



UK Health
Security
Agency

GP in Hours Syndromic Surveillance System Bulletin (England)

2022 Week 8

Key messages

Data reported to: 27 February 2022

During week 8, respiratory indicators including influenza-like illness and COVID-19-like remained stable or decreased. Recent increases observed in vomiting and diarrhoea consultations in children aged under 15 years stabilised during week 8.

Syndromic indicators at a glance

Table 1: The current trend (based on previous weeks, not only the current week) and the level (compared to the expected baseline), of each indicator included in this bulletin.

Indicator	Trend ¹	Level
COVID-19-like (Figure 1)	Decreasing	No baseline
Upper respiratory tract infections (Figure 2)	Decreasing	Below baseline
Influenza-like illness (Figure 3)	No trend	Below baseline
Pharyngitis or scarlet fever (Figure 4)	Decreasing	Below baseline
Scarlet fever (Figure 5)	No trend	Below baseline
Lower respiratory tract infections (Figure 6)	No trend	Below baseline
Pneumonia (Figure 7)	Decreasing	Below baseline
Acute presenting asthma (Figure 8)	No trend	Below baseline
Gastroenteritis (Figure 9)	No trend	Below baseline
Diarrhoea (Figure 10)	No trend	Above baseline
Vomiting (Figure 11)	No trend	Similar to baseline
Measles (Figure 12)	No trend	Below baseline
Mumps (Figure 13)	No trend	Below baseline
Whooping cough (Figure 14)	No trend	Below baseline
Cellulitis (Figure 15)	No trend	Below baseline
Chickenpox (Figure 16)	Increasing	Below baseline
Herpes zoster (Figure 17)	No trend	Below baseline
Impetigo (Figure 18)	No trend	Below baseline
Conjunctivitis (Figure 19)	No trend	Below baseline

¹ trend reports on the trend seen over most recent and earlier weeks

System coverage

Table 2: The number of GP practices, and number of registered patients included in surveillance during the most recent week.

Year	Week	GP practices reporting ¹	Registered patients ¹
2022	08	673	6.8 million

¹ based on the average number of practices and registered patient population in the reporting week (Monday-Friday).

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About this syndromic surveillance system

This bulletin presents data from the UK Health Security Agency (UKHSA) GP in hours Syndromic Surveillance System.

Syndromic surveillance can be used to:

- assess current trends
- assess current trends and levels compared to historical baselines
- compare trends between age groups/areas

Syndromic surveillance should not be used to:

- estimate total burden or number of 'cases' of a condition (see **Notes and caveats**)
- compare levels between age groups/areas

Fully anonymised, daily GP in hours data are analysed and reported here, to identify and describe trends for a variety of syndromic indicators:

- syndromic indicators include groupings such as upper respiratory tract infections, acute presenting asthma and gastroenteritis
- syndromic indicators are based on:
 - diagnoses recorded during GP in hours patient consultations
 - diagnoses are based on signs/symptoms and may not be laboratory confirmed
- **Key messages** describes any notable trends nationally (England), by age group and/or by geographical area (based on UKHSA Regions)
- the full list of syndromic indicators reported here, along with their current level and trend, are summarised in **Table 1**
- charts are provided for each syndromic indicator, on a national basis, by age group and by geographical area (UKHSA Region). Each chart includes a year of data with:
 - 7-day moving averages (adjusted for weekends and bank holidays) to aid in the identification of trend
 - statistical baselines (where available) to aid in the assessment of level compared to historical expectations

For further information please see the **Notes and caveats** section.

Previous weekly bulletins from this system are available [here](#).

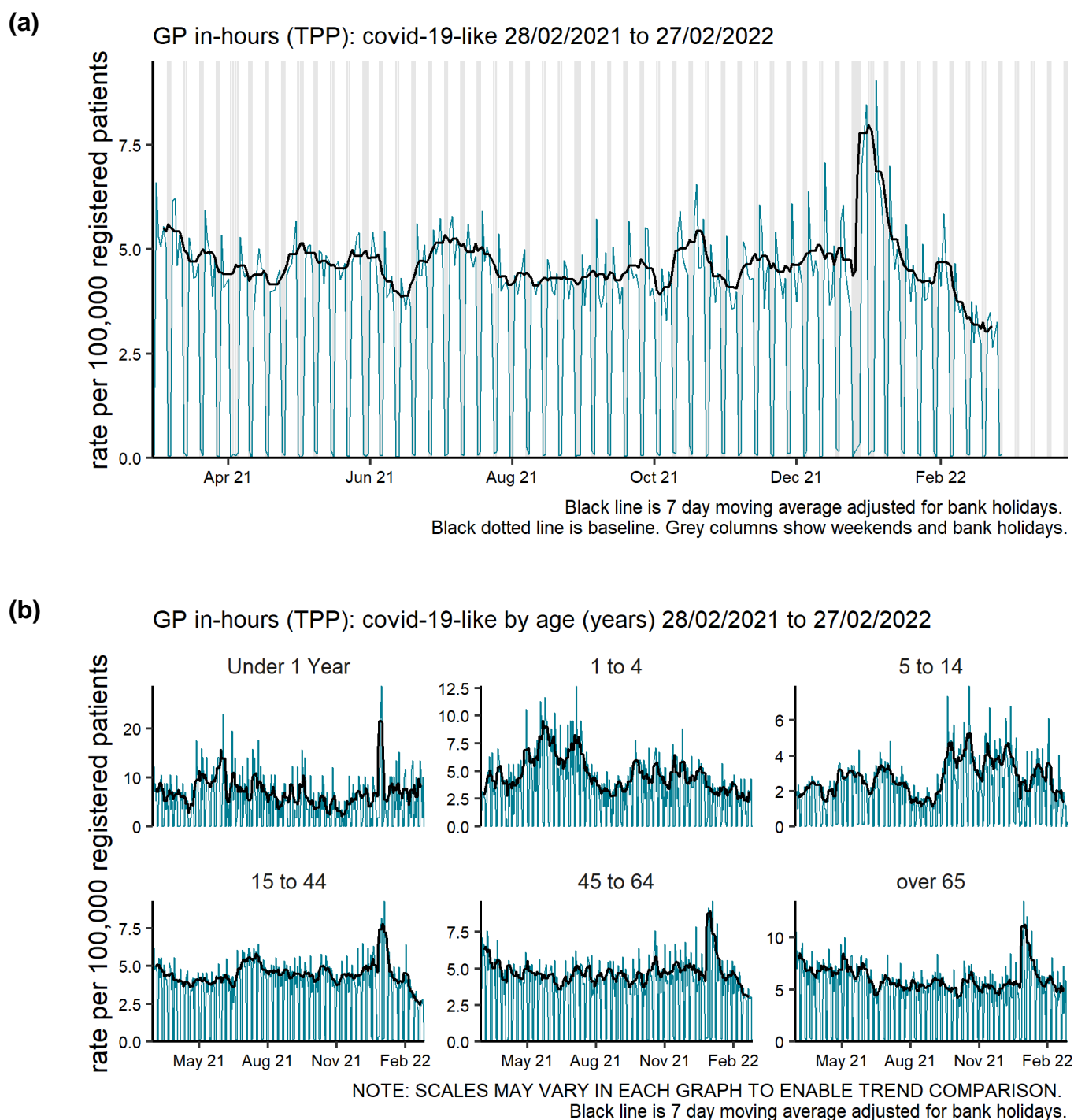
Data quality issues of note this week

There was a spike observed in COVID-19-like consultations in the South West during week 5; this is likely due to a coding error at a GP practice rather than an increase in COVID-19 activity.

Respiratory conditions

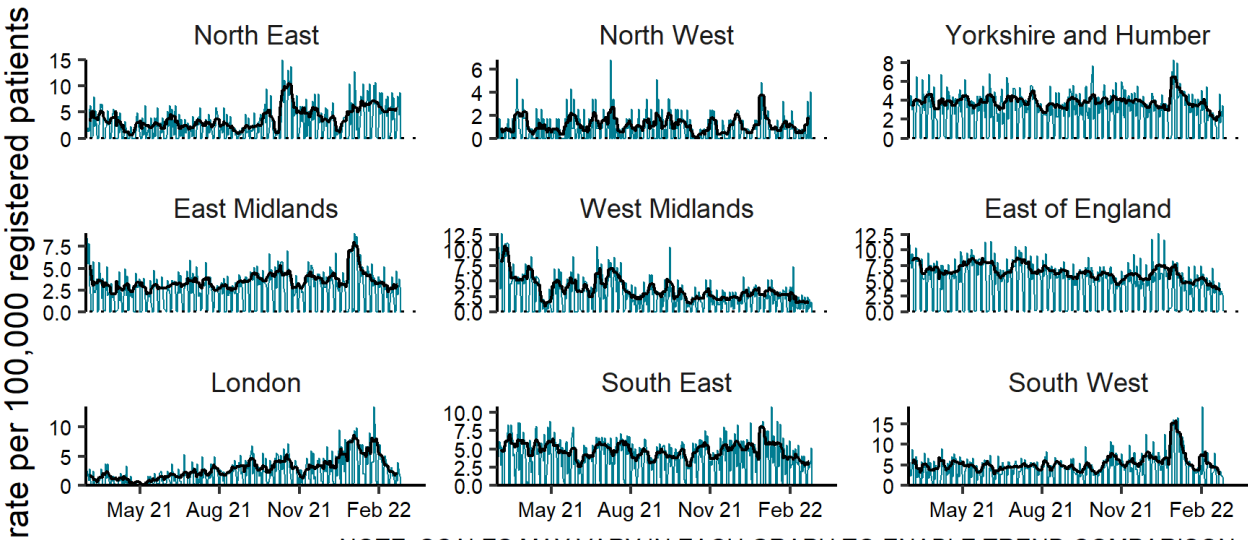
COVID-19-like

Figure 1: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for COVID-19-like GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



(c)

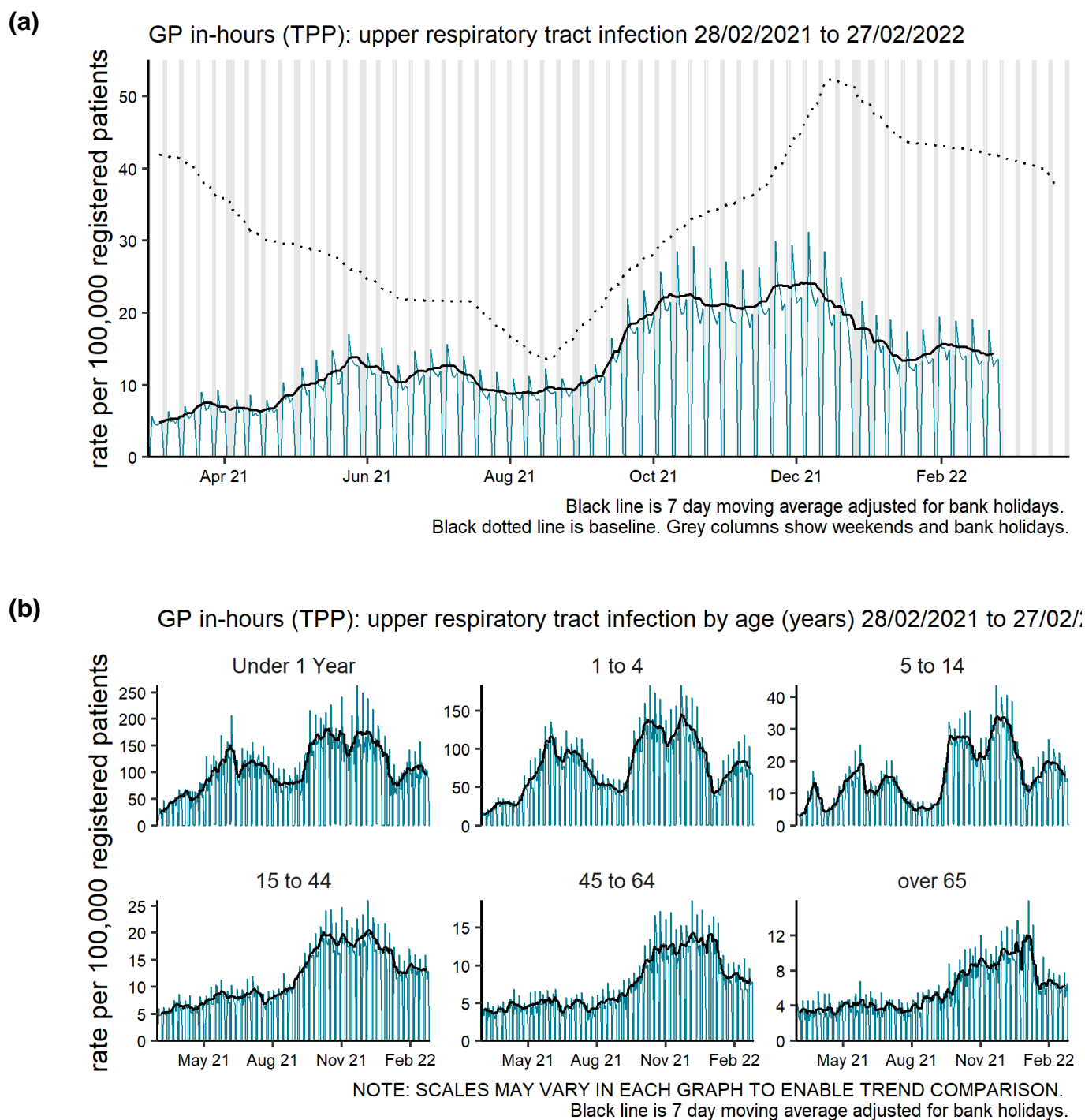
GP in-hours (TPP): covid-19-like by region 28/02/2021 to 27/02/2022



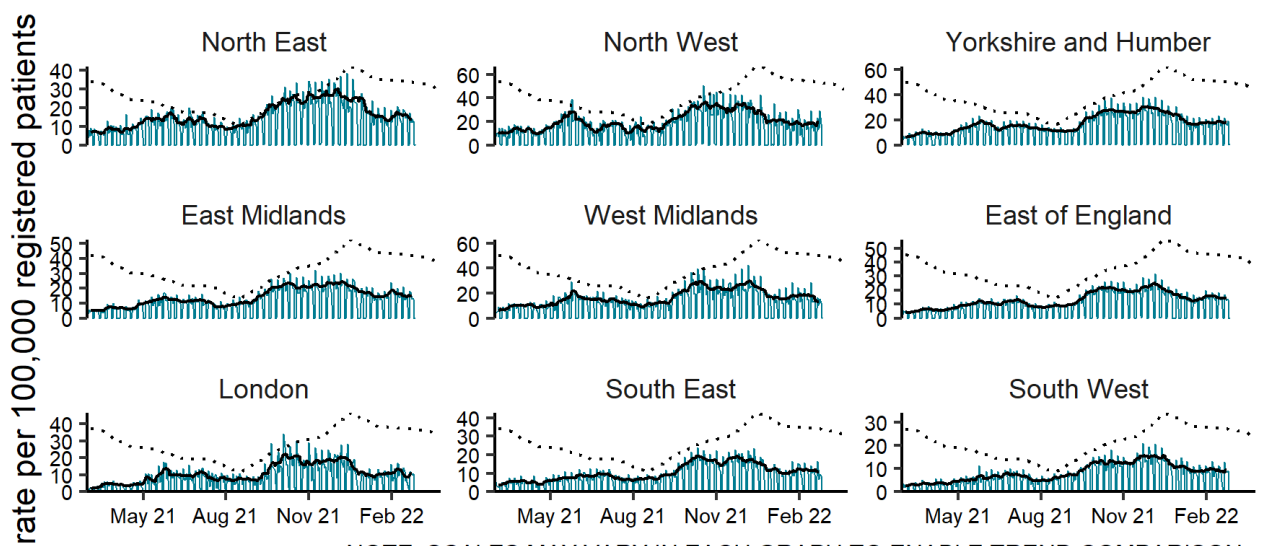
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

Upper respiratory tract infections

Figure 2: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for upper respiratory tract infections GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



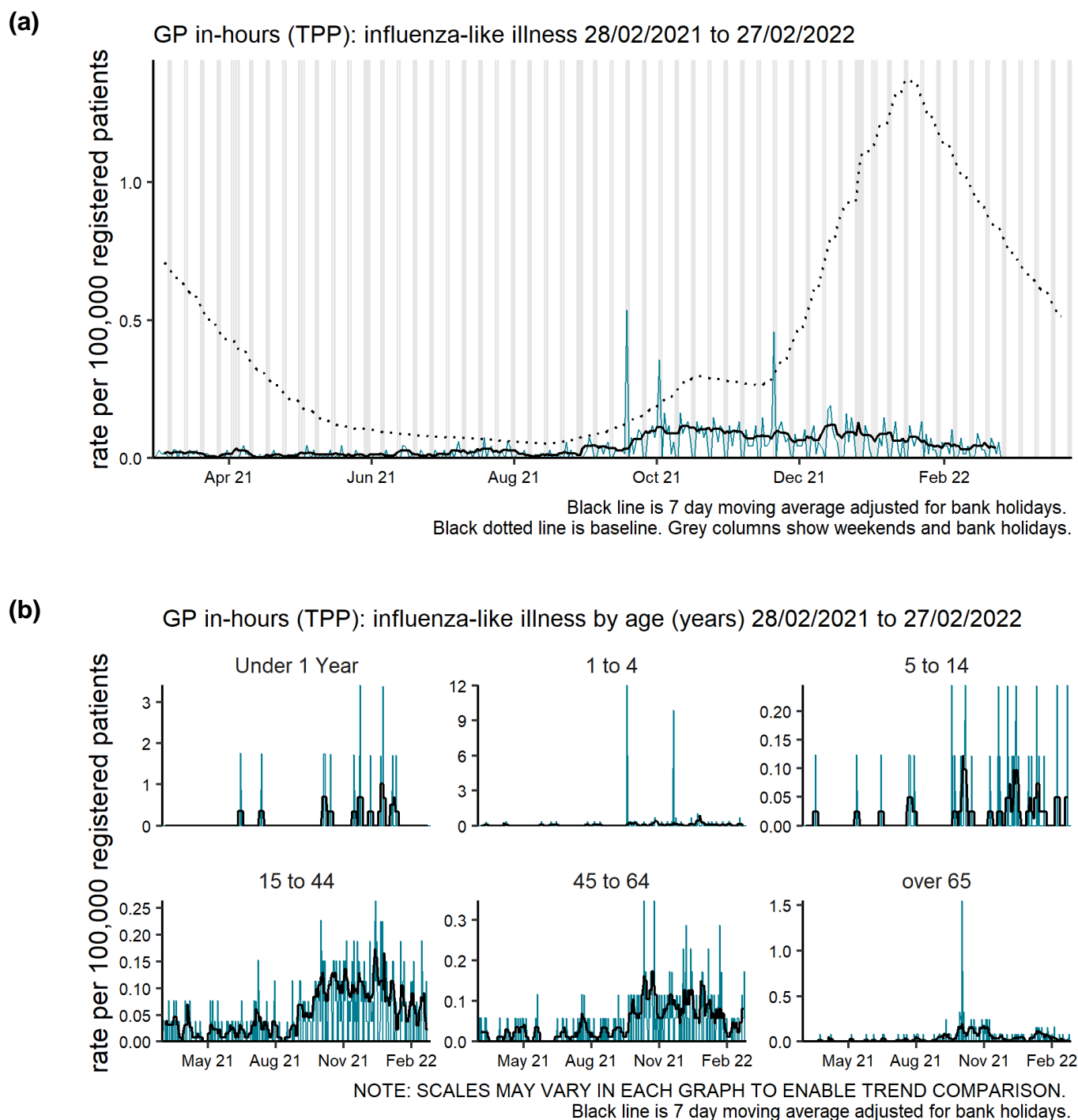
(c) GP in-hours (TPP): upper respiratory tract infection by region 28/02/2021 to 27/02/2022



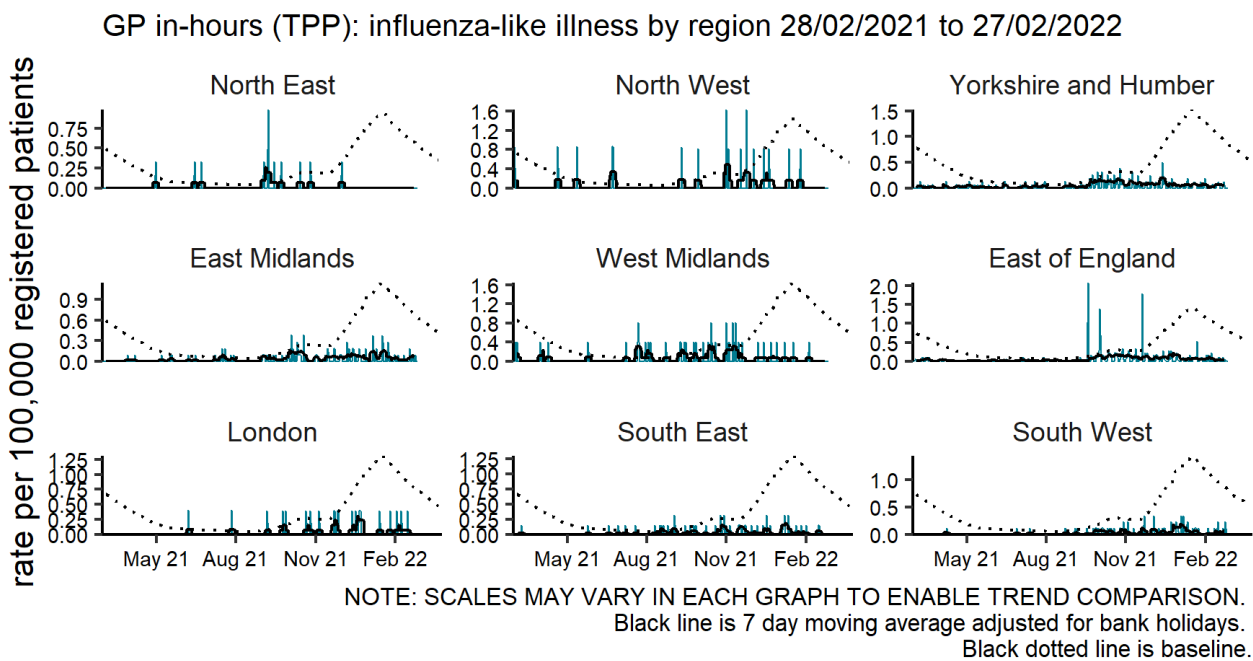
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

Influenza-like illness

Figure 3: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for influenza-like illness GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

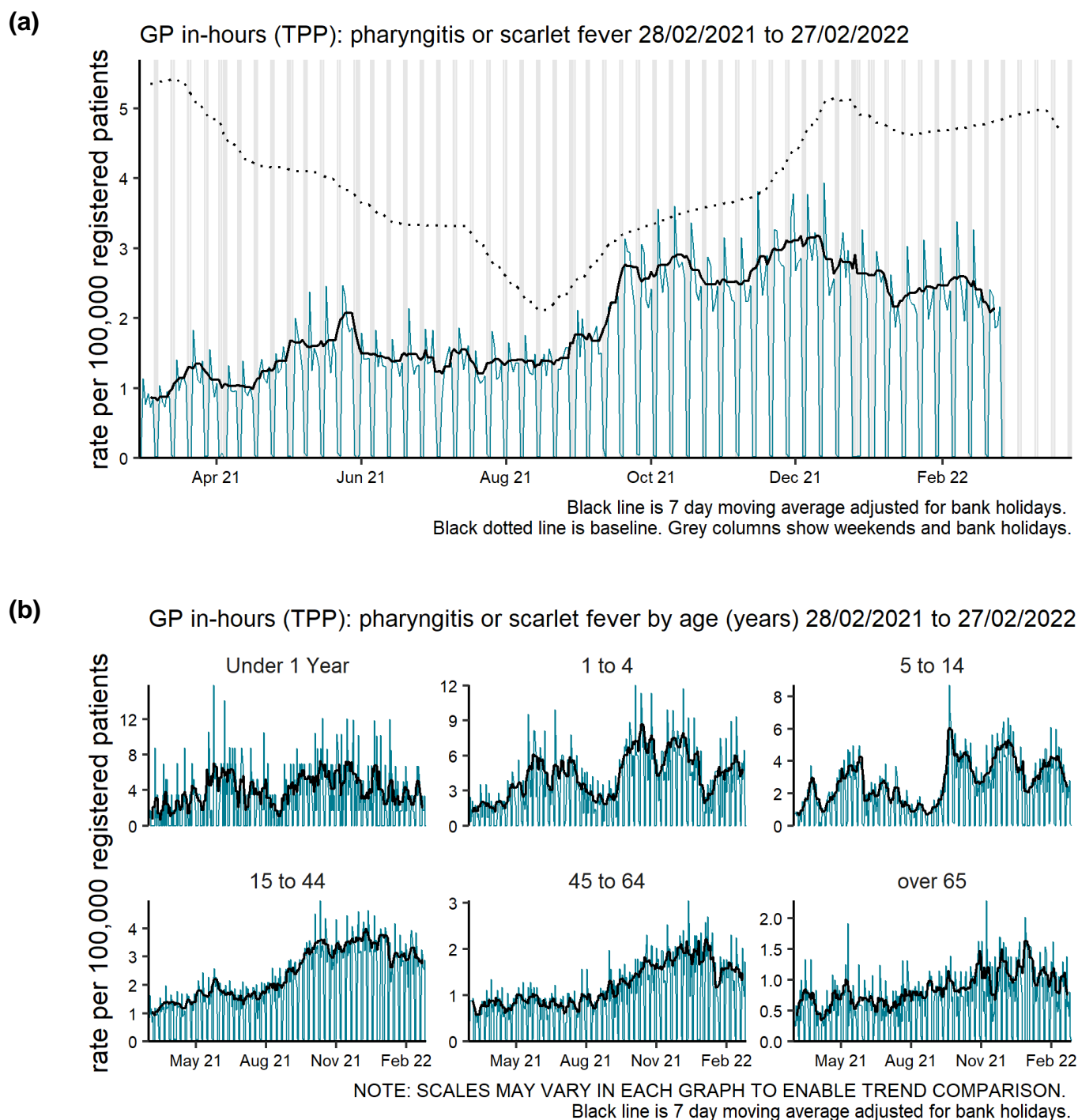


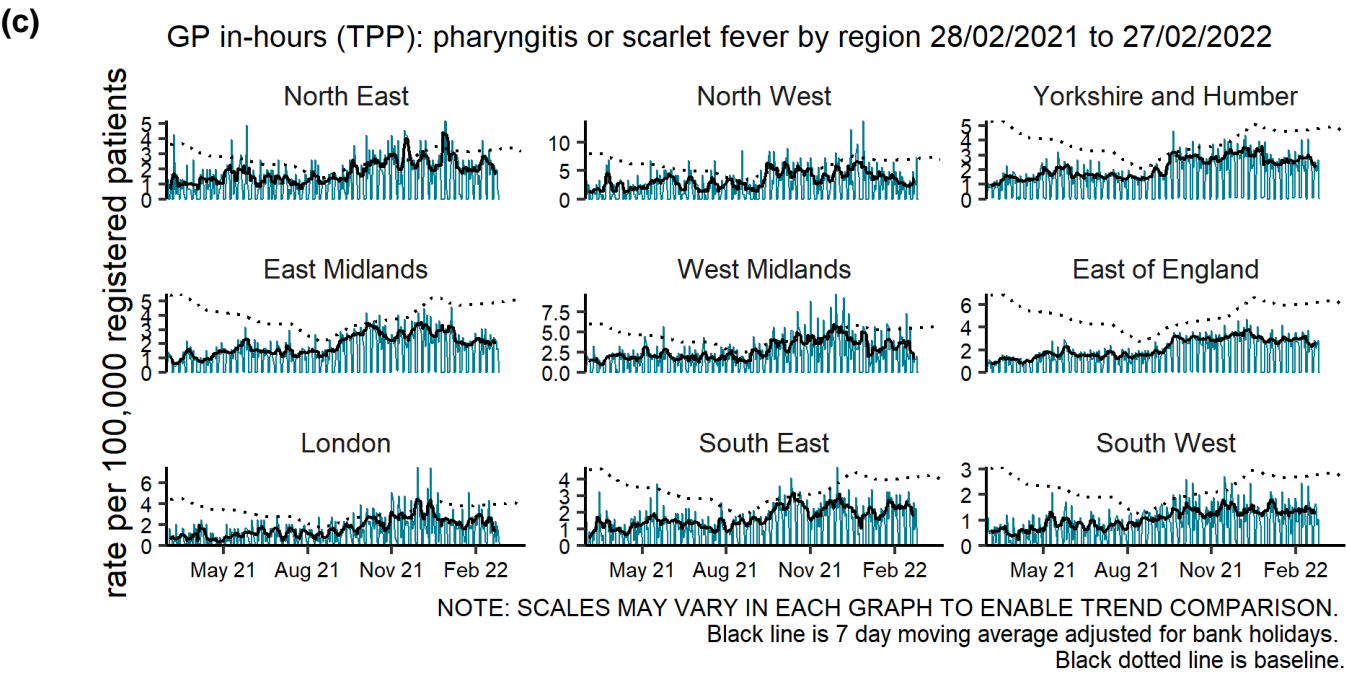
(c)



Pharyngitis or scarlet fever

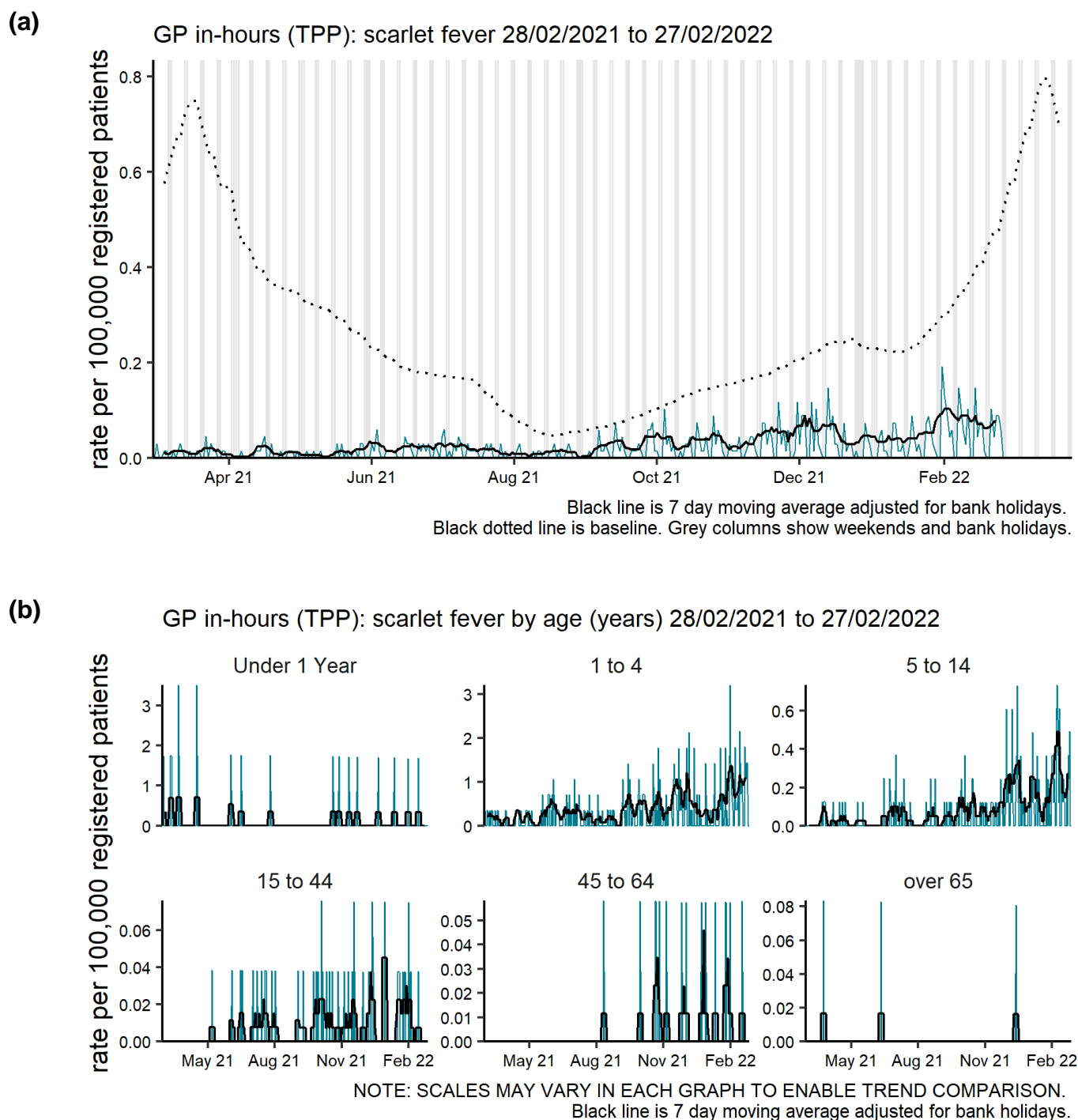
Figure 4: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for pharyngitis or scarlet fever GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



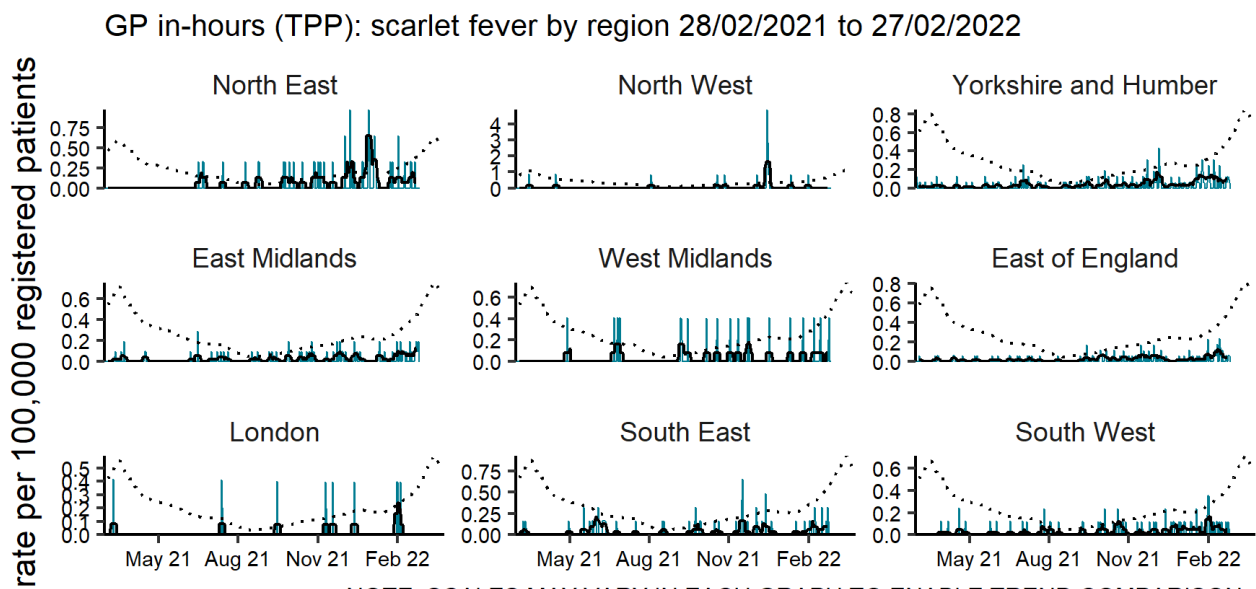


Scarlet fever

Figure 5: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for scarlet fever GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

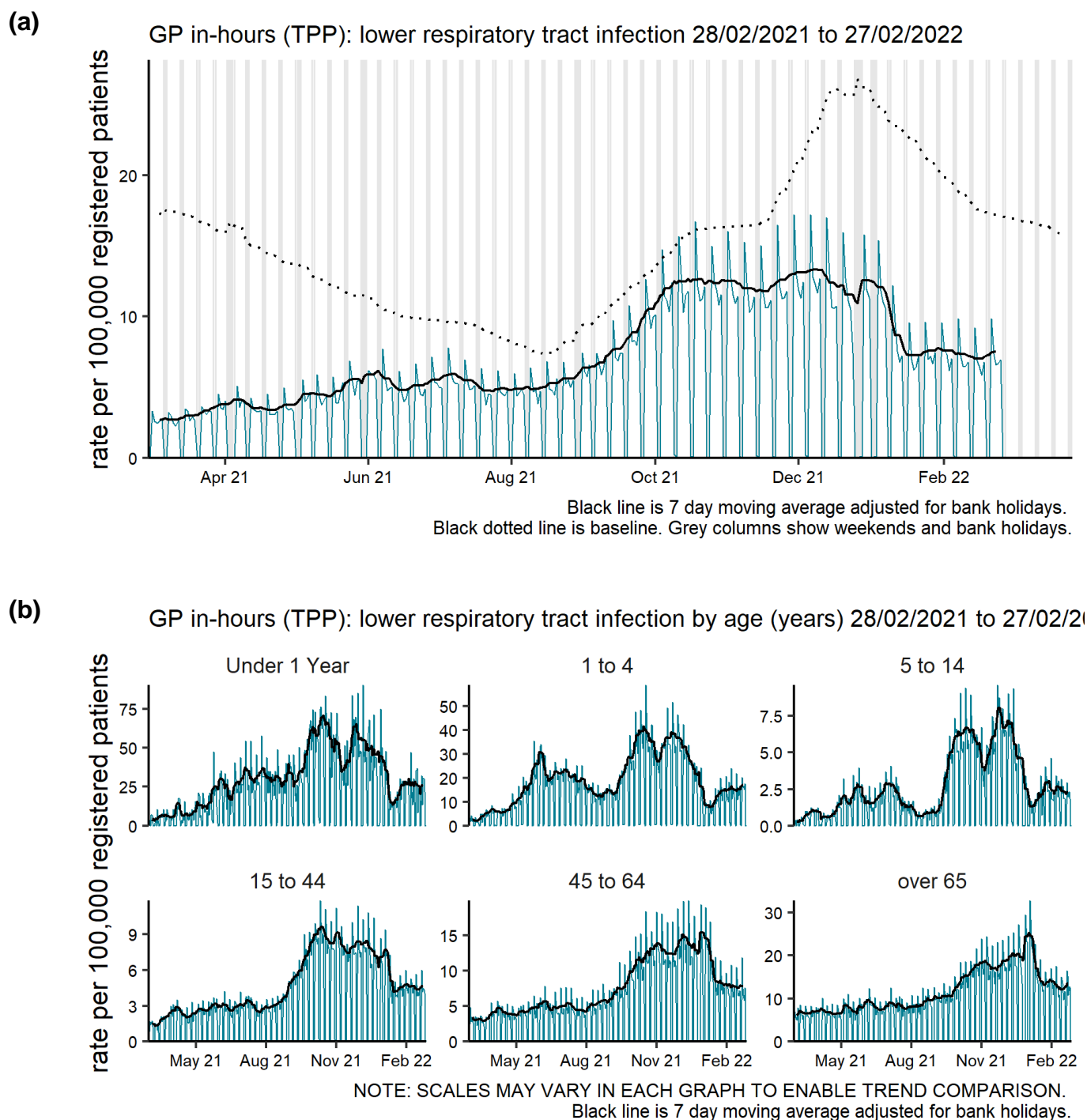


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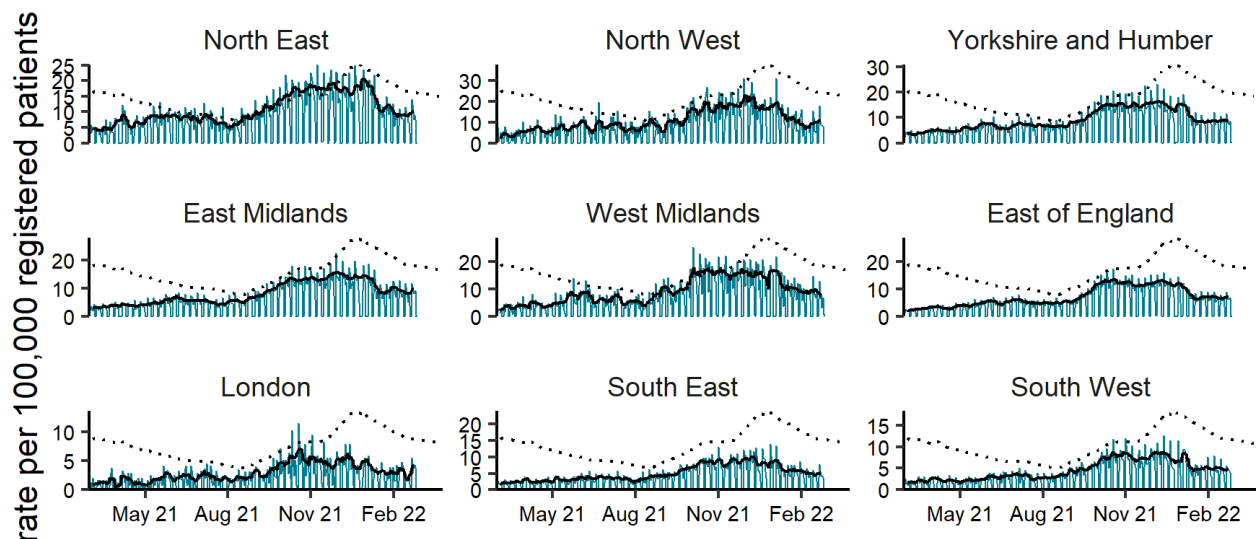
Lower respiratory tract infections

Figure 6: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for lower respiratory tract infections GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



(c)

GP in-hours (TPP): lower respiratory tract infection by region 28/02/2021 to 27/02/2022



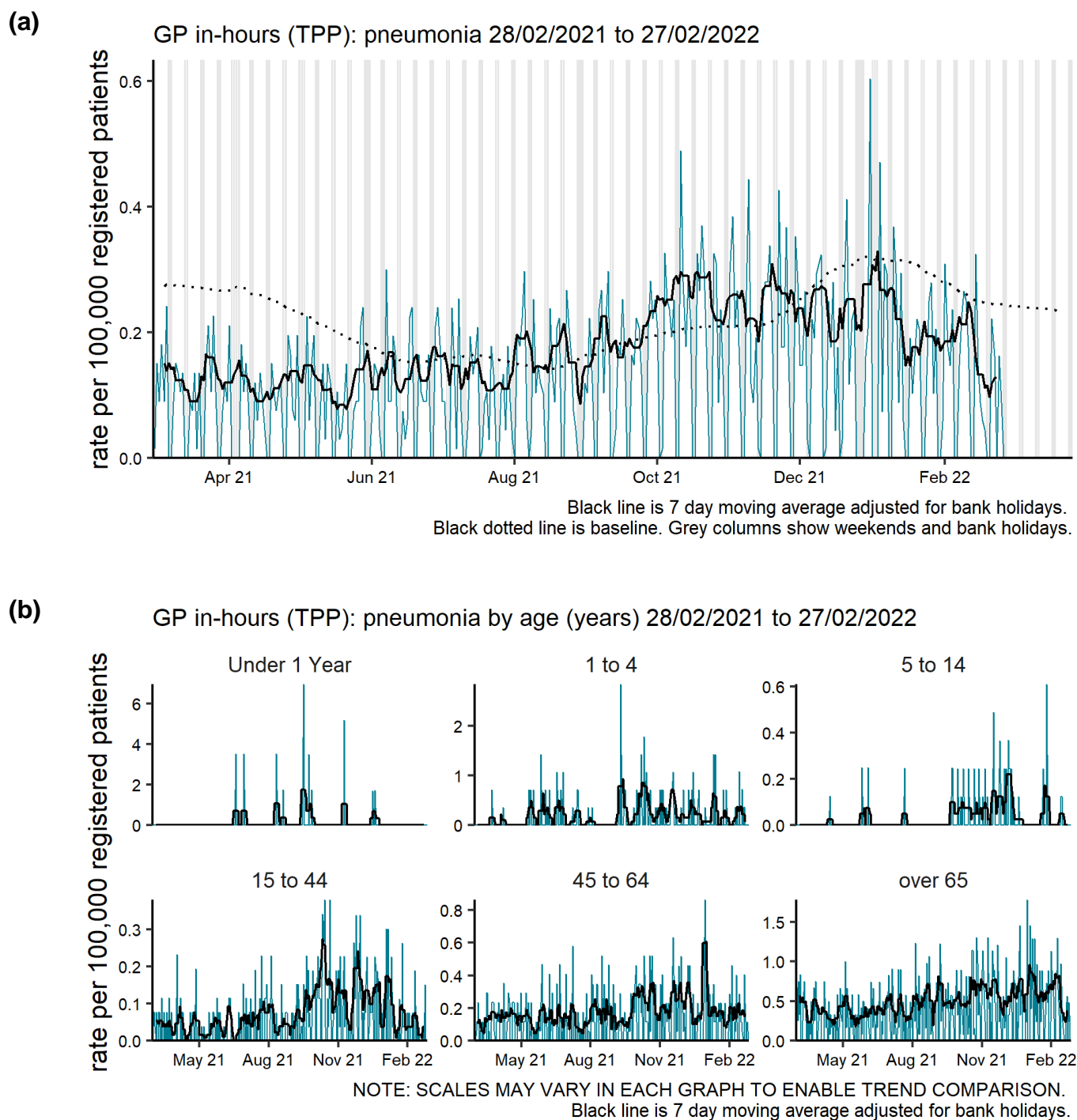
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

Black line is 7 day moving average adjusted for bank holidays.

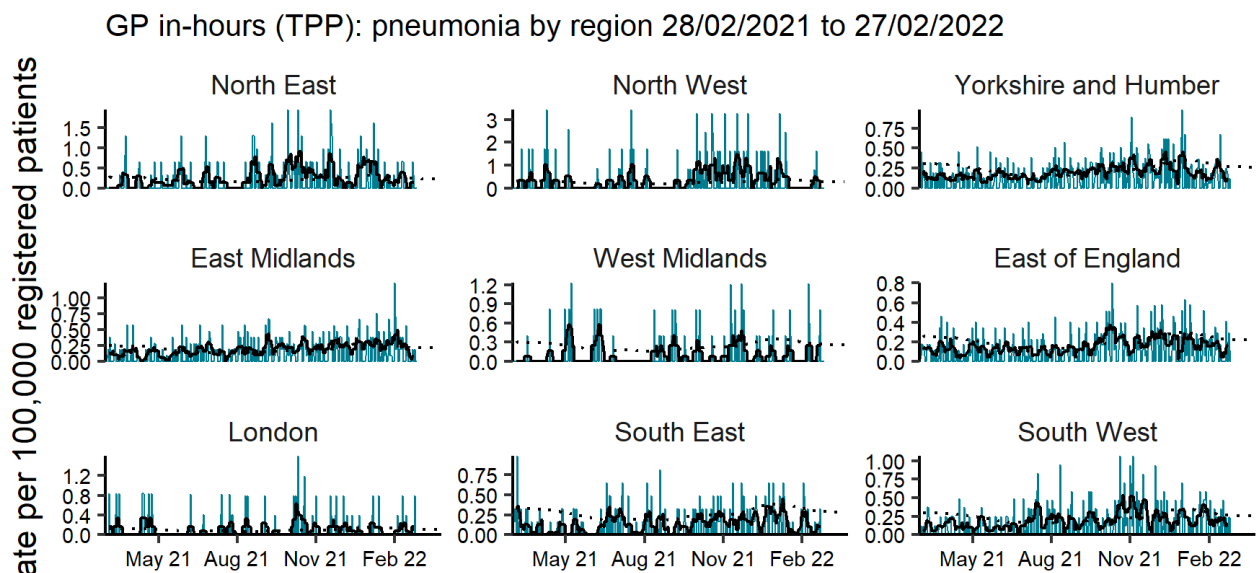
Black dotted line is baseline.

Pneumonia

Figure 7: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for pneumonia GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



(c)



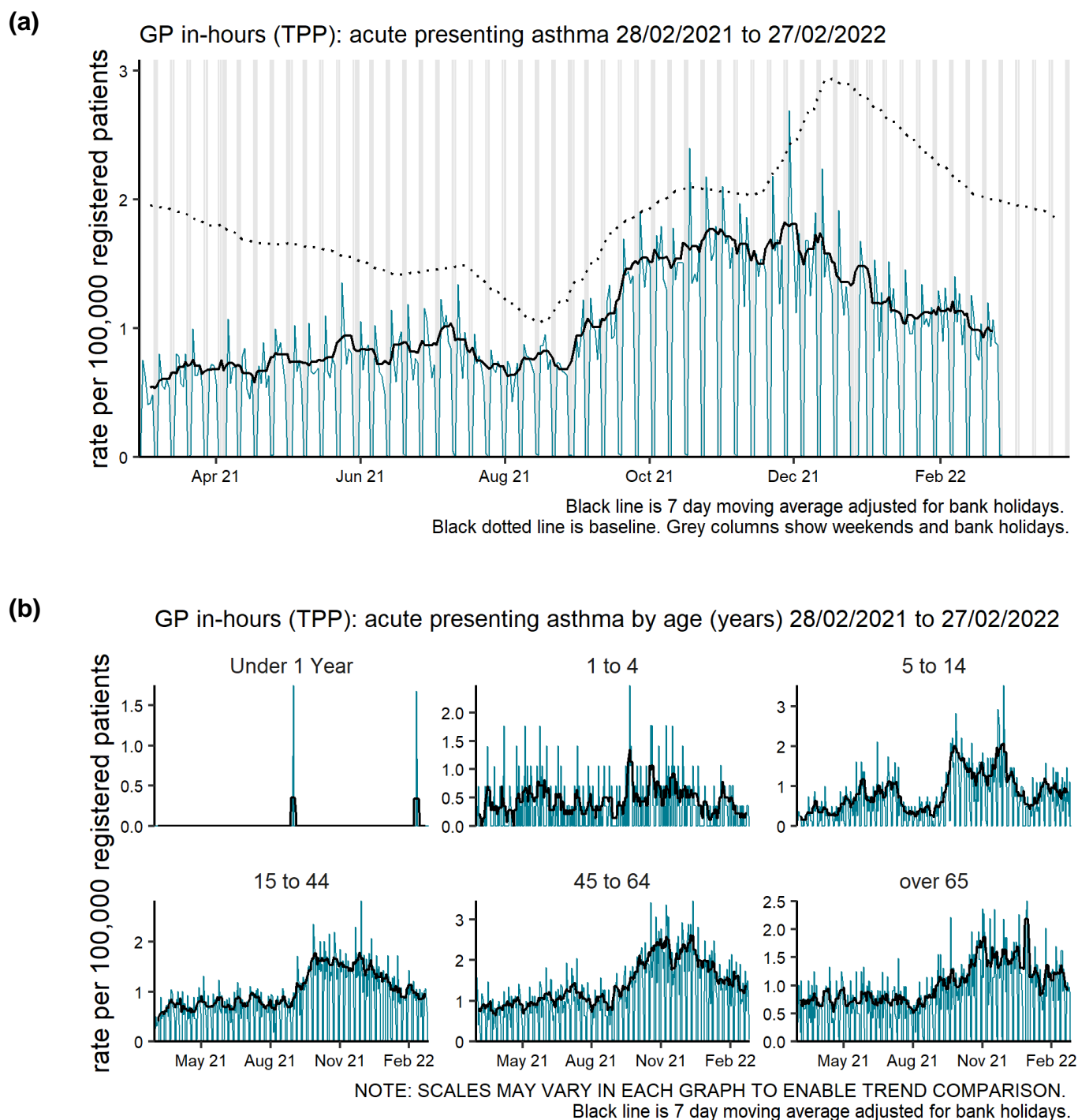
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

Black line is 7 day moving average adjusted for bank holidays.

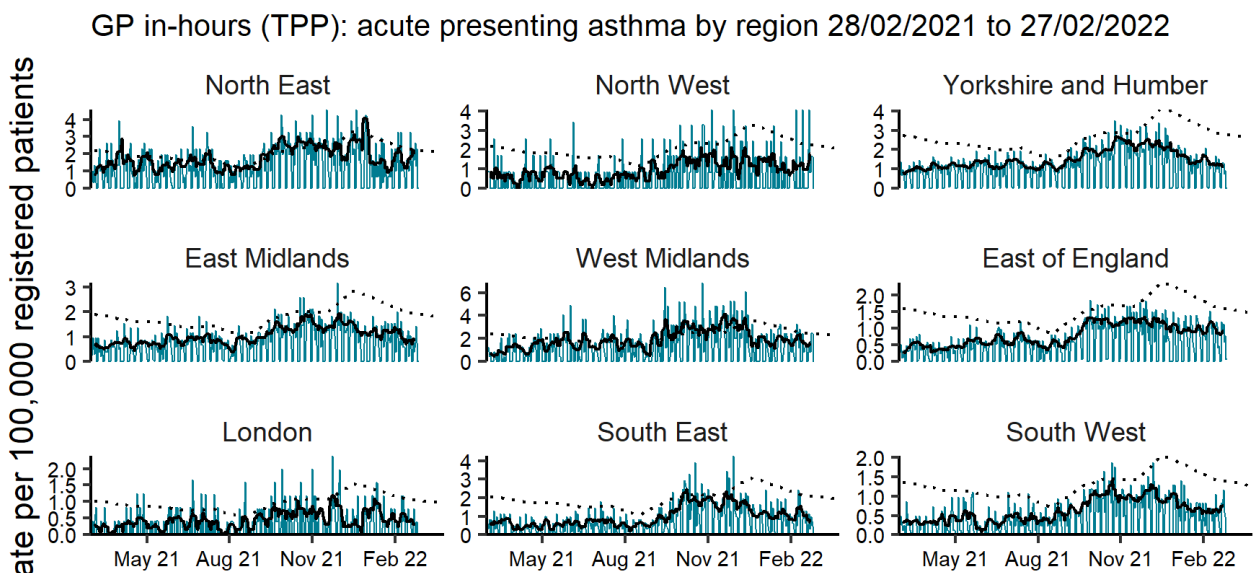
Black dotted line is baseline.

Acute presenting asthma

Figure 8: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for acute presenting asthma GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



(c)

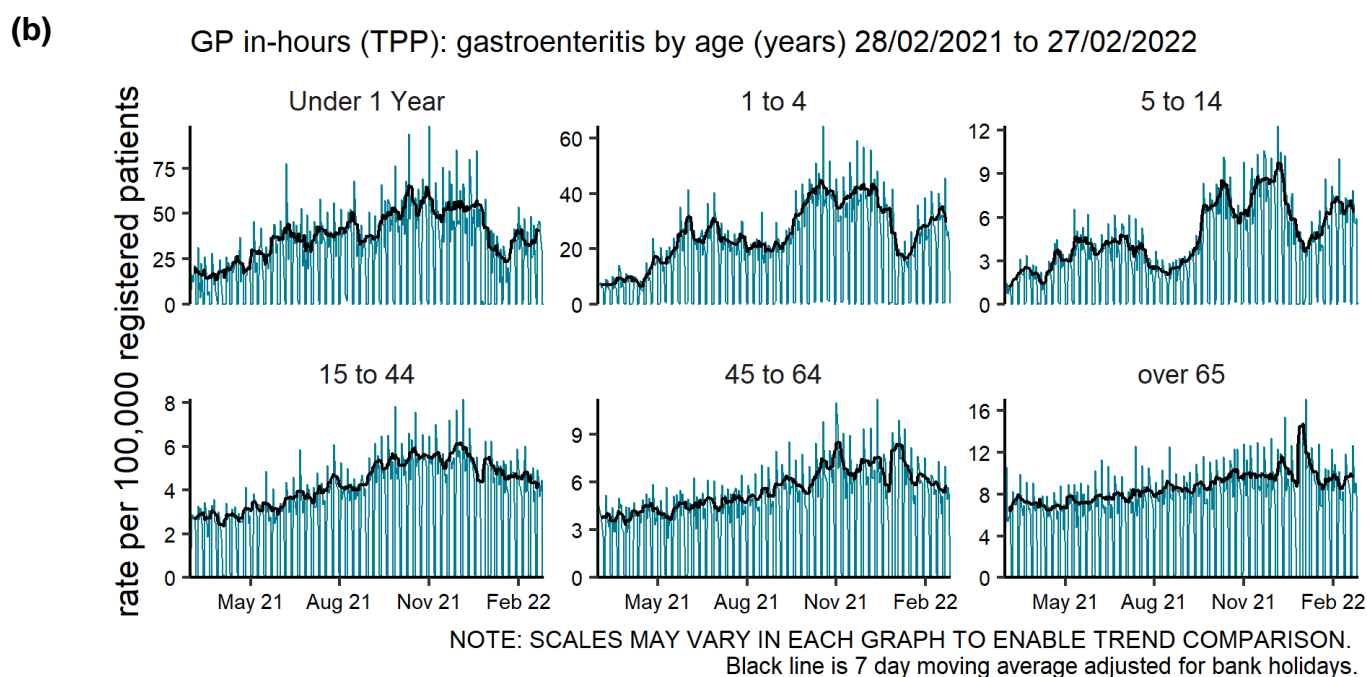
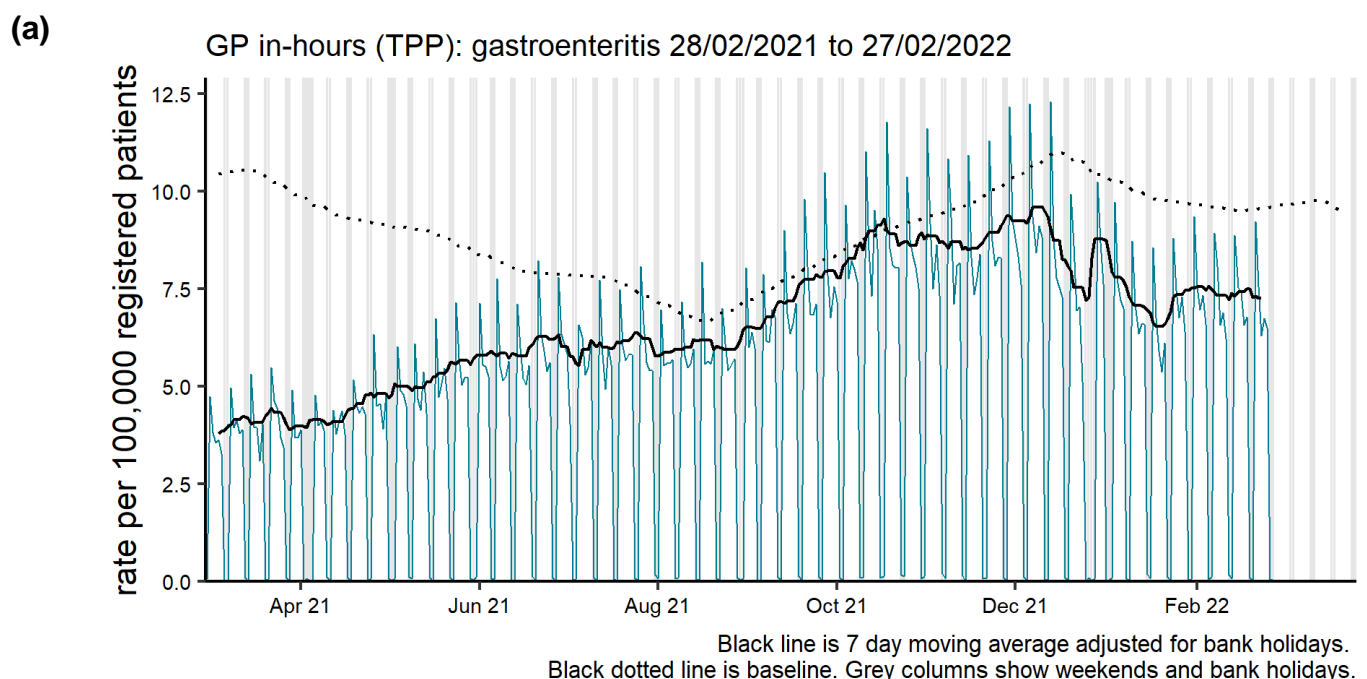


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

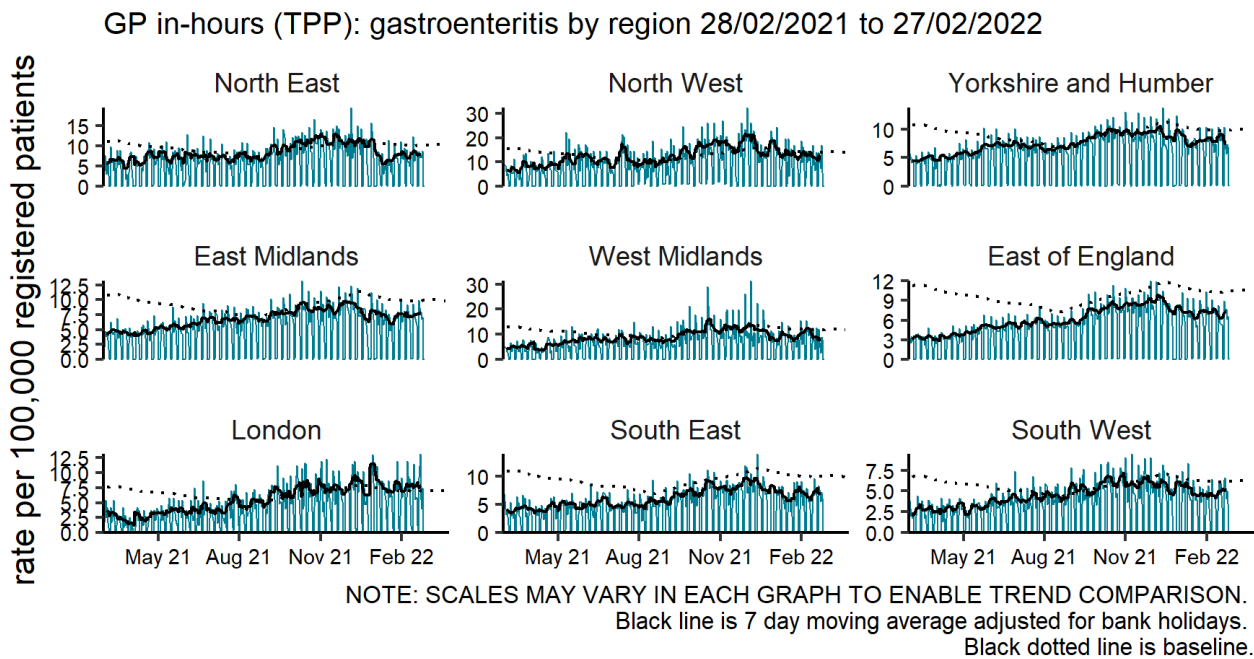
Gastrointestinal conditions

Gastroenteritis

Figure 9: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for gastroenteritis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

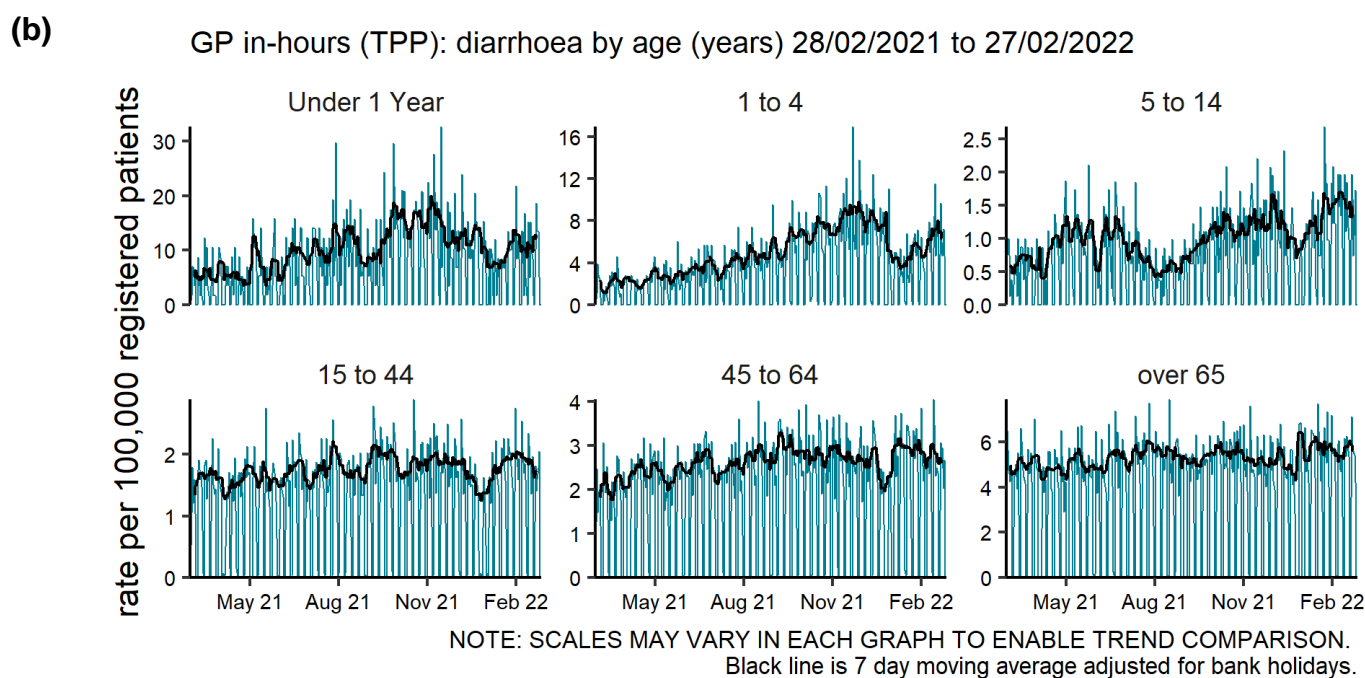
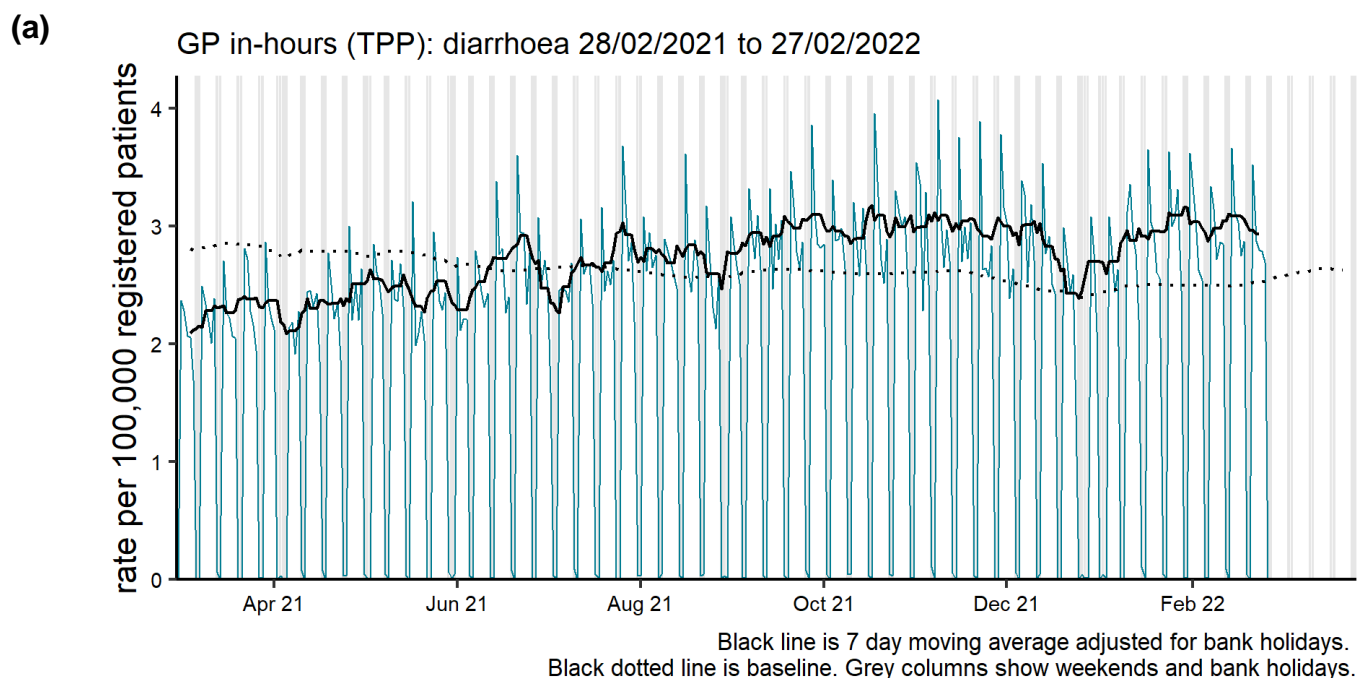


(c)



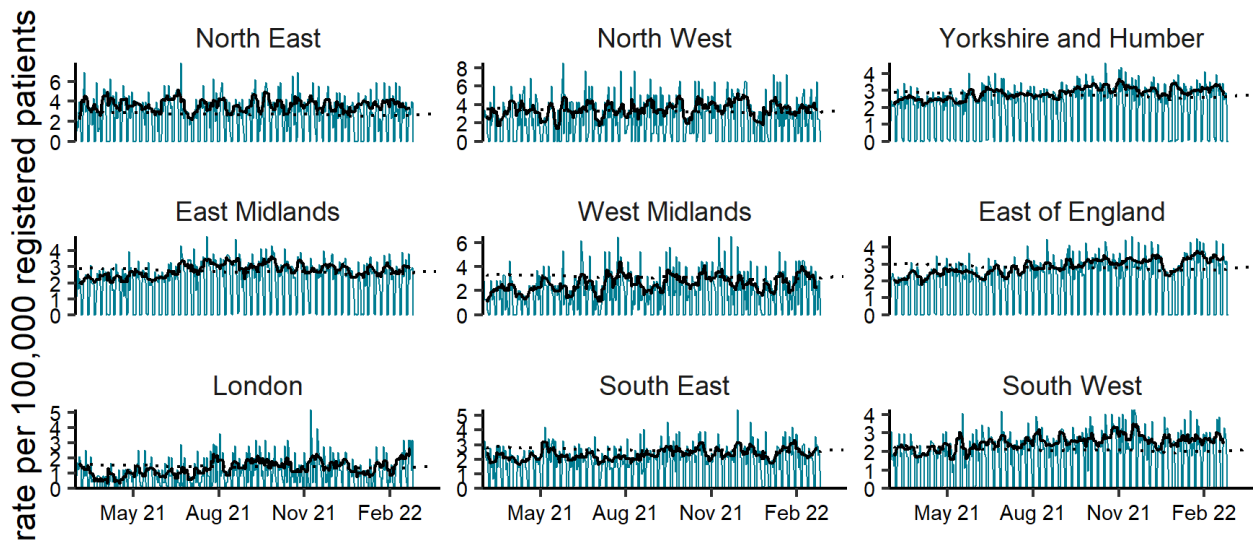
Diarrhoea

Figure 10: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for diarrhoea GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



(c)

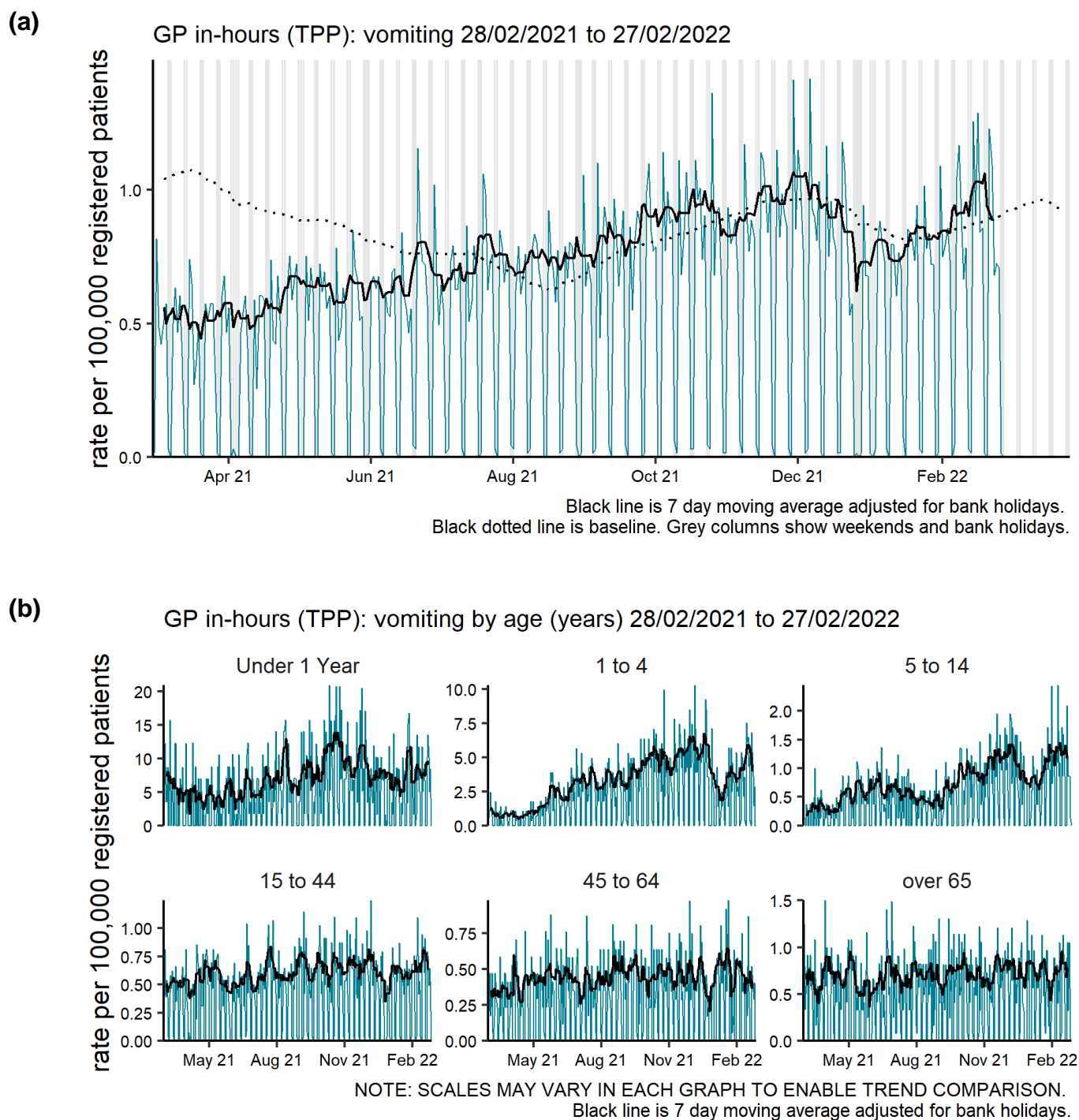
GP in-hours (TPP): diarrhoea by region 28/02/2021 to 27/02/2022



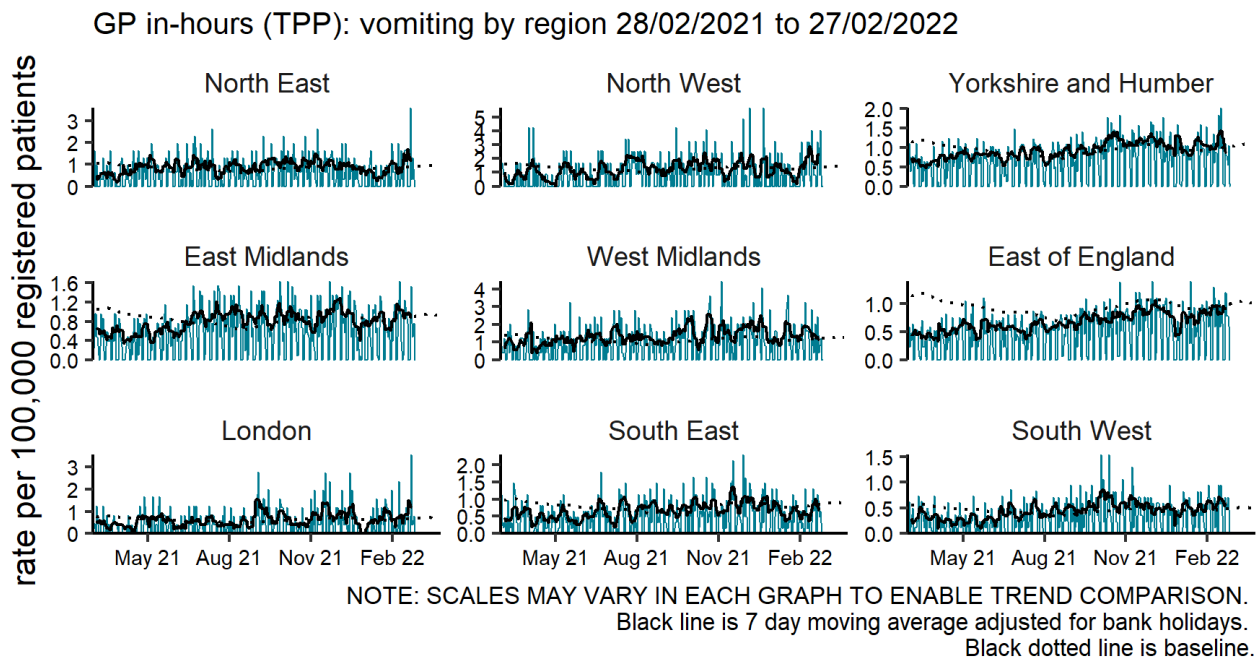
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

Vomiting

Figure 11: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for vomiting GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



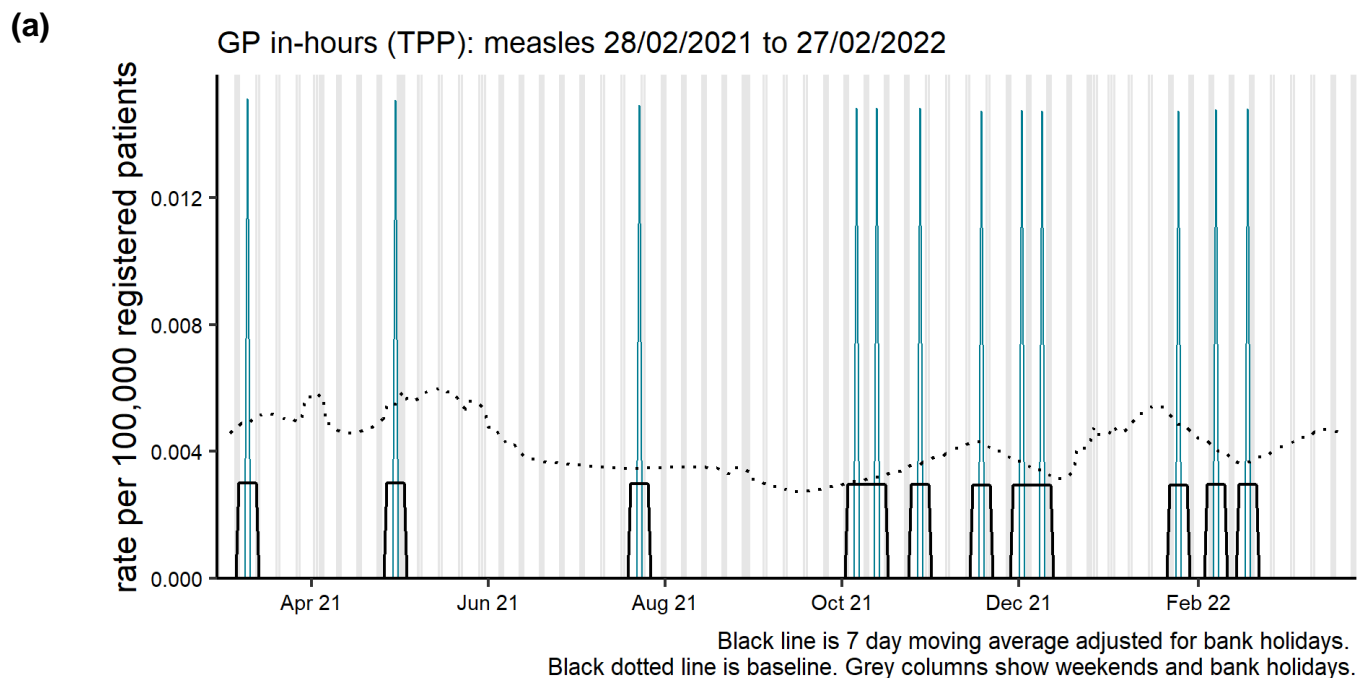
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Vaccine preventable conditions

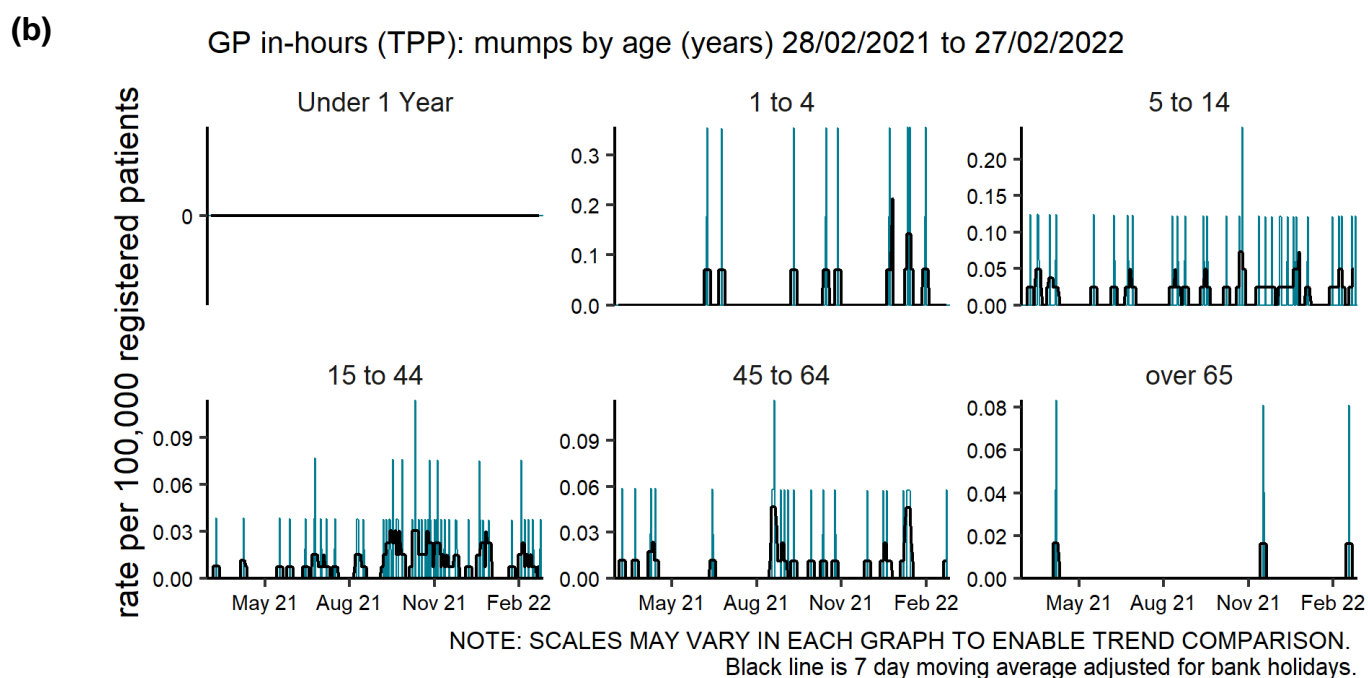
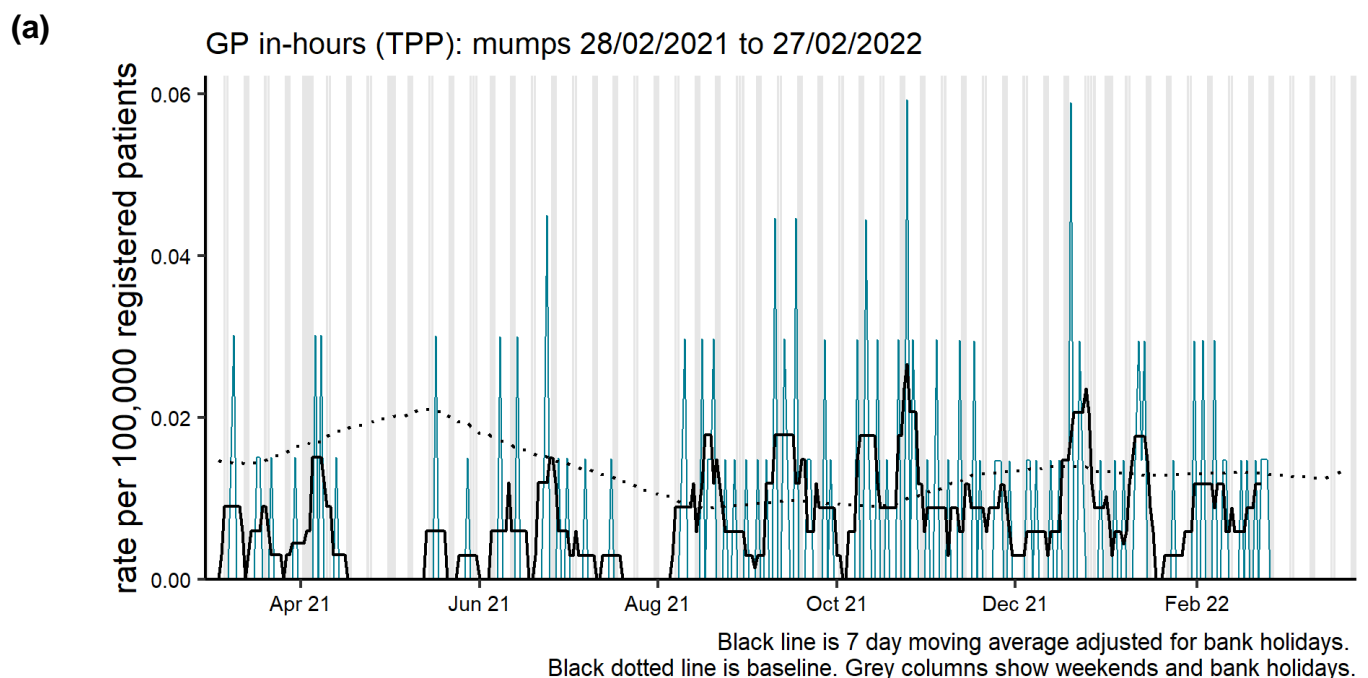
Measles

Figure 12: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for measles GP in hours consultations, England (a) nationally.

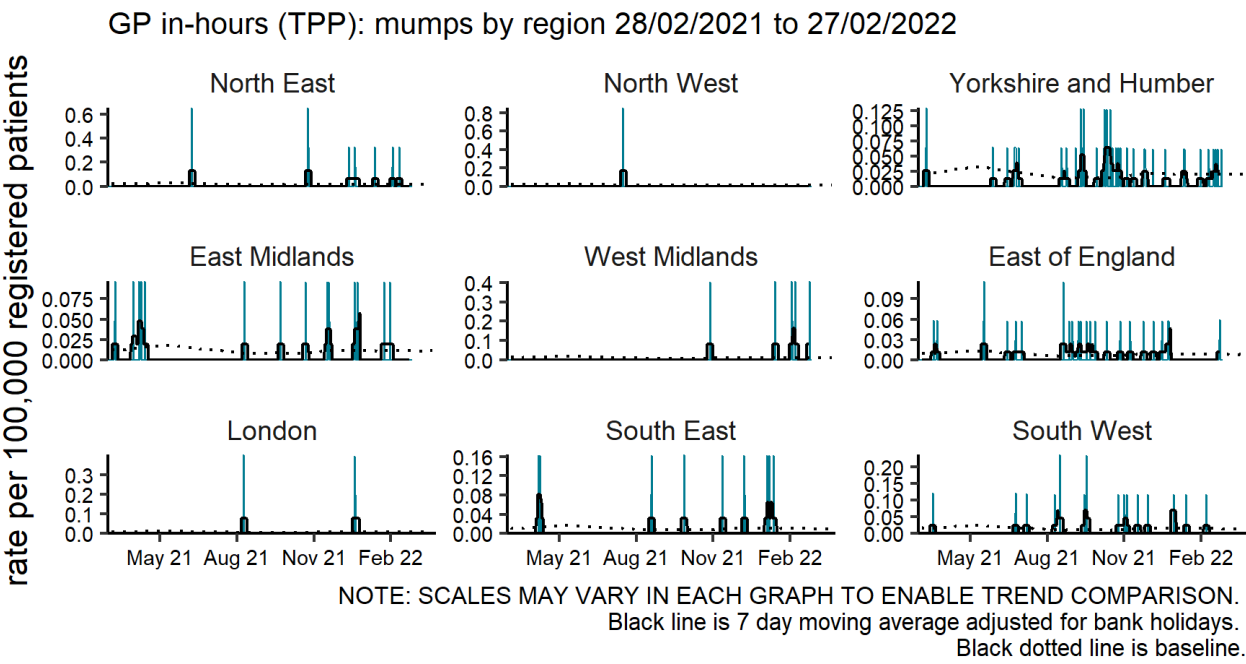


Mumps

Figure 13: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for mumps GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

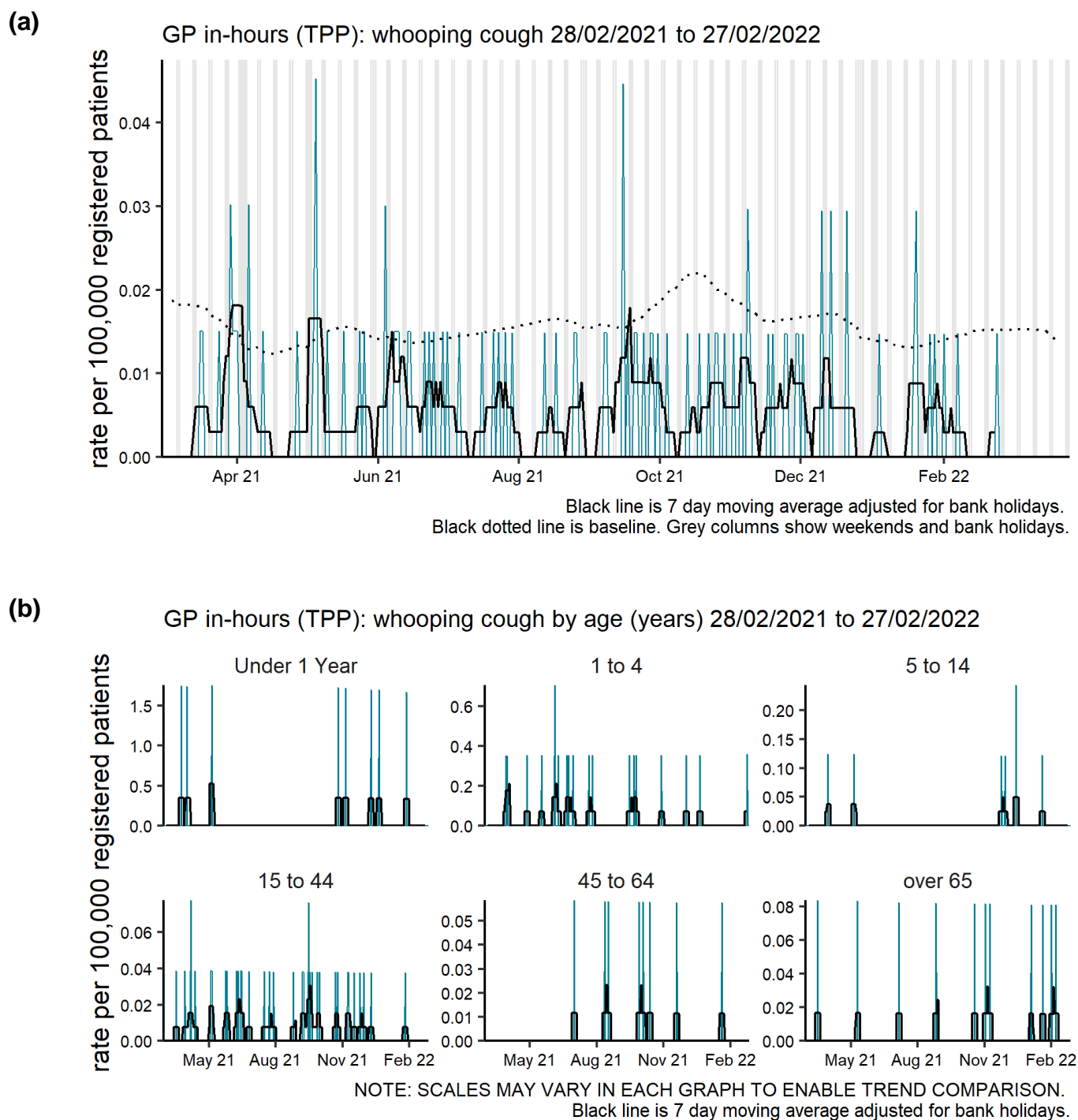


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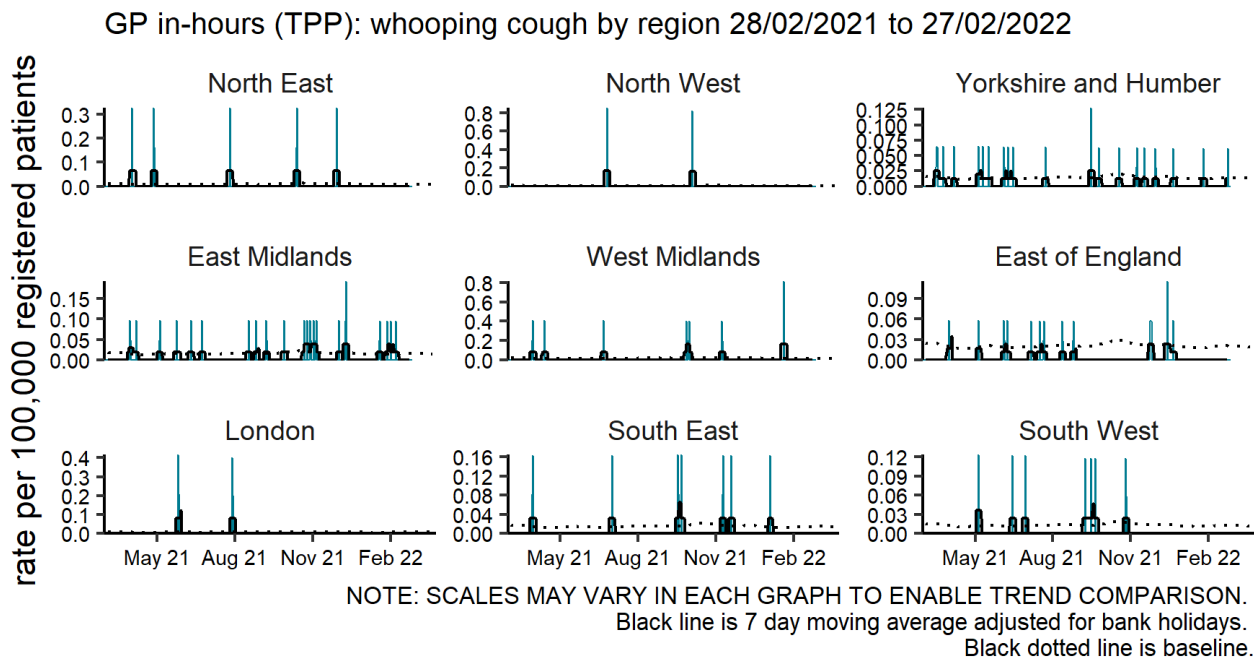


Whooping cough

Figure 14: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for whooping cough GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



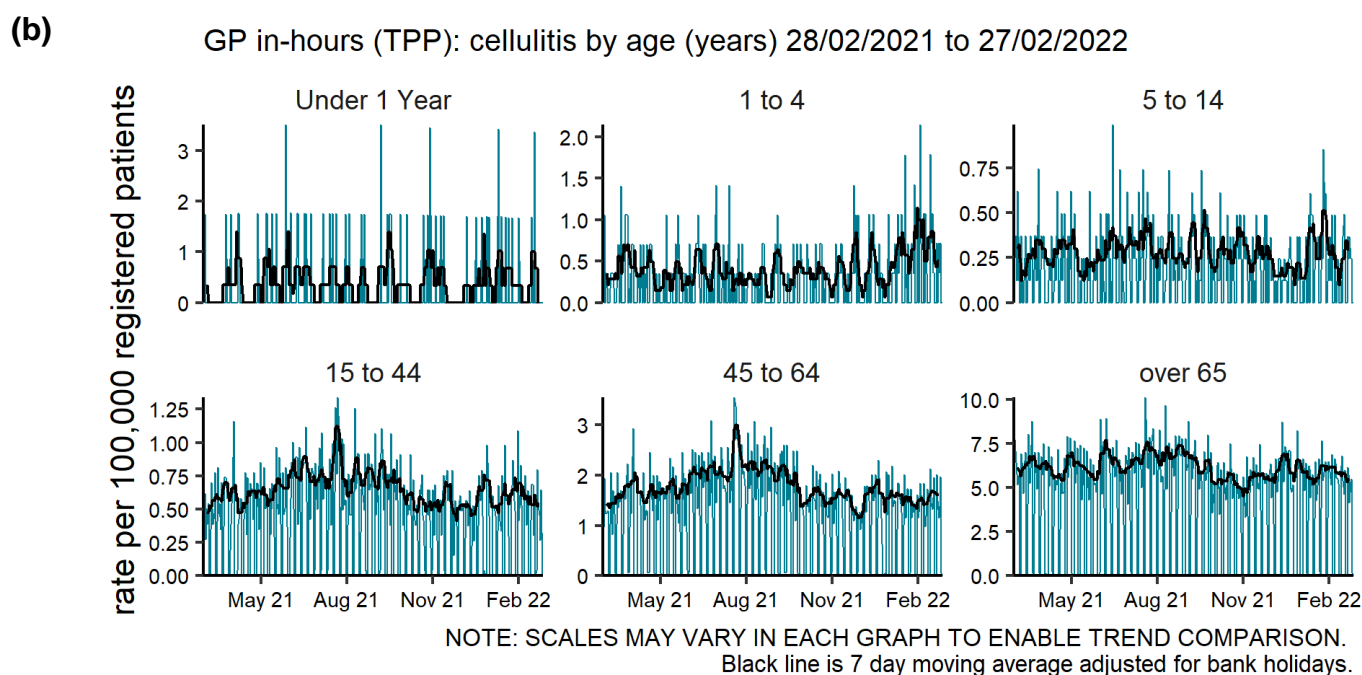
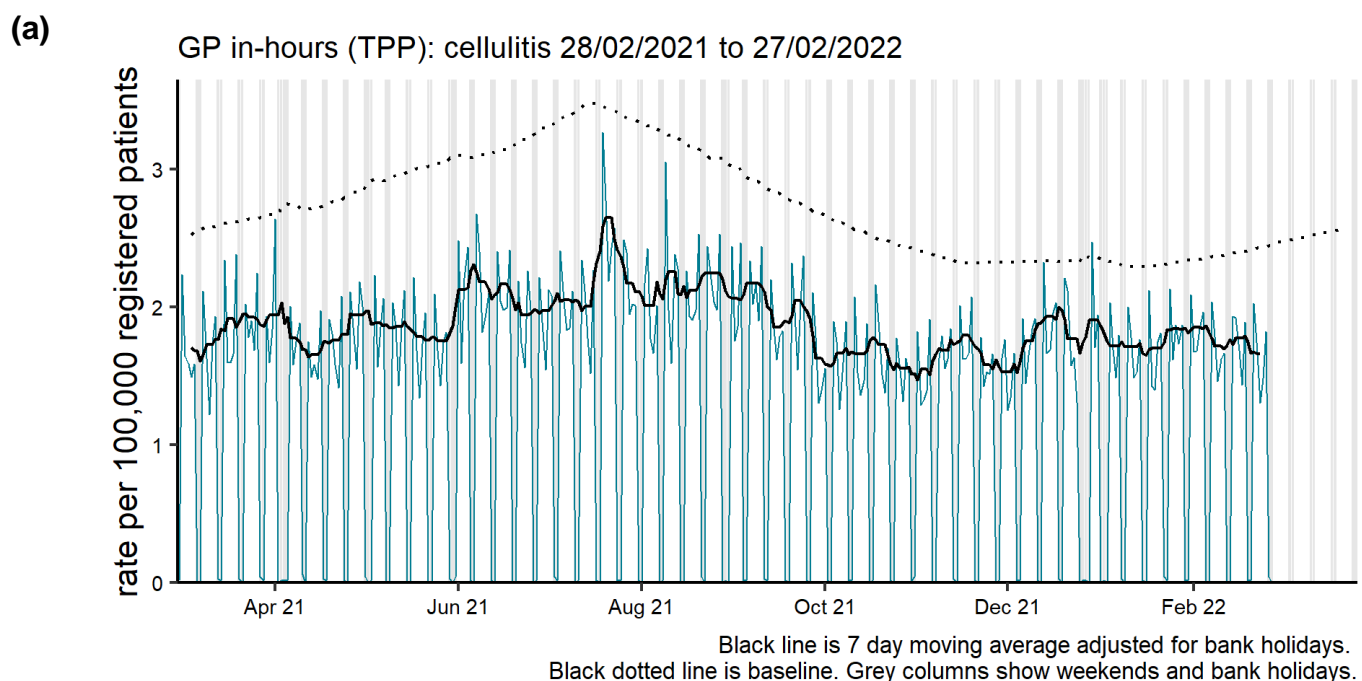
(c)



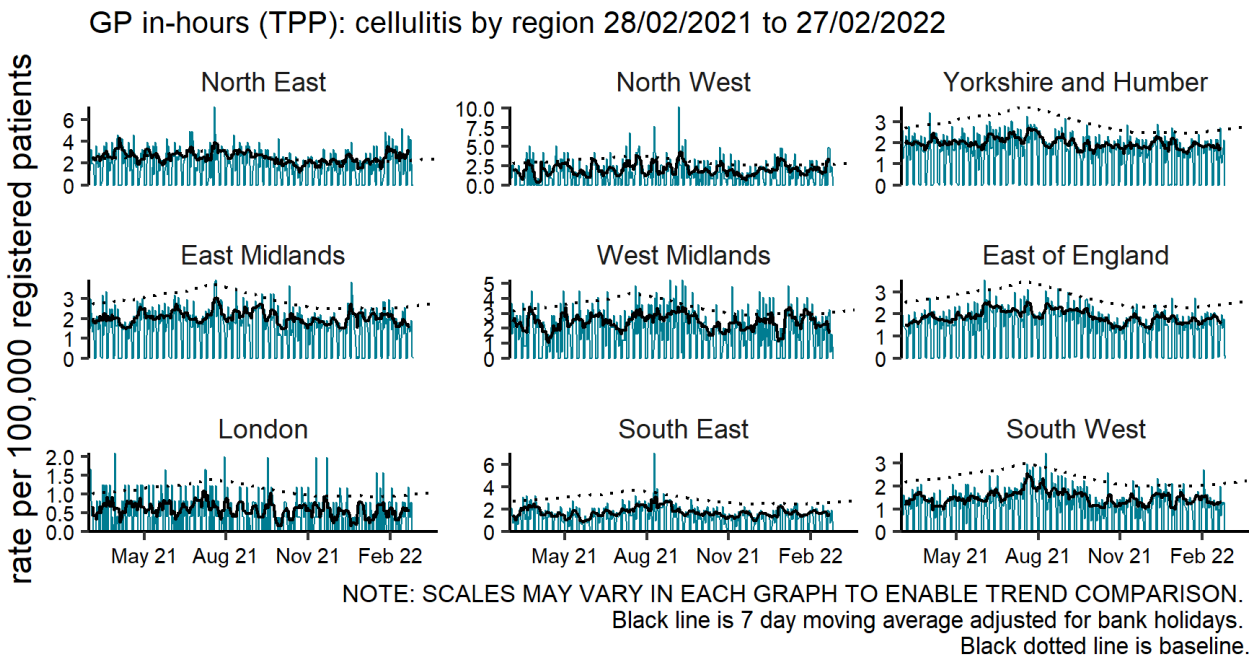
Skin conditions

Cellulitis

Figure 15: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for cellulitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

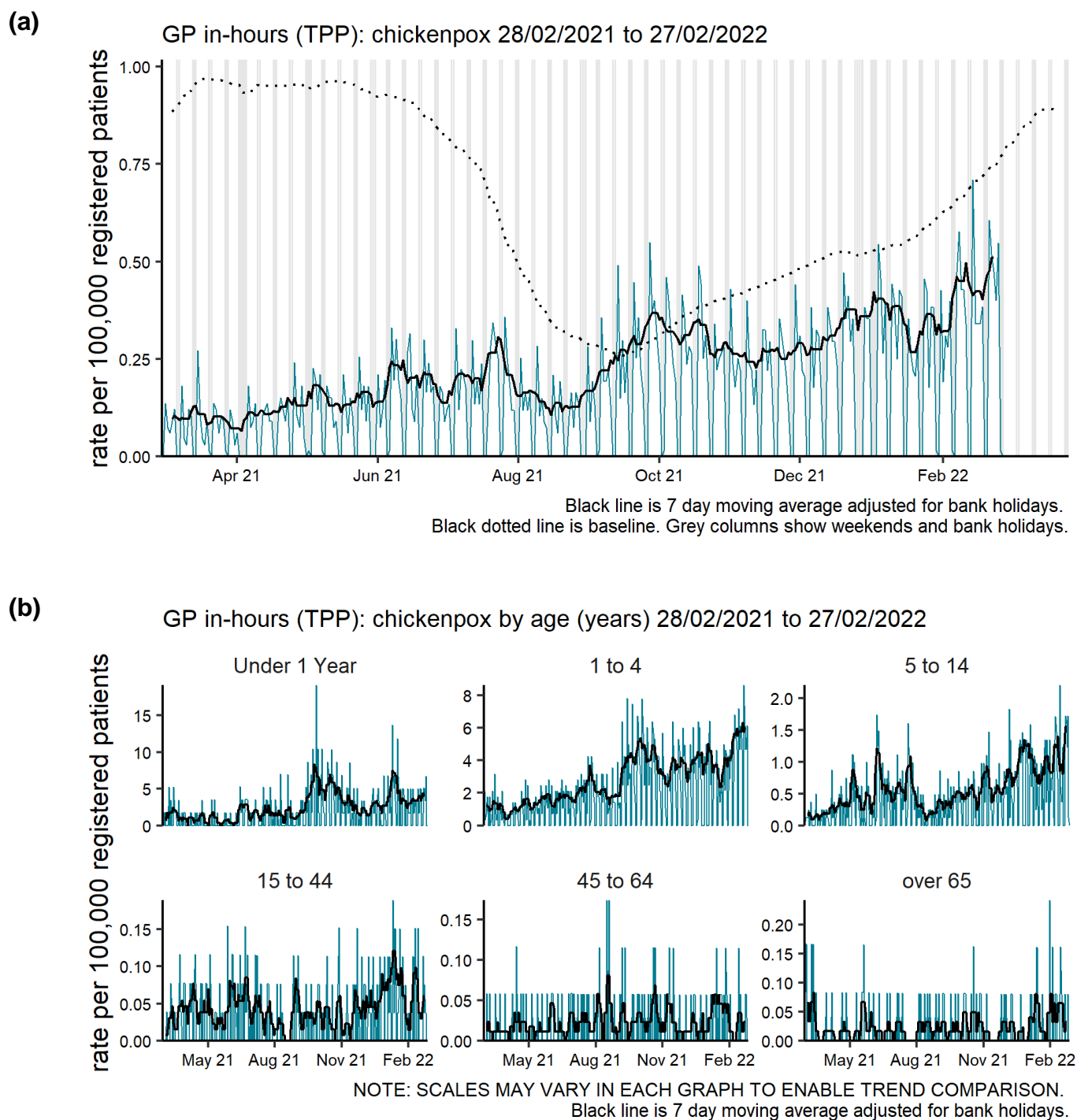


(c)

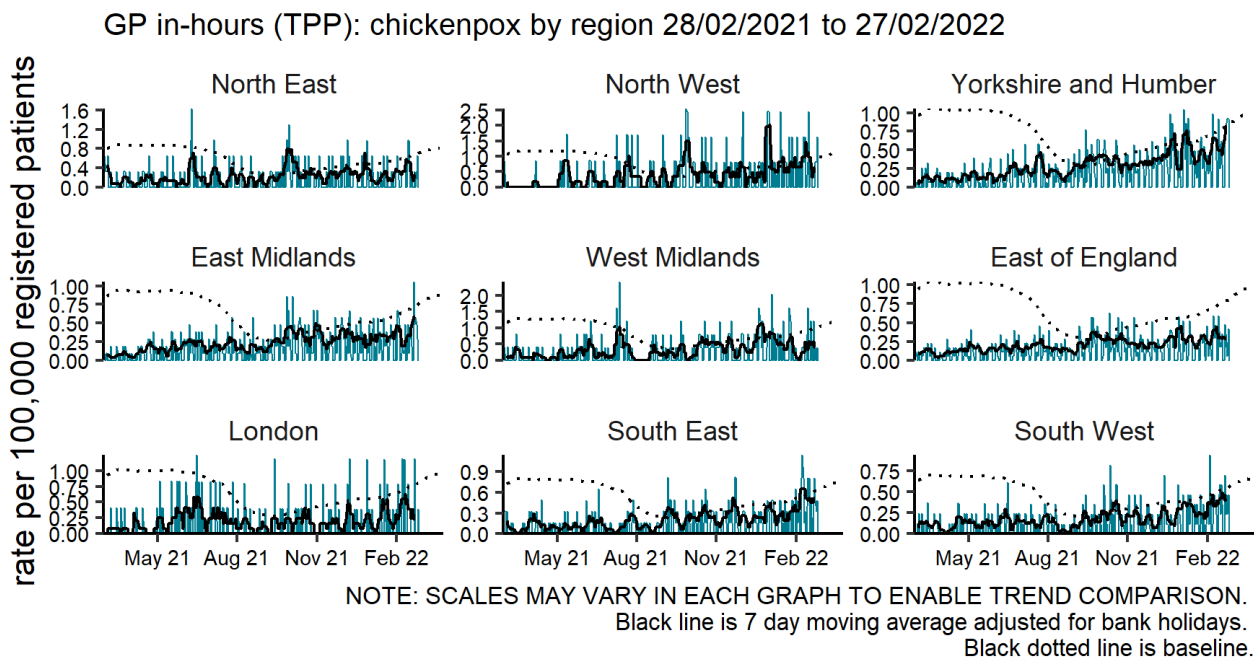


Chicken pox

Figure 16: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for chicken pox GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

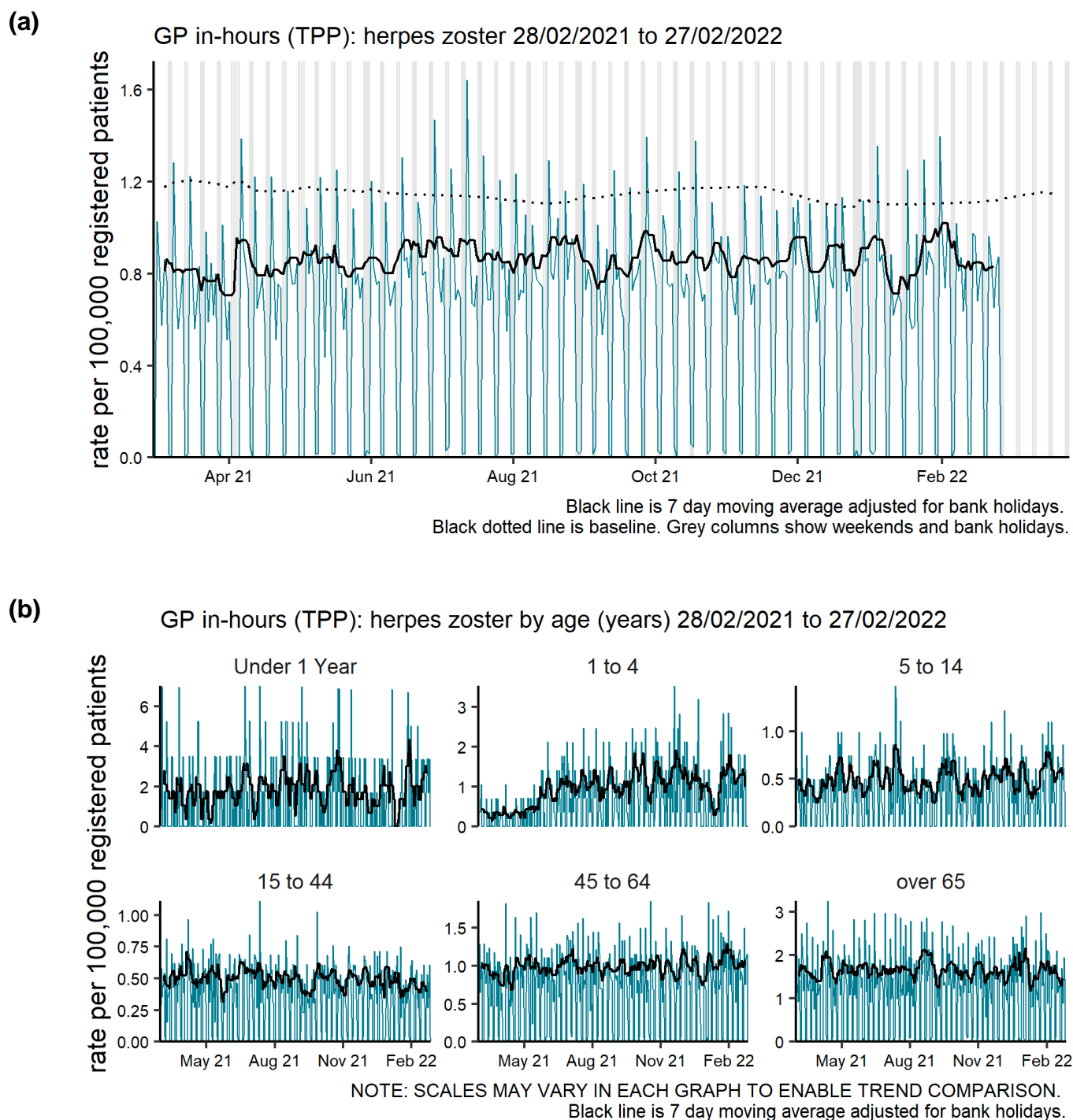


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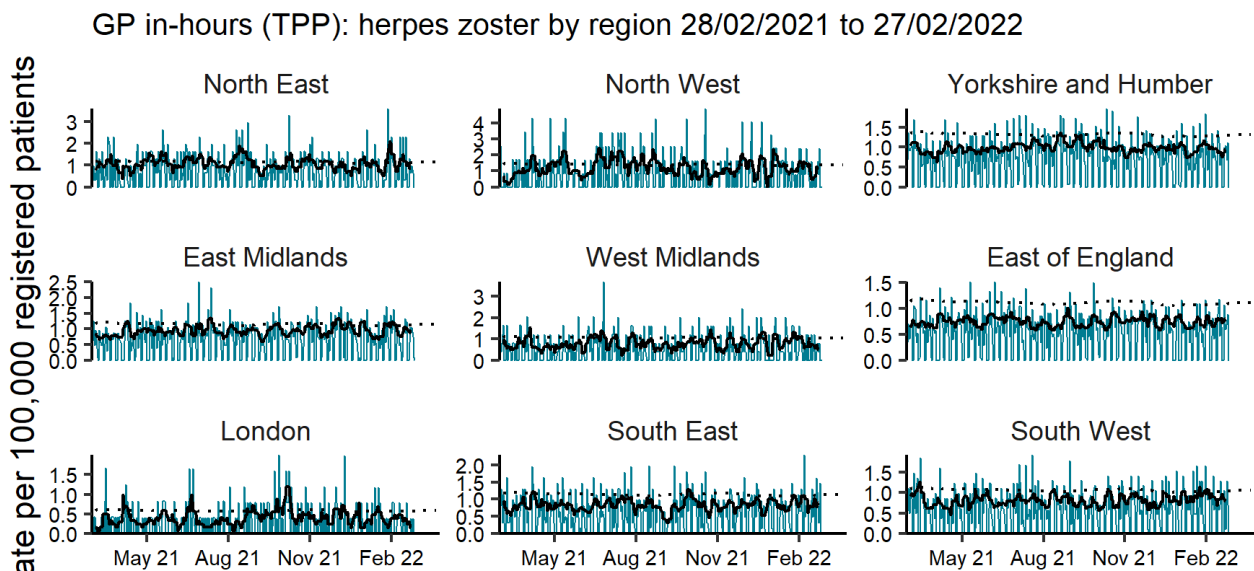


Herpes zoster

Figure 17: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for herpes zoster GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



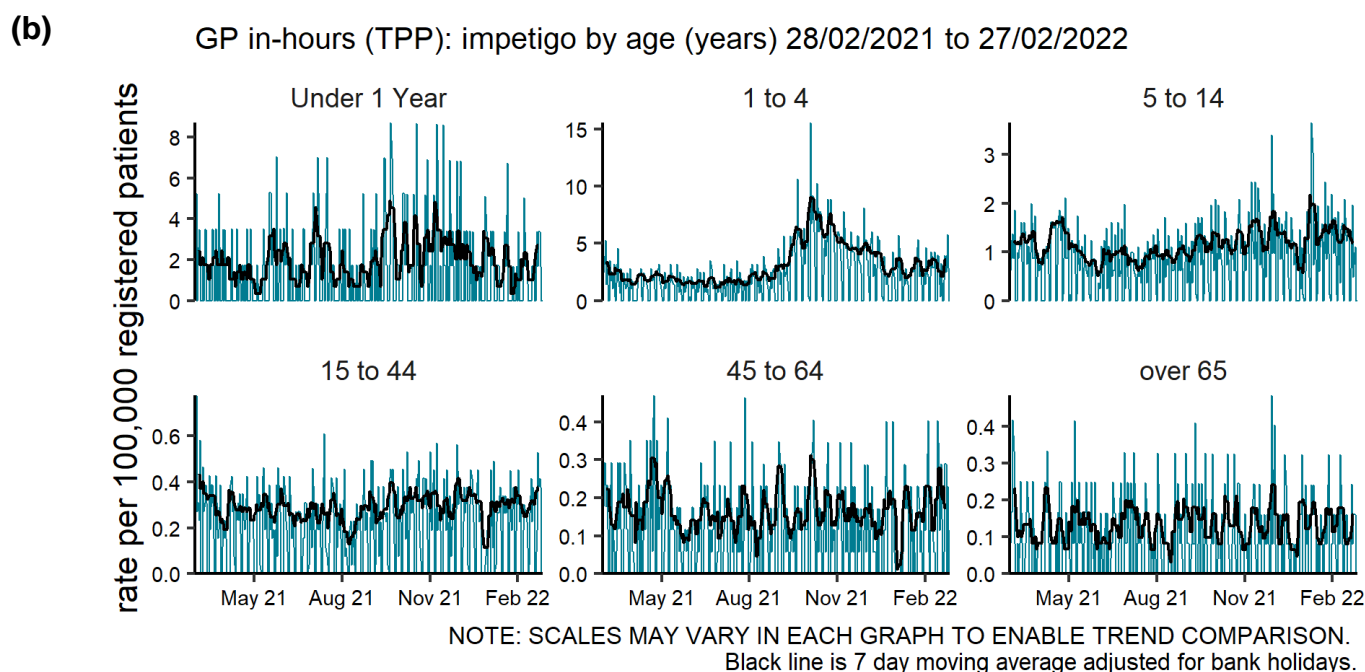
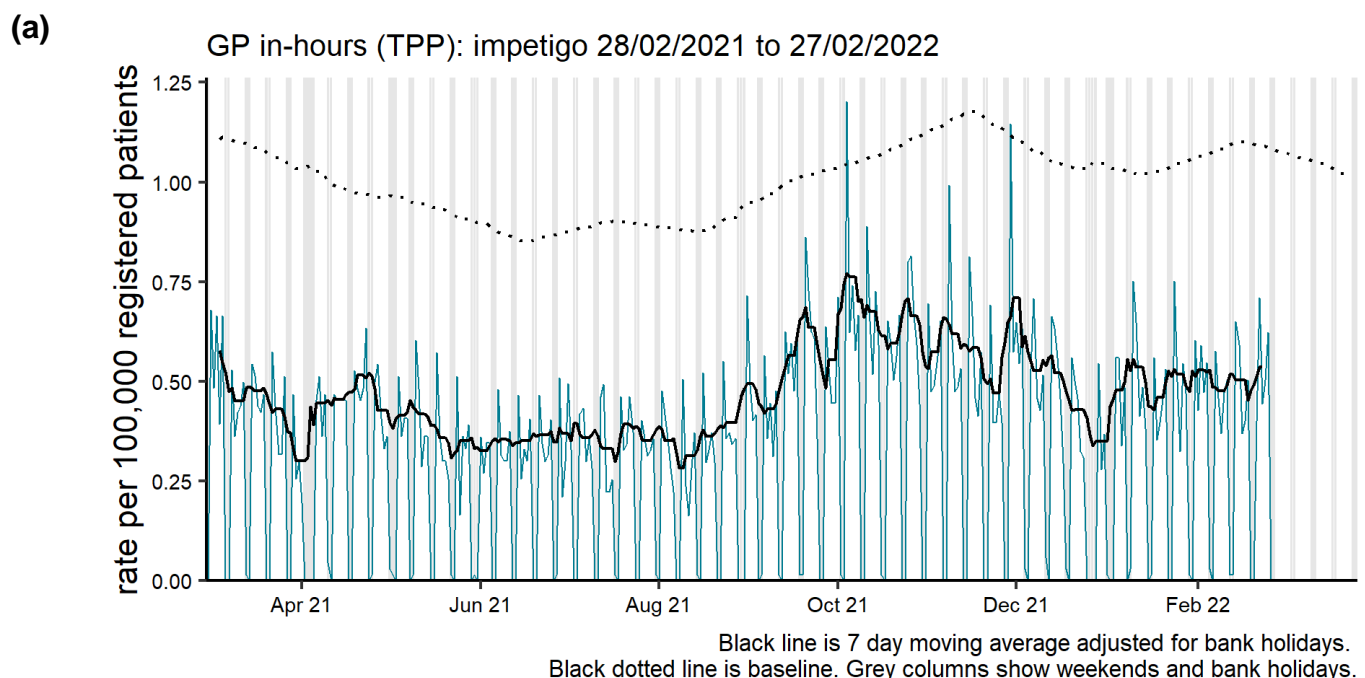
(c)



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

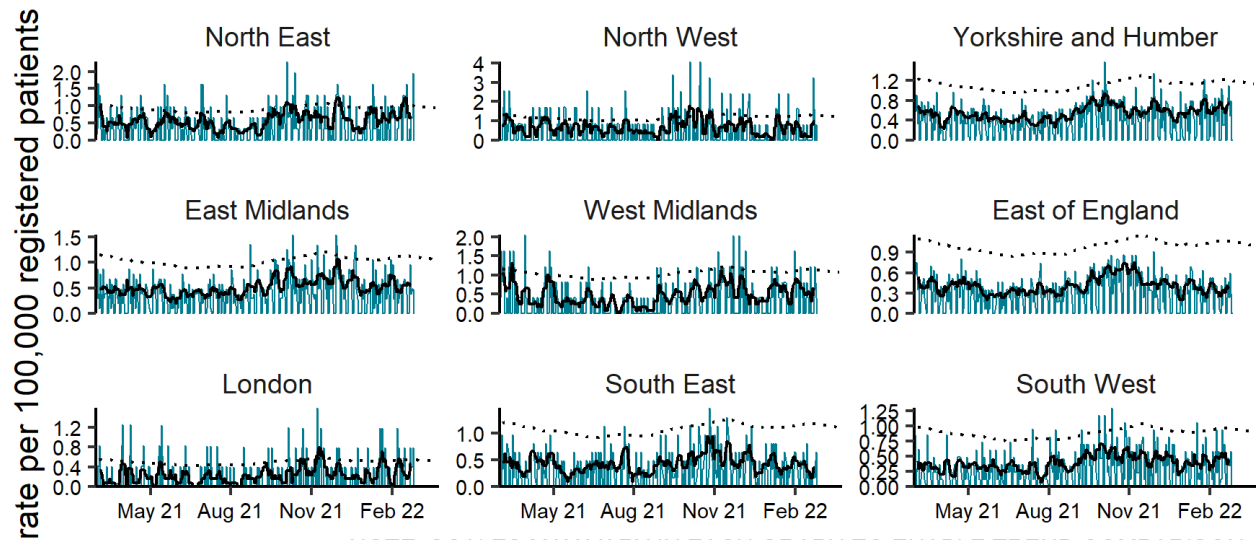
Impetigo

Figure 18: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for impetigo GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



(c)

GP in-hours (TPP): impetigo by region 28/02/2021 to 27/02/2022



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

Seasonal environmental conditions

During set periods of the year the Met Office operates both heat and cold weather watch systems, in association with UKHSA. Syndromic indicators are used to monitor the impact of both extreme hot and cold weather in England during these periods and will be included below (where an appropriate syndromic indicator is available).

[Cold weather alert](#) period: 1 November to 31 March

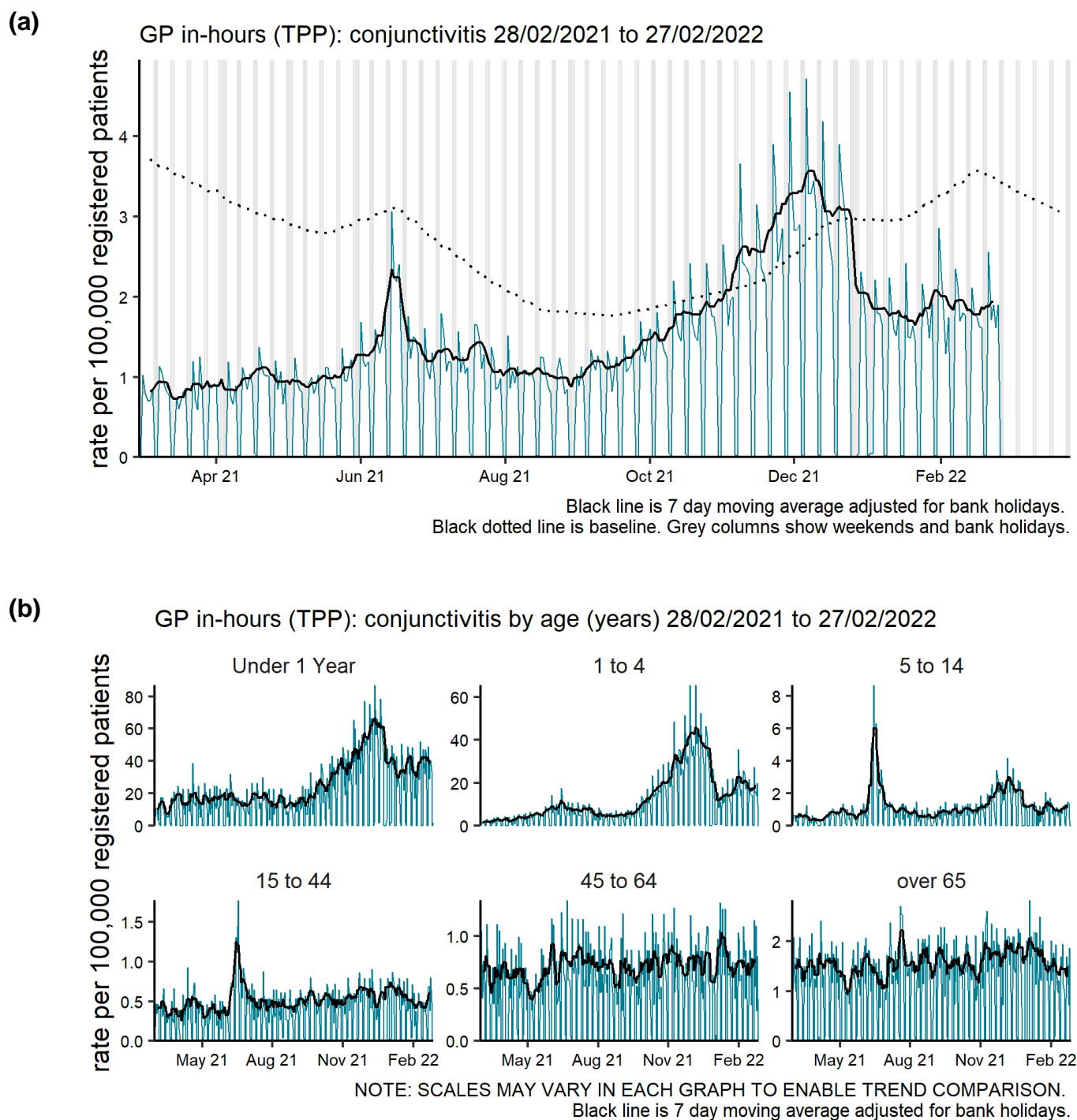
[Heat-Health Alert](#) period: 1 June to 15 September

Highest weather alert level during the current reporting week:

Level 1 – Winter preparedness and action.

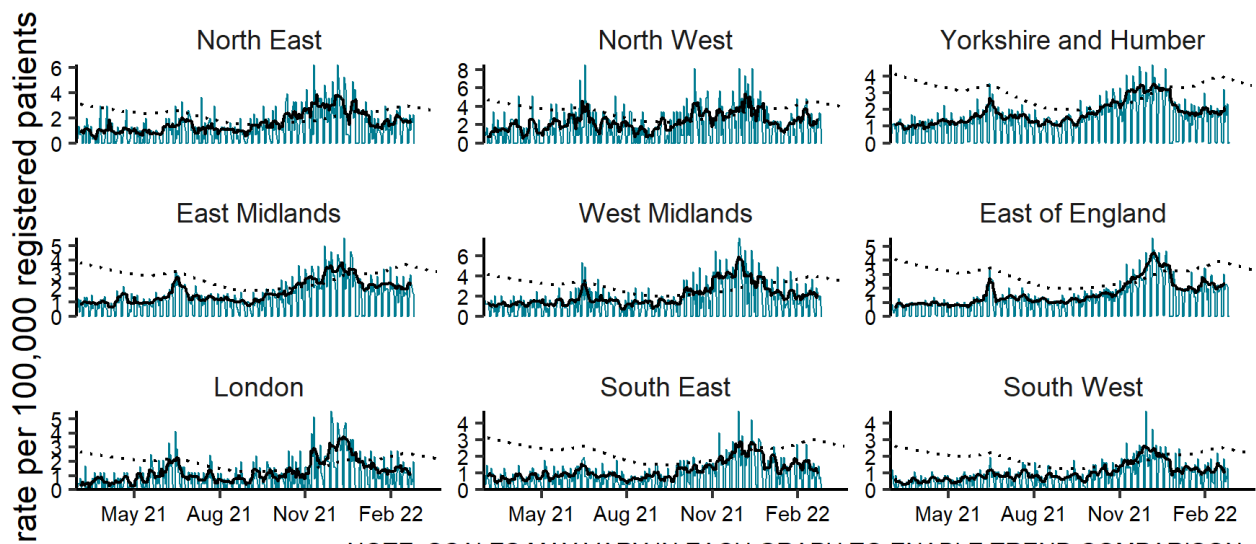
Conjunctivitis

Figure 19: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for conjunctivitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



(c)

GP in-hours (TPP): conjunctivitis by region 28/02/2021 to 27/02/2022



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

Notes and caveats

The following additional caveats apply to the UKHSA GP in hours syndromic surveillance system:

- all syndromic trends should be interpreted with caution due to changes in national advice and guidance regarding access to health care services as well as updates and changes to service provision during the COVID-19 pandemic
- the data presented are based on a sentinel syndromic surveillance system:
 - not all GP practices in England are included
 - national coverage each week is included in **Table 2**
 - coverage varies by location
- some syndromic indicators are hierarchical:
 - upper respiratory tract infections includes:
 - influenza-like illness
 - pharyngitis or scarlet fever
 - other and non-specific upper respiratory tract infections
 - lower respiratory tract infections includes:
 - pneumonia
 - other and non-specific upper respiratory tract infections
 - gastroenteritis includes:
 - diarrhoea
 - vomiting
 - other and non-specific gastroenteritis
- baselines:
 - were last remodelled March 2021
 - are constructed from historical data since April 2012
 - represent seasonally expected levels of activity
 - take account of any known substantial changes in data collection, population coverage or reporting practices:
 - the COVID-19 pandemic period is excluded, to show seasonally expected levels if COVID-19 had not occurred
 - may be remodelled to include the impacts seen during periods of the COVID-19 pandemic if/when appropriate due to introduction of large scale public health interventions which may affect GP consultation levels

COVID-19 syndromic surveillance

- the COVID-19-like syndromic indicator is based on diagnoses recorded using the COVID-19 Snomed codes released in March 2020:
 - these data are based on COVID-19-like symptoms reported and are not based on outcomes of tests for coronavirus

- patients presenting with COVID-19 symptoms may be diagnosed using other clinical codes used by the GP, so the COVID-19-like syndromic indicator should be interpreted in context with the other respiratory syndromic indicators presented in this report
- the rate of COVID-19-like consultations should not be used to estimate an absolute count of patients with COVID-19

Acknowledgements

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

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

www.gov.uk/government/organisations/uk-health-security-agency

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