



14 July 2020

Year: 2020 Week: 28

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Key messages

Data to: 12 July 2020

During week 28, COVID-19-like GP consultations remained stable.

Please note that due to technical difficulties during week 28 there is a considerably reduced denominator population and number of GP practices available for inclusion in the report. Rates should therefore be treated with caution (baselines are also not available this week).

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	-
Influenza-like illness	no trend	-
Pharyngitis	no trend	-
Scarlet fever	no trend	-
Lower respiratory tract infection	no trend	-
Pneumonia	no trend	-
Gastroenteritis	no trend	-
Vomiting	no trend	-
Diarrhoea	no trend	-
Asthma	no trend	-
Conjunctivitis	no trend	-
Mumps	no trend	-
Measles	no trend	-
Rubella	no trend	-
Pertussis	no trend	-
Chickenpox	no trend	-
Herpes zoster	no trend	-
Cellulitis	no trend	-
Impetigo	no trend	-
Allergic rhinitis	no trend	-
Heat/sunstroke	no trend	-

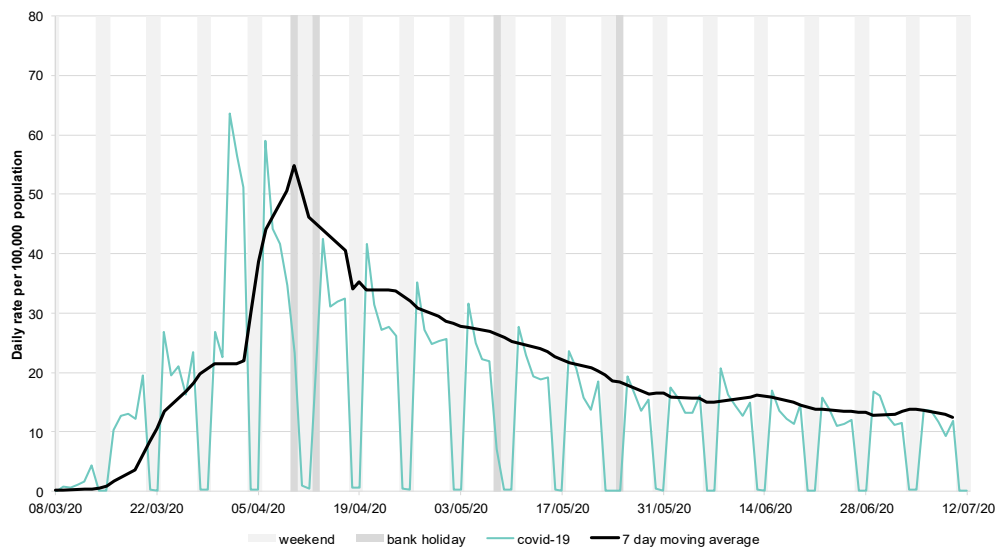
GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2020	28	674	6.5 million

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

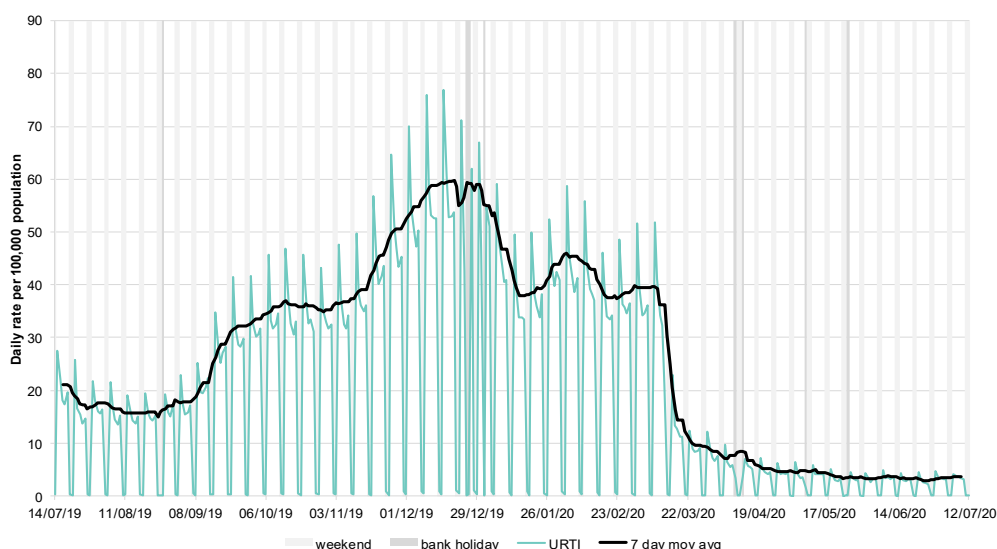
1. COVID-19-like consultations

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.



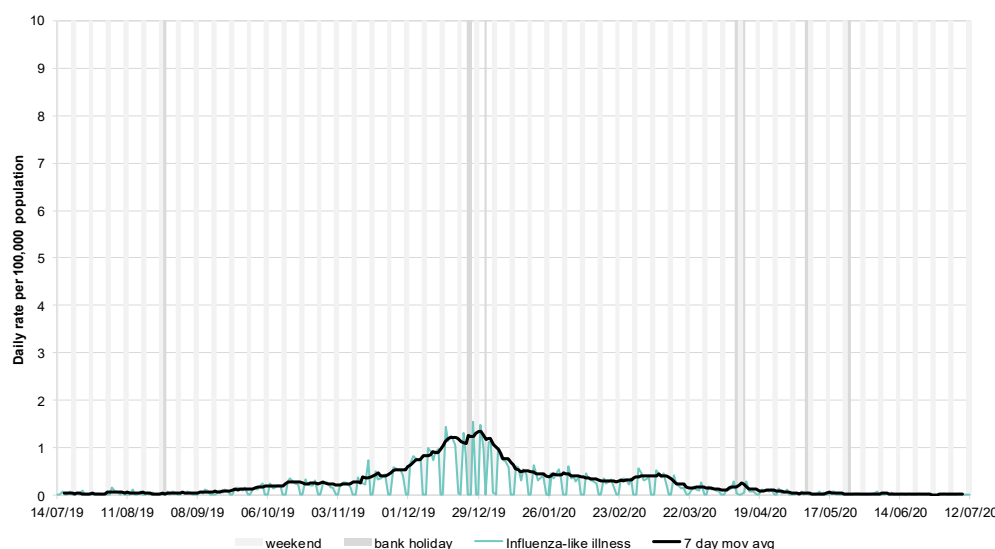
2: Upper respiratory tract infection (URTI)

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



3: Influenza-like illness (ILI)

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



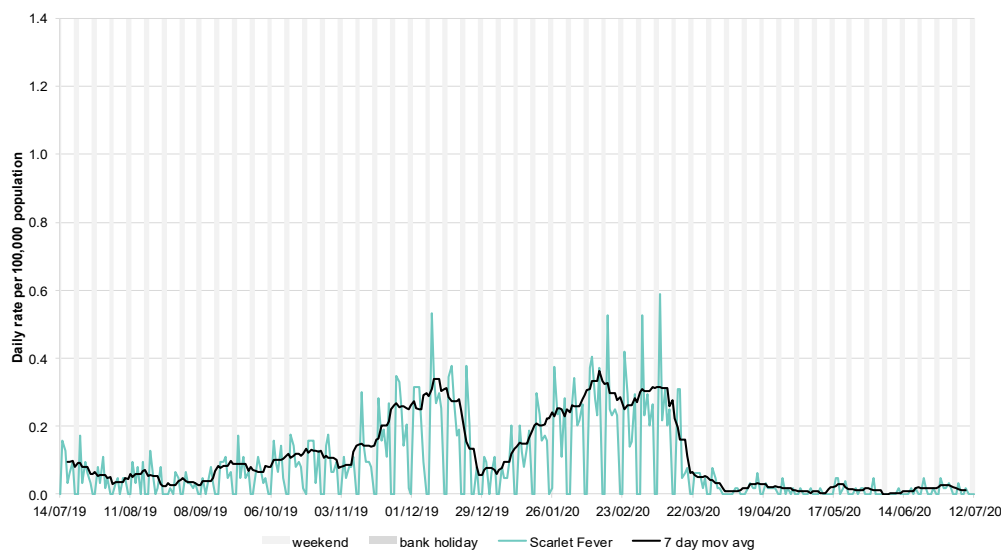
* 7-day moving average adjusted for bank holidays.

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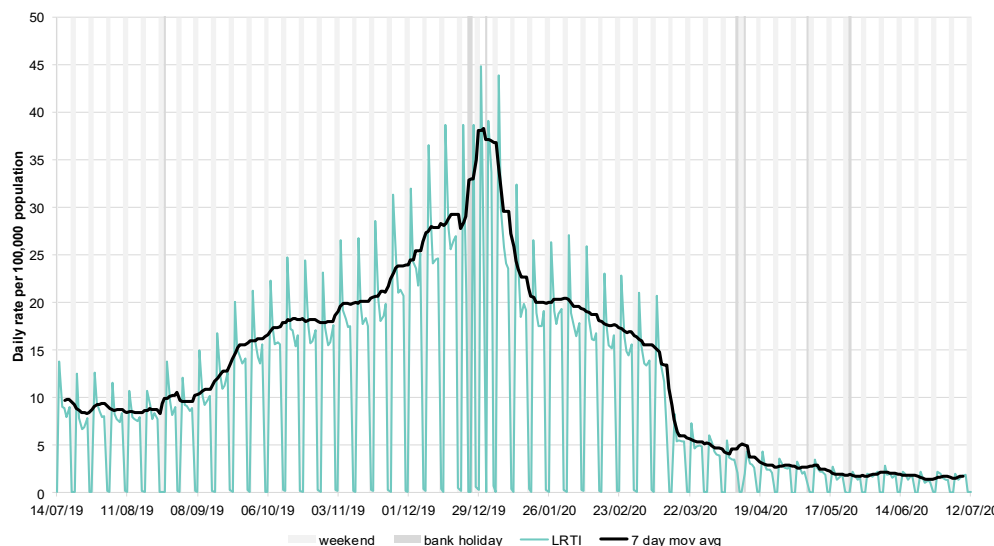
4: Scarlet fever

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



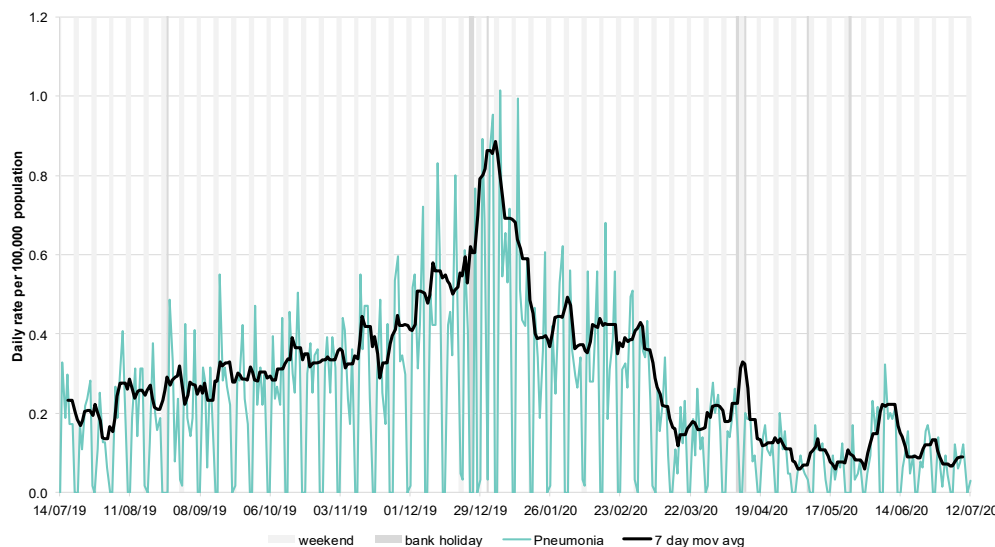
6: Lower respiratory tract infection (LRTI)

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



7: Pneumonia

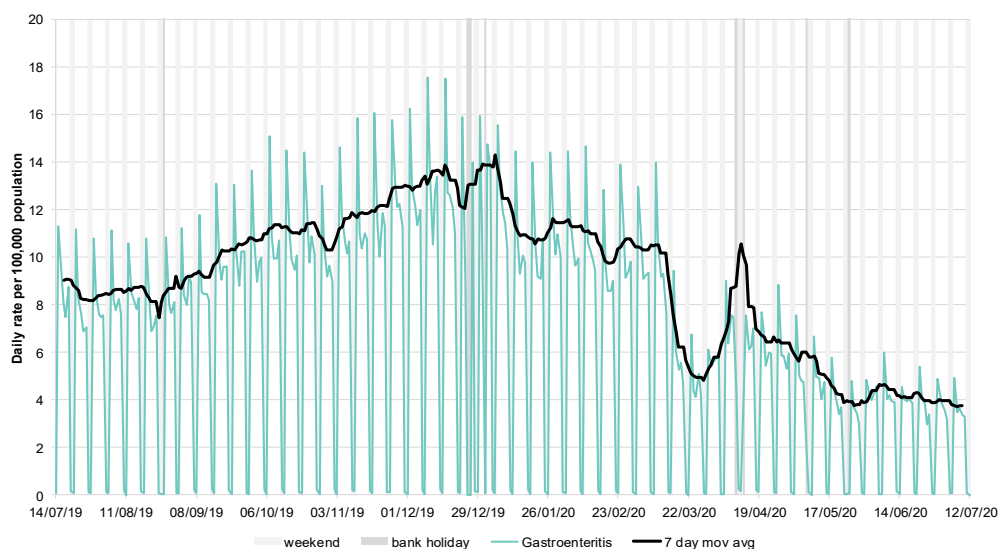
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

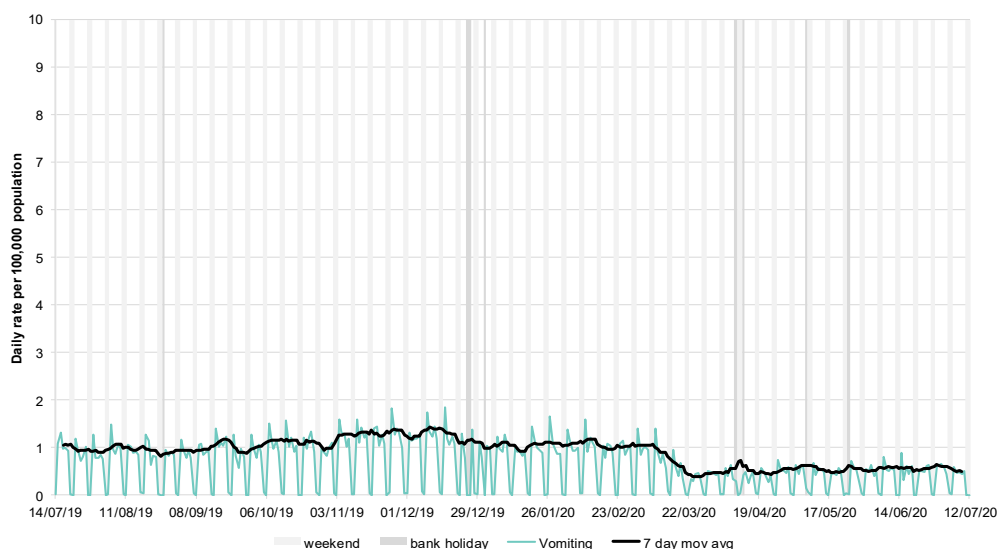
8: Gastroenteritis

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



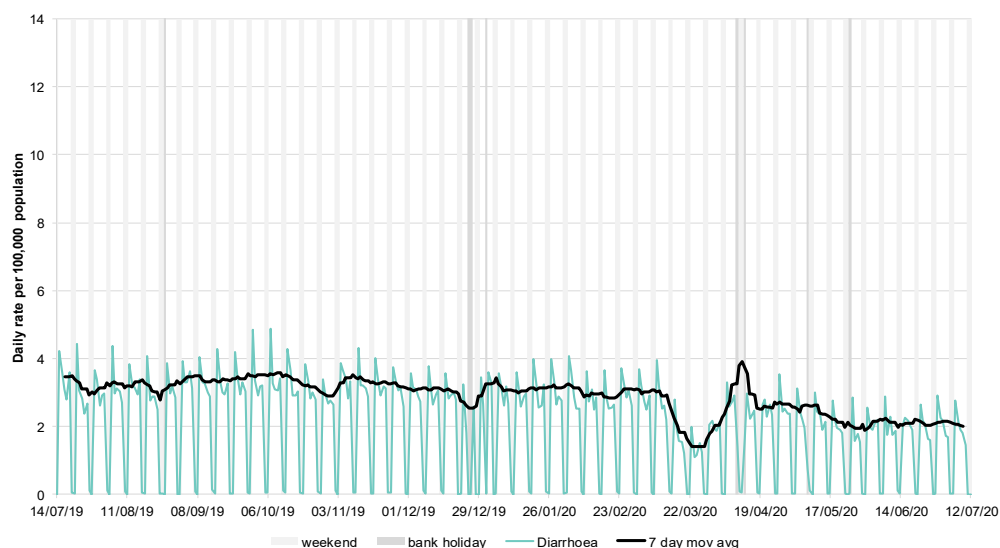
9: Vomiting

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



10: Diarrhoea

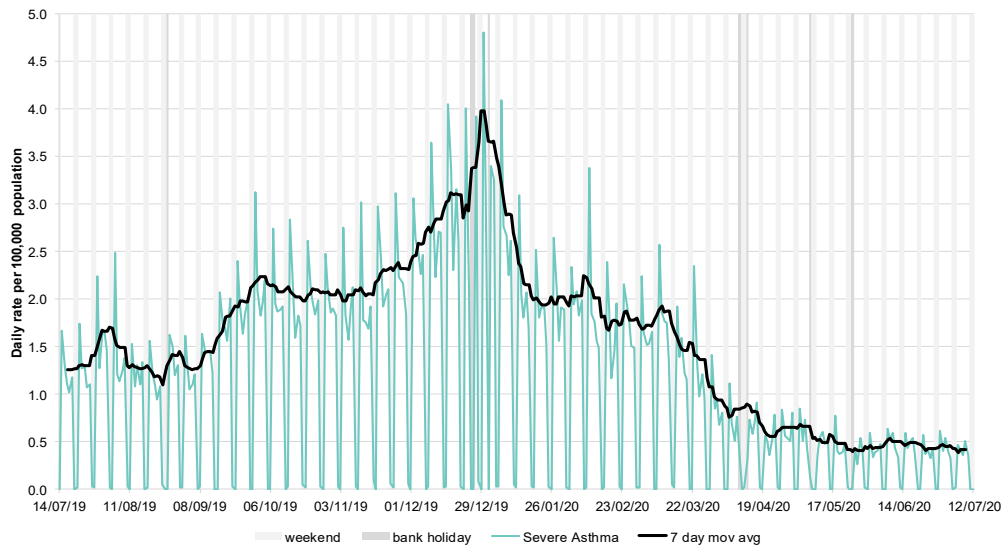
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

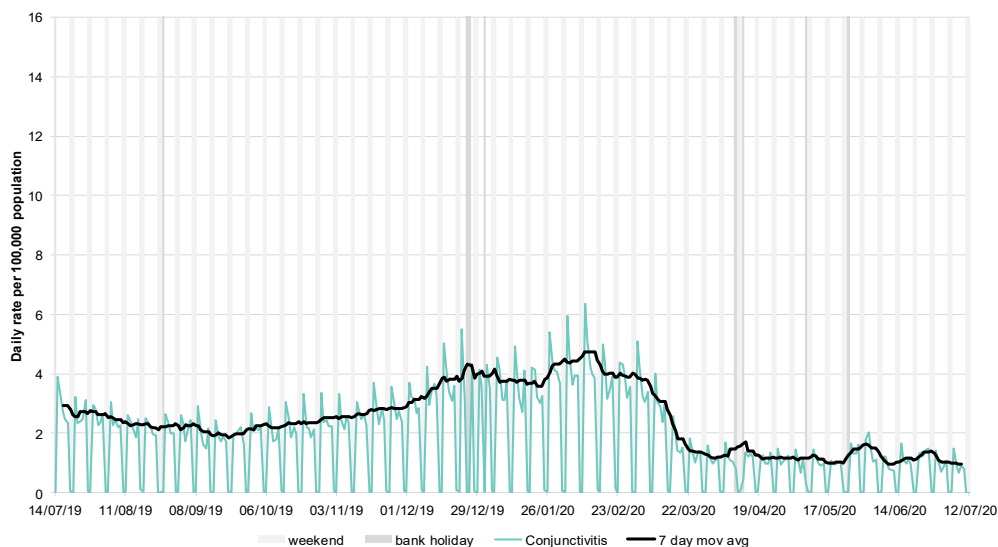
11: Asthma

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



12: Conjunctivitis

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

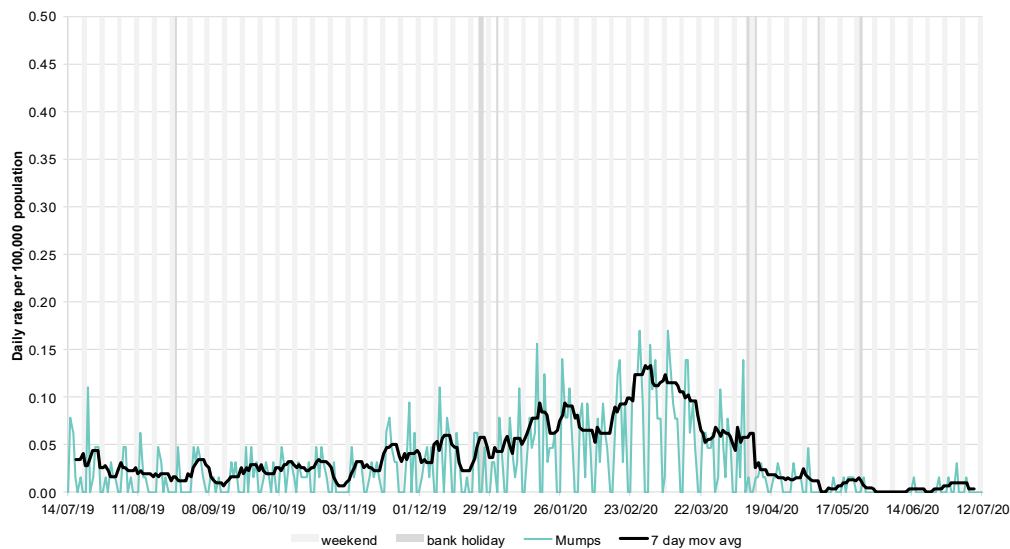


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* 7-day moving average adjusted for bank holidays.

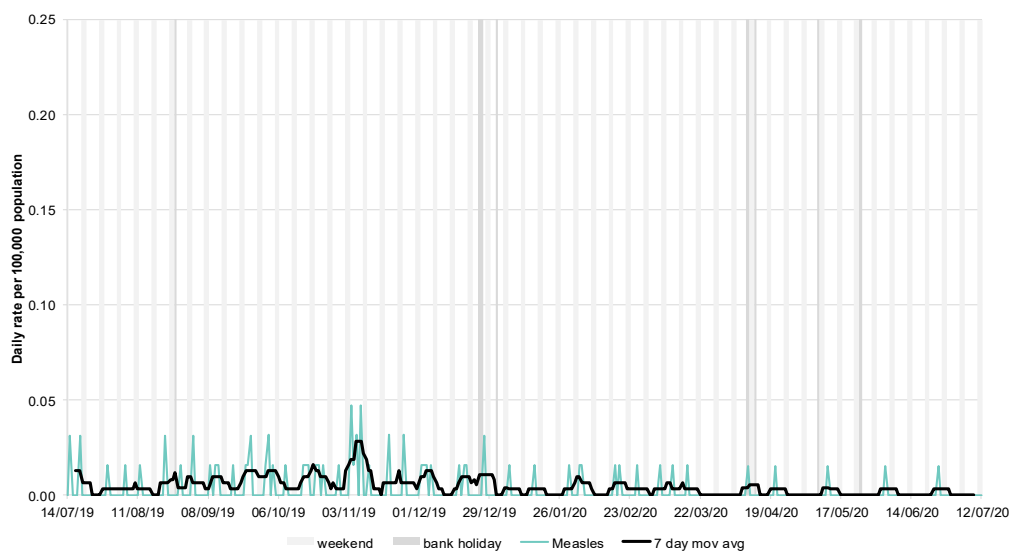
13: Mumps

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



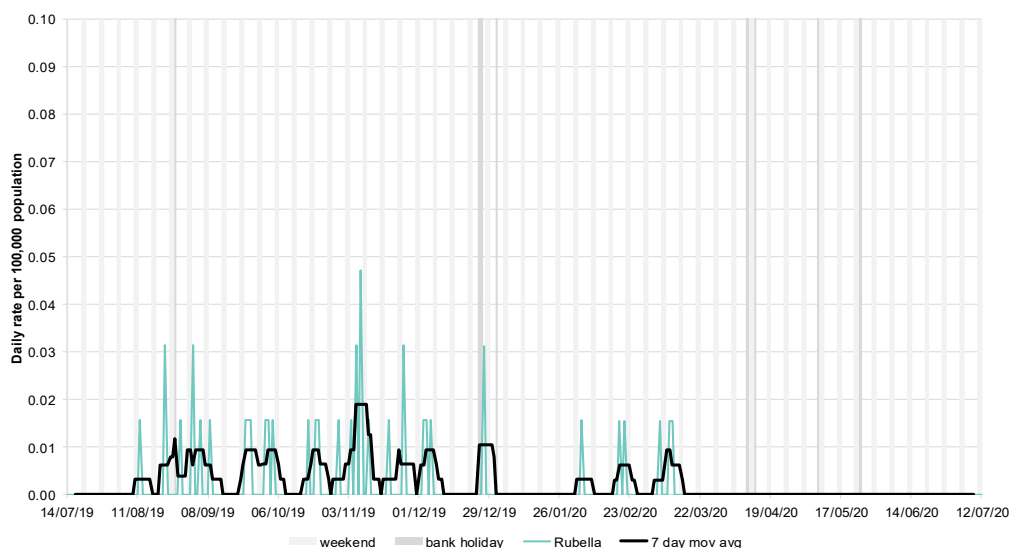
14: Measles

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).



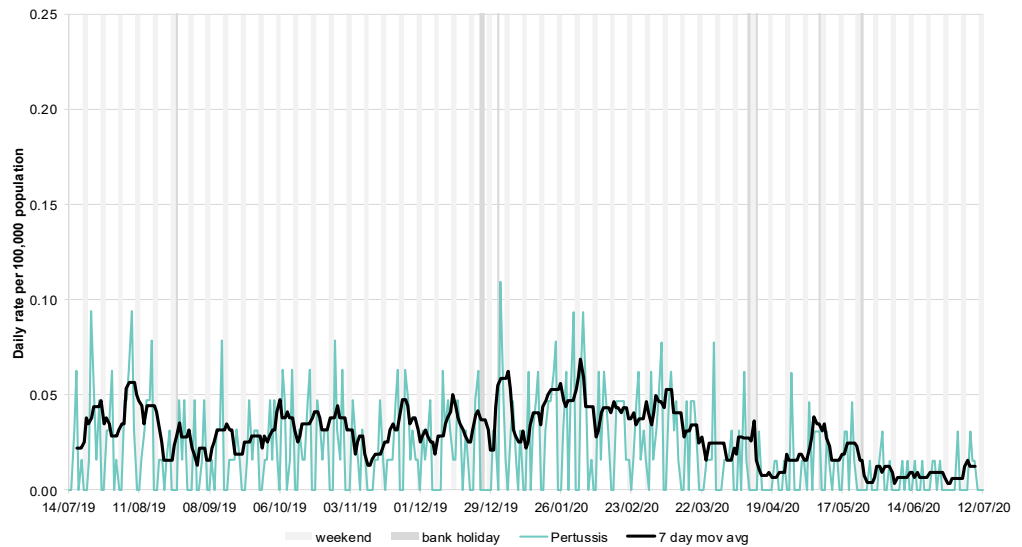
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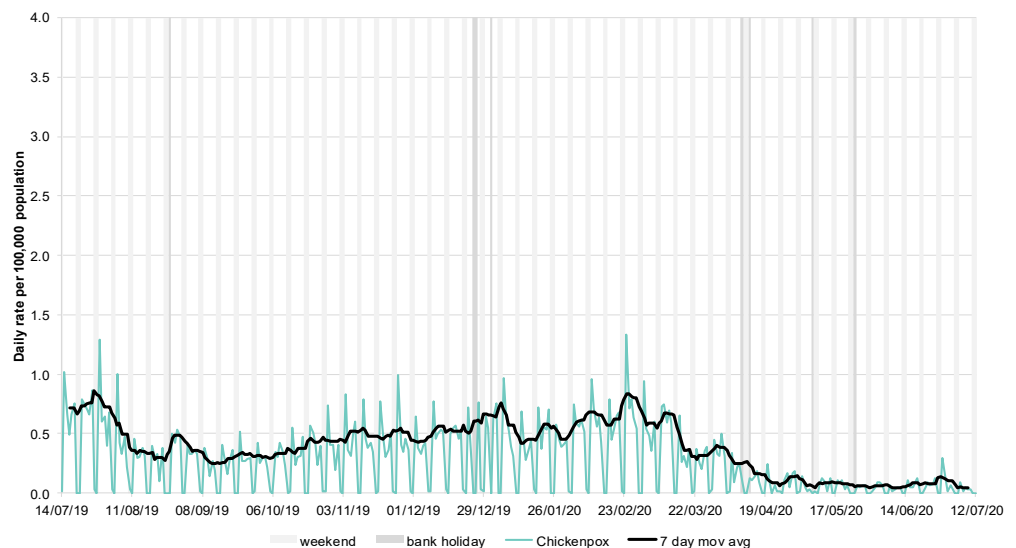
16: Pertussis

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)



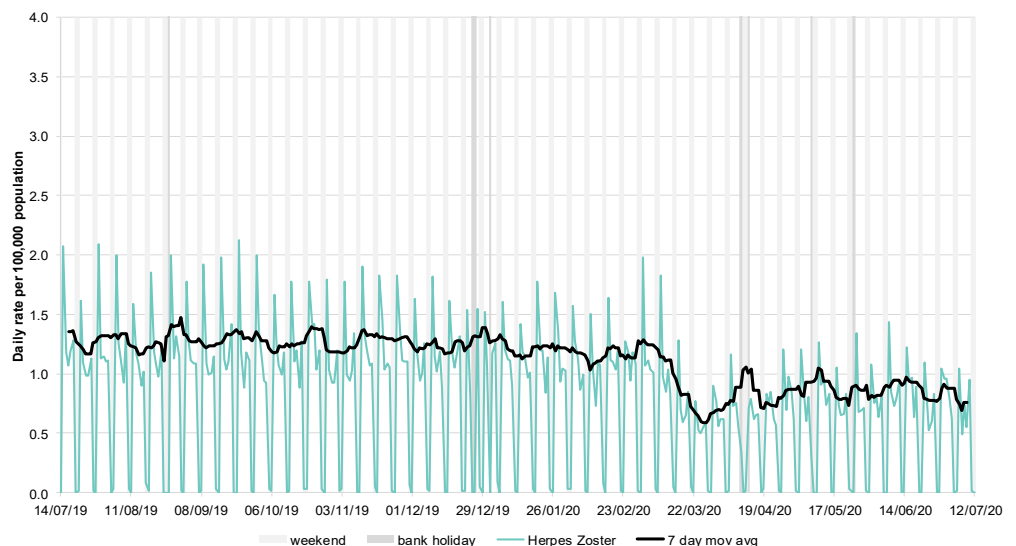
17: Chickenpox

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

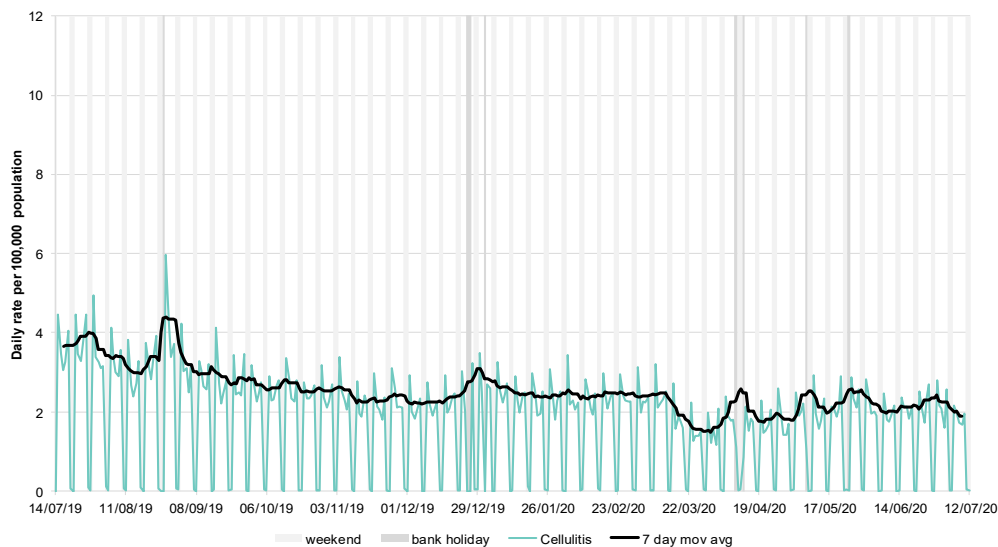
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

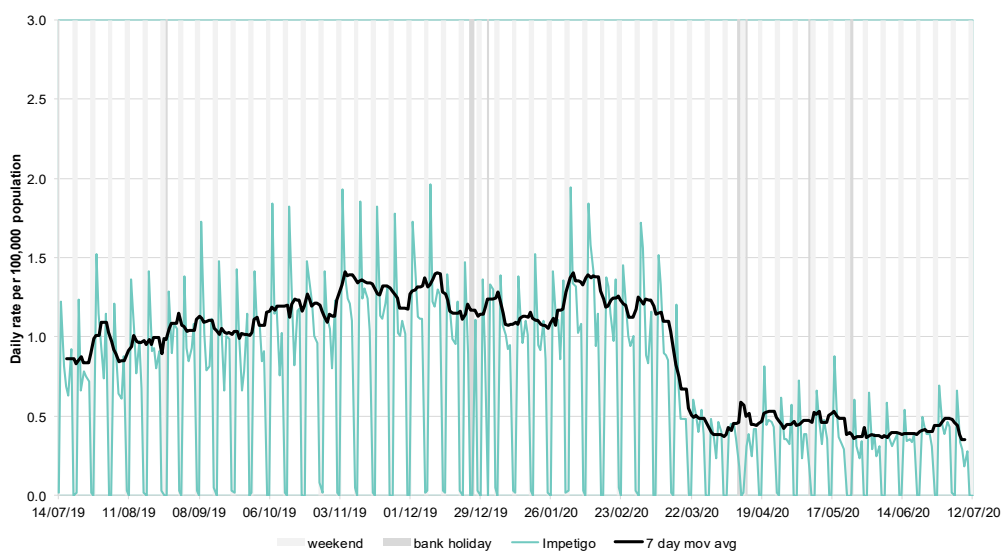
19 Cellulitis

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



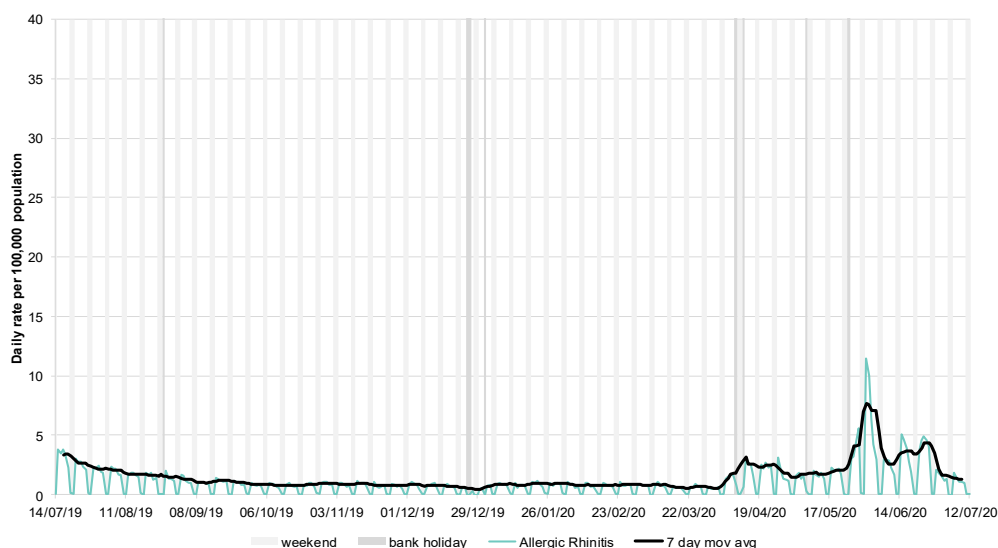
20: Impetigo

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



21: Allergic rhinitis.

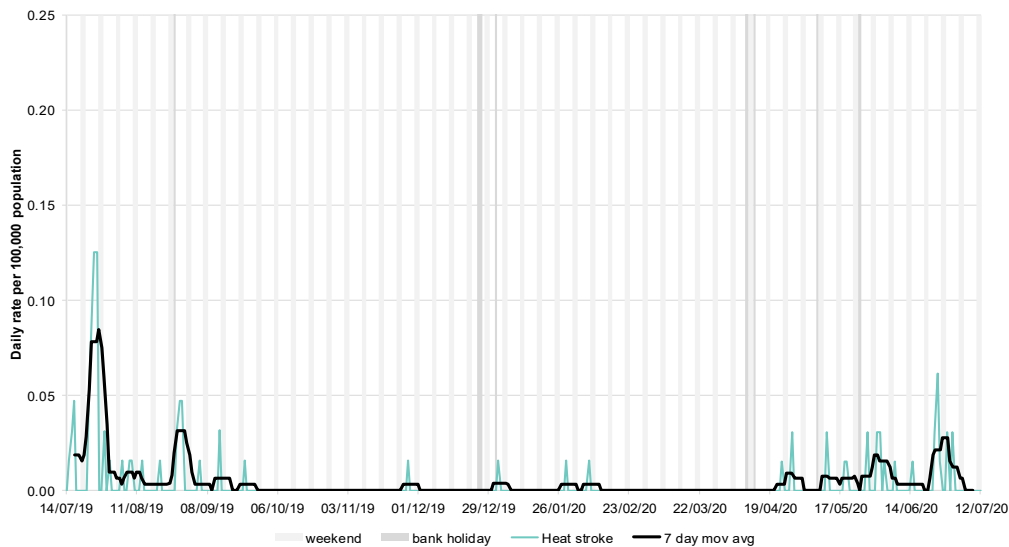
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

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 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.
- **Centre level COVID-19 consultation data should be interpreted with some caution. Different GP clinical system providers have different coding for COVID-19 and therefore rates can differ between Centres depending on the relative contribution of individual GP system providers in GPIH. Centre-specific data should not be compared across Centres: trends should only be interpreted for each individual Centre.**

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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Contact ReSST:
syndromic.surveillance
@phe.gov.uk

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Produced by: PHE Real-time Syndromic Surveillance Team
1st 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>