Public Health England

The Royal College of Emergency Medicine

Emergency Department
Syndromic Surveillance System:
England & Northern Ireland

28 December 2016

Year: 2016 Week: 51

Key messages

Data to: 25 December 2016

ED attendances for respiratory conditions, including acute respiratory infection continued to increase in all age groups 5 years and older during week 51 (figures 7 and 8).

A data transfer problem in 2 EDs resulted in no data being available on 25/12/16.

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 and action**
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
Triage Severity Ratio	increasing
Respiratory	increasing
Acute Respiratory Infection	increasing
Bronchitis/ Bronchiolitis	decreasing
Influenza-like Illness	increasing
Pneumonia	increasing
Asthma/ Wheeze/ Difficulty Breathing	no trend
Gastrointestinal	no trend
Gastroenteritis	no trend
Cardiac	no trend
Myocardial Ischaemia	no trend
Meningitis	no trend

EDSSS weekly report statistics

Including new EDs which have recently started reporting*.

Date	Total Attendances	Triage Category Coded		Diagnoses Coded		EDs Reporting
		Number	%	Number	%	
19/12/2016	8,177	6,487	79.3	6,556	80.2	35
20/12/2016	7,364	5,895	80.1	6,060	82.3	35
21/12/2016	7,071	4,959	70.1	5,725	81.0	35
22/12/2016	6,606	4,797	72.6	5,366	81.2	35
23/12/2016	6,646	4,681	70.4	5,416	81.5	35
24/12/2016	6,733	4,724	70.2	5,519	82.0	35
25/12/2016	5,257	3,664	69.7	4,259	81.0	33
Total	**47,854**	**35,207**	**73.6**	**38,901**	**81.3**	**(max)* 35**

3 diagnosis coding systems in use: Snomed-CT (14EDs)

ICD10 (6EDs)

CDS (15EDs)

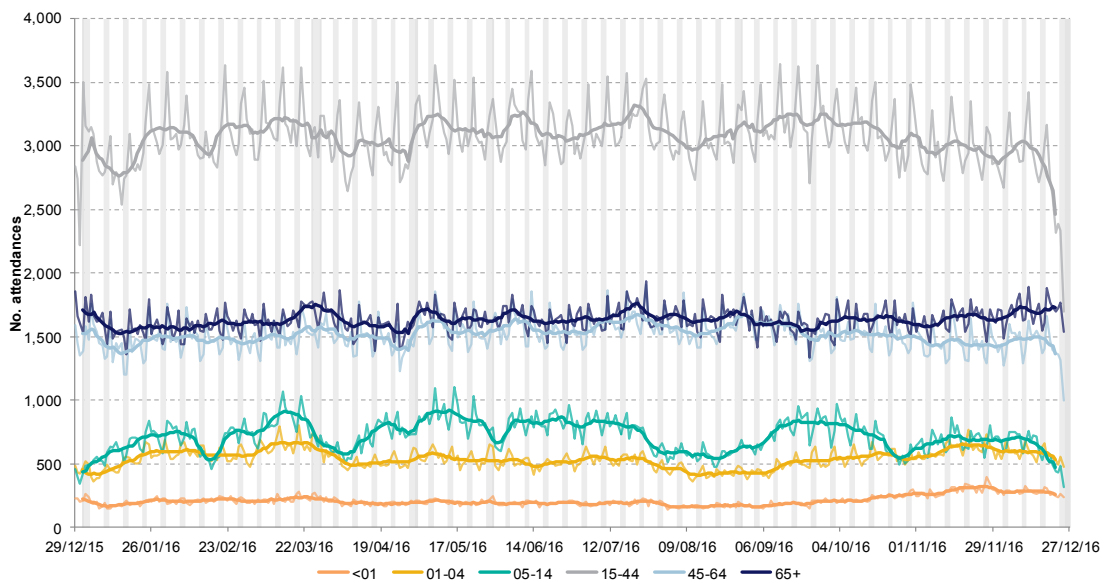*Data from the new EDs will be presented in charts following a 14 day data validation.

1: Total attendances.

Daily number of total attendances recorded across the EDSSS network.
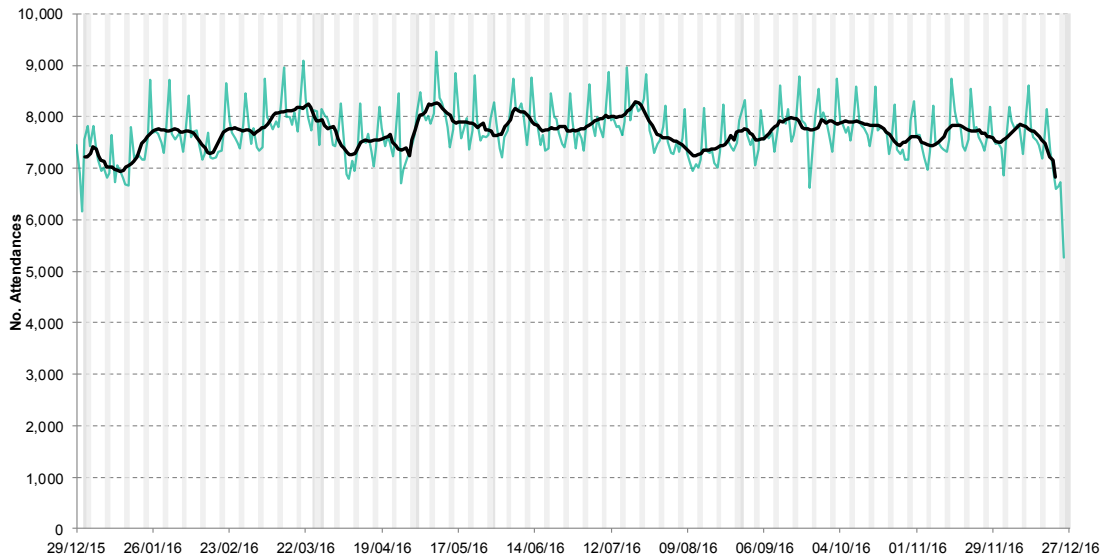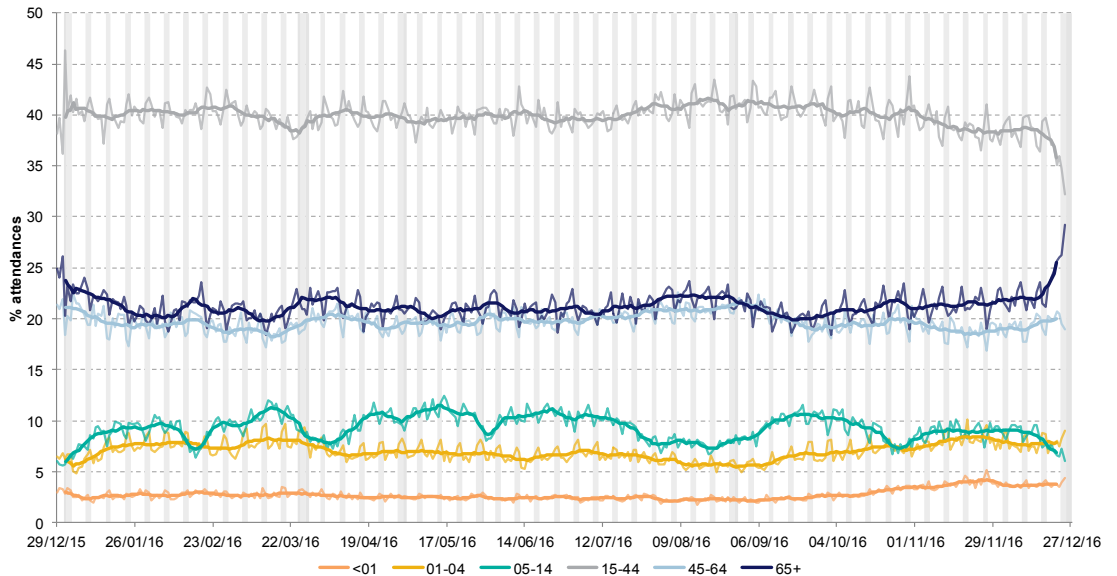

2: Daily attendances by age: Numbers.

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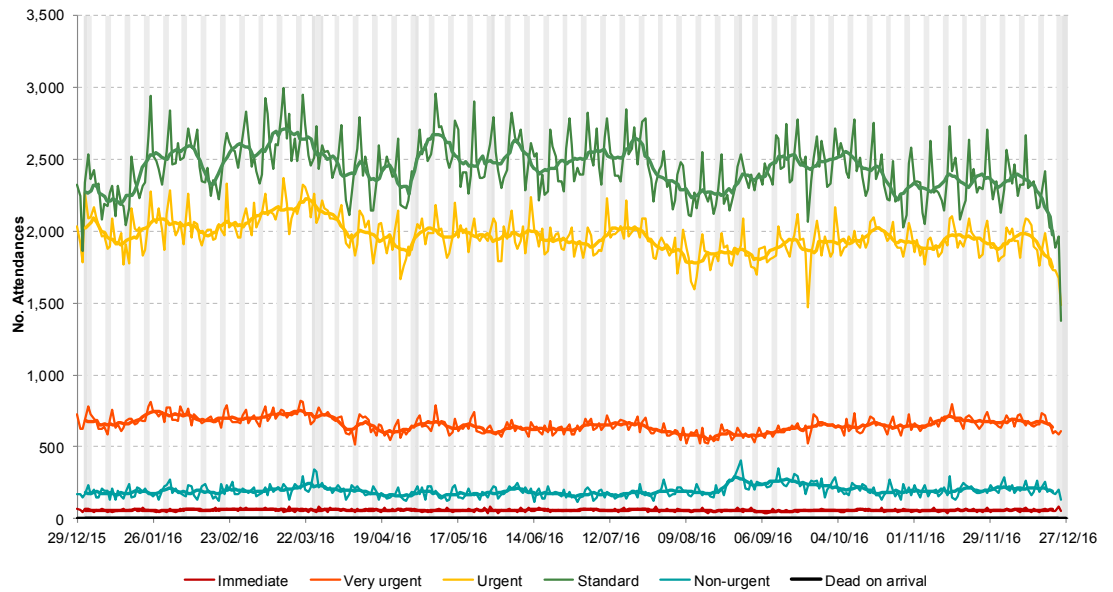

3: Daily attendances by age: Percentages.

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

4: Triage category:

severity of illness.

Triage category is assigned according to the clinical priority of each presenting patient.
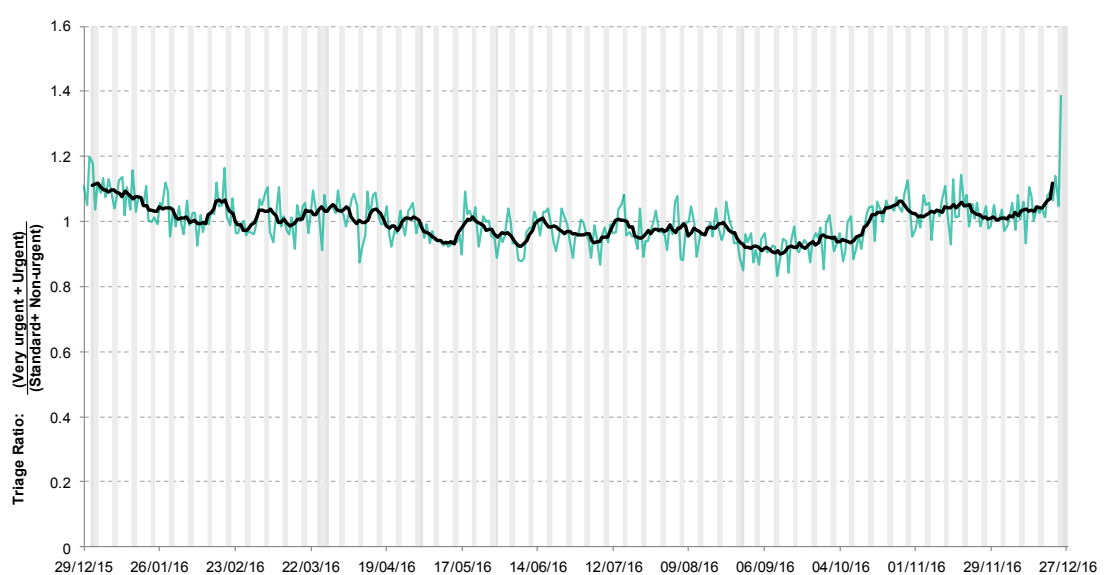
Includes 33/35 EDs.

5: Triage category severity ratio.

The ratio of patients classified as very urgent or urgent to those classified as standard or non-urgent.
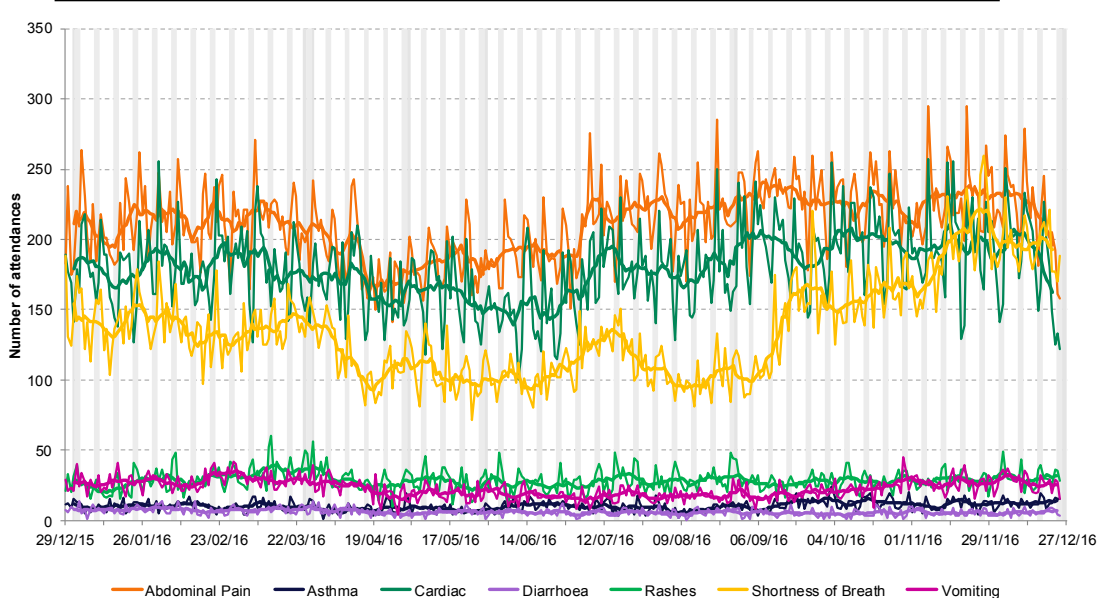
Includes 33/35 EDs.

6: Triage presentation.

Triage presentation indicators are based on the triage descriptors recorded in each ED. Data are displayed as the number of attendances recorded with triage information.
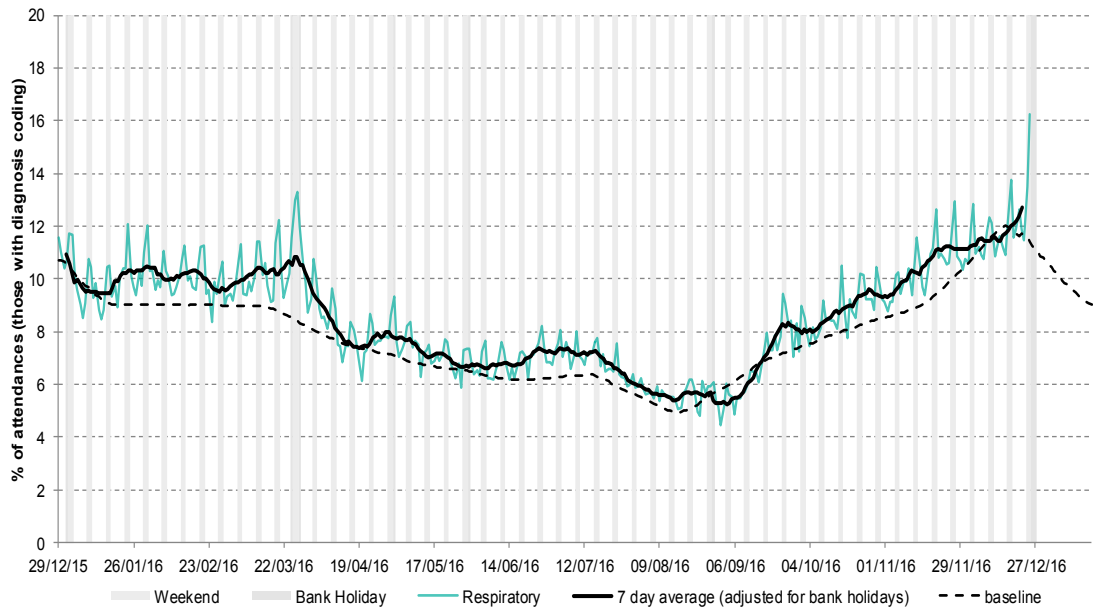
Includes 21/35 EDs which report standard terms, not using free text.

7: Respiratory.

Daily percentage of all attendances recorded as respiratory attendances across the EDSSS network.
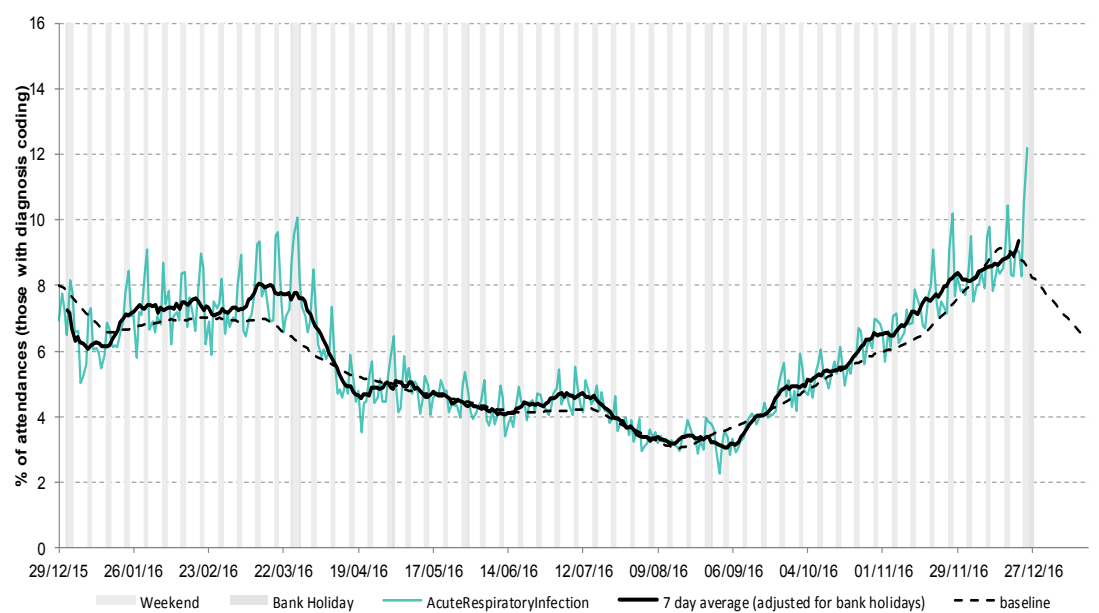
Includes 35/35 EDs.

8: Acute Respiratory Infection.

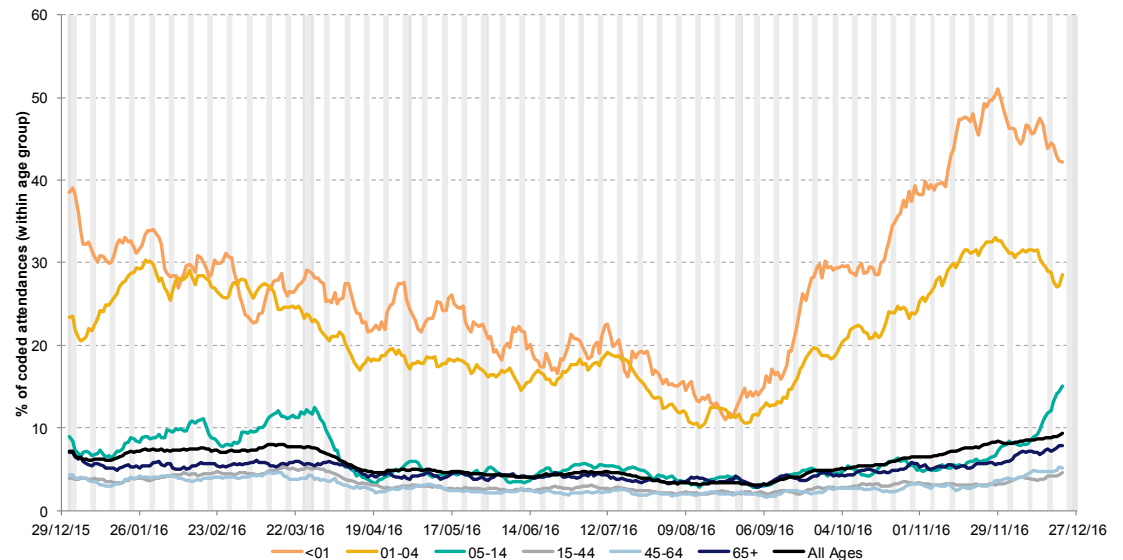Daily percentage of all attendances recorded as acute respiratory infection attendances across the EDSSS network.

Includes 20/35 EDs.

9: Acute Respiratory Infection by age group.

7 day moving average of ARI attendances presented as a proportion of the attendances within each age group.
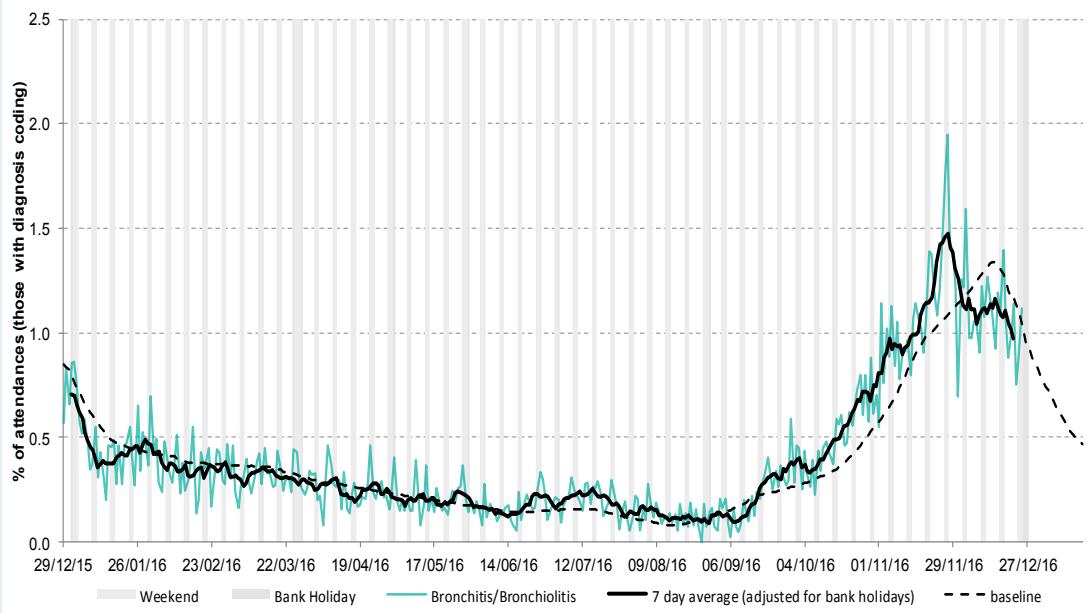
Includes 20/35 EDs.

10: Bronchitis/ Bronchiolitis.

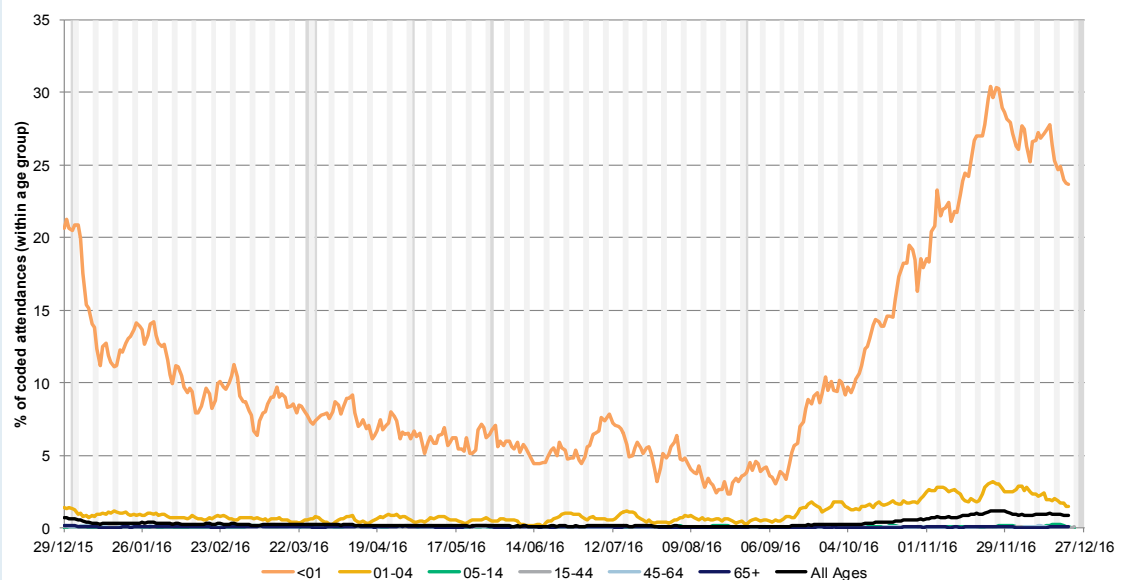Daily percentage of all attendances recorded as bronchitis/ bronchiolitis attendances across the EDSSS network.

Includes 20/35 EDs.

11: Bronchitis/ Bronchiolitis by age group

7 day moving average of bronchitis/ bronchiolitis attendances presented as a proportion of the attendances within each age group.
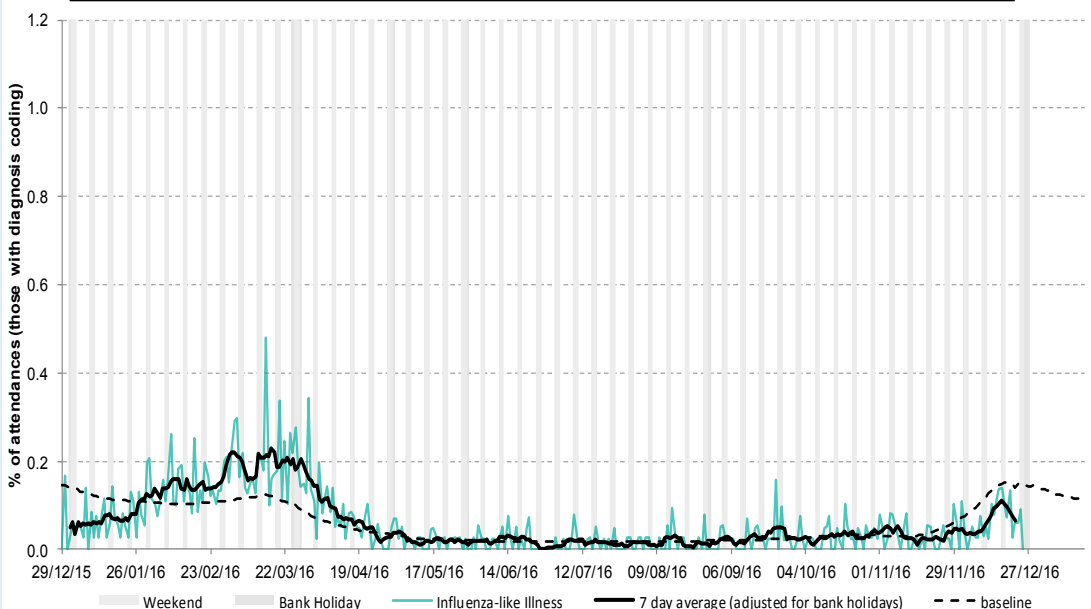
Includes 20/35 EDs.

12: Influenza-like Illness.

Daily percentage of all attendances recorded as influenza-like illness attendances across the EDSSS network.
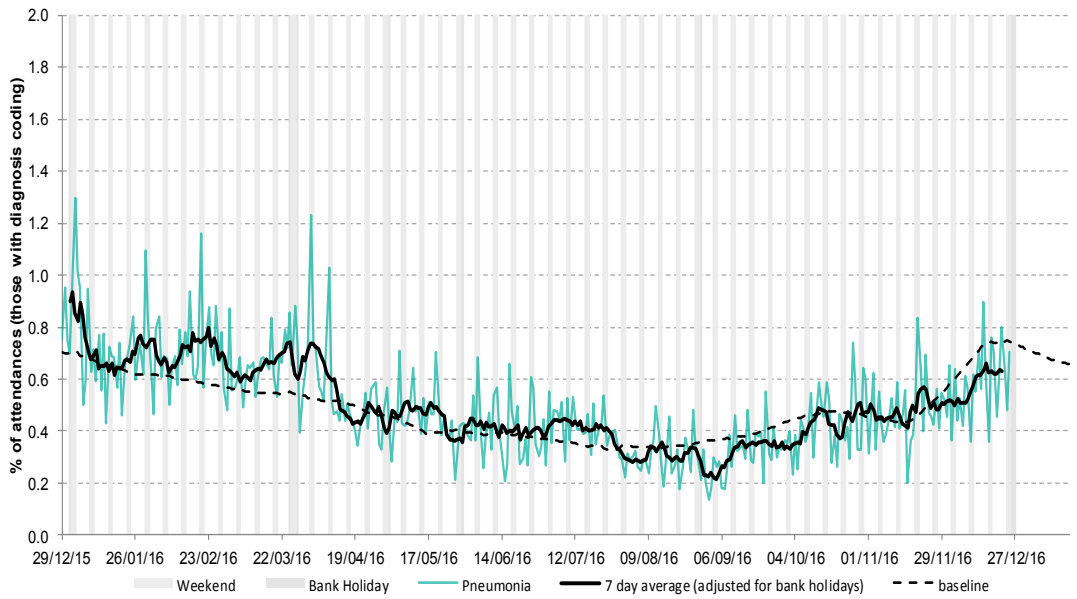
Includes 20/35 EDs.

13: Pneumonia.

Daily percentage of all attendances recorded as pneumonia attendances across the EDSSS network.
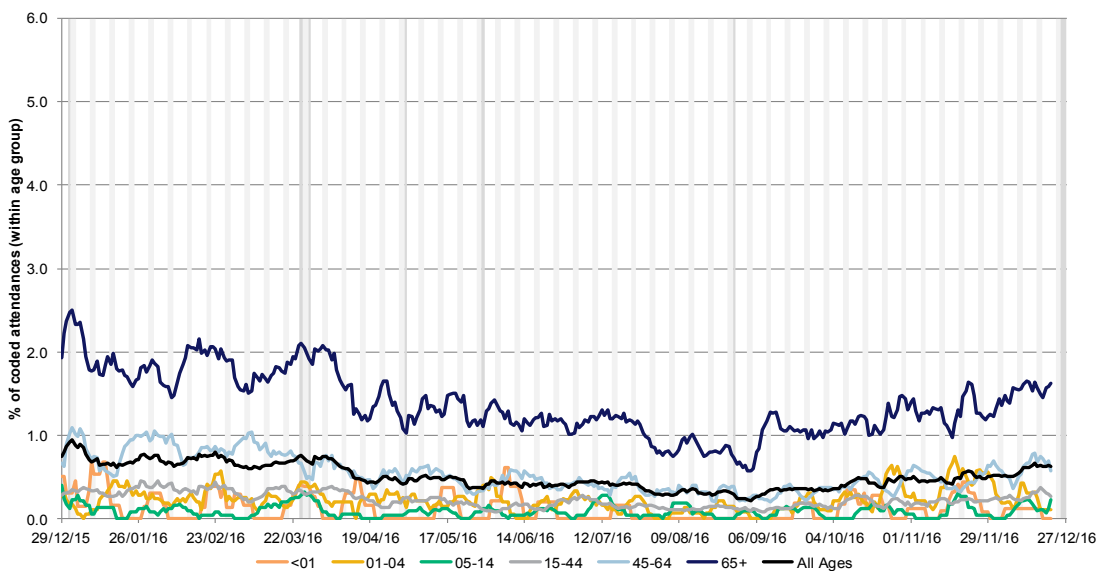
Includes 20/35 EDs.

14: Pneumonia by age group.

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

Includes 20/35 EDs.

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15: Asthma/Wheeze/ Difficulty Breathing.

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

Includes 20/35 EDs.

16: Asthma/Wheeze/ Difficulty Breathing by age group.

7 day moving average of asthma/wheeze/ difficulty breathing attendances presented as a proportion of the attendances within each age group.
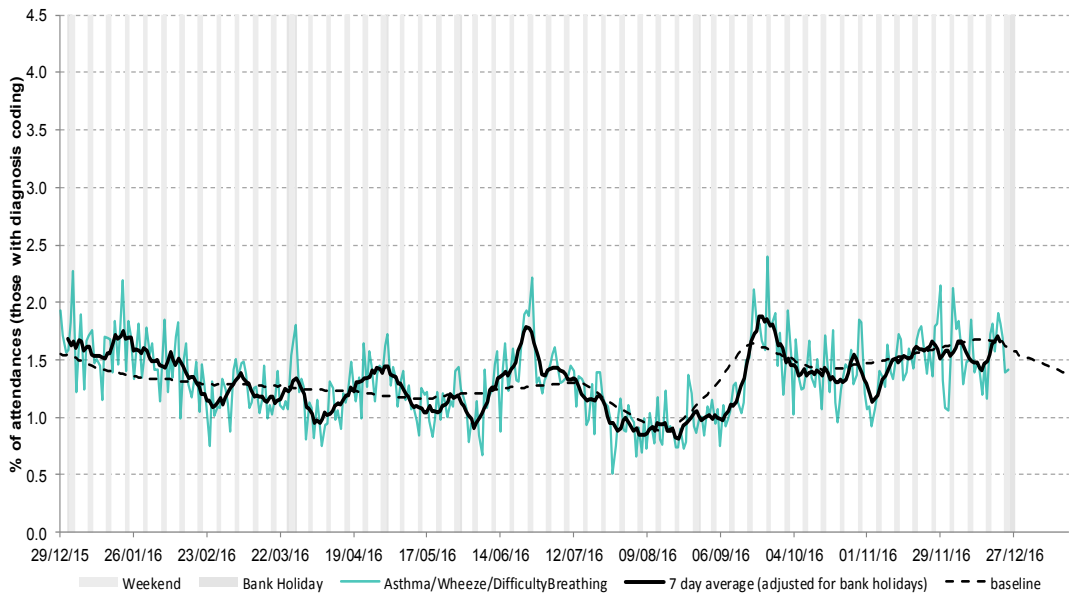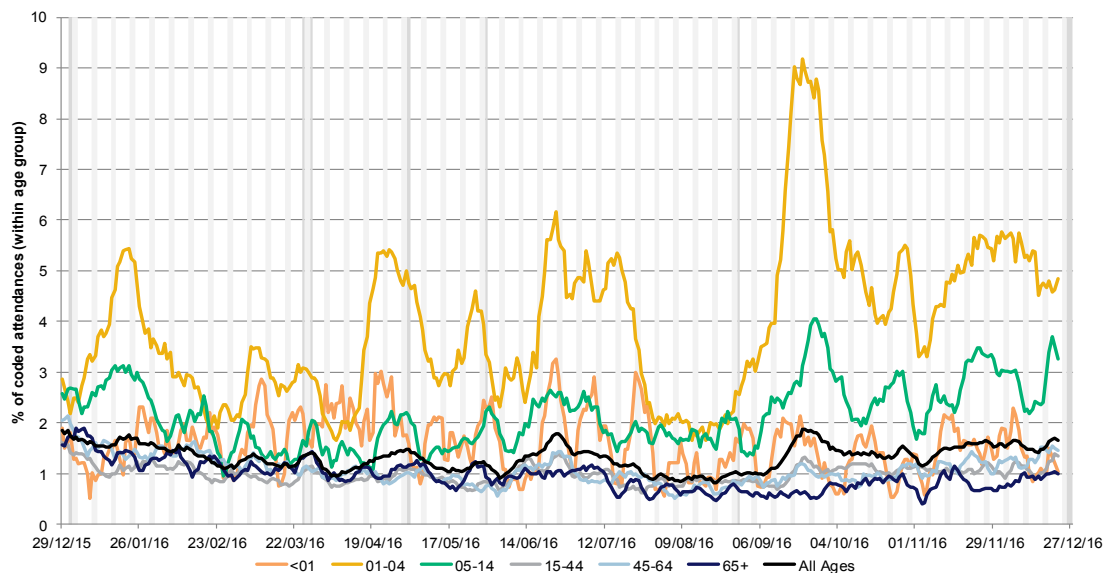
Includes 20/35 EDs.

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17: Gastrointestinal.

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

Includes 35/35 EDs.
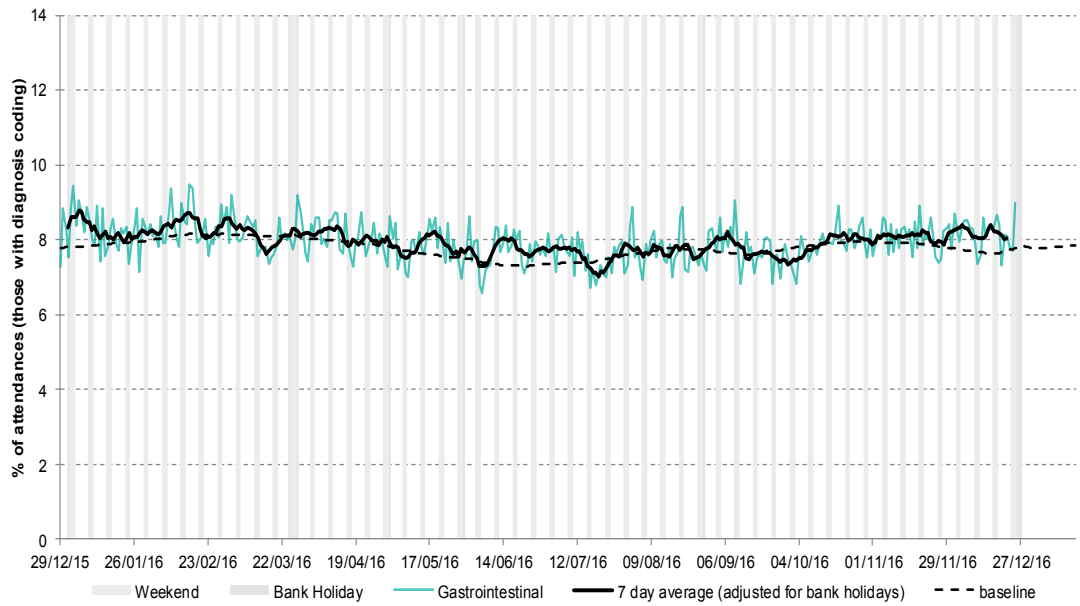
18: Gastroenteritis

Daily percentage of all attendances recorded as gastroenteritis attendances across the EDSSS network.
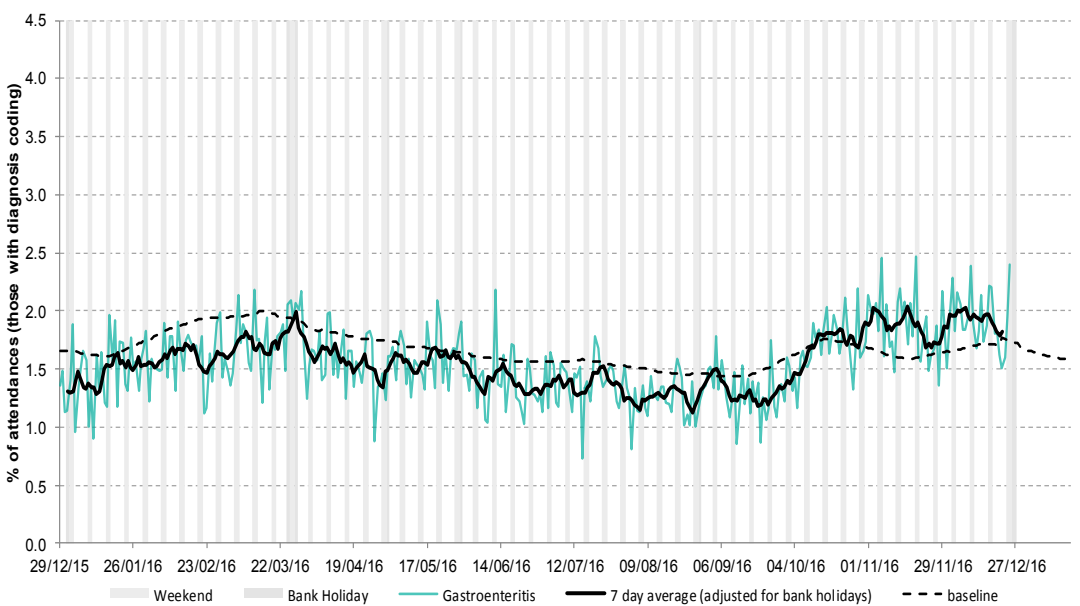
Includes 20/35 EDs.

19: Gastroenteritis by age group.

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

Includes 20/35 EDs.
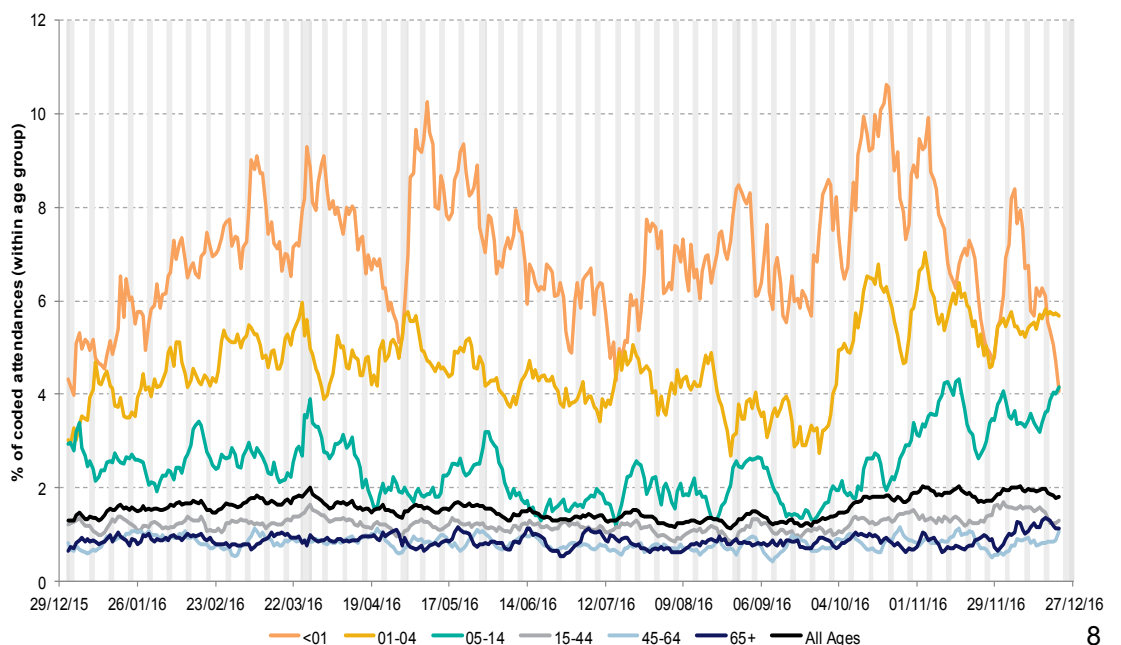
20: Cardiac.

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

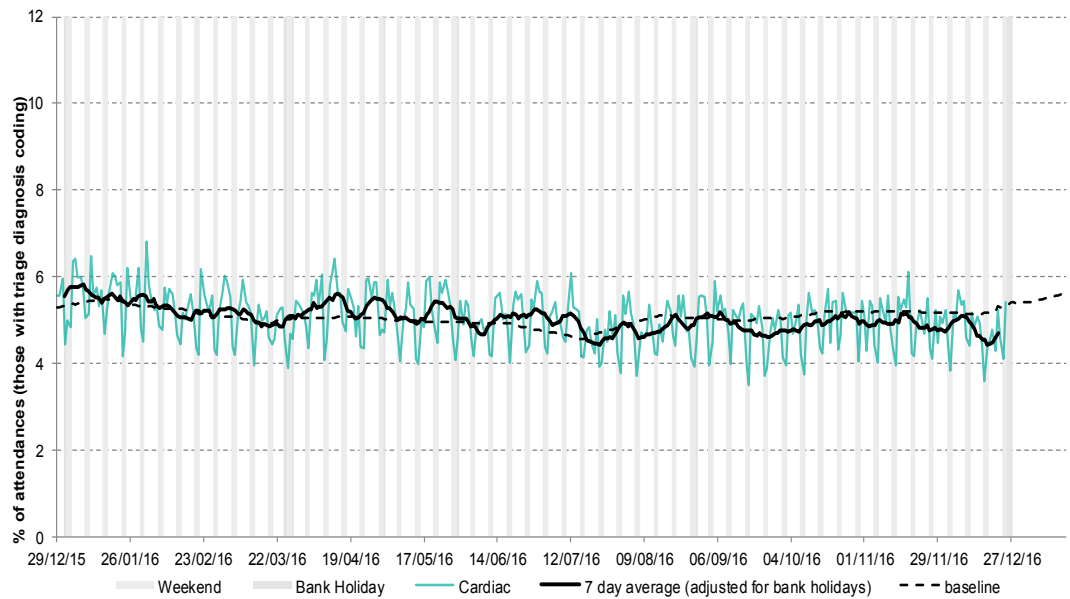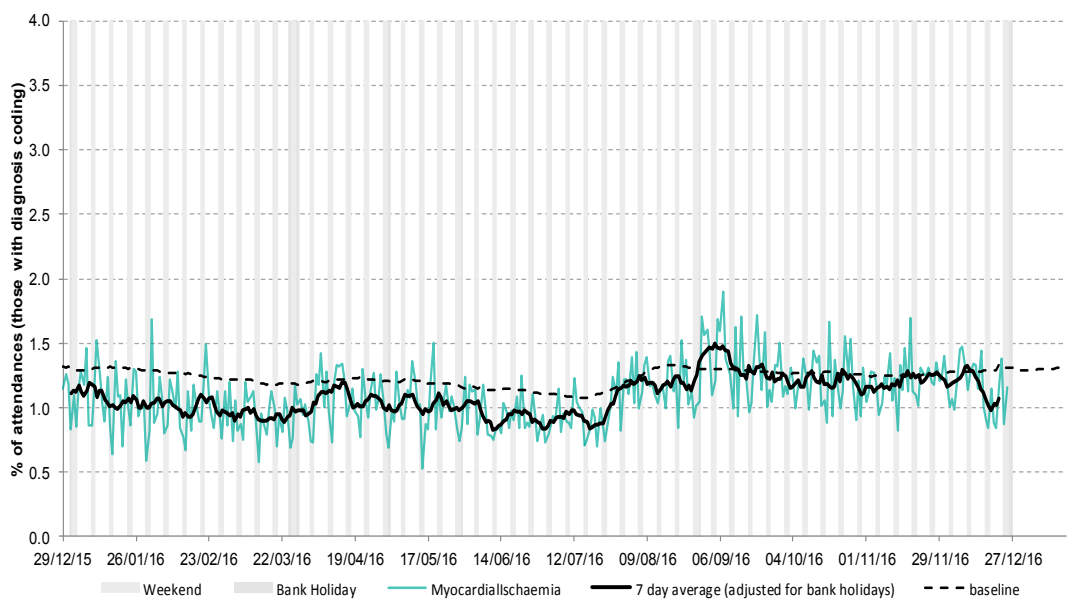**Includes 35/35 EDs.**

21: Myocardial Ischaemia.

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

Includes 20/35 EDs.

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Introduction to the EDSSS charts:

▶ Weekends and Bank holidays are marked by vertical grey lines (bank holidays darker).

▶ The entry of each new ED is marked by a vertical red line.

▶ **A new site is not included in charts until it has reported a minimum of 14 days.**

▶ A 7 day moving average is overlaid on the daily data reported in each chart, unless specified.

▶ Where the percentage attendances related to an individual syndromic indicator is given, the denominator used is the total number of attendances with a diagnosis code recorded.

▶ Baselines represent seasonally expected levels of activity and are constructed from historical data. Furthermore, they take into account any known substantial changes in data collection, population coverage or reporting practices. Baselines are refreshed using the latest data on a regular basis.

Notes and caveats:

▶ During July/August 2016 there were changes in clinical working practices at selected EDs which may impact on coding, and therefore the graphs/data presented in this report. Where appropriate, caveats will be included.

▶ Participating Hospital Emergency Departments (EDs) report to EDSSS through the automated daily transfer of anonymised data to PHE, for analysis and interpretation by the PHE Real-time Syndromic Surveillance Team (ReSST).

▶ Several EDSSS contributing departments are now using the new RCEM Unified Diagnostic Dataset (UDDA) to record diagnoses. Where UDDA is in place the ICD-10 or Snomed CT code is extracted for EDSSS reporting.

▶ The syndromic indicators presented in this bulletin are based on the WHO recommendations for syndromes to be used for mass gatherings. Each code system has been mapped to the syndromes described:

Level 1: Broad, generic indicator, available using all ED coding systems reported.
   Level 2: More specific indicator, available from EDs using ICD-10 and Snomed CT.
      Level 3: Very specific indicator, available from EDs using ICD-10 and Snomed CT.

Respiratory: All respiratory diseases and conditions (infectious and non infectious).
   Acute Respiratory Infections (ARI): All acute infectious respiratory diseases.
   Asthma/Wheeze/Difficulty Breathing: As indicated by title, including dyspnoea & stridor.
      Bronchitis/ Bronchiolitis: As indicated by title (excluding 'chronic').
      Influenza-like Illness (ILI): As indicated by title.
      Pneumonia: As indicated by title.

Cardiac: All cardiac conditions (including 'chest pain').
   Myocardial Ischaemia: All Ischaemic heart disease.

Gastrointestinal: All gastrointestinal diseases and conditions (infectious and non infectious).
   Gastroenteritis: All infectious gastrointestinal diseases.

Other (chart only presented when a public health need):
   Meningitis: All cause meningitis (exc. meningococcal disease with no mention of meningitis).
   Heat/ sunstroke: As indicated by title.

▶ Details on diagnosis are not consistently recorded for all ED attendances and the levels of attendances coded vary considerably between each ED.

▶ Where the diagnosis codes used in an individual ED cannot be matched to level 2 and 3 syndromic indicators, the ED is excluded from the analysis of those indicators.

▶ If you are interested in joining the EDSSS please contact ReSST using the details below.

Acknowledgements:

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

We thank L2S2 Ltd for undertaking the daily extraction and transfer of anonymised attendance data from all participating EDs.

We thank EMIS Health for facilitating data extraction at the relevant EDSSS sites.

Emergency Department Syndromic Surveillance System Bulletin.

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