

National Ambulance

Syndromic Surveillance System: England

25 August 2021		Year: 2021 Week: 33	
In This Issue : Key messages	Key messages	Data to: 22 August 2021	
Syndromic indicators at a glance Data summary Indicators by syndrome:	During week 33, COVID-19 (figures 2 and 3).	like and difficulty breathing calls decreased	
Total syndromic calls. COVID-19-like. Difficulty breathing.	Please note: due to technical issues, Trusts.	2 days during week 33 include 9, rather than 10, Ambulance	
Impact of heat or cold. Injuries. Cardiac or respiratory arrest.	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: Summer preparedness http://www.metoffice.gov.uk/weather/uk/heathealth/		
Chest pain. Overdose or ingestion or poisoning.			
Unconscious or passing out.			
	Indicator	Calls* Trend [†] Level [‡]	
Introduction to charts Notes and further information	COVID-19-like Difficulty breathing Impact of heat or cold	11,026decreasing-11,358decreasingabove baseline levels26no trendbelow baseline levels	
	Injuries	14,132 decreasing below baseline levels	

Cardiac/ respiratory arrest

* Number of syndromic calls received by PHE in the reporting week [†] Trend is defined as the overall activity over the last few weeks

Chest pain

Overdose/ ingestion/ poisoning

Unconscious/ passing out

from 1 January 2018

Acknowledgements

Cardiac

Data summary:

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

Day	Trusts*	Week 33
Monday	10	16,144
Tuesday	10	15,654
Wednesday	10	16,212
Thursday	9	13,776
Friday	10	16,312
Saturday	10	16,611
Sunday	9	16,523
Total	(max) 10	111,232

[‡] Current activity in comparison to historical baselines, which have been constructed using data

2,307 no trend

10,526 decreasing

4,035 decreasing

8,882 decreasing

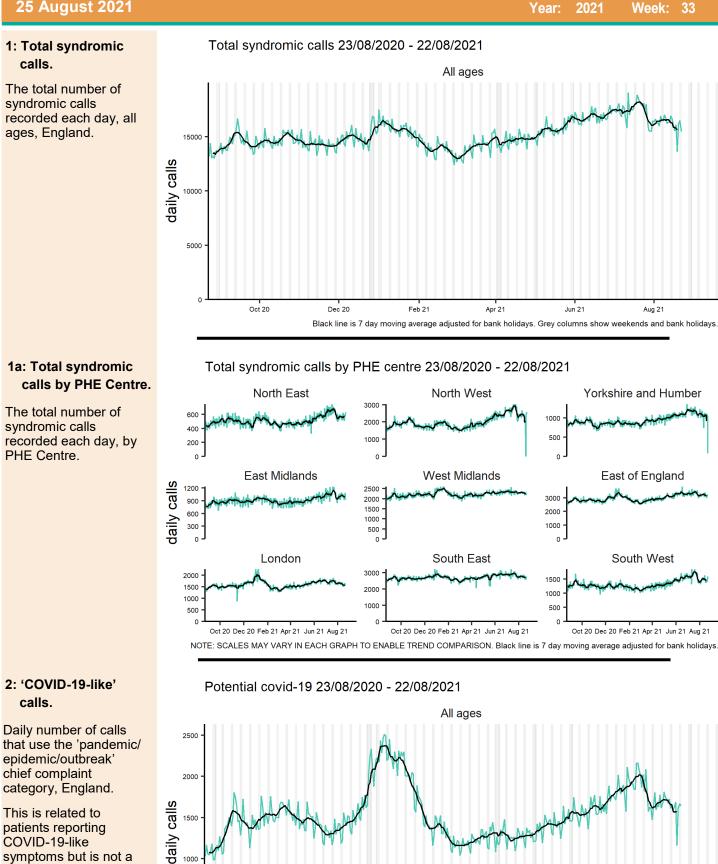
above baseline levels

above baseline levels

above baseline levels

above baseline levels

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



patients reporting COVID-19-like symptoms but is not a count of COVID-19 cases. Please see the notes section for further information and caveats about this indicator.

1000

500

0

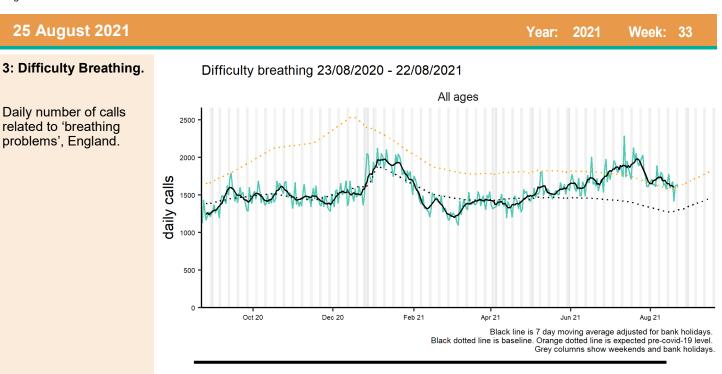
Oct 20

epidemic/outbreak' chief complaint category, England.



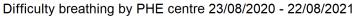
Ambulance

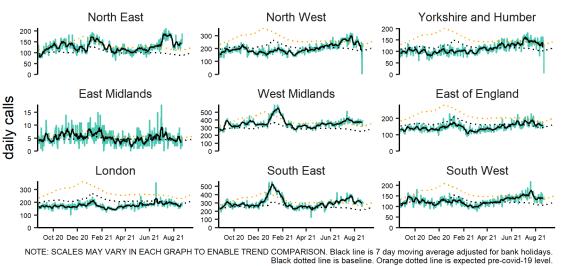
25 August 2021



3a: Difficulty Breathing calls by PHE Centre.

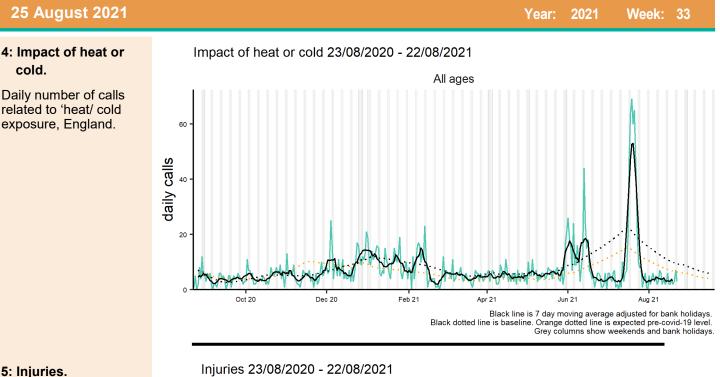
Number of daily breathing problems calls by PHE Centre. Please note: very few calls of this type are recorded in the East Midlands PHE Centre.





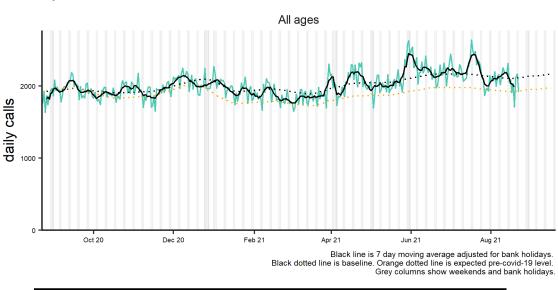
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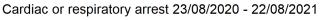


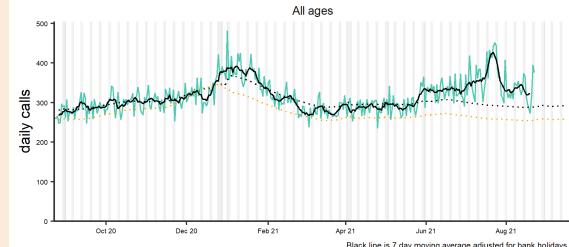


5: Injuries.

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





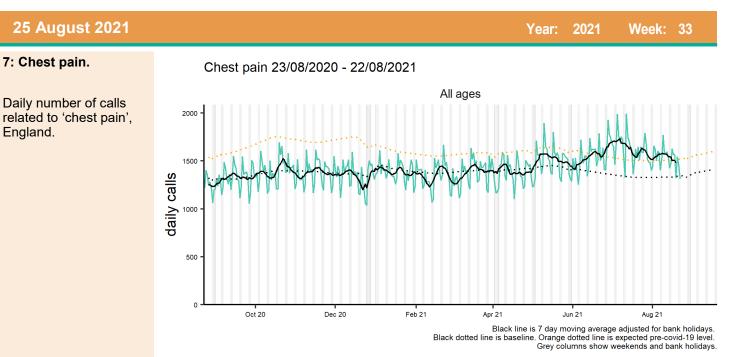


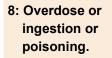
Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Orange dotted line is expected pre-covid-19 level. Grey columns show weekends and bank holidays.

6: Cardiac or respiratory arrest.

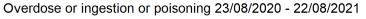
Daily number of calls related to 'cardiac/ respiratory arrest', England.

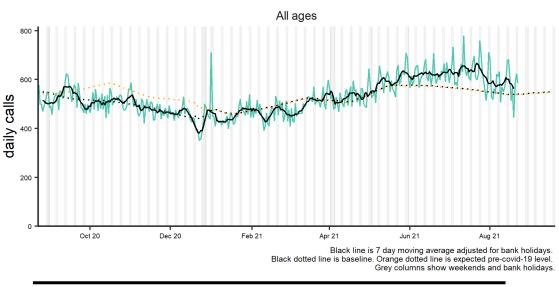


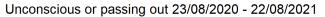


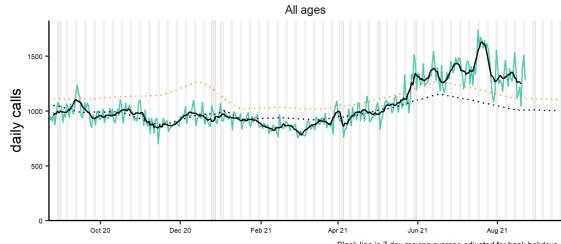


Daily number of calls related to 'overdose/ ingestion/ poisoning', England.









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.

25 August 2021	Year: 2021 Week: 33			
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 'COVID-19-like' 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:	 A 7-day moving average (adjusted for bank holidays) is overlaid on the daily data reported in each chart, unless specified. 			
	Baselines have been constructed using historical data since 1 January 2018			
	 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. 			
	• 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.			
Notes and further	Coverage:			
Notes and further information:	 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. 			
	 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.			
	 Cardiac or respiratory arrest: persons who have stopped or have ineffective breathing or/and no pulse. 			
	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:			
	 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. 			
	• 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