

# Emergency Department Syndromic Surveillance System Bulletin (England) 2021 Week 46

# Key messages

#### Data reported to: 21 November 2021

During week 46, ED attendances for acute respiratory infections increased and remain slightly higher than seasonally expected levels; increases have been particularly noted in children aged 1-14 years. There have been increases in acute bronchiolitis however numbers of attendances remain below seasonally expected levels. During week 46 COVID-19-like attendances remained stable nationally.

### 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 <sup>1</sup>	Level
Total attendances (Figure 1)	No trend	No baseline
COVID-19-like (Figure 2)	No trend	No baseline
Acute respiratory infections (Figure 3)	Increasing	Above baseline
Acute bronchiolitis or bronchitis (Figure 4)	Increasing	Below baseline
Influenza-like illness (Figure 5)	Decreasing	Above baseline
Pneumonia (Figure 6)	Decreasing	Below baseline
Asthma (Figure 7)	Increasing	Above 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)	No trend	Similar to baseline
Mental health (Figure 12)	Decreasing	No baseline

<sup>1</sup> 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.

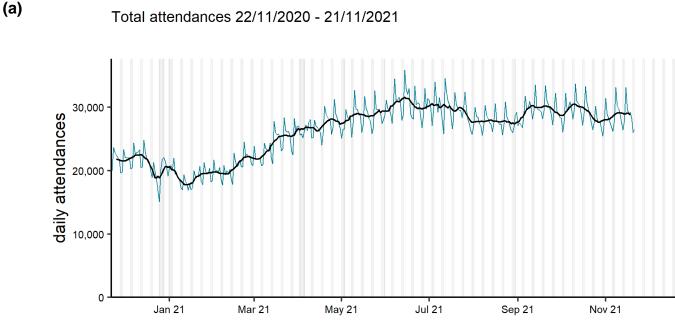
#### Data quality issues of note this week

No issues identified.

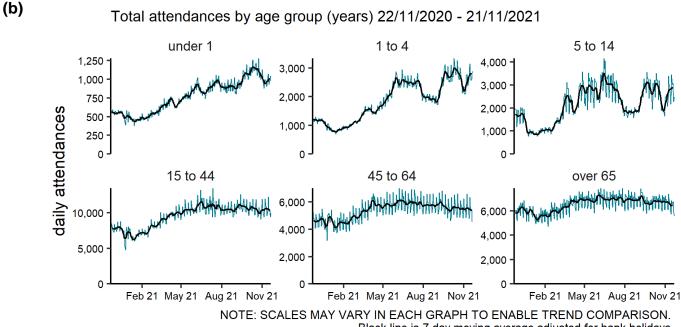
See Table 2 and Table 3 for the numbers of EDs included this week.

### **Total attendances**

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.

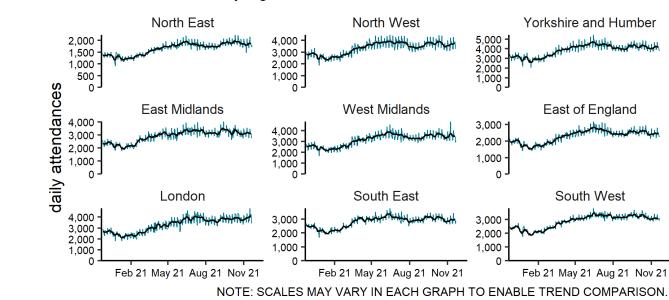






Total attendances by region 22/11/2020 - 21/11/2021

(c)



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 <sup>2</sup>	Diagnoses included <sup>2</sup>
15 November 2021	33,112	22,245
16 November 2021	29,727	20,228
17 November 2021	28,865	19,764
18 November 2021	29,222	20,191
19 November 2021	28,230	19,035
20 November 2021	26,044	17,394
21 November 2021	26,515	17,959

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 <sup>2</sup>
North East	8
North West	15
Yorkshire and Humber	16
West Midlands	12
East Midlands	11
East of England	10
London	14
South West	15
South East	15
Total	116

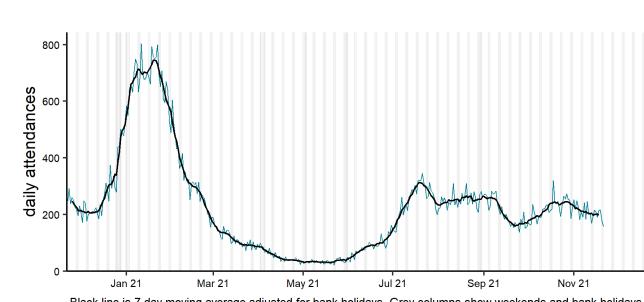
<sup>2</sup> only attendances from Type 01 EDs meeting the weekly reporting criteria are included in this report, see **Notes and caveats** for further details.

COVID-19-like 22/11/2020 - 21/11/2021

## **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.

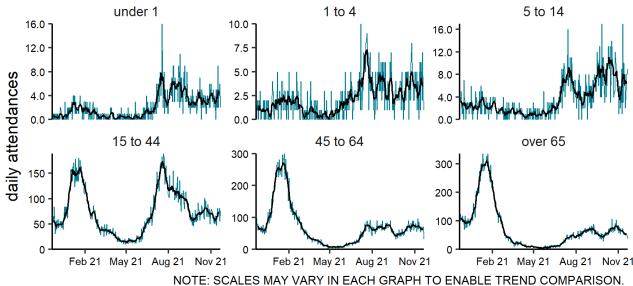


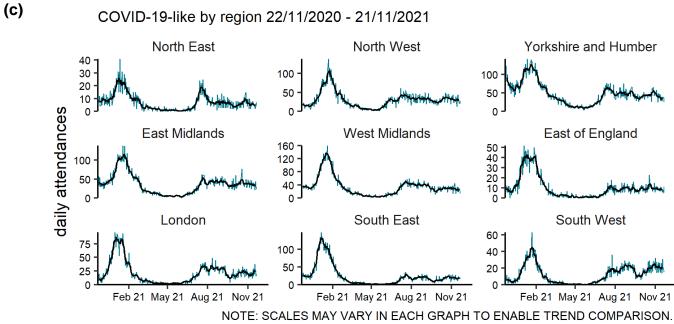
Black line is 7 day moving average adjusted for bank holidays. Grey columns show weekends and bank holidays.

(b)

(a)

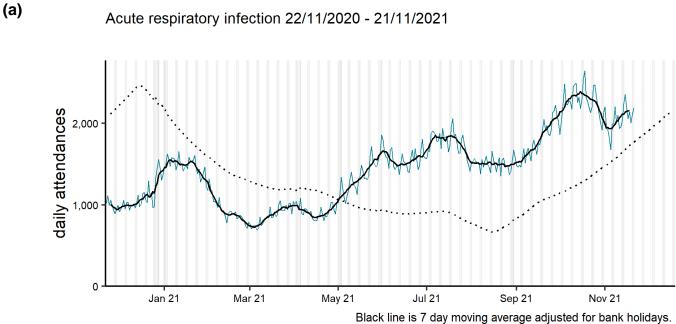
COVID-19-like by age group (years) 22/11/2020 - 21/11/2021

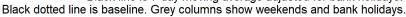


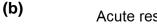


### Acute respiratory infections

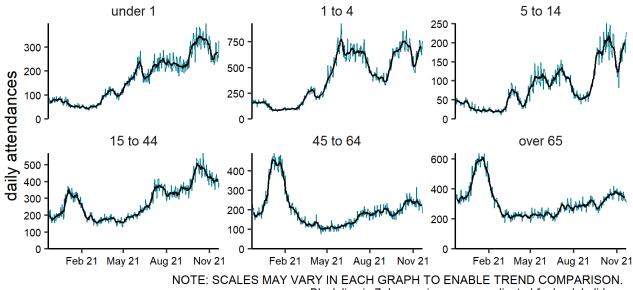
Figure 3: Daily number of acute respiratory infection ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



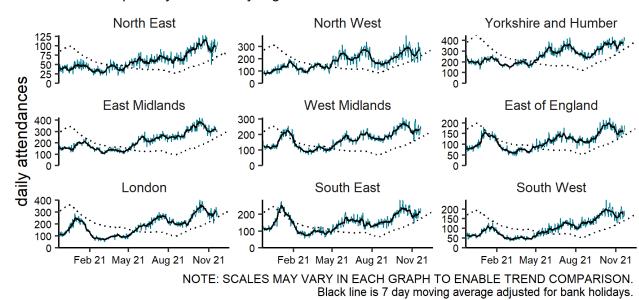




Acute respiratory infection by age group (years) 22/11/2020 - 21/11/2021



(c)



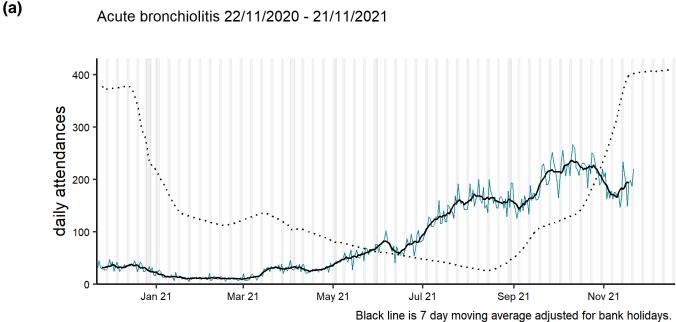
Black dotted line is baseline.

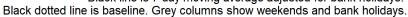
Acute respiratory infection by region 22/11/2020 - 21/11/2021

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### Acute bronchiolitis/ bronchitis

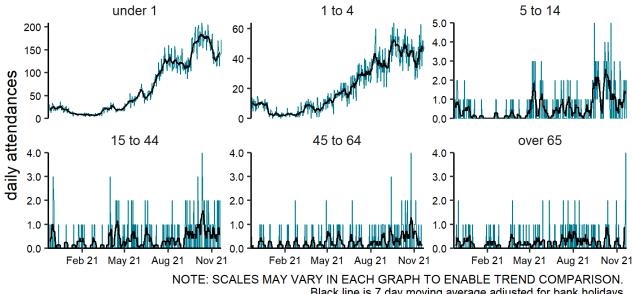
Figure 4: Daily number of acute bronchiolitis/bronchitis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by **UKHSA** Region.



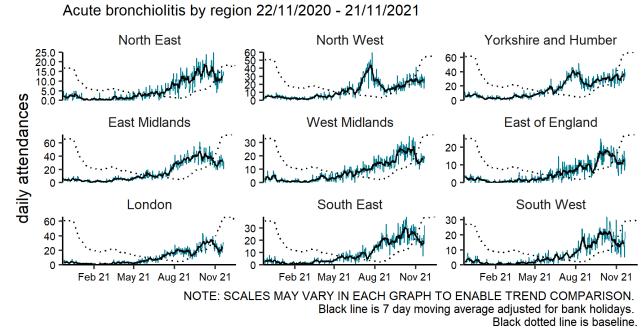


(b)

Acute bronchiolitis by age group (years) 22/11/2020 - 21/11/2021

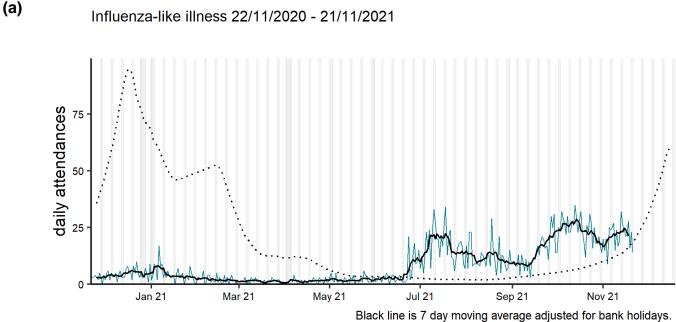


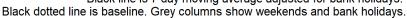
(C)

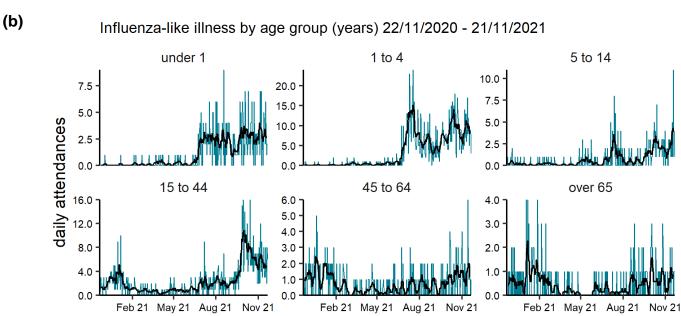


### Influenza-like illness

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 Region.



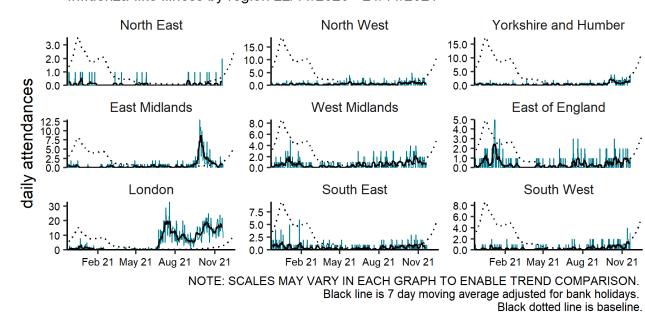




NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

13

(c)

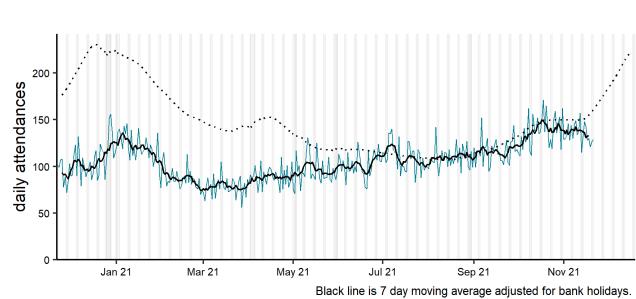


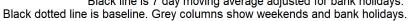
Influenza-like illness by region 22/11/2020 - 21/11/2021

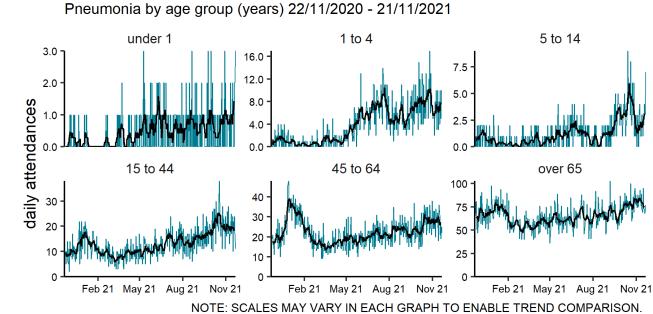
14

### 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 Region.





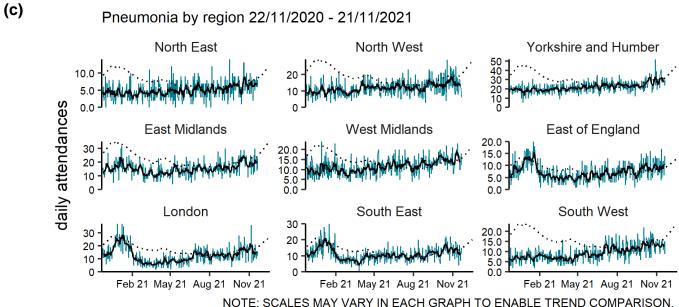


Black line is 7 day moving average adjusted for bank holidays.

(a)

(b)

Pneumonia 22/11/2020 - 21/11/2021



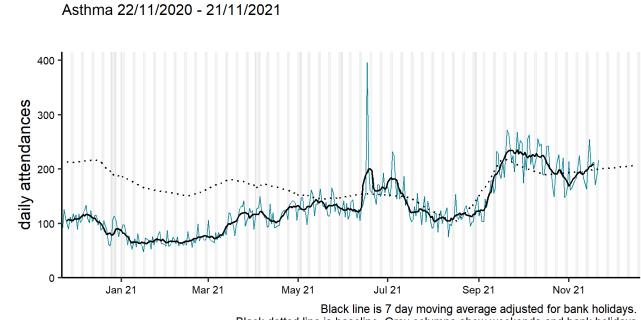
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline.

### Asthma

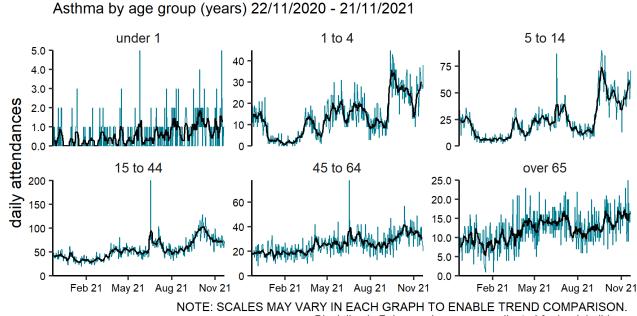
(a)

(b)

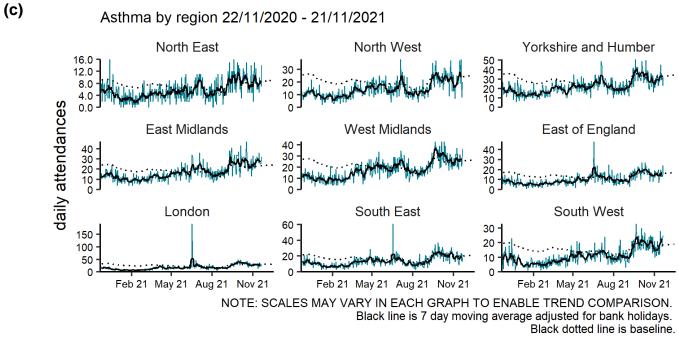
# Figure 7: Daily number of asthma ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



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



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

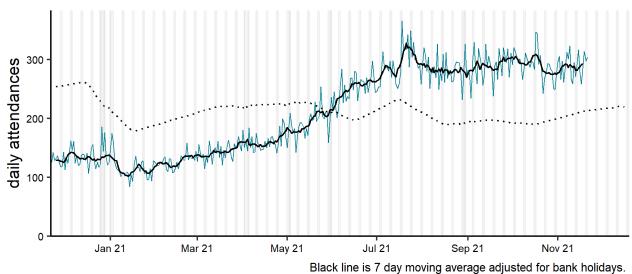


## **Gastrointestinal conditions**

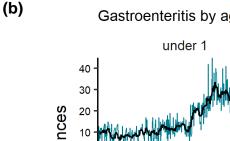
#### Gastroenteritis

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.

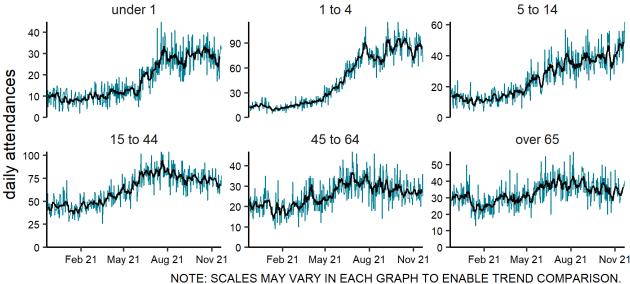
(a) Gastroenteritis 22/11/2020 - 21/11/2021



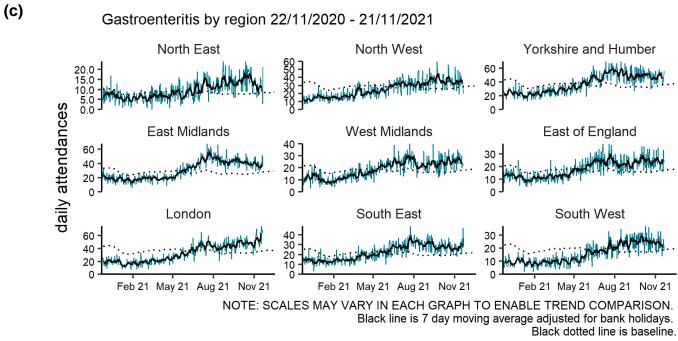
Black dotted line is baseline. Grey columns show weekends and bank holidays.



Gastroenteritis by age group (years) 22/11/2020 - 21/11/2021



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

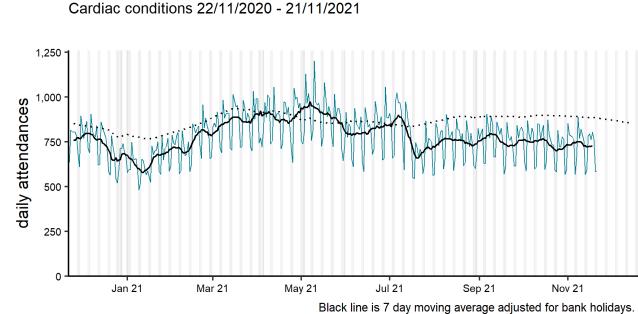


# **Cardiac conditions**

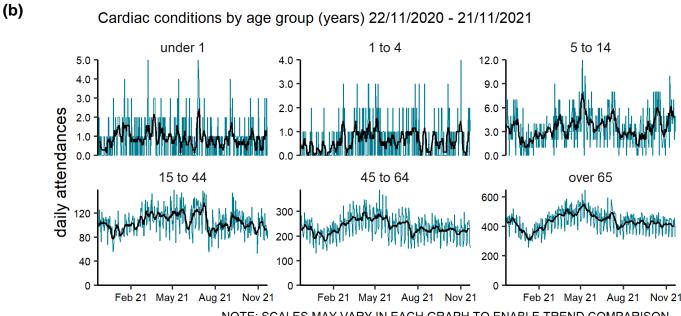
### Cardiac

(a)

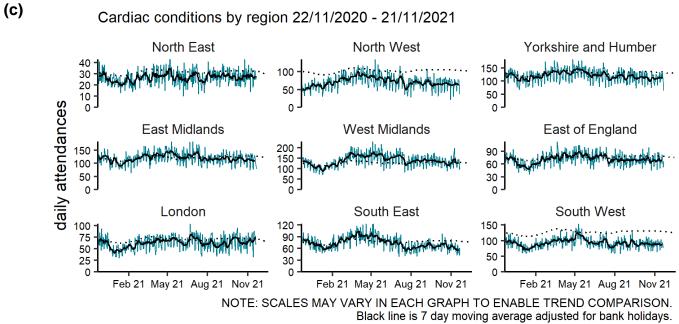
Figure 9: Daily number of cardiac ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



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



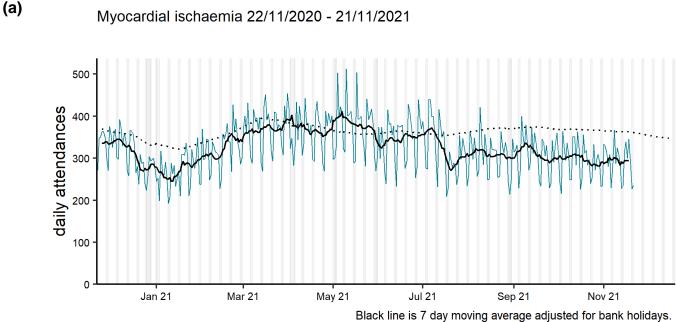
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

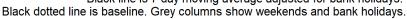


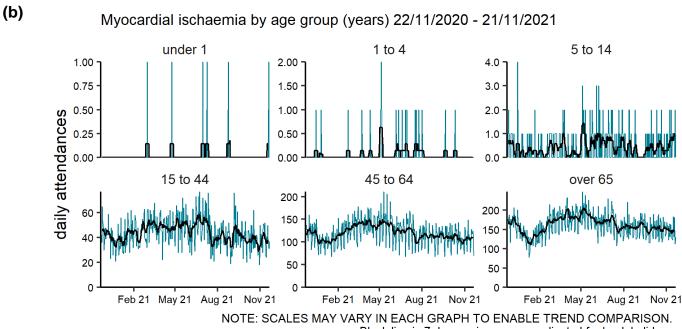
Black dotted line is baseline.

### Myocardial ischaemia

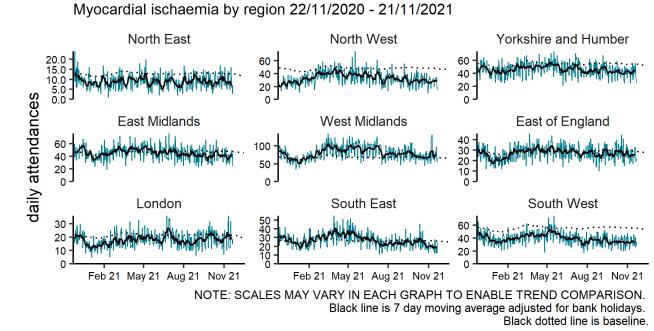
Figure 10: Daily number of myocardial ischaemia ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.







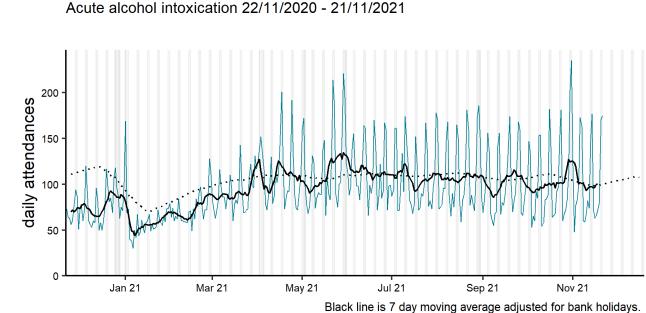
(c)



### **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.

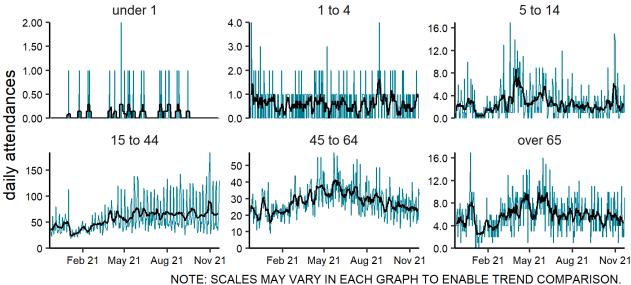


Black dotted line is baseline. Grey columns show weekends and bank holidays.

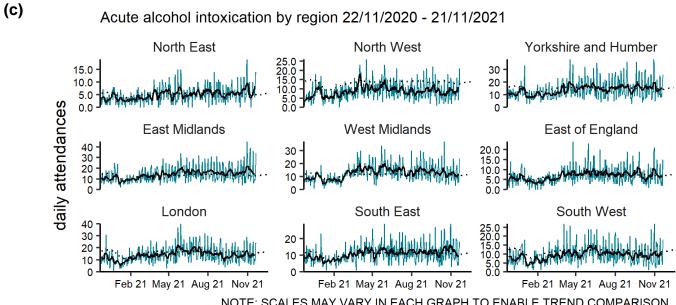
(b)

(a)

Acute alcohol intoxication by age group (years) 22/11/2020 - 21/11/2021



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



Acute alcohol intoxication by region 22/11/2020 - 21/11/2021

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

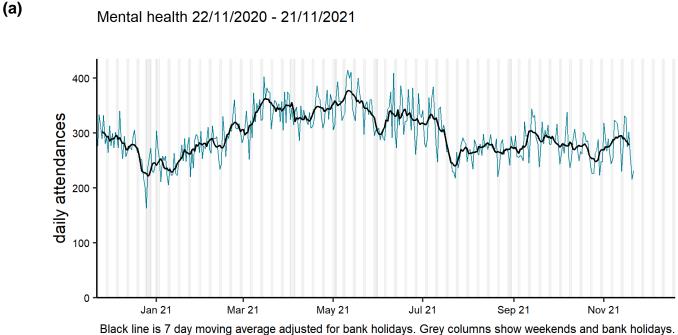
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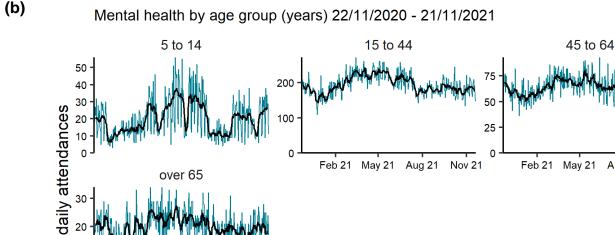
Feb 21

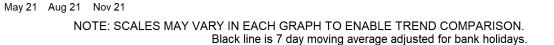
## Figure 12: Daily number of mental health<sup>3</sup> ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

<sup>3</sup> 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.



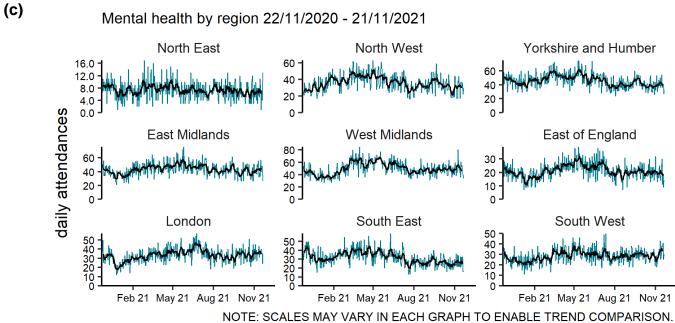






Aug 21

Nov 21



## **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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