Public Health England

GP OOHSS
GP Out-of-Hours Surveillance System: England

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Key messages   Data to: 25 November 2018

There was a continued increase in consultations for acute respiratory infections during week 47 (figure 2). Consultations for bronchitis/ bronchiolitis remained elevated in young children (figure 4a), in line with recent increases in laboratory reports for respiratory syncytial virus (RSV).
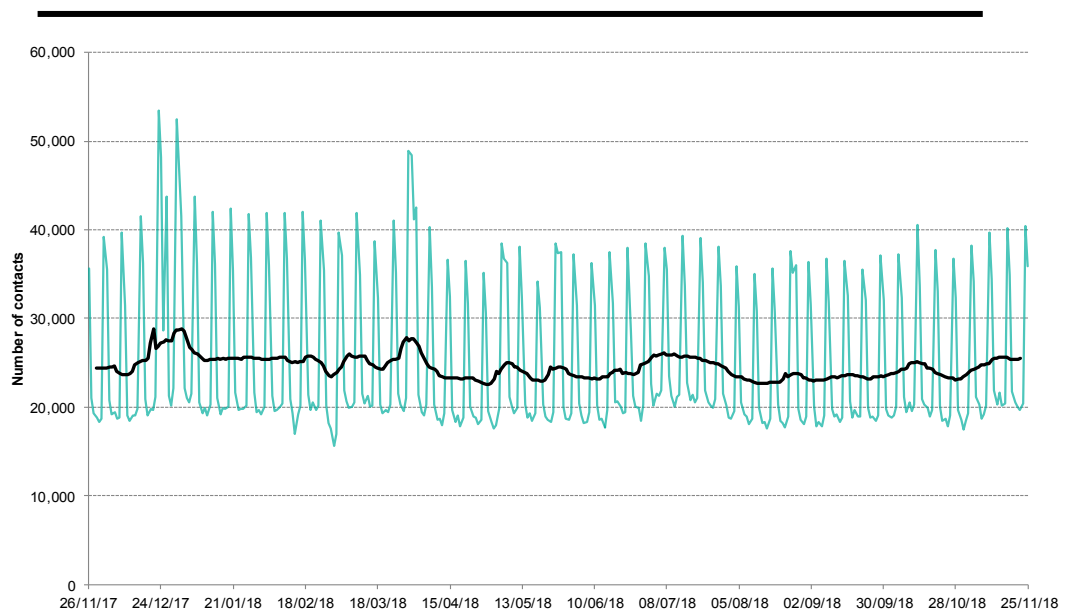
A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance Team will be monitoring the impact of cold weather on syndromic surveillance data during this period.
Cold weather alert level (current reporting week): **Level 1—Winter preparedness**
http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Syndromic indicators at a glance:

Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 47	% Week 46	Trend*
All OOH contacts, all causes	178,765			
Acute respiratory infection	13,046	17.03	16.04	↑
Influenza-like illness	192	0.25	0.16	↑
Bronchitis/bronchiolitis	397	0.52	0.51	↑
Difficulty breathing/wheeze/asthma	1,850	2.42	2.37	←→
Pharyngitis	76	0.10	0.12	←→
Gastroenteritis	3,002	3.92	3.92	←→
Diarrhoea	707	0.92	0.95	←→
Vomiting	1,172	1.53	1.52	←→
Myocardial infarction	764	1.00	1.00	←→

*Trend: reports on the trend seen over previous weeks in the percentage of Read coded contacts.

1: Total out-of-hours contacts:

Daily total number of out-of-hours and unscheduled contacts and 7 day average (adjusted for bank holidays).

2: Acute Respiratory Infection daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

Legend: Acute Respiratory Infection — 7 day average (adjusted for bank holidays) — baseline
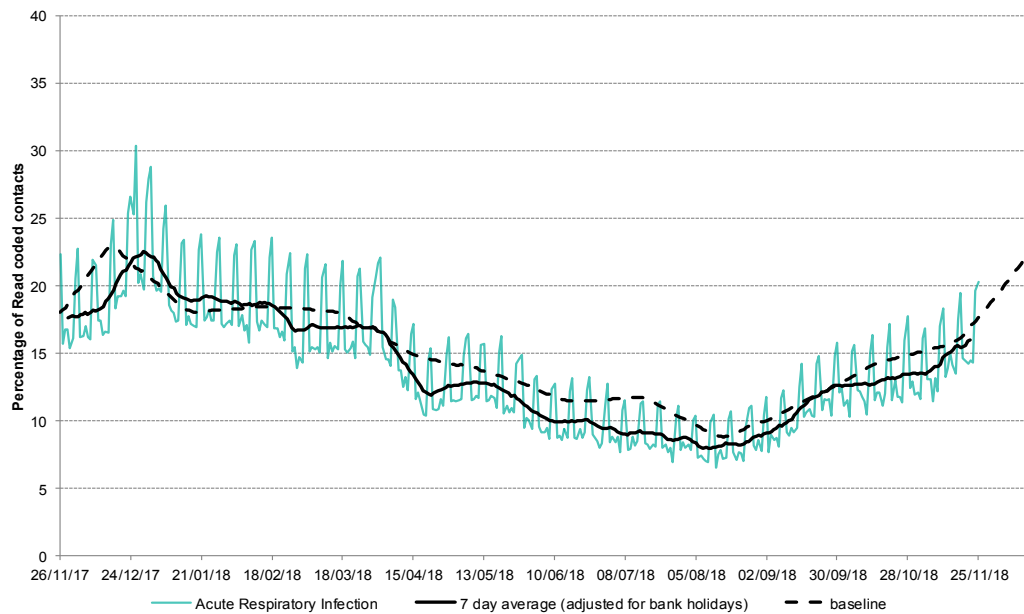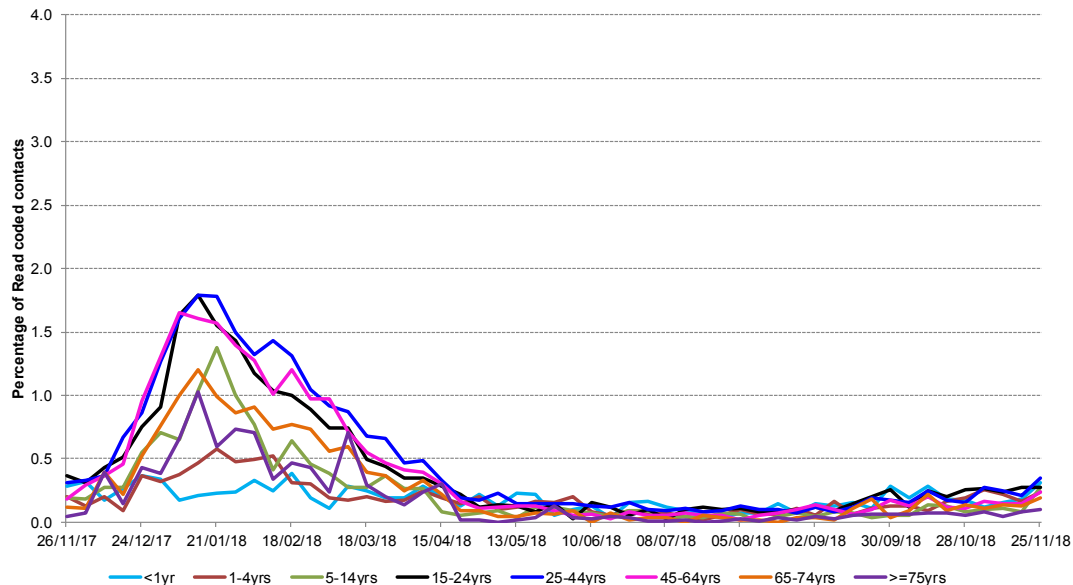
3: Influenza-like illness daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

Legend: Influenza-like illness — 7 day average (adjusted for bank holidays) — baseline
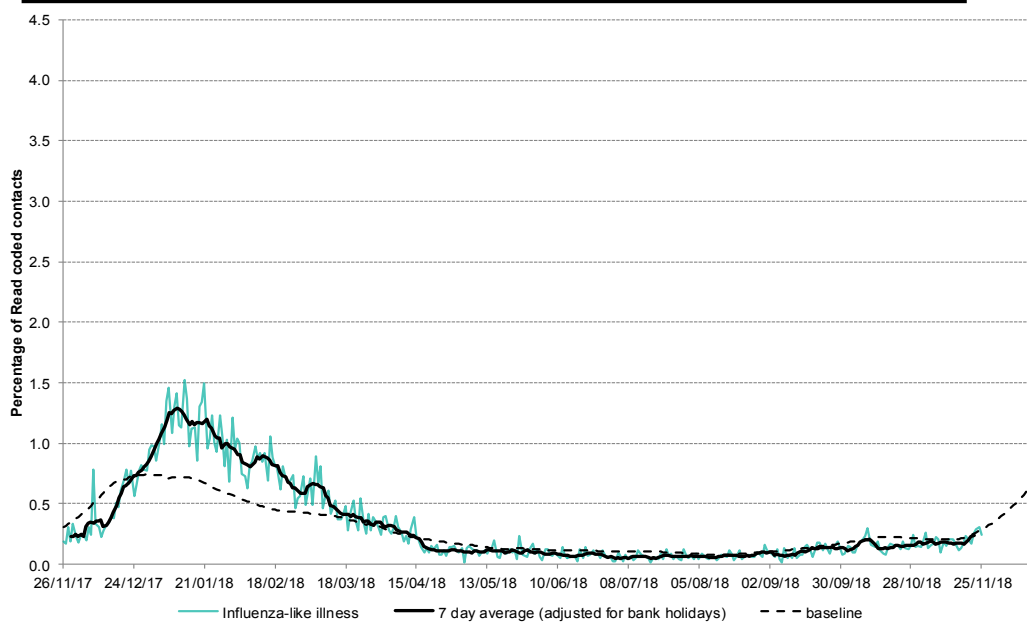
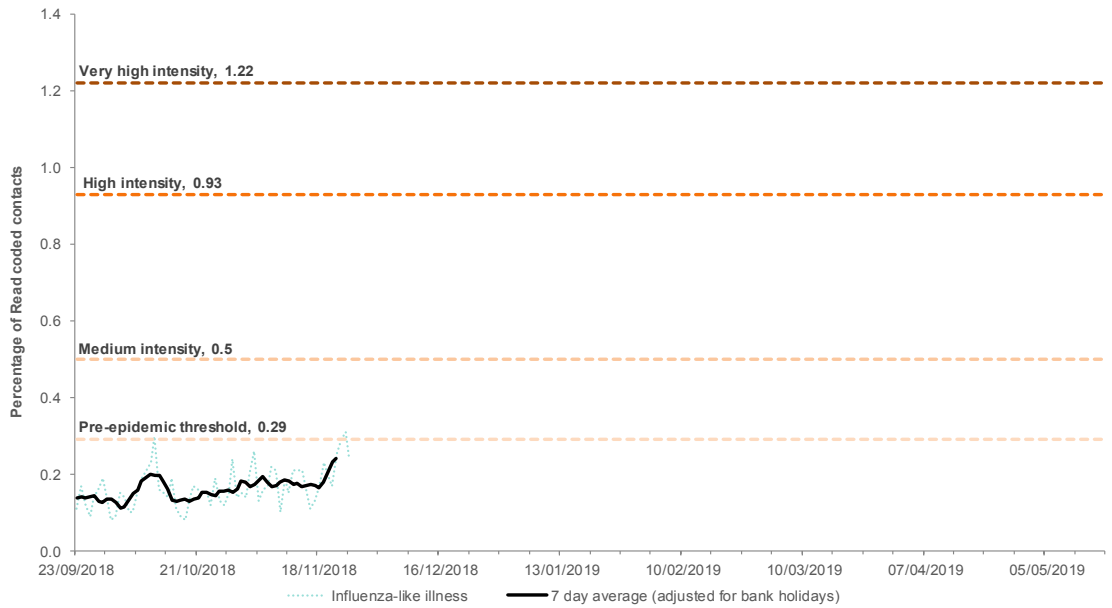**3a: Influenza-like illness weekly contacts by age group.**

Legend: <1yr 1-4yrs 5-14yrs 15-24yrs 25-44yrs 45-64yrs 65-74yrs >=75yrs

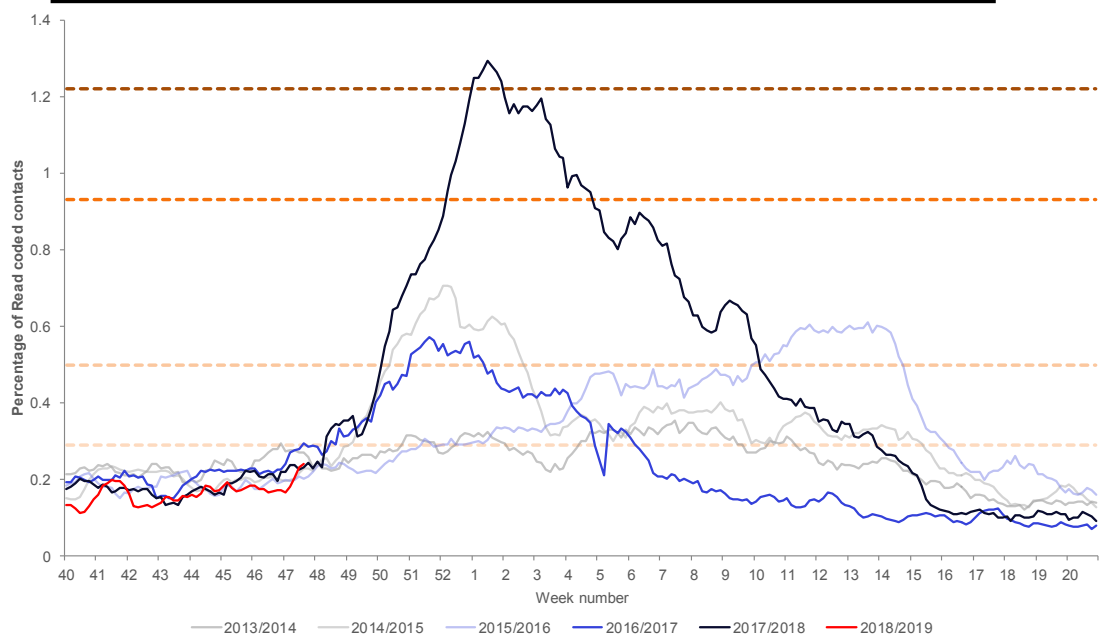*7-day moving average adjusted for bank holidays.

3b: Daily influenza-like illness contacts (winter 2018/19) with MEM influenza activity thresholds (see notes)

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

Very high intensity, 1.22

High intensity, 0.93

Medium intensity, 0.5

Pre-epidemic threshold, 0.29

······· Influenza-like illness ——— 7 day average (adjusted for bank holidays)
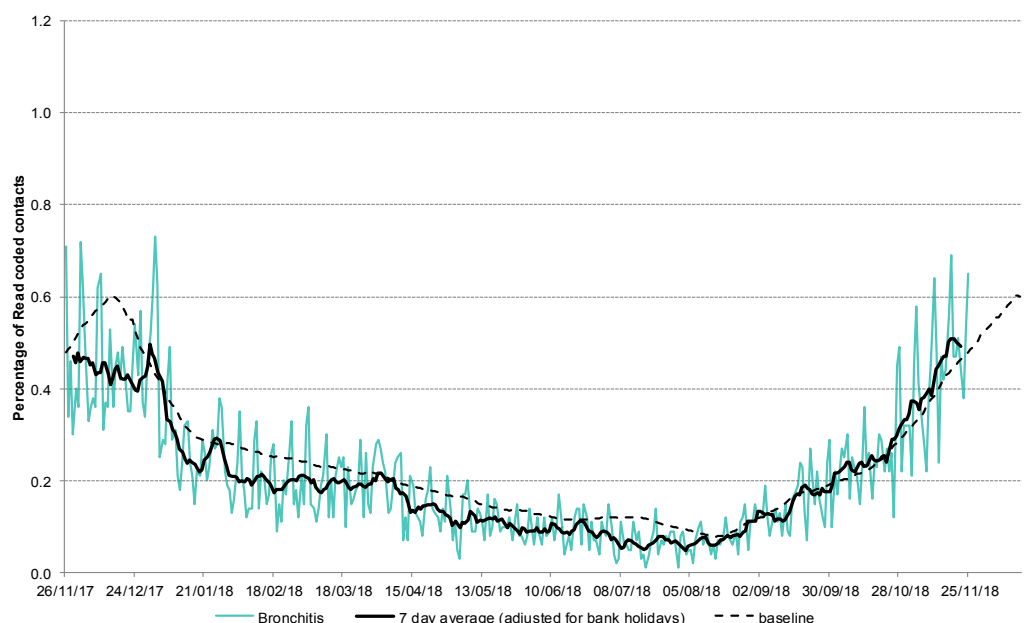
3c: Daily influenza-like illness contacts by week with MEM influenza activity thresholds and comparison to previous seasons (see notes)

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

——— 2013/2014 ——— 2014/2015 ——— 2015/2016 ——— 2016/2017 ——— 2017/2018 ——— 2018/2019

4: Bronchitis/ bronchiolitis daily contacts.

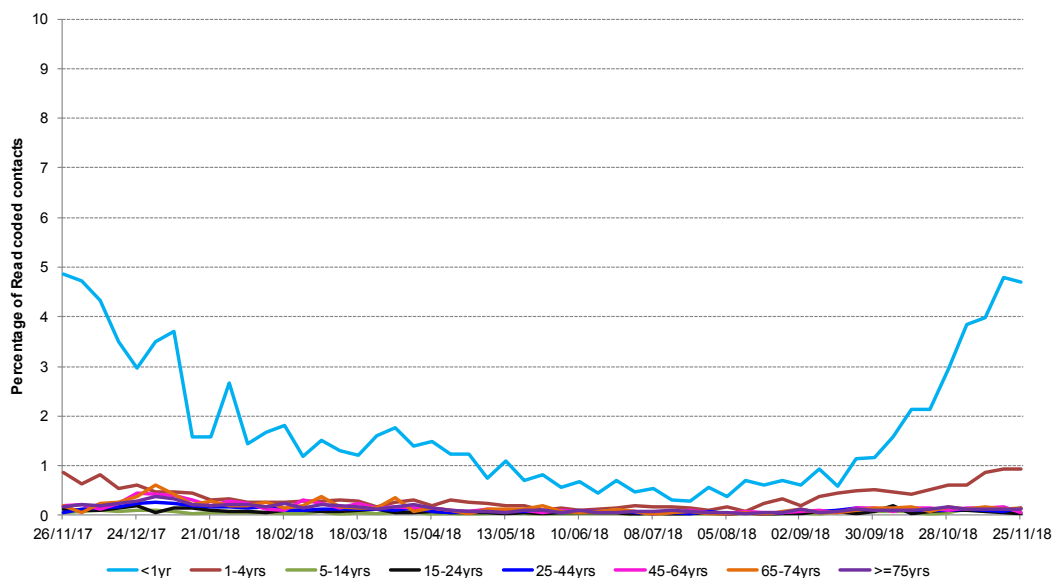Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

——— Bronchitis ——— 7 day average (adjusted for bank holidays) - - - baseline
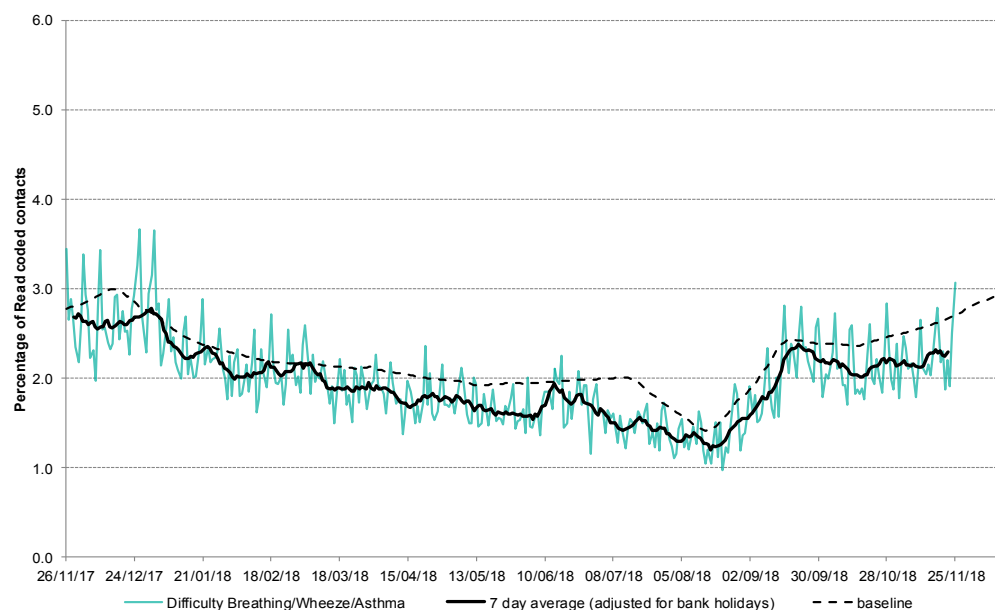
*7-day moving average adjusted for bank holidays.

3

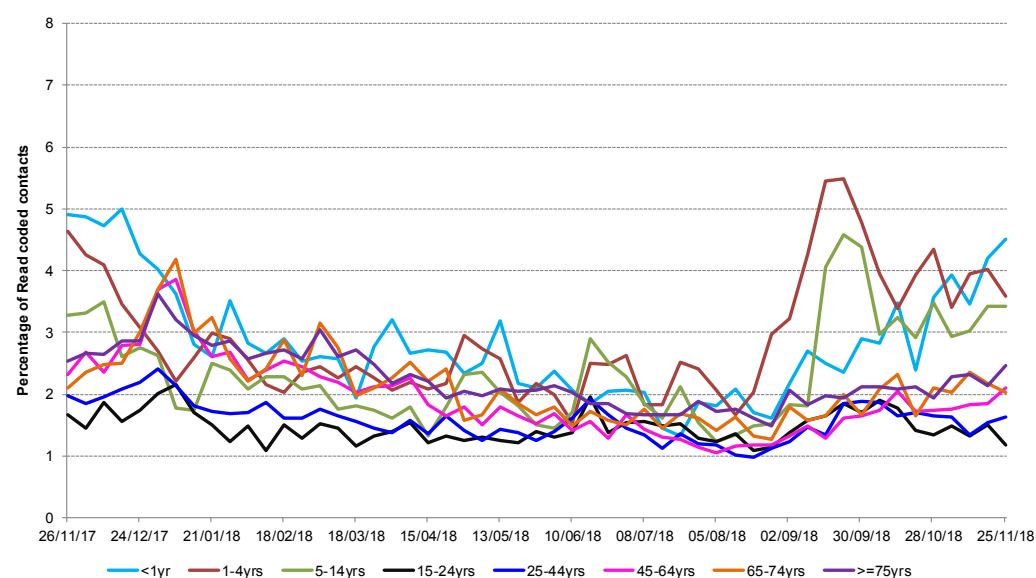**4a: Bronchitis/ bronchiolitis weekly contacts by age group.**

5: Difficulty breathing/ wheeze/asthma daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

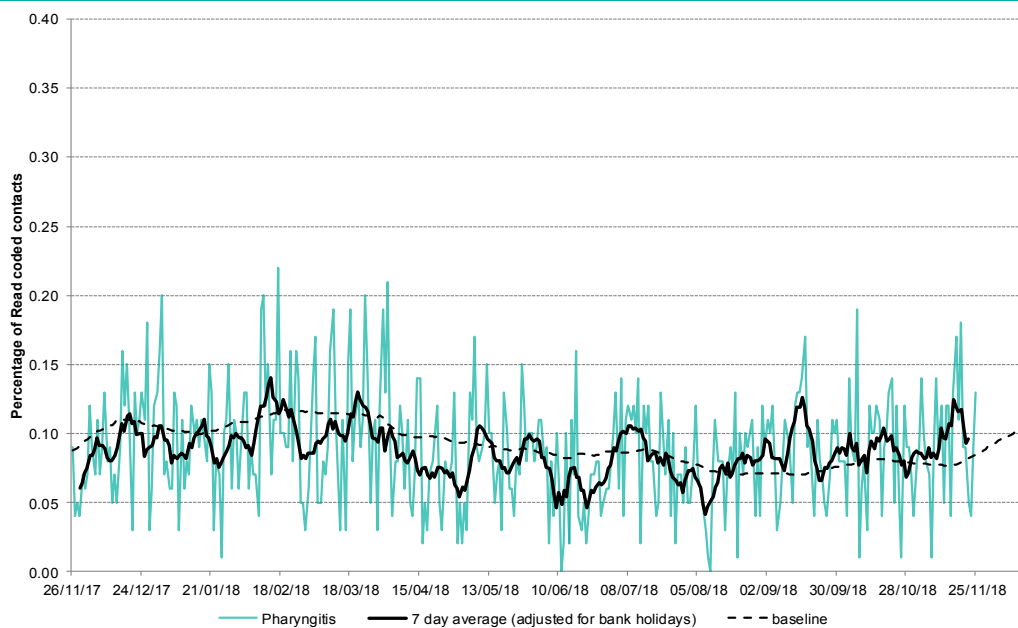**5a: Difficulty breathing/wheeze/ asthma weekly contacts by age group.**
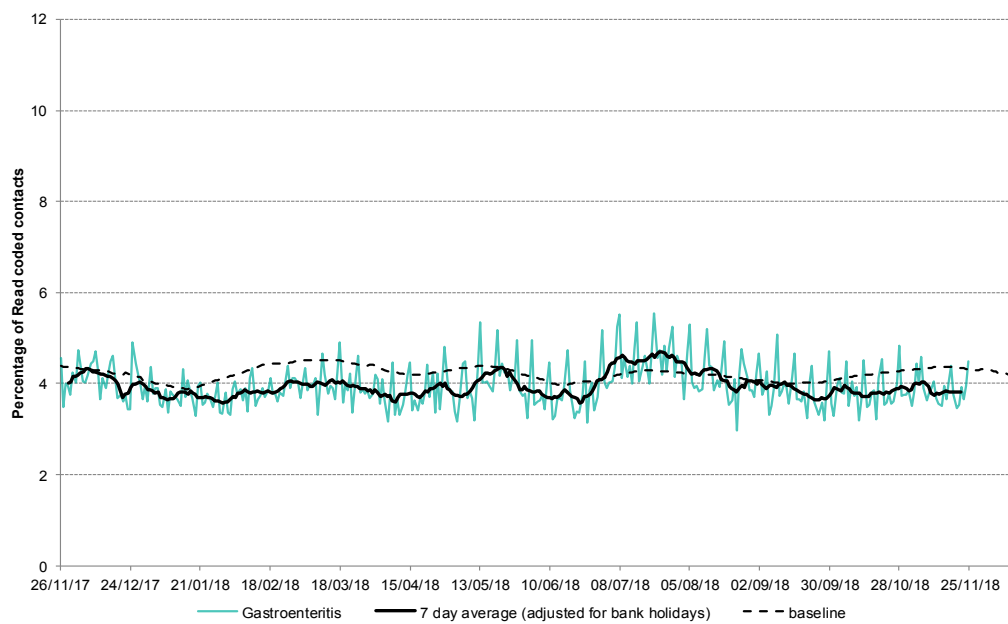
*7-day moving average adjusted for bank holidays.

6: Acute pharyngitis and persistent sore throat.

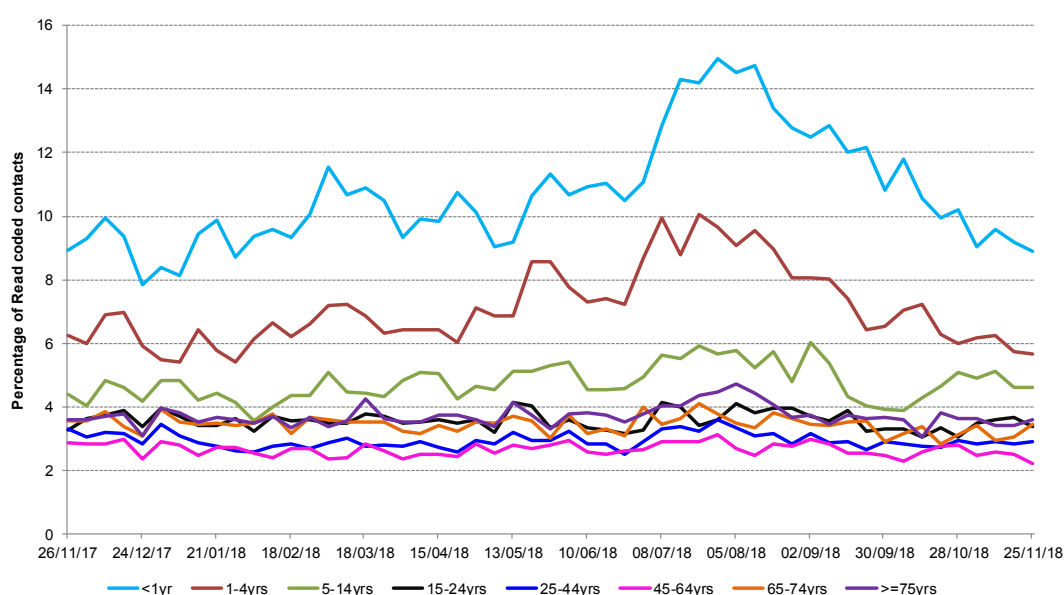Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

Percentage of Read coded contacts

Pharyngitis ——— 7 day average (adjusted for bank holidays) – – – baseline

7: Gastroenteritis daily contacts

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

Percentage of Read coded contacts

Gastroenteritis ——— 7 day average (adjusted for bank holidays) – – – baseline

7a: Gastroenteritis weekly contacts by age group.

Percentage of Read coded contacts

*7-day moving average adjusted for bank holidays.

<1yr ——— 1-4yrs ——— 5-14yrs ——— 15-24yrs ——— 25-44yrs ——— 45-64yrs ——— 65-74yrs ——— >=75yrs

8: Diarrhoea daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.
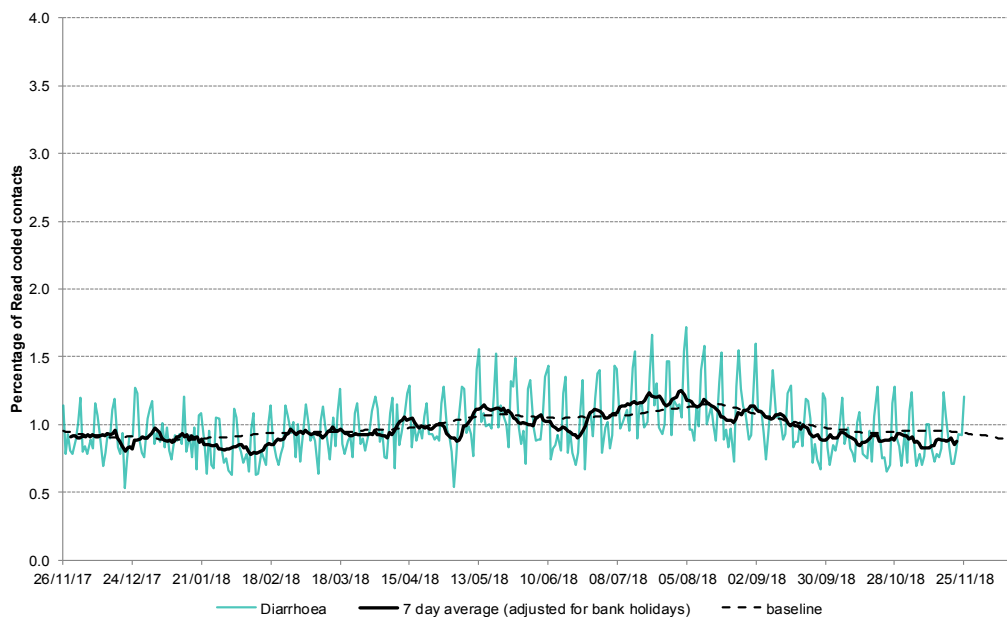
8a: Diarrhoea weekly contacts by age group.

9: Vomiting daily contacts.

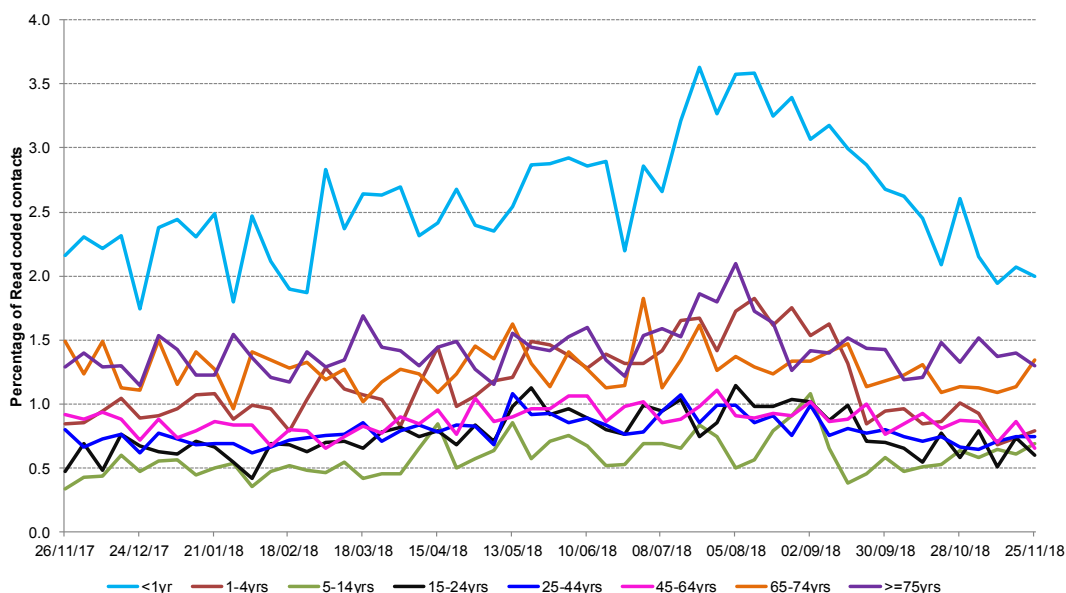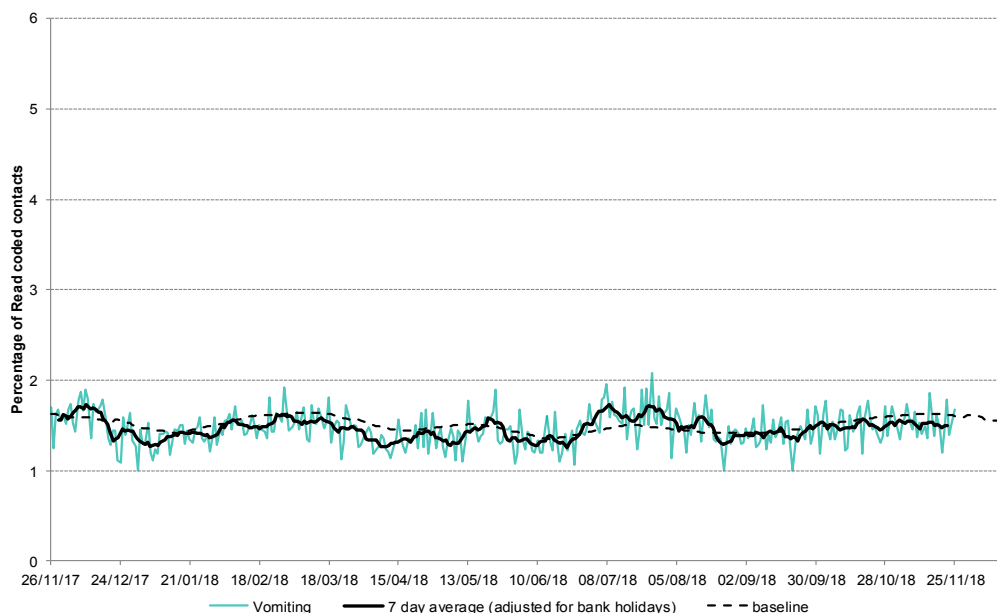Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

*7-day moving average adjusted for bank holidays.

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9a: Vomiting weekly contacts by age group.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.
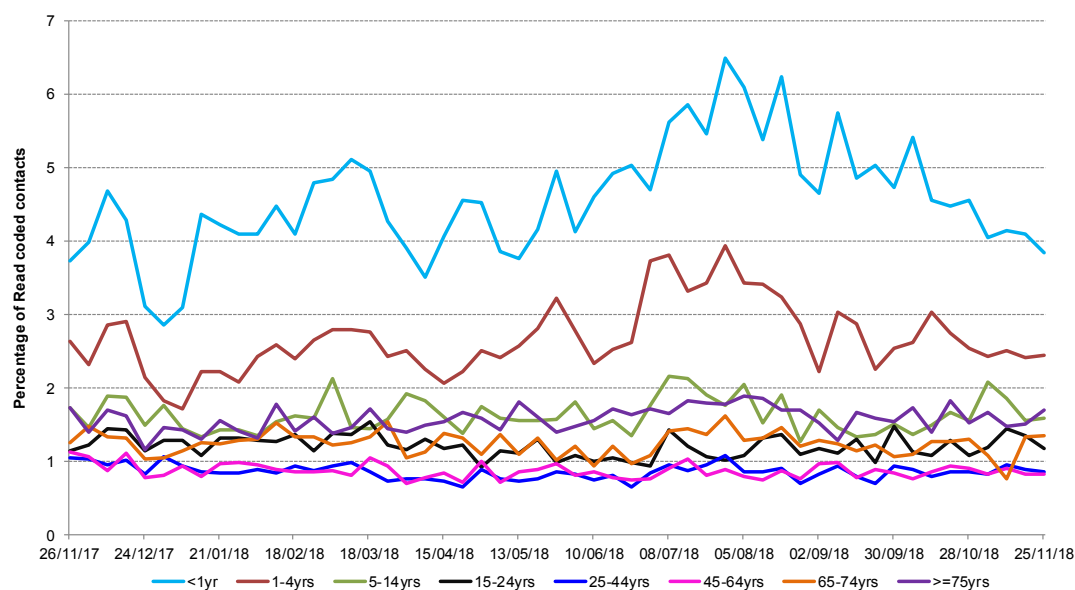

10: Myocardial Infarction daily contacts.

Shown as a percentage of the total contacts with a Read code and as a 7 day average*.

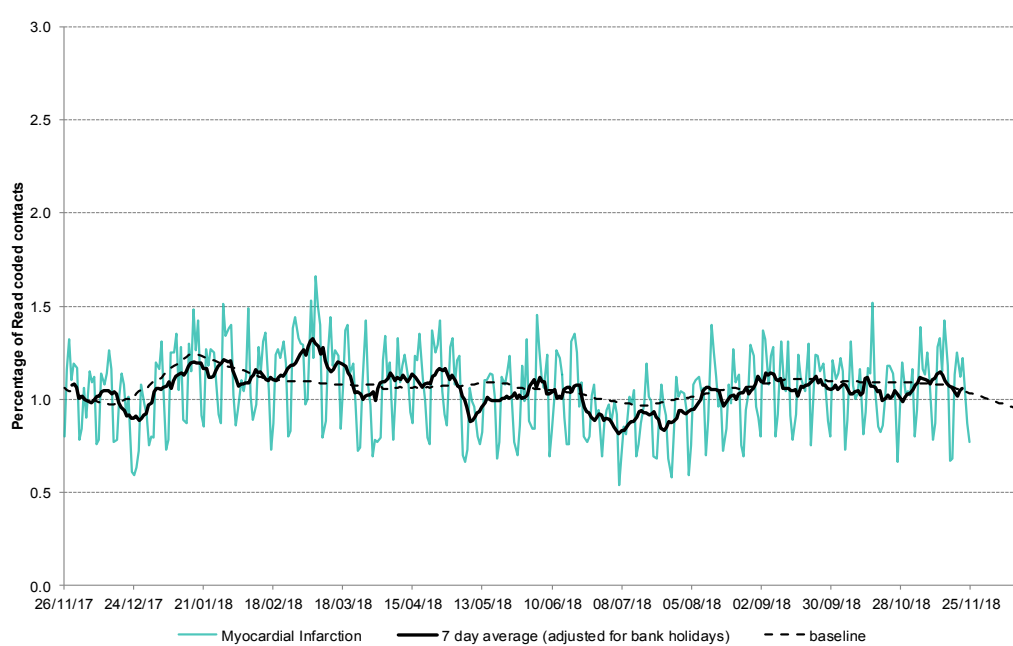*7-day moving average adjusted for bank holidays.

28 November 2018	**Year: 2018 Week: 47**

Notes and caveats:	- This bulletin presents data from the Public Health England (PHE) GP Out-of-hours\Unscheduled Care Surveillance System (GP OOHSS). - Fully anonymised data from GP out-of-hours (OOH) and unscheduled care service providers in England are being transferred to the PHE for analysis and interpretation by the PHE Real-time Syndromic Surveillance Team (ReSST). - This system supplements existing PHE syndromic surveillance systems by monitoring data on general practitioner consultations outside of routine surgery opening times (evenings, weekends and bank holidays) and unplanned contacts within NHS primary care. - The key indicators presented within this bulletin are derived by grouping selected Read coded consultations. - GP OOH 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. - Baselines represent seasonally expected levels of activity and are constructed from historical data since Nov 2009. 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.
Moving Epidemic Method (MEM):	- During winter 2018/19 we are presenting Moving Epidemic Method (MEM) influenza thresholds on selected indicators. - The moving epidemic method or MEM is a standard methodology used for setting influenza thresholds across many European nations.[1] - MEM is used for GP OOH ILI thresholds at a national level. **MEM thresholds should be interpreted using 7 day moving averages rather than daily data.** - MEM thresholds currently use five years of historic data (2013-2018). The thresholds are re-calculated every year. 'Pre-epidemic thresholds' are used alongside other surveillance systems to identify the start of influenza circulating in the community 40%, 95% and 97.5% intensity thresholds are used to identify when influenza activity moves from low to medium, high or very high. [1]Vega T et al. Influenza Other Respir Viruses. 2013;7(4):546-58.
Further information:	The GP Out-of-Hours Surveillance System Bulletin can also be downloaded from the PHE Real-time Syndromic Surveillance website which also contains more information about syndromic surveillance: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses
Acknowledgements:	We are grateful to Advanced and the GP OOH and unscheduled care service providers who have kindly agreed to participate in this system.
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