



23 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: 25

Summary.

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Reporting week: 15 June to 21 June 2020.

During week 25, community-based respiratory indicators, including 'COVID-19-like' indicators, decreased or remained stable across all syndromic surveillance systems.

Short lived spikes in asthma/wheeze/difficulty breathing type indicators during week 25 are likely to have been associated with thunderstorm activity.

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](#)

There was spike in NHS 111 calls for difficulty breathing on 17 June that was particularly noted in children aged 5-14 years (figures 5 & 5a). This coincided with thunderstorm activity and is therefore likely to indicate an increase in thunderstorm asthma cases linked to the storms.

NHS 111 potential COVID-19 calls and online assessments remained stable during week 25 (figures 7 & 16). Other NHS 111 call and online respiratory indicators also remained stable.

GP In Hours:

[Access bulletin](#)

During week 25, 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 remained stable or decreased and are all below baseline levels.

GP Out of Hours:

[Access bulletin](#)

During week 25, Influenza-like illness consultations decreased again and are similar to baseline levels (figure 3).

A spike in difficulty breathing/wheeze/asthma contacts on 16 & 17 June, was particularly observed in children aged 5-14 years (figures 5 & 5a). It is possible that these increases are linked to thunderstorm activity.

Emergency Department:

[Access bulletin](#)

During week 25 the overall number of ED COVID-19-like attendances decreased nationally (figure 3). There was a spike in asthma attendances contacts on 16 & 17 June, particularly in children aged 5-14 and adults 15- 44 years (figures 9 & 9a); possibly linked to thunderstorm activity.

Ambulance:

[Access bulletin](#)

During week 25, COVID-19-like and breathing problems ambulance calls remained stable (figures 2 & 3).

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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.

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>