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# National Ambulance

# Syndromic Surveillance System: England

### 26 July 2021 Year: 2021 Week: 29 In This Issue: Key messages Data to: 25 July 2021 Key messages COVID-19-like calls increased further during week 29, while calls for difficulty Syndromic indicators breathing also increased (figures 2 & 3). Calls for 'impact of heat or cold', and at a glance 'injuries' decreased during the weekend of 24/25 July as temperatures decreased Data summary following the recent hot weather across England (figures 4 & 5). Indicators by syndrome: Total syndromic calls. COVID-19-like. Baselines have been remodelled to account for changes due to COVID-19 and additional, Difficulty breathing. new modelled lines have been added to the charts to represent expected levels if COVID-Impact of heat or cold. 19 had not occurred. Injuries. Cardiac or respiratory arrest. A Heat-Health Watch system operates in England from 1 June to 15 September each year. As part Chest pain. 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. Overdose or ingestion Heat-health watch level (current reporting week): Level 1/3: Summer preparedness / Heatwave action or poisoning. http://www.metoffice.gov.uk/weather/uk/heathealth/ Unconscious or Syndromic indicators at a glance: passing out. Indicator Calls\* **Trend**<sup>T</sup> Level<sup>‡</sup> COVID-19-like 14,157 increasing Introduction to charts Difficulty breathing 13,892 increasing above baseline levels Notes and further

Impact of heat or cold 280 decreasing above baseline levels Injuries 16,355 decreasing above baseline levels Cardiac/ respiratory arrest 3,000 increasing above baseline levels Cardiac Chest pain 11,161 no trend above baseline levels Overdose/ ingestion/ poisoning 4,684 increasing above baseline levels Unconscious/ passing out 11,335 no trend 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

<sup>‡</sup> Current activity in comparison to historical baselines, which have been constructed using data from 1 January 2018

Day	Trusts*	Week 29
Monday	10	18,942
Tuesday	10	18,625
Wednesday	10	18,293
Thursday	10	18,149
Friday	10	18,007
Saturday	10	18,170
Sunday	10	17,570
Total	(max) 10	127,756

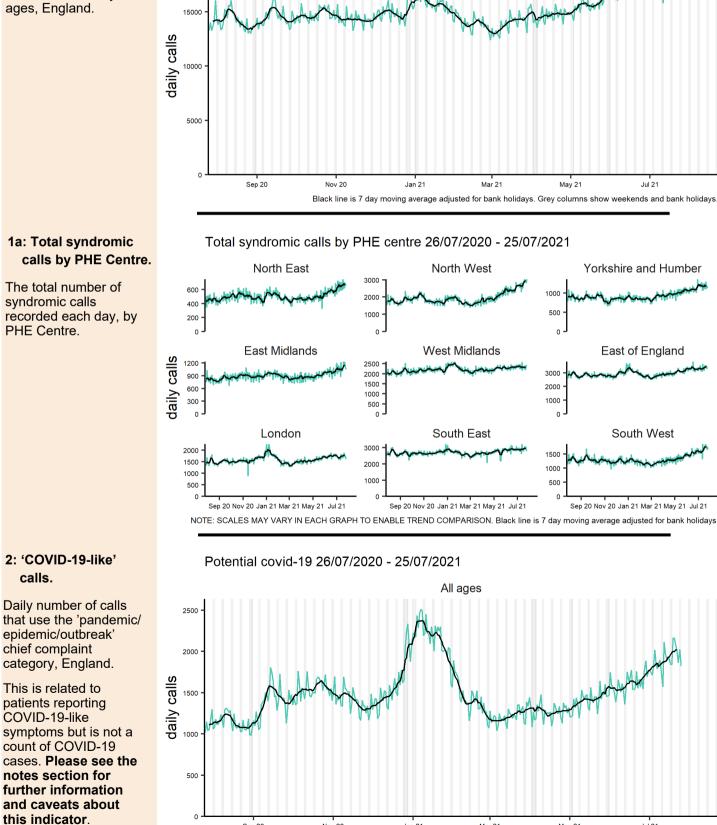
Data summary:

information

Acknowledgements

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

### 1

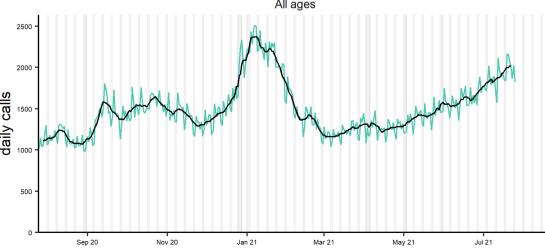


The total number of syndromic calls recorded each day, by PHE Centre.

The total number of svndromic calls recorded each day, all



East of England South West Sep 20 Nov 20 Jan 21 Mar 21 May 21 Jul 21 NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.



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

# Ambulance

Jul 21

29

Year:

2021

2

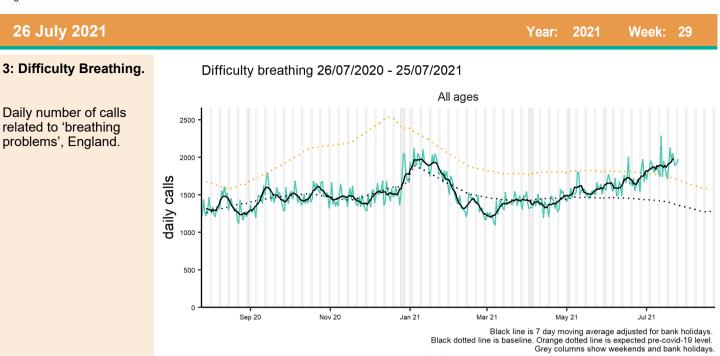
繱 Public Health England

calls.

# 26 July 2021

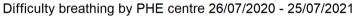
1: Total syndromic

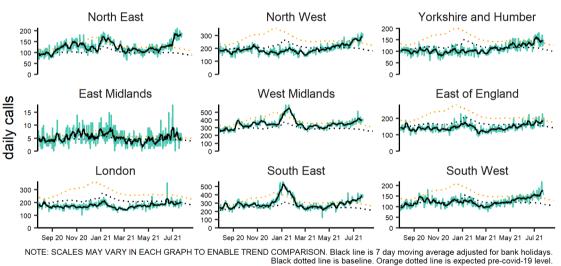
# Ambulance



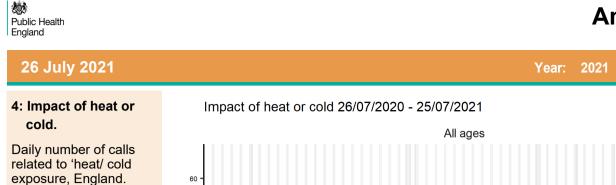
### 3a: Difficulty Breathing calls by PHE Centre.

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.





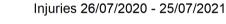
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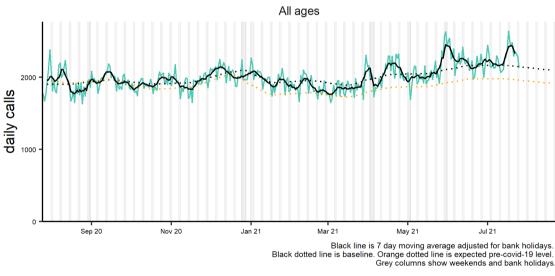


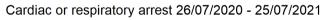
# 60 daily calls 40 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21 Jul 21 Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level. Grey columns show weekends and bank holidays.

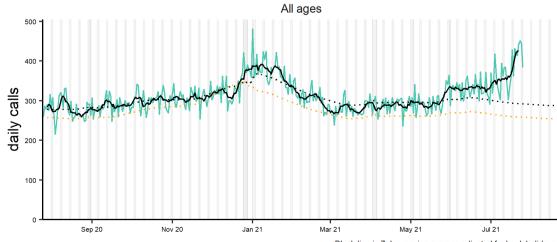


Daily number of calls related to 'falls/ back injury - traumatic', England.









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.

# 6: Cardiac or respiratory arrest.

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

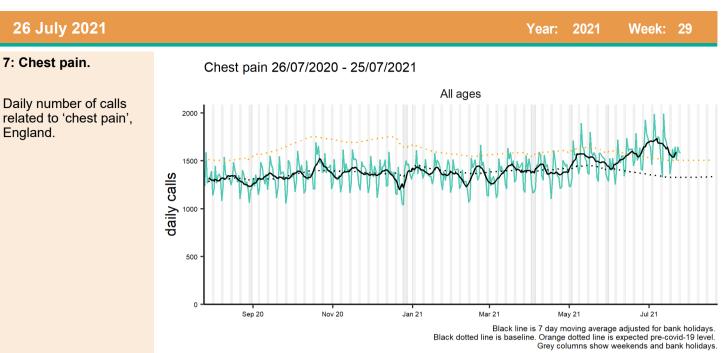
# **Ambulance**

Week:

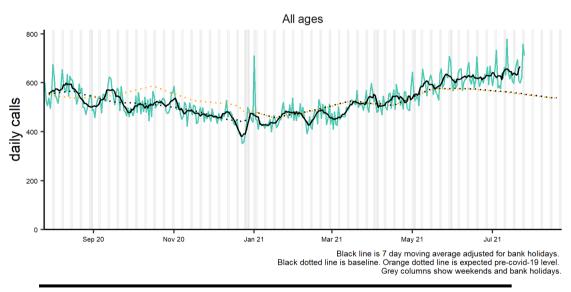
29



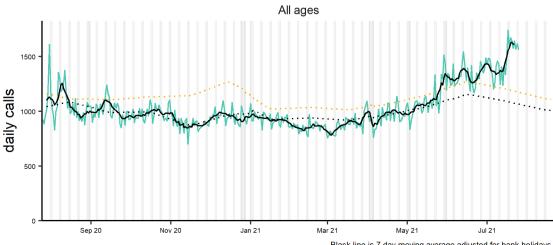
# Ambulance



## Overdose or ingestion or poisoning 26/07/2020 - 25/07/2021



### Unconscious or passing out 26/07/2020 - 25/07/2021



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.

## 8: Overdose or ingestion or poisoning.

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

### 9: Unconscious or passing out.

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

# Ambulance

26 July 2021	Year: 2021 Week: 29			
COVID-19-like ambulance calls:	• 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 ' <b>COVID-19-like</b> ' calls.			
	• 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.			
	• 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.			
	• 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 information:	Coverage:			
	<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>			
	<ul> <li>Some indicators are not routinely presented in this report.</li> </ul>			
	• 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.			
Contact ReSST:				

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## Produced by: PHE Real-time Syndromic Surveillance Team