



22 July 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: 29

Summary.

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Reporting week: 13 July to 19 July 2020.

During week 29, community-based respiratory indicators, including 'COVID-19-like' indicators, remained stable across most syndromic surveillance systems.

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:

During week 29 NHS 111 calls and online assessments for potential COVID-19 remained stable (figures 8 & 19). Other respiratory indicators also remained stable. There was a small increase in cold/flu calls (figure 2) and cough calls increased in the 1-4 years age group (figure 4a). Other respiratory indicators also remained stable.

[Access bulletin](#)

GP In Hours:

During week 29, COVID-19-like GP consultations remained stable (figure 1).

[Access bulletin](#)

GP Out of Hours:

During week 29, GP out of hours contacts for respiratory indicators remained stable and at or below seasonally expected levels (figures 2-4).

[Access bulletin](#)

Emergency Department:

During week 29 the overall number of ED COVID-19-like attendances remained stable (figure 3). All other respiratory attendance indicators remained stable.

[Access bulletin](#)

Ambulance:

During week 29, COVID-19-like ambulance calls increased slightly (figure 2).

Breathing problems calls also increased but remain below seasonally expected levels (figure 3).

[Access bulletin](#)

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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>