



29 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: 17**

## Summary.

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### Reporting week: 20 April to 26 April 2020.

During week 17, community-based respiratory indicators decreased, or remained stable across all syndromic surveillance systems.

Please note: 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:

During week 17 there were further increases in calls for eye problems, in line with the tree pollen season and the recent warm weather (figure 9).

[Access bulletin](#)

#### GP In Hours:

During week 17, GP consultation rates for all respiratory indicators decreased or remained stable.

[Access bulletin](#)

A new COVID-19 Care Pathway template has been introduced into GP systems that has affected recording of influenza-like illness (ILI), resulting in an increase in the consultation rate for ILI (figures 2a-c).

#### GP Out of Hours:

During week 17, there were further decreases in GP out-of-hours consultations for acute respiratory infection, influenza-like illness and difficulty breathing/wheeze/asthma (figures 2, 3 & 5). Influenza like illness and difficulty breathing/wheeze/asthma contacts remain above baseline levels (figures 3 & 5).

[Access bulletin](#)

#### Emergency Department:

During week 17 the number of ED attendances for acute respiratory infections continued to decrease, however pneumonia attendances remained stable (figures 5 & 8). Attendances for both ARI and pneumonia remained highest in the 65+ years age group (figures 5a & 8a).

[Access bulletin](#)

During week 17 the total number of ED attendances in EDSSS increased (figure 1), with increases also observed in gastrointestinal and cardiac attendances (figures 10 & 12).

#### Ambulance:

During week 17 ambulance calls for breathing problems decreased further, and are now at baseline levels.

[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.*

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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>