



06 May 2015

Year: 2015 Week: 18

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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).

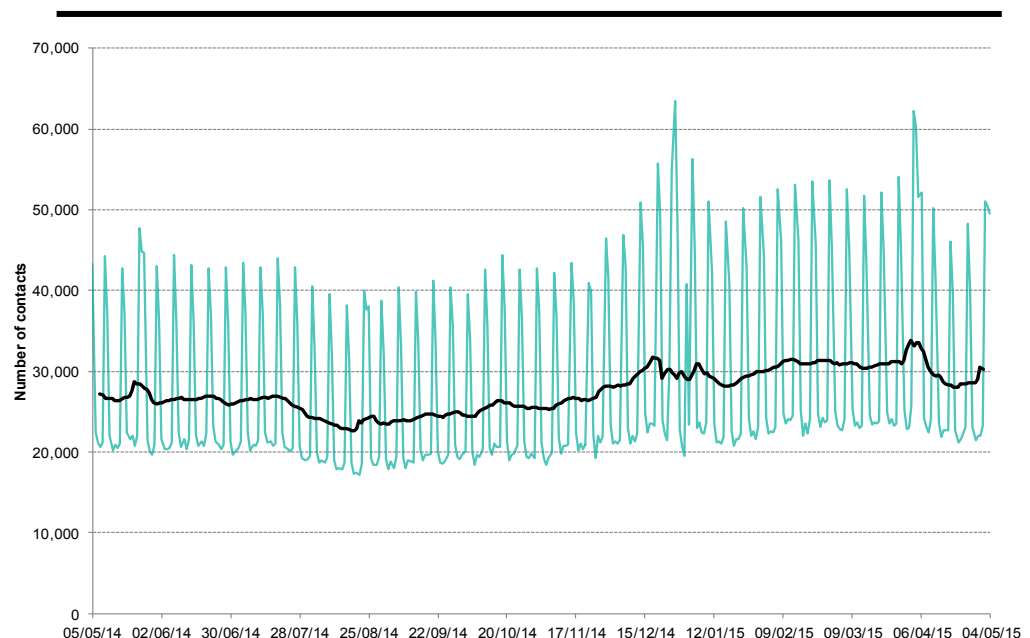
Key messages

Data to: 04 May 2015

There were increases in GP out of hours consultations for acute respiratory infection (figure 2) and difficulty breathing/wheeze/asthma (figure 5) during the bank holiday weekend (2-4 May).

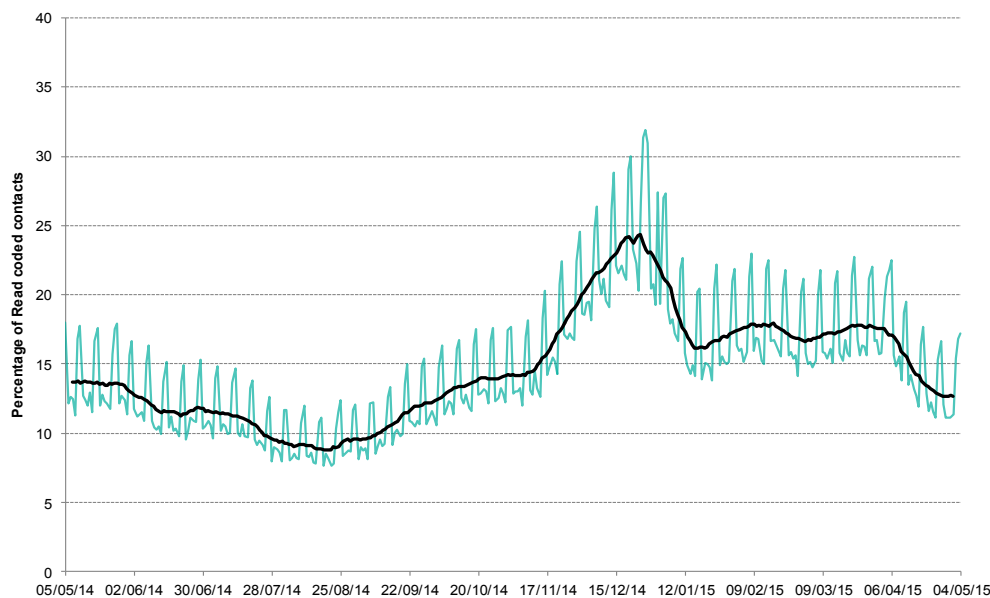
Key indicator	No. of contacts	% Week 18	% Week 17	Trend*
All OOH contacts, all causes	213,318			
Acute respiratory infection	5,806	15.71	13.85	↔
Influenza-like illness	65	0.18	0.15	↔
Bronchitis/bronchiolitis	67	0.18	0.16	↔
Difficulty breathing/wheeze/asthma	914	2.47	2.01	↔
Pharyngitis	41	0.11	0.10	↔
Gastroenteritis	2,061	5.58	4.95	↔
Diarrhoea	455	1.23	1.17	↔
Vomiting	636	1.72	1.64	↔
Myocardial infarction	419	1.13	1.05	↔

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



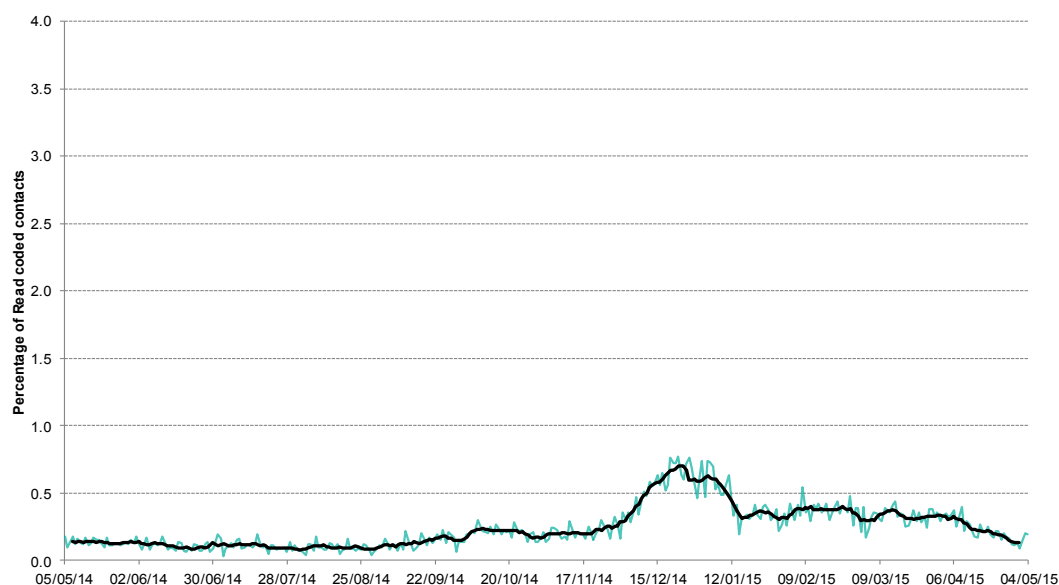
2: Acute Respiratory Infection daily contacts.

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



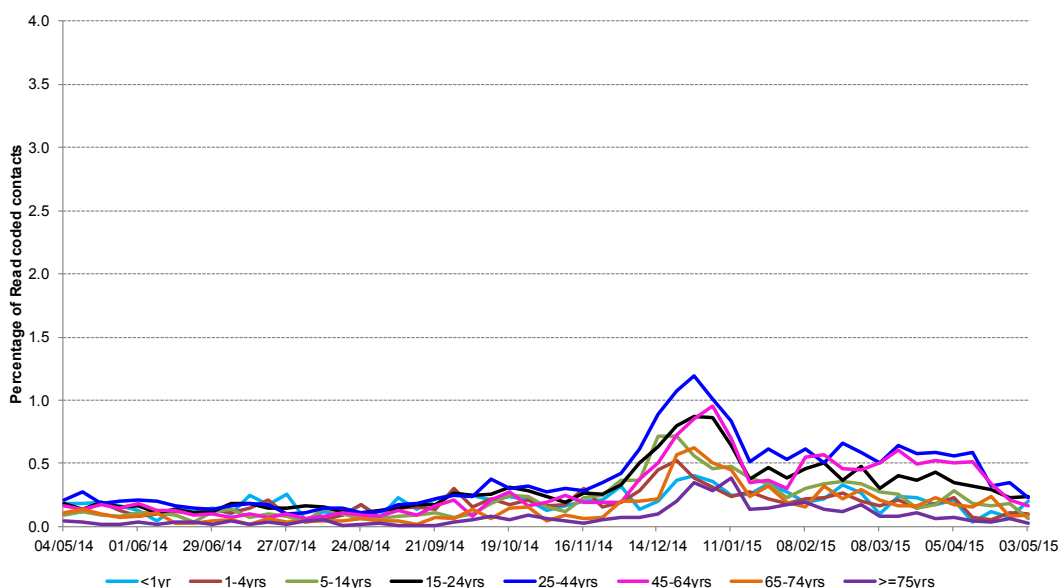
3: Influenza-like illness daily contacts.

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



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

*7-day moving average adjusted for bank holidays.

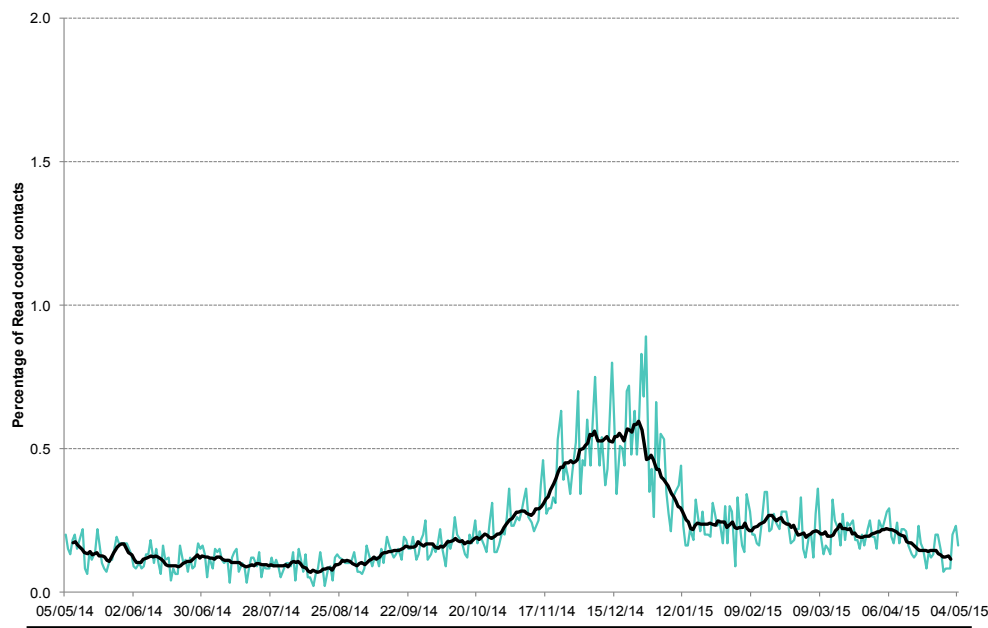


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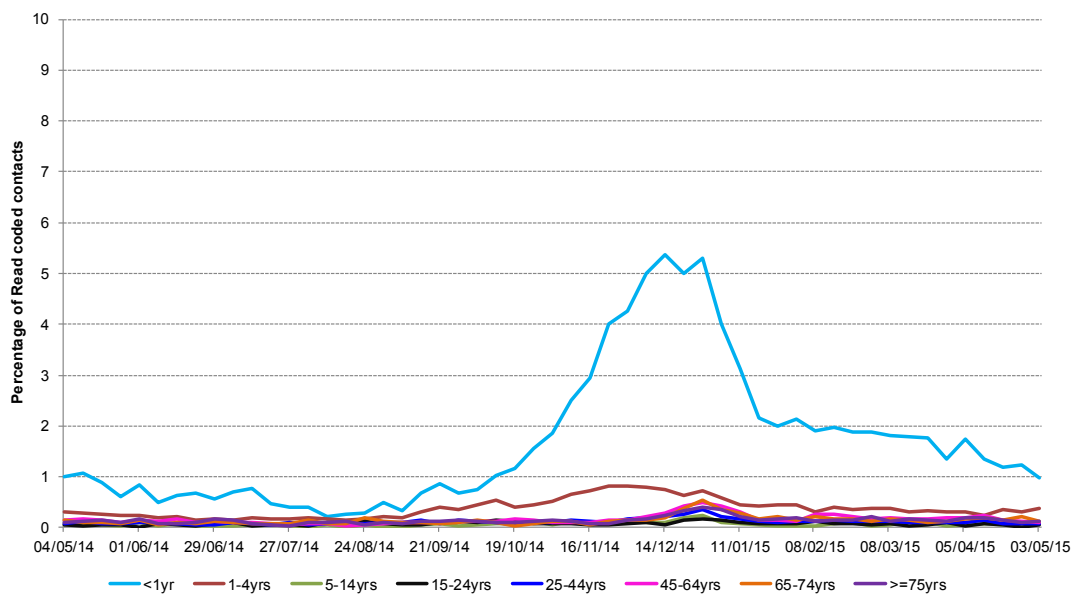
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**4: Bronchitis/
bronchiolitis daily
contacts.**

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

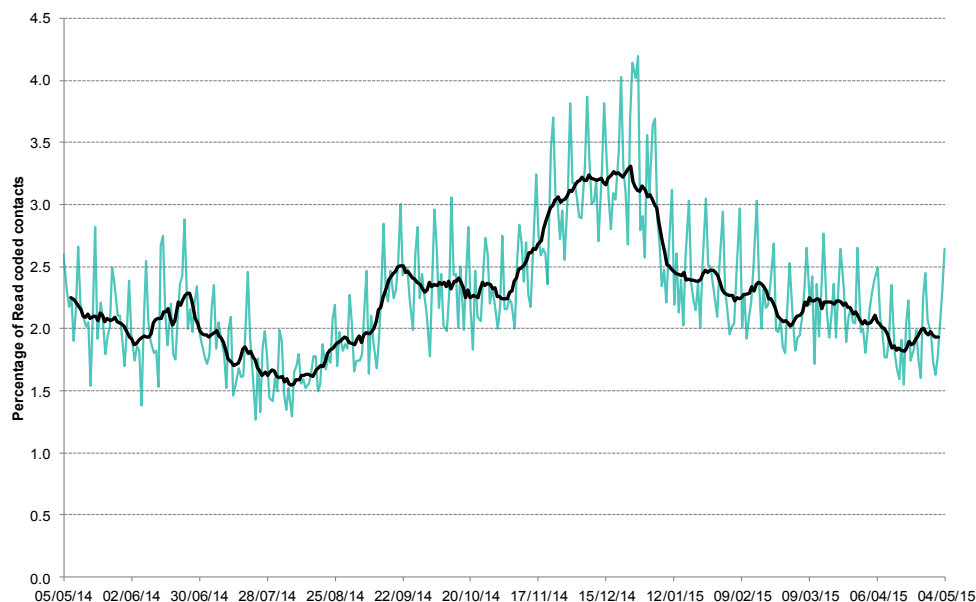


**4a: Bronchitis/
bronchiolitis
weekly contacts by
age group.**



**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*.



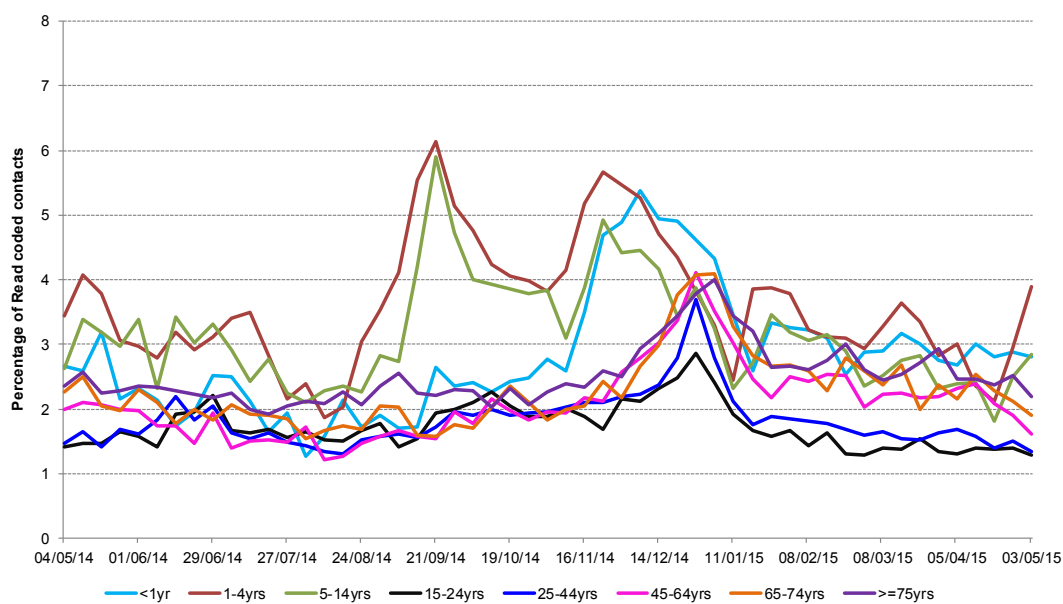
*7-day moving average
adjusted for bank
holidays.

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

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



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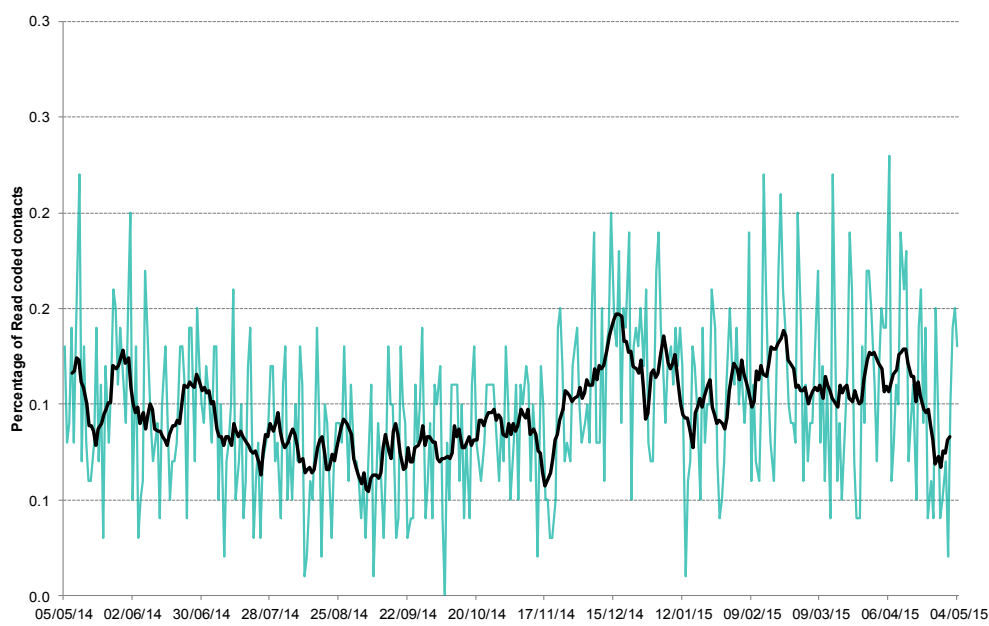
*7-day moving average adjusted for bank holidays.

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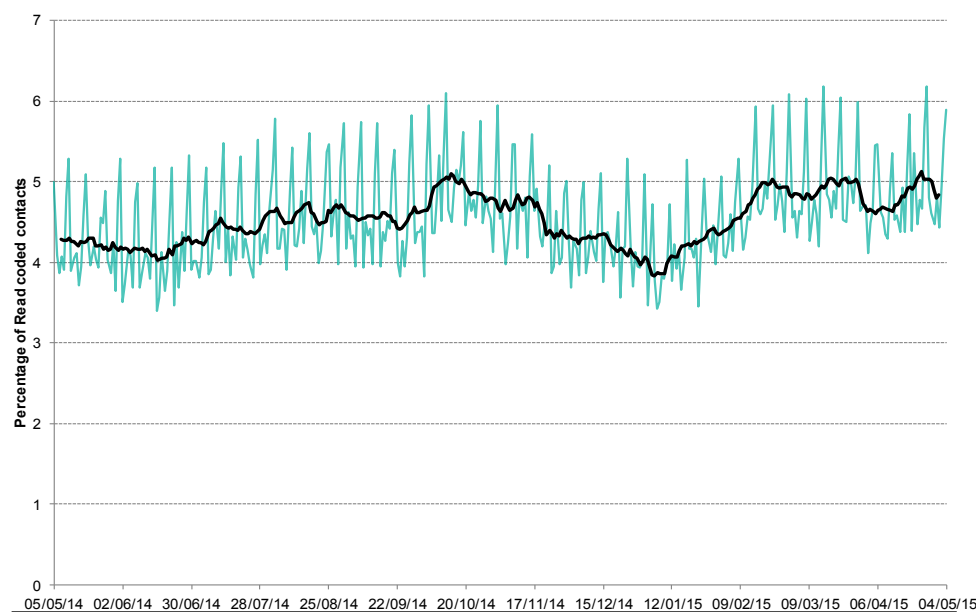
6: Acute pharyngitis and persistent sore throat.

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



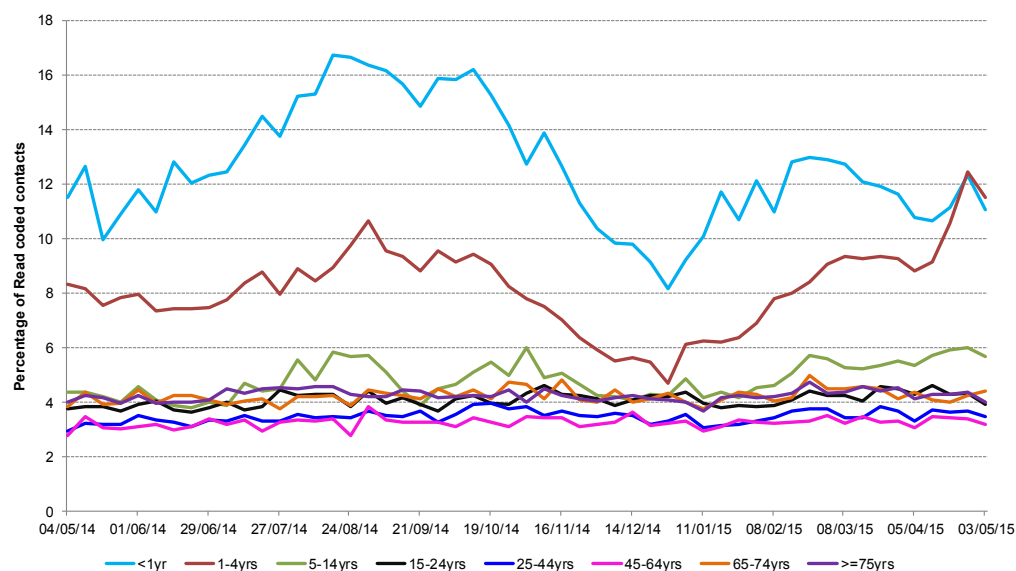
7: Gastroenteritis daily contacts

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



7a: Gastroenteritis weekly contacts by age group.

*7-day moving average adjusted for bank holidays.

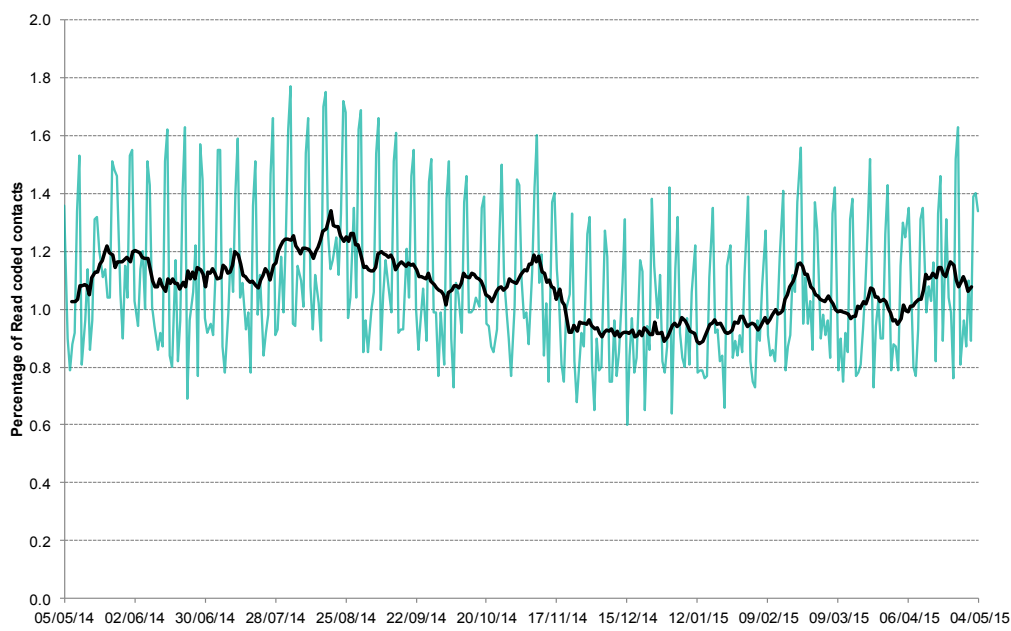


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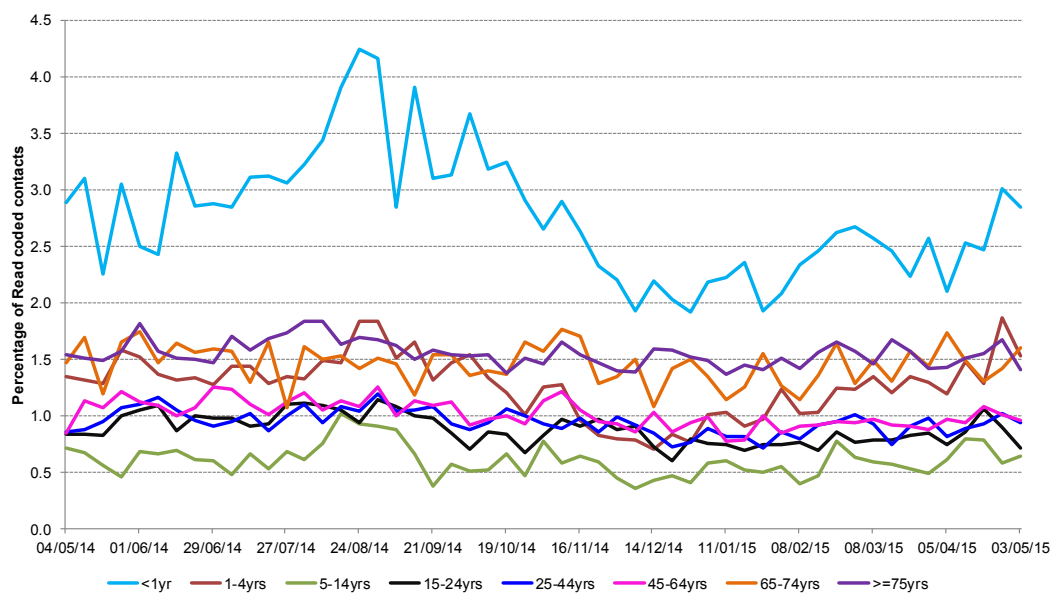
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8: Diarrhoea daily contacts.

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

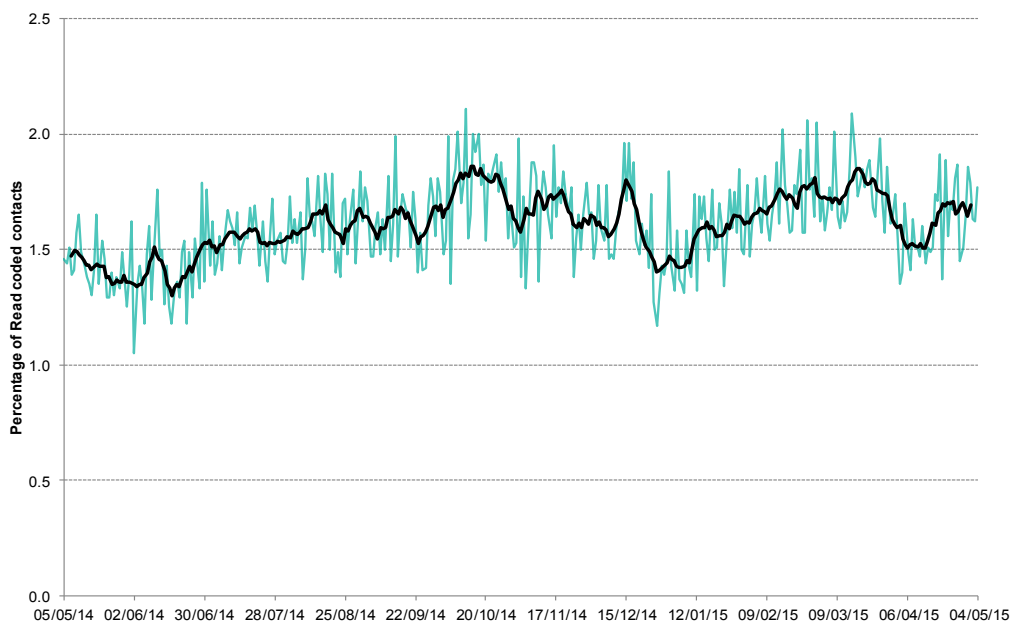


8a: Diarrhoea weekly contacts by age group.



9: Vomiting daily contacts.

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

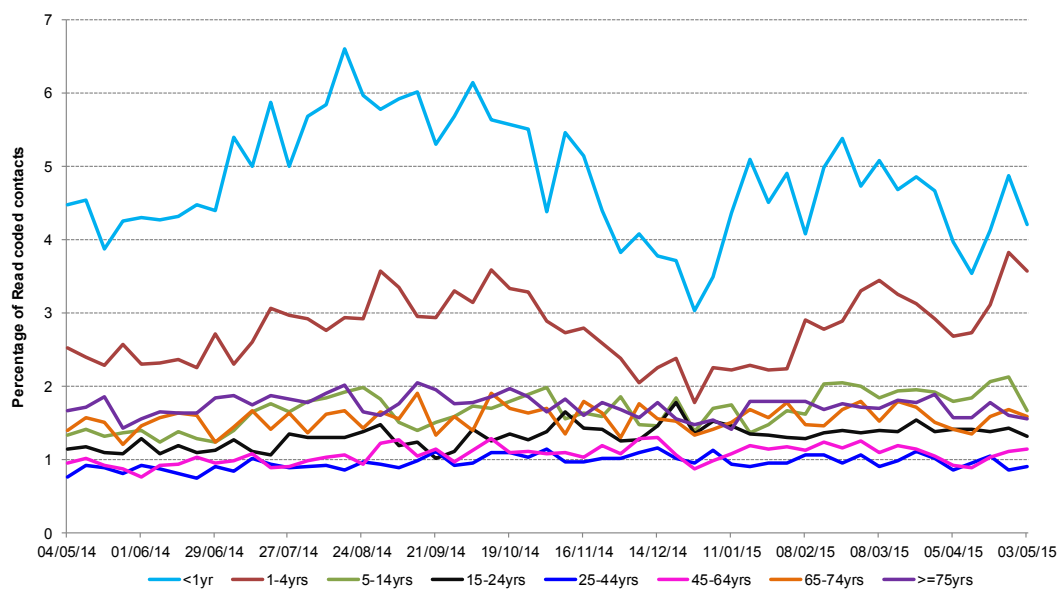


*7-day moving average adjusted for bank holidays.

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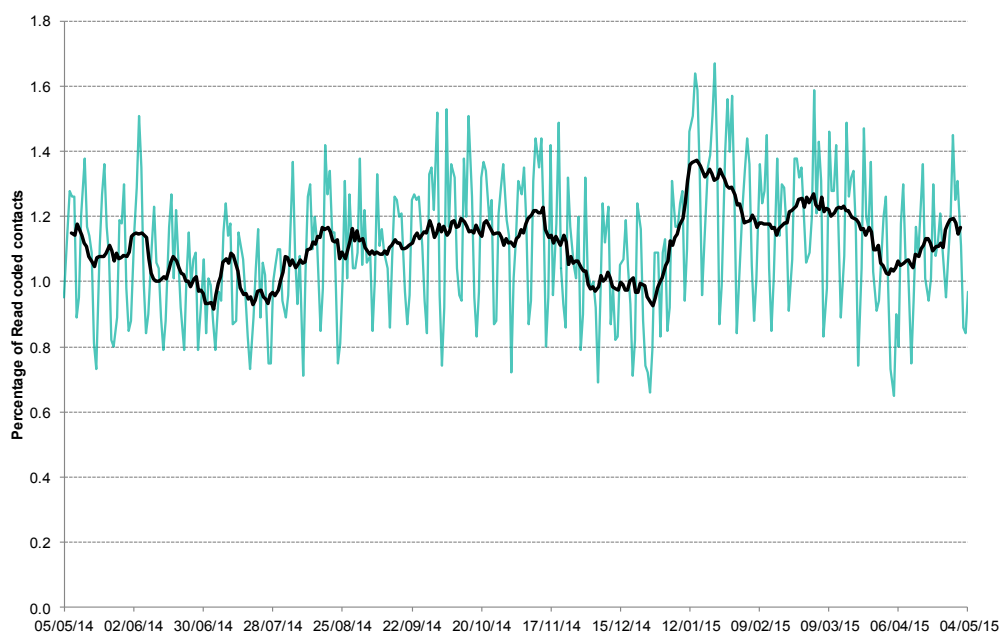
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9a: Vomiting weekly contacts by age group.



10: Myocardial Infarction daily contacts.

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



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*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.
- 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

Produced by: PHE Real-time Syndromic Surveillance Team
6th Floor, 5 St Philip's Place, Birmingham, B3 2PW

Tel: 0344 225 3560 > Option 4 > Option 2 **Fax:** 0121 236 2215

Web: <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

Contact ReSST:

[syndromic surveillance](https://www.gov.uk/government/collections/syndromic-surveillance)
[@phe.gov.uk](mailto:resst@phe.gov.uk)