Public Health England

Emergency Department

Syndromic Surveillance System: England

04 May 2021

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Year: 2021 Week: 17

Key messages

Data to: 02 May 2021

COVID-19-like emergency department attendances continued to decrease during week 17 (figure 3). Acute respiratory infection and bronchiolitis attendances increased slightly, particularly in child age groups, 1-4 and 5-14 years (figures 5a and 6a). Gastroenteritis increased nationally and in children under 5 years (figure 11a).

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 notes and caveats for information about the ED syndromic indicators including important

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

Date	Total Attendences	Diagnoses Coded		Type 1 EDs
Dale	Total Attendances	Number	%	Included
26/04/2021	25,014	17,863	71.4%	91
27/04/2021	23,107	17,037	73.7%	91
28/04/2021	22,577	16,761	74.2%	91
29/04/2021	22,435	16,380	73.0%	91
30/04/2021	21,147	15,369	72.7%	91
01/05/2021	19,482	14,098	72.4%	91
02/05/2021	20,911	14,986	71.7%	91
Total	154,673	112,494	72.7%	(max)* 91

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.

1: Total attendances.

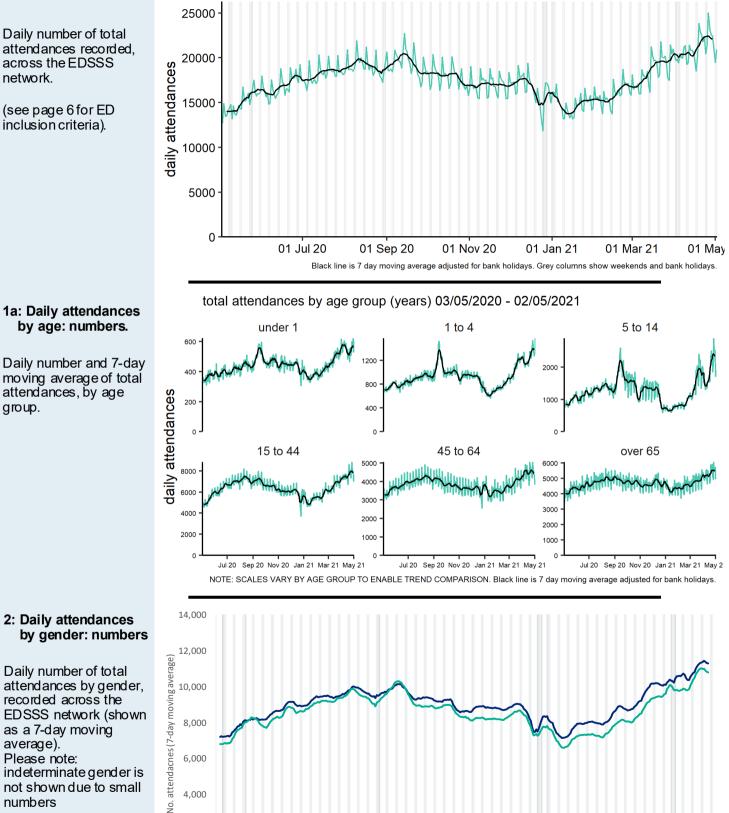
Daily number of total attendances recorded. across the EDSSS network.

(see page 6 for ED inclusion criteria).

by age: numbers.

attendances, by age

group.



03/05/20 31/05/20 28/06/20 26/07/20 23/08/20 20/09/20 18/10/20 15/11/20 13/12/20 10/01/21 07/02/21 07/03/21 04/04/21 02/05/21

- Female

Male

Bank holiday

Weekend

Total attendances 03/05/2020 - 02/05/2021

2: 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

4,000

2,000

0

EDSSS

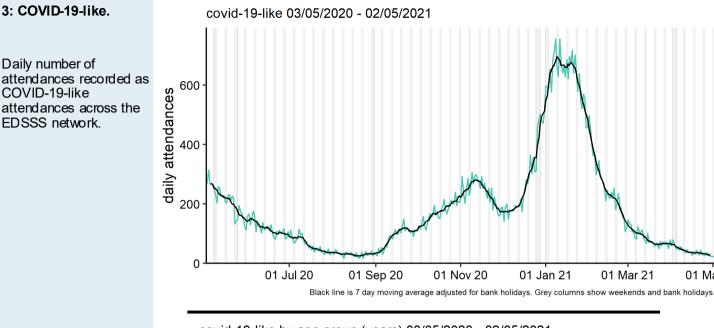


EDSSS

01 May

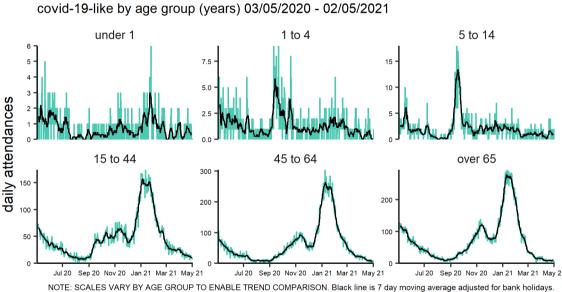
04 May 2021



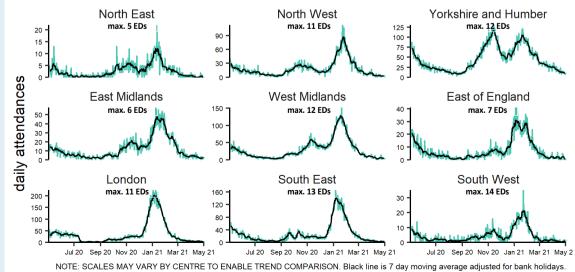


3a: COVID-19-like by age group.

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



covid-19-like by PHE Centre 03/05/2020 - 02/05/2021



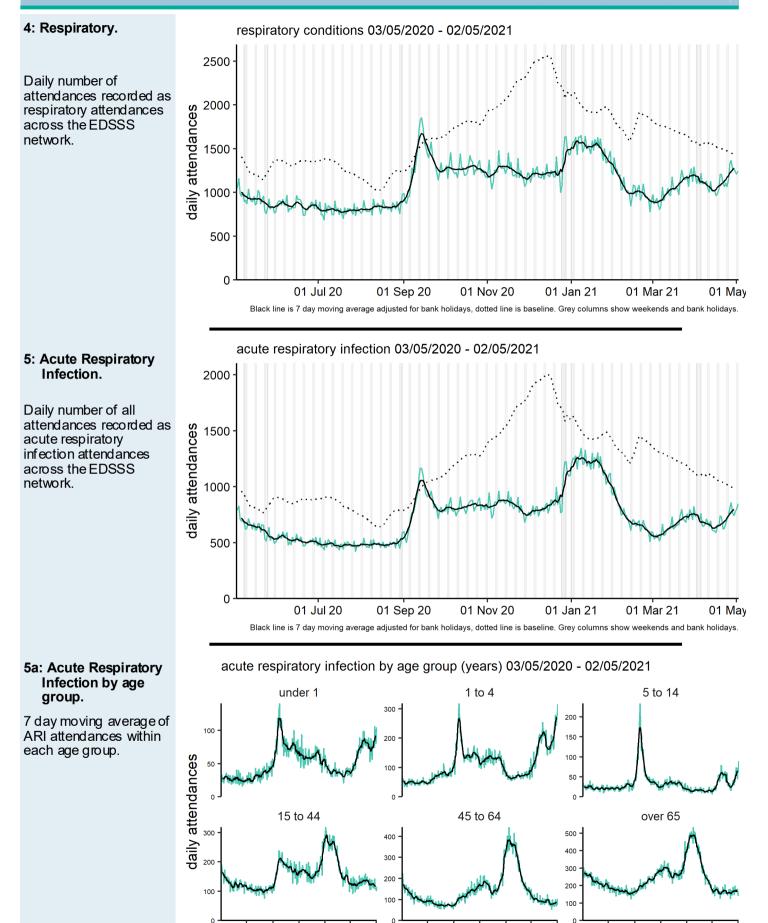
COVID-19-like attendances within each PHE Centre (with the maximum number of EDs included in each time series). Please see 'notes and caveats' for information on how EDs are selected for inclusion each week.

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

Daily attendances and 7

day moving average of

Year: 2021 Week: 17



Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21

Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21

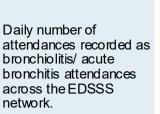
NOTE: SCALES VARY BY AGE GROUP TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays

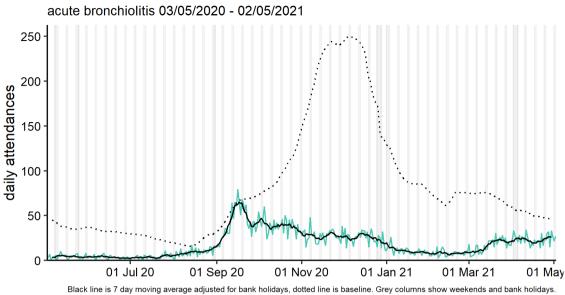
Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 2



6: Bronchiolitis/ bronchitis.

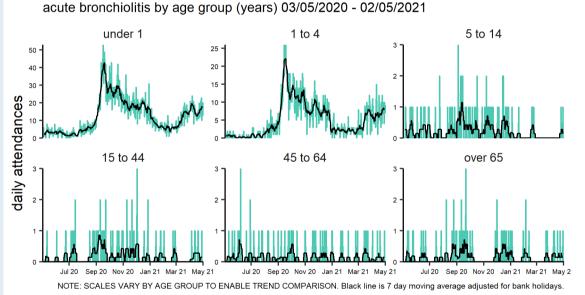


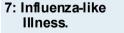




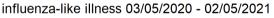


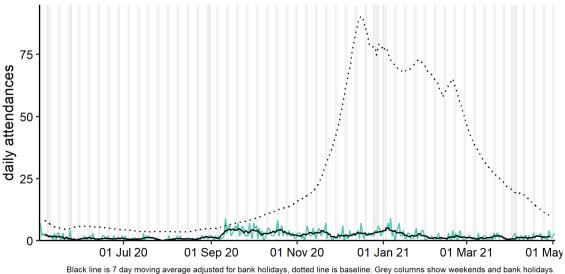
7 day moving average of bronchiolitis/ bronchitis attendances within each age group.





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

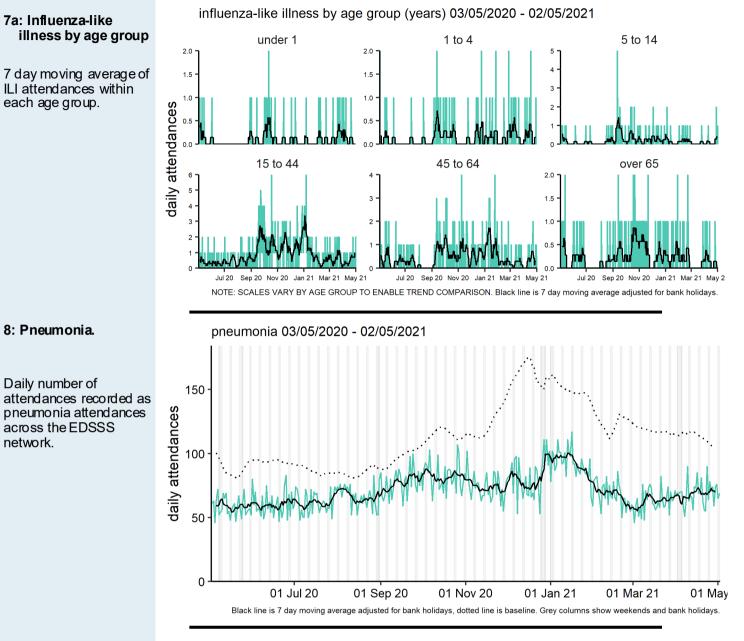


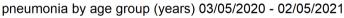




EDSSS

/ear: 2021 Week: 17





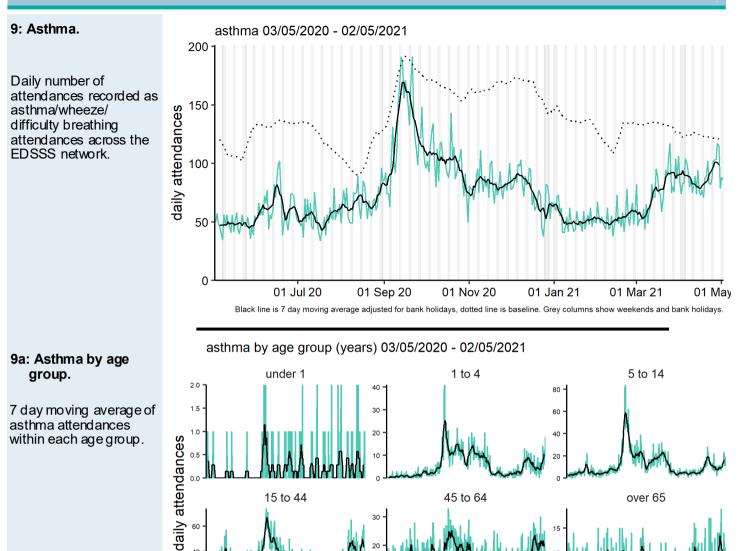
5 to 14 under 1 1 to 4 2.0 1.5 daily attendances 0.5 0.0 45 to 64 15 to 44 over 65 15 0 C Δ Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21 Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21 Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 2 NOTE: SCALES VARY BY AGE GROUP TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

8a: Pneumonia by age group.

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

over 65

Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 2



0

45 to 64

Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21

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

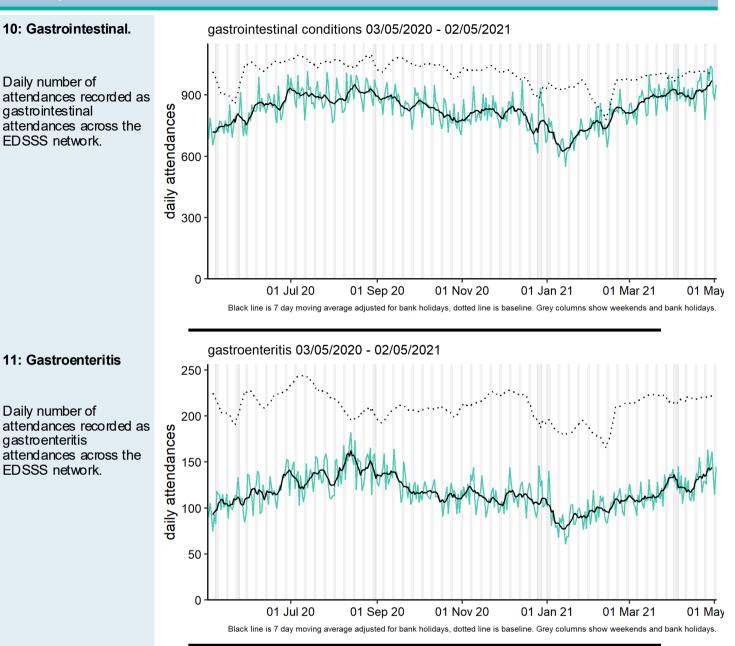
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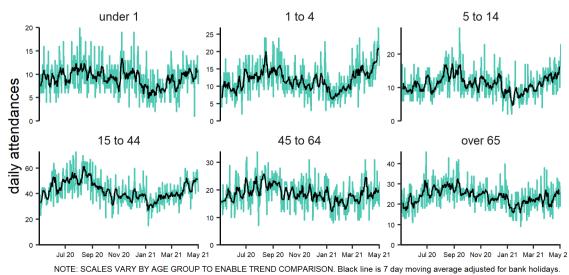
40 20 15 to 44

Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21





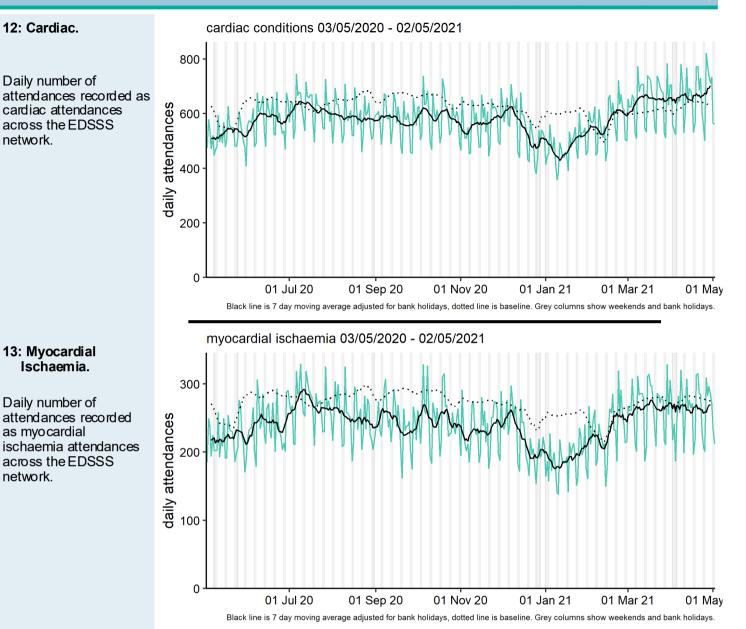
gastroenteritis by age group (years) 03/05/2020 - 02/05/2021

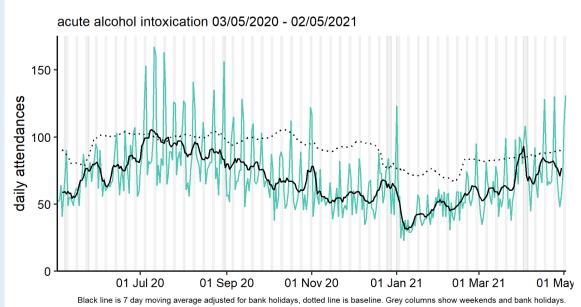


11a: Gastroenteritis by age group.

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







14. Acute alcohol intoxication

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 Is chaemia: 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 no 		
	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		

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