



15 April 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: 15**

## Summary.

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### Reporting week: 6 April to 12 April 2020.

During week 15, a number of community-based respiratory indicators remained elevated, particularly in adult and older age groups.

Data across all syndromic systems should be treated with caution because of recent guidance on where the public should seek health care, and recent changes in coding.

#### Remote Health Advice:

[Access bulletin](#)

Please note: during the current COVID-19 incident, NHS 111 are triaging 'potential COVID-19' patients using new telephone and online triaging systems. PHE are currently working with NHS 111 to develop syndromic surveillance indicators to monitor trends in these calls. Meanwhile, we continue to present our routine NHS 111 syndromic indicators in this report however these should be interpreted with caution as they currently do not represent a true indication of activity.

#### GP In Hours:

[Access bulletin](#)

During week 15, GP consultation rates for all respiratory indicators decreased or remained stable. GP consultations for influenza-like illness increased in the 75+ years age group and remain highest in the 45-64 years group (figure 2a); ILI rates remain highest in London (figure 2b).

Please note, trends should be interpreted with caution due to current national advice and guidance regarding access to GP surgeries and changes in clinical coding for COVID-19.

#### GP Out of Hours:

[Access bulletin](#)

During week 15, there were further decreases in GP out-of-hours consultations for acute respiratory infection and influenza-like illness (ILI; figures 2 & 3). Consultations for ILI increased in the under 1 year age group (figure 3a). Difficulty breathing/wheeze/asthma consultations decreased, though remained raised in the 15+ years age groups (figures 5 & 5a). GP out-of-hours contacts for diarrhoea increased during the weekend of week 15, particularly for children under 1 year (figures 8 and 8a).

#### Emergency Department:

[Access bulletin](#)

During week 15 the number of ED attendances for respiratory conditions and acute respiratory infections were stable (figures 4 to 8), though acute respiratory attendances in adults aged over 45 years increased (figure 5a). Attendances for influenza-like illness decreased but the 15+ years age groups remained high (figures 7 & 7a). Please note: recent decreases in respiratory attendances may be due in part to the use of new clinical coding introduced within EDs, which is not yet fully available for this report.

#### Ambulance:

[Access bulletin](#)

Please note: recent trends in syndromic indicators should be interpreted with caution due to recent changes in coding used in Ambulance Trusts in response to the COVID-19 pandemic. We are working on developing a new indicator to improve our surveillance of potential COVID-19 activity, which will be included in future reports.

There was a small decrease in ambulance calls for cardiac/respiratory arrest during week 15 (figure 5). Breathing problems and chest pain calls also decreased (figures 2 & 6).

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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.*

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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>