

Syndromic Surveillance Summary: Field Service, National Infection Service, Real-time Syndromic Surveillance.

11 December 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: 49

Summary.

Subscribe to the weekly syndromic surveillance email

Reporting week: 02 December to 08 December 2019.

During week 49, syndromic indicators associated with seasonal influenza continued to rise, particularly in the North of England and in age groups up to 65 years. Also, selected respiratory indicators continued to increase in the under 1 year age group, in line with seasonal increases in respiratory syncytial virus (RSV).

Remote Health Advice: Access bulletin.	During week 49, NHS 111 cold/flu calls continued to increase and remain at medium intensity levels (figures 2 & 2a); activity was particularly noted in the 5-14 years age group and in the North of England (figures 2c & 2d). Cough calls and difficulty breathing continued to increase, particularly in young children aged under 1 year, in line with seasonal respiratory syncytial virus activity (figures 4a & 5a).
GP In Hours: Access bulletin.	During week 49 national GP consultations for influenza-like illness (ILI) increased above baseline levels and are now at low intensity levels (figure 2c). Levels remain highest in the North East and North West (figures 2b, 20 & 21). The greatest increases in ILI have been noted in age groups up to 65 years (figure 2a).
GP Out of Hours: Access bulletin.	GP out-of-hours contacts for influenza-like illness continued to increase during week 49 with activity now just reaching medium intensity levels (figure 3a). Bronchitis/ bronchiolitis contacts in children aged under 1 year remained stable during week 49 (figure 4a), in line with continuing levels of respiratory syncytial virus activity.
Emergency Department:	During week 49 there were further increases in ED attendances for acute respiratory infections (figure 5). Influenza-like-illness attendances increased and remain highest in children aged 5-14 years (figure 7a).
Access bulletin.	ED attendances for bronchiolitis also showed a further increase in young children aged less than 1 year in line with seasonal increases in respiratory syncytial virus activity (figure 6a).
Ambulance: Access bulletin.	During week 49 breathing problems remained above expected levels (figure 2), in line with increasing influenza and respiratory syncytial virus activity.



11 December 2019

- · 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: (<u>https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses</u>); 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 general practitioner surveillance system monitoring daily consultations for a range of clinical syndromic indicators across England.

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 Oxford; 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.
- 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.

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