



08 April 2020

Year: 2020 Week: 14

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Key messages

Data to: 05 April 2020

During week 14, GP consultation rates for all indicators decreased or remained stable. GP consultations for influenza-like illness increased in the 75+ years age group and remain highest in the 45-64 years group (figure 2a); ILI rates remain highest in London (figure 2b).

Please note, trends should be interpreted with caution due to current national advice and guidance regarding access to GP surgeries and changes in clinical coding for COVID-19.

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/>

Diagnostic indicators at a glance:

| Indicator | Trend | Level |
|-----------------------------------|------------|----------------------------|
| Upper respiratory tract infection | decreasing | below baseline levels |
| Influenza-like illness | no trend | similar to baseline levels |
| Pharyngitis | decreasing | below baseline levels |
| Scarlet fever | decreasing | below baseline levels |
| Lower respiratory tract infection | decreasing | below 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 | decreasing | below baseline levels |
| Conjunctivitis | decreasing | below baseline levels |
| Mumps | decreasing | 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 | below baseline levels |
| Herpes zoster | no trend | below baseline levels |
| Cellulitis | no trend | below baseline levels |
| Impetigo | decreasing | below baseline levels |

* From week 9, this bulletin no longer includes the historic Moving Epidemic Method (MEM) influenza activity threshold (see notes).

GP practices and denominator population:

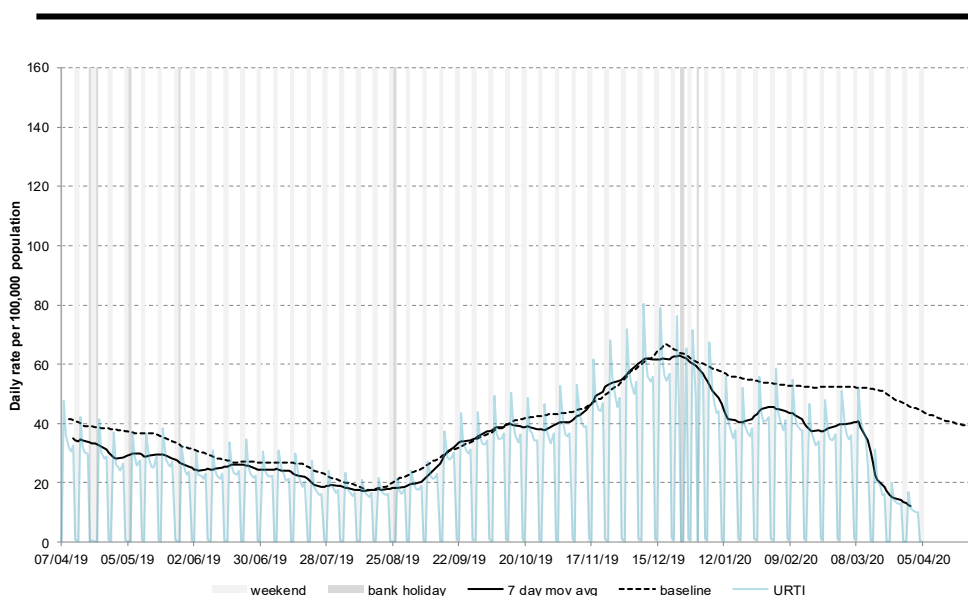
| Year | Week | GP Practices Reporting** | Population size** |
|------|------|--------------------------|-------------------|
| 2020 | 14 | 4,188 | 37.4 million |

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

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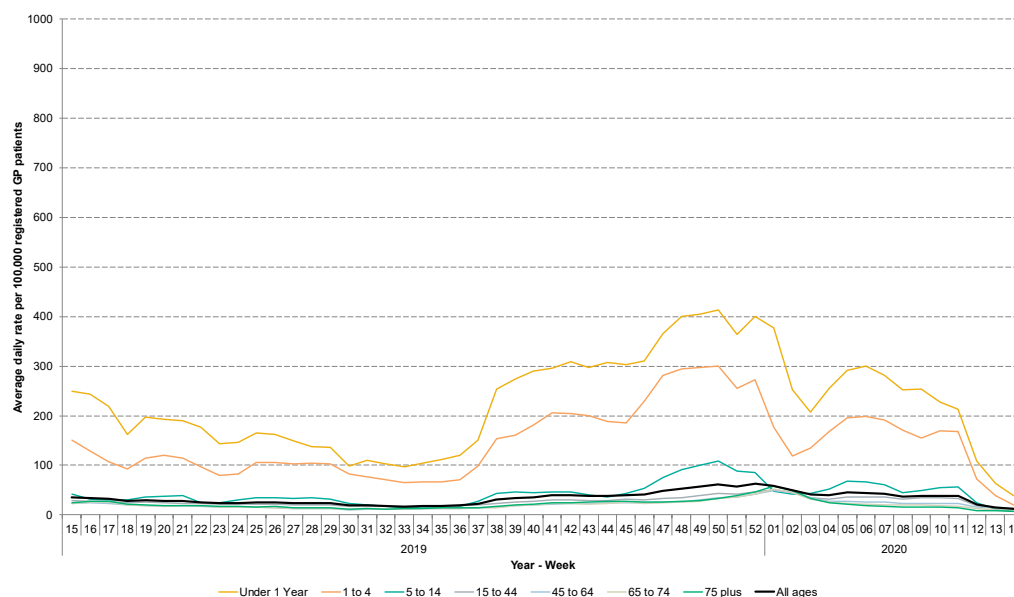
1: Upper respiratory tract infection (URTI)

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).



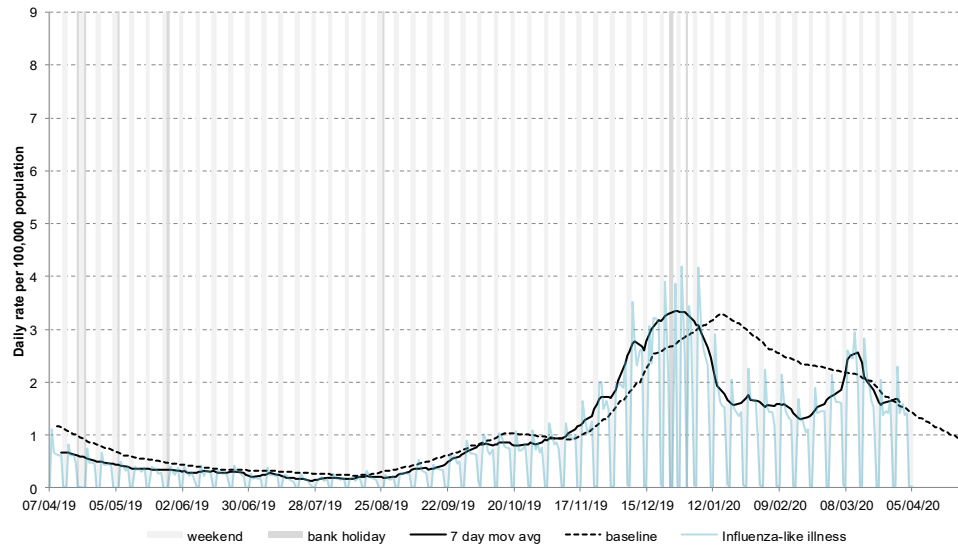
* 7-day moving average adjusted for bank holidays.

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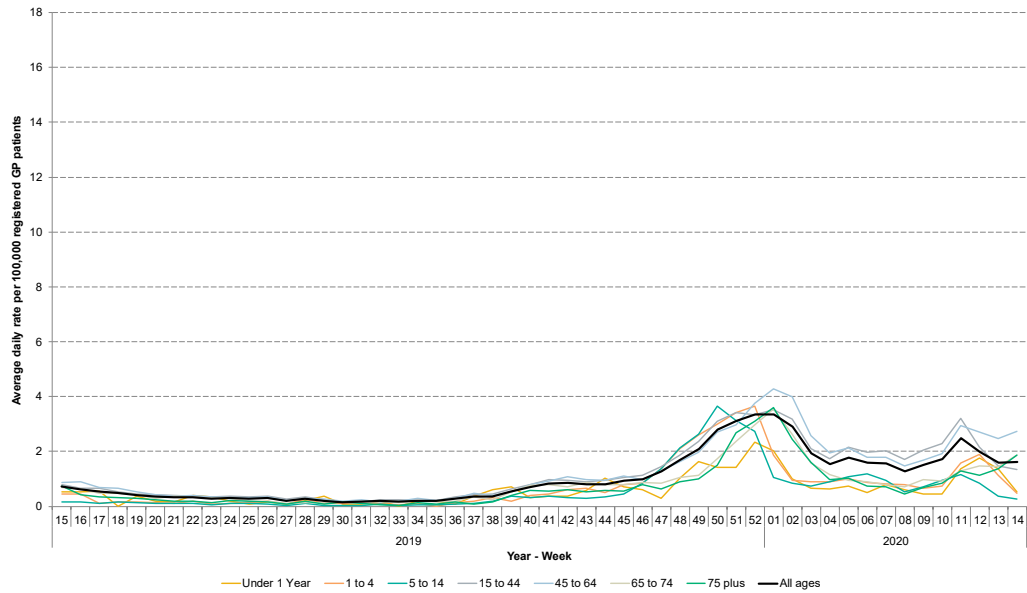
2: Influenza-like illness (ILI)

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



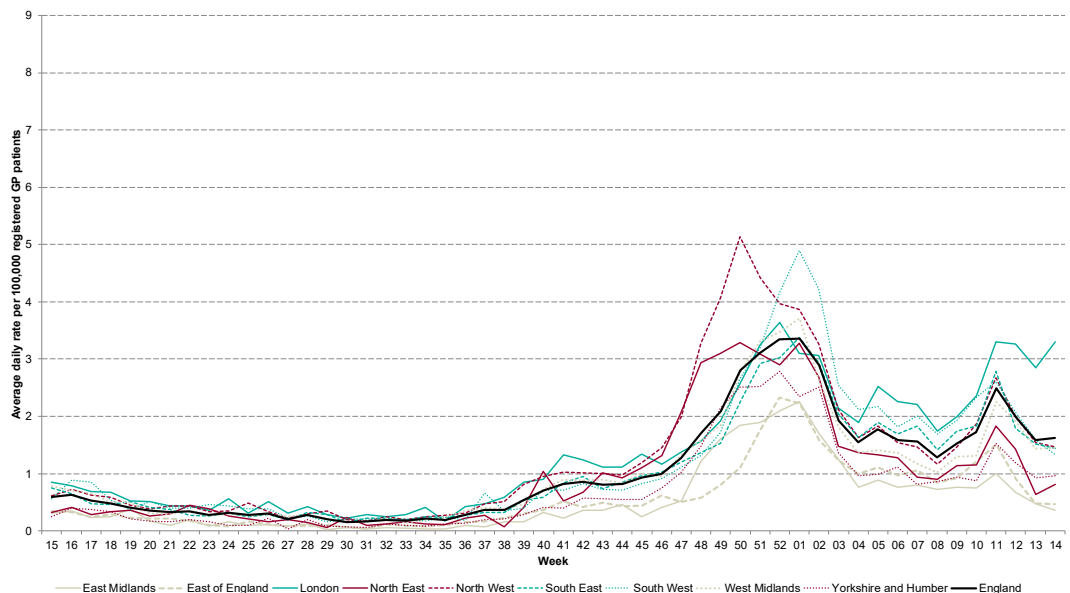
2a: Influenza-like illness by age

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



2b: Influenza-like illness by PHE Centre

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



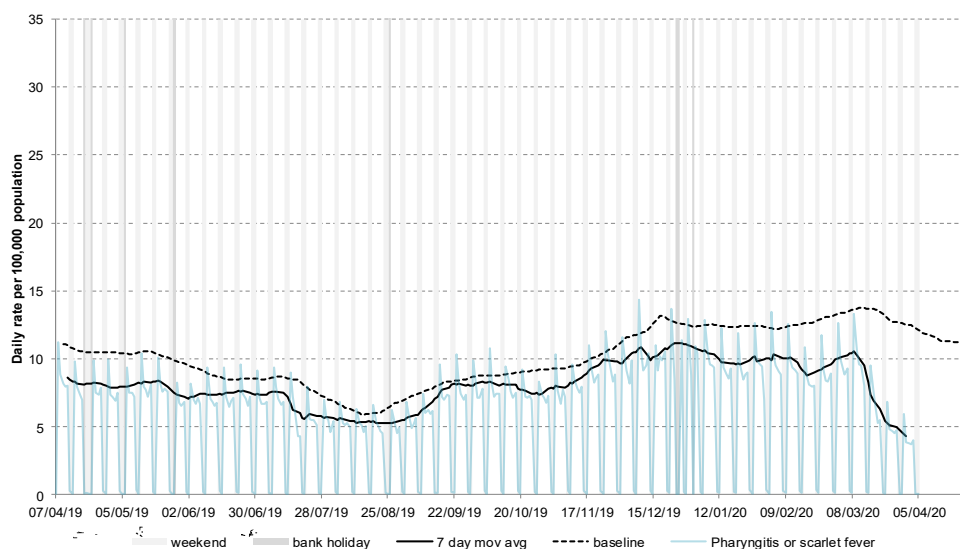
* 7-day moving average adjusted for bank holidays.

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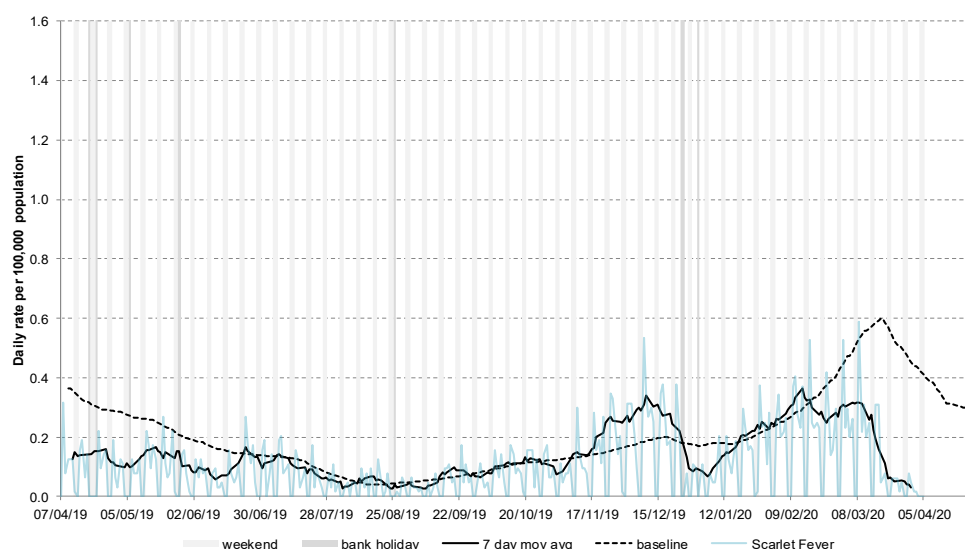
3: Pharyngitis or scarlet fever

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



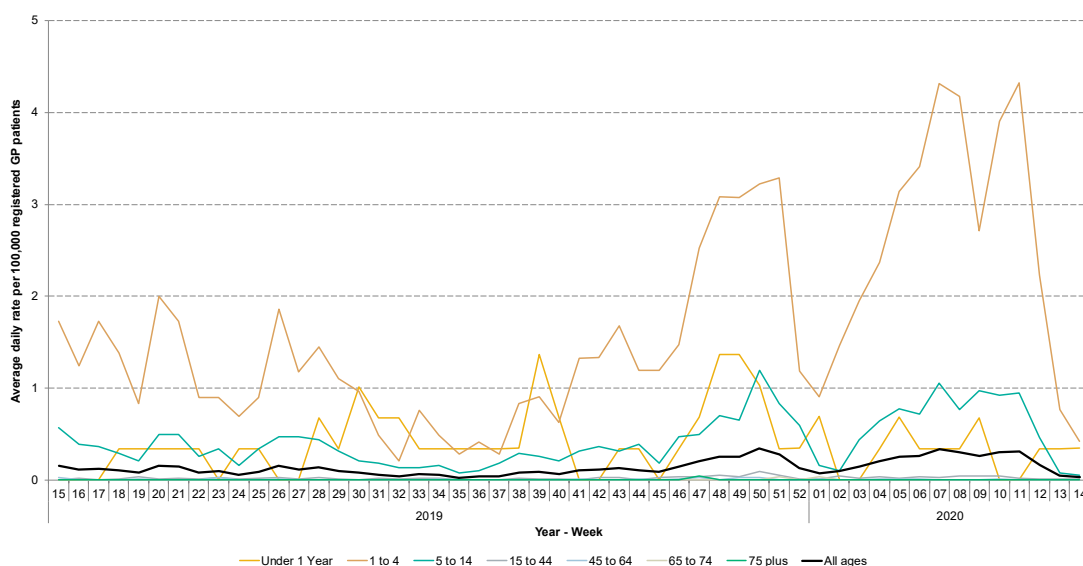
4: Scarlet fever

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).



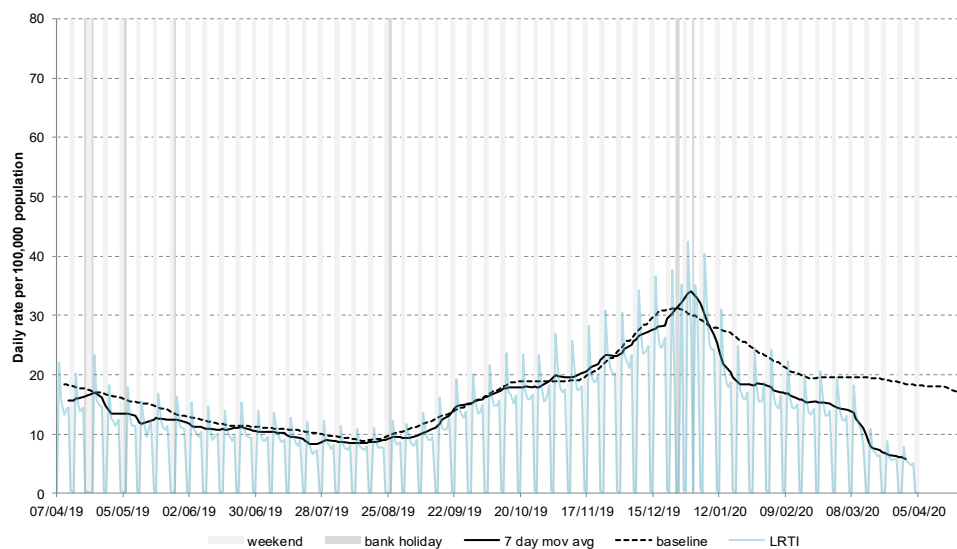
* 7-day moving average adjusted for bank holidays.

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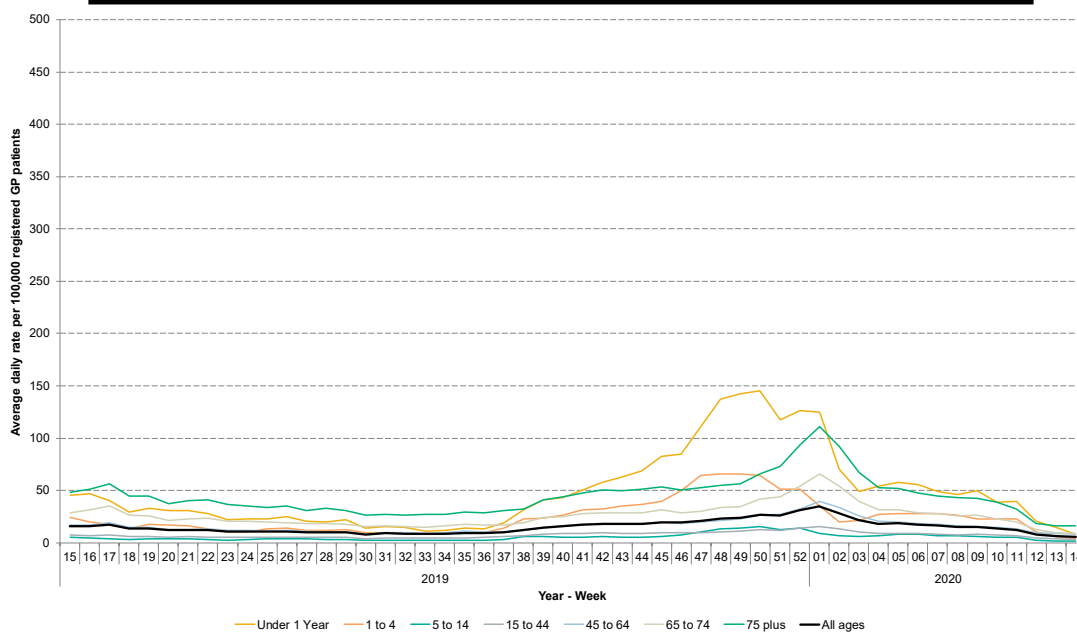
5: Lower respiratory tract infection (LRTI)

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



5a: Lower respiratory tract infection (LRTI) by age

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



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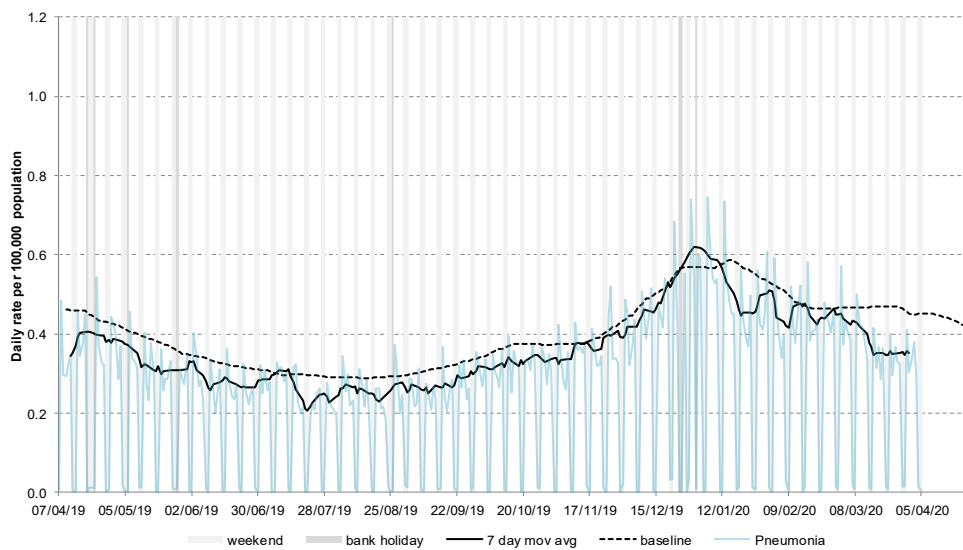
* 7-day moving average adjusted for bank holidays.

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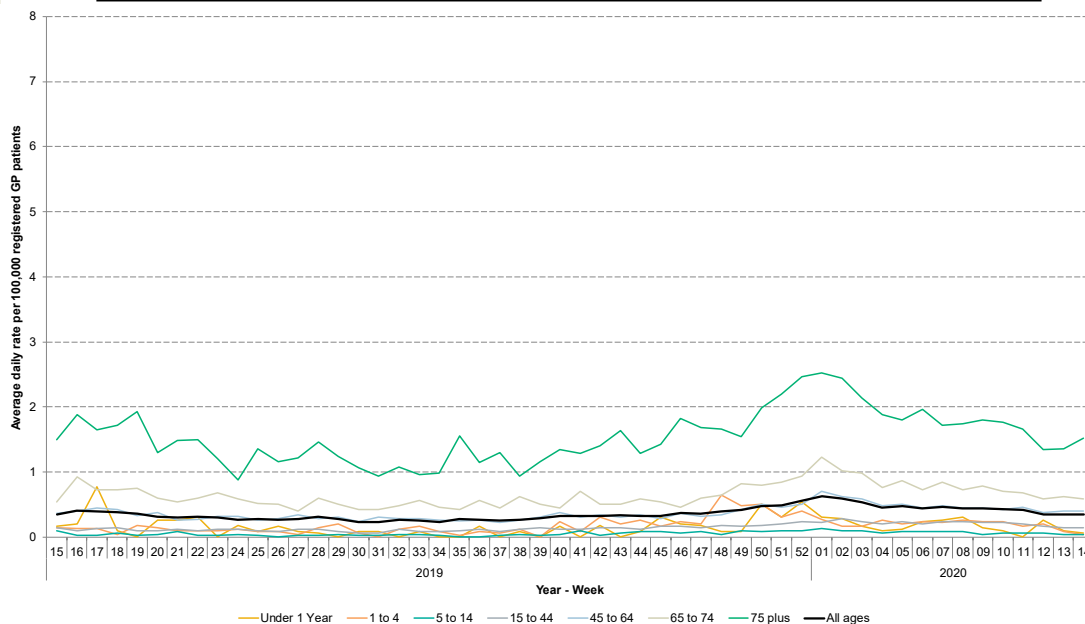
6: Pneumonia

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



6a: Pneumonia by age

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



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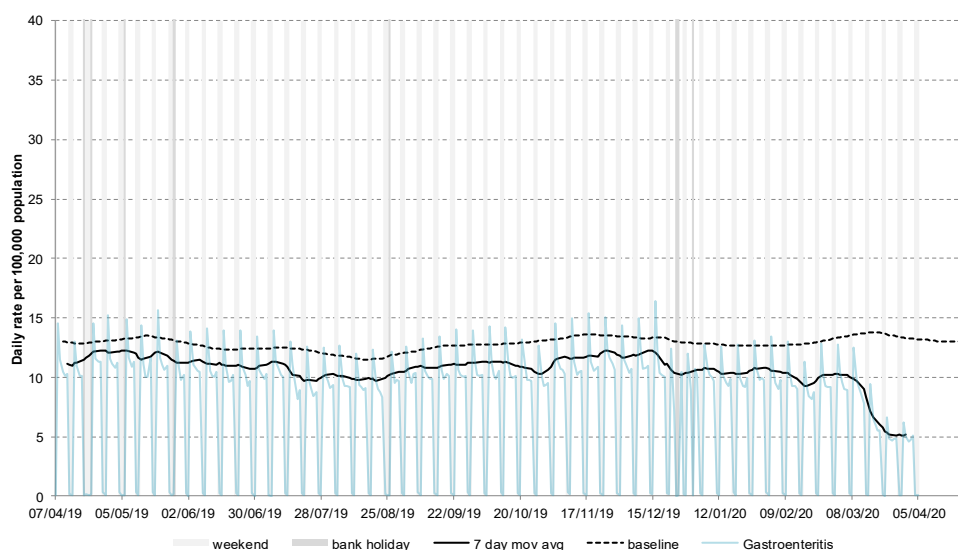
* 7-day moving average adjusted for bank holidays.

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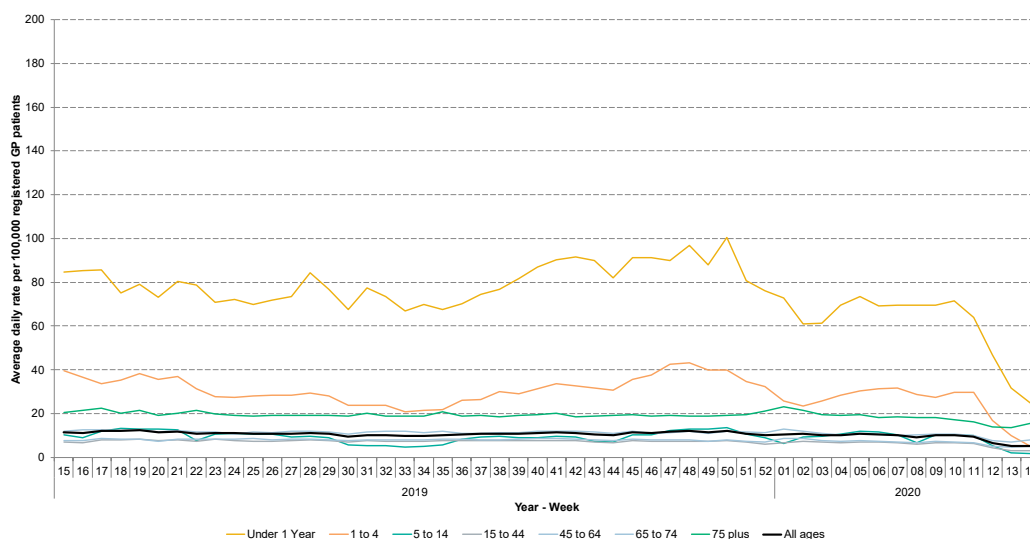
7: Gastroenteritis

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



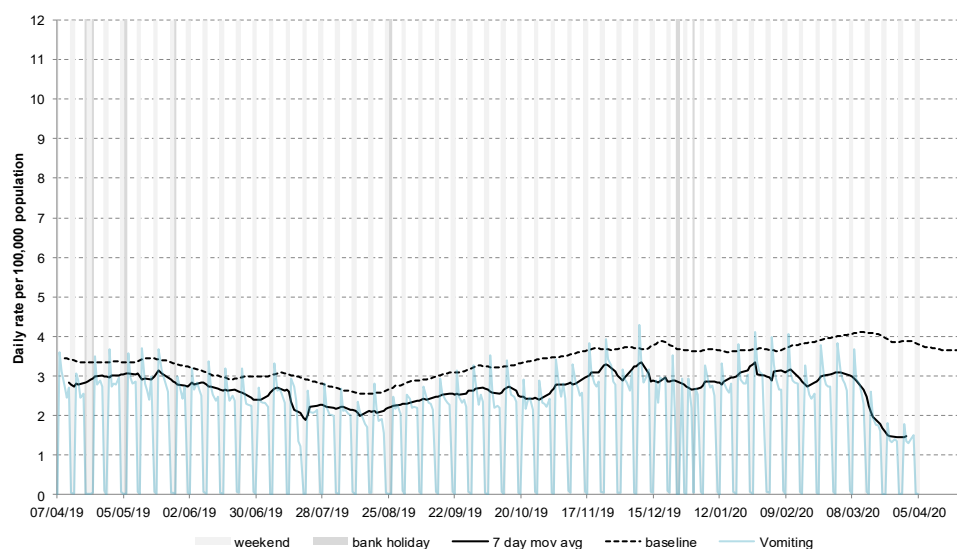
7a: Gastroenteritis by age

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).



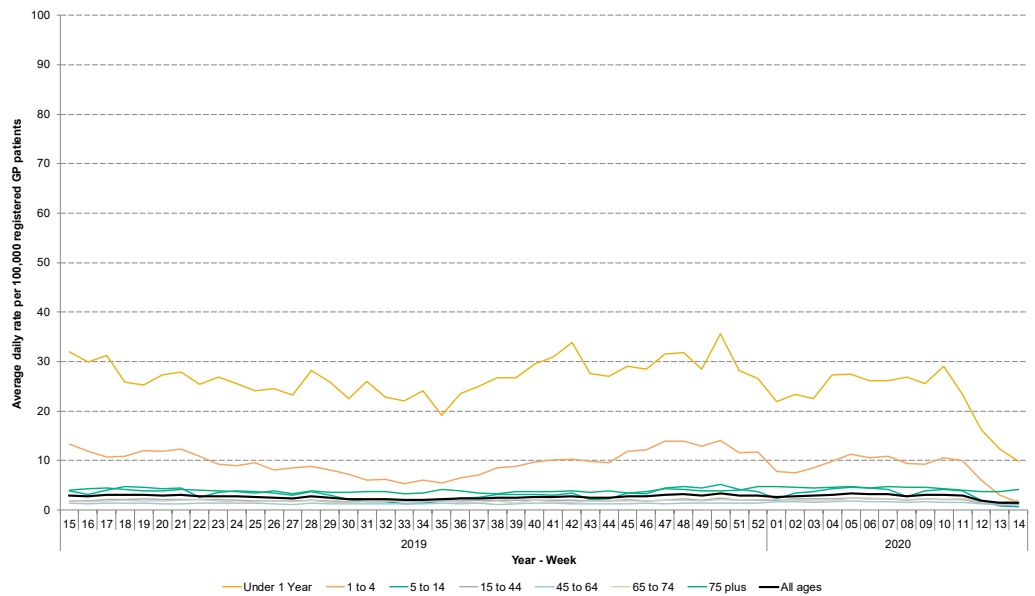
* 7-day moving average adjusted for bank holidays.

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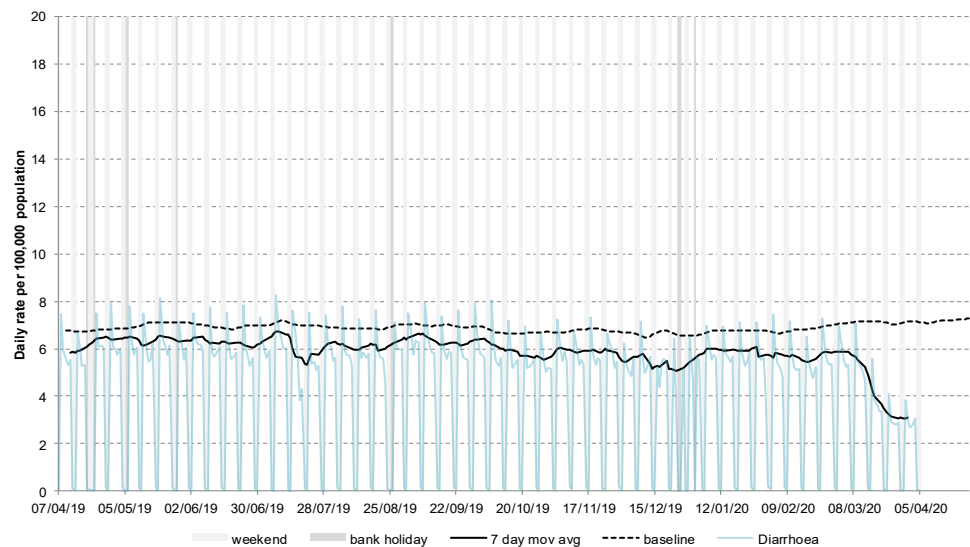
8a: Vomiting by age

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



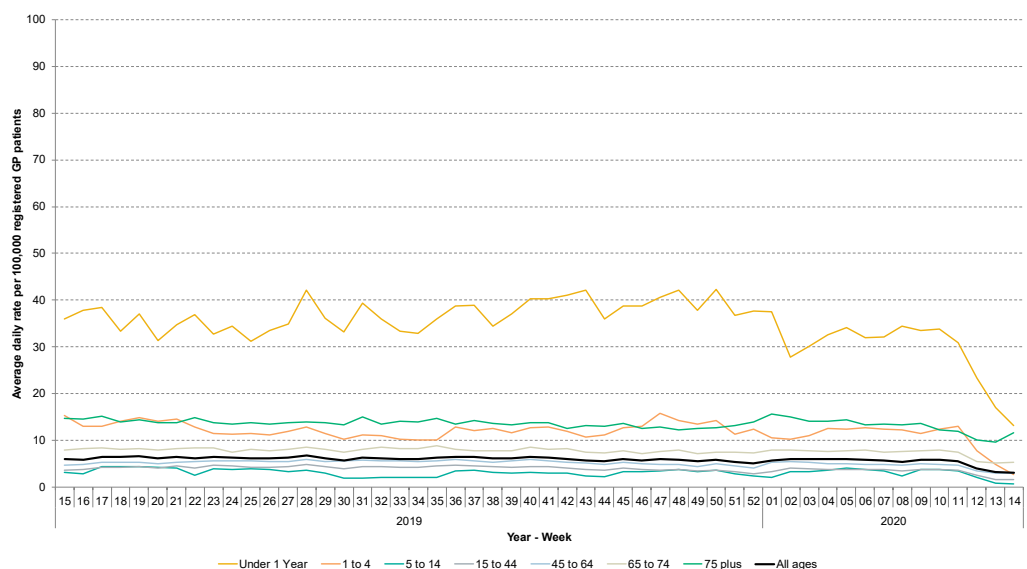
9: Diarrhoea

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



9a. Diarrhoea by age

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



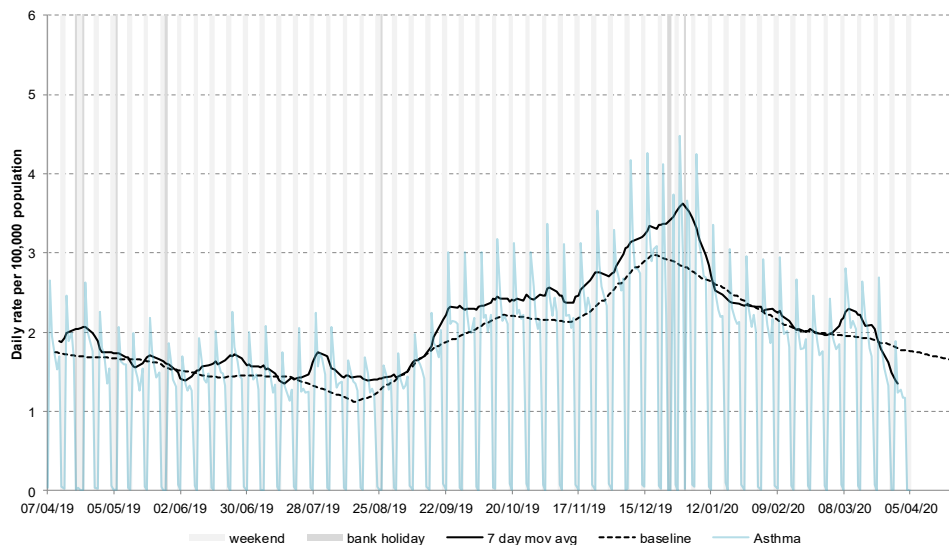
* 7-day moving average adjusted for bank holidays.

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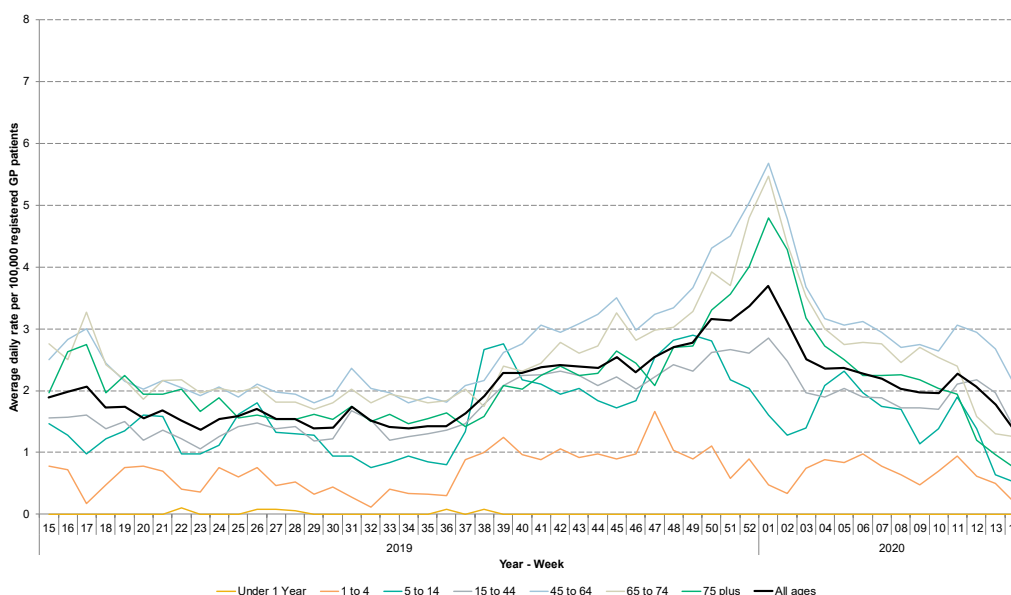
10: Asthma

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



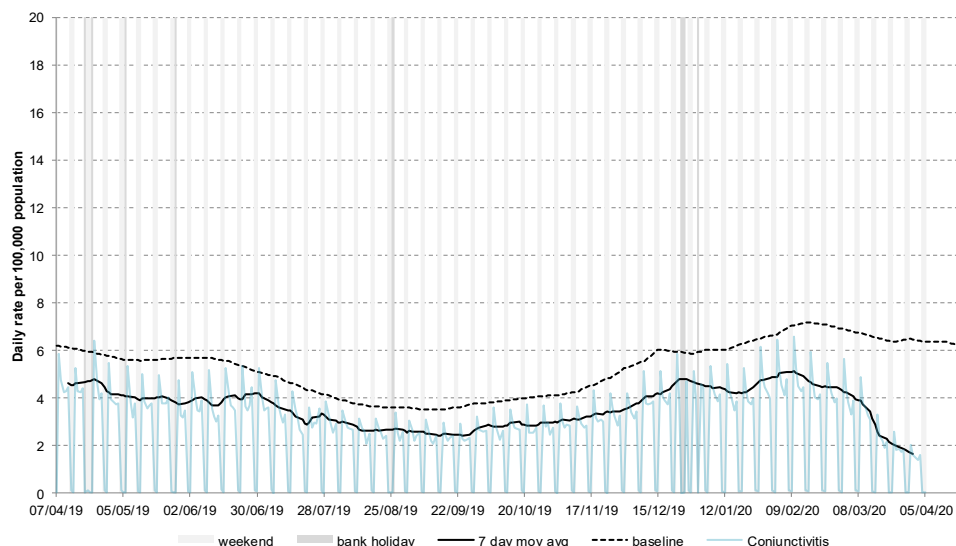
10a: Asthma by age

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).



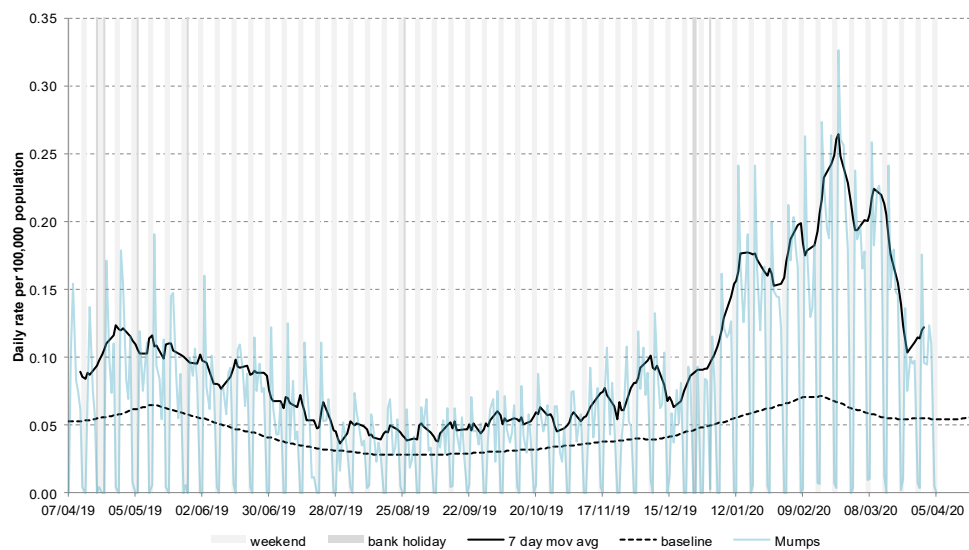
* 7-day moving average adjusted for bank holidays.

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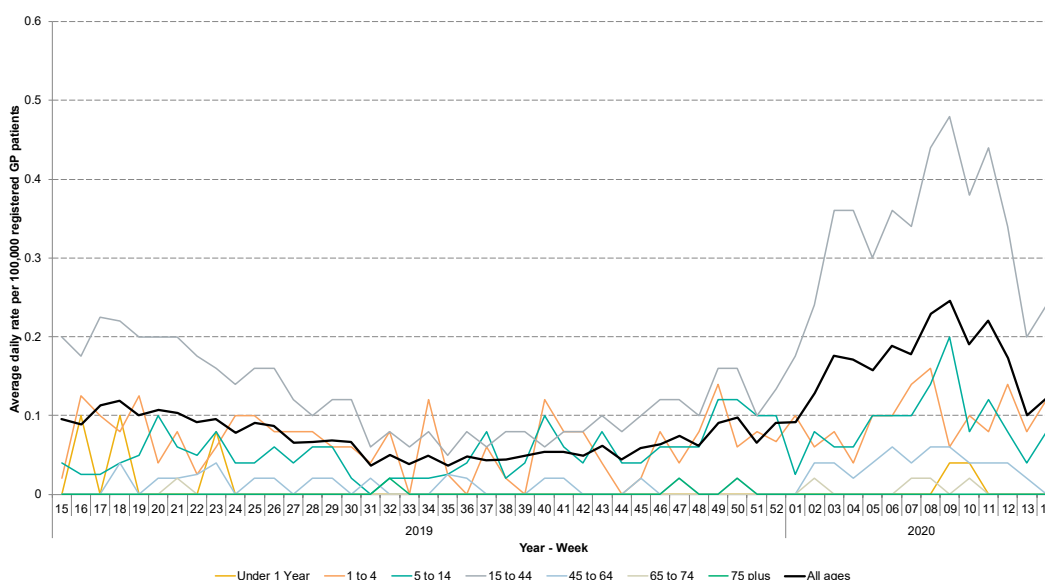
12: Mumps

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



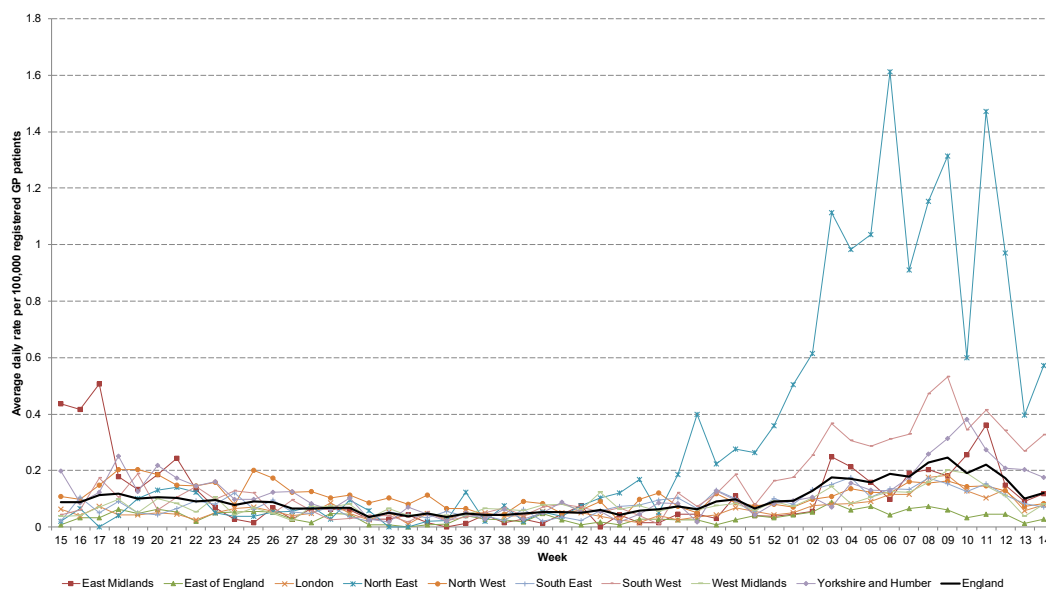
12a: Mumps by age

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



12b: Mumps by PHE Centre

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

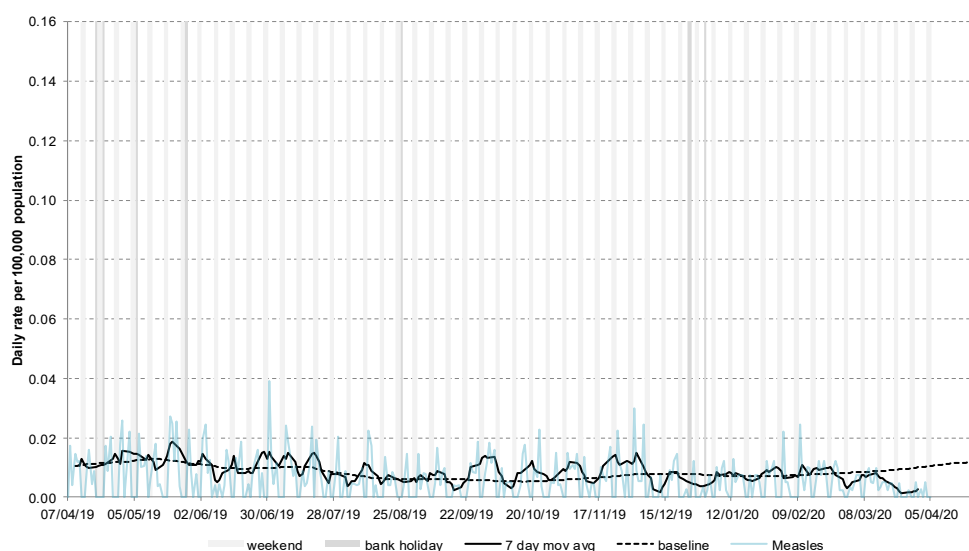


* 7-day moving average adjusted for bank holidays.

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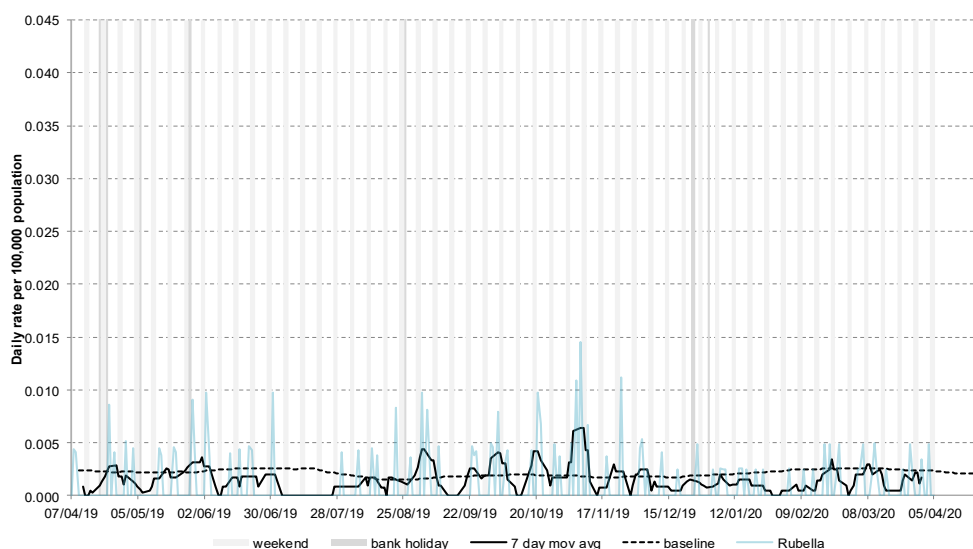
13: Measles

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).



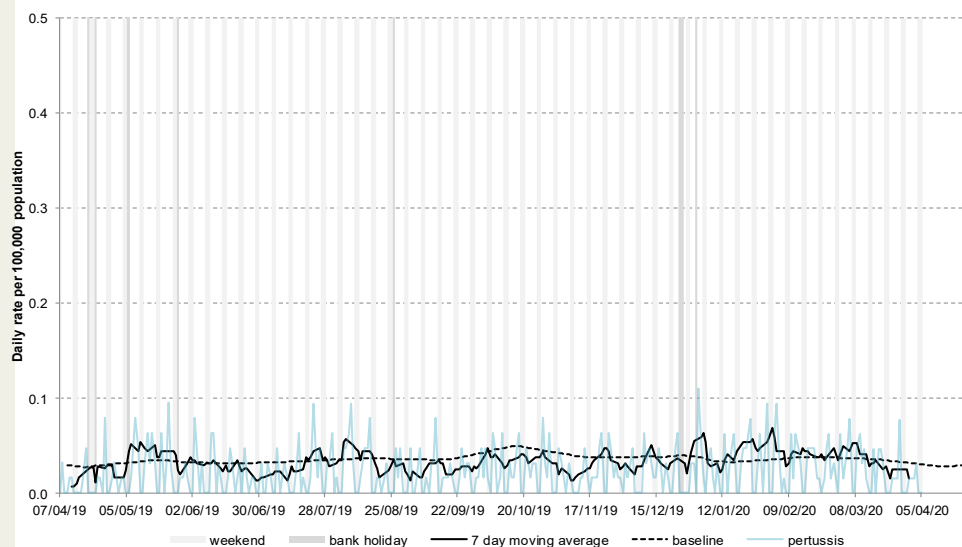
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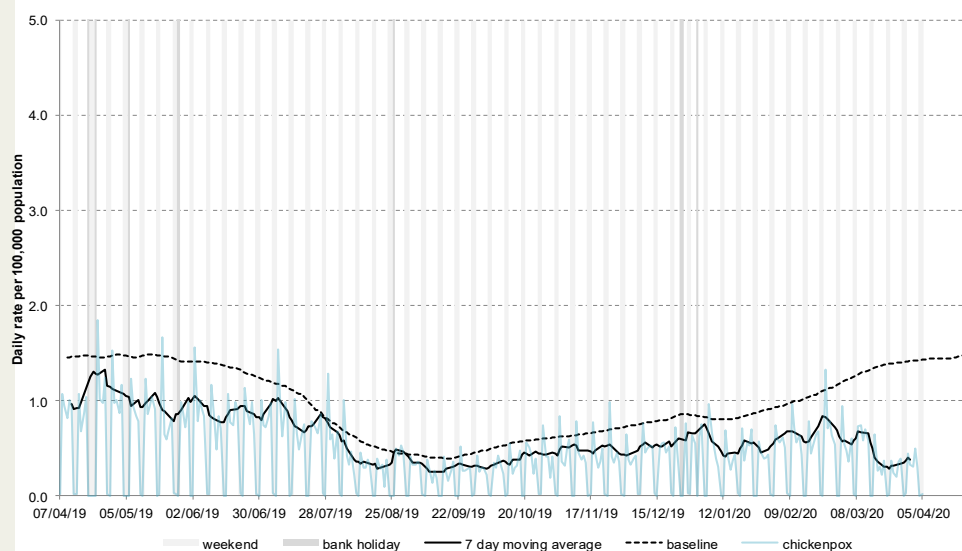
15: Pertussis

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)



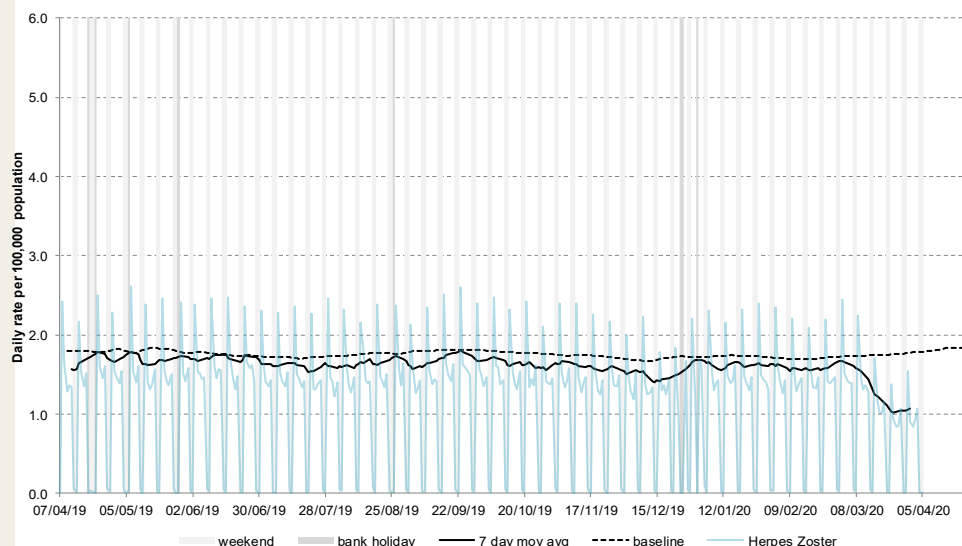
16: Chickenpox

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)



17: Herpes zoster

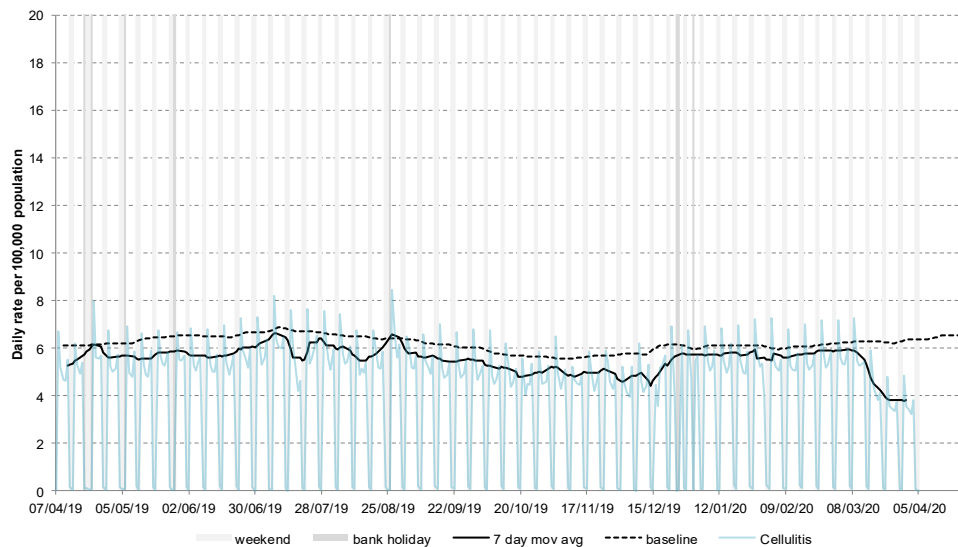
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

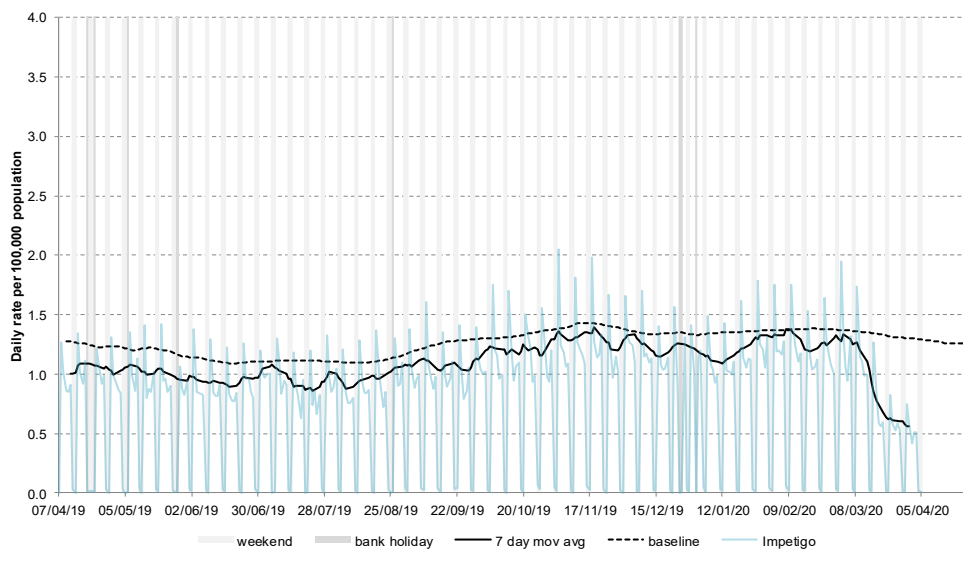
18: Cellulitis

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).



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* 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.

Moving Epidemic Method:

- During winter we present 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 six years of historic data (2013-2019). The thresholds are re-calculated every year.
- Baseline ('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.

¹Vega T et al. Influenza Other Respir Viruses. 2013;7(4):546-58.

Maps:

- From week 40 2019 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. **ILI 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 Oxford, ClinRisk® and the contribution of EMIS and EMIS practices. Data source: version 1 of the QSurveillance® database.

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