Public Health England

Remote Health Advice

Syndromic Surveillance System: England

17 June 2020 Year: 2020 Week: 24

In This Issue:

Key messages

Data to: 14 June 2020

During week 24, NHS 111 'potential COVID-19' telephone calls and completed web assessments continued to be 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.

Please see notes and caveats section for more information about the 'potential

A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance data.
Heat-health watch level (current reporting week): **Level 1: Summer preparedness**
http://www.metoffice.gov.uk/weather/uk/heathealth/

Syndromic indicators at a glance

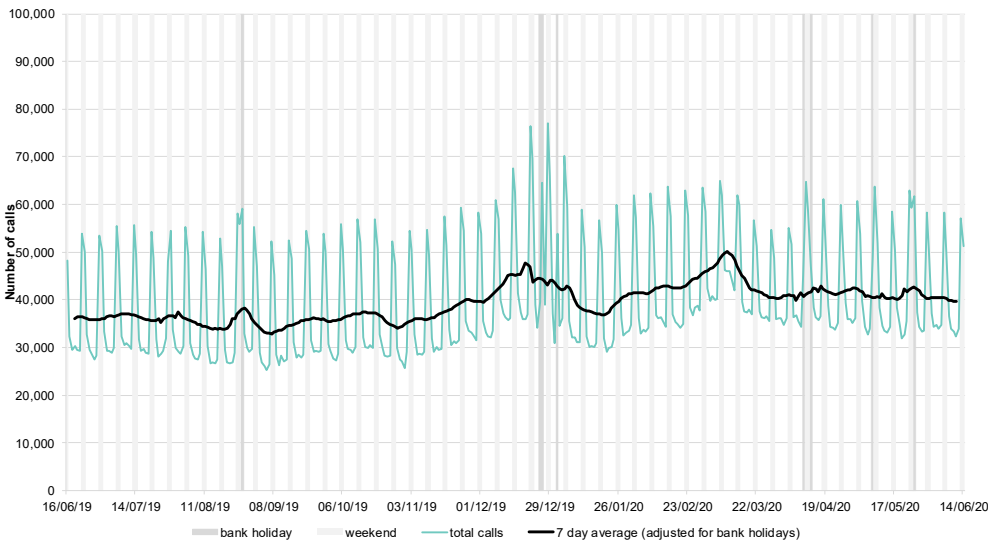
Indicator	Trend*	Level
'Potential COVID-19' calls	no trend	-
'Potential COVID-19' online assessments	no trend	-
Cold/flu	no trend	similar to baseline levels
Fever	increasing	below baseline levels
Cough	no trend	below baseline levels
Difficulty breathing	no trend	below baseline levels
Sore throat	no trend	below baseline levels
Diarrhoea	no trend	below baseline levels
Vomiting	increasing	below baseline levels
Eye problems	no trend	below baseline levels
Heat/sun impact	no trend	similar to baseline levels
Insect bites	no trend	below baseline levels

Data summary:

Year	Week	Total calls
2020	24	278,345

1: Total calls

The total number of syndromic calls recorded each day by NHS 111.



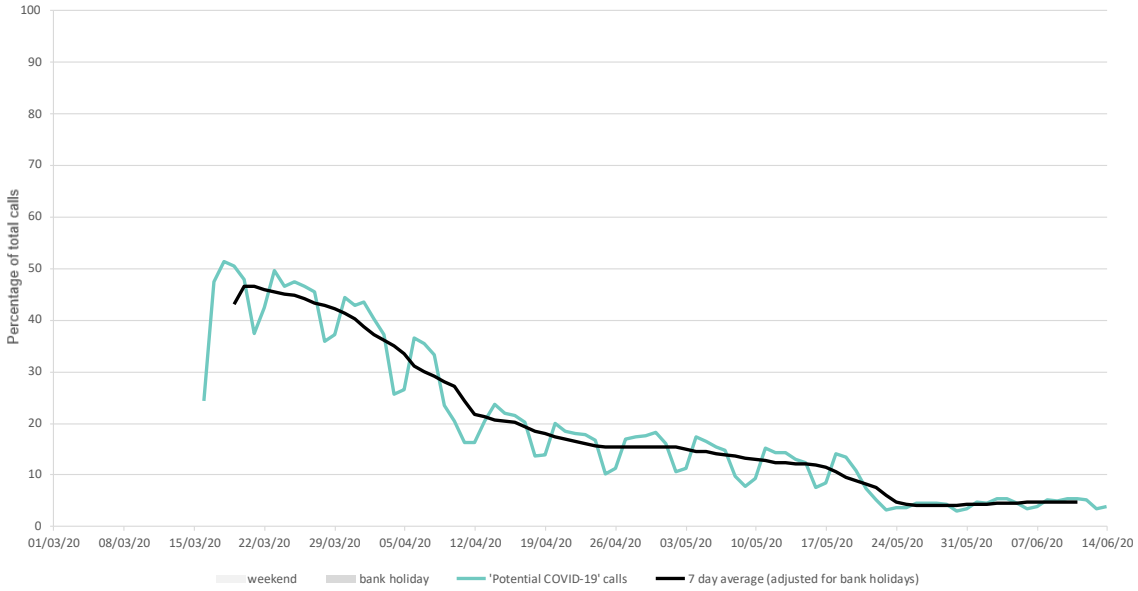
Public Health England

Remote Health Advice

17 June 2020 **Year: 2020** **Week: 24**

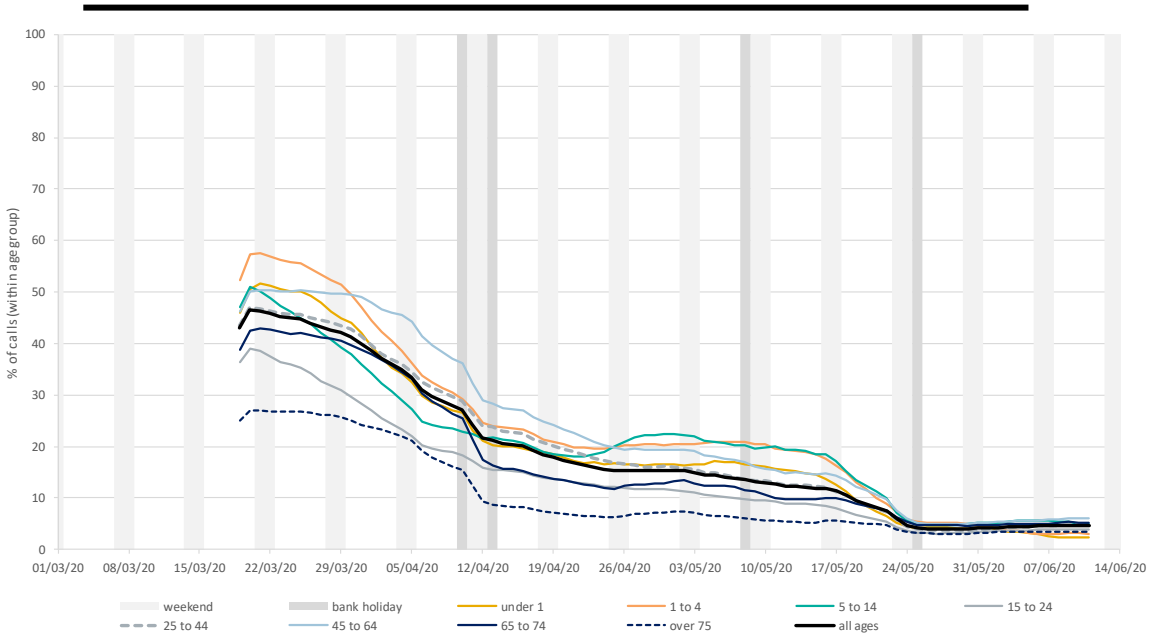
2a: 'Potential COVID-19' calls

Daily calls, as a percentage of all calls (and 7-day moving average*).



2b: 'Potential COVID-19' calls by age group

Daily calls by age group (as a percentage of total calls within each age group, shown as a 7-day moving average*).



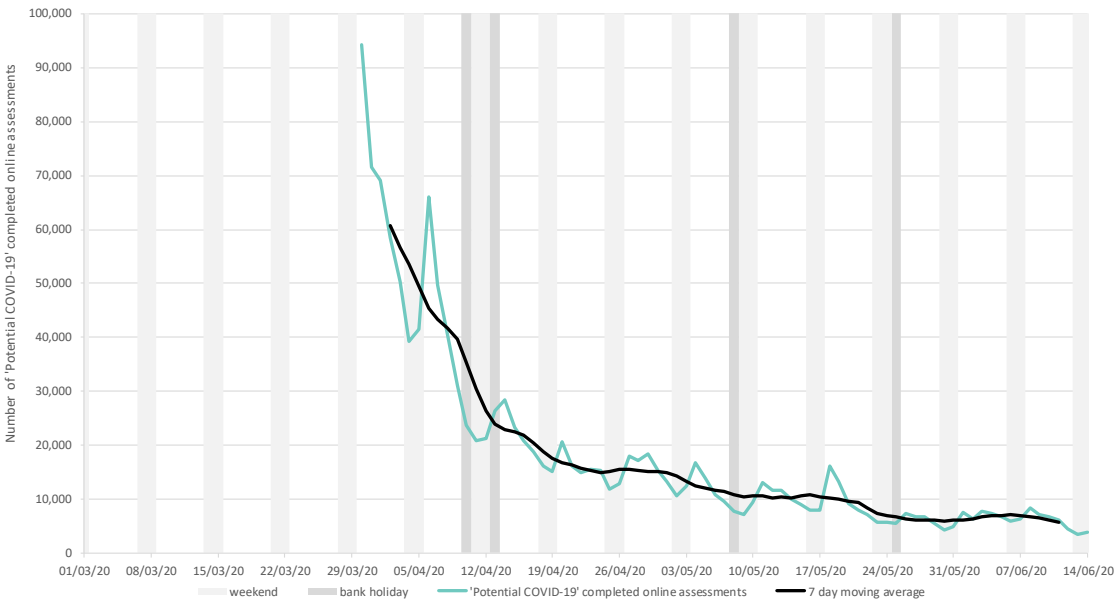
2c: 'Potential COVID-19' calls by PHE Centre

Daily calls, by PHE Centre (as a percentage of total calls within each PHEC, shown as a 7day moving average*).

*7-day moving average adjusted for bank holidays.

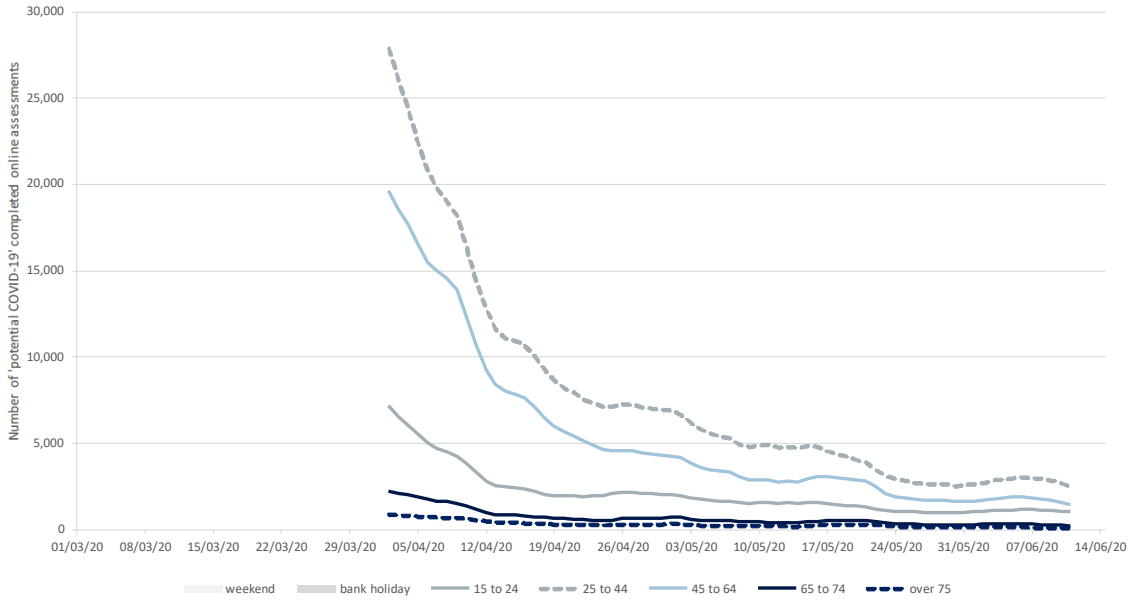
3a: 'Potential COVID-19' completed online assessments

Number of completed NHS 111 Online assessments which have a 'potential COVID -19' final disposition (and 7-day moving average*).



3b: 'Potential COVID-19' completed online assessments by age group

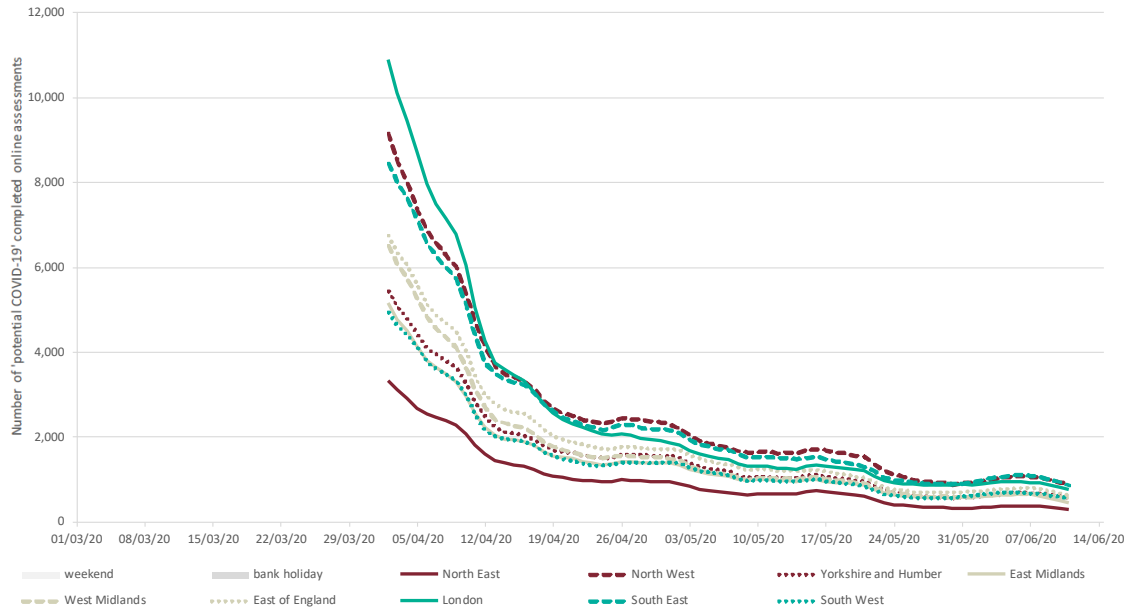
Number of completed NHS 111 Online assessments which have a 'potential COVID -19' final disposition, by age group (as a percentage of total assessments within each age group) for ages 15 years and over, shown as a 7-day moving average*.



3c: 'Potential COVID-19' completed online assessments by PHE Centre

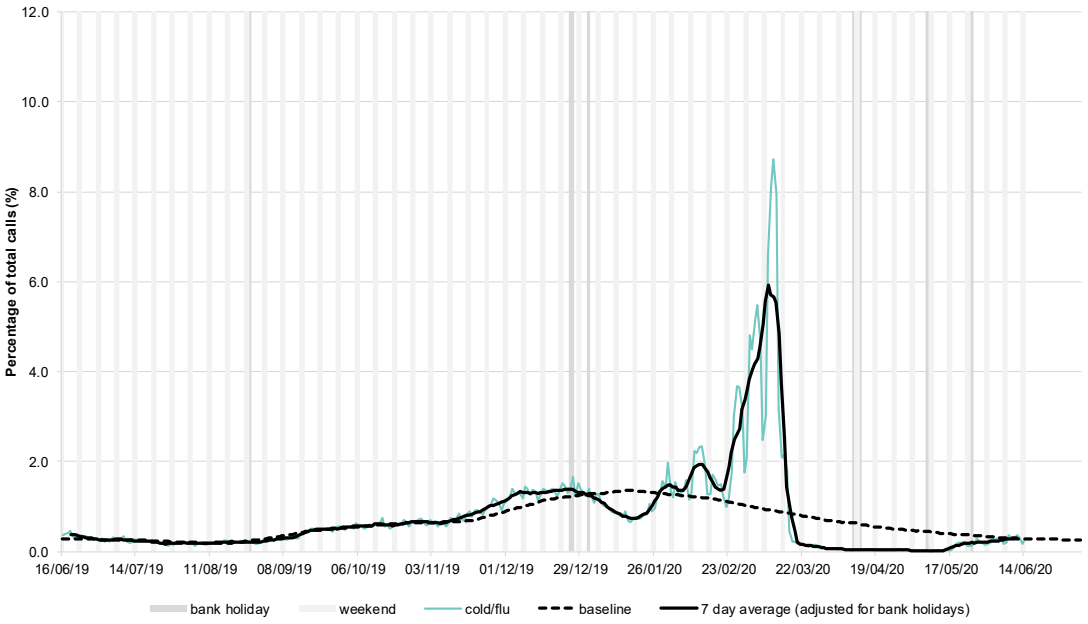
Number of completed NHS 111 Online assessments which have a 'potential COVID -19' final disposition, by PHE Centre (as a percentage of total assessments within each PHEC, shown as a 7-day moving average*).

*7-day moving average adjusted for bank holidays.



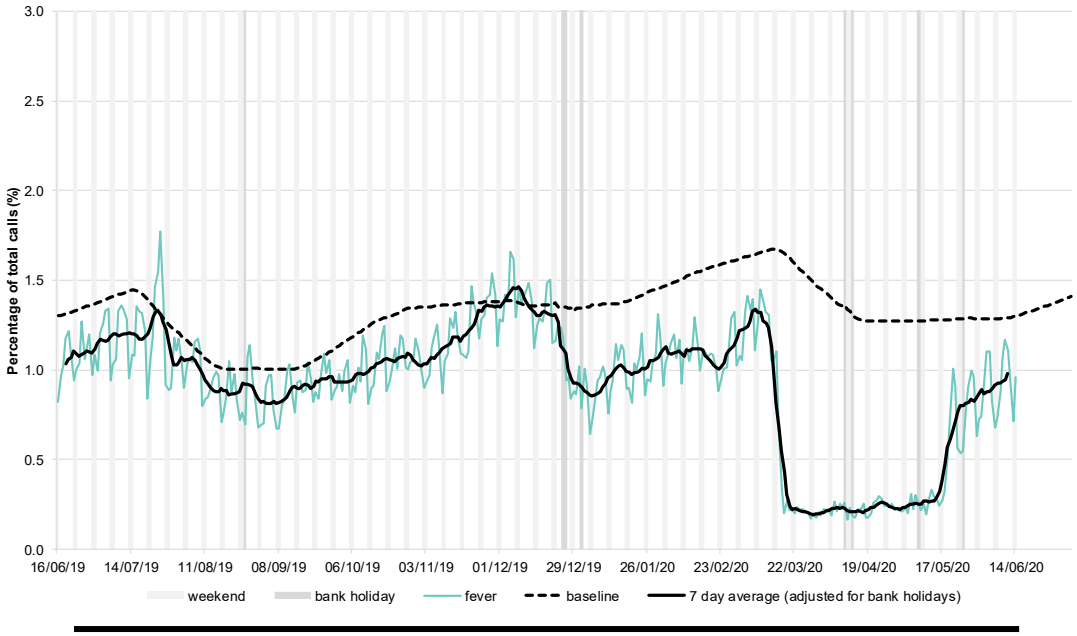
4: Cold/flu

Daily 'cold/flu' calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



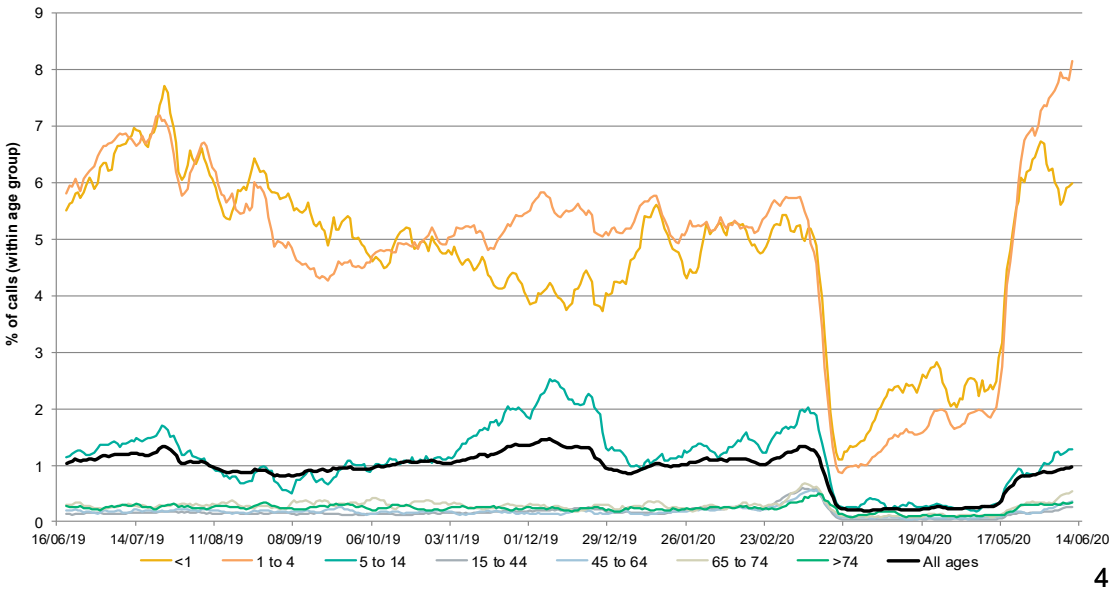
5: Fever

Daily 'fever' calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



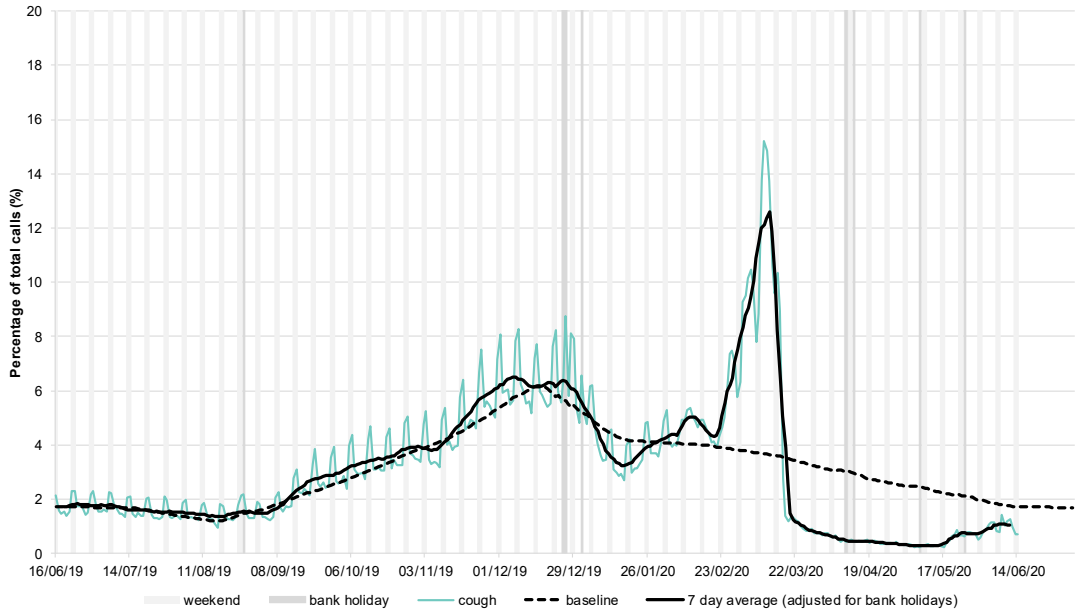
5a: Fever calls by age group

Fever calls as a percentage of total calls within each age group, shown as a 7 day moving average adjusted for bank holidays.



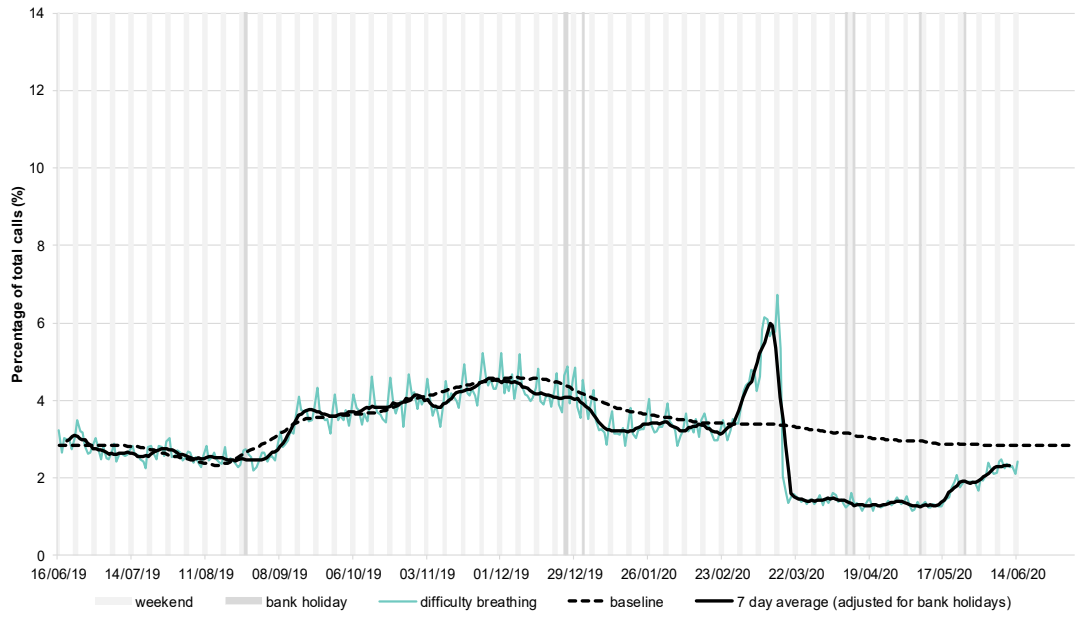
6: Cough

Daily ‘cough’ calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



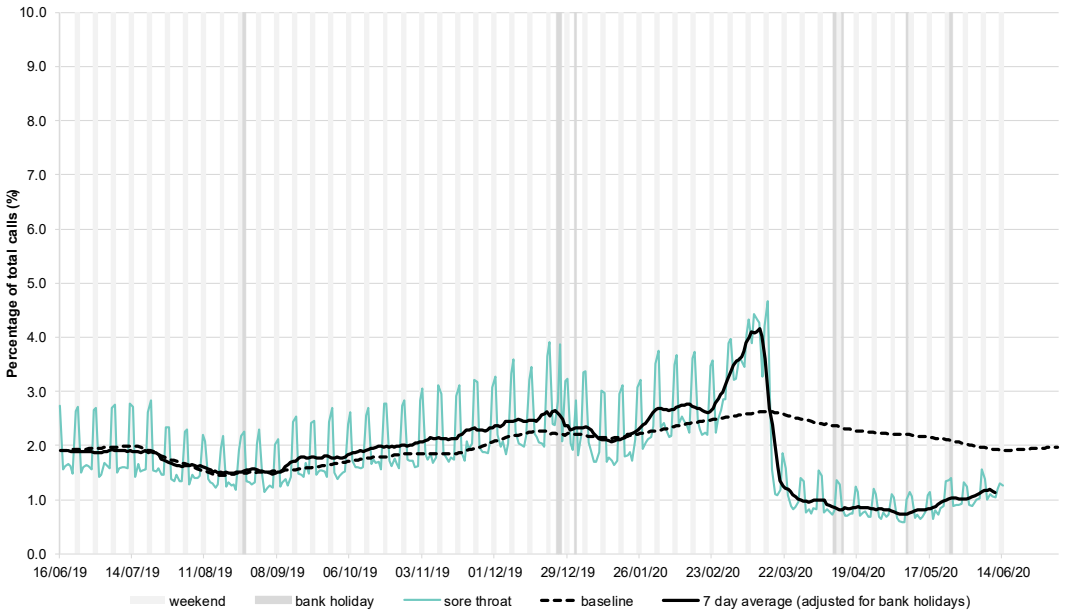
7: Difficulty breathing

Daily ‘difficulty breathing’ calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



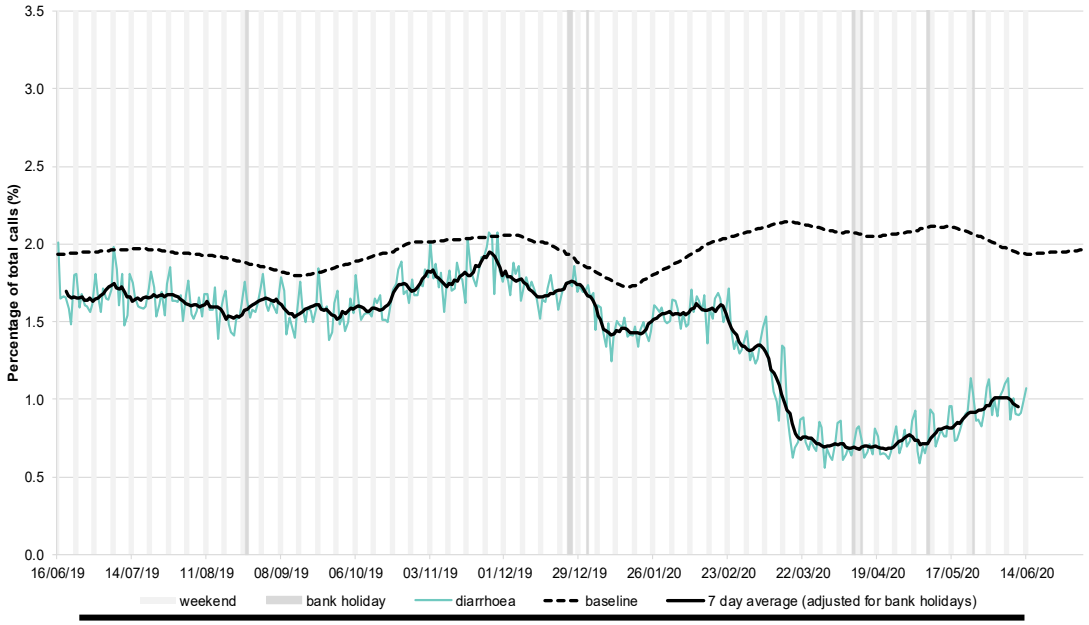
8: Sore throat

Daily ‘sore throat’ calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



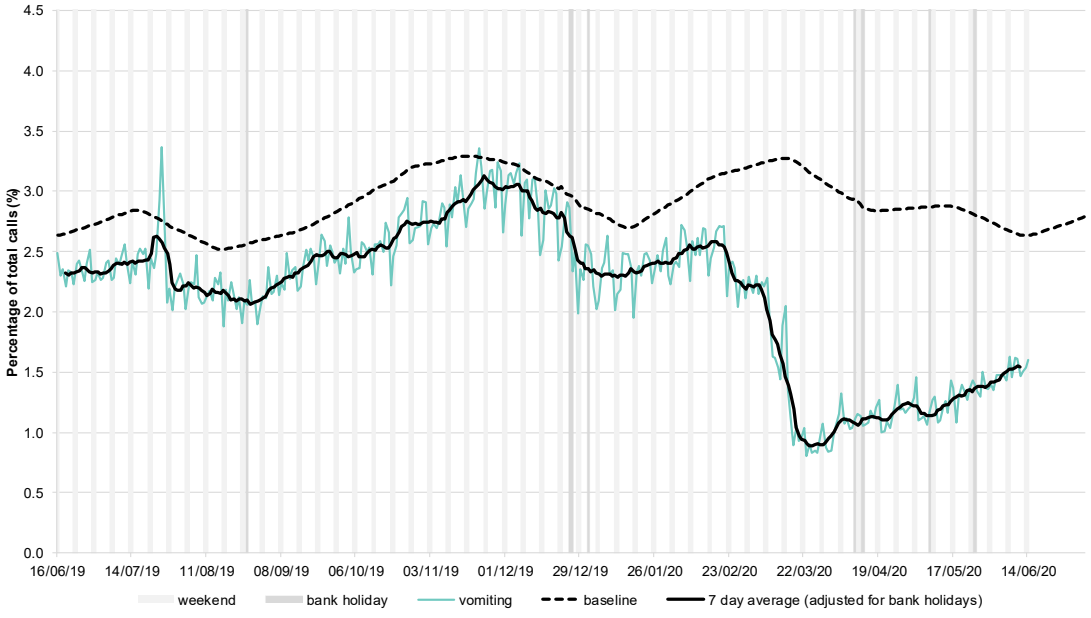
9. Diarrhoea

Daily ‘diarrhoea’ calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



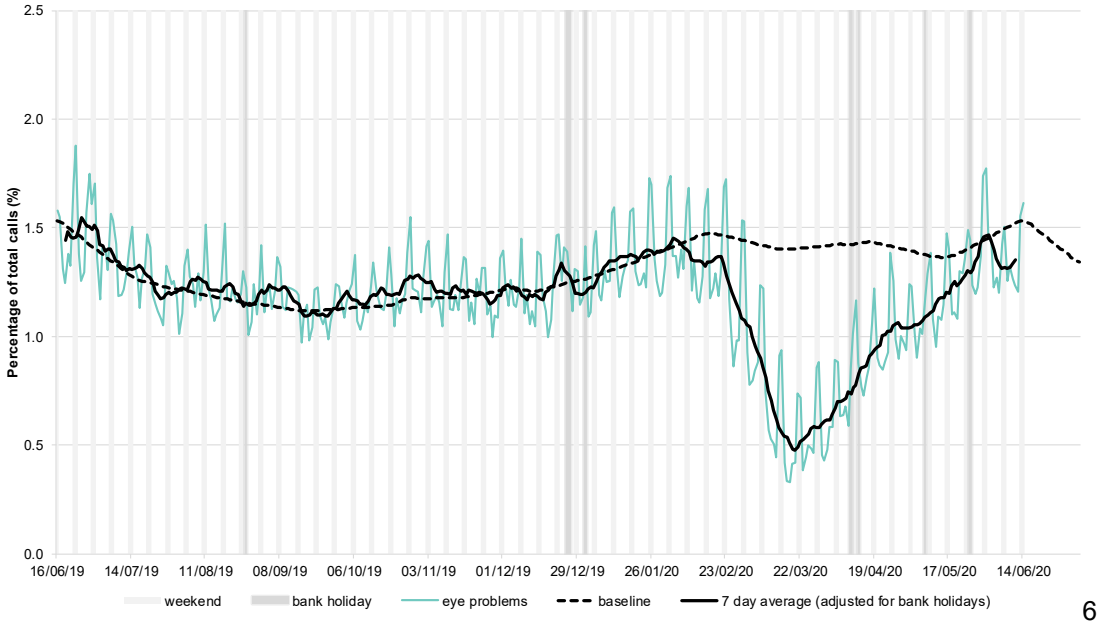
10: Vomiting calls

Daily ‘vomiting’ calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



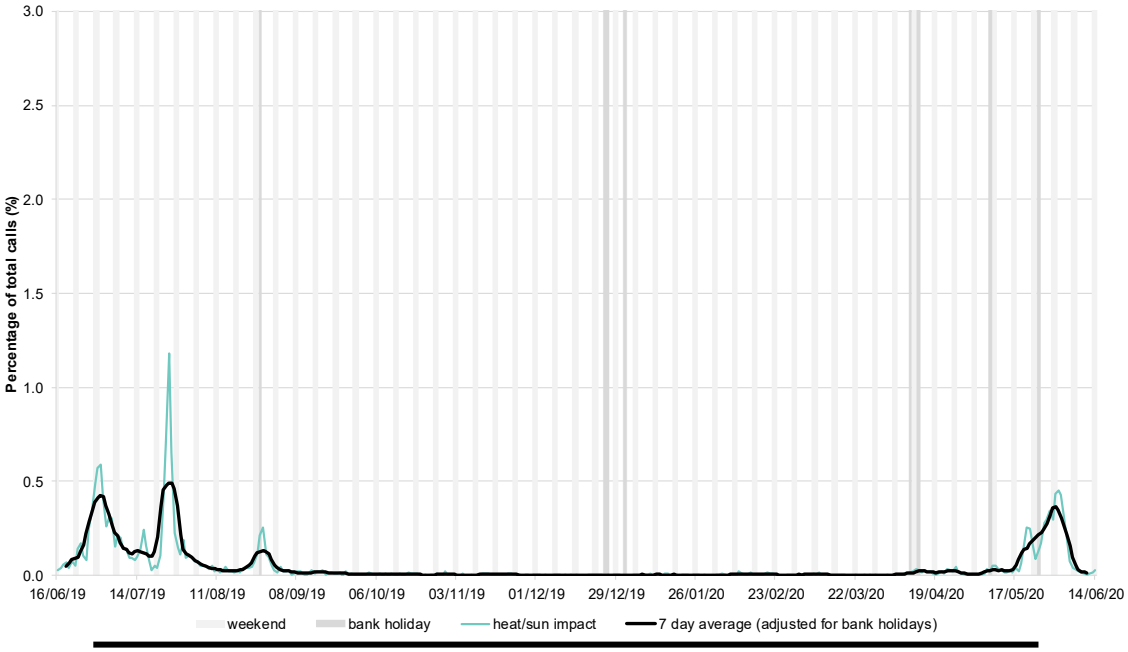
11: Eye problems

Daily ‘eye problems’ calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



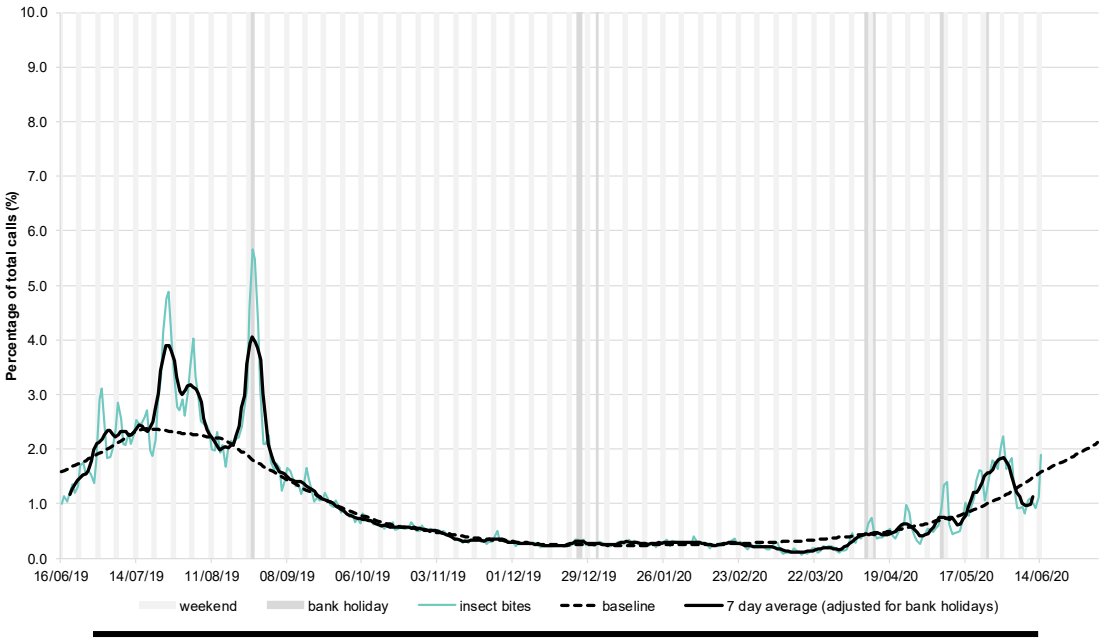
12: Heat/sun impact calls

'Heat/sun impact' calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



13 Insect bites calls

'Insect bites' calls as a percentage of total calls. Baselines are constructed from historical data since 2013.



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Introduction to charts and caveats:

COVID-19 syndromic surveillance data:
During the current COVID-19 pandemic, NHS 111 are triaging 'potential COVID-19' patients using new and evolving telephone and online systems. PHE are working with NHS 111 and NHS England to ensure that syndromic surveillance indicators monitor trends in these calls and online assessments. However, changes within the NHS 111 triaging systems will be reflected in our routine syndromic indicators and 'potential COVID-19' indicators.

An individual may use both the NHS 111 Online and NHS 111 telephony services. Therefore, counts of individuals from the two services cannot be considered as distinct counts of individuals with potential COVID-19 symptoms. All NHS 111 syndromic trends should be interpreted with caution due to current national advice and guidance regarding access to health care services during the COVID-19 pandemic.

NHS 111 'potential COVID-19' call data

- The NHS 111 'potential COVID-19' syndromic indicator may not include all NHS 111 integrated urgent care service calls and therefore should be used to monitor trends in calls rather than numbers.
- The 'Potential COVID-19' syndromic indicator includes NHS 111 calls triaged using COVID-19 Pathways and given a COVID-19 disposition (call outcome). These data are based on potential COVID-19 symptoms reported by callers and are not based on outcomes of tests for coronavirus. Prior to 11 May 2020 callers with COVID-19-like symptoms were assessed via COVID-19 Pathways. From 11 May 2020 callers who are assessed as having probable COVID-19 symptoms will be triaged in symptom specific pathways which are included in our routine syndromic indicators.

NHS 111 'potential COVID-19' completed online assessment data

- The NHS 111 online data presented in this report are based on 'potential COVID-19' symptoms reported by the public via the NHS 111 Online service or the COVID-19 Response Centre and are not based on outcomes of tests for coronavirus. Any user that launches a COVID-19 online assessment may access the service multiple times and can change their answers and follow multiple journeys through the online system. The data presented are therefore completed online assessments rather than counts of individuals and should be used to monitor trends rather than numbers.
- From 11 June 2020 online users who are assessed as having probable COVID-19 symptoms will be triaged using symptom specific pathways.

Notes on charts

- Weekends and bank holidays are marked by vertical grey lines (bank holidays darker grey). A 7-day moving average (adjusted for bank holidays) is overlaid on the daily data reported in each chart, unless specified.
- Baselines represent seasonally expected levels of activity and are constructed from historical data since September 2013. They take account of any known substantial changes in data collection, population coverage or reporting practices. Baselines are refreshed using the latest data on a regular basis.
- NHS 111 call data are analysed on a daily basis to identify national and regional trends. A statistical algorithm underpins each 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.

Notes and further information:

- Further information about NHS 111 can be found at:
  https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/nhs-111/
- The Remote Health Advice Syndromic Surveillance bulletin can also be downloaded from the PHE Real-time Syndromic Surveillance website which also contains more information about syndromic surveillance:
  https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses

Acknowledgements:

We are grateful to NHS 111 and to NHS Digital for their assistance and support in providing the anonymised data that underpin the Remote Health Advice Syndromic Surveillance System.

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