

Syndromic Surveillance Summary:

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

23 March 2021.

Field Service | From local to global: combining expertise in epidemiology and microbiology to protect the population from public health threats.

Year: 2021 **Week: 11** Contact: ReSST

Summary.

Subscribe to the weekly syndromic surveillance email

Reporting week: 15 March to 21 March 2021.

During week 11, COVID-19-like syndromic indicators overall remained stable. Across all syndromic systems, respiratory indicators (including acute respiratory infections, cough and difficulty breathing) increased in children aged under 15 years old.

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

NHS 111 cold/flu, cough, difficulty breathing and sore throat calls all increased during week 11, particularly in children aged under 15 years (figures 2, 2a, 4, 4a, 6, 6a, 7 & 7a). There was also a small increase in 'potential COVID-19' calls in the 5-14 years age group (figure 8a).

GP In Hours:

During week 11, COVID-19-like consultations decreased slightly (figure 1).

Access bulletin

GP Out of Hours:

Access bulletin

During week 11, GP out of hours contacts for acute respiratory infection increased, particularly in children, but remain below seasonally expected levels overall (figures 2 & 2a). Contacts for difficulty breathing/wheeze/asthma remained stable overall but have increased in children aged 1-4 and 5-14 years (figures 5 & 5b).

Emergency Department:

Access bulletin

COVID-19-like emergency department attendances continued to decrease during week 11 (figure 3). Acute respiratory infection attendances increased during week 11, notably in children under 15 years of age (figures 5 & 5a). Bronchiolitis attendances also increased in children aged <1 and 1-4 years (figure 6a).

Ambulance:

Ambulance COVID-19-like calls increased slightly during week 11. Breathing problems calls also increased slightly but remains below baseline levels (figures 2 & Access bulletin 3).



PHE Syndromic Surveillance Summary

23 March 2021

- · 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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