

# **GP in Hours Syndromic Surveillance System Bulletin (England)**2023 Week 40

# Key messages

#### Data reported to: 8 October 2023

During week 40, there were further increases in GP in-hours consultations for upper respiratory tract and lower respiratory tract infections, but in line with seasonally expected trends. There were also increases observed in influenza-like illness consultations, however these increases were small and within seasonal expectations.

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

<sup>&</sup>lt;sup>1</sup> 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 <sup>1</sup>	Registered patients <sup>1</sup>
2023	40	655	7.0 million

<sup>&</sup>lt;sup>1</sup> based on the average number of practices and registered patient population in the reporting week (Monday-Friday).

# **Contents**

Key messages	2
Syndromic indicators at a glance	2
System coverage	3
Contents	4
About this syndromic surveillance system	6
Respiratory conditions	7
COVID-19-like	7
Upper respiratory tract infections	9
Influenza-like illness	11
Pharyngitis or scarlet fever	13
Scarlet fever	15
Lower respiratory tract infections	17
Pneumonia	19
Acute presenting asthma	21
Gastrointestinal conditions	23
Gastroenteritis	23
Diarrhoea	25
Vomiting	27
Vaccine preventable conditions	29
Measles	29
Mumps	30
Whooping cough	32
Skin conditions	34
Cellulitis	34
Chickenpox	36
Herpes zoster	38
Impetigo	40
Seasonal environmental conditions	42
No weather-health alerts in place	42

#### GP in hours syndromic surveillance system (England) bulletin

Conjunctivitis	43
Notes and caveats	
COVID-19 syndromic surveillance	
Acknowledgements	
About the UK Health Security Agency	

# 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:
  - o diagnoses recorded during GP in hours patient consultations
  - o diagnoses based on signs/symptoms and may not be laboratory confirmed
- 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 <u>here</u>.

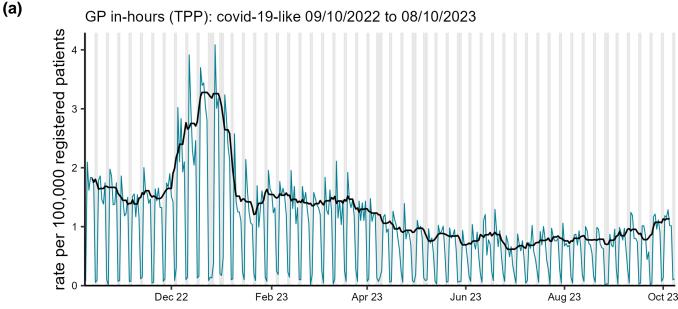
#### Data quality issues of note this week

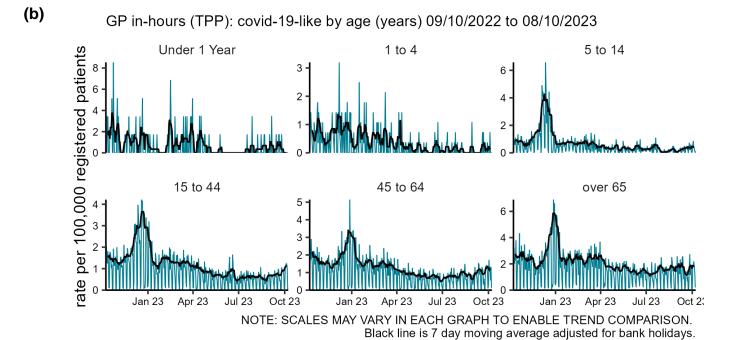
No issues identified.

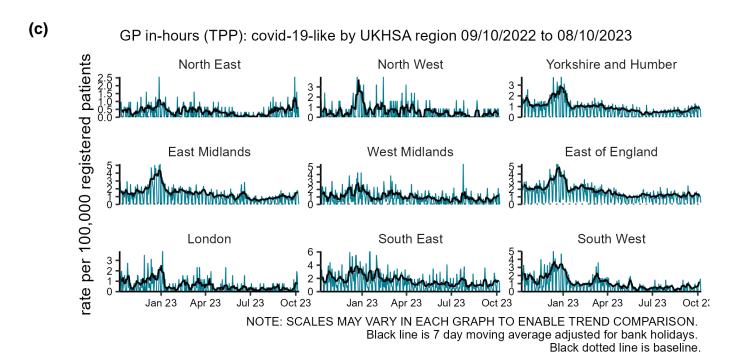
# **Respiratory conditions**

#### 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.

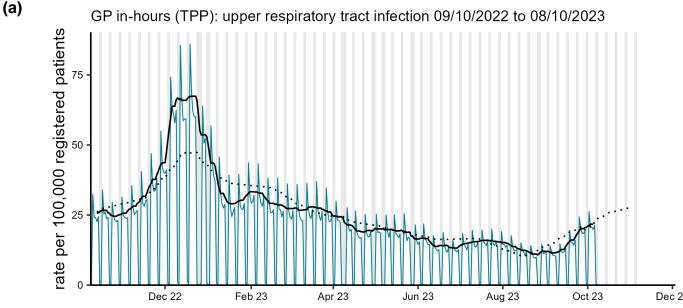


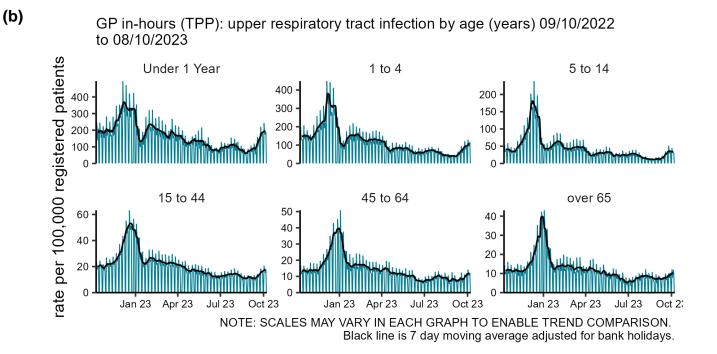


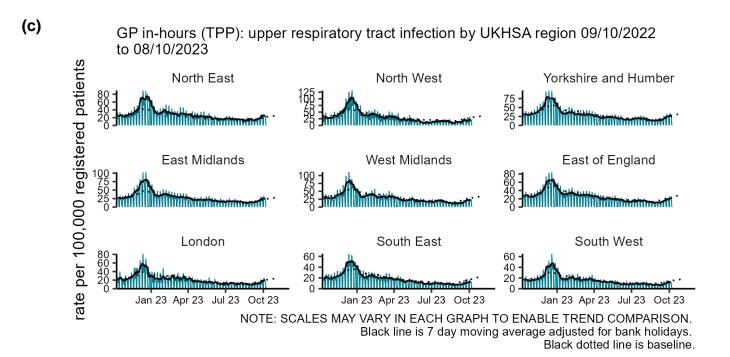


## Upper respiratory tract infections

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.

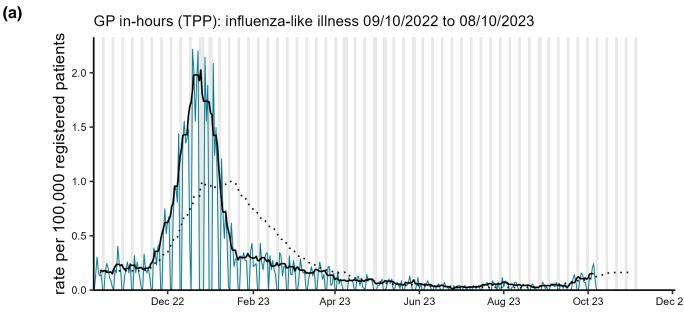


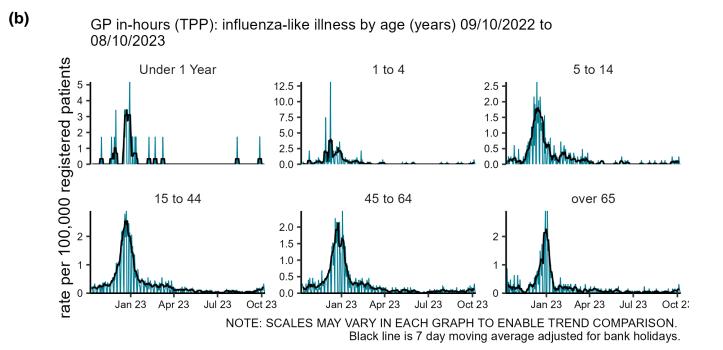


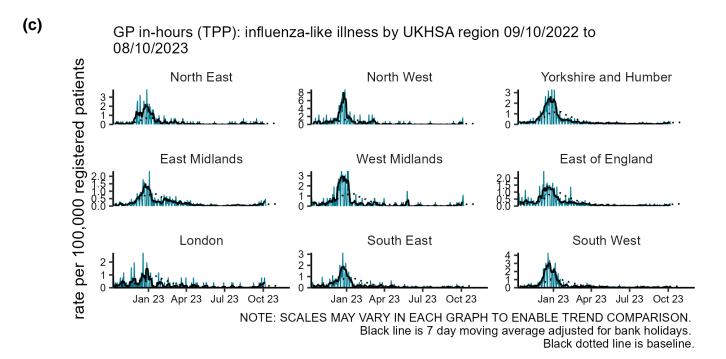


#### Influenza-like illness

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.

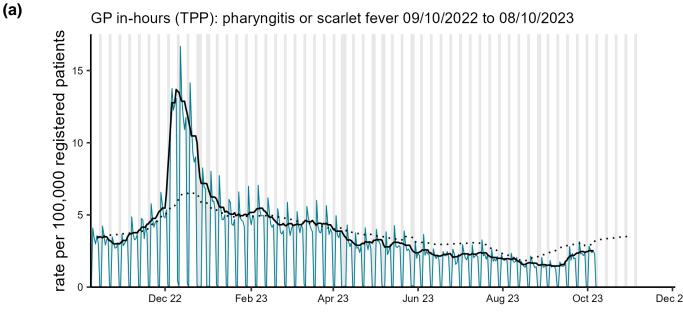


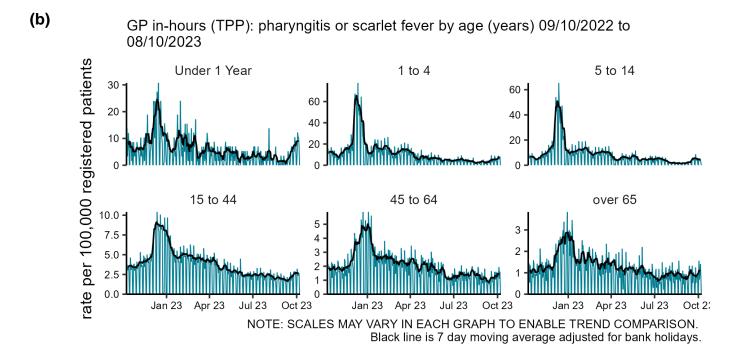


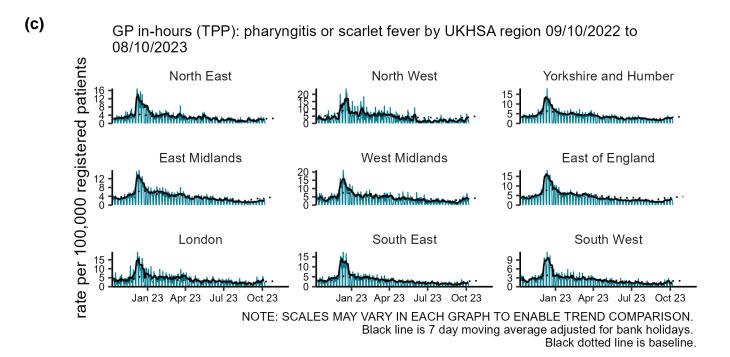


# Pharyngitis or scarlet fever

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.

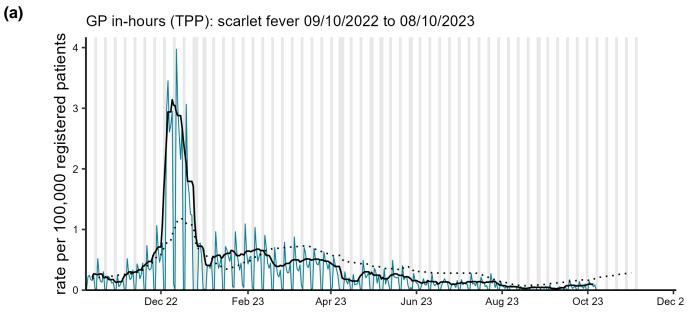


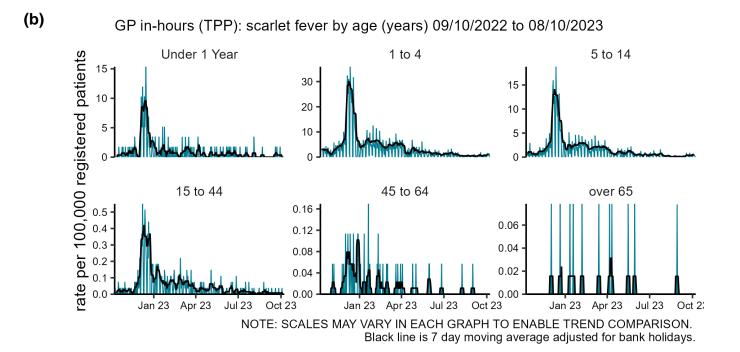


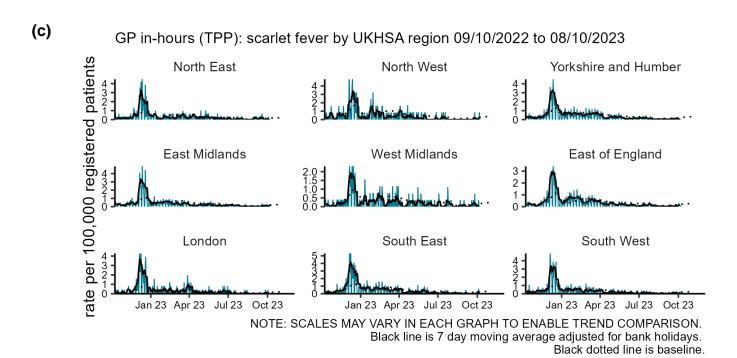


#### Scarlet fever

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.

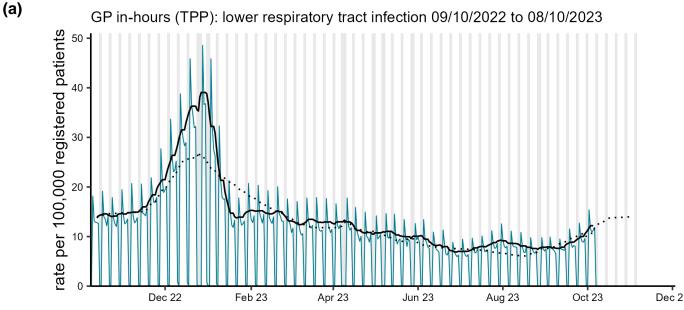


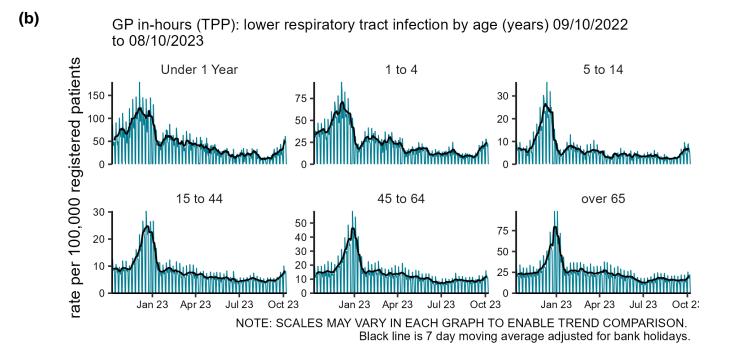


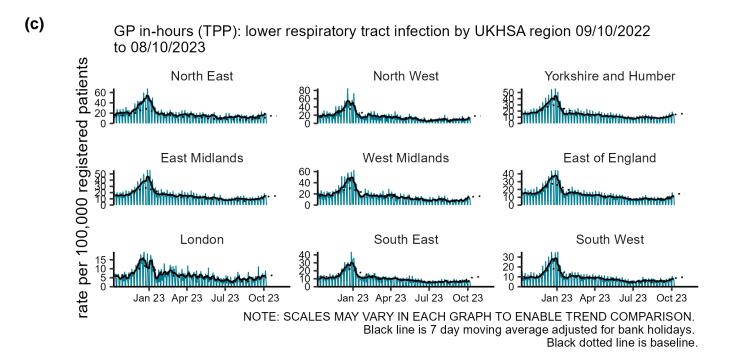


# Lower respiratory tract infections

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.

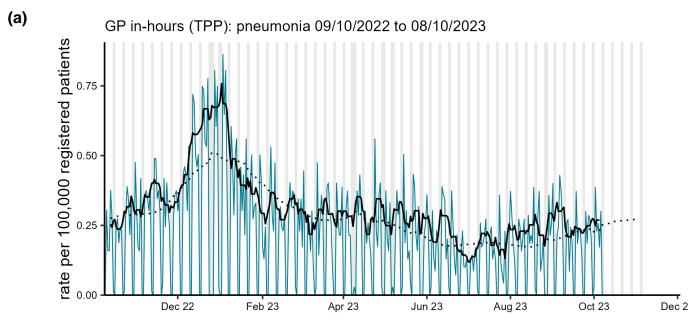


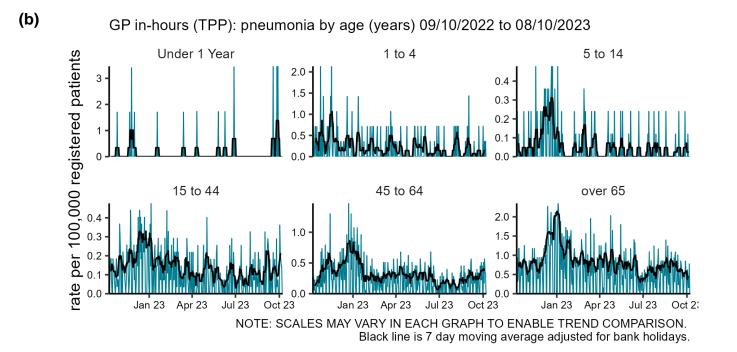


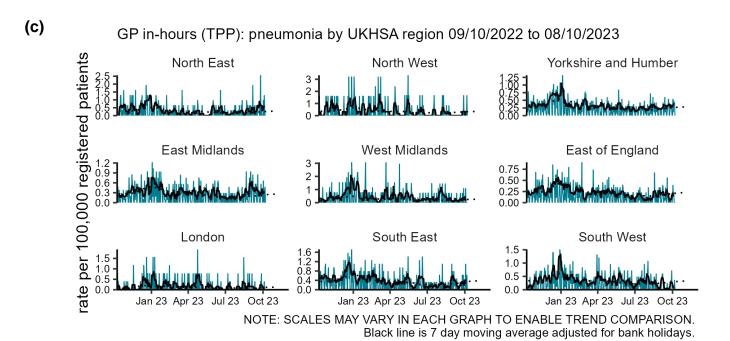


#### Pneumonia

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.



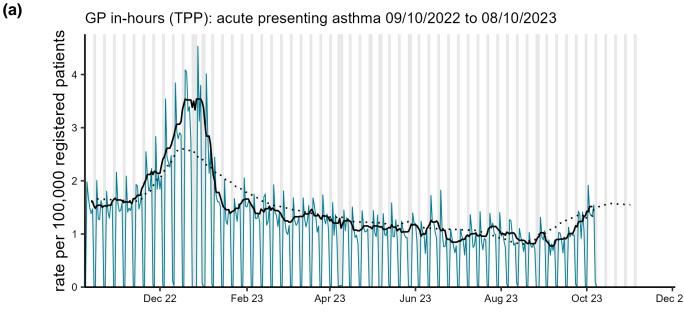


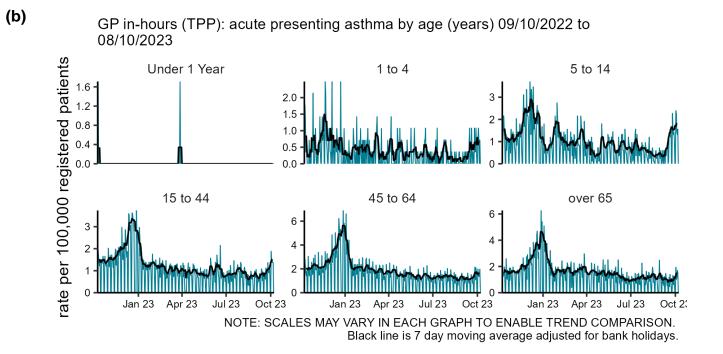


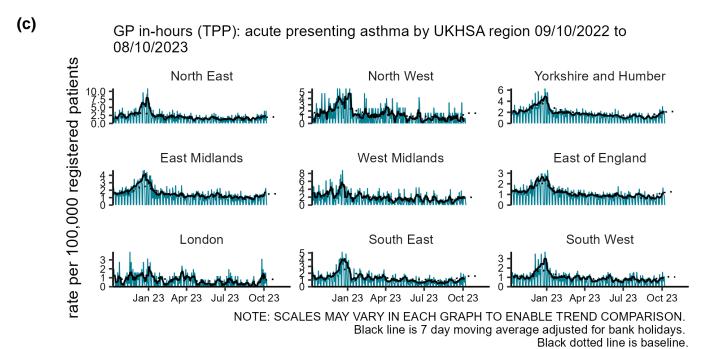
Black dotted line is baseline.

# 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.



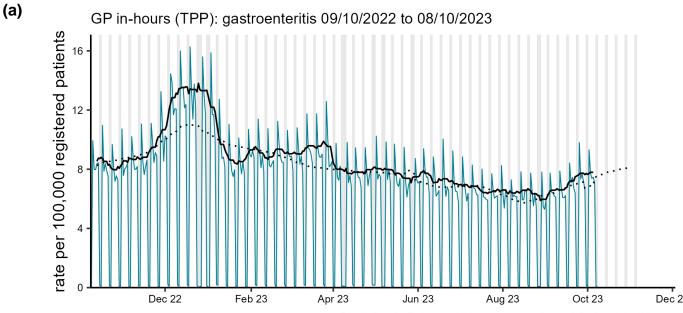


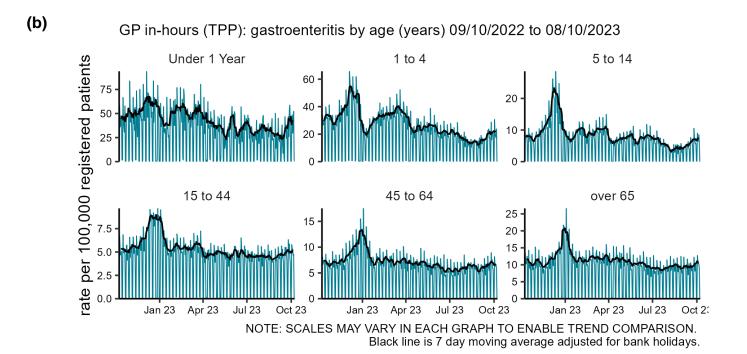


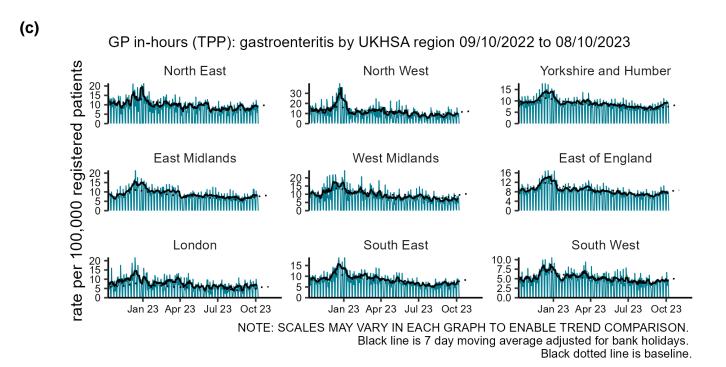
#### **Gastrointestinal conditions**

#### 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.

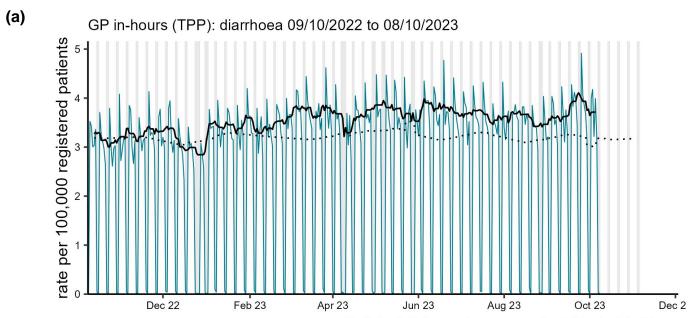


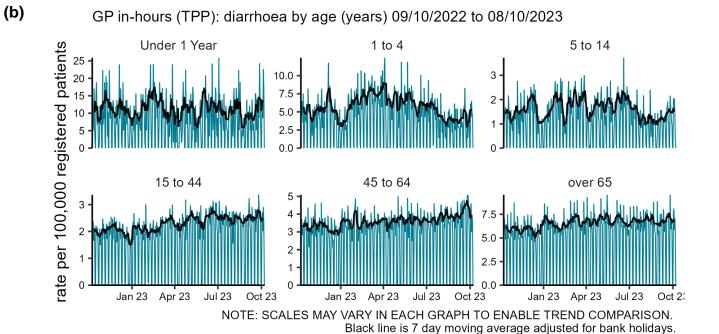


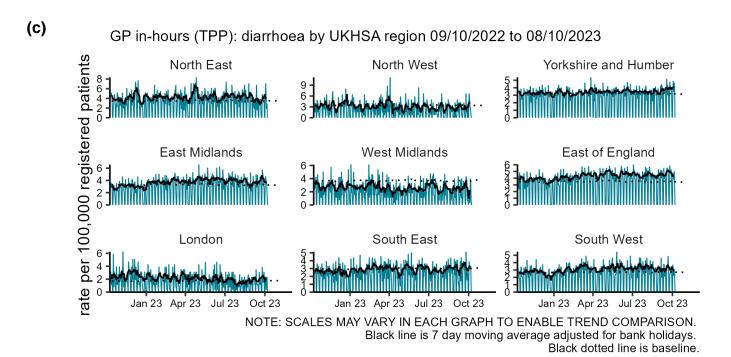


#### Diarrhoea

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.

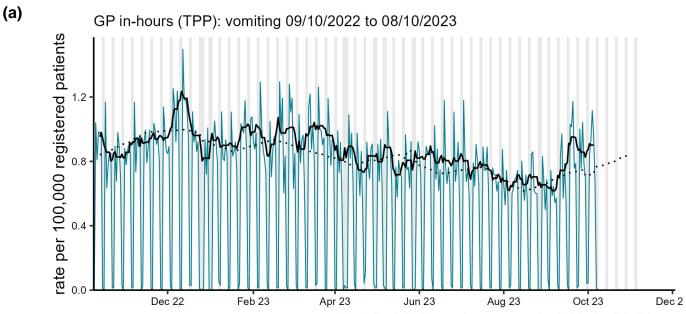


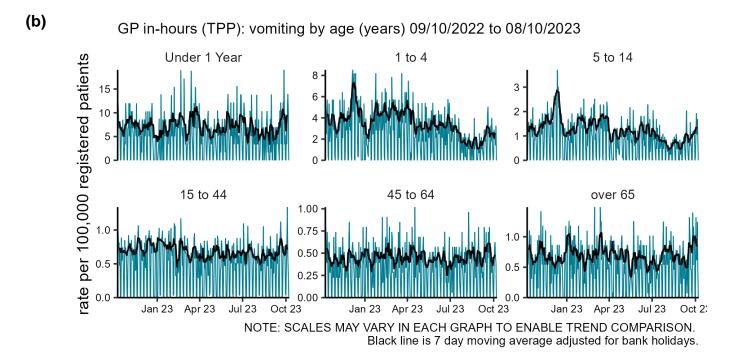


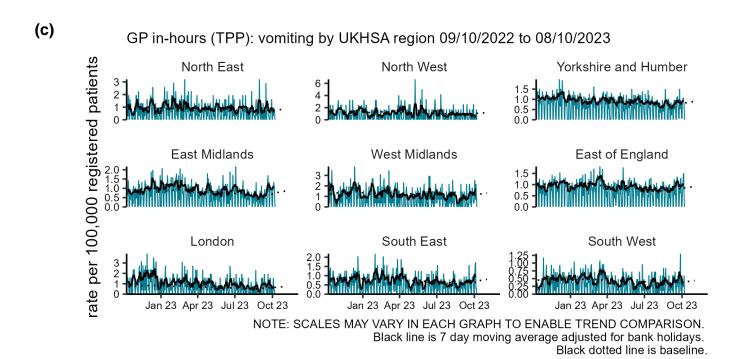


# Vomiting

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.



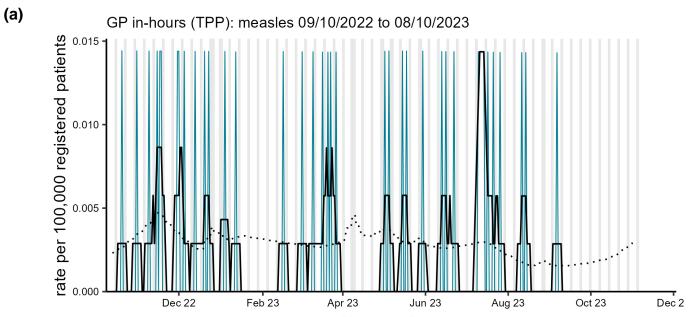




# Vaccine preventable conditions

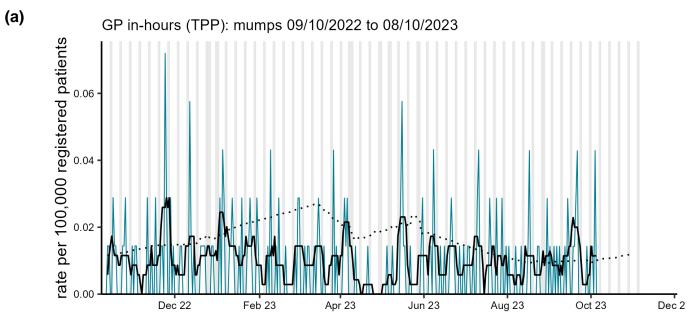
#### Measles

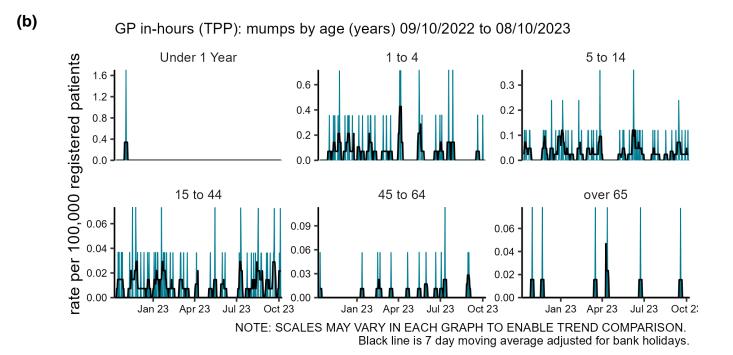
Figure 12: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for measles GP in hours consultations, England (a) nationally.

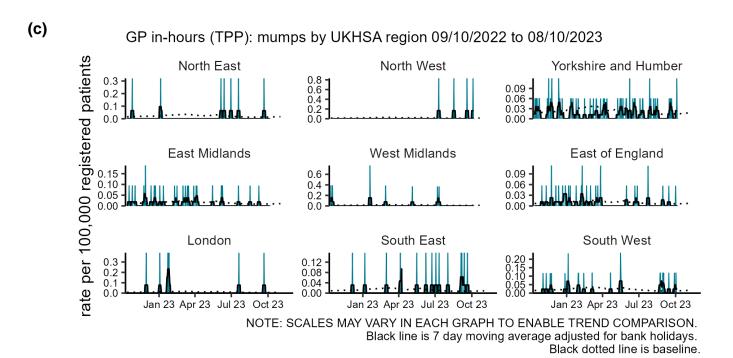


#### Mumps

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.

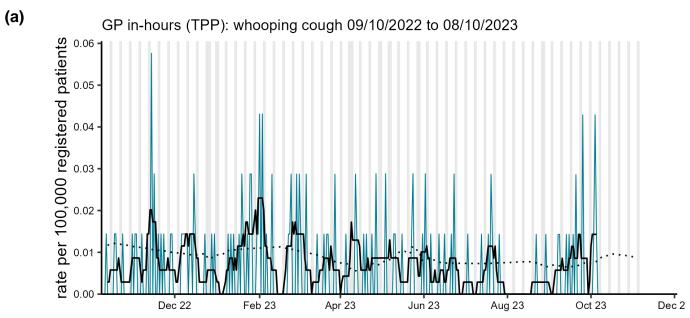


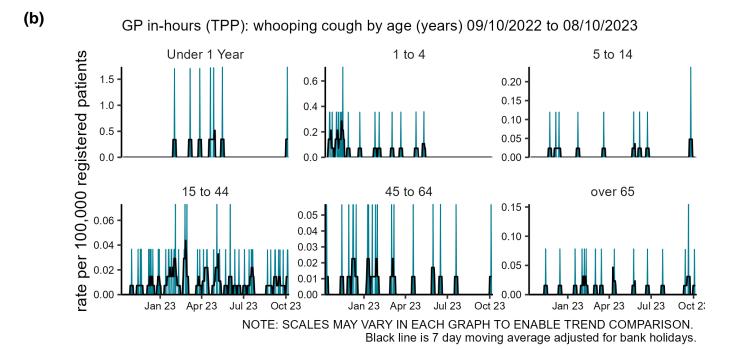


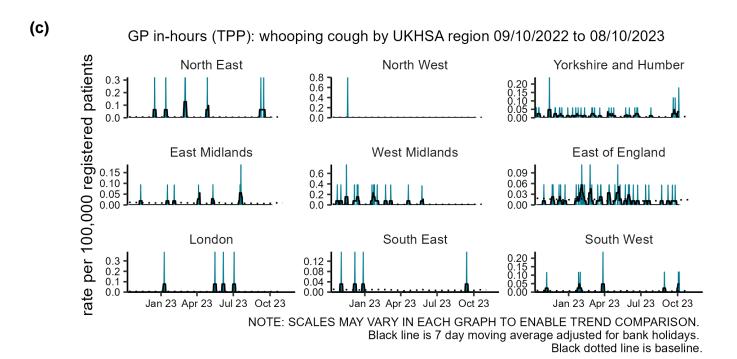


## Whooping cough

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.



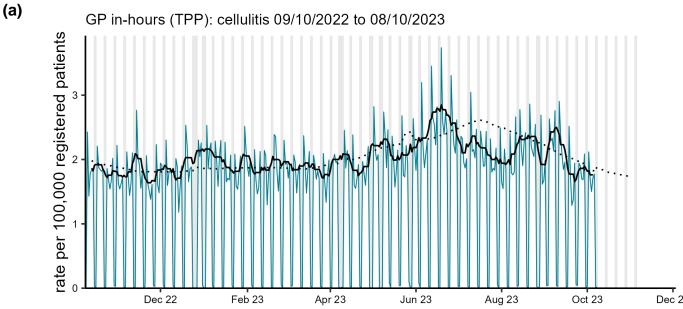




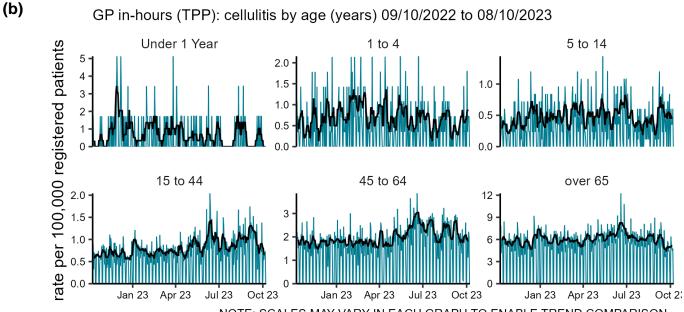
#### **Skin conditions**

#### **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.

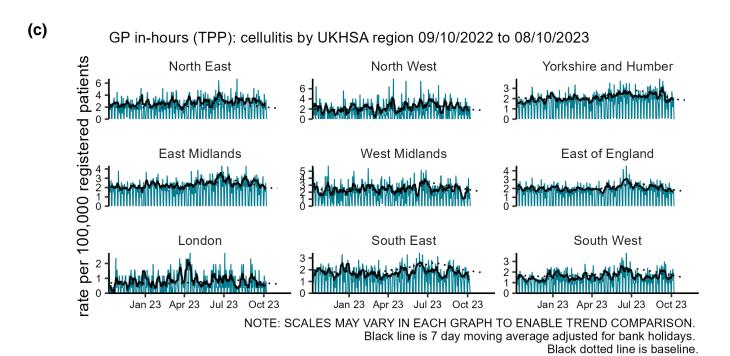


Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.



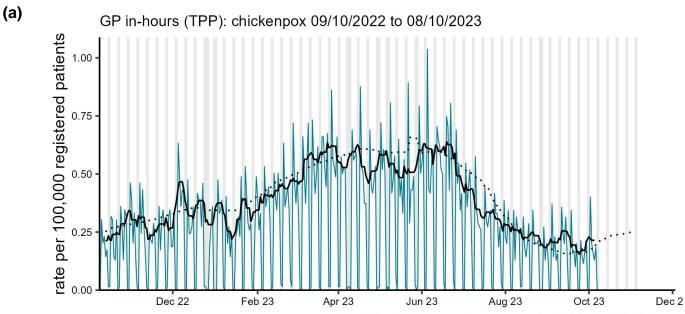
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

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



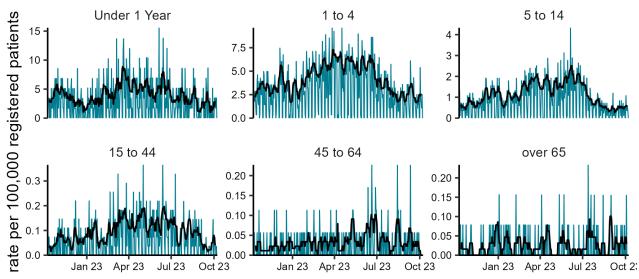
# Chickenpox

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



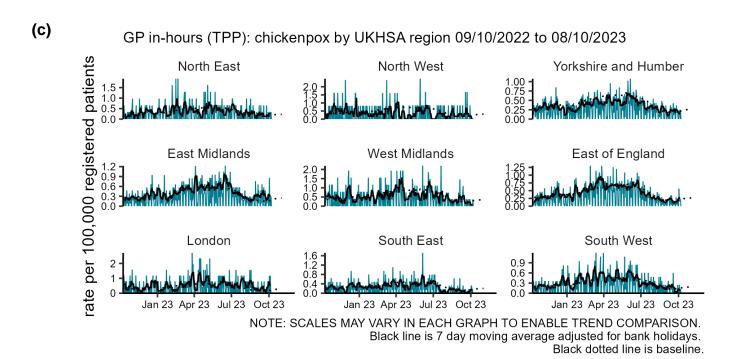
Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.

(b)
GP in-hours (TPP): chickenpox by age (years) 09/10/2022 to 08/10/2023



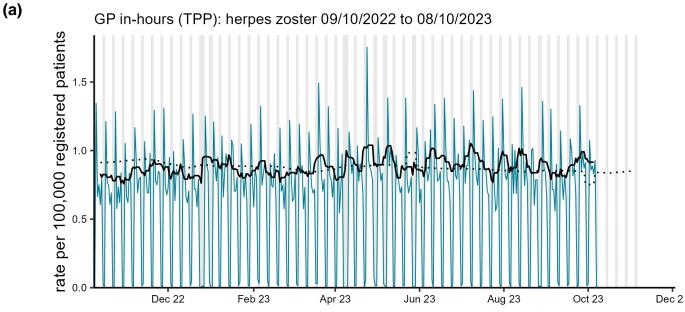
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

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

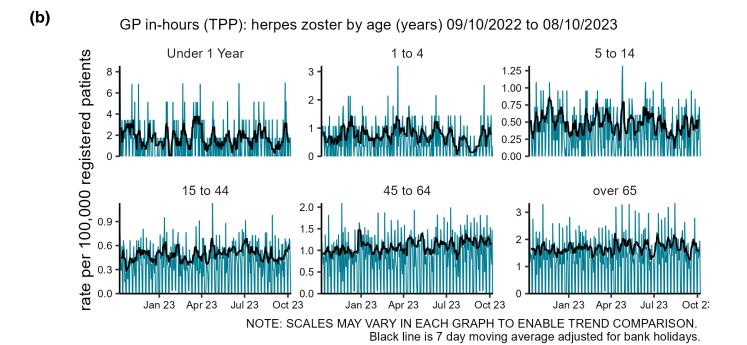


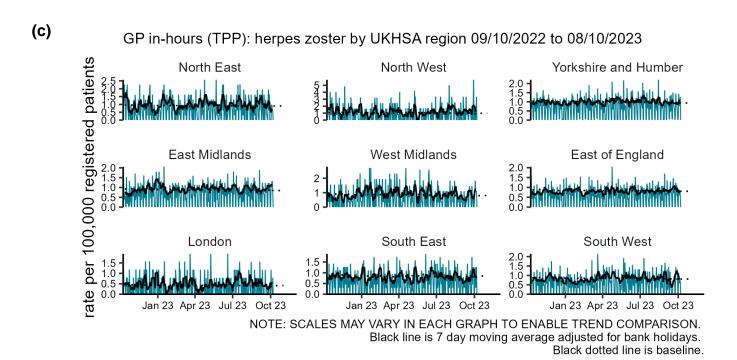
## Herpes zoster

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.



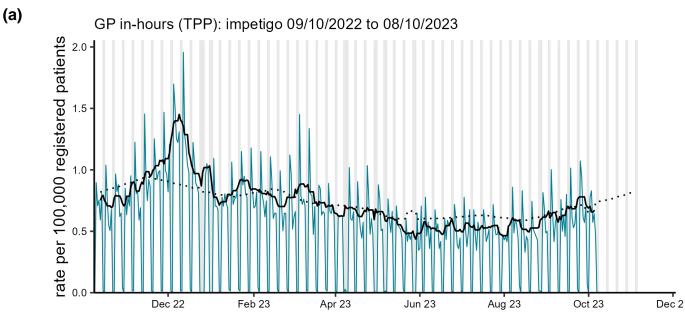
Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.



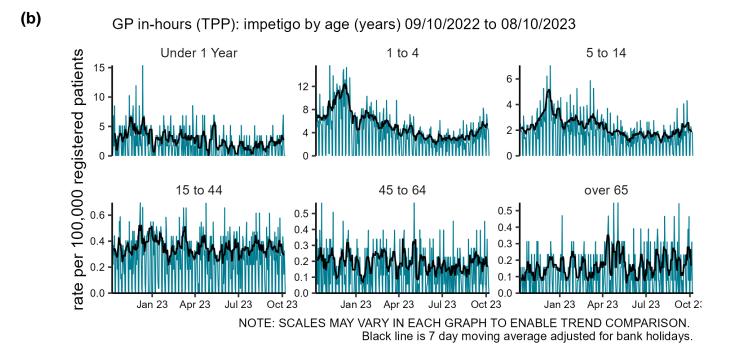


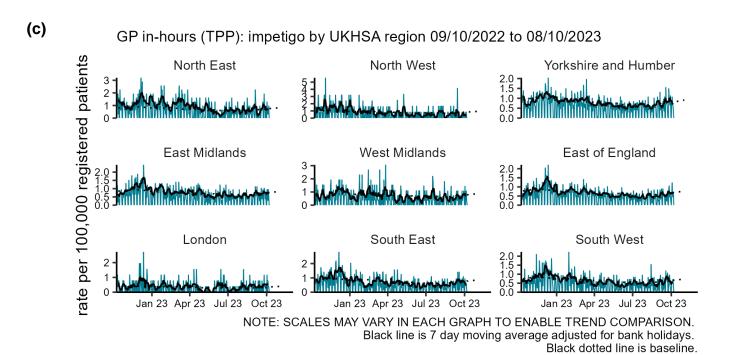
## **Impetigo**

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.



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





#### Seasonal environmental conditions

UKHSA and the Met Office operate a weather-health alert system that includes both heat and cold weather alert periods. 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 30 September

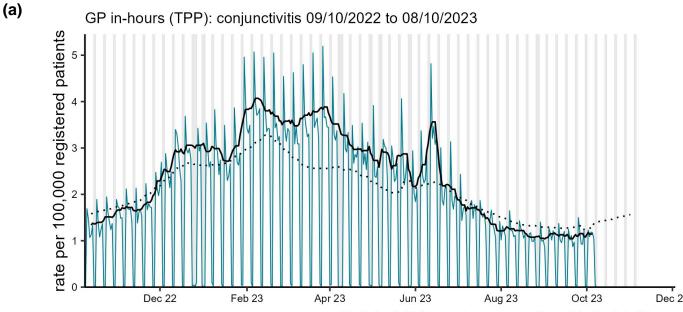
Highest weather alert level during the current reporting week:

No alerts issued

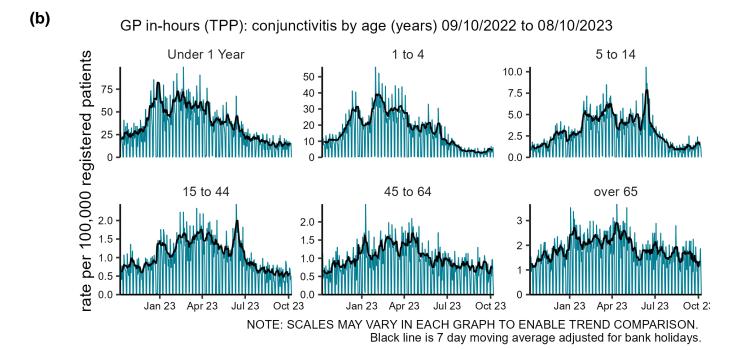
No weather-health alerts in place

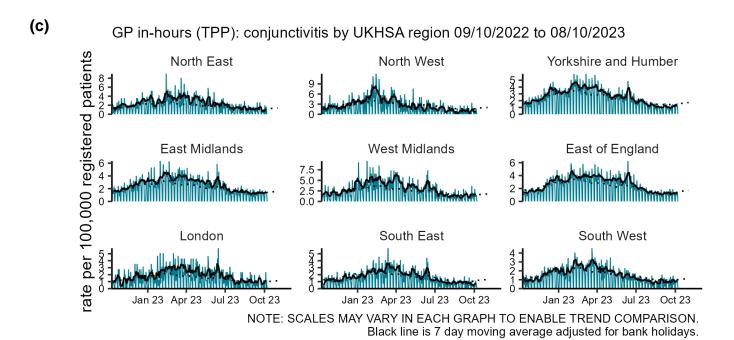
## Conjunctivitis

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.



Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and 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:
  - o not all GP practices in England are included
  - national coverage each week is included in Table 2
  - o coverage varies by location
- some syndromic indicators are hierarchical:
  - o upper respiratory tract infections includes:
    - influenza-like illness
    - pharyngitis or scarlet fever
    - other and non-specific upper respiratory tract infections
  - o lower respiratory tract infections includes:
    - pneumonia
    - other and non-specific lower respiratory tract infections
  - gastroenteritis includes:
    - diarrhoea
    - vomiting
    - other and non-specific gastroenteritis
- baselines:
  - were last remodelled June 2023
  - o 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 heath secure.

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

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

© Crown copyright 2023

Version: IH-2

Prepared by: Real-time Syndromic Surveillance Team

For queries relating to this document, please contact: syndromic.surveillan@ukhsa.gov.uk

Published: October 2023

#### **OGL**

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit <u>OGL</u>. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.



UKHSA supports the UN Sustainable Development Goals

