

# **GP in Hours Syndromic Surveillance System Bulletin (England)**2023 Week 44

# Key messages

#### Data reported to: 3 November 2023

During week 44, there were further decreases in COVID-19-like GP consultations across all age groups and regions. There were continuing increases in lower respiratory tract infections, bronchiolitis and acute bronchitis, particularly in children aged <1 year and 1-4 years, in line with seasonally expected trends.

**Please note** this bulletin includes an additional GP data source ORCHID (Oxford and Royal College of General Practitioners Clinical Informatics Digital Hub) to improve geographical coverage. Work is ongoing to ensure compatibility between the two data sources for some indicators; these will be presented from a single source (identifiable by the population coverage included in each chart presented).

# 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)	Decreasing	No baseline
Upper respiratory tract infections (Figure 2)	Increasing	Below baseline
Influenza-like illness (Figure 3)	No trend	Similar to baseline
Pharyngitis (Figure 4)	No trend	Similar to baseline
Scarlet fever (Figure 5)	No trend	Below baseline
Lower respiratory tract infections (Figure 6)	Increasing	Similar to baseline
Pneumonia (Figure 7)	No trend	Above baseline
Bronchiolitis (Figure 8)	Increasing	Similar to baseline
Acute bronchitis (Figure 9)	Increasing	Above baseline
Acute presenting asthma (Figure 10)	Increasing	Similar to baseline
Gastroenteritis (Figure 11)	Increasing	Similar to baseline
Diarrhoea (Figure 12)	No trend	Above baseline
Vomiting (Figure 13)	Increasing	Similar to baseline
Measles (Figure 14)	No trend	Similar to baseline
Mumps (Figure 15)	No trend	Below baseline
Whooping cough (Figure 16)	No trend	Similar to baseline
Cellulitis (Figure 17)	Decreasing	Similar to baseline
Chickenpox (Figure 18)	Increasing	Similar to baseline
Herpes zoster (Figure 19)	No trend	Similar to baseline
Impetigo (Figure 20)	Increasing	Similar to baseline
Conjunctivitis (Figure 21)	No trend	Below 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	44	1847	18.8 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	g
Influenza-like illness	11
Pharyngitis	13
Scarlet fever	15
Lower respiratory tract infections	17
Pneumonia	19
Bronchiolitis	21
Acute bronchitis	23
Acute presenting asthma	25
Gastrointestinal conditions	27
Gastroenteritis	27
Diarrhoea	29
Vomiting	31
Vaccine preventable conditions	33
Measles	33
Mumps	34
Whooping cough	36
Skin conditions	38
Cellulitis	38
Chickenpox	40
Herpes zoster	42
Impetigo	44

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

Seasonal environmental conditions	
Cold-health alerts in place	46
Conjunctivitis	47
Notes and caveats	49
COVID-19 syndromic surveillance	50
Acknowledgements	51
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 from two sources, TPP and ORCHID (Oxford and Royal College of General Practitioners Clinical Informatics Digital Hub), 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
  - 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
  - o denominators vary for individual indicators, and are provided in figure titles

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

Previous weekly bulletins from this system are available here.

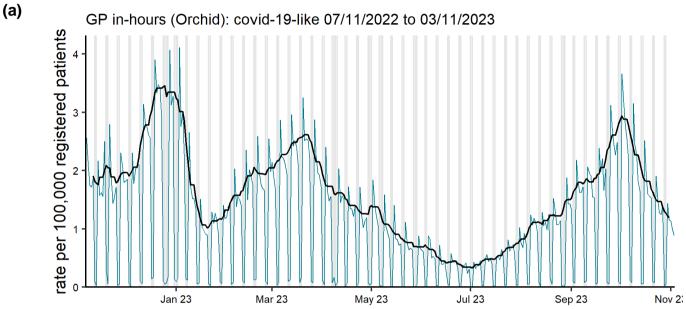
#### Data quality issues of note this week

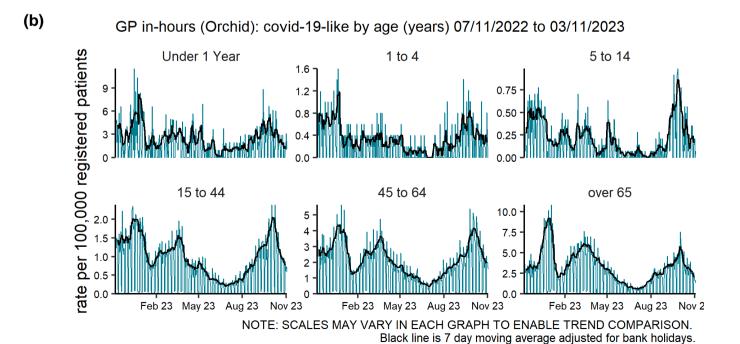
No issues identified.

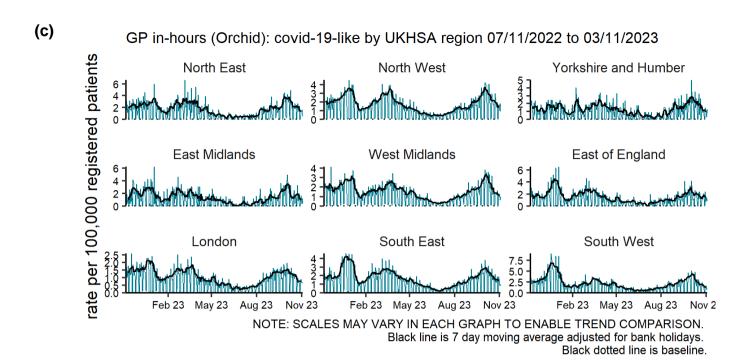
# **Respiratory conditions**

#### 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 (population 11.8 million patients).

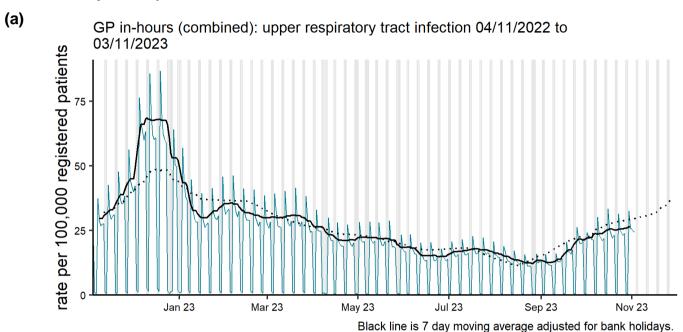




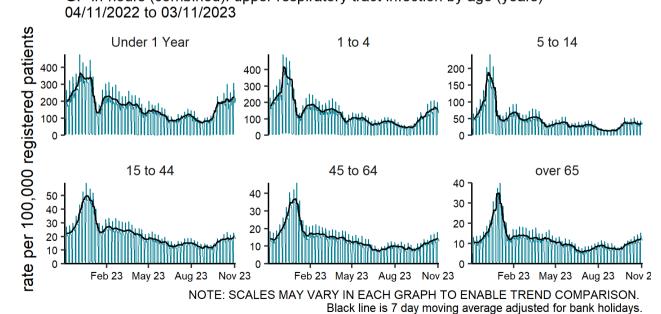


# Upper respiratory tract infections

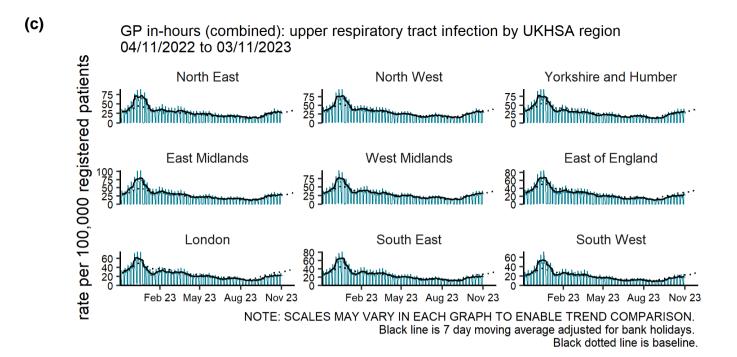
Figure 2: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for upper respiratory tract infections GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region (population 18.8 million patients).



(b) GP in-hours (combined): upper respiratory tract infection by age (years)

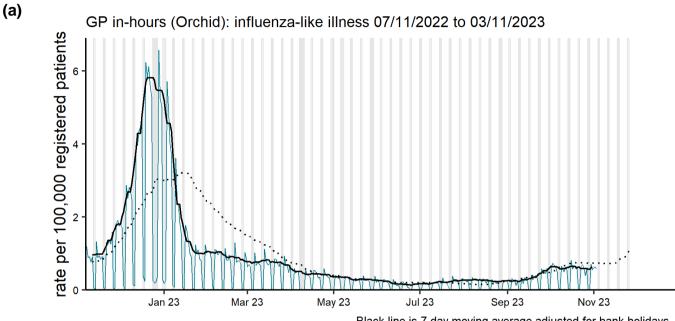


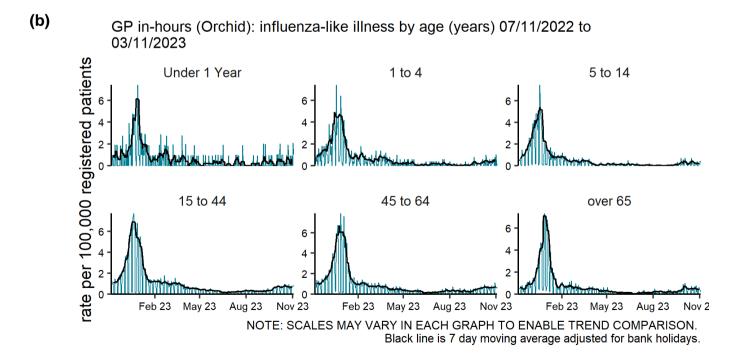
Black dotted line is baseline. Grey columns show weekends and bank holidays.

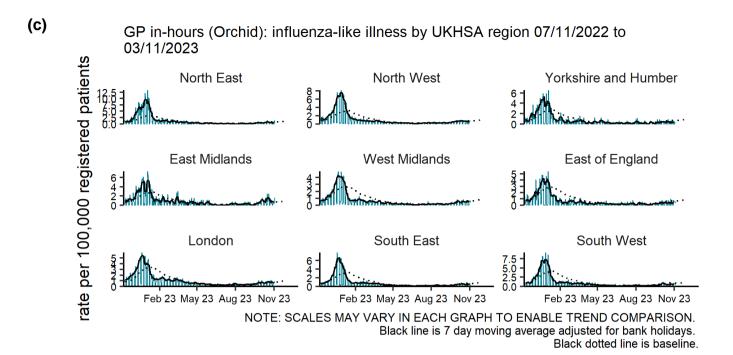


#### Influenza-like illness

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 (population 11.8 million patients).

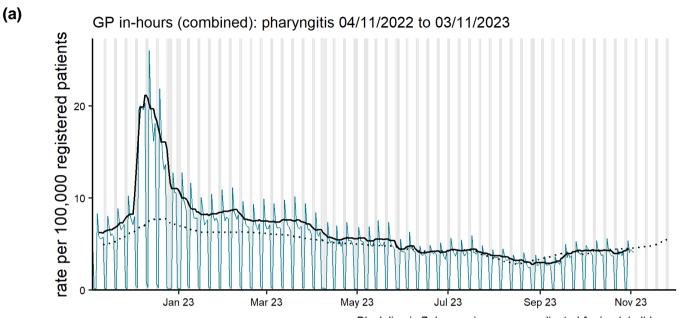


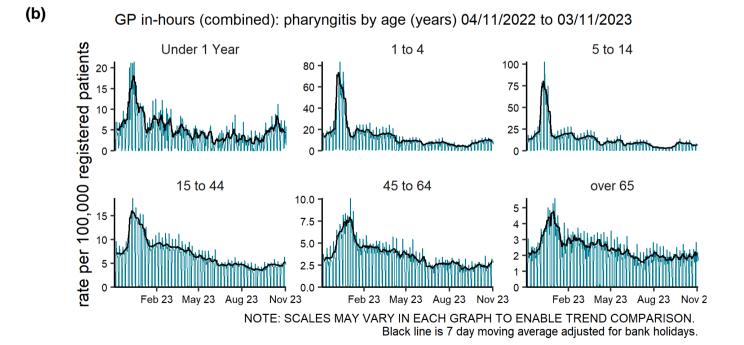


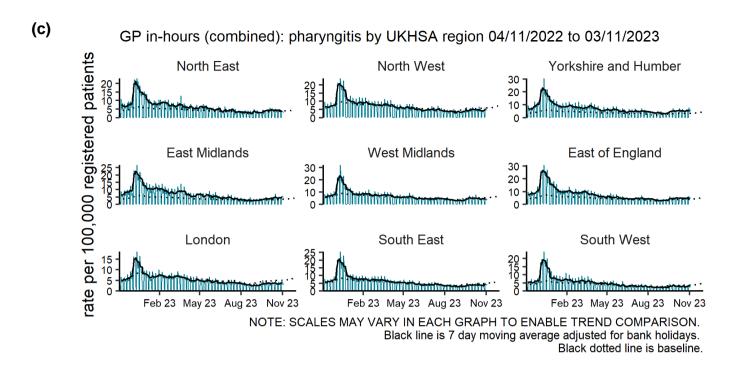


# **Pharyngitis**

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 (population 18.8 million patients).

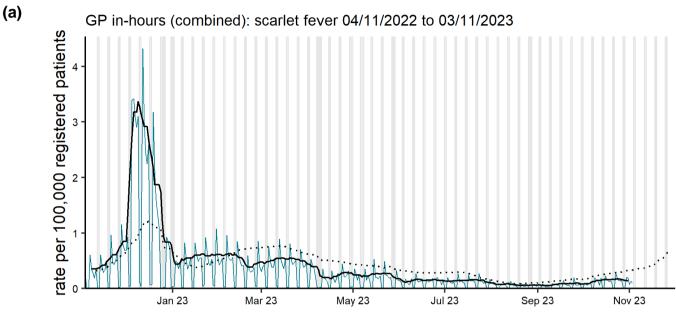


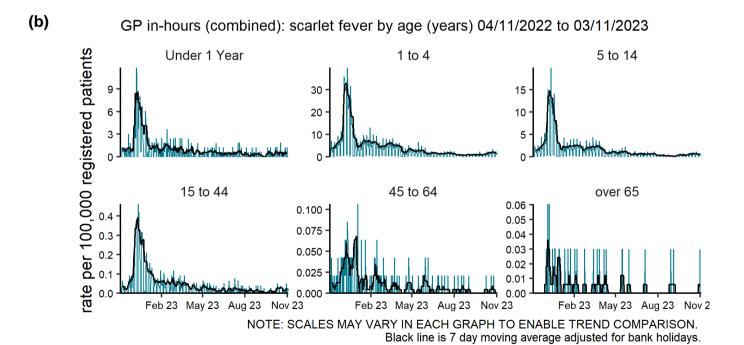


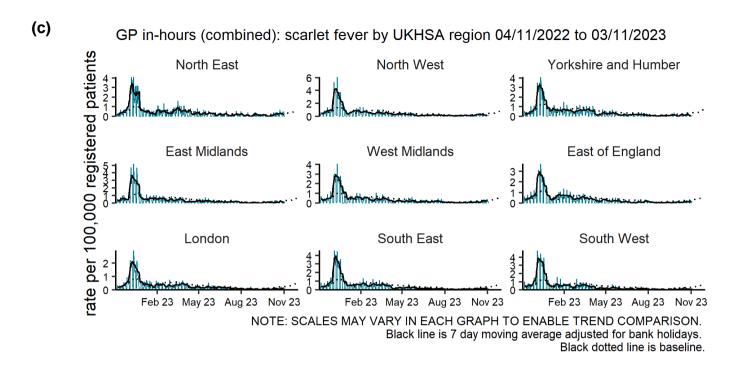


#### Scarlet fever

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 (population 18.8 million patients).

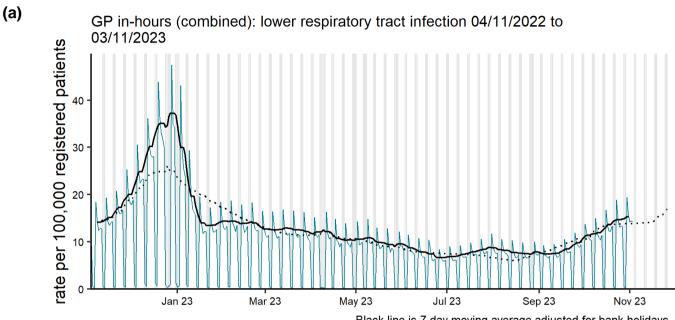


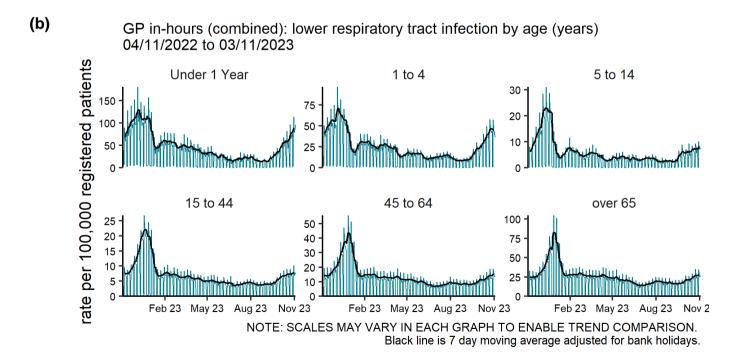


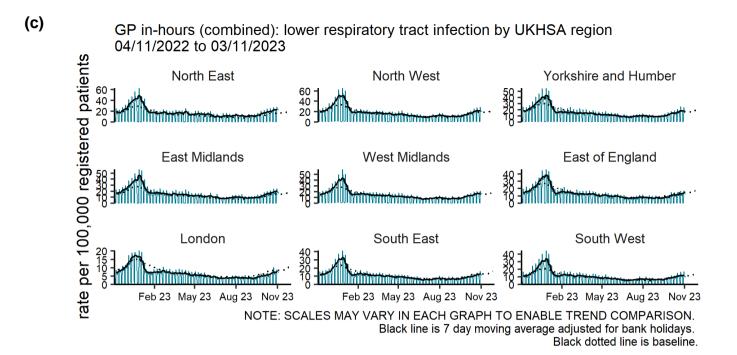


# Lower respiratory tract infections

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 (population 18.8 million patients).

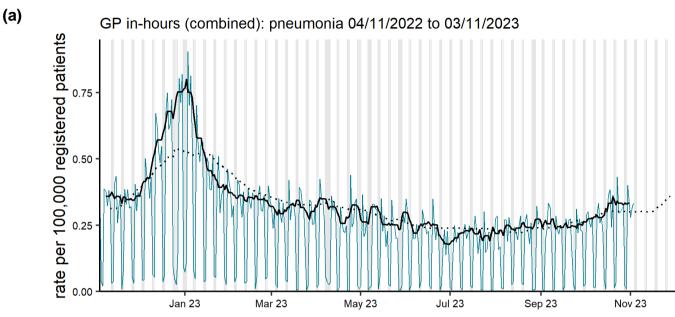


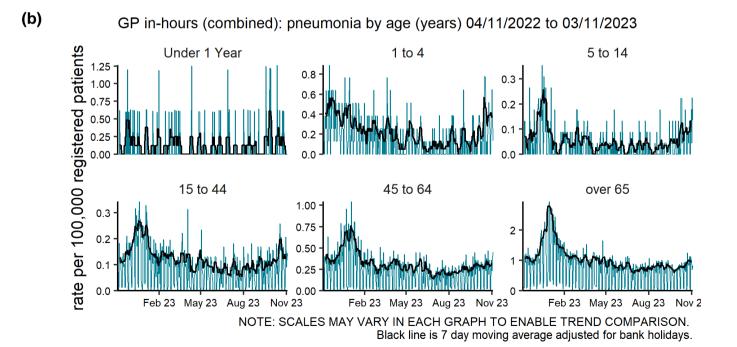


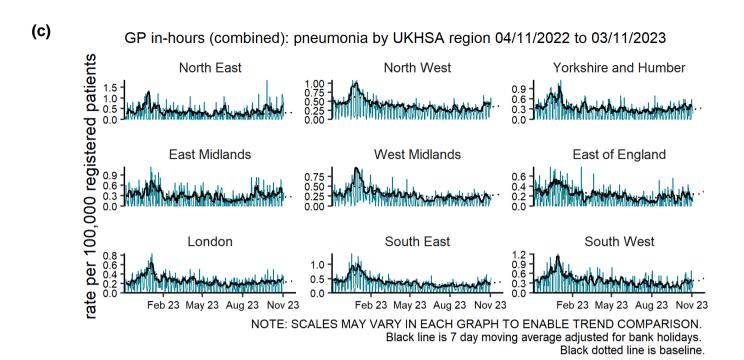


#### Pneumonia

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 (population 18.8 million patients).

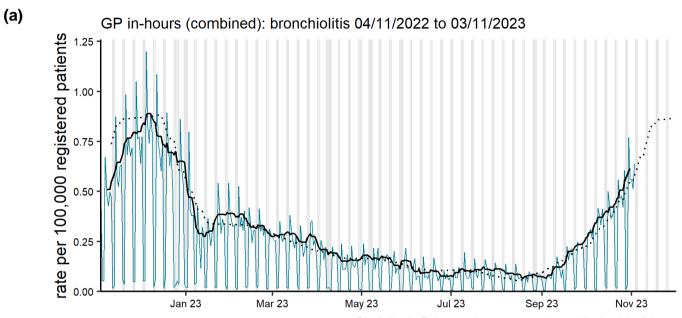


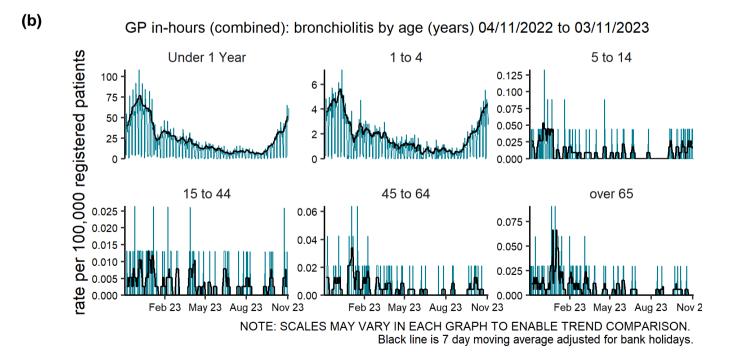


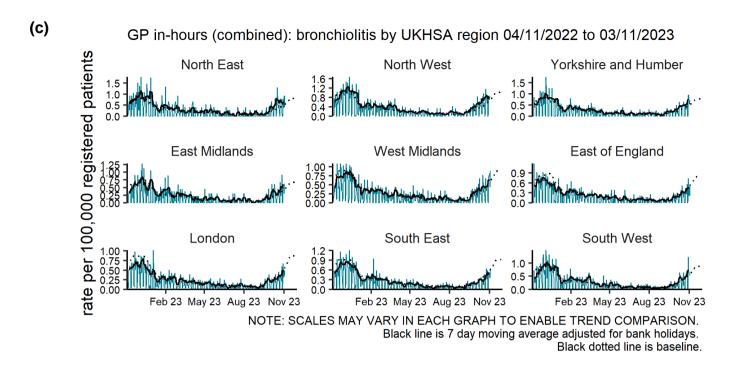


#### **Bronchiolitis**

Figure 8: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for bronchiolitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region (population 18.8 million patients).

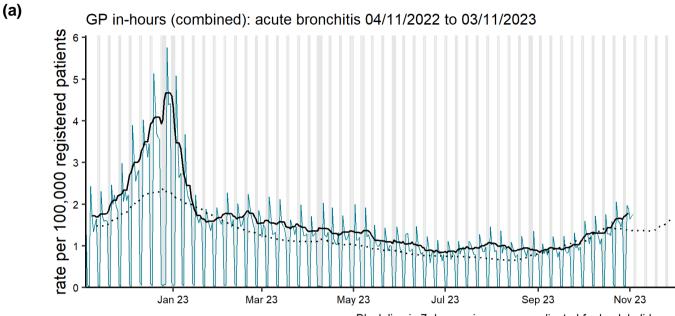


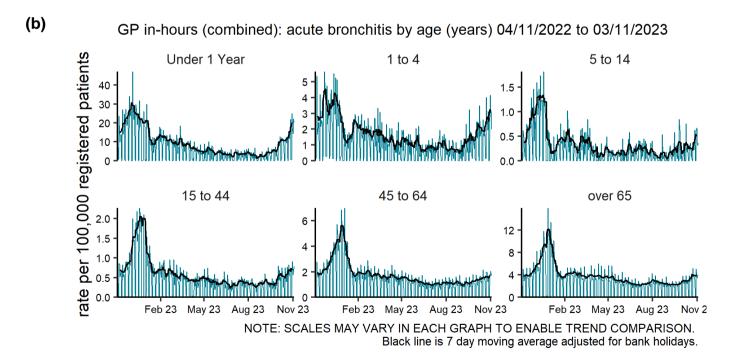


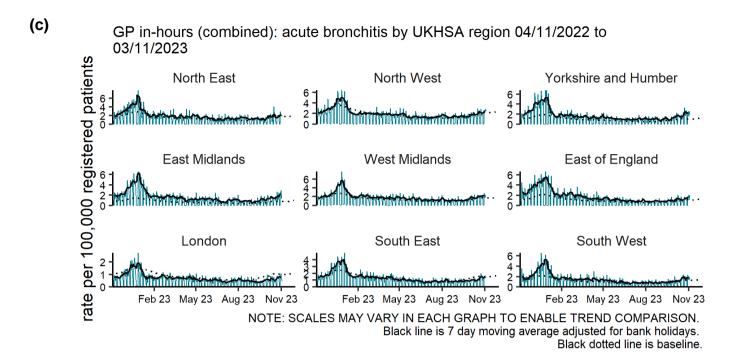


#### Acute bronchitis

Figure 9: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for acute bronchitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region (population 18.8 million patients).

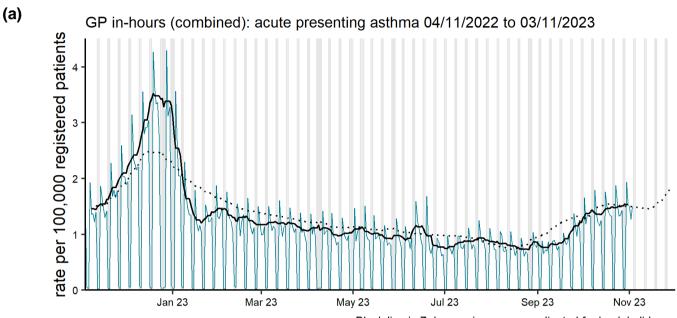


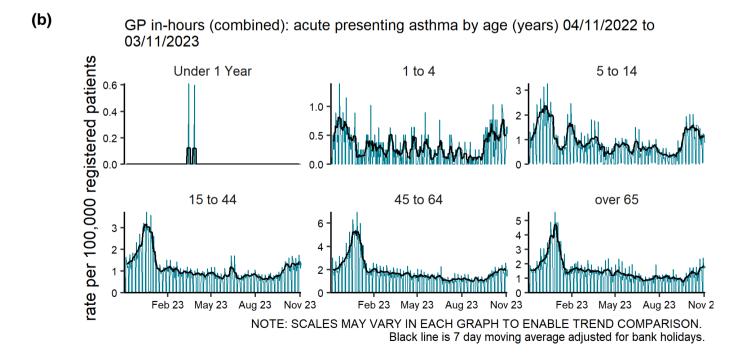


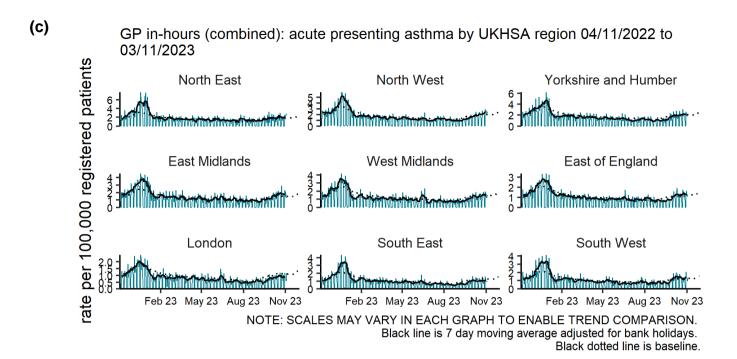


# Acute presenting asthma

Figure 10: 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 (population 18.8 million patients).



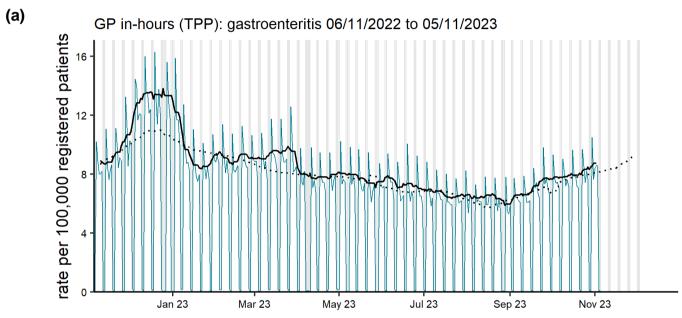


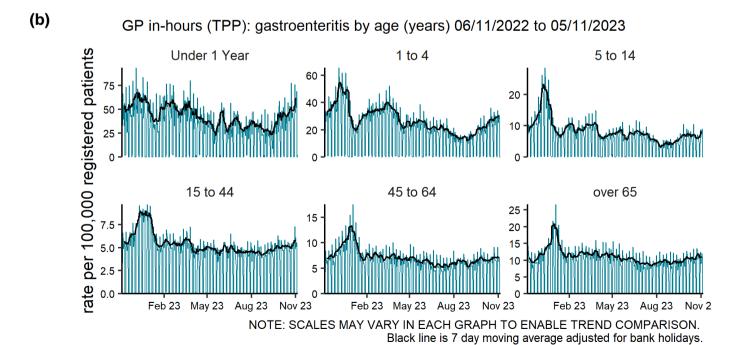


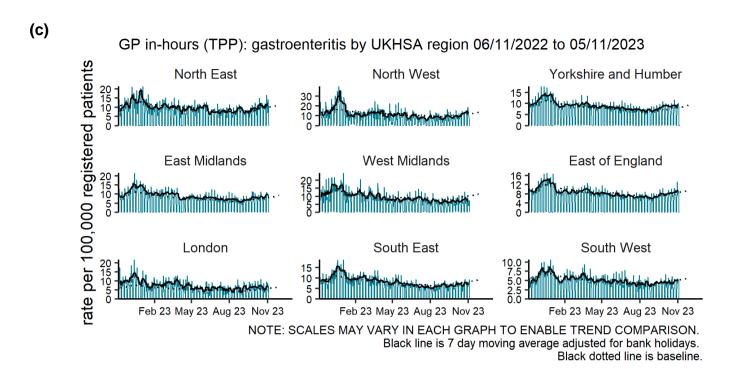
#### **Gastrointestinal conditions**

#### Gastroenteritis

Figure 11: 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 (population 7.0 million patients).

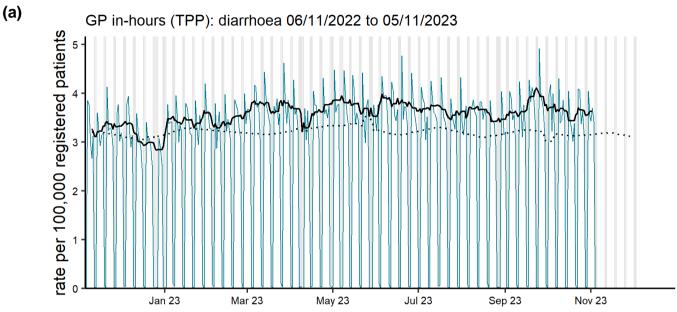


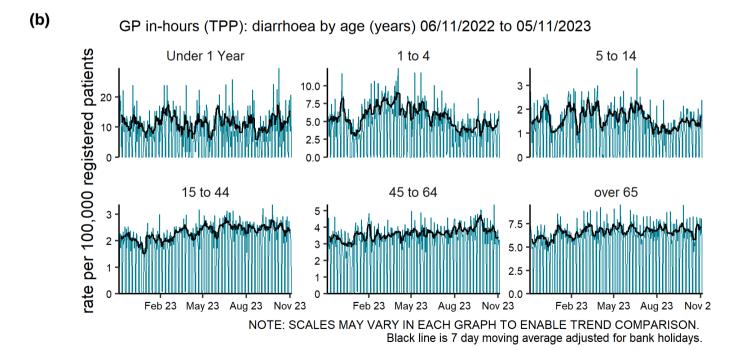


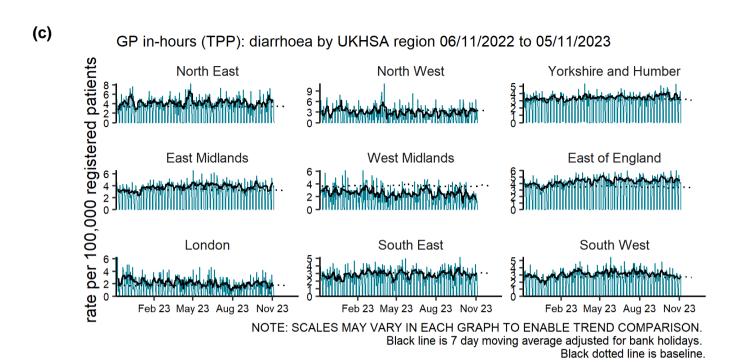


#### Diarrhoea

Figure 12: 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 (population 7.0 million patients).

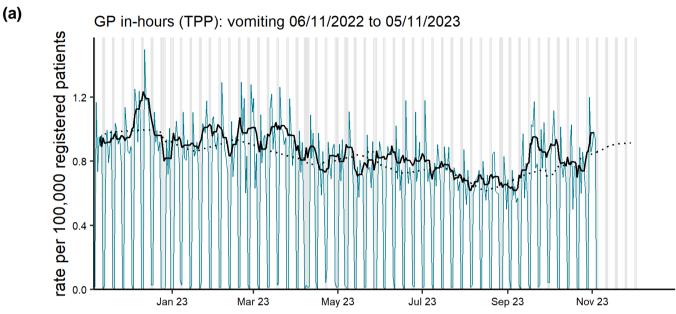


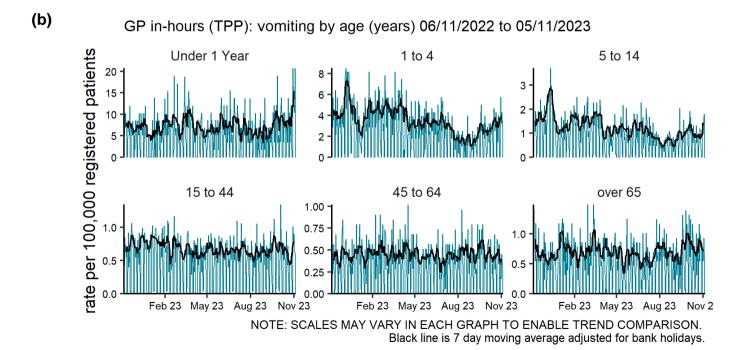


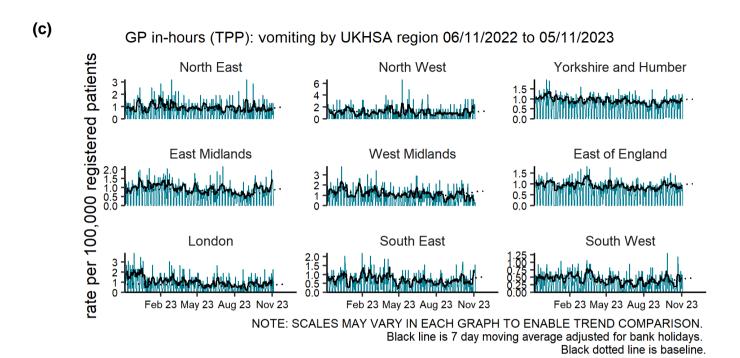


## Vomiting

Figure 13: 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 (population 7.0 million patients).



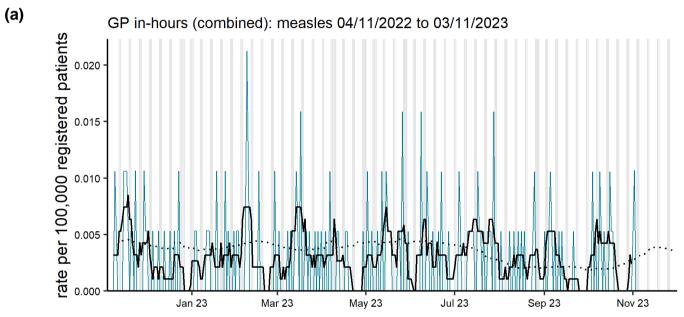




# Vaccine preventable conditions

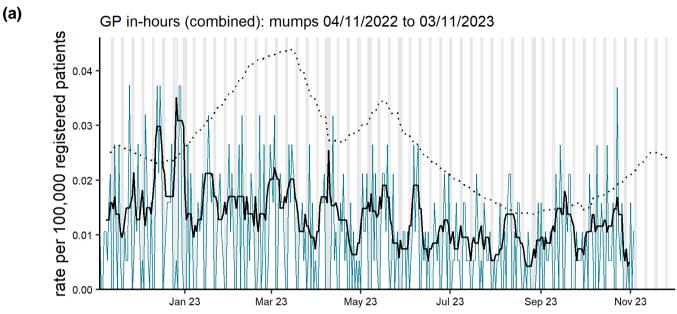
#### Measles

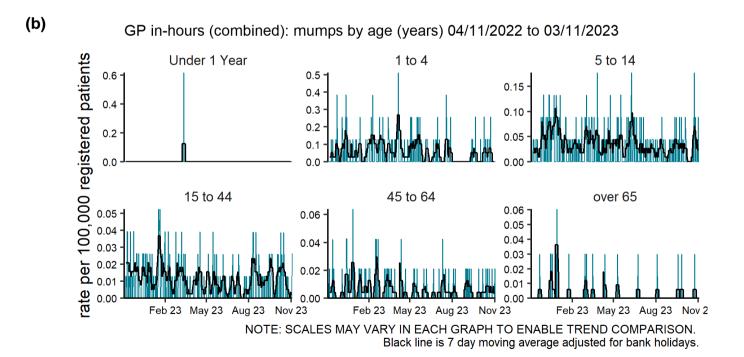
Figure 14: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for measles GP in hours consultations, England (a) nationally (population 18.8 million patients).

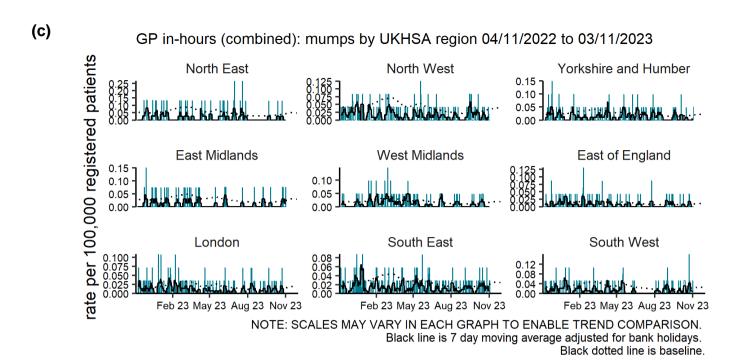


### Mumps

Figure 15: 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 (population 18.8 million patients).

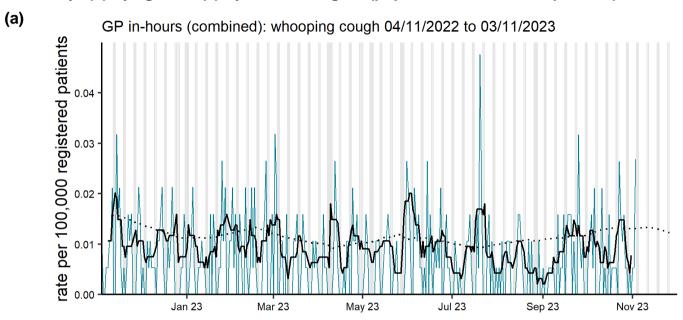


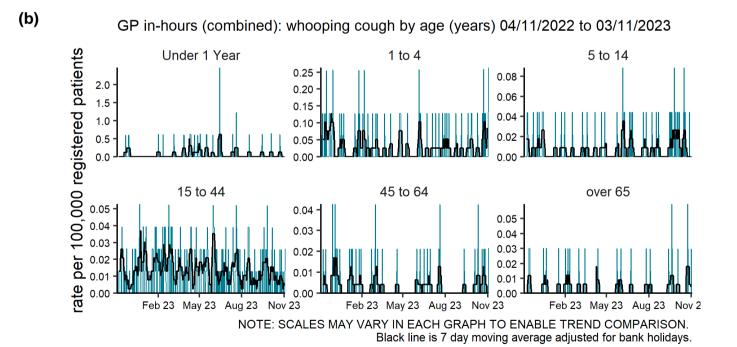


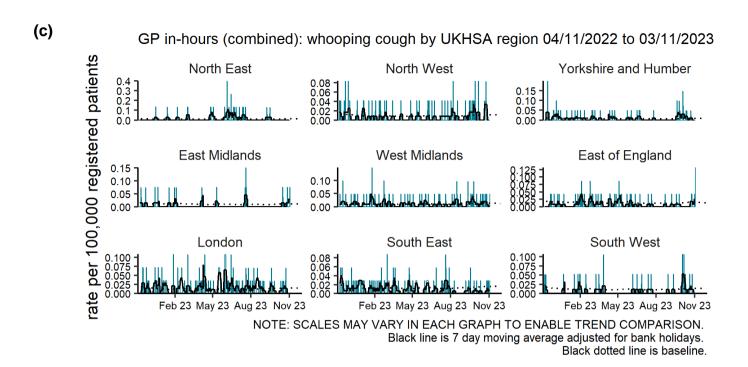


# Whooping cough

Figure 16: 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 (population 18.8 million patients).



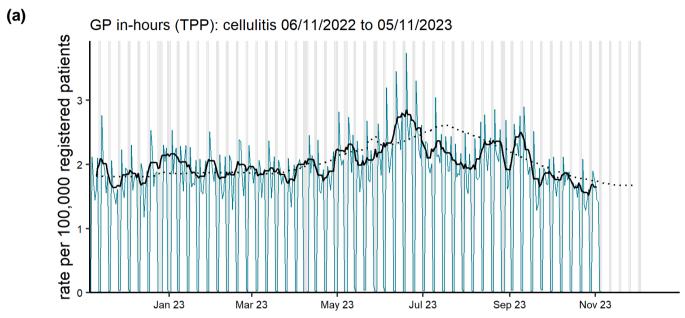




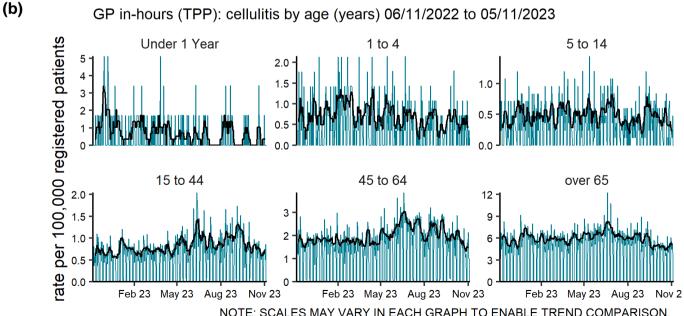
#### Skin conditions

#### **Cellulitis**

Figure 17: 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 (population 7.0 million patients).

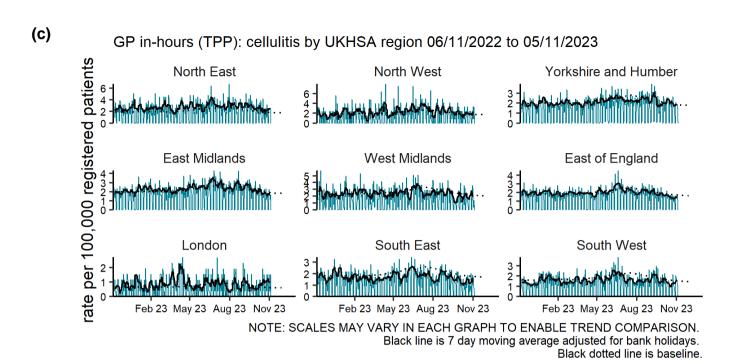


Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.



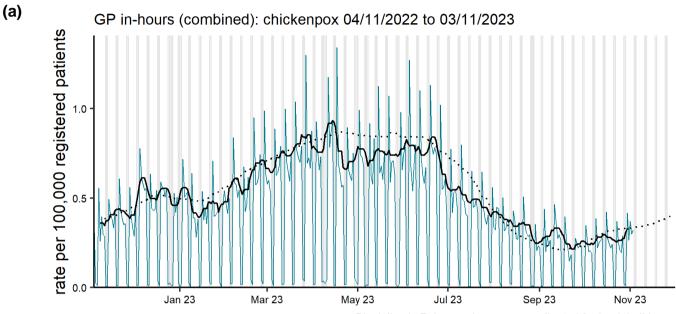
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

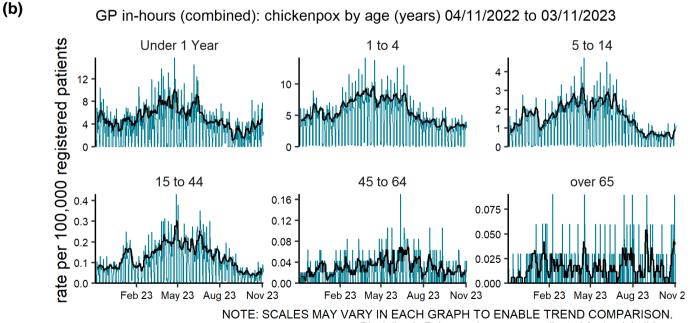
Black line is 7 day moving average adjusted for bank holidays.

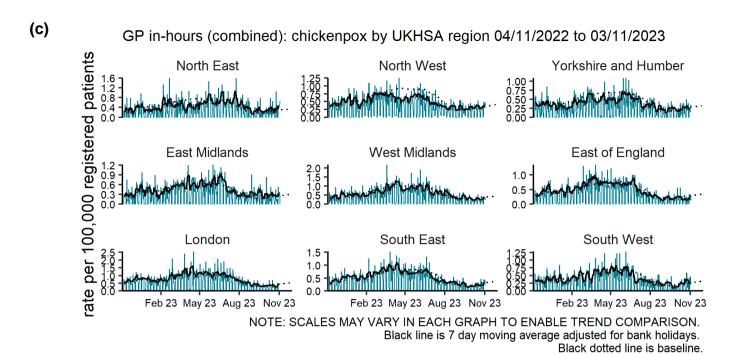


## Chickenpox

Figure 18: 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 (population 18.8 million patients).

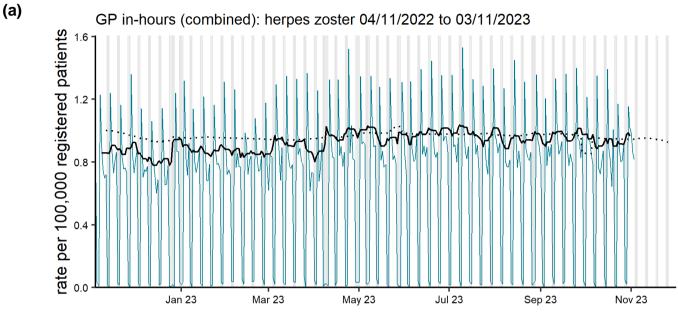


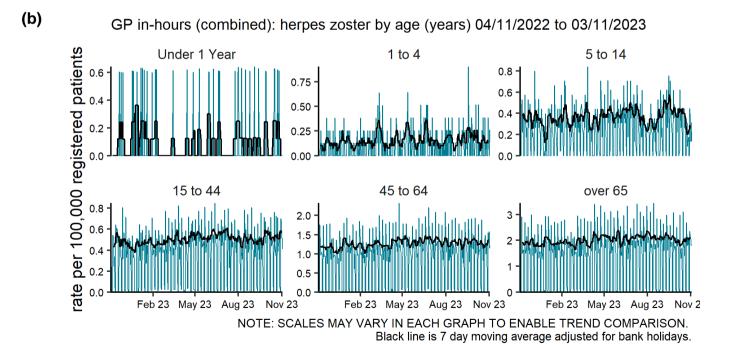


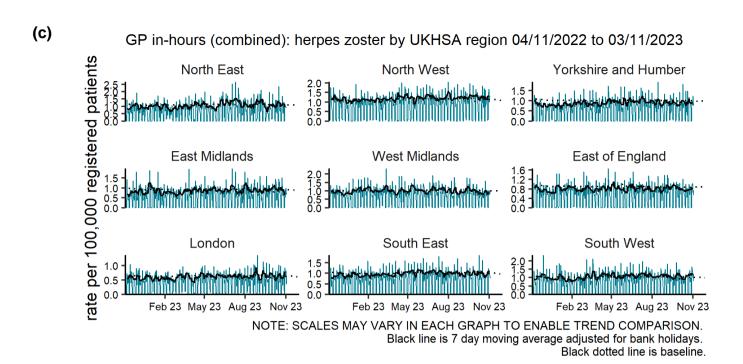


#### Herpes zoster

Figure 19: 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 (population 18.8 million patients).

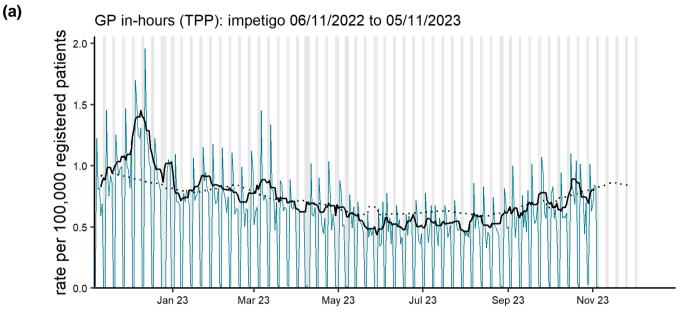


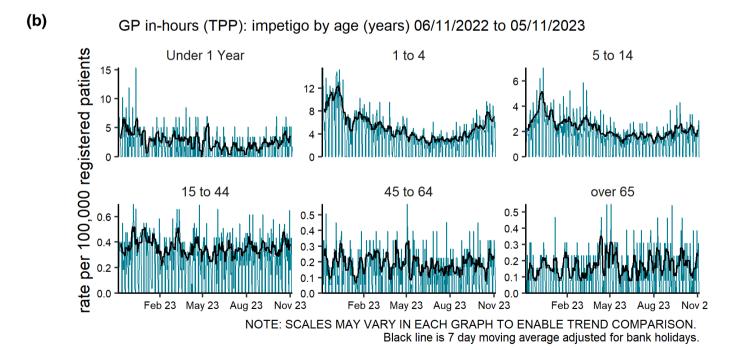


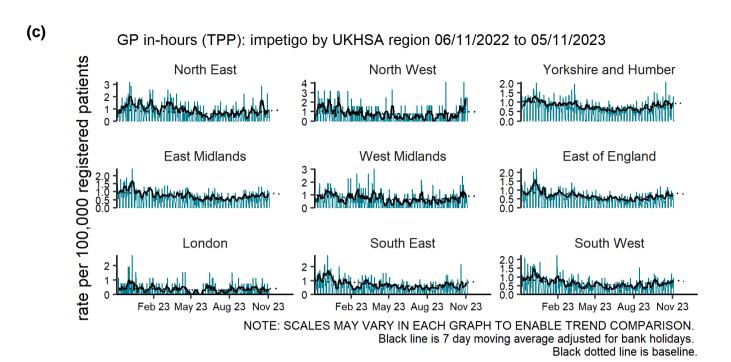


## **Impetigo**

Figure 20: 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 (population 7.0 million patients).







#### 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

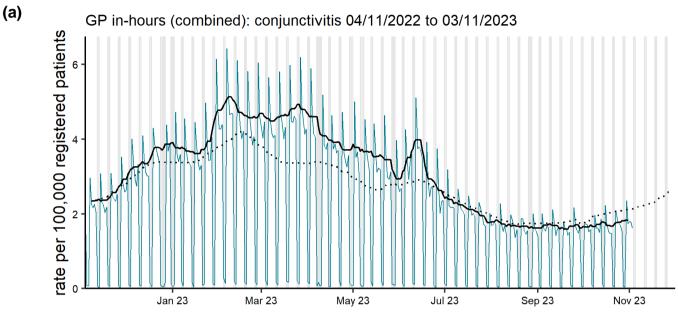
Highest weather alert level during the current reporting week:

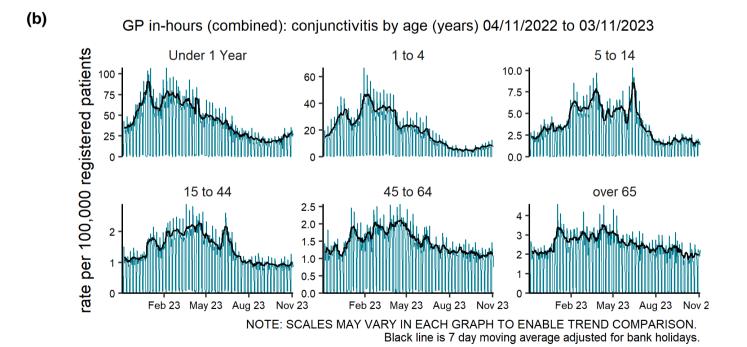
No alerts issued

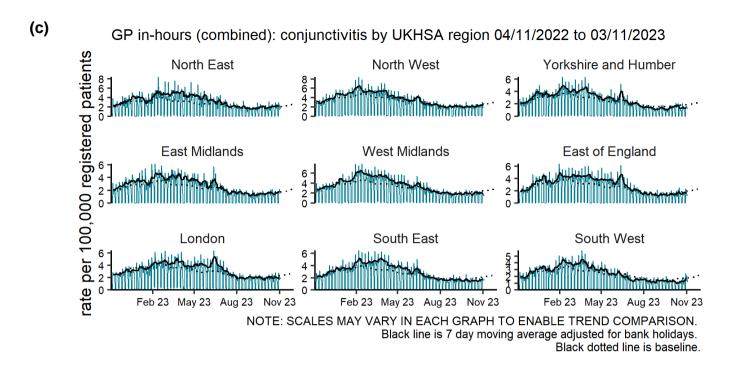
## Cold-health alerts in place

## Conjunctivitis

Figure 21: 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 (population 18.8 million patients).







#### **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
  - data is included from two sources, TPP and ORCHID (Oxford and Royal College of General Practitioners Clinical Informatics Digital Hub)
  - national coverage each week is included in Table 2
  - o coverage varies by location
  - Data from ORCHID is currently only available for inclusion in this bulletin up to Friday each week, so all charts that contain ORCHID data do not include the most recent weekend
- some syndromic indicators are hierarchical:
  - o upper respiratory tract infections includes:
    - influenza-like illness
    - pharyngitis
    - other and non-specific upper respiratory tract infections
  - lower respiratory tract infections includes:
    - pneumonia
    - bronchiolitis
    - acute bronchitis
    - other and non-specific upper respiratory tract infections
  - o gastroenteritis includes:
    - diarrhoea
    - vomiting
    - other and non-specific gastroenteritis
- baselines:
  - were last remodelled May 2023 for TPP and July 2023 for ORCHID
  - are constructed from historical data since August 2016
  - 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

## 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.

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Version: IH-2

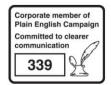
Prepared by: Real-time Syndromic Surveillance Team

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