

### Syndromic Surveillance System: England

### 02 March 2021

Data to:

28 February 2021

During week 8 COVID-19-like consultations were stable (figure 1). Other respiratory consultations remained stable or decreased (figures 3, 6 & 7).

Please note: GPIH reporting will change from Week 14 2021 as we migrate to a new reporting system. Initially, population coverage will decrease and we will no longer provide subnational supplementary data. We will be developing a new reporting system so that we can provide enhanced GP syndromic surveillance outputs for the 2021/22 influenza season. COVID-19-like GP consultations presented in this report are currently based on reporting by one GPIH data provider and therefore a smaller population denominator. All other indicators remain unaffected. During the COVID-19 pandemic, patients with COVID-19 symptoms are generally advised to initially access a COVID-19 test through the national COVID-19 testing programme. This is likely to result in lower numbers of patients accessing health advice as monitored through syndromic surveillance systems. Syndromic data should therefore be interpreted with some caution and in the context of other COVID-19 monitoring data sources. 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 Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance team will be monitoring the impact of cold weather on syndromic surveillance data during this period.

Cold weather alert level (current reporting week): Level 1 - Winter Preparedness http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

### Diagnostic indicators at a glance:

Key messages

Indicator	Trend	Level
COVID-19-like	no trend	-
Upper respiratory tract infection	no trend	below baseline levels
Influenza-like illness	decreasing	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	increasing	below baseline levels
Vomiting	increasing	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
Pneumonia Gastroenteritis Vomiting Diarrhoea Asthma Conjunctivitis Mumps Measles Rubella Pertussis Chickenpox Herpes zoster Cellulitis	increasing increasing increasing no trend no trend	below baseline levels below baseline levels

### GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2021	8	4,260	39.1 million

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

### In This Issue: Key messages.

Diagnostic indicators at a glance.

GP practices and denominator population.

National syndromic indicators.

Notes and further information.

### Wic Health England

### 02 March 2021

## **GP In Hours**

2

Year: 2021 Week: 8

## 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).

**Please note:** based on a single data provider only.

### 1a: COVID-19-like consultations by age group

Daily incidence rate by age group per 100,000 population all England, based on a denominator population of approximately 5.5 million patients).

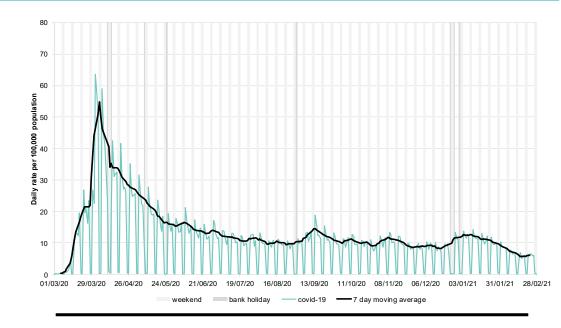
**Please note:** based on a single data provider only

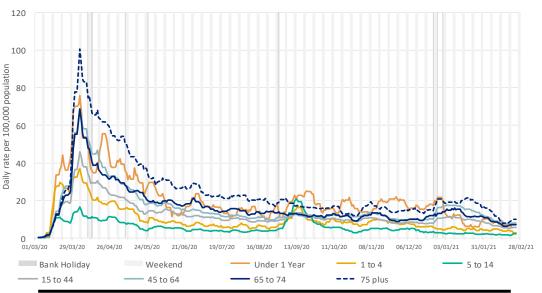
### 1b: COVID-19-like consultations by PHE Centre

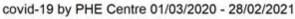
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients).

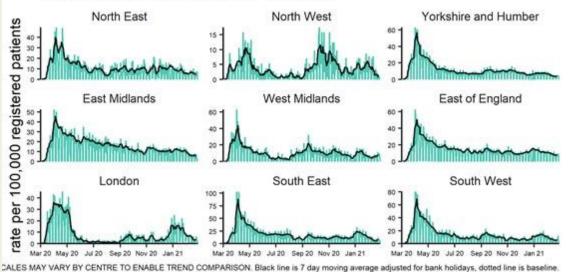
**Please note:** based on a single data provider only

\* 7-day moving average adjusted for bank holidays.









Year: 2021 Week: 8

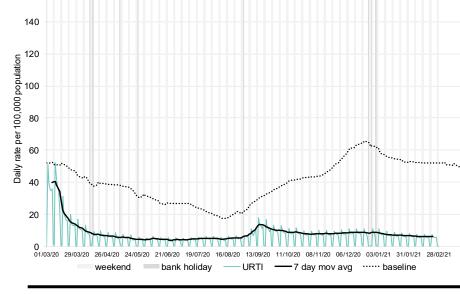


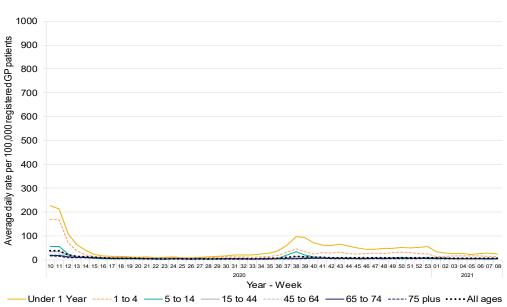
160

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).



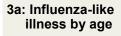




### 02 March 2021

### 3: Influenza-like illness (ILI)

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



3b: Influenza-like

Centre

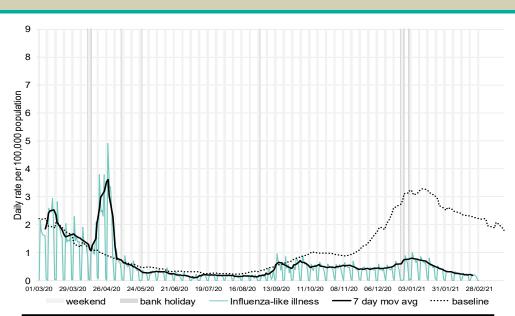
ages).

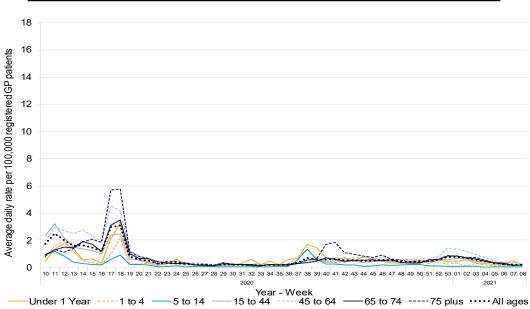
illness by PHE

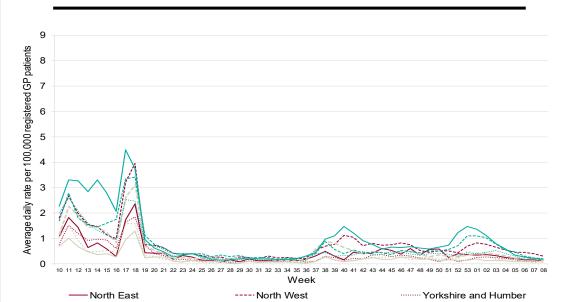
Average daily incidence rate by week per

100,000 population (all

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







--- West Midlands ---- South East

\* 7-day moving average adjusted for bank

adjusted for bank holidays. East Midlands

London

## **GP In Hours**

Year: 2021 Week: 8

······ East of England

South West

### 4: Pharyngitis or scarlet fever

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

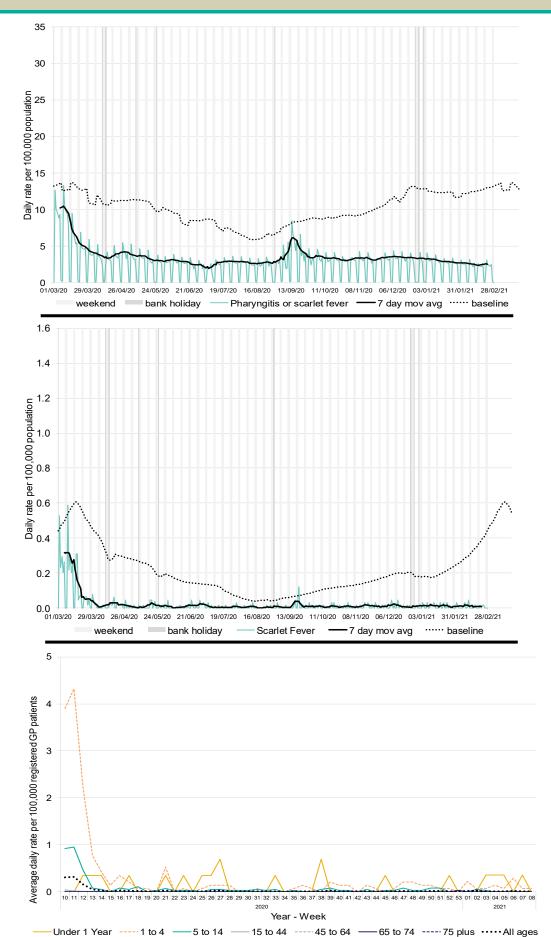


Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients)



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.

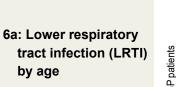


## **GP In Hours**

Year: 2021 Week: 8

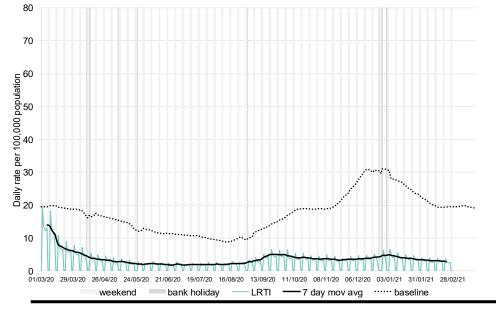


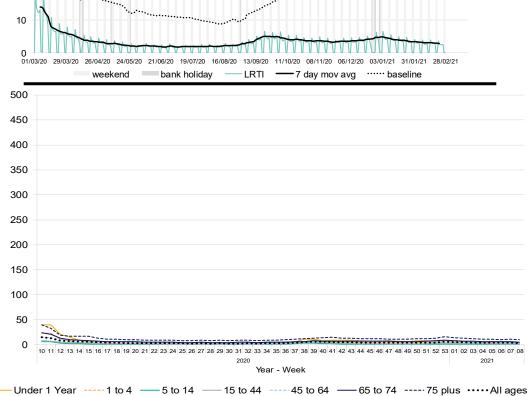
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Average daily incidence rate by week per 100,000 population (all England).







敛 Public Health England

6: Lower respiratory tract infection (LRTI)

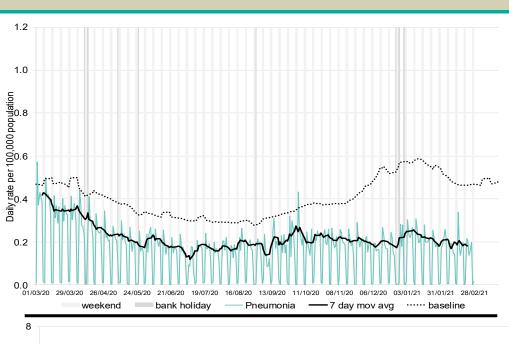
Daily incidence rate

(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).



.....

5 to 14 - 15 to 44 ----- 45 to 64 - 65 to 74 ----- 75 plus •••••• All ages

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 01 02 03 04 05 06 07 06

Year - Week

2020

### 7a: Pneumonia by age

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

7

6

5

4

3

2

1

0

.....

.....

Under 1 Year ----- 1 to 4

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## **GP In Hours**

Year: 2021 Week: 8



2021

40

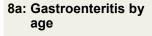
35

5

200

### 8: Gastroenteritis

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

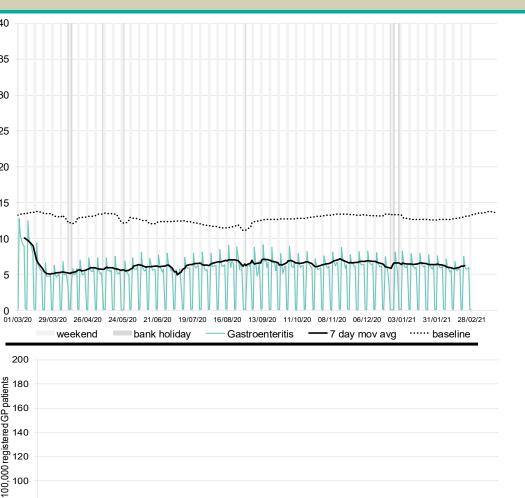


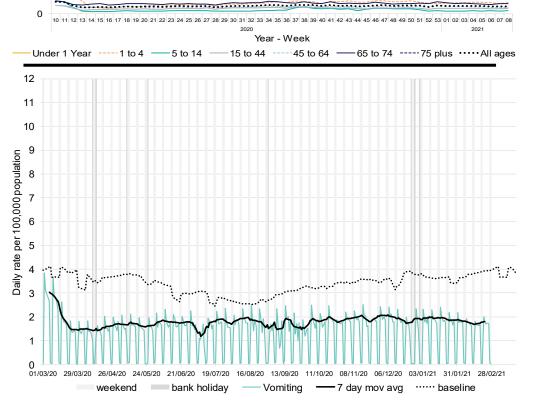
Average daily incidence rate by week per 100,000 population (all England).



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

\* 7-day moving average adjusted for bank holidays.





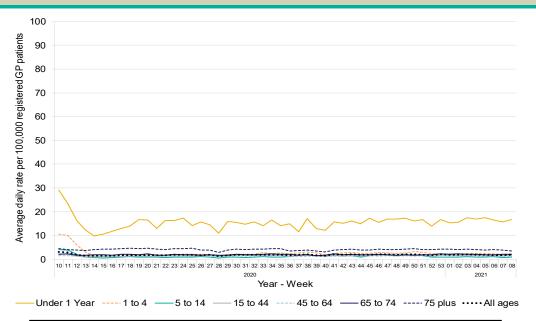
## **GP In Hours**

### Public Health England

### 02 March 2021

### 9a: Vomiting by age

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

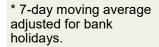


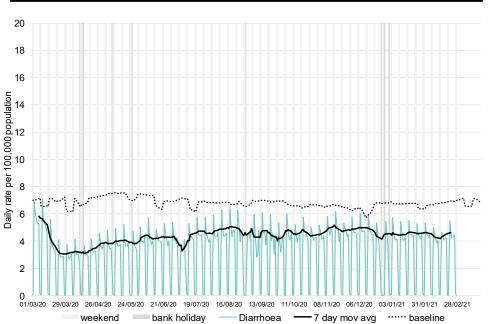
### 10: Diarrhoea

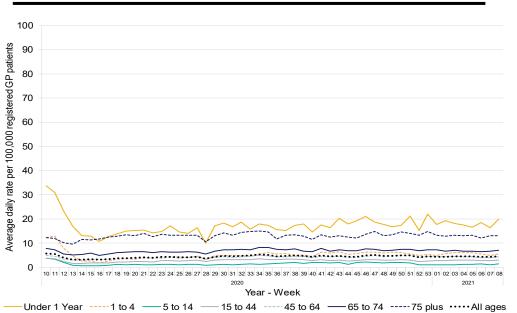
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).



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







## **GP In Hours**

Year: 2021 Week: 8

6

5

Daily rate per 100,000 population

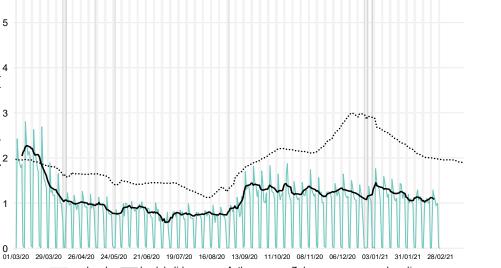
1

weekend

bank holiday

### 11: Asthma

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



7 day mov avq

### 11a: Asthma by age

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

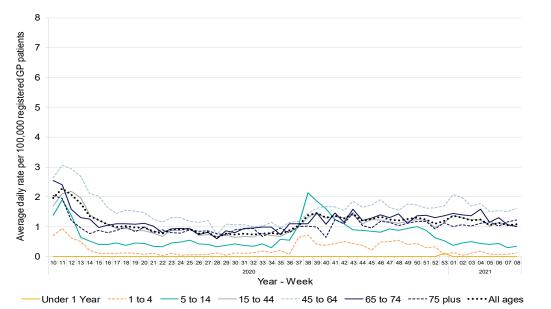
### 12: Conjunctivitis

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

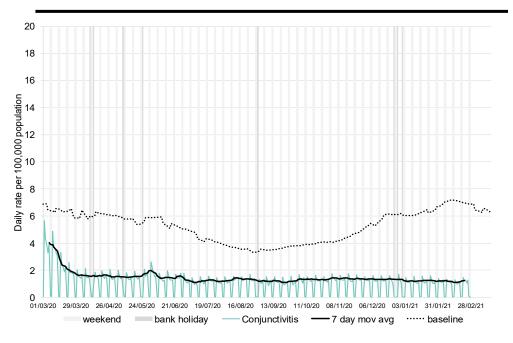
\* 7-day moving average adjusted for bank holidays.



····· baseline



Asthma



### 13: Mumps

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

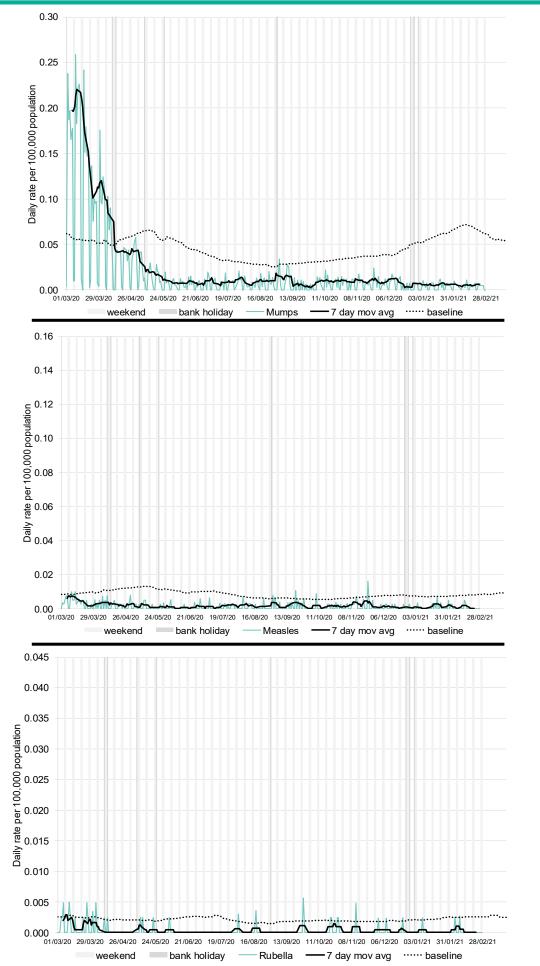
### 14: Measles

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



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

\* 7-day moving average adjusted for bank holidays.



## **GP In Hours**

Year: 2021 Week: 8

0.5

0.4

Daily rate per 100,000 population

0.1

### 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)

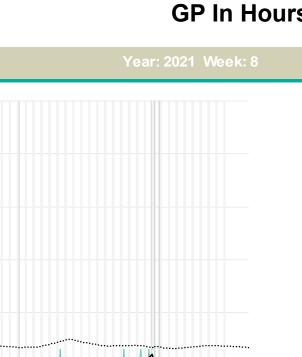
### 17: Chickenpox

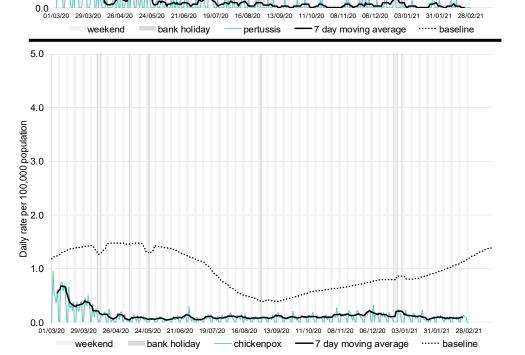
Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, based on a denominator population of approximately 5.5 million patients)

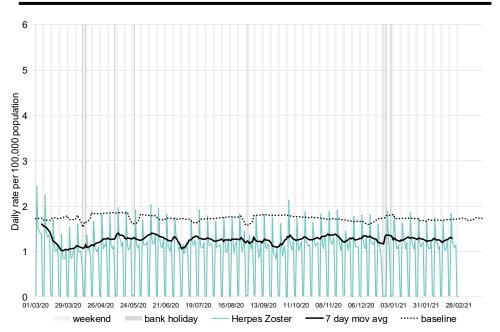


Daily incidence rate (and 7-day moving average\*) per 100,000 population (all England, all ages).

\* 7-day moving average adjusted for bank holidays.







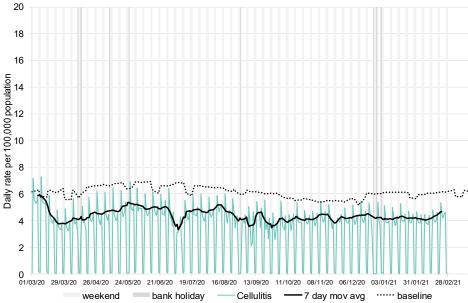
## **GP In Hours**

## **GP In Hours**

Year: 2021 Week: 8

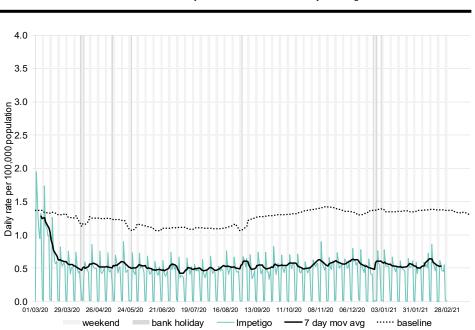
### **19 Cellulitis**

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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14

02 March 2021	Year: 2021 Week: 8
Notes and further information	<ul> <li>The PHE GP in hours surveillance system is a syndromic surveillance system monitoring community-based morbidity recorded by GP practices.</li> </ul>
	• 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 along with analysis by age group, and anything deemed of public health importance is alerted.
	• 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 however they currently exclude data from 2020 due to the COVID-19 pandemic affecting GP services and patient health care seeking behaviour.
COVID-19 consultations	<ul> <li>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.</li> </ul>
	<ul> <li>The GPIH surveillance system monitors the use of these codes in a selection of TPP and EMIS practices across England.</li> </ul>
	<ul> <li>However, patients presenting with COVID-19 symptoms may be diagnosed using other clinical codes used by the GP.</li> </ul>
	• 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.
	<ul> <li>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).</li> </ul>
	<ul> <li>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.</li> </ul>
	• 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 <sup>®</sup> 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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