

GP In Hours

Syndromic Surveillance System: England

Year: 2017 Week: 40

Key messages

Data to: 08 October 2017

There were further small increases in GP consultations for upper respiratory tract infection during week 40, however there was a decrease in consultations for asthma although rates remain above expected levels (Figures 1 & 10).

Diagnostic indicators at a glance:

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

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2017	40	3,323	26.9 million

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

11 October 2017

In This Issue:

Key messages.

Diagnostic indicators at a glance.

GP practices and denominator population.

National syndromic indicators.

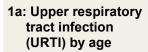
Notes and further information.

Appendix.

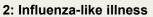
GP In Hours

1: Upper respiratory tract infection (URTI)

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

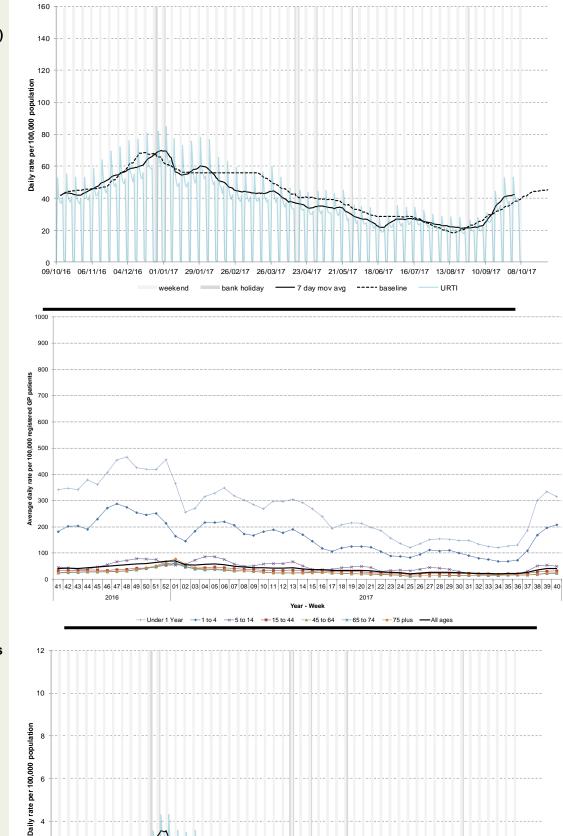


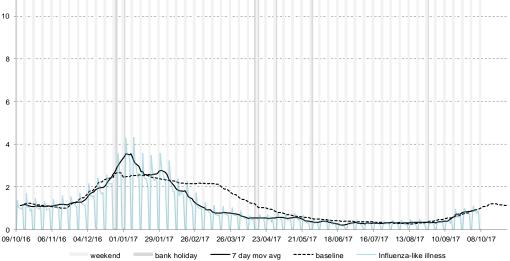
Average daily incidence rate by week per 100,000 population (all England).



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

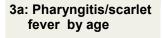
* 7-day moving average adjusted for bank holidays.





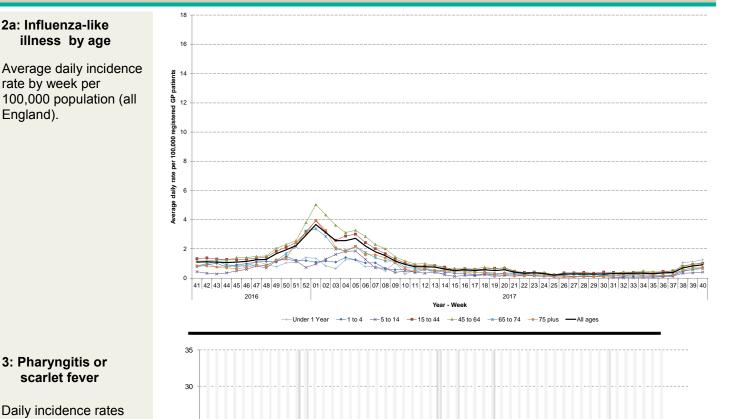


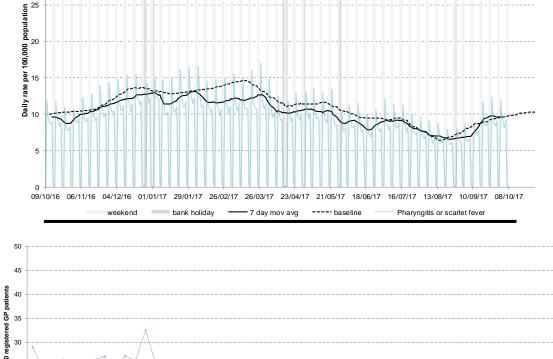
Daily incidence rates (and 7-day moving average*) per 100,000 population (all England, all ages).

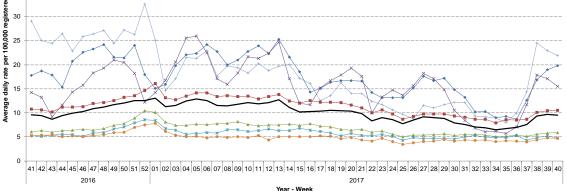


Average daily incidence rate by week per 100,000 population (all England).









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2a: Influenza-like illness by age

rate by week per 100,000 population (all

England).

Nublic Health England

11 October 2017

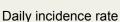
4: Scarlet fever

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) 1.6

1.4

5: Lower respiratory tract infection (LRTI)

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



6: Pneumonia

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

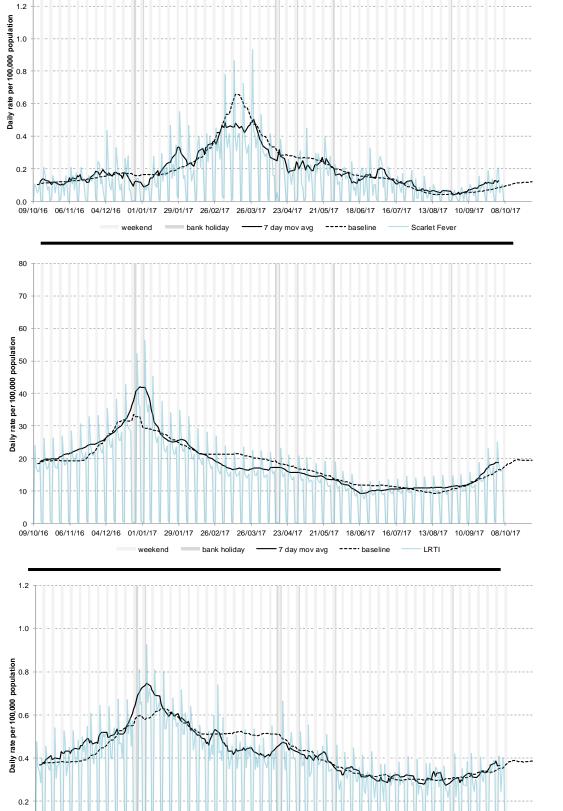
* 7-day moving average adjusted for bank holidays.

0.0

09/10/16 06/11/16 04/12/16 01/01/17 29/01/17

weekend

bank holiday



26/02/17 26/03/17 23/04/17 21/05/17 18/06/17 16/07/17

---- baseline

— 7 day mov avg

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GP In Hours

Year: 2017 Week: 40

10/09/17 08/10/17

13/08/17

Pneumonia

GP In Hours

(ear: 2017 Week: 40

7: Gastroenteritis

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

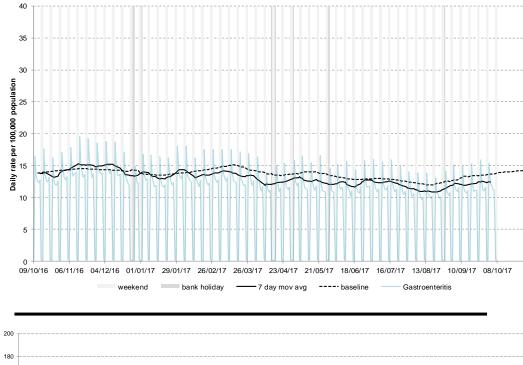
7a: Gastroenteritis by age

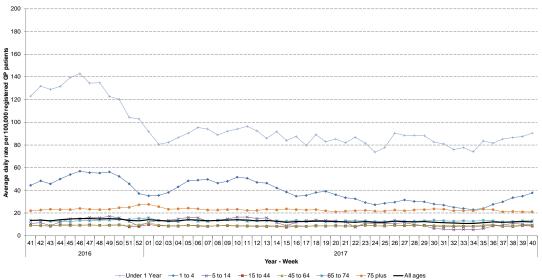
Average daily incidence rate by week per 100,000 population (all England).

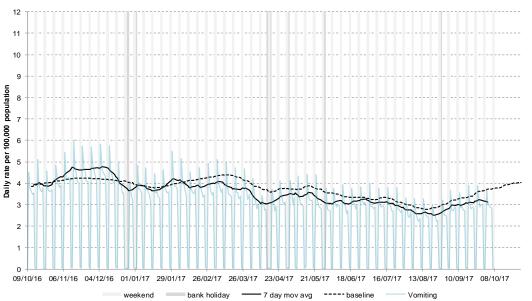
8: Vomiting

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

* 7-day moving average adjusted for bank holidays.





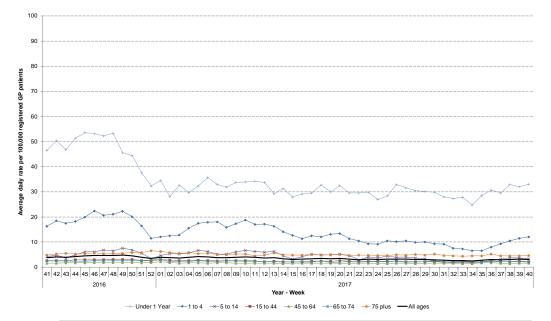


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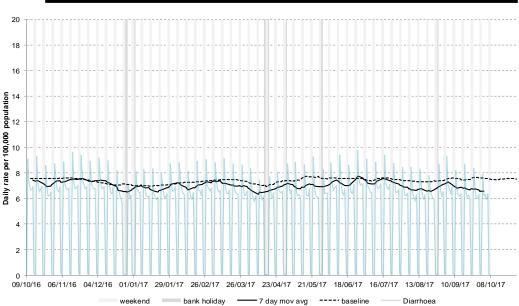
8a: Vomiting by age

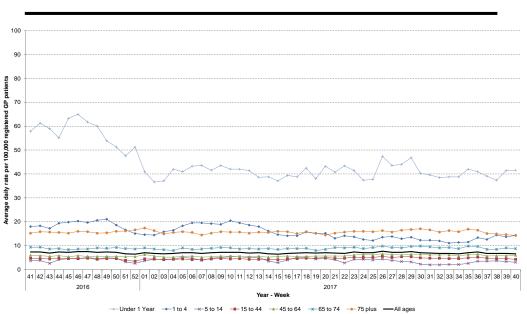
Average daily incidence rate by week per 100,000 population (all England).



9: Diarrhoea

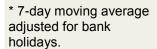
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).





9a. Diarrhoea by age

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



GP In Hours

10: Asthma

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 6

5

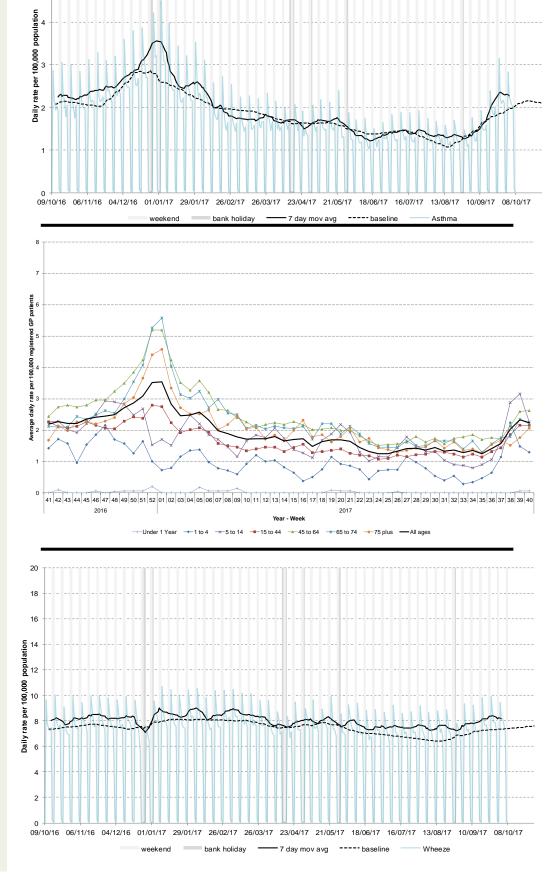
10a: Asthma by age

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.



GP In Hours

Year: 2017 Week: 40

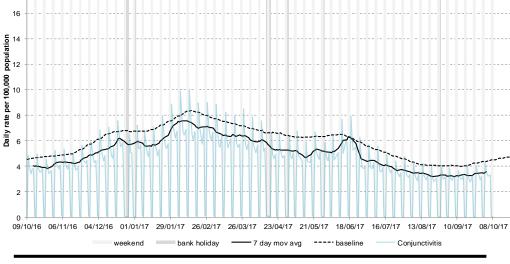
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12: Conjunctivitis

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

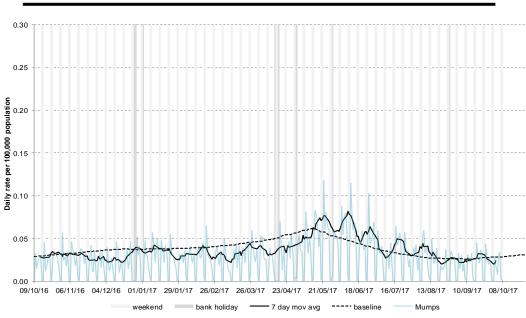
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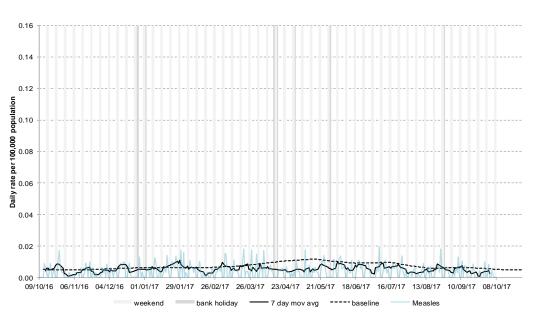
13: Mumps

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



14: Measles

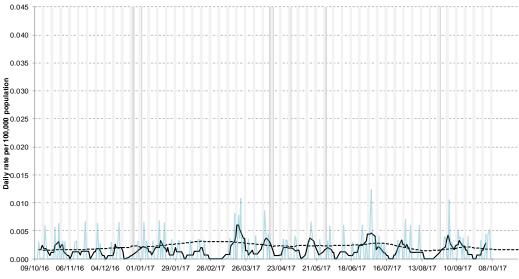
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



GP In Hours

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). 0.20

0.18

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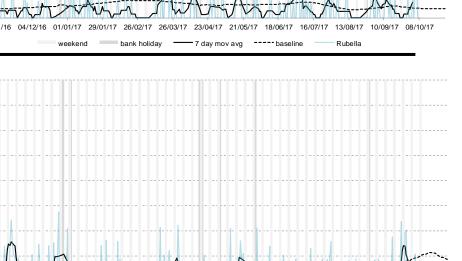
Daily rate per 1 90'0

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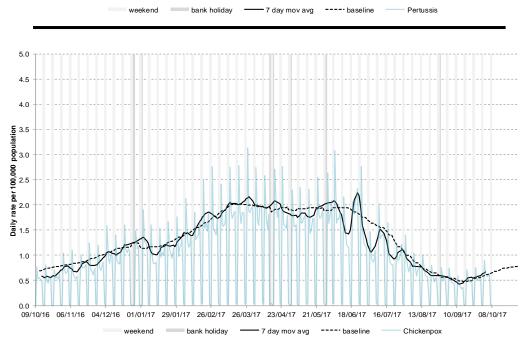
09/10/16 06/11/16 04/12/16 01/01/17



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



29/01/17 26/02/17 26/03/17 23/04/17 21/05/17 18/06/17 16/07/17 13/08/17



GP In Hours

10/09/17 08/10/17

18: Herpes zoster

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 6.0

5.0

4.0

3.5

3.0

Daily rate per 100,000 population 2.2 2.7 2.7

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0.0 09/10/16 06/11/16 04/12/16 01/01/17

29/01/17

weekend

bank holiday

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.

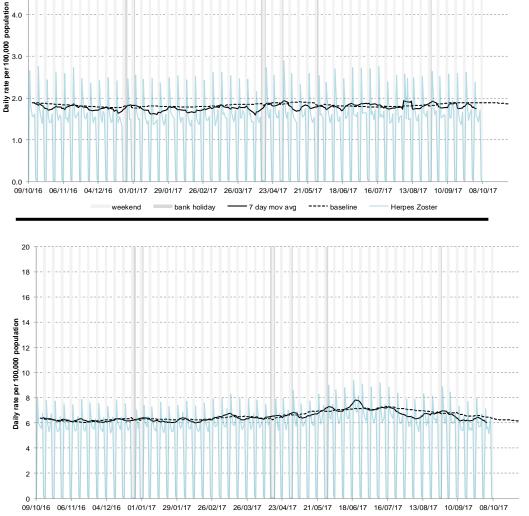


Impetigo

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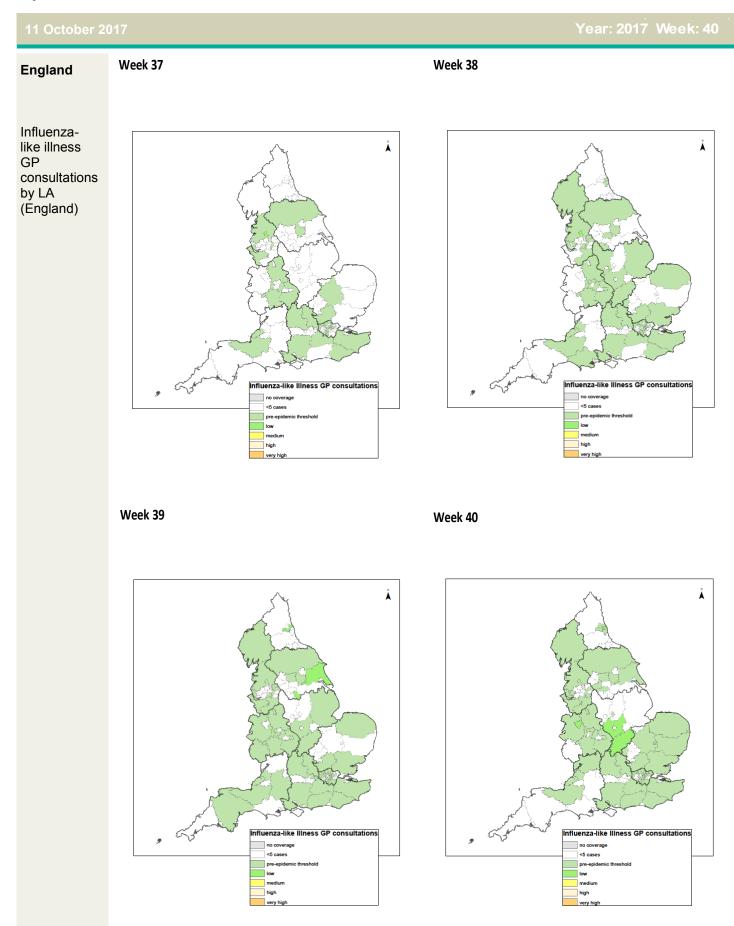
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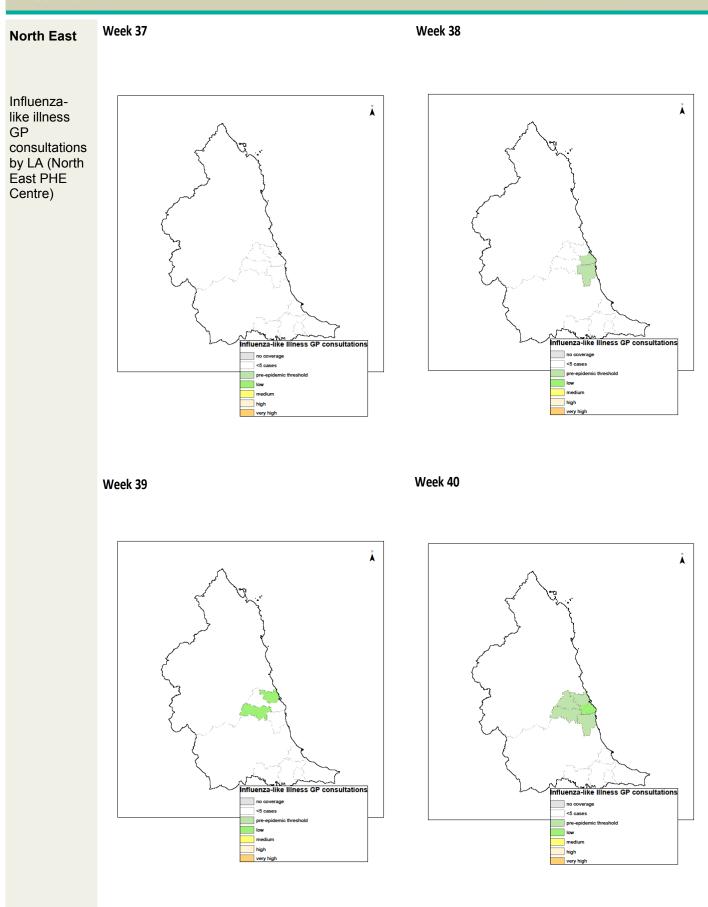
bank holiday — 7 day mov avg ----- baseline Cellulitis

weekend

11 October 2017	Year: 2017 Week: 40
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 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 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.
	 ¹ Vega T et al. <i>Influenza Other Respir Viruses</i>. 2013;7(4):546-58. ² Green HK et al. <i>Epidemiol Infect</i>. 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.
Contact ReSST: syndromic.surveillance @phe.gov.uk	Produced by:PHE Real-time Syndromic Surveillance Team 6th Floor, 5 St Philip's Place, Birmingham, B3 2PWTel:0344 225 3560 > Option 4 > Option 2Fax:0121 236 2215Web:https://www.gov.uk/government/collections/syndromic-surveillance-systems-and
Shine Bernard	<u>-analyses</u> 11

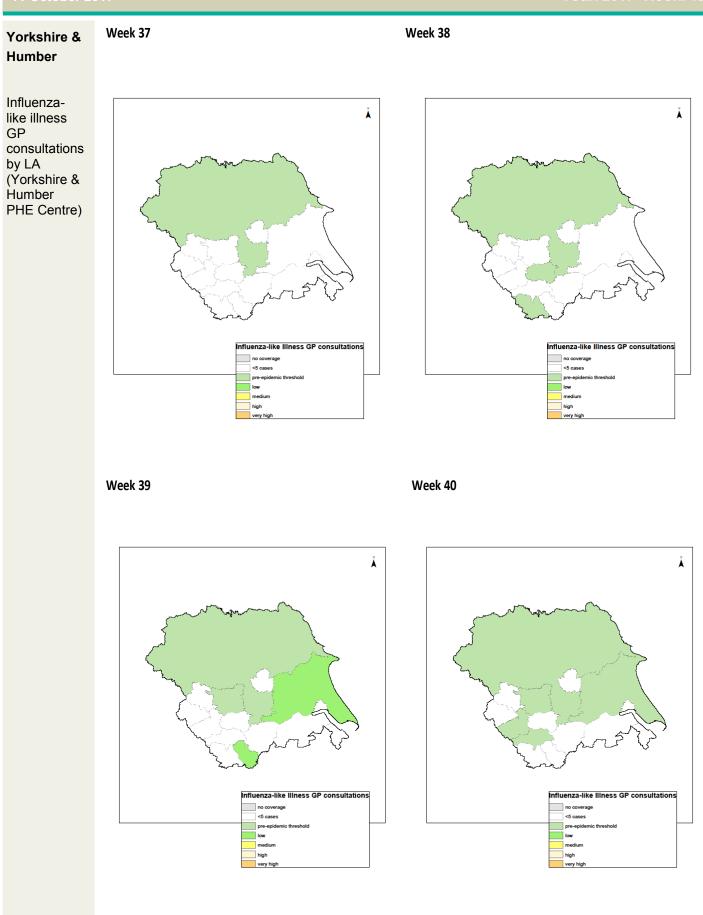


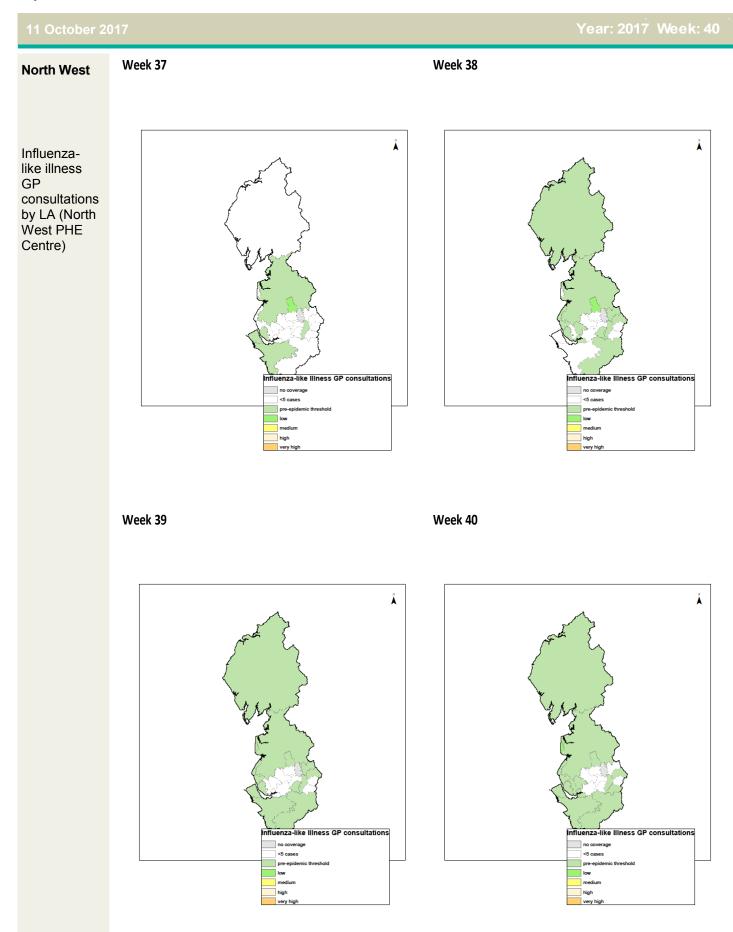
Year: 2017 Week: 40

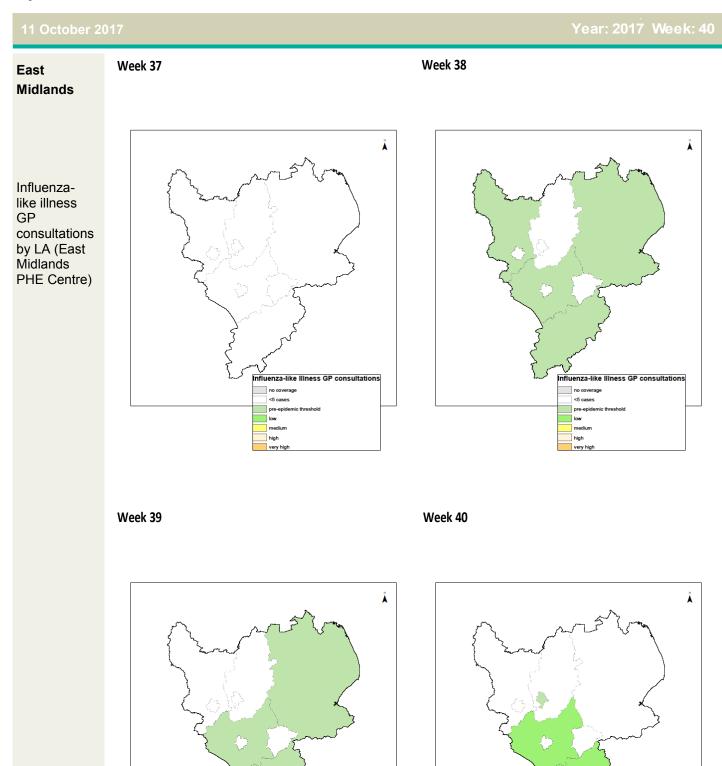


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Year: 2017 Week: 40







Contains Ordnance Survey data ©Crown copyright and database right 2015. Contains National Statistics data.

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Influenza-like

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Influenza-like Illness GP consultation

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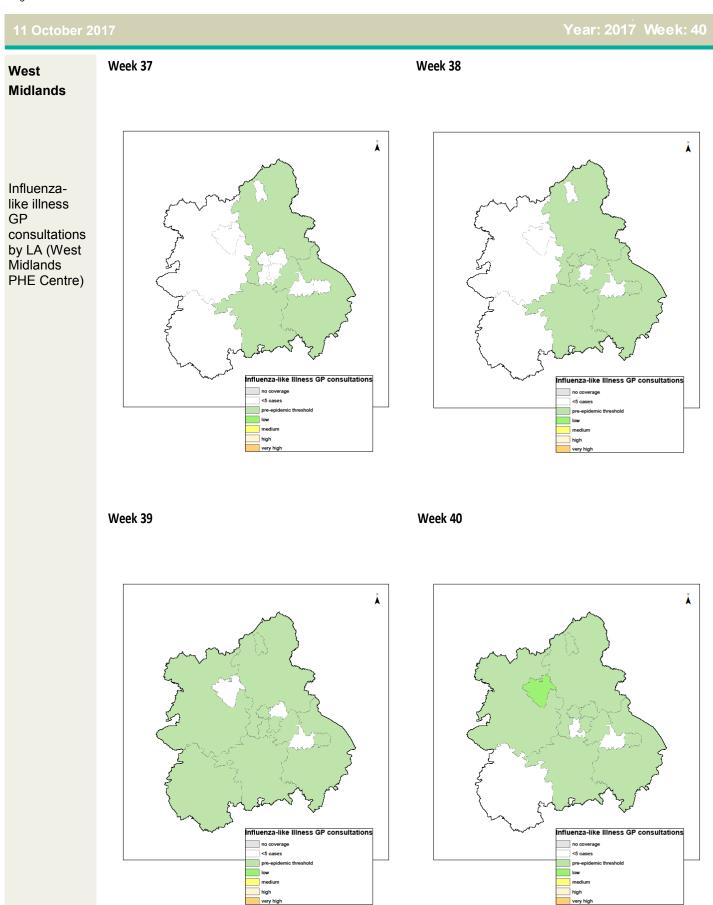
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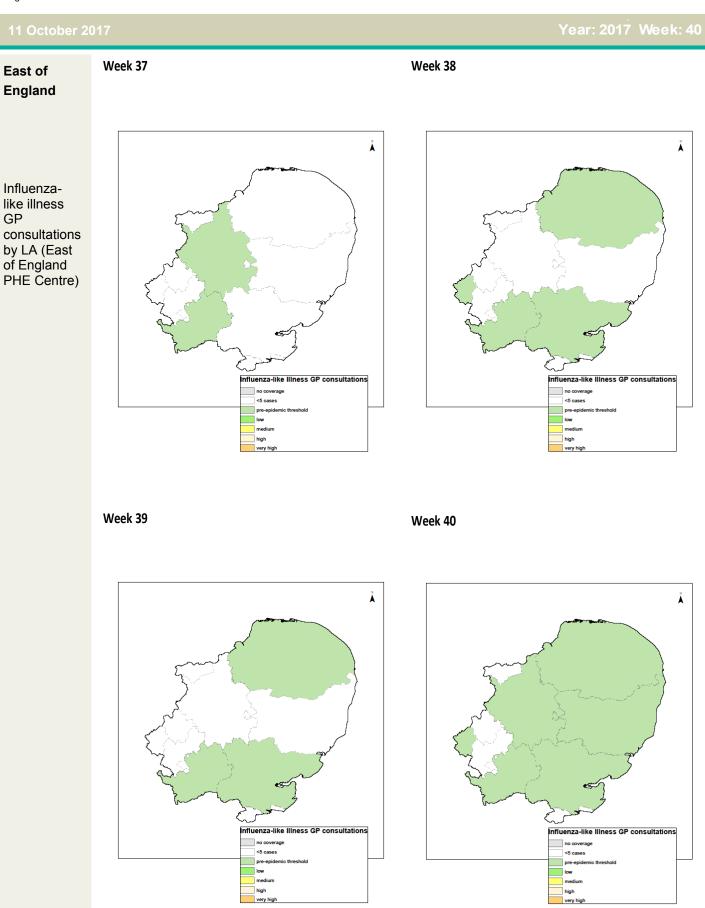
high

very hig



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GP In Hours Appendix



Year: 2017 Week: 40

