



27 November 2014

Year: 2014 Week: 47

**Syndromic
surveillance national
summary:**

Reporting week: 17 to 23 November 2014

Nothing new to report during week 47.

Selected respiratory indicators continued to rise during week 47 across all systems, including ED attendances for acute respiratory infection and NHS 111 calls for difficulty breathing. These rises were particularly noted in infants, in line with seasonally expected increases in laboratory reports for respiratory syncytial virus (RSV).

**Remote Health
Advice:**

NHS 111 calls for cough and difficulty breathing continued to increase during week 47 (figures 4 & 5): calls continue to increase particularly in the <1 and 1-4 years age groups (figure 4a & 5a) 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:

Please note: the reporting problem highlighted in last week's bulletin has now been resolved in week 47 data.

Consultation rates for respiratory indicators including upper and lower respiratory tract infections (figures 1 and 4) have continued to rise during week 47, particularly in children aged <5 years, and in line with seasonal expectations. Consultation rates for severe asthma have risen (figure 9); these increases have been particularly in the 1-4 and 5-14 years age groups (figure 9a).

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

**Emergency
Department:**

Respiratory indicators including acute respiratory infection and bronchitis continued to increase during week 47 (figures 8 & 10). These increases were particularly in the under 1 and 1 to 4 year old age groups (figures 9 & 11) and in line with expected seasonal increases in laboratory reports for respiratory syncytial virus (RSV).

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 47 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

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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PHE Real-time Syndromic Surveillance Team

Public Health England, 6th Floor, 5 St Philip's Place, Birmingham, B3 2PW

Tel: 0344 225 3560 > Option 4 > Option 2

Fax: 0121 236 2215

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

Contact ReSST:
syndromic-surveillance
@phe.gov.uk