

## **Syndromic Surveillance Summary:**

Field Service, National Infection Service, Real-time Syndromic Surveillance.

02 September 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: 35

## Summary.

Subscribe to the weekly syndromic surveillance email

### Reporting week: 24 August to 30 August 2020.

During week 35 community-based 'COVID-19-like' indicators remained stable across syndromic surveillance systems. Across a number of syndromic respiratory indicators there were increases noted in children.

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 35, NHS 111 calls and online assessments for cold/flu increased (Figures 2, 2a & 14). Cough and sore throat calls increased but are at levels expected for this time of year (Figures 4 & 7). Increases in several respiratory indicators were particularly observed in children (Figures 2a, 4a, 6a, & 8a).

#### **Access bulletin**

NHS 111 calls and online assessments for potential COVID-19 remained stable during week 35 although there was an increase in calls in the 5-14 years age group (Figures 8, 8a & 19). Online assessments for loss of taste/smell increased slightly (Figure 17).

#### **GP In Hours:**

During week 35, COVID-19-like GP consultations remained stable (figure 1). All other respiratory indicators remained stable and at or below seasonally expected levels.

#### **Access bulletin**

GP Out of Hours:

During week 35, GP out of hours contacts for acute respiratory infection increased slightly (mainly in children aged 1-4 years) but remain below seasonally expected levels (figures 2 & 2a). Difficulty breathing/wheeze/asthma contacts increased in children aged 5-14 years (figure 5a).

#### **Access bulletin**

ED COVID-19-like attendances remained stable in week 35 (figure 3).

# **Emergency Department:**

Access bulletin

#### Ambulance:

COVID-19-like and breathing problems calls were both stable during week 35 (figures 2 & 3).

**Access bulletin** 



## **PHE Syndromic Surveillance Summary**

#### 02 September 2020

- · 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: (<a href="https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses">https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses</a>); 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<sup>®</sup>; University of Oxford; EMIS/EMIS practices; ClinRisk®.
- TPP, ResearchOne and participating SystmOne 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.

#### PHE Real-time Syndromic Surveillance Team.

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