



Emergency Department

Syndromic Surveillance System: England & Northern Ireland

Data to: 09 November 2014

10 November 2014

Year: 2014 Week: 45

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Key messages

Asthma/wheeze and difficulty breathing attendances increased during week 45 (figure 14), particularly in the 1 to 4 year old age group.

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:

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

Further details on the syndromic indicators reported can be found on page 9.

EDSSS weekly report statistics

Including new EDs which have recently started reporting*.

Date	Total	Triage Category Coded		Diagnoses Coded		EDs
	Attendances	Number	%	Number		Reporting
03/11/2014	7,983	6,314	79.1	6,494	81.3	35
04/11/2014	7,134	5,716	80.1	5,874	82.3	35
05/11/2014	6,952	5,579	80.3	5,667	81.5	35
06/11/2014	6,965	5,576	80.1	5,633	80.9	35
07/11/2014	6,982	5,468	78.3	5,657	81.0	35
08/11/2014	6,929	5,674	81.9	5,734	82.8	35
09/11/2014	7,328	6,132	83.7	6,103	83.3	35
Total	50,273	40,459	80.5	41,162	81.9	(max)* 35

3 diagnosis systems in use: Snomed-CT (12EDs)

ICD10 (7EDs) CDS (16EDs)

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



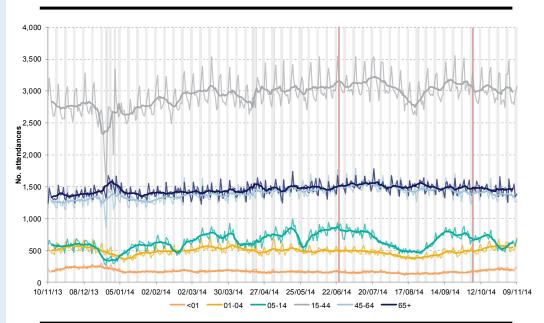
1: Total attendances.

Daily number of total attendances recorded across the EDSSS network.



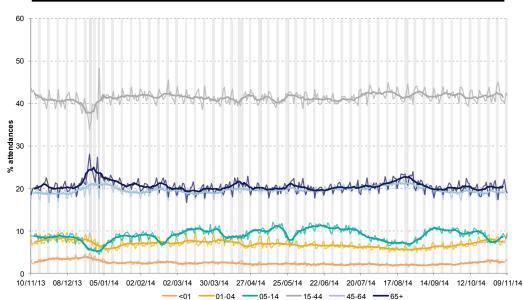
2: Daily attendances by age: Numbers.

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.

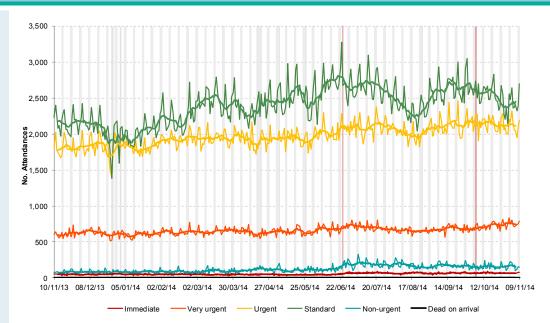
Triage category is assigned according to the clinical priority of each presenting patient.

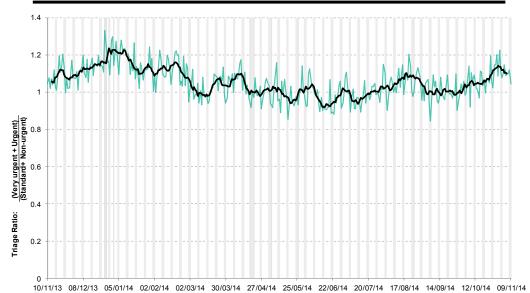
Includes 33/35 EDs.

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.

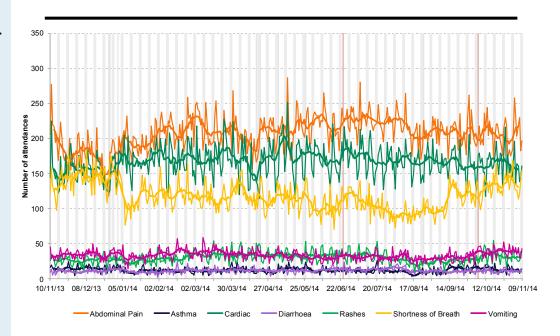




6: Triage presentation.

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 20/35 EDs which report standard terms, not using free text.

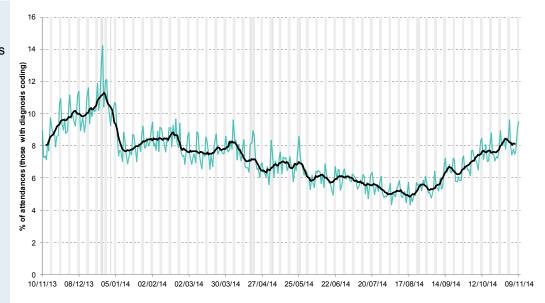




7: Respiratory.

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

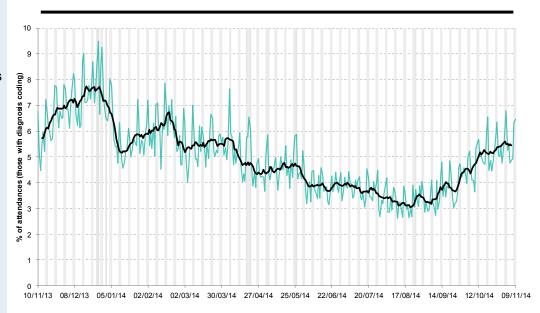
Includes 35/35 EDs.



8: Acute Respiratory Infection.

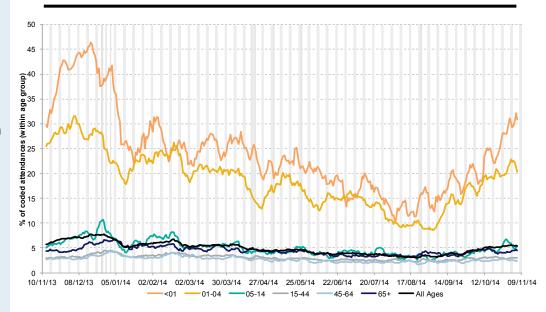
Daily percentage of all attendances recorded as acute respiratory infection attendances across the EDSSS network.

Includes 19/35 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.

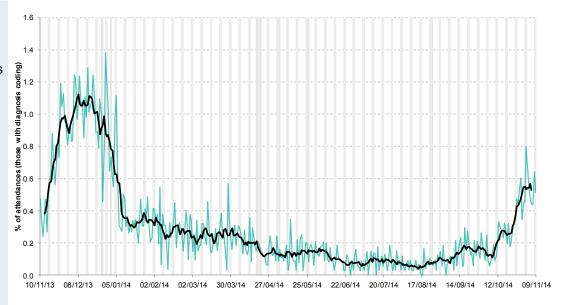




10: Bronchitis/ Bronchiolitis.

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

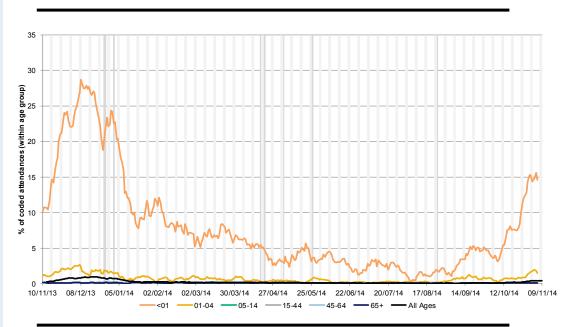
Includes 19/35 EDs.



11: Bronchitis/ Bronchiolitis by age group

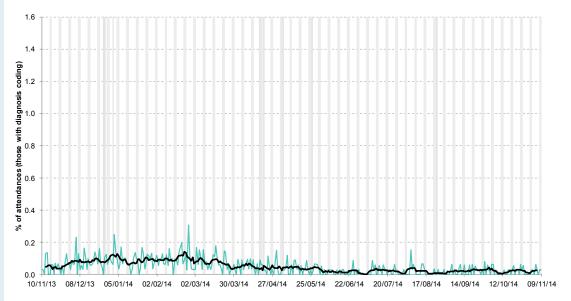
7 day moving average of bronchitis/ bronchiolitis attendances presented as a proportion of the attendances within each age group.

Includes 19/35 EDs.



12: Influenza-like Illness.

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

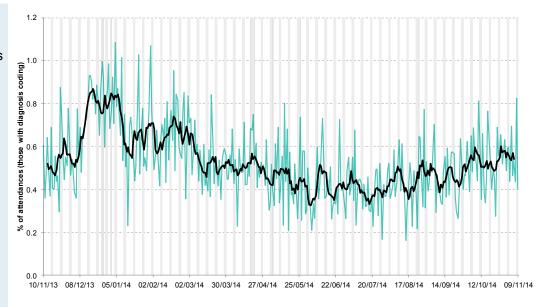




13: Pneumonia.

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

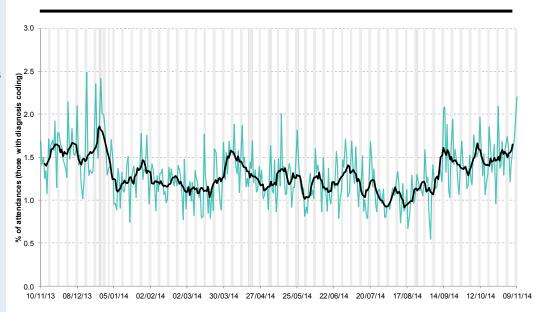
Includes 19/35 EDs.



14: Asthma/Wheeze/ Difficulty Breathing.

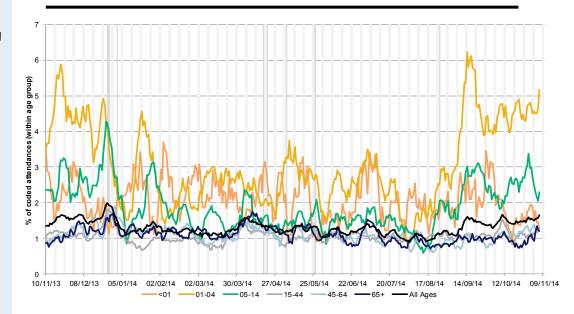
Daily percentage of all attendances recorded as asthma/wheeze/ difficulty breathing attendances across the EDSSS network.

Includes 19/35 EDs.



15: 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.

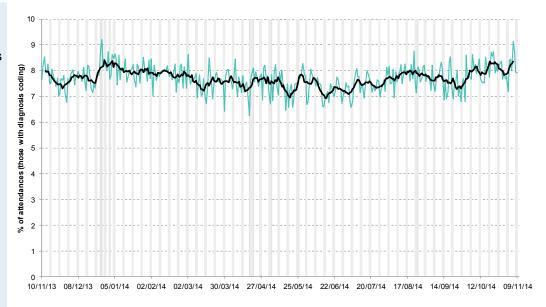




16: Gastrointestinal.

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

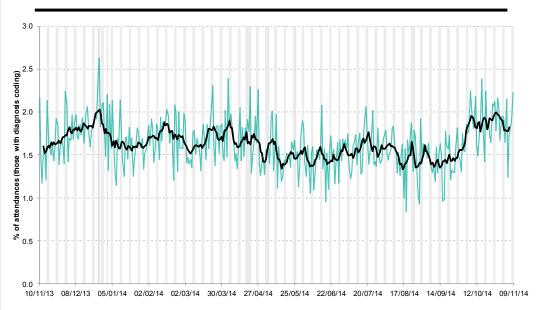
Includes 35/35 EDs.



17: Gastroenteritis

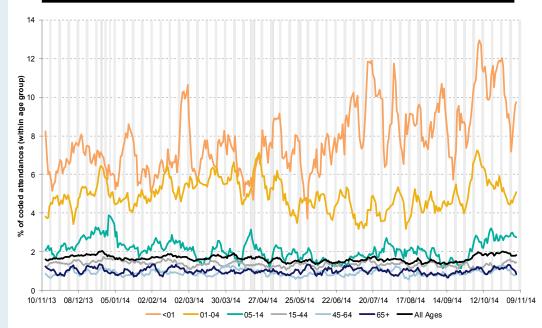
Daily percentage of all attendances recorded as gastroenteritis attendances across the EDSSS network.

Includes 19/35 EDs.



18: Gastroenteritis by age group.

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

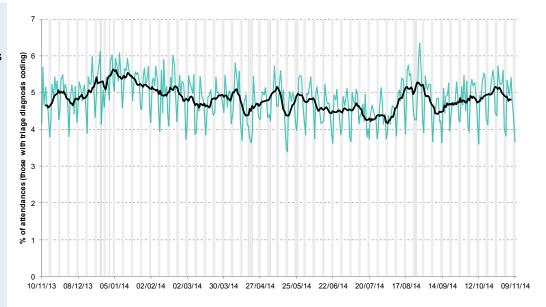




19: Cardiac.

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

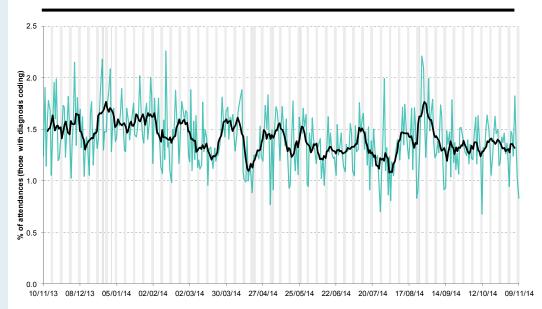
Includes 35/35 EDs.



20: Myocardial Ischaemia.

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

Includes 19/35 EDs.



21: Intentionally left blank.

Intentionally left blank.





Year: 2014 Week: 45

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.

Notes and caveats:

- ▶ 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 CEM 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 ICD10 and Snomed-CT.

Level 3: Very specific indicator, available from EDs using ICD10 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 and 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 without 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.

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 Ascribe Ltd for facilitating data extraction at the relevant EDSSS sites.

Emergency Department Syndromic Surveillance System Bulletin.

Produced by: PHE Real-time Syndromic Surveillance Team 6th Floor, 5 St Philip's Place, Birmingham, B3 2PW

Tel: 0344 225 3560 > Option 4 > Option 2 Fax: 0121 236 2215

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

-analyses

@phe.gov.uk

Contact ReSST: