



04 September 2019

Year: 2019 Week: 35

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## Key messages

Data to: 01 September 2019

During week 35 the levels of heat/sun stroke ED attendances returned to baseline levels.

A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance data during this period.

Heat-health watch level (current reporting week): **Levels 1/3: Summer preparedness/ heatwave action**

<http://www.metoffice.gov.uk/weather/uk/heathealth/>

## Diagnostic indicators at a glance:

Further details on the syndromic indicators reported can be found on page 9.

| Indicator                   | Current trend |
|-----------------------------|---------------|
| Respiratory                 | no trend      |
| Acute Respiratory Infection | no trend      |
| Bronchiolitis               | no trend      |
| Influenza-like Illness      | no trend      |
| Pneumonia                   | no trend      |
| Asthma                      | no trend      |
| Gastrointestinal            | no trend      |
| Gastroenteritis             | no trend      |
| Cardiac                     | no trend      |
| Myocardial Ischaemia        | decreasing    |
| Heat/Sun stroke             | no trend      |

## EDSSS weekly report statistics

Only Type 1 EDs meeting the weekly reporting criteria are included (see page 6 for details).

\*max EDs included across full time period reported in charts, individual days may include fewer EDs.

| Date         | Total Attendances | Diagnoses Coded Number | %            | Type 1 EDs Included |
|--------------|-------------------|------------------------|--------------|---------------------|
| 26/08/2019   | 25,586            | 18,149                 | 70.9%        | 95                  |
| 27/08/2019   | 27,988            | 19,053                 | 68.1%        | 97                  |
| 28/08/2019   | 25,009            | 17,100                 | 68.4%        | 97                  |
| 29/08/2019   | 24,912            | 16,876                 | 67.7%        | 99                  |
| 30/08/2019   | 24,020            | 16,253                 | 67.7%        | 97                  |
| 31/08/2019   | 22,375            | 14,991                 | 67.0%        | 90                  |
| 01/09/2019   | 21,695            | 15,035                 | 69.3%        | 89                  |
| <b>Total</b> | <b>171,585</b>    | <b>117,457</b>         | <b>68.5%</b> | <b>(max)* 99</b>    |

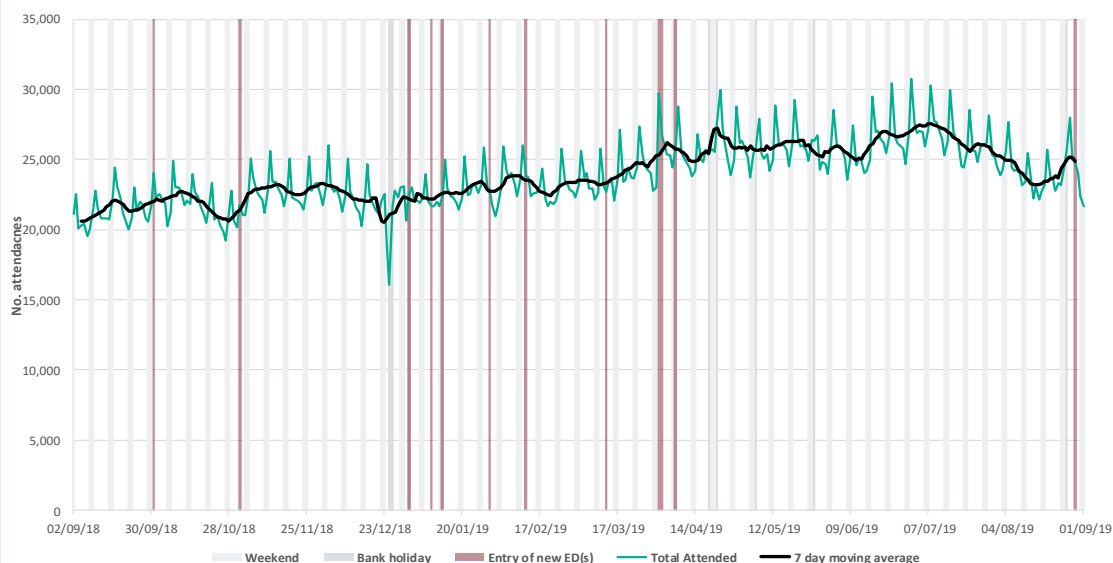
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## 1: Total attendances.

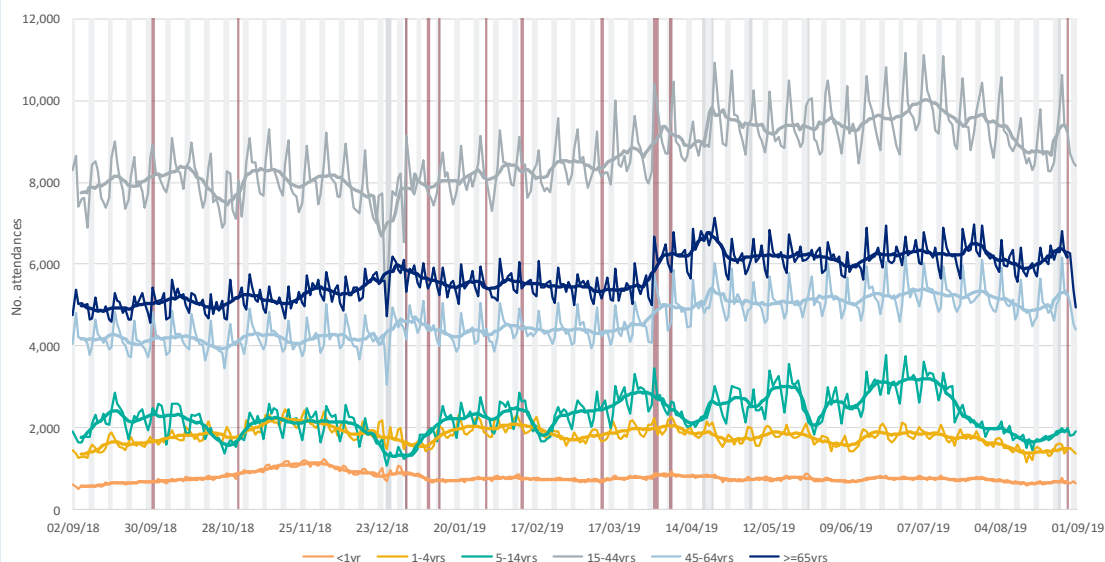
Daily number of total attendances recorded, across the EDSSS network.

The entry of new ED(s) is marked by a vertical red line (see page 6 for inclusion criteria).



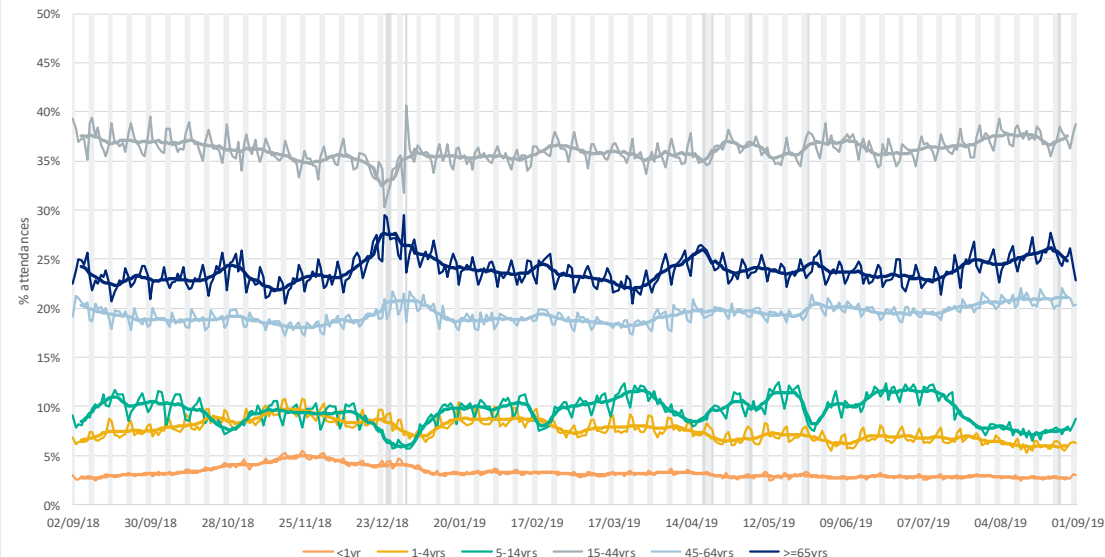
## 2: Daily attendances by age: Numbers.

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.

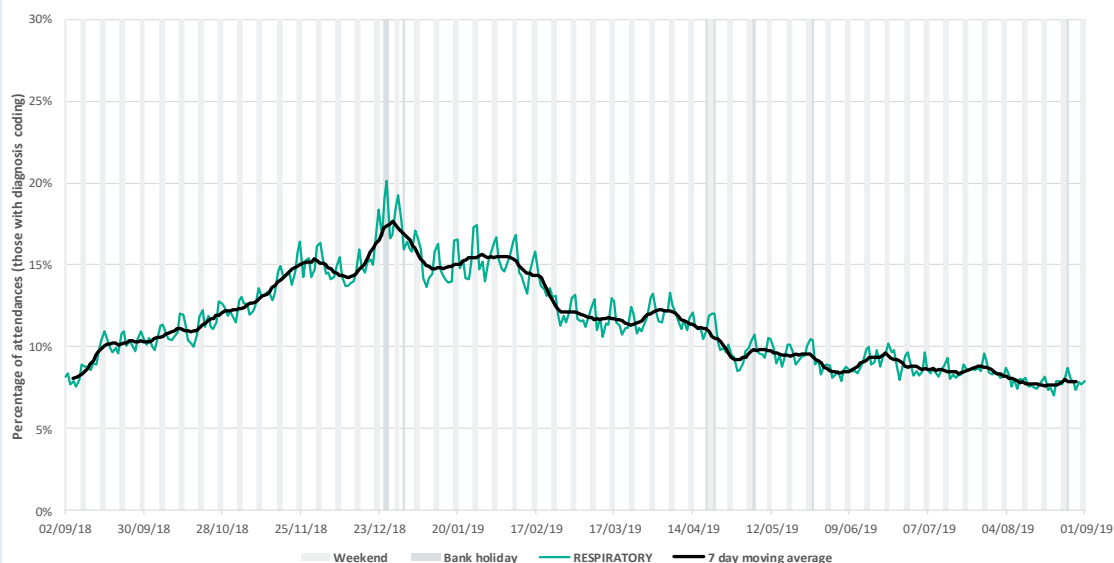


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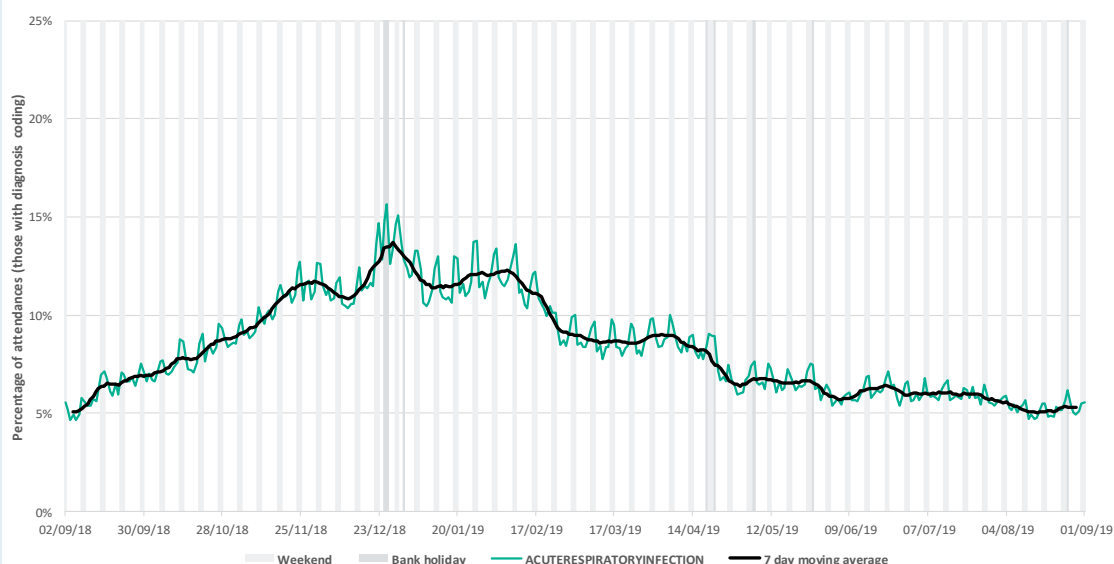
#### 4: Respiratory.

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



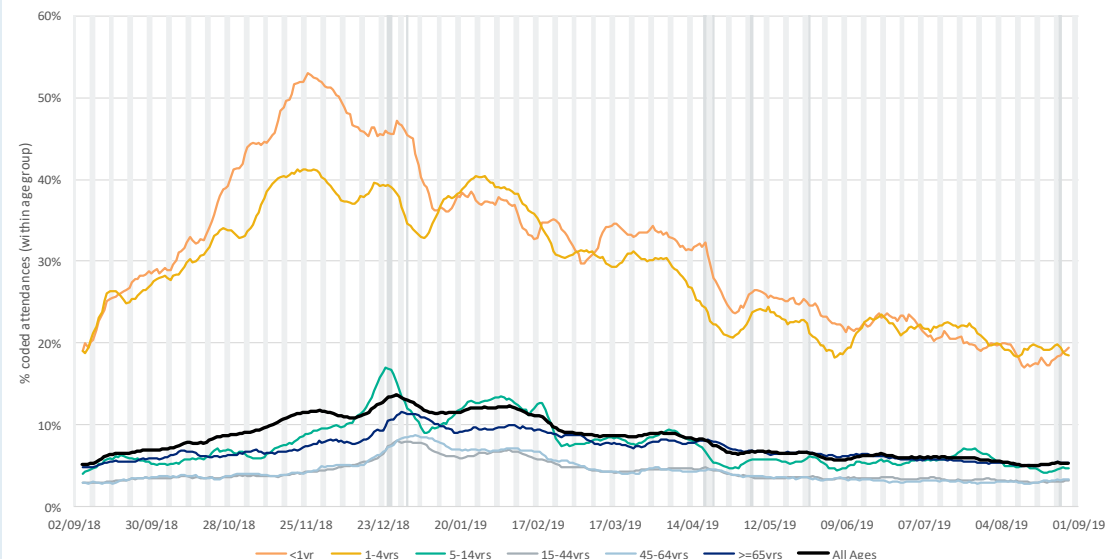
#### 5: Acute Respiratory Infection.

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



#### 5a: Acute Respiratory Infection by age group.

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

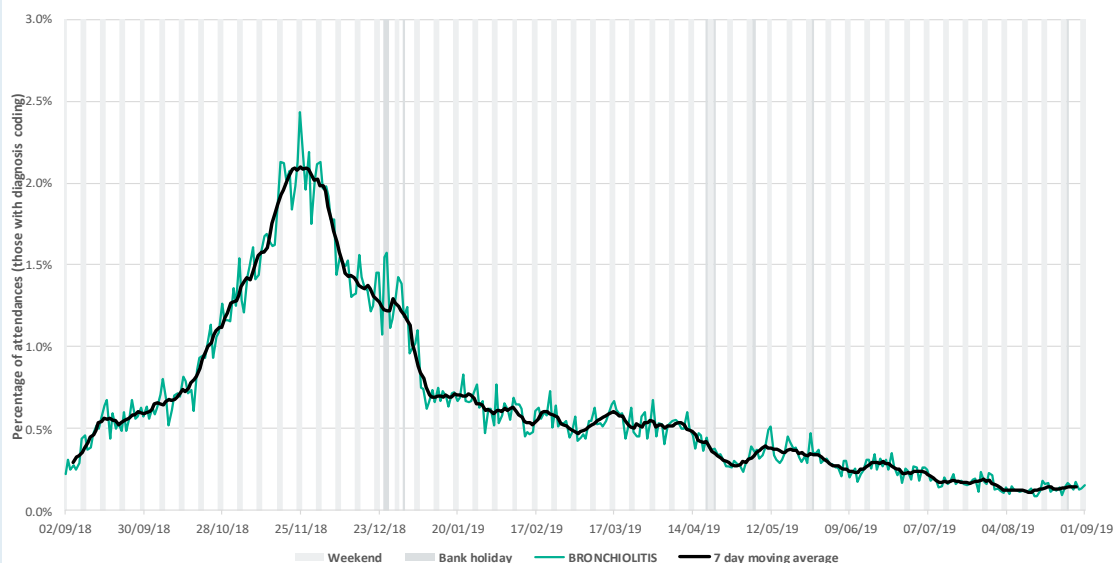


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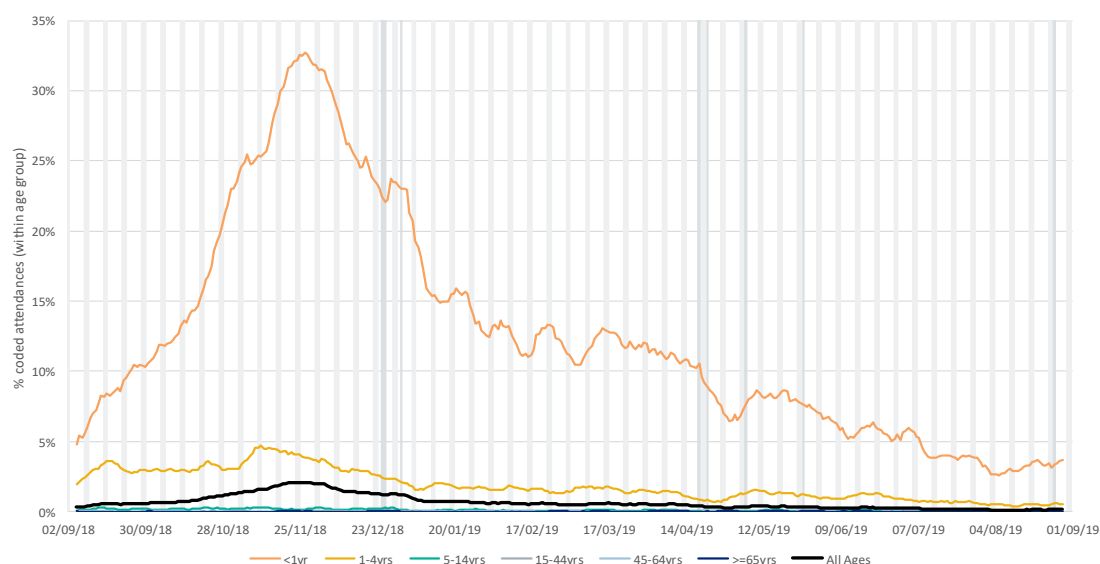
## 6: Bronchiolitis/ bronchitis.

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



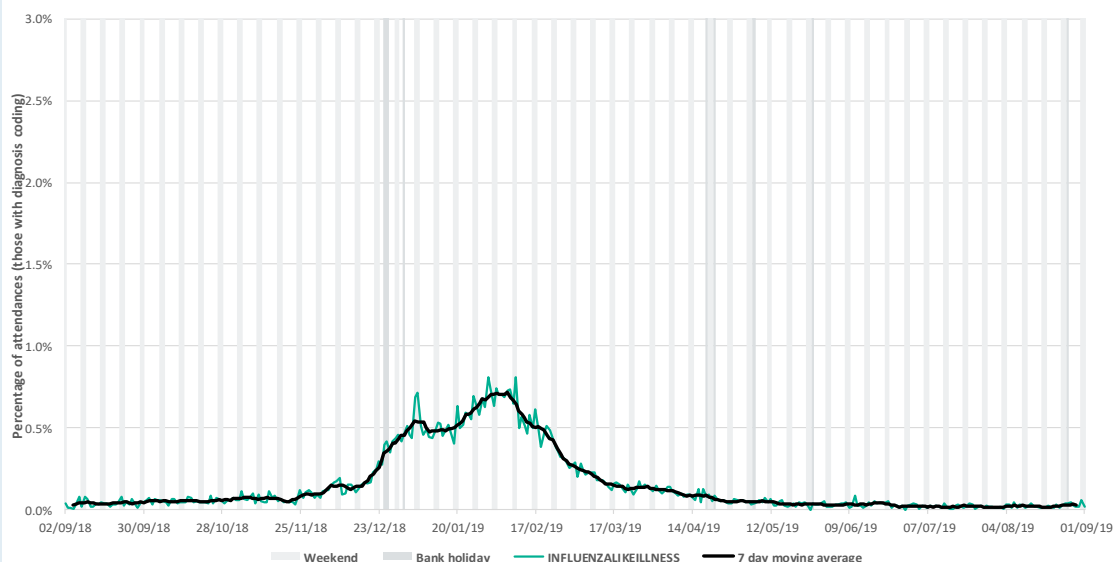
## 6a: Bronchiolitis/ bronchitis by age group

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



## 7: Influenza-like illness.

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

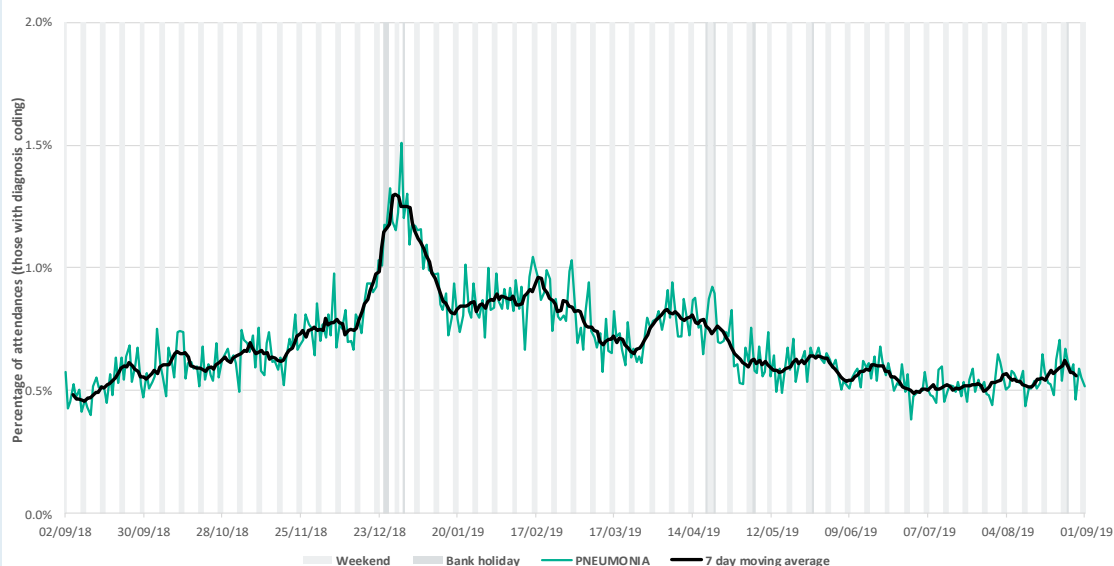


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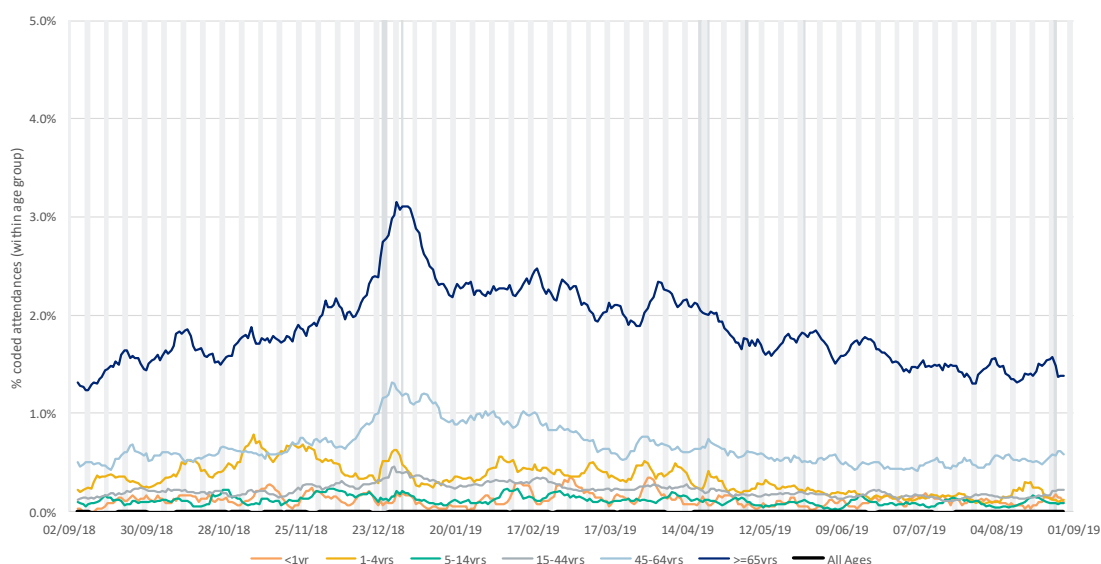
## 8: Pneumonia.

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



## 8a: Pneumonia by age group.

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



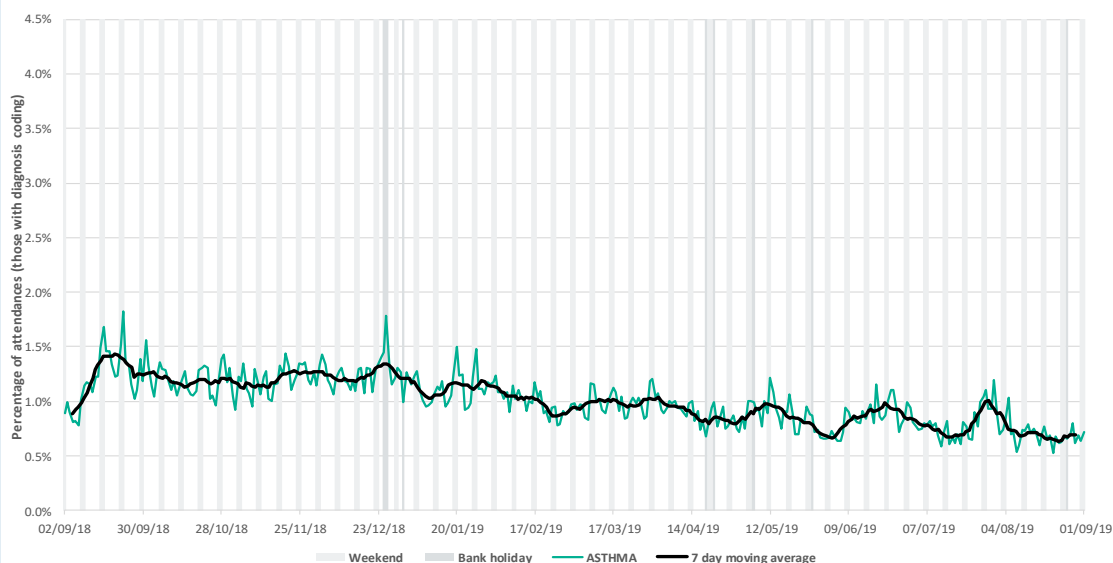
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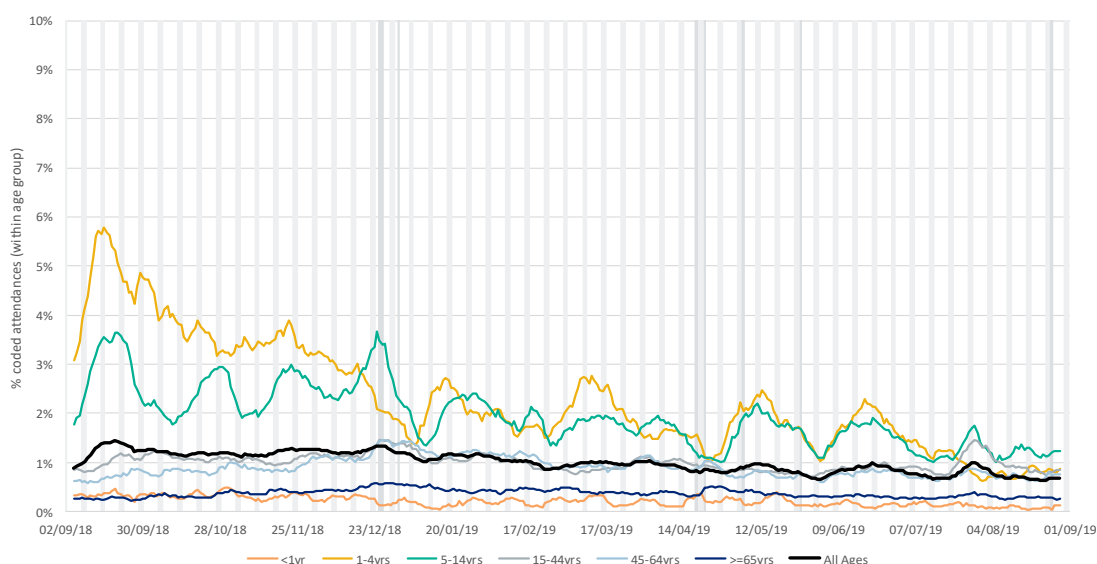
## 9: Asthma.

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



## 9a: Asthma by age group.

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



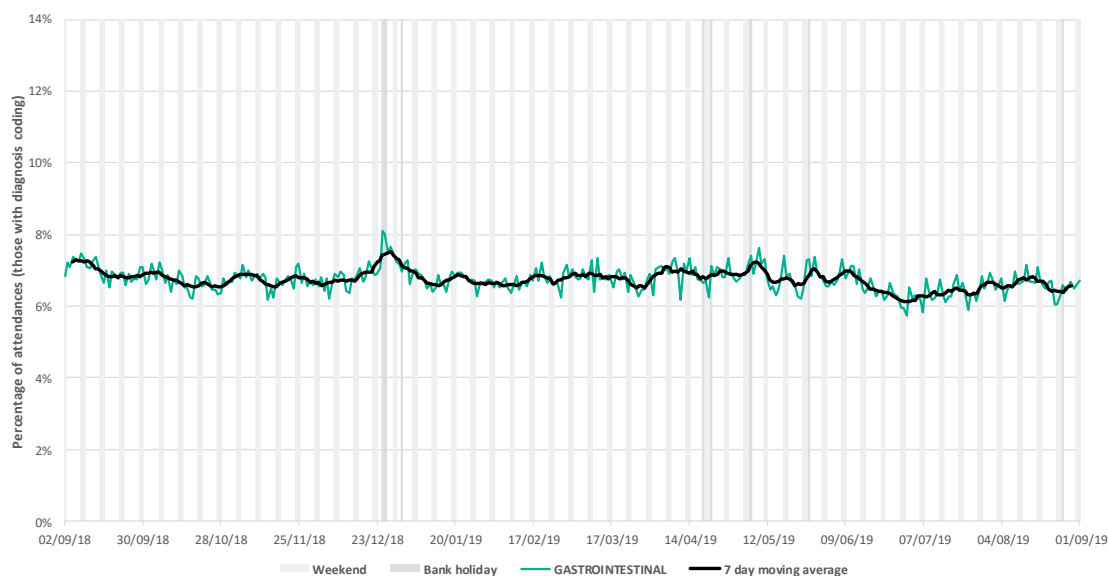
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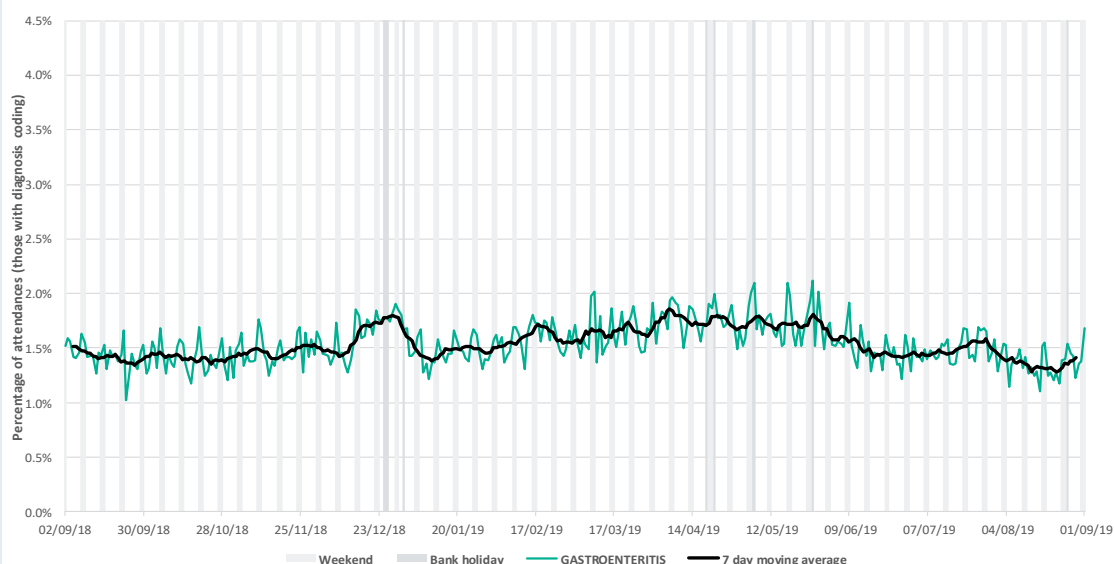
## 10: Gastrointestinal.

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



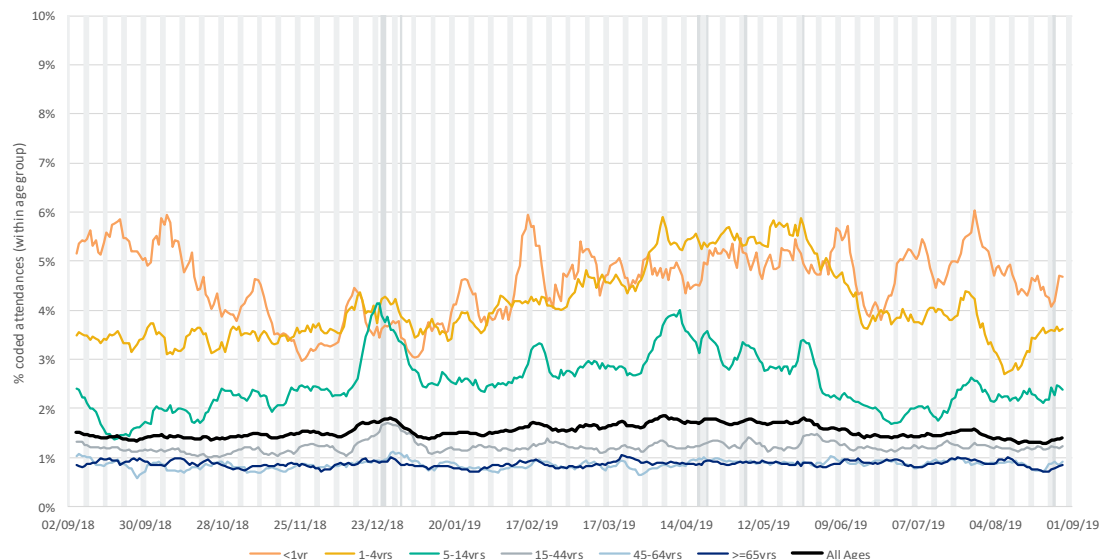
## 11: Gastroenteritis

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



## 11a: Gastroenteritis by age group.

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

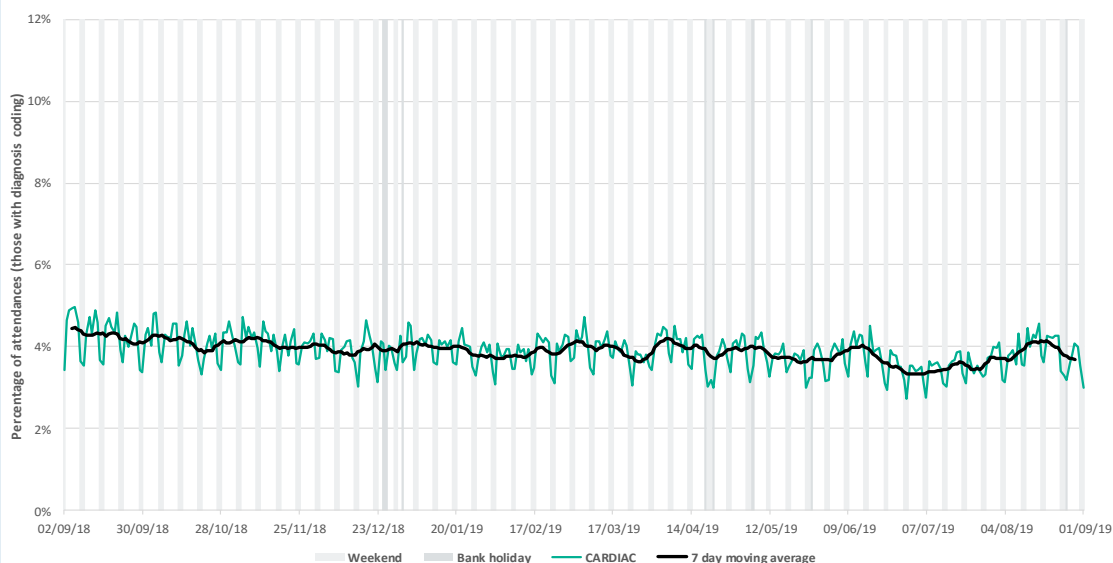


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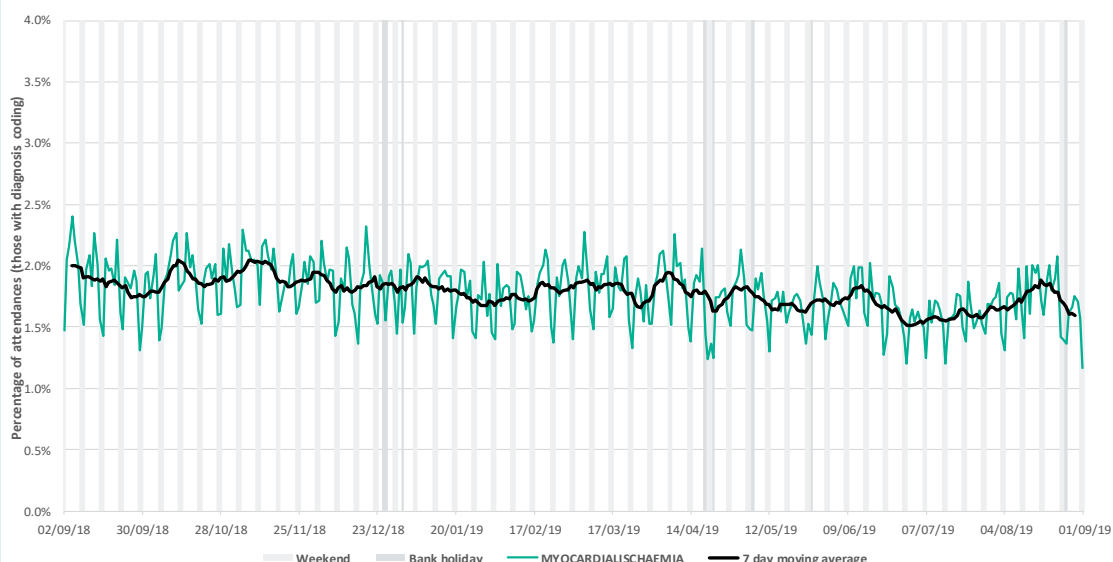
## 12: Cardiac.

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



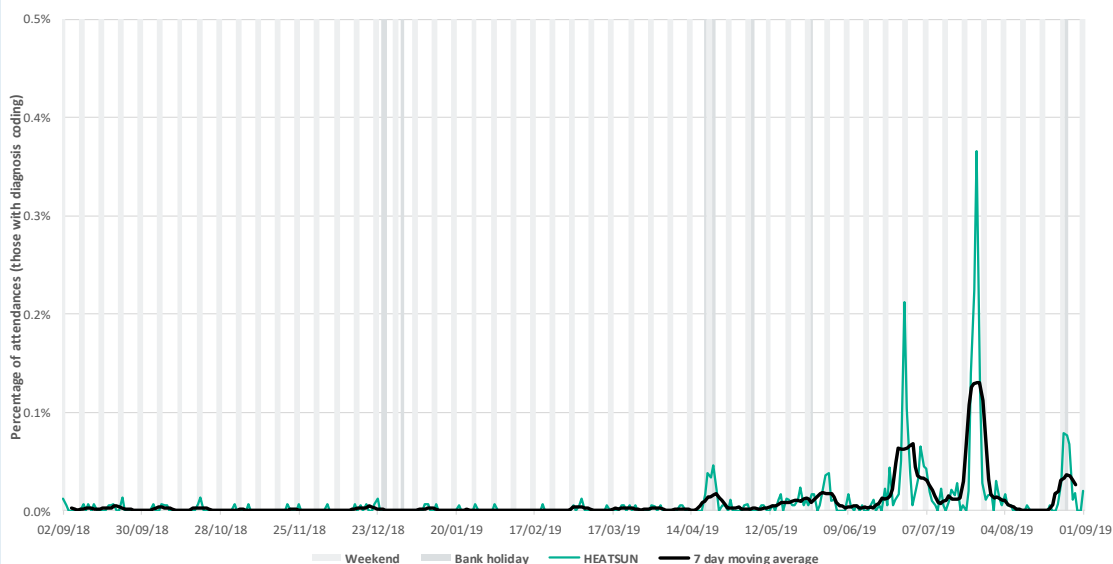
## 13: Myocardial Ischaemia.

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



## 14. Heat/sun stroke

Daily percentage of all attendances recorded as impact of heat/sun attendances across the EDSSS network.





## Notes and caveats:

- ▶ **National EDSSS** began operating in April 2018
- ▶ Following the introduction of the Emergency Care Data Set (ECDS) the national reporting of secondary care activity data through the commissioning data sets mechanism from EDs to NHS Digital became a daily feed:  
<https://www.england.nhs.uk/ourwork/tsd/ec-data-set/>
- ▶ EDSSS receives an automated daily transfer of anonymised ED data from NHS Digital
- ▶ The number of EDs reporting through ECDS continues to increase
- ▶ Not all EDs currently provide data through ECDS on a daily basis
- ▶ EDs are eligible for inclusion in this report only where the **weekly EDSSS reporting criteria** have been met during the surveillance week reported:
  - Data relates to attendances at a type 1 ED
  - Data for 4 of the 7 days was received by PHE
  - Data for those days was received within 2 calendar days of the patient arrival
- ▶ Where an ED meets these criteria, all data received from that ED previous to the current surveillance week is included.
- ▶ EDs eligible for inclusion is likely to change each week, which will in turn affect the historical data inclusion
- ▶ Individual EDs will not be identified in syndromic surveillance reporting in these bulletins
- ▶ All EDs report diagnoses to EDSSS using SnomedCT codes. Where Snomed codes are not used the ED is excluded from indicator analysis
- ▶ The syndromic indicators presented in this bulletin are based on the SnomedCT diagnosis codes reported by EDs:
  - Respiratory:** All respiratory diseases and conditions (infectious and non infectious).
  - Acute Respiratory Infections (ARI):** All acute infectious respiratory diseases.
  - Asthma:** As indicated by title.
  - Bronchiolitis/ bronchitis:** As indicated by title (excluding 'chronic').
  - Influenza-like Illness (ILI):** As indicated by title.
  - Pneumonia:** As indicated by title.
- Gastrointestinal:** All gastrointestinal diseases and conditions (infectious and non infectious).
- Gastroenteritis:** All infectious gastrointestinal diseases.
- Cardiac:** All cardiac conditions.
- Myocardial Ischaemia:** All ischaemic heart disease.
- ▶ **Sentinel EDSSS** 2010 to March 2018, collected data through a bespoke, voluntary network of EDs across England and Northern Ireland
- ▶ **Sentinel EDSSS** reports be found in bulletins up to and including week 13 2018:  
<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

## Acknowledgements:

We are grateful to the clinicians in each ED and other staff within each Trust for their continued involvement in the EDSSS.

We thank the Royal College of Emergency Medicine, NHS Digital and NHS England for their support in the development of national EDSSS, using anonymised data collection from ECDS.

## Emergency Department Syndromic Surveillance System Bulletin.

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