Public Health England

GP OOHSS

GP Out-of-Hours Surveillance System: England

25 September 2019 | **Year: 2019 Week: 38**

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Key messages

Data to: 22 September 2019

GP out of hours consultations for difficulty breathing/wheeze/asthma continued to increase within expected levels during week 38, mainly in children aged up to 14 years age groups (Figures 5 & 5a).

Syndromic indicators at a glance:

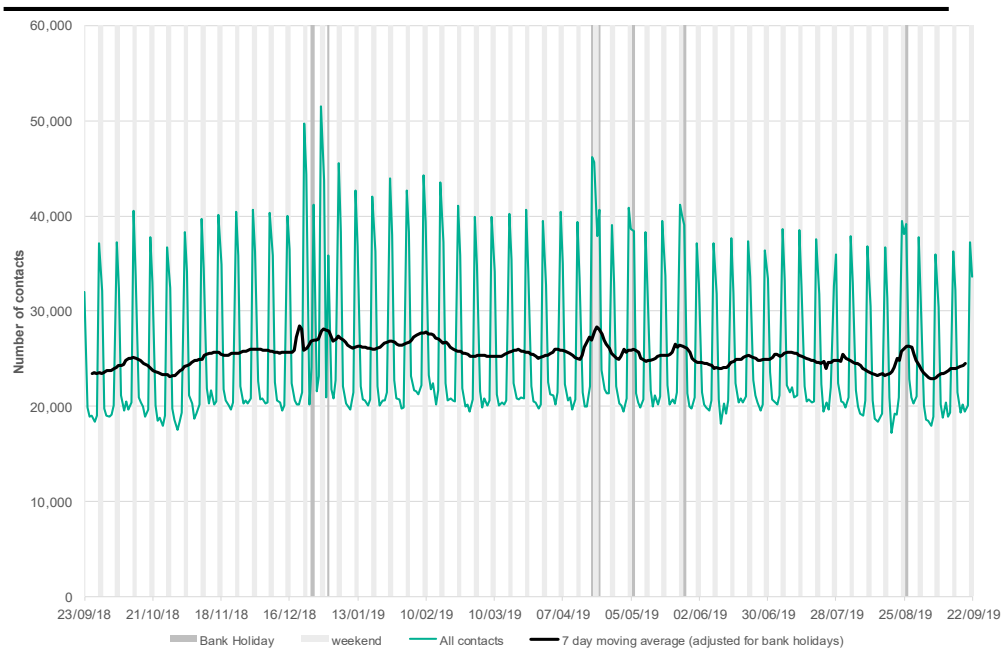
Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 38	% Week 37	Trend*
All OOH contacts, all causes	171,413			
Acute respiratory infection	8,136	11.72	10.02	↑
Influenza-like illness	73	0.11	0.09	↔
Bronchitis/bronchiolitis	108	0.16	0.12	↑
Difficulty breathing/wheeze/asthma	1,522	2.19	1.92	↑
Pharyngitis	49	0.07	0.08	↔
Gastroenteritis	2,488	3.58	3.55	↔
Diarrhoea	629	0.91	0.99	↔
Vomiting	903	1.30	1.32	↔
Myocardial infarction	692	1.00	1.01	↔

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

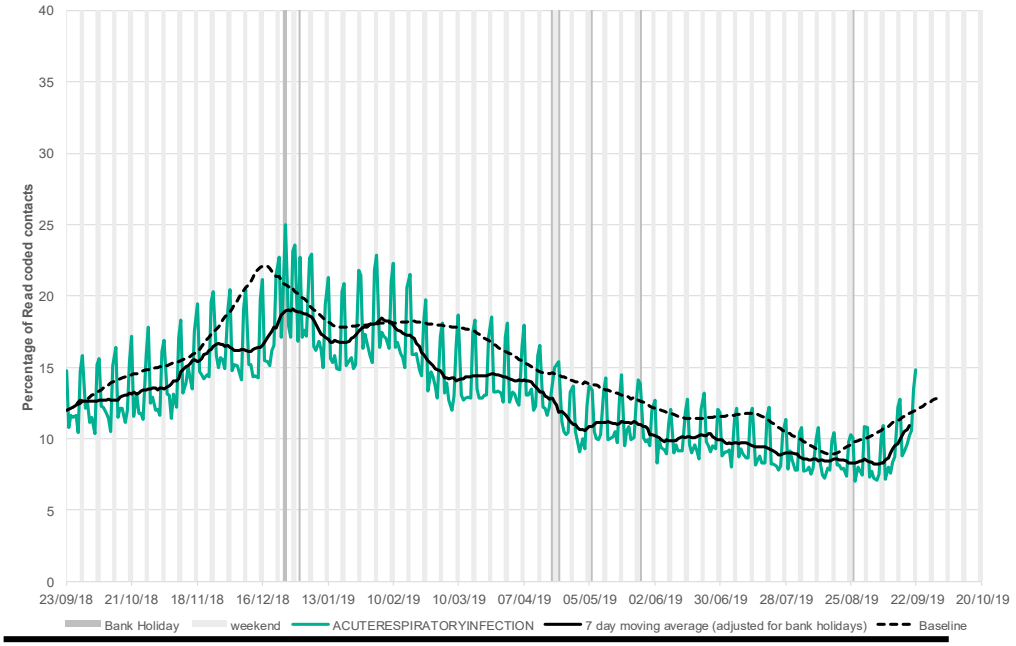
1: Total out-of-hours contacts:

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



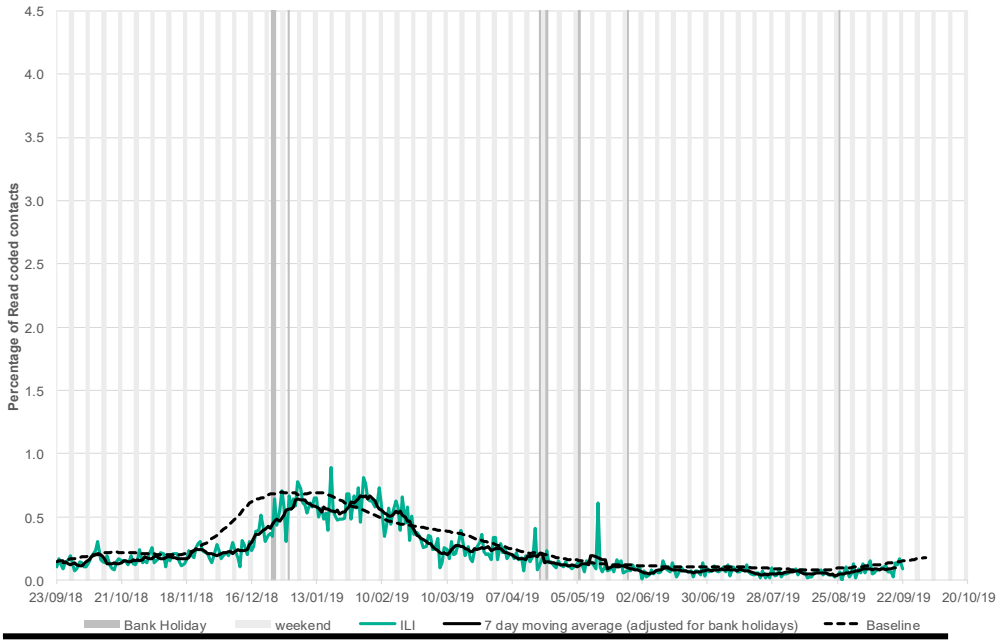
2: Acute Respiratory Infection daily contacts.

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



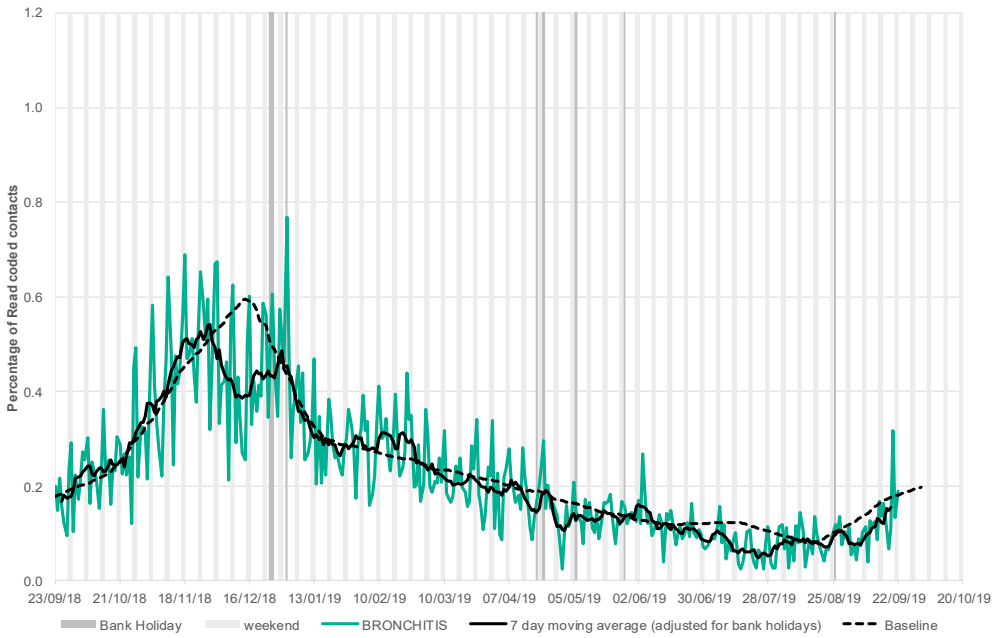
3: Influenza-like illness daily contacts.

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



4: Bronchitis/ bronchiolitis daily contacts.

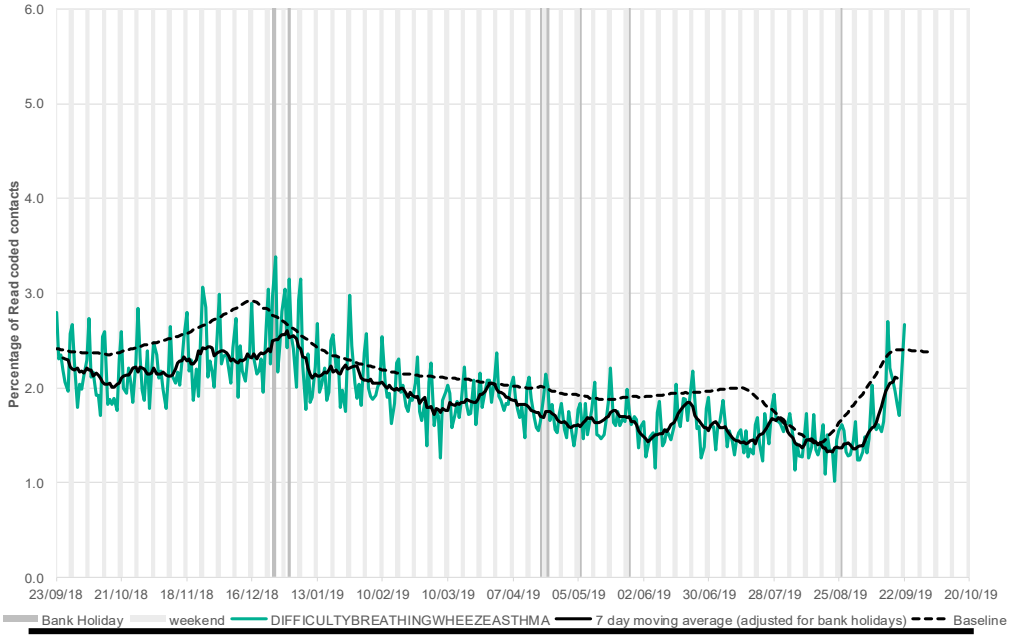
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



*7-day moving average adjusted for bank holidays.

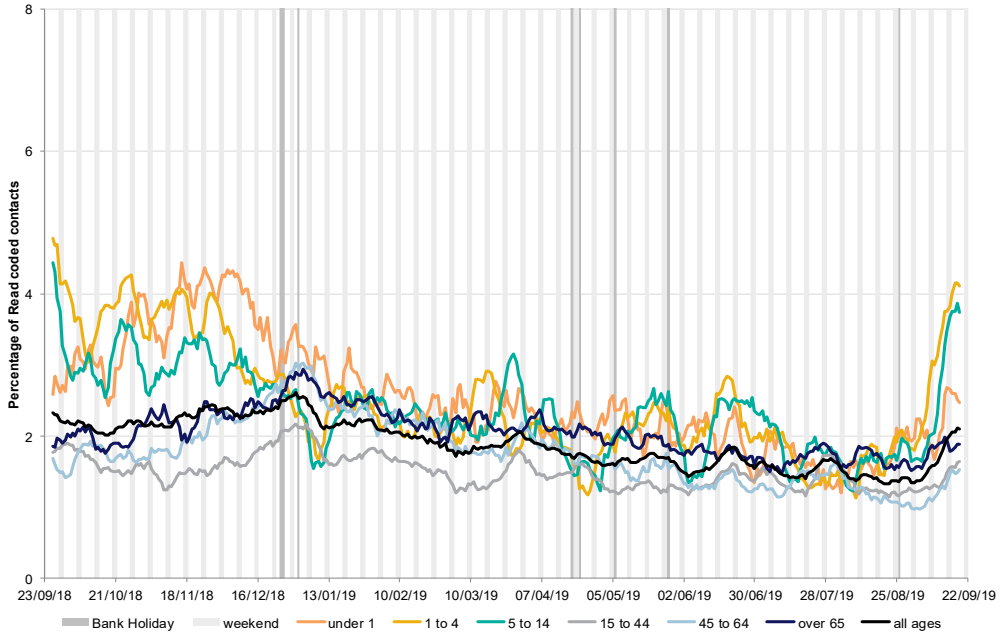
5: Difficulty breathing/ wheeze/asthma daily contacts.

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



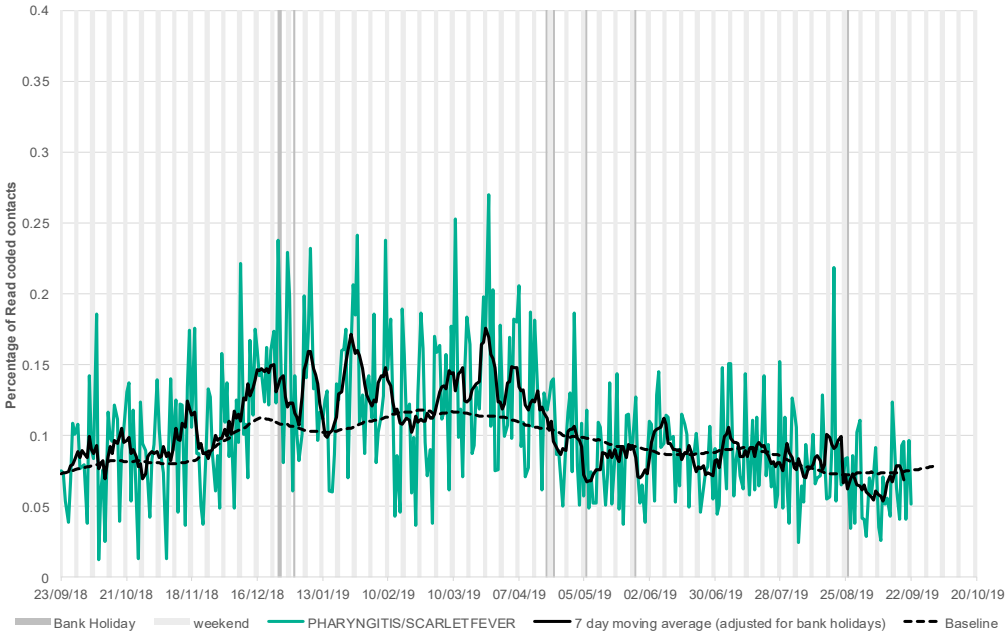
5a: Difficulty breathing/wheeze/ asthma daily contacts by age group*.

Shown as a 7 day moving average contacts as a proportion of the contacts within each age group.



6: Acute pharyngitis and persistent sore throat.

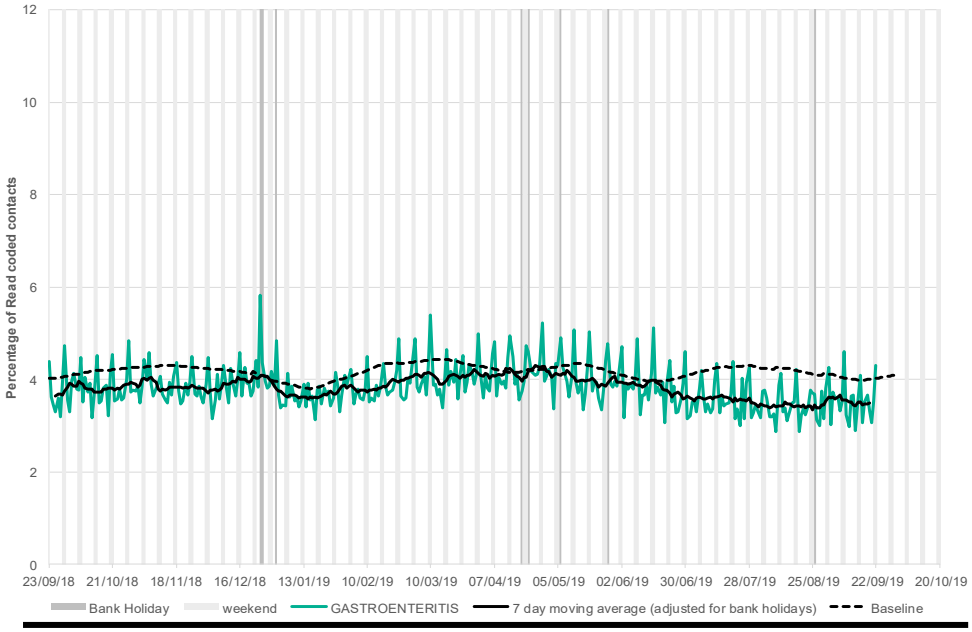
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



*7-day moving average adjusted for bank holidays.

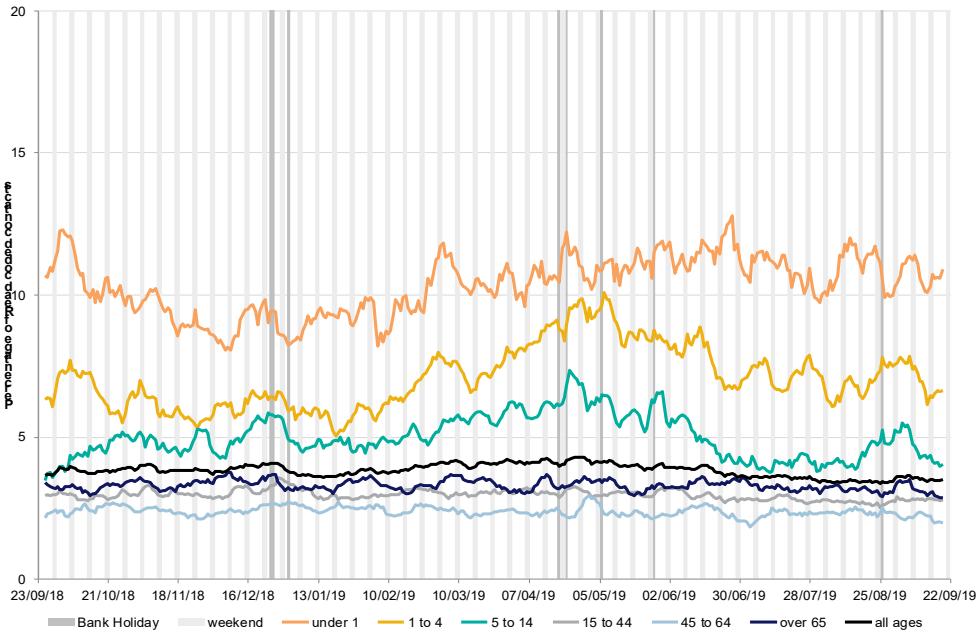
7: Gastroenteritis daily contacts

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



7a: Gastroenteritis daily contacts by age group*.

Shown as a 7 day moving average contacts as a proportion of the contacts within each age group.



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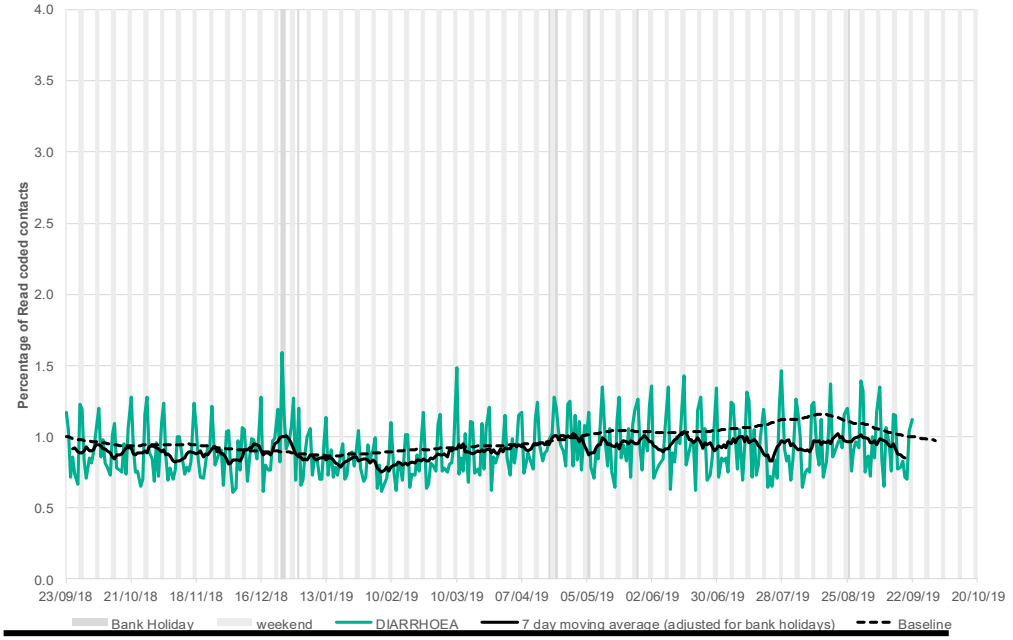
*7-day moving average adjusted for bank holidays.

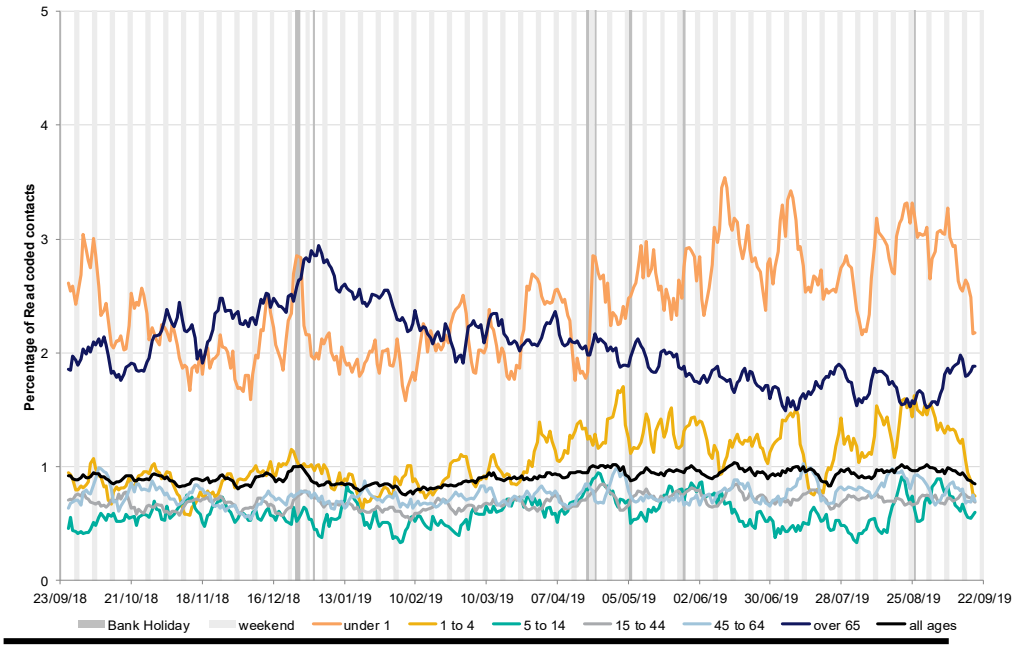
8: Diarrhoea daily contacts.

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



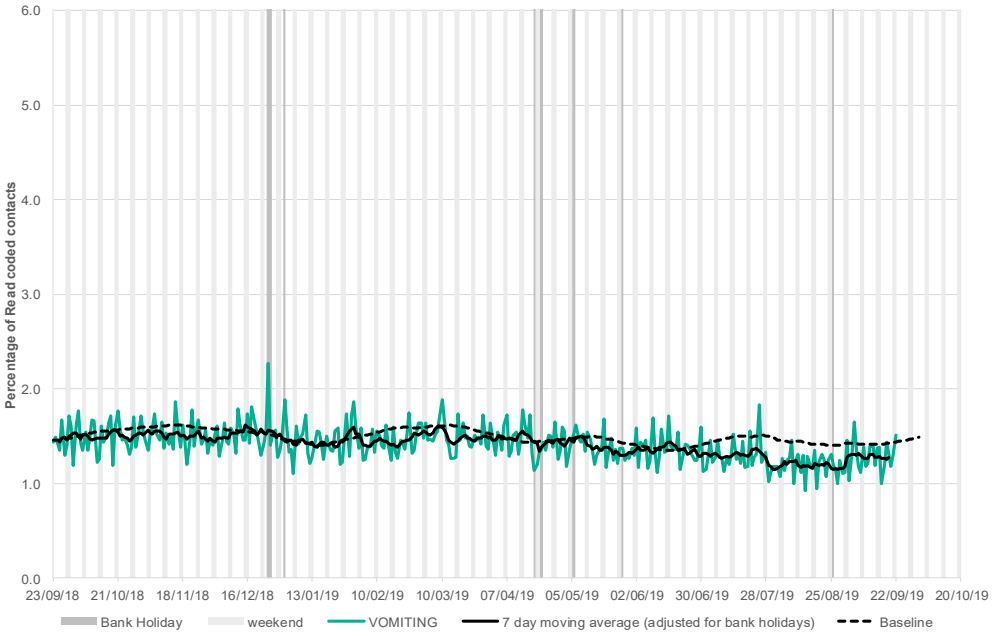
8a: Diarrhoea daily contacts by age group*.

Shown as a 7 day moving average contacts as a proportion of the contacts within each age group.



9: Vomiting daily contacts.

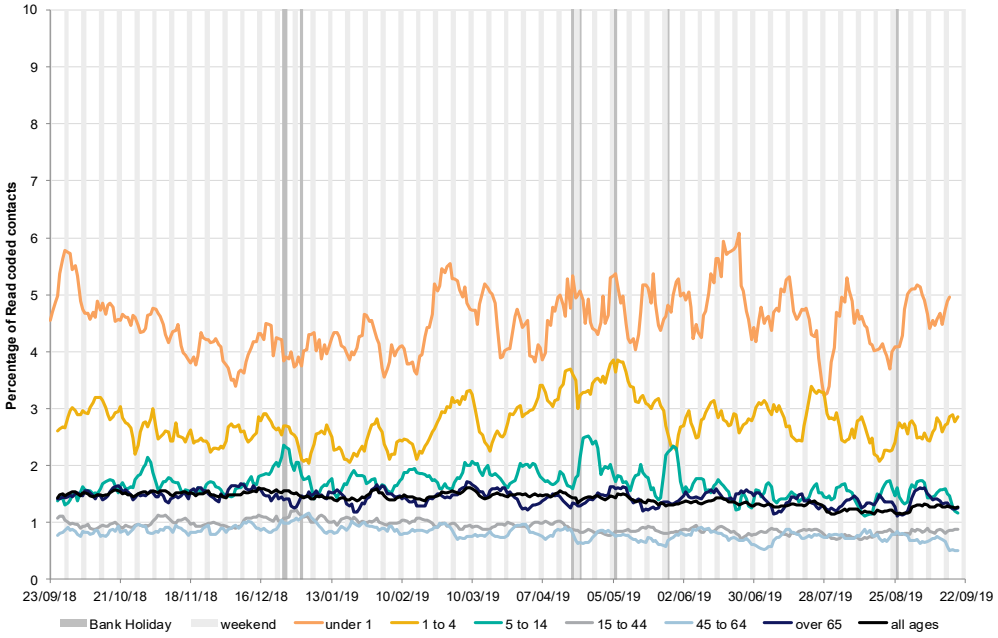
Shown as a percentage of the total contacts with a Read code and as a 7 day average*.



*7-day moving average adjusted for bank holidays.

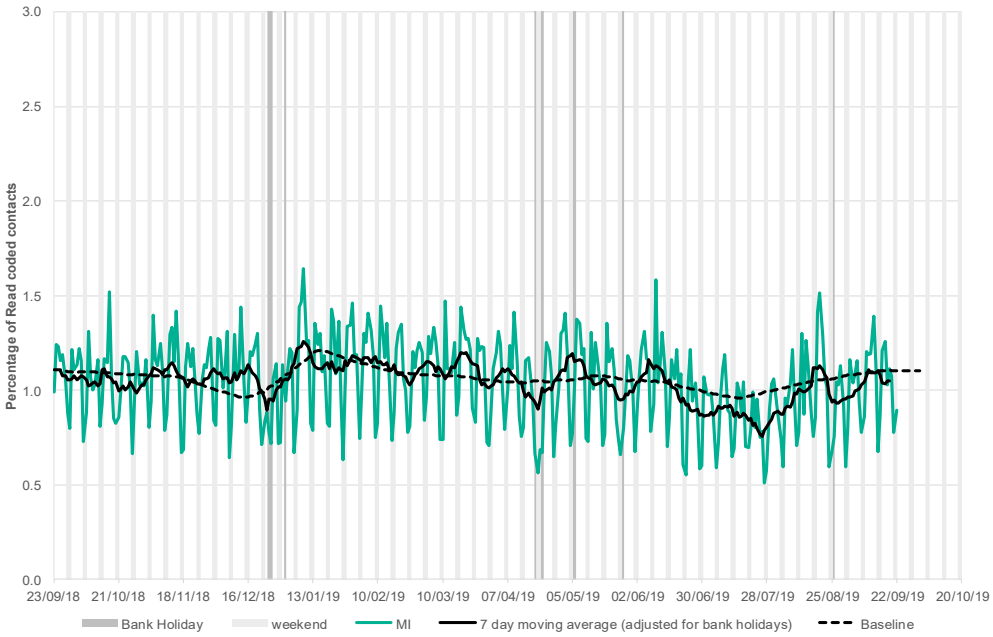
9a: Vomiting daily contacts by age group*.

Shown as a 7 day moving average contacts as a proportion of the contacts within each age group.



10: Myocardial Infarction daily contacts.

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



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*7-day moving average adjusted for bank holidays.

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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