



11 August 2015

Year: 2015 Week: 32

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## Syndromic indicators at a glance:

Number of contacts and 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).

## Key messages

Data to: 09 August 2015

Nothing new to report in week 32.

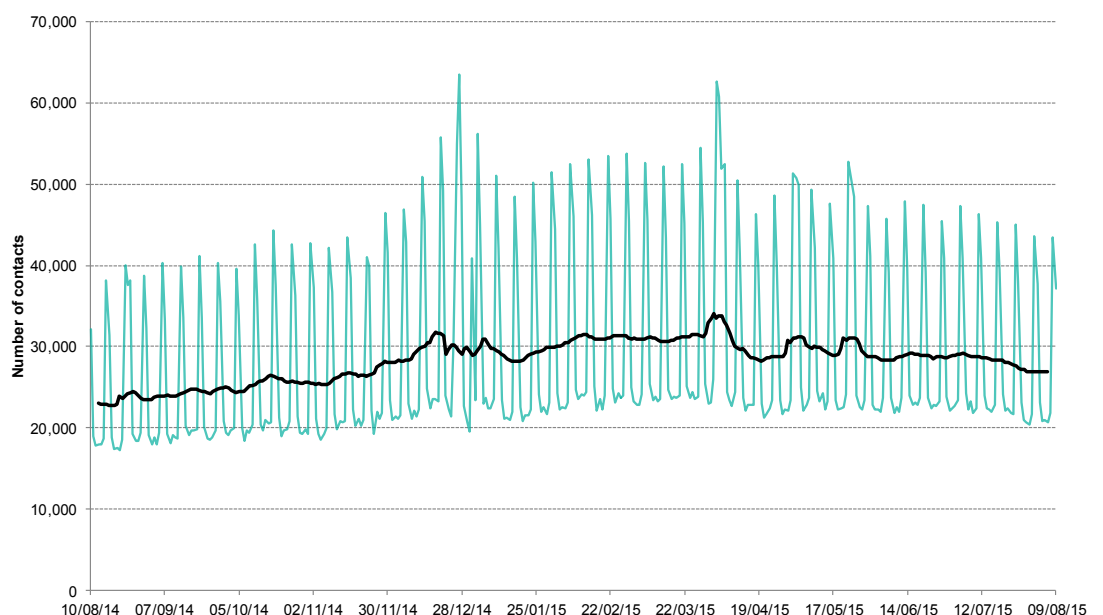
A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance system during this period.

Heat-health watch level (current reporting week): level 1 **Summer preparedness**

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

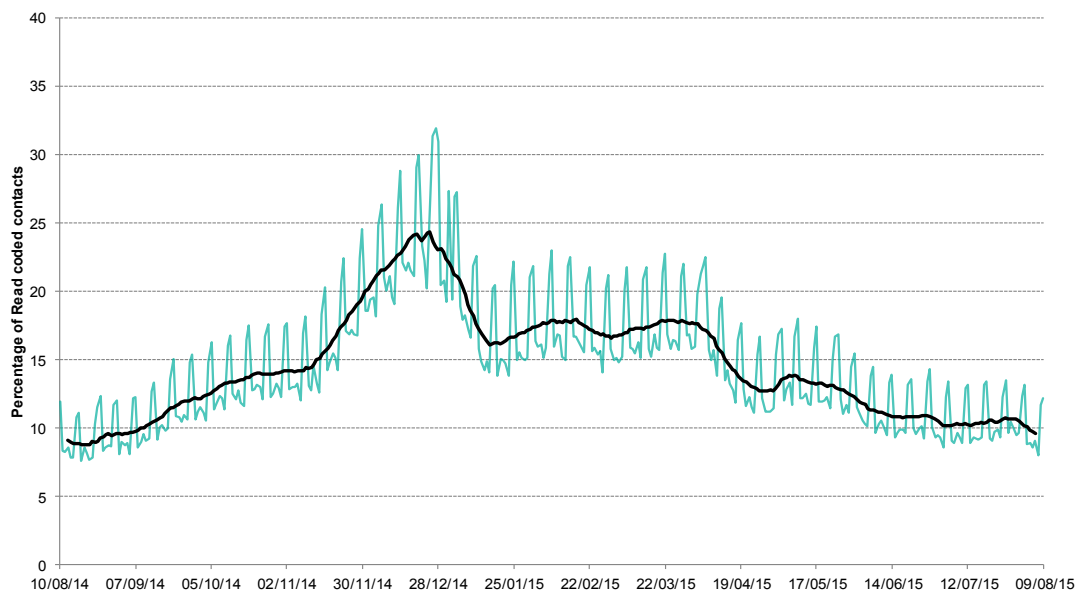
Key indicator	No. of contacts	% Week 32	% Week 31	Trend*
All OOH contacts, all causes	187,986			
Acute respiratory infection	8,679	10.26	11.22	↓
Influenza-like illness	58	0.07	0.08	↔
Bronchitis/bronchiolitis	74	0.09	0.09	↔
Difficulty breathing/wheeze/asthma	1,412	1.67	1.75	↓
Pharyngitis	92	0.11	0.08	↔
Gastroenteritis	3,829	4.52	4.30	↑
Diarrhoea	1,052	1.24	1.17	↔
Vomiting	1,209	1.43	1.48	↓
Myocardial infarction	899	1.06	1.04	↔
Heatstroke	5	0.01	0.00	↔

\*Trend: reports on the trend seen over previous weeks in the percentage of Read coded contacts.



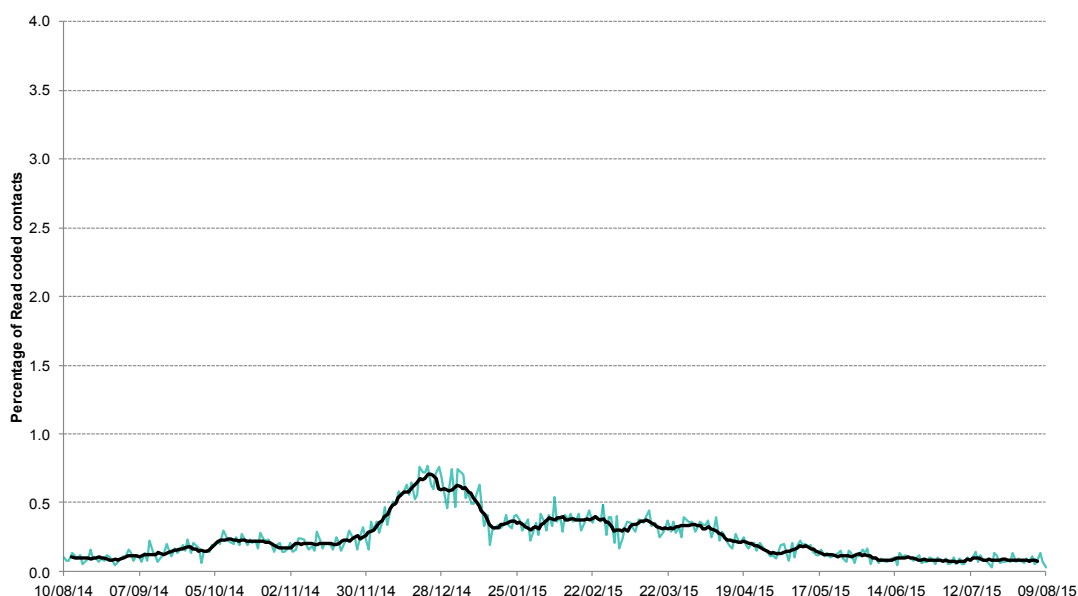
**2: Acute Respiratory Infection daily contacts.**

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



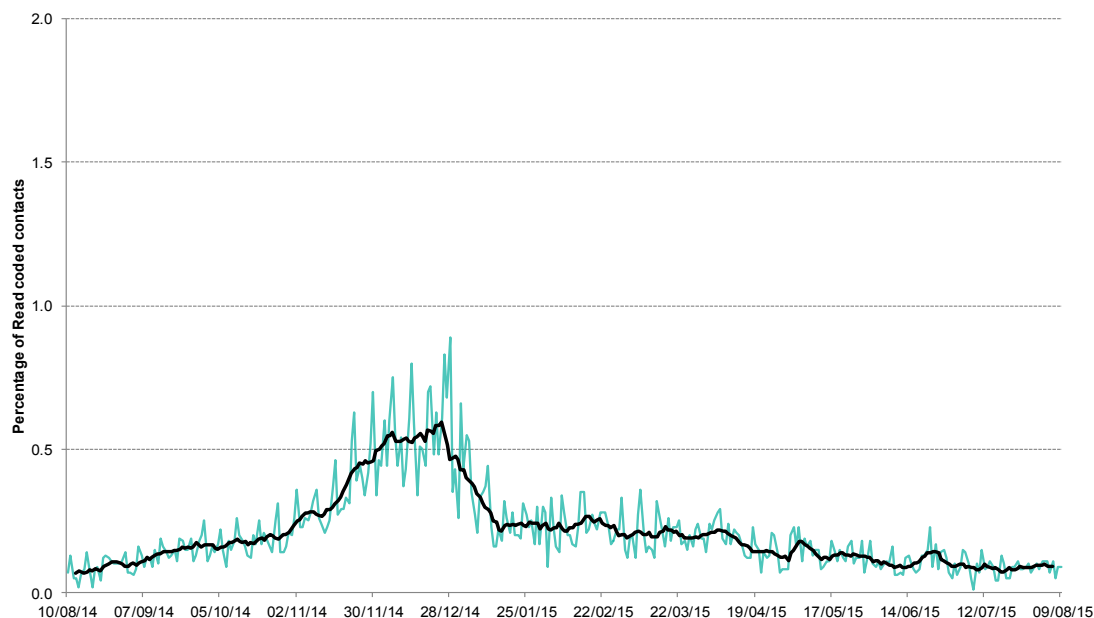
**3: Influenza-like illness daily contacts.**

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



**4: Bronchitis/ bronchiolitis daily contacts.**

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



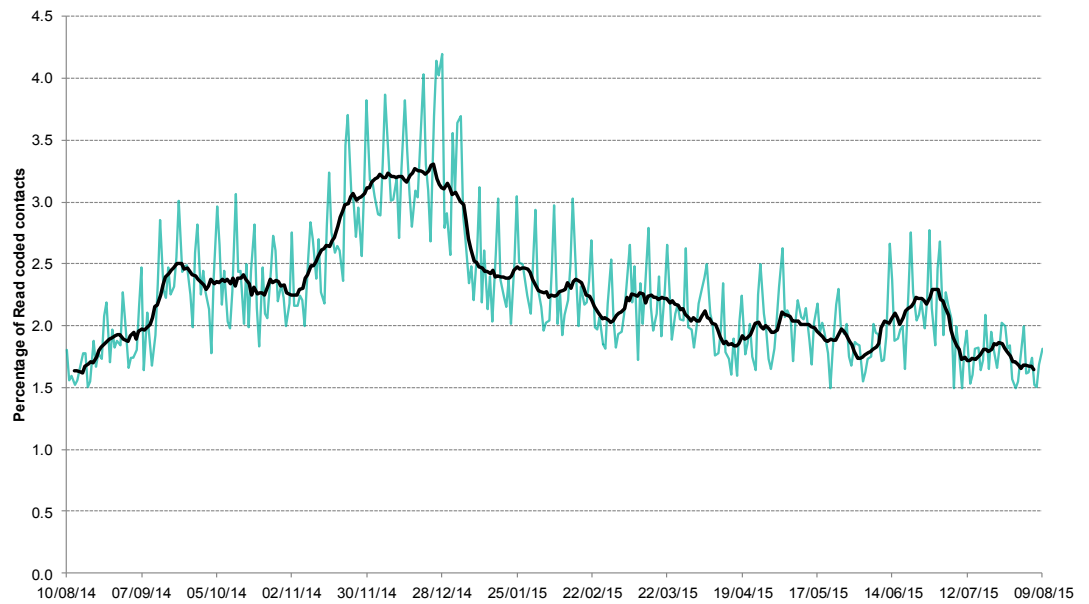
\*7-day moving average adjusted for bank holidays.

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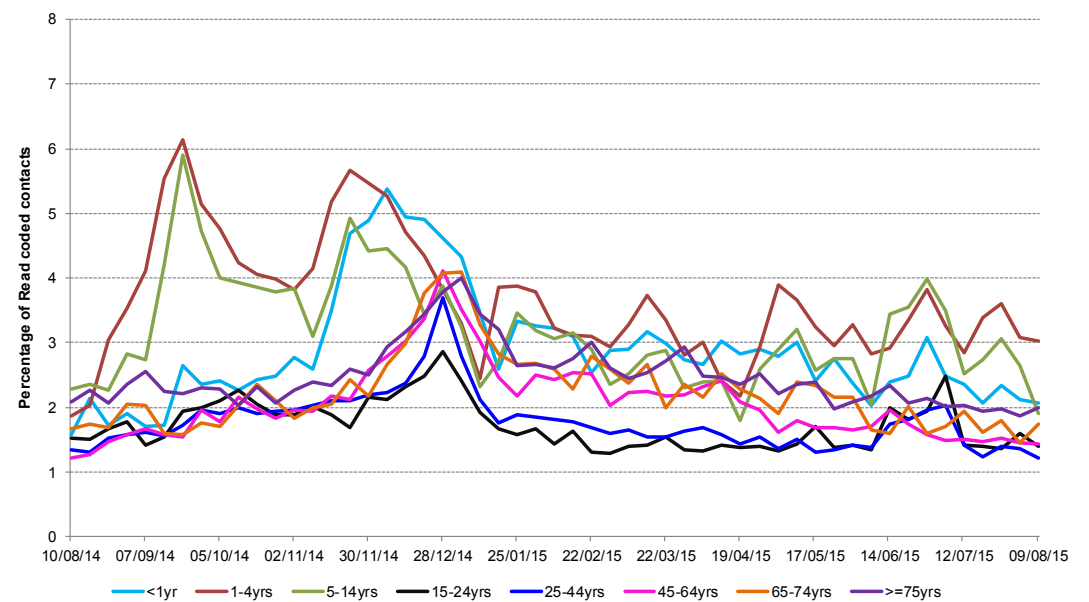
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**5: Difficulty breathing/  
wheeze/asthma  
daily contacts.**

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

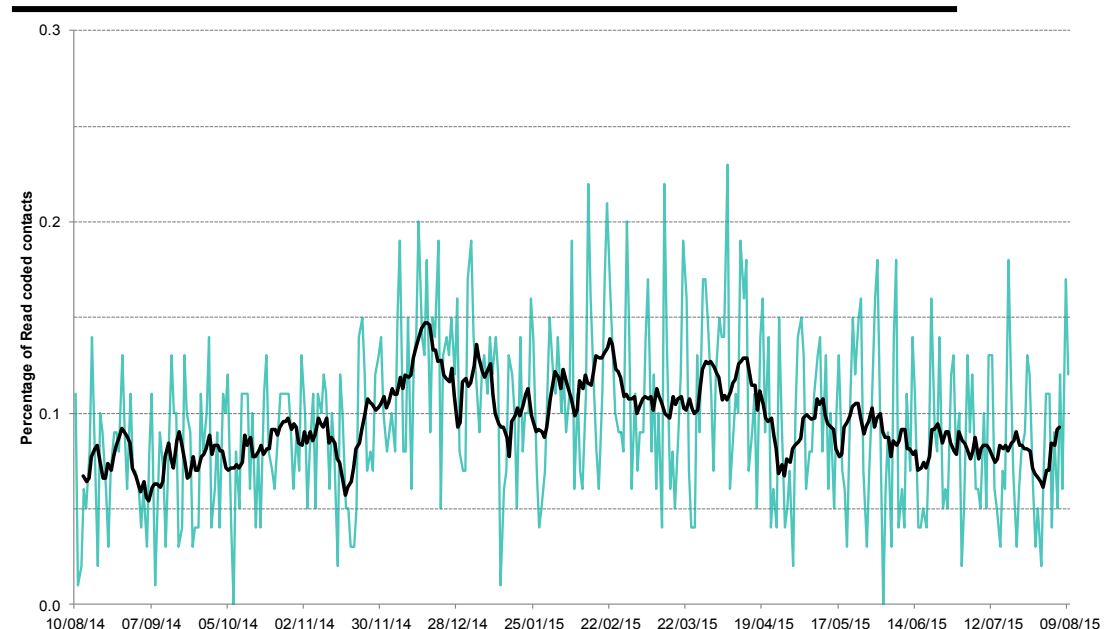


**5a: Difficulty  
breathing/wheeze/  
asthma weekly  
contacts by age  
group.**



**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\*.



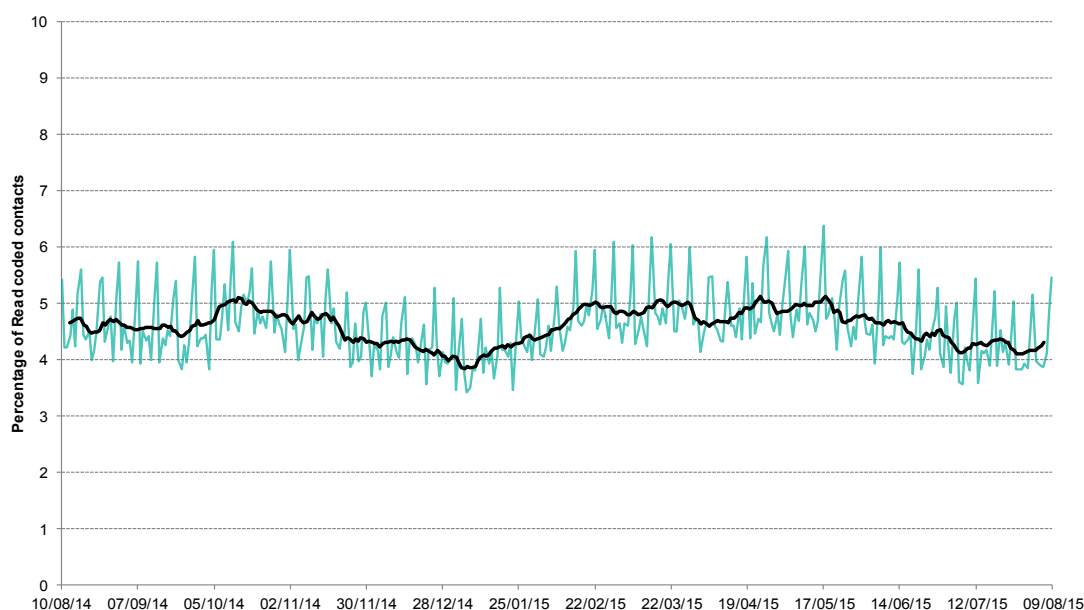
\*7-day moving average adjusted for bank holidays.

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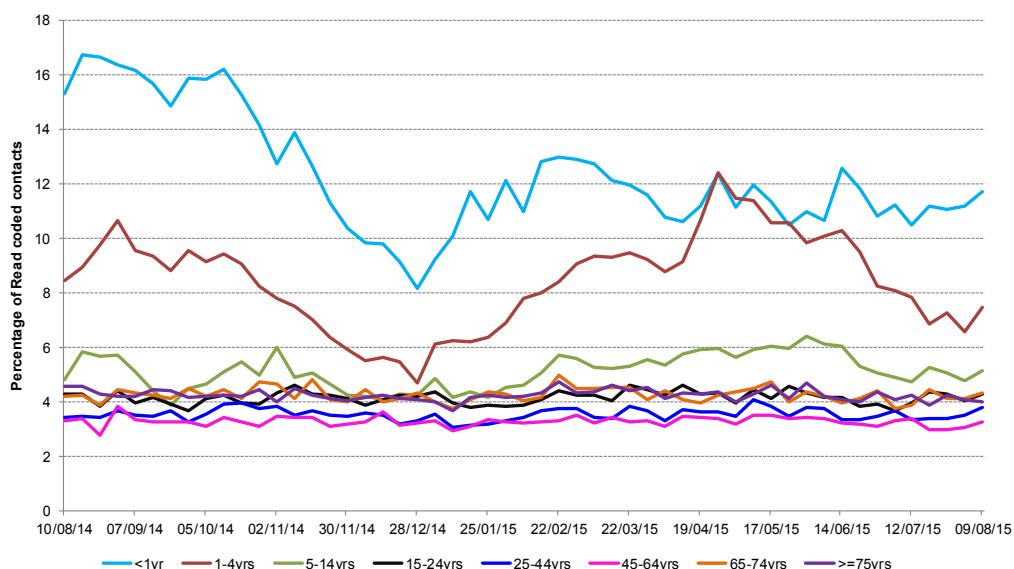
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**7: Gastroenteritis daily contacts**

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

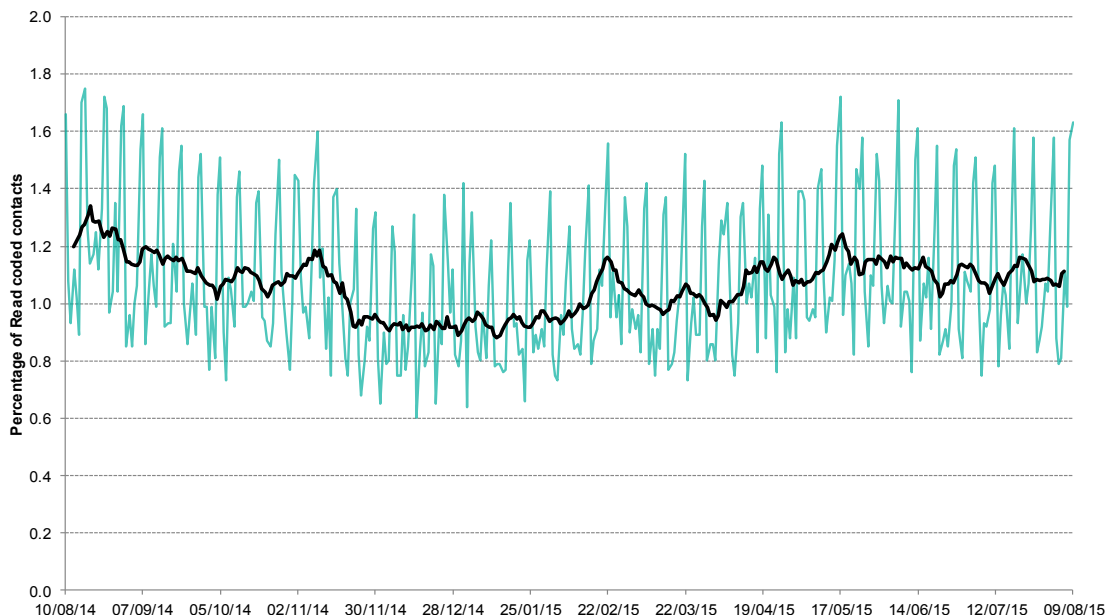


**7a: Gastroenteritis weekly contacts by age group.**



**8: Diarrhoea daily contacts.**

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

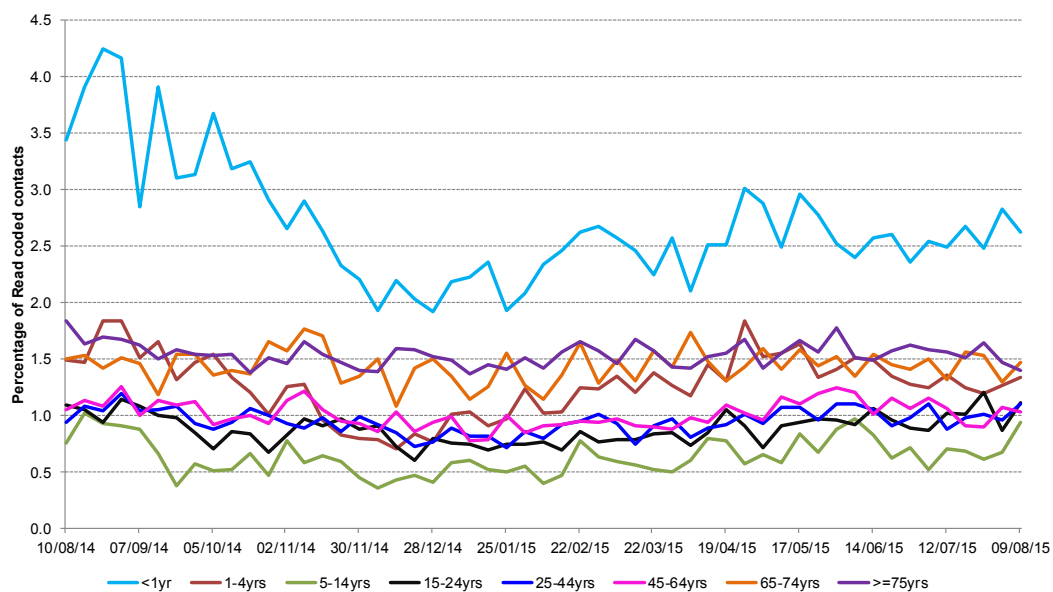


\*7-day moving average adjusted for bank holidays.

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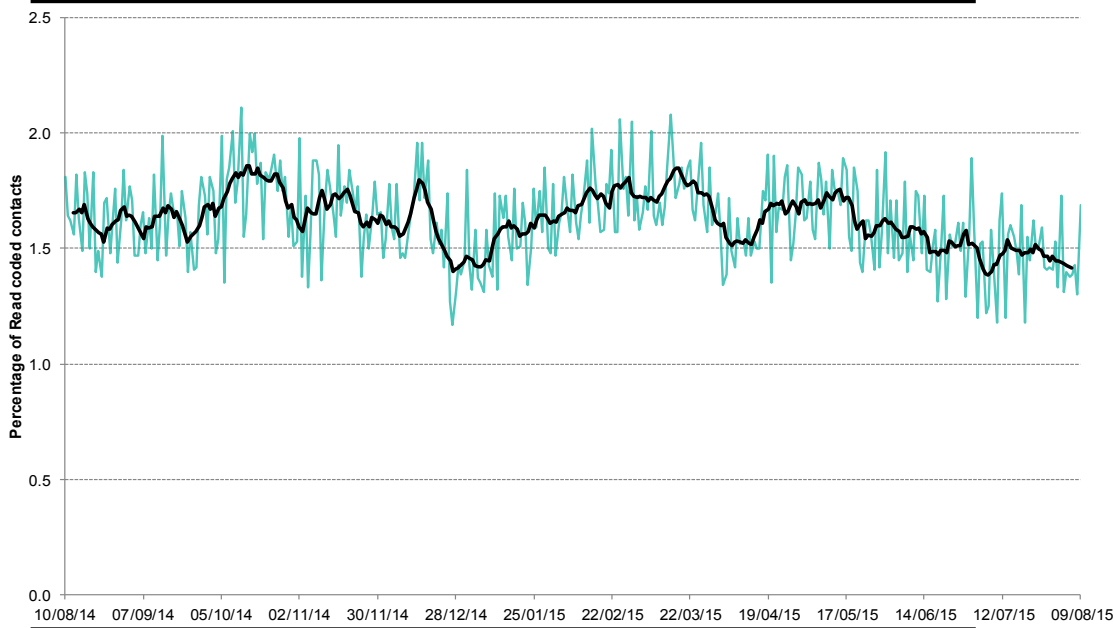
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**8a: Diarrhoea weekly contacts by age group.**

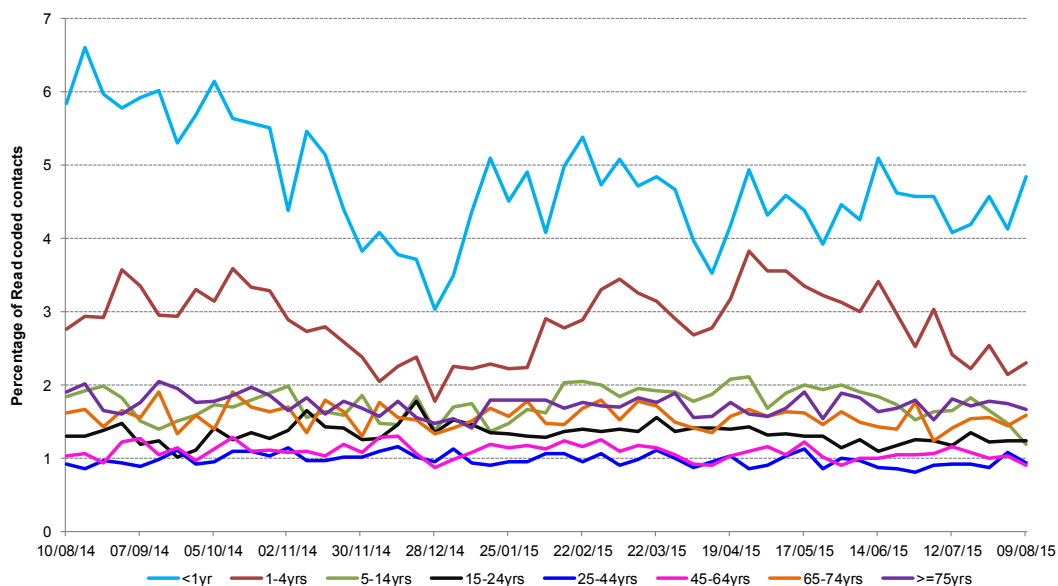


**9: Vomiting daily contacts.**

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



**9a: Vomiting weekly contacts by age group.**



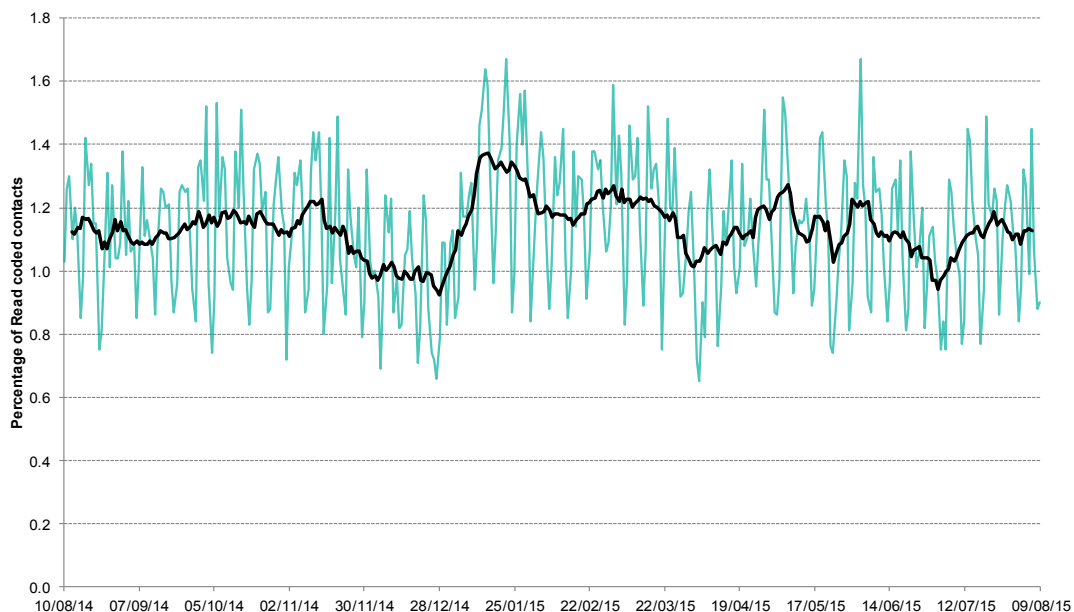
\*7-day moving average adjusted for bank holidays.

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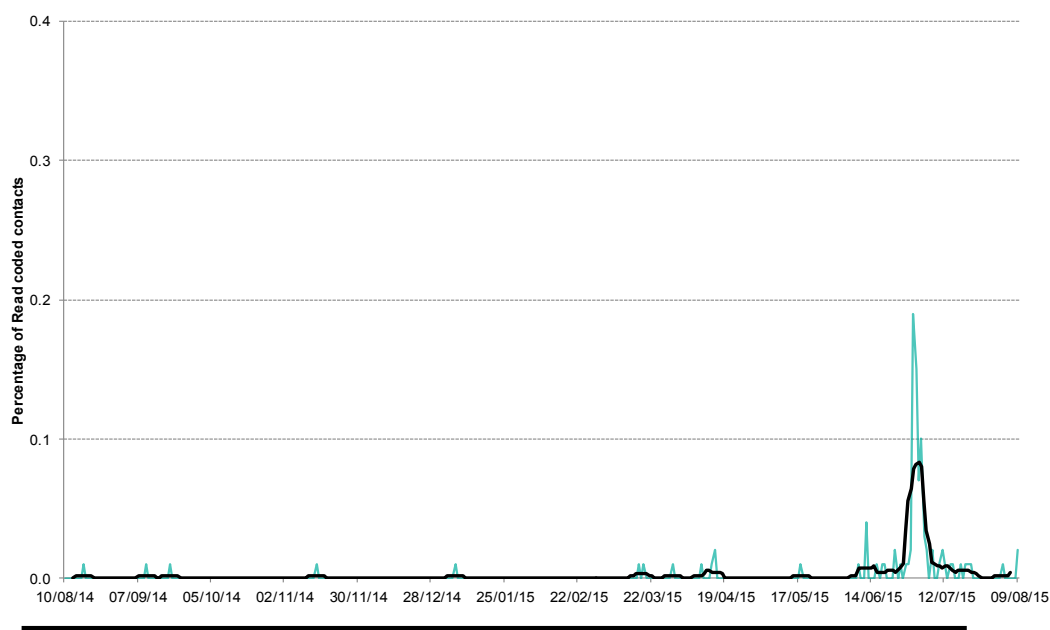
## 10: Myocardial Infarction daily contacts.

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



## 11: Heatstroke and sunstroke.

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



Intentionally left blank.

\*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:

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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>

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## 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.

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### PHE Out-of-Hours/Unscheduled Care 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:** <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

## Contact ReSST:

[syndromic surveillance](https://www.gov.uk/government/collections/syndromic-surveillance)  
[@phe.gov.uk](mailto:resst@phe.gov.uk)