

Syndromic Surveillance System: England

Year: 2017 Week: 41

In This Issue:

Key messages.

Diagnostic indicators at a glance.

GP practices and denominator population.

National syndromic indicators.

Notes and further information.

Appendix.

Key messages

Data to: 15 October 2017

There were further small increases in GP consultations for upper respiratory tract infection during week 41 with rates increasing in the <1 and 1-4 years age group (figures 1 & 1a).

Diagnostic indicators at a glance:

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

GP practices and denominator population:

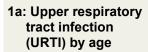
Year	Week	GP Practices Reporting**	Population size**
2017	41	3,215	25.9 million

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

16 October 2017

1: Upper respiratory tract infection (URTI)

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



1000

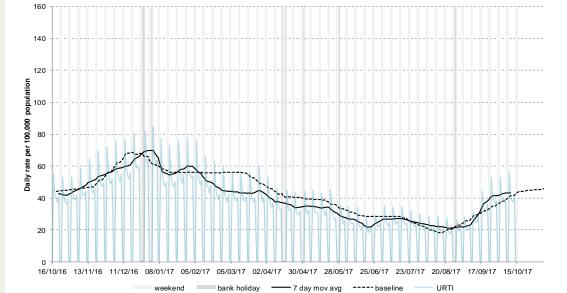
patients

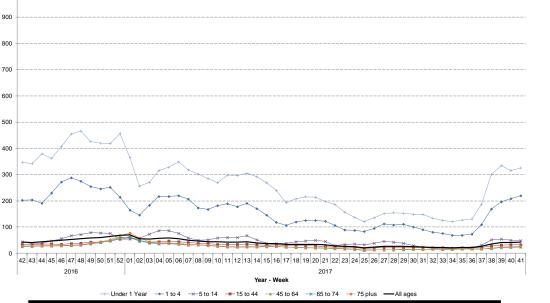
registered GP

100,000 1

Average daily rate per

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

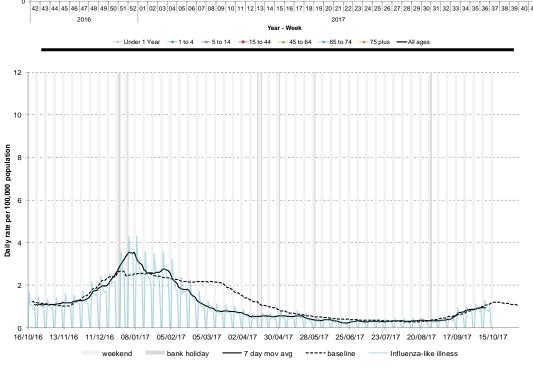




2: Influenza-like illness

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

* 7-day moving average adjusted for bank holidays.



42 43 44 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

Year - Week

2017

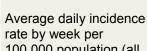
50 45 registered GP patients 30 30

100,000 r 25 per 20 daily rate 15 Average 10

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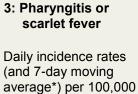
2016



3a: Pharyngitis/scarlet

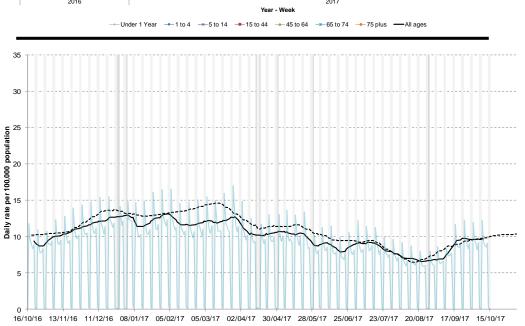
fever by age

100,000 population (all England).



all ages).

population (all England,



7 day mov avg

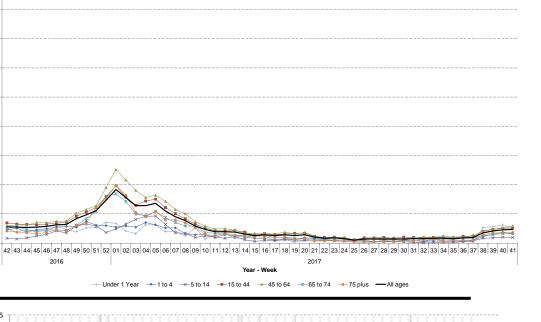
baseline

Pharyngitis or scarlet fever

*

bank holidav

weekend



2a: Influenza-like illness by age

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

18

16

1/ GP patients

12

per 100,000 registered 10

rate daily Average

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GP In Hours

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4: Scarlet fever

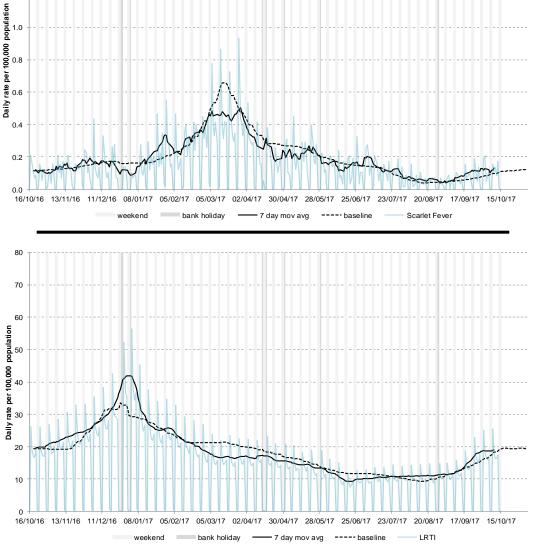
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients) 1.6

1.4

1.2

5: Lower respiratory tract infection (LRTI)

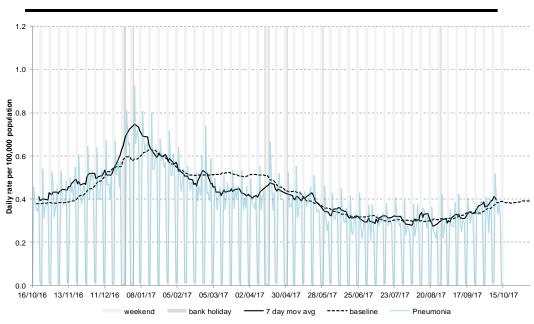
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



6: Pneumonia

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

* 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).

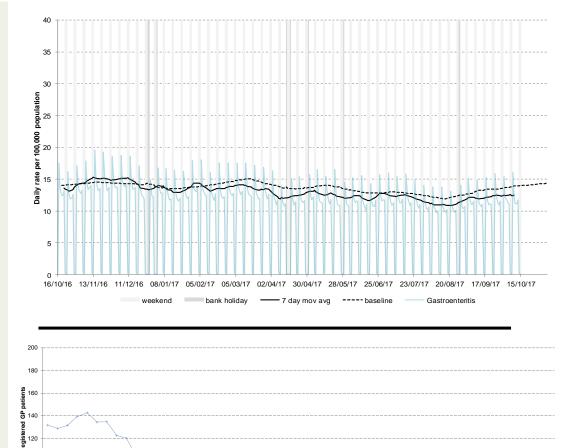
7a: Gastroenteritis by age

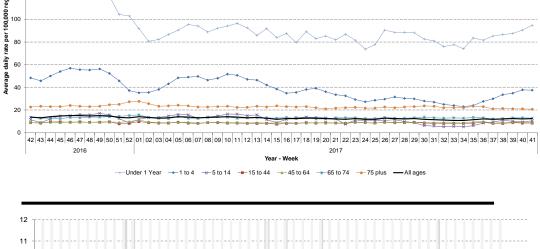
Average daily incidence rate by week per 100,000 population (all England).

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.





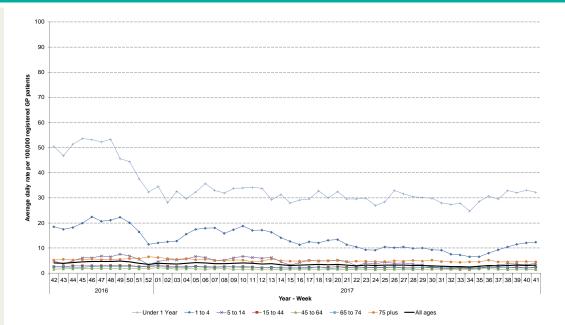


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16 October 2017

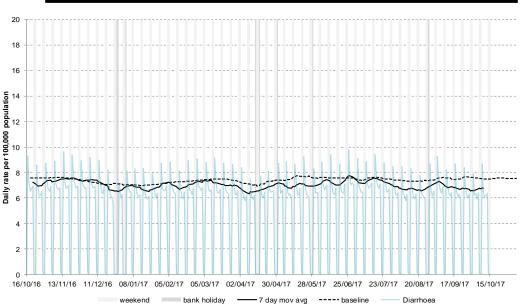
8a: Vomiting by age

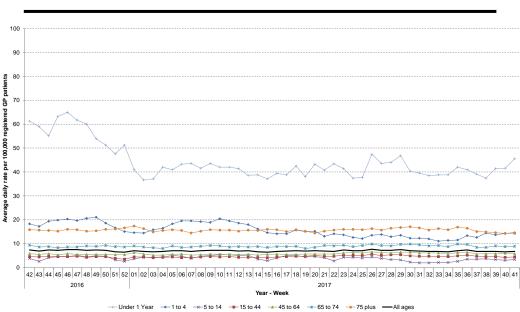
Average daily incidence rate by week per 100,000 population (all England).



9: Diarrhoea

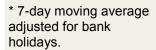
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).





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). 6

5

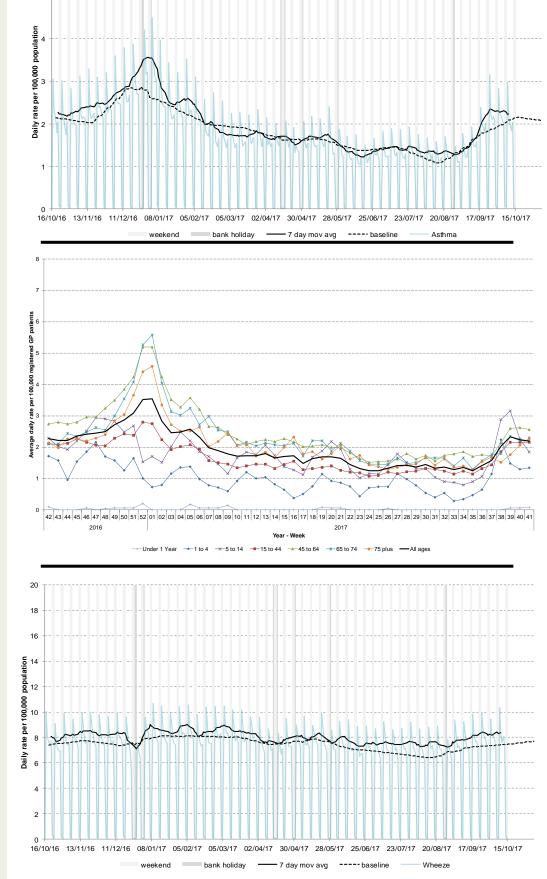
10a: Asthma by age

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.



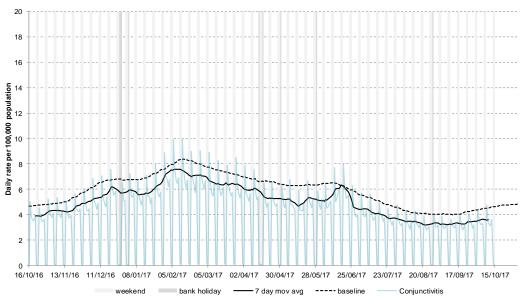
GP In Hours

Year: 2017 Week: 4

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12: Conjunctivitis

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



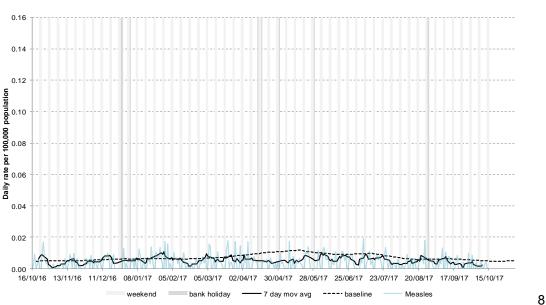
13: Mumps

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

0.30 0.25 Daily rate per 100,000 population 0.05 0.00 16/10/16 13/11/16 11/12/16 08/01/17 05/02/17 05/03/17 02/04/17 30/04/17 28/05/17 25/06/17 23/07/17 20/08/17 17/09/17 15/10/17 bank holiday weekend 7 day mov avg ---- baseline Mumps

14: Measles

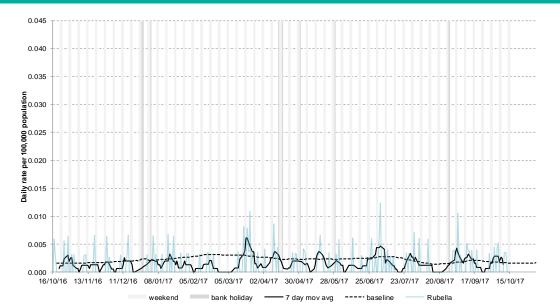
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



GP In Hours

15: Rubella

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



16: Pertussis

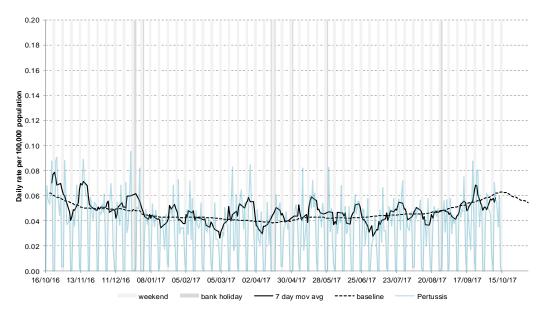
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

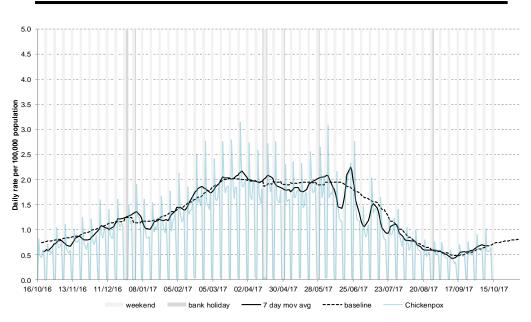


Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

GP In Hours

Year: 2017 Week: 4





18: Herpes zoster

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

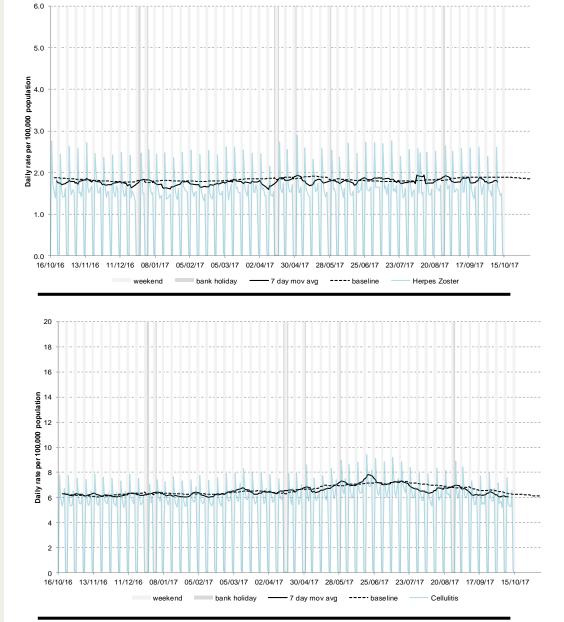
19: Cellulitis

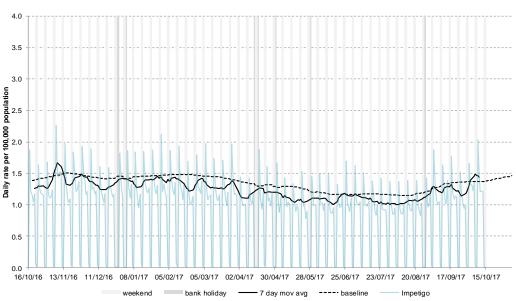
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



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

* 7-day moving average adjusted for bank holidays.

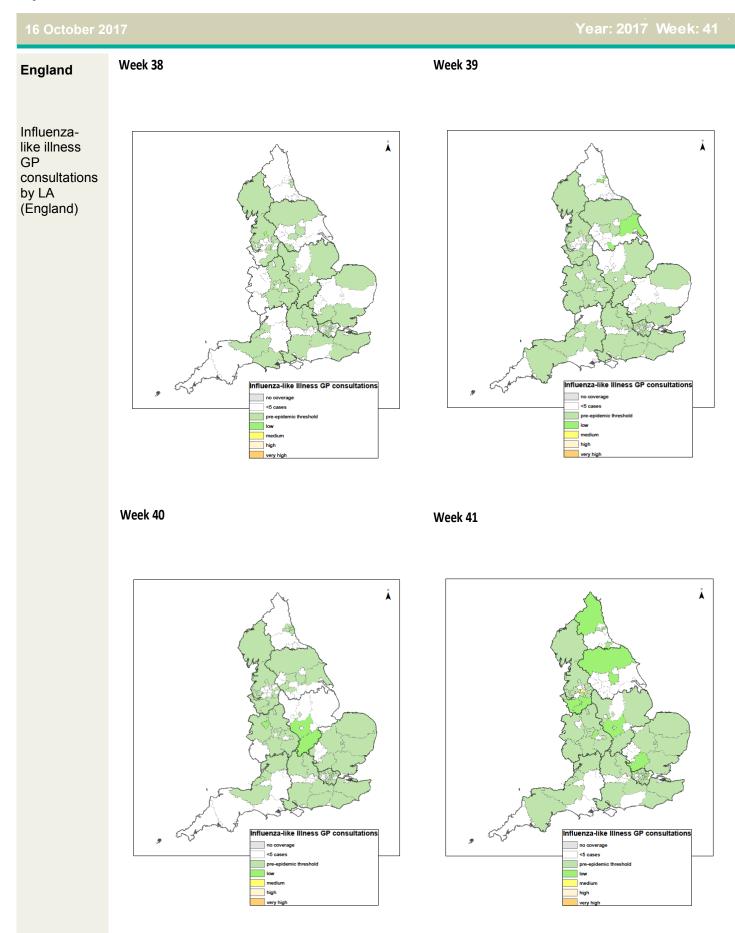




GP In Hours

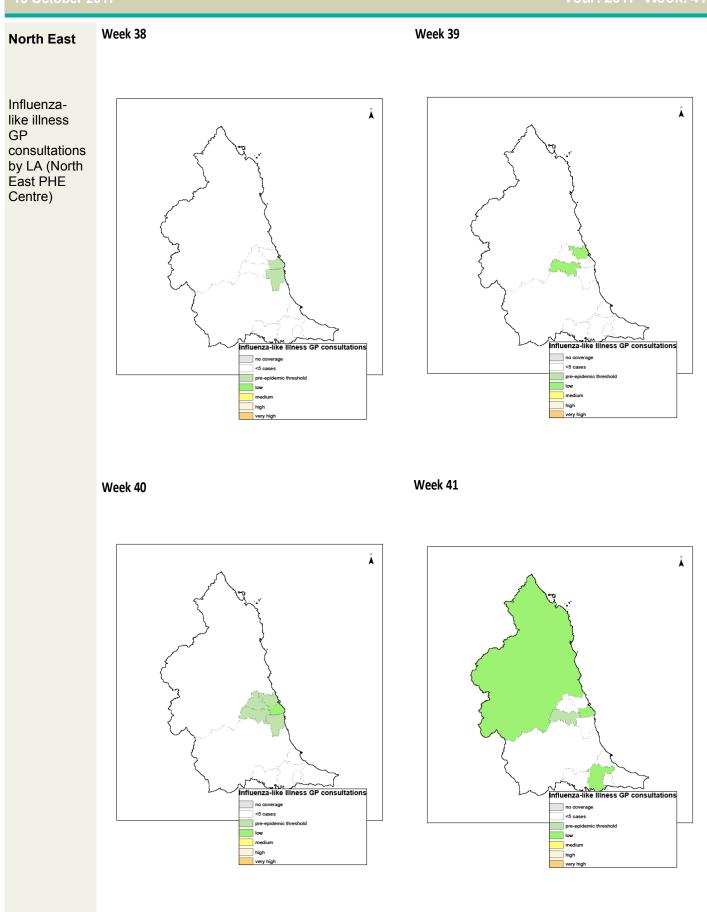
Year: 2017 Week: 41

16 October 2017	Year: 2017 Week: 41
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.
	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.
Contact ReSST:	GP In Hours Syndromic Surveillance System Bulletin.
syndromic.surveillance @phe.gov.uk	Produced by: PHE Real-time Syndromic Surveillance Team
	6 [™] 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

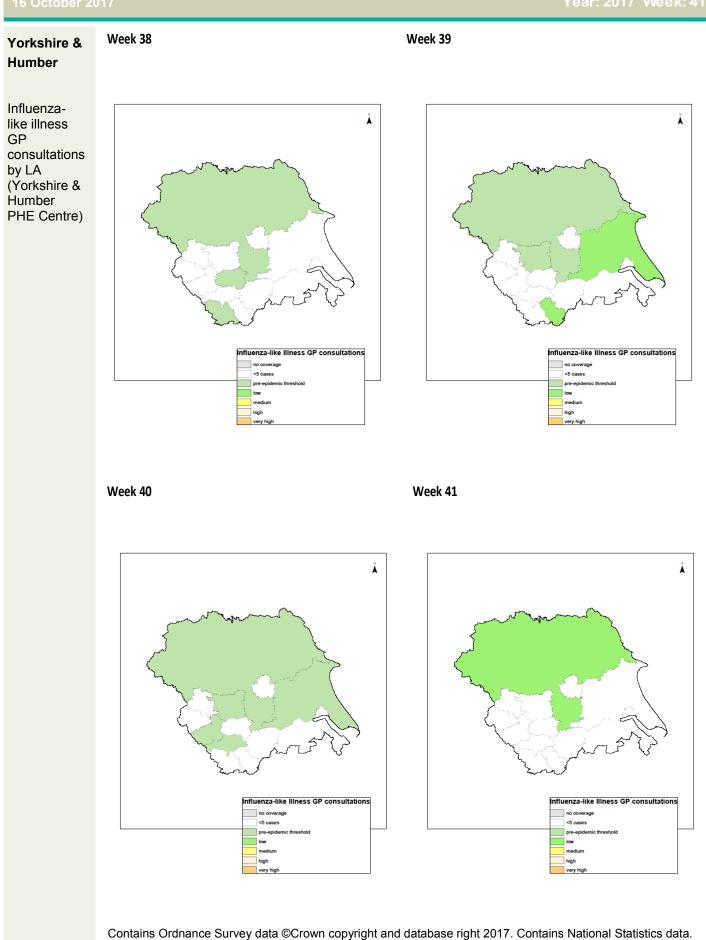


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Year: 2017 Week: 41

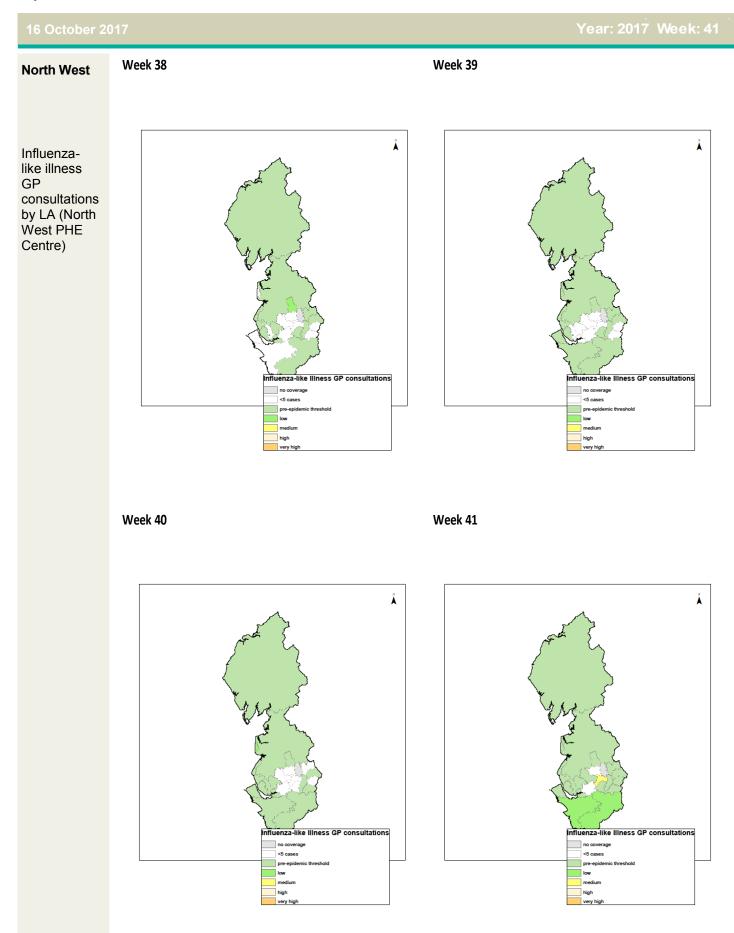


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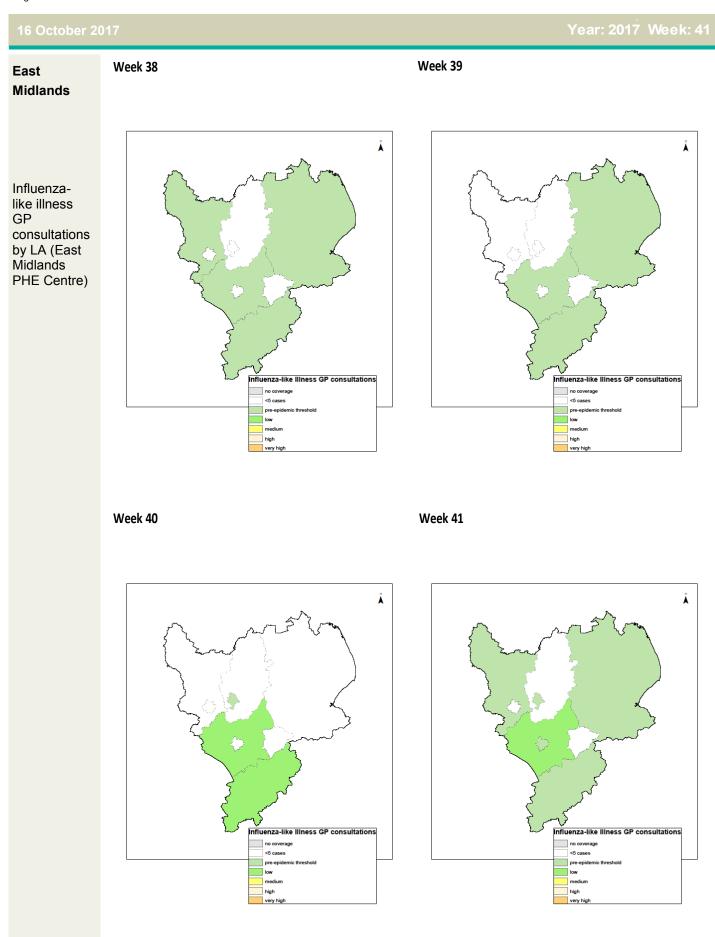


Please read the notes section (page 11) to understand the caveats and limitations on the use and inter-

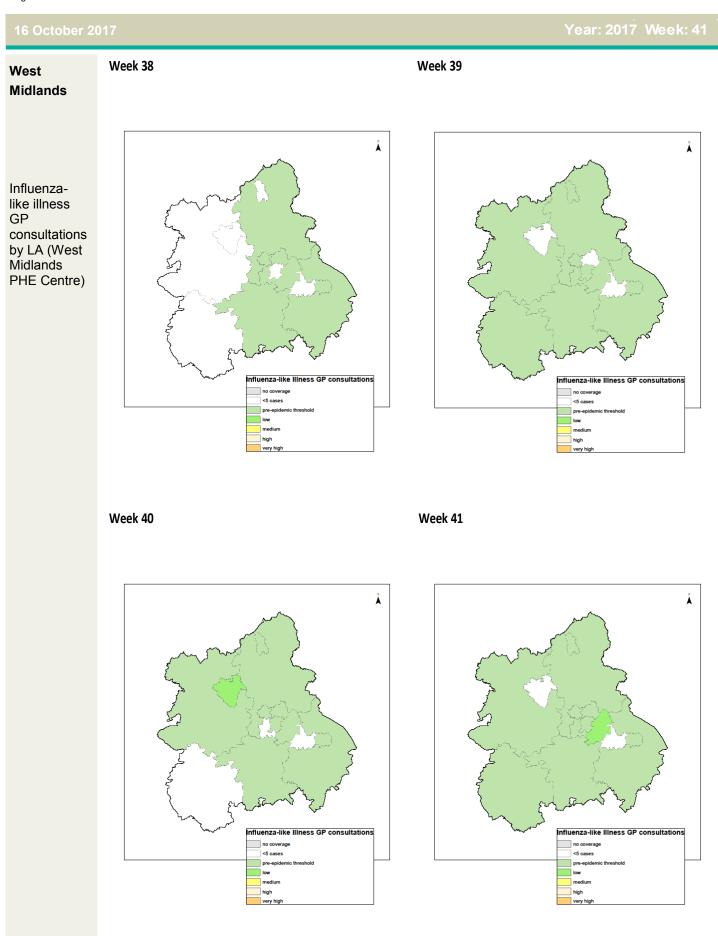
pretation of local ILI consultation data



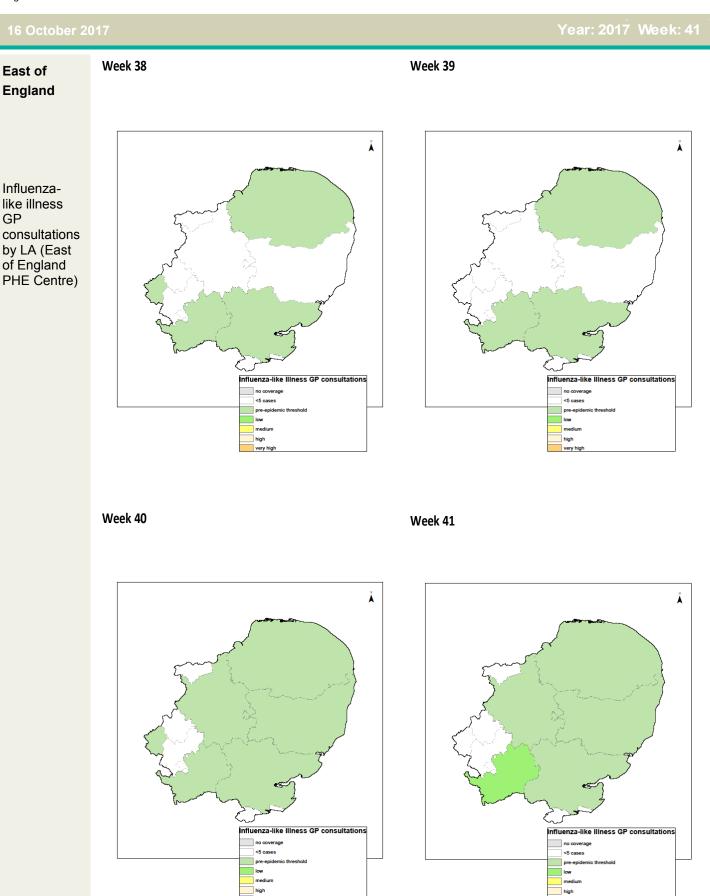
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Please read the notes section (page 11) to understand the caveats and limitations on the use and interpretation of local ILI consultation data

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South East

Influenzalike illness GP

consultations by LA (South East PHE Centre)

GP In Hours Appendix

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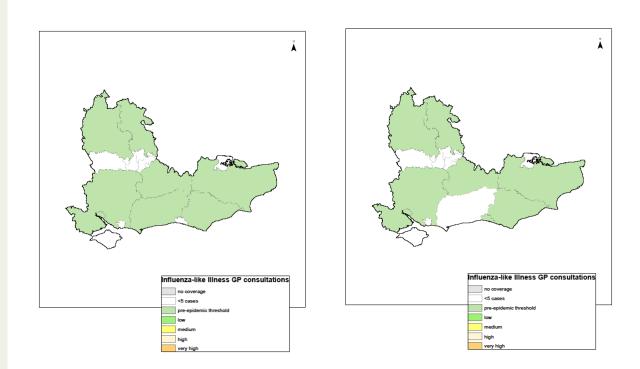
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Week 41



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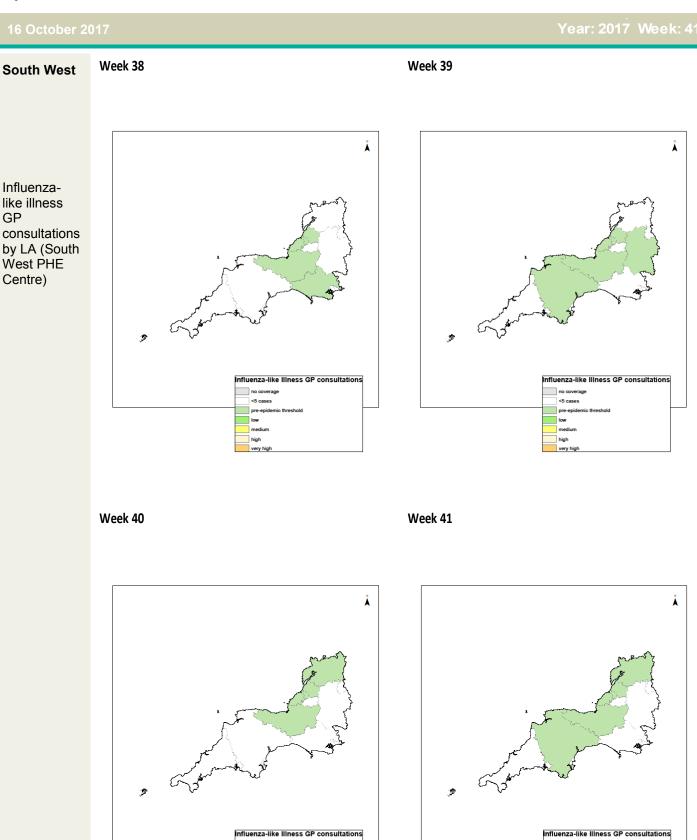
Year: 2017 Week: 4



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GP

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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