



# PHE Syndromic Surveillance Summary

Produced by the PHE Real-time Syndromic Surveillance team

10 November 2015

Year: 2015 Week: 45

## Syndromic surveillance national summary:

### Reporting week: 02 November to 08 November 2015

There were increases in a number of respiratory indicators in children aged <1 year across all syndromic surveillance systems. These increases are in line with recent reports of increasing respiratory syncytial virus (RSV) activity.

## Remote Health Advice:

NHS 111 cough calls continued to increase in the <1 year age group during week 45 (figure 4a). These increases are within seasonally expected levels and in line with recent reported increases in respiratory syncytial virus (RSV) activity.

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

## GP In Hours:

Consultations for upper respiratory tract infection and wheeze are increasing in the <1 year age group (figures 1a & 11a). These increases are within seasonally expected levels and in line with recent reported increases in respiratory syncytial virus (RSV) activity.

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

## Emergency Department:

Attendances for acute respiratory infection and bronchitis/bronchiolitis continue to increase in children aged <1 year (figures 9 & 11). These increases are within seasonally expected levels and in line with recent reported increases in respiratory syncytial virus (RSV) activity.

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

## GP Out of Hours:

There have been further increases in bronchitis/bronchiolitis consultations during week 45, particularly noted in the <1 year and 1 to 4 years age groups (figures 4 and 4a). Consultations for acute respiratory infection and difficulty breathing increased in the <1 year age group. These increases are within seasonally expected levels and 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

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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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