

GP In Hours

Syndromic Surveillance System: England

06 February 2017

In This Issue:

Key messages.

Diagnostic indicators at a glance.

GP practices and denominator population.

National syndromic indicators.

Notes and further information.

Appendix.

Key messages

Data to: 05 February 2017

During week 5 there were small increases in GP consultations for gastrointestinal conditions in children under 5 (figures 7a, 8a, & 9a).

There were further slight increases in ILI consultations for the over 45 years age groups (figure 2a).

Scarlet fever consultations levelled off during week 5 (figure 4) but remain high in the under 5 years age groups (figure 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 / 2 Alert and readiness http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Diagnostic indicators at a glance:

Indicator	Trend	Level
Upper respiratory tract infection	increasing	above baseline levels
Influenza-like illness	increasing	above baseline levels
Pharyngitis	increasing	below baseline levels
Scarlet fever	no trend	above baseline levels
Lower respiratory tract infection	increasing	above baseline levels
Pneumonia	decreasing	above baseline levels
Gastroenteritis	increasing	similar to baseline levels
Vomiting	increasing	above baseline levels
Diarrhoea	increasing	similar to baseline levels
Asthma	increasing	above baseline levels
Wheeze	increasing	above baseline levels
Conjunctivitis	increasing	below baseline levels
Mumps	no trend	below baseline levels
Measles	no trend	similar to baseline levels
Rubella	no trend	below baseline levels
Pertussis	no trend	similar to baseline levels
Chickenpox	increasing	similar to baseline levels
Herpes zoster	increasing	similar to baseline levels
Cellulitis	no trend	similar to baseline levels
Impetigo	no trend	below baseline levels

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2017	5	3,945	30.9 million

**based on the average number of practices and denominator population in the reporting working week.

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Public Health England

1: Upper respiratory tract infection (URTI)

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1000

900

800

700

600

500

100,000 registered GP patie

rate per 400

Average daily 300 200 100 weekend

bank holiday

Daily rate per 100,000 population

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

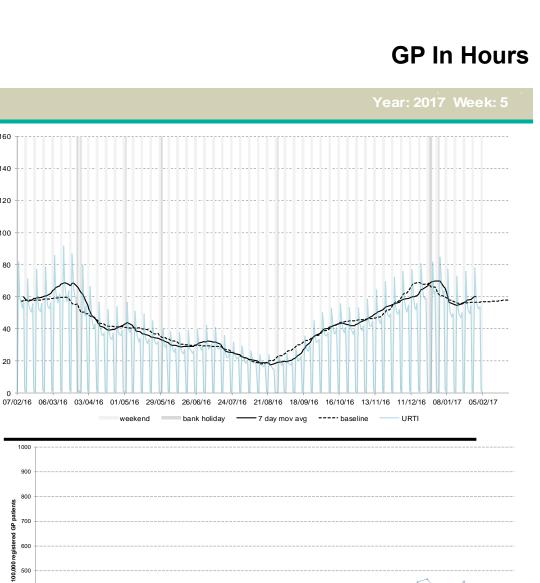
1a: Upper respiratory tract infection by age

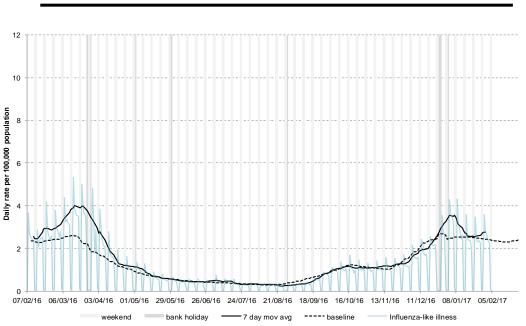
Average daily incidence rate by week per 100,000 population (all England).



Daily incidence rates (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.





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2017

戀 Public Health England

2a: Influenza-like illness (ILI) by age

Average daily incidence rate by week per 100,000 population (all England).

3: Pharyngitis or scarlet fever

Daily incidence rates (and 7-day moving average*) per 100,000 population (all England, all ages).

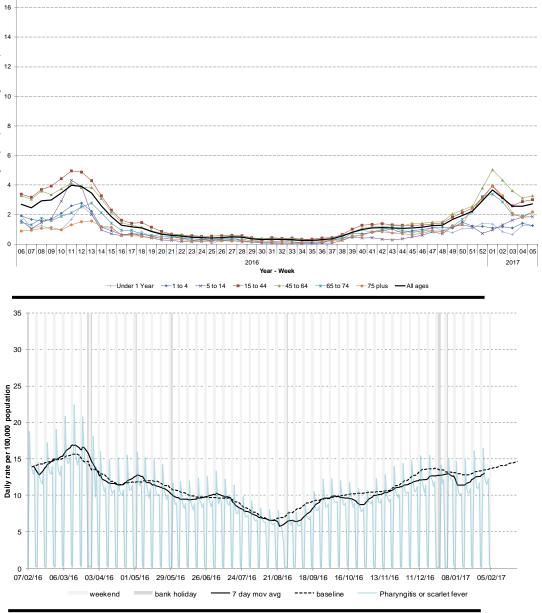
4: Scarlet fever

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, based on a population denominator of approximately 5.5 million patients).

* 7-day moving average adjusted for bank holidays.







18

daily rate per 100,000 registered GP patients

Average

1.6

1.4

1.2

rate per 100,000 population 9.0 9.0

Daily 0.4

0.2

0.0 07/02/16 06/03/16 03/04/16

01/05/16 29/05/16

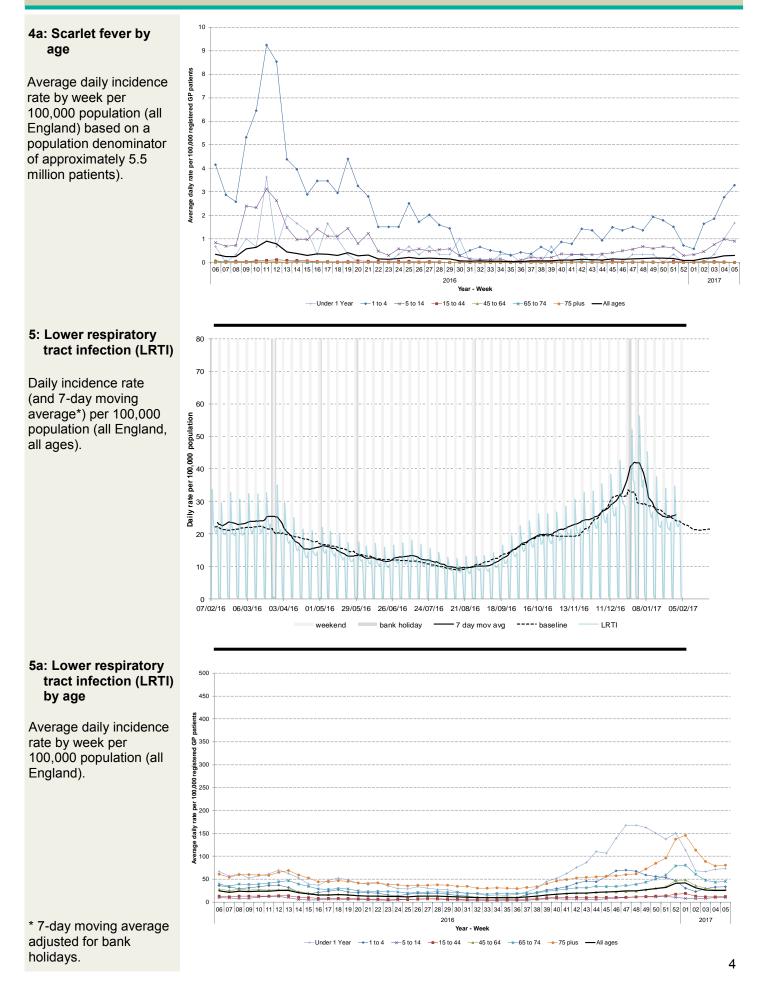
weekend

bank holiday

-

GP In Hours

Year: 2017 Week: 5



6: Pneumonia

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

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Average daily rate per 100,000 registered GP patients

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Daily rate per 100,000 population 57 05 55

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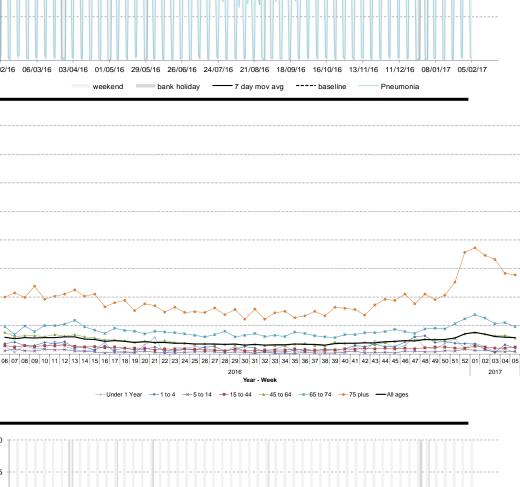
6a: Pneumonia by age

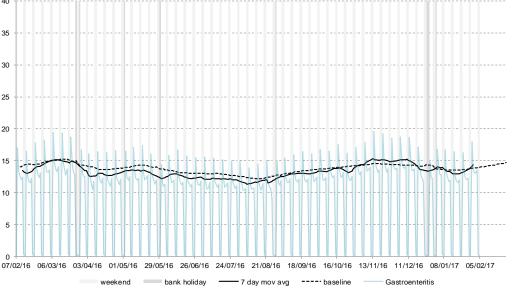
Average daily incidence rate by week per 100,000 population (all England).

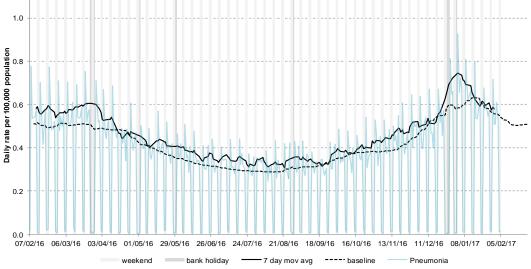
7: Gastroenteritis

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.





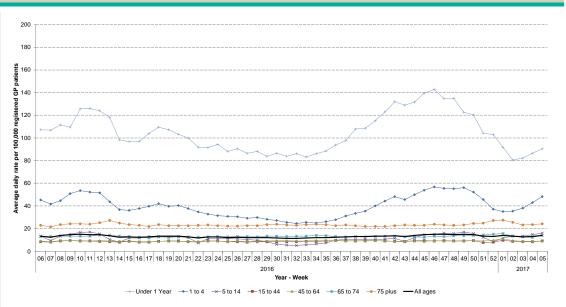


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Public Health England

7a: Gastroenteritis by age

Average daily incidence rate by week per 100,000 population (all England).



8: Vomiting

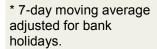
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

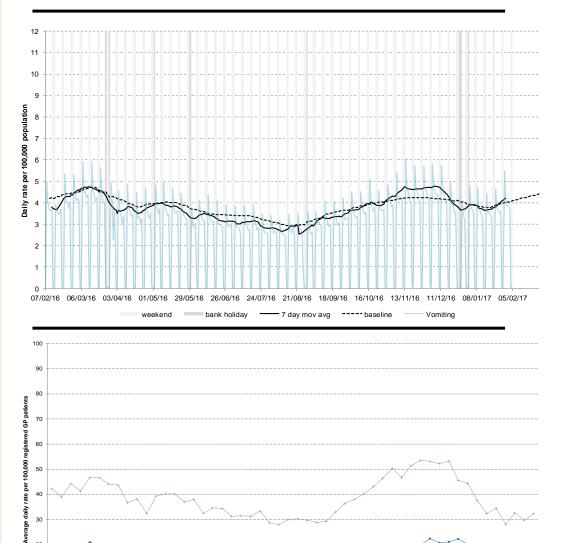
8a: Vomiting by age

Average daily incidence rate by week per 100,000 population (all England).

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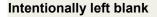
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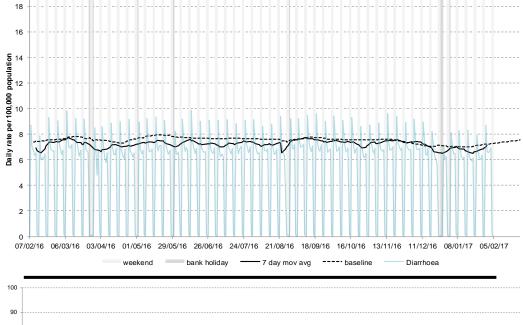
9: Diarrhoea

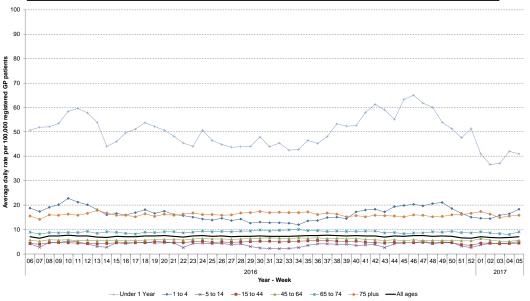
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 20



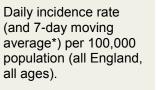
Average daily incidence rate by week per 100,000 population (all England).



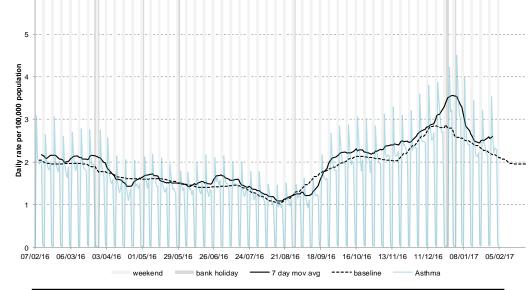




10: Asthma

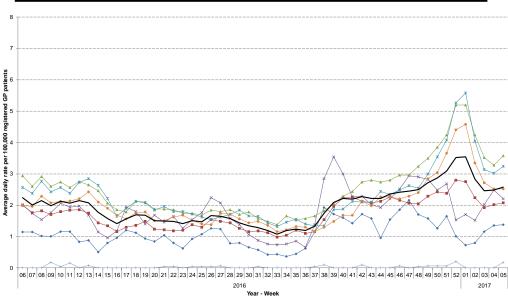


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10a: Asthma by age

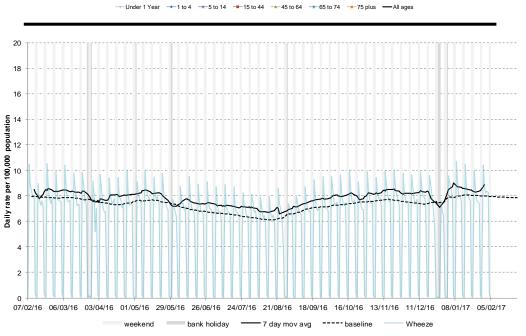
Average daily incidence rate by week per 100,000 population (all England).



11: Wheeze

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.



GP In Hours

'ear: 2017 Week: 5

11a: Wheeze by age

40

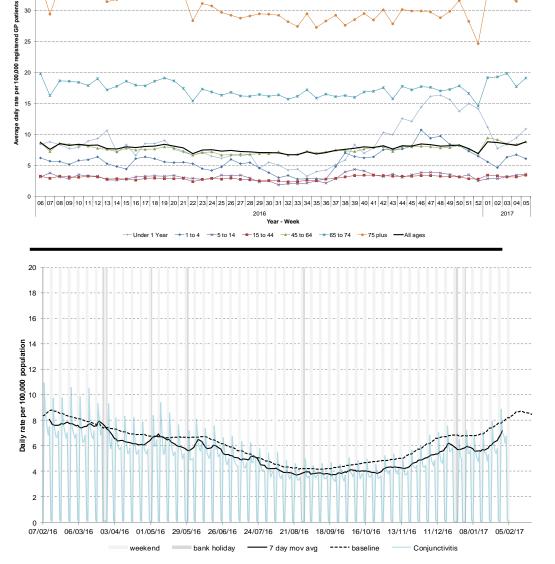
35

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Average daily incidence rate by week per 100,000 population (all England).



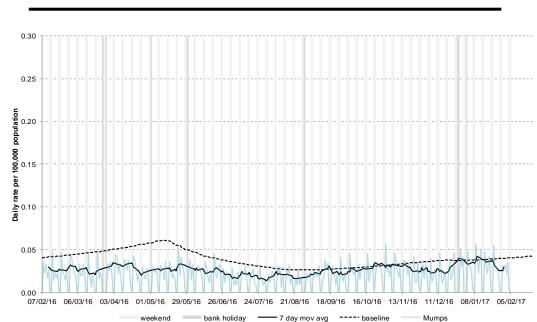
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

12: Conjunctivitis

13: Mumps

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.

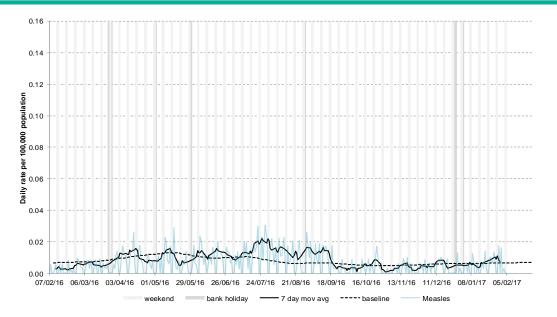


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14: Measles

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

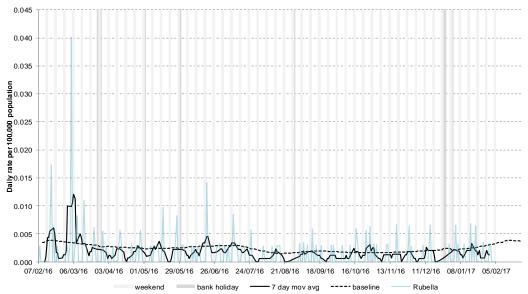


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15: Rubella

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.



16: Pertussis

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

0.20

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Under 1 Year

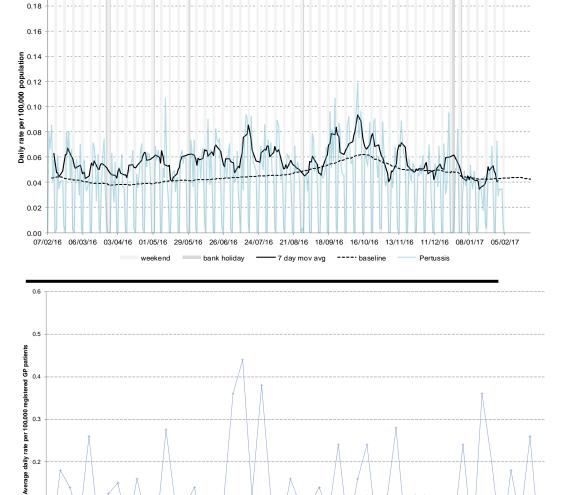
16a: Pertussis by age

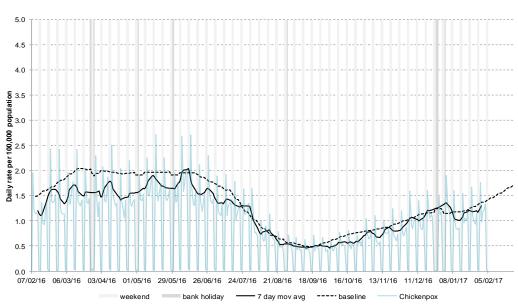
Average daily incidence rate by week per 100,000 population (all England).

17: Chickenpox

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.





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GP In Hours

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06 February 2017

18: Herpes zoster

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

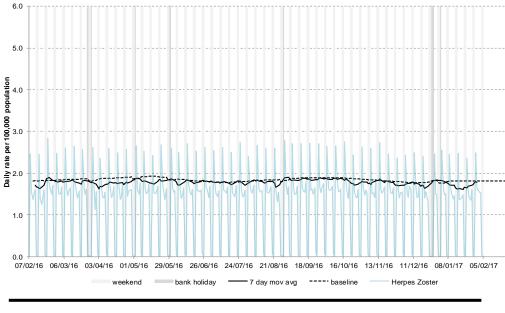
19: Cellulitis

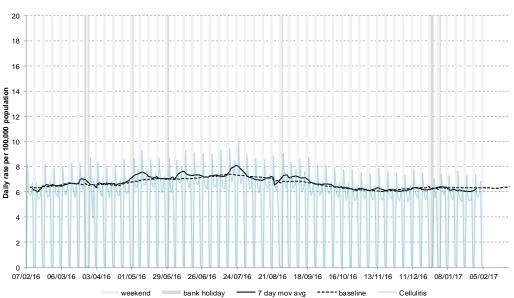
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

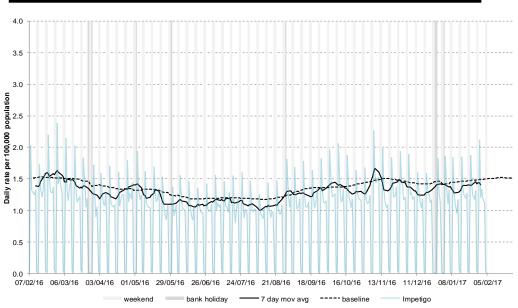


Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.



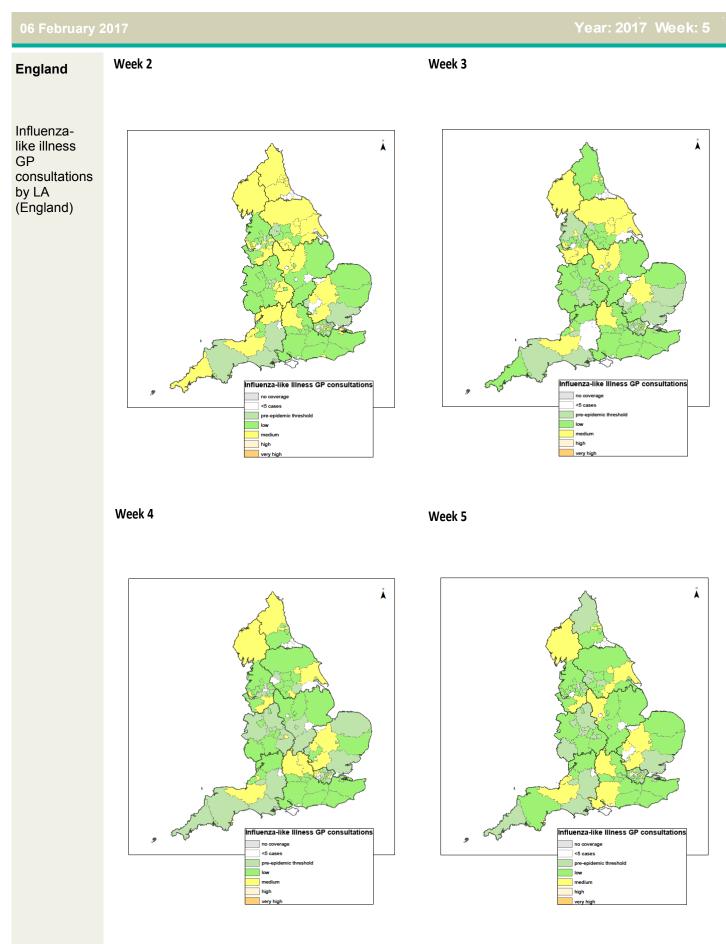




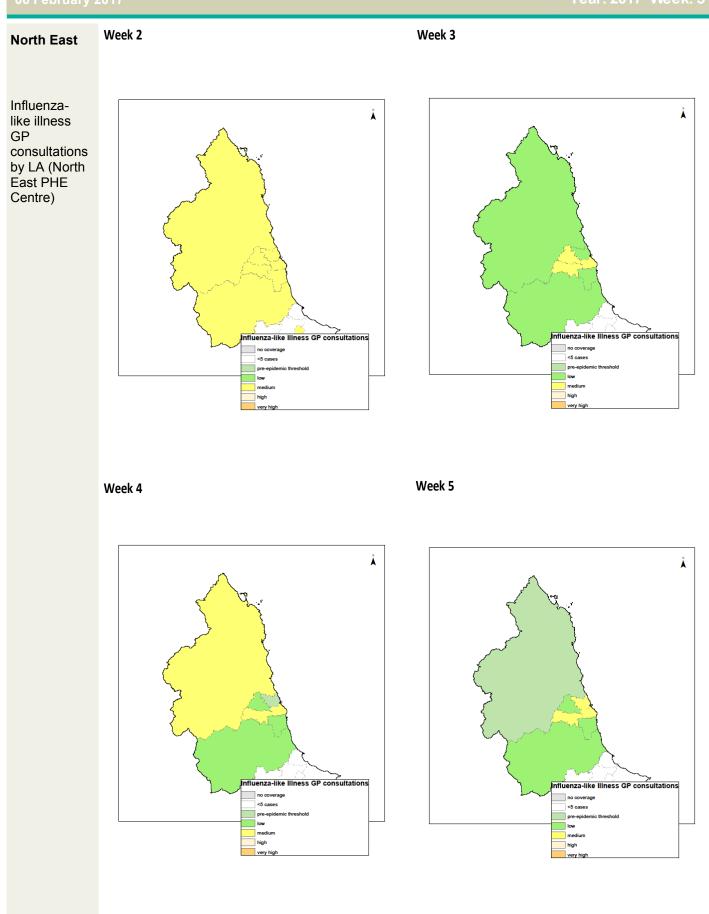
GP In Hours

/ear: 2017 Week:

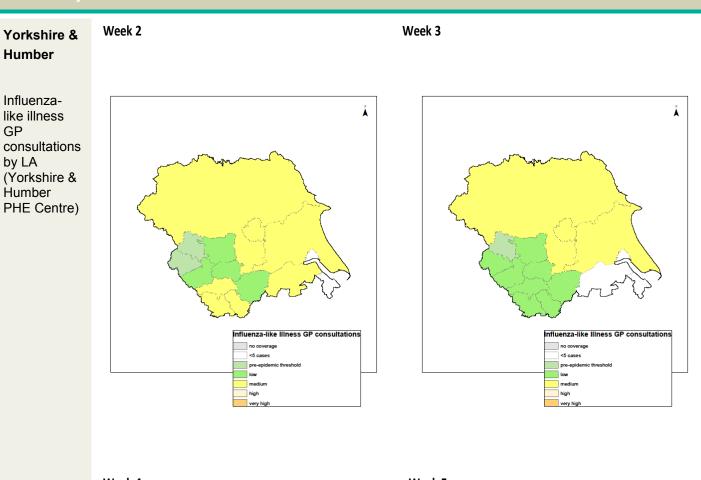
Notes and further The Public Health England GP in hours surveillance system is a syndromic information surveillance system monitoring community-based morbidity recorded by GP practices. • GP consultation data are analysed on a daily basis to identify national and regional trends. A statistical algorithm 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. This system captures anonymised GP morbidity data from two GP clinical software systems, EMIS, from version 1 of the QSurveillance® database, and TPP SystmOne. Baselines represent seasonally expected levels of activity and are constructed from historical data. Furthermore, they take into account any known substantial changes in data collection, population coverage or reporting practices. Baselines are refreshed using the latest data on a regular basis. From week 40 2015 the influenza-like illness thresholds illustrated in the bulletin Maps: appendix maps are calculated using the "Moving Epidemic Method" (MEM).¹ MEM is used as a standard methodology for setting influenza surveillance thresholds across Europe.² The ILI thresholds have been calculated separately for each of the nine PHE Centres to allow for structural differences between areas e.g. background rates are historically higher in London than other areas of England. The current ILI thresholds are based on six previous influenza seasons (excluding the 2009/10 H1N1 pandemic). In future, thresholds will be recalculated each year incorporating the latest season's data. The maps on the following pages contains Ordnance Survey data © Crown copyright and database right 2014. Contains National Statistics data © Crown copyright and database right 2014. ¹ Vega T et al. Influenza Other Respir Viruses. 2013;7(4):546-58. ² Green HK et al. *Epidemiol Infect.* 2015;**143**(1):1-12. We thank and acknowledge the University of Nottingham, ClinRisk[®] and the contribution of Acknowledgements: EMIS and EMIS practices. Data source: version 1 of the QSurveillance® database. We thank TPP, ResearchOne and the SystmOne GP practices contributing to this surveillance system. GP In Hours Syndromic Surveillance System Bulletin. Produced by: PHE Real-time Syndromic Surveillance Team 6th Floor, 5 St Philip's Place, Birmingham, B3 2PW **Contact ReSST: Tel:** 0344 225 3560 > Option 4 > Option 2 Fax: 0121 236 2215 syndromic.surveillance Web: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and @phe.gov.uk -analyses



Year: 2017 Week: 5

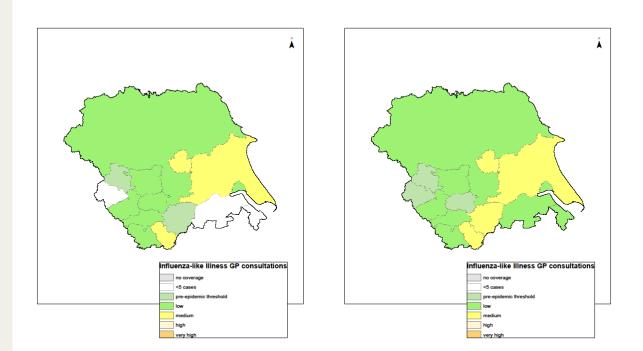


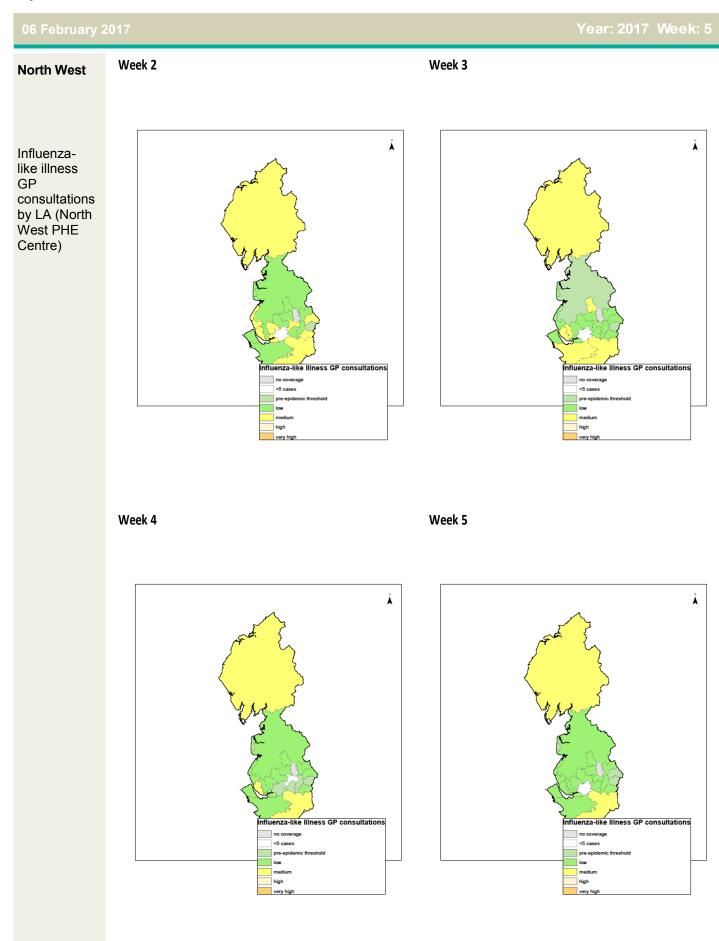
06 February 2017

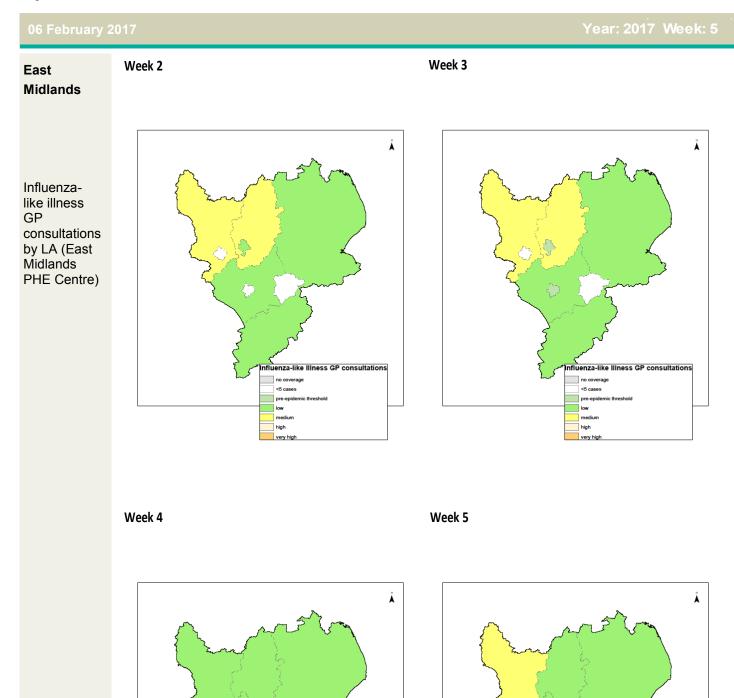


Week 4

Week 5







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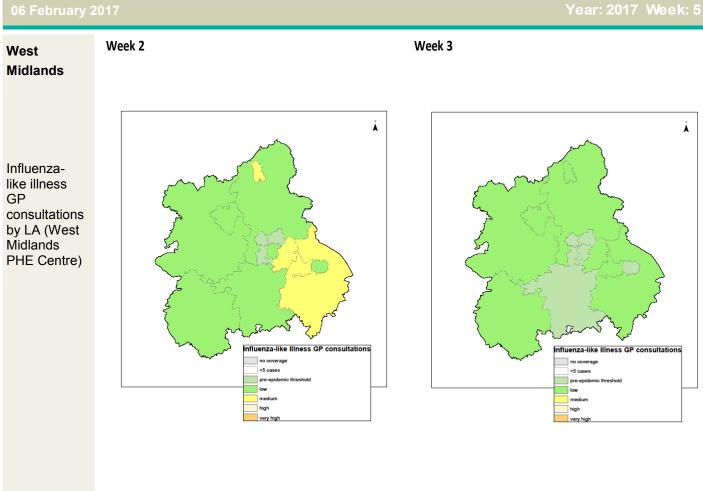
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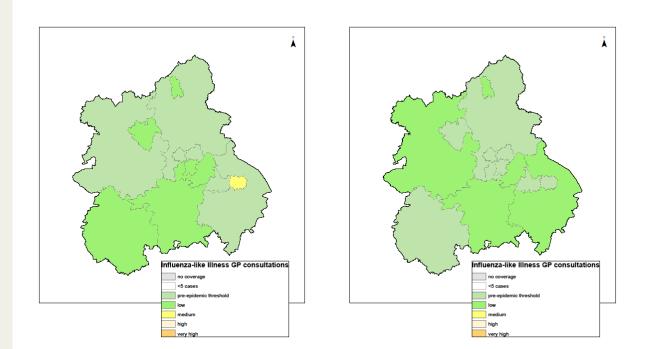
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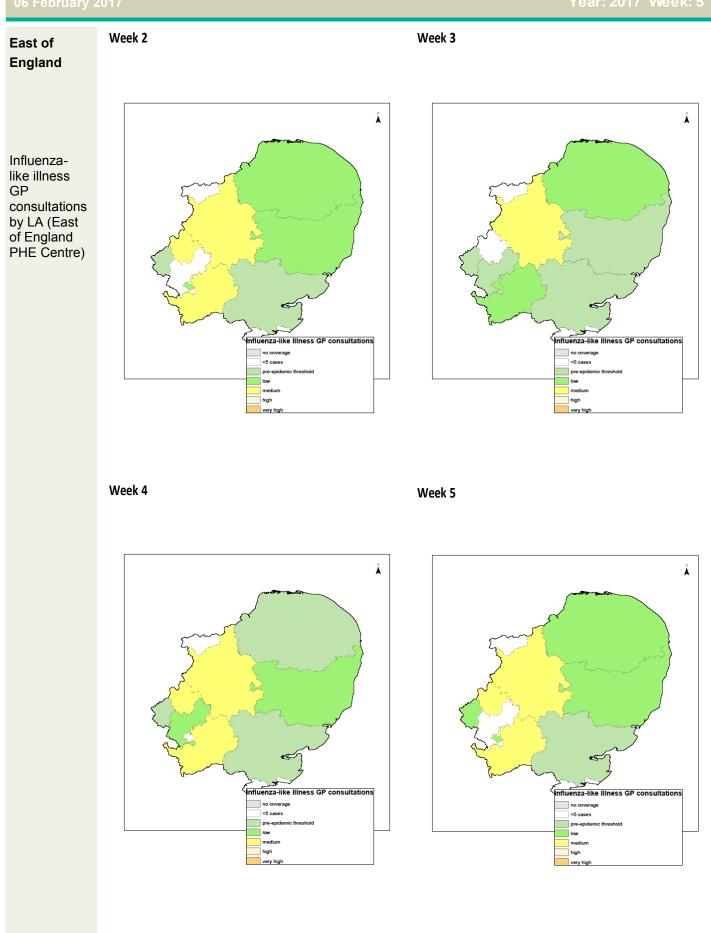


Week 4

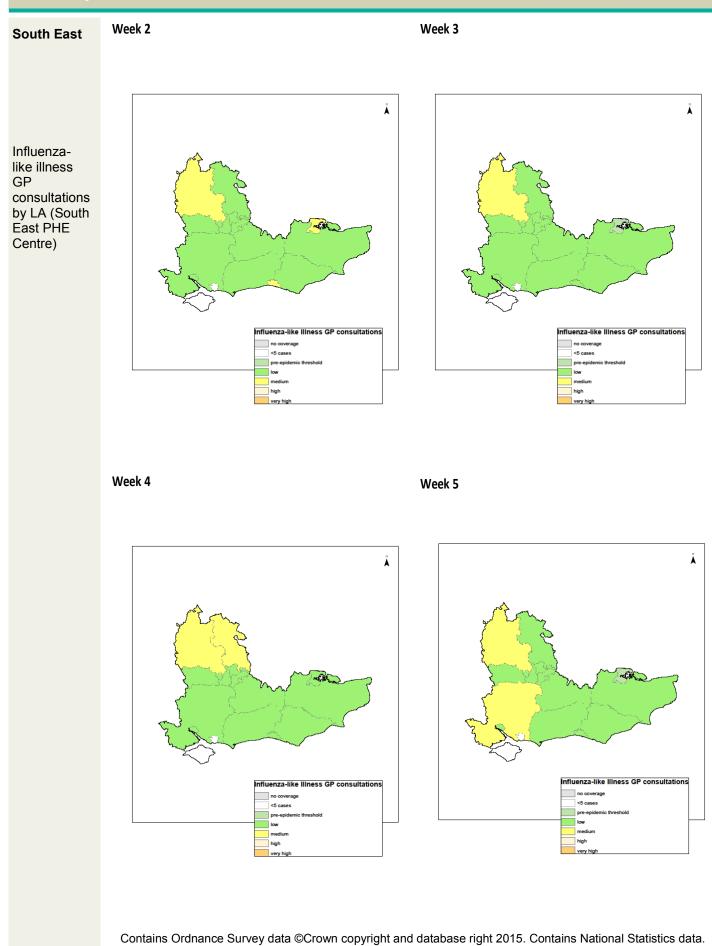
Week 5

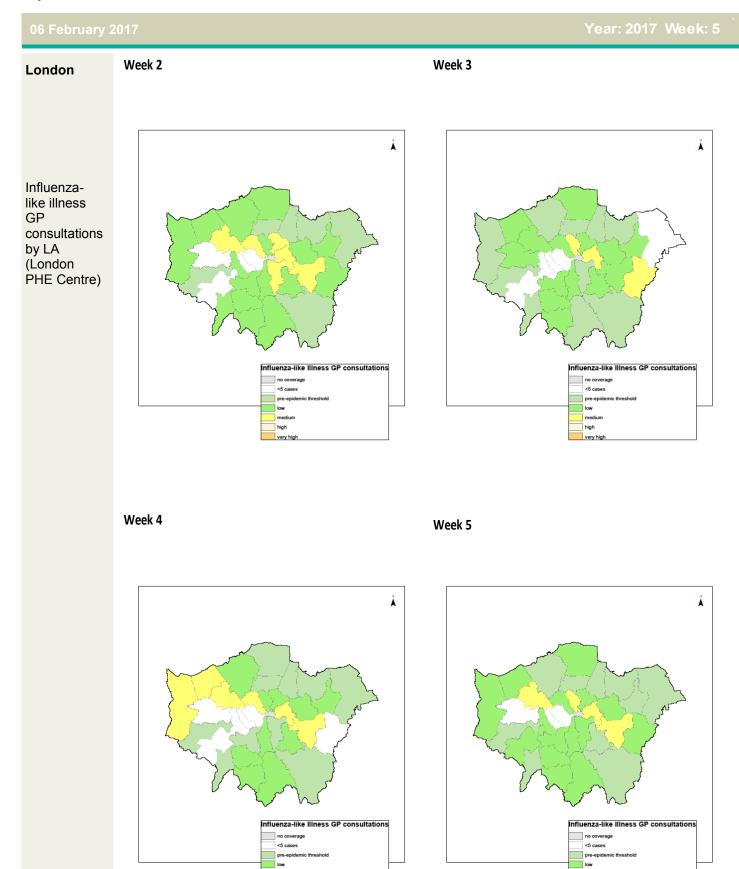


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Year: 2017 Week: 5





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Year: 2017 Week: 5

