Public Health England

GP OOHSS

GP Out-of-Hours Surveillance System: England

07 September 2020 **Year: 2020 Week: 36**

In This Issue:

Key messages

Data to: 06 September 2020

During week 36, there were increases in GP out of hours respiratory indicators. Contacts for acute respiratory infection increased (but remain below seasonally expected levels**)** particularly in children aged <15 years (figures 2 & 2a). There were also small increases in influenza-like illness (figure 3) and difficulty breathing/wheeze/asthma (figure 5), again particularly seen in children (figure 3a & 5a).

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/

Syndromic indicators at a glance:

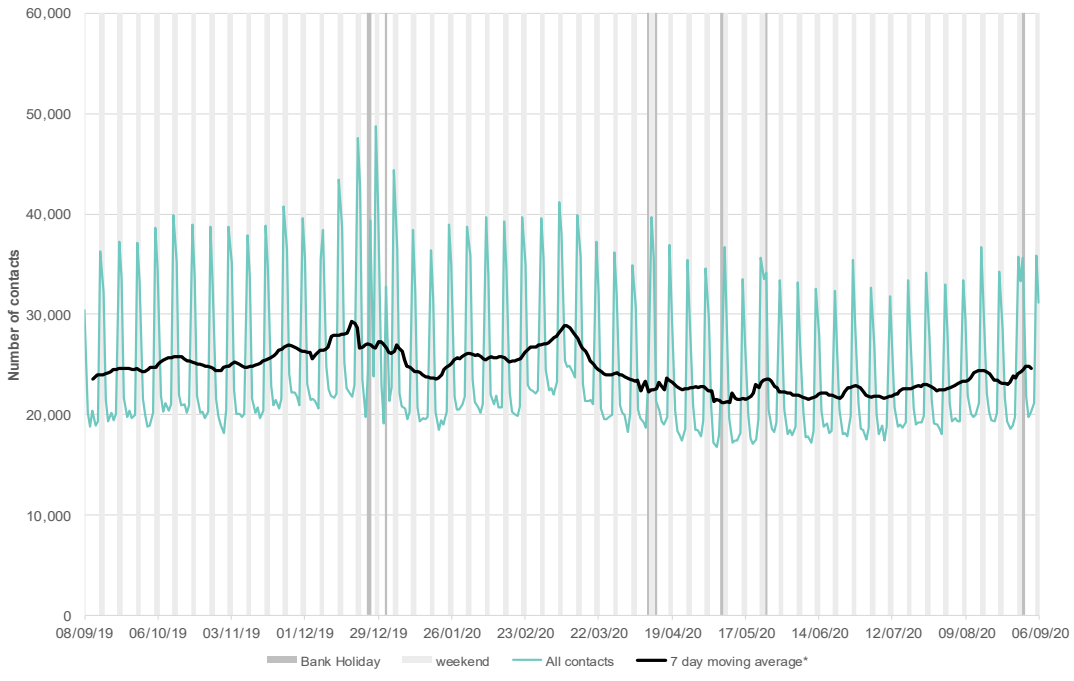
Number of contacts and percentage of Read coded contacts.

Key indicator	No. of contacts	% Week 36	% Week 35	Trend*
All OOH contacts, all causes	185,607			
Acute respiratory infection	5,220	7.43	5.99	↑
Influenza-like illness	140	0.20	0.13	↑
Bronchitis/bronchiolitis	33	0.05	0.04	↔
Difficulty breathing/wheeze/asthma	1,149	1.64	1.38	↑
Pharyngitis	21	0.03	0.03	↔
Gastroenteritis	2,031	2.89	2.92	↓
Diarrhoea	682	0.97	1.04	↓
Vomiting	791	1.13	1.12	↔
Chest pain/myocardial infarction	845	1.20	1.22	↔
Heatstroke	-	0.00	0.00	↔
Insect bites	953	1.36	1.38	↓

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

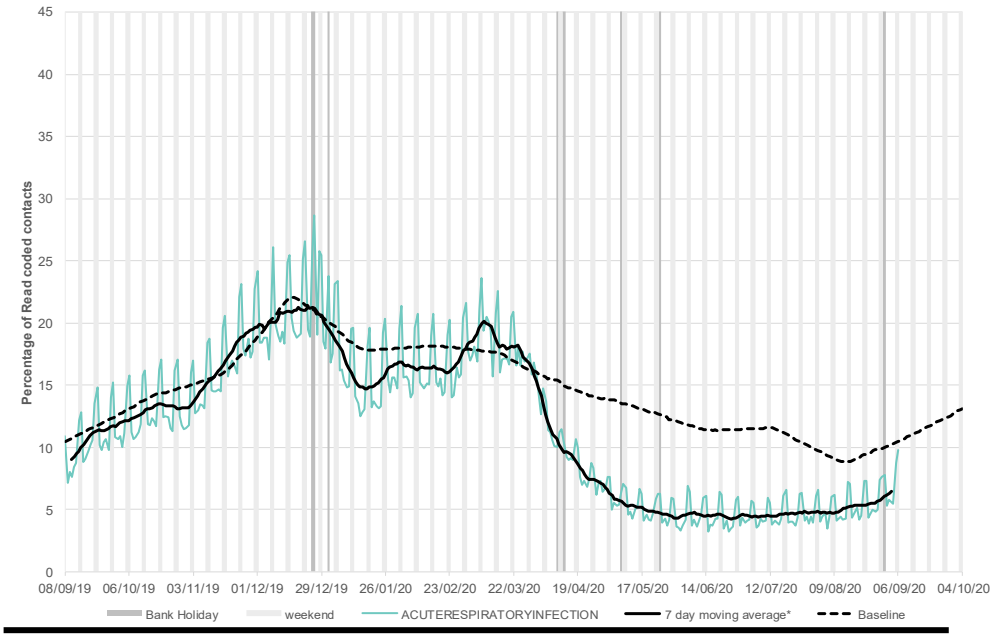
1: Total out-of-hours contacts:

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



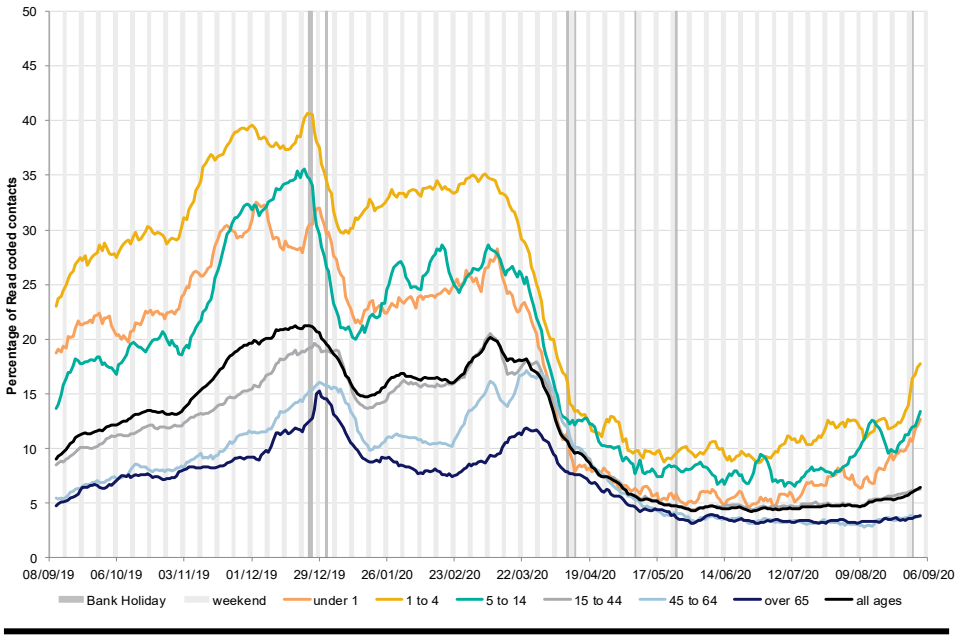
2: Acute Respiratory Infection daily contacts.

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



2a: Acute Respiratory Infection by age group.

As a percentage of total contacts within each age group, shown as a 7-day moving average*.



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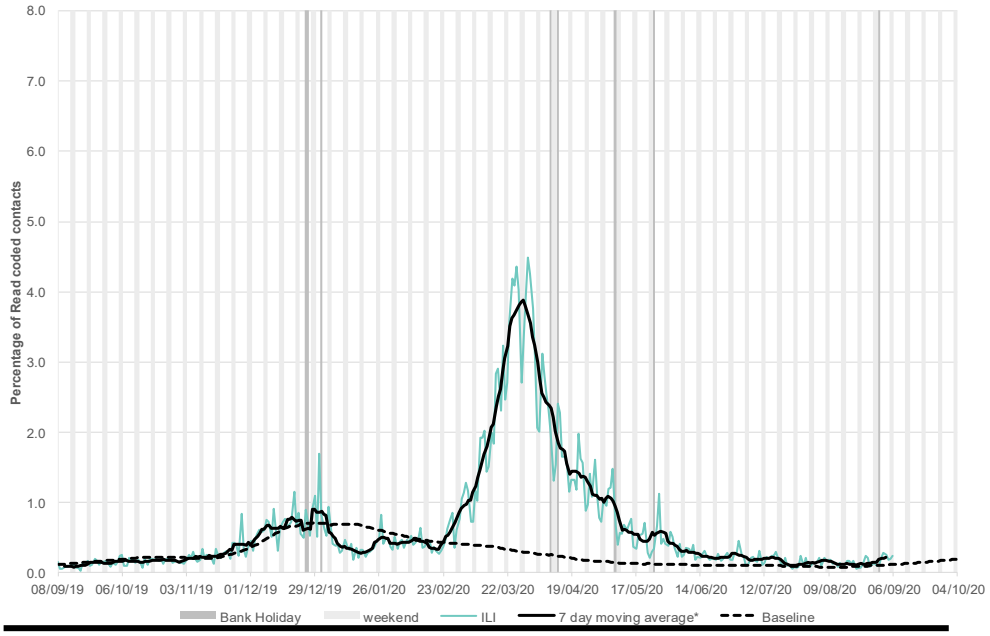
*7-day moving average adjusted for bank holidays.

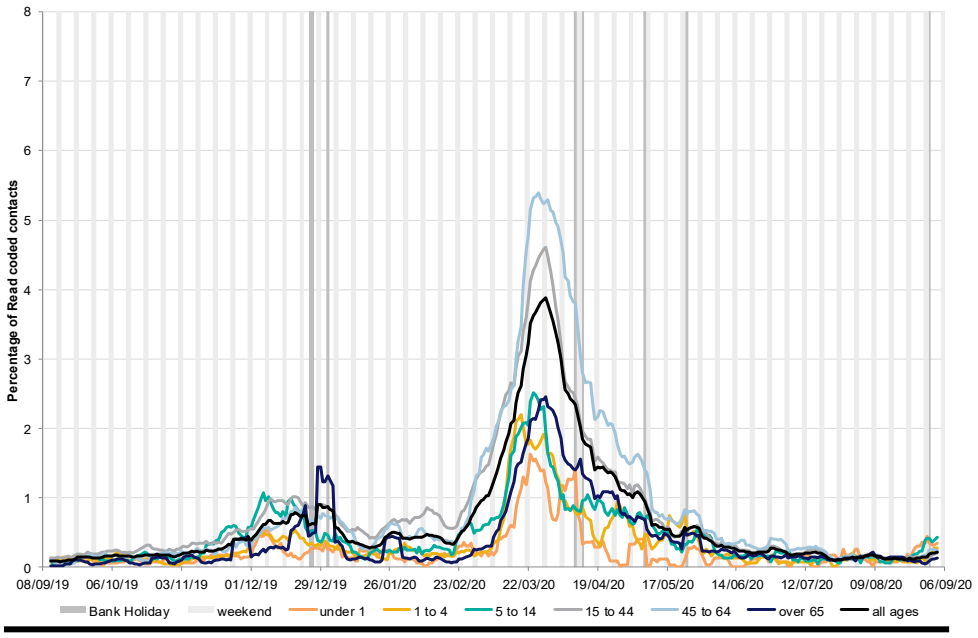
3: Influenza-like illness daily contacts.

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



3a: Influenza-like illness by age group.

As a percentage of total contacts within each age group, shown as a 7-day moving average*.

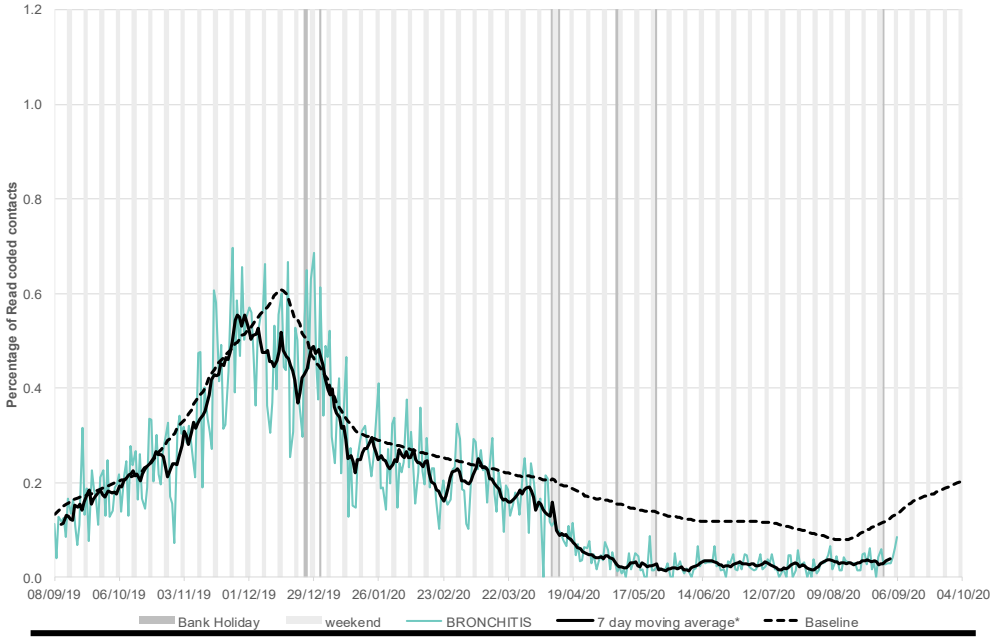


Intentionally left blank

*7-day moving average adjusted for bank holidays.

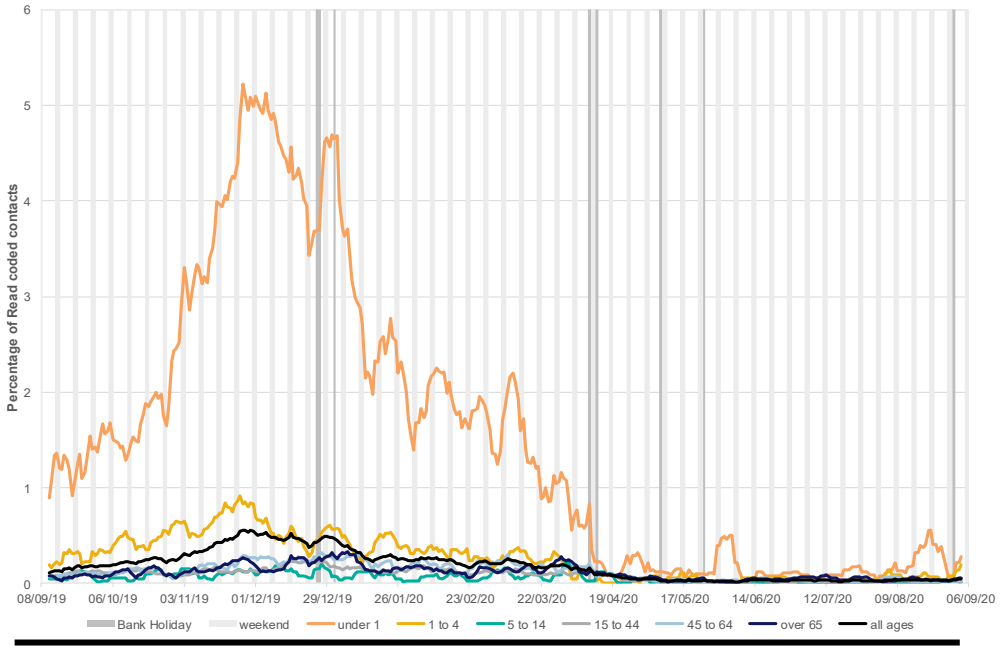
4: Bronchitis/ bronchiolitis daily contacts.

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



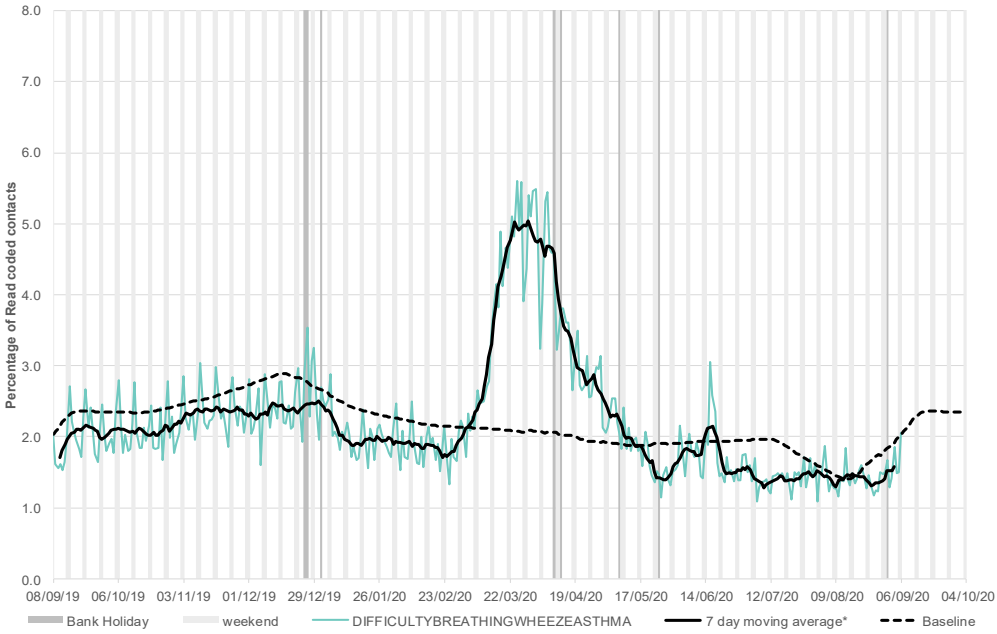
4a: Bronchitis/ bronchiolitis daily contacts by age group*.

As a percentage of total contacts within each age group, shown as a 7-day moving average*.



5: Difficulty breathing/ wheeze/asthma daily contacts.

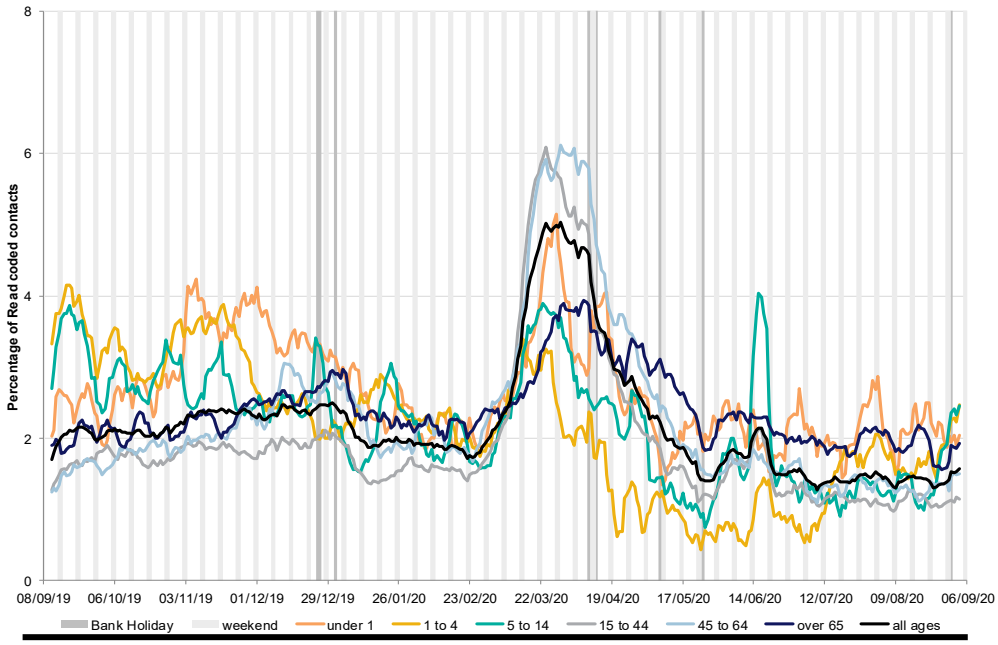
Shown as a percentage of the total contacts with a Read code and as a 7-day moving average*.



*7-day moving average adjusted for bank holidays.

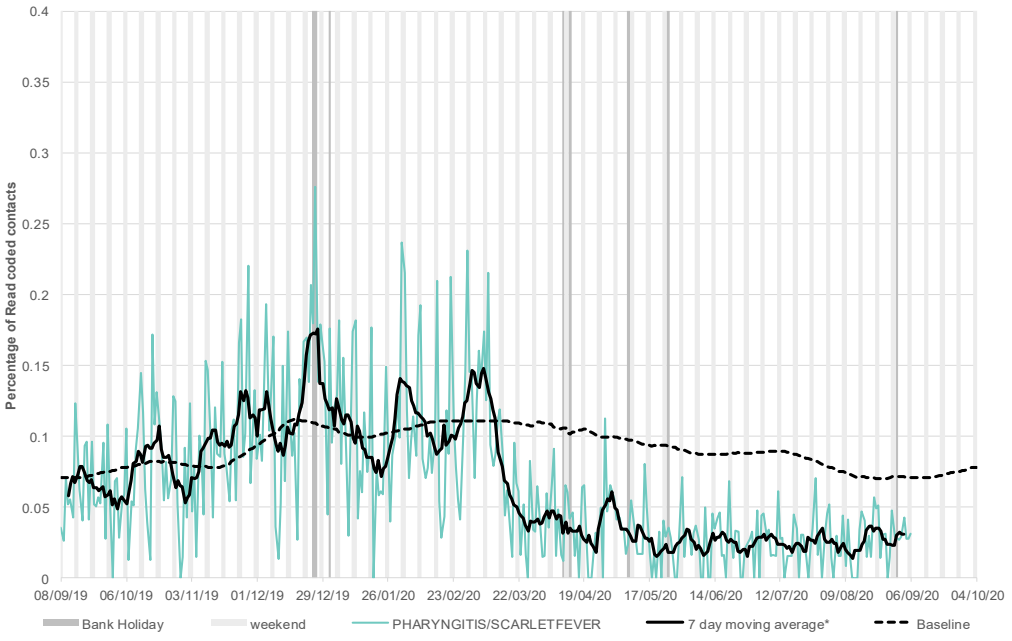
5a: Difficulty breathing/wheeze/ asthma daily contacts by age group*.

As a percentage of total contacts within each age group, shown as a 7-day moving average *.



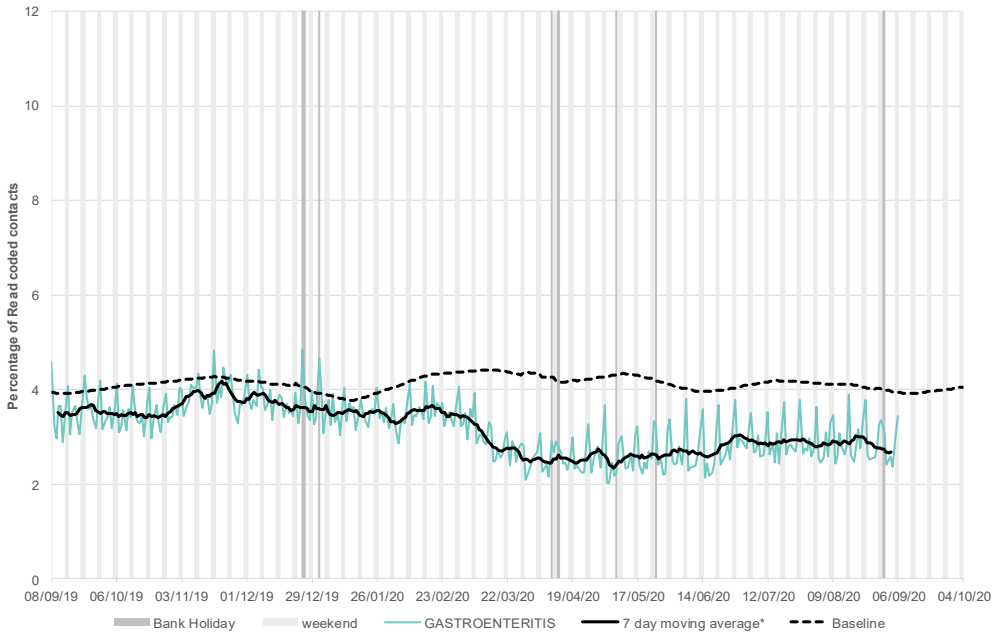
6: Acute pharyngitis and persistent sore throat.

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



7: Gastroenteritis daily contacts

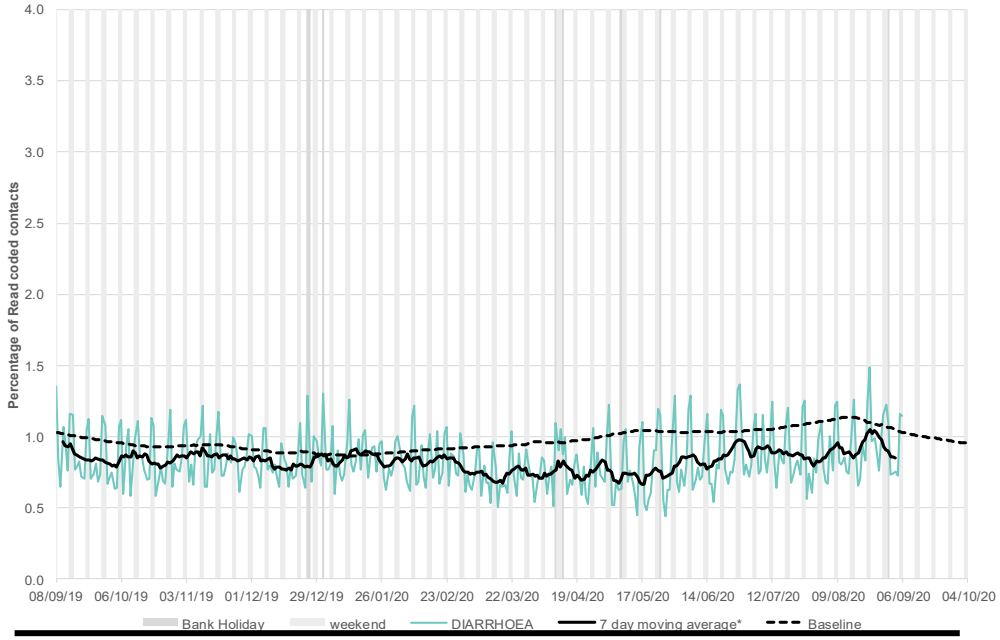
Shown as a percentage of the total contacts with a Read code and as a 7-day moving average*.



*7-day moving average adjusted for bank holidays.

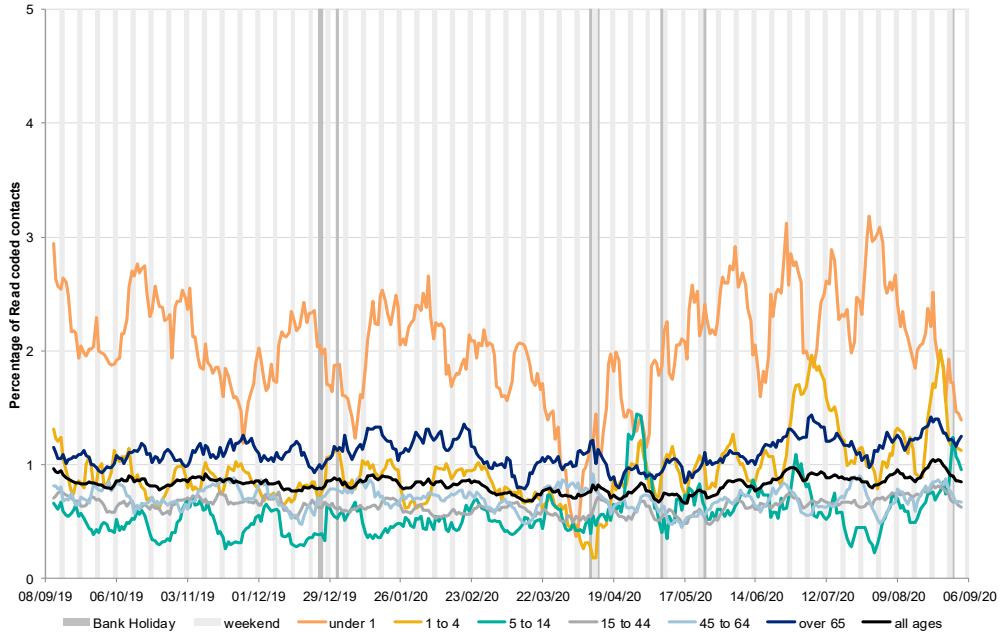
8: Diarrhoea daily contacts.

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



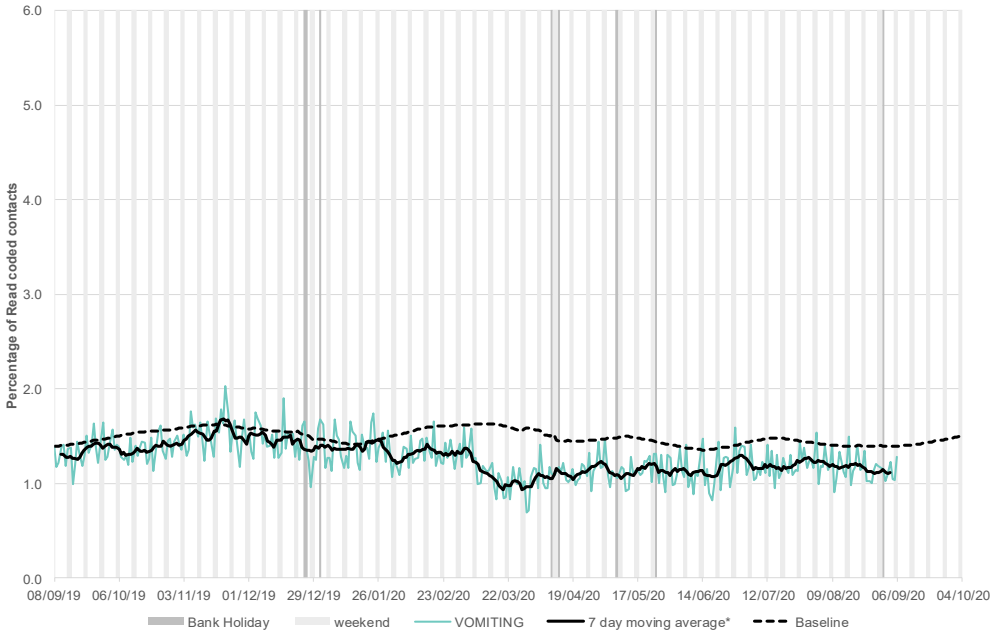
8a: Diarrhoea daily contacts by age group*.

As a percentage of total contacts within each age group, shown as a 7-day moving average*.



9: Vomiting daily contacts.

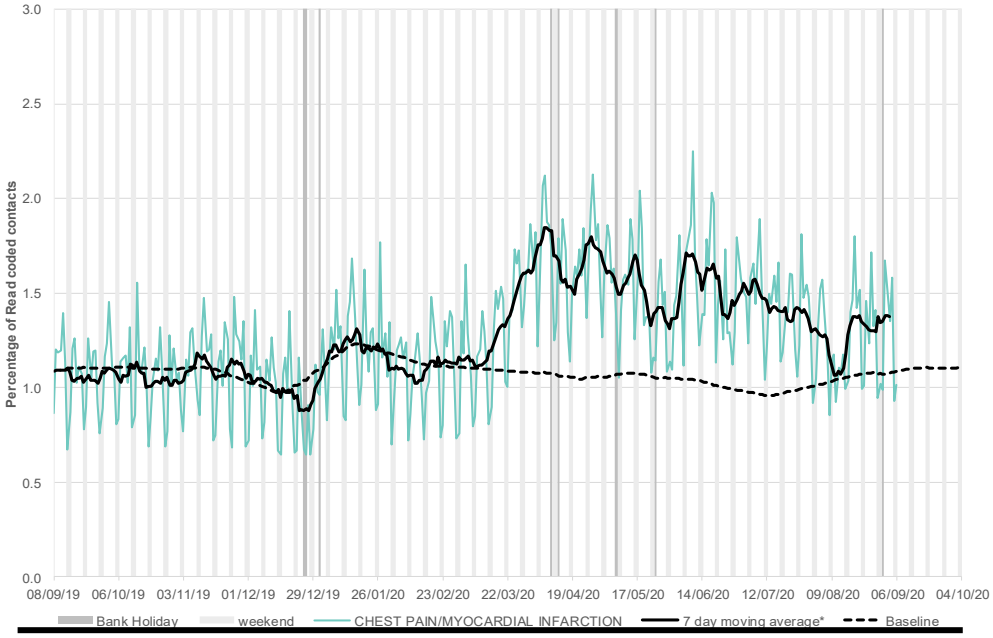
Shown as a percentage of the total contacts with a Read code and as a 7 -day moving average*.



*7-day moving average adjusted for bank holidays.

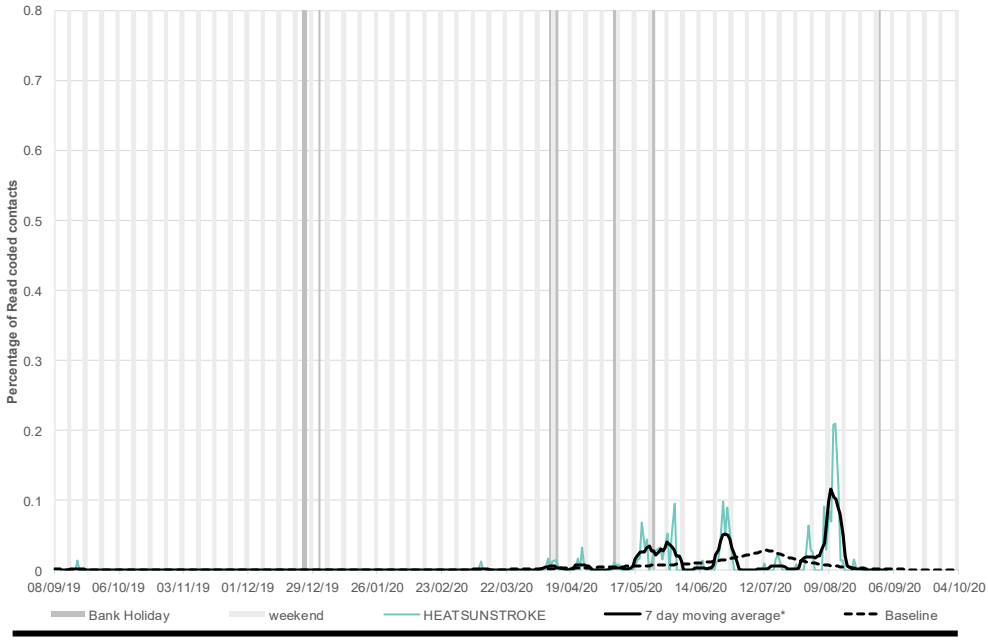
10: Chest pain/ myocardial infarction daily contacts.

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



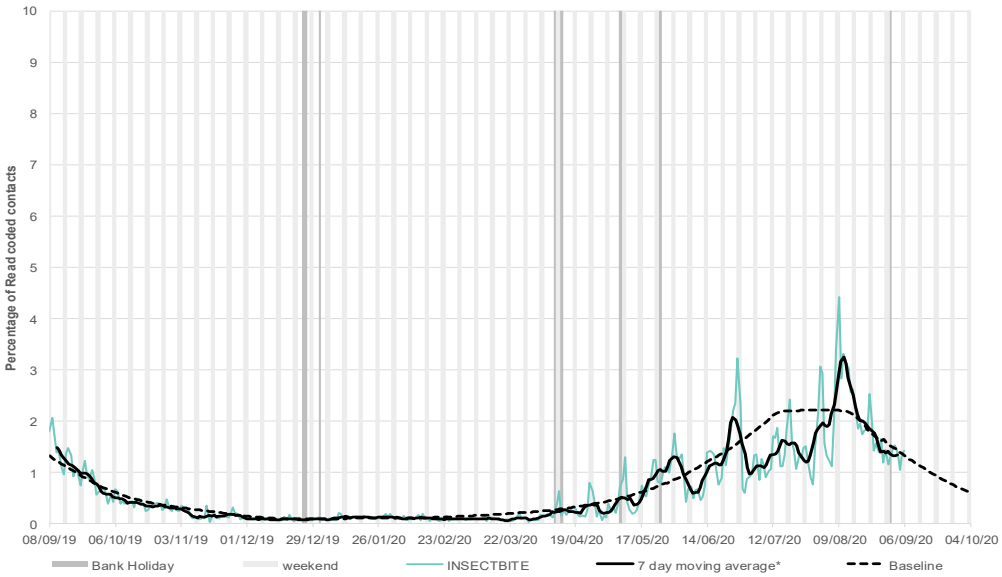
11: Heatstroke daily contacts.

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



12: Insect bites daily contacts.

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



*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 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 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 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.

[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.

PHE Out-of-Hours/Unscheduled Care Surveillance

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