



30 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: 39

Summary.

[Subscribe to the weekly syndromic surveillance email](#)

Reporting week: 21 September to 27 September 2020.

During week 39 there were some further 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:

[Access bulletin](#)

During week 39, NHS 111 calls for cold/flu and cough decreased further, particularly in children, however overall they remain above seasonally expected levels (figures 2 & 4). Similarly, NHS 111 online assessments for cold/flu and cough decreased during week 39 (figures 12 & 14). 'Potential COVID-19' and 'loss of taste or smell' calls and online assessments decreased in week 39 (figures 5, 8, 15 & 17).

GP In Hours:

[Access bulletin](#)

Please note: week 39 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 39, COVID-19-like GP consultations decreased mainly in children aged 5-14 years (figures 1a & 1b). Lower respiratory tract infections increased, but rates remain below seasonally expected levels (figure 6).

GP Out of Hours:

[Access bulletin](#)

During week 39, GP out of hours respiratory indicators either 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).

Emergency Department:

[Access bulletin](#)

Emergency department COVID-19-like attendances were stable during week 39, however there were some small increases in adult age groups and in the North East, North West and West Midlands regions (figure 3). There were decreases in other respiratory indicators including acute respiratory infection (ARI; figure 5). Decreases in ARI were observed particularly in children aged 1-4 and 5-14 years although there were small increases noted in adults aged 45+ years (figure 5a).

Ambulance:

[Access bulletin](#)

During week 39, COVID-19-like and breathing problems ambulance calls both decreased (figures 2 & 3).

30 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.
-

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>