



11 March 2020.

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

Contact ReSST

Year: 2020 Week: 10

Summary.

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Reporting week: 02 March to 08 March 2020.

During week 10, NHS 111 calls for cold/flu, cough, difficulty breathing and sore throat increased. However, these data should currently be interpreted with caution due to the national COVID-19 incident and the potential subsequent impact on the number of callers. Respiratory indicators in other systems also increased, although ED attendances for pneumonia decreased.

Remote Health Advice:

NHS 111 calls for cold/flu, cough, difficulty breathing and sore throat indicators increased during week 10 (figures 2, 4, 5 & 6).

[Access bulletin](#)

These data should currently be interpreted with caution due to the national COVID-19 incident and the potential subsequent impact on the number of NHS 111 callers.

GP In Hours:

Mumps consultations remained above baseline levels during week 10, particularly in the 15-44 years age group (figures 12 & 12a).

[Access bulletin](#)

During week 10, GP consultations for selected respiratory indicators, including upper respiratory tract infection and influenza-like-illness increased, but remain below seasonally expected levels (figures 1 & 2).

GP Out of Hours:

During week 10, there was an increase in influenza-like illness contacts (figure 3), particularly in the 15-44 and 45-64 years age groups (figure 3b).

[Access bulletin](#)

There were also increases in acute respiratory infection and difficulty breathing contacts, but both remain similar to baseline levels (figures 2 & 5)

Emergency Department:

During week 10, ED attendances for pneumonia decreased, although remain just above baseline levels (figures 8 & 8a). All other respiratory indicators (including attendances for acute respiratory infections) remained at, or below seasonally expected levels (figures 4-9).

[Access bulletin](#)

Ambulance:

Ambulance calls for breathing problems increased during week 10, however, there was no apparent increase in the severity of these calls (figures 2 and 2a).

[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 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 general practitioner surveillance system monitoring daily consultations for a range of clinical syndromic indicators across England.

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 Oxford; 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>