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Latest numbers on COVID-19 in the UK – 1 October 2021

1. Vaccinations
2. Cases
3. Hospitalisations
4. New Independent SAGE statement

With many thanks to Bob Hawkins for his help in collating the data

Vaccinations

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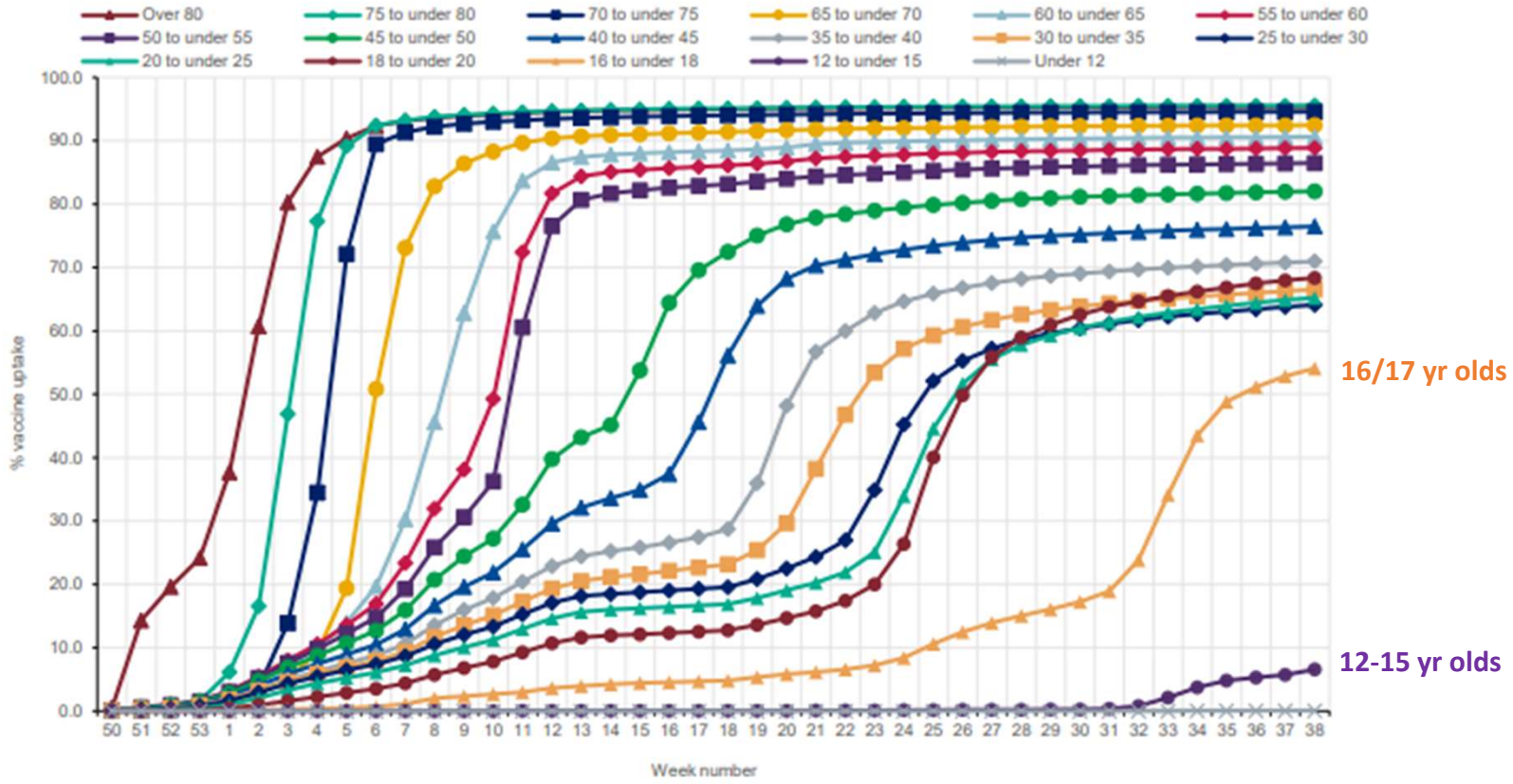
First dose vaccine uptake by age group to 28th September

Figure 61: Cumulative weekly COVID-19 vaccine uptake by age in England for (a) Dose 1 and (b) Dose 2

(a)



Graph from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1022201/Weekly_Flu_and_COVID-19_report_w39.pdf

Cases

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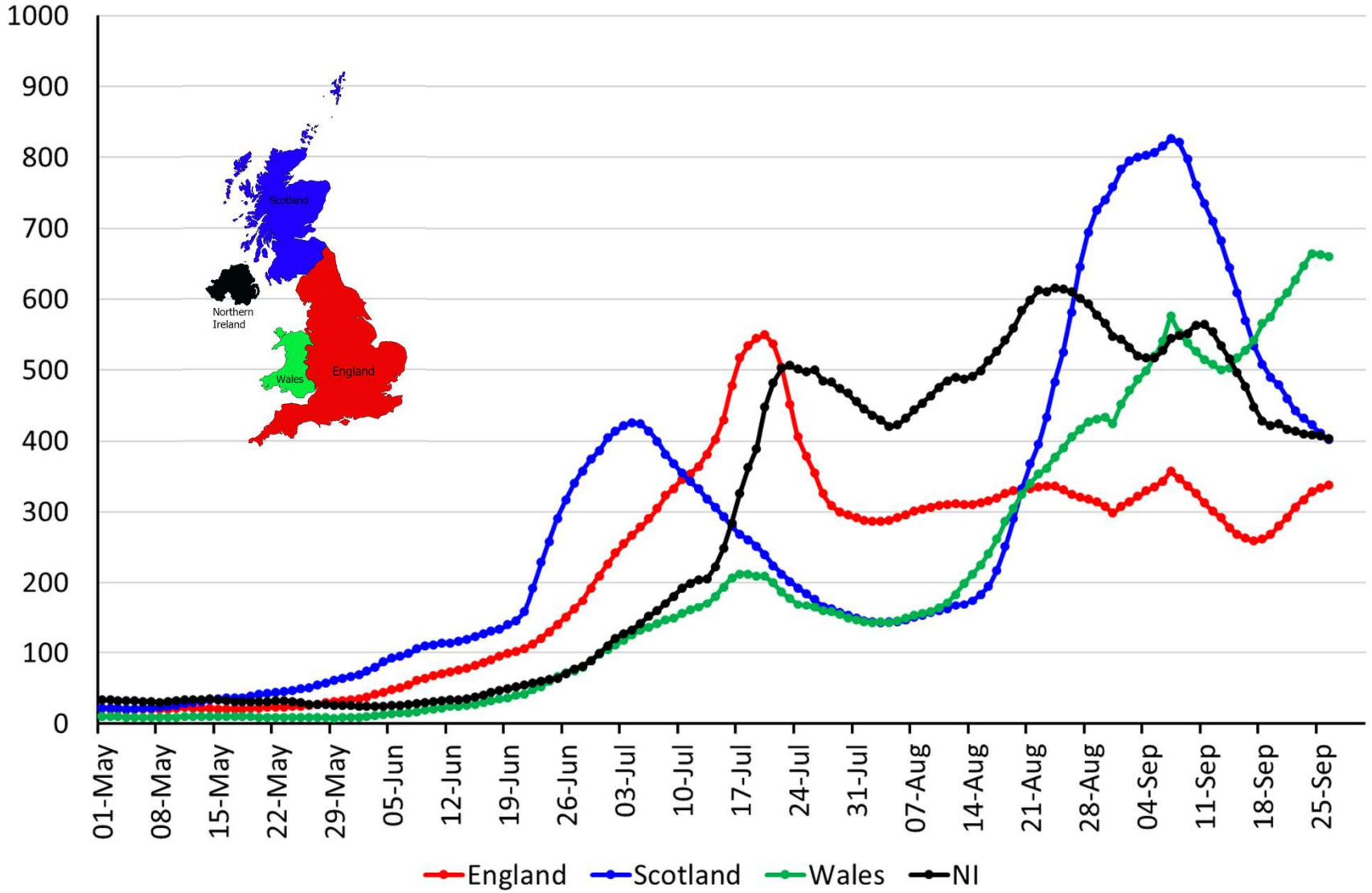
Cases per 100,000 people per week by home nation by date of test to 26 September



Data from https://coronavirus.data.gov.uk

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Positivity rates are hard to interpret (28 September)

Positivity by symptoms

Figure 12: Weekly PCR positivity (%) of confirmed COVID-19 cases by symptoms reported on Pillar 2 test request

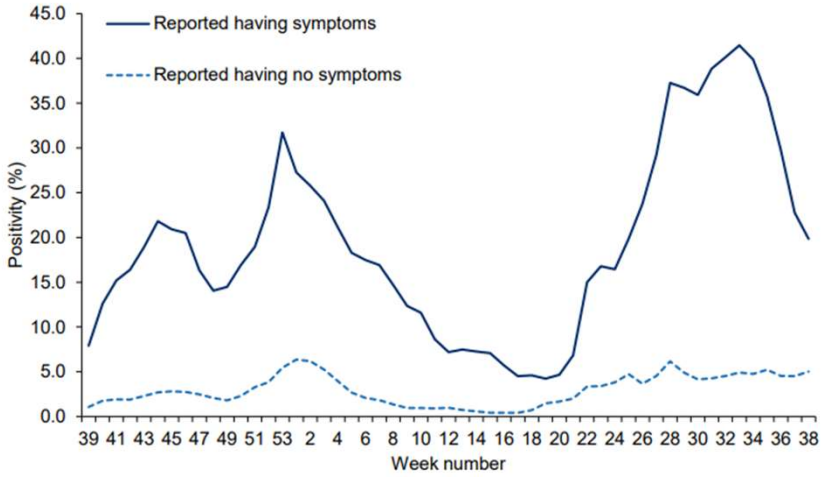
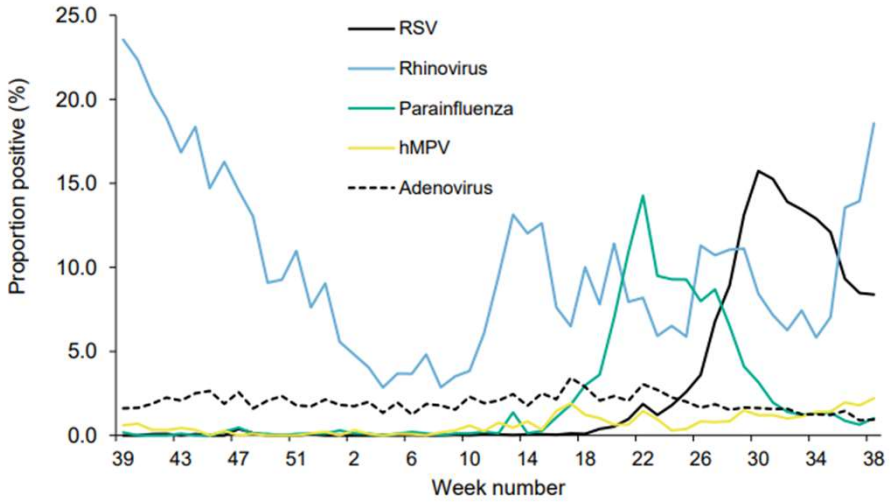


Figure 16: DataMart weekly positivity (%) for other respiratory viruses, England



A nasty cold with very similar symptoms!

Graphs from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1022201/Weekly_Flu_and_COVID-19_report_w39.pdf

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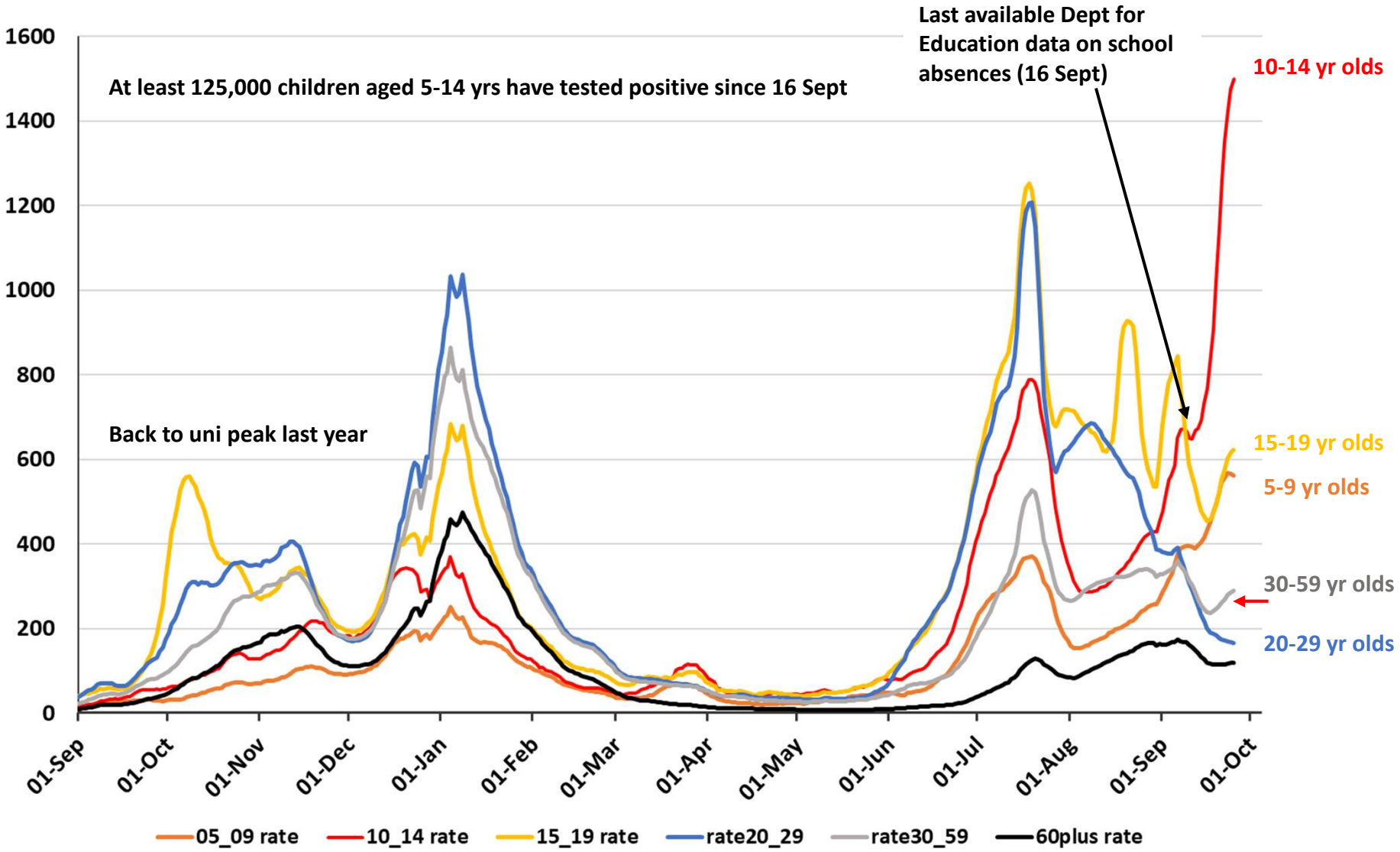
Case rates in England by age to 25 September



Data from https://coronavirus.data.gov.uk.

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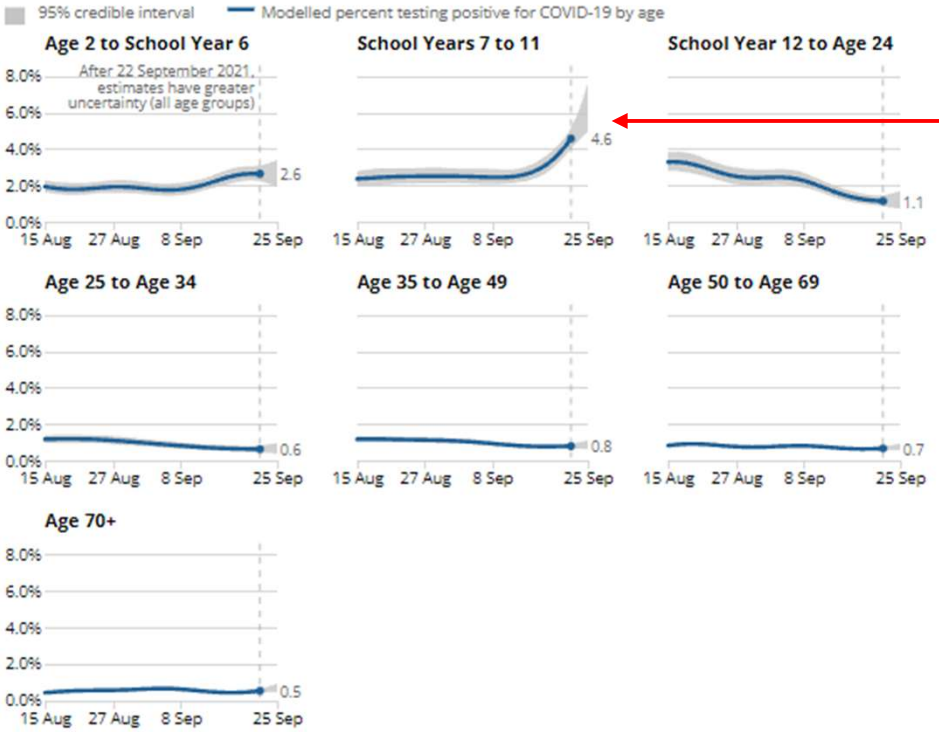
ONS infection survey data on people testing positive to 25 September (prevalence)

Figure 4: The percentage of people testing positive increased for those aged 2 years to school Year 11 in the week ending 25 September 2021

Estimated daily percentage of the population testing positive for coronavirus (COVID-19) on nose and throat swabs by age group, England, 15 August 2021 to 25 September 2021



Prevalence in secondary school age children now higher than it's ever been

Chart from
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/1october2021

Hospitalisations

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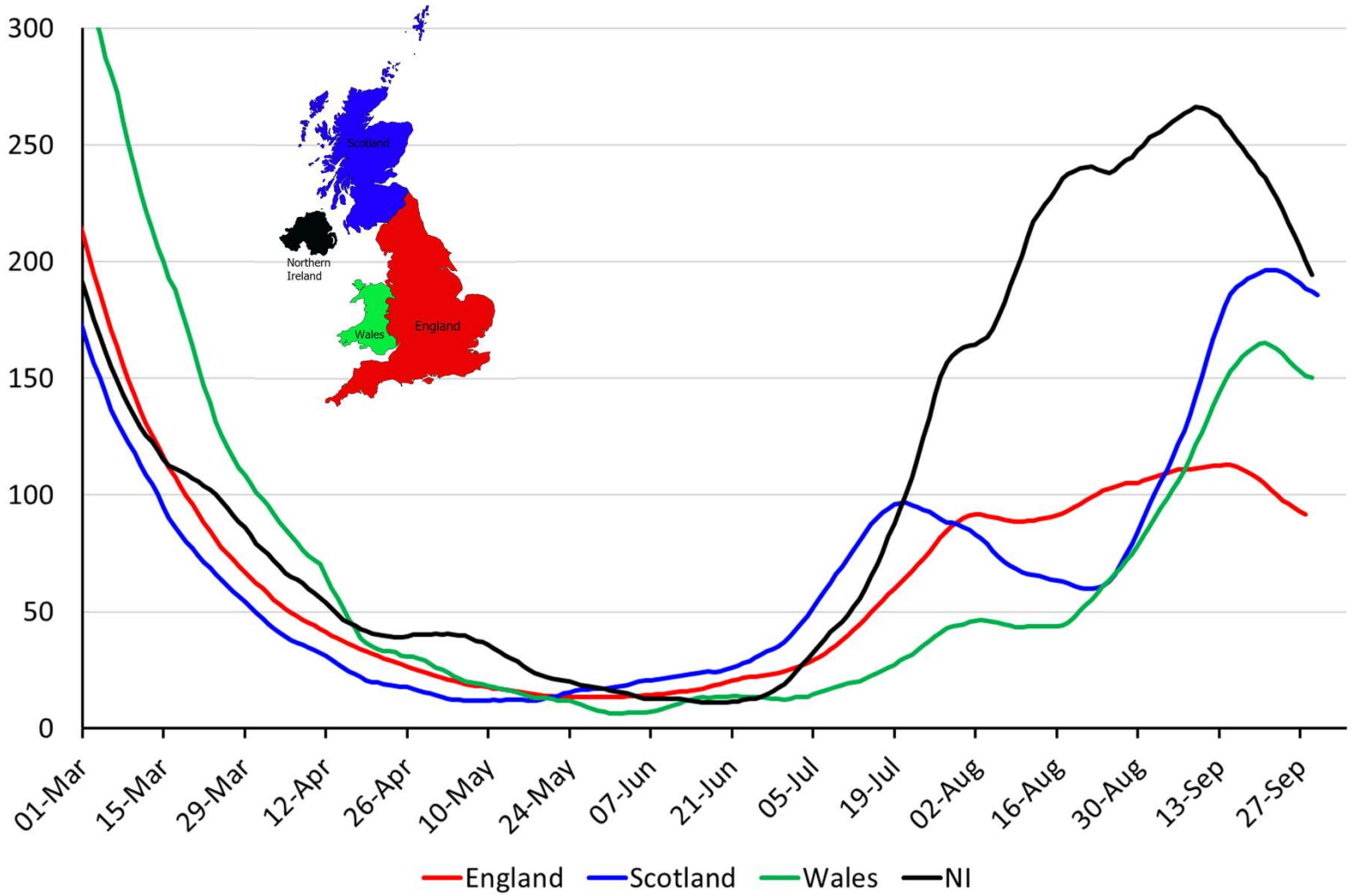
Number of people in hospital per million people – UK nations
7 day rolling average to 30 September



Data from https://coronavirus.data.gov.uk.

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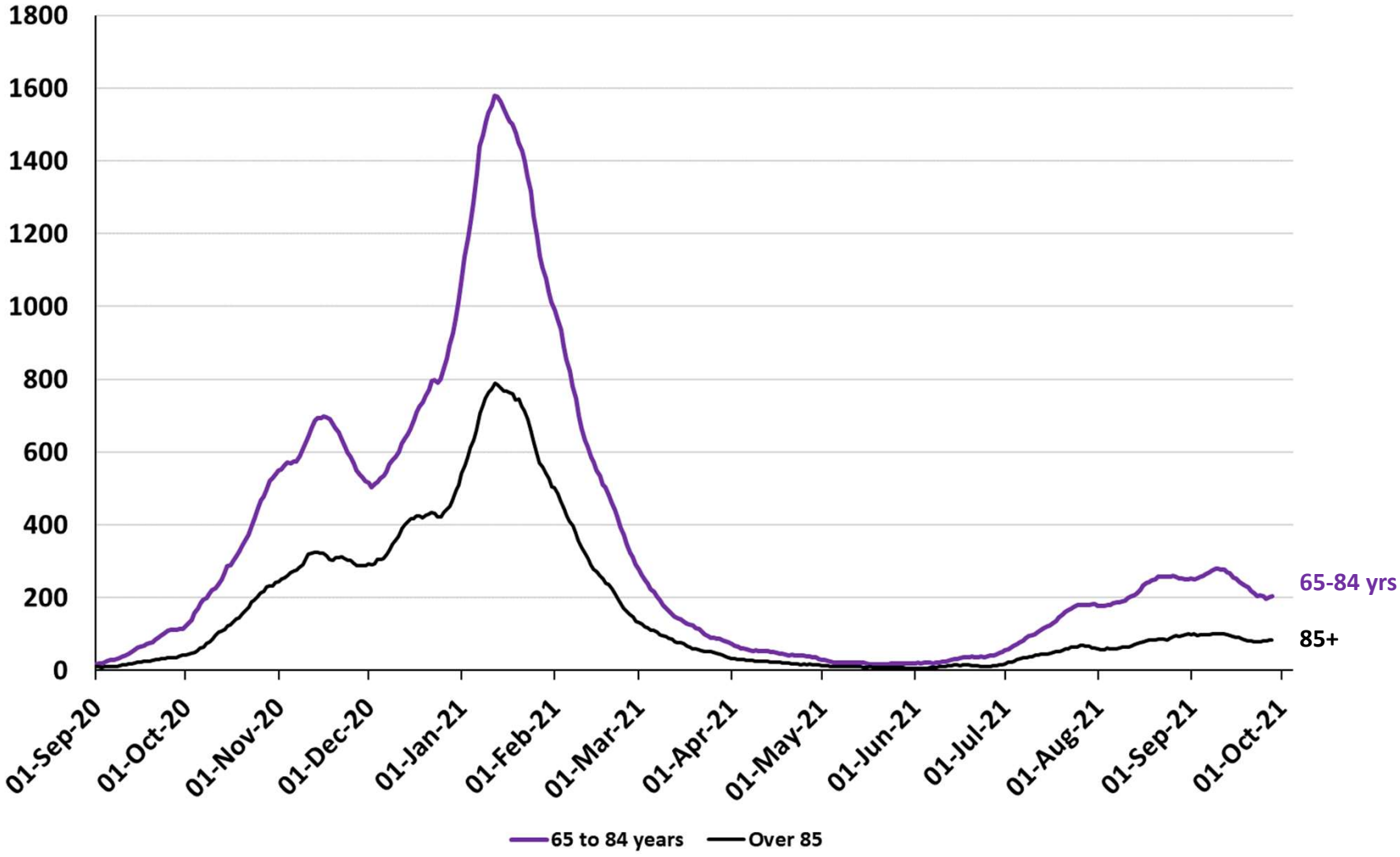
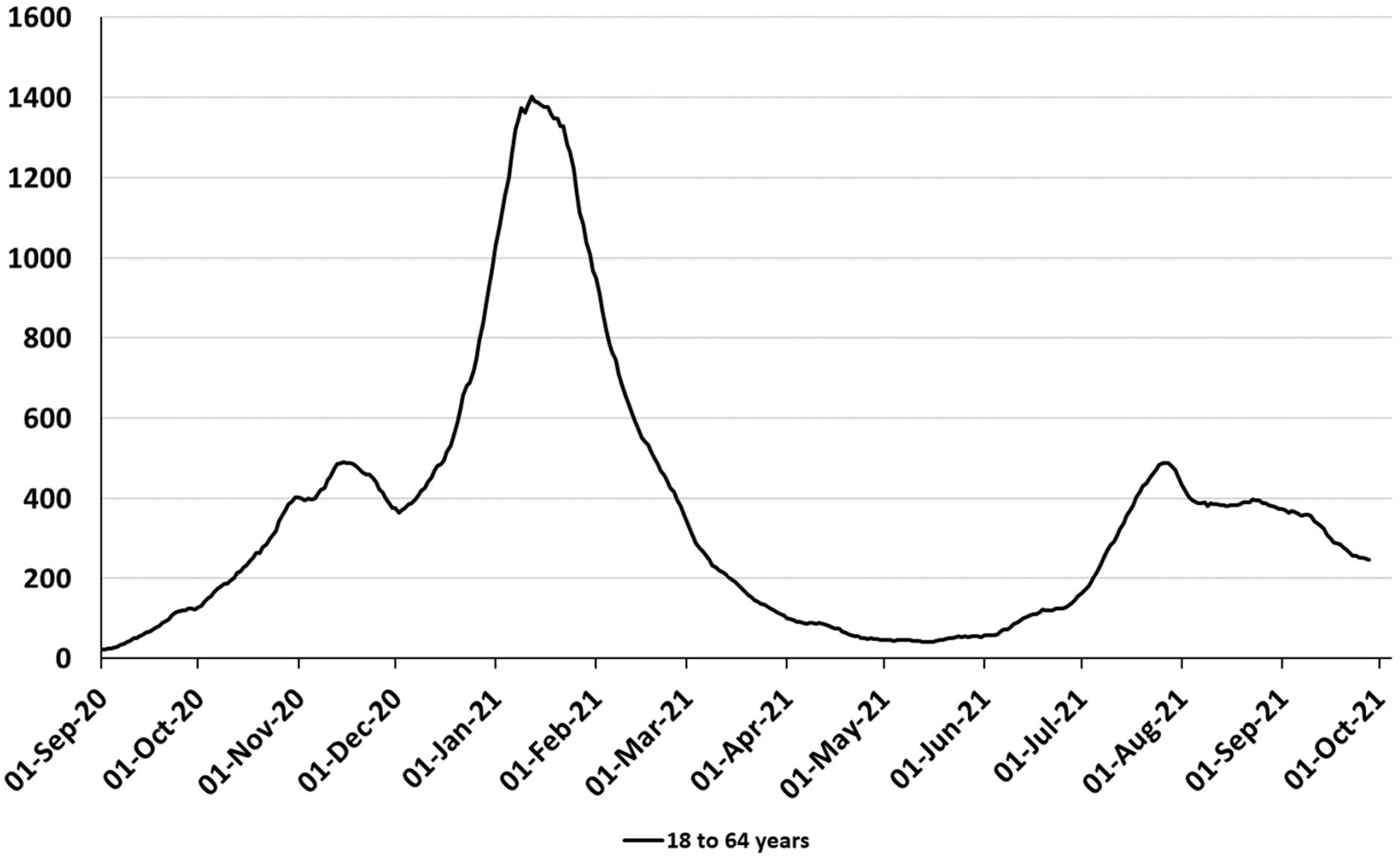
Hospital admissions in over 65s in England



Data from https://coronavirus.data.gov.uk.

Hospital admissions in 18 to 64 yr olds in England



Data from https://coronavirus.data.gov.uk.

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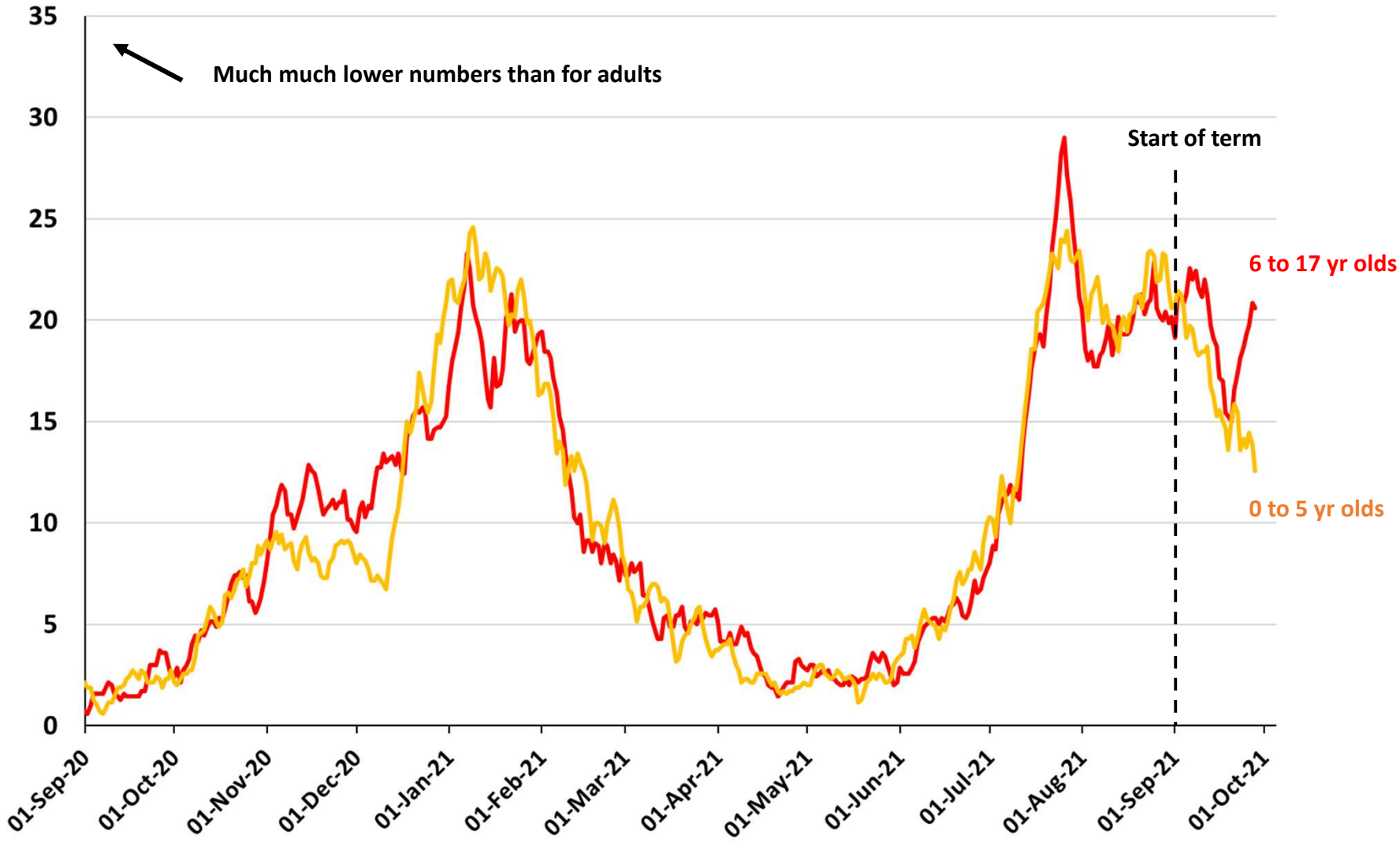
Hospital admissions in Under 18s in England



Data from https://coronavirus.data.gov.uk.

Hotspots

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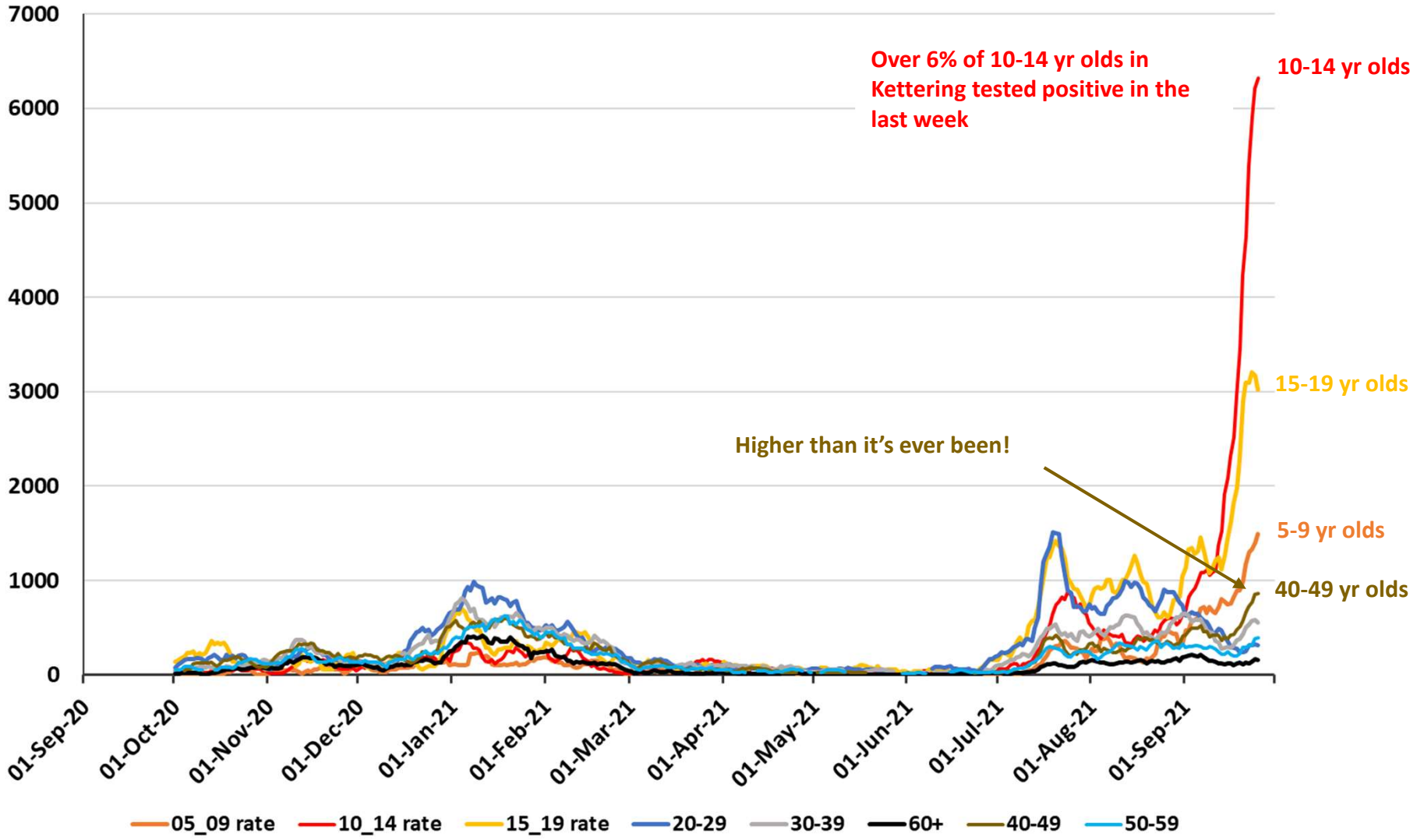
Case rates in Kettering by age to 25 September



Data from https://coronavirus.data.gov.uk.

New statement

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Call for more transparency around the JCVI recommendations for childhood vaccinations against Covid-19

The JCVI Code of Conduct* states that “Mathematical modelling studies should include “*all relevant assumptions and the sources”* and *“a full description of the methodology and base-case and variant scenarios, in sufficient detail for full assessment*”

* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224864/JCVI_Code_of_Practice_revision_2013_-_final.pdf

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Information required for understanding risk/benefit tables from JCVI	Provided by JCVI?	Comments
Assumptions made about the risk of Covid		
Chance of needing hospital if Covid positive	Partly	In their July and August statements, JCVI quoted a rate of 100 to 400 hospitalisations per million for the second wave but no denominator was provided. No risk estimates were provided disaggregated by healthy / underlying conditions and no risks were provided in the 3 September statement.

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Chance of needing intensive care if Covid positive	Partly	Estimates for the risk of admission to intensive care (2 per million for healthy children vs 100 per million for children with underlying health conditions) were provided but with no explanation of the denominator. It is not clear if this risk of ICU admission includes PIMS or not.

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Assumptions made about the risk of Covid		
Chance of needing hospital if Covid positive	**Partly**	In their July and August statements, JCVI quoted a rate of 100 to 400 hospitalisations per million for the second wave but no denominator was provided. No risk estimates were provided disaggregated by healthy / underlying conditions and no risks were provided in the 3 September statement.
Chance of needing intensive care if Covid positive	**Partly**	Estimates for the risk of admission to intensive care (2 per million for healthy children vs 100 per million for children with underlying health conditions) were provided but with no explanation of the denominator. It is not clear if this risk of ICU admission includes PIMS or not.
Chance of developing Paediatric Inflammatory Multisystem Syndrome (PIMS) if Covid positive	**Partly**	In their July statement, JCVI provided a risk of 5 cases per 10,000 infections in children in the 2nd wave but not disaggregated by underlying health condition. No estimates were provided in the September statement and we do not know what risk they used for their analysis of healthy children. PIMS can affect otherwise healthy children and disproportionately affects children from ethnic minorities.

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Chance of needing intensive care if Covid positive	Partly	Estimates for the risk of admission to intensive care (2 per million for healthy children vs 100 per million for children with underlying health conditions) were provided but with no explanation of the denominator. It is not clear if this risk of ICU admission includes PIMS or not.
Chance of developing Paediatric Inflammatory Multisystem Syndrome (PIMS) if Covid positive	Partly	In their July statement, JCVI provided a risk of 5 cases per 10,000 infections in children in the 2nd wave but not disaggregated by underlying health condition. No estimates were provided in the September statement and we do not know what risk they used for their analysis of healthy children. PIMS can affect otherwise healthy children and disproportionately affects children from ethnic minorities.
Chance of dying if Covid positive	Partly	This was not an outcome considered by JCVI in their September risk benefit analysis. A mortality rate of 2 per million was specified in the July & August statements but this used a whole population denominator (30 deaths in just over 12 million children). No risk was provided in the 3 September statement.

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Chance of developing Paediatric Inflammatory Multisystem Syndrome (PIMS) if Covid positive	Partly	In their July statement, JCVI provided a risk of 5 cases per 10,000 infections in children in the 2nd wave but not disaggregated by underlying health condition. No estimates were provided in the September statement and we do not know what risk they used for their analysis of healthy children. PIMS can affect otherwise healthy children and disproportionately affects children from ethnic minorities.
Chance of dying if Covid positive	Partly	This was not an outcome considered by JCVI in their September risk benefit analysis. A mortality rate of 2 per million was specified in the July & August statements but this used a whole population denominator (30 deaths in just over 12 million children). No risk was provided in the 3 September statement.
Chance of developing Long Covid if Covid positive	Partly	This was not an outcome considered by JCVI in their September risk benefit analysis. In the August statement, JCVI quoted rates of 1%-10% for the incidence of Long Covid in children and said that vaccination is expected to provide some protection. However, Long Covid was not mentioned in the risk benefit analysis on 3 September.

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Information required for understanding risk/benefit tables from JCVI	Provided by JCVI?	Comments
Assumptions made about the risk of the vaccine		
Chance of developing myocarditis after vaccination with 1 or 2 doses	Yes	JCVI estimated the risk of myocarditis per million was 3 to 17 for the first dose and 12 to 34 for the second dose. However, they did not state which vaccines they were considering (e.g. Just Pfizer or both Pfizer and Moderna?).
Chance of hospitalisation due to vaccination	No	JCVI has an outcome table of hospitalisations averted, but it is not clear whether this is assuming that all cases of myocarditis are hospitalised or not.

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Assumptions made about future exposure to Covid		
Future number of projected cases of Covid and over what time frame	No	The harms of a vaccination programme are the same for a given number of people vaccinated. Its benefits depend on how many people it then prevents from catching Covid. The lower the chance of catching Covid, the lower the benefits of vaccination. In assessing risk-benefit, it is crucial to specify how many future cases you are assuming (and ideally, you would look at risk-benefit over a range of future scenarios).

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Method used to assess adverse outcomes prevented		
Method used to calculate risk benefit	No	No details were provided on how risk benefit was calculated.

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We are asking that JCVI as soon as possible:

1. **Release the information detailed in the table in the spirit of transparency and Open Science so that scientists and other interested parties can understand the rationale for previous statements**

2. **Make preparations now for their consideration of vaccination in children under the age of twelve following approval by the Commission on Human Medicines and the MHRA. This should include a clear statement of how their consideration would proceed.**

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