## Public Health England

# National Ambulance

Syndromic Surveillance System: England

#### 20 July 2021

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Key messages

Data summary

syndrome:

COVID-19-like. Difficulty breathing.

Injuries.

arrest.

Chest pain.

Indicators by

Syndromic indicators at a glance

Total syndromic calls.

Impact of heat or cold.

Cardiac or respiratory

Overdose or ingestion

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Acknowledgements

or poisoning.

Unconsciousor

passing out.

Year: 2021 Week: 28

### Key messages

Data to: 18 July 2021

COVID-19-like calls increased further during week 28, while calls for difficulty breathing stabilised above baseline levels (figures 2 & 3). Calls for 'impact of heat or cold', 'injuries' and 'unconscious/passing' out all increased during the weekend of 17/18 July in line with recent high temperatures across England (figures 4, 6 & 9).

Baselines have been remodelled to account for changes due to COVID-19 and additional, new modelled lines have been added to the charts to represent expected levels if COVID-19 had not occurred.

A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part of the Heatwave Plan for England, the PHE Real-time Syndromic Surveillance team will be routinely monitoring the public health impact of hot weather using syndromic surveillance data during this period. Heat-health watch level (current reporting week): Level 1/3: Summer preparedness / Heatwave action http://www.metoffice.gov.uk/weather/uk/heathealth/

## Syndromic indicators at a glance:

Indicator		Calls*	<b>Trend</b> <sup>†</sup>	Level <sup>‡</sup>
COVID-19-like		13,529	no trend	-
Difficulty breathing		13,256	no trend	above baseline levels
Impact of heat or cold		159	increasing	similar to baseline levels
Injuries		16,300	increasing	above baseline levels
Cardiac	Cardiac/ respiratory arrest	2,527	increasing	above baseline levels
	Chest pain	11,534	decreasing	above baseline levels
Overdose/ ingestion/ poisoning		4,552	no trend	above baseline levels
Unconscious/ passing out		10,262	increasing	above baseline levels

\* Number of syndromic calls received by PHE in the reporting week

<sup>†</sup> Trend is defined as the overall activity over the last few weeks

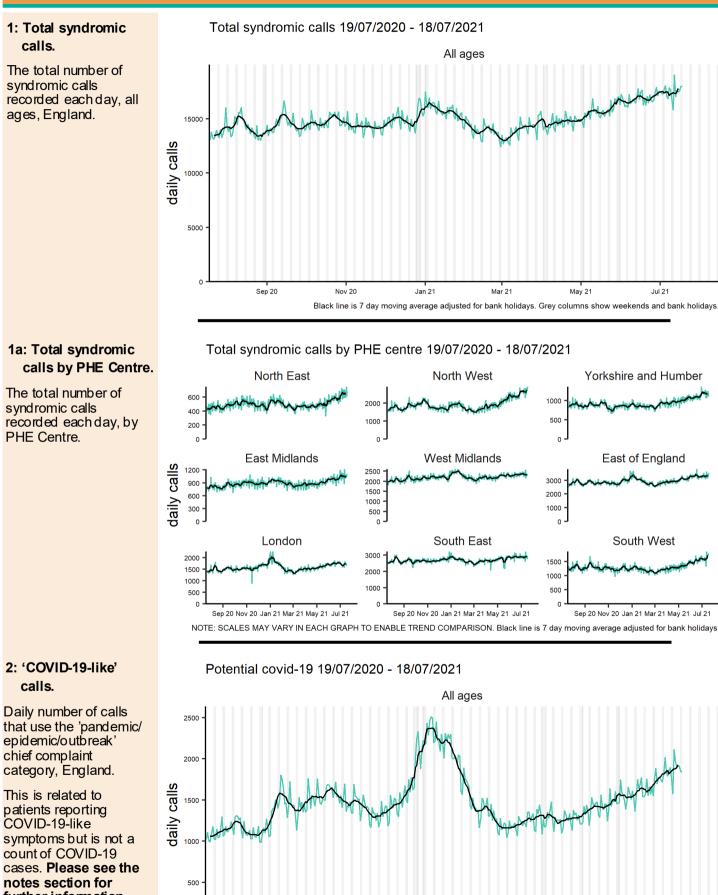
 $\ddagger$  Current activity in comparison to historical baselines, which have been constructed using data from 1 January 2018

Day	Trusts*	Week 28
Monday	10	19,186
Tuesday	10	17,142
Wednesday	/ 10	17,717
Thursday	10	17,581
Friday	10	17,765
Saturday	10	18,136
Sunday	10	18,127
Total	(max) 10	125,654

Data summary:

Daily total syndromic counts and number of English ambulance trusts for which data is included in this bulletin.

#### \* Ambulance Trusts (England) submitting daily syndromic surveillance data included in report



## 20 July 2021

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Public Health England

## Ambulance

Week:

28

Year:

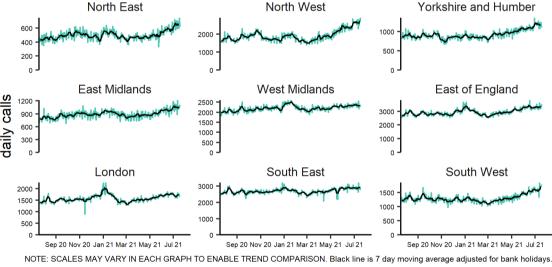
2021

Jul 21

further information and caveats about this indicator.

0

Sep 20



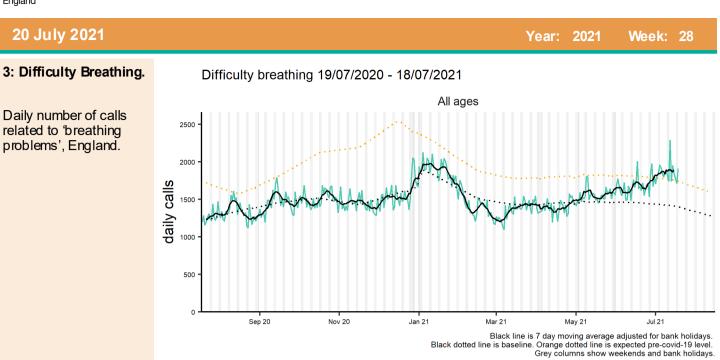
Jan 21

Nov 20

Mar 21

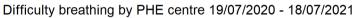
Black line is 7 day moving average adjusted for bank holidays. Grey columns show weekends and bank holidays

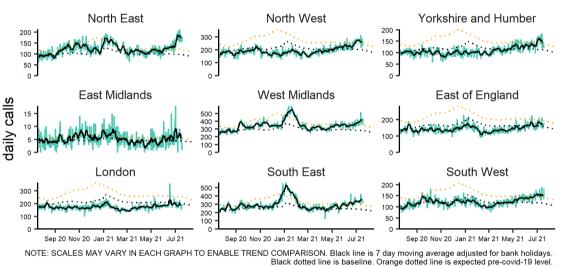
May 21



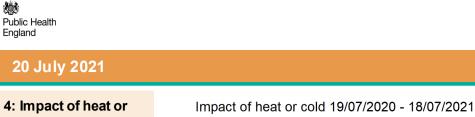
#### 3a: Difficulty Breathing calls by PHE Centre.

Number of daily breathing problems calls by PHE Centre. Please note: very few calls of this type are recorded in the East Midlands PHE Centre.





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Week:

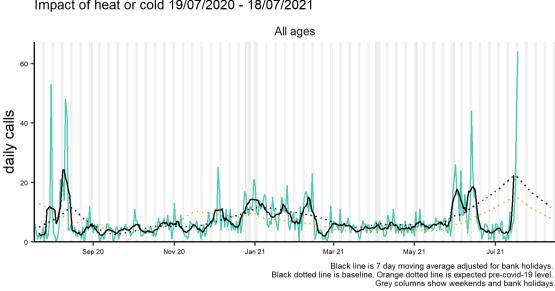
28

Year:

2021

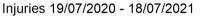


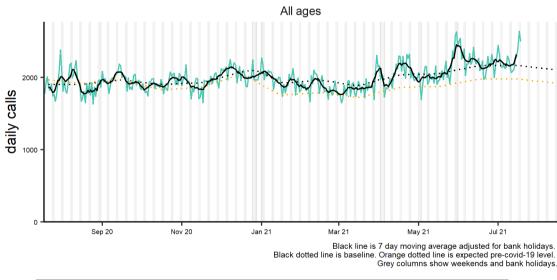
Daily number of calls related to 'heat/ cold exposure, England.



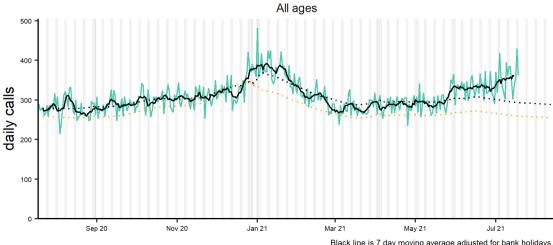
#### 5: Injuries.

Daily number of calls related to 'falls/ back injury - traumatic', England.





#### Cardiac or respiratory arrest 19/07/2020 - 18/07/2021

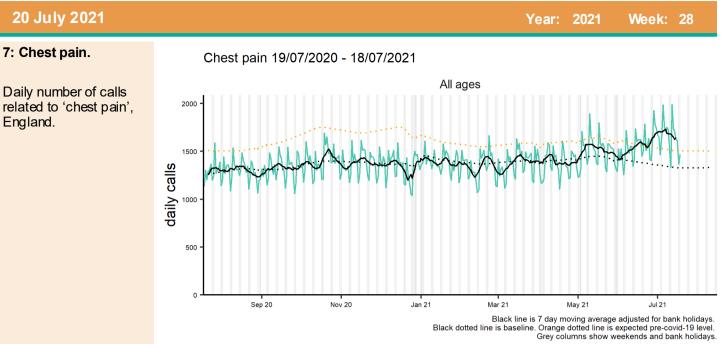


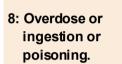
Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level. Grey columns show weekends and bank holidays.

#### 6: Cardiac or respiratory arrest.

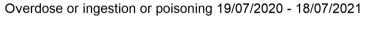
Daily number of calls related to 'cardiac/ respiratory arrest', England.

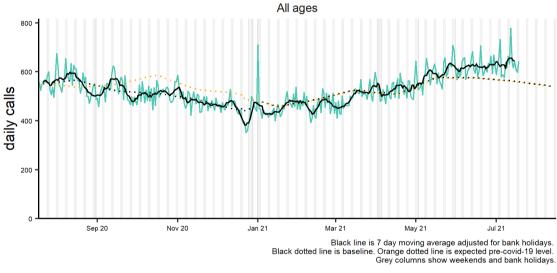


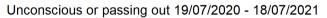


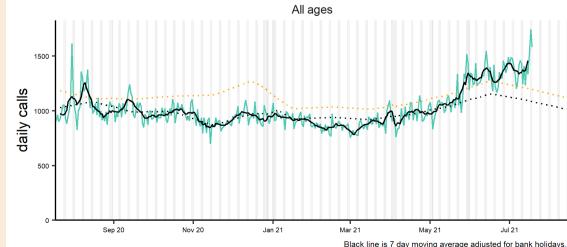


Daily number of calls related to 'overdose/ ingestion/poisoning', England.









Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level. Grey columns show weekends and bank holidays.

#### 9: Unconscious or passing out.

Daily number of calls related to 'unconscious', England.

20 July 2021	Year: 2021 Week: 28
COVID-19-like ambulance calls:	<ul> <li>During March 2020 ambulance trusts started using a 'Pandemic/Epidemic/Outbreak' triage card to assess potential COVID-19 patients. Calls using this 'Pandemic' triage are now presented in this bulletin as 'COVID-19-like' calls.</li> </ul>
	<ul> <li>When the Pandemic triage was introduced the number of syndromic indicator calls e.g. breathing problems decreased, reflecting the increased use of the pandemic triage.</li> </ul>
	<ul> <li>Please note that these ambulance calls are not an absolute count of COVID-19 cases assessed by ambulance trusts: not all ambulance trusts use the Pandemic triage card; other chief complaint categories and local codes are also used to triage potential COVID- 19 patients.</li> </ul>
	• The 'COVID-19-like' call data presented in this bulletin should therefore be used to monitor trends in calls and not numbers.
Introduction to charts:	<ul> <li>A 7-day moving average (adjusted for bank holidays) is overlaid on the daily data reported in each chart, unless specified.</li> </ul>
	Baselines have been constructed using historical data since 1 January 2018
	<ul> <li>Baselines have been remodelled to account for changes due to COVID-19 and the orange dotted lines are counter-factual models showing seasonally expected levels if COVID-19 had not occurred.</li> </ul>
	<ul> <li>National ambulance syndromic surveillance (NASS) call data are analysed by the Real- time Syndromic Surveillance Team (ReSST) on a daily basis to identify national and regional trends. A statistical algorithm underpins each syndromic surveillance system, routinely identifying activity that has increased significantly or is statistically significantly high for the time of year. Results from these daily analyses are assessed by the ReSST, along with analysis by age group, and anything deemed of public health importance is alerted by the team.</li> </ul>
Notes and further	Coverage:
information:	<ul> <li>Total syndromic calls includes all calls where the chief presenting complaint can be mapped to one of the syndromic indicators monitored by Public Health England.</li> </ul>
	Some indicators are not routinely presented in this report.
	• Total syndromic calls is lower than the total number of calls received by ambulance trusts.
	Description of included NASS indicators:
	Difficulty breathing: persons finding it difficult to breathe.
	• Impact of heat or cold: heat or cold exposure.
	Injuries: persons falling or having a back injury.
	<ul> <li>Cardiac or respiratory arrest: persons who have stopped or have ineffective breathing or/and no pulse.</li> </ul>
	Chest Pain: persons experiencing chest pain or chest discomfort.
	• Overdose or ingestion or poisoning: overdoses, ingestion of a substance or poisoning.
	Unconscious or passing out: persons who are unconscious, not alert or fainting.
Acknowledgements:	We would like to thank:
	<ul> <li>North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS Ambulance Trusts for submitting anonymised, daily data to the National Ambulance Syndromic Surveillance system.</li> </ul>
	• The Association of Ambulance Chief Executives for their support in establishing NASS.
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#### Produced by: PHE Real-time Syndromic Surveillance Team