



24 May 2016

Year: 2016 Week: 20

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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).

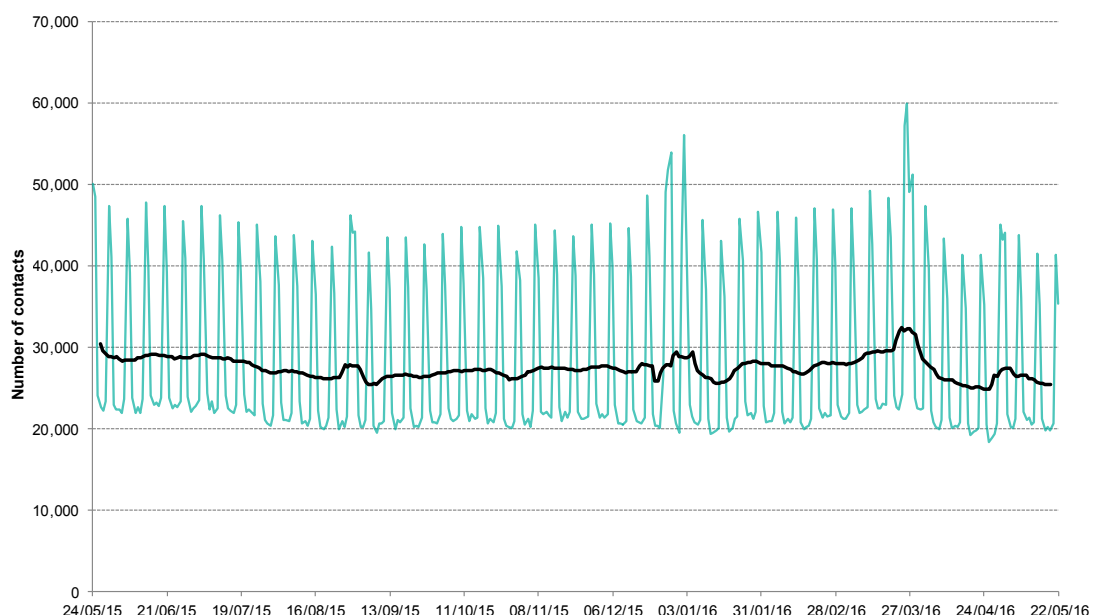
Key messages

Data to: 22 May 2016

GP out of hours consultations for diarrhoea showed a slight increase during week 20 particularly in infants under 1 year (figures 8 & 8a).

Key indicator	No. of contacts	% Week 20	% Week 19	Trend*
All OOH contacts, all causes	178,173			
Acute respiratory infection	11,407	13.83	14.58	↓
Influenza-like illness	103	0.12	0.16	↓
Bronchitis/bronchiolitis	109	0.13	0.15	↓
Difficulty breathing/wheeze/asthma	1,517	1.84	1.85	↔
Pharyngitis	97	0.12	0.11	↔
Gastroenteritis	3,789	4.60	4.46	↔
Diarrhoea	927	1.12	1.06	↑
Vomiting	1,365	1.66	1.53	↔
Myocardial infarction	922	1.12	1.02	↔
Heatstroke	-	0.00	0.01	↔

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

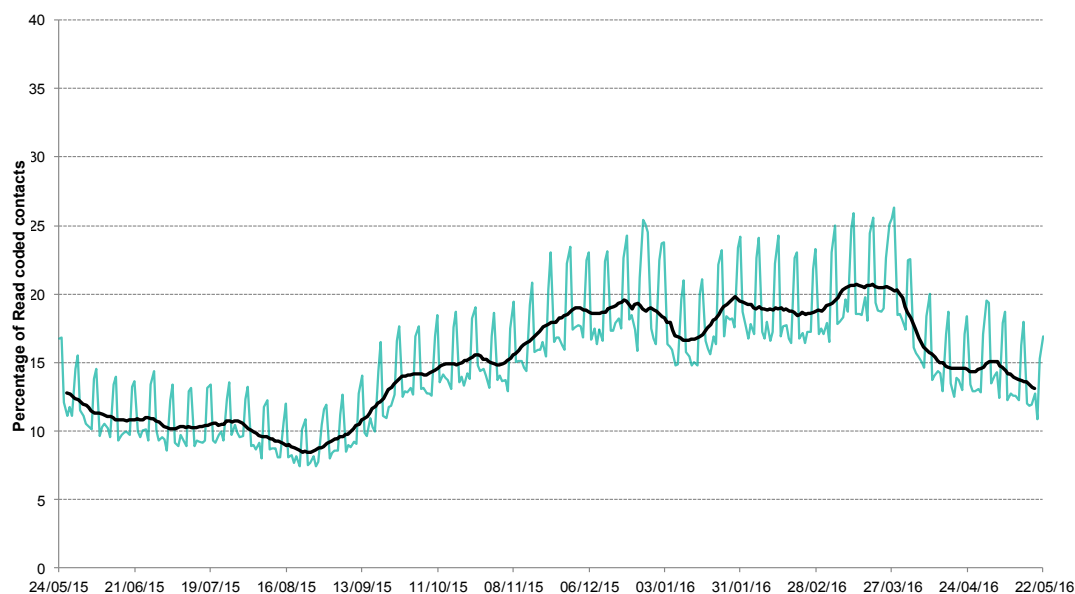


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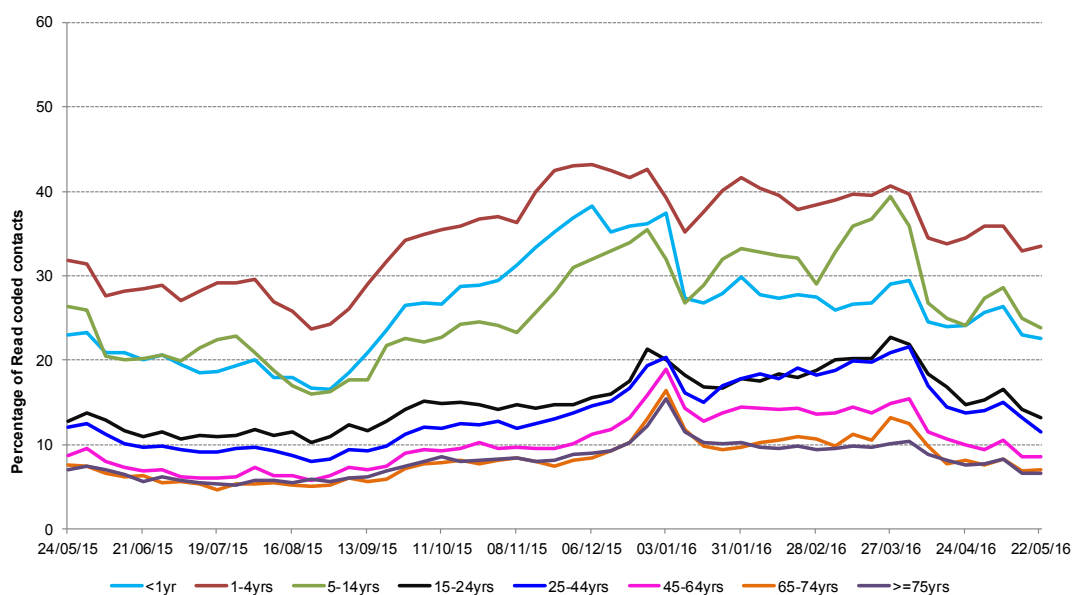
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2: Acute Respiratory Infection daily contacts.

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

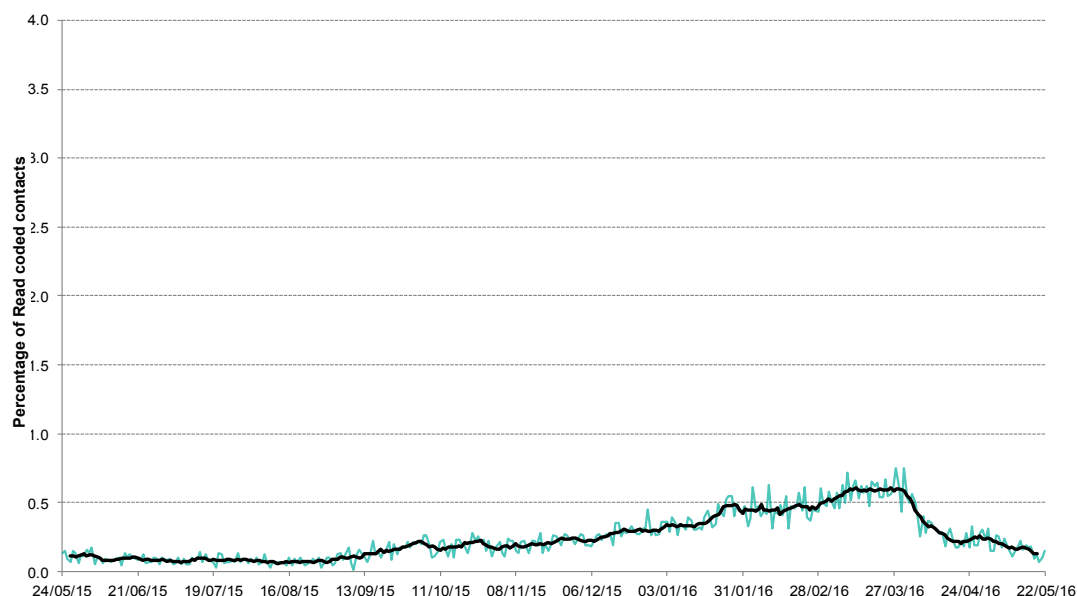


2a: Acute respiratory infection weekly contacts by age group.



3: Influenza-like illness daily contacts.

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

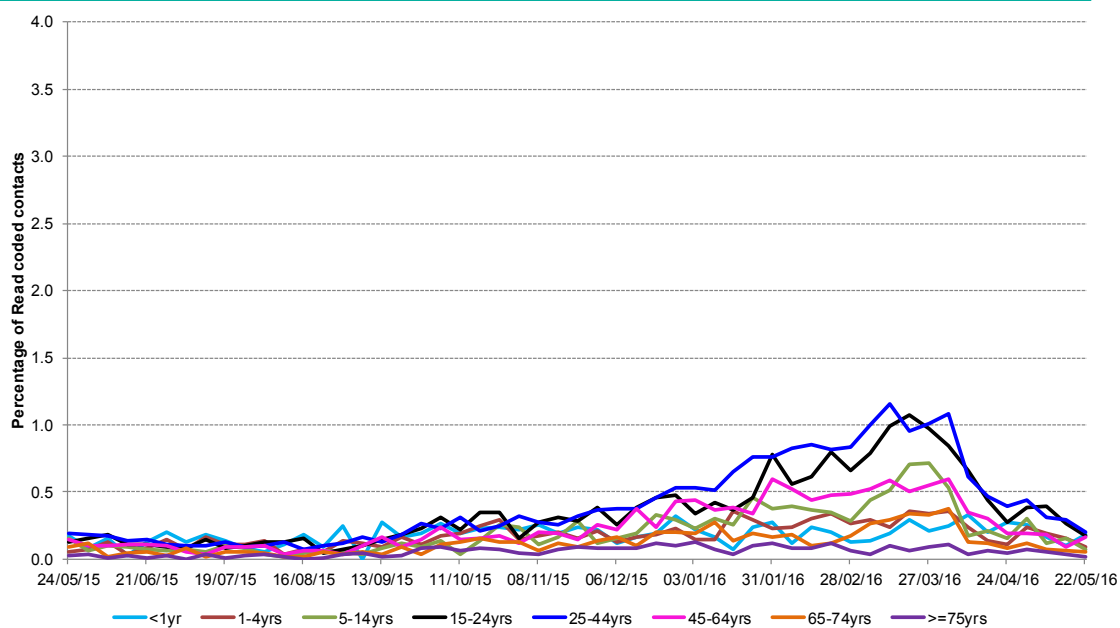


*7-day moving average adjusted for bank holidays.

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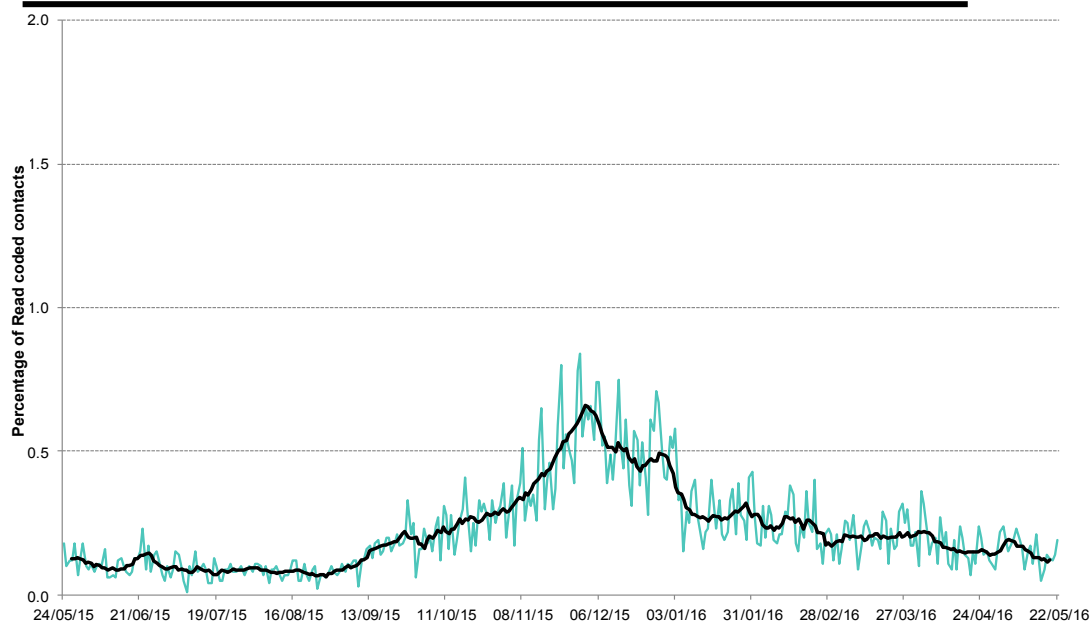
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3a: Influenza-like illness weekly contacts by age group.

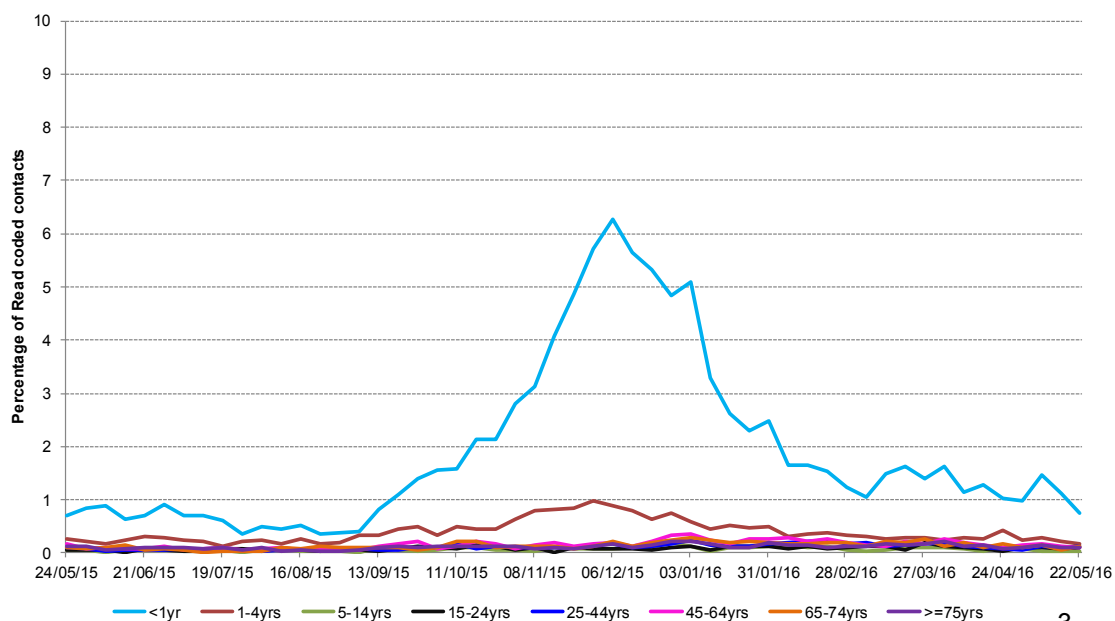


4: Bronchitis/ bronchiolitis daily contacts.

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.



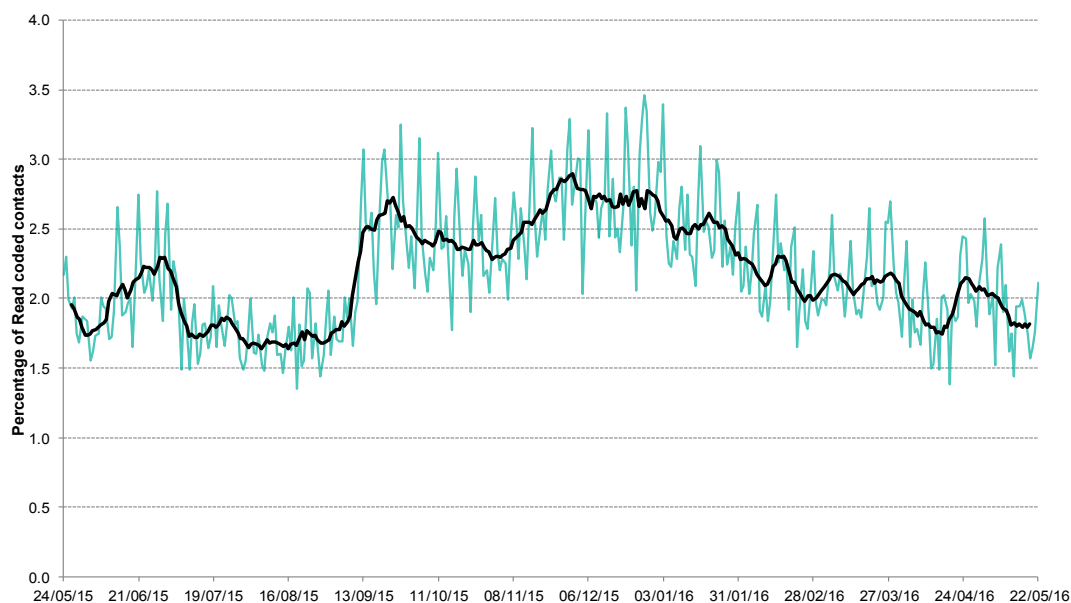
*7-day moving average adjusted for bank holidays.

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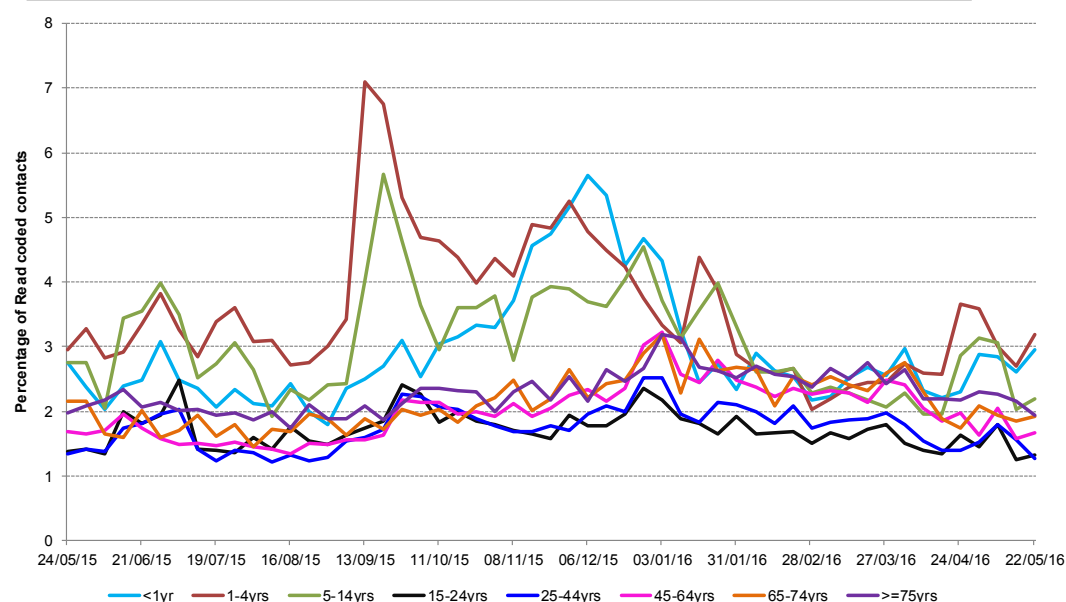
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**5: Difficulty breathing/
wheeze/asthma
daily contacts.**

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

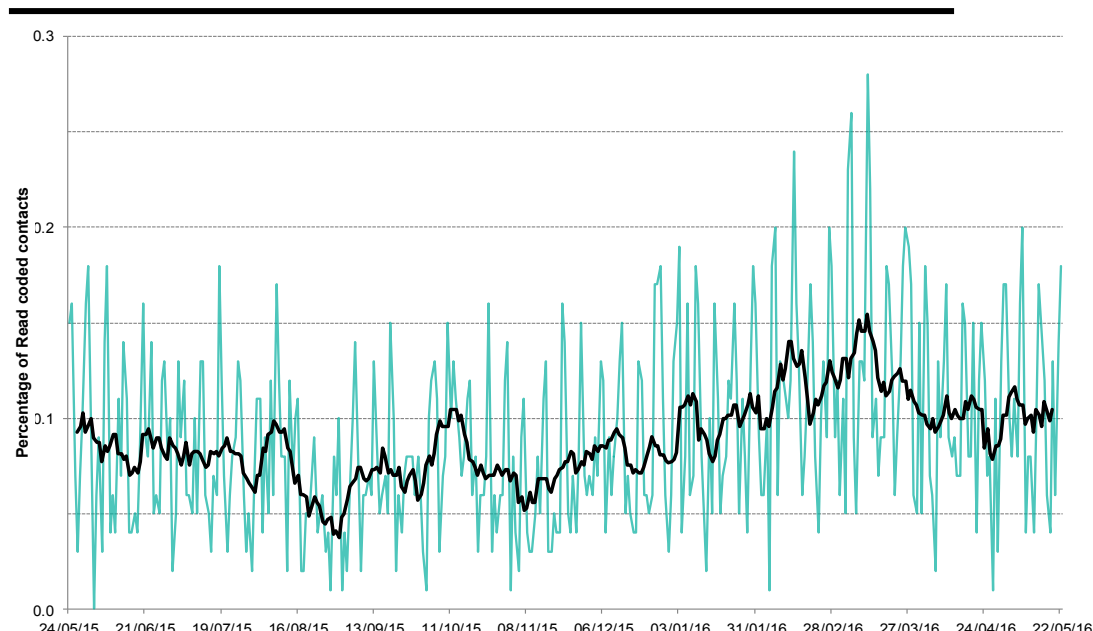


**5a: Difficulty
breathing/wheeze/
asthma weekly
contacts by age
group.**



**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*.



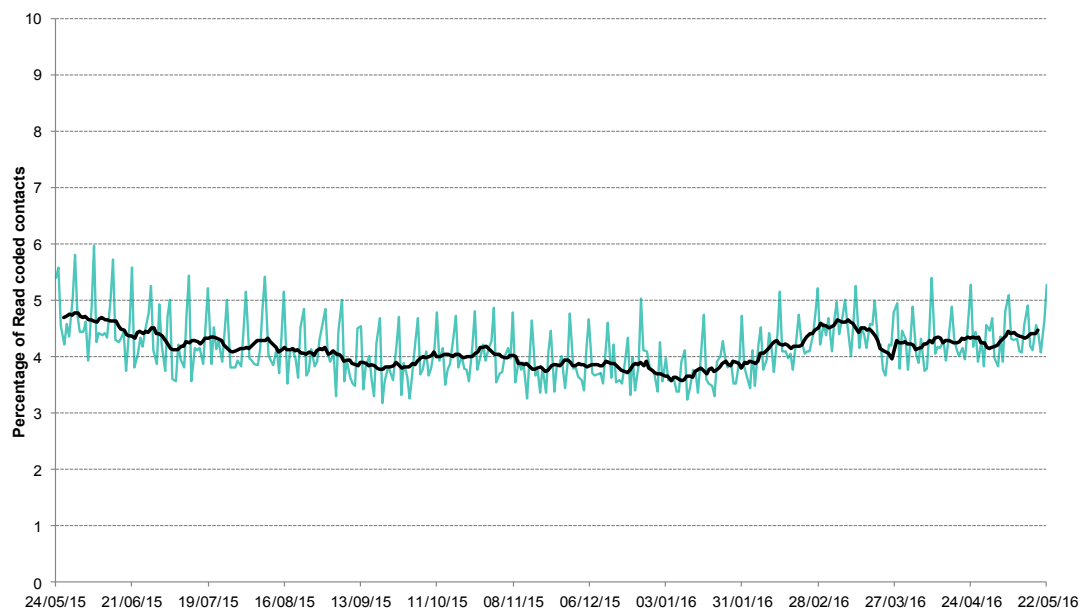
*7-day moving average
adjusted for bank
holidays.

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7: Gastroenteritis daily contacts

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



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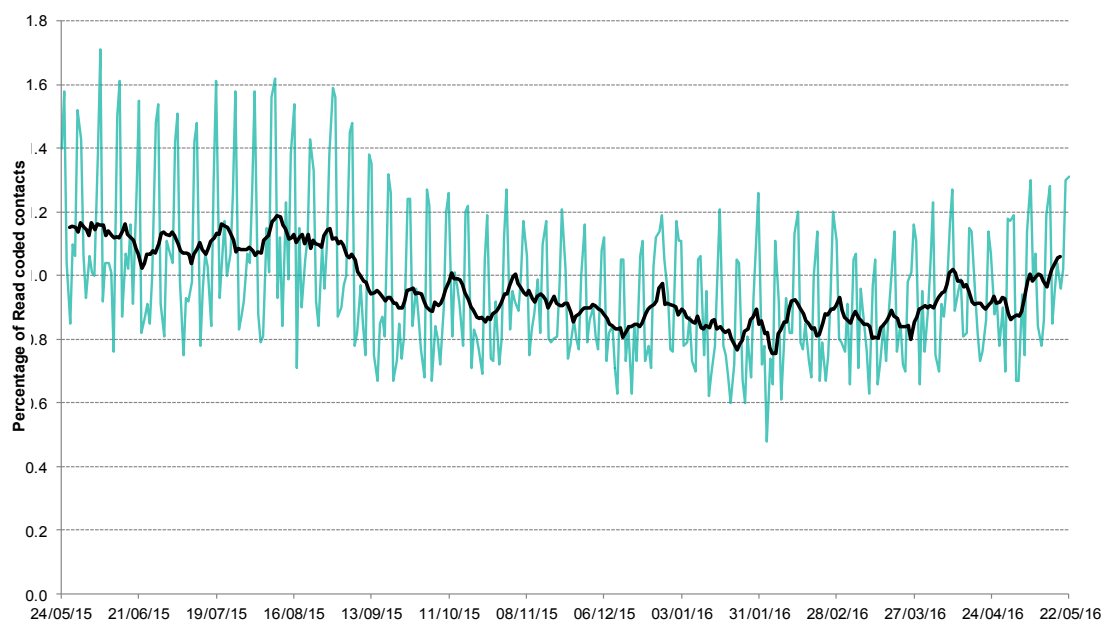
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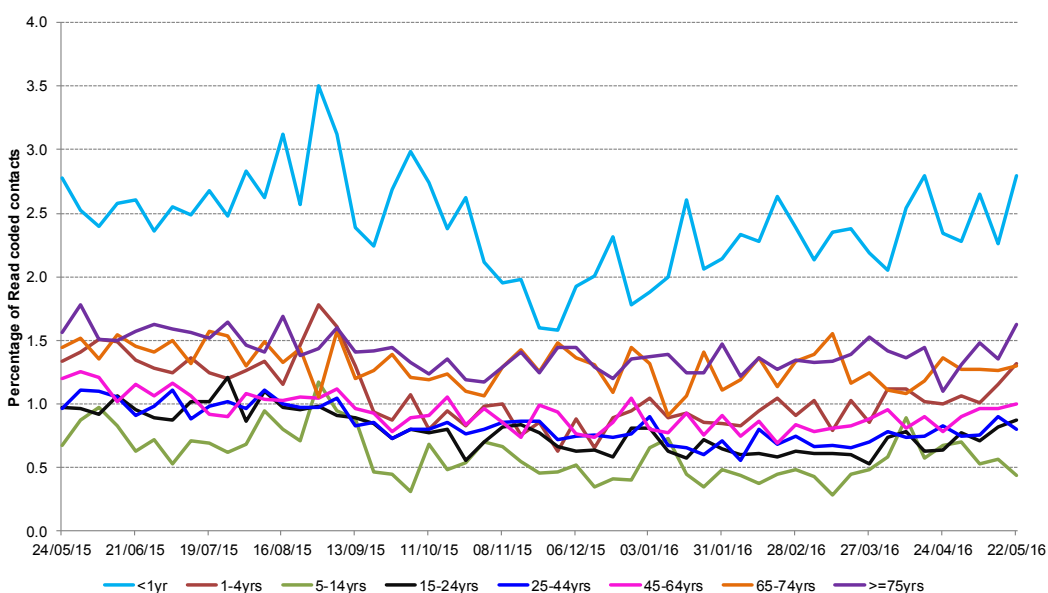
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8: Diarrhoea daily contacts.

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

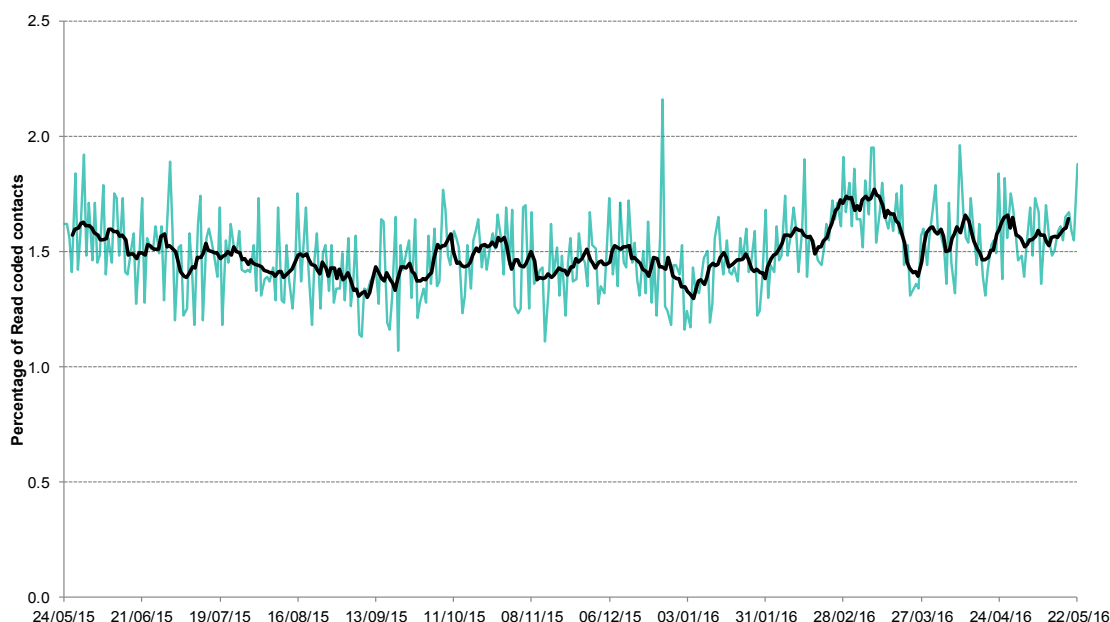


8a: Diarrhoea weekly contacts by age group.



9: Vomiting daily contacts.

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

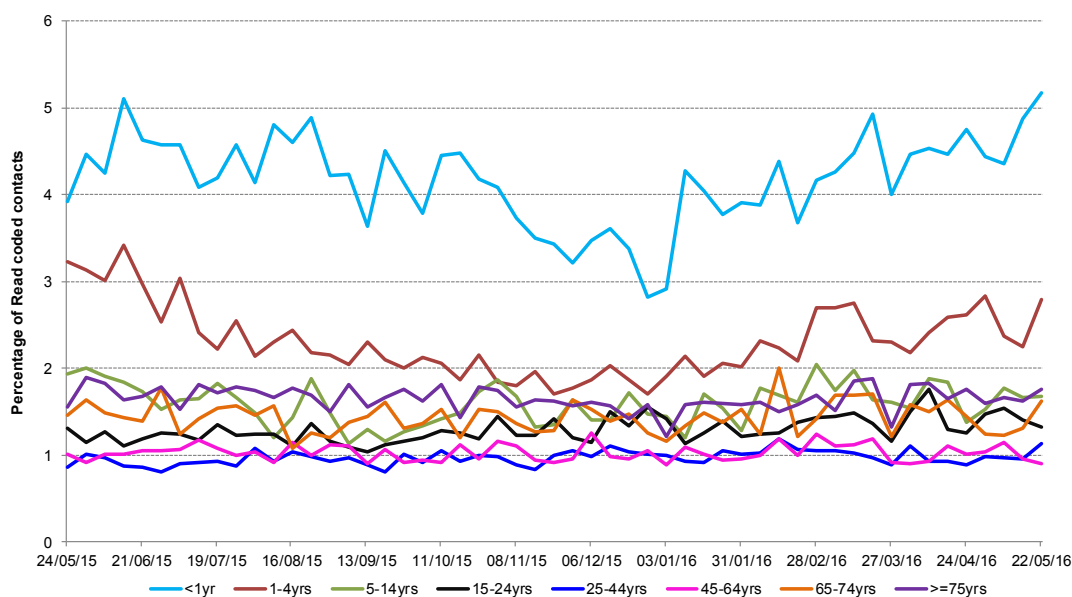


*7-day moving average adjusted for bank holidays.

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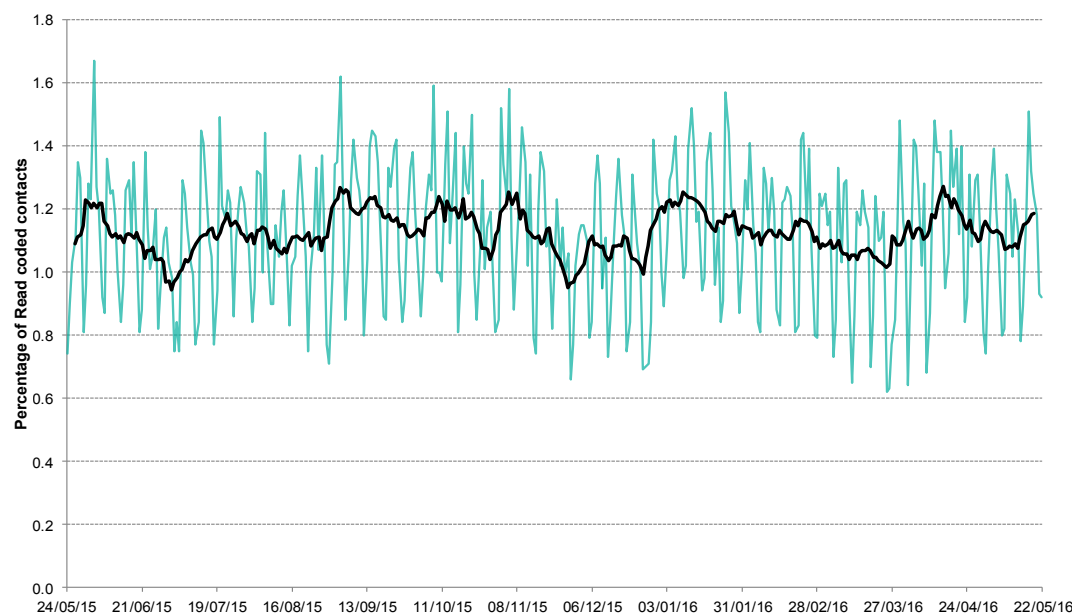
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9a: Vomiting weekly contacts by age group.



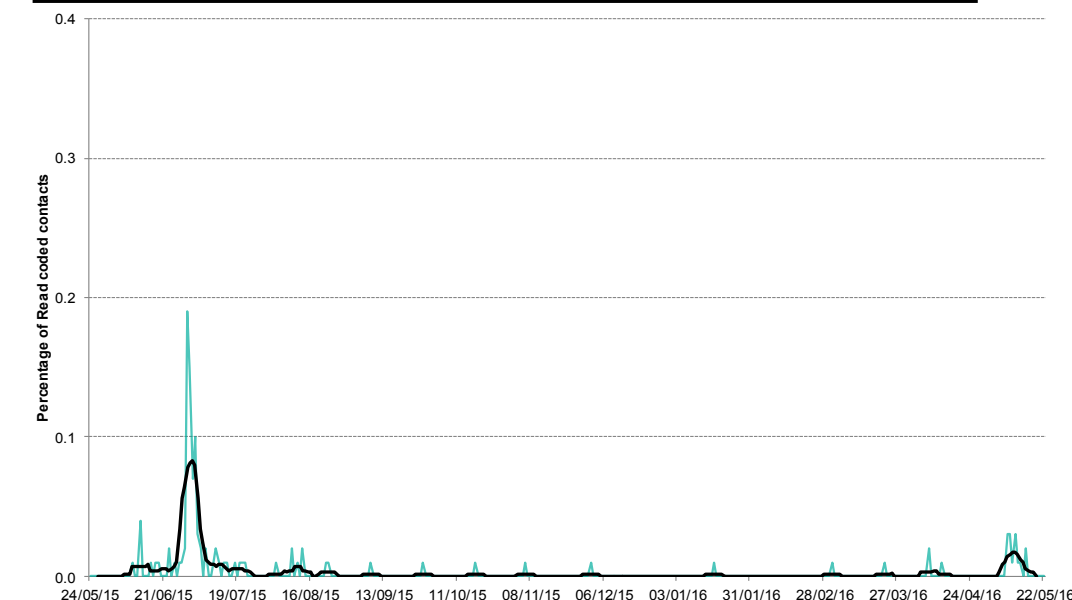
10: Myocardial Infarction daily contacts.

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*.



*7-day moving average adjusted for bank holidays.

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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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