



14 October 2020

Year: 2020 Week: 41

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## Key messages

Data to: 11 October 2020

During week 41, COVID-19-like ambulance calls increased (figure 2), while calls for breathing problems remained stable (figure 3).

Calls for cardiac/respiratory arrest increased during week 41 (figure 6).

Please see the [notes for information](#) about the COVID-19-like syndromic indicator including important caveats around the interpretation of this indicator.

## Syndromic indicators at a glance:

Indicator	Calls*	Trend†	Level‡
COVID-19-like	10,825	increasing	-
Breathing problems	10,296	no trend	below baseline levels
Heat/ cold exposure	25	no trend	similar to baseline levels
Falls/ back injuries - traumatic	13,277	decreasing	similar to baseline levels
Cardiac	Cardiac/ respiratory arrest	2,150	increasing
	Chest pain	9,640	increasing
Overdose/ ingestion/ poisoning	3,598	no trend	similar to baseline levels
Unconscious/ passing out	6,773	no trend	below baseline levels

\* Number of syndromic calls received by PHE in the reporting week

† Trend is defined as the overall activity over the last few weeks

‡ Current activity in comparison to historical baselines, which have been constructed using data from 1 January 2018

## Data summary:

Daily total syndromic counts and number of English ambulance trusts for which data is included in this bulletin.

Day	Trusts*	Week 41
Monday	10	15,857
Tuesday	10	14,962
Wednesday	10	14,515
Thursday	10	14,945
Friday	10	14,482
Saturday	10	14,324
Sunday	10	14,034
<b>Total</b>	<b>(max) 10</b>	<b>103,119</b>

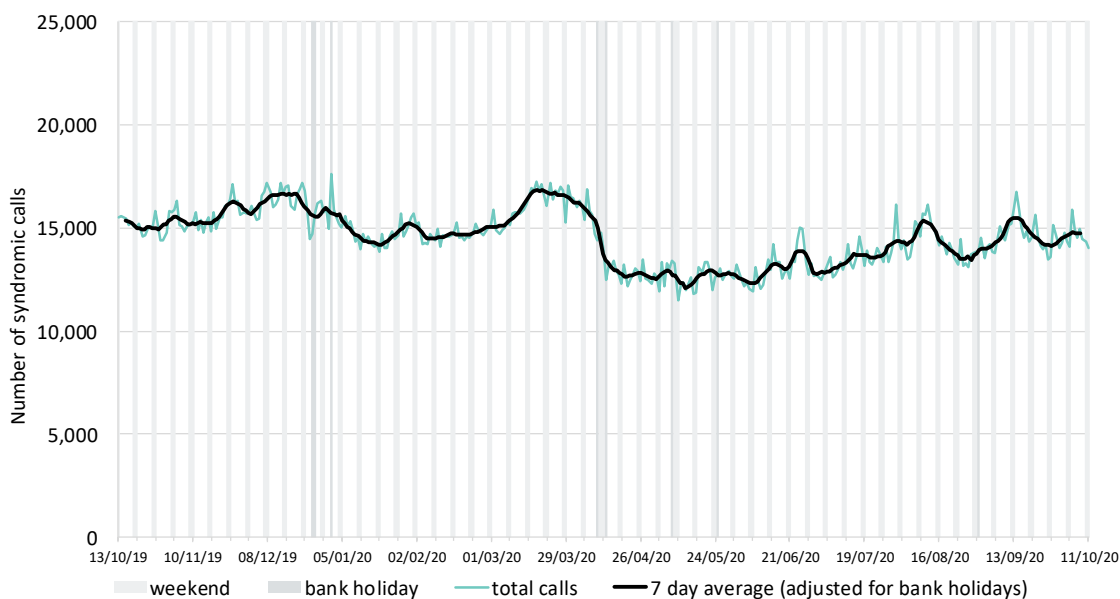
\* Ambulance Trusts (England) submitting daily syndromic surveillance data included in report

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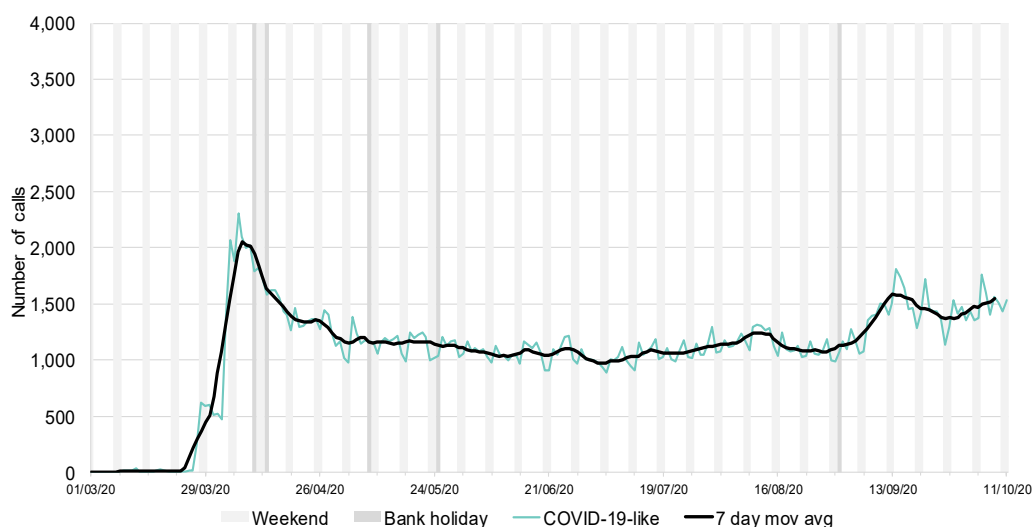
## 1: Total syndromic calls.

The total number of syndromic calls recorded each day, all ages, England.



## 2: 'COVID-19-like' calls.

Daily number of calls (and 7-day moving average\*) that use the 'pandemic/epidemic/outbreak' chief complaint category, England. This is related to patients reporting COVID-19-like symptoms but is not a count of COVID-19 cases. **Please see the notes section for further information and caveats about this indicator.**



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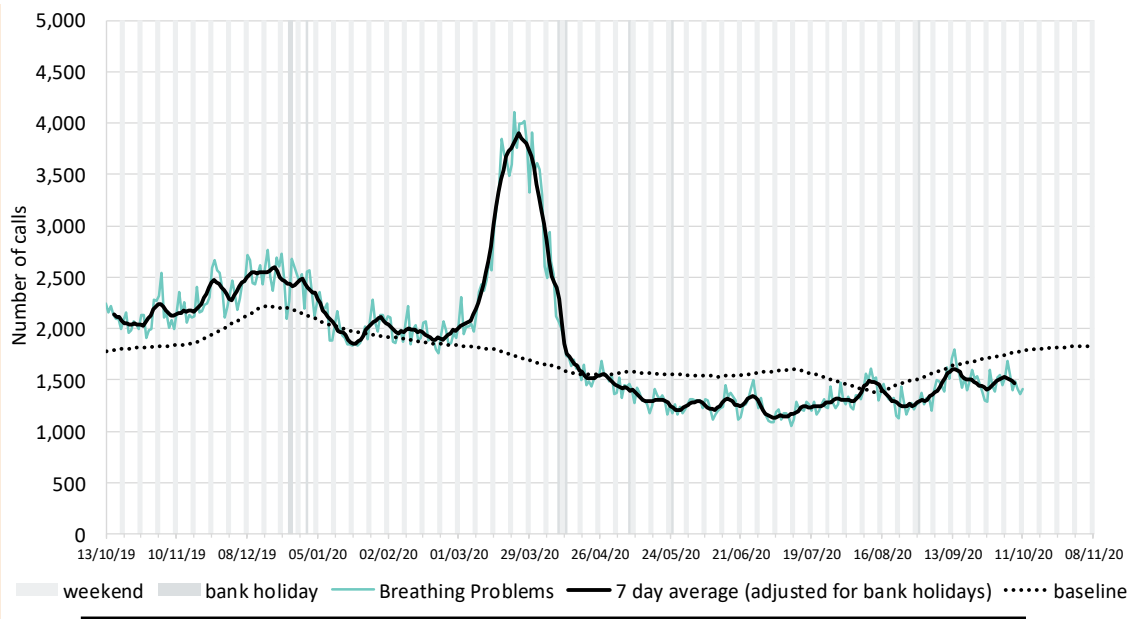
\* 7-day moving average adjusted for bank holidays.

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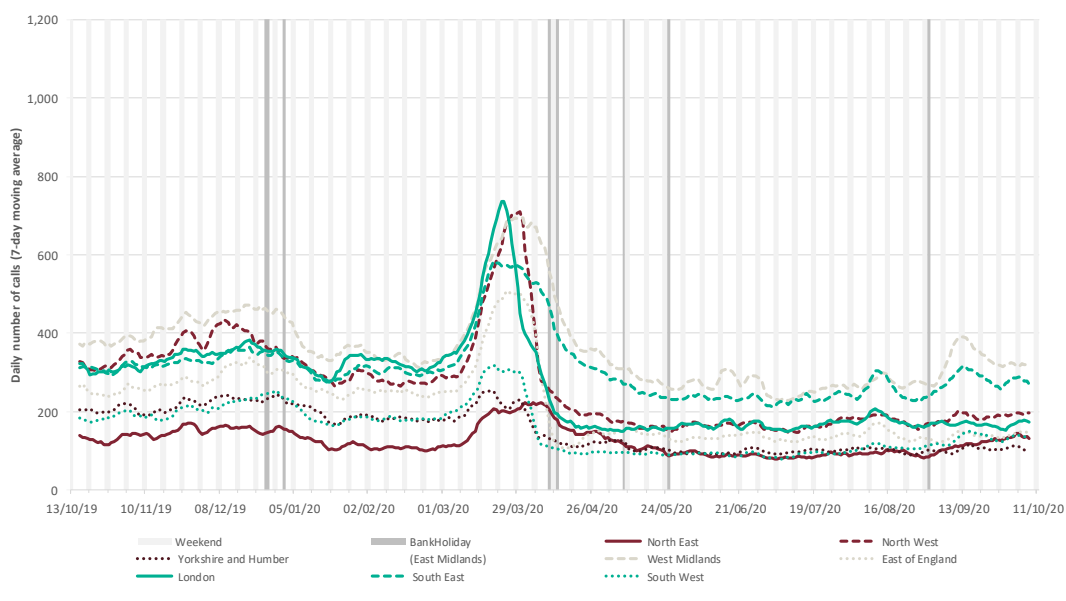
### 3: Breathing problems.

Daily number of calls related to 'breathing problems', England.



### 3a: Breathing problems calls by PHE Centre.

Number of daily breathing problems calls by PHE Centre, shown as a 7-day moving average\*. Please note: East Midlands is not included as no breathing problems calls are received.



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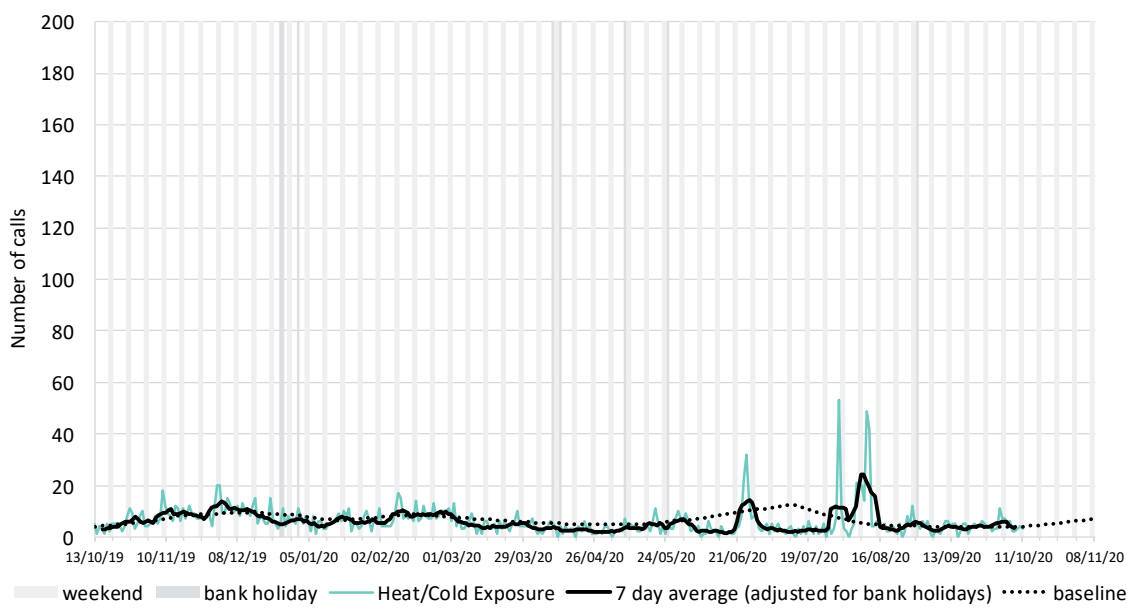
\* 7-day moving average adjusted for bank holidays.

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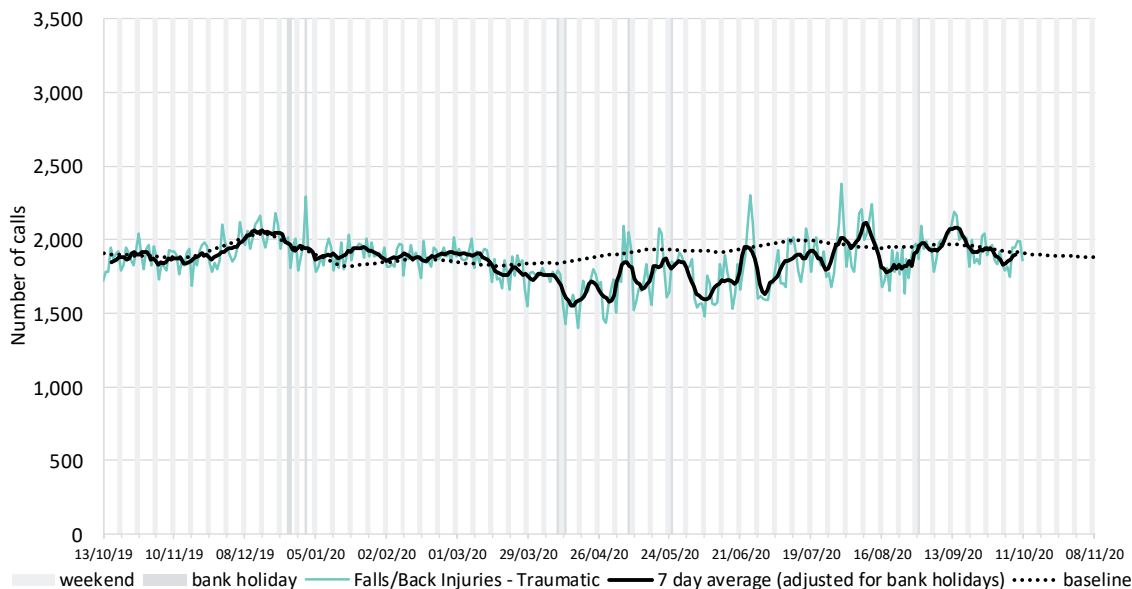
## 4: Heat/cold exposure.

Daily number of calls related to 'heat/ cold exposure, England.



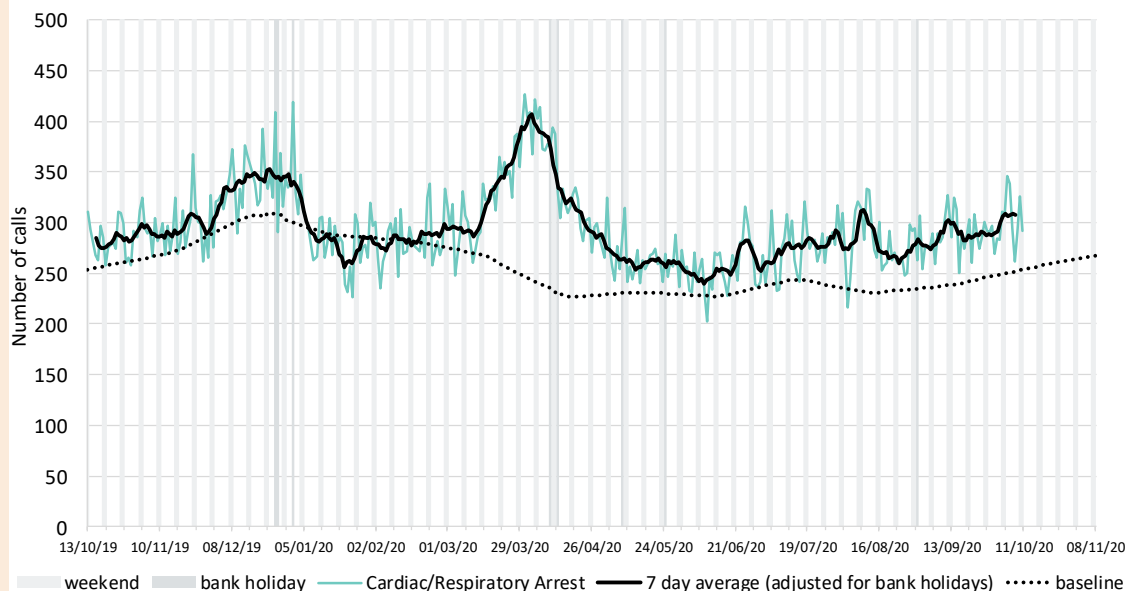
## 5: Falls/ back injury - traumatic.

Daily number of calls related to 'falls/ back injury - traumatic', England.



## 6: Cardiac/respiratory arrest.

Daily number of calls related to 'cardiac/ respiratory arrest', England.



\* 7-day moving average adjusted for bank holidays.

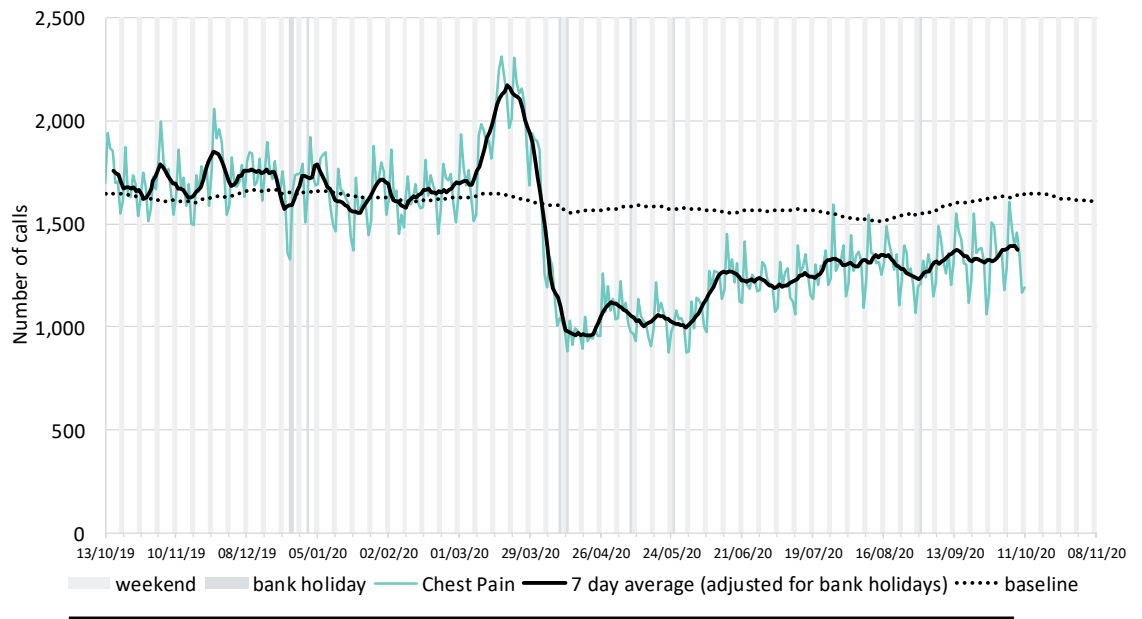
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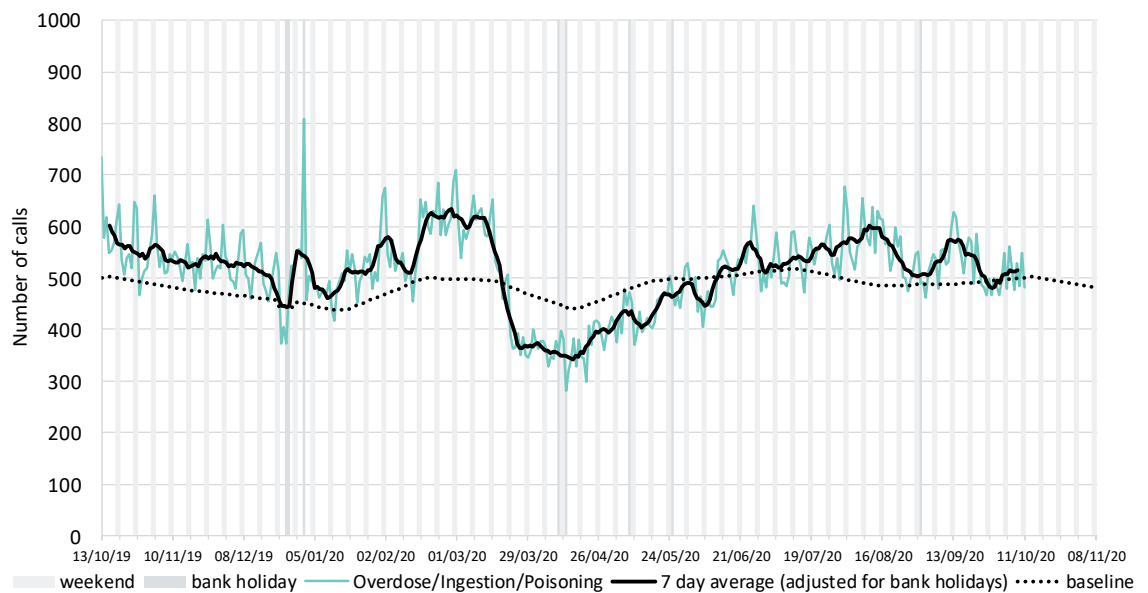
## 7: Chest pain.

Daily number of calls related to 'chest pain', England.



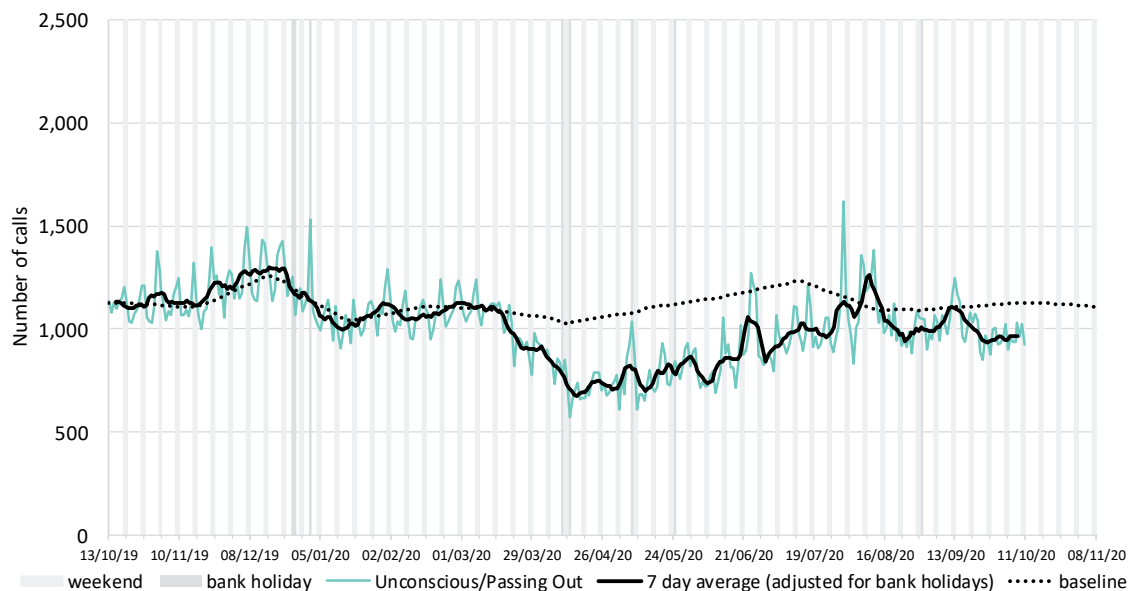
## 8: Overdose/ingestion/ poisoning.

Daily number of calls related to 'overdose/ ingestion/ poisoning', England.



## 9: Unconscious/ passing out.

Daily number of calls related to 'unconscious', England.



\* 7-day moving average adjusted for bank holidays.

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## COVID-19-like ambulance calls:

- During March 2020 ambulance trusts started using a 'Pandemic/Epidemic/Outbreak' triage card to assess potential COVID-19 patients. Calls using this 'Pandemic' triage are now presented in this bulletin as '**COVID-19-like**' calls.
- When the Pandemic triage was introduced the number of syndromic indicator calls e.g. breathing problems decreased, reflecting the increased use of the pandemic triage.
- Please note that these ambulance calls are not an absolute count of COVID-19 cases assessed by ambulance trusts: not all ambulance trusts use the Pandemic triage card; other chief complaint categories and local codes are also used to triage potential COVID-19 patients.
- **The 'COVID-19-like' call data presented in this bulletin should therefore be used to monitor trends in calls and not numbers.**

## Introduction to charts:

- A 7-day moving average (adjusted for bank holidays) is overlaid on the daily data reported in each chart, unless specified.
- Baselines have been constructed using historical data since 1 January 2018 however they currently exclude data from 2020 due to the COVID-19 pandemic affecting ambulance services patient health care seeking behaviour.
- National ambulance syndromic surveillance (NASS) call data are analysed by the Real-time Syndromic Surveillance Team (ReSST) on a daily basis to identify national and regional trends. A statistical algorithm underpins each syndromic surveillance system, routinely identifying activity that has increased significantly or is statistically significantly high for the time of year. Results from these daily analyses are assessed by the ReSST, along with analysis by age group, and anything deemed of public health importance is alerted by the team.

## Notes and further information:

### Coverage:

- Total syndromic calls includes all calls where the chief presenting complaint can be mapped to one of the syndromic indicators monitored by Public Health England.
- Some indicators are not routinely presented in this report.
- Total syndromic calls is lower than the total number of calls received by ambulance trusts.

### Description of included NASS indicators:

- **Breathing Problems:** persons finding it difficult to breathe.
- **Heat/Cold Exposure:** heat or cold exposure.
- **Falls/Back Injuries - traumatic:** persons falling or having a back injury.
- **Cardiac/Respiratory Arrest:** persons who have stopped or have ineffective breathing or/and no pulse.
- **Chest Pain:** persons experiencing chest pain or chest discomfort.
- **Overdose/Ingestion/Poisoning:** overdoses, ingestion of a substance or poisoning.
- **Unconscious/Passing out:** persons who are unconscious, not alert or fainting.

## Acknowledgements:

### We would like to thank:

- North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS Ambulance Trusts for submitting anonymised, daily data to the National Ambulance Syndromic Surveillance system.
- The Association of Ambulance Chief Executives for their support in establishing NASS.

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**Produced by:** PHE Real-time Syndromic Surveillance Team

**Web:** <https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>