

# Emergency Department Syndromic Surveillance System Bulletin (England) 2024 Week 10

# Key messages

#### Data reported to: 10 March 2024

During week 10, ED attendances for acute respiratory infections (ARI) and influenza-like illness remained stable but above seasonally expected levels however there were small increases observed in ARI attendances in children aged 1-4 and 5-14 years. Pneumonia attendances decreased nationally but remained at above expected levels in the 5-14 and 15-44 years age groups. Scarlet fever attendances continued to increase, notably in London and the South East and remain above 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 <sup>1</sup>	Level
Total attendances (Figure 1)	Increasing	No baseline
COVID-19-like (Figure 2)	Decreasing	No baseline
Acute respiratory infections (Figure 3)	No trend	Above baseline
Acute bronchiolitis or bronchitis (Figure 4)	No trend	Similar to baseline
Influenza-like illness (Figure 5)	No trend	Above to baseline
Pneumonia (Figure 6)	Decreasing	Above baseline
Asthma (Figure 7)	No trend	Above baseline
Gastroenteritis (Figure 8)	No trend	Below baseline
Cardiac (Figure 9)	No trend	Similar to baseline
Myocardial ischaemia (Figure 10)	No trend	Similar to baseline
Acute alcohol intoxication (Figure 11)	Decreasing	Similar to baseline
Mental health (Figure 12)	Decreasing	No baseline
Scarlet fever (Figure 13)	Increasing	Above baseline
Impact of cold (Figure 14)	No trend	Similar to baseline

<sup>1</sup> trend reports on the trend seen over most recent and earlier weeks

# Contents

Key messages
Syndromic indicators at a glance2
Contents
About this syndromic surveillance system4
Total attendances5
Respiratory conditions7
COVID-19-like
Acute respiratory infections9
Acute bronchiolitis/bronchitis11
Influenza-like illness
Pneumonia15
Asthma17
Gastrointestinal conditions
Gastroenteritis
Cardiac conditions21
Cardiac21
Myocardial ischaemia23
Other conditions
Acute alcohol intoxication25
Mental health27
Scarlet fever
Seasonal environmental conditions
Impact of cold
Notes and caveats
Acknowledgements
About the UK Health Security Agency

## 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 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
  - o other diagnoses may be recorded, but are not used for indicator grouping
  - diagnoses are based on signs/symptoms (not 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 Notes and caveats

Previous weekly bulletins from this system are available here.

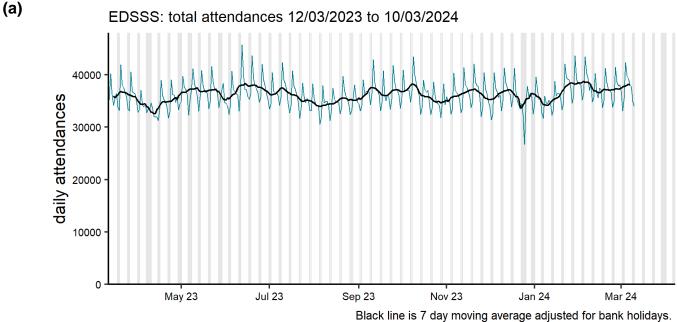
#### Data quality issues of note this week

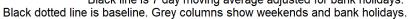
No issues identified.

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

## **Total attendances**

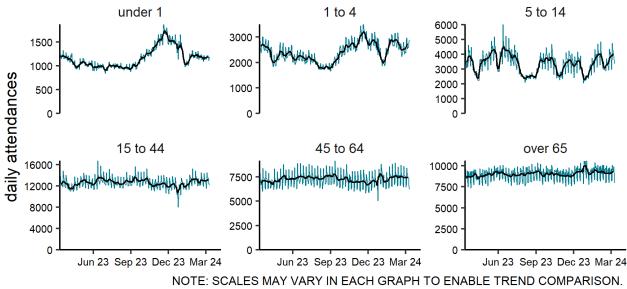
Figure 1: Daily number of ED attendances (and 7-day moving average adjusted for bank holidays) recorded in this sentinel syndromic surveillance system in England (a) nationally, (b) by age and (c) by UKHSA Region.





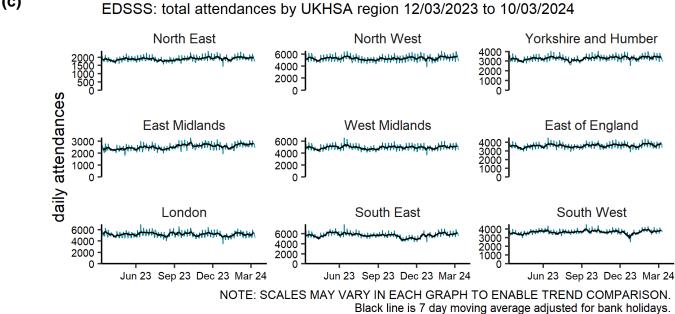
#### (b)

#### EDSSS: total attendances by age (years) 12/03/2023 to 10/03/2024



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

(c)



Black dotted line is baseline.

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>
4 March 2024	42,358	26,322
5 March 2024	39,788	24,628
6 March 2024	39,211	24,581
7 March 2024	38,145	23,924
8 March 2024	37,730	24,005
9 March 2024	34,878	21,814
10 March 2024	33,998	21,573

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

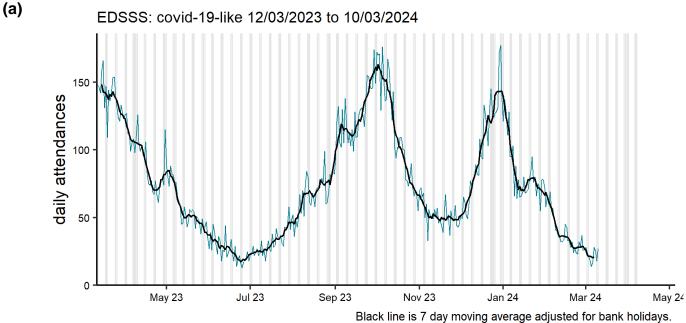
UKHSA Region	Number of EDs <sup>2</sup>
North East	7
North West	24
Yorkshire and Humber	14
West Midlands	19
East Midlands	9
East of England	14
London	20
South West	18
South East	23
Total	148

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

## **Respiratory conditions**

### COVID-19-like

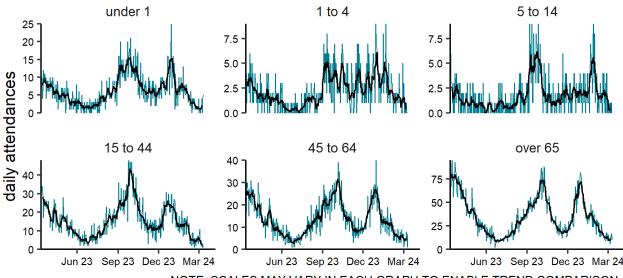
Figure 2: Daily number of COVID-19-like ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



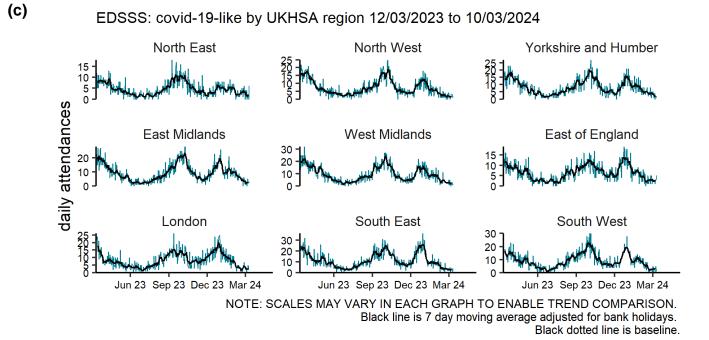
Black dotted line is baseline. Grey columns show weekends and bank holidays.

(b)

EDSSS: covid-19-like by age (years) 12/03/2023 to 10/03/2024



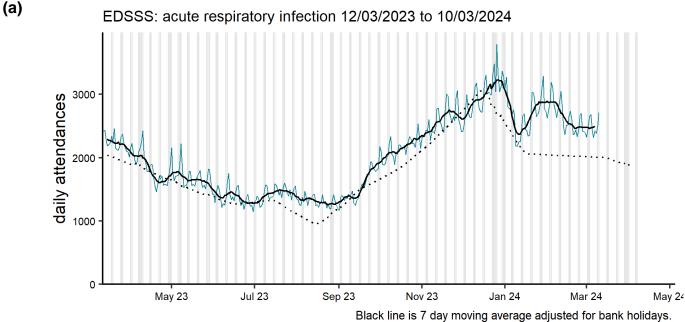
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.

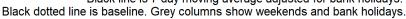


8

## Acute respiratory infections

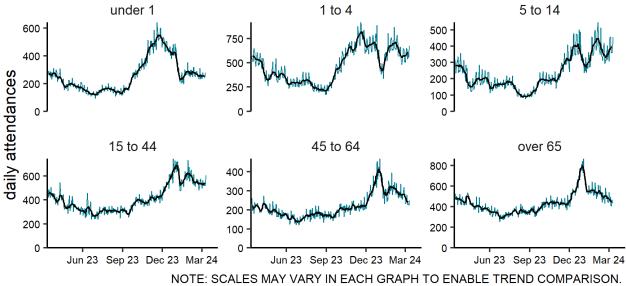
Figure 3: Daily number of acute respiratory infection ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.





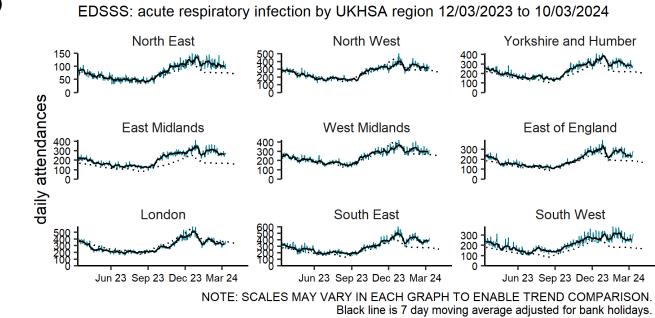


EDSSS: acute respiratory infection by age (years) 12/03/2023 to 10/03/2024



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

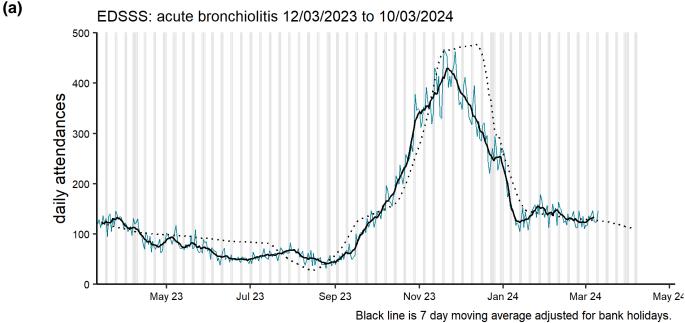
(C)

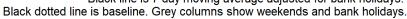


Black dotted line is baseline.

## Acute bronchiolitis/bronchitis

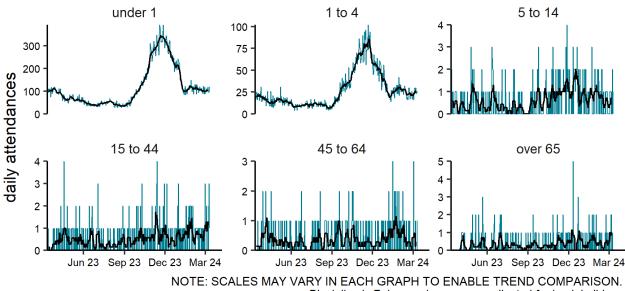
Figure 4: Daily number of acute bronchiolitis/bronchitis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.





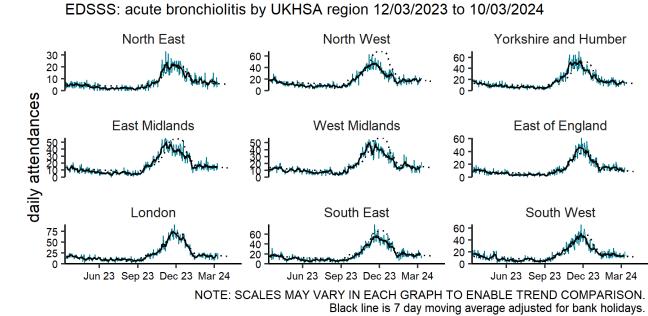
(b)

EDSSS: acute bronchiolitis by age (years) 12/03/2023 to 10/03/2024



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

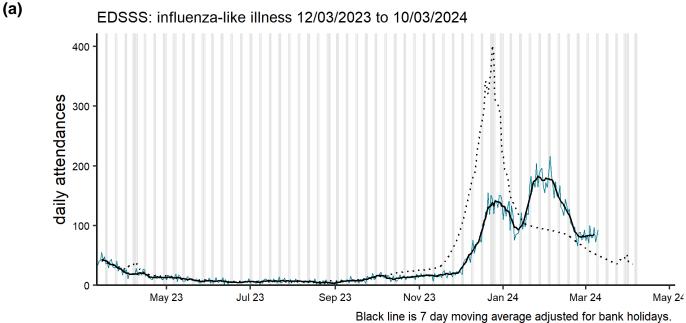
(c)

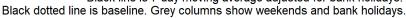


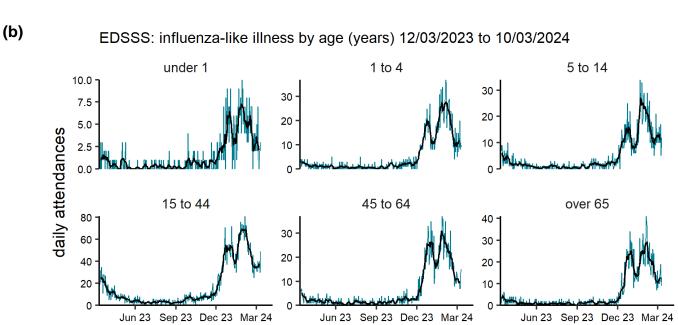
Black dotted line is baseline.

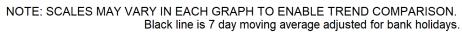
## Influenza-like illness

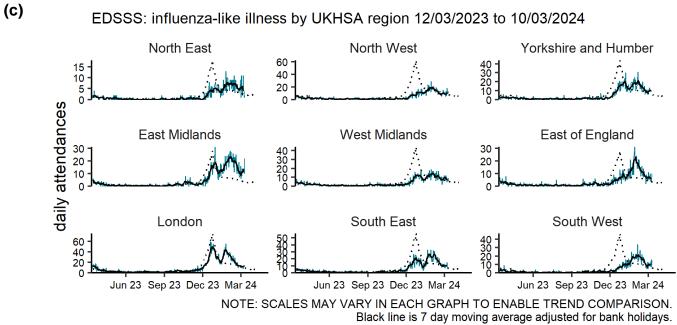
Figure 5: Daily number of influenza-like illness ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.







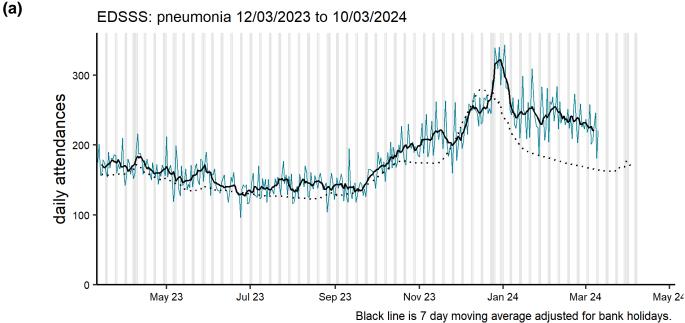




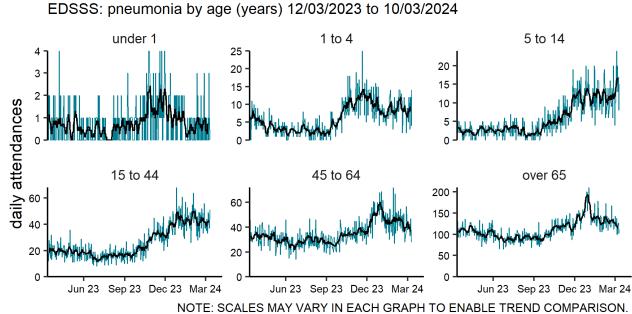
Black dotted line is baseline.

## Pneumonia

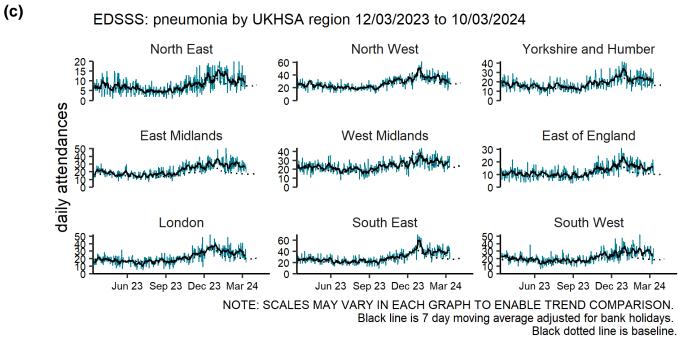
Figure 6: Daily number of pneumonia ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



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



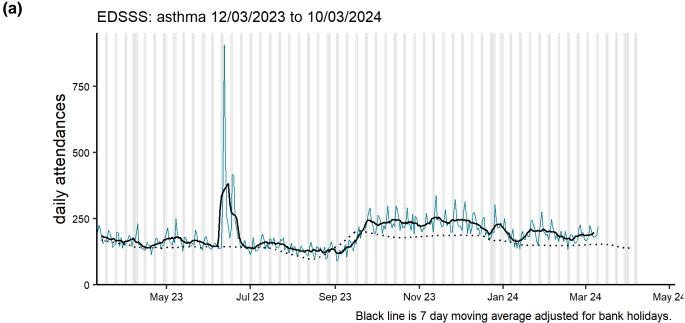
Black line is 7 day moving average adjusted for bank holidays.



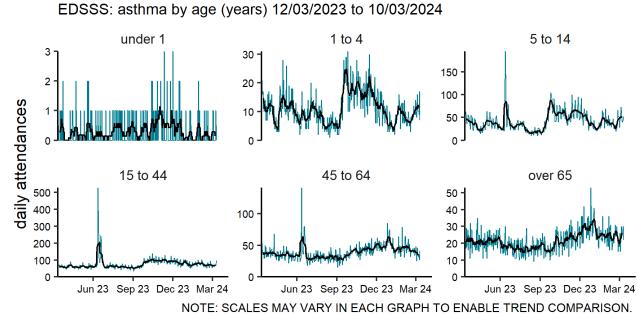
## Asthma

(b)

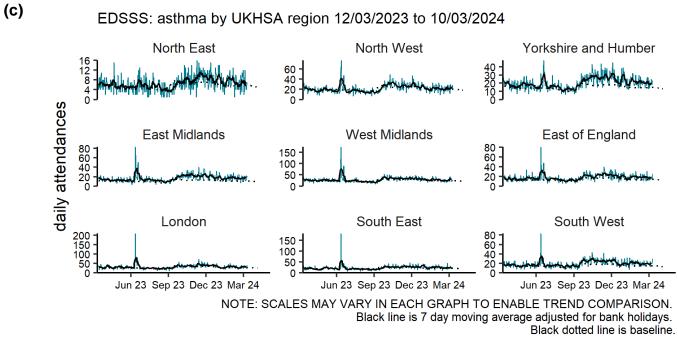
# Figure 7: Daily number of asthma ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



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



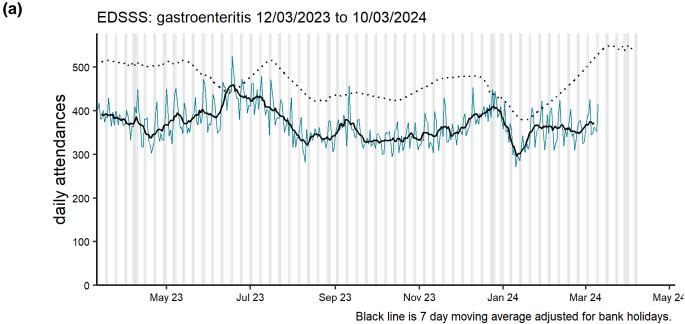
Black line is 7 day moving average adjusted for bank holidays.



# **Gastrointestinal conditions**

### Gastroenteritis

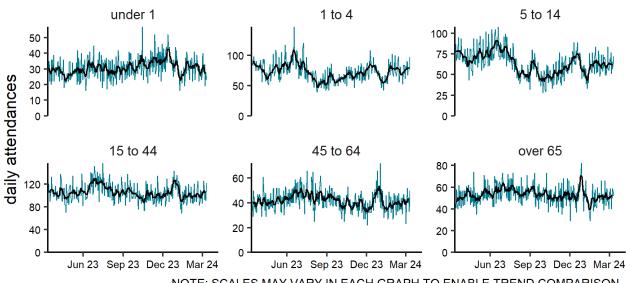
Figure 8: Daily number of gastroenteritis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



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

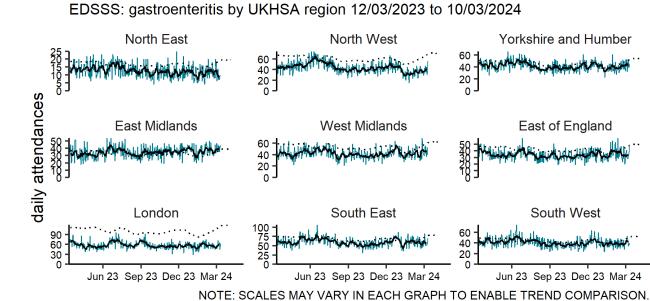
(b)

EDSSS: gastroenteritis by age (years) 12/03/2023 to 10/03/2024



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

(c)

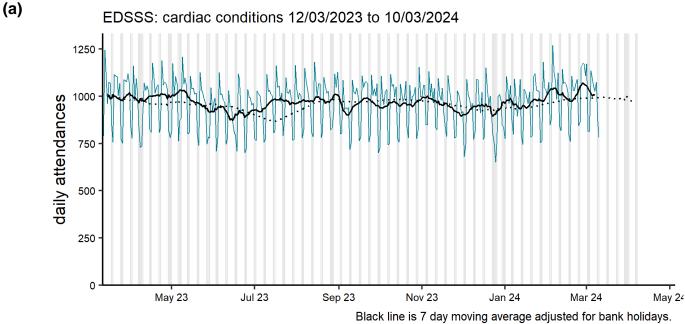


Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline.

# **Cardiac conditions**

## Cardiac

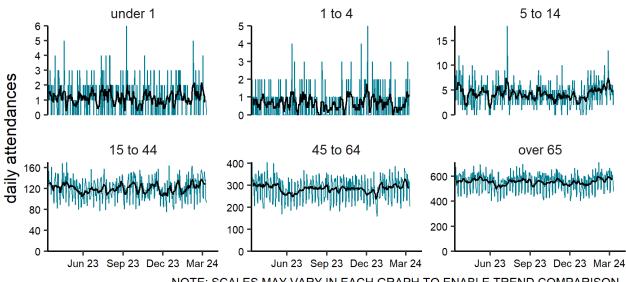
Figure 9: Daily number of cardiac ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.



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

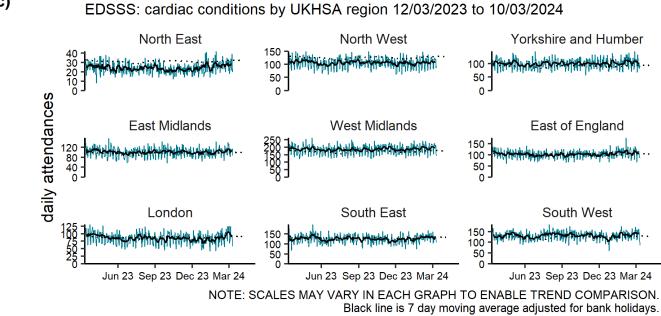


EDSSS: cardiac conditions by age (years) 12/03/2023 to 10/03/2024



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

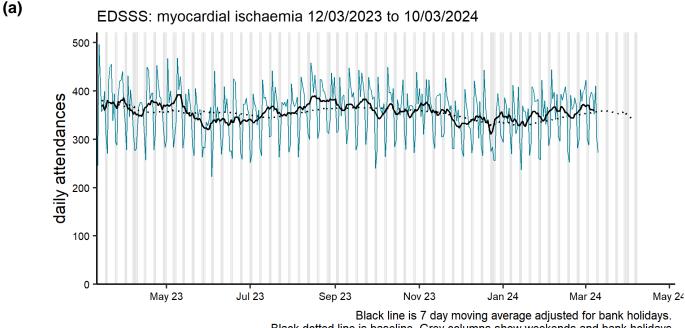
(C)



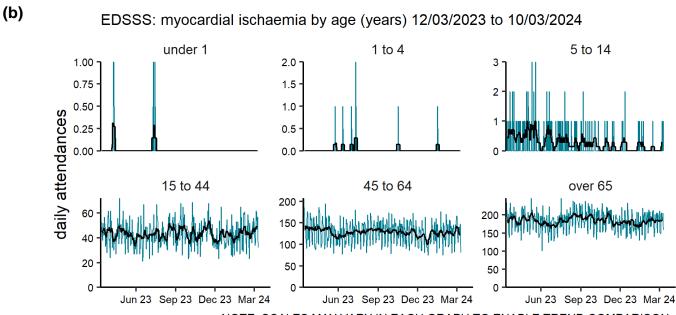
Black dotted line is baseline.

## Myocardial ischaemia

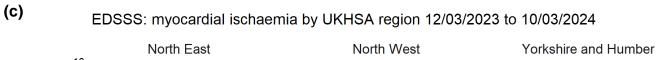
Figure 10: Daily number of myocardial ischaemia ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

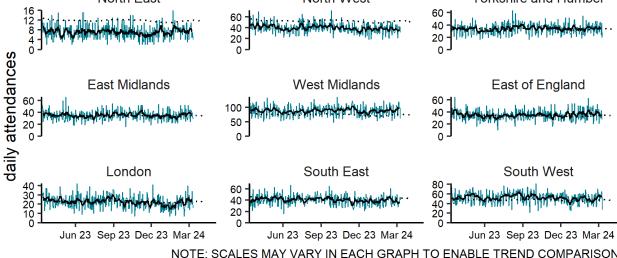






NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays.



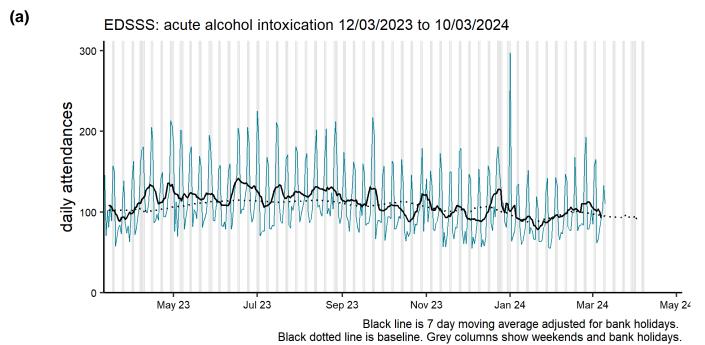


NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline.

## **Other conditions**

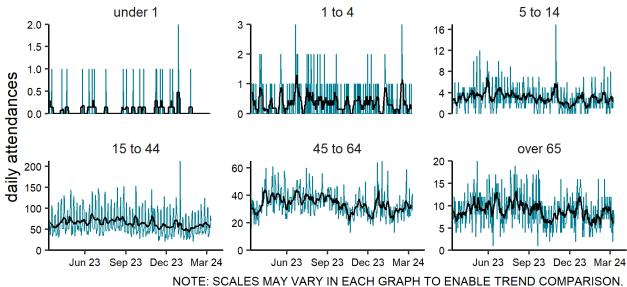
### Acute alcohol intoxication

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.

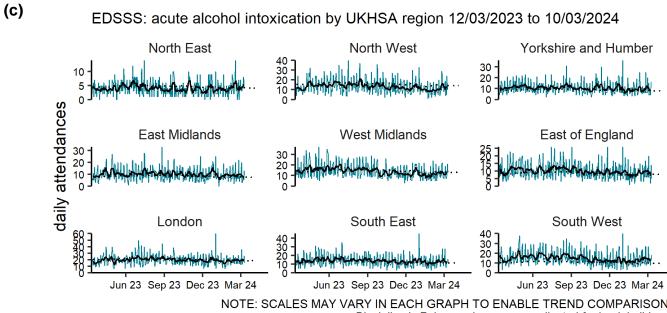


(b)

EDSSS: acute alcohol intoxication by age (years) 12/03/2023 to 10/03/2024



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



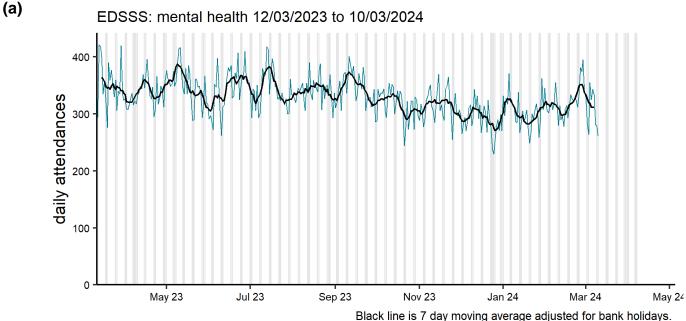
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON. Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline.

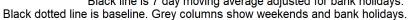
## Mental health

20 10 0

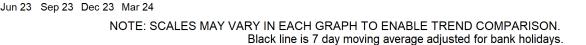
# Figure 12: Daily number of mental health<sup>3</sup> ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

<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.



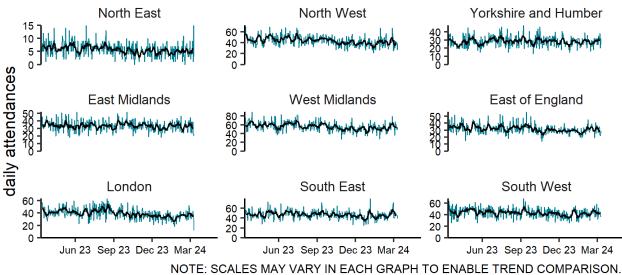


(b) EDSSS: mental health by age (years) 12/03/2023 to 10/03/2024 5 to 14 15 to 44 45 to 64 50 250 40 200 75 30 150 50 daily attendances 20 100 25 10 50 0 C 0 Jun 23 Sep 23 Dec 23 Mar 24 Jun 23 Sep 23 Dec 23 Mar 24 over 65 30



(c)

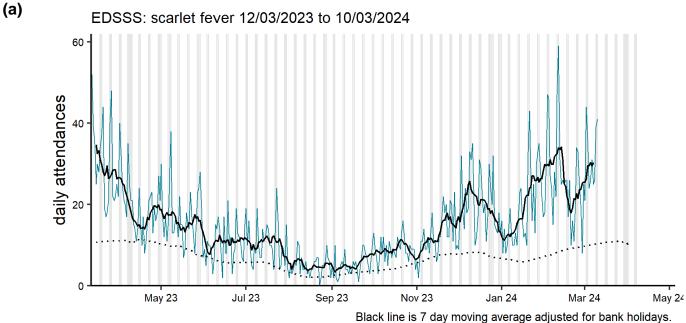


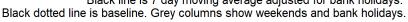


Black line is 7 day moving average adjusted for bank holidays. Black dotted line is baseline.

### Scarlet fever

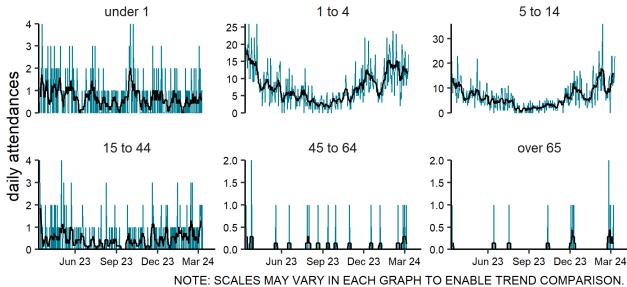
Figure 13: Daily number of scarlet fever ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.





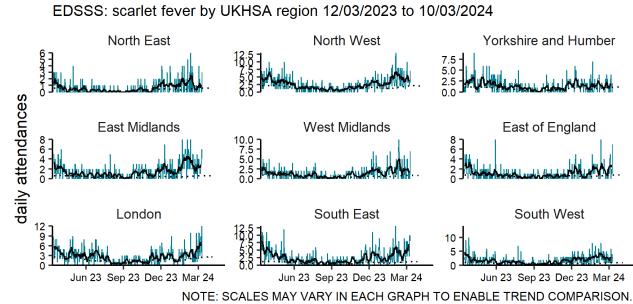
(b)

EDSSS: scarlet fever by age (years) 12/03/2023 to 10/03/2024



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

(c)



CALES 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.

# **Seasonal environmental conditions**

UKHSA and the Met Office operate a weather-health alert system that includes both heat and cold weather alert periods. 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 30 September

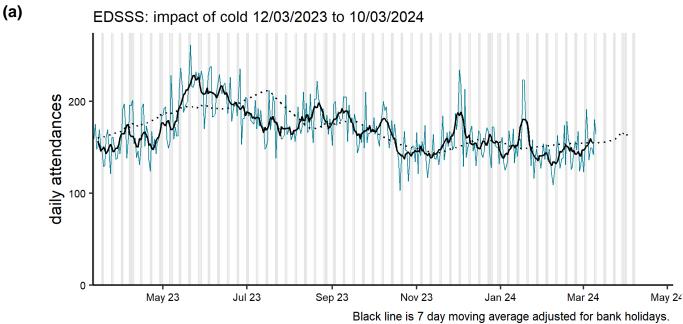
Highest weather alert level during the current reporting week:

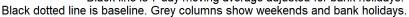
No alerts issued.

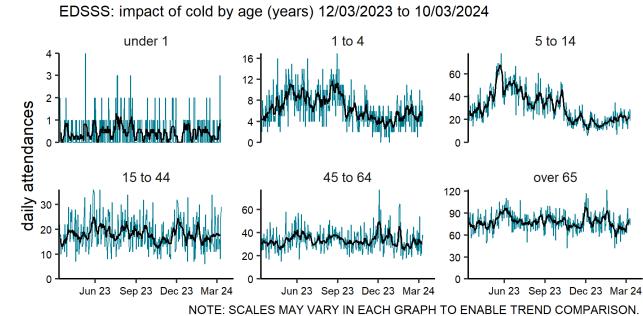
## Impact of cold

(b)

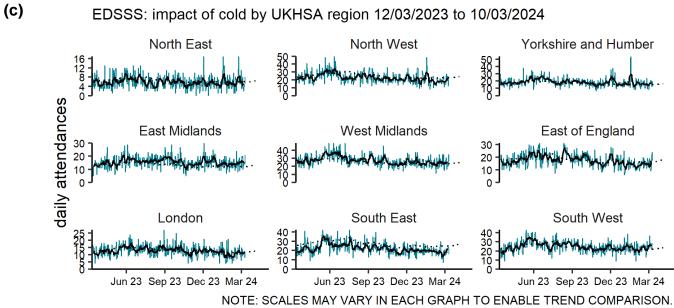
Figure 14: Daily number of impact of cold ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.







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



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.

## **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:
  - $\circ$  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:
  - were last remodelled January 2023 (influenza-like illness baselines were refitted to influenza-like illness surveillance data during December 2023 to account for post-COVID-19 changes in health care seeking behaviour)
  - 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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UKHSA supports the UN Sustainable Development Goals

