



UK Health
Security
Agency

Emergency Department Syndromic Surveillance System Bulletin (England) 2021 Week 39

Key messages

Data reported to: 03 October 2021

During week 39, ED attendances for acute respiratory infections continue to increase in the under 1 and 15-44 years age groups. There were also small increases in influenza-like-illness in the 15-44 years age group. ED attendances for acute bronchiolitis have stabilised nationally and in the under 1 year age group, and are decreasing in the 1-4 years age group.

Syndromic indicators at a glance

Table 1: The current trend (based on previous weeks, not only the current week) and the level (compared to the expected baseline), of each indicator included in this bulletin.

Indicator	Trend ¹	Level
Total attendances (Figure 1)	Decreasing	-
COVID-19-like (Figure 2)	Increasing	-
Acute respiratory infections (Figure 3)	Increasing	Above baseline
Acute bronchiolitis or bronchitis (Figure 4)	No trend	Above baseline
Influenza-like illness (Figure 5)	Increasing	Above baseline
Pneumonia (Figure 6)	No trend	Below baseline
Asthma (Figure 7)	Decreasing	Similar to baseline
Gastroenteritis (Figure 8)	Increasing	Above baseline
Cardiac (Figure 9)	No trend	Below baseline
Myocardial ischaemia (Figure 10)	No trend	Below baseline
Acute alcohol intoxication (Figure 11)	Decreasing	Below baseline

¹ trend reports on the trend seen over most recent and earlier weeks

Contents

Key messages	2
Syndromic indicators at a glance.....	2
Contents.....	3
About this syndromic surveillance system.....	4
Total attendances	5
Respiratory conditions.....	7
COVID-19-like	7
Acute respiratory infections	9
Acute bronchiolitis/ bronchitis	11
Influenza-like illness	13
Pneumonia	15
Asthma	17
Gastrointestinal conditions	19
Gastroenteritis	19
Cardiac conditions	21
Cardiac.....	21
Myocardial ischaemia	23
Other conditions.....	25
Acute alcohol intoxication	25
Seasonal environmental conditions	27
No weather watch in place	27
Notes and caveats	28
Acknowledgements	29
About the UK Health Security Agency	30

About this syndromic surveillance system

This bulletin presents data from the UK Health Security Agency (UKHSA) emergency department syndromic surveillance system.

Syndromic surveillance can be used to:

- assess current trends
- assess current trends and levels compared to historical baselines
- compare trends between age groups/areas

Syndromic surveillance should not be used to:

- estimate total burden or number of 'cases' of a condition (see **Notes and caveats**)
- compare levels between age groups/areas

Fully anonymised, daily ED data are analysed and reported here, to identify and describe trends for a variety of syndromic indicators:

- syndromic indicators include groupings such as acute respiratory tract infections, gastroenteritis and myocardial ischaemia
- syndromic indicators are based on:
 - the primary diagnosis for each attendance
 - other diagnoses may be recorded, but are not used for indicator grouping
 - diagnoses may be based on signs/symptoms and may not be laboratory confirmed
- **Key messages** describes any notable trends nationally (England), by age group and/or by geographical area (based on UKHSA centres)
- the full list of syndromic indicators reported here, along with their current level and trend, are summarised in **Table 1**
- charts are provided for each syndromic indicator, on a national basis, by age group and by geographical area (UKHSA centre). Each chart includes a year of data with:
 - 7-day moving averages (adjusted for weekends and bank holidays) to aid in the identification of trend
 - statistical baselines (where available) to aid in the assessment of level compared to historical expectations

For further information please see the **Notes and caveats** section.

An archive of previous weekly bulletins is available [here](#).

Data quality issues of note this week

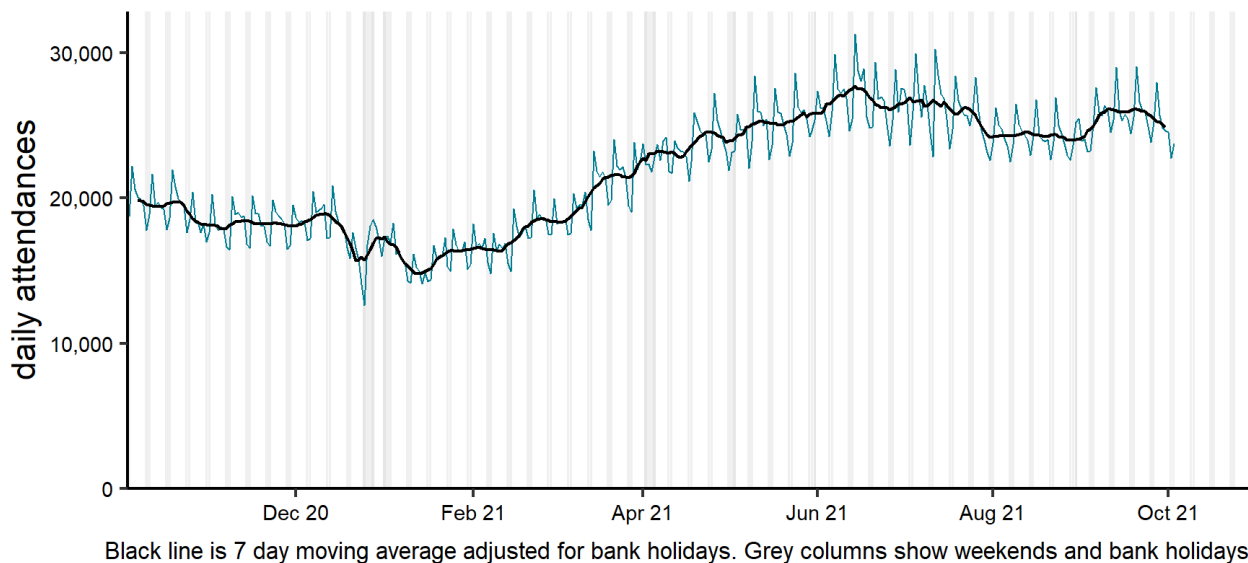
No issues identified.

See **Table 2** and **Table 3** for the numbers of EDs included this week.

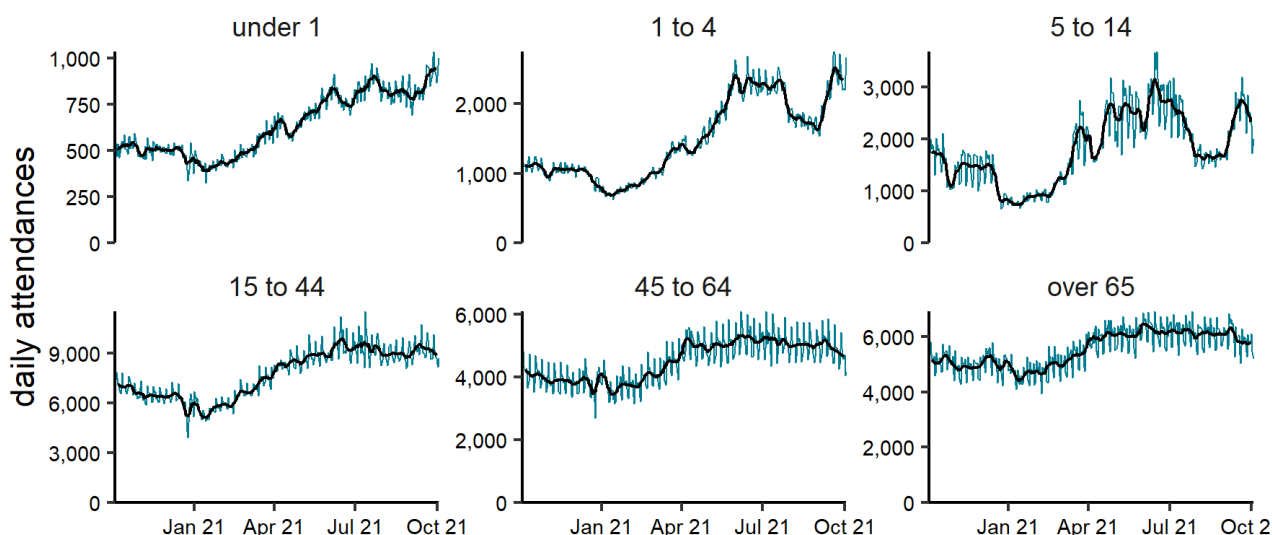
Total attendances

Figure 1: Daily number of ED attendances (and 7-day moving average adjusted for bank holidays) recorded in this sentinel syndromic surveillance system in England (a) nationally, (b) by age and (c) by UKHSA Centre.

(a) Total attendances 04/10/2020 - 03/10/2021

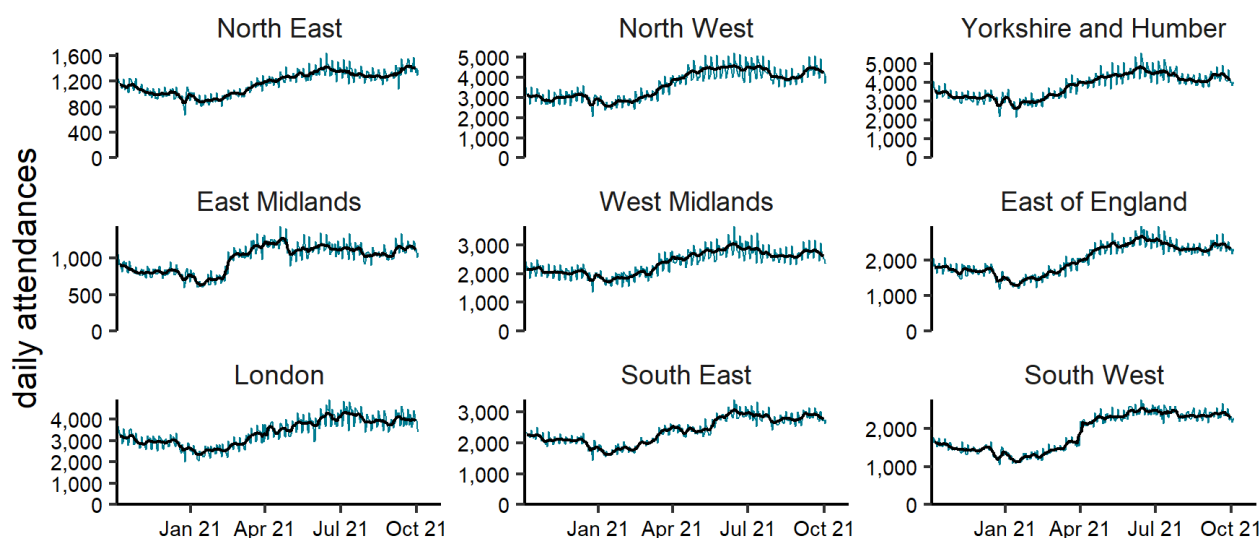


(b) Total attendances by age group (years) 04/10/2020 - 03/10/2021



NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.

(c) Total attendances by centre 04/10/2020 - 03/10/2021



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Black line is 7 day moving average adjusted for bank holidays.

Table 2: The number of emergency department (ED) attendances, number with a diagnosis code included in surveillance each day during the most recent week.

Date	Total attendances ¹	Diagnoses included ¹
27 September 2021	27,940	18,818
28 September 2021	25,664	17,990
29 September 2021	24,805	17,478
30 September 2021	24,607	17,553
01 October 2021	24,538	16,557
02 October 2021	22,770	15,483
03 October 2021	23,731	16,432

Table 3: The number of EDs in total and in each UKHSA centre included in surveillance each day during the most recent week.

UKHSA centre	Number of EDs ¹
North East	6
North West	17
Yorkshire & Humber	17
West Midlands	10
East Midlands	3
East of England	9
South West	11
London	15
South East	14
Total	102

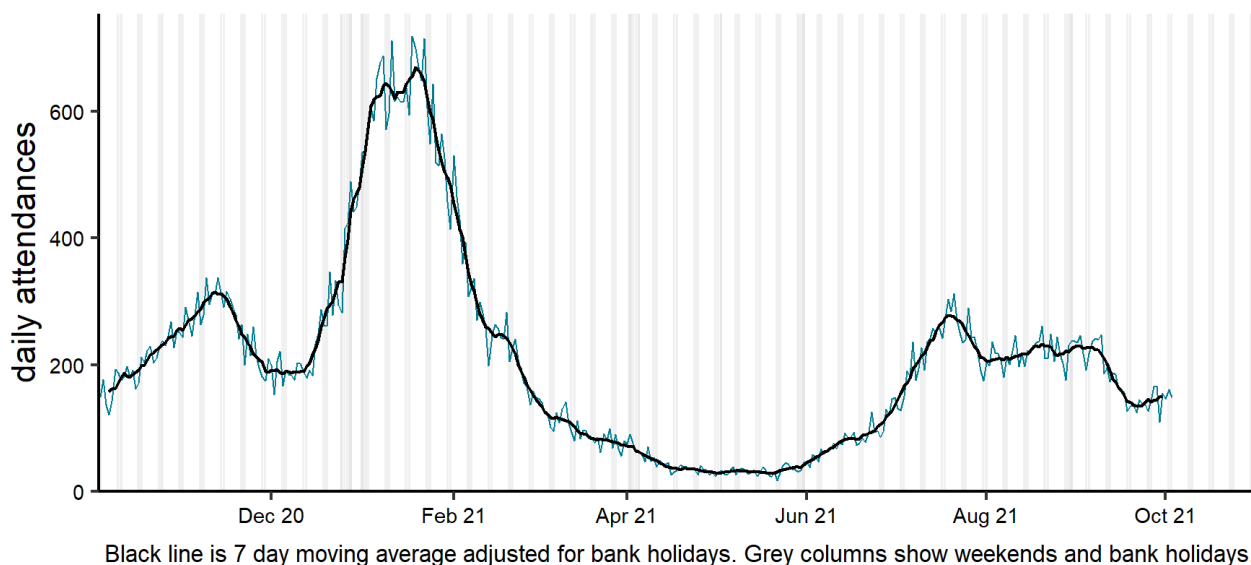
¹ only attendances from Type 01 EDs meeting the weekly reporting criteria are included in this report, see **Notes and caveats** for further details.

Respiratory conditions

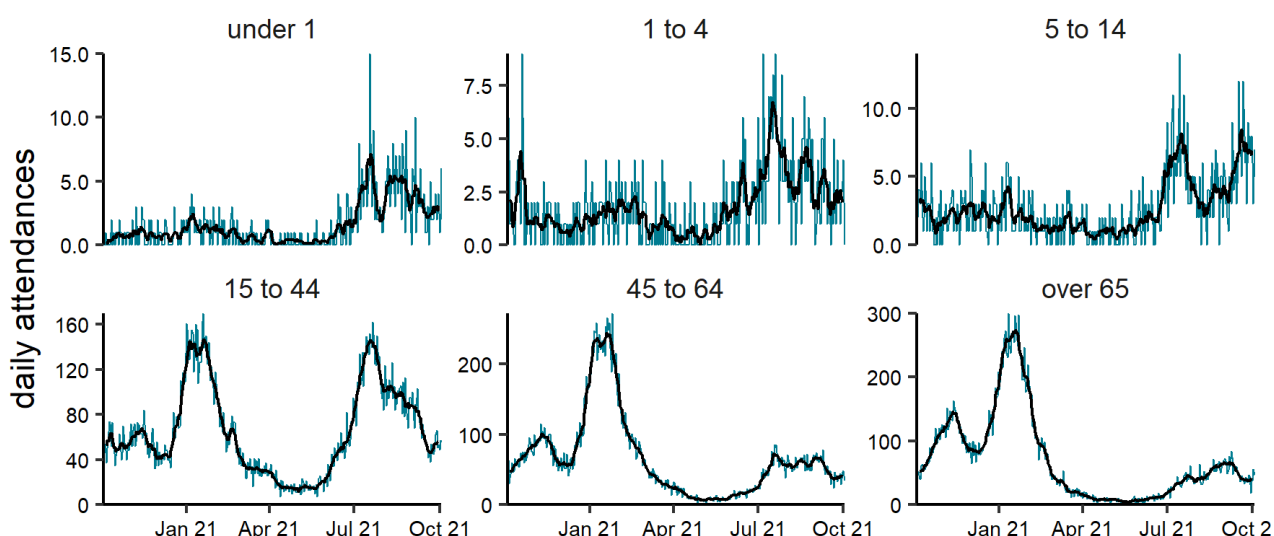
COVID-19-like

Figure 2: Daily number of COVID-19-like ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.

(a) Covid-19-like 04/10/2020 - 03/10/2021

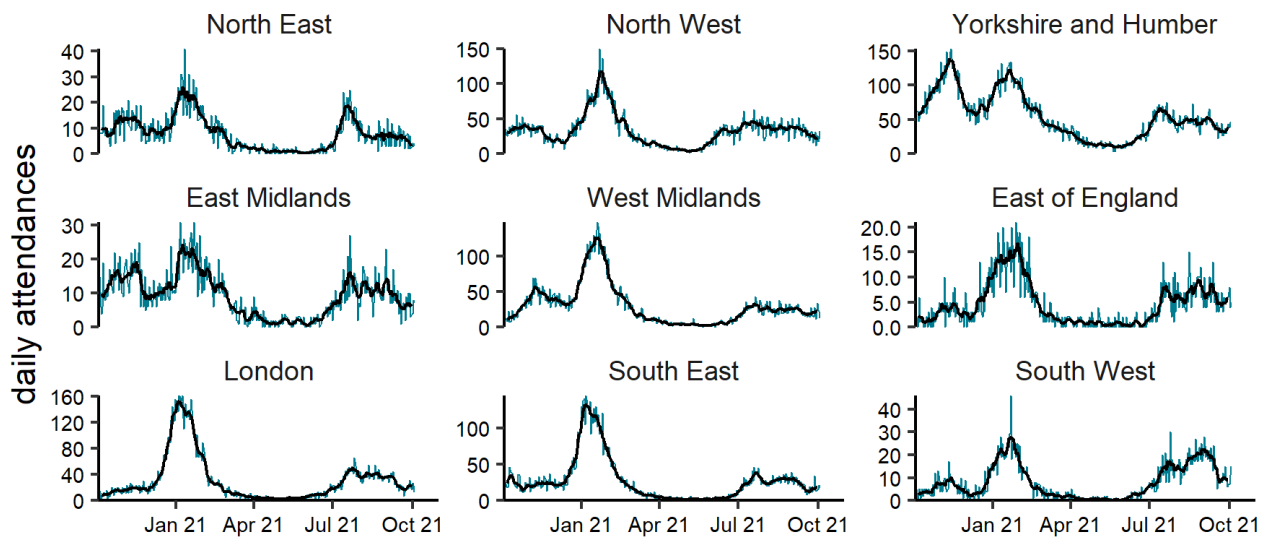


(b) Covid-19-like by age group (years) 04/10/2020 - 03/10/2021



(c)

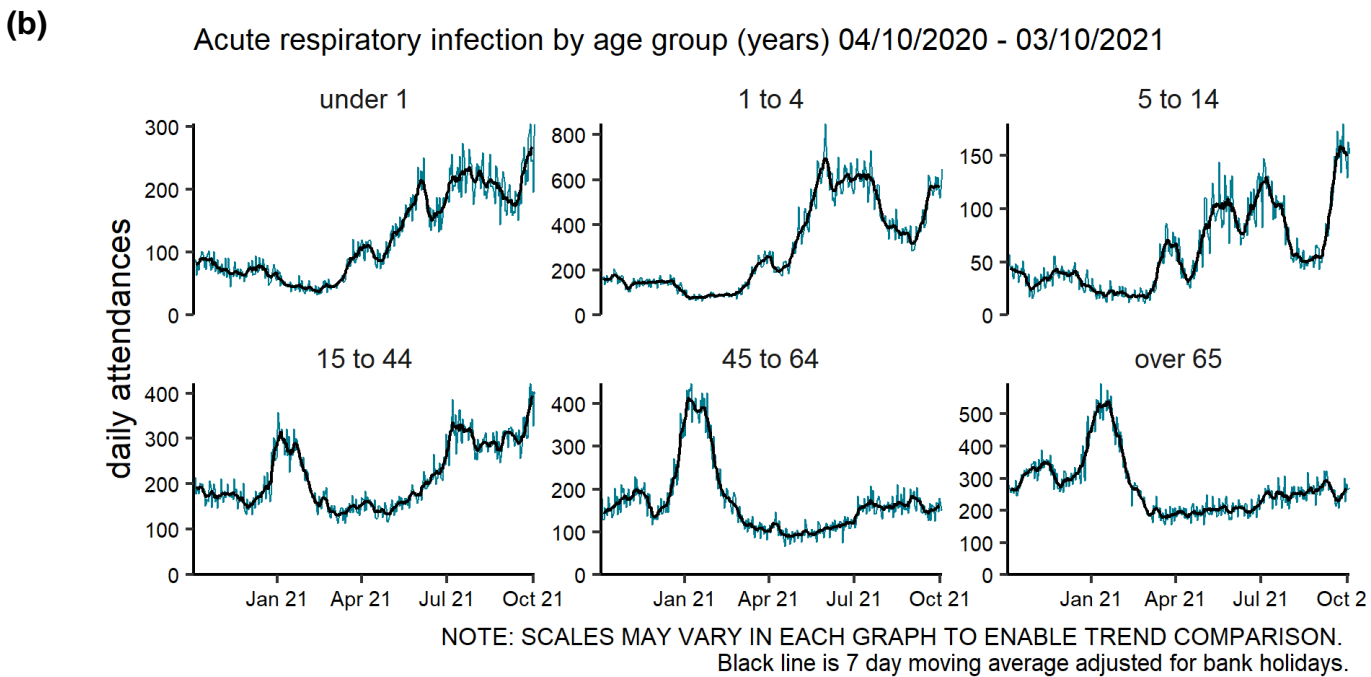
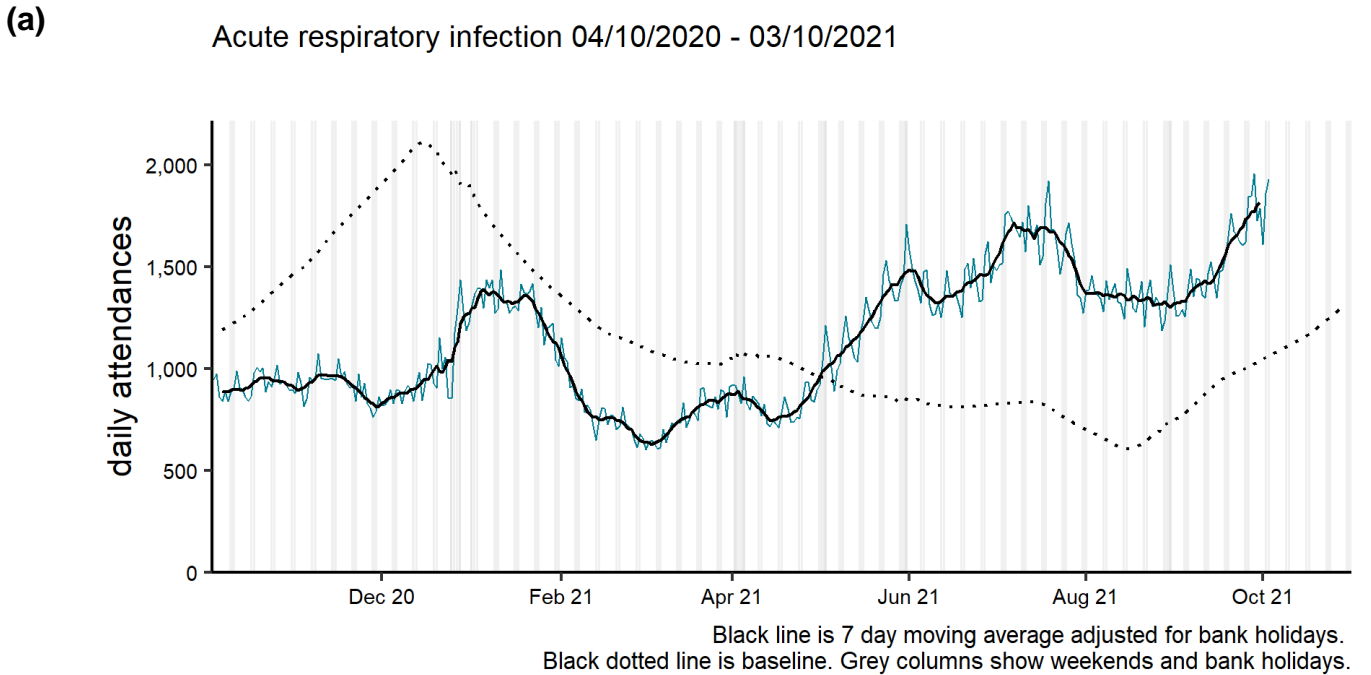
Covid-19-like by centre 04/10/2020 - 03/10/2021



NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.

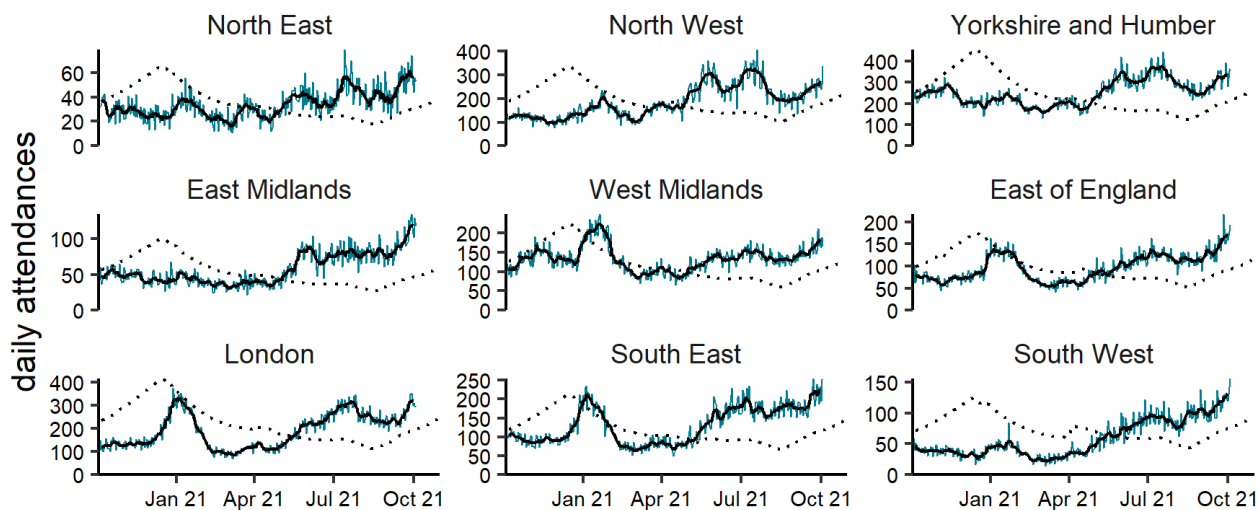
Acute respiratory infections

Figure 3: Daily number of acute respiratory infection ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.



(c)

Acute respiratory infection by centre 04/10/2020 - 03/10/2021



NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

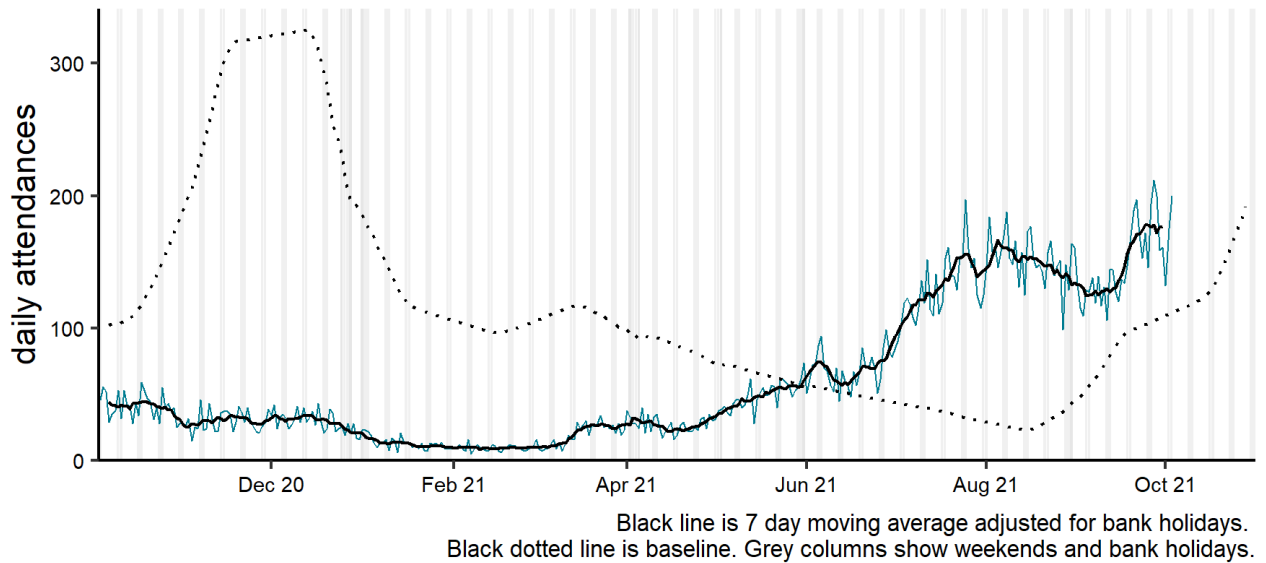
Black line is 7 day moving average adjusted for bank holidays.

Black dotted line is baseline.

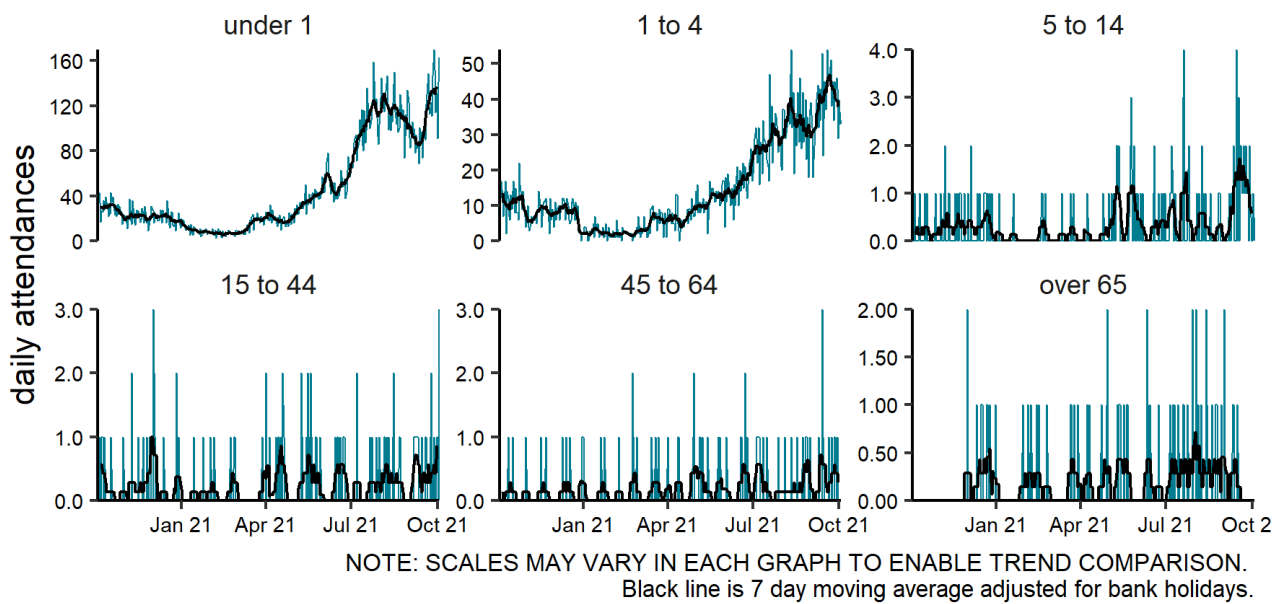
Acute bronchiolitis/ bronchitis

Figure 4: Daily number of acute bronchiolitis/bronchitis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.

(a) Acute bronchiolitis 04/10/2020 - 03/10/2021

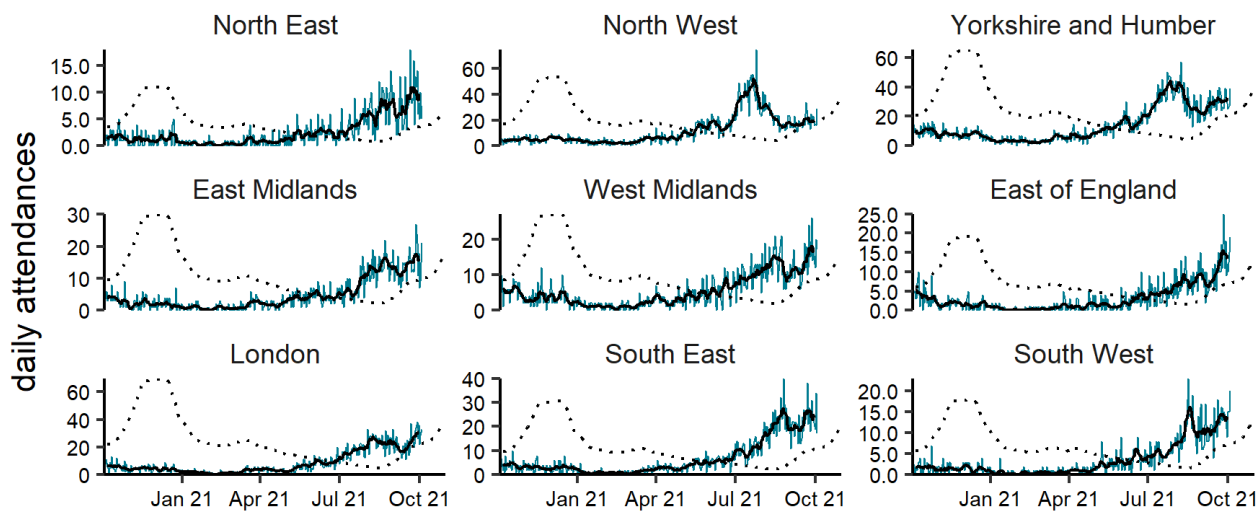


(b) Acute bronchiolitis by age group (years) 04/10/2020 - 03/10/2021



(c)

Acute bronchiolitis by centre 04/10/2020 - 03/10/2021



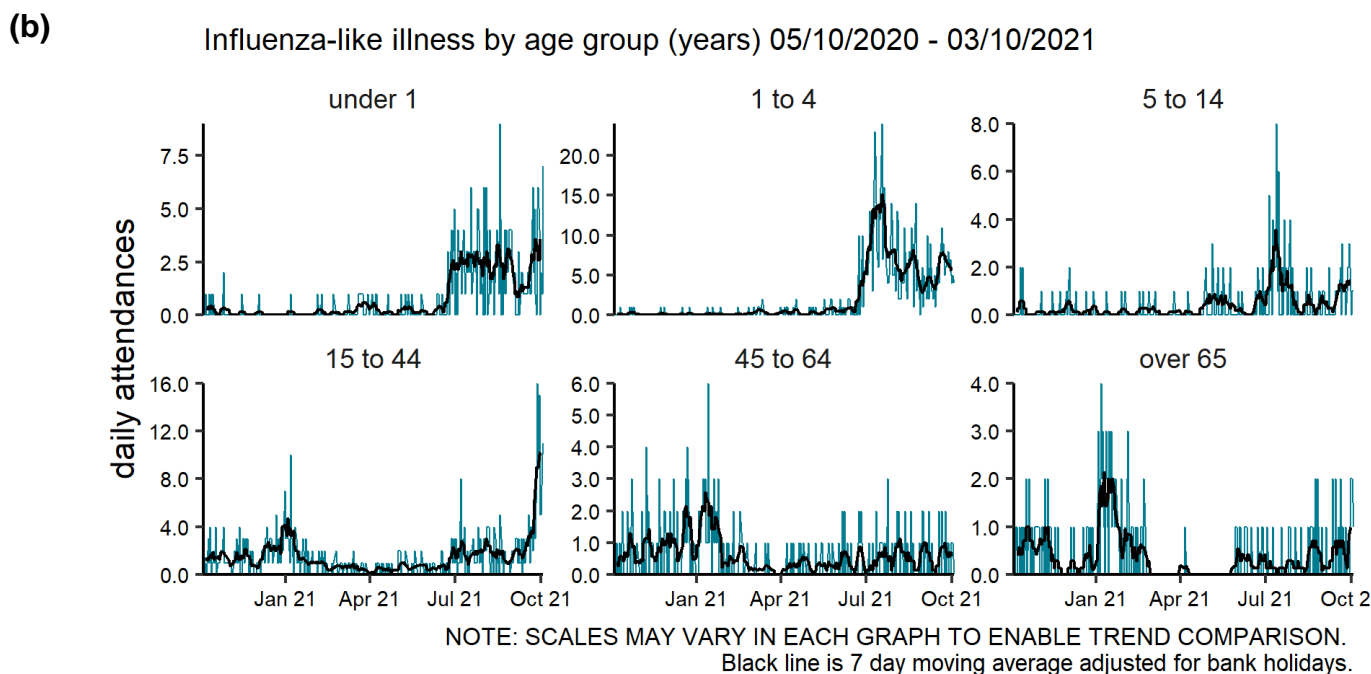
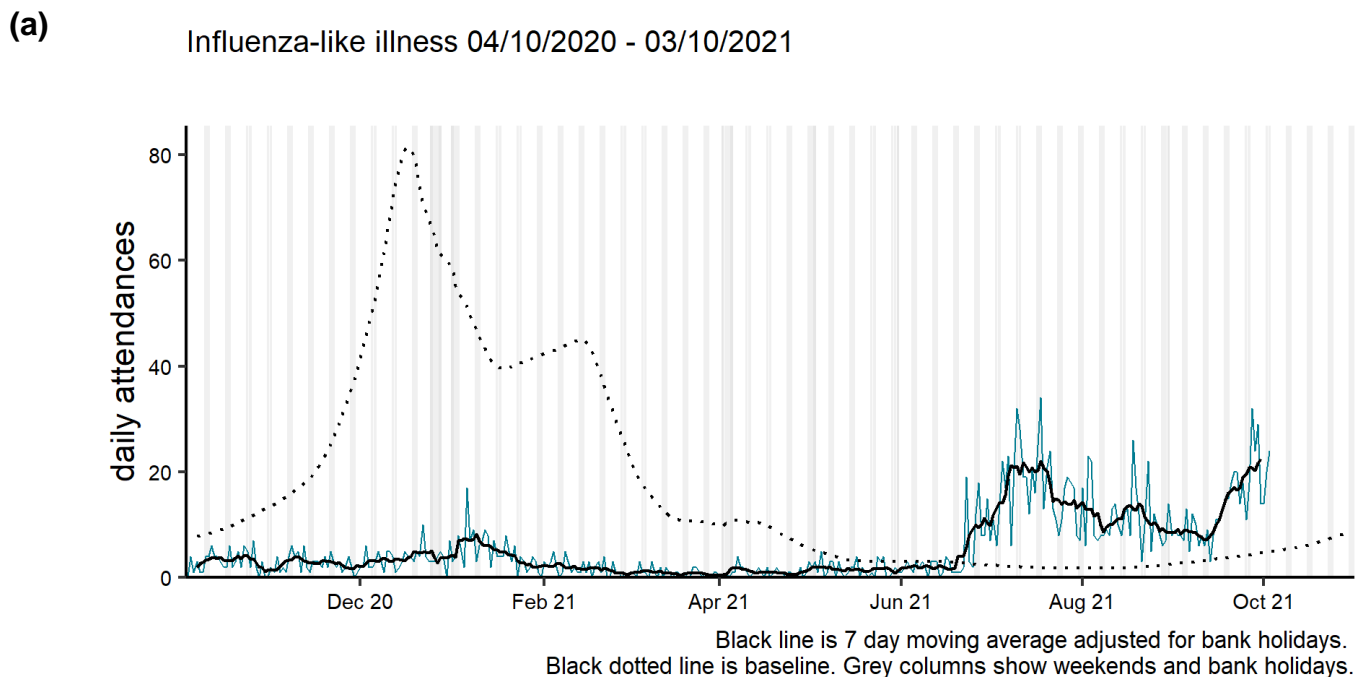
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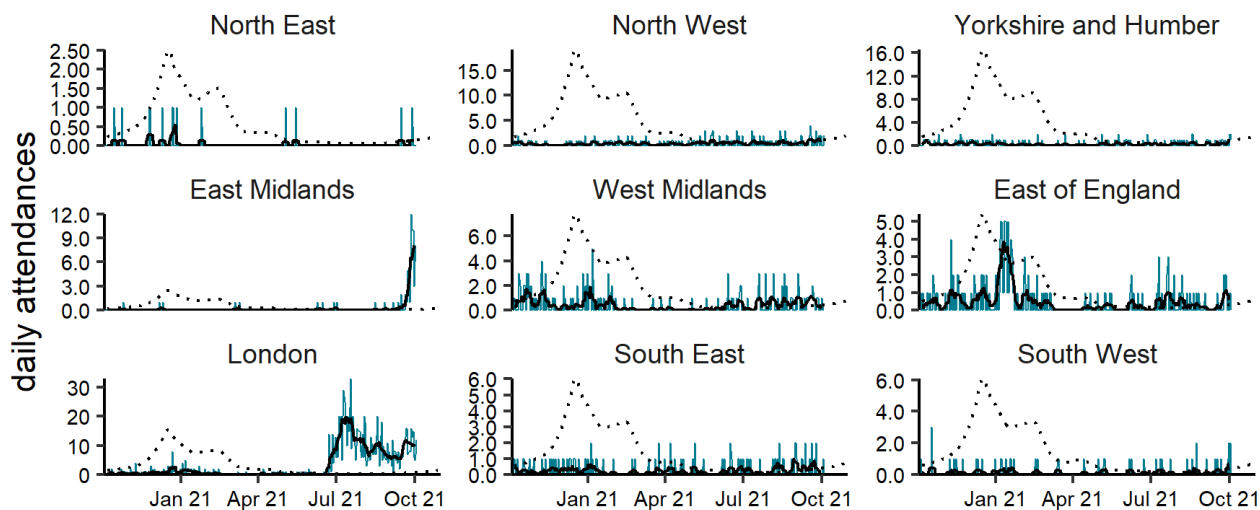
Influenza-like illness

Figure 5: Daily number of influenza-like illness ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.



(c)

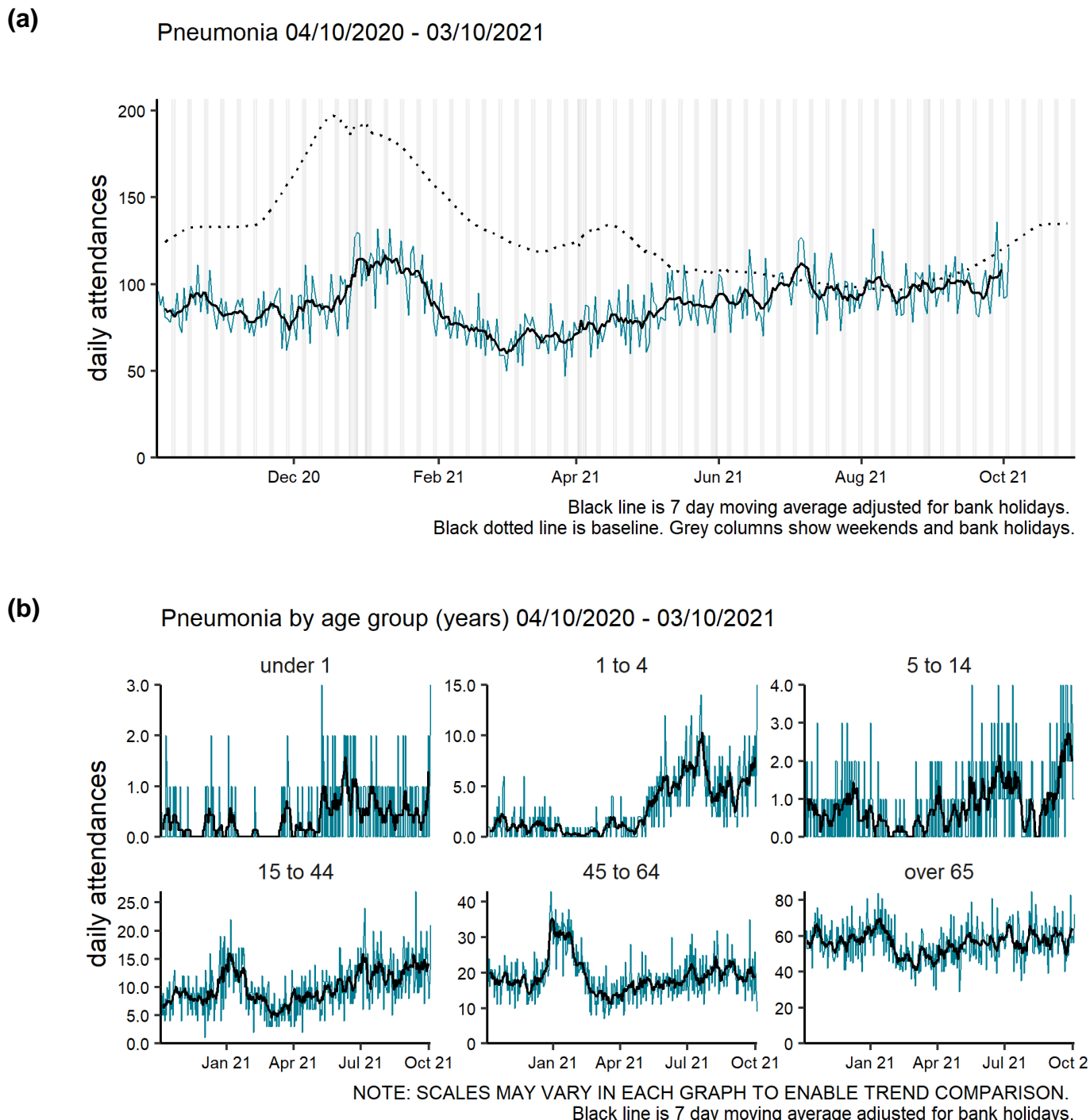
Influenza-like illness by centre 04/10/2020 - 03/10/2021



NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

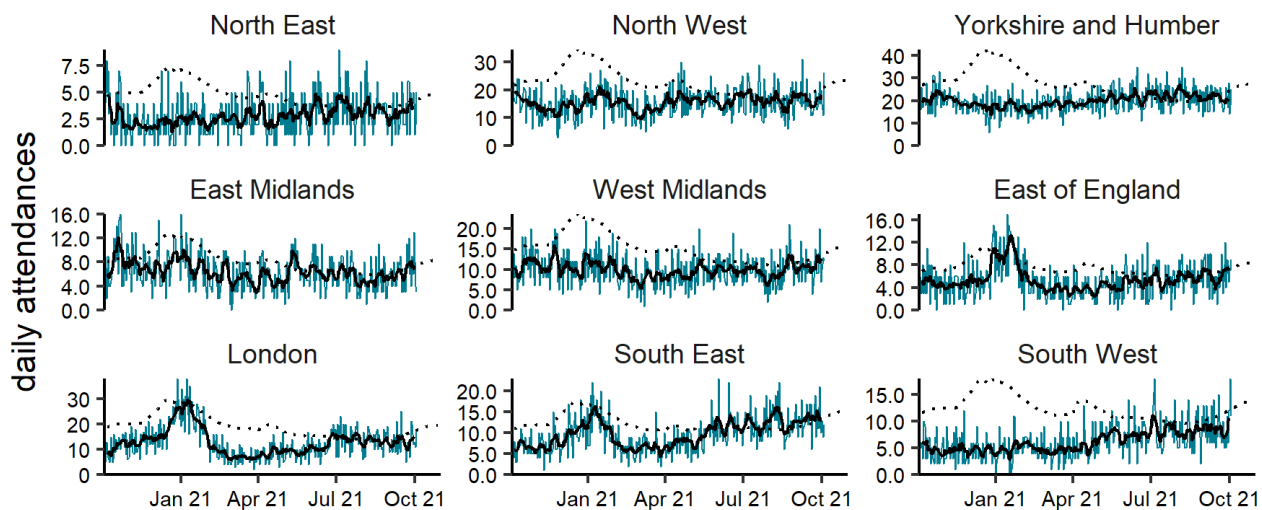
Pneumonia

Figure 6: Daily number of pneumonia ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.



(c)

Pneumonia by centre 04/10/2020 - 03/10/2021



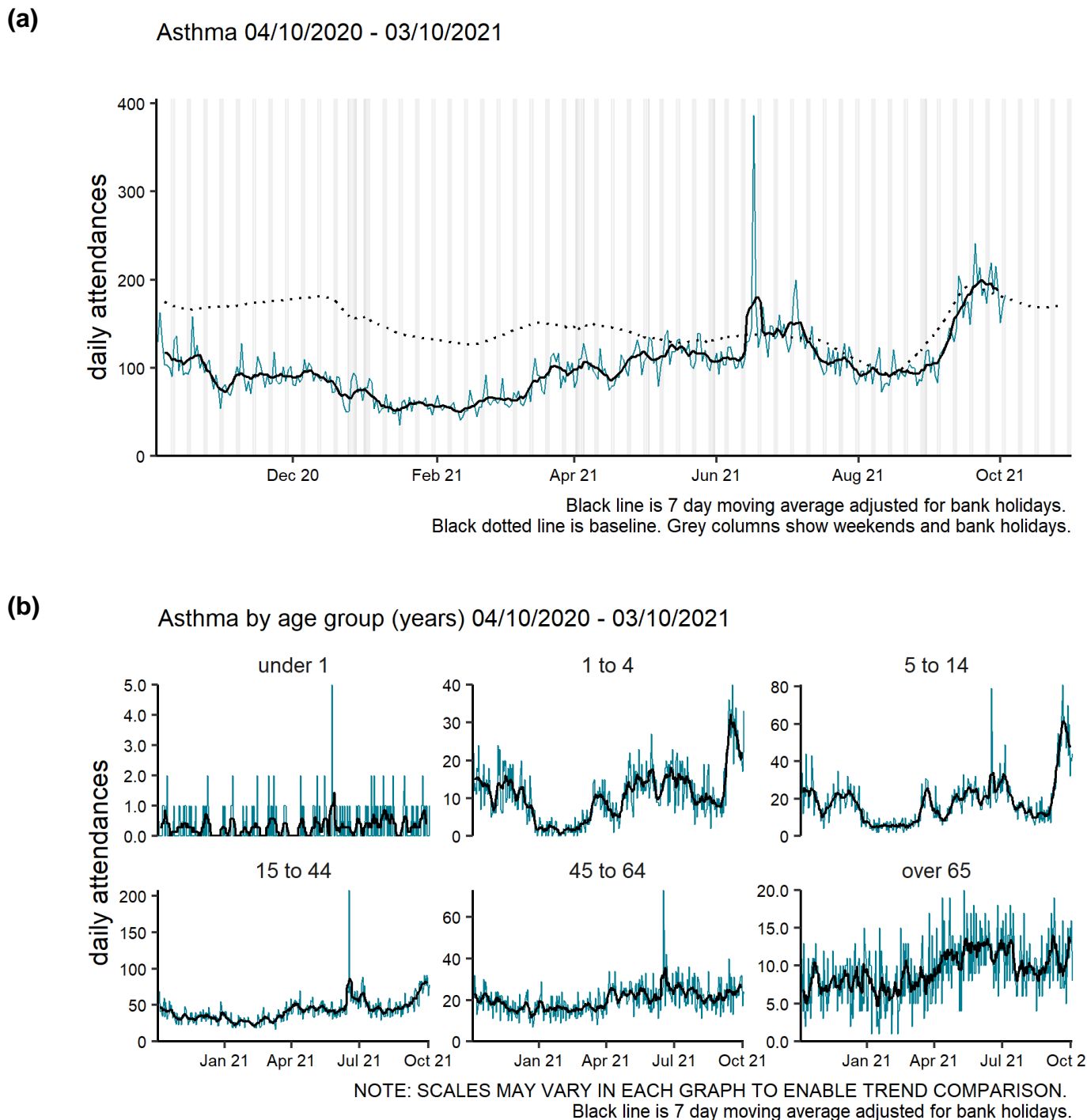
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

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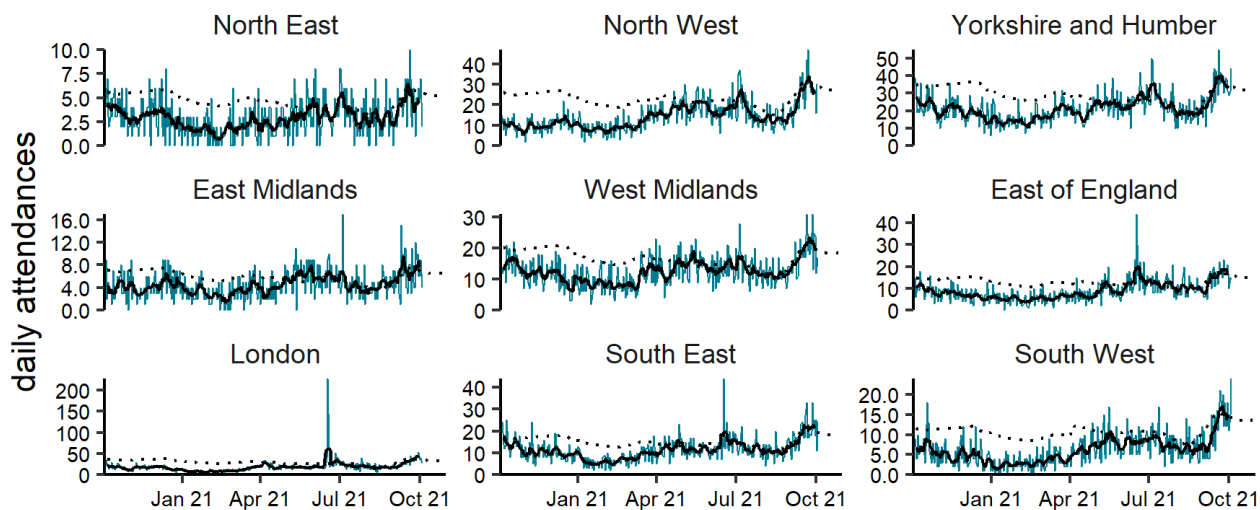
Asthma

Figure 7: Daily number of asthma ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.



(c)

Asthma by centre 04/10/2020 - 03/10/2021



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Black line is 7 day moving average adjusted for bank holidays.

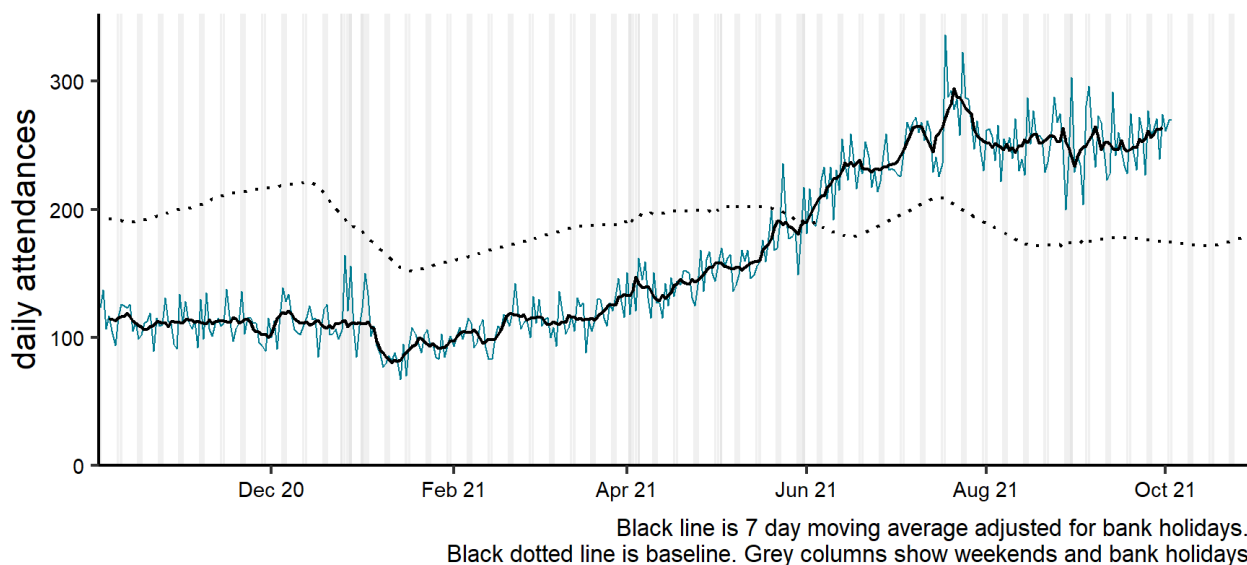
Black dotted line is baseline.

Gastrointestinal conditions

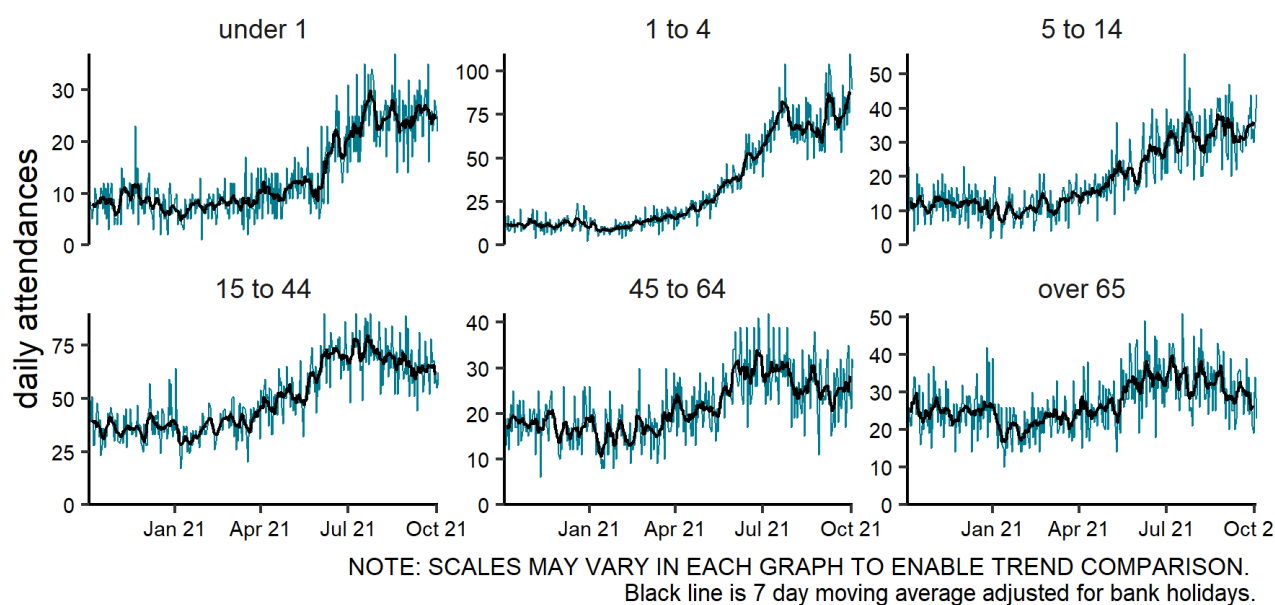
Gastroenteritis

Figure 8: Daily number of gastroenteritis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.

(a) Gastroenteritis 04/10/2020 - 03/10/2021

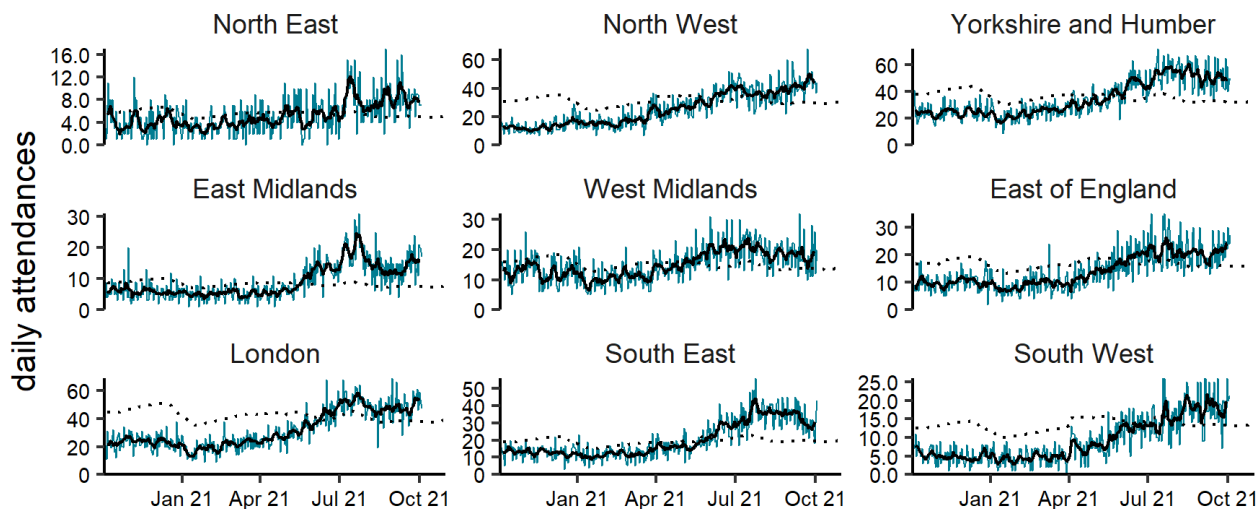


(b) Gastroenteritis by age group (years) 04/10/2020 - 03/10/2021



(c)

Gastroenteritis by centre 04/10/2020 - 03/10/2021



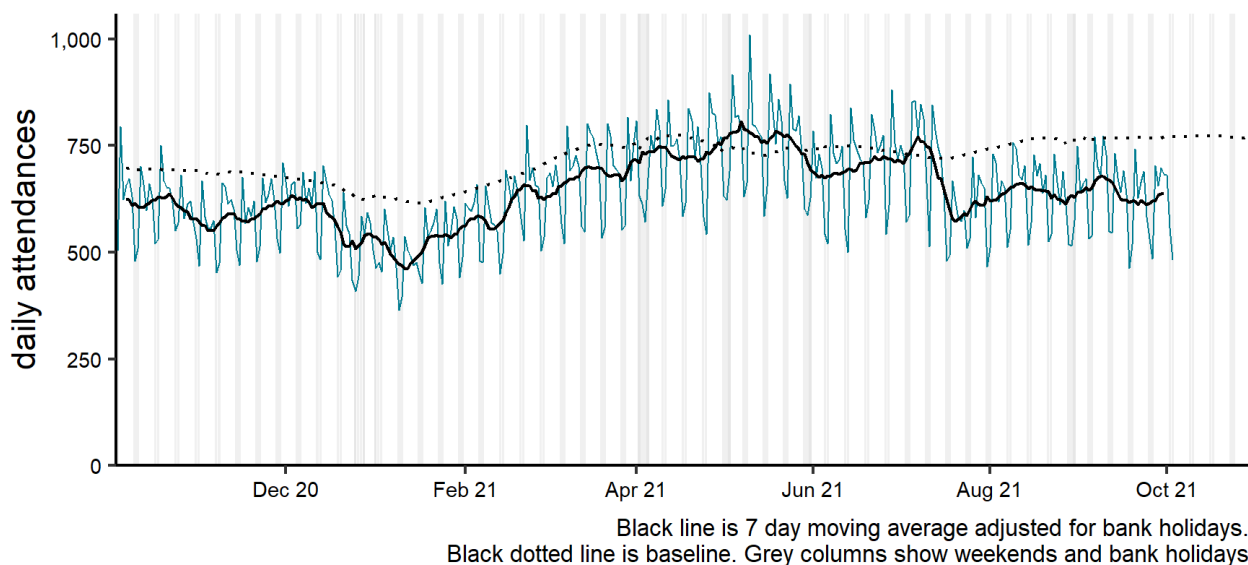
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Cardiac conditions

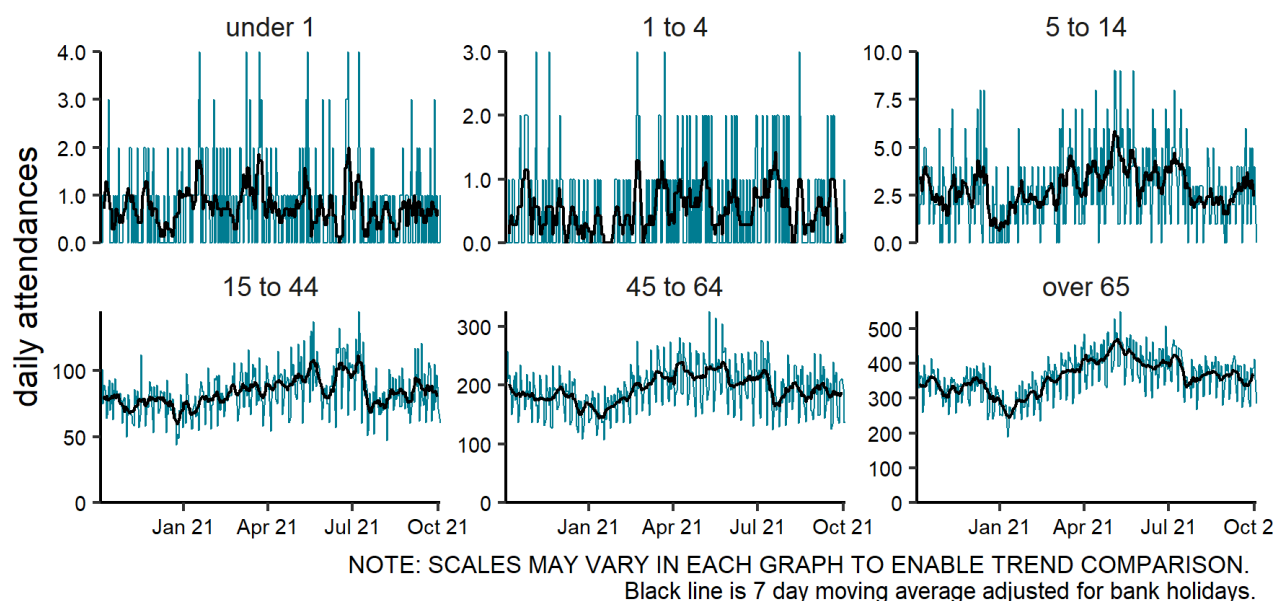
Cardiac

Figure 9: Daily number of cardiac ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.

(a) Cardiac conditions 04/10/2020 - 03/10/2021

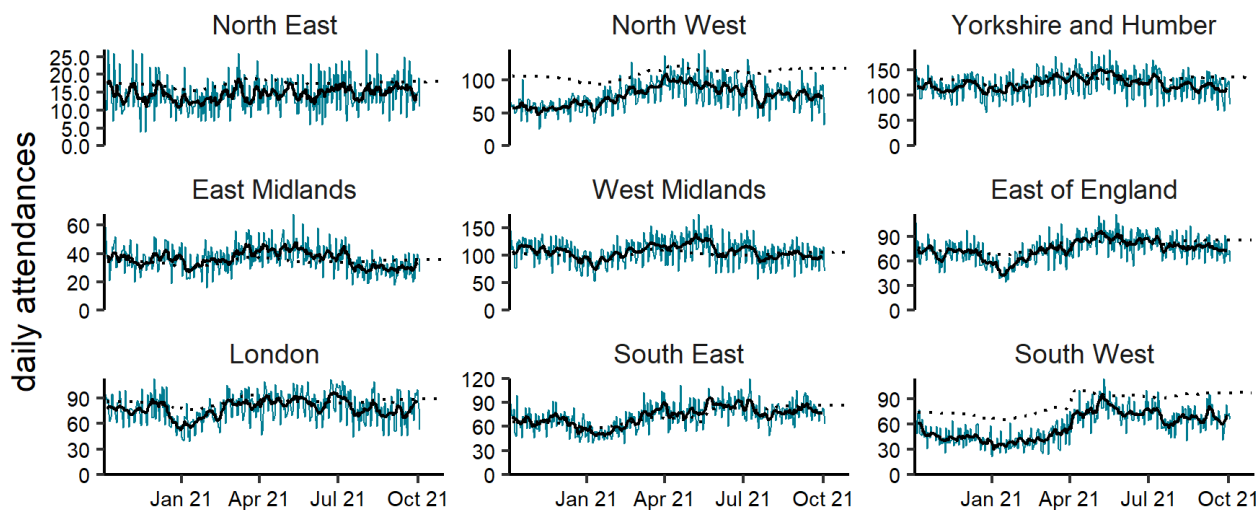


(b) Cardiac conditions by age group (years) 04/10/2020 - 03/10/2021



(c)

Cardiac conditions by centre 04/10/2020 - 03/10/2021

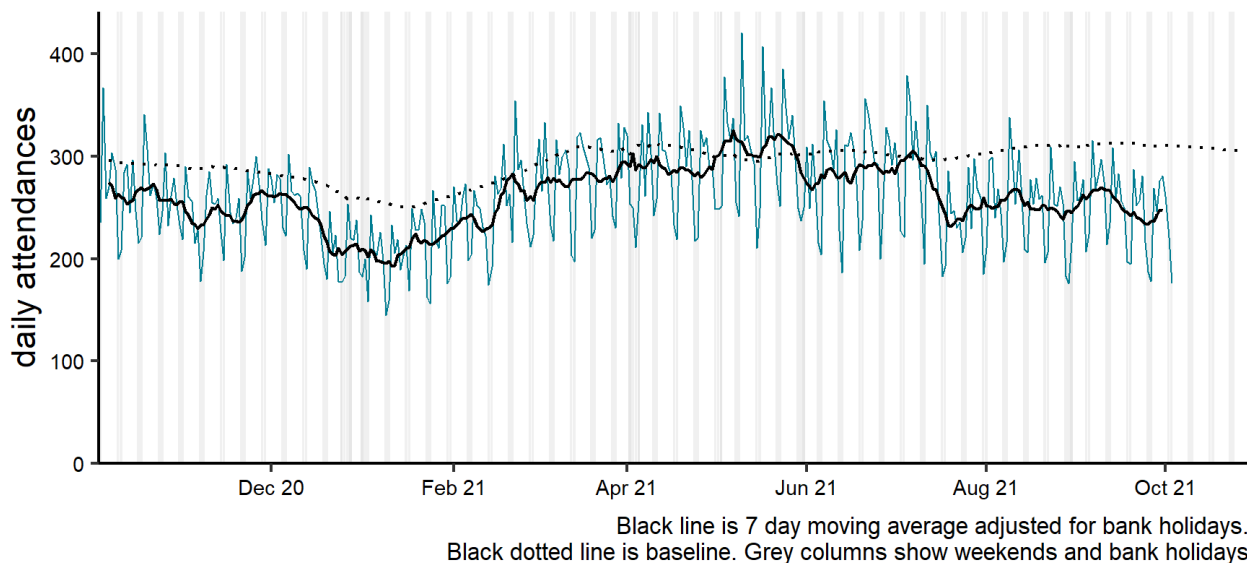


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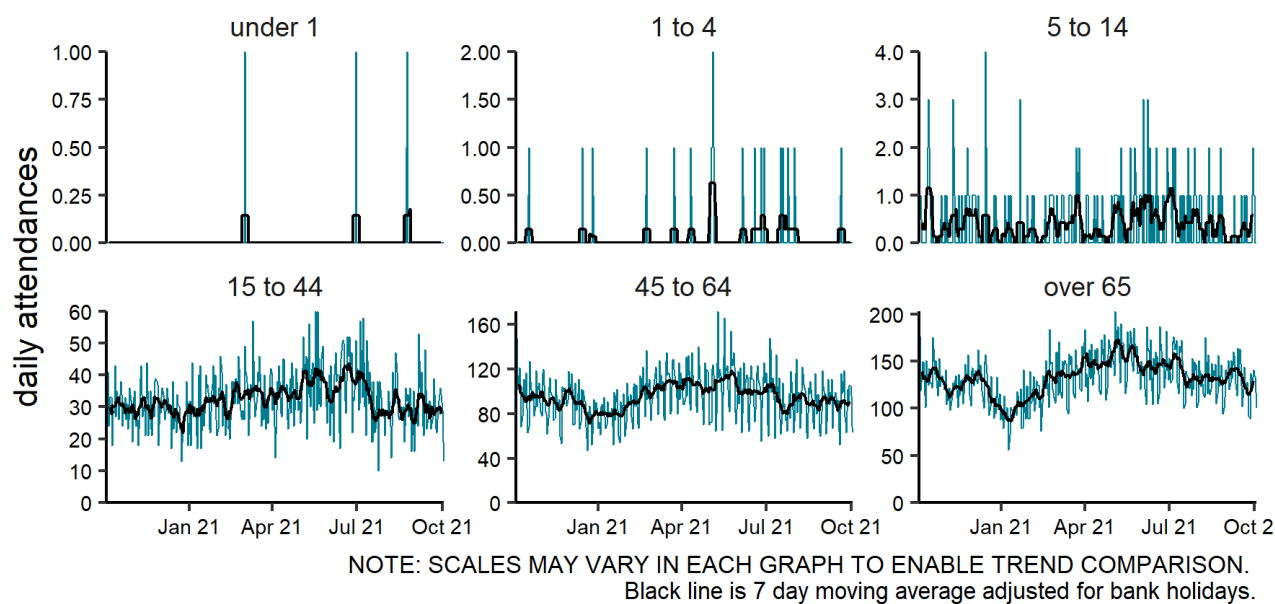
Myocardial ischaemia

Figure 10: Daily number of myocardial ischaemia ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.

(a) Myocardial ischaemia 04/10/2020 - 03/10/2021

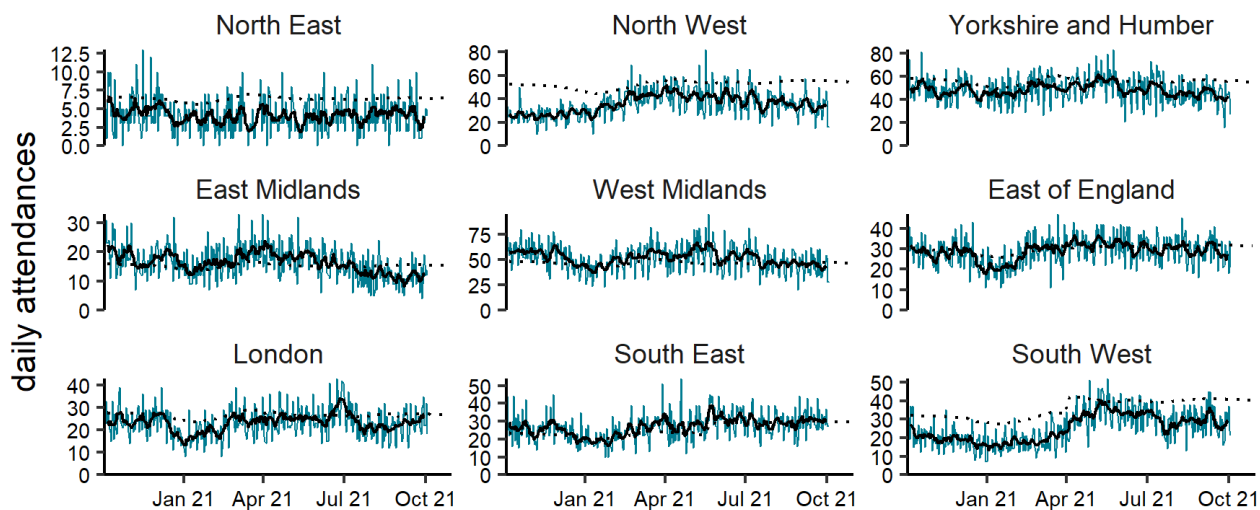


(b) Myocardial ischaemia by age group (years) 04/10/2020 - 03/10/2021



(c)

Myocardial ischaemia by centre 04/10/2020 - 03/10/2021

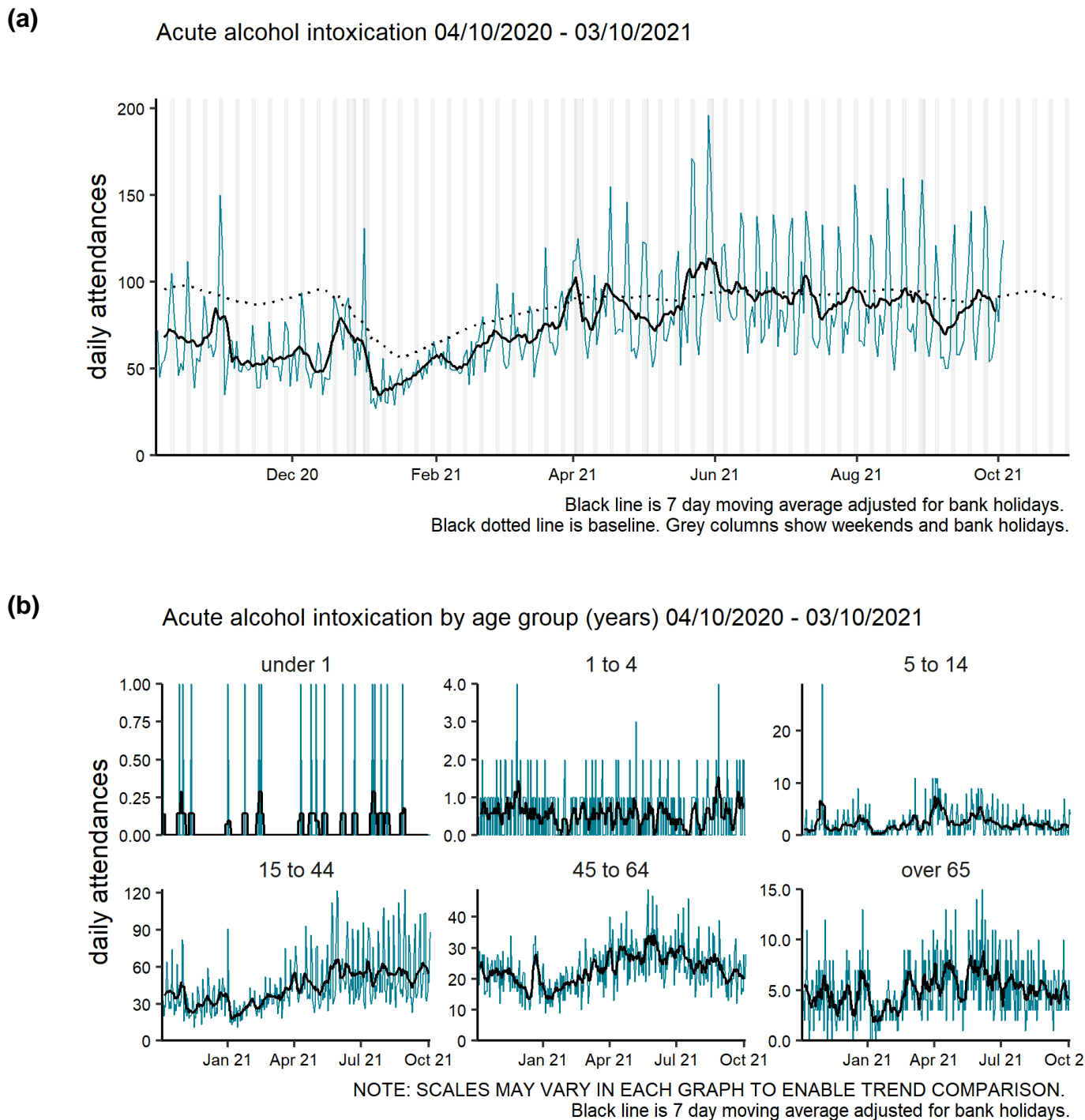


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Other conditions

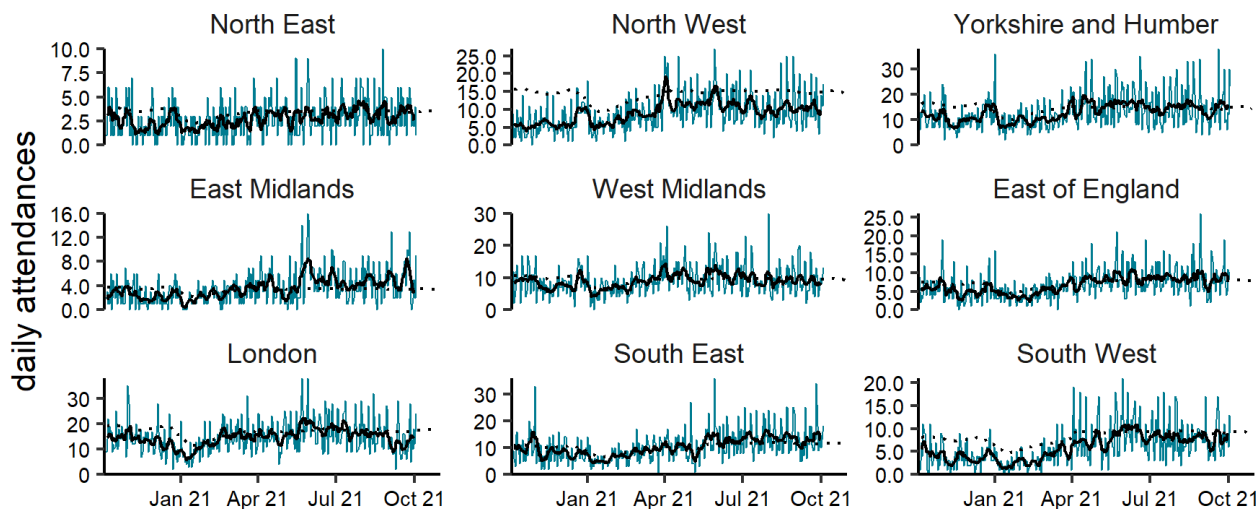
Acute alcohol intoxication

Figure 11: Daily number of acute alcohol intoxication ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Centre.



(c)

Acute alcohol intoxication by centre 04/10/2020 - 03/10/2021



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Black dotted line is baseline.

Seasonal environmental conditions

During set periods of the year the Met Office operates both heat and cold weather watch systems, in association with UKHSA. Syndromic indicators are used to monitor the impact of both extreme hot and cold weather in England during these periods and will be included below (where an appropriate syndromic indicator is available).

[Cold weather alert](#) period: 1 November to 31 March

[Heat-Health Alert](#) period: 1 June to 15 September

Weather alert level (current reporting week): **Level 0 - Long-term planning**

No weather watch in place

Notes and caveats

The following additional caveats apply to the UKHSA emergency department syndromic surveillance system:

- the data presented are based on a national syndromic surveillance system:
 - should be used to monitor trends not to estimate numbers of ‘cases’
 - an automated daily transfer of anonymised ED data is received from NHS Digital, from the Emergency Care Data Set (ECDS):
<https://www.england.nhs.uk/ourwork/tsd/ec-data-set/>
 - not all EDs currently provide data on a daily basis, EDs are eligible for inclusion in this report only where:
 - data relates to attendances at a type 01 ED
 - data for 7 of the 7 most recent days was received
 - data for those days was received within 2 calendar days of the patient arrival
 - when an ED meets these criteria, all historical data from that ED is included
 - EDs included each week is likely to change, which will affect the historical data inclusion
 - national coverage each week is included in **Table 2**,
 - the number of EDs in each centre area is described in **Table 3**
- individual EDs will not be identified in these bulletins
- some syndromic indicators are hierarchical:
 - acute respiratory infections includes:
 - COVID-19-like
 - acute bronchitis or bronchiolitis
 - other and non-specific acute respiratory infections
 - influenza-like illness
 - pneumonia
 - cardiac conditions includes:
 - myocardial ischaemia
 - other and non-specific cardiac conditions
- baselines:
 - were last remodelled April 2021
 - are constructed from historical data since April 2018
 - represent seasonally expected levels of activity
 - take account of any known substantial changes in data collection, population coverage or reporting practices:
 - the COVID-19 pandemic period is excluded, to show seasonally expected levels if COVID-19 had not occurred
 - may be remodelled to include the impacts seen during periods of the COVID-19 pandemic if/when appropriate due to introduction of large scale public health interventions which may affect ED attendance levels

Acknowledgements

We are grateful to the clinicians in each ED and other staff within each Trust for their continued involvement in the EDSSS.

We thank the Royal College of Emergency Medicine, NHS Digital and NHS England for their support in the development of national EDSSS, using anonymised data collection from ECDS.

About the UK Health Security Agency

The UK Health Security Agency is an executive agency, sponsored by the [Department of Health and Social Care](#).

www.ukhsa.gov.uk

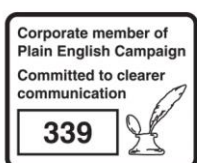
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