



Public Health
England

Beyond aberration detection, - coping with multiple exceedances in a national syndromic surveillance service

ISDS Webinar, October 2016



Public Health
England

Biography



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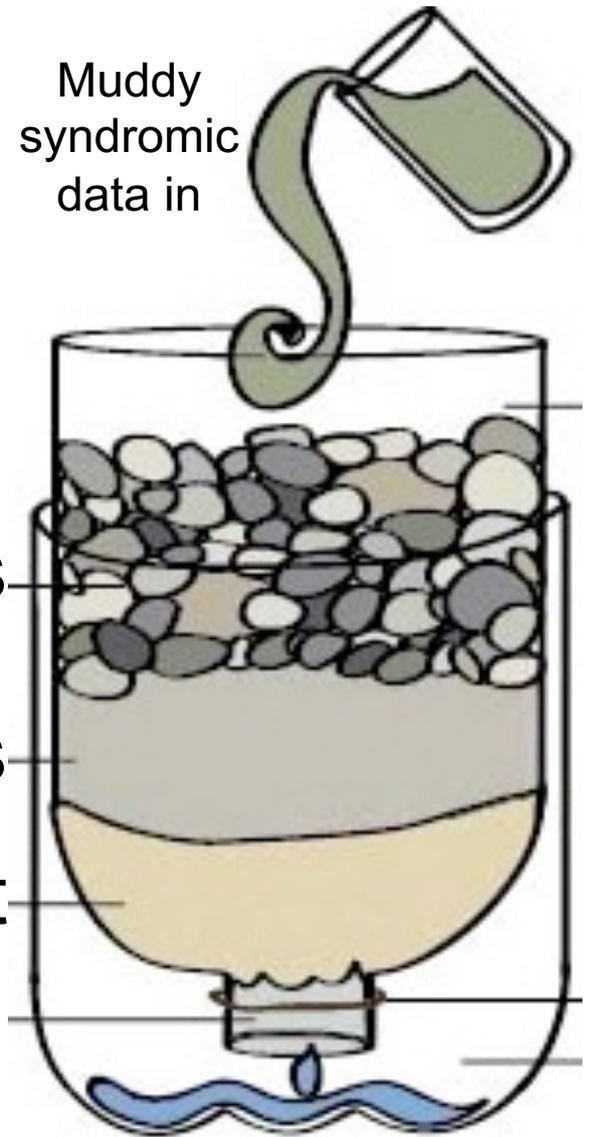


Overview

Aberration detection methods

Priority rules

Risk assessment



Clear informative outputs



Overview – a typical Monday

1. Data arrives
2. Aggregation into syndromic ‘signals’
3. Data quality checks
4. Automated aberration detection
5. Prioritisation of statistical alarms
6. Risk Assessment part I – How unusual is it?
7. Risk Assessment part II – What does it mean?
8. Outputs



0. Where does the data come from?

1,000,000

patients visited a participating **GP** on Friday

22,000

patients attended 34 participating **EDs** (Fri-Sun)



109,000

patients contacted an **out-of-hours GP** (Fri-Sun)

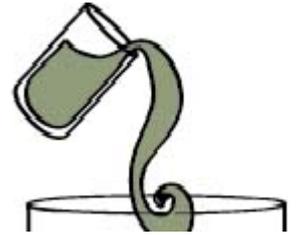
108,000

people called **NHS111** (Fri-Sun)



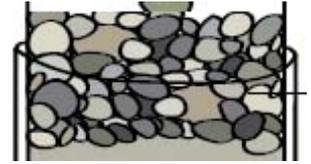
when it's less
urgent than 999

GP = Family doctor (called General Practitioner in the UK)



1. Data collection

Automated feeds of
anonymised data
to a secure server

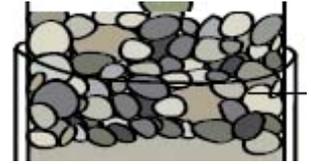


Aberration detection model

Model created for each signal
Refit every eight weeks

Multi-level mixed effects Poisson
Regression model

Total consultations used as an offset



Aberration detection model

$$\log(\mu_{ijk}) = \log(\text{total}_{ijk}) + \beta_0 + \beta_1 X_{ijk} + u_k + v_{jk}$$

For PHE Centre k , location j on day i .

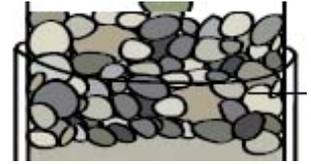
Total is an offset based on total activity or population coverage

$\beta_1 X_{ijk}$ represents a vector for all the dependent variable coefficients,

u_k represents the PHE Centre level specific random effect

v_{jk} represents the specific random error for each local area within a PHE Centre

Uses all available historic data



Aberration detection model

Independent variables included in model:

Day of the week

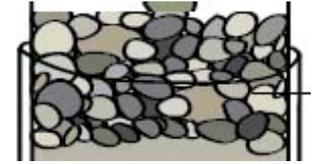
Month

Public holidays

System specific variables representing large changes

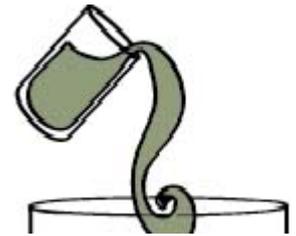
e.g. change in coding practice or introduction of rotavirus vaccine in July 2013

All independent variables are “predictable”

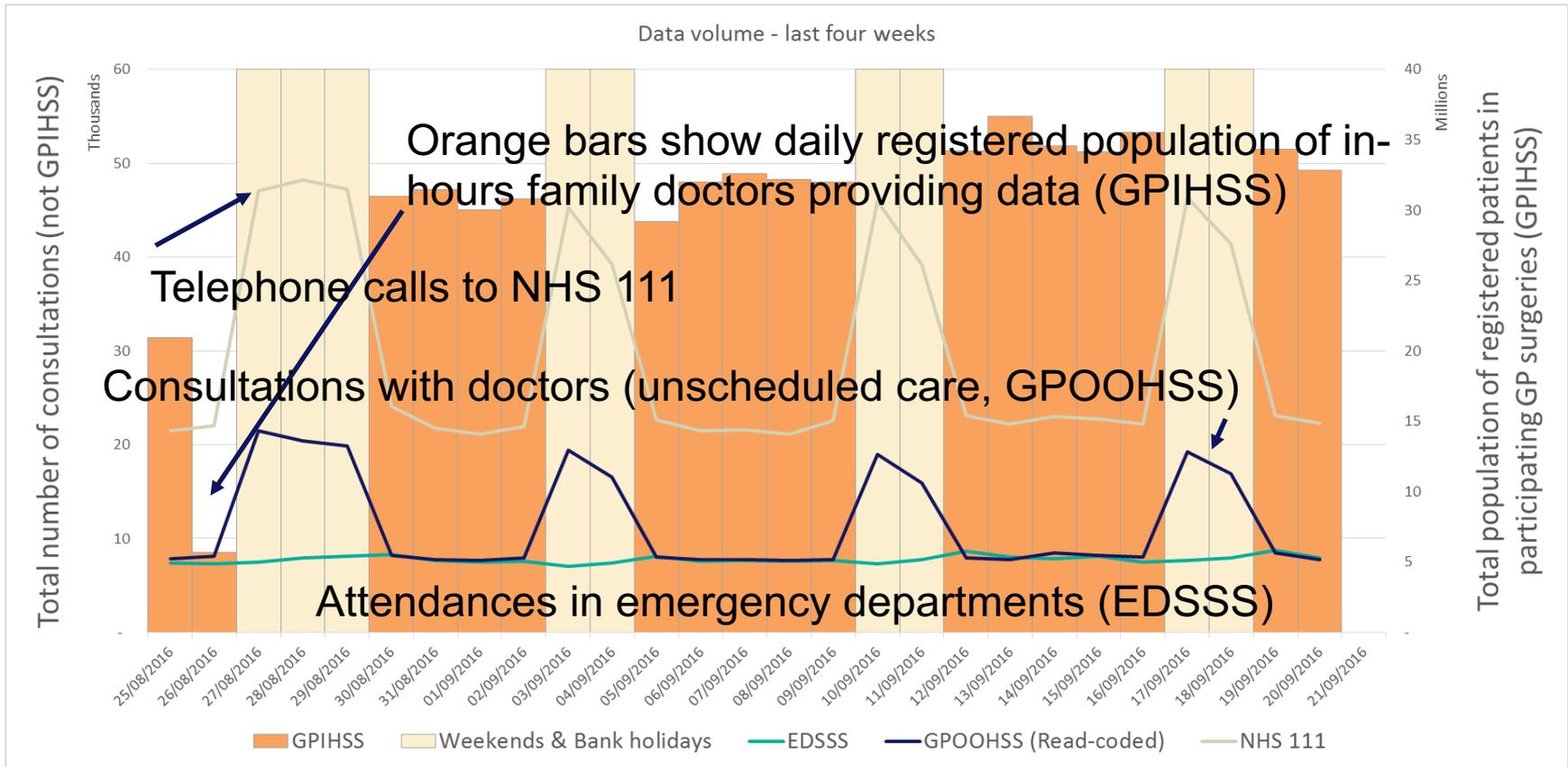


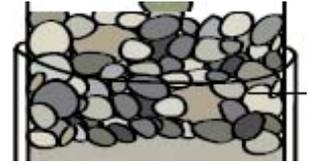
Aberration detection model





3. Data quality checks





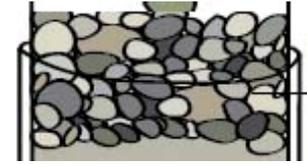
4. Automated Aberration detection

Today's data compared to model for every signal.

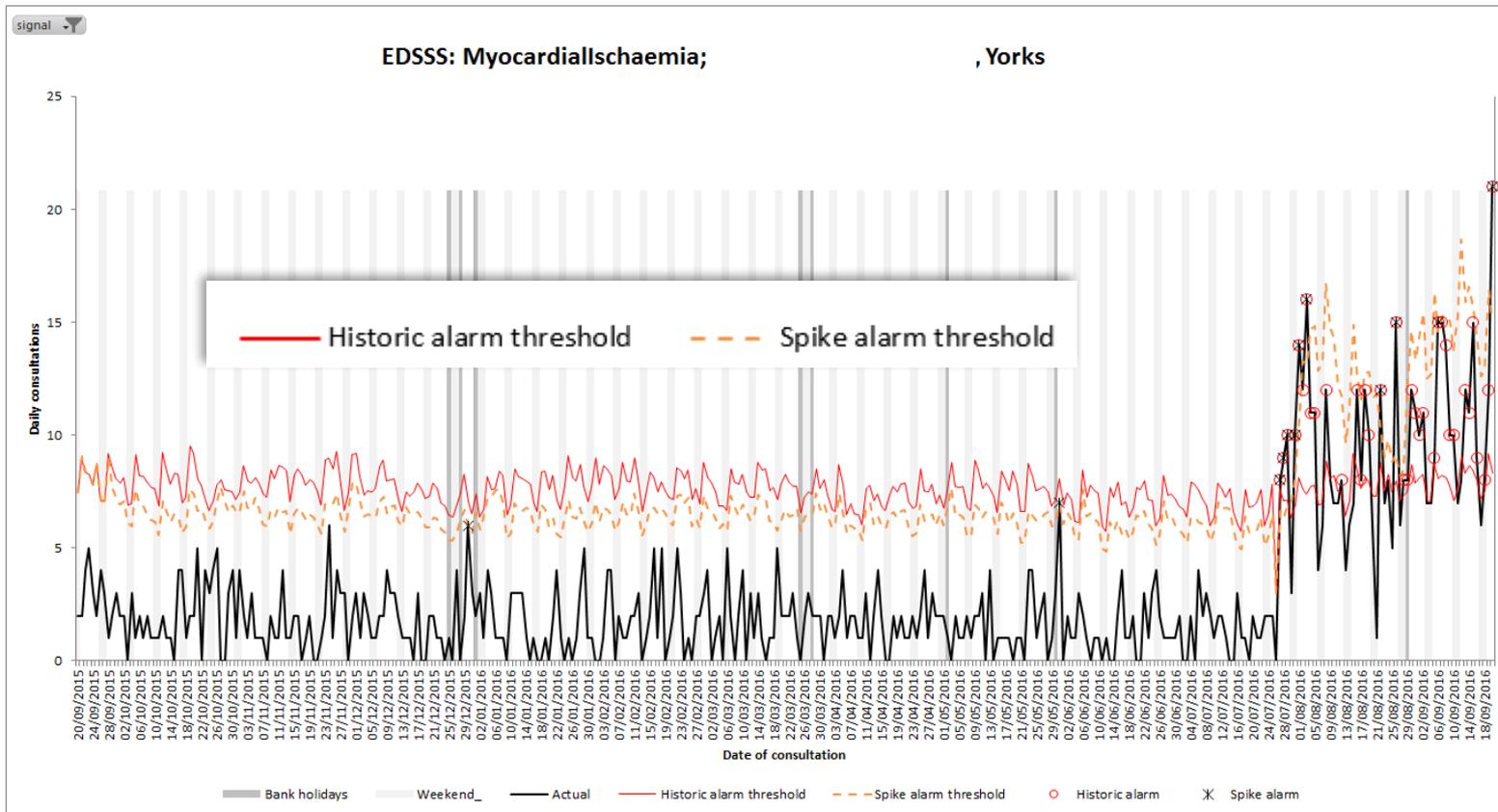
Two alarm thresholds:

Historical alarms – unusually high for the time of year

Spike alarms – significant rise over past two weeks



4. Automated Aberration detection





5. Priority rules

12,000 daily signals, with a 99%
alarm threshold

⇒ 120 daily false alarms



5. Priority rules

a) Daily vs. 4 weekly



5. Priority rules

- a) Daily vs. 4 weekly
- b) Winter vs. Summer**



5. Priority rules

- a) Daily vs. 4 weekly
- b) Winter vs. Summer
- c) Repeat vs. First occurrence



5. Priority rules

- a) Daily vs. 4 weekly
- b) Winter vs. Summer
- c) Repeat vs. First occurrence
- d) Local vs. national**



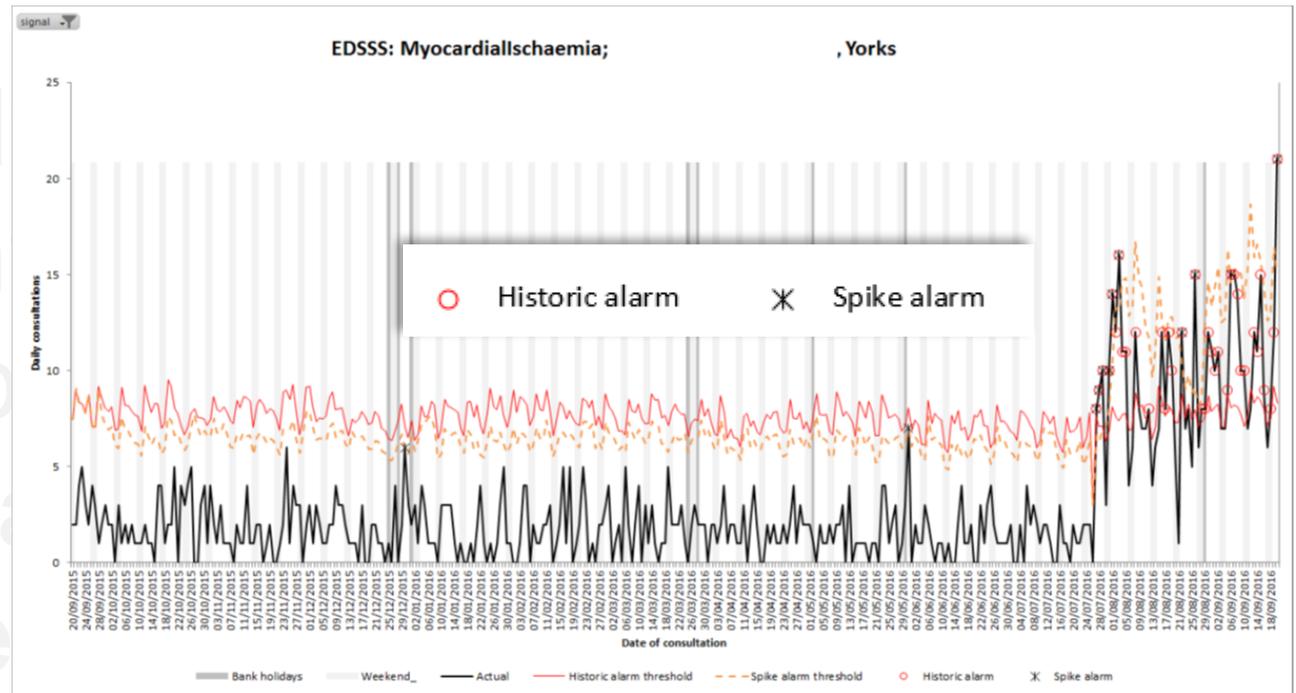
5. Priority rules

- a) Daily vs. 4 weekly
- b) Winter vs. Summer
- c) Repeat vs. First occurrence
- d) Local vs. national
- e) **Specific vs. general**

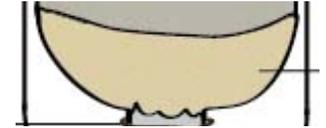


5. Priority rules

- a) Daily
- b) Win
- c) Rep
- d) Loc
- e) Spe

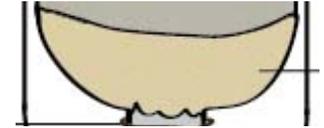


f) Manual override



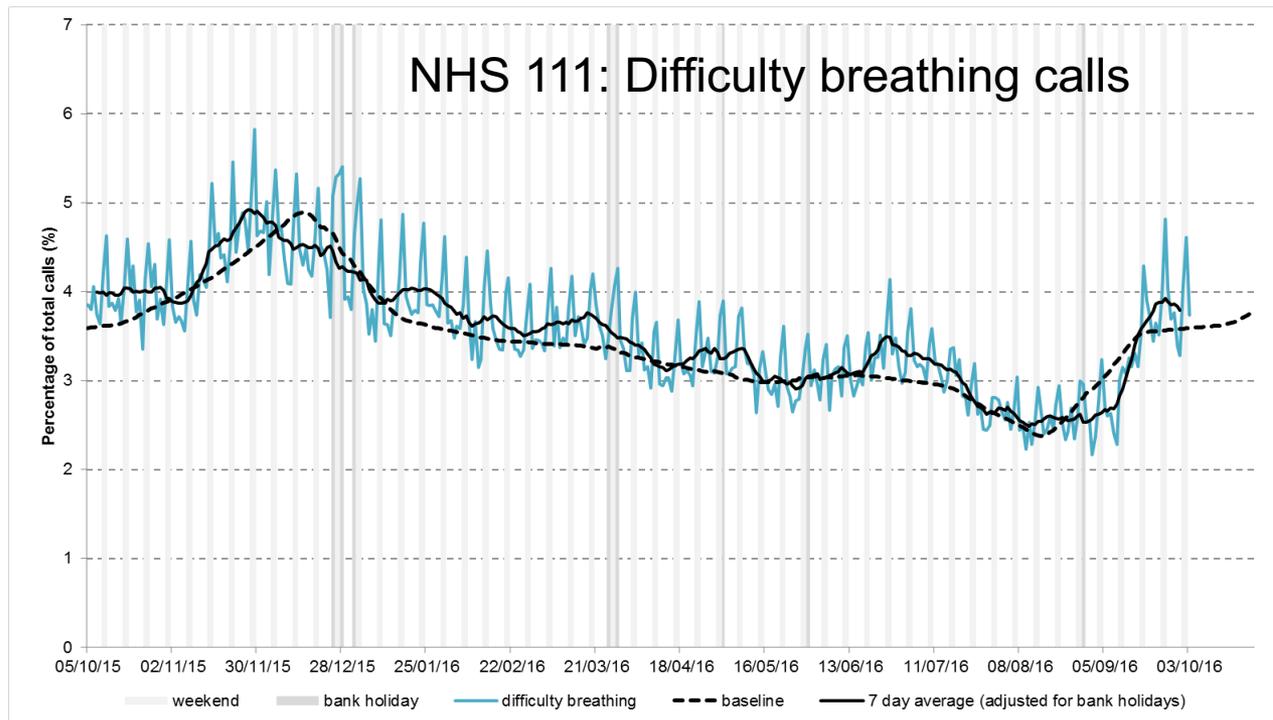
Priority rules

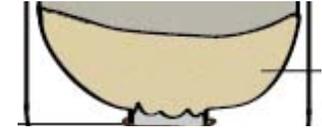
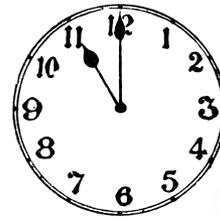
Any questions before going on to risk assessment?



6. Risk Assessment I

Review key national signals

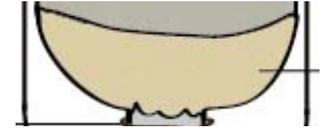




6. Risk Assessment I

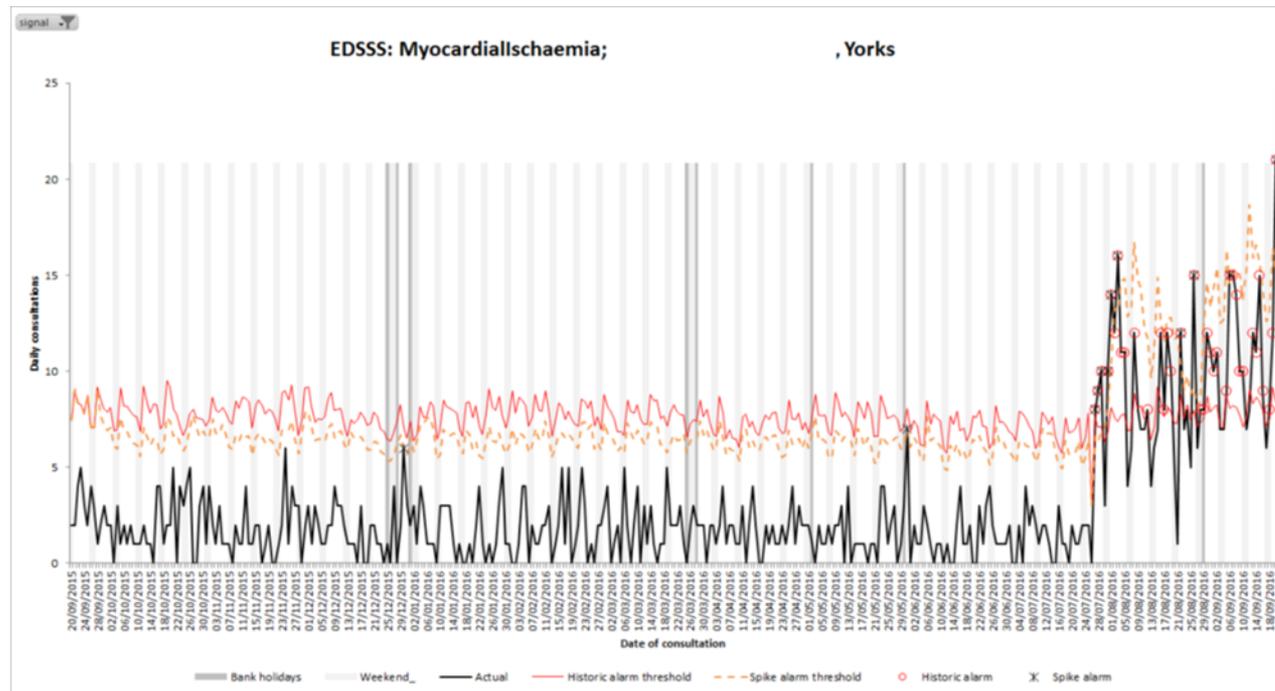
Record key message for each system.

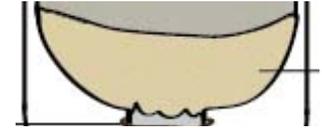
Today 05/10/2016 Date last assessed 04/10/2016 By PL																										
Key message All respiratory indicators increasing within seasonally expected levels.																										
Data quality 187 QS practices @1pm																										
GPIHSSS	Current focus		Comment on current focus														Additional signals to be monitored today									
	Rugeley fire / Staffs																									
	Measles in SW		All areas measles rates dropped below baselines																							
	Current issues with surveillance		None																							
Date	Initial	Combined rate		URTI		ILI		Pharyngitis		LRTI		Pneumonia		Gastroenteritis		Vomiting		Diarrhoea		Severe asthma		Wheeze		All		
		Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend	Level	Trend		
25/08/2016	HH	No trend	Similar	Decreasing	Below	No trend	Similar	Decreasin	Similar	Decreasin	Similar	No trend	Above	No trend	Similar	No trend	Above	No trend	Above	No trend	Similar	Increasing	Above	No tr		
26/08/2016	PL	No trend	Similar	Decreasing	Below	No trend	Similar	Decreasin	Below	No trend	Similar	No trend	Similar	No trend	Similar	Increasing	Below	Increasing	Similar	No trend	Below	No trend	Similar	No trend	Above	No tr
30/08/2016	PL	No trend	Similar	Decreasing	Below	No trend	Below	Decreasin	Below	No trend	Similar	No trend	Above	No trend	Below	No trend	Below	No trend	Below	No trend	Similar	Decreasin	Above	No tr		
31/08/2016	PL	No trend	Similar	Decreasing	Similar	No trend	Similar	Decreasin	Similar	No trend	Above	No trend	Above	No trend	Above	No trend	Above	No trend	Above	No trend	Above	Decreasin	Above	No tr		
01/09/2016	AE	No trend	Similar	Decreasing	Below	No trend	Similar	Decreasin	Below	No trend	Similar	No trend	Above	No trend	Below	No trend	Below	No trend	Similar	No trend	Similar	Decreasin	Above	No tr		
02/09/2016	PL	No trend	Similar	No trend	Below	No trend	Similar	Decreasin	Below	No trend	Similar	Increasing	Above	No trend	Below	No trend	Below	No trend	Similar	Increasing	Similar	Decreasin	Below	No tr		
05/09/2016	PL	No trend	Below	Increasing	Below	No trend	Below	No trend	Below	No trend	Similar	Increasing	Above	Increasing	Below	No trend	Similar	Increasing	Similar	Increasing	Similar	No trend	Above	No tr		
06/09/2016	RAM	No trend	Similar	No trend	Below	No trend	Below	No trend	Below	Increasing	Similar	Increasing	Above	Increasing	Similar	No trend	Below	Increasing	Similar	Increasing	Similar	No trend	Above	No tr		
07/09/2016	PL	No trend	Below	Increasing	Below	No trend	Below	No trend	Below	Increasing	Similar	No trend	Above	Increasing	Similar	Increasing	Similar	Increasing	Similar	Increasing	Similar	Increasing	Above	No tr		
08/09/2016	HH	No trend	below	No trend	below	No trend	below	Decreasin	Below	No trend	Similar	Decreasin	Above	Increasing	Similar	Increasing	Similar	No trend	Above	No trend	Similar	No trend	Above	No tr		
09/09/2016	PL	No trend	Below	No trend	Below	No trend	Below	No trend	Below	No trend	Below	Increasing	Above	Increasing	Below	Increasing	Below	No trend	Below	No trend	Below	Increasing	Similar	No tr		
12/09/2016	PL	No trend	Below	No trend	Below	No trend	Below	No trend	Below	No trend	Below	No trend	Above	Increasing	Similar	Increasing	Below	No trend	Similar	No trend	Below	No trend	Above	No tr		
13/09/2016	PL	Increasing	Similar	Increasing	Below	No trend	Below	No trend	Similar	No trend	Similar	No trend	Above	Increasing	Above	Increasing	Above	No trend	Above	No trend	Similar	Increasing	Above	No tr		
15/09/2016	SH	Increasing	Similar	Increasing	Below	No trend	Below	Increasing	Below	No trend	Below	No trend	Similar	Increasing	Similar	Increasing	Below	No trend	Below	No trend	Below	Increasing	Above	No tr		
16/09/2016	RAM	Increasing	below	Increasing	Below	Increasing	Below	Increasing	Below	Increasing	Below	No trend	Above	Increasing	Below	Increasing	Below	Increasing	Similar	No trend	Below	Increasing	Above	No tr		
19/09/2016	RAM	Increasing	Similar	Increasing	Below	Increasing	Below	Increasing	Below	Increasing	Below	No trend	Above	Increasing	Below	Increasing	Below	No trend	Similar	No trend	Below	Increasing	Above	No tr		
20/09/2016	AE	Increasing	similar	Increasing	Below	Increasing	Below	Increasing	Below	Increasing	Below	No trend	Similar	Increasing	Similar	Increasing	Below	No trend	Similar	Increasing	Below	Increasing	Above	No tr		
21/09/2016	HH	Increasing	below	Increasing	Below	Increasing	Below	Increasing	Below	Increasing	Below	No trend	Above	No trend	Below	No trend	Below	No trend	Similar	Increasing	Below	Increasing	Above	No tr		
22/09/2016	HH	Increasing	below	Increasing	Below	Increasing	Below	Increasing	Below	Increasing	Below	No trend	Similar	No trend	Below	No trend	Below	No trend	Below	Increasing	Below	No trend	Above	No tr		



6. Risk Assessment I

Look at prioritised alarms.



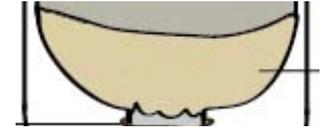


6. Risk Assessment I

Record alarms

All signals flagged for investigation or with prioritised alarms should be scored.

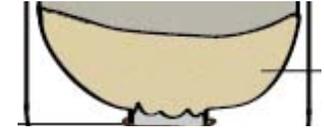
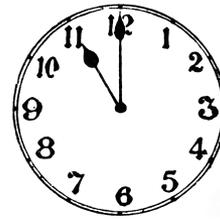
Date	System	Indicator	Location
13/09/2016	GPIHSS	diarrhoea	Middlesbrough
13/09/2016	GPIHSS	gastroenteritis	West Midlands
13/09/2016	GPIHSS	influenza like illness	Knowsley
13/09/2016	GPIHSS	pneumonia	Enfield
13/09/2016	GPIHSS	pneumonia	West Sussex
14/09/2016	GPIHSS	diarrhoea	Buckinghamshire
14/09/2016	GPIHSS	diarrhoea	Gateshead
14/09/2016	GPIHSS	heat stroke	All areas
14/09/2016	GPIHSS	herpes zoster	South West
14/09/2016	GPIHSS	insect bite	All areas
14/09/2016	GPIHSS	pneumonia	Newcastle upon Tyne



6. Risk Assessment I

Analyst scores each prioritised alarm

- i. How far above threshold? (1-3)
- ii. Repeat? (1-2)
- iii. Against national trend? (1-2)
- iv. Multi-system? (1-3)



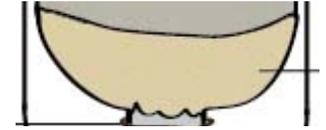
6. Risk Assessment I

All signals flagged for investigation or with prioritised alarms should be scored.

Date	System	Indicator	Location
13/09/2016	GPIHSS	diarrhoea	Middlesbrough
13/09/2016	GPIHSS	gastroenteritis	West Midlands
13/09/2016	GPIHSS	influenza like illness	Knowsley
13/09/2016	GPIHSS	pneumonia	Enfield
13/09/2016	GPIHSS	pneumonia	West Sussex
14/09/2016	GPIHSS	diarrhoea	Buckinghamshire
14/09/2016	GPIHSS	diarrhoea	Gateshead
14/09/2016	GPIHSS	heat stroke	All areas
14/09/2016	GPIHSS	herpes zoster	South West
14/09/2016	GPIHSS	insect bite	All areas
14/09/2016	GPIHSS	pneumonia	Newcastle upon Tyne
15/09/2016	111	diarrhoea	Sandwell
15/09/2016	111	difficulty breathing	All areas
15/09/2016	111	fever	All areas
15/09/2016	111	fever	Liverpool
15/09/2016	111	fever	London
15/09/2016	111	Insect Bites	All areas

First stage risk assessment scoring

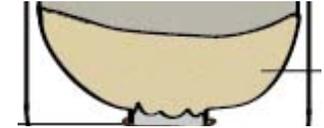
Was this a priority alarm?	Staff initial	and date of first risk assessment	How unusual is the excess?	Is this a repeat?	Does it buck the national trend?	Similar occurred on other systems?	All scoring 7 or higher must be discussed with consultant
Alarm?	Initial	Date2	Excess score	Repea	National trend	Multi-system	First score
Y	SH	15/09/2016	1	1	2	3	7
Y	SH	15/09/2016	1	1	2	1	5
Y	SH	15/09/2016	1	1	2	1	5
Y	SH	15/09/2016	1	1	2	1	5
Y	SH	15/09/2016	1	1	2	1	5
Y	SH	15/09/2016	1	1	2	1	5
Y	SH	15/09/2016	1	1	2	1	5
Y	SH	15/09/2016	1	1	2	1	5
Y	SH	15/09/2016	1	1	2	3	7
Y	SH	15/09/2016	1	1	2	1	5
Y	RAM	16/09/2016	1	1	2	1	5
Y	RAM	16/09/2016	1	2	2	1	6
Y	RAM	16/09/2016	1	1	2	1	5
Y	RAM	16/09/2016	1	1	2	1	5
Y	RAM	16/09/2016	1	1	2	1	5
Y	RAM	16/09/2016	1	2	2	3	8



7. Risk Assessment II

On-call epidemiologist reviews alarms

- v. Is it unusual for season? (1-2)
- vi. Unusual spatial clusters? (1-2)
- vii. Change in age distribution? (1-2)
- viii. Increase in severity? (1-2)

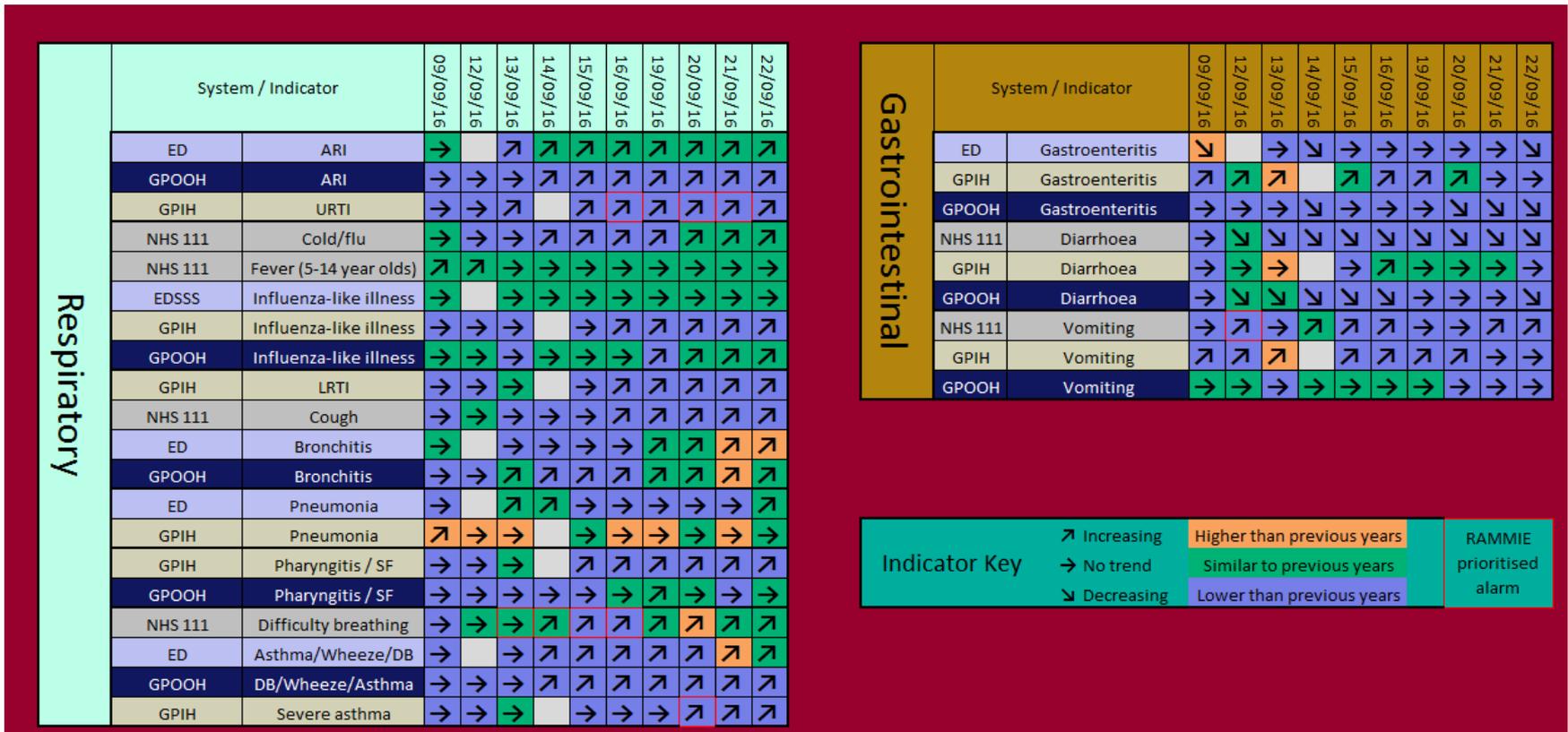


7. Risk Assessment II

Signal investigation record		Consultant second stage risk assessment							
Signal	Date of unusual activity	Consultant and date of second risk assessment	IS it unusual for the time of year?	Is there unusual spatial clustering?	Is there unusual age clustering?	Is there an increase in severity?	Score above 12 normally Alert. Total score	Continue to monitor, no action or Alert	
This column automatically filled in.		Initial	Date	Season	Geography	Age	Severity	Record any further actions or investigations required.	
Signal	Date	Initial	Date	Season	Geography	Age	Severity	Consultant summary	Decision
GPOOHSS: Impact of heat; Portsmouth	18/09/2016								
GPOOHSS: Insect bite; All areas	18/09/2016	GS	20/09/2016	2	1	1	1	13 alert : NSAC message	alert
GPOOHSS: Insect bite; Portsmouth	18/09/2016								
GPOOHSS: Rash; Warwickshire	18/09/2016								
GPOOHSS: Trauma; All areas	18/09/2016								
GPOOHSS: Trauma; Hampshire	18/09/2016								
GPOOHSS: Trauma; Portsmouth	18/09/2016								
GPOOHSS: Trauma; South East	18/09/2016								
GPOOHSS: Trauma; Southampton	18/09/2016								
GPOOHSS: Vomiting; North West	18/09/2016								
GPIHSS: diarrhoea; Essex	16/09/2016								
GPIHSS: diarrhoea; North Yorkshire	16/09/2016								



8. Outputs





8. Outputs

Air Pollution 12th & 13th March 2016

UK-AIR data: 12/03/2016 (View Latest)
Summary from 148 monitoring sites

UK-AIR data: 13/03/2016 (View Latest)
Summary from 148 monitoring sites



Index Bands



No relevant increase seen in Asthma/wheeze/difficulty breathing indicators for EDSSS or GPOOHSS.



04 October 2016

Year: 2016 Week: 39

Syndromic surveillance national summary:

Reporting week: 26 September to 2 October 2016

There were continued increases in a range of respiratory conditions during week 39 (including acute respiratory infection and asthma/wheeze/difficulty breathing) in line with seasonally expected activity.

[Click to subscribe to the weekly syndromic surveillance email](#)

Remote Health Advice:

During week 39 there were further increases in cold/flu, cough and sore throat calls (figures 2, 4, 6). There was however a decrease in the number of NHS 111 difficulty breathing calls, which was particularly noted in the 1-4 and 5-14 years age groups (figures 5 & 5a).

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

GP In Hours:

During week 39 GP consultations for respiratory conditions including upper and lower respiratory tract infections continued to increase, but remain within seasonally expected levels (figures 1 and 5).

There were further increases in consultations for asthma, these increases were particularly noted in children aged 5-14 years (figures 10 and 10a).

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

Emergency Department:

During week 39 there were no further increases in respiratory attendances, including acute respiratory infections and asthma/ wheeze/ difficulty breathing (figures 7, 8, 10). There was however a further increase in attendances for bronchitis/ bronchiolitis attendances in young children, as would be expected at this time of year (figure 10, 11).

[Click to access the EDSSS bulletin](#)

GP Out of Hours:

During week 39 there were further increases in GP out of hours consultations for a number of respiratory conditions including acute respiratory infection and difficulty breathing/wheeze/asthma (figures 2 and 5).

[Click to access the GPOOHSS bulletin](#)

RCGP Weekly Returns Service:

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



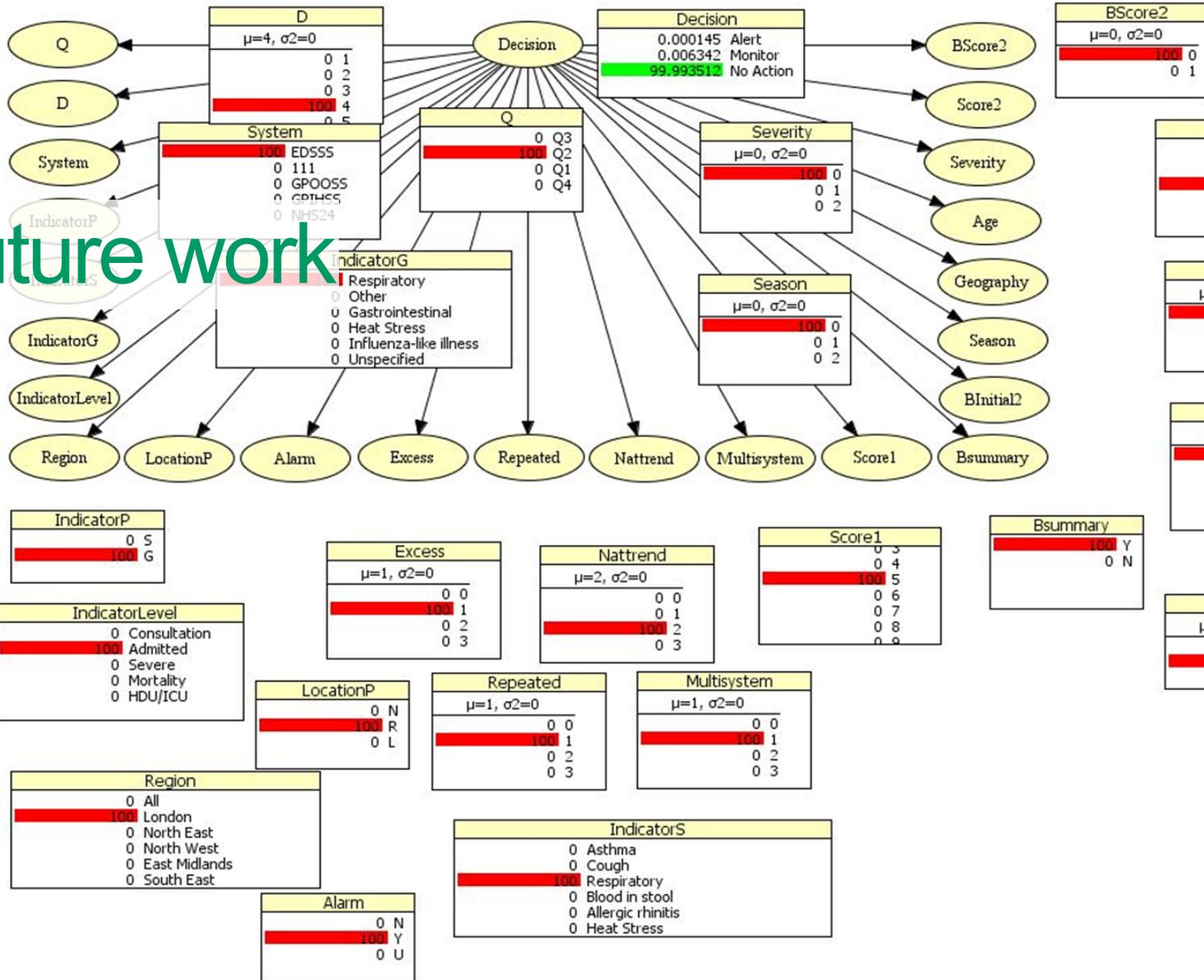
Future work

- Validation of local signals vs cryptosporidium outbreaks
- Development of age specific signals
- Analysis of decision making process via Bayesian

Networks



Future work





Acknowledgements

PHE Real-time Syndromic Surveillance Team:

Amardeep Bains, Obaghe Edeghere, Alex Elliot, Sally Harcourt, Helen Hughes, Paul Loveridge, Roger Morbey, Gillian Smith, Sue Smith

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Syndromic surveillance data providers:

NHS 111; NHS Pathways; HSCIC

Royal College of Emergency Medicine; EMIS Health; L2S2 Ltd

Advanced Health and Care

TPP, ResearchOne and the SystemOne GP practices; University of Nottingham, QSurveillance[®], ClinRisk[®], EMIS and EMIS practices



References

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Public Health
England

The End

