

GP In Hours

Syndromic Surveillance System: England

26 October 2016

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population. National syndromic indicators. Notes and further information.

Appendix.

Key messages

Data to: 23 October 2016

During week 42 GP consultations for respiratory conditions showed continued seasonal increases (figures 1, 1a, and 5).

There were also increases in gastroenteritis and vomiting, particularly in children under 5 years (figures 7, 8 and 8a).

Diagnostic indicators at a glance:

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

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2016	42	4,309	33.7 million

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

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1: Upper respiratory tract infection (URTI)

160

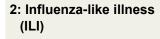
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Daily rate per 100,000 population

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

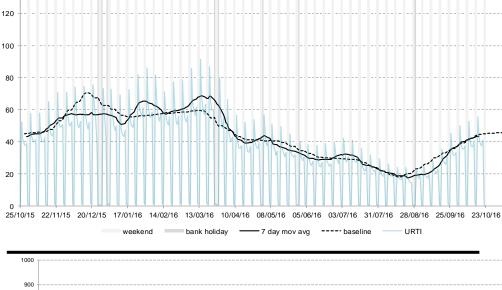
1a: Upper respiratory tract infection age

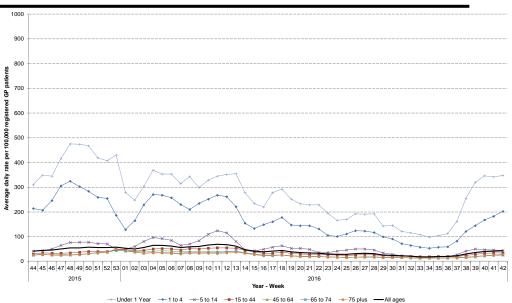
Average daily incidence rate by week per 100,000 population (all England) based on a population denominator of approximately 5.5 million patients).

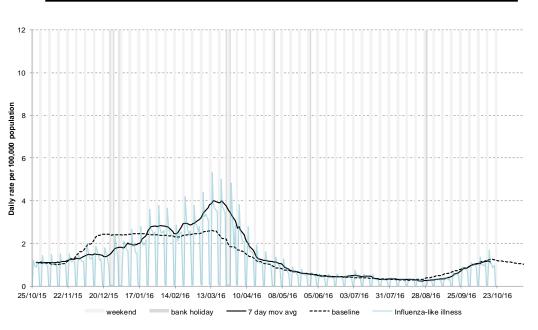


Daily incidence rates (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.

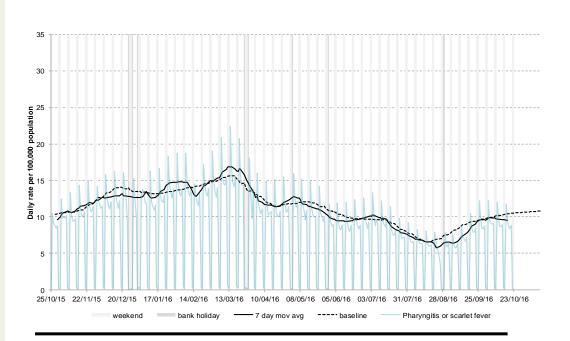






3: Pharyngitis or scarlet fever

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.

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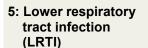
(ear: 2016 Week: 42

4: Scarlet fever

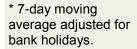
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, based on a population denominator of approximately 5.5 million patients).

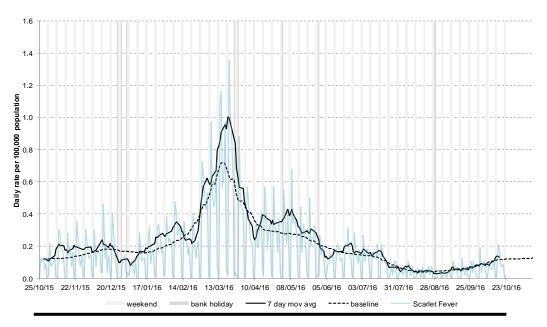
4a: Scarlet fever by age

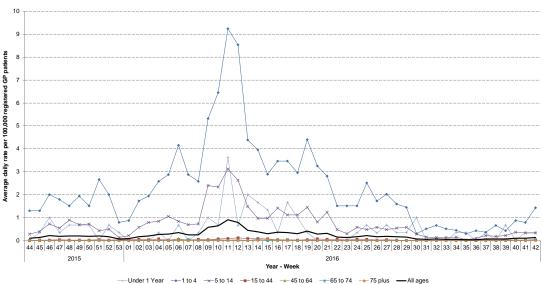
Average daily incidence rate by week per 100,000 population (all England) based on a population denominator of approximately 5.5 million patients).

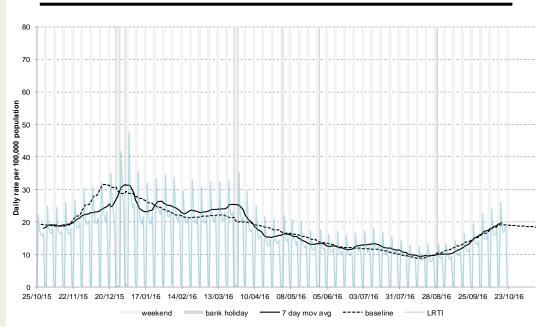


Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).









6: Pneumonia

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 1.2

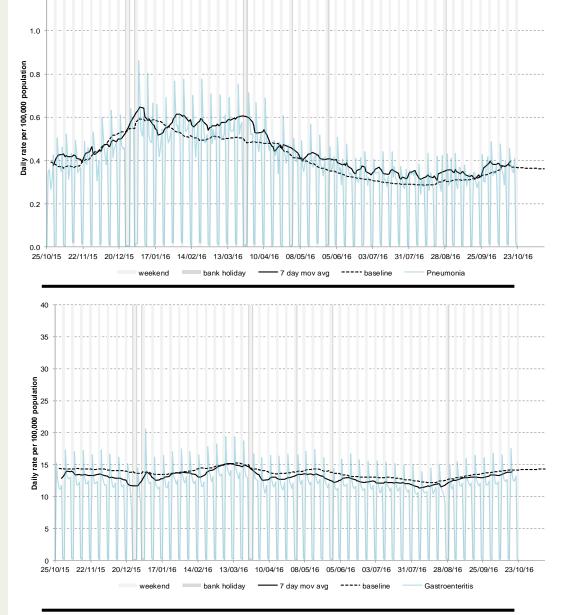
7: Gastroenteritis

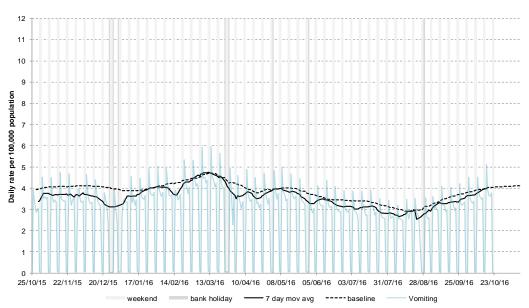
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



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

* 7-day moving average adjusted for bank holidays.





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8a: Vomiting by age

100

90

80 GP patients

70

60 50

40 30

100,000 registered

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

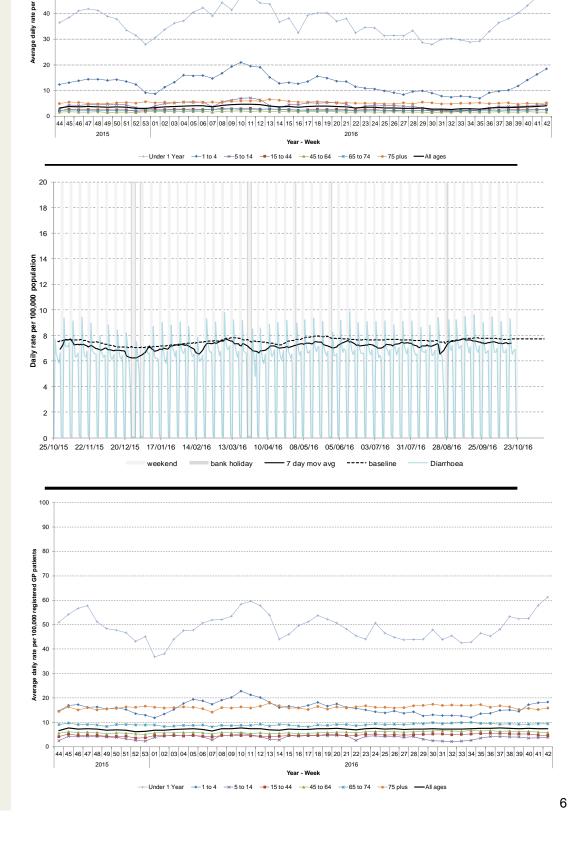


Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



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

* 7-day moving average adjusted for bank holidays.



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10: Severe asthma

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

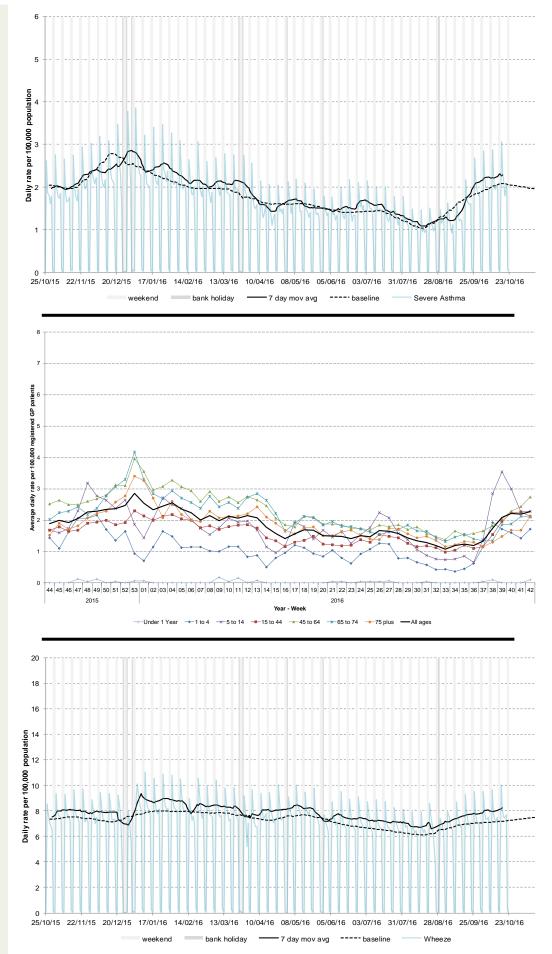
10a: Severe asthma by age

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

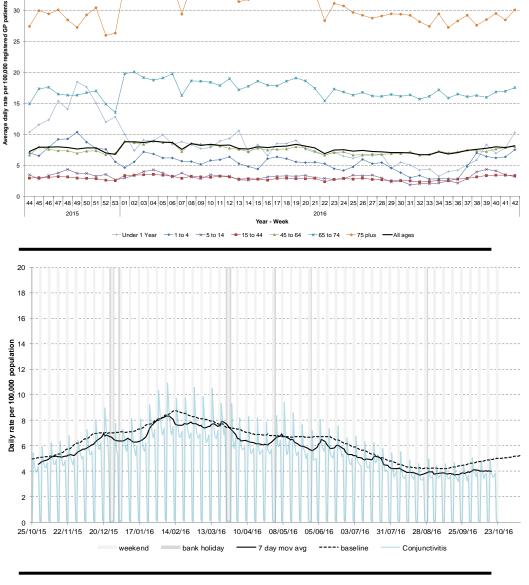
Average daily incidence rate by week per 100,000 population (all England).

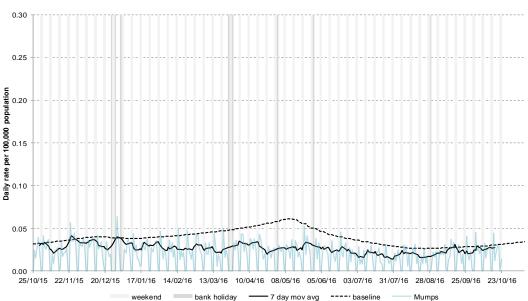
12: Conjunctivitis

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

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

13: Mumps







40

35

30

25

20



8

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14: Measles

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

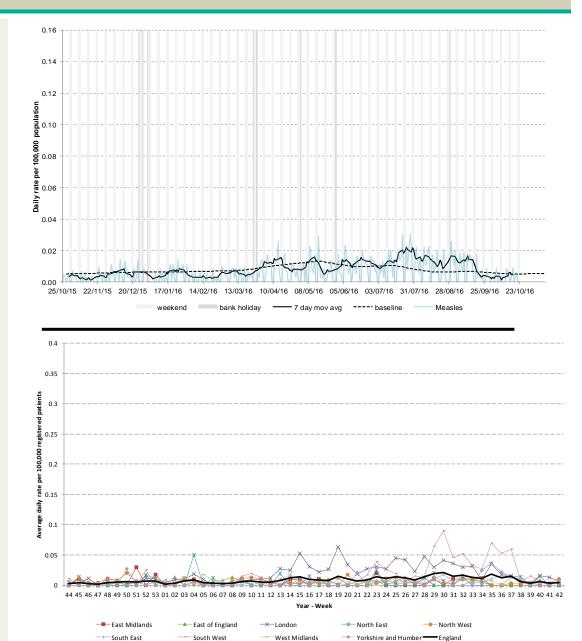
14a: Measles by PHE Centre

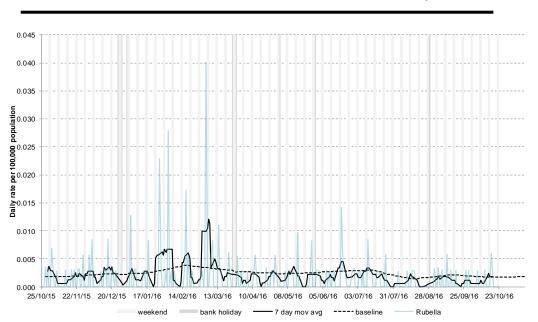
Average daily incidence rate by week per 100,000 population (using geographical boundaries of the 9 PHE centres).

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.





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16: Pertussis

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 0.20

0.18

0.16

0.14 0.12

000'001

0.04 0.02 0.00

0.6

25/10/15 22/11/15 20/12/15

17/01/16

weekend

14/02/16

13/03/16

bank holiday

10/04/16

Daily rate per 90.0

08/05/16

7 day mov avg

05/06/16

03/07/16

baseline

31/07/16

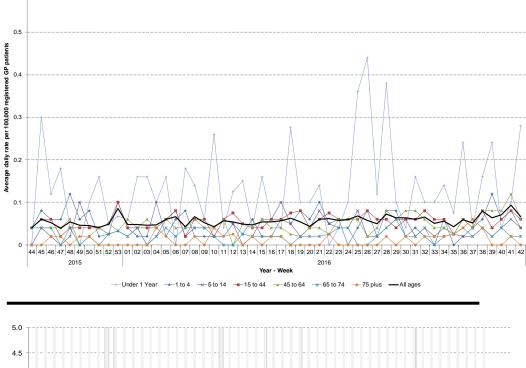
16a: Pertussis by age

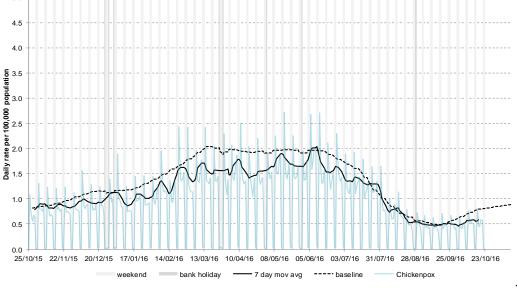
Average daily incidence rate by week per 100,000 population (all England).

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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28/08/16 25/09/16 23/10/16

Pertussis

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18: Herpes zoster

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 6.0

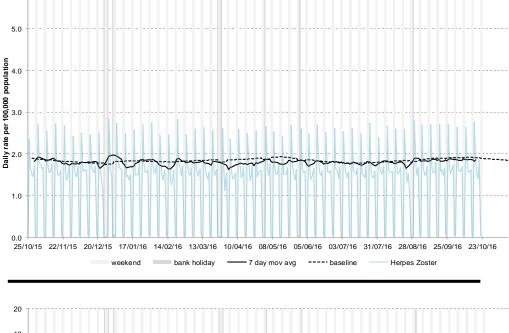
19: Cellulitis

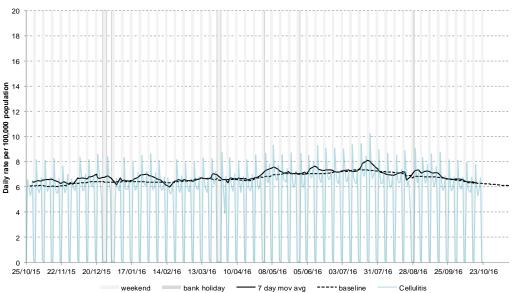
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

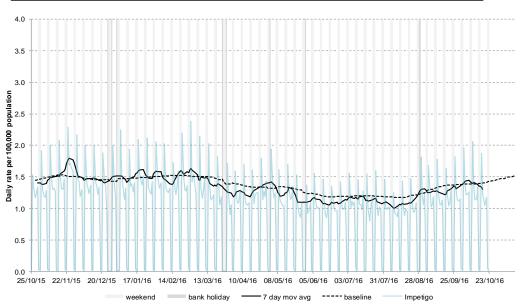


Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.







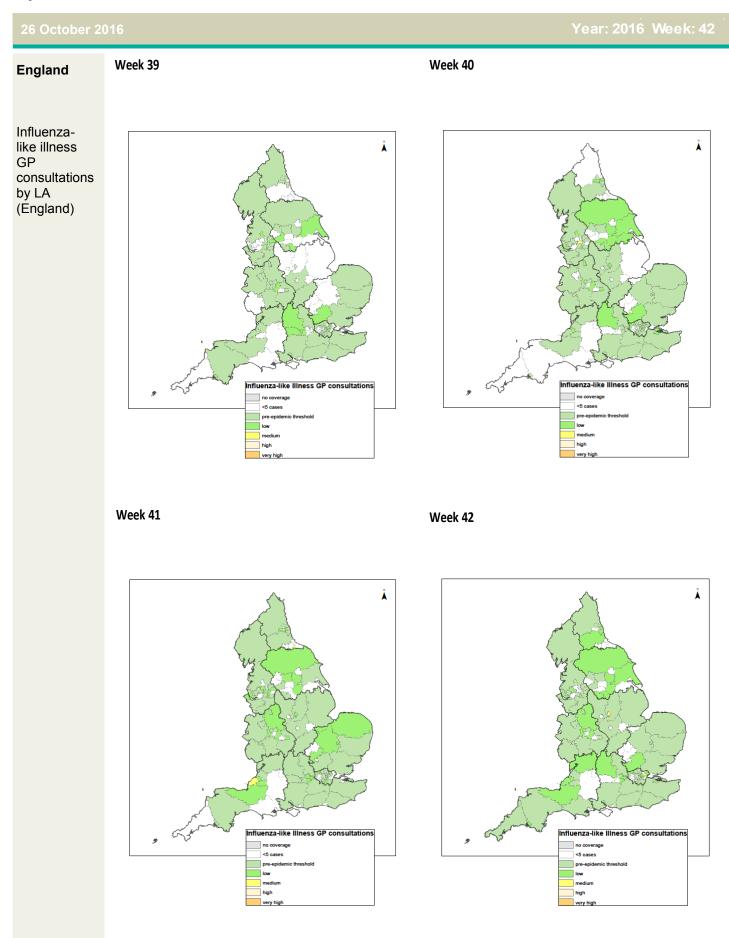
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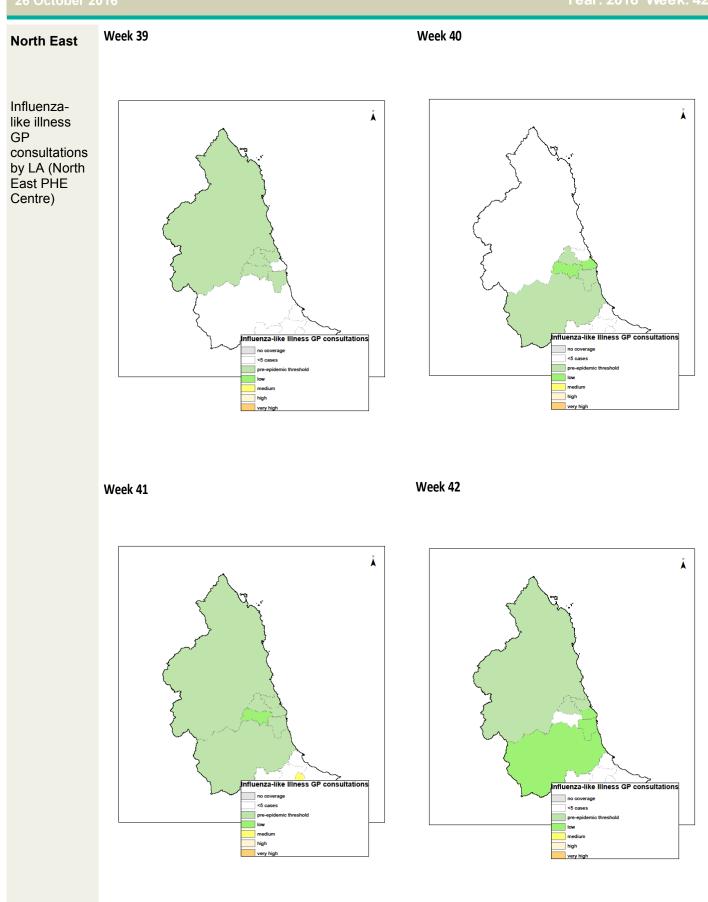
Notes and further The Public Health England GP in hours surveillance system is a syndromic information surveillance system monitoring community-based morbidity recorded by GP practices. GP consultation data are analysed on a daily basis to identify national and regional trends. A statistical algorithm 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

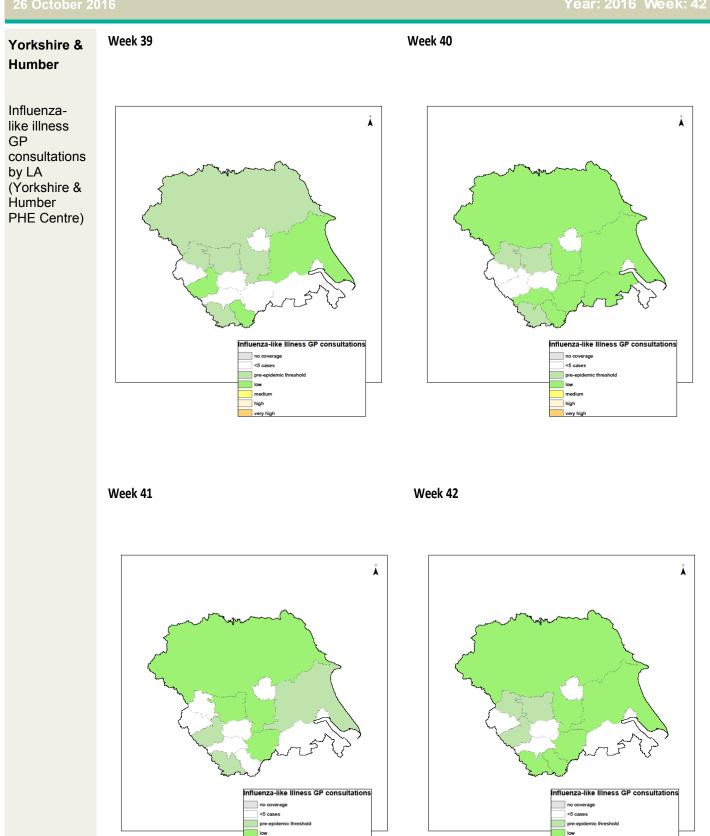
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GP In Hours



Year: 2016 Week: 4





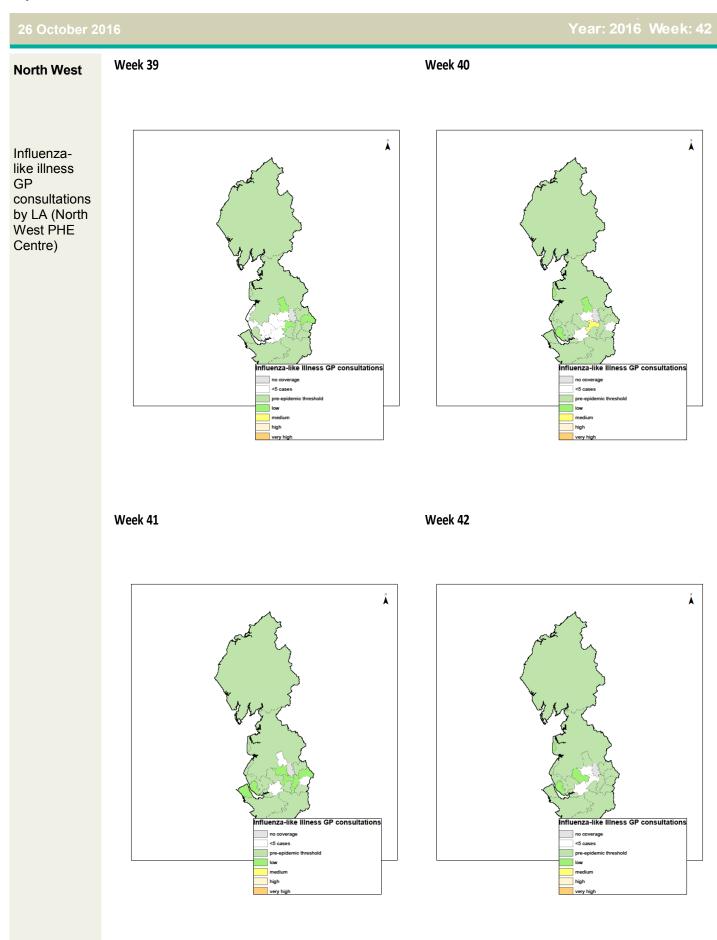
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high

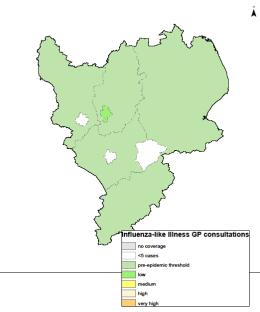
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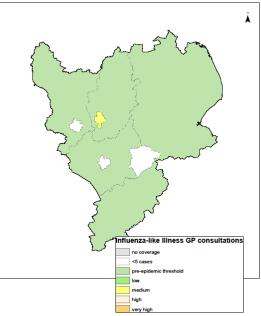
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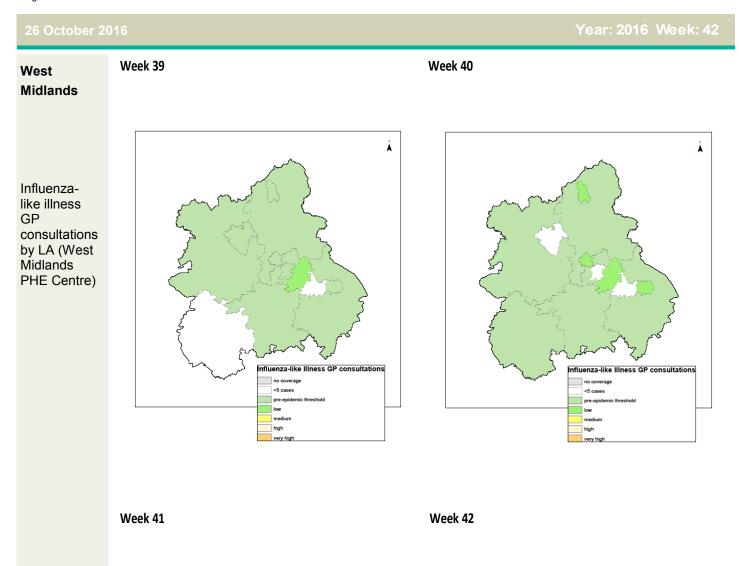
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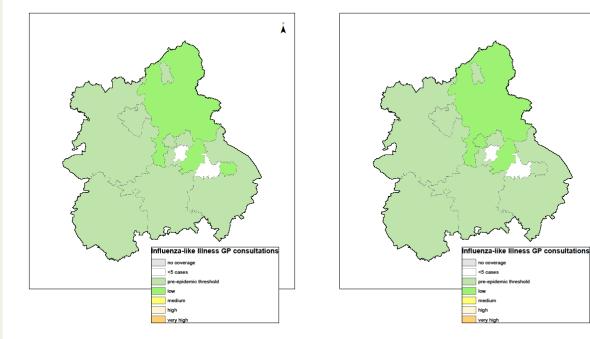


Week 39 Week 40 East Midlands Å Å Influenzalike illness GP consultations by LA (East Midlands PHE Centre) enza-like Illness GP consultations enza-like Illness GP consultations no coverage no coverage <5 cases <5 cases pre-epide pre-epide low mediun medium high high /ery h very h Week 41 Week 42 Ă Ă





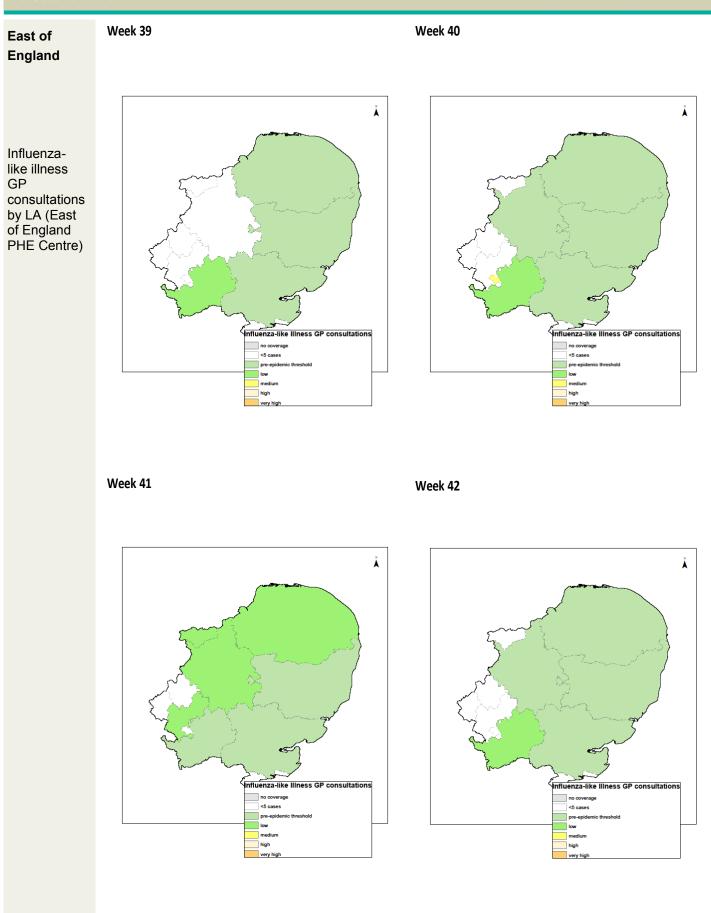




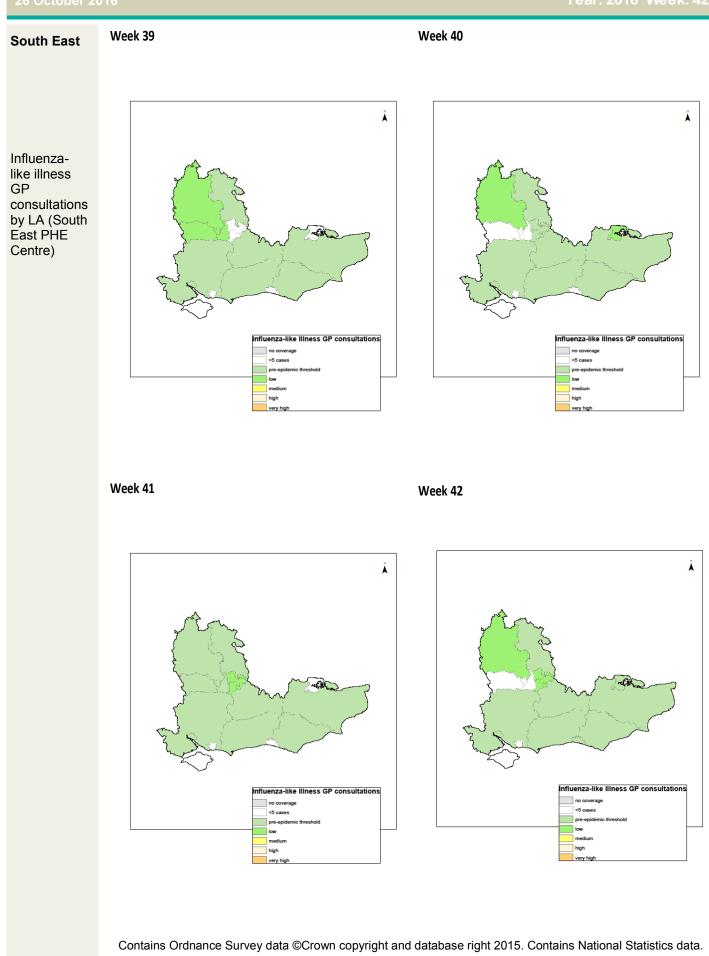
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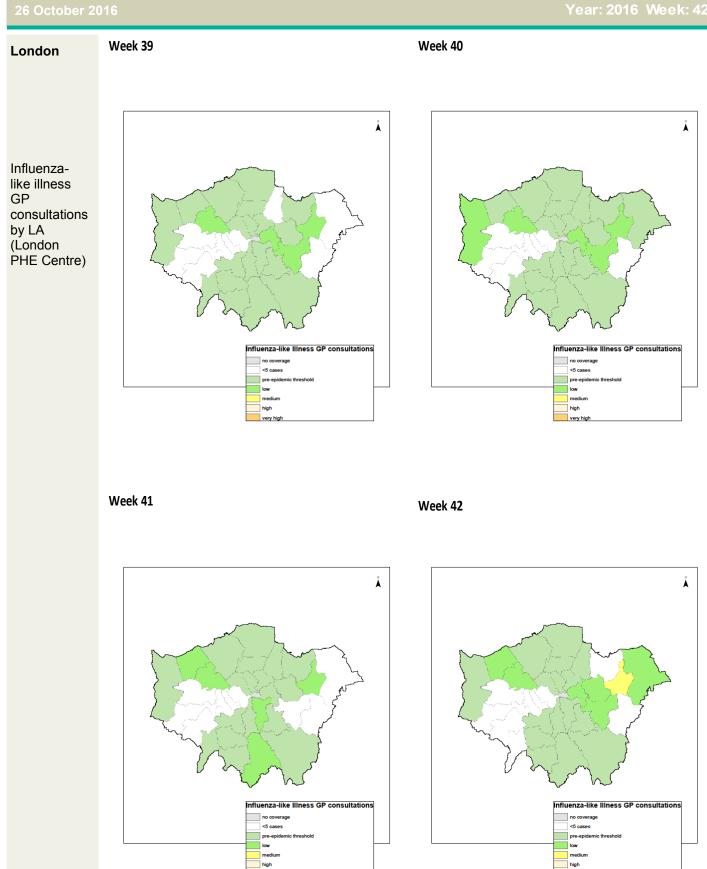
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