



Summary.

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Reporting week: 28 October to 03 November 2019.

During week 44, there were further increases in acute respiratory infection indicators nationally, particularly in the under 1 year age group, in line with seasonal increases in respiratory syncytial virus (RSV) .

Remote Health Advice:

During week 44, NHS 111 cough and difficulty breathing calls continued to increase in all ages, but particularly in children aged less than 1 year (figures 4, 4a, 5, 5a). These increases are in line with seasonal rises in respiratory syncytial virus (RSV) activity.

[Access bulletin.](#)

GP In Hours:

GP consultations for respiratory indicators including upper and lower respiratory tract infections and influenza-like illness remain stable and at levels expected for the time of year (figures 1, 2 & 5). Lower respiratory tract infection consultations in children aged <1 years increased during week 44 (figure 5a).

[Access bulletin.](#)

GP Out of Hours:

GP out-of-hours contacts for bronchitis/bronchiolitis continued to increase in children aged under 5 years during week 44 (figure 4a), in line with increasing levels of respiratory syncytial virus circulating in the community.

[Access bulletin.](#)

Emergency Department:

ED attendances for bronchiolitis/ bronchitis, continued to increase in week 44, particularly in young children under 1 year (figures 6 & 6a), in line with seasonal increases in respiratory syncytial virus (RSV) .

[Access bulletin.](#)

Ambulance:

During week 44 there was an increase in breathing problems calls noted during the weekend of 2/3 November (figure 2).

[Access bulletin.](#)

05 November 2019

- 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.

Remote Health Advice Syndromic Surveillance System:

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.

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

- NHS 111 and NHS Digital.
 - QSurveillance®; University of Nottingham; EMIS/EMIS practices; ClinRisk®.
 - TPP, ResearchOne and participating SystemOne 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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Web: <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>