



02 December 2014

Year: 2014 Week: 48

**Syndromic  
surveillance national  
summary:**

## Reporting week: 24 to 30 November 2014

There were further increases in respiratory indicators during week 48. Of particular note is the increase in GP consultations for asthma and ED attendances for asthma/wheeze/difficulty breathing, both in the 5-14 years age group. We will continue to monitor these indicators over coming days.

**Remote Health  
Advice:**

NHS 111 calls for cold/flu, cough and difficulty breathing increased during week 48 (Figs 2, 4 & 5). Cough calls continue to increase particularly in the <1 and 1-4 years age groups (Fig 4a) in line with seasonal increases in laboratory reports for respiratory syncytial virus (RSV).

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

**GP In Hours:**

Consultation rates for respiratory indicators including upper and lower respiratory tract infections (fig 1 and 5) have continued to rise during week 48, particularly in children aged <5 years (fig 1a and 5a), and in line with seasonal expectations. Consultation rates for severe asthma continue to rise (fig 10); particularly in the 5-14 years age group (fig 10a).

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

**Emergency  
Department:**

Attendances for asthma/wheeze/difficulty breathing increased during week 48; these increases were particularly in the 1-4 and 5-14 years age group (figure 14-15). Other respiratory indicators including acute respiratory infection (ARI) and bronchitis continued to increase during week 48 (figures 8 & 10), particularly in the under 1 and 1 to 4 year old age groups (figures 9 & 11).

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

**GP Out of Hours:**

There were further increases in bronchitis (figure 4) and difficulty breathing/wheeze/asthma (figure 5) consultations week 48 in line with expected increases in laboratory reports for respiratory syncytial virus (RSV).

**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/research-and-surveillance-centre.aspx>

## Syndromic surveillance systems

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### 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*

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## 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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