Key messages

Please note that the presentation of data in this report has been updated to account for recent changes in attendance denominators. Data for syndromic indicators are now presented as numbers of attendances and we are currently unable to present indicators by age.

During week 11 there was a decrease in the total number of ED attendances (figure 1), particularly in the 65+ years age group (figure 2). The number of attendances for influenza-like illness and asthma increased (figures 7 & 9), however other respiratory indicators (including pneumonia) remained stable (figure 4, 5, 6 & 8).

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 1: Winter 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.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current trend</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>no trend</td>
<td>above</td>
</tr>
<tr>
<td>Acute Respiratory Infection</td>
<td>no trend</td>
<td>above</td>
</tr>
<tr>
<td>Bronchiolitis</td>
<td>no trend</td>
<td>below</td>
</tr>
<tr>
<td>Influenza-like Illness</td>
<td>increasing</td>
<td>above</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>no trend</td>
<td>above</td>
</tr>
<tr>
<td>Asthma</td>
<td>increasing</td>
<td>similar</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>decreasing</td>
<td>below</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>decreasing</td>
<td>below</td>
</tr>
<tr>
<td>Cardiac</td>
<td>decreasing</td>
<td>similar</td>
</tr>
<tr>
<td>Myocardial Ischaemia</td>
<td>decreasing</td>
<td>similar</td>
</tr>
</tbody>
</table>

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.
4: Respiratory.

Daily number of attendances recorded as respiratory attendances across the EDSSS network.

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.
6: Bronchiolitis/bronchitis.

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

6a: Intentionally left blank

7: Influenza-like Illness.

Daily number of attendances recorded as influenza-like illness attendances across the EDSSS network.
8: Pneumonia.

Daily number of attendances recorded as pneumonia attendances across the EDSSS network.

8a: Intentionally left blank
9: Asthma.

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

9a: Intentionally left blank

Intentionally left blank
10: Gastrointestinal.

Daily number of attendances recorded as gastrointestinal attendances across the EDSSS network.

11: Gastroenteritis

Daily number of attendances recorded as gastroenteritis attendances across the EDSSS network.

11a: Intentionally left blank
12: Cardiac.

Daily number of attendances recorded as cardiac attendances across the EDSSS network.

13: Myocardial Ischaemia.

Daily number of attendances recorded as myocardial ischaemia attendances across the EDSSS network.
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: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses

Acknowledgements:

We are grateful to the clinicians in each ED and other staff within each Trust for their continued involvement in the EDSSS.

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