



06 January 2021.

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: 53

Summary.

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Reporting week: 28 December 2020 to 03 January 2021.

During week 53 emergency department (ED) COVID-19-like attendances increased further across adult age groups and across all PHE centres. There were increases in other respiratory indicators including acute respiratory infection and pneumonia ED attendances and NHS 111 calls for difficulty breathing.

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 53, notably in adults and in London, South East and East of England (figures 8, 8a, 8b, 17, 17a & 17b). Calls for 'loss of taste or smell' decreased while online assessments increased (figures 5 & 15). Calls for cough and difficulty breathing increased in week 53 (figures 4 & 6).

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GP In Hours:

During week 53 influenza-like illness increased slightly, remaining below baseline levels; increases were noted in adults aged 45-64 years and London and the South East (figures 3, 3a & 3b).

[Access bulletin](#)

GP Out of Hours:

During week 53, GP out of hours contacts for acute respiratory infection and influenza-like illness increased, particularly in adults, but remain below seasonally expected levels (figures 2, 2a, 3 & 3a). Contacts for difficulty breathing/wheeze/asthma also increased, particularly in adults, although remain at expected levels overall (figures 5 & 5a).

[Access bulletin](#)

Emergency Department:

Emergency department COVID-19-like attendances increased further during week 53 (figure 3). COVID-19-like attendances increased across adult age groups and across all PHE centres (figures 3a & 3b). Acute respiratory infection and pneumonia attendances also increased (figures 5 & 8).

[Access bulletin](#)

Ambulance:

Ambulance COVID-19-like, breathing problems and cardiac/respiratory arrest calls continued to increase during week 53 (figures 2, 3 & 6).

[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>