

Syndromic Surveillance System: England

Year: 2016 Week: 24

Key messages

Data to: 19 June 2016

Nothing new to report in week 24.

A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance data during this period. Heat-health watch level (current reporting week): level 1 Summer preparedness

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

Diagnostic indicators at a glance:

IndicatorTrendLevelUpper respiratory tract infection Influenza-like illnessdecreasing no trendbelow baseline levels similar to baseline levelsPharyngitisno trendsimilar to baseline levelsScarlet feverno trendsimilar to baseline levelsLower respiratory tract infectiondecreasingsimilar to baseline levelsPneumoniadecreasingabove baseline levelsGastroenteritisno trendbelow baseline levelsVomitingno trendsimilar to baseline levelsDiarrhoeano trendsimilar to baseline levelsSevere asthmano trendsimilar to baseline levelsWheezeno trendabove baseline levelsWheezeno trendabove baseline levelsMumpsno trendbelow baseline levelsMumpsno trendbelow baseline levelsMumpsno trendbelow baseline levelsMumpsno trendbelow baseline levelsMeaslesno trendbelow baseline levelsMeaslesno trendbelow baseline levels	J J		
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Scarlet feverno trendsimilar to baseline levelsLower respiratory tract infectiondecreasingsimilar to baseline levelsPneumoniadecreasingabove baseline levelsGastroenteritisno trendbelow baseline levelsVomitingno trendsimilar to baseline levelsDiarrhoeano trendsimilar to baseline levelsSevere asthmano trendabove baseline levelsWheezeno trendabove baseline levelsConjunctivitisno trendbelow baseline levelsMumpsno trendbelow baseline levelsMeaslesno trendbelow baseline levels	Influenza-like illness	no trend	similar to baseline levels
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Diarrhoeano trendsimilar to baseline levelsSevere asthmano trendabove baseline levelsWheezeno trendabove baseline levelsConjunctivitisno trendbelow baseline levelsMumpsno trendbelow baseline levelsMeaslesno trendsimilar to baseline levels	Gastroenteritis	no trend	below baseline levels
Severe asthmano trendabove baseline levelsWheezeno trendabove baseline levelsConjunctivitisno trendbelow baseline levelsMumpsno trendbelow baseline levelsMeaslesno trendsimilar to baseline levels	Vomiting	no trend	similar to baseline levels
Wheezeno trendabove baseline levelsConjunctivitisno trendbelow baseline levelsMumpsno trendbelow baseline levelsMeaslesno trendsimilar to baseline levels	Diarrhoea	no trend	similar to baseline levels
Conjunctivitisno trendbelow baseline levelsMumpsno trendbelow baseline levelsMeaslesno trendsimilar to baseline levels	Severe asthma	no trend	above baseline levels
Mumpsno trendbelow baseline levelsMeaslesno trendsimilar to baseline levels	Wheeze	no trend	above baseline levels
Measles no trend similar to baseline levels	Conjunctivitis	no trend	below baseline levels
	Mumps	no trend	below baseline levels
Buballa na trand balaw baadina lavala	Measles	no trend	similar to baseline levels
Rubella no trend below baselline levels	Rubella	no trend	below baseline levels
Pertussis no trend above baseline levels	Pertussis	no trend	above baseline levels
Chickenpox no trend similar to baseline levels	Chickenpox	no trend	similar to baseline levels
Herpes zoster no trend similar to baseline levels	Herpes zoster	no trend	similar to baseline levels
Cellulitis no trend above baseline levels	Cellulitis	no trend	above baseline levels
Impetigo no trend below baseline levels	Impetigo	no trend	below baseline levels
Allergic rhinitis decreasing below baseline levels	Allergic rhinitis	decreasing	below baseline levels
Heat/sunstroke decreasing similar to baseline levels	Heat/sunstroke	decreasing	similar to baseline levels
Insect Bites decreasing above baseline levels	Insect Bites	decreasing	above baseline levels

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2016	24	4751	36.4 million

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

21 June 2016

In This Issue:

Key messages.

Diagnostic indicators at a glance. GP practices and denominator population.

National syndromic

Notes and further

information.

Appendix.

indicators.

Nublic Health England

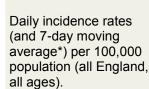
21 June 2016

1: Upper respiratory tract infection (URTI)

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

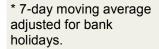
2: Influenza-like illness (ILI)

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



3: Pharyngitis or

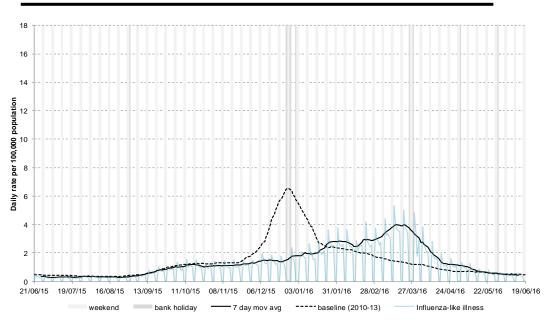
scarlet fever

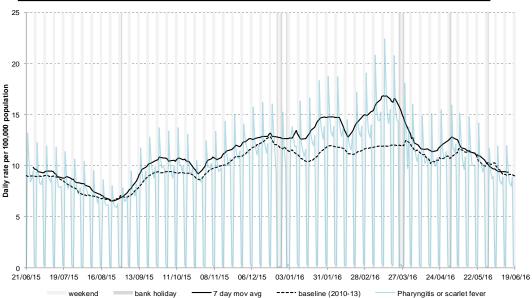






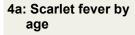
Year: 2016 Week: 24



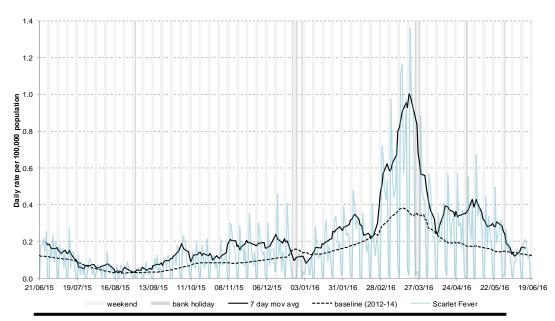


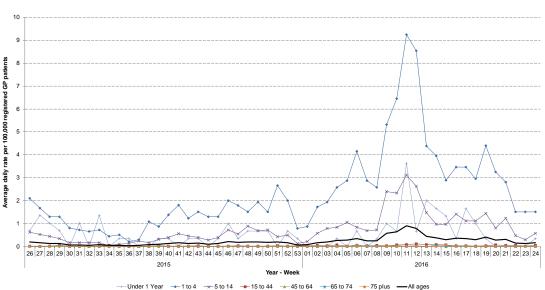
4: Scarlet fever

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).

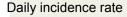


Average daily incidence rate by week per 100,000 population (all England) based on a population denominator of approximately 5.5 million patients).



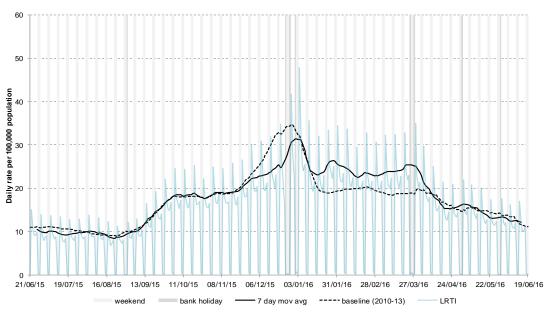






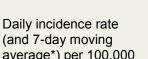
(and 7-day moving average*) per 100,000 population (all England,

* 7-day moving average adjusted for bank holidays.



4

GP In Hours



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

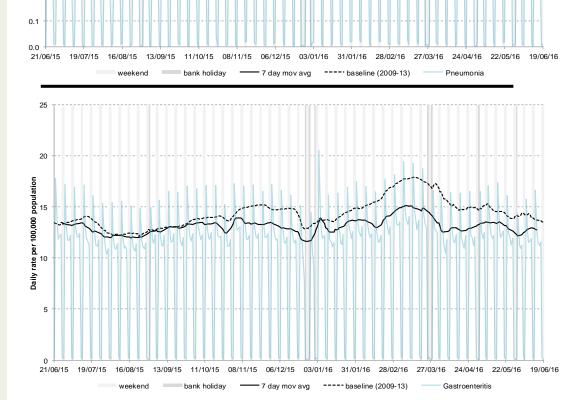


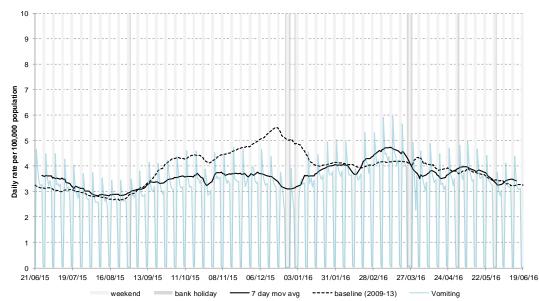
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



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

* 7-day moving average adjusted for bank holidays.







1.0 0.9

0.8

rate per 100,000 population 9.0 **a** 9.0 **a** 9.0 **a** 9.0 **b**

Daily 0.3 0.2



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).



90 80

70

60

10

registered GP patients

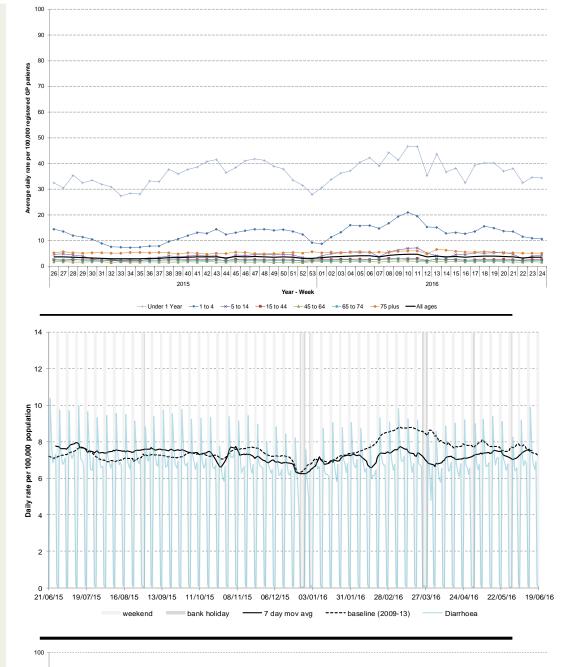
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Average daily rate per 05 07 07 07

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

* 7-day moving average adjusted for bank holidays.





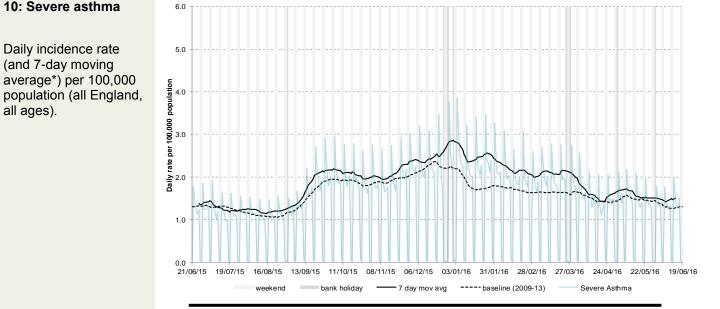
16 Week: 24

10: Severe asthma

Daily incidence rate

(and 7-day moving

all ages).



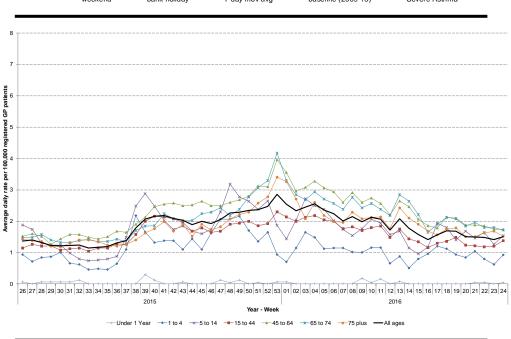
10a: Severe asthma by age

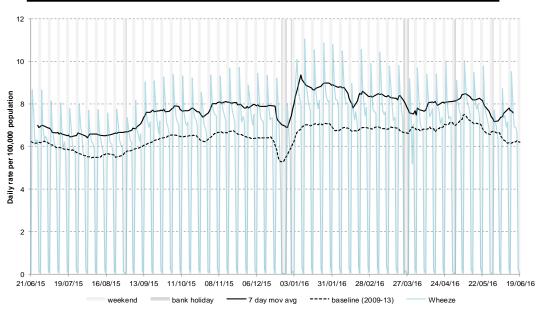
Average daily incidence rate by week per 100,000 population (all England).

11: Wheeze

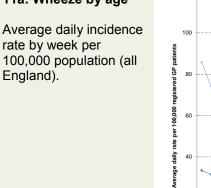
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.

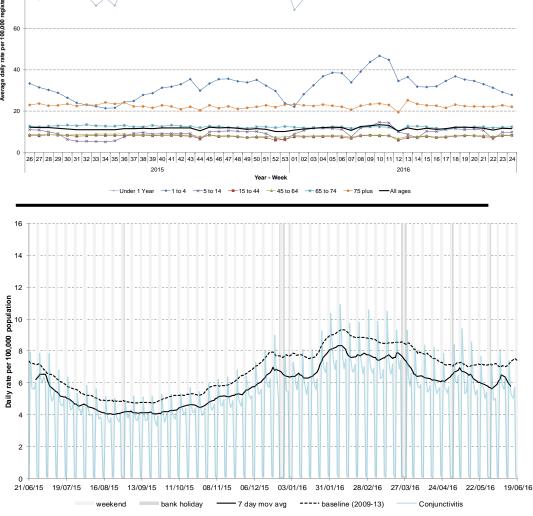








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11a: Wheeze by age

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

12: Conjunctivitis

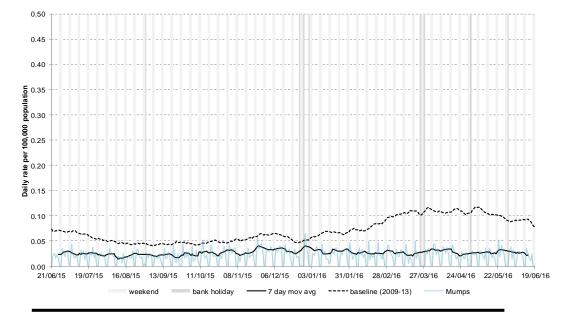
Daily incidence rate

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

all ages).

13: Mumps

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



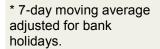
14: Measles

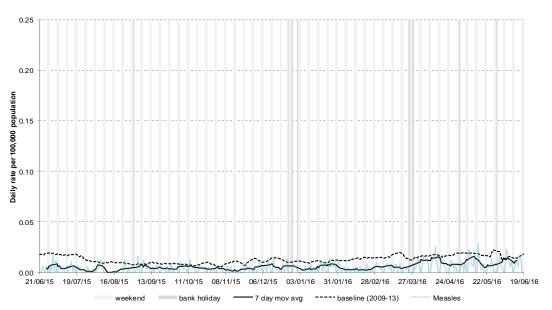
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

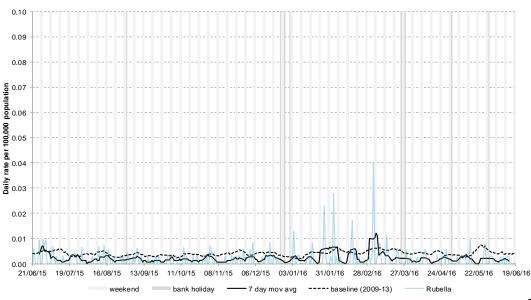




Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

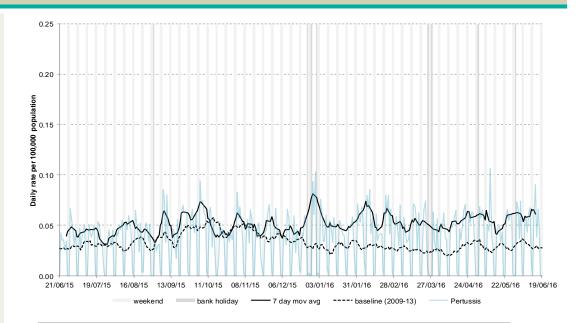






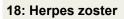
16: Pertussis

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



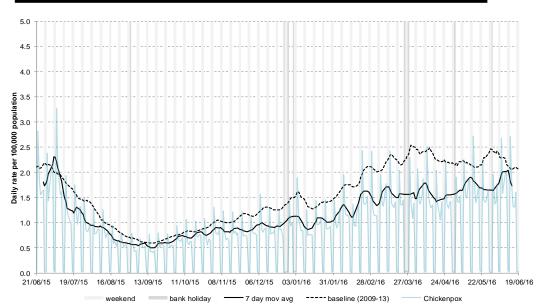
17: Chickenpox

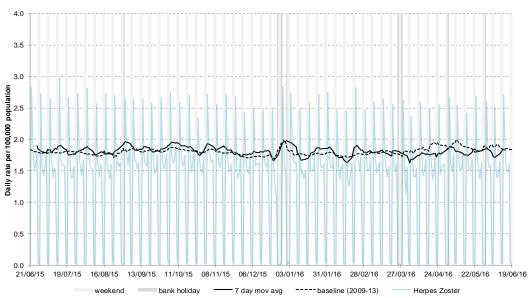
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



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



19: Cellulitis

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

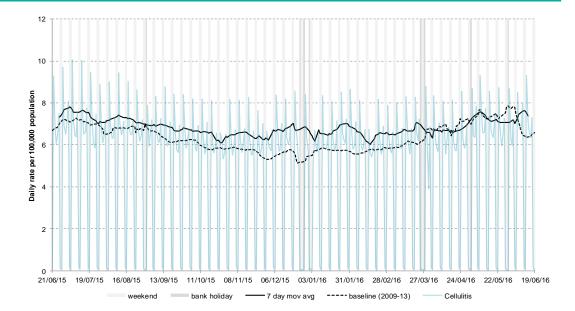
20: Impetigo

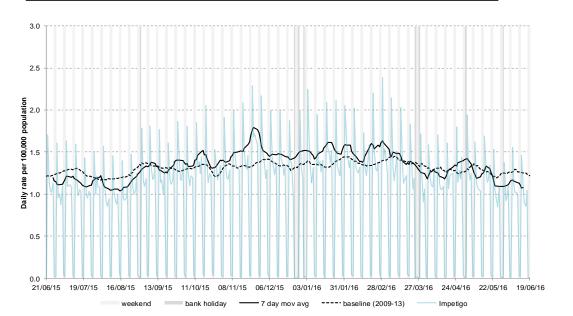
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

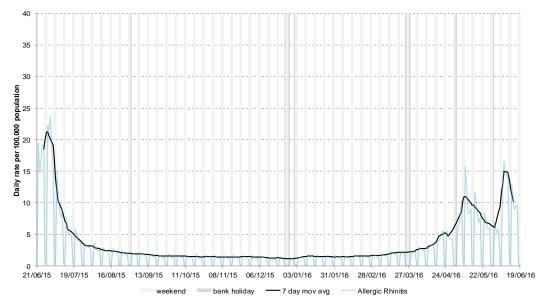


Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.







GP In Hours

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Public Health England

21a: Allergic rhinitis by age

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patients 08

b 70

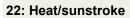
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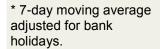
Average daily incidence rate by week per 100,000 population (all England).

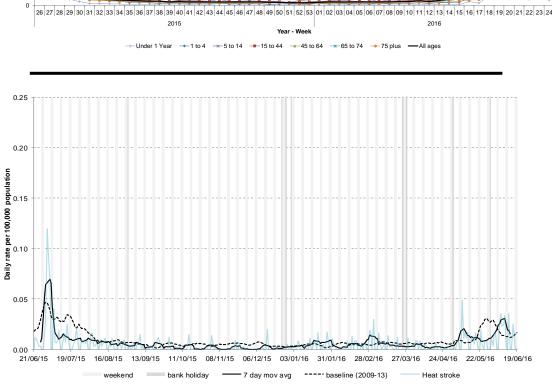


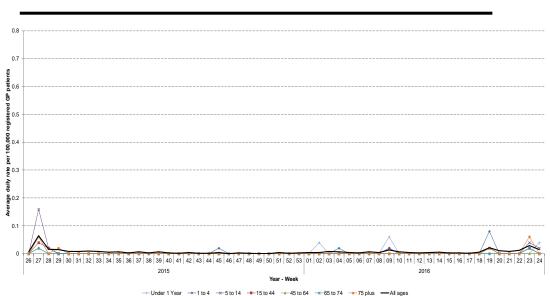
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



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







GP In Hours

′ear: 2016 Week: 24

Nublic Health England

21 June 2016

23: Insect Bites

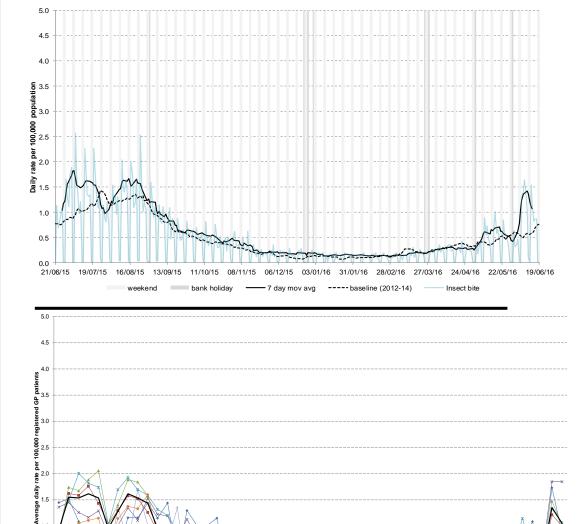
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

23a: Insect bites by age

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

0.5

0.0



26 27 28 29 30 31 32 33 34 35 36 37 38 39 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

Year - Week → Under 1 Year → 1 to 4 → 5 to 14 → 15 to 44 → 45 to 64 → 65 to 74 → 75 plus → All ages

2016

2015

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GP In Hours

ear: 2016 Week: 24

21 June 2016	Year: 2016 Week: 24
Notes and further information	 The Public Health England GP in hours surveillance system is a syndromic 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.
	 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.
Maps:	• From week 40 2015 the influenza-like illness thresholds illustrated in the bulletin 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.
Acknowledgements:	We thank and acknowledge the University of Nottingham, ClinRisk [®] 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 @phe.gov.uk	Produced by: PHE Real-time Syndromic Surveillance Team 6 th 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