



UK Health
Security
Agency

GP in-hours syndromic surveillance system bulletin (England)

2026 week 22

Key messages

Data reported to: 29 May 2026

During week 22, GP consultations for 'heat or sunstroke' initially increased, peaking on Tuesday 26 May, and then decreasing in line with cooler weather towards the weekend. The increase was in line with an amber heat health alert in place across parts of England that continued into week 22. Consultations for insect bites increased and were above seasonally expected levels, while consultations for allergic rhinitis increased in line with expected levels. There was also an increase in consultations for cellulitis, particularly in adults aged 45 years and older.

Syndromic indicators at a glance

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

Indicator	Trend ¹	Level
COVID-19-like (Figure 1)	No trend	No baseline
Upper respiratory tract infections (Figure 2)	Decreasing	Above baseline
Influenza-like illness (Figure 3)	Decreasing	Similar to baseline
Scarlet fever (Figure 4)	No trend	Below baseline
Lower respiratory tract infections (Figure 5)	Decreasing	Similar to baseline
Pneumonia (Figure 6)	Decreasing	Similar to baseline
Bronchiolitis (Figure 7)	Decreasing	Similar to baseline
Acute bronchitis (Figure 8)	No trend	Above baseline
Acute presenting asthma (Figure 9)	No trend	Below baseline
Gastroenteritis (Figure 10)	Decreasing	Above baseline
Diarrhoea (Figure 11)	Decreasing	Above baseline
Vomiting (Figure 12)	Decreasing	Above baseline
Measles (Figure 13)	No trend	Similar to baseline
Mumps (Figure 14)	No trend	Below baseline
Whooping cough (Figure 15)	No trend	Below baseline
Cellulitis (Figure 16)	Increasing	Above baseline
Chickenpox (Figure 17)	No trend	Below baseline
Conjunctivitis (Figure 18)	Increasing	Similar to baseline
Allergic rhinitis (Figure 19)	Increasing	Similar to baseline
Heat or sunstroke (Figure 20)	Decreasing	Above baseline
Insect bites (Figure 21)	Increasing	Above baseline

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

System coverage

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

Year	Week	GP practices reporting ¹	GP practice type	Registered patients ¹
2026	22	1,826	Combined	19 million
2026	22	636	TPP	7 million
2026	22	1,190	Orchid	12 million

¹ 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
Seasonal environmental conditions	40
Conjunctivitis	41
Allergic rhinitis	43

Heat or sunstroke 45

Insect bites 47

Notes and caveats 49

COVID-19 syndromic surveillance..... 50

Acknowledgements 51

About the UK Health Security Agency 52

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](#).

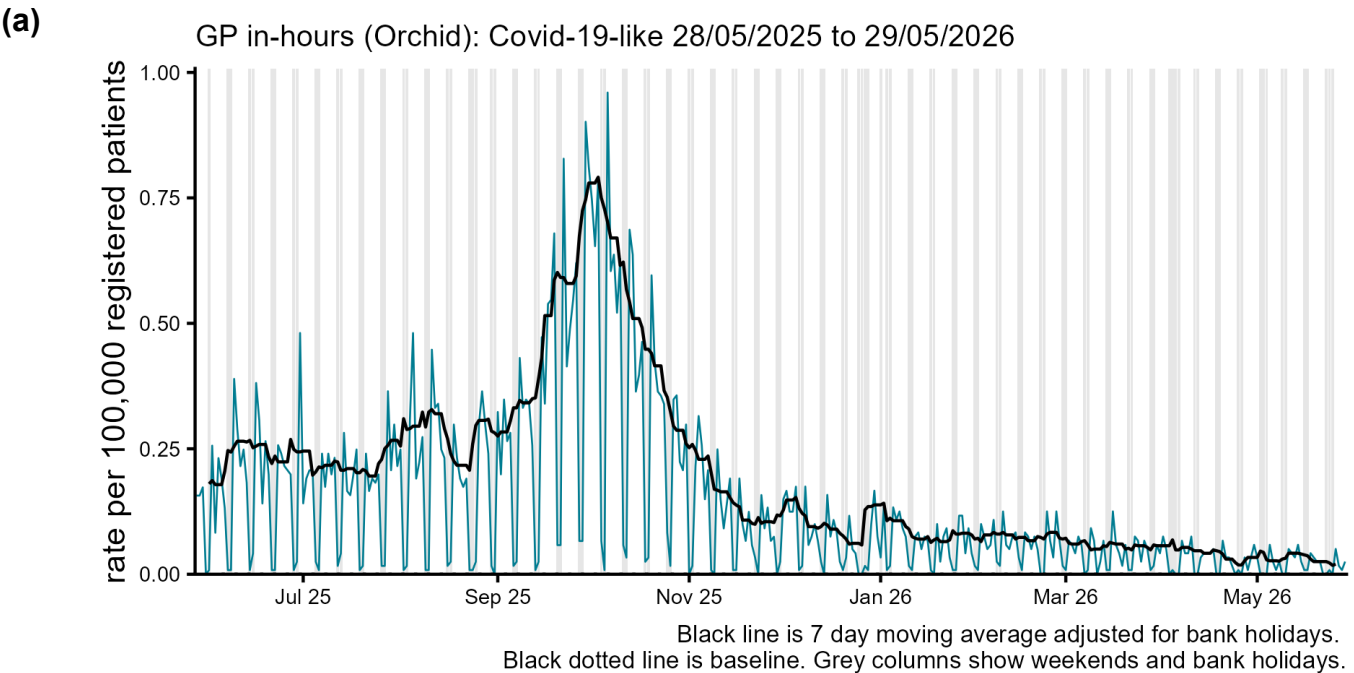
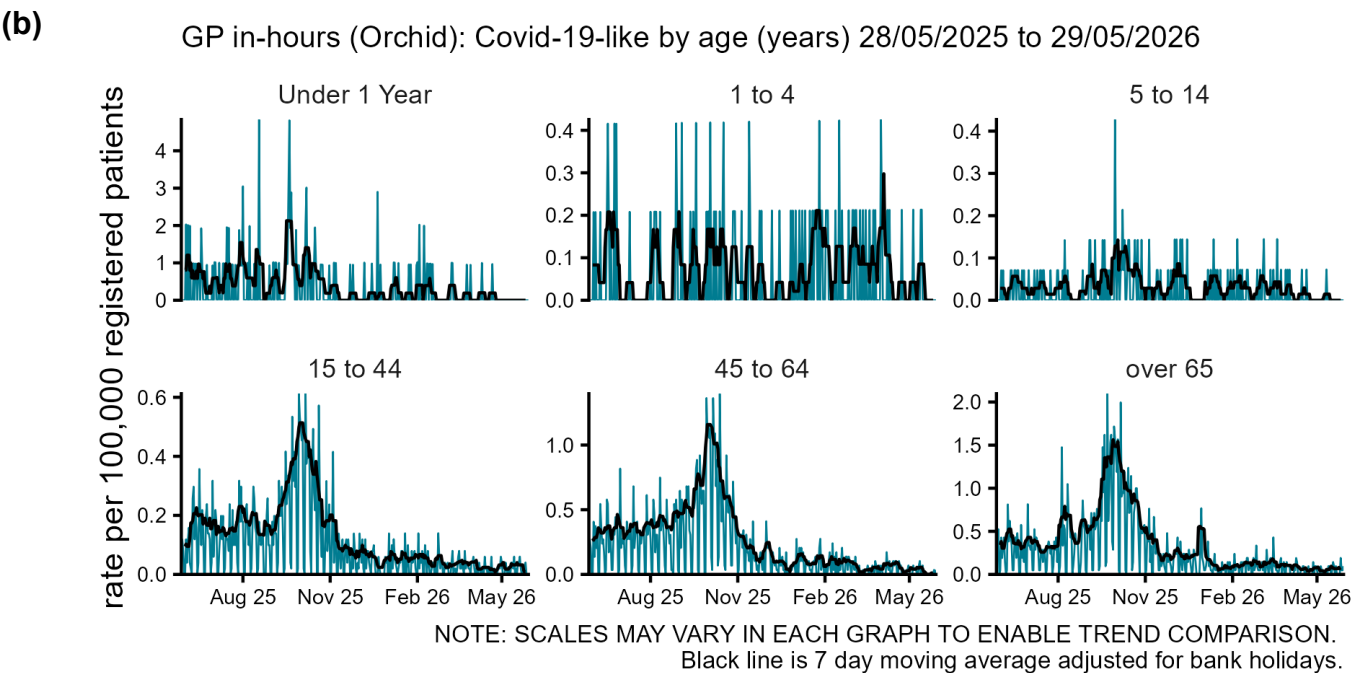
Data quality issues of note this week

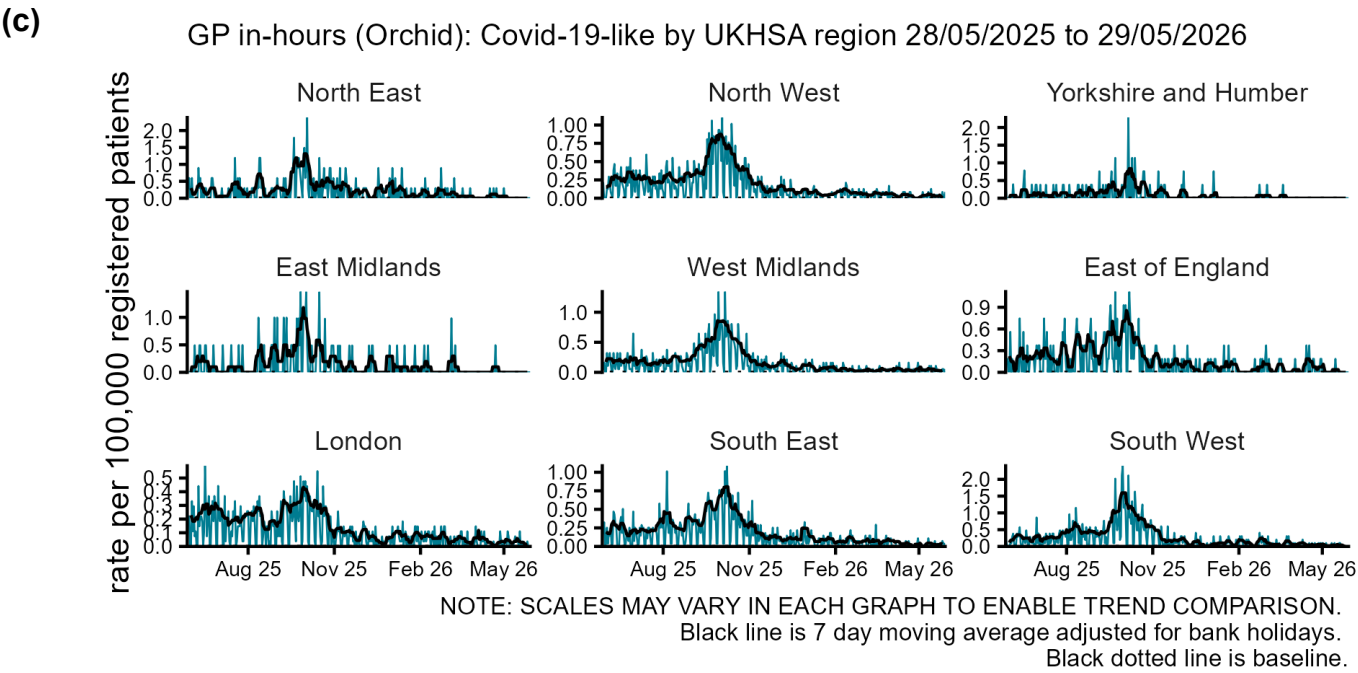
We have temporarily removed the impetigo, pharyngitis and herpes zoster indicators while we work with GP data providers to understand changes in consultation data that have affected recent indicator trends.

Respiratory conditions

COVID-19-like

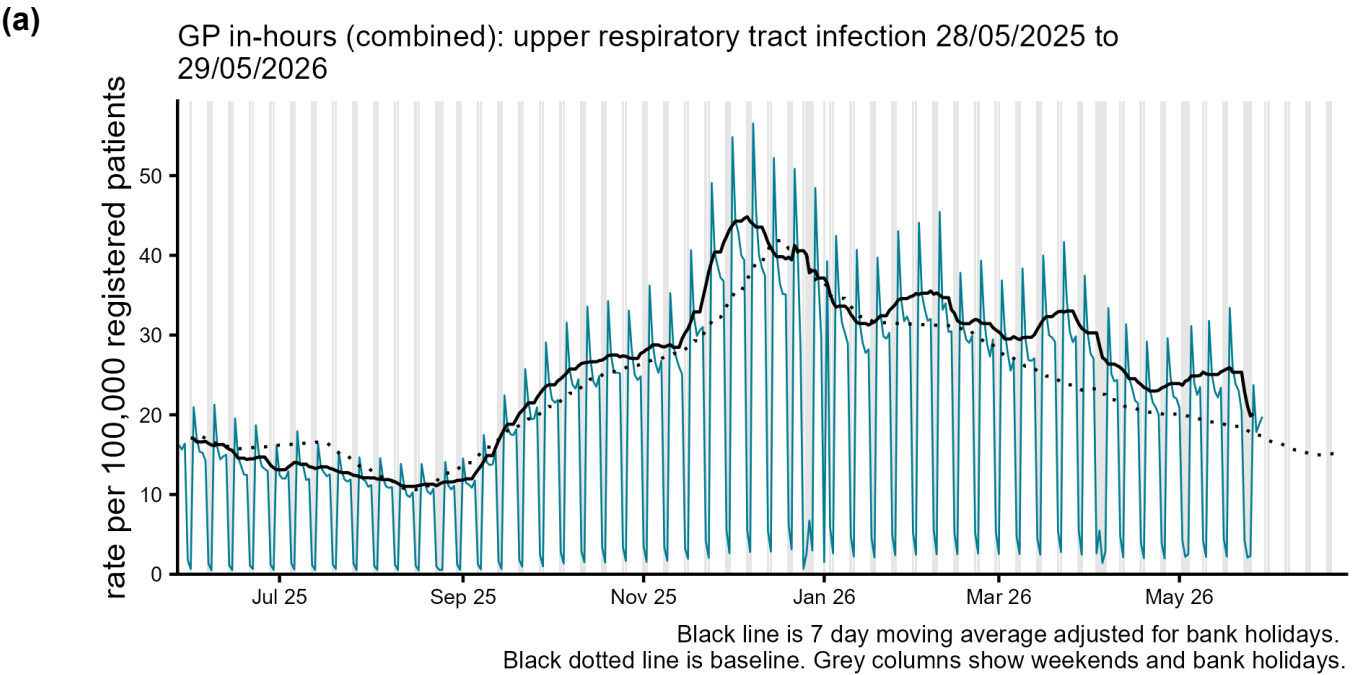
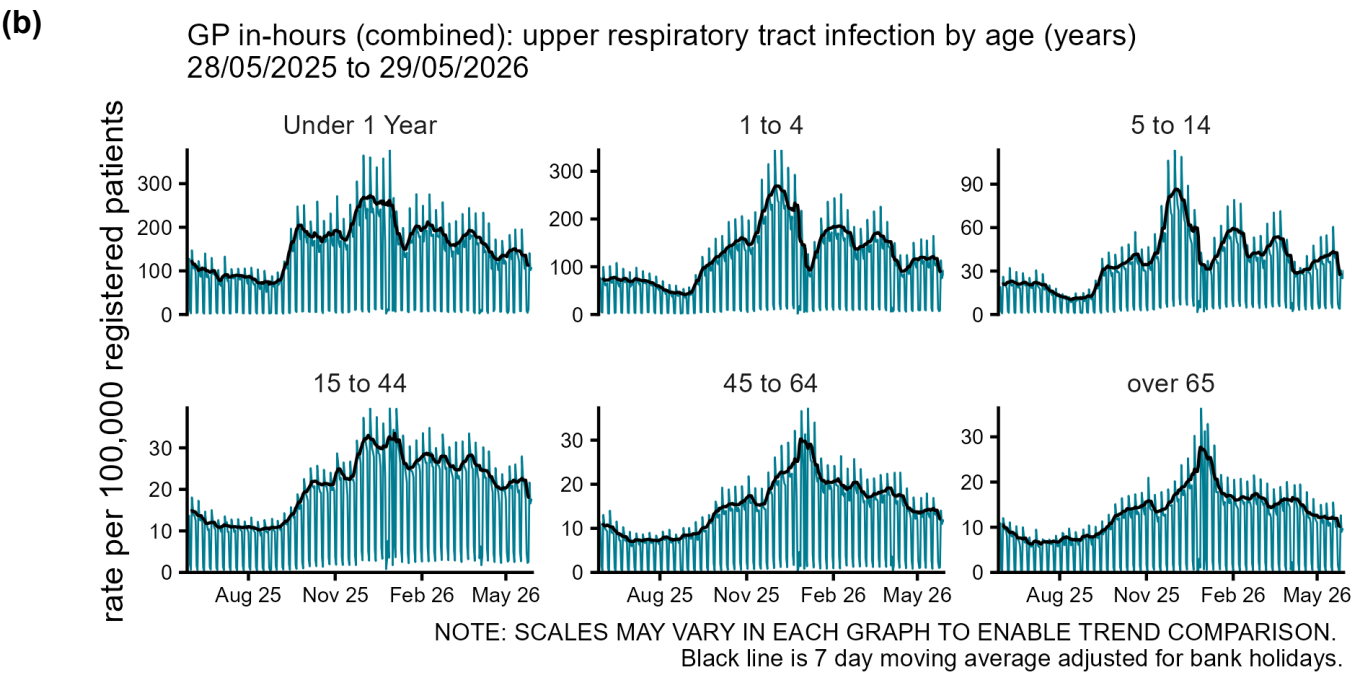
Figure 1: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for COVID-19-like GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



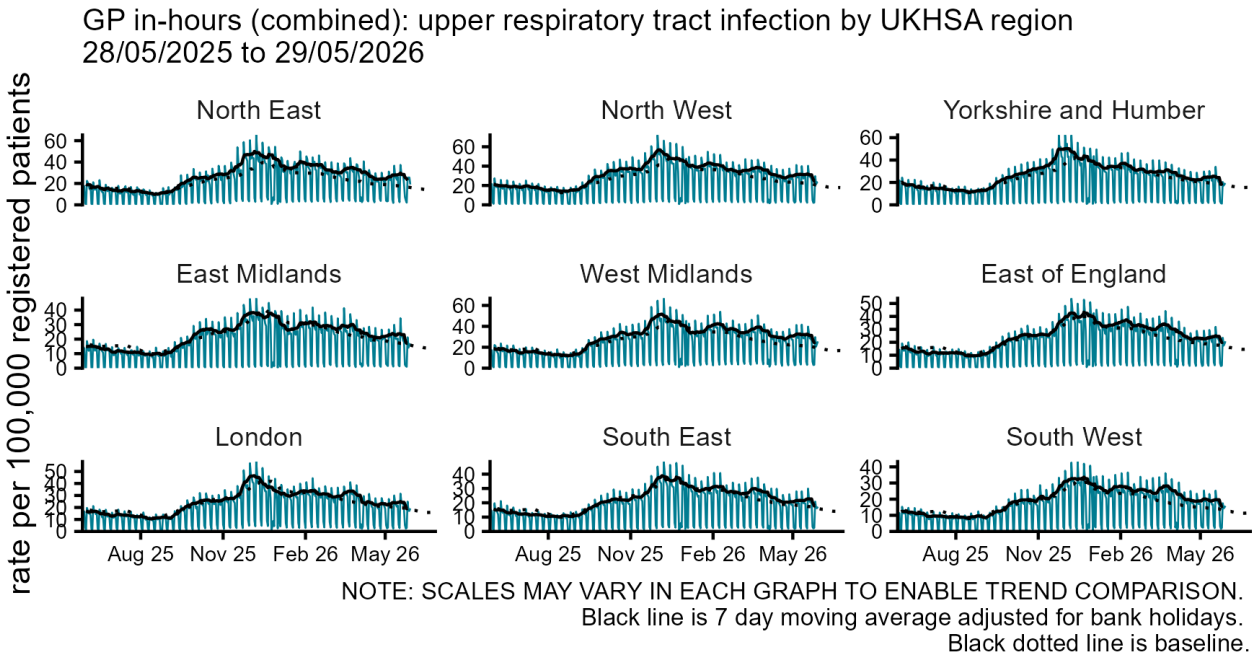


Upper respiratory tract infections

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.

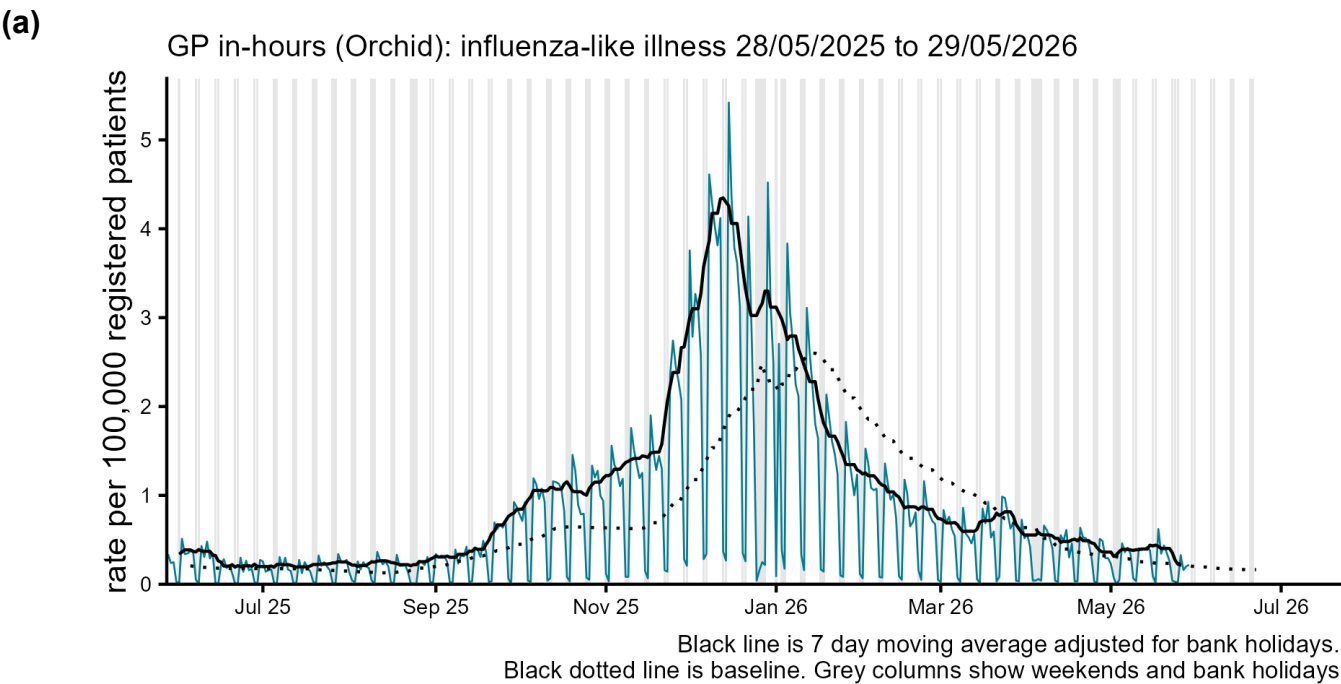
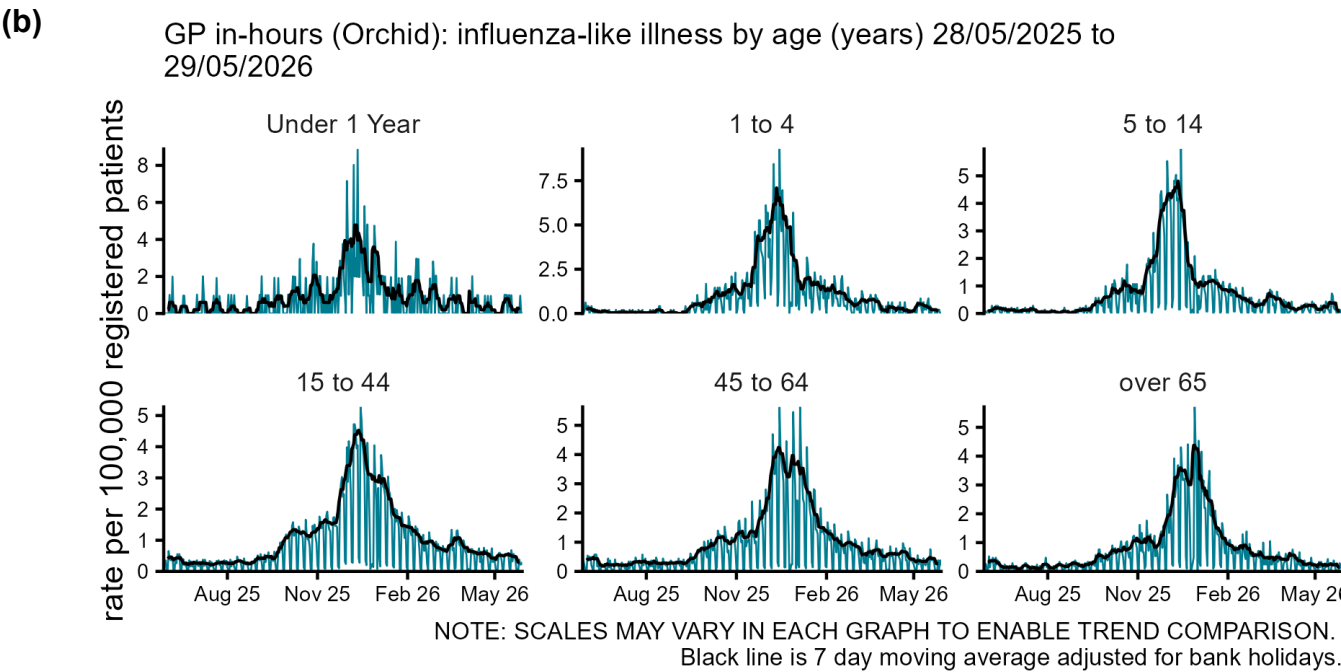


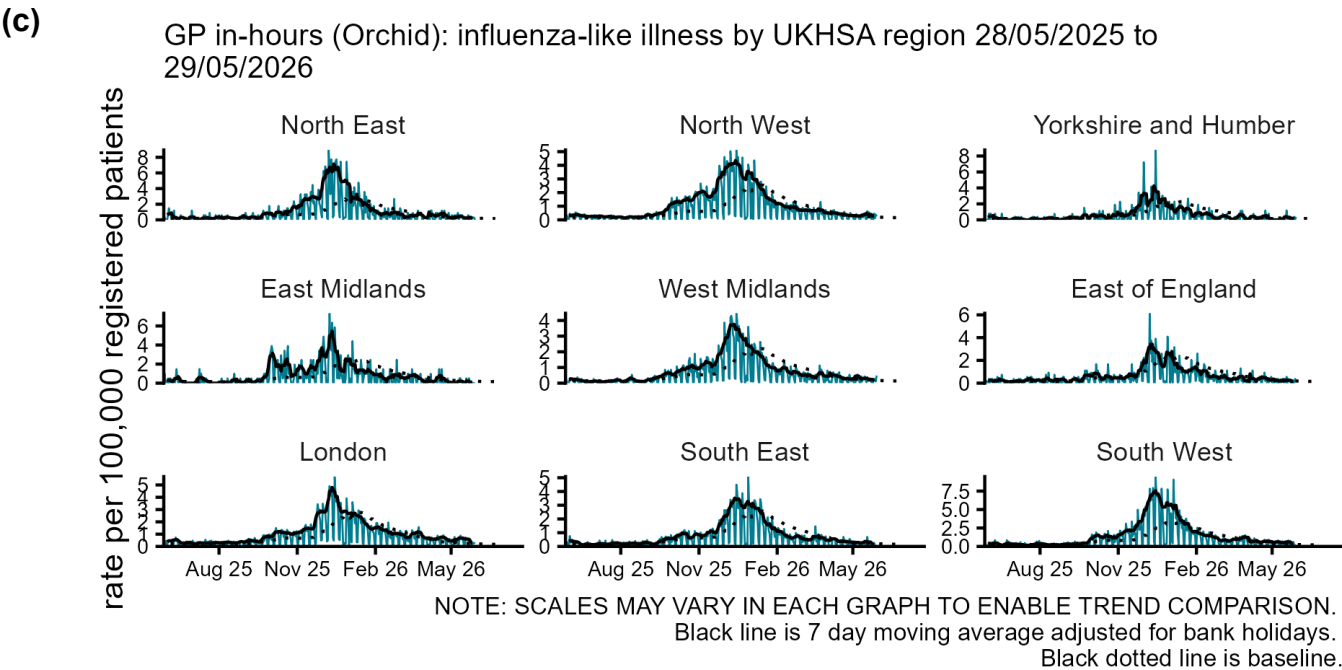
(c)



Influenza-like illness

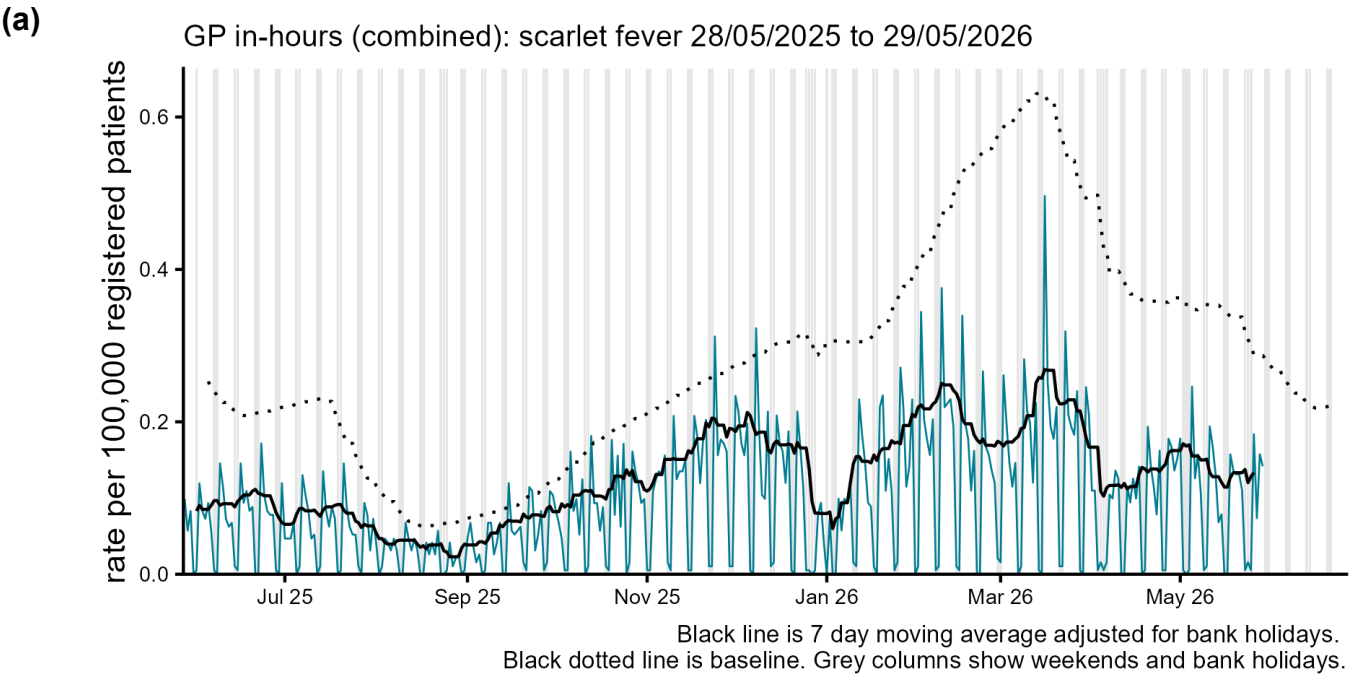
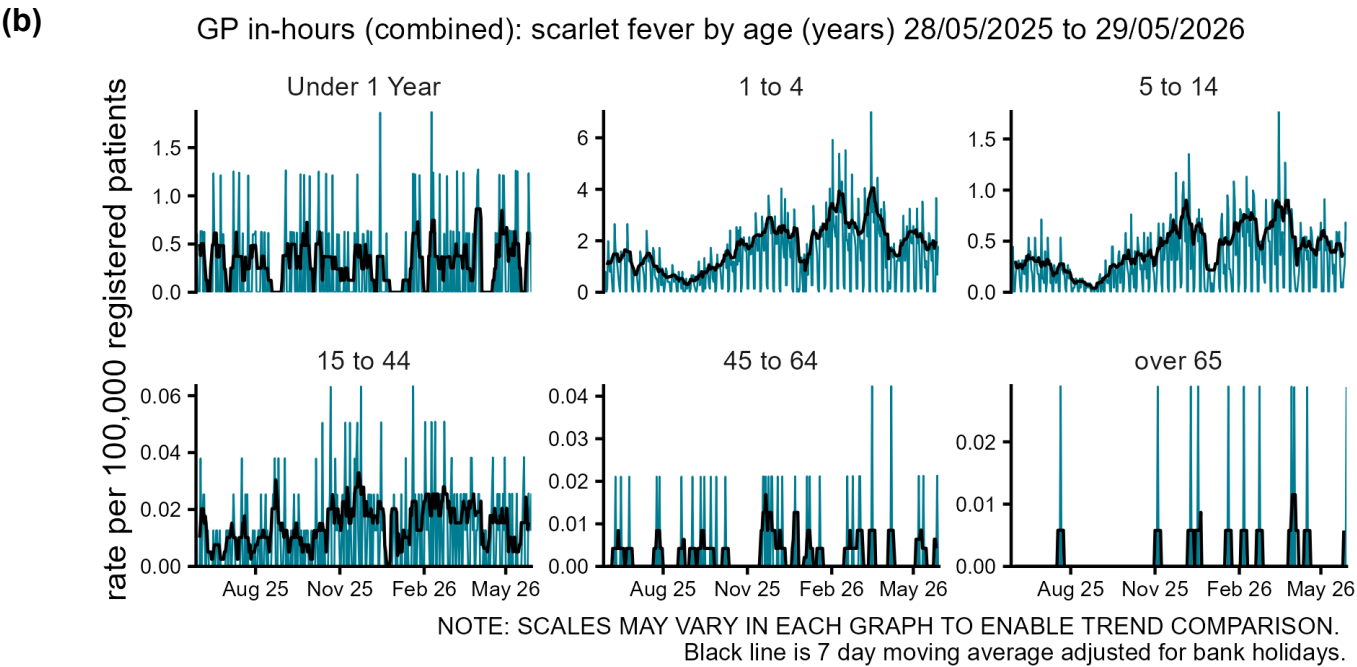
Figure 3: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for influenza-like illness GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.



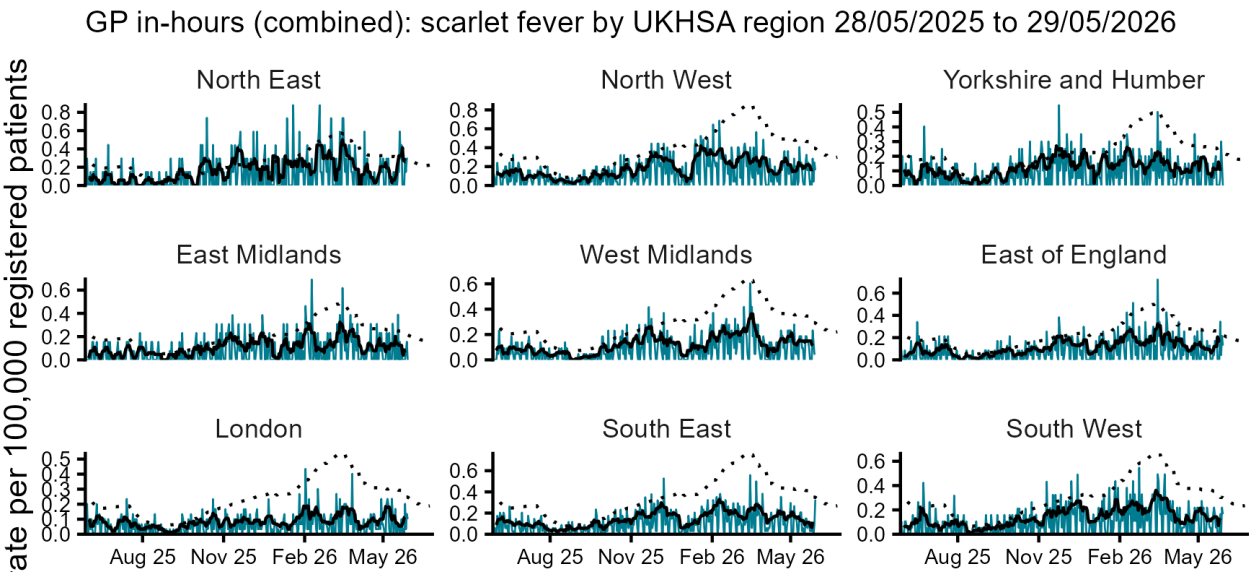


Scarlet fever

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.

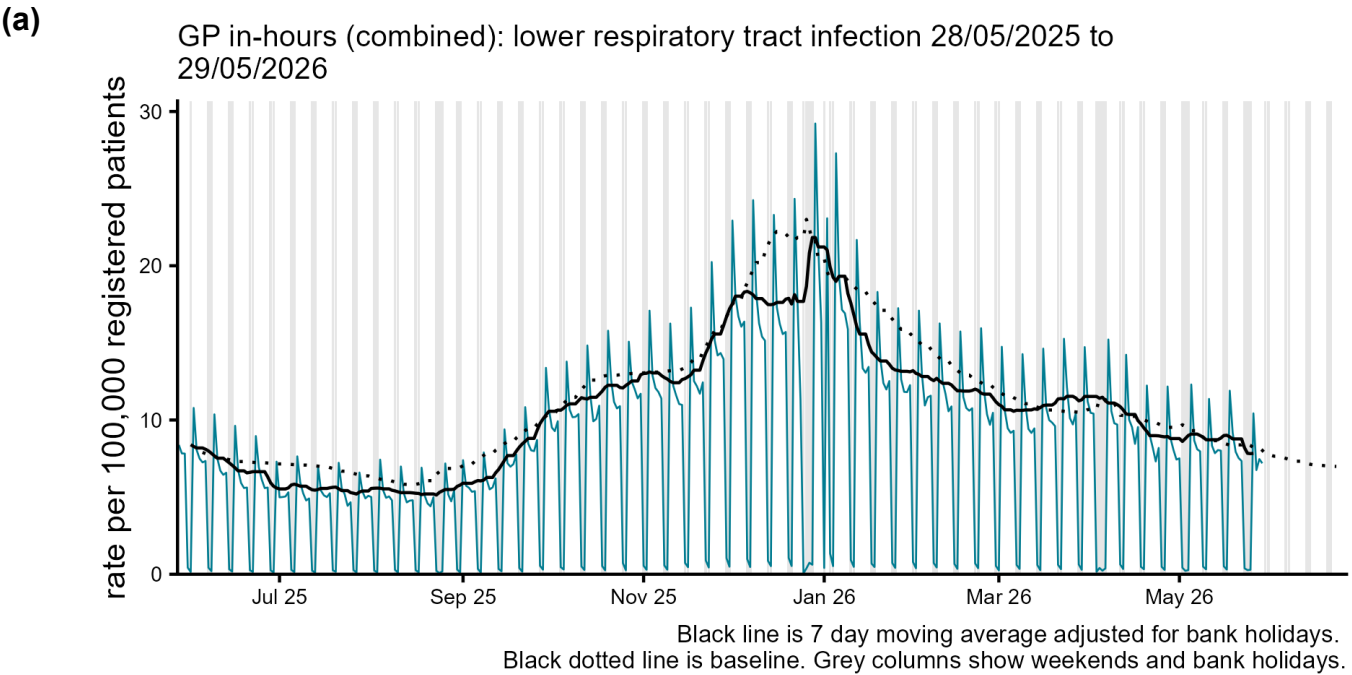
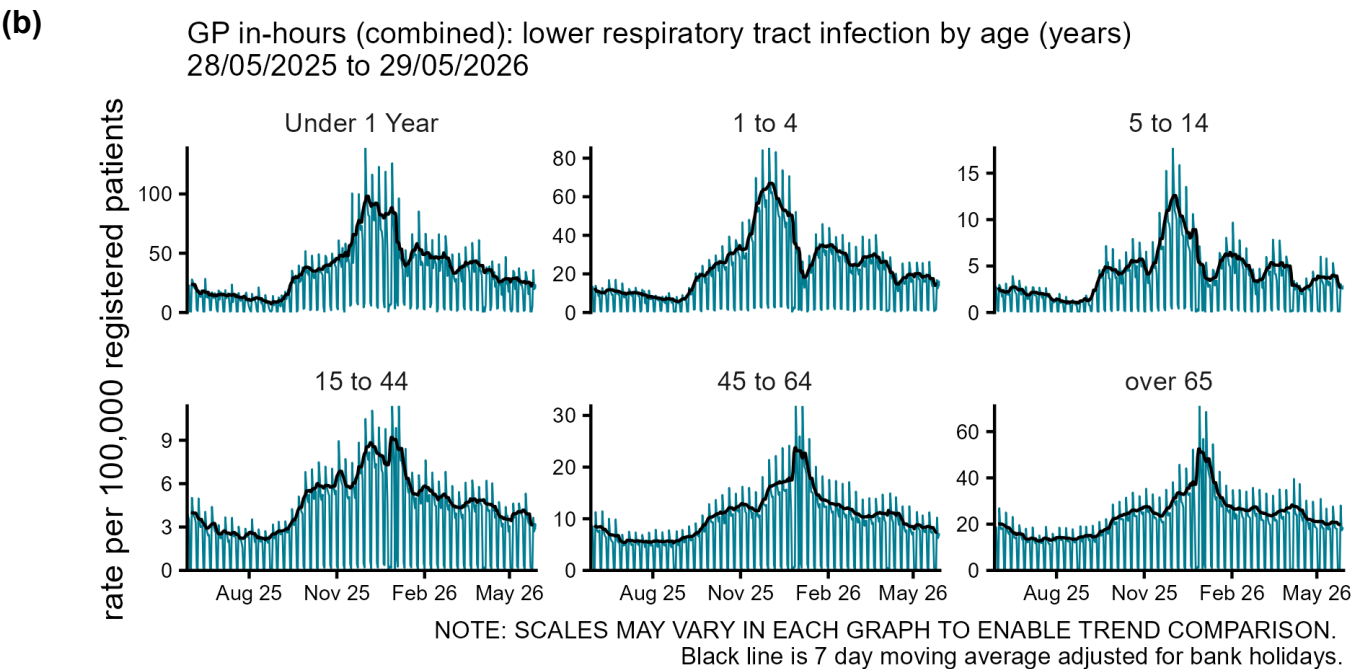


(c)

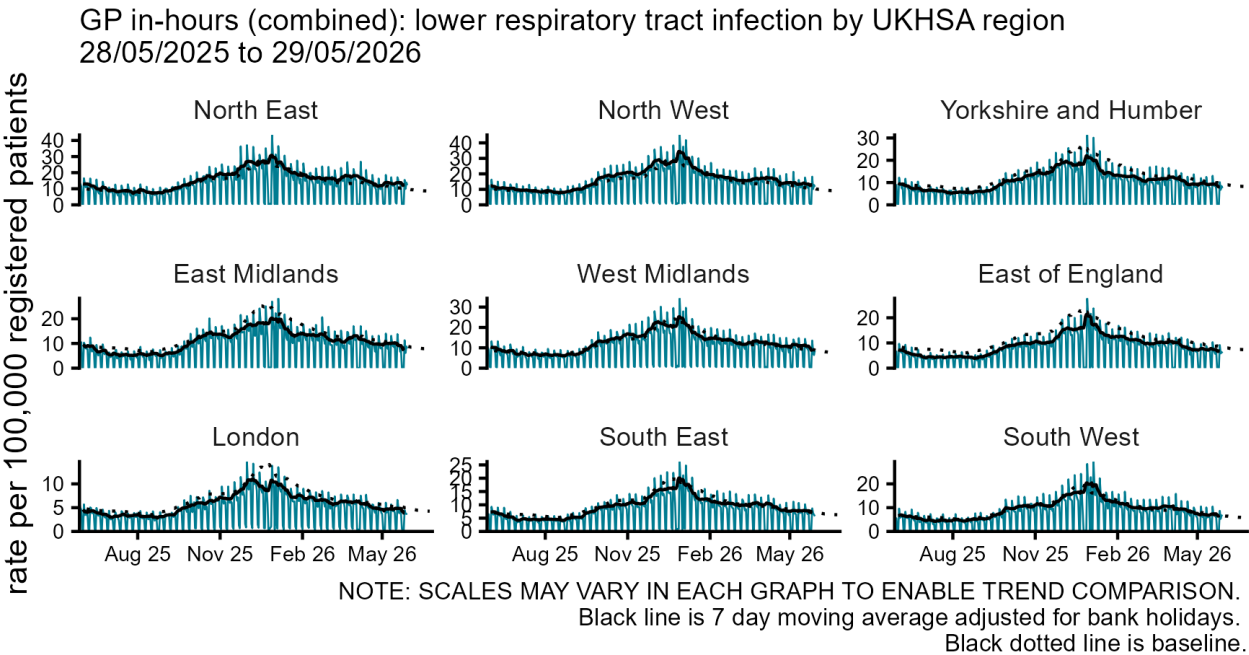


Lower respiratory tract infections

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.

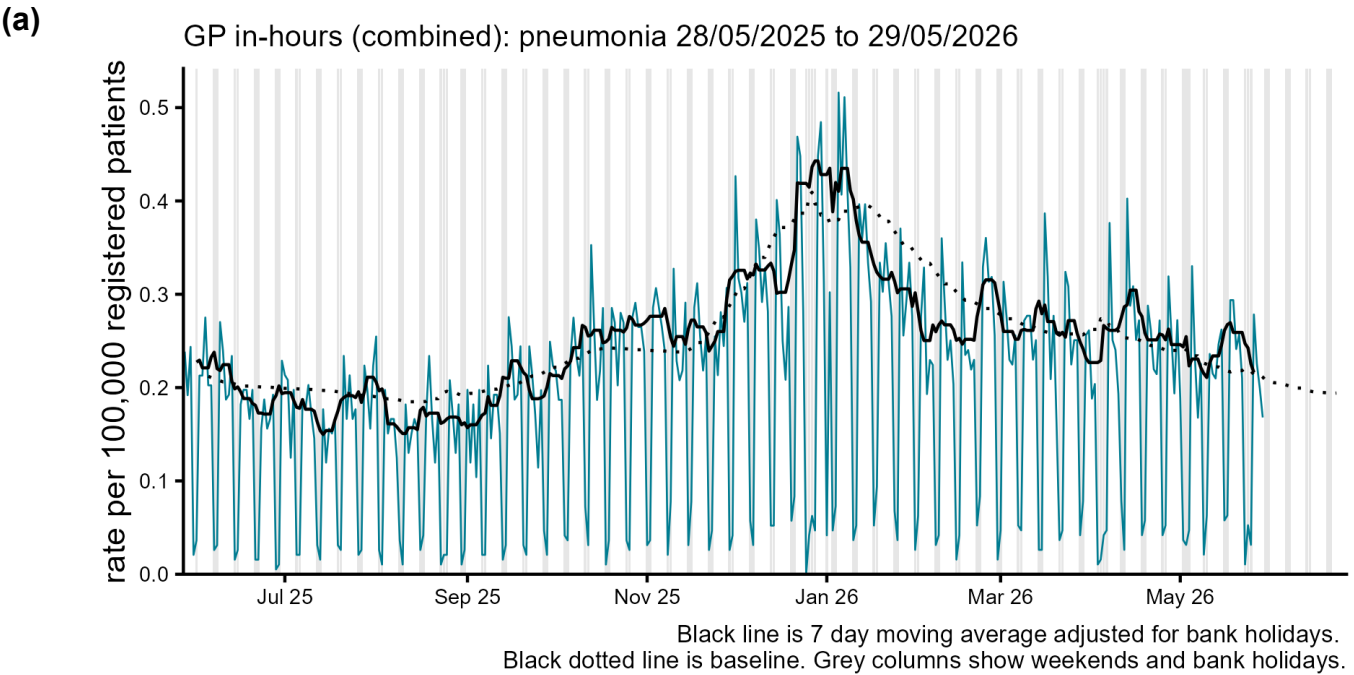
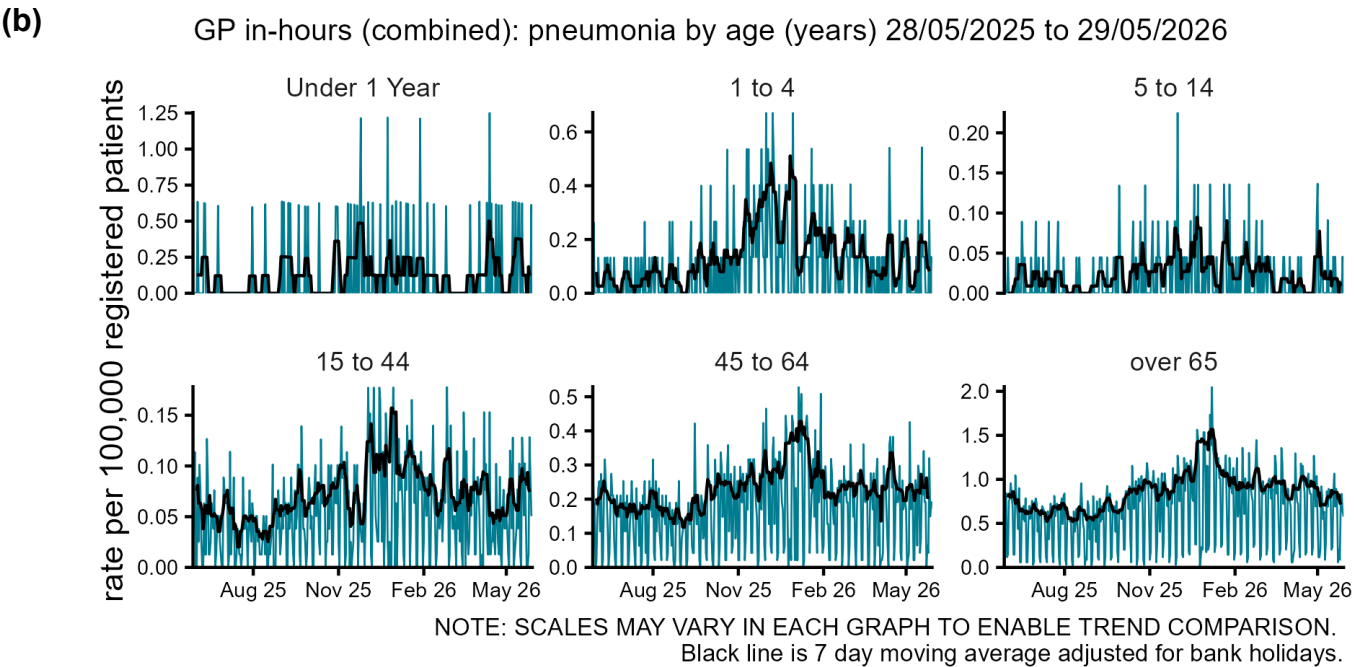


(c)

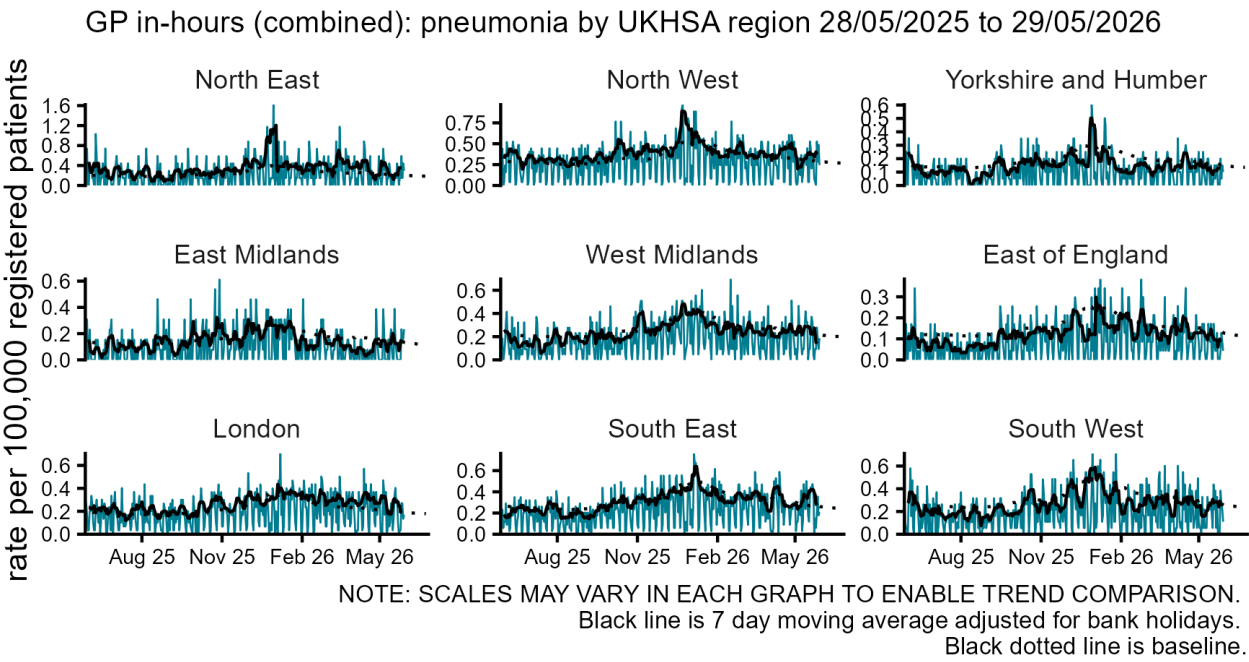


Pneumonia

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.

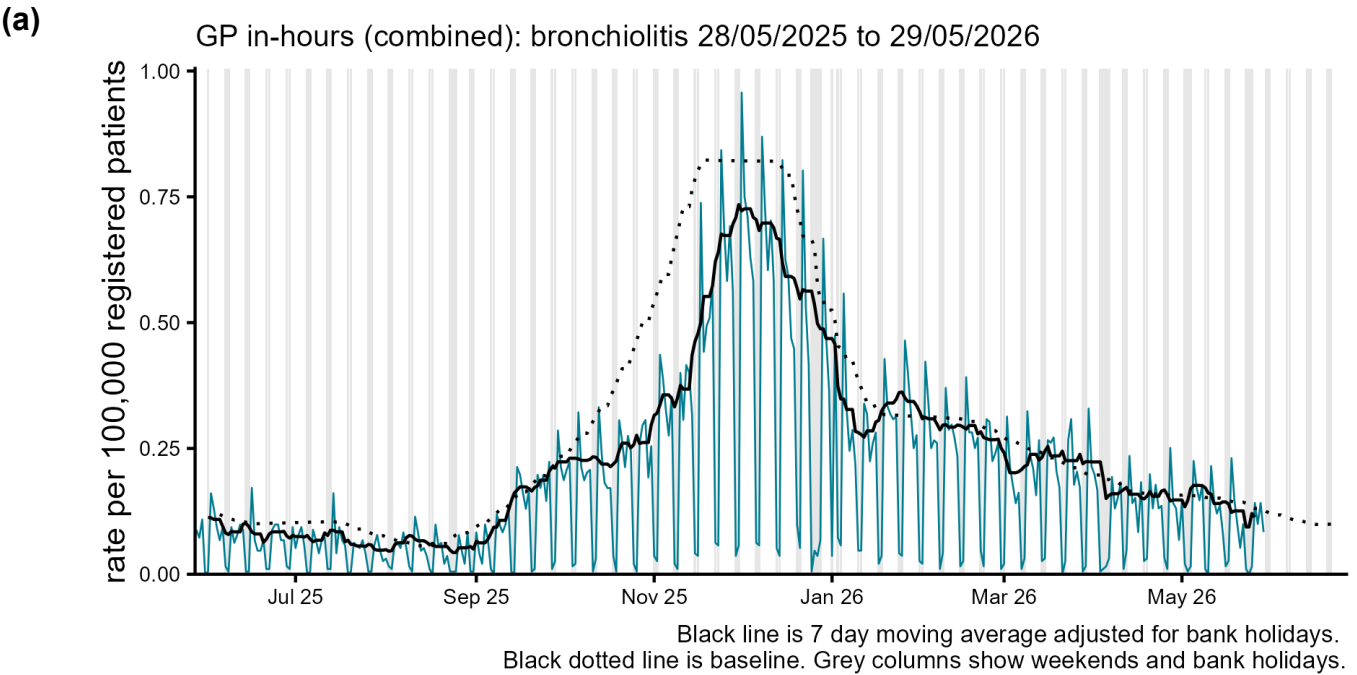
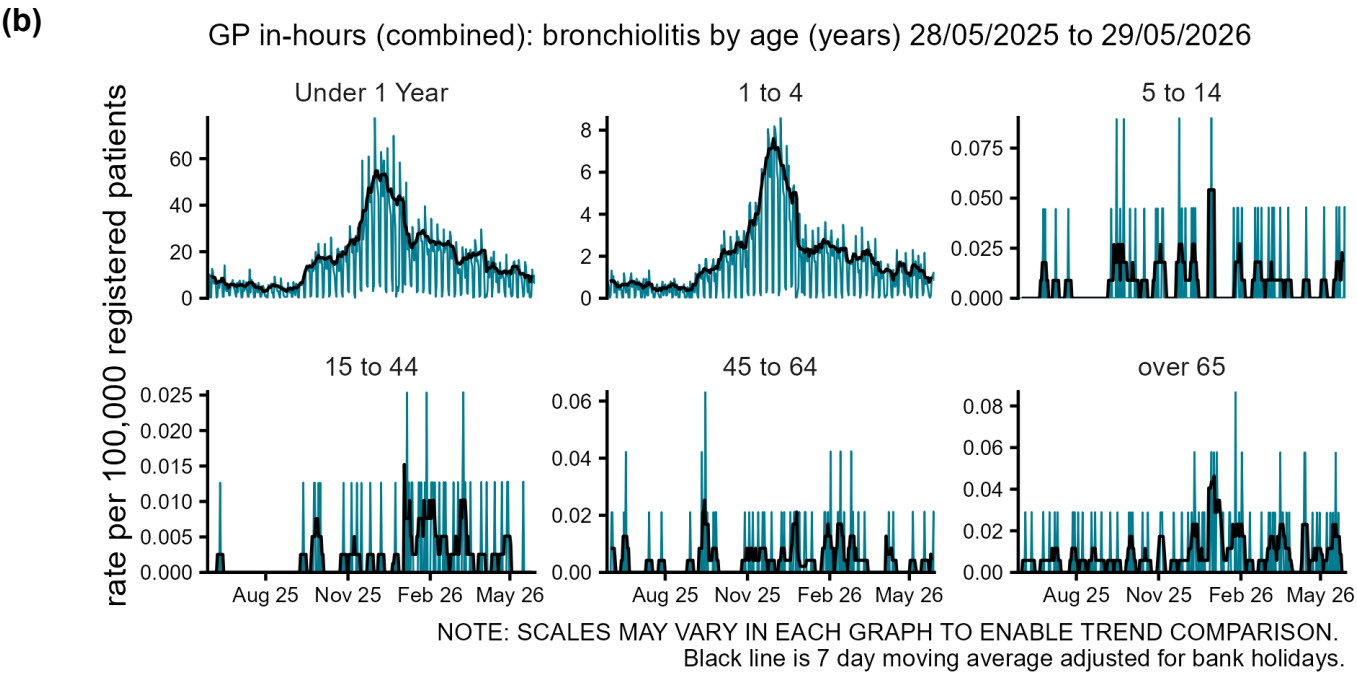


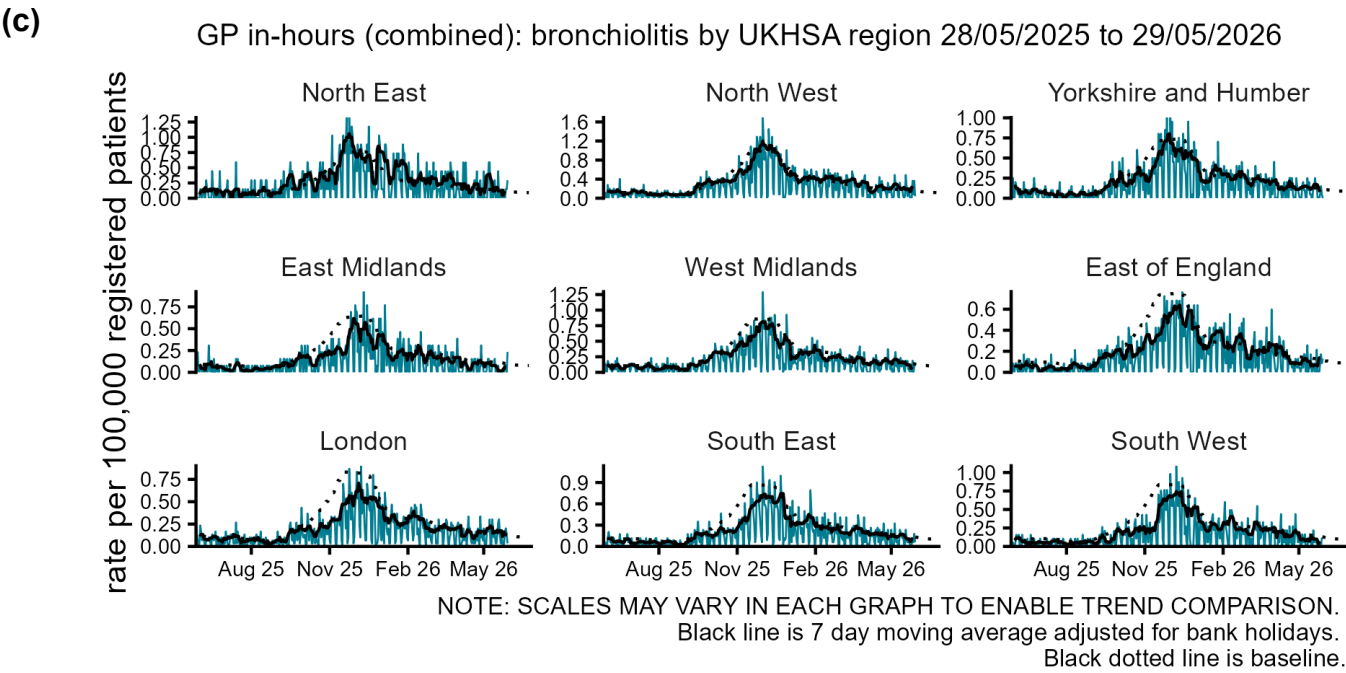
(c)



Bronchiolitis

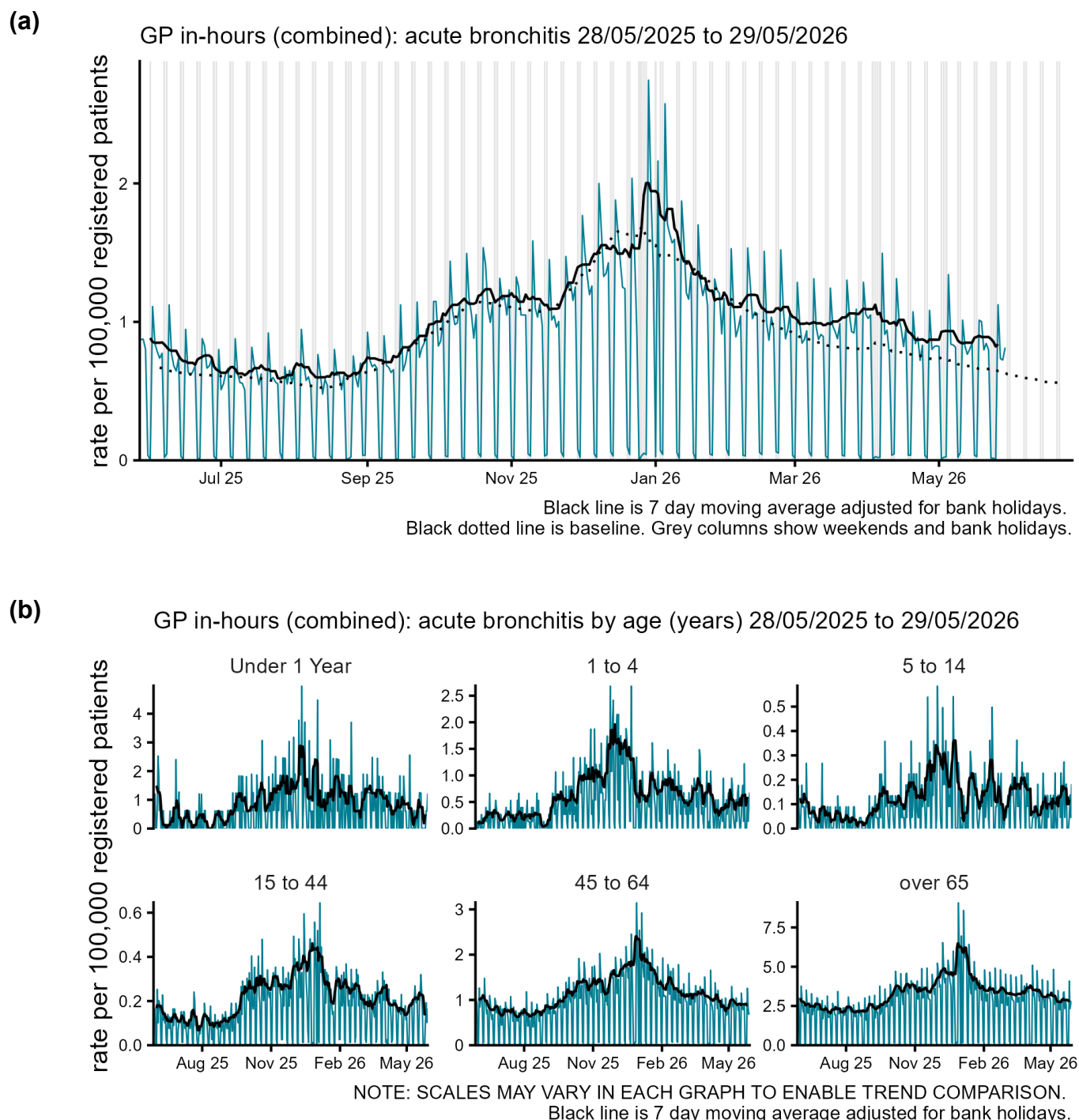
Figure 7: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for bronchiolitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.





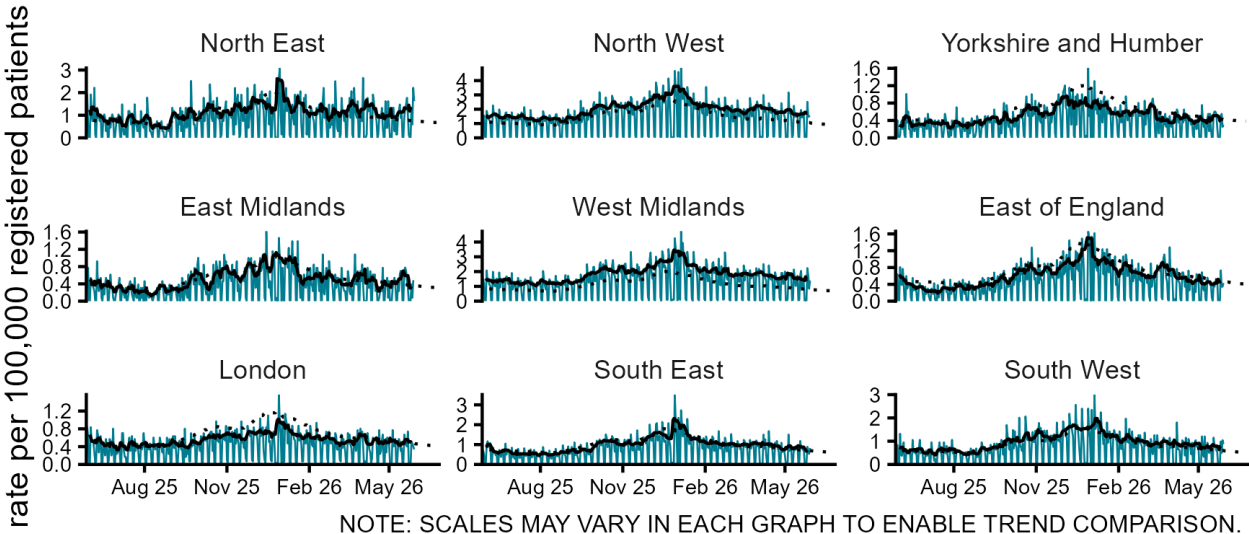
Acute bronchitis

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.



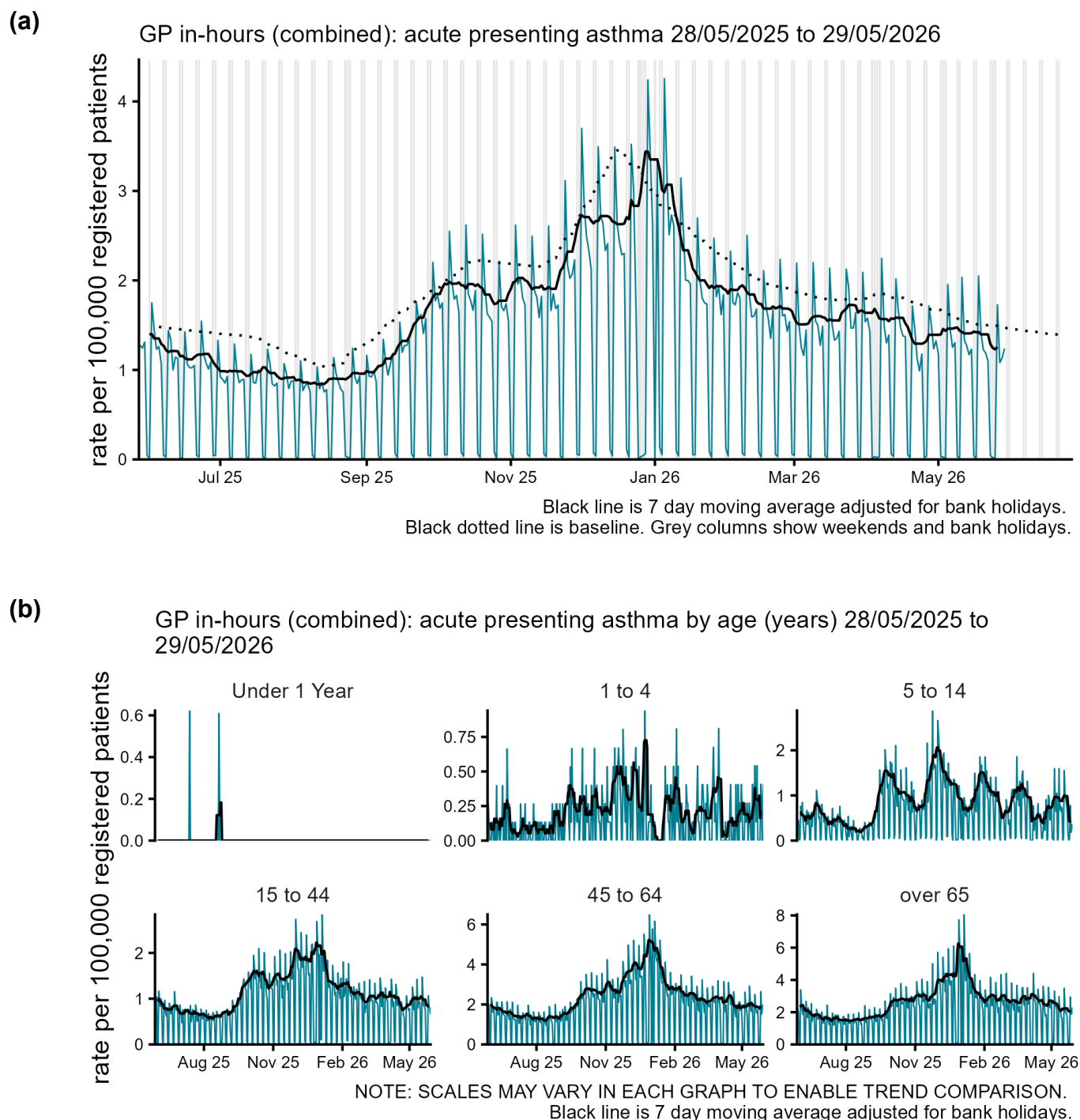
(c)

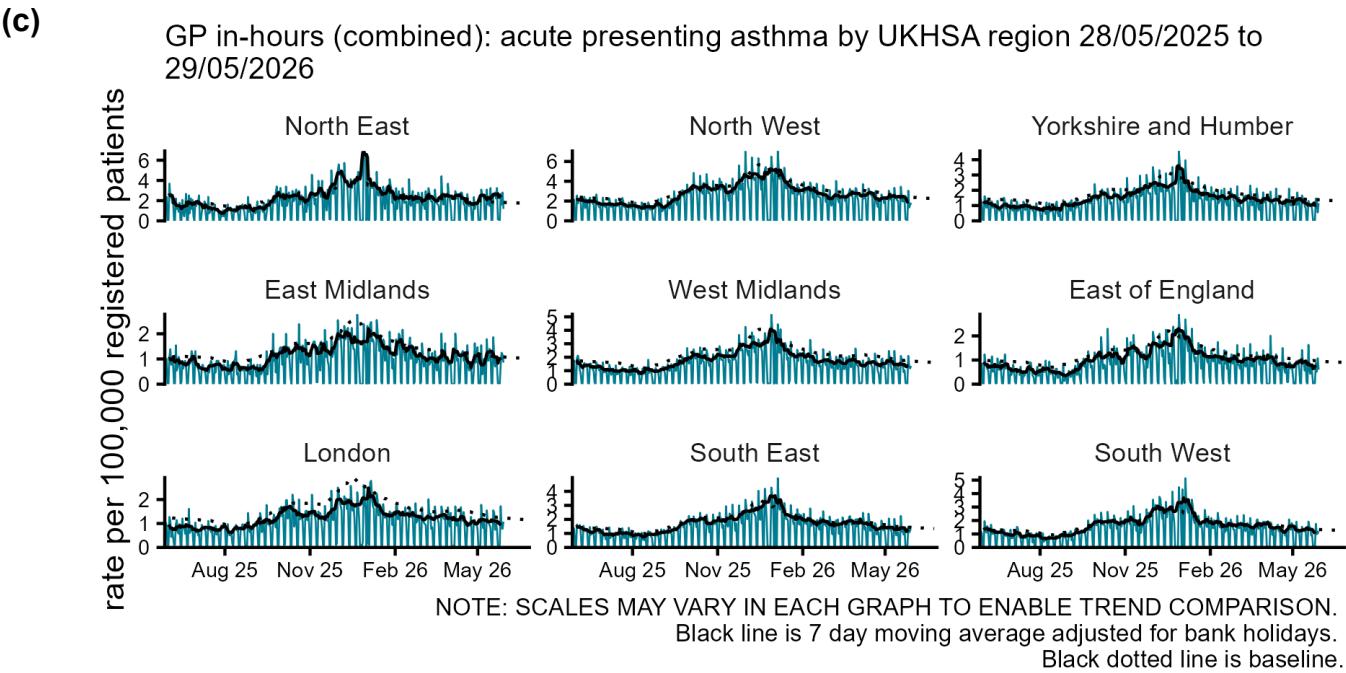
GP in-hours (combined): acute bronchitis by UKHSA region 28/05/2025 to 29/05/2026



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.

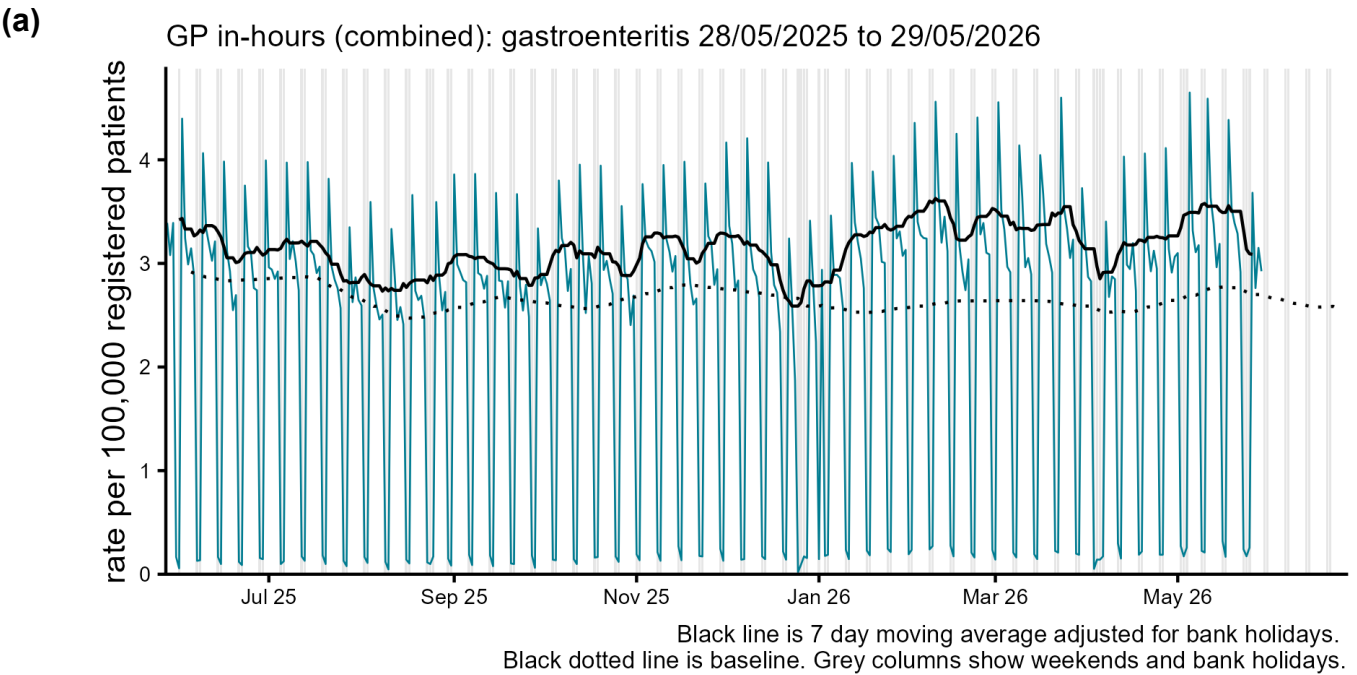
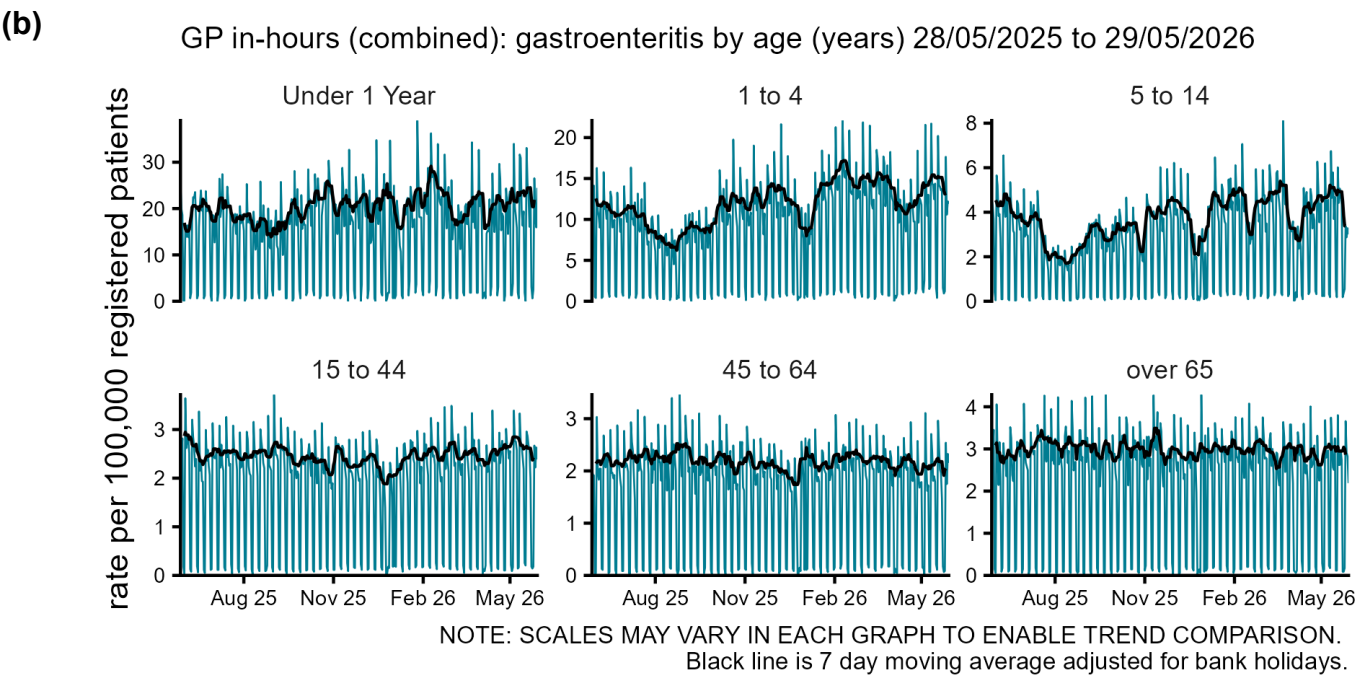




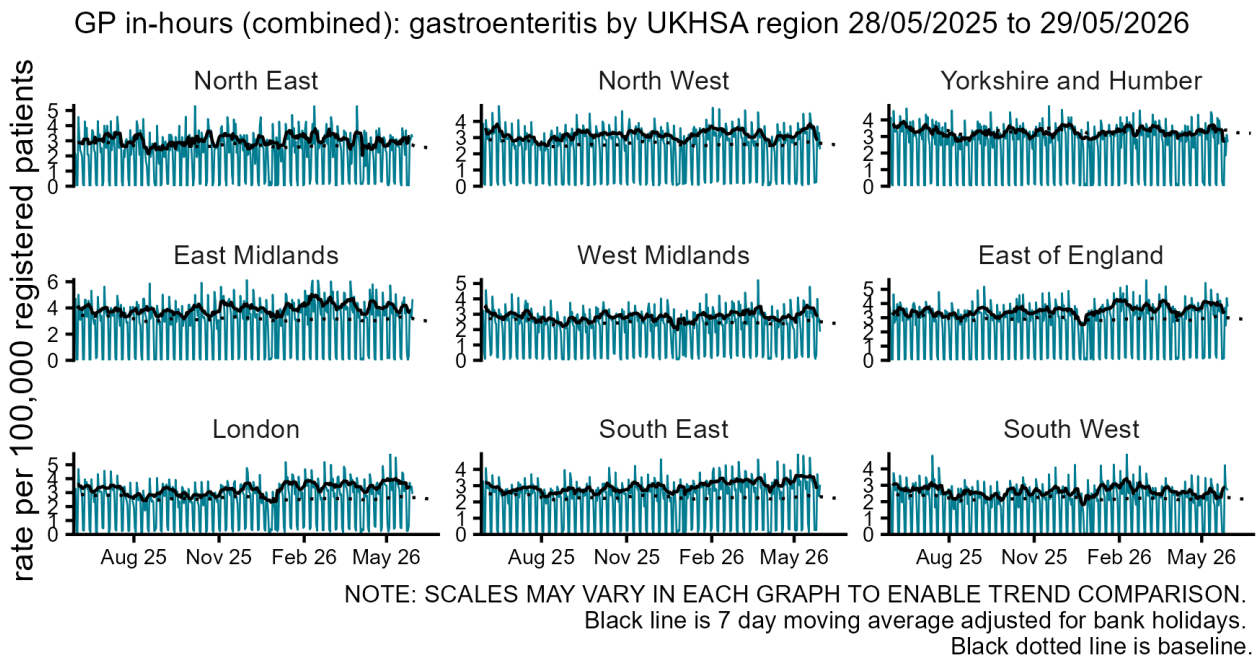
Gastrointestinal conditions

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.

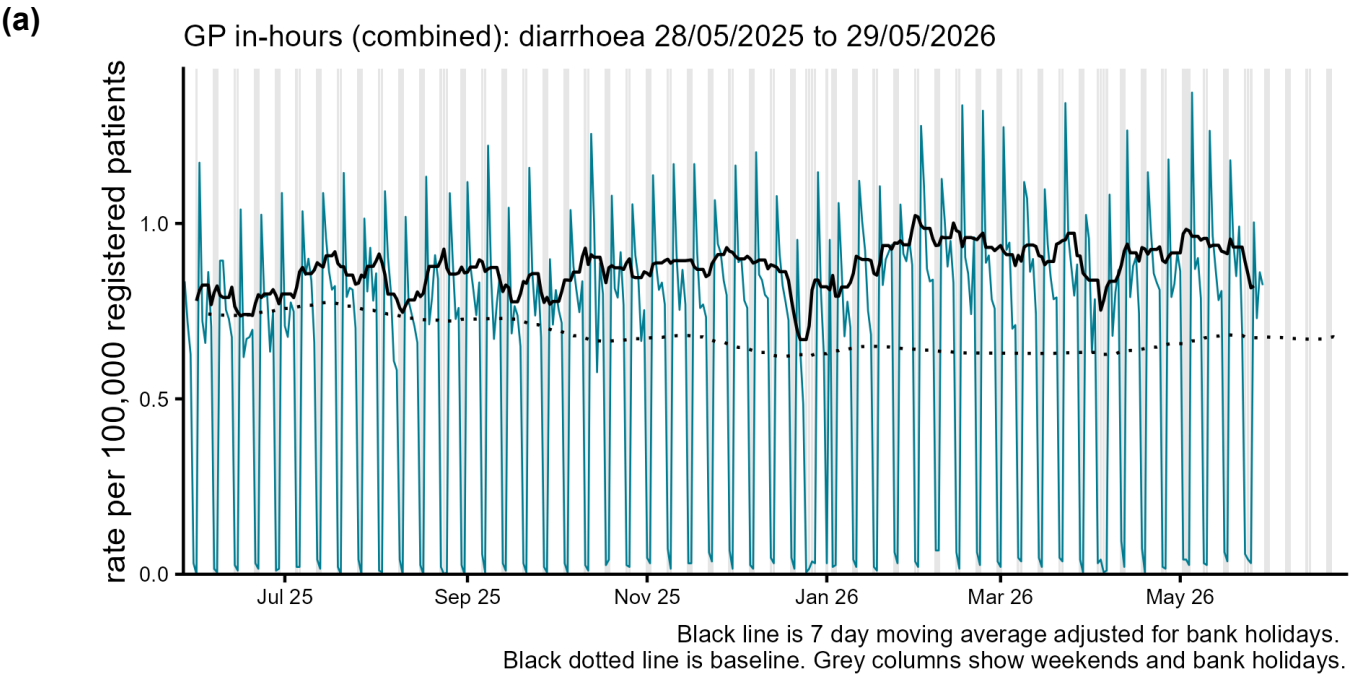
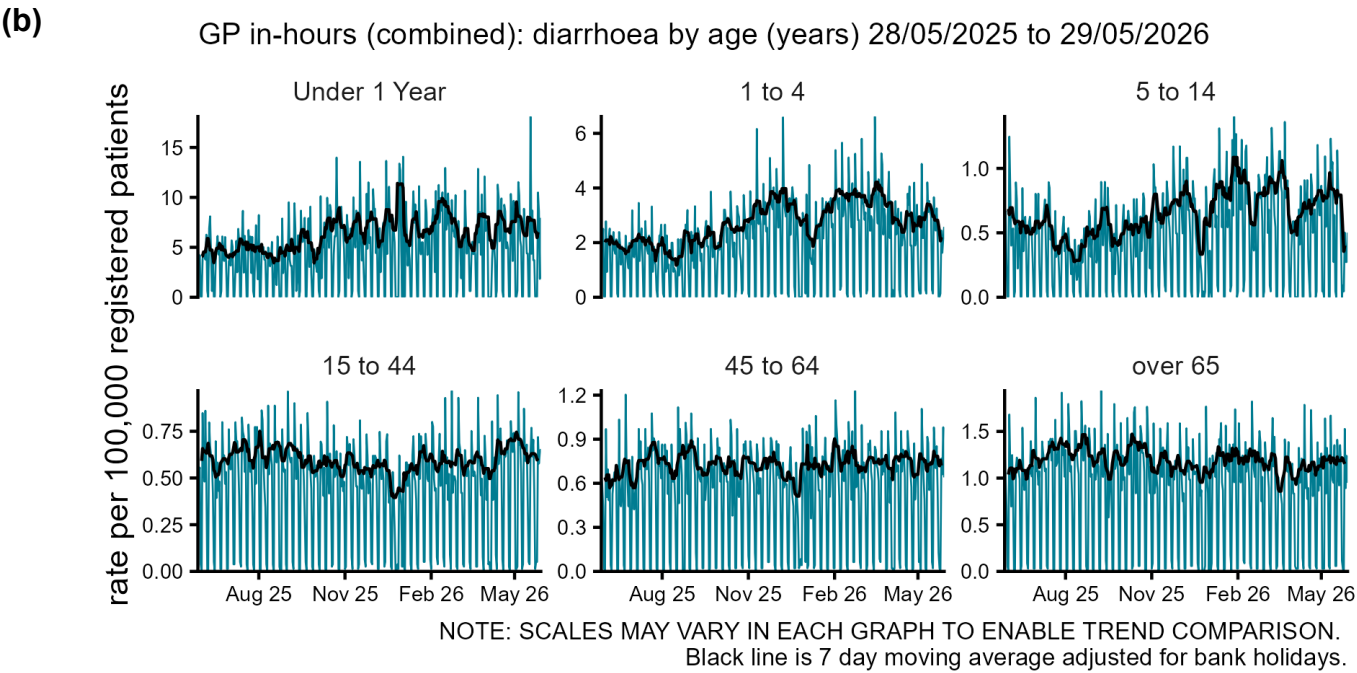


(c)

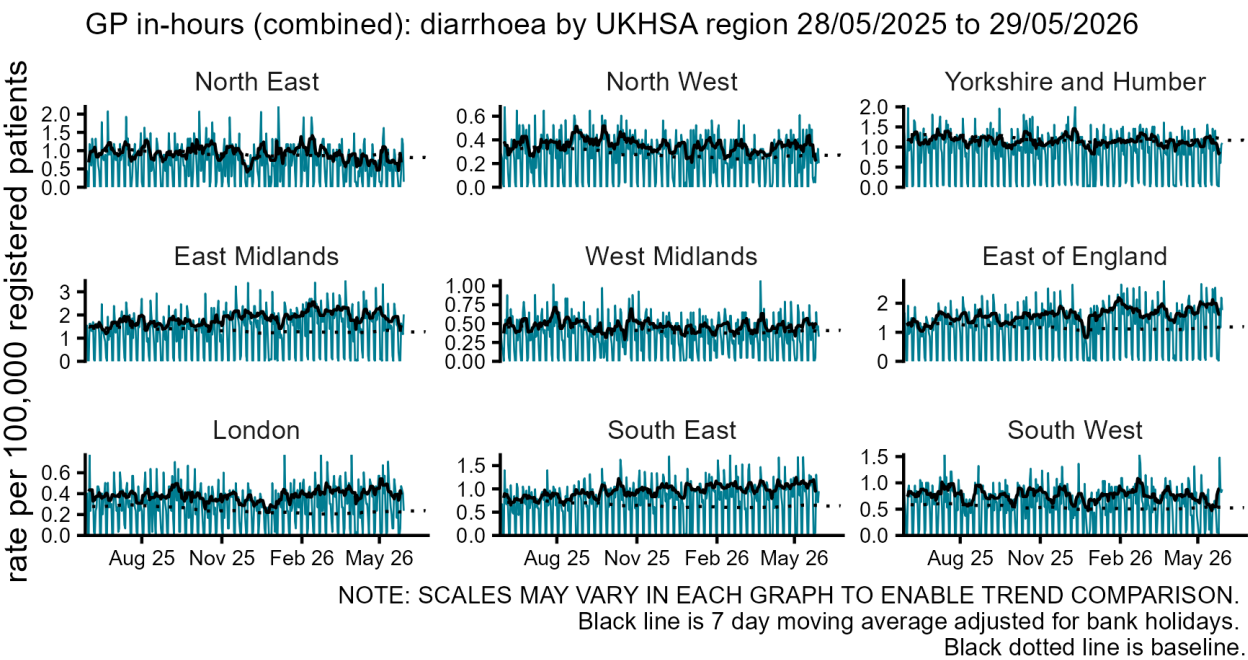


Diarrhoea

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.

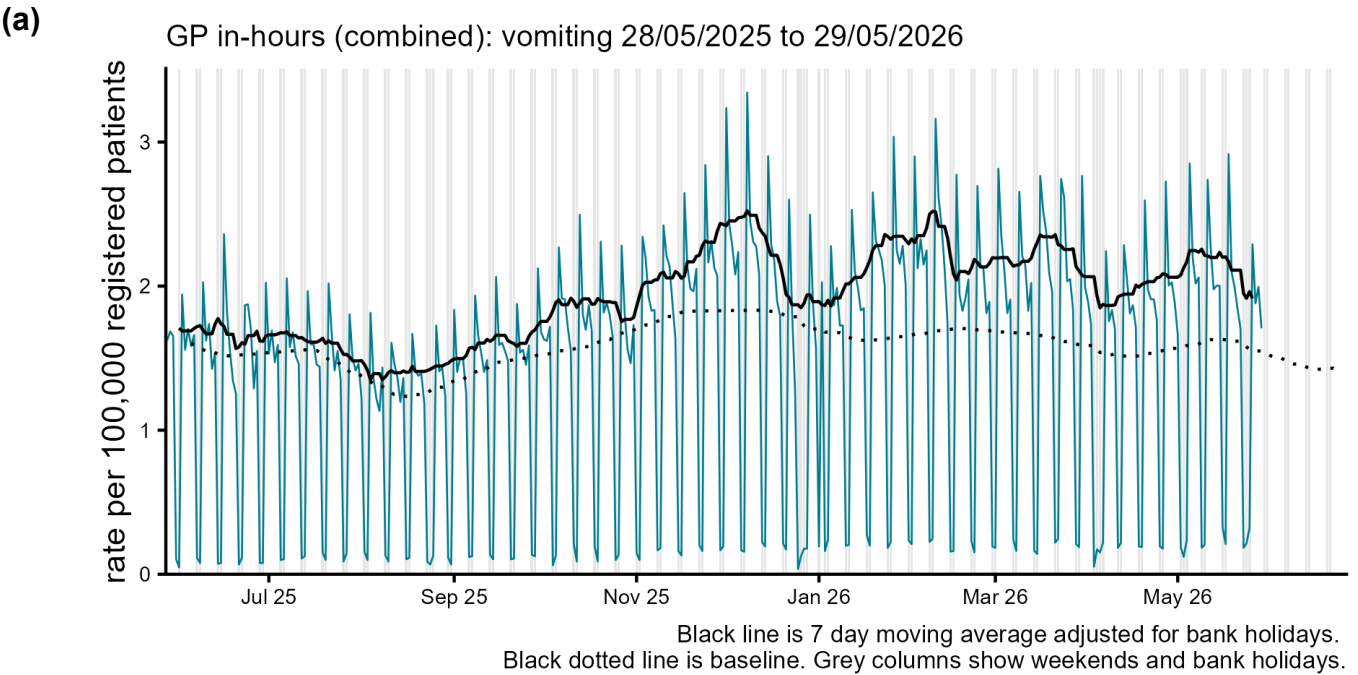
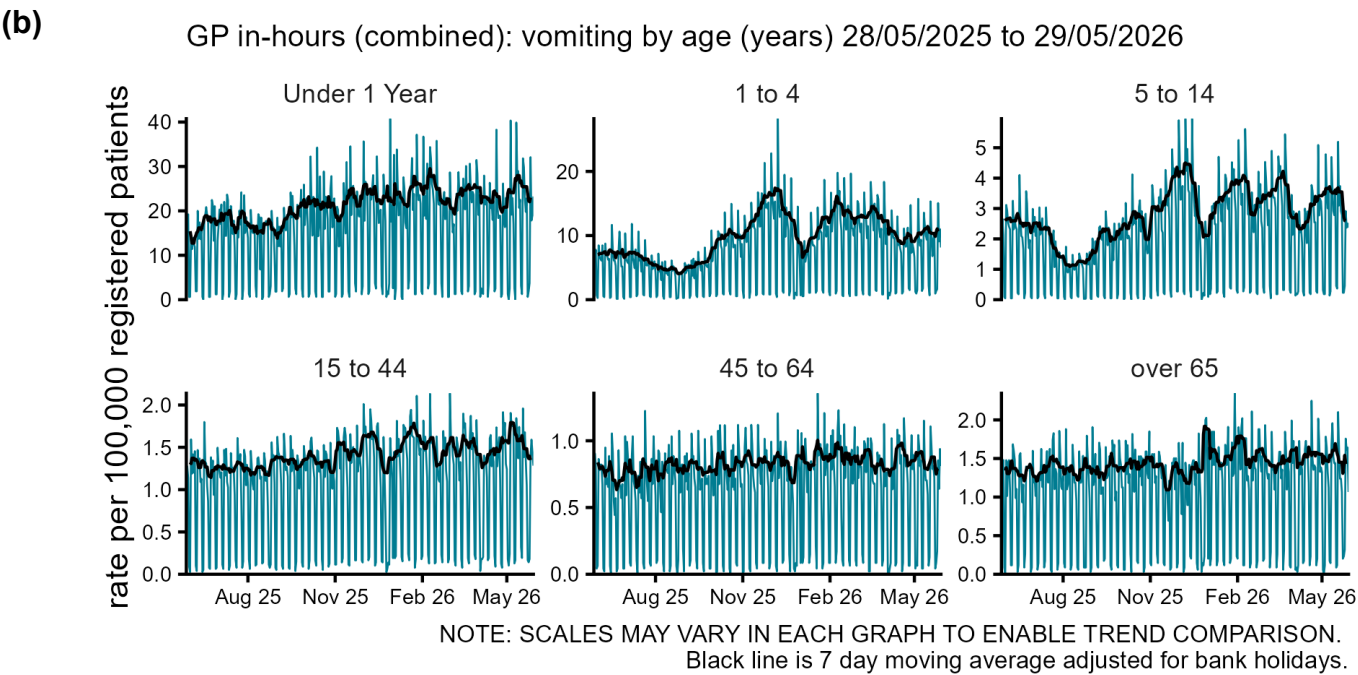


(c)



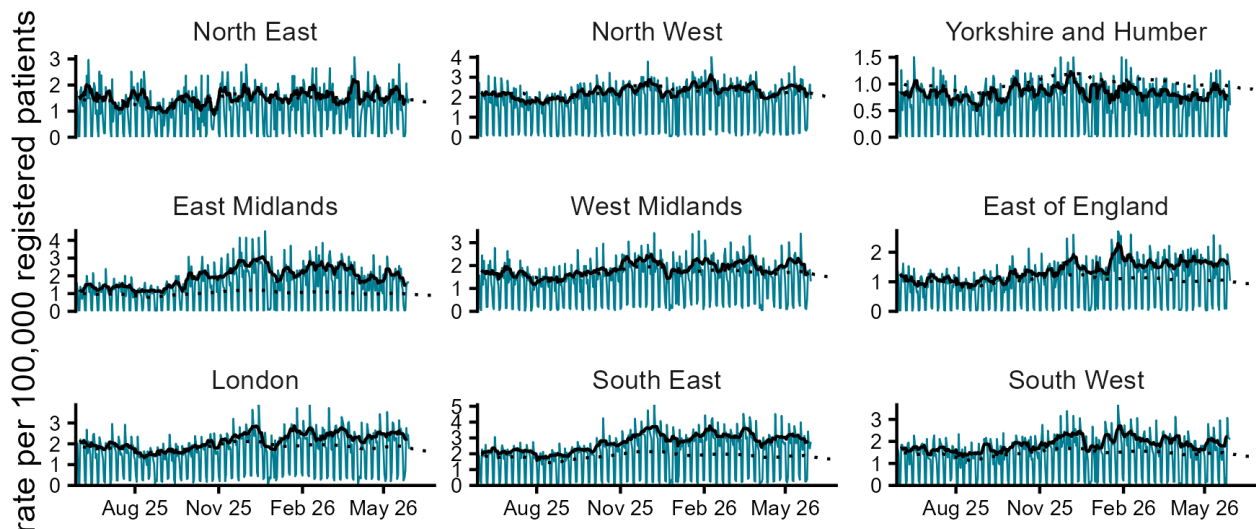
Vomiting

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 28/05/2025 to 29/05/2026

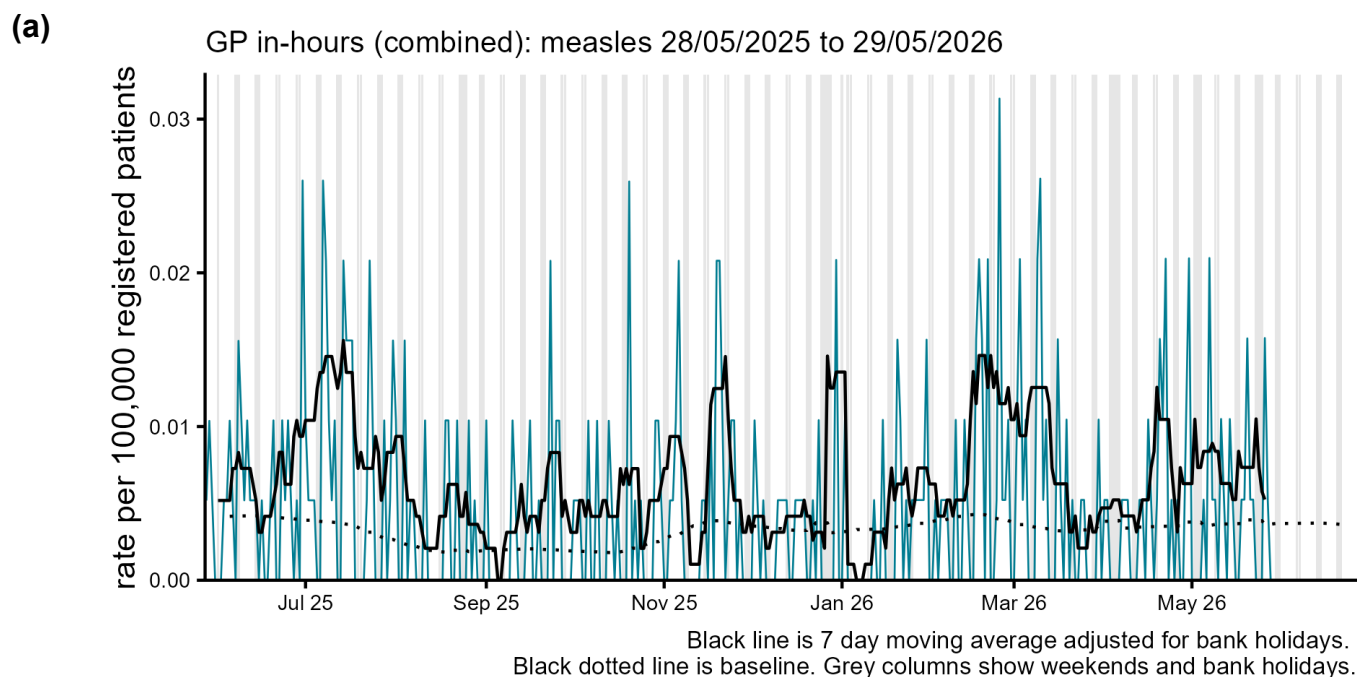


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

Vaccine preventable conditions

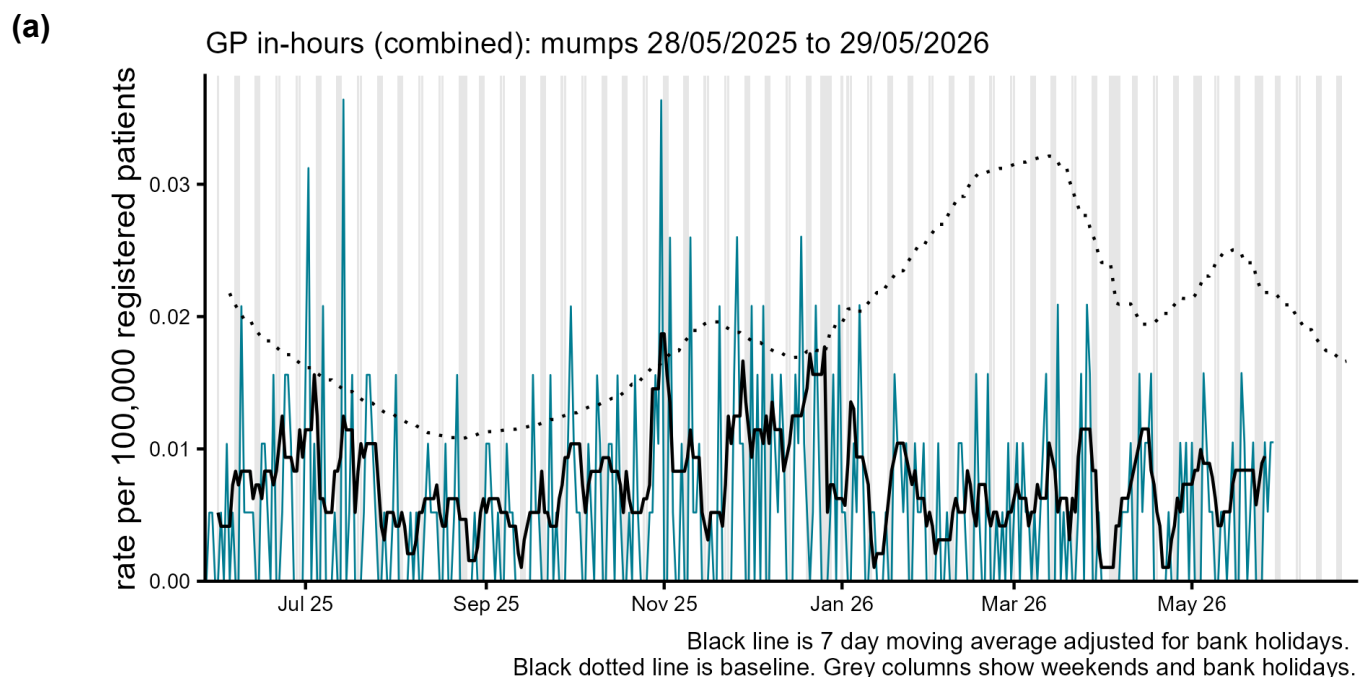
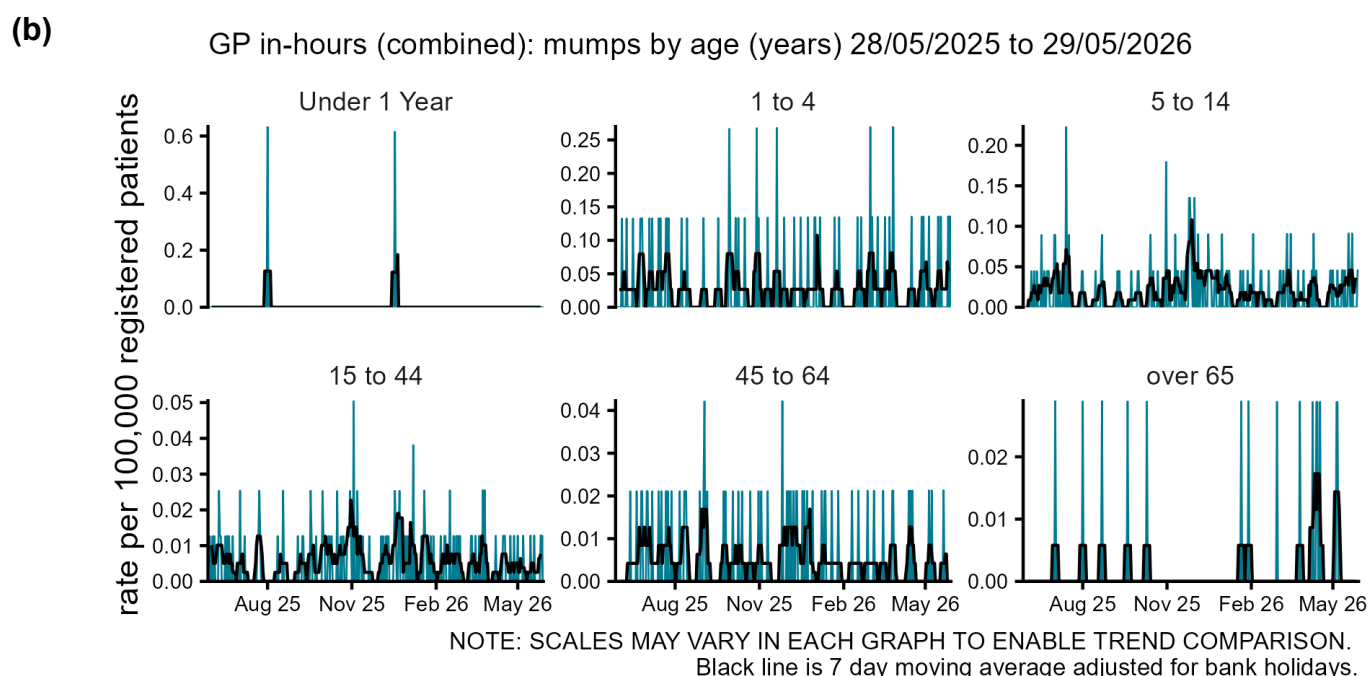
Measles

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.

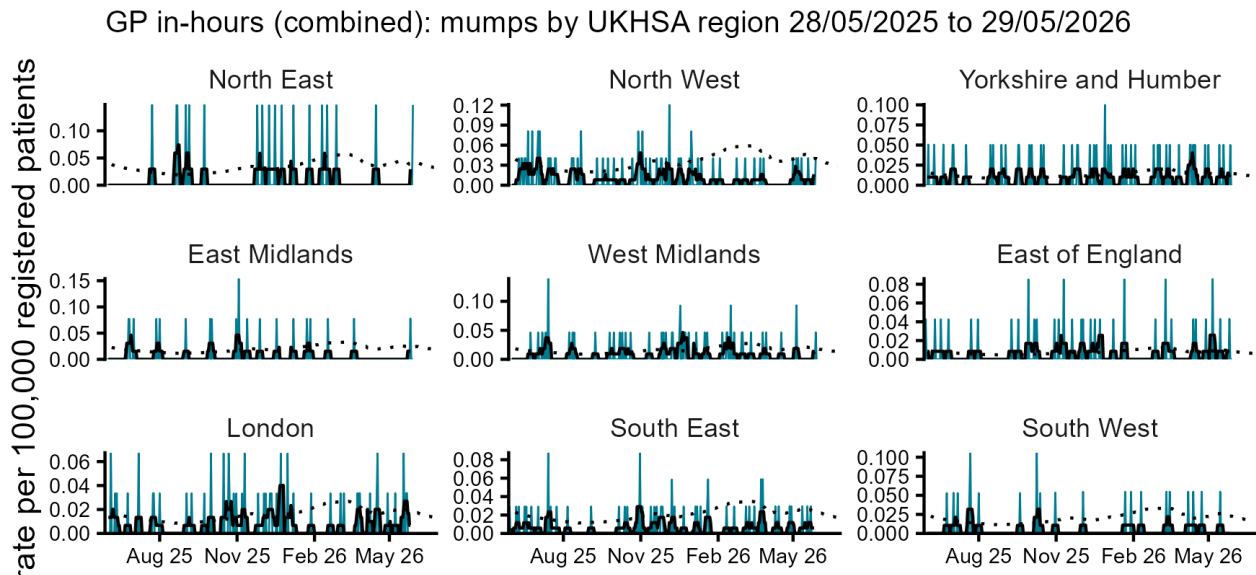


Mumps

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.



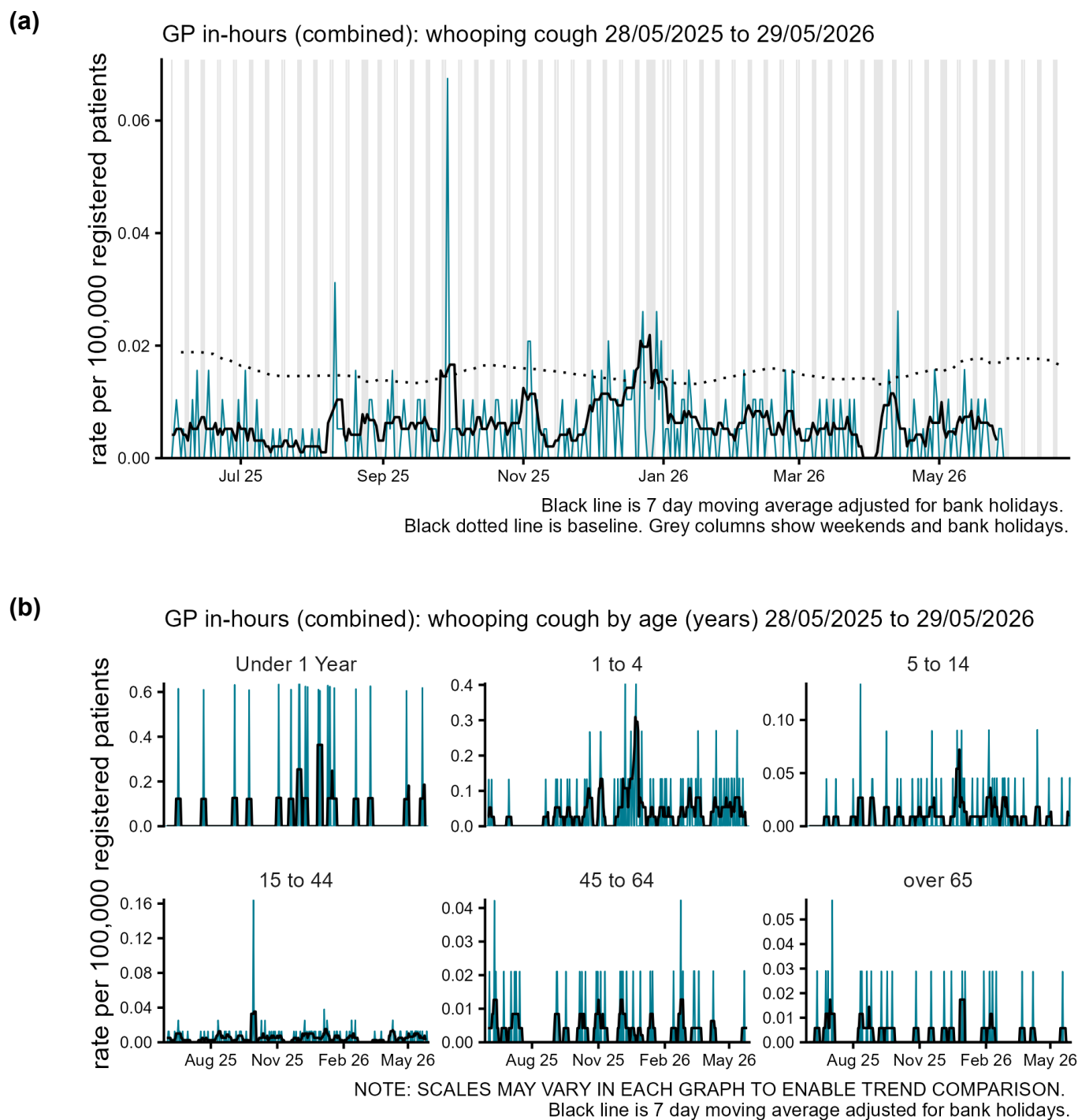
(c)



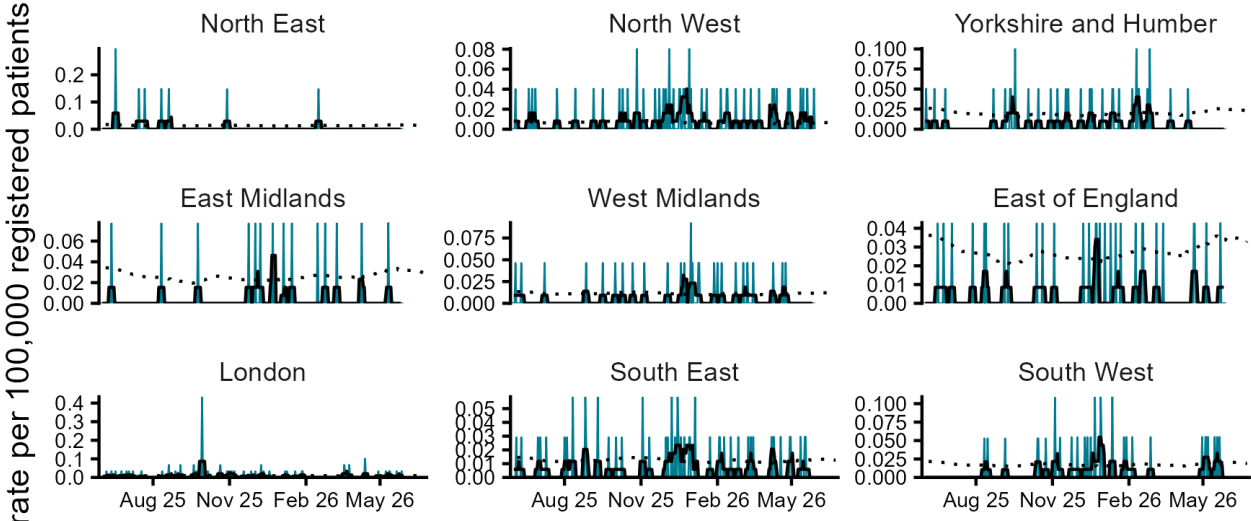
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

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.



(c) GP in-hours (combined): whooping cough by UKHSA region 28/05/2025 to 29/05/2026

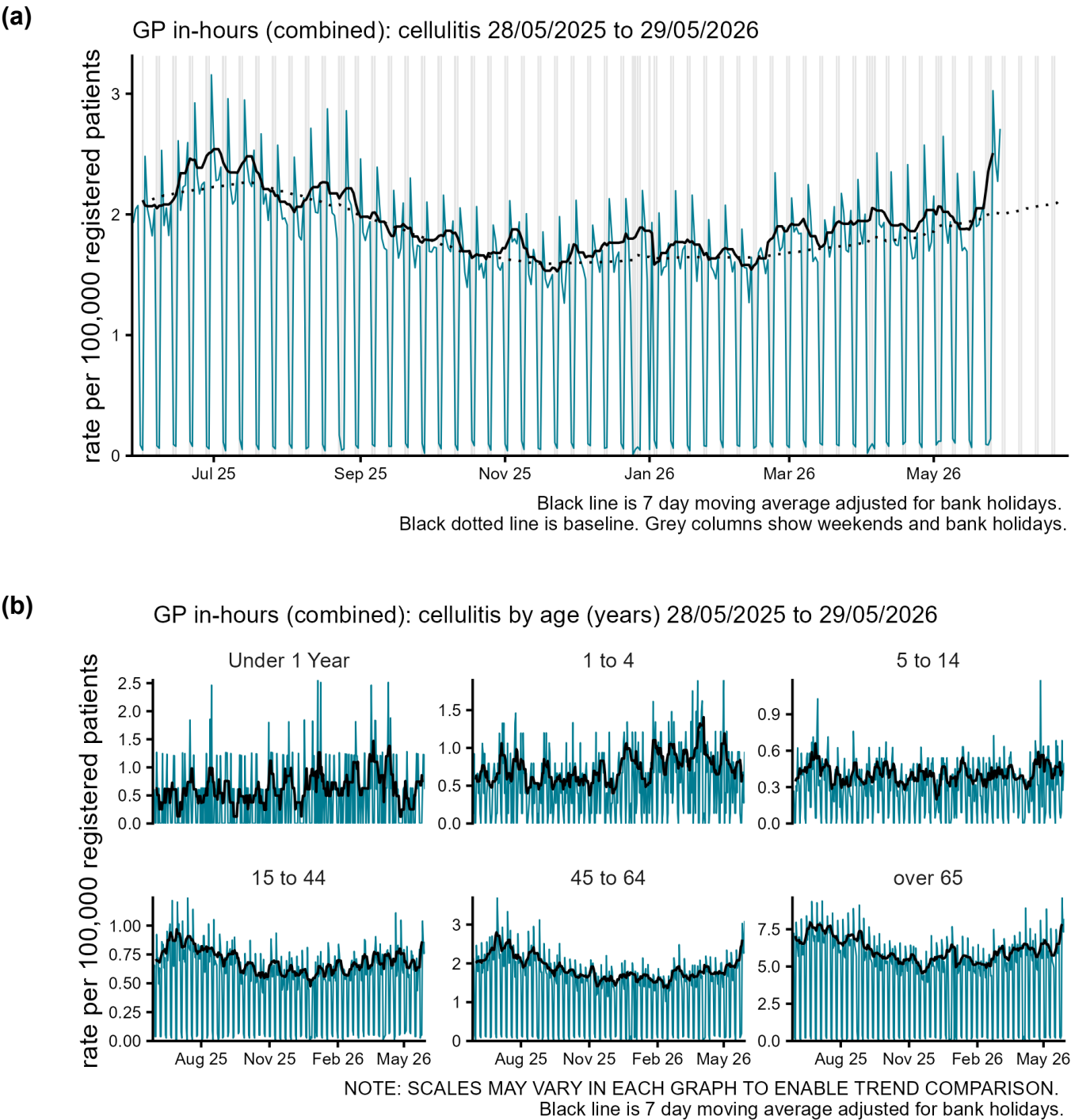


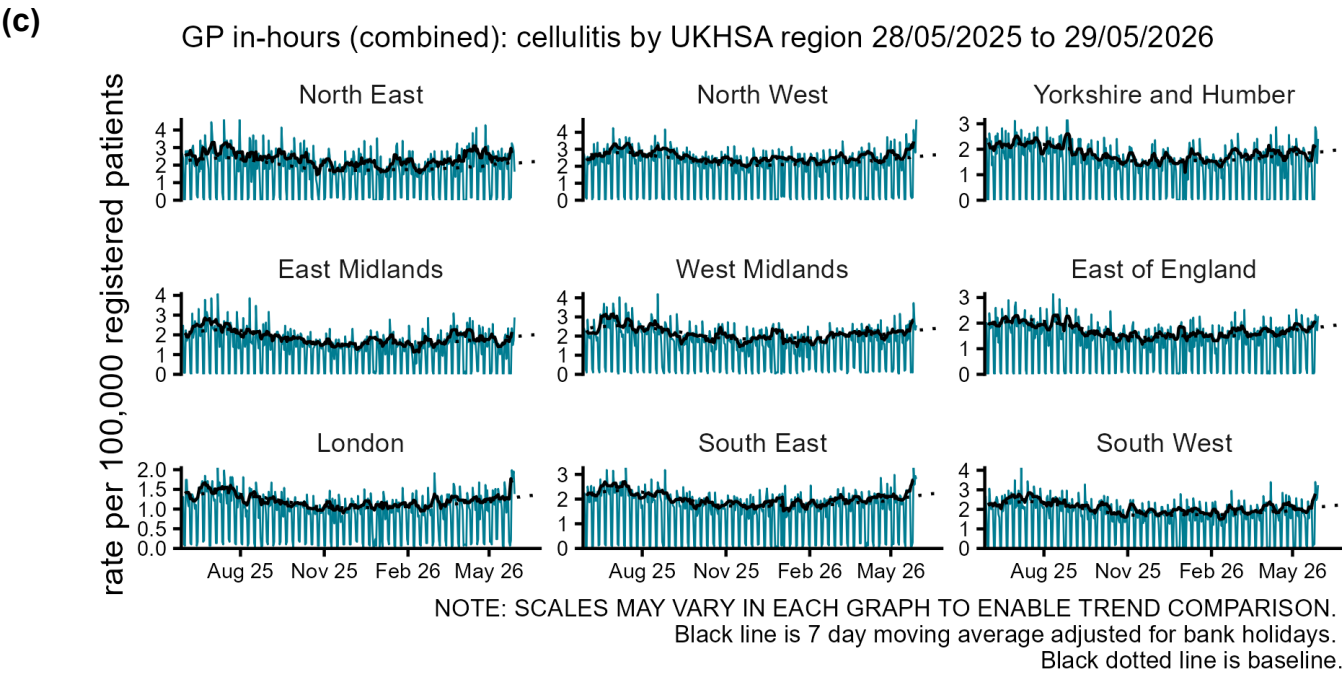
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

Skin conditions

Cellulitis

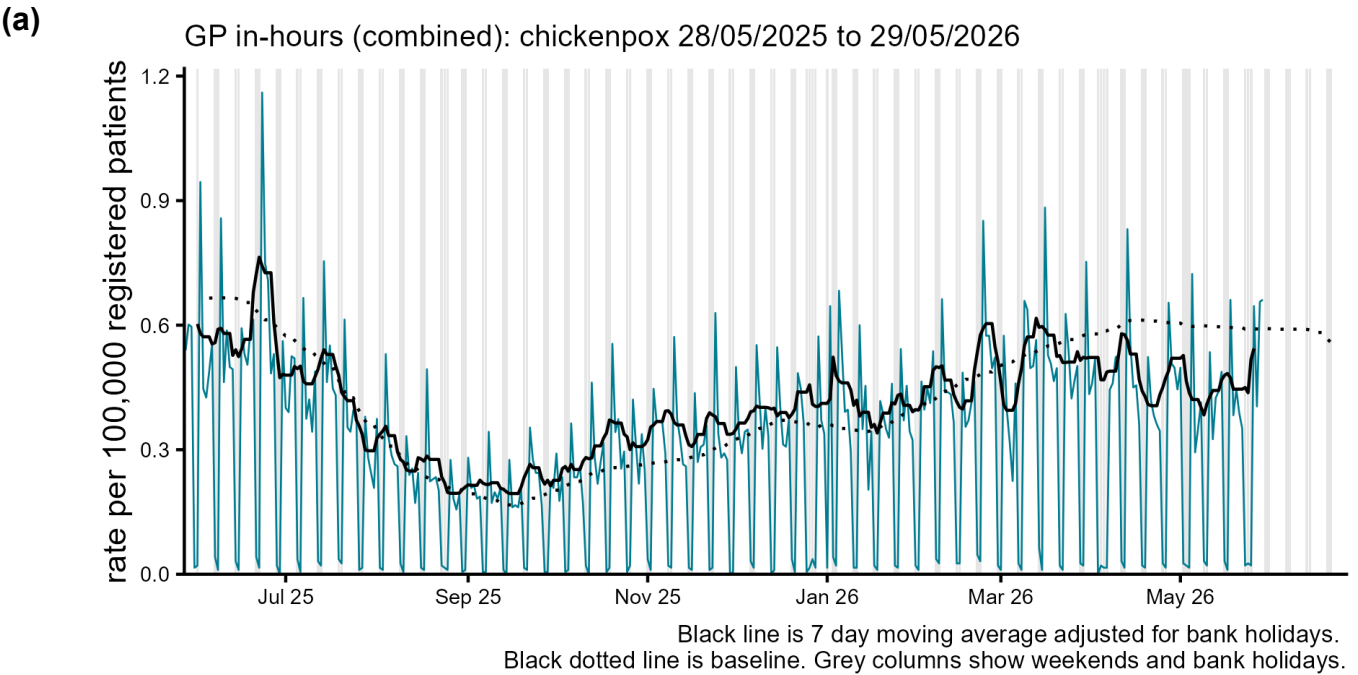
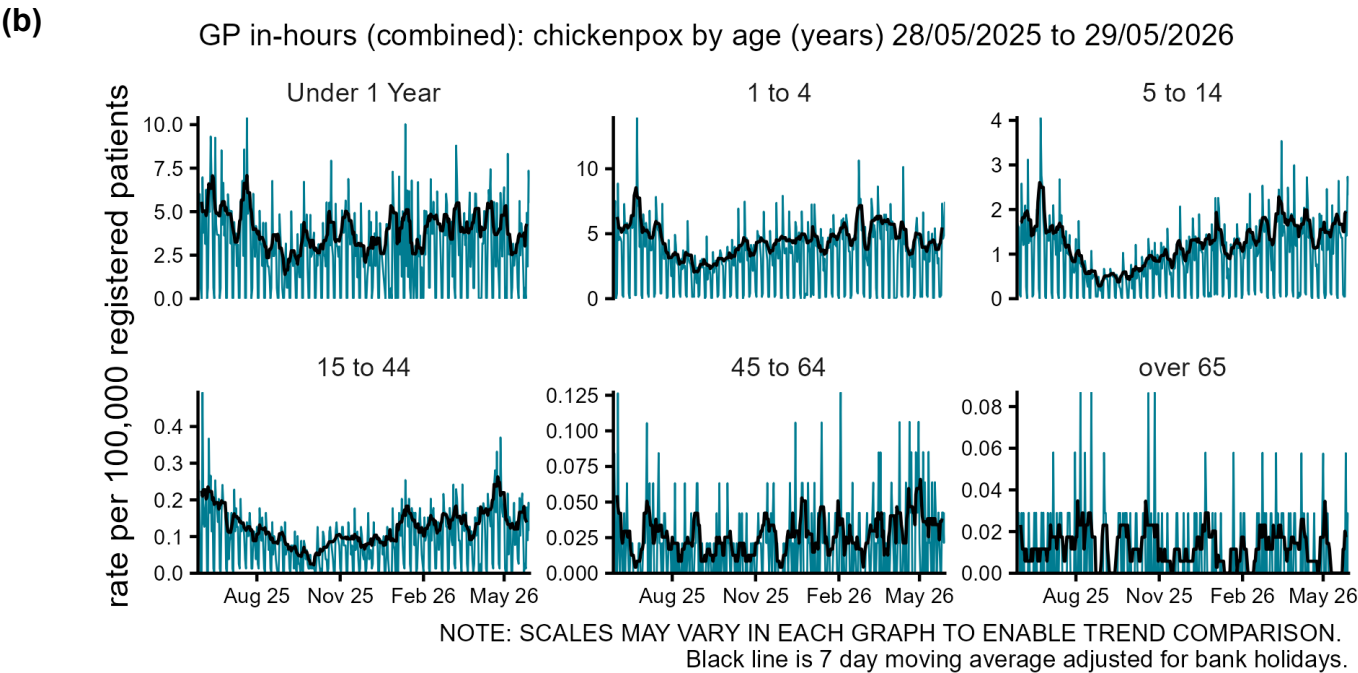
Figure 16: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for cellulitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

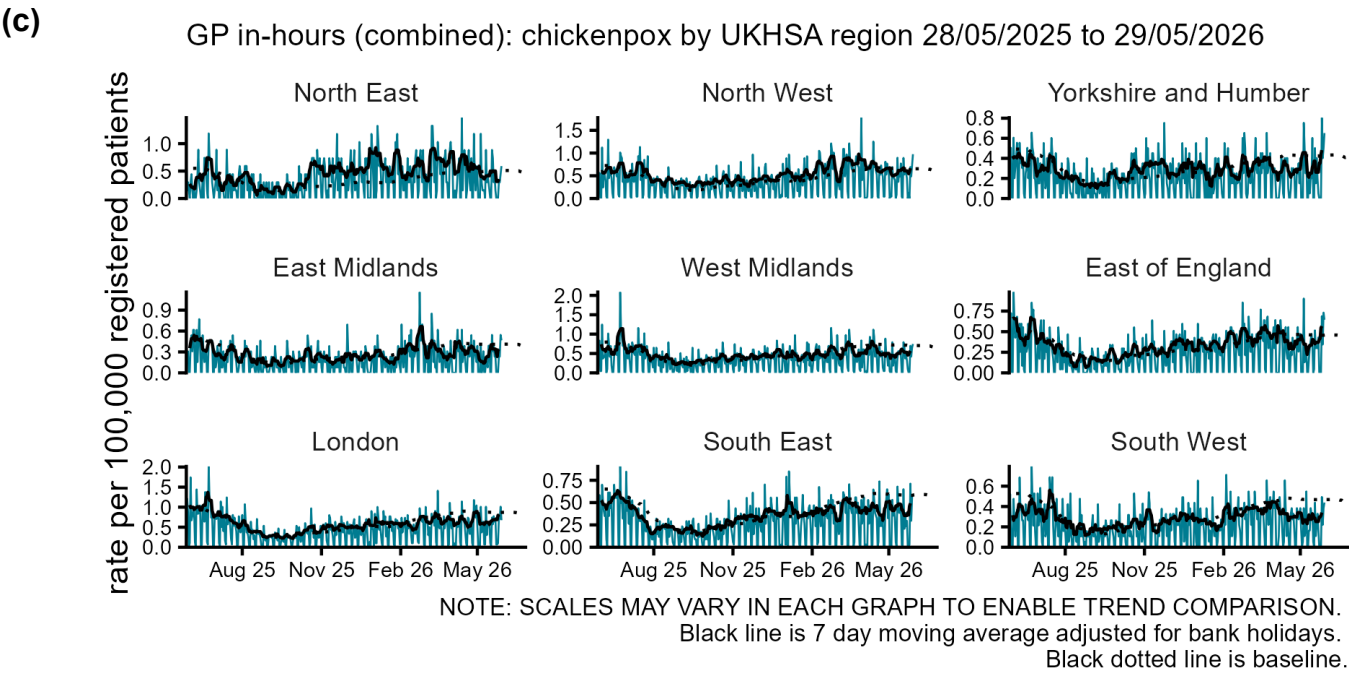




Chickenpox

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.





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

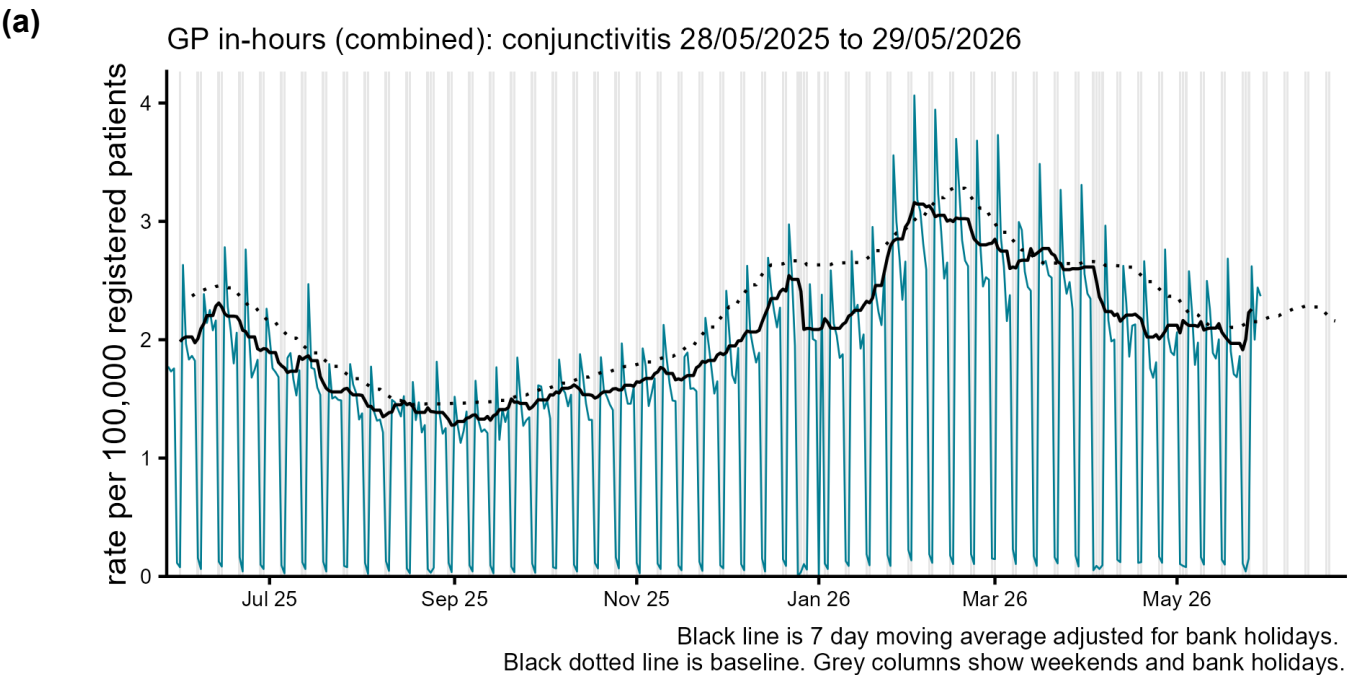
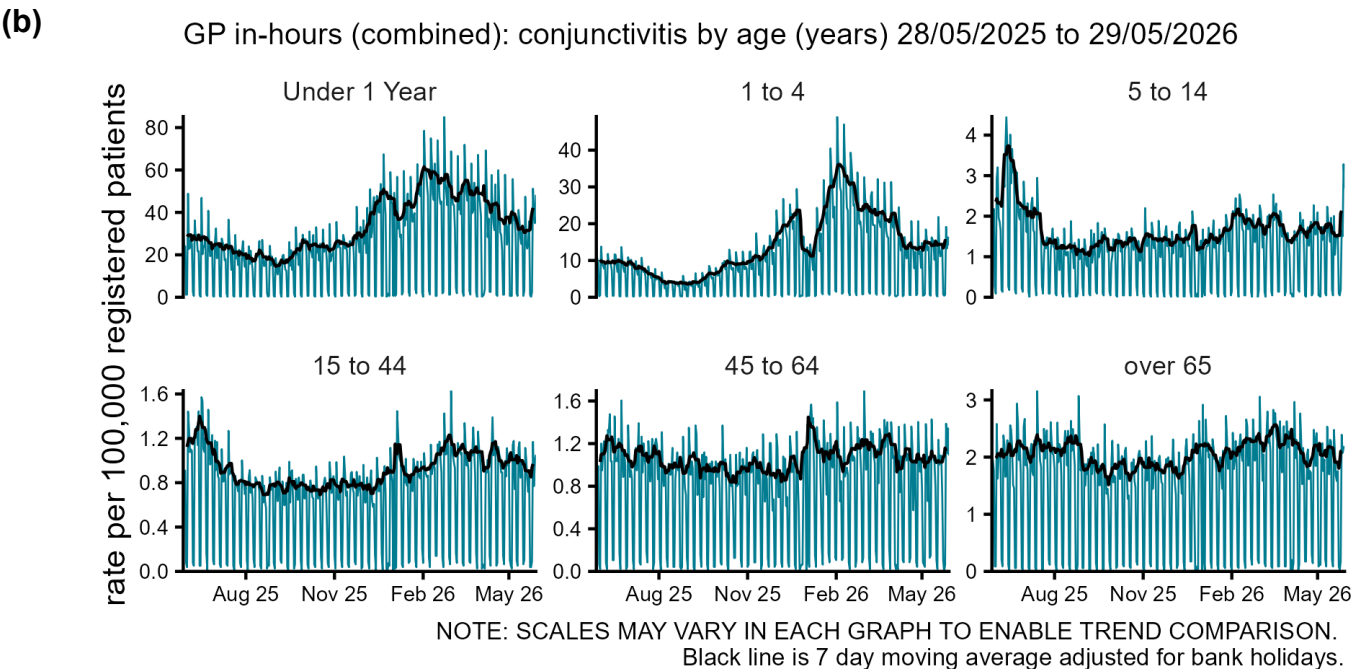
[Heat-Health Alert](#) period: 1 June to 30 September

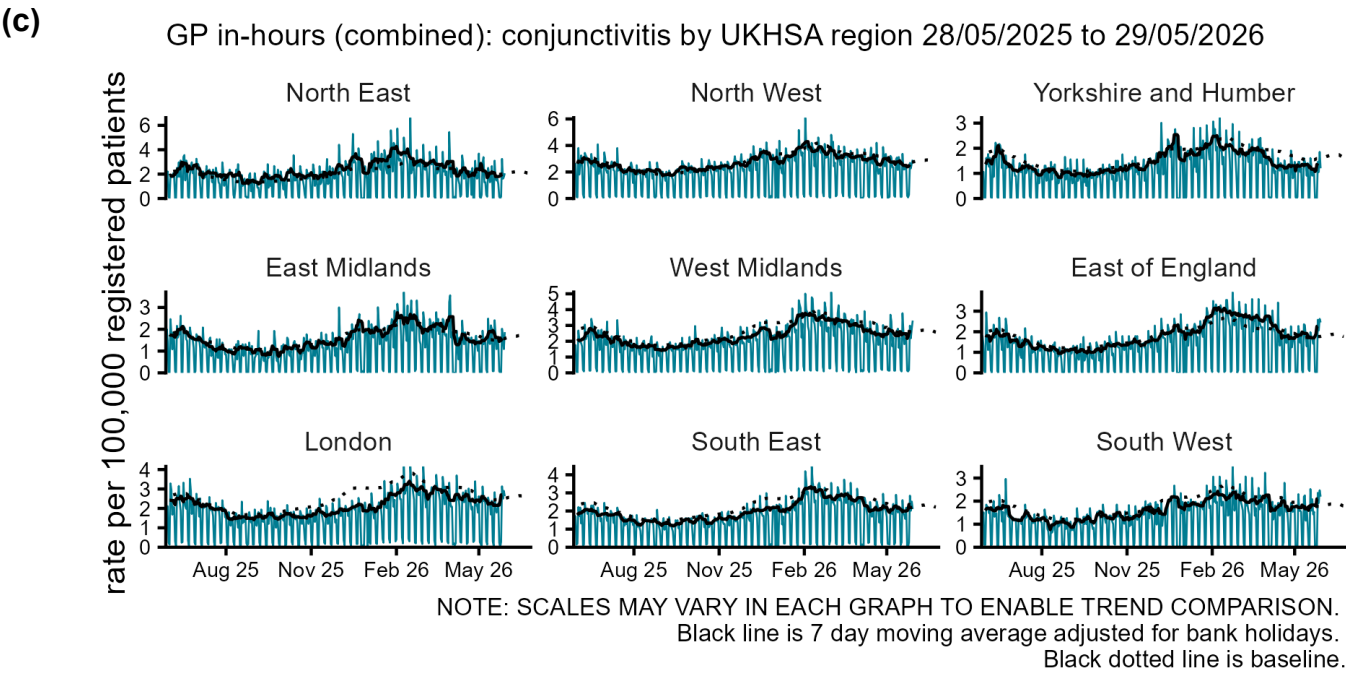
Highest weather alert level during the current reporting week:

Amber alert (enhanced hot weather response)

Conjunctivitis

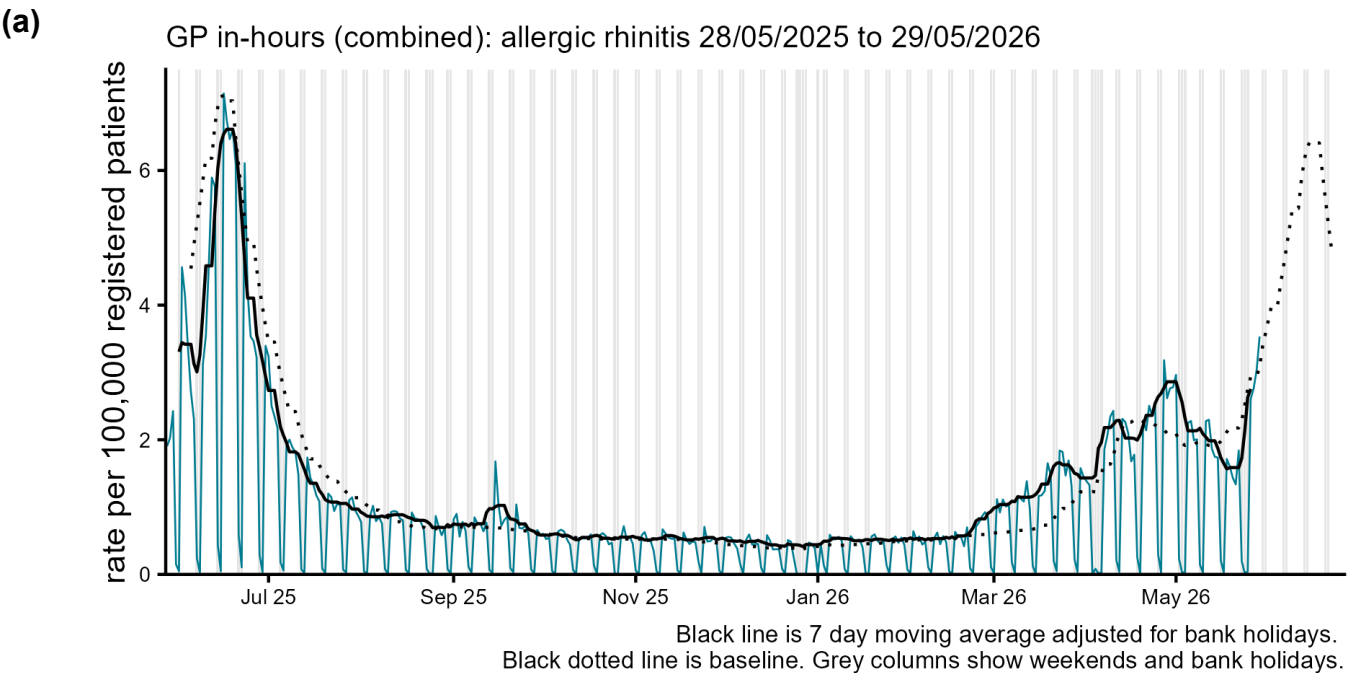
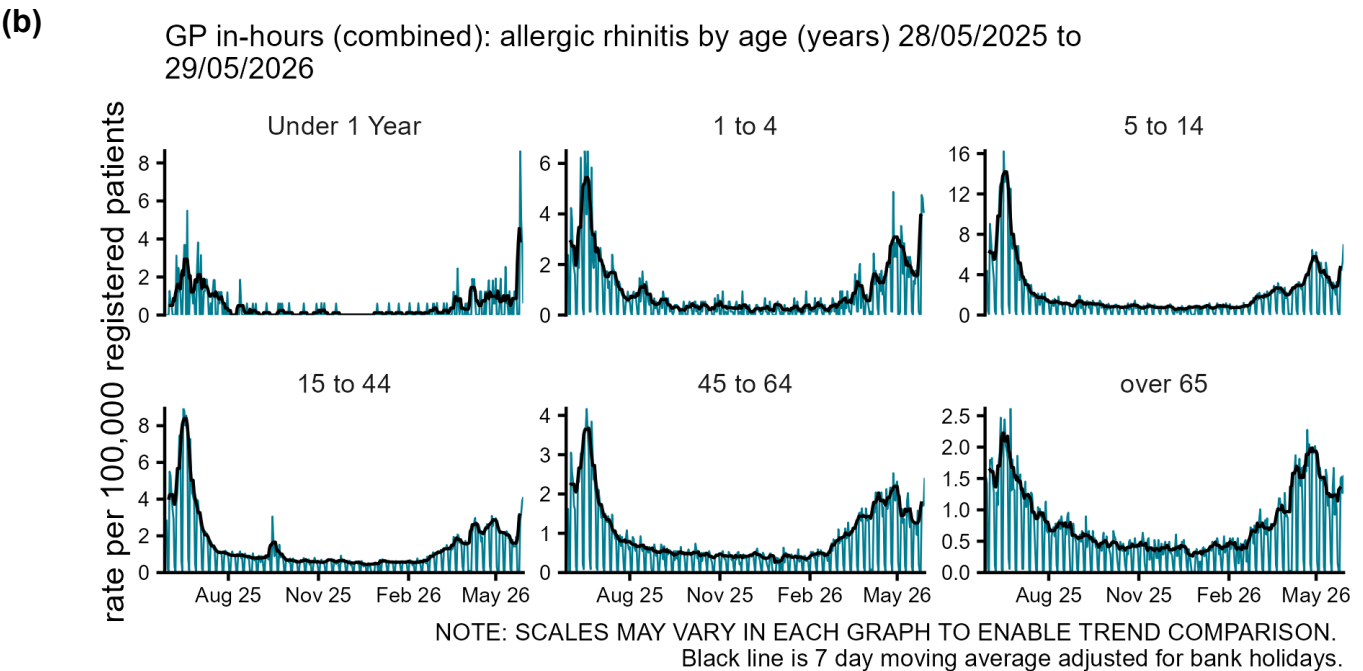
Figure 18: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for conjunctivitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

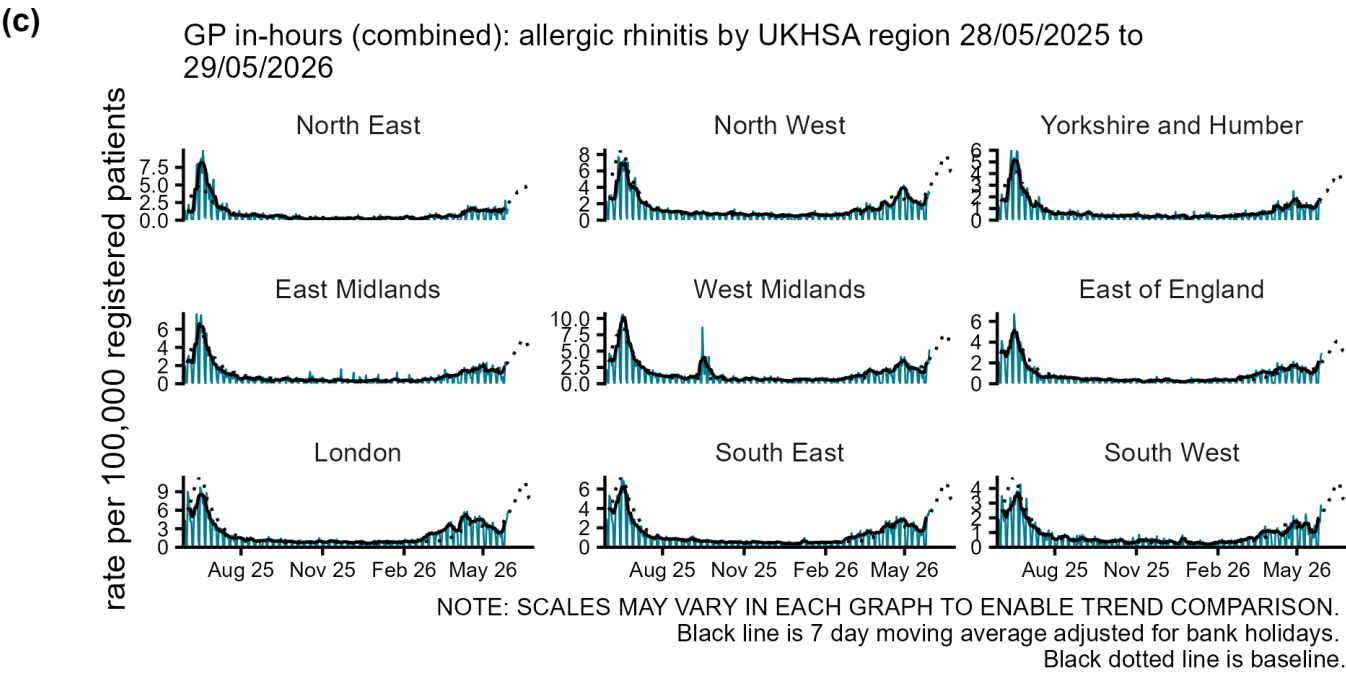




Allergic rhinitis

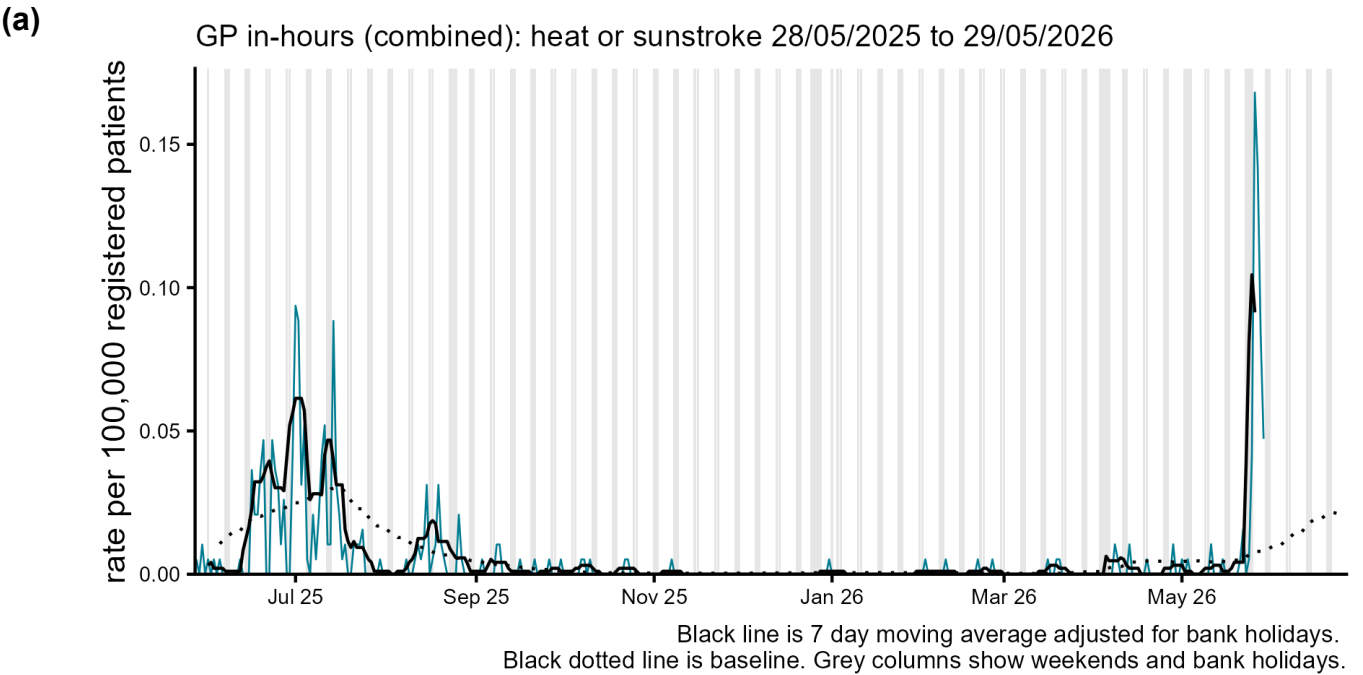
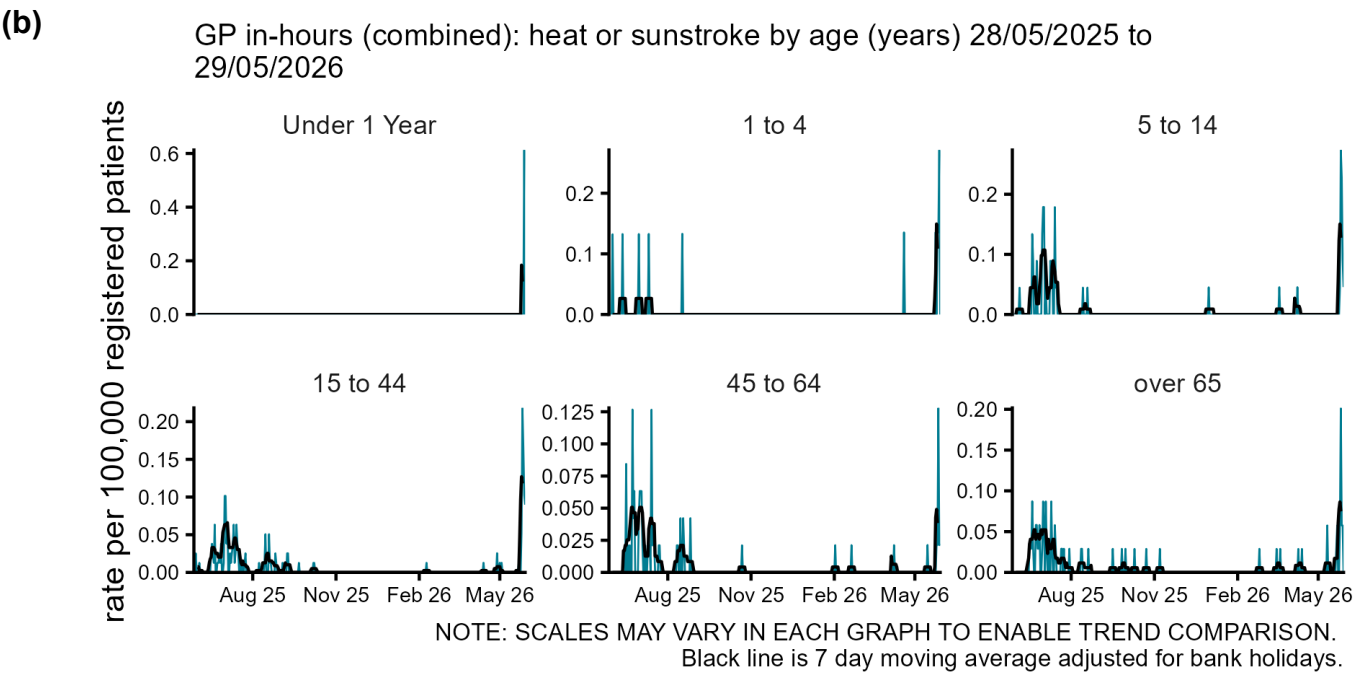
Figure 19: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for allergic rhinitis GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

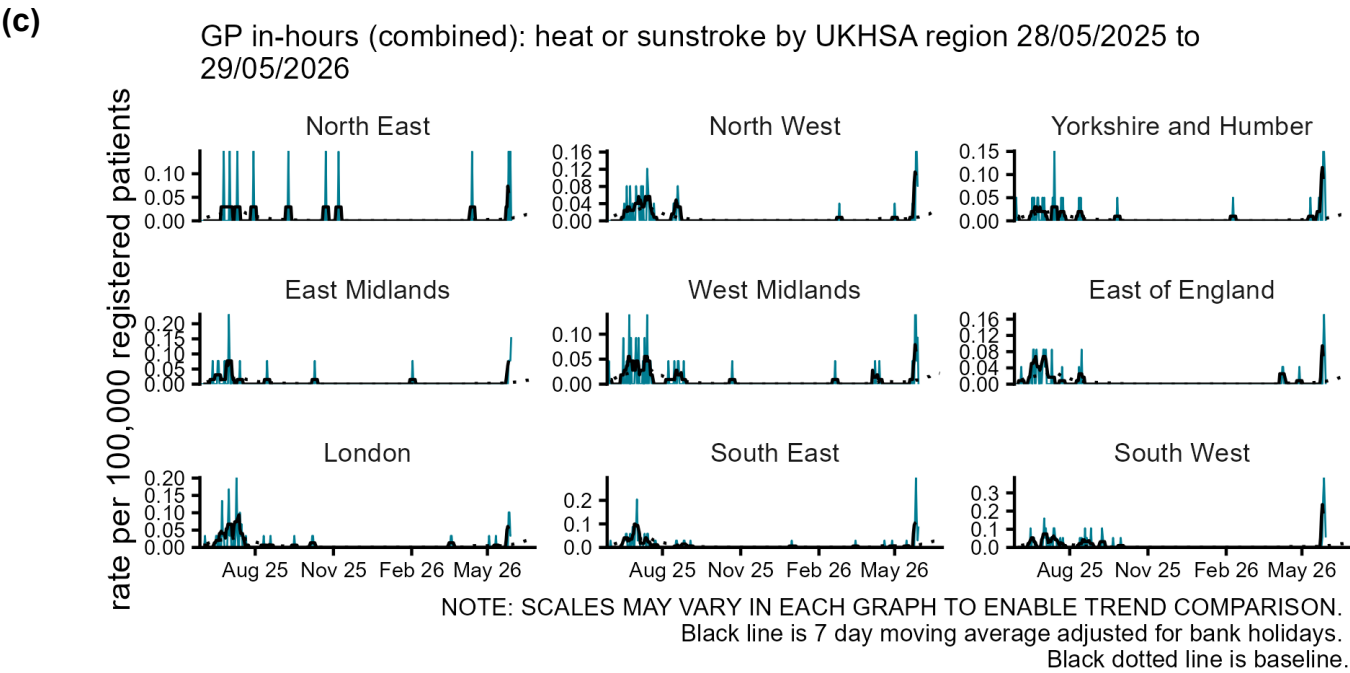




Heat or sunstroke

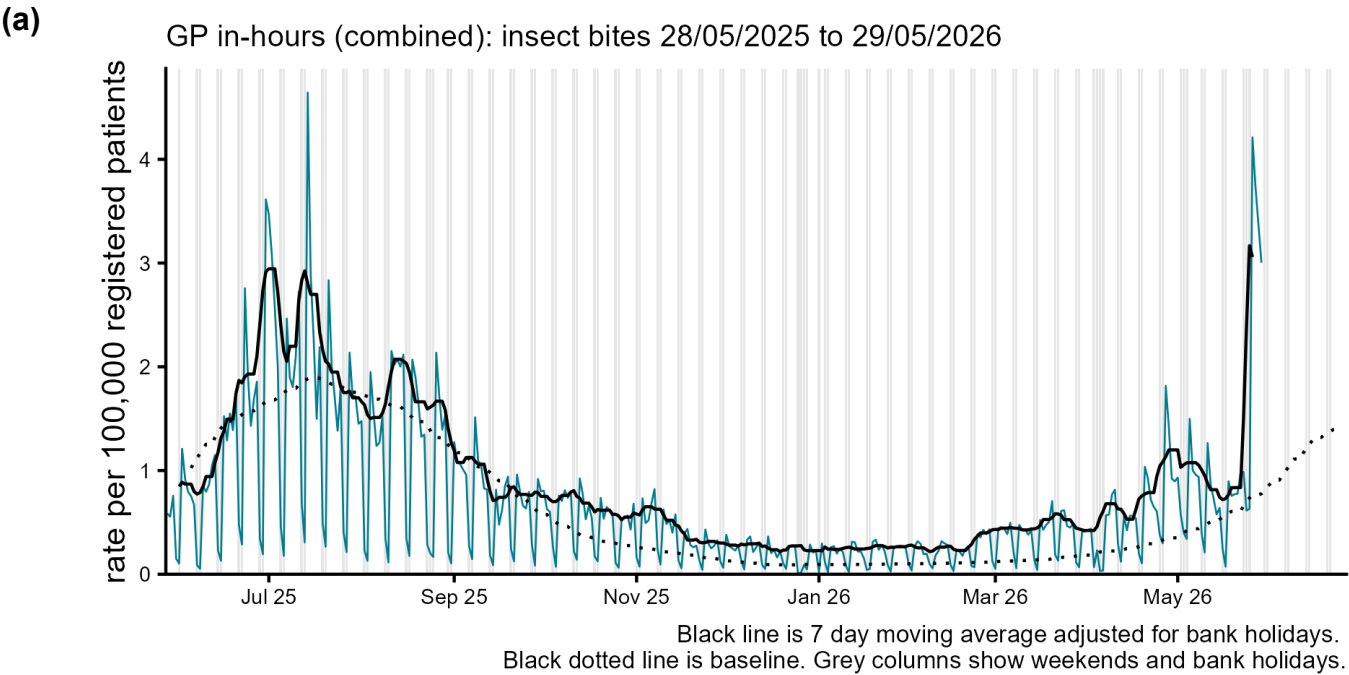
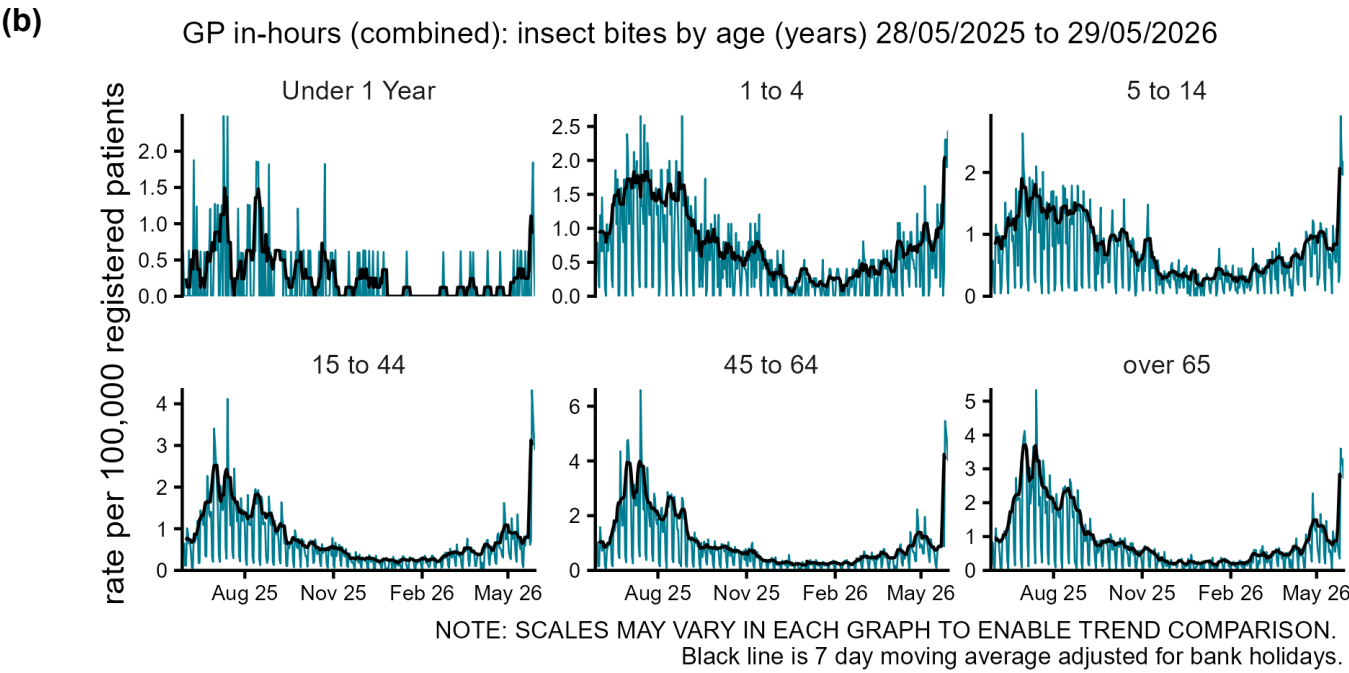
Figure 20: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for heat or sunstroke GP in hours consultations, England (a) nationally, (b) by age and (c) by UKHSA Region.

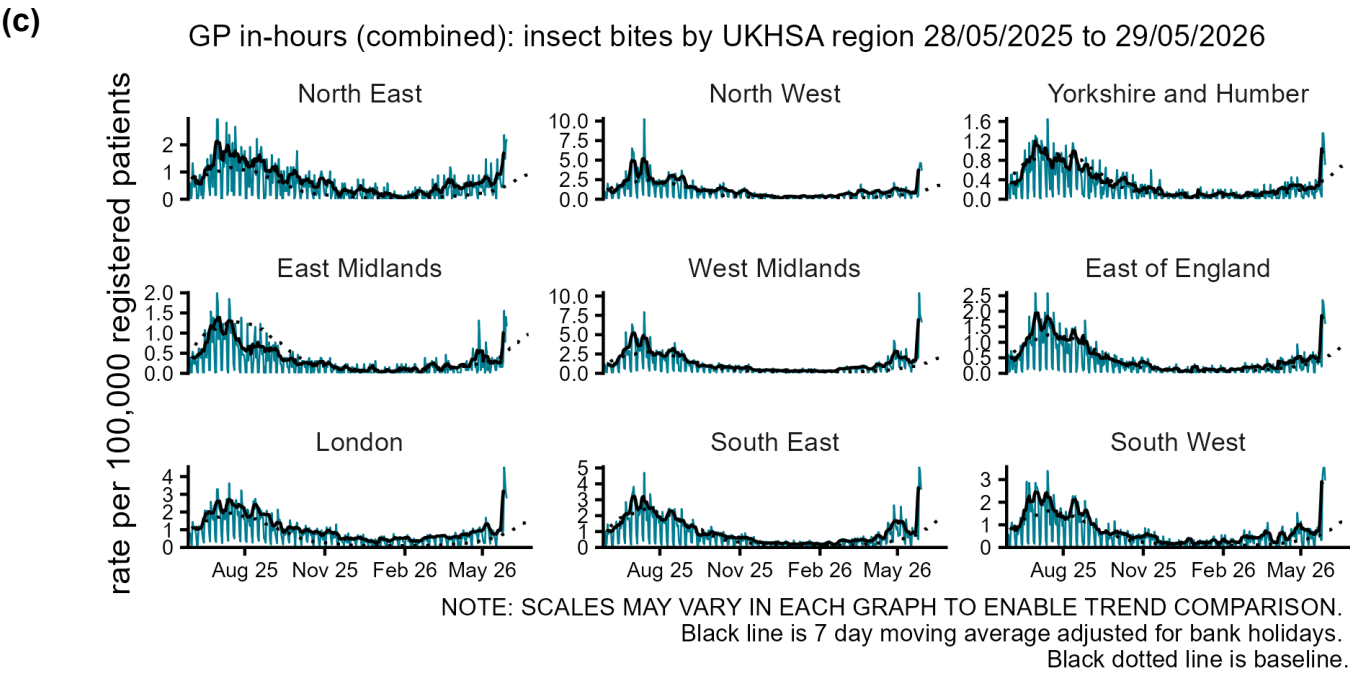




Insect bites

Figure 21: Daily incidence rate per 100,000 population (and 7-day moving average adjusted for bank holidays) for insect bites 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 20th Nov 2022 and 2nd 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

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