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1. Record Type?	Reassessment
2. Unique Number	R00304
3. Title	UK Severe Influenza Surveillance System (USISS)
4. Collection Type	National
5. Other Reference	N/A
6. Description	Rapid collection of data from all NHS Acute Trusts on influenza confirmed patients admitted to intensive care. The collection involves weekly reporting during the influenza season of confirmed influenza admissions and deaths to intensive care by flu subtype and age group. This data is collected via the web-based system, Unify2. The objectives of the collection are as follows: 1) Monitor and estimate the impact of influenza (both seasonal and pandemic) on the population 2) Describe the epidemiology of severe influenza (ICU admissions and deaths) in time, place and person 3) Be able to rapidly identify and describe the epidemiological features of a novel influenza virus 4) To monitor the impact of the introduction of the childhood influenza vaccination programme. The UK Severe Influenza Surveillance System (USISS) has been operating now for the past six influenza seasons and is mandated for all NHS trusts. Since the collection was last approved, the only change that has occurred is a change in age groups of the collection. This is to allow analysis in relation to the monitoring the impact of the introduction of the universal childhood influenza vaccination programme on disease burden. Whilst the number of age groups included in the collection has increased we don't anticipate that this will cause an increase in burden to trusts.

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7. State	Submitted to BAAS
8. BAAS Reference No	ROCR/OR/2107/004MAND
9. Start Date	02/10/2017
10. End Date	20/05/2018
11. FT Collection Type	MANDATORY
12. Collection Type	MANDATORY
13. Owning Organisation	Public Health England
14. Owning Department	Respiratory Diseases Department
15. Owner Name and Contact Details	Name: Nicki Boddington Email: nicki.boddington@phe.gov.uk Tel No: 0208 327 7151 Location: Public Health England, Respiratory Diseases Department, 61 Colindale Avenue NW9 5EQ
16. Senior Supporting Official Name	Dr Richard Pebody
17. Senior Supporting Official	Title: Consultant Epidemiologist and Acting Head of Respiratory Diseases Department

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Contact Details	Tel No: 020 8327 7423 Email: richard.pebody@phe.gov.uk Location: Public Health England, Respiratory Diseases Department, 61 Colindale Avenue NW9 5EQ
18. Data Provider - Burden Days	162.13
18. Data Provider - Burden £	£ 36908.03
18. Frequency	Ad-Hoc
18. Source Organisations (Number of orgs)	Acute Non Foundation Trust (52) , Acute Foundation Trust (100)
19. Set Up Costs	
20. Other Costs	£ 15000
21. Total Costs	£ 51908.03
22. Please explain the reason for any increase or decrease in burden and provide details of the	Small decrease in burden due to fewer Trusts following mergers since the previous collection.

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any other costs figure provided in Q20	
23. Benefits to Patients and the NHS	The information collected will be used to support and improve patient outcomes by contributing to the decision to prescribe anti-virals within the community. The timely issuing of anti-virals will reduce morbidity and mortality due to influenza. The collection would also play a key role in improving patient outcomes during both seasonal and pandemic flu as data collected would allow an assessment of the severity of the disease in order that control measures can be implemented. Effective surveillance of severe influenza is crucial to being able to respond quickly to both seasonal and pandemic influenza and will support productivity of NHS Services. The collection is also being used to monitor the impact of the childhood influenza vaccination programme.
24. Financial benefits to running this collection	This collection will benefit patients and the NHS by reducing the morbidity and mortality of influenza infection due to the issuing of anti-virals whilst influenza is circulating at sufficient levels. It will also contribute to assessments of the severity during seasonal and pandemic flu in order that control measures can be implemented which will ultimately lead to savings to the NHS, as well as contributing to the evaluation of the childhood influenza vaccination programme.
25. Publication methods	Yes. Aggregated data is published in the weekly national PHE influenza report.
26. Publication Links	https://www.gov.uk/government/statistics/weekly-national-flu-reports

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27. Requesting Organisation	Public Health England
28. Collection Method	Web based collection, Unify2
29. NHS Mandate Commitment	The proposal supports the following NHS Mandate 2017/18 commitments: Improve local and national health outcomes and to lead a step change in the NHS in preventing ill health and supporting people to live healthier lives. Pandemic influenza also remains the number one risk on the Government's National Risk Register of Civil Emergencies and the Department of Health's Shared Delivery Plan 2015 to 2020 (Goal 5, Preventing ill health and supporting people to live healthier lives).
30. Changes since last assessment	Since the collection was last approved, the only change that has occurred is a change in age groups of the collection. This is to allow analysis in relation to the monitoring the impact of the introduction of the universal childhood influenza vaccination programme on disease burden as it extends to more age groups. Whilst the number of age groups included in the collection has increased we don't anticipate that this will cause an increase in burden to trusts.
31. Data in operational systems	No
32. Plans for collecting this data from operational systems	As above
33. If the data	If the data was not collected then Public Health

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was not collected, what would the consequences be	England would not be able fulfil the requirements set out by the Chief Medical Officer's Statistical Legacy Group (CMO-SLG) or the Influenza Surveillance Strategy Group (ISSG). PHE would not meet the recommendations made by the World Health Organization (WHO) or European Centre for Disease Control (ECDC) for surveillance of severe influenza. In addition the 2011 UK Influenza Pandemic Preparedness Strategy states that one of the key objectives of pandemic surveillance is to describe the impact of the pandemic at the population level, specifically with regards to hospitalisations and mortality.
34. Is there an impact assessment or business case for this collection? If so please attach	Yes
35. Process required for others to go through to obtain the data	For trusts which participate and submit data they will easily be able to re-use their data. Trusts are able to do this by viewing and downloading their data via the web-tool through which it is collected, Unify2. Trusts will only be able to view their own data and not data submitted by other trusts. Additionally a weekly report of the data is produced and circulated to all participating trusts. The data is also included in the PHE national weekly flu report and published online on the PHE website.
36. Keywords	Severe influenza, Pandemic, Influenza deaths
37. National / Official statistic	National

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38. Method used to store the data	The data is stored on secure PHE network drives.
39. Why sampling is not used	Data collection from all NHS acute trusts is being used in order to allow stratification of data by age and location (region and NHS trust), as recommended by various post-pandemic reviews such as the CMO-Statistical Legacy Group.
40. Details of any pilots	Yes, the design of the collection as well as the burden estimate is supported by a pilot scheme undertaken during the 2010/11 influenza season. The system also operated during the 2011/12 – 2016/17 influenza seasons. End of season evaluations which gathered information on the burden at Acute Trust level were carried out for both the pilot and 2011/12 influenza season.
41. Equalities dimensions used in the collection	
42. Policy that the collection supports	Surveillance data collected through the USISS surveillance system informs the evidence of community transmission of influenza and the recommendation to DH to trigger anti-viral prescribing.
43. IG Data type	Aggregate, Sensitive