Summary.

Reporting week: 09 December to 15 December 2019.

During week 50, syndromic indicators associated with seasonal influenza remained elevated, particularly in the North of England and in the 1-4 and 5-14 years age groups. Selected respiratory indicators associated with seasonal respiratory syncytial virus (RSV) decreased but remain elevated.

Remote Health Advice:
During week 50, NHS 111 cold/flu calls 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).

Calls for cough and difficulty breathing decreased but are still elevated in young children in line with seasonal respiratory syncytial virus activity (figures 4a & 5a).

GP In Hours:
During week 50 national GP consultations for influenza-like illness (ILI) remain above baseline 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:
GP out-of-hours contacts for influenza-like illness remained at medium intensity levels during week 50 (figure 3a). Bronchitis/bronchiolitis contacts in children aged under 1 year decreased during week 50 (figure 4a).

Emergency Department:
During week 50 there were further increases in ED attendances for acute respiratory infections (figure 5). Influenza-like-illness attendances increased and are highest in children aged 1-4 and 5-14 years (figure 7a).

ED attendances for bronchiolitis stabilized in young children aged less than 1 year but remain high in line with seasonal increases in respiratory syncytial virus activity (figure 6a).

Ambulance:
During week 50 breathing problems remain at elevated levels (figure 2), in line with seasonal influenza and respiratory syncytial virus activity.
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 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.

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