



16 October 2019.

Field Service | From local to global: combining expertise in epidemiology and microbiology to protect the population from public health threats.

Contact ReSST

Year: 2019 **Week: 41**

Summary.

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Reporting week: 07 October to 13 October 2019.

During week 41, there were further increases in acute respiratory infection indicators nationally, particularly in the 0-4 years age groups, in line with seasonal expectations.

Remote Health Advice:

During week 41 NHS 111 cough and sore throat calls increased, following seasonally expected trends (Figures 4 & 6).

[Access bulletin.](#)

GP In Hours:

GP consultations for upper and lower respiratory tract infections continued to increase during week 41, particularly in young children (0-4 years), but in line with seasonal expectations (figures 1, 1a, 5 & 5a). Asthma consultations increased in the 45-64 years age group (Figure 10a).

[Access bulletin.](#)

GP Out of Hours:

GP out-of-hours contacts for acute respiratory infections continued to increase during week 41, as expected for the time of year (figure 2).

[Access bulletin.](#)

Emergency Department:

ED attendances for acute respiratory infections continued to increase in week 41, particularly in young children (0-4 years), in line with seasonal expectations (figures 5 & 5a). There were further increases in pneumonia attendances, most notably in the over 65 years age group. Levels are slightly higher than expected for this time of year (figure 8 & 8a).

[Access bulletin.](#)

Ambulance:

During week 41 breathing problem calls remained stable, but above baseline levels (figure 2).

[Access bulletin.](#)

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- 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 SystemOne GP practices.
 - Advanced Health & Care and the participating OOH service providers.
 - Participating EDSSS emergency departments.
 - Royal College of Emergency Medicine.
 - North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS Ambulance Trusts and The Association of Ambulance Chief Executives.
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PHE Real-time Syndromic Surveillance Team.

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Web: <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>