



NHS DIRECT SYNDROMIC SURVEILLANCE BULLETIN

England and Wales ~ Bulletin 267: 20 December 2006



NHS Direct derived data are being used to detect national and local rises in syndromes occurring in the community. The main trends in these syndromes are reported below.

Key Messages ~ data for 13/11/06 – 19/12/06

In recent weeks there has been a sharp rise in the proportions of calls about difficulty breathing (<1 year age group) and cough (<5 years age group), but within expected levels (Figure 1).

Syndromes at a glance: National picture (all ages)

Cough: within baseline levels but rising.

Cold/flu, difficulty breathing, rash, fever, 'eye problems', double vision, lumps, diarrhoea, vomiting: within baseline levels.

[Baseline levels are based on call data from Dec 2001 for all syndromes apart from 'eye problems' (data from April 2003)]

Spotlight on 'cold/flu' and fever calls:

Experience from several years' surveillance of NHS Direct calls has shown that rises in cold/flu calls (all ages) and fever calls (5-14 yrs) may provide early warning of a rise in influenza and influenza-like illness in the community.

Week 50/06:

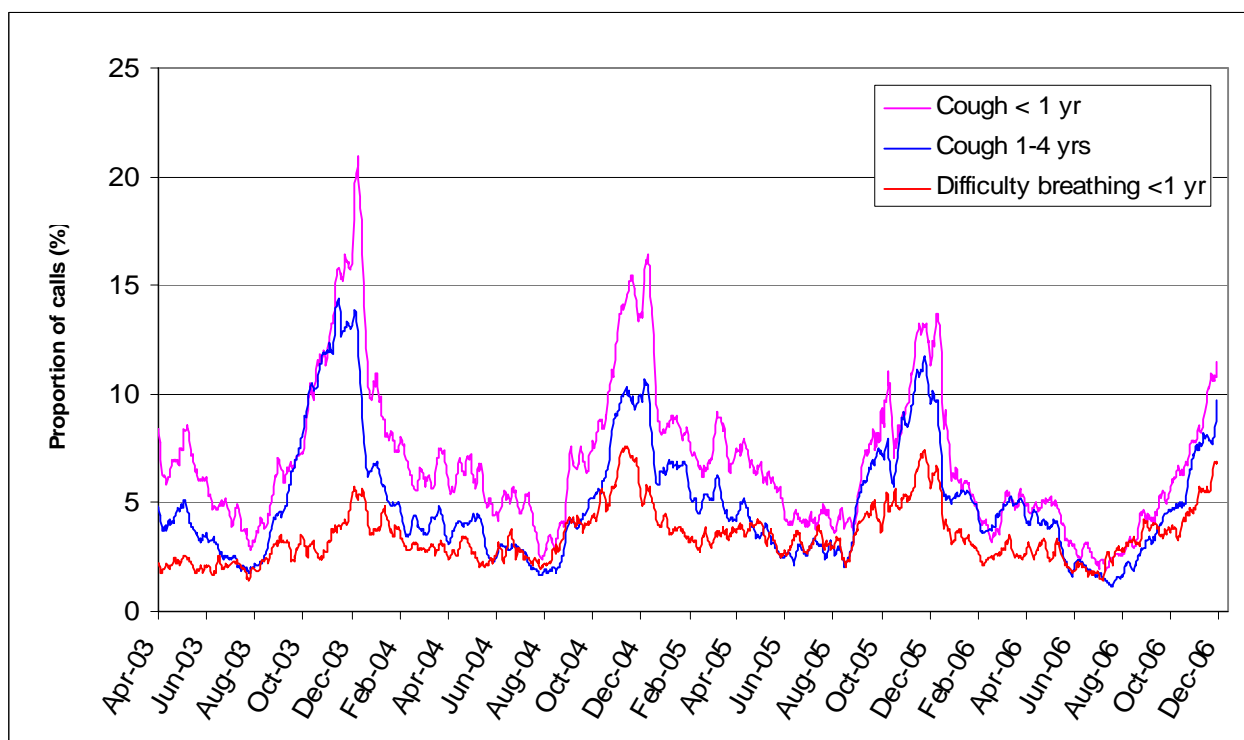
NHS Direct cold/flu calls (all ages): 0.4% of total calls

Fever calls (5-14yrs): 5.0% of total calls

Both indicators are currently within baseline levels.

NHS Direct cold/flu call rate (all ages): 0.7 per 100,000

Figure 1 - Cough & Difficulty Breathing calls as a proportion of total calls by age group for England & Wales - 7 day moving average



1. Syndromic Surveillance.

On receipt of a call to NHS Direct, a nurse uses his/her judgement to select the most appropriate clinical algorithm (from approximately 200) and 'triage' the call. The daily number of calls for 8 algorithms (syndromes), as a proportion of total triaged calls, is presented nationally (Figures 2-4).

Figure 2 – RESPIRATORY CALLS: Daily 'cold/flu', 'fever' and 'cough' calls as a proportion of total calls (2006), compared with 4-year averages.

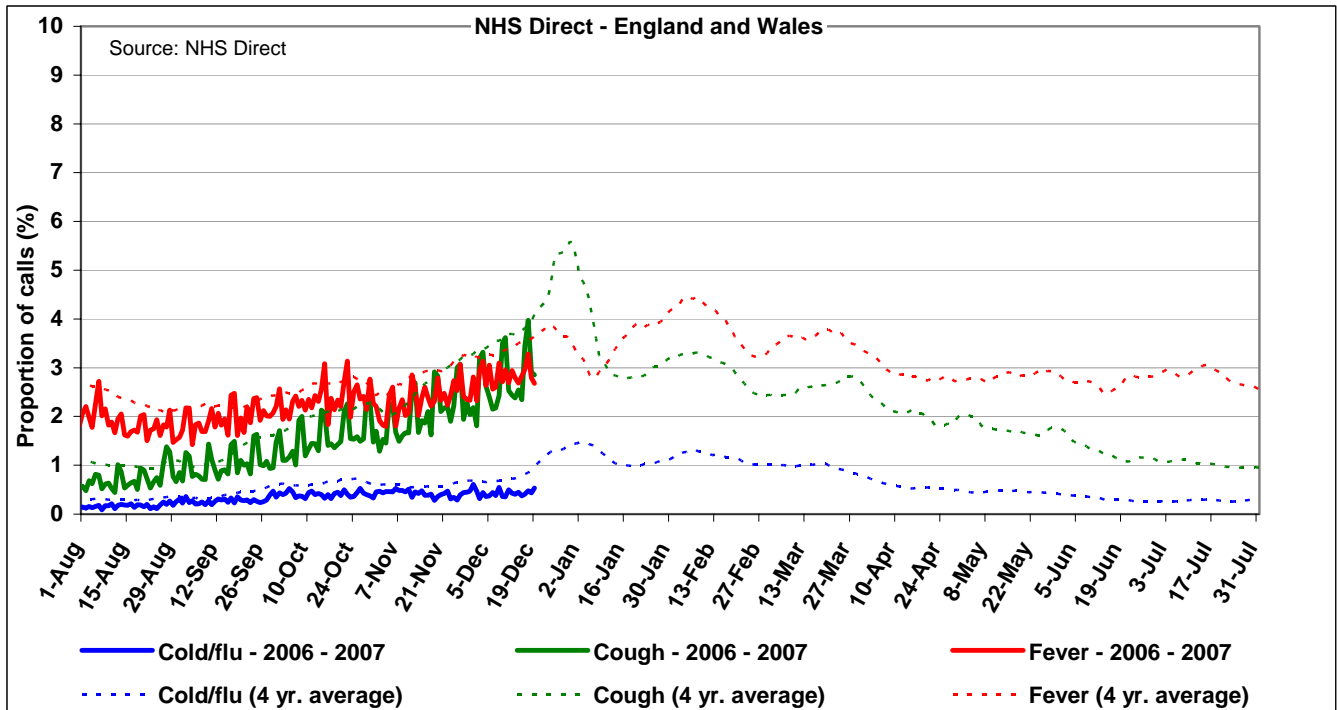


Figure 3 - GASTROINTESTINAL CALLS: Daily 'diarrhoea' and 'vomiting' calls as a proportion of total calls (2006), compared with 4-year averages.

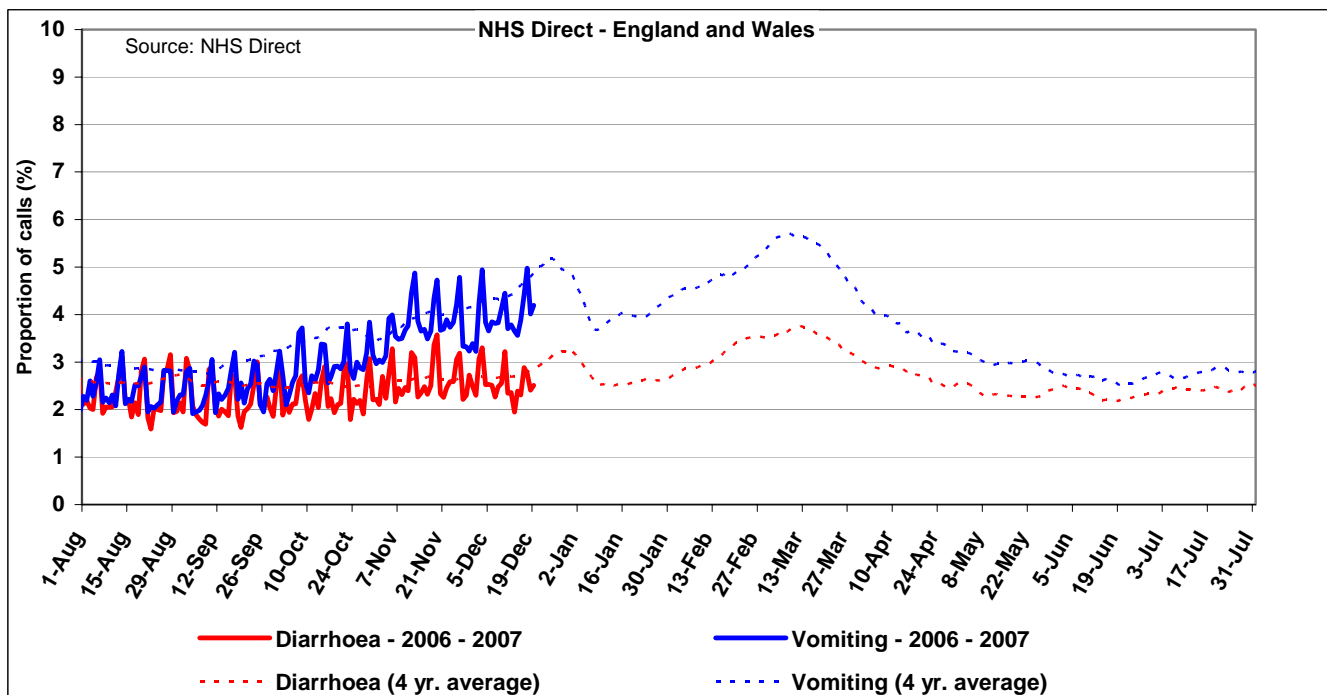
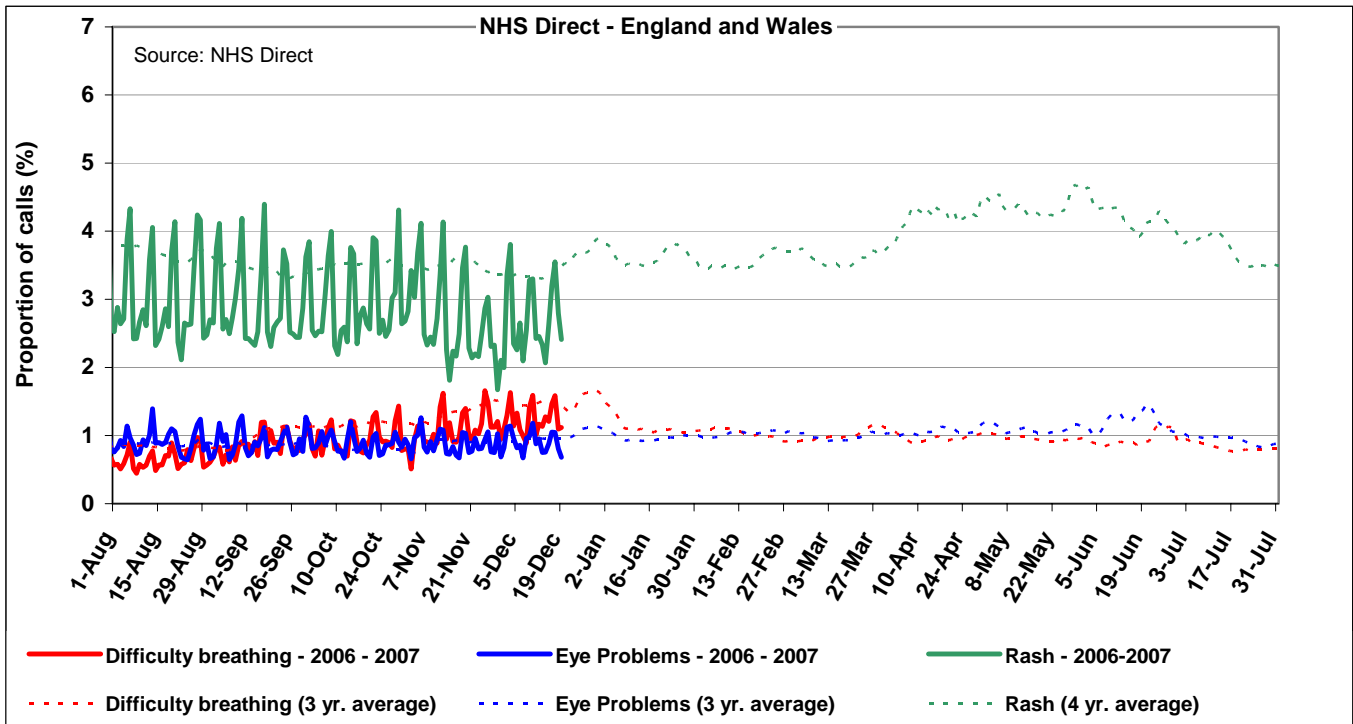


Figure 4 – Daily ‘rash’, ‘difficulty breathing’ and ‘eye problems’ calls as a proportion of total calls (2006), compared with 3 and 4-year averages.

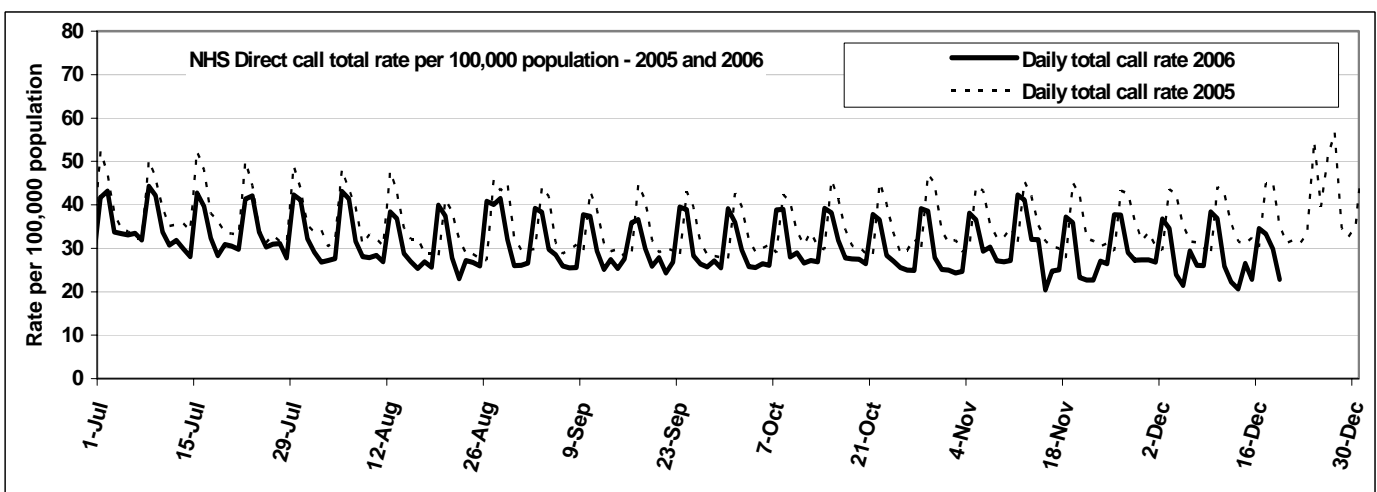


- NHS Direct calls about ‘lumps’ and ‘double vision’ are also inspected every day. Graphs will be presented if significant trends emerge.

2. Total call activity

During the last week the NHS Direct total call rate peaked at 35 calls per 100,000 on 16th December 2006: a lower level to this time last year (Figure 5).

Figure 5 – Total daily call rate to NHS Direct 2006 compared to 2005



This bulletin will be disseminated every week unless the data suggest more regular updates are required. Daily updates of the data are inspected by Primary Care Surveillance Team (Regional Surveillance Unit, HPA West Midlands).

The bulletin is produced by the Regional Surveillance Unit (HPA West Midlands)/ Centre for Infections (HPA), NHS Direct, and the NHS Direct National Operations Centre. Contact: HPA (Duncan Cooper, 0121 634 8757), NHS Direct (Frances Chinemana, 01489 773633).

The following bulletins can be downloaded at the websites below which contain more information about primary care surveillance:

NHS Direct syndromic surveillance bulletin: HPA website <http://www.hpa.org.uk/cdr/pages/primarycarewr.htm>

Appendix A: HPA website <http://www.hpa.org.uk/cdr/pages/primarycarewr.htm> (age-group specific & Strategic Health Authority trends)