



12 May 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: 18

Summary.

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Reporting week: 03 May to 09 May 2021.

During week 18, COVID-19-like syndromic indicators decreased or remained stable. Selected indicators including emergency department and GP out of hours acute respiratory infections continued to increase in children aged under 15 years.

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: During week 18, there were further increases in NHS 111 respiratory calls in children aged under 15 years (figures 2a, 4a, 6a & 7a).

[Access bulletin](#)

GP In Hours: During week 18, COVID-19 consultations were stable (figure 1). Consultations for upper respiratory and lower respiratory tract infections increased in children aged <15 years (figures 2a & 6a). Gastroenteritis consultations were elevating in children aged 1-4 years (figures 8a).

[Access bulletin](#)

GP Out of Hours: During week 18 GP out of hours contacts for acute respiratory infection continued to increase across all age groups but noticeably in those aged 5 -14 years (figures 2 and 2a). Contacts for difficulty breathing/wheeze/ asthma increased in children aged 5-14 years (figure 5a).

[Access bulletin](#)

Emergency Department: COVID-19-like emergency department attendances during week 18 remained at a similar level to the previous week (figure 3). Acute respiratory infections have continued to increase, particularly in child age groups, up to 14 years (figure 5a). Bronchiolitis continues to increase in children under 5 years (figure 6a).

[Access bulletin](#)

Cardiac conditions and myocardial ischemia increased during week 18 (figures 12 & 13).

Ambulance: COVID-19-like calls increased slightly in week 18 (figure 2). Breathing problems also increased in week 18 but remain at expected levels (figure 3). Overdose/ ingestion/ poisoning calls increased and are above baseline levels (figure 8).

[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.
 - 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.
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PHE Real-time Syndromic Surveillance Team.

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