UK Health Security Agency

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

2026 week 44

Key messages

Data reported to: 01 November 2026

During week 44, GP out-of-hours daily contacts for acute respiratory infections (including influenza-like illness) were stable. Contacts for fever decreased and remained below expected levels.

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	Level
Total contacts (**Figure 1**)	No trend	No baseline
Acute respiratory infections (**Figure 2**)	No trend	Below baseline
Influenza-like illness (**Figure 3**)	No trend	Above baseline
Acute bronchitis/bronchiolitis (**Figure 4**)	No trend	Below baseline
Difficulty breathing or wheeze or asthma (**Figure 5**)	No trend	Above baseline
Fever (**Figure 6**)	Decreasing	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**)	Decreasing	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.

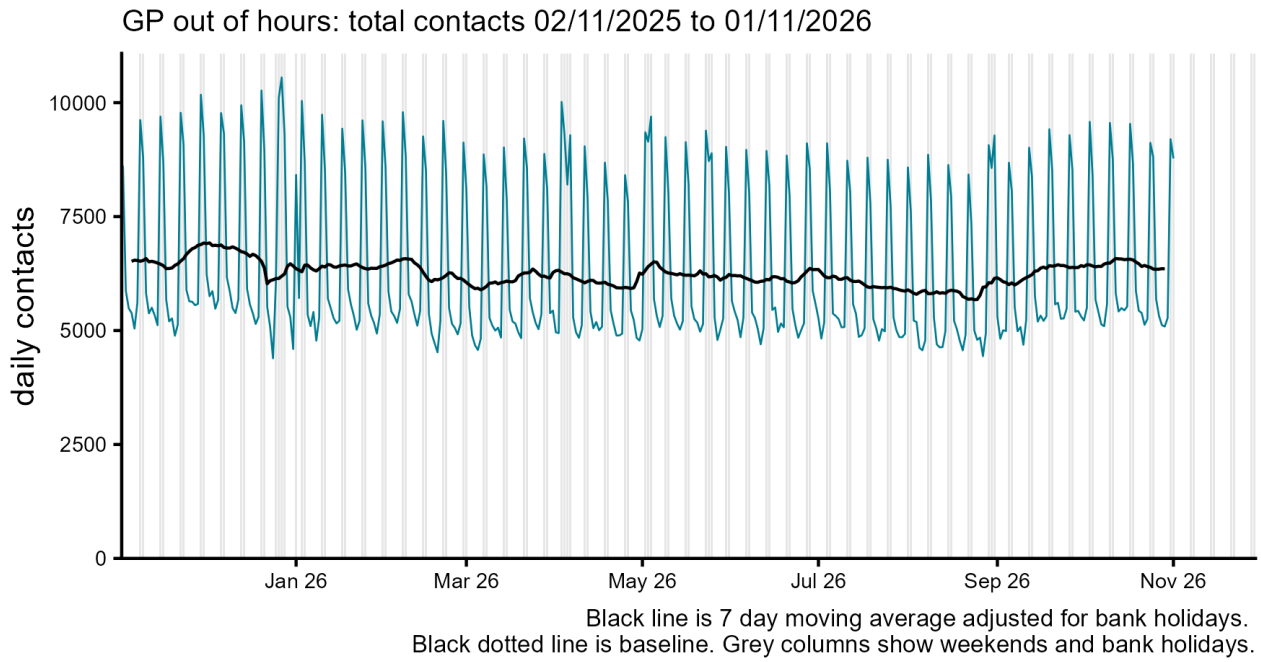
Data quality issues of note this week

There was a sharp increase in the number of daily contacts for influenza-like-illness recorded during week 35, which was likely to have resulted from a small, localised outbreak (for example in a care home). Calls have since returned to expected levels.

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)

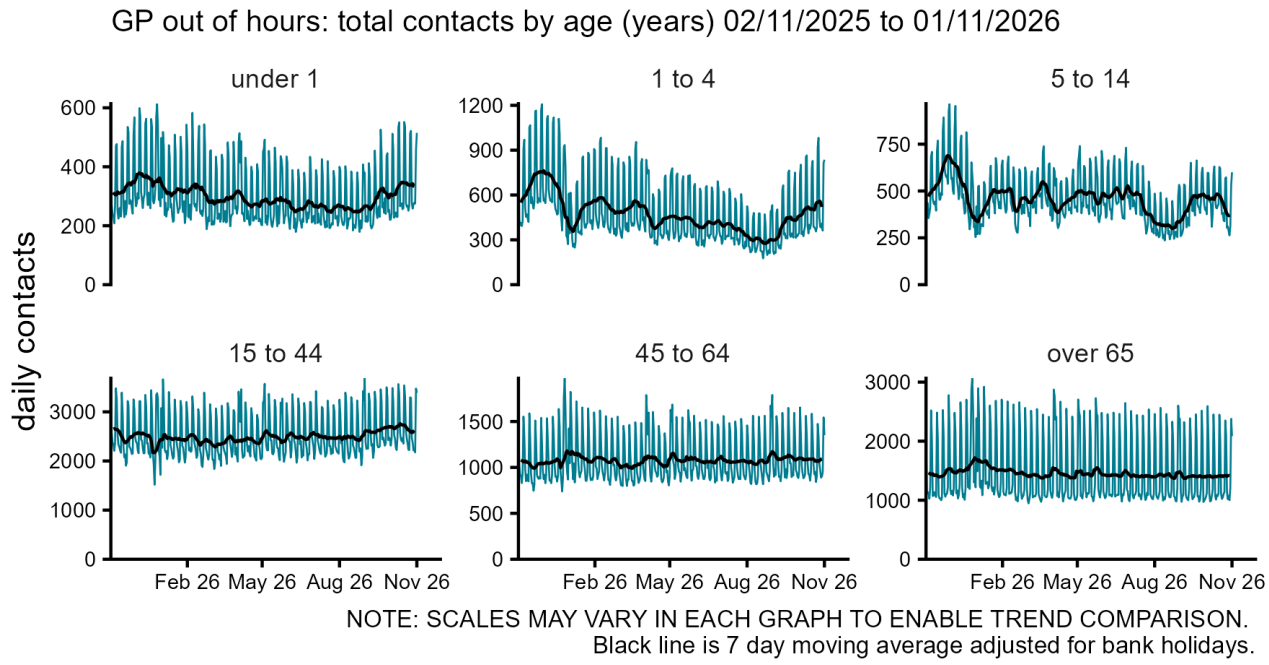


Table 2: The number of GP out-of-hours contacts in this sentinel syndromic surveillance system in England recorded each day in the most recent week.

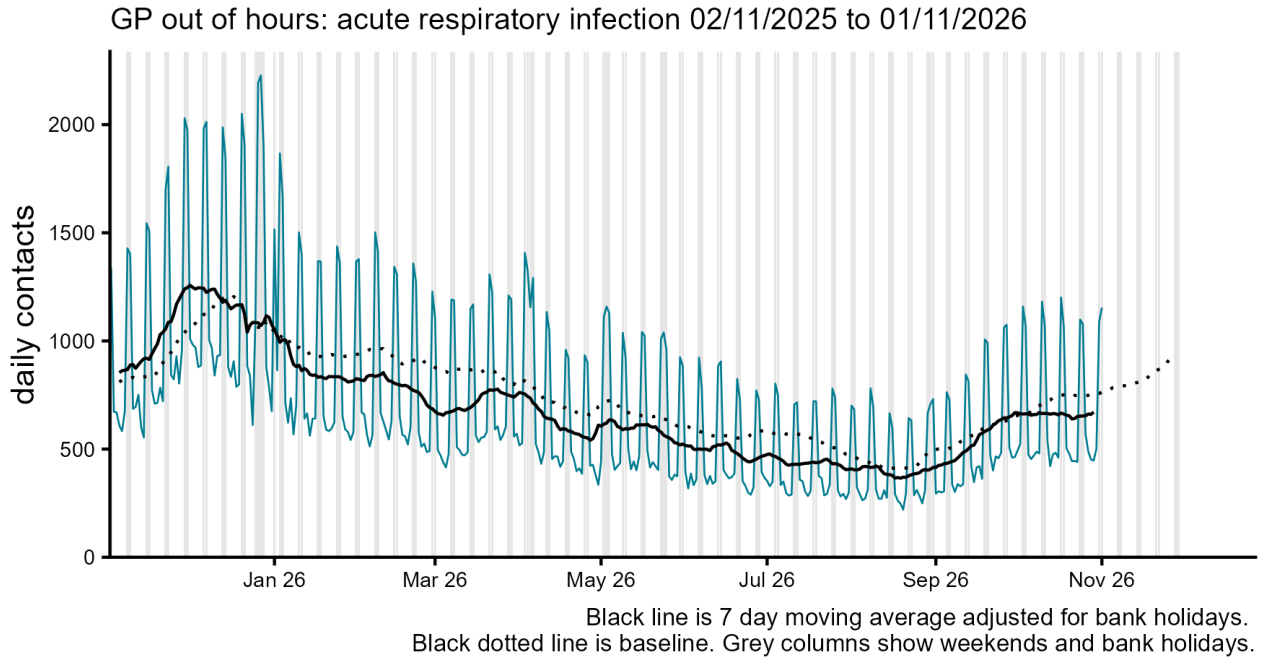
Date	Number of contacts
26 October 2026	29,470
27 October 2026	26,808
28 October 2026	25,700
29 October 2026	25,432
30 October 2026	26,942
31 October 2026	38,980
1 November 2026	35,651

Respiratory conditions

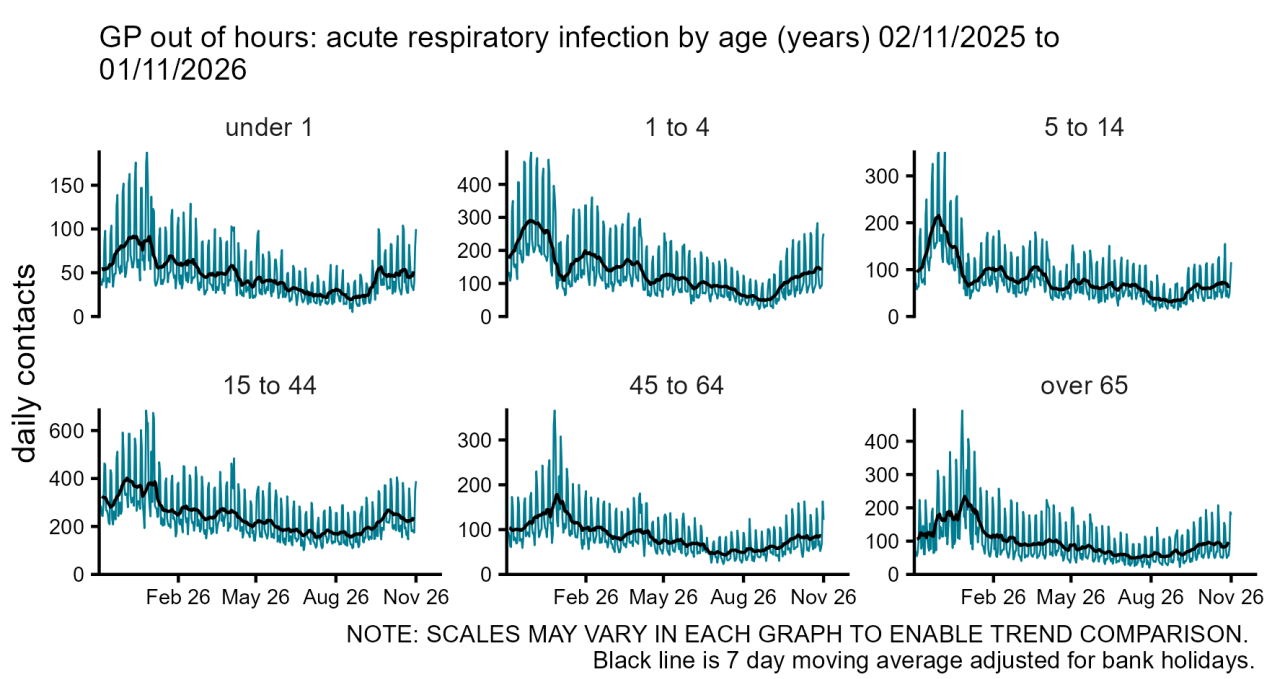
Acute respiratory infections

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)



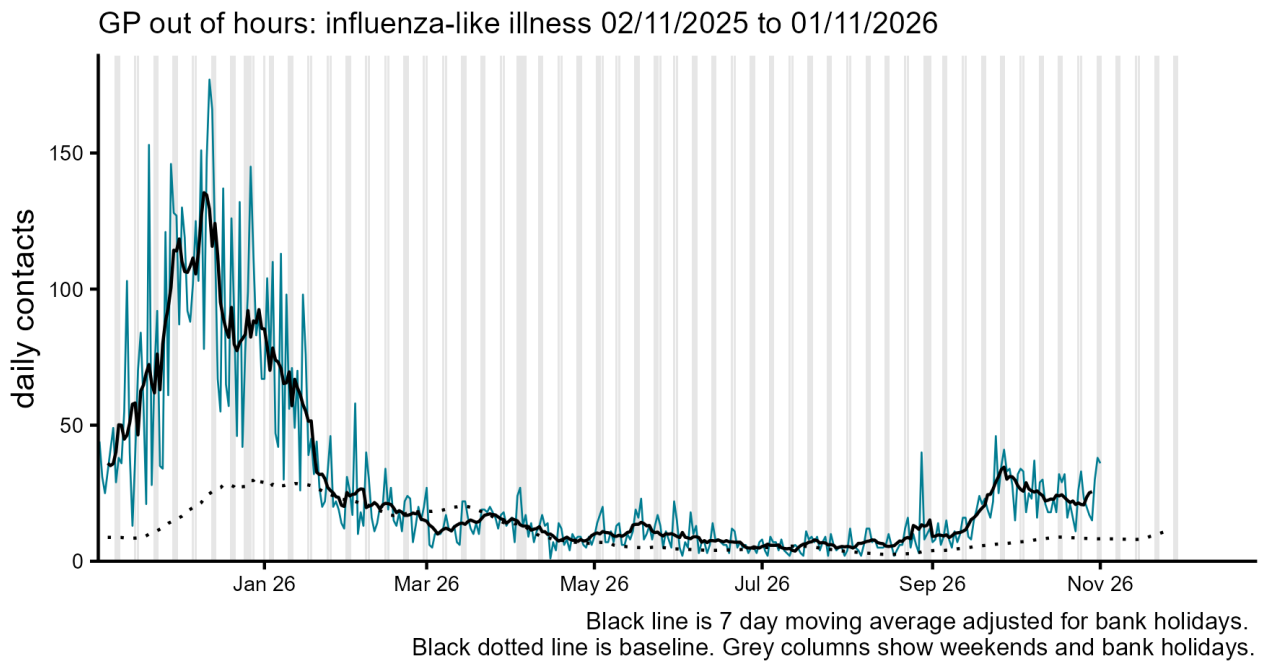
(b)



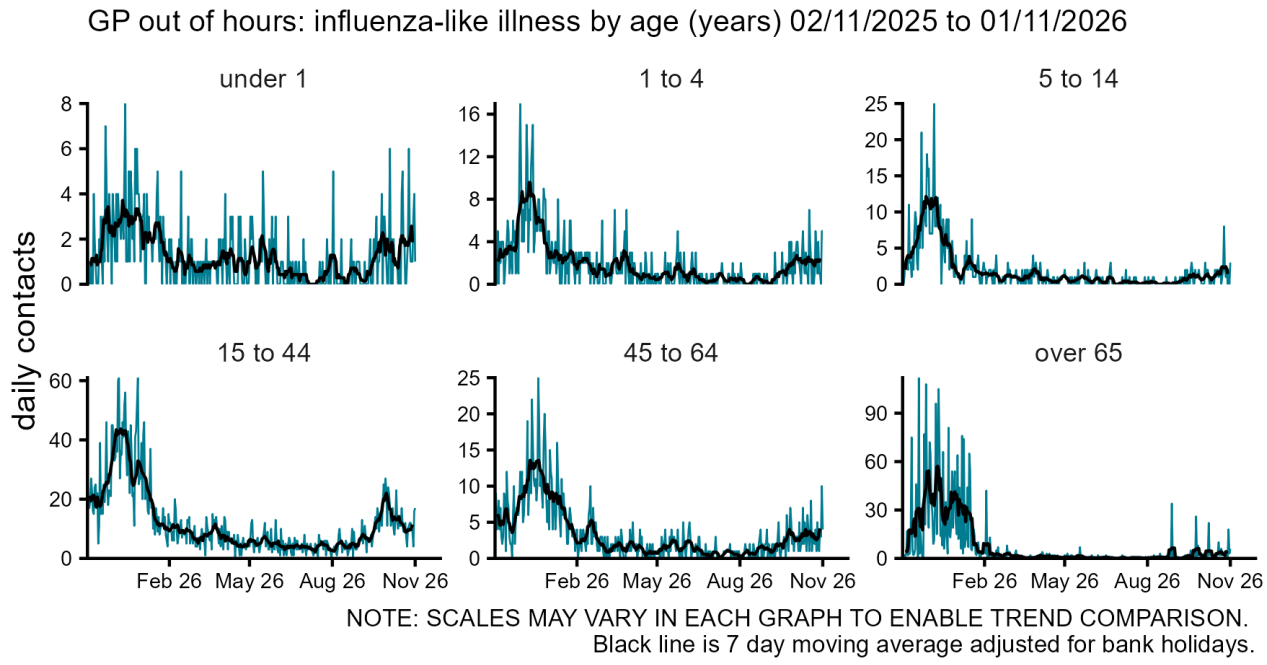
Influenza-like illness

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)



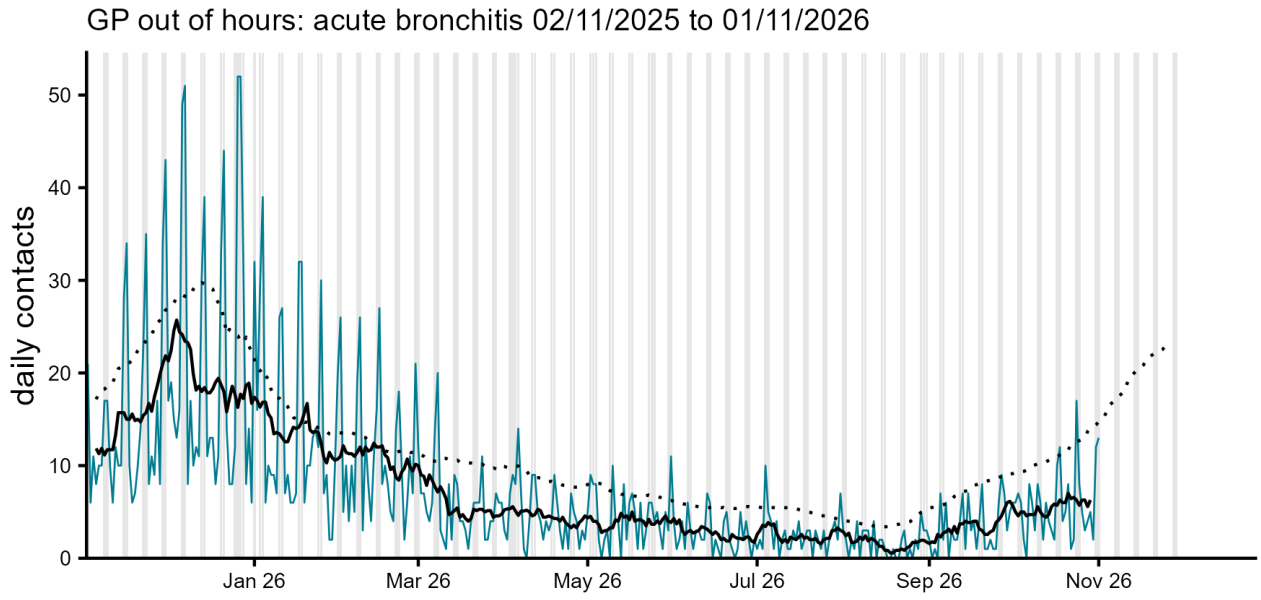
(b)



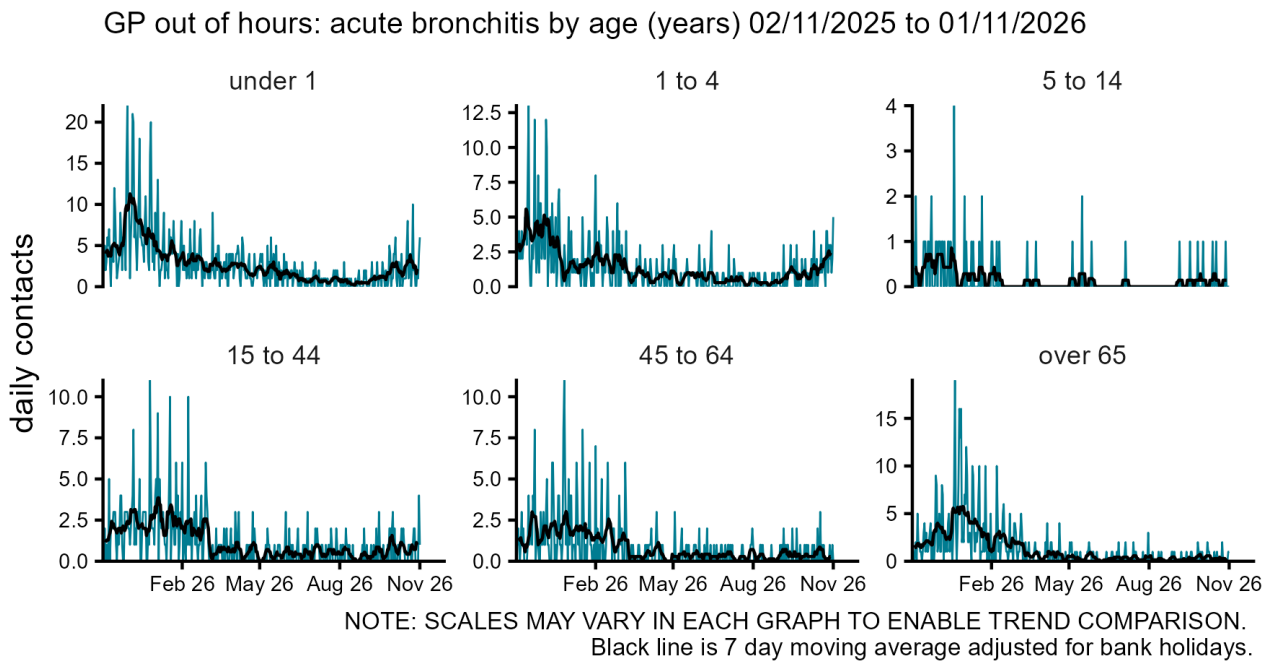
Acute bronchitis/bronchiolitis

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)



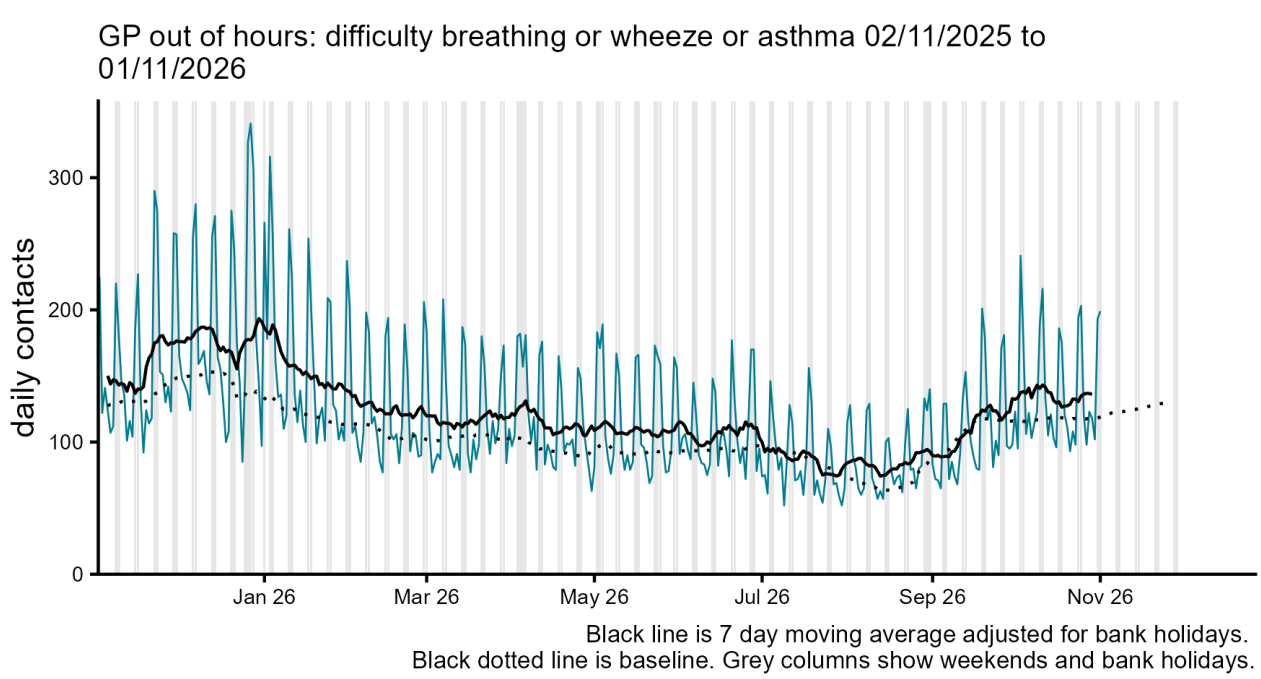
(b)



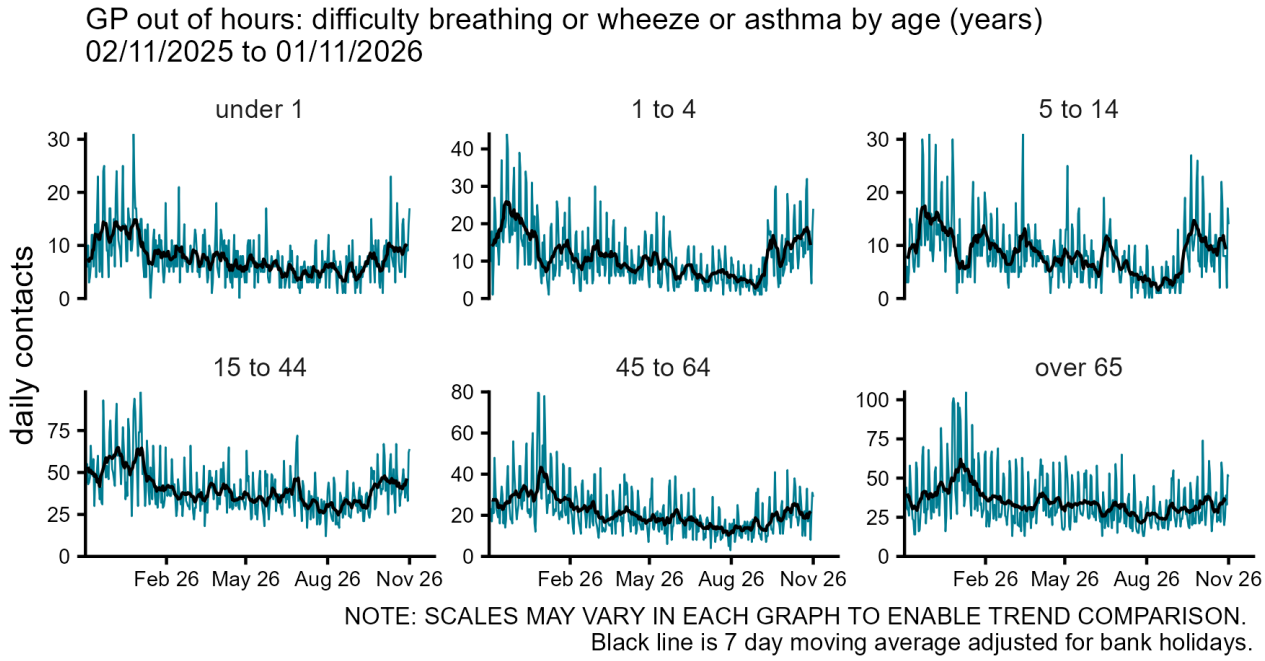
Difficulty breathing or wheeze or asthma

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)



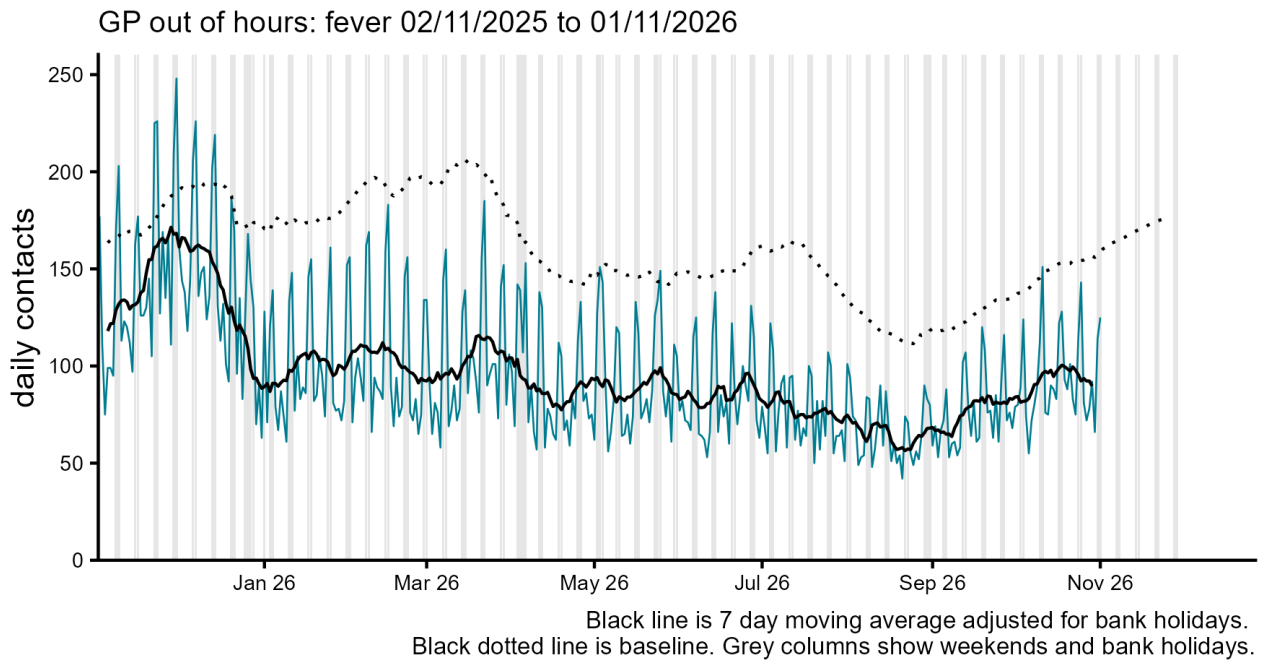
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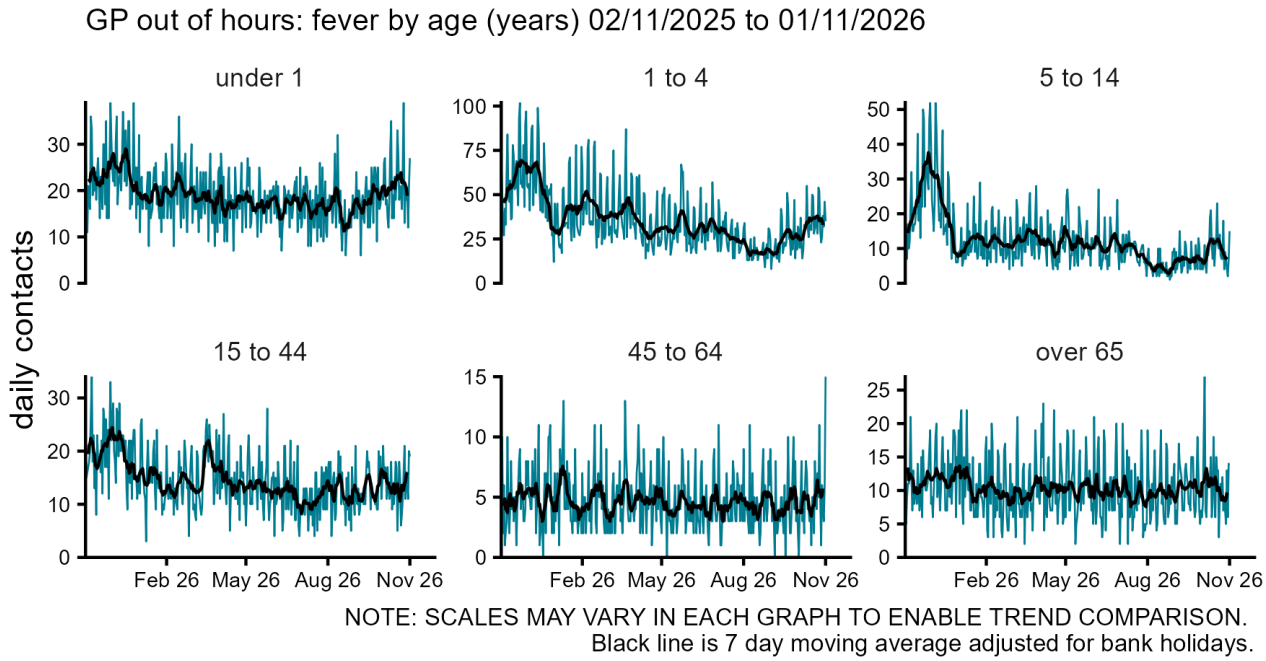
Fever

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)



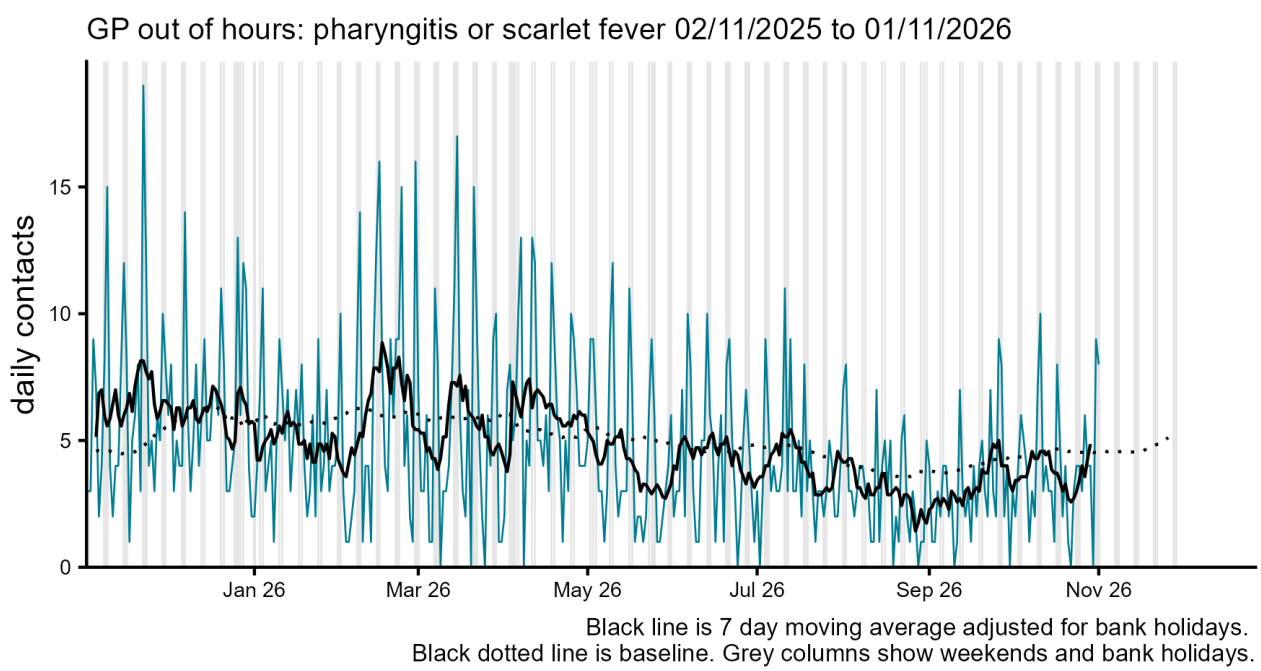
(b)



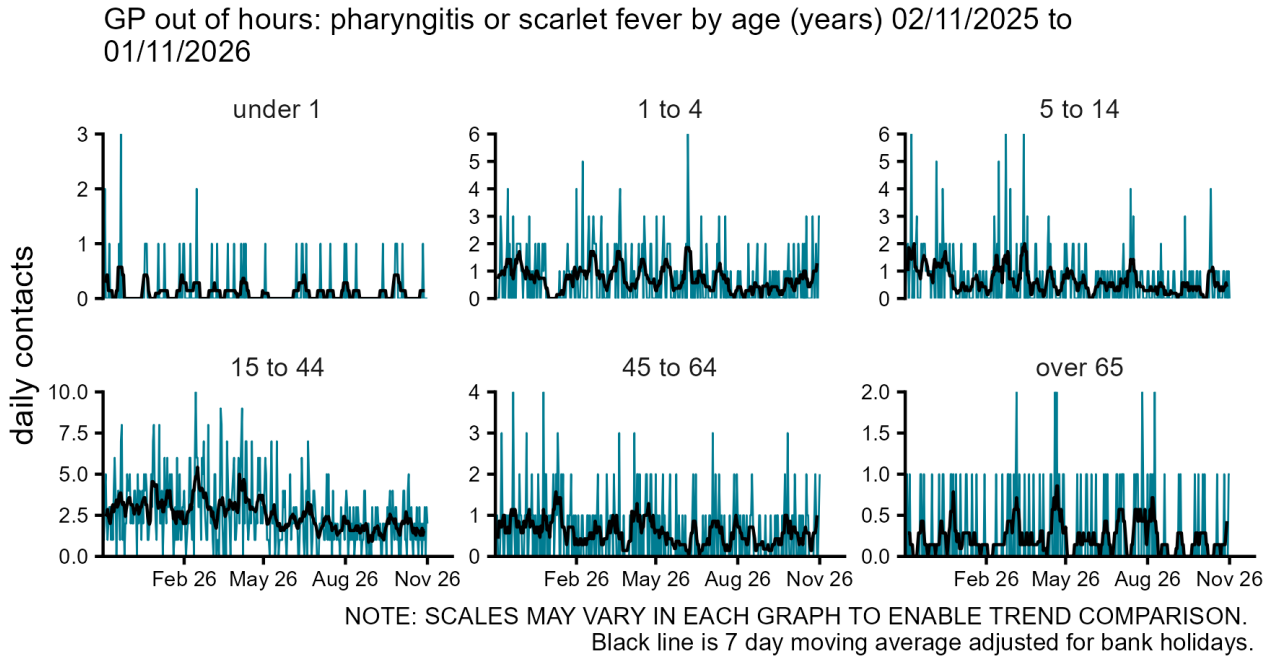
Acute pharyngitis

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)

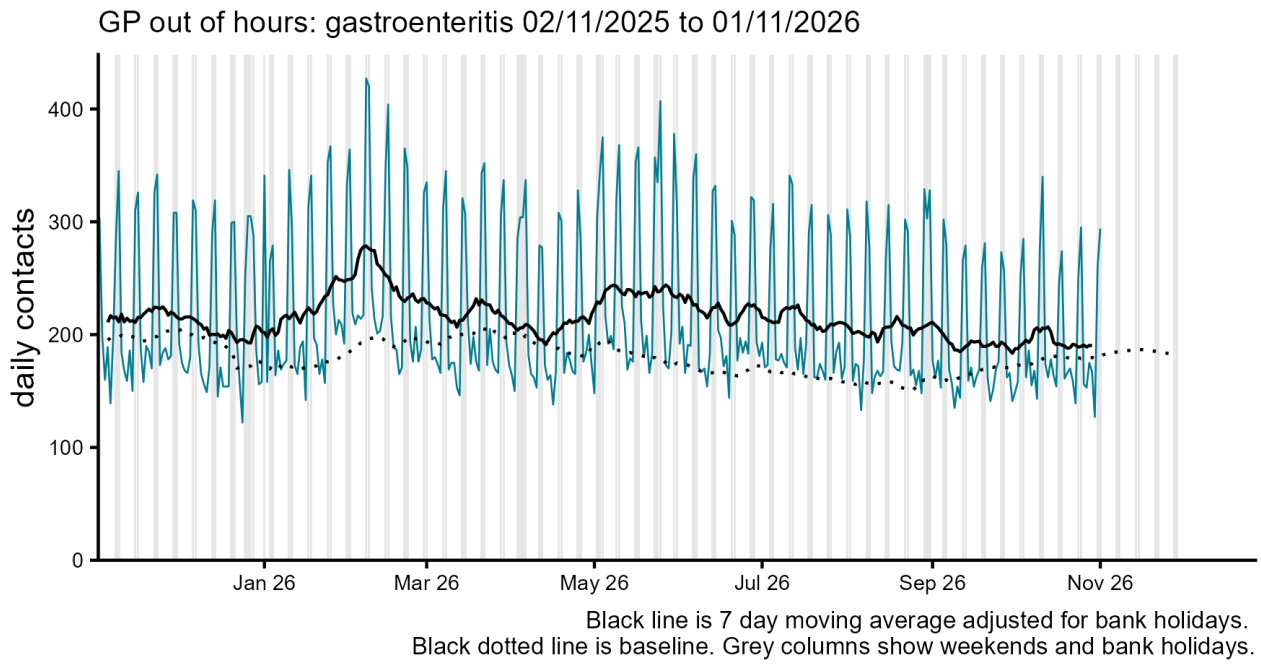


Gastrointestinal conditions

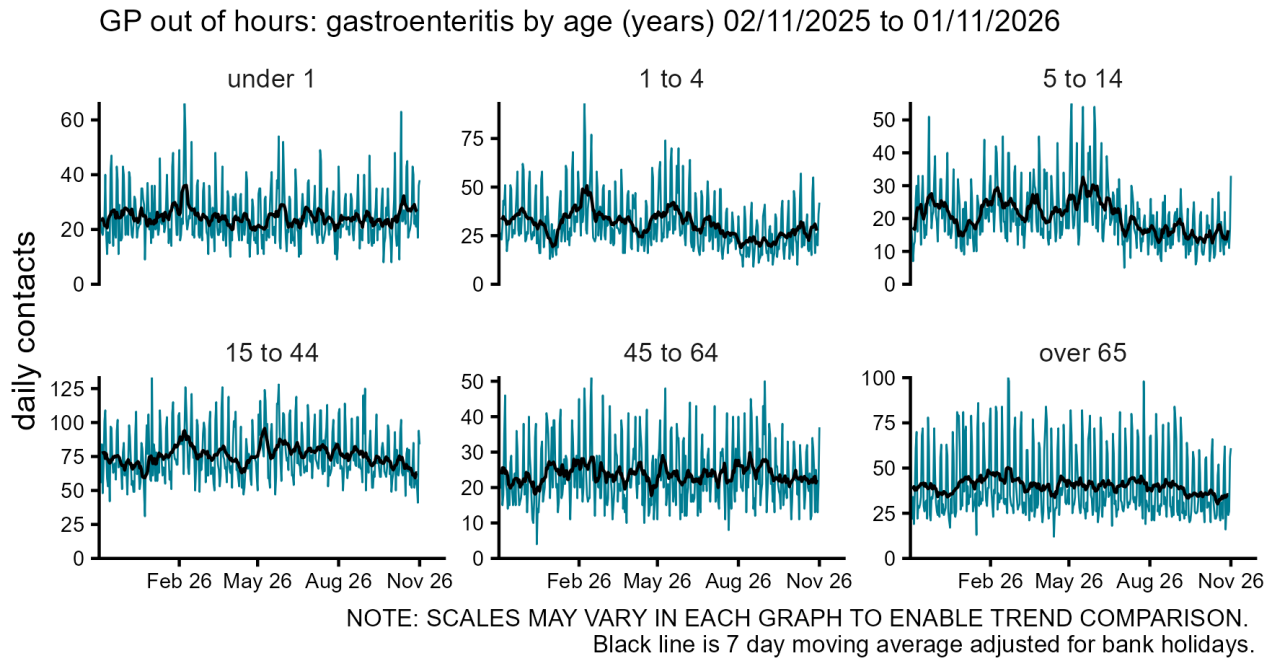
Gastroenteritis

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)



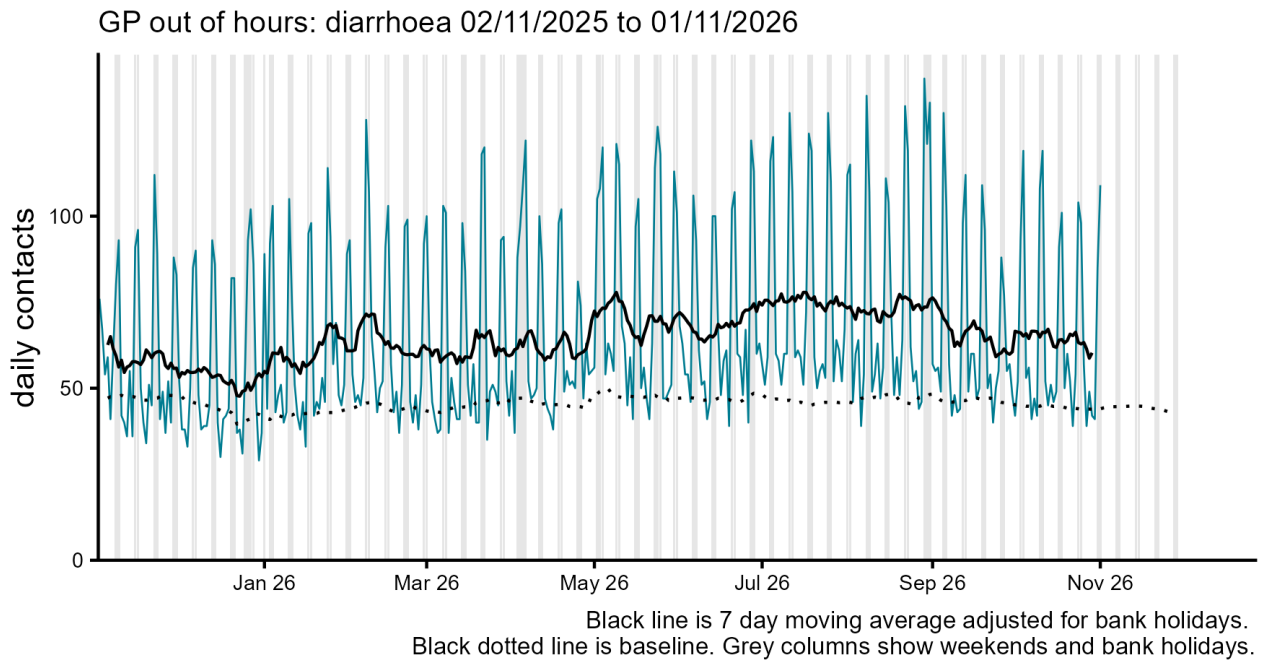
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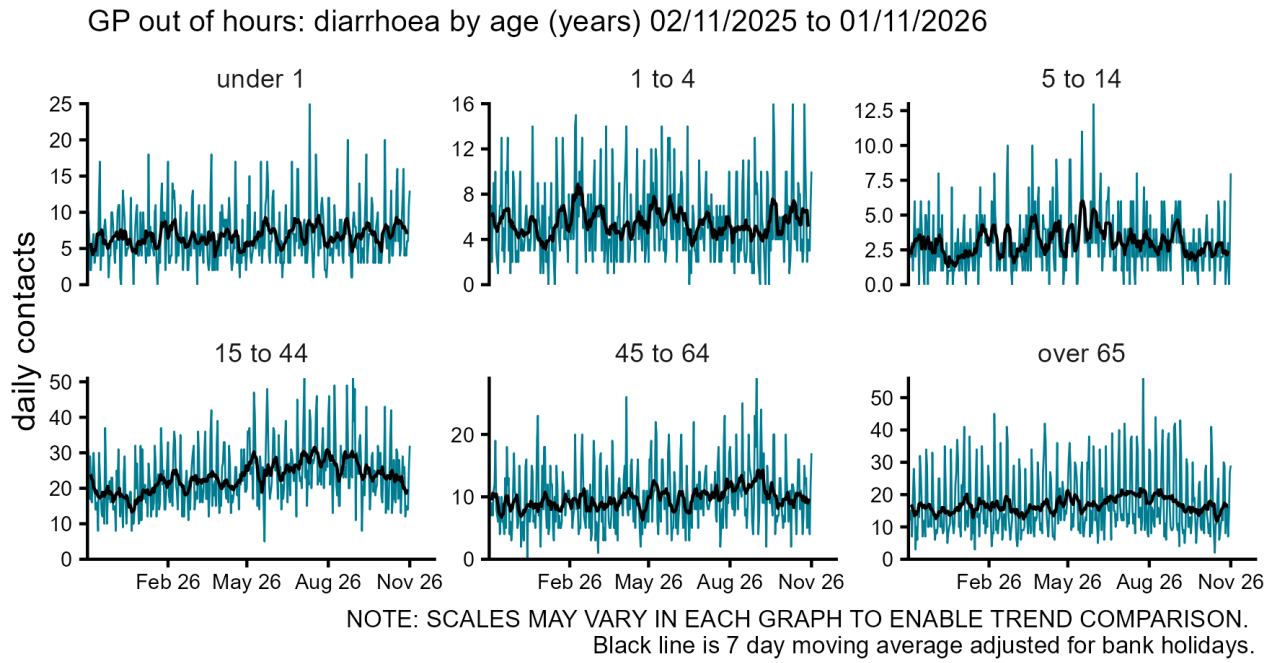
Diarrhoea

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)



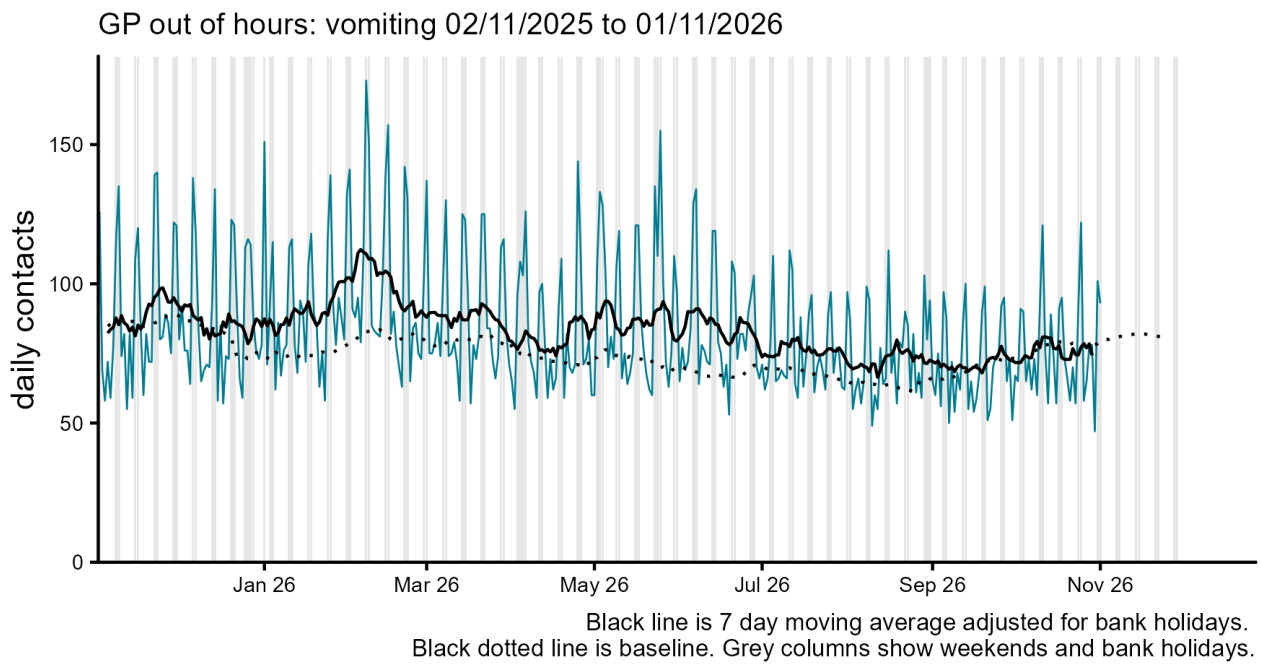
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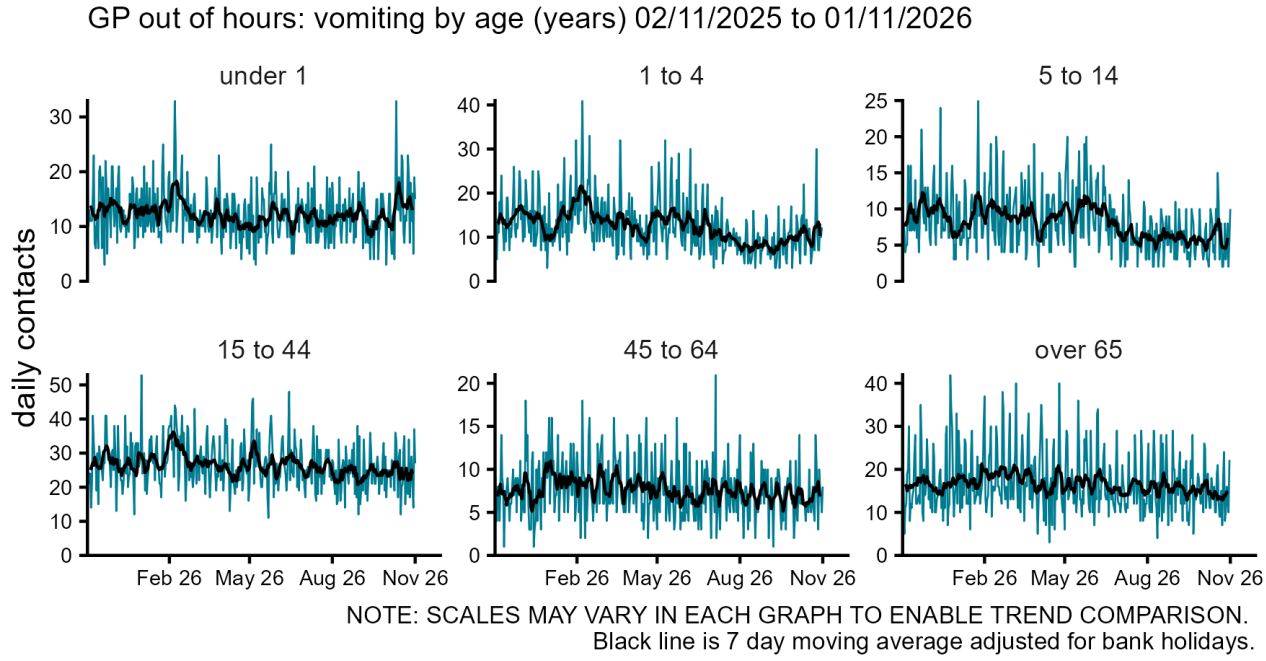
Vomiting

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)

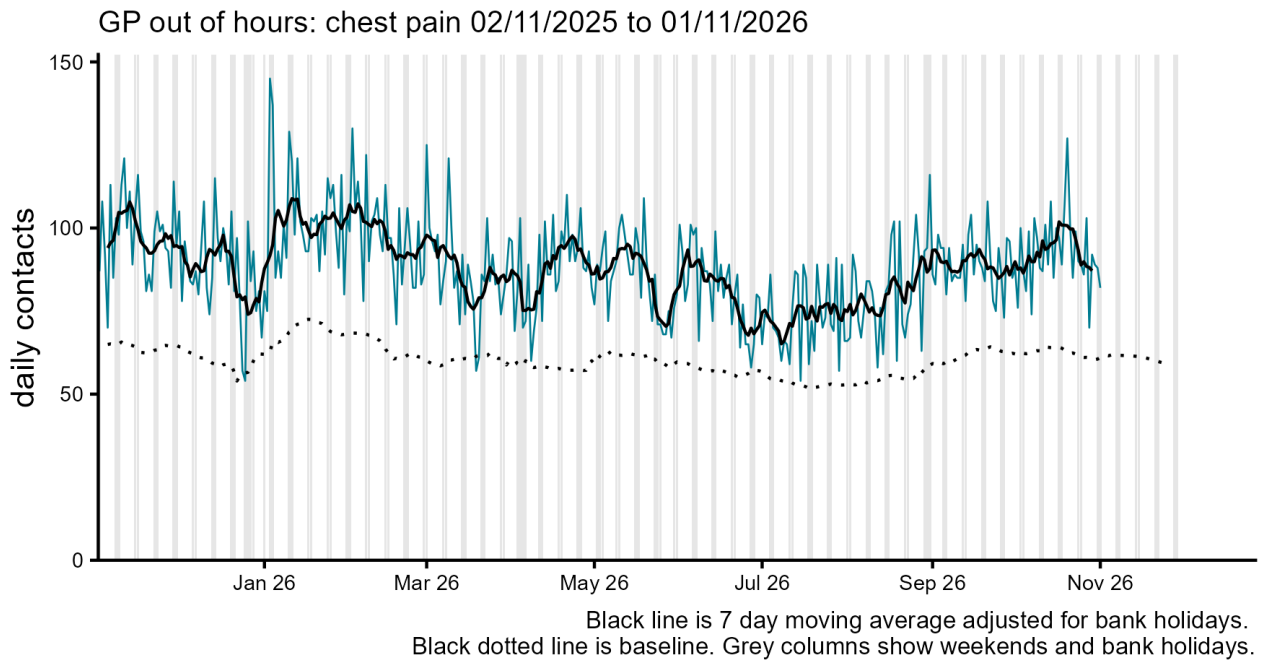


Cardiac conditions

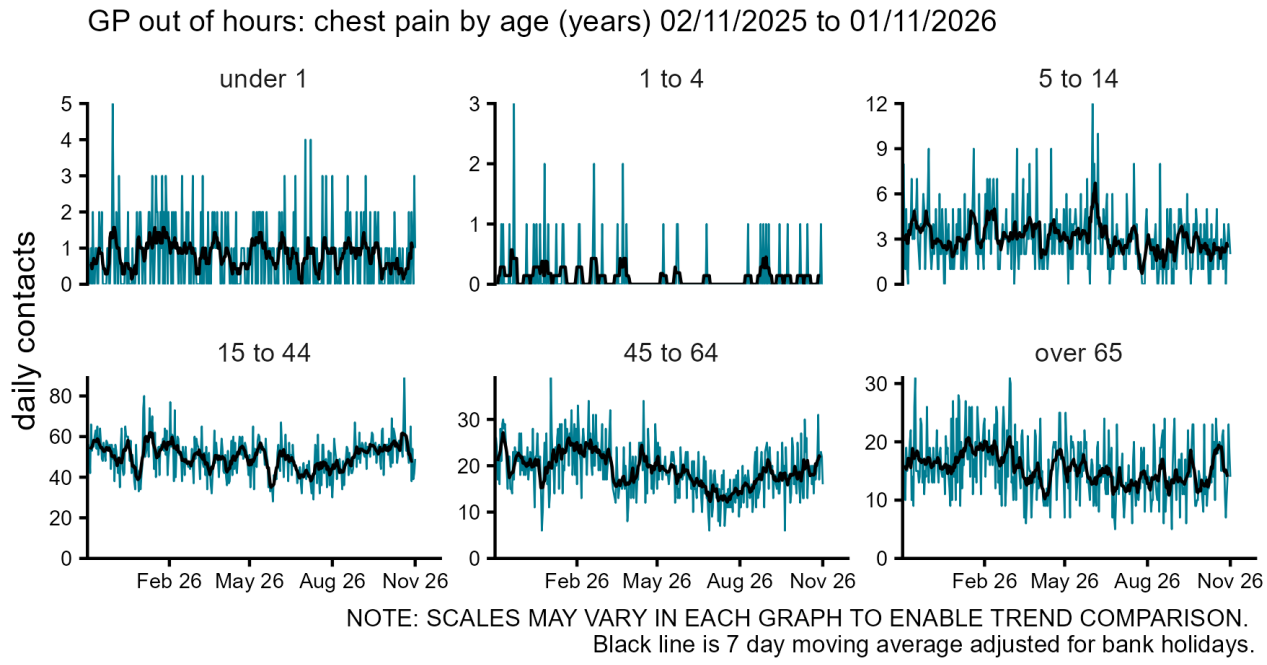
Chest pain (including myocardial infarction)

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)



(b)



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 routinely 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

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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