



10 June 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: 23

Summary.

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Reporting week: 01 June to 07 June 2020.

During week 23, community-based respiratory indicators, including 'COVID-19-like' indicators, decreased or remained stable across all syndromic surveillance systems. However, there were small increases in emergency department COVID-19-like attendances in the North West.

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:

[Access bulletin](#)

During week 23, NHS 111 'potential COVID-19' telephone calls and completed web assessments remained stable nationally and across all age groups and PHE Centres (figures 2a-c & 3a-c). Other syndromic indicators are now increasing due to changes in the NHS 111 telephony system where callers who are assessed as having probable COVID-19 symptoms are now triaged using standard symptom specific pathways which are included in our routine syndromic indicators.

GP In Hours:

[Access bulletin](#)

During week 23, COVID-19-like GP consultations decreased; rates continue to be highest in the 75+ years age group (figures 1 & 1a). All other respiratory indicators decreased or remained stable, below baseline levels.

Allergic rhinitis and heat/sun stroke consultations remained above baseline during week 23, in line with recent warm weather (figures 21 & 22).

GP Out of Hours:

[Access bulletin](#)

During week 23, GP out-of-hours consultations for difficulty breathing/wheeze/asthma increased across all age groups (figures 5 & 5a). Influenza-like illness consultations decreased but remained above baseline levels (figure 3).

Emergency Department:

[Access bulletin](#)

During week 23 the overall number of ED COVID-19-like attendances remained stable however there were increases noted in the North West (figures 3 & 3b).

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

Ambulance:

[Access bulletin](#)

During week 23, COVID-19-like ambulance calls remained stable (figure 2).

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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.

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.
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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>