

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

23 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: 51

Summary.

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Reporting week: 16 December to 22 December 2019.

During week 51, there were further increases in syndromic indicators associated with seasonal influenza. While levels decreased across the North, they increased in other regions of England. Furthermore, there were decreases in children but increases across other age groups.

Indicators associated with respiratory syncytial virus continued to decrease.

Remote Health Advice: Access bulletin.	During week 51, NHS 111 cold/flu calls increased slightly, remaining at stable at medium intensity levels (figures 2 & 2a). Calls decreased in children aged 5-14 years but increased in adults (figure 2c), and decreased in the North but increased across other regions (figure 2d).
	Calls for cough and difficulty breathing decreased in children aged <5 years in line with decreasing seasonal respiratory syncytial virus activity (figures 4a & 5a).
GP In Hours:	During week 51, national GP consultations for influenza-like illness (ILI) increased and are approaching medium intensity levels (figure 2c). Rates remain highest in the North of England but are decreasing, while increasing across the South (figures 2b, 20 & 21). Rates have decreased in children aged <1 and 5-14, but are increasing across other age groups (figure 2a).
Access bulletin.	
GP Out of Hours:	GP out-of-hours contacts for influenza-like illness increased during week 51, though remained at medium intensity levels (figure 3a). Bronchitis/bronchiolitis contacts in children aged <1 year continued to decrease during week 51 (figures 4 & 4a).
Access bulletin.	
Emergency Department:	During week 51 there were further increases in ED attendances for influenza-like- illness, which remain highest in children aged 1-4 and 5-14 years (figures 7 & 7a).
Access bulletin.	ED attendances for bronchiolitis decreased in young children aged less than 1 year in line with seasonal decreases in respiratory syncytial virus activity (figure 6a).
Ambulance:	During week 51 breathing problems remained at elevated levels (figure 2), in line with seasonal influenza and respiratory syncytial virus activity.
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: (<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.

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