



03 August 2021

Year: 2021 Week: 30

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- Key messages.
- Diagnostic indicators at a glance.
- GP practices and denominator population.
- National syndromic indicators.
- Notes and further information.

Key messages

data to

01/08/2021

During week 30, GP consultations for heat/sun stroke decreased as temperatures across the country returned to seasonally expected levels (figure 22). Consultations for gastroenteritis increased in the 15-44 years age group (figure 8a).

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

GP practices and denominator population:

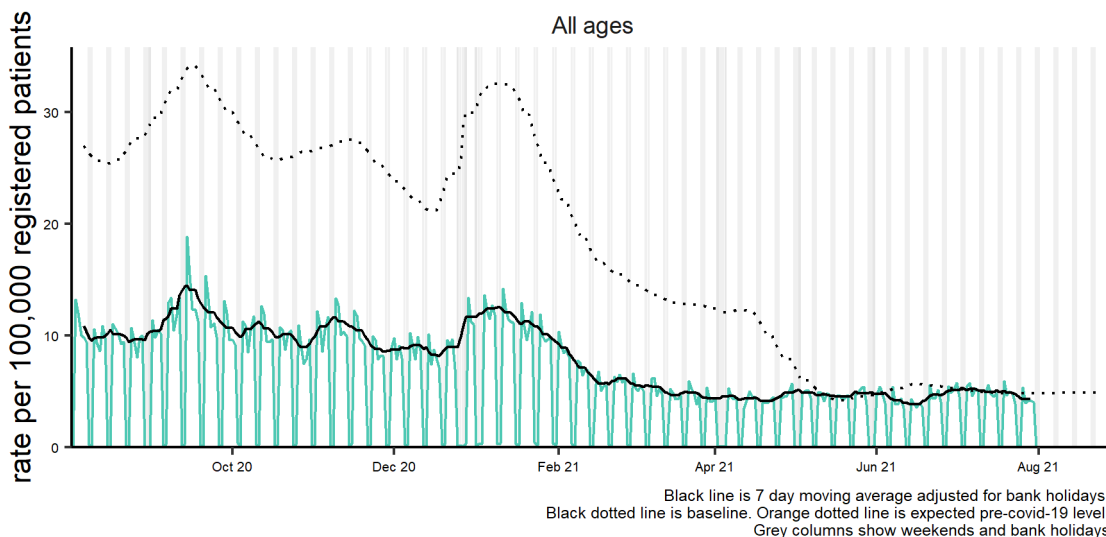
Year	Week	GP Practices Reporting**	Population size**
2021	30	677	6.7 million

**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).

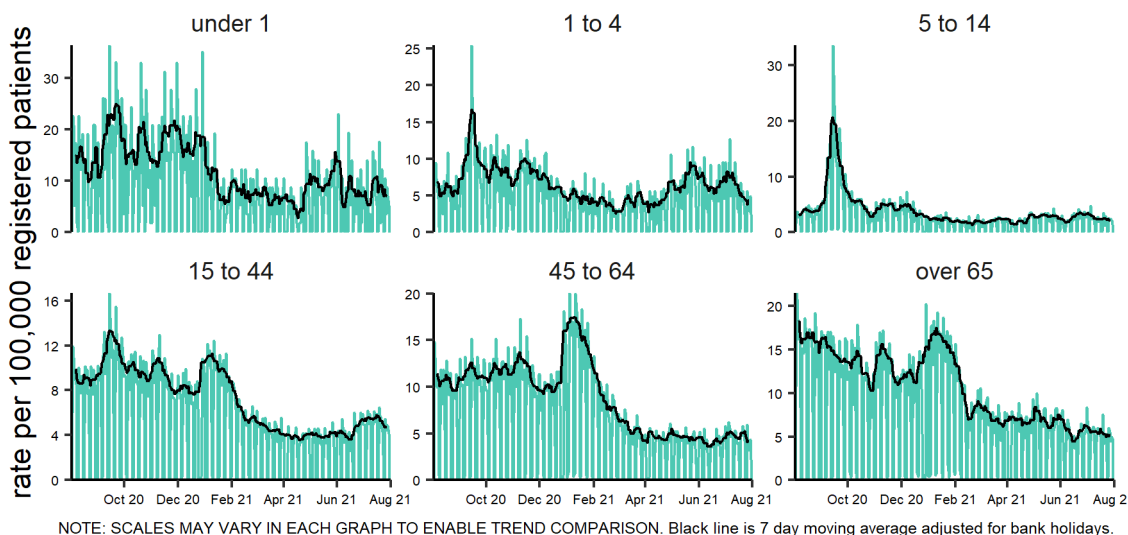
Covid-19-like 02/08/2020 - 01/08/2021



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).

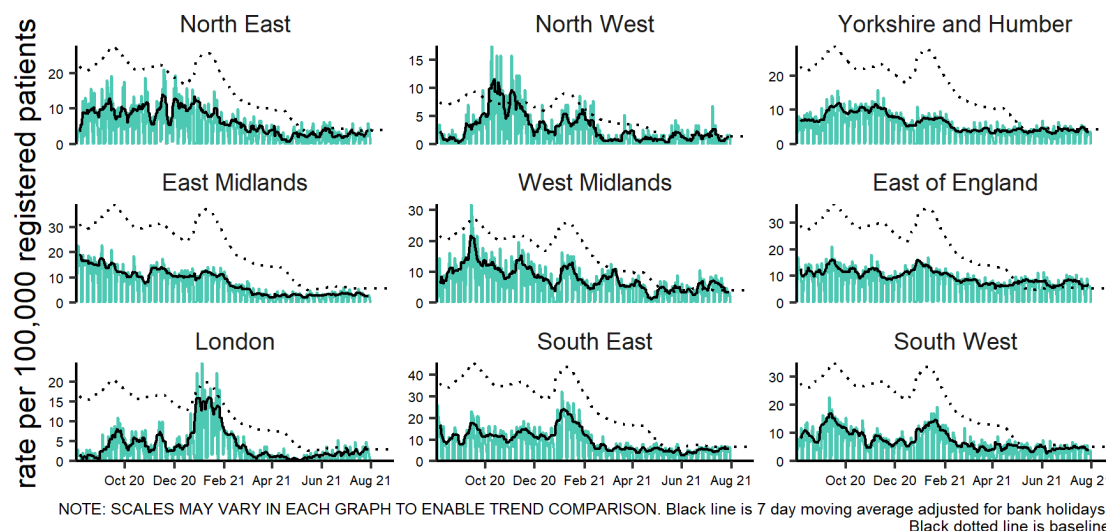
Covid-19-like by age group (years) 02/08/2020 - 01/08/2021



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

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

Covid-19-like by PHE centre 02/08/2020 - 01/08/2021



* 7-day moving average adjusted for bank holidays.

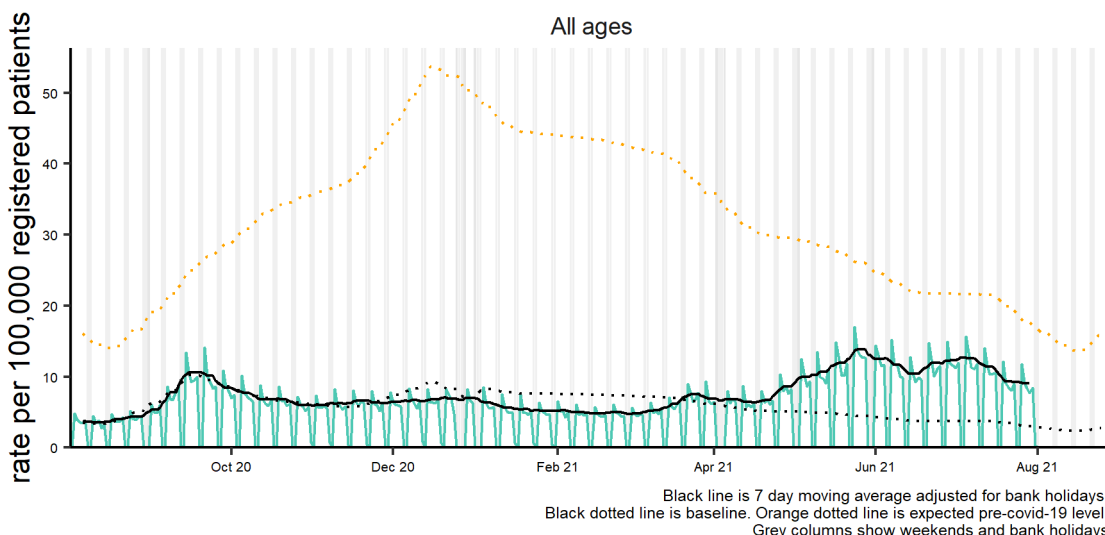
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2: Upper respiratory tract infection (URTI)

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

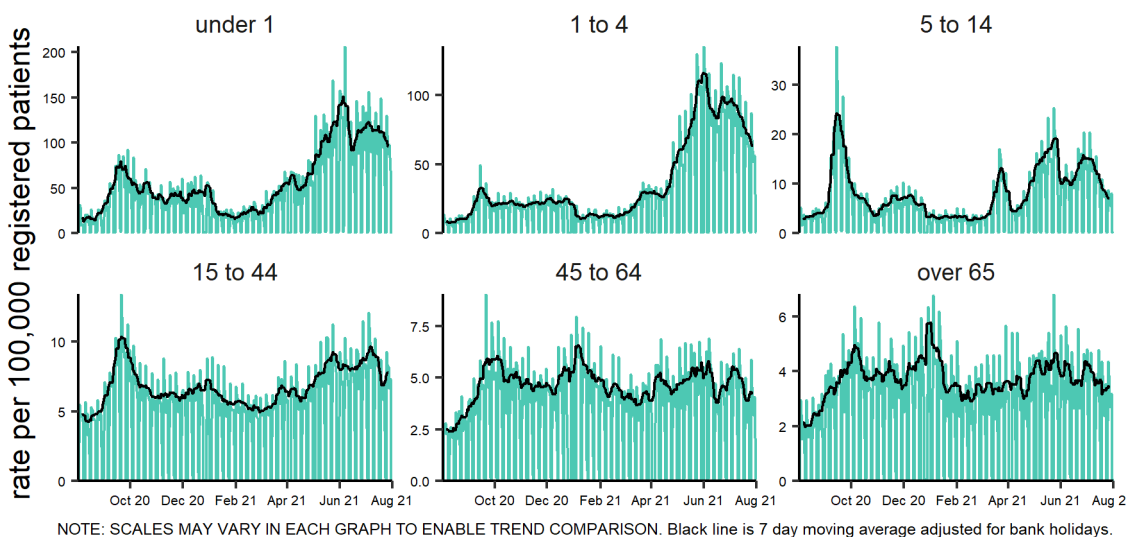
Upper respiratory tract infection 02/08/2020 - 01/08/2021



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).

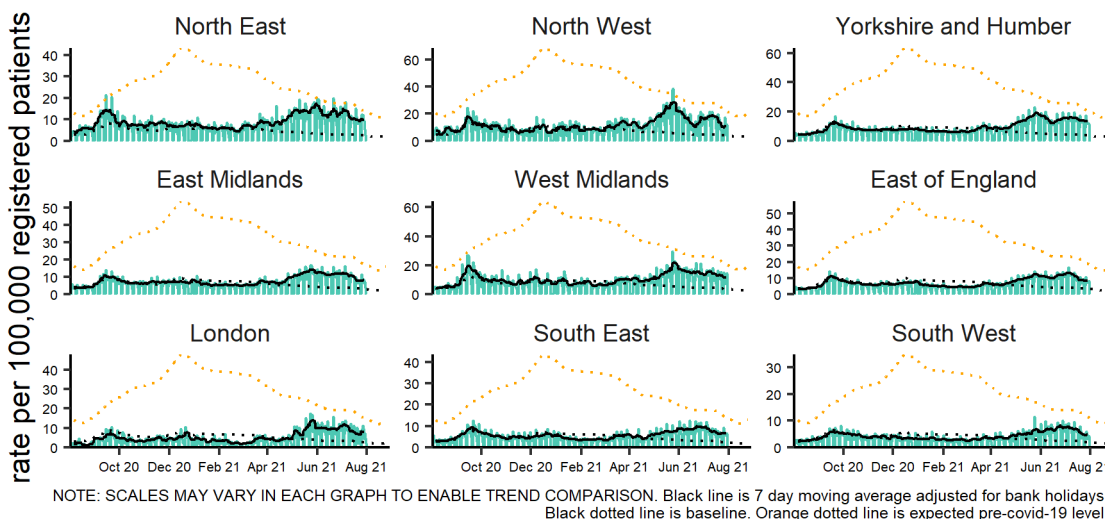
Upper respiratory tract infection by age group (years) 02/08/2020 - 01/08/2021



2b: Upper respiratory tract infection (URTI) by PHE centre

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

Upper respiratory tract infection by PHE centre 02/08/2020 - 01/08/2021



* 7-day moving average adjusted for bank holidays.

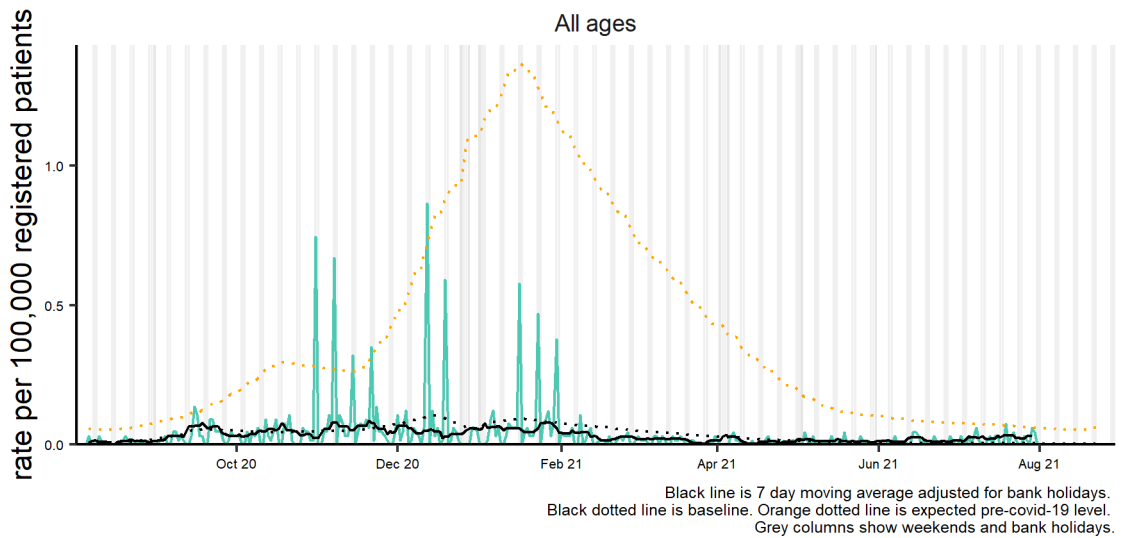
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3: Influenza-like illness (ILI)

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

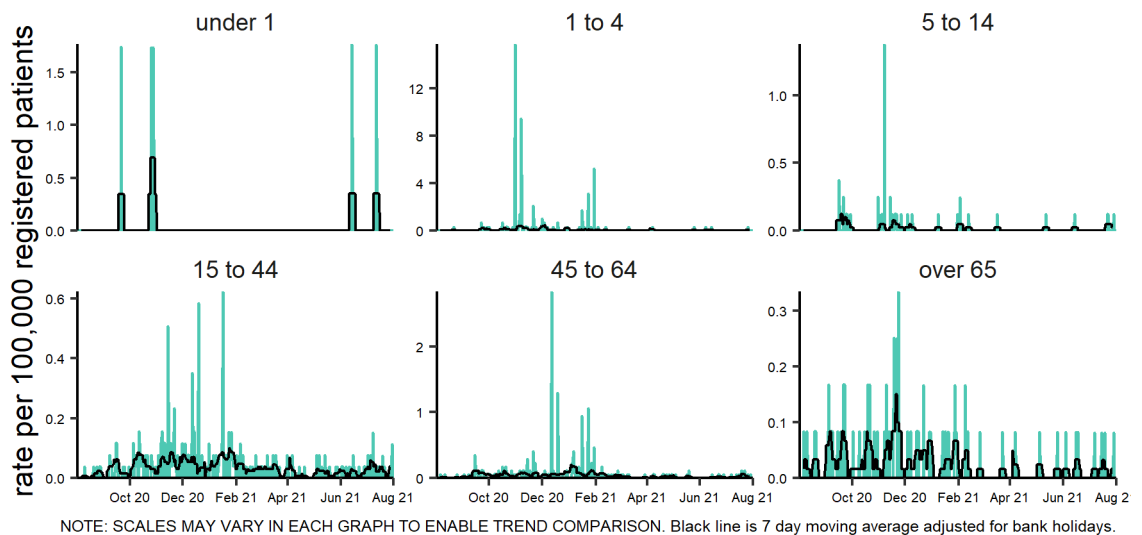
Influenza-like illness 02/08/2020 - 01/08/2021



3a: ILI by age group

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

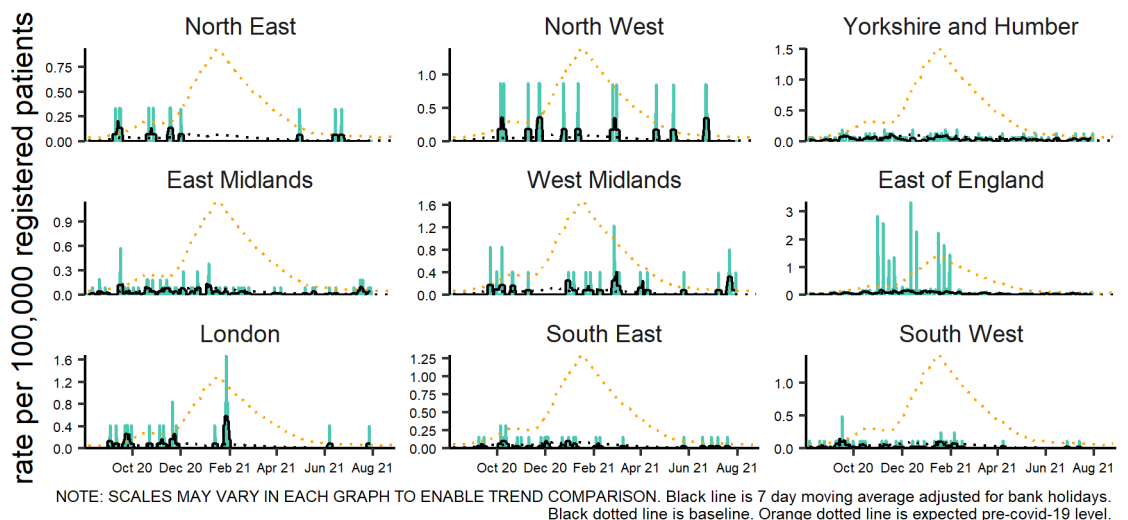
Influenza-like illness by age group (years) 02/08/2020 - 01/08/2021



3b: ILI by PHE centre

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

Influenza-like illness by PHE centre 02/08/2020 - 01/08/2021



* 7-day moving average adjusted for bank holidays.

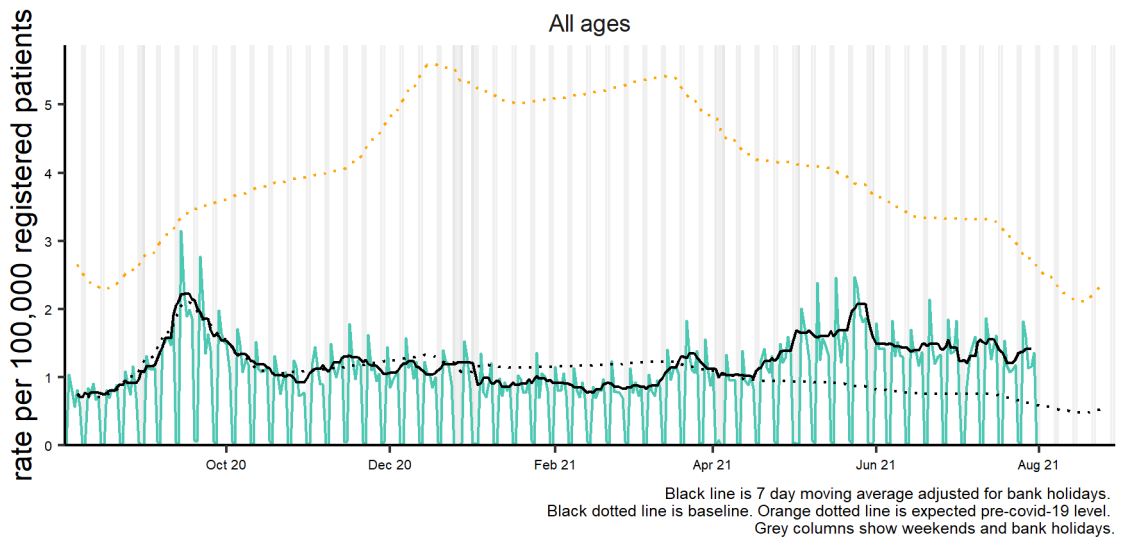
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4: Pharyngitis or scarlet fever

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

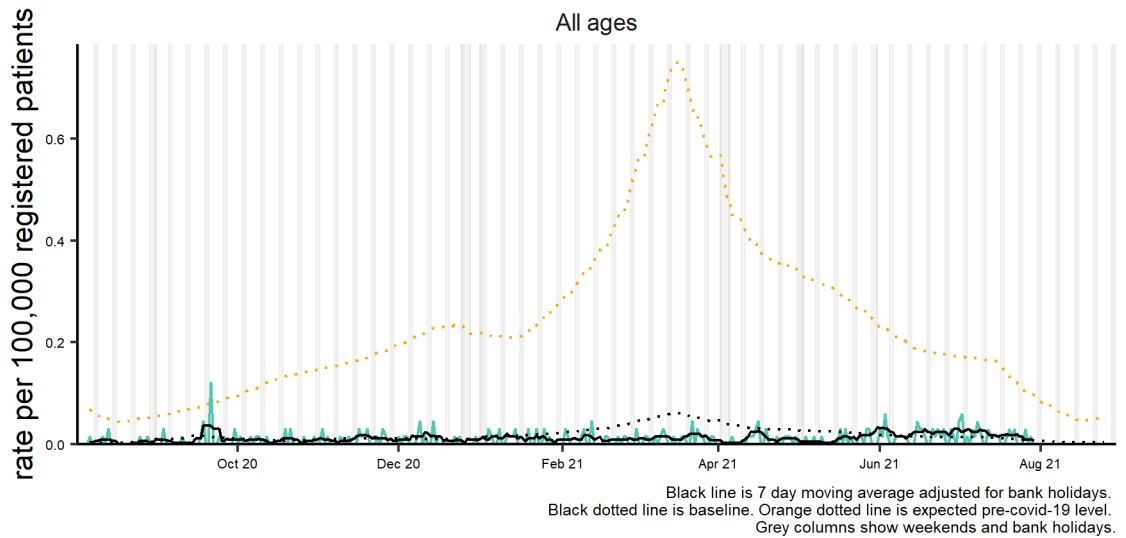
Pharyngitis or scarlet fever 02/08/2020 - 01/08/2021



5: Scarlet fever

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

Scarlet fever 02/08/2020 - 01/08/2021



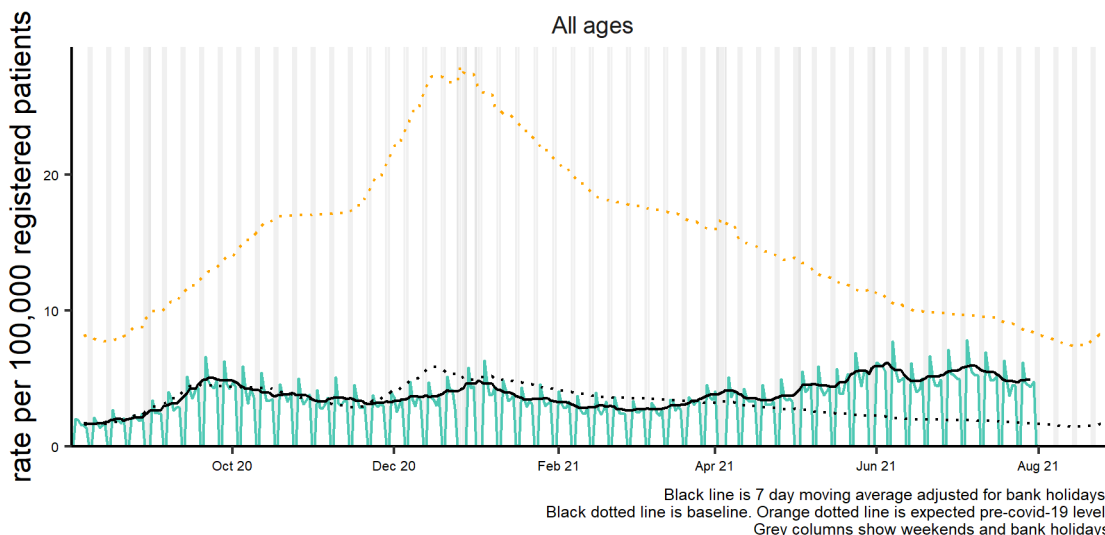
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* 7-day moving average adjusted for bank holidays.

6: Lower respiratory tract infection (LRTI)

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

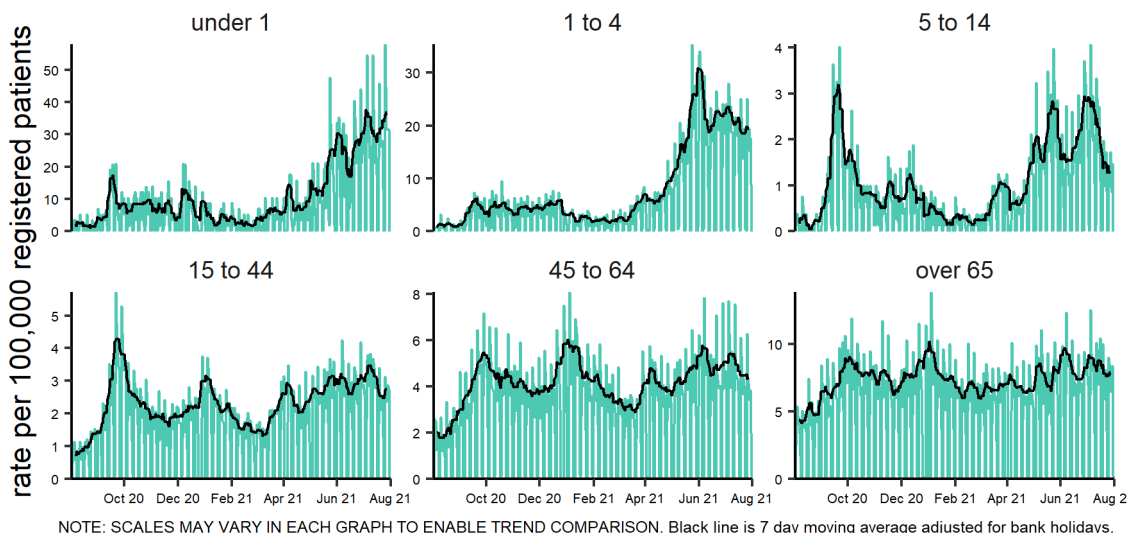
Lower respiratory tract infection 02/08/2020 - 01/08/2021



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).

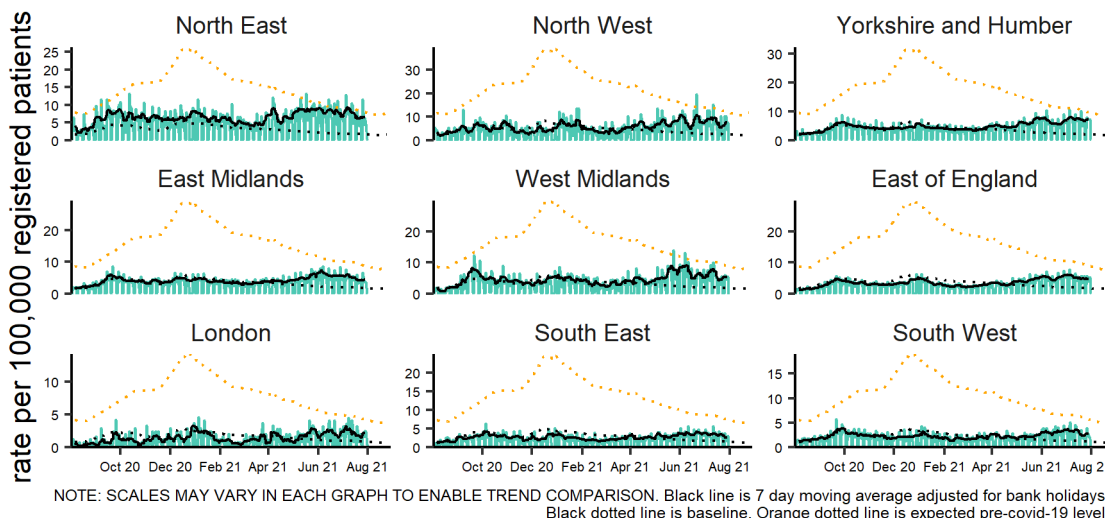
Lower respiratory tract infection by age group (years) 02/08/2020 - 01/08/2021



6b: LRTI by PHE centre

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

Lower respiratory tract infection by PHE centre 02/08/2020 - 01/08/2021

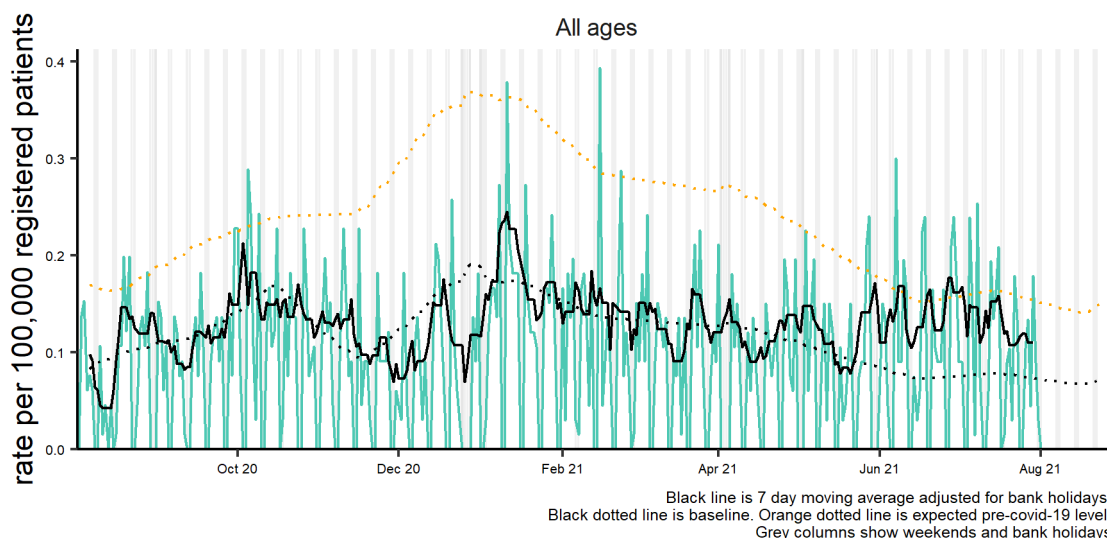


* 7-day moving average adjusted for bank holidays.

7: Pneumonia

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

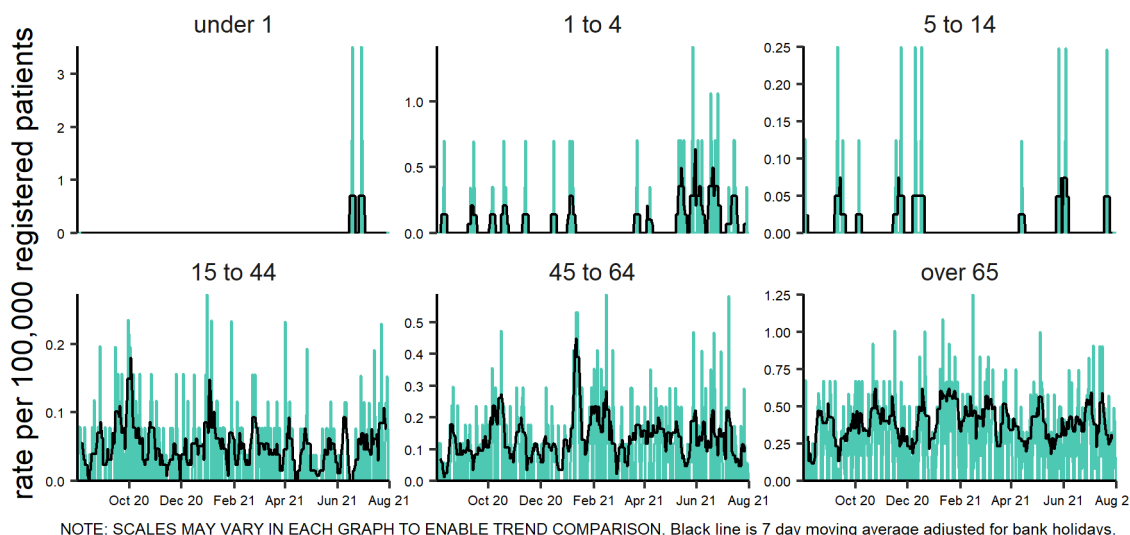
Pneumonia 02/08/2020 - 01/08/2021



7a: Pneumonia by age

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

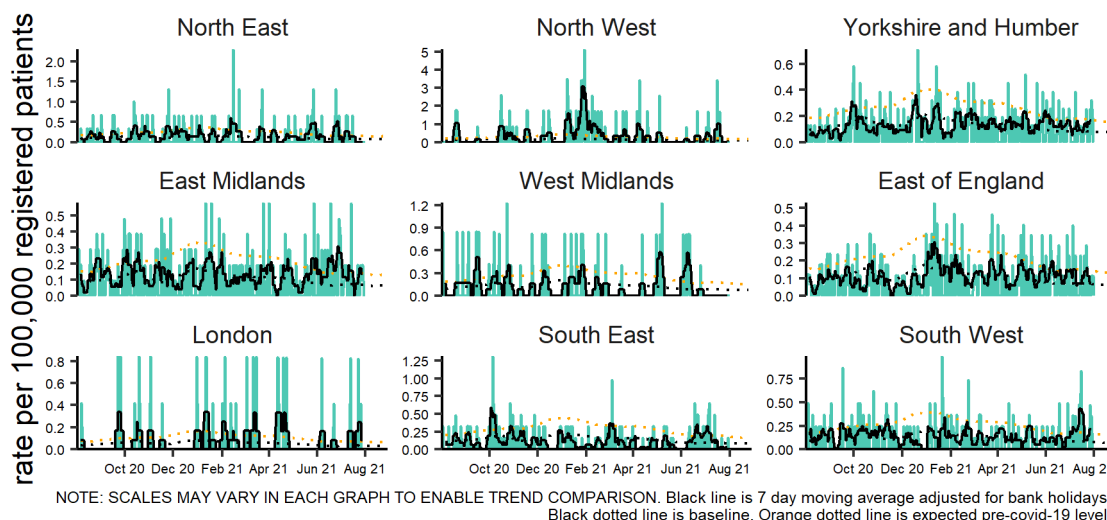
Pneumonia by age group (years) 02/08/2020 - 01/08/2021



7b: Pneumonia by PHE centre

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

Pneumonia by PHE centre 02/08/2020 - 01/08/2021

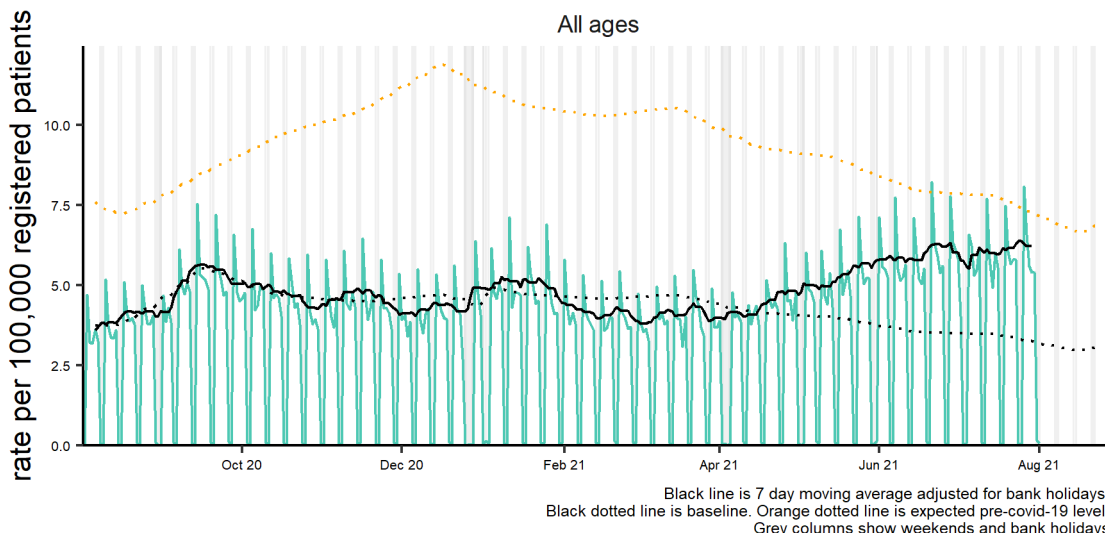


* 7-day moving average adjusted for bank holidays.

8: Gastroenteritis

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

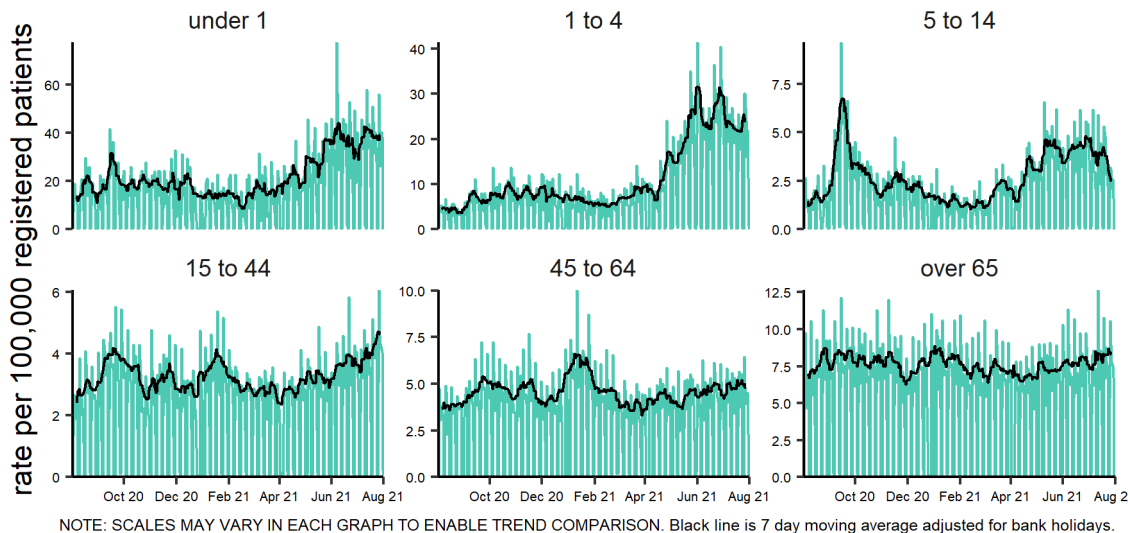
Gastroenteritis 02/08/2020 - 01/08/2021



8a: Gastroenteritis by age

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

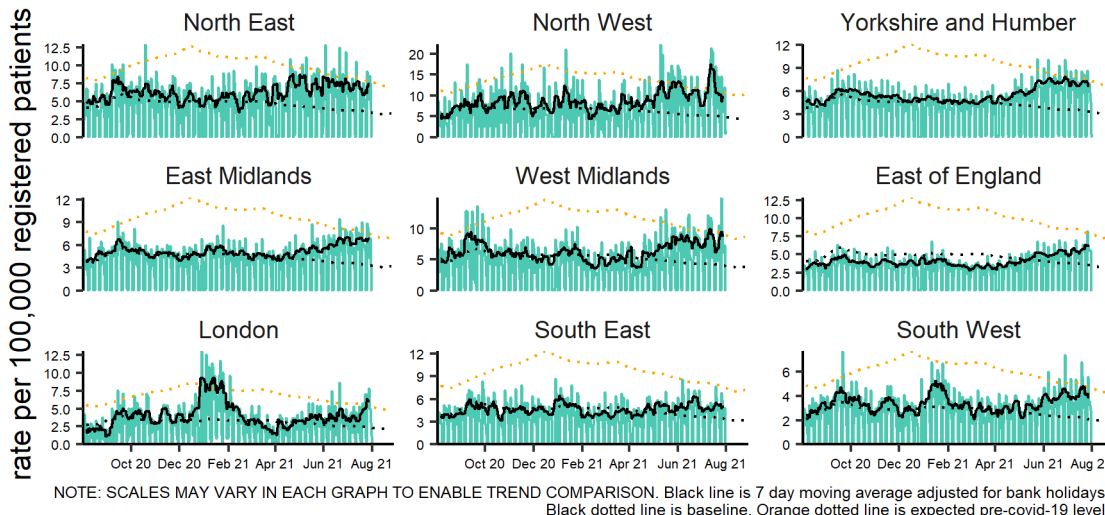
Gastroenteritis by age group (years) 02/08/2020 - 01/08/2021



8b: Gastroenteritis by PHE centre

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

Gastroenteritis by PHE centre 02/08/2020 - 01/08/2021



* 7-day moving average adjusted for bank holidays.

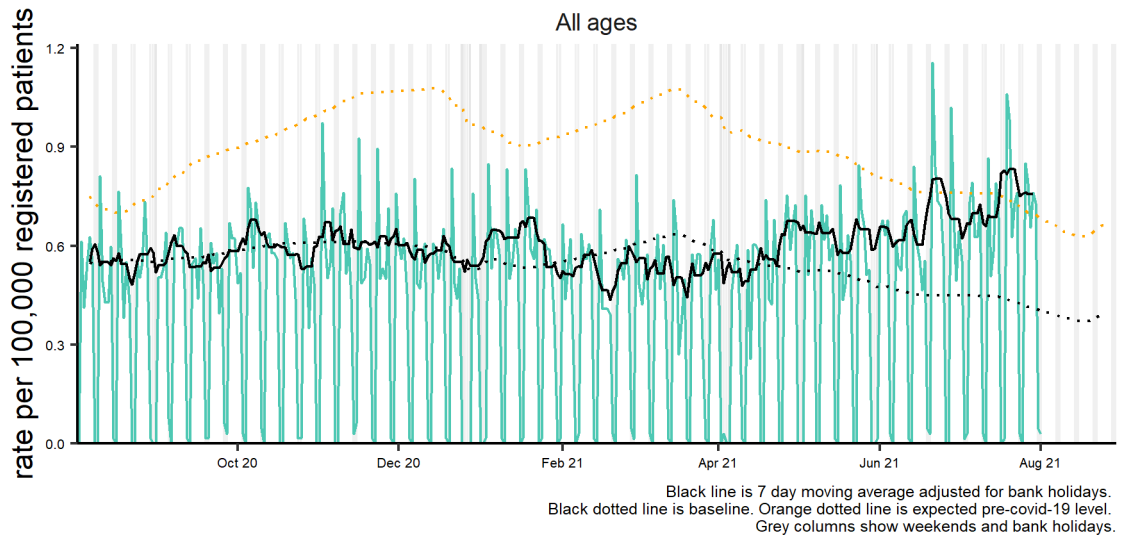
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9: Vomiting

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

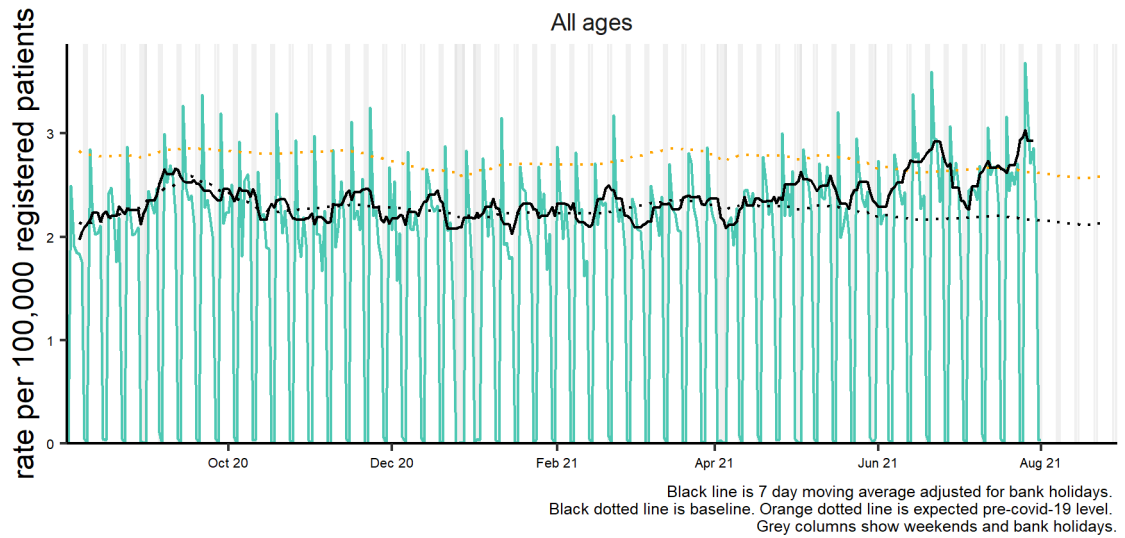
Vomiting 02/08/2020 - 01/08/2021



10: Diarrhoea

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

Diarrhoea 02/08/2020 - 01/08/2021



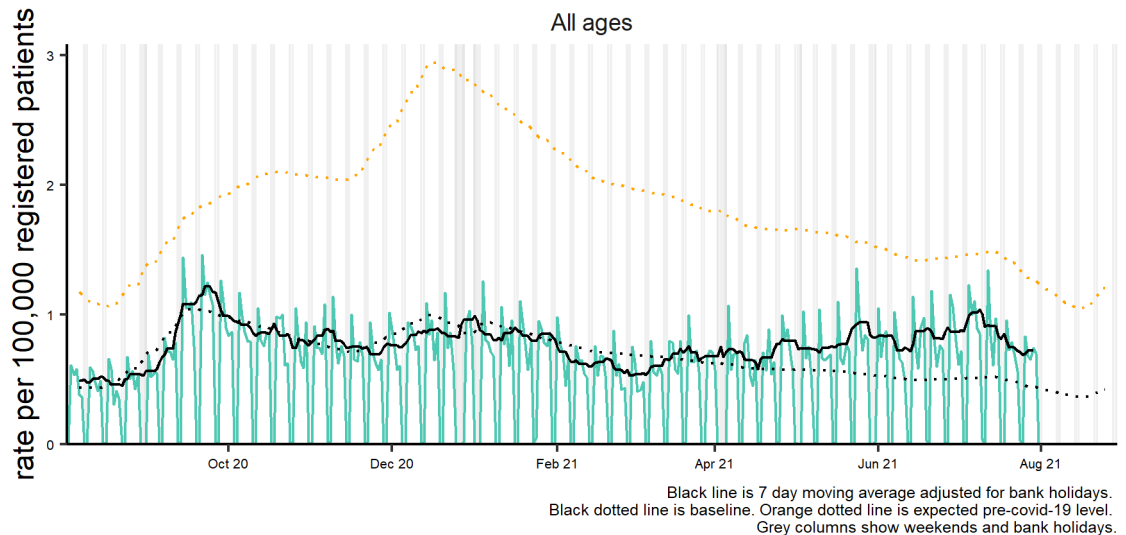
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* 7-day moving average adjusted for bank holidays.

11: Asthma

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

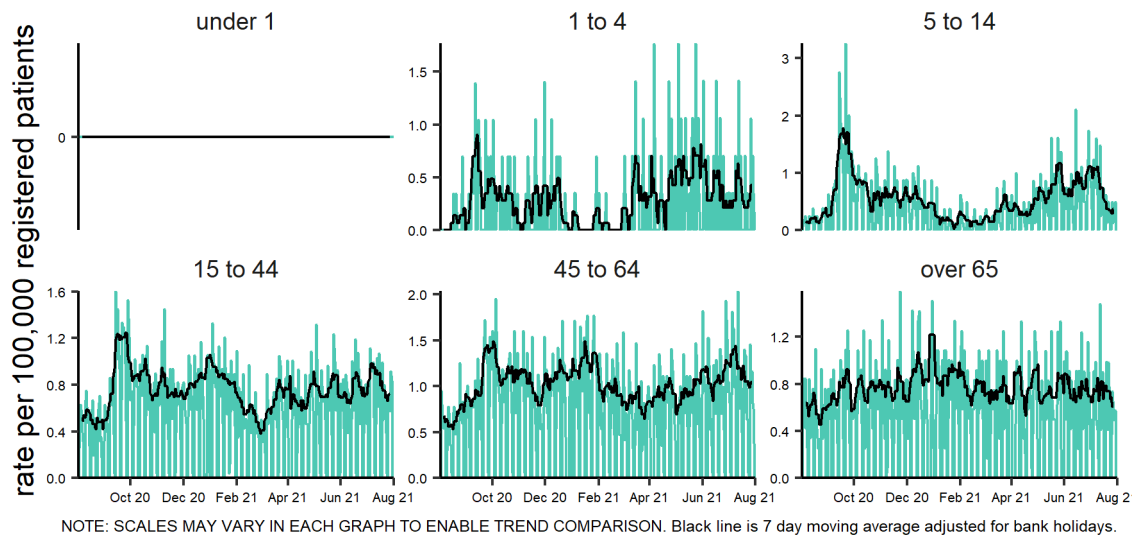
Acute presenting asthma 02/08/2020 - 01/08/2021



11a: Asthma by age

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

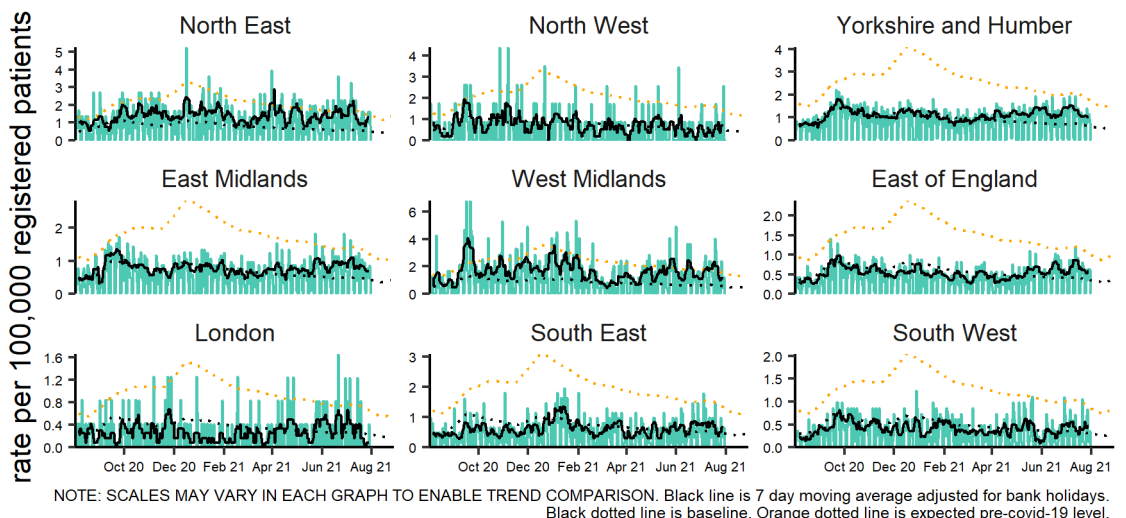
Acute presenting asthma by age group (years) 02/08/2020 - 01/08/2021



11b: Asthma by PHE centre

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

Acute presenting asthma by PHE centre 02/08/2020 - 01/08/2021



* 7-day moving average adjusted for bank holidays.

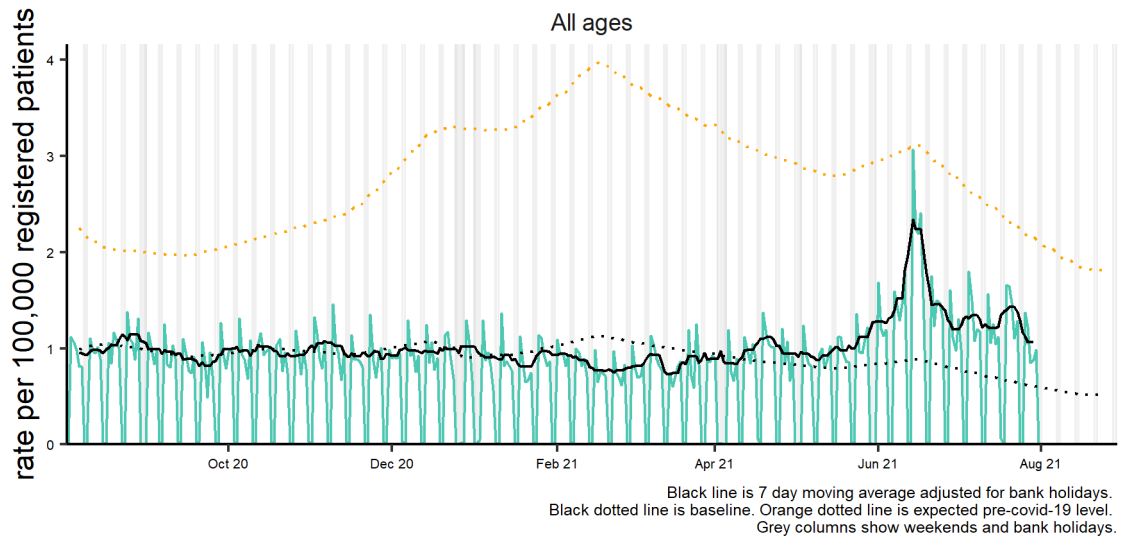
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12: Conjunctivitis

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

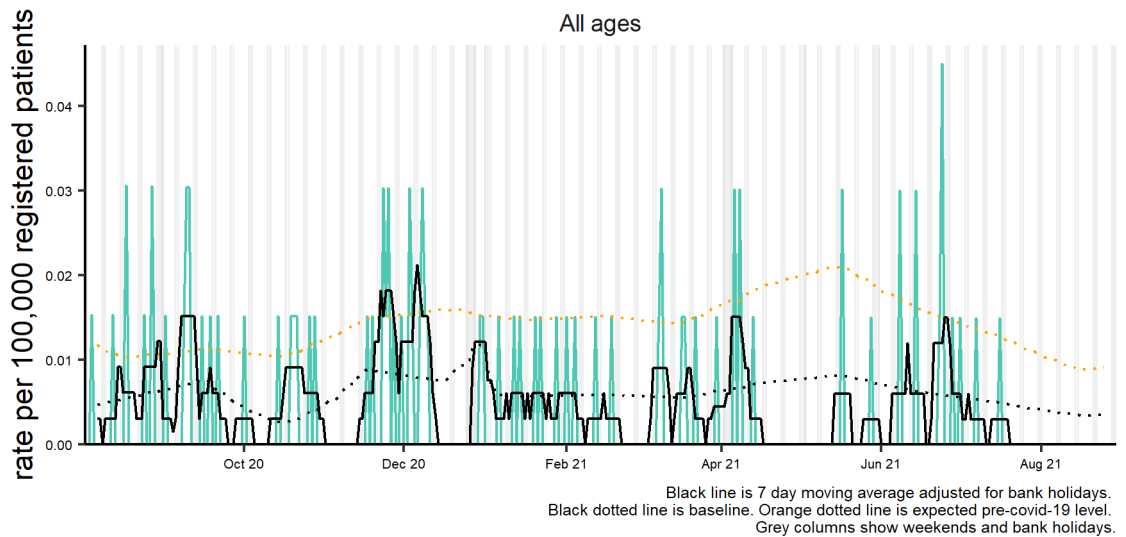
Conjunctivitis 02/08/2020 - 01/08/2021



13: Mumps

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

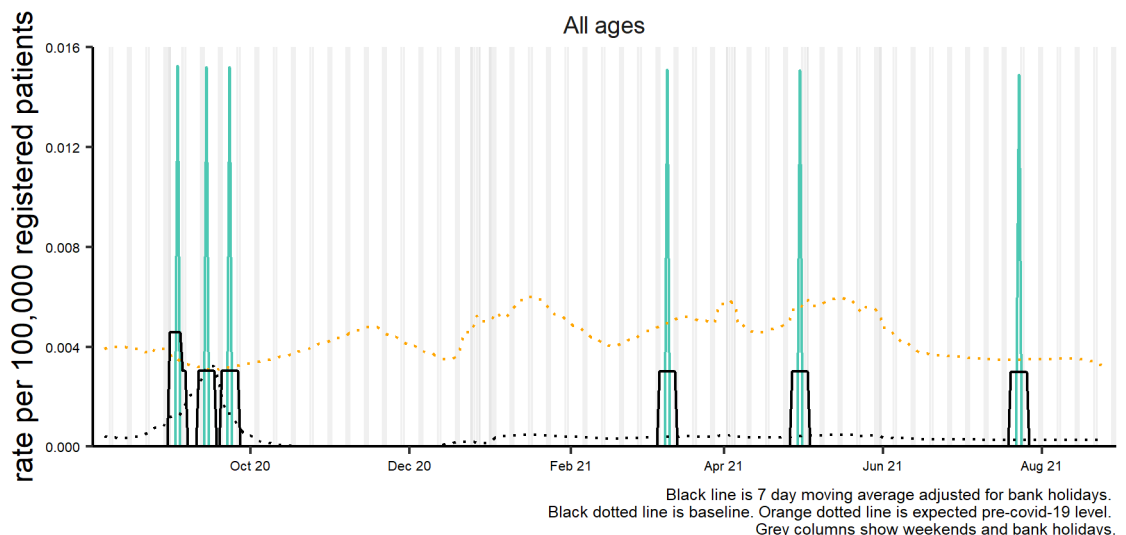
Mumps 02/08/2020 - 01/08/2021



14: Measles

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

Measles 02/08/2020 - 01/08/2021



* 7-day moving average adjusted for bank holidays.

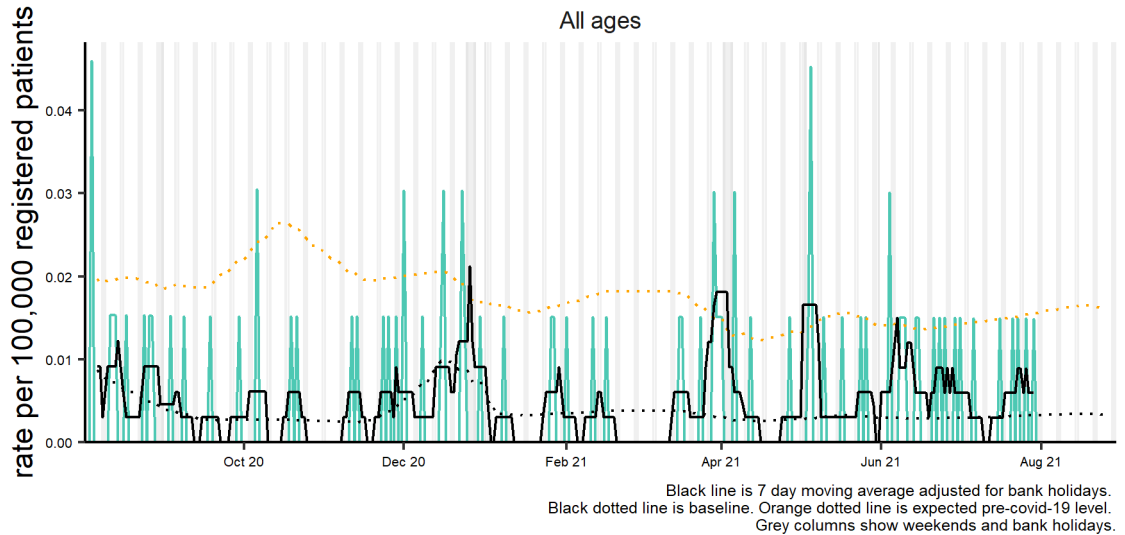
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16: Whooping cough

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

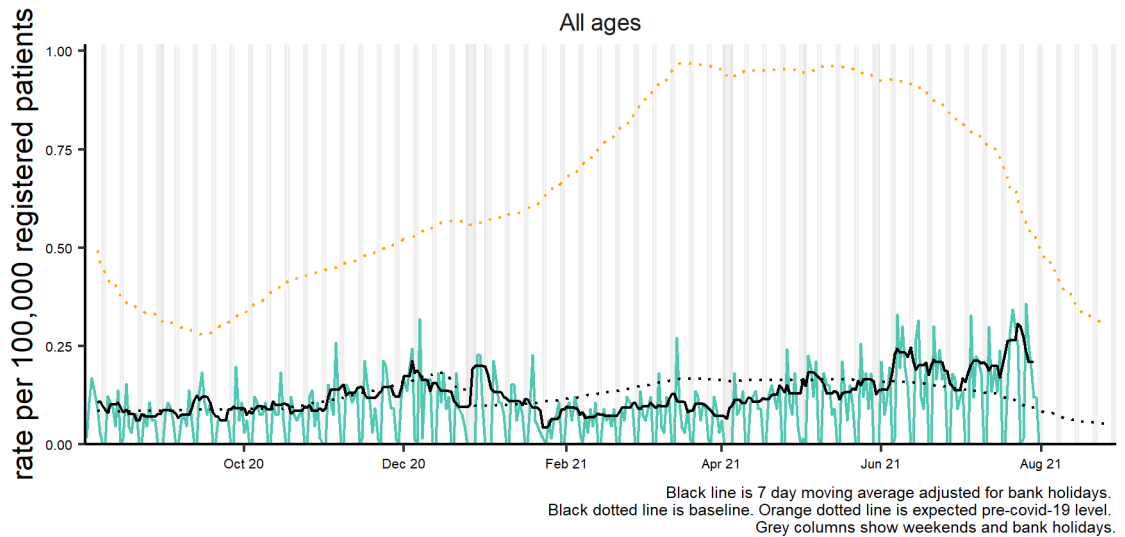
Whooping cough 02/08/2020 - 01/08/2021



17: Chickenpox

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

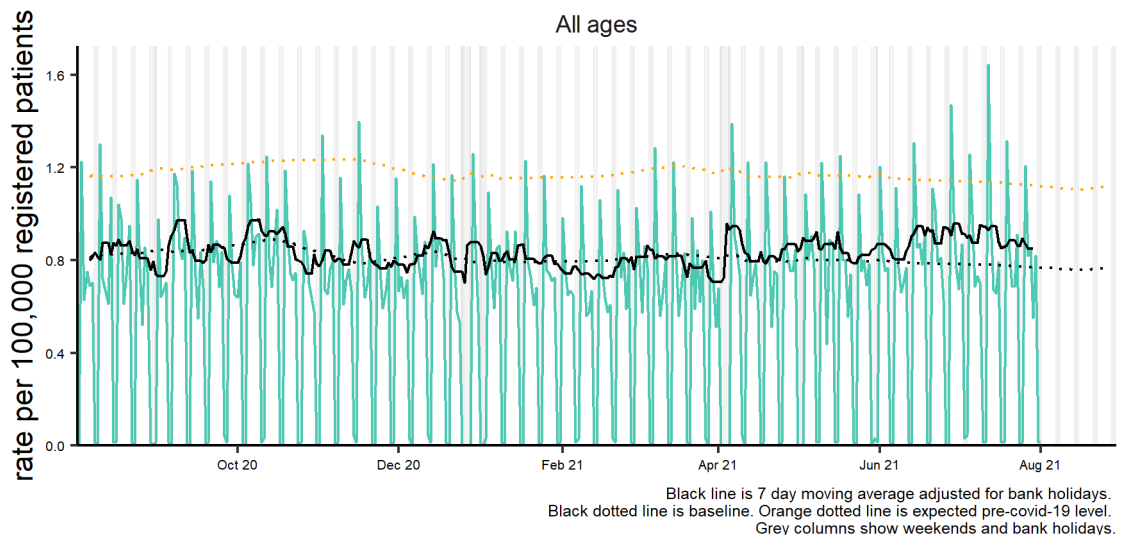
Chickenpox 02/08/2020 - 01/08/2021



18: Herpes zoster

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

Herpes zoster 02/08/2020 - 01/08/2021



* 7-day moving average adjusted for bank holidays.

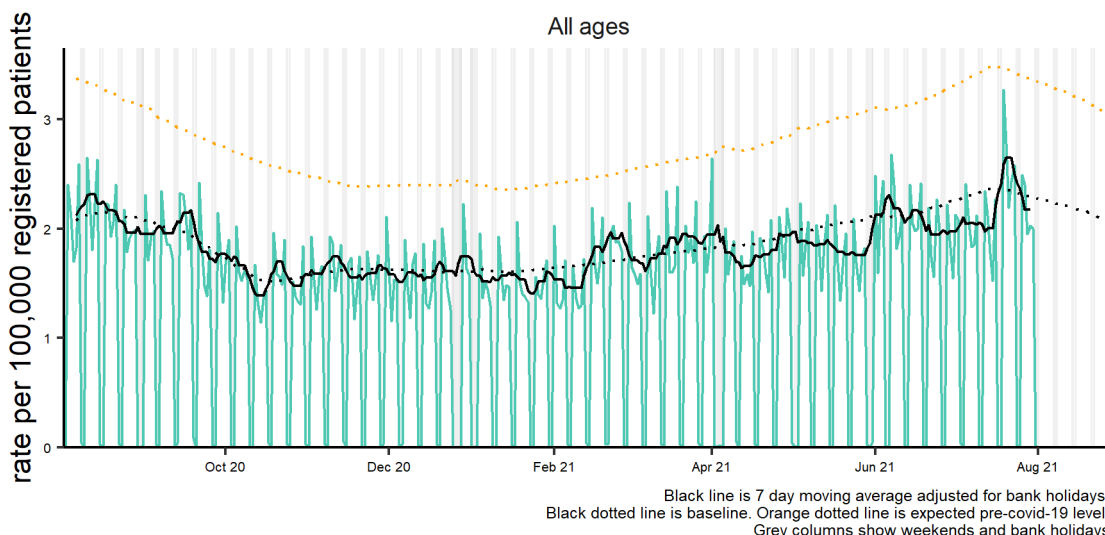
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19 Cellulitis

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

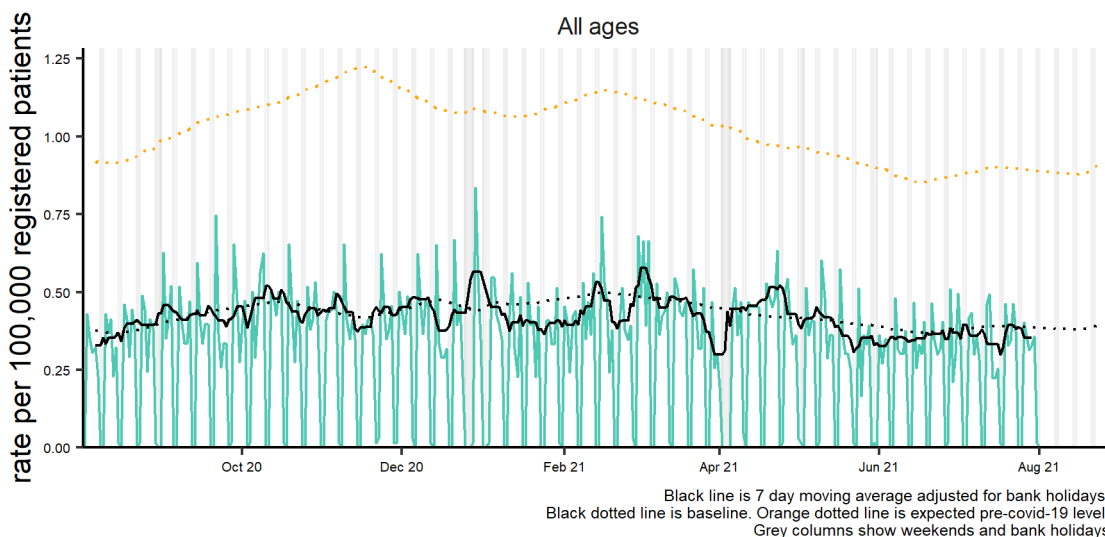
Cellulitis 02/08/2020 - 01/08/2021



20: Impetigo

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

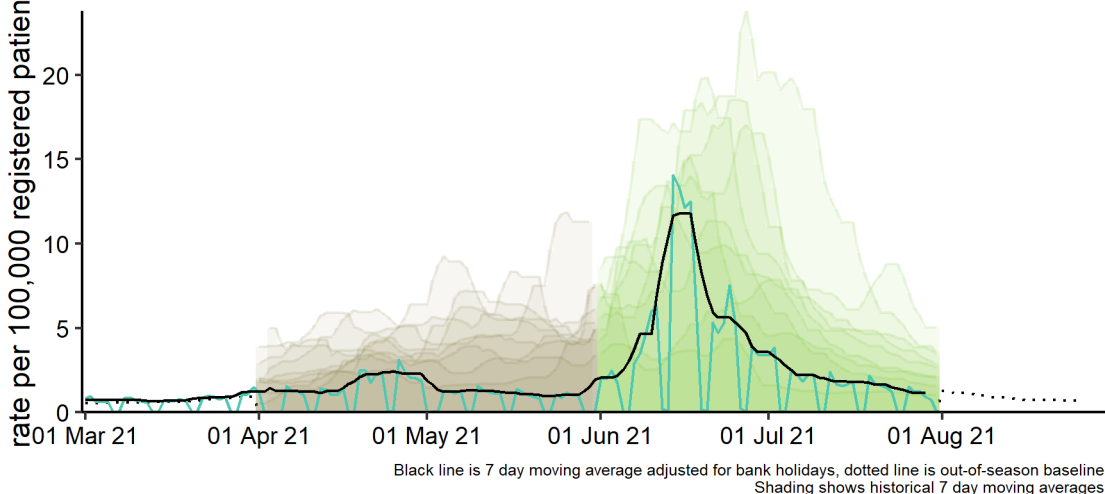
Impetigo 02/08/2020 - 01/08/2021



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.

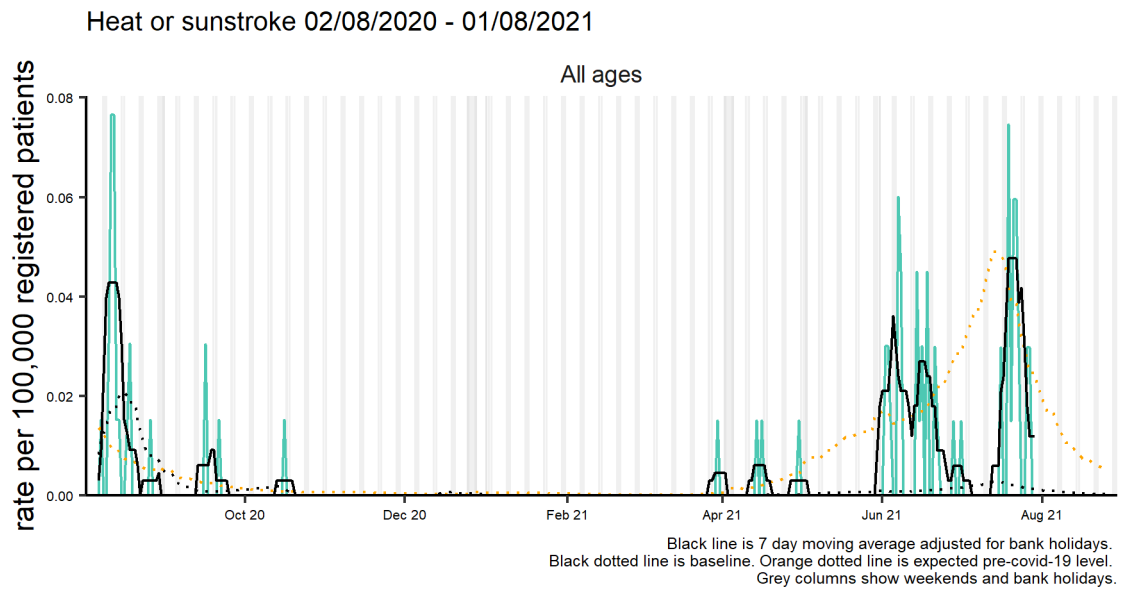
lightest shades are peaks seen once since 2012, darkest shades show levels reached every year since 2012. April-May (brown) is associated with tree pollen peaks, June-July (green) with grass pollen.

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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 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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Contact ReSST:
syndromic.surveillance
@phe.gov.uk

GP In Hours Syndromic Surveillance System Bulletin.

Produced by: PHE Real-time Syndromic Surveillance Team
1stFloor, 5 St Philips Place, Birmingham, B3 2PW
Tel: 0344 225 3560 > Option 4 > Option 2

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