



06 May 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: 18

Summary.

[Subscribe to the weekly syndromic surveillance email](#)

Reporting week: 27 April to 3 May 2020.

During week 18, community-based respiratory indicators, including 'COVID-19-like' indicators, decreased or remained stable across all syndromic surveillance systems.

Please see the 'notes and caveats' sections in each individual syndromic surveillance bulletin for information about 'COVID-19-like' syndromic indicators, including important caveats around the interpretation of these indicators.

Remote Health Advice:

During week 18, NHS 111 'potential COVID-19' telephone calls remained stable nationally and across all age groups and PHE Centres (figures 2a - c). NHS 111 'potential COVID-19' completed online assessments also remained stable (figure 3).

[Access bulletin](#)

NHS 111 calls for vomiting increased (figure 10), and eye problems also continued to increase, in line with the tree pollen season (figure 11).

GP In Hours:

During week 18, COVID-19-like GP consultations remained stable; rates continue to be highest in the 75+ years age group (figures 1 & 1a). All other respiratory indicators decreased or remained stable.

[Access bulletin](#)

Please note: 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 18, GP out-of-hours consultations for acute respiratory infection, influenza-like illness and difficulty breathing/wheeze/asthma continued to decrease (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 18 the number of ED COVID-19-like attendances decreased with levels highest in the 65+ years age group (figures 3 & 3a).

[Access bulletin](#)

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

Ambulance:

During week 18, COVID-19-like ambulance calls remained stable (figure 2). Calls for breathing problems decreased further, and are now at baseline levels (figure 4).

[Access bulletin](#)

06 May 2020

- 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.
-

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.
-

PHE Real-time Syndromic Surveillance Team.

Public Health England, 1st 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>