



16 June 2020

Year: 2020 Week: 24

In This Issue:

- Key messages.
- Diagnostic indicators at a glance.
- GP practices and denominator population.
- National syndromic indicators.
- Notes and further information.

Key messages

Data to: 14 June 2020

During week 24, COVID-19-like GP consultations remained stable; rates continue to be highest in the 75+ years age group (figures 1 & 1a). All other respiratory indicators remained stable and below baseline levels.

Please see '[notes and caveats](#)' for information about the COVID-19-like GPIH syndromic indicator including important caveats around the interpretation of this indicator.

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
COVID-19-like	no trend	-
Upper respiratory tract infection	no trend	below baseline levels
Influenza-like illness	no trend	below baseline levels
Pharyngitis	no trend	below baseline levels
Scarlet fever	no trend	below baseline levels
Lower respiratory tract infection	no trend	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	no trend	below baseline levels
Conjunctivitis	decreasing	below baseline levels
Mumps	decreasing	below baseline levels
Measles	no trend	below baseline levels
Rubella	no trend	below baseline levels
Pertussis	no trend	below baseline levels
Chickenpox	no trend	below baseline levels
Herpes zoster	increasing	below baseline levels
Cellulitis	decreasing	below baseline levels
Impetigo	no trend	below baseline levels
Allergic rhinitis	decreasing	below baseline levels
Heat/sunstroke	decreasing	below baseline levels

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2020	24	4,363	39.3 million

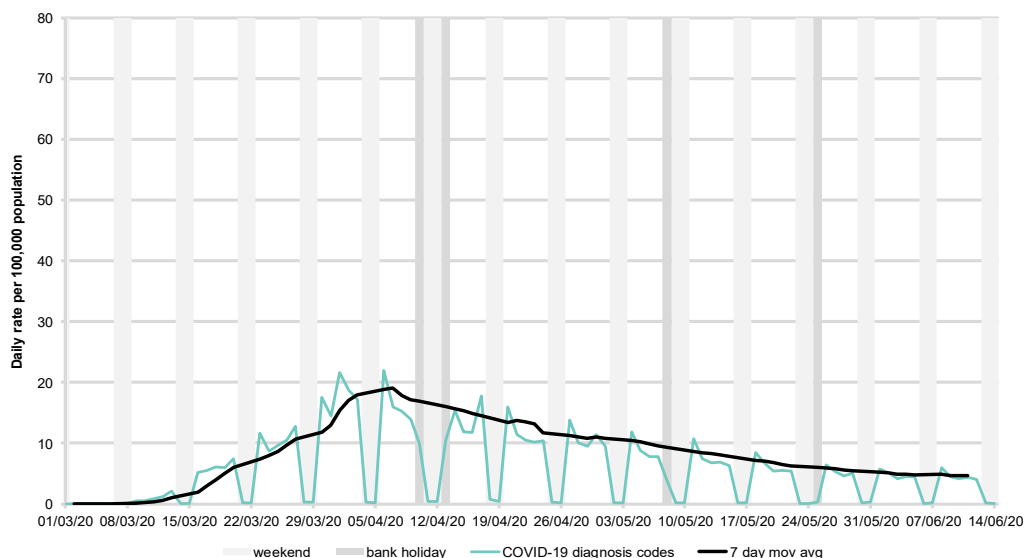
**based on the average number of practices and denominator population in the reporting working week.

16 June 2020

Year: 2020 Week: 24

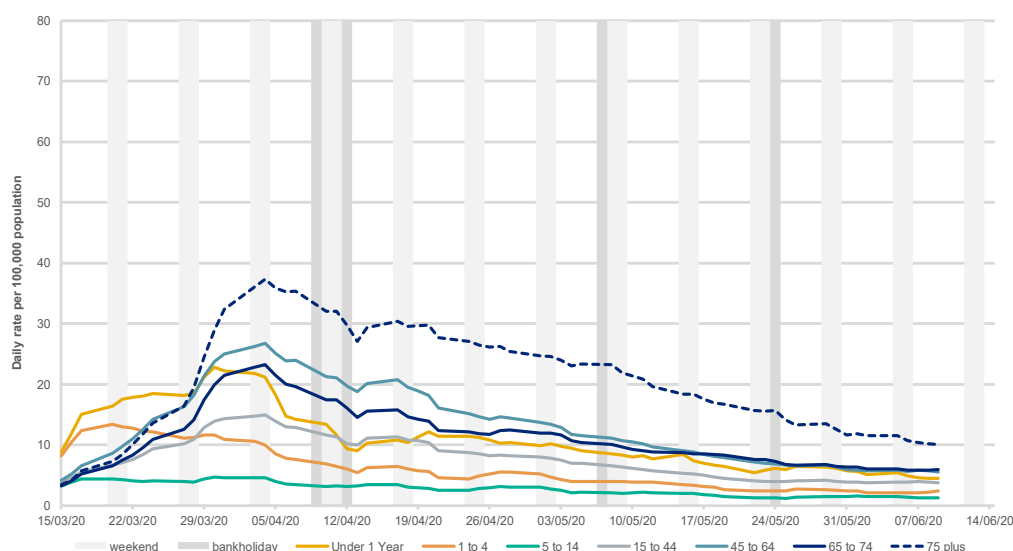
1. COVID-19-like consultations

Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages). Indicator includes consultations using new codes for suspected, tested, exposed and confirmed COVID-19.



1a: COVID-19-like consultations by age

7-day moving average per 100,000 population (all England), by age group (years). Indicator includes consultations using new codes for suspected, tested, exposed and confirmed COVID-19.



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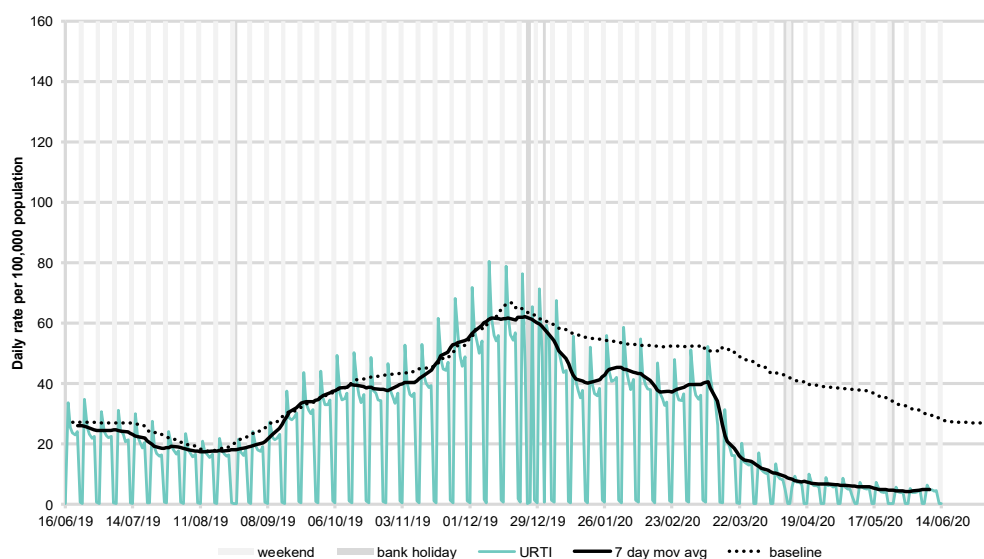
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

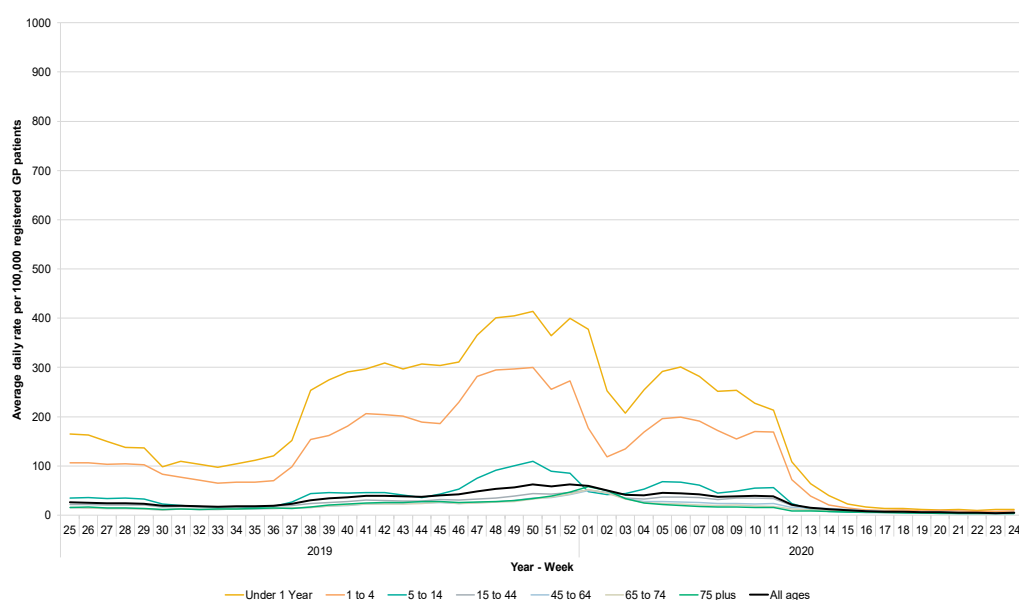
2: Upper respiratory tract infection (URTI)

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



2a: Upper respiratory tract infection (URTI) by age

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



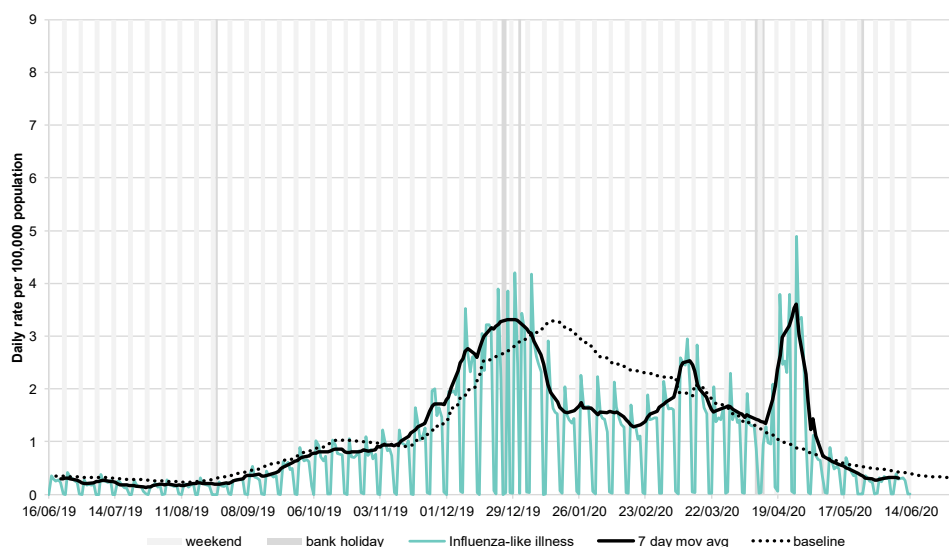
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

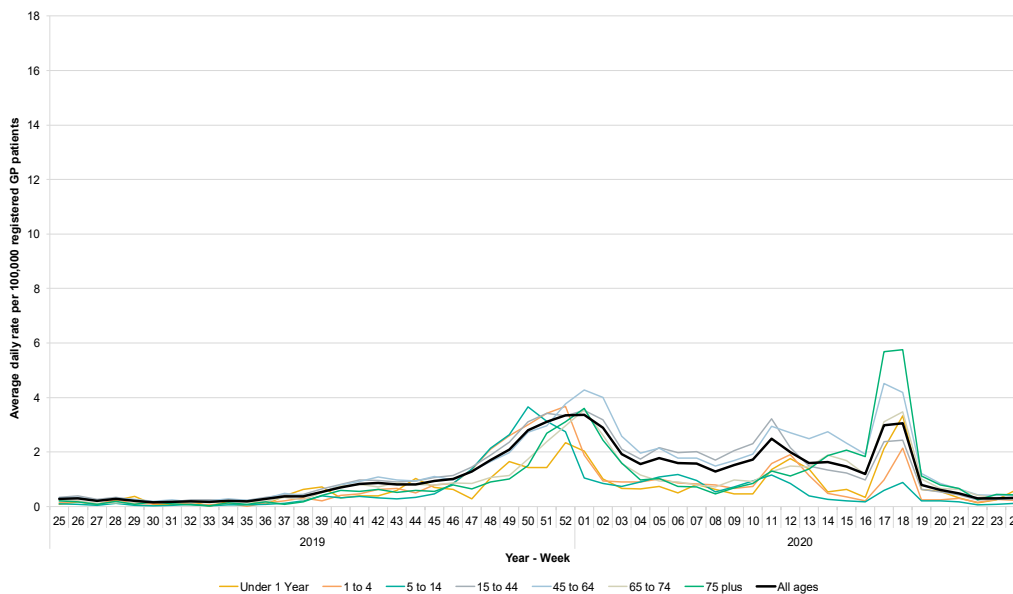
3: Influenza-like illness (ILI)

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



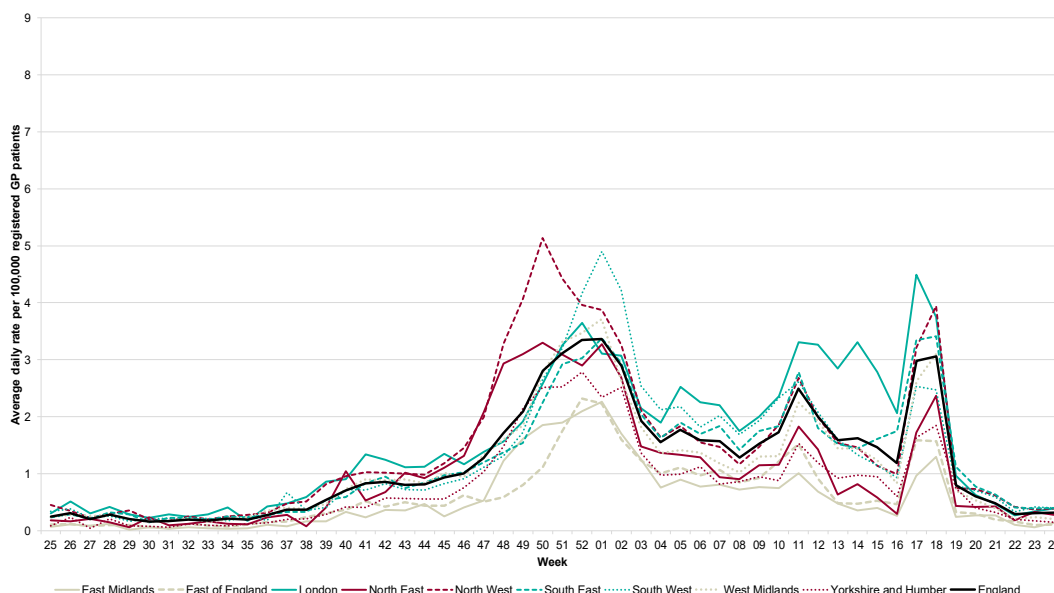
3a: Influenza-like illness by age

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



3b: Influenza-like illness by PHE Centre

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



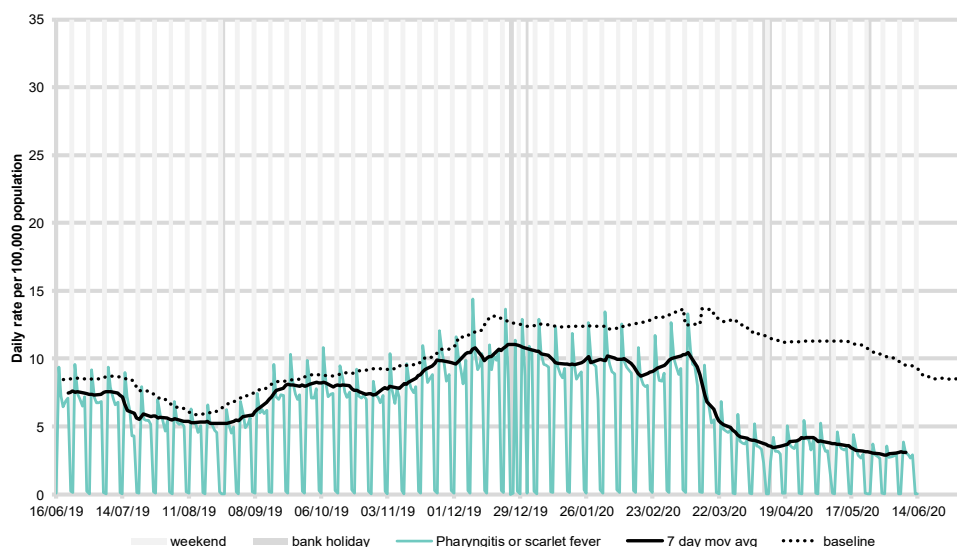
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

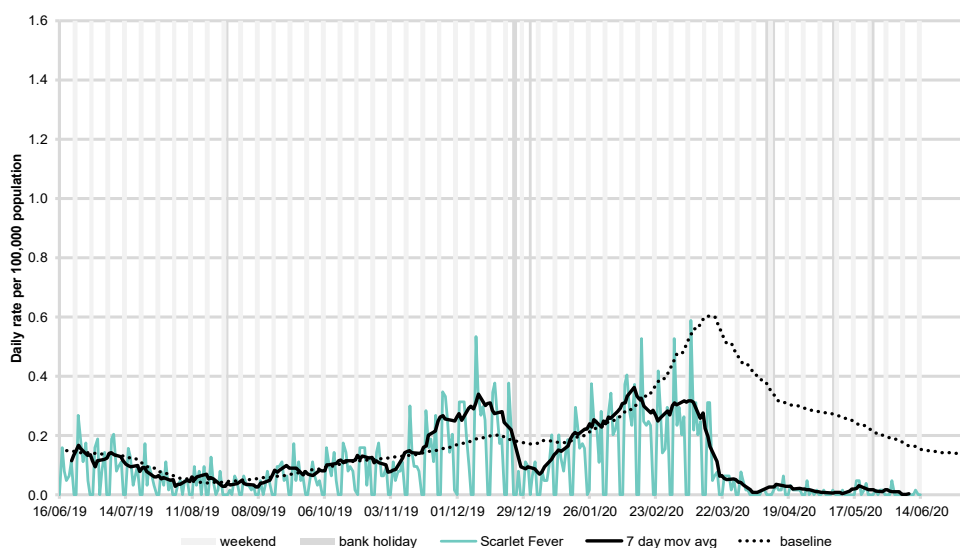
4: Pharyngitis or scarlet fever

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



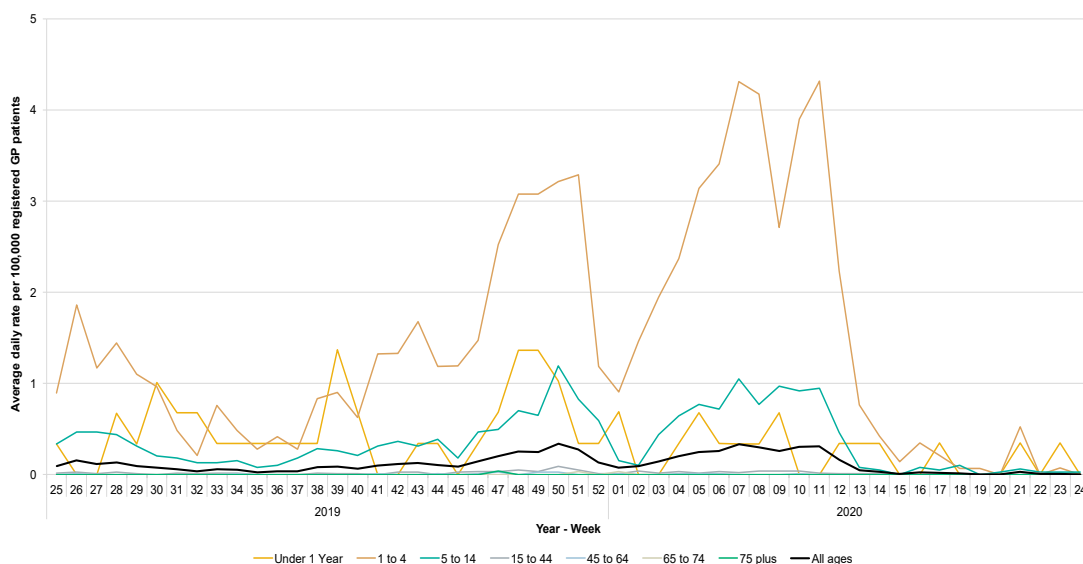
5: Scarlet fever

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)



5a: 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).



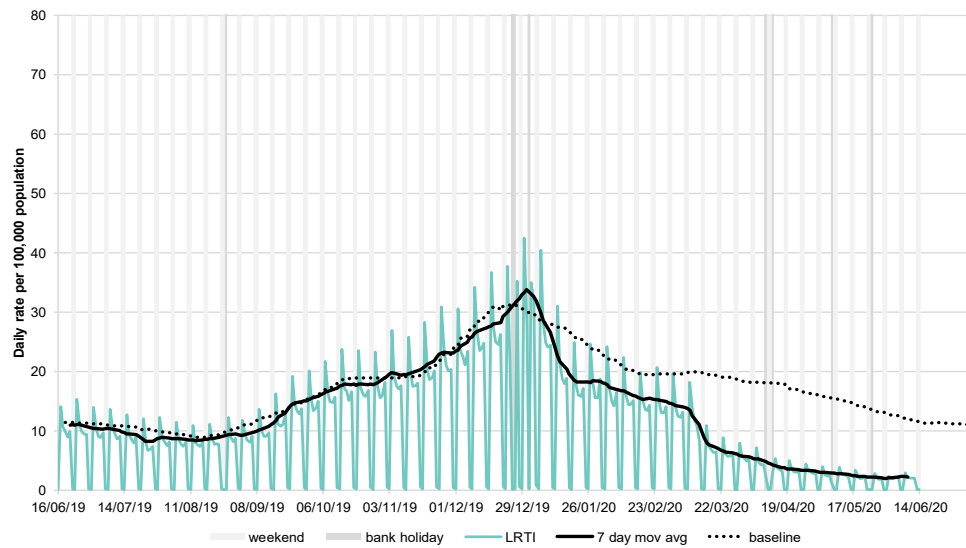
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16 June 2020

Year: 2020 Week: 24

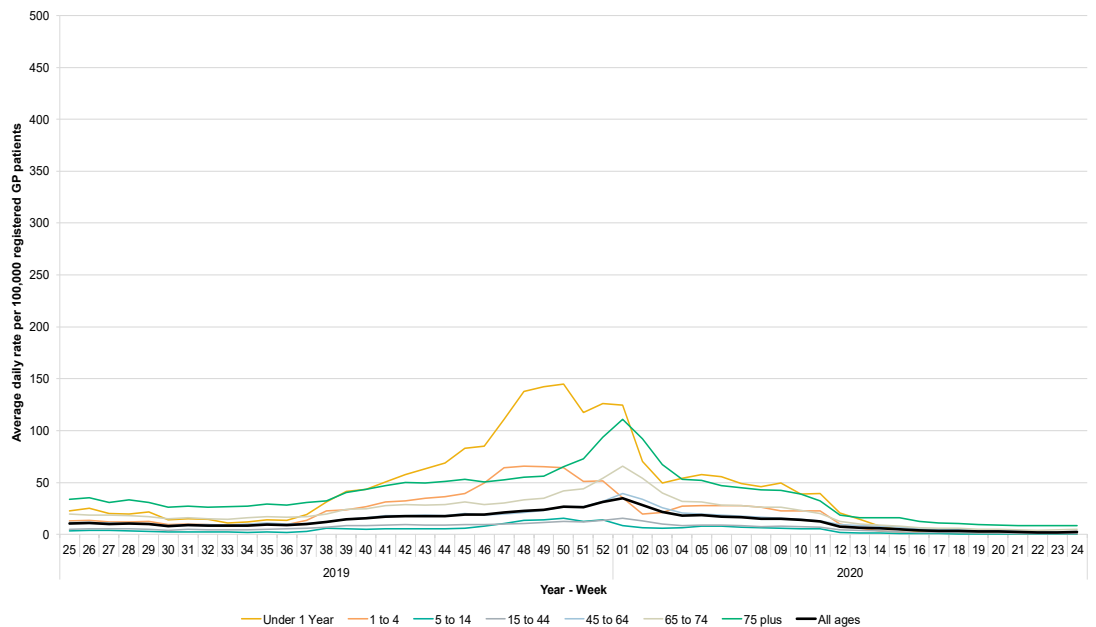
6: Lower respiratory tract infection (LRTI)

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



6a: Lower respiratory tract infection (LRTI) by age

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



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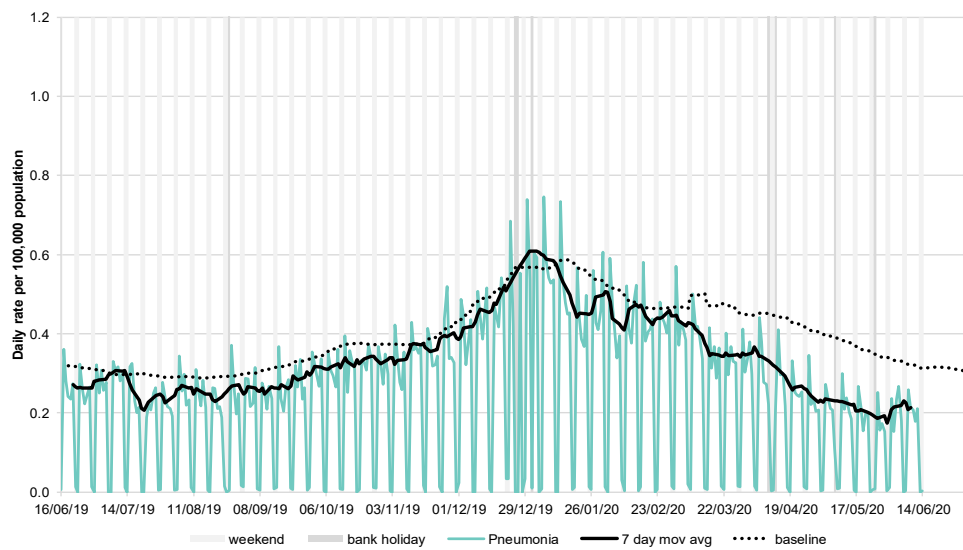
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

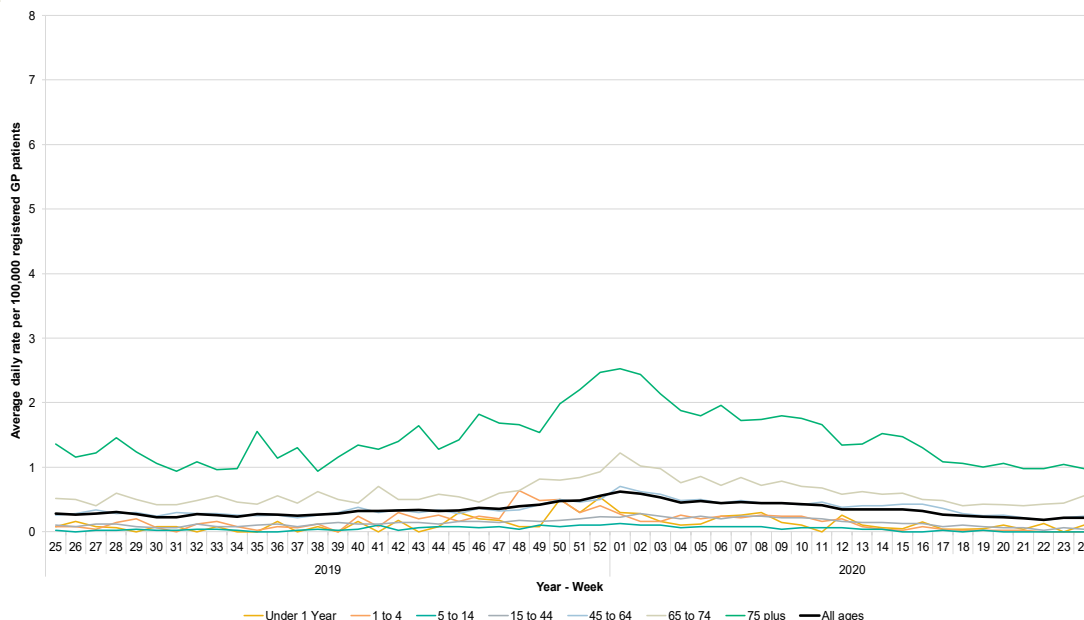
7: Pneumonia

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



7a: Pneumonia by age

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

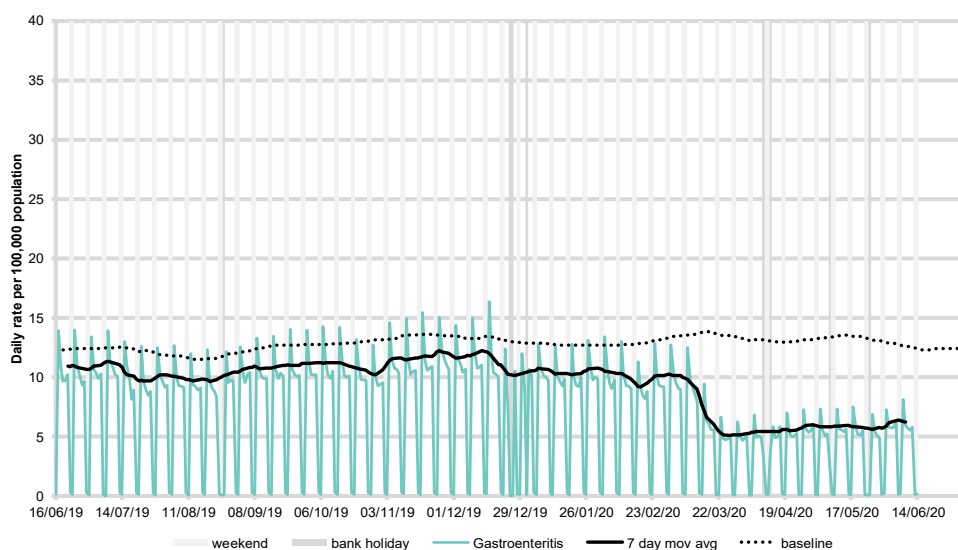


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* 7-day moving average adjusted for bank holidays.

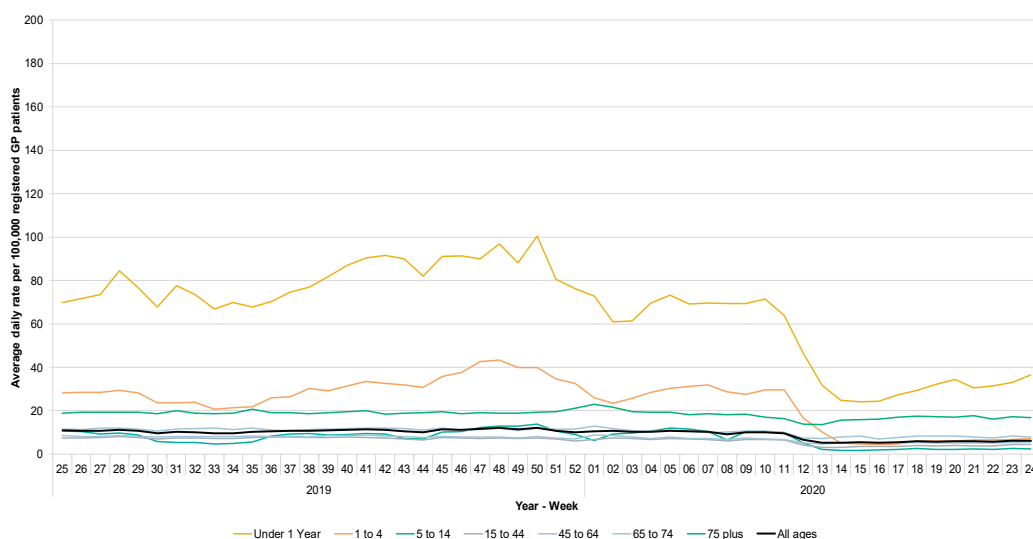
8: Gastroenteritis

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



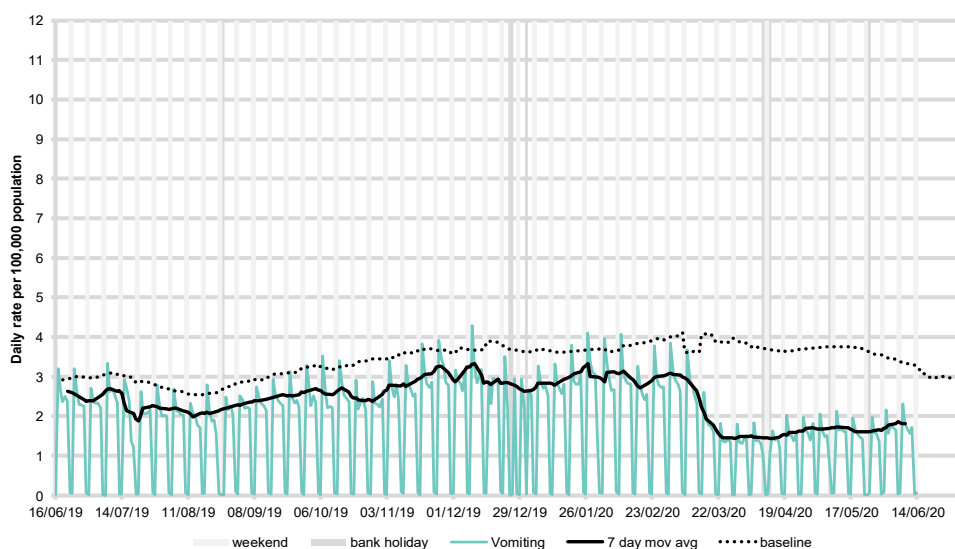
8a: Gastroenteritis by age

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



9: Vomiting

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



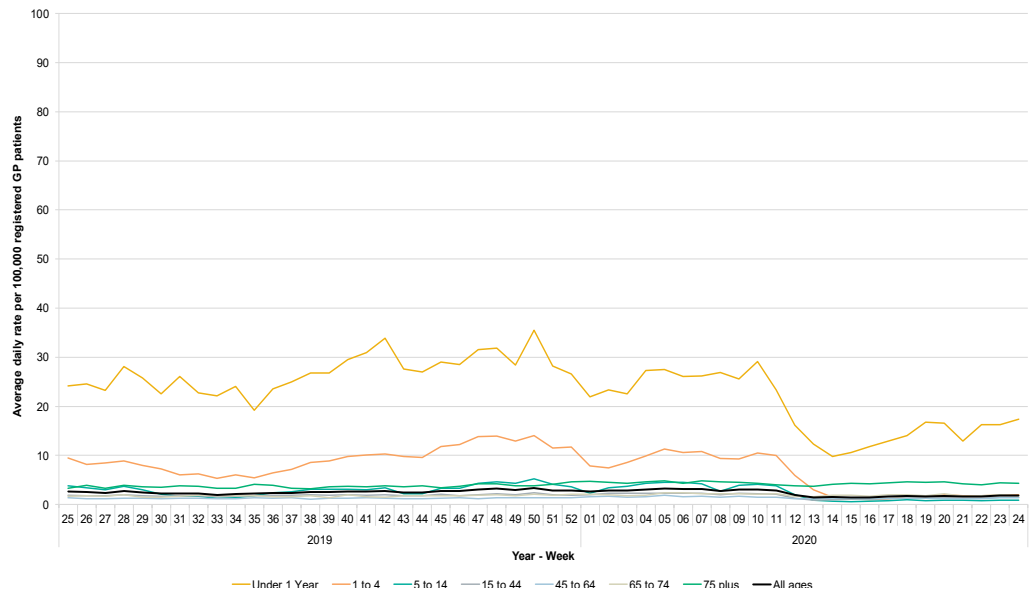
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

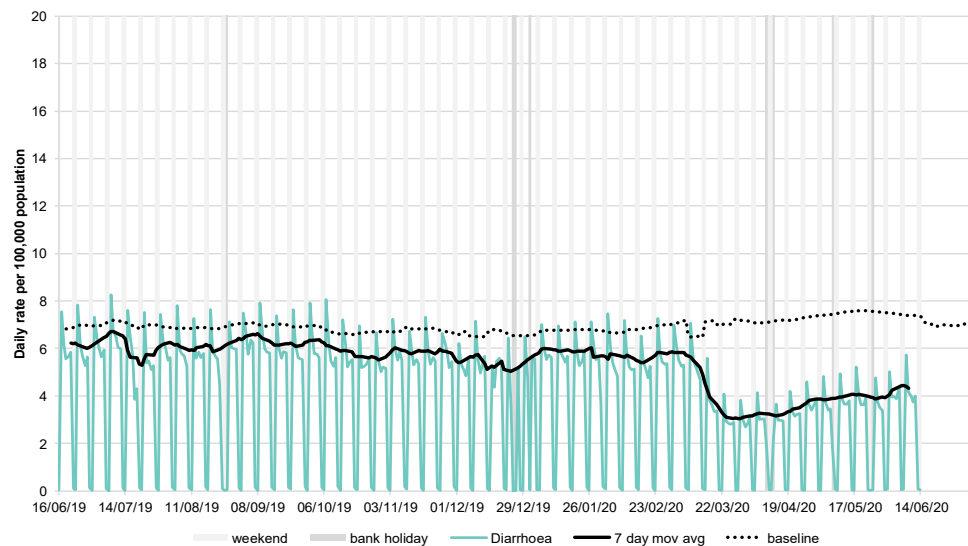
9a: Vomiting by age

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



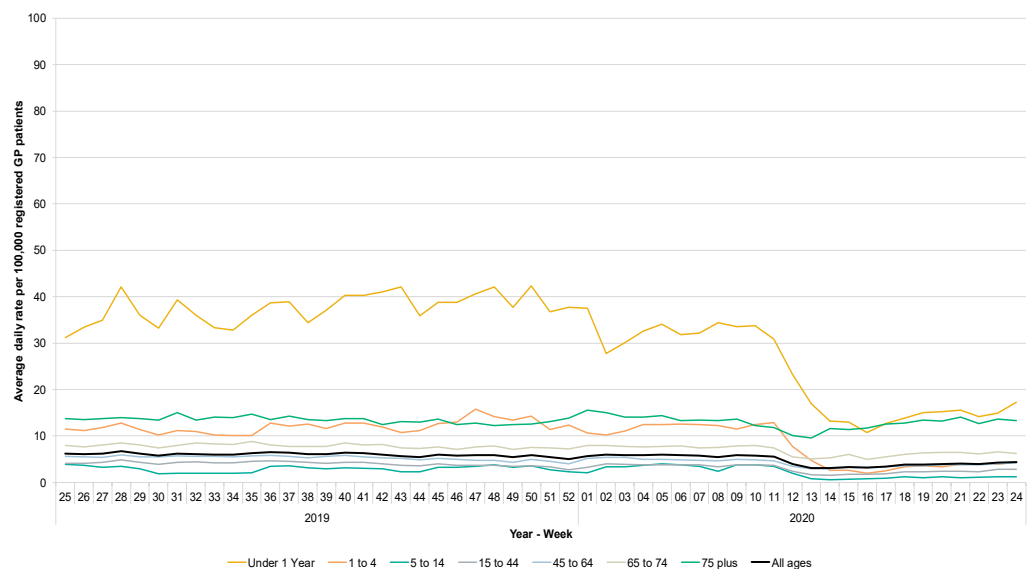
10: Diarrhoea

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



10a. Diarrhoea by age

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



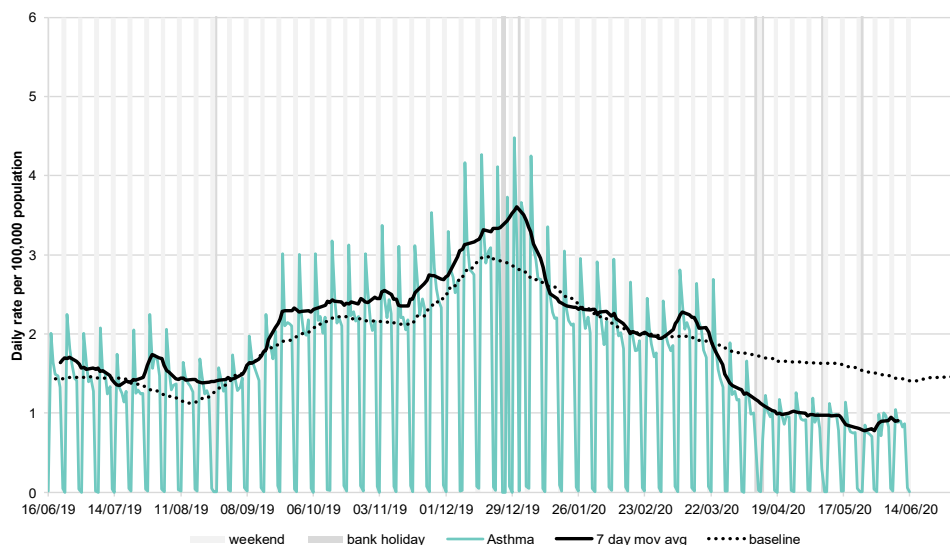
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

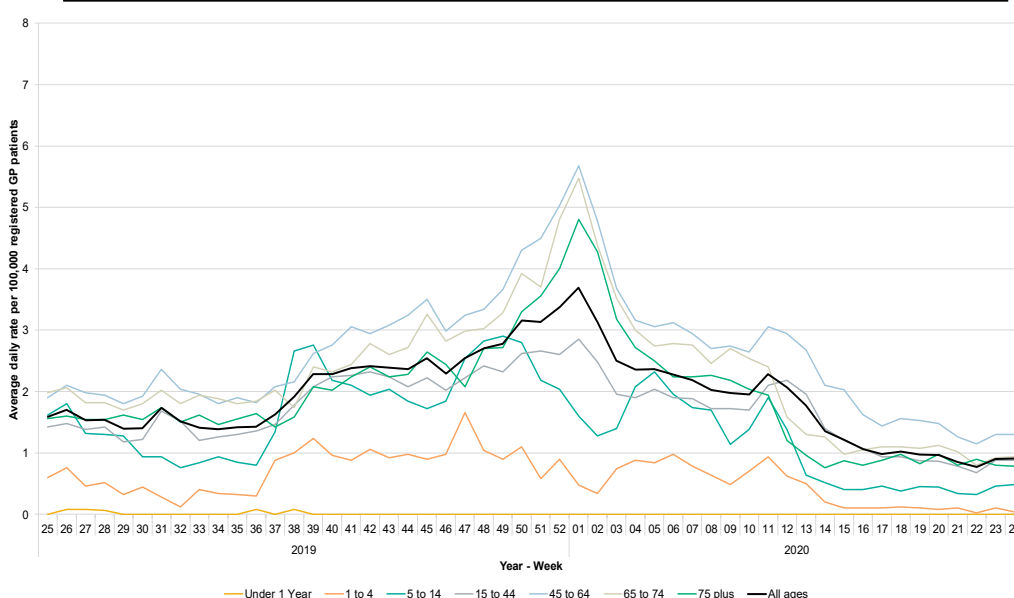
11: Asthma

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



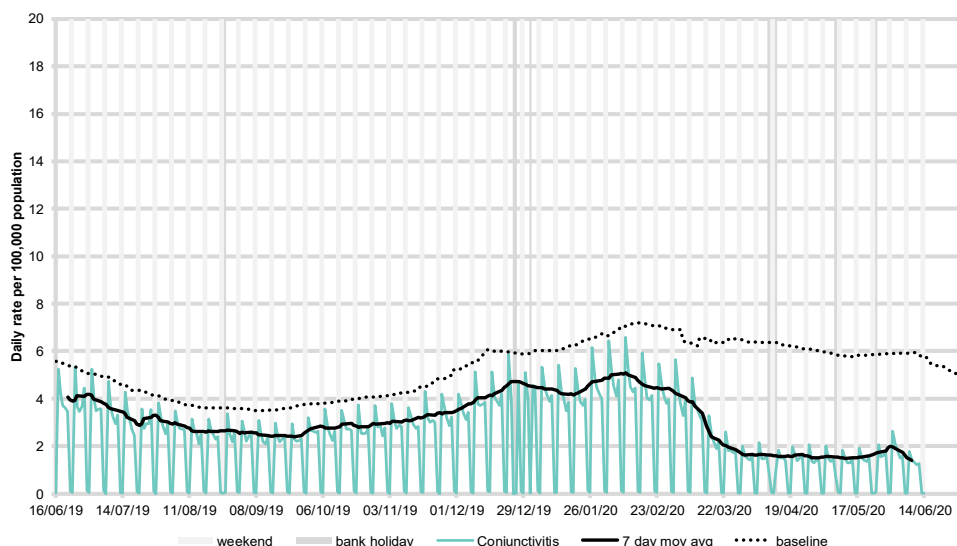
11a: Asthma by age

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



12: Conjunctivitis

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



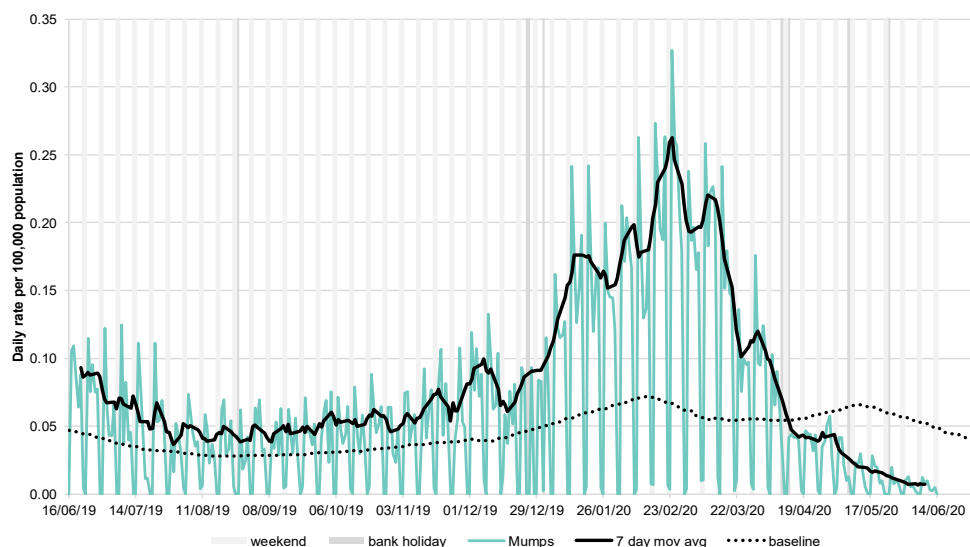
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16 June 2020

Year: 2020 Week: 24

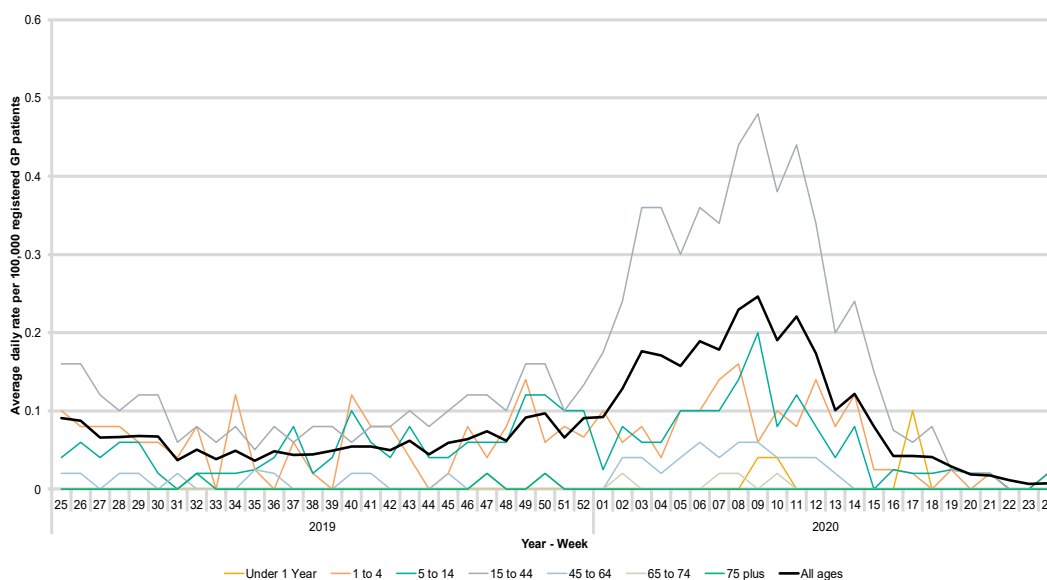
13: Mumps

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



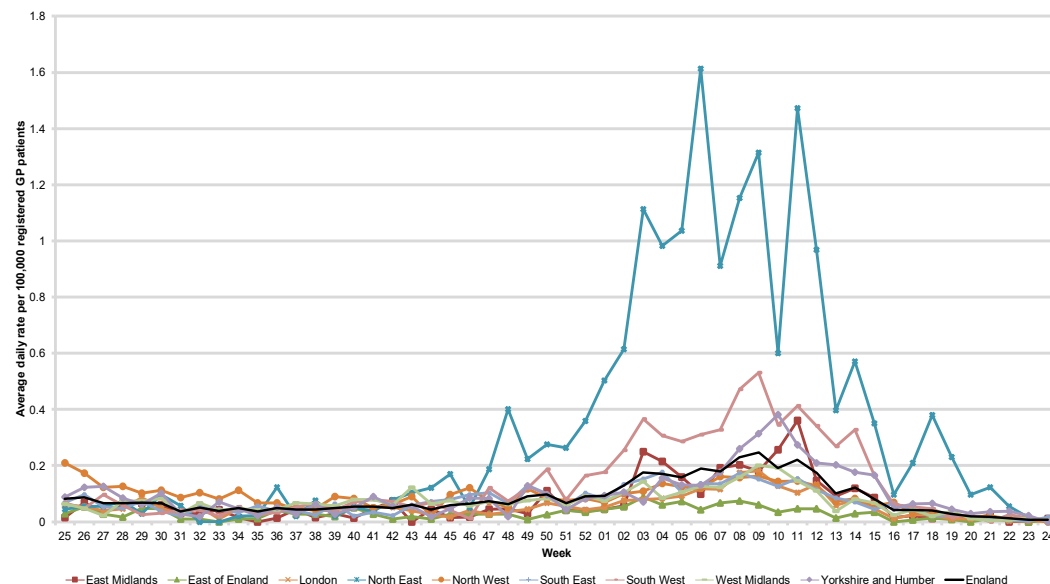
13a: Mumps by age

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



13b: Mumps by PHE Centre

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

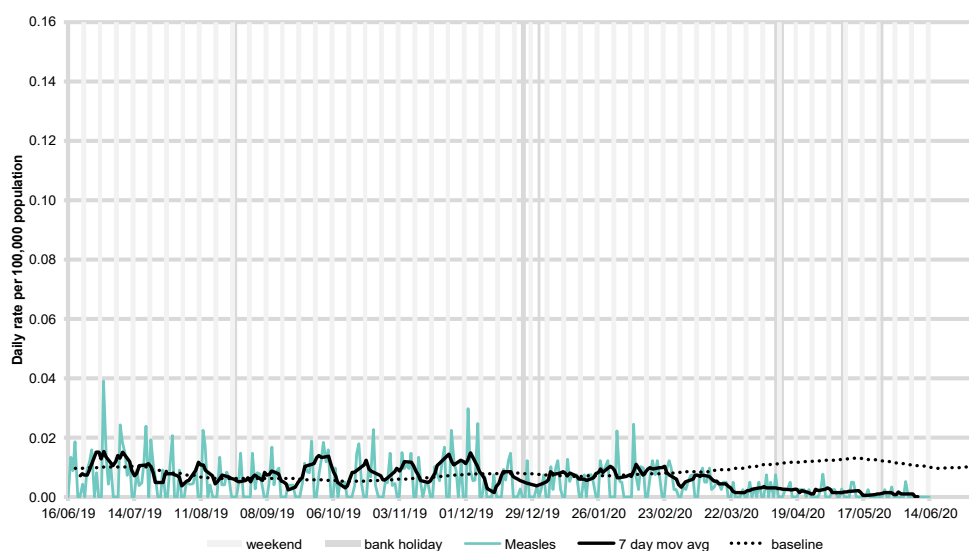


* 7-day moving average adjusted for bank holidays.

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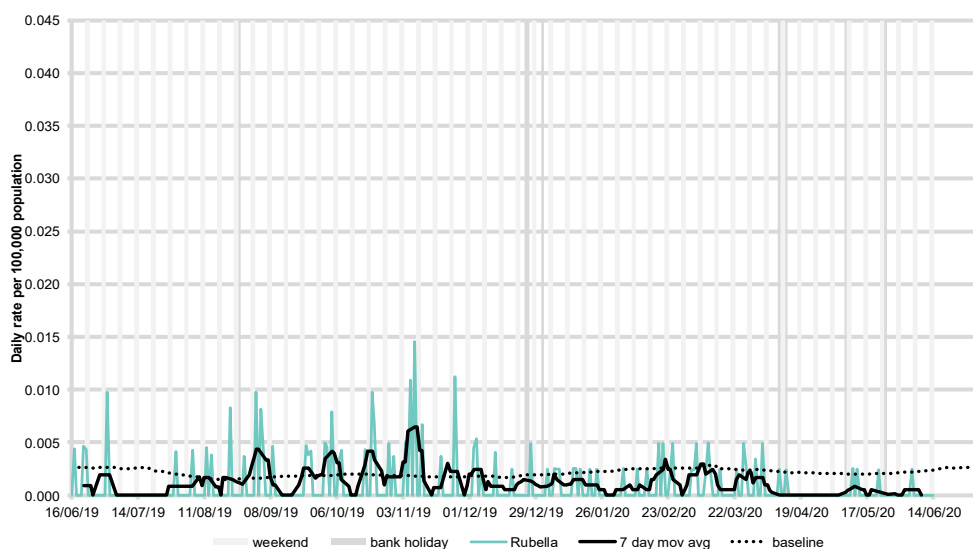
14: Measles

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



15: Rubella

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



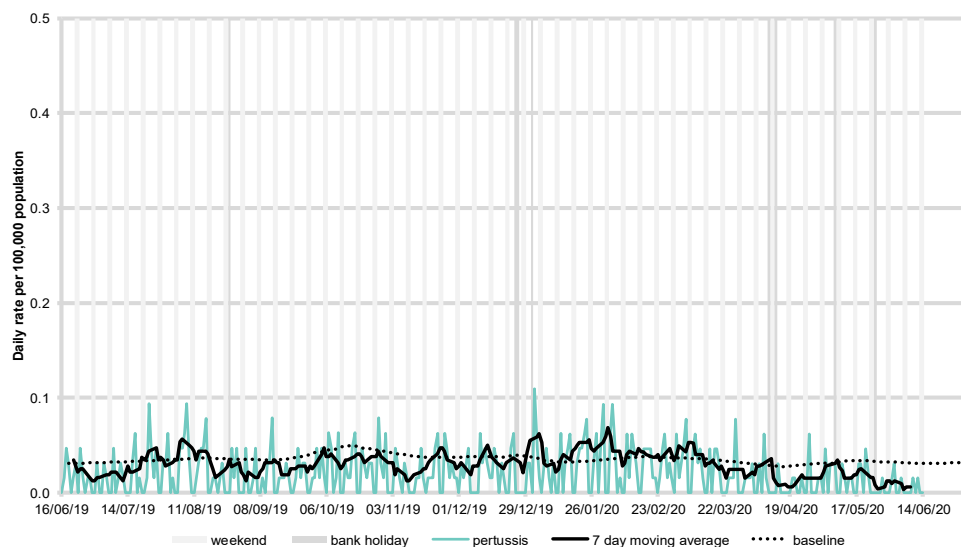
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

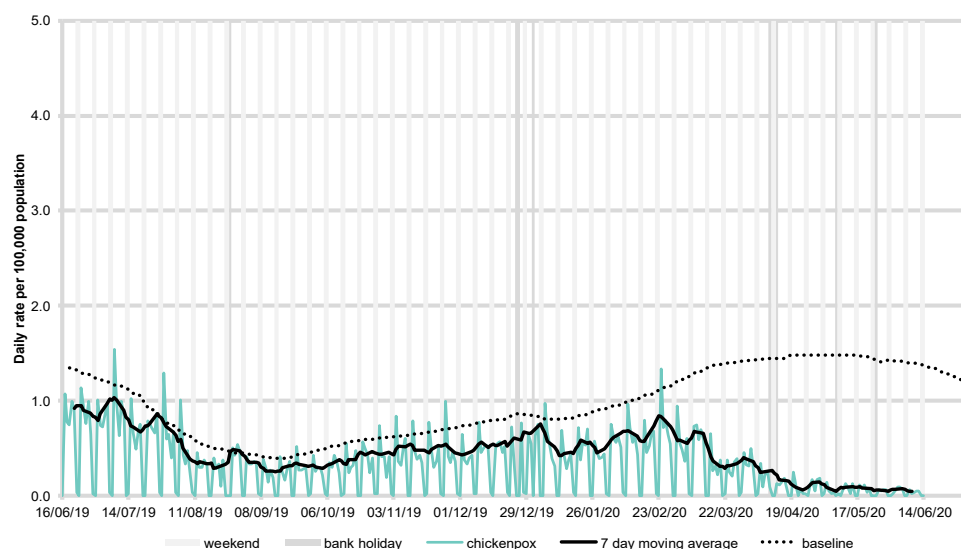
16: Pertussis

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)



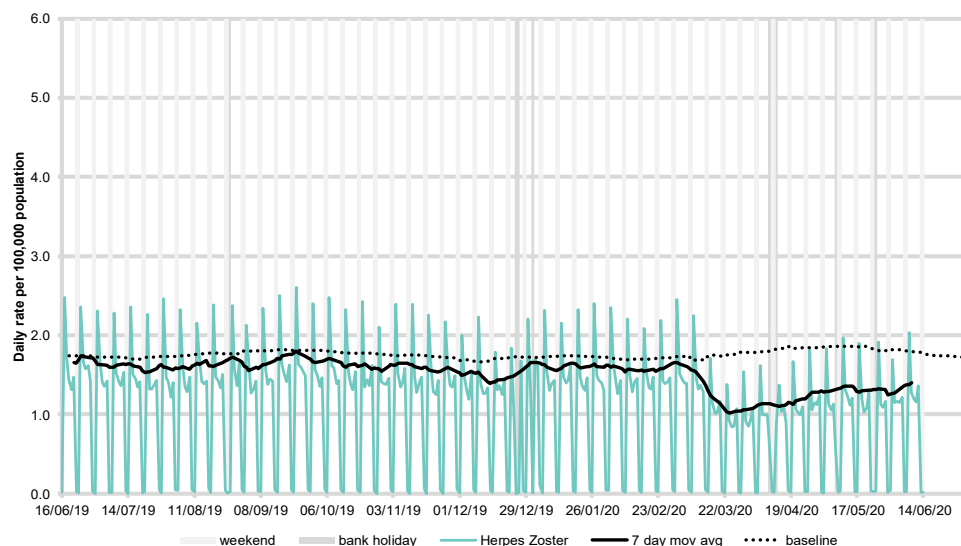
17: Chickenpox

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)



18: Herpes zoster

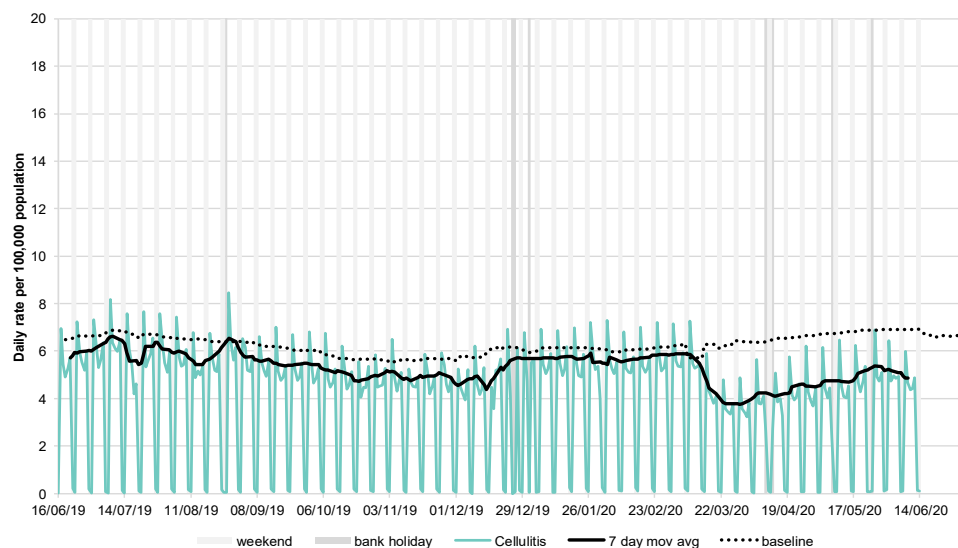
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

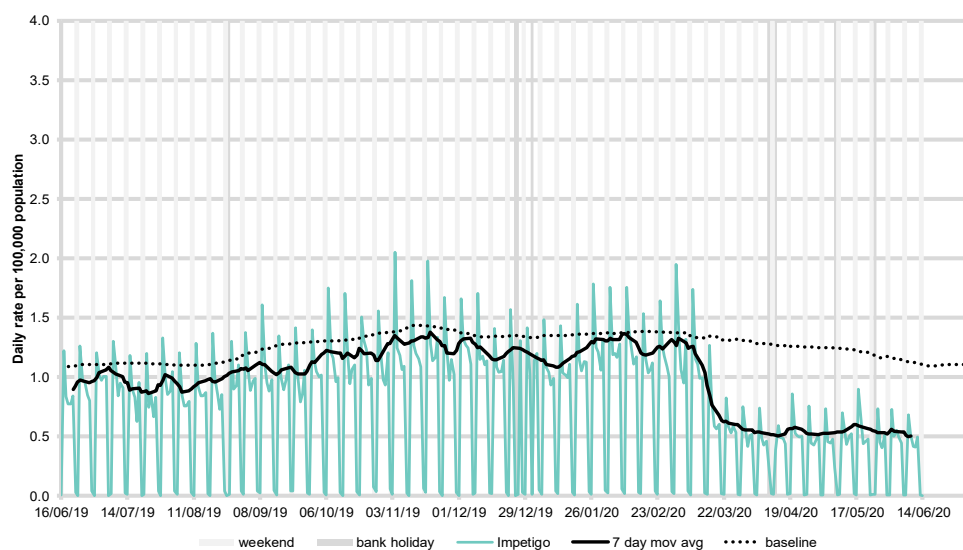
19 Cellulitis

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



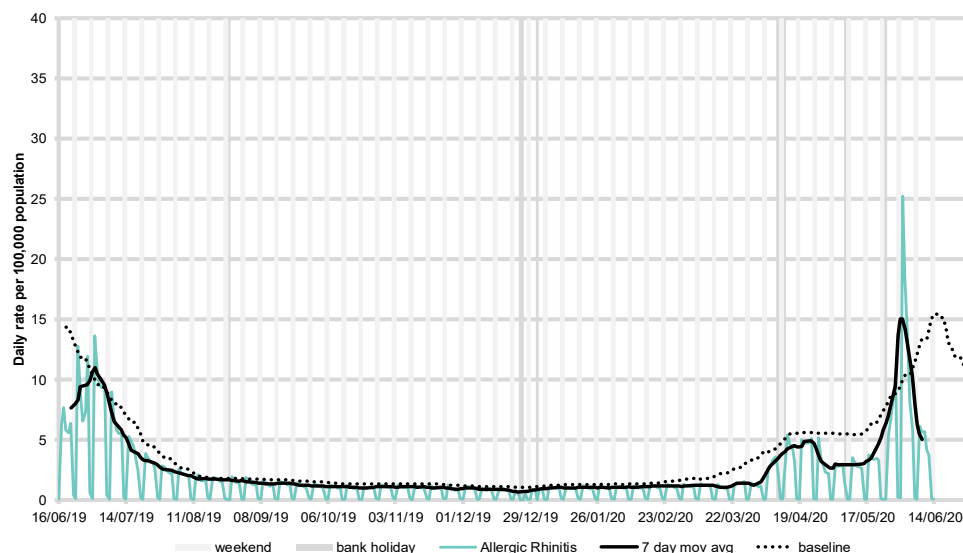
20: Impetigo

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



21: Allergic rhinitis.

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



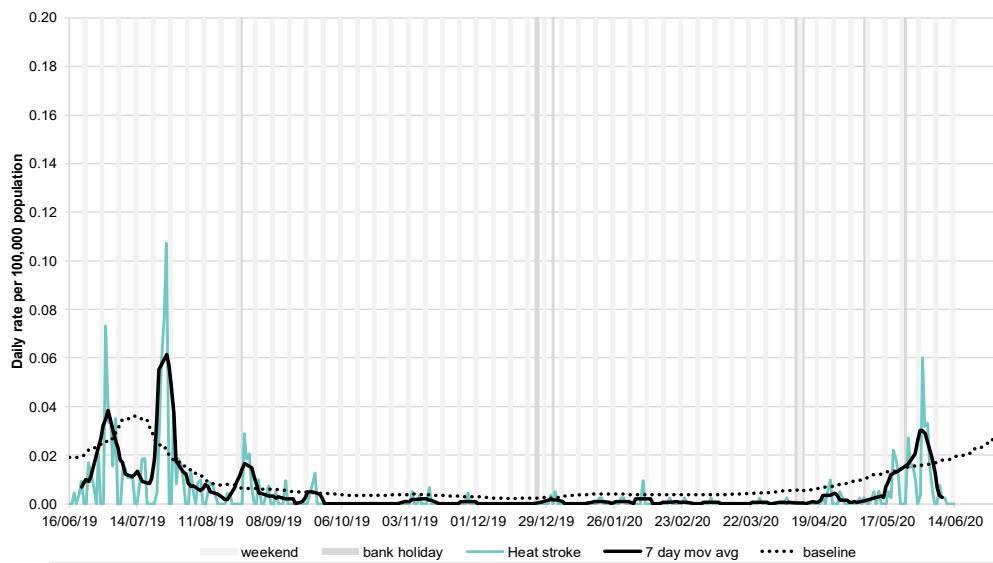
* 7-day moving average adjusted for bank holidays.

16 June 2020

Year: 2020 Week: 24

22 Heat/sun stroke

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 SystemOne.
- 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.

COVID-19 consultations

- A collection of new COVID-19 Snomed codes were released in March 2020 to facilitate the recording of patients presenting to primary care services with symptoms of COVID-19.
- The GPIH surveillance system monitors the use of these codes in a selection of TPP and EMIS practices across England.
- However, patients presenting with COVID-19 symptoms maybe may be diagnosed using other clinical codes used by the GP.
- Therefore, the COVID-19-like indicator presented in this report is primarily for monitoring trends in GP consultations, and it must be interpreted in context with the other respiratory syndromic indicators presented in this report. The number/rate of COVID-19-like consultations should therefore not be used as an absolute count of those patients with COVID-19.
- During April 2020 a new COVID-19 Care Pathway template was introduced into GP systems that has affected recording of influenza-like illness (ILI), resulting in an increase in the consultation rate for ILI (figures 2a-c).
- All indicator 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.

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.

We thank TPP, ResearchOne and the SystemOne 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
1stFloor, 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>