



07 October 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: 40

Summary.

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Reporting week: 28 September to 04 October 2020.

During week 40 emergency department COVID-19-like attendances increased, particularly in adults, though other community indicators remained stable.

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 40, NHS 111 calls for cold/flu continued to decrease, particularly in children, but remain above seasonally expected levels. Cough calls also decreased and are now similar to baseline levels. Similarly, NHS 111 online assessments for cold/flu and cough decreased during week 40. Difficulty breathing calls increased but remain below baseline.

'Potential COVID-19' calls and online assessments continued to decrease in week 40. Loss of taste/smell calls and online assessments also decreased.

GP In Hours:

[Access bulletin](#)

Please note: week 40 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 40 there was a small decrease in COVID-19-like GP consultations nationally, however there were decreases in children (particularly those aged 5-14 years), while adult age groups remain stable. All other GP respiratory indicators remained stable.

GP Out of Hours:

[Access bulletin](#)

During week 40, GP out of hours respiratory indicators either remained stable or decreased slightly. Contacts for difficulty breathing/wheeze/asthma increased (but remain below seasonally expected levels) particularly in children aged 1 to 4 years.

Emergency Department:

[Access bulletin](#)

Emergency department COVID-19-like attendances increased during week 40, particularly in adult age groups and in the North East, Yorkshire and Humber and East Midlands regions.

Attendances for acute respiratory infection (ARI) have stabilised nationally, however decreases have continued in children and young adults (up to 44 years), while older adults increased (45 years and over).

Pneumonia attendances are increasing (particularly in older adults 65+ years), in line with baseline expectations (figure 8).

Ambulance:

[Access bulletin](#)

During week 40, COVID-19-like ambulance calls stabilised.

Ambulance calls for breathing problems increased slightly nationally during week 40, with a continued increase in the North East in particular.

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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>