

PHE Syndromic Surveillance Summary

Produced by the PHE Real-time Syndromic Surveillance team

12 January 2016	Year: 2016 Week: 01
Syndromic surveillance national summary:	Reporting week: 4 January to 10 January 2016 There was nothing new to report during week 1 2016. Indicators of influenza-like illness remained stable and within seasonally expected levels.
Remote Health Advice:	 NHS 111 calls for cold/flu remained stable during week 1 (figure 2), whilst there were further decreases in cough and difficulty breathing calls (figures 4 and 5). There was a small increase in vomiting, particularly noted in children aged <5 years (figure 8 and 8a). Click to access the Remote Health Advice bulletin [intranet] [internet]
GP In Hours:	GP consultation rates for influenza-like illness remained stable and within expected levels during week 1 (figure 2). Rates of lower respiratory tract infection and pneumonia increased slightly during week 1, but remain within seasonally expected levels (figures 5 and 6). The increase in pneumonia rates was most notable in adults over 75 years (figure 6a). There was a small increase in gastroenteritis consultations in week 1 (figure 7).
Emergency Department:	Nationally there were decreases in attendances for respiratory and acute respiratory infections during week 1 (figures 7 and 8). Attendances for influenza-like illness remained stable (figure 12).
GP Out of Hours:	Click to access the EDSSS bulletin [intranet] [internet] There were further decreases in GP out of hours consultations for acute respiratory infection and bronchitis during week 1 (figures 2 and 4). Consultations for influenza-like illness remained stable (figure 3).
RCGP Weekly	Click to access the GPOOHSS bulletin [intranet] [internet]
Returns Service	Click here to access reports from the RCGP website [external link]

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 upor different case mix of patients.
	 Access to the full version of each syndromic surveillance bulletin is available through the Syndromic Surveillance website found at: (<u>https://www.gov.uk/government/collections/</u> <u>syndromic-surveillance-systems-and-analyses</u>); 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
yndromic	Remote Health Advice
surveillance systems	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 unschedule 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
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	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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