

GP In Hours

Syndromic Surveillance System: England

Data to: 22 October 2017

24 October 2017 Year: 2017 Week: 42

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Key messages

Nothing new to report in week 42.

Diagnostic indicators at a glance:

Indicator	Trend	Level
Upper respiratory tract infection	decreasing	similar to baseline levels
Influenza-like illness	decreasing	below baseline levels
Pharyngitis	decreasing	below baseline levels
Scarlet fever	no trend	above baseline levels
Lower respiratory tract infection	no trend	below baseline levels
Pneumonia	no trend	similar to baseline levels
Gastroenteritis	no trend	below baseline levels
Vomiting	no trend	below baseline levels
Diarrhoea	no trend	below baseline levels
Asthma	decreasing	below baseline levels
Wheeze	no trend	above baseline levels
Conjunctivitis	no trend	below baseline levels
Mumps	no trend	similar to baseline levels
Measles	no trend	similar to baseline levels
Rubella	no trend	above baseline levels
Pertussis	no trend	below baseline levels
Chickenpox	increasing	similar to baseline levels
Herpes zoster	no trend	below baseline levels
Cellulitis	no trend	similar to baseline levels
Impetigo	decreasing	below baseline levels

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2017	42	2,917	23.4 million

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



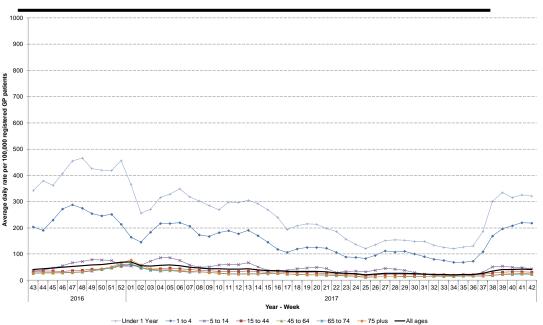
1: Upper respiratory tract infection (URTI)

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

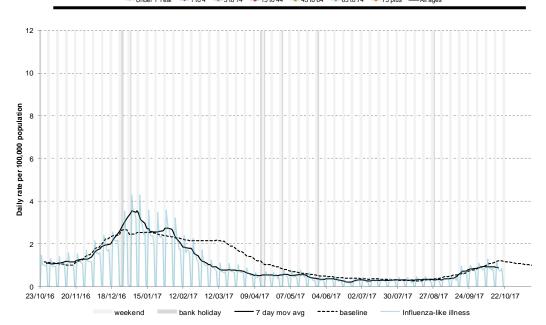


1a: Upper respiratory tract infection (URTI) by age

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



2: Influenza-like illness

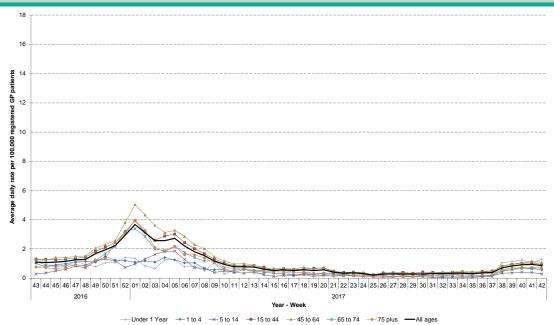


^{* 7-}day moving average adjusted for bank holidays.



2a: Influenza-like illness by age

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



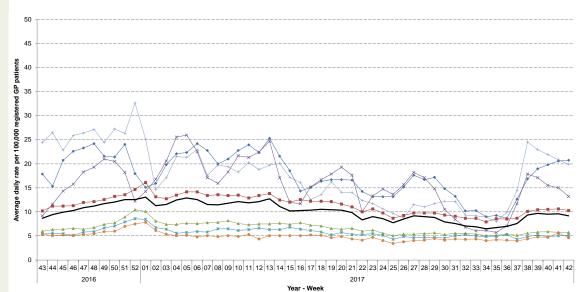
3: Pharyngitis or scarlet fever

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



3a: Pharyngitis/scarlet fever by age

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



→ Under 1 Year → 1 to 4 → 5 to 14 → 15 to 44 → 45 to 64 → 65 to 74 → 75 plus — All ages



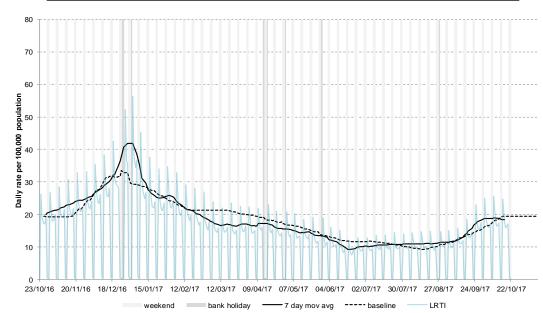
4: Scarlet fever

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients)

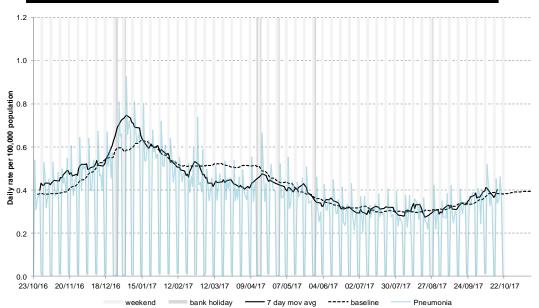


5: Lower respiratory tract infection (LRTI)

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



6: Pneumonia

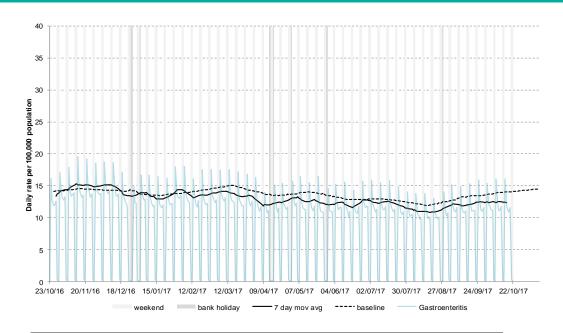


^{* 7-}day moving average adjusted for bank holidays.



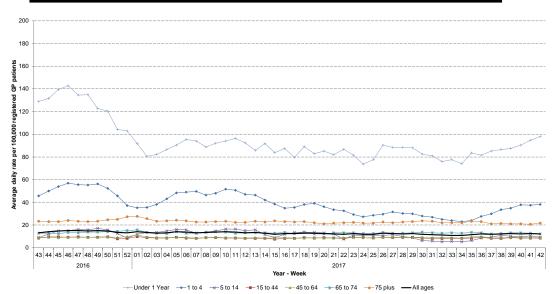
7: Gastroenteritis

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



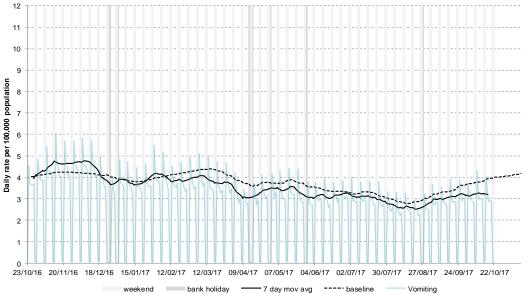
7a: Gastroenteritis by age

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



8: Vomiting

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

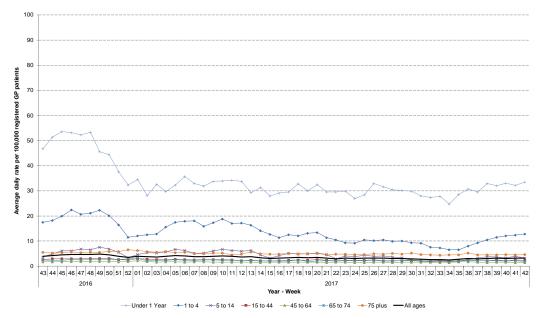


* 7-day moving average adjusted for bank holidays.



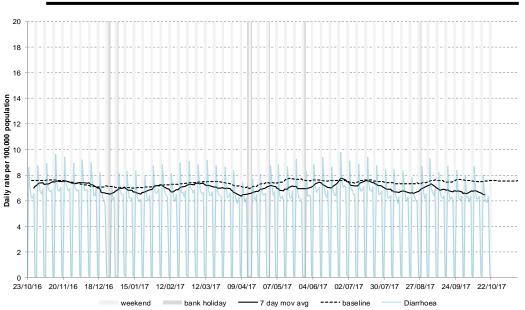
8a: Vomiting by age

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



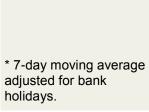
9: Diarrhoea

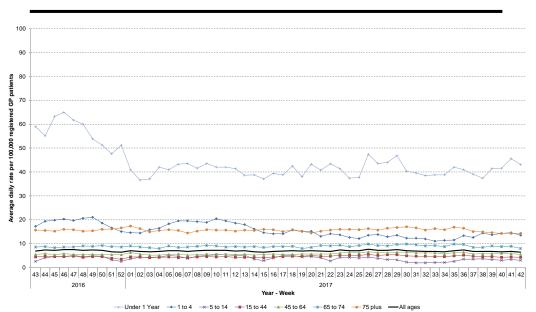
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



9a. Diarrhoea by age

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







10: Asthma

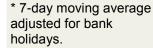
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

10a: Asthma by age

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

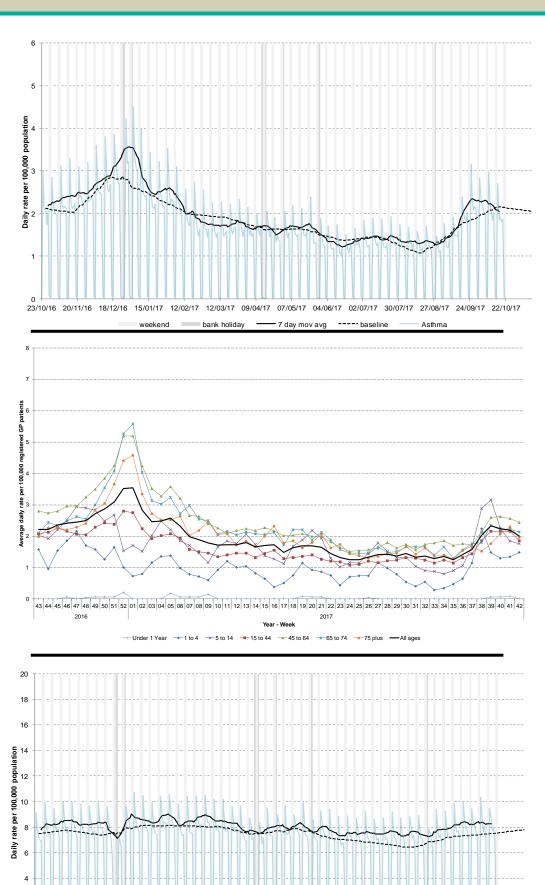
11: Wheeze

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



23/10/16 20/11/16 18/12/16 15/01/17 12/02/17

bank holiday



12/03/17 09/04/17 07/05/17 04/06/17 02/07/17 30/07/17 27/08/17 24/09/17 22/10/17

7 day mov avg



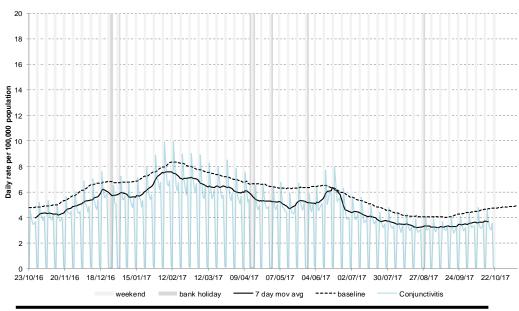
12: Conjunctivitis

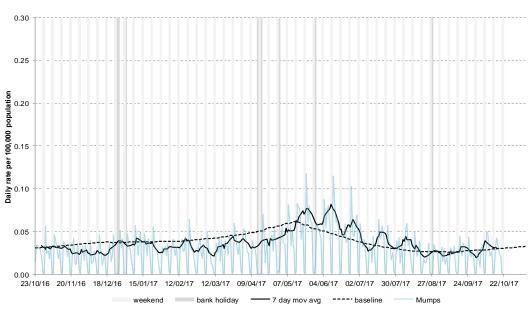
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

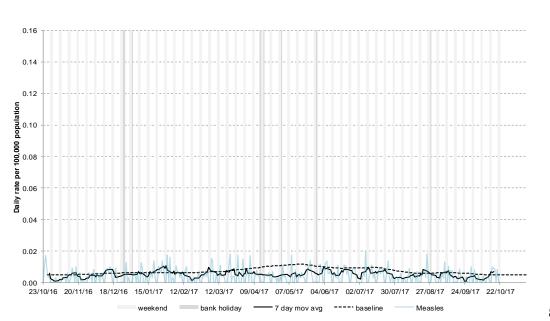
13: Mumps

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

14: Measles



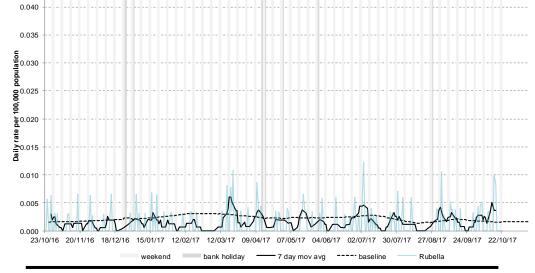






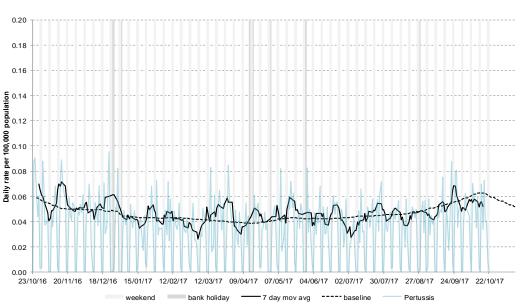
15: Rubella

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 0.045

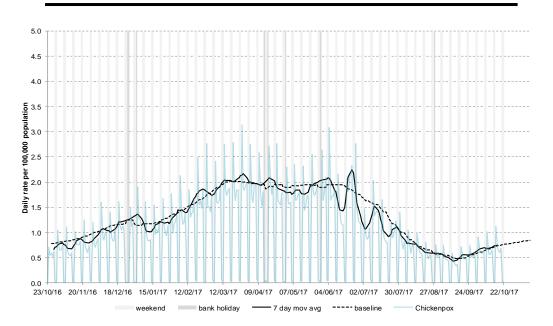


16: Pertussis

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



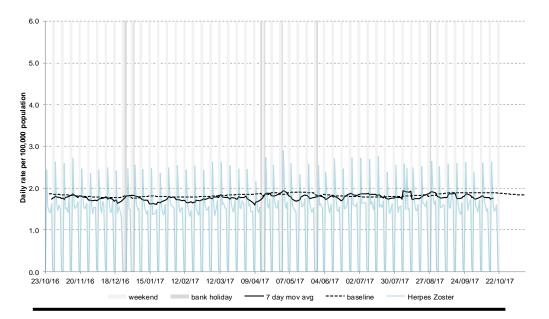
17: Chickenpox





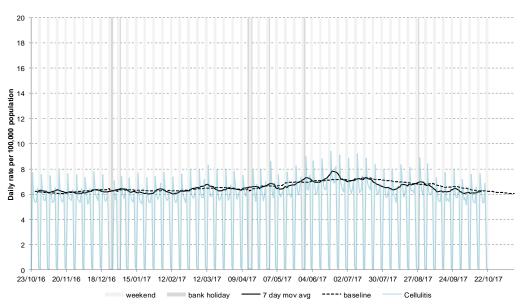
18: Herpes zoster

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

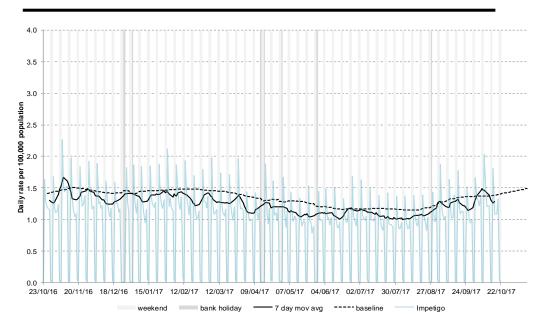


19: Cellulitis

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



20: Impetigo



^{* 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 SystmOne.
- Baselines represent seasonally expected levels of activity and are constructed from
 historical data. Furthermore, they take into account any known substantial changes in data
 collection, population coverage or reporting practices. Baselines are refreshed using the
 latest data on a regular basis.

Maps:

- From week 40 2017 the levels of influenza-like illness (ILI) rates are illustrated in the bulletin appendix maps. The ILI intensity levels are calculated using the "Moving Epidemic Method" (MEM).¹ MEM is used as a standard methodology for setting influenza surveillance thresholds across Europe.²
- The ILI thresholds have been calculated separately for each of the nine PHE Centres to allow for differences between areas e.g. background ILI rates are historically higher in London than other areas of England. However, upper tier Local Authority (utLA) ILI consultation rates are compared to Centre-level thresholds only and therefore utLAs with higher background rates than the Centre may appear to have higher ILI activity.
- ILI consultation rates presented for each utLA in the maps should be interpreted in context
 of regional and national ILI activity. The small numbers reported at this local level can often
 result in short-lived fluctuations in rates causing threshold exceedances that are out of
 context with national and regional activity. utLA ILI data should therefore be interpreted
 with caution and interpreted in context with the national influenza report which can
 be found here:

https://www.gov.uk/government/statistics/weekly-national-flu-reports

- The current ILI thresholds are based on previous influenza seasons from 2012/13 onwards. In future, thresholds will be recalculated each year incorporating the latest season's data.
- The maps on the following pages contains Ordnance Survey data © Crown copyright and database right 2015. Contains National Statistics data © Crown copyright and database right 2015.

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 SystmOne GP practices contributing to this surveillance system.

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GP In Hours Syndromic Surveillance System Bulletin.

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Web: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and

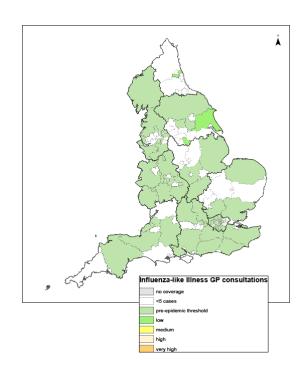
¹ Vega T et al. Influenza Other Respir Viruses. 2013;**7**(4):546-58.

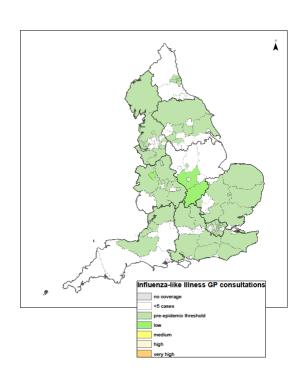
² Green HK et al. *Epidemiol Infect*. 2015;**143**(1):1-12.

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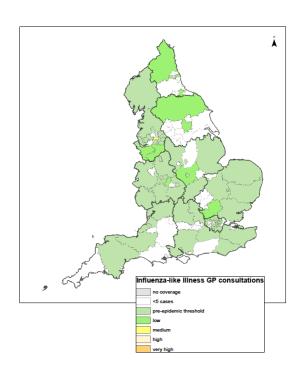
England

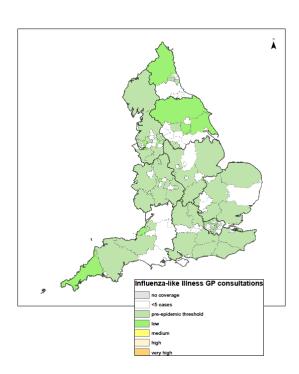
Influenzalike illness GP consultations by LA (England) Week 39 Week 40





Week 41 Week 42



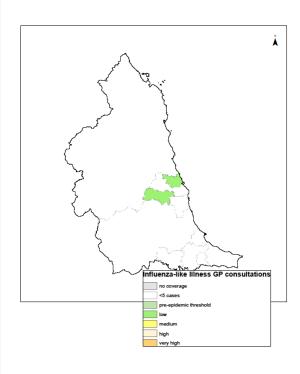


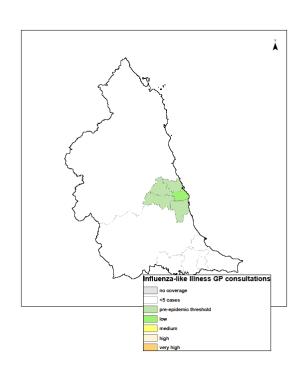
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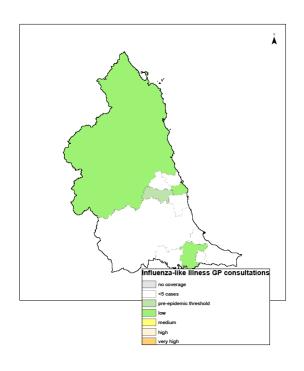
North East

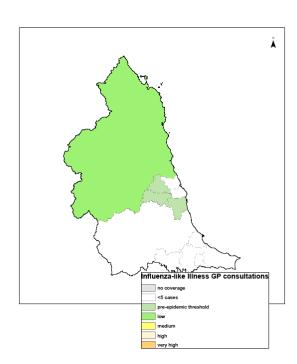
Influenzalike illness GP consultations by LA (North East PHE Centre) Week 39 Week 40





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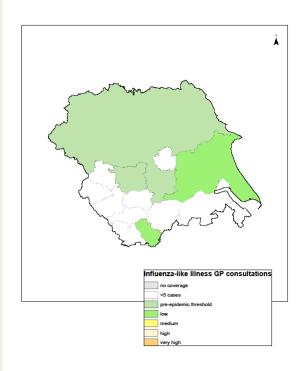
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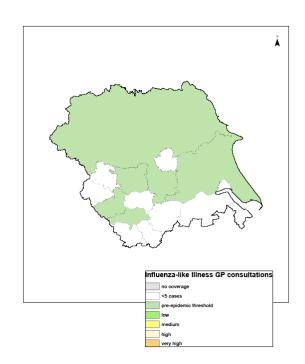
24 October 2017 Year: 2017 Week: 42

Yorkshire & Humber

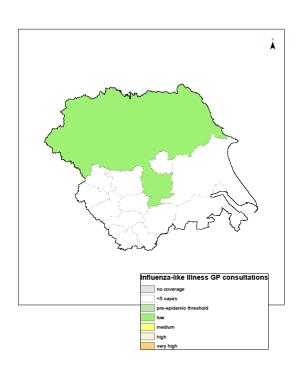
Influenzalike illness GP consultations by LA (Yorkshire & Humber PHE Centre)

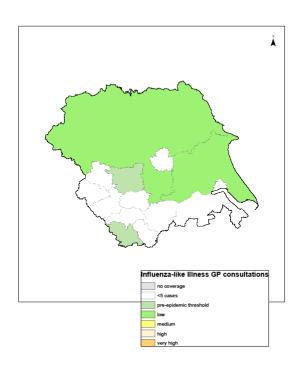
Week 39 Week 40





Week 41 Week 42





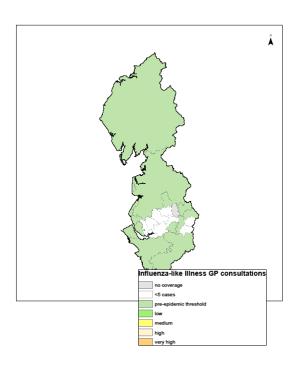
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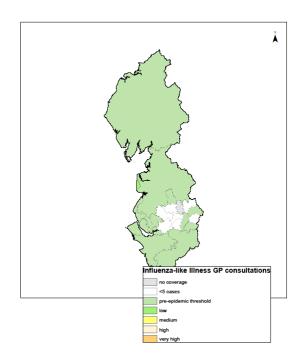
24 October 2017 Year: 2017 Week: 42

North West

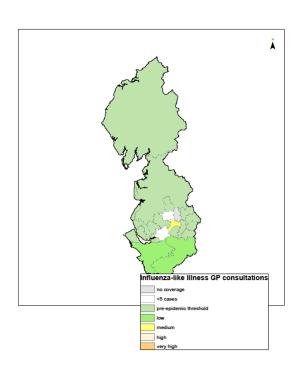
Influenzalike illness GP consultations by LA (North

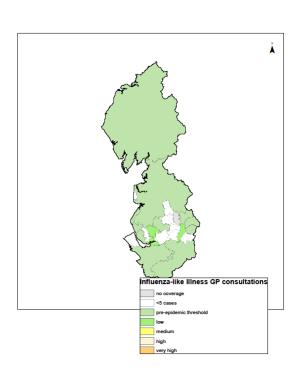
West PHE Centre) Week 39 Week 40





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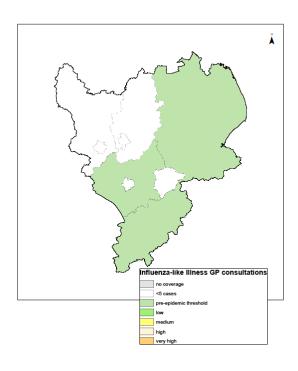
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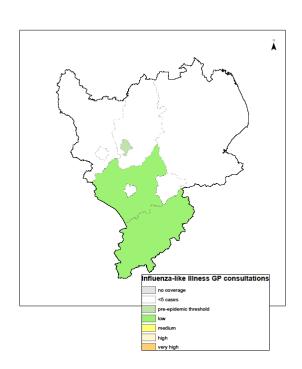
24 October 2017 Year: 2017 Week: 42

East Midlands

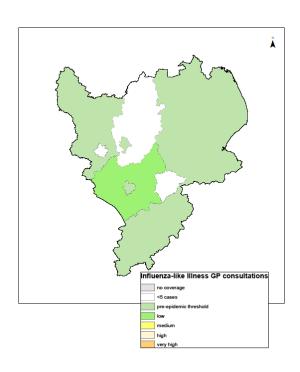
Influenzalike illness GP consultations by LA (East Midlands PHE Centre)

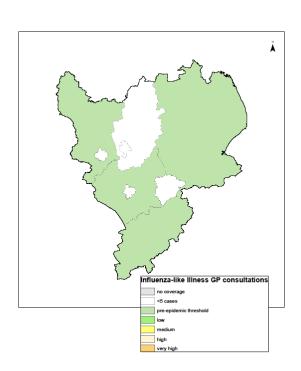






Week 41 Week 42



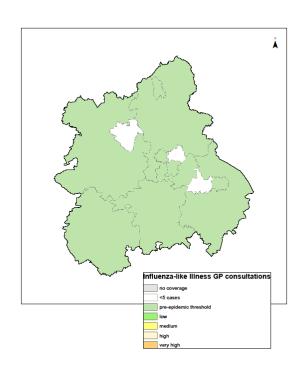


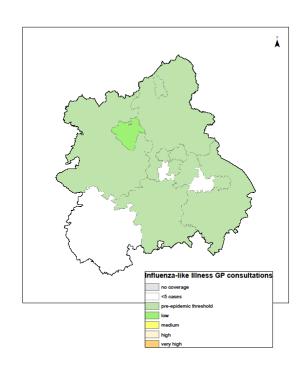
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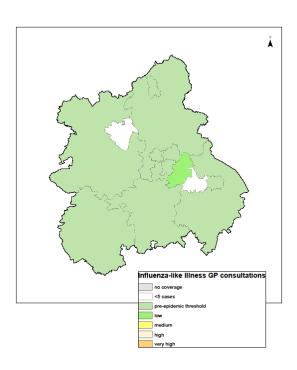
West Midlands

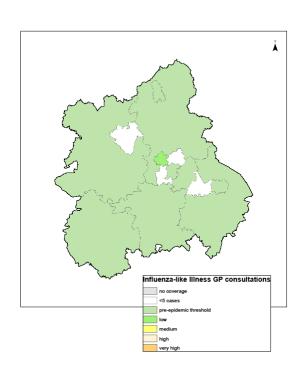
Influenzalike illness GP consultations by LA (West Midlands PHE Centre) Week 39 Week 40





Week 41 Week 42



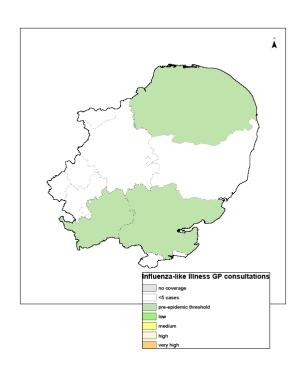


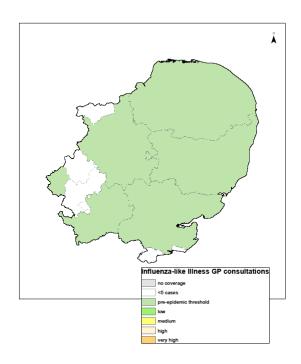
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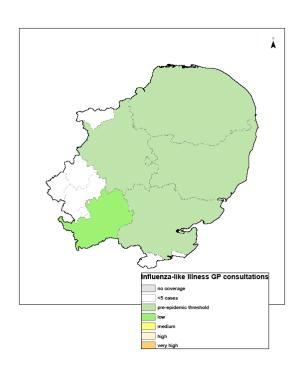
East of England

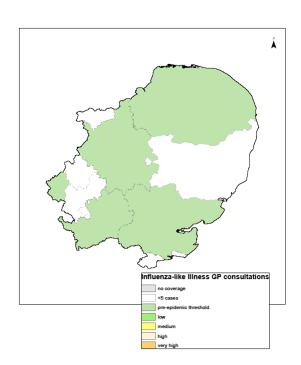
Influenzalike illness GP consultations by LA (East of England PHE Centre) Week 39 Week 40





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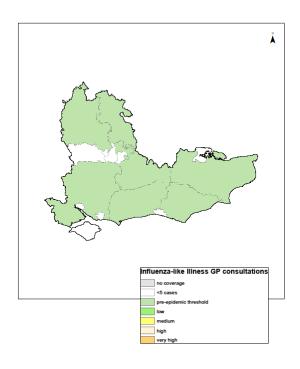
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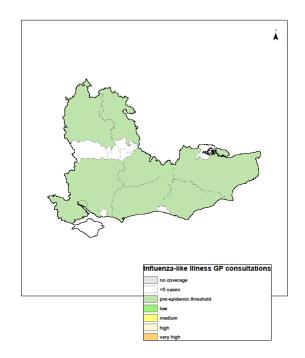
24 October 2017 Year: 2017 Week: 42

South East

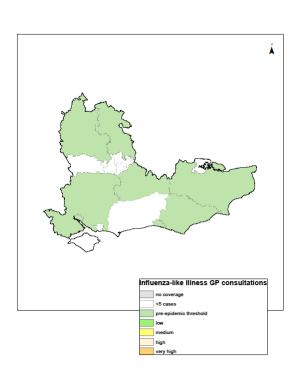
Week 39 Week 40

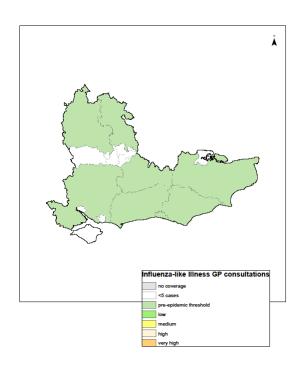
Influenzalike illness GP consultations by LA (South East PHE Centre)





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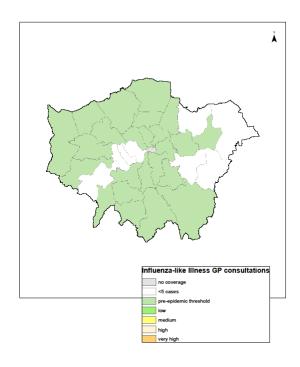


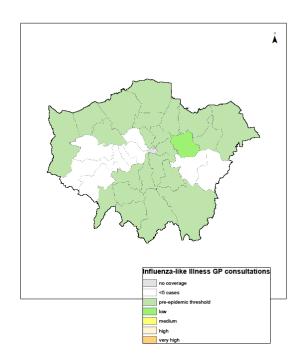
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London

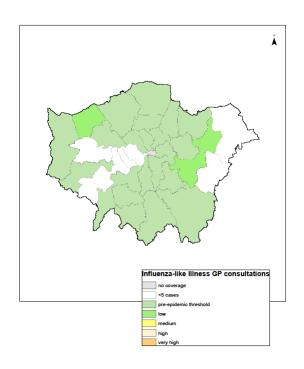
Week 39 Week 40

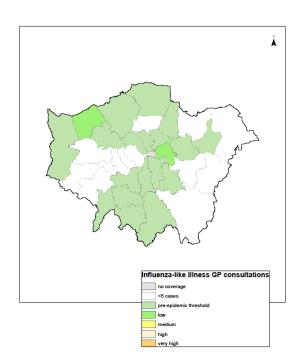
Influenzalike illness GP consultations by LA (London PHE Centre)





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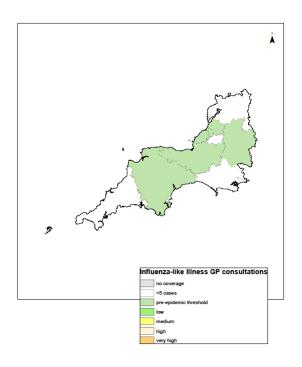
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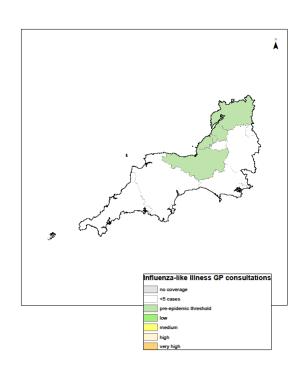
24 October 2017 Year: 2017 Week: 42

South West

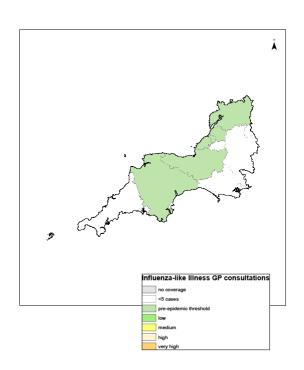
Week 39 Week 40

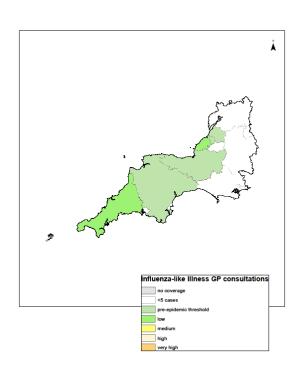
Influenzalike illness GP consultations by LA (South West PHE Centre)





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