In This Issue:

Key Messages.

Weekly summary.

Total contacts.

Syndromic indicators.

Notes and caveats.

Further information.

Acknowledgements.

Key messages

Data to: 24 January 2016

Acute respiratory infection consultations increased during week 3 (figure 2), particularly in children aged 1-4 and 5-14 years old (figure 2a).
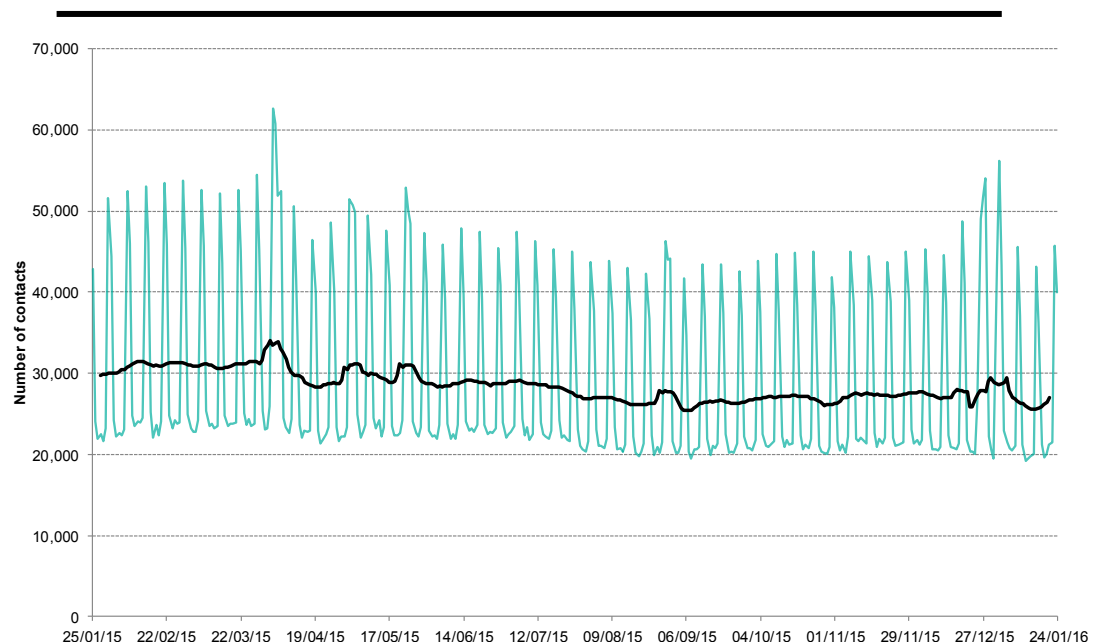
Consultations for influenza-like illness increased slightly during week 3 (figure 3), with the highest consultation rates in the 25-44 years age group (figure 3a).

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 3/1 Cold weather action/Winter Preparedness and Action**
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 03	% Week 02	Trend*
All OOH contacts, all causes	189,302			
Acute respiratory infection	17,229	19.53	17.78	↑
Influenza-like illness	359	0.41	0.34	↑
Bronchitis/bronchiolitis	258	0.29	0.29	←→
Difficulty breathing/wheeze/asthma	2,391	2.71	2.61	↑
Pharyngitis	101	0.11	0.10	←→
Gastroenteritis	3,418	3.87	3.88	←→
Diarrhoea	776	0.88	0.92	↓
Vomiting	1,311	1.49	1.45	←→
Myocardial infarction	934	1.06	1.15	↓

*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).
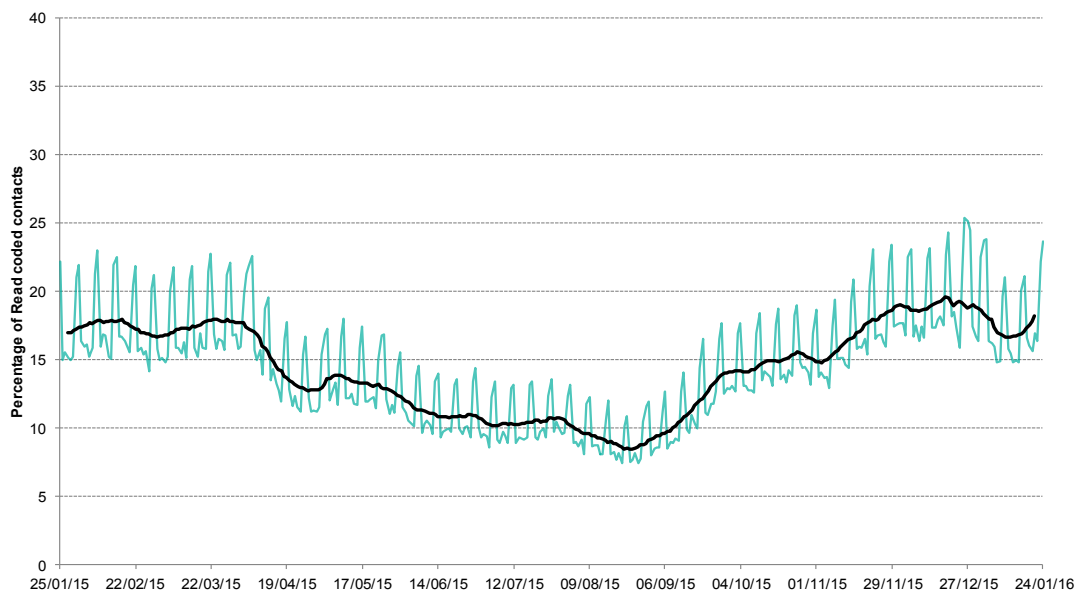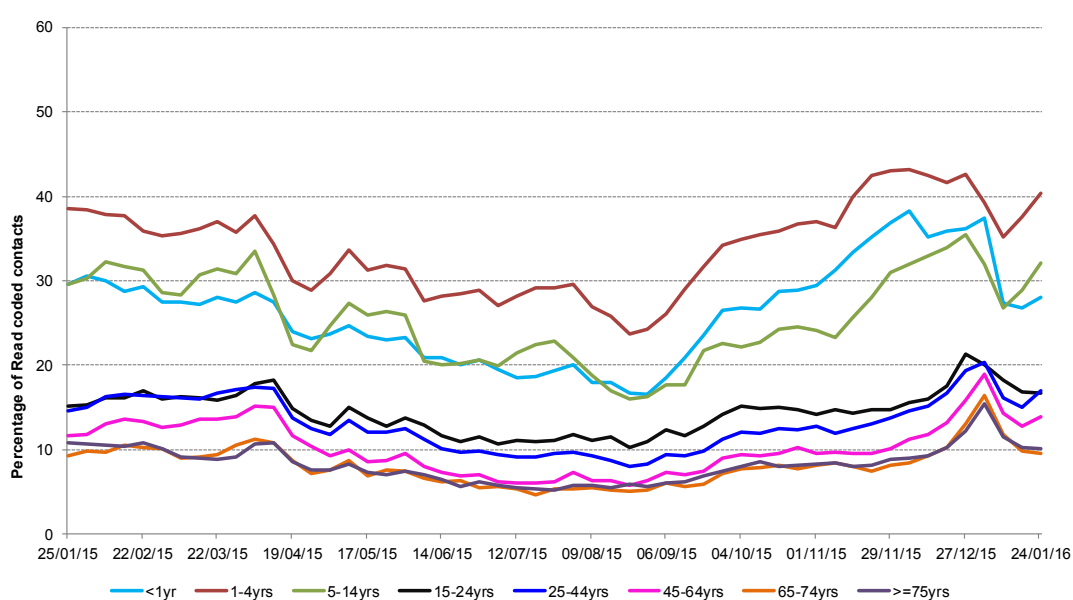
26 January 2016   **Year: 2016 Week: 03**

2: Acute Respiratory Infection daily contacts.

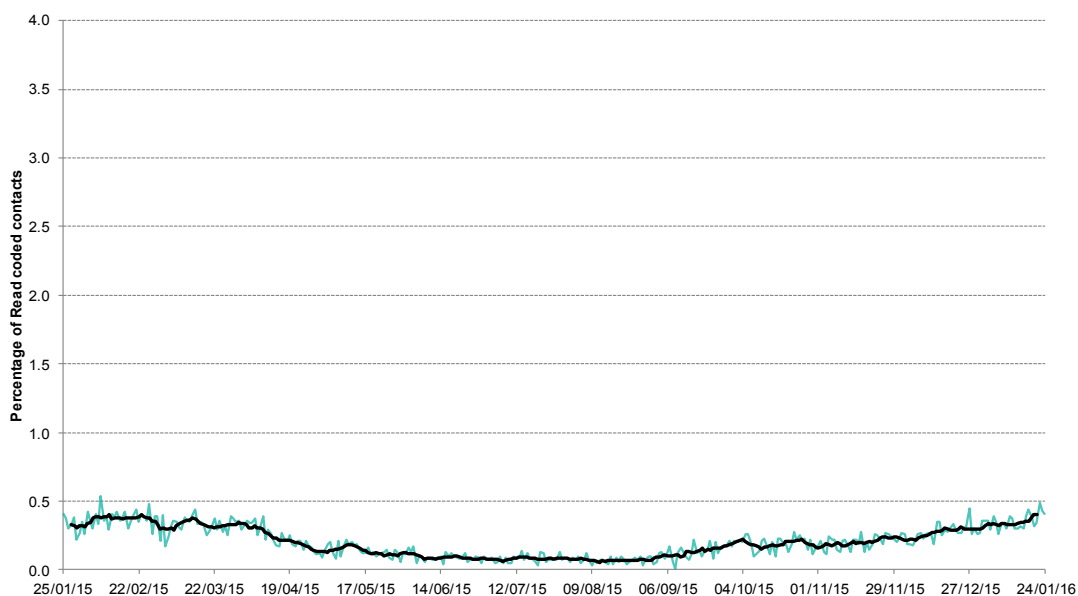Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

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

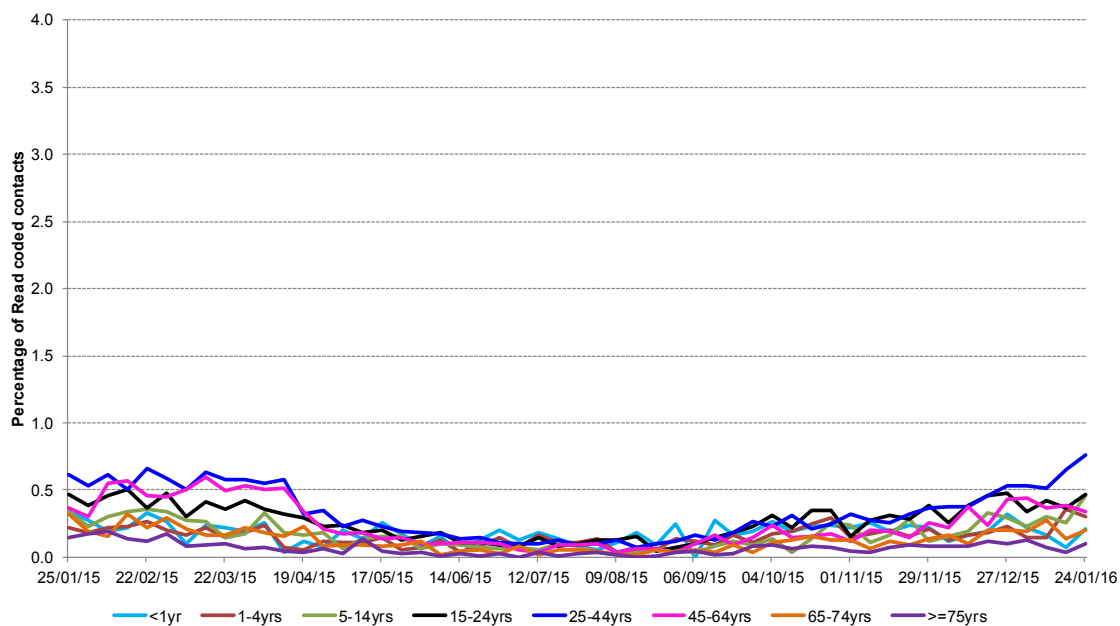## 3: Influenza-like illness daily contacts.

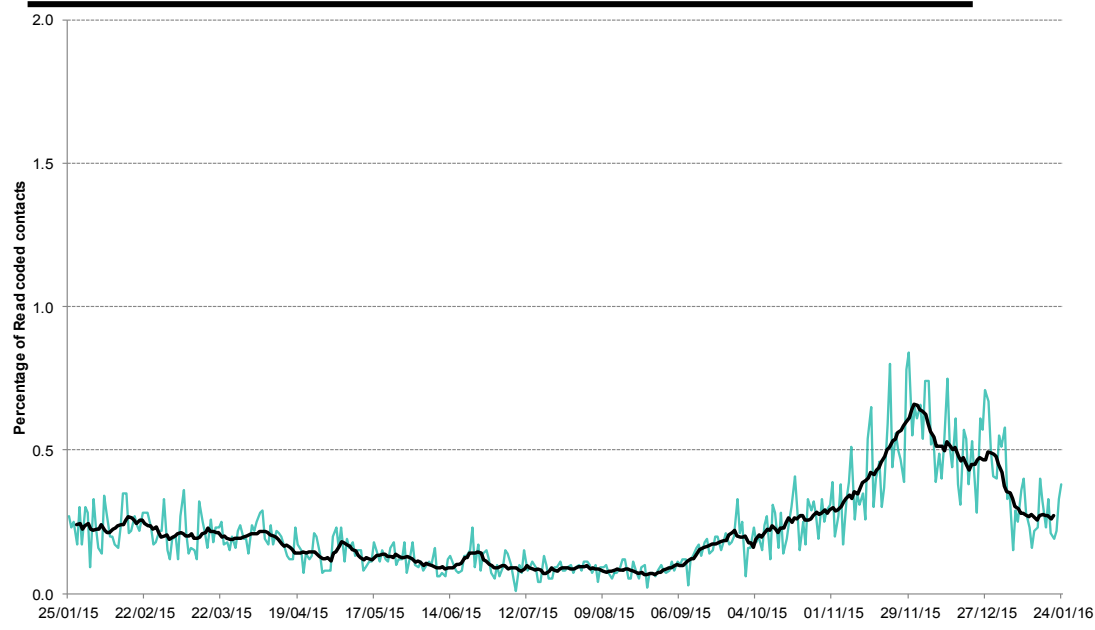Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.

26 January 2016   **Year: 2016 Week: 03**

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

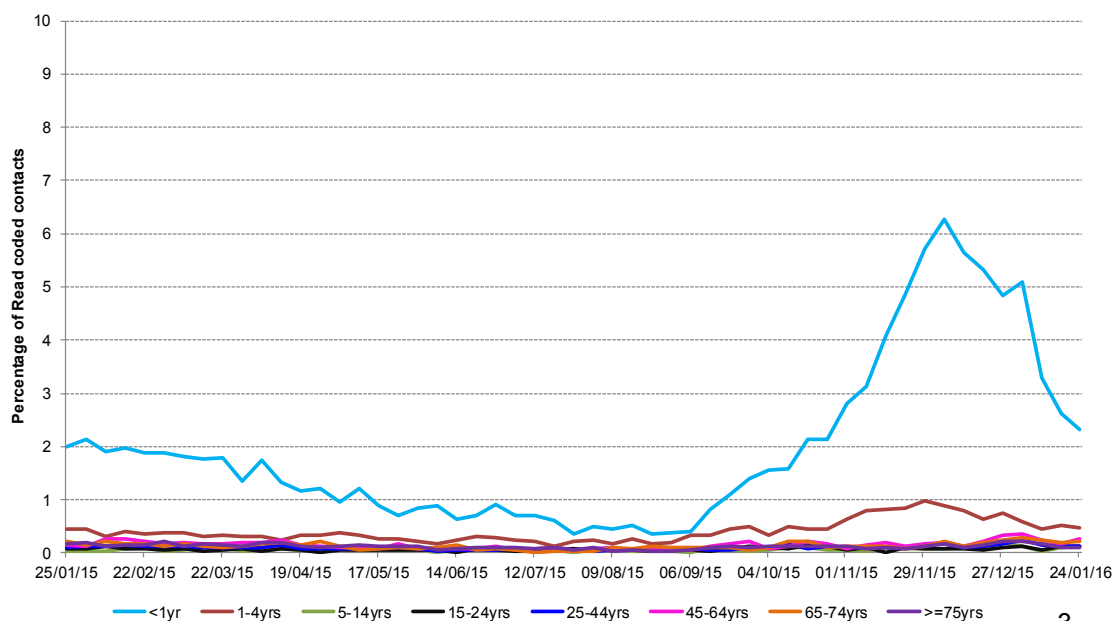

4: Bronchitis/ bronchiolitis daily contacts.

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

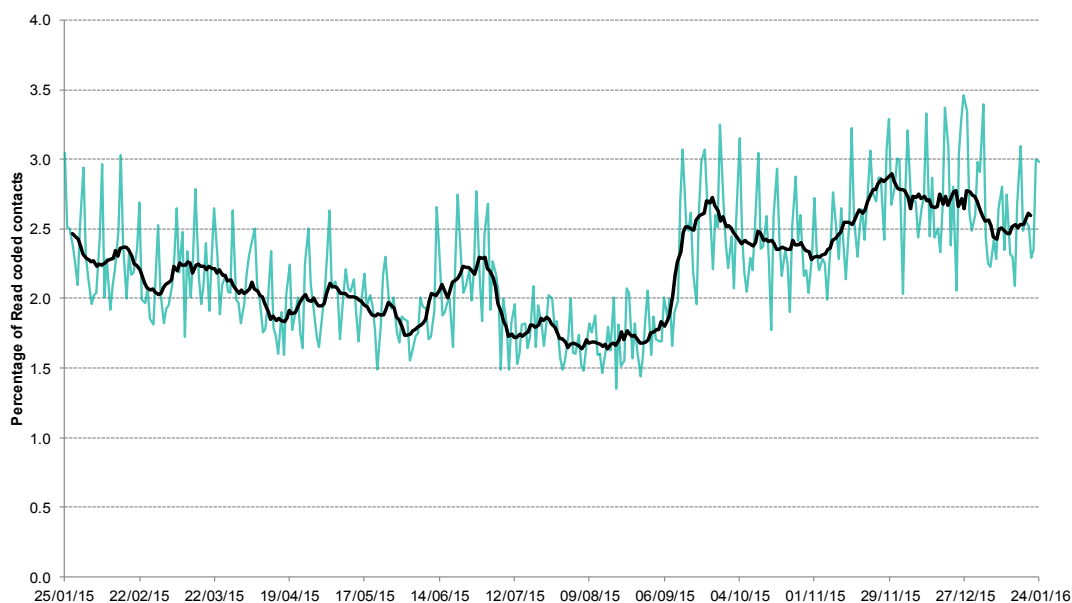**4a: Bronchitis/ bronchiolitis daily contacts by age group.**

*7-day moving average adjusted for bank holidays.
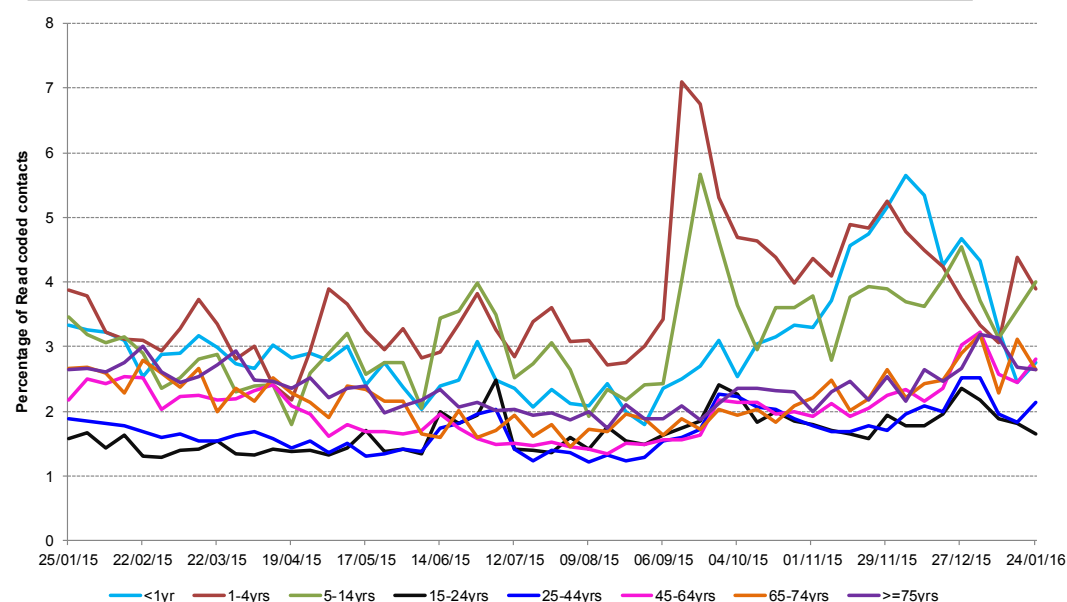
3

5: Difficulty breathing/ wheeze/asthma daily contacts.

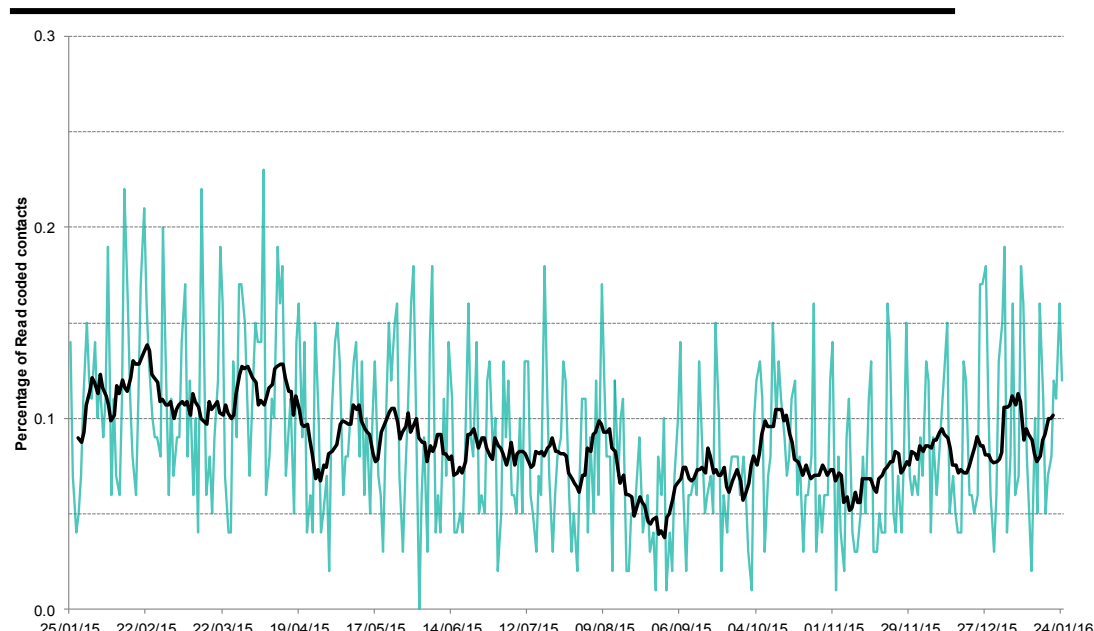Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

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

<1yr 1-4yrs 5-14yrs 15-24yrs 25-44yrs 45-64yrs 65-74yrs >=75yrs

6: Acute pharyngitis and persistent sore throat.

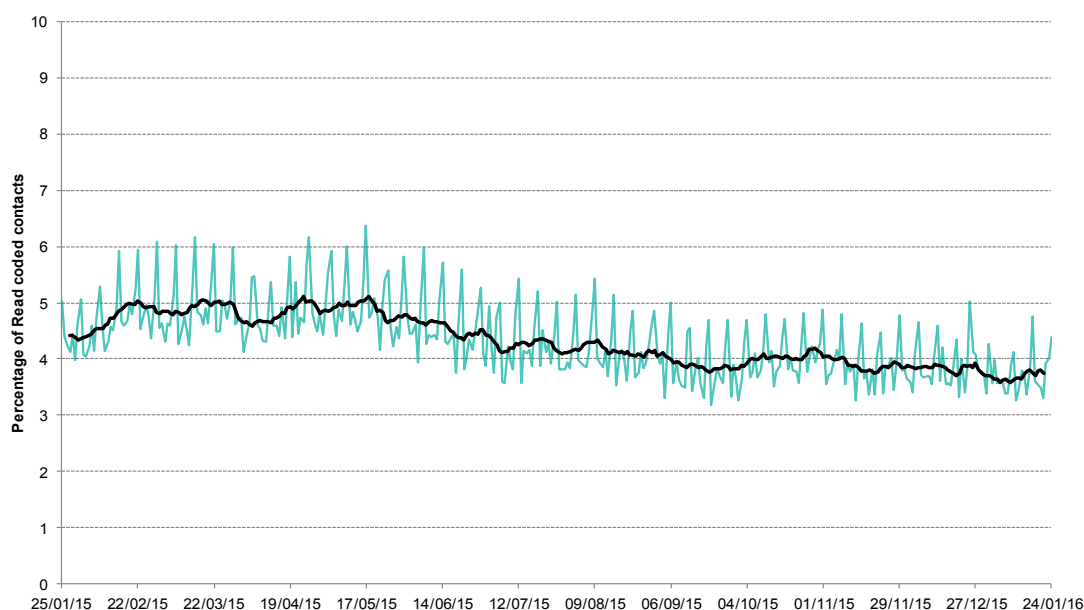Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

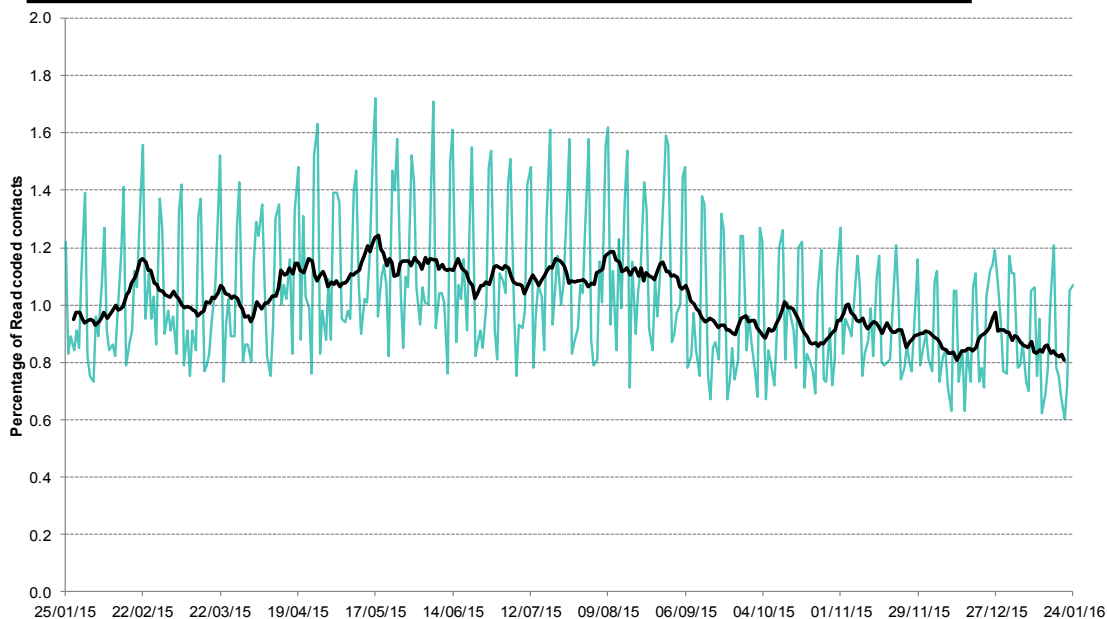*7-day moving average adjusted for bank holidays.

Public Health
England

7: Gastroenteritis daily contacts

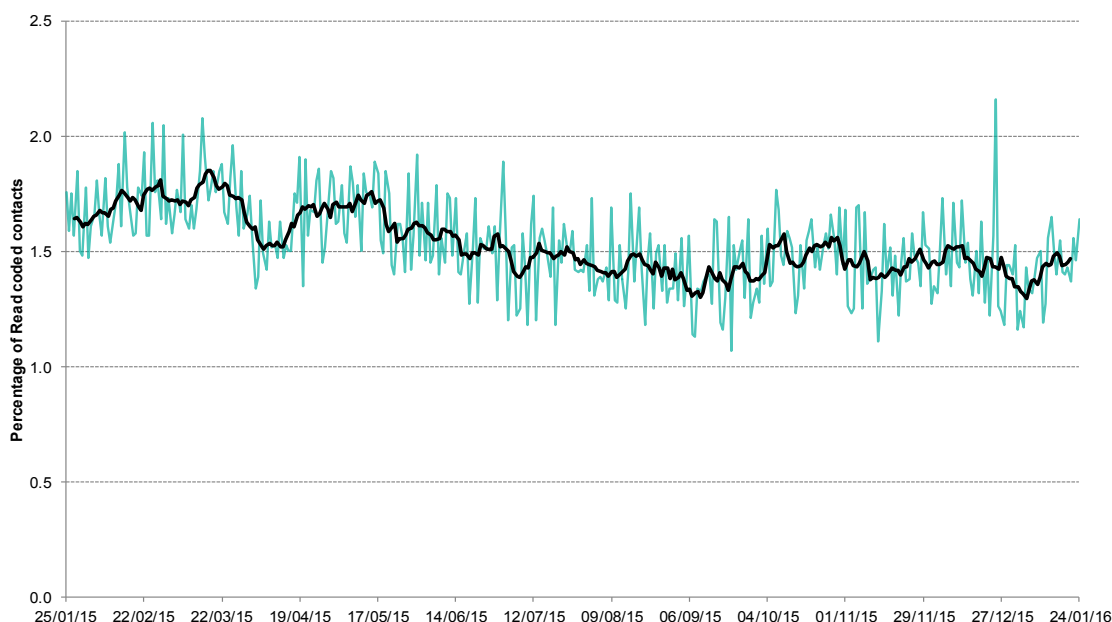Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

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.

Public Health
England

10: Myocardial Infarction daily contacts.

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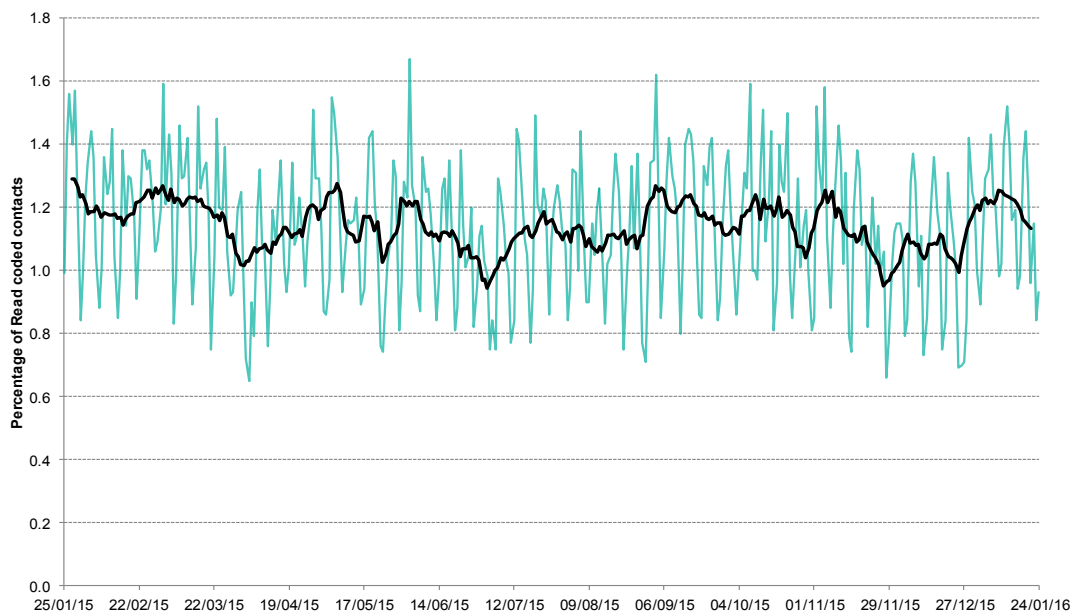
Intentionally left blank.

Intentionally left blank.

*7-day moving average adjusted for bank holidays.

26 January 2016	**Year: 2016 Week: 03**

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.

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

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