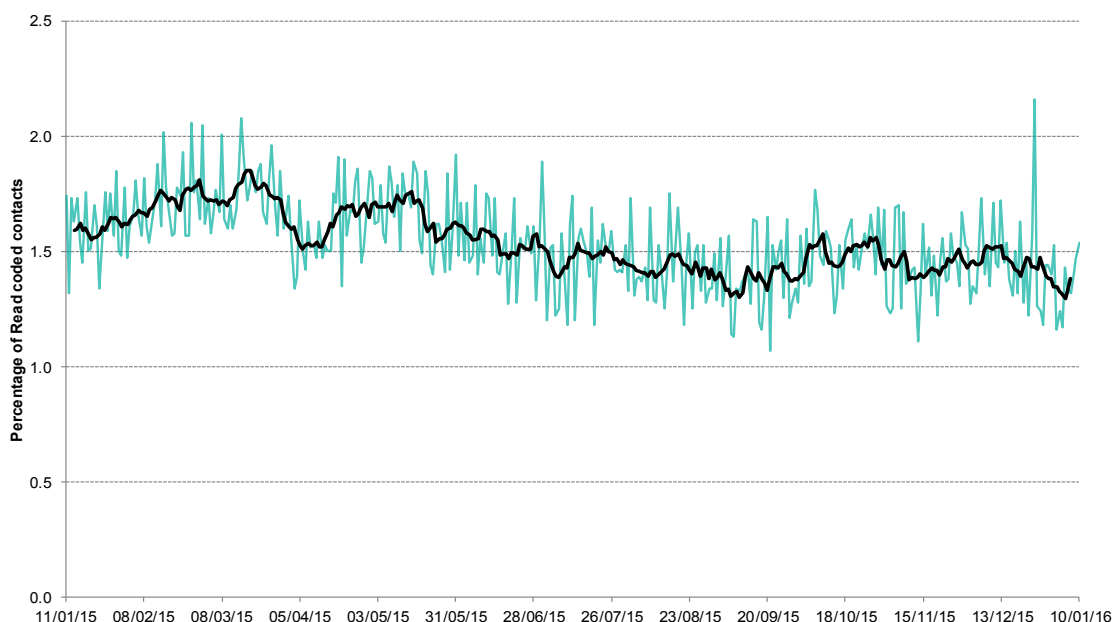
8: Diarrhoea daily contacts.

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*.



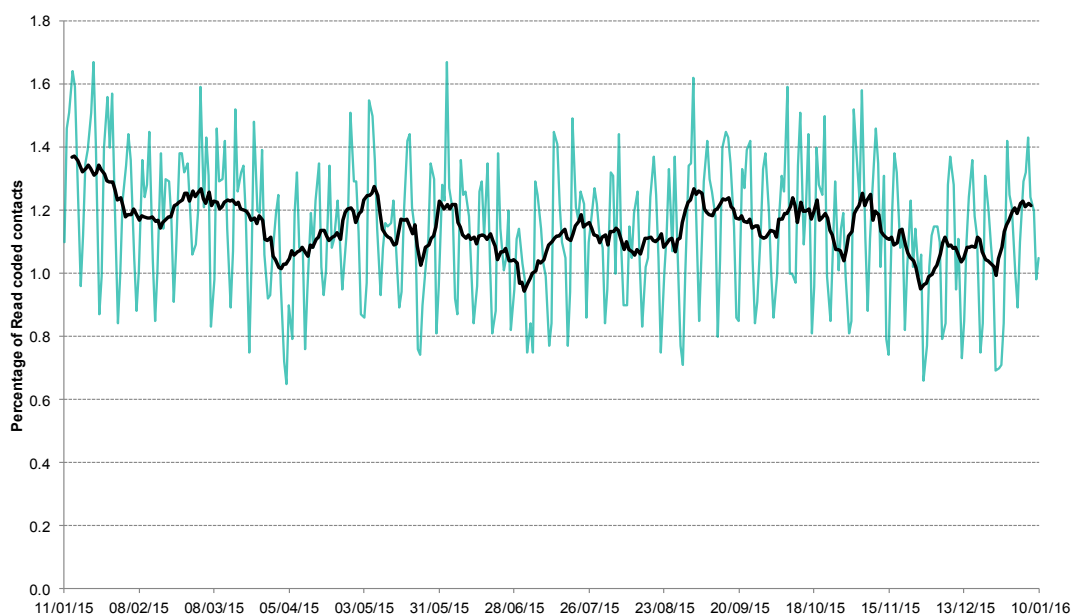
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11 January 2016

Year: 2016 Week: 01

**10: Myocardial
Infarction daily
contacts.**

Shown as a percentage
of the total contacts with
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day average*.



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*7-day moving average
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11 January 2016

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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 new 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.

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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