

## PHE Syndromic Surveillance Summary

Produced by the PHE Real-time Syndromic Surveillance team

23 January 2018	Year: 2018 Week: 03
Syndromic surveillance national summary:	Reporting week: 15 to 21 January 2018 During week 3 there were no further overall increases in influenza-like indicators across syndromic surveillance systems. While GP influenza-like illness consultations and NHS 111 cold/flu calls decreased in adults there were increases in children, particularly the 5-14 years age group.
	Click to subscribe to the weekly syndromic surveillance email
Remote Health Advice:	NHS 111 cold/flu calls decreased during week 3. Of note, calls decreased across all adult age groups however there were further increases in children aged 5-14 years (figures 2 & 2a).
	Across other respiratory calls, including cough, difficulty breathing and sore throat there were also increases in children, particularly those aged 5-14 years (figure 4a, 5a, 6a). Click to access the Remote Health Advice bulletin
GP In Hours:	During week 3, there were small decreases in GP consultations for influenza-like illness (all ages; figure 2). Rates in adults decreased, however there were increases in children, most notably in the 5 to 14 years age group (figure 2a).
	Click to access the GP In Hours bulletin
Emergency Department:	Respiratory and acute respiratory infection attendances continued to decrease during week 2 (figures 7 & 8); there were no further increases in ED attendances for influenza-like illness (figure 12). Attendances for asthma/wheeze/difficulty breathing increased, particularly in the 1-4 and 5-14 years age groups (figures 15 & 16).
	Click to access the EDSSS bulletin
GP Out of Hours:	GP consultations for influenza-like illness (all ages) stabilised during week 3 (figure 3), however, while consultations in adults decreased, there were increases in children, especially those aged 5-14 years (figure 3a).
	Click to access the GPOOHSS bulletin
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.
	<ul> <li>Each system is able to monitor a different selection of syndromic indicators based upor different case mix of patients.</li> </ul>
	<ul> <li>Access to the full version of each syndromic surveillance bulletin is available through th Syndromic Surveillance website found at: (<u>https://www.gov.uk/government/collections/</u> <u>syndromic-surveillance-systems-and-analyses</u>); reports will be made available on Thursday afternoons.</li> </ul>
	Further weekly and annual reports are available from the RCGP Research and Surveillance web pages: <u>http://www.rcgp.org.uk/clinical-and-research/our-programmes</u> 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 unschedule 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:
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	Participating EDSSS emergency departments
	College of Emergency Medicine
	Advanced Health & Care and the participating OOH service providers
	<ul> <li>QSurveillance<sup>®</sup>; University of Nottingham; EMIS/EMIS practices; ClinRisk<sup>®</sup></li> </ul>
	<ul> <li>TPP, ResearchOne and participating SystmOne GP practices</li> </ul>
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	syndromic surveillance systems and analyses

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