



30 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: 52

## Summary.

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

### Reporting week: 21 December to 27 December 2020.

During week 52, COVID-19-like syndromic indicators continued to increase across several syndromic surveillance systems, particularly emergency department attendances and in London and South East PHE Centres.

**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:

NHS 111 'potential COVID-19' calls and online assessments increased during week 52, notably in London (figures 8 & 8b, 17 & 17b). Calls and online assessments for 'loss of taste or smell' also increased (figure 5 & 15). Calls for cough and difficulty breathing increased in week 52 (figures 4 & 6).

[Access bulletin](#)

#### GP In Hours:

During week 52 influenza-like illness increased slightly but remains below seasonally expected levels; increases were noted in adults aged 45-64 years and London and the South East (figures 3a-c).

[Access bulletin](#)

#### GP Out of Hours:

During week 52, GP out of hours contacts for respiratory indicators, including influenza-like illness and difficulty breathing/wheeze/asthma, increased but remain below seasonally expected levels (figures 2-6).

[Access bulletin](#)

#### Emergency Department:

Emergency department COVID-19-like attendances increased during week 52 (figure 3). COVID-19-like attendances increased across adult age groups and particularly in London and the South East (figures 3a & 3b).

[Access bulletin](#)

#### Ambulance:

COVID-19-like ambulance calls continued to increase during week 52 (figure 2). Ambulance COVID-19-like, breathing problems and cardiac/respiratory arrest calls increased sharply over the bank holiday weekend (figures 2, 3 & 6), with increased breathing problems particularly noted in the South East (figure 3a).

[Access bulletin](#)

30 December 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, 1<sup>st</sup> 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>