Public Health England

GP In Hours

Syndromic Surveillance System: England

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Key messages

Data to: 23 September 2018

GP consultations for asthma in children aged 1-4 and 5-14 years continued to increase during week 38 in line with seasonal expectations (figure 10a).

Diagnostic indicators at a glance:

| Indicator	Trend	Level
Upper respiratory tract infection	increasing	similar to baseline levels
Influenza-like illness	increasing	similar to baseline levels
Pharyngitis	increasing	below baseline levels
Scarlet fever	no trend	similar to baseline levels
Lower respiratory tract infection	increasing	similar to baseline levels
Pneumonia	no trend	below baseline levels
Gastroenteritis	no trend	below baseline levels
Vomiting	increasing	below baseline levels
Diarrhoea	no trend	below baseline levels
Asthma	increasing	above baseline levels
Conjunctivitis	no trend	below baseline levels
Mumps	no trend	above baseline levels
Measles	no trend	similar to baseline levels
Rubella	no trend	similar to baseline levels
Pertussis	no trend	below baseline levels
Chickenpox	no trend	similar to baseline levels
Herpes zoster	no trend	similar to 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	38	3,031	25.8 million

**based on the average number of practices and denominator population in the reporting working week.
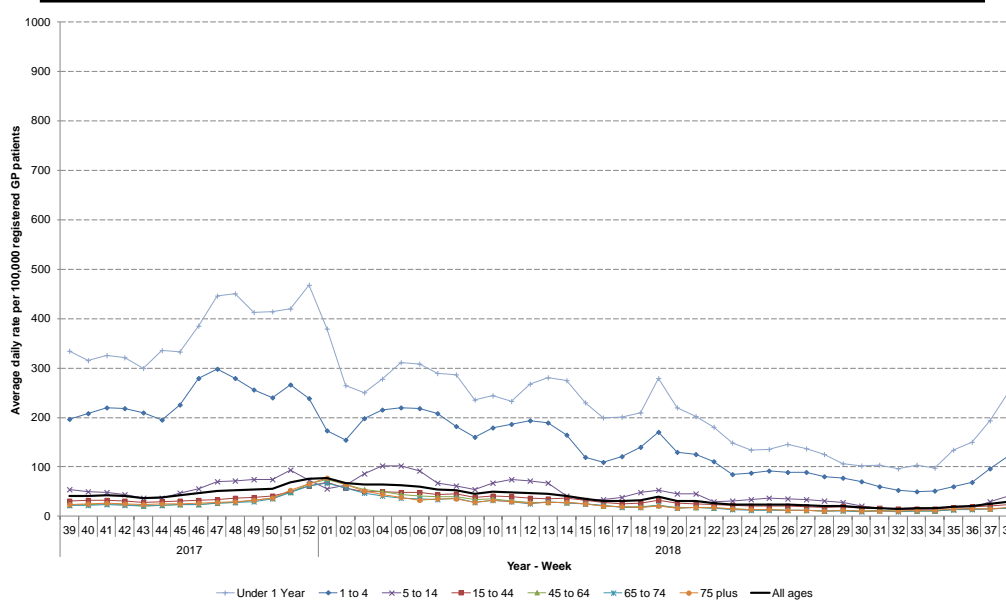
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1: Upper respiratory tract infection (URTI)

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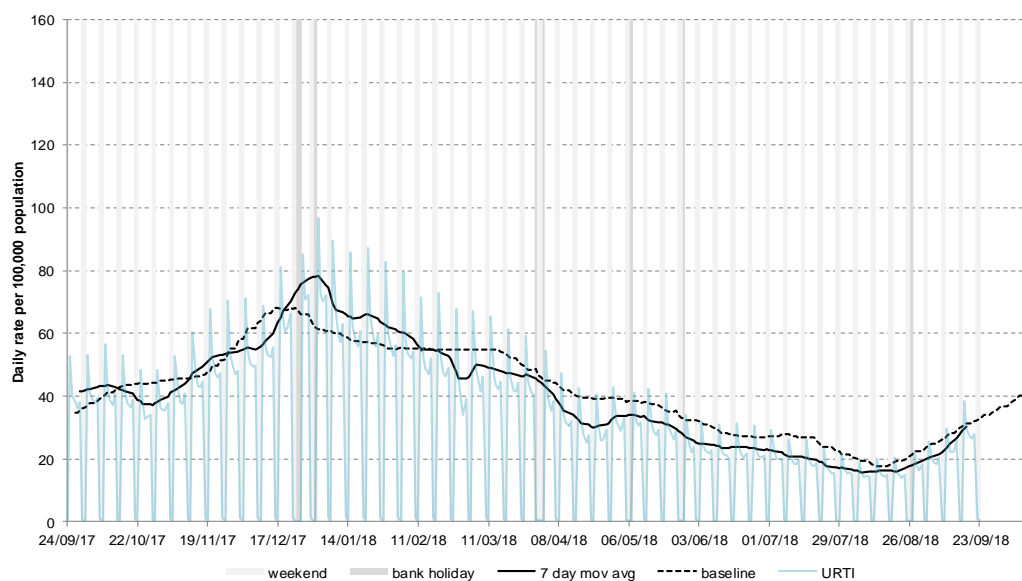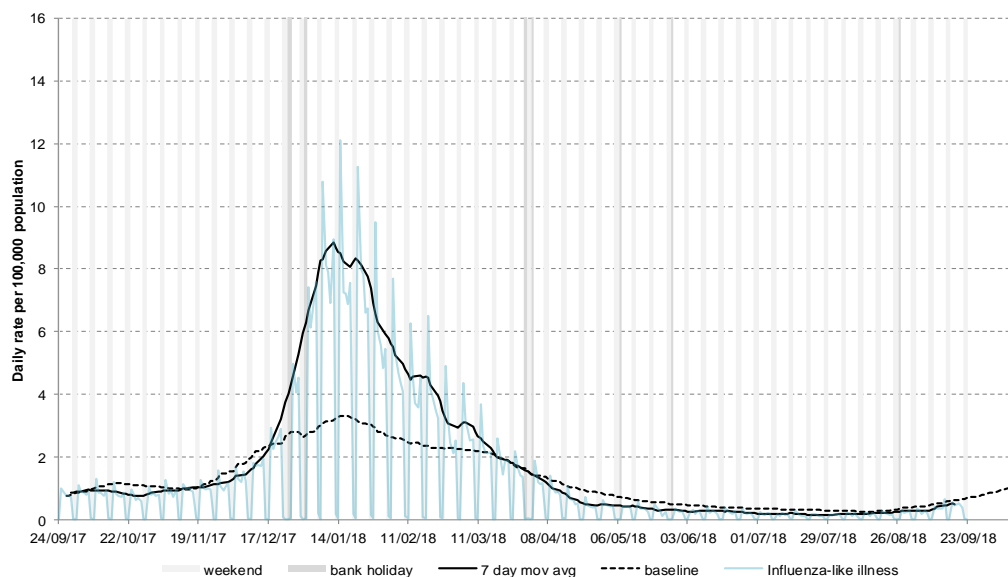

1a: Upper respiratory tract infection (URTI) by age

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

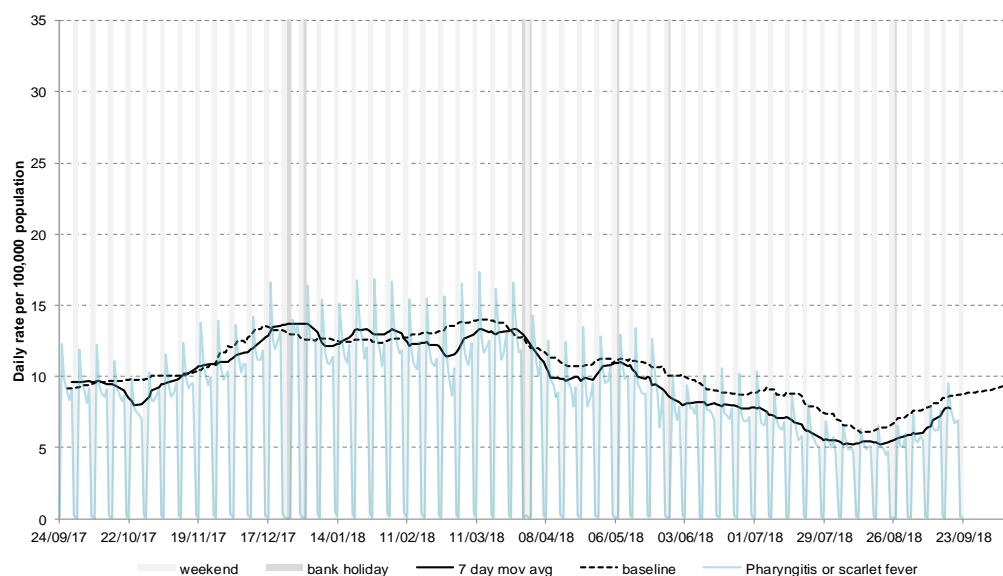* 7-day moving average adjusted for bank holidays.

GP In Hours

2: Influenza-like illness (ILI)

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

3: Pharyngitis or scarlet fever

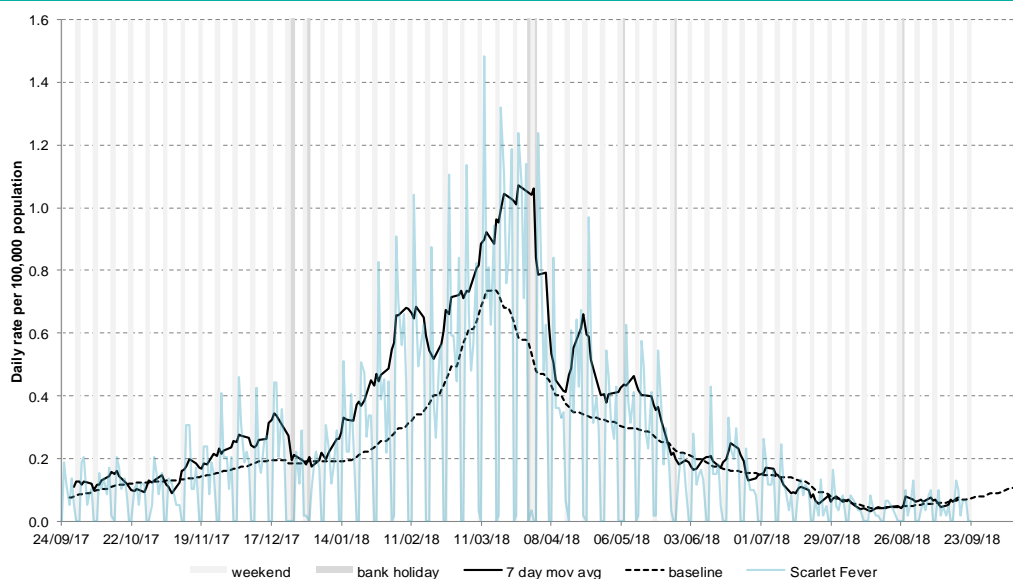Daily incidence rates (and 7-day moving average*) per 100,000 population (all England, all ages).

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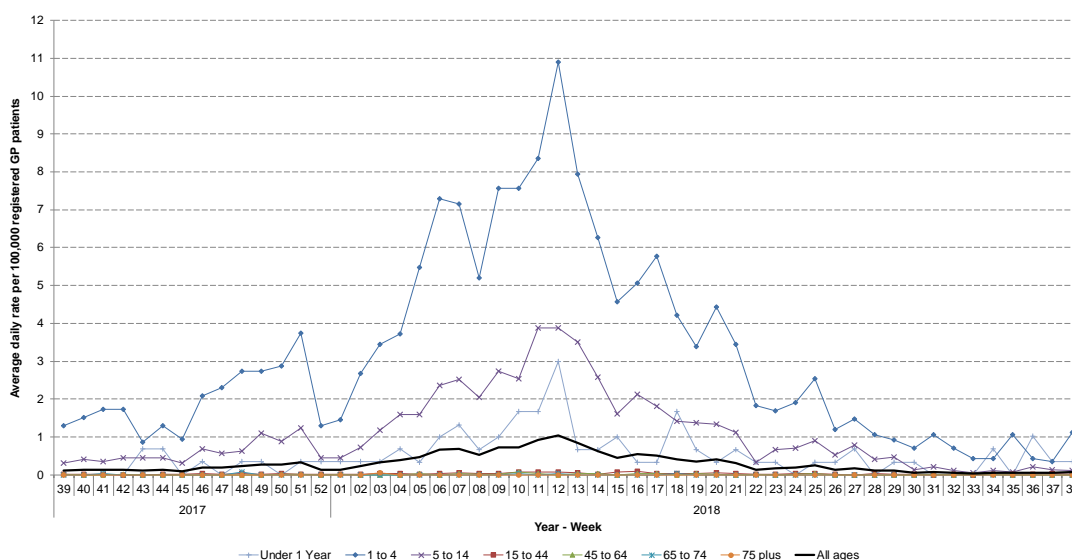* 7-day moving average adjusted for bank holidays.

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: Scarlet fever by age

Average daily incidence rate by week per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients).
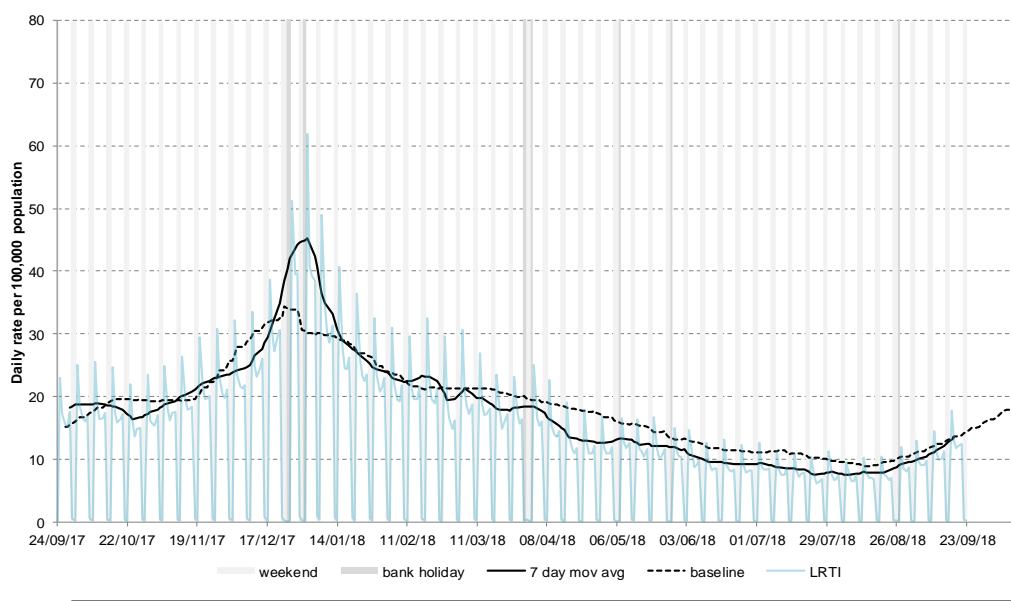

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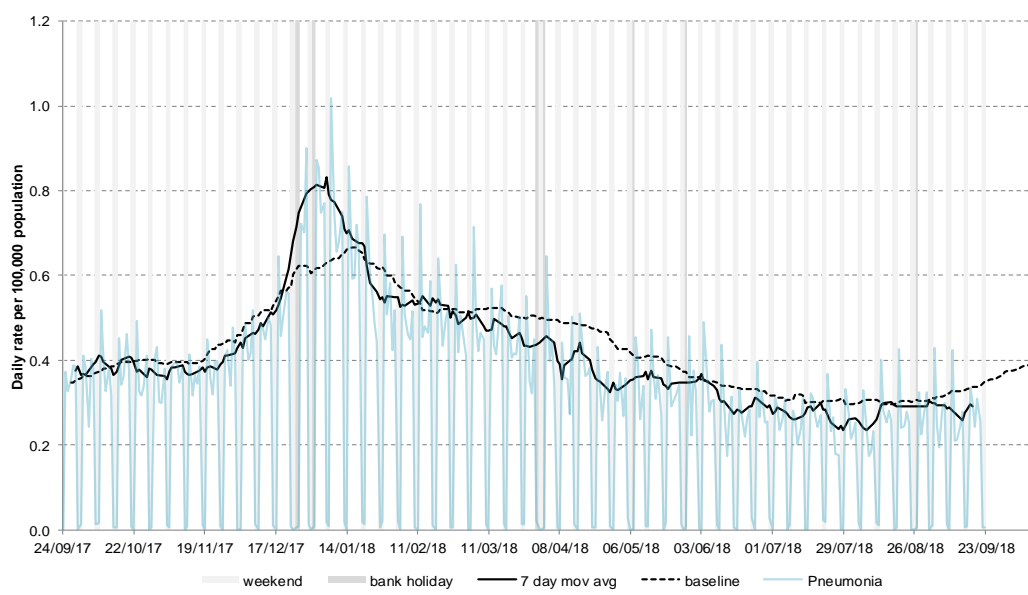* 7-day moving average adjusted for bank holidays.

5: Lower respiratory tract infection (LRTI)

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

6: Pneumonia

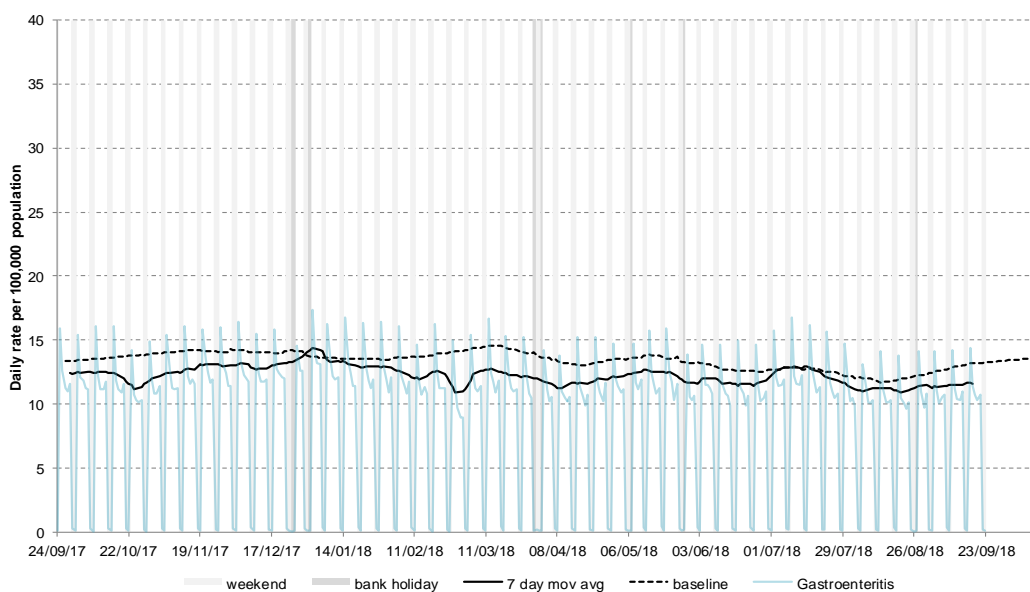Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

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* 7-day moving average adjusted for bank holidays.
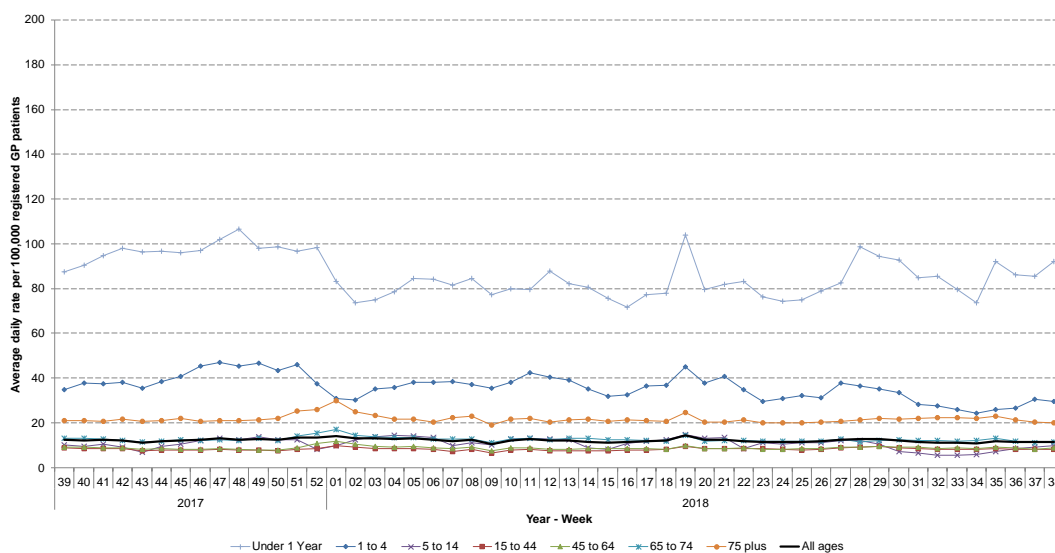
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7: Gastroenteritis

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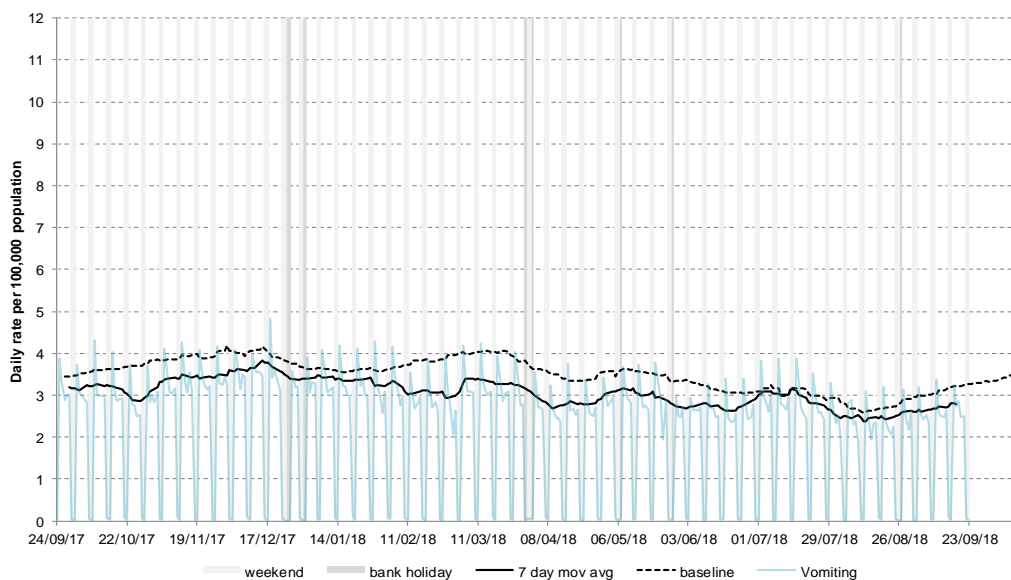

7a: Gastroenteritis by age

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).
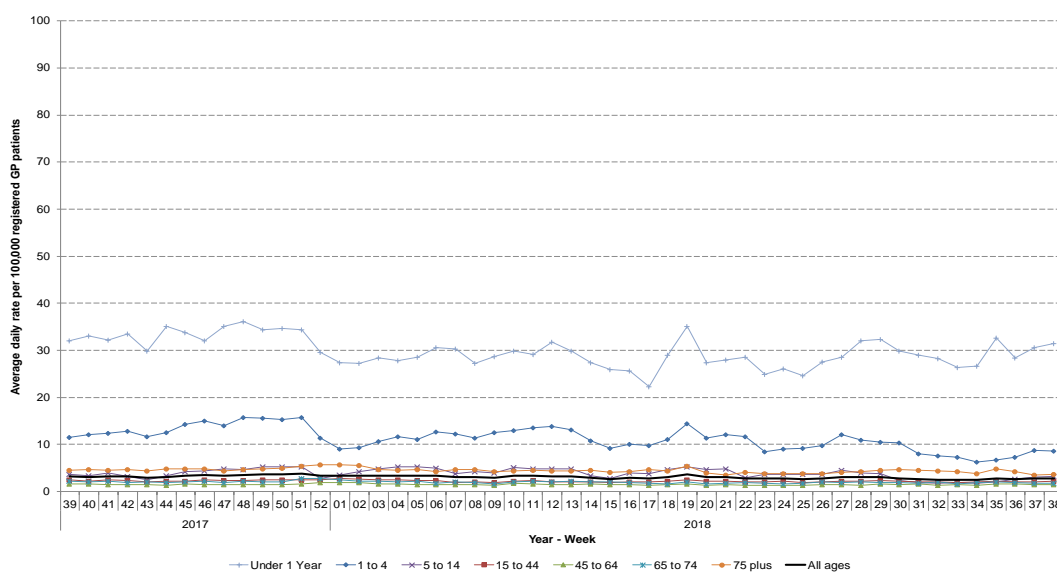

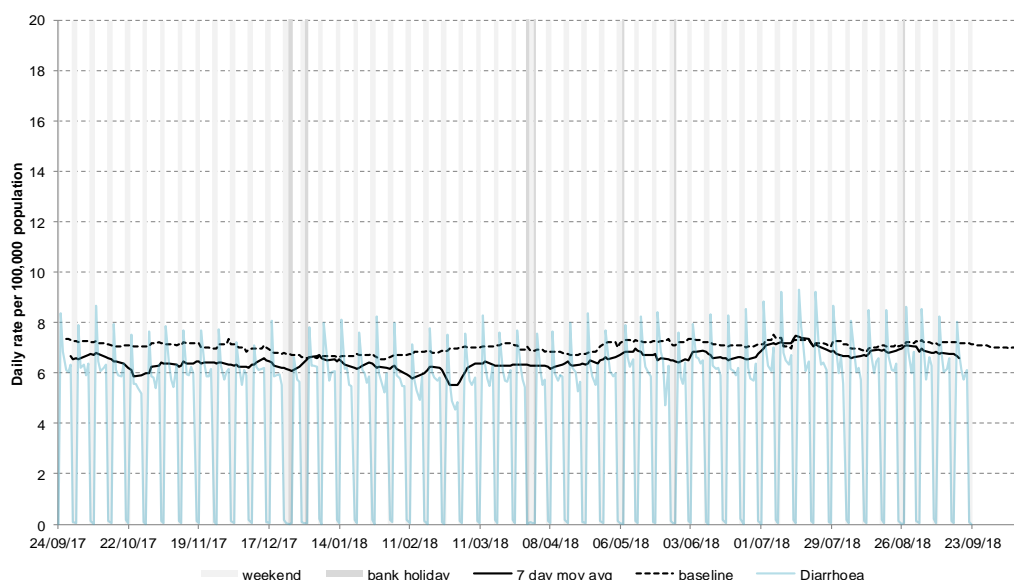* 7-day moving average adjusted for bank holidays.

8a: Vomiting by age

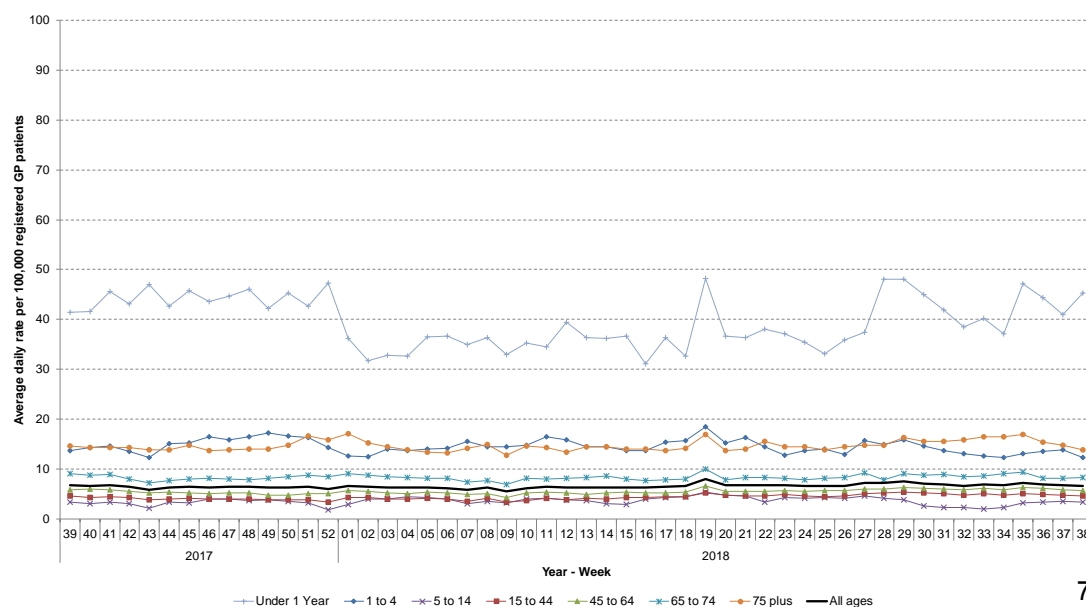Average daily incidence rate by week per 100,000 population (all England).

9: Diarrhoea

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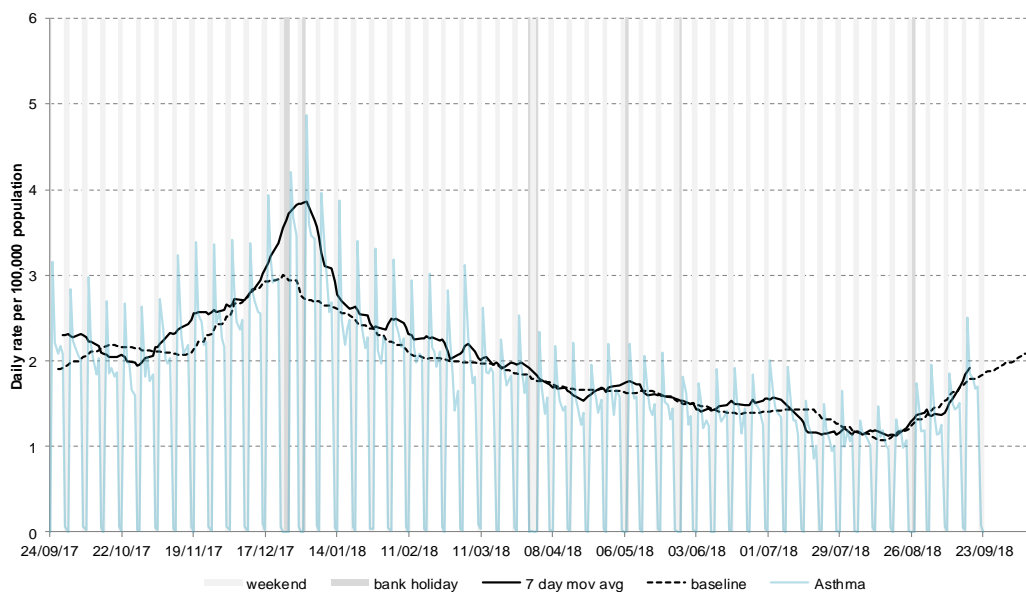

9a. Diarrhoea by age

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

* 7-day moving average adjusted for bank holidays.
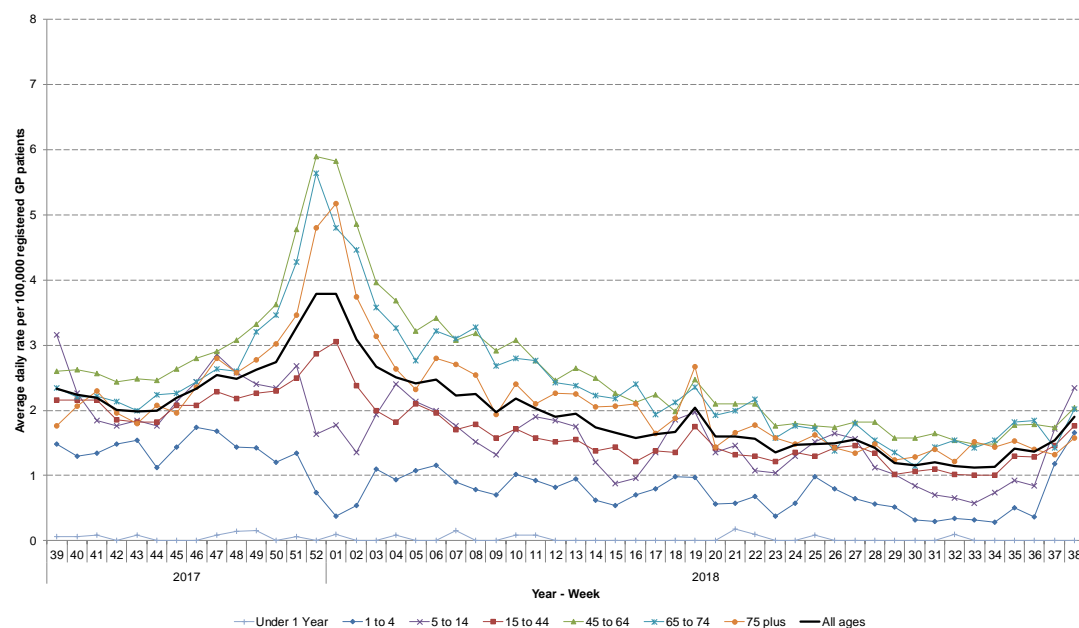
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10: Asthma

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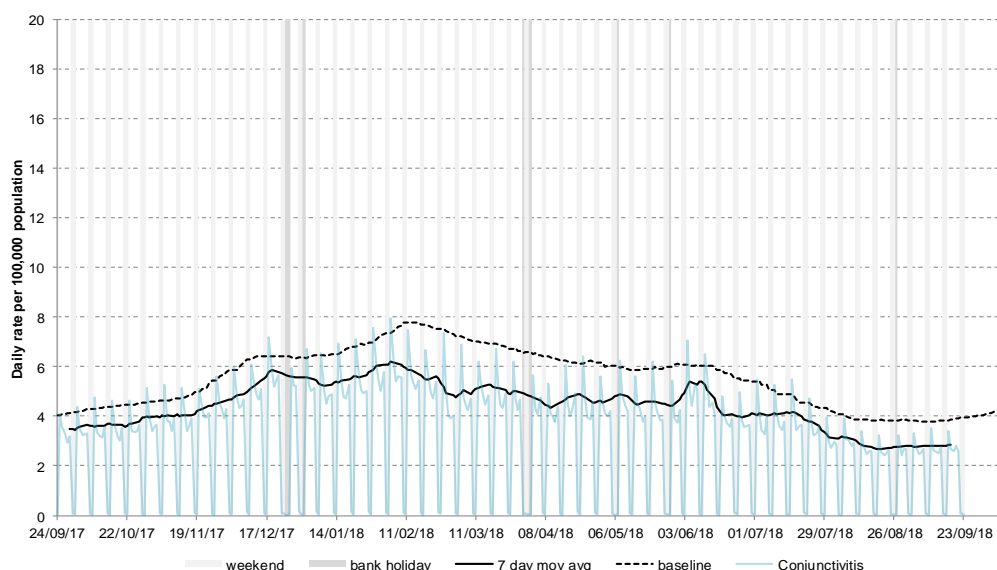

10a: Asthma by age

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

11: Conjunctivitis

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

* 7-day moving average adjusted for bank holidays.

12: Mumps

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

13: Measles

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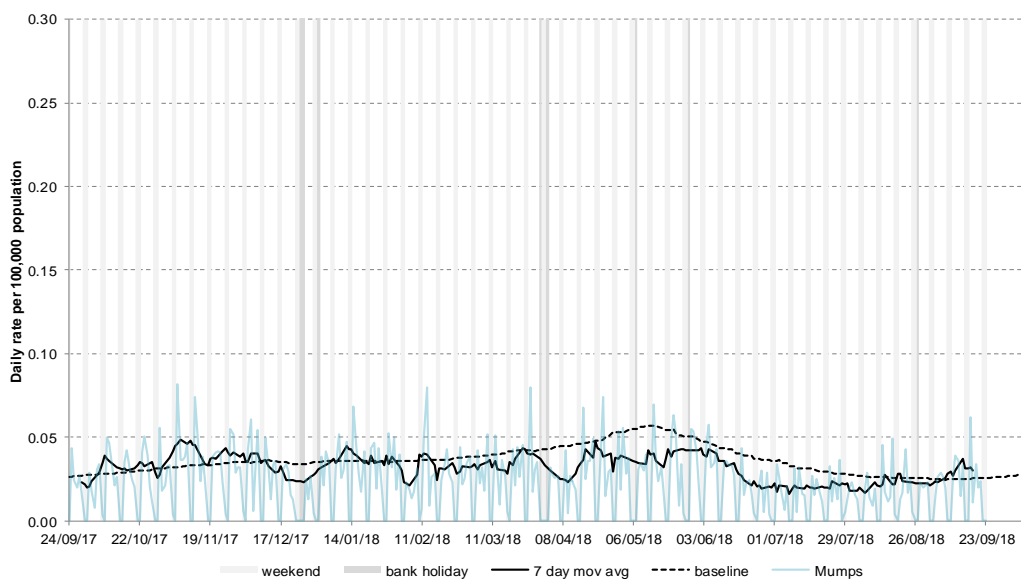

14: Rubella

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).
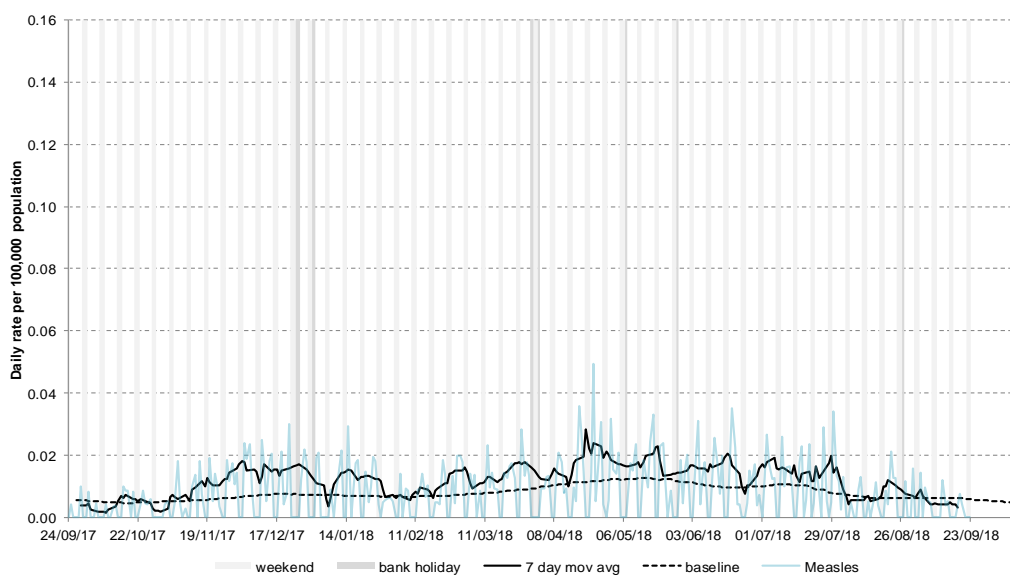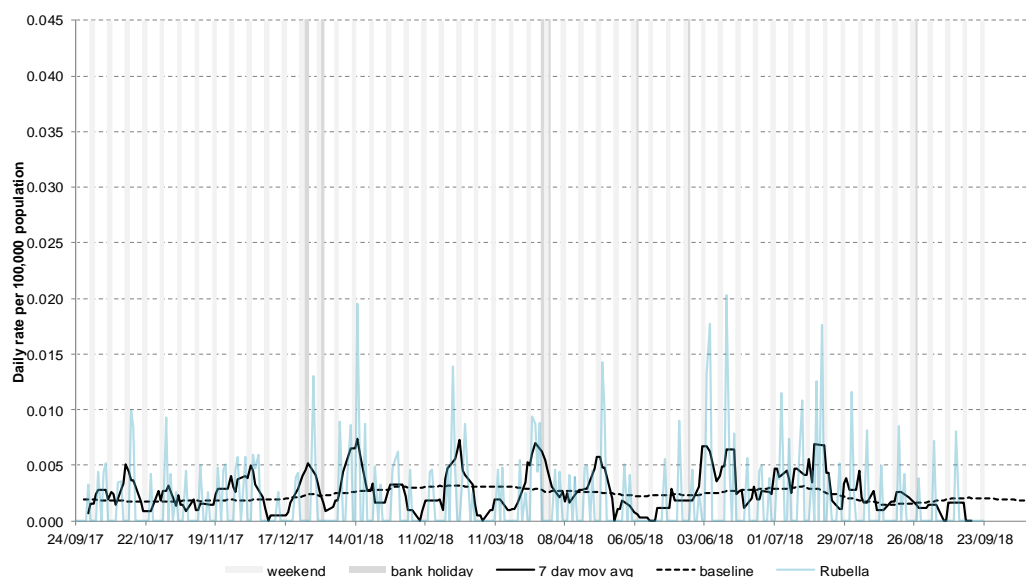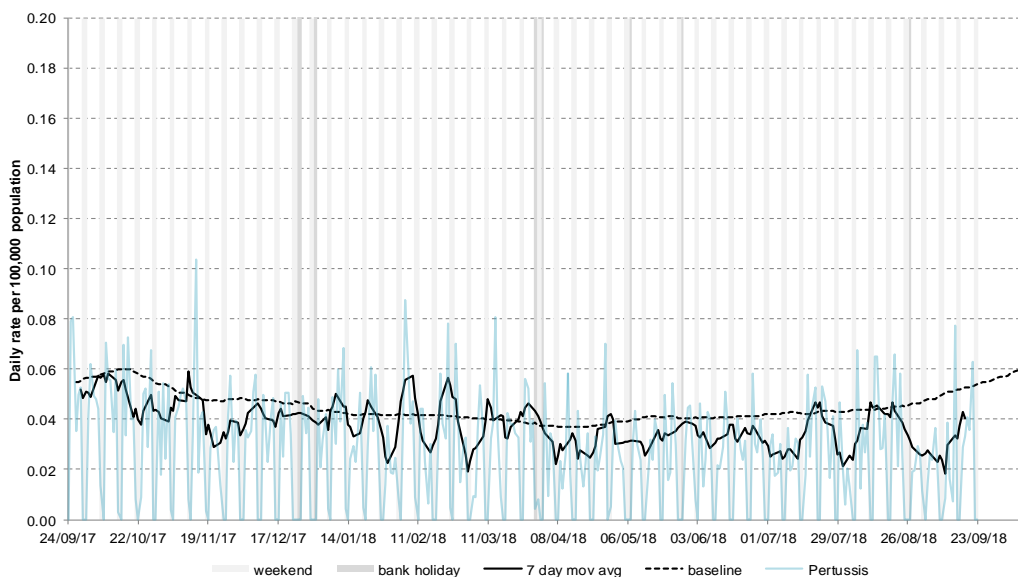
* 7-day moving average adjusted for bank holidays.
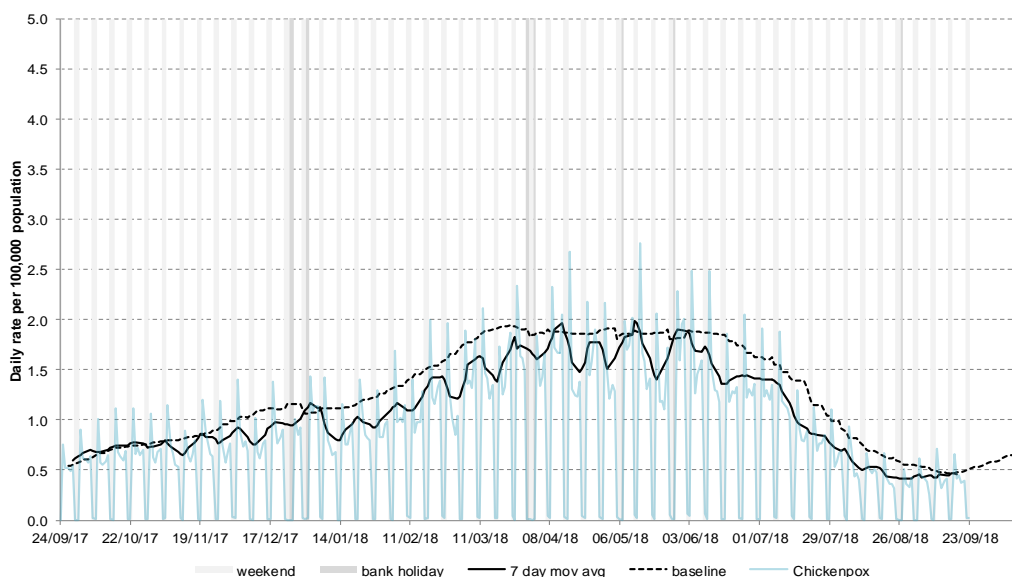
15: Pertussis

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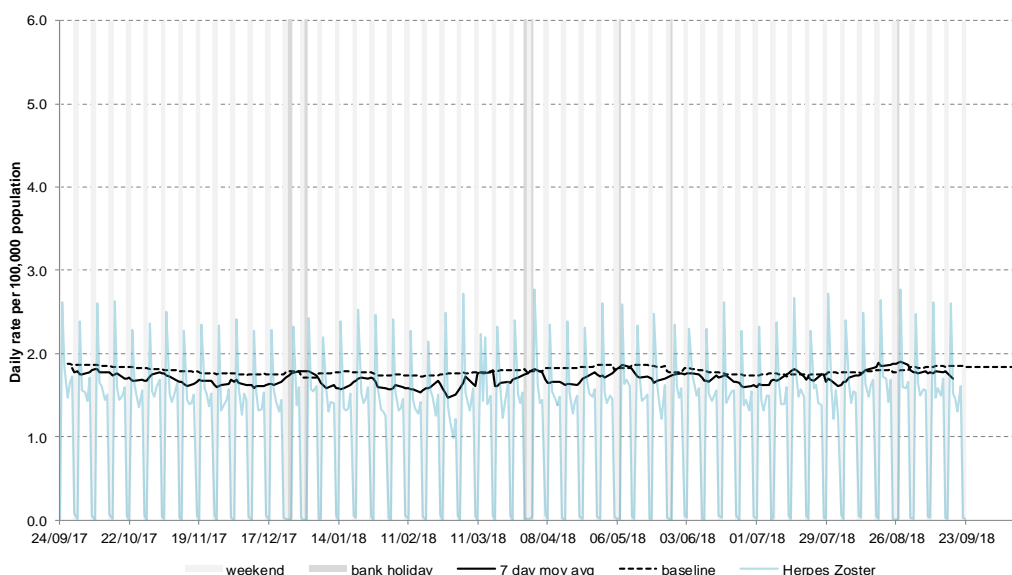

16: Chickenpox

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

17: Herpes zoster

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

* 7-day moving average

10

18: Cellulitis

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

19: Impetigo

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

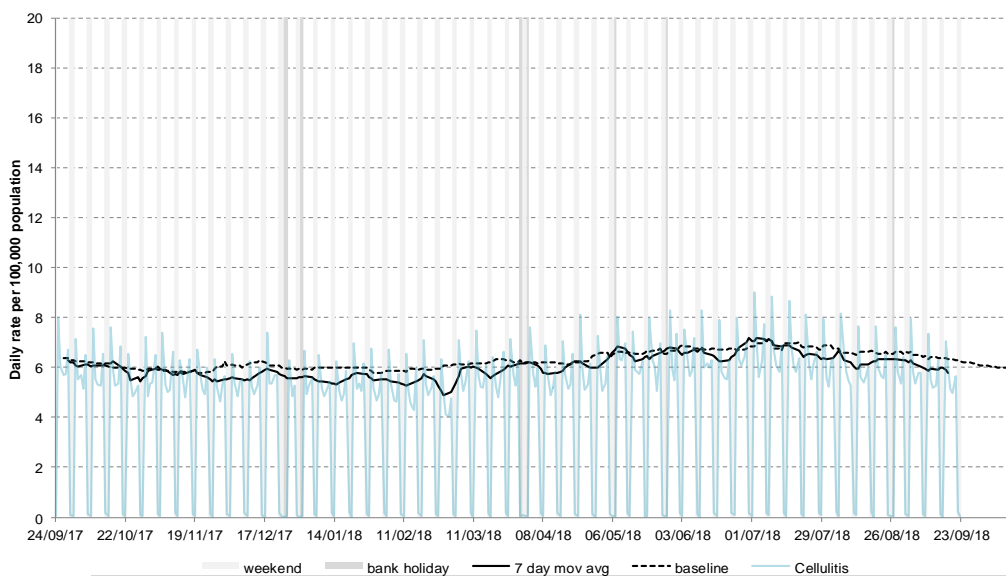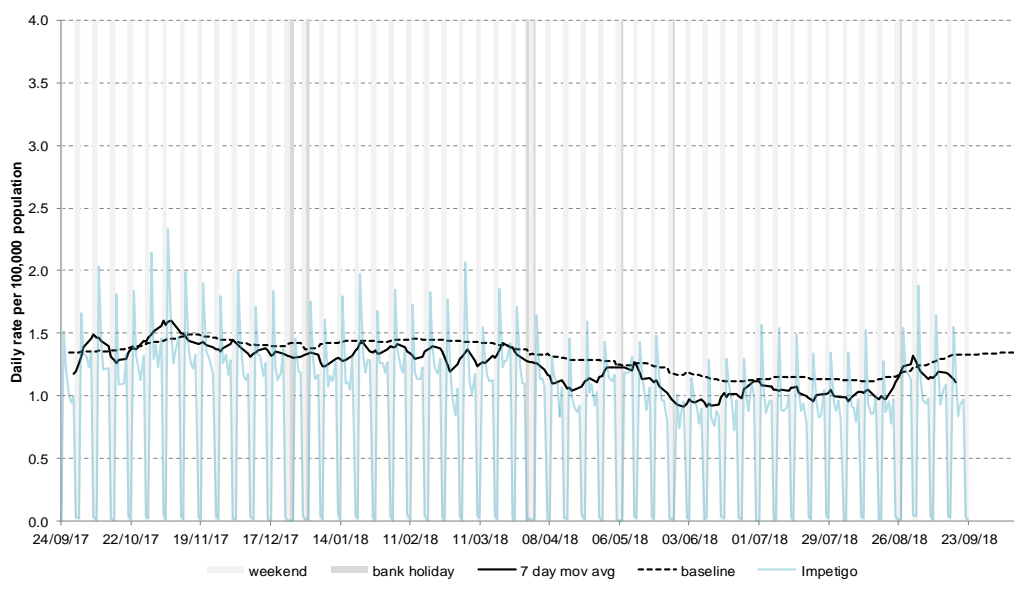**Intentionally left blank**

* 7-day moving average adjusted for bank holidays.

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 since April 2012. They take into account any known substantial changes in data collection, population coverage or reporting practices. Gastroenteritis, diarrhoea and vomiting baselines also account for changes since the introduction of rotavirus vaccine in July 2013. 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. *Influenza Other Respir Viruses*. 2013;**7**(4):546-58.

[2] Green HK et al. *Epidemiol Infect.* 2015;**143**(1):1-12.