UK Health Security Agency

GP out-of-hours syndromic surveillance system bulletin (England)

2026 week 3

Key messages

Data reported to: 18 January 2026

During week 3, GP out-of-hours daily contacts for acute respiratory infections (ARI) and influenza-like illness (ILI) continued to decrease nationally. Whilst ARI contacts increased in those aged between 1 and 14 years, and ILI contacts increased in those aged 5-14 years, contacts for both indicators continued to decrease in those aged over 15 years, broadly in line with 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[1]	Level
Total contacts (**Figure 1**)	No trend	No baseline
Acute respiratory infections (**Figure 2**)	Decreasing	Similar to baseline
Influenza-like illness (**Figure 3**)	Decreasing	Above baseline
Acute bronchitis/bronchiolitis (**Figure 4**)	No trend	Below baseline
Difficulty breathing/wheeze/asthma (**Figure 5**)	Decreasing	Above baseline
Fever (**Figure 6**)	Increasing	Below baseline
Acute pharyngitis (**Figure 7**)	No trend	Similar to baseline
Gastroenteritis (**Figure 8**)	No trend	Similar to baseline
Diarrhoea (**Figure 9**)	No trend	Above baseline
Vomiting (**Figure 10**)	No trend	Similar to baseline
Chest pain (inc. myocardial infarction) (**Figure 11**)	No trend	Above baseline

[1] Current trend reports on the trend seen over previous weeks

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About this syndromic surveillance system

This bulletin presents data from the UK Health Security Agency (UKHSA) GP out-of-hours\ unscheduled care 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 out-of-hours (OOH) and unscheduled care service provider data are analysed and reported here, to identify and describe trends for a variety of syndromic indicators:
- syndromic indicators include groupings such as acute respiratory infections, fever and gastroenteritis
- syndromic indicators are based on:
    - diagnoses recorded during OOH patient contacts
    - diagnoses are based on signs/symptoms and not laboratory confirmed
    - not all contacts include a diagnosis
    - some contacts include more than one diagnosis, so may be included in more than one syndromic indicator
- **Key messages**
- describes any notable trends nationally (England) and by age group
- 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 and by age group. Each chart includes data from April 2023:
    - 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.

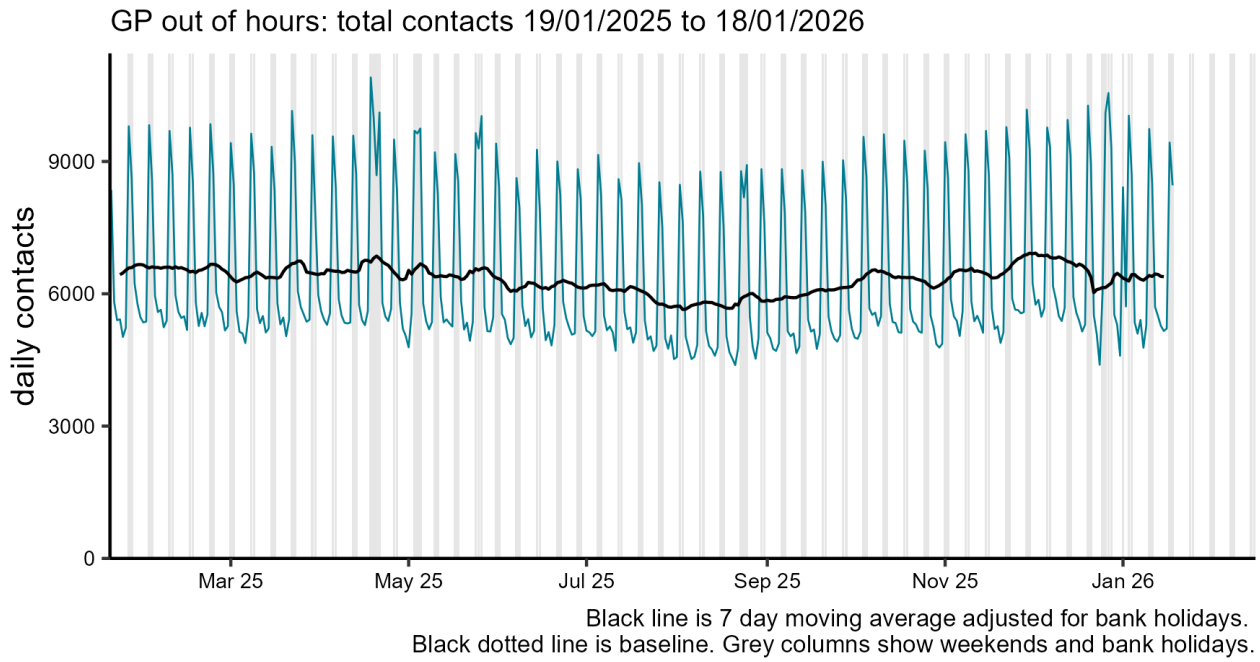
Data quality issues of note this week

Please note: week 52 includes 2 public holidays, which are traditionally associated with increased GP out-of-hours contacts as a result of limited access to other routine health services. The 7-day moving averages in all charts are adjusted to account for public holidays, however data and trends for week 52 sound be interpreted with some caution.

Total contacts

Figure 1: Daily number of GP out-of-hours and unscheduled contacts with a clinical code (with 7-day moving average adjusted for bank holidays) recorded in this sentinel syndromic surveillance system in England (a) nationally and (b) by age.

(a)



(b)

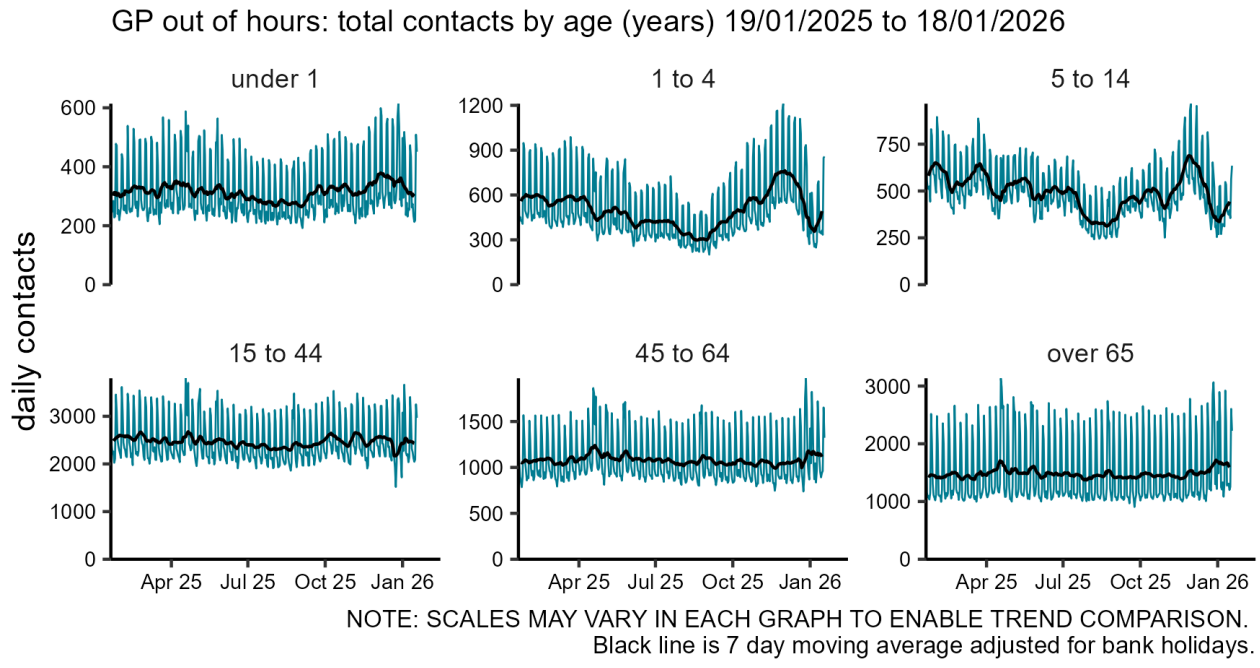


Table 2: The number of GP out-of-hours contacts in this sentinel syndromic surveillance system in England recorded each day in the most recent week.

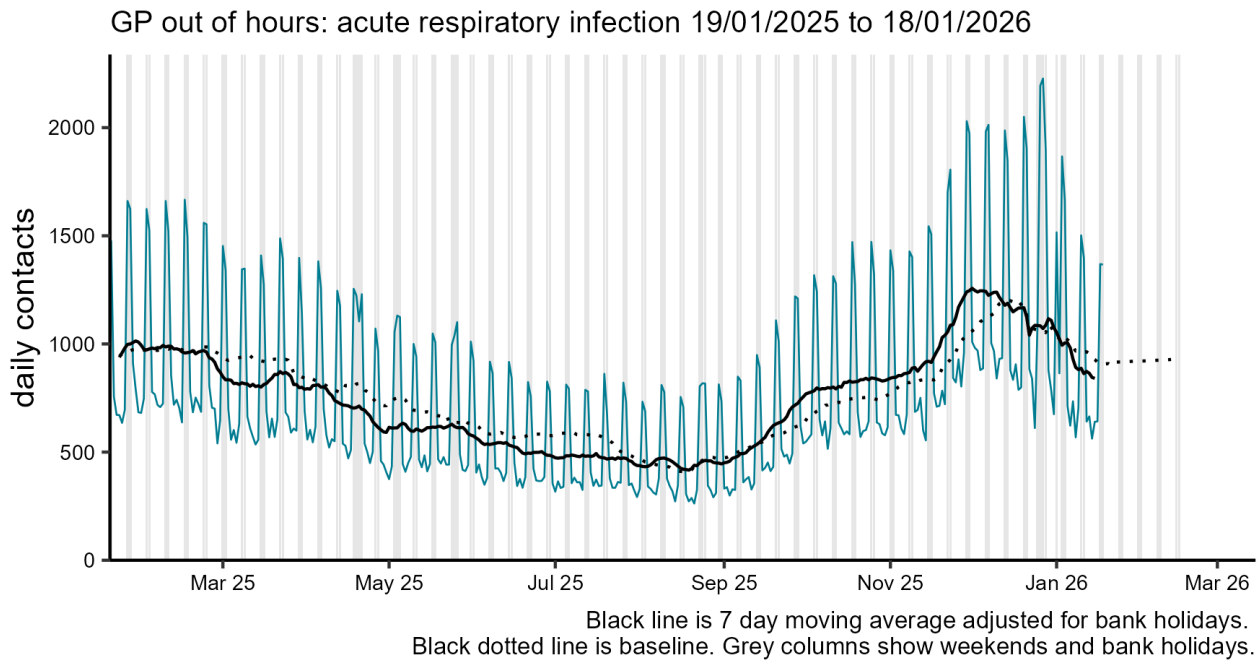
Date	Number of contacts
12 January 2026	28,807
13 January 2026	25,150
14 January 2026	24,526
15 January 2026	24,697
16 January 2026	25,491
17 January 2026	38,946
18 January 2026	33,492

Respiratory conditions

Acute respiratory infections

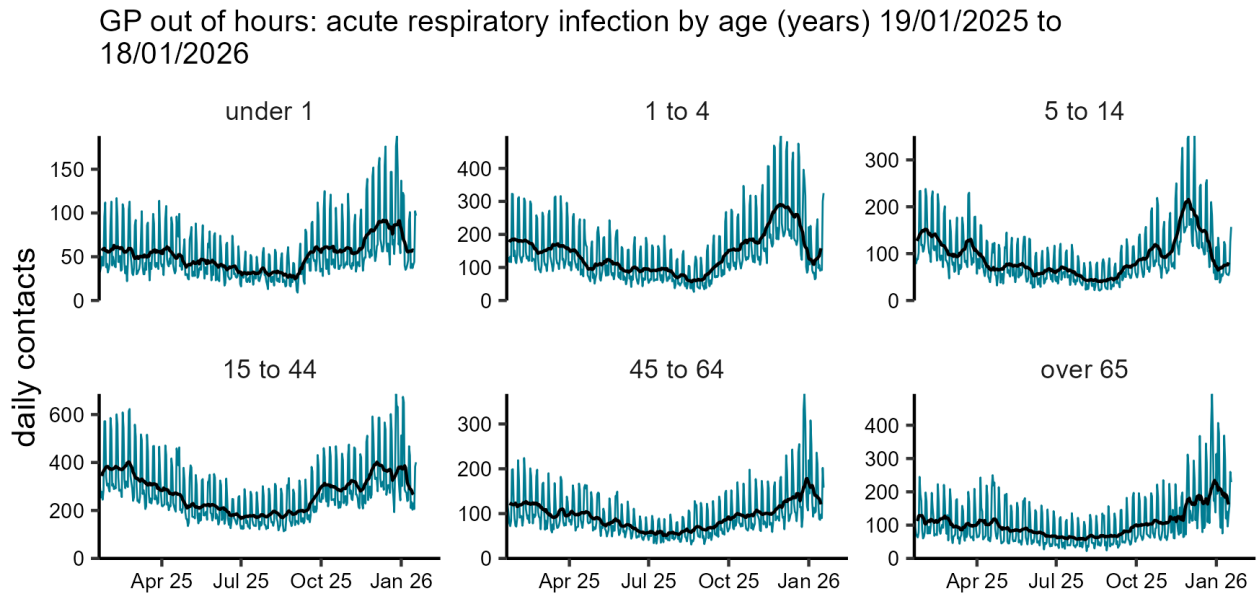
Figure 2: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for acute respiratory infections, England (a) nationally and (b) by age.

(a)



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

(b)

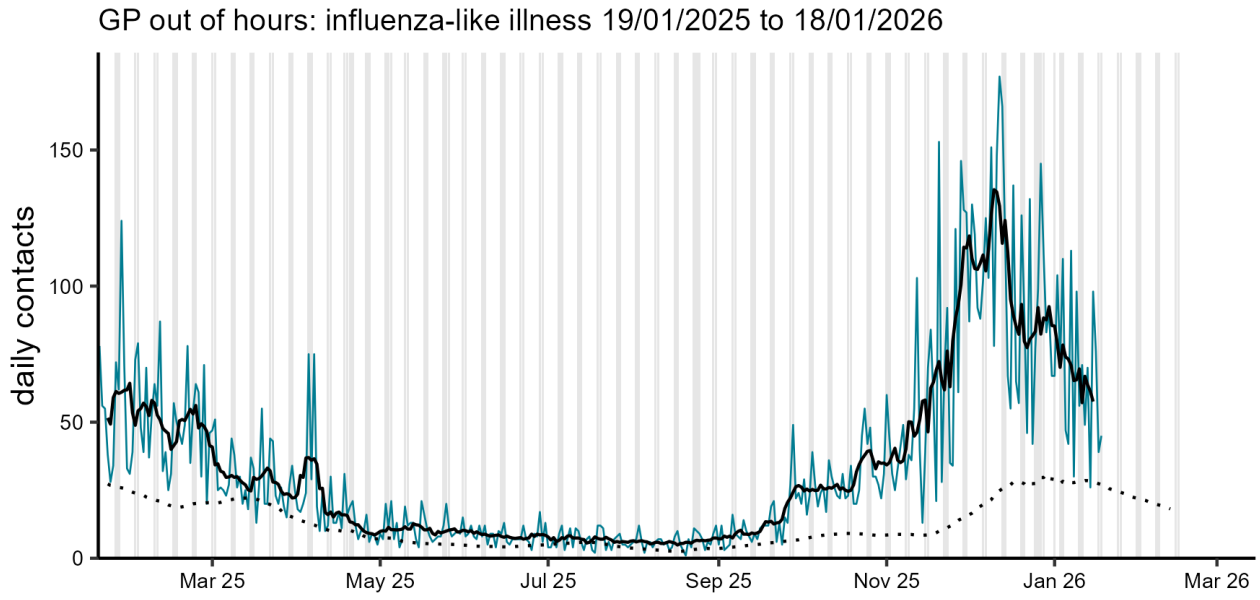


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.

Influenza-like illness

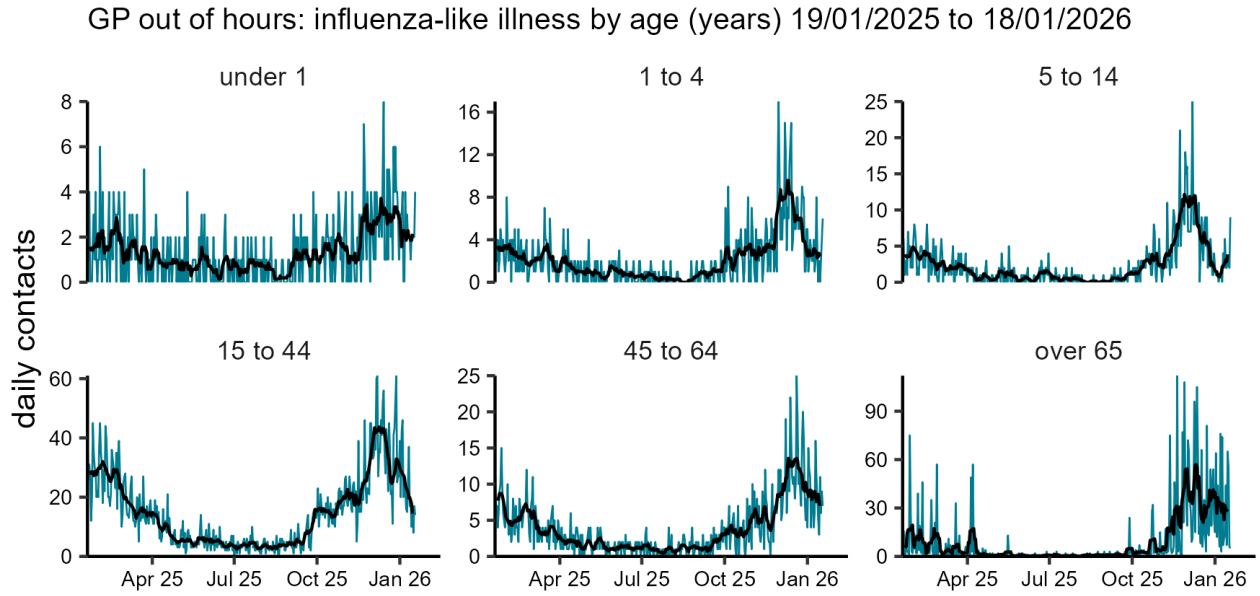
Figure 3: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for influenza-like illness, England (a) nationally and (b) by age.

(a)



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

(b)

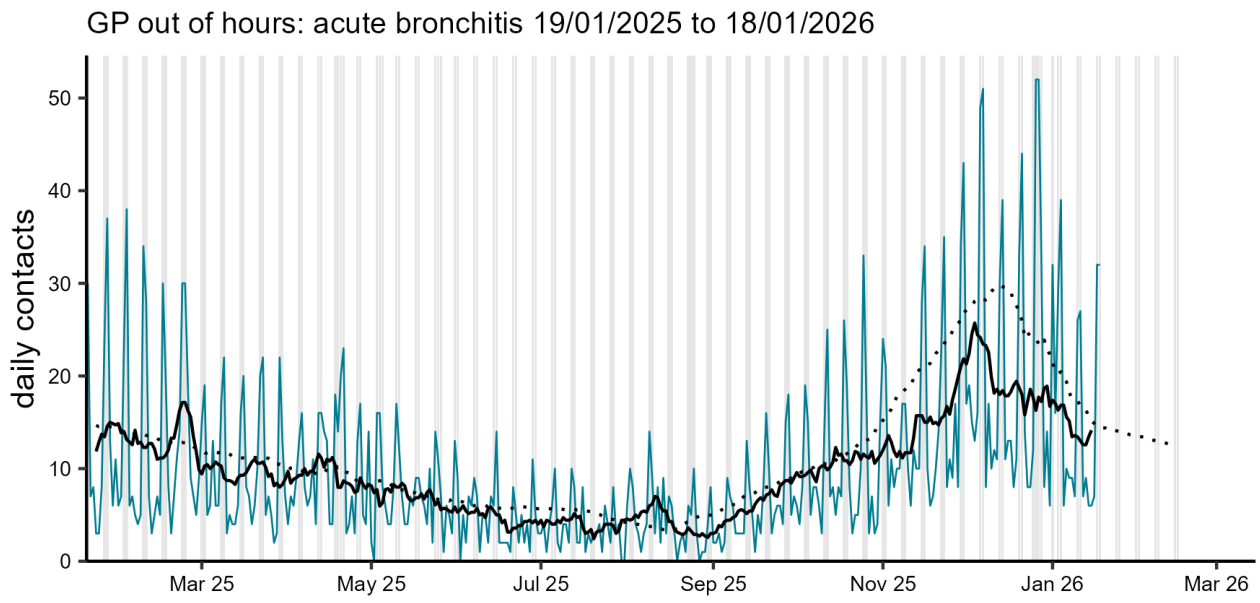


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.

Acute bronchitis/bronchiolitis

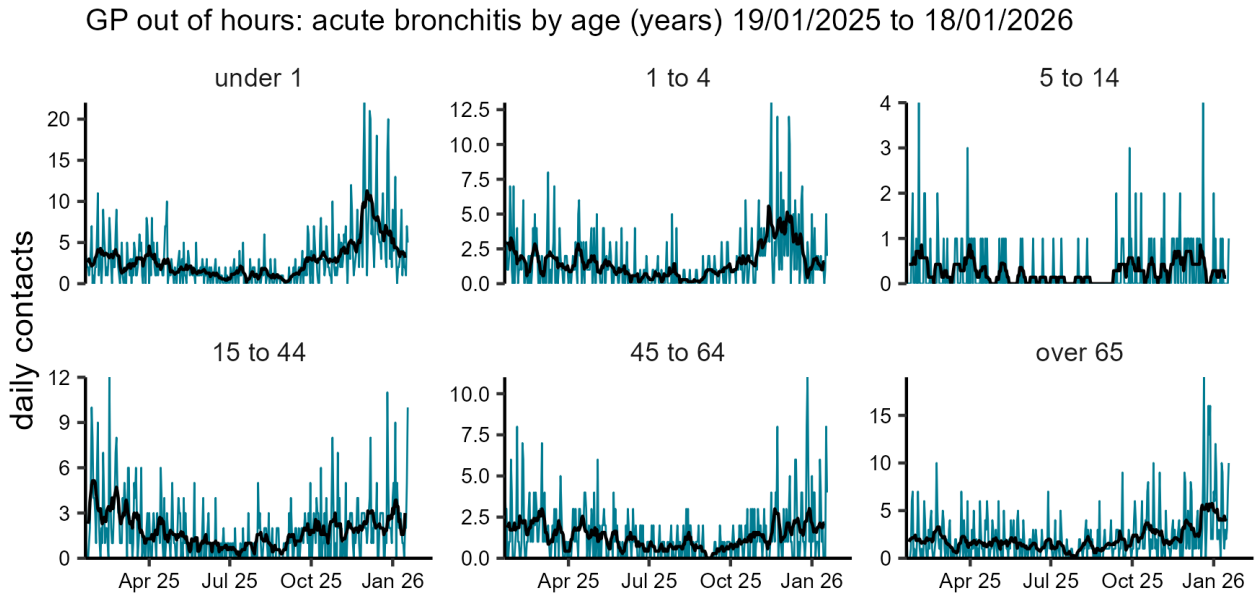
Figure 4: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for acute bronchitis/bronchiolitis, England (a) nationally and (b) by age.

(a)



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

(b)

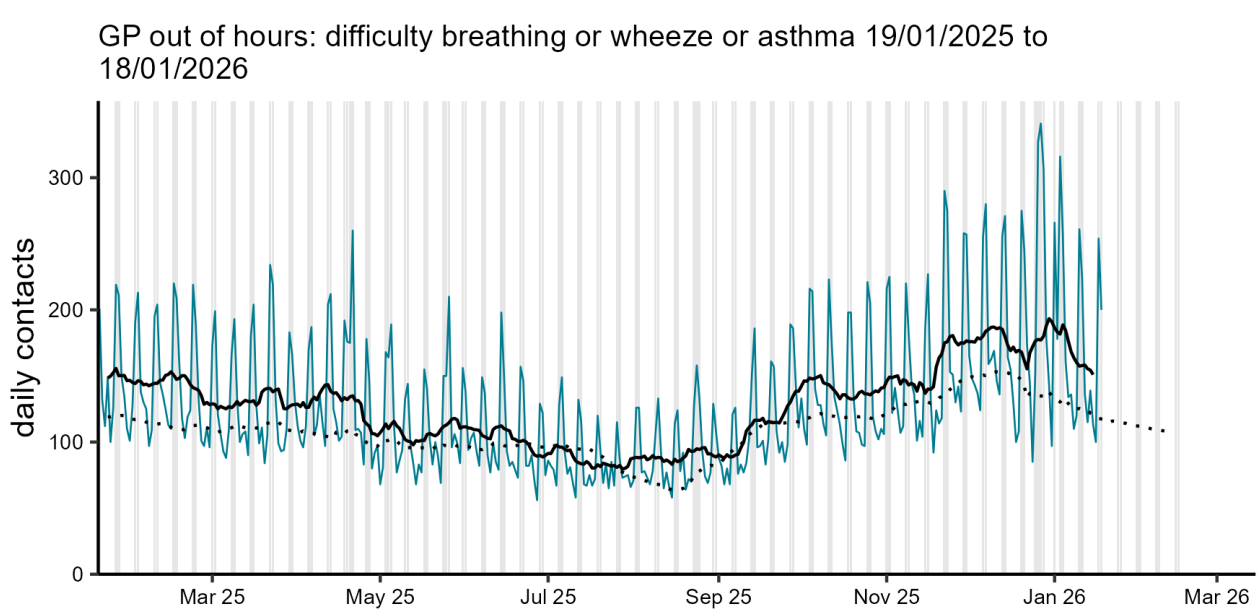


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.

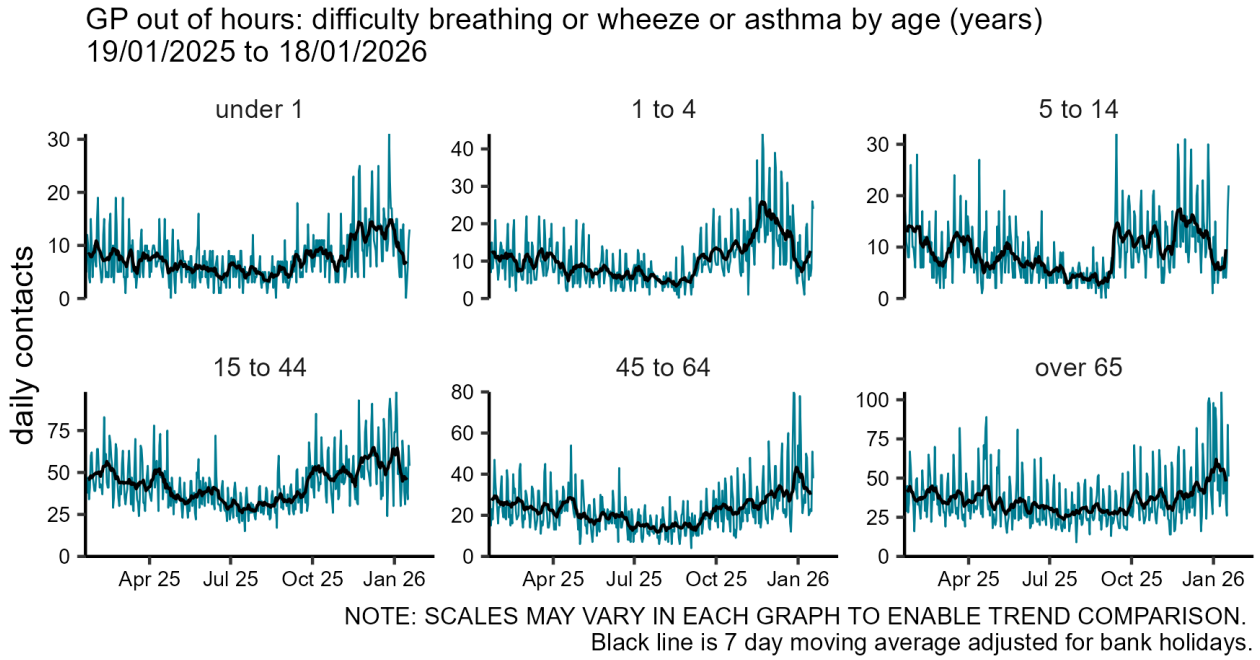
Difficulty breathing, wheeze or asthma

Figure 5: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for difficulty breathing, wheeze or asthma, England (a) nationally and (b) by age.

(a)



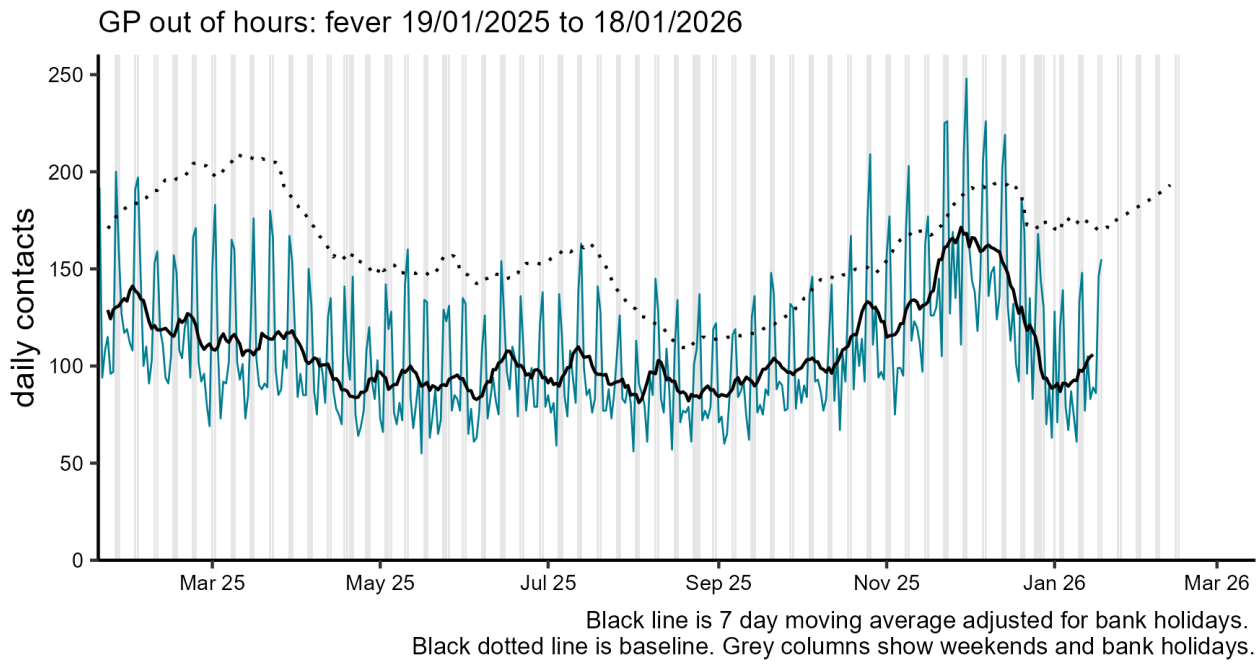
(b)



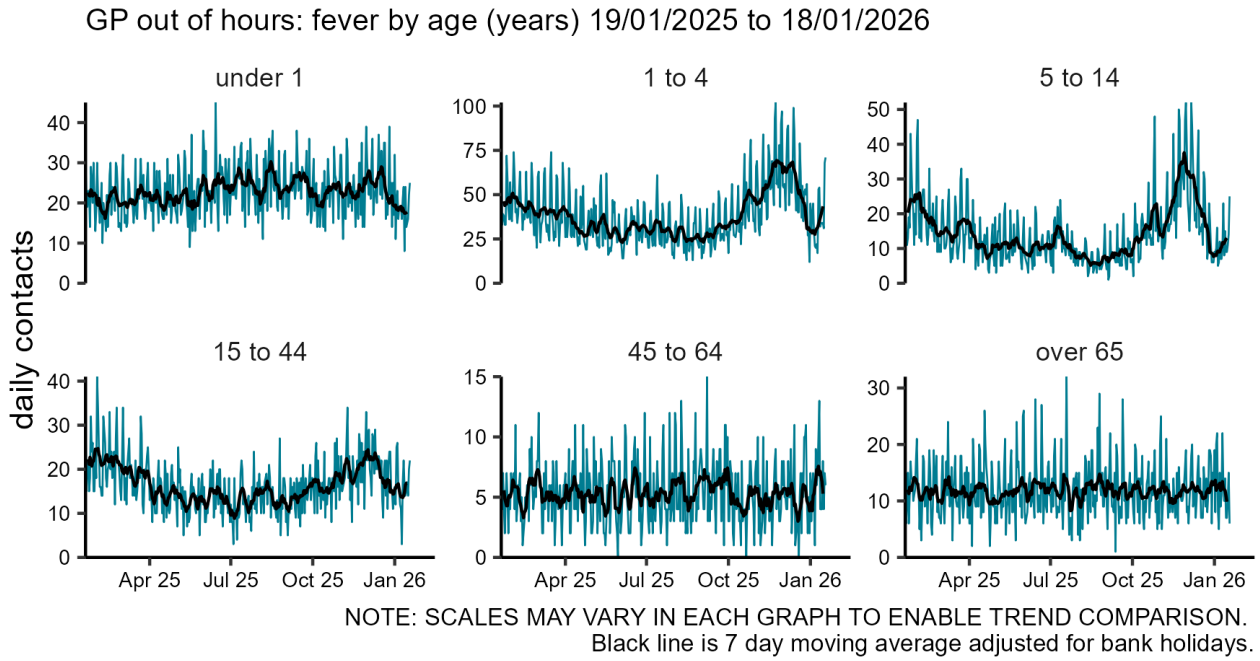
Fever

Figure 6: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for fever, England (a) nationally and (b) by age.

(a)



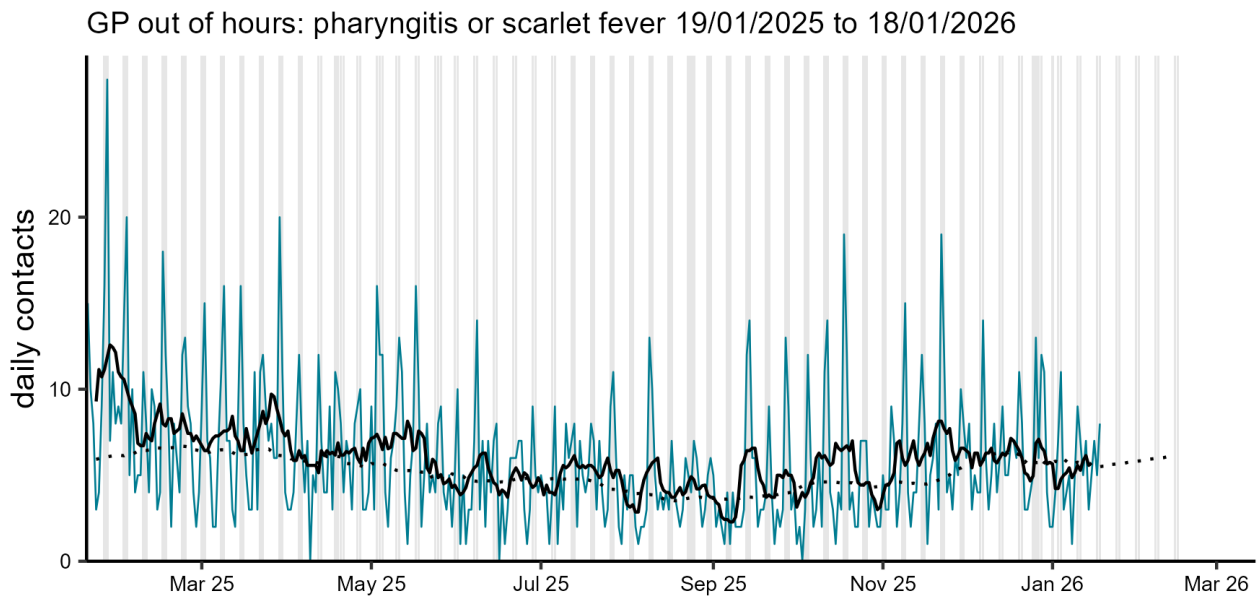
(b)



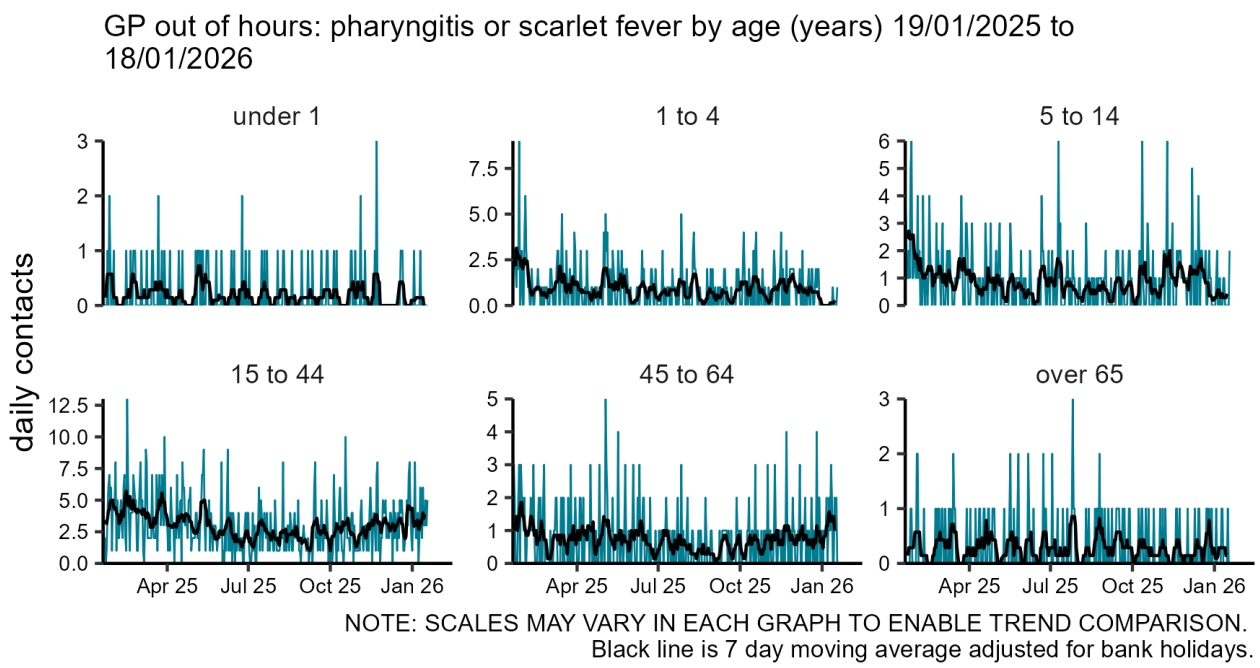
Acute pharyngitis

Figure 7: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for acute pharyngitis, England (a) nationally and (b) by age.

(a)



(b)

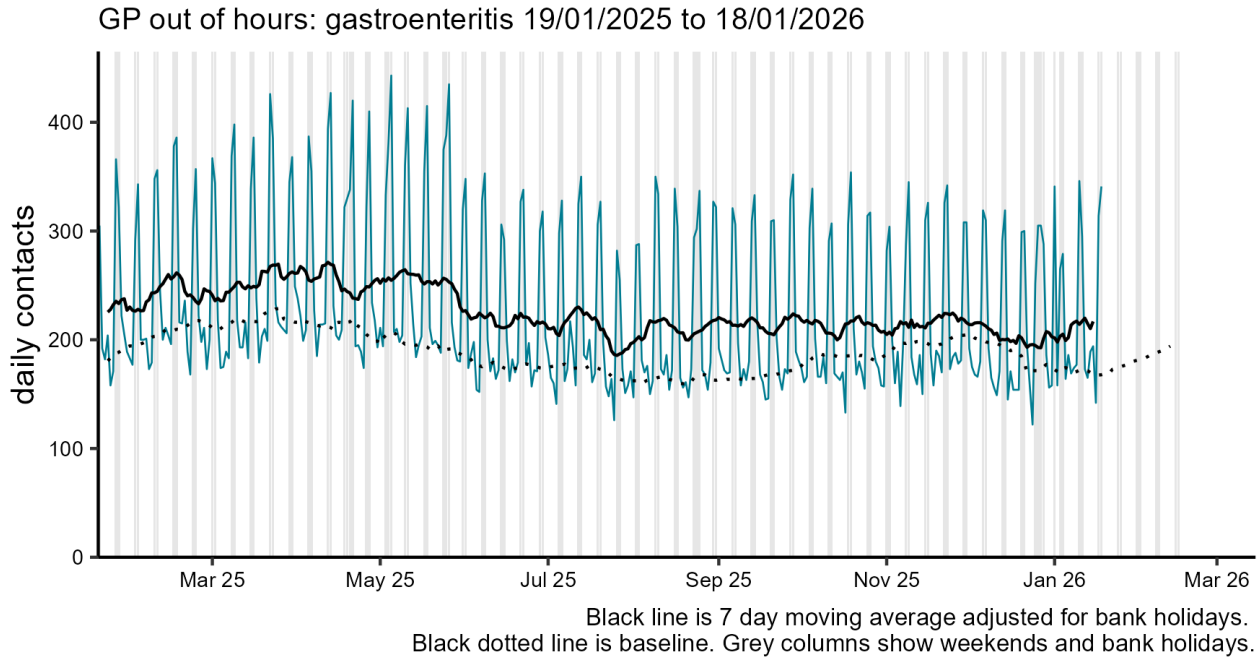


Gastrointestinal conditions

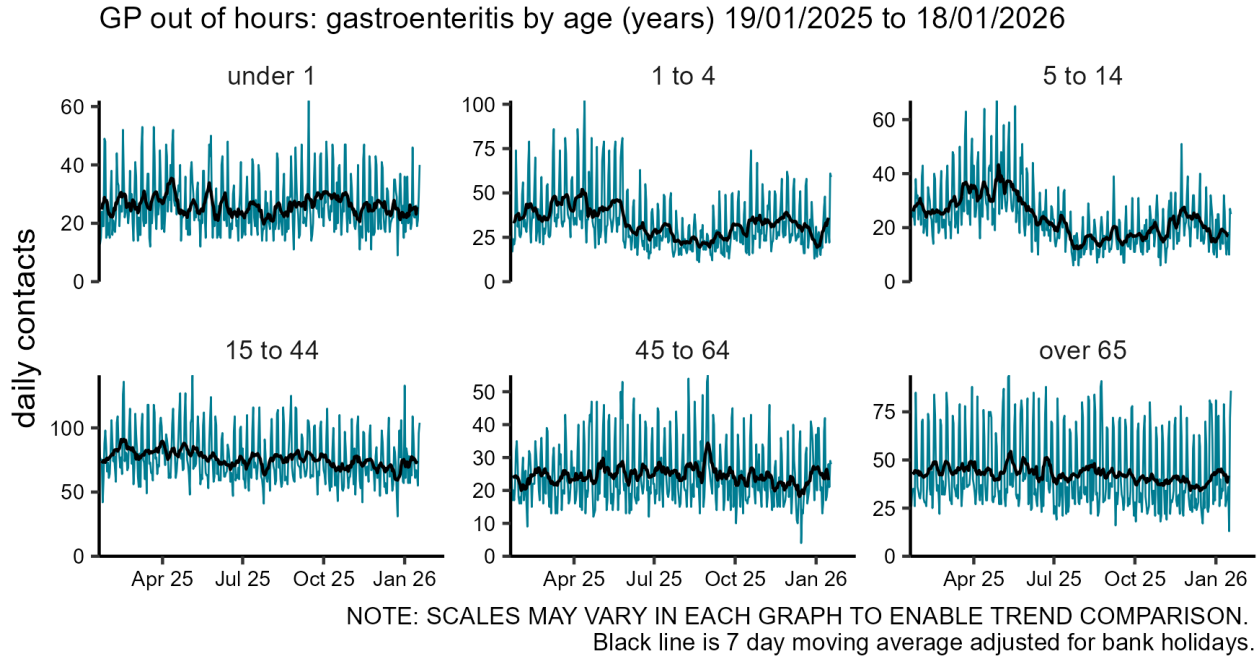
Gastroenteritis

Figure 8: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for gastroenteritis, England (a) nationally and (b) by age.

(a)



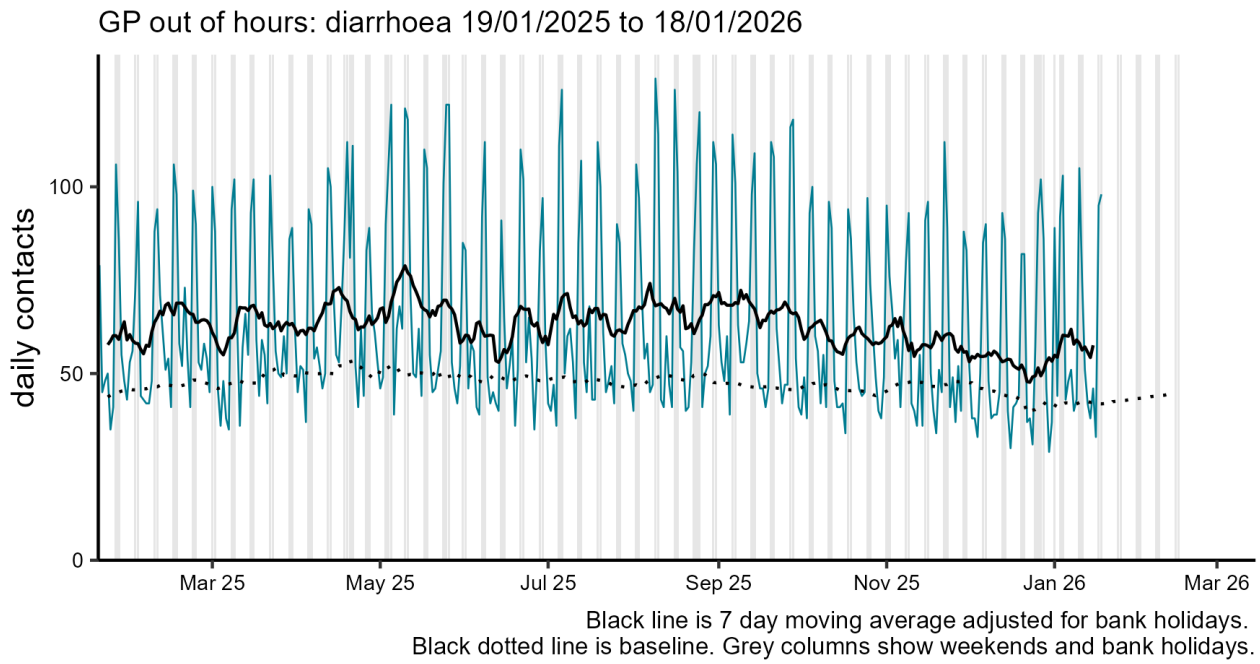
(b)



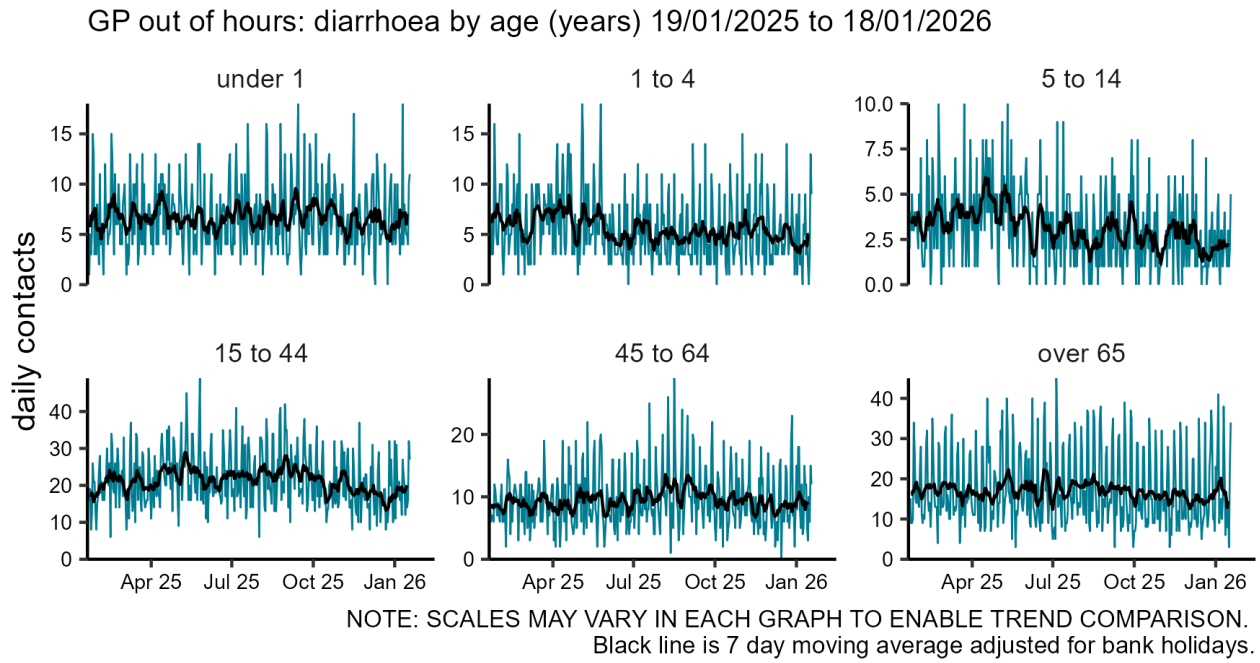
Diarrhoea

Figure 9: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for diarrhoea, England (a) nationally and (b) by age.

(a)



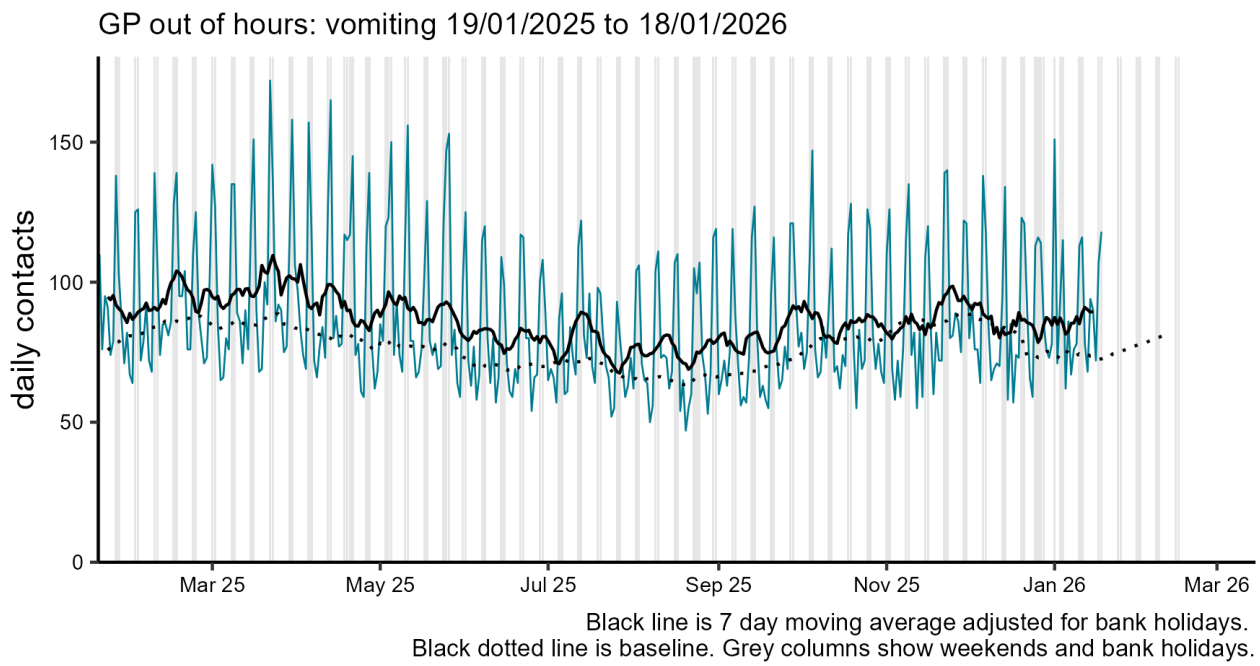
(b)



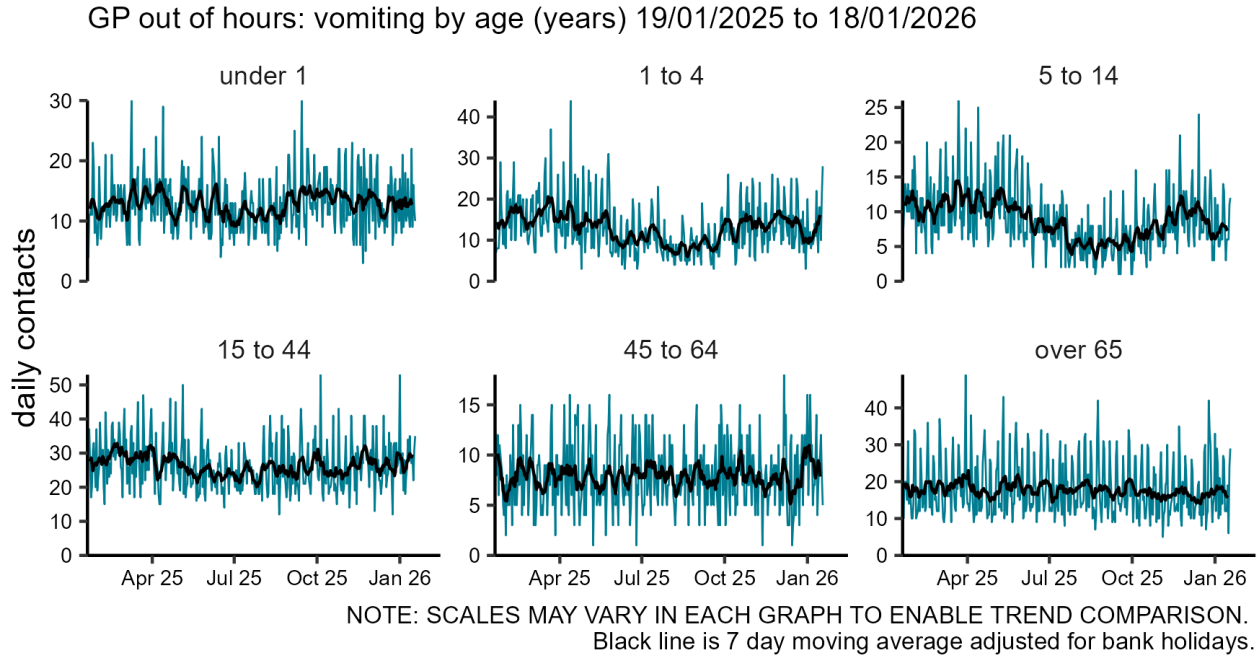
Vomiting

Figure 10: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for vomiting, England (a) nationally and (b) by age.

(a)



(b)

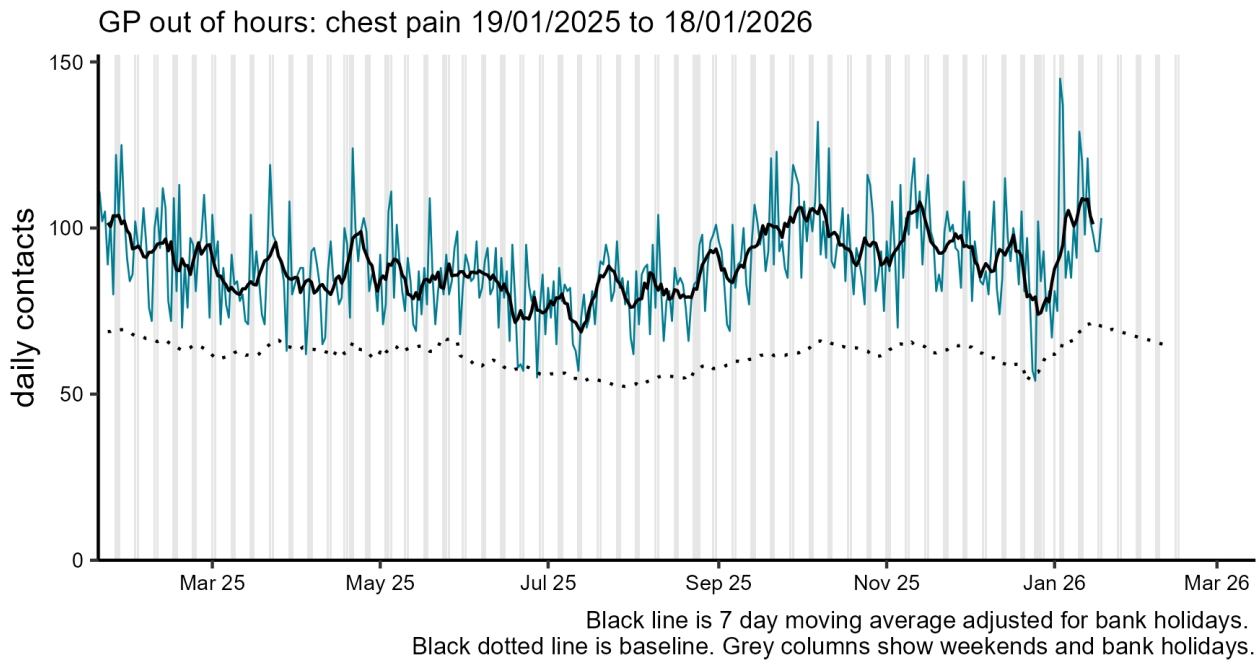


Cardiac conditions

Chest pain (including myocardial infarction)

Figure 11: Daily number of GP out-of-hours and unscheduled contacts (and 7-day moving average adjusted for bank holidays) for chest pain (including myocardial infarction), England (a) nationally and (b) by age.

(a)



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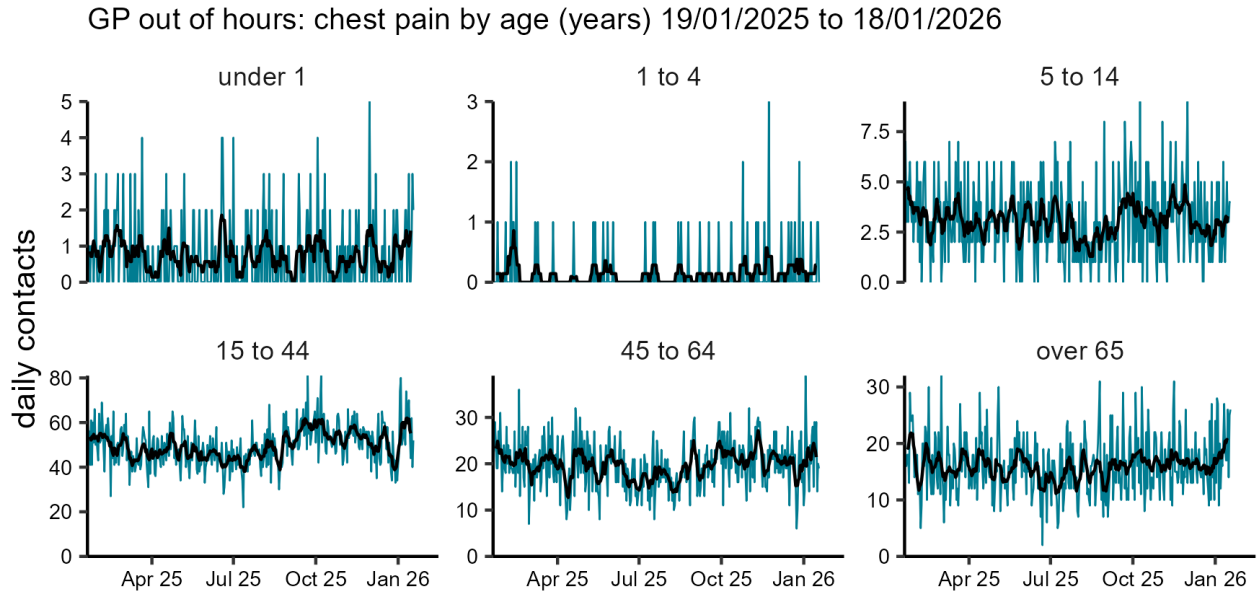
(b)



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

Amber alert (enhanced cold weather response)

Notes and caveats

The following additional caveats apply to the UKHSA GP out-of-hours/unscheduled care syndromic surveillance system:

- the data presented should be used to monitor trends rather than numbers of ‘cases’:
    - this is a sentinel syndromic surveillance system; not all GP OOH service providers in England are included,
    - coverage varies by location
    - Table 2 shows total contacts which are higher than Figure 1 which shows total contacts where a clinical code is available for mapping to a syndromic indicator
- some syndromic indicators are hierarchical:
    - acute respiratory infections includes:
        - influenza-like illness
        - acute bronchitis/ bronchiolitis
        - other and non-specific acute respiratory infections
    - gastroenteritis includes:
        - diarrhoea
        - vomiting
        - other and non-specific gastroenteritis
- baselines:
    - were last remodelled March 2021
    - are constructed from historical data since July 2009
    - 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

- We did not receive daily GP out-of-hours contact data from 4 August 2022 until 22 April 2023 due to technical issues. The trends and levels presented in Table 1 of the report are based upon data received from 23 April 2023 onwards with baselines constructed from historical data as described above.
- The GP out-of-hours system coverage is currently poor across some of the UKHSA regions and therefore we are currently unable to publish data at regional level in this bulletin.

Acknowledgements

We are grateful to Advanced and the GP OOH and unscheduled care service providers who have kindly agreed to participate in this 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.

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

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