



01 July 2015

Year: 2015 Week: 26

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## Key messages

Data to: 28 June 2015

There have been no further increases in allergic rhinitis during week 26 (figure 12). Rates fell in the 5-14yrs age group (figure 12a).

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

## GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2015	26	4281	31.8 million

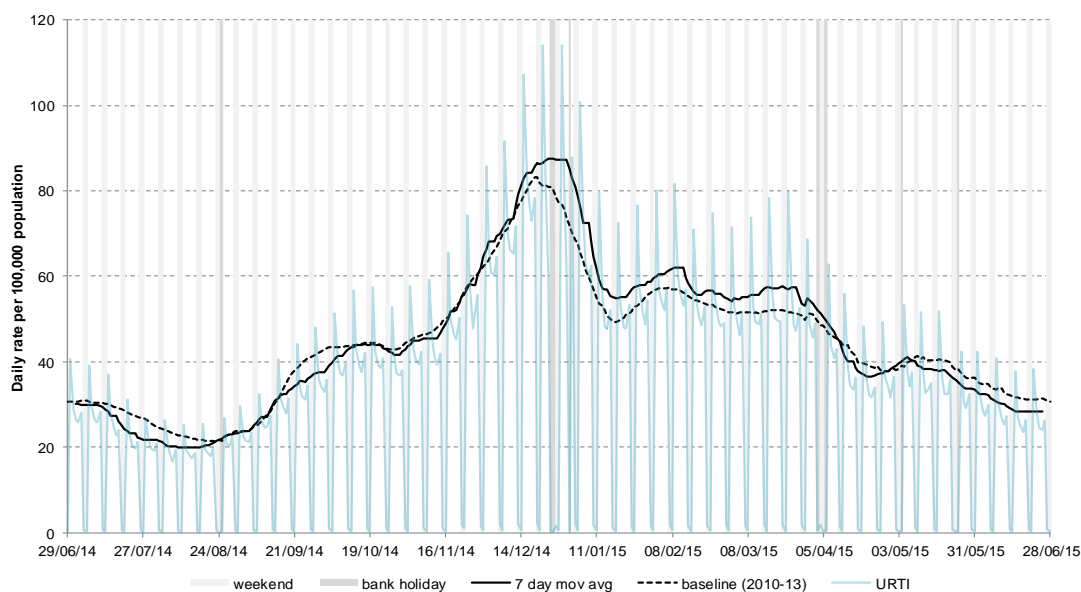
\*\*based on the average number of practices and denominator population in the reporting working week.

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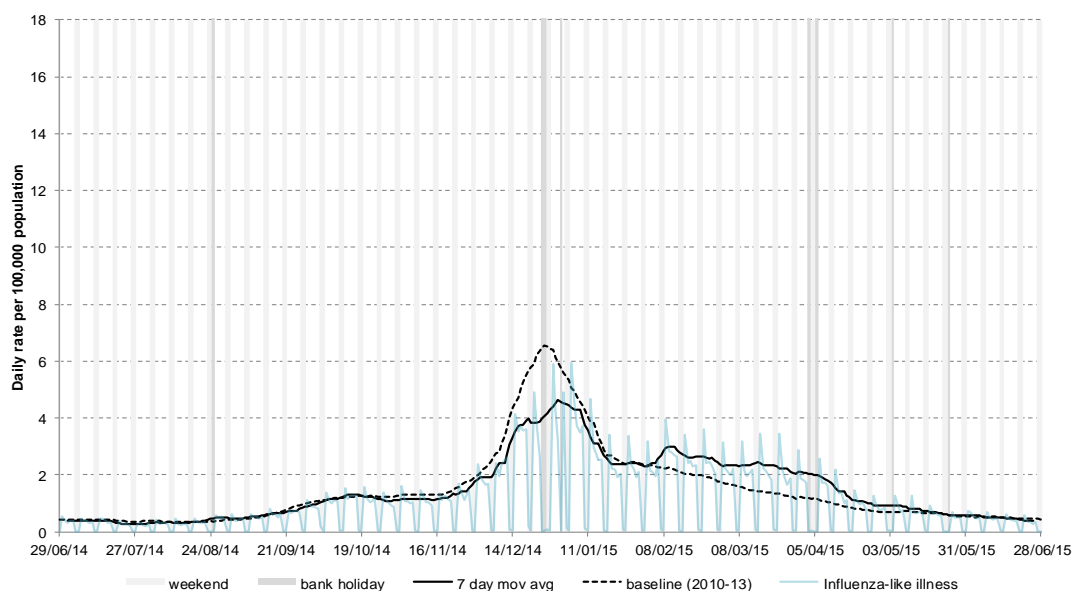
## 1: Upper respiratory tract infection (URTI)

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



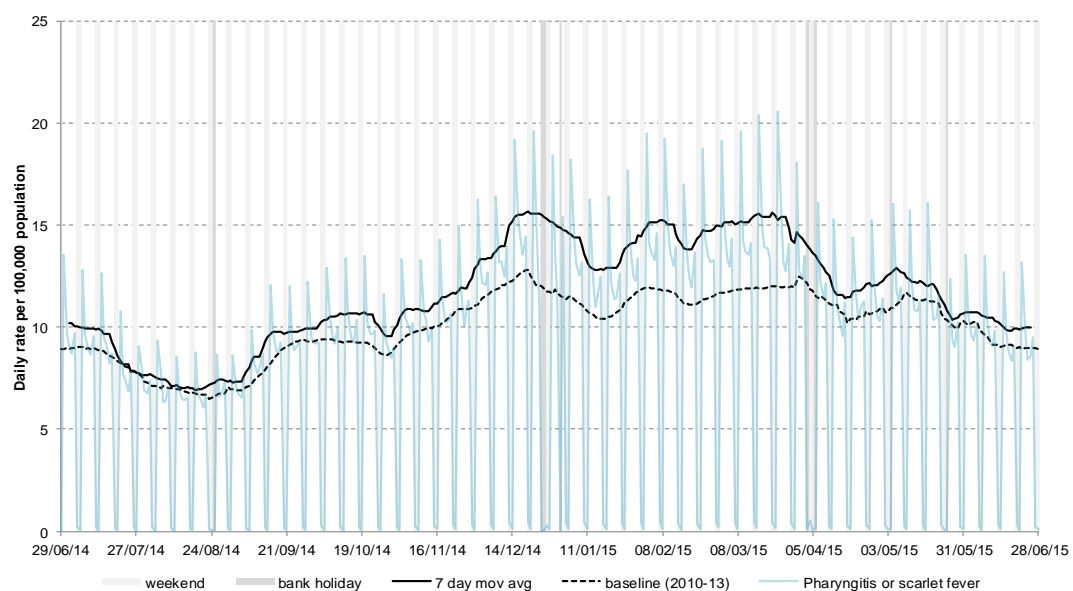
## 2: Influenza-like illness (ILI)

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).



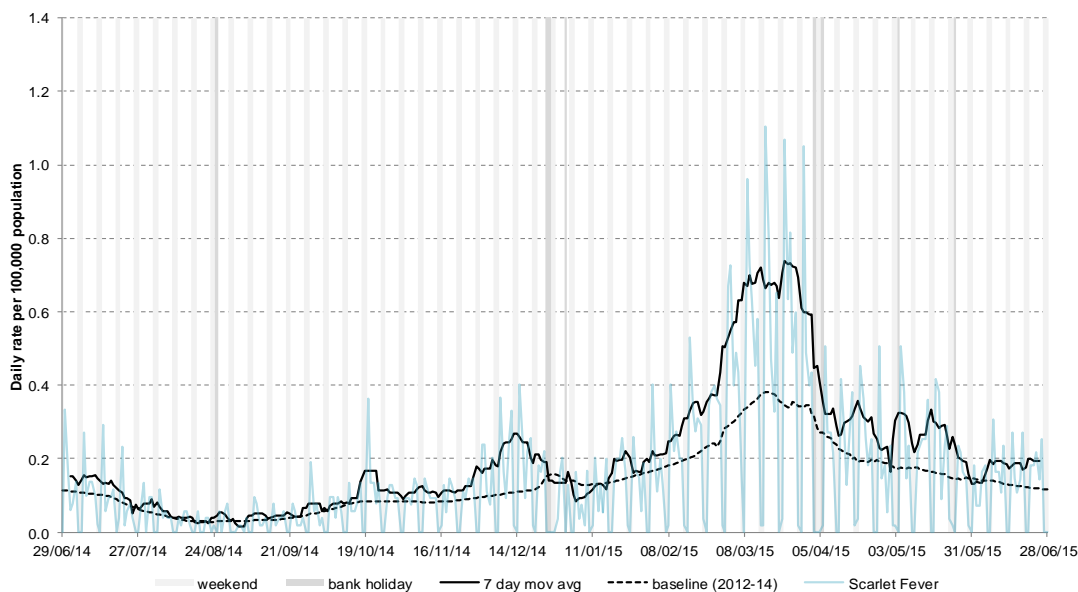
\* 7-day moving average adjusted for bank holidays.

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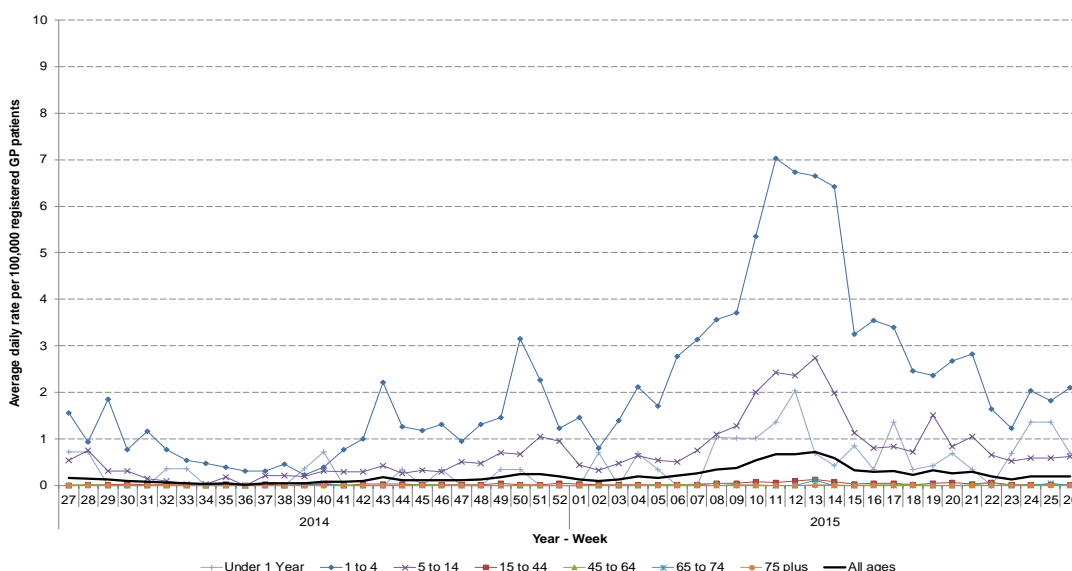
## 4: Scarlet fever

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).



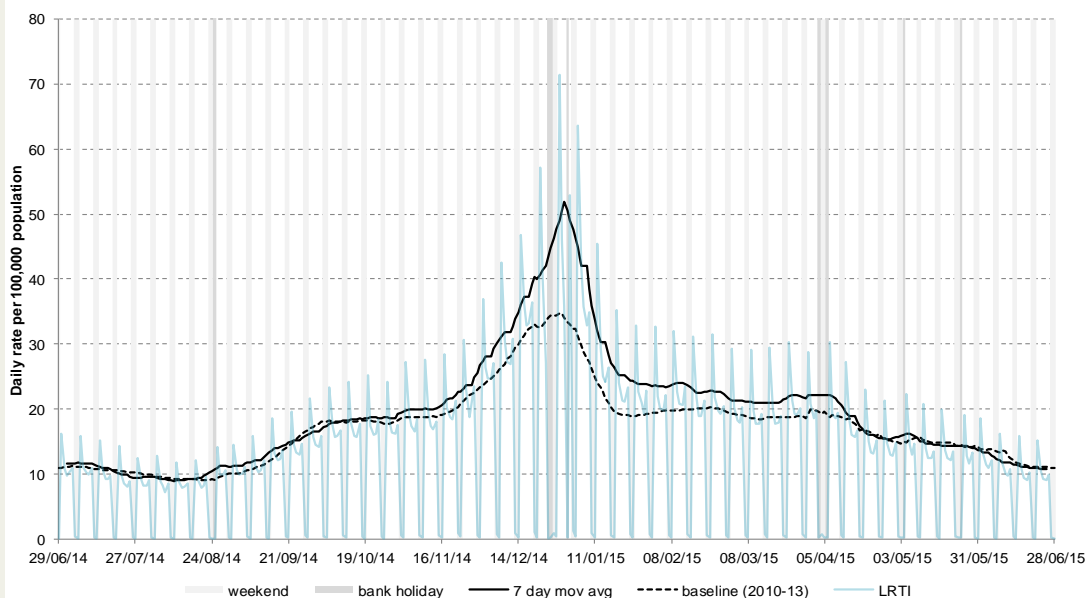
## 4a: Scarlet fever by age

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 tract infection (LRTI)

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



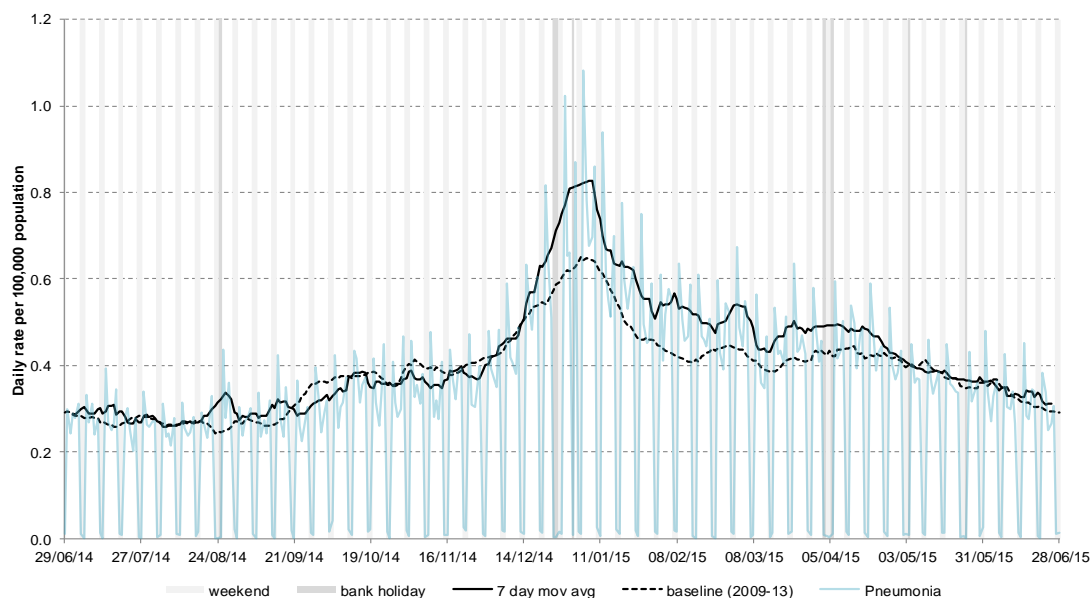
\* 7-day moving average adjusted for bank holidays.

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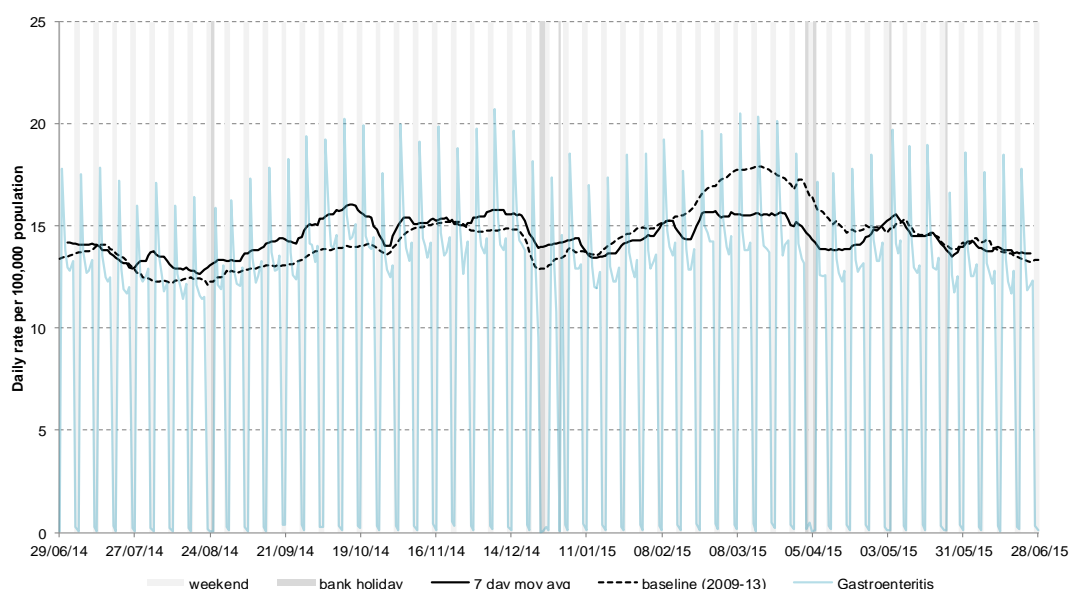
## 6: Pneumonia

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



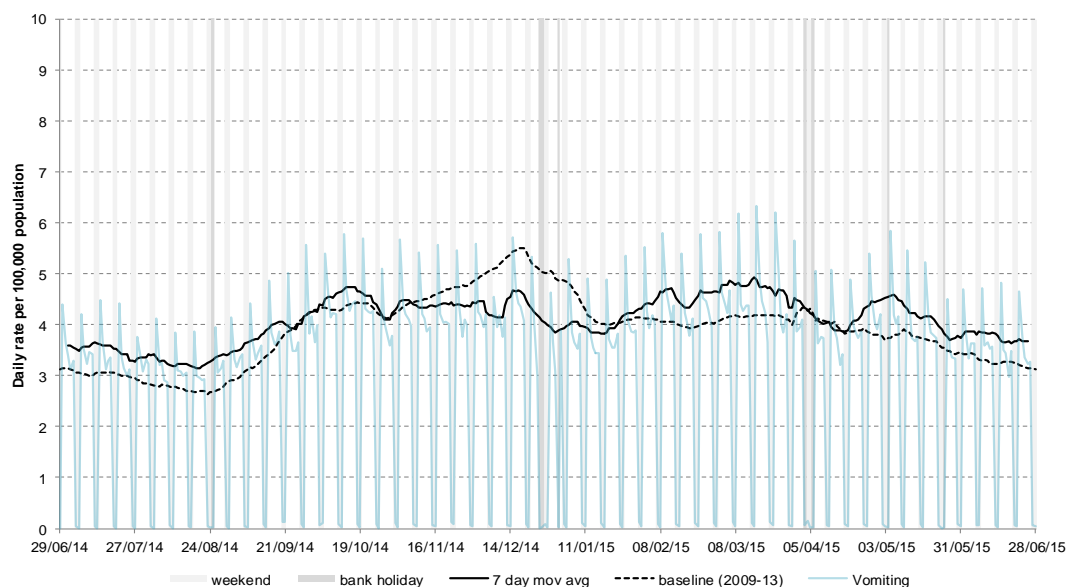
## 7: Gastroenteritis

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



## 8: Vomiting

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



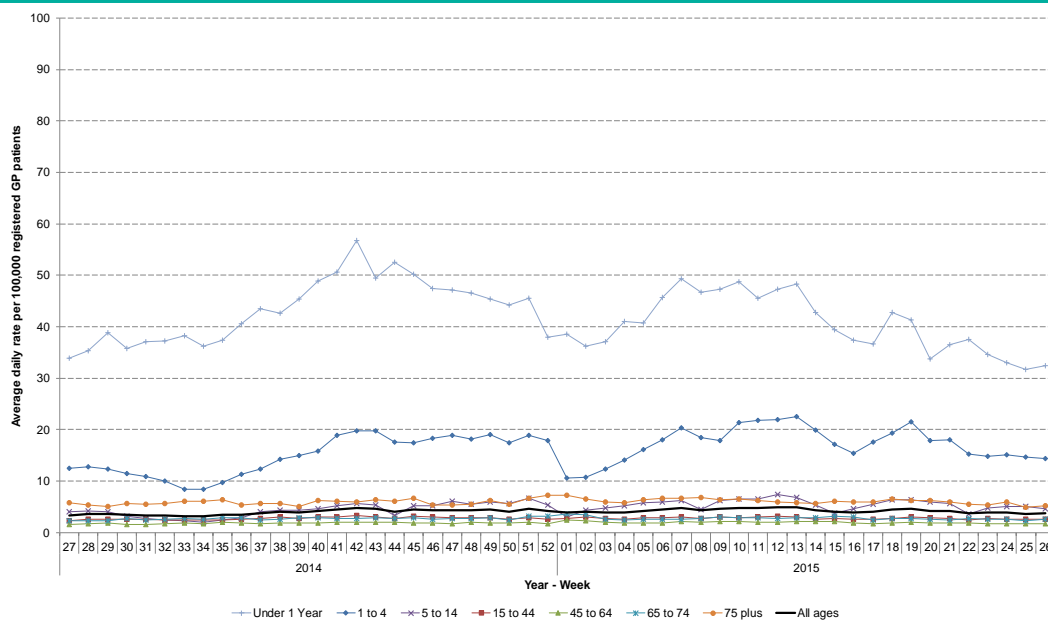
\* 7-day moving average adjusted for bank holidays.

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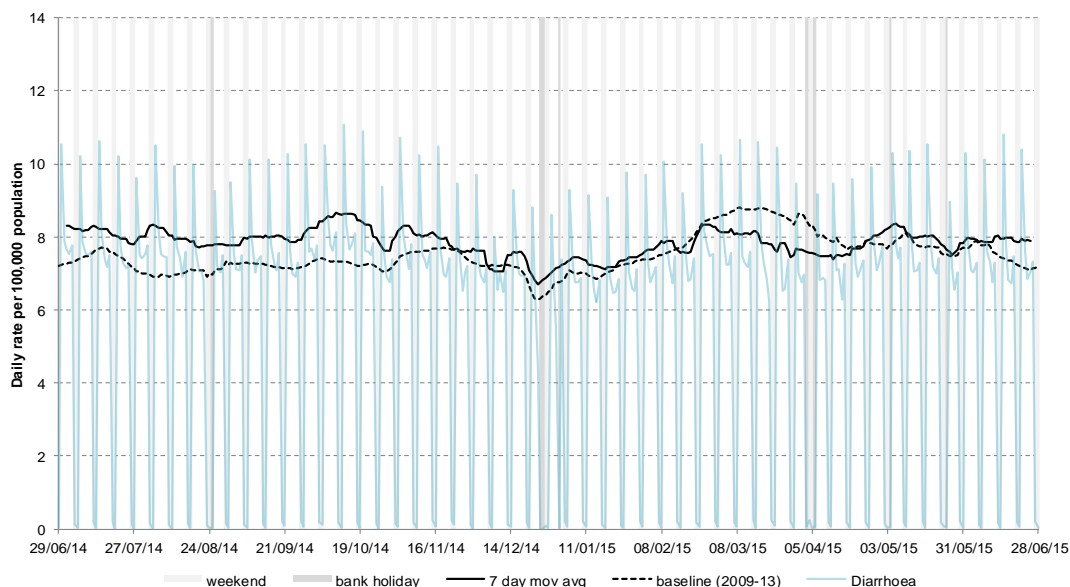
## 8a: Vomiting by age

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



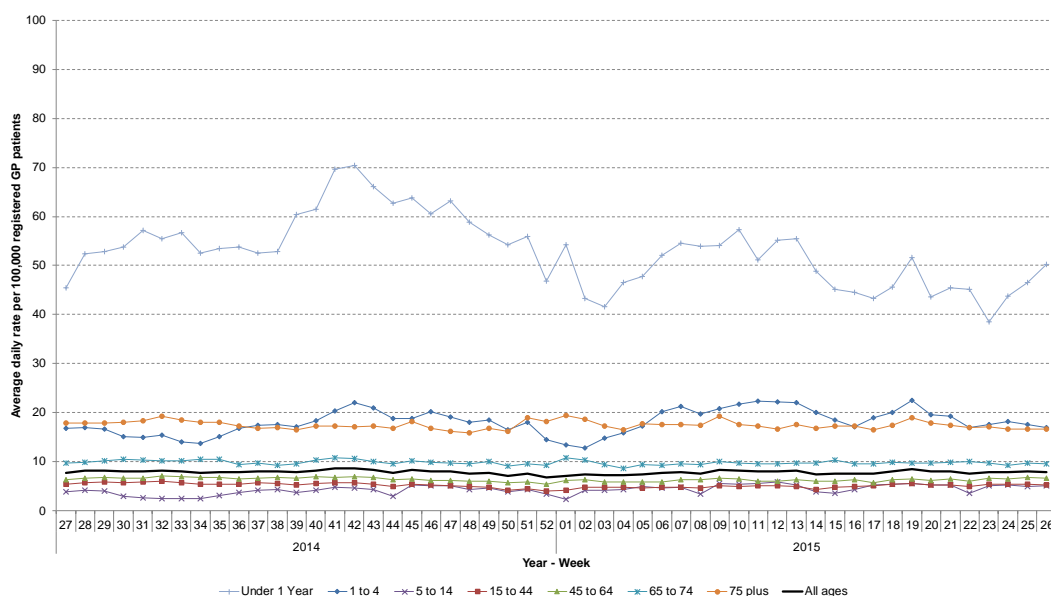
## 9: Diarrhoea

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



## 9a. Diarrhoea by age

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



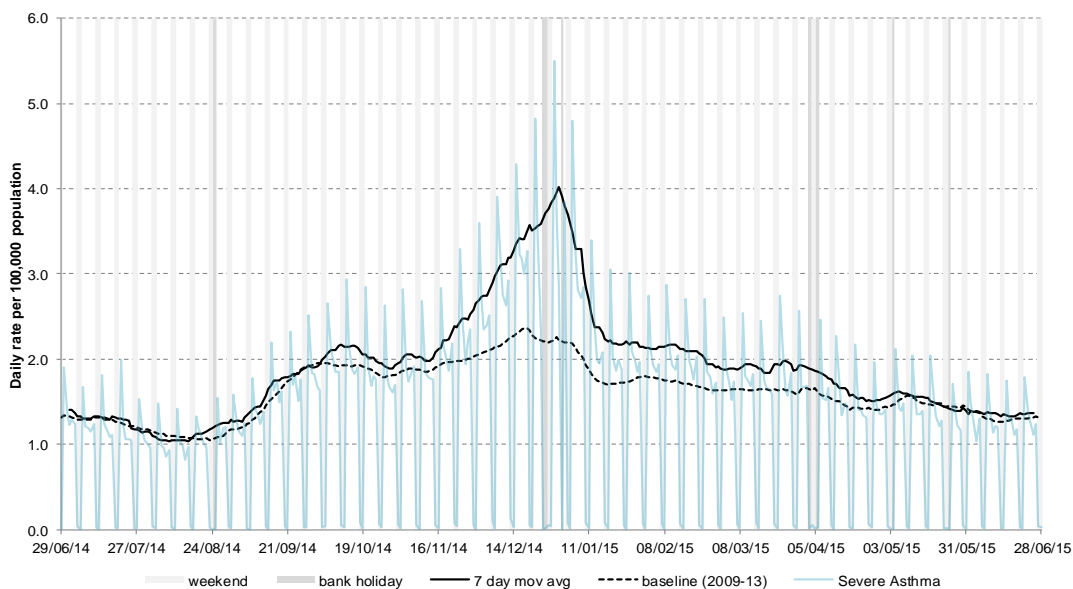
\* 7-day moving average adjusted for bank holidays.

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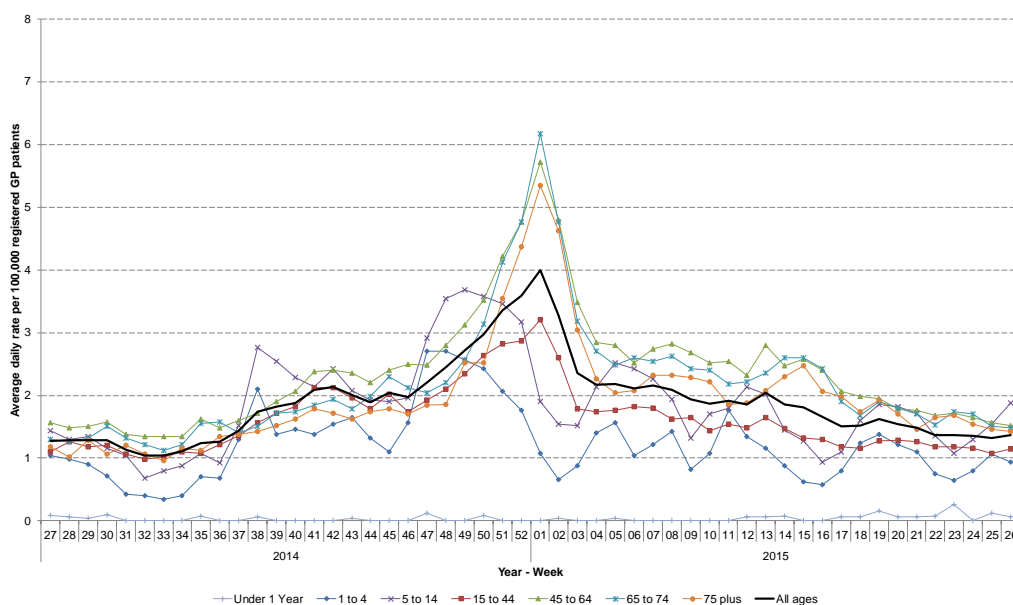
## 10: Severe asthma

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



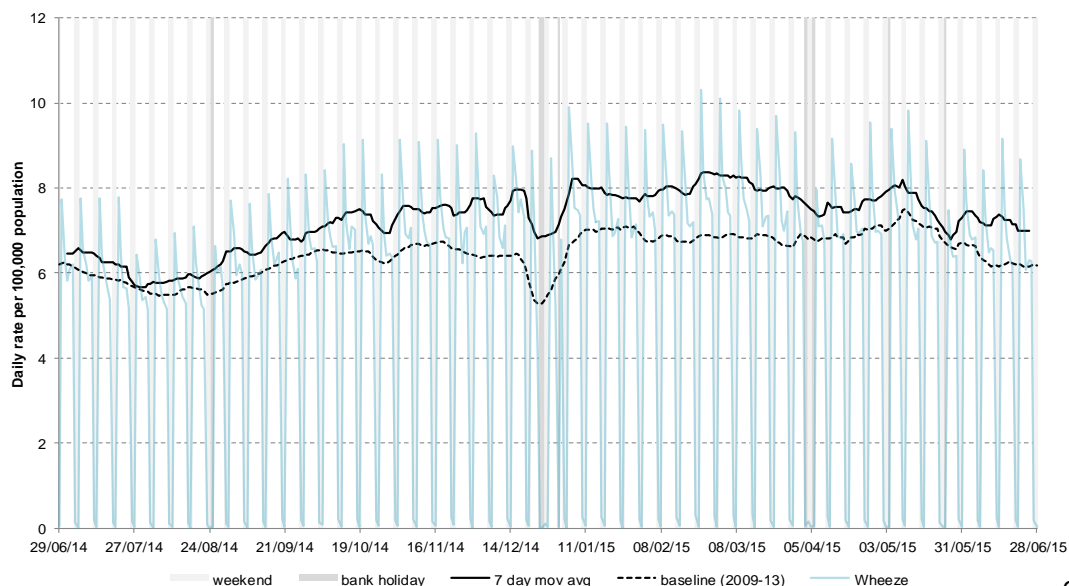
## 10a: Severe asthma by age

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.

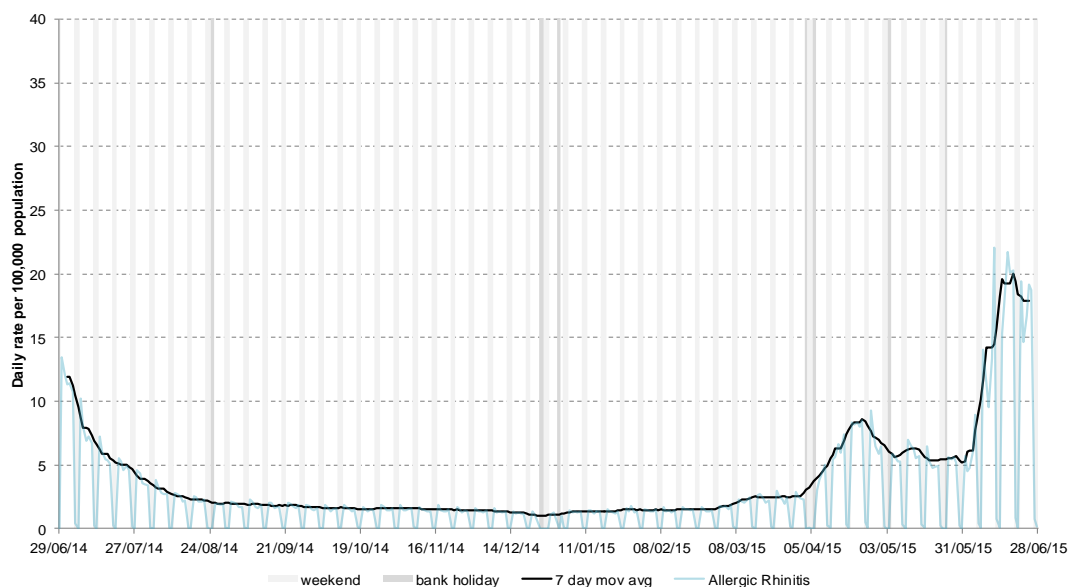


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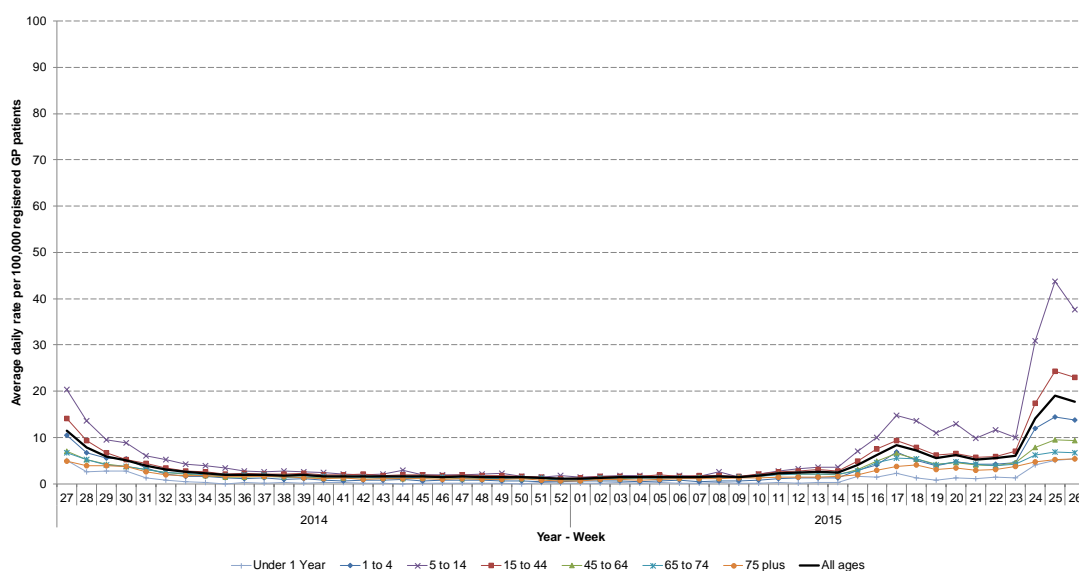
## 12: Allergic rhinitis

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



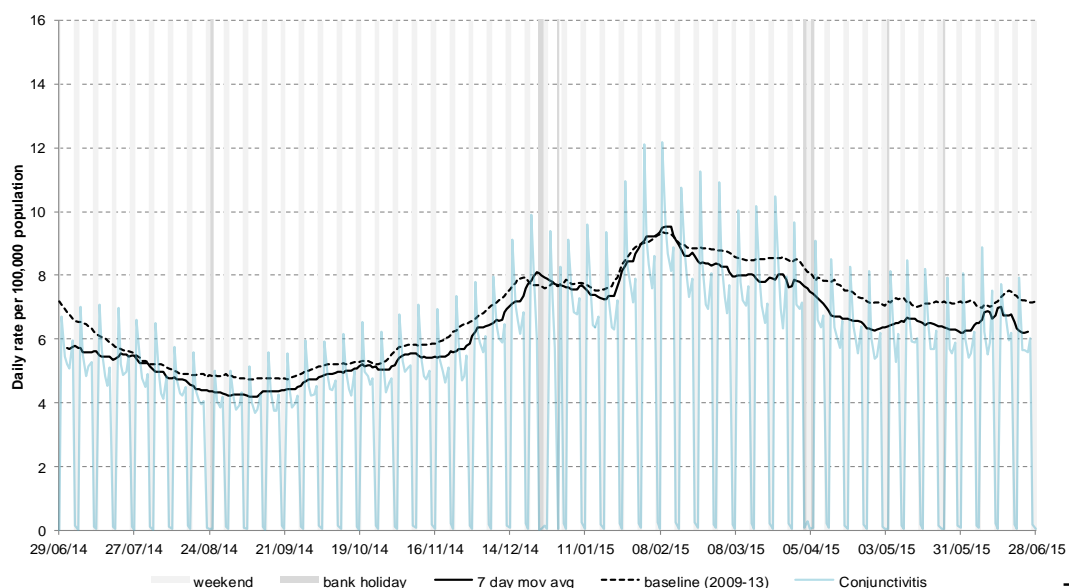
## 12a: Allergic rhinitis by age

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



## 13: Conjunctivitis

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



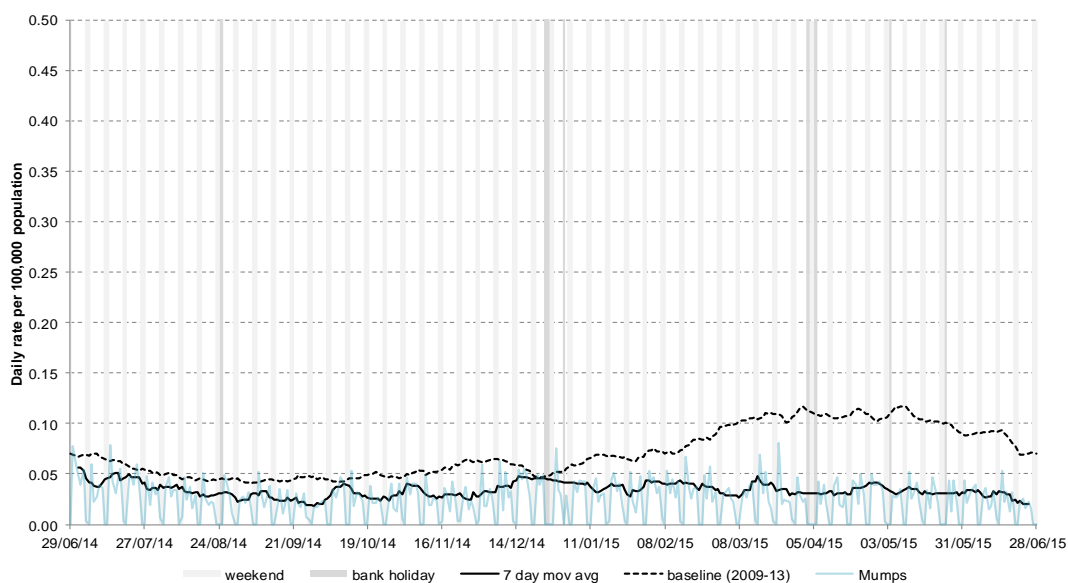
\* 7-day moving average adjusted for bank holidays.

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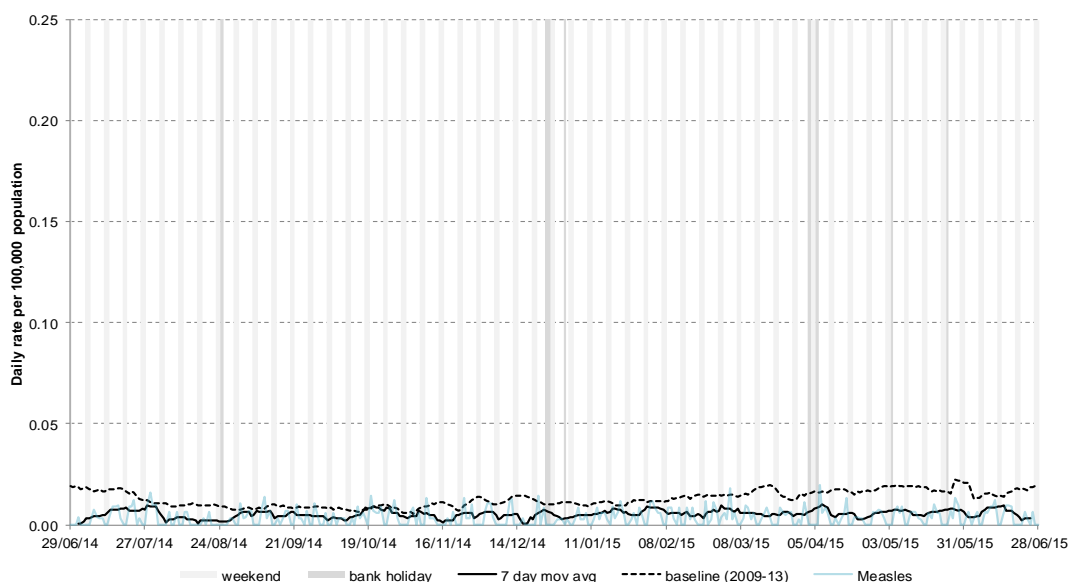
## 14: Mumps

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



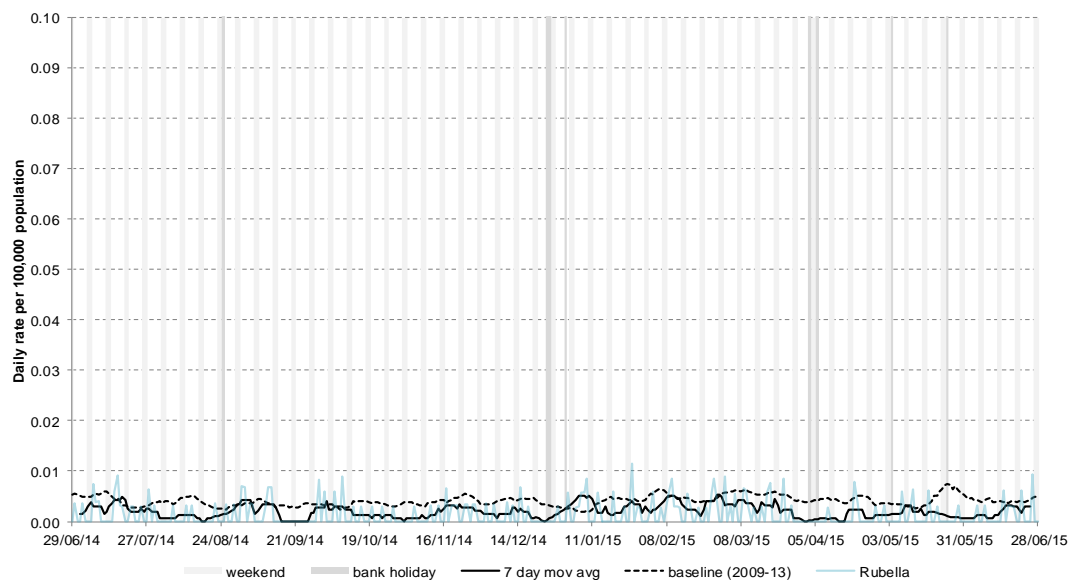
## 15: Measles

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



## 16: 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.

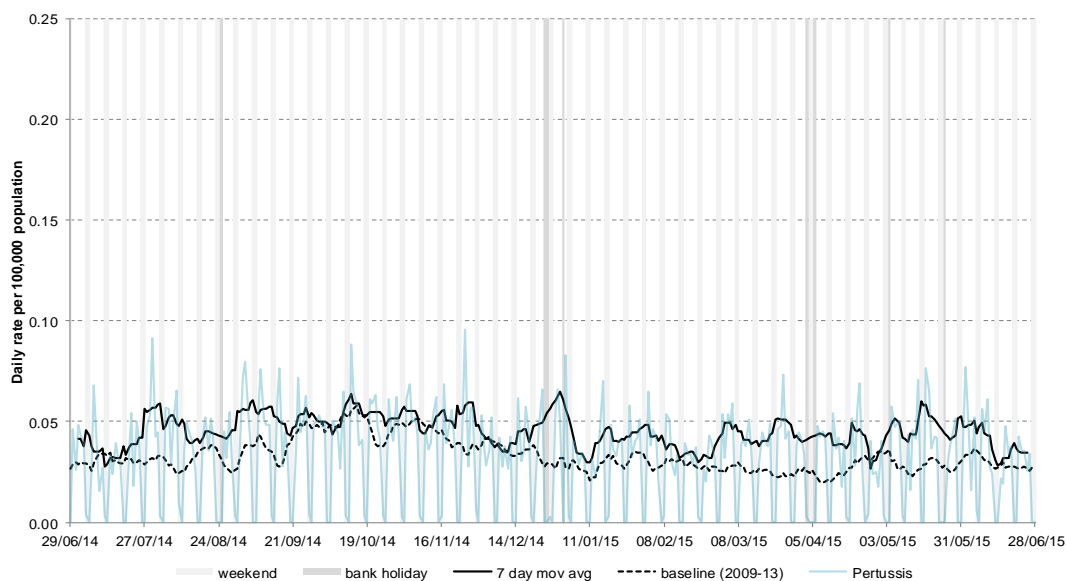


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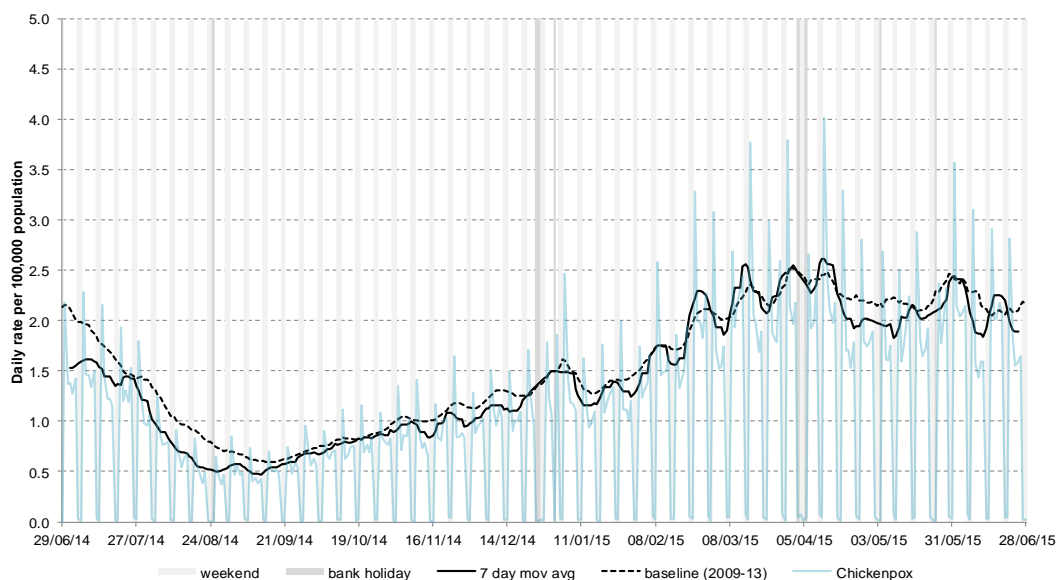
## 17: Pertussis

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



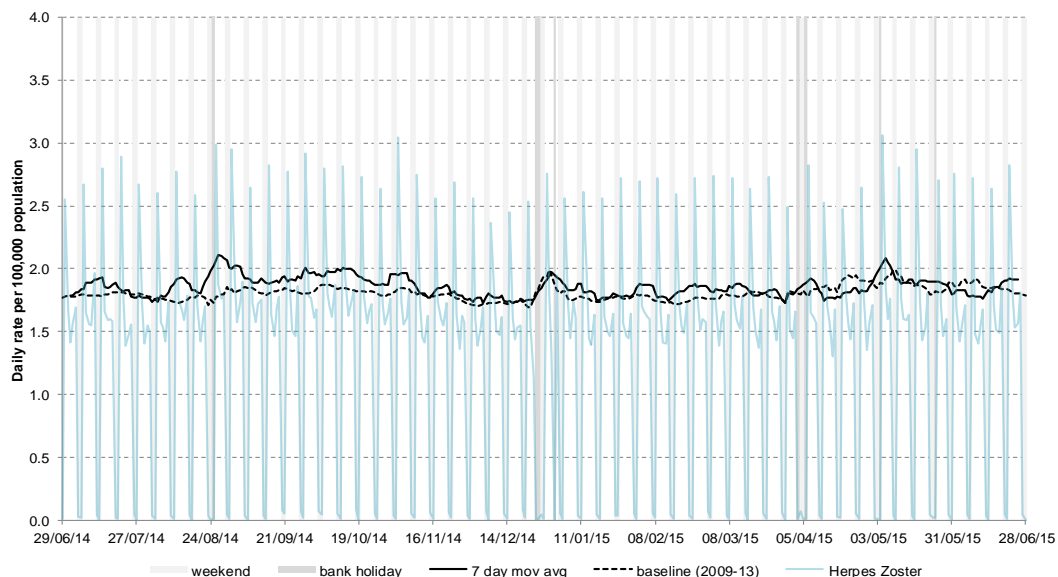
## 18: Chickenpox

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



## 19: Herpes zoster

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



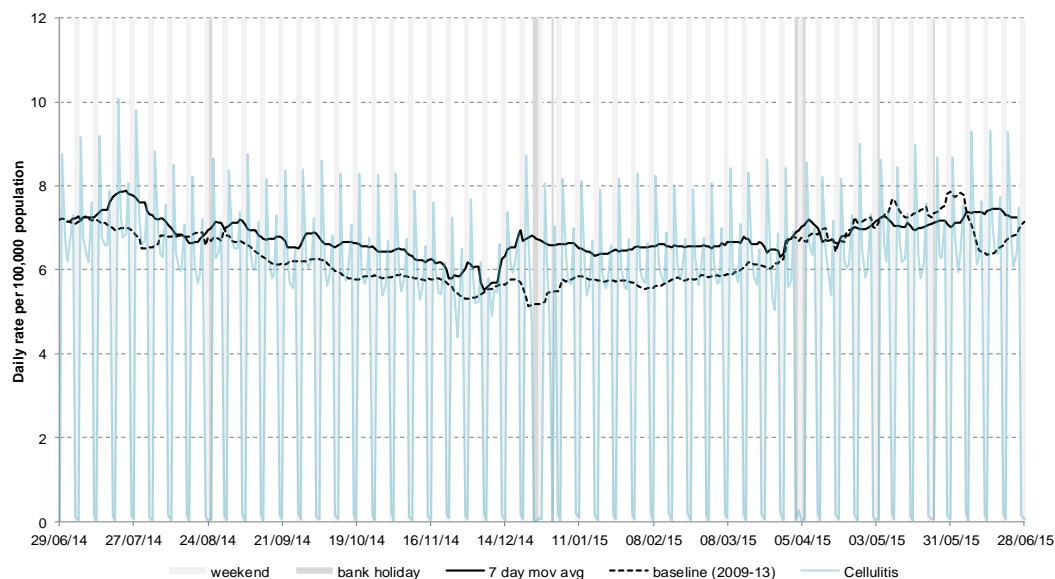
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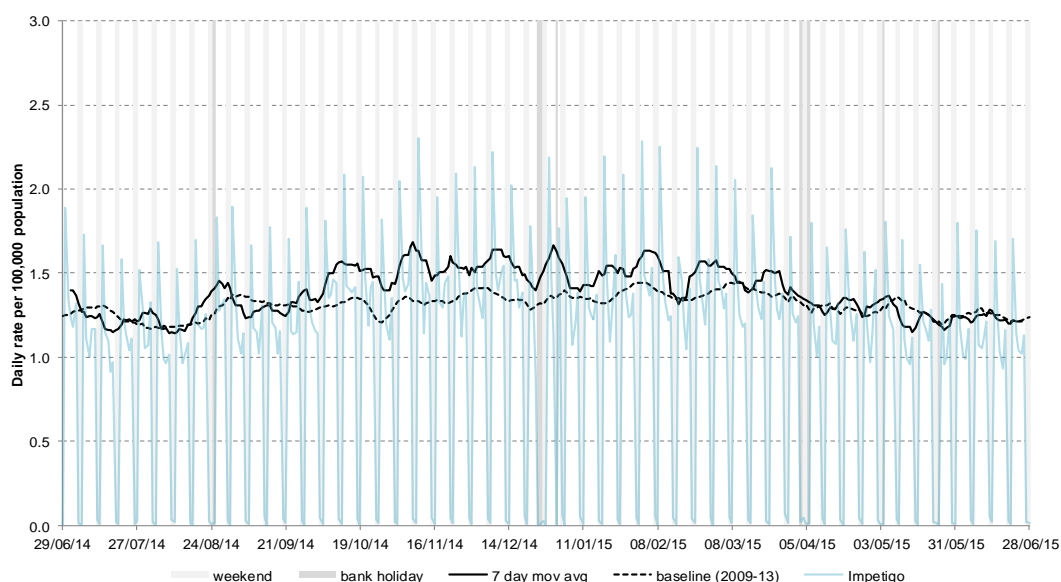
## 20: Cellulitis

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



## 21: Impetigo

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



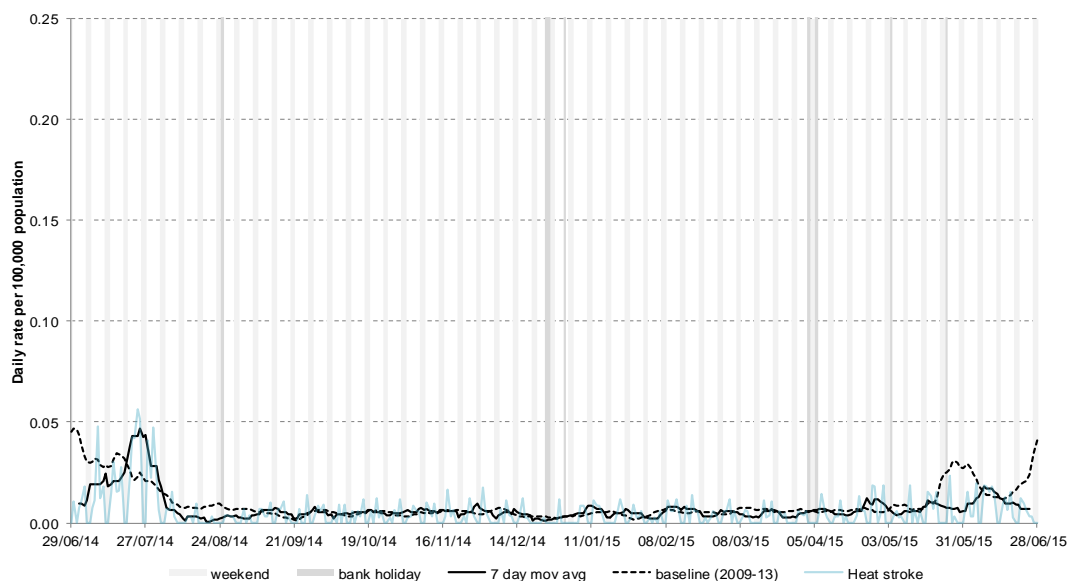
## 22: Intentionally left blank

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

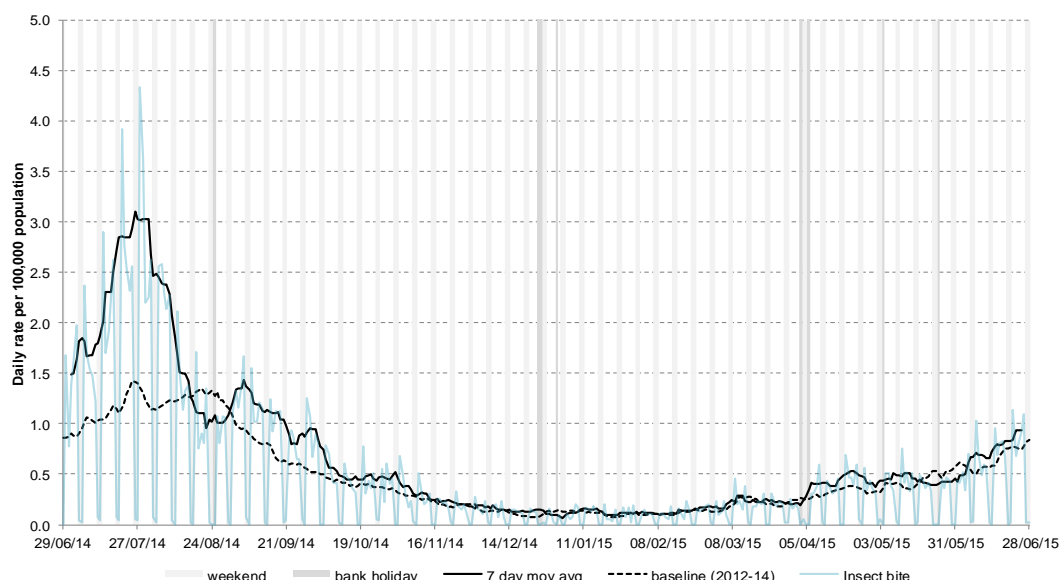
## 23: Heat/sunstroke

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



## 24: Insect Bites

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



## 25: Intentionally left blank

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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.
- 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 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.
- The appendix illustrates weekly GP in hours consultation data for influenza-like illness (ILI). Each PHE Centre is represented by a thematic map showing its constituent local authorities (LA) coloured according to the weekly consultation rate of ILI per 100,000 population. LAs where less than 5 cases of ILI have been reported are suppressed and illustrated as no 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.

## Acknowledgements:

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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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### GP In Hours Syndromic Surveillance System Bulletin.

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