Public Health England

Emergency Department

Syndromic Surveillance System: England

14 April 2021

Year: 2021 Week: 14

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Key messages

Data to: 04 April 2021

COVID-19-like emergency department attendances continued to decrease during week 14 (figure 3). Acute respiratory infection and bronchiolitis attendances remained elevated in infants under 1 year during week 14 (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.

Diagnostic indicators at a glance:

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

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

Date	Total	Diagnoses Coded		Type 1 EDs
Date	Attendances	Number	%	Included
05/04/2021	25,159	18,532	73.7%	106
06/04/2021	25,812	18,618	72.1%	106
07/04/2021	24,766	17,417	70.3%	106
08/04/2021	26,450	18,553	70.1%	106
09/04/2021	26,696	19,183	71.9%	106
10/04/2021	23,937	17,272	72.2%	106
11/04/2021	23,856	17,010	71.3%	106
Total	176,676	126,585	71.6%	(max)* 106

EDSSS weekly report statistics

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

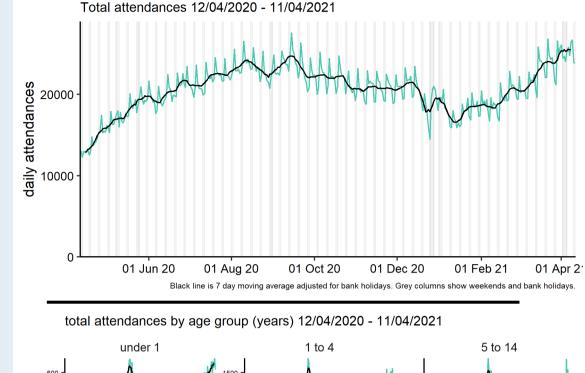
*max EDs included across full time period reported in charts, individual days may include fewer EDs.

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1: Total attendances.

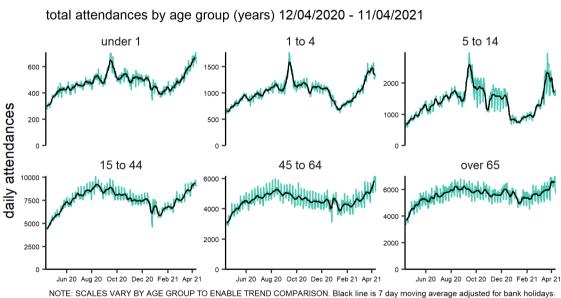
Daily number of total attendances recorded, across the EDSSS network.

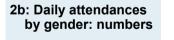
(see page 6 for ED inclusion criteria).



2a: Daily attendances by age: numbers.

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





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

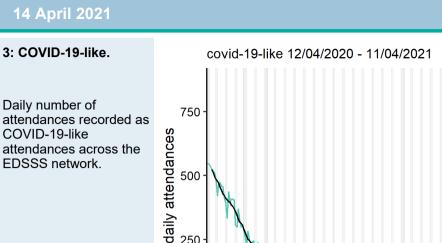


EDSSS

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EDSSS

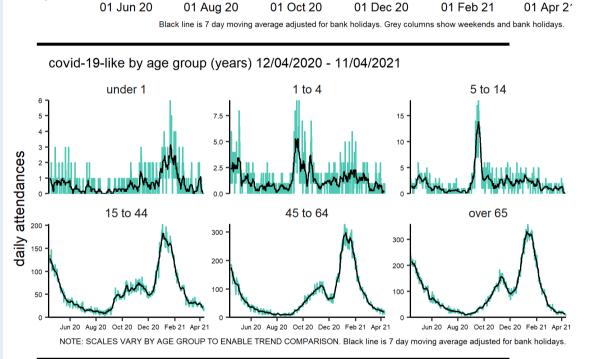


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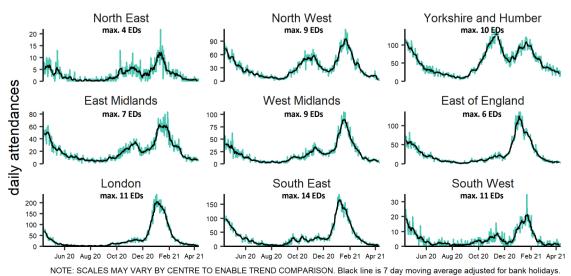
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Daily number and 7 day moving average of COVID-19-like attendances within each age group.







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.

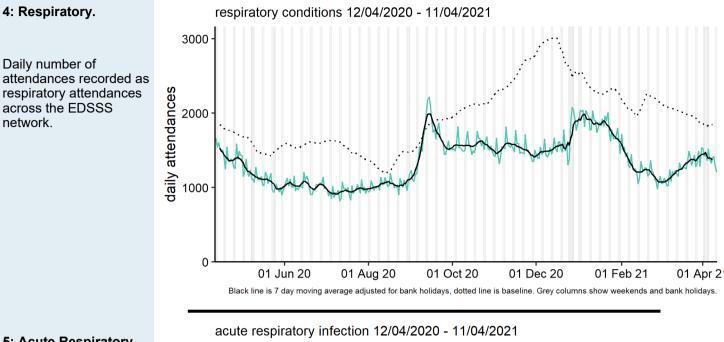
3b: COVID-19-like by **PHE Centre**

Daily attendances and 7

day moving average of

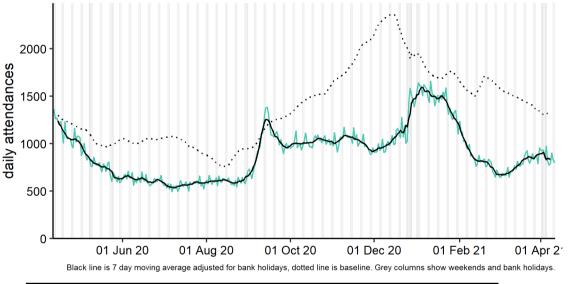
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5: Acute Respiratory Infection.

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

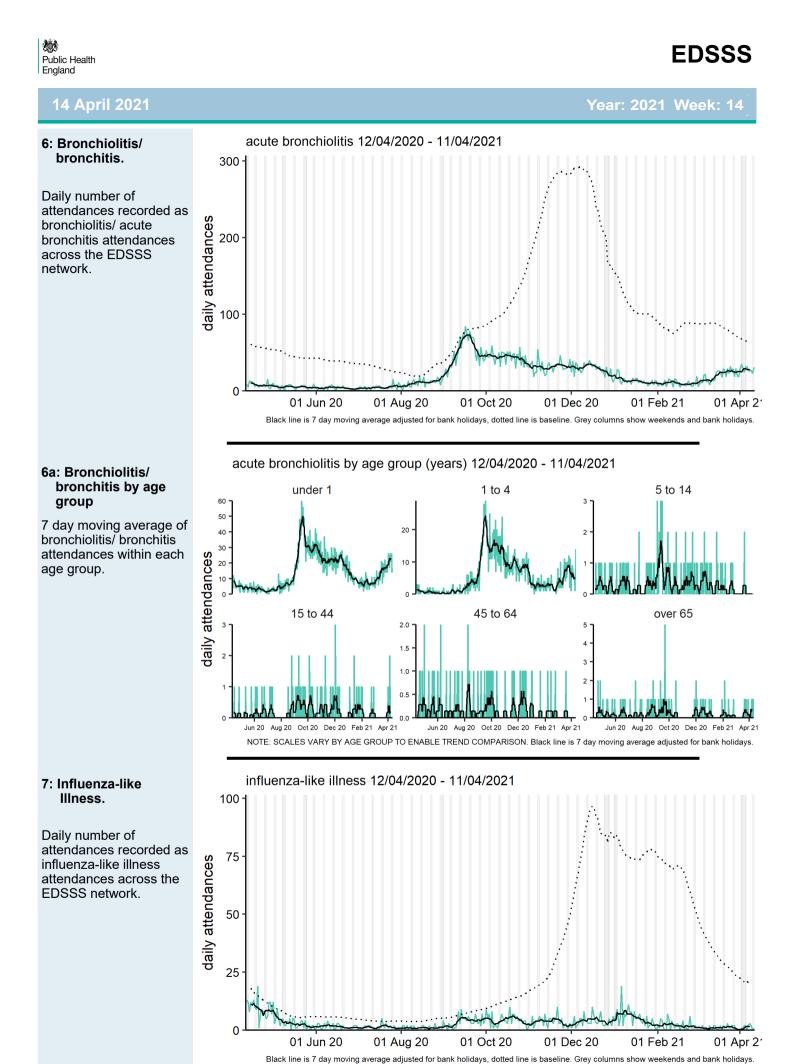


acute respiratory infection by age group (years) 12/04/2020 - 11/04/2021

under 1 5 to 14 1 to 4 160 250 300 120 200 150 80 daily attendances 100 40 50 0 C over 65 15 to 44 45 to 64 400 500 600 400 300 400 300 200 200 200 100 100 0 0 0 Jun 20 Aug 20 Oct 20 Dec 20 Feb 21 Apr 21 Jun 20 Aug 20 Oct 20 Dec 20 Feb 21 Apr 21 Jun 20 Aug 20 Oct 20 Dec 20 Feb 21 Apr 21 NOTE: SCALES VARY BY AGE GROUP TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

5a: Acute Respiratory Infection by age group.

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



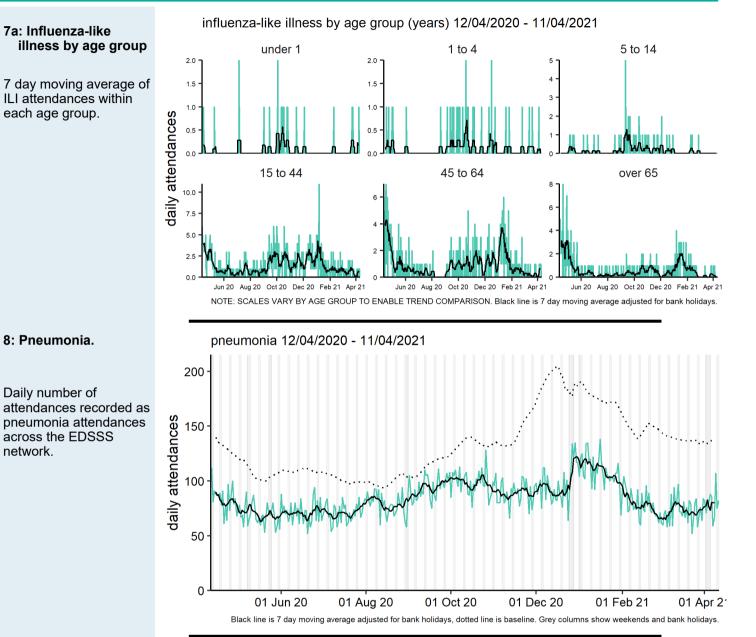
EDSSS

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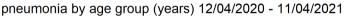
Public Health England

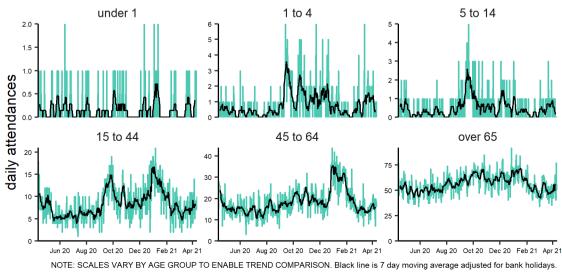
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8a: Pneumonia by age group.

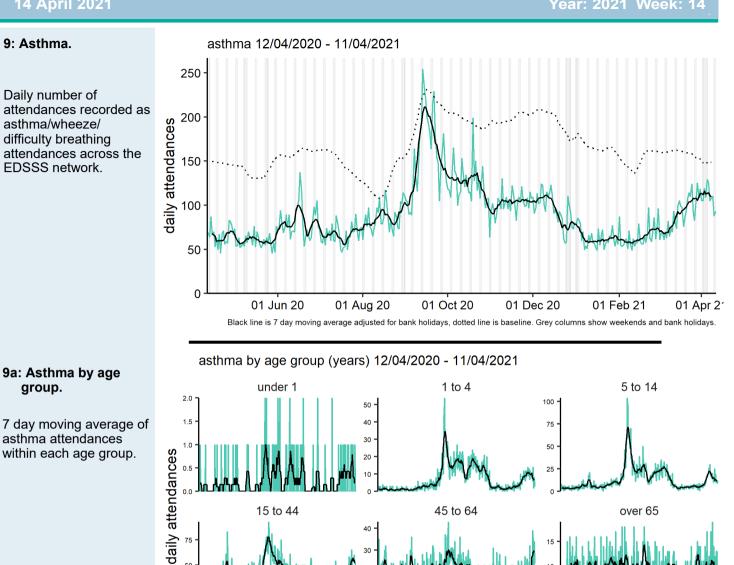
7 day moving average of pneumonia attendances within each age group.





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Jun 20 Aug 20 Oct 20 Dec 20 Feb 21



Jun 20 Aug 20 Oct 20 Dec 20 Feb 21 Apr 21

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

Intentionally left blank

50 25 0

Jun 20 Aug 20 Oct 20 Dec 20 Feb 21 Apr 21

7

Apr 21



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10: Gastrointestinal.

attendances recorded as

attendances across the EDSSS network.

1000

500

0

01 Jun 20

01 Aug 20

daily attendances

Daily number of

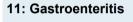
gastrointestinal

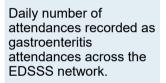


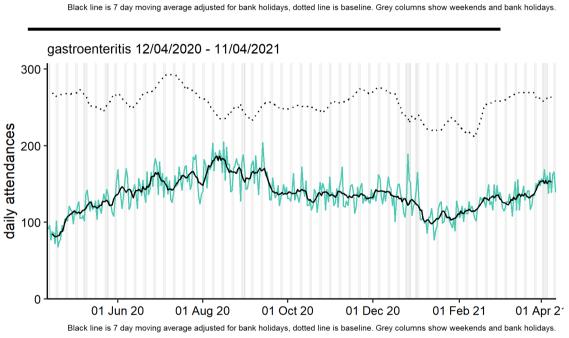
01 Dec 20

01 Feb 21

01 Apr 2





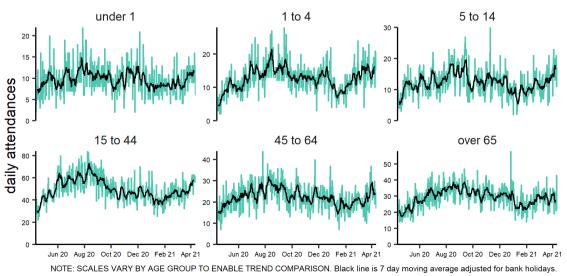


01 Oct 20

11a: Gastroenteritis by age group.

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

gastroenteritis by age group (years) 12/04/2020 - 11/04/2021

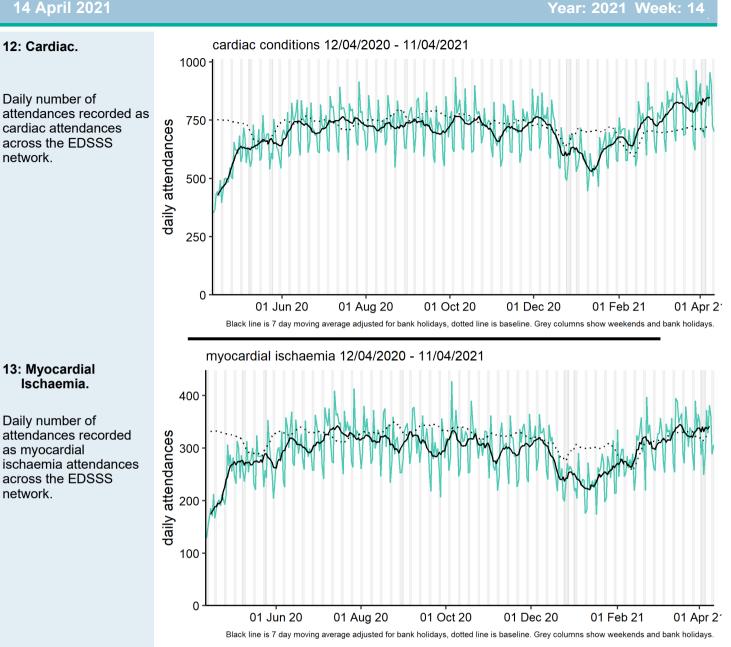


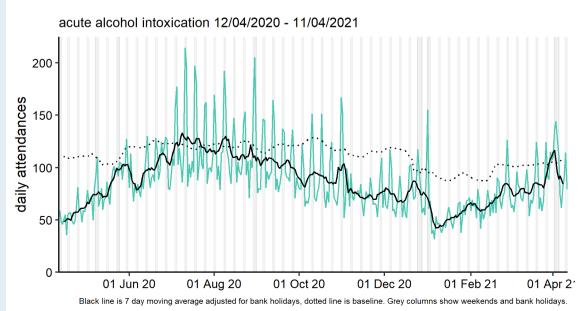


12: Cardiac.

network.

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14. Acute alcohol intoxication

Ischaemia.

as myocardial

network.

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

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Notes and caveats:	 National EDSSS began operating in April 2018. Following the introduction of the Emergency Care Data Set (ECDS) the: <u>https://www.england.nhs.uk/ourwork/tsd/ec-data-set/</u> 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 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.			
	Emergency Department Syndromic Surveillance System Bulletin.			
	Produced by: PHE Real-time Syndromic Surveillance Team 1 st Floor, 5 St Philips Place, Birmingham, B3 2PW			

 Tel: 0344 225 3560 > Option 4 > Option 2 Email: syndromic.surveillance@phe.gov.uk
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 Web: https://www.gov.uk/government/collections/syndromic-surveillance