Summary.

**Reporting week: 16 to 22 September 2019.**

During week 38, there were continued increases in difficulty breathing and asthma indicators nationally in the 1-4 and 5-14 years age groups, within seasonally expected levels.

**Remote Health Advice:**
NHS 111 difficulty breathing calls continued to increase during week 38 in line with seasonally expected trends. Calls increased specifically in the 1-4 and 5-14 years age groups (Figures 5 & 5a).

**GP In Hours:**
During week 38 GP consultations for asthma in children aged 1-4 and 5-14 years continued to increase in line with seasonal expectations (Figure 10a). There were also expected seasonal increases in other respiratory indicators, including upper respiratory tract infections, particularly in children aged <5 years (Figures 1 & 1a).

**GP Out of Hours:**
GP out of hours consultations for difficulty breathing/wheeze/asthma continued to increase within expected levels during week 38, mainly in children aged up to 14 years age groups (Figures 5 & 5a).

**Emergency Department:**
During week 38 there were further increase in ED attendances for asthma, notably in 5-14 years age group (Figures 9 & 9a). ED attendances for all respiratory and acute respiratory infection indicators continued to increase (Figures 4, 5 & 6), mainly in the 0-4 years age groups (Figure 5a). Levels remain within seasonally expected limits.

**Ambulance:**
During week 38 there were further increases in breathing problem calls, in line with seasonally expected trends (Figure 2).
Key messages are provided from each individual system.

The different PHE syndromic surveillance systems access data from different areas of the national health care system.

Each syndromic surveillance system is able to monitor a different selection of syndromic indicators based upon a different case mix of patients.

Access to the full version of each syndromic surveillance bulletin is available through the PHE Syndromic Surveillance website found at: (https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses); reports are made available on Thursday afternoons.

Remote Health Advice Syndromic Surveillance System:
A remote health advice syndromic surveillance system that monitors syndromic calls from remote health advice services e.g. NHS 111 each day across England.

GP In-Hours Syndromic Surveillance System:
A large UK-based general practitioner surveillance system monitoring daily consultations for a range of clinical syndromic indicators.

GP Out-of-Hours Syndromic Surveillance System (GPOOHS):
A syndromic surveillance system monitoring daily GP out-of-hours activity and unscheduled care across England using a range of clinical syndromic indicators.

Emergency Department Syndromic Surveillance System (EDSSS):
A national ED network across England monitoring daily attendances and presenting symptoms/diagnoses.

National Ambulance Syndromic Surveillance System (NASSS):
The national ambulance syndromic surveillance system (NASSS) monitors daily calls made by persons to an ambulance trust. All 10 ambulance trusts in England provide data.

We thank and acknowledge the contribution of all data providers including:

- NHS 111 and NHS Digital.
- QSurveillance®, University of Nottingham; EMIS/EMIS practices; ClinRisk®.
- TPP, ResearchOne and participating SystmOne GP practices.
- Advanced Health & Care and the participating OOH service providers.
- Participating EDSSS emergency departments.
- Royal College of Emergency Medicine.

PHE Real-time Syndromic Surveillance Team.
Public Health England, 1st Floor, 5 St Philips Place, Birmingham, B3 2PW. Tel: 0344 225 3560 > Option 4 > Option 2.  Web: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses

Contact ReSST: syndromic.surveillance@phe.gov.uk