

# **GP In Hours**

Syndromic Surveillance System: England

### 27 September 2016

In This Issue:

Key messages.

at a glance.

Appendix.

GP practices and denominator population. National syndromic indicators. Notes and further information.

**Diagnostic indicators** 

### Year: 2016 Week: 38

### Key messages

### Data to: 25 September 2016

GP consultations for respiratory conditions have continued to rise during week 38, particularly in children in line with the return to school after summer holidays, but remain within seasonally expected levels (Figures 1 & 1a, 10 & 10a, 11 & 11a).

### Diagnostic indicators at a glance:

Indicato		Trend	Level
Upper respiratory t	ract infection	increasing	below baseline levels
Influenz	za-like illness	increasing	below baseline levels
	Pharyngitis	increasing	below baseline levels
	Scarlet fever	no trend	similar to baseline levels
Lower respiratory t	ract infection	increasing	similar to baseline levels
	Pneumonia	decreasing	similar to baseline levels
G	astroenteritis	increasing	similar to baseline levels
	Vomiting	no trend	below baseline levels
	Diarrhoea	no trend	similar to baseline levels
Se	evere asthma	increasing	similar to baseline levels
	Wheeze	increasing	above baseline levels
(	Conjunctivitis	no trend	below baseline levels
	Mumps	no trend	below baseline levels
	Measles	decreasing	below baseline levels
	Rubella	no trend	below baseline levels
	Pertussis	increasing	above baseline levels
	Chickenpox	no trend	similar to baseline levels
H	lerpes zoster	no trend	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**
2016	38	4428	34.4 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)

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

# 1a: Upper respiratory tract infection age

Average daily incidence rate by week per 100,000 population (all England) based on a population denominator of approximately 5.5 million patients).

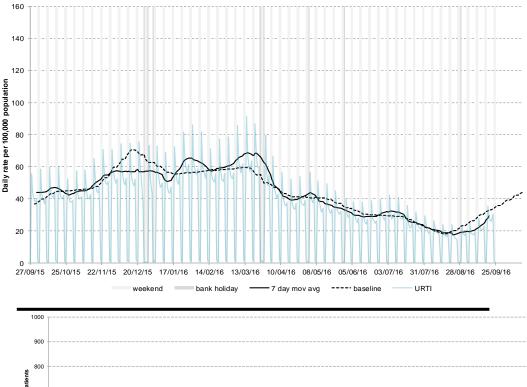


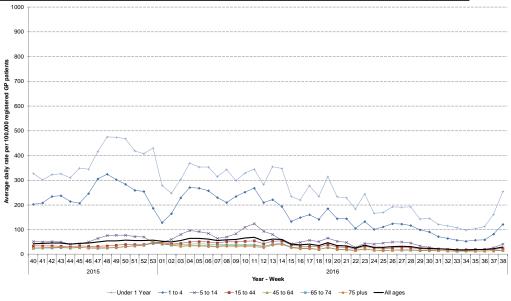
Daily incidence rates (and 7-day moving average\*) per 100,000 population (all England, all ages).

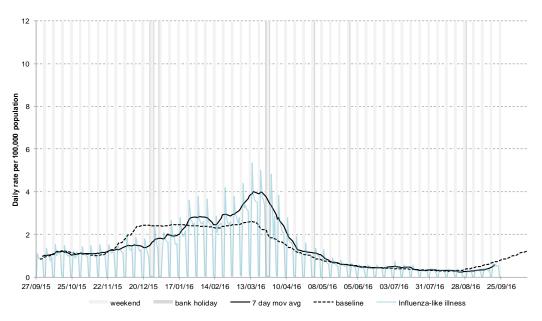
\* 7-day moving average adjusted for bank holidays.





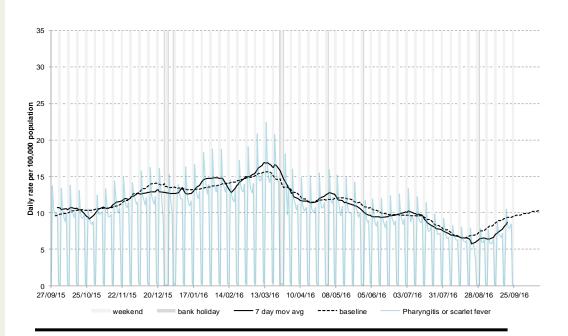






### 3: Pharyngitis or scarlet fever

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



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

# **GP In Hours**

Year: 2016 Week: 38

### 戀 Public Health England

# **GP In Hours**

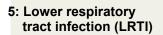
### 4: Scarlet fever

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).

### 4a: Scarlet fever by age

Average daily incidence rate by week per 100,000 population (all England) based on a population denominator of approximately 5.5 million patients).

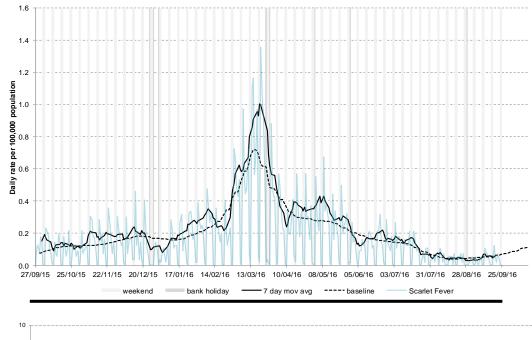
Average

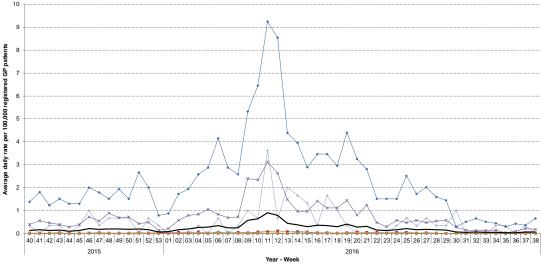


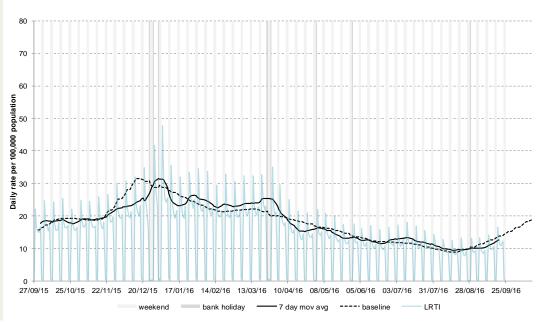
### Daily incidence rate

(and 7-day moving average\*) per 100,000 population (all England,

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







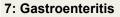
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5

0

### 6: Pneumonia

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

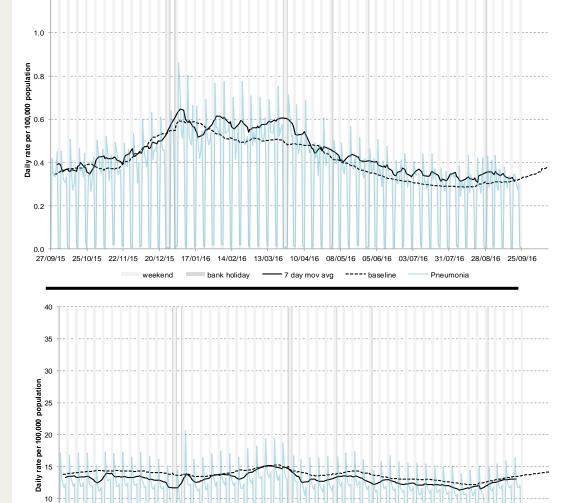


Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



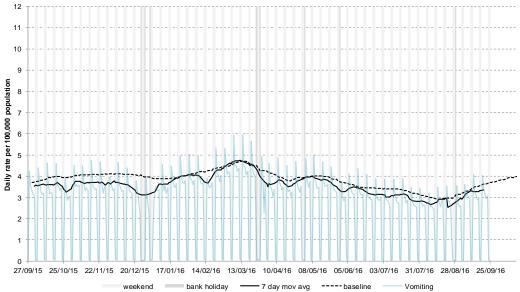
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

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



# **GP In Hours**

Year: 2016 Week: 38



27/09/15 25/10/15 22/11/15 20/12/15 17/01/16 14/02/16 13/03/16 10/04/16 08/05/16 05/06/16 03/07/16 31/07/16 28/08/16 25/09/16

7 day mov avg

bank holiday

weekend

---- baseline

Gastroenteritis

5

### 爕 Public Health England

### 8a: Vomiting by age

100

90

80 GP patients

70

Ħ

2015

weekend

0

Daily rate per 100,000 population

Average daily rate per 100,000 registered

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

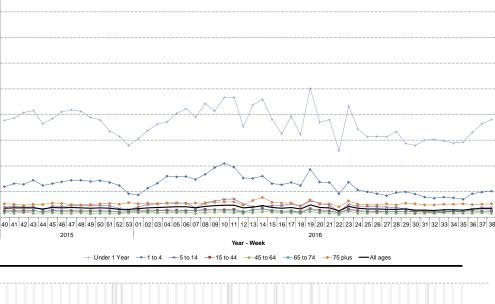
### 9: Diarrhoea

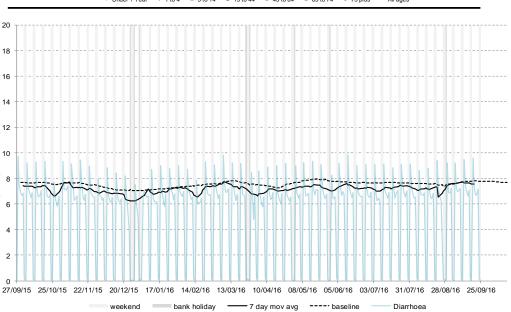
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



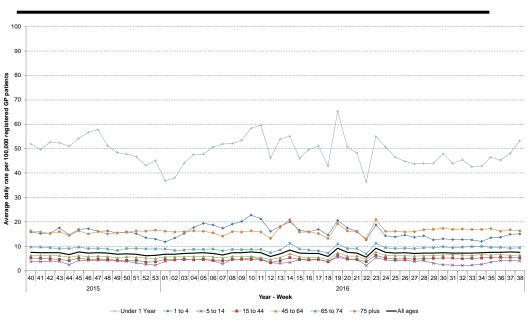
Average daily incidence rate by week per 100,000 population (all England).

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





7 day mov avg



# **GP In Hours**

# **GP In Hours**

### Year: 2016 Week: 38



Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages). 6

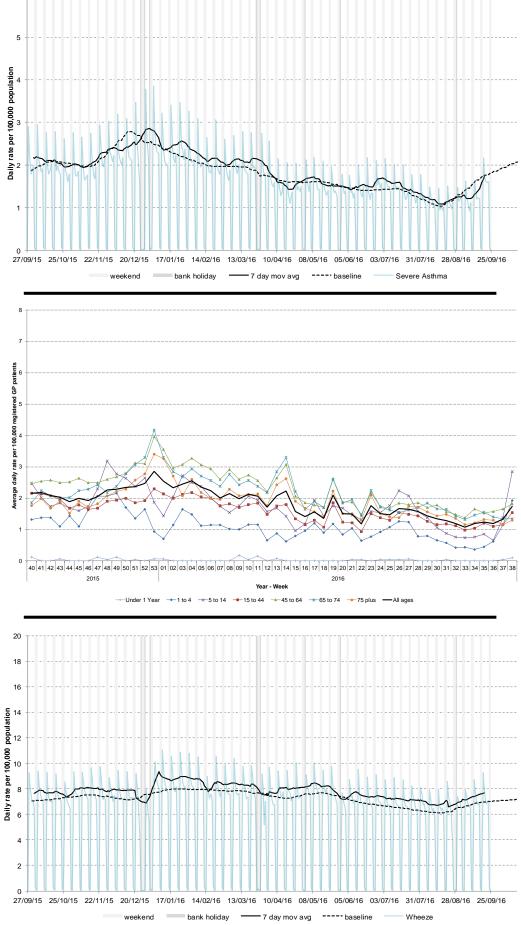
# 10a: Severe asthma by age

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).

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





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### 11a: Wheeze by age

50

45

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

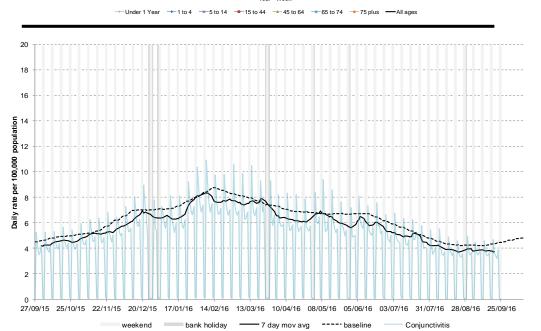
12: Conjunctivitis

Daily incidence rate

(and 7-day moving average\*) per 100,000

all ages).

population (all England,



### 13: Mumps

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

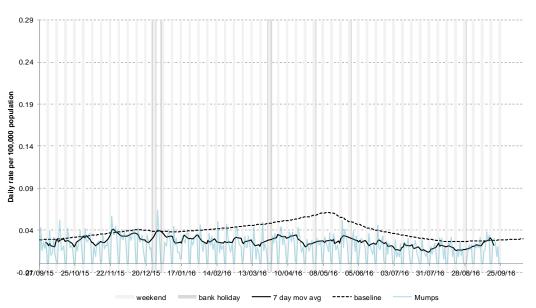
\* 7-day moving average adjusted for bank holidays.

# **Funded Domestic Decomposition of the second second**

# **GP In Hours**

Year: 2016 Week: 38

aily incidence



### Nublic Health England

### 27 September 2016

### 14: Measles

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

### 14a: Measles by PHE Centre

Average daily incidence rate by week per 100,000 population (using geographical boundaries of the 9 PHE centres).

### 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.

0.005

0.000

27/09/15 25/10/15 22/11/15 20/12/15 17/01/16

weekend

14/02/16 13/03/16

bank holiday

10/04/16 08/05/16 05/06/16

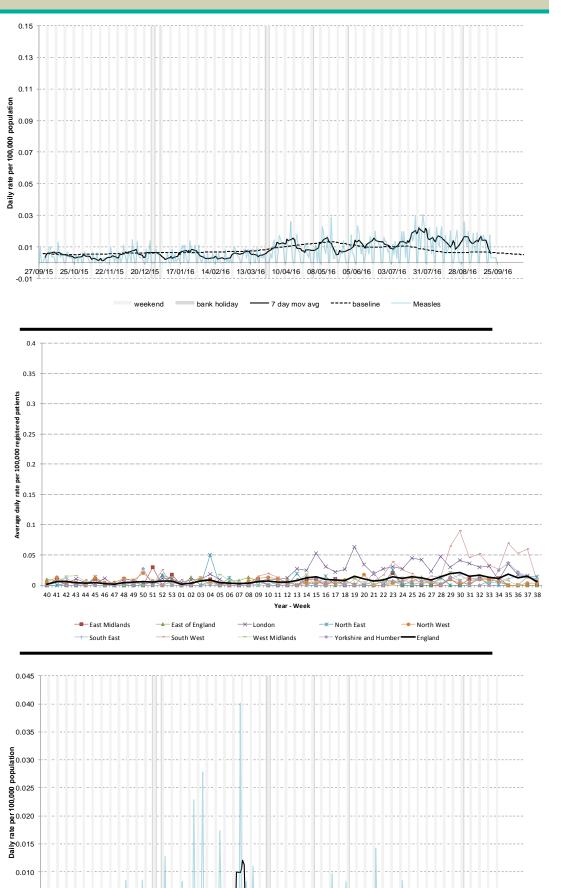
7 day mov avg

---- baseline

03/07/16

31/07/16 28/08/16 25/09/16

Rubella



# **GP In Hours**

### Nublic Health England

### 27 September 2016

0.20

0

2015

### 16: Pertussis

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

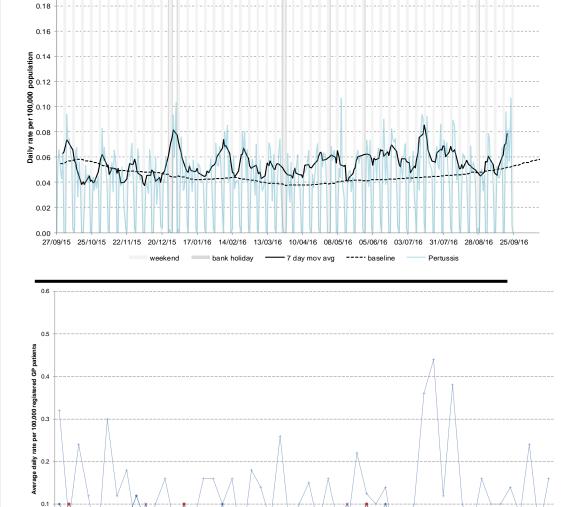
## 16a: Pertussis by age

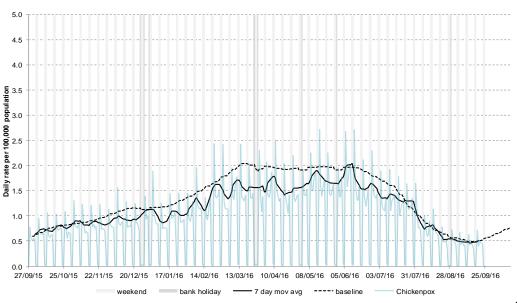
Average daily incidence rate by week per 100,000 population (all England).

### 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.





40 41 42 43 44 45 46 47 48 49 50 51 52 53 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 36

Year - Week

2016

# **GP In Hours**

### 慾 Public Health England

### 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.



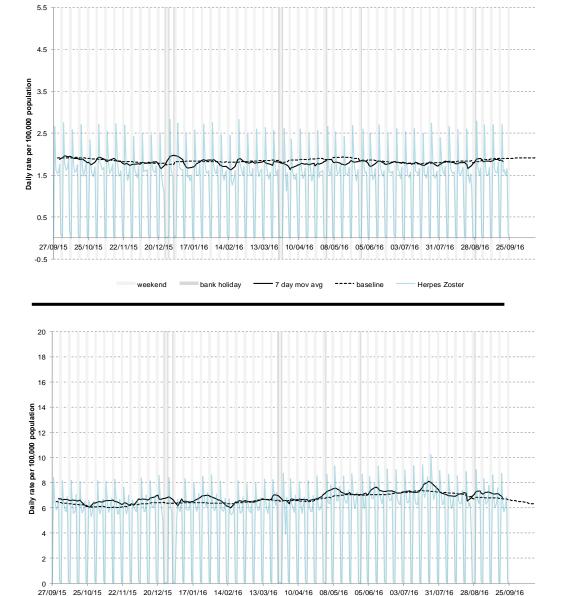
28/08/16 25/09/16

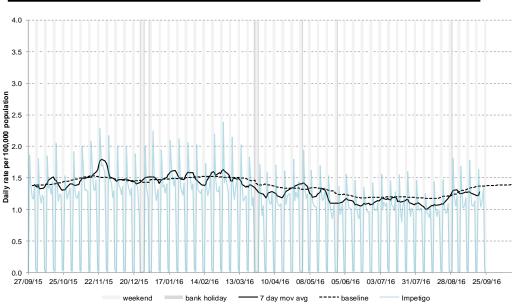
31/07/16

Cellulitis









13/03/16 10/04/16 08/05/16 05/06/16 03/07/16

---- baseline

7 day mov avg

20/12/15

weekend

17/01/16

14/02/16

bank holiday

### Nublic Health England

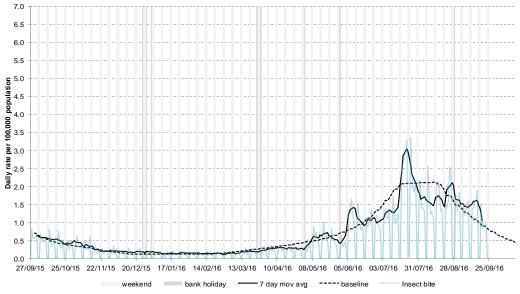
### 27 September 2016

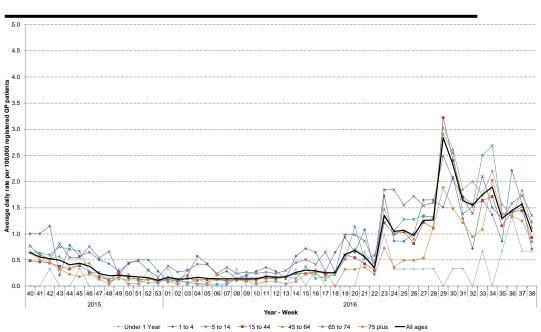
### 21: Insect Bites

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

# 21a: Insect bites by age

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





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

# **GP In Hours**

12

27 September 2016	Year: 2016 Week: 38
Notes and further information	<ul> <li>The Public Health England GP in hours surveillance system is a syndromic surveillance system monitoring community-based morbidity recorded by GP practices.</li> <li>GP consultation data are analysed on a daily basis to identify national and regional trends. A statistical algorithm underpins each system, routinely identifying activity</li> </ul>
	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.
	<ul> <li>This system captures anonymised GP morbidity data from two GP clinical software systems, EMIS, from version 1 of the QSurveillance® database, and TPP SystmOne.</li> </ul>
	• 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.
Maps:	• From week 40 2015 the influenza-like illness thresholds illustrated in the bulletin appendix maps are calculated using the "Moving Epidemic Method" (MEM). <sup>1</sup> MEM is used as a standard methodology for setting influenza surveillance thresholds across Europe. <sup>2</sup>
	• 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.
	<ol> <li><sup>1</sup> Vega T et al. <i>Influenza Other Respir Viruses</i>. 2013;<b>7</b>(4):546-58.</li> <li><sup>2</sup> Green HK et al. <i>Epidemiol Infect</i>. 2015;<b>143</b>(1):1-12.</li> </ol>
Acknowledgements:	We thank and acknowledge the University of Nottingham, ClinRisk <sup>®</sup> and the contribution of 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.
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Contact ReSST: syndromic.surveillance @phe.gov.uk	6 <sup>th</sup> Floor, 5 St Philip's Place, Birmingham, B3 2PW <b>Tel:</b> 0344 225 3560 > Option 4 > Option 2 <b>Fax:</b> 0121 236 2215 <b>Web:</b> <u>https://www.gov.uk/government/collections/syndromic-surveillance-systems-and</u> <u>-analyses</u>