Public Health England

In This Issue:

Key Messages.

Weekly summary.

Total contacts.

Syndromic indicators.

Notes and caveats.

Further information.

Acknowledgements.

Key messages　　　　　　　　**Data to: 13 March 2016**

Consultations for influenza-like illness (ILI) increased during week 10 (figure 3), with the highest rates seen in 15-44 year olds (figure 3a).
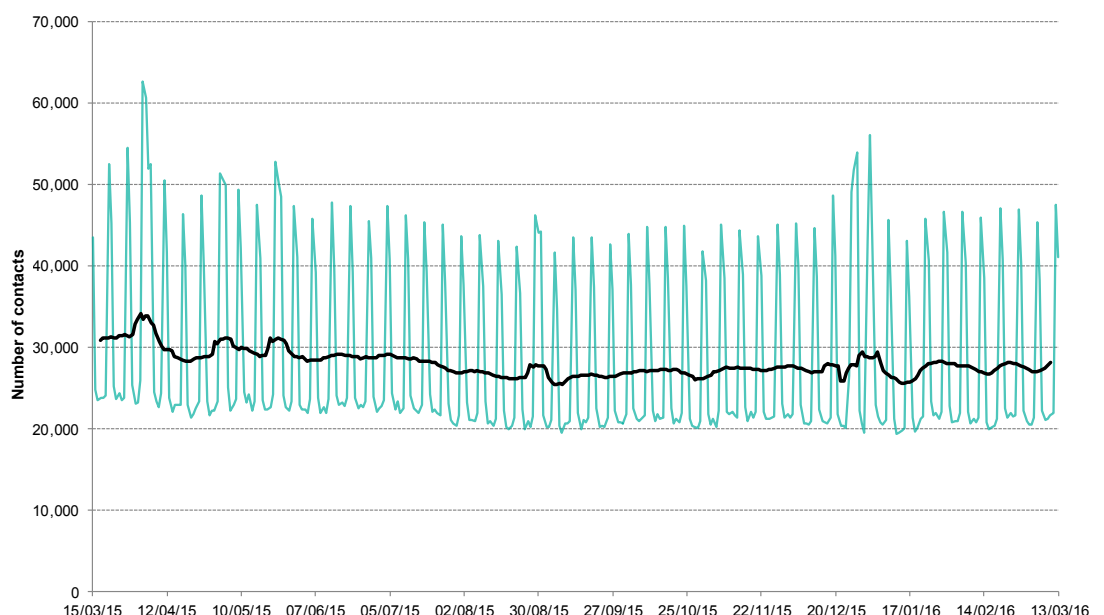
Consultations for pharyngitis continued to increase during week 10 (figure 6).

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/ 2 Alert and Readiness**
http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 10	% Week 09	Trend*
All OOH contacts, all causes	196,505			
Acute respiratory infection	19,421	21.77	20.40	↑
Influenza-like illness	558	0.63	0.53	↑
Bronchitis/bronchiolitis	201	0.23	0.21	←→
Difficulty breathing/wheeze/asthma	1,943	2.18	2.17	←→
Pharyngitis	168	0.19	0.17	↑
Gastroenteritis	4,253	4.77	4.66	←→
Diarrhoea	800	0.90	0.92	←→
Vomiting	1,578	1.77	1.68	↑
Myocardial infarction	870	0.98	1.00	↓

*Trend: reports on the trend seen over previous weeks in the 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).

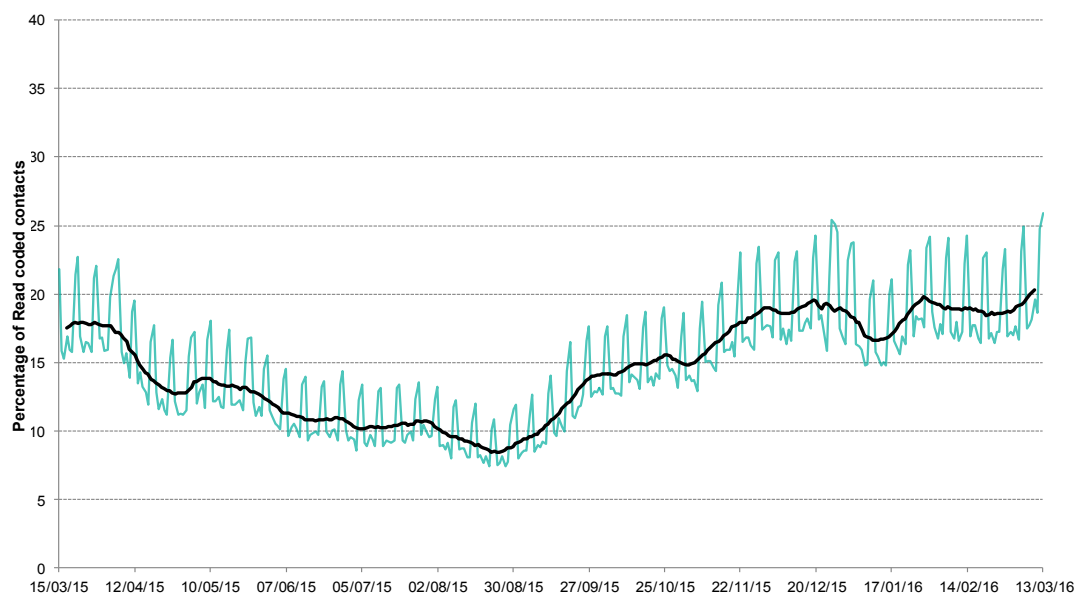**15 March 2016**   **Year: 2016 Week: 10**
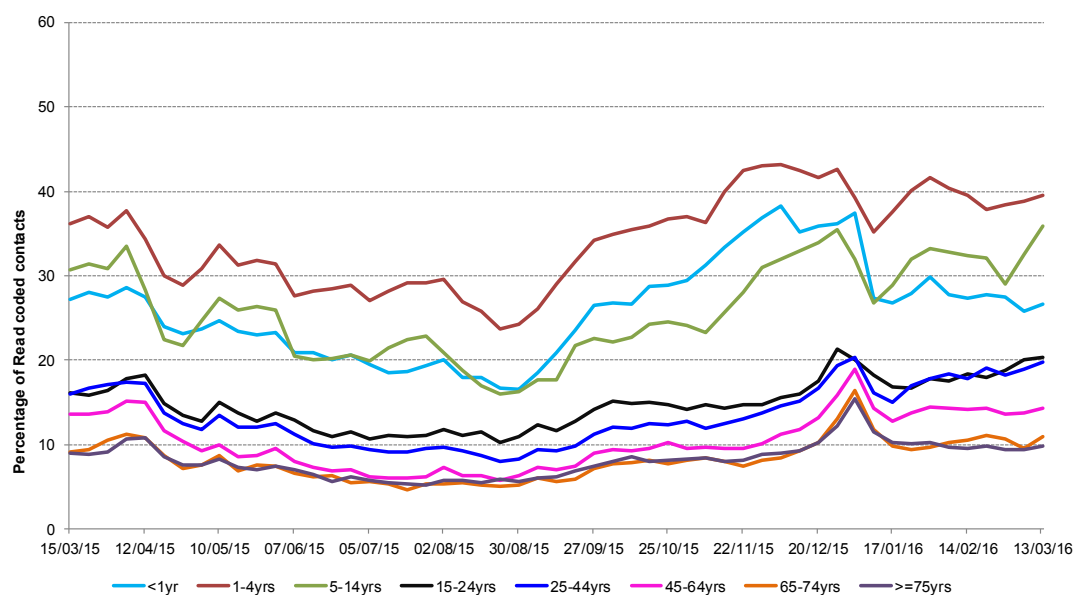
2: Acute Respiratory Infection daily contacts.

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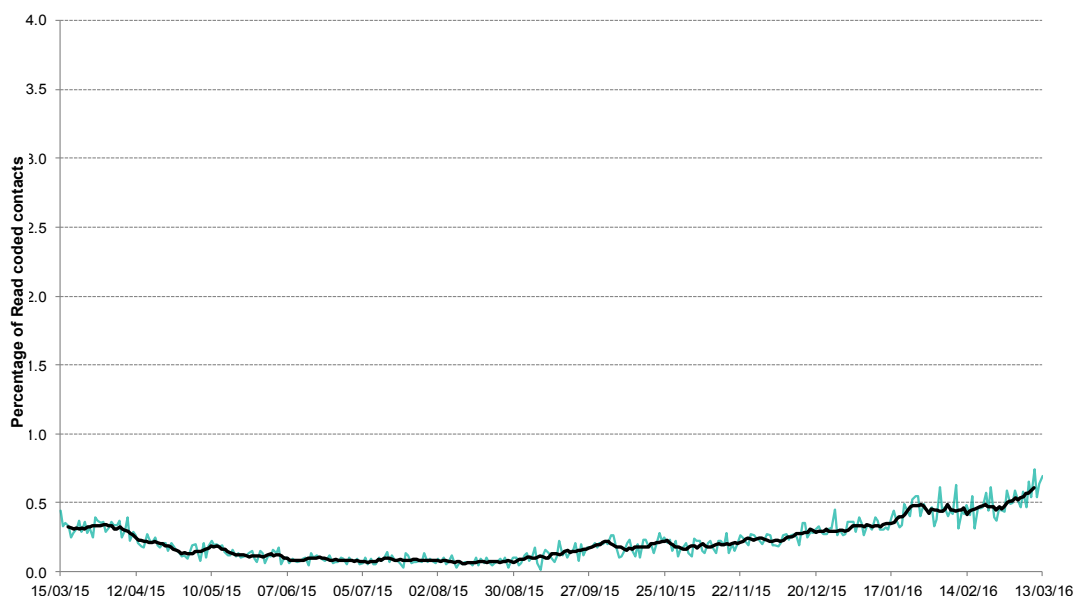

2a: Acute respiratory infection weekly contacts by age group.

Legend: <1yr | 1-4yrs | 5-14yrs | 15-24yrs | 25-44yrs | 45-64yrs | 65-74yrs | >=75yrs

3: Influenza-like illness daily contacts.

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

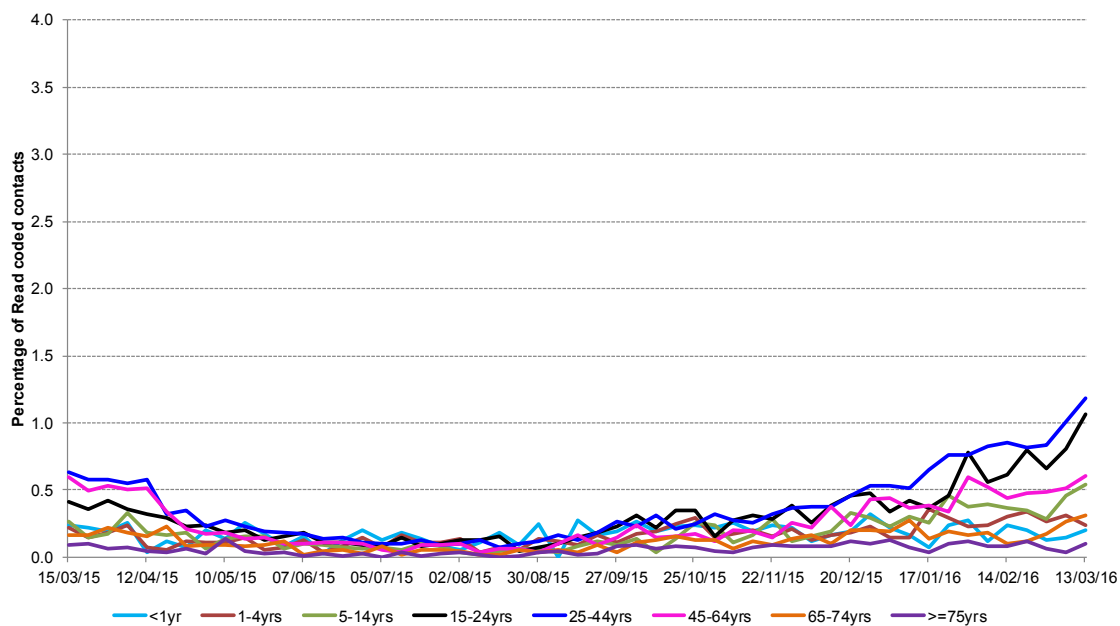*7-day moving average adjusted for bank holidays.

Public Health
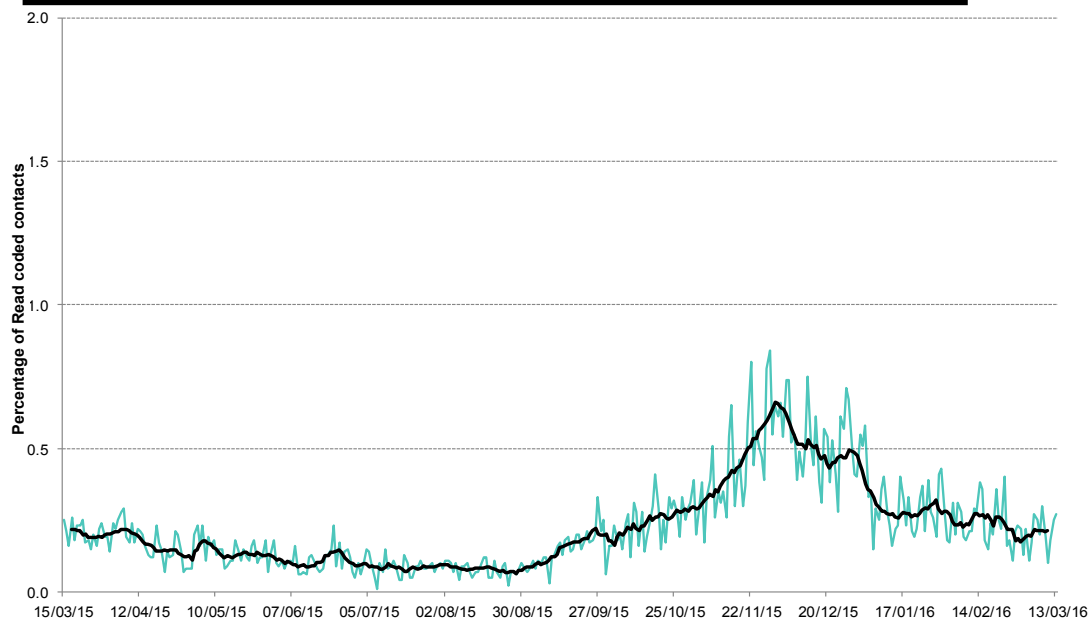England

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

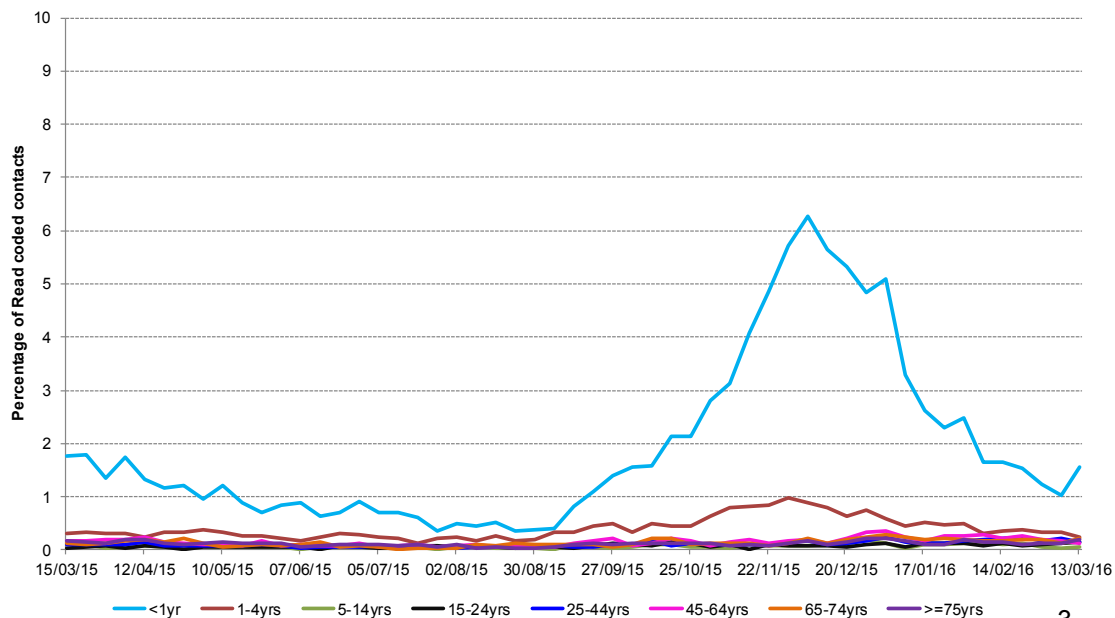Legend: <1yr | 1-4yrs | 5-14yrs | 15-24yrs | 25-44yrs | 45-64yrs | 65-74yrs | >=75yrs

4: Bronchitis/ bronchiolitis daily contacts.

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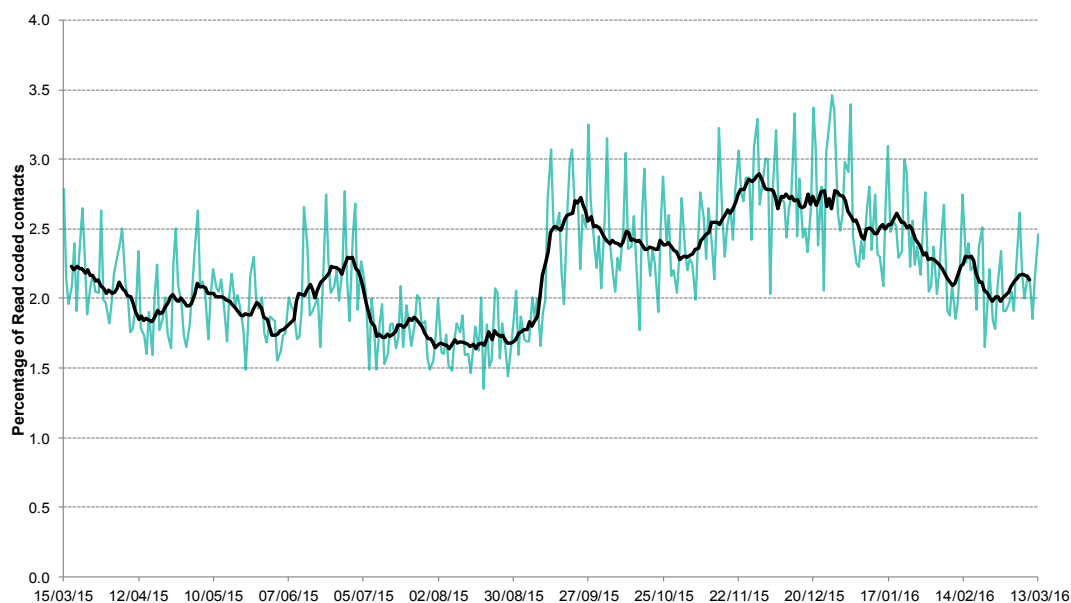

4a: Bronchitis/ bronchiolitis contacts by age group.

Legend: <1yr | 1-4yrs | 5-14yrs | 15-24yrs | 25-44yrs | 45-64yrs | 65-74yrs | >=75yrs
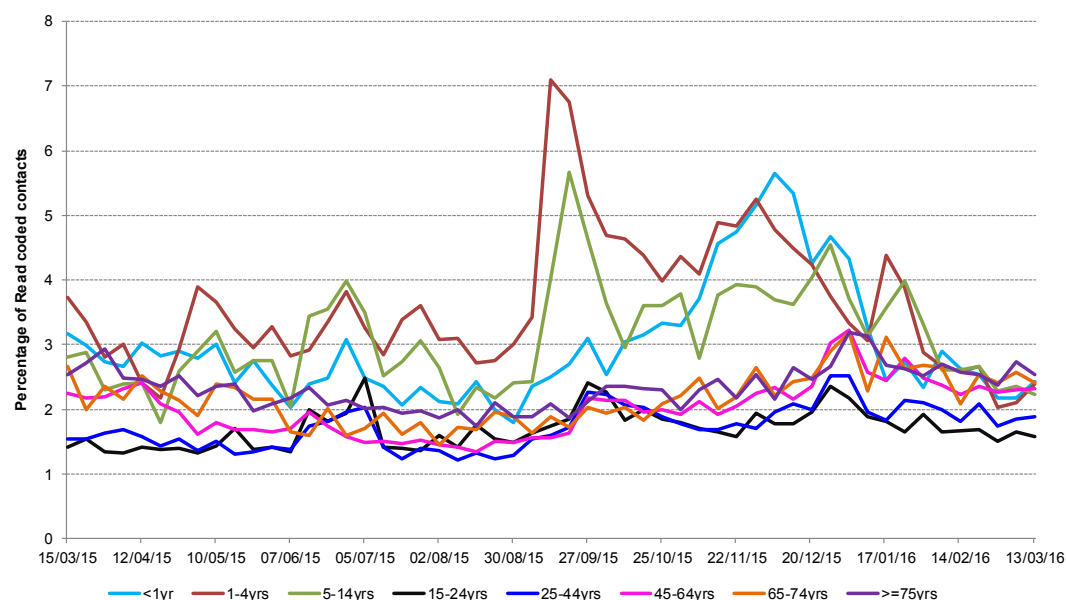
*7-day moving average adjusted for bank holidays.

3

Public Health
England

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

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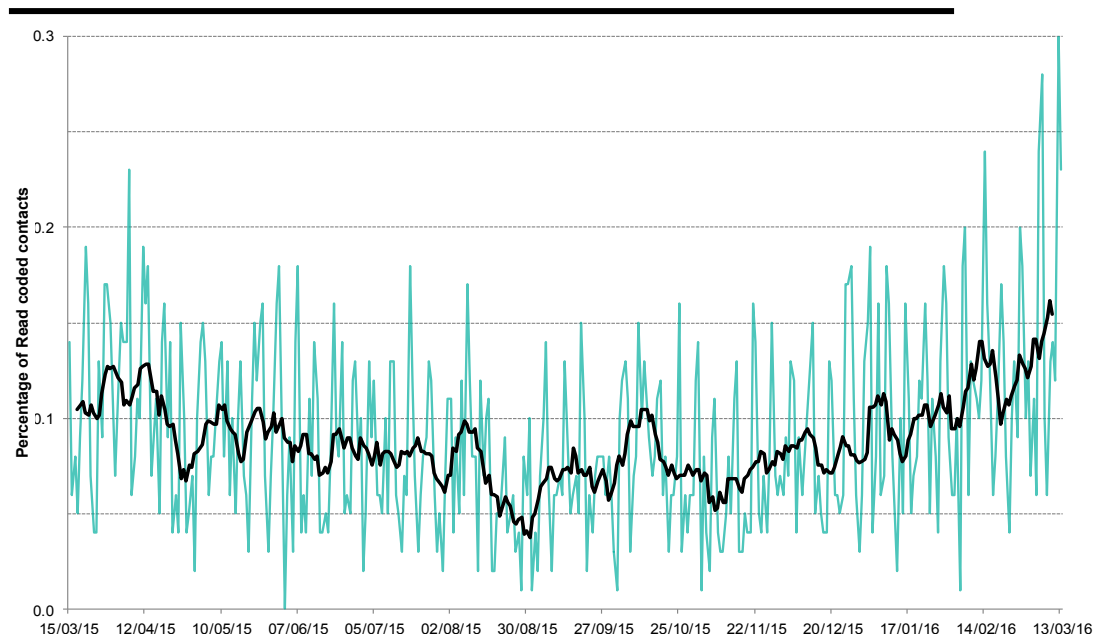of the total contacts with
a Read code and as a 7
day average*.

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

<1yr　1-4yrs　5-14yrs　15-24yrs　25-44yrs　45-64yrs　65-74yrs　>=75yrs

**6: Acute pharyngitis
and persistent sore
throat.**

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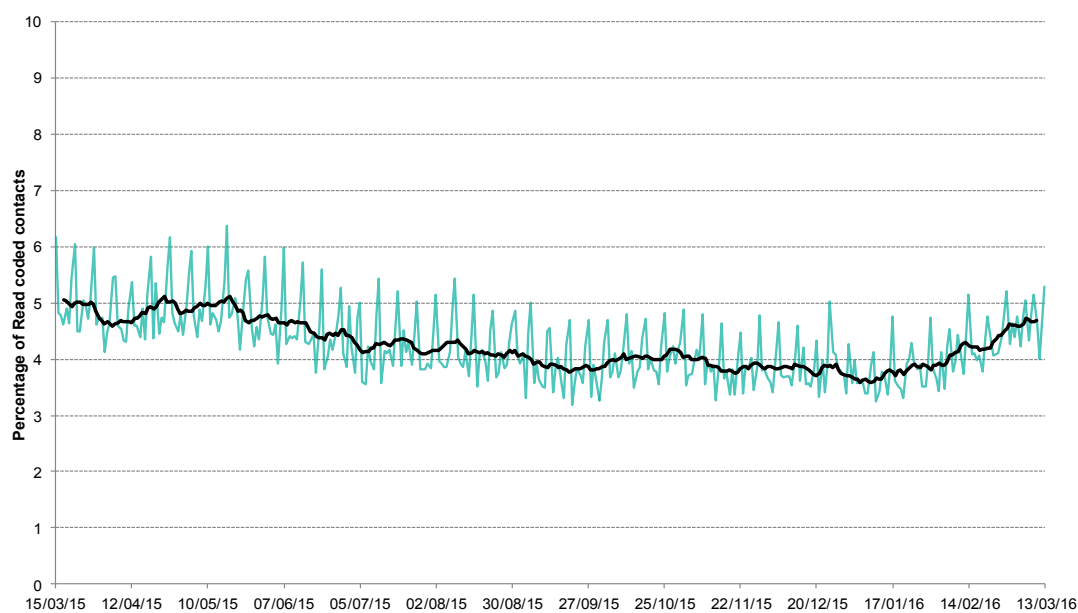of the total contacts with
a Read code and as a 7
day average*.

*7-day moving average
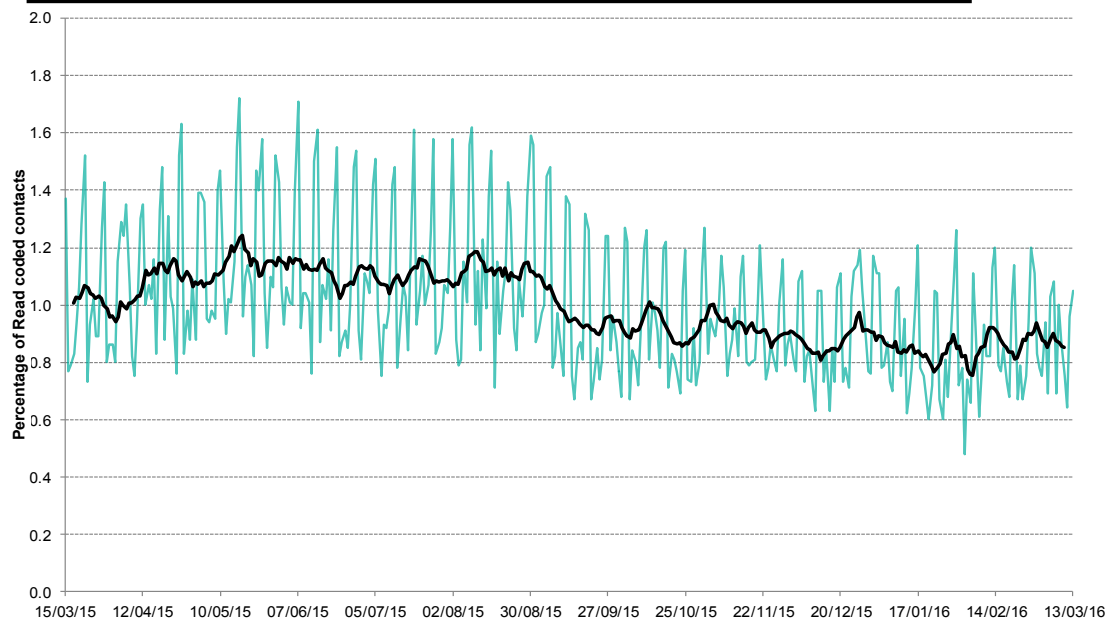adjusted for bank
holidays.

Public Health
England

7: Gastroenteritis daily contacts

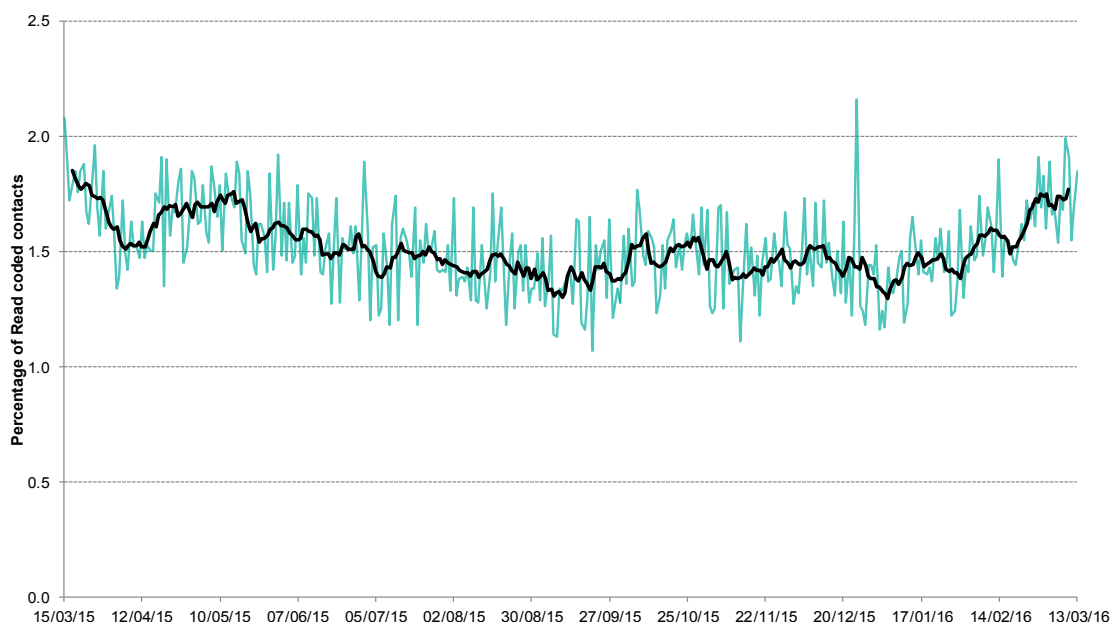Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

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.

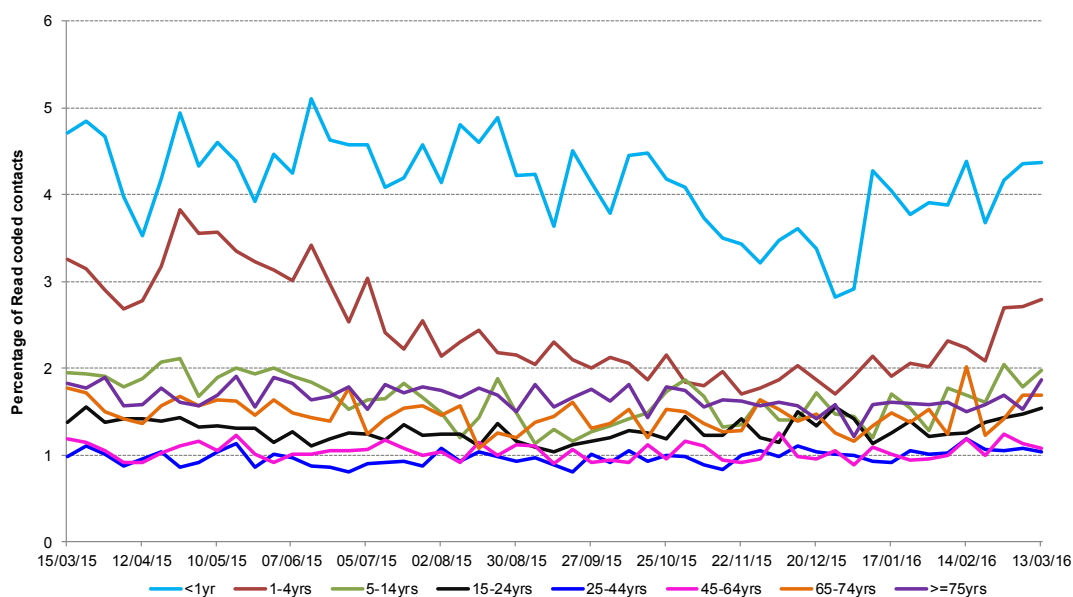Shown as a percentage of the total contacts with a Read code and as a 7 day average*.
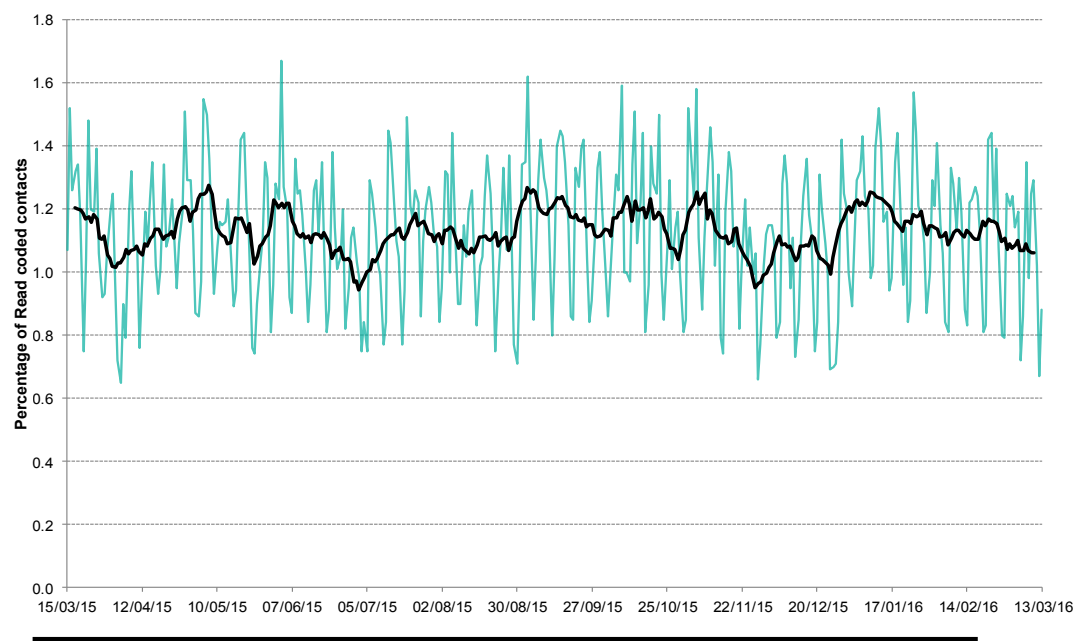
*7-day moving average adjusted for bank holidays.

Public Health
England

**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.

15 March 2016   **Year: 2016 Week: 10**

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.

Contact ReSST:
syndromic.surveillance @phe.gov.uk

7