

GP OOHSS

GP Out-of-Hours Surveillance System: England

Data to: 07 December 2014

10 December 2014 Year: 2014 Week: 49

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Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

Key messages

Consultations for influenza-like illness started to rise in week 49 (figure 3). Influenza-like illness consultations have risen particularly in the 15-44 year age group (figure 3a).

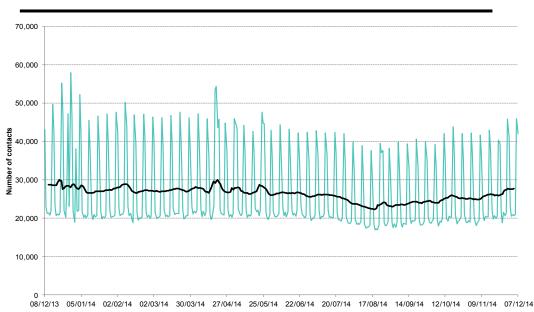
A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance team will be monitoring the impact of cold weather on syndromic surveillance data during this period. Cold weather alert level (current reporting week): Level 1 – Winter preparedness and action http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

	No. of	%	%	
Key indicator	contacts	Week 49	Week 48	Trend*
All OOH contacts, all causes	193,527			
Acute respiratory infection	22,890	22.18	20.23	^
Influenza-like illness	366	0.35	0.27	^
Bronchitis/bronchiolitis	584	0.57	0.50	^
Difficulty breathing/wheeze/asthma	3,409	3.30	3.17	^
Gastroenteritis	4,645	4.50	4.55	•
Diarrhoea	1,048	1.02	1.07	lack
Vomiting	1,697	1.64	1.65	←→
Myocardial infarction	968	0.94	1.00	ullet
Pharyngitis	138	0.13	0.12	←→

^{*}Trend: reports on the trend seen over previous weeks in the 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).





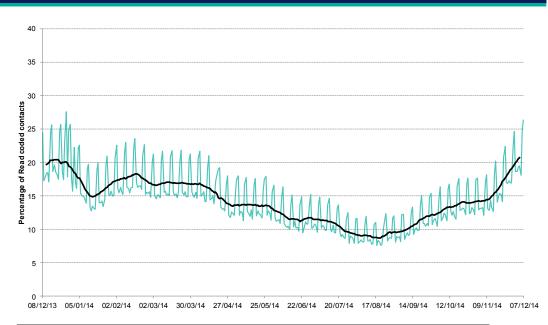
2: Acute Respiratory Infection daily contacts.

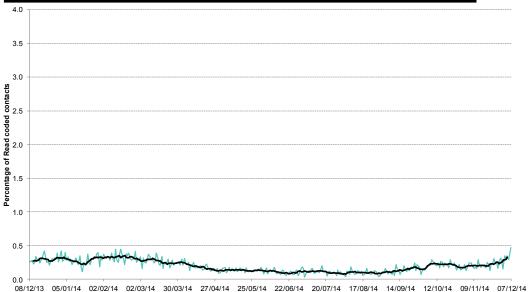
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

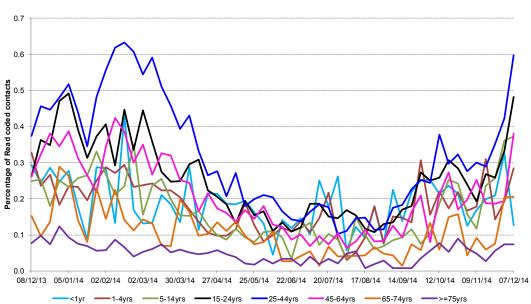
3: Influenza-like illness daily contacts.

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

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





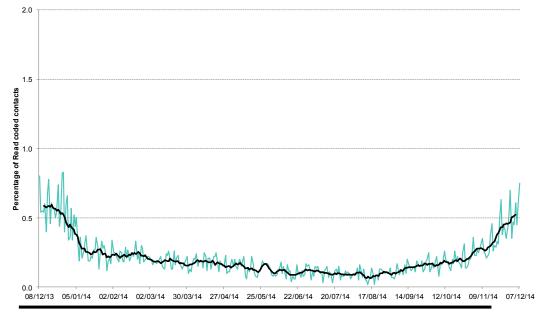


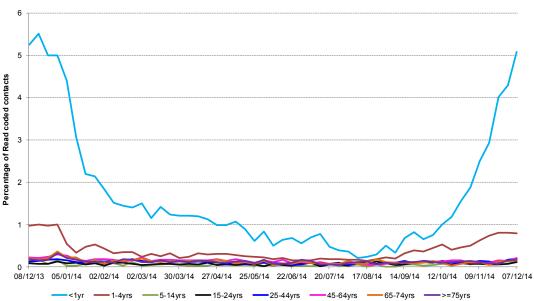


4: Bronchitis/ bronchiolitis daily contacts.

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

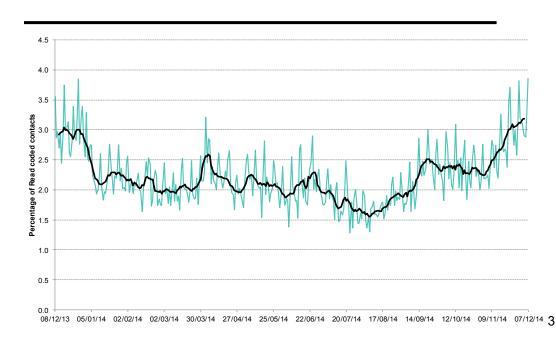
4a: Bronchitis/
bronchiolitis
weekly contacts by
age group.



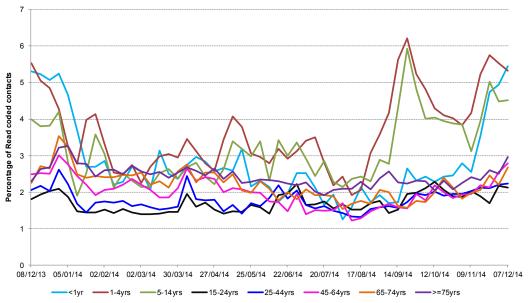


5: Difficulty breathing/wheeze/ asthma daily contacts.

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

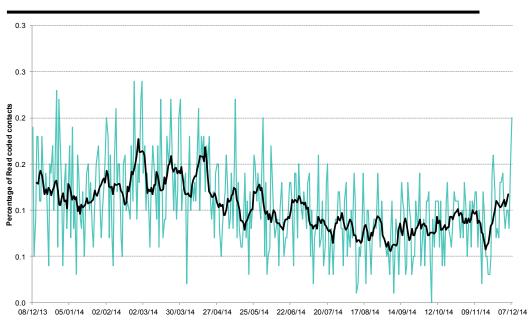


5a: Difficulty breathing/wheeze/ asthma weekly contacts by age



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*.



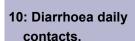
7: Intentionally left blank.



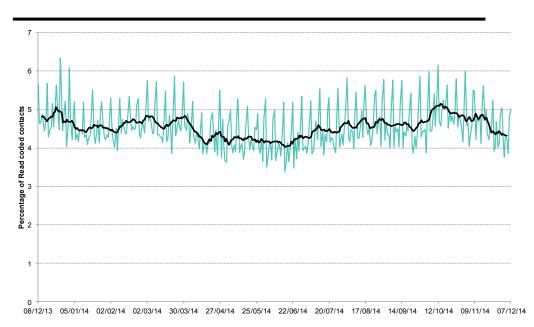
8: Intentionally left blank.

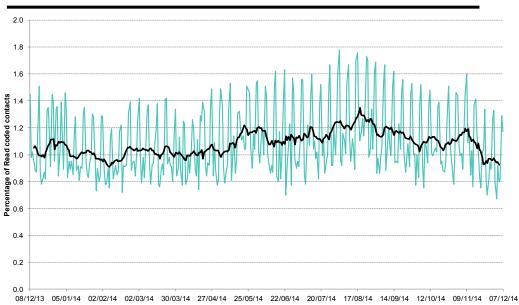
9: Gastroenteritis daily contacts.

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



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

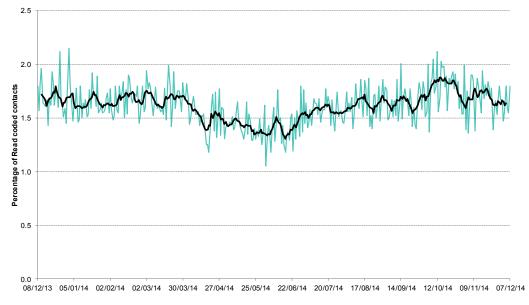






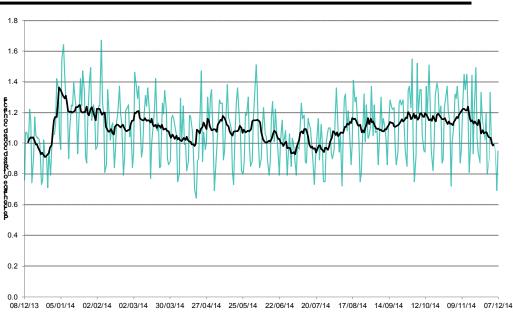
11: Vomiting daily contacts.

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



12: Myocardial Infarction daily contacts.

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



13: Intentionally left blank.



Notes and caveats:

- This bulletin presents data from the Public Health England (PHE) GP Out-ofhours\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.

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.

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