

GP In Hours

Syndromic Surveillance System: England

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population.

Diagnostic indicators

Key messages

Data to: 11 February 2018

GP consultations for influenza-like illness continued to decrease across most age groups during week 6 (figures 2 & 2a).

The was a further increase in GP consultations for scarlet fever, particularly in the 1-4 and 5-14 years age groups (figures 4 & 4a).

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 2 Alert & readiness/ 3 Severe weather action http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Diagnostic indicators at a glance:

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

GP practices and denominator population:

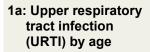
Year	Week	GP Practices Reporting**	Population size**
2018	6	2,602	21.5 million

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

13 February 2018

1: Upper respiratory tract infection (URTI)

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

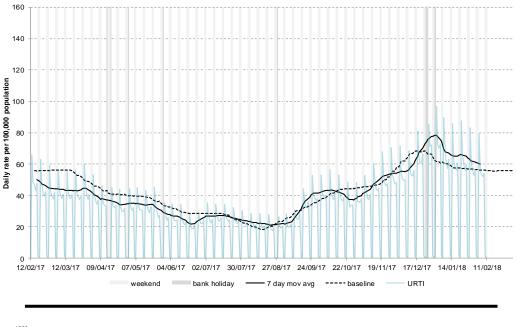


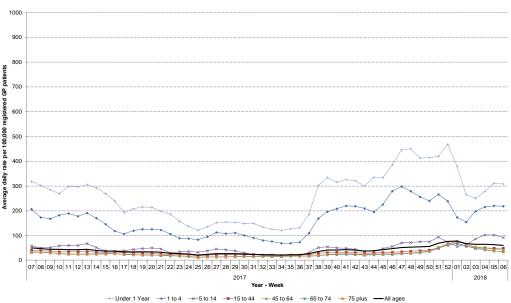
Average daily incidence rate by week per 100,000 population (all England).

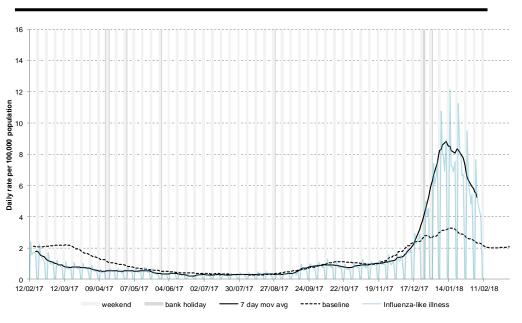


Daily incidence rates (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.







* 7-day moving average



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

3: Pharyngitis or scarlet fever

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2a: Influenza-like illness by age

rate by week per

England).

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

25 population 20

Daily rate per 100,000 12

5

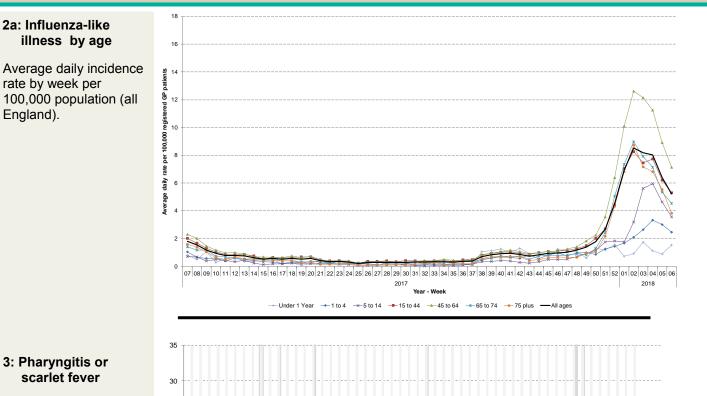
12/02/17

12/03/17 09/04/17

weekend

07/05/17

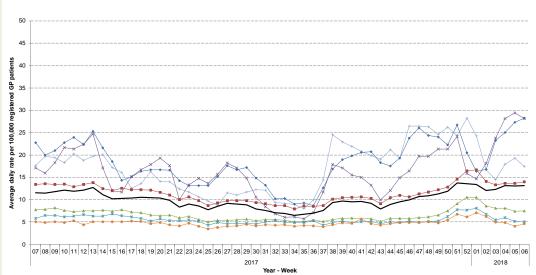
bank holiday



GP In Hours

17/12/17 14/01/18 11/02/18

Pharyngitis or scarlet fever



-Under 1 Year 🔸 1 to 4 🐳 5 to 14 🛑 15 to 44 🐳 45 to 64 🐳 65 to 74 🔶 75 plus 📥 All ages

04/06/17 02/07/17 30/07/17 27/08/17 24/09/17 22/10/17 19/11/17

---- baseline

7 day mov avg

13 February 2018

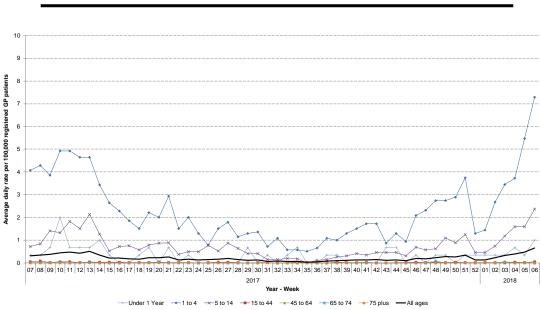
4: Scarlet fever

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)



4a: Pharyngitis/scarlet fever by age

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

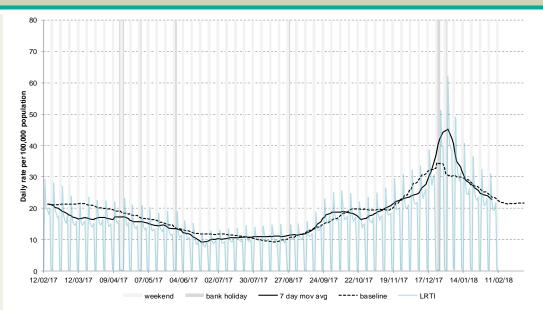


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* 7-day moving average adjusted for bank holidays.

GP In Hours





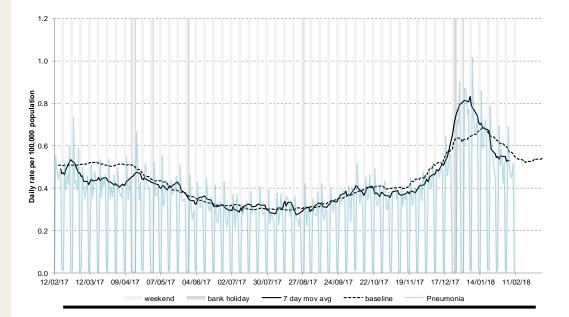
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5: Lower respiratory tract infection (LRTI)

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).



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7: Gastroenteritis

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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).

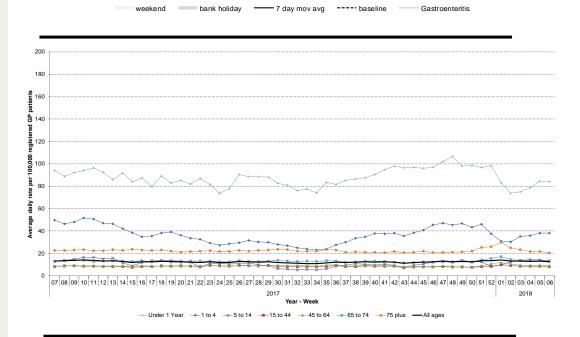
8: Vomiting

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

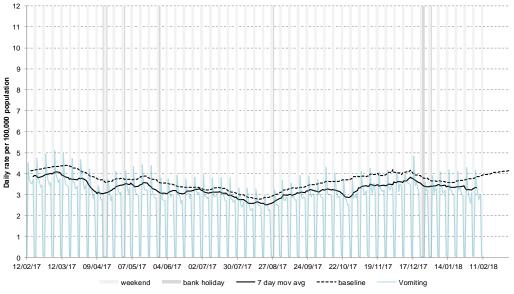
* 7-day moving average adjusted for bank holidays.







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12/02/17 12/03/17 09/04/17 07/05/17 04/06/17 02/07/17 30/07/17 27/08/17 24/09/17 22/10/17 19/11/17 17/12/17 14/01/18 11/02/18

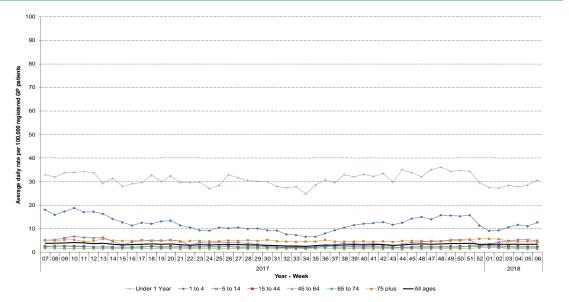




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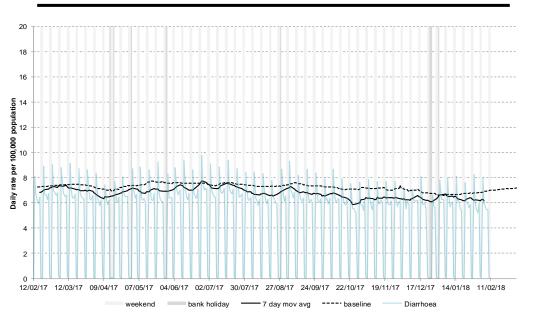
8a: Vomiting by age

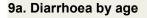
Average daily incidence rate by week per 100,000 population (all England).



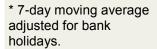
9: Diarrhoea

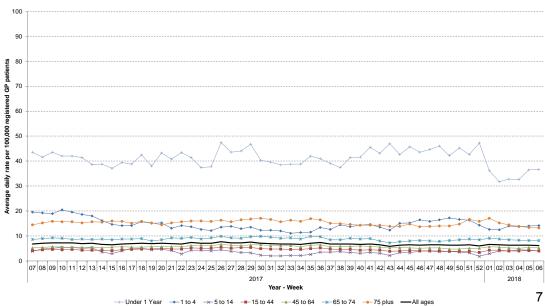
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).





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





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10: Asthma

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



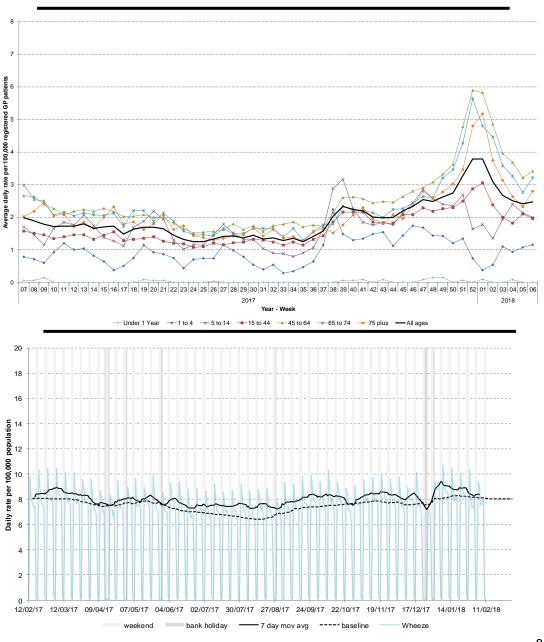
10a: Asthma by age

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.



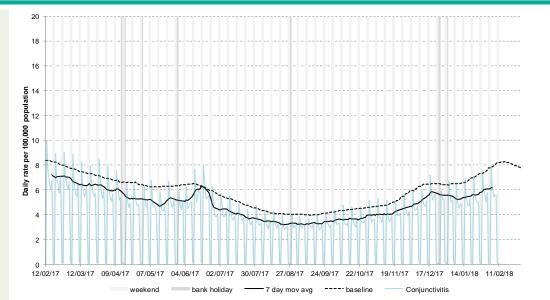
GP In Hours

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13 February 2018

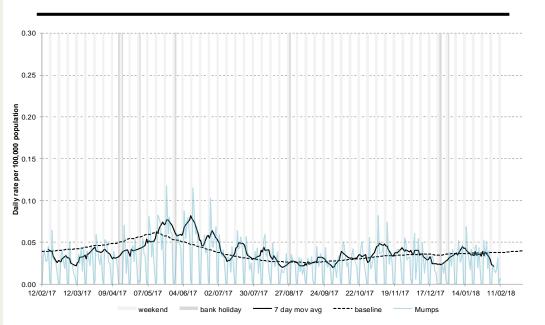
12: Conjunctivitis

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



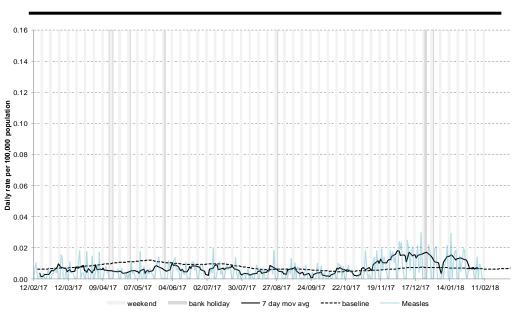
13: Mumps

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).



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15: Rubella

16: Pertussis

all ages).

Daily incidence rate (and 7-day moving

average*) per 100,000

population (all England,

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

0.045

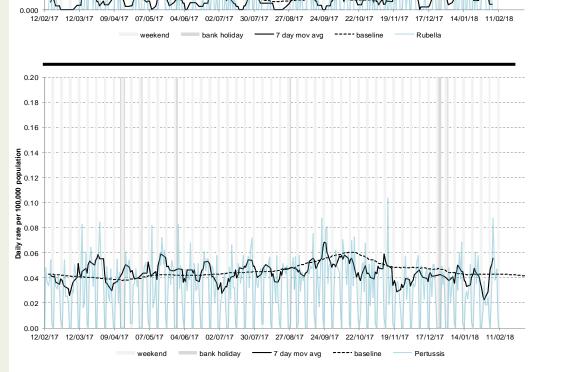
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0.035

Daily Daily

0.010

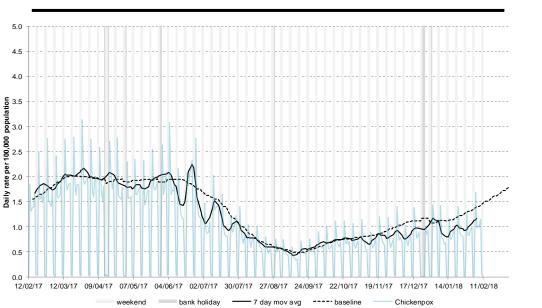
0.005



17: Chickenpox

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



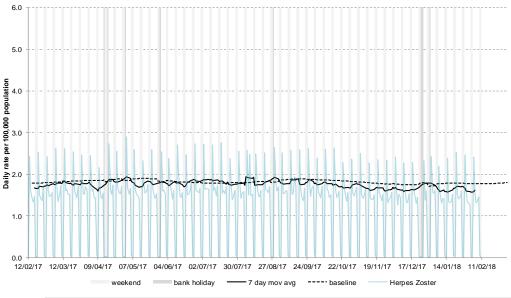


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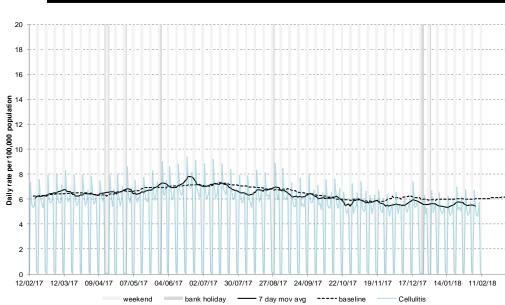
18: Herpes zoster

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



19: Cellulitis

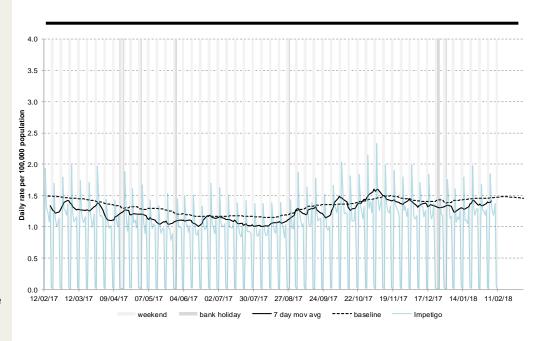
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



20: Impetigo

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: 2018 Week: 6

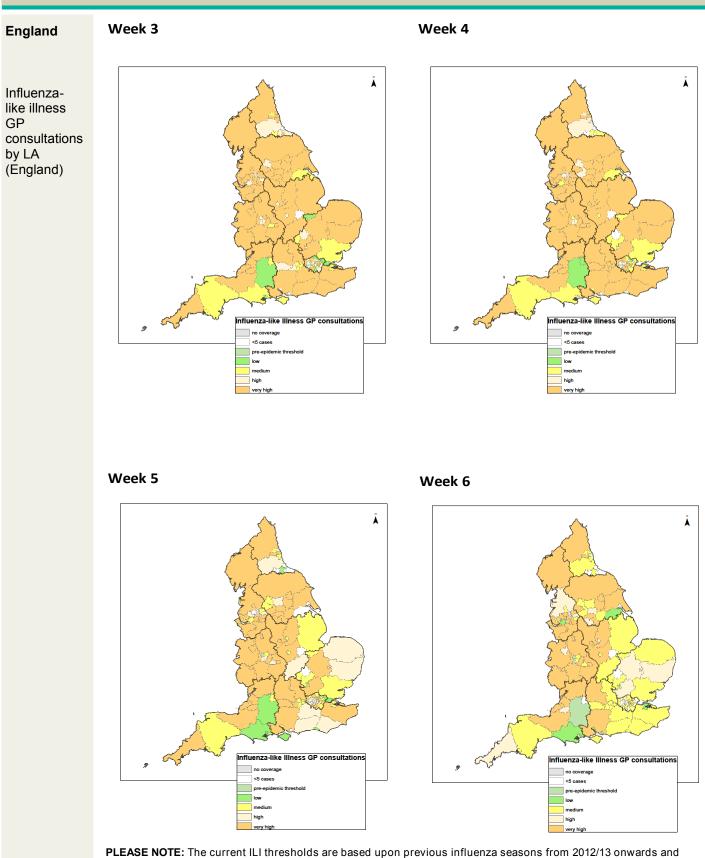
GP In Hours

13 February 2018	Year: 2018 Week: 6
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 current ILI thresholds are based upon previous influenza seasons from 2012/13 onwards and therefore illustrate activity levels in relation to previous ILI activity recorded in the GPIH system. IILI thresholds presented in the maps should be interpreted with caution and reference made to other GP surveillance systems incorporating more historical data, which are available in the PHE National Influenza Report.
	• 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 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:	
syndromic.surveillance @phe.gov.uk	GP In Hours Syndromic Surveillance System Bulletin.
epilo.gov.uk	Produced by: PHE Real-time Syndromic Surveillance Team 6 th 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 1

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<u> /ear: 2018 Week: 6</u>



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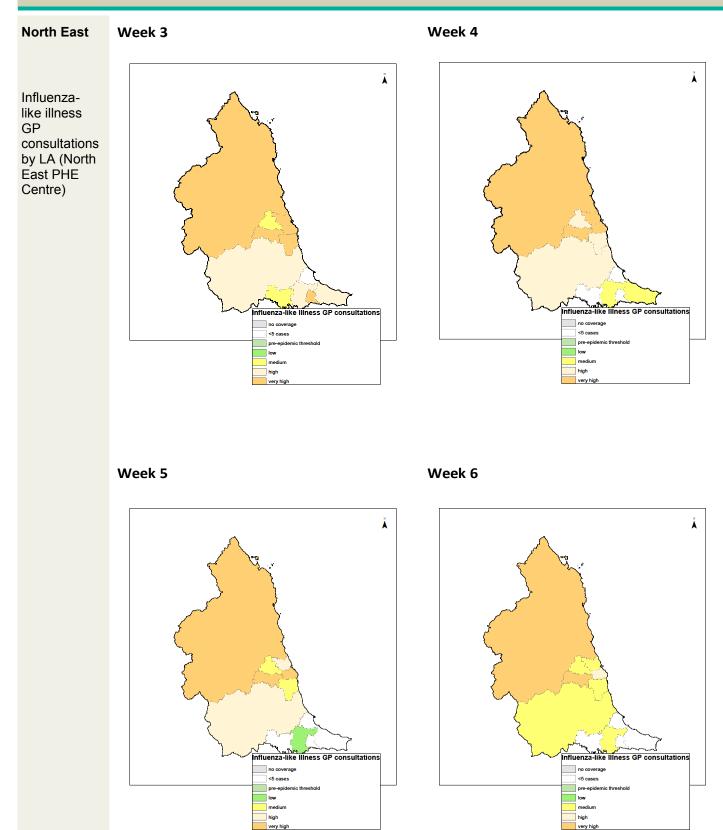
Please read the notes section (page 11) to understand the caveats and limitations on the use and interpretation of local ILI consultation data

With Public Health England

GP In Hours Appendix

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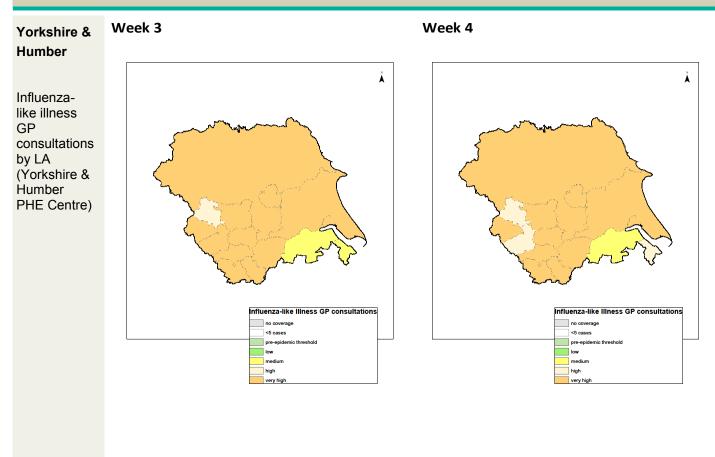


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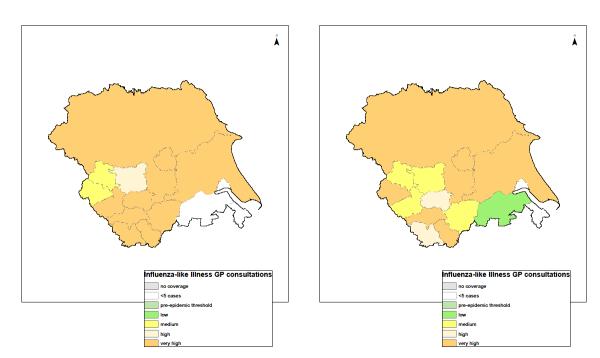
Year: 2018 Week: 6

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Week 5



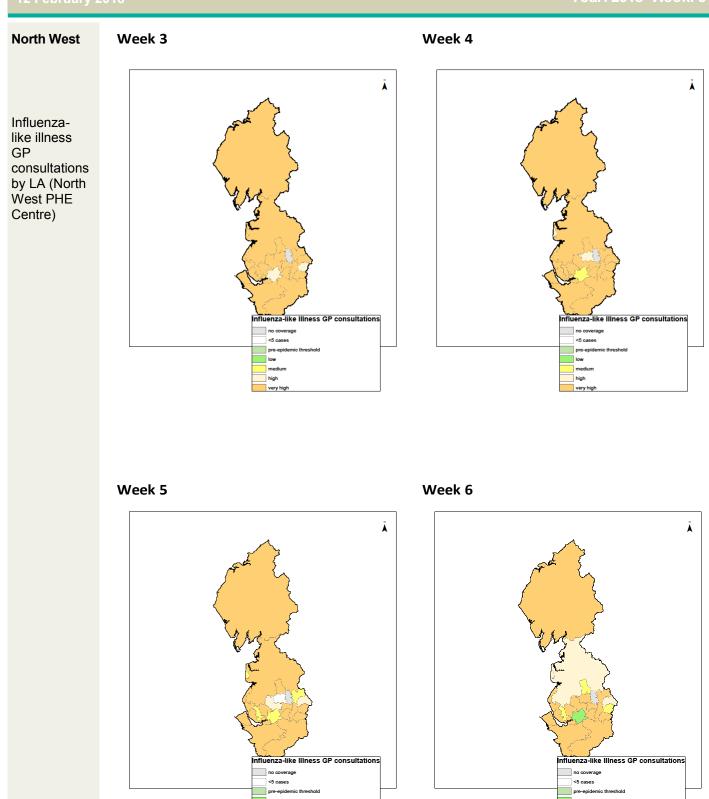


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GP In Hours Appendix

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Week 4 Week 3 East Midlands Ä Influenzalike illness consultations by LA (East Midlands PHE Centre) Influenza-like Illness GP consultations Influenza-like Illness GP consultations no coverage <5 cases <5 cases pre-ep pre-e low low medi mediur high high very hig very hig Week 5 Week 6 Å

Å ess GP consultation ienza-like GP consultations Influ enza-like no cove age no coverage <5 cr <5 cases pre pre-ep low low me mediu high high very hig very hig

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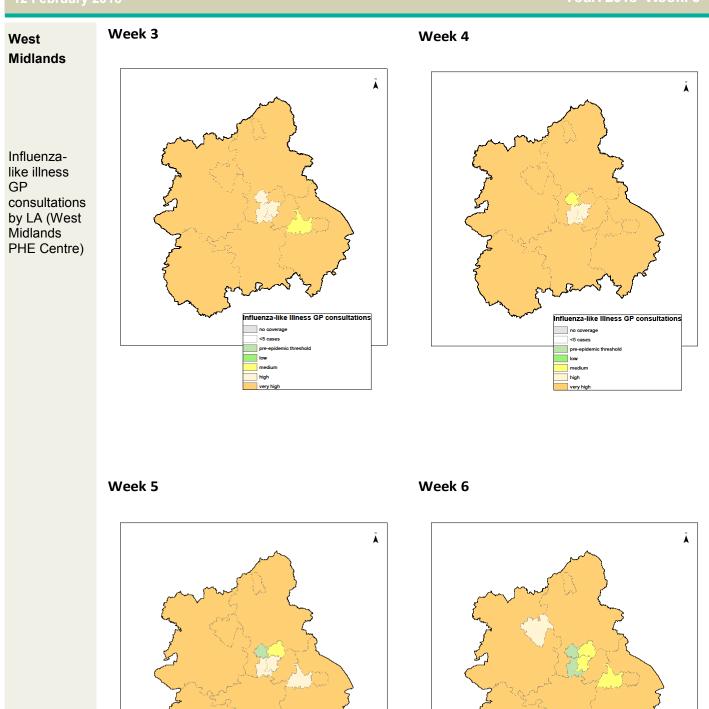
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GP In Hours Appendix

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nfluenza-like Illness GP consultations

high

Influenza-like Illness GP consultations

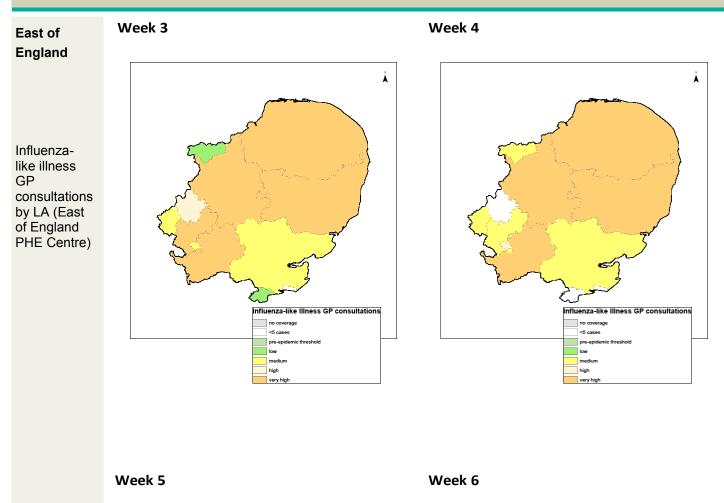
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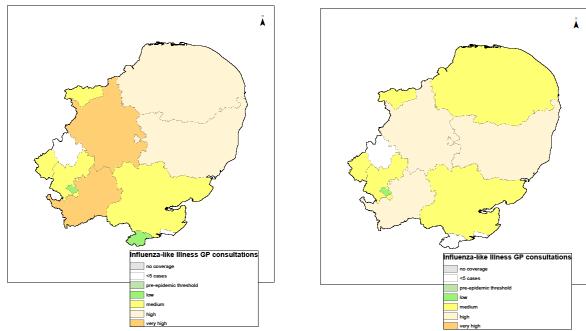
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GP In Hours Appendix

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South East

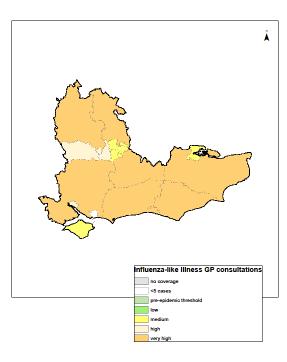
GP In Hours Appendix

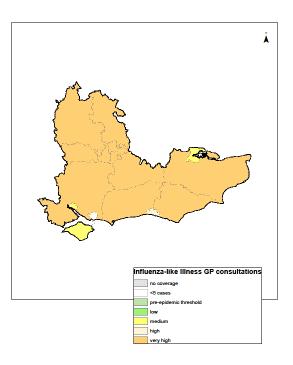
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Week 3

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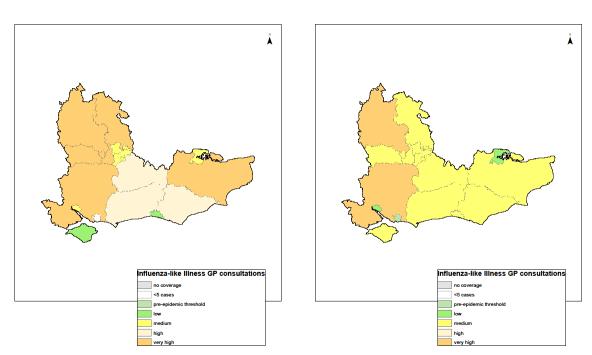




Week 5



Week 4



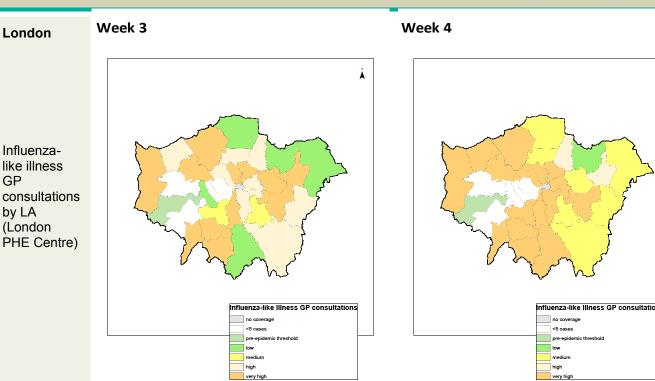
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2 February 2018

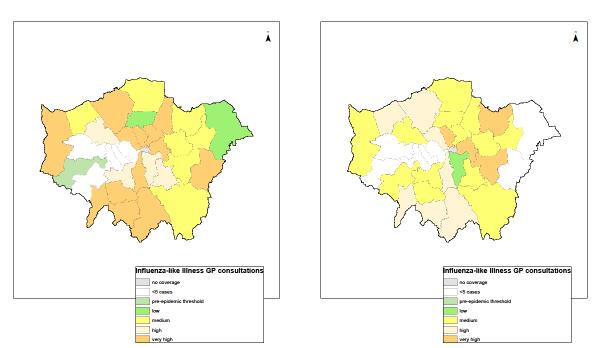
Year: 2018 Week: 6

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Week 5



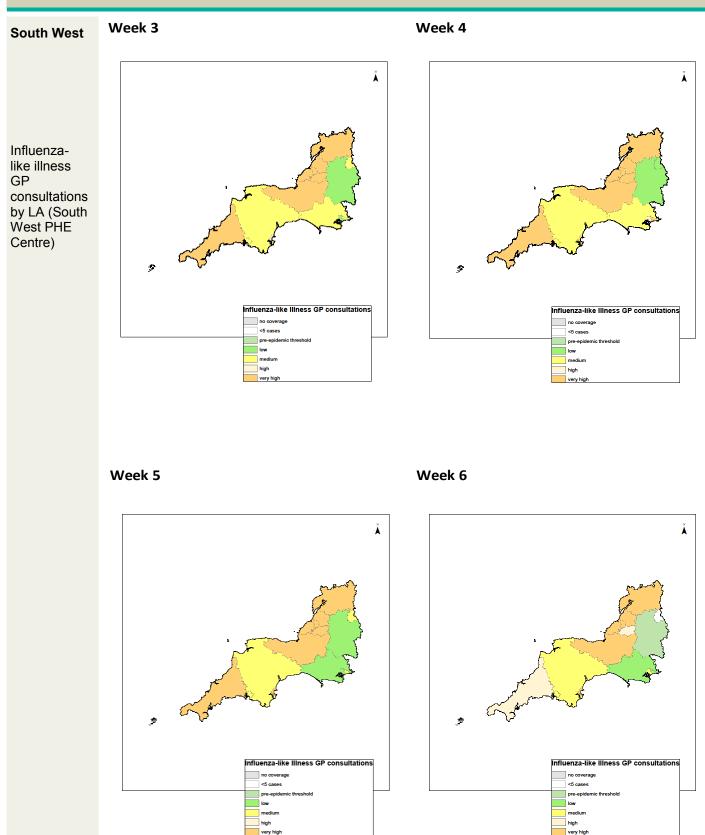


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