



14 April 2021

Year: 2021 Week: 14

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Key messages

data to

05/04/2021

During week 14 COVID-19-like consultations were stable (figure 1). Consultations for lower respiratory tract infections continued to increase (figures 6 & 6a). Both upper and lower respiratory tract infection consultations are increasing in infants under 1 year (figures 2a & 6a).

Please note: GPIH reporting changed from week 13. Population coverage has decreased and sub-national supplementary data cannot yet be provided. We are developing a new reporting system so that we can provide enhanced GP syndromic surveillance outputs for the 2021/22 influenza season.

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.

Diagnostic indicators at a glance:

Indicator	Trend	Level
COVID-19-like	no trend	similar to baseline levels
Upper respiratory tract infection	no trend	similar to baseline levels
Influenza-like illness	no trend	similar to baseline levels
Pharyngitis	decreasing	similar to baseline levels
Scarlet fever	no trend	below baseline levels
Lower respiratory tract infection	increasing	similar to baseline levels
Pneumonia	no trend	similar to baseline levels
Gastroenteritis	no trend	similar to baseline levels
Vomiting	no trend	similar to baseline levels
Diarrhoea	decreasing	similar to baseline levels
Asthma	increasing	above baseline levels
Conjunctivitis	no trend	similar to baseline levels
Mumps	no trend	similar to baseline levels
Measles	no trend	below baseline levels
Whooping cough	no trend	similar to baseline levels
Chickenpox	no trend	below baseline levels
Herpes zoster	increasing	similar to baseline levels
Cellulitis	no trend	similar to baseline levels
Impetigo	no trend	similar to baseline levels

GP practices and denominator population:

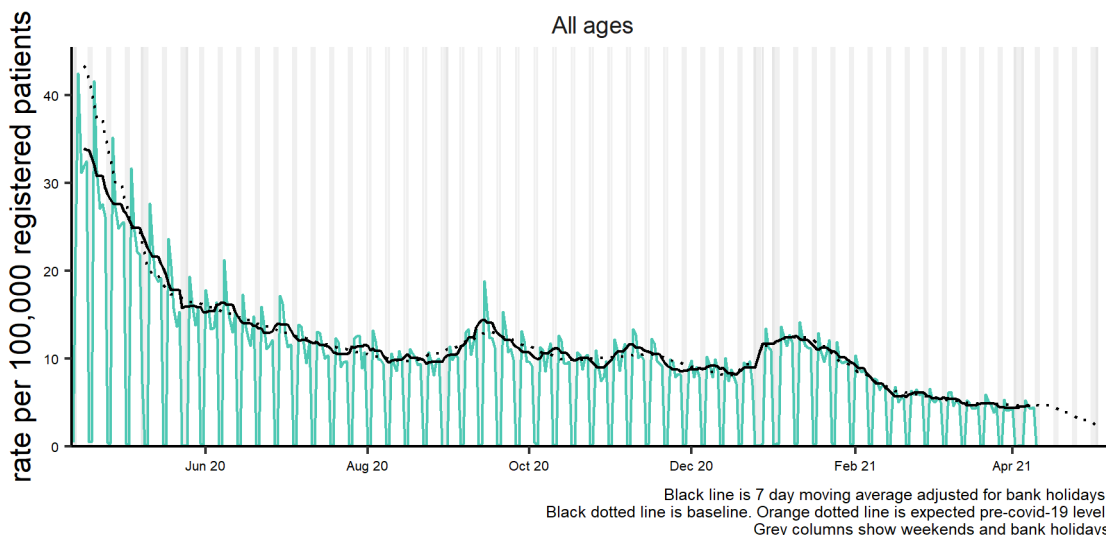
Year	Week	GP Practices Reporting**	Population size**
2021	14	677	6.6 million

**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).

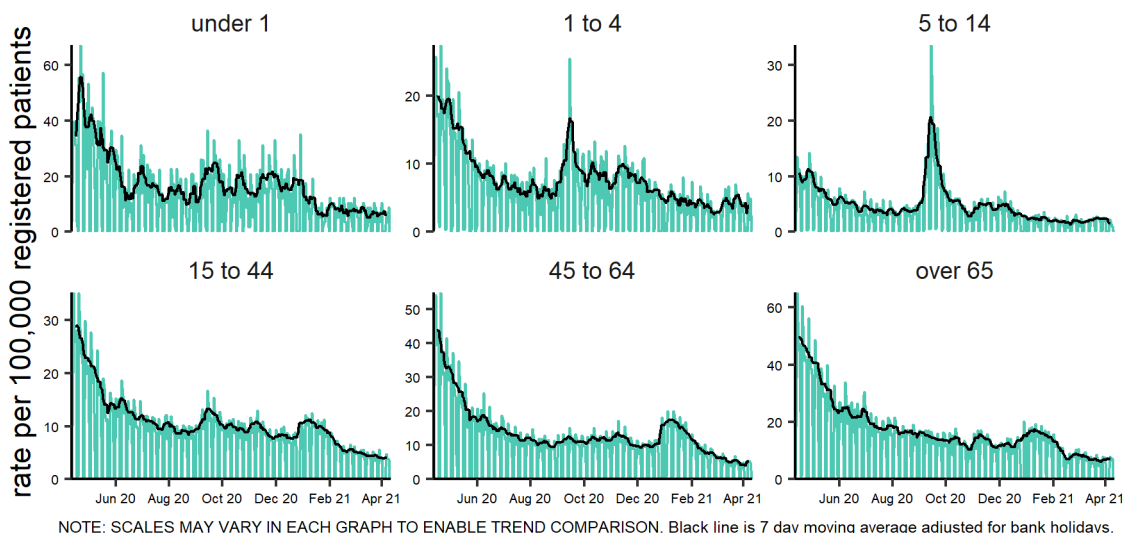
Covid-19-like 12/04/2020 - 11/04/2021



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

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

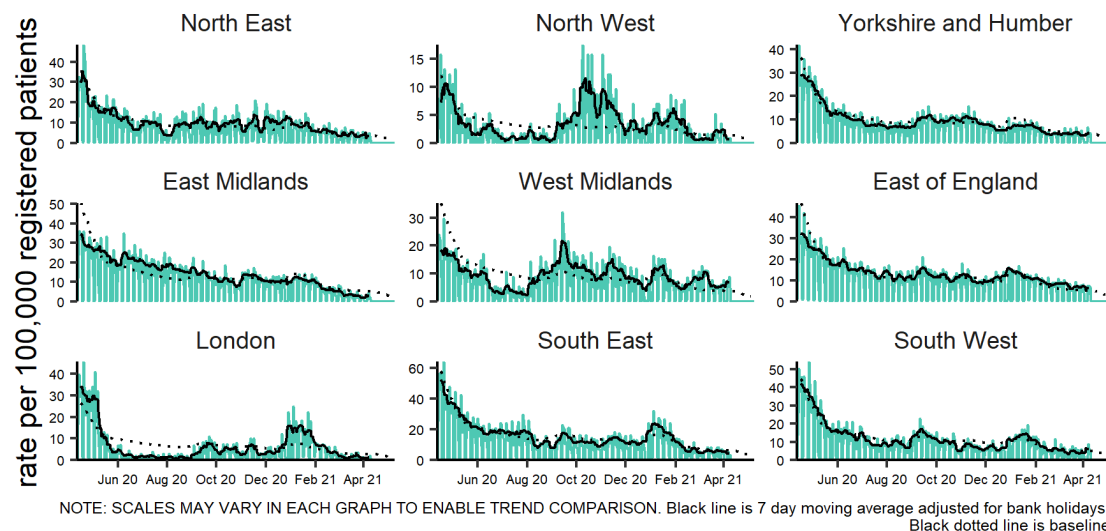
Covid-19-like by age group (years) 12/04/2020 - 11/04/2021



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

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

Covid-19-like by PHE centre 12/04/2020 - 11/04/2021



* 7-day moving average adjusted for bank holidays.

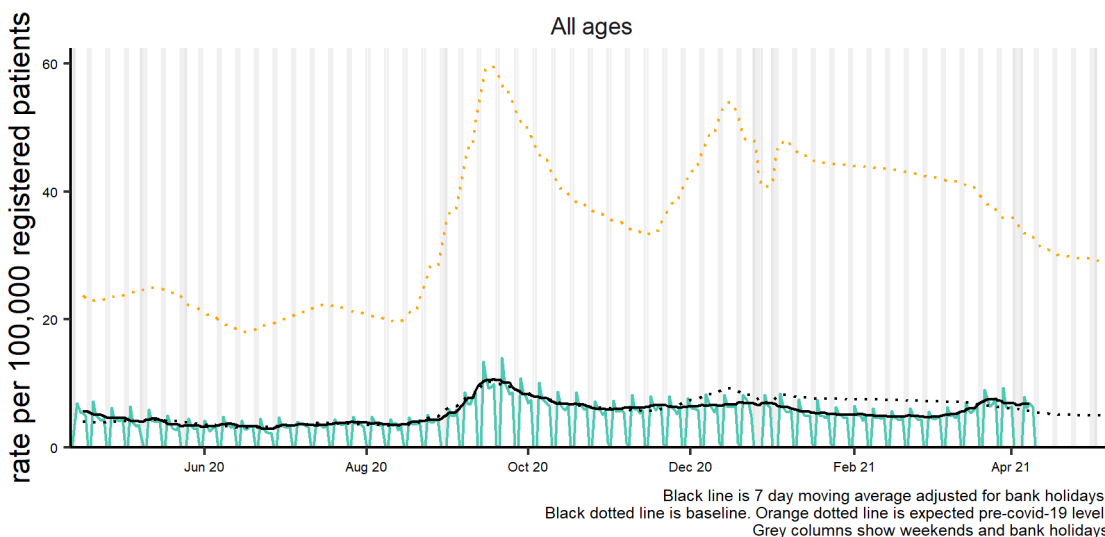
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2: Upper respiratory tract infection (URTI)

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

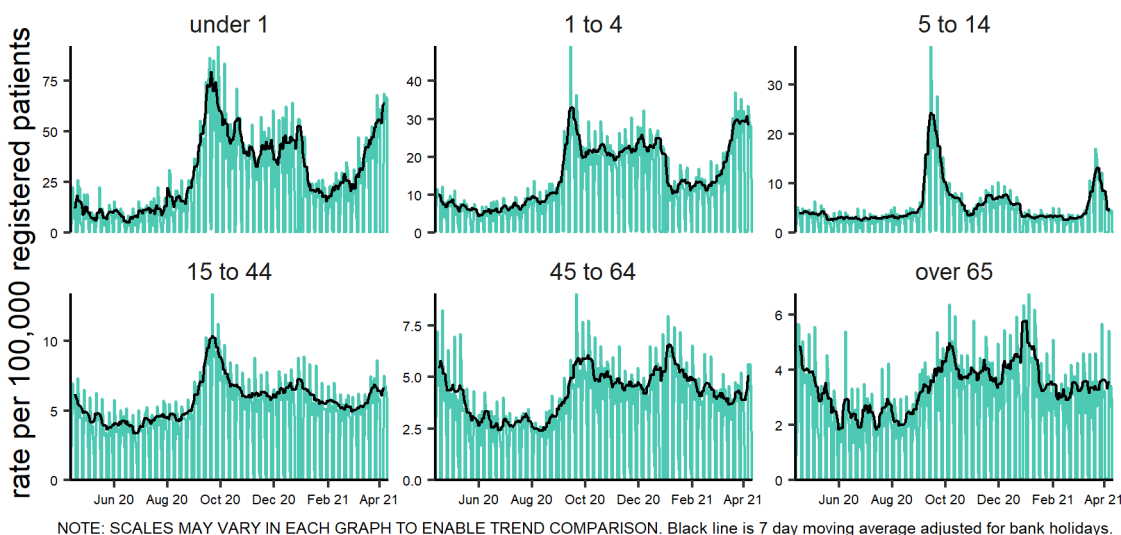
Upper respiratory tract infection 12/04/2020 - 11/04/2021



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

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

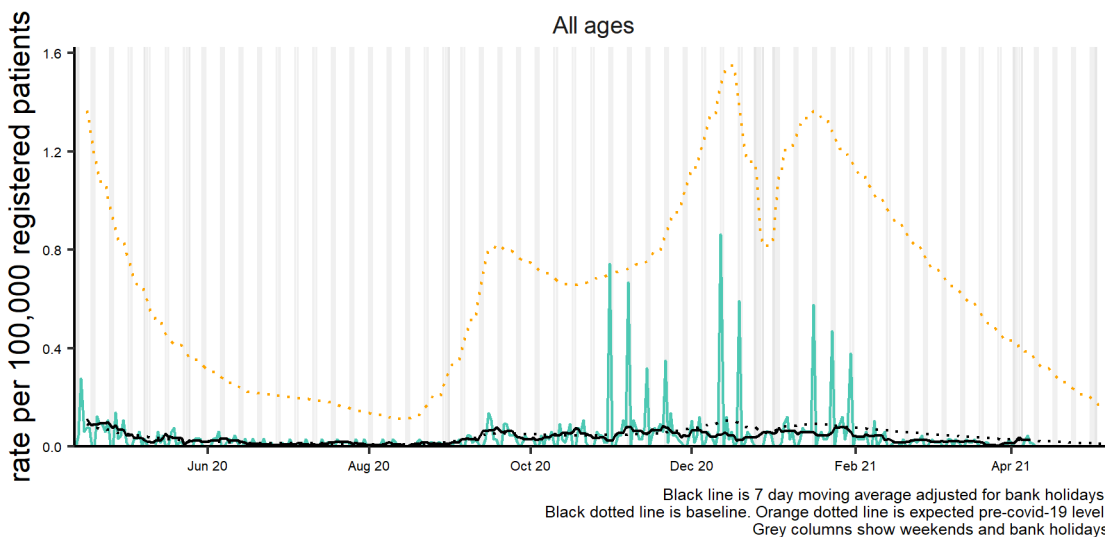
Upper respiratory tract infection by age group (years) 12/04/2020 - 11/04/2021



3: Influenza-like illness (ILI)

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

Influenza-like illness 12/04/2020 - 11/04/2021



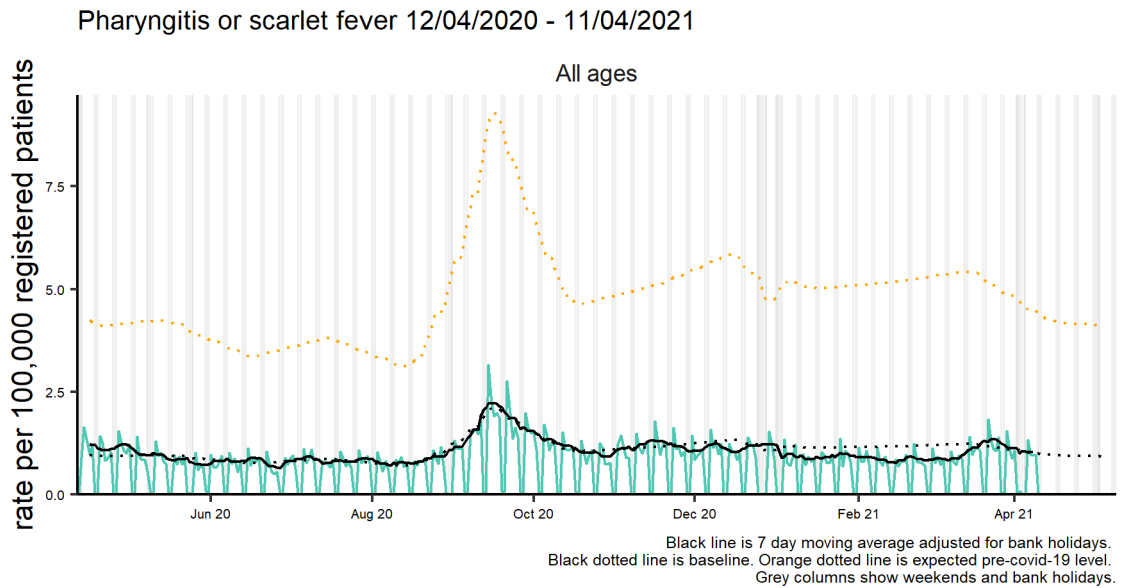
* 7-day moving average adjusted for bank holidays.

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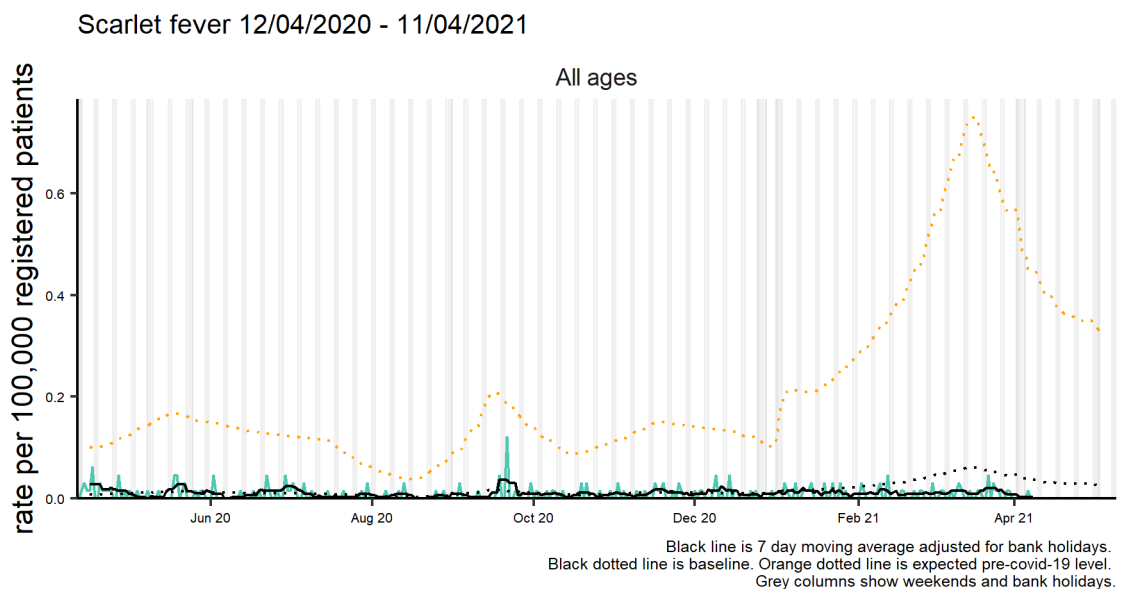
4: Pharyngitis or scarlet fever

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, all ages).



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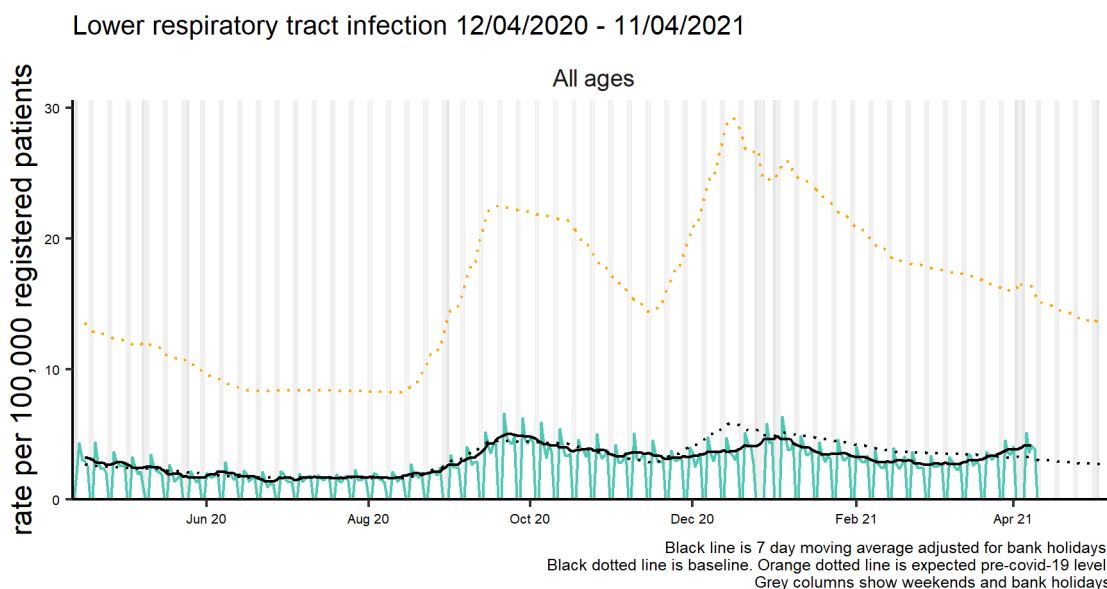
* 7-day moving average adjusted for bank holidays.

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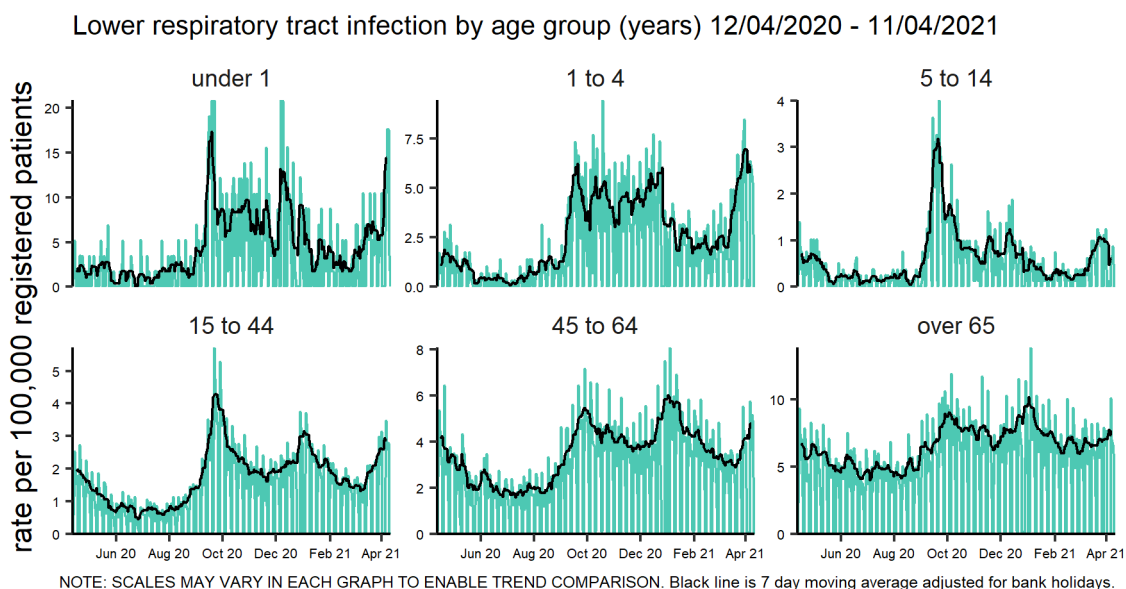
6: Lower respiratory tract infection (LRTI)

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



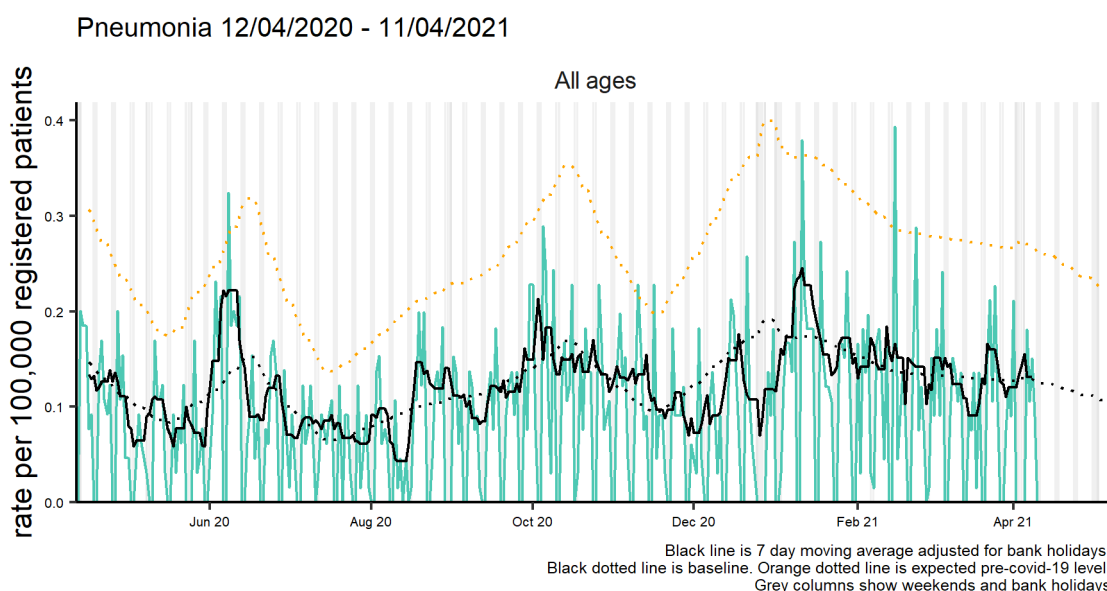
6a: Lower respiratory tract infection (LRTI) by age

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



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.

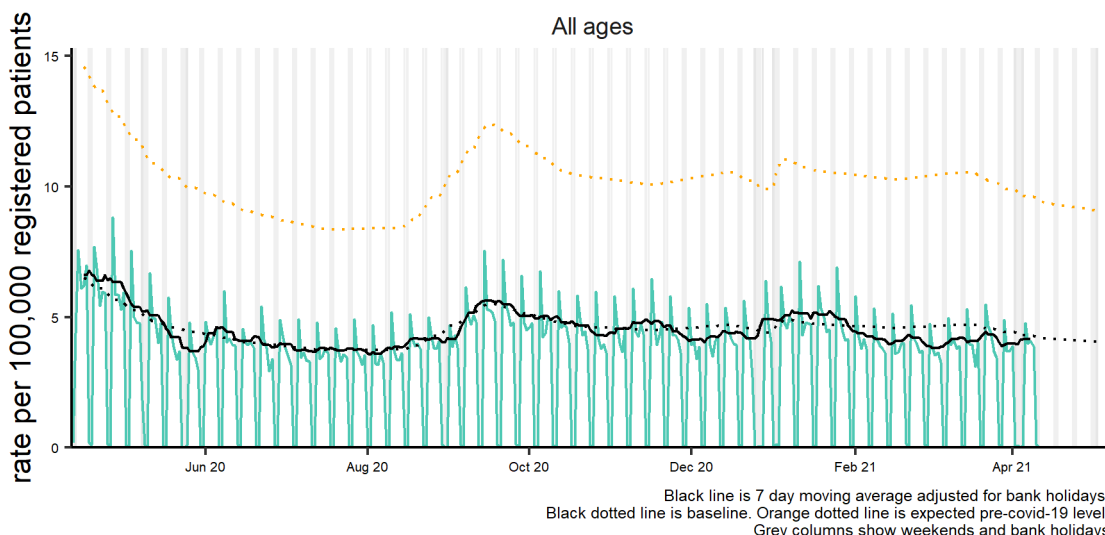
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8: Gastroenteritis

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

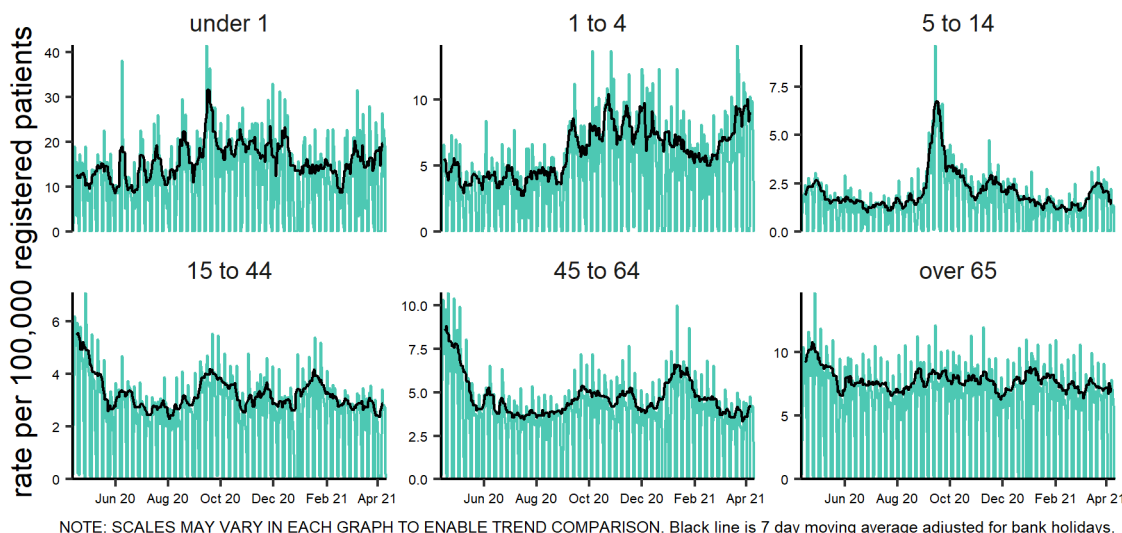
Gastroenteritis 12/04/2020 - 11/04/2021



8a: Gastroenteritis by age

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

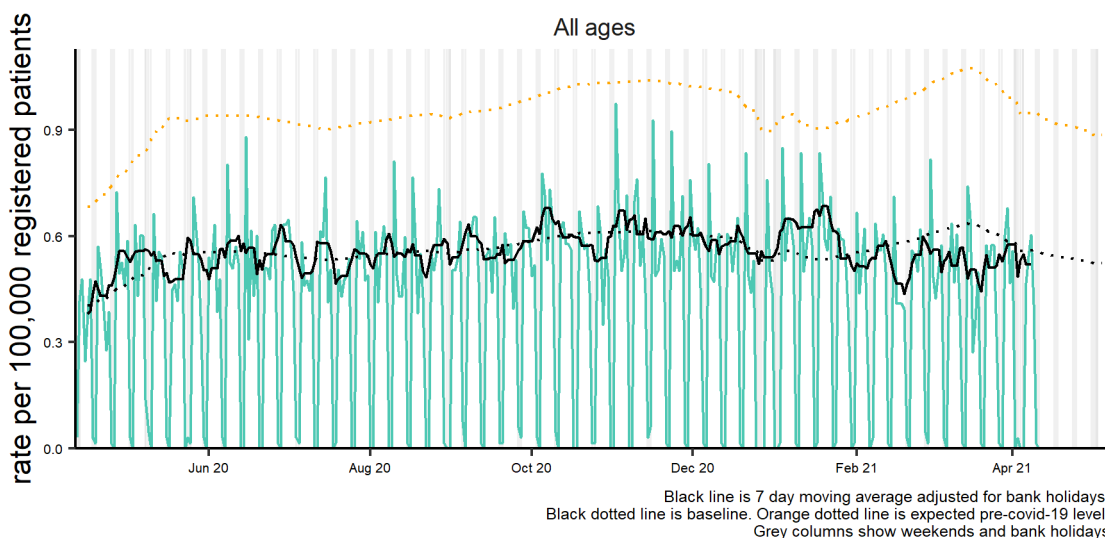
Gastroenteritis by age group (years) 12/04/2020 - 11/04/2021



9: Vomiting

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

Vomiting 12/04/2020 - 11/04/2021



* 7-day moving average adjusted for bank holidays.

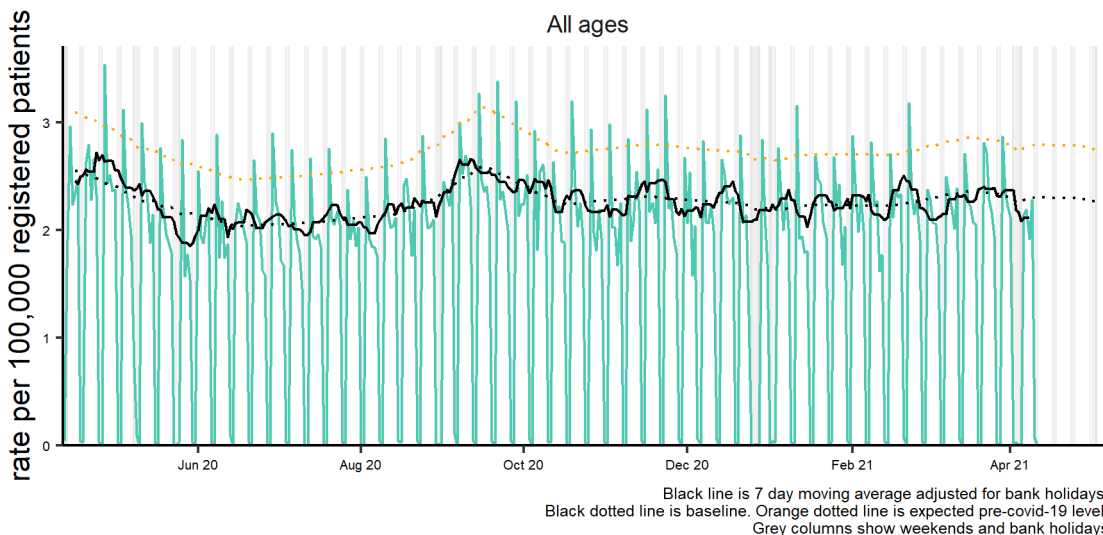
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10: Diarrhoea

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

Diarrhoea 12/04/2020 - 11/04/2021



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* 7-day moving average adjusted for bank holidays.

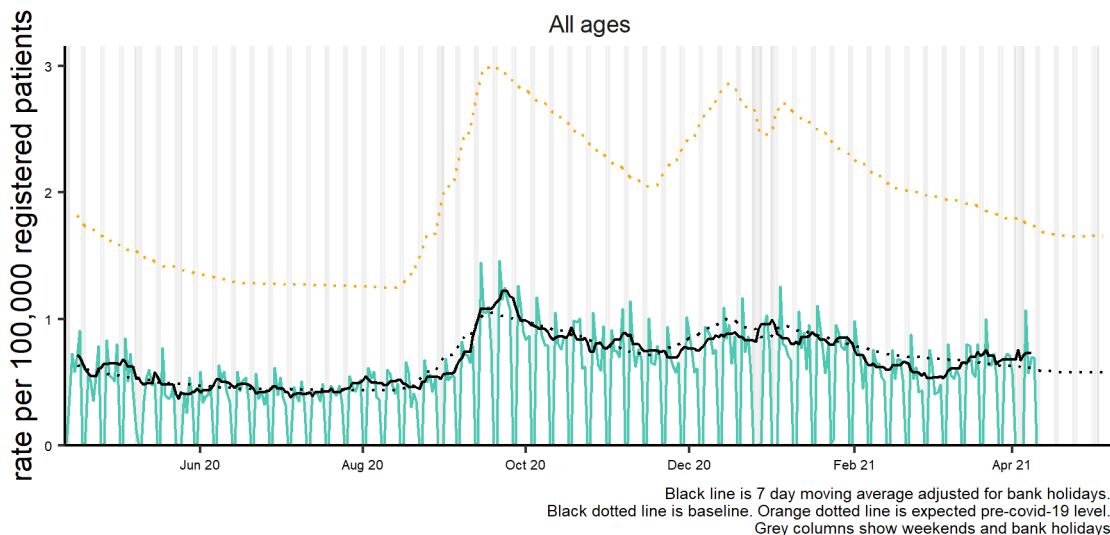
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11: Asthma

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

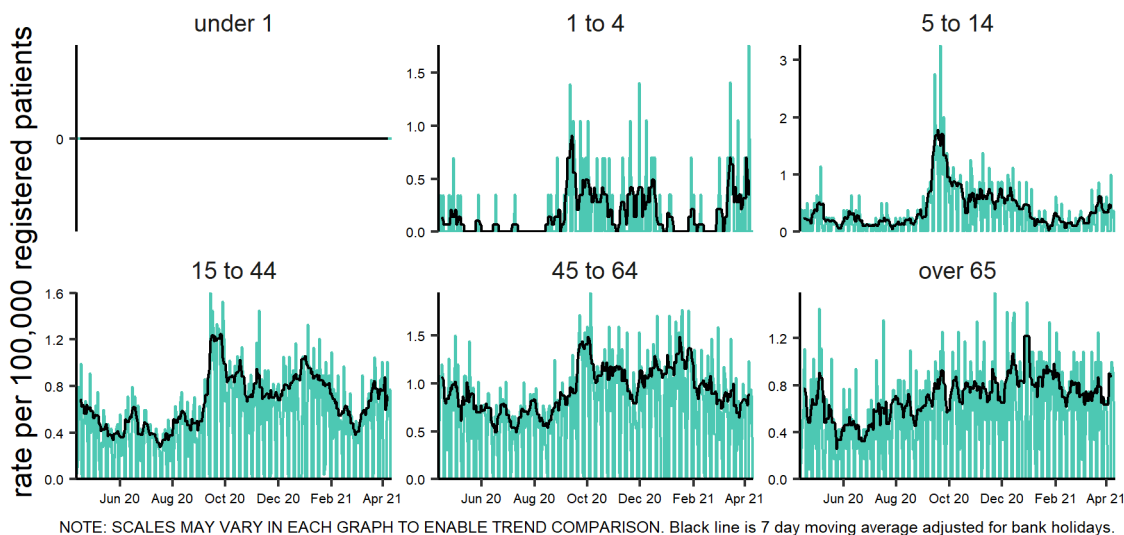
Acute presenting asthma 12/04/2020 - 11/04/2021



11a: Asthma by age

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

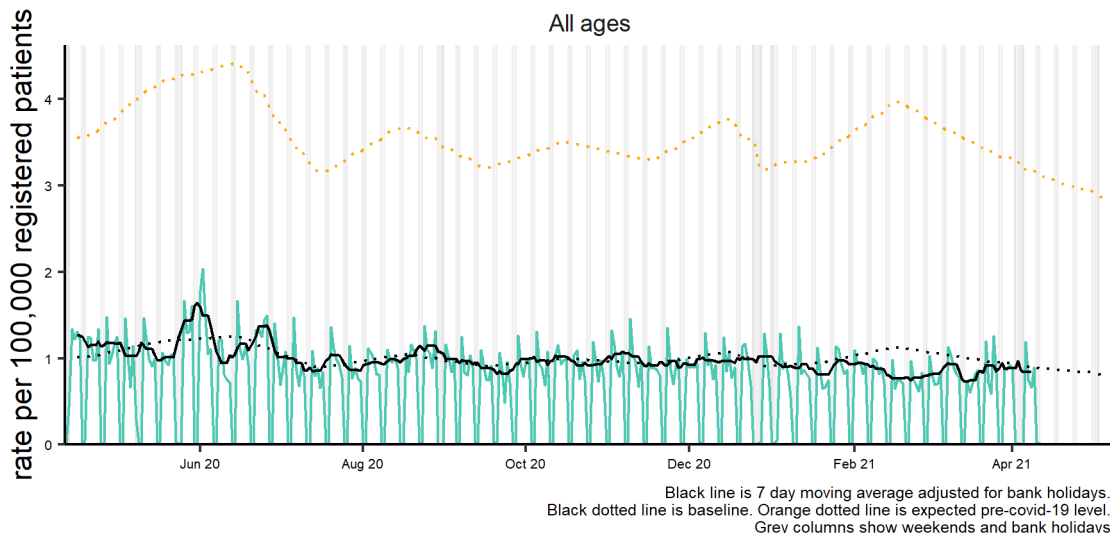
Acute presenting asthma by age group (years) 12/04/2020 - 11/04/2021



12: Conjunctivitis

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

Conjunctivitis 12/04/2020 - 11/04/2021



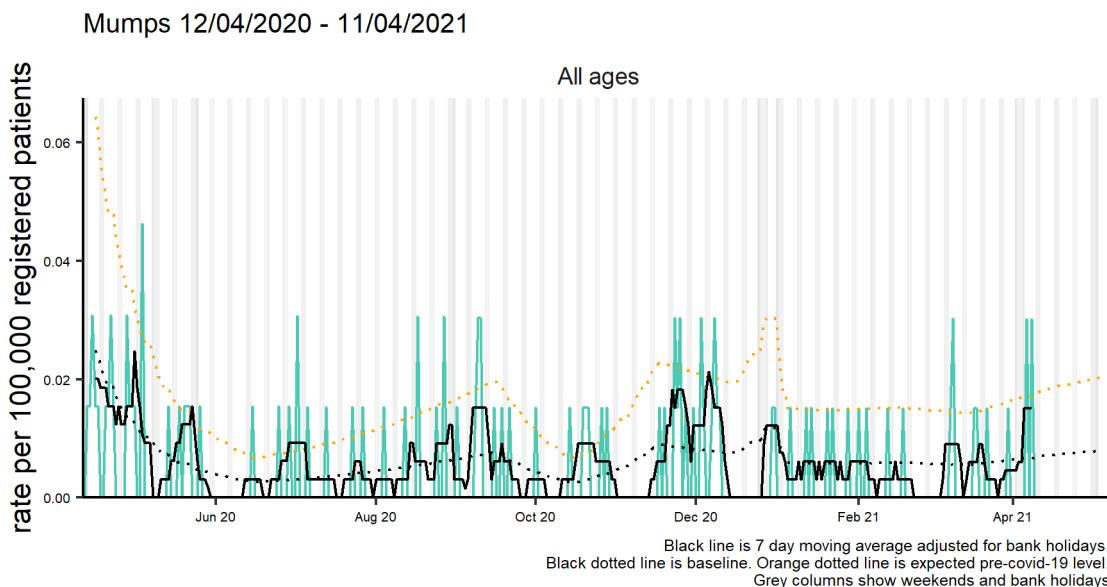
* 7-day moving average adjusted for bank holidays.

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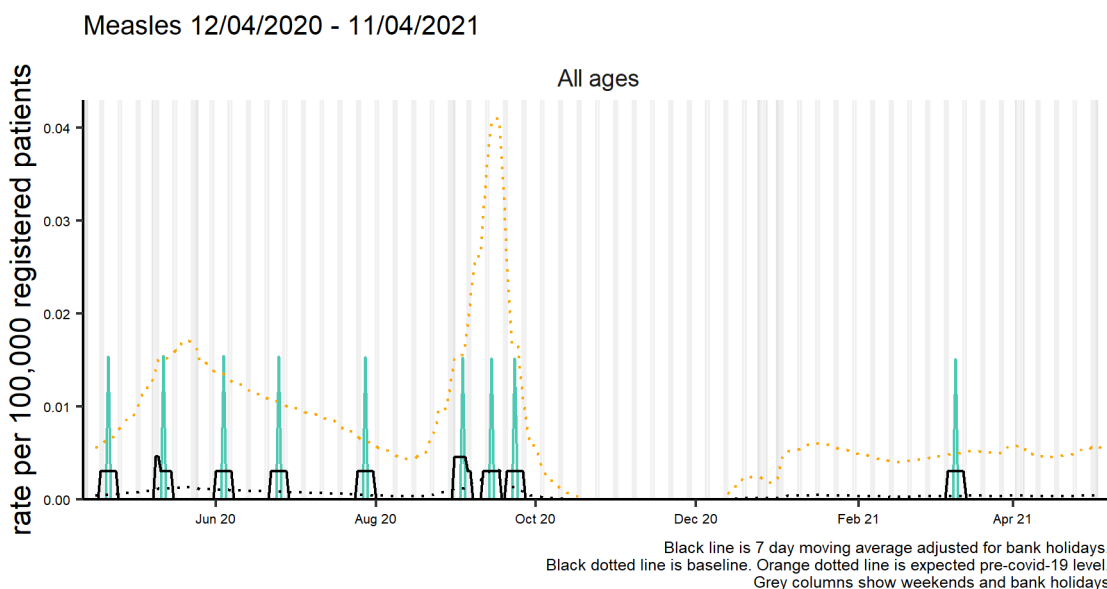
13: Mumps

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).



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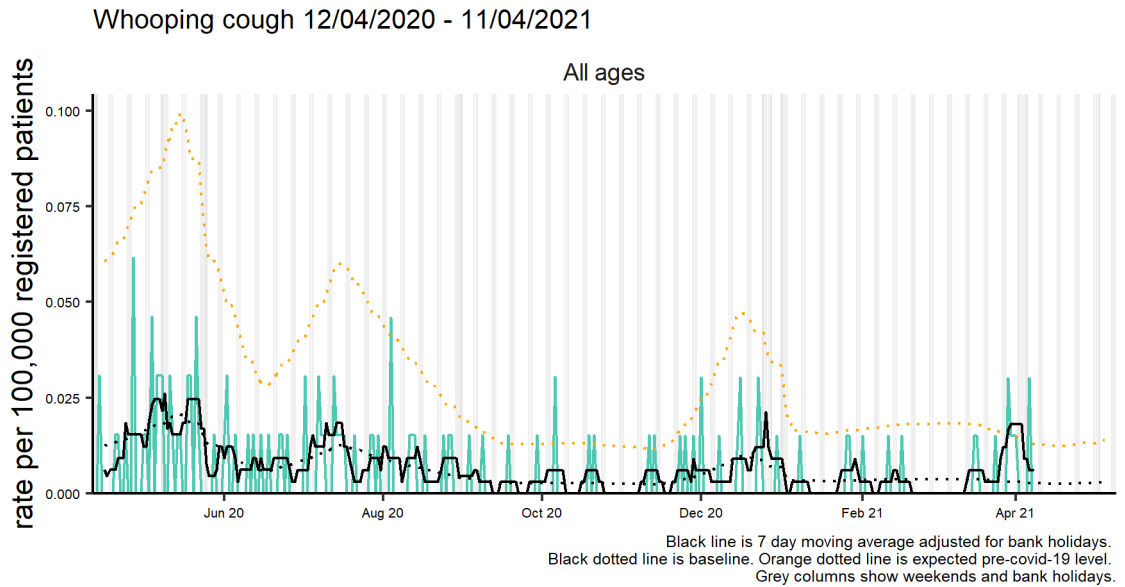
* 7-day moving average adjusted for bank holidays.

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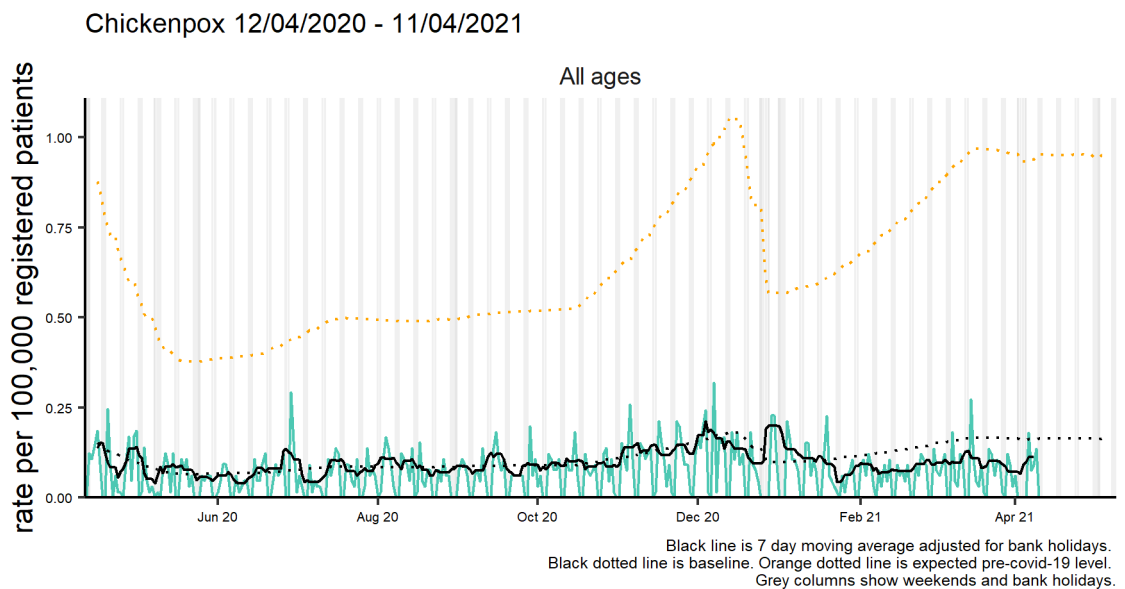
16: Whooping cough

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



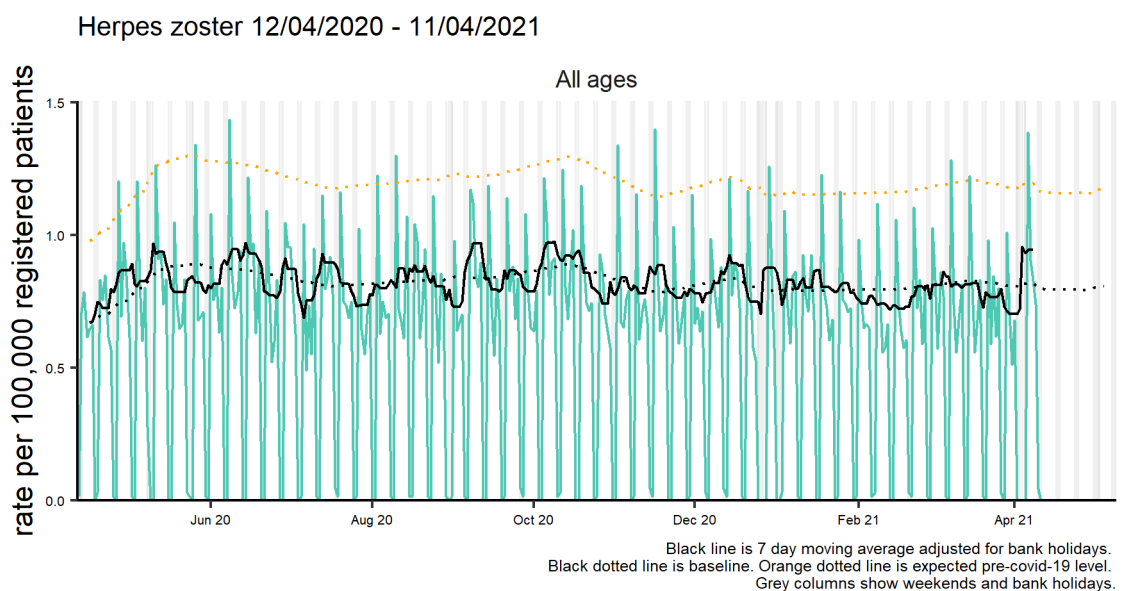
17: Chickenpox

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



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.

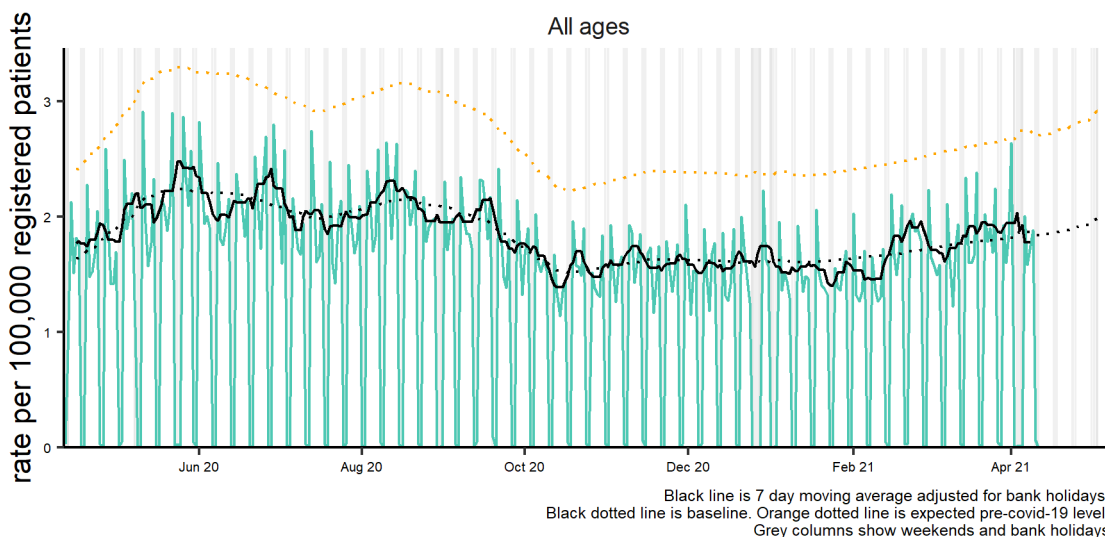
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19 Cellulitis

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

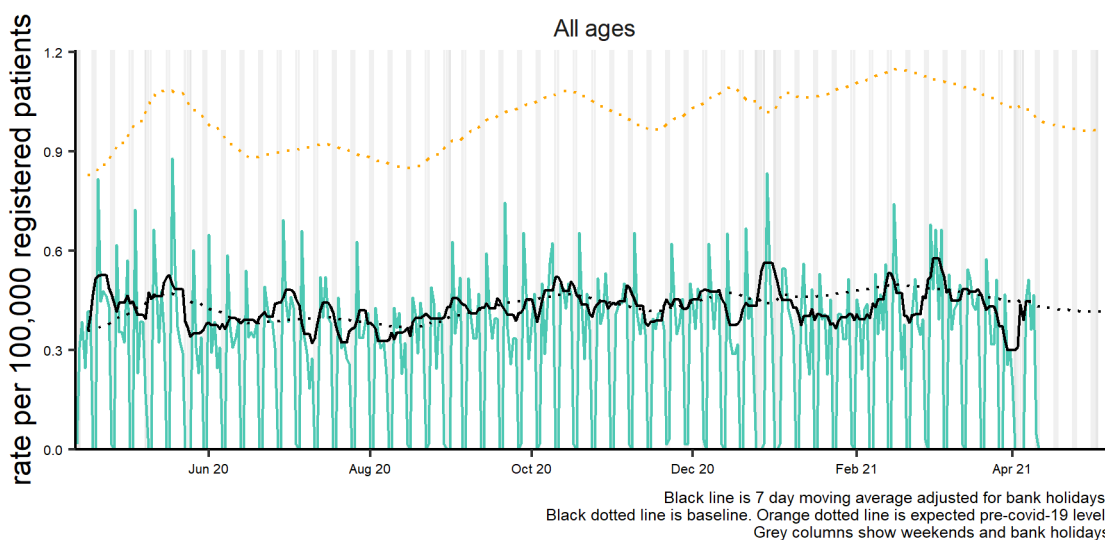
Cellulitis 12/04/2020 - 11/04/2021



20: Impetigo

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

Impetigo 12/04/2020 - 11/04/2021



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* 7-day moving average adjusted for bank holidays.

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Notes and further information

- The PHE GP in hours surveillance system monitors the number of visits to general practitioners (GP) during regular surgery hours for known clinical indicators.
- This system captures anonymised GP morbidity data TPP SystemOneGP clinical software system including approximately 12% of the England population.
- Baselines are modelled from historical data to give current seasonally expected levels. GP consultations rates decreased during 2020 due to changes in guidance on accessing health care, therefore separate modelled estimates are provided to show seasonally expected levels pre-covid-19.
- Each day, syndromic surveillance data are interrogated by a statistical algorithm to detect statistically significant exceedances (compared to baselines derived from historical data) in syndromic signals e.g. 'influenza-like illness GP consultations in London'. Each statistical exceedance is risk assessed by the ReSST using a published framework. Following the risk assessment, any exceedances requiring further action are communicated to relevant PHE colleagues for investigation. Further information about the methodology is available:
 1. Morbey RA et al. The application of a novel rising activity, multi-level mixed effects, indicator emphasis' (RAMMIE) method for syndromic surveillance in England. *Bioinformatics* 2015;31: 3660-3665. 10.1093/bioinformatics/btv418
 2. Smith GE et al. Novel public health risk assessment process developed to support syndromic surveillance for the 2012 Olympic and Paralympic Games. *Journal of Public Health (Oxford)* 2017;39: e111-e117. 10.1093/pubmed/fdw054

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 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.
- All indicator trends reported here 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.

Acknowledgements:

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

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GP In Hours Syndromic Surveillance System Bulletin.

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Web: <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>