



# **Emergency Department**

Syndromic Surveillance System: England & Northern Ireland

#### 28 February 2018

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#### Year: 2018 Week: 8

### Key messages

Data to: 25 February 2018

Acute respiratory infection attendances decreased slightly during week 8 (figure 8).

A data transfer problem has resulted in some EDs not reporting fully during week 8.

A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance team will be monitoring the impact of cold weather on syndromic surveillance data during this period. Cold weather alert level (current reporting week): Level 1 Winter Preparedness /3 Severe weather action http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

### Diagnostic indicators at a glance:

Further details on the syndromic indicators reported can be found on page 10.

Indicator	<b>Current trend</b>
Triage Severity Ratio	decreasing
Respiratory	decreasing
Acute Respiratory Infection	decreasing
Bronchitis/ Bronchiolitis	no trend
Influenza-like Illness	decreasing
Pneumonia	no trend
Asthma/ Wheeze/ Difficulty Breathing	no trend
Gastrointestinal	no trend
Gastroenteritis	decreasing
Cardiac	no trend
Myocardial Ischaemia	decreasing
Meningitis	no trend

	Total	Triage Category Coded		Diagnoses Coded		EDs
rt Date	Attendances	Number		Number		Reporting
19/02/2018	7,577	5,681	75.0	4,854	64.1	31
20/02/2018	7,018	5,247	74.8	4,628	65.9	31
21/02/2018	6,649	5,018	75.5	4,365	65.6	31
22/02/2018	6,472	4,882	75.4	4,273	66.0	31
23/02/2018	6,718	4,996	74.4	4,346	64.7	31
24/02/2018	6,193	4,823	77.9	4,177	67.4	31
25/02/2018	6,063	4,955	81.7	3,989	65.8	30
Total	46,690	35,602	76.3	30,632	65.6	(max)* 31
	20/02/2018 21/02/2018 22/02/2018 23/02/2018 24/02/2018 25/02/2018	Attendances           19/02/2018         7,577           20/02/2018         7,018           21/02/2018         6,649           22/02/2018         6,472           23/02/2018         6,718           24/02/2018         6,193           25/02/2018         6,063	Date         I oral Attendances         Number           19/02/2018         7,577         5,681           20/02/2018         7,018         5,247           21/02/2018         6,649         5,018           22/02/2018         6,472         4,882           23/02/2018         6,718         4,996           24/02/2018         6,193         4,823           25/02/2018         6,063         4,955	Date         Fotal Attendances         Number         %           19/02/2018         7,577         5,681         75.0           20/02/2018         7,018         5,247         74.8           21/02/2018         6,649         5,018         75.5           22/02/2018         6,472         4,882         75.4           23/02/2018         6,718         4,996         74.4           24/02/2018         6,193         4,823         77.9           25/02/2018         6,063         4,955         81.7	Date         Iotal Attendances         Number         %         Number           19/02/2018         7,577         5,681         75.0         4,854           20/02/2018         7,018         5,247         74.8         4,628           21/02/2018         6,649         5,018         75.5         4,365           22/02/2018         6,472         4,882         75.4         4,273           23/02/2018         6,718         4,996         74.4         4,346           24/02/2018         6,193         4,823         77.9         4,177           25/02/2018         6,063         4,955         81.7         3,989	Date         Fotal Attendances         Number         %         Number         %           19/02/2018         7,577         5,681         75.0         4,854         64.1           20/02/2018         7,018         5,247         74.8         4,628         65.9           21/02/2018         6,649         5,018         75.5         4,365         65.6           22/02/2018         6,472         4,882         75.4         4,273         66.0           23/02/2018         6,718         4,996         74.4         4,346         64.7           24/02/2018         6,193         4,823         77.9         4,177         67.4           25/02/2018         6,063         4,955         81.7         3,989         65.8

3 diagnosis coding systems in use:

Snomed-CT (21EDs) ICD10 (0EDs) CDS (12EDs)

\*Data from the new EDs will be presented in charts following a 14 day data validation.

#### EDSSS weekly report statistics

Including new EDs which have recently started reporting\*.

Year: 2018 Week: 8



#### 28 February 2018

#### 1: Total attendances.

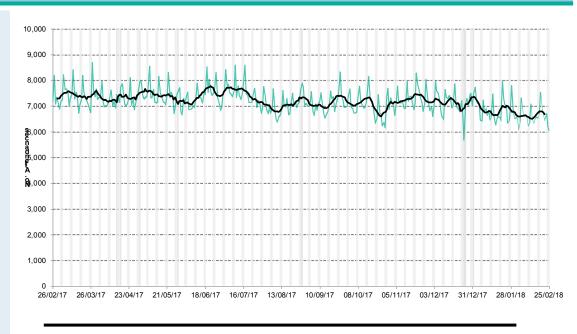
Daily number of total attendances recorded across the EDSSS network.

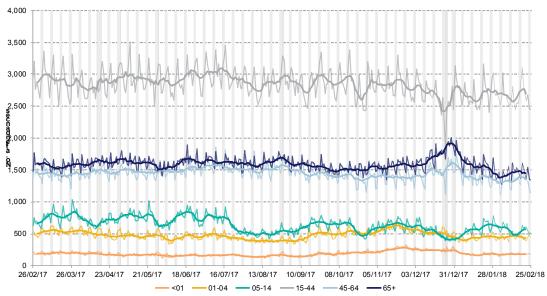
#### 2: Daily attendances by age: Numbers.

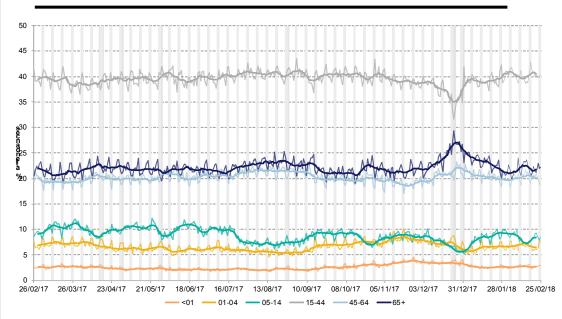
Daily number of total attendances, by age group, recorded across the EDSSS network.

#### 3: Daily attendances by age: Percentages.

Daily percentage of total attendances by age group, recorded across the EDSSS network.







Year: 2018 Week: 8



#### 28 February 2018

### 4: Triage category: severity of illness.

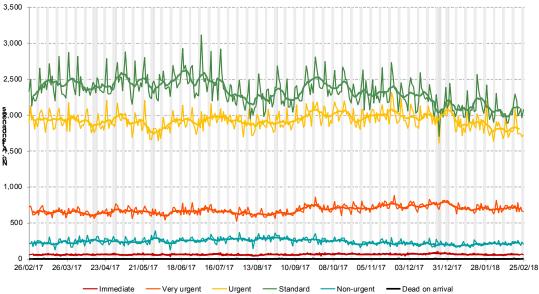
Triage category is assigned according to the clinical priority of each presenting patient.

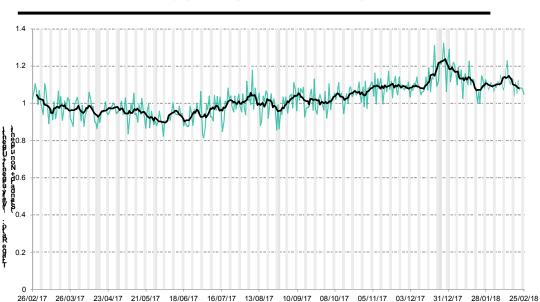
Includes 33/33 EDs.

### 5: Triage category severity ratio.

The ratio of patients classified as very urgent or urgent to those classified as standard or non-urgent.

Includes 33/33 EDs.

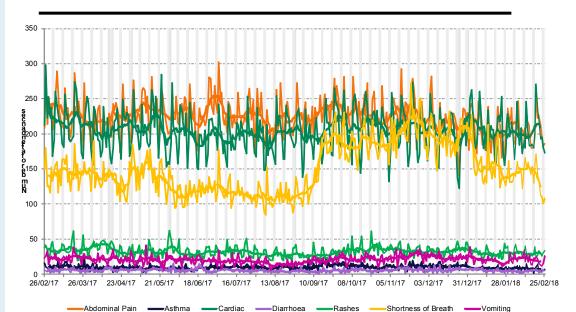




#### 6: Triage presentation.

Triage presentation indicators are based on the triage descriptors recorded in each ED. Data are displayed as the number of attendances recorded with triage information.

**Includes 18/33 EDs** which report standard terms, not using free text.



#### 3



#### 7: Respiratory.

Daily percentage of all attendances recorded as respiratory attendances across the EDSSS network.

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#### Includes 33/33 EDs.



#### 8: Acute Respiratory Infection.

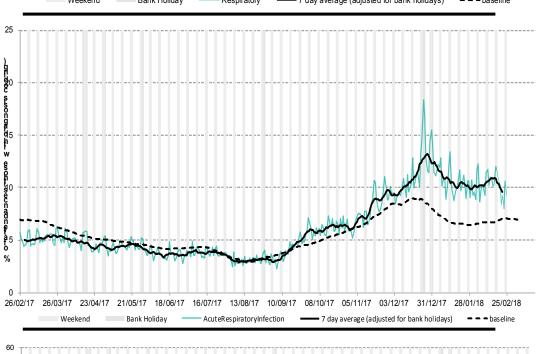
Daily percentage of all attendances recorded as acute respiratory infection attendances across the EDSSS network.

#### Includes 19/33 EDs.

#### 9: Acute Respiratory Infection by age group.

7 day moving average of ARI attendances presented as a proportion of the attendances within each age group.

Includes 19/33 EDs.





### **EDSSS**

Year: 2018 Week: 8

#### Public Health England

#### 28 February 2018

#### 10: Bronchitis/ Bronchiolitis.

Daily percentage of all attendances recorded as bronchitis/ bronchiolitis attendances across the EDSSS network.

#### Includes 19/33 EDs.

#### 11: Bronchitis/ Bronchiolitis by age group

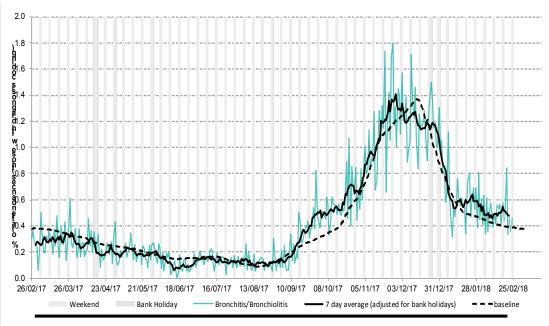
7 day moving average of bronchitis/ bronchiolitis attendances presented as a proportion of the attendances within each age group.

#### Includes 19/33 EDs.

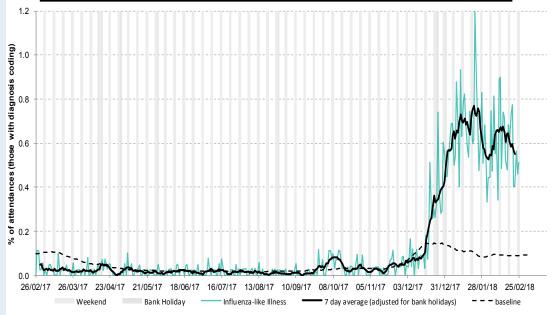
#### 12: Influenza-like Illness.

Daily percentage of all attendances recorded as influenza-like illness attendances across the EDSSS network.

#### Includes 19/33 EDs.









#### 28 February 2018

#### 13: Pneumonia.

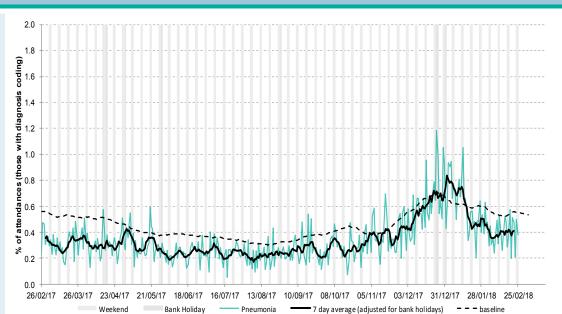
Daily percentage of all attendances recorded as pneumonia attendances across the EDSSS network.

#### Includes 19/33 EDs.

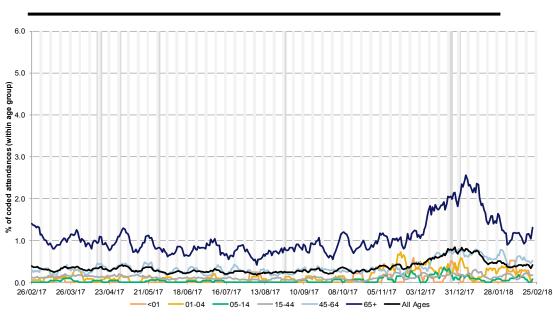
## 14: Pneumonia by age group.

7 day moving average of pneumonia attendances presented as a proportion of the attendances within each age group.

Includes 19/33 EDs.



#### Year: 2018 Week: 8



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#### 28 February 2018

#### 15: Asthma/Wheeze/ Difficulty Breathing.

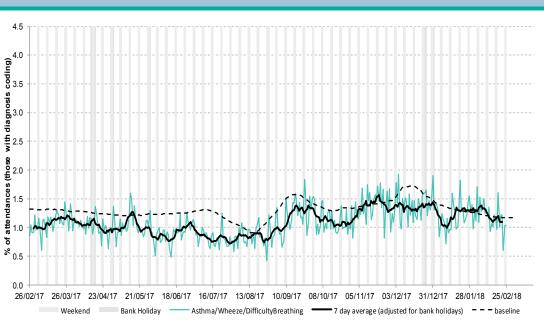
Daily percentage of all attendances recorded as asthma/wheeze/ difficulty breathing attendances across the EDSSS network.

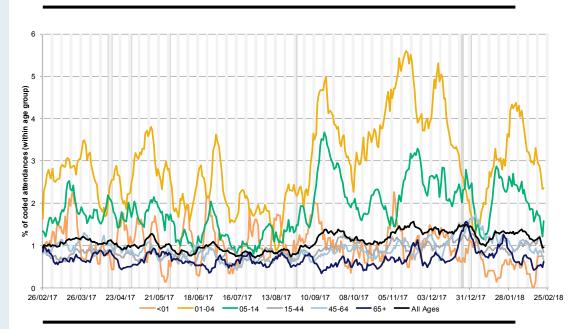
#### Includes 19/33 EDs.

#### 16: Asthma/Wheeze/ Difficulty Breathing by age group.

7 day moving average of asthma/wheeze/ difficulty breathing attendances presented as a proportion of the attendances within each age group.

Includes 19/33 EDs.





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### EDSSS

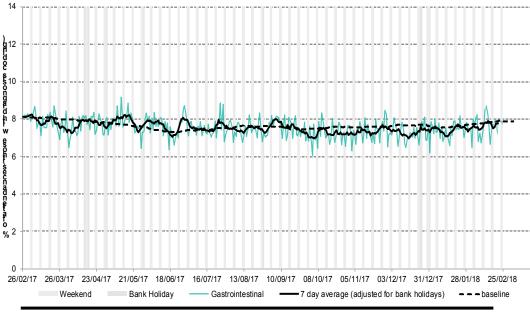
Year: 2018 Week: 8



#### 17: Gastrointestinal.

Daily percentage of all attendances recorded as gastrointestinal attendances across the EDSSS network.

Includes 33/33 EDs.



#### 18: Gastroenteritis

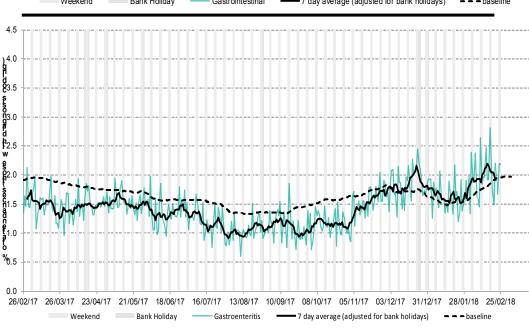
Daily percentage of all attendances recorded as gastroenteritis attendances across the EDSSS network.

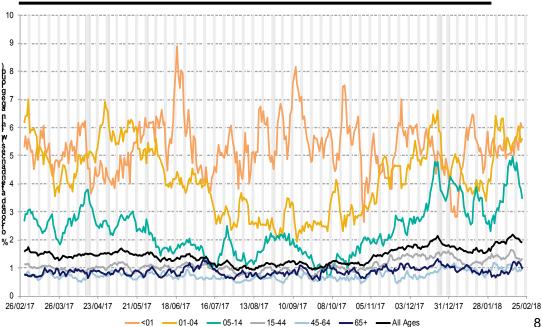


#### 19: Gastroenteritis by age group.

7 day moving average of gastroenteritis attendances presented as a proportion of the attendances within each age group.

Includes 19/33 EDs.







#### 28 February 2018

#### 20: Cardiac.

Daily percentage of all attendances recorded as cardiac attendances across the EDSSS network. 12

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Includes 33/33 EDs.

21: Myocardial

as myocardial

network.

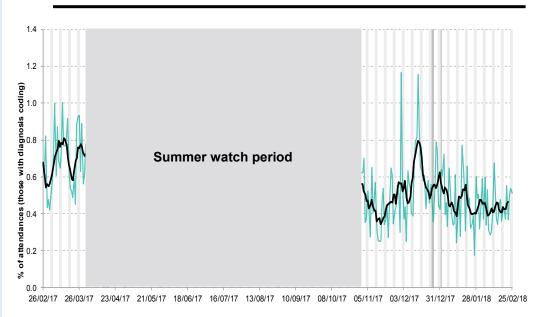
Ischaemia.

Daily percentage of all attendances recorded

ischaemia attendances across the EDSSS

Includes 20/33 EDs.

#### §4 ş na di 2 à %0 26/02/17 26/03/17 23/04/17 21/05/17 18/06/17 16/07/17 13/08/17 10/09/17 08/10/17 05/11/17 03/12/17 31/12/17 28/01/18 25/02/18 Weekend Bank Holiday Cardiac 7 day average (adjusted for bank holidays) ---baseline 4.0 )3.5 d d g 3.0 songe 2.5 w g<sup>2.0</sup> ( Secinar age 1.0 f %0.5 0.0 26/02/17 26/03/17 23/04/17 21/05/17 18/06/17 16/07/17 13/08/17 10/09/17 08/10/17 05/11/17 03/12/17 31/12/17 28/01/18 25/02/18 Bank Holiday Myocardiallschaemia 7 day average (adjusted for bank holidays) - - - baseline Weekend \_



### 22: 'Impact of cold weather' indicator.

Daily percentage of female attendances recorded as 'fracture of the femur/wrist/forearm plus cold specific diagnoses of hypothermia and other diagnoses recorded in the EDs as 'effects of reduced temperature', across the EDSSS network.

Includes 20/33 EDs.

Year: 2018 Week: 8



28 February 2018	Year: 2018 Week: 8
Introduction to the EDSSS charts:	<ul> <li>Weekends and Bank holidays are marked by vertical grey lines (bank holidays darker).</li> <li>The entry of each new ED is marked by a vertical red line.</li> <li>A new site is not included in charts until it has reported a minimum of 14 days.</li> <li>A 7 day moving average is overlaid on the daily data reported in each chart, unless specified.</li> <li>Where the percentage attendances related to an individual syndromic indicator is given, the denominator used is the total number of attendances with a diagnosis code recorded.</li> <li>Baselines represent seasonally expected levels of activity and are constructed from historical data. Furthermore, they take into account any known substantial changes in data collection, population coverage or reporting practices. Baselines are refreshed using the latest data on a regular basis.</li> </ul>
Notes and caveats:	<ul> <li>During July/August 2016 there were changes in clinical working practices at selected EDs which may impact on coding, and therefore the graphs/data presented in this report. Where appropriate, caveats will be included.</li> <li>Participating Hospital Emergency Departments (EDs) report to EDSSS through the automated daily transfer of anonymised data to PHE, for analysis and interpretation by the PHE Real-time Syndromic Surveillance Team (ReSST).</li> <li>Several EDSSS contributing departments are now using the new RCEM Unified</li> </ul>
	<ul> <li>Diagnostic Dataset (UDDA) to record diagnoses. Where UDDA is in place the ICD-10 or Snomed CT code is extracted for EDSSS reporting.</li> <li>The syndromic indicators presented in this bulletin are based on the WHO recommendations for syndromes to be used for mass gatherings. Each code system has been mapped to the syndromes described:</li> </ul>
	<ul> <li>Level 1: Broad, generic indicator, available using all ED coding systems reported.</li> <li>Level 2: More specific indicator, available from EDs using ICD-10 and Snomed CT.</li> <li>Level 3: Very specific indicator, available from EDs using ICD-10 and Snomed CT.</li> <li>Respiratory: All respiratory diseases and conditions (infectious and non infectious).</li> <li>Acute Respiratory Infections (ARI): All acute infectious respiratory diseases.</li> <li>Asthma/Wheeze/Difficulty Breathing: As indicated by title, including dyspnoea &amp; stridor.</li> <li>Bronchitis/ Bronchiolitis: As indicated by title (excluding 'chronic').</li> <li>Influenza-like Illness (ILI): As indicated by title.</li> </ul>
	Cardiac: All cardiac conditions (including 'chest pain'). Myocardial Ischaemia: All Ischaemic heart disease.
	<ul> <li>Gastrointestinal: All gastrointestinal diseases and conditions (infectious and non infectious).</li> <li>Gastroenteritis: All infectious gastrointestinal diseases.</li> <li>Other (chart only presented when a public health need):</li> </ul>
	Meningitis: All cause meningitis (exc. meningococcal disease with no mention of meningitis). Heat/ sunstroke: As indicated by title.
	Details on diagnosis are not consistently recorded for all ED attendances and the levels of attendances coded vary considerably between each ED.
	<ul> <li>Where the diagnosis codes used in an individual ED cannot be matched to level 2 and 3 syndromic indicators, the ED is excluded from the analysis of those indicators.</li> <li>If you are interested in joining the EDSSS please contact ReSST using the details below.</li> </ul>
Acknowledgements:	We are grateful to the clinicians in each ED and other staff within each Trust for their help and continued involvement in the EDSSS.
	We thank L2S2 Ltd for undertaking the daily extraction and transfer of anonymised attendance data from all participating EDs.
	We thank EMIS Health for facilitating data extraction at the relevant EDSSS sites.
	Emergency Department Syndromic Surveillance System Bulletin.
Contact ReSST: syndromic.surveillance @phe.gov.uk	Produced by: PHE Real-time Syndromic Surveillance Team 6 <sup>th</sup> Floor, 5 St Philip's Place, Birmingham, B3 2PW Tel: 0344 225 3560 > Option 4 > Option 2 Web: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses 10

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