UK Health Security Agency

Emergency Department Syndromic Surveillance System Bulletin (England)

2026 week 43

Key messages

Data reported to: 25 October 2026

During week 43 there was a further small increase in ED attendances for acute respiratory infections and influenza-like illness. Attendances for scarlet fever also increased. COVID-19-like attendances decreased and acute bronchiolitis attendances were stable.

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[1]	Level
Total attendances (**Figure 1**)	Decreasing	No baseline
COVID-19-like (**Figure 2**)	Decreasing	No baseline
Acute respiratory infections (**Figure 3**)	Increasing	Similar to baseline
Acute bronchiolitis or bronchitis (**Figure 4**)	No trend	Below baseline
Influenza-like illness (**Figure 5**)	Increasing	Above baseline
Pneumonia (**Figure 6**)	No trend	Below baseline
Asthma (**Figure 7**)	Decreasing	Below baseline
Gastroenteritis (**Figure 8**)	Decreasing	Below baseline
Cardiac (**Figure 9**)	No trend	Below baseline
Myocardial ischaemia (**Figure 10**)	No trend	Below baseline
Acute alcohol intoxication (**Figure 11**)	No trend	Similar to baseline
Mental health (**Figure 12**)	Decreasing	No baseline
Scarlet fever **(Figure 13)**	Increasing	No baseline

[1] 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 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
    - 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

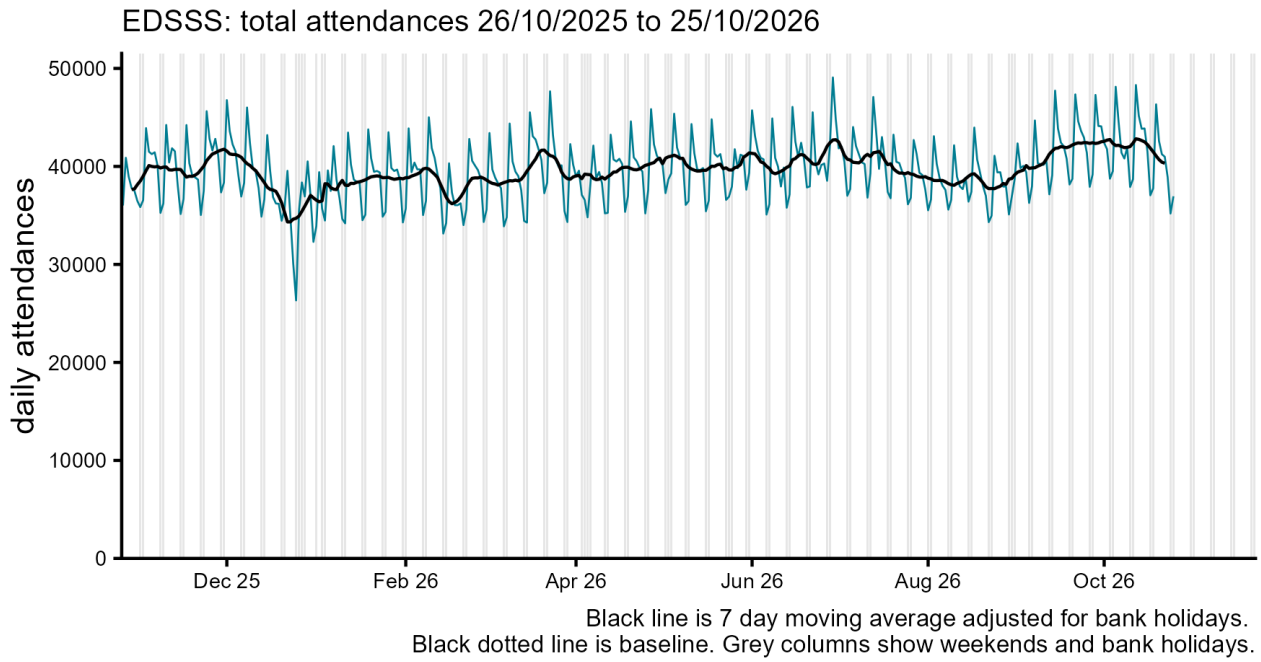
See **Table 2** and **Table 3** for the numbers of EDs included this week.

Please note: we are investigating an apparent reduction in the total number of attendances identified in a small number of EDs during weeks 34 and 35. The baselines for the scarlet fever charts (**Figure 13**) have been removed to allow for the baselines to be recalculated.

Total attendances

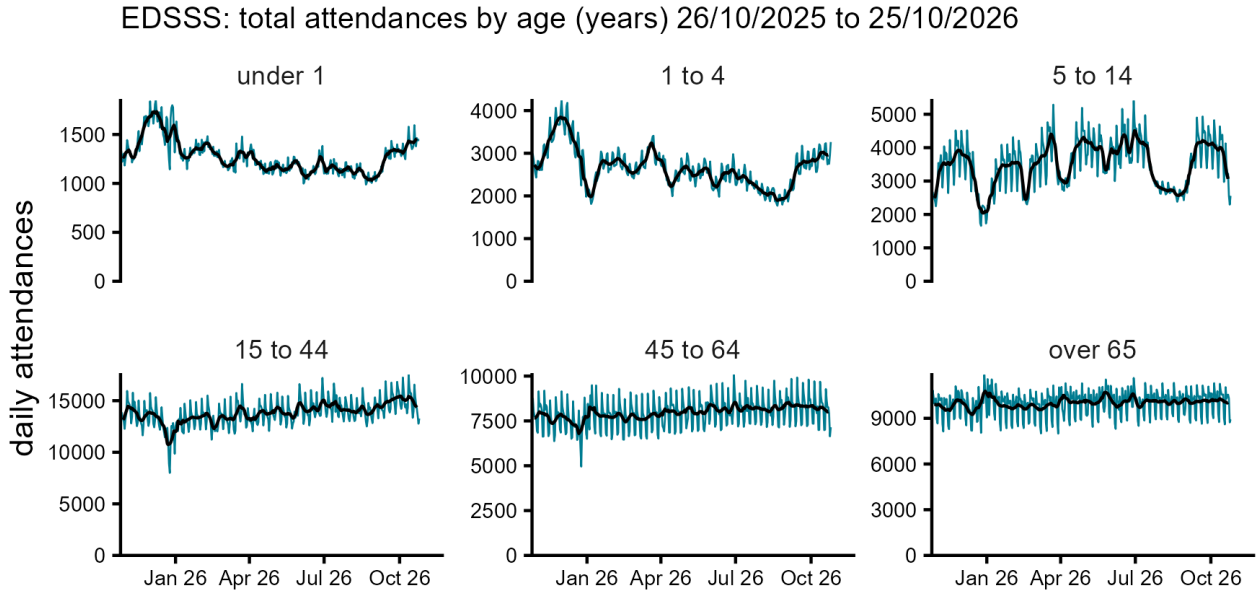
Figure 1: Daily number of ED attendances (and 7-day moving average adjusted for bank holidays) recorded in this sentinel syndromic surveillance system in England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



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

(b)



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

(c)

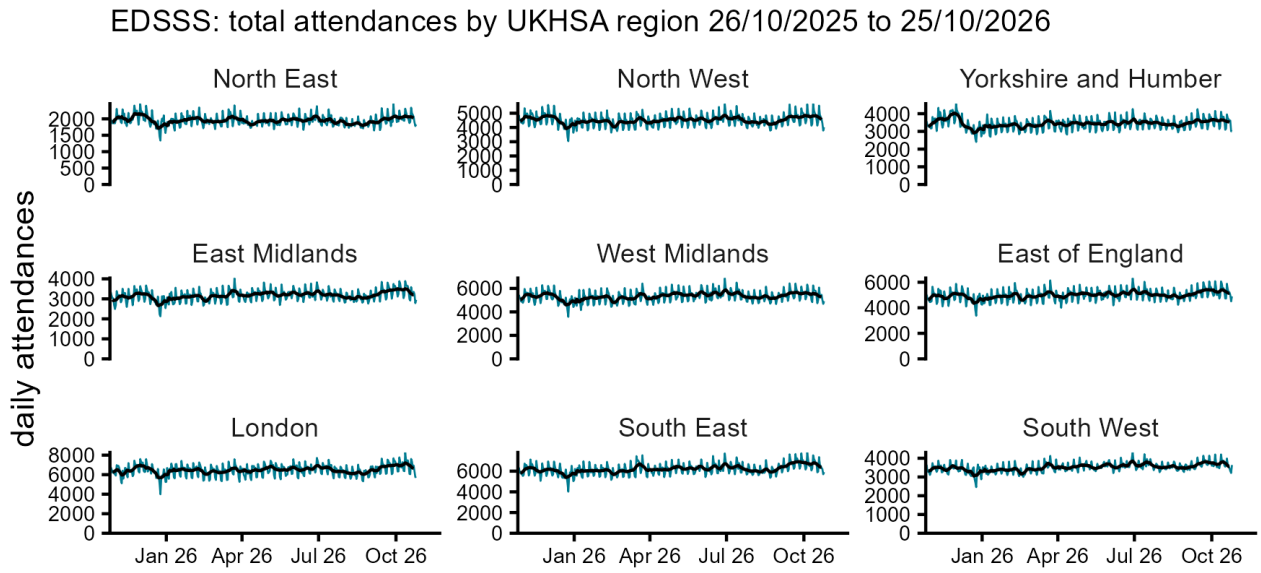


Table 2: The number of emergency department (ED) attendances and number with a diagnosis code included in surveillance each day during the most recent week.

Date	Total attendances[2]	Diagnoses included[2]
19 October 2026	46,339	26,637
20 October 2026	42,597	24,541
21 October 2026	41,242	23,871
22 October 2026	40,986	23,571
23 October 2026	38,923	23,548
24 October 2026	35,191	20,793
25 October 2026	36,951	21,816

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[2]
North East	8
North West	20
Yorkshire and Humber	13
West Midlands	18
East Midlands	8
East of England	17
London	24
South West	15
South East	21
Total	144

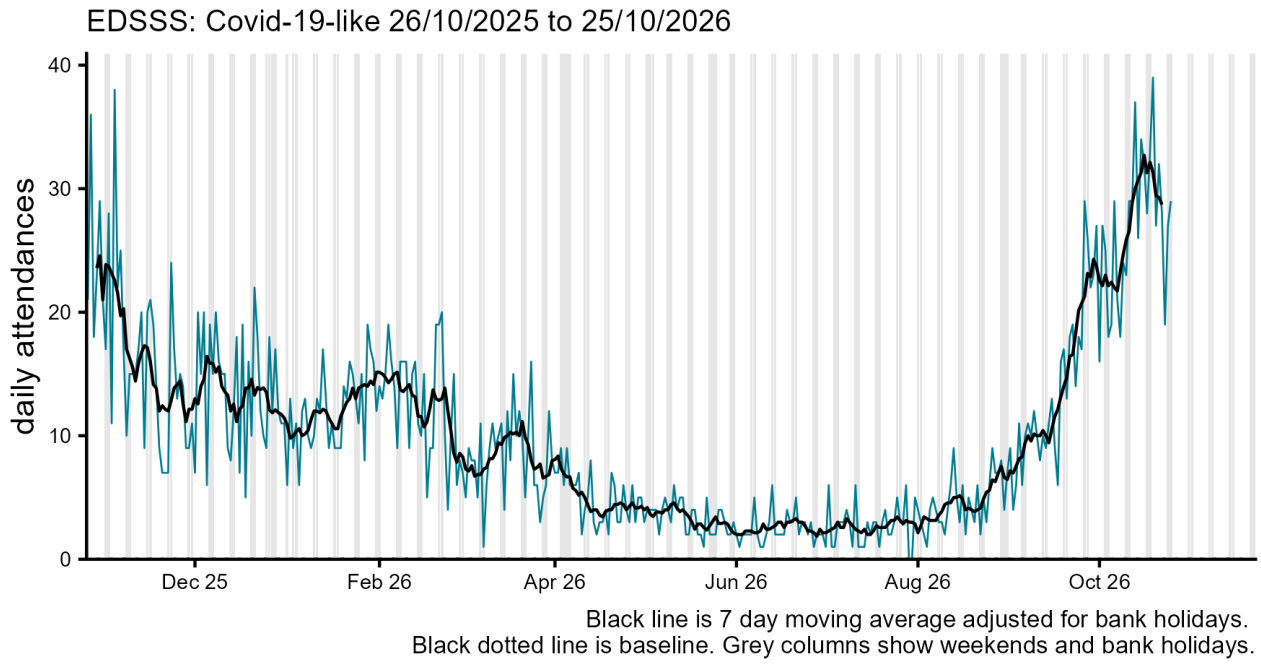
[2] only attendances from Type 01 EDs meeting the weekly reporting criteria are included in this report, for further details see **Notes and caveats**

Respiratory conditions

COVID-19-like

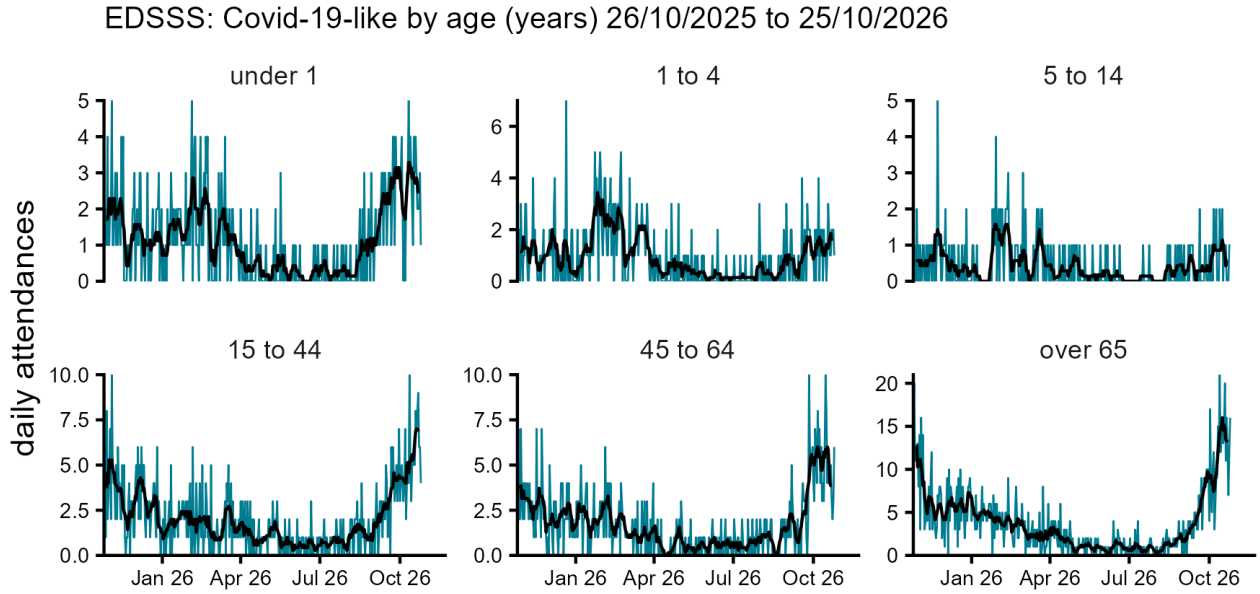
Figure 2: Daily number of COVID-19-like ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



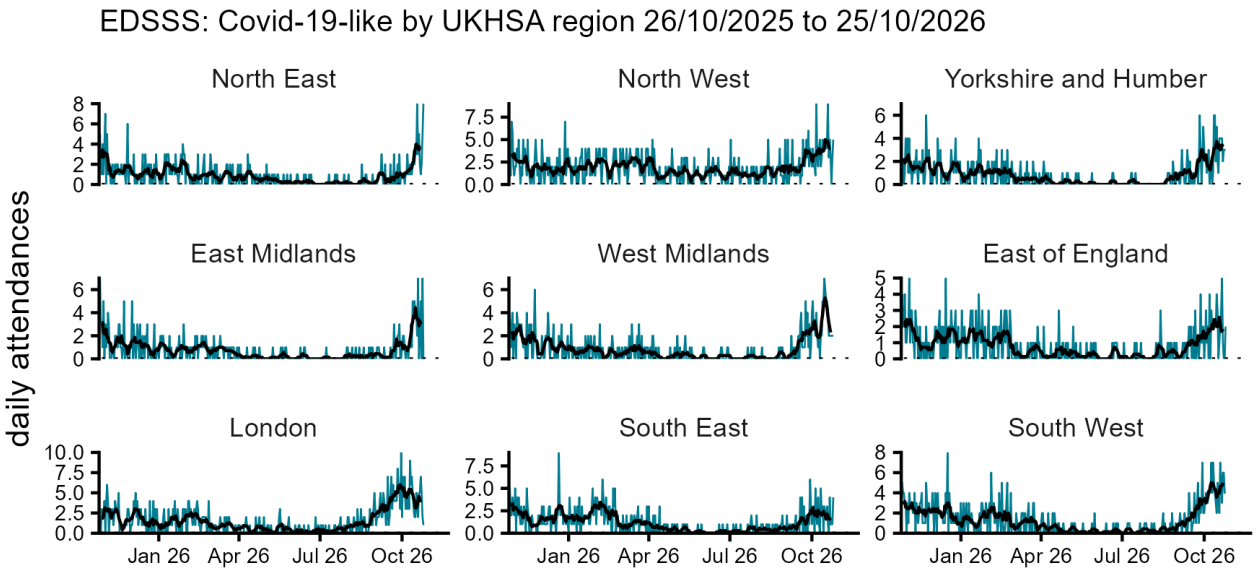
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Black dotted line is baseline. Grey columns show weekends and bank holidays.

(b)



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

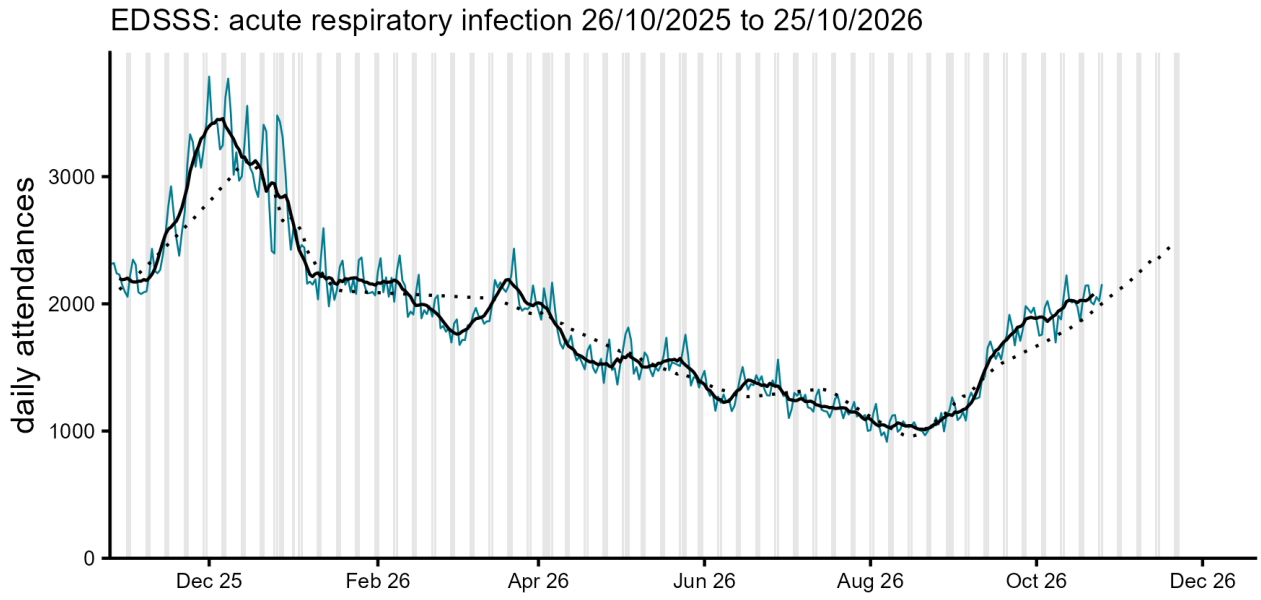
(c)


EDSSS: Covid-19-like by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
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 respiratory infections

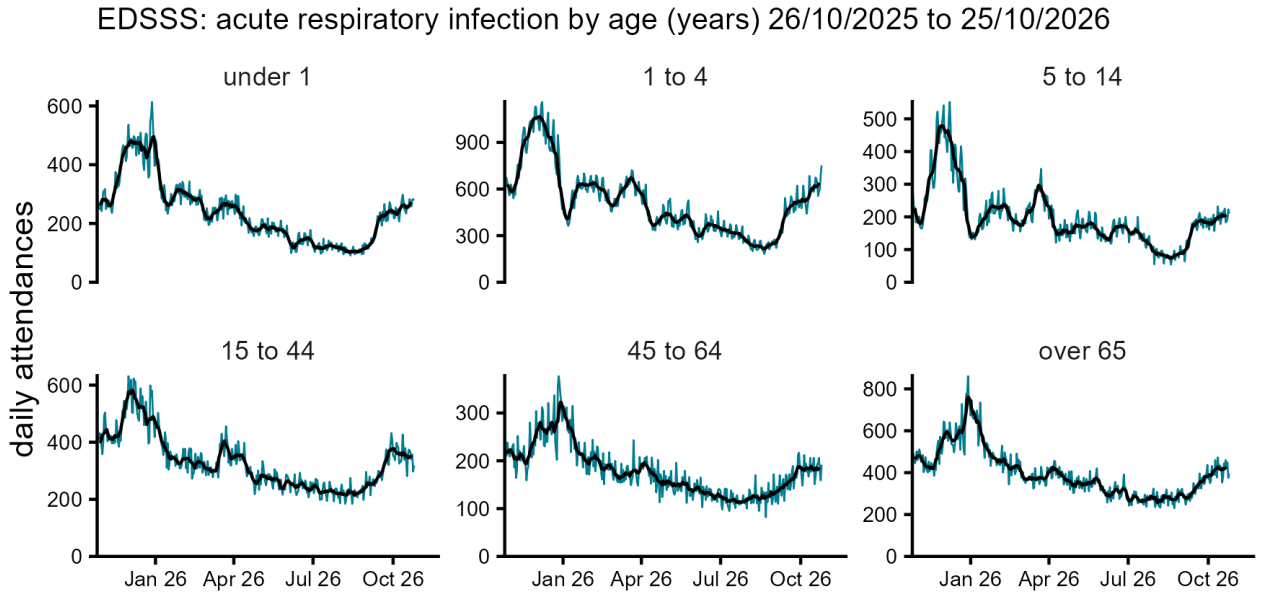
Figure 3: Daily number of acute respiratory infection ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



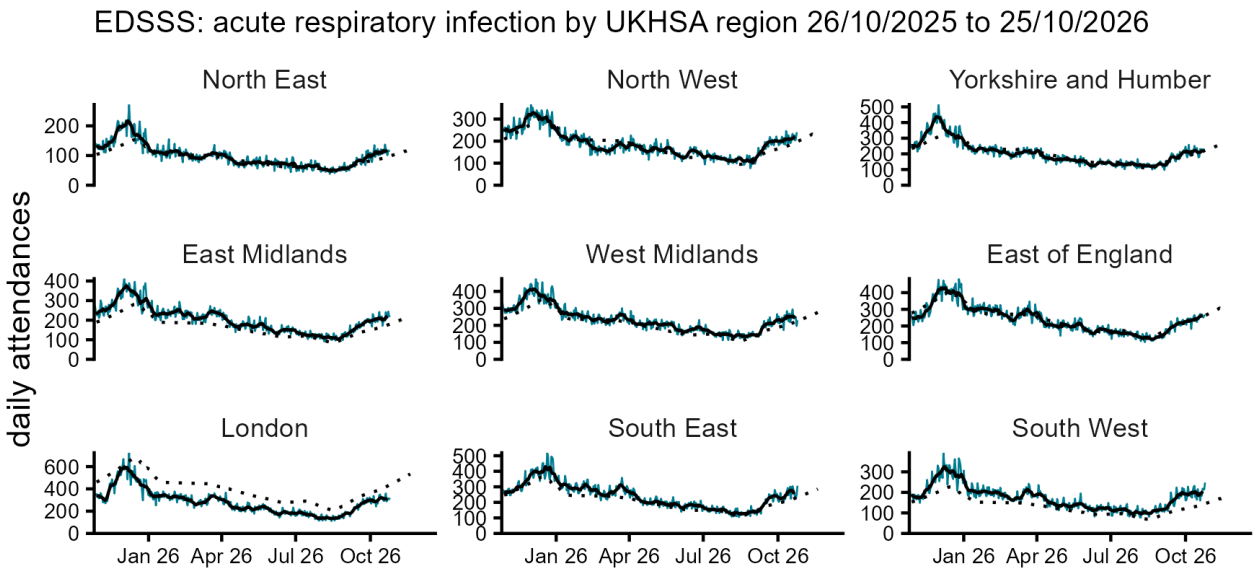
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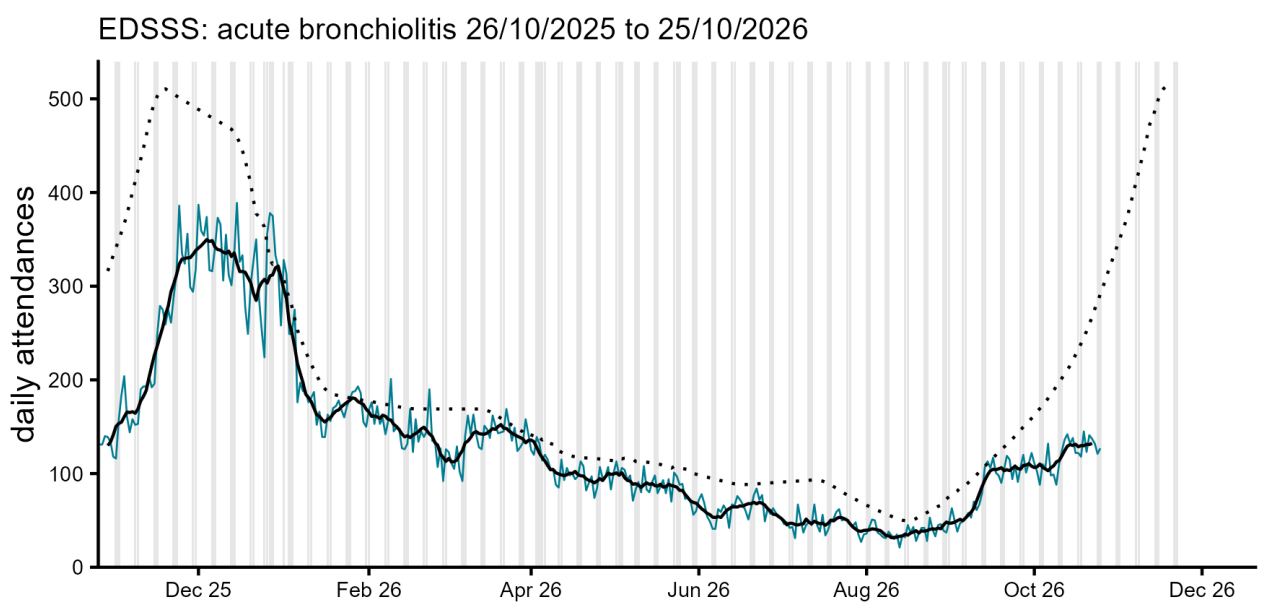
(c)


EDSSS: acute respiratory infection by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
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Acute bronchiolitis/bronchitis

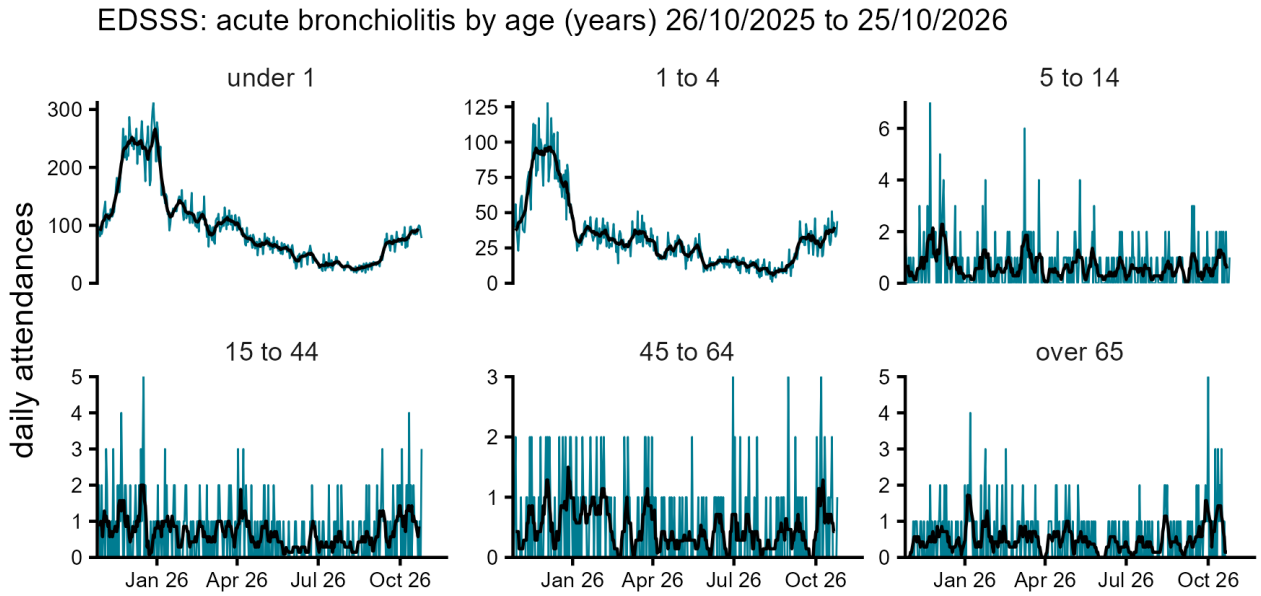
Figure 4: Daily number of acute bronchiolitis/bronchitis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



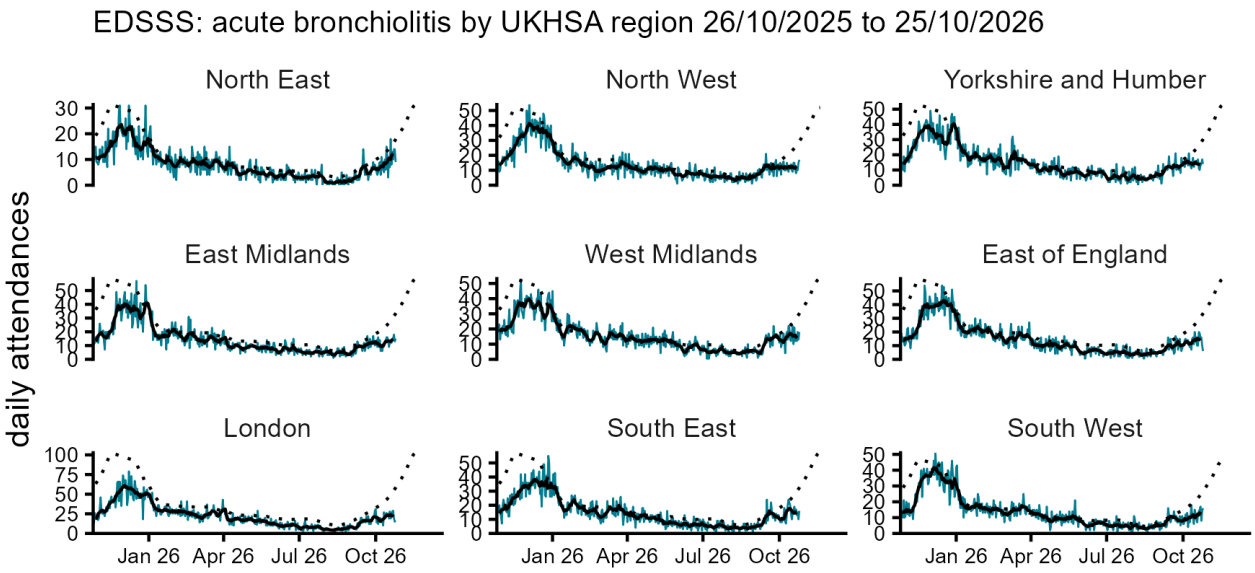
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(b)



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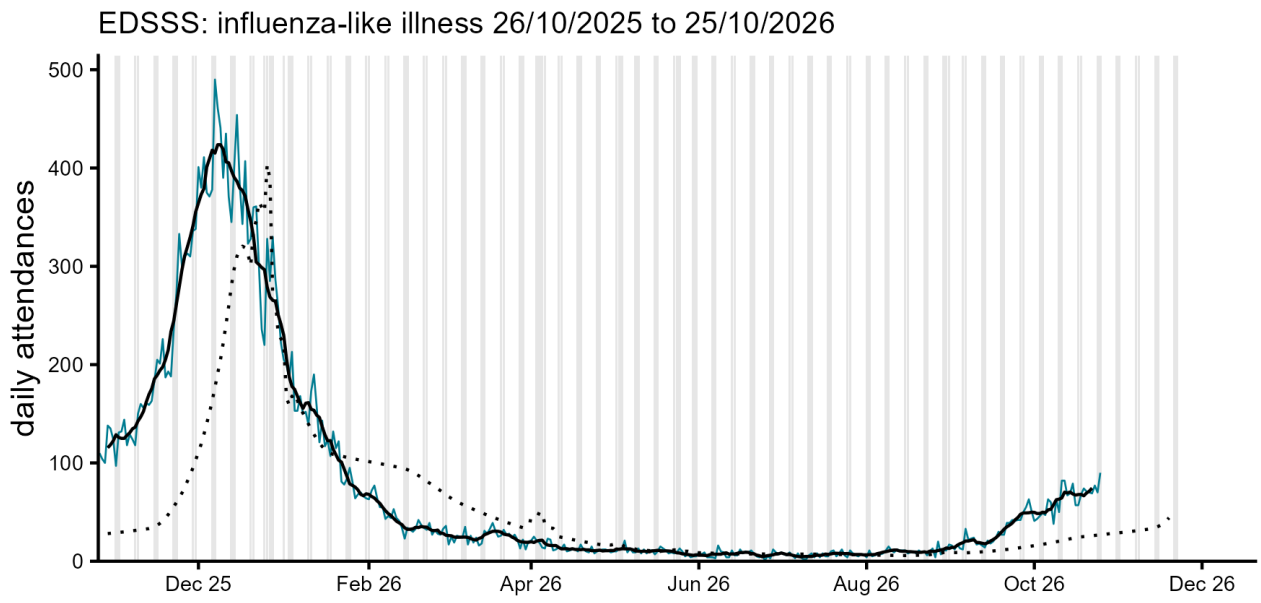
(c)


EDSSS: acute bronchiolitis by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
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Influenza-like illness

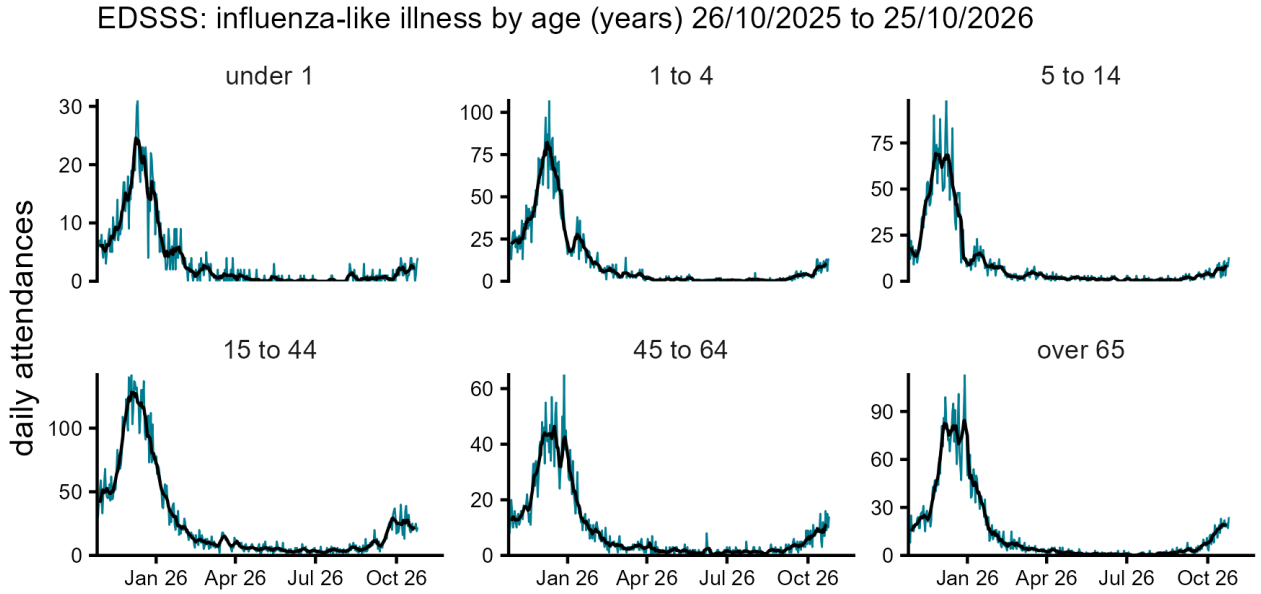
Figure 5: Daily number of influenza-like illness ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



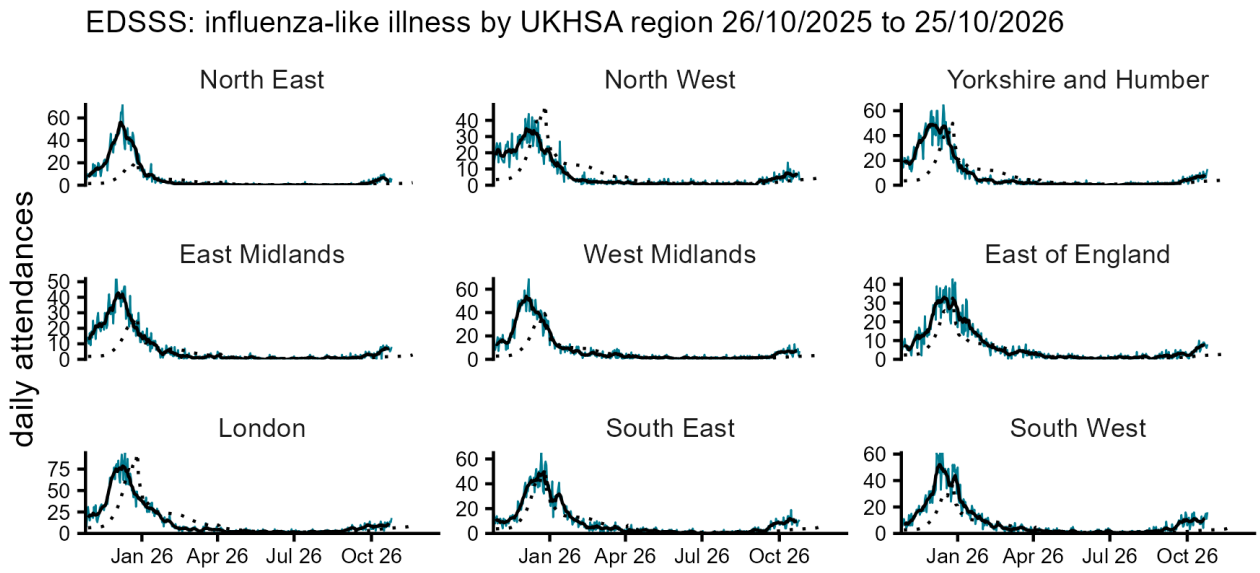
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(b)



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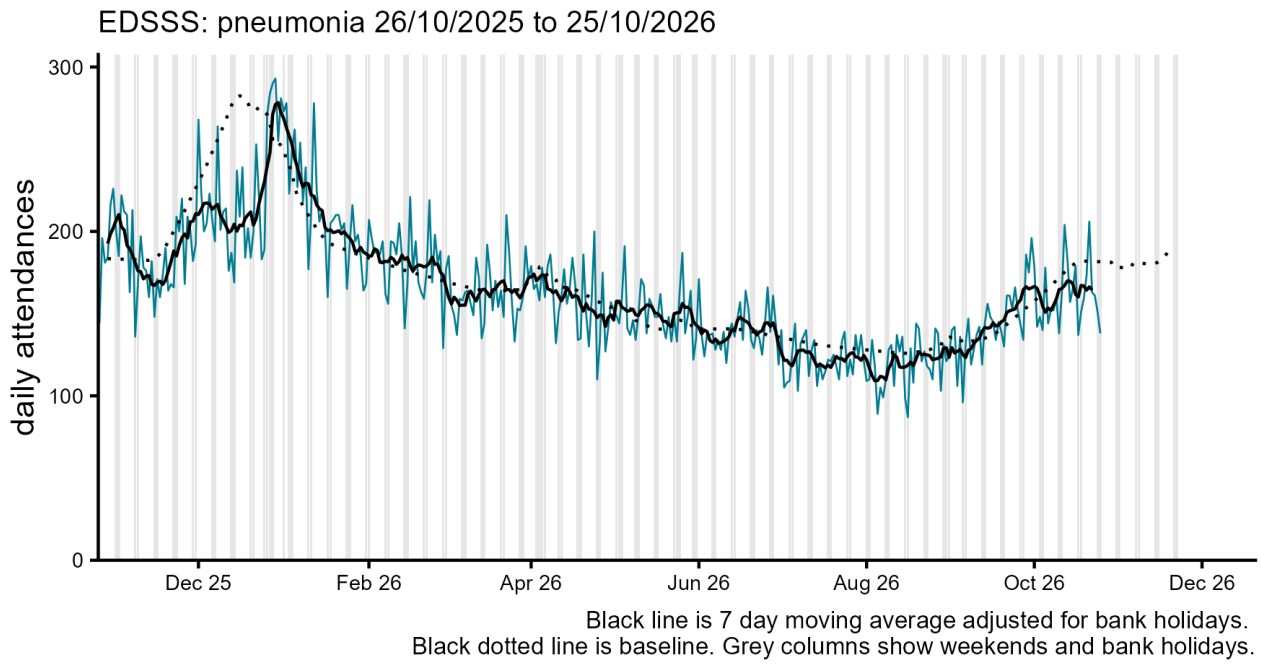
(c)


EDSSS: influenza-like illness by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
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Pneumonia

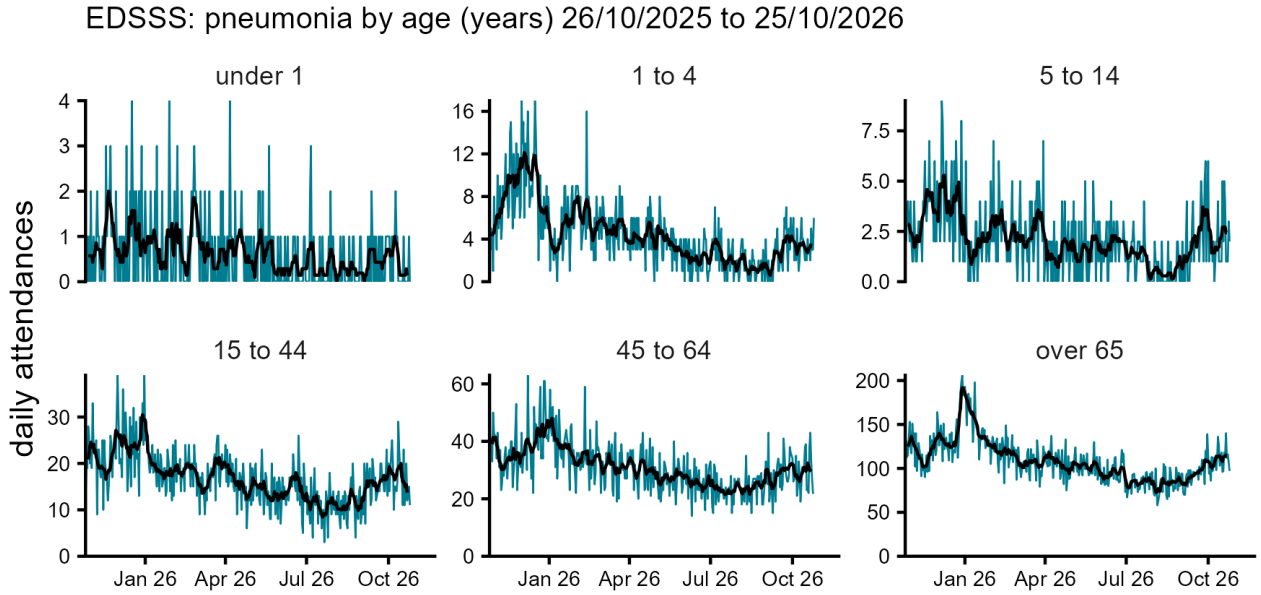
Figure 6: Daily number of pneumonia ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



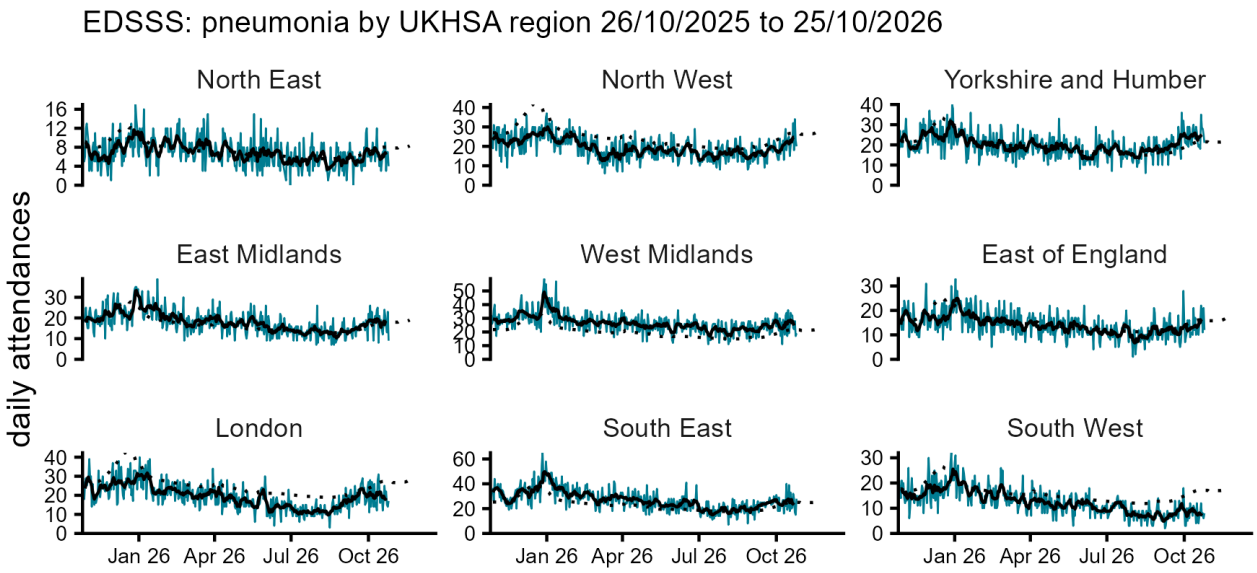
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(b)



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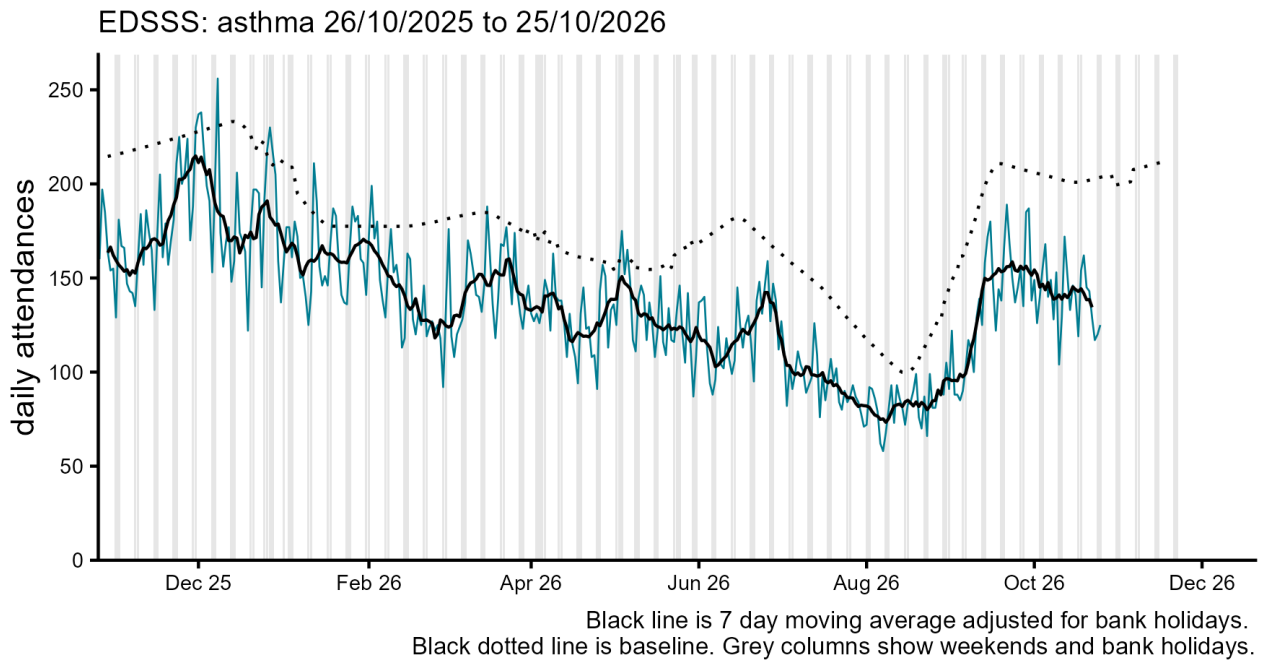
(c)


EDSSS: pneumonia by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
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Asthma

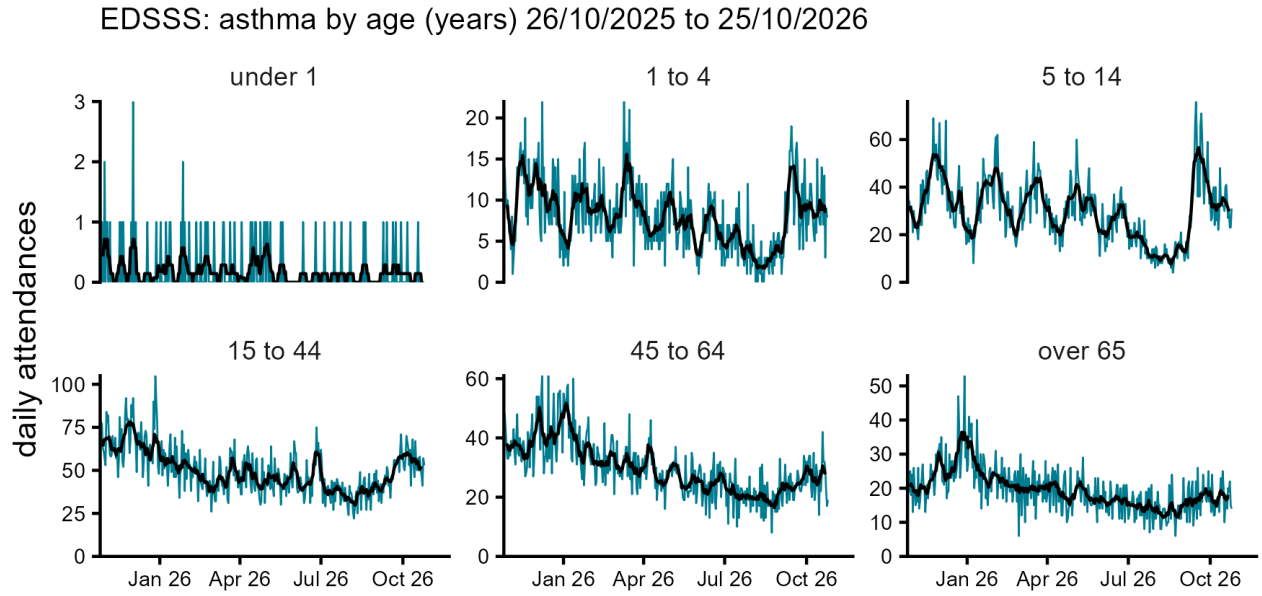
Figure 7: Daily number of asthma ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



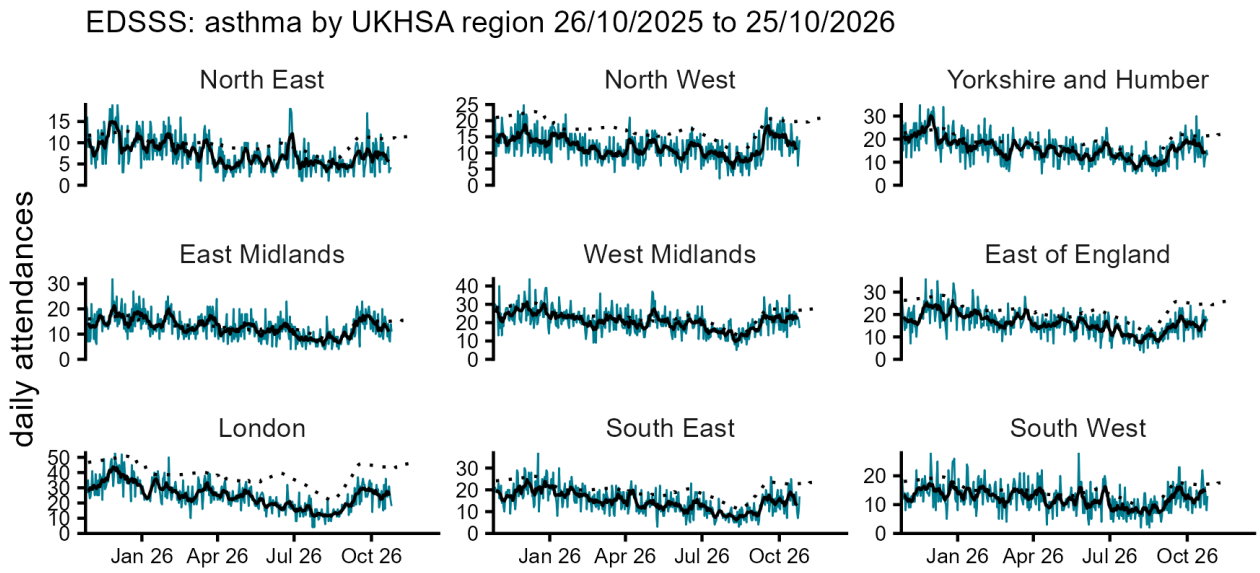
Black line is 7 day moving average adjusted for bank holidays.
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(b)



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

(c)

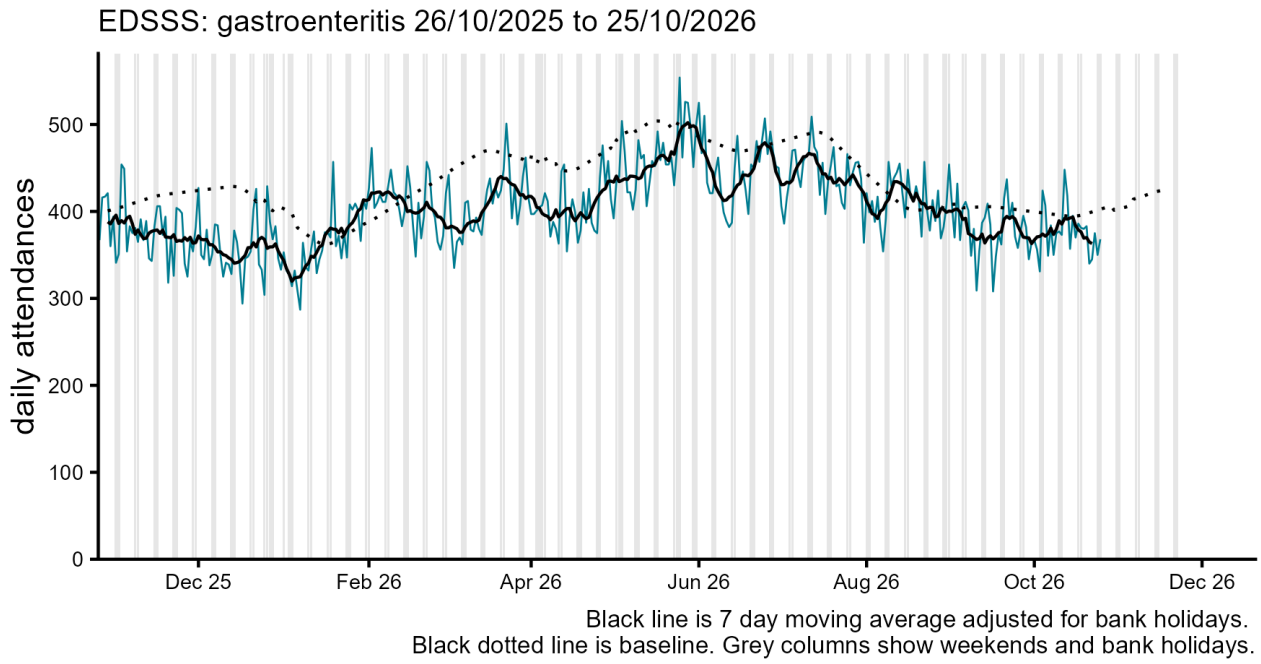

EDSSS: asthma by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
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Gastrointestinal conditions

Gastroenteritis

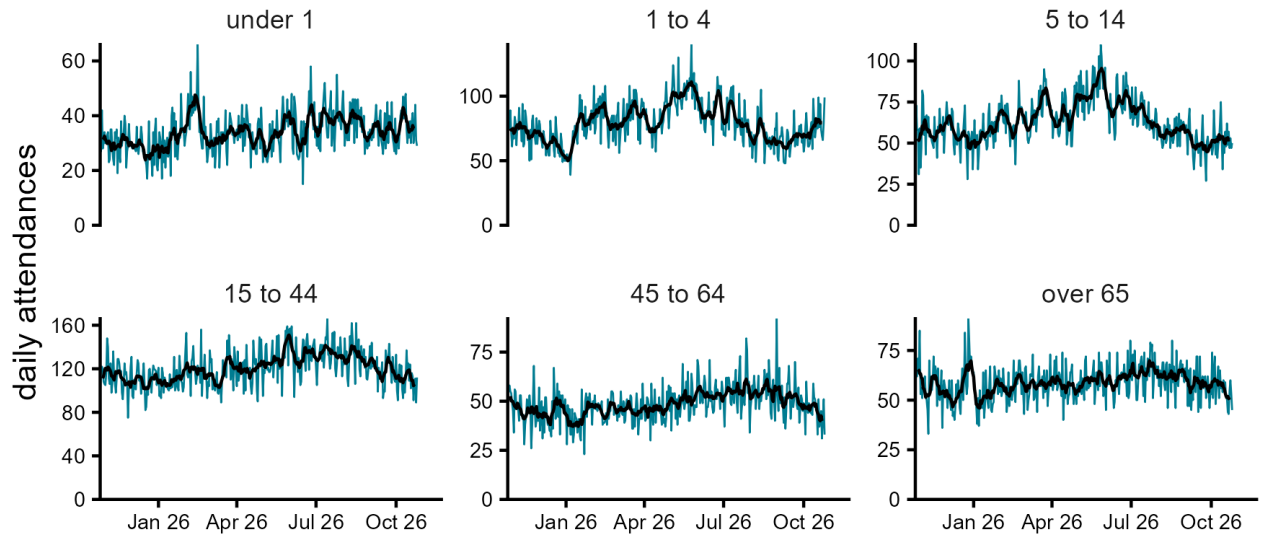
Figure 8: Daily number of gastroenteritis ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



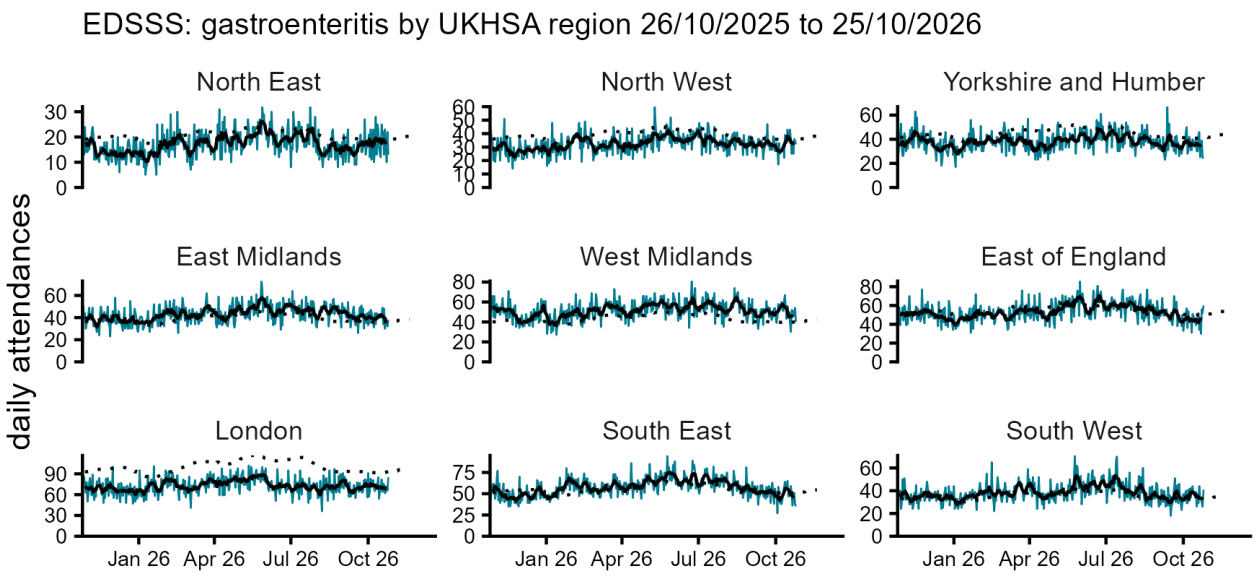
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(b)



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(c)

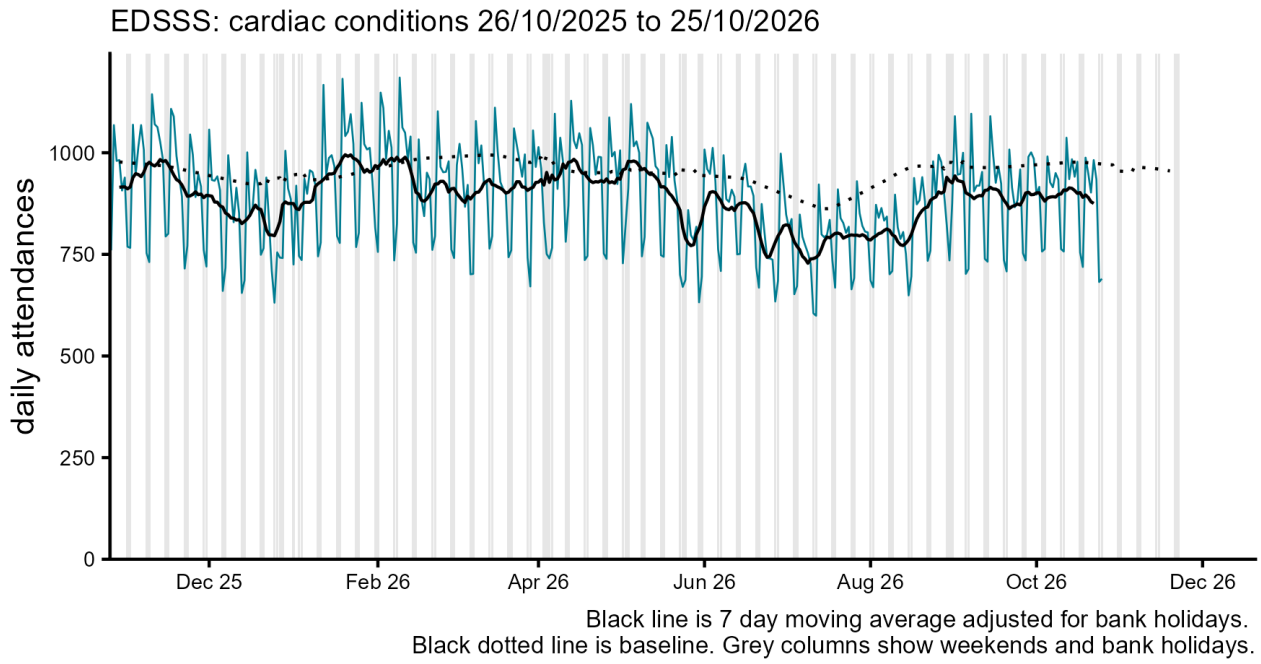

EDSSS: gastroenteritis by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
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Cardiac conditions

Cardiac

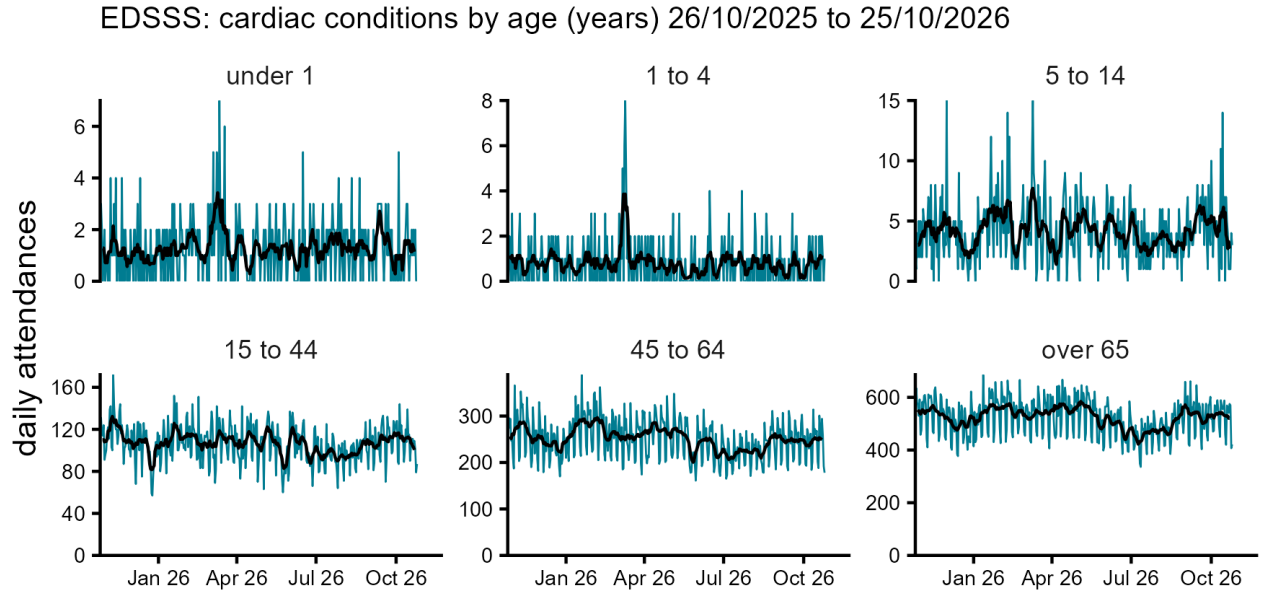
Figure 9: Daily number of cardiac ED attendances (and 7-day moving average adjusted for bank holidays), England (a) nationally, (b) by age and (c) by UKHSA Region.

(a)



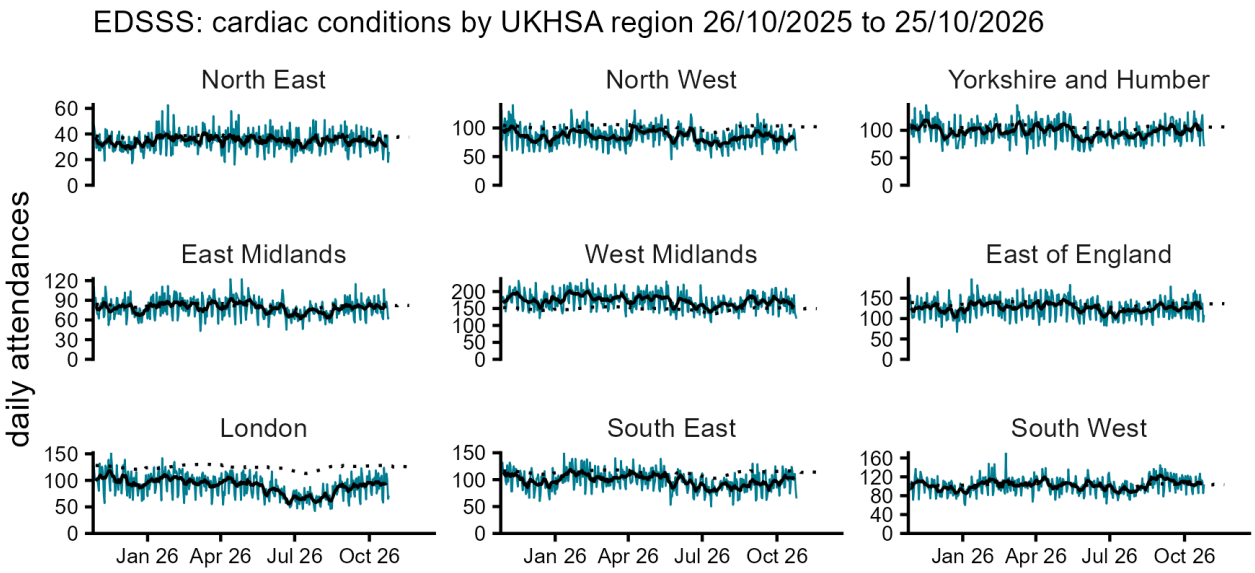
Black line is 7 day moving average adjusted for bank holidays.
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(b)



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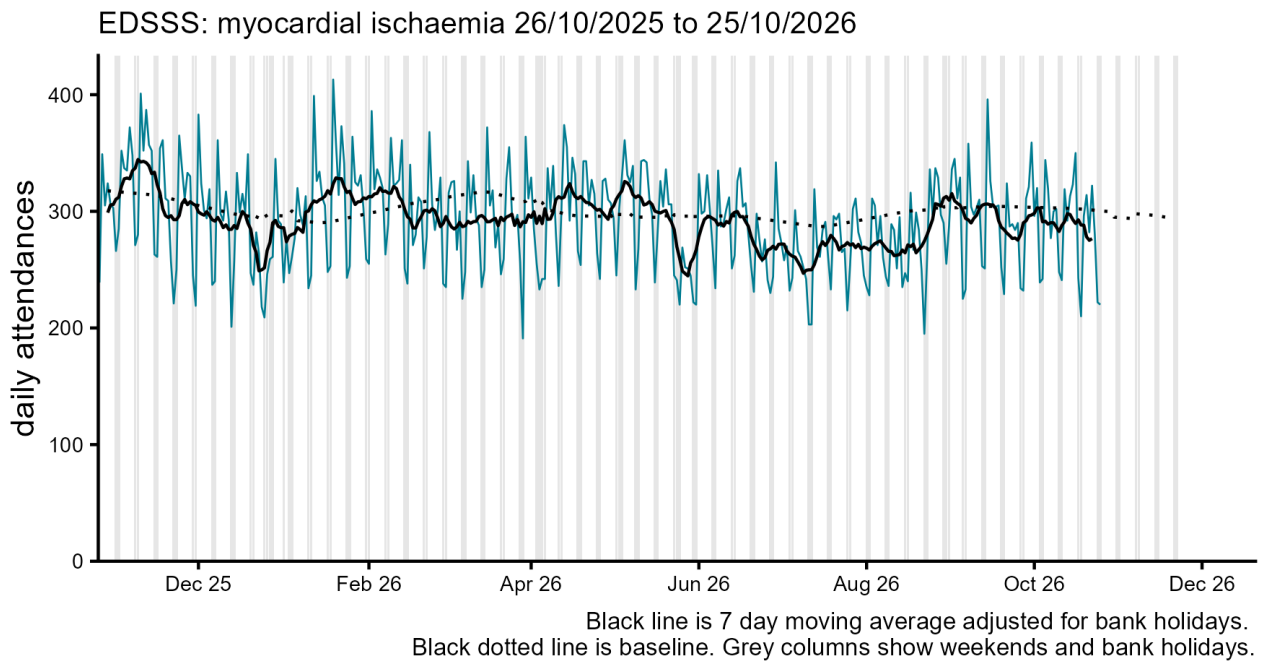
(c)


EDSSS: cardiac conditions by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
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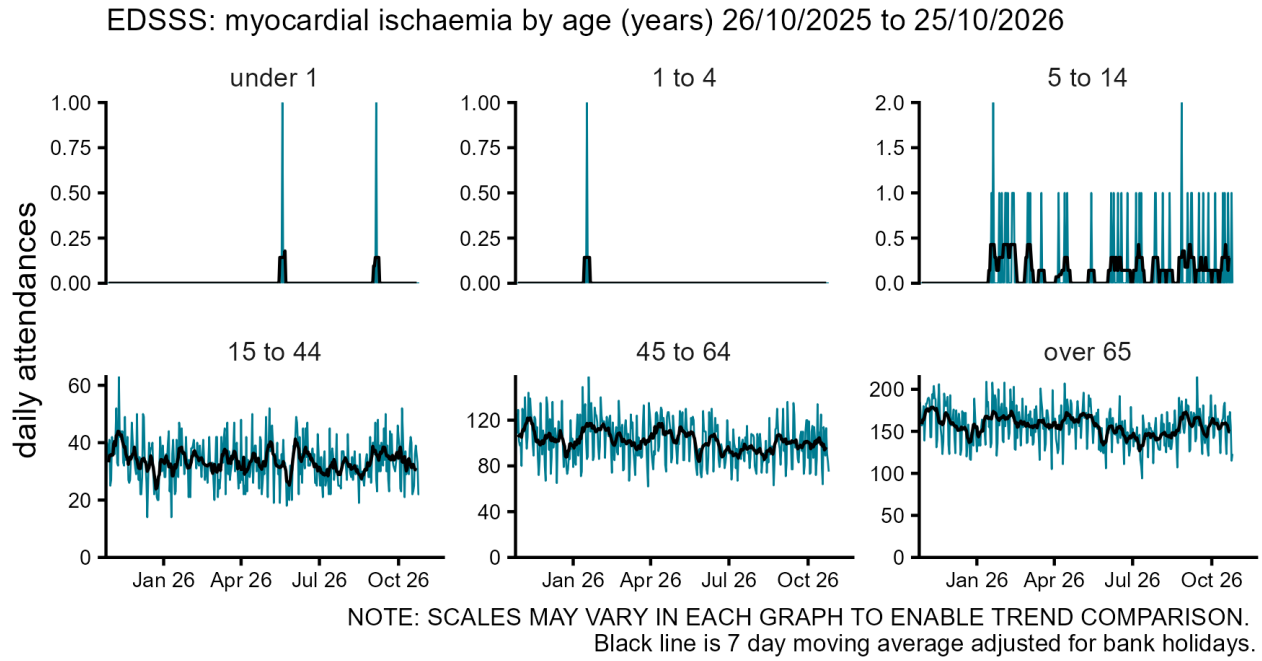
Myocardial ischaemia

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.

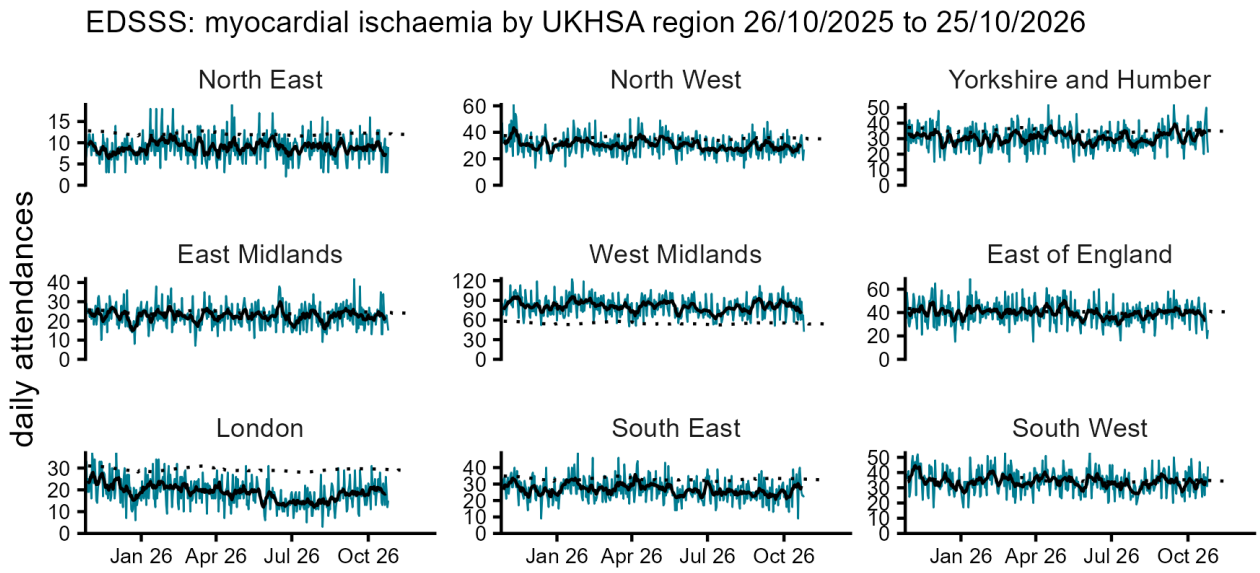
(a)



(b)



(c)

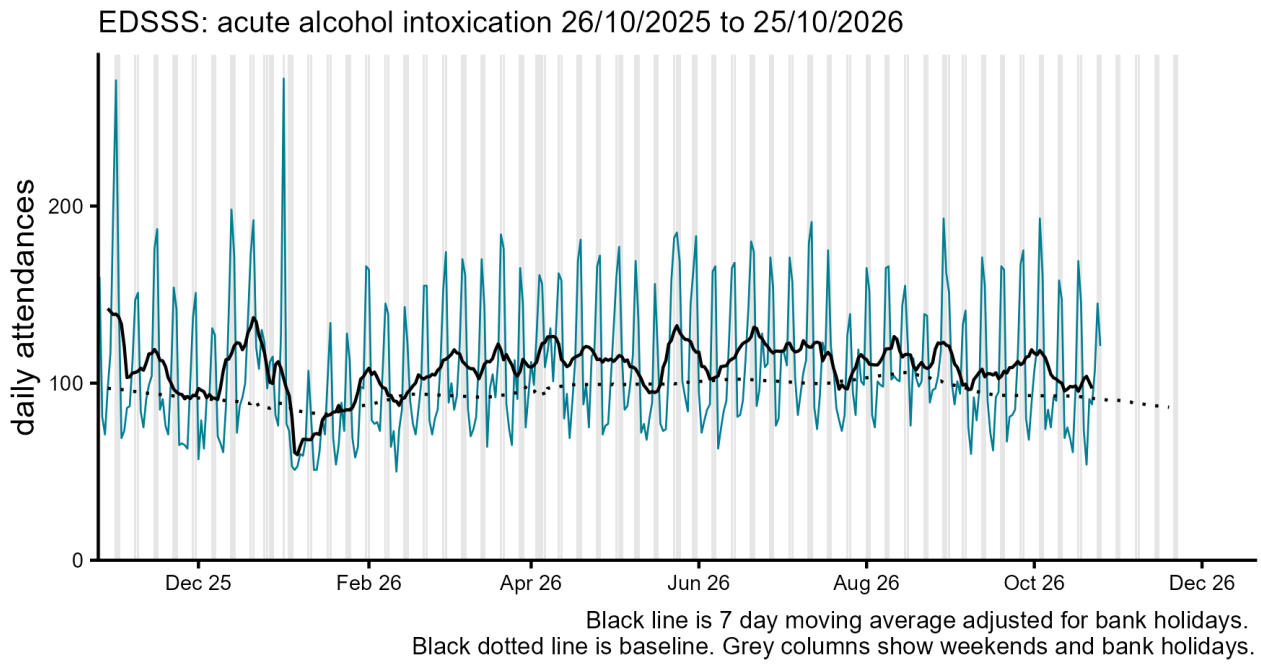

EDSSS: myocardial ischaemia by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
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Other conditions

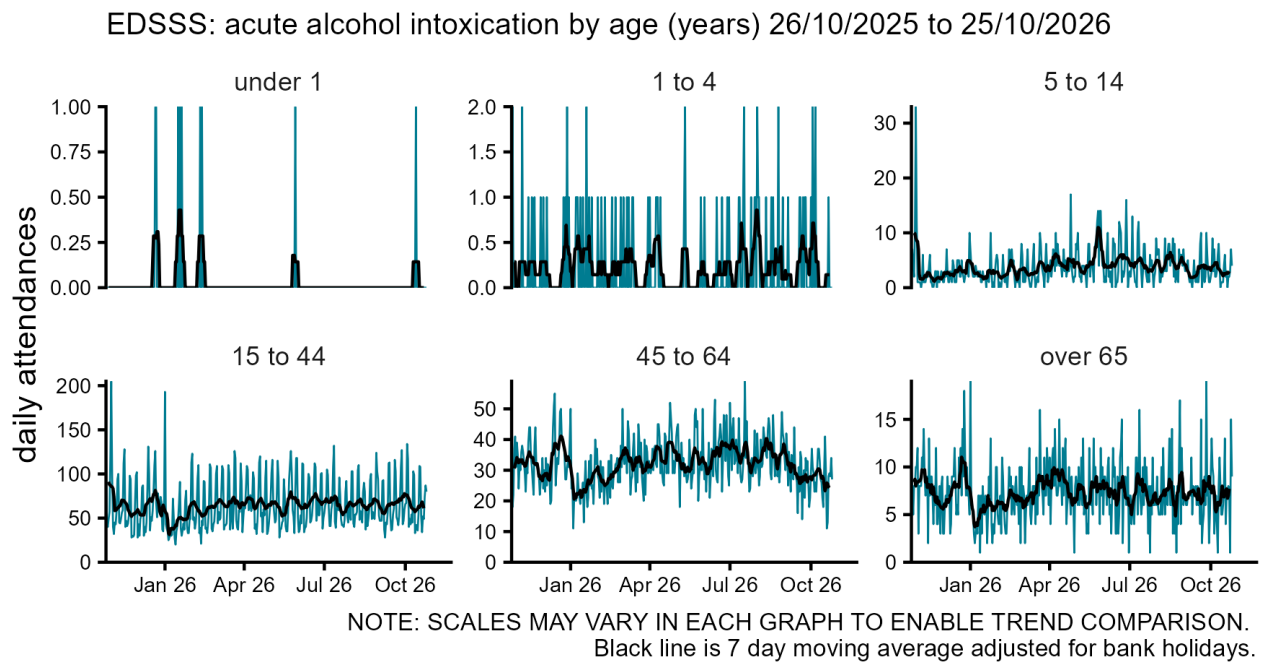
Acute alcohol intoxication

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.

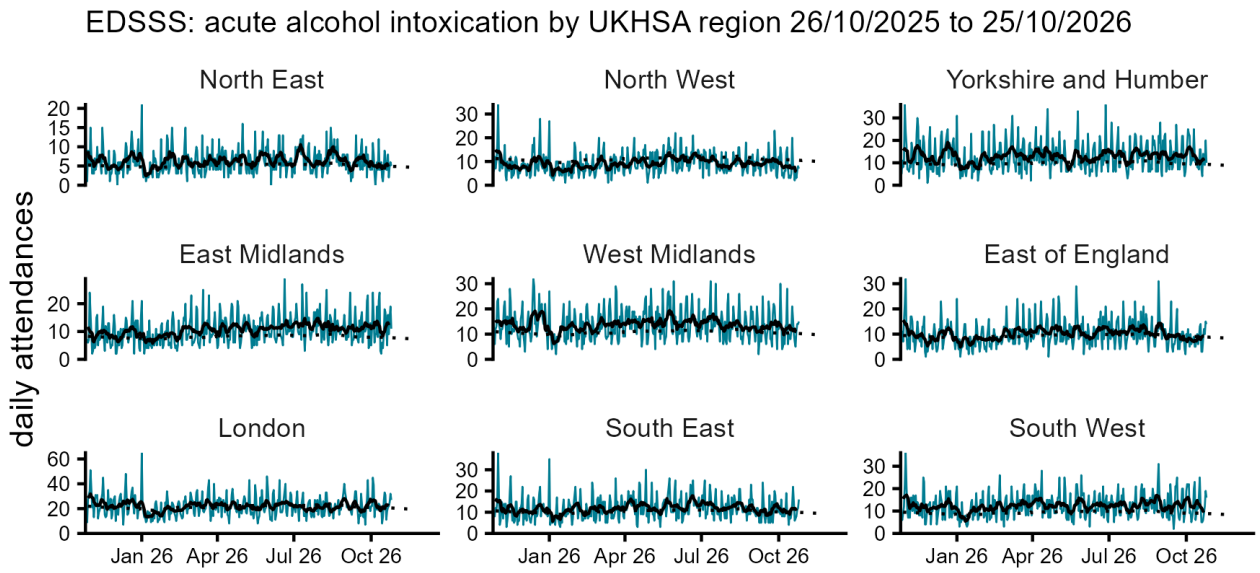
(a)



(b)



(c)

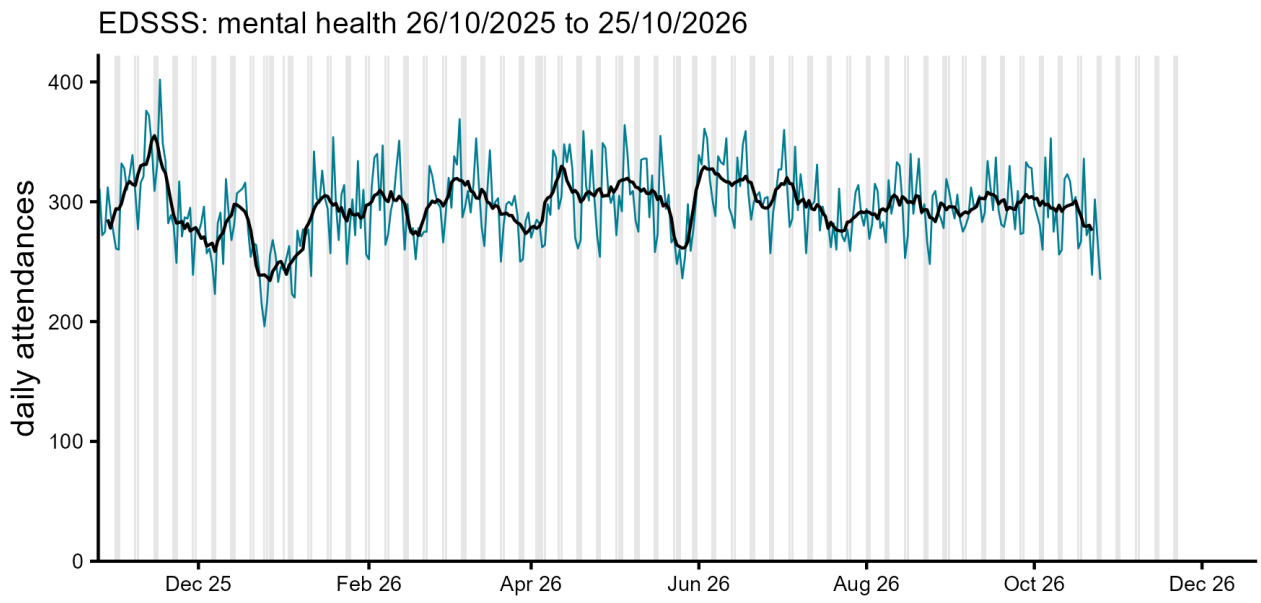

EDSSS: acute alcohol intoxication by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
NOTE: SCALES MAY VARY IN EACH GRAPH TO ENABLE TREND COMPARISON.
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline.

Mental health

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

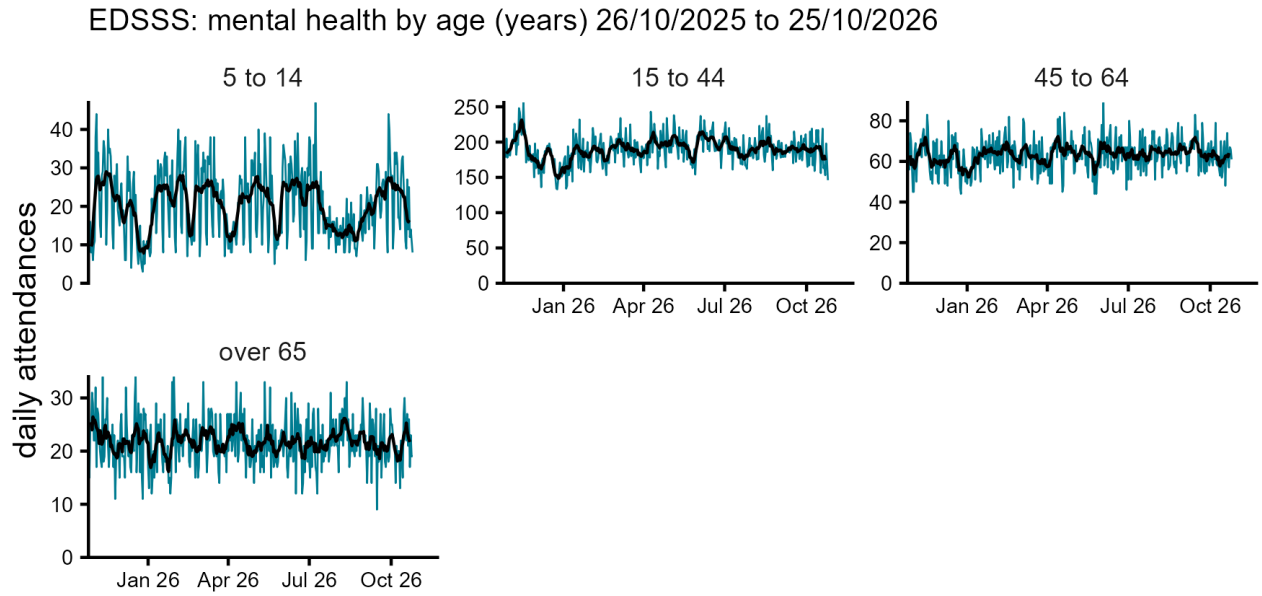
[3] mental health attendances reported here are those with a primary diagnosis in the ECDS mental health diagnosis grouping. Attendances where the primary diagnosis relates to overdose, alcohol use or self harm are not included.

(a)



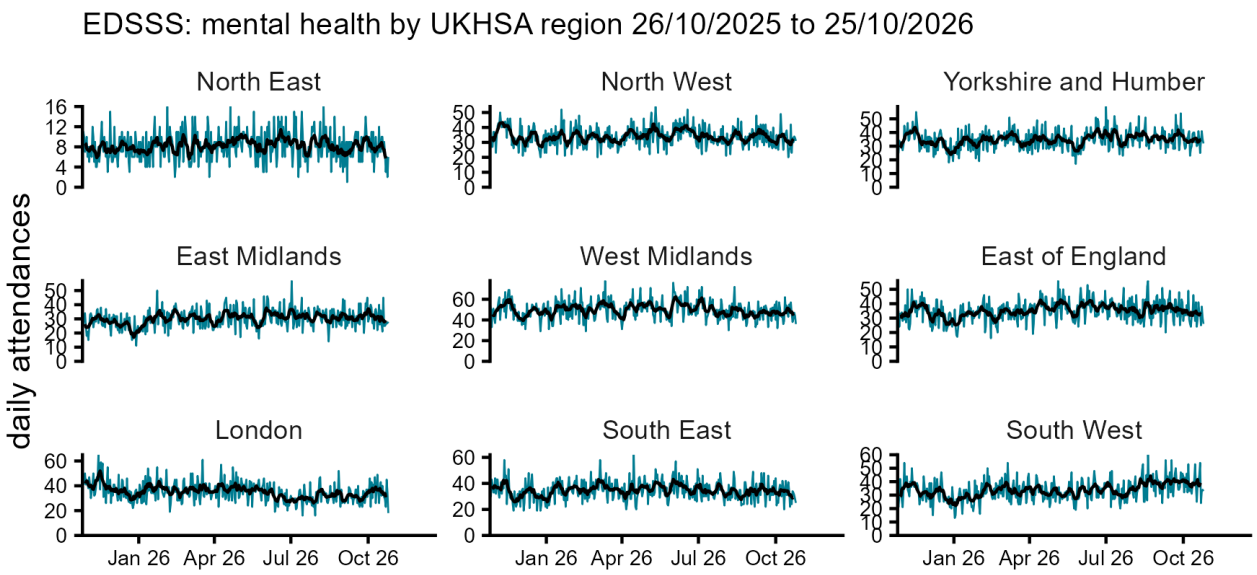
Black line is 7 day moving average adjusted for bank holidays.
Black dotted line is baseline. Grey columns show weekends and bank holidays.

(b)



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

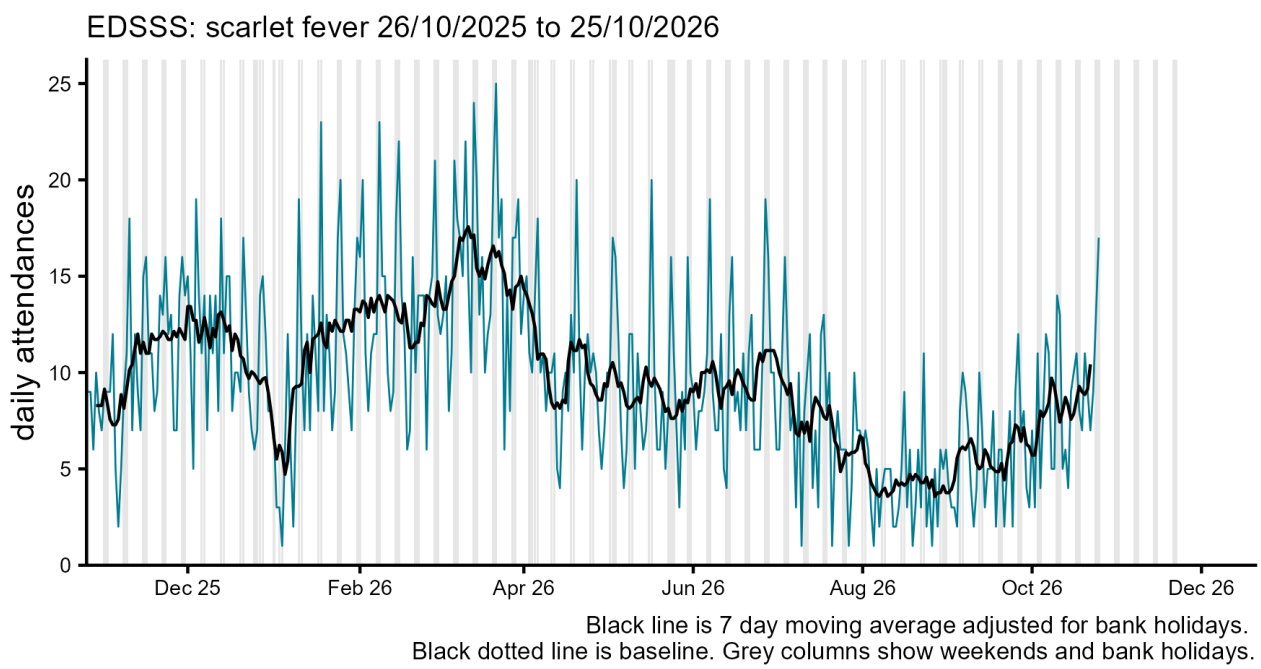
(c)


EDSSS: mental health by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
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.

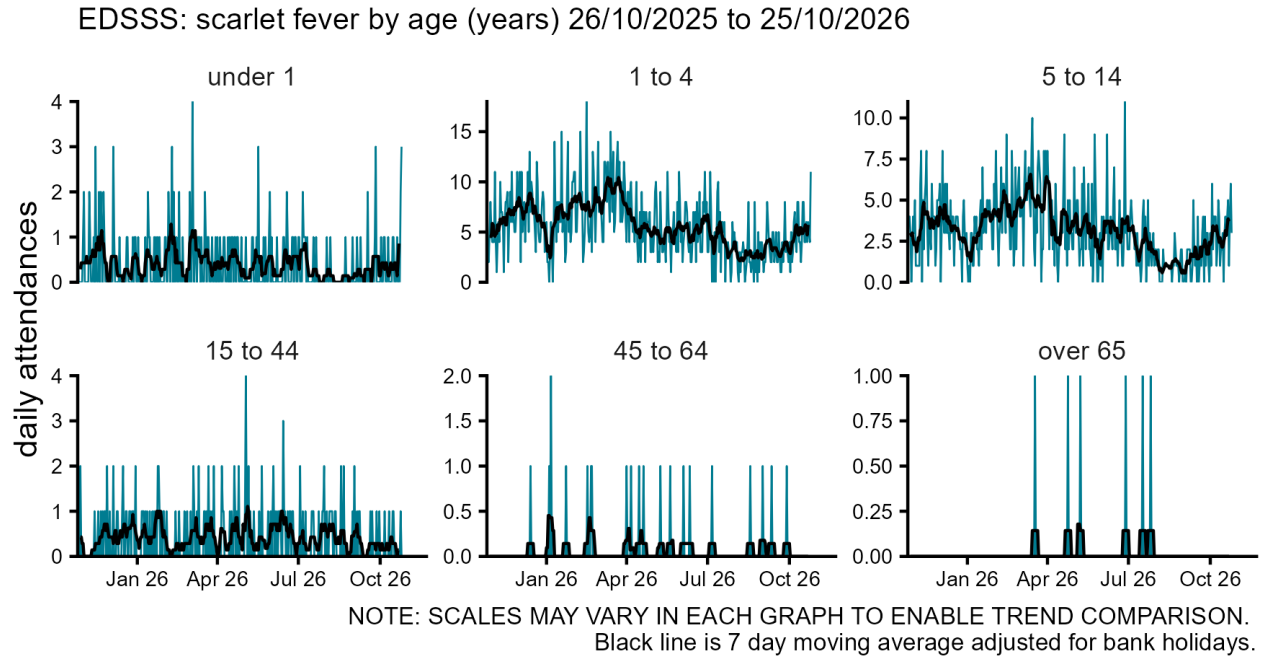
Scarlet fever

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.

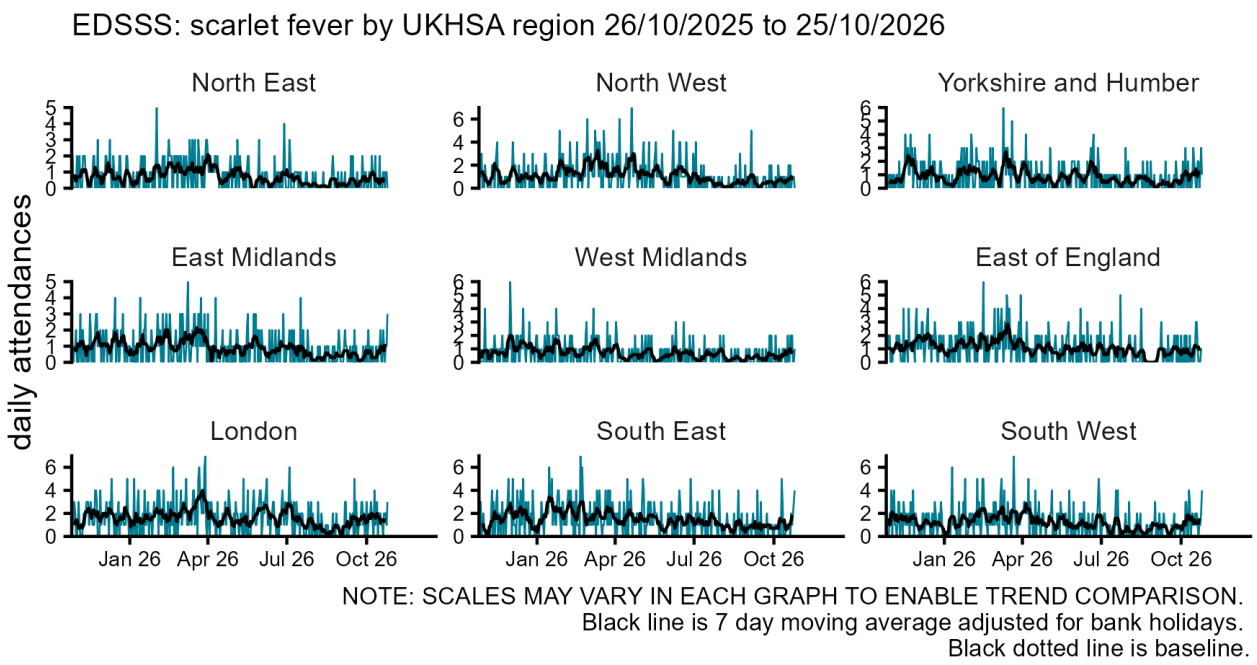
(a)



(b)



(c)


EDSSS: scarlet fever by UKHSA region 26/10/2025 to 25/10/2026
North East
North West
Yorkshire and Humber
East Midlands
West Midlands
East of England
London
South East
South West
daily attendances
Jan 26
Apr 26
Jul 26
Oct 26
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.

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 routinely 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

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:
    - 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 Emergency Care Data Set (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
    - 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:
    - acute respiratory infections includes:
        - COVID-19-like
        - acute bronchitis or bronchiolitis
        - other and non-specific acute respiratory infections
        - influenza-like illness
        - pneumonia
    - 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)
    - 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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