

# Emergency Department Syndromic Surveillance System Bulletin (England) 2022 Week 39

## Key messages

Data reported to: 2 October 2022

During week 39, emergency department attendances for acute respiratory infections increased. COVID-19-like attendances increased particularly in adults aged 45-64 and 65+ years. Attendances for pneumonia also increased during week 39 but remain in line with expected seasonal trends. The recent increases in asthma attendances observed in children aged 1-4 and 5-14 years have now decreased in line with seasonal expectations.

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

<sup>&</sup>lt;sup>1</sup> 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
Mental health	27
Seasonal environmental conditions	29
Notes and caveats	30
Acknowledgements	31
About the UK Health Security Agency	32

## 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>.

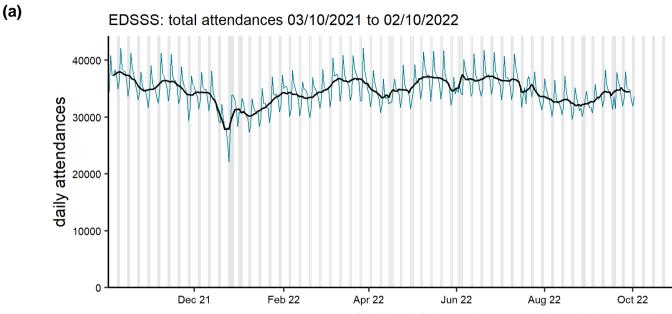
#### Data quality issues of note this week

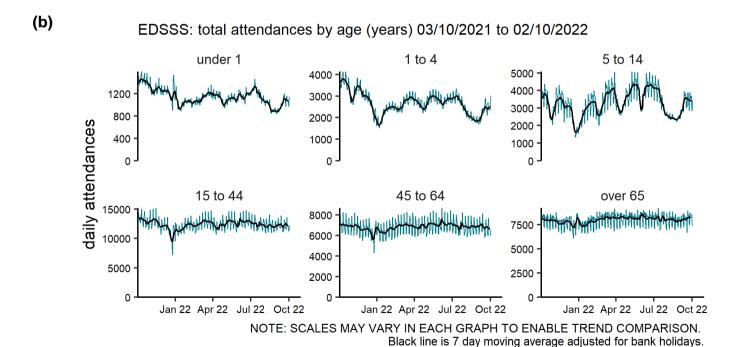
No issues identified.

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.





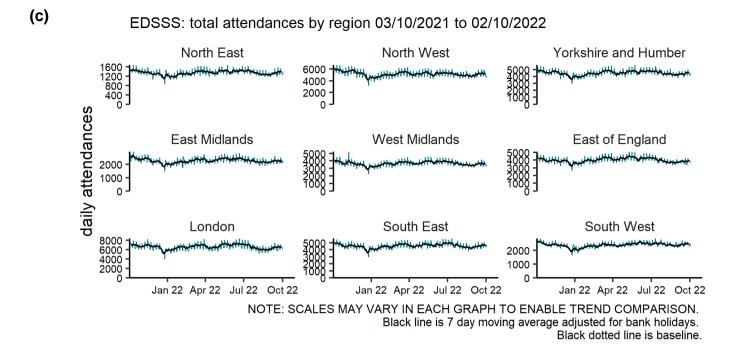


Table 2: The number of emergency department (ED) attendances and number with a diagnosis code included in surveillance each day during the most recent week.

Date	Total attendances <sup>2</sup>	Diagnoses included <sup>2</sup>
26 September 2022	37,989	24,352
27 September 2022	35,258	22,978
28 September 2022	34,820	22,755
29 September 2022	34,801	22,767
30 September 2022	32,986	21,302
01 October 2022	31,939	20,229
02 October 2022	33,604	21,880

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

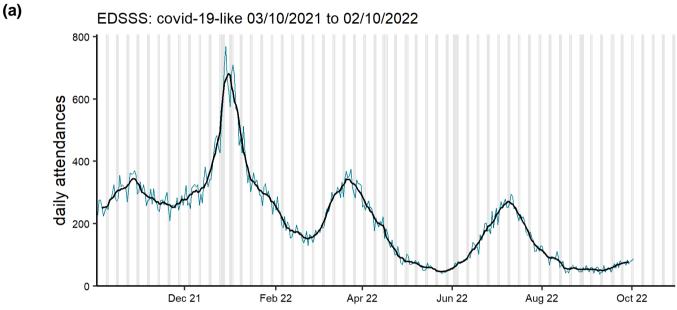
UKHSA Region	Number of EDs <sup>2</sup>
North East	5
North West	22
Yorkshire and Humber	18
West Midlands	15
East Midlands	7
East of England	14
London	24
South West	12
South East	18
Total	135

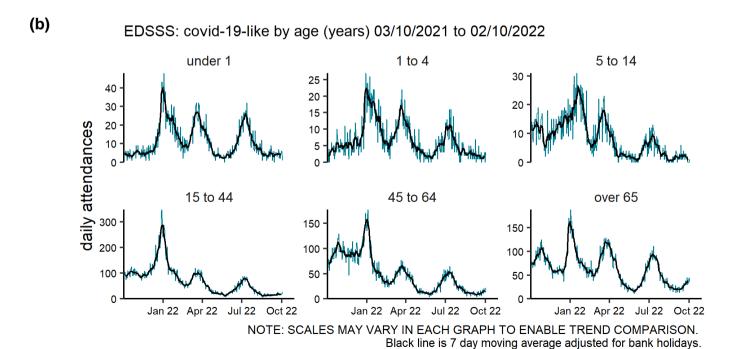
<sup>&</sup>lt;sup>2</sup> only attendances from Type 01 EDs meeting the weekly reporting criteria are included in this report, see **Notes** and caveats for further details.

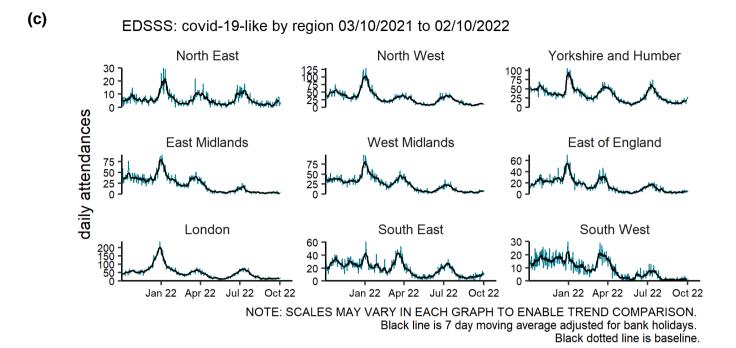
# **Respiratory conditions**

#### 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.



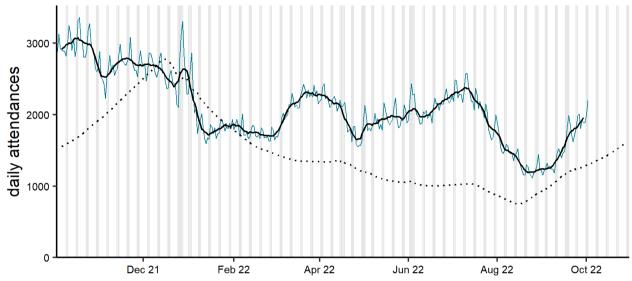




### Acute respiratory infections

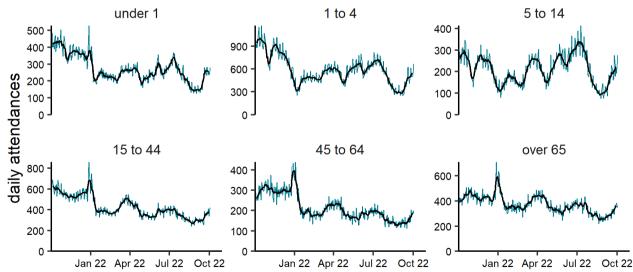
Figure 3: Daily number of acute respiratory infection ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

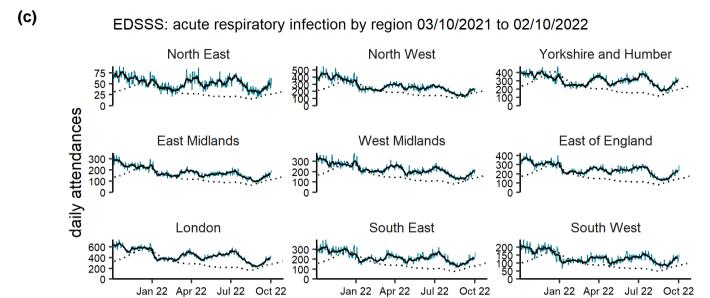




Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.

(b) EDSSS: acute respiratory infection by age (years) 03/10/2021 to 02/10/2022





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

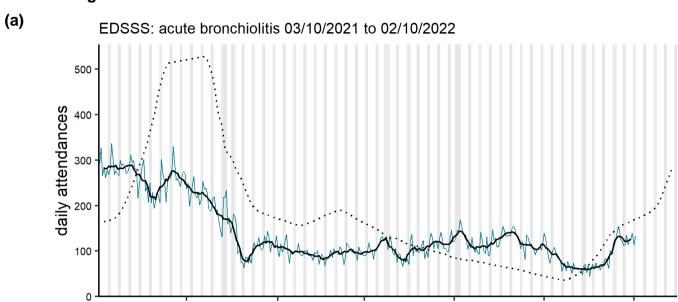
Black line is 7 day moving average adjusted for bank holidays.

Black dotted line is baseline.

#### Acute bronchiolitis/bronchitis

Dec 21

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.



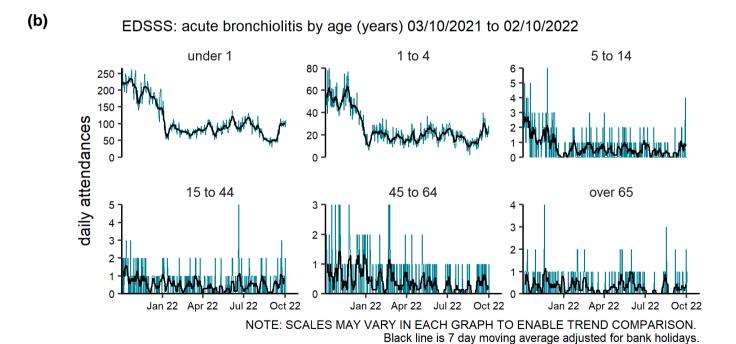
Apr 22

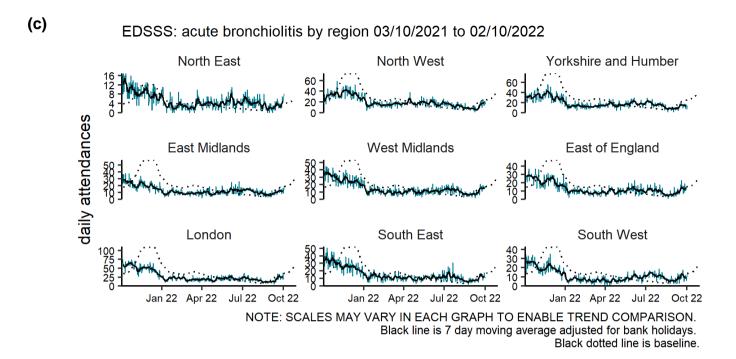
Feb 22

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

Jun 22

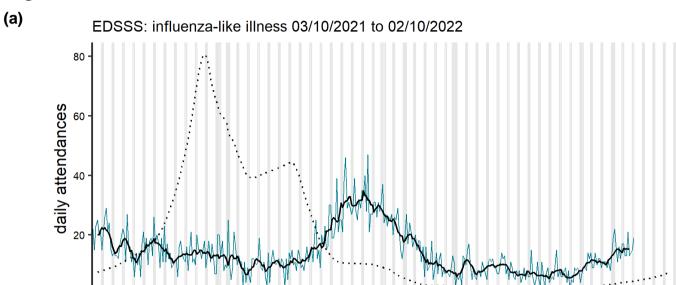
Aug 22





#### 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.



Apr 22

Feb 22

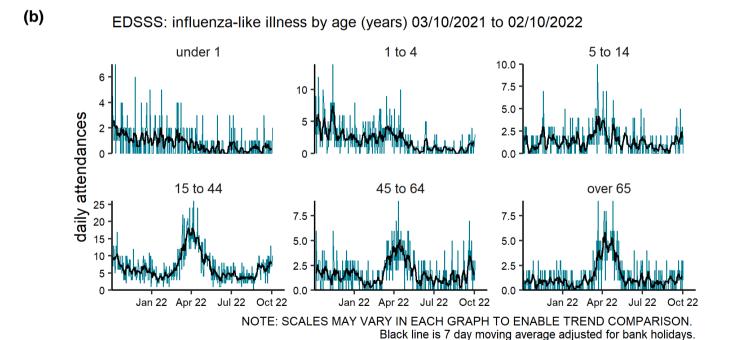
Dec 21

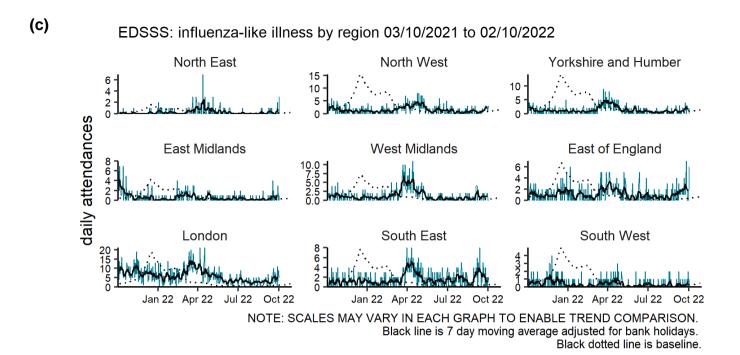
Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.

Aug 22

Oct 22

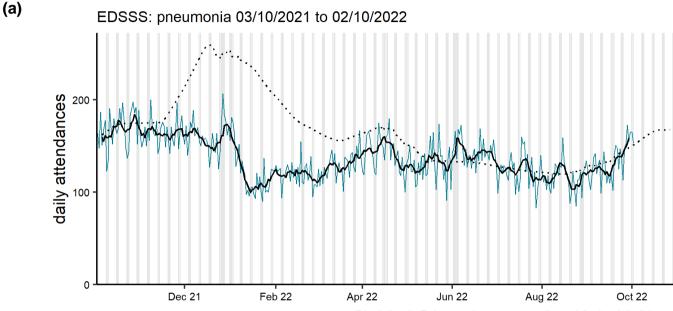
Jun 22

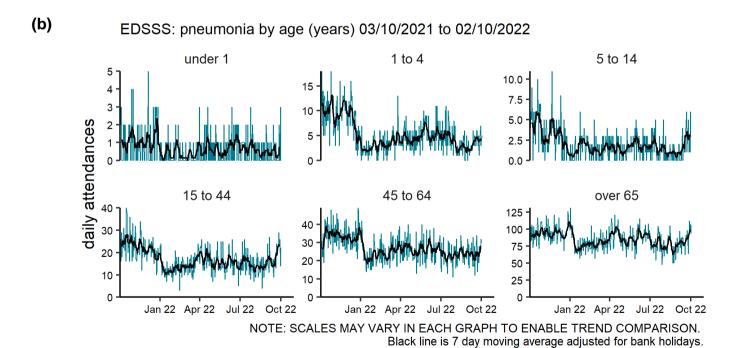


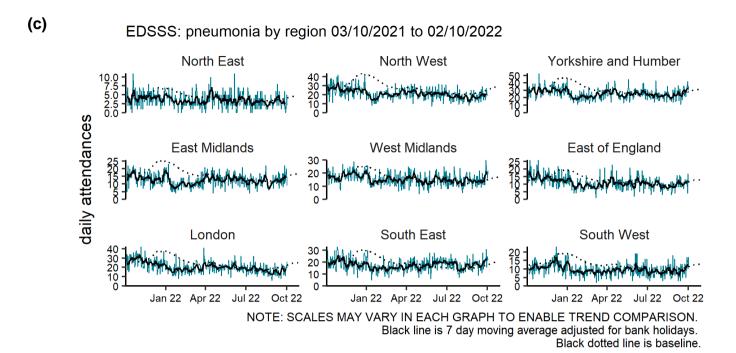


#### Pneumonia

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.

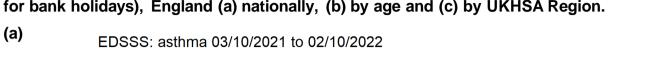


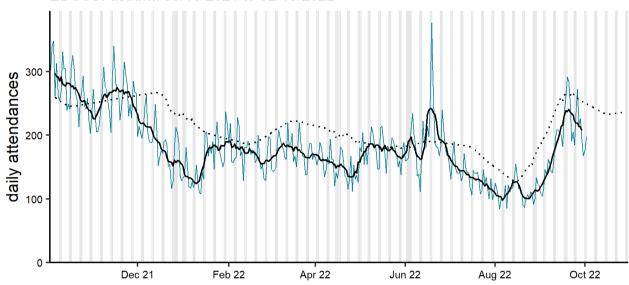


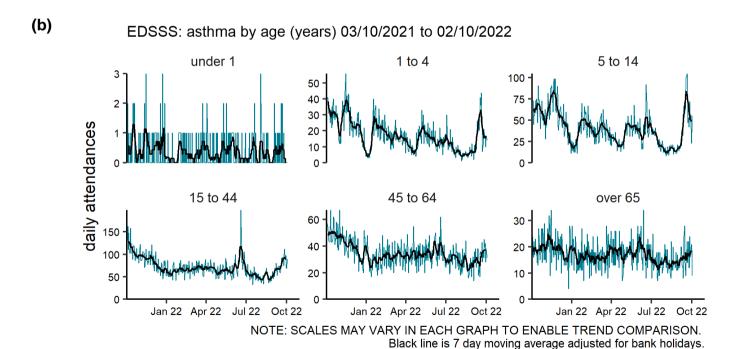


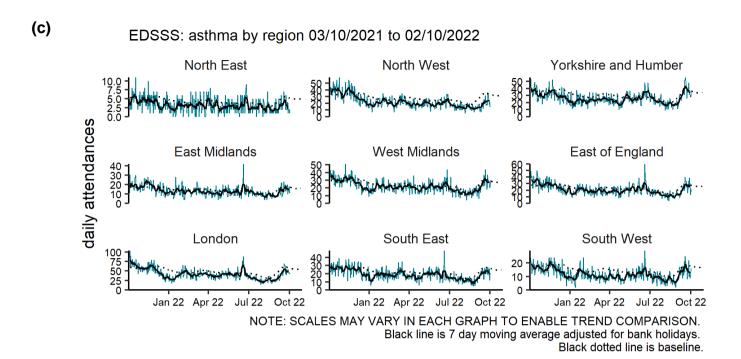
#### **Asthma**

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.









#### **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.

EDSSS: gastroenteritis 03/10/2021 to 02/10/2022

600

600

Aug 22

Dec 21

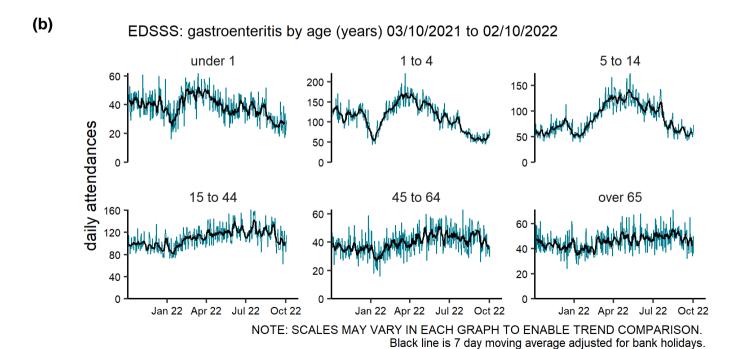
Feb 22

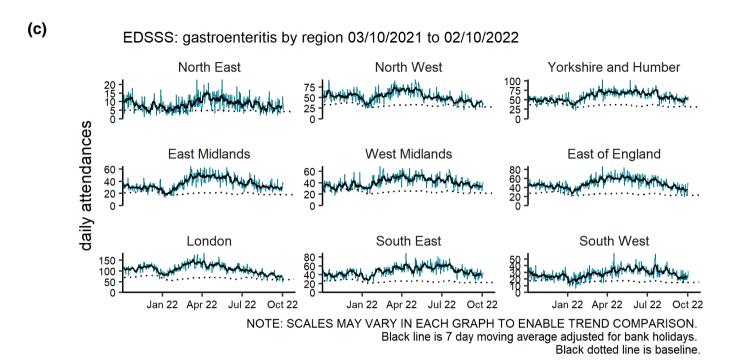
Apr 22

Jun 22

Aug 22

Oct 22

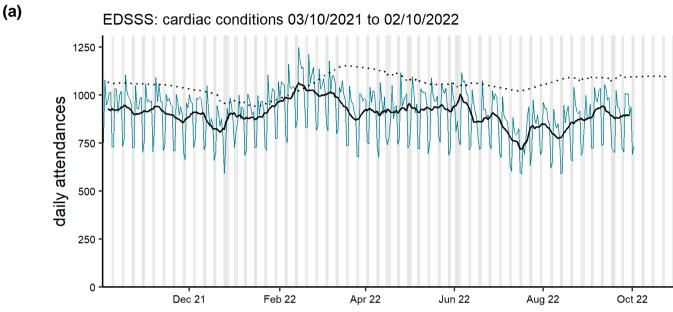


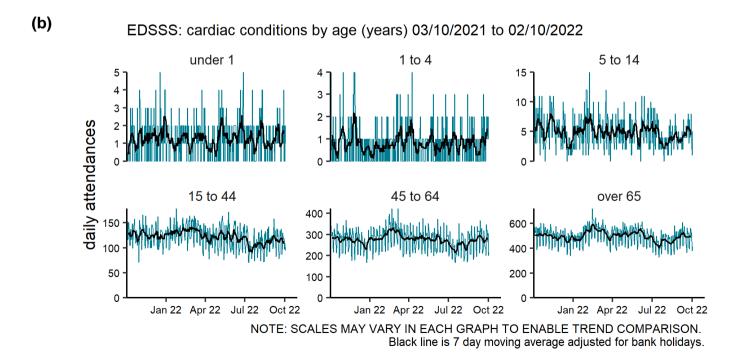


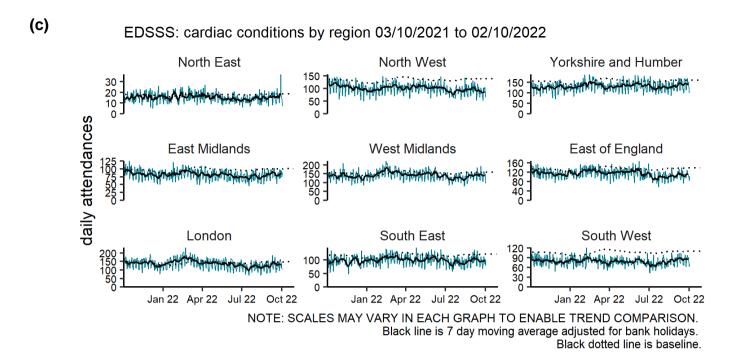
### **Cardiac conditions**

#### 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.



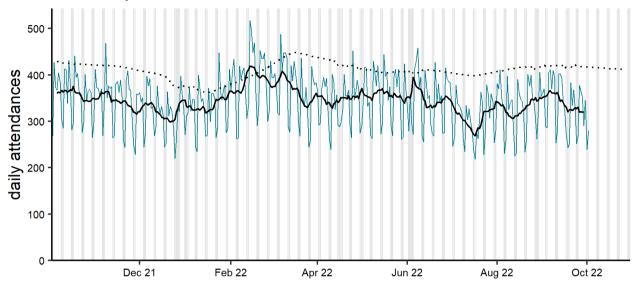




## Myocardial ischaemia

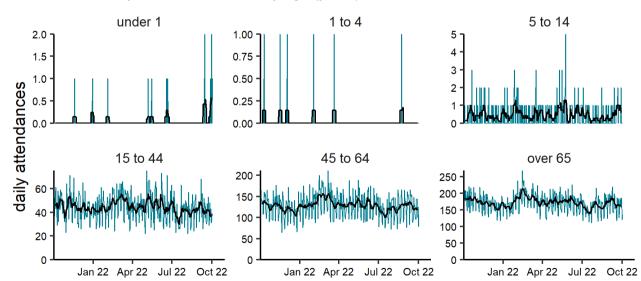
Figure 10: Daily number of myocardial ischaemia ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

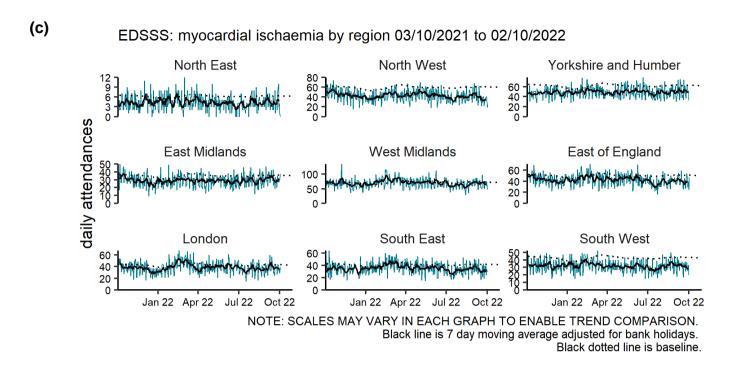




Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.



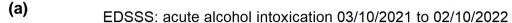


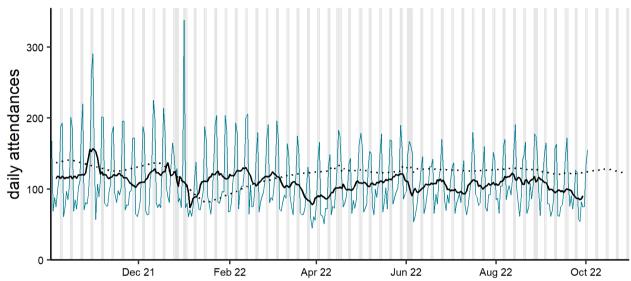


#### Other conditions

#### Acute alcohol intoxication

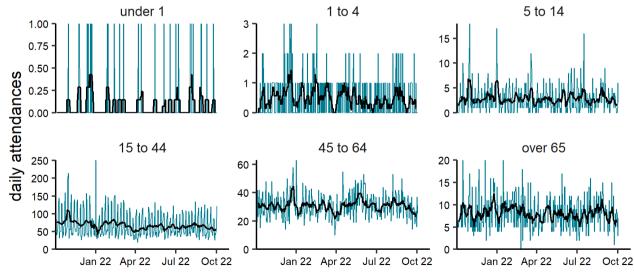
Figure 11: Daily number of acute alcohol intoxication ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

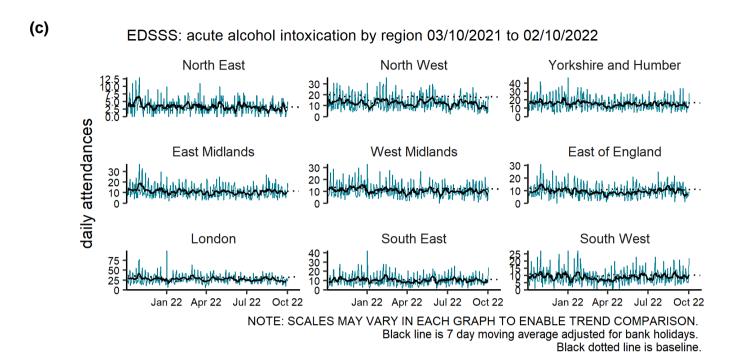




Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline. Grey columns show weekends and bank holidays.



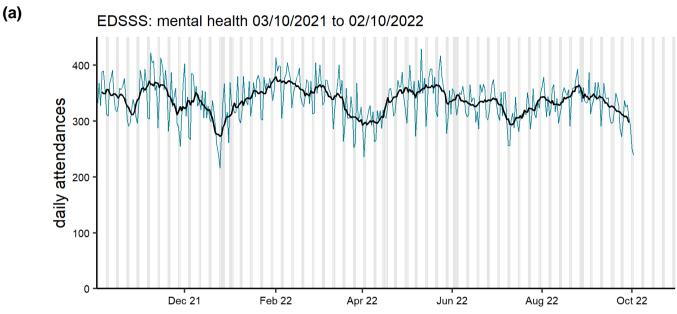




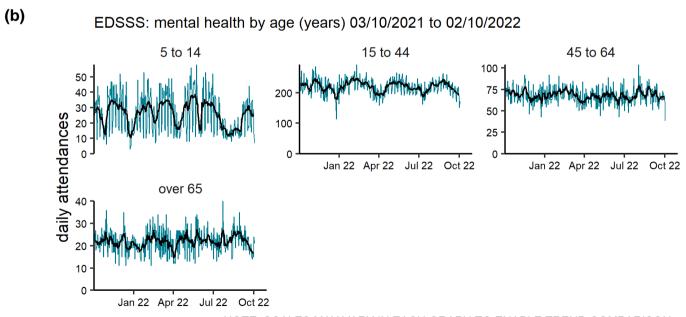
#### Mental health

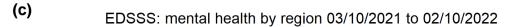
# Figure 12: Daily number of mental health<sup>3</sup> ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

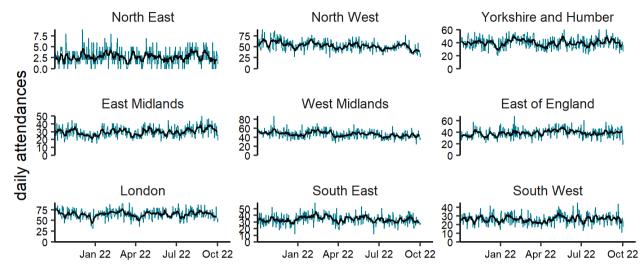
<sup>3</sup> mental health attendances reported here are those with a primary diagnosis in the ECDS mental health diagnosis grouping. Attendances where the primary diagnosis relates to overdose, alcohol use or self harm are not included.



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







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

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#### 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 0 – Long-term planning

#### **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
      - acute bronchitis or bronchiolitis pneumonia

influenza-like illness

- 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

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation heath secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

www.gov.uk/government/organisations/uk-health-security-agency

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