

Syndromic Surveillance Summary:

Field Service, National Infection Service, Real-time Syndromic Surveillance.

08 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: 22

Summary.

Subscribe to the weekly syndromic surveillance email

Reporting week: 31 May to 6 June 2021.

During week 22, COVID-19-like syndromic indicators increased slightly or remained stable. Acute respiratory infection indicators continued to increase in children aged under 5 years but have stabilised in some systems.

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 22 NHS 111 calls for cough and fever are no longer increasing nationally but remain above baseline (figures 3&4). There has been an increase in calls related to vomiting (figure 10). NHS 111 Online assessments for difficulty breathing increased slightly during week 22 (figure 16).

Access bulletin

GP In Hours:

Access bulletin

During week 22, COVID-19 consultations remained stable (figure 1). Consultations for both upper and lower respiratory tract infections continued to increase in children under 5 years (figures 2a, 6 & 6a). Gastroenteritis also increased in week 22, particularly in the under 5 years age groups (figures 8 & 8a). Consultations for heat/sunstroke increased in line with the recent warm weather (figure 22).

GP Out of Hours:

Access bulletin

During week 22 GP out of hours contacts for influenza-like illness increased slightly (figures 3) but remains at expected levels for the time of year. Acute respiratory infections are elevated, especially in children under 5 years, but have stabilised. Gastroenteritis increased and remains at expected levels (figure 7).

Emergency Department:

During week 22 COVID-19-like emergency department attendances increased slightly, notably in the North West (figures 3 & 3b).

Access bulletin

Acute respiratory infections stabilised but remain above seasonally expected levels, particularly in children aged up to 5 years (figure 5a). Bronchiolitis attendances also increased above baseline, and are now above Pre-COVID seasonally expected levels (figure 6). Gastroenteritis increased above baseline levels in week 22 (figure 11).

Ambulance:

COVID-19-like calls stabilised in week 22 (figure 2). Breathing problems were also stable but are above expected levels (figure 3).

Access bulletin.



PHE Syndromic Surveillance Summary

08 June 2021

- 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.

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.

PHE Real-time Syndromic Surveillance Team.

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