

GP In Hours

Data to: 23 June 2019

Syndromic Surveillance System: England

Key messages

Nothing new to report in week 25.

A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance data during this period.

Heat-health watch level (current reporting week): Level 1 Summer preparedness http://www.metoffice.gov.uk/weather/uk/heathealth/

Diagnostic indicators at a glance:

-			
Indicator	Trend	Level	
Upper respiratory tract infection	increasing	similar to baseline levels	
Influenza-like illness	no trend	pre-epidemic threshold*	
Pharyngitis	no trend	below baseline levels	
Scarlet fever	no trend	below baseline levels	
Lower respiratory tract infection	decreasing	similar to baseline levels	
Pneumonia	no trend	below baseline levels	
Gastroenteritis	no trend	below baseline levels	
Vomiting	decreasing	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	similar to baseline levels	
Chickenpox	no trend	below baseline levels	
Herpes zoster	no trend	similar to baseline levels	
Cellulitis	no trend	below baseline levels	
Impetigo	decreasing	below baseline levels	
Allergic rhinitis	increasing	below baseline levels	
Heat/sunstroke	no trend	below baseline levels	
Insect Bites	no trend	below baseline levels	
Moving Epidemic Method (MEM) influenza activity threshold (see notes)			

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2019	25	2,603	22.7 million

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

In This Issue:

Key messages.

Diagnostic indicators at a glance. GP practices and denominator population. National syndromic indicators.

Notes and further

information.

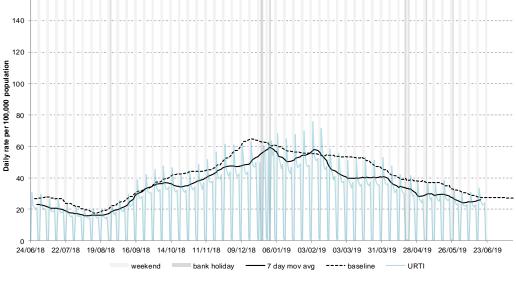
1: Upper respiratory tract infection (URTI)

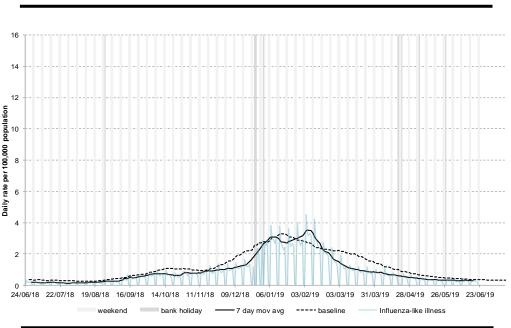
160

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

2: Influenza-like illness (ILI)

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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3: Pharyngitis or scarlet fever

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

4: Scarlet fever

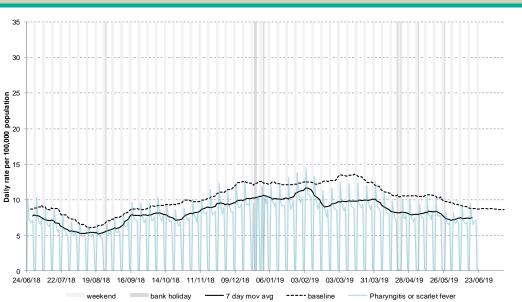
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients)

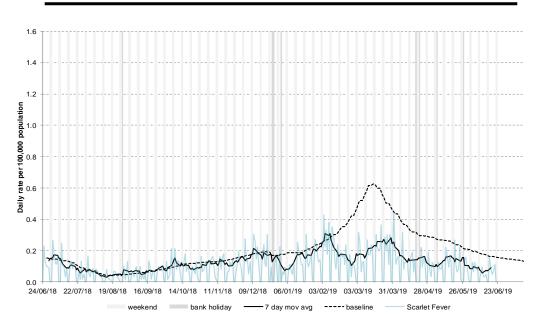
4a: Scarlet fever by age

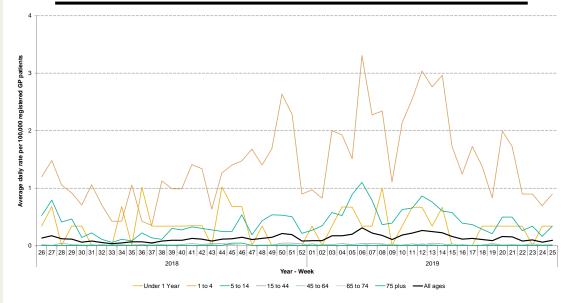
Average daily incidence rate by week per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients).

* 7-day moving average adjusted for bank holidays.



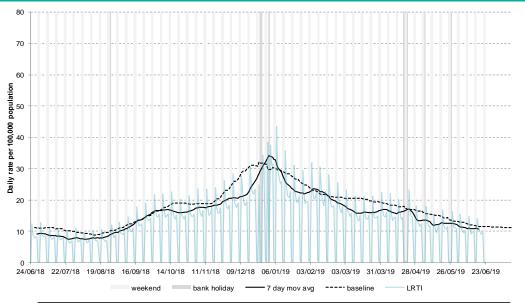






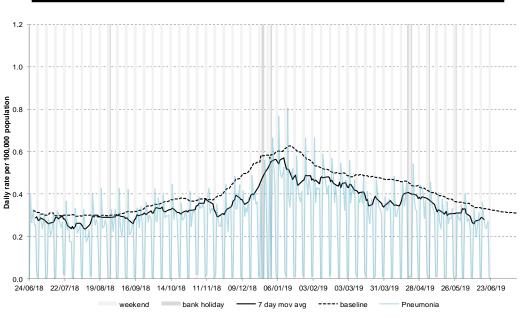
5: Lower respiratory tract infection (LRTI)

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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Dublic Health England

24 June 2019

7: Gastroenteritis

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

7a: Gastroenteritis by age

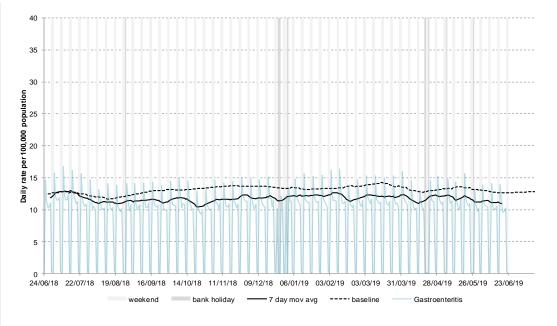
Average daily incidence rate by week per 100,000 population (all England).

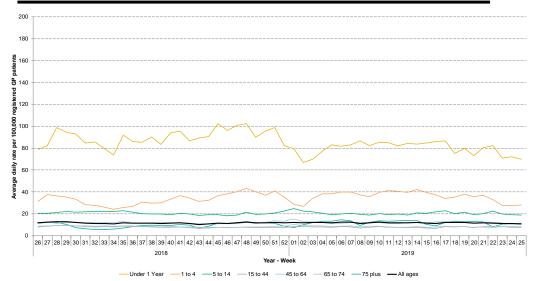


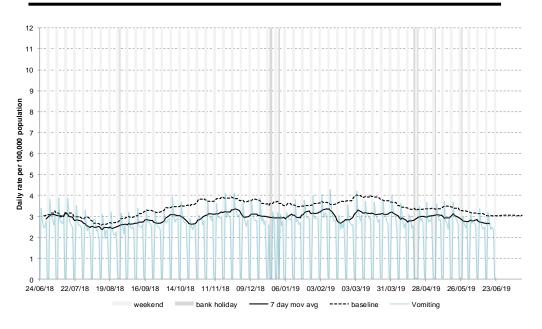
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).

* 7-day moving average adjusted for bank holidays.









Nublic Health England

24 June 2019

8a: Vomiting by age

100

90

80

70

GP patients

100,000 registered

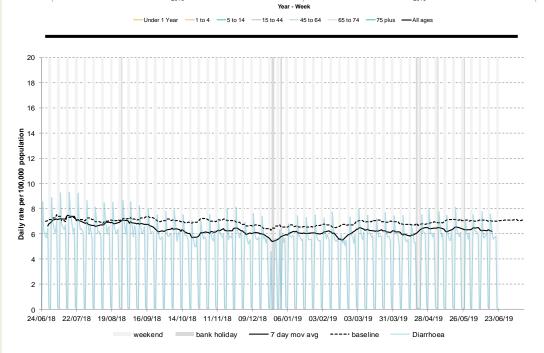
Average daily incidence rate by week per 100,000 population (all England).

Year: 2019 Week: 25

2019

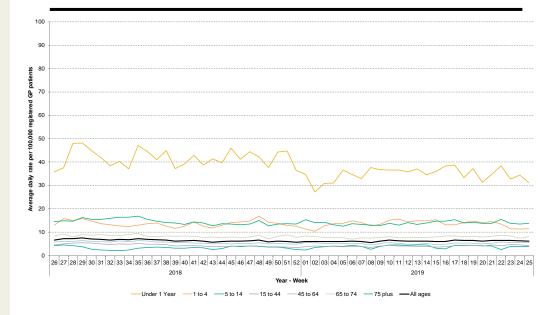
9: Diarrhoea

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



26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 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

2018



9a. Diarrhoea by age

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

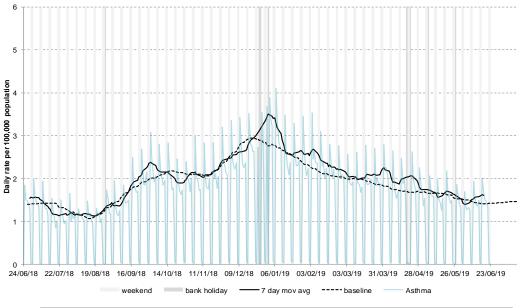
* 7-day moving average adjusted for bank holidays.

Nublic Health England

24 June 2019

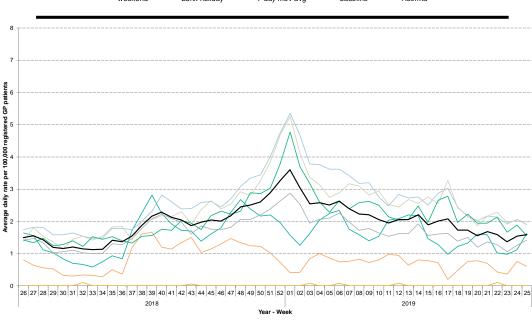
10: Asthma

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



10a: Asthma by age

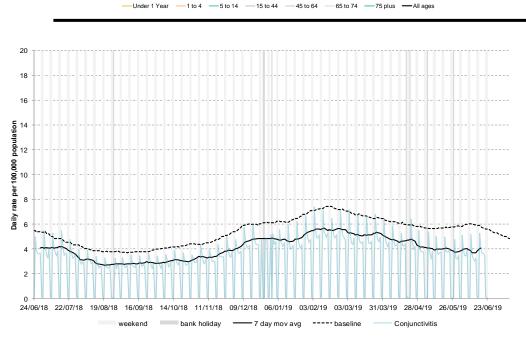
Average daily incidence rate by week per 100,000 population (all England).



11: Conjunctivitis

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

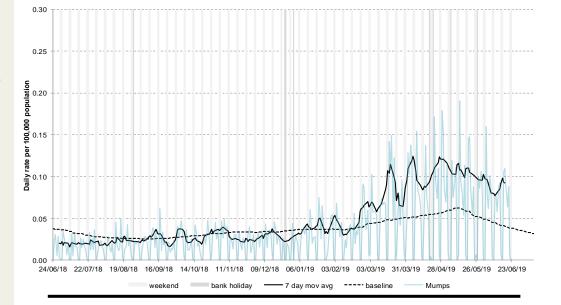
* 7-day moving average adjusted for bank holidays.



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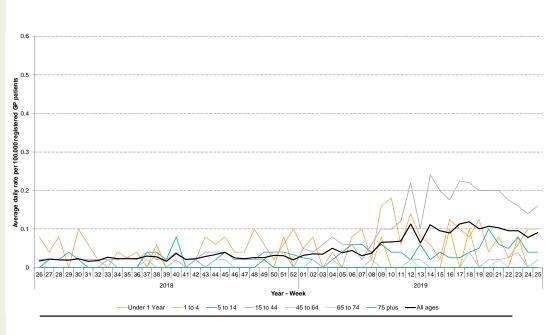
12: Mumps

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



12a: Mumps by age

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



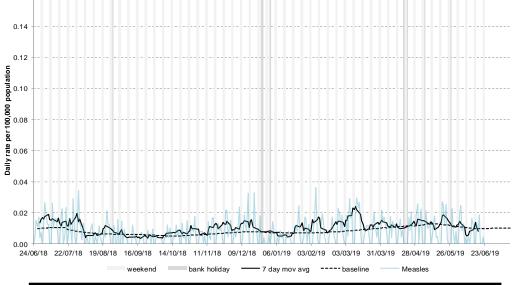
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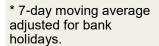
13: Measles

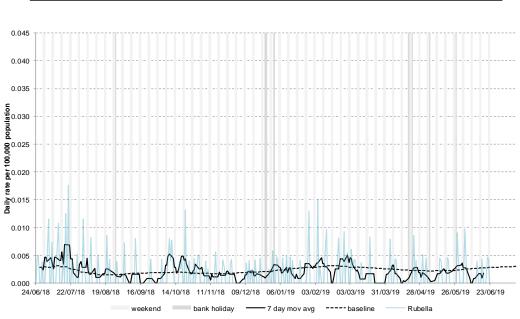
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). 0.16



14: Rubella

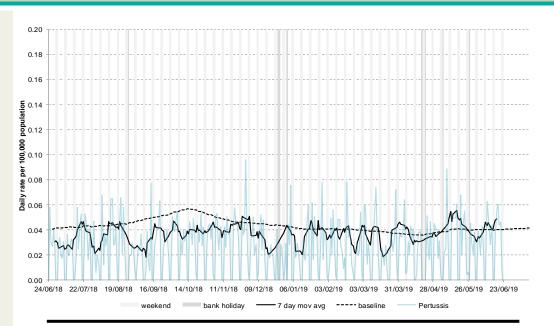
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).





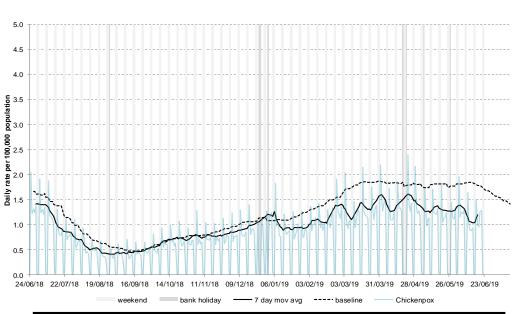
15: Pertussis

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



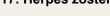
16: Chickenpox

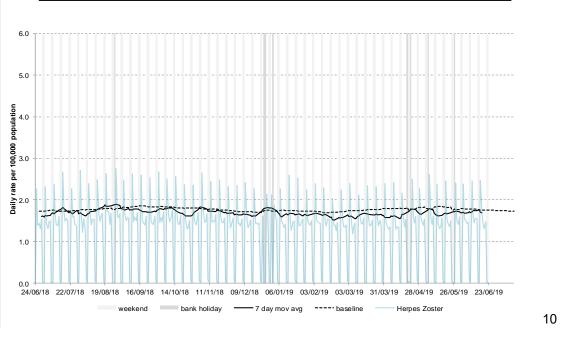
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



17: Herpes zoster

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

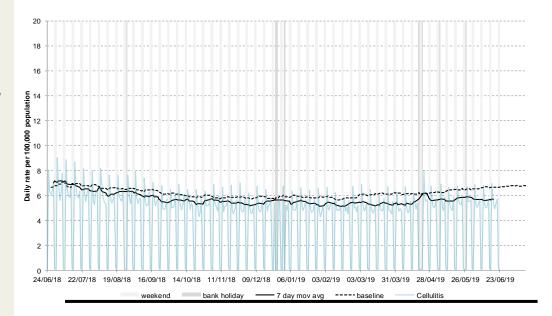




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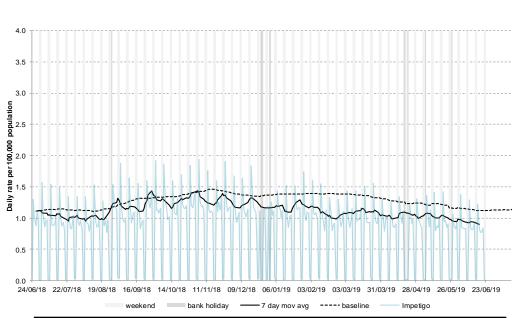
18: Cellulitis

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).



24/06/18 22/07/18 19/08/18 16/09/18 14/10/18 11/11/18 09/12/18 06/01/19 03/02/19 03/03/19 31/03/19 28/04/19 26/05/19 23/06/19

-

7 day mov avg

Allergic Rhinitis

---baseline

20: Allergic rhinitis

40

35

30

Daily rate per 100,000 population

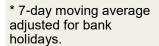
10

5

weekend

bank holiday

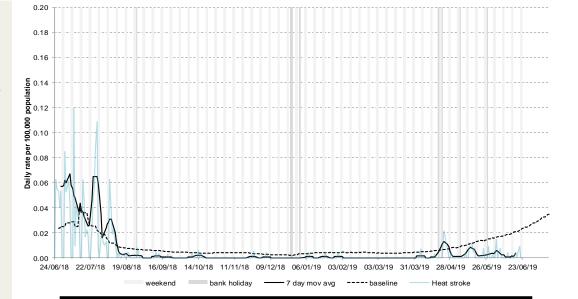
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).





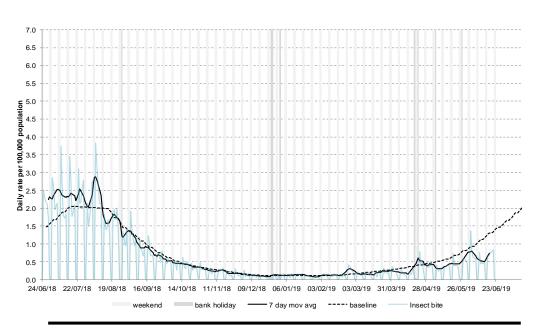
21: Heat/sunstroke

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



22: Insect bites

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



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24 June 2019	Year: 2019 Week: 25
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.
Moving Epidemic Method:	 During winter 2018/19 we presented 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 ILI thresholds at a national level and at PHE Centre level and stratified by age band.
	 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.
Maps:	 From week 40 2018 the levels of influenza-like illness (ILI) rates are illustrated in the bulletin appendix maps. The ILI intensity levels are calculated using MEM.
	• 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.
	https://www.gov.uk/government/statistics/weekly-national-flu-reports
	 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.
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.
	Produced by: PHE Real-time Syndromic Surveillance Team 1 st Floor, 5 St Philips 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