



18 September

Field Service | From local to global: combining expertise in epidemiology and microbiology to protect the population from public health threats

Contact ReSST

Year: 2019 Week: 37

## Summary

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### Reporting week: 09 to 15 September 2019

During week 37, there were increases in difficulty breathing and asthma indicators in the 1-4 and 5-14 years age groups, within seasonally expected levels.

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#### Remote Health Advice:

NHS 111 difficulty breathing calls increased during week 37 in line with seasonally expected trends. Calls increased specifically in the 1-4 and 5-14 years age groups (Figures 5 & 5a).

[Access bulletin](#)

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#### GP In Hours:

During week 37 GP consultations for asthma in children aged 1-4 and 5-14 years increased in line with seasonal expectations (Figure 10a). In addition there were expected seasonal increases in other respiratory indicators, including upper respiratory tract infections, particularly in children aged <5 years (Figures 1 & 1a).

[Access bulletin](#)

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#### GP Out of Hours:

GP out of hours consultations for difficulty breathing/wheeze/asthma increased (but within expected levels) in week 37, notably in the under 5 and 5-14 years age groups (Figures 5 & 5a).

[Access bulletin](#)

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#### Emergency Department:

In week 37 there was an increase in ED attendances for respiratory indicators (Figures 4 & 5) mainly in the 0-4 years age groups (Figure 5a). Asthma continued to increase, notably in the 1-4 and 5-14 years age groups (Figures 9 & 9a). Levels remain within seasonally expected limits.

[Access bulletin](#)

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#### Ambulance:

During week 37 there was an increase in breathing problem calls, in line with seasonal expectations (Figure 2).

[Access bulletin](#)

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- Key messages are provided from each individual system.
  - The different PHE syndromic surveillance systems access data from different areas of the national health care system.
  - Each syndromic surveillance 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 PHE Syndromic Surveillance website found at: (<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>); reports are made available on Thursday afternoons.
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## 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*

## 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*

## Emergency Department Syndromic Surveillance System (EDSSS)

*A national ED network across England monitoring daily attendances and presenting symptoms/diagnoses*

## National Ambulance Syndromic Surveillance System (NASSS)

*The national ambulance syndromic surveillance system (NASSS) monitors daily calls made by persons to an ambulance trust. All 10 ambulance trusts in England provide data.*

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We thank and acknowledge the contribution of all data providers including:

- NHS 111 and NHS Digital
  - QSurveillance<sup>®</sup>; University of Nottingham; EMIS/EMIS practices; ClinRisk<sup>®</sup>
  - TPP, ResearchOne and participating SystmOne GP practices
  - Advanced Health & Care and the participating OOH service providers
  - Participating EDSSS emergency departments
  - Royal College of Emergency Medicine
  - North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS Ambulance Trusts and The Association of Ambulance Chief Executives.
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## PHE Real-time Syndromic Surveillance Team

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