

# **GP In Hours**

Syndromic Surveillance System: England

### 07 November 2017

In This Issue:

Key messages.

at a glance. GP practices and denominator population.

**Diagnostic indicators** 

National syndromic indicators.

Notes and further

information.

Appendix.

Year: 2017 Week: 44

### Key messages

Data to: 05 November 2017

There was nothing new to report during week 44.

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

### Diagnostic indicators at a glance:

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

### GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2017	44	2,371	19.5 million

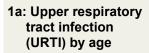
\*\*based on the average number of practices and denominator population in the reporting working week.

## **GP In Hours**

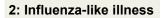
### 07 November 2017

### 1: Upper respiratory tract infection (URTI)

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

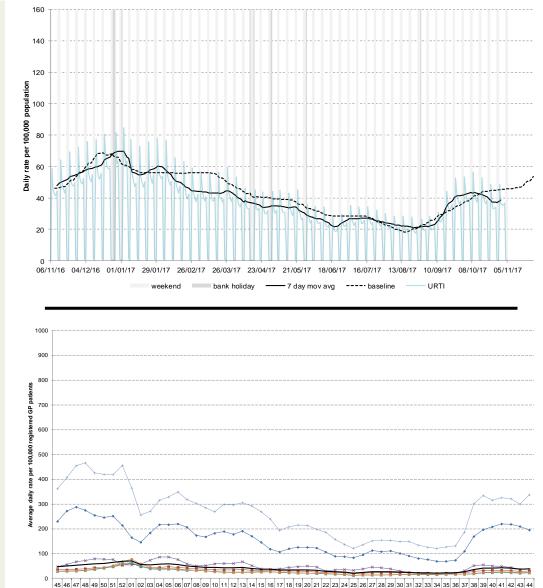


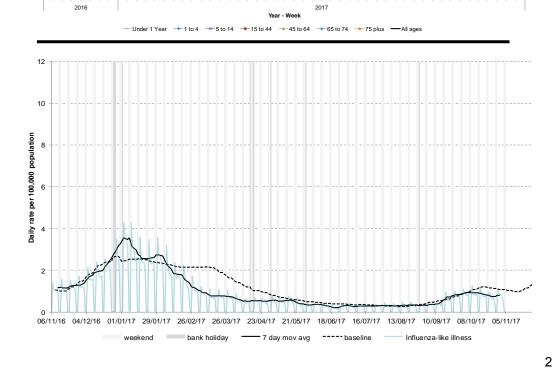
Average daily incidence rate by week per 100,000 population (all England).



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

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





# Public Health England

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### 2a: Influenza-like illness by age

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

18

16

12

daily rate per 100,000 registered GP patients

Werade

50 45

atients 40

registered GP 35

Average daily rate per 20 15 10

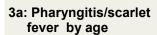
0

2016

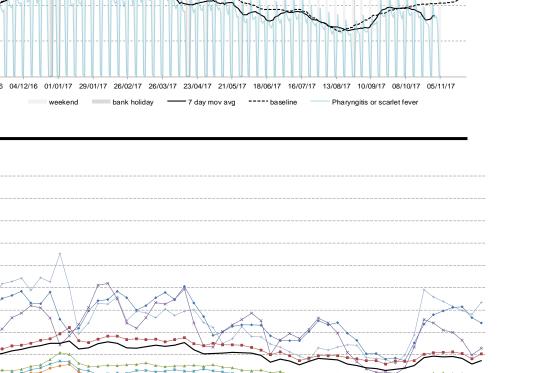
30 100,000 r 25

#### 3: Pharyngitis or scarlet fever

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).

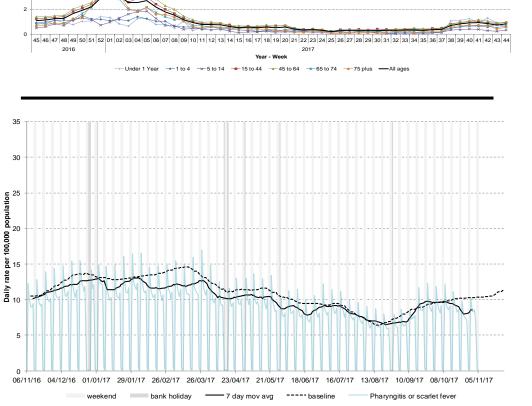


45 46 47 48 49 50 51 52 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44

Year - Week --- Under 1 Year 🛛 🛶 1 to 4 🛛 🗻 5 to 14 🚽 15 to 44 🚽 45 to 64 🚽 65 to 74 🔶 75 plus ---- All ages

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)

### 5: Lower respiratory tract infection (LRTI)

80

70

60

Daily rate per 100,000 population 05 05 05

20

10

0

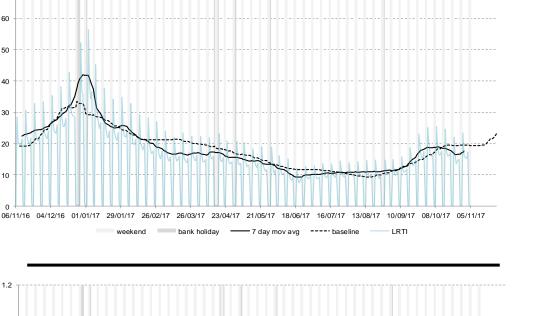
weekend

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.







## **GP In Hours**

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### 7: Gastroenteritis

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

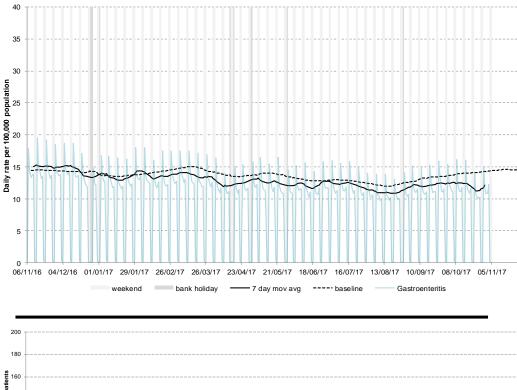
## 7a: Gastroenteritis by age

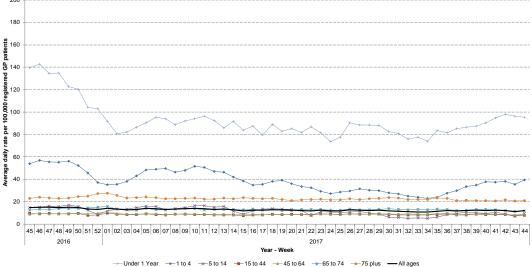
Average daily incidence rate by week per 100,000 population (all England).

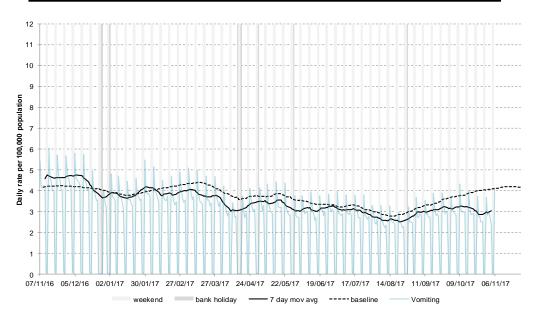


Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

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





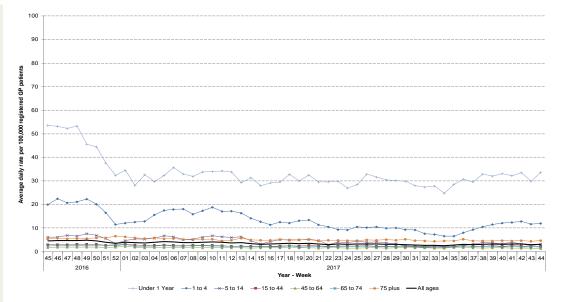


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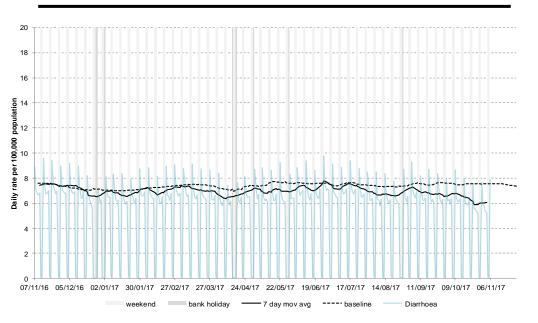
### 8a: Vomiting by age

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



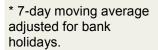
### 9: Diarrhoea

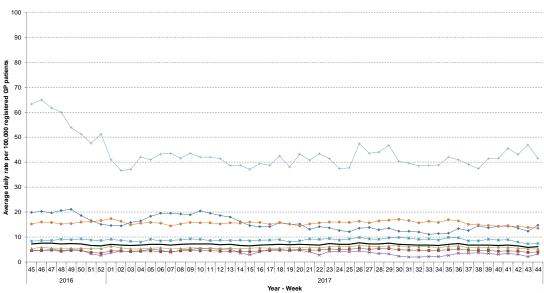
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



### 9a. Diarrhoea by age

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





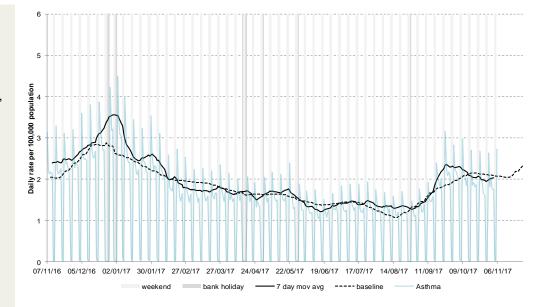
### **GP In Hours**

/ear: 2017 Week: 44

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#### 10: Asthma

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



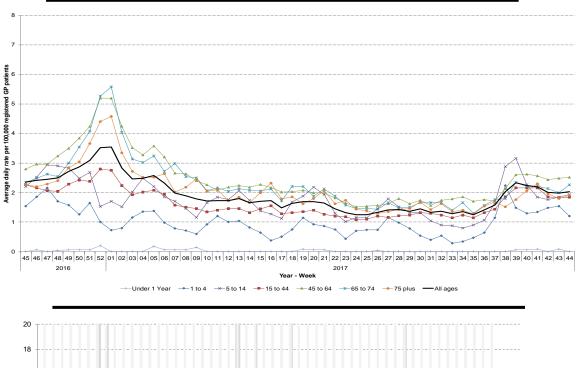
### 10a: Asthma by age

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).

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





## **GP In Hours**

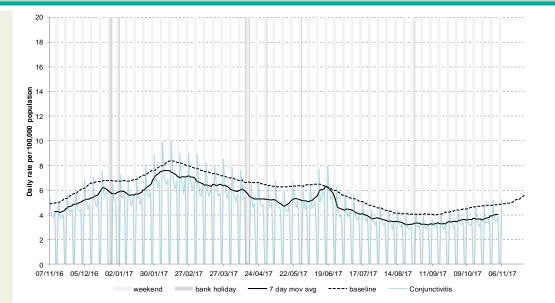
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### 07 November 2017

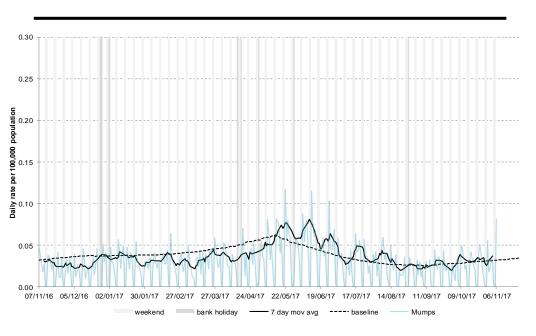
### 12: Conjunctivitis

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



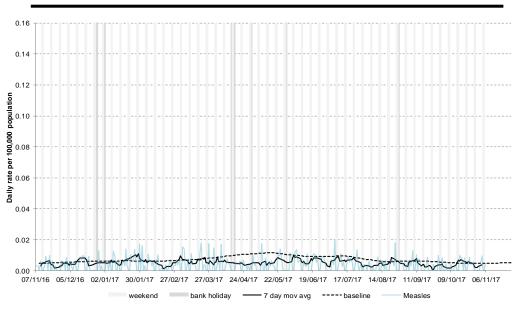
### 13: Mumps

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



### 14: Measles

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



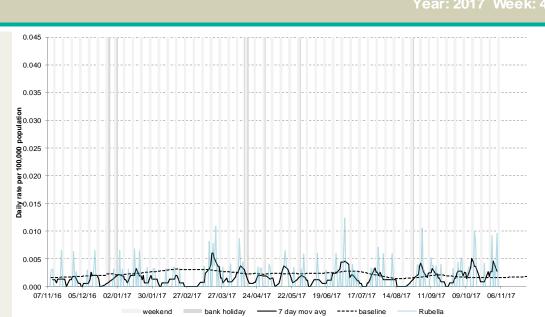
## GP In Hours

Year: 2017 Week: 44

### 07 November 2017

#### 15: Rubella

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

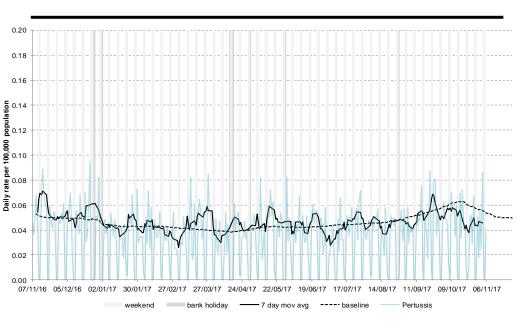


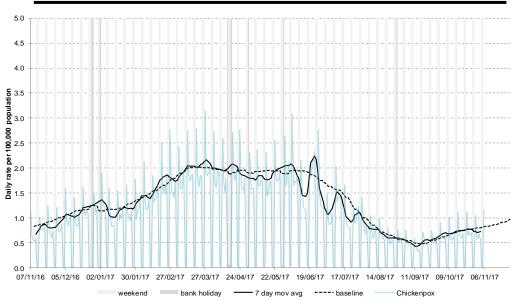
### 16: Pertussis

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).





## **GP In Hours**

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### 18: Herpes zoster

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

### 6.0 5.0 Daily rate per 100,000 population 0.5 0.5 1.0 0.0 05/12/16 02/01/17 27/02/17 27/03/17 24/04/17 22/05/17 19/06/17 17/07/17 14/08/17 11/09/17 09/10/17 06/11/17 30/01/17 --weekend bank holiday 7 day mov avg - baseline Herpes Zoste 20 18 16

### 19: Cellulitis

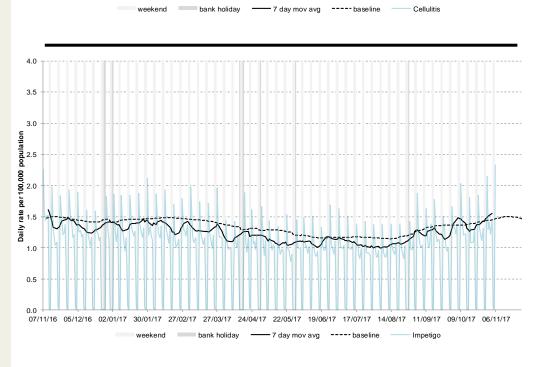
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

4



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

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



14/08/17

11/09/17 09/10/17 06/11/17

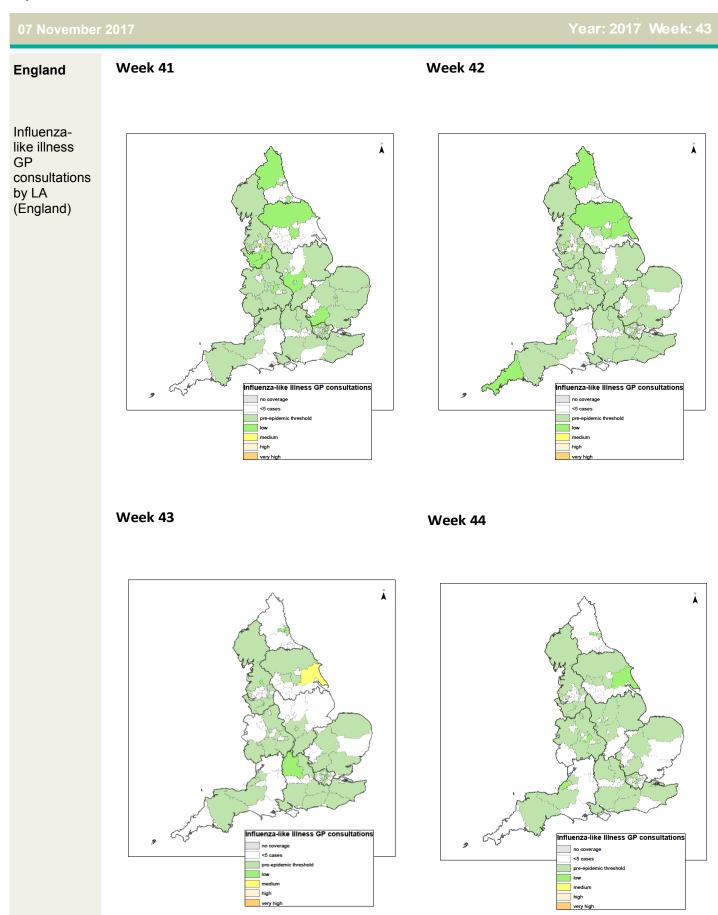
07/11/16 05/12/16 02/01/17 30/01/17 27/02/17 27/03/17 24/04/17 22/05/17 19/06/17 17/07/17

## **GP In Hours**

Year: 2017 Week: 44

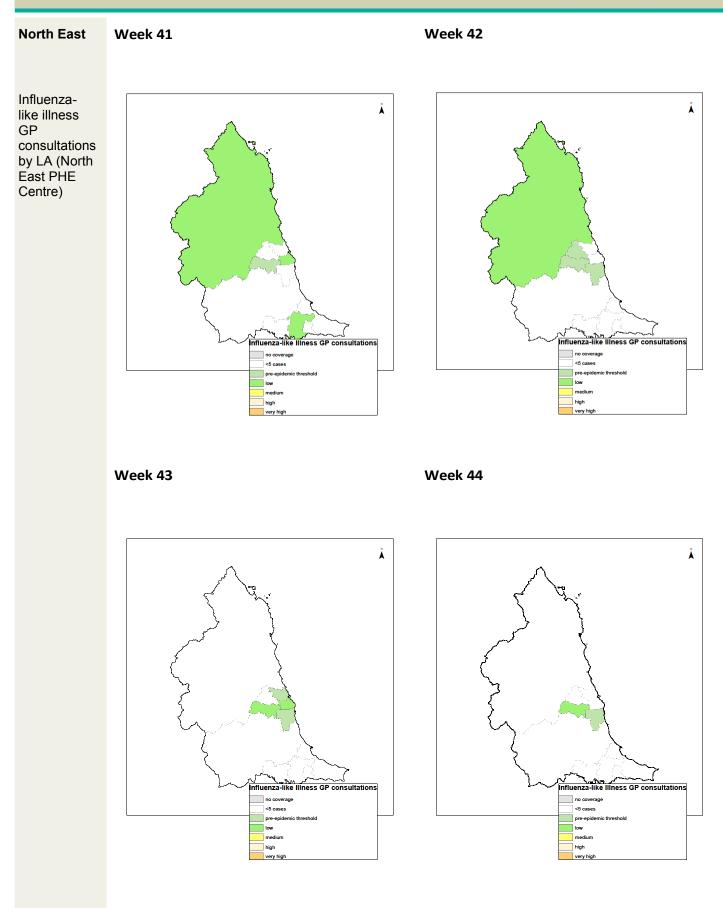
## **GP In Hours**

07 November 2017	Year: 2017 Week: 44
Notes and further information	<ul> <li>The Public Health England GP in hours surveillance system is a syndromic surveillance system monitoring community-based morbidity recorded by GP practices.</li> </ul>
	• 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.
	<ul> <li>This system captures anonymised GP morbidity data from two GP clinical software systems, EMIS, from version 1 of the QSurveillance® database, and TPP SystmOne.</li> </ul>
	• 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:	<ul> <li>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).<sup>1</sup> MEM is used as a standard methodology for setting influenza surveillance thresholds across Europe.<sup>2</sup></li> </ul>
	• 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.
	<ul> <li>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:</li> </ul>
	https://www.gov.uk/government/statistics/weekly-national-flu-reports
	<ul> <li>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.</li> </ul>
	• 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.
	<sup>1</sup> Vega T et al. <i>Influenza Other Respir Viruses</i> . 2013; <b>7</b> (4):546-58.
	<sup>2</sup> Green HK et al. <i>Epidemiol Infect.</i> 2015; <b>143</b> (1):1-12.
Acknowledgements:	We thank and acknowledge the University of Nottingham, ClinRisk <sup>®</sup> 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.
Contact ReSST:	GP In Hours Syndromic Surveillance System Bulletin.
syndromic.surveillance @phe.gov.uk	Produced by: PHE Real-time Syndromic Surveillance Team 6 <sup>th</sup> Floor, 5 St Philip's Place, Birmingham, B3 2PW Tel: 0344 225 3560 > Option 4 > Option 2 Fax: 0121 236 2215 Web: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses



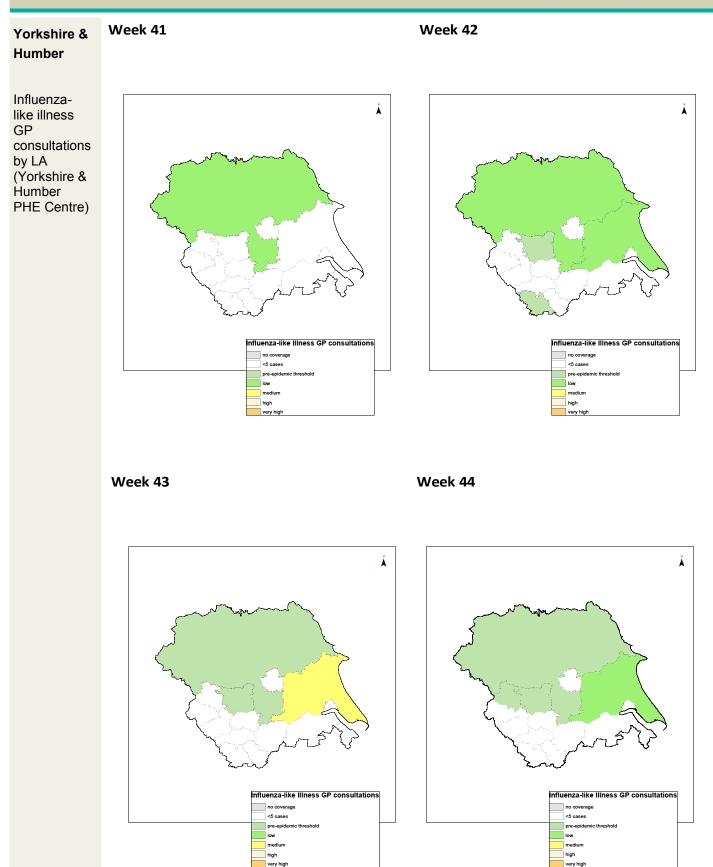
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### Year: 2017 Week: 43

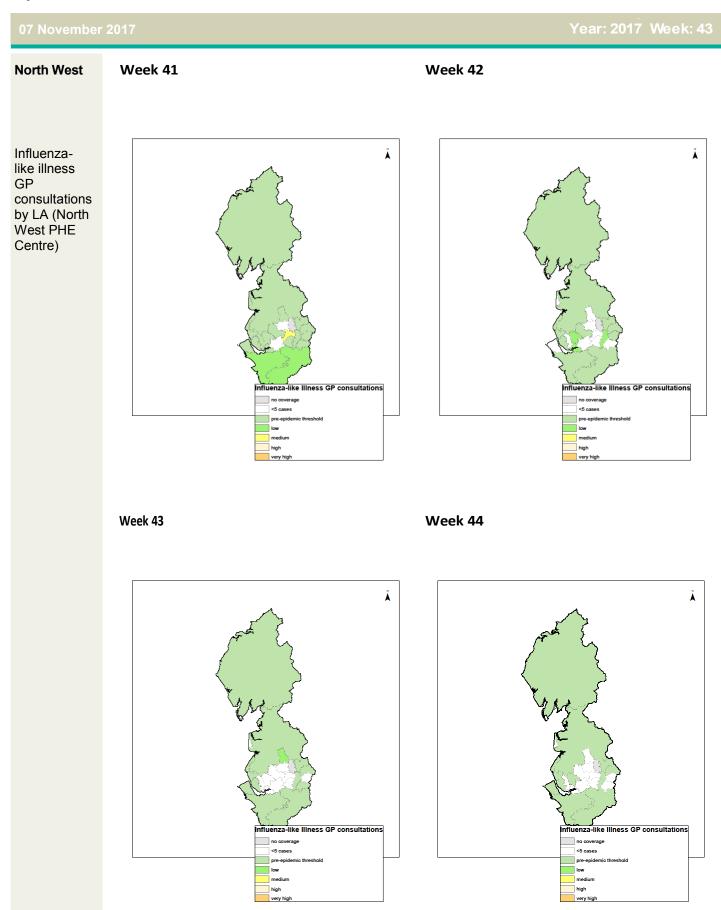


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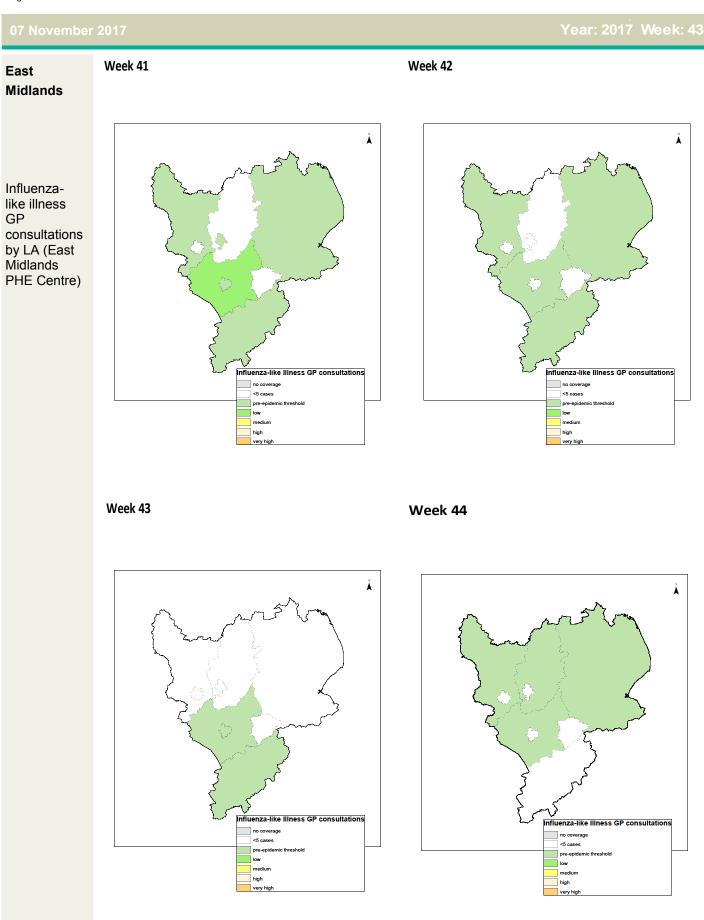
### Year: 2017 Week: 43



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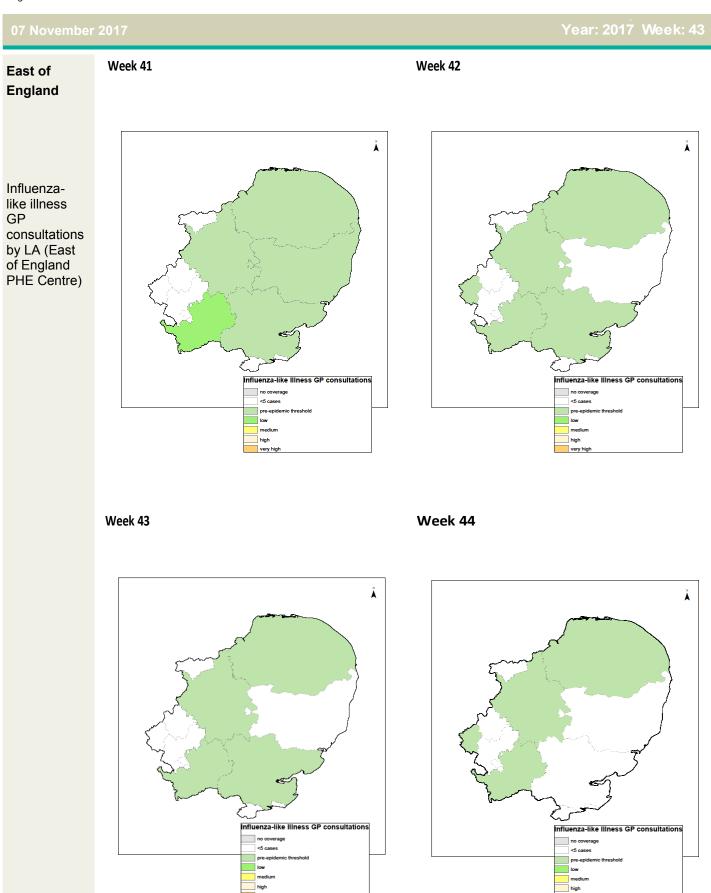
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### Week 41 Week 42 West Midlands Å Å Influenzalike illness GP consultations by LA (West Midlands PHE Centre) Influenza-like Illness GP consultations Influenza-like Illness GP consultations no coverage no coverad <5 ca es <5 cases pre-ep pre low medi high high very h Week 43 Week 44 Å Å Influenza-like Illness GP consultations Influenza-like Illness GP consultations <5 cases <5 cases pre-ep low low mediu high high very hig very hig

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## **GP In Hours Appendix**



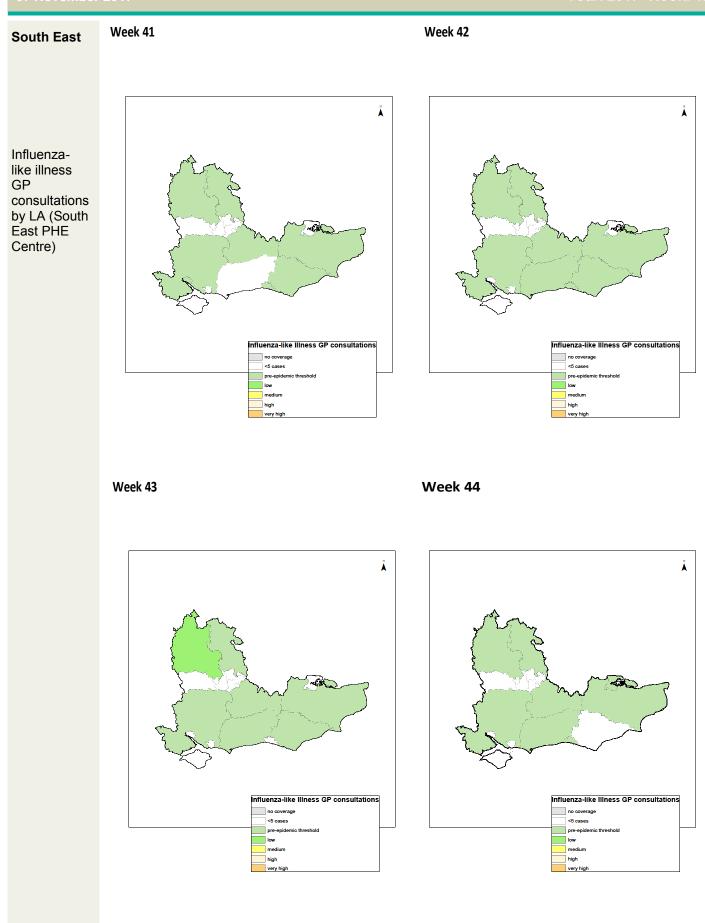
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Please read the notes section (page 11) to understand the caveats and limitations on the use and interpretation of local ILI consultation data

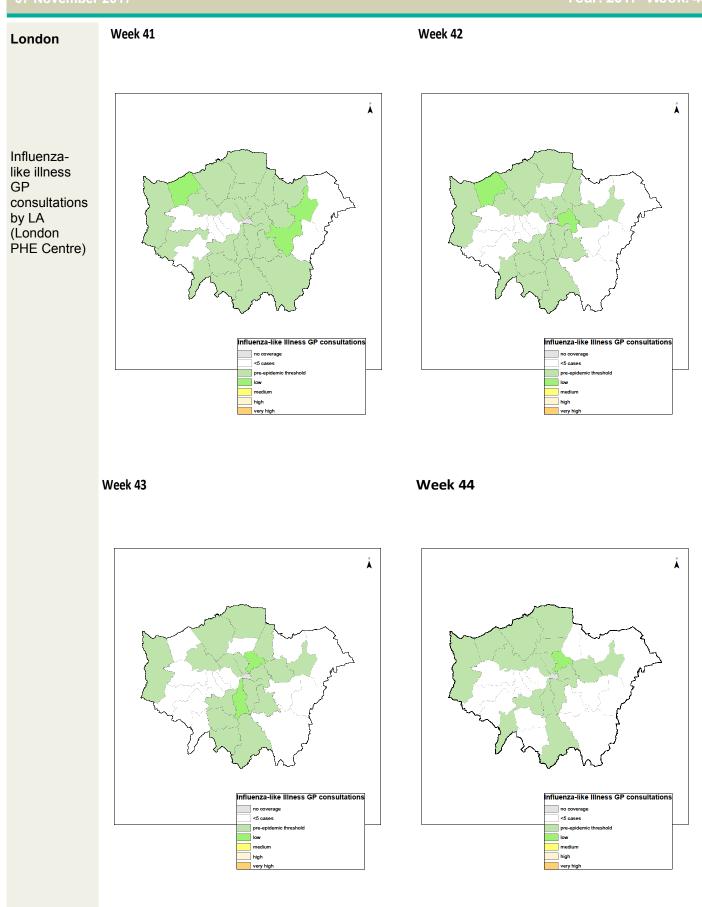
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### Year: 2017 Week: 43



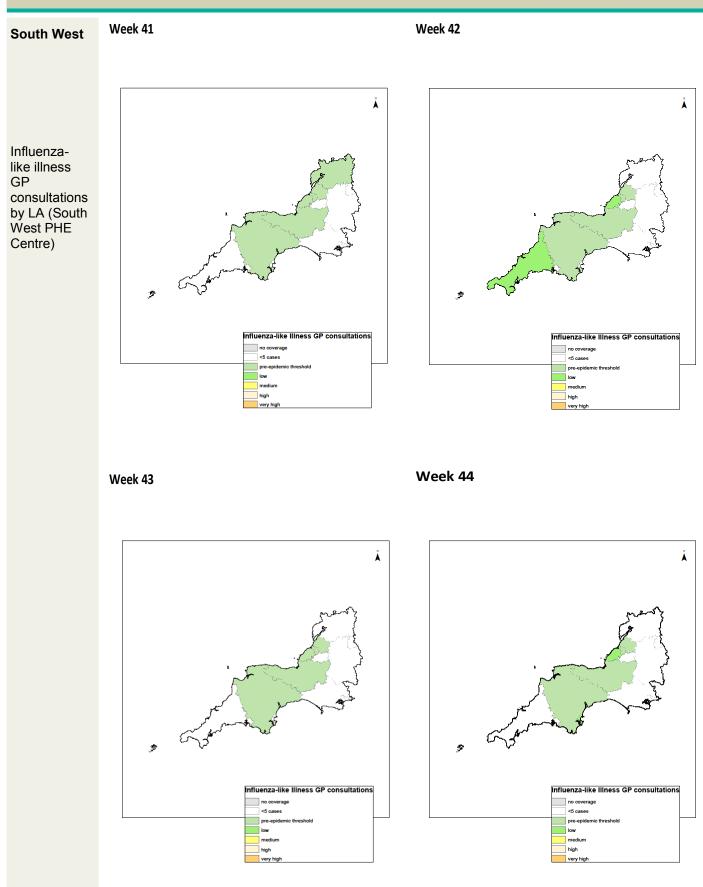
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### Year: 2017 Week: 43



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### Year: 2017 Week: 43



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