



20 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: 2021 Week: 02

Summary.

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Reporting week: 11 January 2021 to 17 January 2021.

During week 2 there were further increases in ED COVID-19-like attendances however COVID-19-like indicators in other syndromic systems decreased.

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 decreased during week 2 (figures 8- 8b). Calls for difficulty breathing also decreased in week 2 but remain above seasonally expected baselines (figures 6 & 6a).

[Access bulletin](#)

GP In Hours:

During week 2 COVID-19-like, influenza-like illness (ILI) and asthma consultations levelled off and decreased slightly (figures 1, 3 & 11). ILI consultations remain highest in adults aged 45-64 years and London, South East and North West, but are now decreasing (figures 3a & 3b).

[Access bulletin](#)

GP Out of Hours:

During week 2, GP out of hours contacts for difficulty breathing/wheeze/ asthma remained above expected levels but decreased in adults aged 45- 64 years and increased in adults aged 65 and over (figures 5 & 5a). Chest pain/myocardial infarction contacts also increased (figure 10).

[Access bulletin](#)

Emergency Department:

Emergency department COVID-19-like attendances increased further during week 2 (figure 3). COVID-19-like attendances increased across adults aged 45+ years (figures 3 & 3a). Acute respiratory infection attendances also increased (figure 5).

[Access bulletin](#)

Ambulance:

Ambulance COVID-19-like, breathing problems and cardiac/respiratory arrest calls all decreased during week 2 (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.

PHE Real-time Syndromic Surveillance Team.

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