



19 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: 19

## Summary.

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Reporting week: 10 May to 16 May 2021.

During week 19, COVID-19-like syndromic indicators increased or remained stable. Selected indicators including emergency department and GP out of hours acute respiratory infections showed further increases 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 19, there were further increases in NHS 111 respiratory calls in children aged under 15 years, with a notable increase in the number of calls for coughs (figures 2a, 4a, 6a & 7a).

[Access bulletin](#)

### GP In Hours:

During week 19, COVID-19 consultations remained stable overall (figure 1). Consultations for upper respiratory tract infections continued to increase in children aged <15 years (figure 2a), as did lower respiratory tract infection consultations in children aged 1-4 years (figure 6a).

[Access bulletin](#)

### GP Out of Hours:

During week 19 GP out of hours contacts for acute respiratory infection increased slightly and remained high in children under 15 years (figures 2 & 2a). Contacts for other indicators decreased or remained stable during week 19.

[Access bulletin](#)

### Emergency Department:

During week 19, COVID-19-like emergency department attendances remained stable (figure 3).

[Access bulletin](#)

Acute respiratory infections continued to increase, particularly in children aged up to 14 years (figure 5a). Bronchiolitis attendances continued to increase and are now at baseline levels; increases were noted in children aged under 5 years (figures 6 & 6a).

### Ambulance:

COVID-19-like calls continued to increase in week 19 (figure 2). Breathing problems were stable and 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.*

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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>