



01 December 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: 48

Summary.

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Reporting week: 23 to 29 November 2020.

Emergency department COVID-19-like attendances continued to decrease during week 48.

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:

'Potential COVID-19' calls and online assessments decreased during week 48 (figures 8 & 17). Calls and online assessments for 'loss of taste or smell' also decreased (figures 5 & 15). NHS 111 call and online respiratory syndromic indicators remained similar or below seasonally expected levels.

[Access bulletin](#)

GP In Hours:

During week 48, respiratory indicators remained stable, including consultations for influenza-like illness (figure 3). Please note that from 15-18 November 2020 a technical problem at one of our data providers resulted in over-reporting of daily COVID consultations. This issue has now been rectified however we have highlighted this period of poor data quality in Figure 1.

[Access bulletin](#)

GP Out of Hours:

During week 48, acute respiratory infection and difficulty breathing contacts increased in children aged 1-4 years (figures 2a & 5a). Other GP out of hours respiratory indicators, including influenza-like illness, remained stable (figures 2-6).

[Access bulletin](#)

Emergency Department:

Emergency department COVID-19-like attendances have decreased during week 48 (figure 3). Attendances have decreased across adults aged 45+ years and all PHE Centres except the South East (figures 3a & 3b). Acute respiratory attendances in the 65+ years age group decreased (figure 5a).

[Access bulletin](#)

Ambulance:

COVID-19-like ambulance calls remained stable during week 48, however, overall they continue to show a decreasing trend (figure 2). Breathing problems calls decreased and remain below seasonally expected levels (figure 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.

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