



19 August 2014

Year: 2014 Week: 33

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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: 17 August 2014

There were small increases in the gastroenteritis and vomiting indicators during week 33.

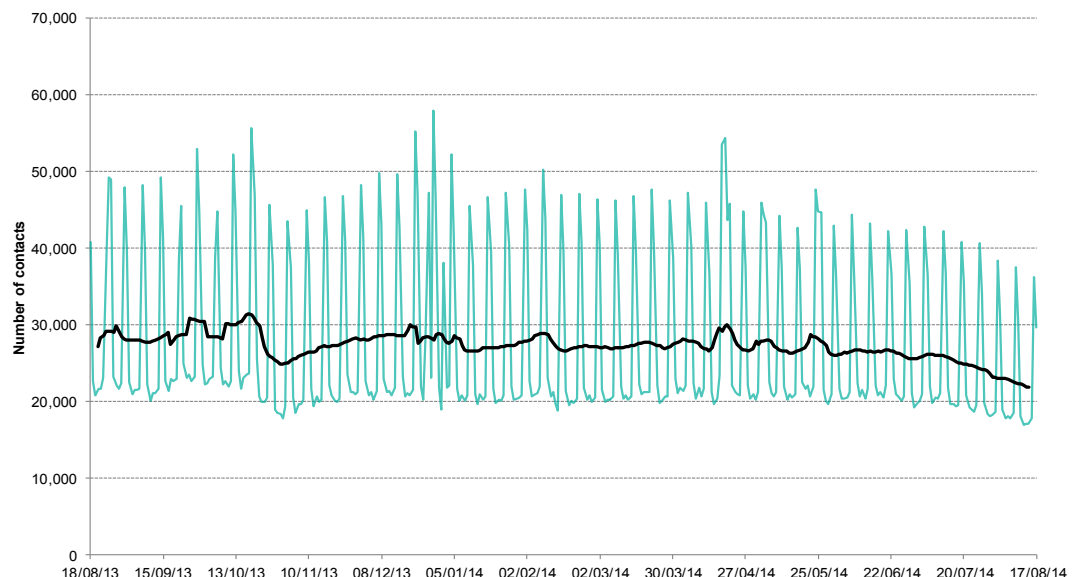
A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance system during this period.

Heat-health watch level (current reporting week): level 1 **Summer preparedness**

<http://www.metoffice.gov.uk/weather/uk/heathealth/>

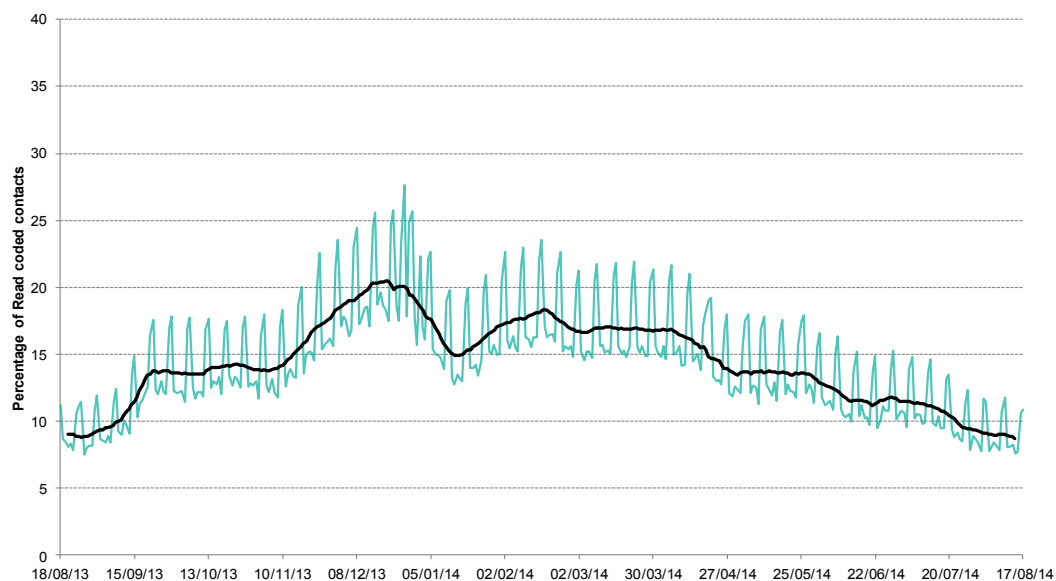
Key indicator	No. of contacts	% Week 33	% Week 32	Trend*
All OOH contacts, all causes	152,619			
Acute respiratory infection	7,308	9.28	9.56	↓
Influenza-like illness	78	0.10	0.11	↔
Bronchitis/bronchiolitis	70	0.09	0.11	↔
Difficulty breathing/wheeze/asthma	1,345	1.71	1.63	↔
Gastroenteritis	3,891	4.94	4.73	↑
Diarrhoea	1,081	1.37	1.31	↔
Vomiting	1,338	1.70	1.62	↑
Myocardial infarction	839	1.06	0.99	↔
Pharyngitis	66	0.08	0.10	↓
Heatstroke	1	0.00	0.00	↔

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



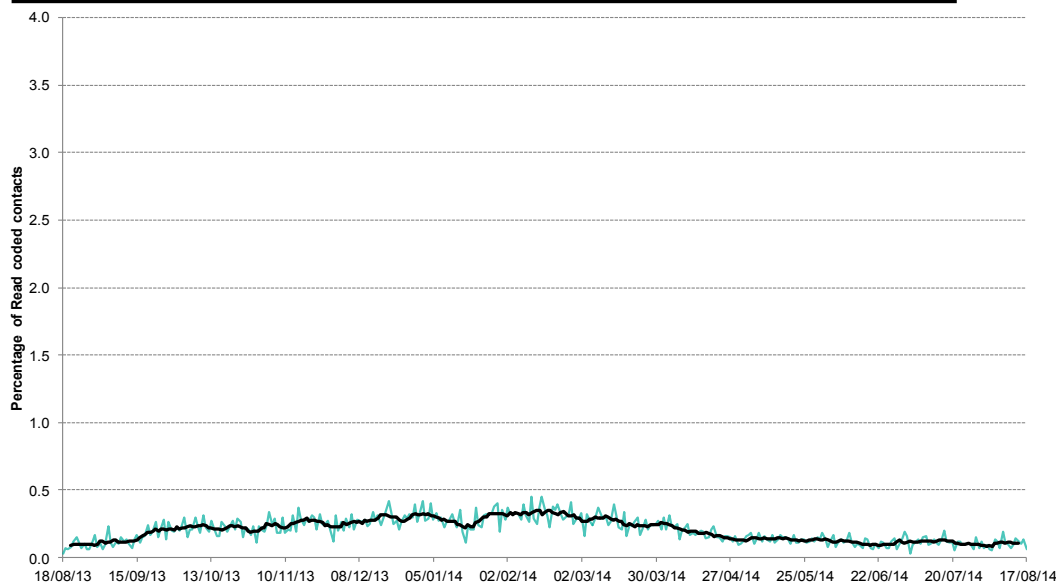
2: Acute Respiratory Infection daily contacts.

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



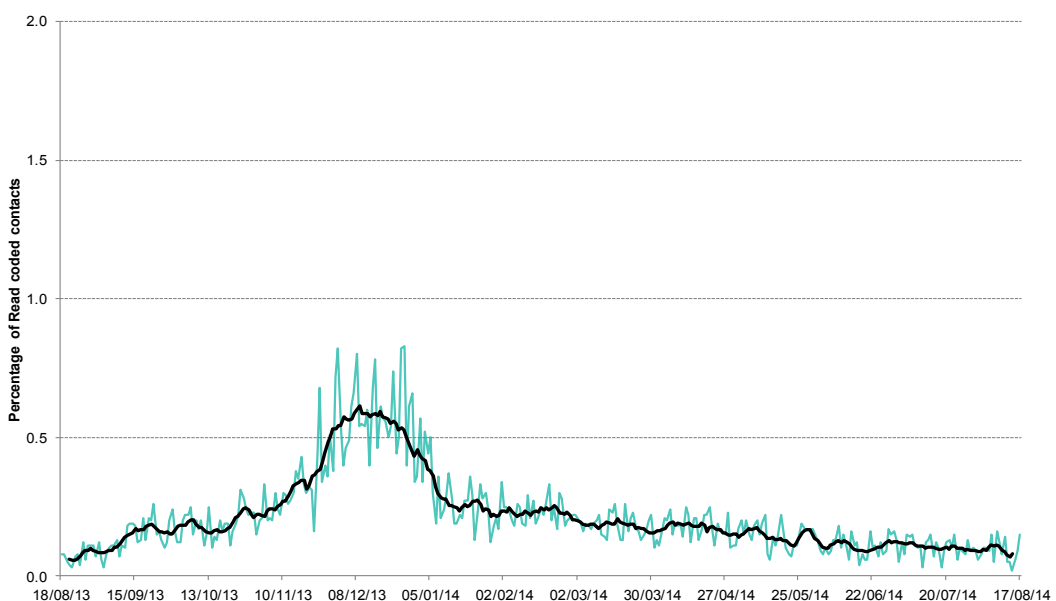
3: Influenza-like illness daily contacts.

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



4: Bronchitis/ bronchiolitis daily contacts.

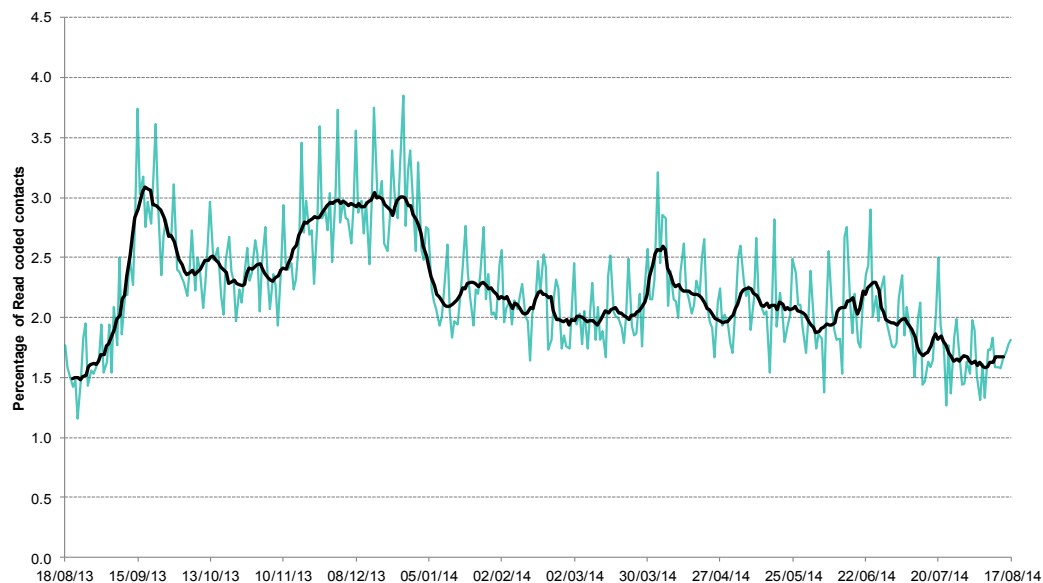
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



*7-day moving average adjusted for bank holidays.

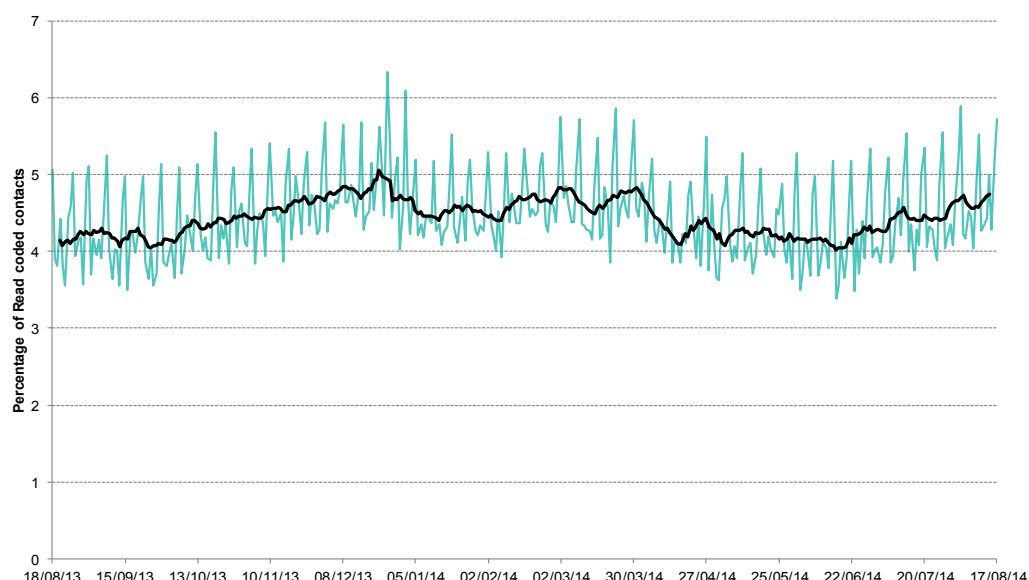
**5: Difficulty breathing/
wheeze/asthma daily
contacts.**

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



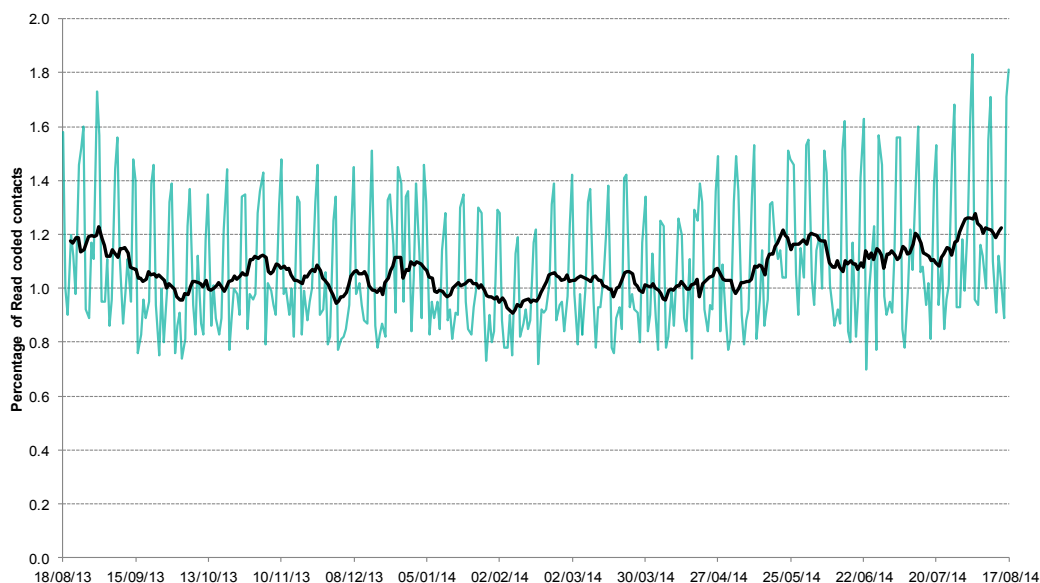
**6: Gastroenteritis daily
contacts.**

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



**7: Diarrhoea daily
contacts.**

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



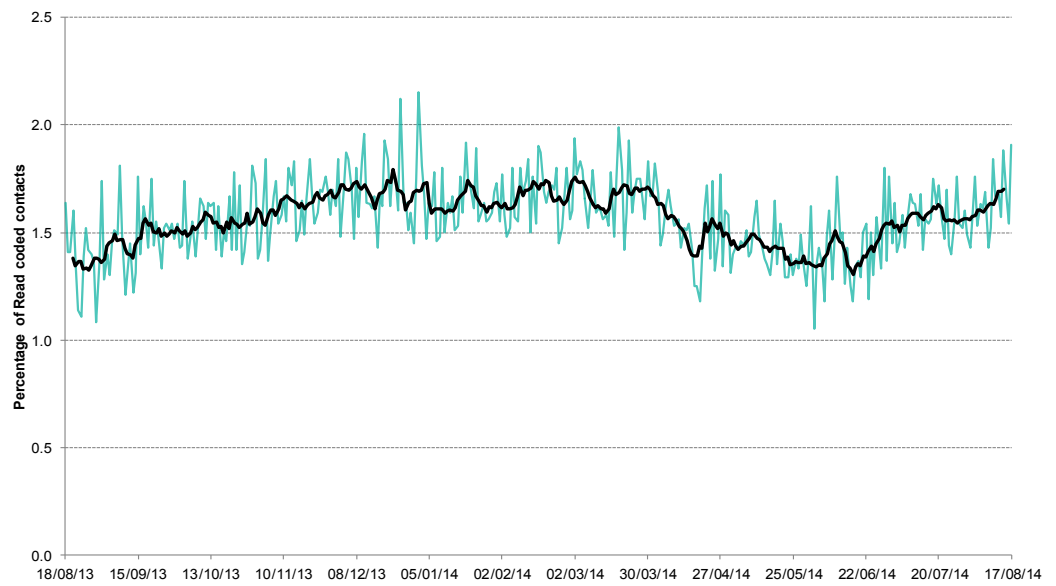
*7-day moving average
adjusted for bank
holidays.

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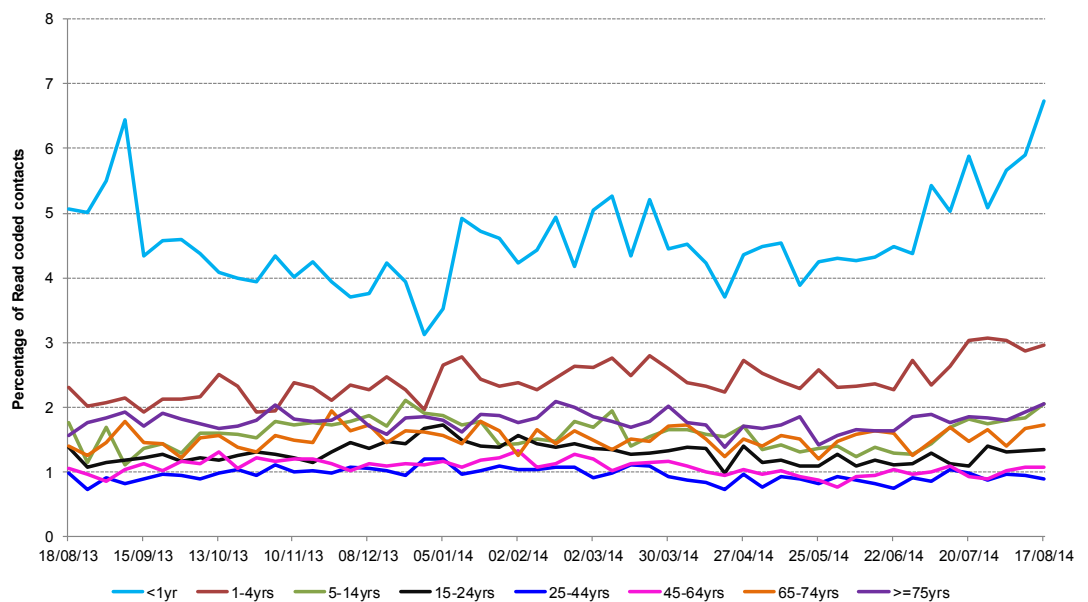
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8: Vomiting daily contacts.

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

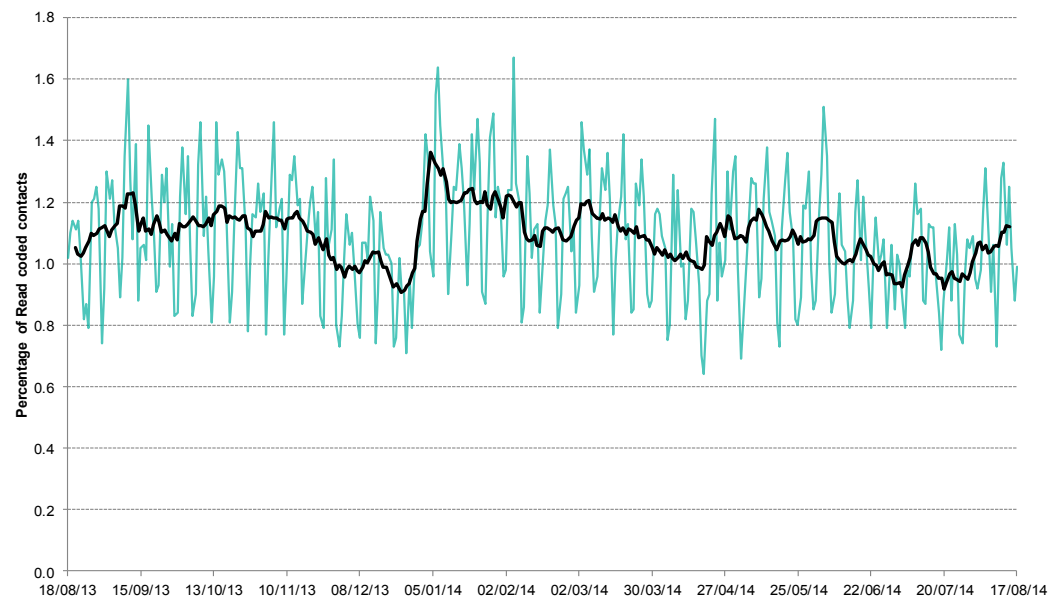


8a: Vomiting weekly contacts by age group.



9: Myocardial Infarction daily contacts.

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



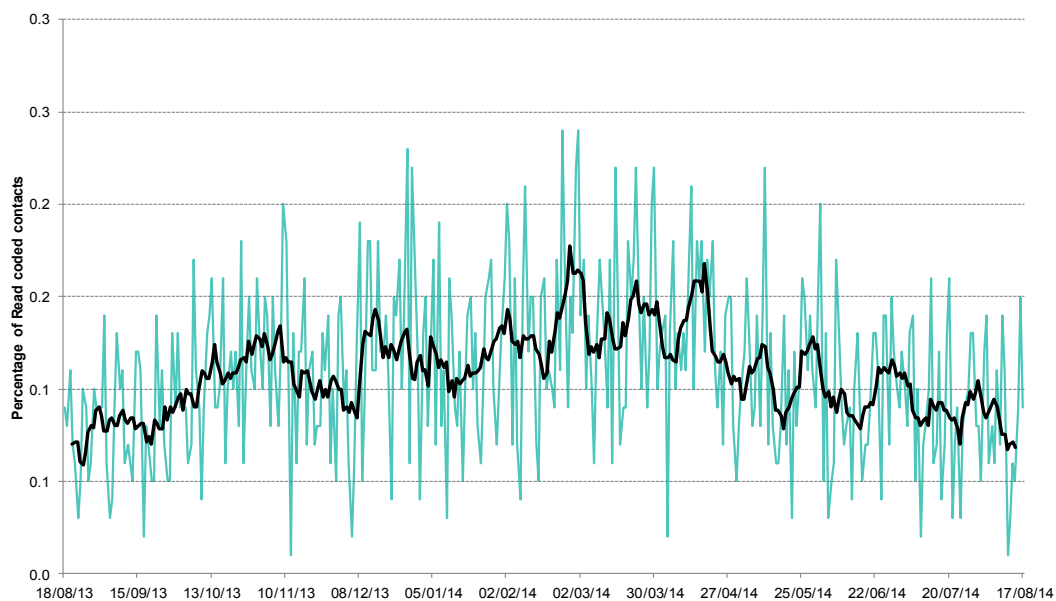
*7-day moving average adjusted for bank holidays.

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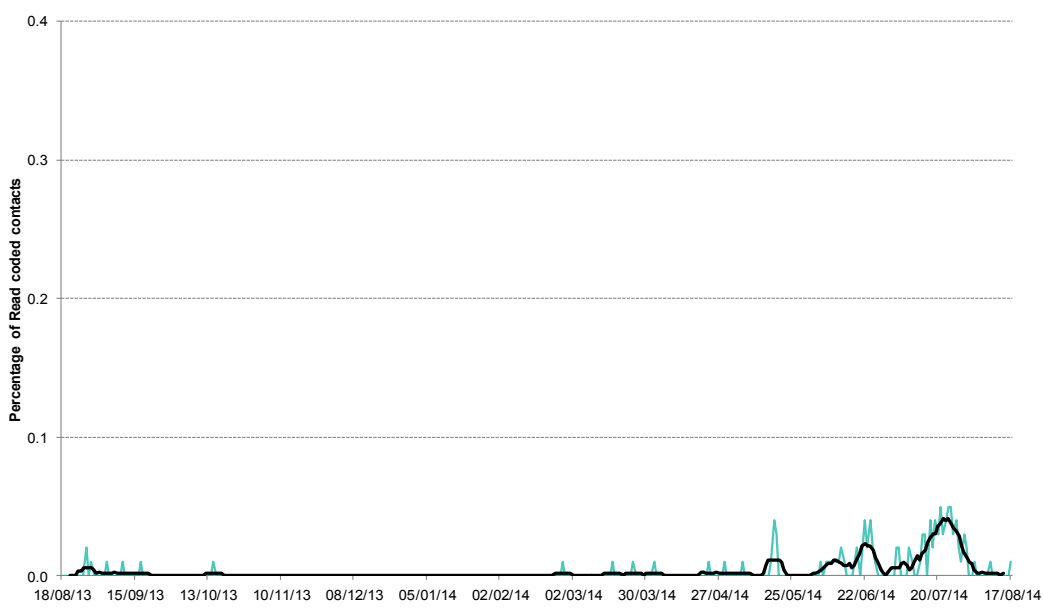
10: Acute pharyngitis and persistent sore throat.

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



11: Heatstroke and sunstroke.

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



12: Intentionally left blank.

Intentionally left blank.

*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.

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:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/RealtimeSyndromicSurveillance/>

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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