

# Emergency Department Syndromic Surveillance System Bulletin (England) 2022 Week 1

## Key messages

Data reported to: 09 January 2022

During week 1, COVID-19-like ED attendances decreased across all age groups and regions. Acute respiratory infection attendances also decreased while influenza-like illness attendances remained stable but below seasonally expected levels.

**Please note** this bulletin includes data up to and including 9 January, including 1 bank holiday, which may result in increased result in increased ED attendances.

## 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)	Decreasing	No baseline
COVID-19-like (Figure 2)	Decreasing	No baseline
Acute respiratory infections (Figure 3)	Decreasing	Below baseline
Acute bronchiolitis or bronchitis (Figure 4)	Decreasing	Below baseline
Influenza-like illness (Figure 5)	No trend	Below baseline
Pneumonia (Figure 6)	Decreasing	Below baseline
Asthma (Figure 7)	Decreasing	Below baseline
Gastroenteritis (Figure 8)	Decreasing	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
Mental health (Figure 12)	No trend	No baseline
Impact of cold (Figure 13)	Decreasing	No baseline

<sup>&</sup>lt;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:
  - o the primary diagnosis for each attendance
  - o 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 <u>here</u>.

#### Data quality issues of note this week

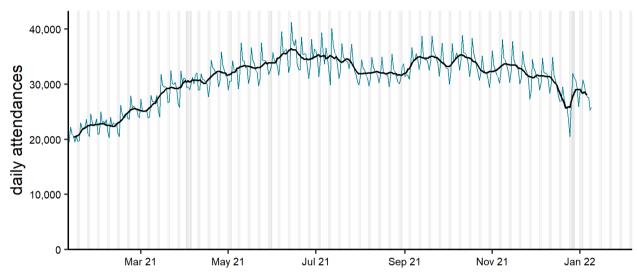
No issues identified.

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

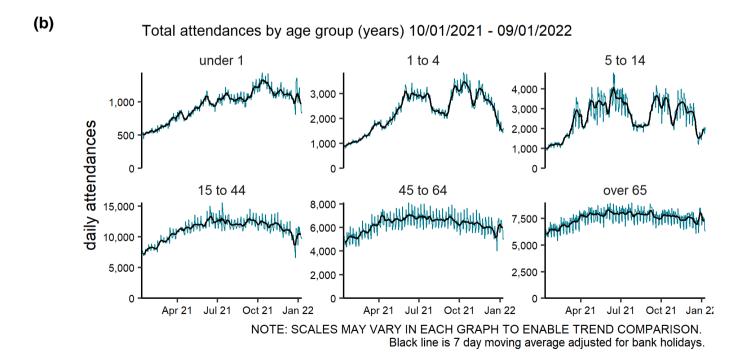
#### **Total attendances**

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.

(a) Total attendances 10/01/2021 - 09/01/2022



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



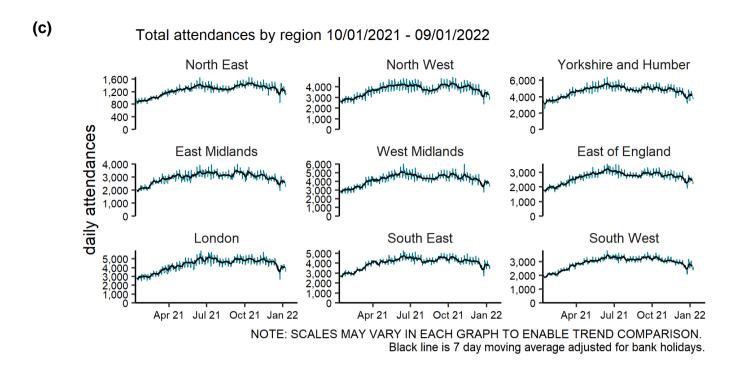


Table 2: The number of emergency department (ED) attendances and number with a diagnosis code included in surveillance each day during the most recent week.

Date	Total attendances <sup>2</sup>	Diagnoses included <sup>2</sup>
03 January 2022	30,792	21,477
04 January 2022	29,765	19,868
05 January 2022	28,246	19,109
06 January 2022	27,697	19,064
07 January 2022	27,547	18,670
08 January 2022	25,285	17,422
09 January 2022	25,839	18,046

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	6
North West	16
Yorkshire and Humber	19
West Midlands	17
East Midlands	11
East of England	11
London	17
South West	15
South East	19
Total	131

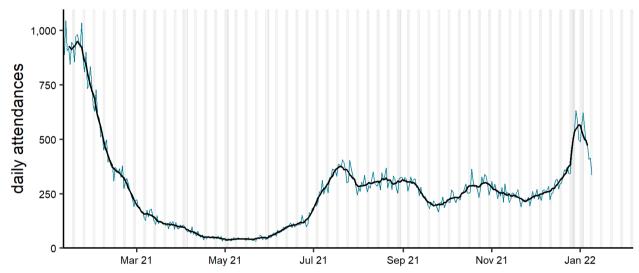
<sup>&</sup>lt;sup>2</sup> only attendances from Type 01 EDs meeting the weekly reporting criteria are included in this report, see **Notes** and caveats for further details.

## **Respiratory conditions**

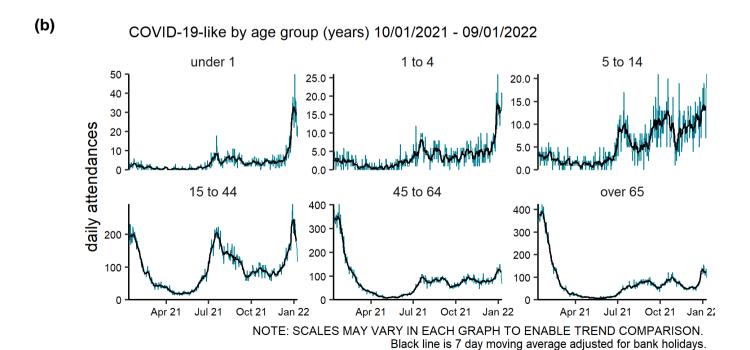
#### COVID-19-like

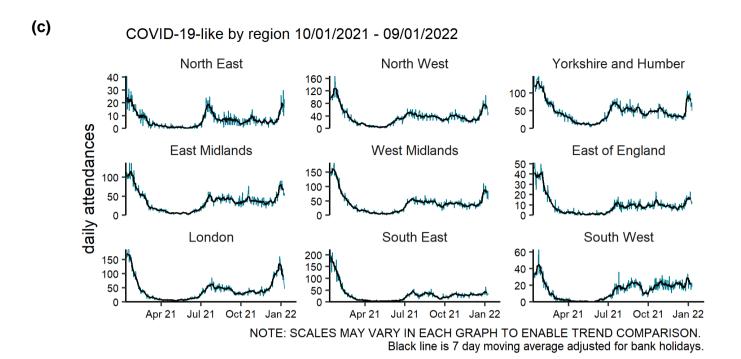
Figure 2: Daily number of COVID-19-like ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a) COVID-19-like 10/01/2021 - 09/01/2022



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

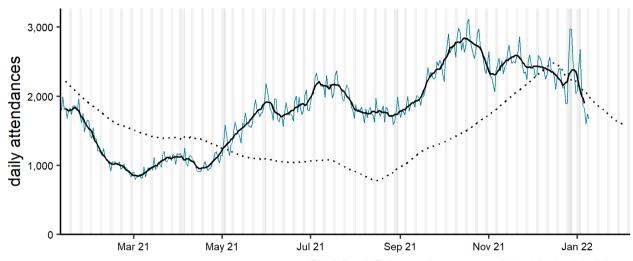




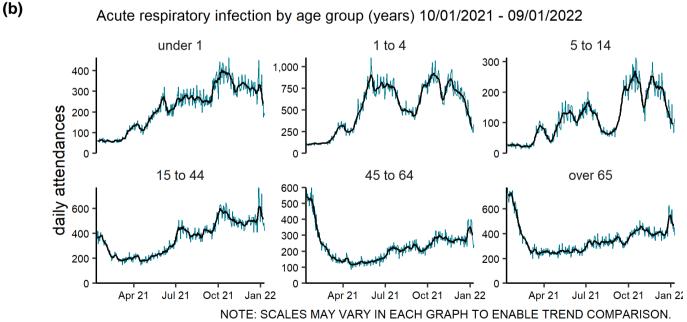
## Acute respiratory infections

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 Region.

(a) Acute respiratory infection 10/01/2021 - 09/01/2022

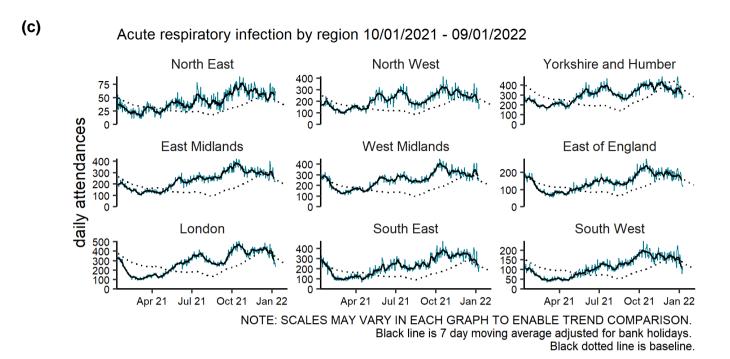


Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.



LES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.

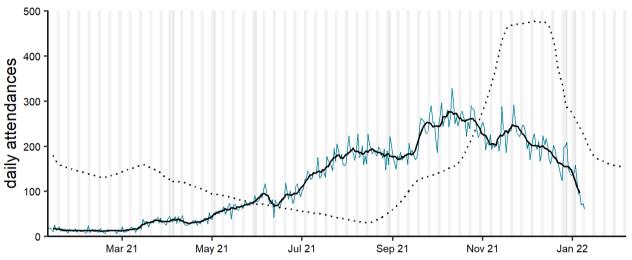
Black line is 7 day moving average adjusted for bank holidays.

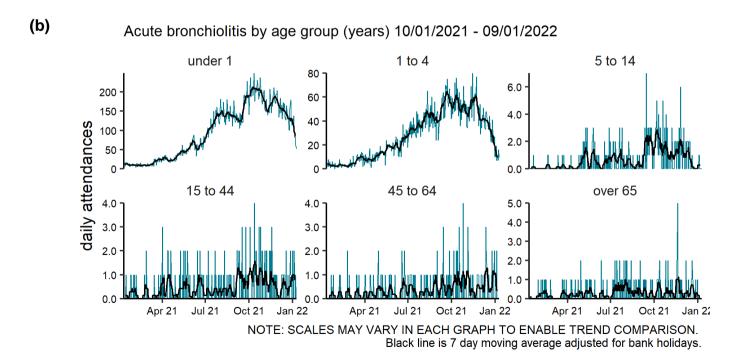


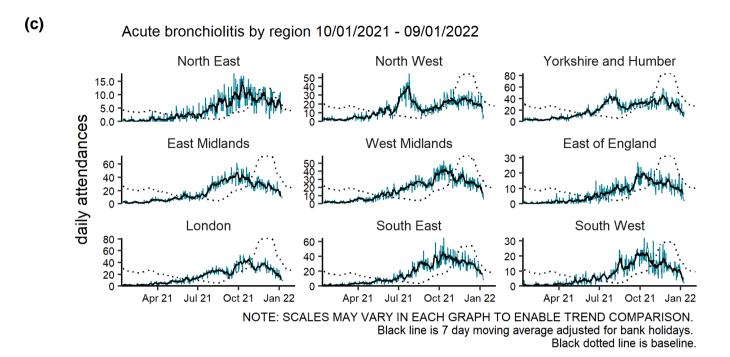
### Acute bronchiolitis/ bronchitis

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.

(a) Acute bronchiolitis 10/01/2021 - 09/01/2022



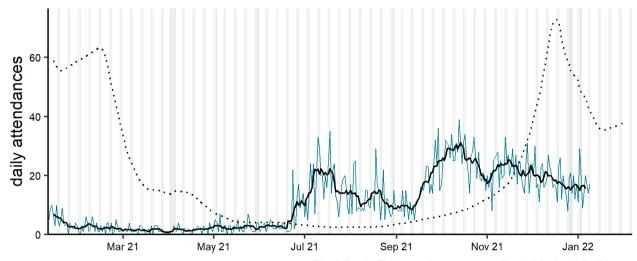


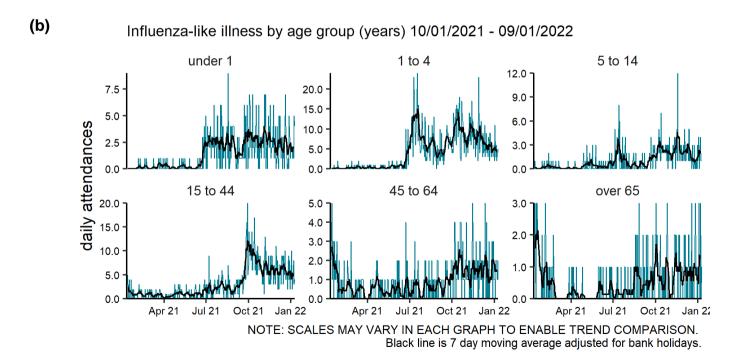


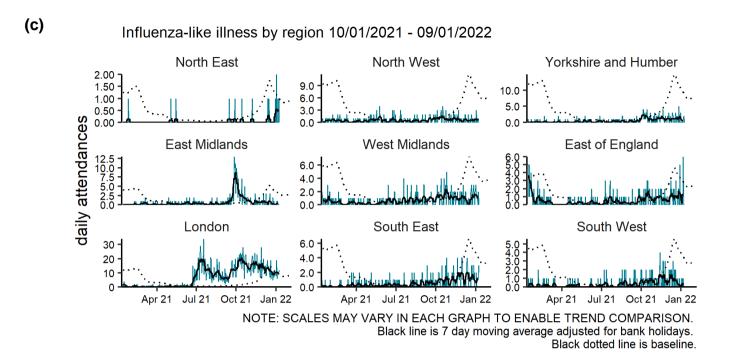
## Influenza-like illness

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.

(a) Influenza-like illness 10/01/2021 - 09/01/2022



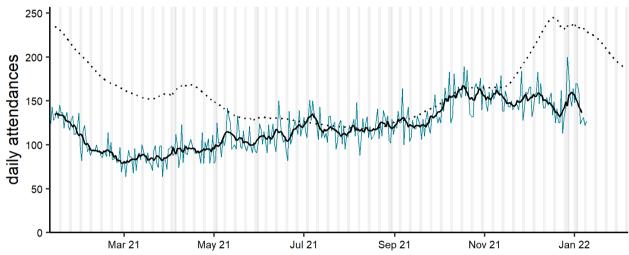


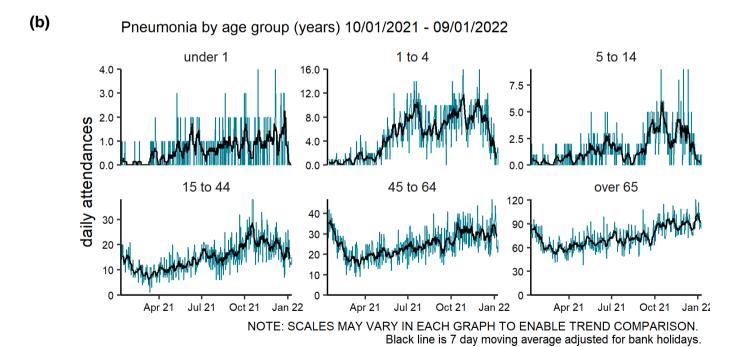


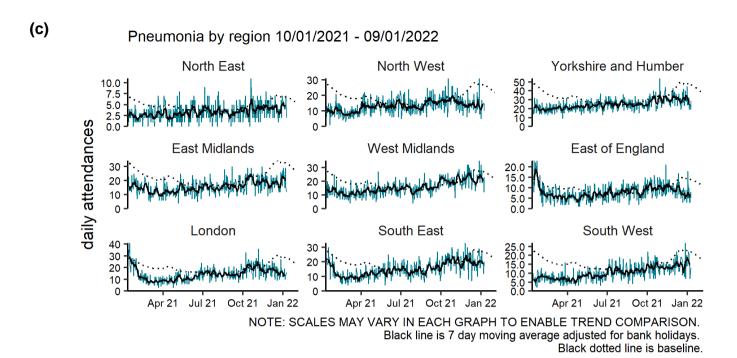
#### Pneumonia

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.

(a) Pneumonia 10/01/2021 - 09/01/2022



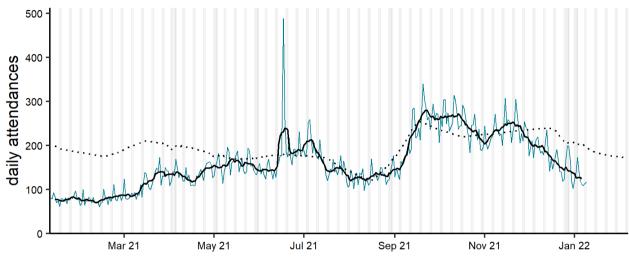


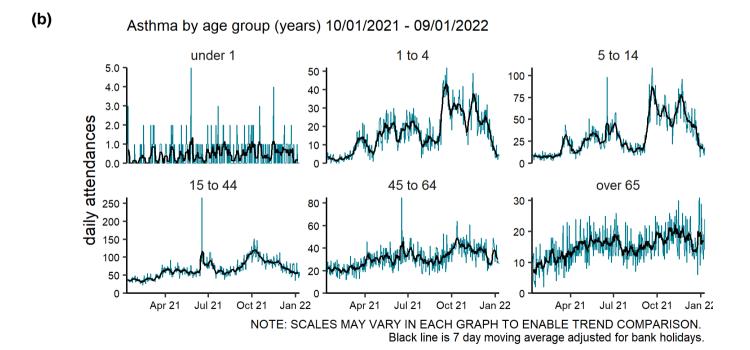


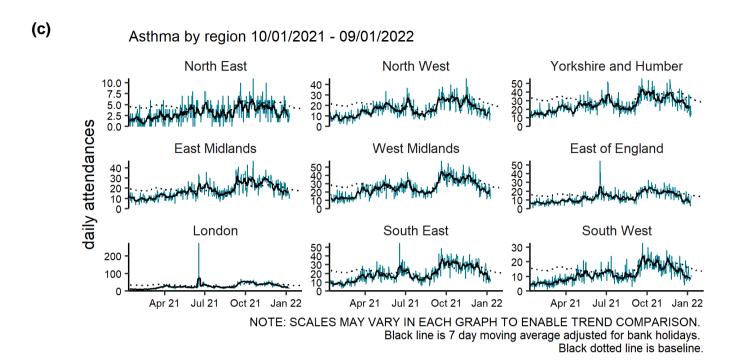
#### **Asthma**

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.

(a) Asthma 10/01/2021 - 09/01/2022





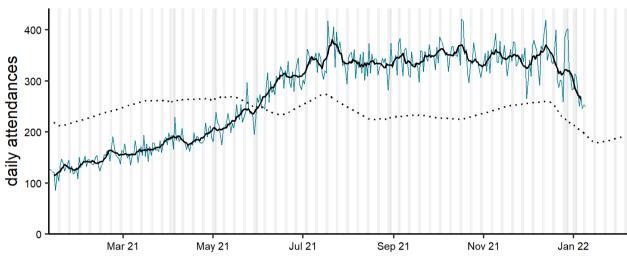


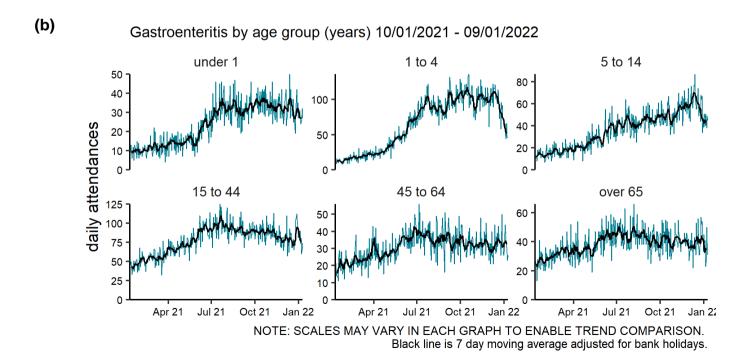
### **Gastrointestinal conditions**

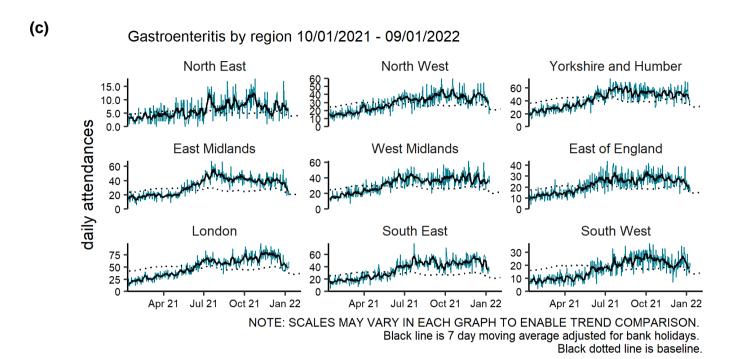
#### Gastroenteritis

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 10/01/2021 - 09/01/2022





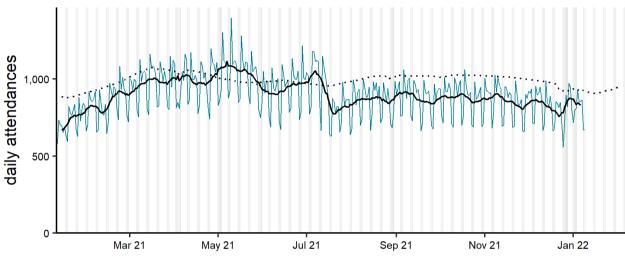


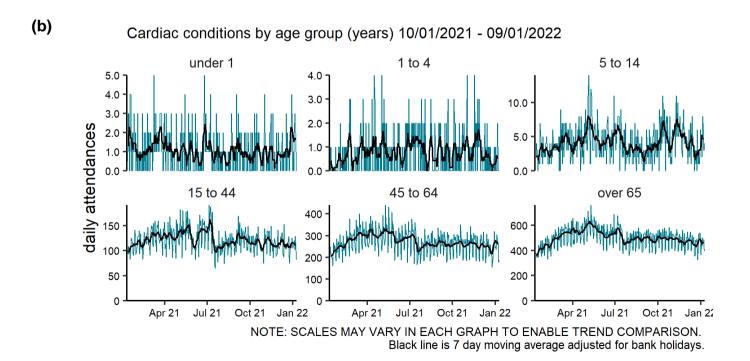
## **Cardiac conditions**

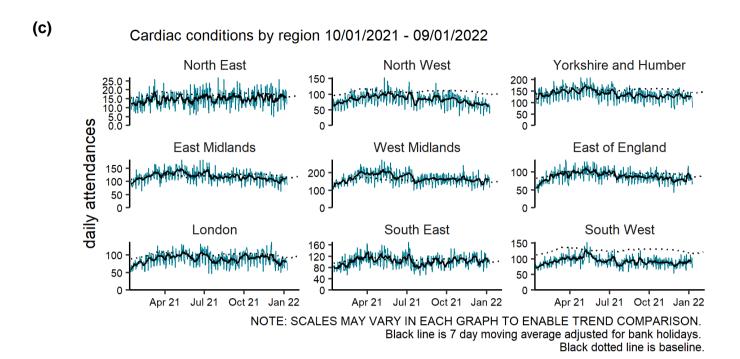
#### Cardiac

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 Region.

(a) Cardiac conditions 10/01/2021 - 09/01/2022



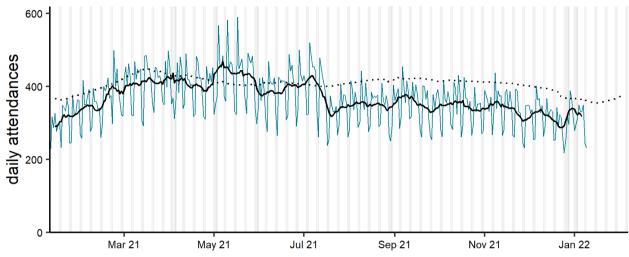


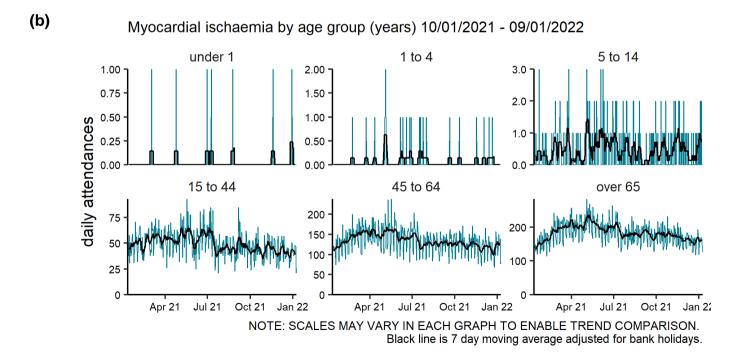


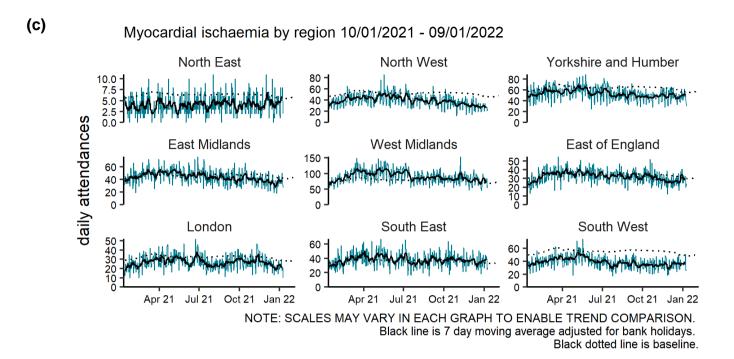
## Myocardial ischaemia

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.

(a) Myocardial ischaemia 10/01/2021 - 09/01/2022





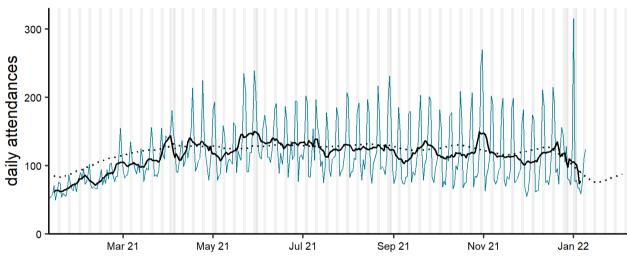


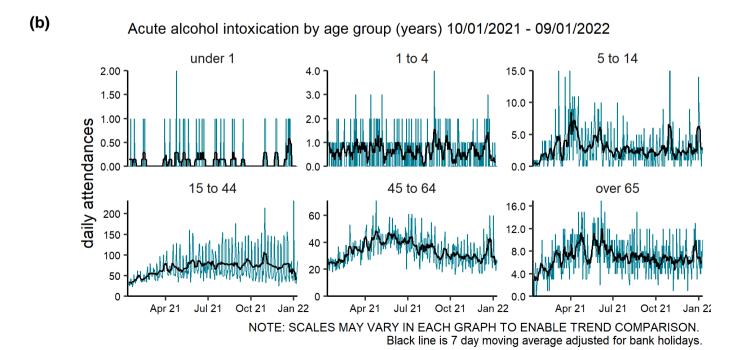
## Other conditions

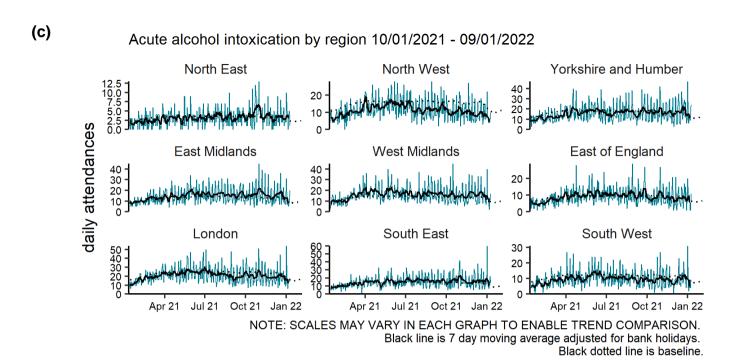
#### Acute alcohol intoxication

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.

(a) Acute alcohol intoxication 10/01/2021 - 09/01/2022



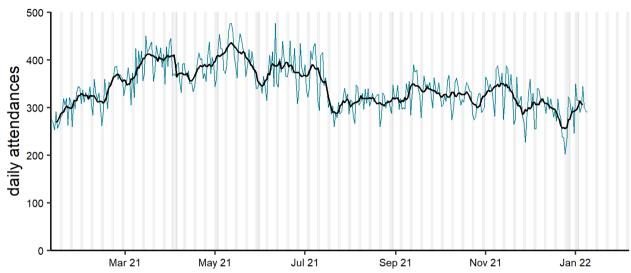




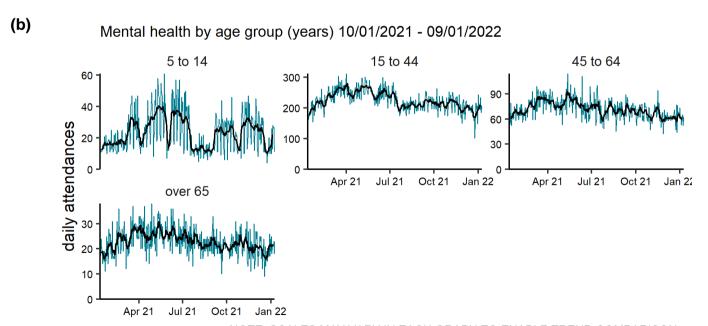
#### Mental health

## 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.

(a) Mental health 10/01/2021 - 09/01/2022



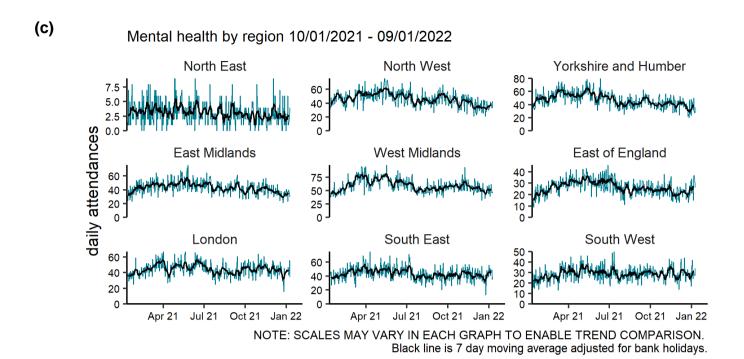
Black line is 7 day moving average adjusted for bank holidays. Grey columns show weekends and bank holidays.



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

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

<sup>&</sup>lt;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.



#### 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

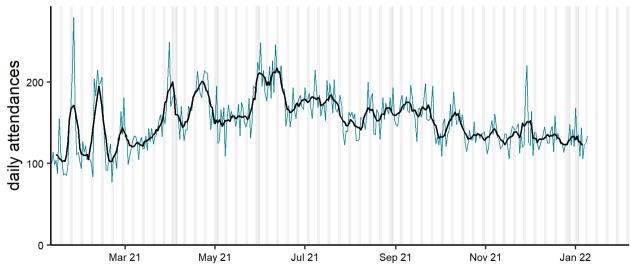
Highest weather alert level during the current reporting week:

Level 3 - Severe Weather action

### Impact of cold

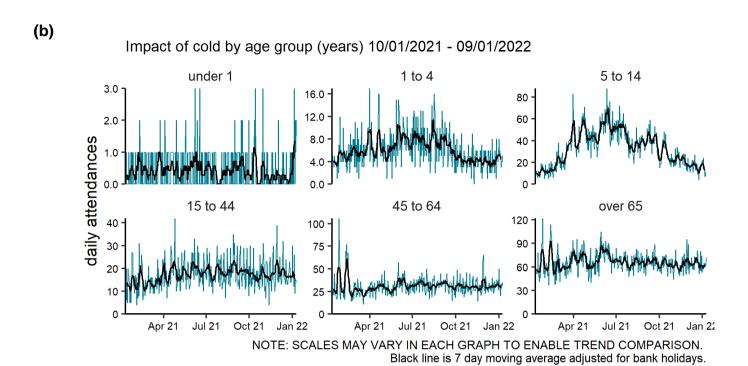
Figure 13: Daily number of impact of cold<sup>4</sup> ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

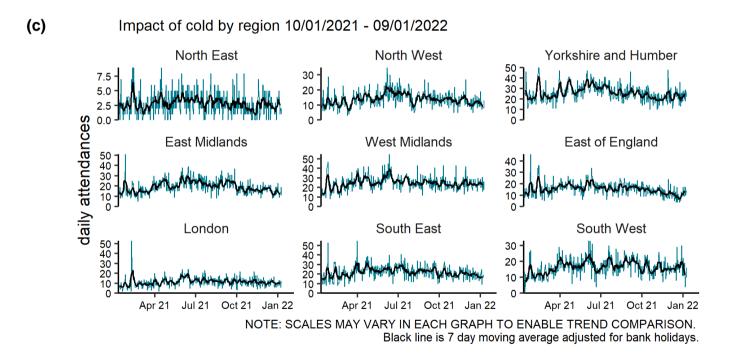
(a) Impact of cold 10/01/2021 - 09/01/2022



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

<sup>&</sup>lt;sup>4</sup> impact of cold attendances reported here are restricted to female attendances, with a primary diagnosis of fracture of the femur/wrist/forearm plus cold specific diagnoses of hypothermia, or cold injuries.





#### **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,
  - o 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:
  - acute respiratory infections includes:
    - COVID-19-like

- influenza-like illness
- acute bronchitis or bronchiolitis
- pneumonia
- other and non-specific acute respiratory infections
- o 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
  - 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**

<u>The UK Health Security Agency</u> is an executive agency, sponsored by the <u>Department of Health and Social Care.</u>

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Version: ED-1

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Published: January 2022

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