



07 July 2021

Year: 2021 Week: 26

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

04/07/2021

During week 26, consultations for upper and lower respiratory tract infections remained elevated, particularly in children aged <1 and 1-4 years (figures 2, 2a, 6 & 6a).

GP consultations for diarrhoea and vomiting decreased (figures 9 & 10).

Baselines have been remodelled to account for changes due to COVID-19 and additional, new modelled lines have been added to the charts to represent expected levels if COVID-19 had not occurred.

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	increasing	similar to baseline levels
Upper respiratory tract infection	no trend	above baseline levels
Influenza-like illness	no trend	similar to baseline levels
Pharyngitis	no trend	above baseline levels
Scarlet fever	no trend	similar to baseline levels
Lower respiratory tract infection	increasing	above baseline levels
Pneumonia	no trend	above baseline levels
Gastroenteritis	no trend	above baseline levels
Vomiting	decreasing	above baseline levels
Diarrhoea	decreasing	above baseline levels
Asthma	no trend	above baseline levels
Conjunctivitis	decreasing	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	decreasing	similar to baseline levels
Herpes zoster	no trend	above baseline levels
Cellulitis	no trend	below baseline levels
Impetigo	no trend	similar to baseline levels
Allergic rhinitis	decreasing	similar to baseline levels
Heat/sunstroke	no trend	above baseline levels

GP practices and denominator population:

Year	Week	GP Practices Reporting**	Population size**
2021	26	678	6.7 million

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

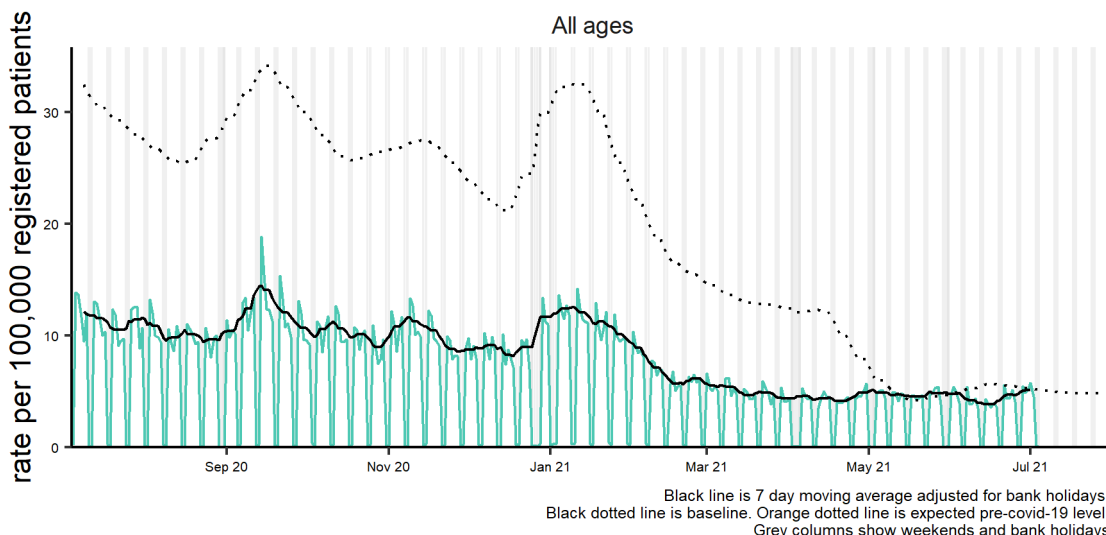
07 July 2021

Year: 2021 Week: 26

1. COVID-19-like consultations

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

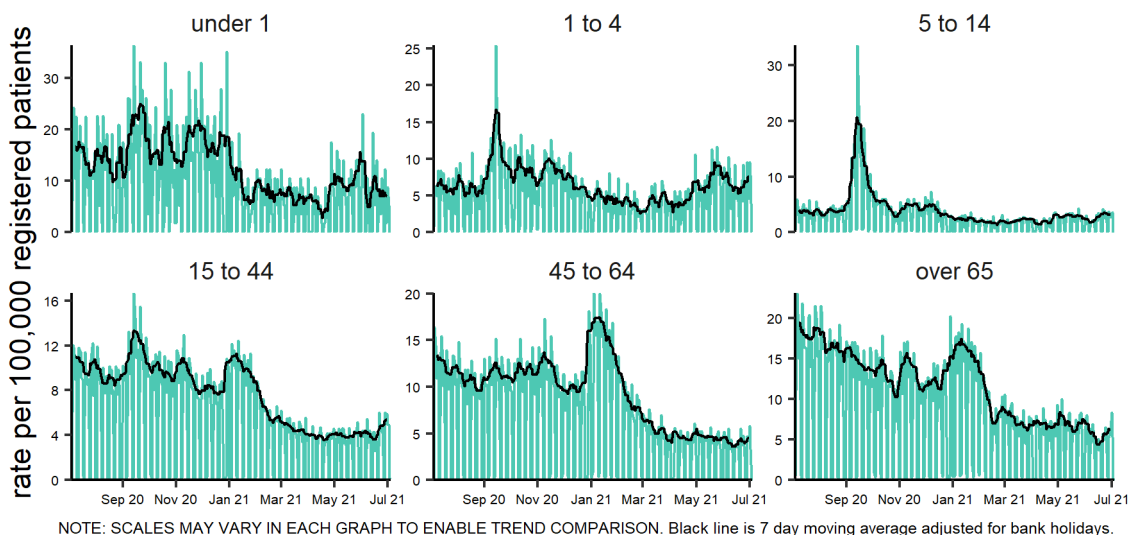
Covid-19-like 05/07/2020 - 04/07/2021



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).

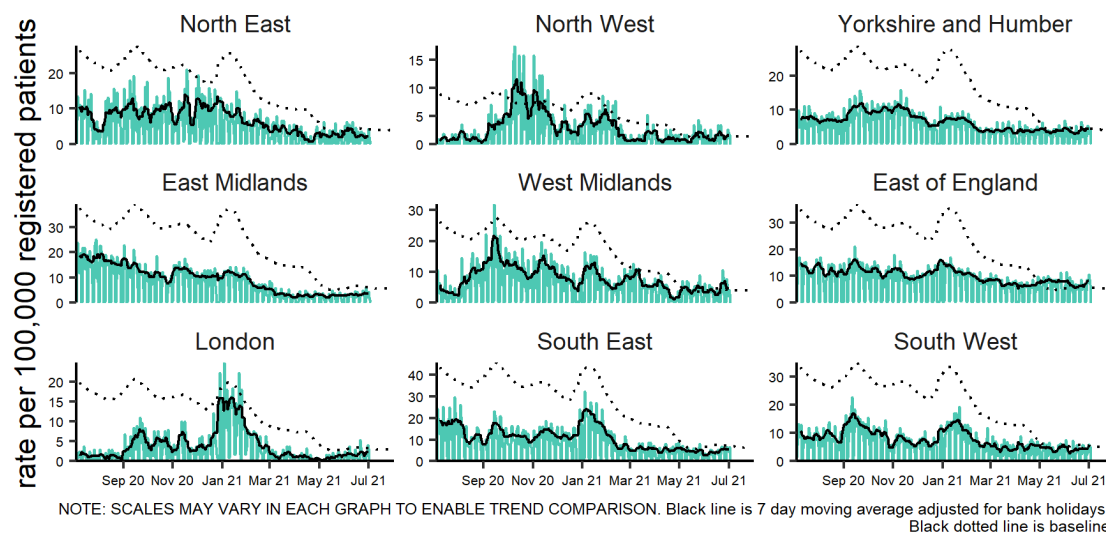
Covid-19-like by age group (years) 05/07/2020 - 04/07/2021



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 05/07/2020 - 04/07/2021



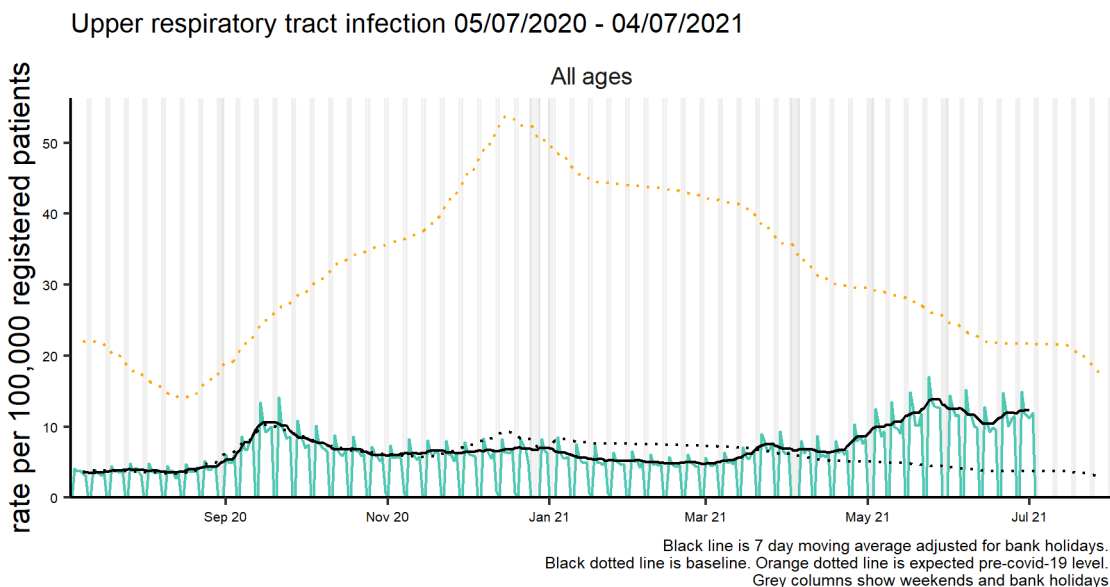
* 7-day moving average adjusted for bank holidays.

07 July 2021

Year: 2021 Week: 26

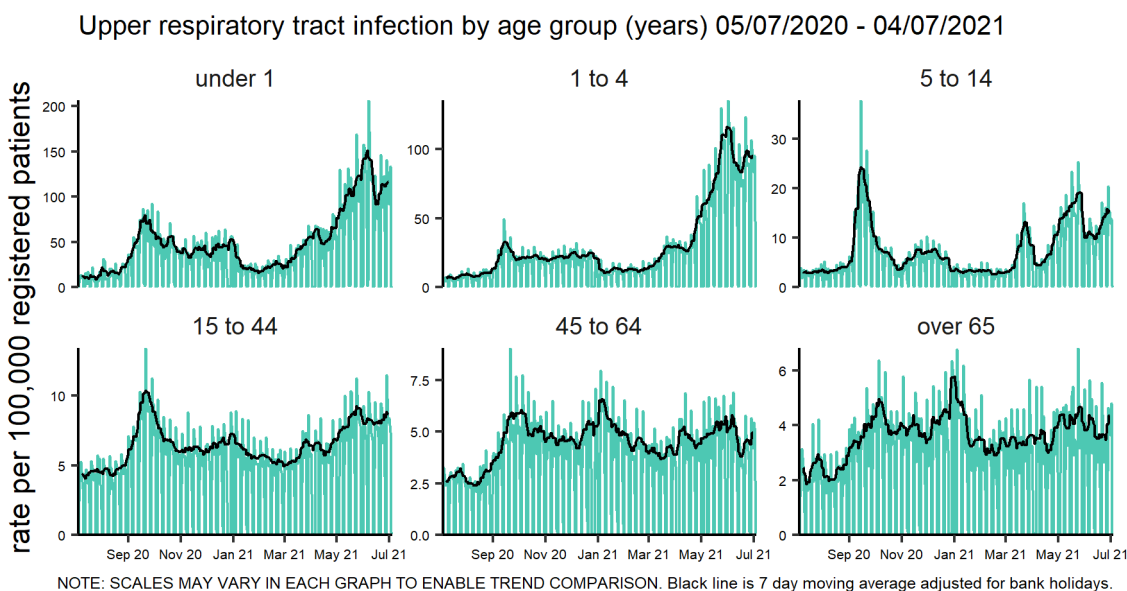
2: Upper respiratory tract infection (URTI)

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



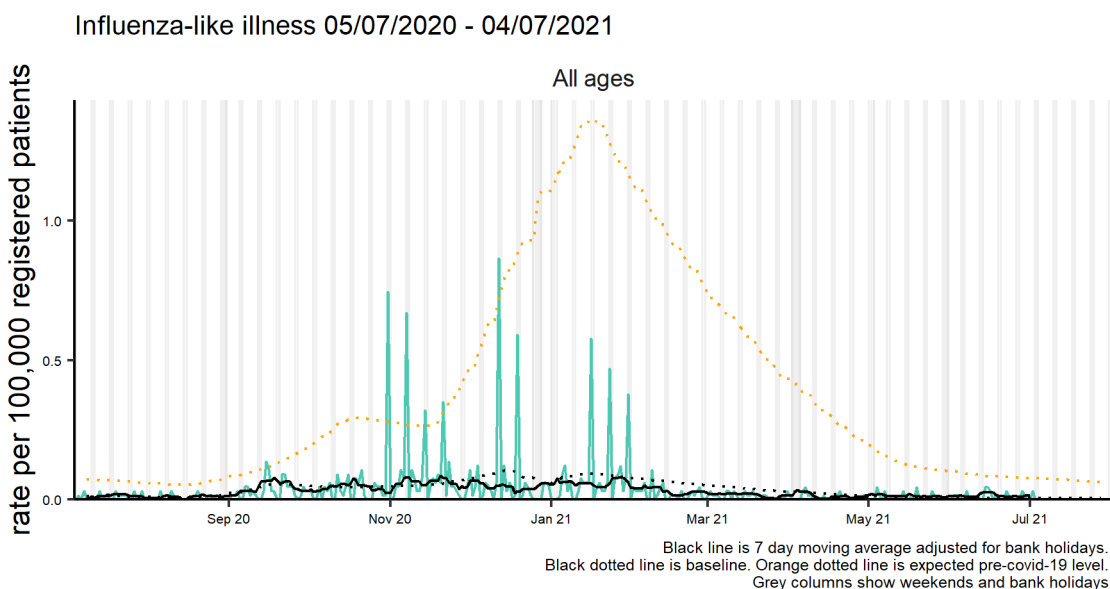
2a: Upper respiratory tract infection (URTI) by age

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



3: Influenza-like illness (ILI)

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



* 7-day moving average adjusted for bank holidays.

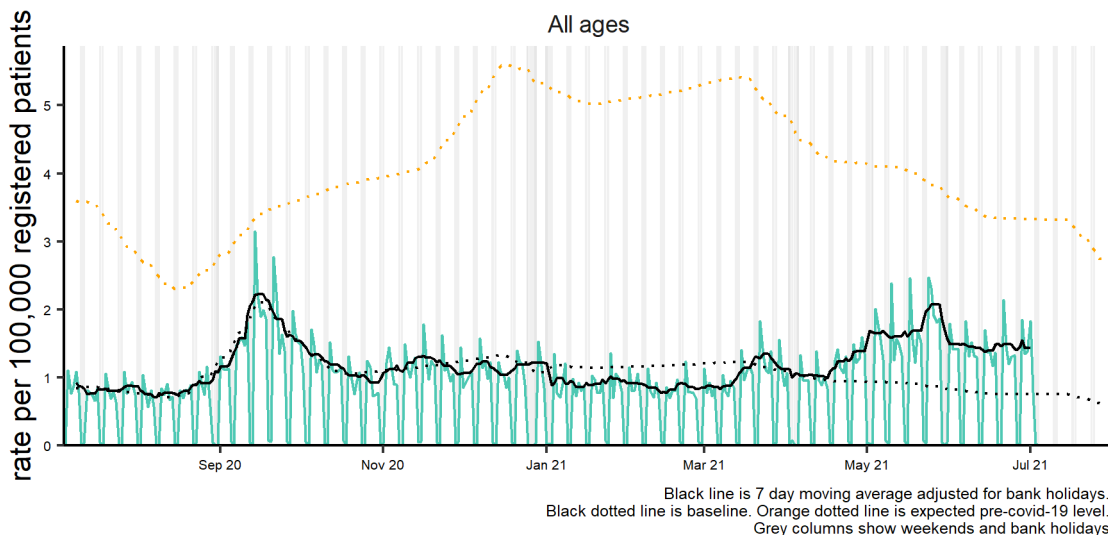
07 July 2021

Year: 2021 Week: 26

4: Pharyngitis or scarlet fever

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

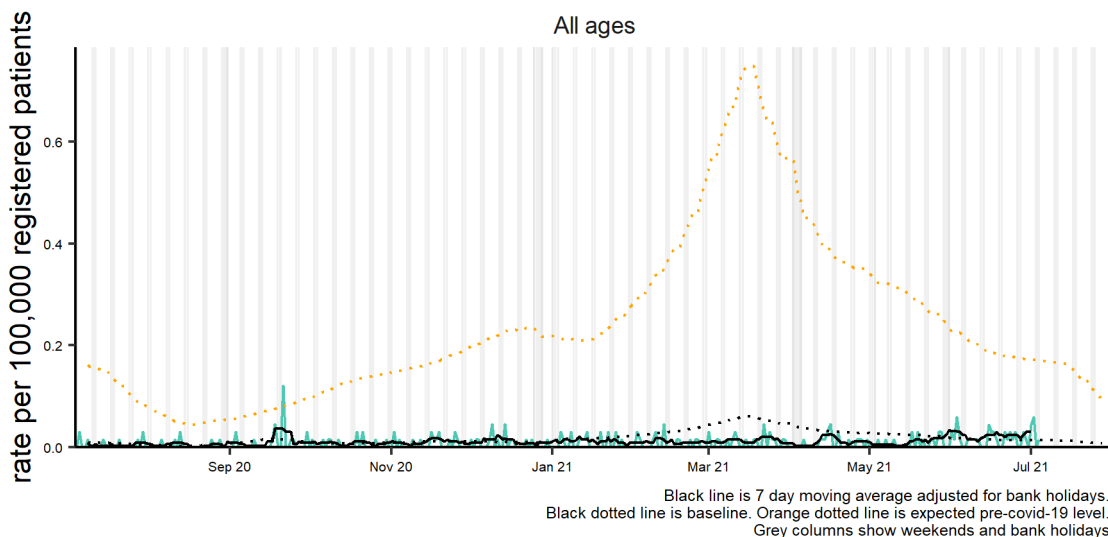
Pharyngitis or scarlet fever 05/07/2020 - 04/07/2021



5: Scarlet fever

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

Scarlet fever 05/07/2020 - 04/07/2021



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* 7-day moving average adjusted for bank holidays.

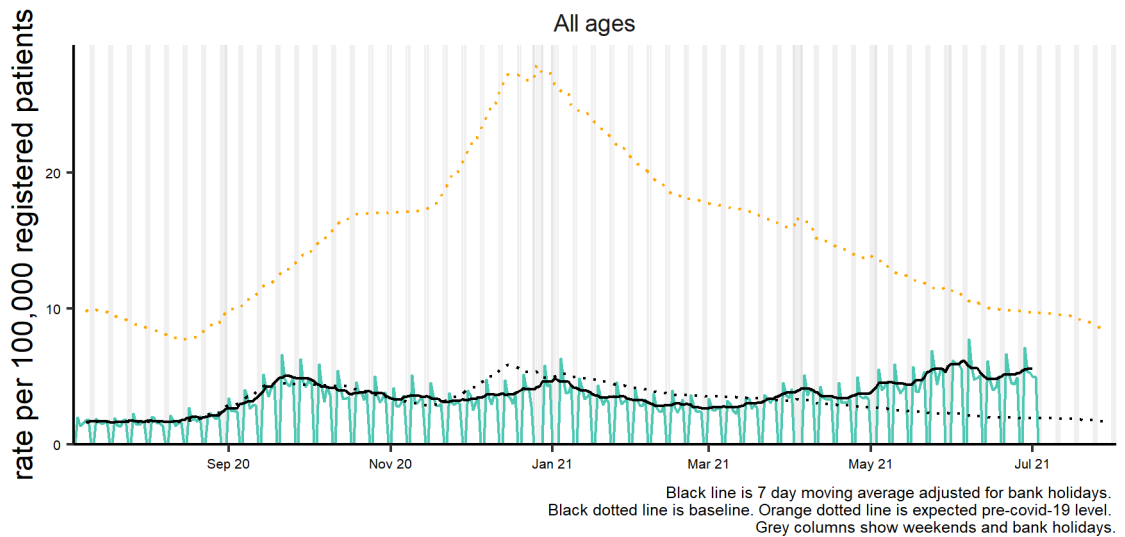
07 July 2021

Year: 2021 Week: 26

6: Lower respiratory tract infection (LRTI)

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

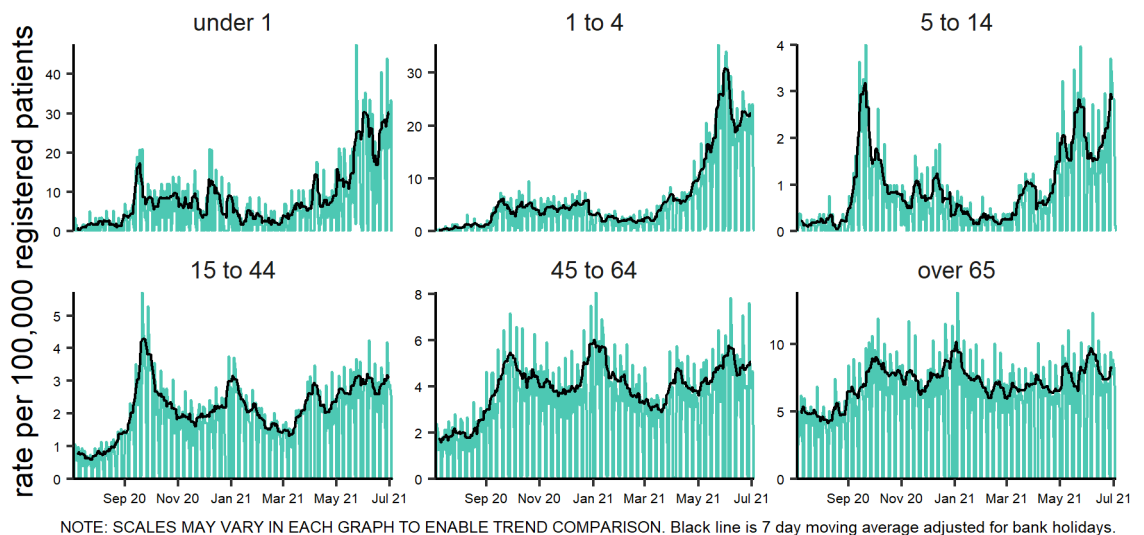
Lower respiratory tract infection 05/07/2020 - 04/07/2021



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).

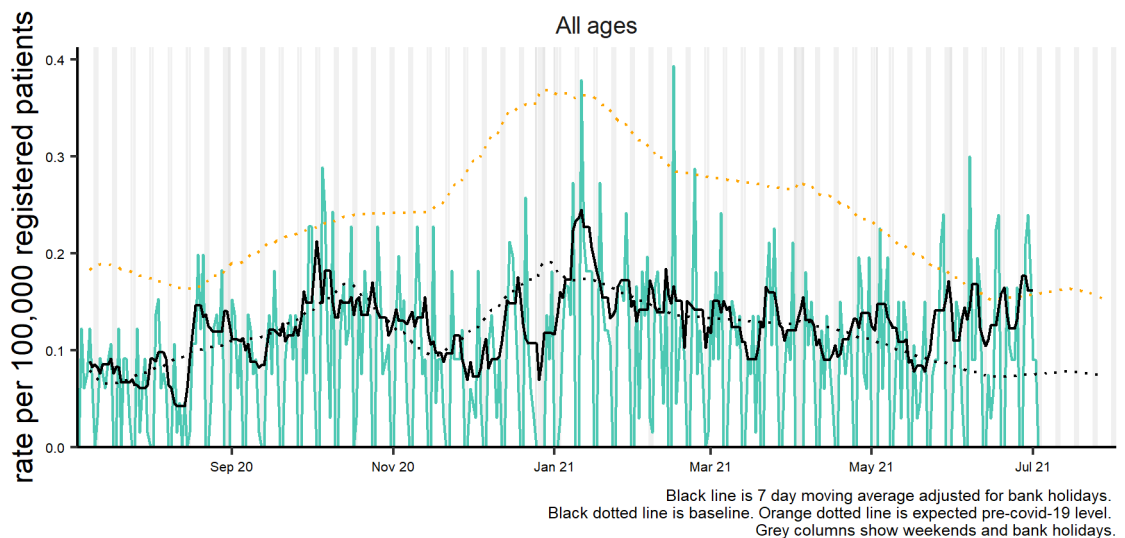
Lower respiratory tract infection by age group (years) 05/07/2020 - 04/07/2021



7: Pneumonia

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

Pneumonia 05/07/2020 - 04/07/2021



* 7-day moving average adjusted for bank holidays.

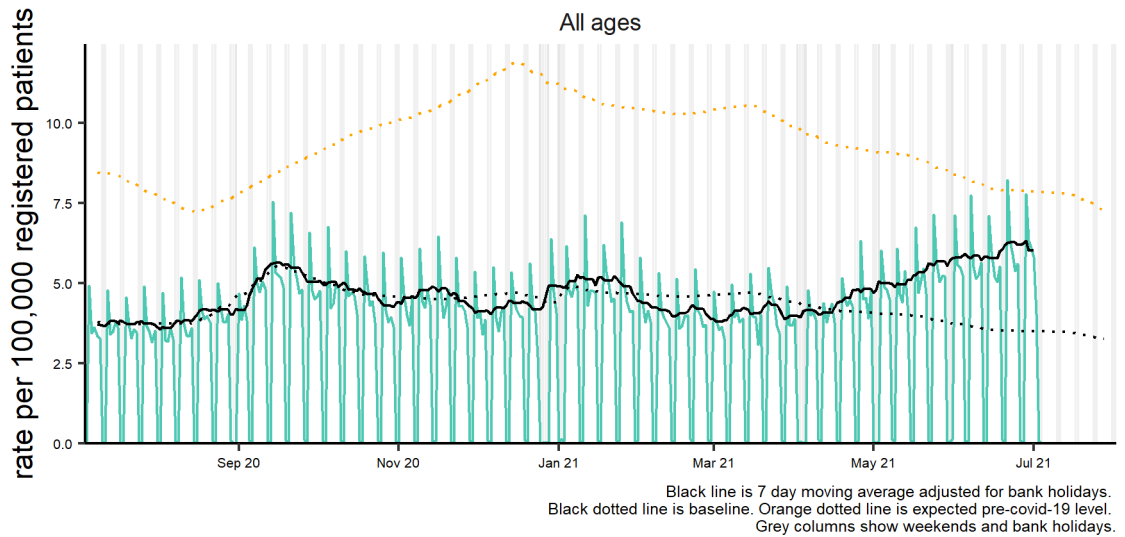
07 July 2021

Year: 2021 Week: 26

8: Gastroenteritis

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

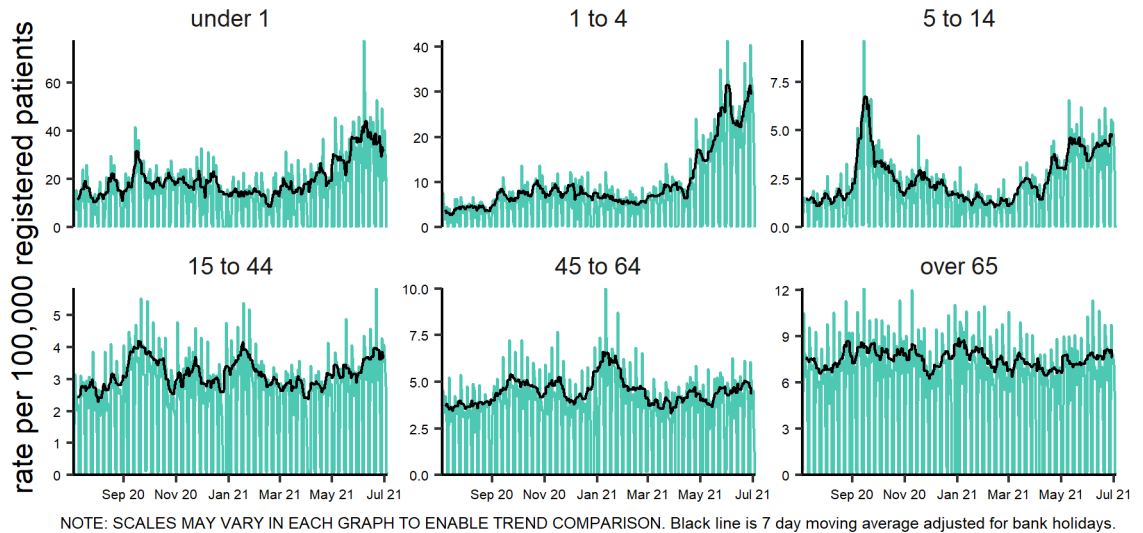
Gastroenteritis 05/07/2020 - 04/07/2021



8a: Gastroenteritis by age

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

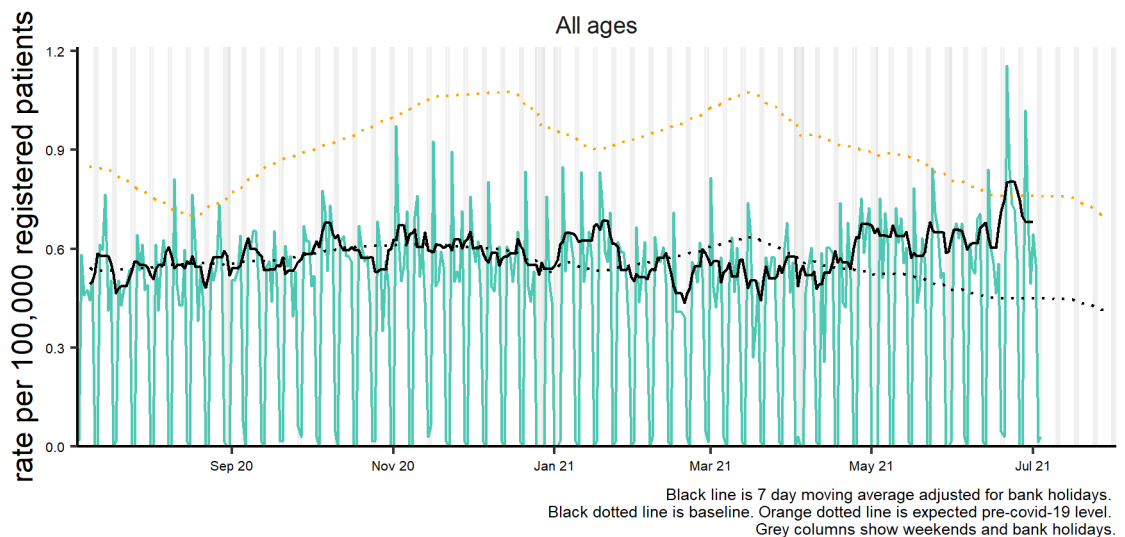
Gastroenteritis by age group (years) 05/07/2020 - 04/07/2021



9: Vomiting

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

Vomiting 05/07/2020 - 04/07/2021



* 7-day moving average adjusted for bank holidays.

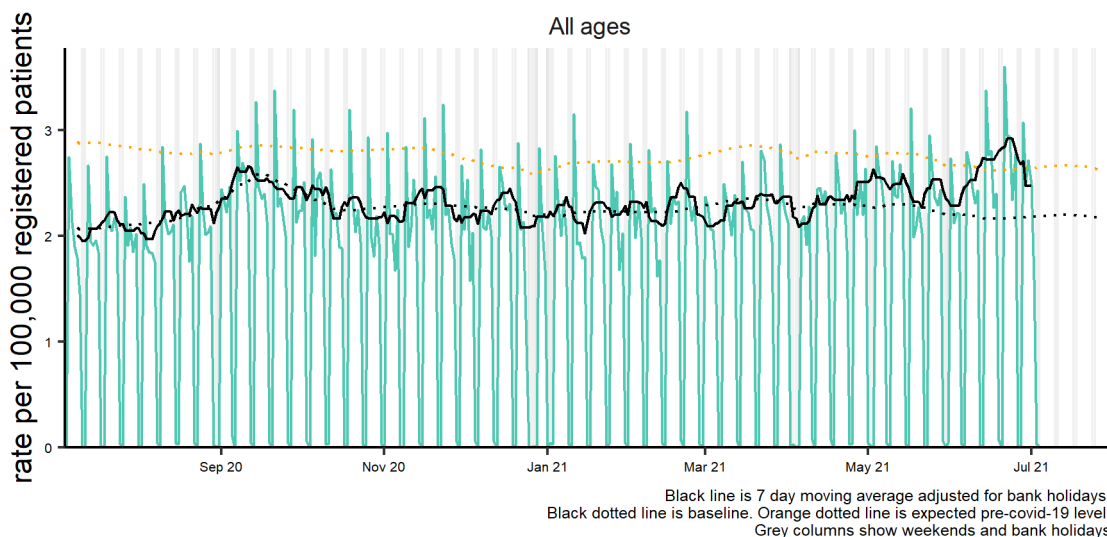
07 July 2021

Year: 2021 Week: 26

10: Diarrhoea

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

Diarrhoea 05/07/2020 - 04/07/2021



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* 7-day moving average adjusted for bank holidays.

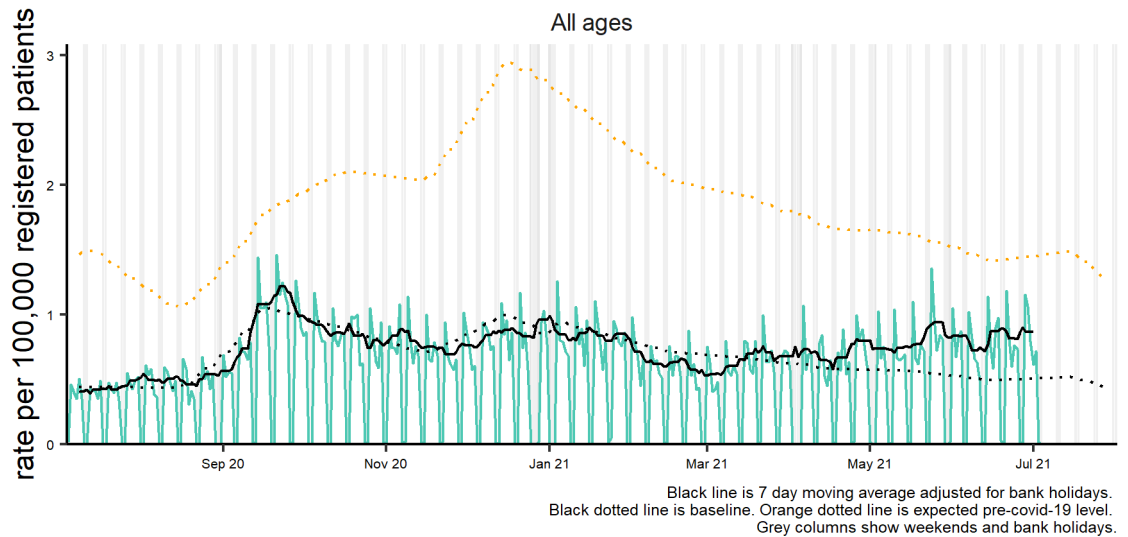
07 July 2021

Year: 2021 Week: 26

11: Asthma

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

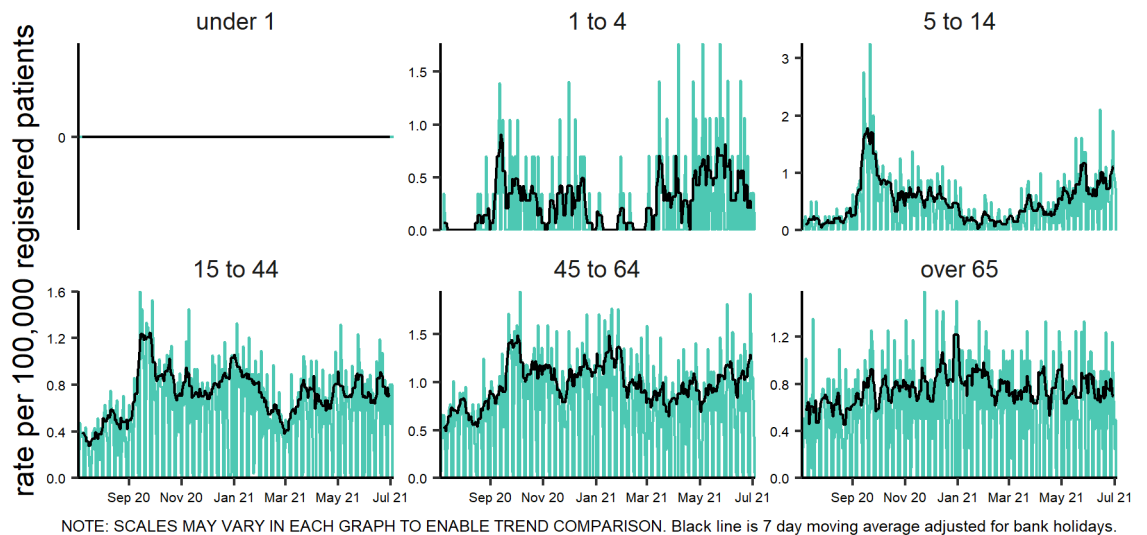
Acute presenting asthma 05/07/2020 - 04/07/2021



11a: Asthma by age

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

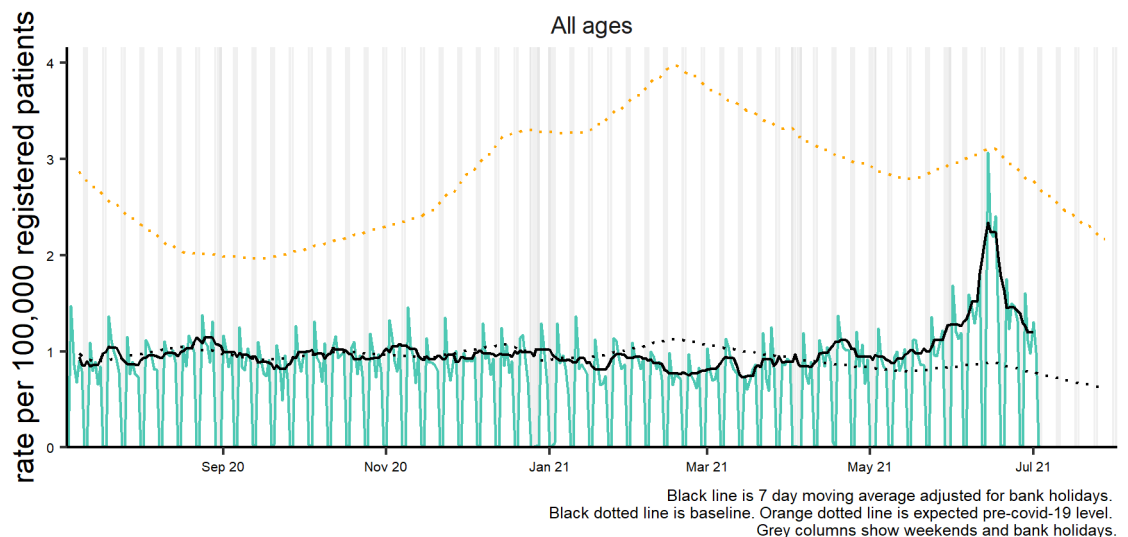
Acute presenting asthma by age group (years) 05/07/2020 - 04/07/2021



12: Conjunctivitis

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

Conjunctivitis 05/07/2020 - 04/07/2021



* 7-day moving average adjusted for bank holidays.

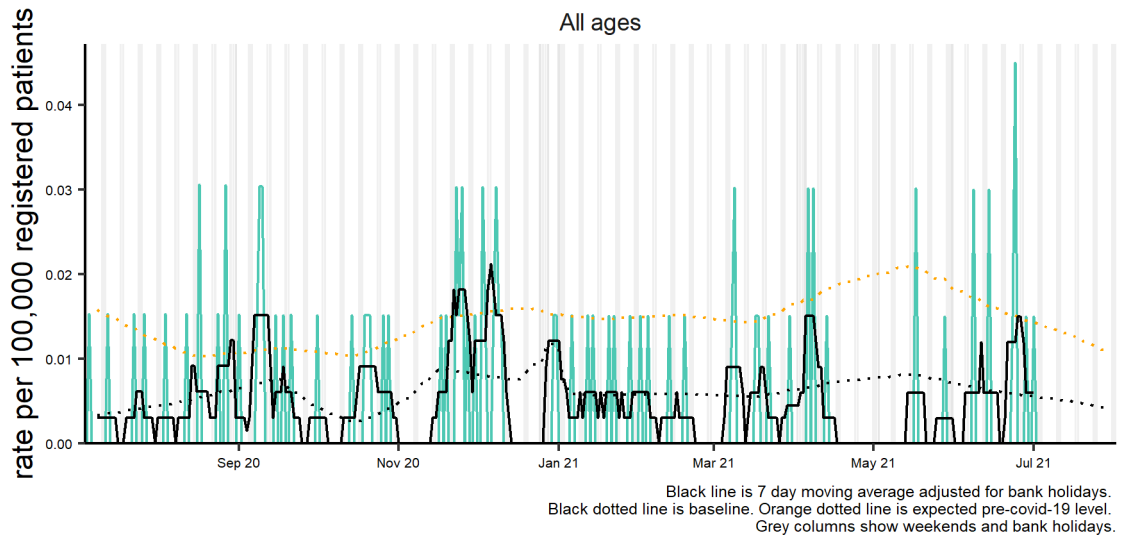
07 July 2021

Year: 2021 Week: 26

13: Mumps

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

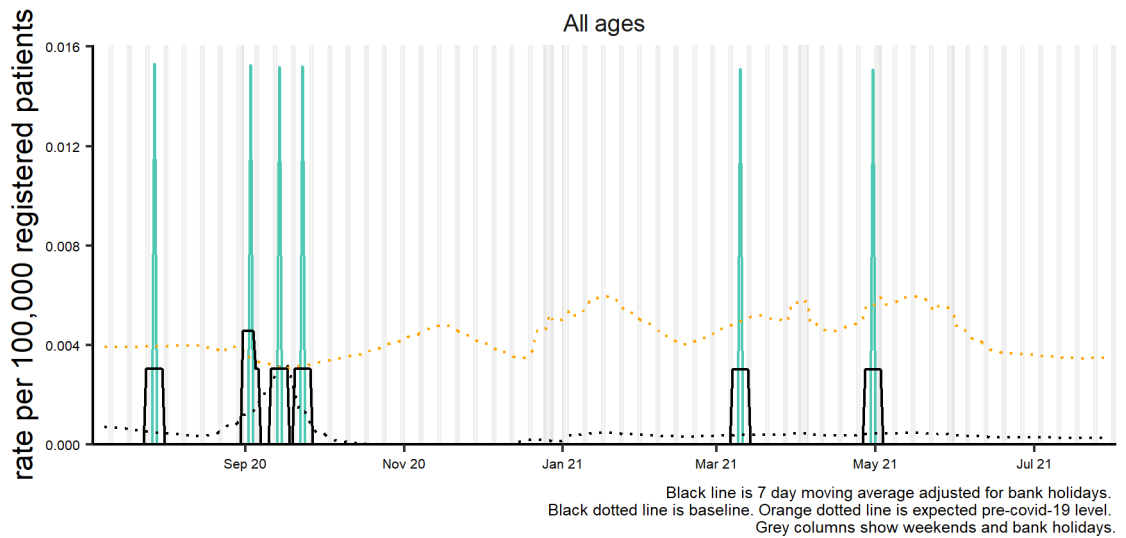
Mumps 05/07/2020 - 04/07/2021



14: Measles

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

Measles 05/07/2020 - 04/07/2021



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* 7-day moving average adjusted for bank holidays.

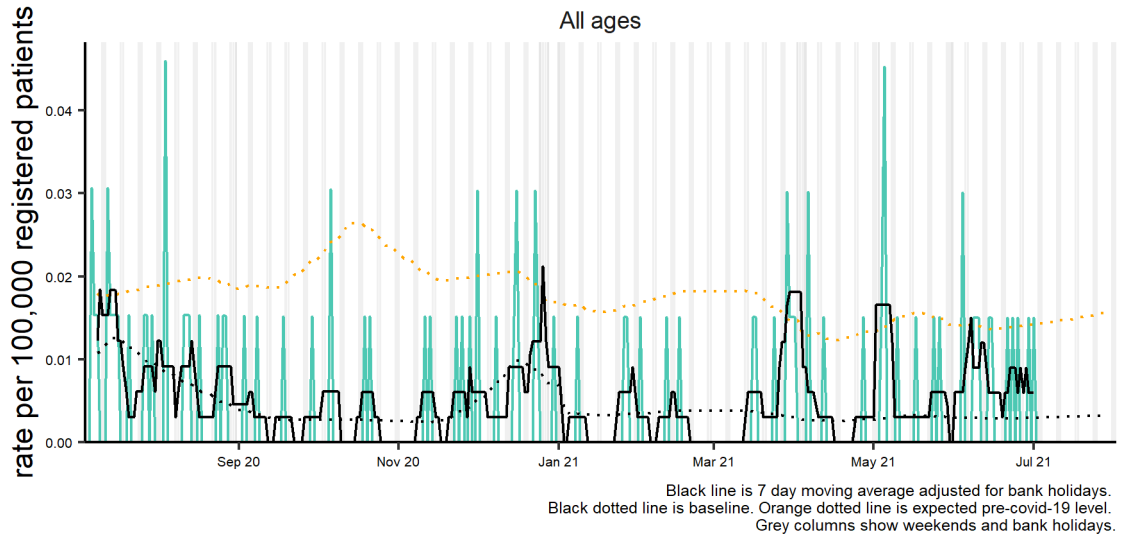
07 July 2021

Year: 2021 Week: 26

16: Whooping cough

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

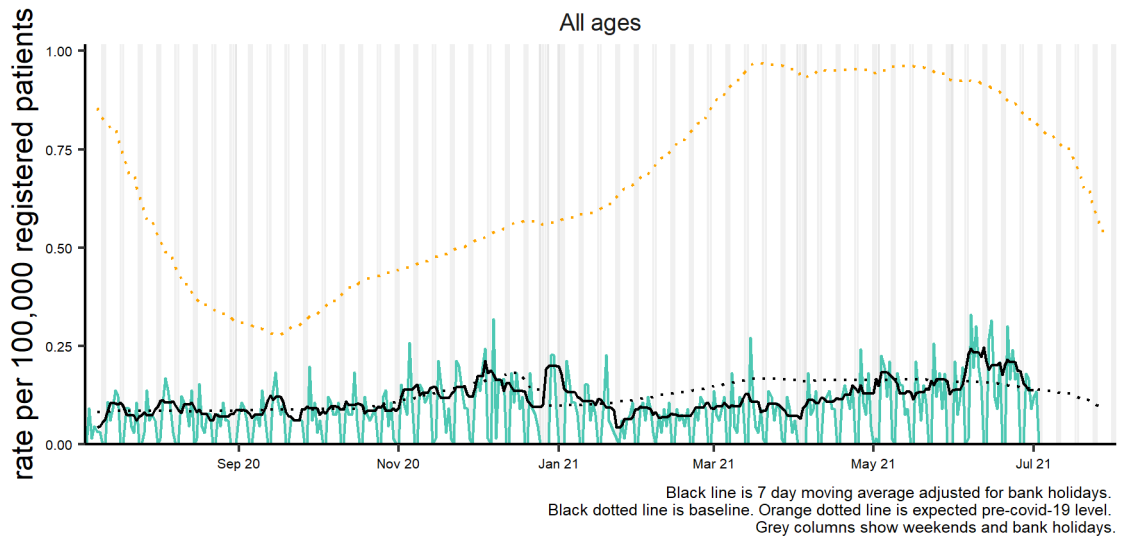
Whooping cough 05/07/2020 - 04/07/2021



17: Chickenpox

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

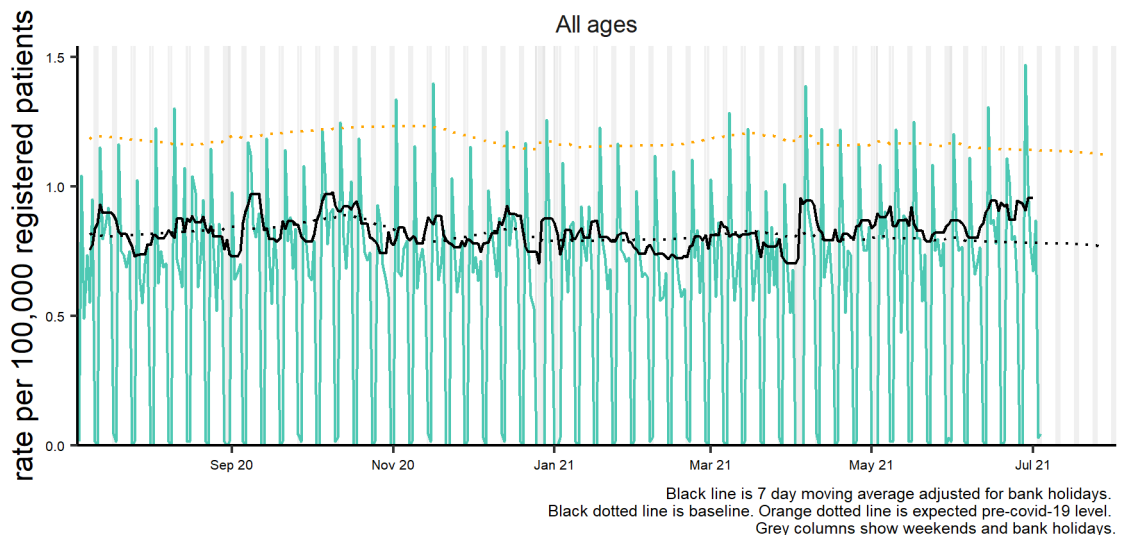
Chickenpox 05/07/2020 - 04/07/2021



18: Herpes zoster

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

Herpes zoster 05/07/2020 - 04/07/2021



* 7-day moving average adjusted for bank holidays.

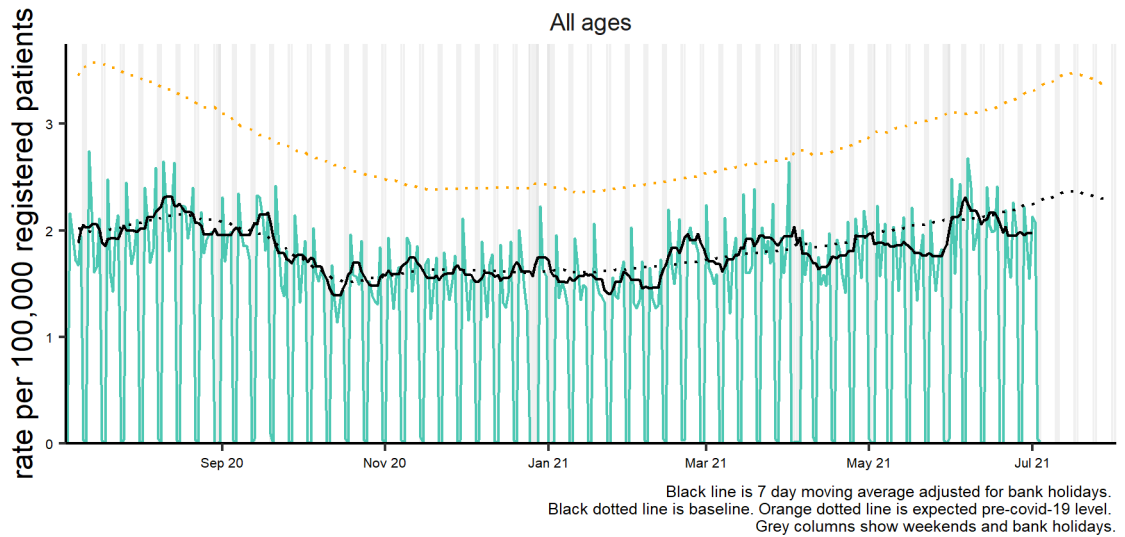
07 July 2021

Year: 2021 Week: 25

19 Cellulitis

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

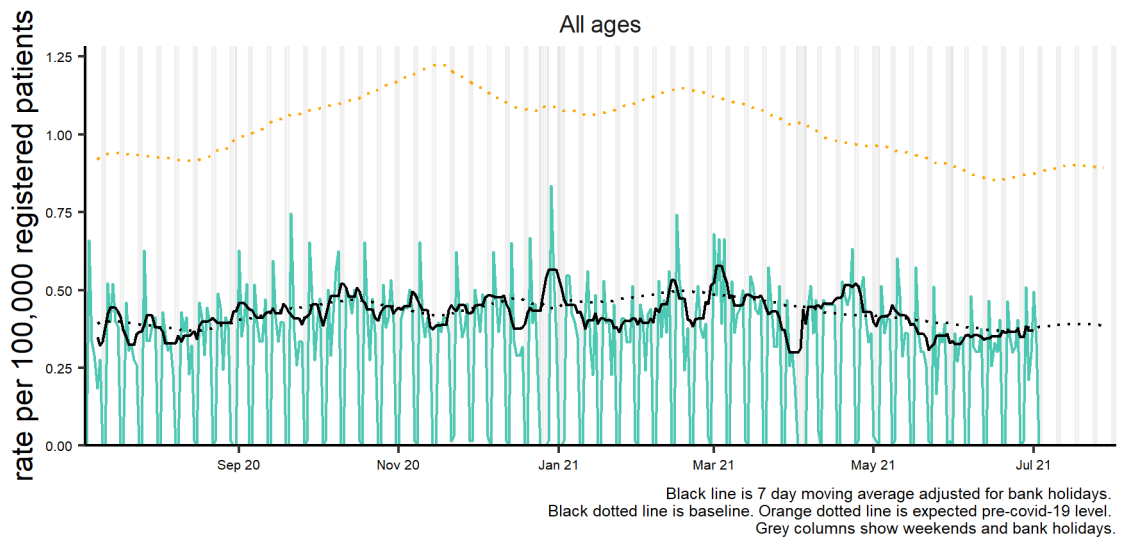
Cellulitis 05/07/2020 - 04/07/2021



20: Impetigo

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

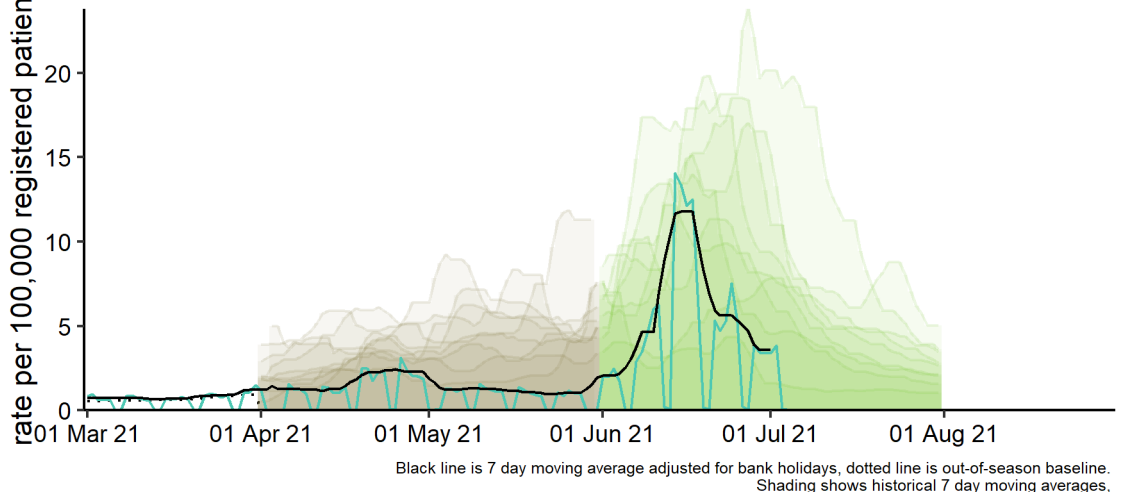
Impetigo 05/07/2020 - 04/07/2021



21: Allergic Rhinitis

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

Allergic rhinitis - March to August



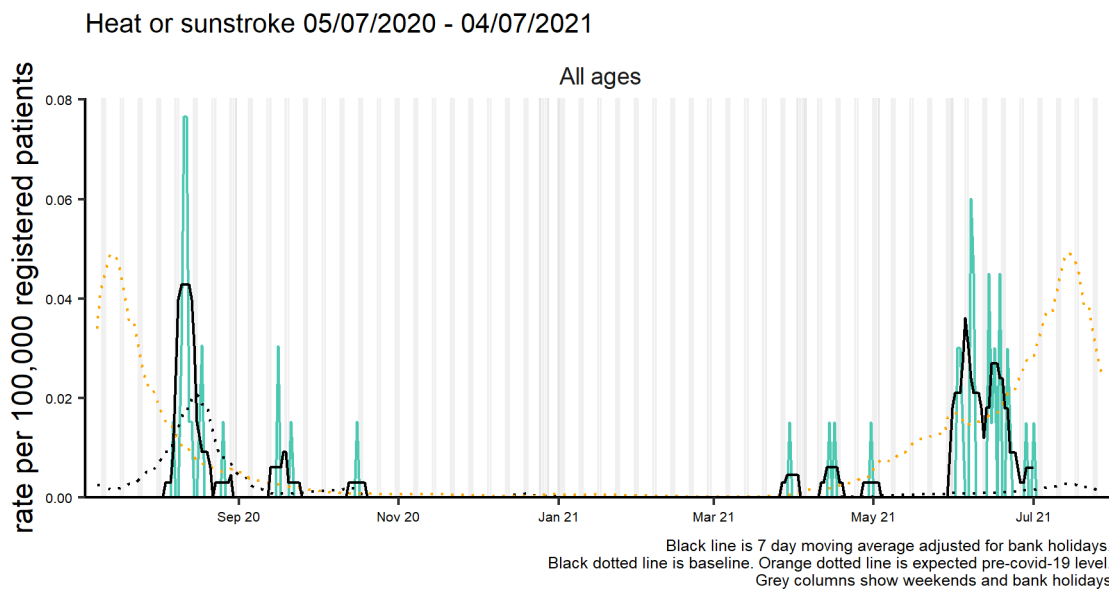
* 7-day moving average adjusted for bank holidays.

07 July 2021

Year: 2021 Week: 26

22 Heat/sunstroke

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



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07 July 2021

Year: 2021 Week: 26

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. Baselines have been remodelled to account for changes due to COVID-19 and the orange dotted lines are counter-factual models showing seasonally expected levels if covid-19 had not occurred.
- 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](https://doi.org/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](https://doi.org/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:

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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>