



31 March 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: 12

Summary.

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Reporting week: 22 March to 28 March 2021.

During week 12, COVID-19-like syndromic indicators overall remained stable. Across all syndromic systems, respiratory indicators (including acute respiratory infections, cough and difficulty breathing) continued to increase 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:

NHS 111 cold/flu, cough and difficulty breathing calls continued to increase during week 12, particularly in children aged <15 years (figures 2, 2a, 4, 4a, 6 & 6a). NHS 111 'potential COVID-19' calls increased slightly in children aged 5-14 years (figure 8a). All NHS 111 online assessment indicators were stable or decreasing during week 12 (figures 12-17).

[Access bulletin](#)

GP In Hours:

During week 12, COVID-19-like consultations were stable (figure 1). Upper respiratory tract infections increased, particularly in children (figures 2 & 2a).

[Access bulletin](#)

GP Out of Hours:

During week 12, GP out of hours contacts for acute respiratory infection continued to increase, particularly in children aged <15 years, but remain below seasonally expected levels overall (figures 2 & 2a). Recently noted increases in difficulty/breathing/wheeze/asthma in children have stabilised during week 12 (figure 5a).

[Access bulletin](#)

Emergency Department:

COVID-19-like emergency department attendances continued to decrease during week 12 (figure 3). Acute respiratory infection attendances increased during week 12, 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).

[Access bulletin](#)

Ambulance:

Ambulance COVID-19-like calls have increased slightly over recent weeks, however during week 12 they remained stable (figure 2). Breathing problems increased slightly but remain below baseline 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.
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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.

Public Health England, 1st 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>