



10 September 2014

Year: 2014 Week: 36

In This Issue:

- Key messages.
- Diagnostic indicators at a glance.
- GP practices and denominator population.
- National syndromic indicators.
- Notes and further information.

Key messages

Data to: 07 September 2014

There has been a small increase in selected respiratory indicators including upper and lower respiratory tract infection (figures 1 & 4) and wheeze (figure 11) during week 36. These small increases are in line with seasonally expected levels.

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

Diagnostic indicators at a glance:

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

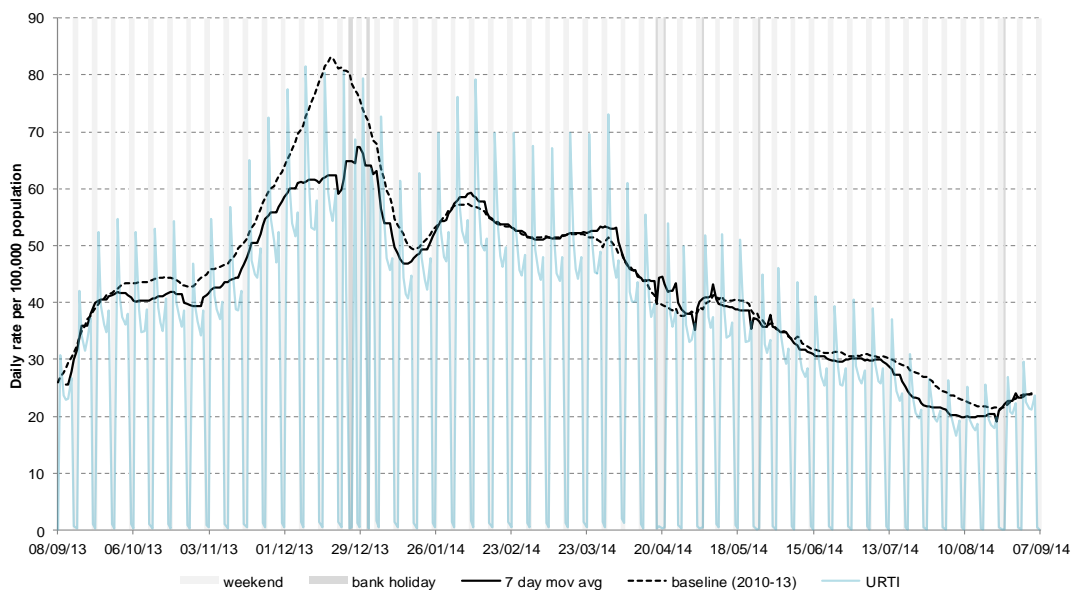
GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2014	36	3932	28.6 million

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

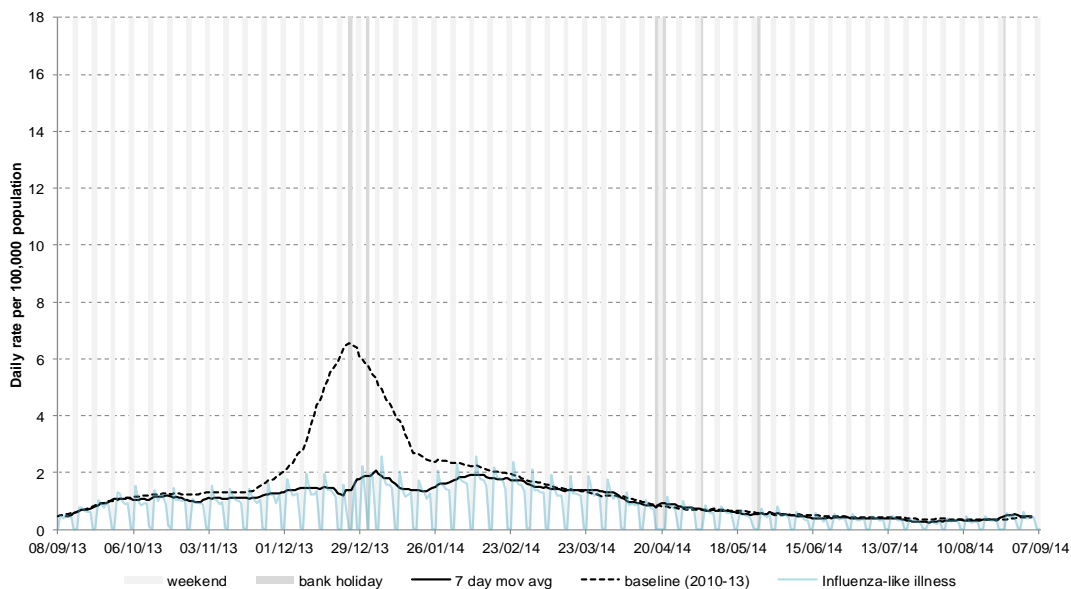
1: Upper respiratory tract infection (URTI)

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



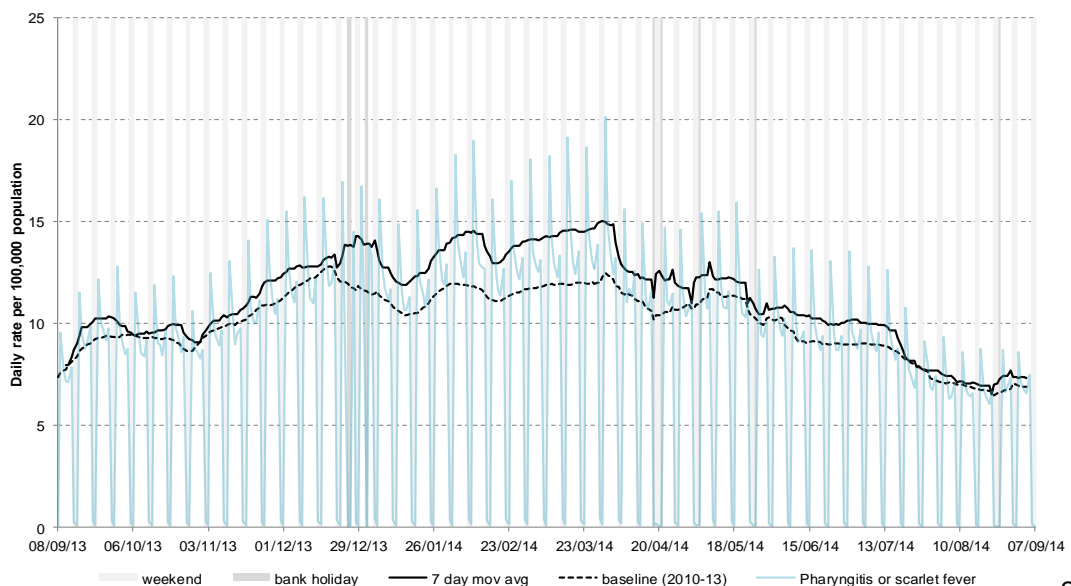
2: Influenza-like illness (ILI)

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



3: Pharyngitis or scarlet fever

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



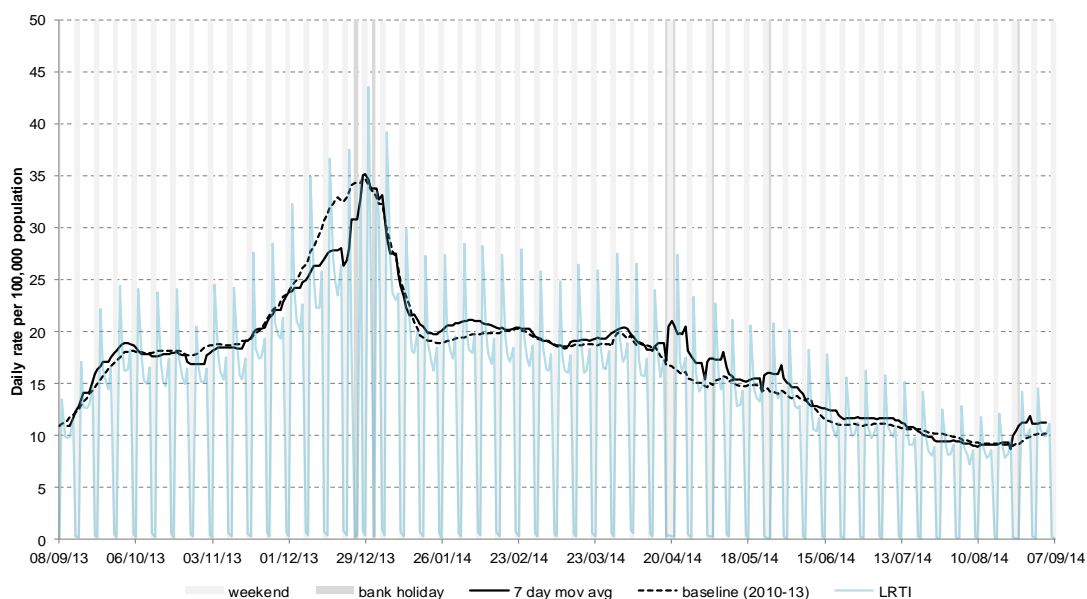
* 7-day moving average adjusted for bank holidays.

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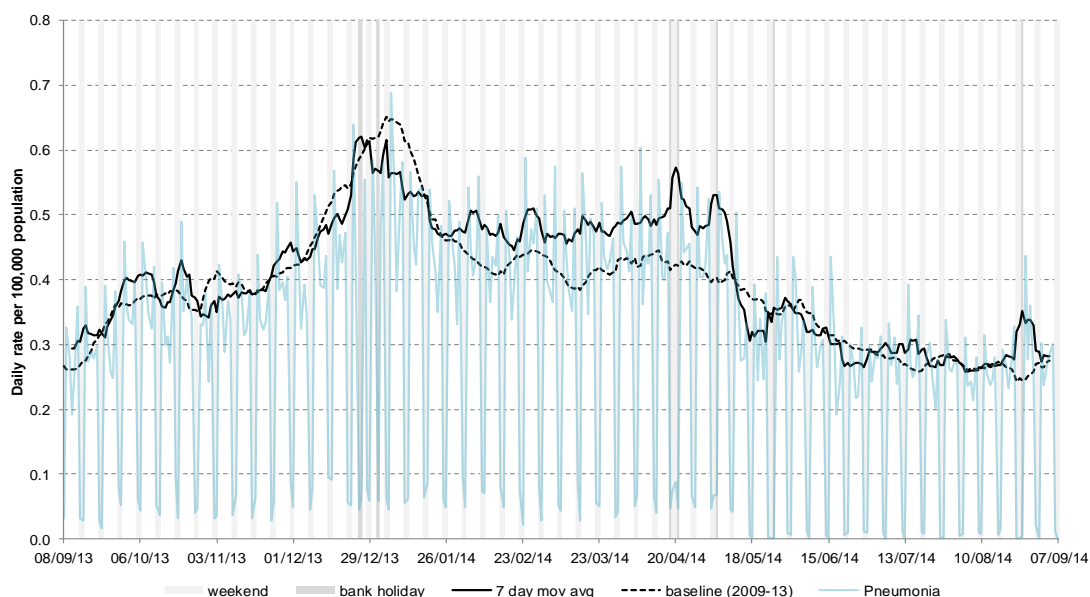
4: Lower respiratory tract infection (LRTI)

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



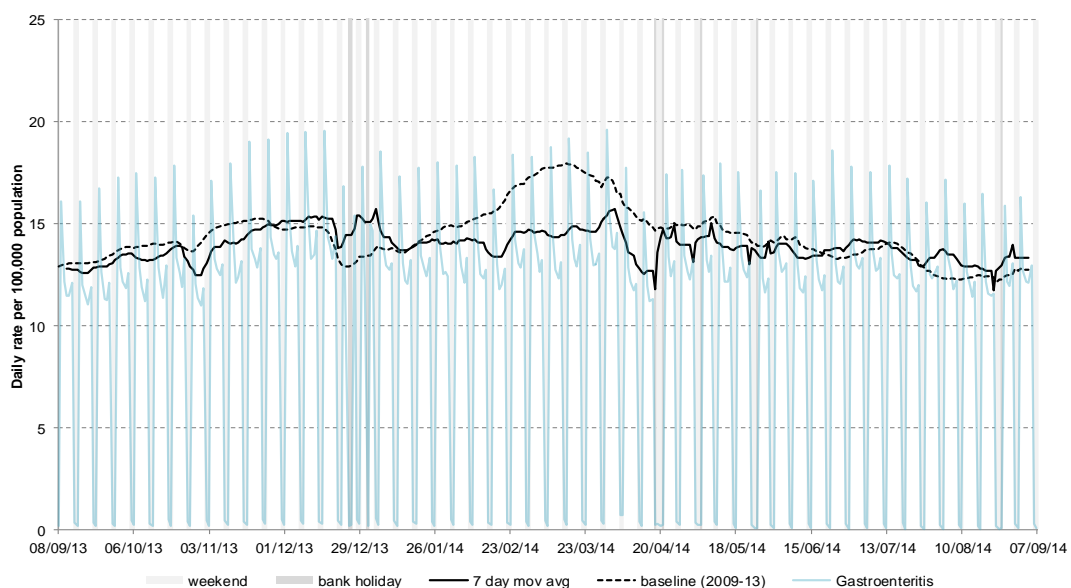
5: Pneumonia

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



6: Gastroenteritis

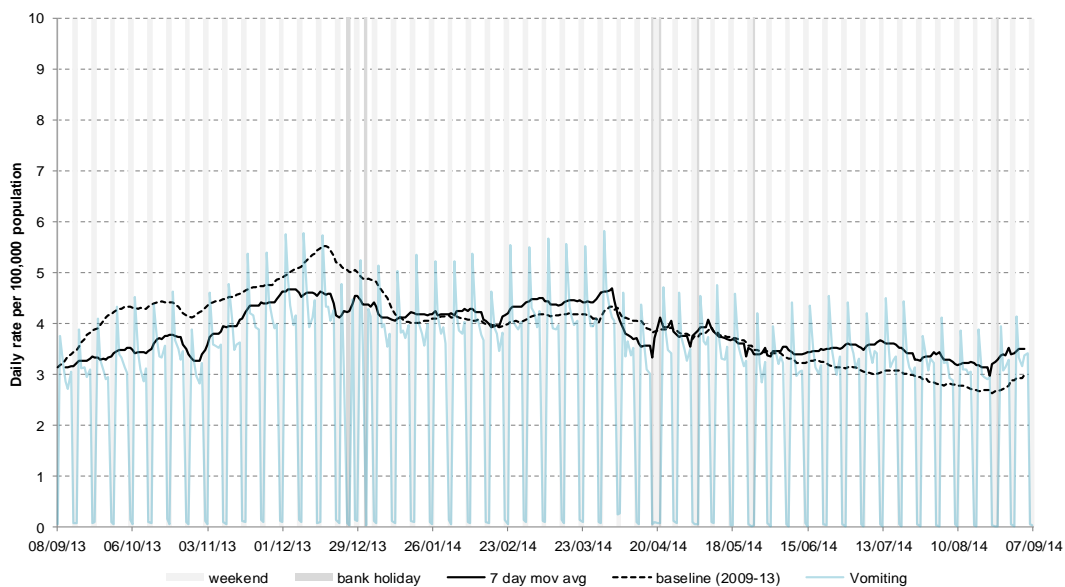
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

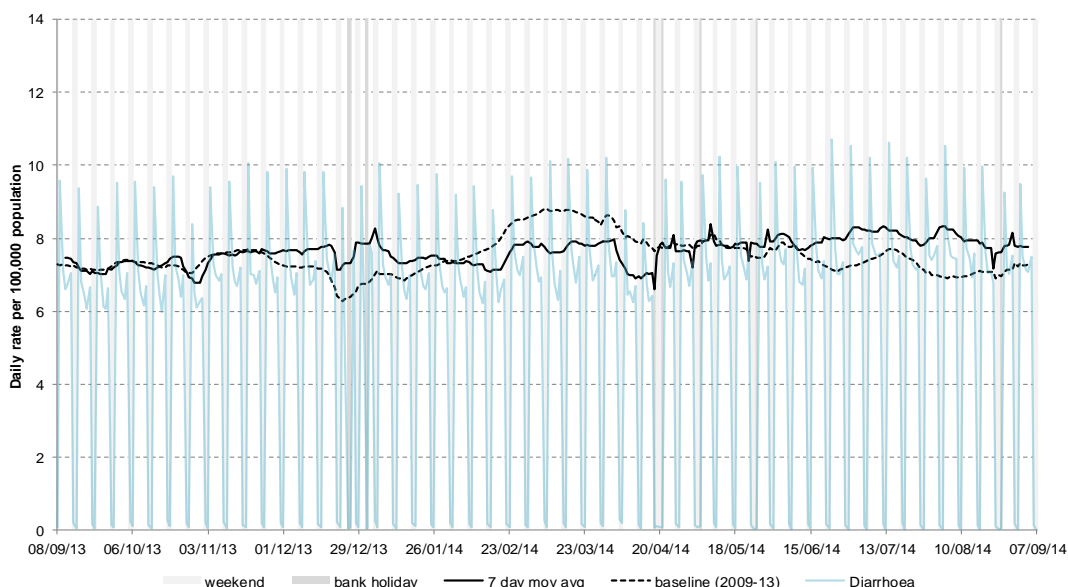
7: Vomiting

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



8: Diarrhoea

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



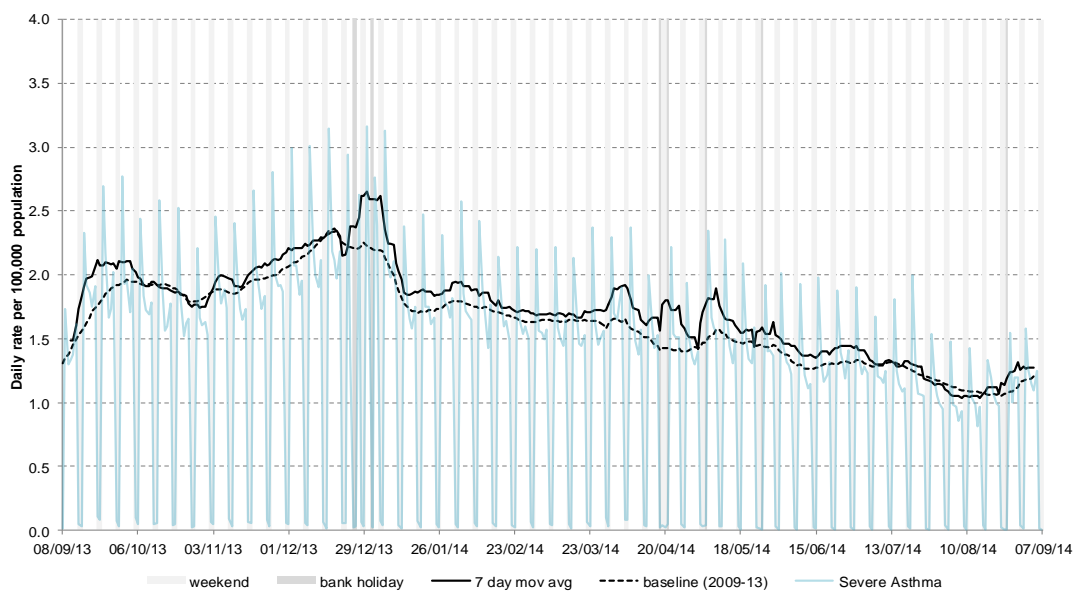
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* 7-day moving average adjusted for bank holidays.

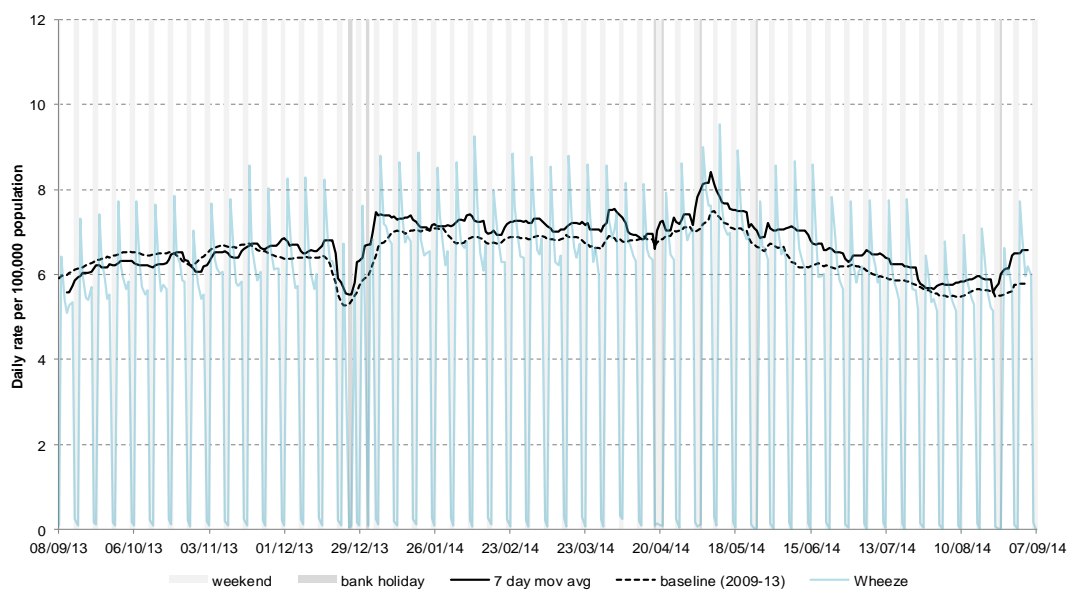
10: Severe asthma

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



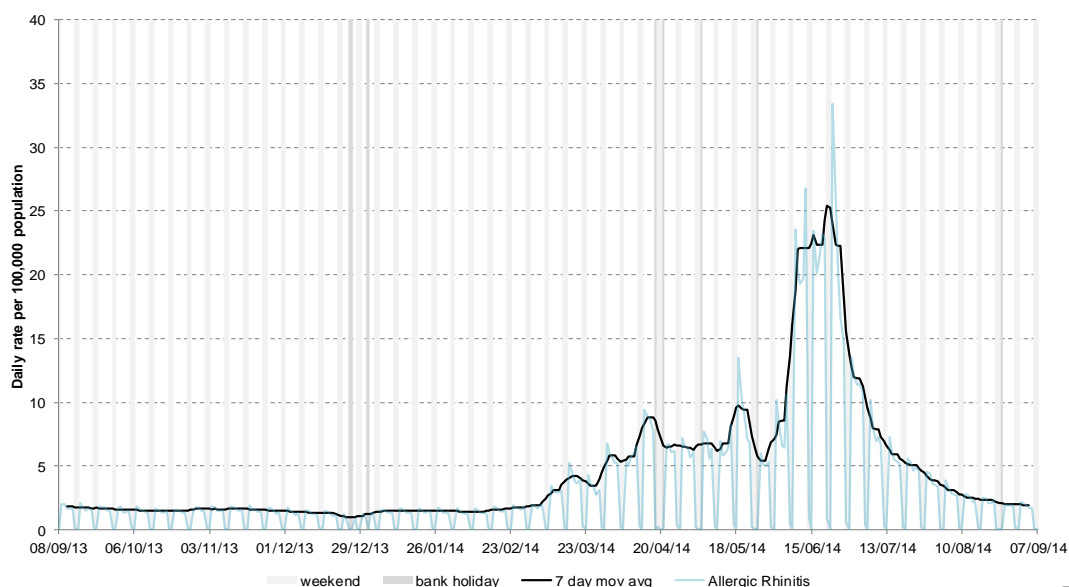
11: Wheeze

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



12: Allergic rhinitis

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



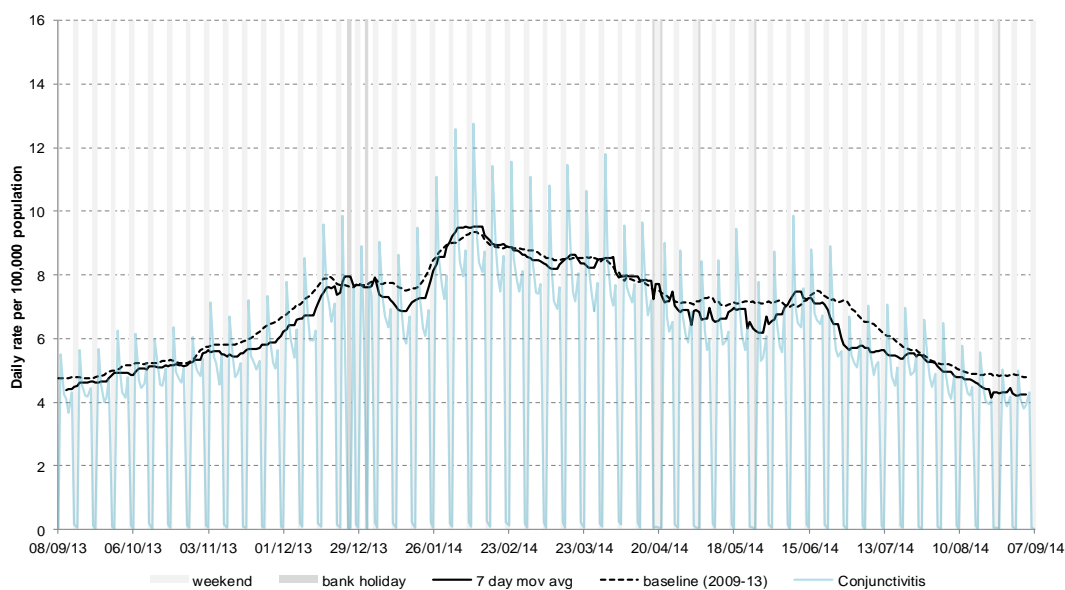
* 7-day moving average adjusted for bank holidays.

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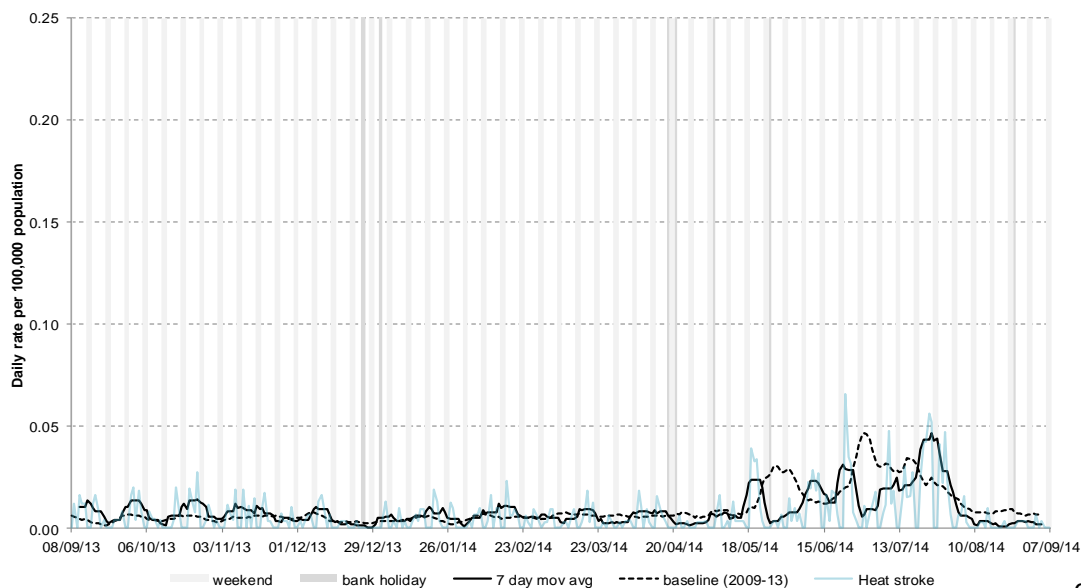
14: Conjunctivitis

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



15: Heat/sunstroke

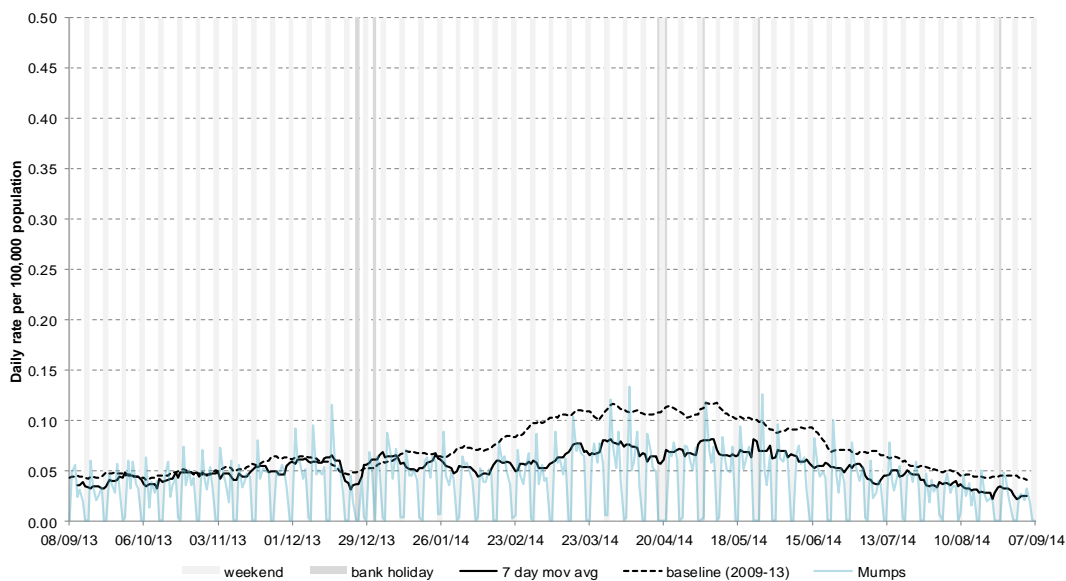
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

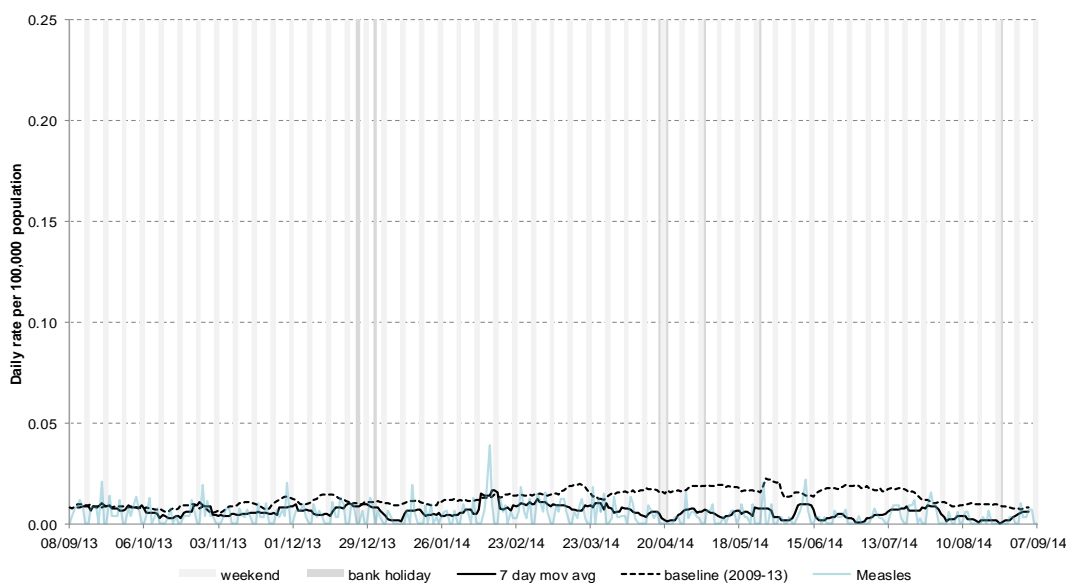
16: Mumps

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



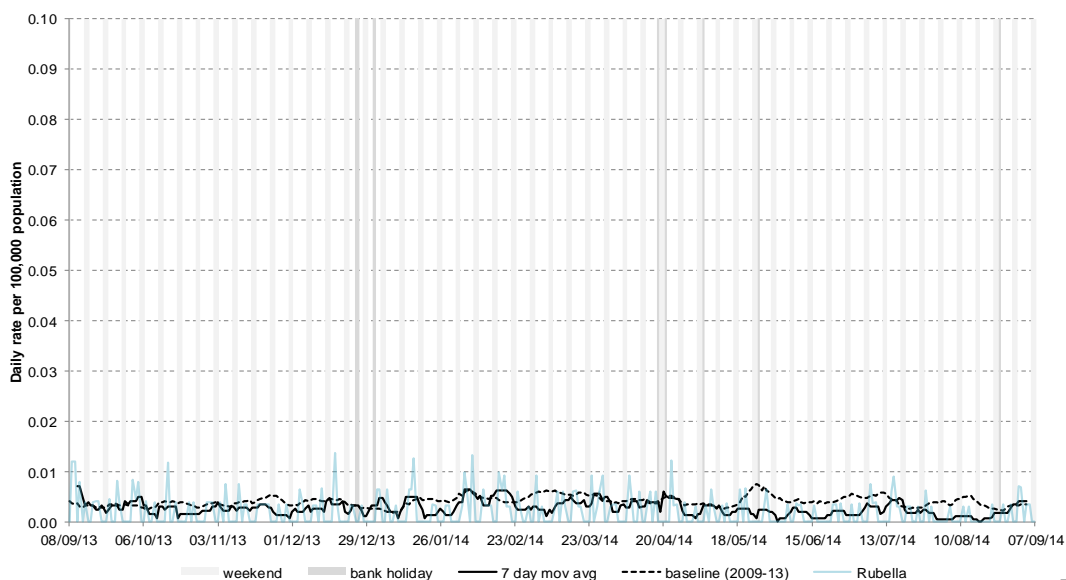
17: Measles

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



18: Rubella

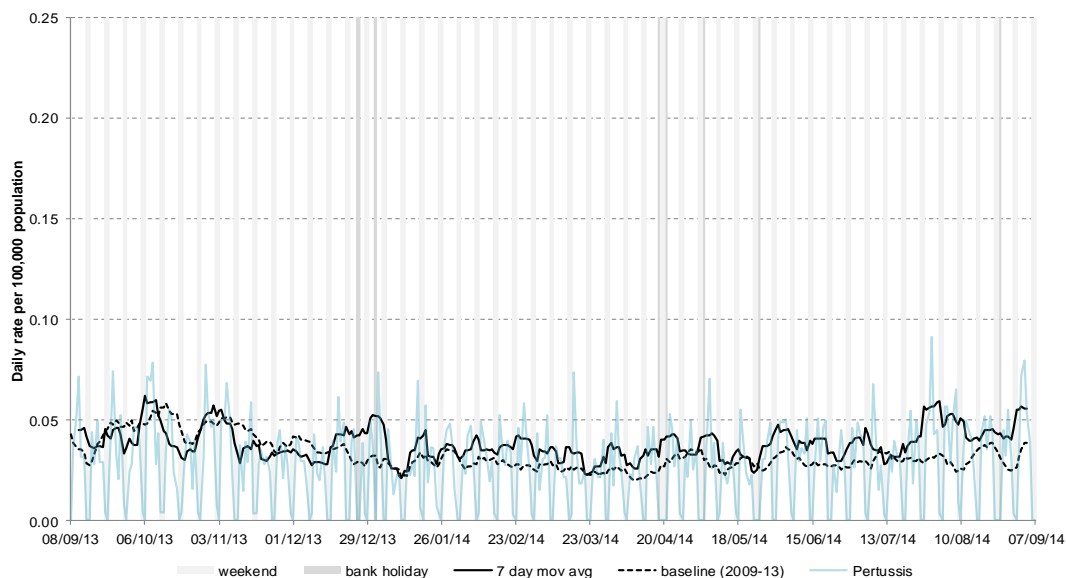
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

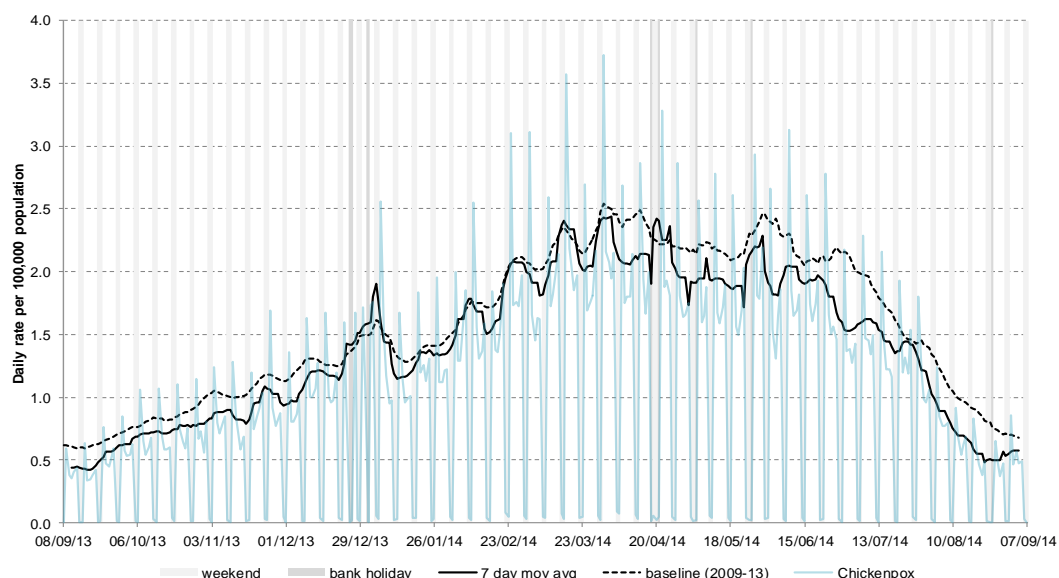
19: Pertussis

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



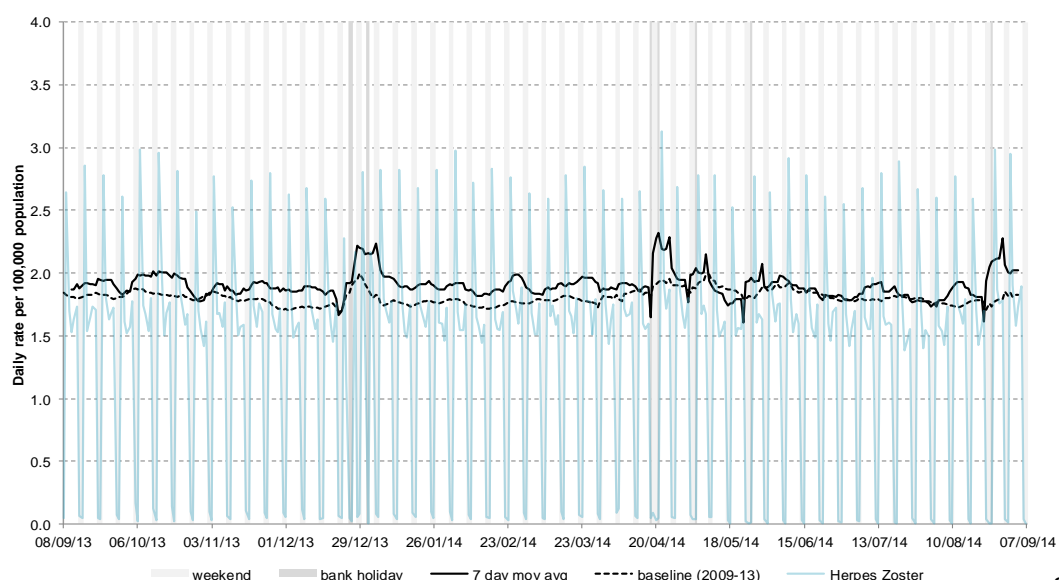
20: Chickenpox

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



21: Herpes zoster

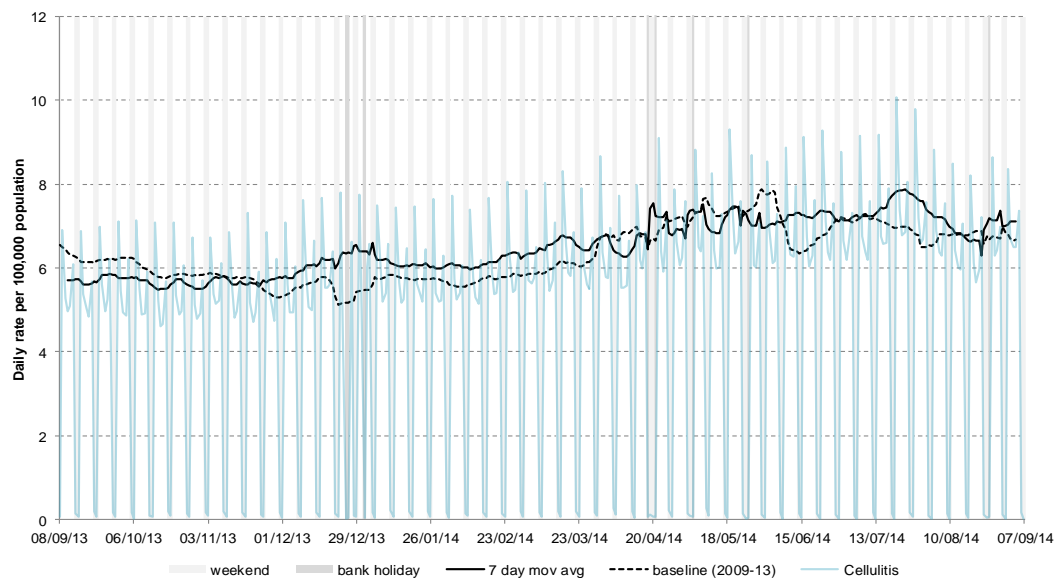
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

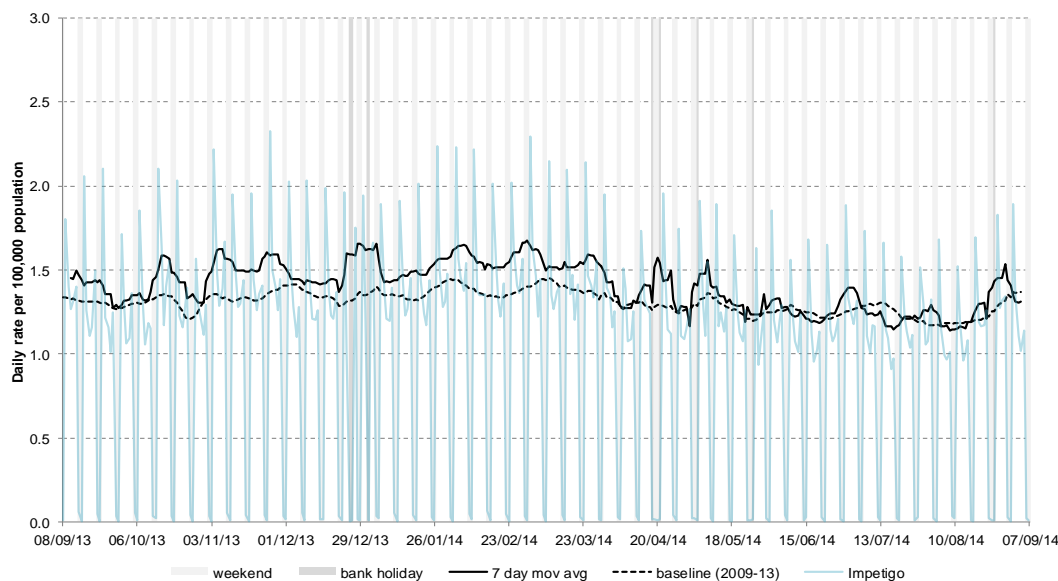
22: Cellulitis

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



23: 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.

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.
- This system captures anonymised GP morbidity data from two GP clinical software systems, EMIS, from version 1 of the QSurveillance® database, and TPP SystemOne.
- 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.

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 SystemOne GP practices contributing to this surveillance system.

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