



23 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: 38

Summary.

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Reporting week: 14 September to 20 September 2020.

During week 38 there were some decreases in 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:

During week 38, NHS 111 respiratory call indicators decreased but remain above seasonally expected levels, particularly in children. Similarly, NHS 111 online assessments for cold/flu and cough decreased during week 38 (figures 14 & 16).

[Access bulletin](#)

'Potential COVID-19' and 'loss of taste or smell' calls and online assessments remained stable in week 38, following recent increases (figures 5, 8, 17 & 19).

GP In Hours:

Please note: week 38 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 38, COVID-19-like GP consultations remained stable while rates decreased in children aged 5-14 years (figures 1a & 1b). Upper respiratory tract infections and asthma consultations increased, particularly in children, but rates remain below seasonally expected levels.

[Access bulletin](#)

GP Out of Hours:

During week 38, most GP out of hours respiratory indicators remained stable or decreased slightly. Contacts for bronchitis/bronchiolitis increased (but remain below seasonally expected levels) particularly in children aged <1 year (figures 4 & 4a).

[Access bulletin](#)

Emergency Department:

Emergency department COVID-19-like attendances decreased during week 38. There were also decreases in other respiratory indicators including acute respiratory infection (ARI) and asthma; decreases were observed particularly in children aged 1-4 and 5-14 years. However, attendances for bronchitis/bronchiolitis continue to increase in children aged under 5 years, in line with seasonally expected levels.

[Access bulletin](#)

Ambulance:

COVID-19-like ambulance calls were stable and breathing problems calls decreased slightly during week 38 (figures 2 & 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.

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>