

GP In Hours

Data to: 09 July 2017

Syndromic Surveillance System: England

10 July 2017

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Key messages

Nothing new to report for week 27.

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 data during this period. Heat-health watch level (current reporting week): Level 1 Summer preparedness

http://www.metoffice.gov.uk/weather/uk/heathealth/

Diagnostic indicators at a glance:

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

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2017	27	3,391	26.8 million

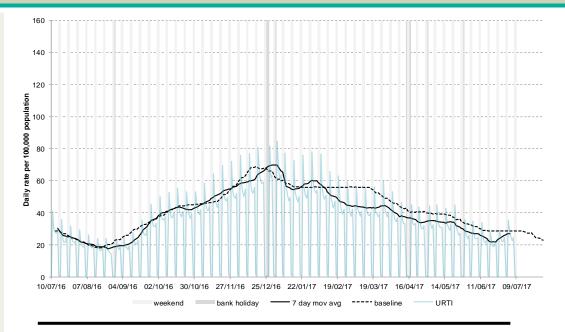
**based on the average number of practices and denominator population in the reporting working week.

Wic Health England

10 July 2017

1: Upper respiratory tract infection (URTI)

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



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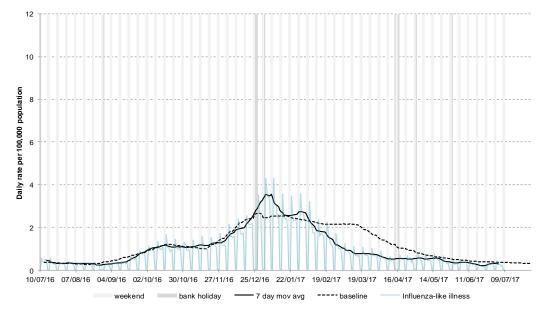
2: Influenza-like illness (ILI)

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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3: Pharyngitis or scarlet fever

Daily incidence rates (and 7-day moving average*) per 100,000 population (all England, all ages). 35

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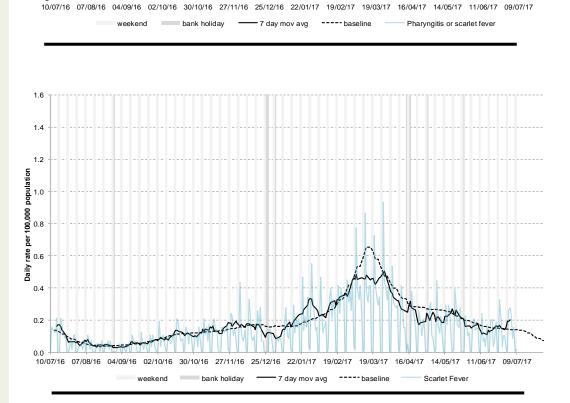
Daily rate per 100,000 population 0 00 10 10

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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).



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* 7-day moving average adjusted for bank holidays.

Dublic Health England

10 July 2017

5: Lower respiratory tract infection (LRTI)

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

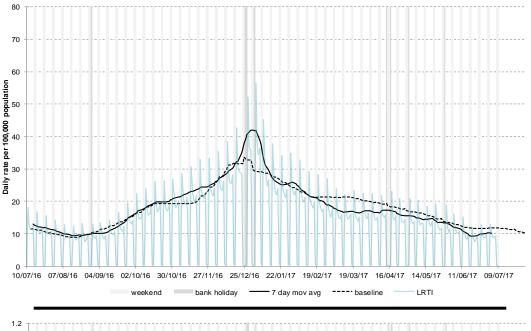
6: Pneumonia

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

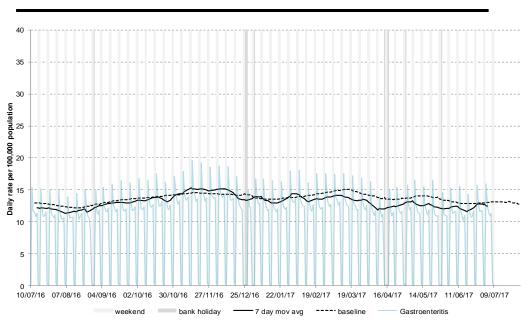


Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.





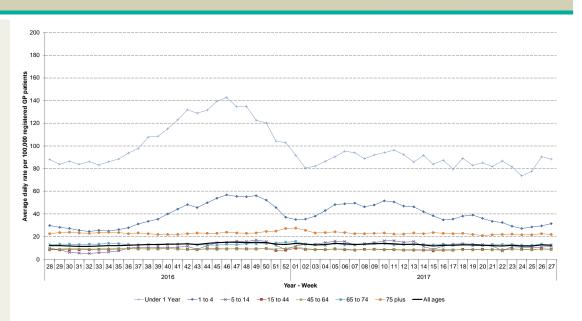


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7a: Gastroenteritis by age

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



8: Vomiting

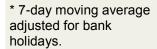
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

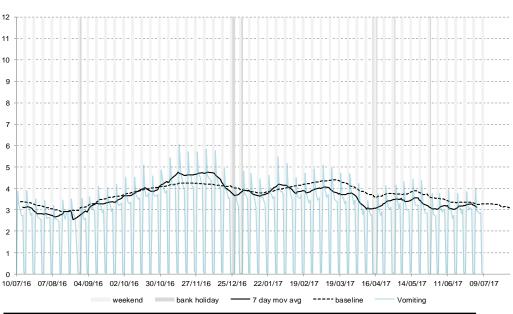
per 100,000 population

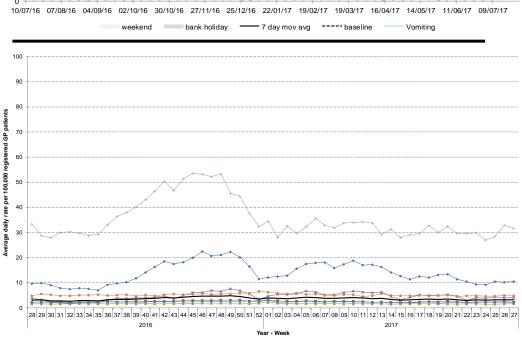
Daily rate

8a: Vomiting by age

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





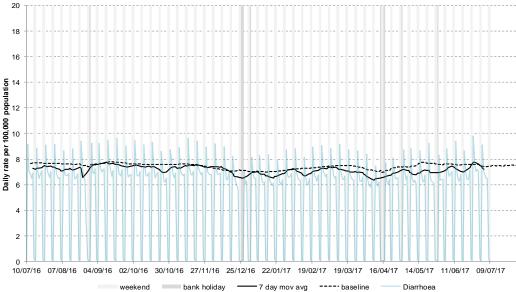


→ 1 to 4 → 5 to 14 → 15 to 44 → 45 to 64

Under 1 Year

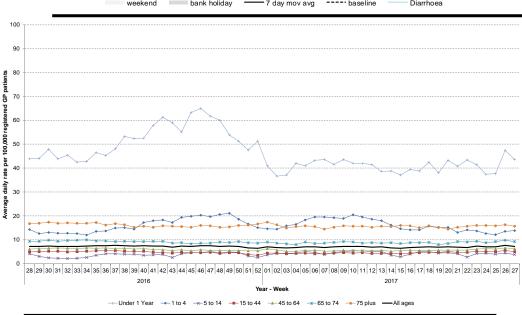
9: Diarrhoea

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).



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GP In Hours

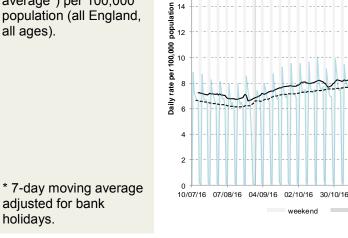
(ear: 2017 Week: 27

10: Asthma

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

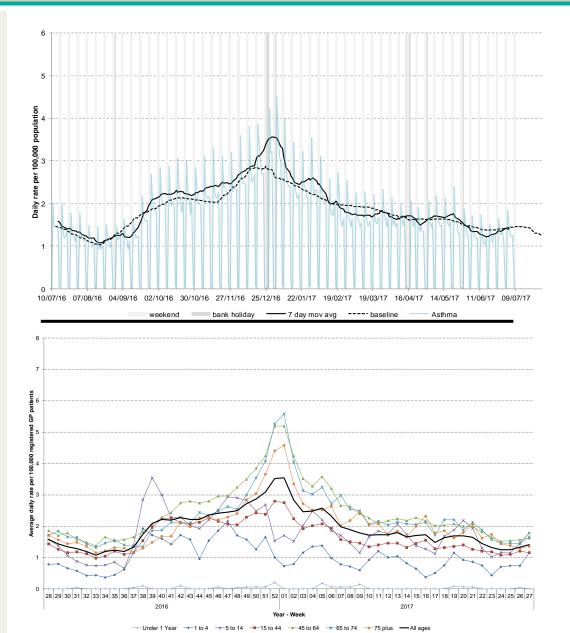
10a: Asthma by age

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





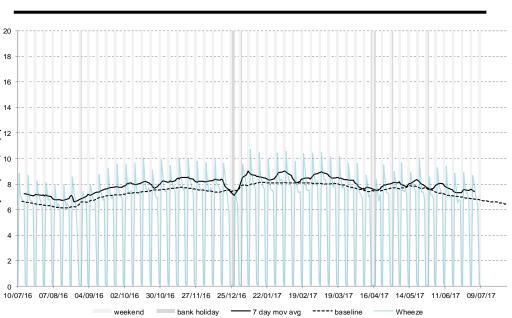
Year: 2017 Week: 27



11: Wheeze

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

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12: Conjunctivitis

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

20

18

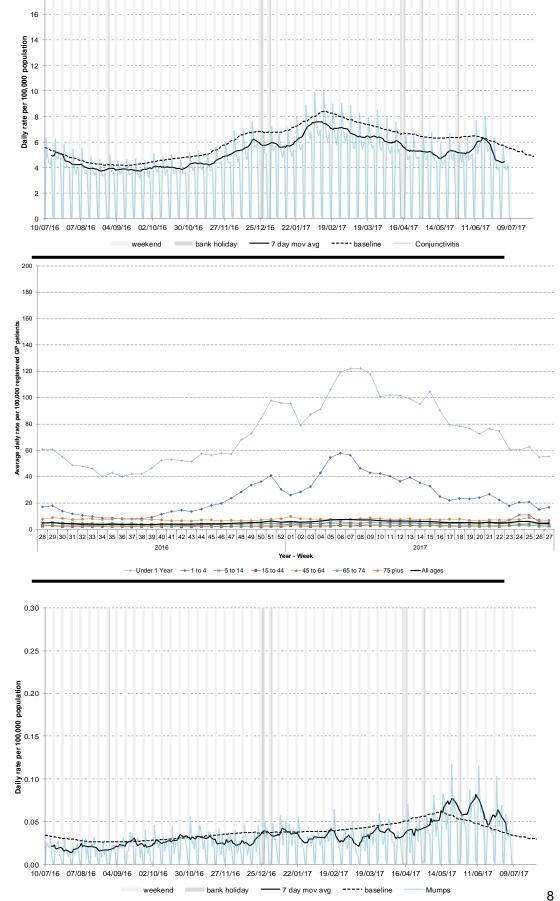
12: Conjunctivitis by age

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



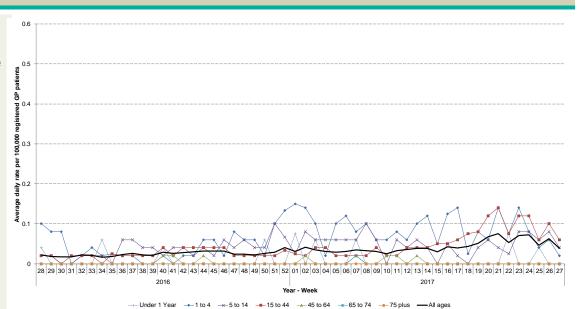
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.



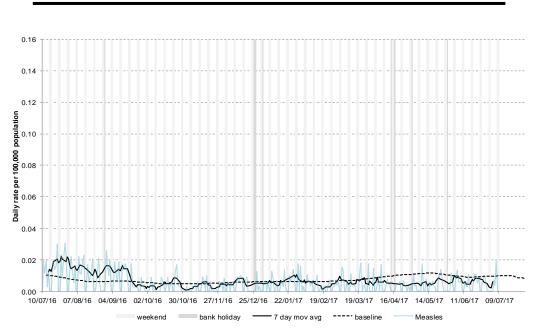
13a: Mumps by age

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



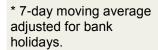
14: Measles

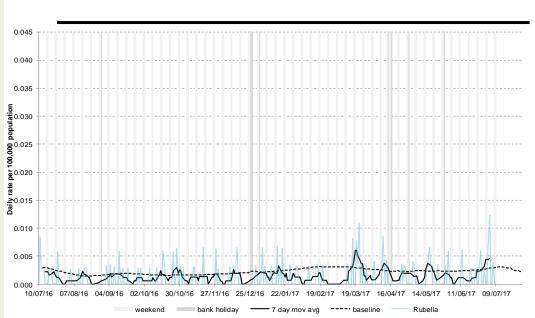
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



15: Rubella

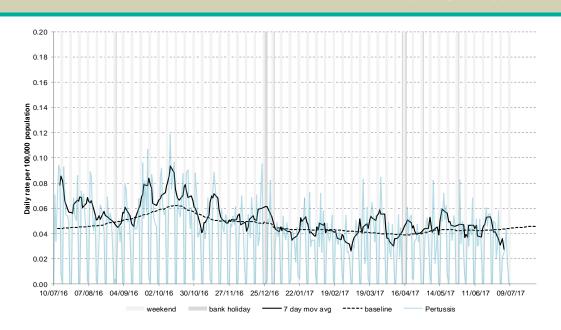
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).





16: Pertussis

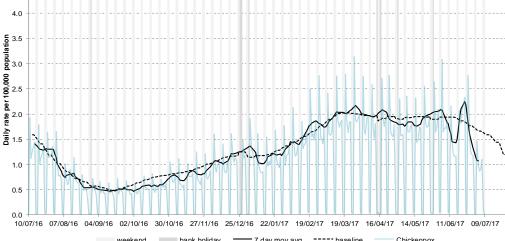
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



17: Chickenpox

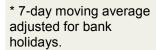
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 5.0

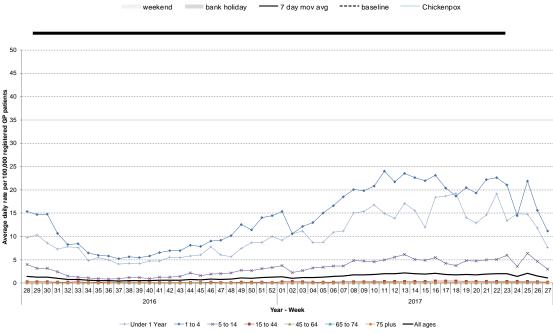
4.5



17a: Chickenpox by age

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





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).



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

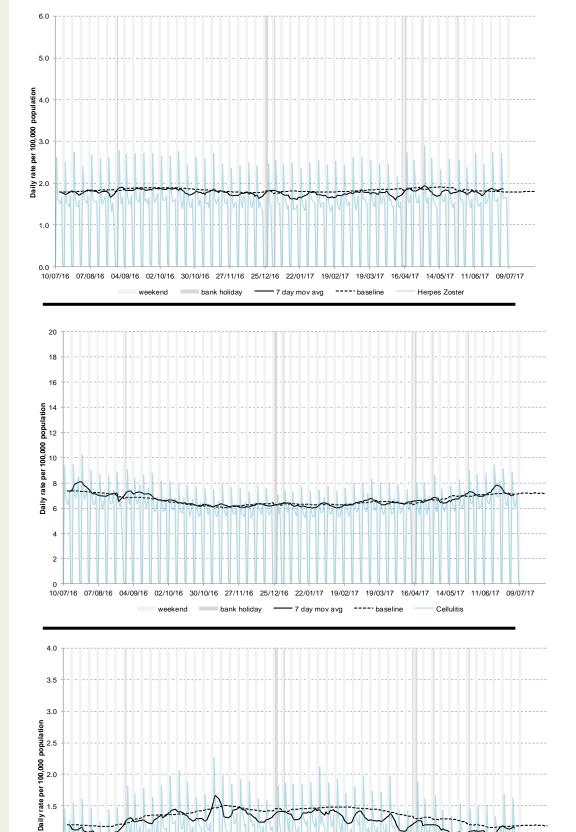
* 7-day moving average adjusted for bank holidays.

1.0

0.5

0.0 10/07/16 07/08/16 04/09/16 02/10/16

weekend



30/10/16 27/11/16 25/12/16 22/01/17 19/02/17 19/03/17

7 day mov avq

bank holiday

16/04/17

---- baseline

14/05/17

Impetigo

11/06/17 09/07/17

/ear: 2017 Week: 27

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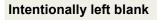
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21: Allergic rhinitis

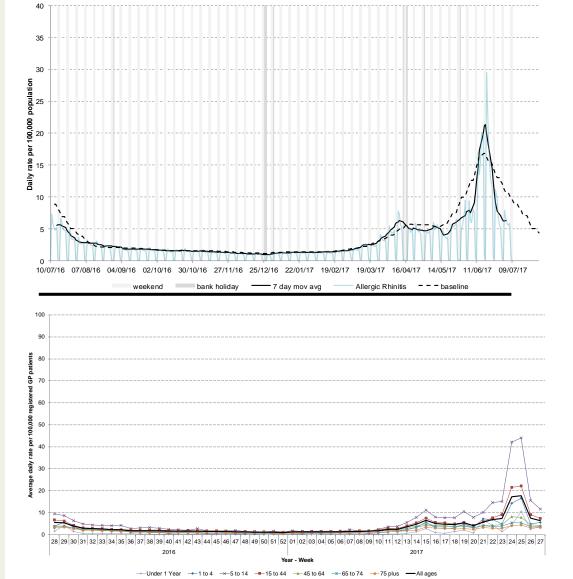
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

21a: Allergic rhinitis by age

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



/ear: 2017 Week: 27

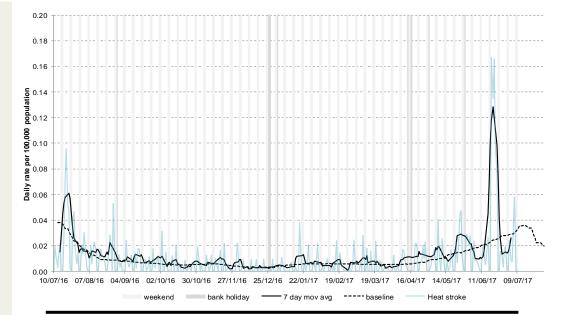


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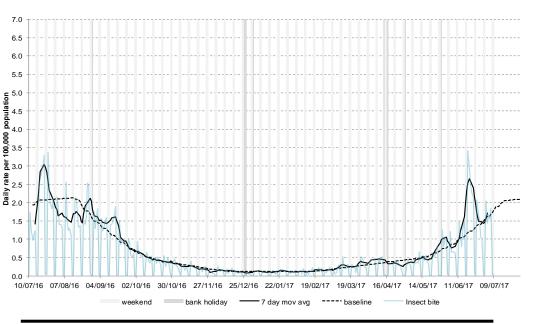
22: Heat/sunstroke

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



23: Insect bites

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



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* 7-day moving average adjusted for bank holidays.

GP In Hours

ear: 2017 Week: 27

10 July 2017 Year: 2017 Week: 27				
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 taxe. 			
	 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 2015 the influenza-like illness thresholds illustrated in the bulletin appendix maps 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 structural differences between areas e.g. background rates are historically higher in London than other areas of England. 			
	• The current ILI thresholds are based on six previous influenza seasons (excluding the 2009/10 H1N1 pandemic). 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 2014. Contains National Statistics data © Crown copyright and database right 2014.			
	 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. 			
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.			
	GP In Hours Syndromic Surveillance System Bulletin.			
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@phe.gov.uk	-analyses			