



13 July 2020

Year: 2020

Week: 28

In This Issue:

- Key messages
- Syndromic indicators at a glance
- Data summary
- Indicators by syndrome:
- Total syndromic calls
- COVID-19-like
- Breathing problems
- Heat/cold exposure
- Falls/ back injuries - traumatic
- Cardiac/ respiratory arrest
- Chest pain
- Overdose/ ingestion/ poisoning
- Unconscious/ passing out
- Introduction to charts
- Notes and further information
- Acknowledgements

Key messages

Data to: 12 July 2020

During week 28, COVID-19-like ambulance calls remained stable (figure 2).

Please see the [notes for information](#) about the COVID-19-like syndromic indicator including important caveats around the interpretation of this indicator.

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 during this period. 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	Calls*	Trend†	Level‡
COVID-19-like	6,855	decreasing	-
Breathing problems	7,871	no trend	below baseline levels
Heat/ cold exposure	18	no trend	below baseline levels
Falls/ back injuries - traumatic	12,705	no trend	below baseline levels
Cardiac			
Cardiac/ respiratory arrest	1,857	no trend	similar to baseline levels
Chest pain	8,244	no trend	below baseline levels
Overdose/ ingestion/ poisoning	3,624	no trend	similar to baseline levels
Unconscious/ passing out	6,771	no trend	below baseline levels

* Number of syndromic calls received by PHE in the reporting week

† Trend is defined as the overall activity over the last few weeks

‡ Current activity in comparison to historical baselines, which have been constructed using data from 1 January 2018

Data summary:

Daily total syndromic counts and number of English ambulance trusts for which data is included in this bulletin.

Day	Trusts*	Week 28
Monday	9	12,452
Tuesday	10	12,610
Wednesday	10	12,747
Thursday	10	12,953
Friday	10	13,311
Saturday	10	12,967
Sunday	10	13,344
Total	(max) 10	90,384

* Ambulance Trusts (England) submitting daily syndromic surveillance data included in report

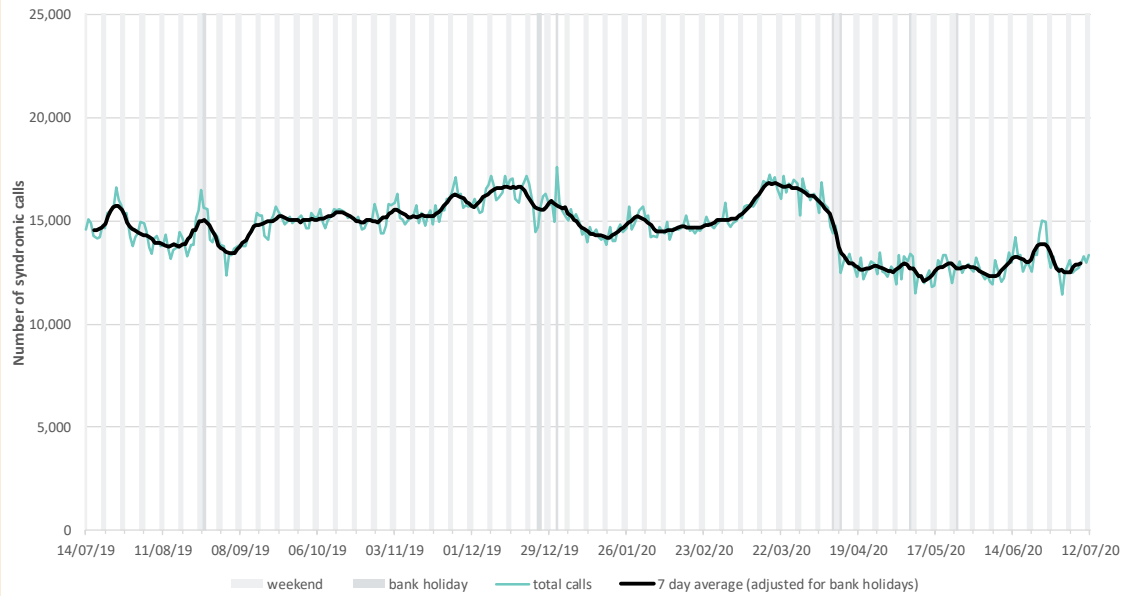
13 July 2020

Year: 2020

Week: 28

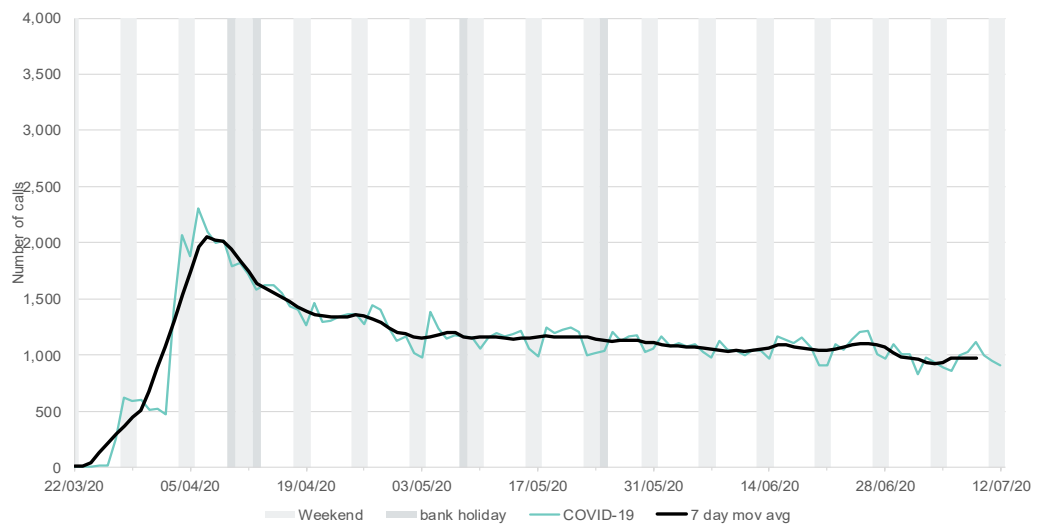
1: Total syndromic calls.

The total number of syndromic calls recorded each day, all ages, England.



2: 'COVID-19-like' calls.

Daily number of calls (and 7-day moving average*) that use the 'pandemic/epidemic/outbreak' chief complaint category, England. This is related to patients reporting COVID-19-like symptoms but is not a count of COVID-19 cases. **Please see the notes section for further information and caveats about this indicator.**



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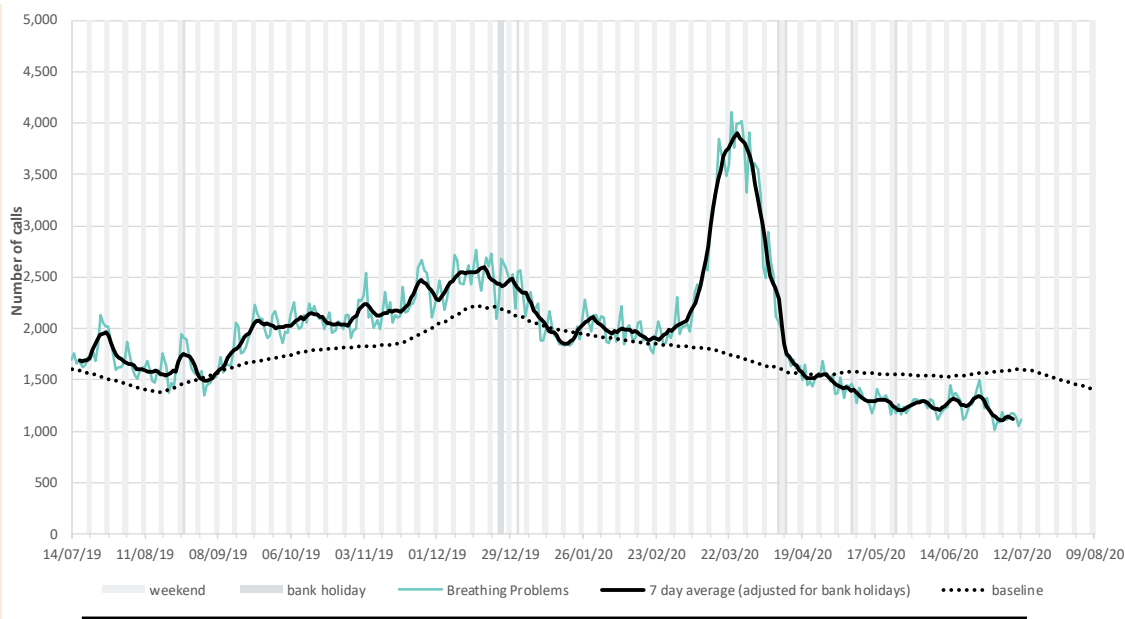
* 7-day moving average adjusted for bank holidays.

13 July 2020

Year: 2020 Week: 28

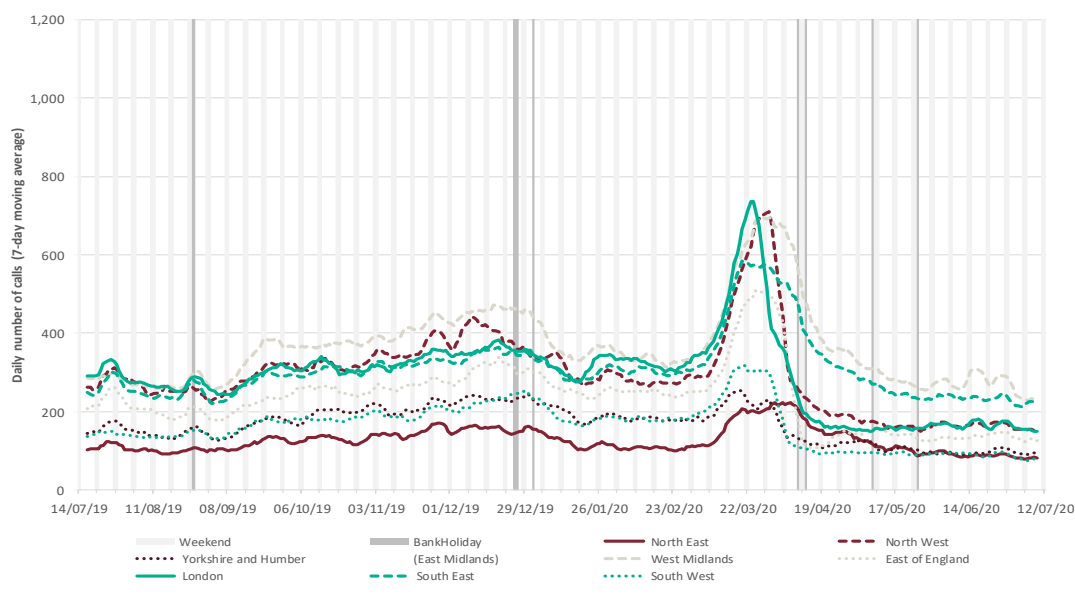
3: Breathing problems.

Daily number of calls related to 'breathing problems', England.



3a: Breathing problems calls by PHE Centre.

Number of daily breathing problems calls by PHE Centre, shown as a 7-day moving average*. Please note: East Midlands is not included as no breathing problems calls are received.



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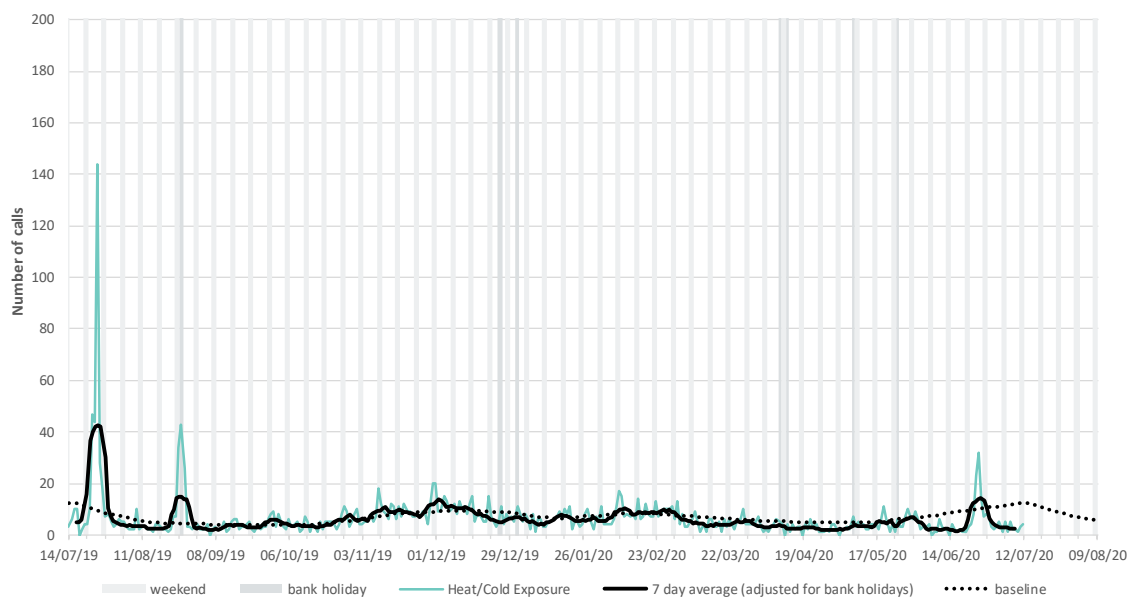
* 7-day moving average adjusted for bank holidays.

13 July 2020

Year: 2020 Week: 28

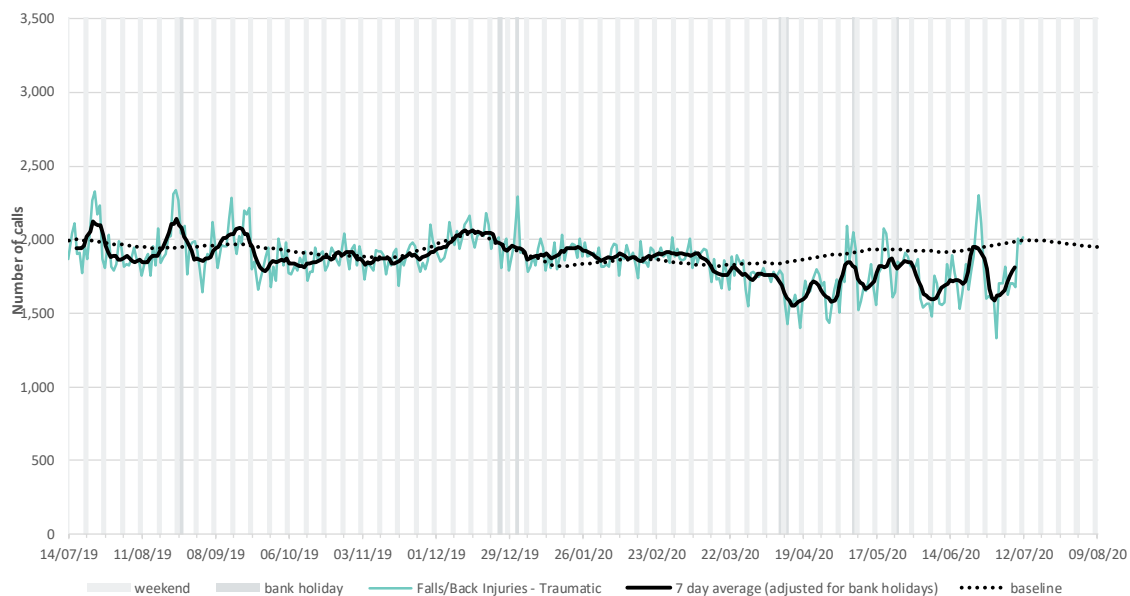
4: Heat/cold exposure.

Daily number of calls related to 'heat/ cold exposure, England.



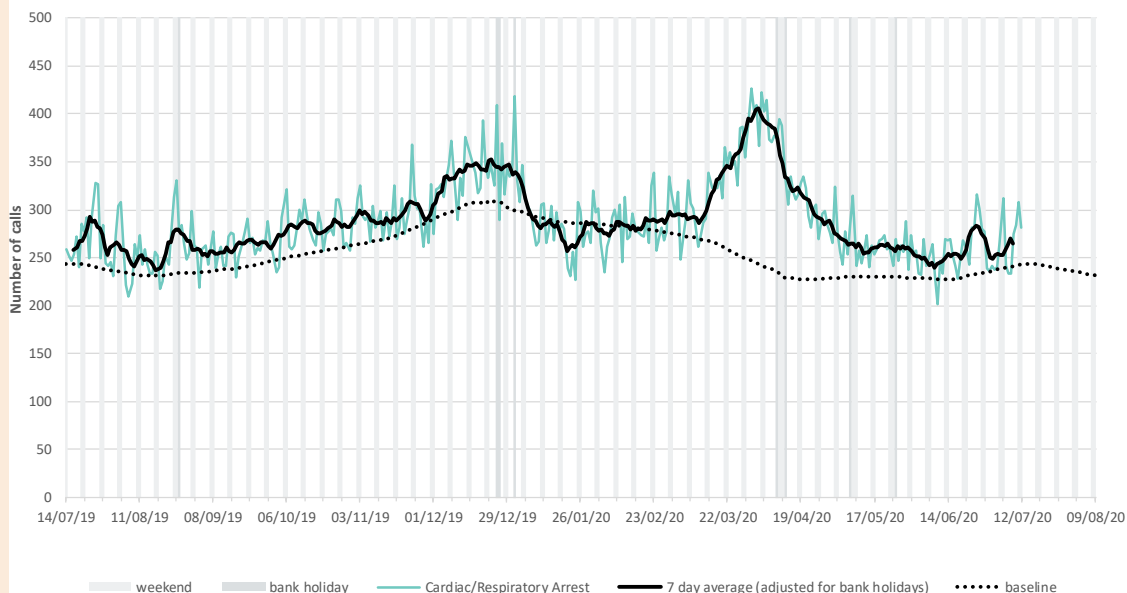
5: Falls/ back injury - traumatic.

Daily number of calls related to 'falls/ back injury - traumatic', England.



6: Cardiac/respiratory arrest.

Daily number of calls related to 'cardiac/ respiratory arrest', England.



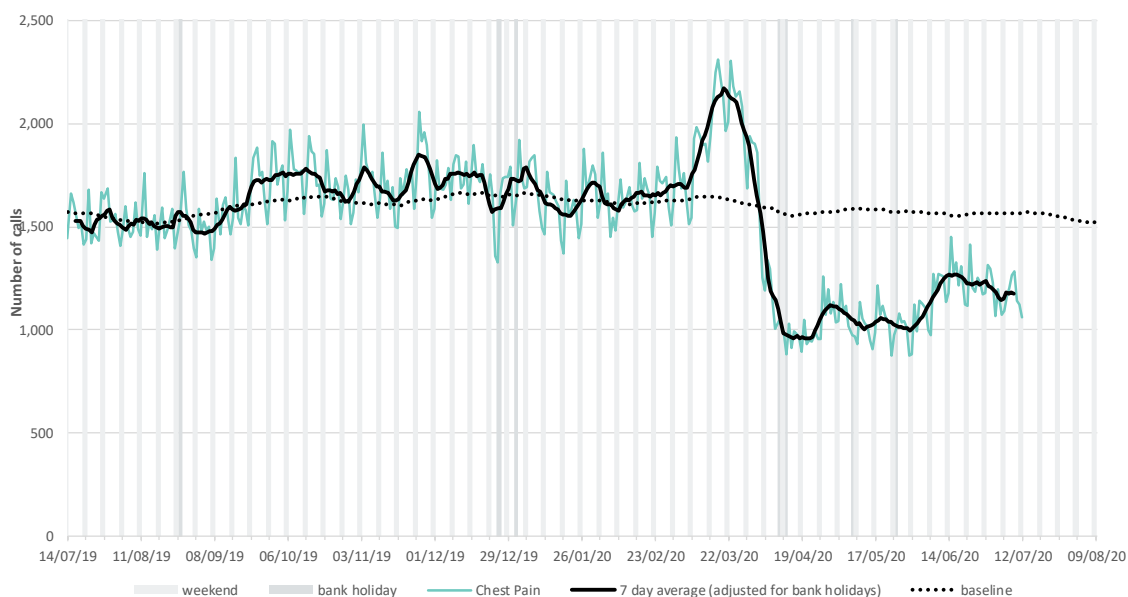
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13 July 2020

Year: 2020 Week: 28

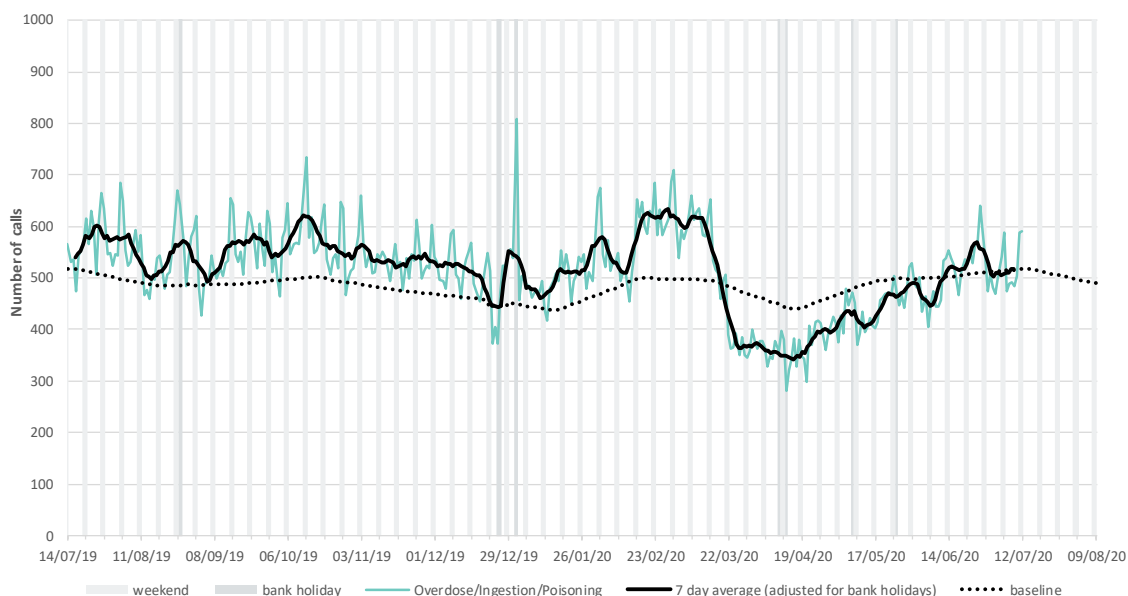
7: Chest pain.

Daily number of calls related to 'chest pain', England.



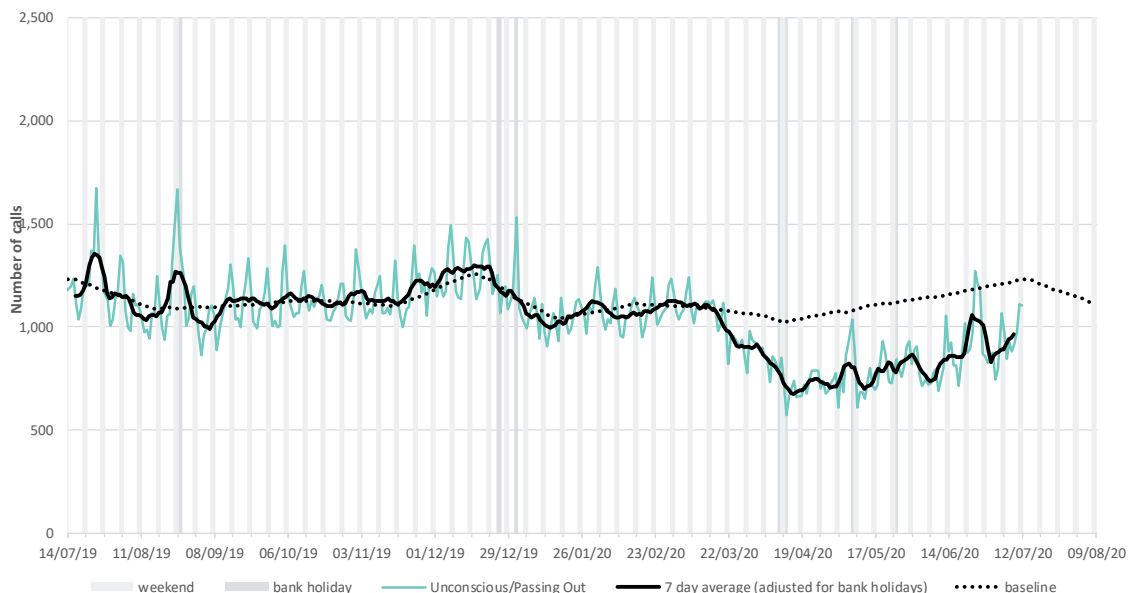
8: Overdose/ingestion/ poisoning.

Daily number of calls related to 'overdose/ ingestion/ poisoning', England.



9: Unconscious/ passing out.

Daily number of calls related to 'unconscious', England.



* 7-day moving average adjusted for bank holidays.

13 July 2020

Year: 2020 Week: 28

COVID-19-like ambulance calls:

- During March 2020 ambulance trusts started using a 'Pandemic/Epidemic/Outbreak' triage card to assess potential COVID-19 patients. Calls using this 'Pandemic' triage are now presented in this bulletin as '**COVID-19-like**' calls.
- When the Pandemic triage was introduced the number of syndromic indicator calls e.g. breathing problems decreased, reflecting the increased use of the pandemic triage.
- Please note that these ambulance calls are not an absolute count of COVID-19 cases assessed by ambulance trusts: not all ambulance trusts use the Pandemic triage card; other chief complaint categories and local codes are also used to triage potential COVID-19 patients.
- **The 'COVID-19-like' call data presented in this bulletin should therefore be used to monitor trends in calls and not numbers.**

Introduction to charts:

- A 7-day moving average (adjusted for bank holidays) is overlaid on the daily data reported in each chart, unless specified.
- Baselines have been constructed using historical data since 1 January 2018.
- National ambulance syndromic surveillance (NASS) call data are analysed by the Real-time Syndromic Surveillance Team (ReSST) on a daily basis to identify national and regional trends. A statistical algorithm underpins each syndromic surveillance 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:

Coverage:

- Total syndromic calls includes all calls where the chief presenting complaint can be mapped to one of the syndromic indicators monitored by Public Health England.
- Some indicators are not routinely presented in this report.
- Total syndromic calls is lower than the total number of calls received by ambulance trusts.

Description of included NASS indicators:

- **Breathing Problems:** persons finding it difficult to breathe.
- **Heat/Cold Exposure:** heat or cold exposure.
- **Falls/Back Injuries - traumatic:** persons falling or having a back injury.
- **Cardiac/Respiratory Arrest:** persons who have stopped or have ineffective breathing or/and no pulse.
- **Chest Pain:** persons experiencing chest pain or chest discomfort.
- **Overdose/Ingestion/Poisoning:** overdoses, ingestion of a substance or poisoning.
- **Unconscious/Passing out:** persons who are unconscious, not alert or fainting.

Acknowledgements:

We would like to thank:

- North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS Ambulance Trusts for submitting anonymised, daily data to the National Ambulance Syndromic Surveillance system.
- The Association of Ambulance Chief Executives for their support in establishing this system.

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Web: <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>