



12 April 2016

Year: 2016 Week: 14

In This Issue:

- Key Messages.
- Weekly summary.
- Total contacts.
- Syndromic indicators.
- Notes and caveats.
- Further information.
- Acknowledgements.

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).

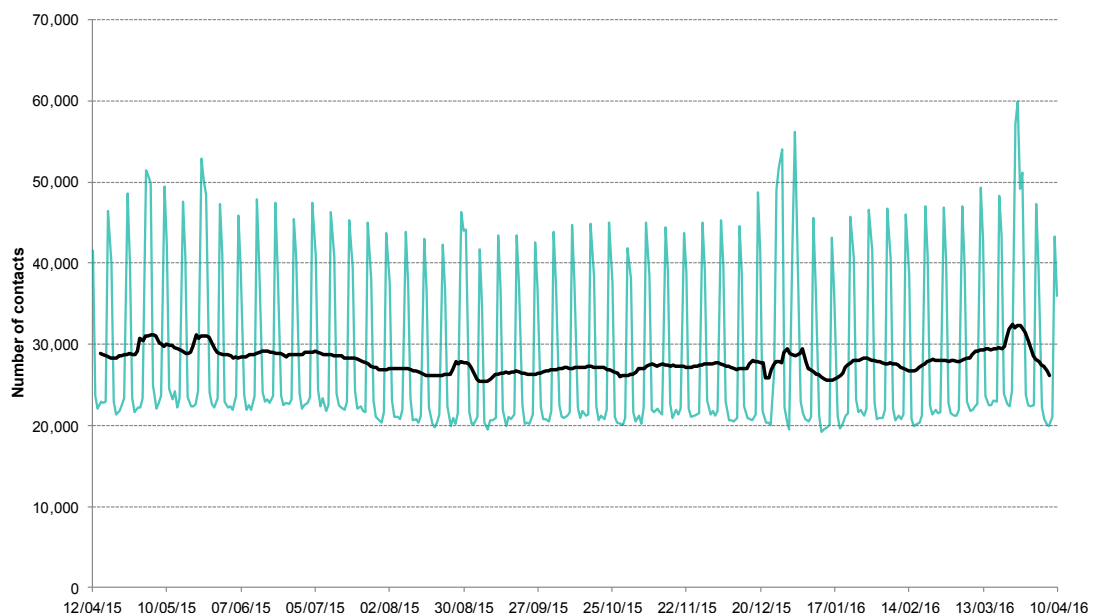
Key messages

Data to: 10 April 2016

GP out of hours consultations for acute respiratory infection and influenza-like illness have decreased during week 14 (figures 2 & 3).

Key indicator	No. of contacts	% Week 15	% Week 14	Trend*
All OOH contacts, all causes	21,039			
Acute respiratory infection	1,237	13.68	17.16	↓
Influenza-like illness	28	0.31	0.36	↓
Bronchitis/bronchiolitis	20	0.22	0.19	↔
Difficulty breathing/wheeze/asthma	171	1.89	1.94	↓
Pharyngitis	8	0.09	0.11	↓
Gastroenteritis	367	4.06	4.40	↔
Diarrhoea	81	0.90	1.02	↑
Vomiting	150	1.66	1.61	↔
Myocardial infarction	111	1.23	1.04	↔

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

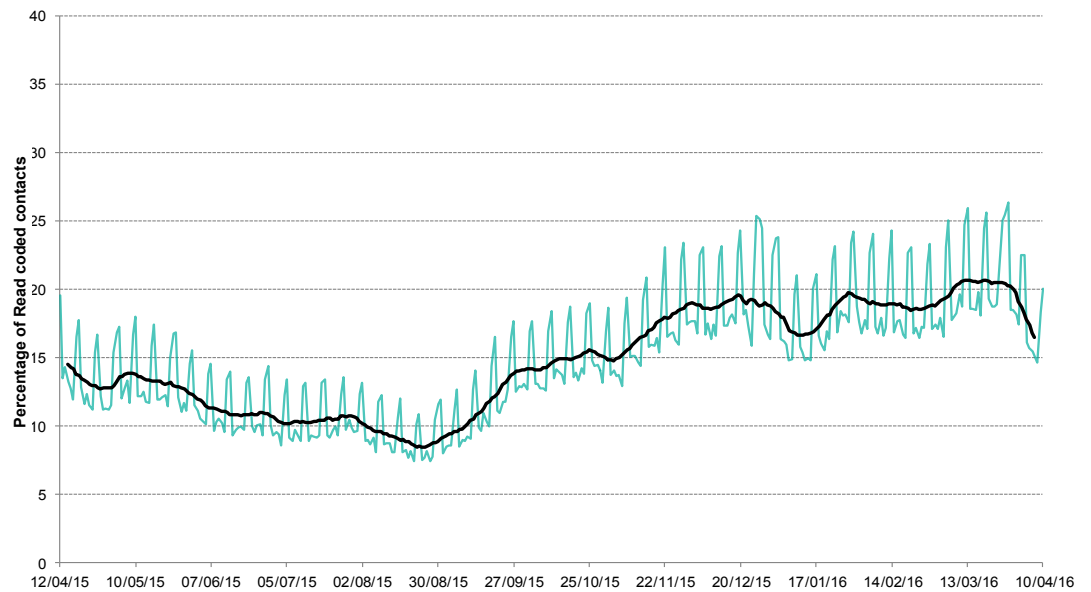


12 April 2016

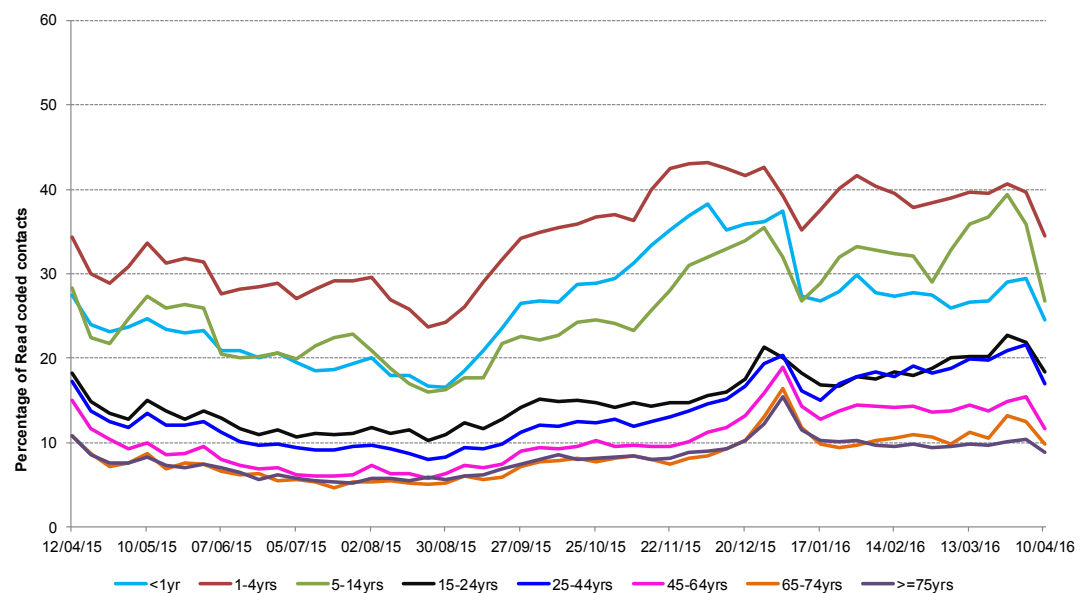
Year: 2016 Week: 14

2: Acute Respiratory Infection daily contacts.

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

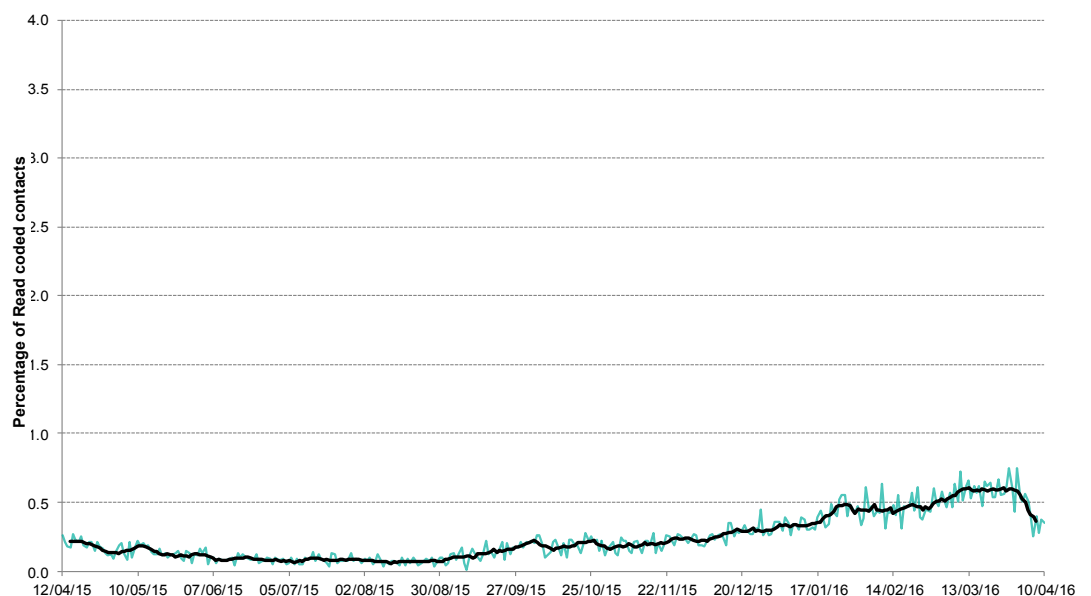


2a: Acute respiratory infection weekly contacts by age group.



3: Influenza-like illness daily contacts.

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

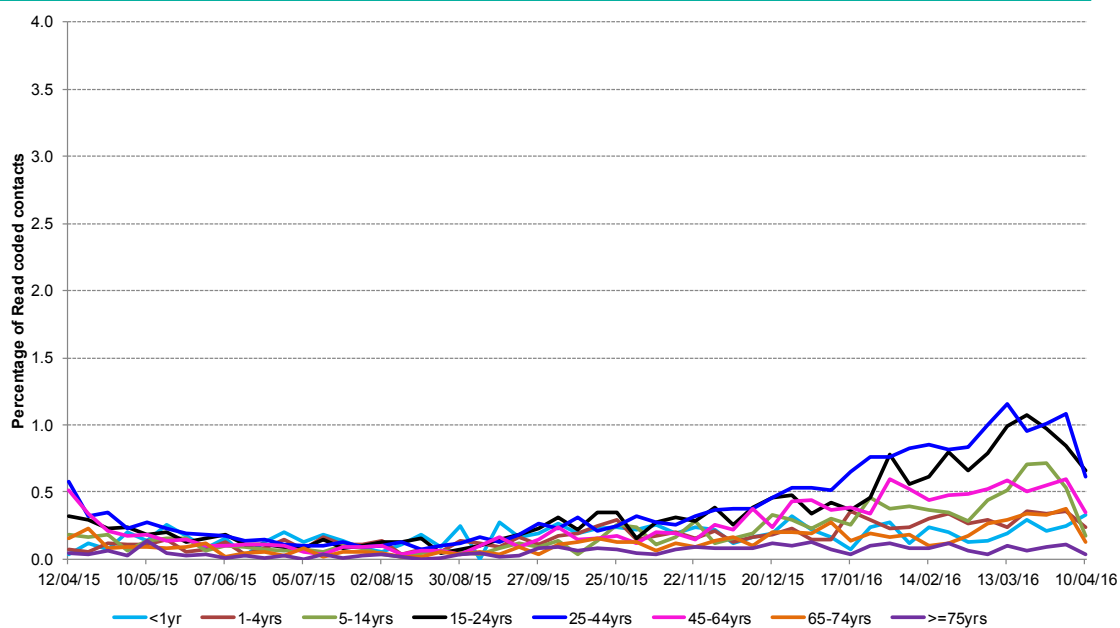


*7-day moving average adjusted for bank holidays.

12 April 2016

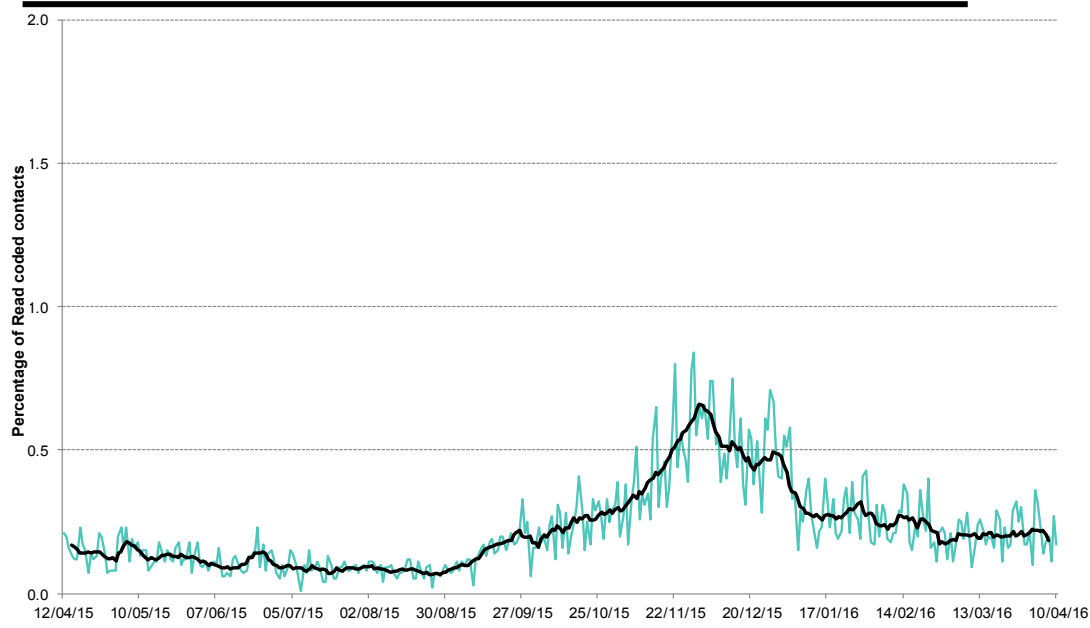
Year: 2016 Week: 14

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

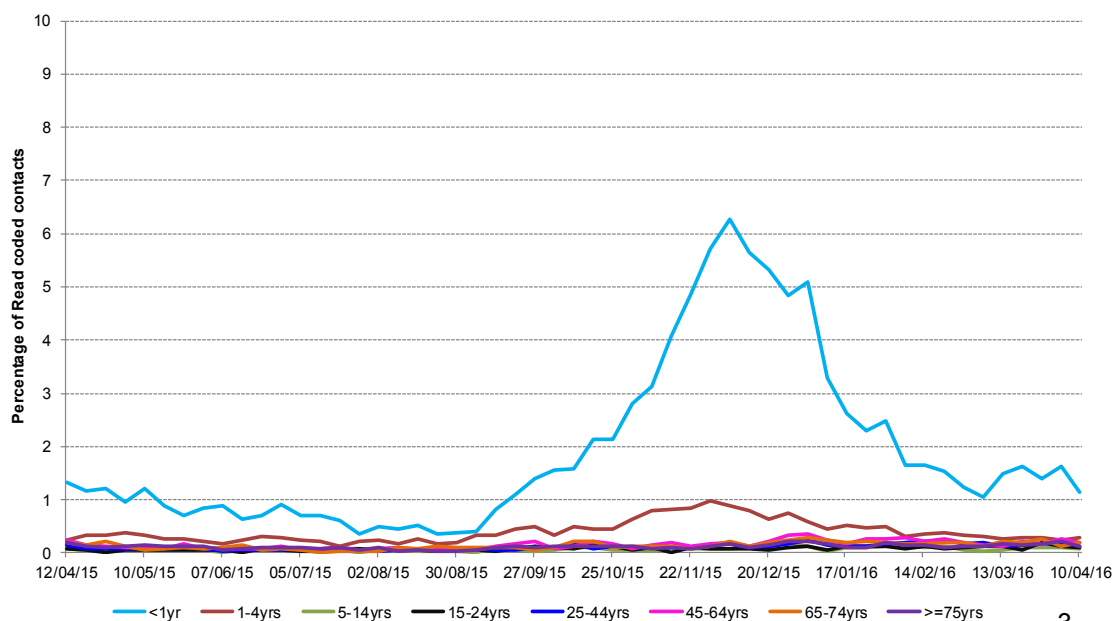


4: Bronchitis/ bronchiolitis daily contacts.

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



4a: Bronchitis/ bronchiolitis contacts by age group.



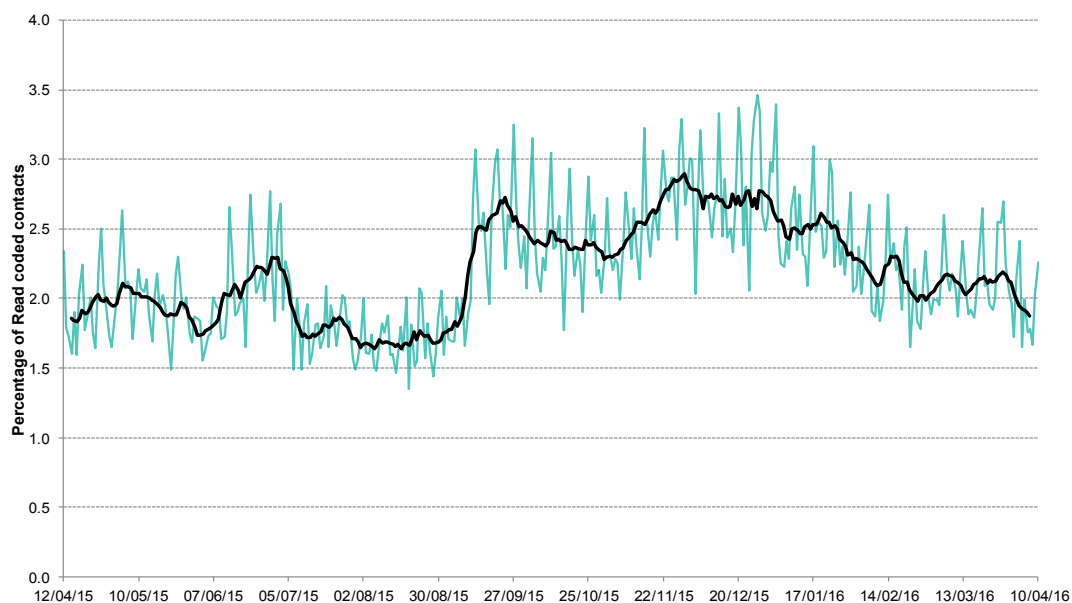
*7-day moving average adjusted for bank holidays.

12 April 2016

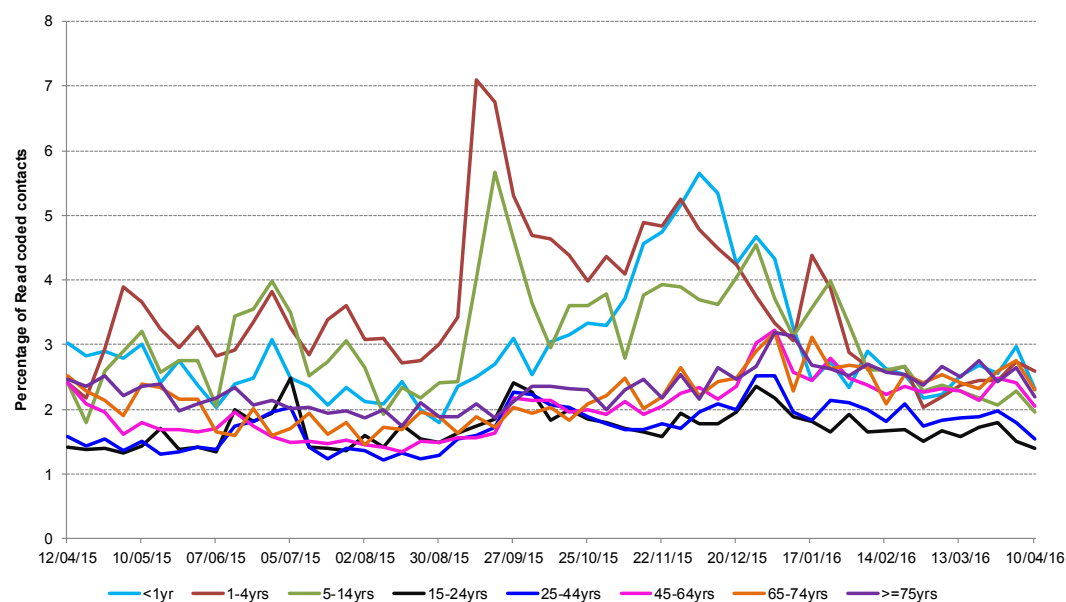
Year: 2016 Week: 14

**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*.

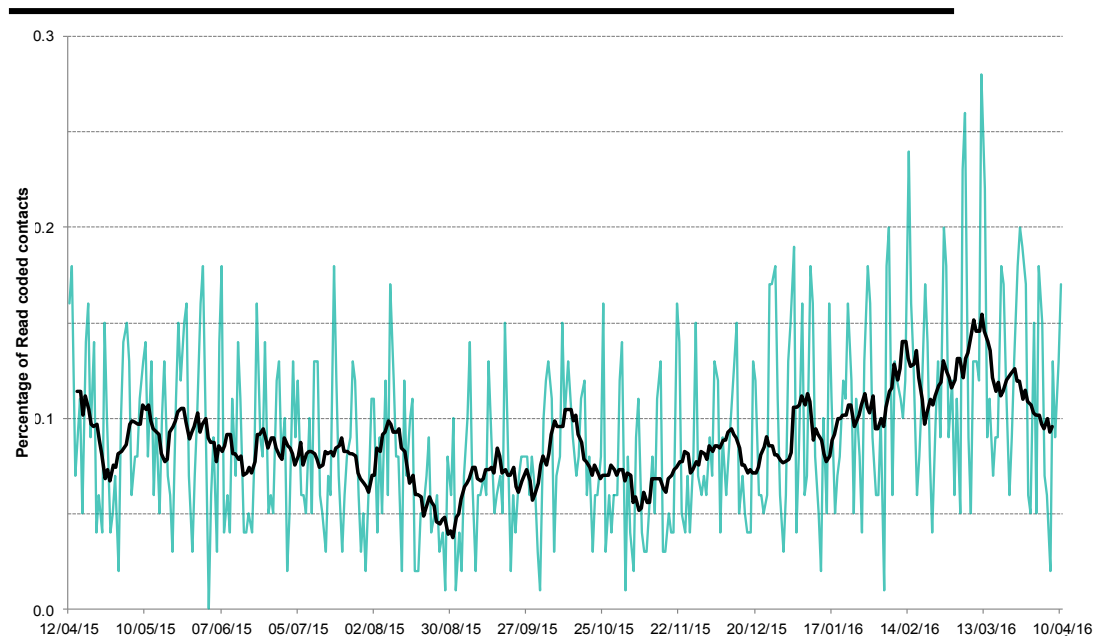


**5a: Difficulty
breathing/wheeze/
asthma weekly
contacts by age
group.**



**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*.



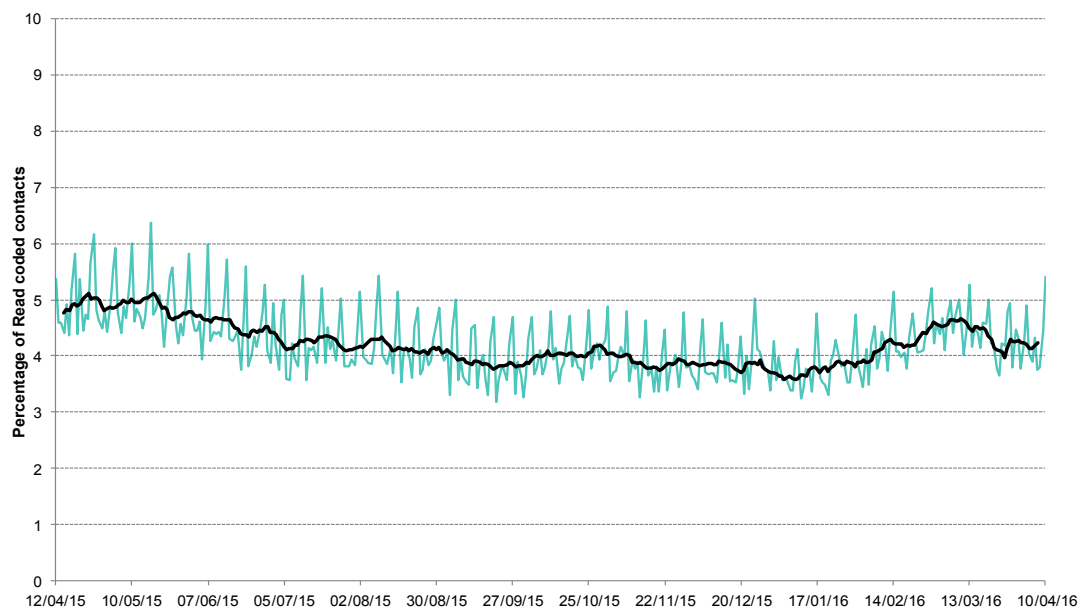
*7-day moving average
adjusted for bank
holidays.

12 April 2016

Year: 2016 Week: 14

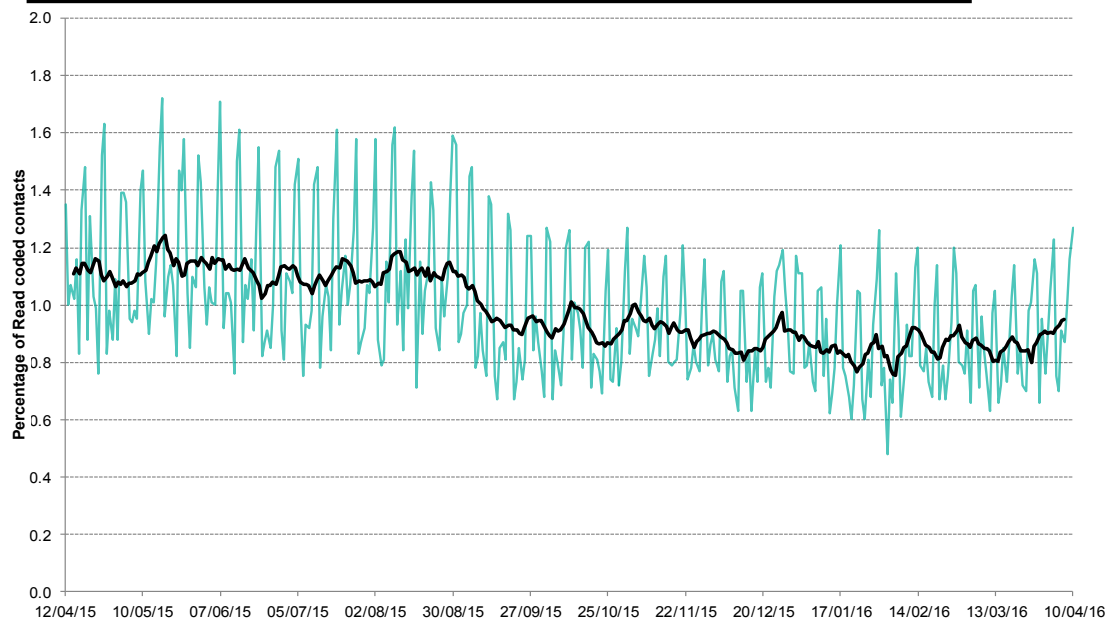
7: Gastroenteritis daily contacts

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



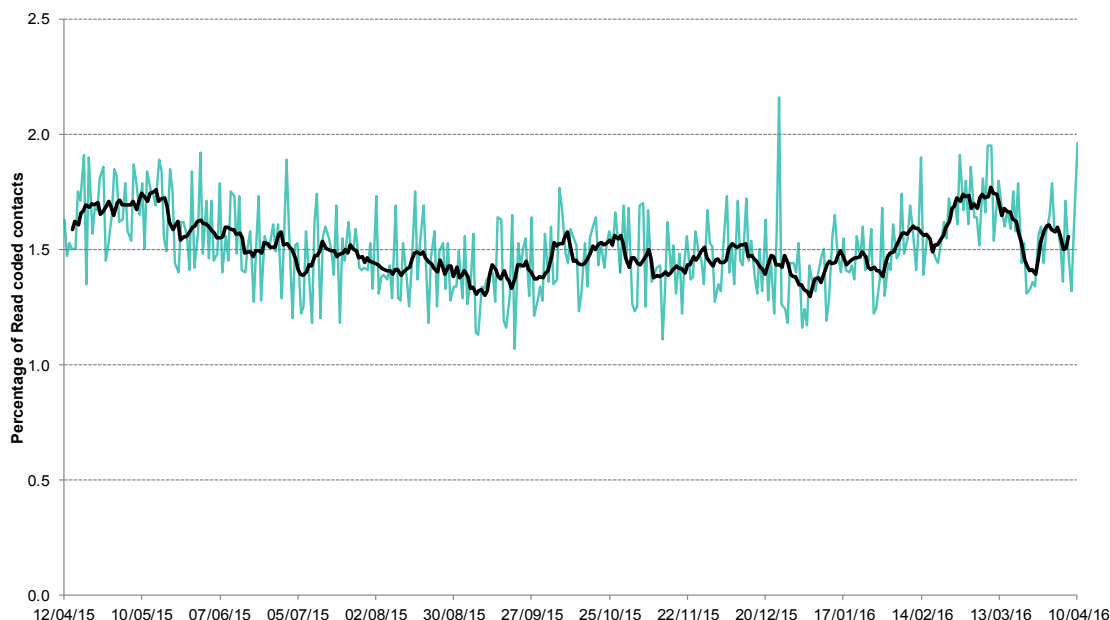
8: Diarrhoea daily contacts.

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



9: Vomiting daily contacts.

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



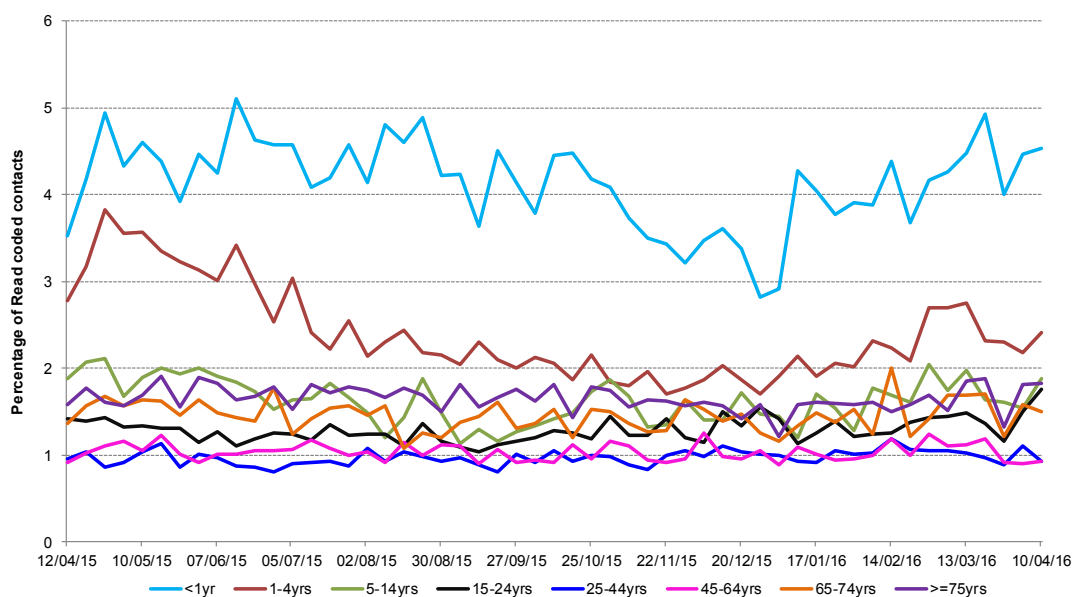
*7-day moving average adjusted for bank holidays.

12 April 2016

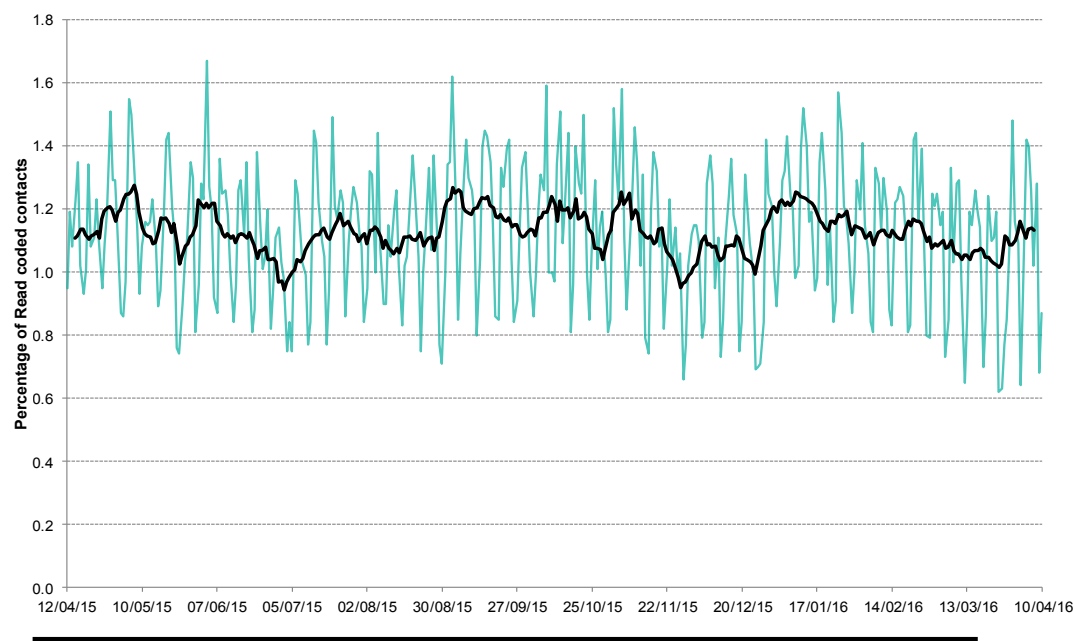
Year: 2016 Week: 14

**9a: Vomiting contacts
by age group.**

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



**10: Myocardial
Infarction daily
contacts.**



Intentionally left blank.

*7-day moving average
adjusted for bank
holidays.

12 April 2016

Year: 2016 Week: 14

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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