

Emergency Department

Syndromic Surveillance System: England

05 May 2020

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Year: 2020 Week: 18

Key messages

Data to: 03 May 2020

During week 18 the number of ED COVID-19-like attendances decreased with levels highest in the 65+ years age group (figures 3 & 3a).

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).

Please see 'notes and caveats' for information about the COVID-19-like ED syndromic indicator including important caveats around the interpretation of this indicator.

Diagnostic indicators at a glance:

Further details on the syndromic indicators reported can be found on page 9.

Indicator	Current trend	Level
COVID-19-like	decreasing	-
Respiratory	no trend	below
Acute Respiratory Infection	decreasing	below
Bronchiolitis	no trend	below
Influenza-like Illness	no trend	similar
Pneumonia	no trend	below
Asthma	no trend	below
Gastrointestinal	increasing	below
Gastroenteritis	no trend	below
Cardiac	increasing	similar
Myocardial Ischaemia	increasing	similar

Date	Total	Diagnoses Coded		Type 1 EDs
Date	Attendances	Number	%	Included
27/04/2020	13,009	9,628	74.0%	80
28/04/2020	11,256	8,435	74.9%	80
29/04/2020	11,415	8,567	75.1%	80
30/04/2020	11,370	8,569	75.4%	80
01/05/2020	11,948	8,658	72.5%	80
02/05/2020	11,807	8,690	73.6%	80
03/05/2020	11,406	8,449	74.1%	80
Total	82,211	60,996	74.2%	(max)* 80

EDSSS weekly report statistics

Only Type 1 EDs meeting the weekly reporting criteria are included (see page 6 for details).

*max EDs included across full time period reported in charts, individual days may include fewer EDs.

1: Total attendances.

Daily number of total attendances recorded, across the EDSSS network.

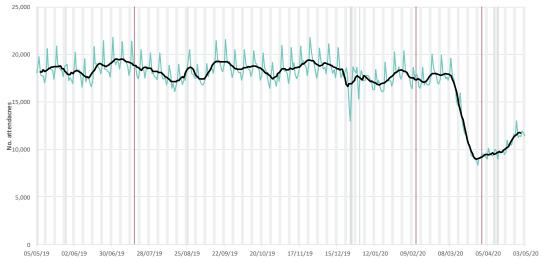
The entry of new ED(s) is marked by a vertical **red** line (see page 6 for inclusion criteria).

2a: Daily attendances by age: Numbers.

Daily number of total attendances, by age group, recorded across the EDSSS network.

2b: Daily attendances by age: Percentages

Daily percentage of total attendances by age group, recorded across the EDSSS network.



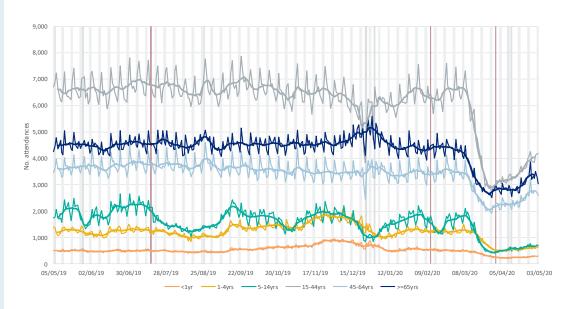
Entry of new ED(s)

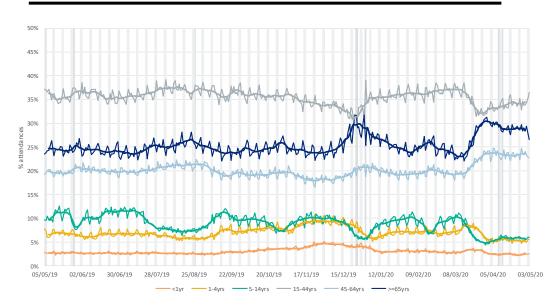
Total Attended

7 day moving average

Bank holiday

Weekend

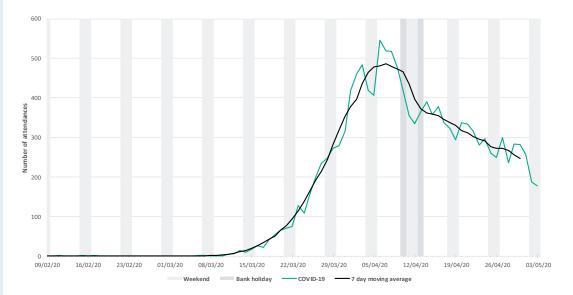




EDSSS

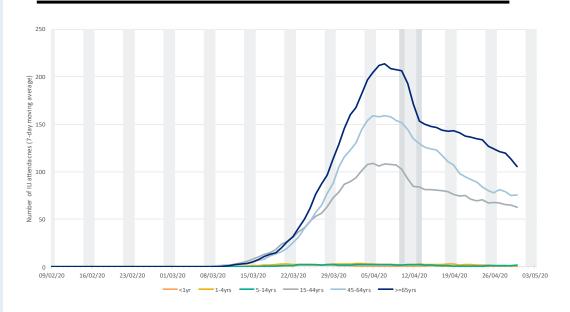
3: COVID-19-like.

Daily number of attendances recorded as COVID-19-like attendances across the EDSSS network.



3a: COVID-19-like by age group.

7 day moving average of COVID-19-like attendances within each age group.



EDSSS

EDSSS

Year: 2020 Week: 18

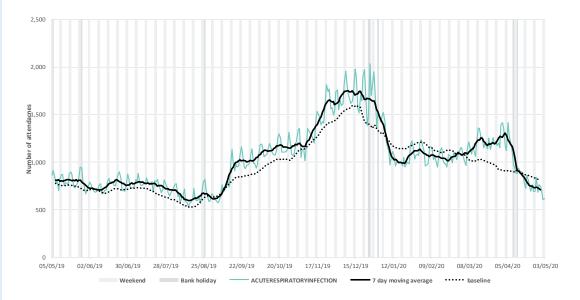
4: Respiratory.

Daily number of attendances recorded as respiratory attendances across the EDSSS network.



Daily percentage of all attendances recorded as acute respiratory infection attendances across the EDSSS network.







5a: Acute Respiratory Infection by age group.

7 day moving average of ARI attendances within each age group.

EDSSS

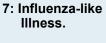
Year: 2020 Week: 18

6: Bronchiolitis/ bronchitis.

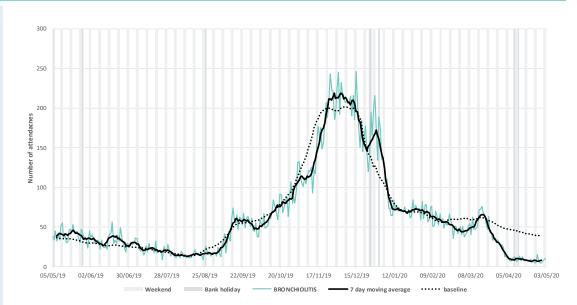
Daily number of attendances recorded as bronchiolitis/ acute bronchitis attendances across the EDSSS network.

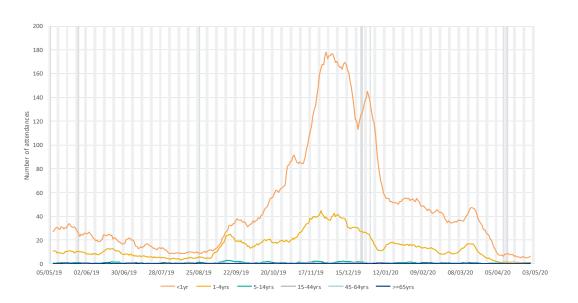


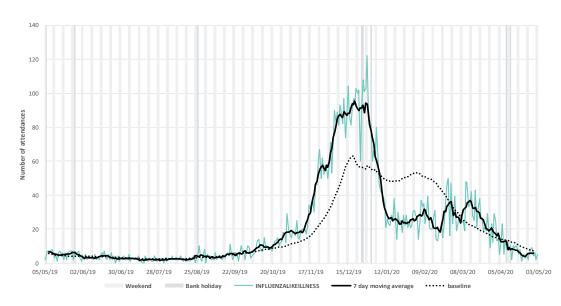
7 day moving average of bronchiolitis/ bronchitis attendances within each age group.



Daily number of attendances recorded as influenza-like illness attendances across the EDSSS network.



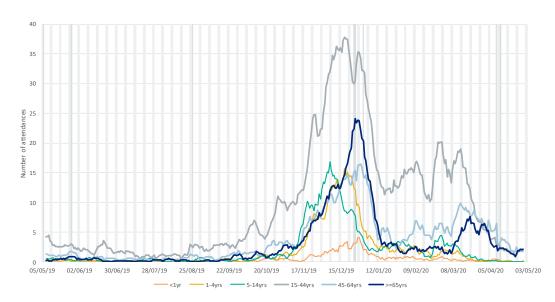






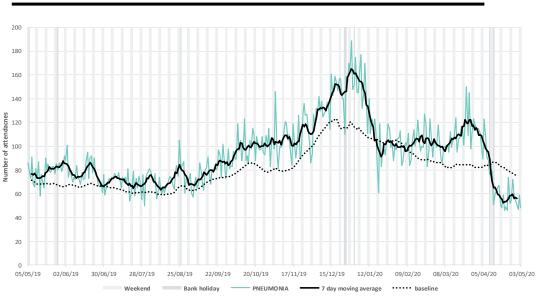
7a: Influenza-like illness by age group

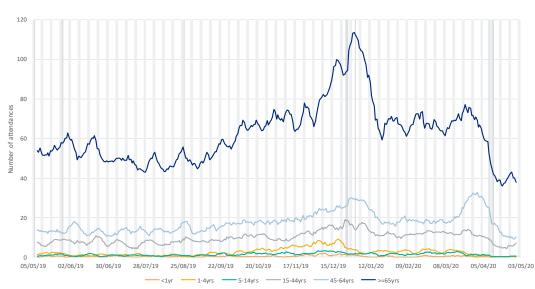
7 day moving average of ILI attendances within each age group.



8: Pneumonia.

Daily number of attendances recorded as pneumonia attendances across the EDSSS network.





8a: Pneumonia by age group.

7 day moving average of pneumonia attendances within each age group.

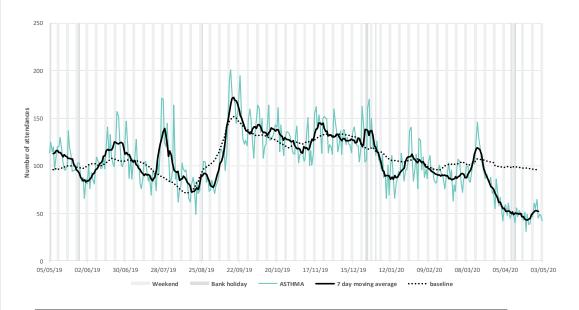
EDSSS

EDSSS

Year: 2020 Week: 18

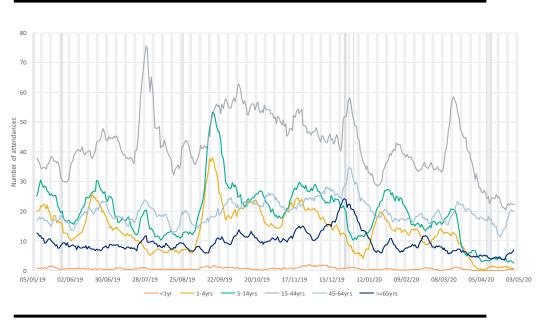
9: Asthma.

Daily number of attendances recorded as asthma/wheeze/ difficulty breathing attendances across the EDSSS network.



9a: Asthma by age group.

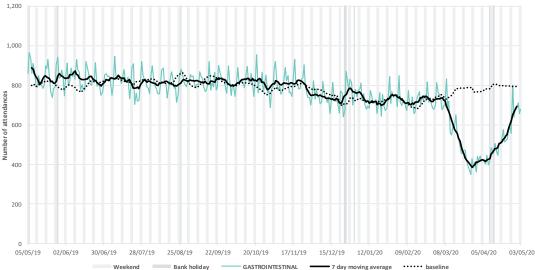
7 day moving average of asthma attendances within each age group.



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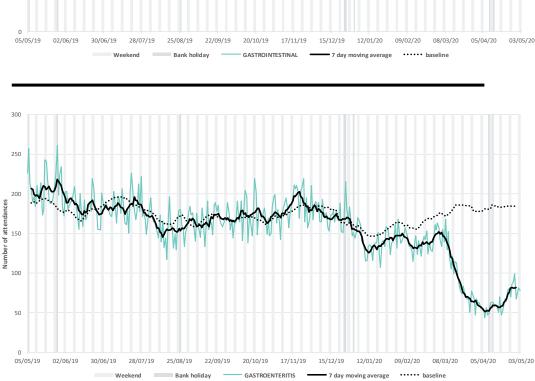
10: Gastrointestinal.

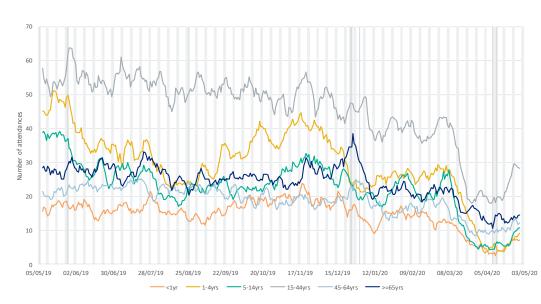
Daily number of attendances recorded as gastrointestinal attendances across the EDSSS network.



11: Gastroenteritis

Daily number of attendances recorded as gastroenteritis attendances across the EDSSS network.





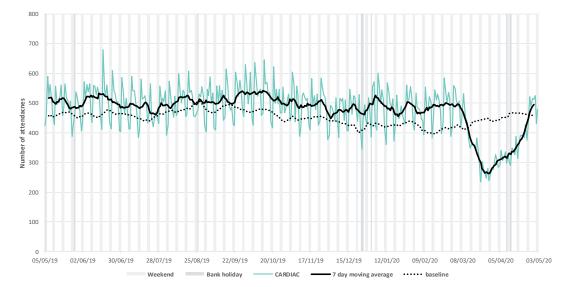
Bank holiday

11a: Gastroenteritis by age group.

7 day moving average of gastroenteritis attendances within each age group.

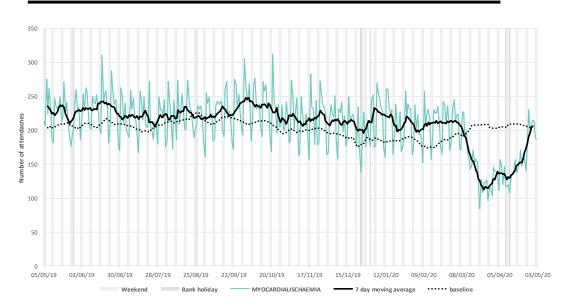
12: Cardiac.

Daily number of attendances recorded as cardiac attendances across the EDSSS network.



13: Myocardial Ischaemia.

Daily number of attendances recorded as myocardial ischaemia attendances across the EDSSS network.



EDSSS

05 May 2020	Year: 2020 Week: 18
Notes and caveats:	National EDSSS began operating in April 2018. Following the introduction of the Emergency Care Data Set (ECDS) the national reporting of secondary care activity data through the commissioning data sets mechanism from EDs to NHS Digital became a daily feed:
	https://www.england.nhs.uk/ourwork/tsd/ec-data-set/
	► EDSSS receives an automated daily transfer of anonymised ED data from NHS Digital
	► The number of EDs reporting through ECDS continues to increase
	Not all EDs currently provide data through ECDS on a daily basis
	EDs are eligible for inclusion in this report only where the EDSSS reporting criteria have been met during the surveillance week reported:
	Data relates to attendances at a type 1 ED Data for 7 of the 7 most recent days was received by PHE Data for those days was received within 2 calendar days of the patient arrival
	Where an ED meets these criteria, all data received from that ED previous to the current surveillance week is included
	EDs eligible for inclusion is likely to change each week, which will in turn affect the historical data inclusion
	Individual EDs will not be identified in syndromic surveillance reporting in these bulletins
	All EDs report diagnoses to EDSSS using SnomedCT codes
	► Not all diagnoses are confirmed
	The syndromic indicators presented in this bulletin are based on the primary diagnosis of each attendance as reported by EDs using SnomedCT codes:
	Respiratory: All respiratory diseases and conditions (infectious and non infectious). Acute Respiratory Infections (ARI): All acute infectious respiratory diseases. Asthma: As indicated by title.
	Bronchiolitis/ bronchitis: As indicated by title (excluding 'chronic'). Influenza-like Illness (ILI): As indicated by title. Pneumonia: As indicated by title.
	COVID-19-like: Coronavirus or Severe Acute Respiratory Syndrome (SARS)
	Gastrointestinal: All gastrointestinal diseases and conditions (infectious and non infectious). Gastroenteritis: All infectious gastrointestinal diseases.
	Cardiac: All cardiac conditions. Myocardial Ischaemia: All ischaemic heart disease.
	► The COVID-19 indicator is an underestimation of number of COVID-19 attendances as it only includes attendances with a COVID-19-like diagnosis as their primary diagnosis.
	► Not all EDs have used a COVID-19-like diagnosis code.
	►The EDSSS COVID-19 indicator should therefore be used to monitor trends in ED attendances and not numbers of COVID-19 cases.
	Baselines represent seasonally expected levels of activity and are constructed from historical data since July 2010. They take into account the change from sentinel EDSSS to National EDSSS and current coverage. Gastroenteritis, diarrhoea and vomiting baselines also account for changes since the introduction of rotavirus vaccine in July 2013. Baselines are refreshed using the latest data on a regular basis.
	Sentinel EDSSS 2010 to March 2018, collected data through a bespoke, voluntary network of EDs across England and Northern Ireland
	Sentinel EDSSS reports be found in bulletins up to and including week 13 2018: <u>https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses</u>
Acknowledgements:	We are grateful to the clinicians in each ED and other staff within each Trust for their continued involvement in the EDSSS.
	We thank the Royal College of Emergency Medicine, NHS Digital and NHS England for their support in the development of national EDSSS, using anonymised data collection from ECDS.
	Emergency Department Syndromic Surveillance System Bulletin.
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Web: https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses 10