



UK Health  
Security  
Agency

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

## **2025 Week 42**

## Key messages

### Data reported to: 17 October 2025

During week 42, GP in-hours consultation rates for upper and lower respiratory tract infection continued to increase. Consultations for influenza-like illness continued to increase, particularly in children aged 5 to 14 years, while COVID-19-like consultations decreased. Consultations for bronchiolitis remained stable and are now below baseline. Consultations for diarrhoea increased, particularly in children aged up to 4 years.

Please note: we have identified some data quality issues with two GP in-hours surveillance indicators (impetigo and pharyngitis) that are usually presented in this bulletin. We have temporarily removed these indicators while we work with data providers to understand the changes in consultation data that have affected recent indicator trends.

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

<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> | GP practice type | Registered patients <sup>1</sup> |
|------|------|-------------------------------------|------------------|----------------------------------|
| 2025 | 42   | 1834                                | Combined         | 19 million                       |
| 2025 | 42   | 640                                 | TPP              | 7 million                        |
| 2025 | 42   | 1194                                | Orchid           | 12 million                       |

<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 |
| Scarlet fever .....                           | 13 |
| Lower respiratory tract infections.....       | 15 |
| Pneumonia .....                               | 17 |
| Bronchiolitis .....                           | 19 |
| Acute bronchitis.....                         | 21 |
| Acute presenting asthma.....                  | 23 |
| Gastrointestinal conditions .....             | 25 |
| Gastroenteritis .....                         | 25 |
| Diarrhoea.....                                | 27 |
| Vomiting .....                                | 29 |
| Vaccine preventable conditions .....          | 31 |
| Measles .....                                 | 31 |
| Mumps.....                                    | 32 |
| Whooping cough.....                           | 34 |
| Skin conditions .....                         | 36 |
| Cellulitis .....                              | 36 |
| Chickenpox.....                               | 38 |
| Herpes zoster .....                           | 40 |
| Seasonal environmental conditions .....       | 42 |
| Conjunctivitis .....                          | 43 |

Notes and caveats ..... 45

    COVID-19 syndromic surveillance..... 46

Acknowledgements ..... 47

    About the UK Health Security Agency ..... 48

# 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:
  - 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
  - denominators vary for individual indicators, and are provided in **Table 2**

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

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

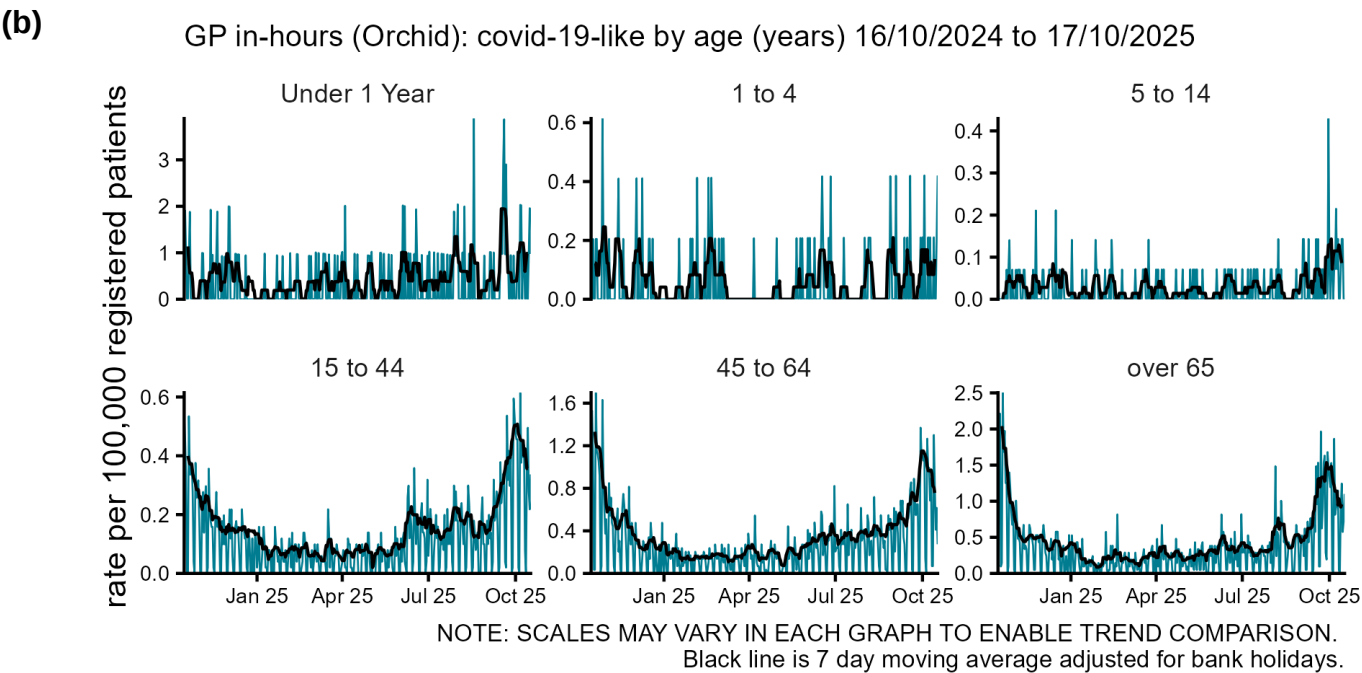
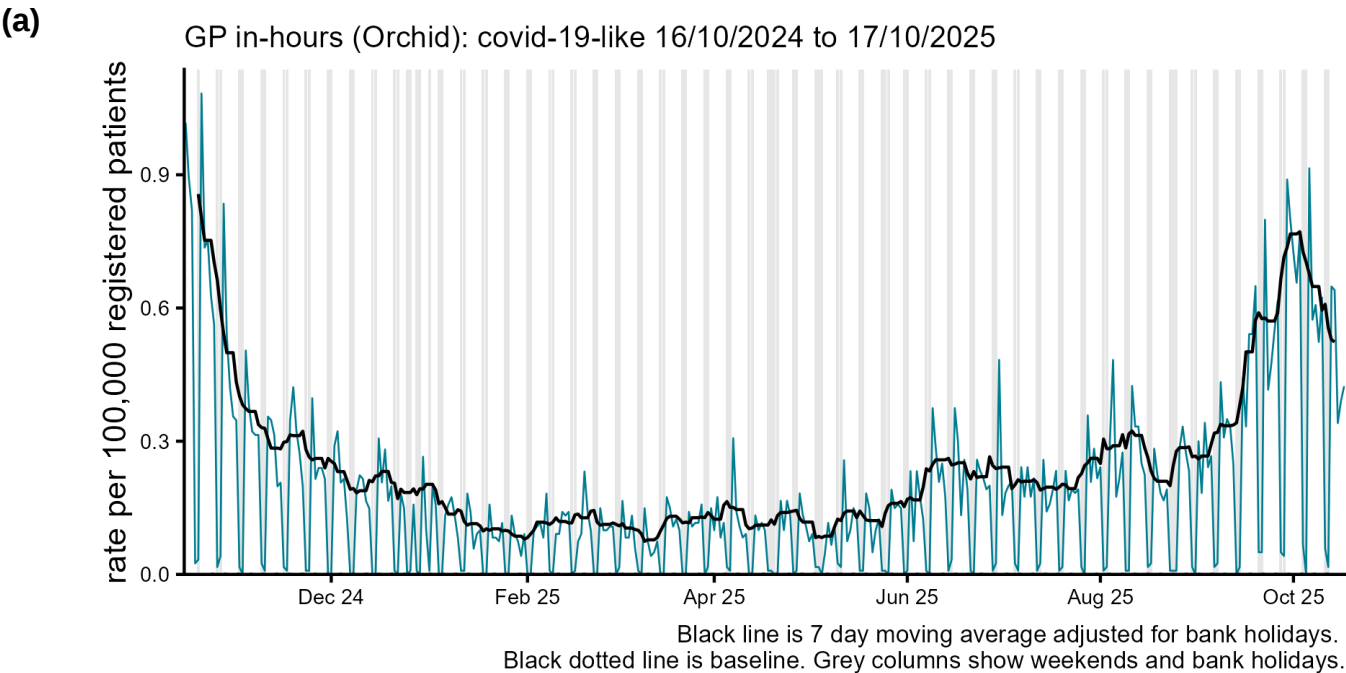
## Data quality issues of note this week

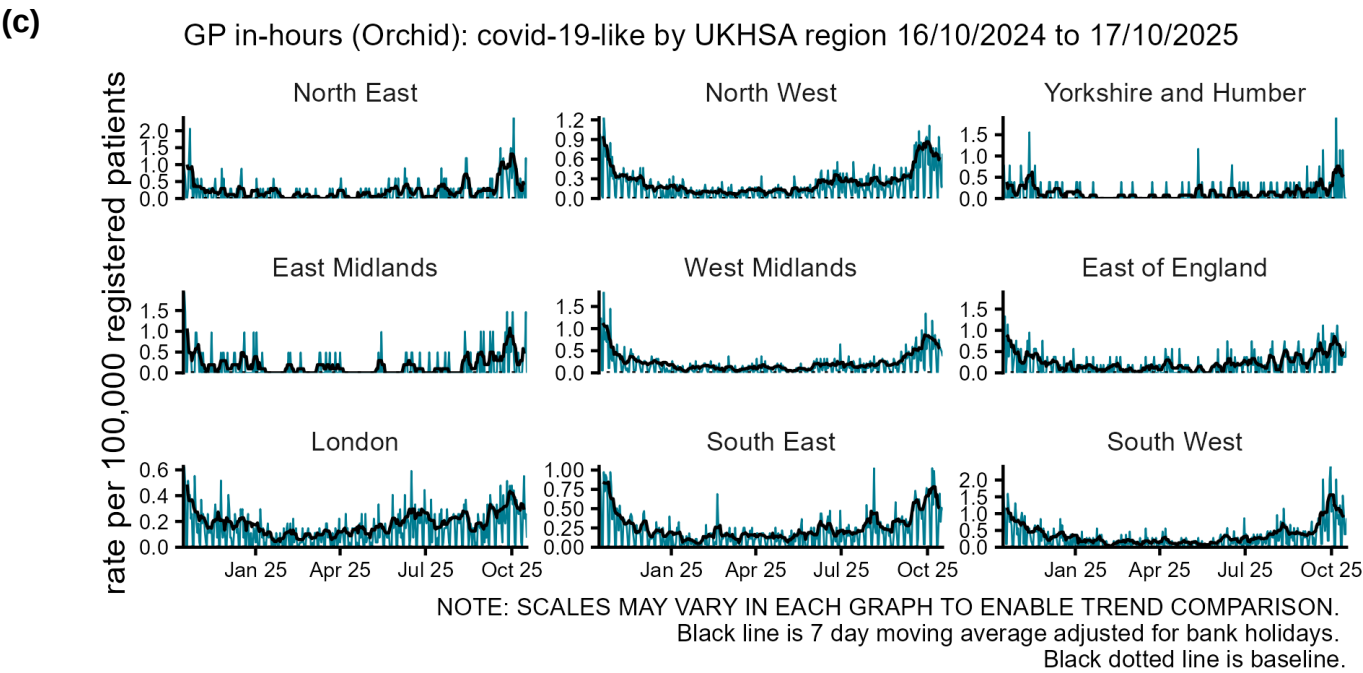
Nothing to report.

# Respiratory conditions

## COVID-19-like

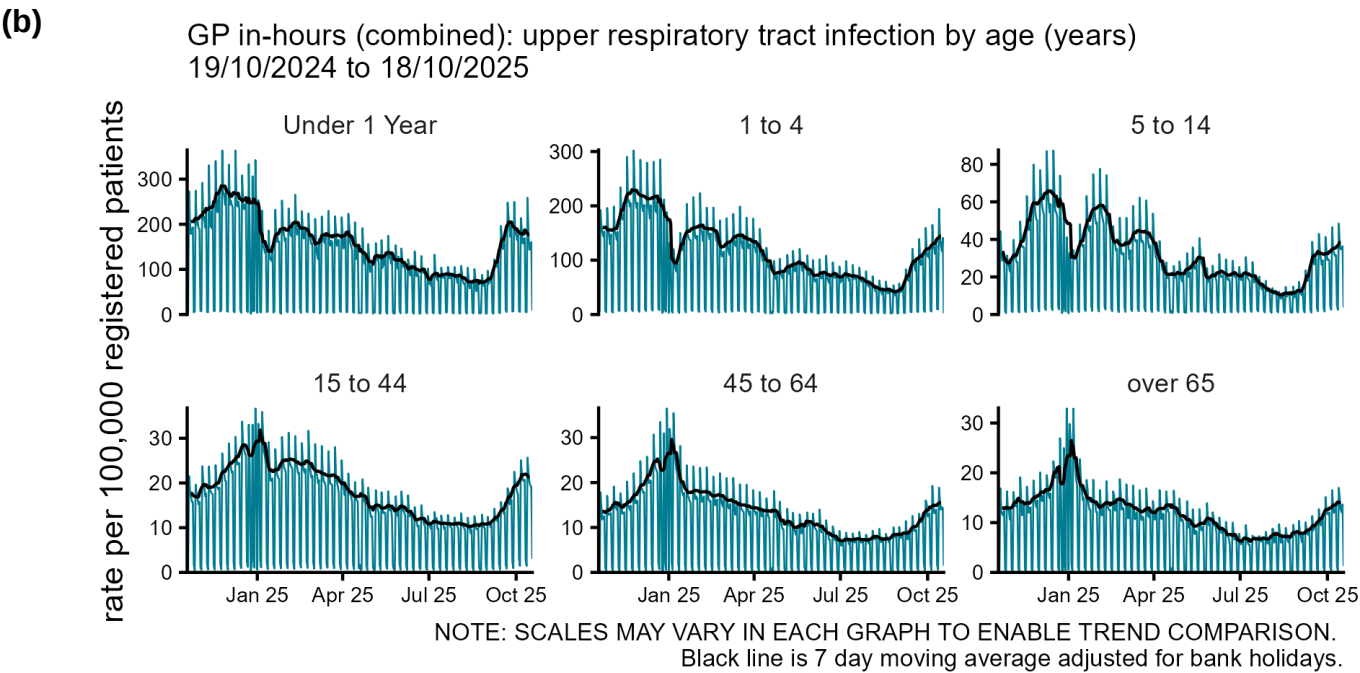
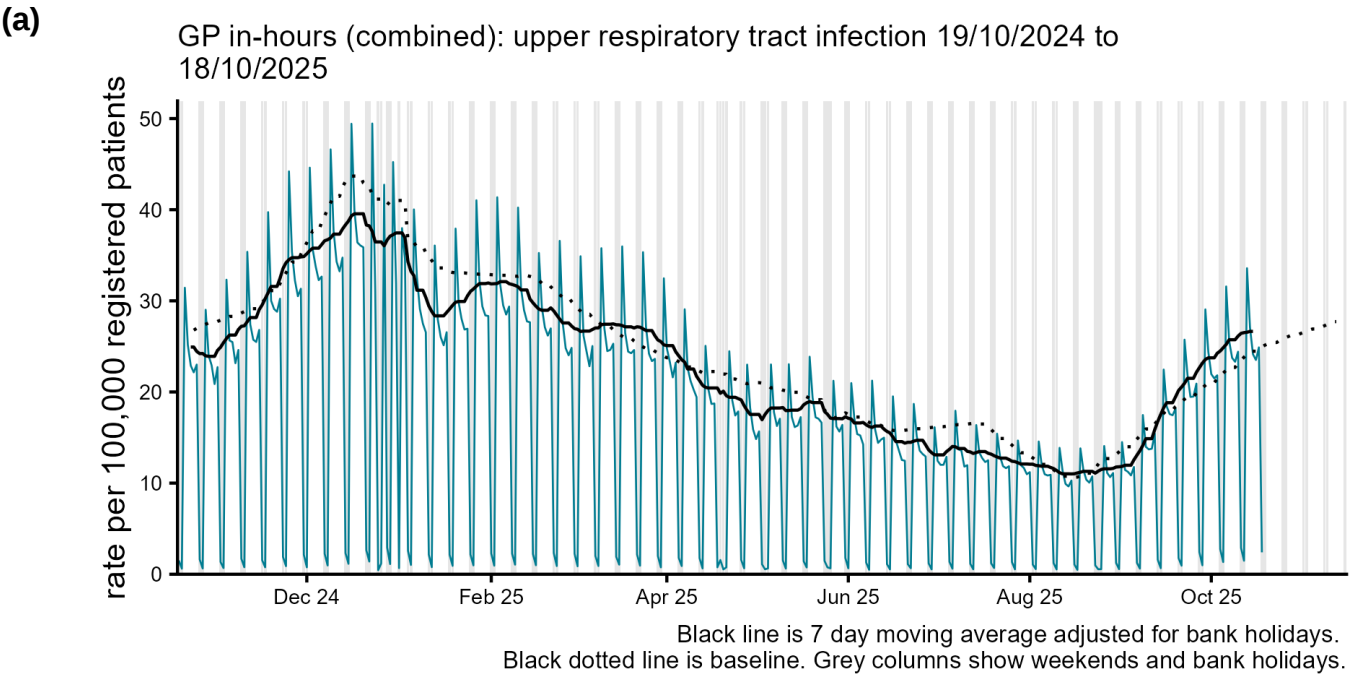
**Figure 1: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for COVID-19-like GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

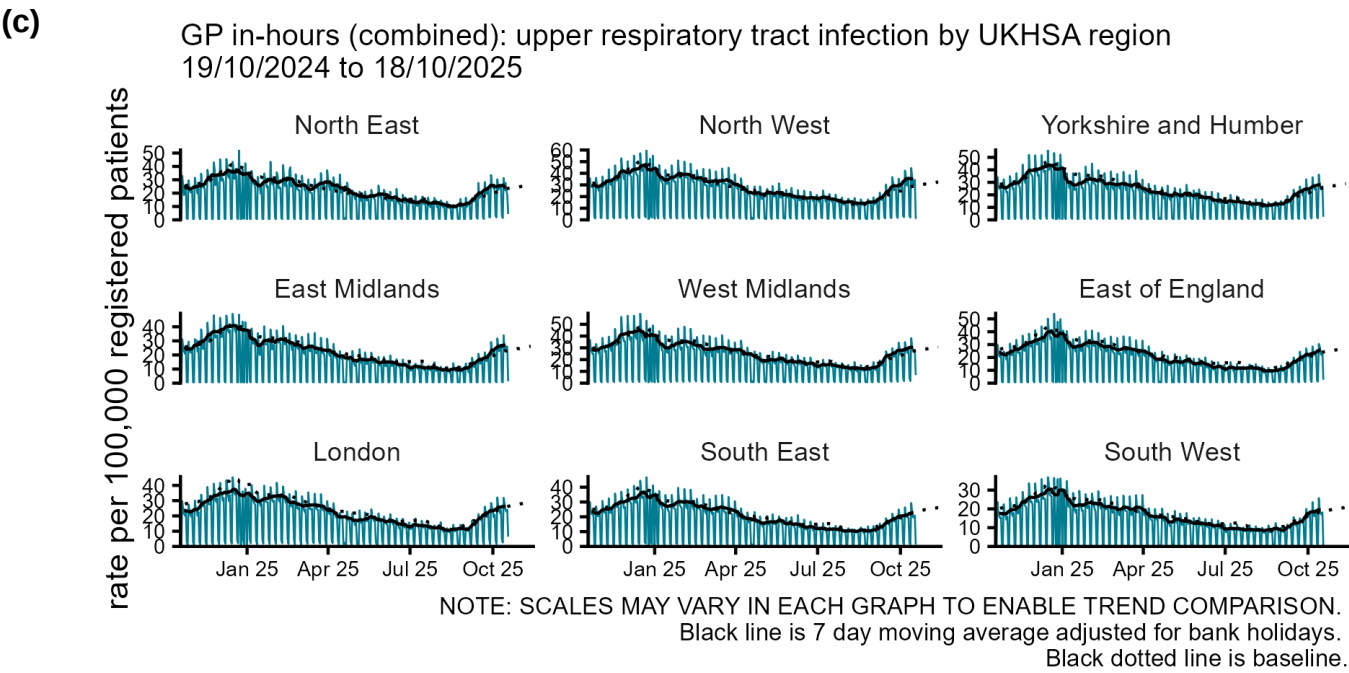




# Upper respiratory tract infections

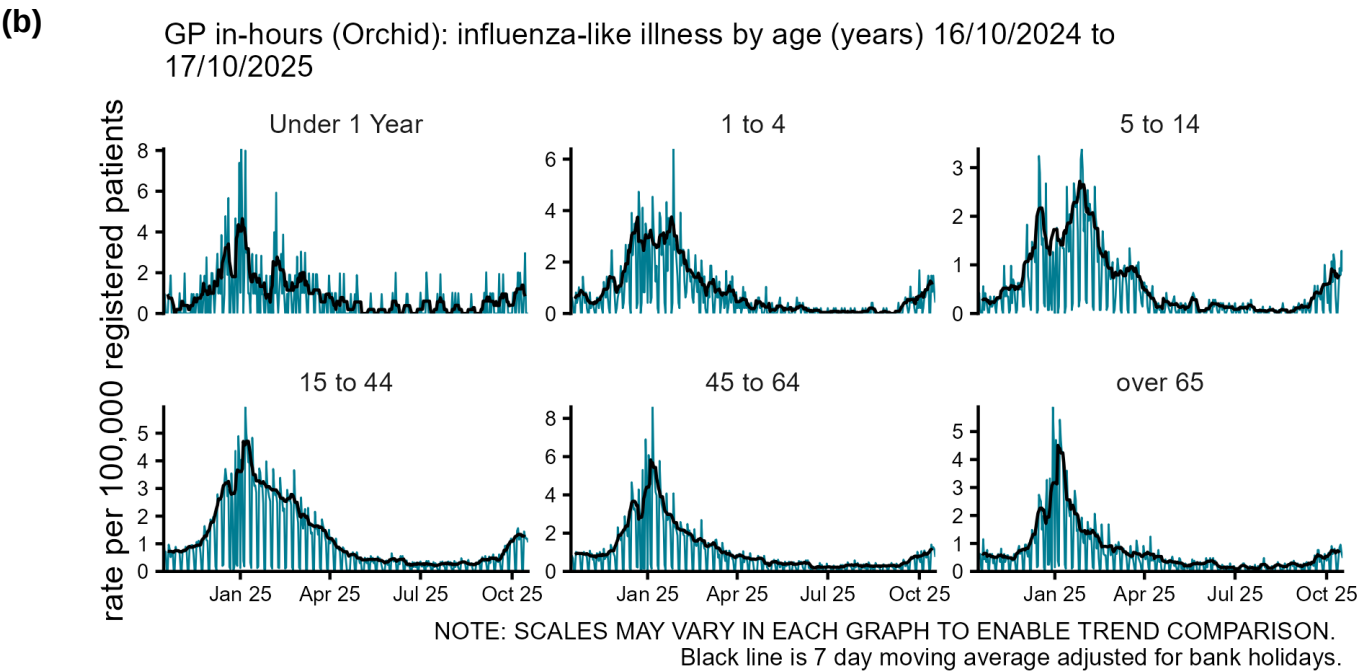
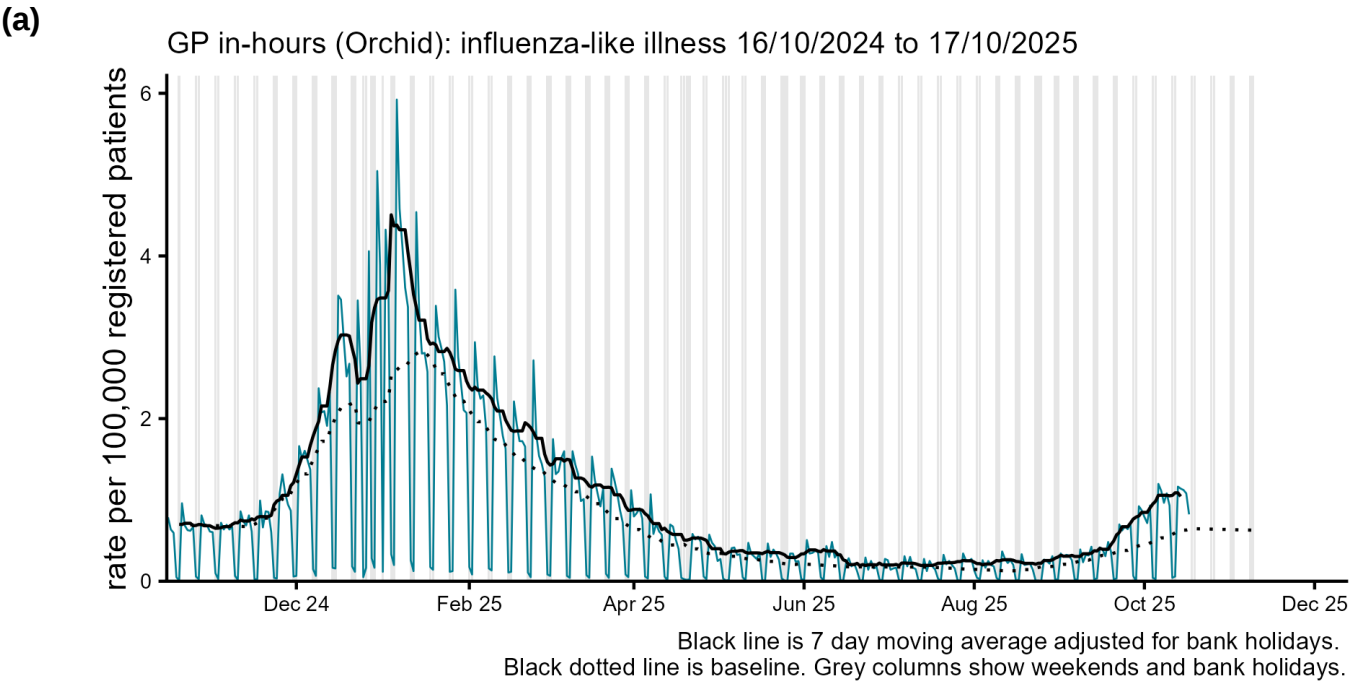
**Figure 2: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for upper respiratory tract infections GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

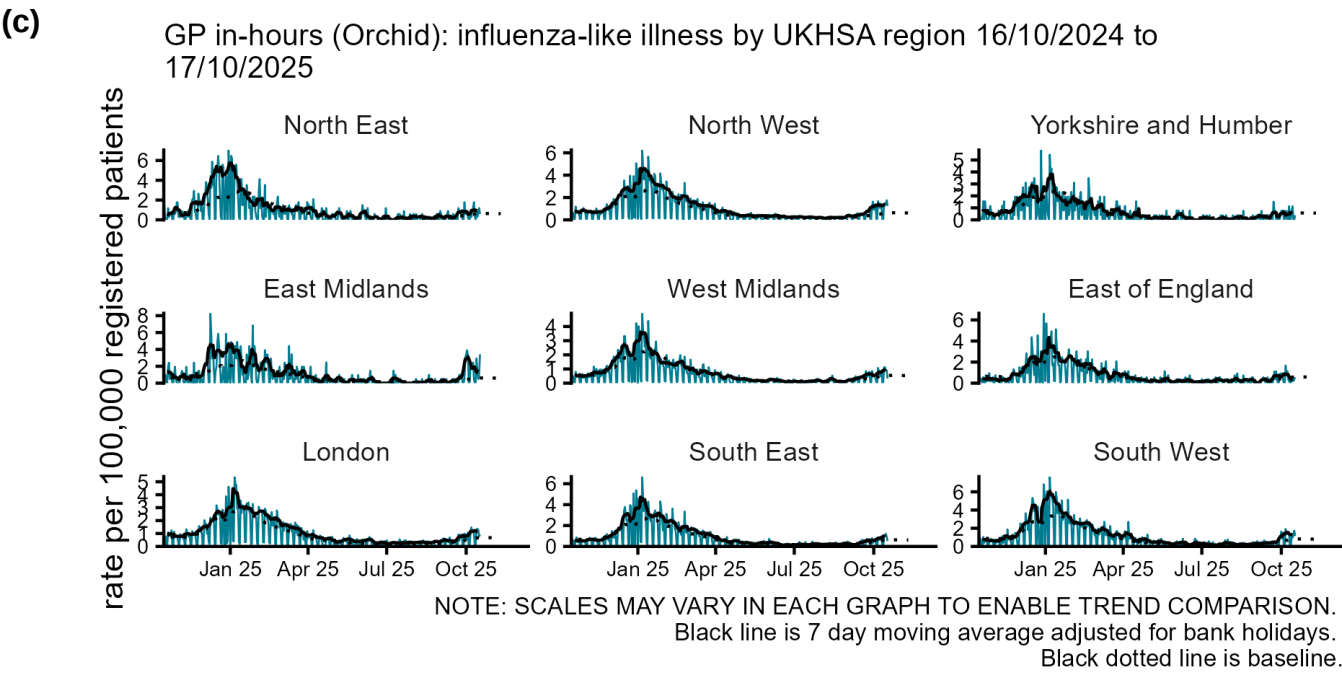




# Influenza-like illness

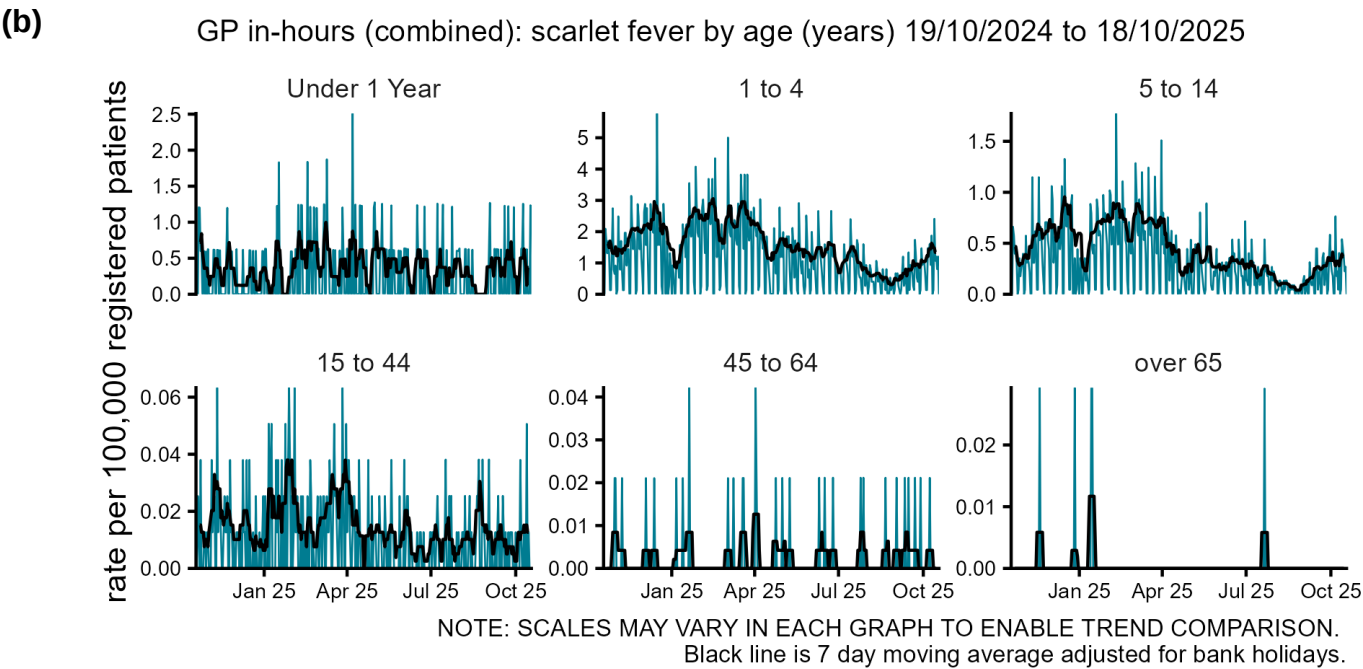
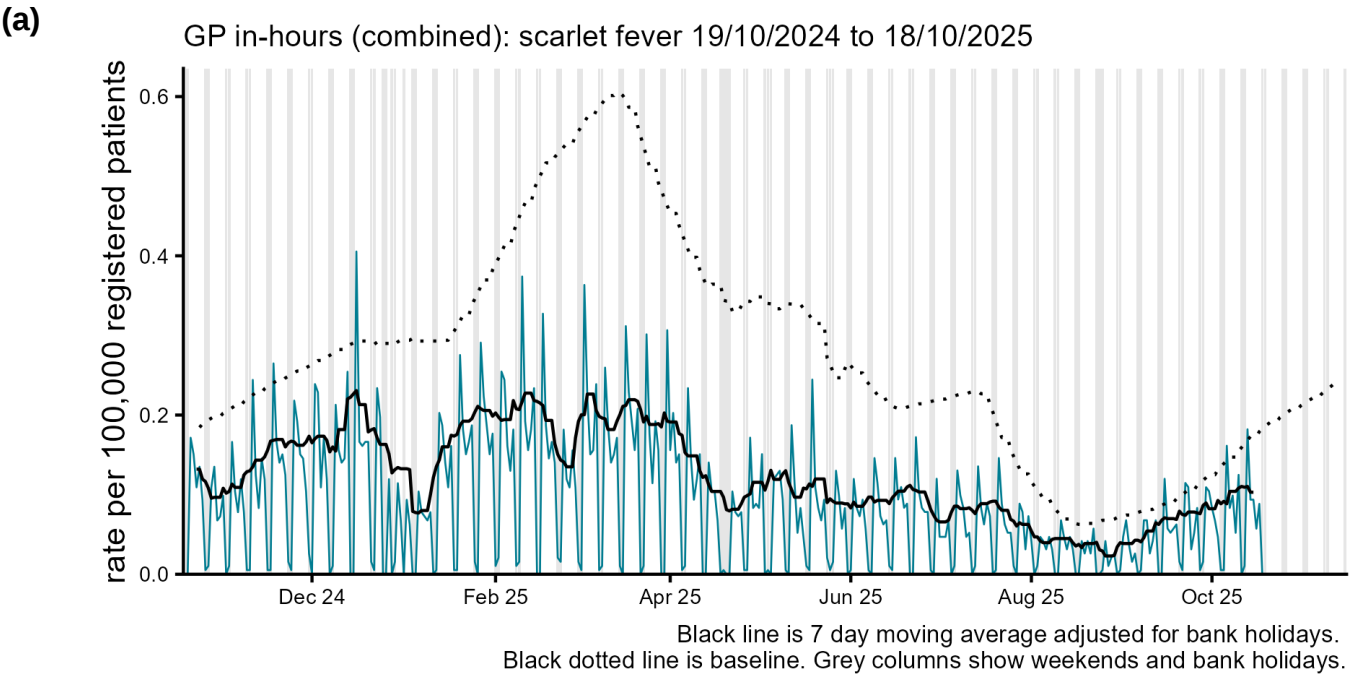
**Figure 3: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for influenza-like illness GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

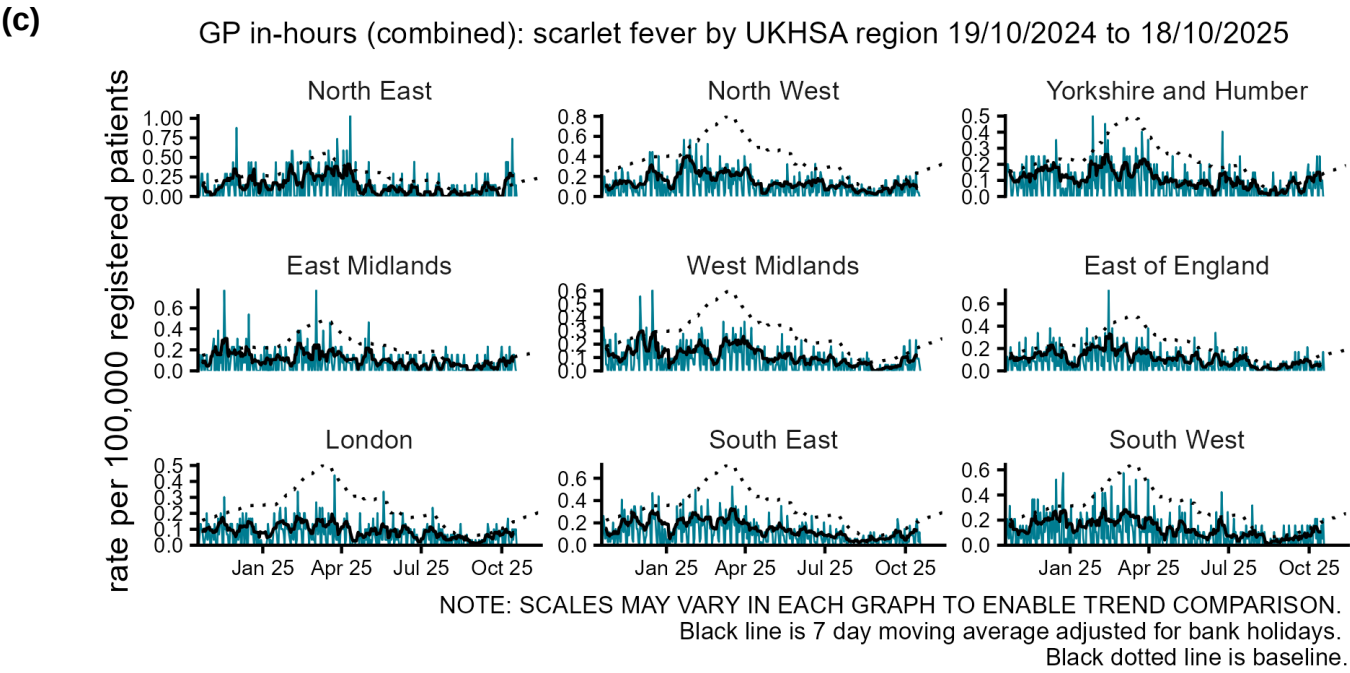




# Scarlet fever

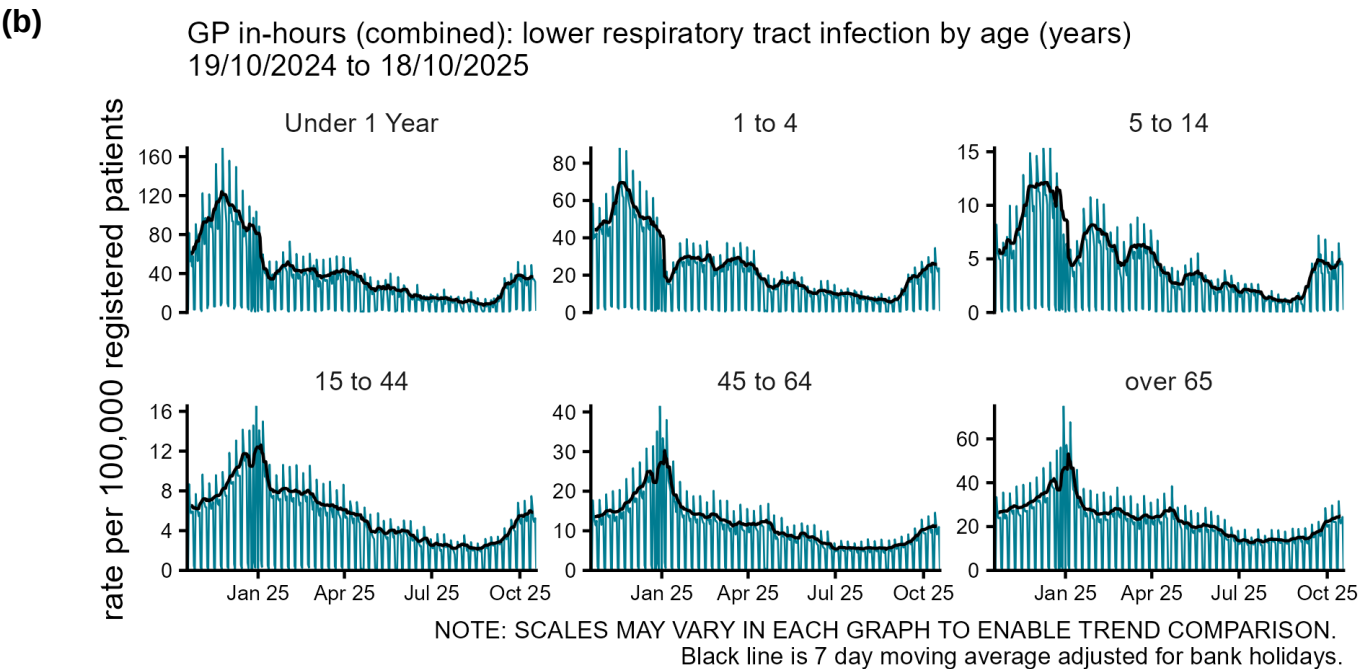
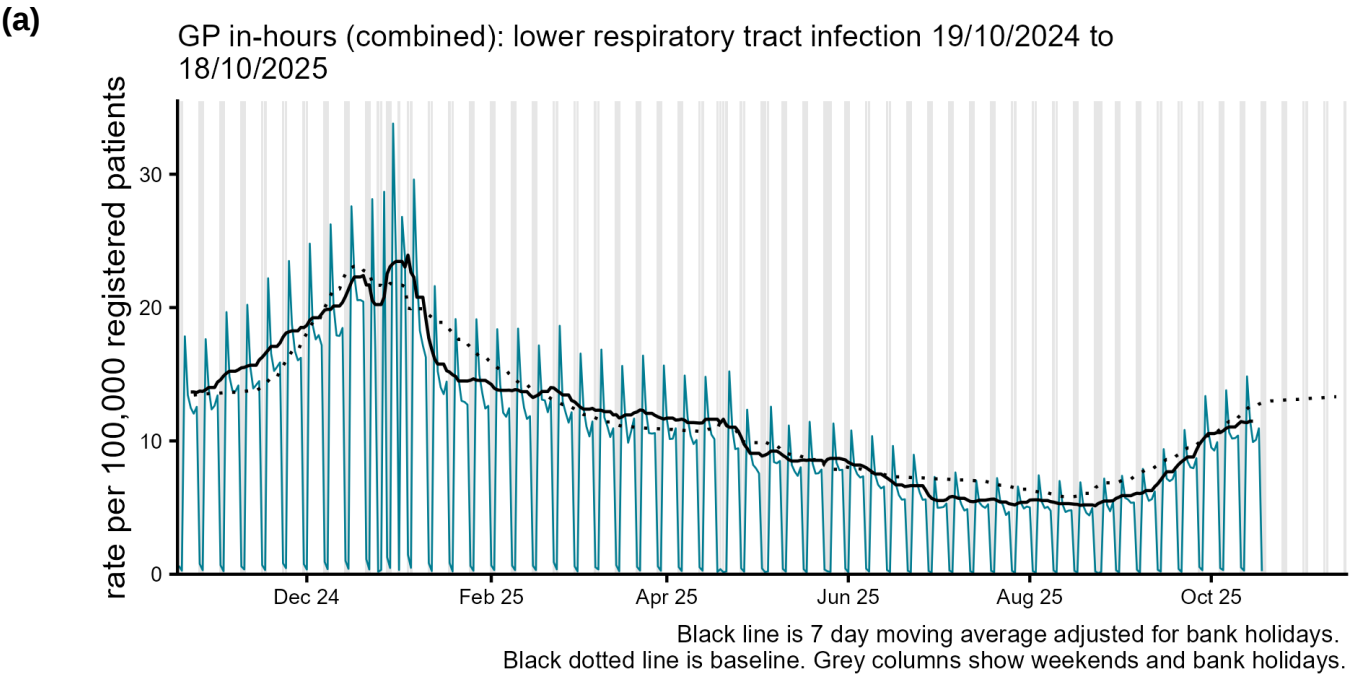
**Figure 4: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for scarlet fever GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

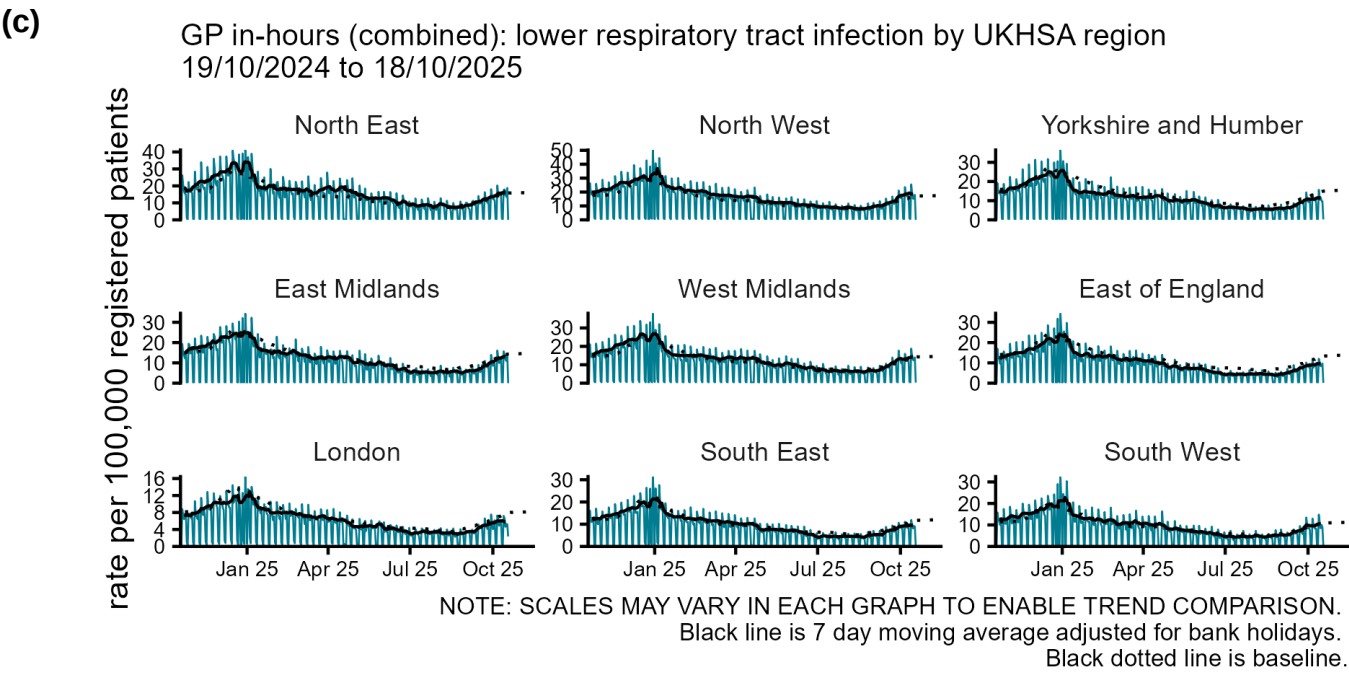




# Lower respiratory tract infections

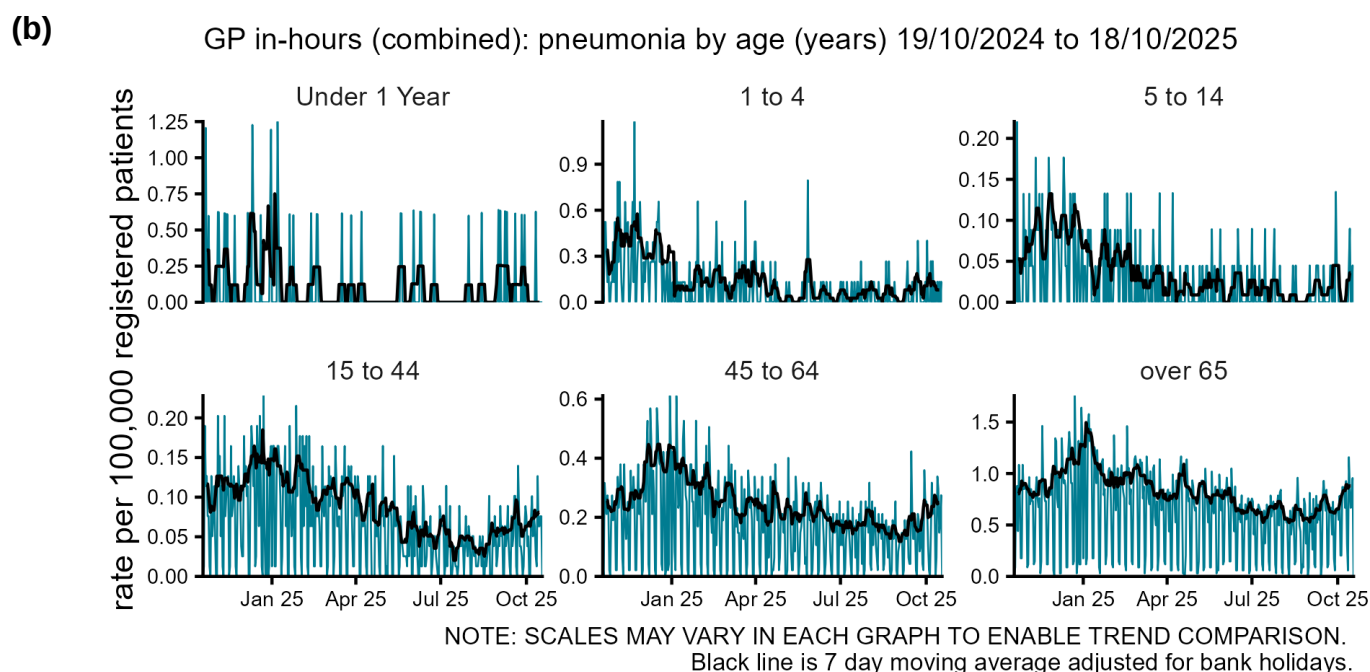
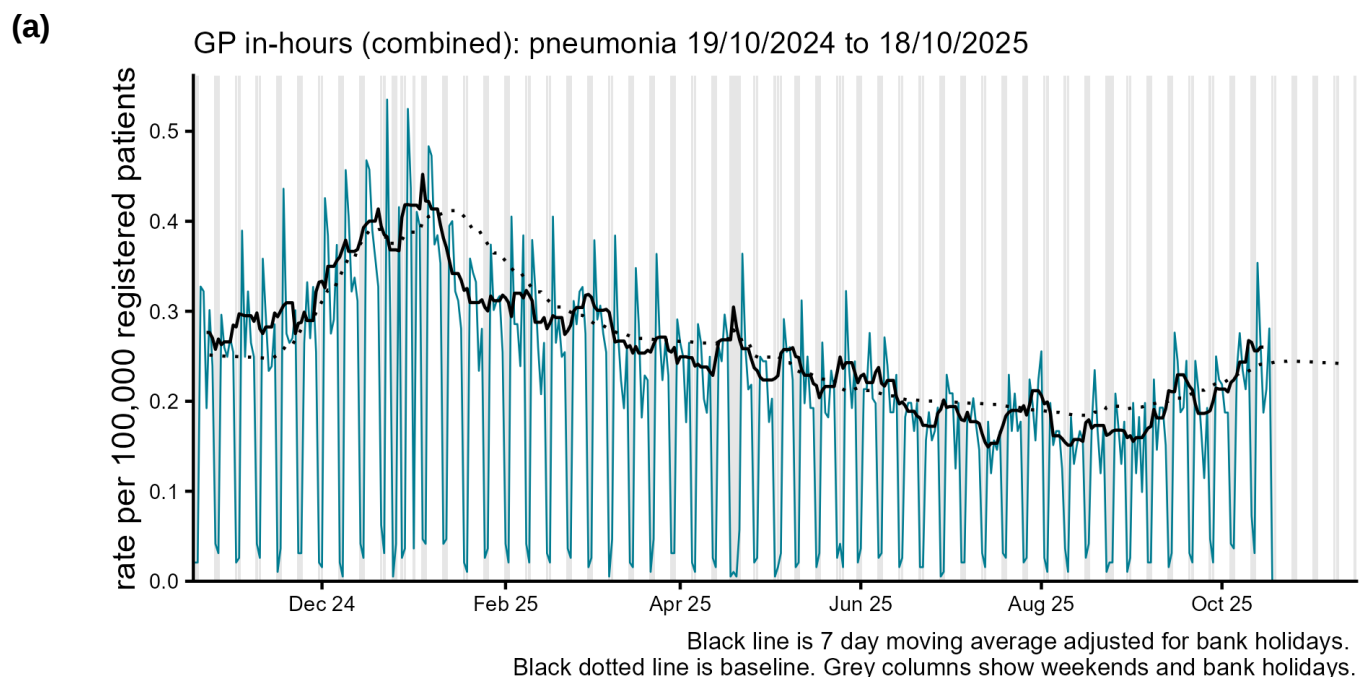
**Figure 5: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for lower respiratory tract infections GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

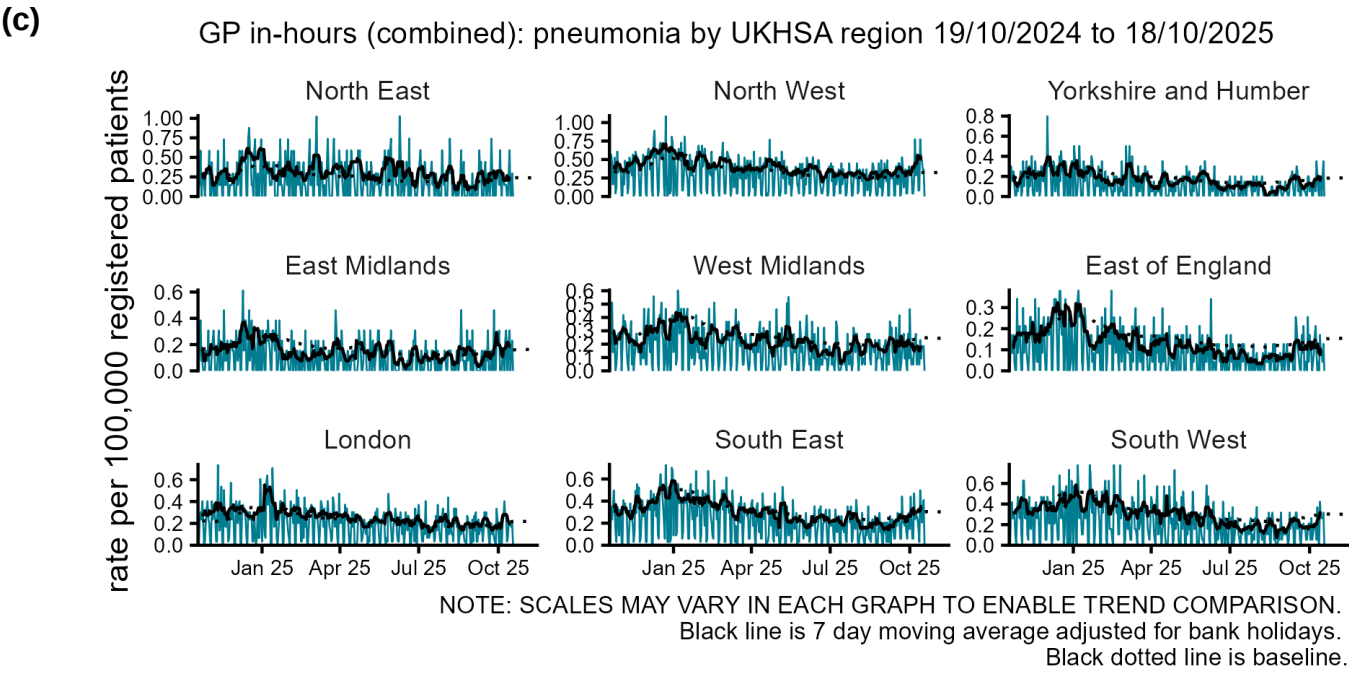




## Pneumonia

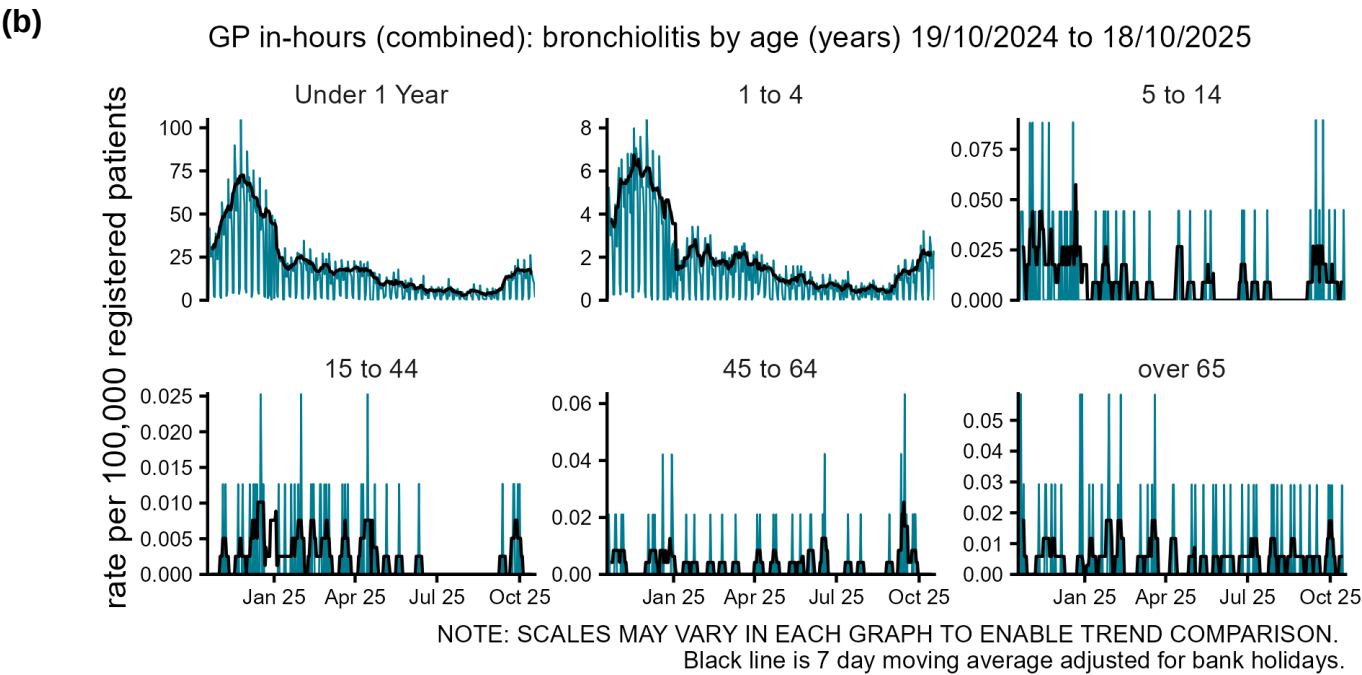
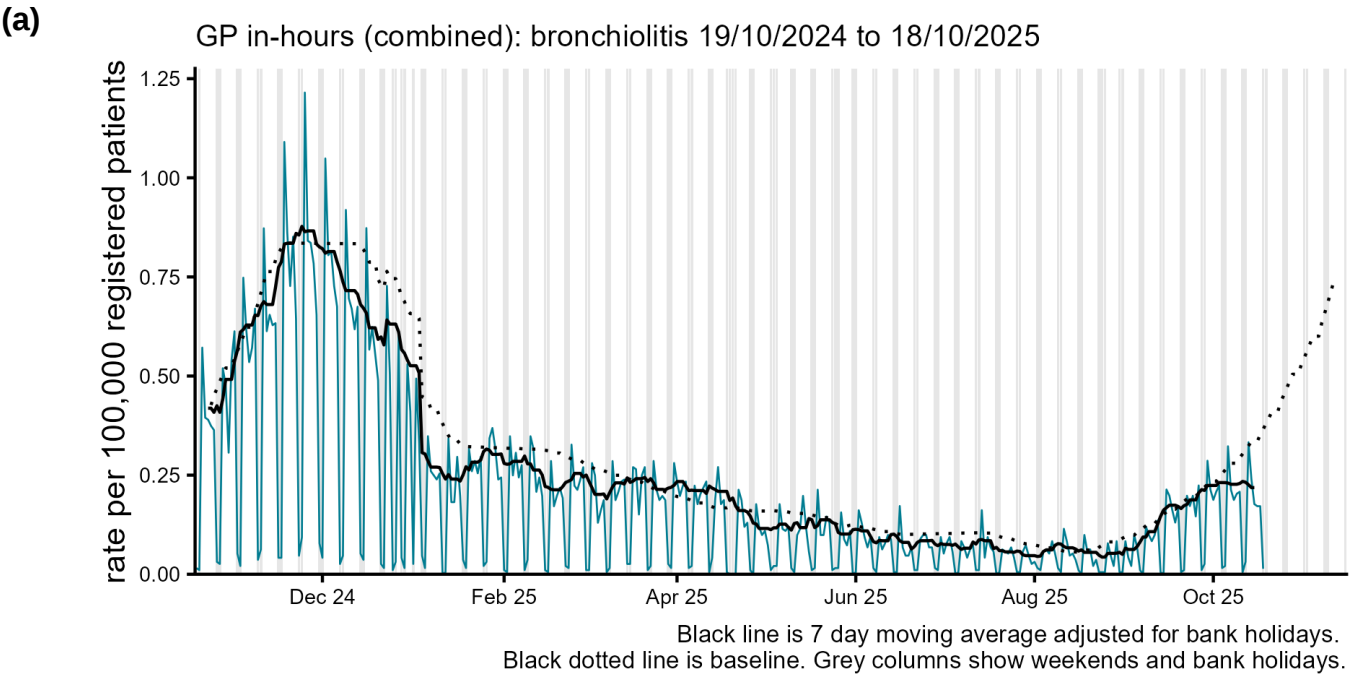
**Figure 6: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for pneumonia GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

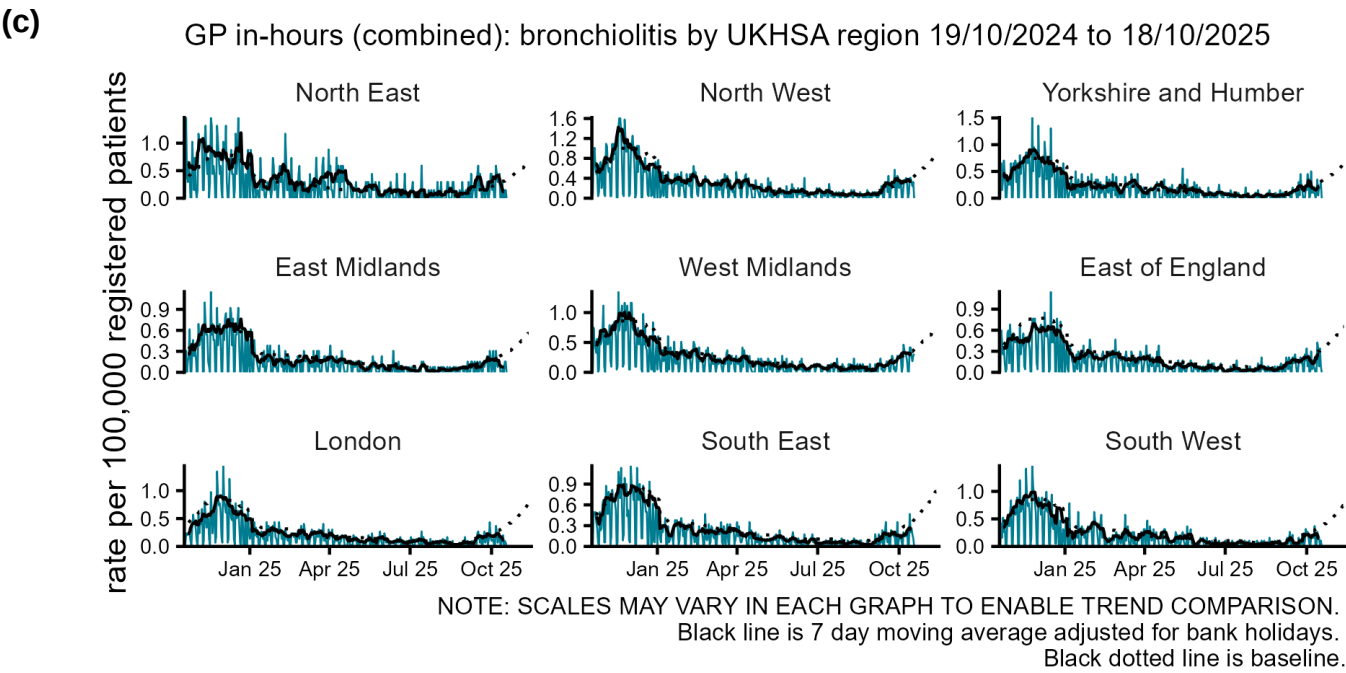




# Bronchiolitis

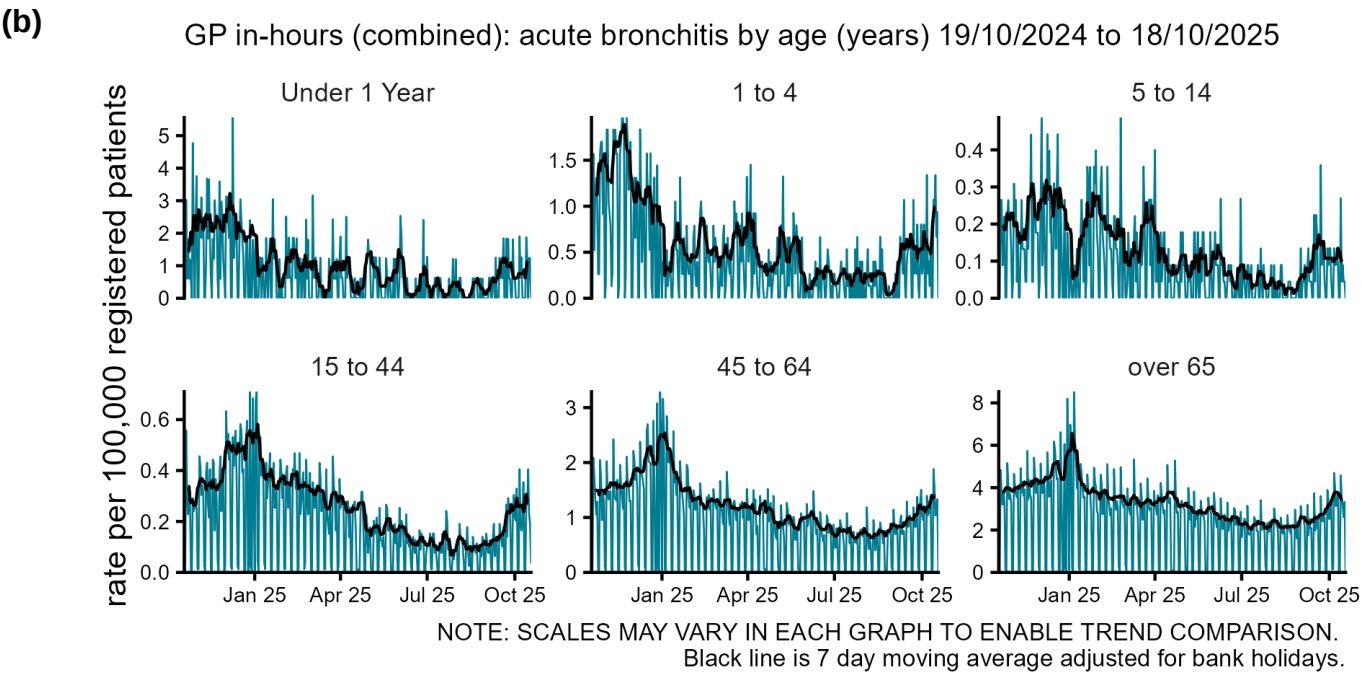
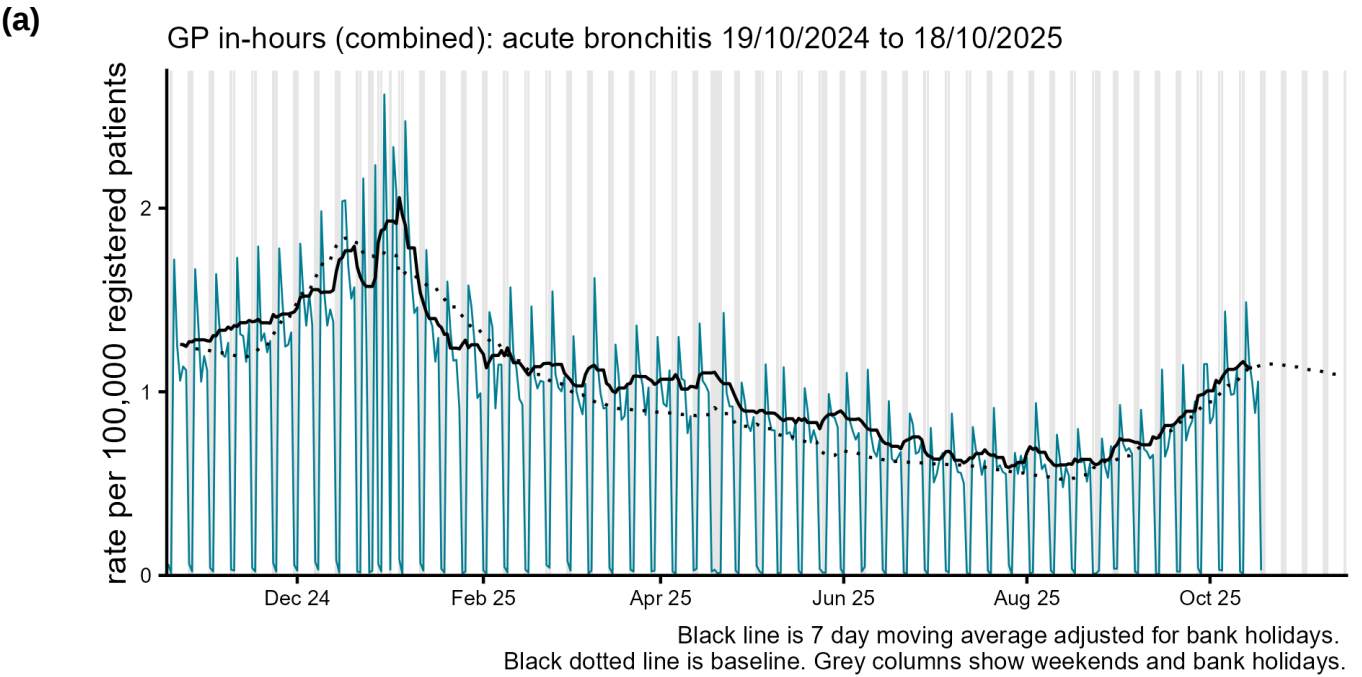
**Figure 7: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for bronchiolitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**





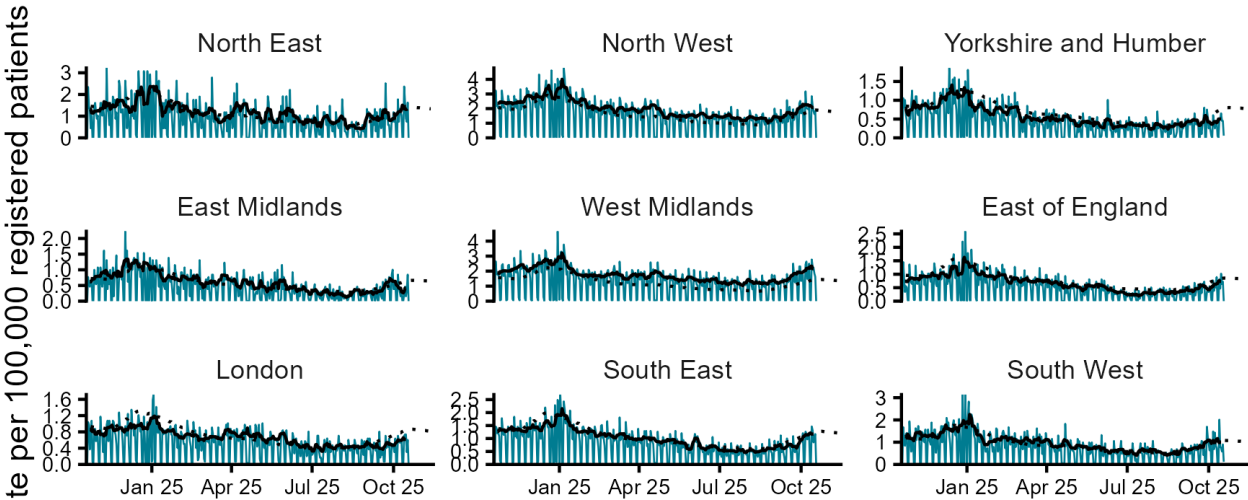
# Acute bronchitis

**Figure 8: 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.**



(c)

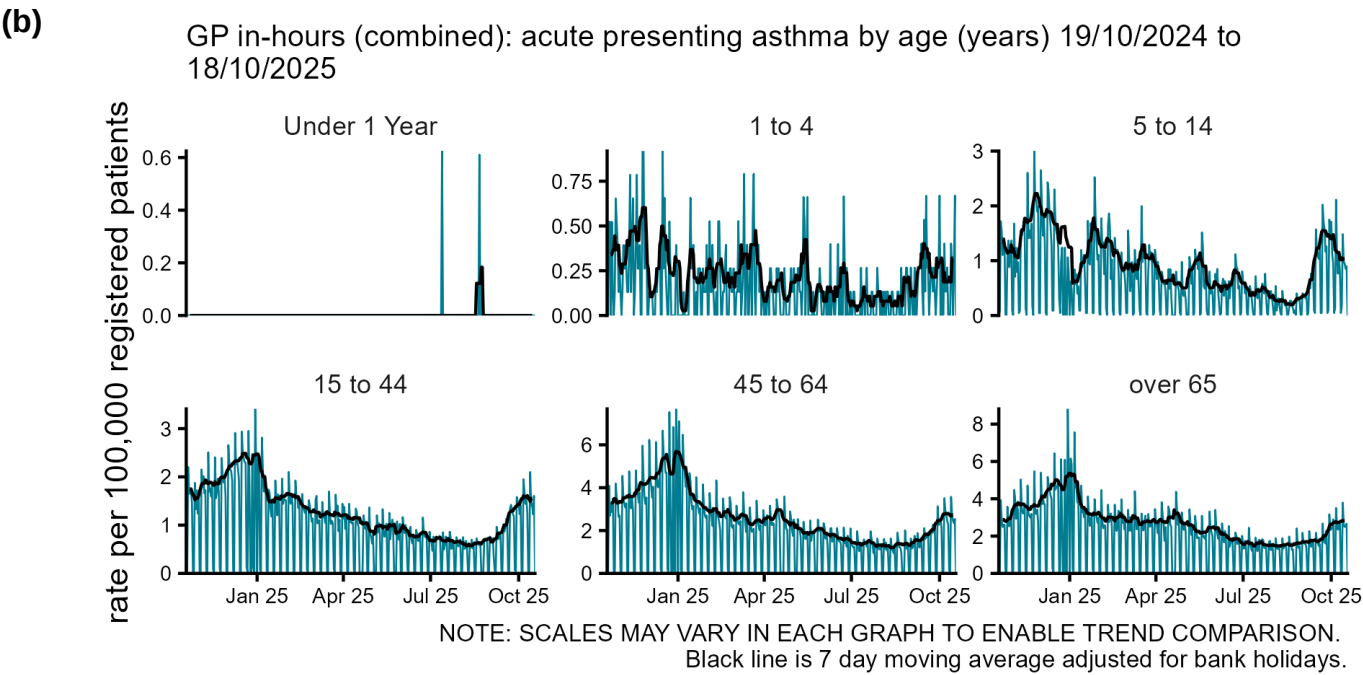
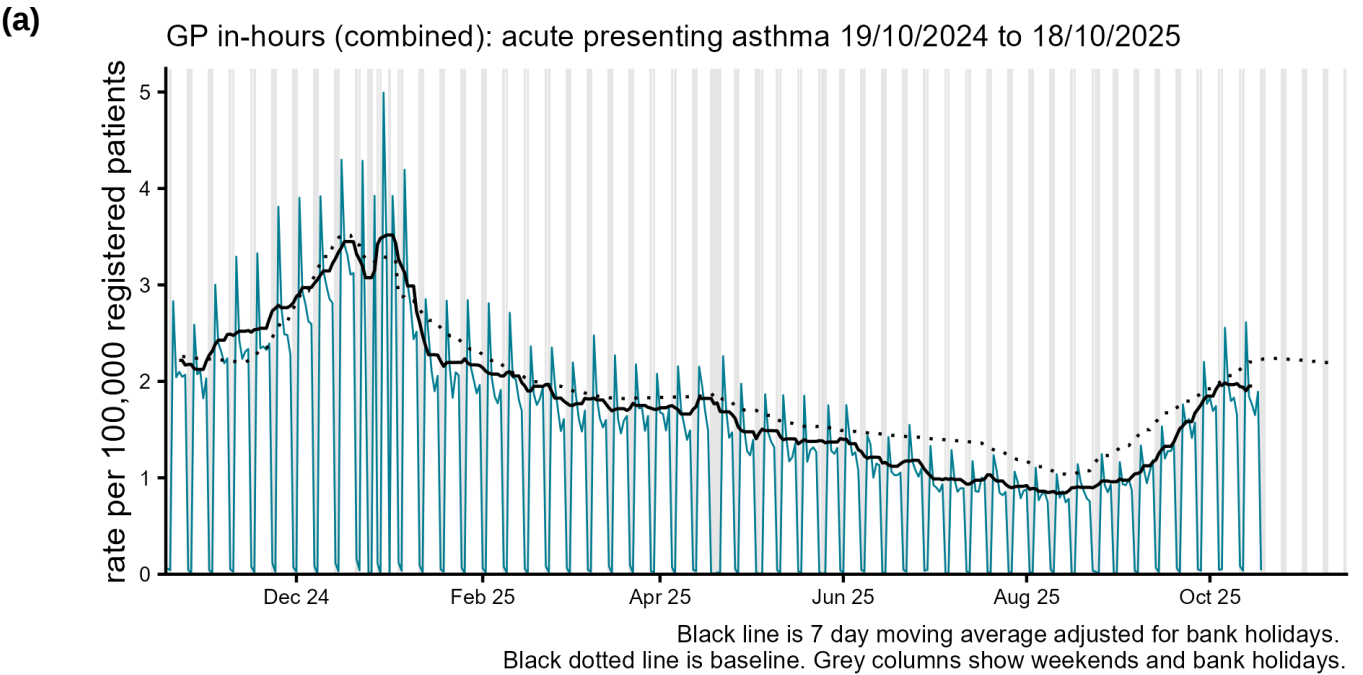
GP in-hours (combined): acute bronchitis by UKHSA region 19/10/2024 to 18/10/2025

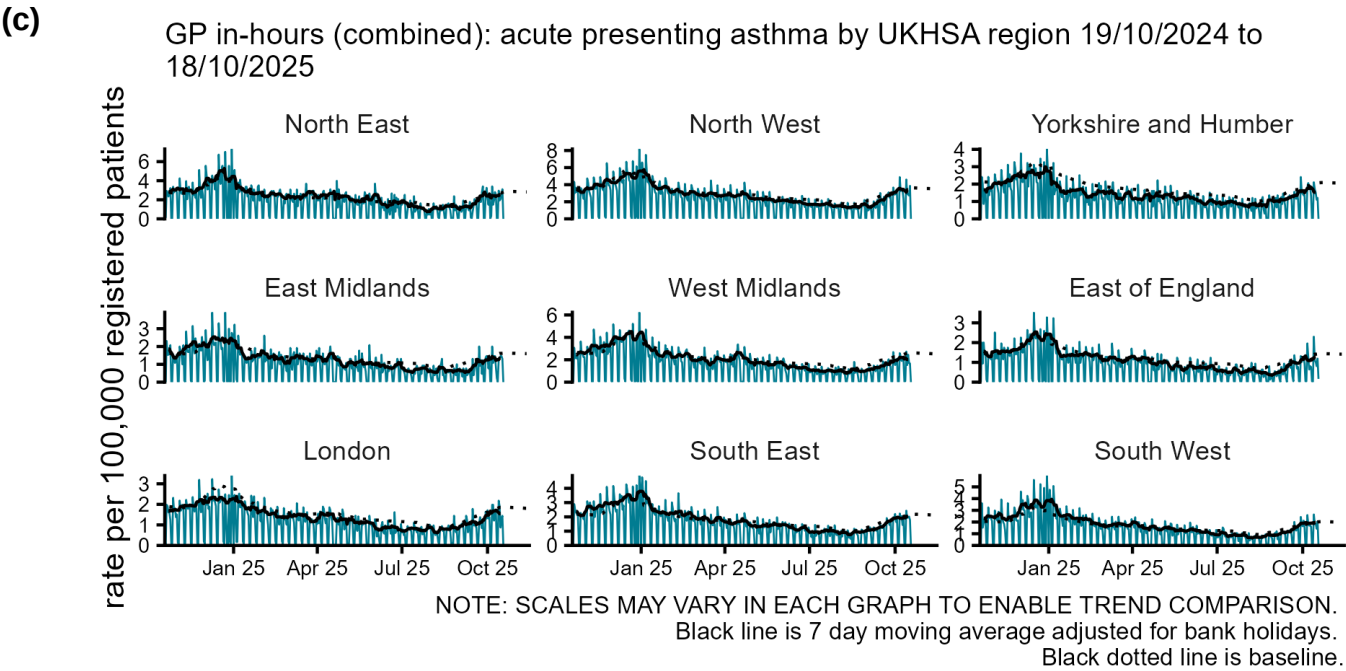


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.  
Black line is 7 day moving average adjusted for bank holidays.  
Black dotted line is baseline.

# Acute presenting asthma

**Figure 9: 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.**

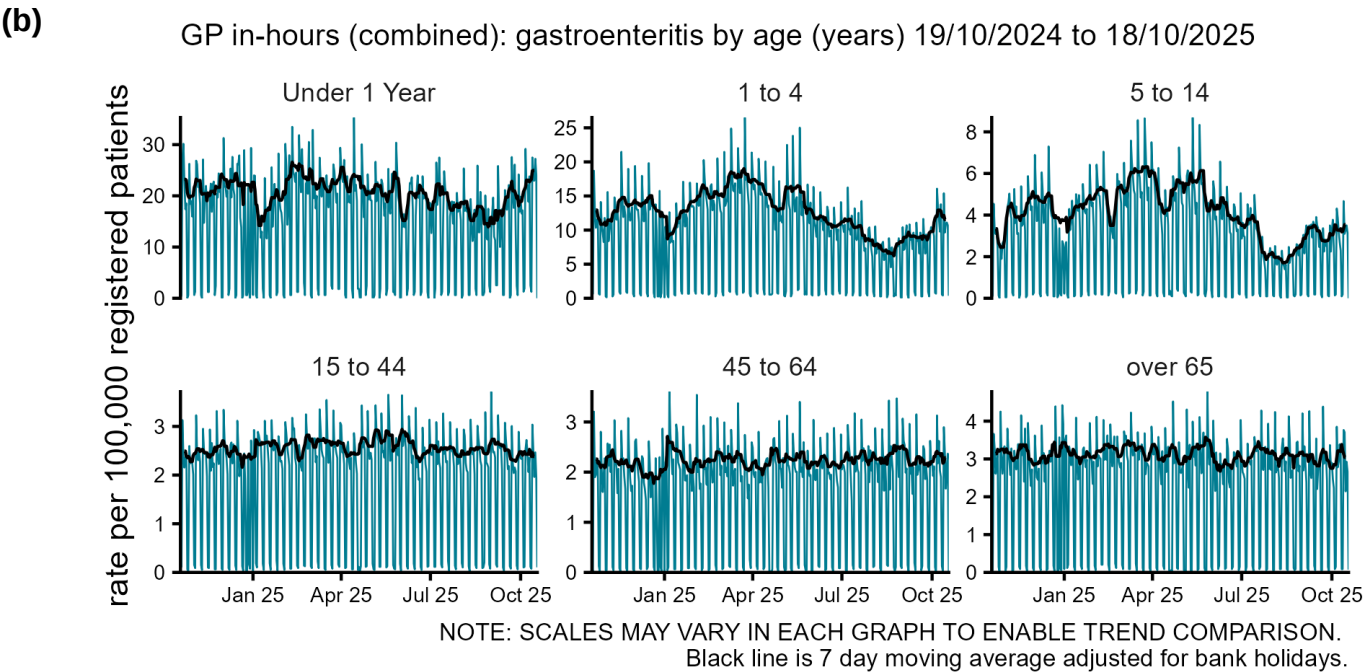
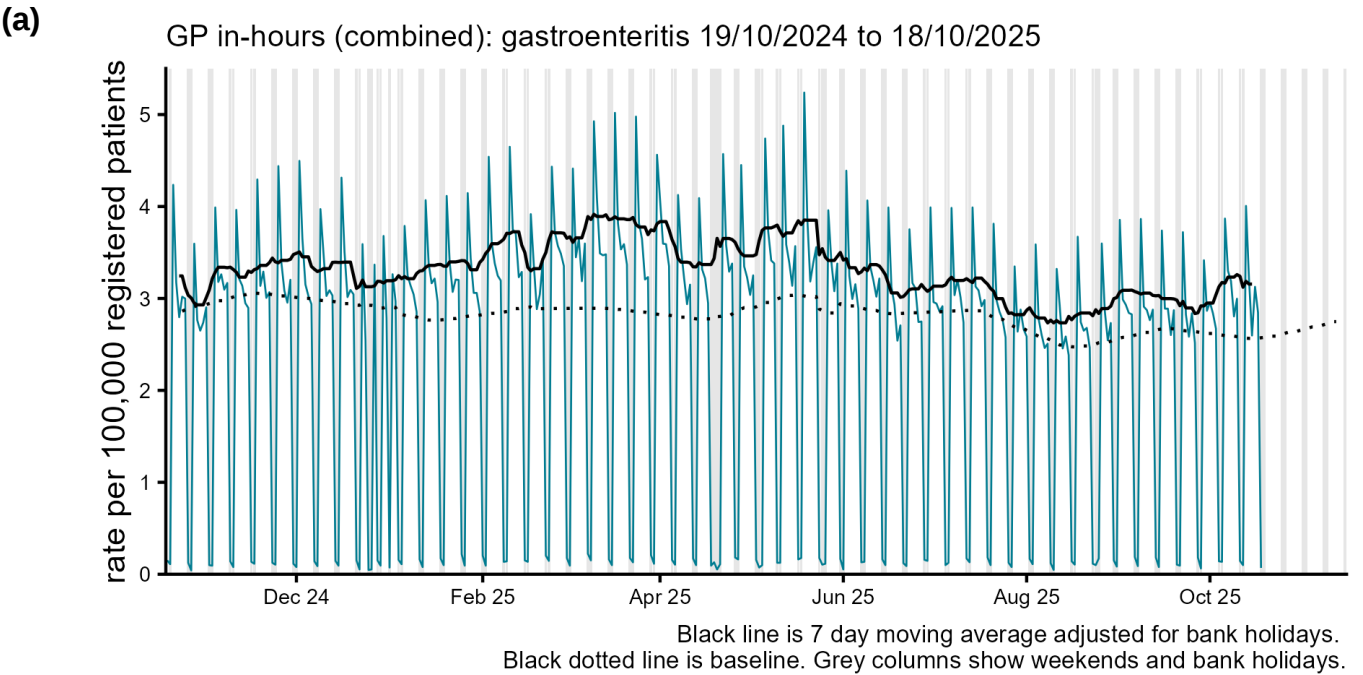




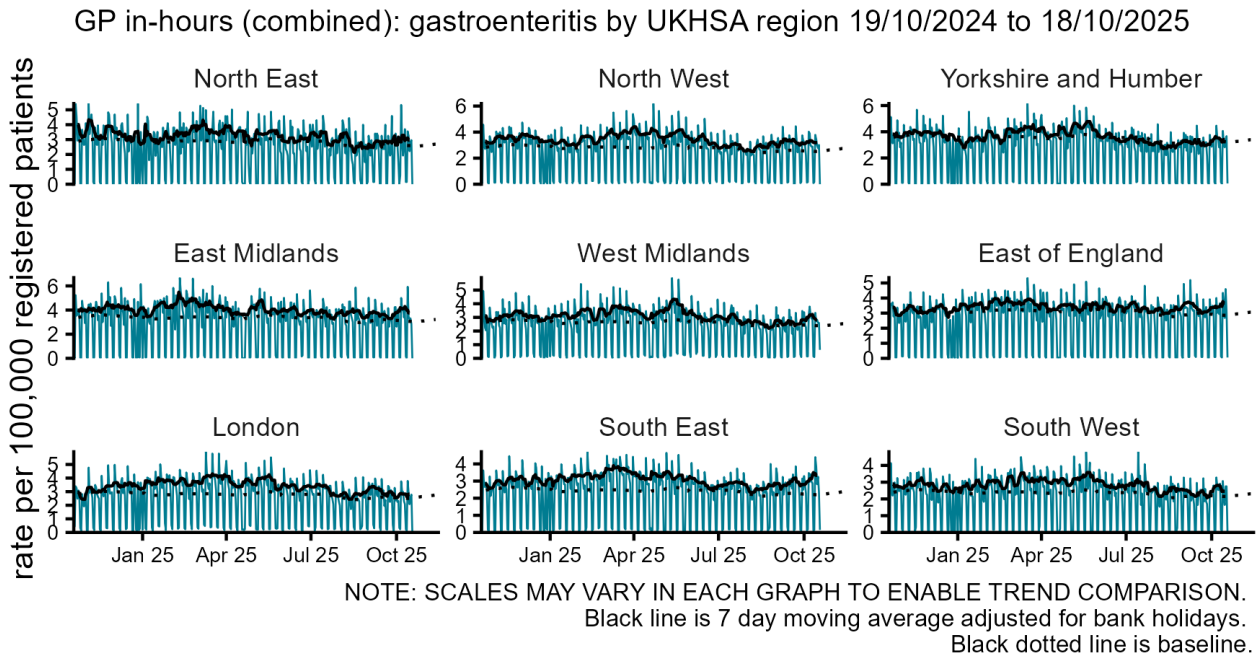
# Gastrointestinal conditions

## Gastroenteritis

**Figure 10: 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.**

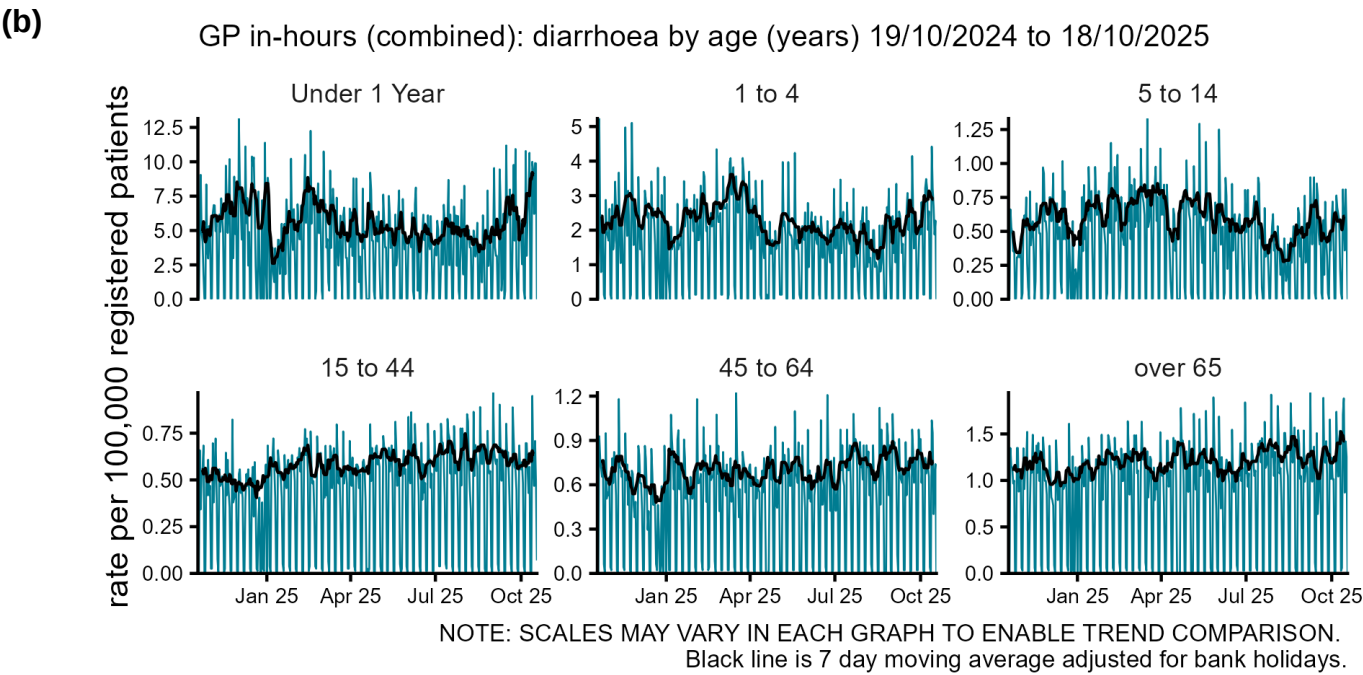
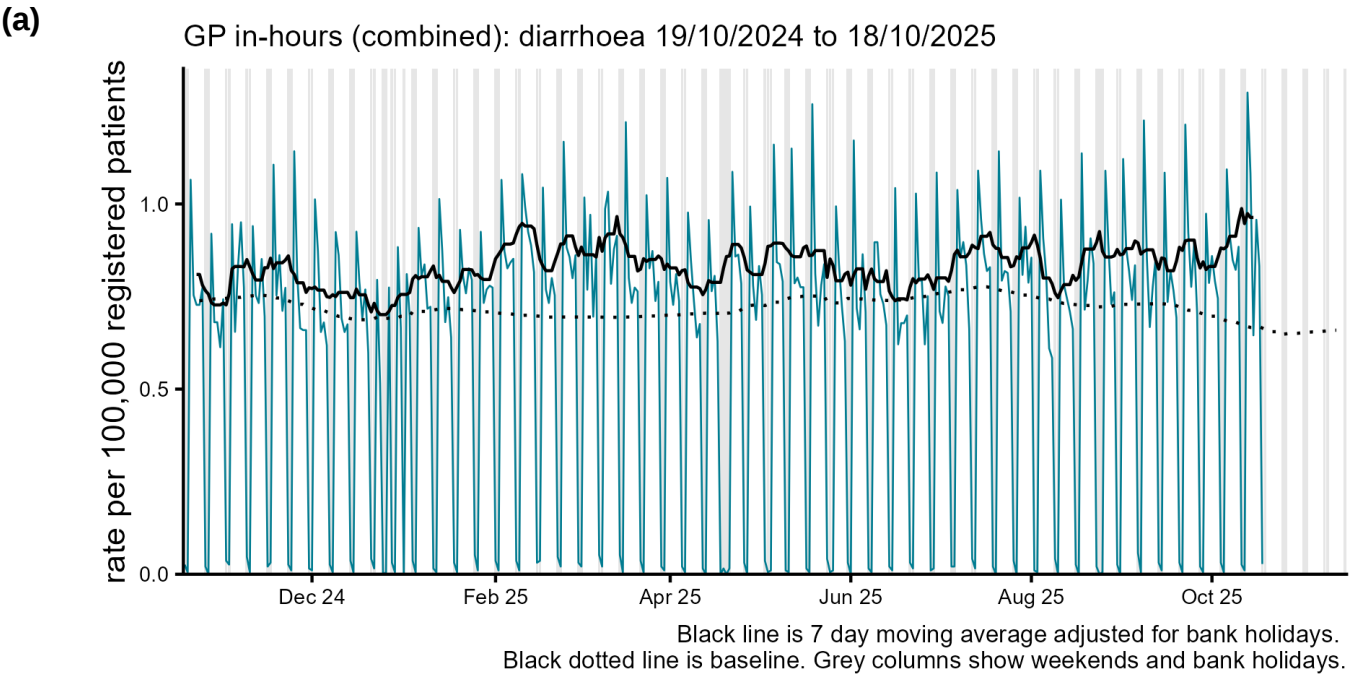


(c)

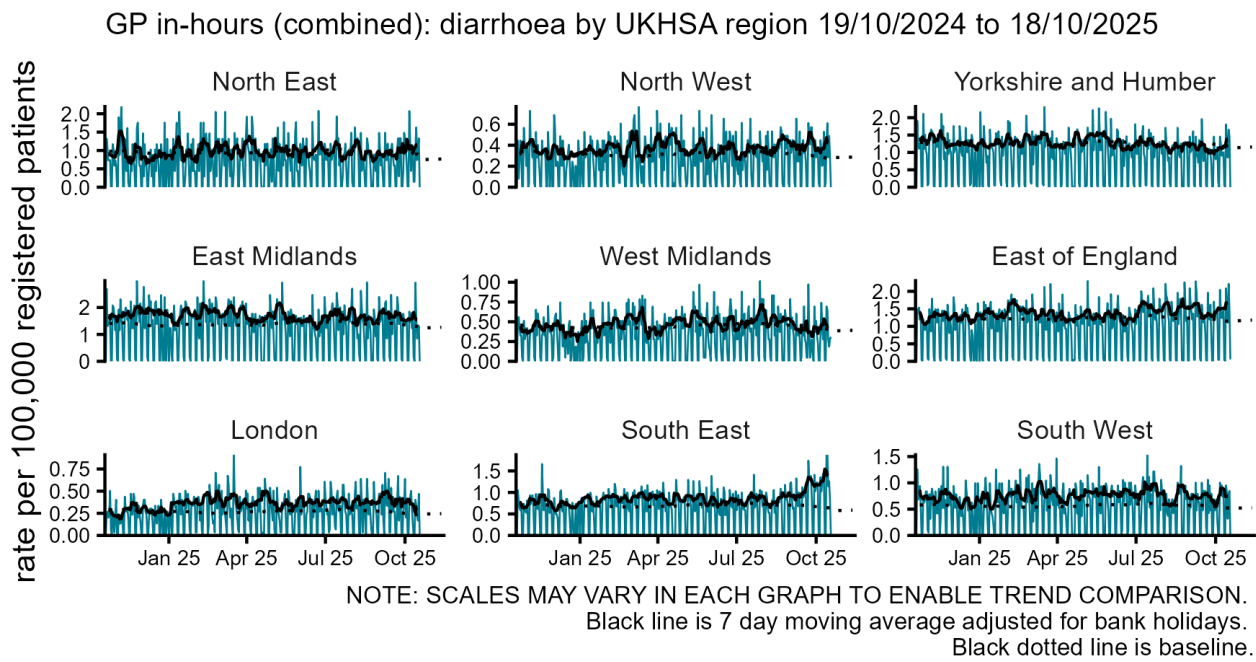


# Diarrhoea

**Figure 11: 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.**

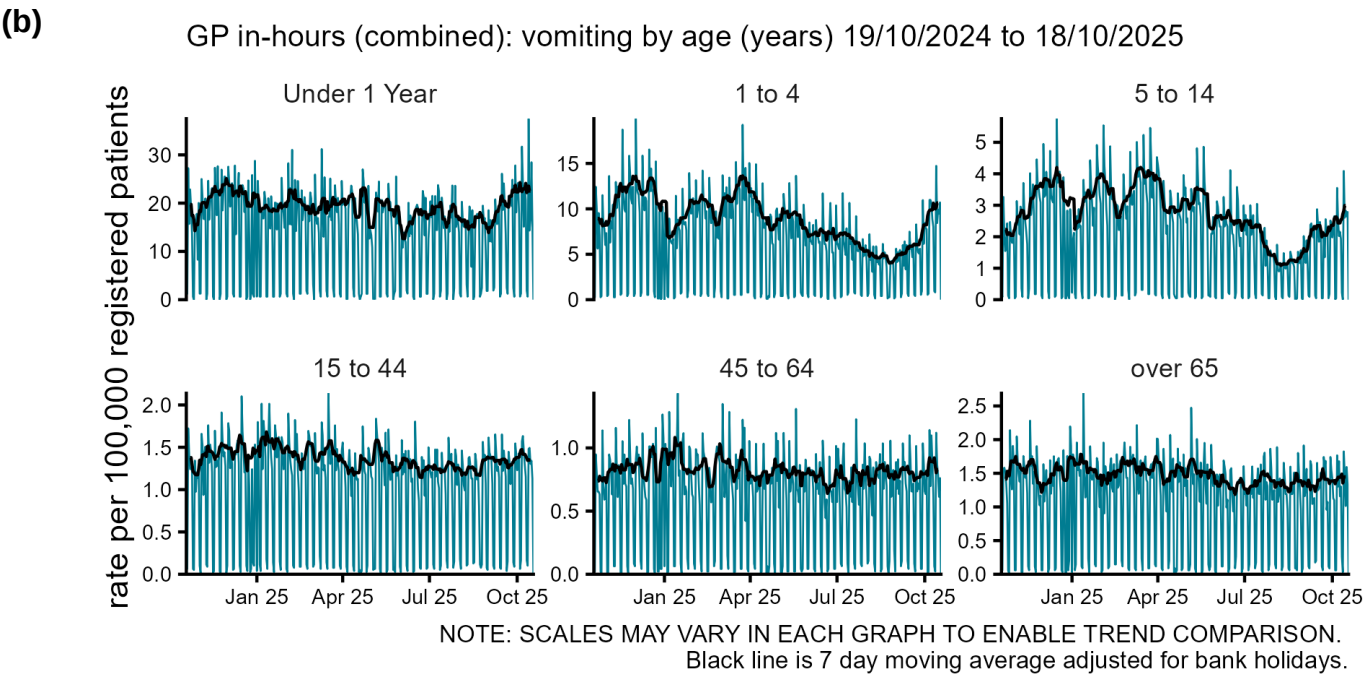
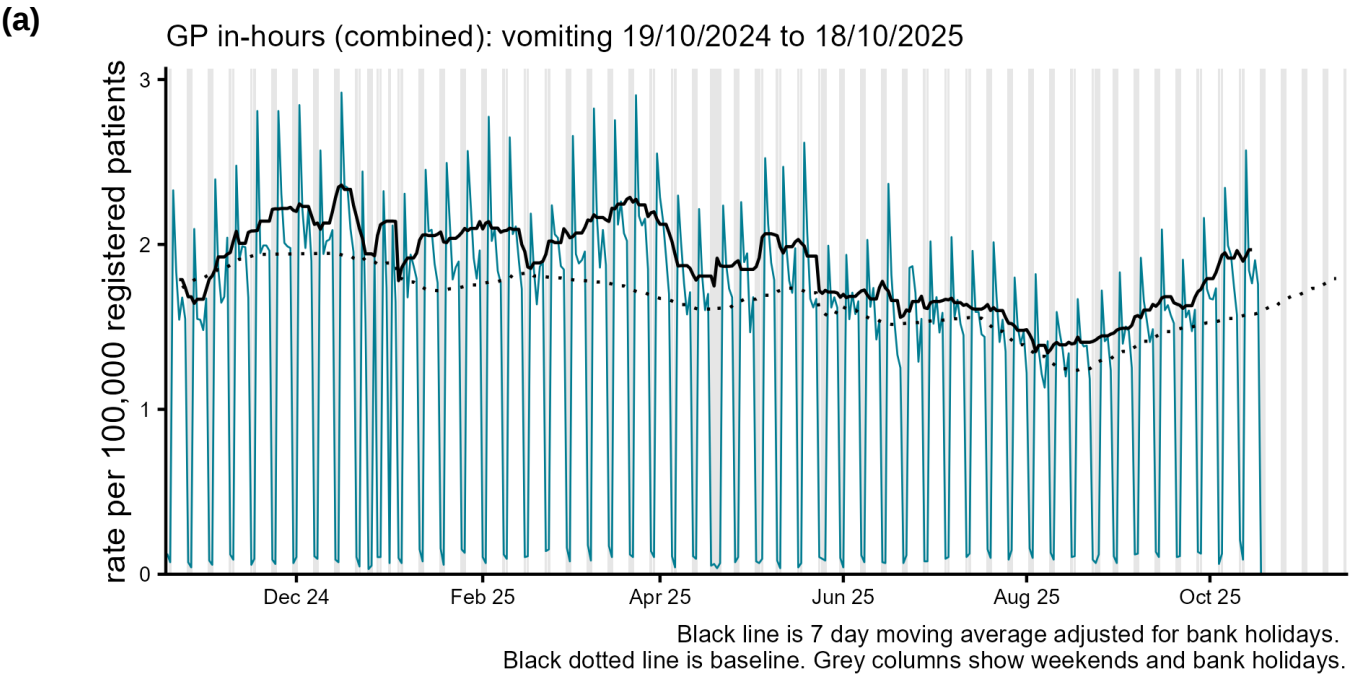


(c)



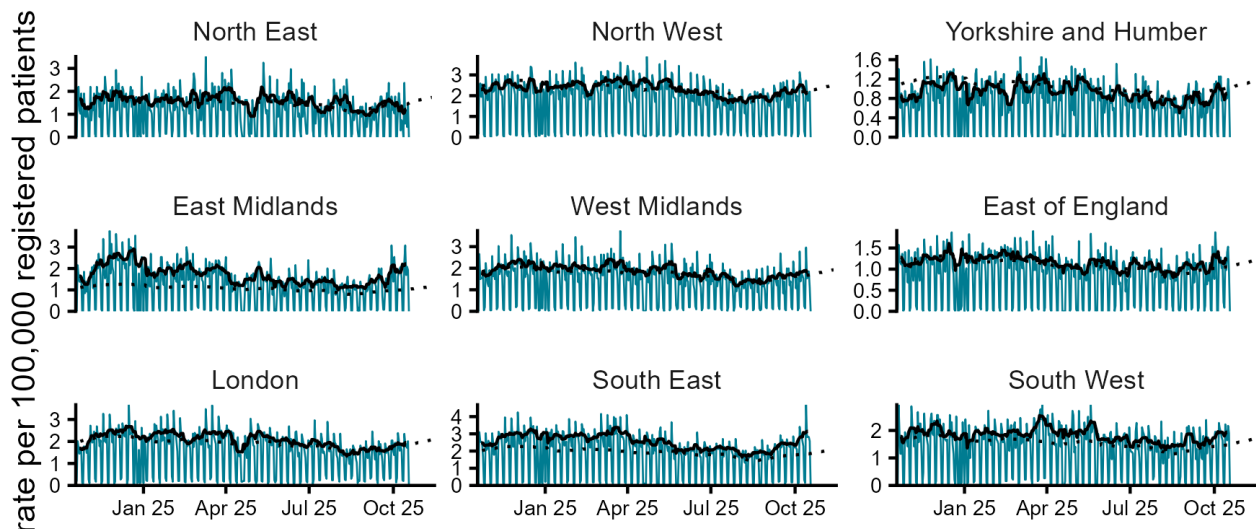
# Vomiting

**Figure 12: 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.**



(c)

GP in-hours (combined): vomiting by UKHSA region 19/10/2024 to 18/10/2025

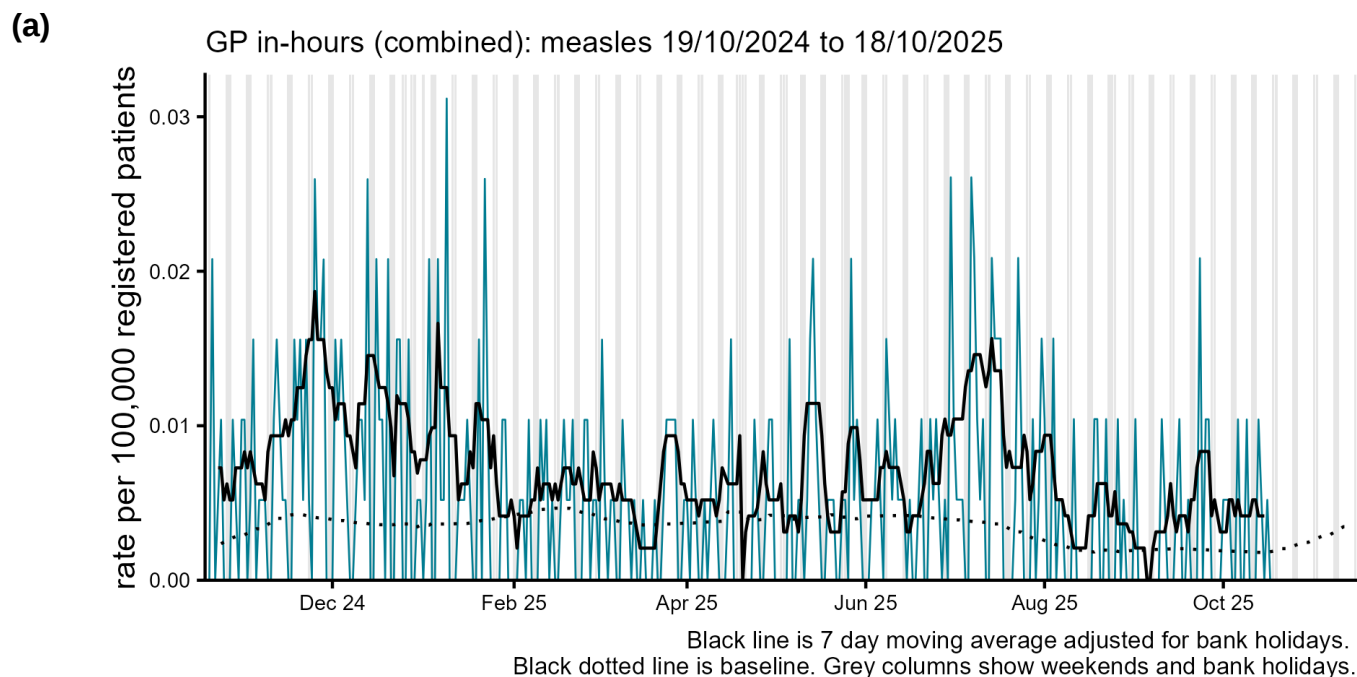


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.  
Black line is 7 day moving average adjusted for bank holidays.  
Black dotted line is baseline.

# Vaccine preventable conditions

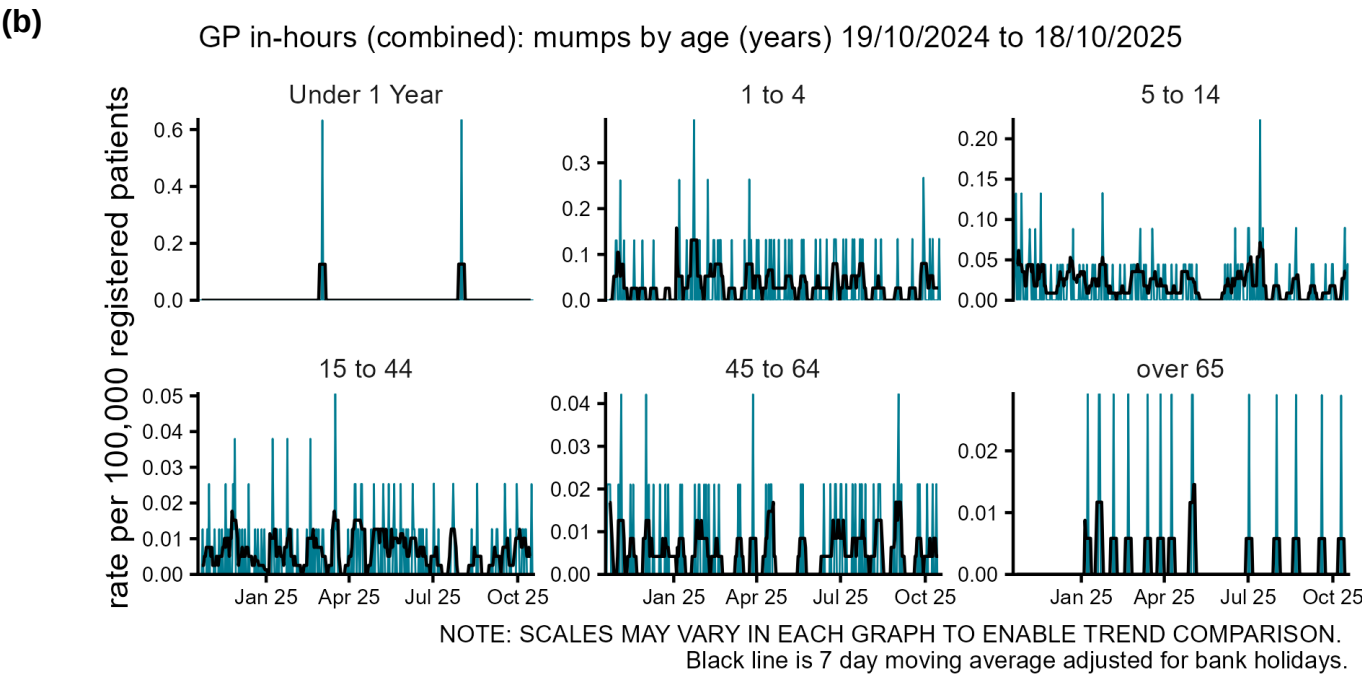
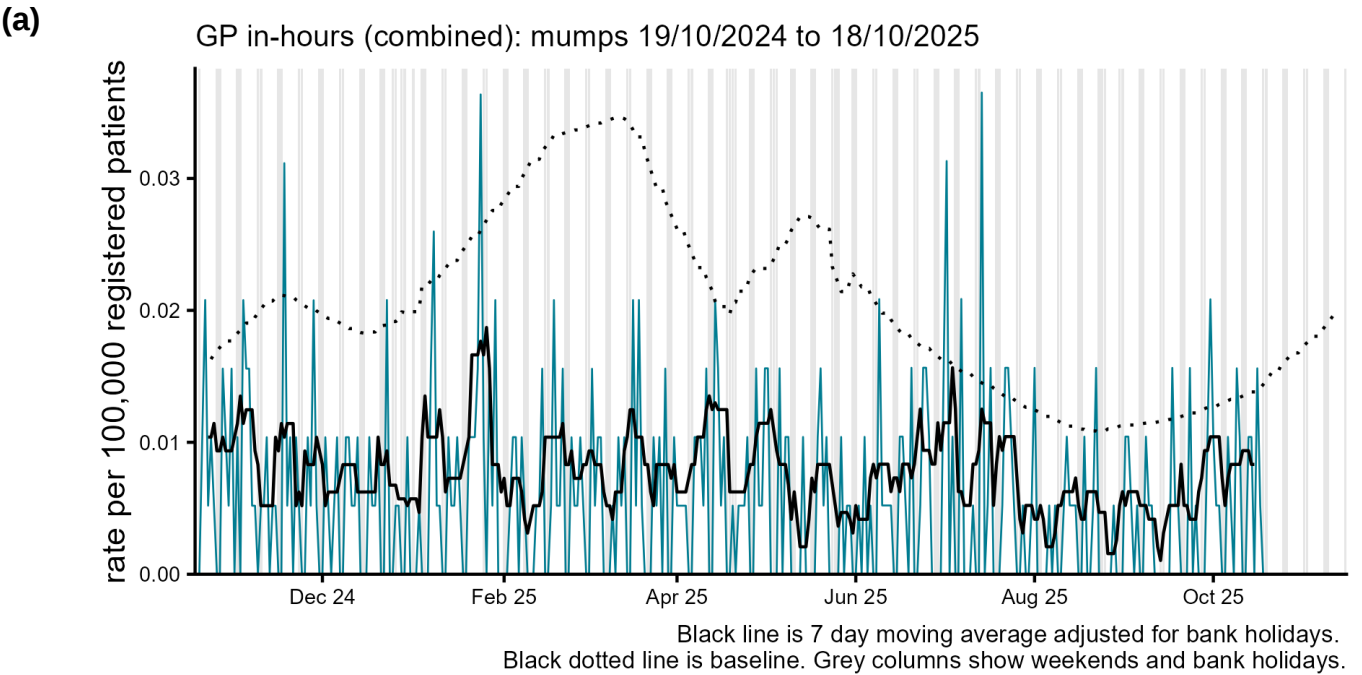
## Measles

**Figure 13: 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.**

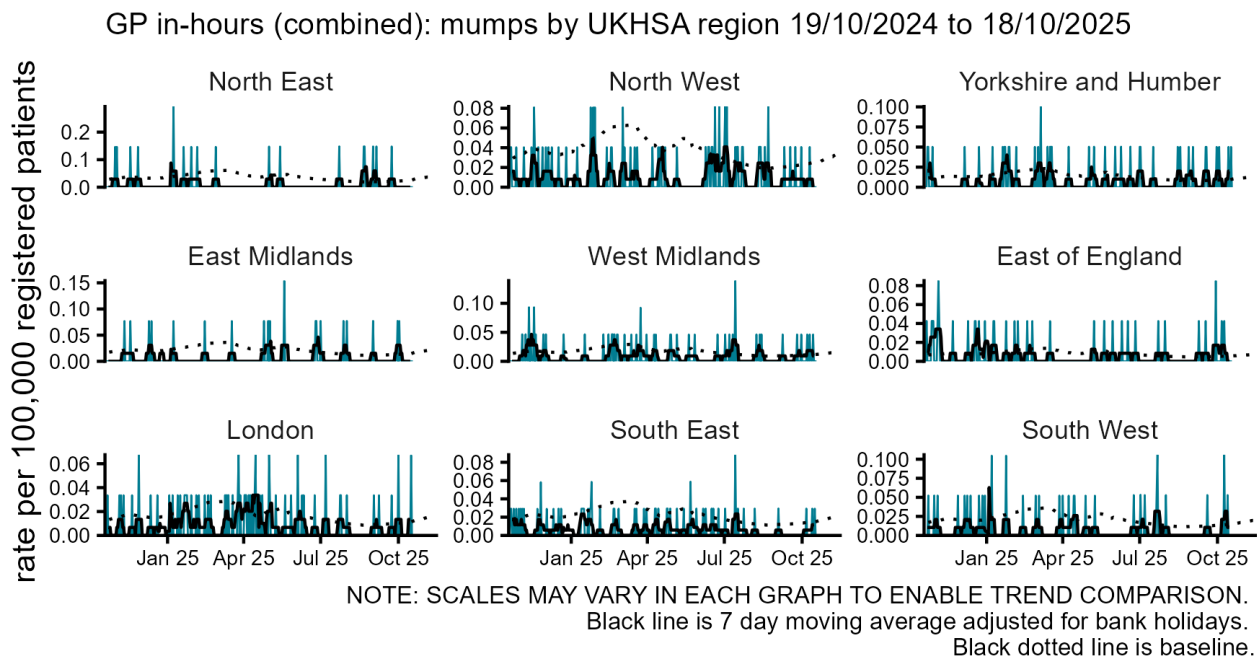


# Mumps

**Figure 14: 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.**

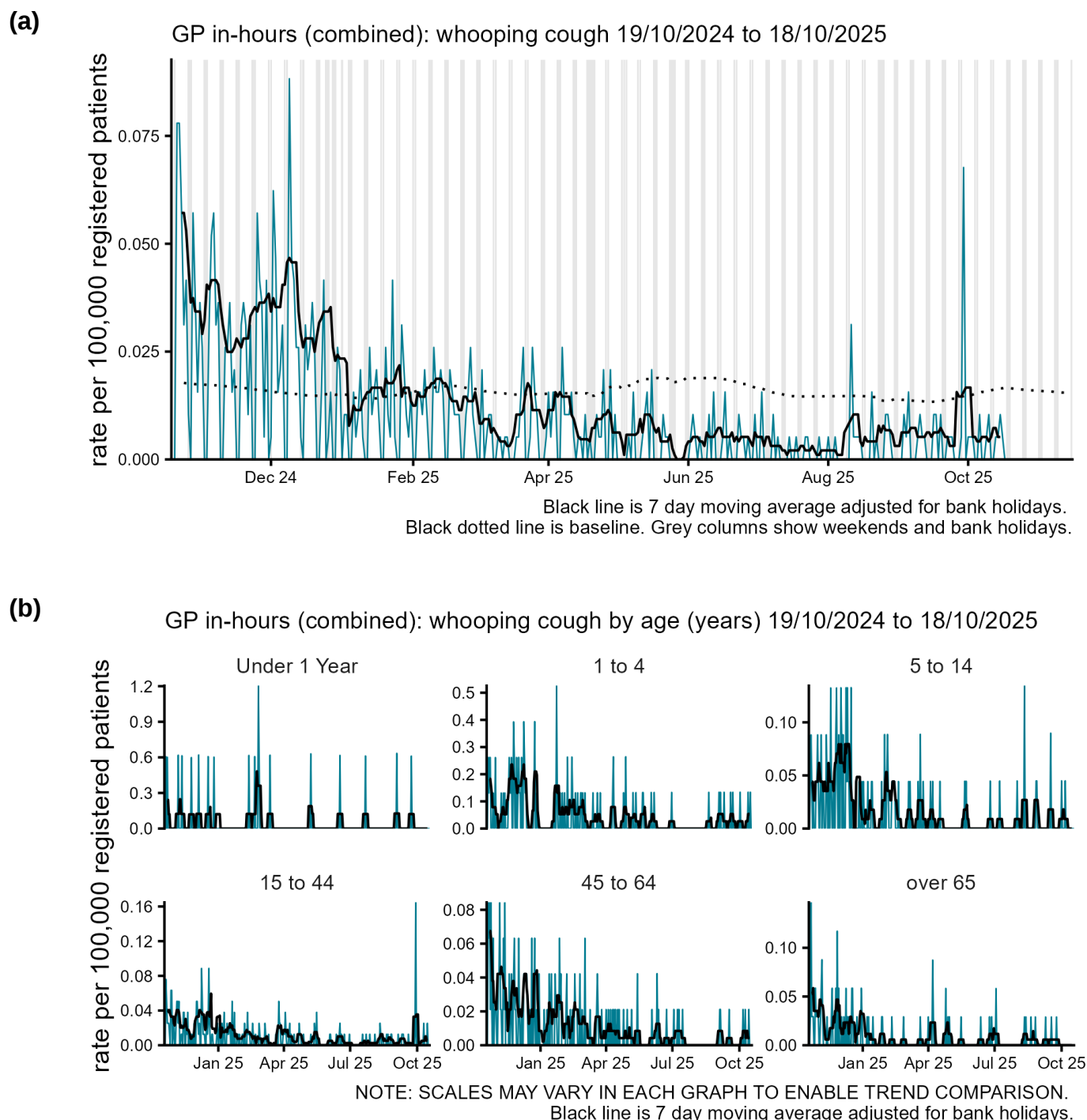


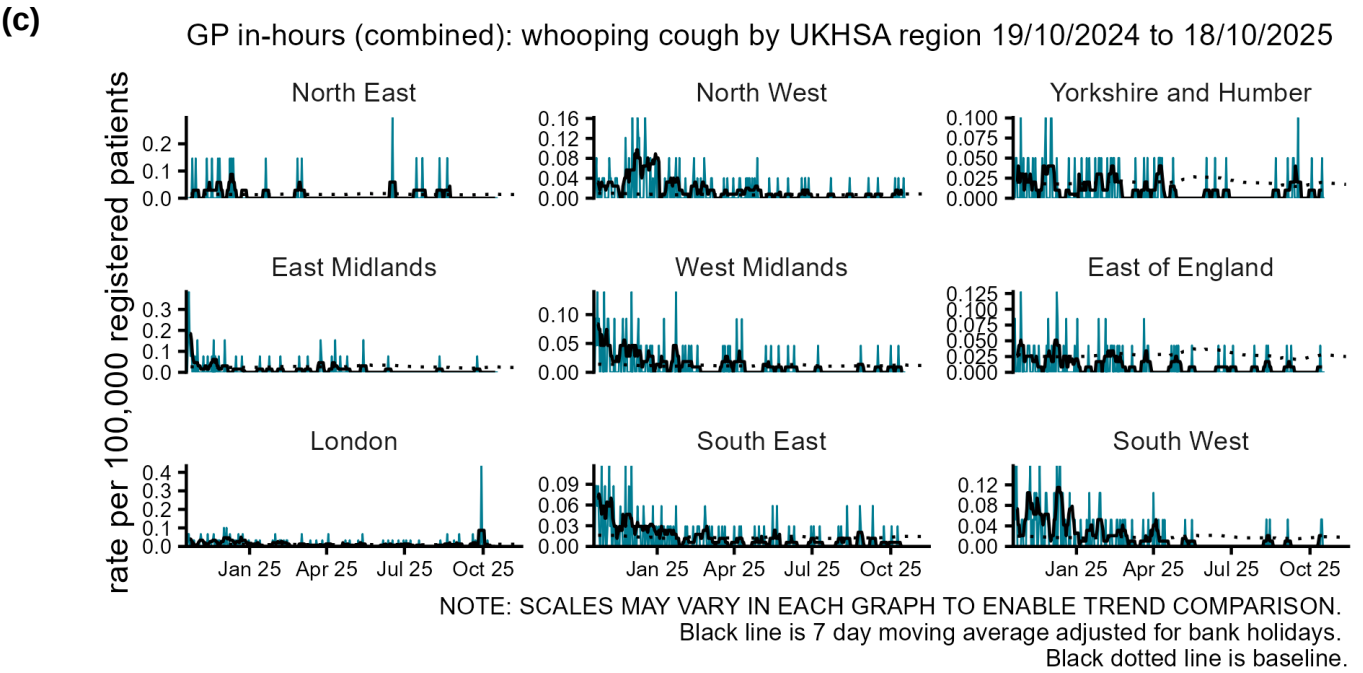
(c)



## Whooping cough

**Figure 15: 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.**

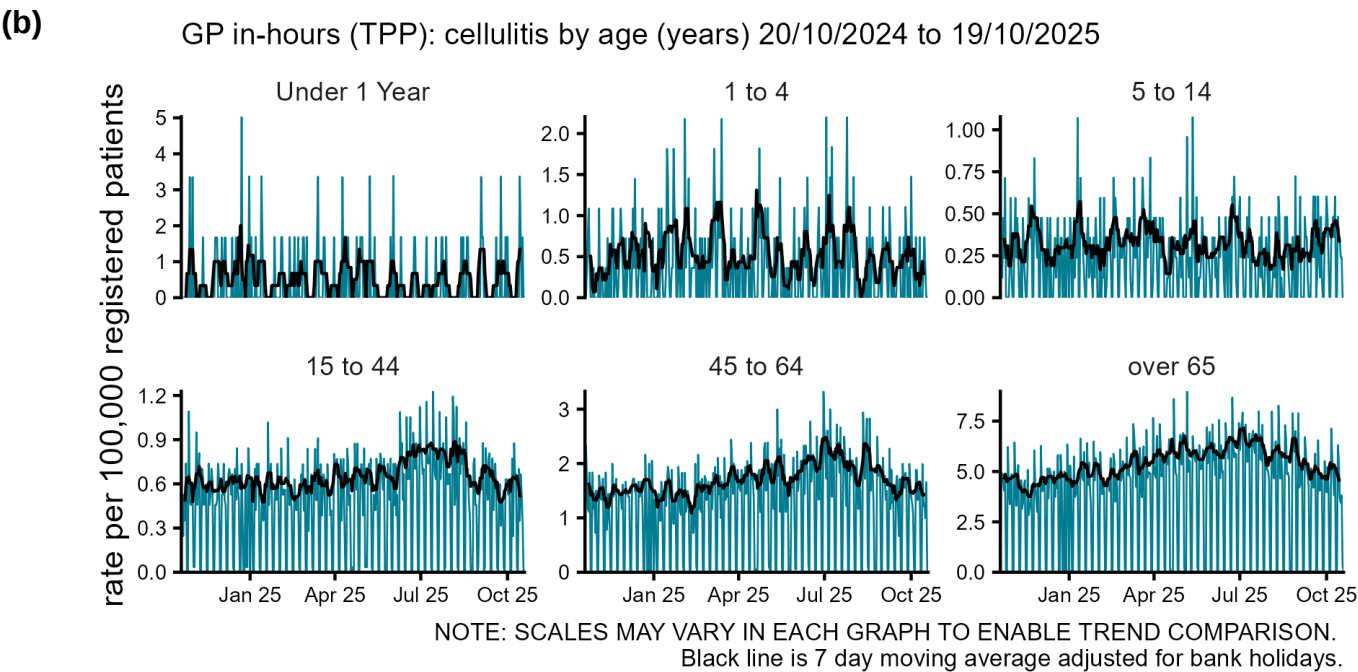
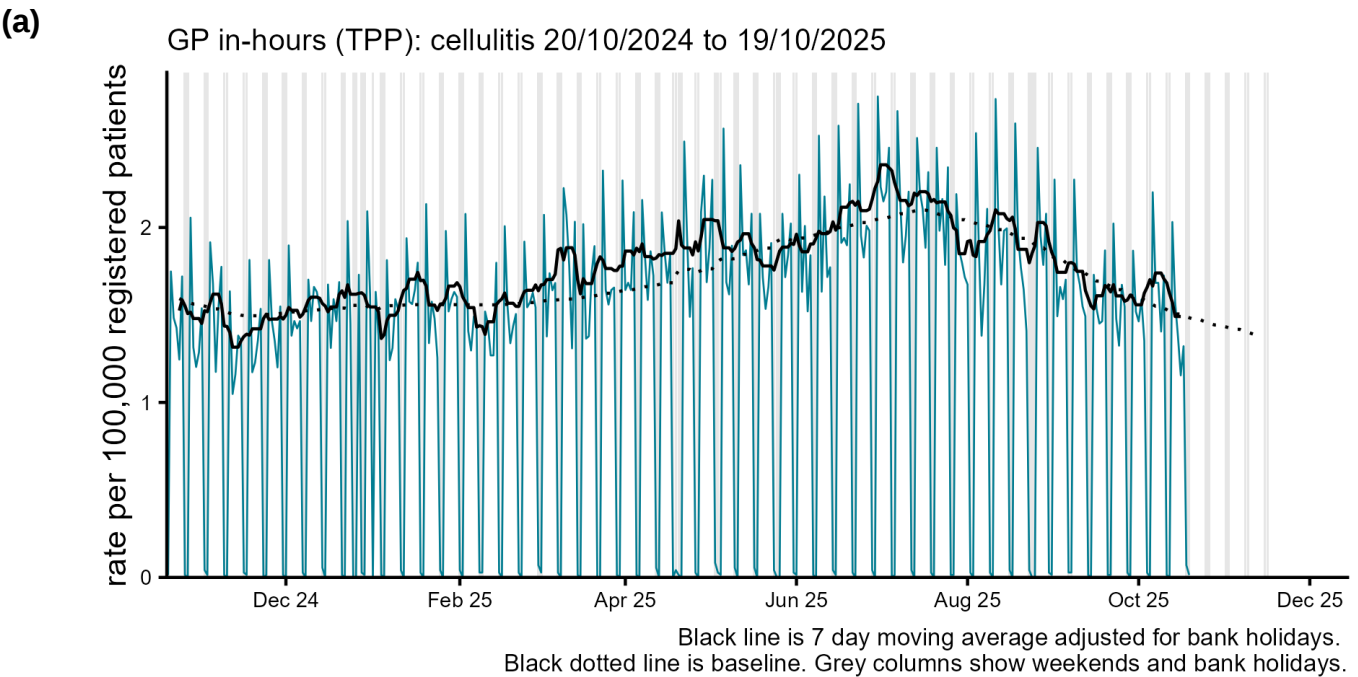


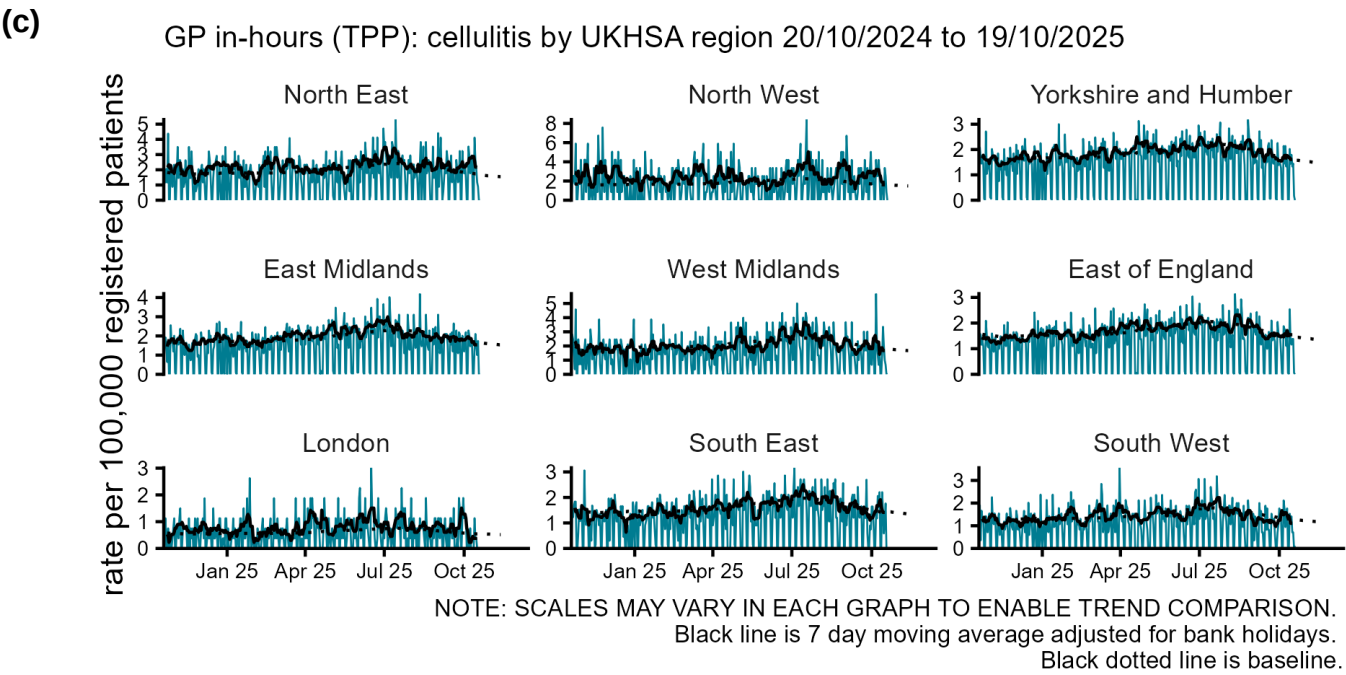


# Skin conditions

## Cellulitis

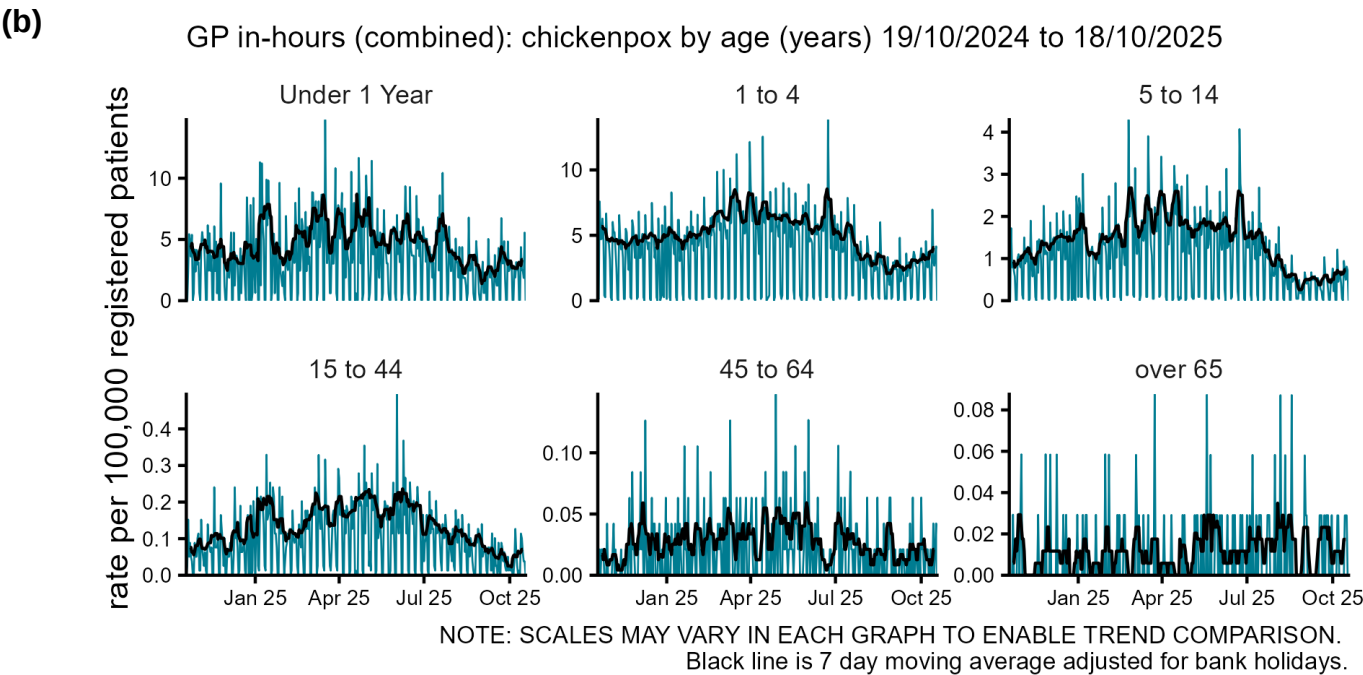
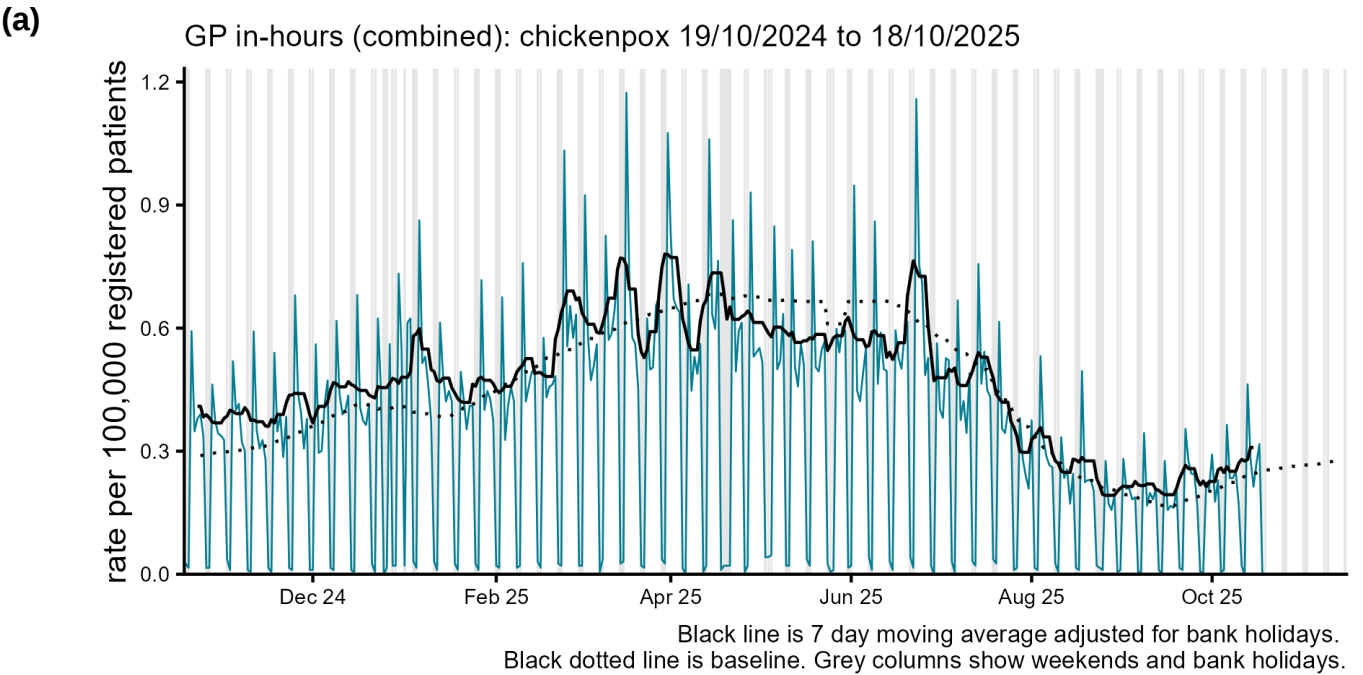
**Figure 16: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for cellulitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

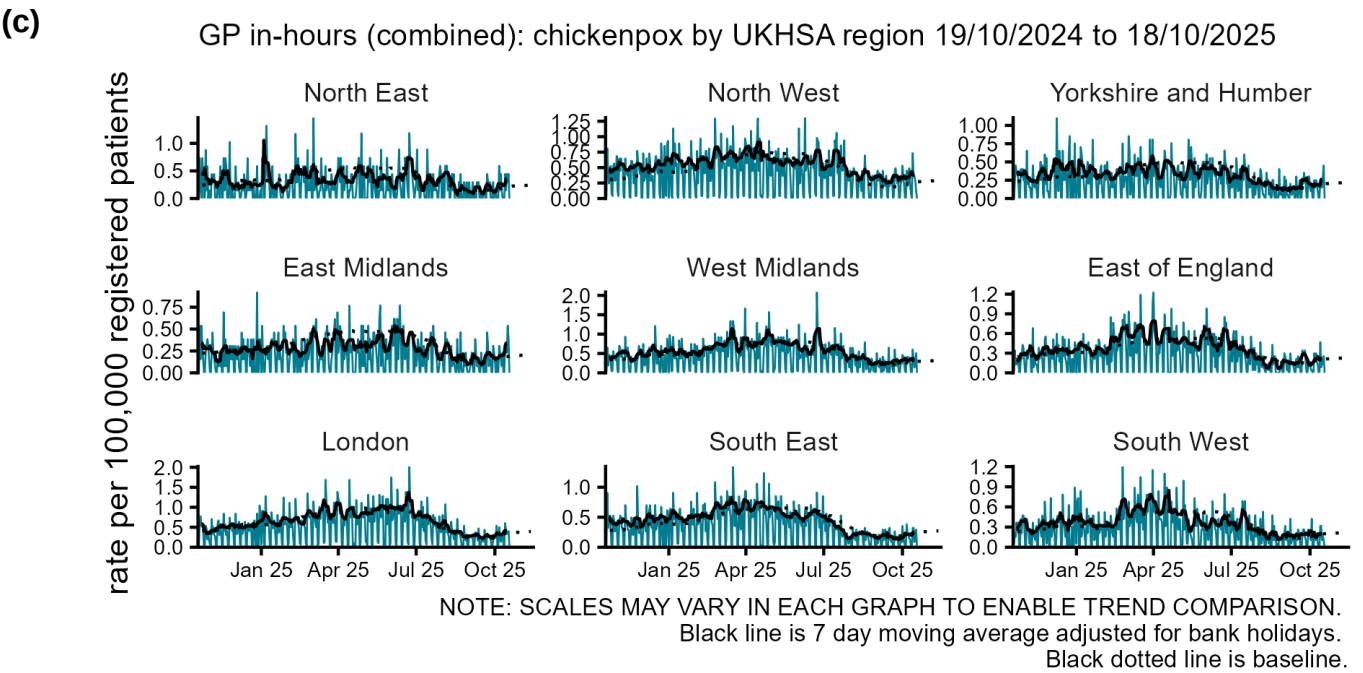




# Chickenpox

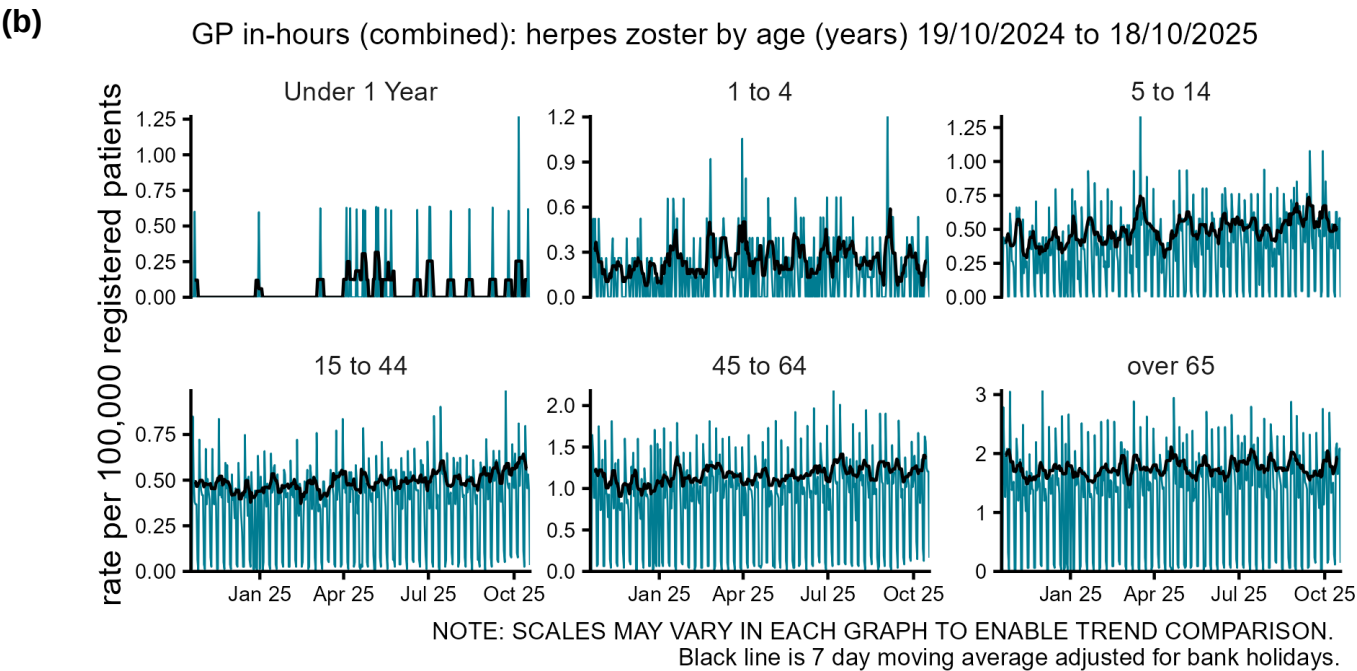
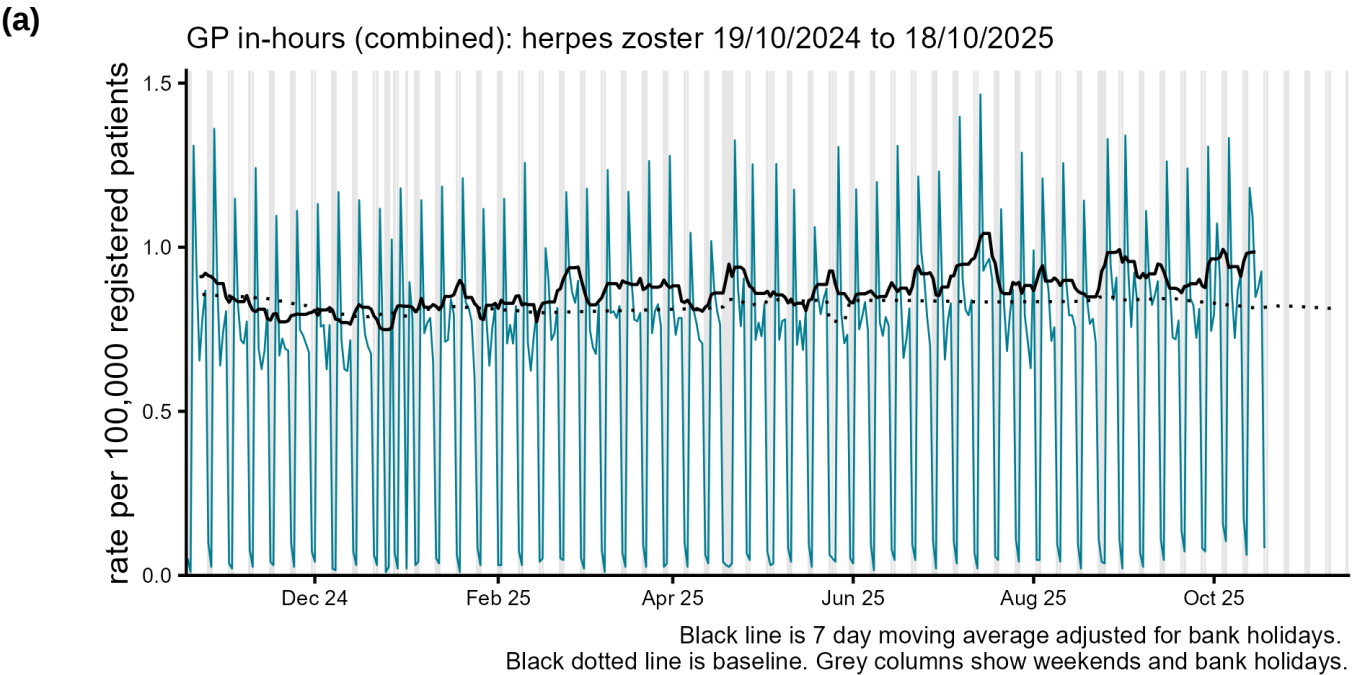
**Figure 17: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for chicken pox GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.**

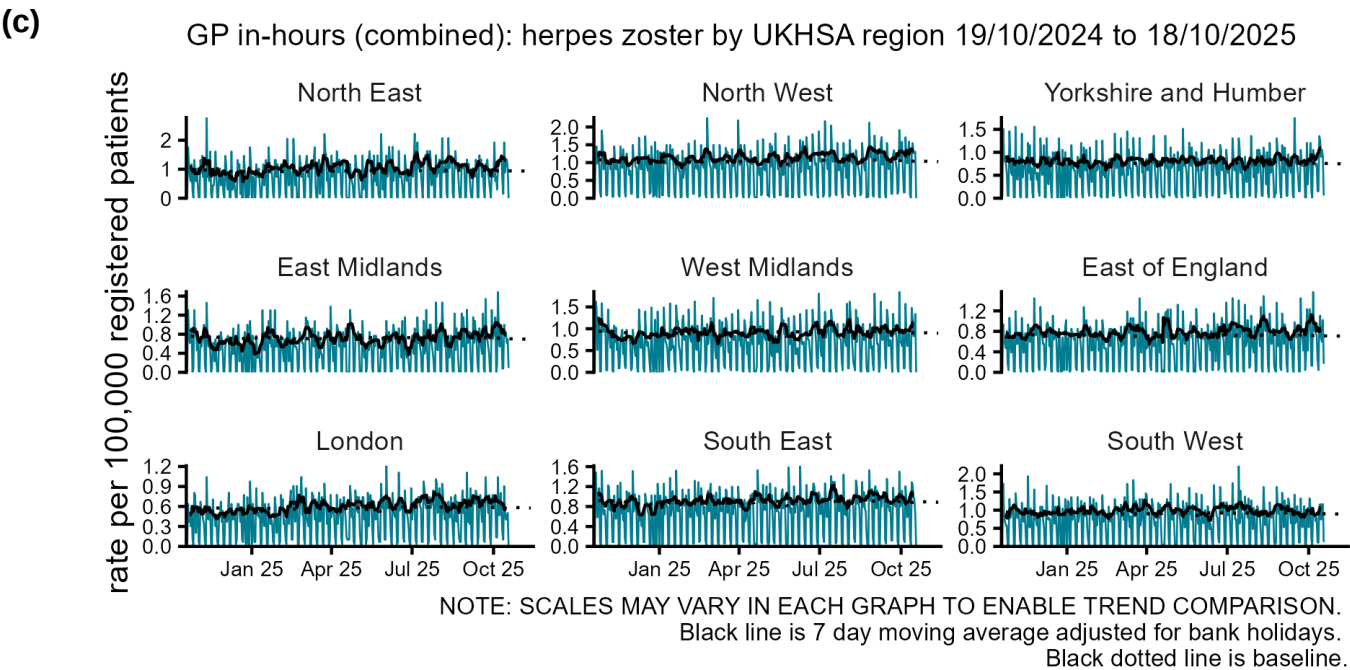




# Herpes zoster

**Figure 18: 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.**





## 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

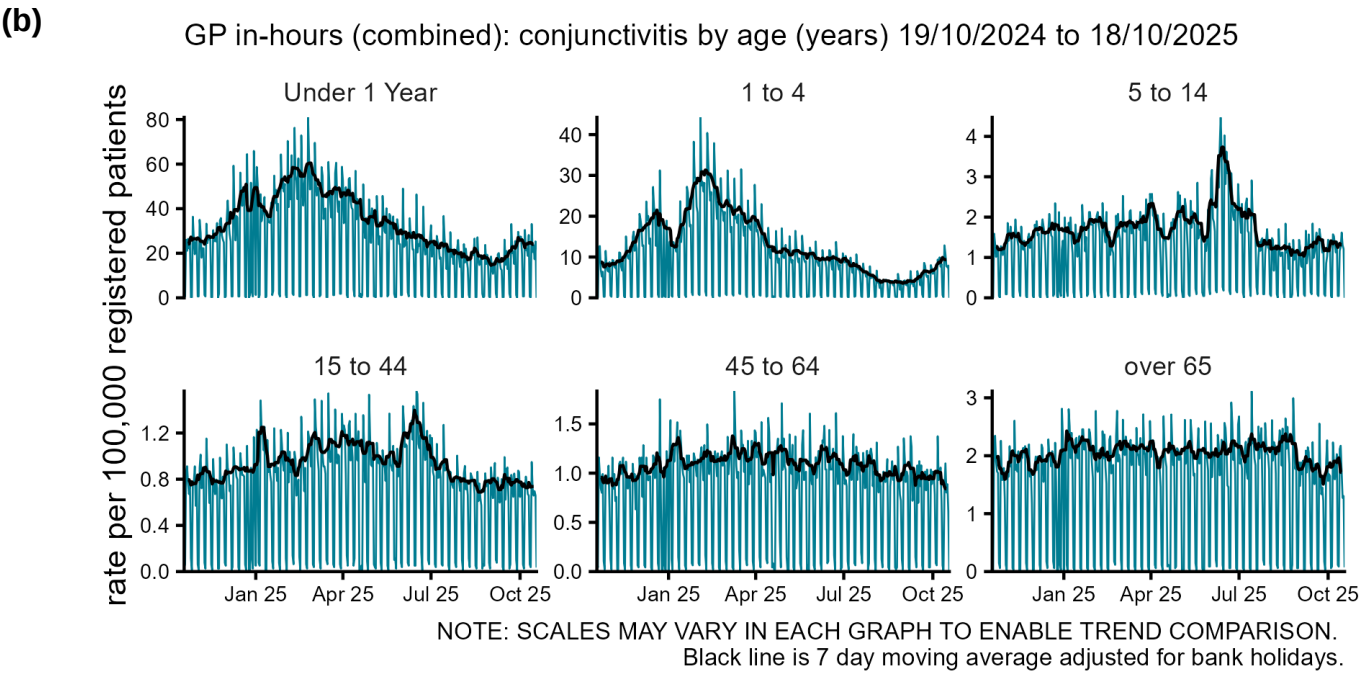
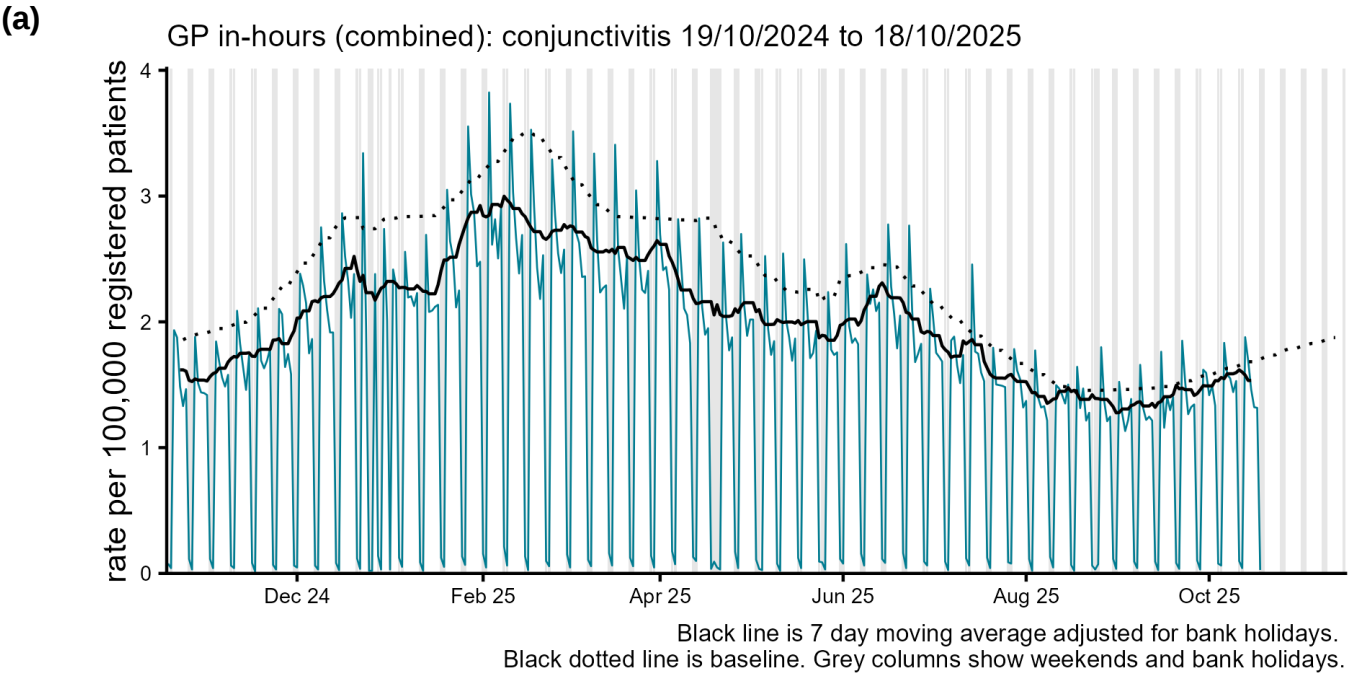
[Heat-Health Alert](#) period: 1 June to 30 September

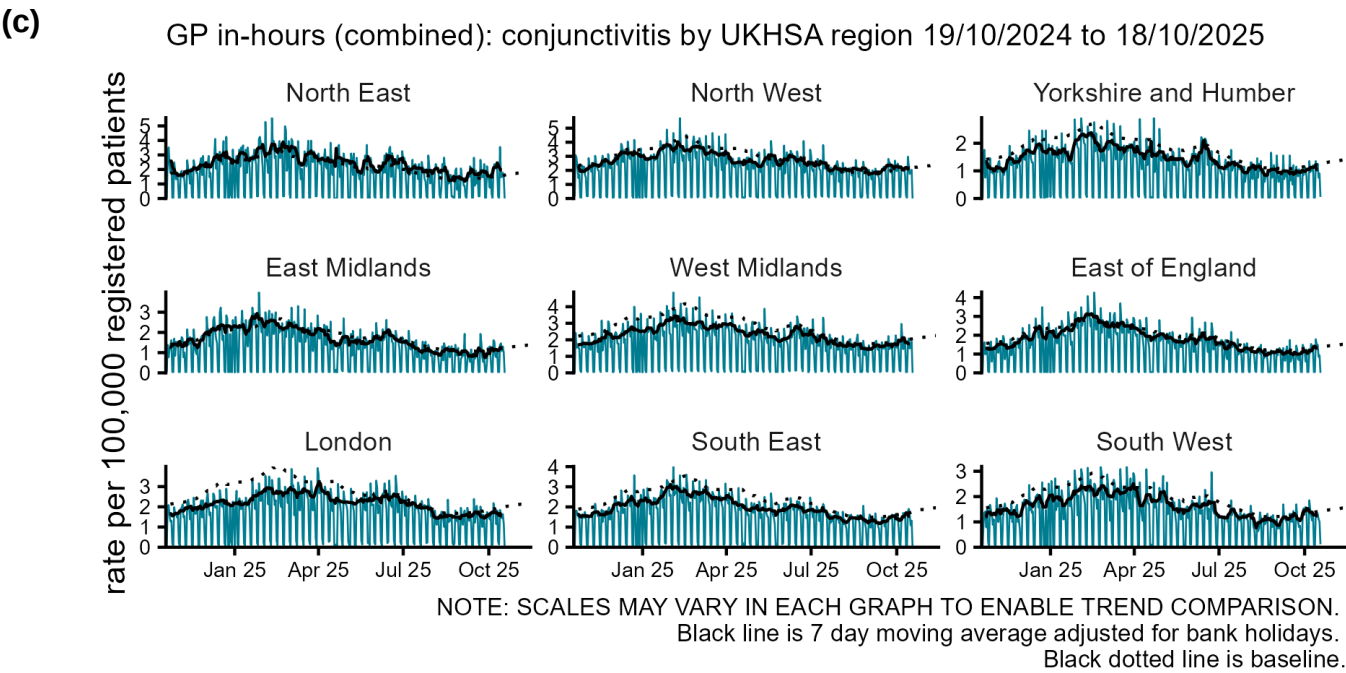
Highest weather alert level during the current reporting week:

**No alerts issued.**

# 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.**





## 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
  - 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**
  - 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:
  - 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 lower respiratory tract infections
  - gastroenteritis includes:
    - diarrhoea
    - vomiting
    - other and non-specific gastroenteritis
- baselines:
  - were last remodelled June 2025 for TPP and June 2025 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
  - the scarlet fever baselines were re-modelled prior to week 23 2024. The period of exceptional activity between 20<sup>th</sup> Nov 2022 and 2<sup>nd</sup> Feb 2023 was excluded from the training data.

## 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.

Thanks to the Oxford-Royal College of General Practitioners Clinical Informatics Digital Hub (ORCHID), and to its Syndromic Surveillance General Practices (SSGP) and their patients who share data with this surveillance system, and also to Optum for facilitating pseudonymised data access.

# 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](http://www.gov.uk/government/organisations/uk-health-security-agency)

© Crown copyright 2025  
Version: IH-2

Prepared by: Real-time Syndromic Surveillance Team  
For queries relating to this document, please contact: [syndromic@ukhsa.gov.uk](mailto:syndromic@ukhsa.gov.uk)

Published: October 2025



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 [OGL](https://www.ogil.io). 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

