



UK Health
Security
Agency

Ambulance syndromic surveillance system bulletin (England)

2026 week 13

Key messages

Data reported to: 29 March 2026

During week 13, daily ambulance calls for headache and allergic reactions decreased, with headache calls returning to seasonally expected levels but allergic reactions remaining above expected levels.

Please note: some of the observed increases in syndromic indicators reported during week 12 may reflect changes in healthcare seeking behaviour linked with public health messaging during the invasive meningococcal disease outbreak in South East England.

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
Difficulty breathing (Figure 1)	Decreasing	Similar to baseline
Chest pain (Figure 2)	No trend	Above baseline
Cardiac or respiratory arrest (Figure 3)	Decreasing	Below baseline
Impact of heat or cold (Figure 4)	No trend	Below baseline
Headache (Figure 5)	Decreasing	Below baseline
Unconscious or passing out (Figure 6)	Decreasing	Below baseline
Collapsed with unknown problem (Figure 7)	No trend	Above baseline
Allergic reactions (Figure 8)	Decreasing	Above baseline
Injuries (Figure 9)	Decreasing	Above baseline
Overdose or ingestion or poisoning (Figure 10)	No trend	Similar to 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
23 March 2026	9
24 March 2026	9
25 March 2026	9
26 March 2026	9
27 March 2026	9
28 March 2026	9
29 March 2026	9

¹ maximum 10 Trusts in England

Contents

Key messages	2
Syndromic indicators at a glance.....	2
System coverage.....	2
Contents.....	3
About this syndromic surveillance system.....	4
Respiratory conditions.....	5
Difficulty breathing	5
Cardiac conditions	6
Chest pain	6
Cardiac or respiratory arrest.....	7
Seasonal or environmental conditions	8
Impact of heat or cold	9
Other conditions	10
Headache	10
Unconscious or passing out	11
Collapsed with unknown problem	12
Allergic reactions	13
Injuries	14
Overdose or poisoning	15
Notes and caveats	16
Acknowledgements	17
About the UK Health Security Agency	18

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

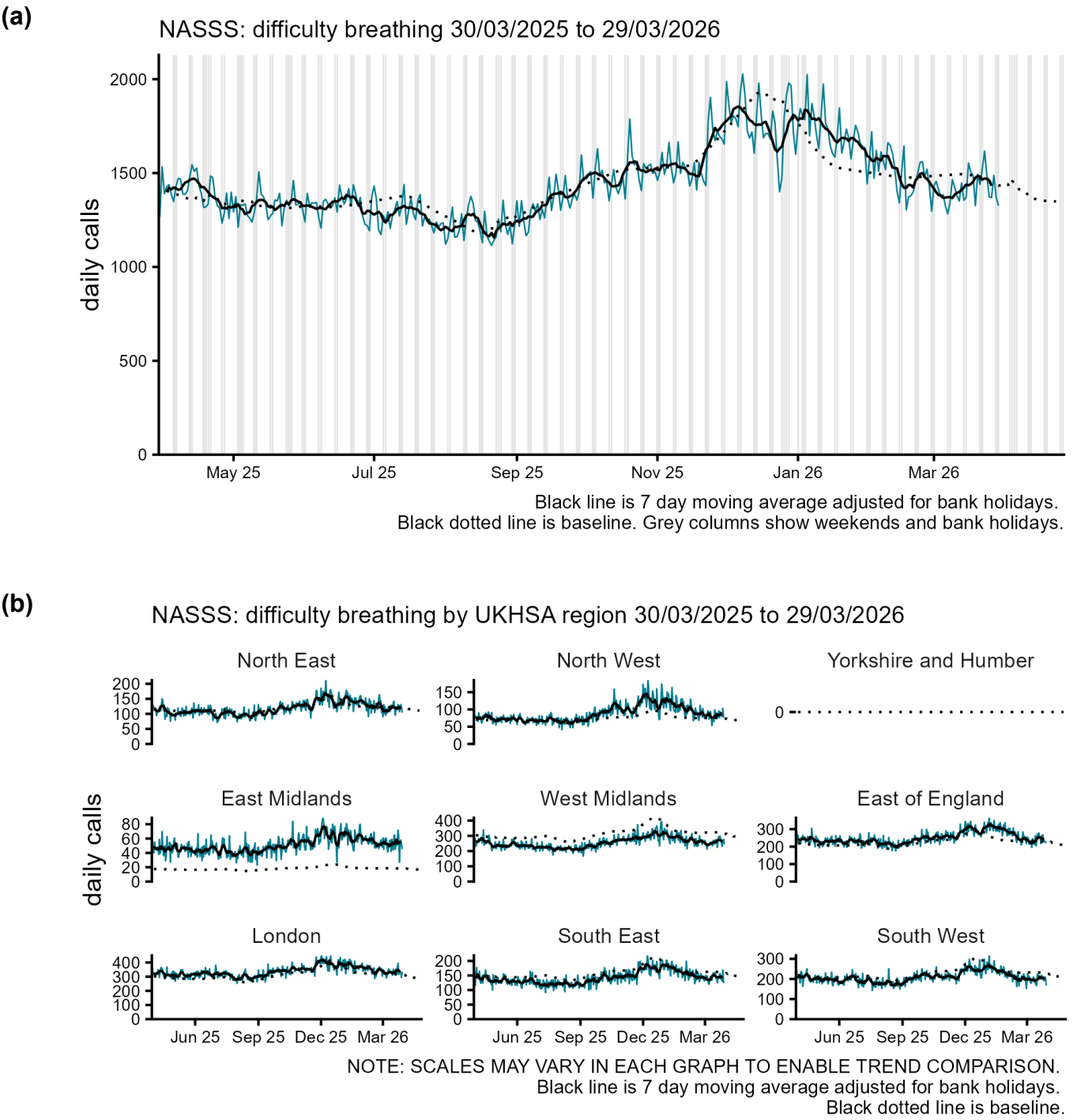
See **Table 2** for the number of Trusts included in the most recent week, indicating where data has not arrived at the time of this report production. Where recent data is not available, that region has been removed from the charts. All historical data are complete.

Please note that call data from Yorkshire Ambulance Service is currently not available to be included in this bulletin. Due to a technical problem only partial data were received for East Midlands on 25 March 2026 – we are working with the provider to reinstate the missing data.

Respiratory conditions

Difficulty breathing

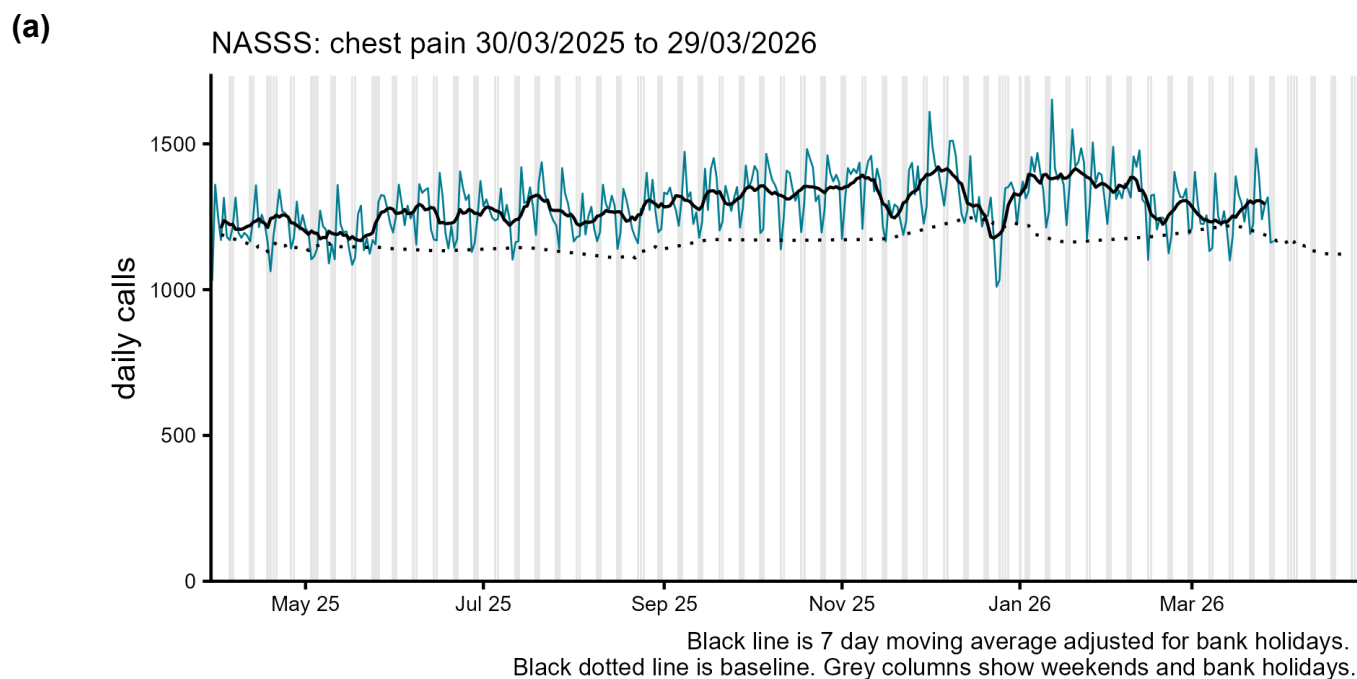
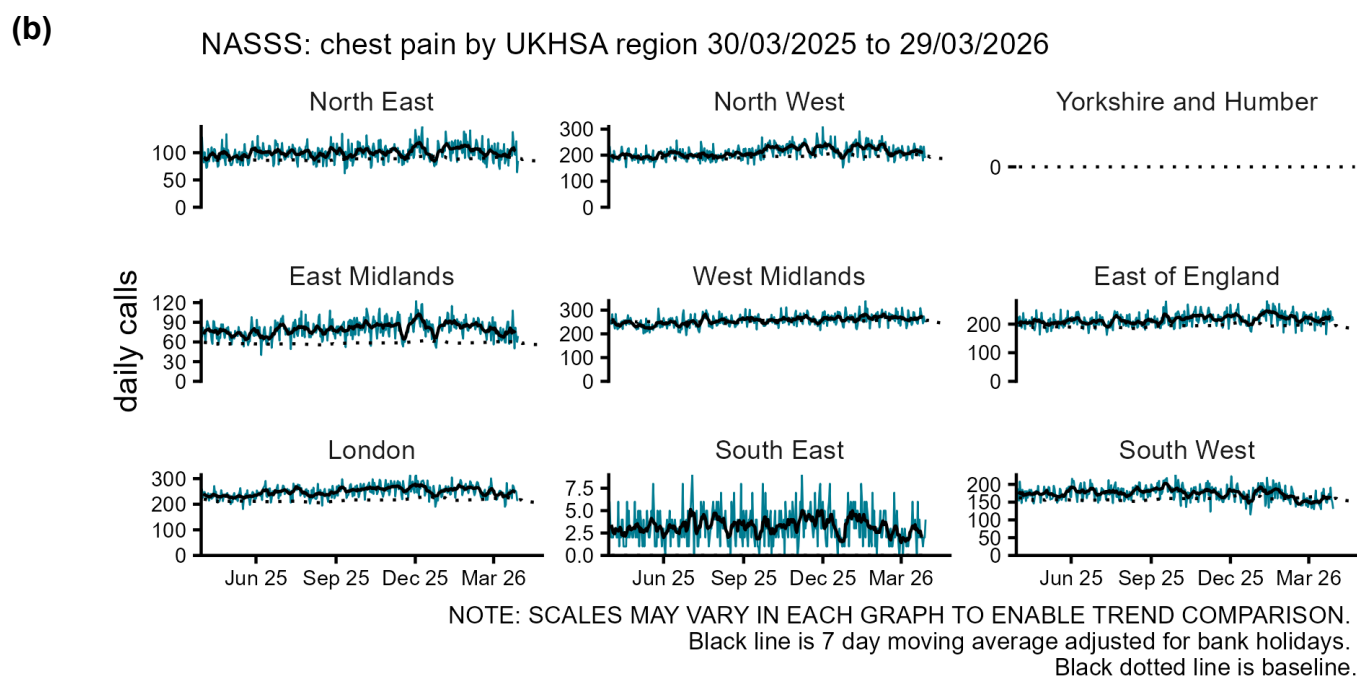
Figure 1: Daily number of difficulty breathing ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



Cardiac conditions

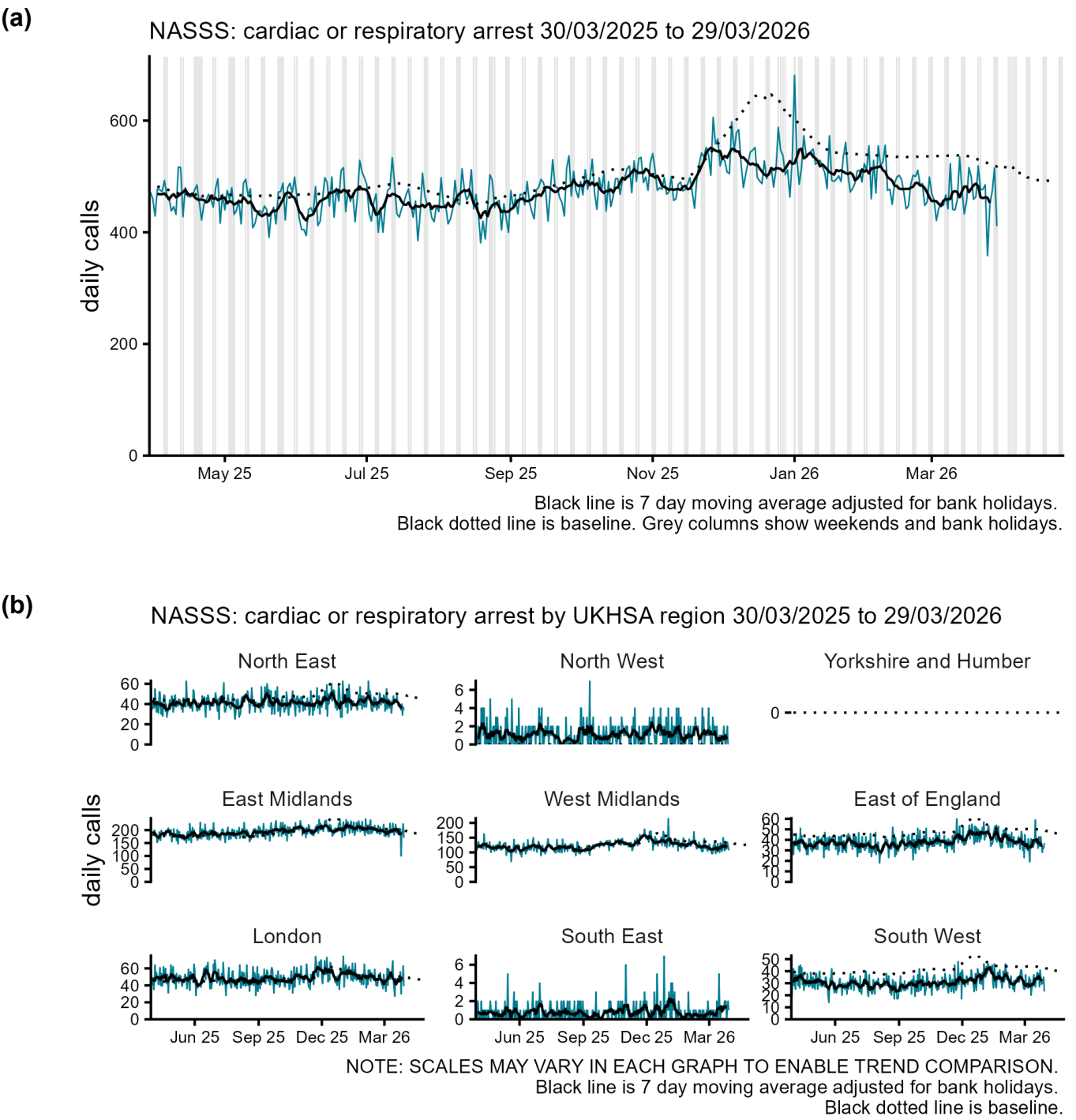
Chest pain

Figure 2: Daily number of chest pain ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



Cardiac or respiratory arrest

Figure 3: 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.



Seasonal or 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 routinely be included below (where an appropriate syndromic indicator is available).

[Cold-Health alert](#) period: 1 November to 31 March

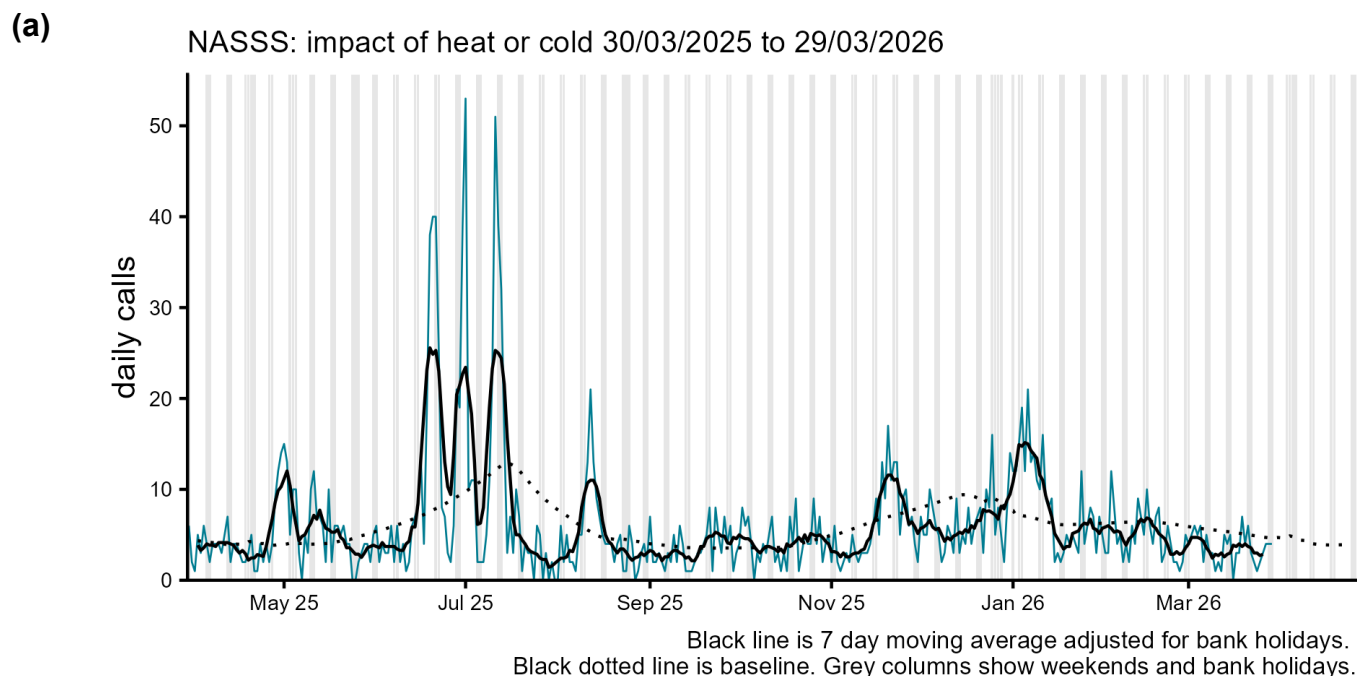
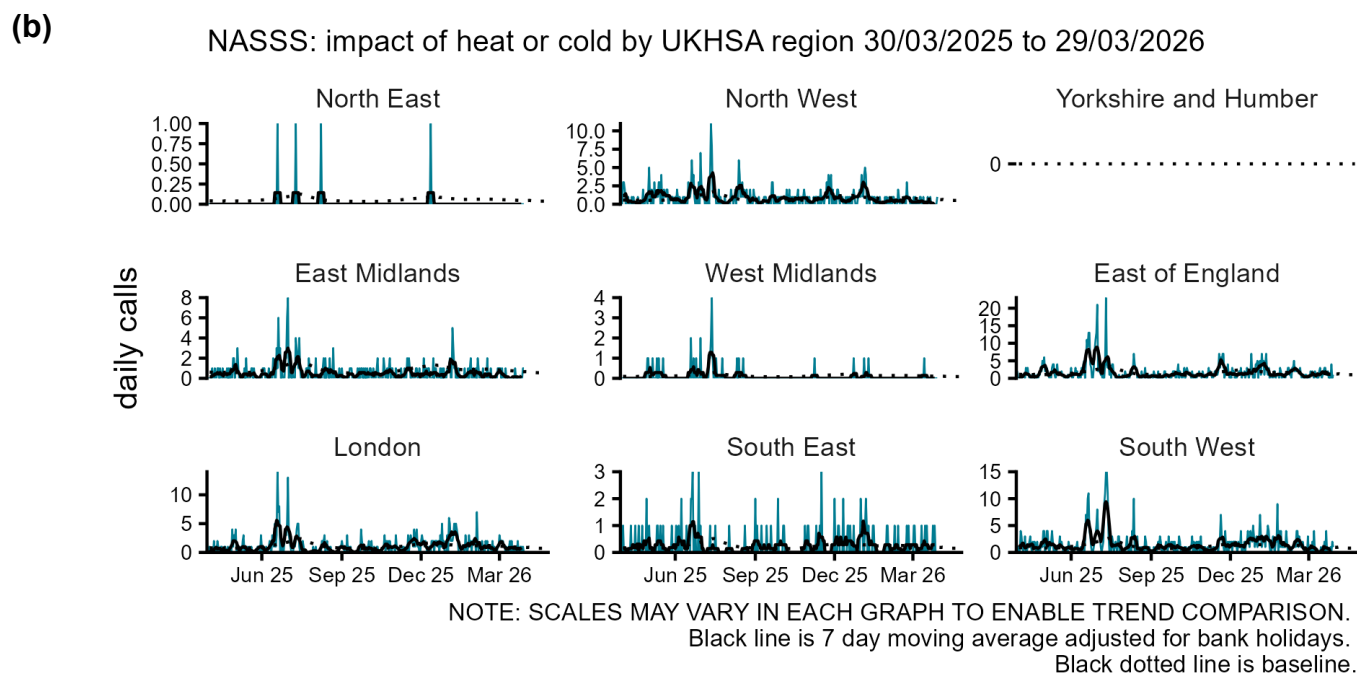
[Heat-Health Alert](#) period: 1 June to 30 September

Highest weather alert during the current reporting week:

No alerts issued.

Impact of heat or cold

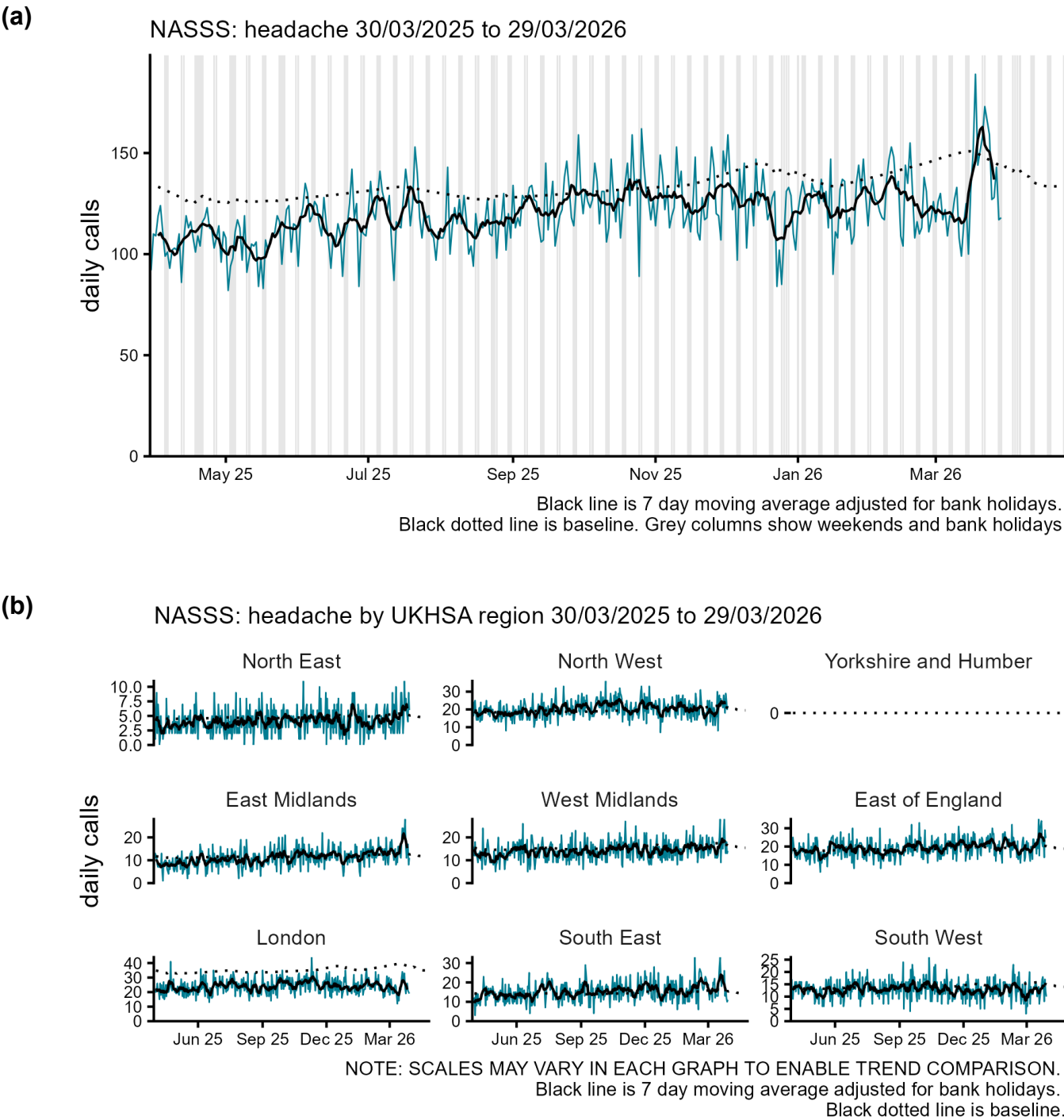
Figure 4: Daily number of heat or cold related ambulance service calls (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by UKHSA Region.



Other conditions

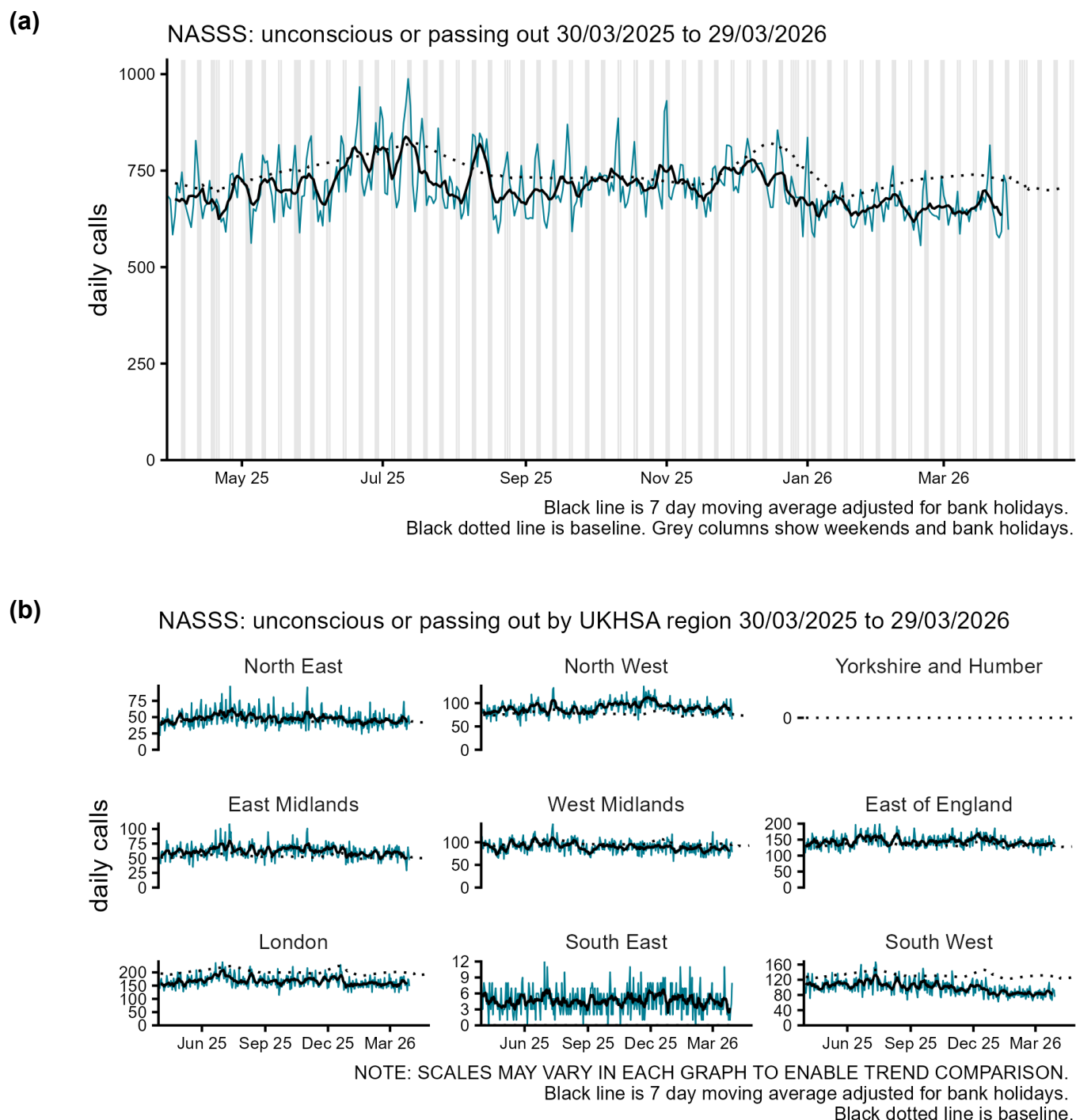
Headache

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



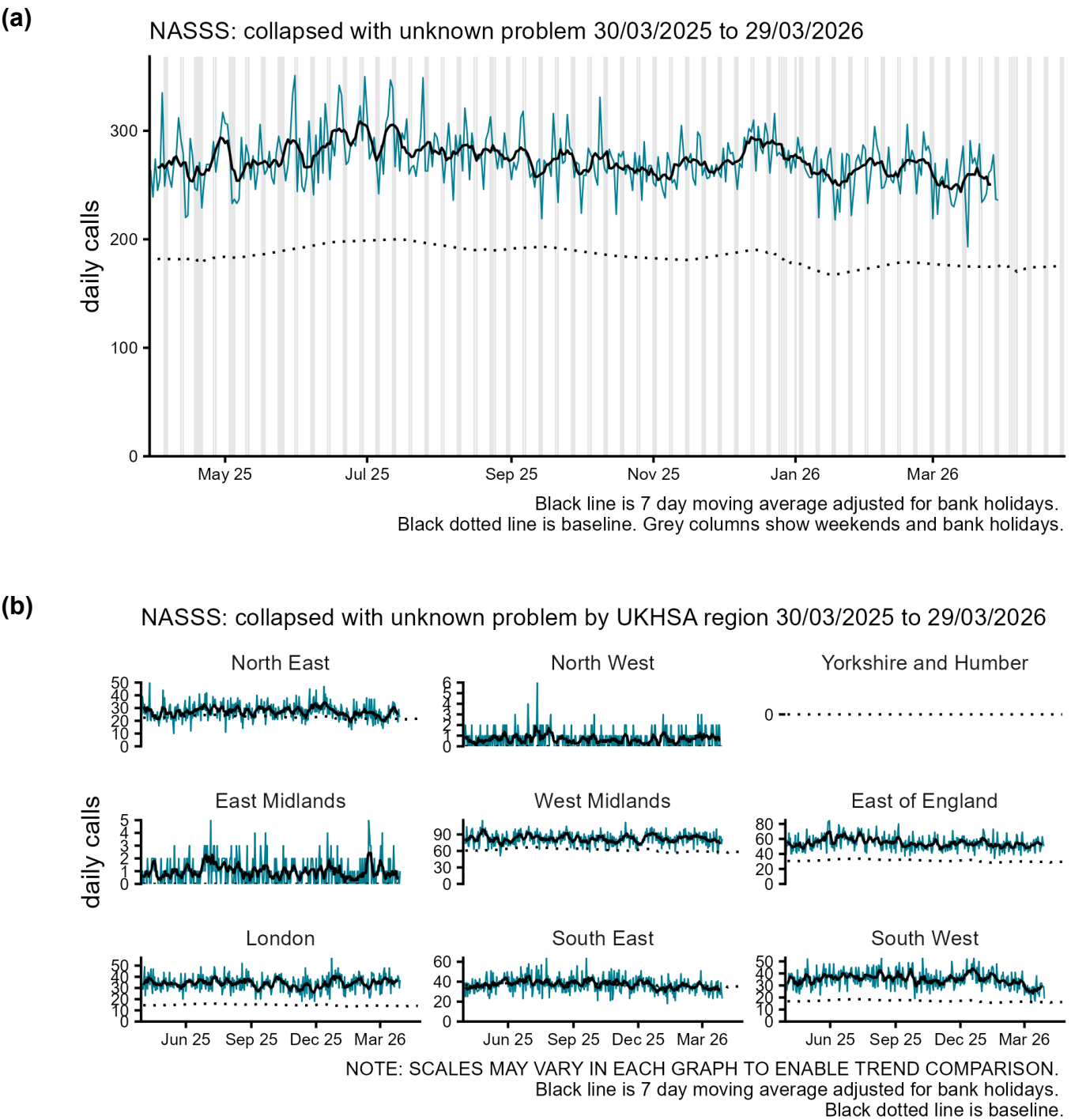
Unconscious or passing out

Figure 6: 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.



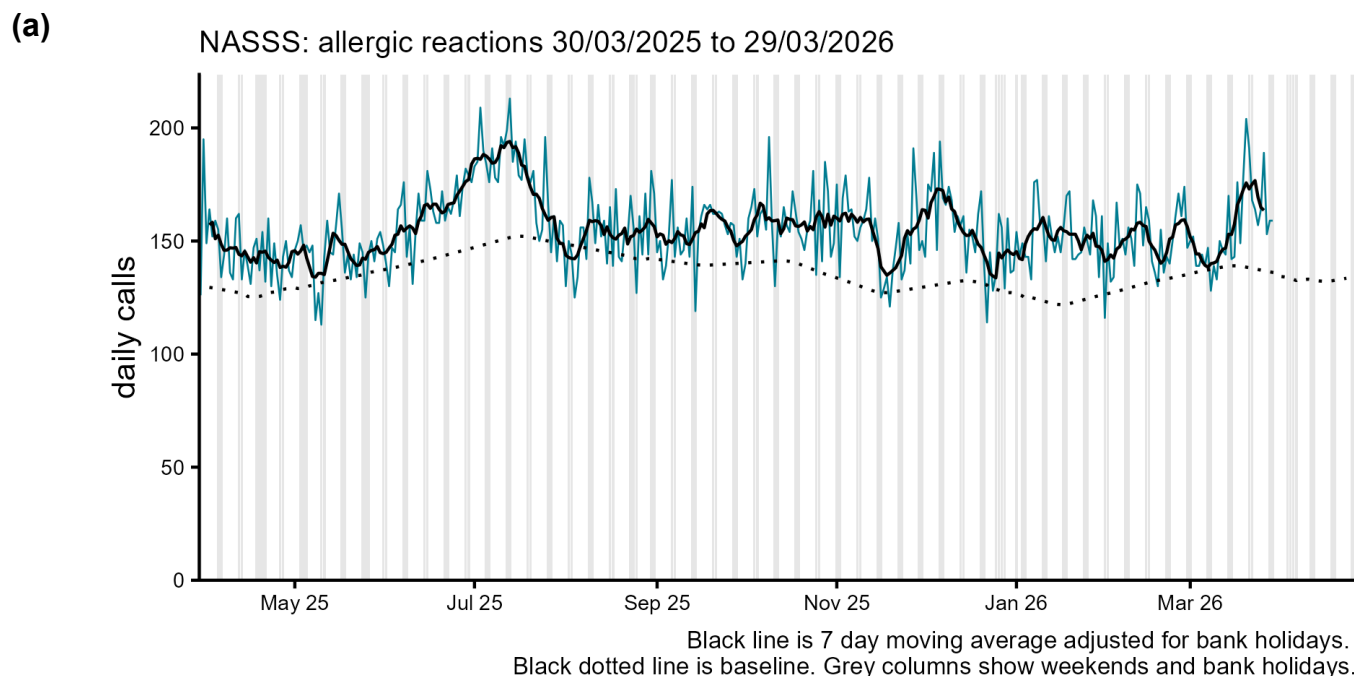
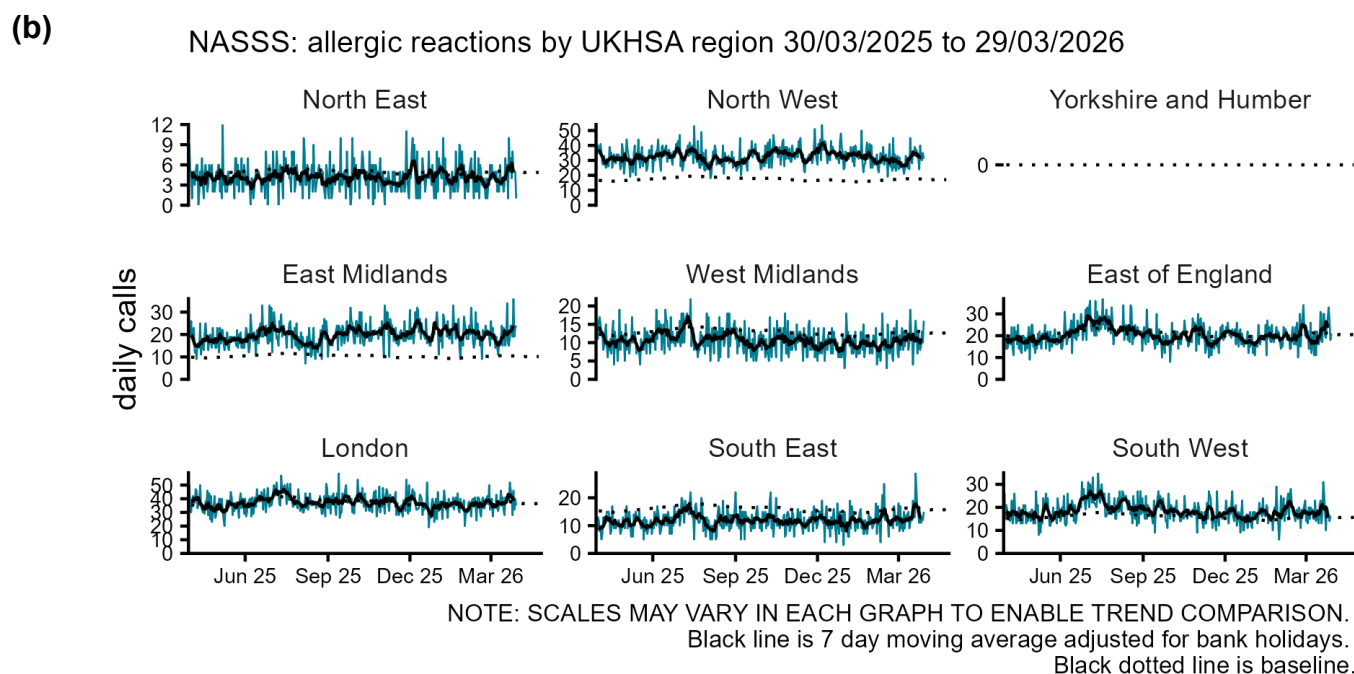
Collapsed with unknown problem

Figure 7: 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.



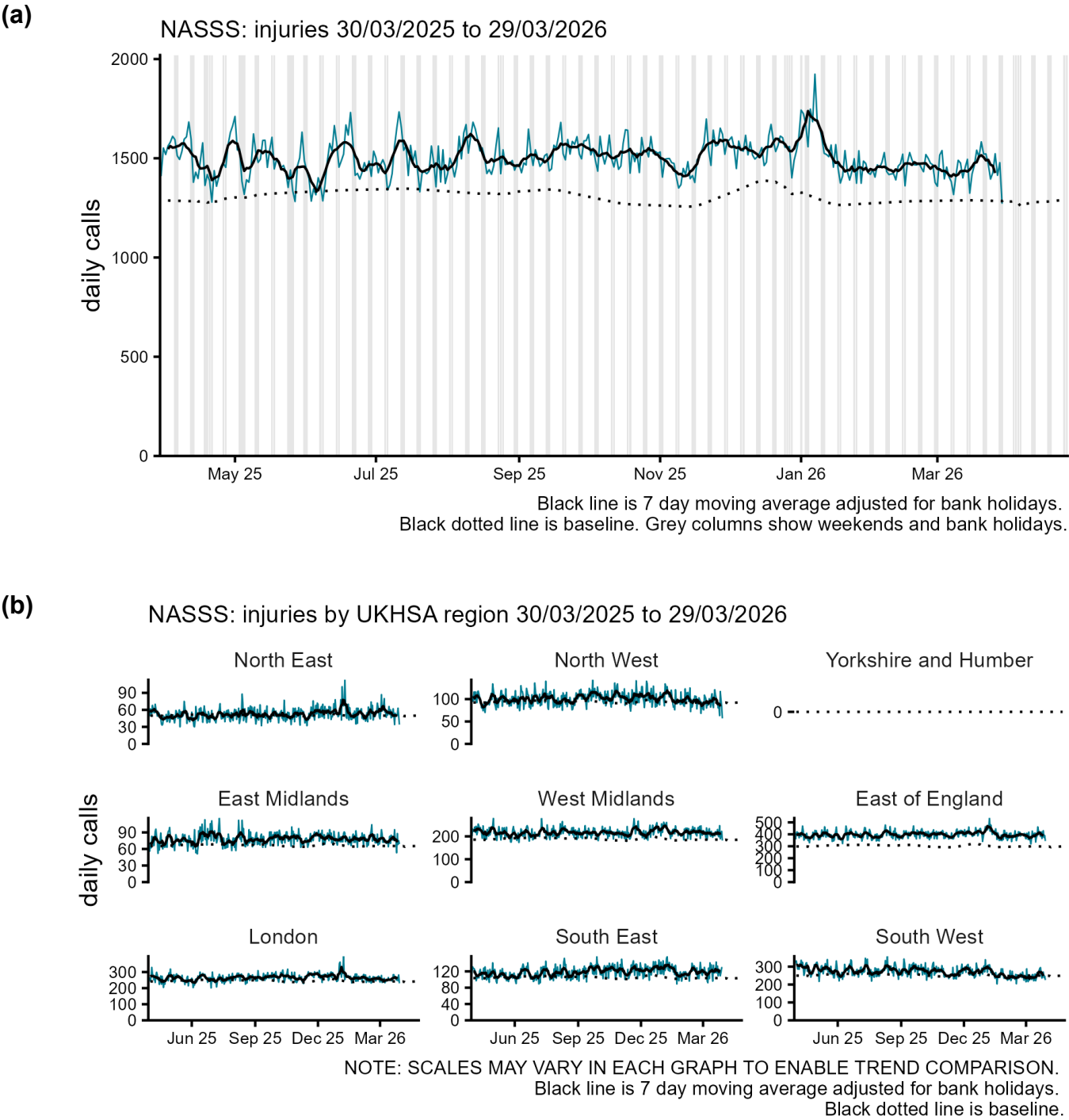
Allergic reactions

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



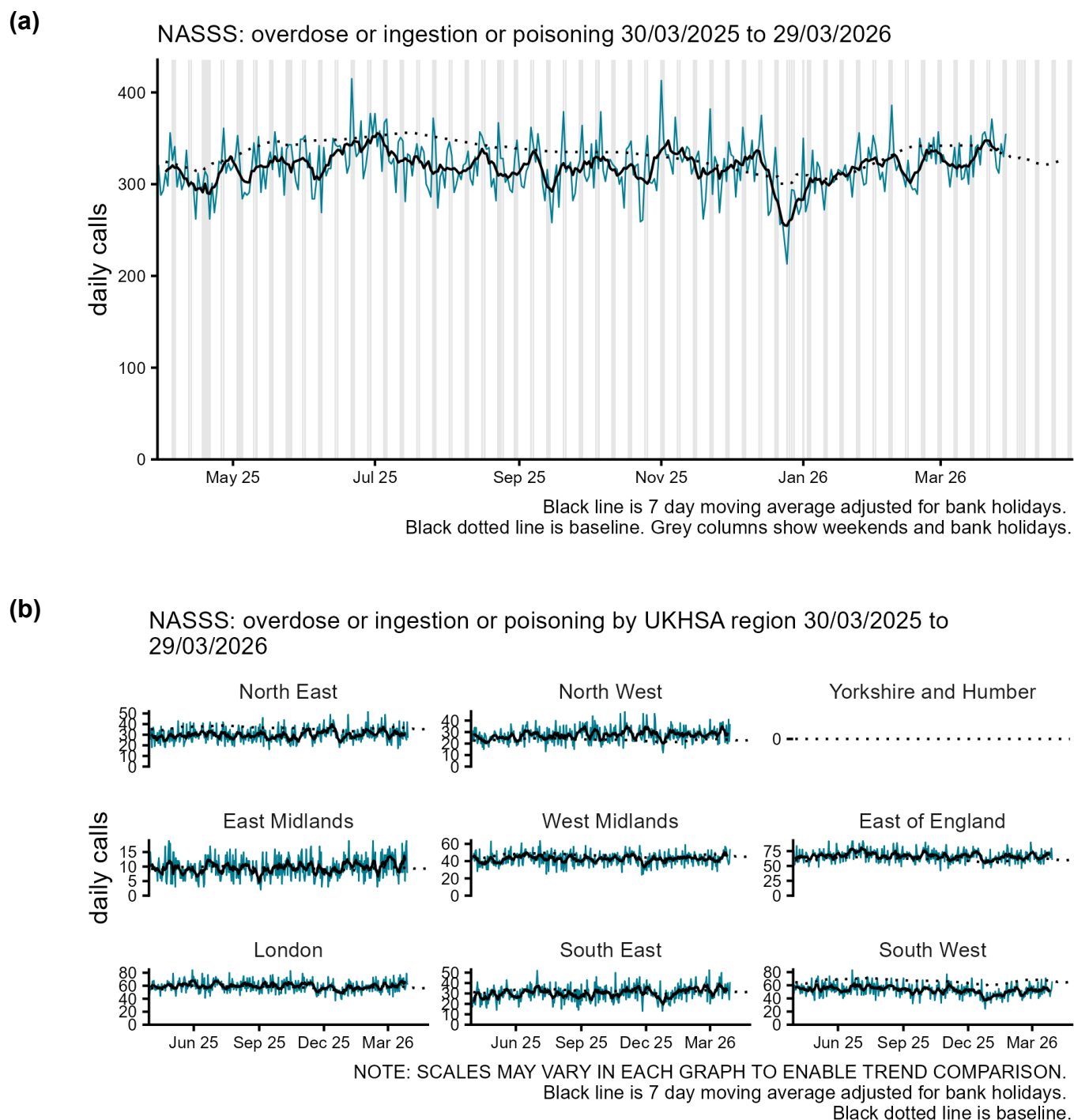
Injuries

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



Overdose or poisoning

Figure 10: 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 are 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 in some ambulance Trusts due to operational use of certain chief complaint codes
 - the title for each set of syndromic indicator charts will describe which Trusts (if any) are affected
- baselines:
 - were last remodelled May 2023
 - 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

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

© Crown copyright 2026
Version: Amb-2

Prepared by: Real-time Syndromic Surveillance Team
For queries relating to this document, please contact: syndromic@ukhsa.gov.uk

Published: April 2026



You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](#). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.



UKHSA supports the UN
Sustainable Development Goals

