



08 December 2015

Year: 2015 Week: 49

**Syndromic
surveillance national
summary:**

Reporting week: 30 November to 06 December 2015

During week 49 there were further increases in a number of respiratory indicators in infants aged <1 year across all syndromic surveillance systems. These increases remain in line with recent reports of increasing respiratory syncytial virus (RSV) activity.

**Remote Health
Advice:**

There was no further increase in cough and difficulty breathing calls levelled in week 49, however calls continued to increase in infants under 1 year (figures 4, 4a, 5 & 5a). These increases remain in line with recent reports of increasing respiratory syncytial virus (RSV) activity.

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

GP In Hours:

There were further small increases in GP consultation rates for upper and lower respiratory tract infections during week 49 (figures 1 and 5). Lower respiratory tract infection continued to increase in infants under 1 year (figure 5a). These increases remain in line with recent reports of increasing respiratory syncytial virus (RSV) activity.

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

**Emergency
Department:**

Attendances for acute respiratory infection remain high in children aged <5 years (figure 9). Bronchitis/bronchiolitis remains high in infants under 1 year and is above levels seen this time last year (figure 11). There has been an increase in gastroenteritis in infants under 1 year (figure 19).

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

GP Out of Hours:

Acute respiratory infection consultations continued to increase, particularly in children in week 49 (figures 2, 2a). Bronchitis/bronchiolitis and difficulty breathing consultations continued to increase week 49, particularly in the under1 year age group (figures 4, 4a, 5 & 5a). These increases remain in line with recent reports of increasing respiratory syncytial virus (RSV) 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/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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