

# **GP In Hours**

Syndromic Surveillance System: England

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### Key messages

Data to: 28 March 2016

There were further increases in GP consultations for scarlet fever during week 12 (figure 4).

Influenza-like illness decreased slightly during week 12 but remains above seasonally expected levels (figure 2); the highest rates were observed in the south west (figure 2b & appendix map).

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 http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

### **Diagnostic indicators at a glance:**

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

### GP practices and denominator population:

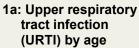
Year	Week	GP Practices Reporting**	Population size**
2016	12	4323	33.0 million

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

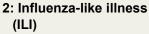
### 爕 Public Health England

### 1: Upper respiratory tract infection (URTI)

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

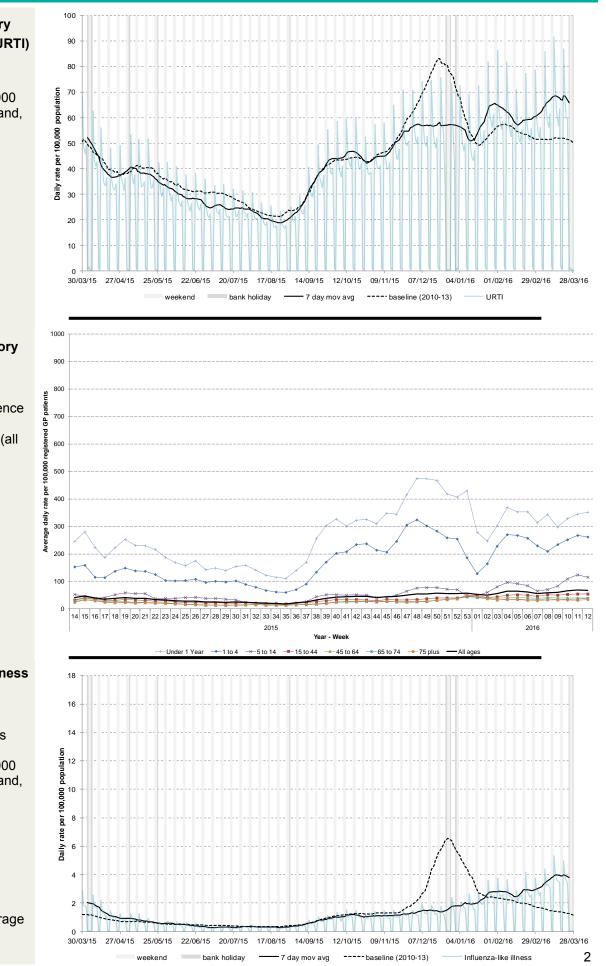


Average daily incidence rate by week per 100,000 population (all England)



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

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



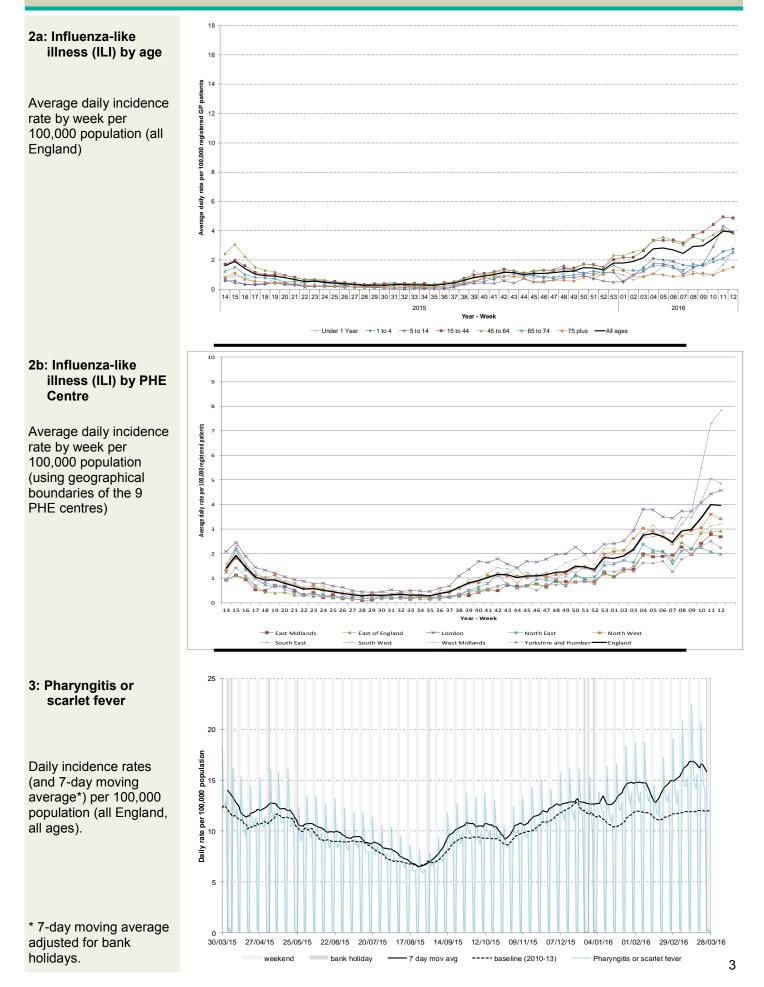
### **GP In Hours**

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#### 30 March 2016

## **GP In Hours**

'ear: 2016 Week: 12



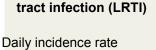
#### 4: Scarlet fever

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). 1.4

1.2



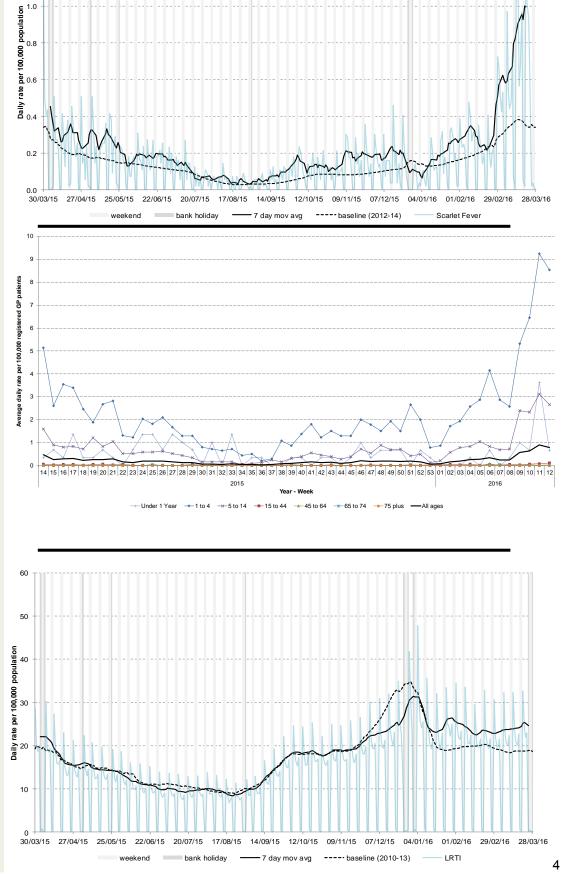
Average daily incidence rate by week per 100,000 population (all England) based on a population denominator of approximately 5.5 million patients).



5: Lower respiratory

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

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



### **GP In Hours**

/ear: 2016 Week: 12

## **GP In Hours**



04/01/16

07/12/15

12/10/15

09/11/15

---- baseline (2009-13)

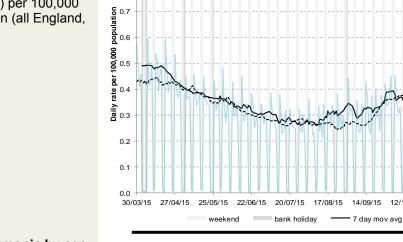
01/02/16

Pneumonia

29/02/16

28/03/16

2016



1.0 0.9

0.8

registered GP patients

100,000 r ber daily rate

Average

0

5

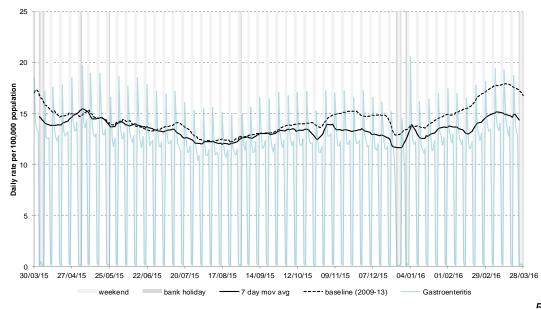
6a: Pneumonia by age

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

### 7: Gastroenteritis

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

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

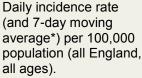


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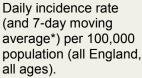
Year - Week 

2015

### 6: Pneumonia



#### 8: Vomiting



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8

7

6

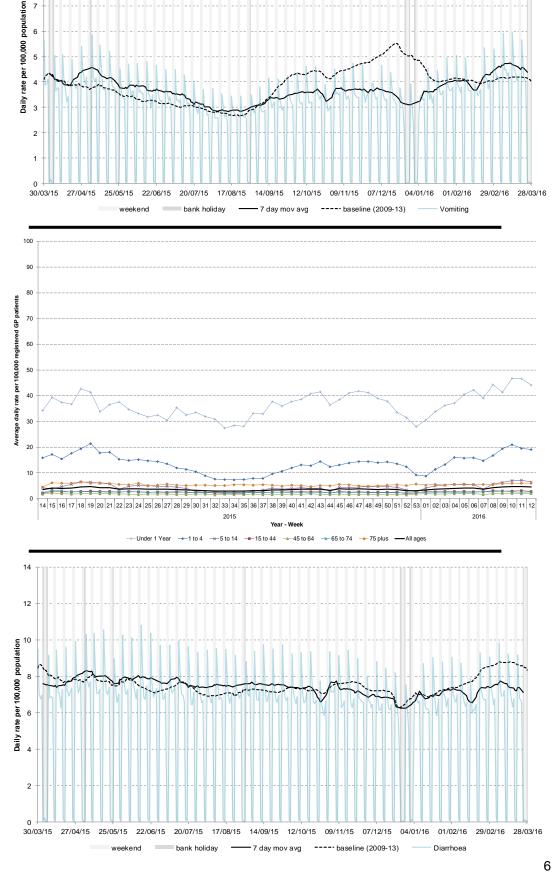
#### 8a: Vomiting by age

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).

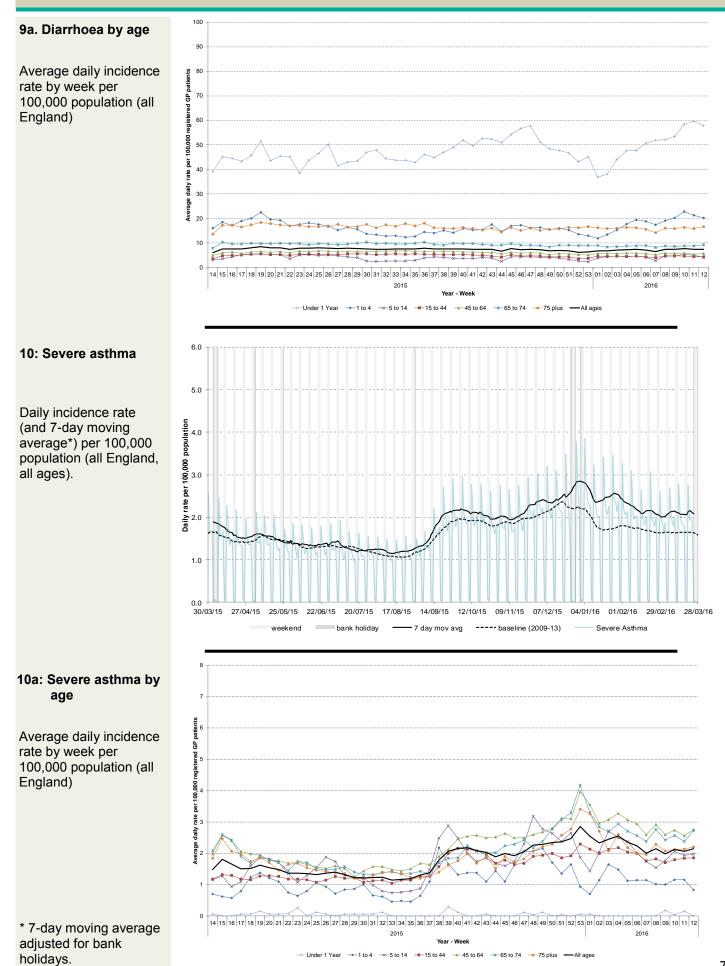
\* 7-day moving average adjusted for bank holidays.



### **GP In Hours**

## **GP In Hours**





#### 11: Wheeze

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

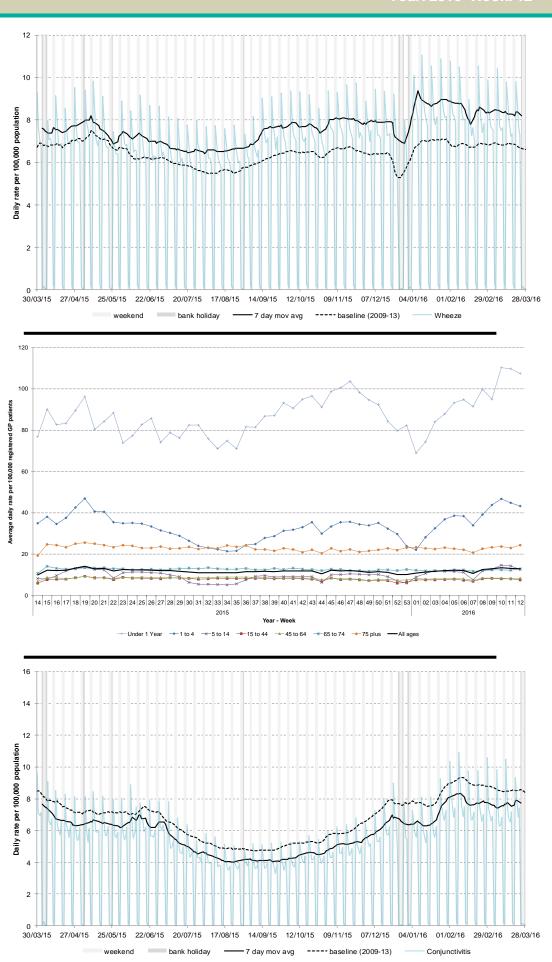
#### 11a: Wheeze by age

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).

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

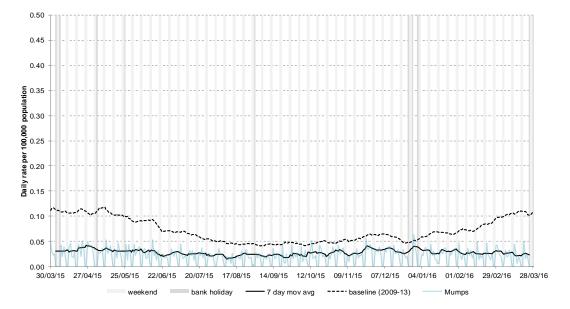


### **GP In Hours**

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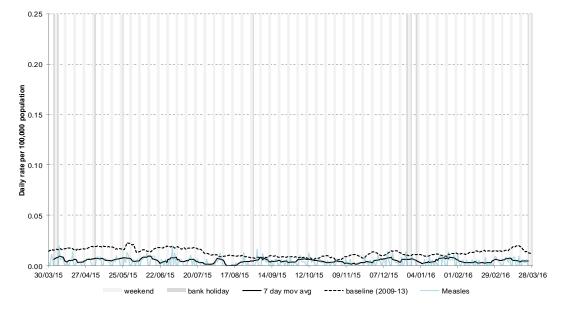
#### 13: Mumps

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



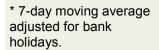
#### 14: Measles

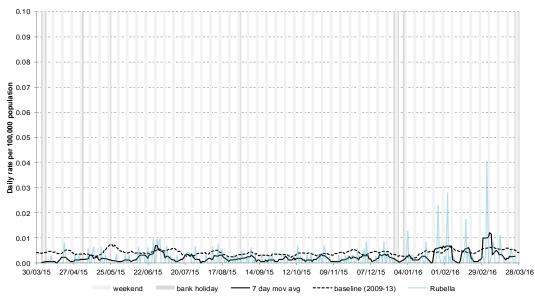
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



### 15: Rubella

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



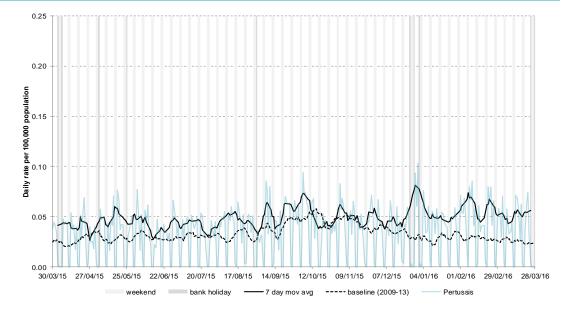


## **GP In Hours**

ear: 2016 Week: 12

#### 16: Pertussis

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



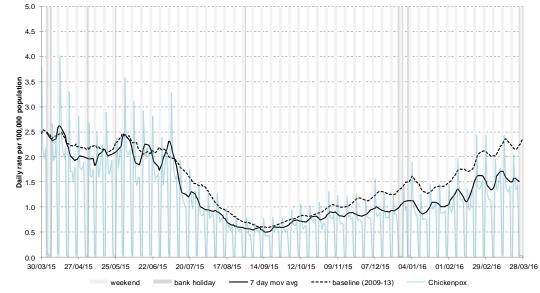
### 17: Chickenpox

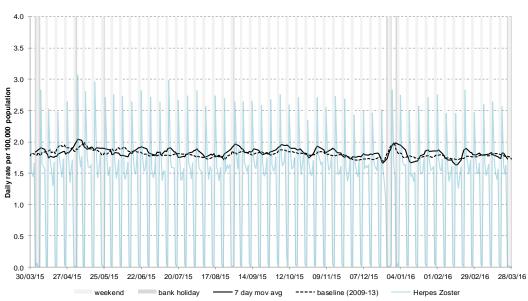
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

#### 18: Herpes zoster

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**

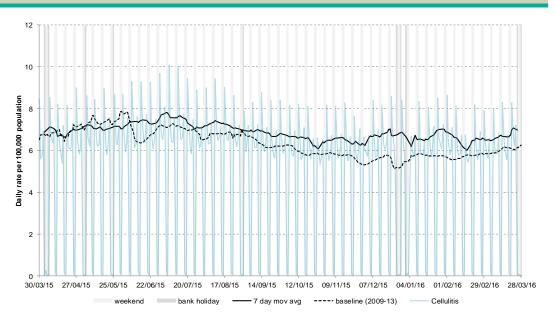
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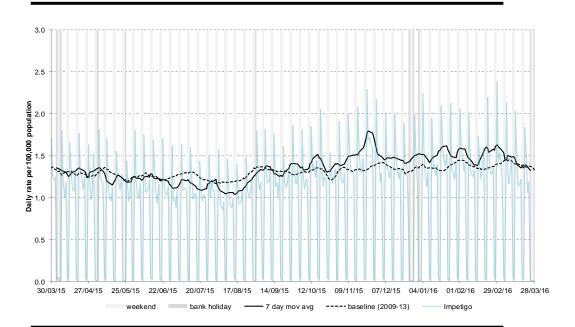
#### 19: Cellulitis

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

### 20: Impetigo

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





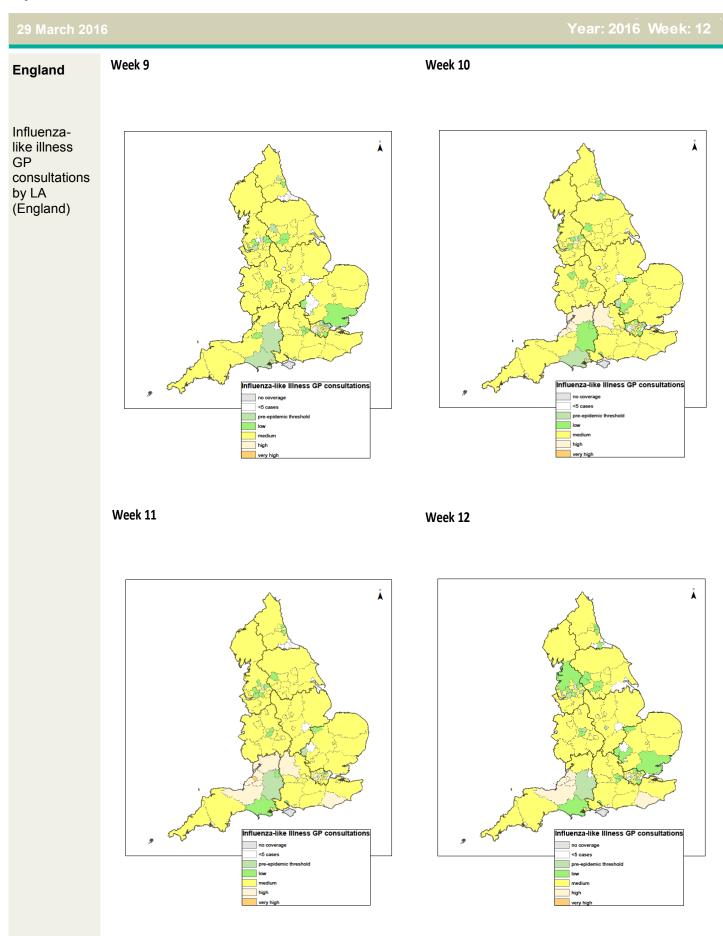
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\* 7-day moving average adjusted for bank holidays.

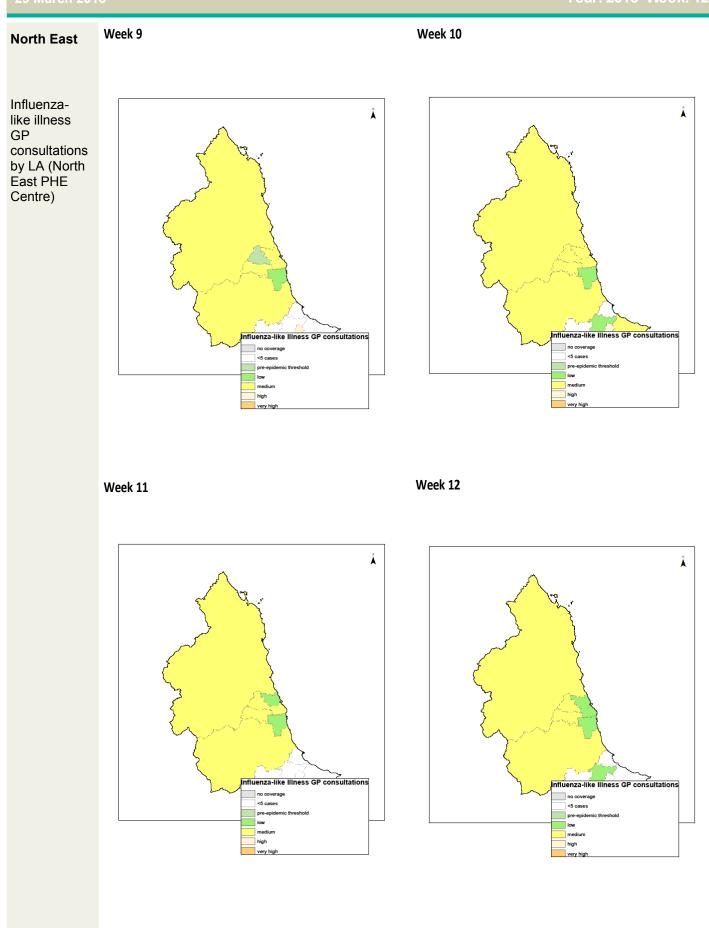
## **GP In Hours**

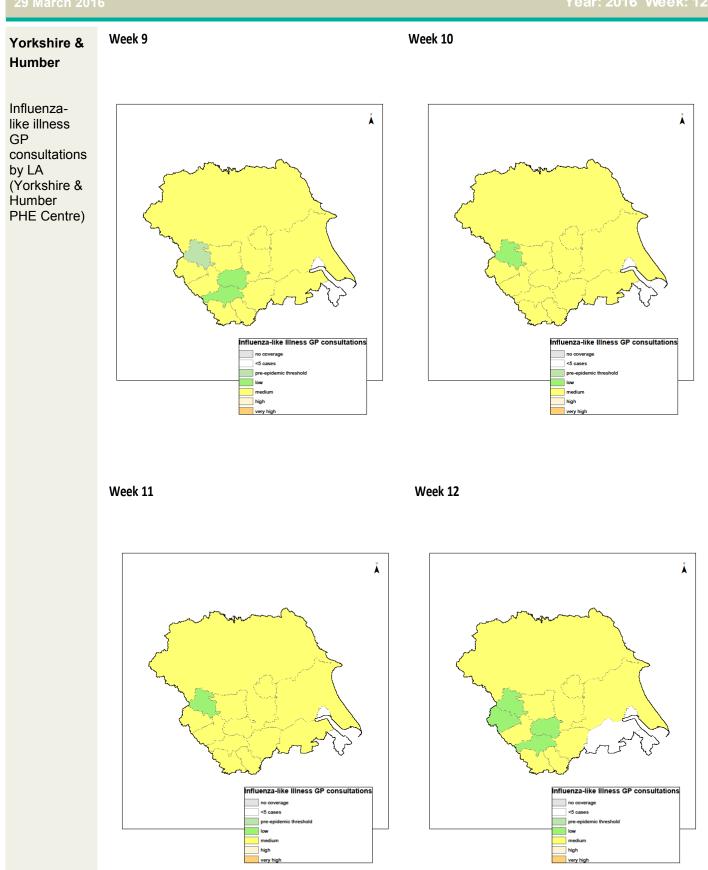
/ear: 2016 Week: 12

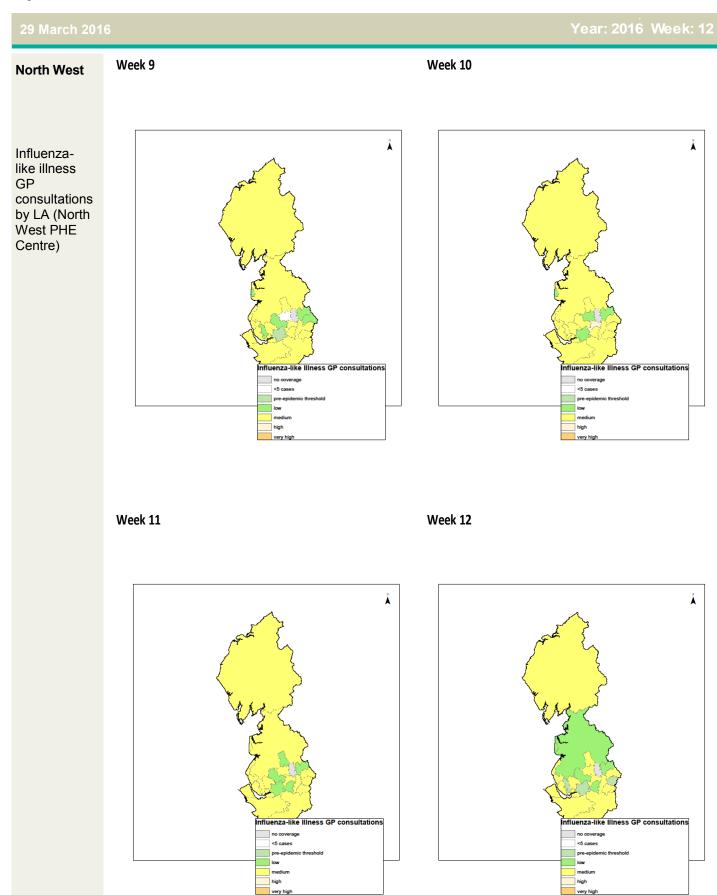
30 March 2016 Year: 2016 Week: 12				
Notes and further information	<ul> <li>The Public Health England GP in hours surveillance system is a syndromic surveillance system monitoring community-based morbidity recorded by GP practices.</li> </ul>			
	<ul> <li>GP consultation data are analysed on a daily basis to identify national and regional trends. A statistical algorithm underpins each system, routinely identifying activity 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.</li> </ul>			
	• This system captures anonymised GP morbidity data from two GP clinical software systems, EMIS, from version 1 of the QSurveillance® database, and TPP SystmOne.			
	<ul> <li>Historic baselines are smoothed to remove bank holiday effects. Data from 2009 has been excluded for selected indicators which were affected by the H1N1 influenza pandemic. No baseline is currently included for allergic rhinitis.</li> </ul>			
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.			
	<sup>1</sup> Vega T et al. <i>Influenza Other Respir Viruses</i> . 2013; <b>7</b> (4):546-58. <sup>2</sup> Green HK et al. <i>Epidemiol Infect</i> . 2015; <b>143</b> (1):1-12.			
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.			
	GP In Hours Syndromic Surveillance System Bulletin.			
Contact ReSST: syndromic.surveillance	Produced by: PHE Real-time Syndromic Surveillance Team 6 <sup>th</sup> Floor, 5 St Philip's Place, Birmingham, B3 2PW Tel: 0344 225 3560 > Option 4 > Option 2 Fax: 0121 236 2215 Web: <u>https://www.gov.uk/government/collections/syndromic-surveillance-systems-and</u>			
@phe.gov.uk	-analyses			



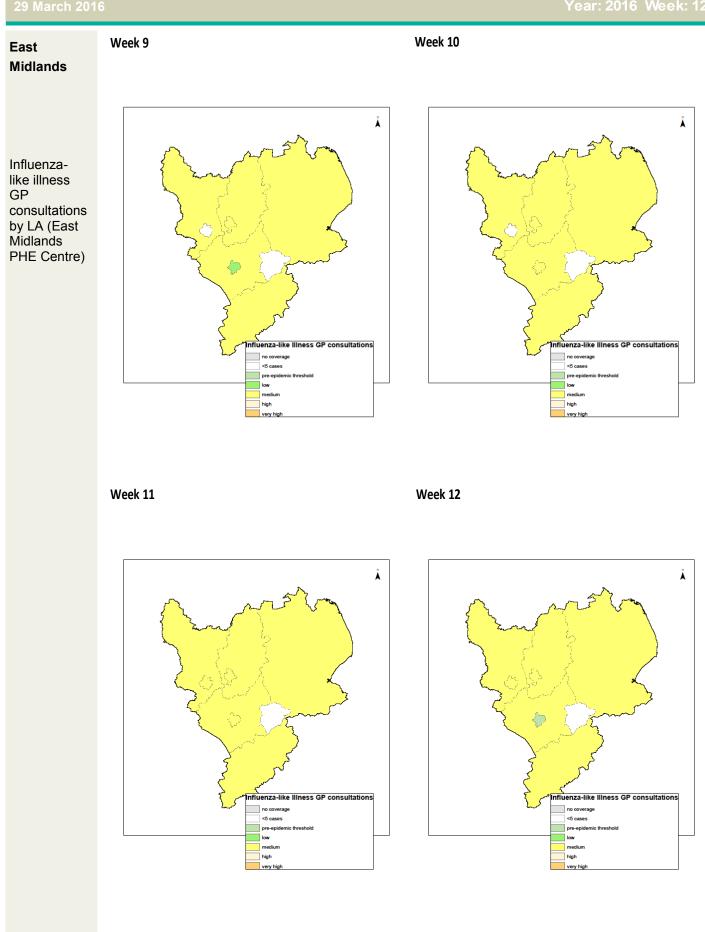
#### Year: 2016 Week: 12

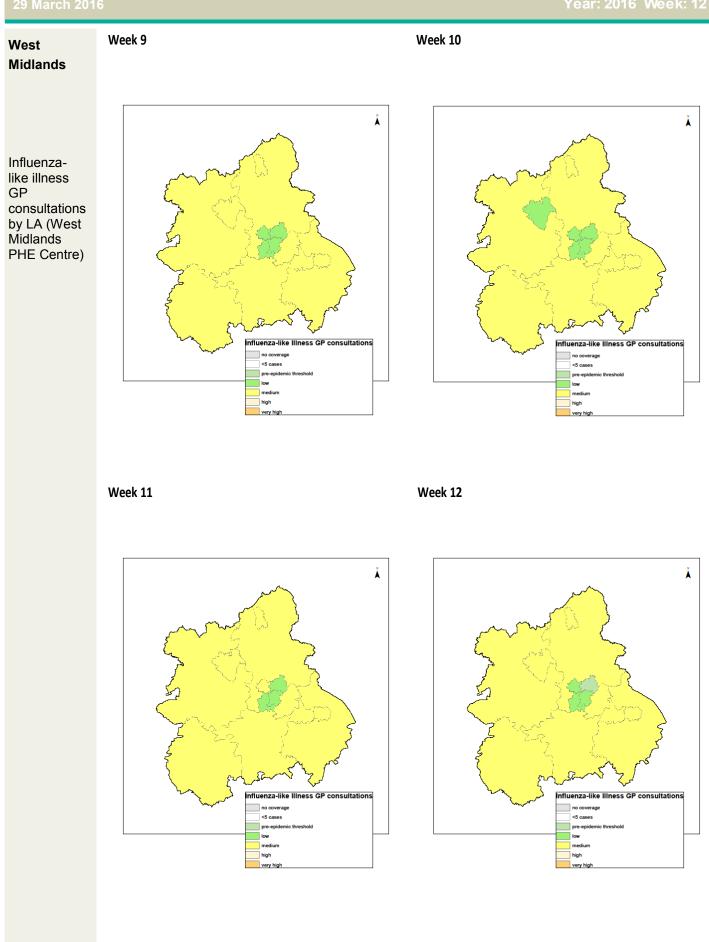






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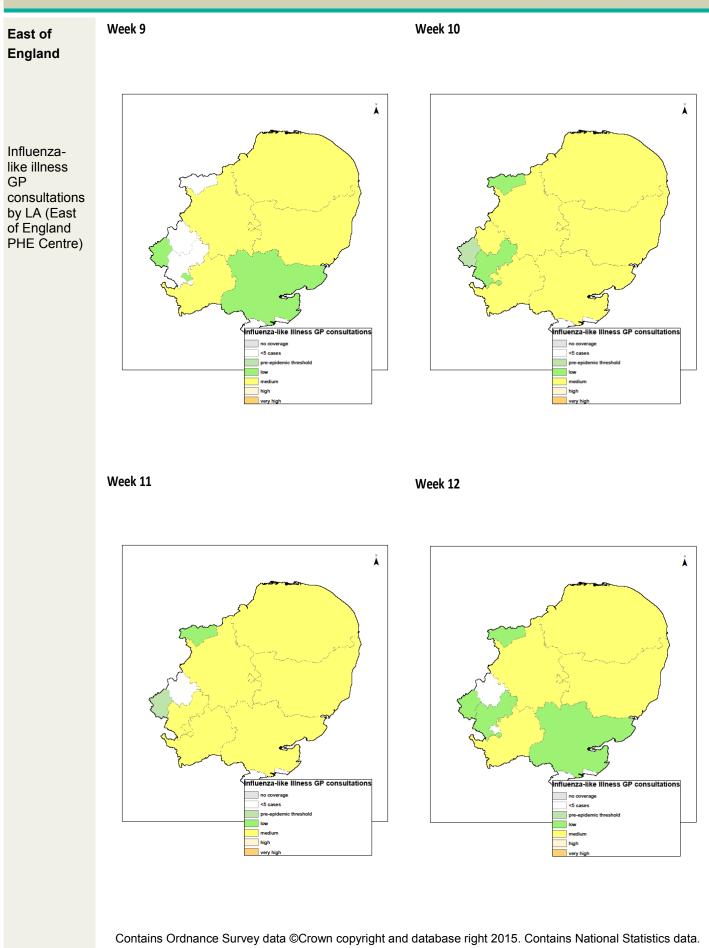


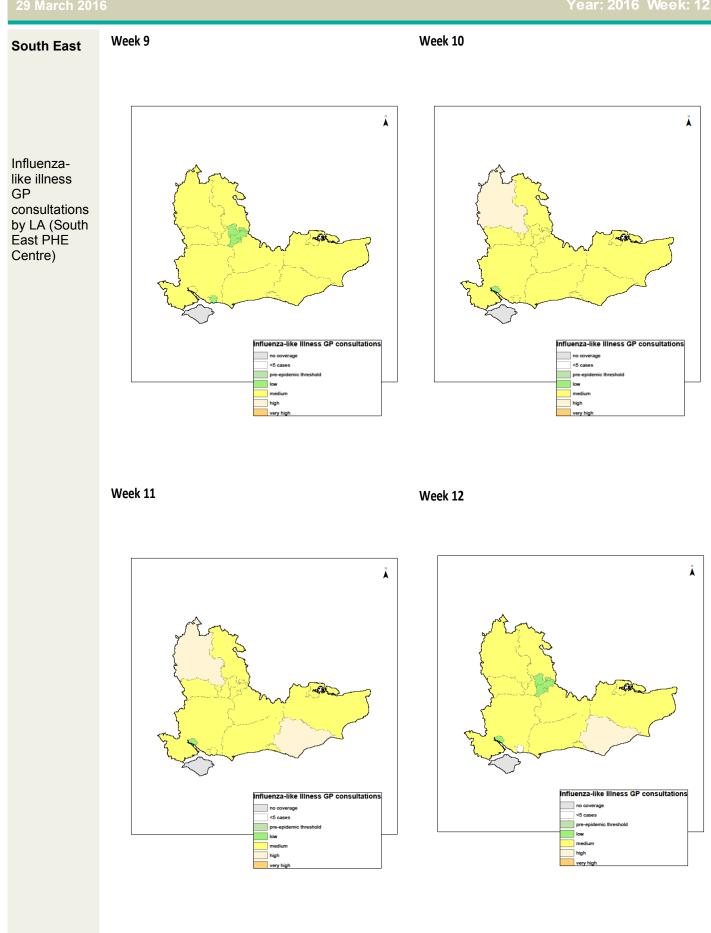


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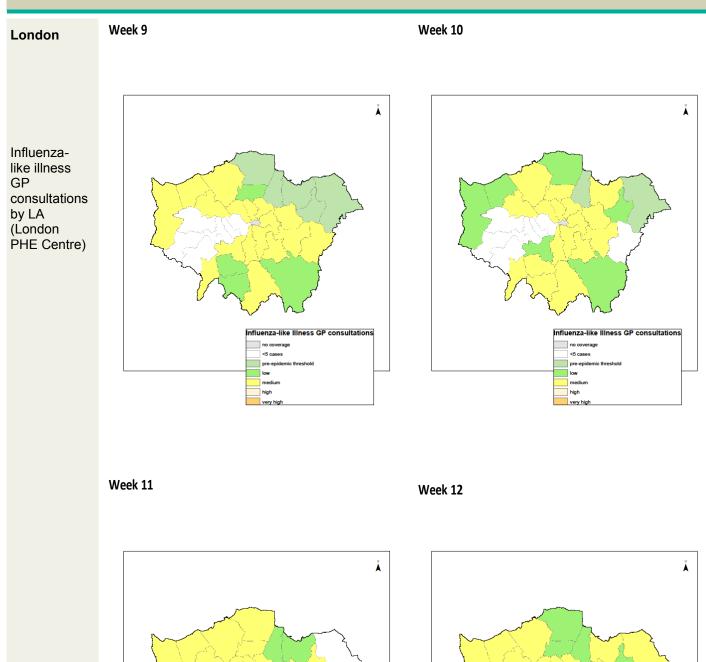
## **GP In Hours Appendix**

#### Year: 2016 Week: 12





#### Year: 2016 Week: 12



Contains Ordnance Survey data ©Crown copyright and database right 2015. Contains National Statistics data.

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