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Key messages

Data to: 03 January 2016

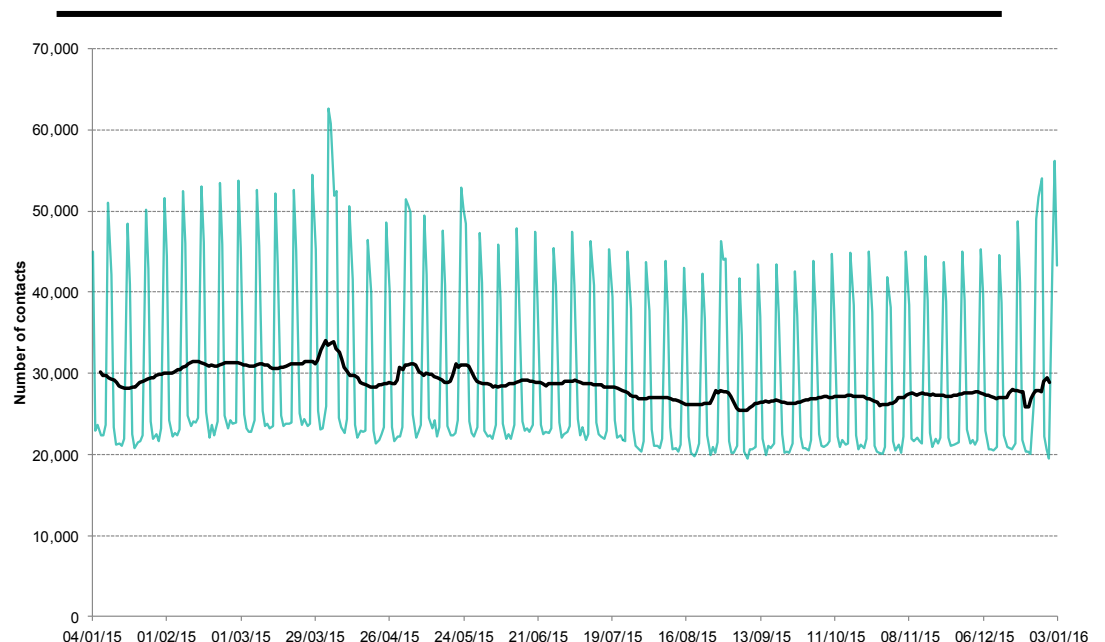Consultations for all respiratory indicators remain within seasonally expected levels.

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**
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 53	% Week 52	Trend*
All OOH contacts, all causes	258,633			
Acute respiratory infection	28,229	22.24	21.95	←→
Influenza-like illness	407	0.32	0.34	←→
Bronchitis/bronchiolitis	697	0.55	0.55	←→
Difficulty breathing/wheeze/asthma	3,852	3.03	3.05	←→
Pharyngitis	157	0.12	0.13	←→
Gastroenteritis	4,871	3.84	4.06	←→
Diarrhoea	1,332	1.05	1.04	←→
Vomiting	1,646	1.30	1.41	←→
Myocardial infarction	1,295	1.02	0.86	←→

*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).
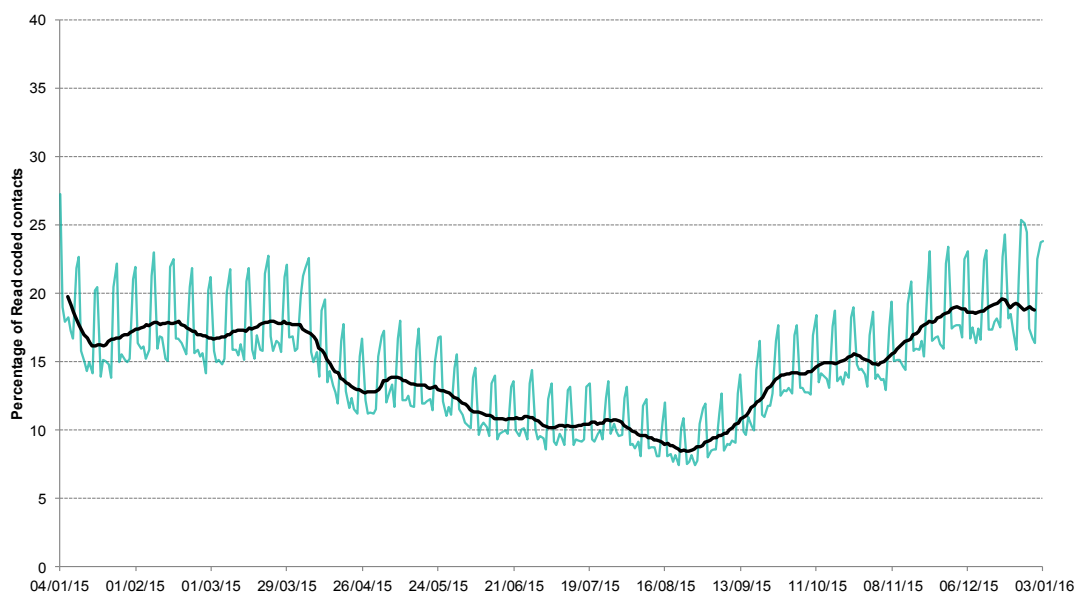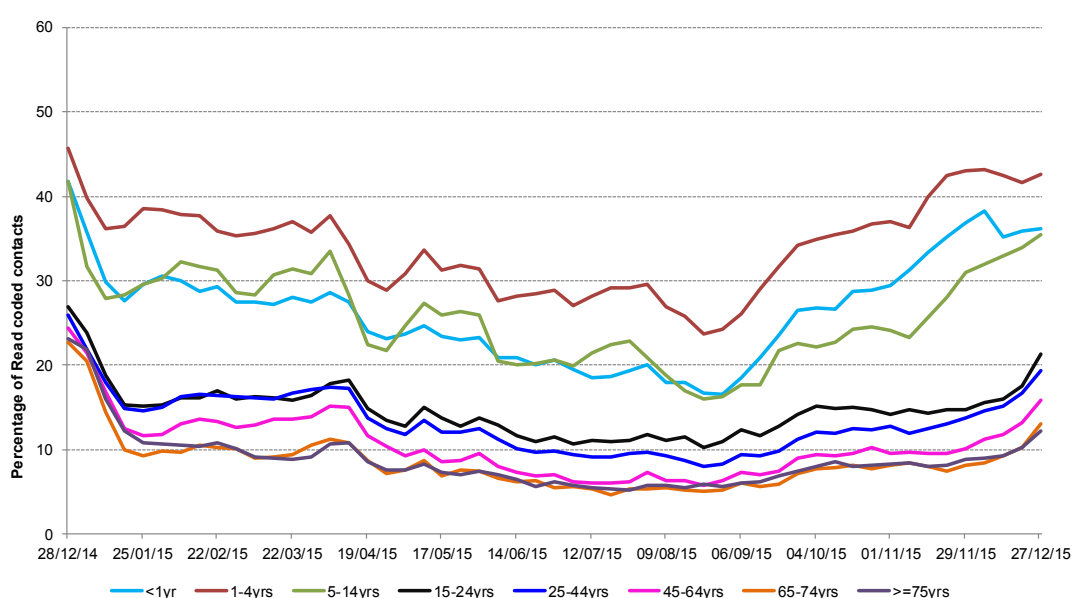
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2: Acute Respiratory Infection daily contacts.

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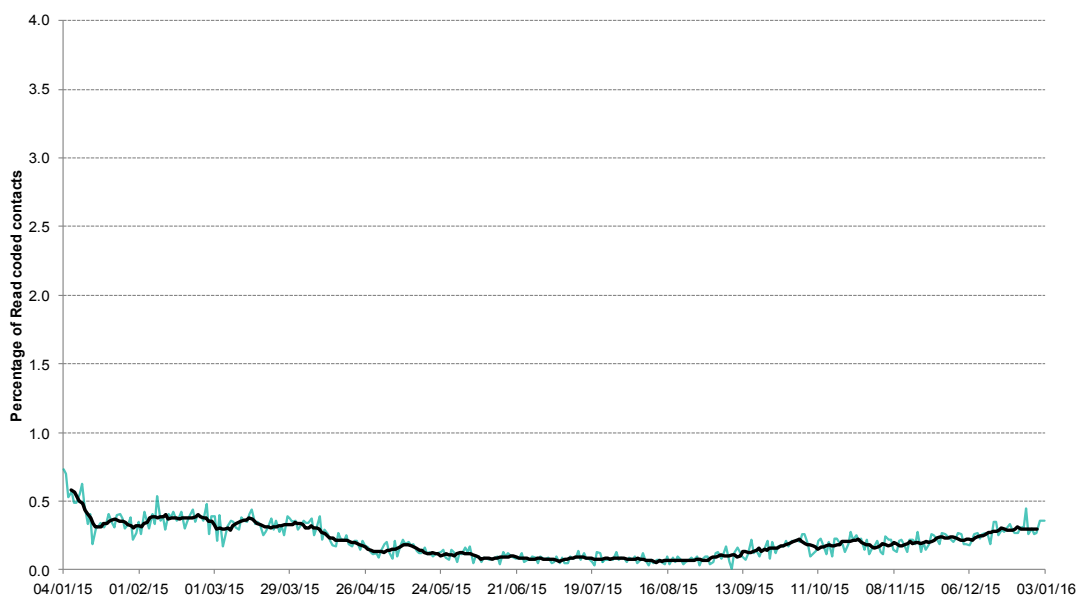

**2a: Acute respiratory infection weekly contacts by age group.**

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*.

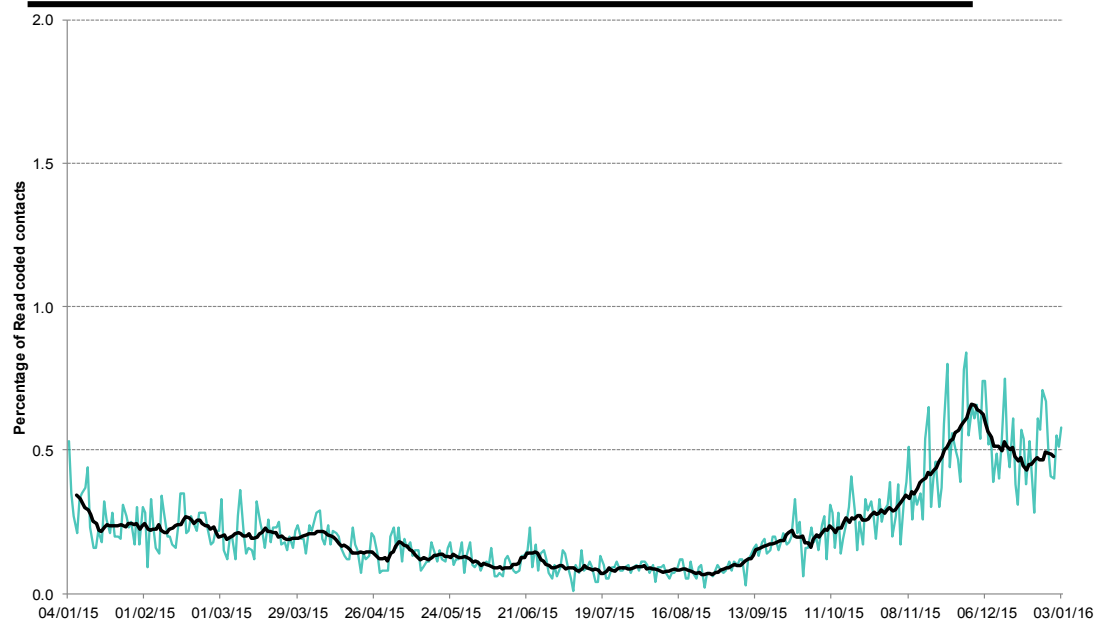*7-day moving average adjusted for bank holidays.

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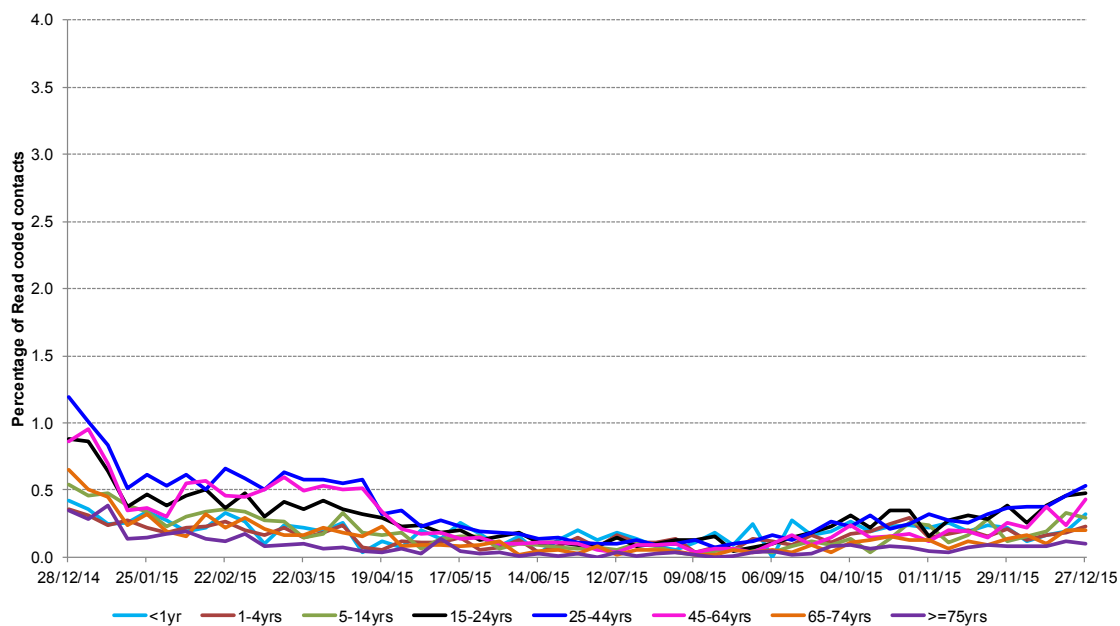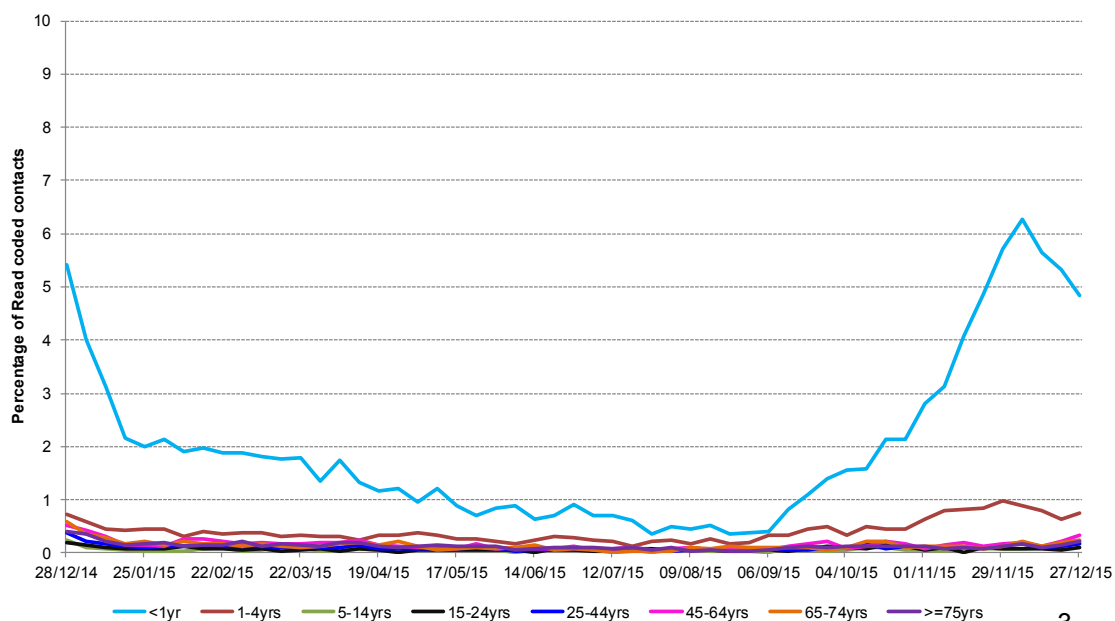

4: Bronchitis/ bronchiolitis daily contacts.

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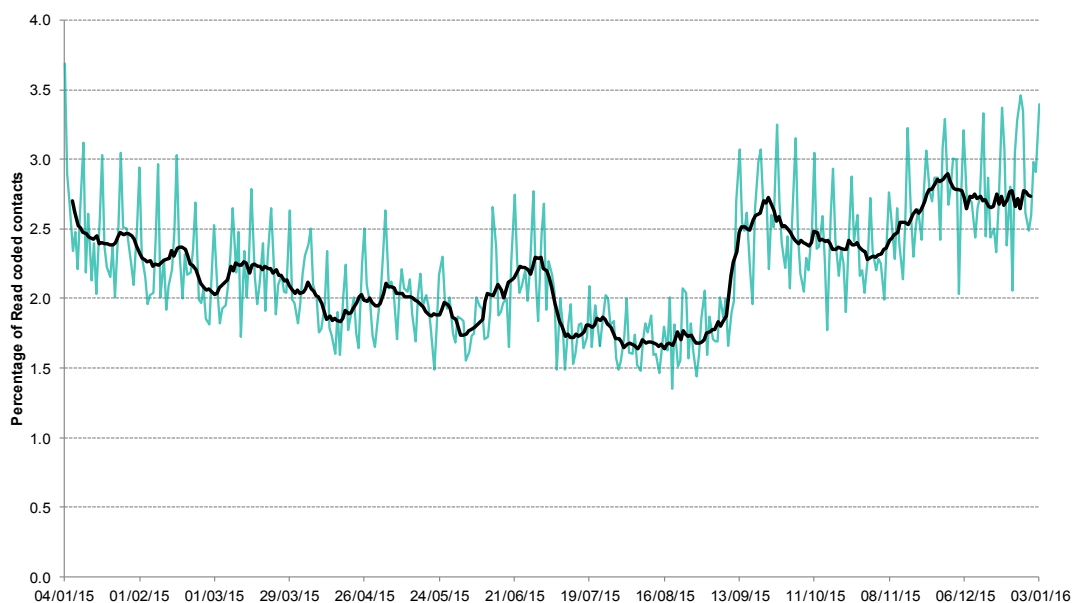

**4a: Bronchitis/ bronchiolitis daily contacts by age group.**

*7-day moving average adjusted for bank holidays.

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*.
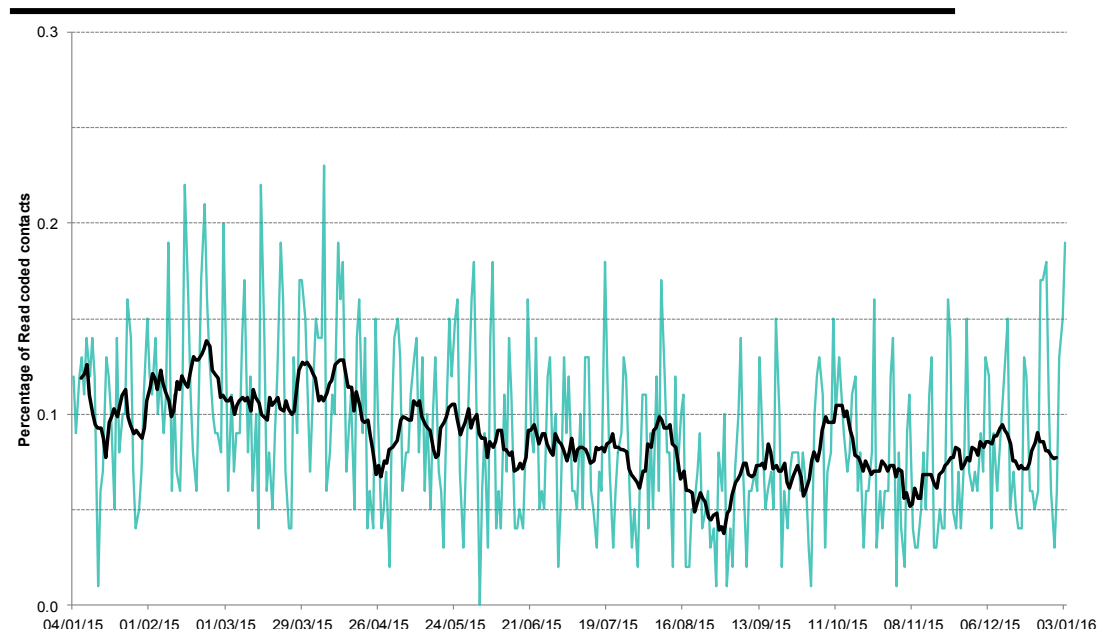

5a: Difficulty breathing/wheeze/ asthma weekly contacts by age group.

Legend: <1yr | 1-4yrs | 5-14yrs | 15-24yrs | 25-44yrs | 45-64yrs | 65-74yrs | >=75yrs
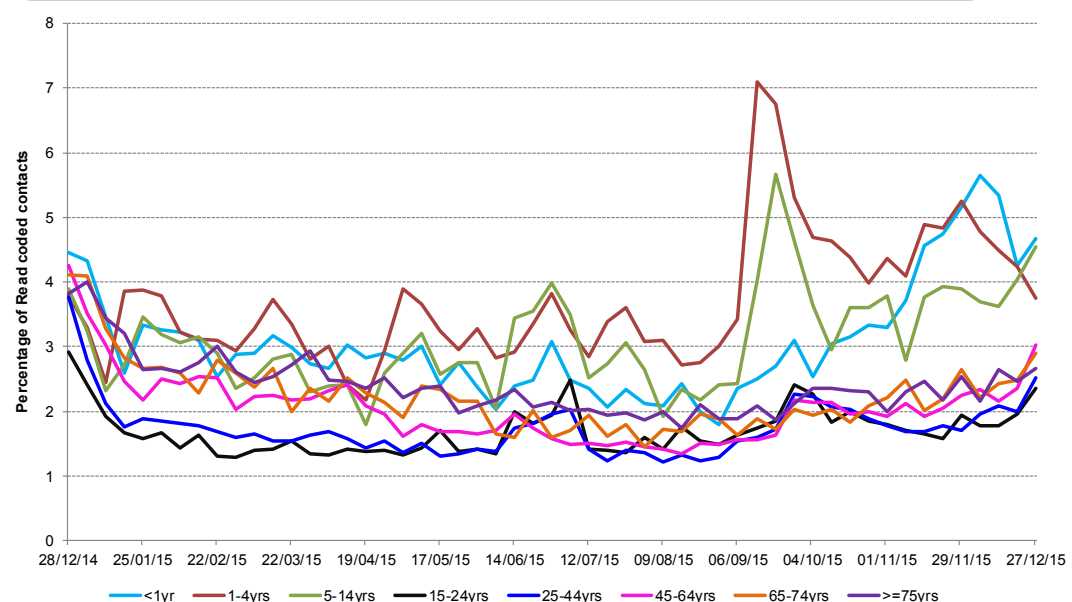
6: Acute pharyngitis and persistent sore throat.

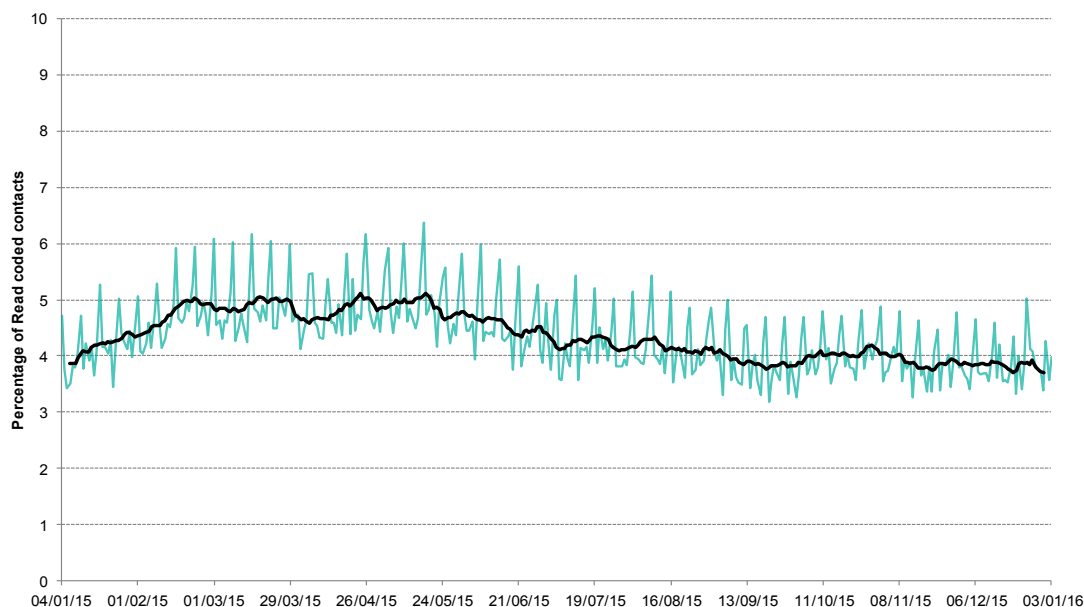Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.

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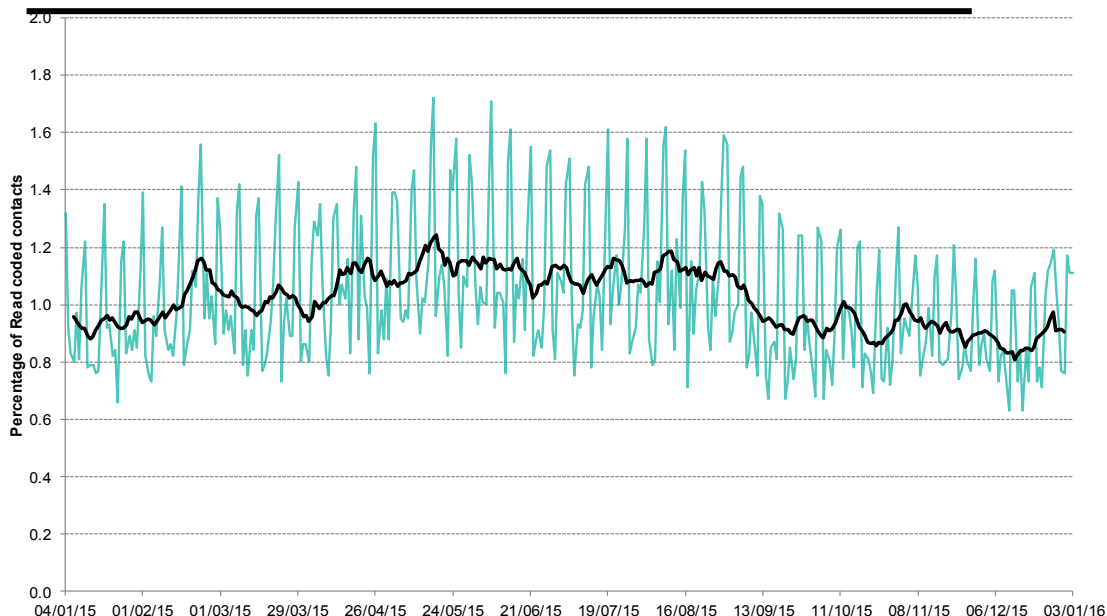
7: Gastroenteritis daily contacts

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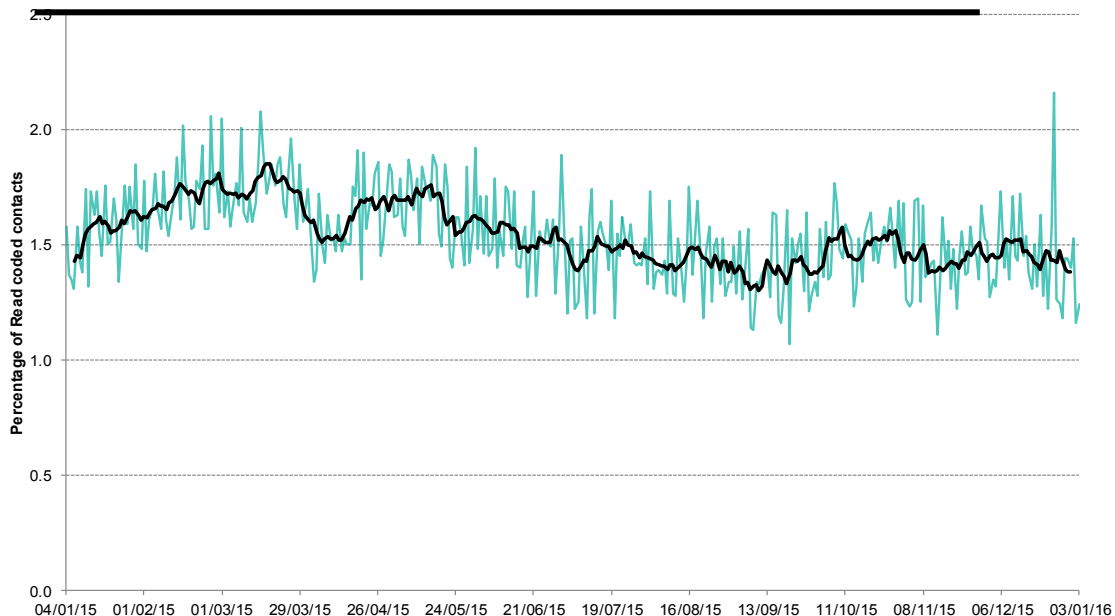

8: Diarrhoea daily contacts.

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.

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10: Myocardial Infarction daily contacts.

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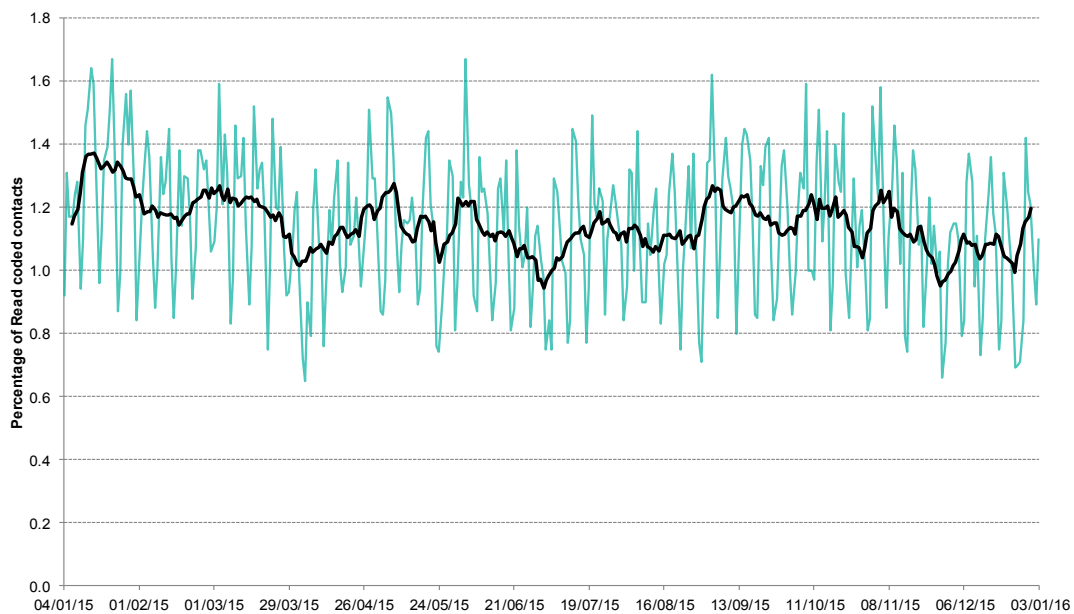
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*7-day moving average adjusted for bank holidays.

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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.

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

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

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