



17 May 2017

Year: 2017 Week: 19

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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

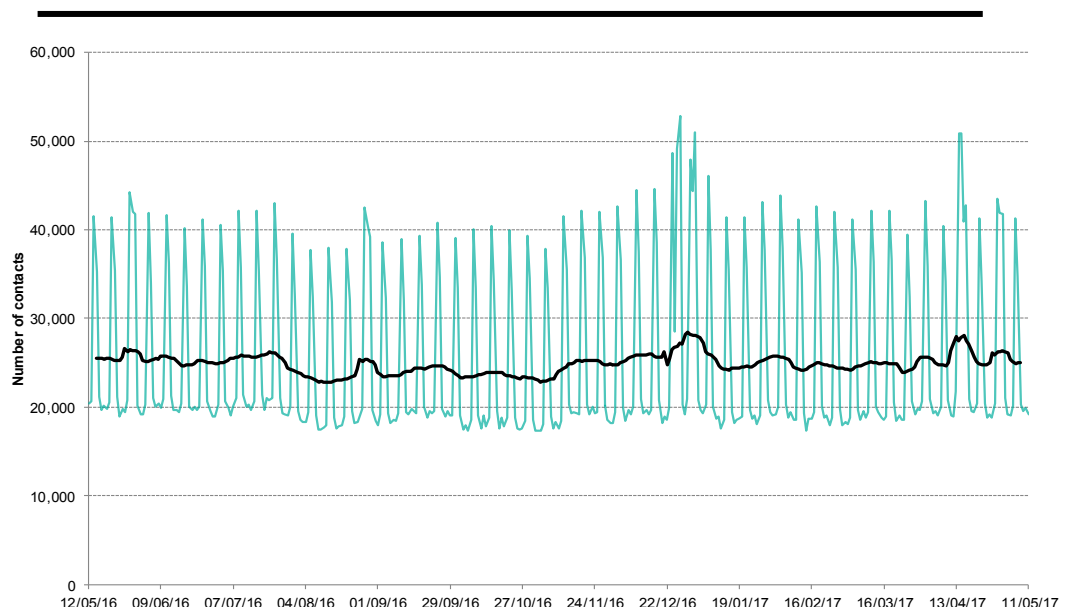
Data to: 11 May 2017

There was nothing new to report during week 19\*.

\*Following the cyber attack on 12 May, we temporarily disconnected PHE from a number of NHS IT systems. This has resulted in syndromic surveillance data feeds from NHS health service providers being unavailable. PHE is currently working with the NHS to re-establish these links. This report covers data from Mon 8 to Thurs 11 May 2017 and therefore should be interpreted with caution due to the incomplete reporting (missing data Fri 12 to Sun 14 May) during week 19.

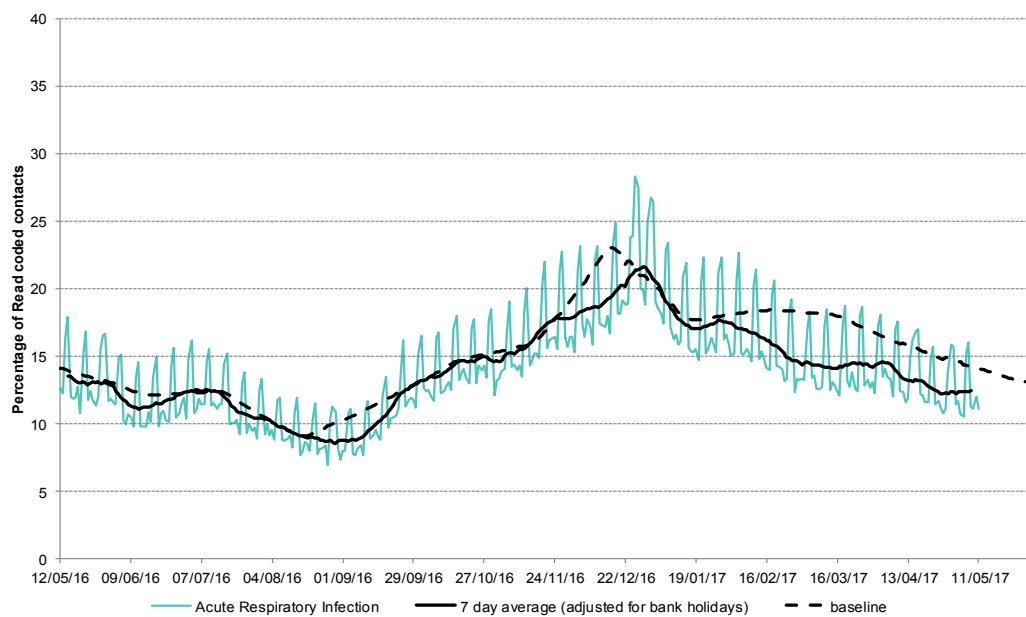
Key indicator	No. of contacts	% Week 19	% Week 18	Trend*
All OOH contacts, all causes	94,876			
Acute respiratory infection	4,686	11.22	13.99	↔
Influenza-like illness	31	0.07	0.12	↔
Bronchitis/bronchiolitis	48	0.11	0.16	↔
Difficulty breathing/wheeze/asthma	777	1.86	2.09	↔
Pharyngitis	30	0.07	0.13	↔
Gastroenteritis	1,674	4.01	4.59	↔
Diarrhoea	381	0.91	1.19	↔
Vomiting	607	1.45	1.48	↔
Myocardial infarction	468	1.12	0.97	↔

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



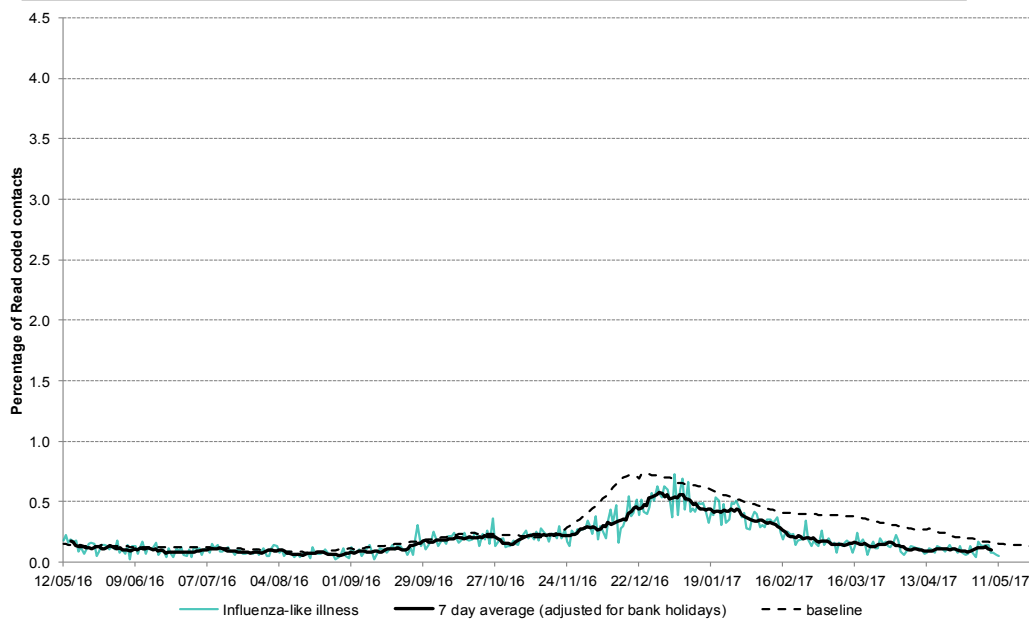
**2: Acute Respiratory Infection daily contacts.**

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



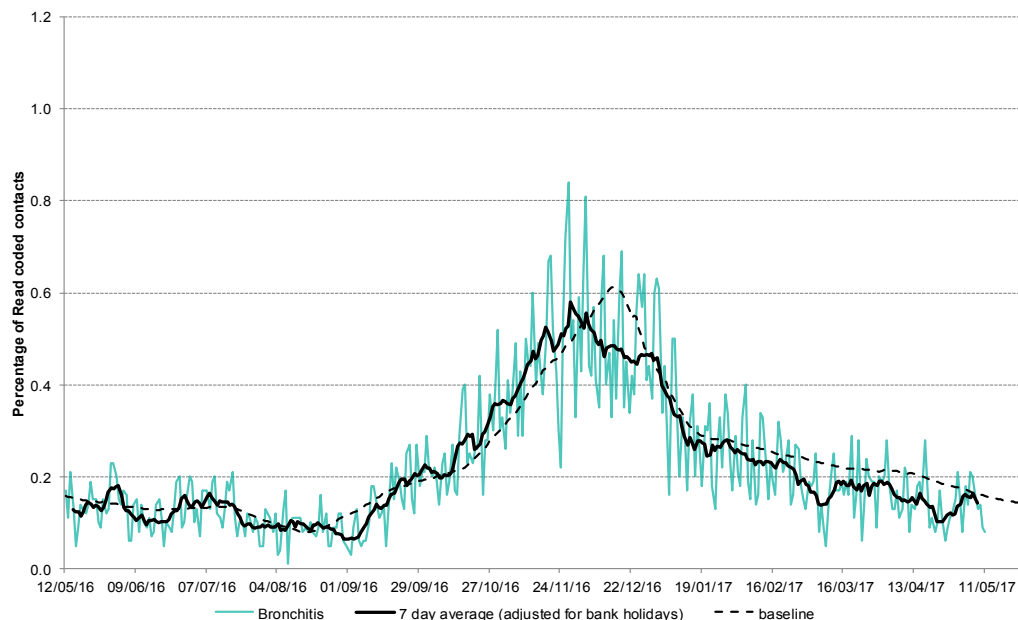
**3: Influenza-like illness daily contacts.**

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\*.



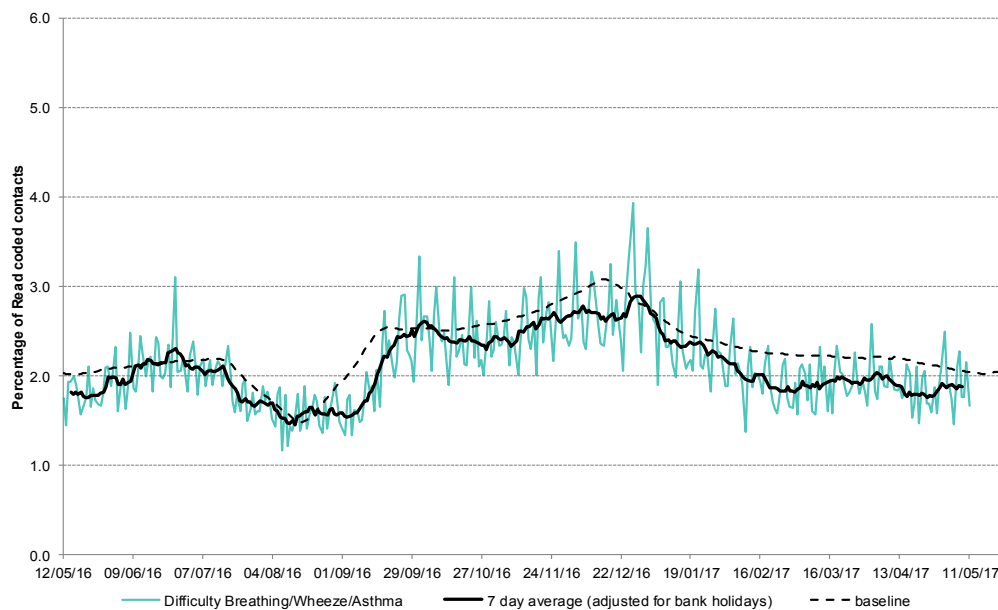
\*7-day moving average adjusted for bank holidays.

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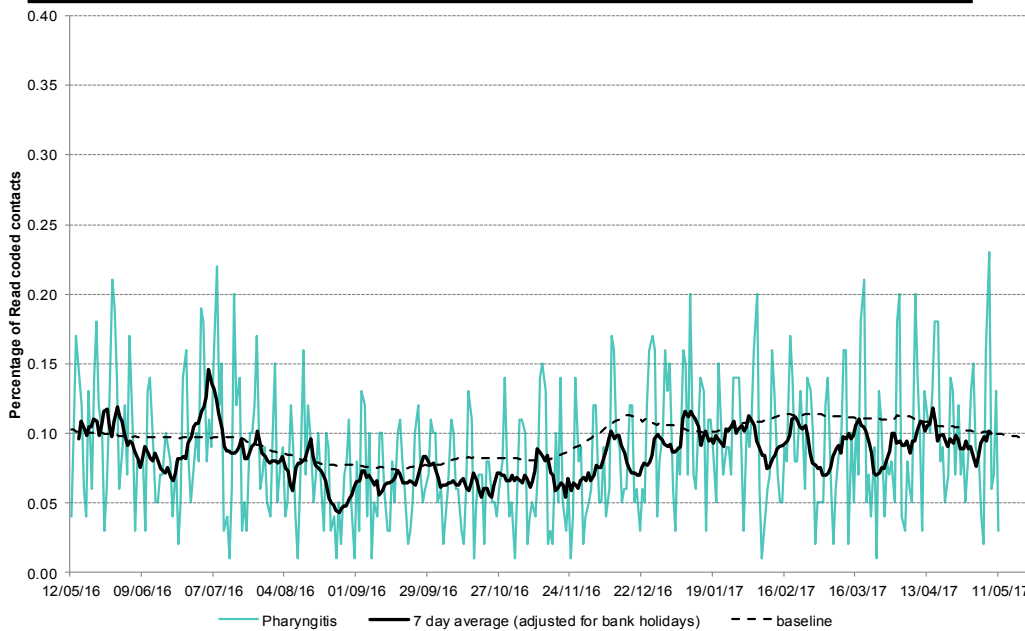
**5: Difficulty breathing/  
wheeze/asthma daily  
contacts.**

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



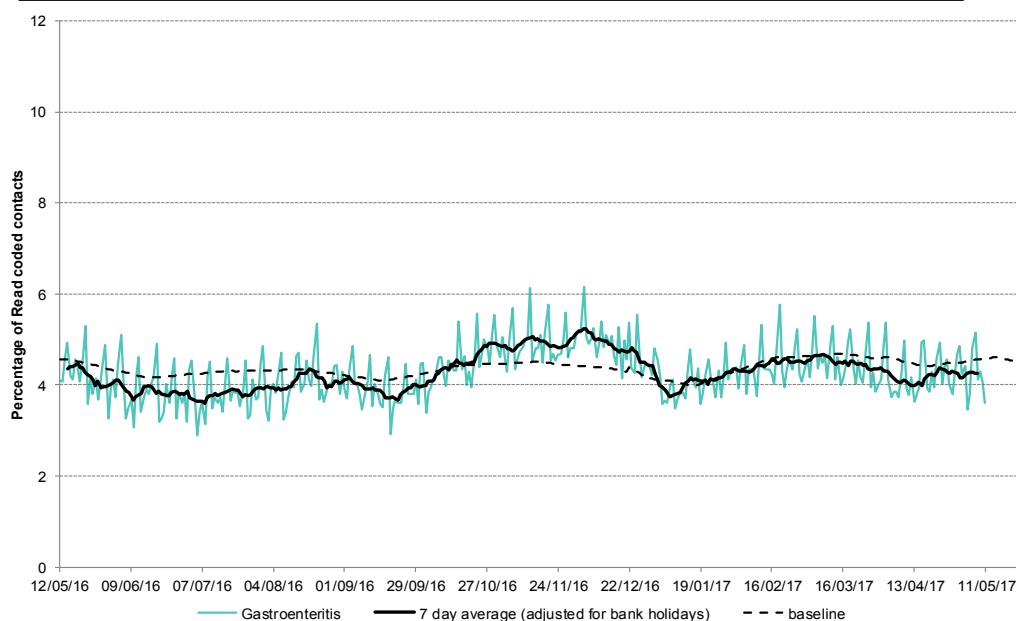
**6: Acute pharyngitis  
and persistent sore  
throat.**

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



**7: Gastroenteritis daily  
contacts**

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

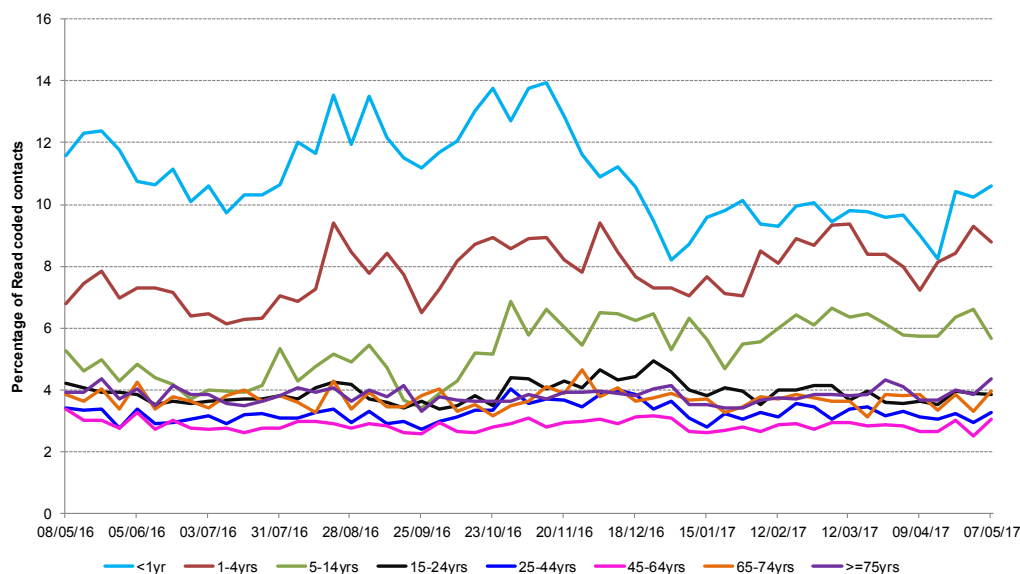


\*7-day moving average adjusted for bank holidays.

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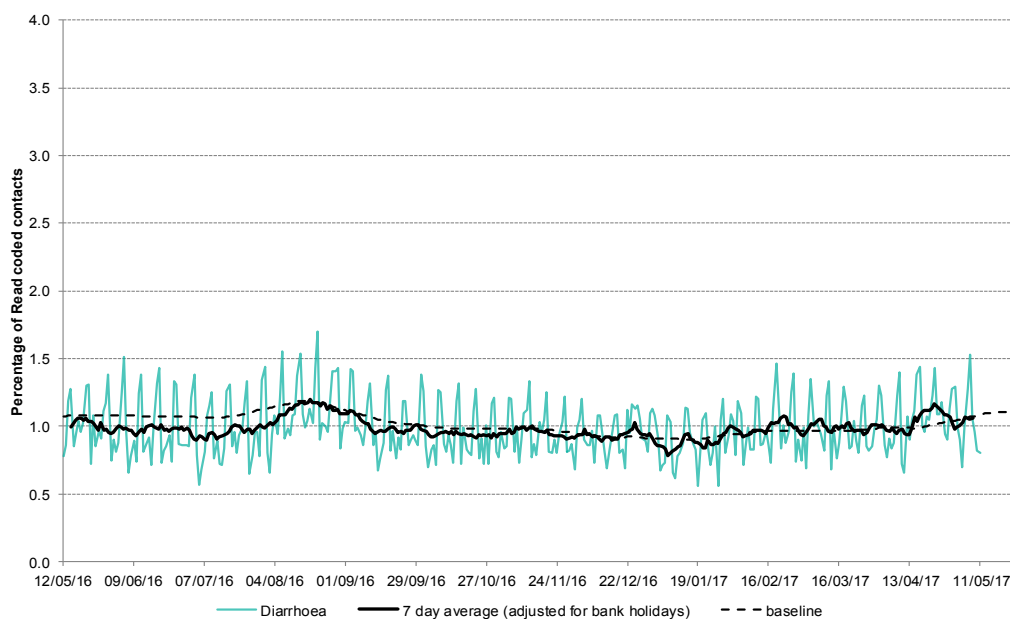
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**7a: Gastroenteritis weekly contacts by age group.**

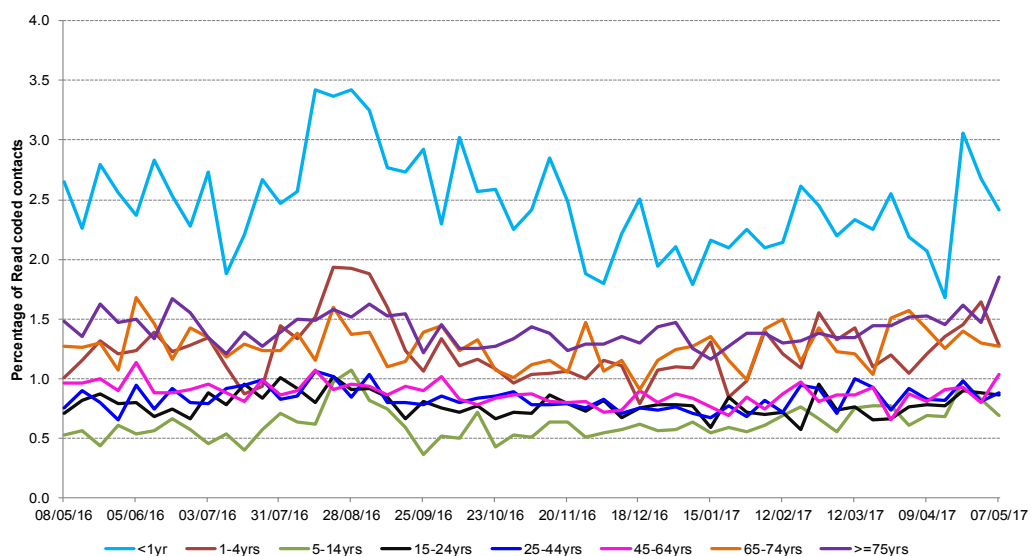


**8: Diarrhoea daily contacts.**

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



**8a: Diarrhoea weekly contacts by age group.**



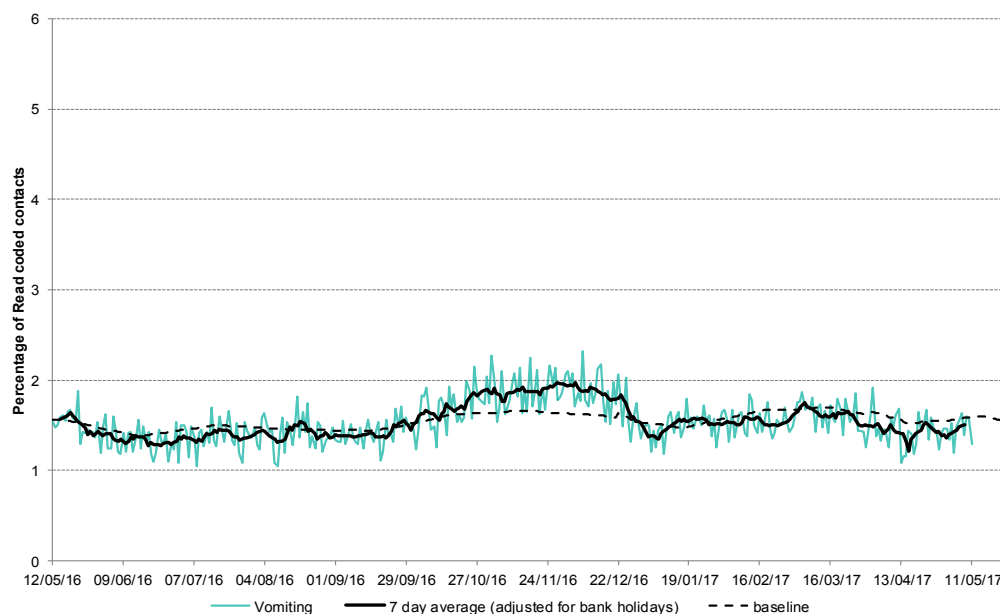
\*7-day moving average adjusted for bank holidays.

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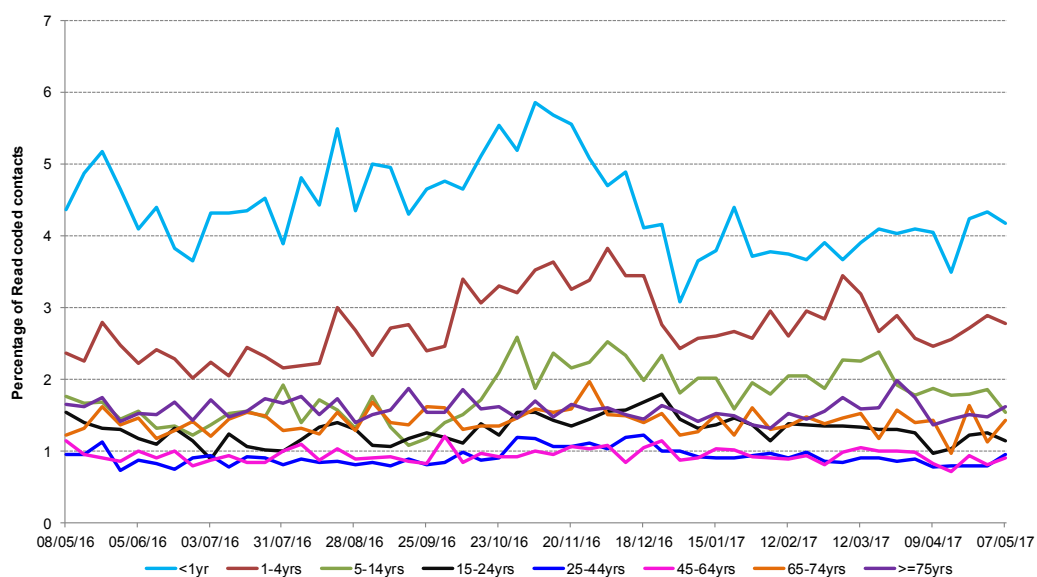
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**9: Vomiting daily contacts.**

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

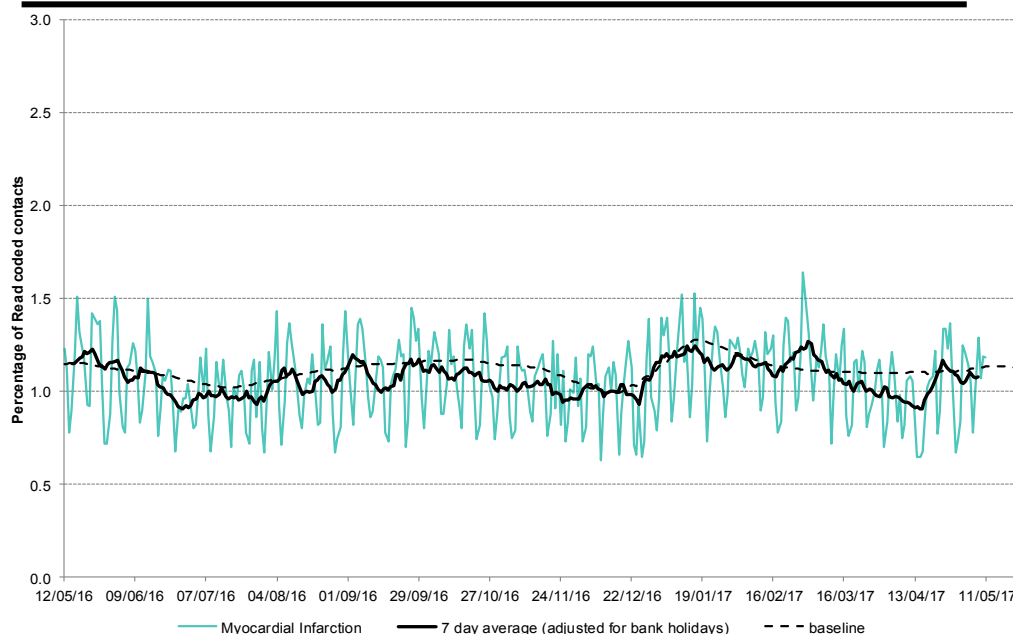


**9a: Vomiting weekly contacts by age group.**



**10: Myocardial Infarction 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.

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## 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 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.
- 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.

## 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.

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### PHE Out-of-Hours/Unscheduled Care Surveillance

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