



UK Health
Security
Agency

Ambulance Syndromic Surveillance System Bulletin (England)

2022 Week 43

Key messages

Data reported to: 30 October 2022

During week 43, ambulance calls for headache continued to increase however calls remain below expected levels. There was a spike observed in 'overdose, ingestion or poisoning' ambulance calls on October 29 and 30, notably in the London region. Please note: national COVID-19-like ambulance calls decreased sharply during week 43 due to a change in coding in the South West. See **Data quality issues of note this week** for more information.

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	Level
COVID-19-like (Figure 1)	Decreasing	No baseline
Difficulty breathing (Figure 2)	Increasing	Below baseline
Chest pain (Figure 3)	No trend	Below baseline
Cardiac or respiratory arrest (Figure 4)	Decreasing	Similar to baseline
Impact of heat or cold (Figure 5)	No trend	Similar to baseline
Headache (Figure 6)	Increasing	Below baseline
Unconscious or passing out (Figure 7)	No trend	Below baseline
Collapsed with unknown problem (Figure 8)	No trend	Below baseline
Allergic reactions (Figure 9)	No trend	Below baseline
Injuries (Figure 10)	No trend	Below baseline
Overdose or ingestion or poisoning (Figure 11)	Increasing	Below baseline

System coverage

Table 2: The number of ambulance Trusts included in surveillance each day during the most recent week.

Date	Number of ambulance Trusts ¹
24 October 2022	9
25 October 2022	9
26 October 2022	9
27 October 2022	9
28 October 2022	9
29 October 2022	9
30 October 2022	9

¹ maximum 10 Trusts in England

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About this syndromic surveillance system

This bulletin presents data from the UK Health Security Agency (UKHSA) ambulance 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 ambulance call data are analysed and reported here, to identify and describe trends for a variety of syndromic indicators:

- syndromic indicators include groupings such as difficulty breathing, chest pain and injuries
- syndromic indicators are based on:
 - information gathered during the initial call
 - signs/symptoms and may not be laboratory confirmed
- **Key messages** describes any notable trends nationally (England), 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 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

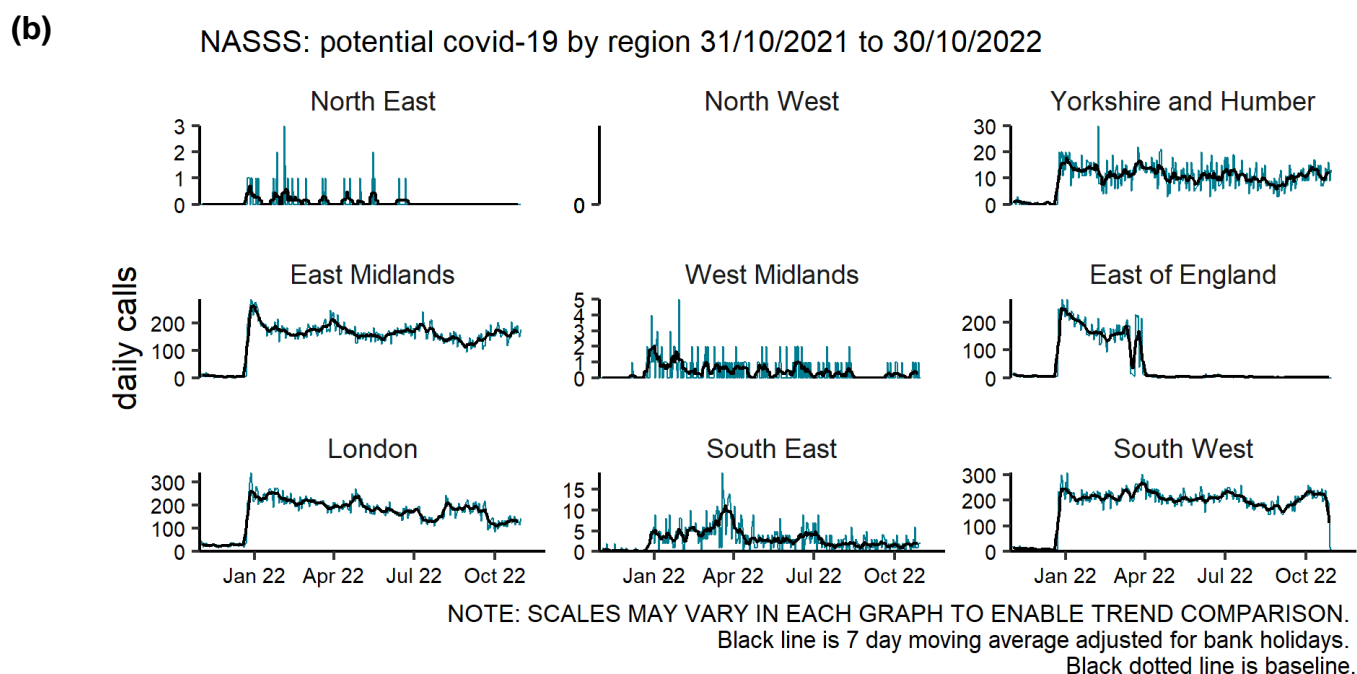
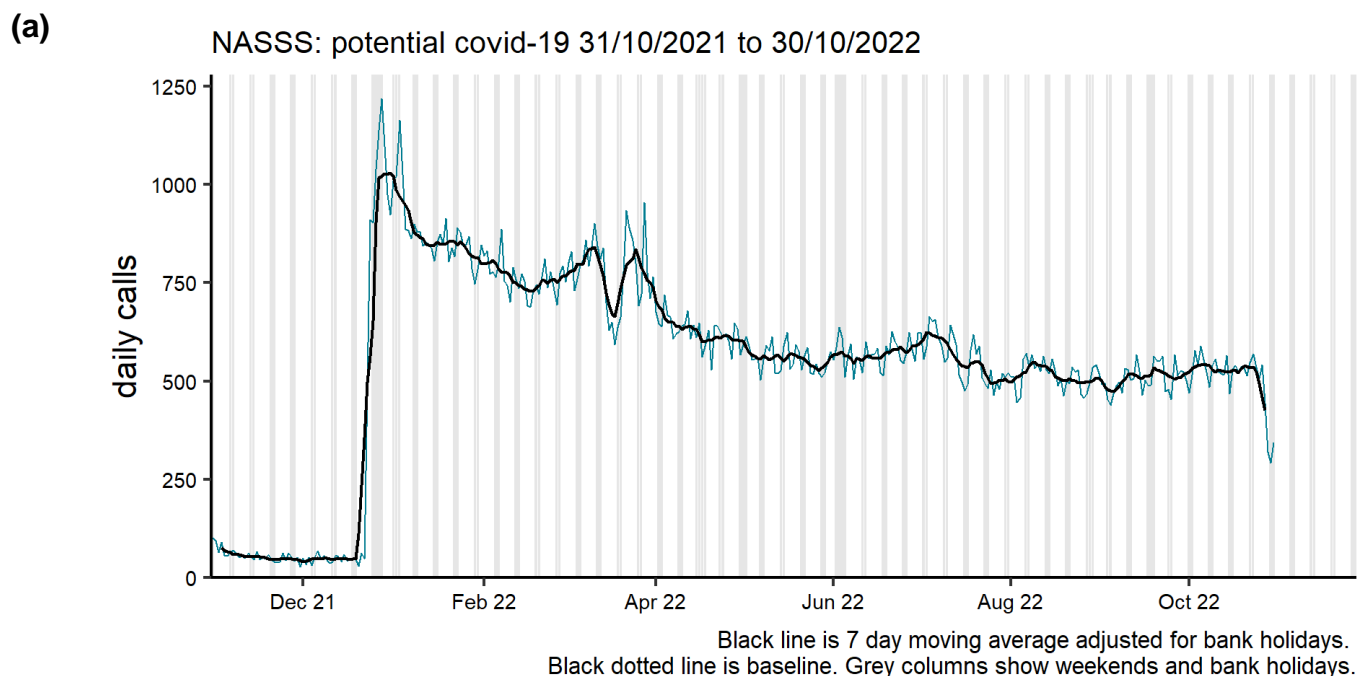
Call data from North West Ambulance Service are currently not available to be included in this bulletin. In addition, there has been a recent change to how COVID-19-like calls are coded in the SW. Reported COVID-19-like calls have decreased while difficulty breathing calls increased. Therefore, trends presented in this report should be interpreted with some caution.

See **Table 2** for the number of Trusts included in the most recent week, indicating where data has not arrived at the time of this report production. All historical data are complete.

Respiratory conditions

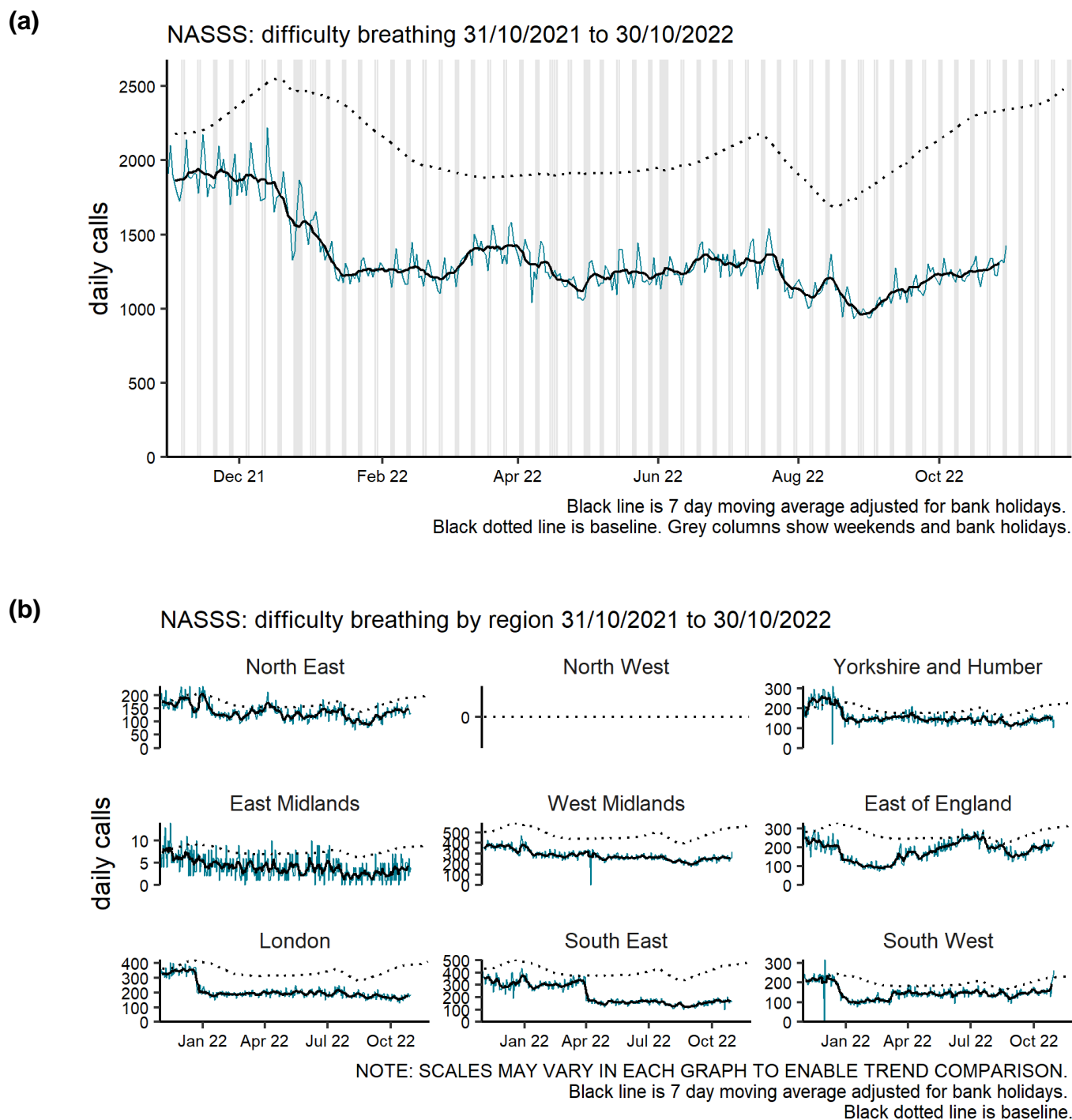
COVID-19-like

Figure 1: Daily number of COVID-19-like ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region. Please note there is minimal usage of this syndromic indicator by the North East, West Midlands and South East ambulance Trusts.



Difficulty breathing

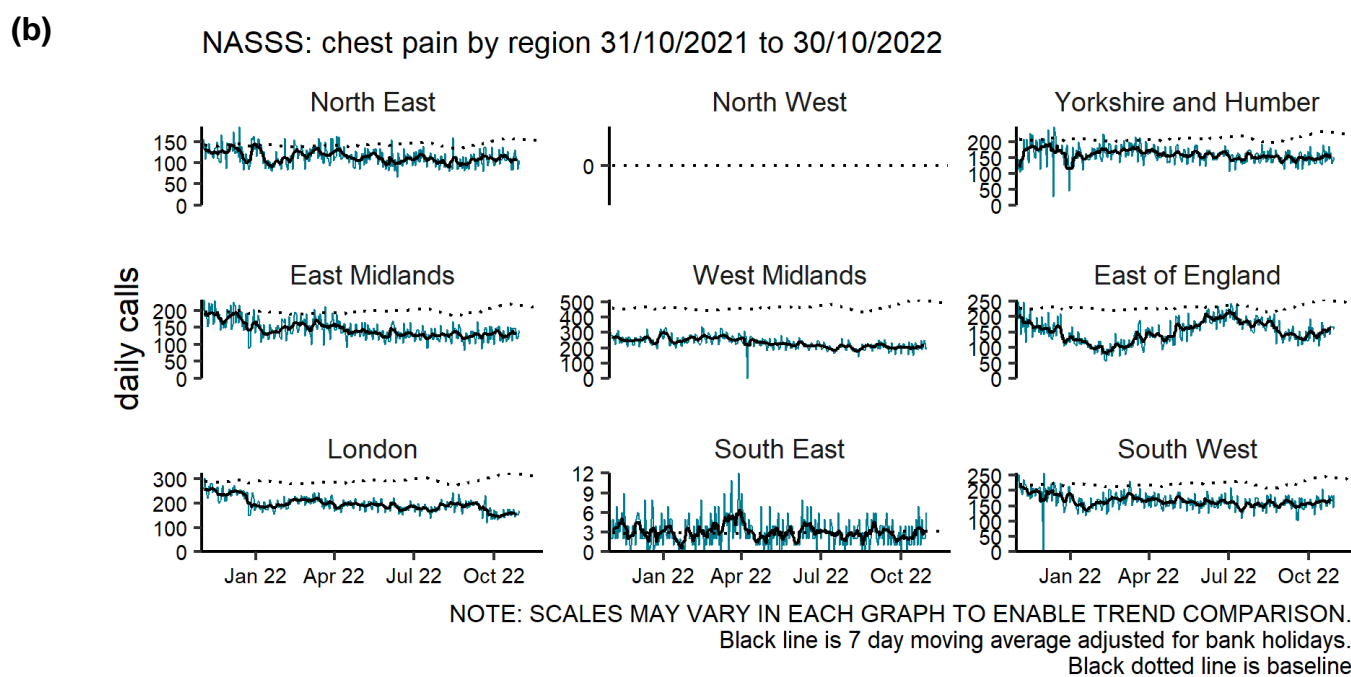
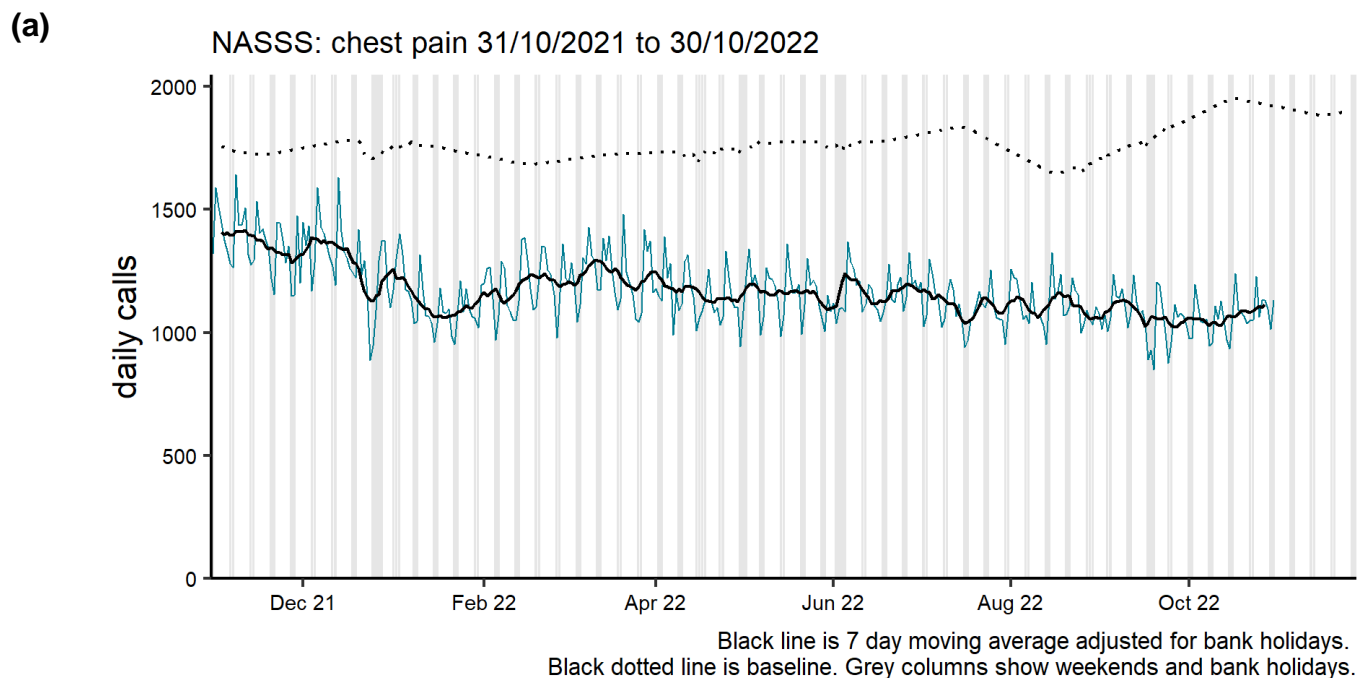
Figure 2: Daily number of difficulty breathing ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region. Please note there is minimal usage of this syndromic indicator by the East Midlands ambulance Trust.



Cardiac conditions

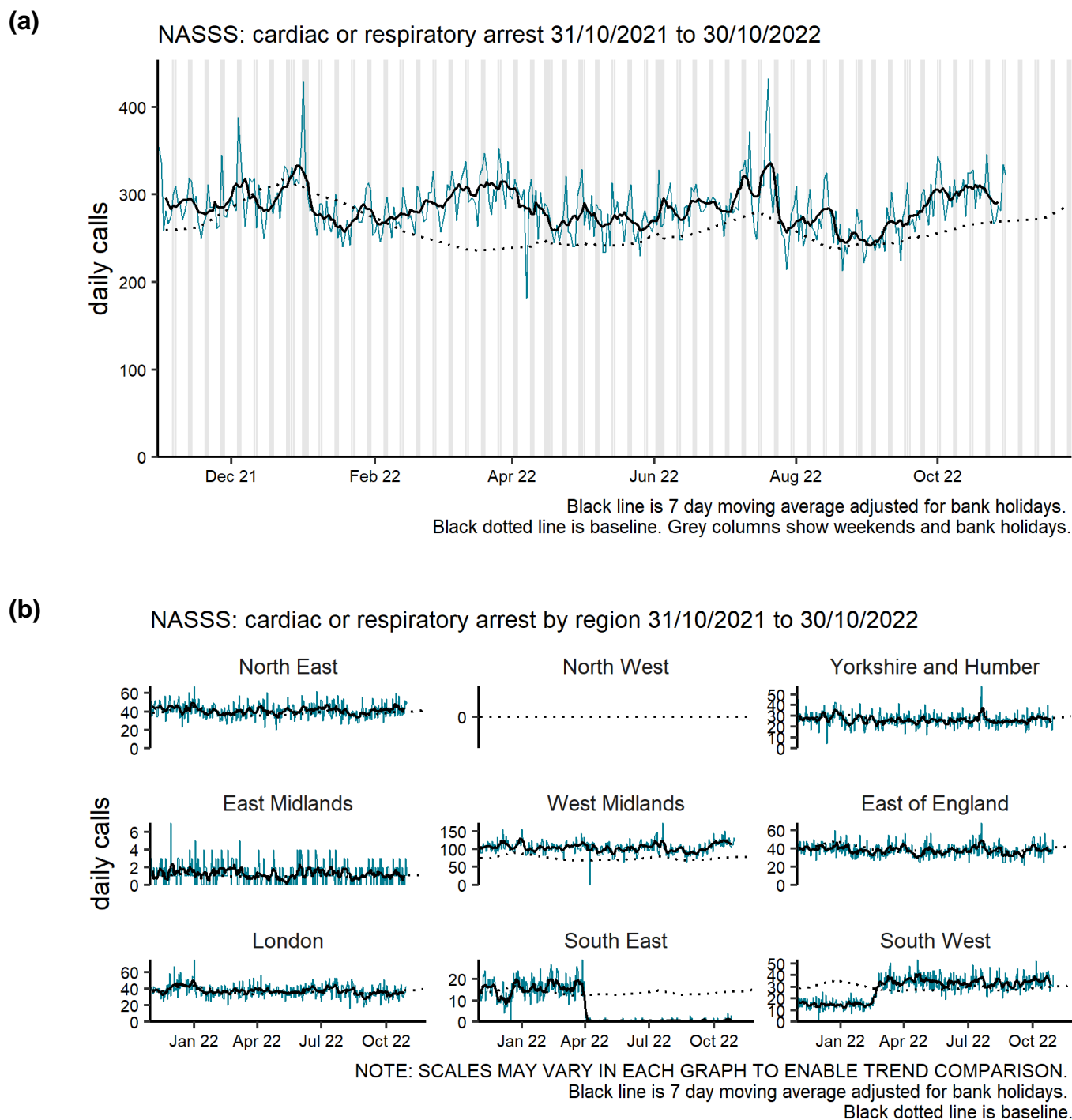
Chest pain

Figure 3: Daily number of chest pain ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region. Please note there is minimal usage of this syndromic indicator by the South East ambulance Trust.



Cardiac or respiratory arrest

Figure 4: Daily number of cardiac or respiratory arrest ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region. Please note there is minimal usage of this syndromic indicator by the East Midlands ambulance Trust.



Seasonal or 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

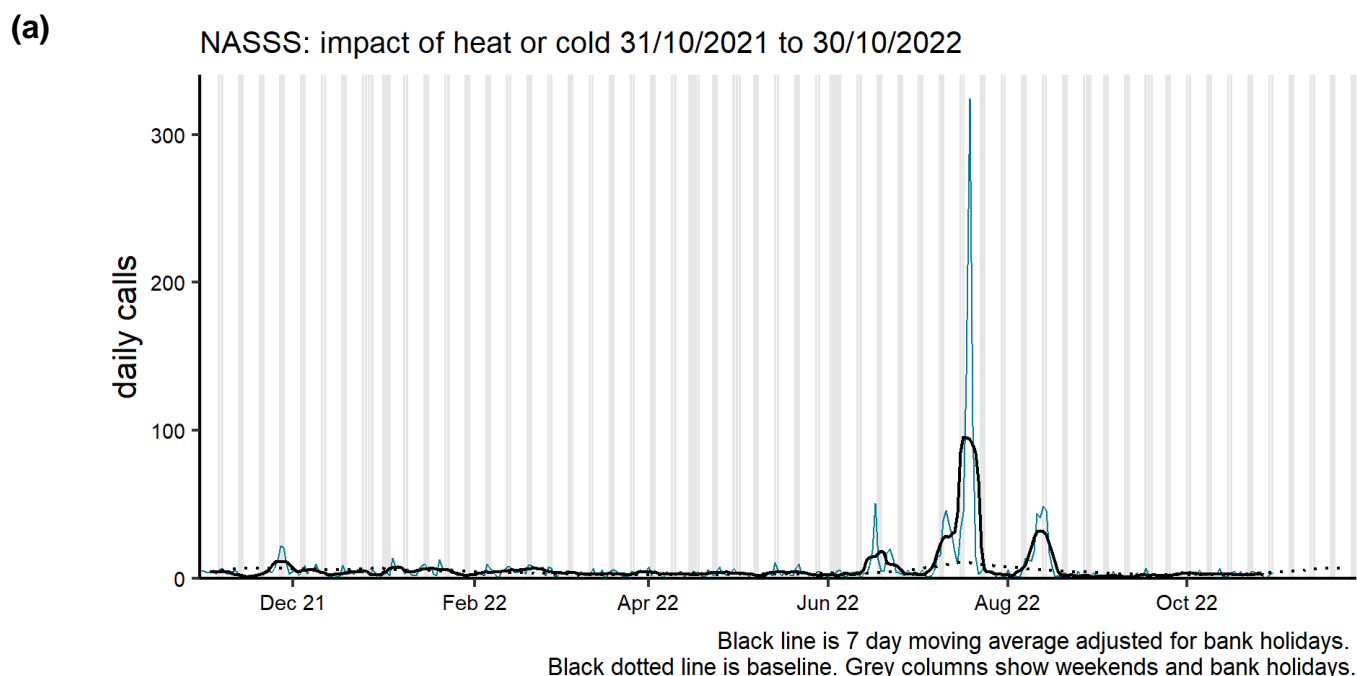
[Heat-Health Alert](#) period: 1 June to 15 September

Highest weather alert level during the current reporting week:

Level 0 – Long-term planning.

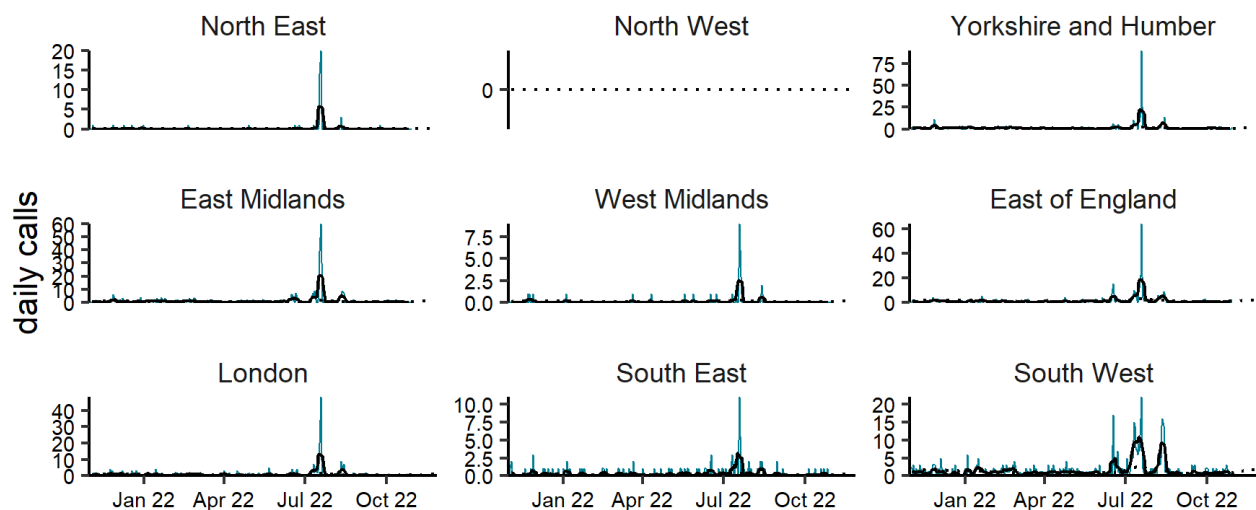
Impact of heat or cold

Figure 5: Daily number of heat or cold related ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



(b)

NASSS: impact of heat or cold by region 31/10/2021 to 30/10/2022

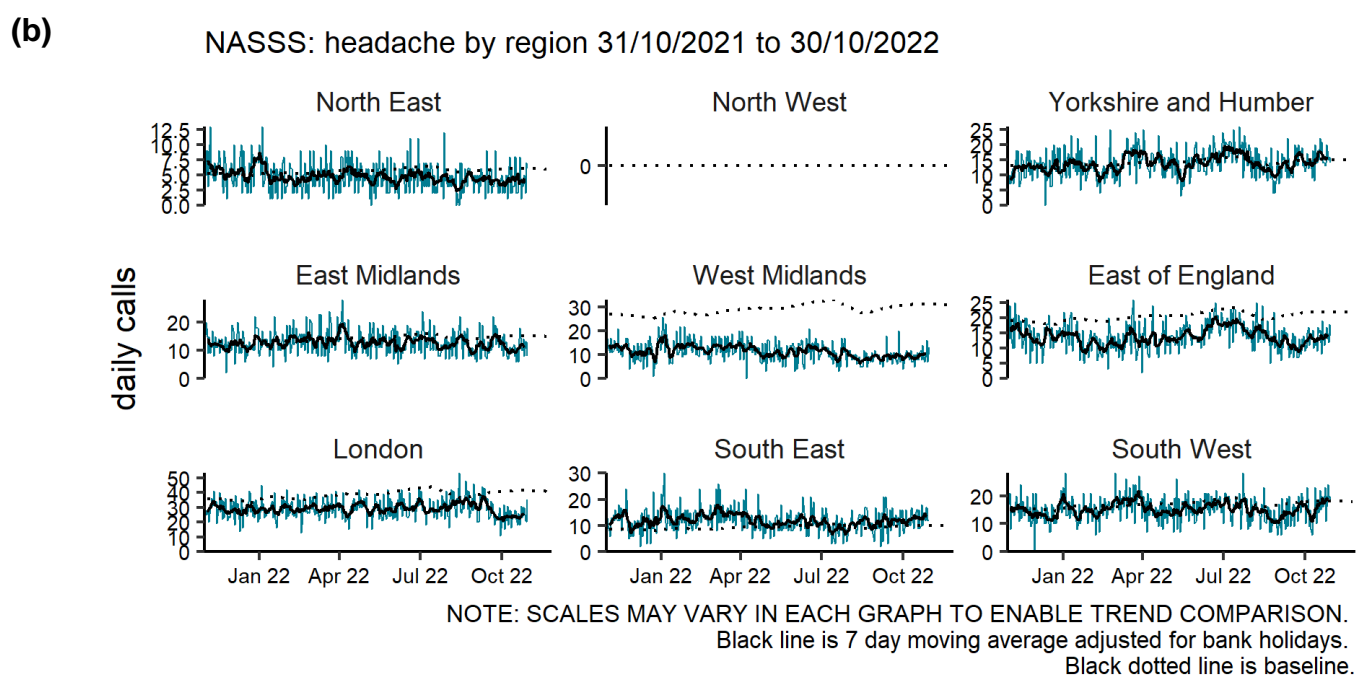
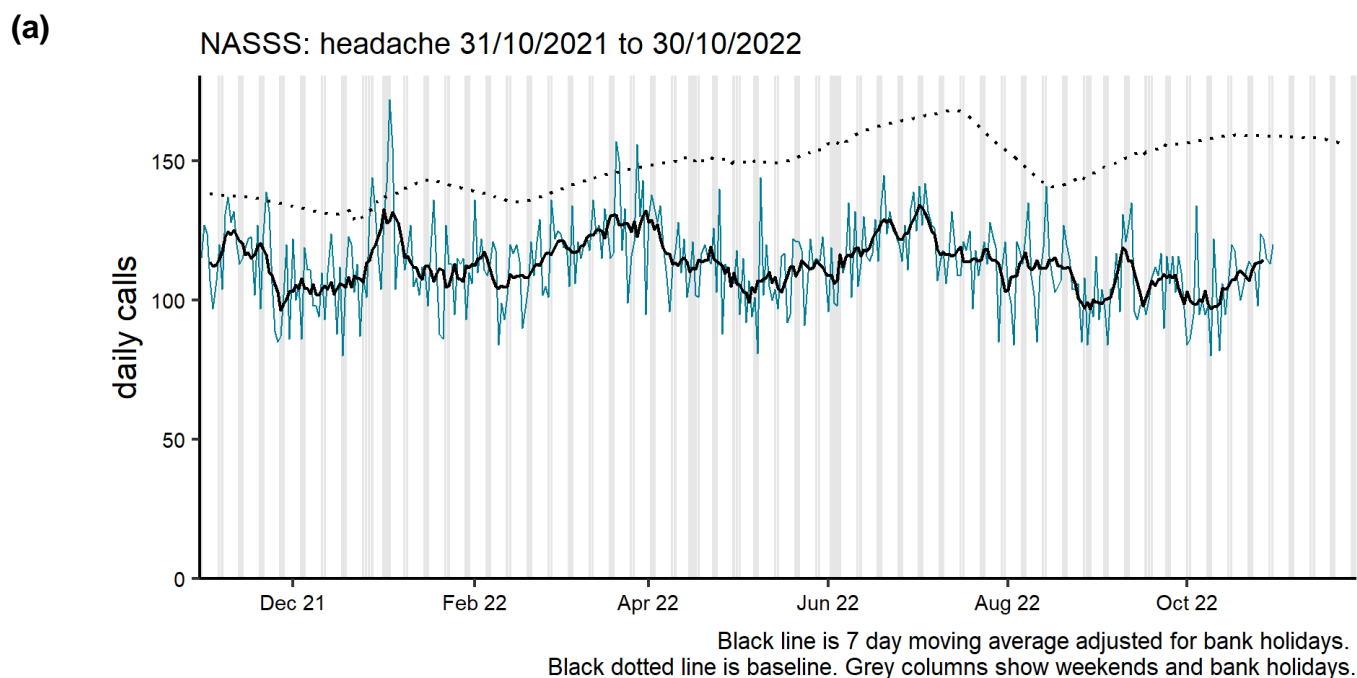


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
 Black line is 7 day moving average adjusted for bank holidays.
 Black dotted line is baseline.

Other conditions

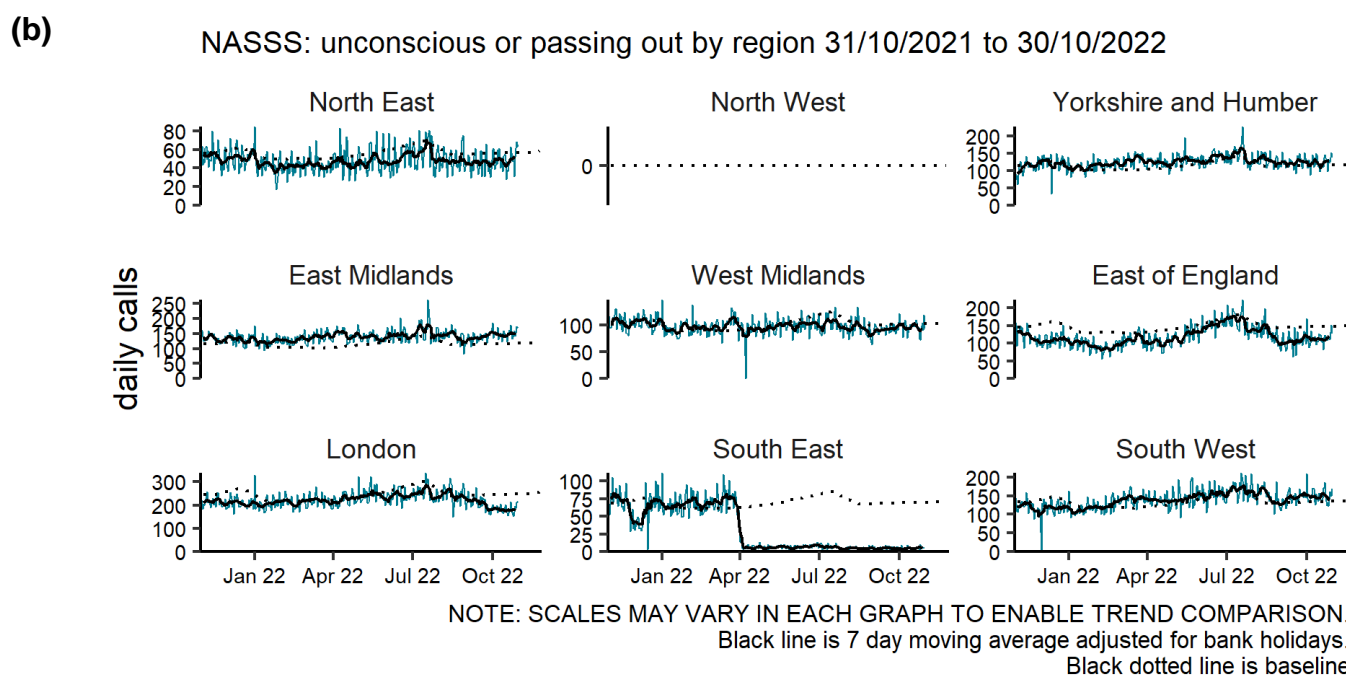
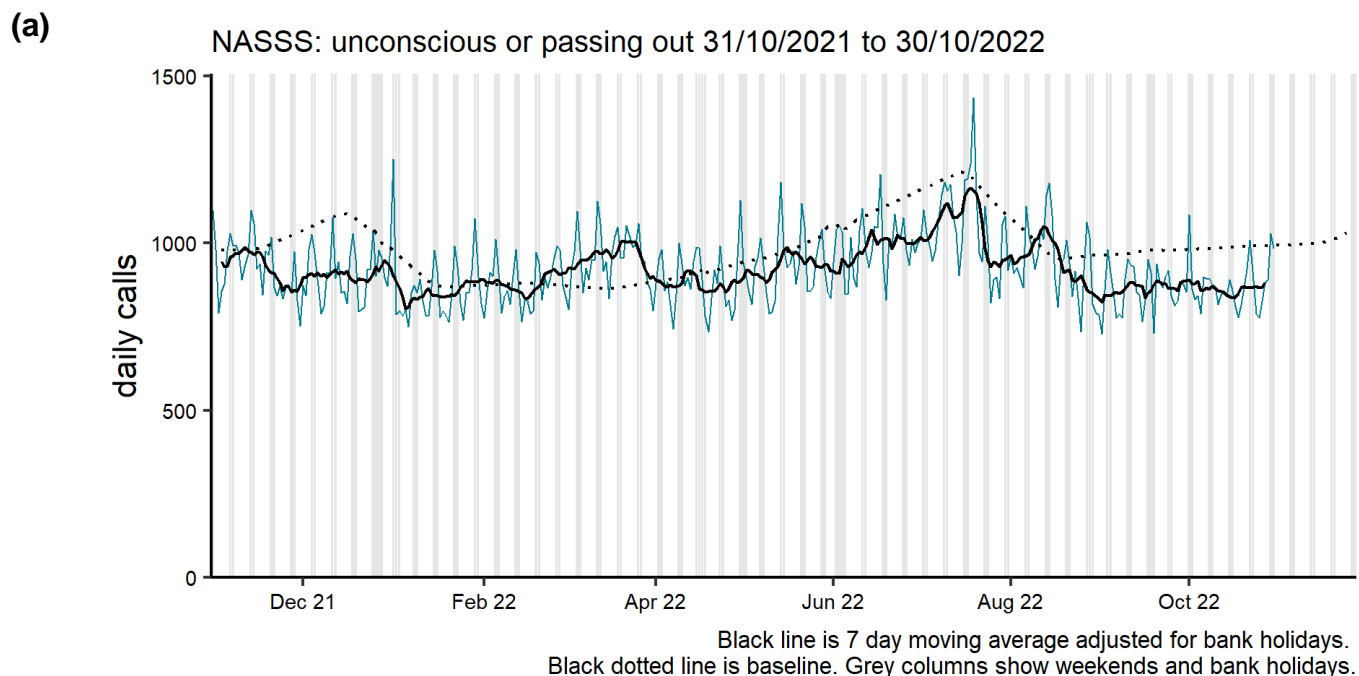
Headache

Figure 6: Daily number of headache ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



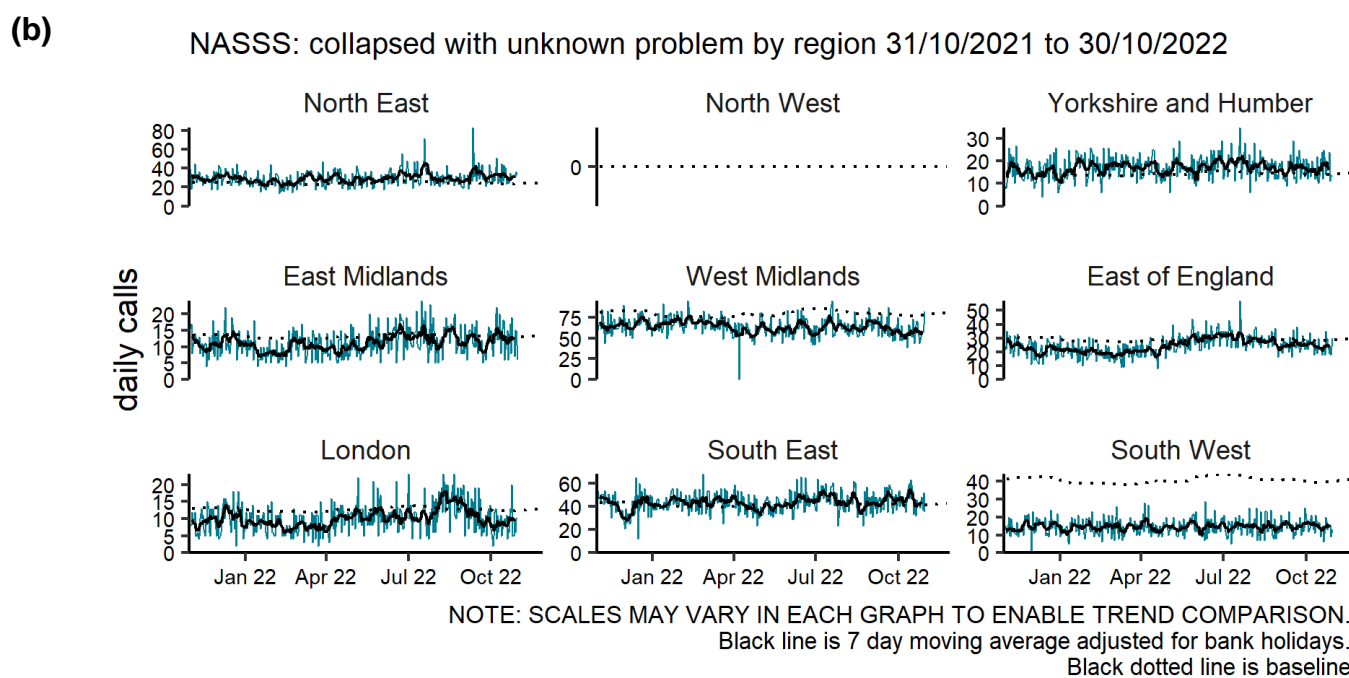
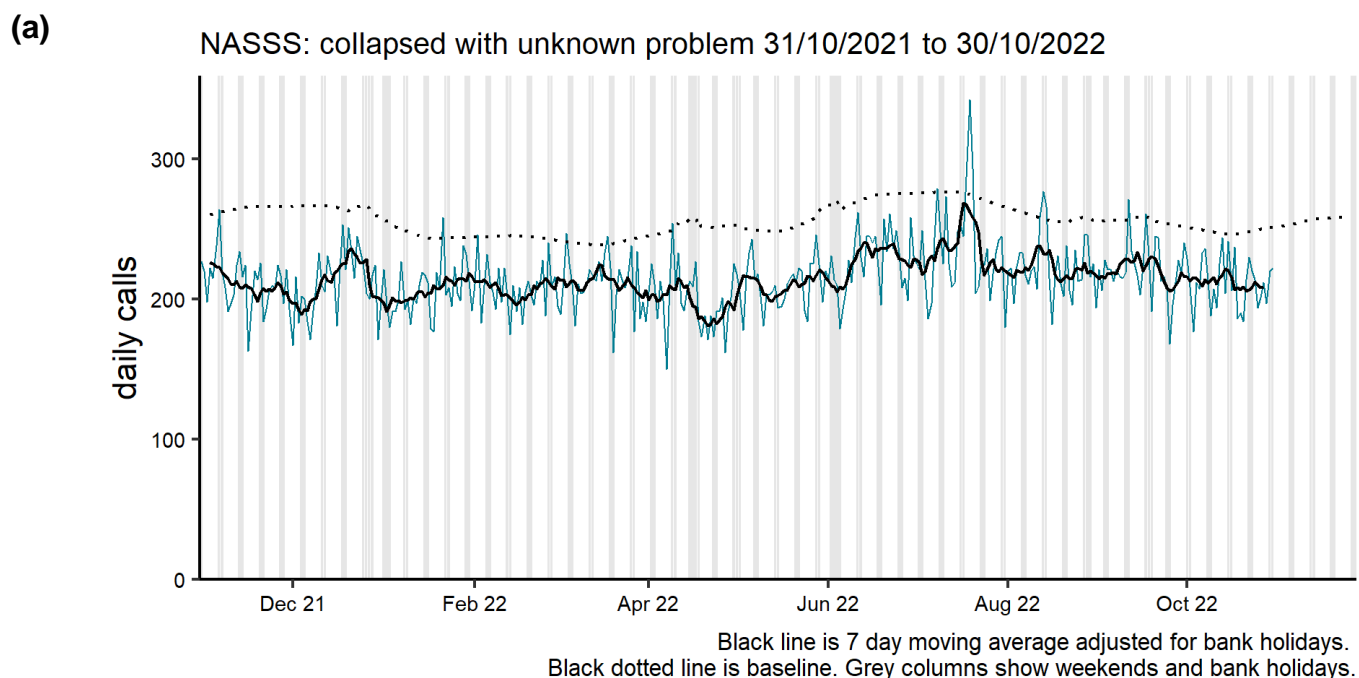
Unconscious or passing out

Figure 7: Daily number of unconscious or passing out ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



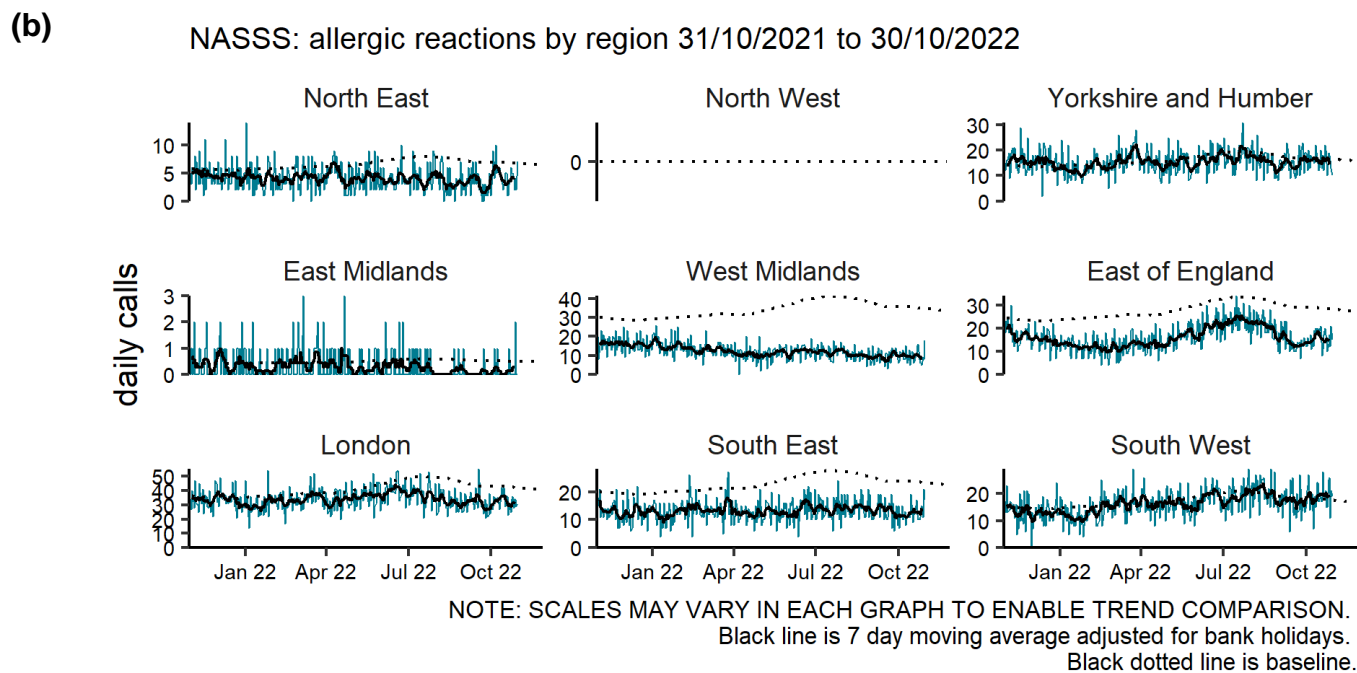
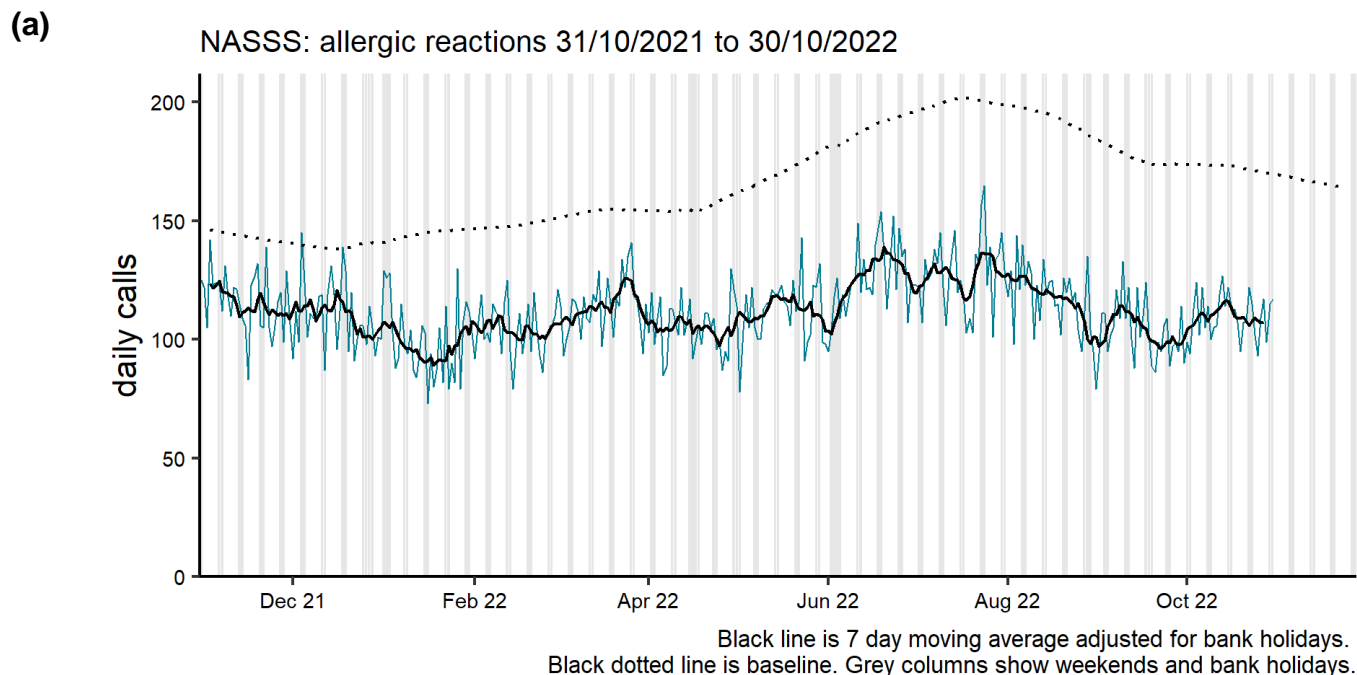
Collapsed with unknown problem

Figure 8: Daily number of collapsed with unknown problem ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



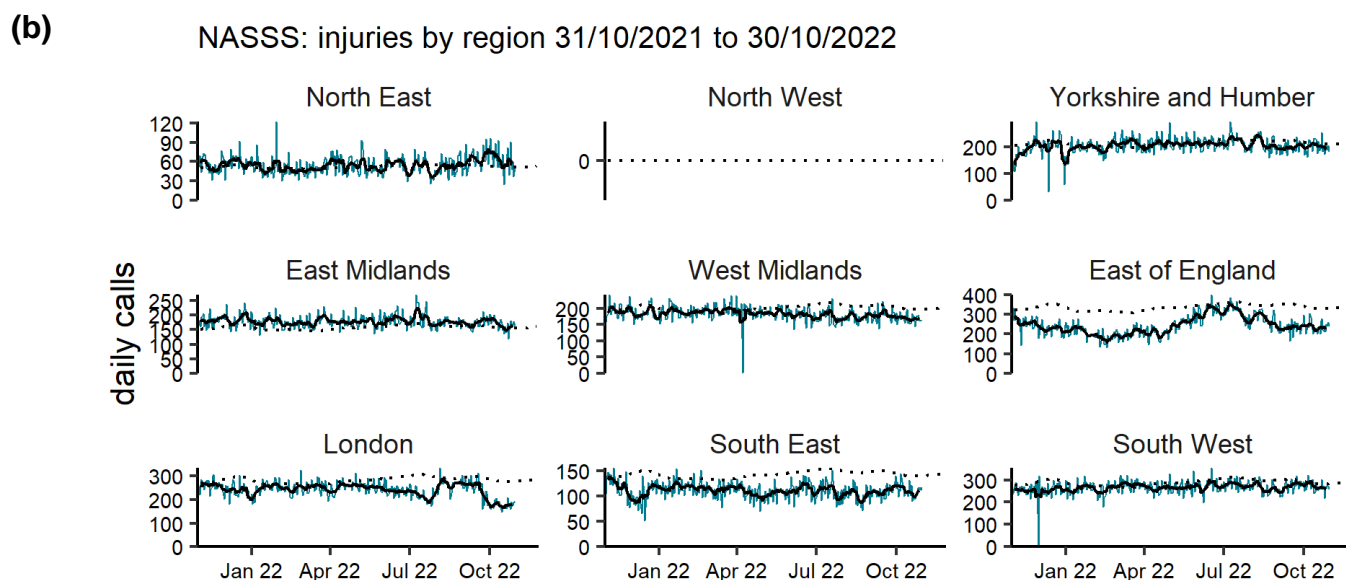
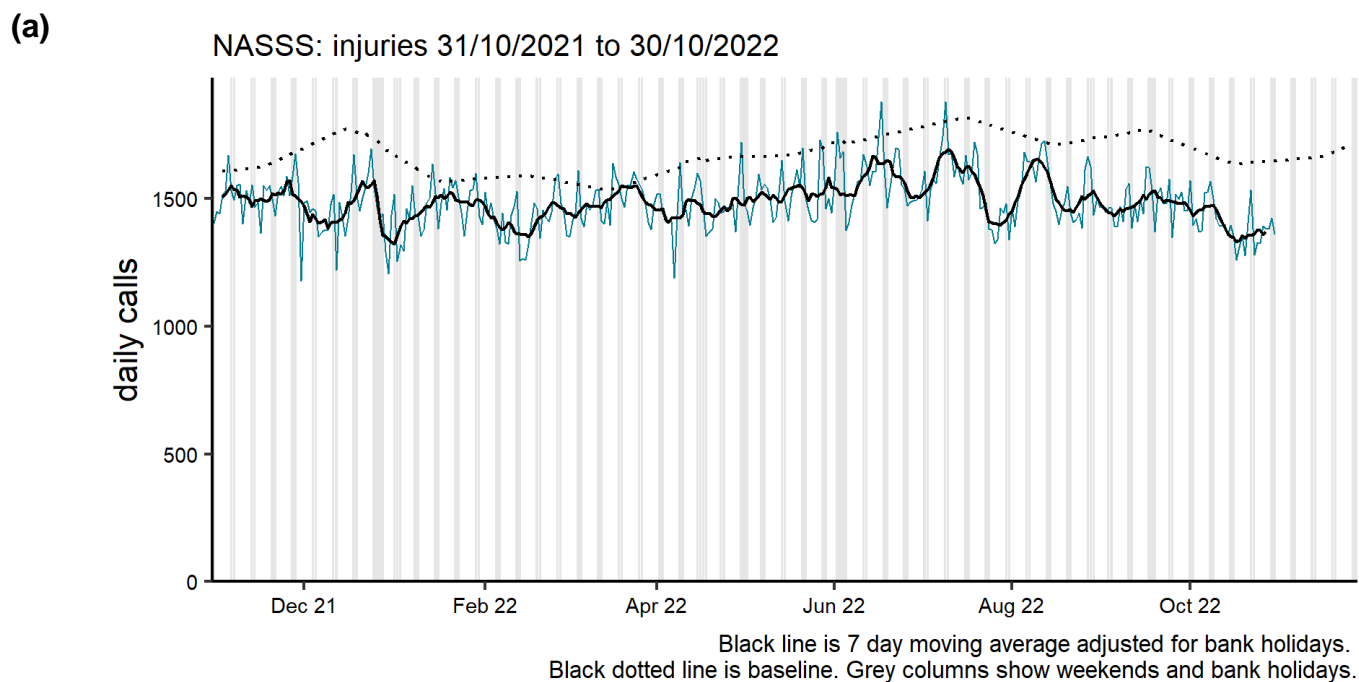
Allergic reactions

Figure 9: Daily number of allergic reactions ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



Injuries

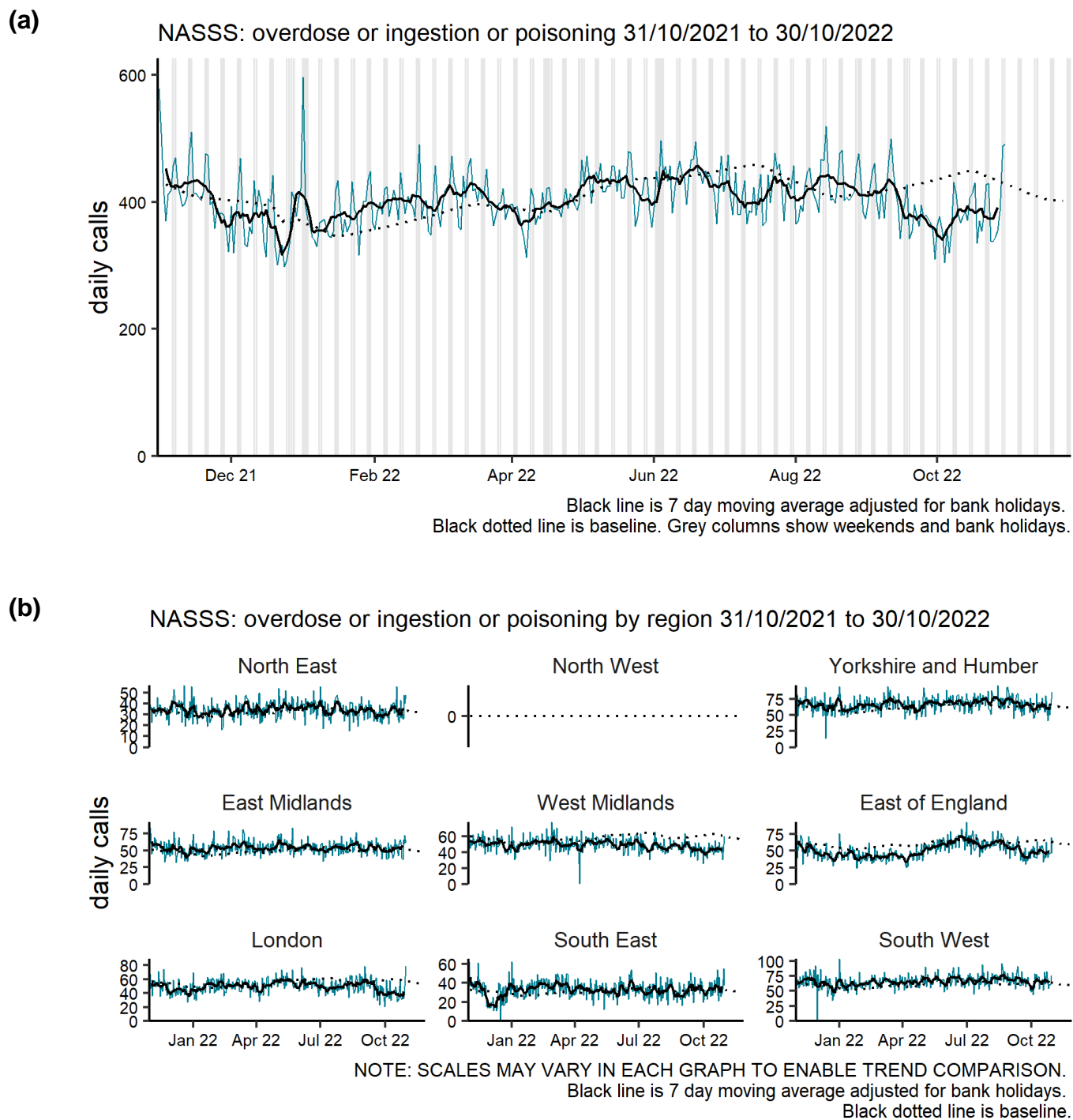
Figure 10: Daily number of injury ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



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

Overdose or poisoning

Figure 11: Daily number of overdose or poisoning ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



Notes and caveats

The following additional caveats apply to the UKHSA ambulance syndromic surveillance system

- the data presented are based on a national syndromic surveillance system:
 - the 10 ambulance trusts in mainland England are included
 - the number of Trusts included each day of the most recent week is included in **Table 2**
 - indicating where data has not arrived at the time of this report production. All historical data is complete
- the signs/symptoms related to each call may be recorded differently by each ambulance Trust
 - there may be minimal usage of some syndromic indicators by some ambulance Trusts
 - the title for each set of syndromic indicator charts will describe which Trusts (if any) are affected
- baselines:
 - were last remodelled July 2021
 - are constructed from historical data since January 2019
 - 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 call levels

COVID-19 syndromic surveillance

- the COVID-19-like syndromic indicator is based on calls grouped into a 'Pandemic/ Epidemic/ Outbreak' triage card:
 - these data are based on COVID-19-like symptoms reported and are not based on outcomes of tests for coronavirus
 - not all ambulance trusts use this grouping:
 - COVID-19-like calls to the North East, West Midlands and South East ambulance Trusts are included here in the 'difficulty breathing' syndromic indicator
 - the number of COVID-19-like calls should not be used to estimate an absolute count of ambulance calls for COVID-19 patients

Acknowledgements

We would like to thank:

- North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS ambulance Trusts for submitting anonymised, daily data to this syndromic surveillance system
- the Association of Ambulance Chief Executives for their support in establishing this syndromic surveillance system

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 health 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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Version: Amb-2

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Published: November 2022



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