



23 December 2014

Year: 2014 Week: 51

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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: 21 December 2014

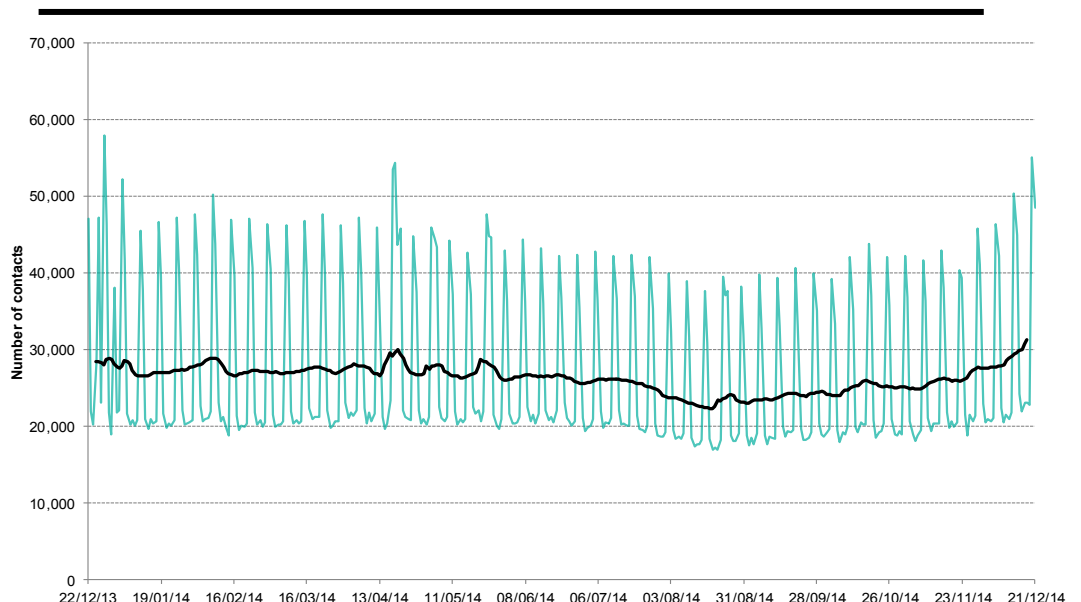
Influenza-like illness consultations increased across all age groups (figures 3 & 3a) during week 51. Consultations for acute respiratory infections increased during week 51 (figure 2) although there were no further increases in the <5 year olds (figure 2a). There were no further increases in consultations for bronchitis/bronchiolitis, particularly in the <5 year olds (figures 4 & 4a).

A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance team will be monitoring the impact of cold weather on syndromic surveillance data during this period.

Cold weather alert level (current reporting week): **Level 1 – Winter preparedness and action**  
<http://www.metoffice.gov.uk/weather/uk/coldweatheralert/>

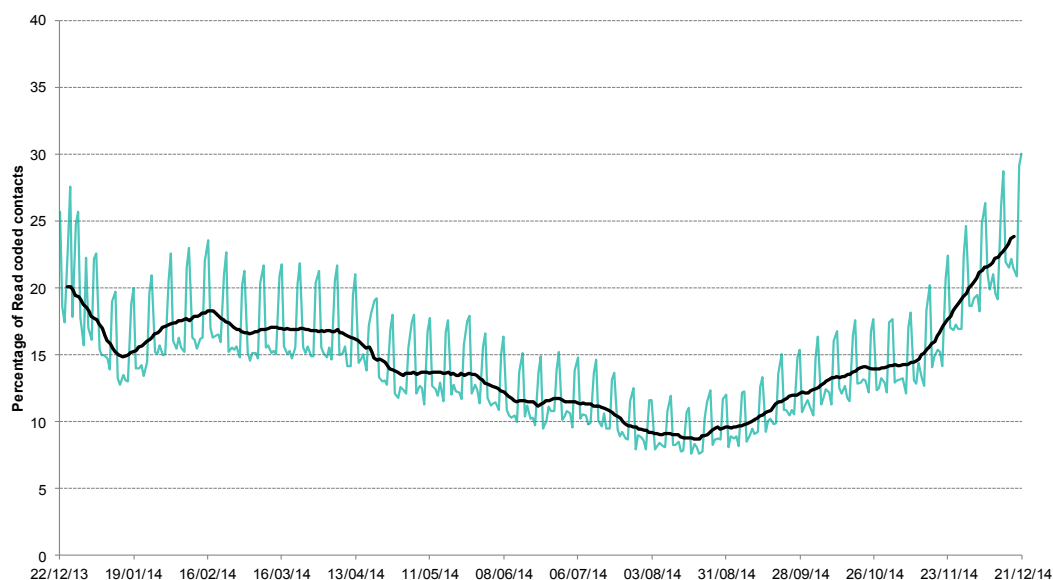
Key indicator	No. of contacts	% Week 51	% Week 50	Trend*
All OOH contacts, all causes	218,542			
Acute respiratory infection	29,970	25.72	23.85	↑
Influenza-like illness	783	0.67	0.52	↑
Bronchitis/bronchiolitis	703	0.60	0.59	↔
Difficulty breathing/wheeze/asthma	3,978	3.41	3.31	↑
Pharyngitis	176	0.15	0.14	↑
Gastroenteritis	4,998	4.29	4.52	↔
Diarrhoea	1,152	0.99	1.01	↔
Vomiting	1,924	1.65	1.70	↔
Myocardial infarction	1,055	0.91	0.96	↔

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

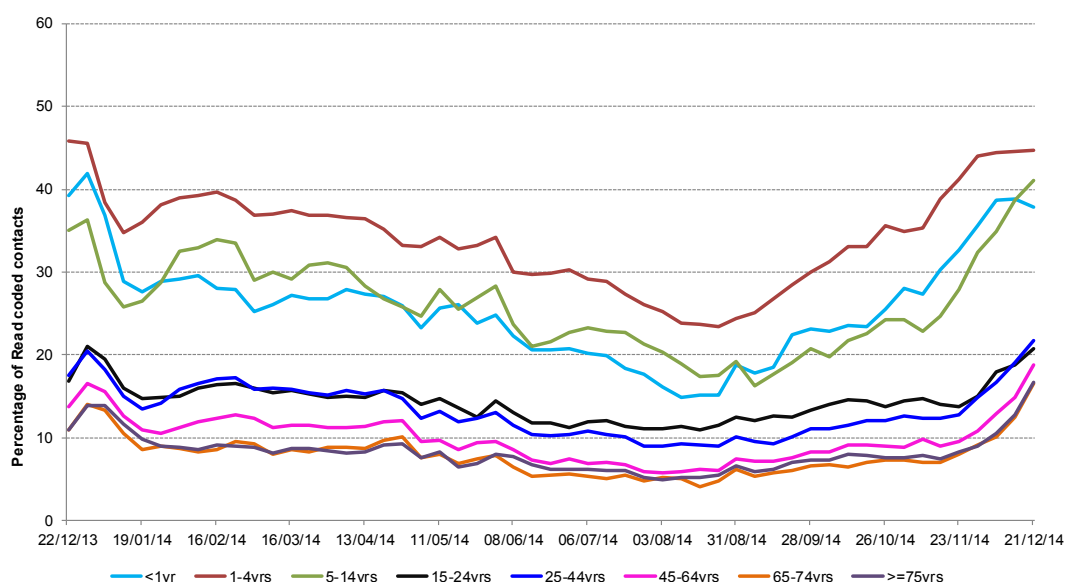


**2: Acute Respiratory Infection daily contacts.**

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

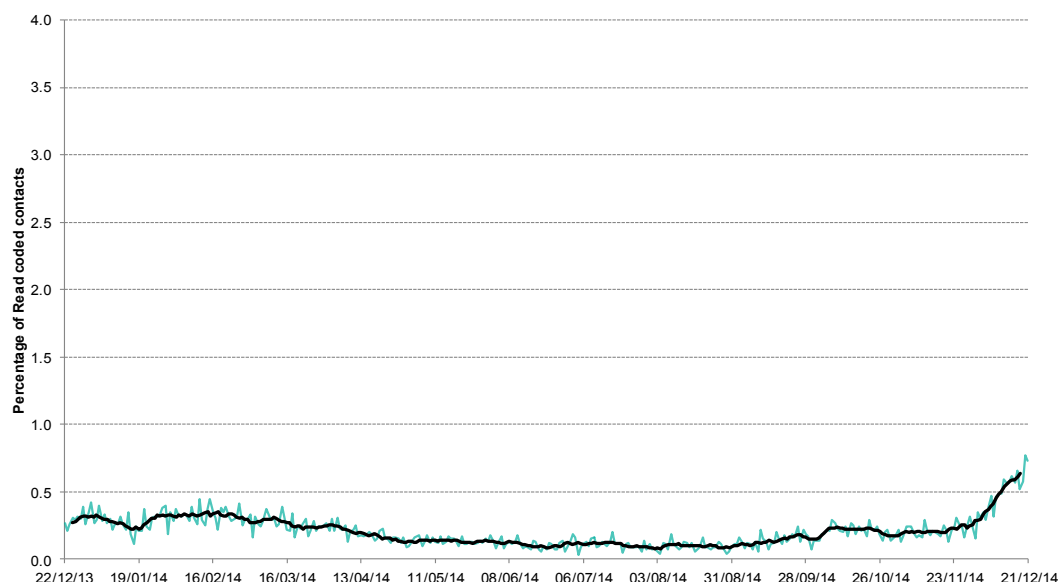


**2a: Acute respiratory infection daily contacts by age group.**



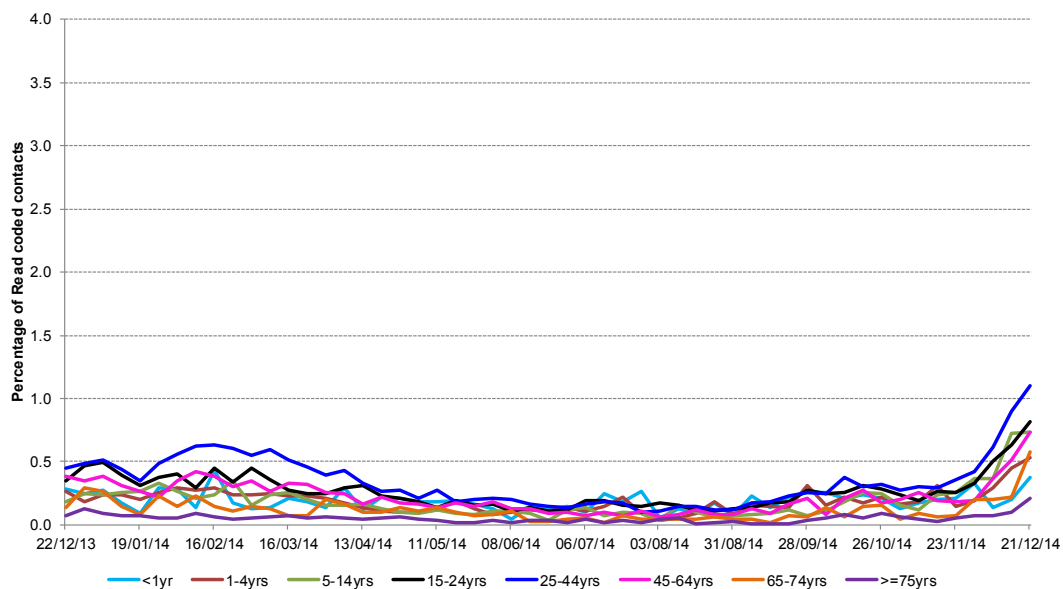
**3: Influenza-like illness daily contacts.**

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



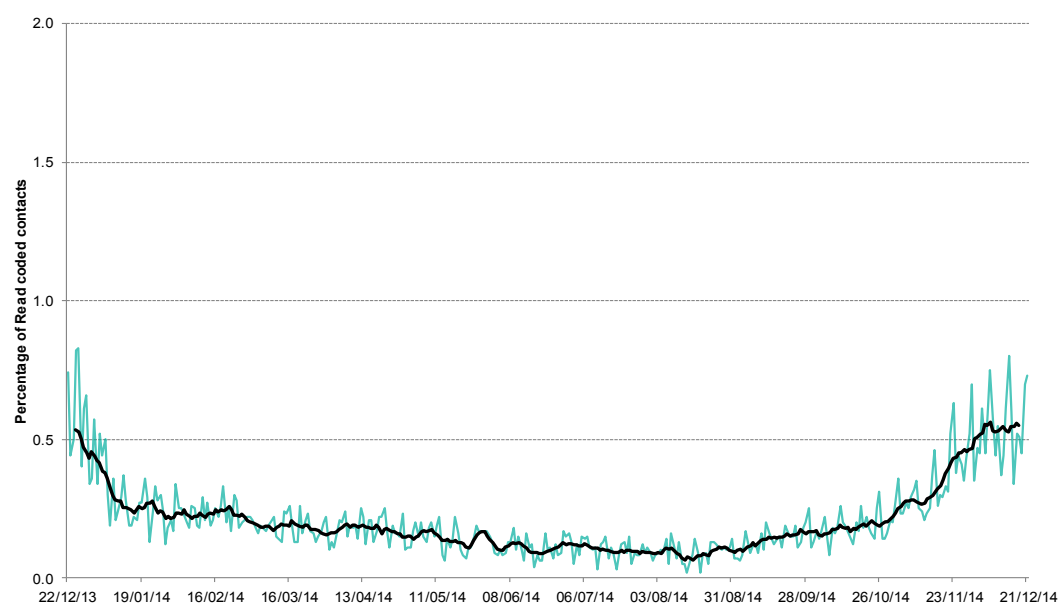
\*7-day moving average adjusted for bank holidays.

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



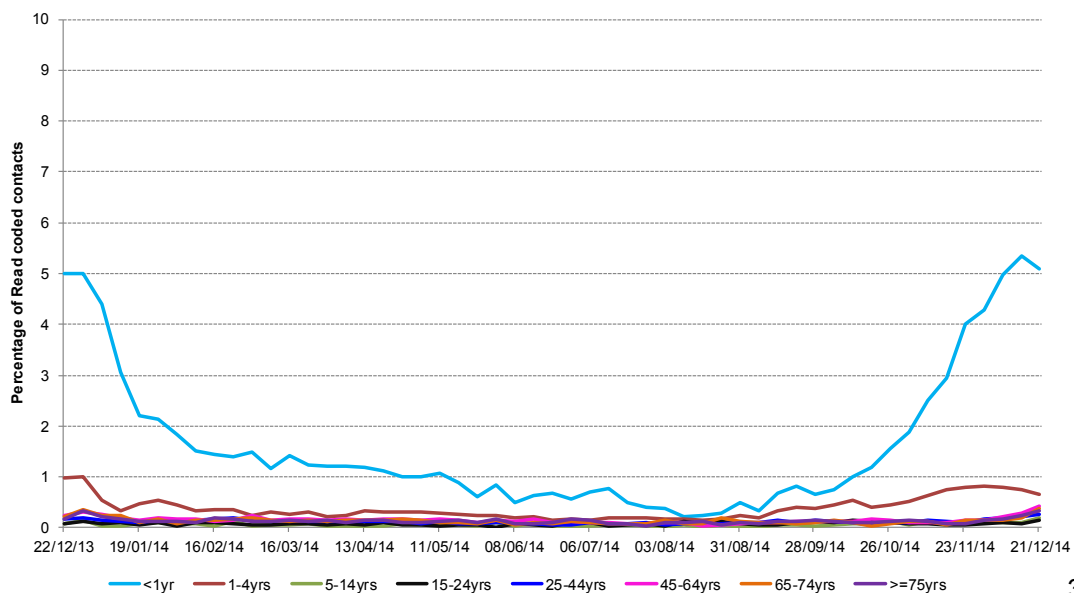
**4: Bronchitis/ bronchiolitis daily contacts.**

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.

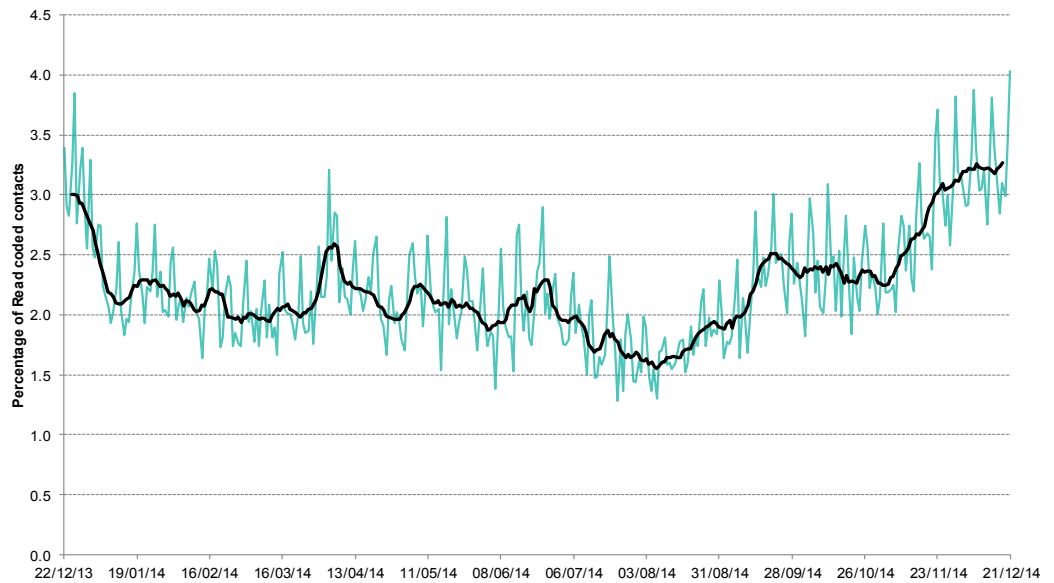


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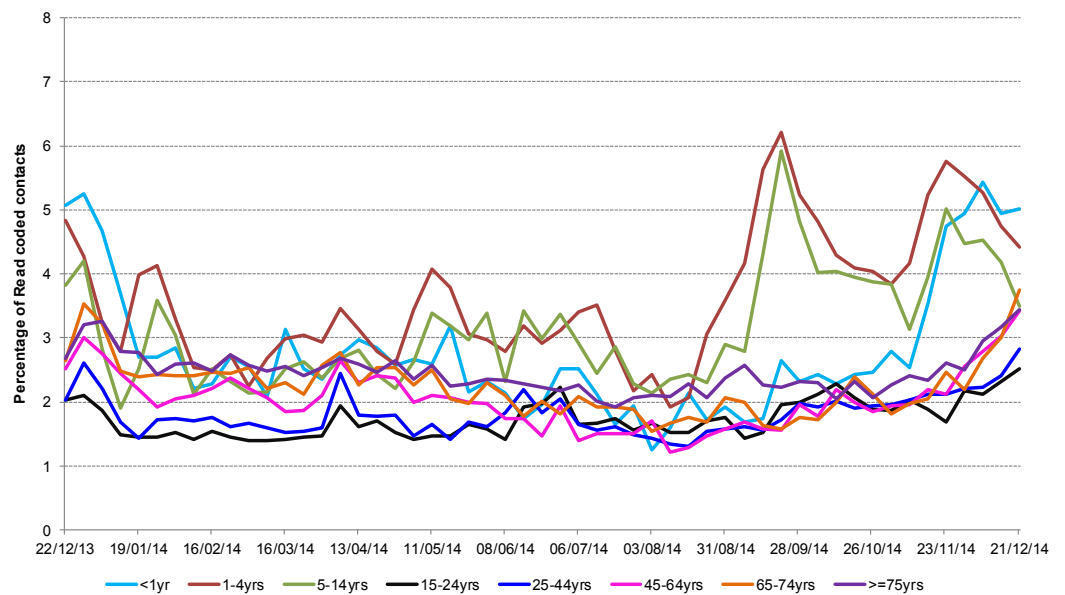
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**5: Difficulty breathing/  
wheeze/asthma daily  
contacts.**

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

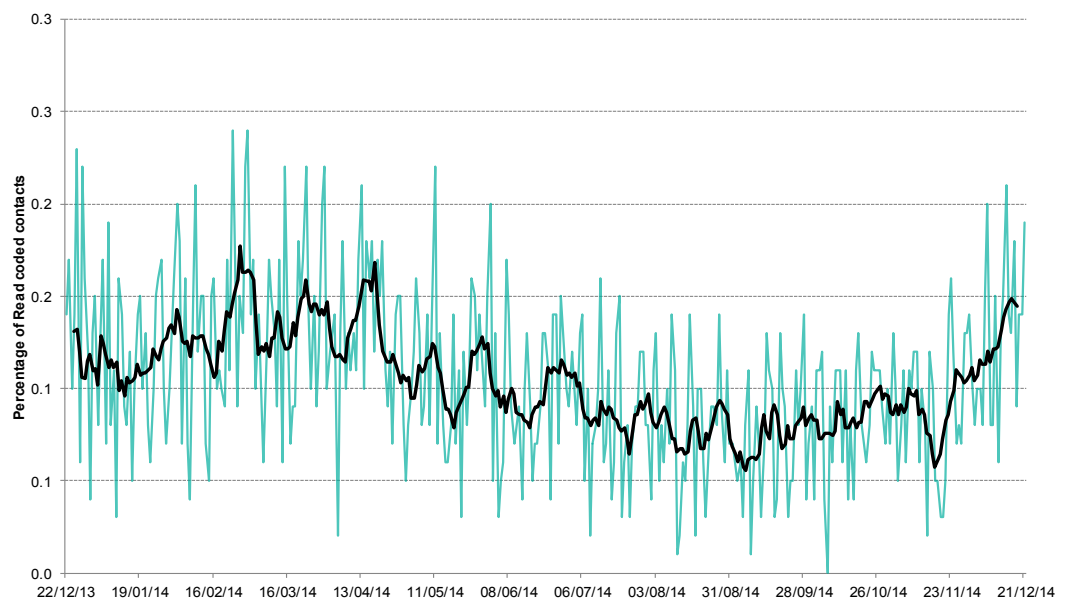


**5a: Difficulty  
breathing/wheeze/  
asthma weekly  
contacts by age  
group.**



**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\*.

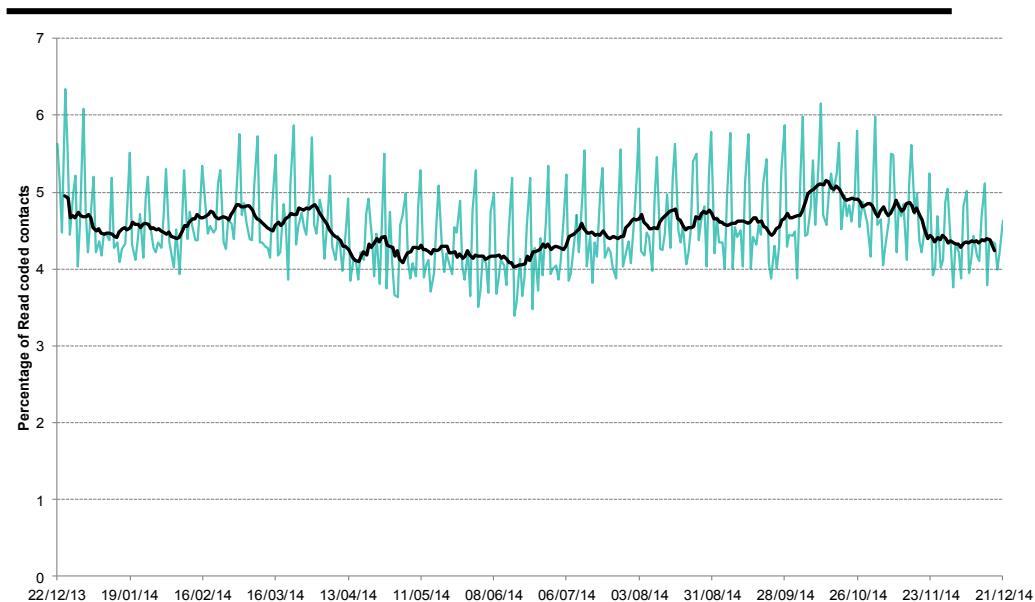


\*7-day moving average  
adjusted for bank  
holidays.

## 8: Intentionally left blank.

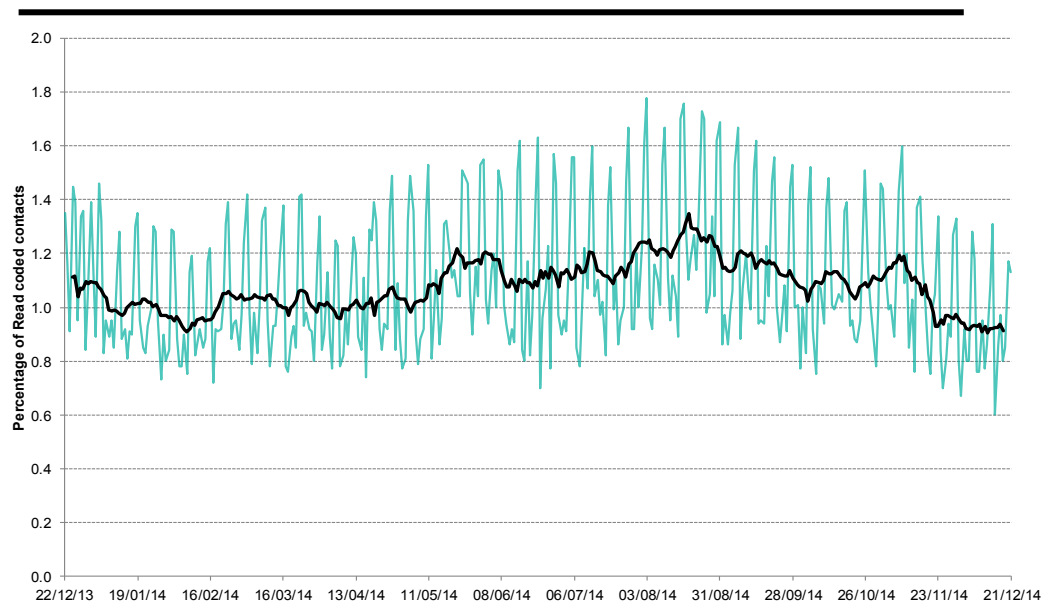
## 9: Gastroenteritis daily contacts.

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



## 10: Diarrhoea daily contacts.

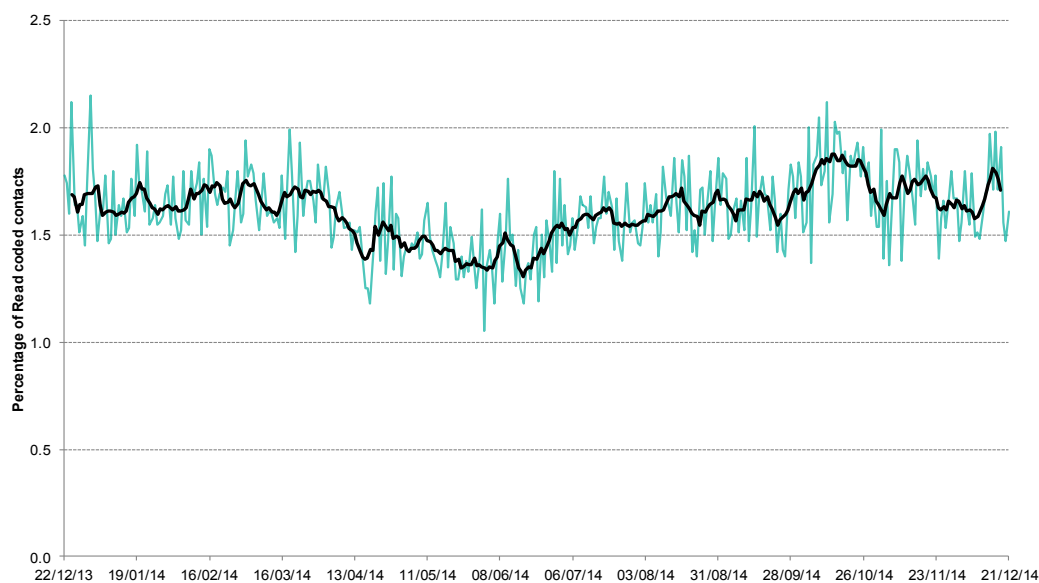
Shown as a percentage of the total contacts with a Read code and as a 7 day average\*.



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

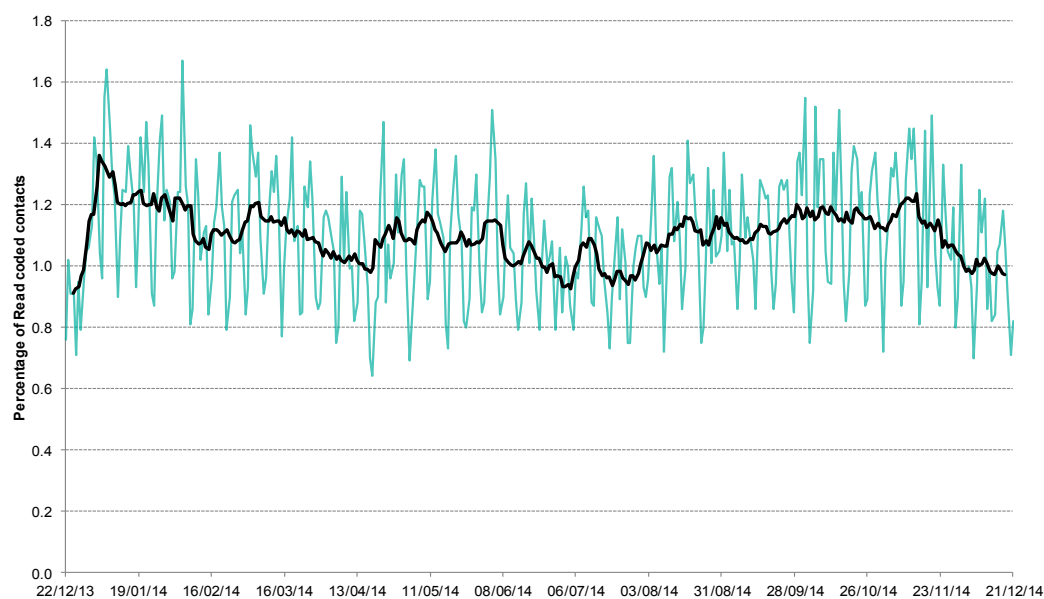
**11: Vomiting daily contacts.**

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



**12: Myocardial Infarction daily contacts.**

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



**13: Intentionally left blank.**

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

## 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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