



02 December 2014

Year: 2014 Week: 48

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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: 30 November 2014

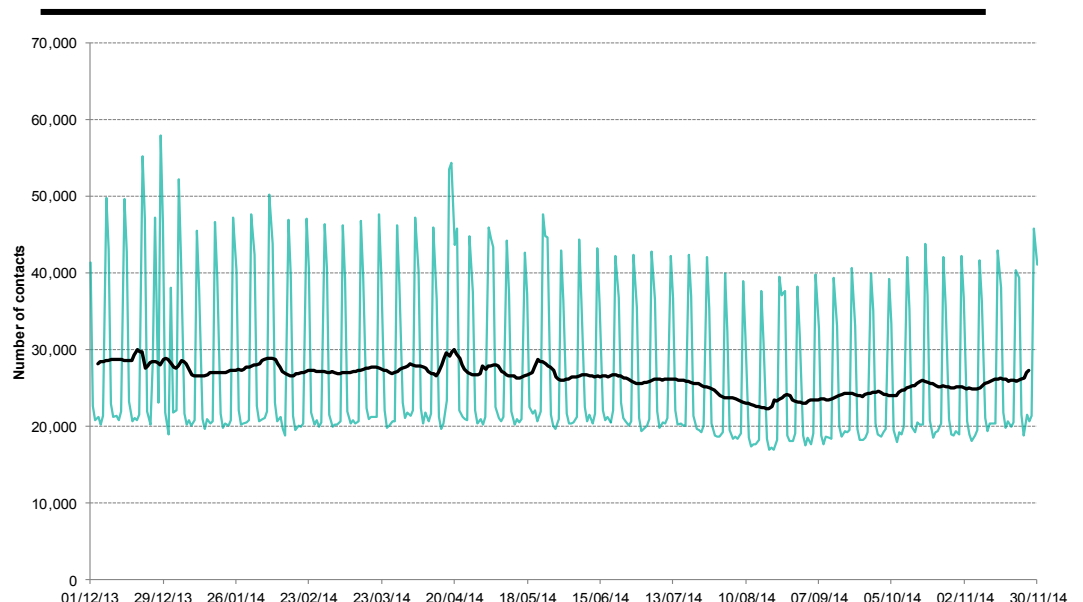
There were further increases in bronchitis (figure 4) and difficulty breathing/wheeze/asthma (figure 5) consultations week 48 in line with expected increases in laboratory reports for respiratory syncytial virus (RSV).

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 1 – Winter preparedness and action <http://www.metoffice.gov.uk/weather/uk/coldweatheralert/>

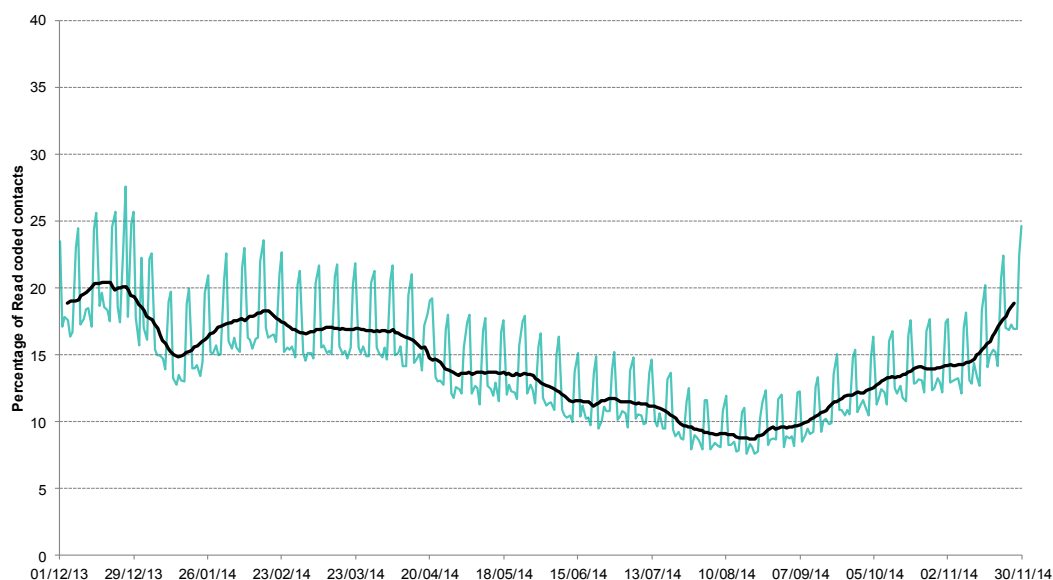
Key indicator	No. of contacts	% Week 48	% Week 47	Trend*
All OOH contacts, all causes	190,735			
Acute respiratory infection	20,508	20.23	18.03	↑
Influenza-like illness	270	0.27	0.21	↑
Bronchitis/bronchiolitis	511	0.50	0.43	↑
Difficulty breathing/wheeze/asthma	3,209	3.17	3.09	↑
Gastroenteritis	4,618	4.55	4.70	↓
Diarrhoea	1,081	1.07	1.07	↔
Vomiting	1,676	1.65	1.75	↔
Myocardial infarction	1,016	1.00	1.07	↔
Pharyngitis	117	0.12	0.09	↔

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



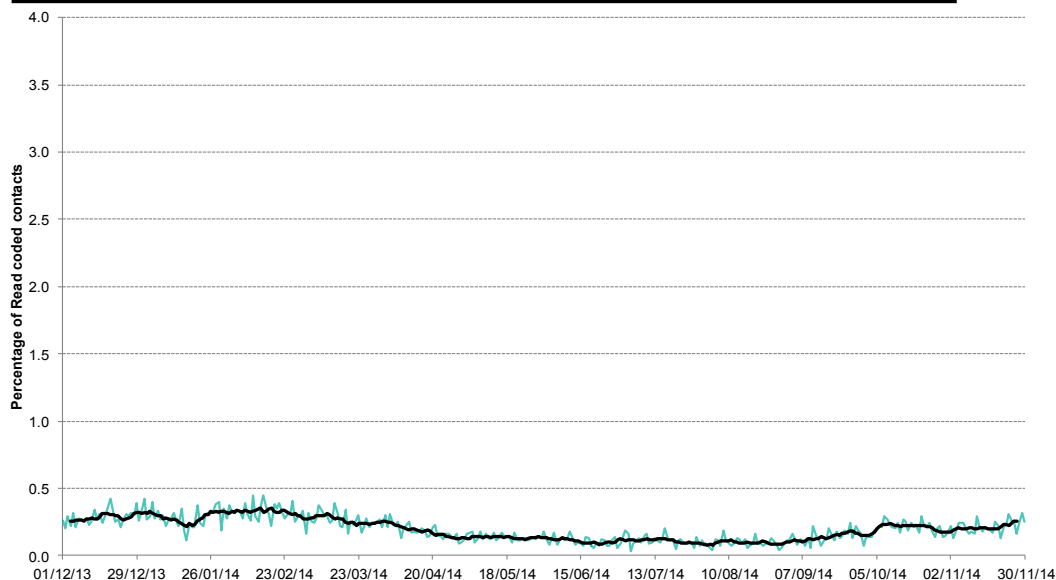
2: Acute Respiratory Infection daily contacts.

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



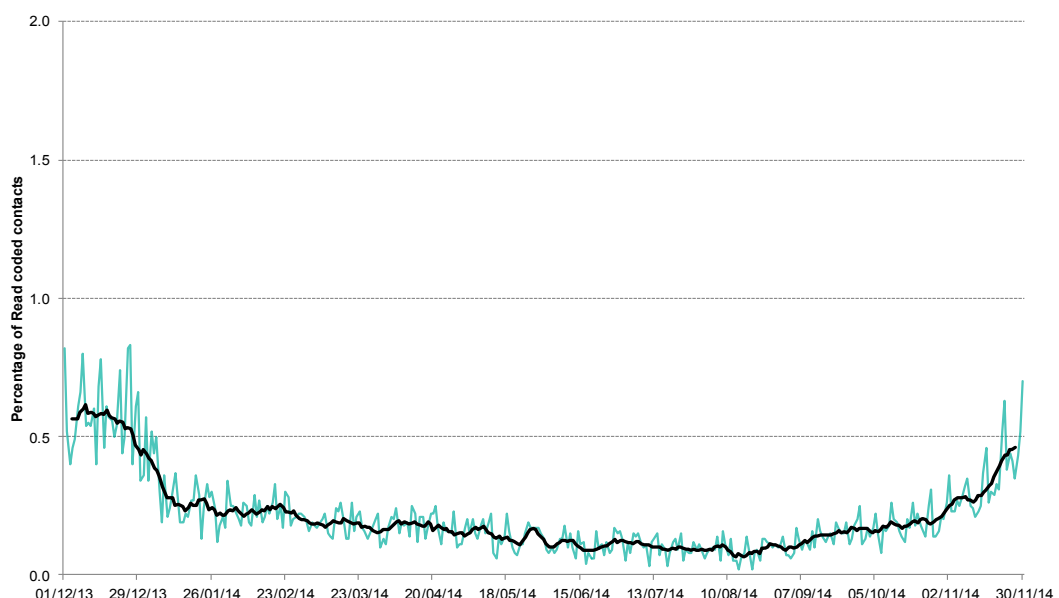
3: Influenza-like illness daily contacts.

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



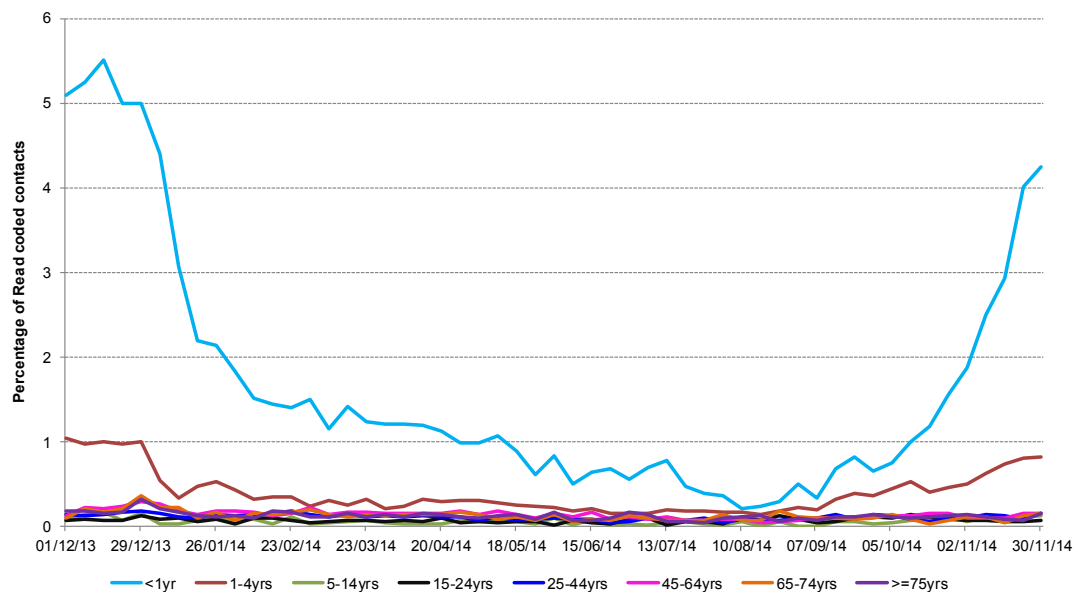
4: Bronchitis/ bronchiolitis daily contacts.

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



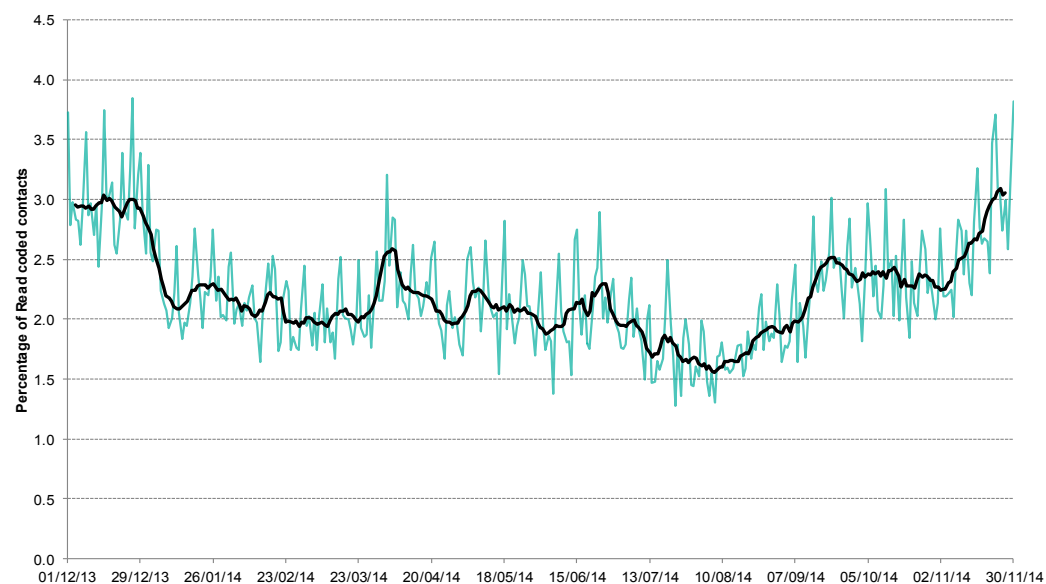
*7-day moving average adjusted for bank holidays.

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

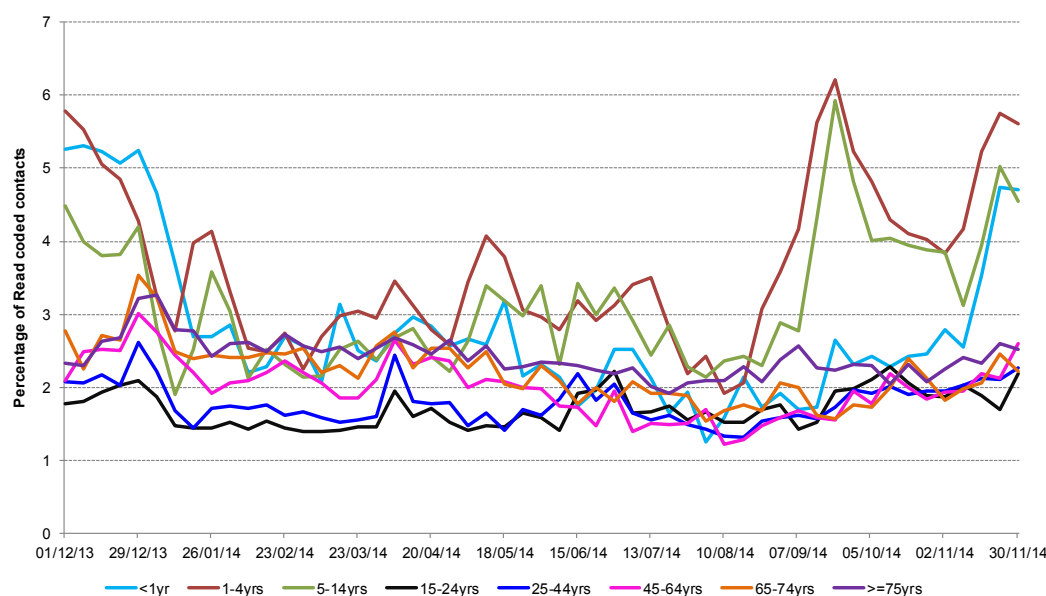


**5: Difficulty breathing/
wheeze/asthma daily
contacts.**

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.**



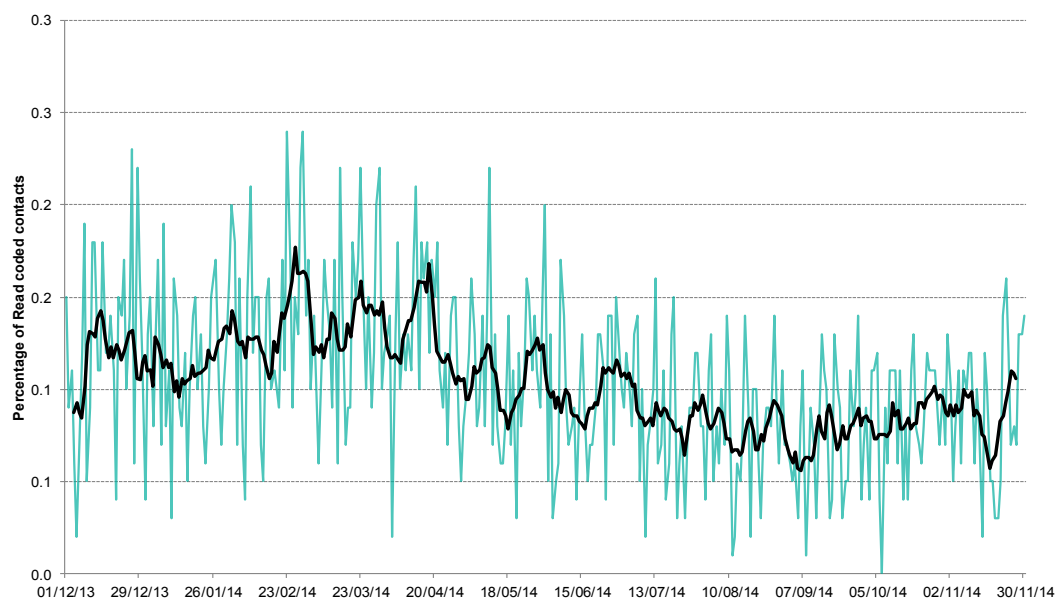
*7-day moving average
adjusted for bank
holidays.

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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*.



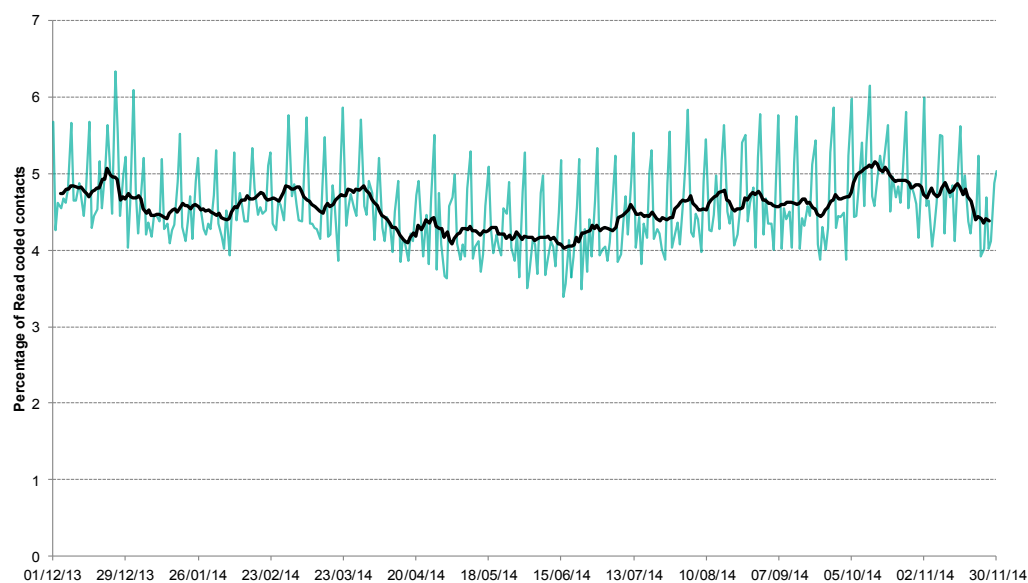
7: Intentionally left blank.

8: Intentionally left blank.

*7-day moving average adjusted for bank holidays.

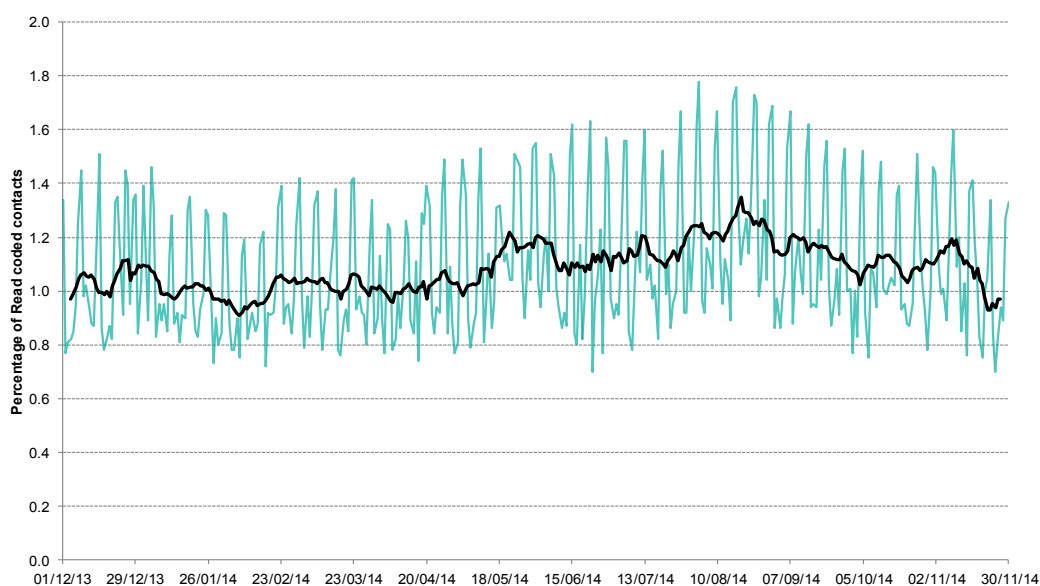
9: Gastroenteritis daily contacts.

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



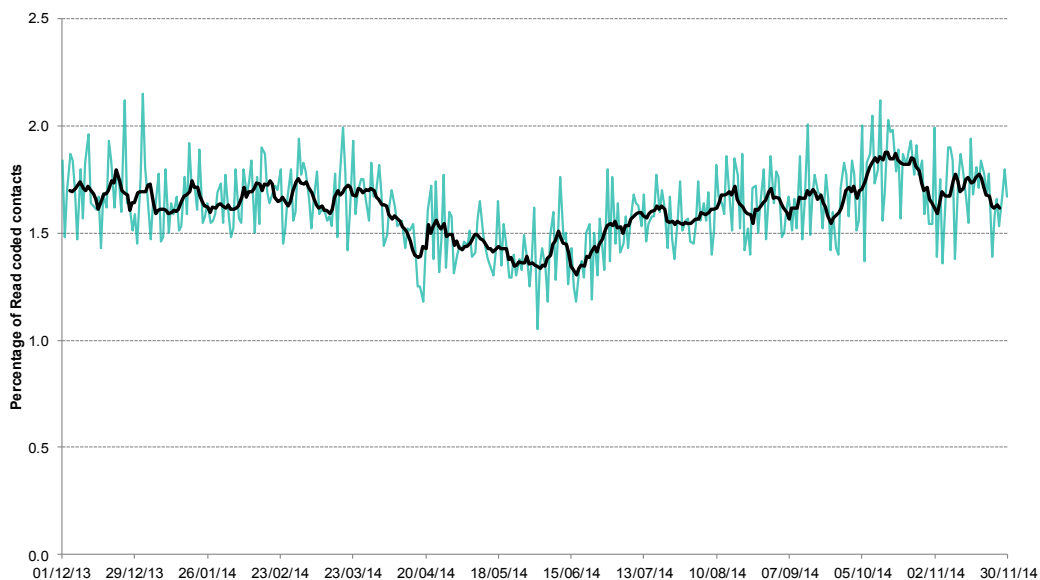
10: Diarrhoea daily contacts.

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



11: Vomiting daily contacts.

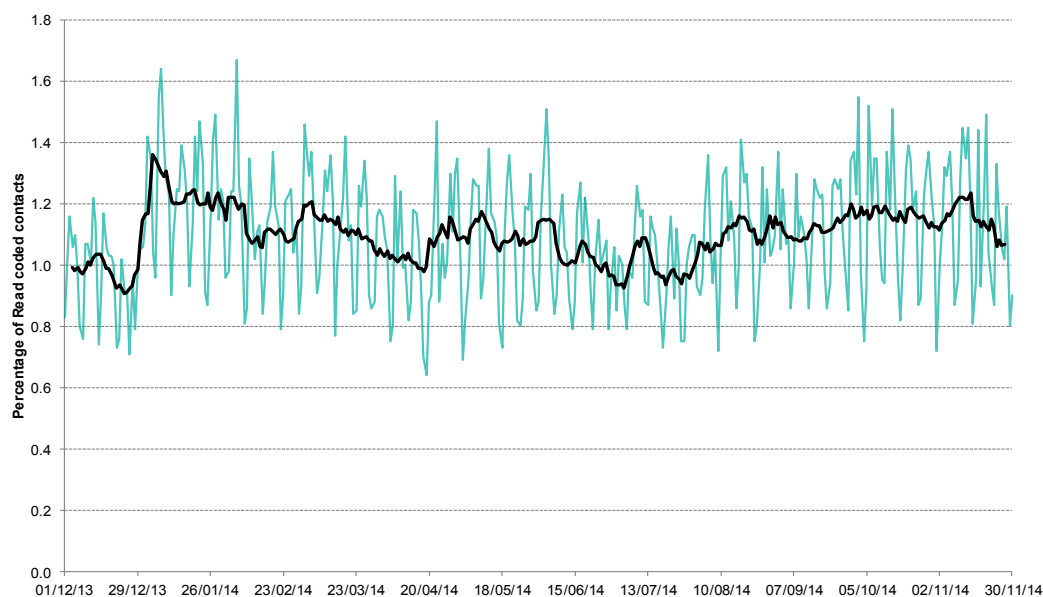
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



*7-day moving average adjusted for bank holidays.

**12: Myocardial
Infarction daily
contacts.**

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



13: .

**14: Intentionally left
blank.**

*7-day moving average
adjusted for bank
holidays.

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.

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

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