Public Health England

GP In Hours

Syndromic Surveillance System: England

19 August 2020 | Year: 2020 Week: 33

In This Issue:

Key messages

Data to: 16 August 2020

During week 33, GP consultations for 'heat/sun stroke' increased in line with the recent level 3 heatwave alert (figure 22). COVID-19-like GP consultations decreased slightly (figure 1). All other respiratory indicators remained stable and at or below seasonally expected levels.

Please note that the COVID-19-like GP consultation indicator for England (figure 1) is based on a reduced denominator population (no other figures are affected).
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 - **Level 3** Heatwave action
http://www.metoffice.gov.uk/weather/uk/heathealth/

Diagnostic indicators at a glance:

Indicator	Trend	Level
COVID-19-like	decreasing	-
Upper respiratory tract infection	no trend	below baseline levels
Influenza-like illness	no trend	similar to 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	increasing	below baseline levels
Vomiting	no trend	below baseline levels
Diarrhoea	increasing	below baseline levels
Asthma	no trend	below baseline levels
Conjunctivitis	no trend	below baseline levels
Mumps	no trend	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	no trend	below baseline levels
Cellulitis	increasing	below baseline levels
Impetigo	no trend	below baseline levels
Allergic rhinitis	decreasing	below baseline levels
Heat/sunstroke	increasing	below baseline levels

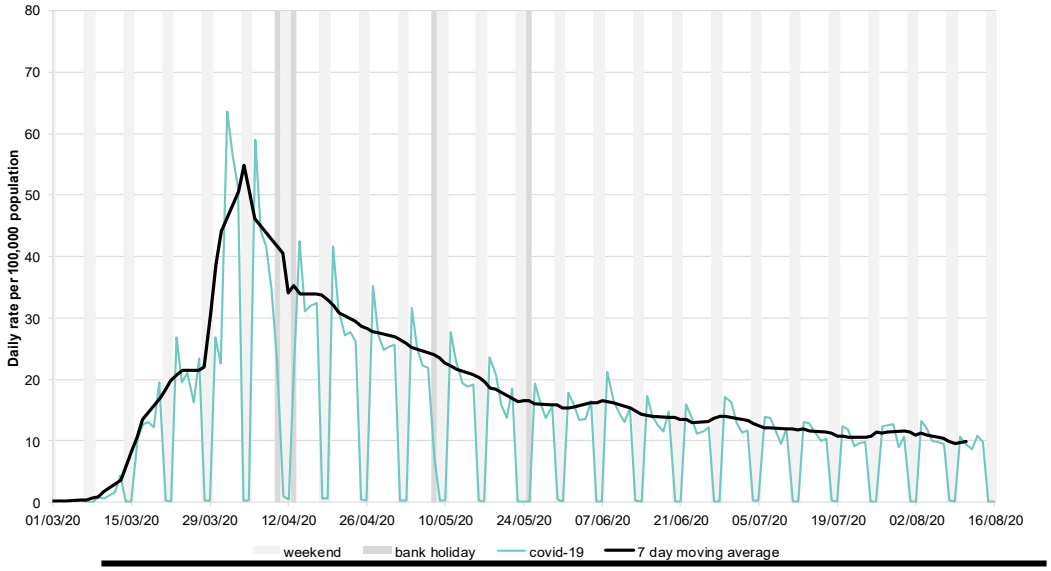
GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2020	33	4,053	36.7 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, based on a denominator population of approximately 5.5 million patients). Indicator includes consultations using new codes for suspected, tested, exposed and confirmed COVID-19.



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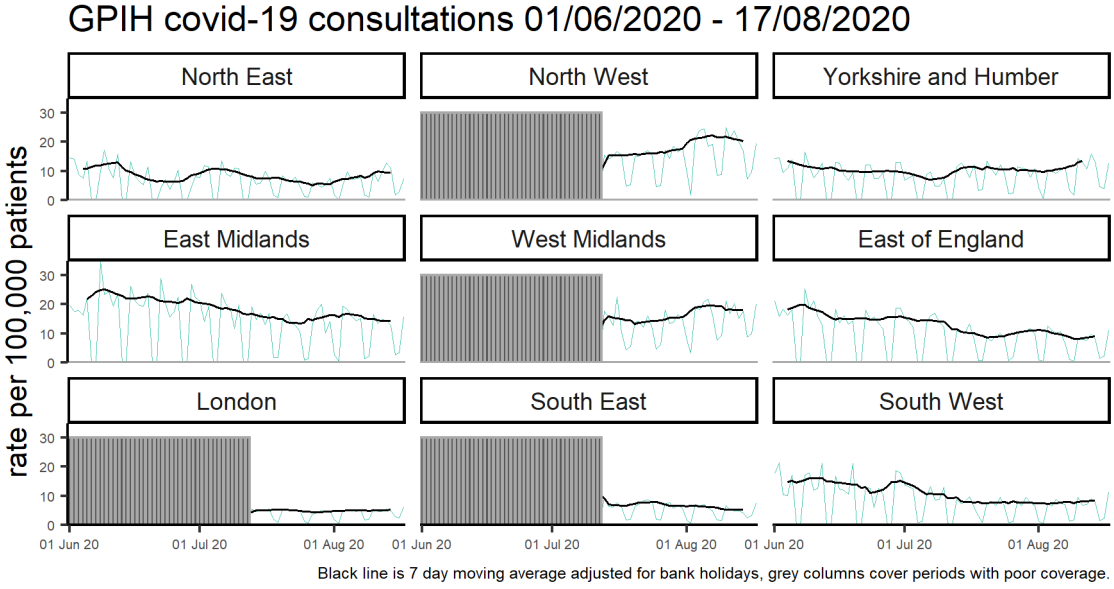
1b: Covid-19-like consultations by

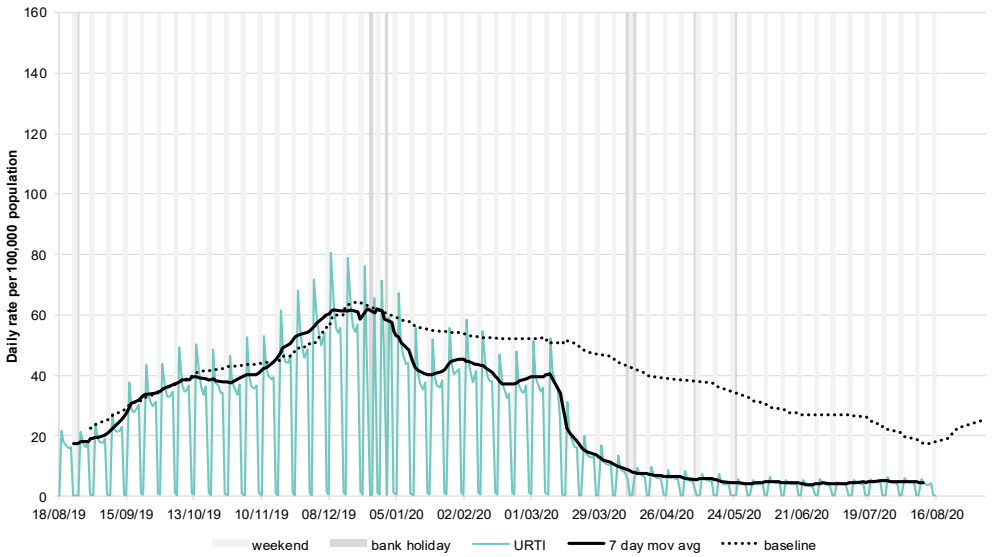
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England). Indicator includes consultations using new codes for suspected, tested, exposed and confirmed COVID-19.



* 7-day moving average adjusted for bank holidays.

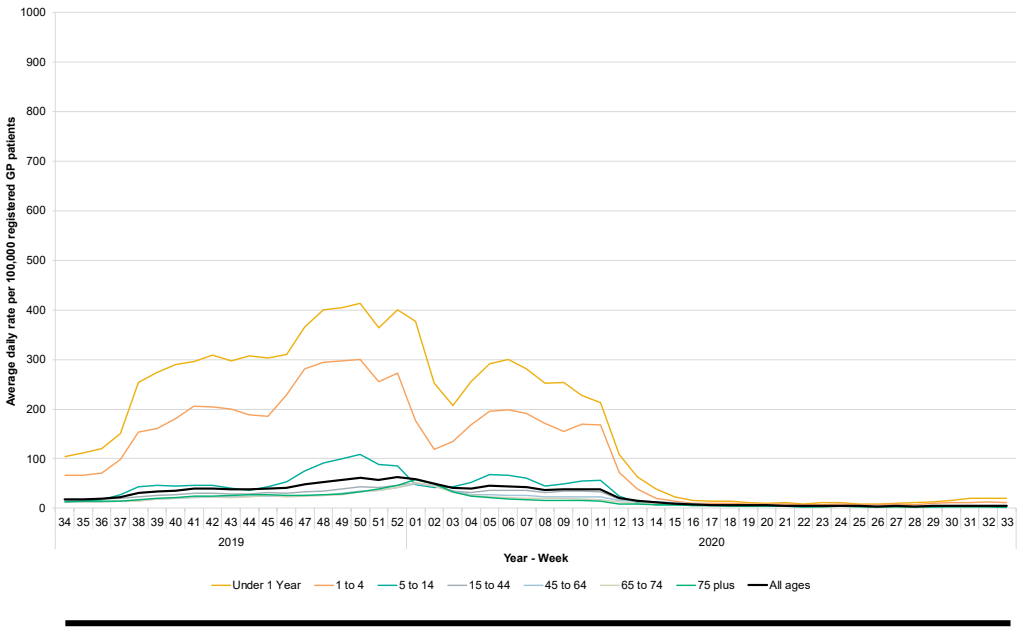
2: Upper respiratory tract infection (URTI)

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



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

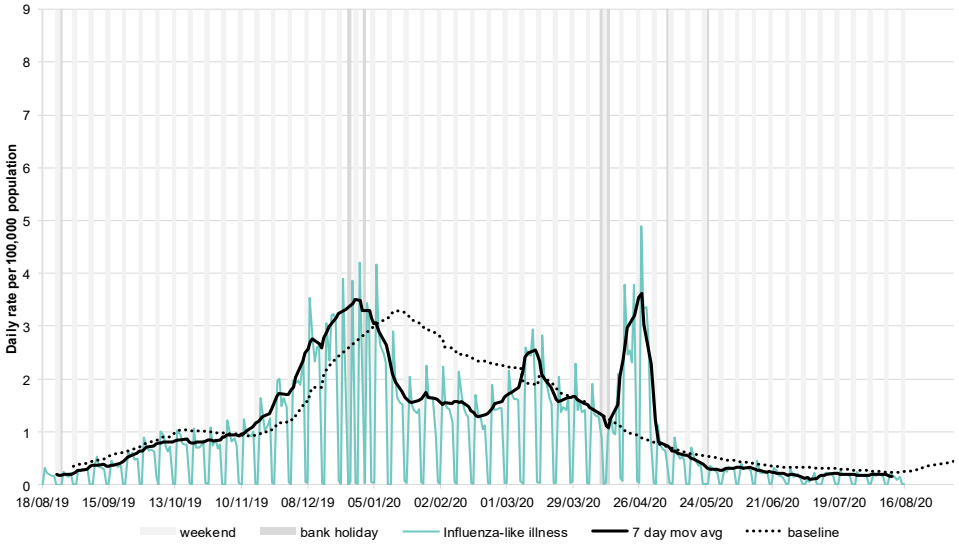
Average daily incidence rate by week per 100,000 population (all England).



* 7-day moving average adjusted for bank holidays.

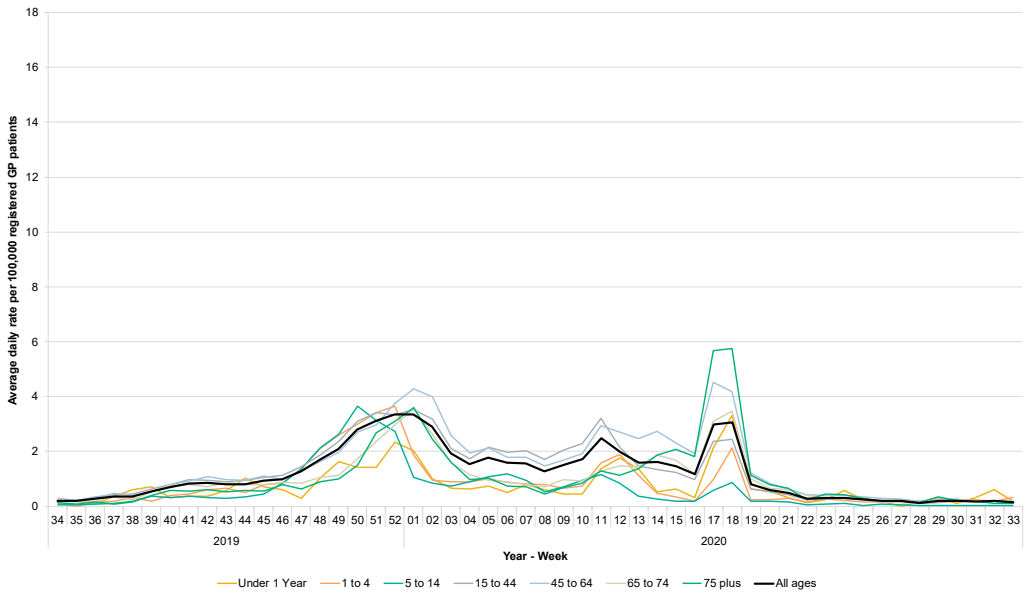
3: Influenza-like illness (ILI)

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



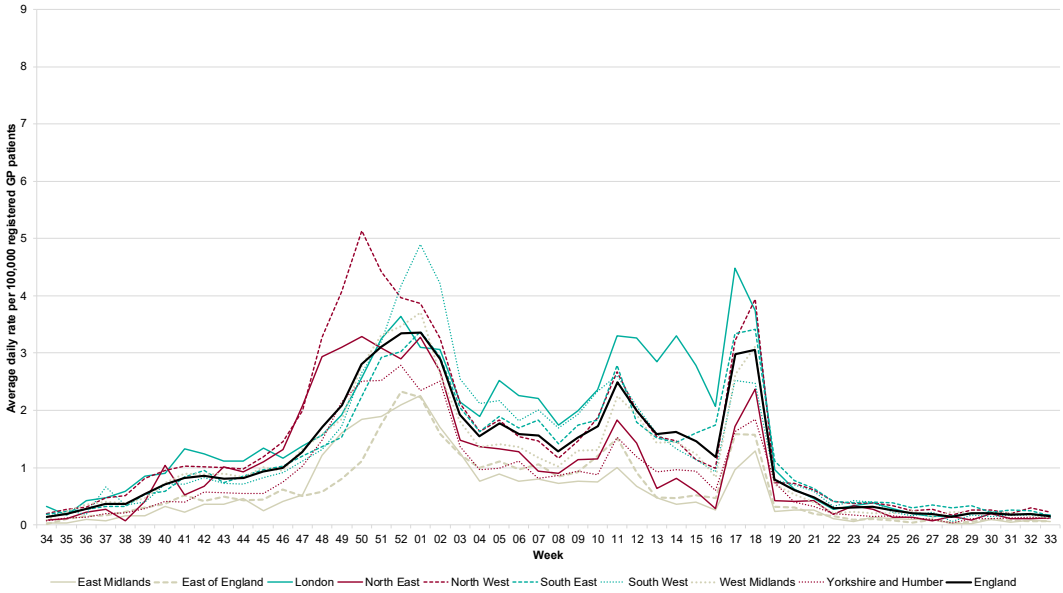
3a: Influenza-like illness by age

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



3b: Influenza-like illness by PHE Centre

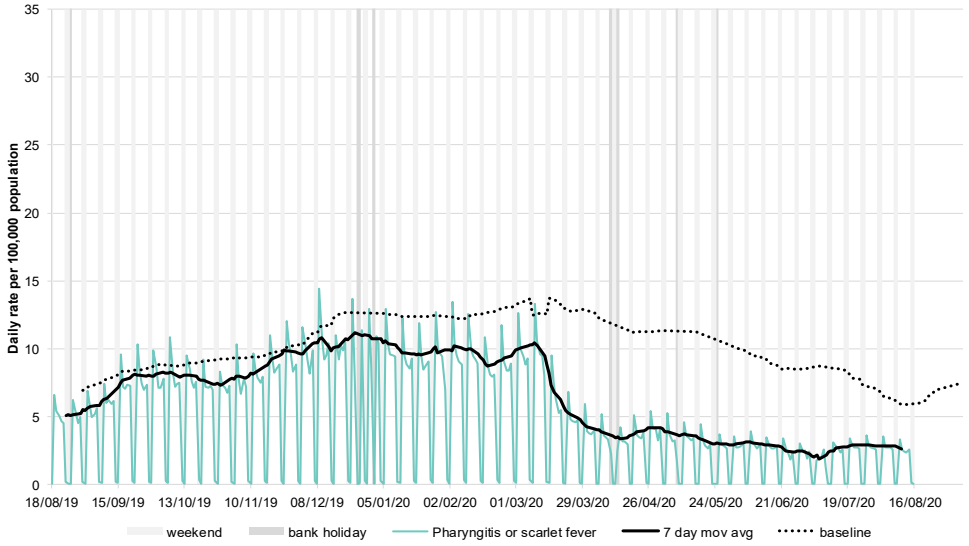
Average daily incidence rate by week per 100,000 population (all ages).



* 7-day moving average adjusted for bank holidays.

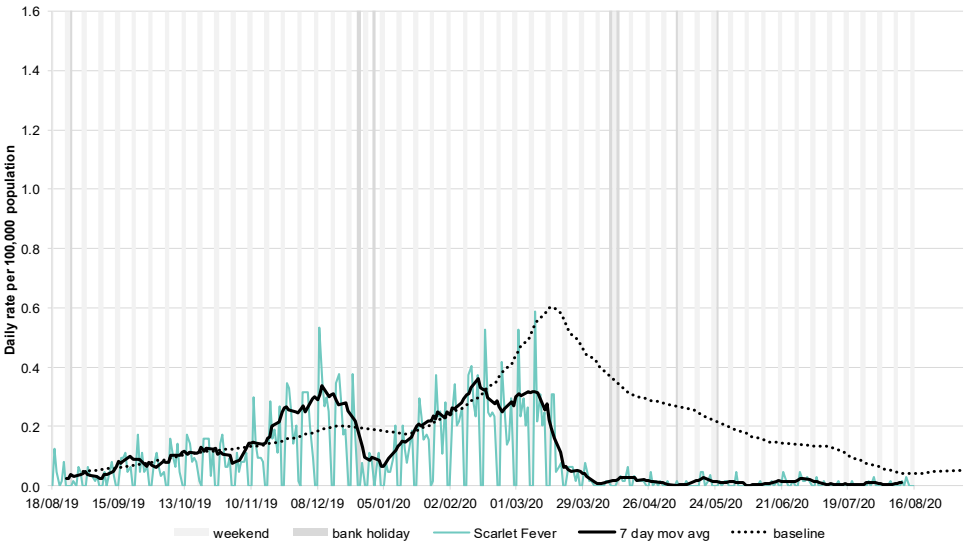
4: Pharyngitis or scarlet fever

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



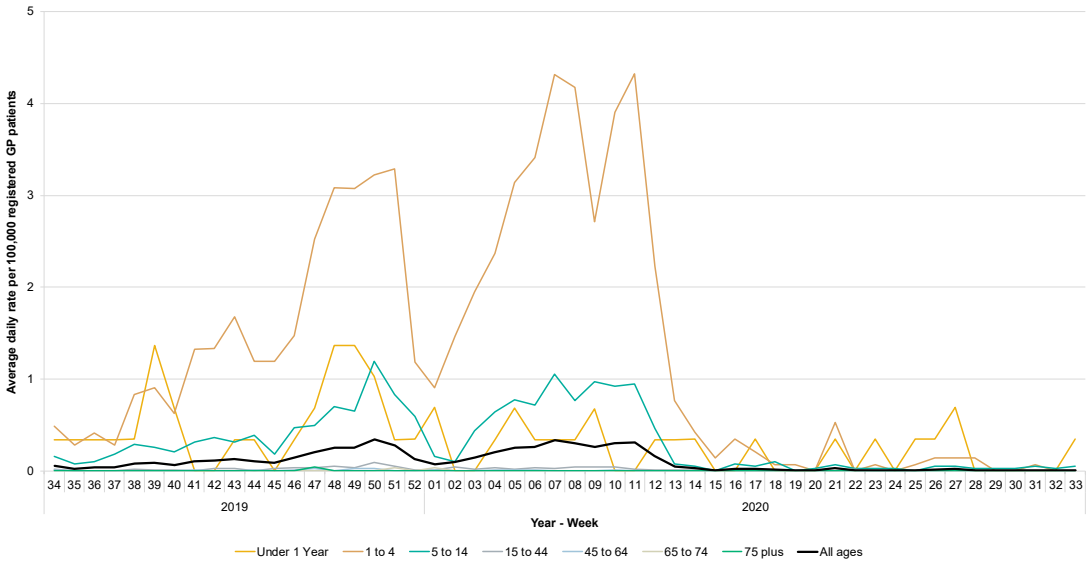
5: Scarlet fever

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

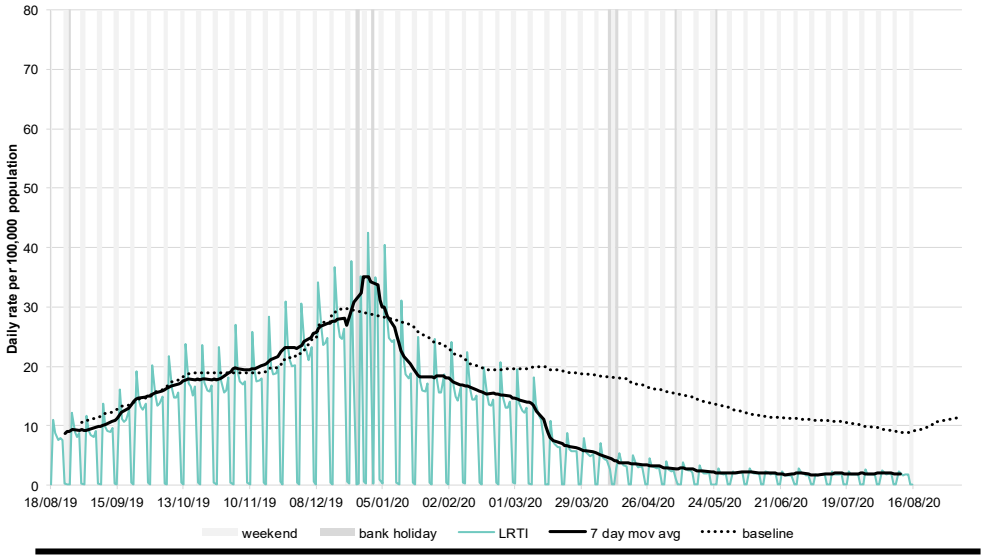
Average daily incidence rate by week per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients).



* 7-day moving average adjusted for bank holidays.

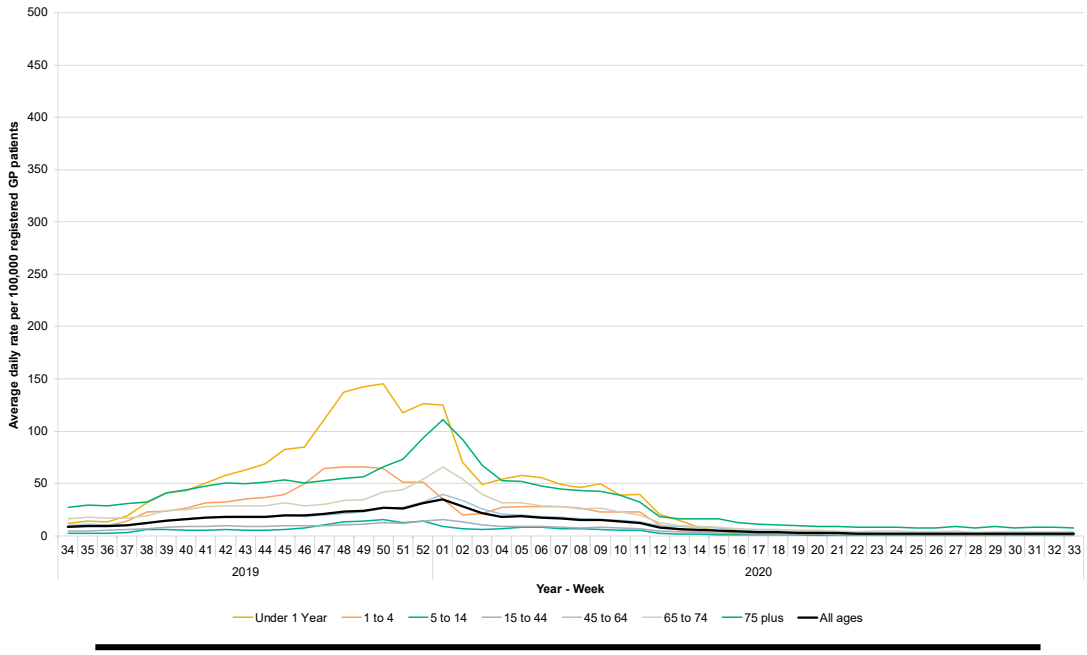
6: Lower respiratory tract infection (LRTI)

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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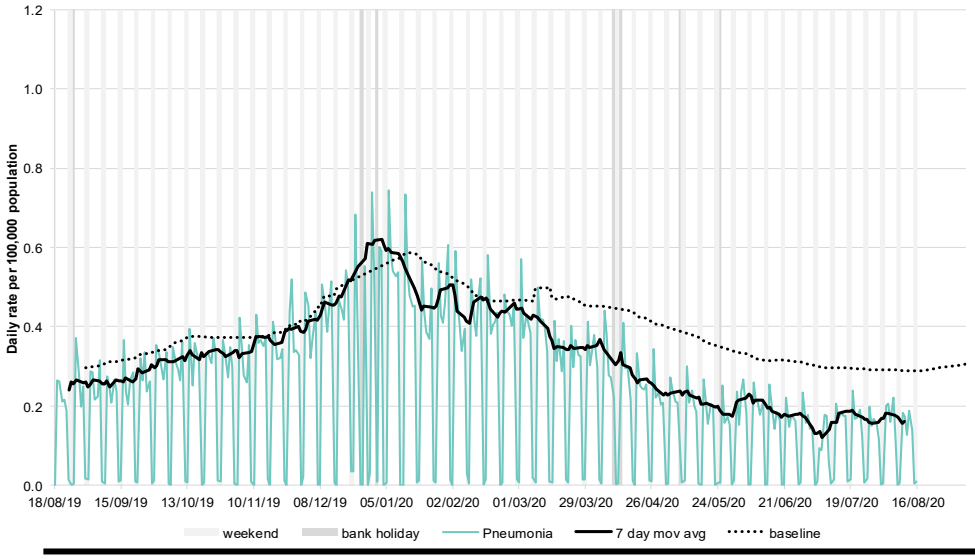
* 7-day moving average adjusted for bank holidays.

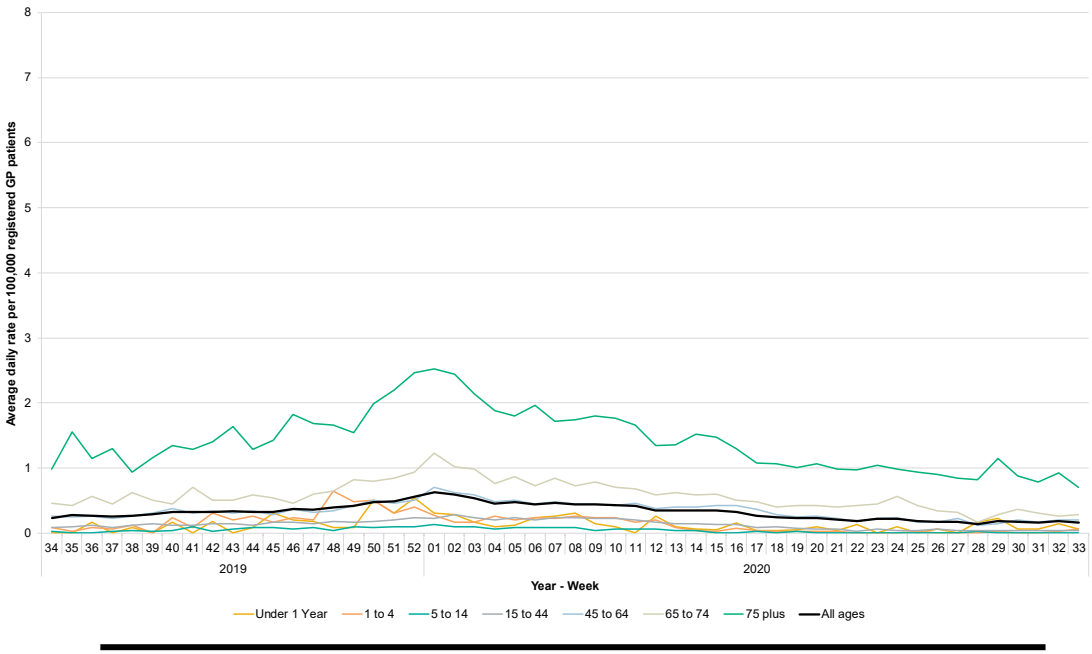
7: Pneumonia

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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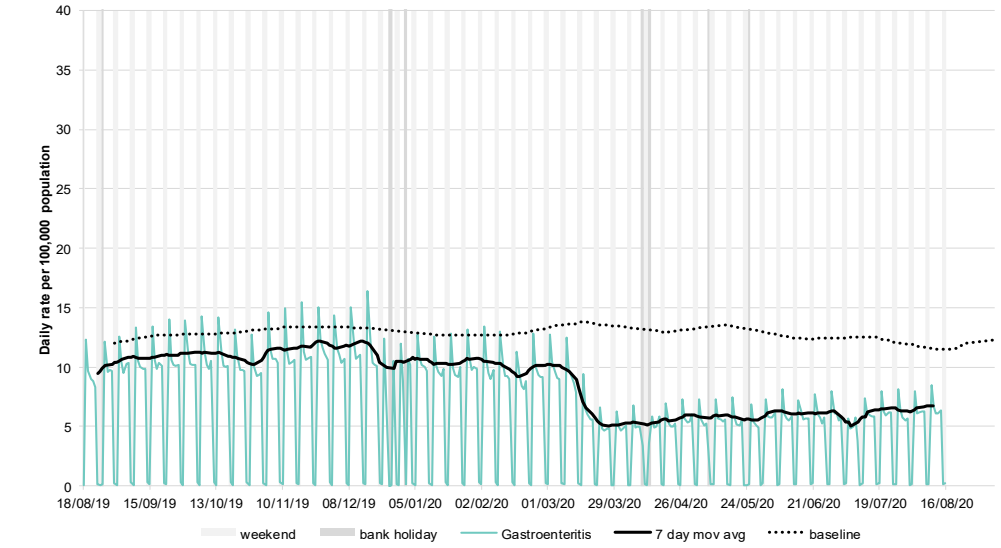
* 7-day moving average adjusted for bank holidays.

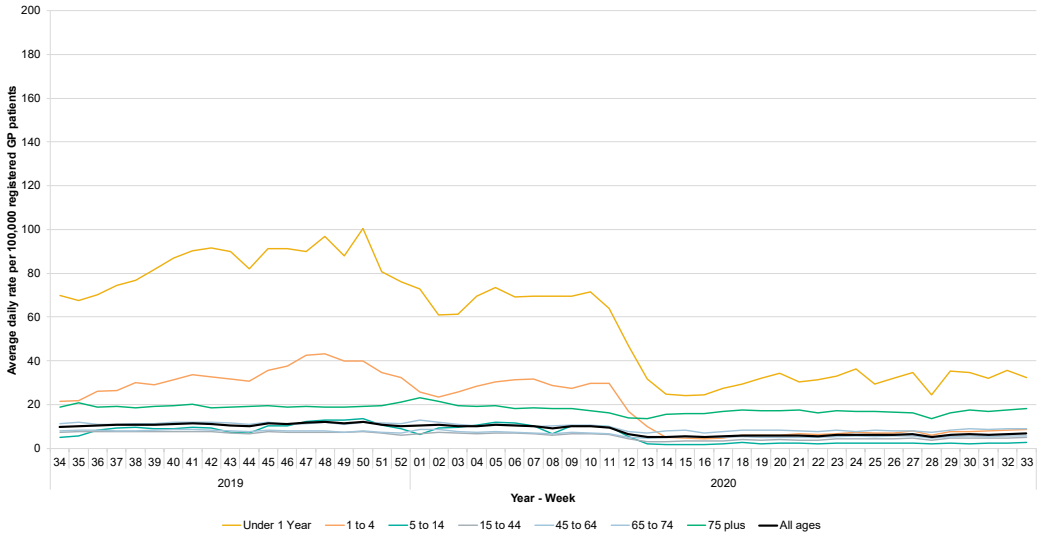
8: Gastroenteritis

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



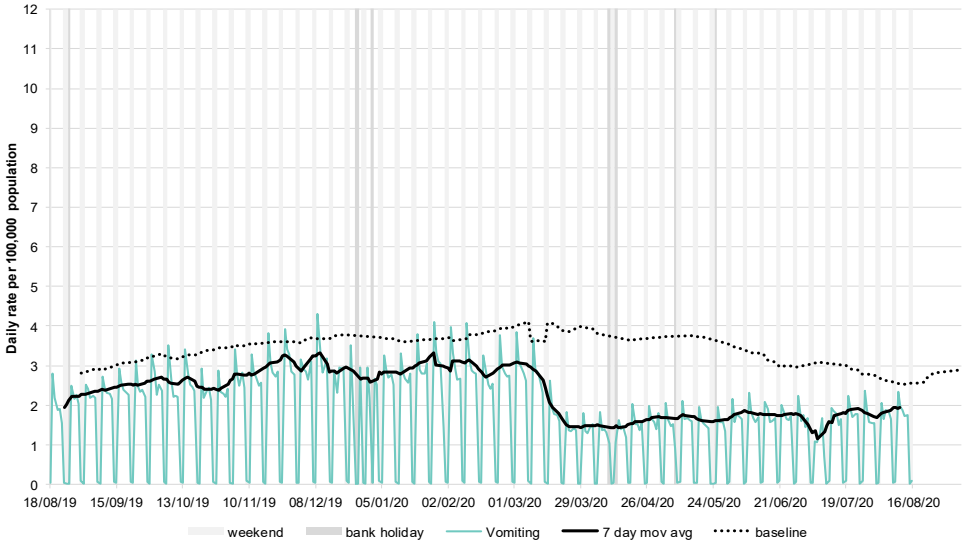
8a: Gastroenteritis by age

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



9: Vomiting

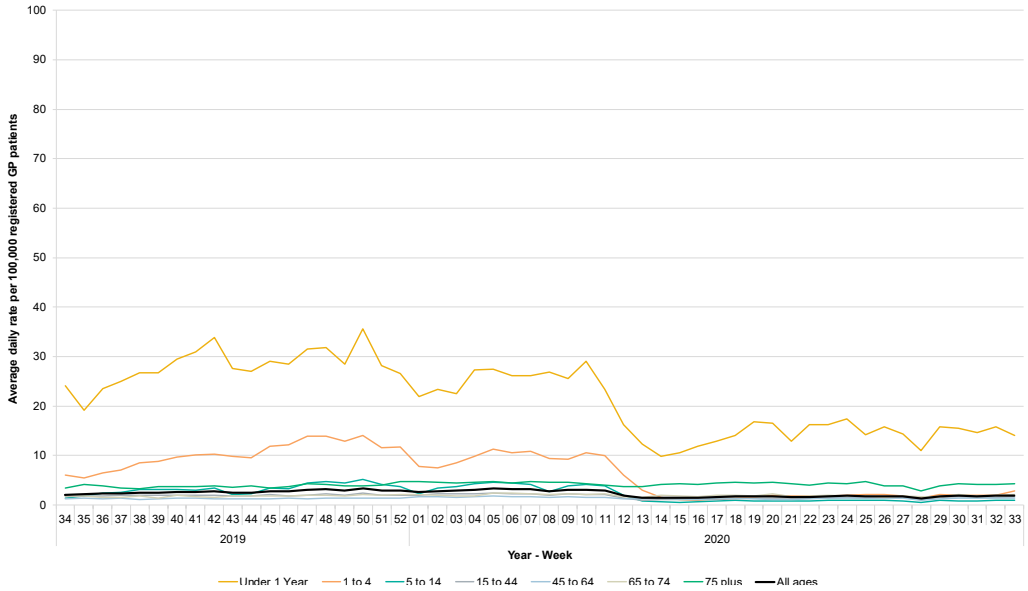
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

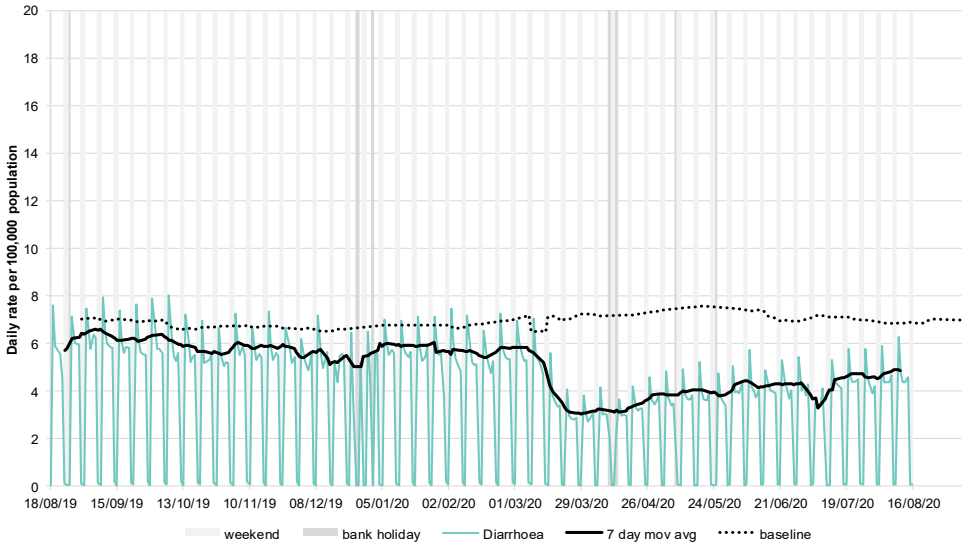
9a: Vomiting by age

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



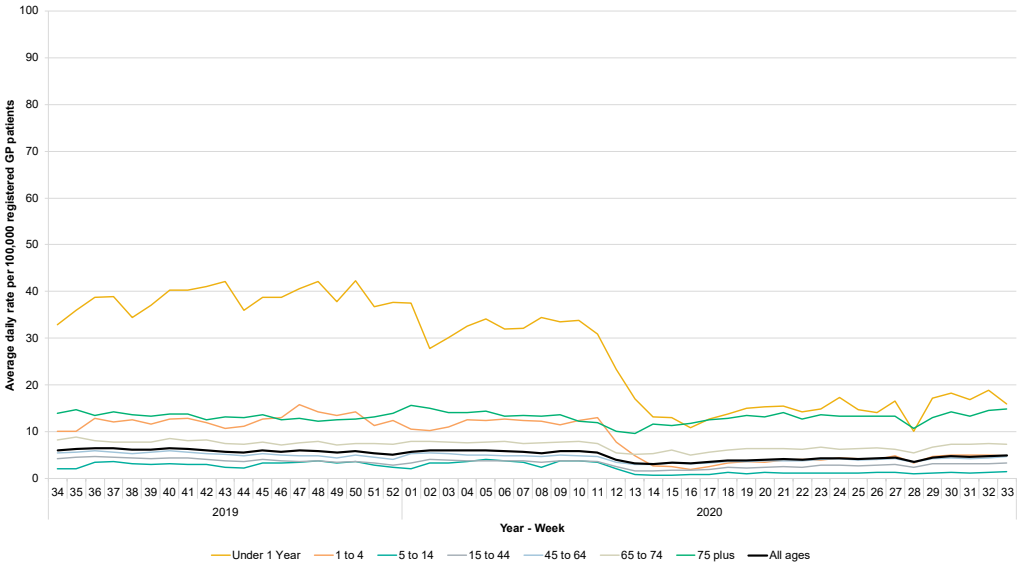
10: Diarrhoea

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



10a. Diarrhoea by age

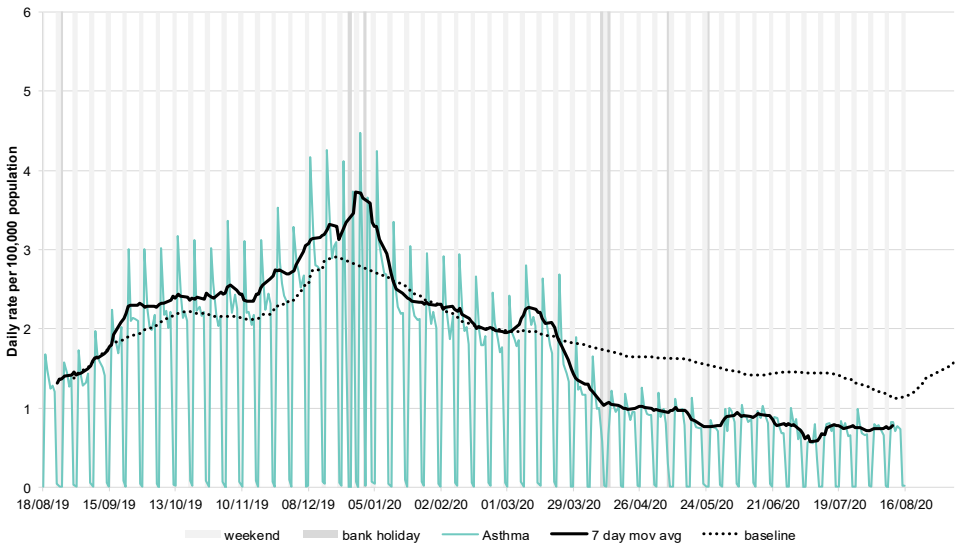
Average daily incidence rate by week per 100,000 population (all England).



* 7-day moving average adjusted for bank holidays.

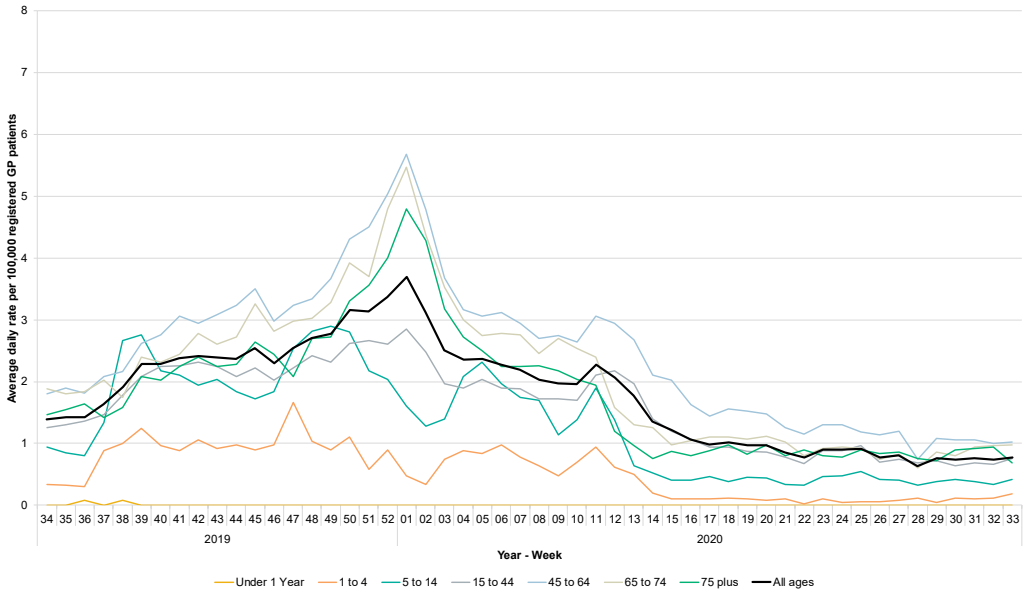
11: Asthma

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



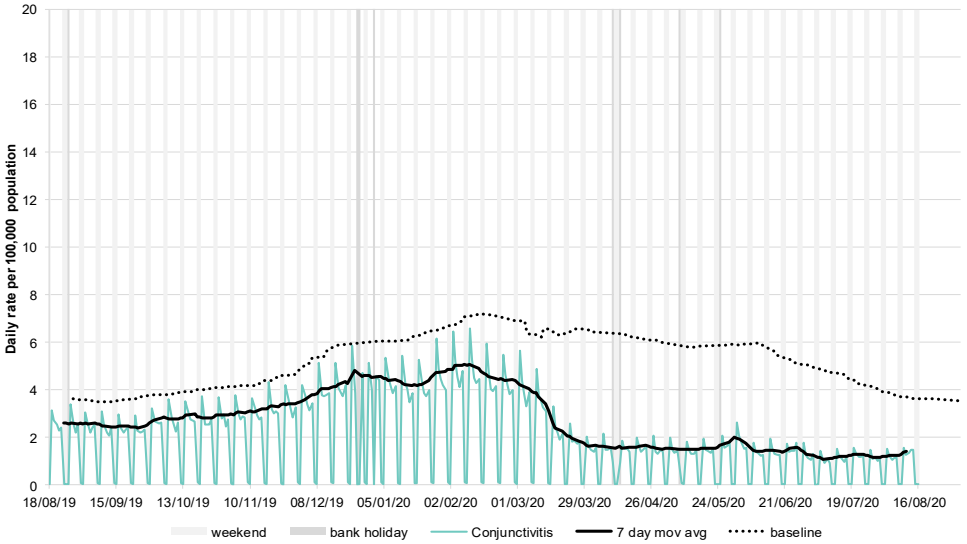
11a: Asthma by age

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



12: Conjunctivitis

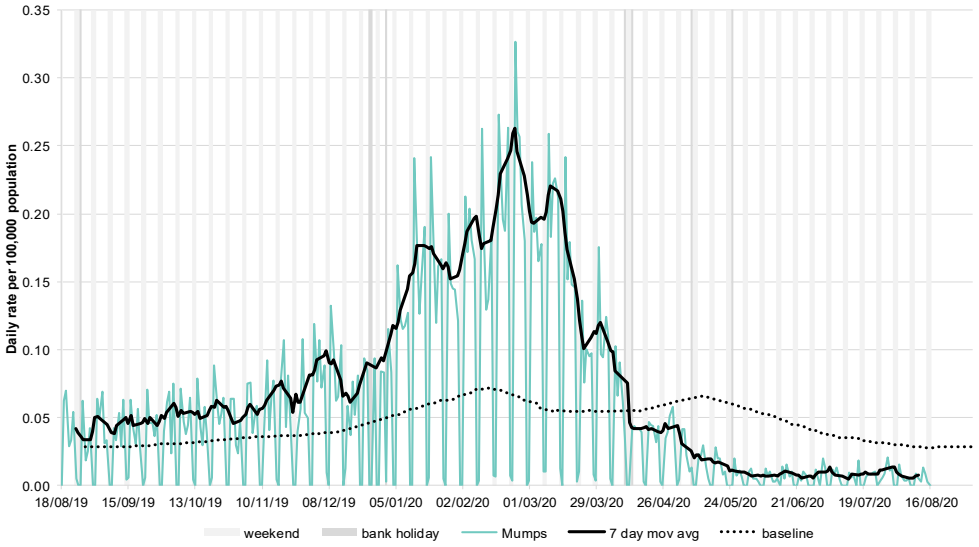
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

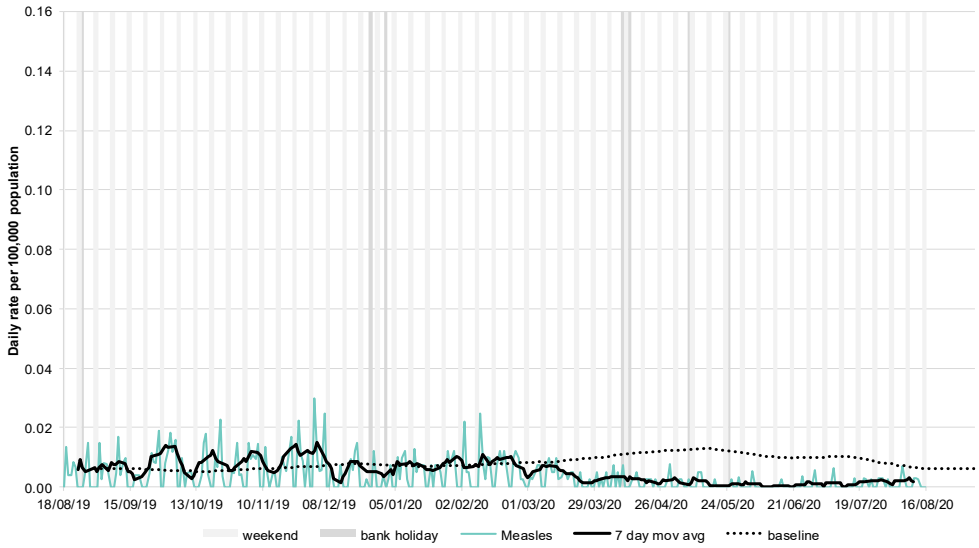
13: Mumps

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



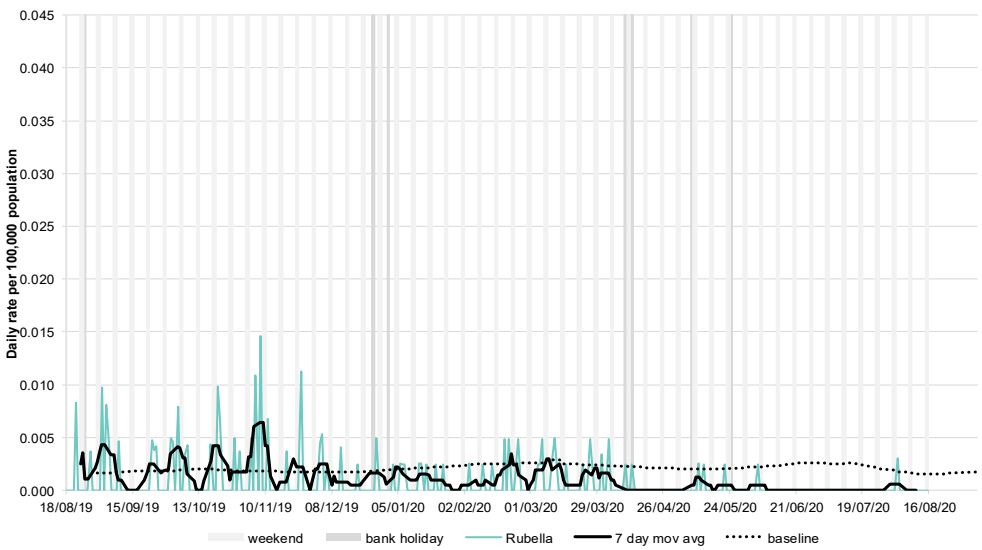
14: Measles

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



15: Rubella

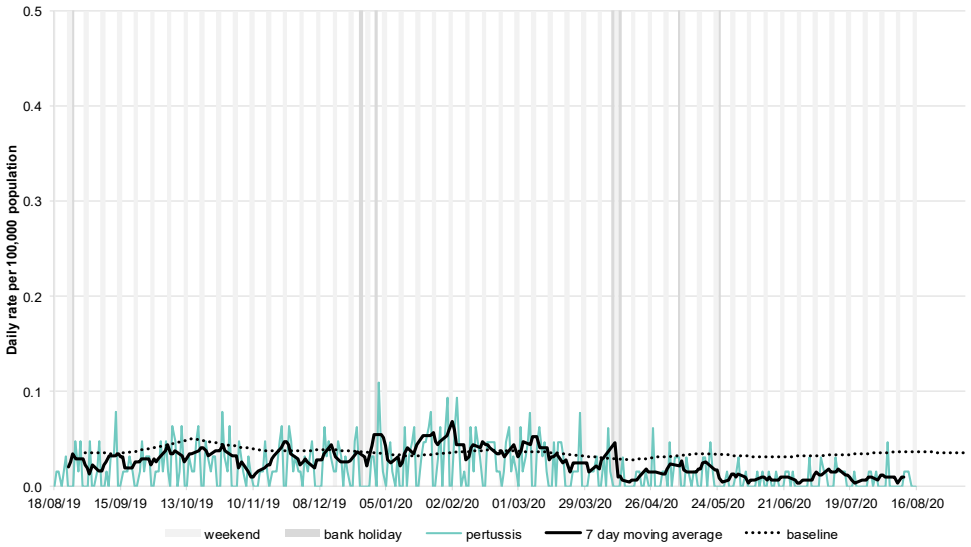
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

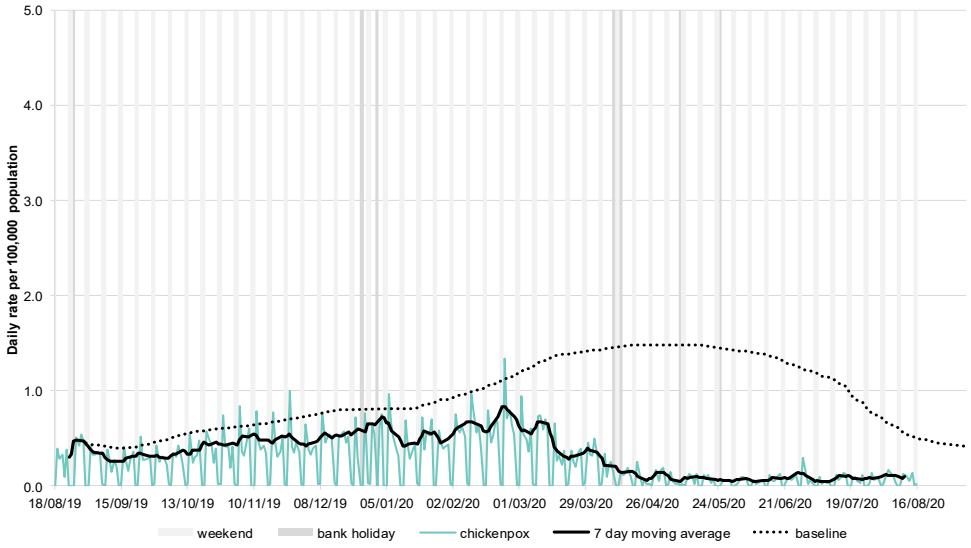
16: Pertussis

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)



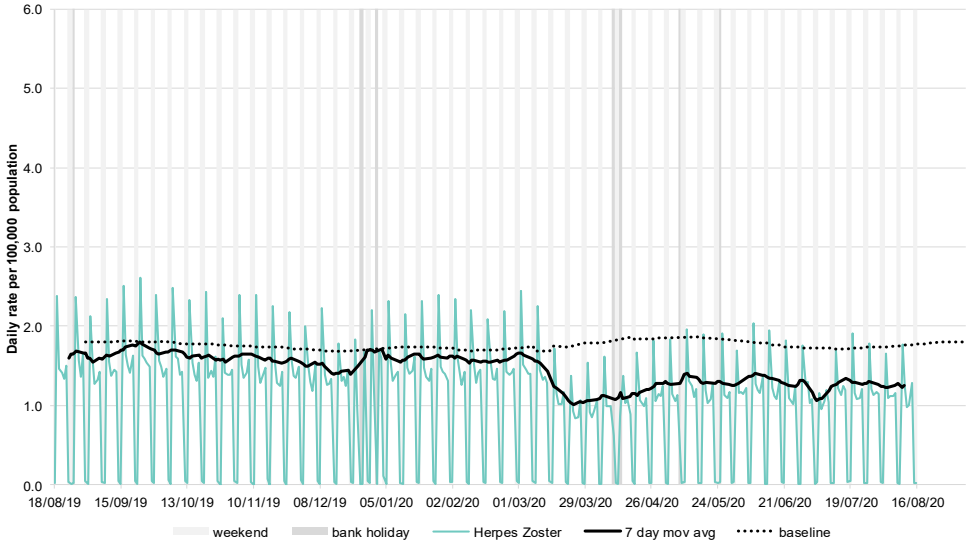
17: Chickenpox

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

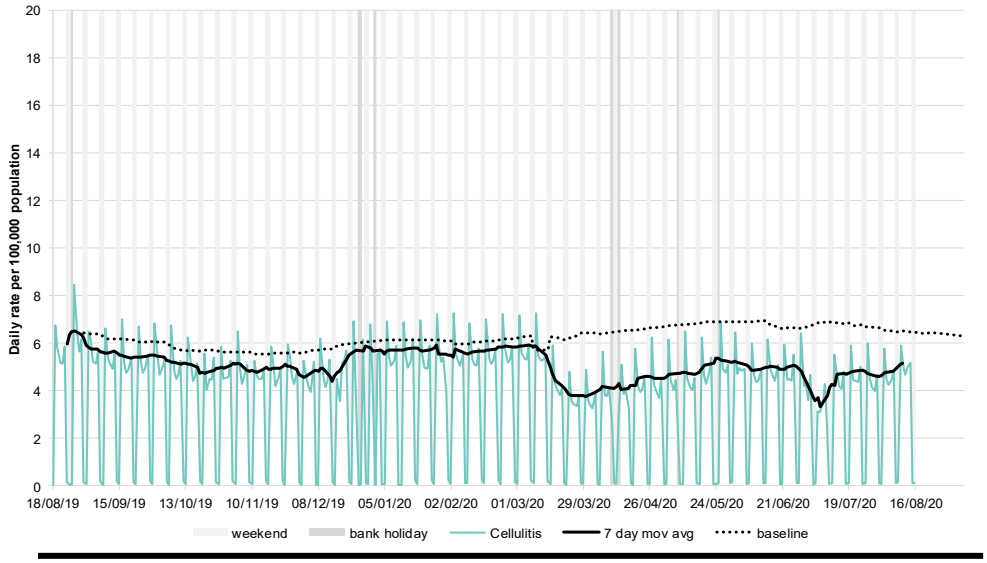
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

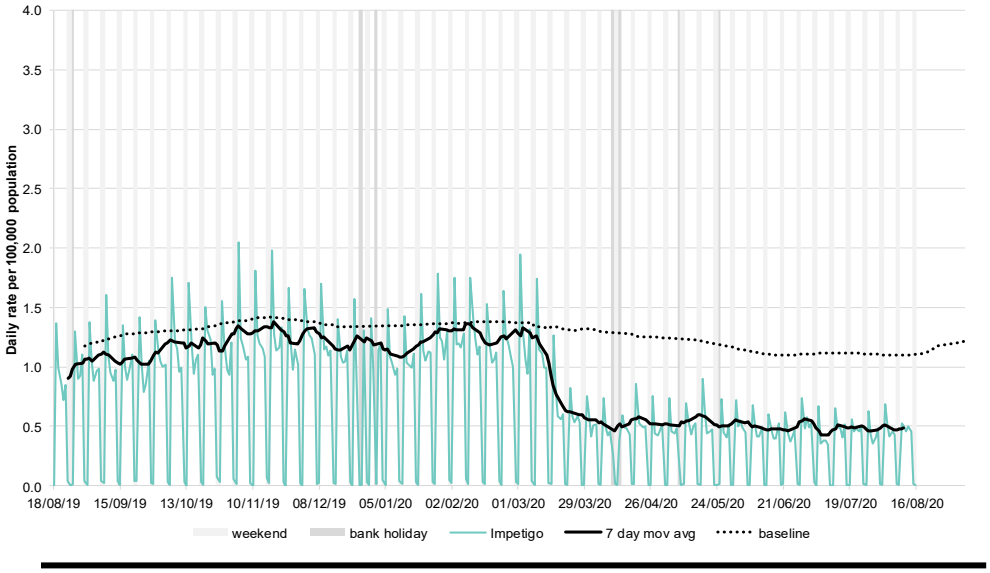
19 Cellulitis

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



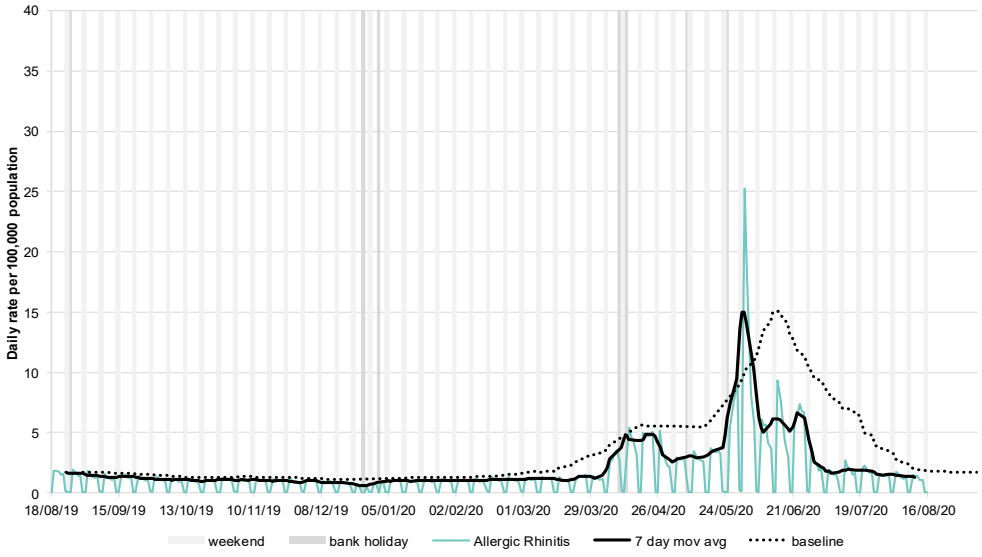
20: Impetigo

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



21: Allergic rhinitis.

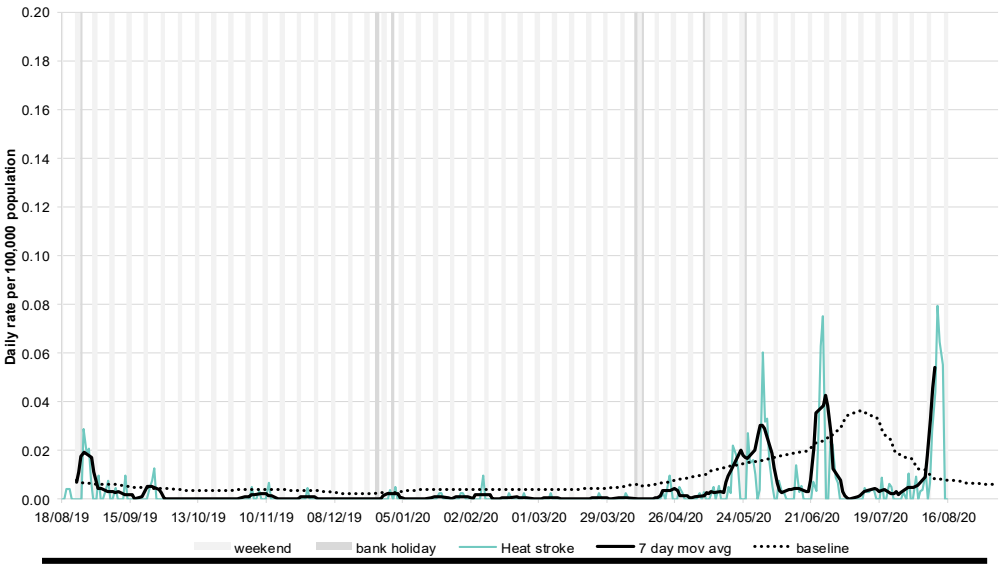
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 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 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.

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.

We thank TPP, ResearchOne and the SystmOne GP practices contributing to this surveillance system.

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GP In Hours Syndromic Surveillance System Bulletin.

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