



21 January 2015

Year: 2015 Week: 03

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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: 18 January 2015

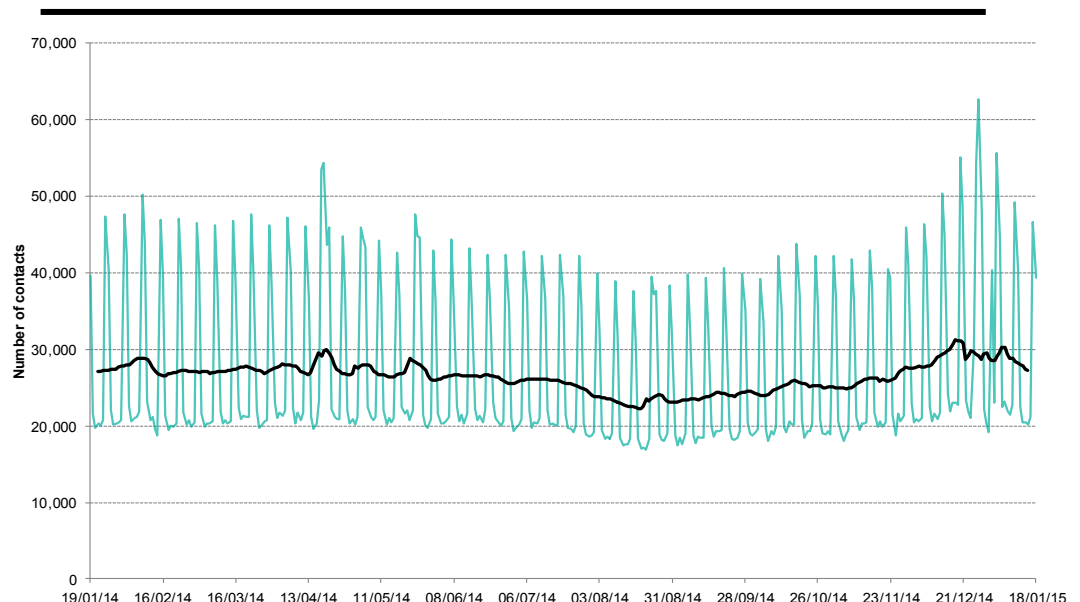
Consultations for acute respiratory infections and difficulty breathing/asthma/wheeze continued to decrease across most age groups except in the 1 to 4 and 5 to 14 years age groups during week 3 (figures 2 & 2a, 5 & 5a).

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): **Levels 2/3 — Alert and readiness/Cold weather action**
<http://www.metoffice.gov.uk/weather/uk/coldweatheralert/>

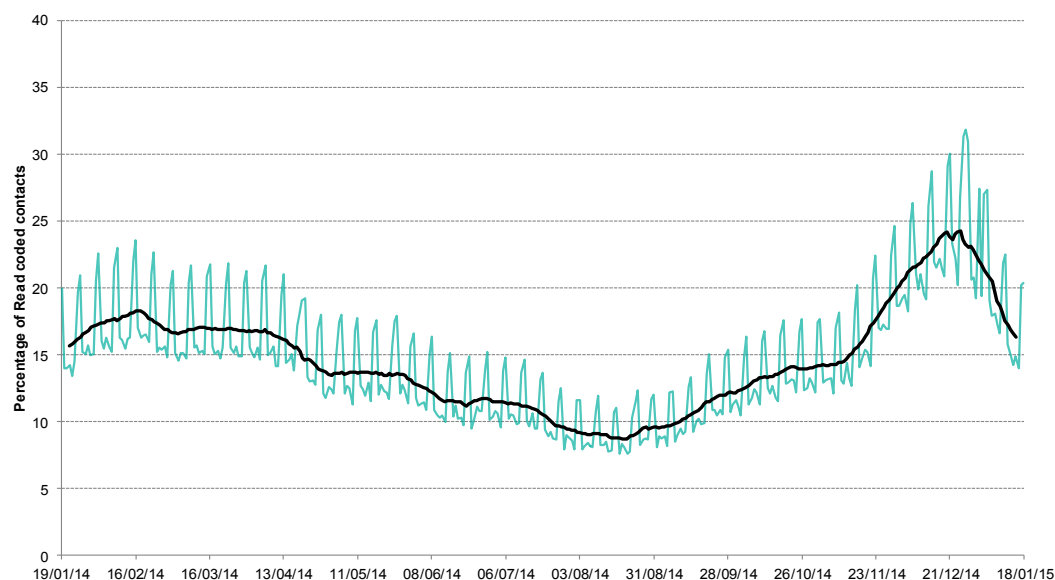
Key indicator	No. of contacts	% Week 03	% Week 02	Trend*
All OOH contacts, all causes	190,826			
Acute respiratory infection	15,999	17.52	19.95	↓
Influenza-like illness	315	0.34	0.59	↓
Bronchitis/bronchiolitis	224	0.25	0.36	↓
Difficulty breathing/wheeze/asthma	2,338	2.56	2.71	↓
Pharyngitis	92	0.10	0.13	↓
Gastroenteritis	3,973	4.35	4.05	↔
Diarrhoea	926	1.01	1.01	↔
Vomiting	1,491	1.63	1.51	↑
Myocardial infarction	1,176	1.29	1.13	↑

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

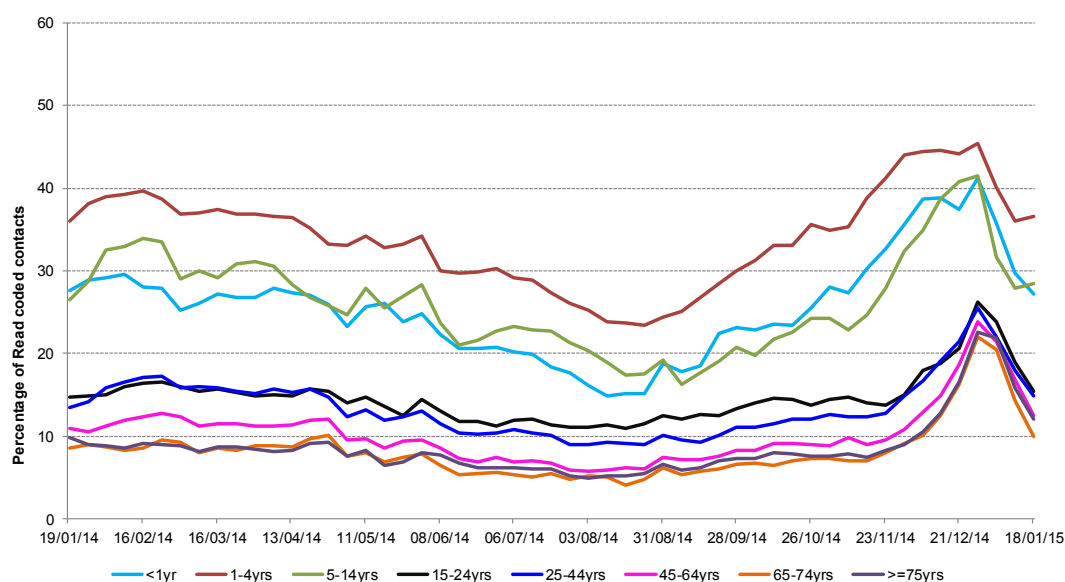


2: Acute Respiratory Infection daily contacts.

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

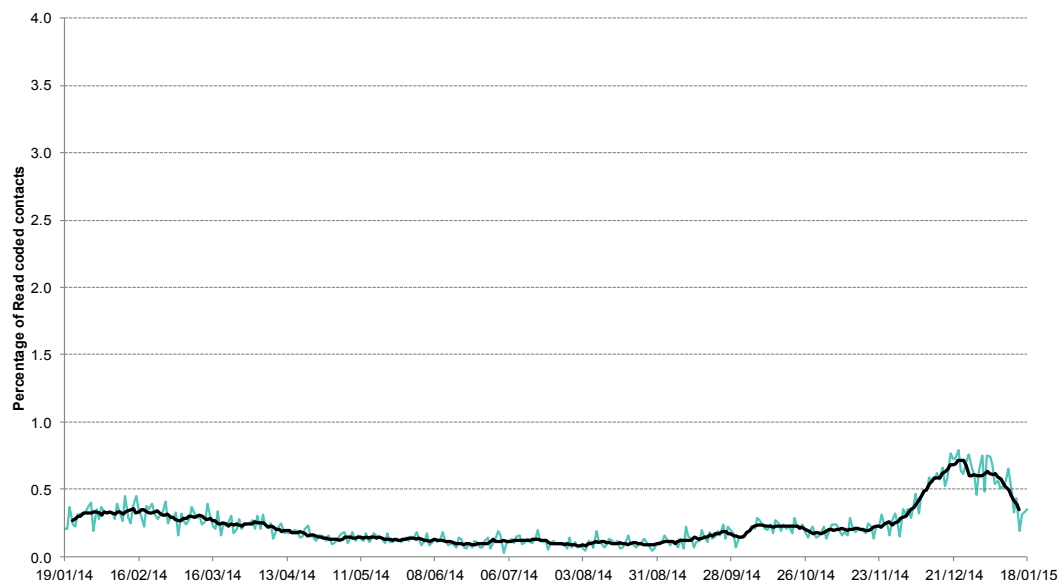


2a: Acute respiratory infection daily contacts by age group.



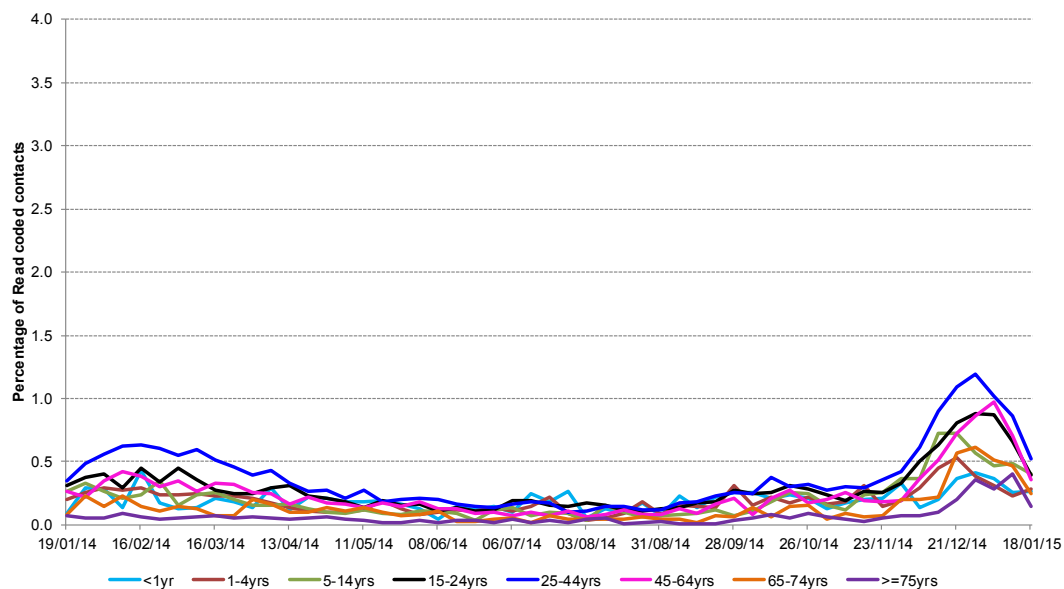
3: Influenza-like illness daily contacts.

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



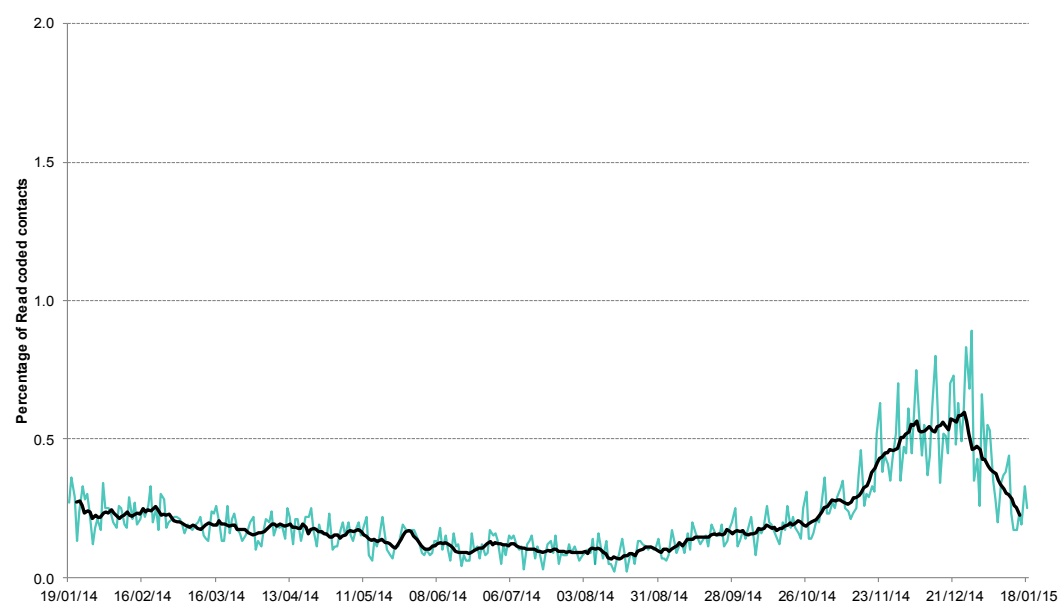
*7-day moving average adjusted for bank holidays.

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



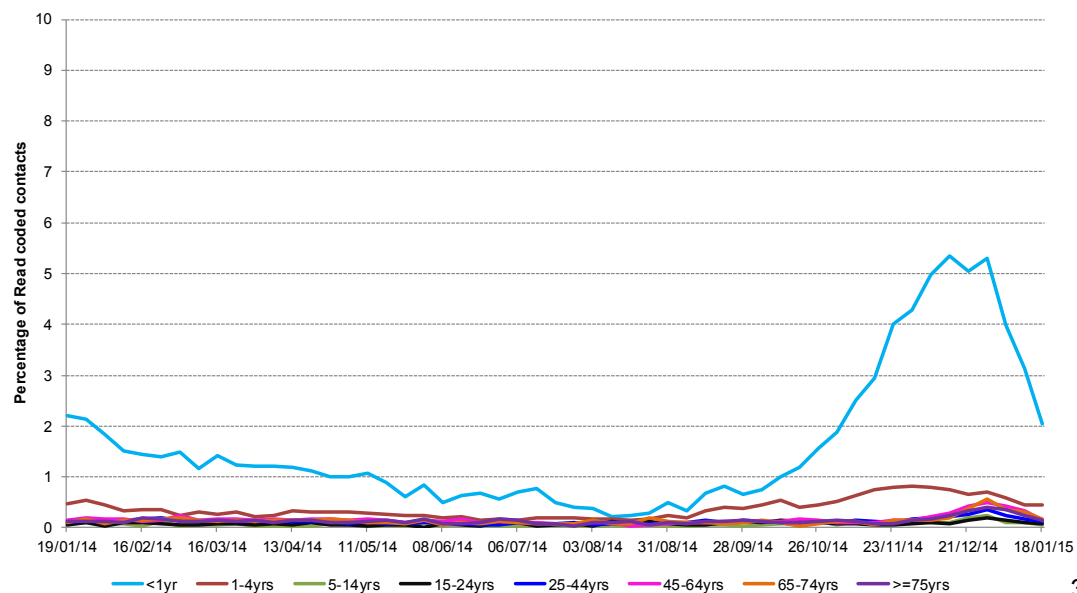
4: Bronchitis/ bronchiolitis daily contacts.

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.

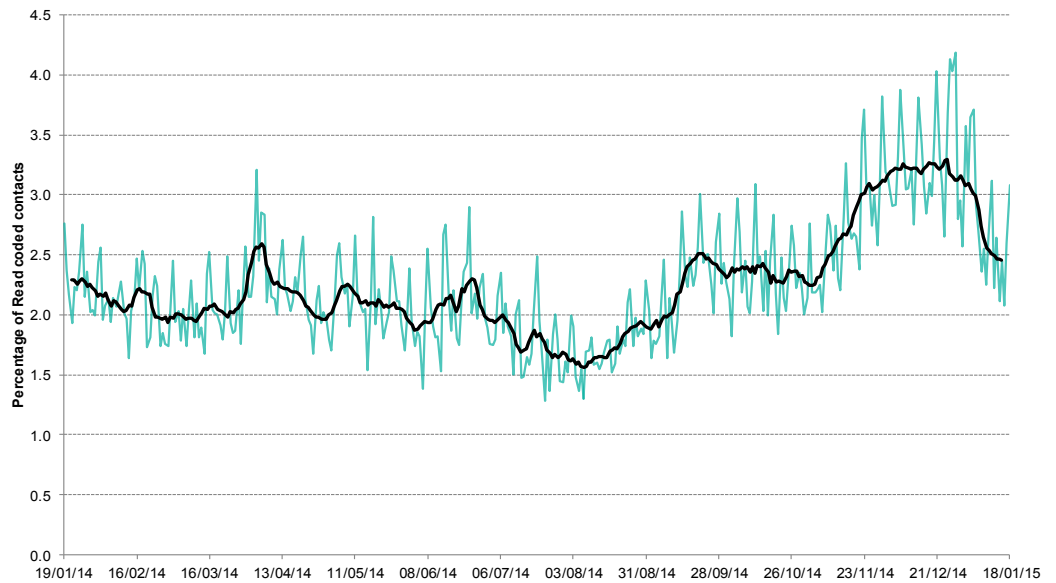


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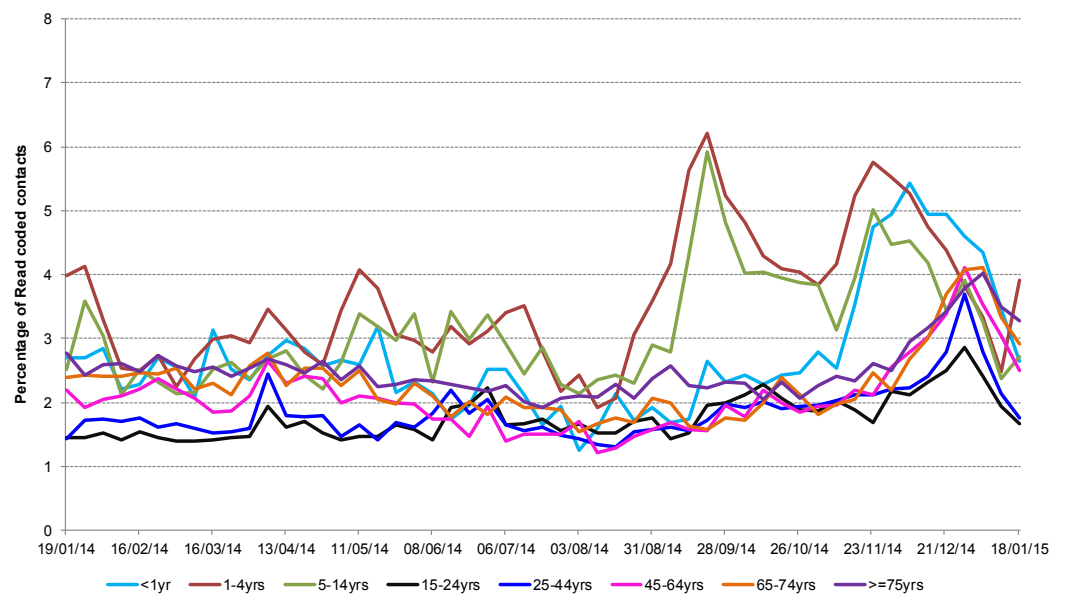
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**5: Difficulty breathing/
wheeze/asthma daily
contacts.**

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

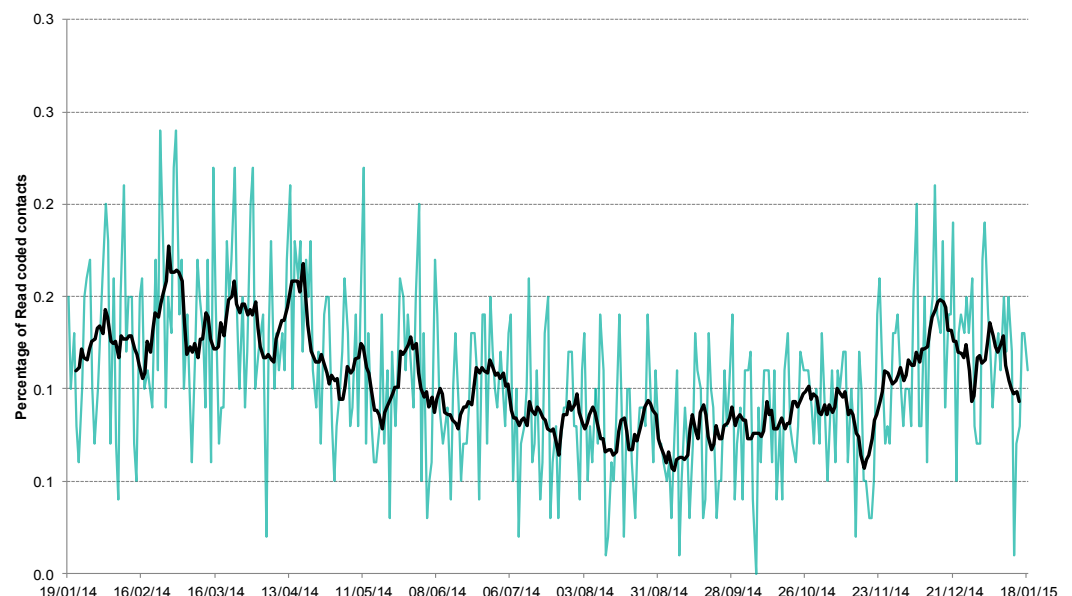


**5a: Difficulty
breathing/wheeze/
asthma weekly
contacts by age
group.**



**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*.

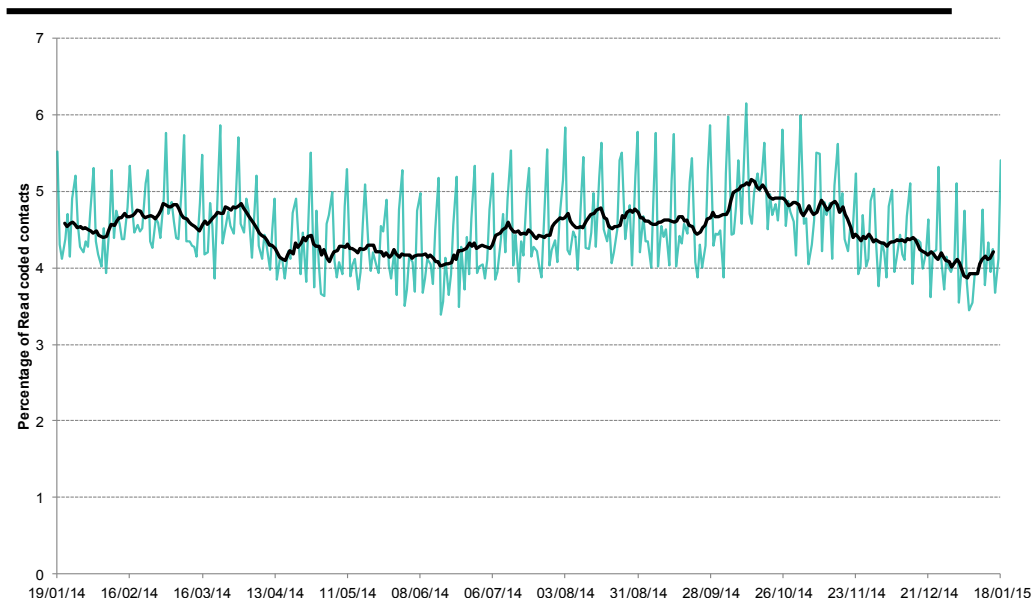


*7-day moving average
adjusted for bank
holidays.

7: Intentionally left blank.

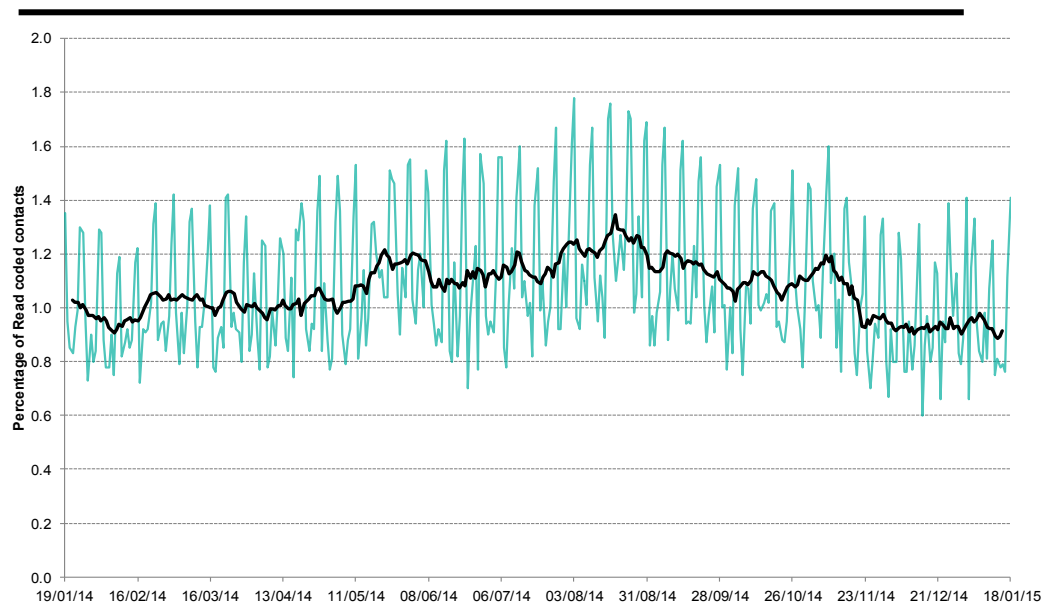
8: Gastroenteritis daily contacts.

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



9: Diarrhoea daily contacts.

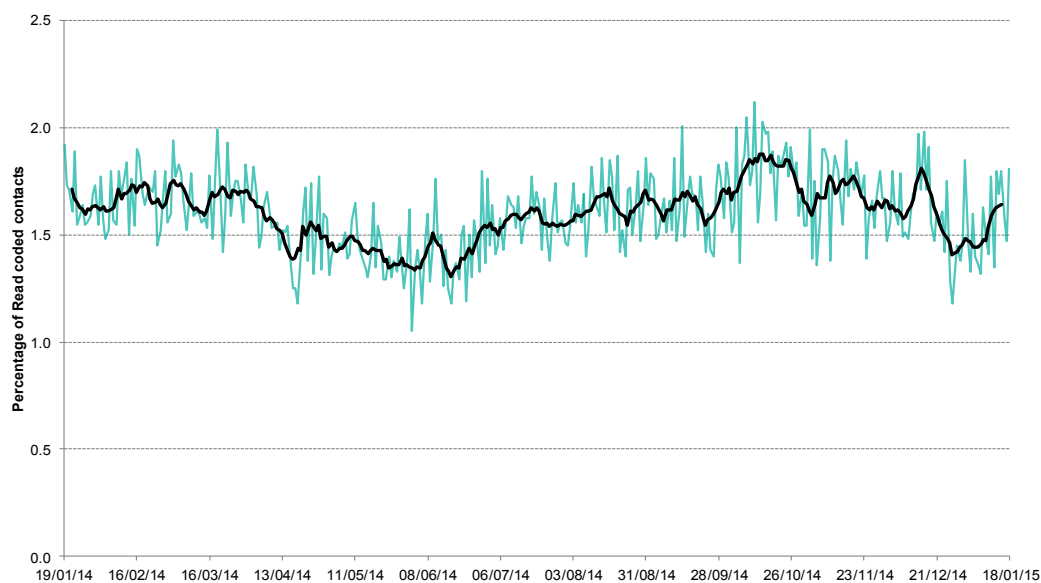
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



*7-day moving average adjusted for bank holidays.

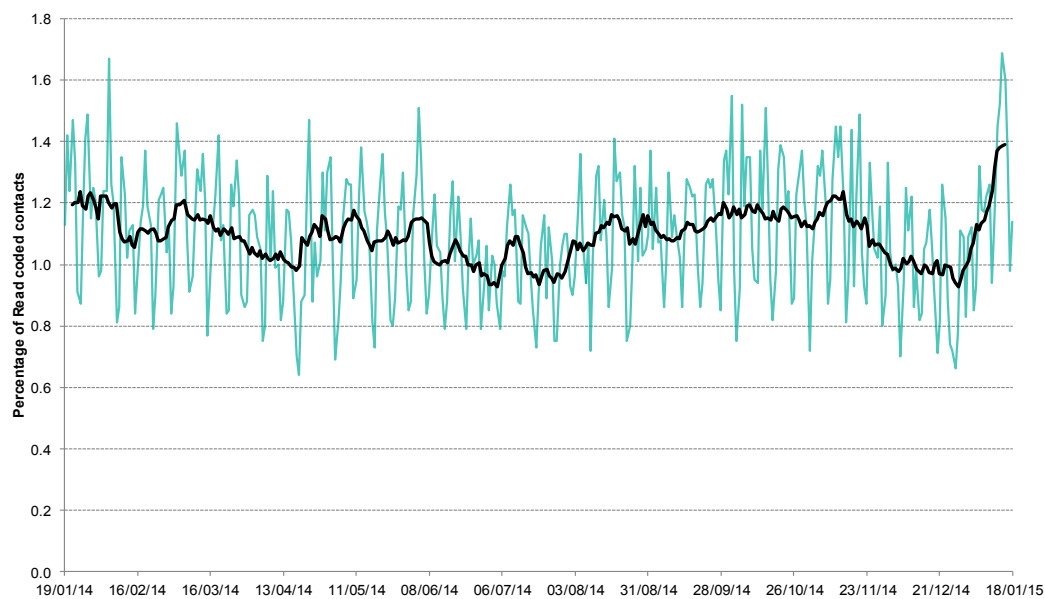
10: Vomiting daily contacts.

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



11: Myocardial Infarction daily contacts.

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



12: 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:

<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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