Public Health England

GP In Hours

Syndromic Surveillance System: England

07 June 2021 **Year: 2021 Week: 22**

In This Issue:

Key messages

data to **06/06/2021**

During week 22, COVID-19 consultations remained stable (figure 1). Consultations for both upper and lower respiratory tract infections continued to increase in children under 5 years (figures 2a, 6 & 6a). Gastroenteritis also increased in week 22, particularly in the under 5 years age groups (figures 8 & 8a). Consultations for heat/sunstroke increased in line with the recent warm weather (figure 22).

Please note: 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.

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/

Diagnostic indicators at a glance:

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

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2021	22	677	6.6 million

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

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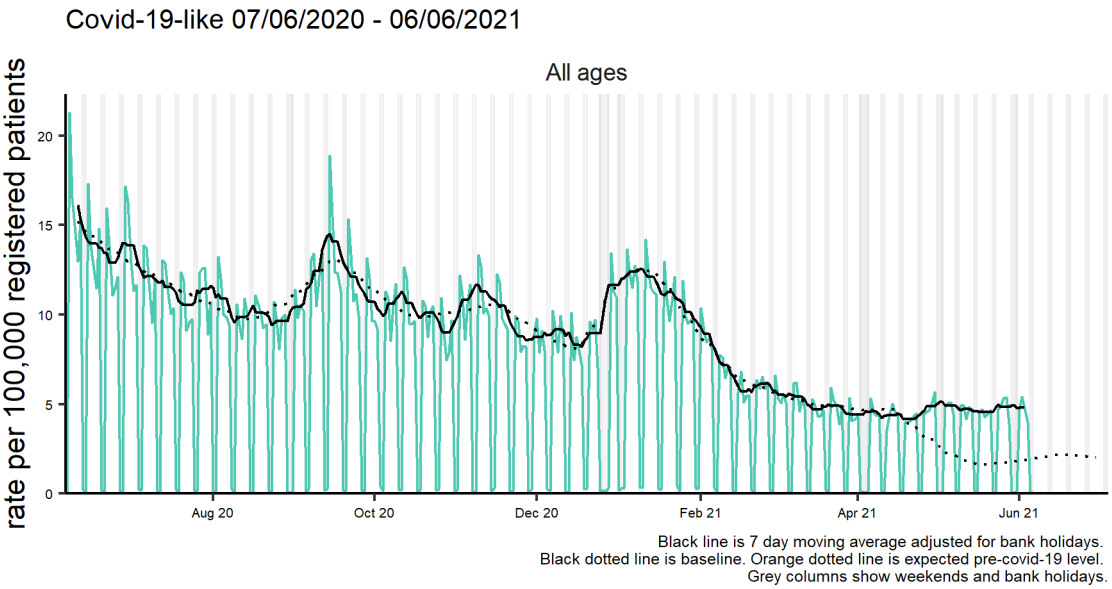
1. COVID-19-like consultations

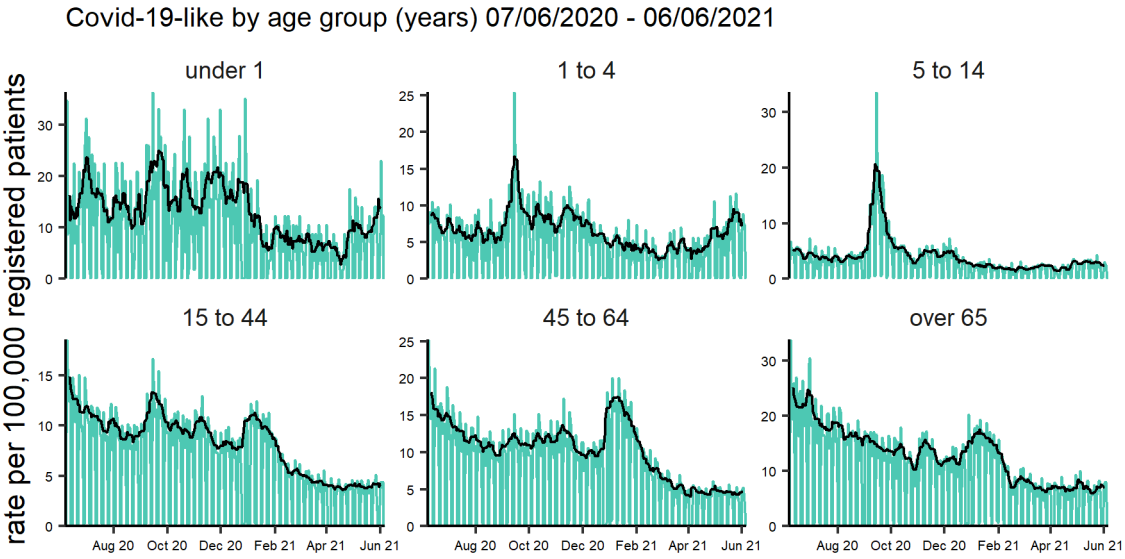
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level.
Grey columns show weekends and bank holidays.

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

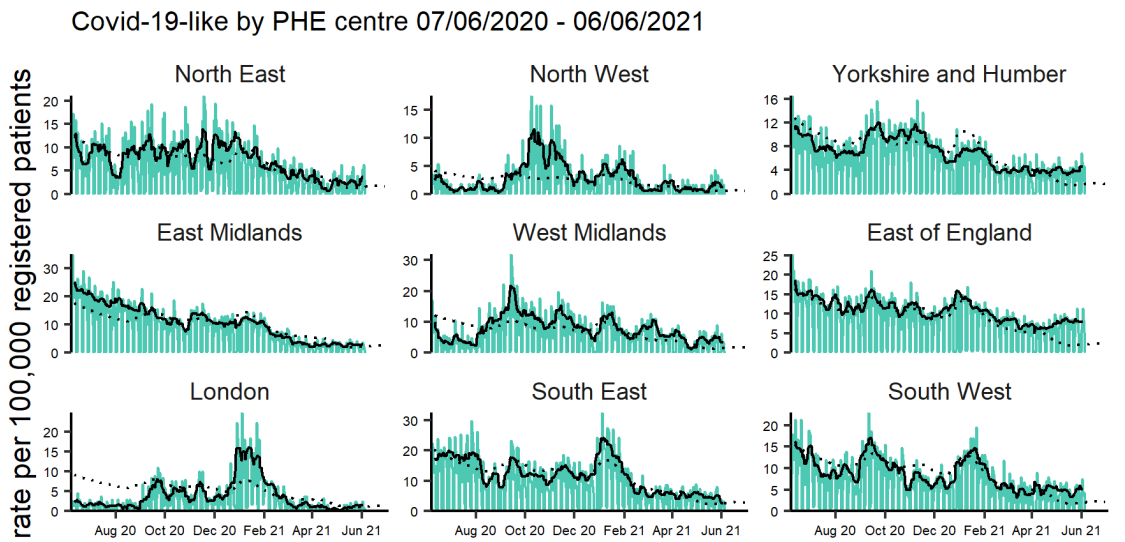
Daily incidence rate (and 7-day moving average*) by age group per 100,000 population (all England).



NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

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

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



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Black dotted line is baseline.

* 7-day moving average adjusted for bank holidays.

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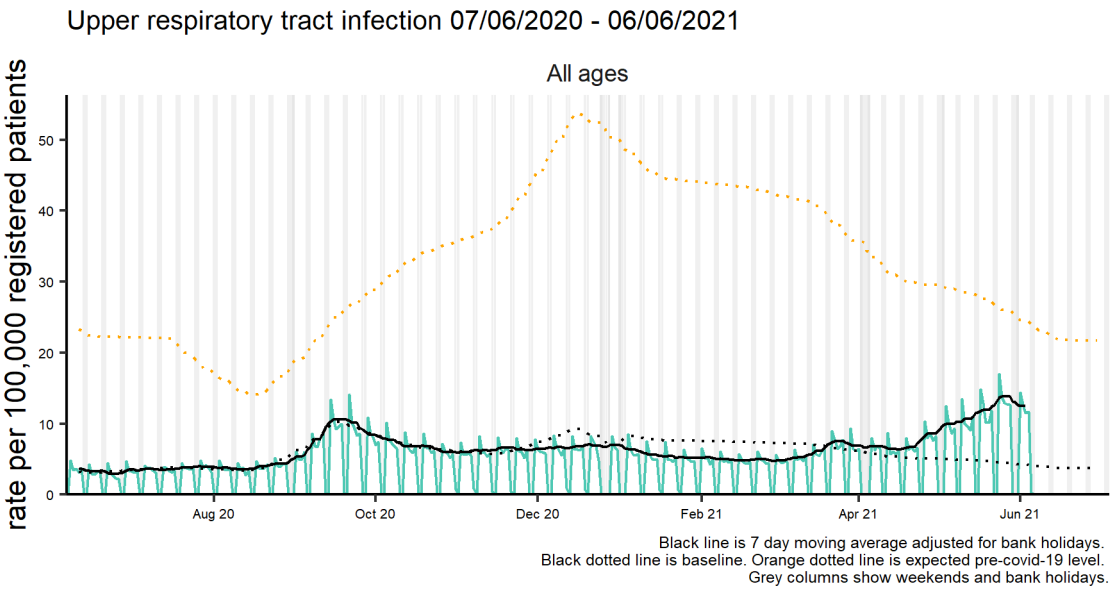
2: Upper respiratory tract infection (URTI)

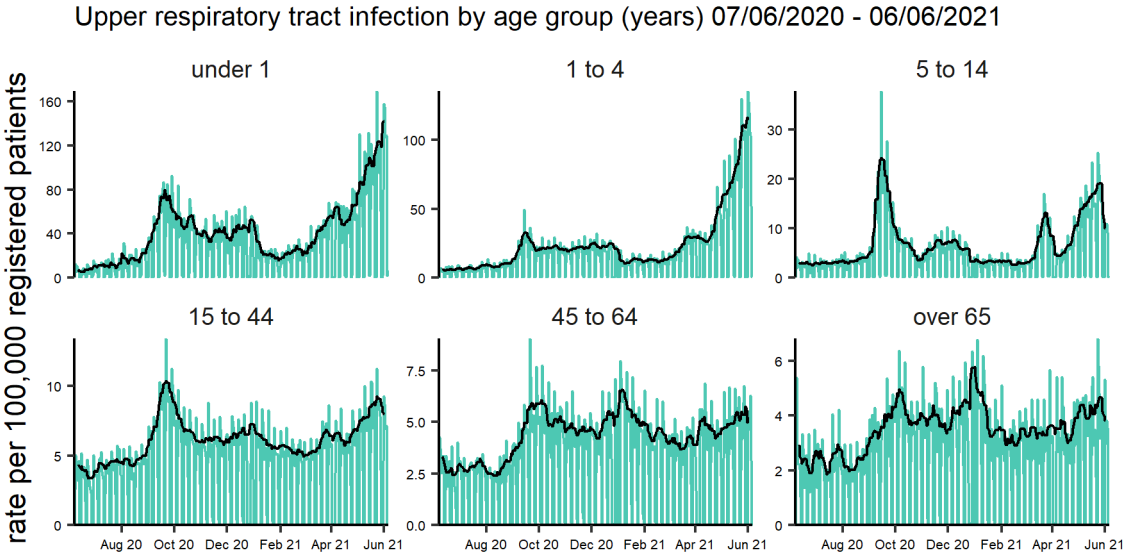
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level.
Grey columns show weekends and bank holidays.

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

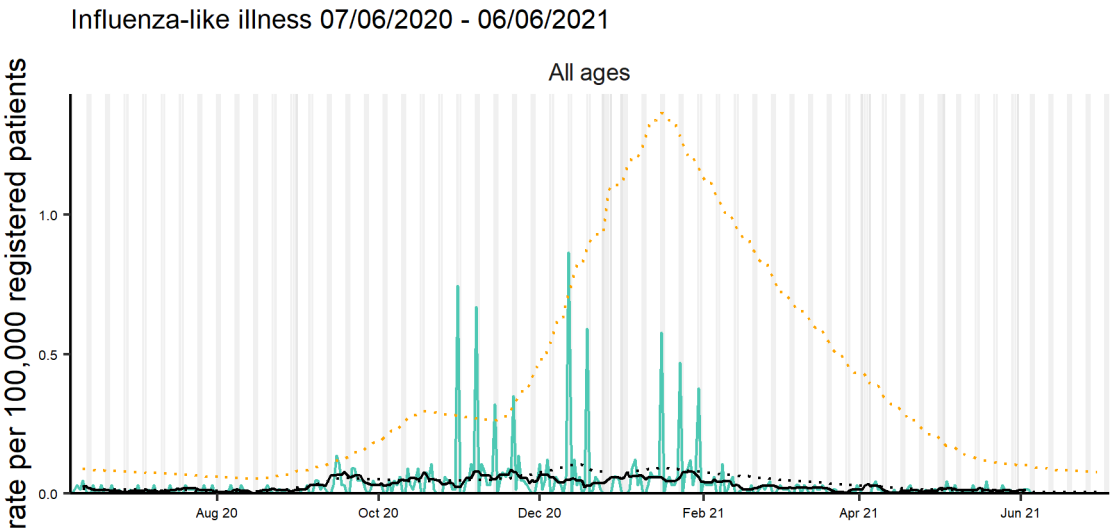
Daily incidence rate (and 7-day moving average*) by age group per 100,000 population (all England).



NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 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).



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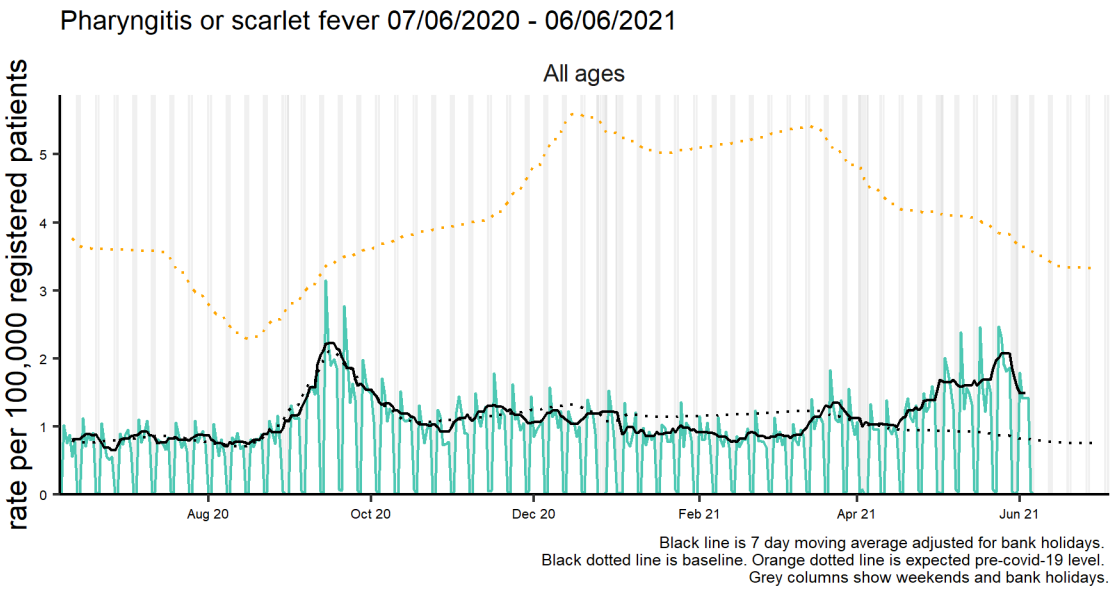
* 7-day moving average adjusted for bank holidays.

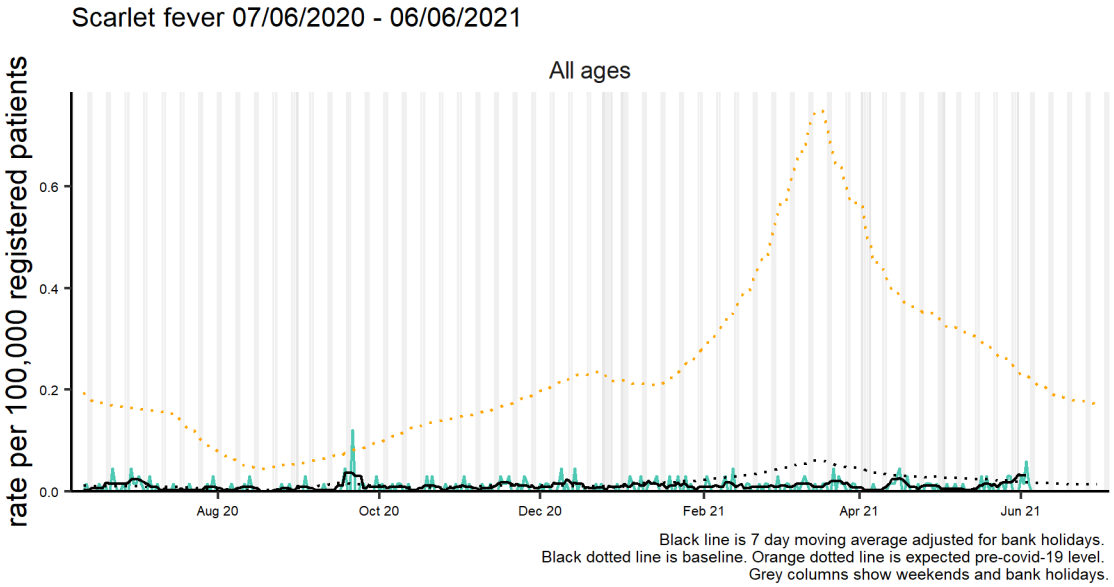
4: Pharyngitis or scarlet fever

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, all ages).



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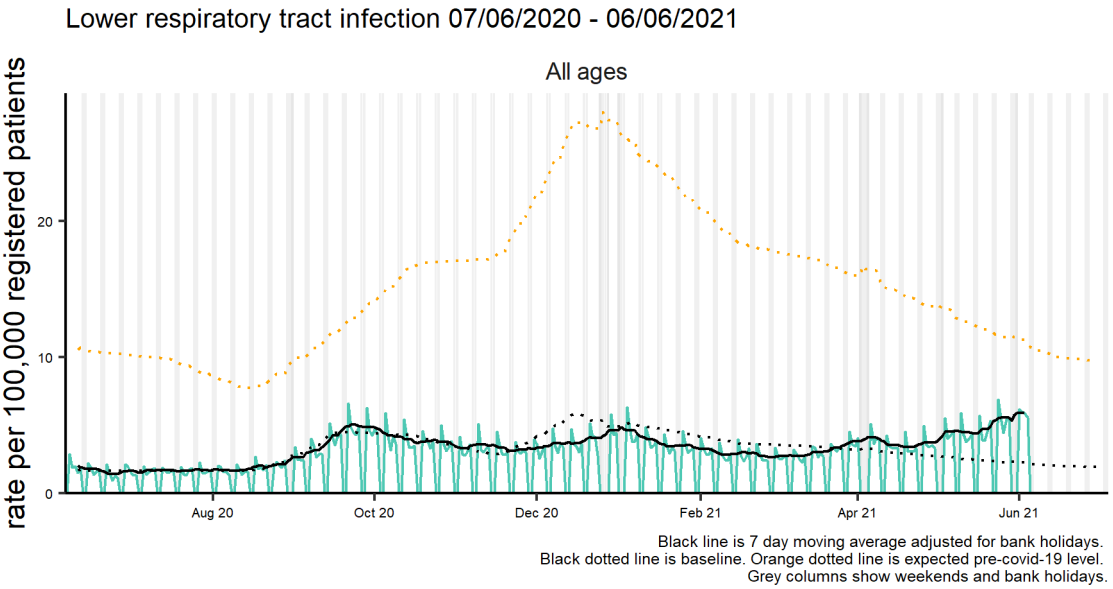
* 7-day moving average adjusted for bank holidays.

6: Lower respiratory tract infection (LRTI)

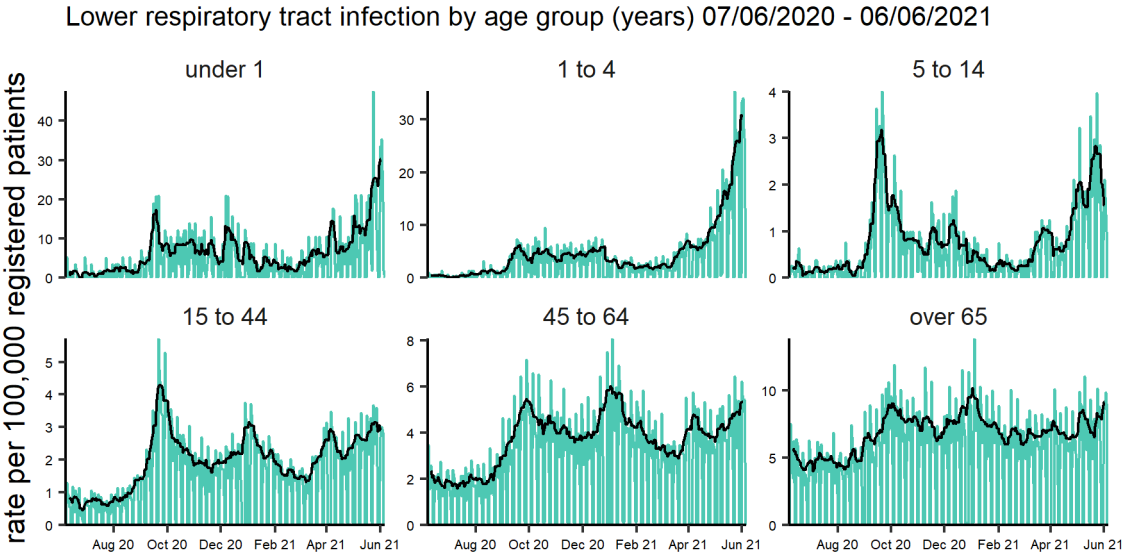
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level.
Grey columns show weekends and bank holidays.

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

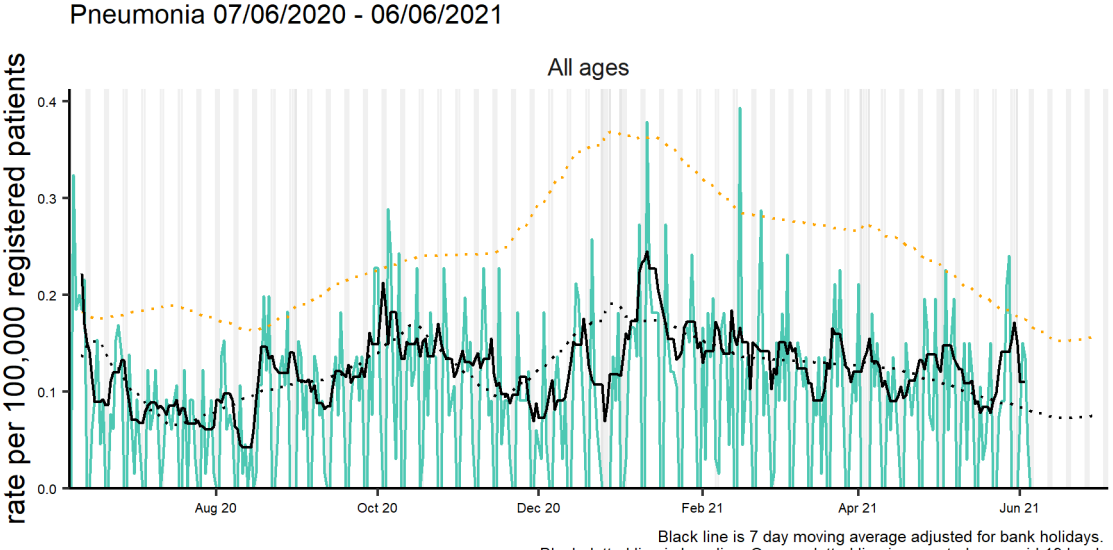
Daily incidence rate (and 7-day moving average*) by age group per 100,000 population (all England).



NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 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).



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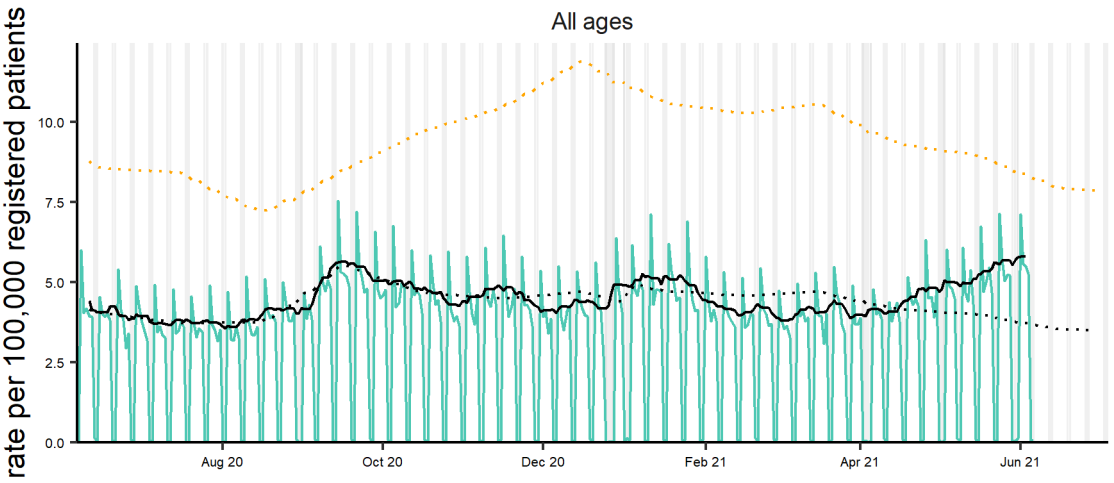
8: Gastroenteritis

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

Gastroenteritis 07/06/2020 - 06/06/2021

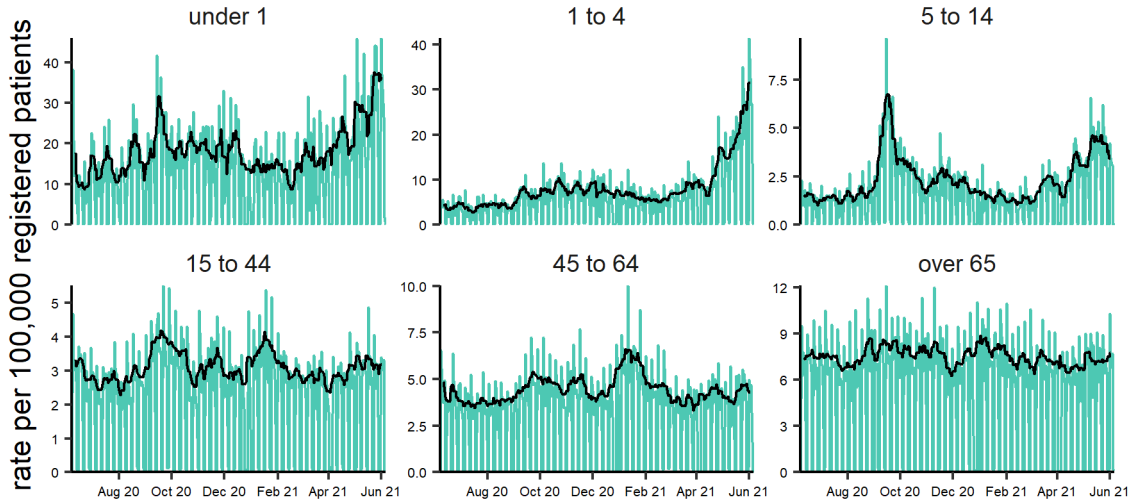


Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level.
Grey columns show weekends and bank holidays.

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) 07/06/2020 - 06/06/2021

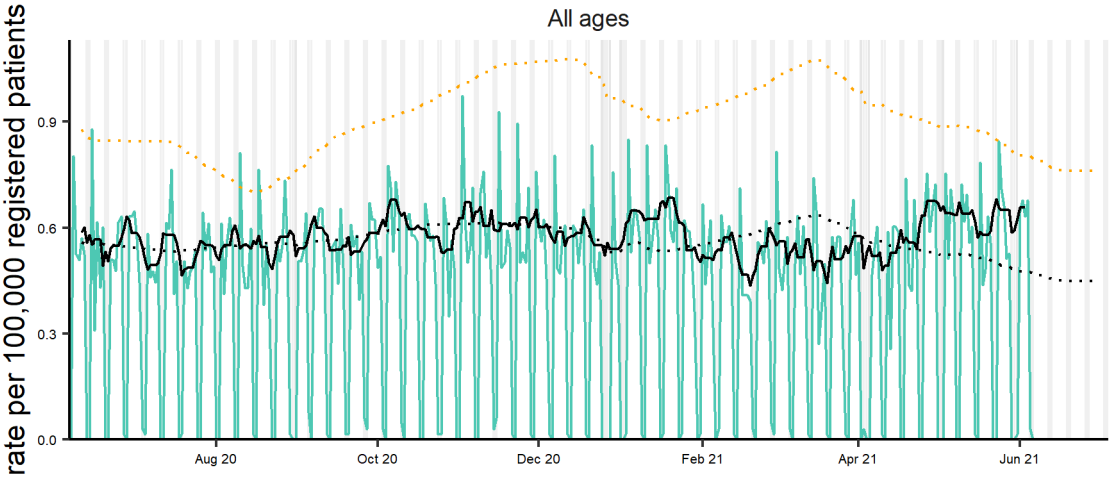


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

9: Vomiting

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

Vomiting 07/06/2020 - 06/06/2021



Black line is 7 day moving average adjusted for bank holidays.
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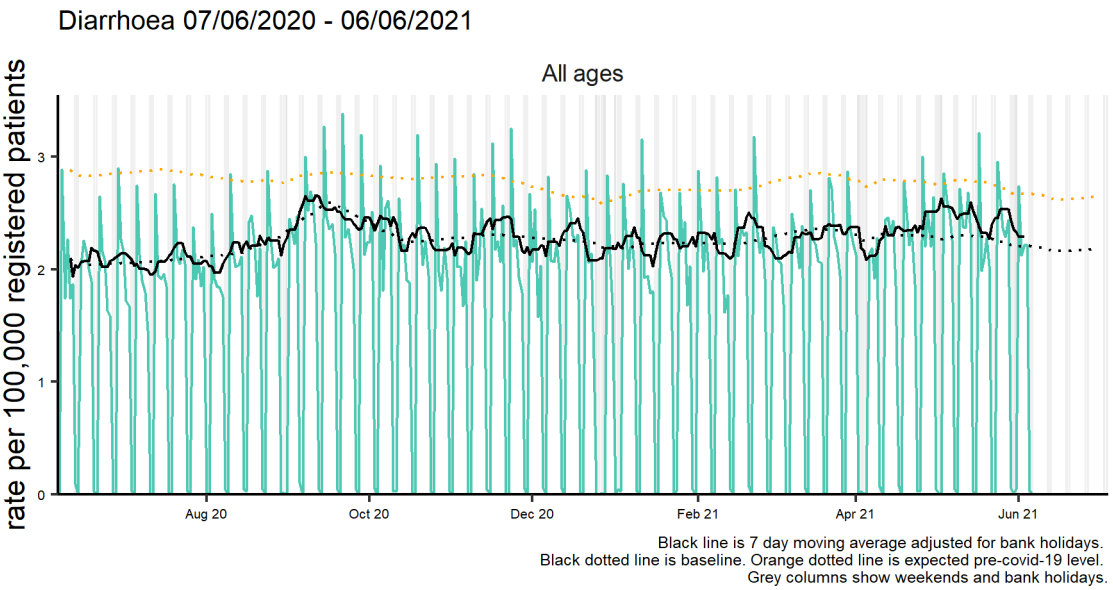
Grey columns show weekends and bank holidays.

* 7-day moving average adjusted for bank holidays.

10: Diarrhoea

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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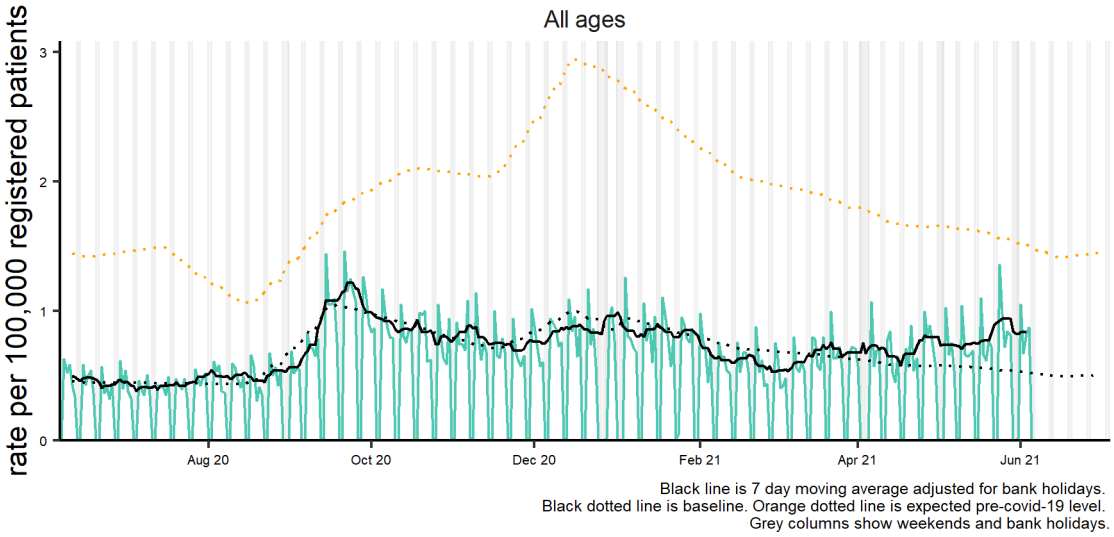
11: Asthma

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

Acute presenting asthma 07/06/2020 - 06/06/2021

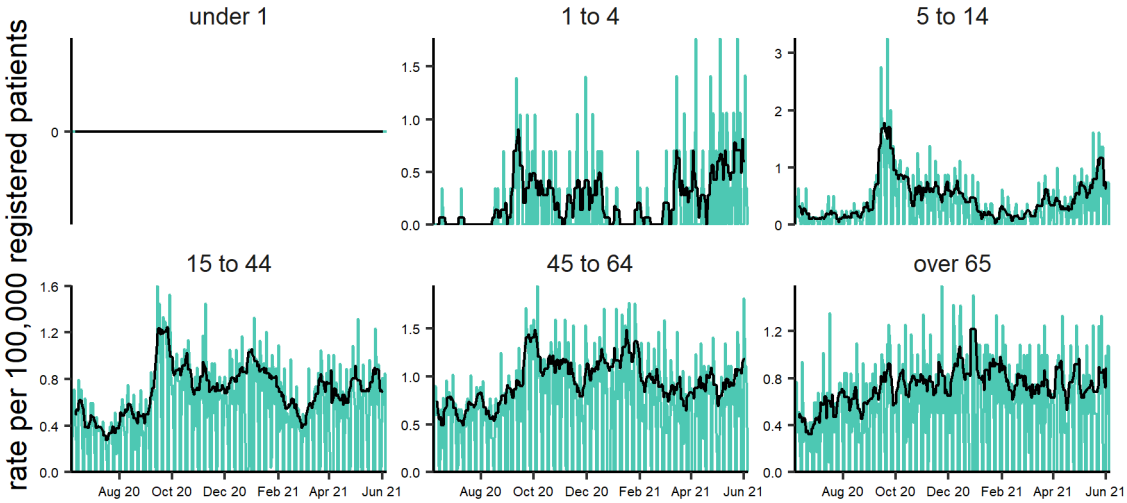


Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level.
Grey columns show weekends and bank holidays.

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) 07/06/2020 - 06/06/2021



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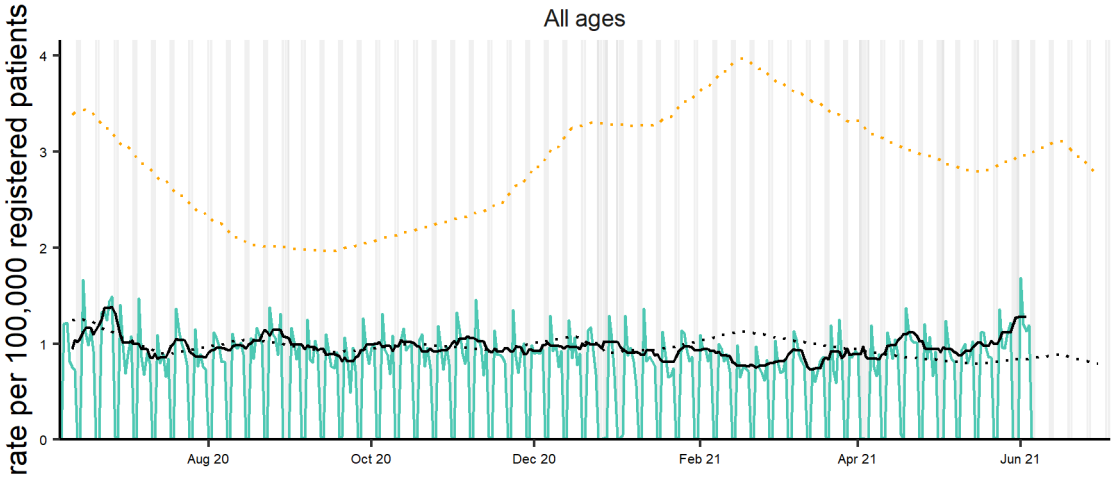
12: Conjunctivitis

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

Conjunctivitis 07/06/2020 - 06/06/2021



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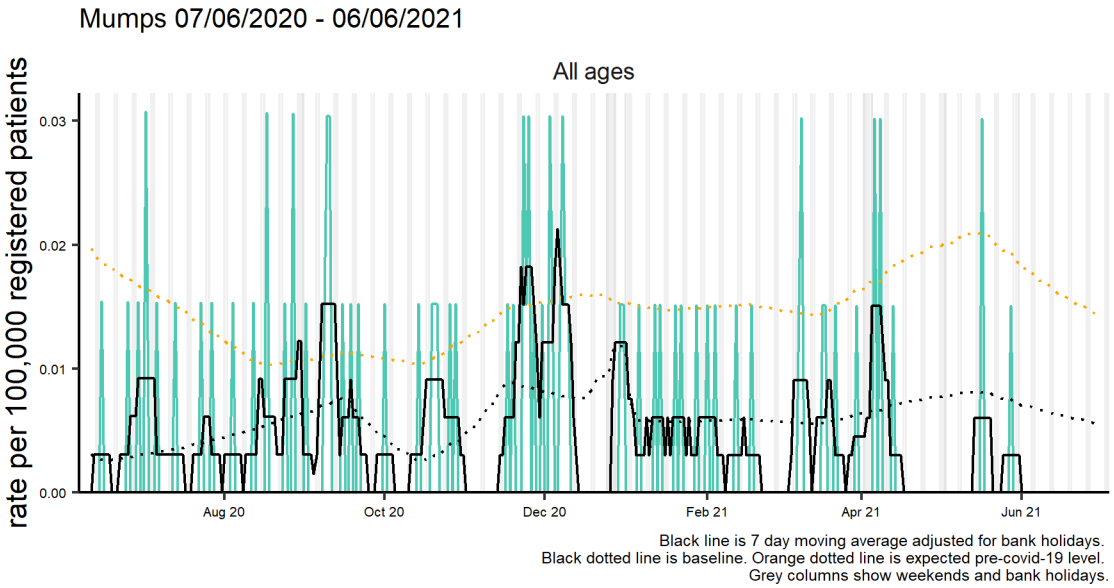
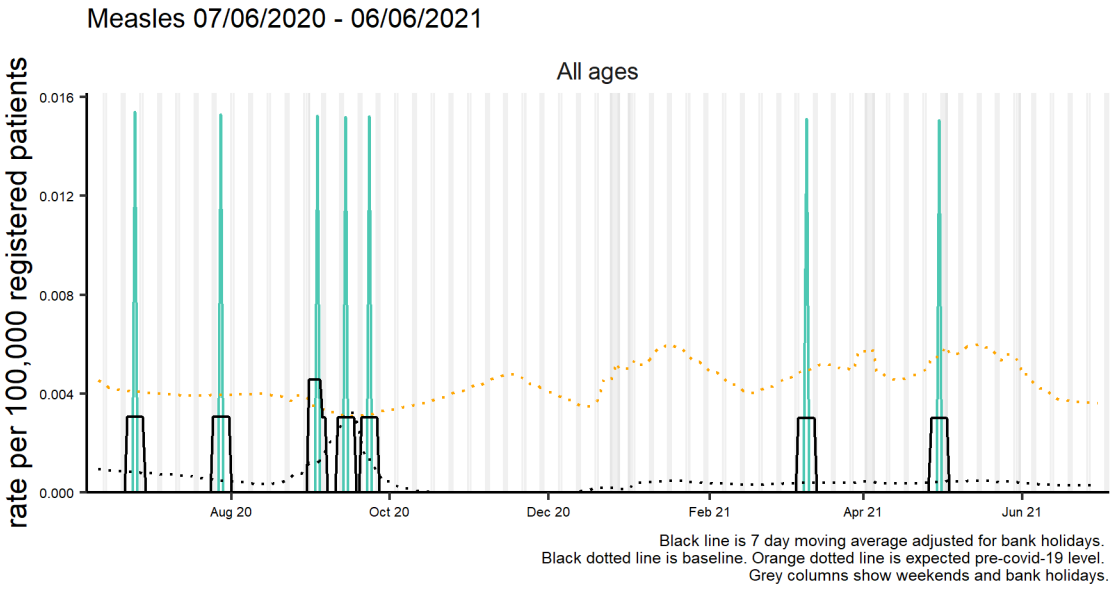
13: Mumps

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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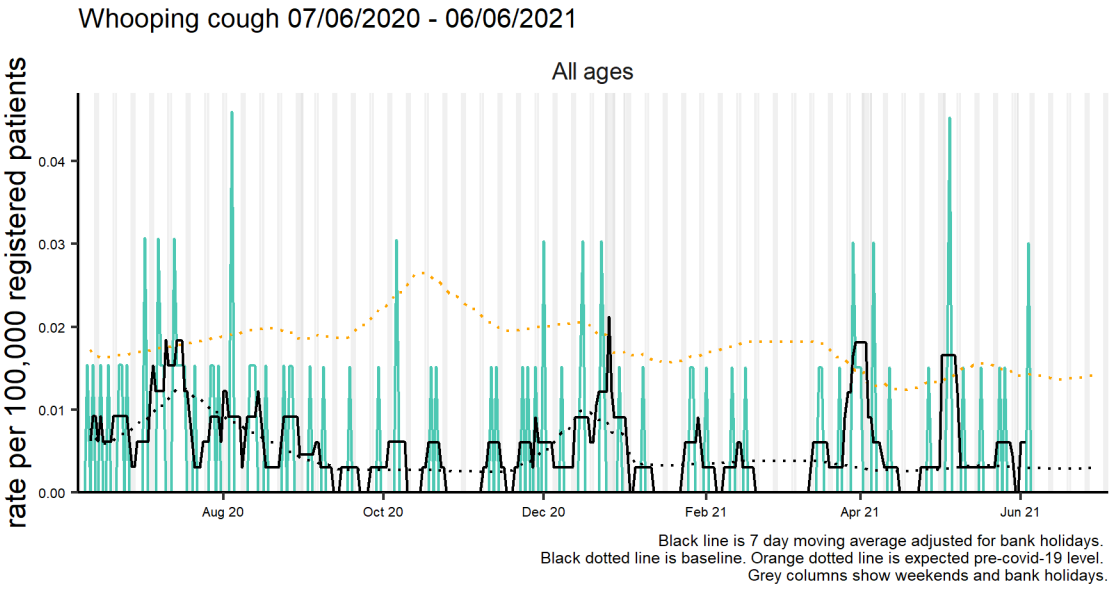
* 7-day moving average adjusted for bank holidays.

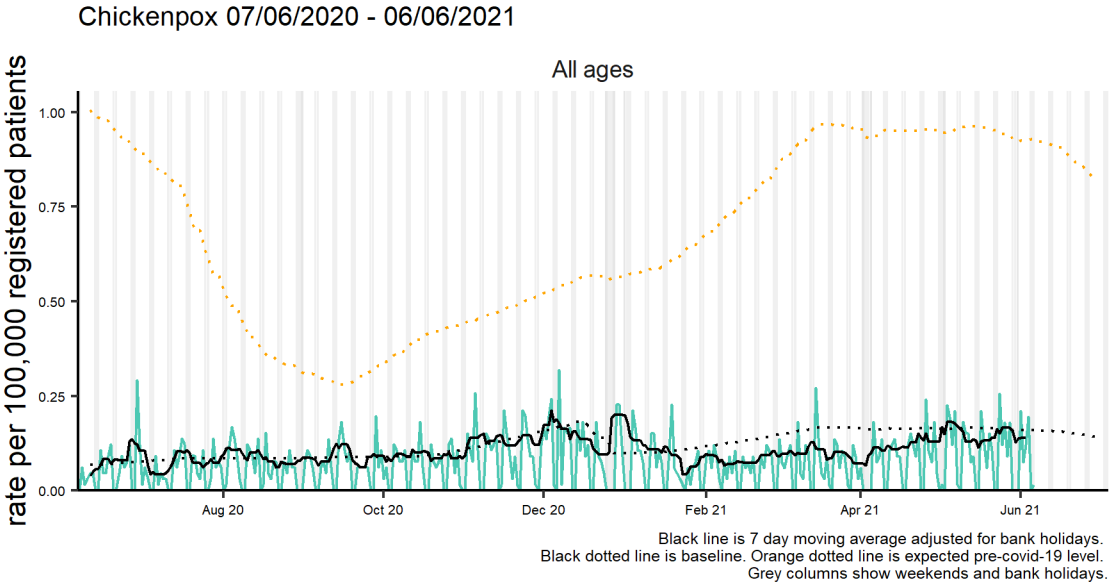
16: Whooping cough

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



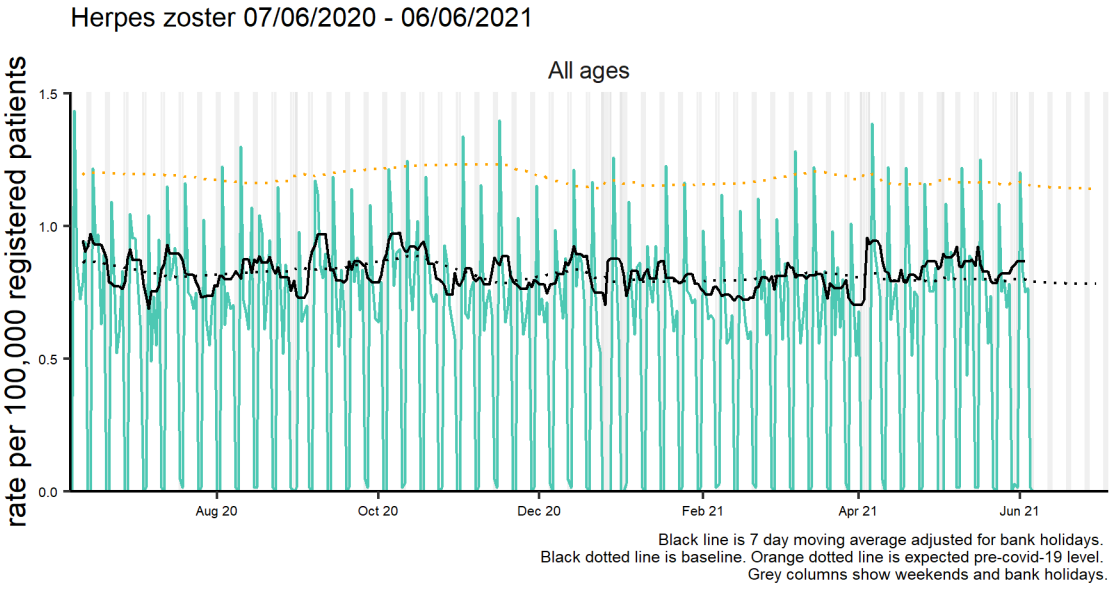
17: Chickenpox

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



18: Herpes zoster

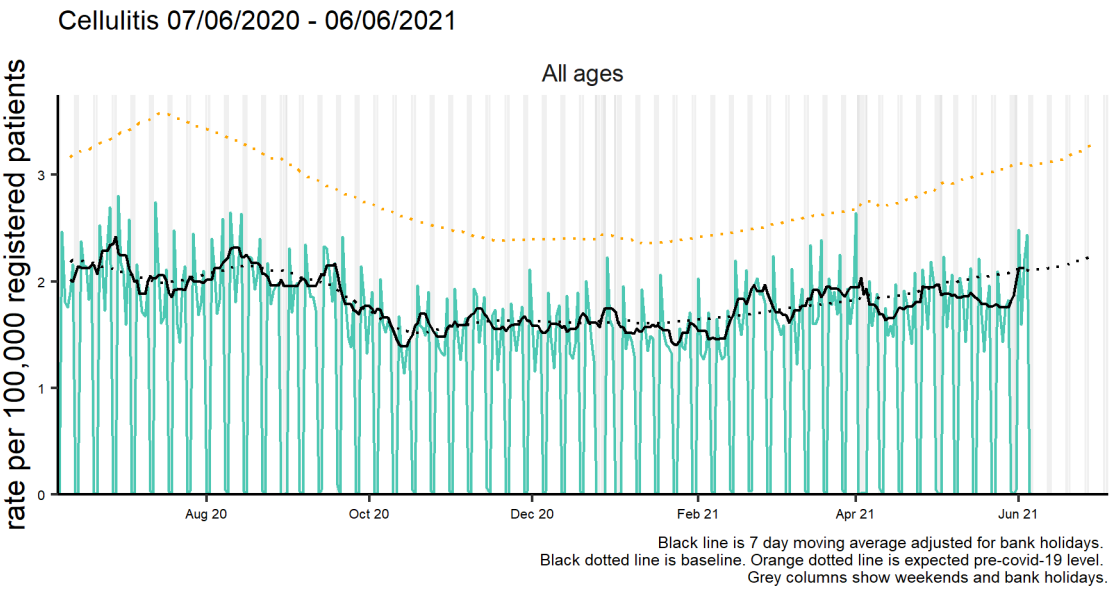
Daily incidence rate (and 7-day moving average*) per 100,000 population (all England, all ages).



* 7-day moving average adjusted for bank holidays.

19 Cellulitis

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



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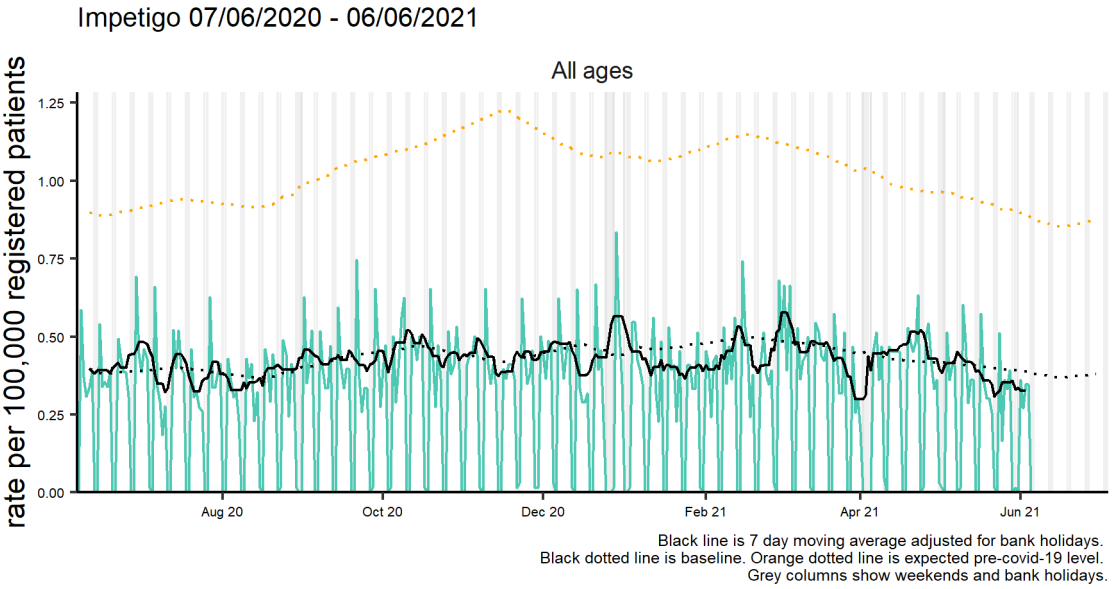
20: Impetigo

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



Black line is 7 day moving average adjusted for bank holidays.
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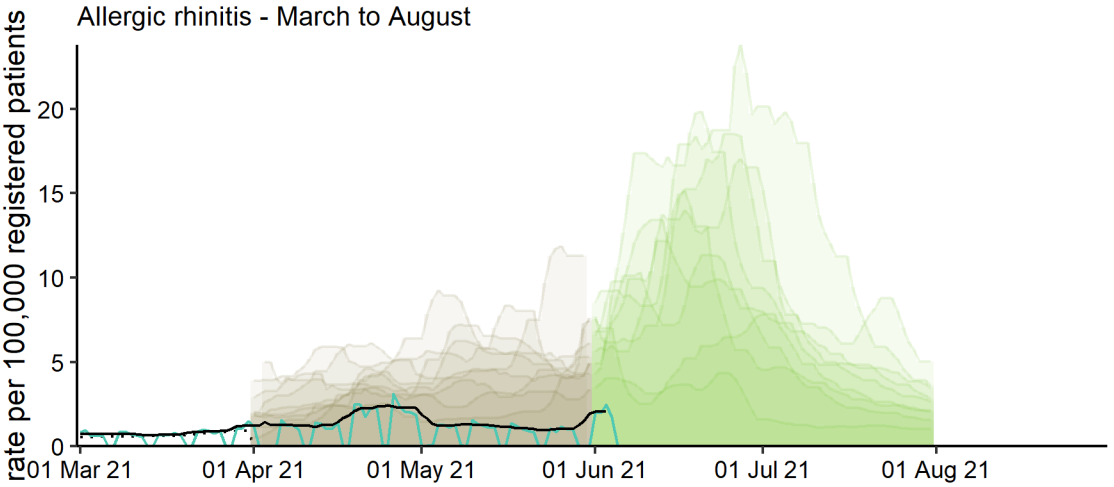
21: Allergic Rhinitis

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



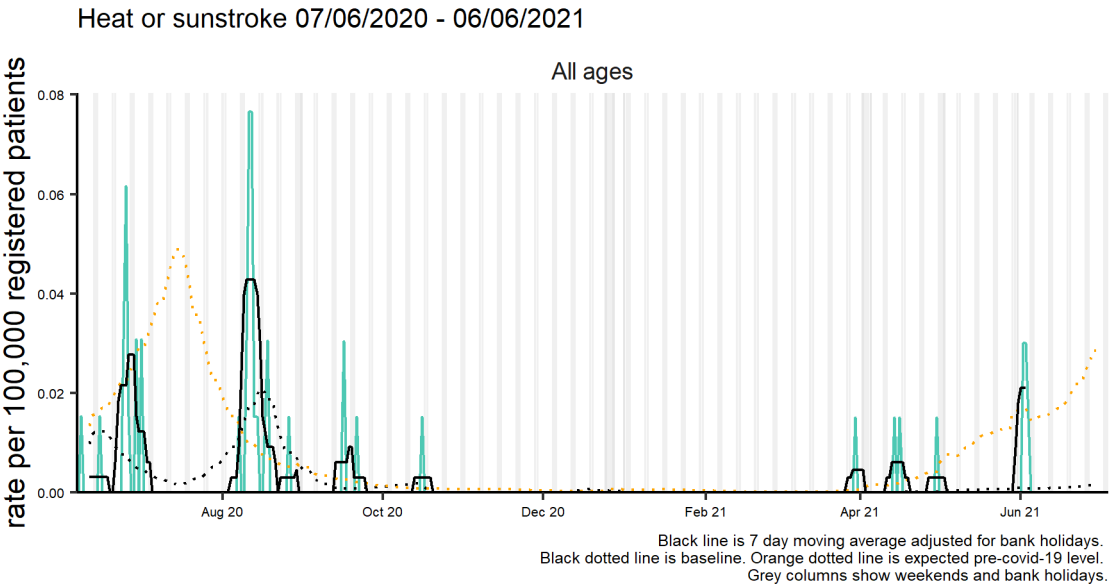
Black line is 7 day moving average adjusted for bank holidays, dotted line is out-of-season baseline.
Shading shows historical 7 day moving averages,

lightest shades are peaks seen once since 2012, darkest shades show levels reached every year since 2012.
April-May (brown) is associated with tree pollen peaks, June-July (green) with grass pollen.

* 7-day moving average adjusted for bank holidays.

22 Heat/sunstroke

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 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 SystmOneGP 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 SystmOne GP practices contributing to this surveillance system.

Contact ReSST:
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