

# **GP In Hours**

### Syndromic Surveillance System: England

Data to: 03 September 2017

### Key messages

Nothing new to report for week 35.

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/weather/uk/heathealth/

### Diagnostic indicators at a glance:

Indicator	Trend	Level
Upper respiratory tract infection	no trend	similar to baseline levels
Influenza-like illness	no trend	similar to baseline levels
Pharyngitis	no trend	below baseline levels
Scarlet fever	no trend	similar to baseline levels
Lower respiratory tract infection	no trend	above baseline levels
Pneumonia	no trend	similar to baseline levels
Gastroenteritis	no trend	below baseline levels
Vomiting	no trend	below baseline levels
Diarrhoea	no trend	below baseline levels
Asthma	no trend	similar to baseline levels
Wheeze	no trend	above baseline levels
Conjunctivitis	no trend	below baseline levels
Mumps	no trend	below baseline levels
Measles	no trend	similar to baseline levels
Rubella	no trend	similar to baseline levels
Pertussis	no trend	similar to baseline levels
Chickenpox	no trend	similar to baseline levels
Herpes zoster	increasing	similar to baseline levels
Cellulitis	increasing	similar to baseline levels
Impetigo	increasing	below baseline levels
Allergic rhinitis	no trend	similar to baseline levels
Heat/sunstroke	increasing	similar to baseline levels
Insect Bites	increasing	similar to baseline levels

### GP practices and denominator population:

Year	Week	<b>GP Practices Reporting**</b>	Population size**
2017	35	3566	28.5 million

\*\*based on the average number of practices and denominator population in the reporting working week.

### In This Issue:

Key messages.

**Diagnostic indicators** at a glance.

GP practices and denominator population.

National syndromic indicators.

Notes and further information.

Appendix.

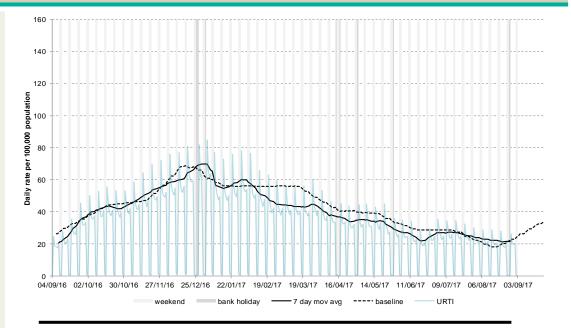
# GP In Hours

### WWW Public Health England

### 04 September 2017

### 1: Upper respiratory tract infection (URTI)

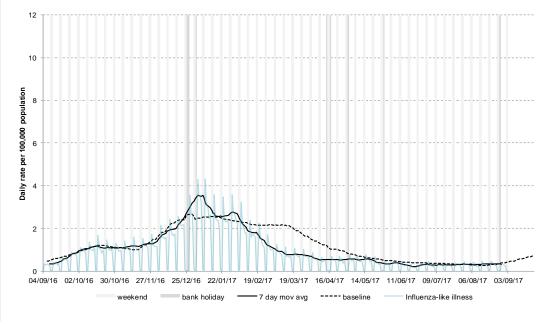
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



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### 2: Influenza-like illness (ILI)

Daily incidence rates (and 7-day moving average\*) per 100,000 population (all England, all ages).



\* 7-day moving average adjusted for bank holidays.

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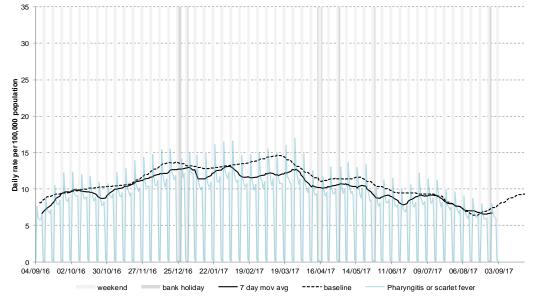
### 04 September 2017

# **GP In Hours**

### (ear: 2017 Week: 35

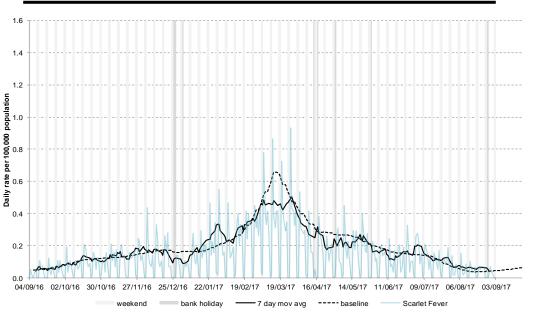
### 3: Pharyngitis or scarlet fever

Daily incidence rates (and 7-day moving average\*) per 100,000 population (all England, all ages).



### 4: Scarlet fever

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, based on a population denominator of approximately 5.5 million patients).



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\* 7-day moving average adjusted for bank holidays.

# Dublic Health England

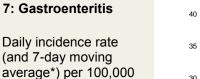
### 04 September 2017

# 5: Lower respiratory tract infection (LRTI)

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

### 6: Pneumonia

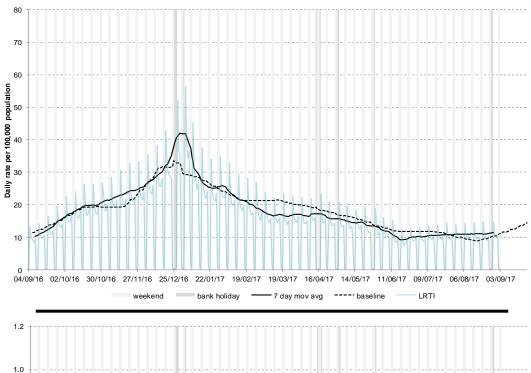
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

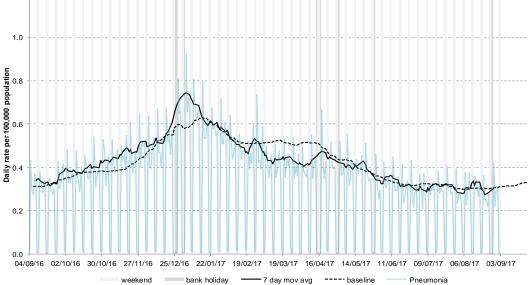


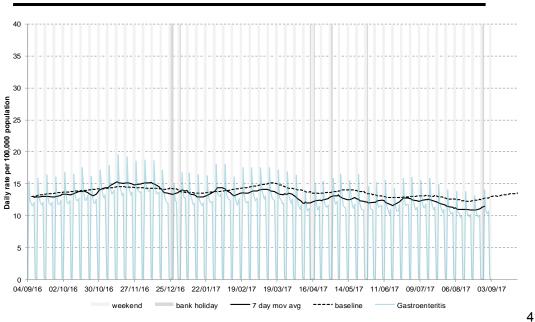
\* 7-day moving average adjusted for bank holidays.

population (all England,

all ages).







### 04 September 2017

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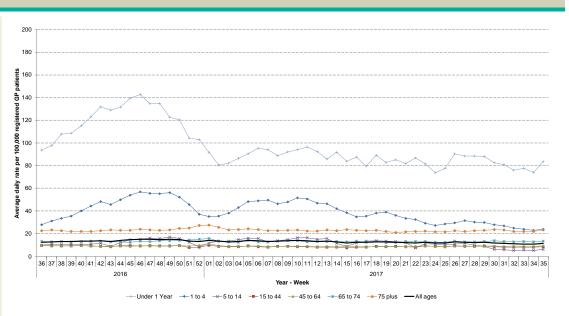
Public Health England

# 7a: Gastroenteritis by age

Average daily incidence rate by week per 100,000 population (all England).

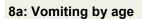


Year: 2017 Week: 35

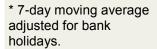


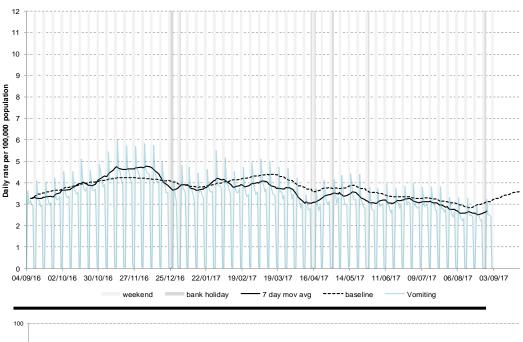
### 8: Vomiting

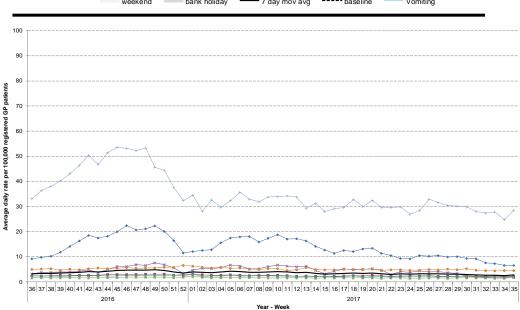
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



Average daily incidence rate by week per 100,000 population (all England).



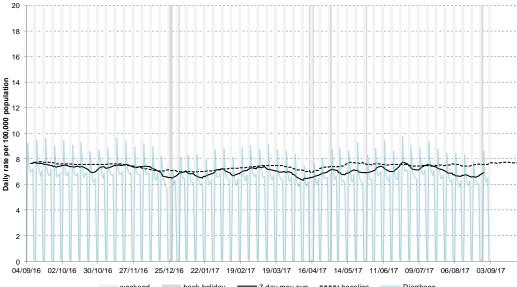




### 04 September 2017

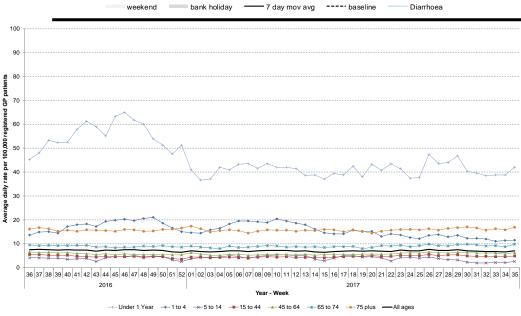
### 9: Diarrhoea

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



### 9a. Diarrhoea by age

Average daily incidence rate by week per 100,000 population (all England).



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# **GP In Hours**

Year: 2017 Week: 35

### 04 September 2017

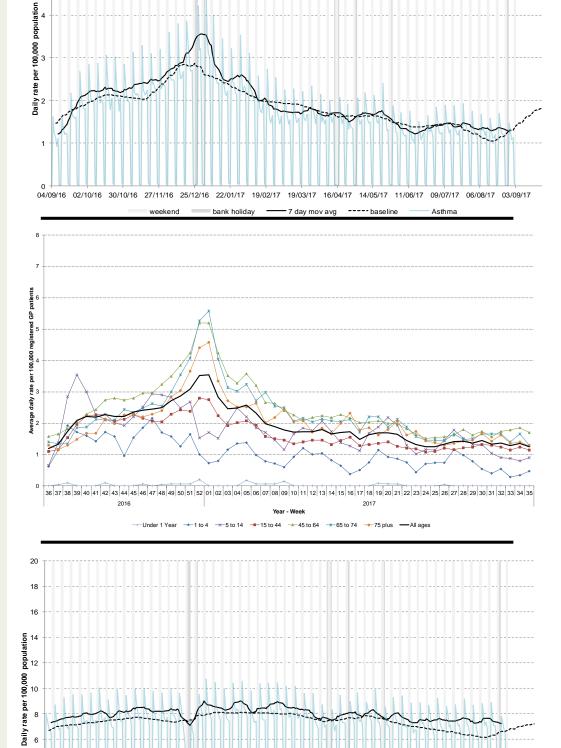
### 10: Asthma

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages). 6

5

### 10a: Asthma by age

Average daily incidence rate by week per 100,000 population (all England).



04/09/16 02/10/16 30/10/16 27/11/16 25/12/16 22/01/17 19/02/17 19/03/17 16/04/17 14/05/17 11/06/17 09/07/17 06/08/17 03/09/17

7 day mov avg

bank holiday

weekend

---- baseline

Wheeze

### 11: Wheeze

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

\* 7-day moving average adjusted for bank holidays.

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# **GP In Hours**

Year: 2017 Week: 35

# Dublic Health England

### 04 September 2017

### 12: Conjunctivitis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages). 20

18

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20 0

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Average daily rate per 100,000 a

0 04/09/16 02/10/16 30/10/16 27/11/16 25/12/16 22/01/17 19/02/17

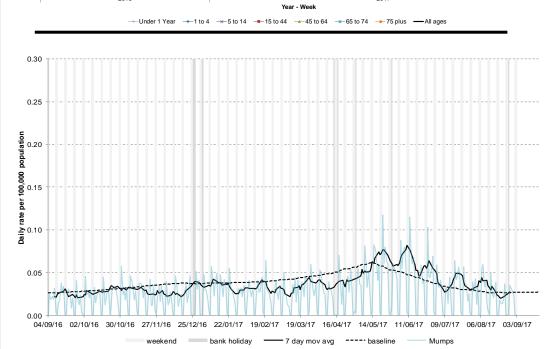
weekend

2016

bank holiday

# 12: Conjunctivitis by age

Average daily incidence rate by week per 100,000 population (all England).



19/03/17 16/04/17

•7 day mov avg

36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35

14/05/17

2017

---- baseline

### 13: Mumps

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

\* 7-day moving average adjusted for bank holidays.

# **GP In Hours**

(ear: 2017 Week: 35

11/06/17 09/07/17 06/08/17 03/09/17

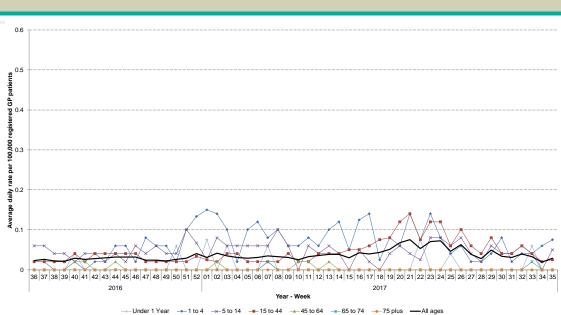
Conjunctivitis

### Nublic Health England

### 04 September 2017

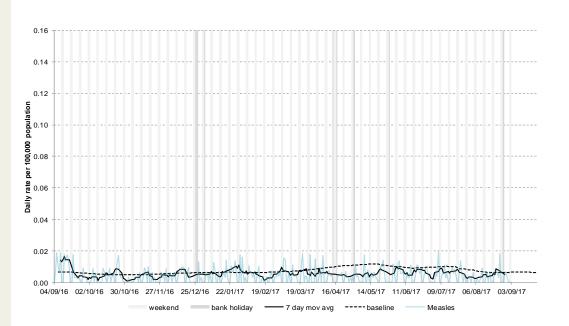
### 13a: Mumps by age

Average daily incidence rate by week per 100,000 population (all England).



### 14: Measles

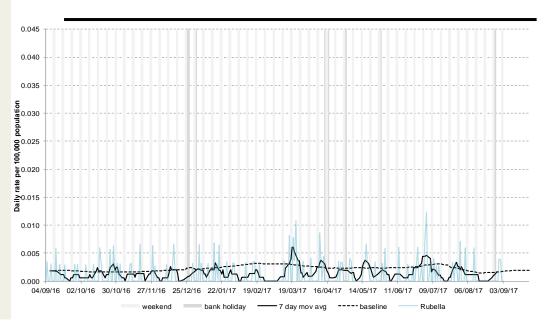
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



### 15: Rubella

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

\* 7-day moving average adjusted for bank holidays.

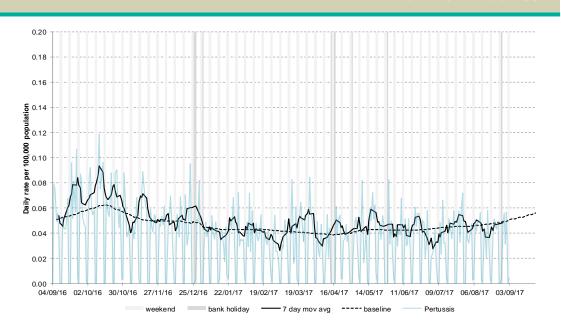


# Dublic Health England

### 04 September 2017

### 16: Pertussis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



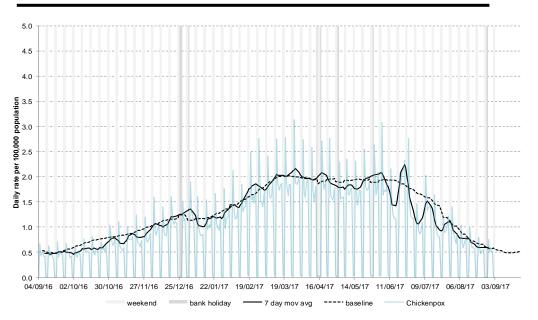
### 17: Chickenpox

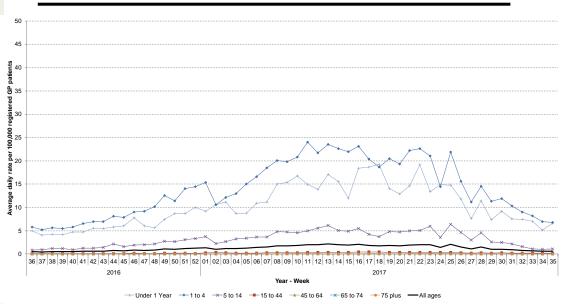
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



Average daily incidence rate by week per 100,000 population (all England).

\* 7-day moving average adjusted for bank holidays.





### 18: Herpes zoster

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

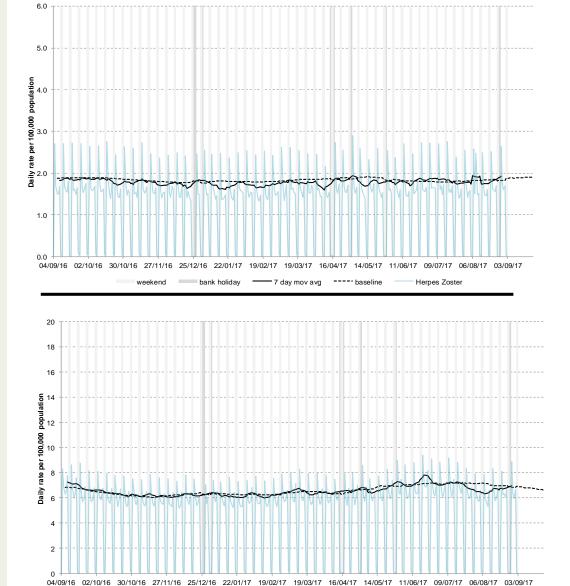
### 19: Cellulitis

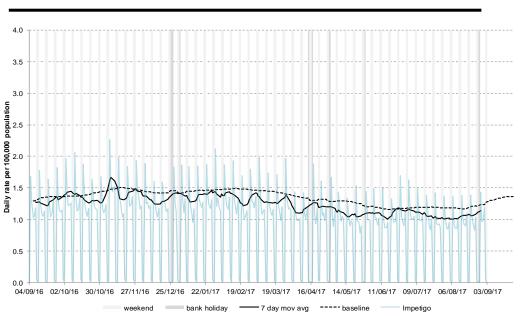
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

\* 7-day moving average adjusted for bank holidays.





19/02/17

bank holiday

weekend

16/04/17

14/05/17

---- baseline

11/06/17

09/07/17

Cellulitis

19/03/17

7 day mov avg

### Nublic Health England

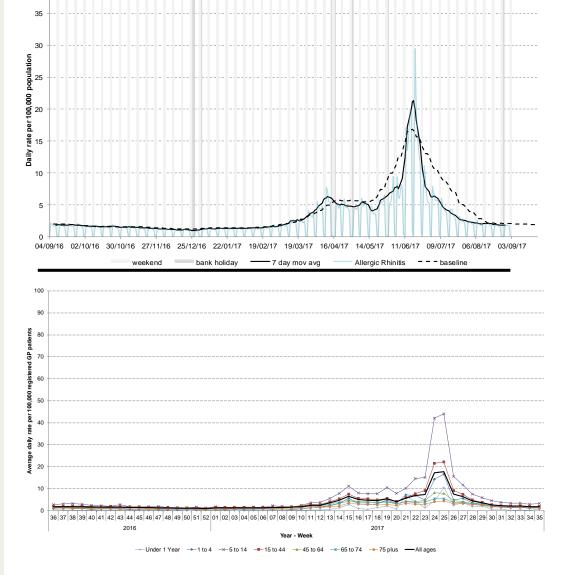
### 04 September 2017

### 21: Allergic rhinitis

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages). 40

# 21a: Allergic rhinitis by age

Average daily incidence rate by week per 100,000 population (all England).



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# **GP In Hours**

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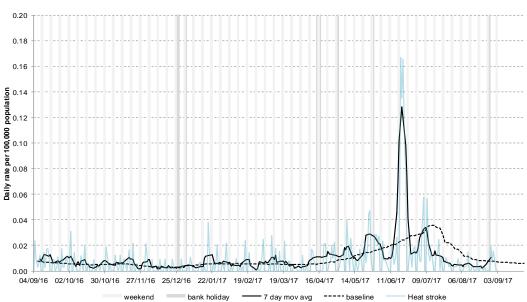
WWW Public Health England

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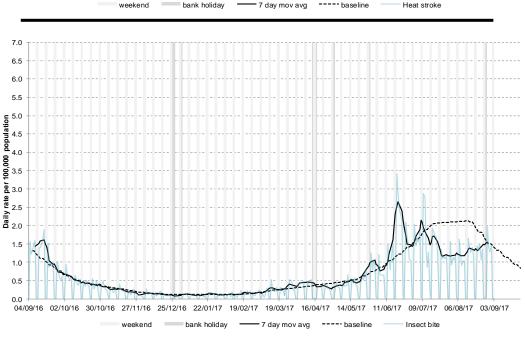
### 22: Heat/sunstroke

Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



### 23: Insect bites

Average daily incidence rate by week per 100,000 population (all England).



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\* 7-day moving average adjusted for bank holidays.

04 September 2017	Year: 2017 Week: 35
Notes and further information	<ul> <li>The Public Health England GP in hours surveillance system is a syndromic surveillance system monitoring community-based morbidity recorded by GP practices.</li> <li>GP 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.</li> <li>This system captures anonymised GP morbidity data from two GP clinical software systems, EMIS, from version 1 of the QSurveillance® database, and TPP</li> </ul>
	<ul> <li>SystmOne.</li> <li>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.</li> </ul>
Maps:	• From week 40 2015 the influenza-like illness thresholds illustrated in the bulletin appendix maps are calculated using the "Moving Epidemic Method" (MEM). <sup>1</sup> MEM is used as a standard methodology for setting influenza surveillance thresholds across Europe. <sup>2</sup>
	<ul> <li>The ILI thresholds have been calculated separately for each of the nine PHE Centres to allow for structural differences between areas e.g. background rates are historically higher in London than other areas of England.</li> </ul>
	• The current ILI thresholds are based on six previous influenza seasons (excluding the 2009/10 H1N1 pandemic). In future, thresholds will be recalculated each year incorporating the latest season's data.
	<ul> <li>The maps on the following pages contains Ordnance Survey data © Crown copyright and database right 2014. Contains National Statistics data © Crown copyright and database right 2014.</li> </ul>
	<ol> <li><sup>1</sup> Vega T et al. Influenza Other Respir Viruses. 2013;7(4):546-58.</li> <li><sup>2</sup> Green HK et al. Epidemiol Infect. 2015;143(1):1-12.</li> </ol>
Acknowledgements:	We thank and acknowledge the University of Nottingham, ClinRisk <sup>®</sup> and the contribution of EMIS and EMIS practices. Data source: version 1 of the QSurveillance® database.
	We thank TPP, ResearchOne and the SystmOne GP practices contributing to this surveillance system.
	GP In Hours Syndromic Surveillance System Bulletin.
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@phe.gov.uk	-analyses 14