



14 October 2014

Year: 2014 Week: 41

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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

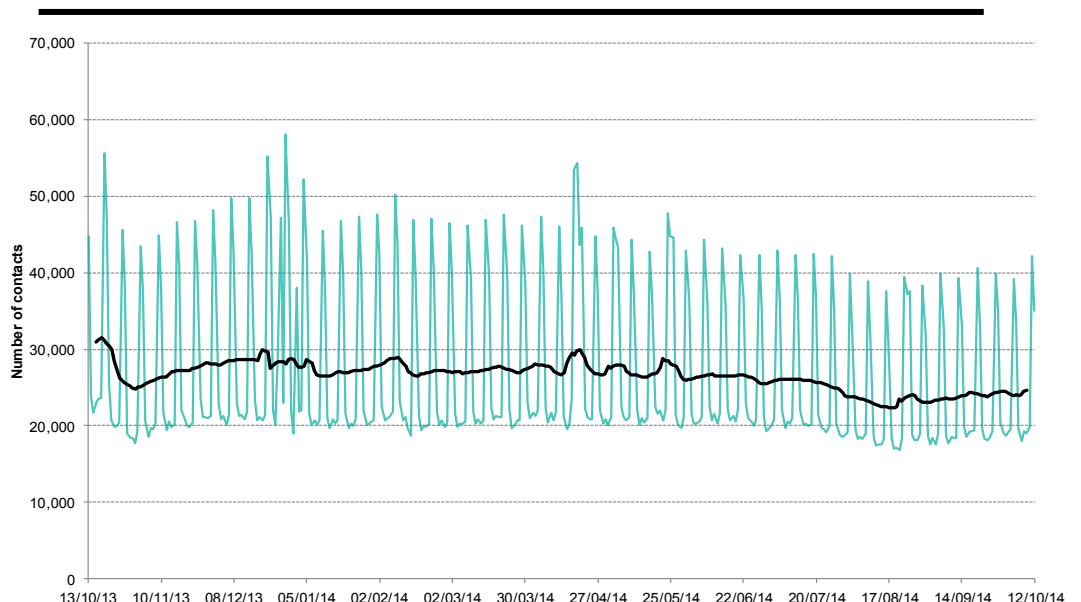
Data to: 12 October 2014

Consultations for acute respiratory infection continue to rise in line with seasonally expected levels (figure 2).

Vomiting consultations in children under 5 continue to increase (figure 10a.)

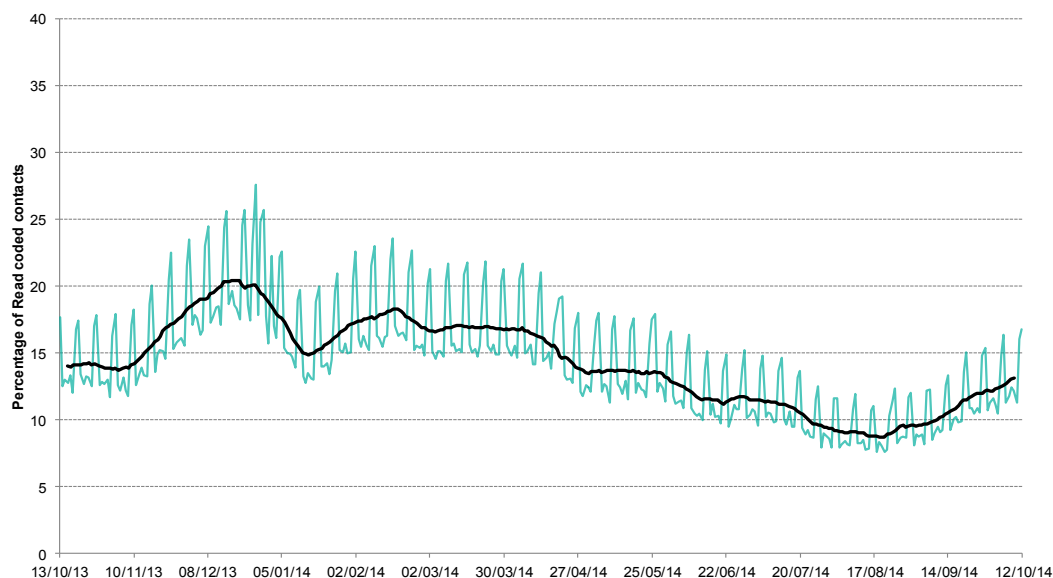
| Key indicator                      | No. of contacts | % Week 41 | % Week 40 | Trend* |
|------------------------------------|-----------------|-----------|-----------|--------|
| All OOH contacts, all causes       | 172,815         |           |           |        |
| Acute respiratory infection        | 12,718          | 14.06     | 13.16     | ↑      |
| Influenza-like illness             | 203             | 0.22      | 0.16      | ↔      |
| Bronchitis/bronchiolitis           | 173             | 0.19      | 0.18      | ↔      |
| Difficulty breathing/wheeze/asthma | 2,236           | 2.47      | 2.42      | ↑      |
| Gastroenteritis                    | 4,740           | 5.24      | 4.92      | ↔      |
| Diarrhoea                          | 1,073           | 1.19      | 1.17      | ↔      |
| Vomiting                           | 1,682           | 1.86      | 1.73      | ↑      |
| Myocardial infarction              | 1,014           | 1.12      | 1.07      | ↑      |
| Pharyngitis                        | 76              | 0.08      | 0.09      | ↔      |

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



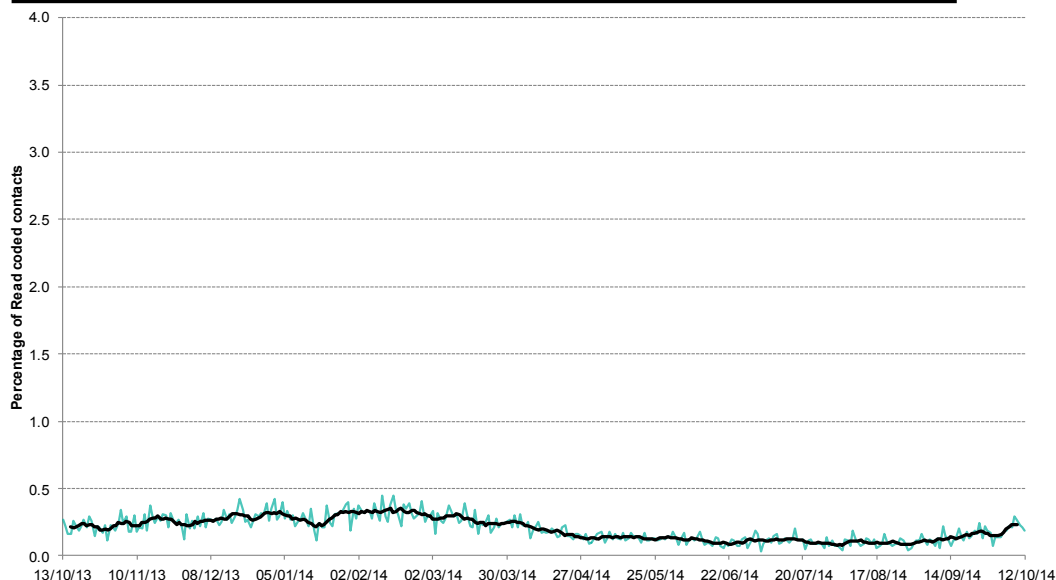
**2: Acute Respiratory Infection daily contacts.**

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



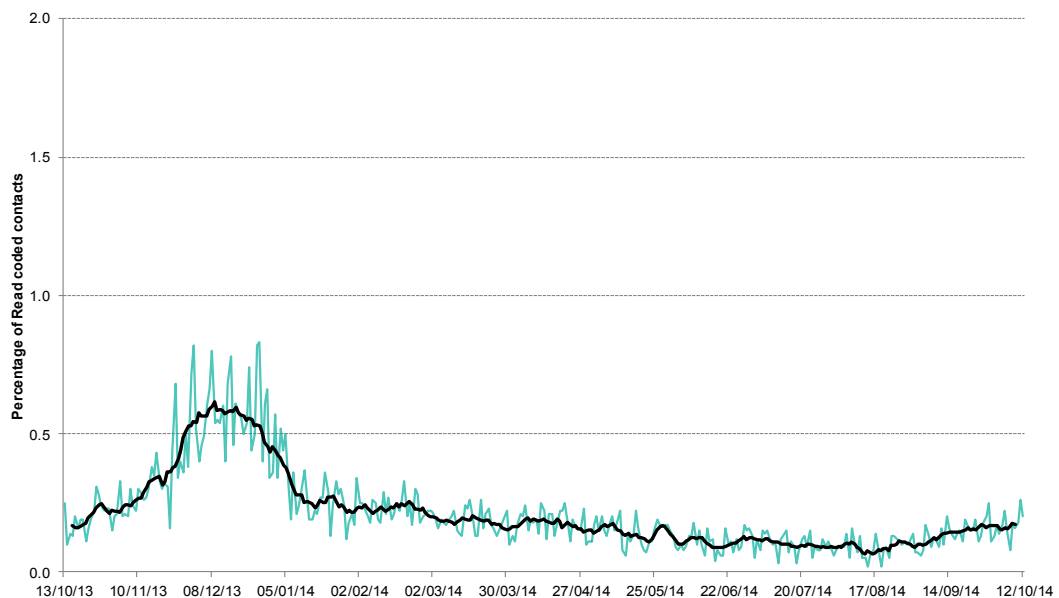
**3: Influenza-like illness daily contacts.**

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



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

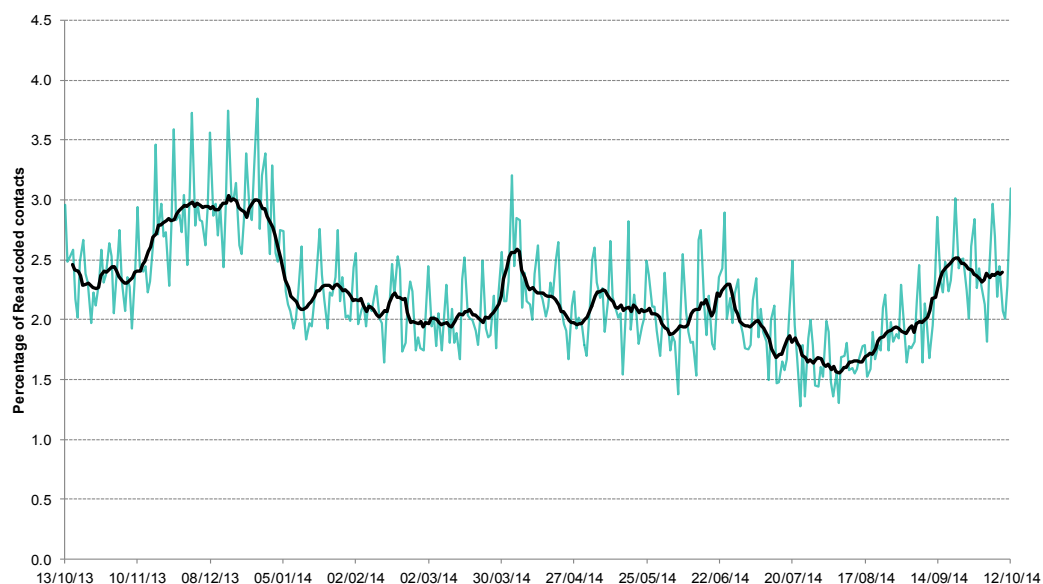
Shown as a percentage of the total contacts with a Read code and as a 7 day average\*.



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

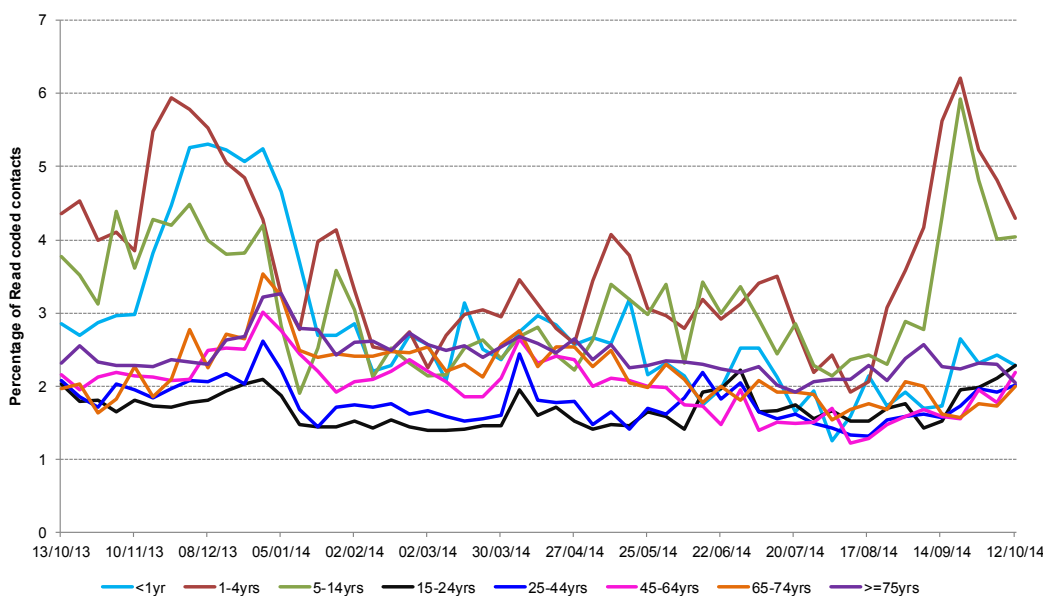
**5: Difficulty breathing/  
wheeze/asthma daily  
contacts.**

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



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

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



**6: Deliberately left  
blank.**

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

**7: Deliberately left blank**

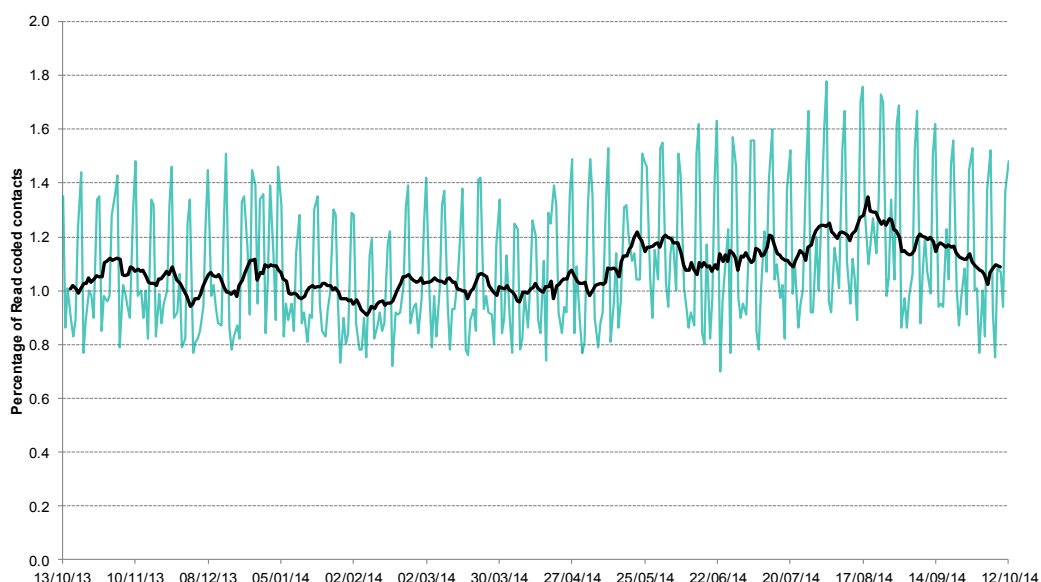
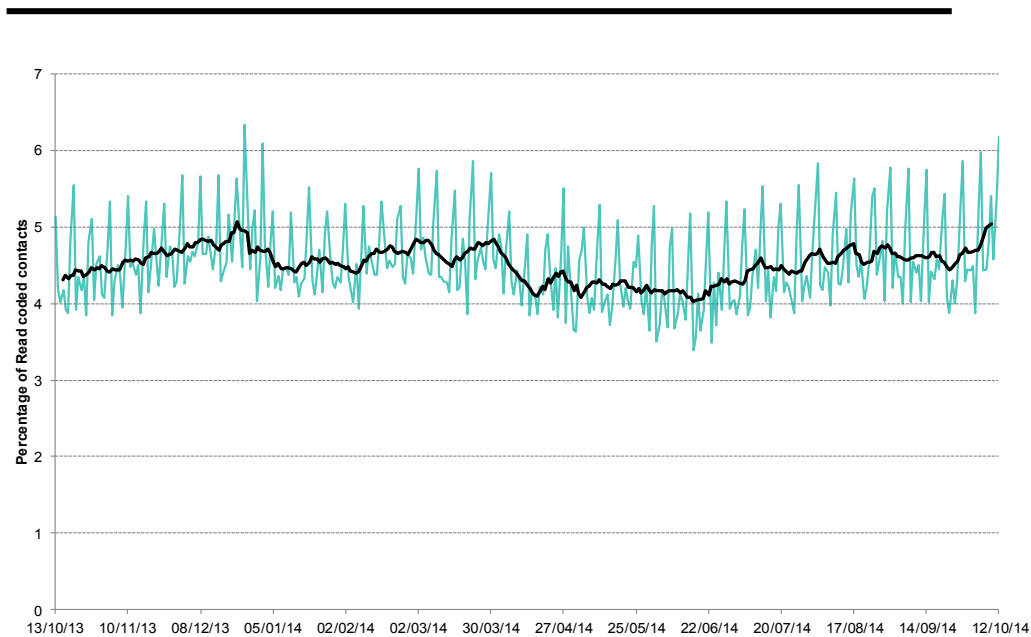
**8: Gastroenteritis daily contacts.**

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

**9: Diarrhoea daily contacts.**

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

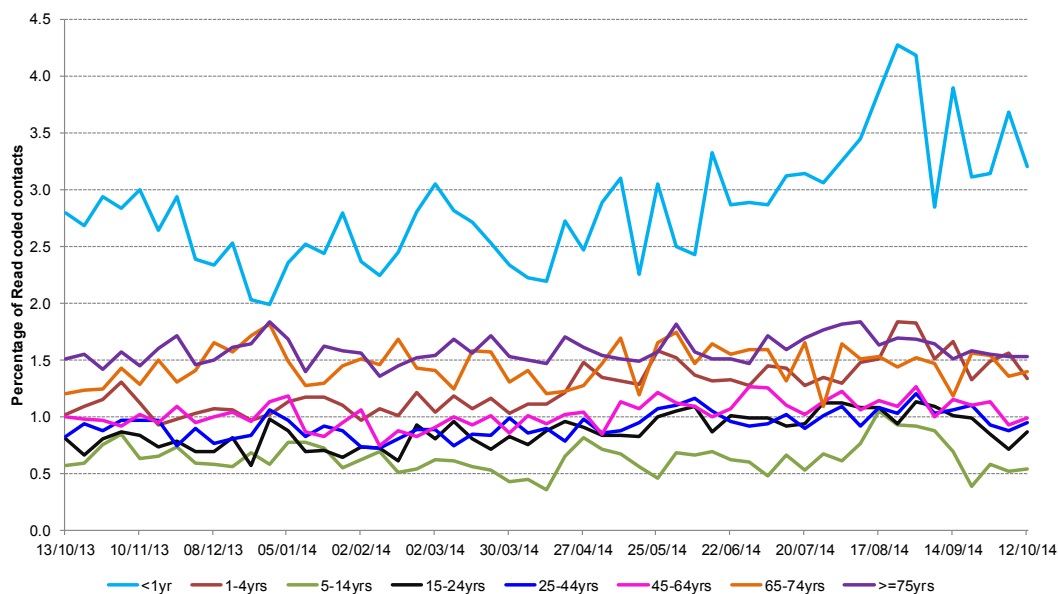
\*7-day moving average adjusted for bank holidays.



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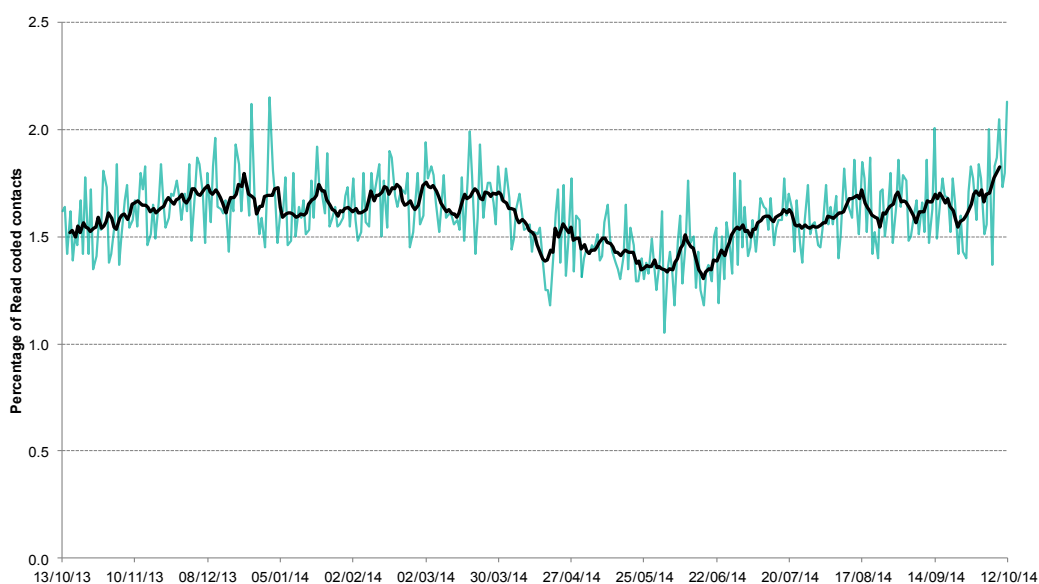
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**9a: Diarrhoea weekly contacts by age group.**



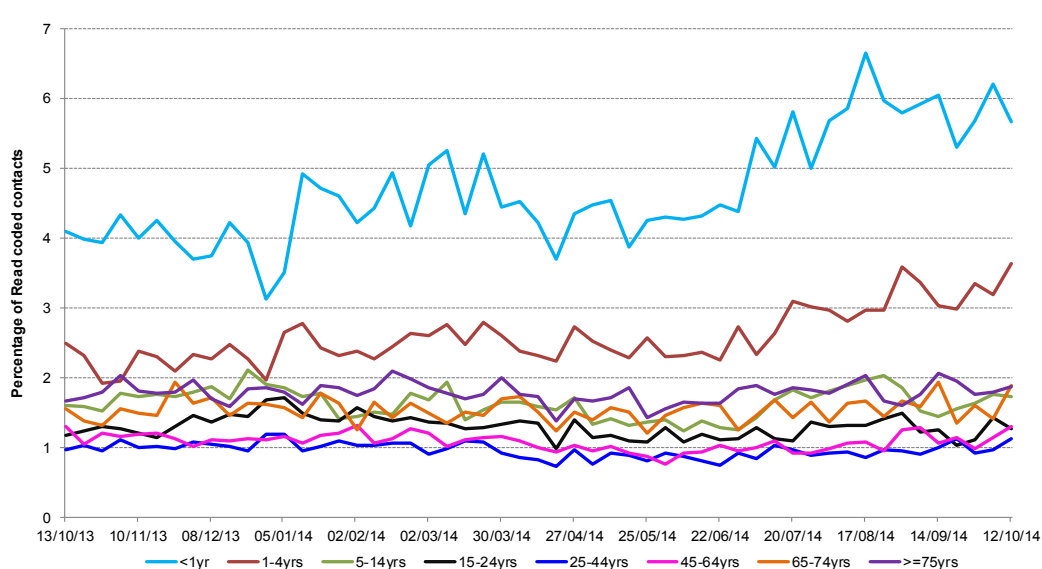
**10: Vomiting daily contacts.**

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



**10a: Vomiting weekly contacts by age group.**

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

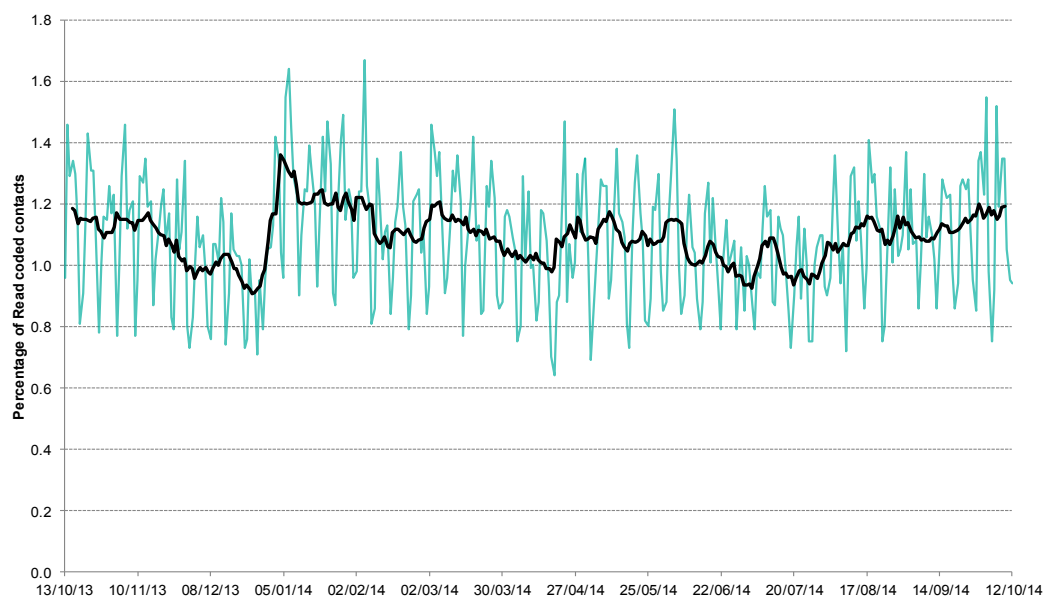


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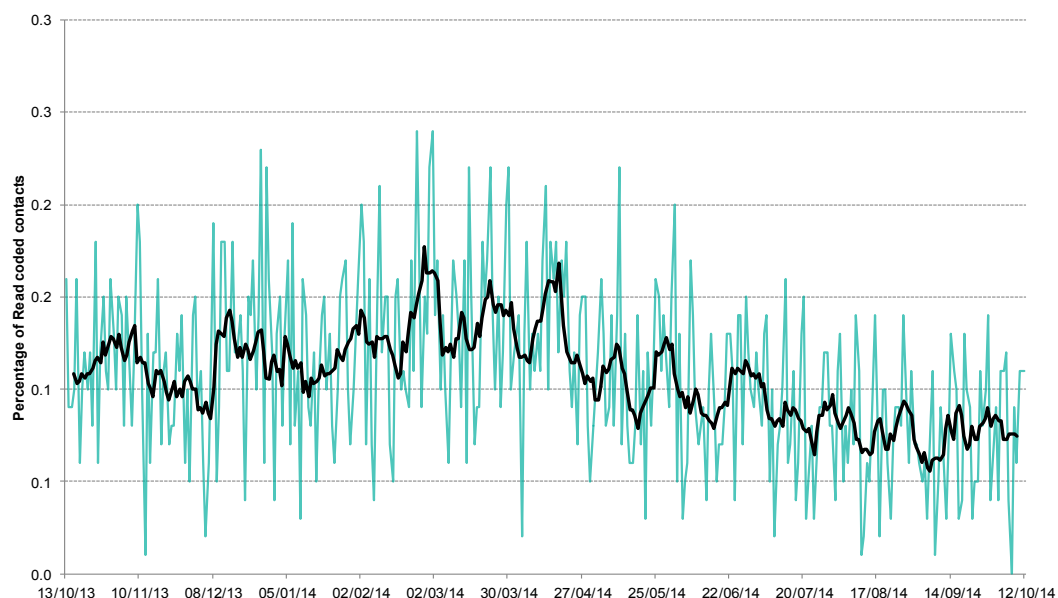
## 11: Myocardial Infarction daily contacts.

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



## 12: Acute pharyngitis and persistent sore throat.

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



## 13: Deliberately left blank

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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.

## Further information:

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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:

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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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### PHE Out-of-Hours/Unscheduled Care Surveillance

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