



10 November 2020

Year: 2020 Week: 45

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## Key messages

Data to: 08 November 2020

Emergency department COVID-19-like attendances continued to increase during week 45, particularly in adults 45 years and older (figure 3 & 3a). COVID-19-like attendances are continuing to increase and remain elevated across North and Midlands regions (figure 3b). Acute respiratory infections continue to increase in the 65+ years age group (figure 5a).

**Note: during the COVID-19 pandemic, patients with COVID-19 symptoms are generally advised to initially access a COVID-19 test through the national COVID-19 testing programme. This is likely to result in lower numbers of patients accessing health advice as monitored through syndromic surveillance systems. Syndromic data should therefore be interpreted with some caution and in the context of other COVID-19 monitoring data sources.**

Please see '[notes and caveats](#)' for information about the ED syndromic indicators including important caveats around the interpretation.

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 10.

Indicator	Current trend	Level
COVID-19-like	increasing	-
Respiratory	no trend	below baseline
Acute Respiratory Infection	no trend	below baseline
Bronchiolitis	decreasing	below baseline
Influenza-like Illness	no trend	below baseline
Pneumonia	no trend	below baseline
Asthma	increasing	below baseline
Gastrointestinal	no trend	above baseline
Gastroenteritis	increasing	below baseline
Cardiac	no trend	above baseline
Myocardial Ischaemia	decreasing	above baseline
Alcohol intoxication	no trend	below baseline

## EDSSS weekly report statistics

Only Type 1 EDs meeting the weekly reporting criteria are included (see page 10 for details).

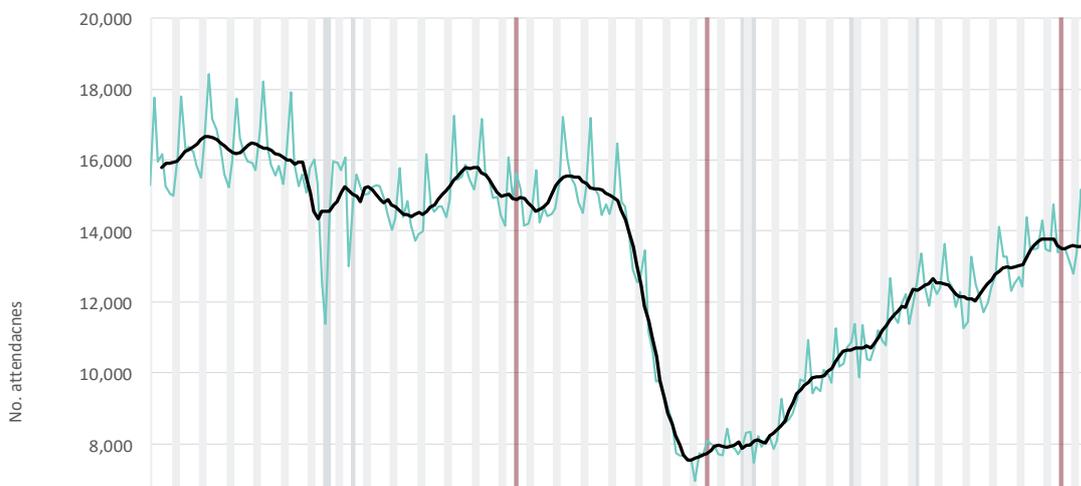
\*max EDs included across full time period reported in charts, individual days may include fewer EDs.

Date	Total Attendances	Diagnoses Coded		Type 1 EDs Included
		Number	%	
02/11/2020	14,561	9,944	68.3%	68
03/11/2020	12,801	9,311	72.7%	68
04/11/2020	12,830	8,960	69.8%	68
05/11/2020	13,235	9,736	73.6%	68
06/11/2020	12,981	9,112	70.2%	68
07/11/2020	12,318	9,140	74.2%	68
08/11/2020	12,063	8,352	69.2%	68
<b>Total</b>	<b>90,789</b>	<b>64,555</b>	<b>71.1%</b>	<b>(max)* 68</b>

## 1: Total attendances.

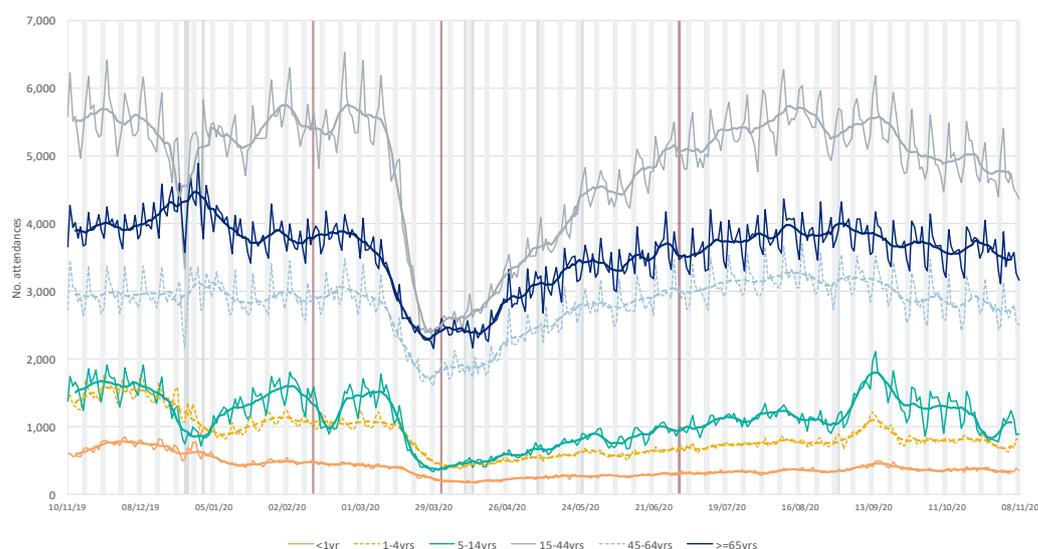
Daily number of total attendances recorded, across the EDSSS network.

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



## 2a: Daily attendances by age: numbers.

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



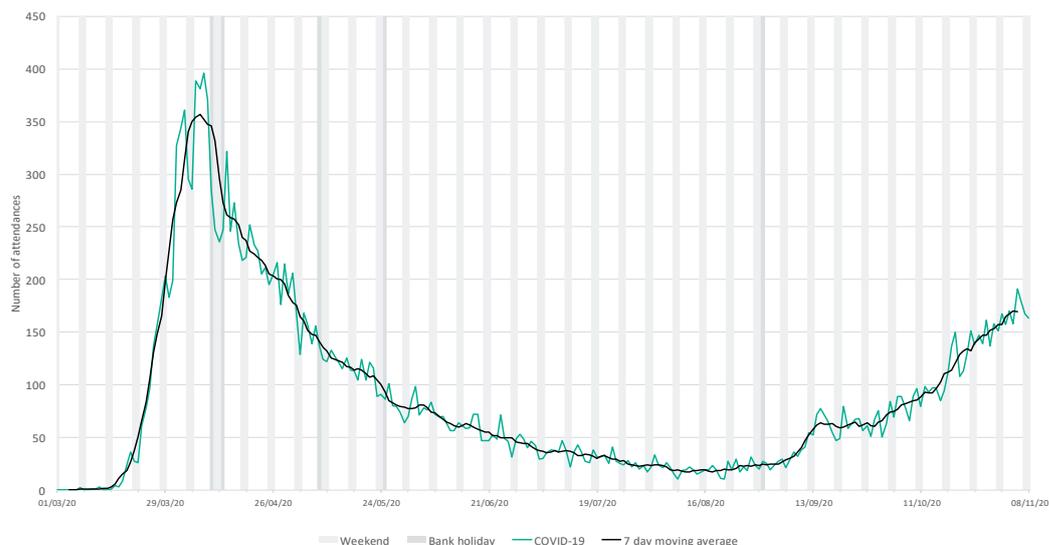
## 2b: Daily attendances by gender: numbers

Daily number of total attendances by gender, recorded across the EDSSS network (shown as a 7-day moving average). Please note: indeterminate gender is not shown due to small numbers



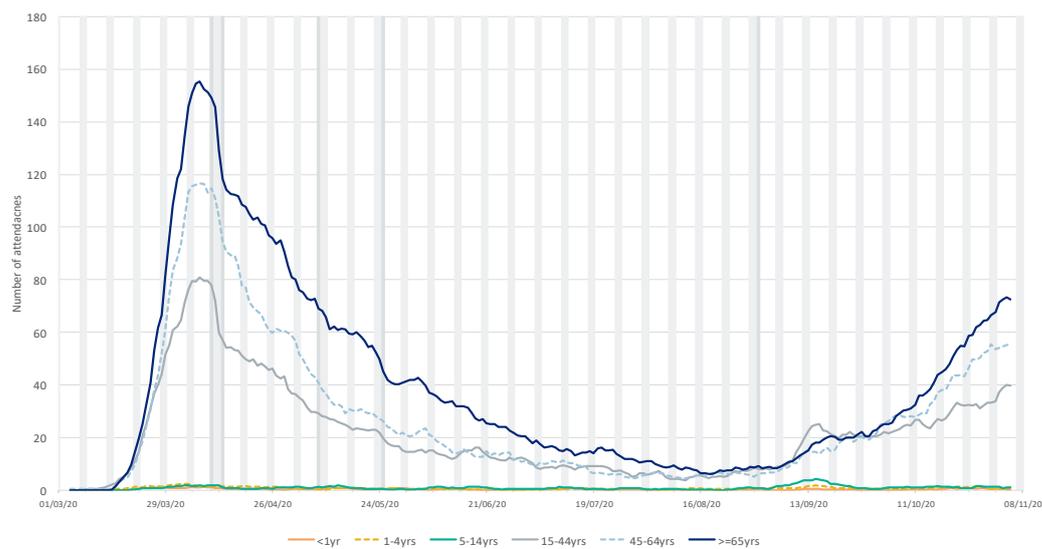
**3: COVID-19-like.**

Daily number of attendances recorded as COVID-19-like attendances across the EDSSS network.



**3a: COVID-19-like by age group.**

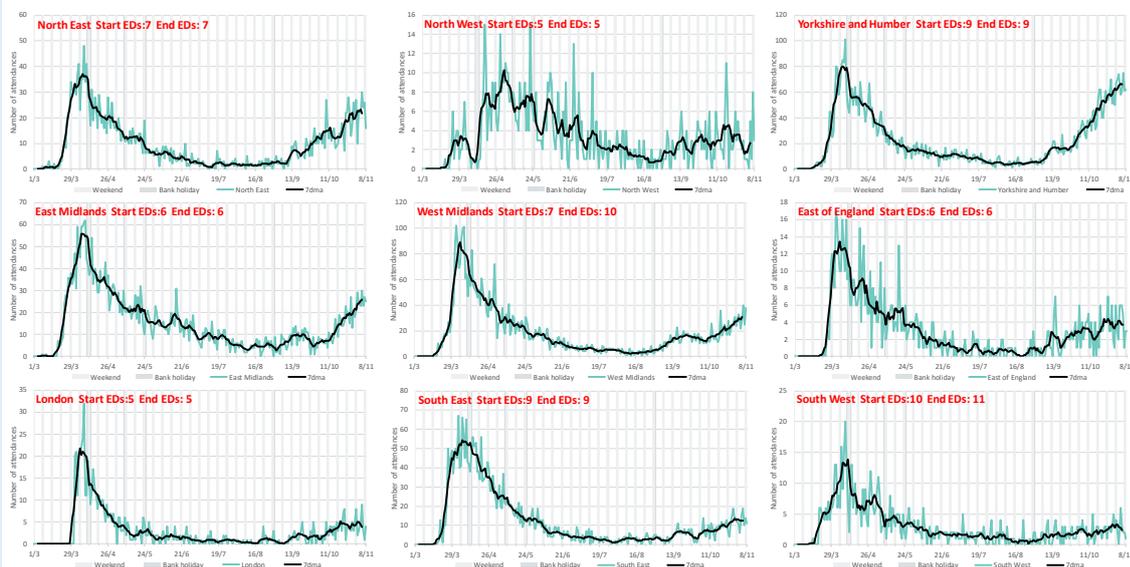
7 day moving average of COVID-19-like attendances within each age group.



**3b: COVID-19-like by PHE Centre**

Daily attendances and 7 day moving average of COVID-19-like attendances within each PHE Centre (with the number of EDs included at the start and end of each time series).

Please see ['notes and caveats'](#) for information on how EDs are selected for inclusion each week.



#### 4: Respiratory.

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



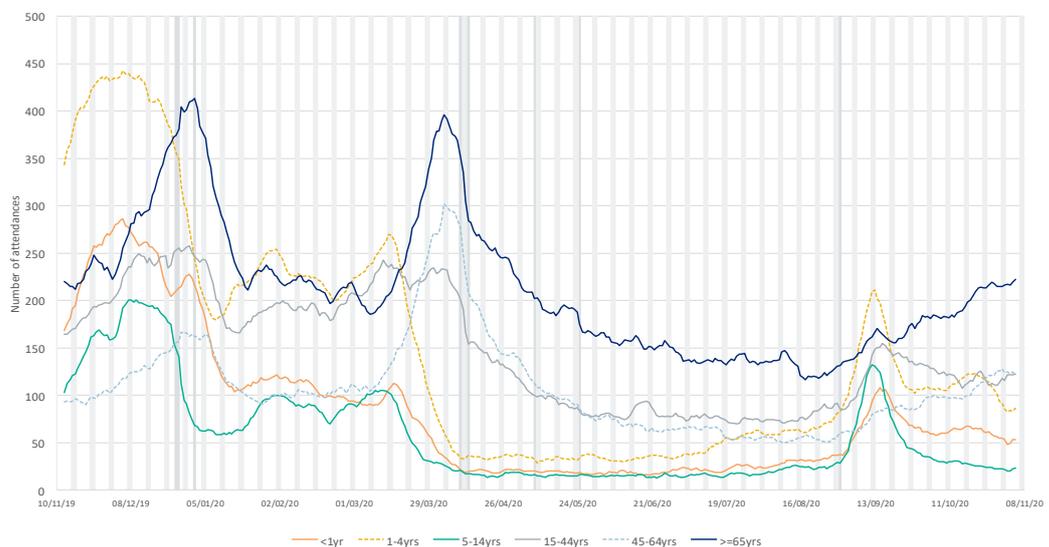
#### 5: Acute Respiratory Infection.

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



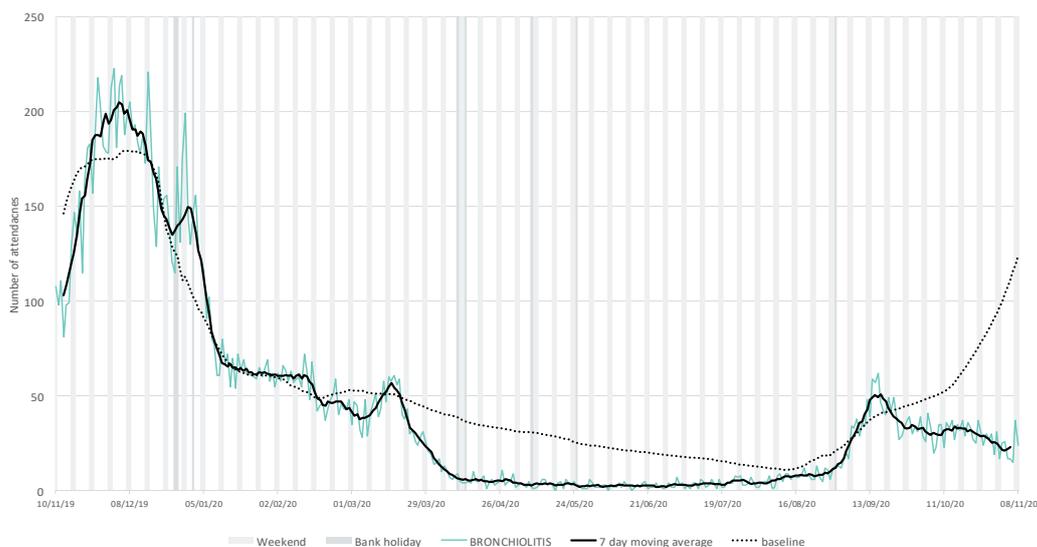
#### 5a: Acute Respiratory Infection by age group.

7 day moving average of ARI attendances within each age group.



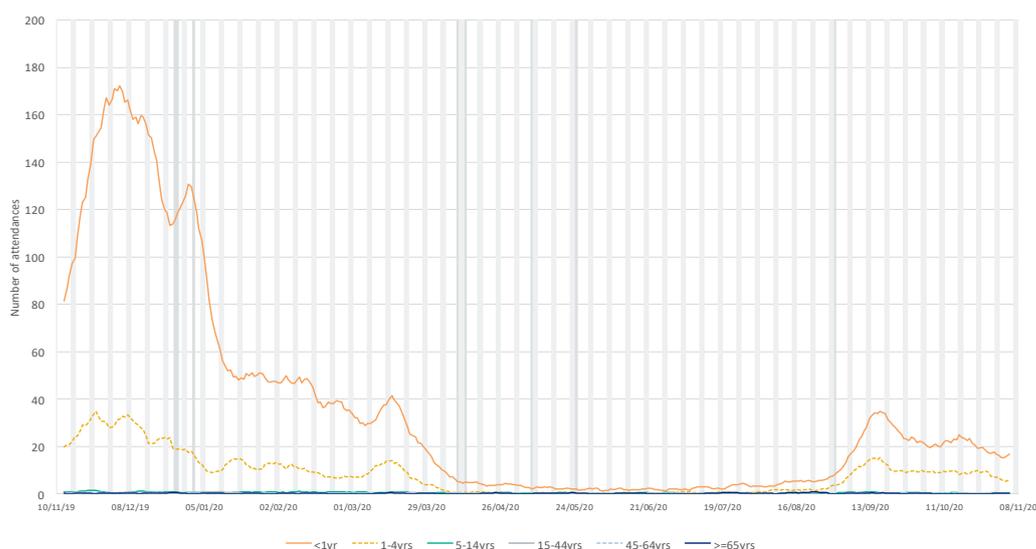
**6: Bronchiolitis/  
bronchitis.**

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



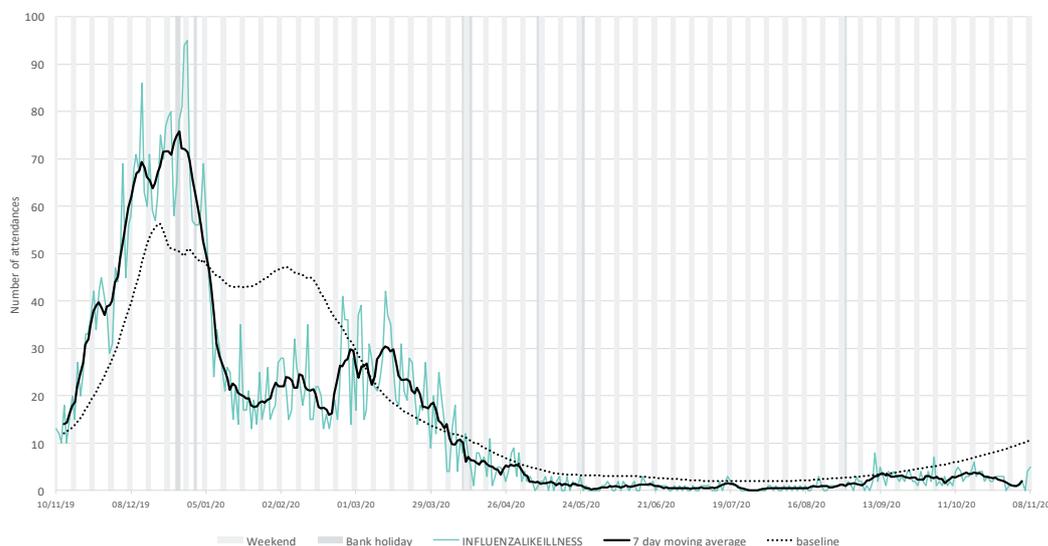
**6a: Bronchiolitis/  
bronchitis by age group**

7 day moving average of bronchiolitis/ bronchitis attendances within each age group.



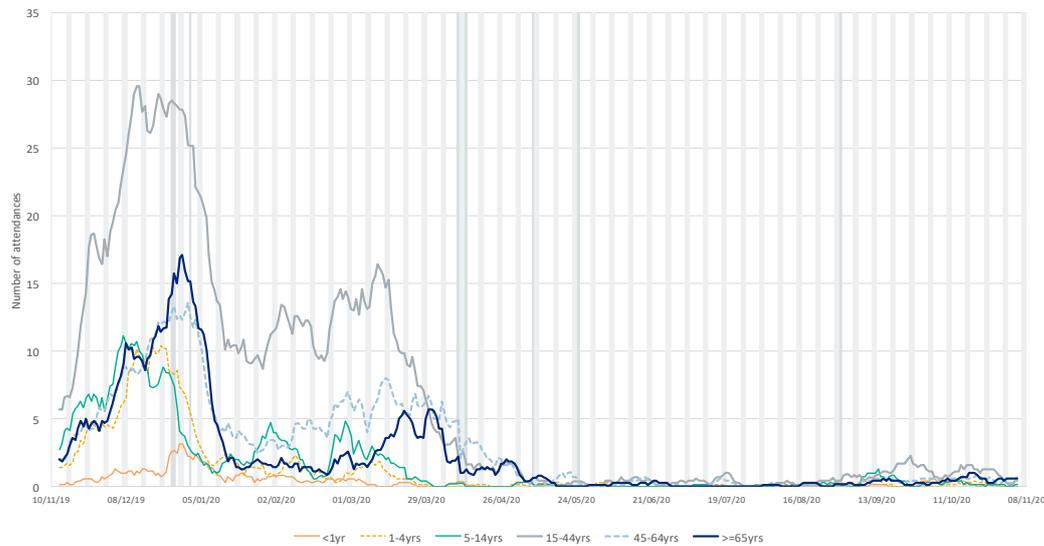
**7: Influenza-like illness.**

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



**7a: Influenza-like illness by age group**

7 day moving average of ILI attendances within each age group.



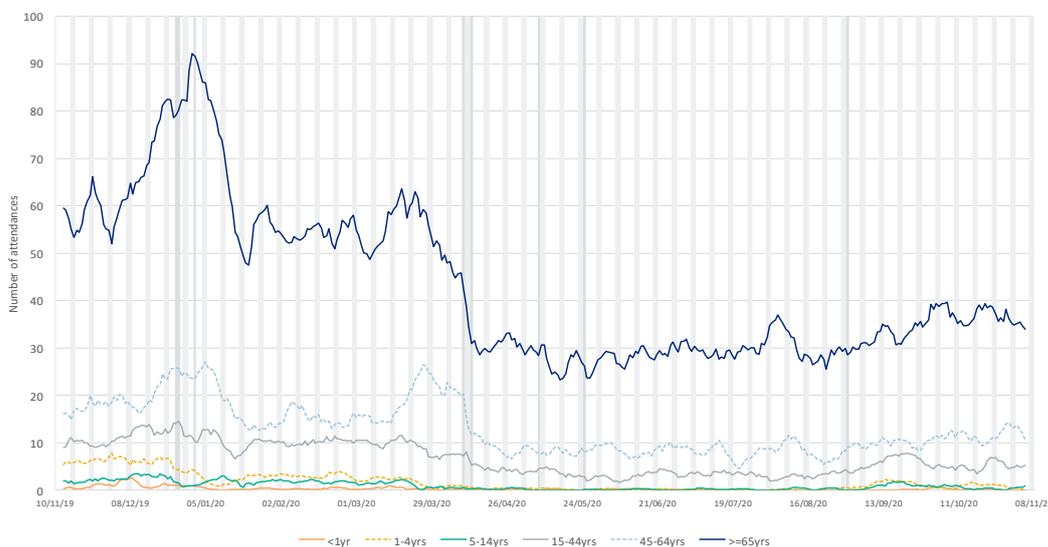
**8: Pneumonia.**

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



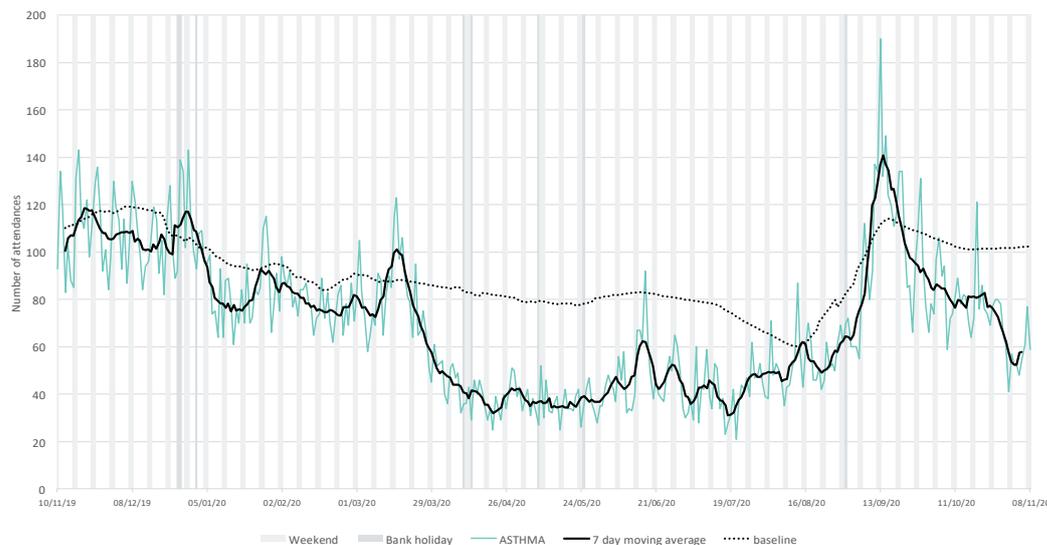
**8a: Pneumonia by age group.**

7 day moving average of pneumonia attendances within each age group.



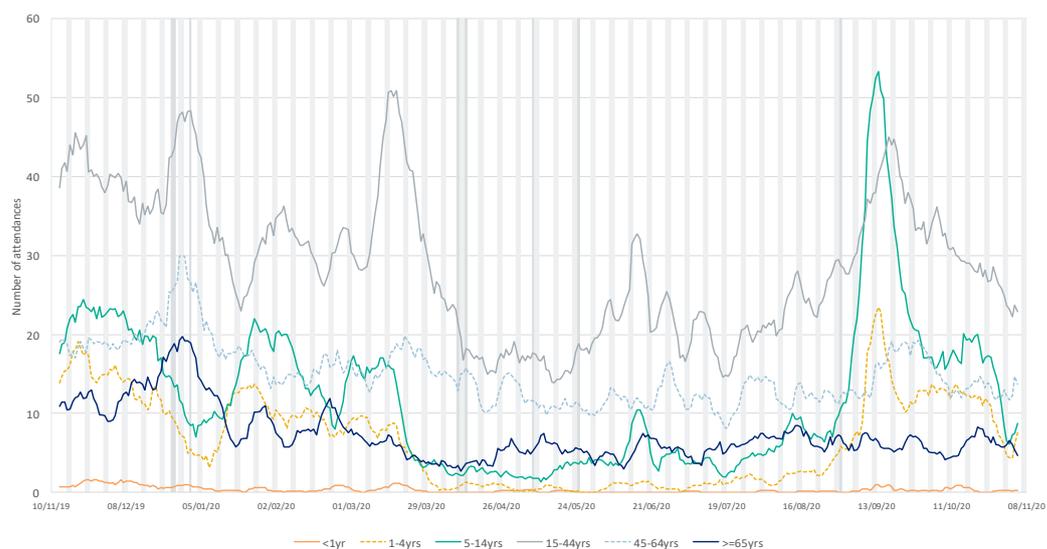
**9: Asthma.**

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



**9a: Asthma by age group.**

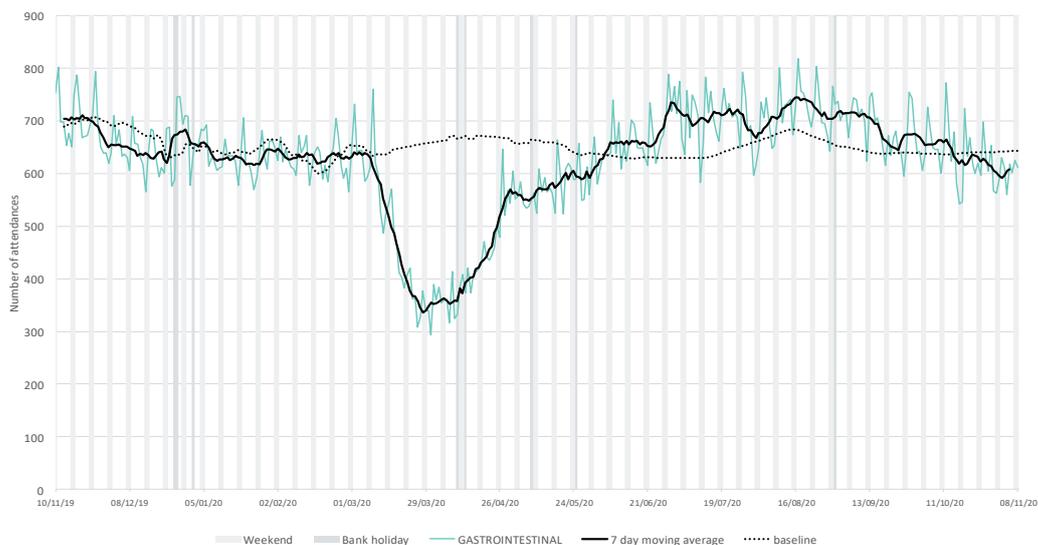
7 day moving average of asthma attendances within each age group.



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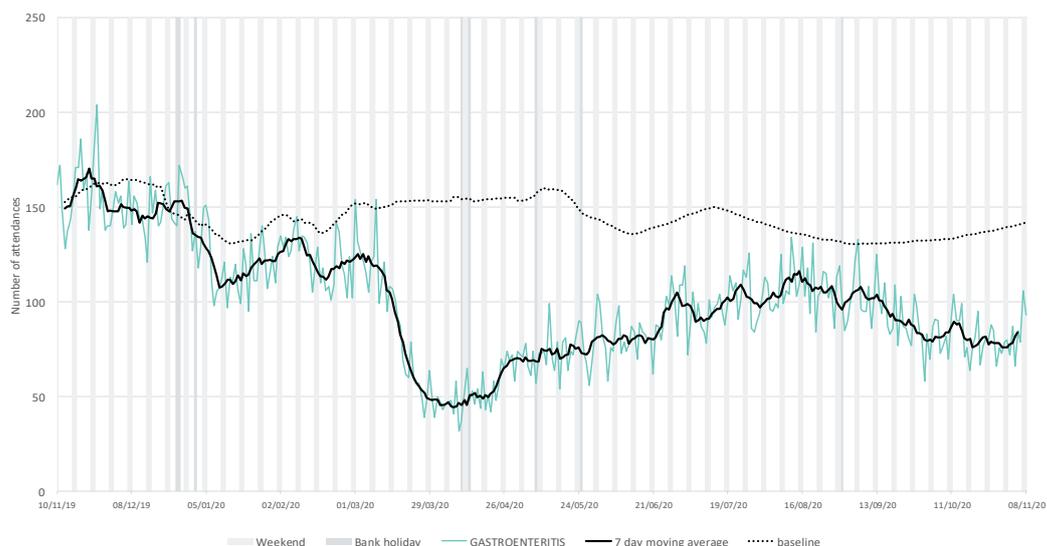
**10: Gastrointestinal.**

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



**11: Gastroenteritis**

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



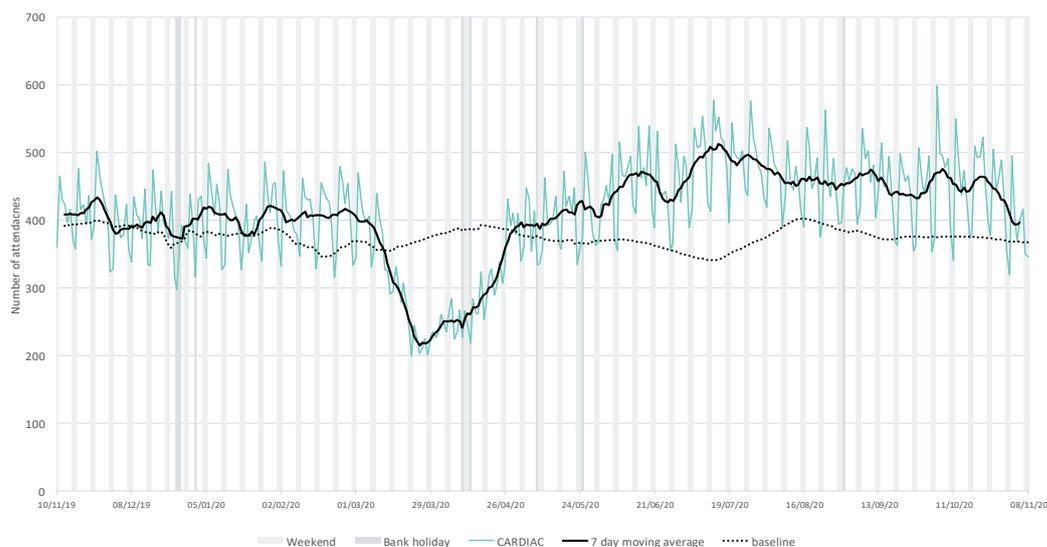
**11a: Gastroenteritis by age group.**

7 day moving average of gastroenteritis attendances within each age group.



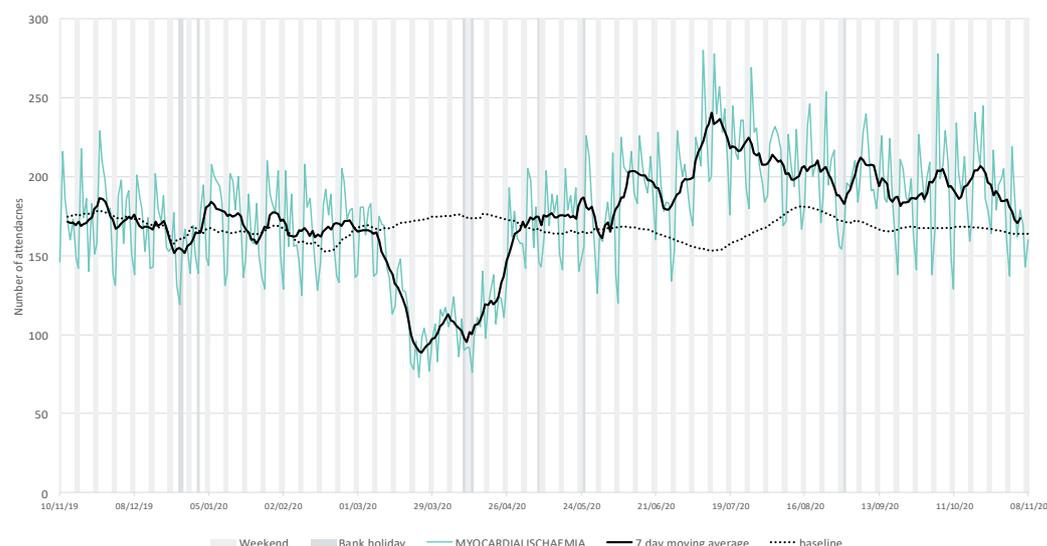
**12: Cardiac.**

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



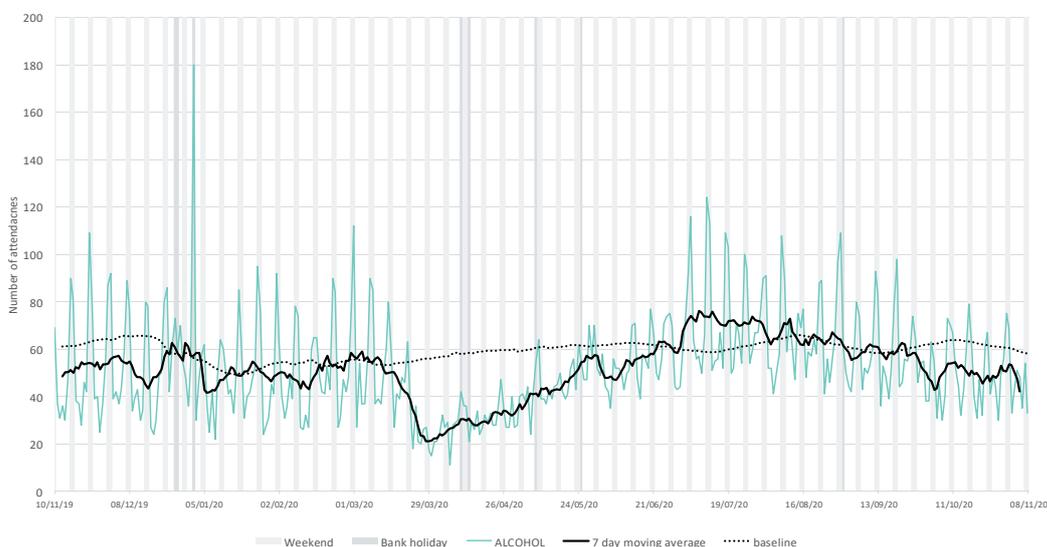
**13: Myocardial Ischaemia.**

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



**14. Acute alcohol intoxication**

Daily percentage of all attendances recorded as acute alcohol intoxication 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: <https://www.england.nhs.uk/ourwork/tsd/ec-data-set/>
- ▶ EDSSS receives an automated daily transfer of anonymised ED data from NHS Digital
- ▶ **Not all EDs currently provide data through ECDS on a daily basis**
- ▶ EDs are eligible for inclusion in this report only where the EDSSS reporting criteria have been met during the surveillance week reported:
  - Data relates to attendances at a type 1 ED
  - Data for 7 of the 7 most recent 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**
- ▶ Not all diagnoses are confirmed
- ▶ The syndromic indicators presented in this bulletin are based on the **primary diagnosis of each attendance** as reported by EDs using SnomedCT codes:
  - 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.
  - COVID-19-like:** Coronavirus\* or Severe Acute Respiratory Syndrome (SARS).
  - \*Please note: not all EDs have reported a coronavirus diagnosis code.
  - 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.
  - Acute alcohol intoxication:** As indicated by title (excluding 'chronic')
- ▶ **EDSSS indicators are likely to be an underestimation of number attendances as they are based on primary diagnosis only.**
- ▶ **The EDSSS should therefore be used to monitor trends in ED attendances and not numbers of 'cases'.**
- ▶ 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 however they currently exclude data from 2020 due to the COVID-19 pandemic affecting ED services and patient healthcare seeking behaviour.
- ▶ **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.

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.

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**Emergency Department Syndromic Surveillance System Bulletin.**

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**Web:** <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>