



16 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: 23

Summary.

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Reporting week: 07 to 13 June 2021.

During week 23, syndromic acute respiratory indicators in children aged under 1 and 1 to 4 years started to decrease. Indicators for the impact of heat and hay fever have increased in line with recent warm weather and high grass pollen levels.

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:

[Access bulletin](#)

During week 23, there were decreases across a number of NHS 111 respiratory call indicators, including cold/flu, cough and difficulty breathing (figures 2, 4, & 6). Of note, calls particularly decreased across all child age groups. There has been an increase in eye problems calls (figure 11) and fever calls in under 5 years (figure 3a) during week 23, in line with the recent warm weather and grass pollen season.

GP In Hours:

[Access bulletin](#)

During week 23, COVID-19-like consultations decreased slightly (figure 1). Consultations for both upper and lower respiratory tract infections have started to decrease in children aged under 5 years (figures 2a & 6a). Consultations for conjunctivitis and allergic rhinitis increased during week 23 (figures 12 and 21) in line with recent warm weather and seasonal grass pollen activity.

GP Out of Hours:

[Access bulletin](#)

During week 23, GP out of hours contacts for acute respiratory infections decreased, particularly in children aged under 15 years (figures 2 & 2a), however, overall, contacts remain above expected levels for the time of year. Gastroenteritis contacts increased above expected levels (figure 7).

Emergency Department:

[Access bulletin](#)

During week 23, COVID-19-like emergency department attendances continued to increase, most notably in the North West and 15-44 years age group (figures 3a-b). Acute respiratory infection and bronchiolitis attendances have decreased, particularly in children aged up to 5 years (figures 5a & 6a). Gastroenteritis attendances increased above baseline and pre-COVID levels in week 23 (figure 11).

Ambulance:

[Access bulletin](#)

COVID-19-like and breathing problems calls remained stable in week 23 (figures 2 & 3). There was an increase in 'heat/cold exposure' and 'unconscious/passing out' calls in line with the recent warm weather (figures 4 & 9). Calls for overdose/ingestion/poisoning continued to increase (figure 8).

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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.

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