

Syndromic Surveillance Summary:

Field Service, National Infection Service, Real-time Syndromic Surveillance.

10 November 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: 45

Summary.

Subscribe to the weekly syndromic surveillance email

Reporting week: 2 to 8 November 2020.

During week 45, COVID-19-like ED attendances continued to increase, particularly in age groups 45 years and over.

Note: during the COVID-19 pandemic, patients with COVID-19 symptoms are generally advised to initially access a COVID-19 test through the national COVID-19 testing programme. This is likely to result in lower numbers of patients accessing health advice as monitored through syndromic surveillance systems. Syndromic data should therefore be interpreted with some caution and in the context of other COVID-19 monitoring data sources.

Remote Health Advice:

Access bulletin

'Potential COVID-19' calls & online assessments remained stable during week 45 (figures 8 & 17). 'Loss of taste/smell' calls increased, mainly for the 15-44 and 45-64 years age groups (figures 5 & 5a). Fever calls have continued to increase in children aged 1-4 years (figure 3a).

GP In Hours:

Access bulletin

During week 45, COVID-19-like consultations remained stable with small increases noted in adults age 65+ years (figures 1 & 1a). Other respiratory conditions including influenza-like illness remained stable and below baseline levels (figure 3).

GP Out of Hours:

Access bulletin

During week 45, all GP out of hours respiratory indicators, including influenza-like illness, remained stable (figures 2-6). Difficulty breathing/wheeze/asthma contacts continued to increase in adults aged 65+ years (figure 5a).

Emergency Department:

Access bulletin

Emergency department COVID-19-like attendances continued to increase during week 45, particularly in adults 45 years and older (figure 3 & 3a). COVID-19-like attendances are continuing to increase and remain elevated across North and Midlands regions (figure 3b). Acute respiratory infections continue to increase in the 65+ years age group (figure 5a).

Ambulance:

During week 45, COVID-19-like ambulance calls decreased while breathing problems calls remained stable (figures 2 & 3).

Access bulletin



PHE Syndromic Surveillance Summary

10 November 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 SystmOne 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.

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