Public Health England

National Ambulance

Syndromic Surveillance System: England

25 March 2020

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traumatic

arrest

Chest pain

out

poisoning

Year: 2020 Week: 12

Key messages

Data to: 22 March 2020

Ambulance calls for breathing problems continued to increase during week 12 (figure 2). Cardiac/respiratory arrest and chest pain calls also increased in week 12 (figures 5 & 6).

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): 1 Winter preparedness

http://www.metoffice.gov.uk/weather/uk/coldweatheralert/

Syndromic indicators at a glance:

	Indicator	Calls*	Trend [†]	Level [‡]
Breathing problems		24,816	increasing	above baseline levels
Heat/ cold exposure		27	no trend	below baseline levels
Falls/ back injuries - traumatic		12,305	decreasing	below baseline levels
Cardiac	Cardiac/ respiratory arrest	2,327	increasing	above baseline levels
	Chest pain	14,991	increasing	above baseline levels
Overdose/ ingestion/ poisoning		3,409	decreasing	similar to baseline levels
Unconscious/ passing out		7,179	no trend	similar to baseline levels

* Number of syndromic calls received by PHE in the reporting week

[†] Trend is defined as the overall activity over the last few weeks

[‡] Current activity in comparison to historical baselines, which have been constructed using data from 1 January 2018

ummary:	Day	Trusts*	Week 12
c d	Monday	10	16,951
	Tuesday	10	16,839
5	Wednesday	10	17,229
etin.	Thursday	10	16,817
	Friday	10	17,144
	Saturday	10	16,547
	Sunday	10	16,067
	Total	(max) 10	117,594

* Ambulance Trusts (England) submitting daily syndromic surveillance data included in report

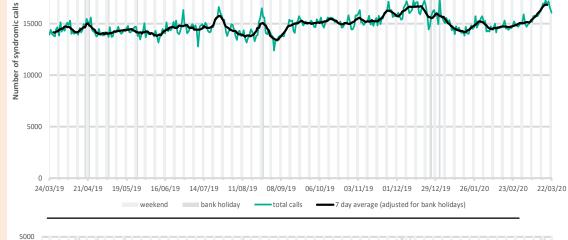
1

Ambulance

12

Year: 2020 Week:





25 March 2020

1: Total syndromic calls.

25000

20000

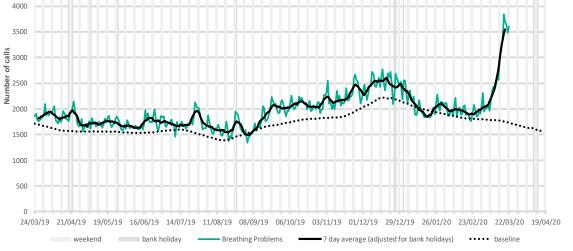
15000

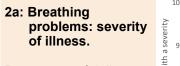
4500

The total number of syndromic calls recorded each day, all ages, England.

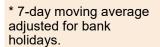
2: Breathing problems.

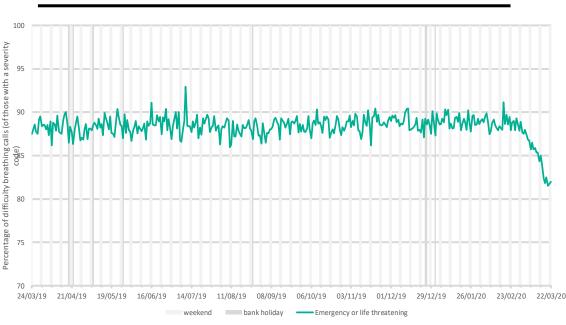
Daily number of calls related to 'breathing problems', England.





Percentage of daily breathing problems calls categorised as emergency or life threatening.





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3: Heat/cold exposure.

Daily number of calls related to 'heat/ cold exposure, England.

4: Falls/ back injury - traumatic.

Daily number of calls related to 'falls/ back injury - traumatic', England.

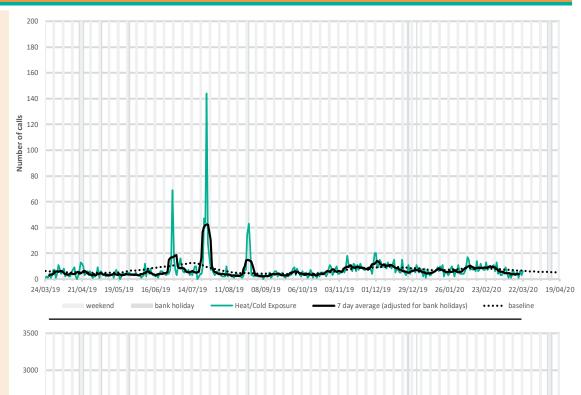
2500

Number of calls 12000

1000

500

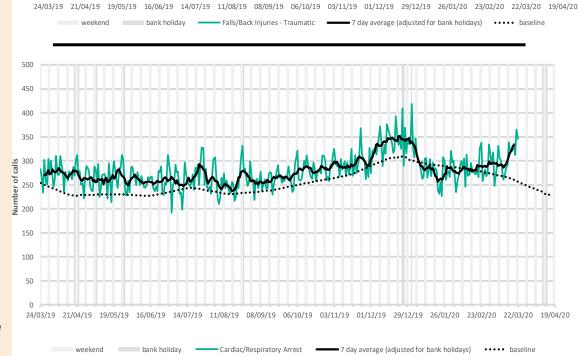
0



5: Cardiac/respiratory arrest.

Daily number of calls related to 'cardiac/ respiratory arrest', England.

* 7-day moving average adjusted for bank holidays.



Ambulance

Year: 2020 Week: 12

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6: Chest pain.

Daily number of calls related to 'chest pain', England.

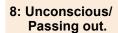
7: Overdose/ ingestion/ poisoning.

Daily number of calls related to 'overdose/ ingestion/ poisoning', England.

> 200 100 0

> > weekend

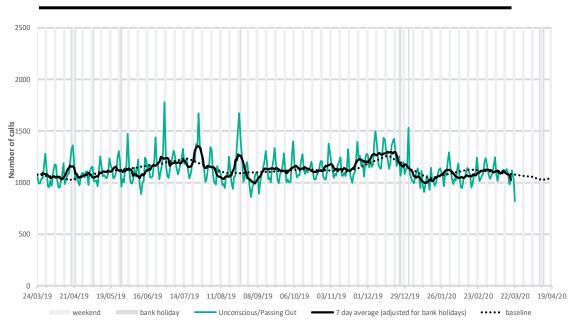
bank holiday



Daily number of calls related to 'unconscious', England.

* 7-day moving average adjusted for bank holidays.





24/03/19 21/04/19 19/05/19 16/06/19 14/07/19 11/08/19 08/09/19 06/10/19 03/11/19 01/12/19 29/12/19 26/01/20 23/02/20 22/03/20 19/04/20

_

7 day average (adjusted for bank holidays)
 ••••• baseline

Overdose/Ingestion/Poisoning

Ambulance

Ambulance

25 March 2020	Year: 2020 Week: 12					
Introduction to charts:	 A 7-day moving average (adjusted for bank holidays) is overlaid on the daily data 					
	reported in each chart, unless specified.					
	Baselines have been constructed using historical data since 1 January 2018.					
	 National ambulance syndromic surveillance (NASS) call data are analysed by the Real-time Syndromic Surveillance Team (ReSST) on a daily basis to identify national and regional trends. A statistical algorithm underpins each syndromic surveillance system, routinely identifying activity that has increased significantly of is statistically significantly high for the time of year. Results from these daily 					
	analyses are assessed by the ReSST, along with analysis by age group, and anything deemed of public health importance is alerted by the team					
Notes and further	Coverage:					
information:	• Total syndromic calls includes all calls where the chief presenting complaint can be mapped to one of the syndromic indicators monitored by Public Health England.					
	 Some indicators are not routinely presented in this report. 					
	 Total syndromic calls is lower than the total number of calls received by ambulance trusts. 					
	Description of included NASS indicators:					
	Breathing Problems: persons finding it difficult to breathe.					
	Heat/Cold Exposure: heat or cold exposure.					
	 Falls/Back Injuries - traumatic: persons falling or having a back injury. 					
	 Cardiac/Respiratory Arrest: persons who have stopped or have ineffective breathing or/and no pulse. 					
	Chest Pain: persons experiencing chest pain or chest discomfort.					
	 Overdose/Ingestion/Poisoning: overdoses, ingestion of a substance or poisoning. 					
	• Unconscious/Passing out: persons who are unconscious, not alert or fainting.					
Acknowledgements:	We would like to thank:					
	 North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS Ambulance Trusts for submitting anonymised, daily data to the National Ambulance Syndromic Surveillance system 					
	 The Association of Ambulance Chief Executives for their support in establishing this system. 					
Contact ReSST: syndromic.surveillance	National Ambulance Syndromic Surveillance System Bulletin.					
@phe.gov.uk	Produced by: PHE Real-time Syndromic Surveillance Team 1 st Floor, 5 St Philips Place, Birmingham, B3 2PW Tel: 0344 225 3560 > Option 4 > Option 2					

Web: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses