



02 June 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: 21

## Summary.

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Reporting week: 24 May to 30 May 2021.

During week 21, COVID-19-like syndromic indicators overall remained stable. However acute respiratory infection indicators continued to increase in children aged under 15 years, and particularly in the 1-4 years age group.

**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 21 NHS 111 calls for potential COVID-19 and 'loss of taste or smell' remained stable (figures 5 & 8). There were, however, increases in NHS 111 calls for fever and all other respiratory indicators, across all age groups but most notably in the 1-4 years age group (figures 2-4, 6 & 7)

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All NHS 111 Online indicators remained stable during week 21.

### GP In Hours:

During week 21, COVID-19 consultations remained stable overall although there were small increases in the 1-4 years age group (figures 1 & 1a). Consultations for both upper respiratory tract infections and lower respiratory tract infections continued to increase, notably in children under 5 years (figures 2 & 2a, 6 & 6a). Gastroenteritis consultations also increased in week 21, particularly in the under 5 years age groups (figures 8 & 8a).

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### GP Out of Hours:

During week 21, GP out of hours contacts for acute respiratory infection continued to increase and are approaching seasonally expected levels; increases were observed particularly in children aged under 15 years (figures 2 & 2a). Contacts for acute bronchitis increased and are approaching seasonally expected levels (figure 4).

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### Emergency Department:

During week 21 COVID-19-like emergency department attendances remained stable, though increased slightly in the North West (figures 3 & 3b).

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Acute respiratory infections continued to increase, above seasonally expected levels, particularly in children aged up to 5 years (figure 5a). Bronchiolitis attendances also increased above baseline, but they are now at 'pre-COVID' seasonally expected levels (figure 6).

### Ambulance:

Overall, COVID-19-like calls continue to increase slowly (figure 2). During week 21, breathing problems calls were stable and remain at expected levels (figure 3). 'Falls/back injury', 'overdose/ingestion/poisoning' and 'unconscious/passing out' calls all increased, particularly towards the end of week 21 (figures 5, 8 & 9).

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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>