UK Health Security Agency

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

## 2026 week 41

# Key messages

**Data reported to: 9 October 2026**

During week 41, the COVID-19-like consultation rate stabilised overall but continued to increase in the over 65 years age group. Upper respiratory tract infections remained stable and within seasonal expectations, but there were further increases in the over 45 years age groups. Influenza-like illness (ILI) consultation rates stabilised during week 41, but rates remained above levels expected for the time of year and ILI rates increased in the 45 to 64 years age group.

# 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**) | No trend | Above baseline |
| Influenza-like illness (**Figure 3**) | No trend | Above baseline |
| Scarlet fever (**Figure 4**) | Increasing | Similar to baseline |
| Lower respiratory tract infections (**Figure 5**) | Increasing | Similar to baseline |
| Pneumonia (**Figure 6**) | No trend | Similar to baseline |
| Bronchiolitis (**Figure 7**) | No trend | Below baseline |
| Acute bronchitis **(Figure 8)** | Increasing | Above baseline |
| Acute presenting asthma (**Figure 9**) | Increasing | Similar to baseline |
| Gastroenteritis (**Figure 10**) | No trend | Above baseline |
| Diarrhoea (**Figure 11**) | Decreasing | Above baseline |
| Vomiting (**Figure 12**) | No trend | 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**) | No trend | Similar to baseline |
| Chickenpox (**Figure 17**) | No trend | Similar to baseline |
| Conjunctivitis (**Figure 18**) | No trend | Similar to 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 | 41 | 1800 | Combined | 19 million |
| 2026 | 41 | 632 | TPP | 7 million |
| 2026 | 41 | 1168 | Orchid | 12 million |

[1] based on the average number of practices and registered patient population in the reporting week (Monday-Friday).

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# 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**

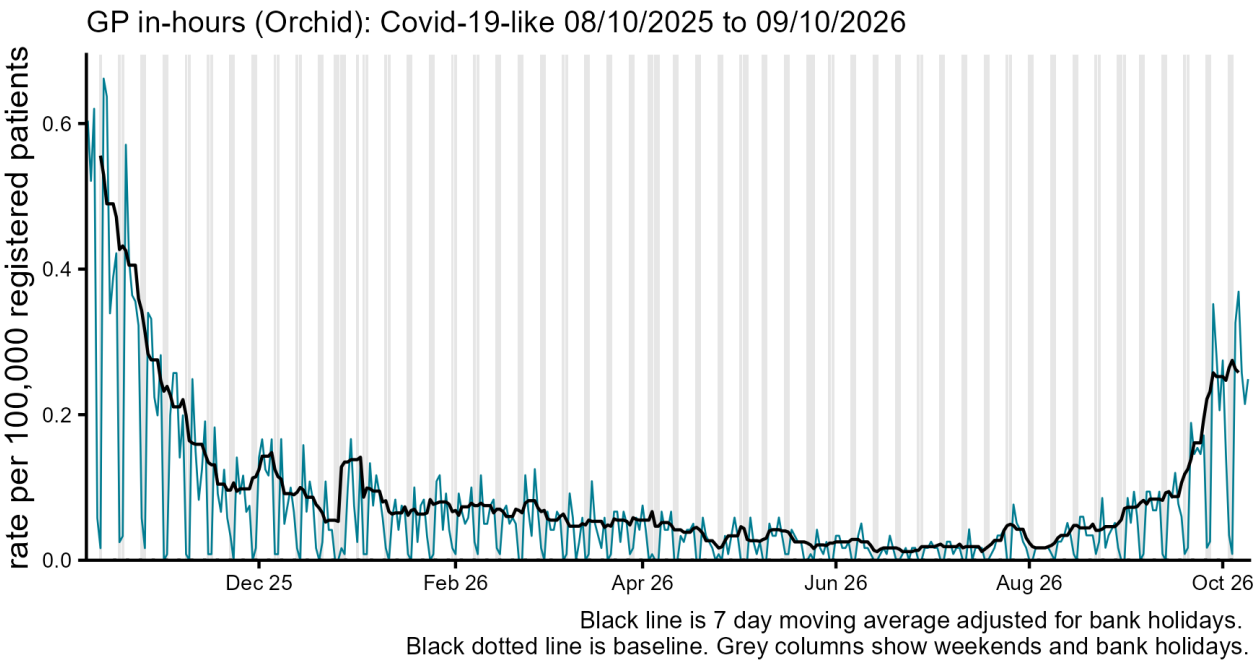
We have temporarily removed the impetigo, pharyngitis and herpes zoster indicators while we work with GP data providers to understand changes in consultation data that have affected recent indicator trends.

# Respiratory conditions

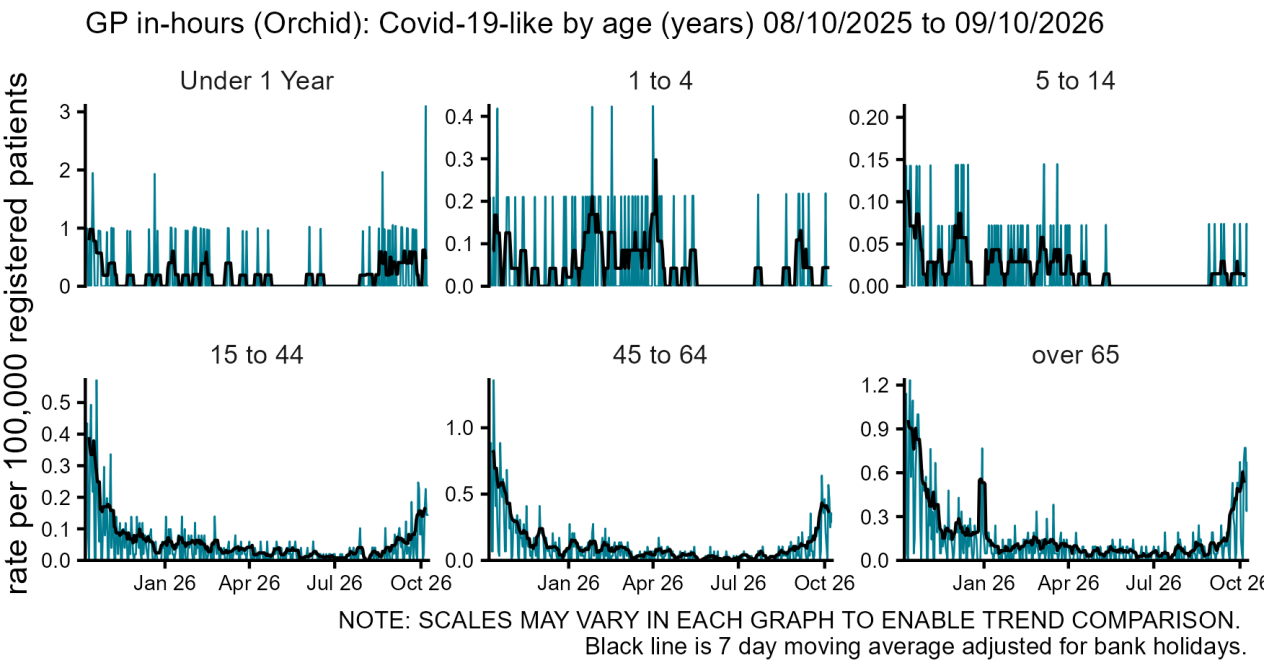
## COVID-19-like

**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.**

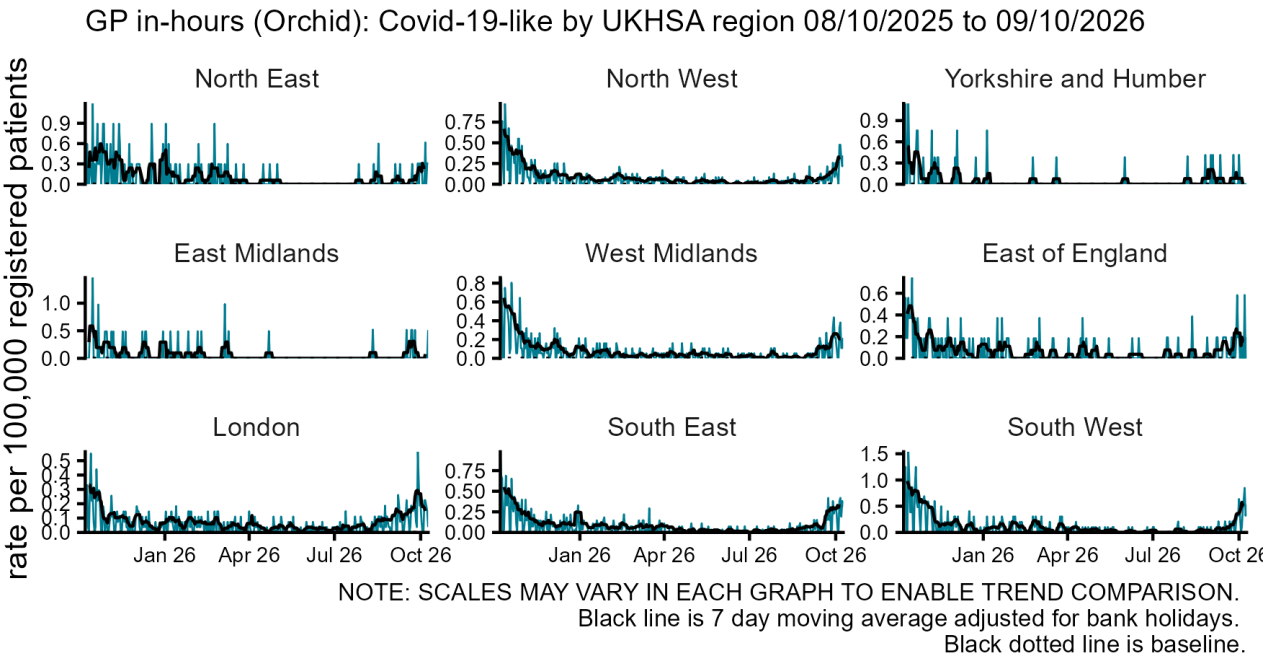
**(a)**




**(b)**



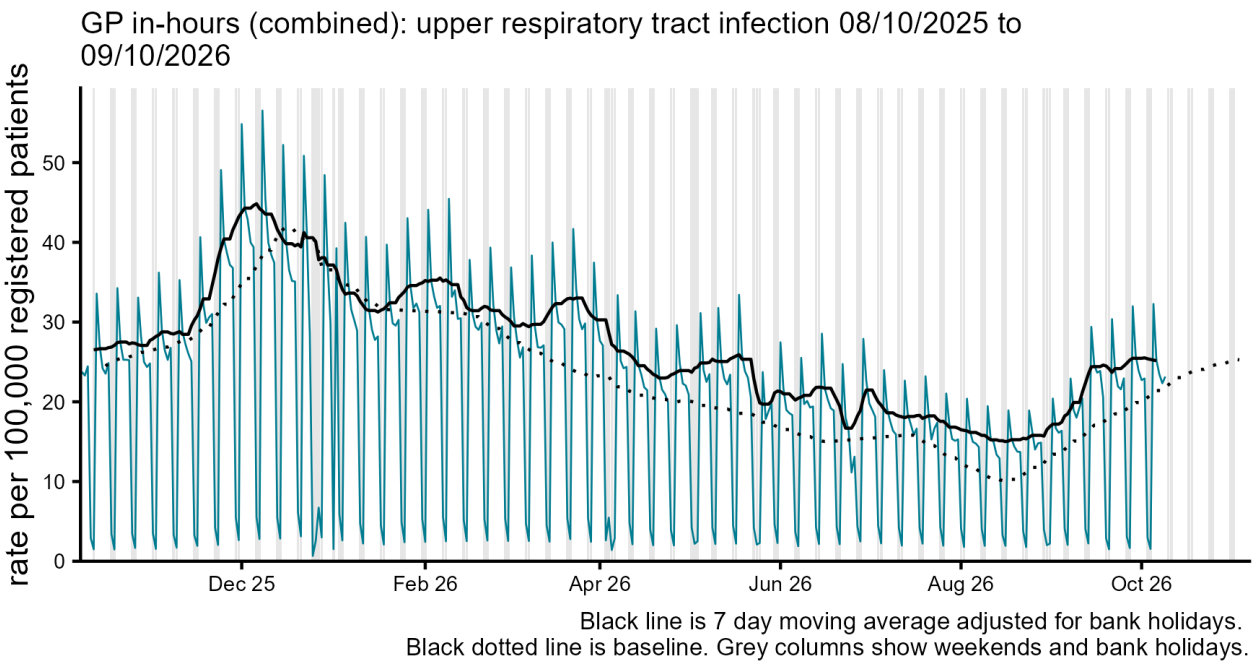
**(c)**


GP in-hours (Orchid): Covid-19-like by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
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.

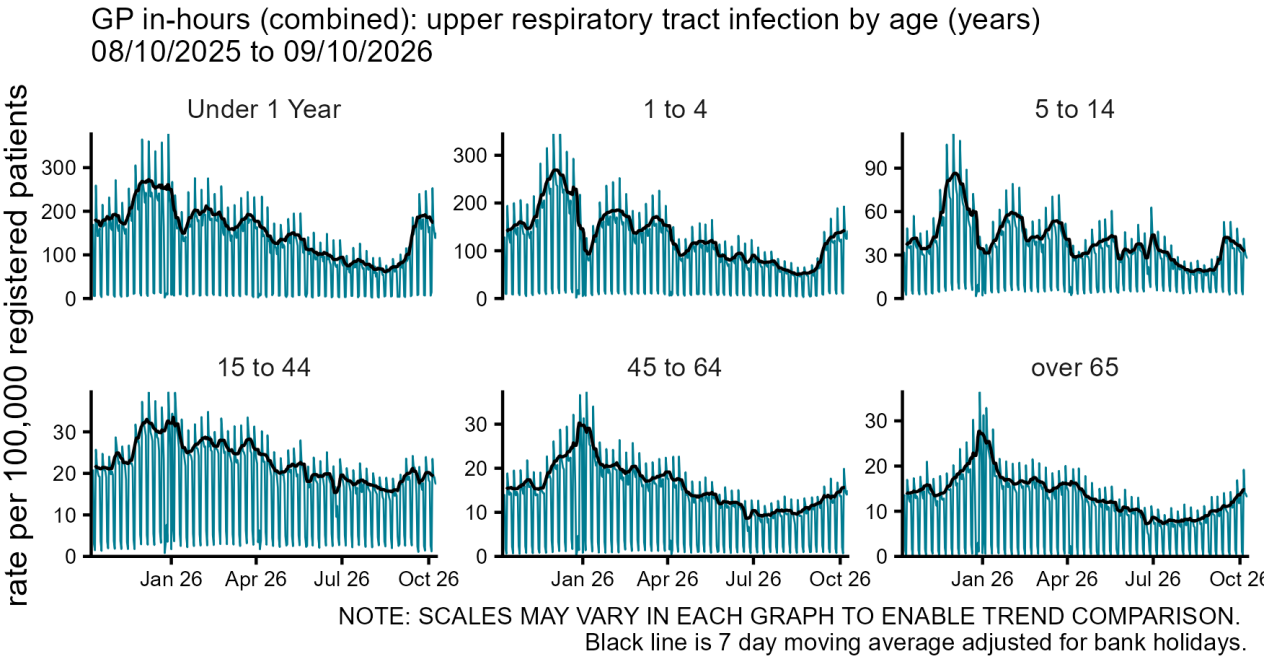
# Upper respiratory tract infections

**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.**

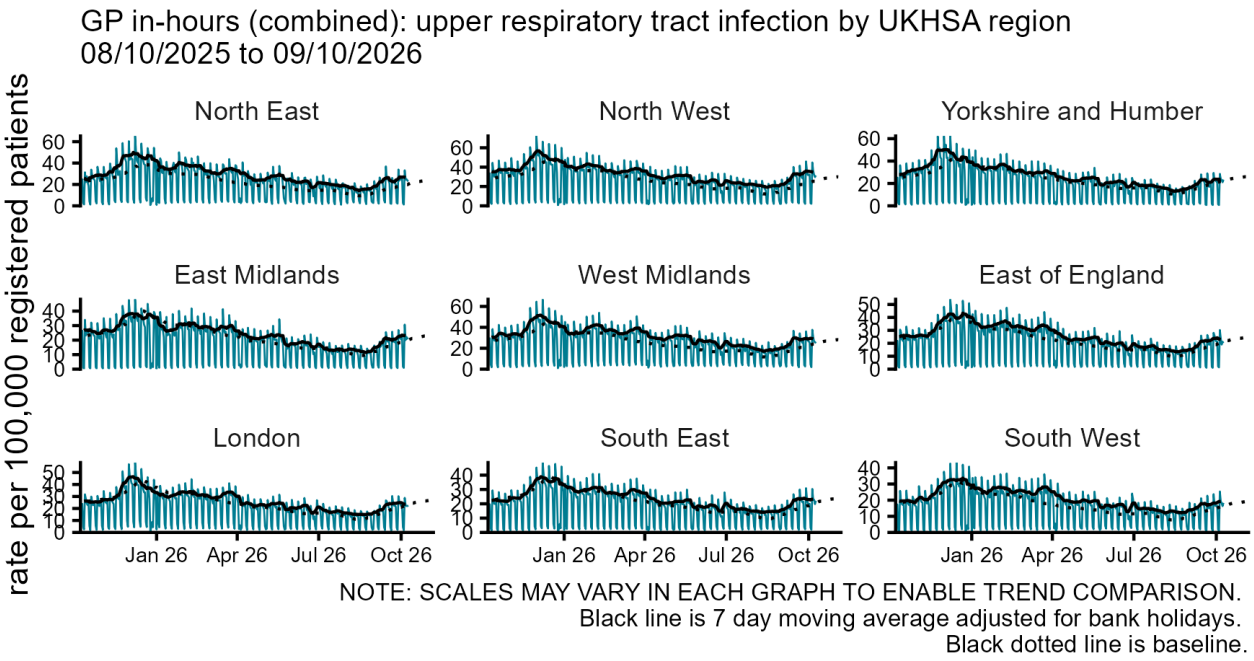
**(a)**




**(b)**



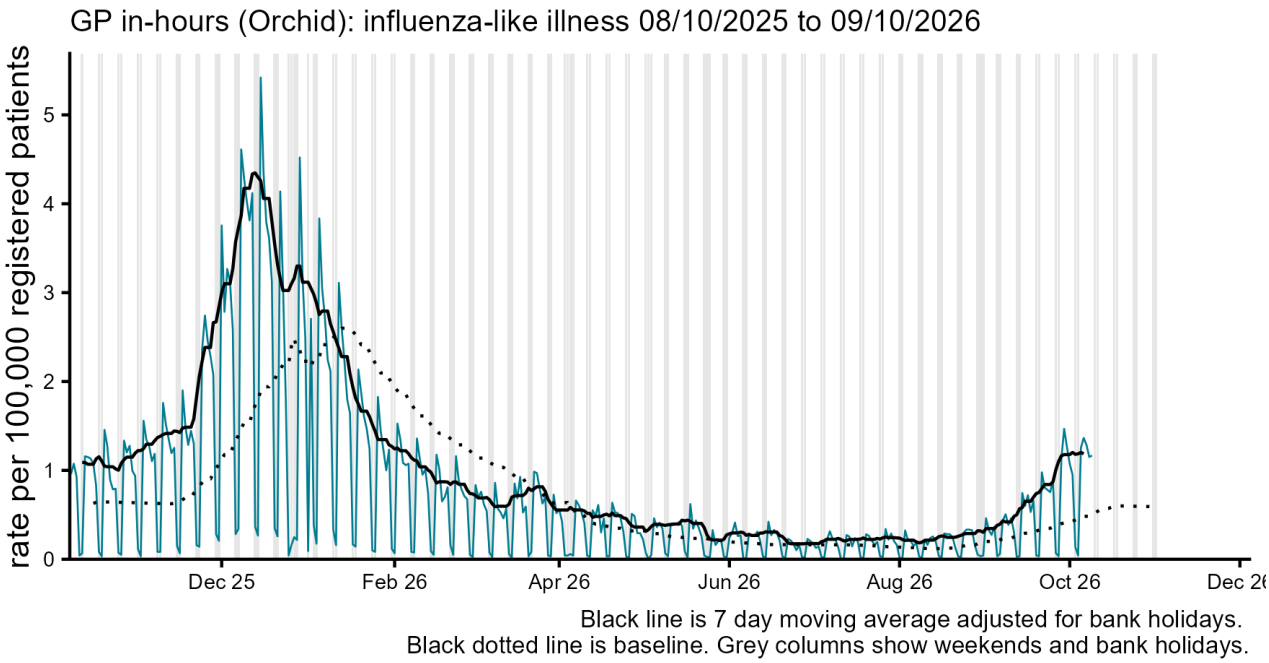
**(c)**


GP in-hours (combined): upper respiratory tract infection by UKHSA region
08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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.

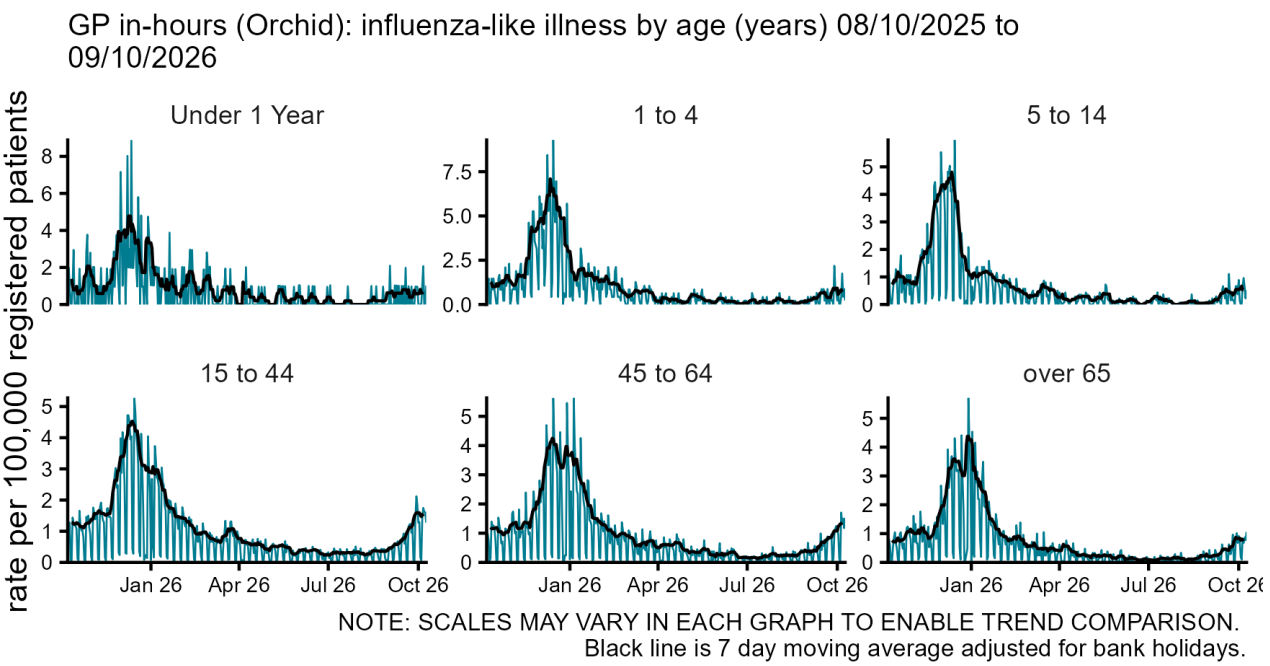
# Influenza-like illness

**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.**

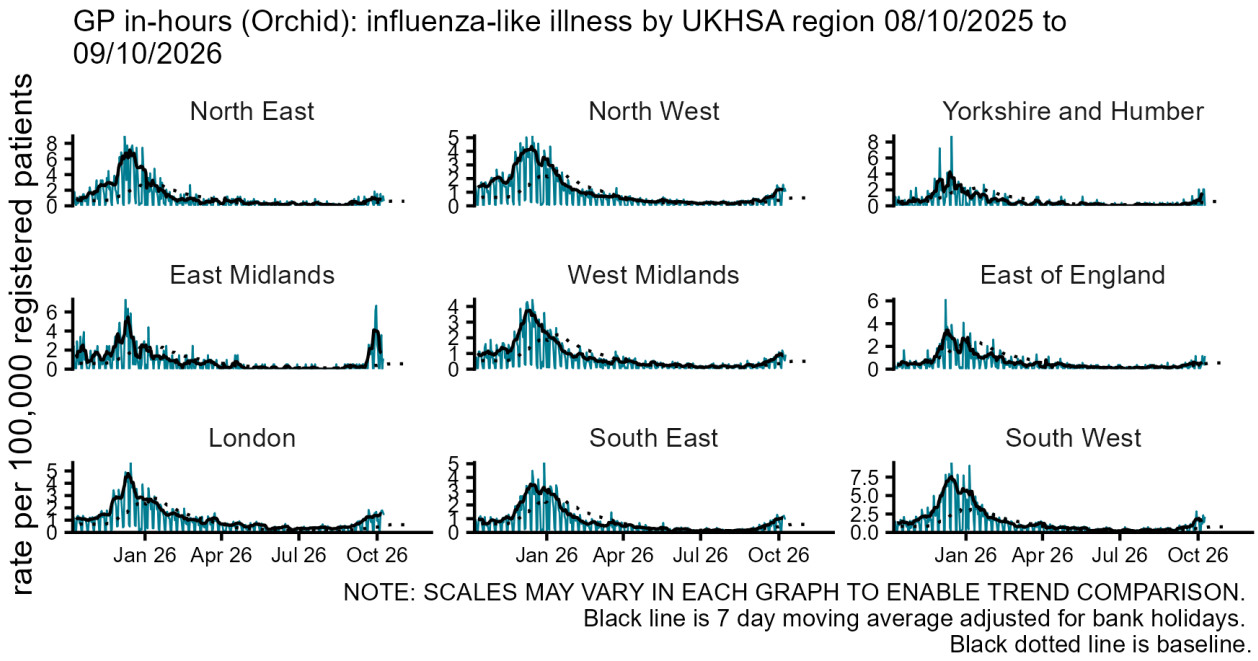
**(a)**




**(b)**



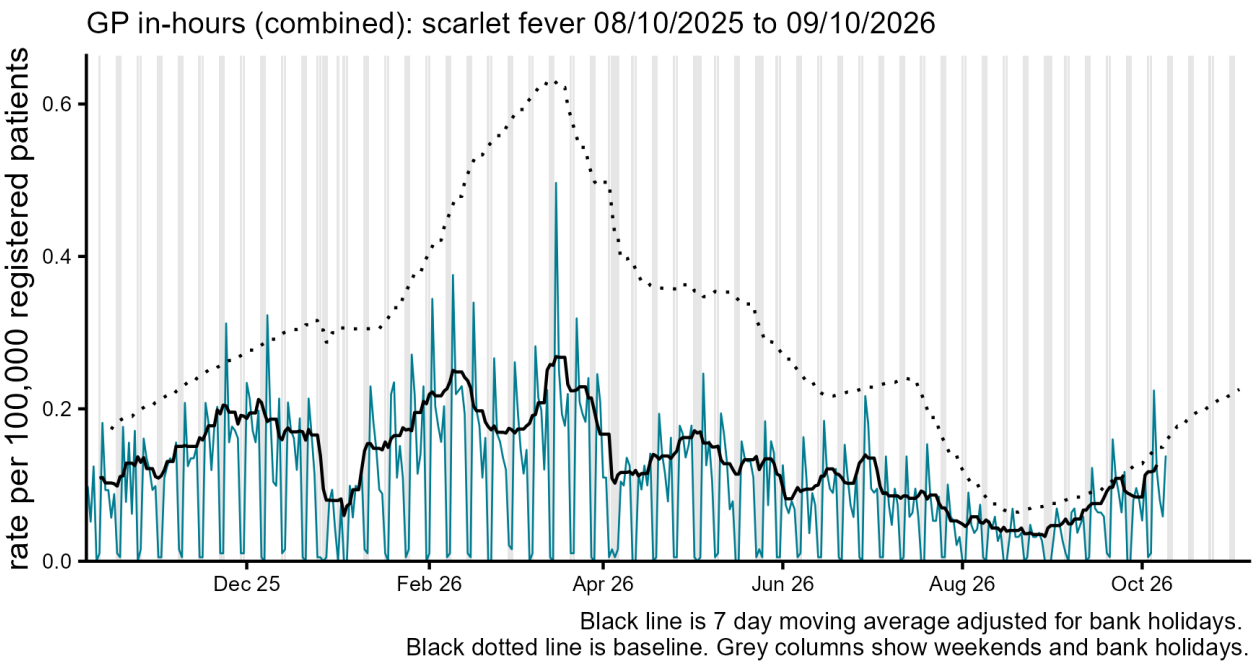
**(c)**


GP in-hours (Orchid): influenza-like illness by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
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.

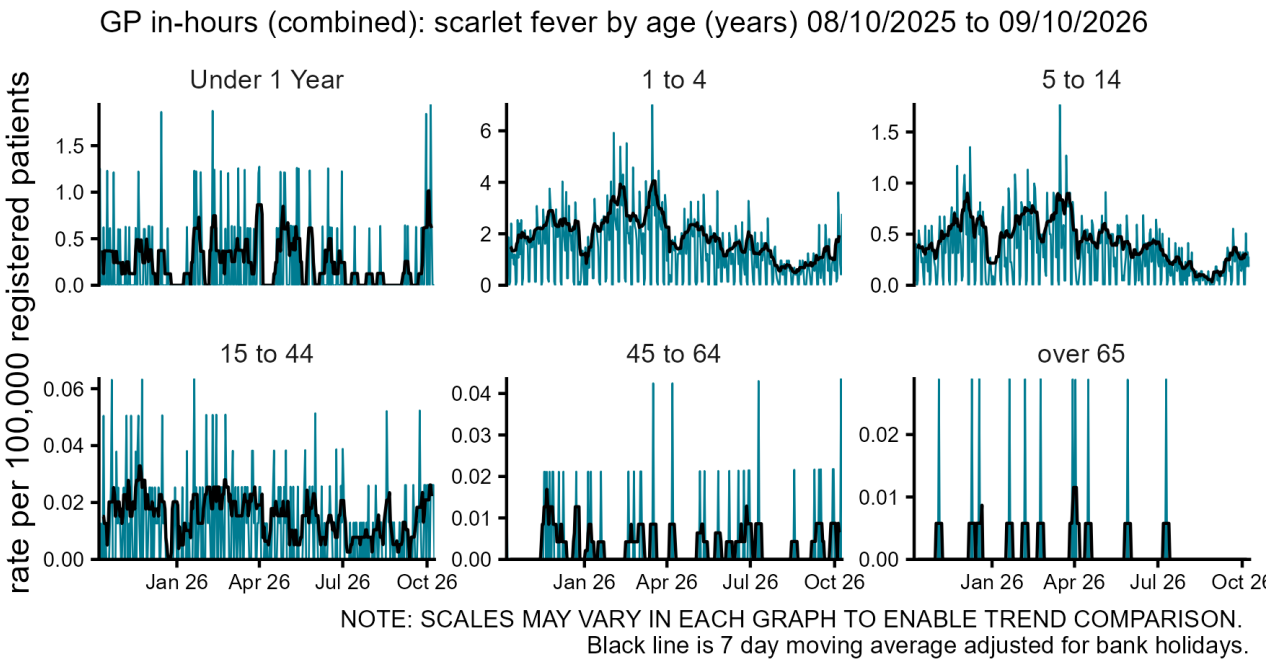
# Scarlet fever

**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.**

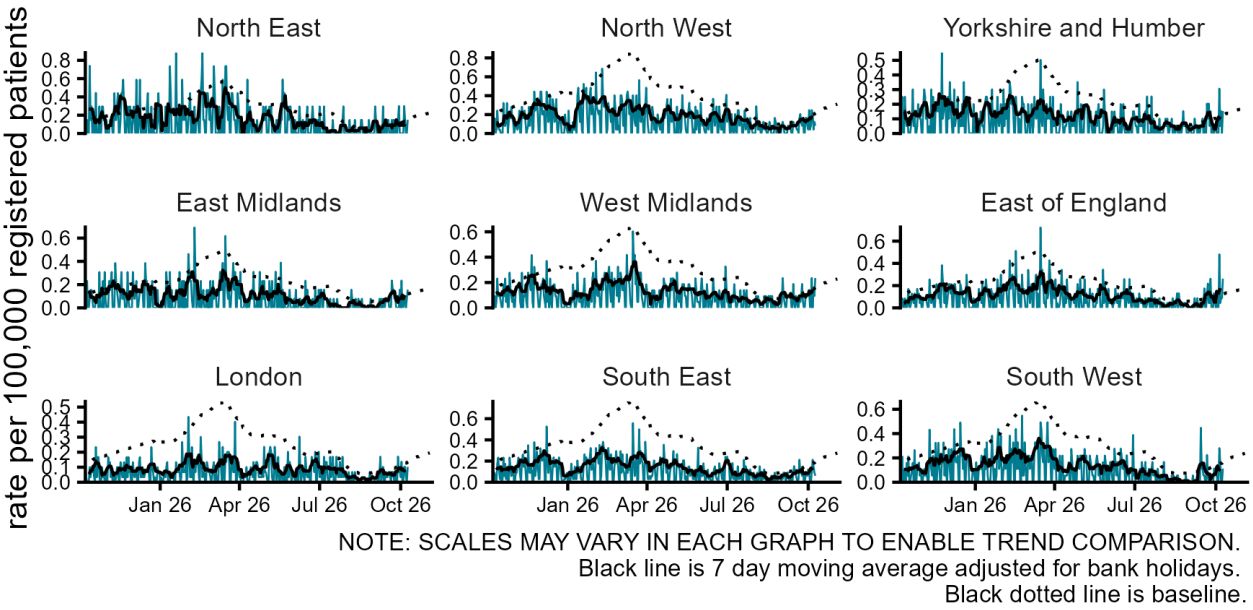
**(a)**




**(b)**



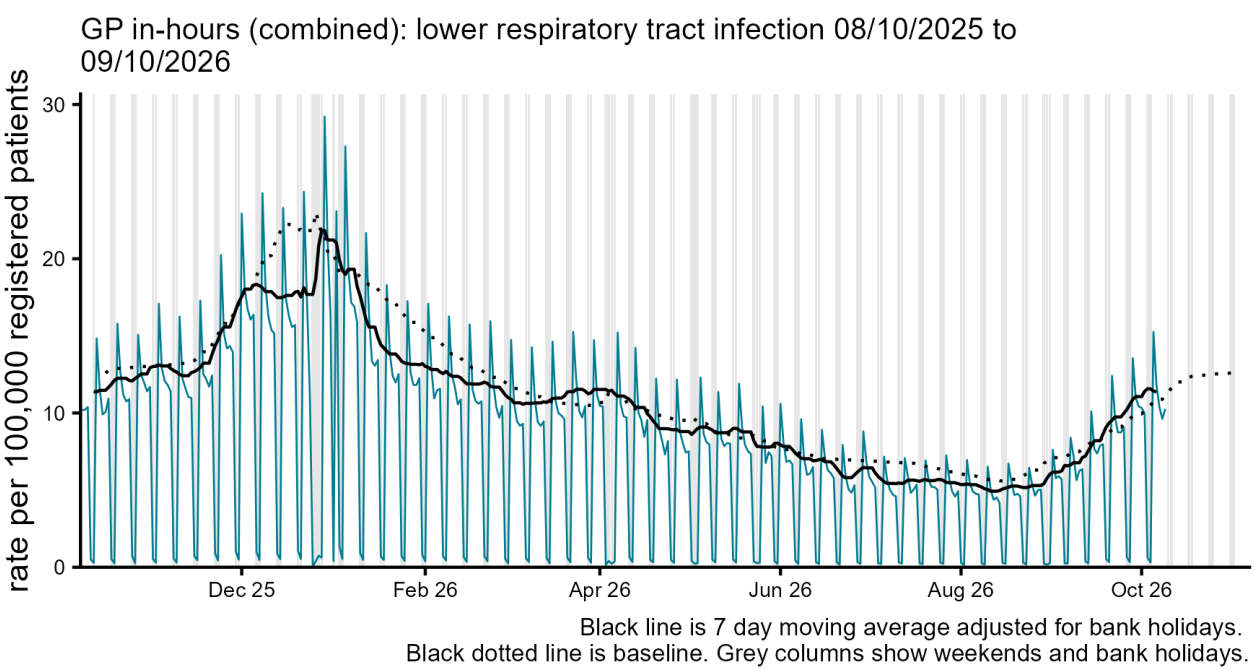
**(c)**


GP in-hours (combined): scarlet fever by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
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.

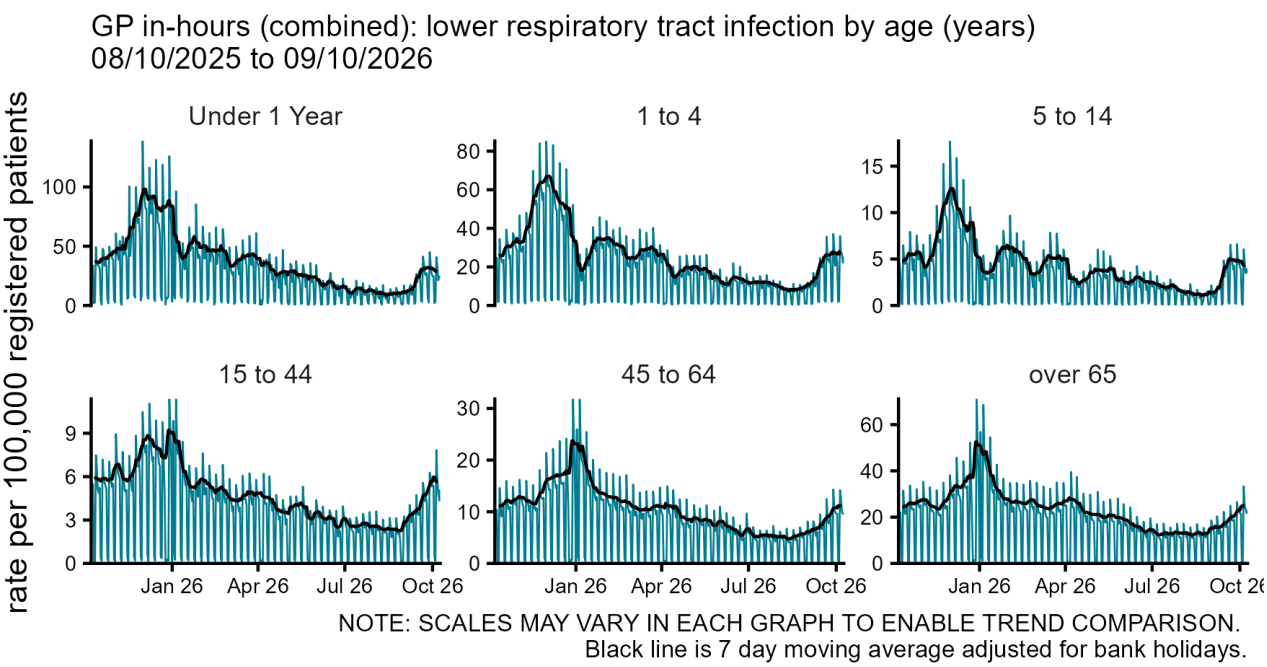
# Lower respiratory tract infections

**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.**

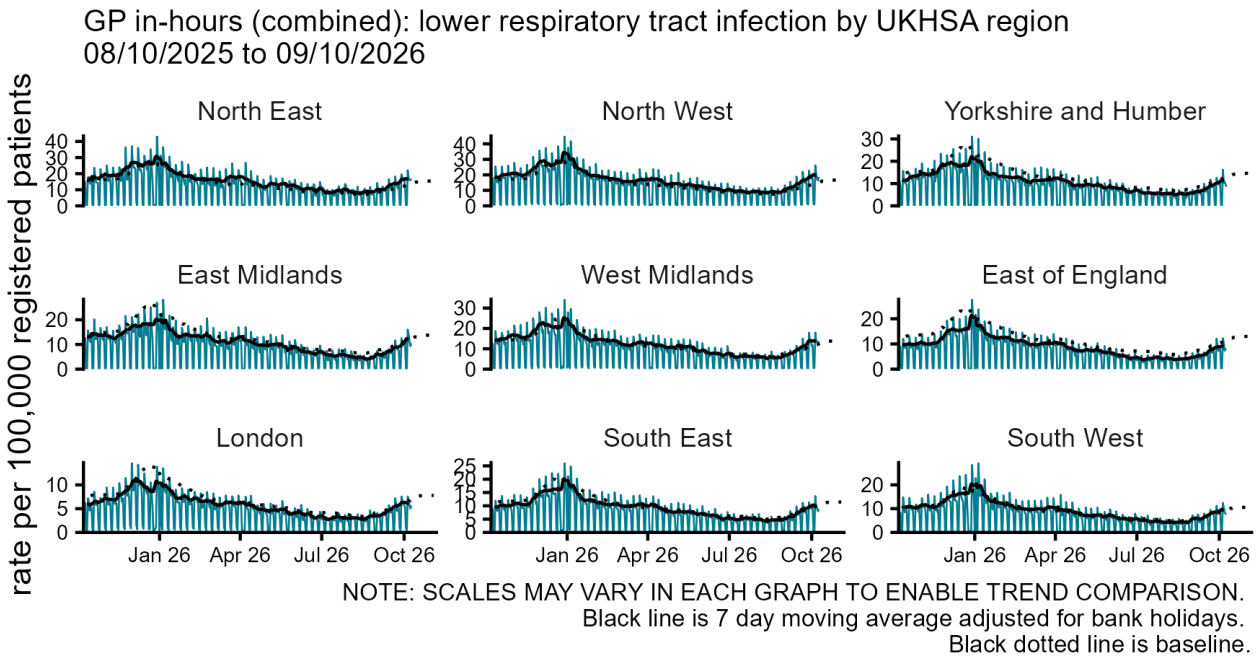
**(a)**




**(b)**



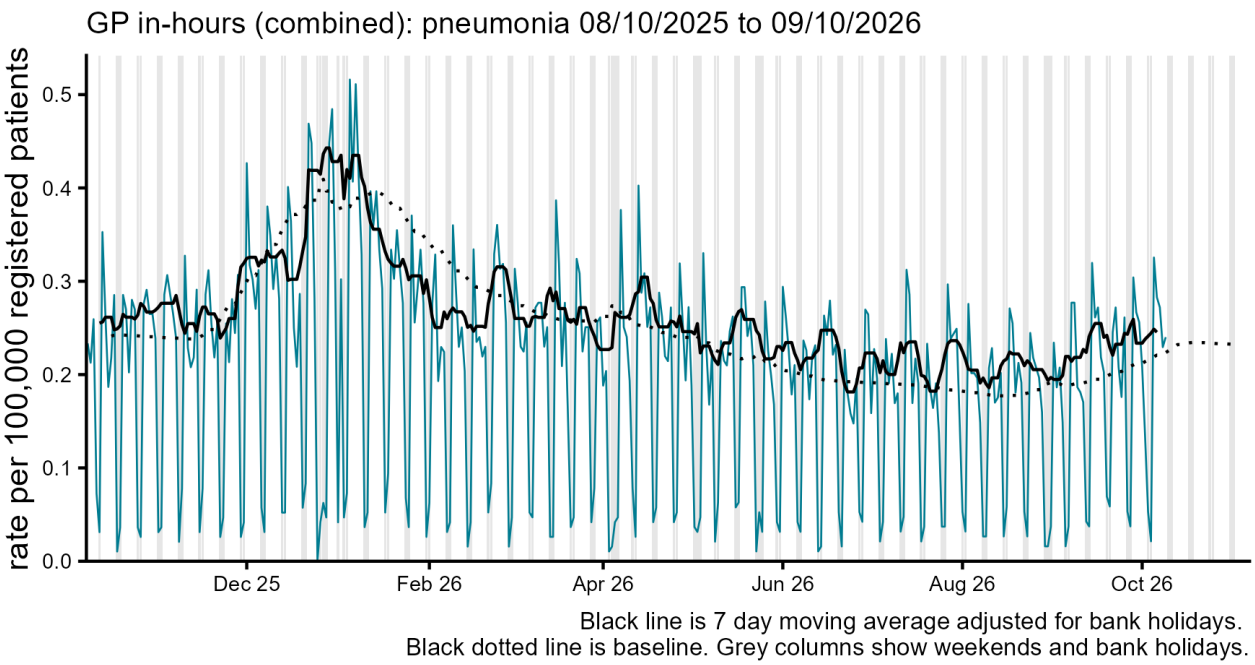
**(c)**


GP in-hours (combined): lower respiratory tract infection by UKHSA region
08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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Black dotted line is baseline.

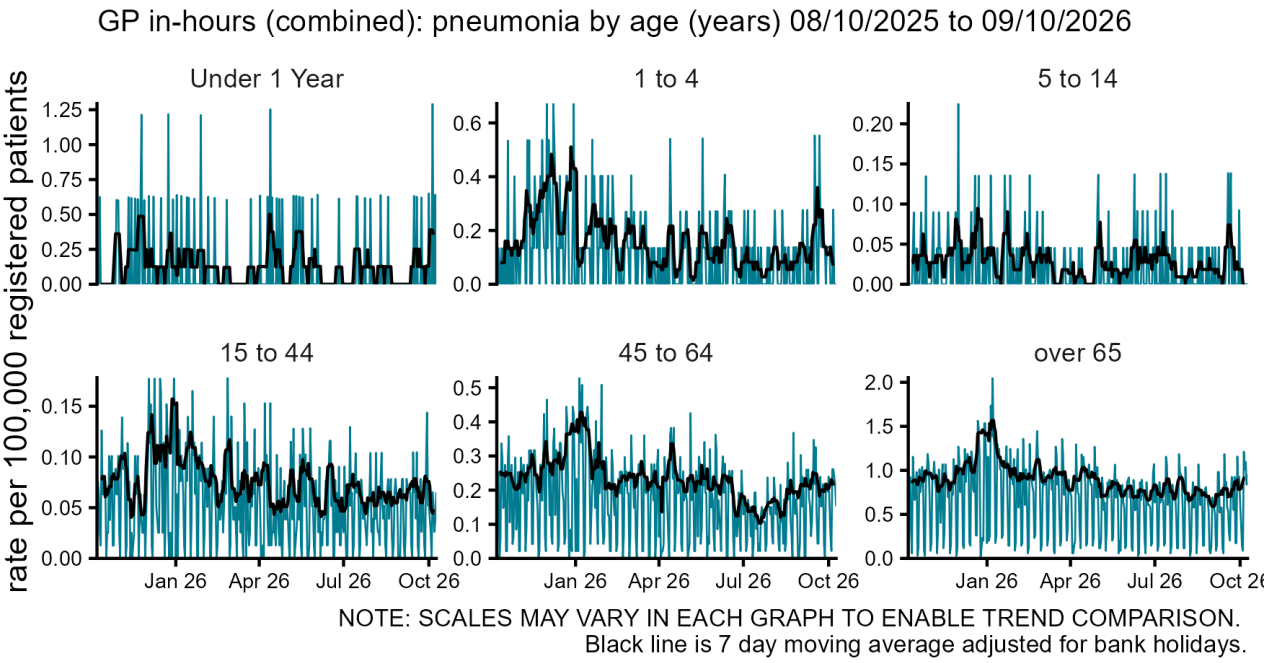
# Pneumonia

**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.**

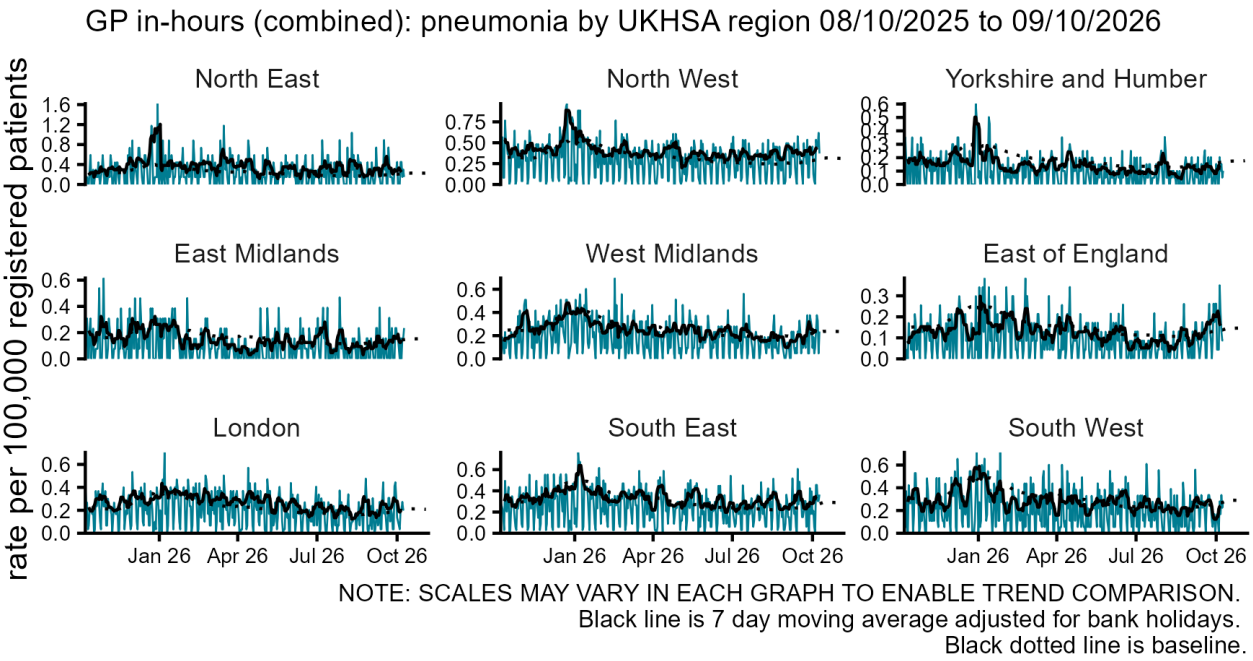
**(a)**




**(b)**



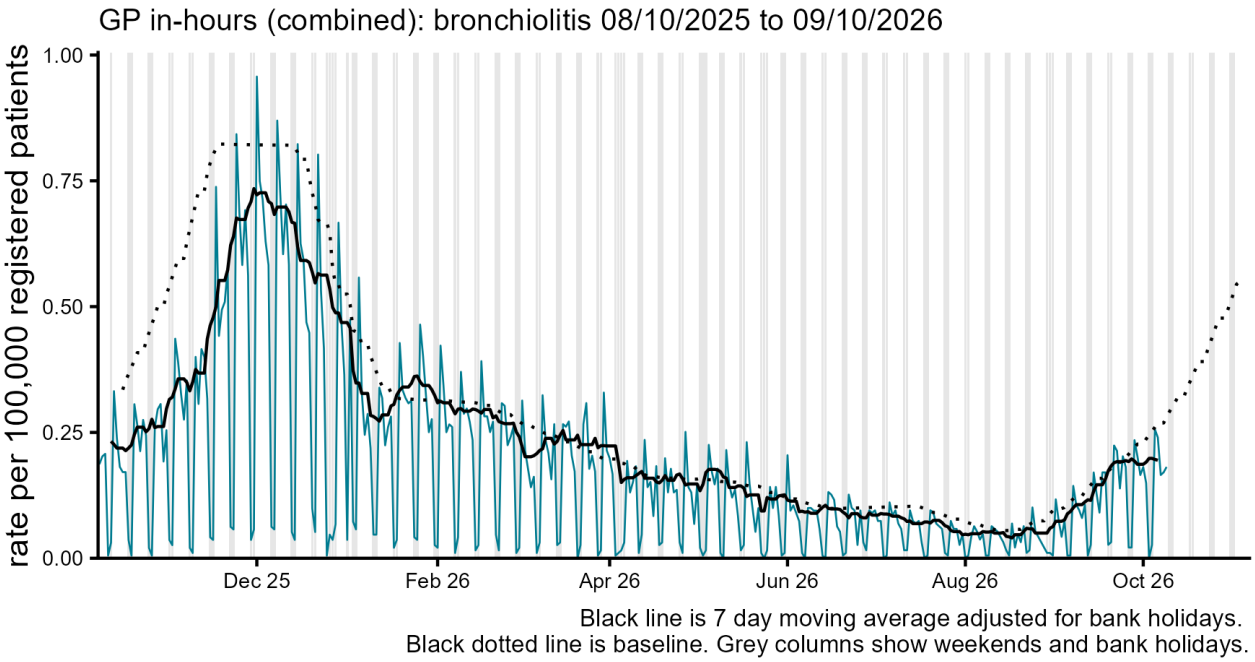
**(c)**


GP in-hours (combined): pneumonia by UKHSA region 08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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.

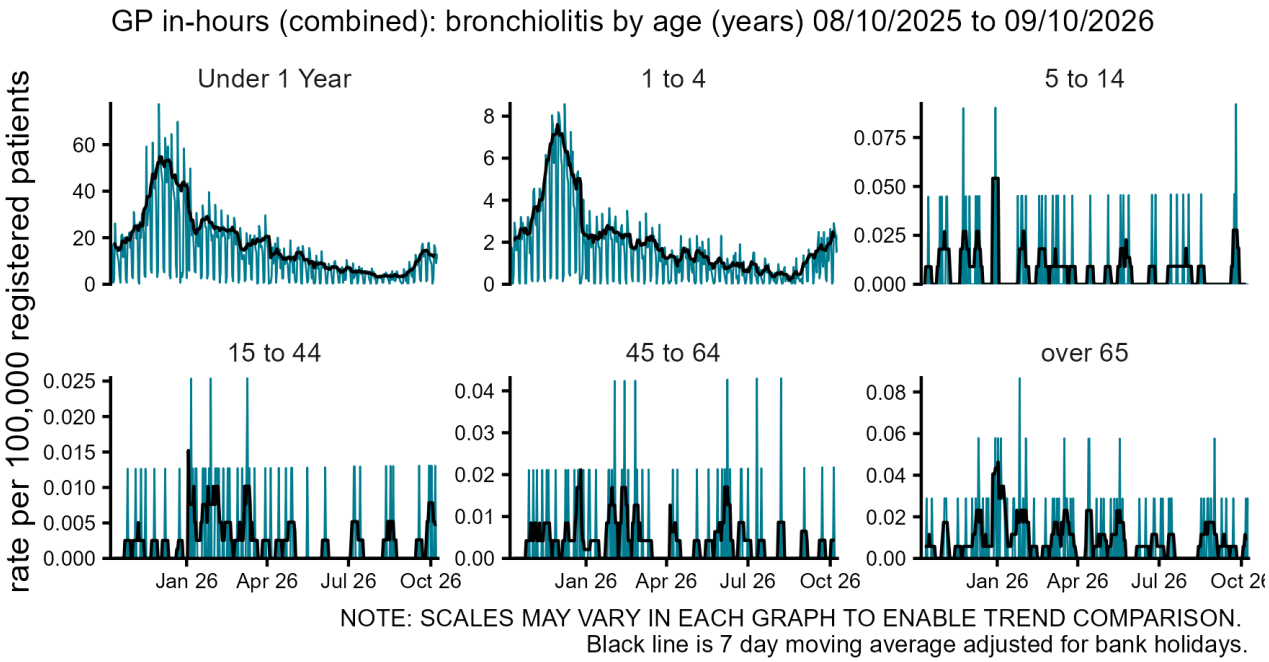
# Bronchiolitis

**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.**

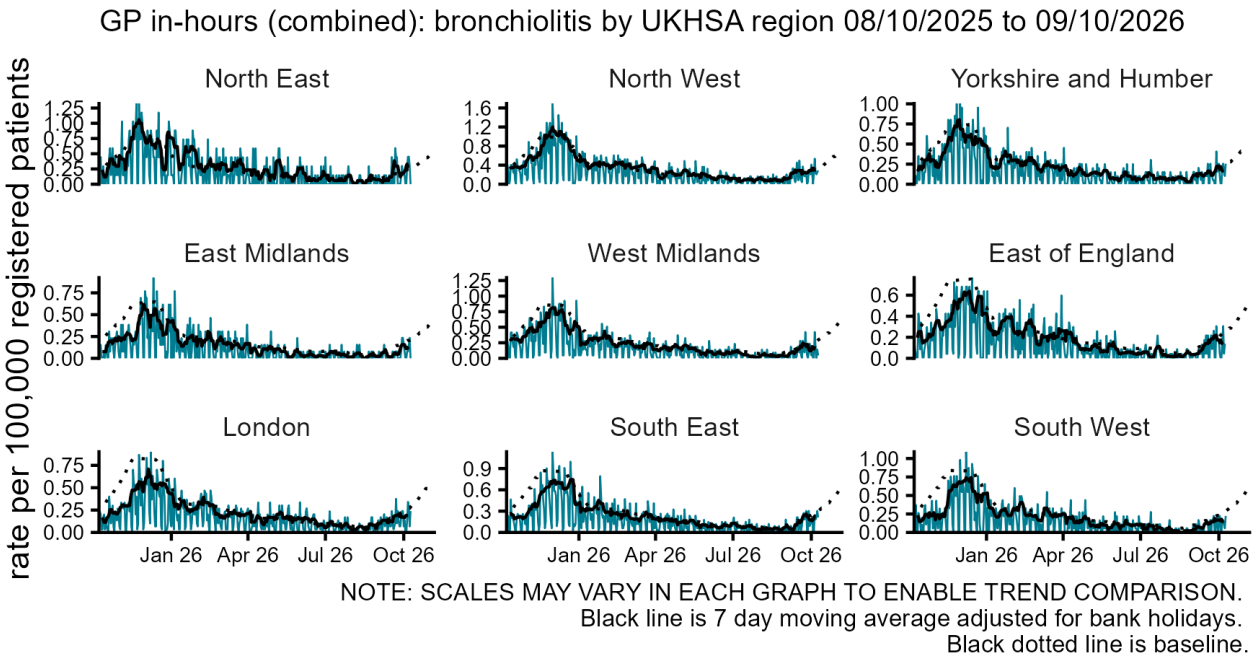
**(a)**




**(b)**



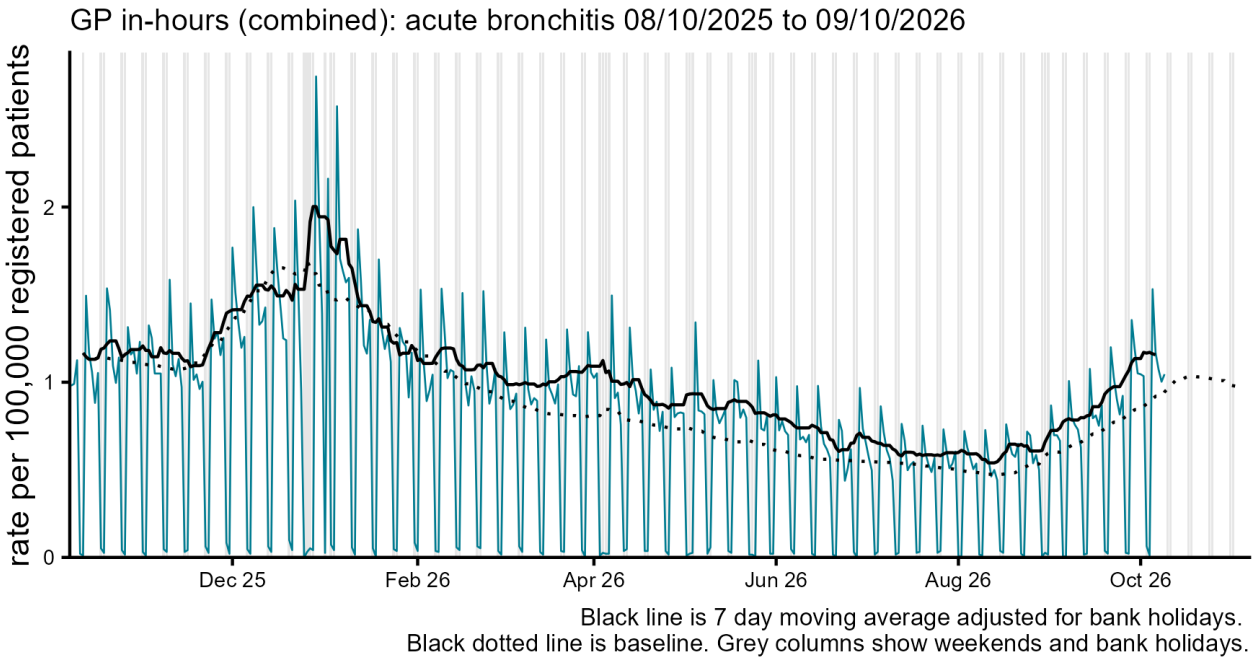
**(c)**


GP in-hours (combined): bronchiolitis by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
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.

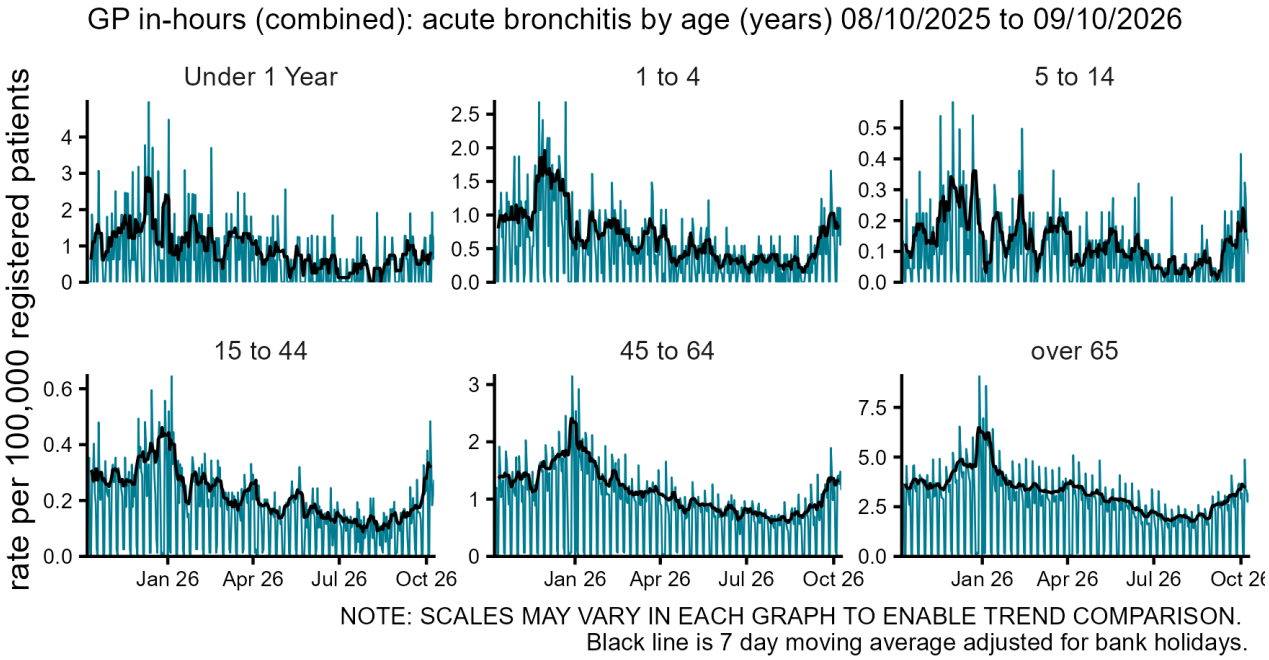
# Acute bronchitis

**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.**

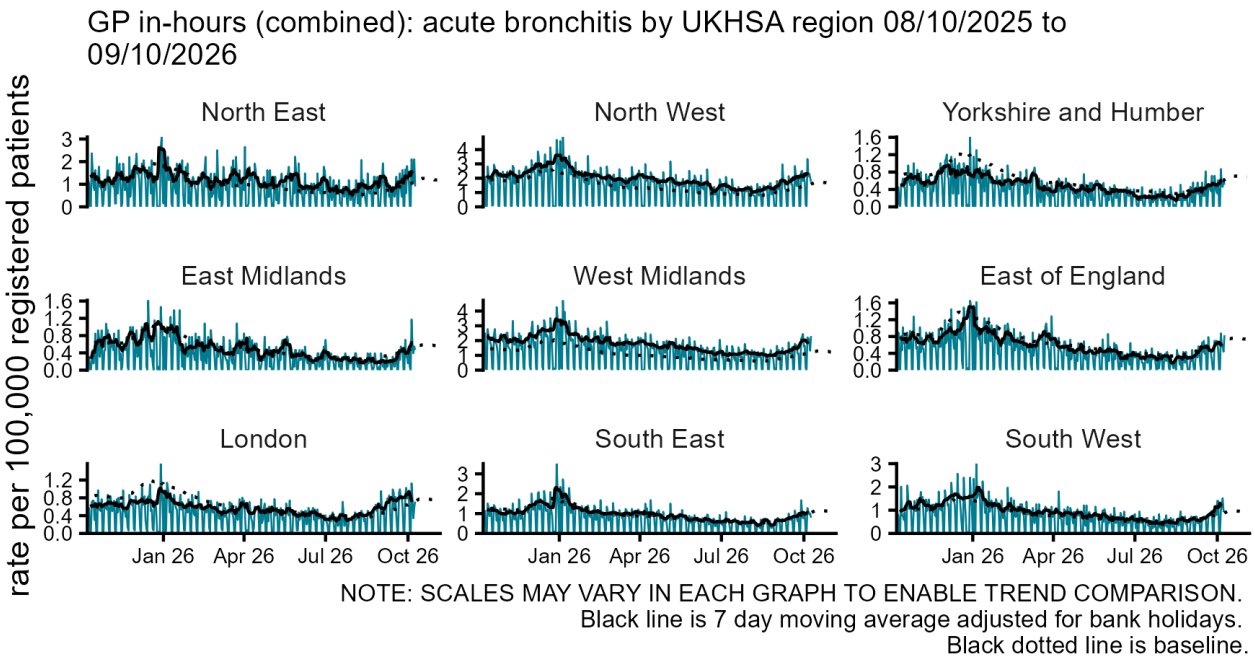
**(a)**




**(b)**



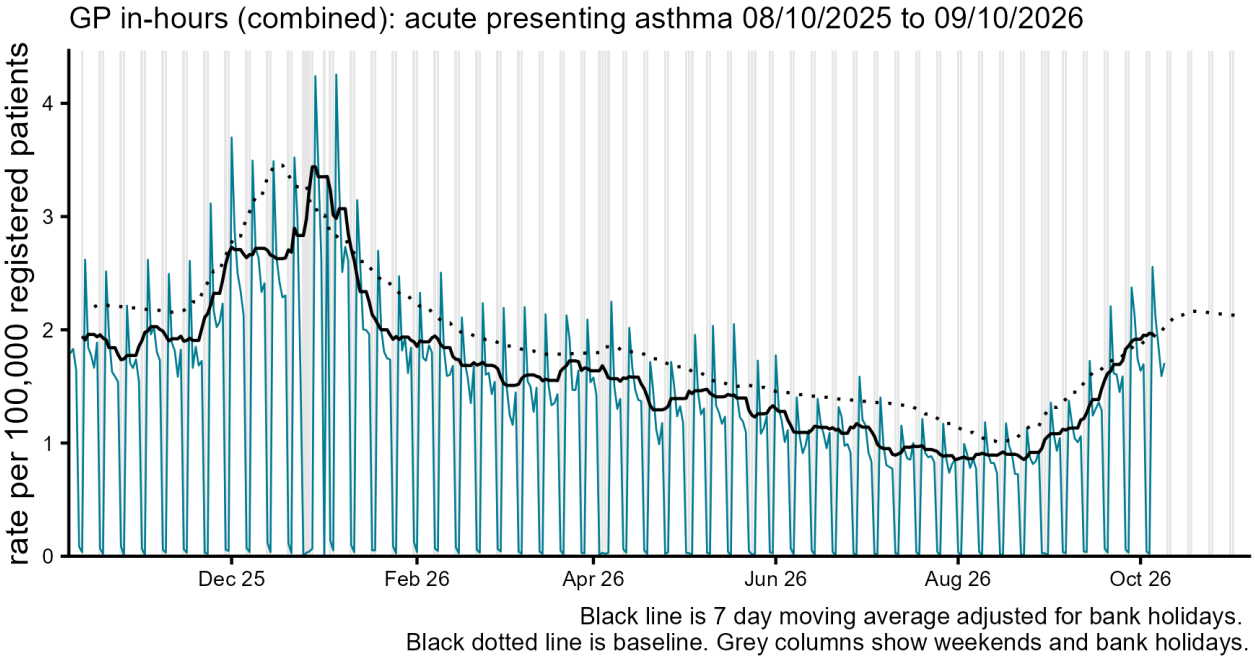
**(c)**


GP in-hours (combined): acute bronchitis by UKHSA region 08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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.

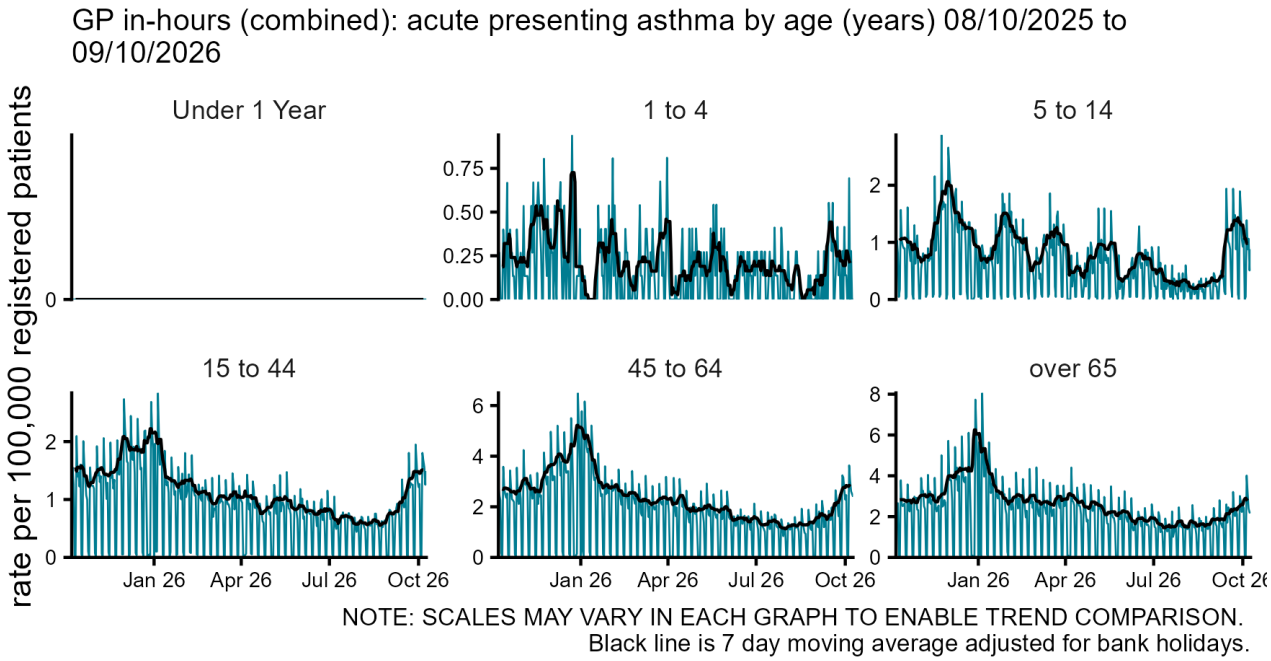
# Acute presenting asthma

**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.**

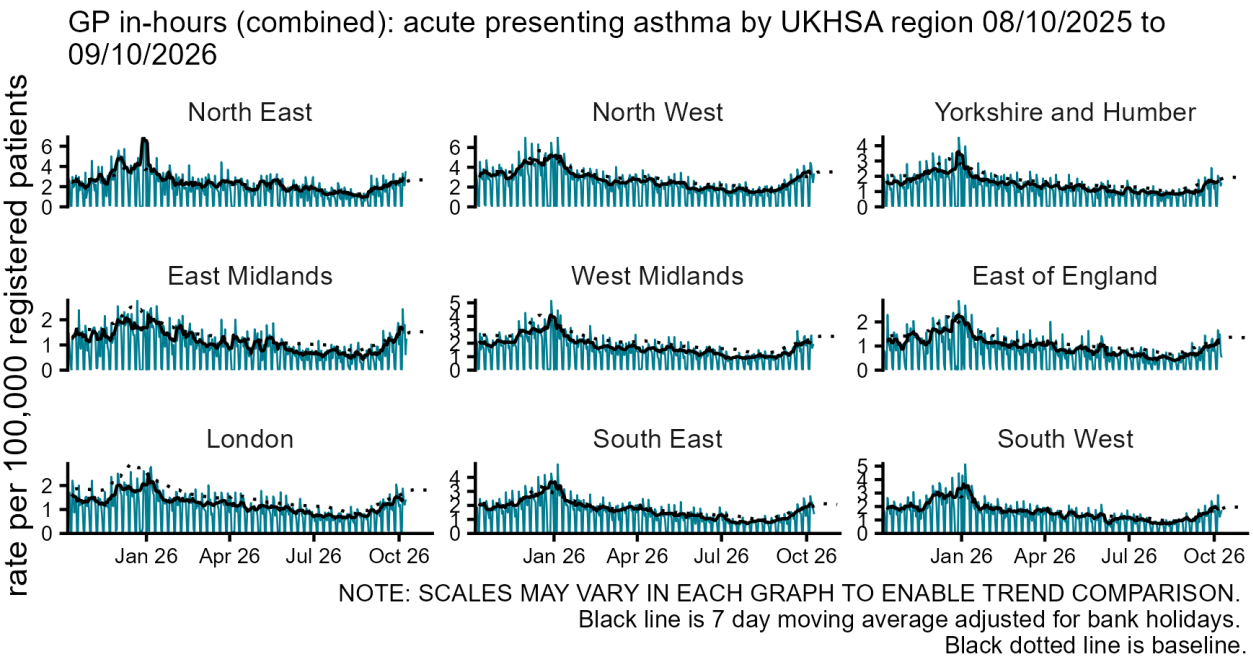
**(a)**




**(b)**



**(c)**

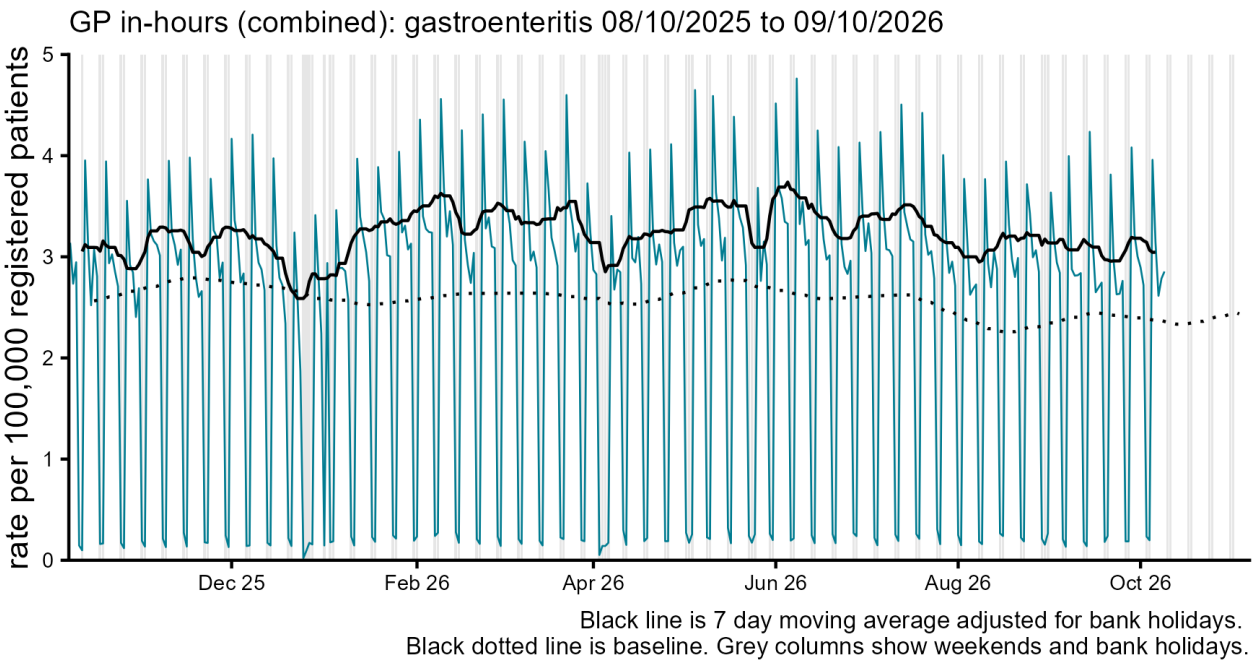

GP in-hours (combined): acute presenting asthma by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

# Gastrointestinal conditions

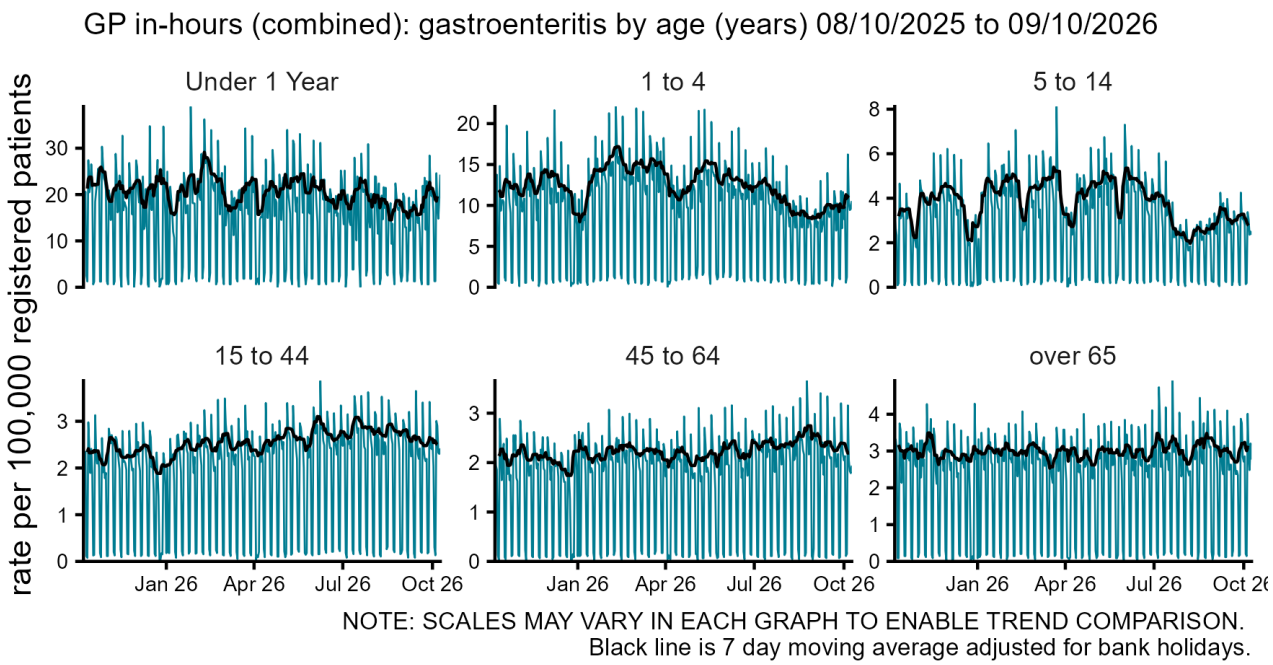
## Gastroenteritis

**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.**

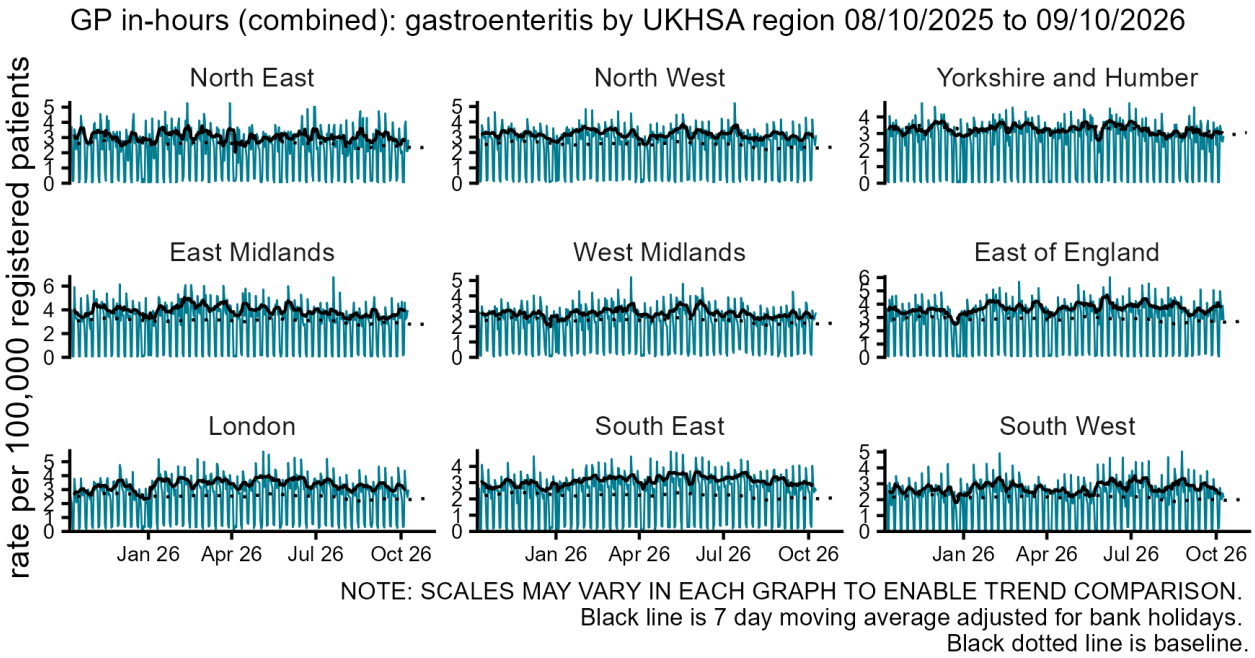
**(a)**




**(b)**



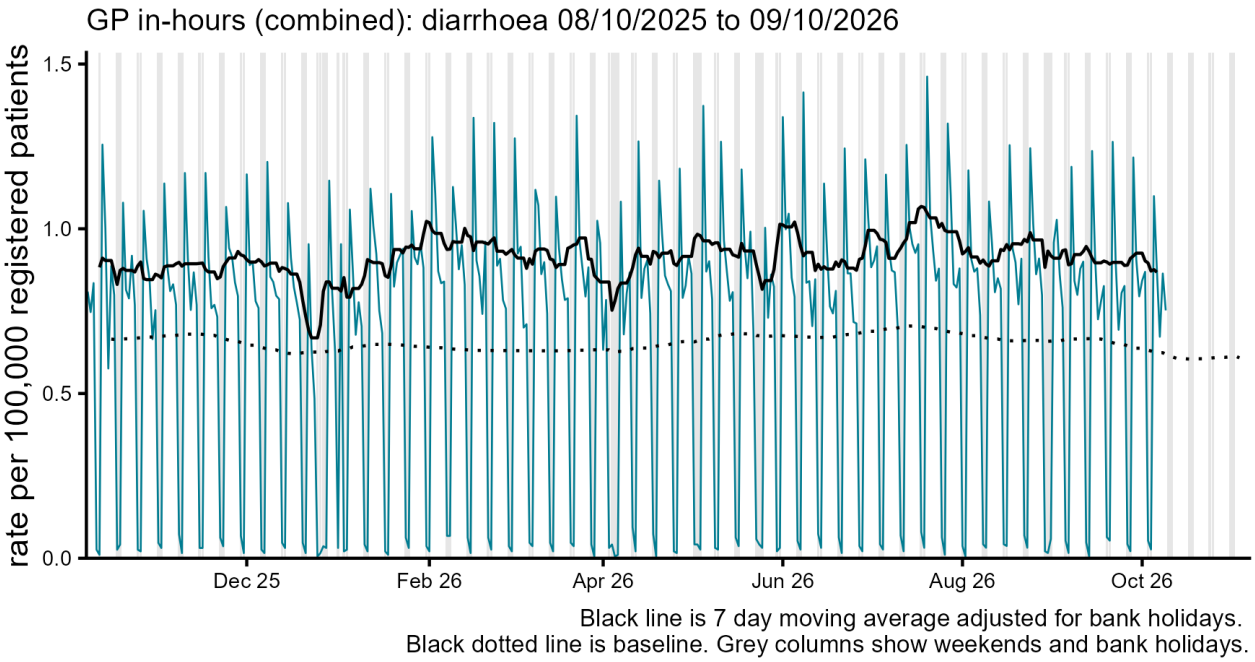
**(c)**


GP in-hours (combined): gastroenteritis by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
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.

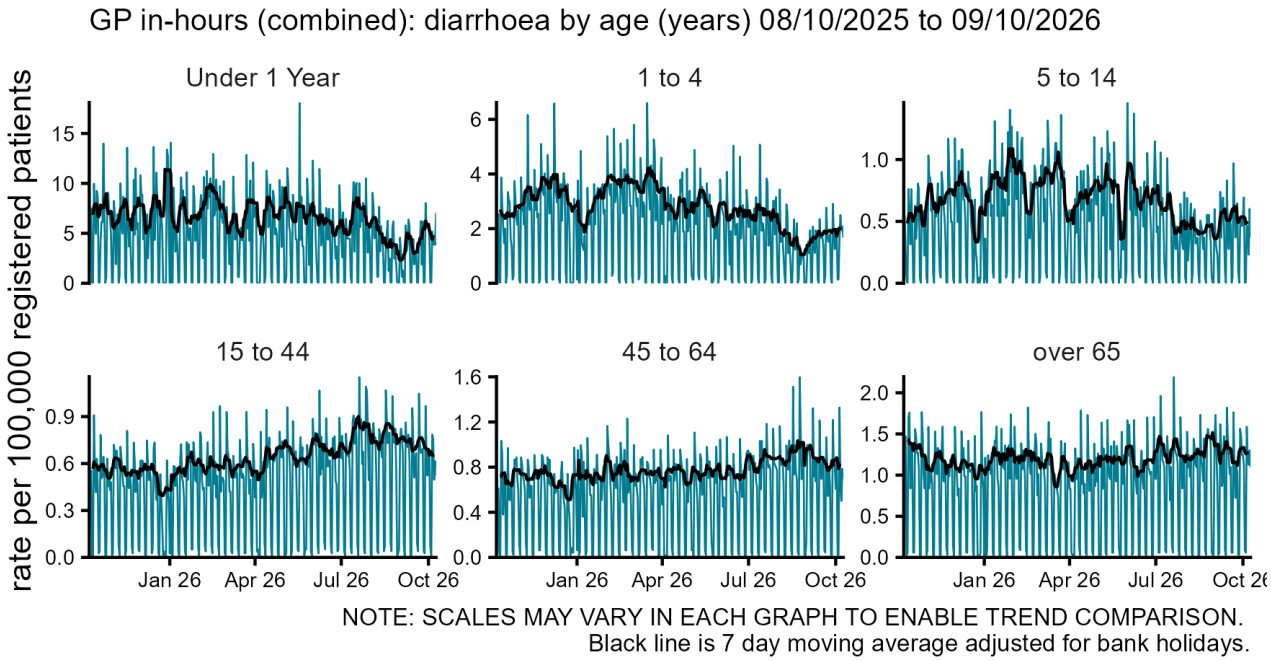
# Diarrhoea

**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.**

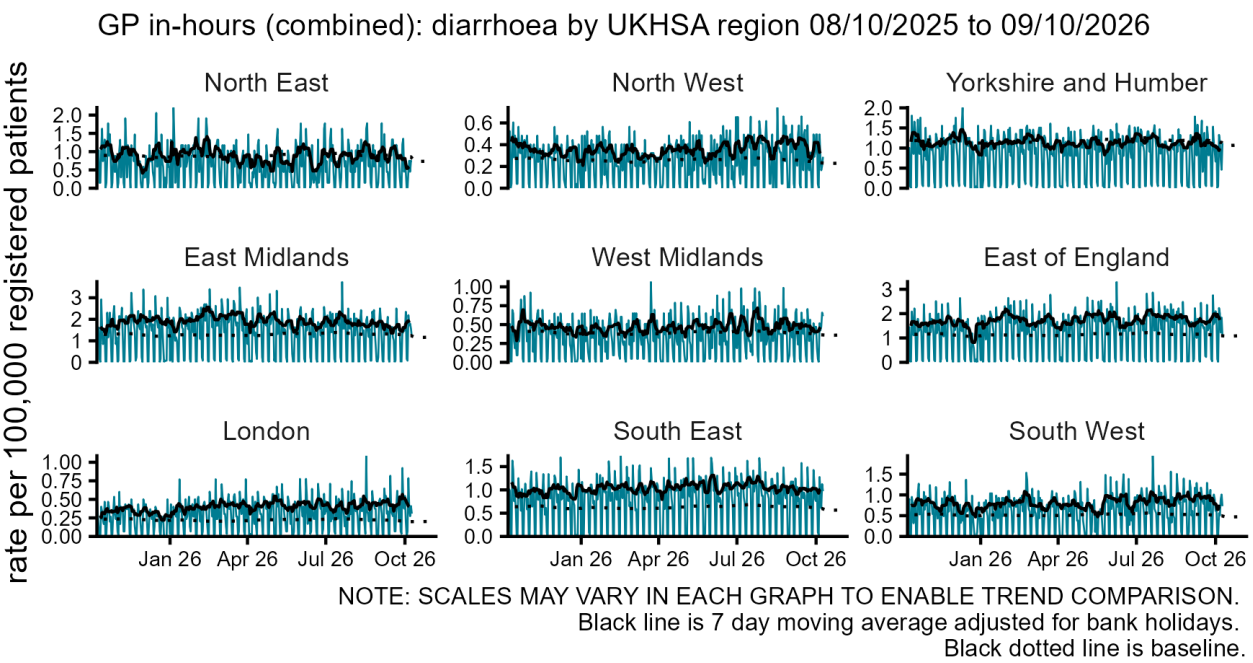
**(a)**




**(b)**



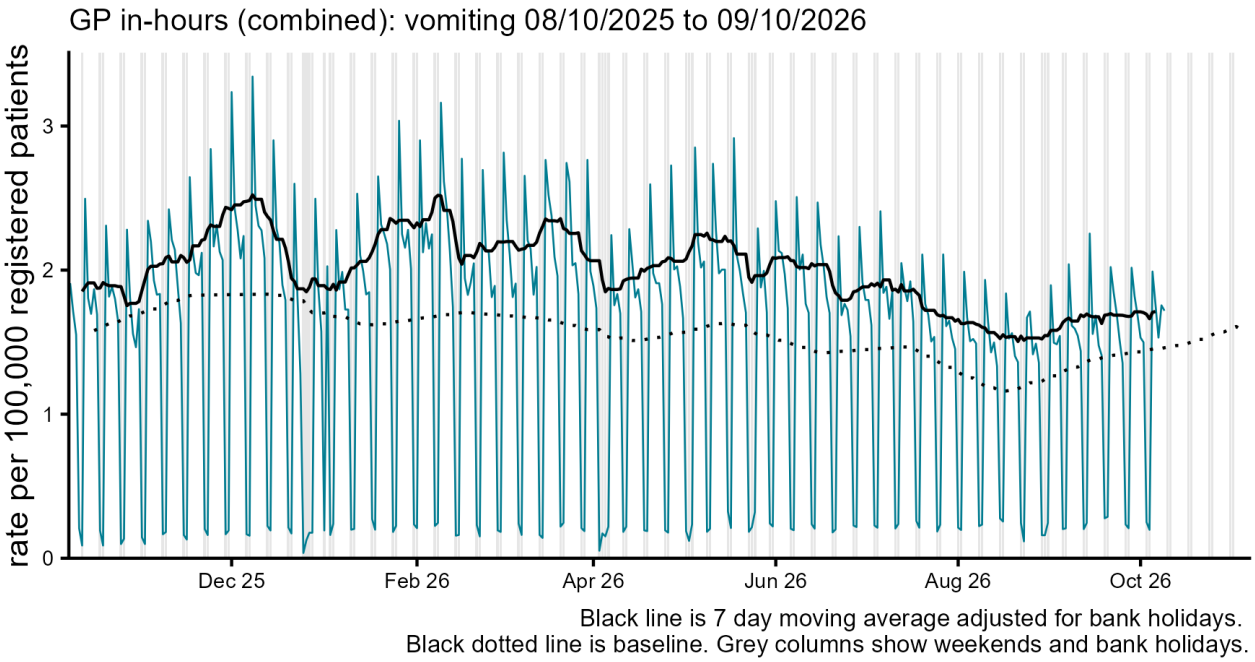
**(c)**


GP in-hours (combined): diarrhoea by UKHSA region 08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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.

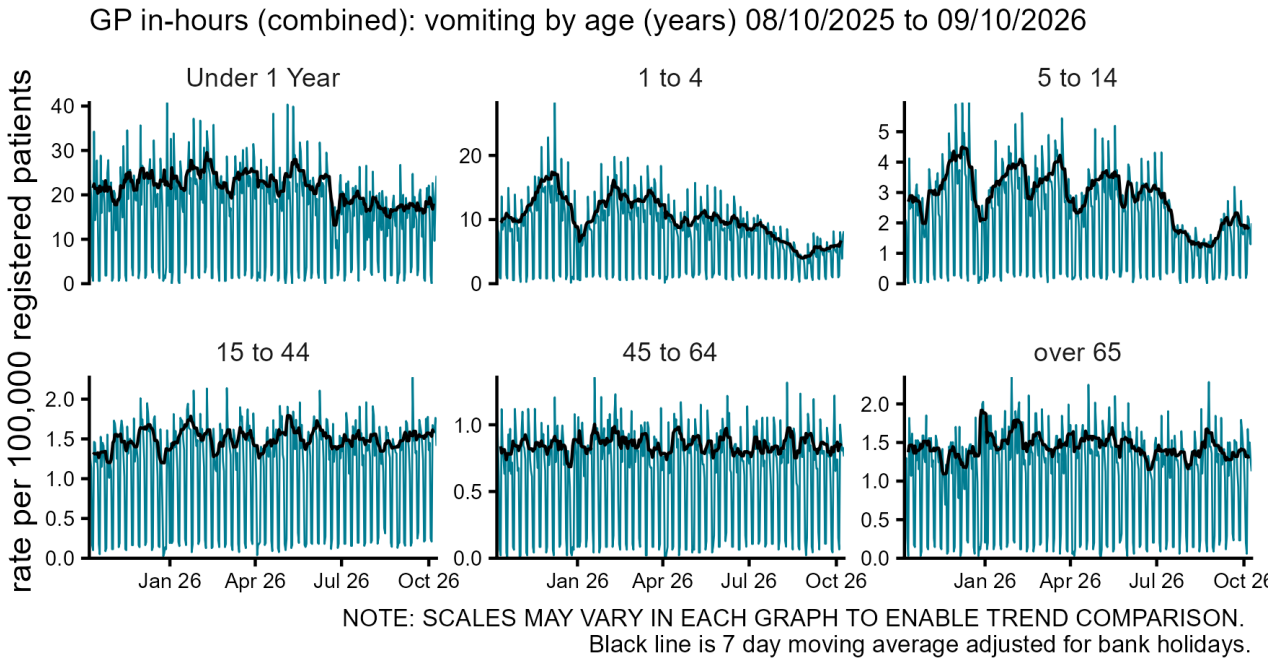
# Vomiting

**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.**

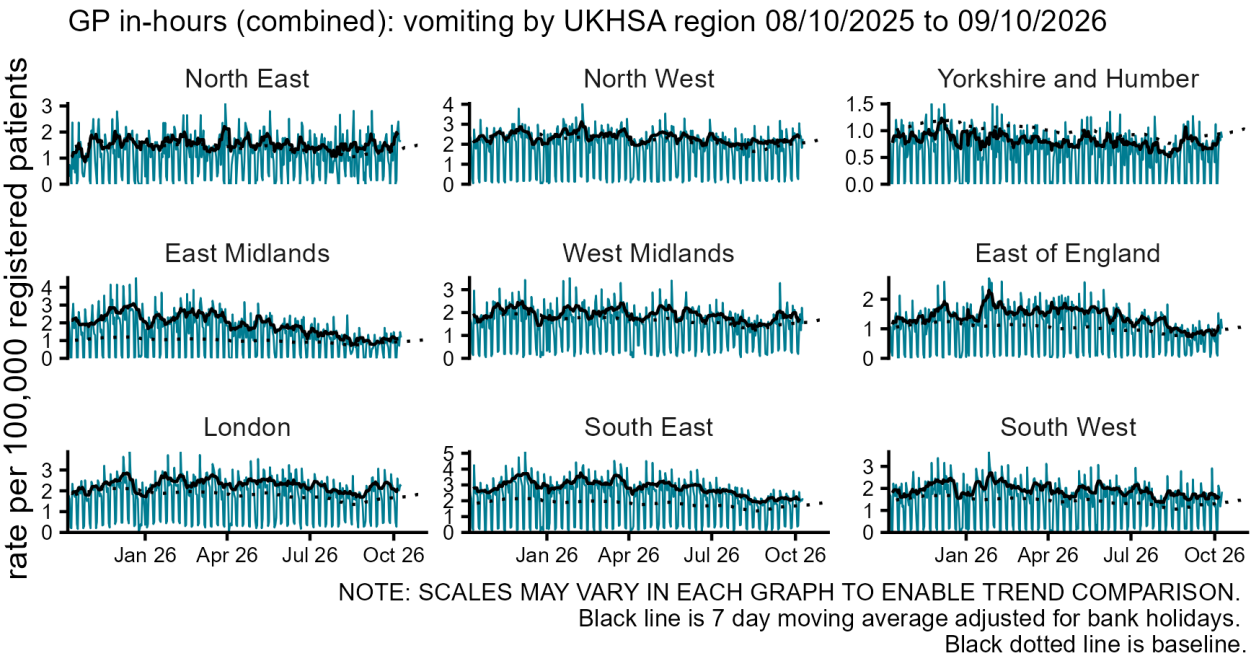
**(a)**




**(b)**



**(c)**

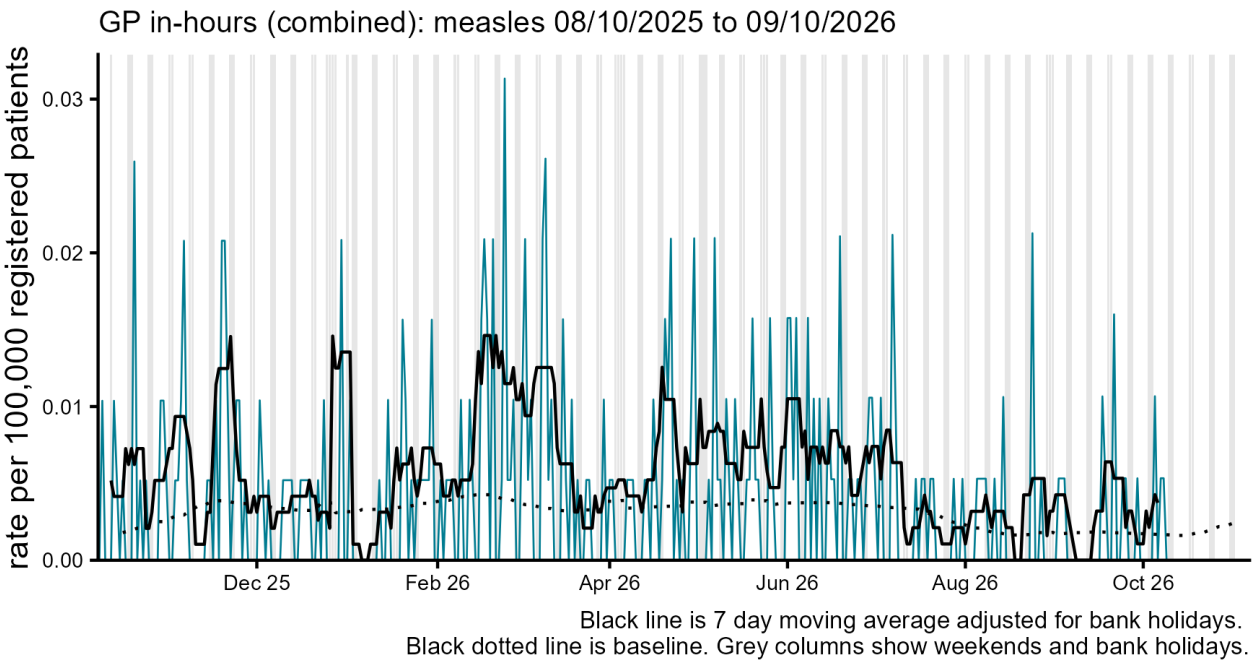

GP in-hours (combined): vomiting by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE 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.**

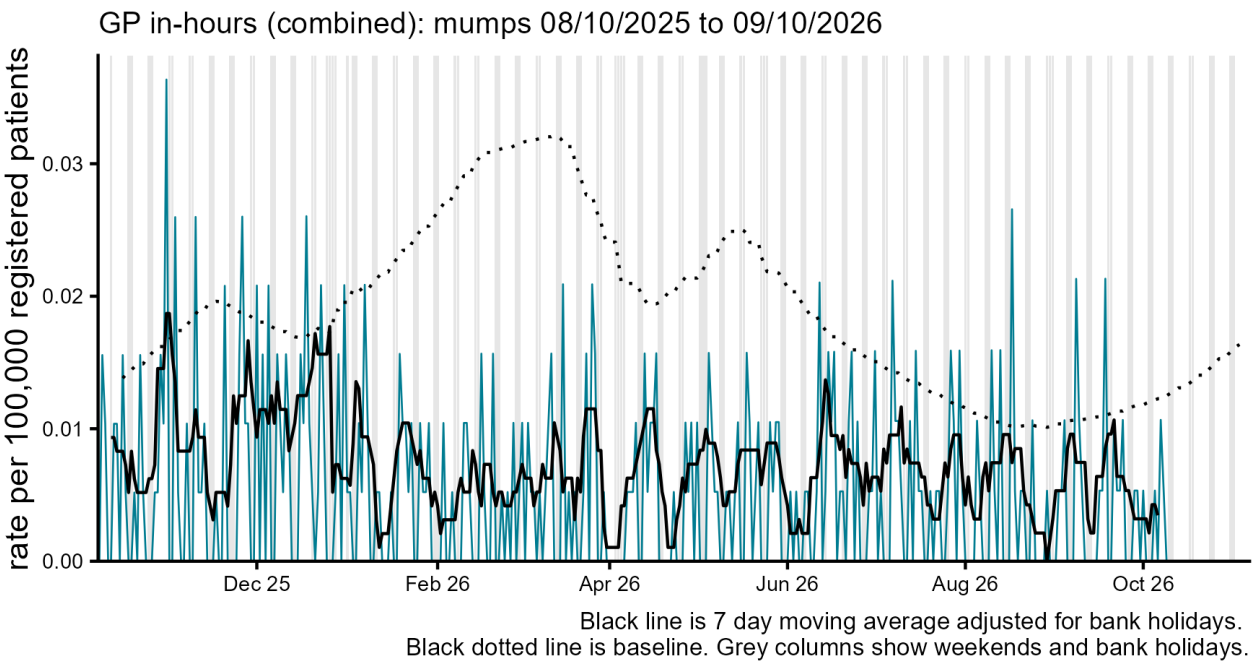
**(a)**



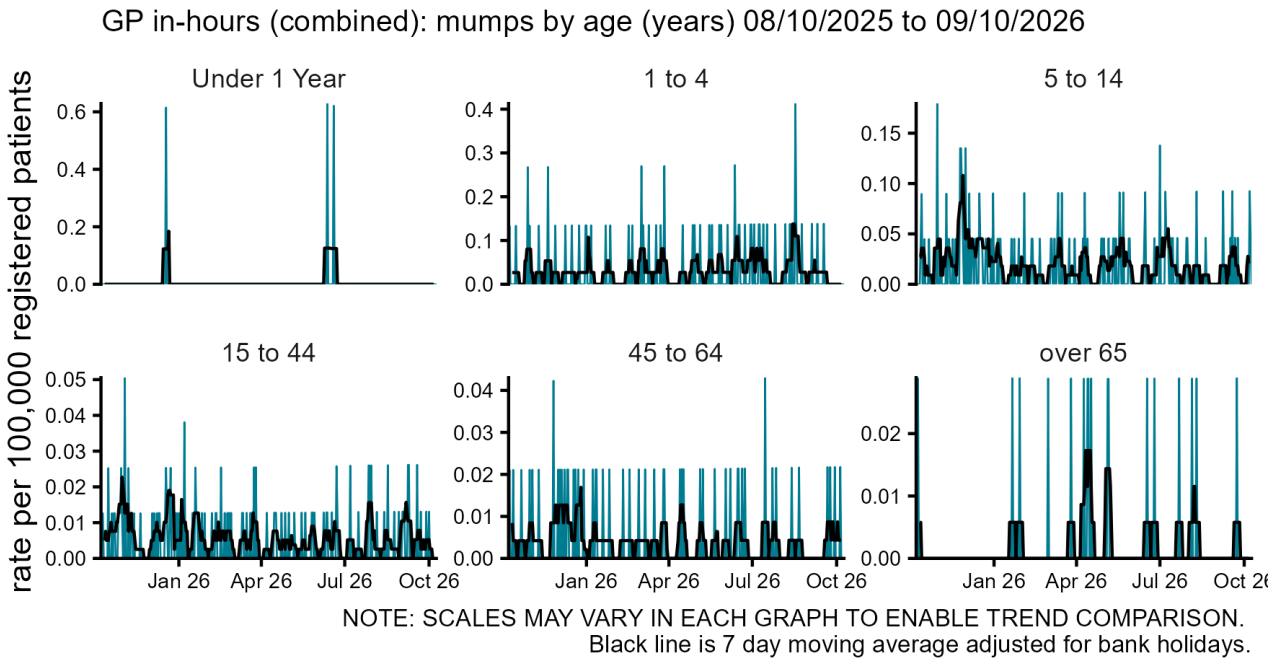
# Mumps

**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.**

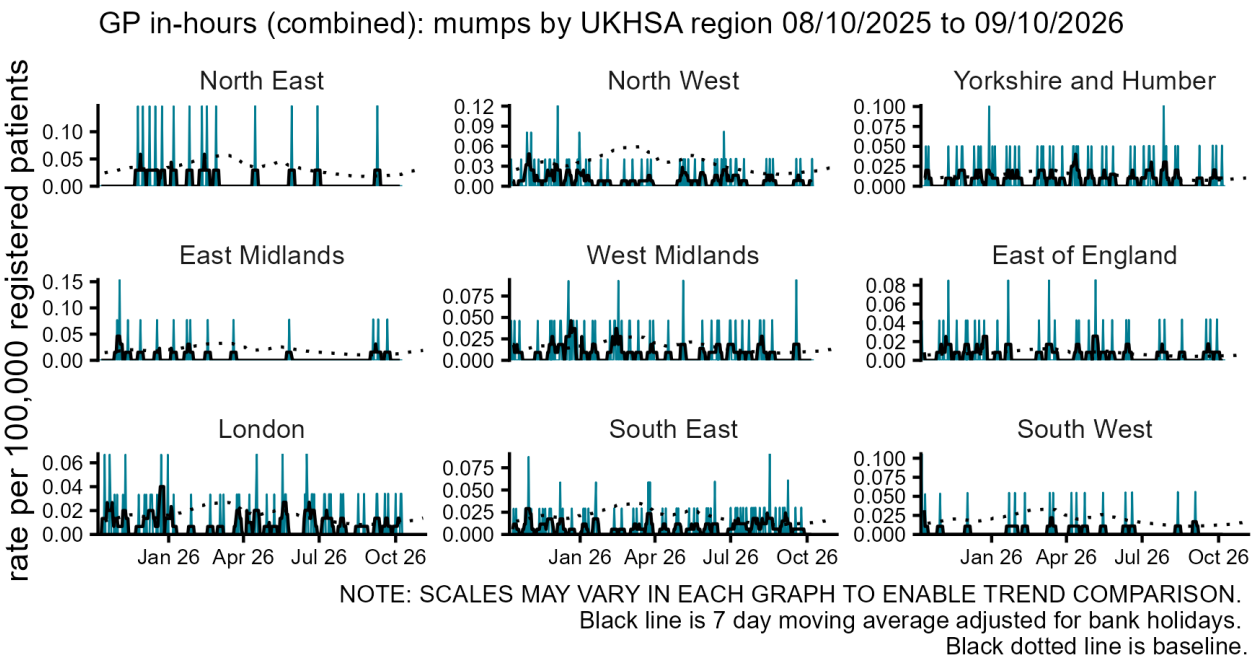
**(a)**




**(b)**



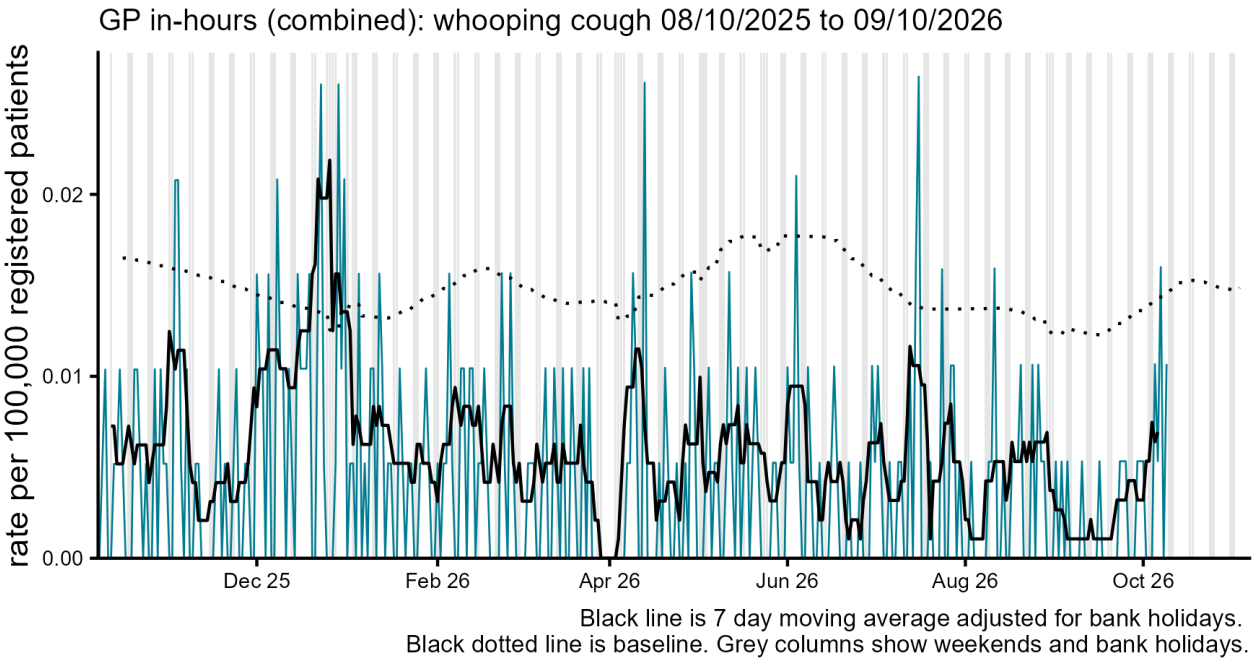
**(c)**


GP in-hours (combined): mumps by UKHSA region 08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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.

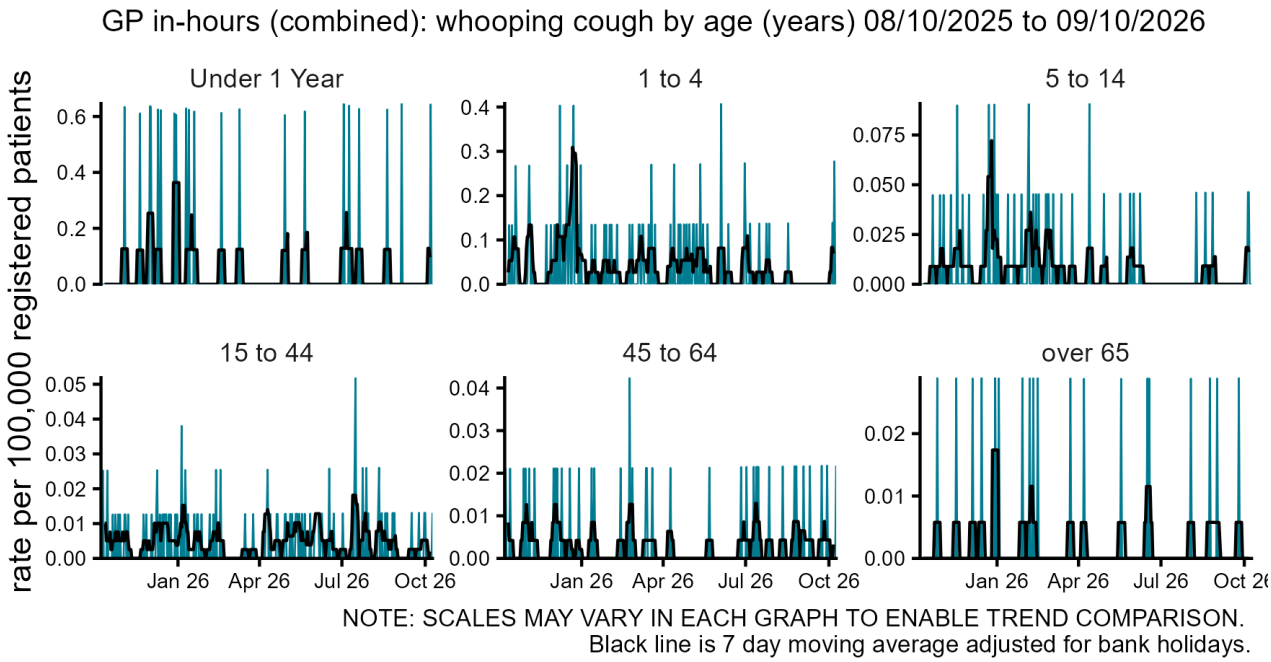
# Whooping cough

**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.**

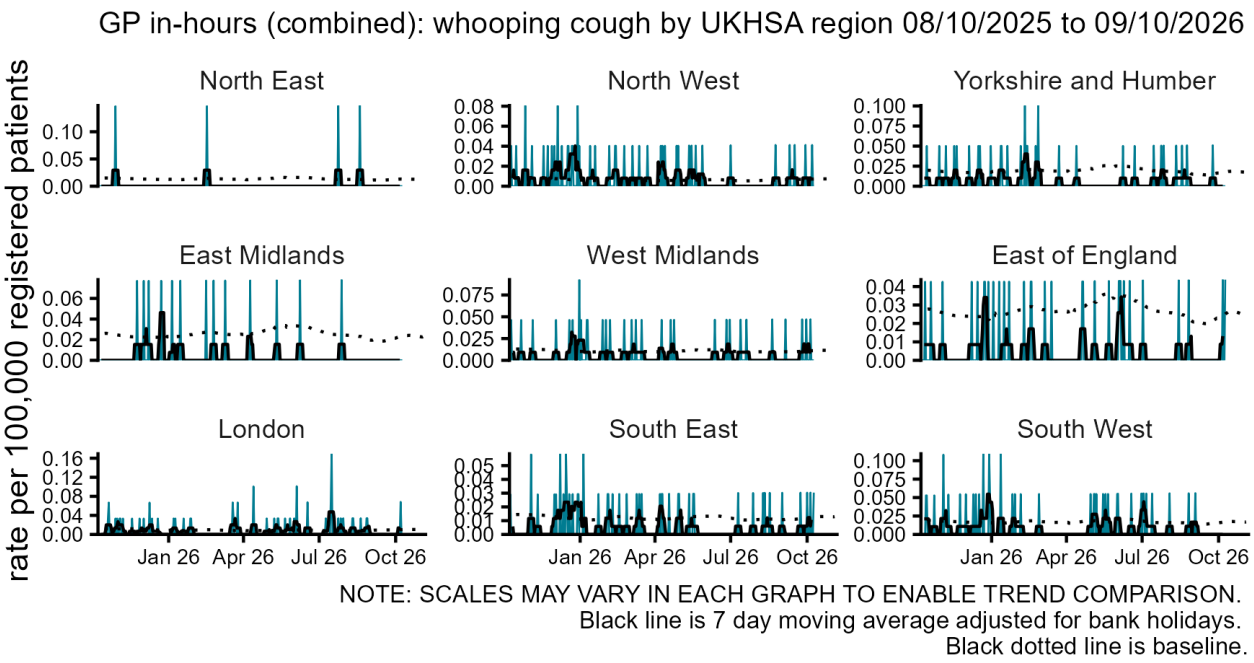
**(a)**




**(b)**



**(c)**

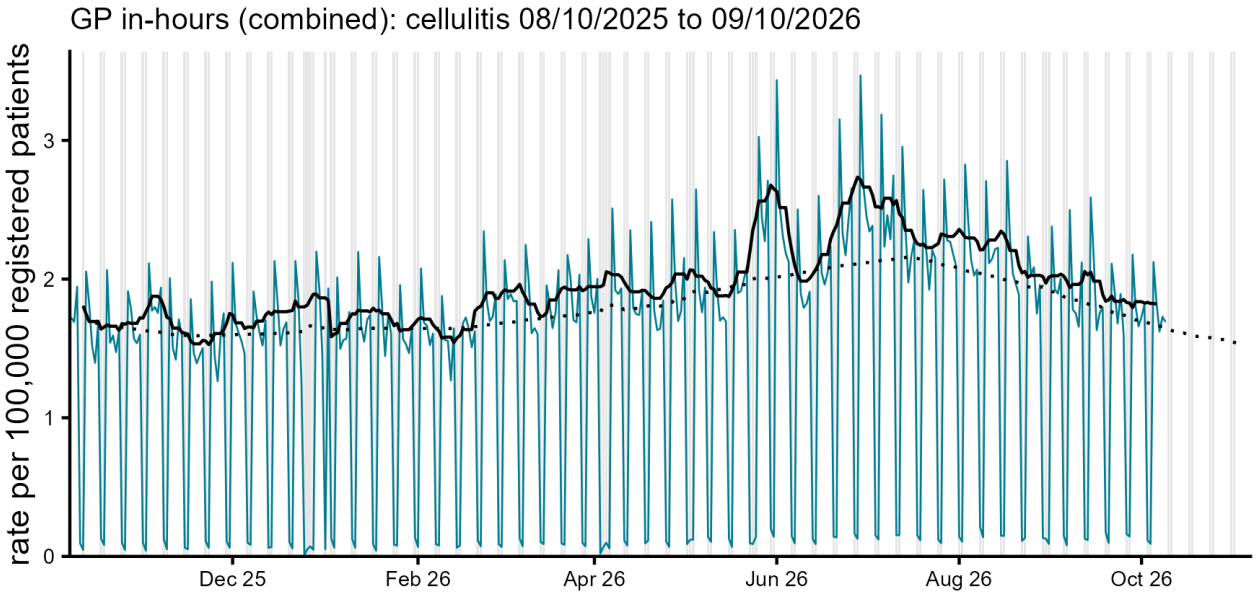

GP in-hours (combined): whooping cough by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

# Skin conditions

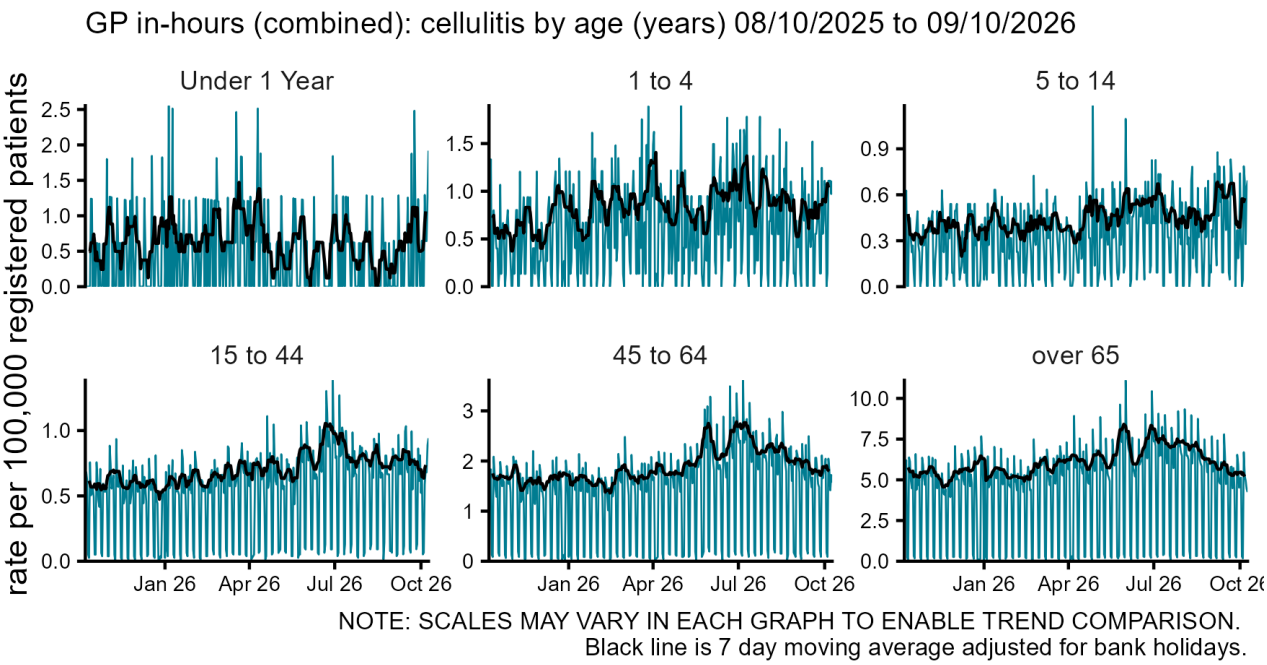
## Cellulitis

**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.**

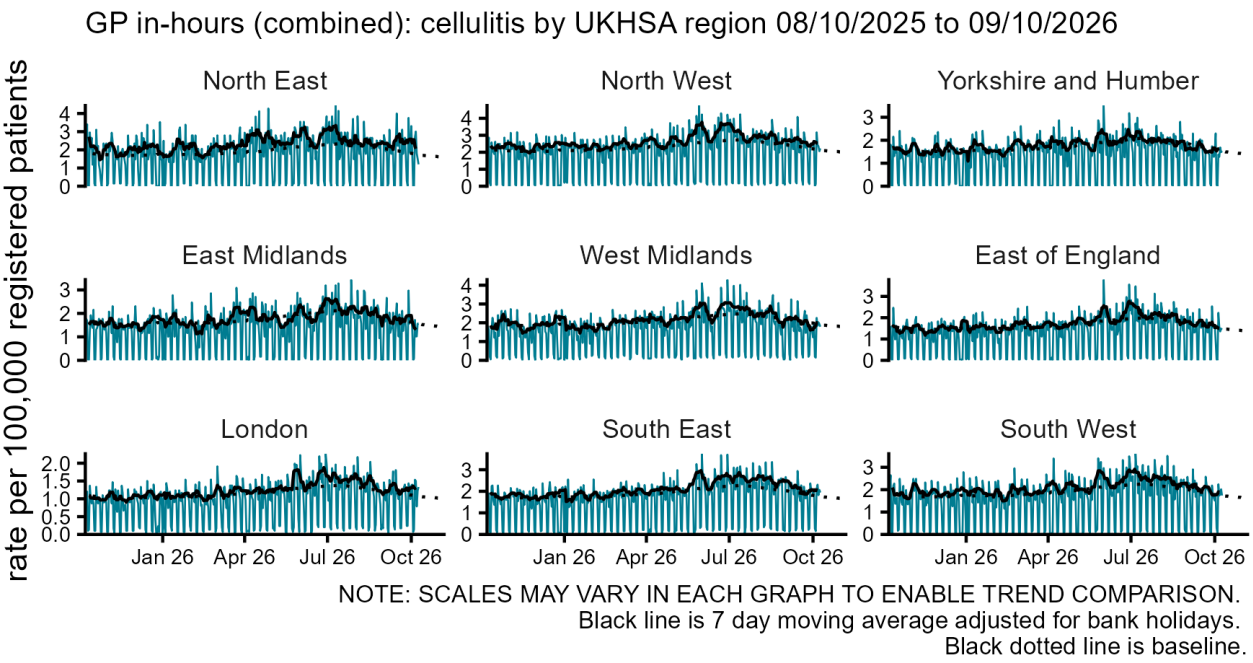
**(a)**




**(b)**



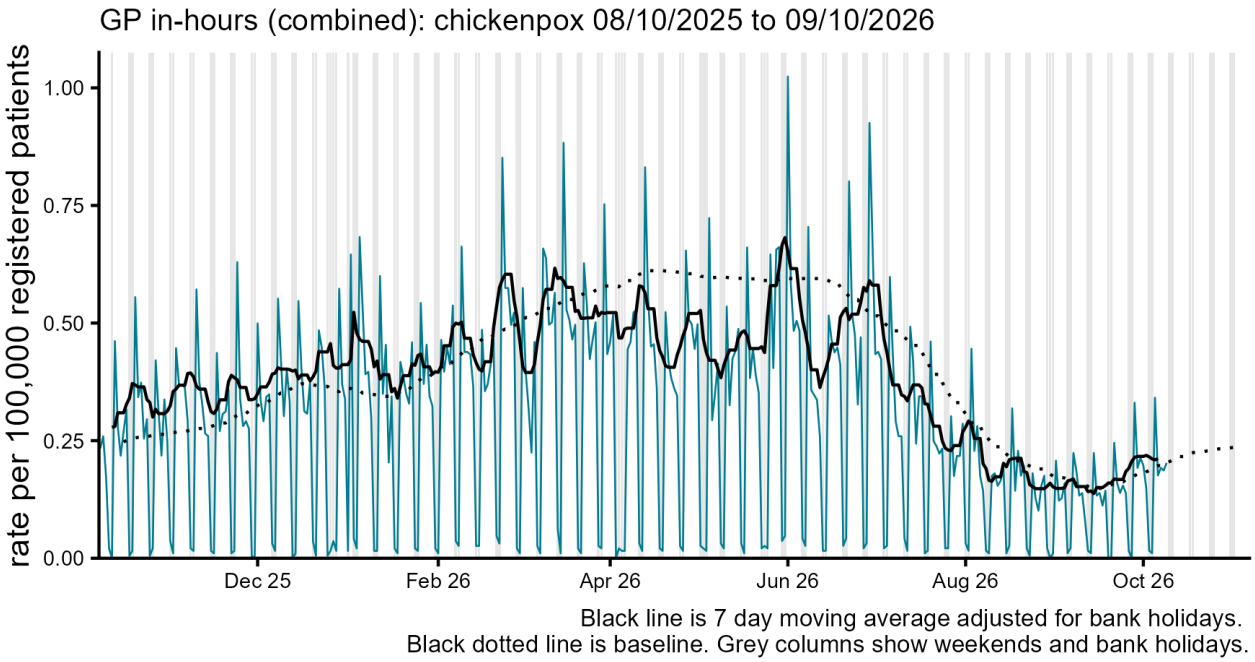
**(c)**


GP in-hours (combined): cellulitis by UKHSA region 08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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.

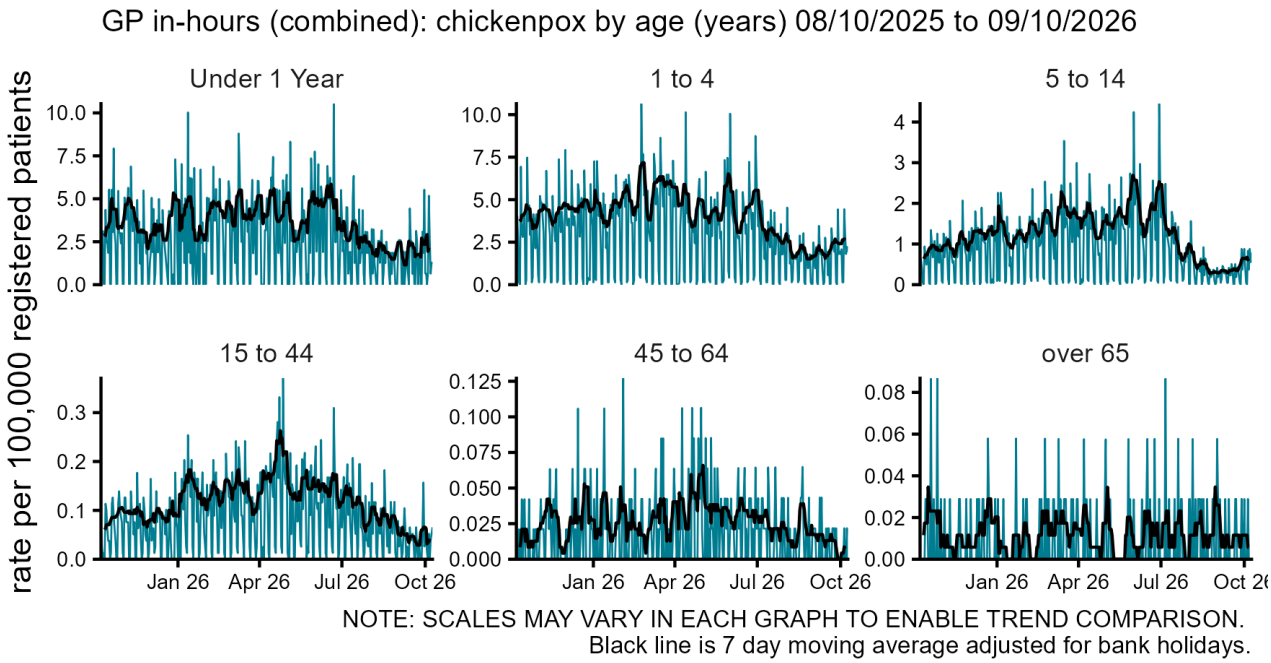
# Chickenpox

**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.**

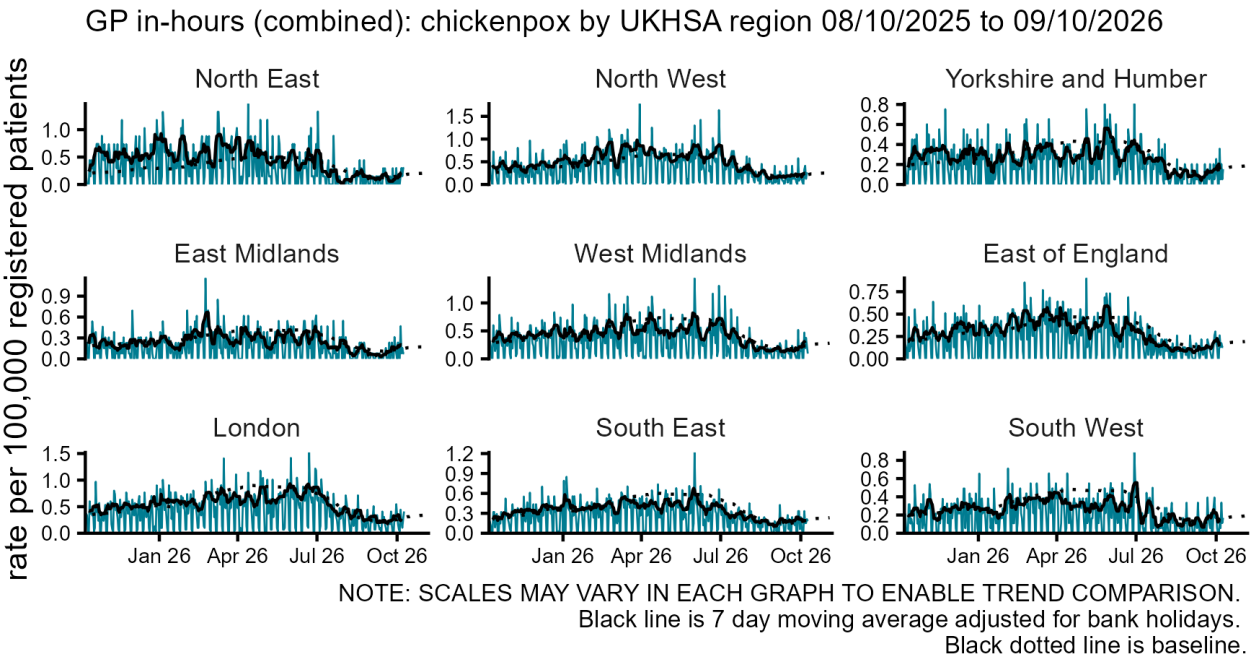
**(a)**




**(b)**



**(c)**


GP in-hours (combined): chickenpox by UKHSA region 08/10/2025 to 09/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
rate per 100,000 registered patients
Jan 26
Apr 26
Jul 26
Oct 26
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.

# 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

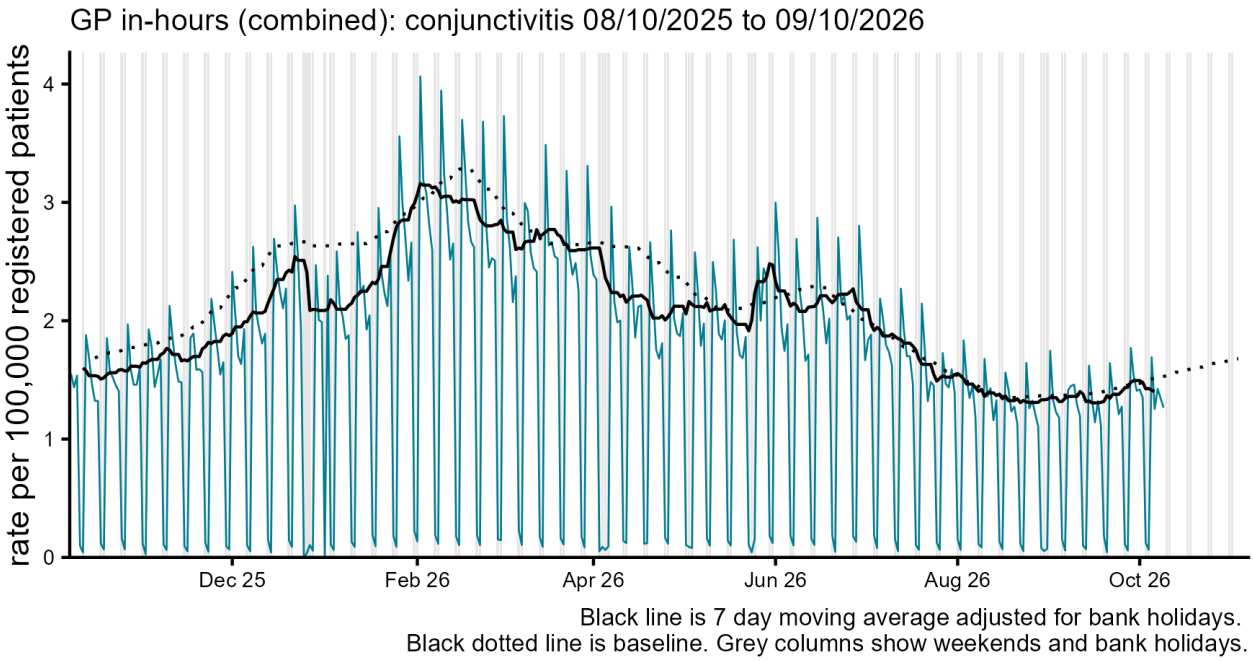
Highest weather alert level during the current reporting week:

**No alerts issued.**

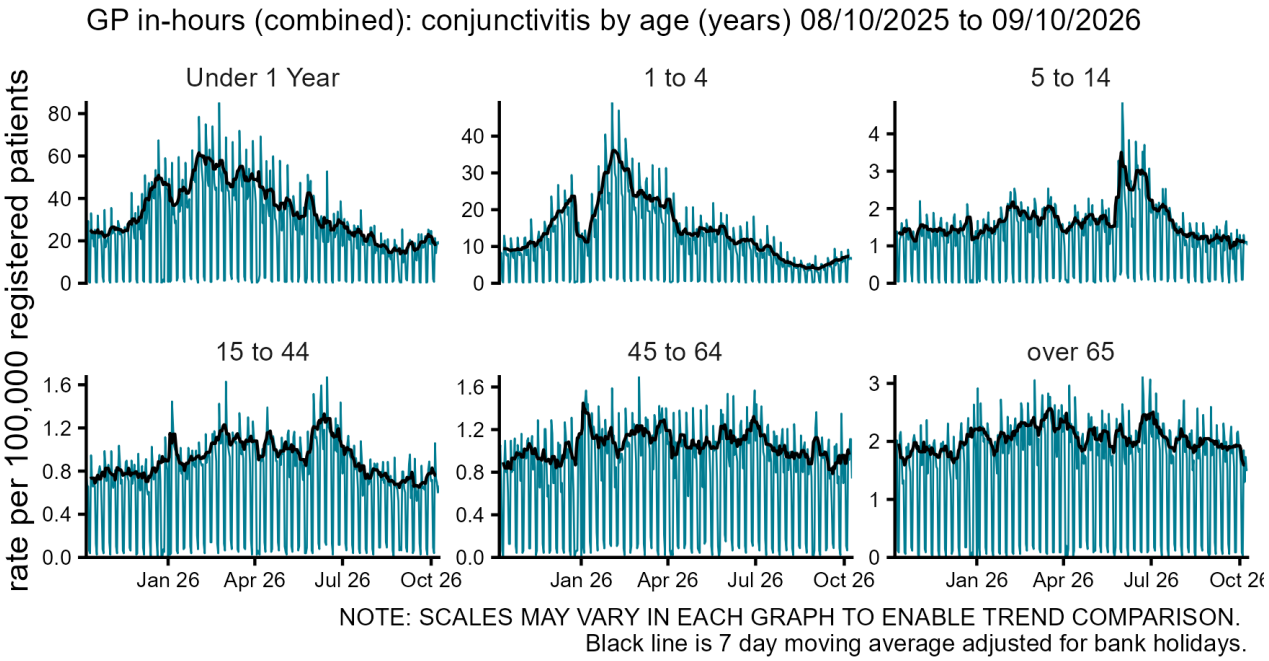
# Conjunctivitis

**Figure 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.**

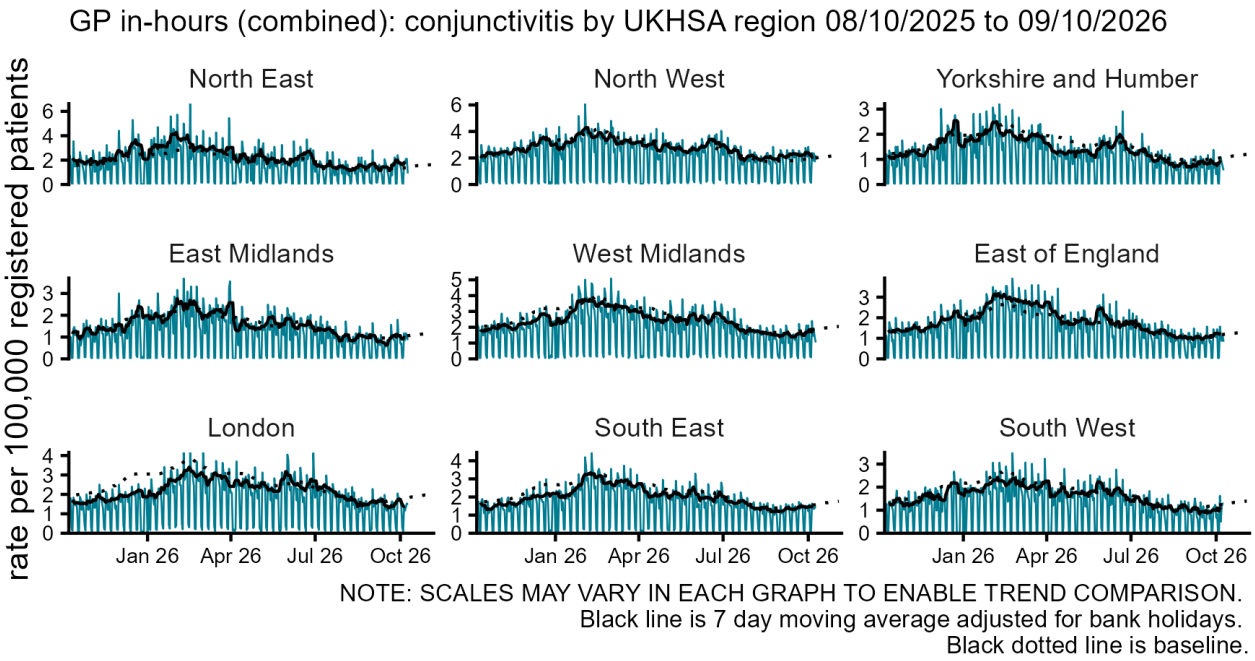
**(a)**




**(b)**



**(c)**


GP in-hours (combined): conjunctivitis by UKHSA region 08/10/2025 to 09/10/2026
rate per 100,000 registered patients
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
Jan 26
Apr 26
Jul 26
Oct 26
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.

# 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

# 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 Enlivio Health, formerly EMIS, 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 heath secure.

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

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

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