

# **Emergency Department**

Syndromic Surveillance System: England

**Data to: 04 April 2021** 

07 April 2021

Year: 2021 Week: 13

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### Key messages

COVID-19-like emergency department attendances continued to decrease during week 13 (figure 3). Acute respiratory infection attendances continued to increase in under 1s during week 13 (figure 5a).

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.

Please see <u>notes and caveats</u> for information about the ED syndromic indicators including important caveats around the interpretation.

A Cold Watch System operates in England from 1 November to 31 March each year. As part of the Public Health England Cold Weather Plan for England the PHE Real-time Syndromic Surveillance Team will be monitoring the impact of cold weather on syndromic surveillance data during this period.

Cold weather alert level (current reporting week): Level 1 - Winter preparedness

### Diagnostic indicators at a glance:

Further details on the syndromic indicators reported can be found on page 10.

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Indicator	Current trend	Level
COVID-19-like	decreasing	-
Respiratory	no trend	below baseline
Acute Respiratory Infection	no trend	below baseline
Bronchiolitis	no trend	below baseline
Influenza-like Illness	no trend	below baseline
Pneumonia	no trend	below baseline
Asthma	decreasing	below baseline
Gastrointestinal	no trend	below baseline
Gastroenteritis	increasing	below baseline
Cardiac	no trend	above basleine
Myocardial Ischaemia	no trend	similar to baseline
Alcohol intoxication	increasing	above baseline

### EDSSS weekly report statistics

Only Type 1 EDs meeting the weekly reporting criteria are included (see page 10 for details).

\*max EDs included across full time period reported in charts, individual days may include fewer EDs.

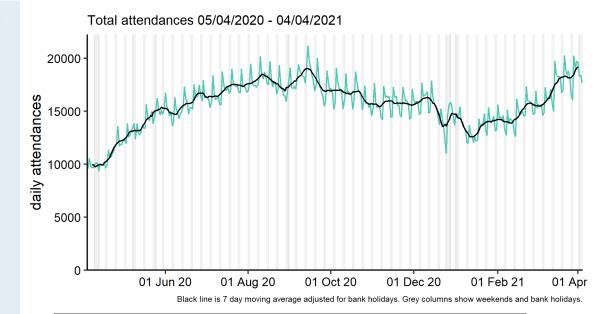
Doto	Total Attendances	Diagnoses Coded		Type 1 EDs
Date	1 Otal Attenuances	Number	%	Included
29/03/2021	20,207	14,046	69.5%	81
30/03/2021	19,053	13,013	68.3%	81
31/03/2021	19,728	14,951	75.8%	81
01/04/2021	19,607	14,612	74.5%	81
02/04/2021	18,336	12,747	69.5%	81
03/04/2021	18,376	12,536	68.2%	81
04/04/2021	17,628	12,412	70.4%	81
Total	132,935	94,317	70.9%	(max)* 81



#### 1: Total attendances.

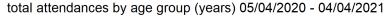
Daily number of total attendances recorded, across the EDSSS network.

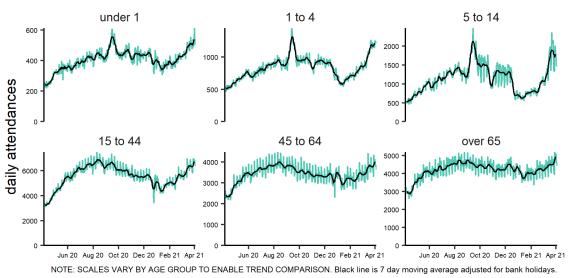
(see page 6 for ED inclusion criteria).



### 2a: Daily attendances by age: numbers.

Daily number and 7-day moving average of total attendances, by age group.





# 2b: Daily attendances by gender: numbers

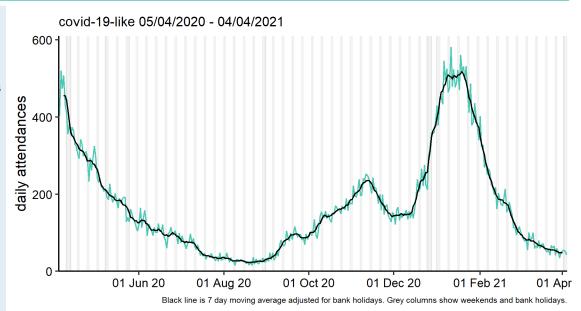
Daily number of total attendances by gender, recorded across the EDSSS network (shown as a 7-day moving average). Please note: indeterminate gender is not shown due to small numbers





#### 3: COVID-19-like.

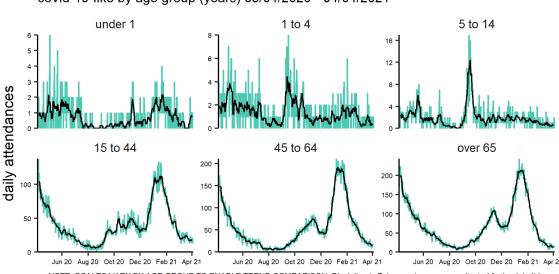
Daily number of attendances recorded as COVID-19-like attendances across the EDSSS network.



### 3a: COVID-19-like by age group.

Daily number and 7 day moving average of COVID-19-like attendances within each age group.

### covid-19-like by age group (years) 05/04/2020 - 04/04/2021

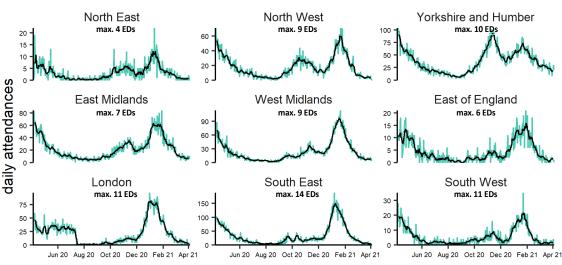


NOTE: SCALES VARY BY AGE GROUP TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

### 3b: COVID-19-like by PHE Centre

Daily attendances and 7 day moving average of COVID-19-like attendances within each PHE Centre (with the maximum number of EDs included in each time series). Please see 'notes and caveats' for information on how EDs are selected for inclusion each week.

### covid-19-like by PHE Centre 05/04/2020 - 04/04/2021

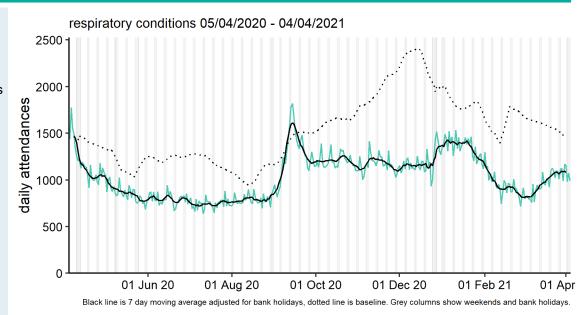


NOTE: SCALES MAY VARY BY CENTRE TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.



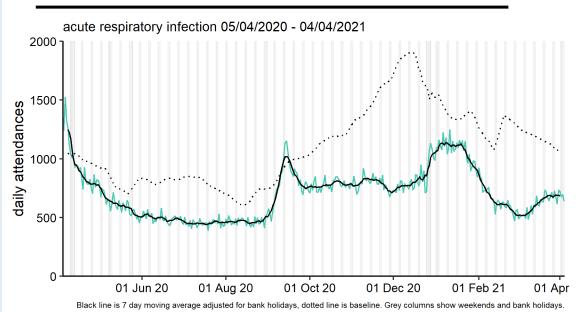
### 4: Respiratory.

Daily number of attendances recorded as respiratory attendances across the EDSSS network.



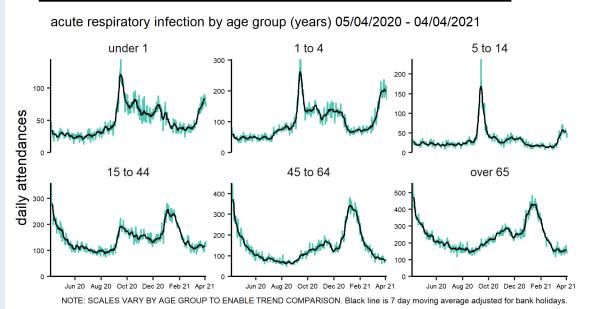
### 5: Acute Respiratory Infection.

Daily number of all attendances recorded as acute respiratory infection attendances across the EDSSS network.



# 5a: Acute Respiratory Infection by age group.

7 day moving average of ARI attendances within each age group.

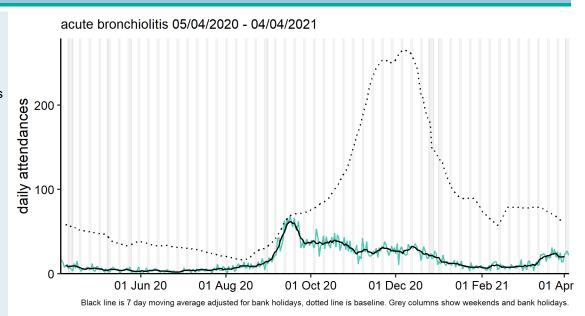




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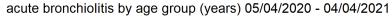
#### 6: Bronchiolitis/ bronchitis.

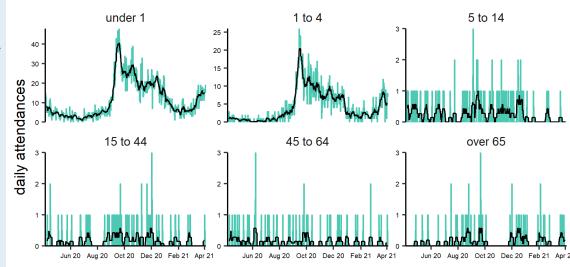
Daily number of attendances recorded as bronchiolitis/ acute bronchitis attendances across the EDSSS network.



### 6a: Bronchiolitis/ bronchitis by age group

7 day moving average of bronchiolitis/ bronchitis attendances within each age group.

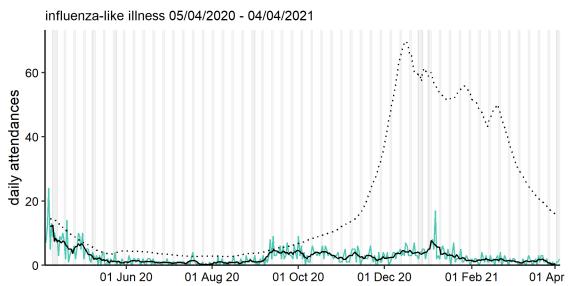




NOTE: SCALES VARY BY AGE GROUP TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

#### 7: Influenza-like Illness.

Daily number of attendances recorded as influenza-like illness attendances across the EDSSS network.



Black line is 7 day moving average adjusted for bank holidays, dotted line is baseline. Grey columns show weekends and bank holidays.

5 to 14



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under 1

influenza-like illness by age group (years) 05/04/2020 - 04/04/2021

### 7a: Influenza-like illness by age group

7 day moving average of ILI attendances within each age group.

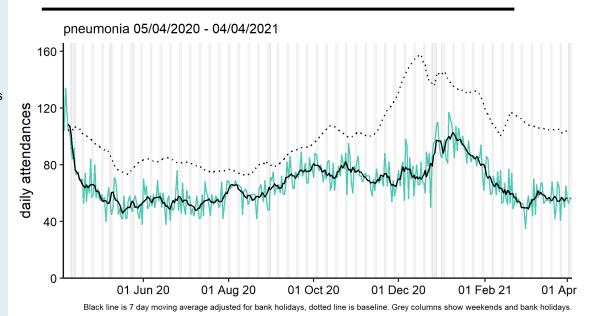
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NOTE: SCALES VARY BY AGE GROUP TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

1 to 4

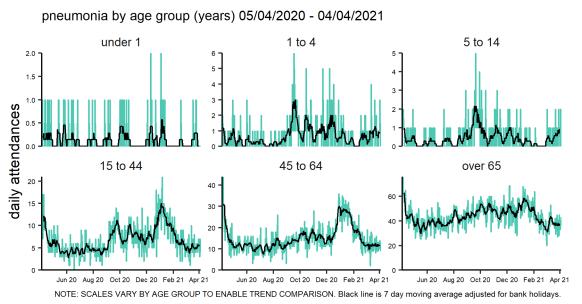
#### 8: Pneumonia.

Daily number of attendances recorded as pneumonia attendances across the EDSSS network.



### 8a: Pneumonia by age group.

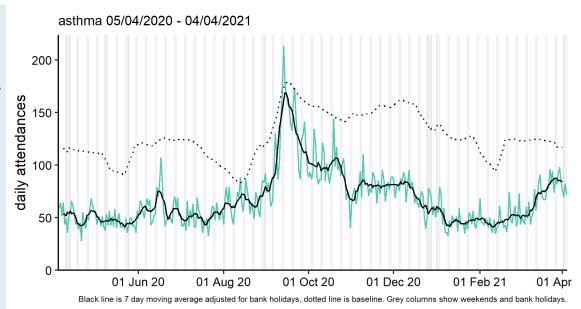
7 day moving average of pneumonia attendances within each age group.





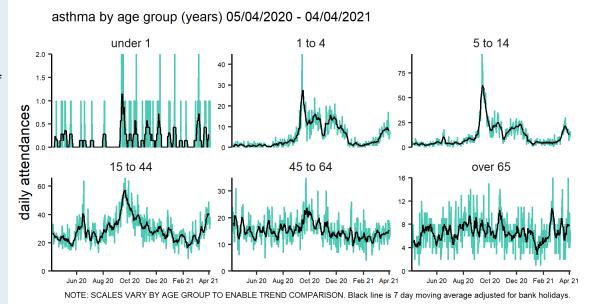
#### 9: Asthma.

Daily number of attendances recorded as asthma/wheeze/ difficulty breathing attendances across the EDSSS network.



# 9a: Asthma by age group.

7 day moving average of asthma attendances within each age group.

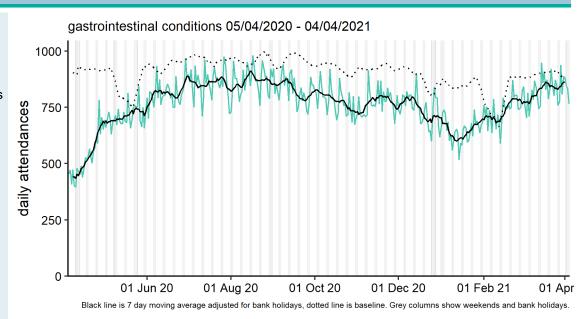


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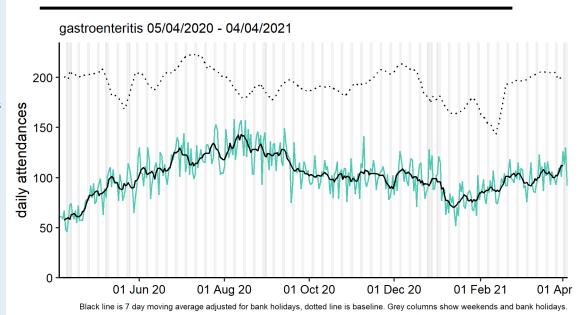
#### 10: Gastrointestinal.

Daily number of attendances recorded as gastrointestinal attendances across the EDSSS network.



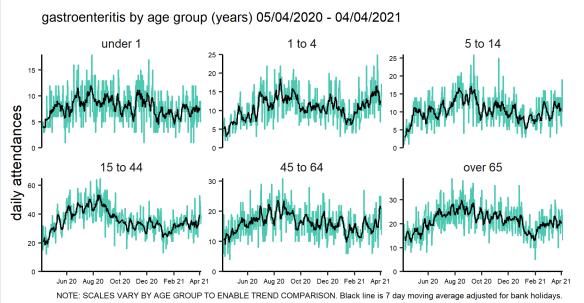
### 11: Gastroenteritis

Daily number of attendances recorded as gastroenteritis attendances across the EDSSS network.



### 11a: Gastroenteritis by age group.

7 day moving average of gastroenteritis attendances within each age group.





#### 12: Cardiac.

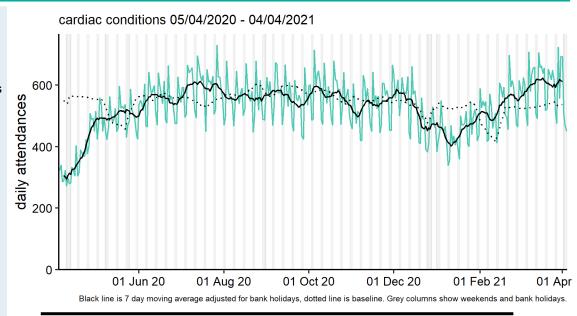
Daily number of attendances recorded as cardiac attendances across the EDSSS network.

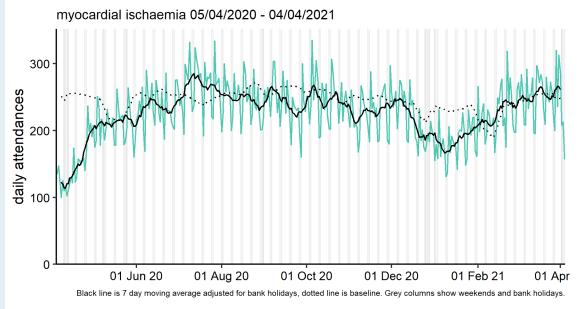


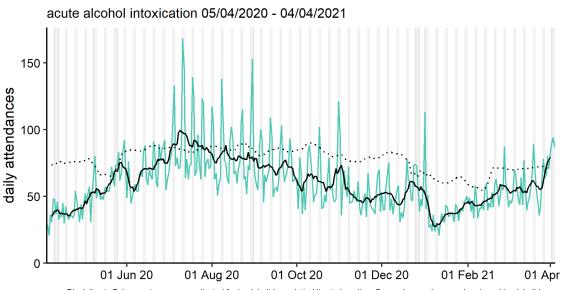
Daily number of attendances recorded as myocardial ischaemia attendances across the EDSSS network.

### 14. Acute alcohol intoxication

Daily number of attendances recorded as acute alcohol intoxication attendances across the EDSSS network.









#### Notes and caveats:

- ▶ National EDSSS began operating in April 2018. Following the introduction of the Emergency Care Data Set (ECDS) the: <a href="https://www.england.nhs.uk/ourwork/tsd/ec-data-set/">https://www.england.nhs.uk/ourwork/tsd/ec-data-set/</a>
- ▶ EDSSS receives an automated daily transfer of anonymised ED data from NHS Digital
- ▶ Not all EDs currently provide data through ECDS on a daily basis
- ▶ EDs are eligible for inclusion in this report only where the EDSSS reporting criteria have been met during the surveillance week reported:

Data relates to attendances at a type 1 ED

Data for 7 of the 7 most recent days was received by PHE

Data for those days was received within 2 calendar days of the patient arrival

- ▶Where an ED meets these criteria, all data received from that ED previous to the current surveillance week is included. EDs eligible for inclusion is likely to change each week, which will in turn affect the historical data inclusion
- ▶ Individual EDs will not be identified in syndromic surveillance reporting in these bulletins

#### ▶ All EDs report diagnoses to EDSSS using SnomedCT codes

- Not all diagnoses are confirmed
- ► The syndromic indicators presented in this bulletin are based on the **primary diagnosis** of each attendance as reported by EDs using SnomedCT codes:

Respiratory: All respiratory diseases and conditions (infectious and non infectious).

Asthma: As indicated by title.

Acute Respiratory Infections (ARI): All acute infectious respiratory diseases.

Bronchiolitis/ bronchitis: As indicated by title (excluding 'chronic').

Influenza-like Illness (ILI): As indicated by title.

Pneumonia: As indicated by title.

COVID-19-like: Coronavirus\* or Severe Acute Respiratory Syndrome (SARS).

\*Please note: not all EDs have reported a coronavirus diagnosis code.

**Gastrointestinal:** All gastrointestinal diseases and conditions (infectious and non infectious). **Gastroenteritis:** All infectious gastrointestinal diseases.

Cardiac: All cardiac conditions.

Myocardial Ischaemia: All ischaemic heart disease.

Acute alcohol intoxication: As indicated by title (excluding 'chronic')

- ▶ EDSSS indicators are likely to be an underestimation of number attendances as they are based on primary diagnosis only.
- ▶ The EDSSS should therefore be used to monitor trends in ED attendances and not numbers of 'cases'.
- ▶ Baselines: Last refreshed: 1 February 2021
  - Represent seasonally expected levels of activity
  - Constructed from historical data, taking into account:

change from sentinel to National EDSSS

#### coverage (numbers of attendances and the individual type 1 EDs included)

- Gastroenteritis baseline accounts for rotavirus vaccine introduction (July 2013)
- Exclude data from 2020 due to the impact of the COVID-19 pandemic on ED services and patient healthcare seeking behaviour
- ▶ Sentinel EDSSS ran from July 2010 to March 2018, collected data through a bespoke, voluntary network of EDs across England and Northern Ireland:

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

### Acknowledgements:

We are grateful to the clinicians in each ED and other staff within each Trust for their continued involvement in the EDSSS.

We thank the Royal College of Emergency Medicine, NHS Digital and NHS England for their support in the development of national EDSSS, using anonymised data collection from ECDS.

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