Report on Syndromic Surveillance Summary:

26 August 2020.

Field Service | From local to global: combining expertise in epidemiology and microbiology to protect the population from public health threats.

Summary:
Reporting week: 17 August to 23 August 2020.

During week 34 community-based ‘COVID-19-like’ indicators remained stable across syndromic surveillance systems.

Please see the ‘notes and caveats’ sections in each individual syndromic surveillance bulletin for information about ‘COVID-19-like’ syndromic indicators, including important caveats around the interpretation of these indicators.

Remote Health Advice:
During week 34 there was an increase in NHS 111 calls for eye problems (figure 11).
NHS 111 calls and online assessments for potential COVID-19 remained stable during week 34 (figures 8 & 19).

GP In Hours:
During week 34, GP consultations for ‘heat/sun stroke’ decreased to expected levels (figure 22). COVID-19-like GP consultations were stable (figure 1). Pneumonia increased slightly but is below baseline levels (figure 7). All other respiratory indicators remained stable and at or below seasonally expected levels.

GP Out of Hours:
During week 34, GP out of hours contacts for heatstroke and insect bites decreased, returning to baseline levels (figures 11 & 12). Contacts for acute respiratory infection increased slightly, though remain below seasonally expected levels (figures 2 & 2a).

Emergency Department:
ED COVID-19-like attendances remained stable in week 34 (figure 3).

Ambulance:
During week 34, heat-related ambulance calls decreased and have returned to baseline levels (figure 4).
COVID-19-like and breathing problems ambulance calls both decreased during week 34 (figures 2 & 3).
• 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.
• QSsurveillance®; 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.

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: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses

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