



22 March 2016

Year: 2016 Week: 11

## Syndromic surveillance national summary:

### Reporting week: 14 to 20 March 2016

There have been continued increases in GP consultations for influenza-like illness and other selected respiratory indicators across all systems. The increases have been particularly in the 5-14 years age group, which is consistent with current laboratory reports indicating increasing influenza B activity.

There were further increases in GP consultations for scarlet fever during week 11.

## Remote Health Advice:

There were further small increases in cold/flu calls during week 11 (figure 2) however these increases were particularly in the 5-14 years age group (figure 2a). Calls for sore throat continued to rise, again predominantly in the 5-14 years age group (figures 6 & 6a).

These findings are consistent with current laboratory reports indicating increasing influenza B activity nationally.

**Click to access the Remote Health Advice bulletin** [\[intranet\]](#) [\[internet\]](#)

## GP In Hours:

GP consultations for influenza-like illness continued to increase during week 11; the highest increase was observed in the 5-14 years age group (figures 2 & 2a), which is consistent with increasing influenza B activity.

There were further increases in scarlet fever with highest rates in the 1-4 years age group (figures 4 & 4a).

**Click to access the GP In Hours bulletin** [\[intranet\]](#) [\[internet\]](#)

## Emergency Department:

During week 11 there were continued increases in respiratory emergency department attendances (figure 7), including acute respiratory infections (figure 8). Pneumonia attendances also increased slightly during week 11 (figure 13).

**Click to access the EDSSS bulletin** [\[intranet\]](#) [\[internet\]](#)

## GP Out of Hours:

GP out of hours consultations for influenza-like illness stabilised during week 11 (figure 3), however there were continued increases in the 5-14 years age group (figure 3a), which is consistent with current increased influenza B activity.

**Click to access the GPOOHSS bulletin** [\[intranet\]](#) [\[internet\]](#)

## RCGP Weekly Returns Service:

[Click here to access reports from the RCGP website](#) [external link]

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## Syndromic surveillance summary notes

- Key messages are provided from each individual system.
- The different syndromic surveillance systems in operation within PHE access data from different areas of the national health care system.
- Each 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 Syndromic Surveillance website found at: (<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>); reports will be made available on Thursday afternoons.
- Further weekly and annual reports are available from the RCGP Research and Surveillance web pages <http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx>

## Syndromic surveillance systems

### Remote Health Advice

*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 UK-based general practitioner surveillance system monitoring daily consultations for a range of clinical syndromic indicators*

### Emergency Department Syndromic Surveillance System (EDSSS)

*A sentinel ED network across England monitoring daily attendances and presenting symptoms/diagnoses*

### 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*

### RCGP Weekly Returns Service (RCGP WRS)

*A sentinel GP surveillance network covering England and Wales monitoring weekly consultations for a range of clinical indicators. This surveillance system is coordinated by the RCGP Research and Surveillance Centre*

## Acknowledgements:

We thank and acknowledge the contribution of all data providers including:

- NHS 111 and HSCIC
- Participating EDSSS emergency departments
- College of Emergency Medicine
- Advanced Health & Care and the participating OOH service providers
- QSurveillance®; University of Nottingham; EMIS/EMIS practices; ClinRisk®
- TPP, ResearchOne and participating SystmOne GP practices

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