



13 January 2015

Year: 2015 Week: 2

**Syndromic
surveillance national
summary:**

Reporting week: 5 to 11 January 2015

There has been little change in the levels of influenza-like illness during week 2.

Syndromic surveillance indicators for all other respiratory indicators, including acute infections and asthma, remained high during week 2, however there were signs of decrease for each, across all age groups.

**Remote Health
Advice:**

There were decreases in NHS 111 cold/flu calls during week 2 (figure 2); calls decreased across all age groups (figure 2a).

NHS 111 calls for difficulty breathing and cough continued to decrease during week 2 (figures 4 & 5).

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

GP In Hours:

Consultation rates for severe asthma (fig 10) and lower respiratory tract infection (fig 5) remain high compared to previous years but rates did not increase in any age group during week 2 (fig 5a & 10a).

Consultation rates for influenza-like illness (ILI) decreased during week 1 (fig 2) with rates falling in all age groups (fig 2a).

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

**Emergency
Department:**

Respiratory attendances of all types attendances decreased during week 2. Overall respiratory and acute respiratory infection (ARI) levels, however, remain slightly higher than those reported last winter (figures 7-15).

There are signs of pneumonia levels decreasing in all age groups (figures 13-14).

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

GP Out of Hours:

Consultations for acute respiratory infections and difficulty breathing/asthma/wheeze continued to decrease across all age groups during week 2 (figures 2 & 2a, 3 & 3a, 5 & 5a).

There has been little change in the levels of influenza-like illness contacts.

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:

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- 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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