



16 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: 37

Summary.

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Reporting week: 7 September to 13 September 2020.

During week 37 there were further increases in a range of community-based acute respiratory indicators, particularly in children aged less than 15 years old.

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](#)

During week 37, NHS 111 respiratory call indicators continued to increase nationally. Cold/flu, cough, difficulty breathing and sore throat calls all increased, particularly in children (figures 2, 4, 6 & 7). Calls for 'loss of taste or smell' and 'potential COVID-19' both increased with largest increases noted in the 5-14 and 15-44 and 5-14 years groups, respectively (figures 5 & 8).

GP In Hours:

[Access bulletin](#)

Please note: week 37 data contain a lower practice and population denominator due to technical problems with a data provider. The rates presented in this report should therefore be interpreted with some caution.

During week 37, COVID-19-like GP consultations increased (figure 1). Upper respiratory tract infections also increased, particularly in children, but rates remain below seasonally expected levels (figures 2 & 2a).

GP Out of Hours:

[Access bulletin](#)

During week 37, there were increases in GP out of hours respiratory indicators. Contacts for acute respiratory infection increased (but remain below seasonally expected levels) particularly in children aged <15 years (figures 2 & 2a). There were also small increases in influenza-like illness (figure 3) and difficulty breathing/wheeze/asthma (figure 5), again particularly seen in children (figure 3a & 5a).

Emergency Department:

[Access bulletin](#)

Emergency department COVID-19-like attendances increased during week 37 (figure 3). There have also been increases in attendances for acute respiratory infection (ARI) and asthma, particularly in children aged 1-4 and 5-14 years (figures 5, 5a, 9 & 9a). Attendances for bronchitis/bronchiolitis are also increasing in children aged under 5 years, in line with seasonally expected levels (figure 6 & 6a).

Ambulance:

[Access bulletin](#)

COVID-19-like and breathing problems calls both increased during week 37 (figures 2 & 3).

16 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: (<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>