



PHE Syndromic Surveillance Summary

Produced by the PHE Real-time Syndromic Surveillance team

10 February 2016

Year: 2016 Week: 05

Syndromic surveillance national summary:

Reporting week: 1 to 7 February 2016

Selected respiratory indicators, including cold/flu calls to NHS 111 and GP influenza-like illness consultations, stabilised during week 5 following increases over the past few weeks.

Remote Health Advice:

Fever calls in children aged between 1 and 14 years continued to rise during week 5 (figure 3a).

Selected respiratory indicators, including cold/flu and cough calls stabilised during week 5, but remain slightly above baseline levels (figures 2 & 4).

Click to access the Remote Health Advice bulletin [\[intranet\]](#) [\[internet\]](#)

GP In Hours:

GP consultations for influenza-like illness stabilised during week 5 (figure 2) with highest rates remaining in the 15-44 and 45-64 years age groups (figure 2a).

Consultations for other respiratory indicators, including upper and lower respiratory tract infections also stabilised during week 5 (figures 1 & 5) however pneumonia consultations increased, most notably in the 75+ years age group (figures 6 & 6a).

Click to access the GP In Hours bulletin [\[intranet\]](#) [\[internet\]](#)

Emergency Department:

There was no further increase in emergency department attendances for acute respiratory infection during week 5 with a decrease in attendances in children under 5 years (figures 8 & 9).

Click to access the EDSSS bulletin [\[intranet\]](#) [\[internet\]](#)

GP Out of Hours:

Respiratory indicators including acute respiratory infection and influenza-like illness stabilised during week 5 (figures 2 & 3).

Please note that owing to a technical issue data are included to 5/2/16 only (missing 6-7/2/16) and therefore the following table and charts should be interpreted with some caution.

Click to access the GPOOHSS bulletin [\[intranet\]](#) [\[internet\]](#)

RCGP Weekly Returns Service:

[Click here to access reports from the RCGP website](#) [external link]

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Syndromic surveillance summary notes

- Key messages are provided from each individual system.
- The different syndromic surveillance systems in operation within PHE access data from different areas of the national health care system.
- Each system is able to monitor a different selection of syndromic indicators based upon a different case mix of patients.
- Access to the full version of each syndromic surveillance bulletin is available through the Syndromic Surveillance website found at: (<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>); reports will be made available on Thursday afternoons.
- Further weekly and annual reports are available from the RCGP Research and Surveillance web pages <http://www.rcgp.org.uk/clinical-and-research/our-programmes/research-and-surveillance-centre.aspx>

Syndromic surveillance systems

Remote Health Advice

A remote health advice syndromic surveillance system that monitors syndromic calls from remote health advice services e.g. NHS 111 each day across England

GP In-Hours Syndromic Surveillance System

A large UK-based general practitioner surveillance system monitoring daily consultations for a range of clinical syndromic indicators

Emergency Department Syndromic Surveillance System (EDSSS)

A sentinel ED network across England monitoring daily attendances and presenting symptoms/diagnoses

GP Out-of-Hours Syndromic Surveillance System (GPOOHS)

A syndromic surveillance system monitoring daily GP out-of hours activity and unscheduled care across England using a range of clinical syndromic indicators

RCGP Weekly Returns Service (RCGP WRS)

A sentinel GP surveillance network covering England and Wales monitoring weekly consultations for a range of clinical indicators. This surveillance system is coordinated by the RCGP Research and Surveillance Centre

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- NHS 111 and HSCIC
- Participating EDSSS emergency departments
- College of Emergency Medicine
- Advanced Health & Care and the participating OOH service providers
- QSurveillance®; University of Nottingham; EMIS/EMIS practices; ClinRisk®
- TPP, ResearchOne and participating SystmOne GP practices

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