



29 September 2020

Year: 2020 Week: 39

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: 27 September 2020

Please note: week 39 data contain a lower practice and population denominator due to technical problems with a data provider. The rates presented in this report should therefore be interpreted with some caution.

During week 39, COVID-19-like GP consultations decreased mainly in children aged 5-14 years (figures 1a & 1b). Lower respiratory tract infections increased, but rates remain below seasonally expected levels (figure 6).

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

Diagnostic indicators at a glance:

Indicator	Trend	Level
COVID-19-like	decreasing	-
Upper respiratory tract infection	decreasing	below baseline levels
Influenza-like illness	decreasing	below baseline levels
Pharyngitis	decreasing	below baseline levels
Scarlet fever	no trend	below baseline levels
Lower respiratory tract infection	increasing	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	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	no trend	below baseline levels
Impetigo	no trend	below baseline levels

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2020	39	2,200	20.6 million

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

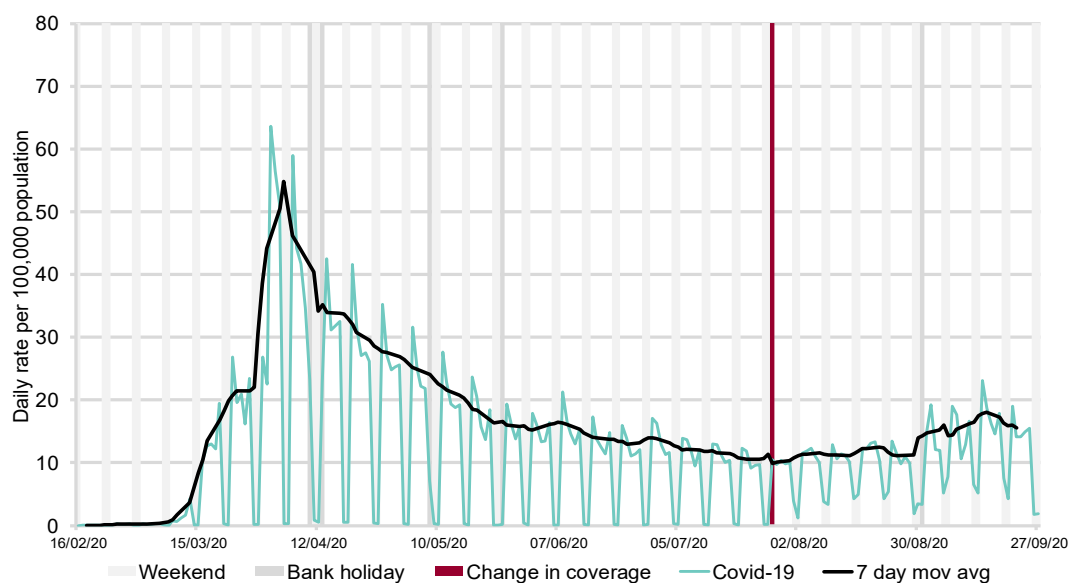
29 September 2020

Year: 2020 Week: 39

1. COVID-19-like consultations

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

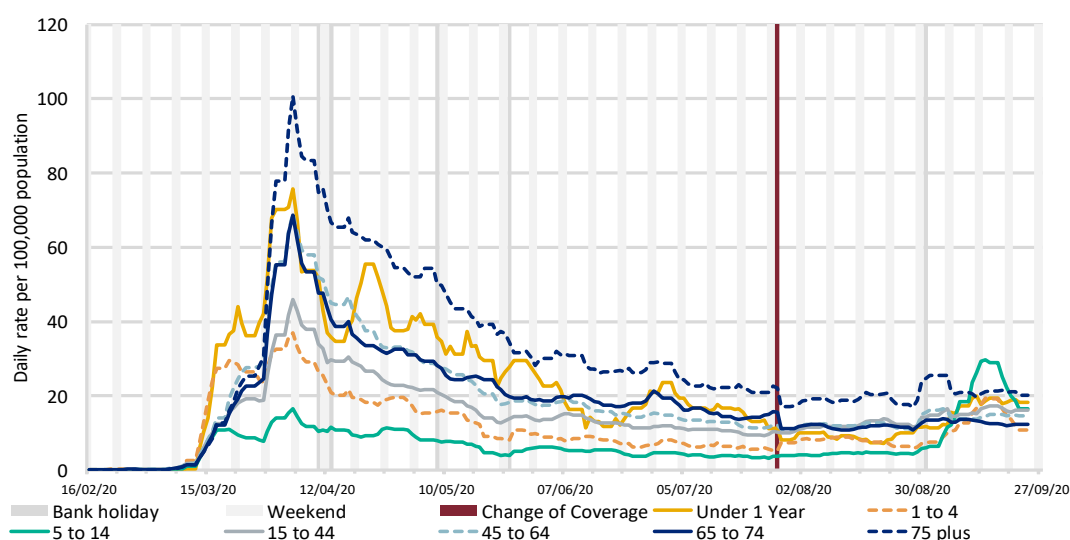
Please note: includes consultations diagnoses of suspected, tested, exposed and/or confirmed COVID-19. On 27 July there was a change in GPIH population coverage as COVID-19 diagnosis codes became monitored across more locations



1b: COVID-19-like consultations by age group

Daily incidence rate by age group per 100,000 population all England.

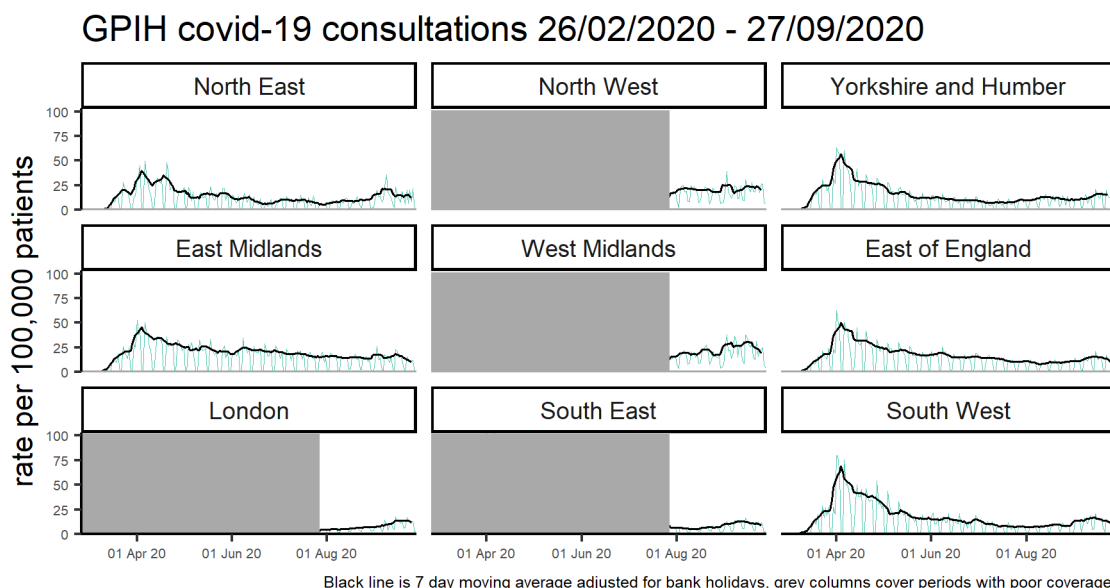
Please note: on 27 July there was a change in GPIH population coverage as COVID-19 diagnosis codes became monitored across more locations



1c: COVID-19-like consultations by PHE Centre

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

Please note: on 27 July there was a change in GPIH population coverage as COVID-19 diagnosis codes became monitored across more locations



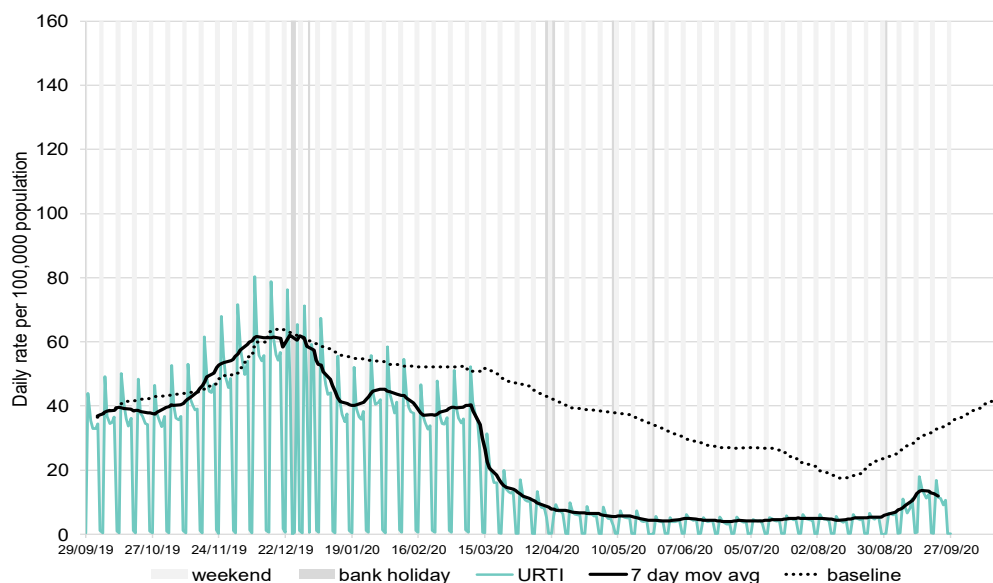
* 7-day moving average adjusted for bank holidays

29 September 2020

Year: 2020 Week: 39

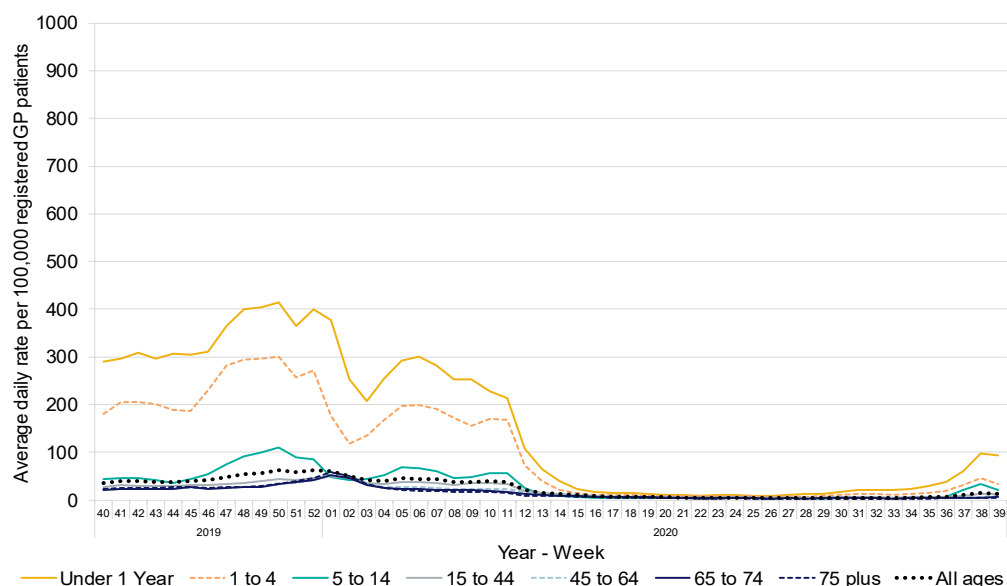
2: Upper respiratory tract infection (URTI)

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).



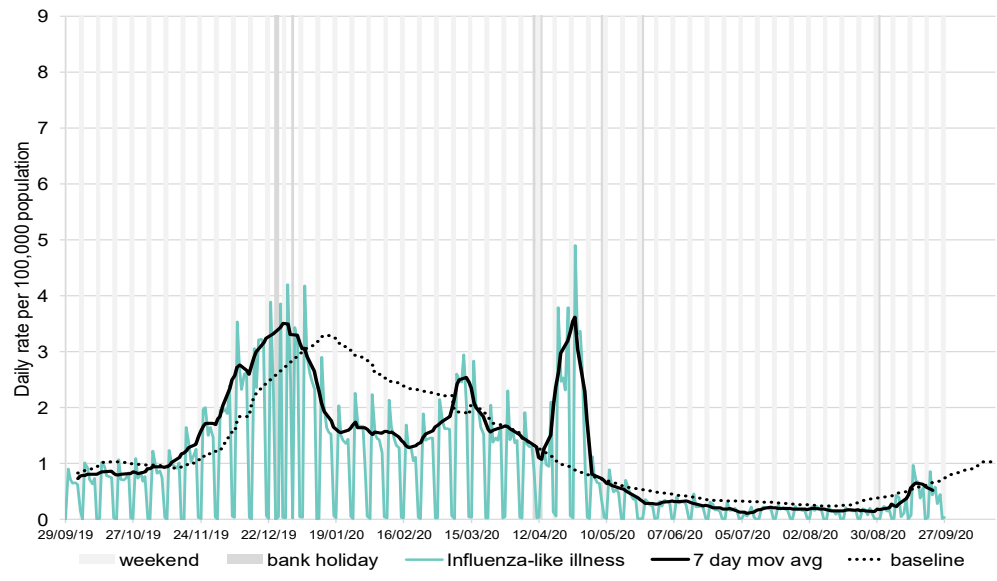
* 7-day moving average adjusted for bank holidays.

29 September 2020

Year: 2020 Week: 39

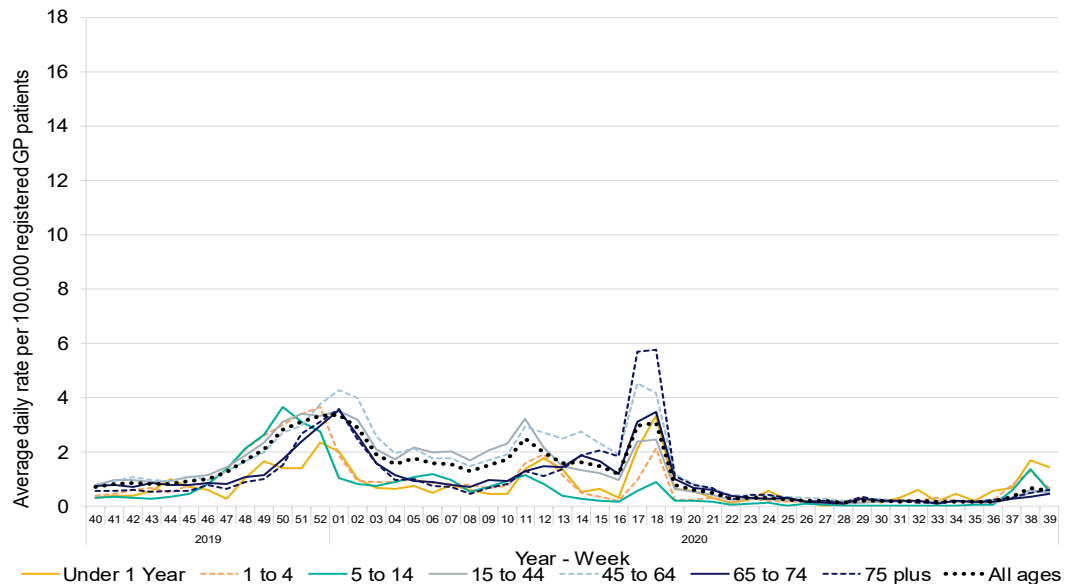
3: Influenza-like illness (ILI)

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



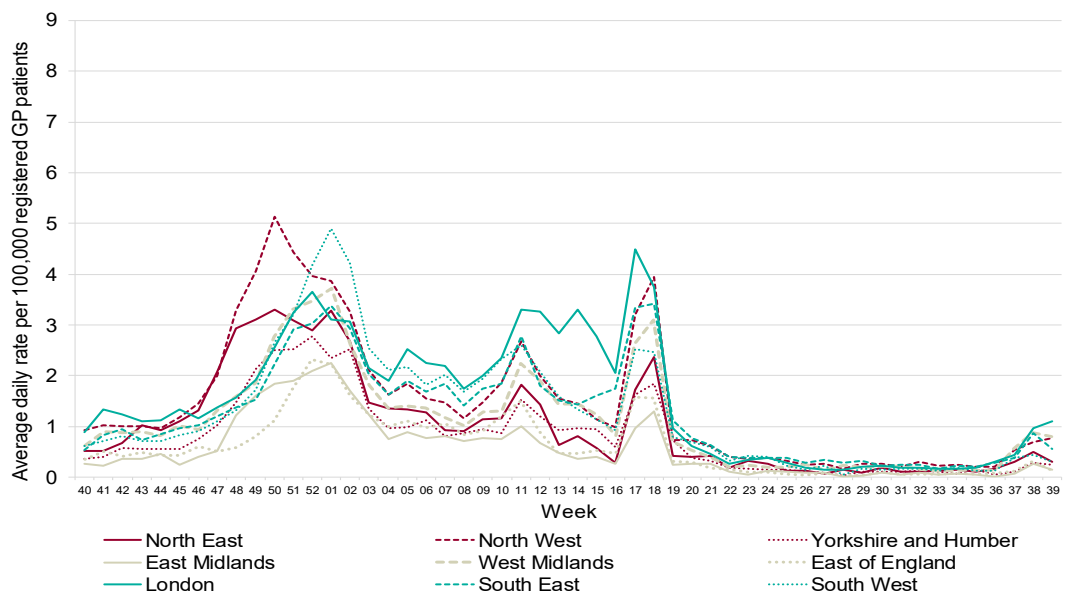
3a: Influenza-like illness by age

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).



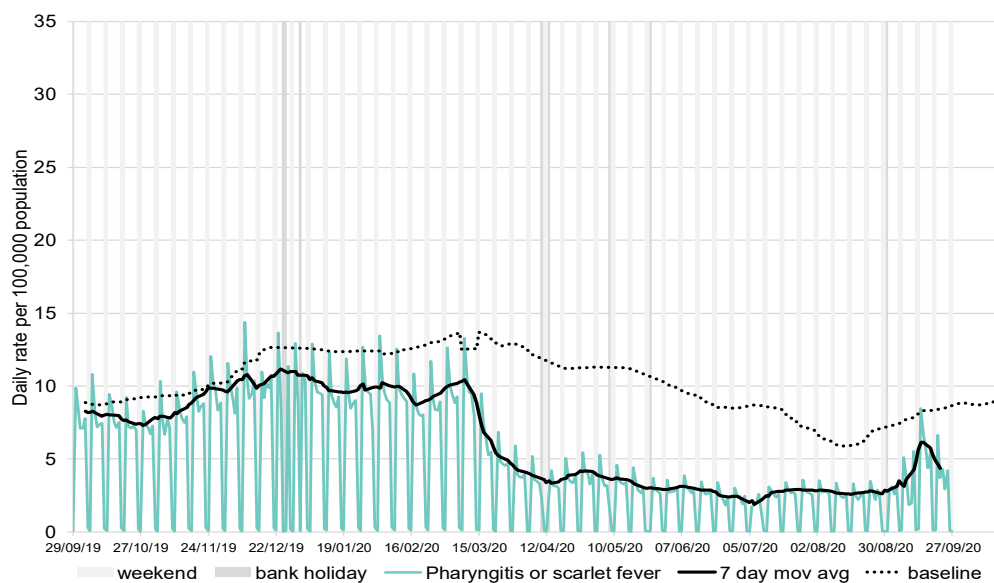
* 7-day moving average adjusted for bank holidays.

29 September 2020

Year: 2020 Week: 39

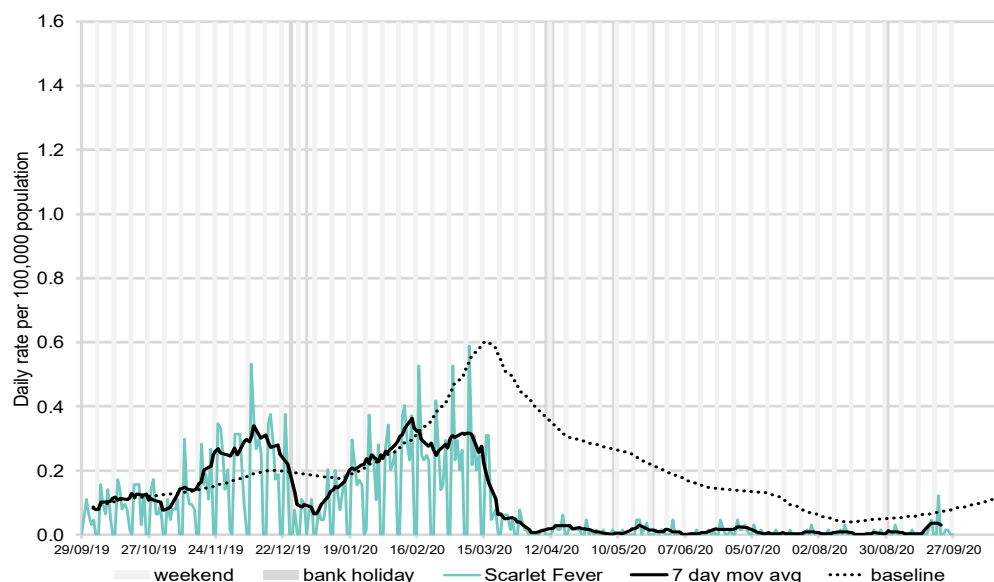
4: Pharyngitis or scarlet fever

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



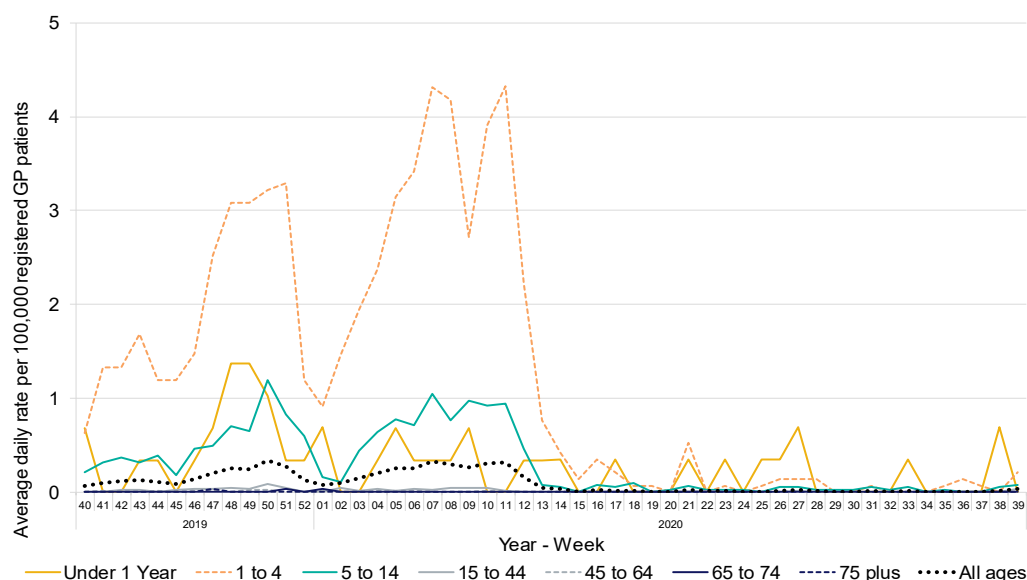
5: Scarlet fever

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).



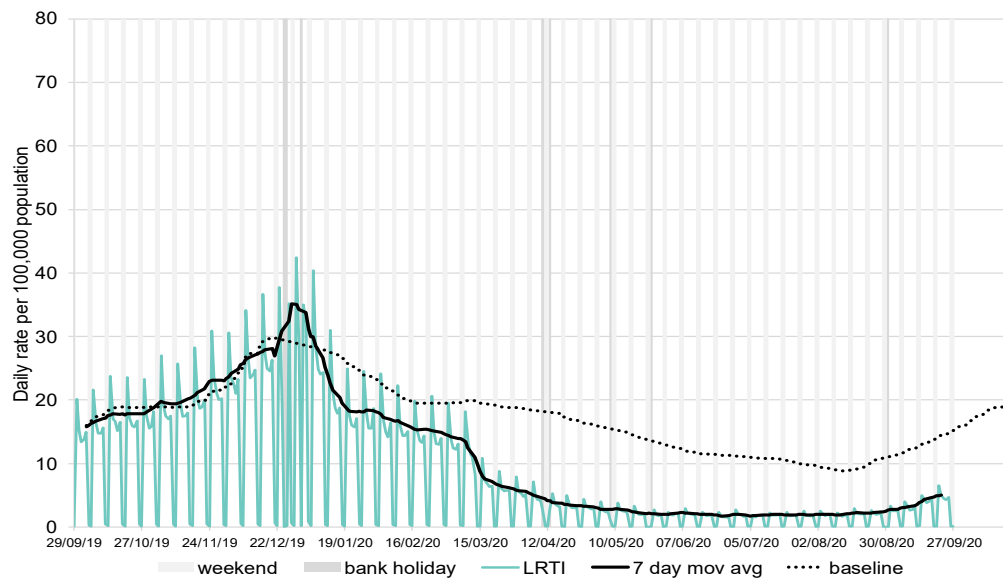
* 7-day moving average adjusted for bank holidays.

29 September 2020

Year: 2020 Week: 39

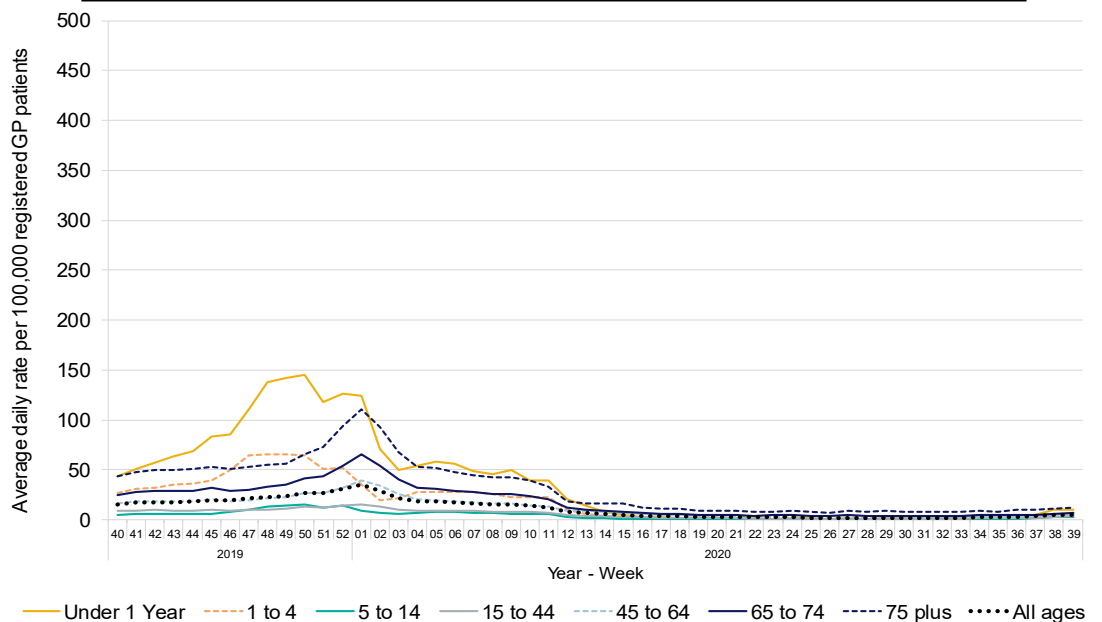
6: Lower respiratory tract infection (LRTI)

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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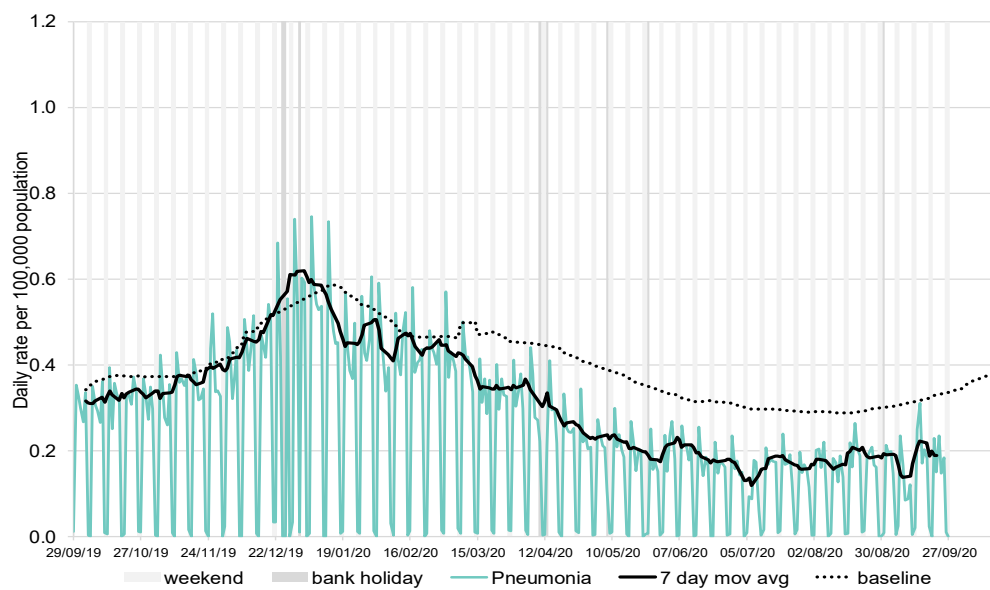
* 7-day moving average adjusted for bank holidays.

29 September 2020

Year: 2020 Week: 39

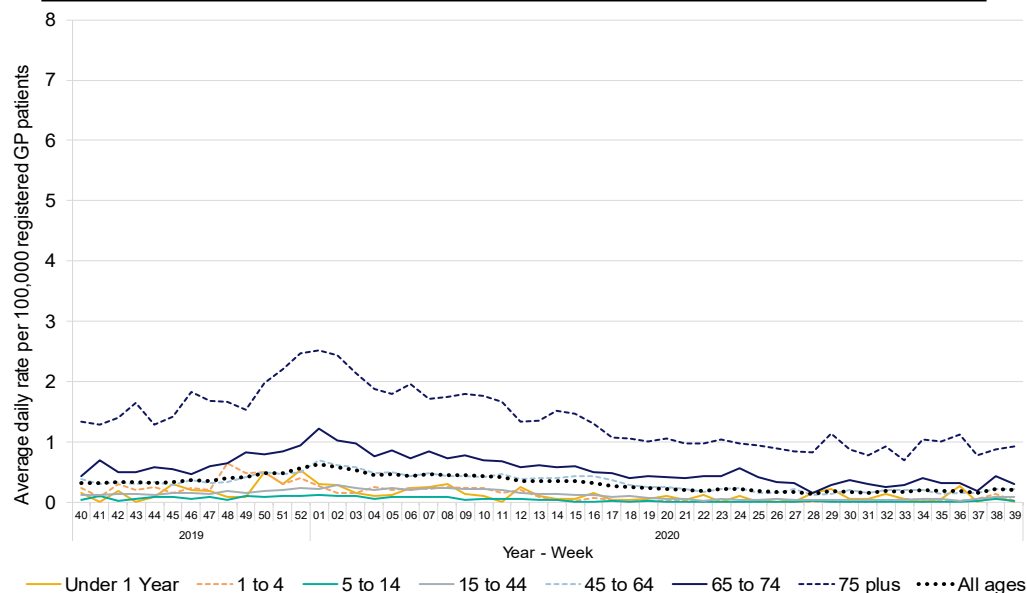
7: Pneumonia

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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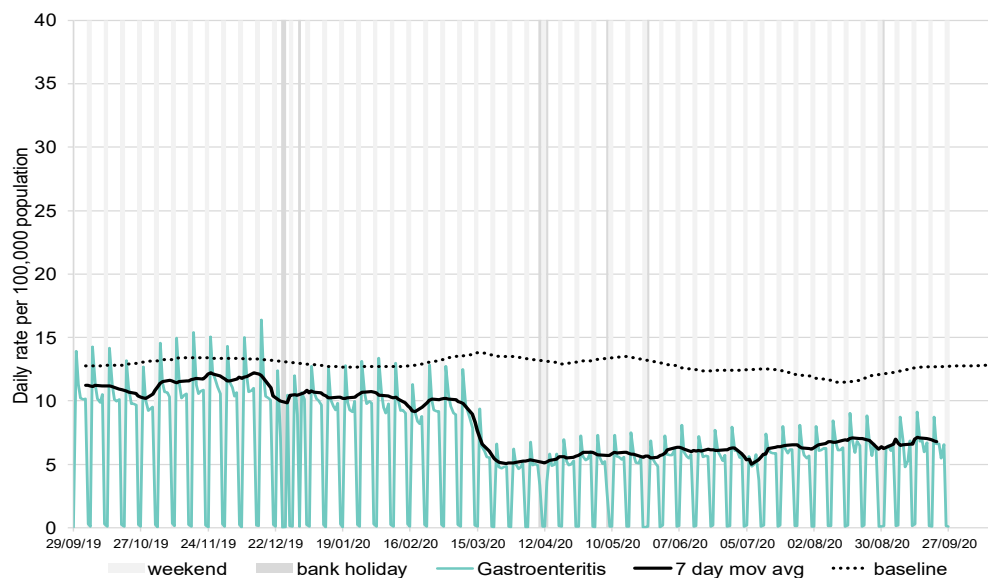
* 7-day moving average adjusted for bank holidays.

29 September 2020

Year: 2020 Week: 39

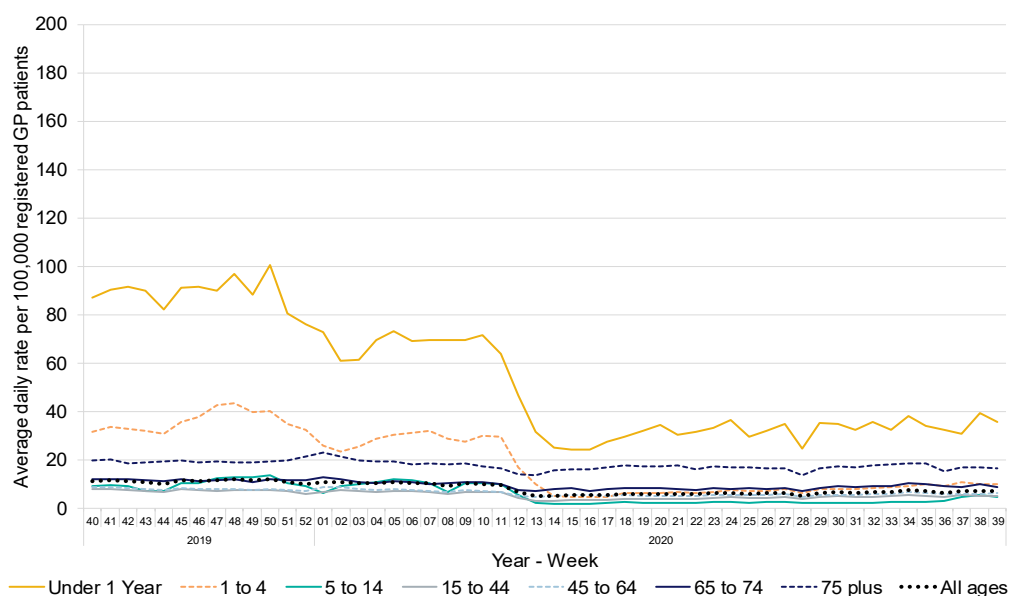
8: Gastroenteritis

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



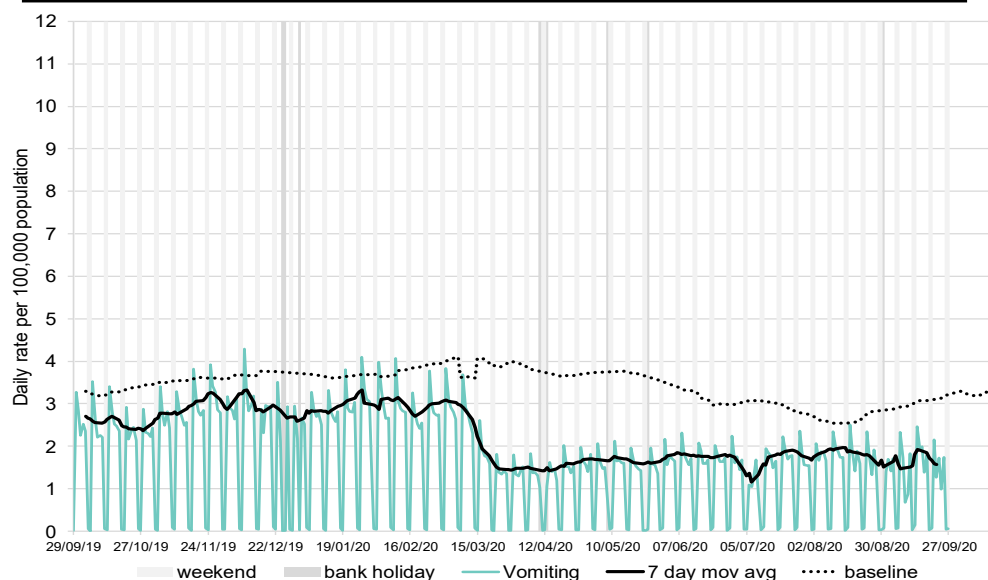
8a: Gastroenteritis by age

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).



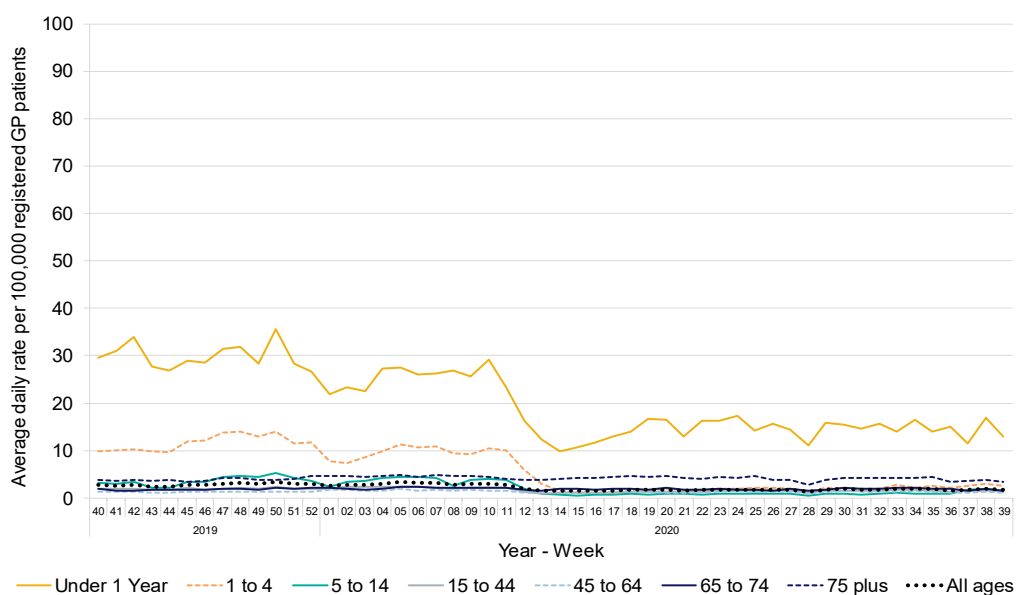
* 7-day moving average adjusted for bank holidays.

29 September 2020

Year: 2020 Week: 39

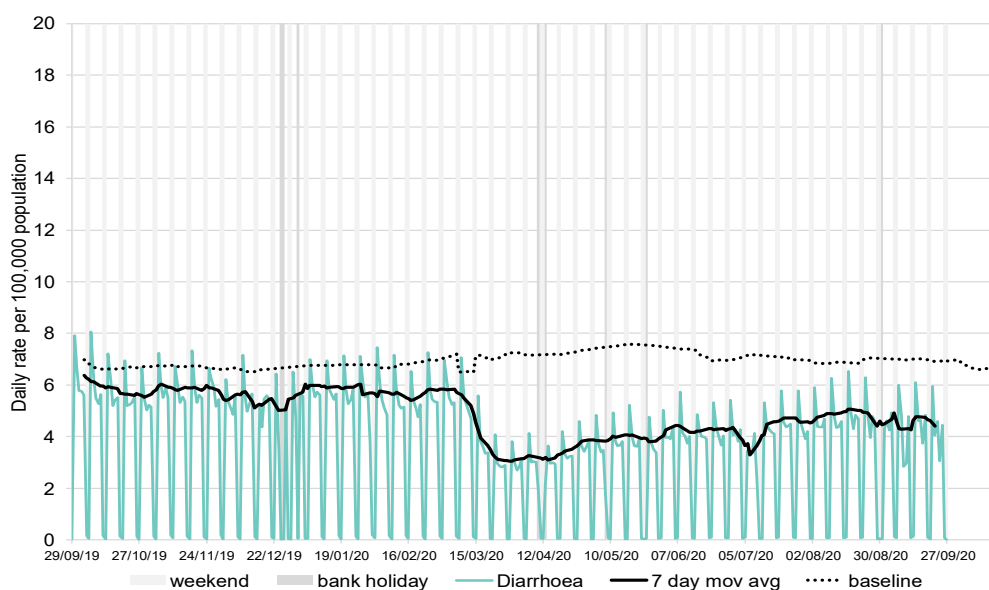
9a: Vomiting by age

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



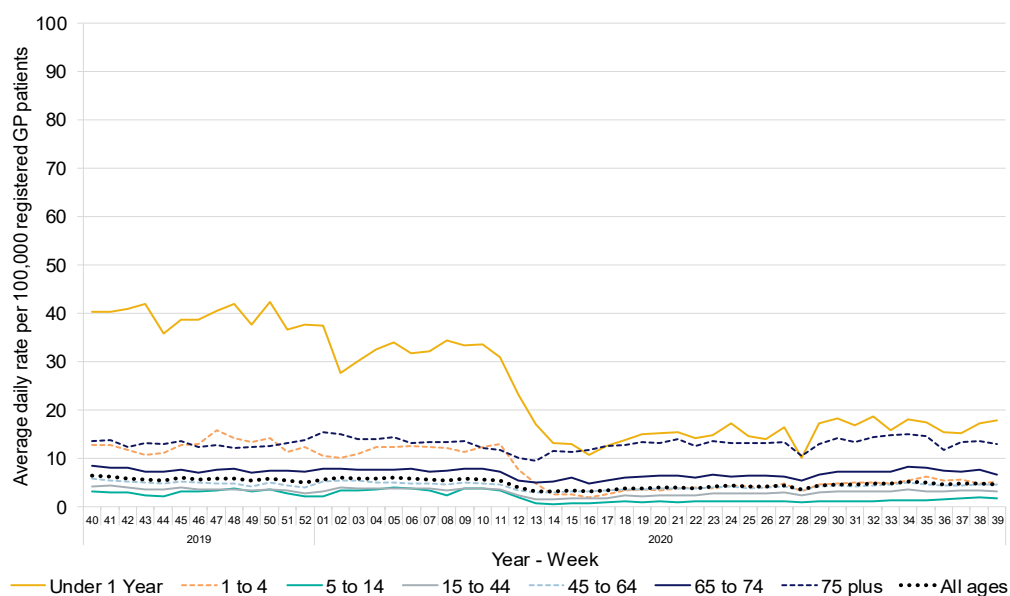
10: Diarrhoea

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).



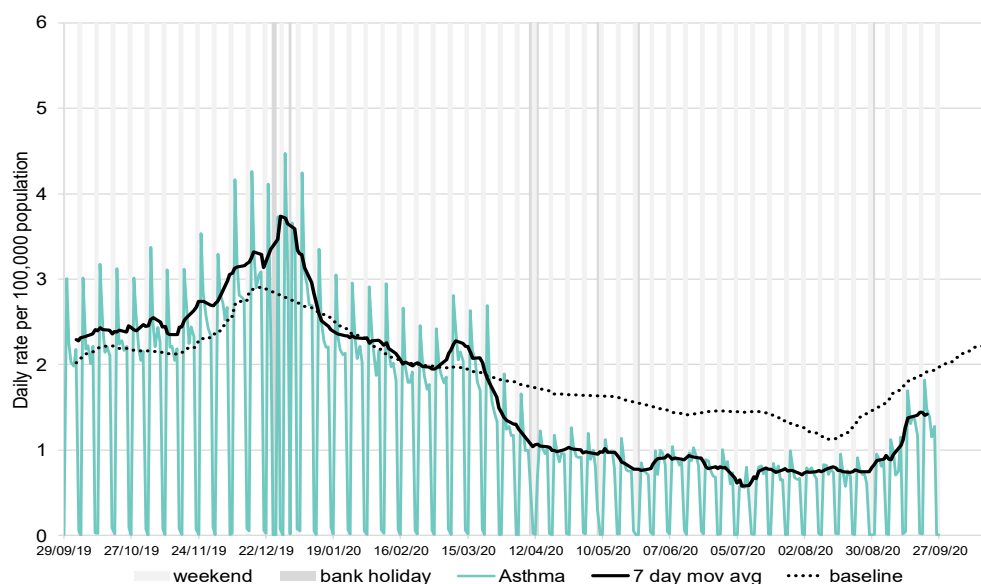
* 7-day moving average adjusted for bank holidays.

29 September 2020

Year: 2020 Week: 39

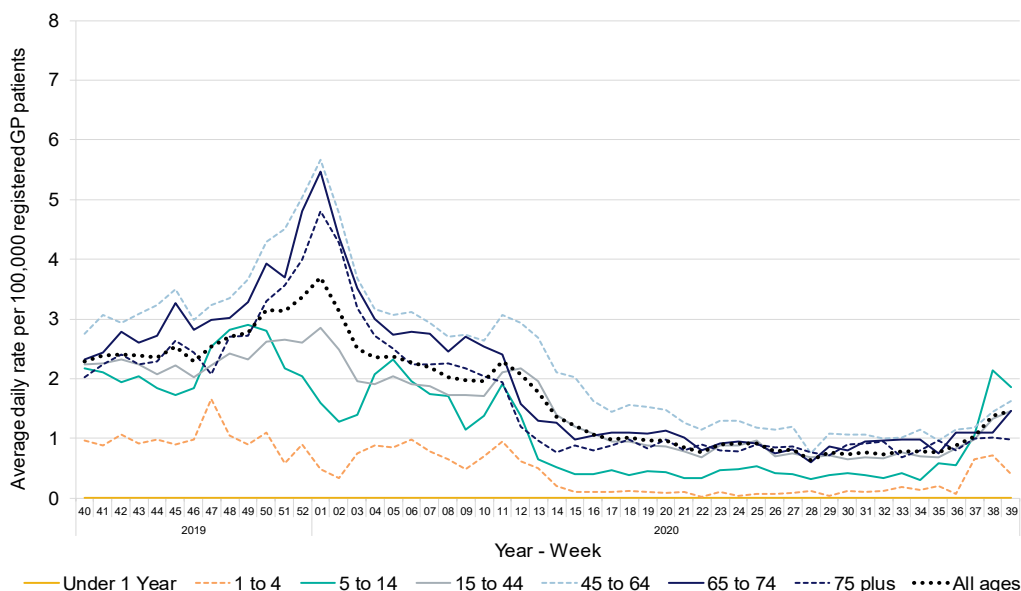
11: Asthma

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



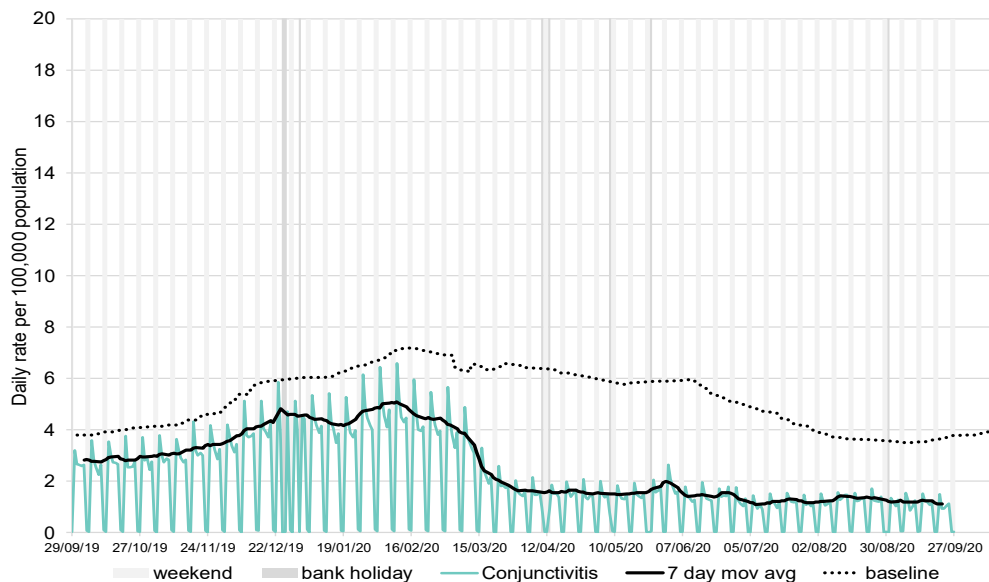
11a: Asthma by age

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).



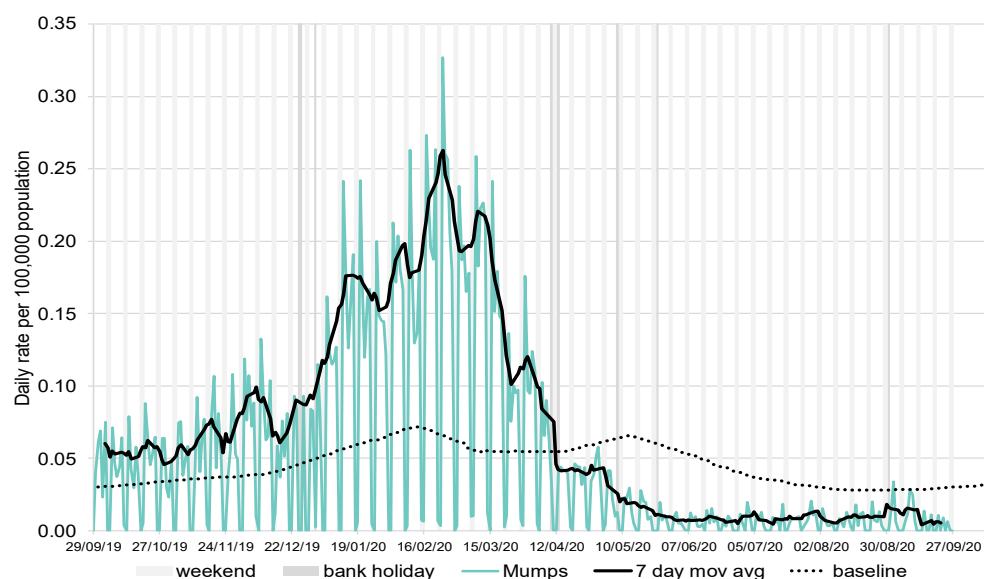
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29 September 2020

Year: 2020 Week: 39

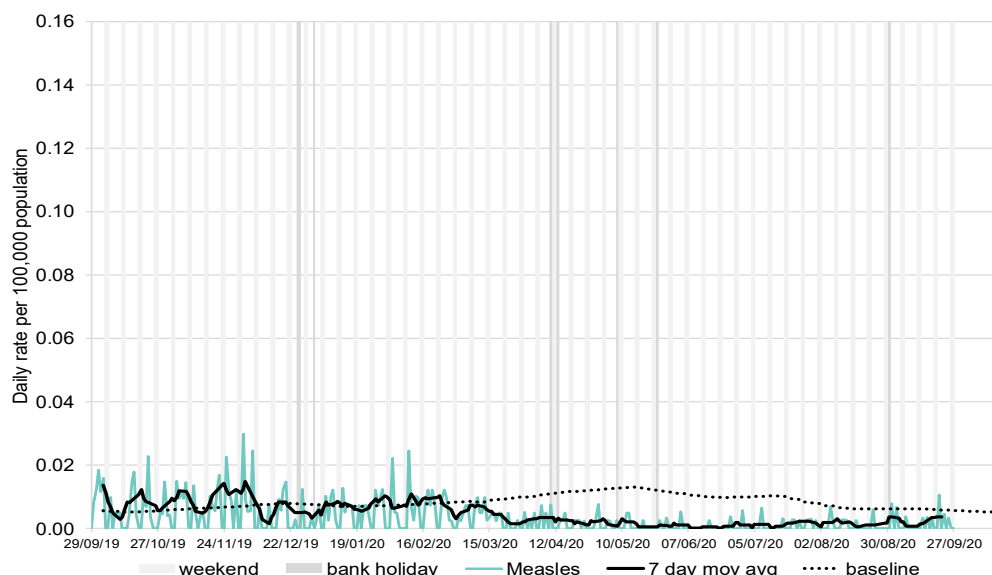
13: Mumps

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



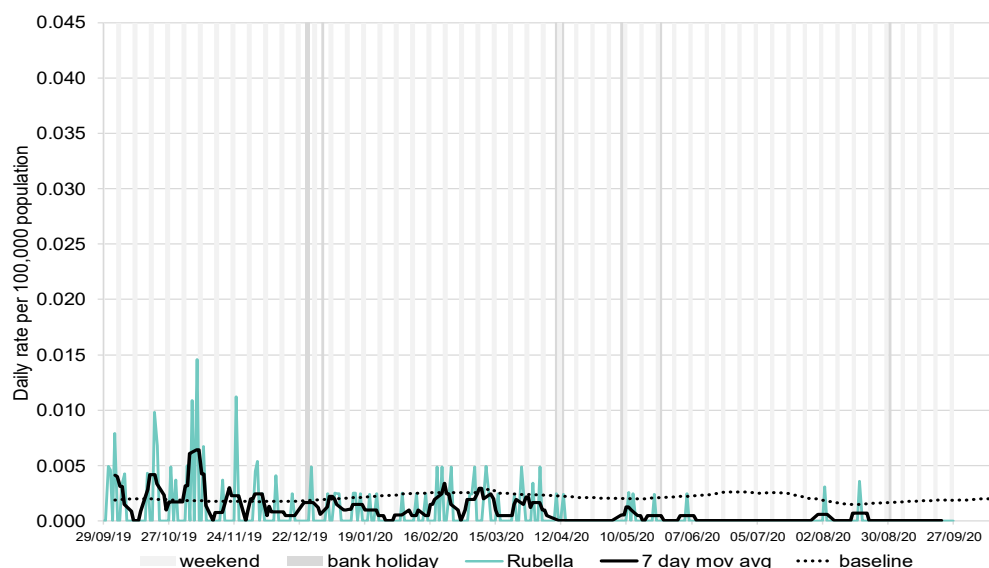
14: Measles

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).



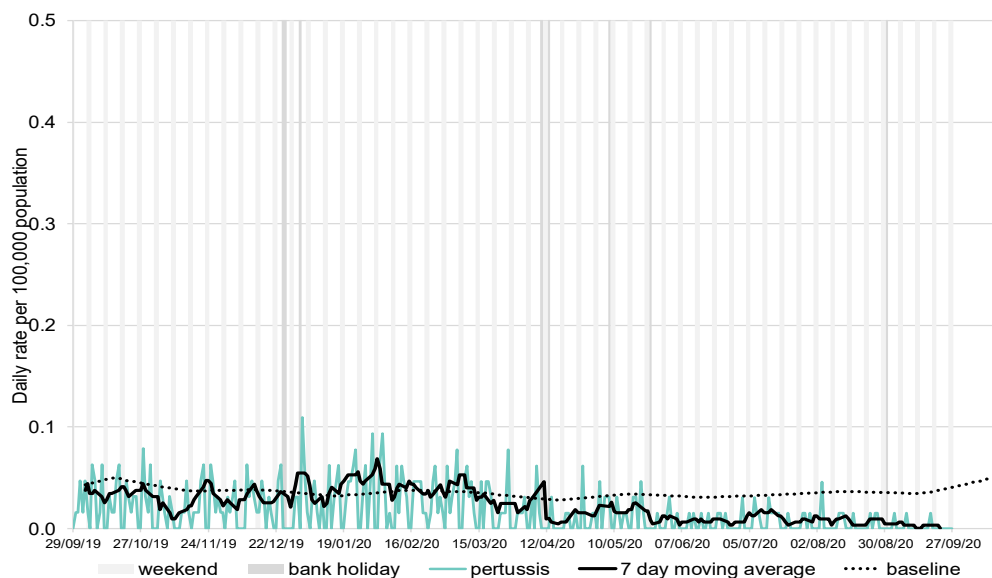
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29 September 2020

Year: 2020 Week: 39

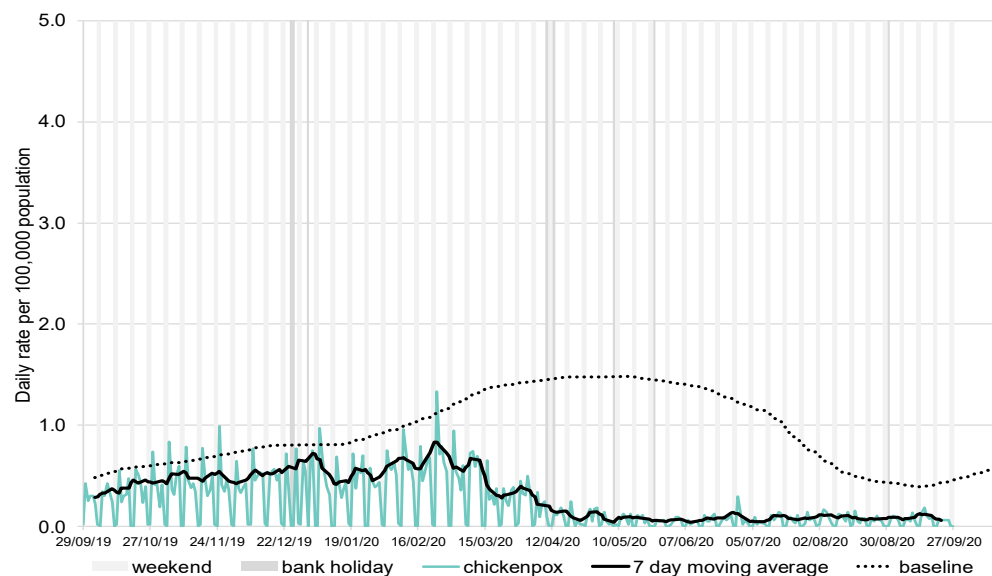
16: Pertussis

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)



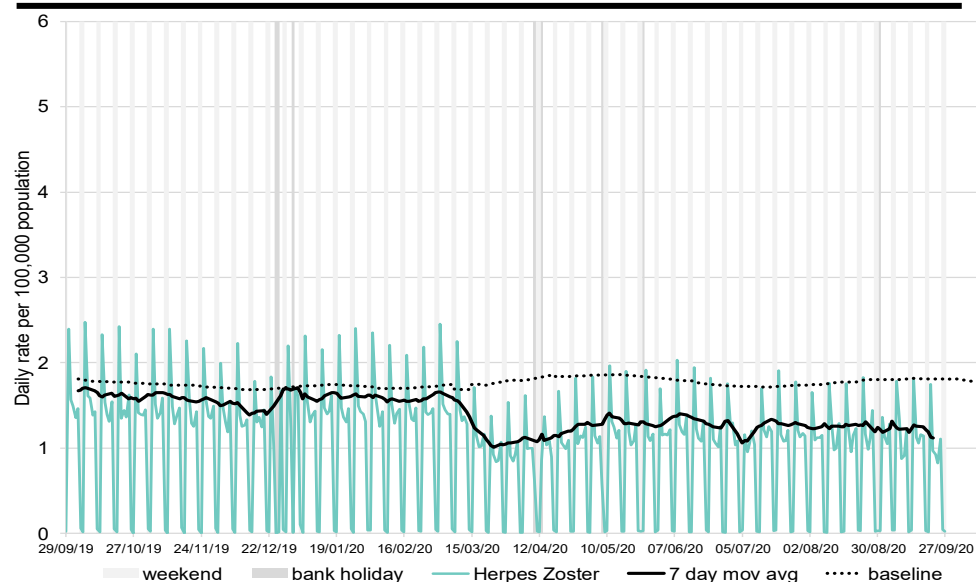
17: Chickenpox

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).



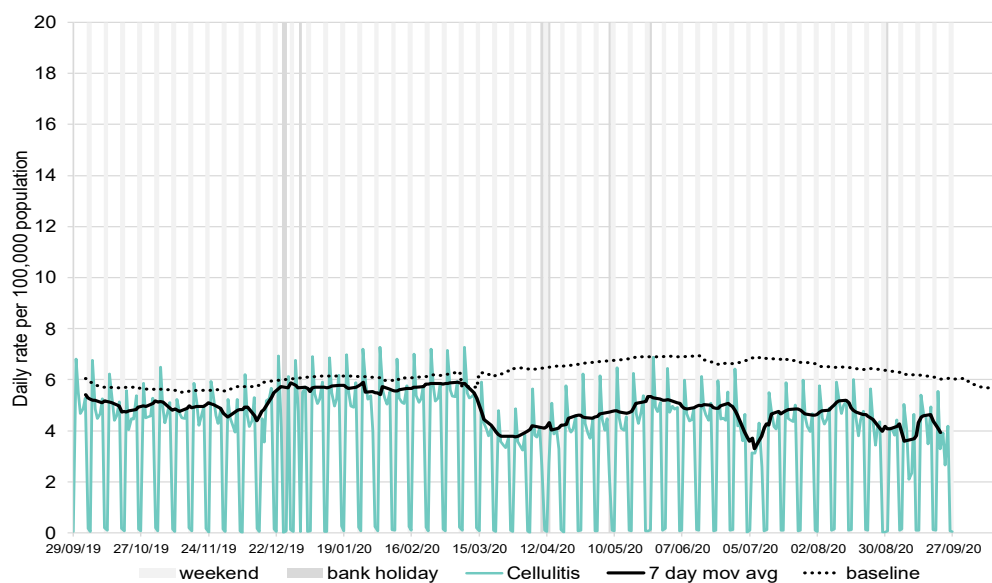
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29 September 2020

Year: 2020 Week: 39

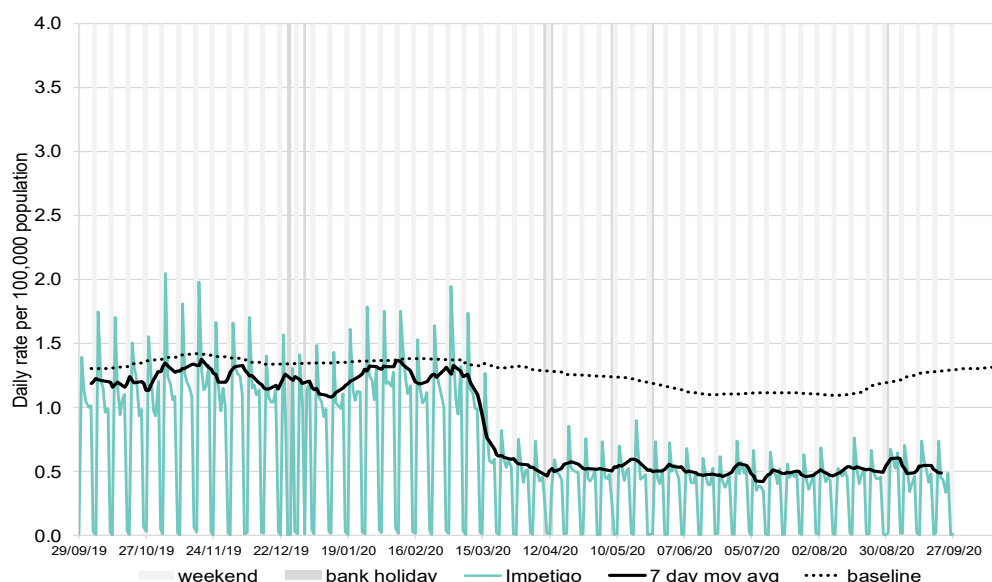
19 Cellulitis

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).



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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>