Public Health England

Emergency Department

Syndromic Surveillance System: England

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Key messages

Data to: 09 February 2020

During week 6 ED attendances for respiratory indicators remained stable and at seasonally expected levels.

A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance Team will be monitoring the impact of cold weather on syndromic surveillance data during this period. Cold weather alert level (current reporting week): Level 1Winter preparedness http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Diagnostic indicators at a glance:

Further details on the syndromic indicators reported can be found on page 9.

Indicator	Current trend	Level
Respiratory	no trend	similar to baseline
Acute Respiratory Infection	no trend	below baseline
Bronchiolitis	no trend	similar to baseline
Influenza-like Illness	no trend	below baseline
Pneumonia	no trend	similar to baseline
Asthma	no trend	similar to baseline
Gastrointestinal	no trend	similar to baseline
Gastroenteritis	no trend	similar to baseline
Cardiac	no trend	similar to baseline
Myocardial Ischaemia	no trend	similar to baseline

Date	Total	Diagnos	es Coded	Type 1 EDs
Date	Attendances	Number	%	Included
03/02/2020	30,523	20,595	67.5%	109
04/02/2020	27,292	18,523	67.9%	108
05/02/2020	26,308	17,453	66.3%	108
06/02/2020	25,808	17,431	67.5%	107
07/02/2020	26,262	17,939	68.3%	109
08/02/2020	24,178	16,487	68.2%	106
09/02/2020	23,483	16,060	68.4%	105
Total	183,854	124,488	67.7%	(max)* 109

EDSSS weekly report statistics

Only Type 1 EDs meeting the weekly reporting criteria are included (see page 6 for details).

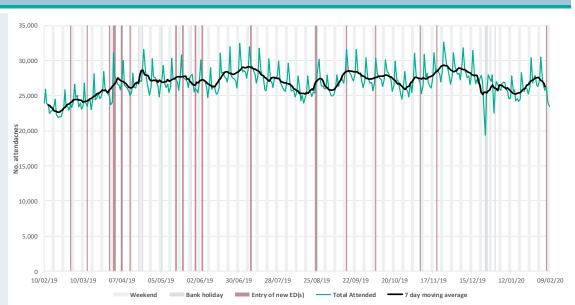
*max EDs included across full time period reported in charts, individual days may include fewer EDs.



1: Total attendances.

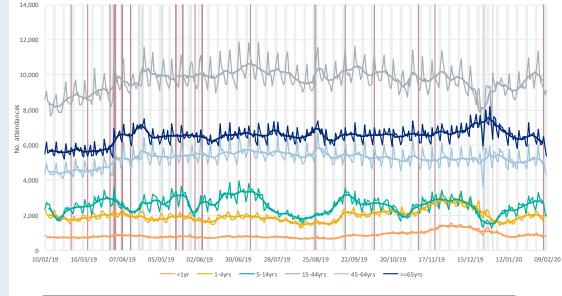
Daily number of total attendances recorded, across the EDSSS network.

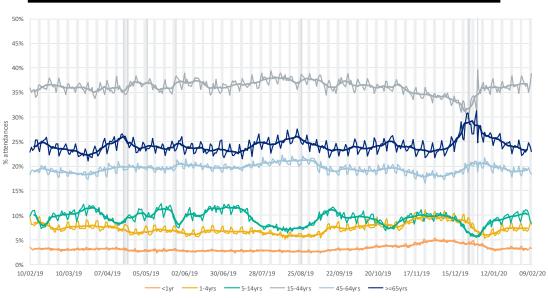
The entry of new ED(s) is marked by a vertical **red** line (see page 6 for inclusion criteria).



2: Daily attendances by age: Numbers.

Daily number of total attendances, by age group, recorded across the EDSSS network.





3: Daily attendances by age: Percentages

Daily percentage of total attendances by age group, recorded across the EDSSS network.

EDSSS

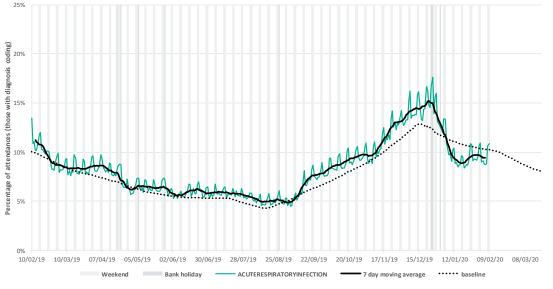
4: Respiratory.

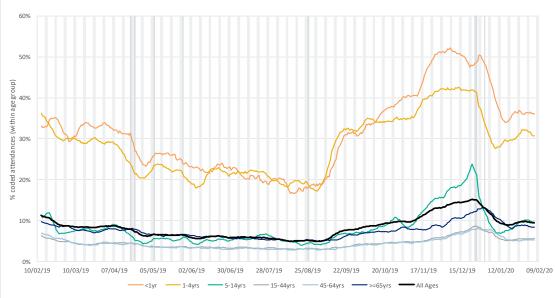
Daily percentage of all attendances recorded as respiratory attendances across the EDSSS network. 30%



5: Acute Respiratory Infection.

Daily percentage of all attendances recorded as acute respiratory infection attendances across the EDSSS network.





5a: Acute Respiratory Infection by age group.

7 day moving average of ARI attendances presented as a proportion of the attendances within each age group.

EDSSS

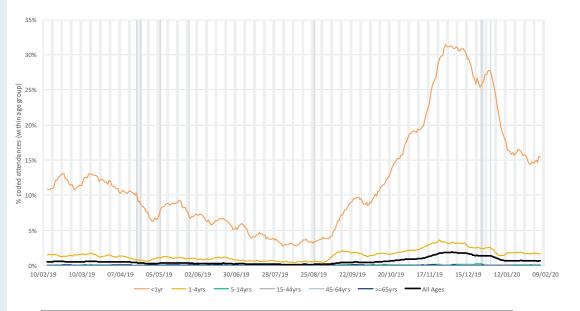
6: Bronchiolitis/ bronchitis.

Daily percentage of all attendances recorded as bronchiolitis/ acute bronchitis attendances across the EDSSS network.



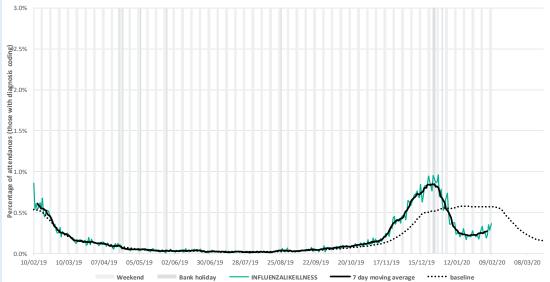
6a: Bronchiolitis/ bronchitis by age group

7 day moving average of bronchitis/ bronchiolitis attendances presented as a proportion of the attendances within each age group.



7: Influenza-like Illness.

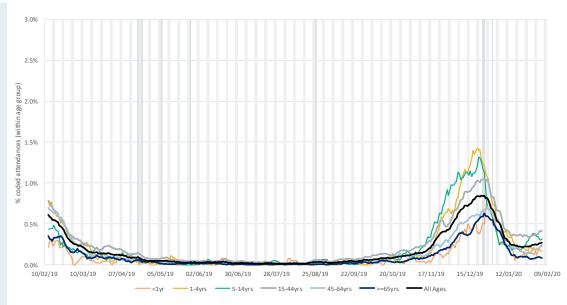
Daily percentage of all attendances recorded as influenza-like illness attendances across the EDSSS network.



EDSSS

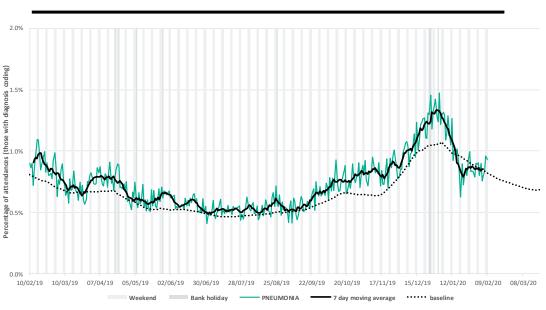
7a: Influenza-like illness by age group

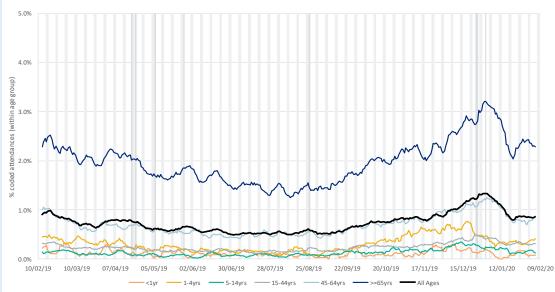
7 day moving average of influenza-like illness attendances presented as a proportion of the attendances within each age group.



8: Pneumonia.

Daily percentage of all attendances recorded as pneumonia attendances across the EDSSS network.





8a: Pneumonia by age group.

7 day moving average of pneumonia attendances presented as a proportion of the attendances within each age group.

EDSSS

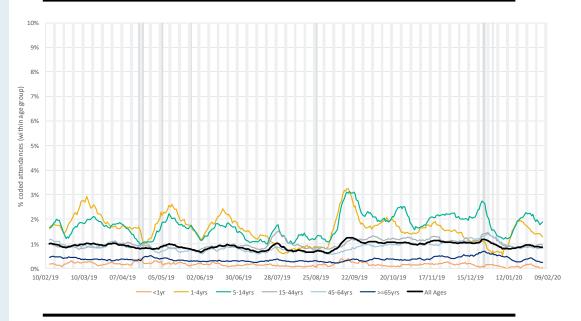
9: Asthma.

Daily percentage of all attendances recorded as asthma/wheeze/ difficulty breathing attendances across the EDSSS network.



9a: Asthma by age group.

7 day moving average of asthma/wheeze/ difficulty breathing attendances presented as a proportion of the attendances within each age group.

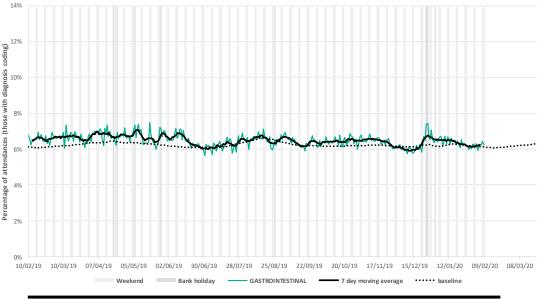


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EDSSS

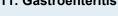
10: Gastrointestinal.

Daily percentage of all attendances recorded as gastrointestinal attendances across the EDSSS network.



11: Gastroenteritis

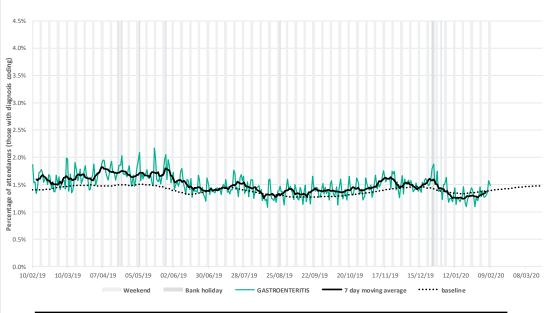
Daily percentage of all attendances recorded as gastroenteritis attendances across the EDSSS network.

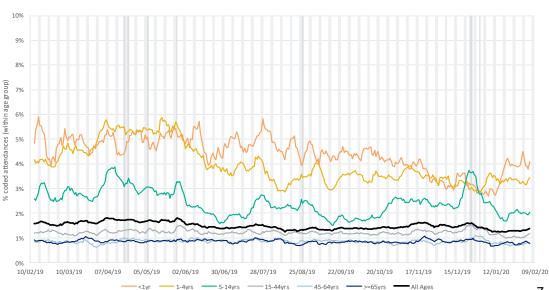




7 day moving average of gastroenteritis attendances presented as a proportion of the attendances within each age group.







EDSSS

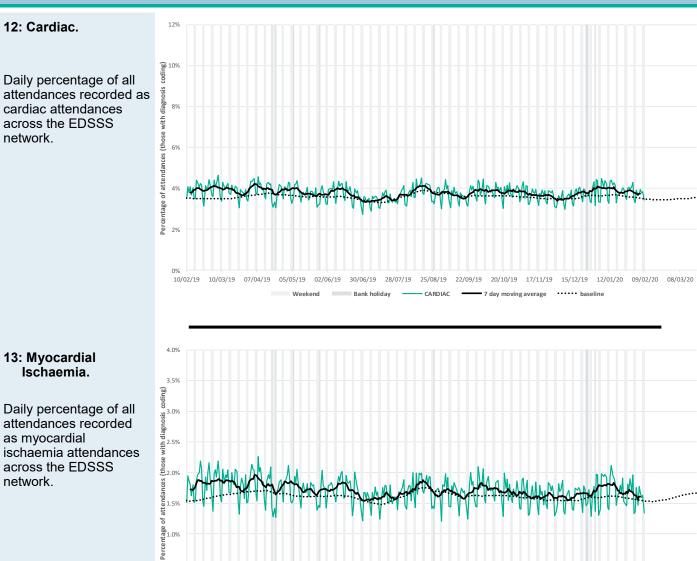
12: Cardiac.

network.

11 February 2020



Year: 2020 Week: 6



10/02/19 10/03/19 07/04/19 05/05/19 02/06/19 30/06/19 28/07/19 25/08/19 22/09/19 20/10/19 17/11/19 15/12/19 12/01/20 09/02/20 08/03/20 MYOCARDIALISCHAEMIA

7 day moving average •••••• baseline

13: Myocardial Ischaemia.

Daily percentage of all attendances recorded as myocardial ischaemia attendances across the EDSSS network.

0.5%

0.0%

Weekend

Bank holiday

Year:	2020	Wee	k. 6
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Notes and caveats:	► National EDSSS began operating in April 2018
	Following the introduction of the Emergency Care Data Set (ECDS) the national reporting of secondary care activity data through the commissioning data sets mechanism from EDs to NHS Digital became a daily feed:
	https://www.england.nhs.uk/ourwork/tsd/ec-data-set/
	EDSSS receives an automated daily transfer of anonymised ED data from NHS Digital
	The number of EDs reporting through ECDS continues to increase
	Not all EDs currently provide data through ECDS on a daily basis
	EDs are eligible for inclusion in this report only where the weekly EDSSS reporting criteria have been met during the surveillance week reported:
	Data relates to attendances at a type 1 ED Data for 4 of the 7 days was received by PHE Data for those days was received within 2 calendar days of the patient arrival
	Where an ED meets these criteria, all data received from that ED previous to the current surveillance week is included.
	►EDs eligible for inclusion is likely to change each week, which will in turn affect the historical data inclusion
	Individual EDs will not be identified in syndromic surveillance reporting in these bulletins
	All EDs report diagnoses to EDSSS using SnomedCT codes. Where Snomed codes are not used the ED is excluded from indicator analysis
	The syndromic indicators presented in this bulletin are based on the SnomedCT diagnosis codes reported by EDs:
	Respiratory: All respiratory diseases and conditions (infectious and non infectious). Acute Respiratory Infections (ARI): All acute infectious respiratory diseases. Asthma: As indicated by title.
	Bronchiolitis/ bronchitis: As indicated by title (excluding 'chronic'). Influenza-like Illness (ILI): As indicated by title. Pneumonia: As indicated by title.
	Gastrointestinal: All gastrointestinal diseases and conditions (infectious and non infectious). Gastroenteritis: All infectious gastrointestinal diseases.
	Cardiac: All cardiac conditions. Myocardial Ischaemia: All ischaemic heart disease.
	Baselines represent seasonally expected levels of activity and are constructed from historical data since July 2010. They take into account the change from sentinel EDSSS to National EDSSS and current coverage. Gastroenteritis, diarrhoea and vomiting baselines also account for changes since the introduction of rotavirus vaccine in July 2013. Baselines are refreshed using the latest data on a regular basis.
	Sentinel EDSSS 2010 to March 2018, collected data through a bespoke, voluntary network of EDs across England and Northern Ireland
	Sentinel EDSSS reports be found in bulletins up to and including week 13 2018: <u>https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses</u>
Acknowledgements:	We are grateful to the clinicians in each ED and other staff within each Trust for their continued involvement in the EDSSS.
	We thank the Royal College of Emergency Medicine, NHS Digital and NHS England for their support in the development of national EDSSS, using anonymised data collection from ECDS.
	Emergency Department Syndromic Surveillance System Bulletin.
	Produced by: PHE Peal time Syndromic Surveillance Team

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