

Emergency Department Syndromic Surveillance System Bulletin (England) 2021 Week 44

Key messages

Data reported to: 7 November 2021

During week 44, ED attendances for most respiratory indicators including acute respiratory infections and acute bronchitis/bronchiolitis continued to decrease and are at, or approaching seasonally expected levels.

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	No baseline
COVID-19-like (Figure 2)	Decreasing	No baseline
Acute respiratory infections (Figure 3)	Decreasing	Above baseline
Acute bronchiolitis or bronchitis (Figure 4)	Decreasing	Below baseline
Influenza-like illness (Figure 5)	Increasing	Above baseline
Pneumonia (Figure 6)	Decreasing	Below baseline
Asthma (Figure 7)	Decreasing	Below baseline
Gastroenteritis (Figure 8)	Increasing	Above baseline
Cardiac (Figure 9)	No trend	Below baseline
Myocardial ischaemia (Figure 10)	Decreasing	Below baseline
Acute alcohol intoxication (Figure 11)	Decreasing	Similar to baseline
Mental health (Figure 12)	Increasing	No baseline

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

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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
 - \circ 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 Regions)
- 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 Region). 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.

Previous weekly bulletins from this system are available here.

Data quality issues of note this week

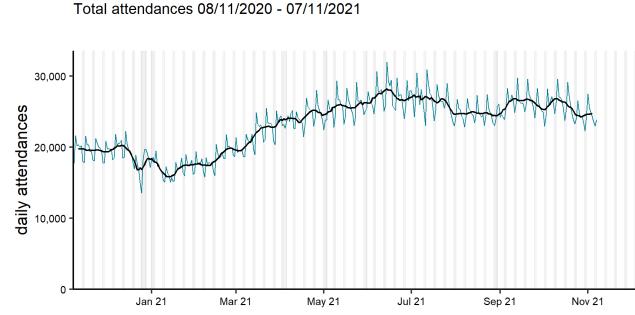
No issues identified.

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

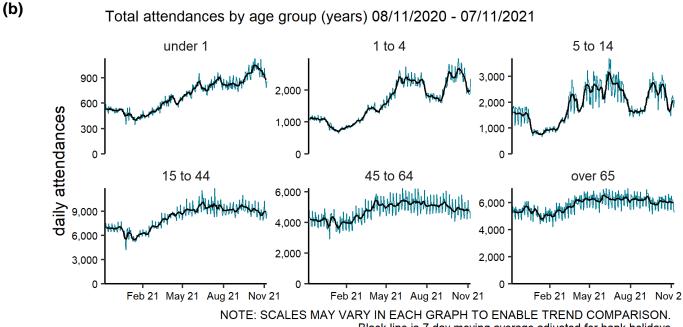
Total attendances

(a)

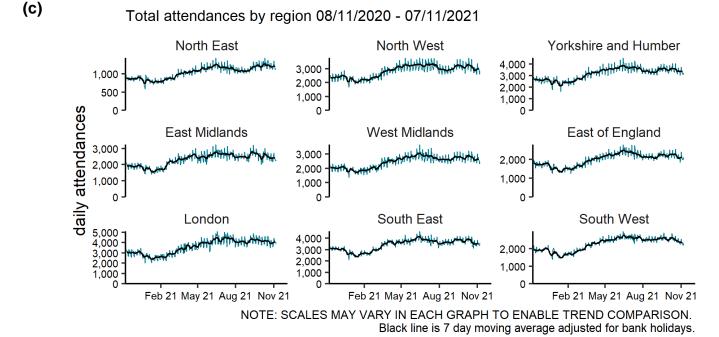
Figure 1: Daily number of ED attendances (and 7-day moving average adjusted for bank holidays) recorded in this sentinel syndromic surveillance system in England (a) nationally, (b) by age and (c) by UKHSA Region.







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



The number of emergency deportment (ED) attendences, number with a

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 ²	Diagnoses included ²
1 November 2021	27,501	18,695
2 November 2021	25,557	17,654
3 November 2021	24,904	16,770
4 November 2021	24,299	17,227
5 November 2021	23,551	16,545
6 November 2021	22,993	15,693
7 November 2021	23,845	16,886

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

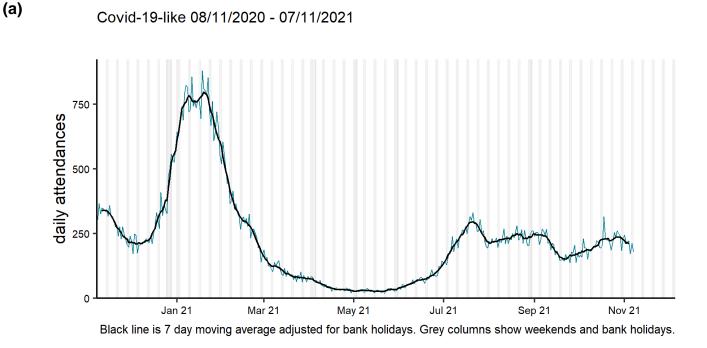
UKHSA Region	Number of EDs ¹
North East	6
North West	12
Yorkshire and Humber	13
West Midlands	10
East Midlands	7
East of England	9
London	15
South West	12
South East	18
Total	102

² 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

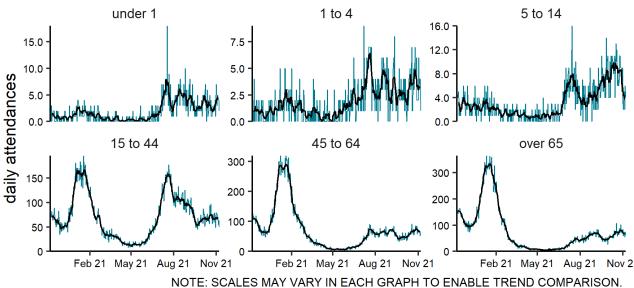
COVID-19-like

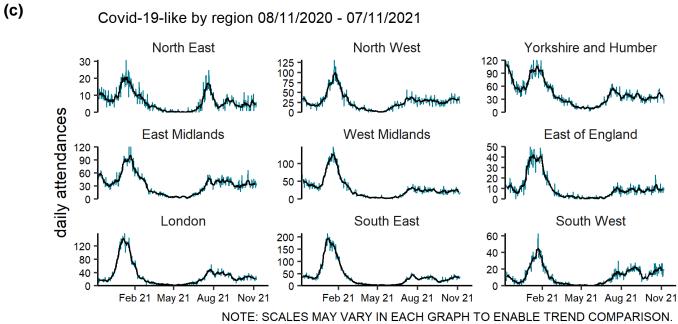
Figure 2: Daily number of COVID-19-like ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



(b)

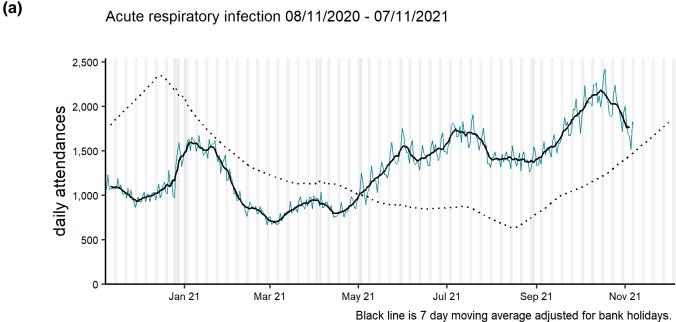
Covid-19-like by age group (years) 08/11/2020 - 07/11/2021

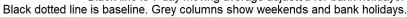


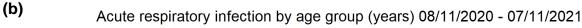


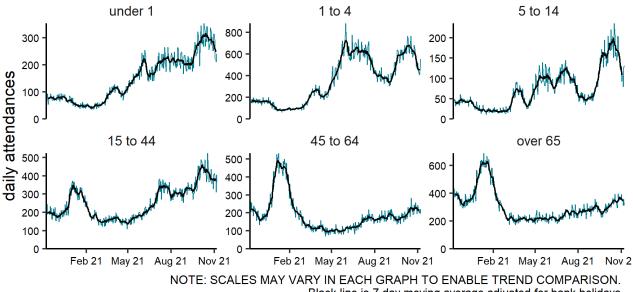
Acute respiratory infections

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 Region.

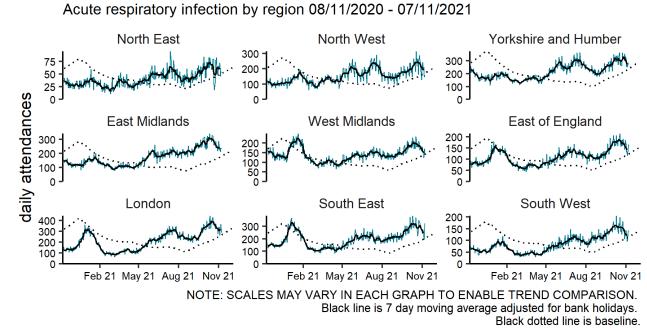






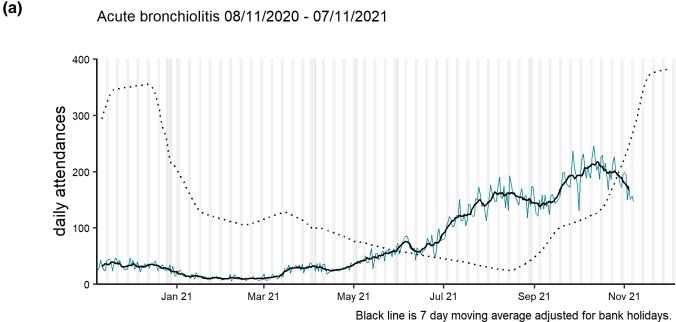


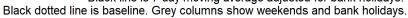
(c)



Acute bronchiolitis/ bronchitis

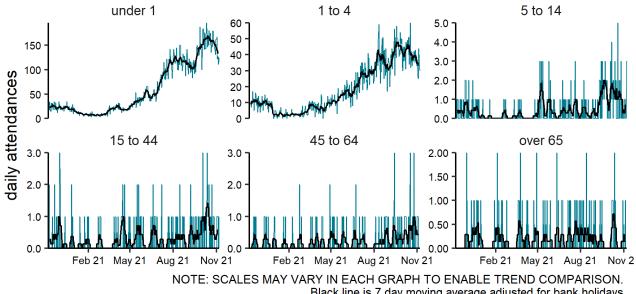
Figure 4: Daily number of acute bronchiolitis/bronchitis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by **UKHSA** Region.

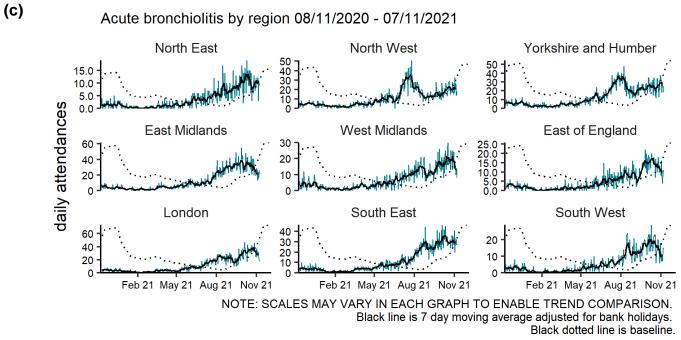




(b)

Acute bronchiolitis by age group (years) 08/11/2020 - 07/11/2021

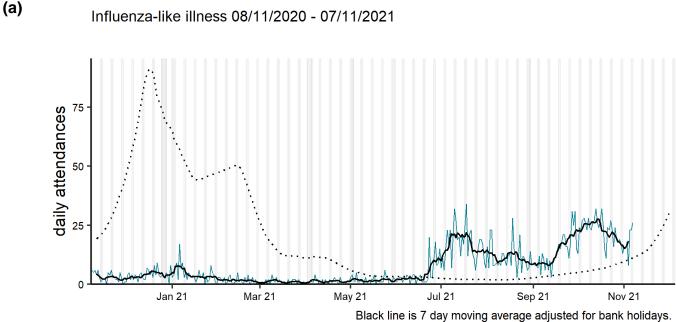


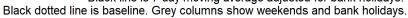


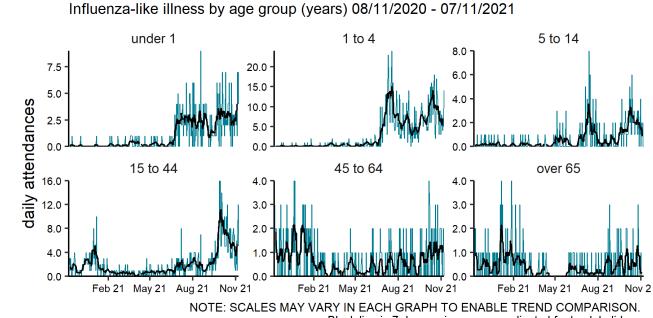
Influenza-like illness

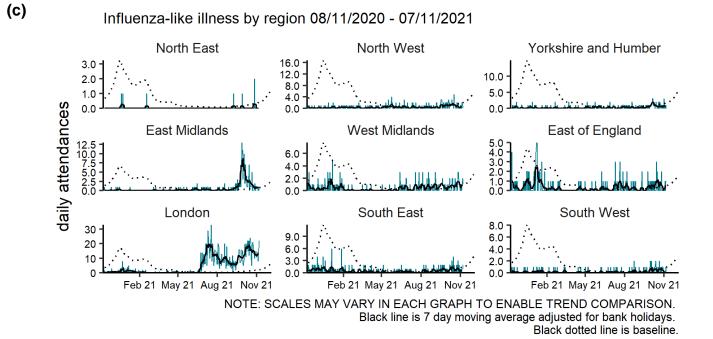
(b)

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 Region.







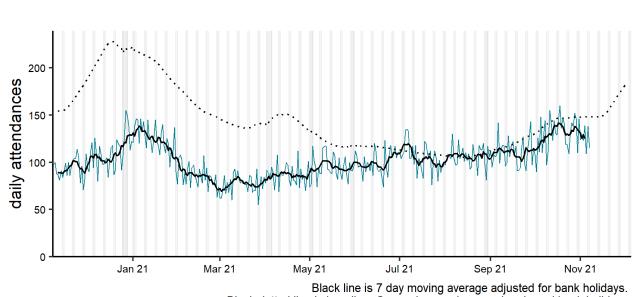


Pneumonia

(a)

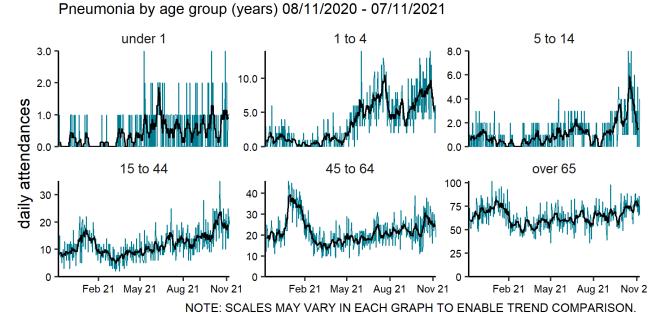
(b)

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 Region.

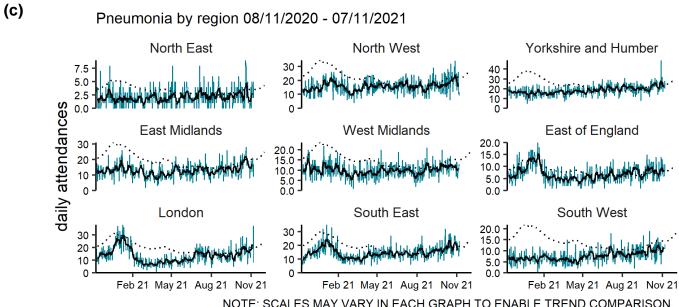


Pneumonia 08/11/2020 - 07/11/2021

Black dotted line is baseline. Grey columns show weekends and bank holidays.



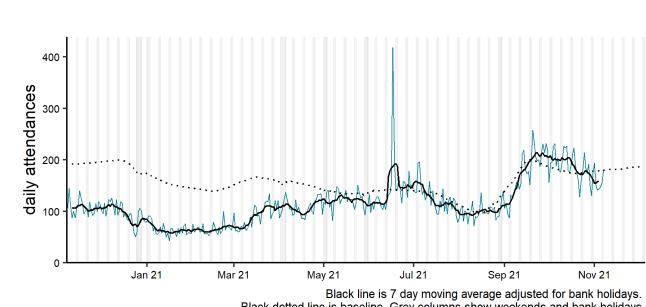
Black line is 7 day moving average adjusted for bank holidays.



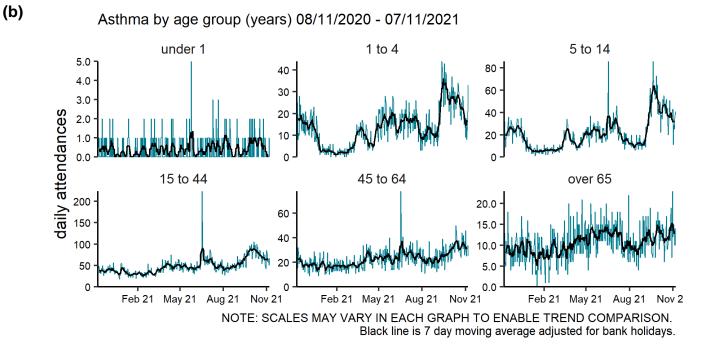
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline.

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 Region.

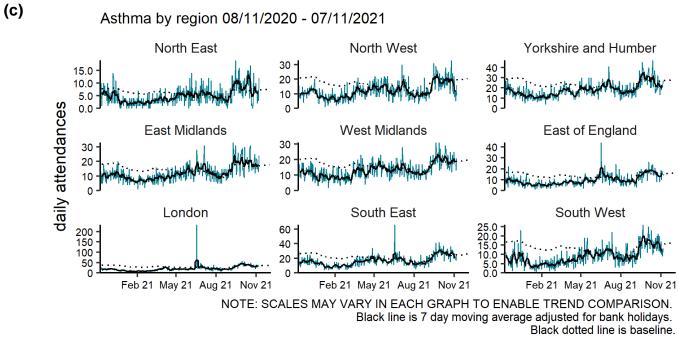


Black dotted line is baseline. Grey columns show weekends and bank holidays.



(a)

Asthma 08/11/2020 - 07/11/2021



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 Region.

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

Sep 21

Nov 21

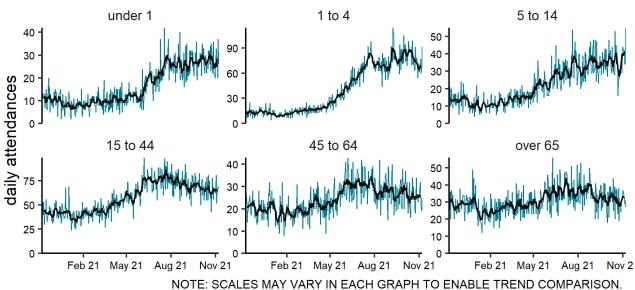
Jul 21

(b)

Gastroenteritis by age group (years) 08/11/2020 - 07/11/2021

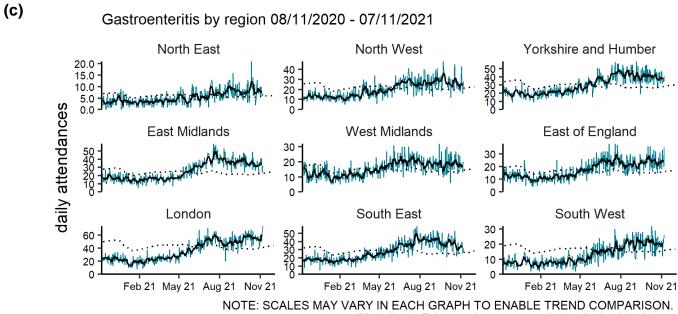
Mar 21

Jan 21



May 21

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



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.

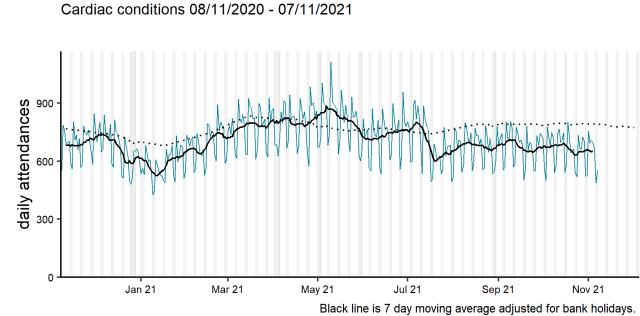
Cardiac conditions

Cardiac

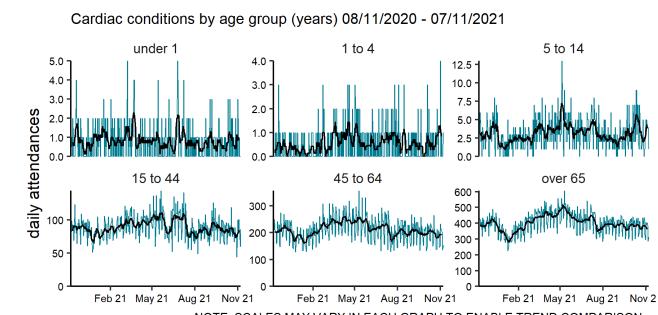
(a)

(b)

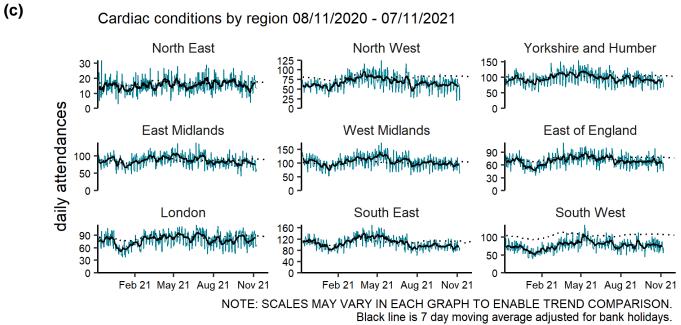
Figure 9: Daily number of cardiac ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



Black dotted line is baseline. Grey columns show weekends and bank holidays.



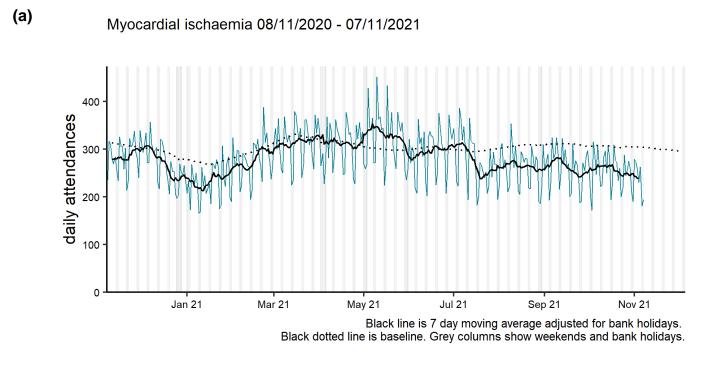
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

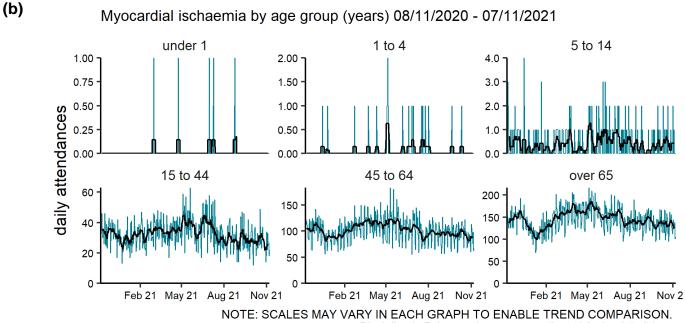


Black dotted line is baseline.

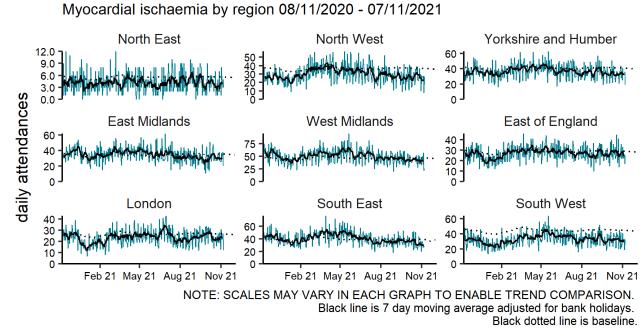
Myocardial ischaemia

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 Region.





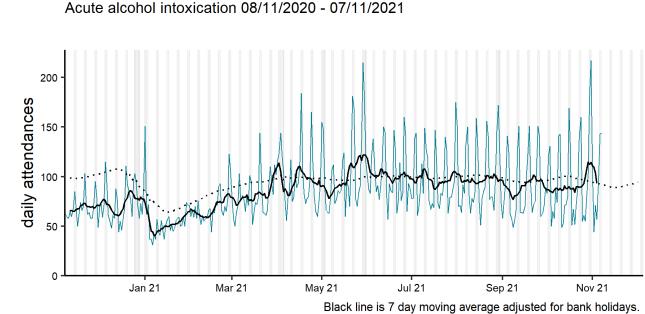
(C)



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 Region.

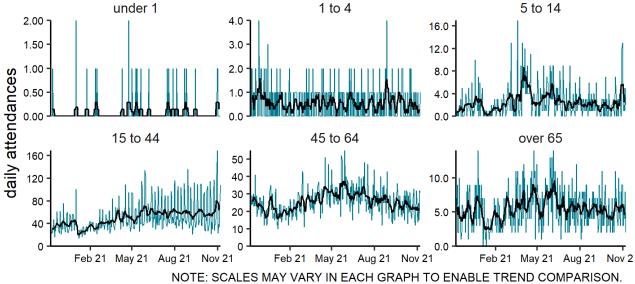


Black dotted line is baseline. Grey columns show weekends and bank holidays.

(b)

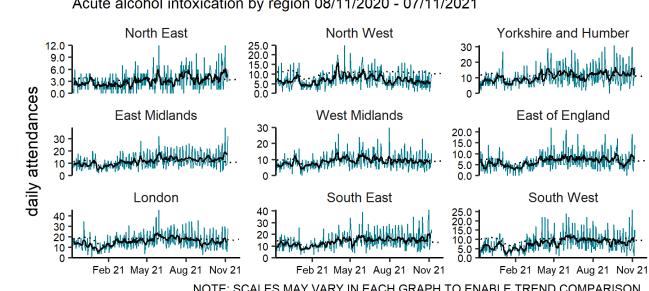
(a)

Acute alcohol intoxication by age group (years) 08/11/2020 - 07/11/2021



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

(c)



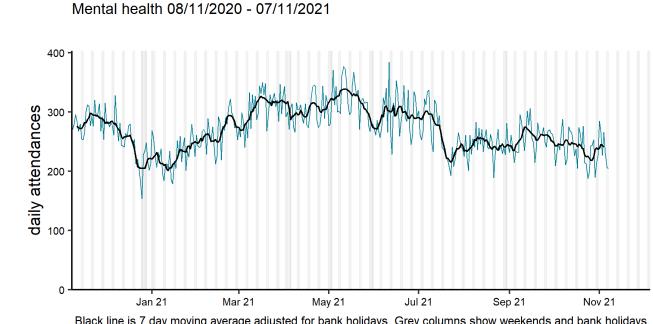
Acute alcohol intoxication by region 08/11/2020 - 07/11/2021

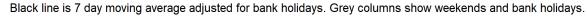
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline.

Mental health

Figure 12: Daily number of mental health³ ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

³ mental health attendances reported here are those with a primary diagnosis in the ECDS mental health diagnosis grouping. Attendances where the primary diagnosis relates to overdose, alcohol use or self harm are not included.

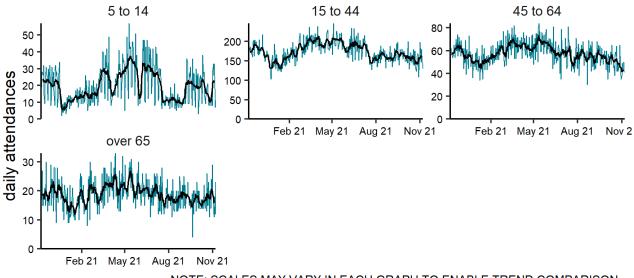




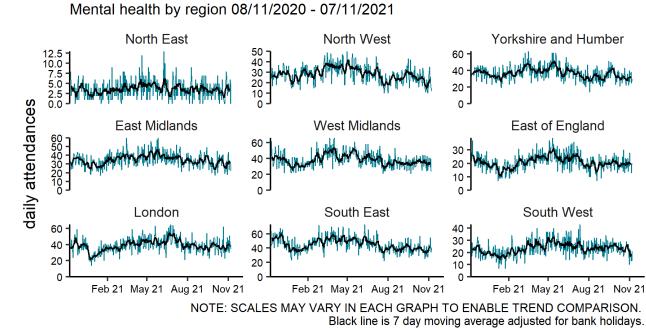
(b)

(a)

Mental health by age group (years) 08/11/2020 - 07/11/2021



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



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 1 - Winter Preparedness and action

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:
 - o 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 <u>Emergency Care Data Set</u> (ECDS)
 - 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
 - o national coverage each week is included in Table 2,
 - the number of EDs in each region area is described in Table 3
- individual EDs will not be identified in these bulletins
- some syndromic indicators are hierarchical:
 - o acute respiratory infections includes:

acute bronchitis or bronchiolitis

COVID-19-like

- influenza-like illness
 - pneumonia
- other and non-specific acute respiratory infections
- cardiac conditions includes:
 - myocardial ischaemia
 - other and non-specific cardiac conditions
- baselines:
 - o were last remodelled April 2021
 - o are constructed from historical data since April 2018
 - o 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 <u>Department of Health</u> and <u>Social Care</u>.

www.ukhsa.gov.uk

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