



15 July 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: 27

Summary.

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Reporting week: 05 July to 11 July 2021.

During week 27, selected respiratory and gastrointestinal syndromic indicators remained elevated.

Remote Health Advice:

NHS 111 'loss of taste/smell' and 'potential COVID -19' calls increased slightly during week 27 (figures 5 & 8). Other respiratory call and online assessment indicators were stable or decreasing during week 27.

[Access bulletin](#)

GP In Hours:

During week 27, consultations for lower respiratory tract infections (LRTI) and asthma increased (figures 6 and 11). Increases in LRTI consultations were particularly noted in infants aged <1 year (figure 6a).

[Access bulletin](#)

GP Out of Hours:

GP out of hours contacts for bronchitis/bronchiolitis decreased during week 27 including contacts in the <1 years age group (figures 4 & 4a). Daily contacts for acute respiratory infections continued to increase in adults aged 15-44 years old (figure 2a).

[Access bulletin](#)

Emergency Department:

During week 27, COVID-19-like attendances continued to increase in adult age groups (over 15 years) and all centres (figures 3, 3a and 3b). Attendances for acute bronchiolitis increased, particularly in children under 5 years (figures 6 and 6a). Gastroenteritis attendances also increased in the under 5 and 15-44 years age groups (figure 11 and 11a).

[Access bulletin](#)

Ambulance:

COVID-19-like and difficulty breathing ambulance calls remained stable during week 27 (figures 2 & 3).

[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.

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.

Public Health England, 1st Floor, 5 St Philips Place, Birmingham, B3 2PW. **Tel:** 0344 225 3560 > Option 4 > Option 2.

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