Summary.

Reporting week: 21 October to 27 October 2019.

During week 43, 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 43, NHS 111 cough calls continued to increase, particularly in children aged under 15 years (figures 4 & 4a). Vomiting and diarrhoea calls also increased during week 43 (figures 7 & 8).

Access bulletin.

GP In Hours: GP consultations for respiratory indicators including upper and lower respiratory tract infections and influenza-like illness remain at levels expected for the time of year (Figures 1, 2 & 5). Lower respiratory tract infection consultations in children aged <1 years increased slightly during week 43 (Figure 5a).

Access bulletin.

GP Out of Hours: GP out-of-hours contacts for bronchitis/bronchiolitis continued to increase during week 43, in line with seasonally expected trends (figure 2).

Access bulletin.

Emergency Department: ED attendances for acute respiratory infections, including bronchiolitis/bronchitis, continued to increase in week 43, particularly in young children under 1 year, in line with seasonal expectations (figure 5, 5a, 6 & 6a).

Access bulletin.

Ambulance: Nothing new to report during week 43.

Access bulletin.

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.
- QSsurveillance®; 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

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