## Public Health England

# National Ambulance

Syndromic Surveillance System: England

Week: 15

#### 15 April 2020

#### Key messages

#### Data to: 13 April 2020

Year: 2020

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).

### Syndromic indicators at a glance:

	Indicator	Calls*	Trend <sup>†</sup>	Level <sup>‡</sup>
Breathing problems		16,205	decreasing	above baseline levels
Heat/ cold exposure		23	no trend	similar to baseline levels
Falls/ back injuries - traumatic		12,123	no trend	below baseline levels
Cardiac	Cardiac/ respiratory arrest	2,692	decreasing	above baseline levels
	Chest pain	7,836	decreasing	below baseline levels
Overdose/ ingestion/ poisoning		2,532	no trend	below baseline levels
Unconscious/ passing out		5,622	no trend	below baseline levels

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

<sup>†</sup> Trend is defined as the overall activity over the last few weeks

 $^{\rm t}$  Current activity in comparison to historical baselines, which have been constructed using data from 1 January 2018

Day	Trusts*	Week 15
Monday	10	16,850
Tuesday	10	15,792
Wednesday	10	15,634
Thursday	10	14,725
Friday	10	14,420
Saturday	10	14,790
Sunday	10	13,923
Total	(max) 10	106,134

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

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Syndromic indicators at a glance

Data summary

Indicators by syndrome:

Total syndromic calls

Breathing problems

Heat/cold exposure

Falls/ back injuries - traumatic

Cardiac/ respiratory arrest

Chest pain

Overdose/ ingestion/ poisoning

Unconscious/ passing out

Introduction to charts

Notes and further information

Acknowledgements

#### Data summary:

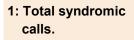
Daily total syndromic counts and number of English ambulance trusts for which data is included in this bulletin.

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## **Ambulance**

Year: 2020





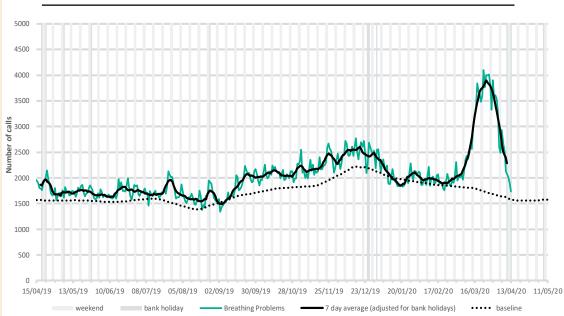
15 April 2020

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



#### 2: Breathing problems.

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



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\* 7-day moving average adjusted for bank holidays.



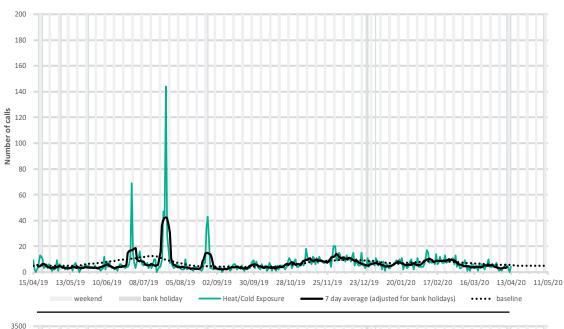
#### 15 April 2020

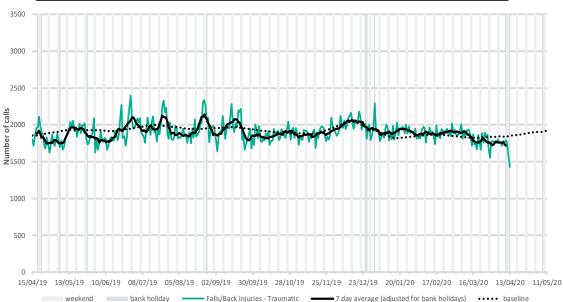
#### 3: Heat/cold exposure.

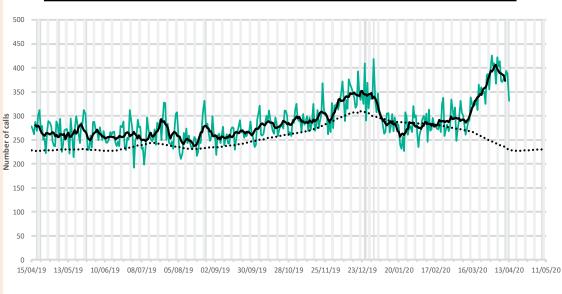
Daily number of calls related to 'heat/ cold exposure, England.

## 4: Falls/ back injury - traumatic.

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







Cardiac/Respiratory Arrest

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## 5: Cardiac/respiratory arrest.

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

\* 7-day moving average adjusted for bank holidays.

weekend

bank holiday

## Ambulance

Week:

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Year: 2020

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7 day average (adjusted for bank holidays)

••••• baseline

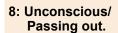
#### 15 April 2020

#### 6: Chest pain.

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

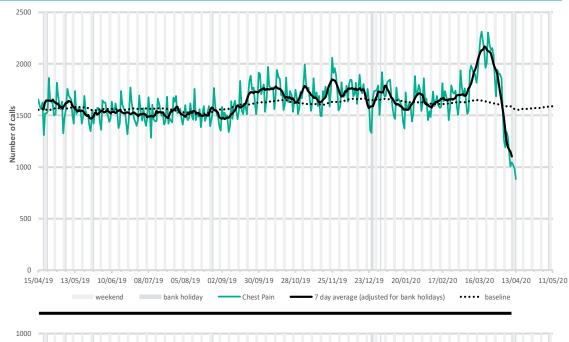
#### 7: Overdose/ ingestion/ poisoning.

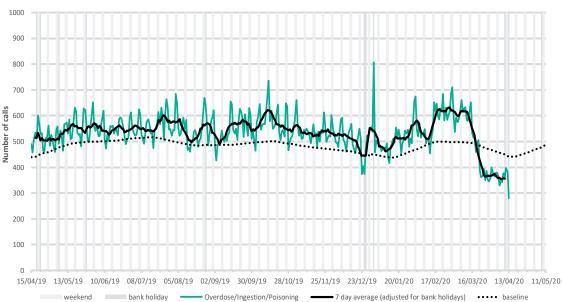
Daily number of calls related to 'overdose/ ingestion/ poisoning', England.

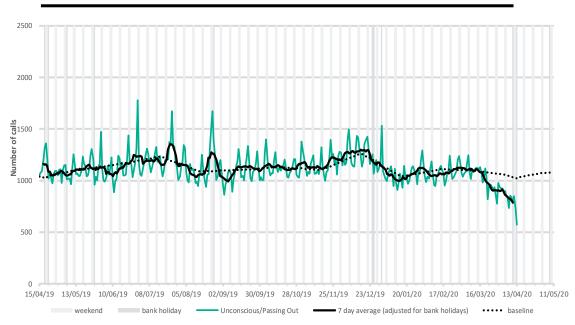


Daily number of calls related to 'unconscious', England.

\* 7-day moving average adjusted for bank holidays.







## Ambulance

Week:

15

Year: 2020

## Ambulance

England	
15 April 2020	Year: 2020 Week: 15
Introduction to charts:	<ul> <li>A 7-day moving average (adjusted for bank holidays) is overlaid on the daily data reported in each chart, unless specified.</li> <li>Baselines have been constructed using historical data since 1 January 2018.</li> <li>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 or 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</li> </ul>
Notes and further information:	<ul> <li>Coverage:</li> <li>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.</li> <li>Some indicators are not routinely presented in this report.</li> <li>Total syndromic calls is lower than the total number of calls received by ambulance trusts.</li> <li>Description of included NASS indicators:</li> <li>Breathing Problems: persons finding it difficult to breathe.</li> <li>Heat/Cold Exposure: heat or cold exposure.</li> <li>Falls/Back Injuries - traumatic: persons falling or having a back injury.</li> <li>Cardiac/Respiratory Arrest: persons who have stopped or have ineffective breathing or/and no pulse.</li> <li>Chest Pain: persons experiencing chest pain or chest discomfort.</li> <li>Overdose/Ingestion/Poisoning: overdoses, ingestion of a substance or poisoning.</li> <li>Unconscious/Passing out: persons who are unconscious, not alert or fainting.</li> </ul>
Acknowledgements: Contact ReSST: syndromic.surveillance	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. National Ambulance Syndromic Surveillance System Bulletin.
@phe.gov.uk	<b>Produced by:</b> PHE Real-time Syndromic Surveillance Team 1 <sup>st</sup> Floor, 5 St Philips Place, Birmingham, B3 2PW <b>Tel:</b> 0344 225 3560 > Option 4 > Option 2