

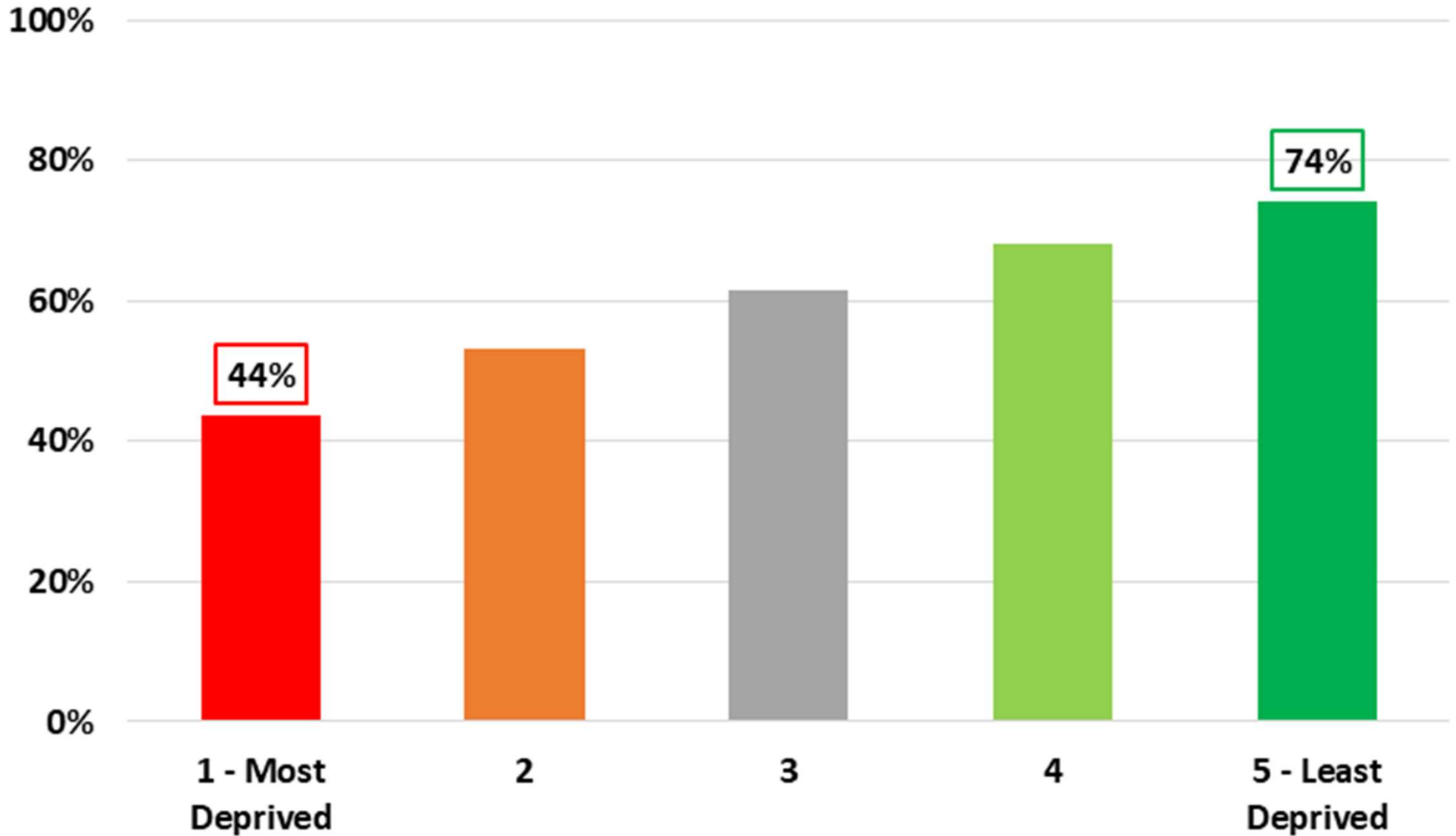
Latest numbers on COVID-19 in the UK – 18 February 2022

1. Vaccination
2. Prevalence of Covid
3. Variants
4. Hospitals & Death

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

First Dose Coverage by Deprivation for 12-15 Year Olds in England as at Feb 16

(Source: NHS Weekly Vaccination Report and Mid-2020 ONS Population Estimates)



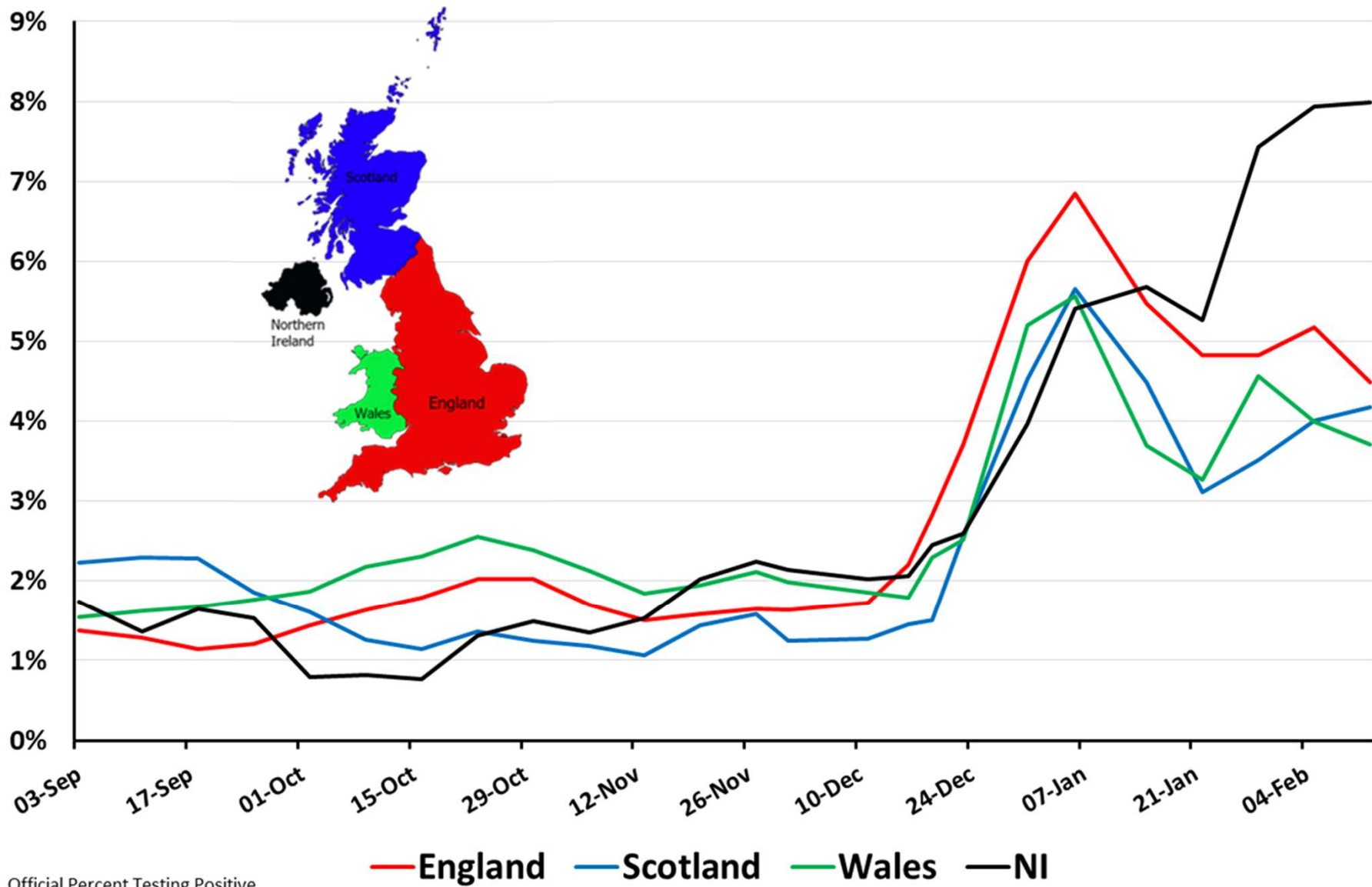
12-15 Year Olds

Thanks to Bob Hawkins for the chart

Prevalence of Covid

Weekly Percent Testing Positive by Nation: 3 Sep 2021 to 12 Feb 2022

(Source: Coronavirus (COVID-19) Infection Survey)



Official Percent Testing Positive

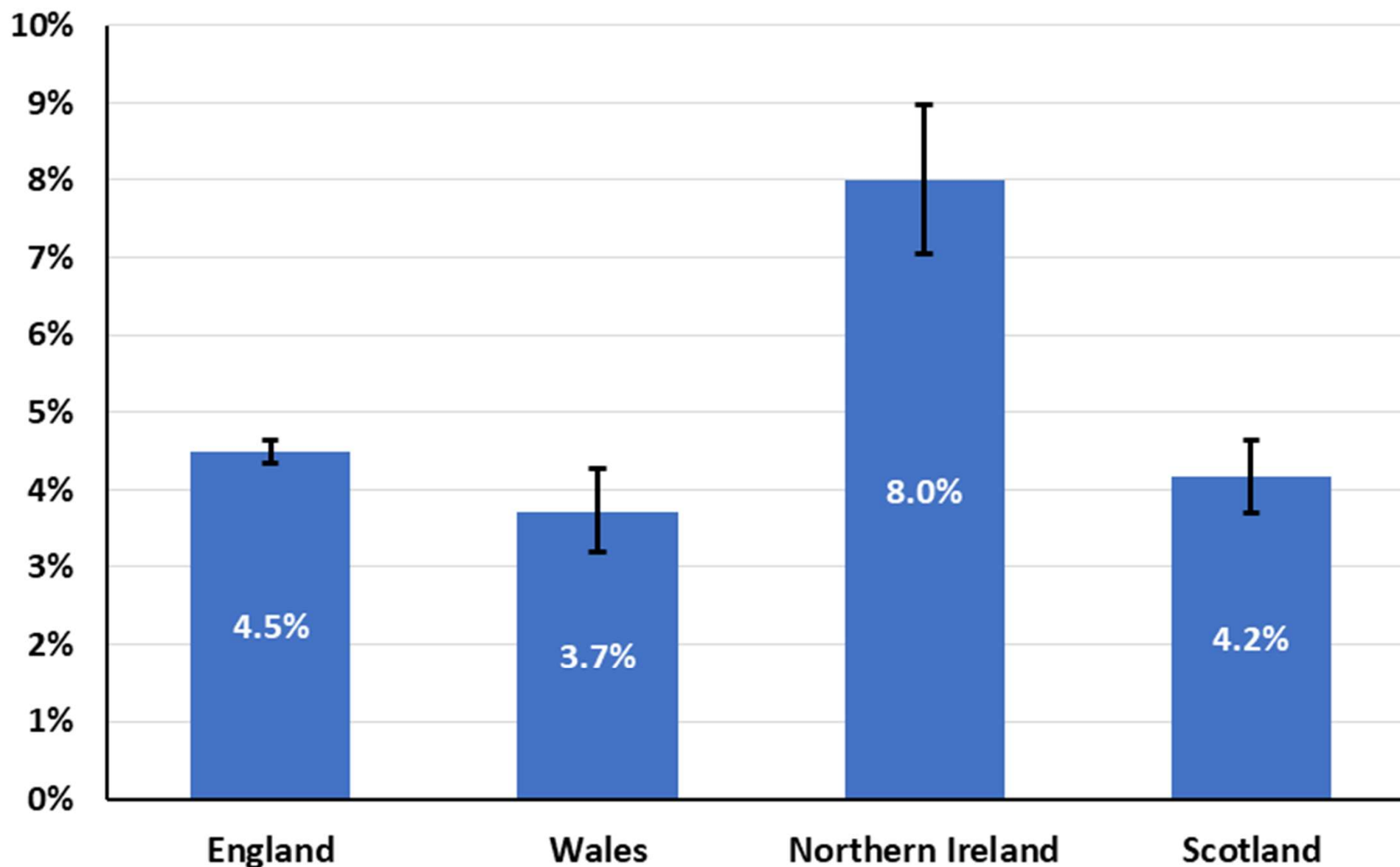
Data from

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/pil/previousReleases>

Thanks to Bob Hawkins for the chart

Percent Testing Positive by Home Nation: 12 Feb 2022

(Source: Coronavirus (COVID-19) Infection Survey headline results, UK: 16 Feb 2022)



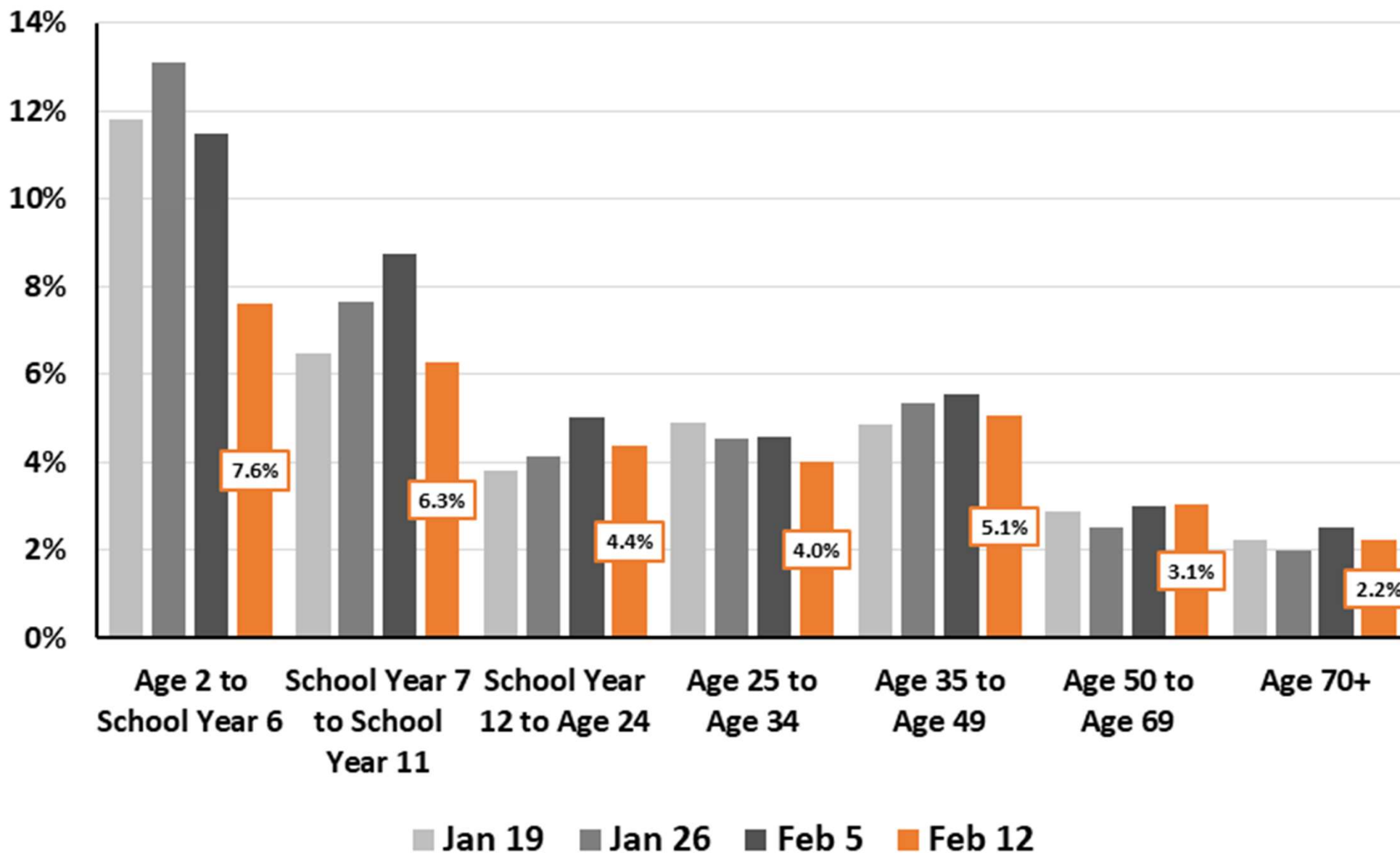
Data from

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/pilot/previousReleases>.

Thanks to Bob Hawkins for the chart

Percent Testing Positive by Age for England: 12 Feb vs Prior Weeks

(Source: Coronavirus (COVID-19) Infection Survey headline results, UK: 16 Feb 2022)



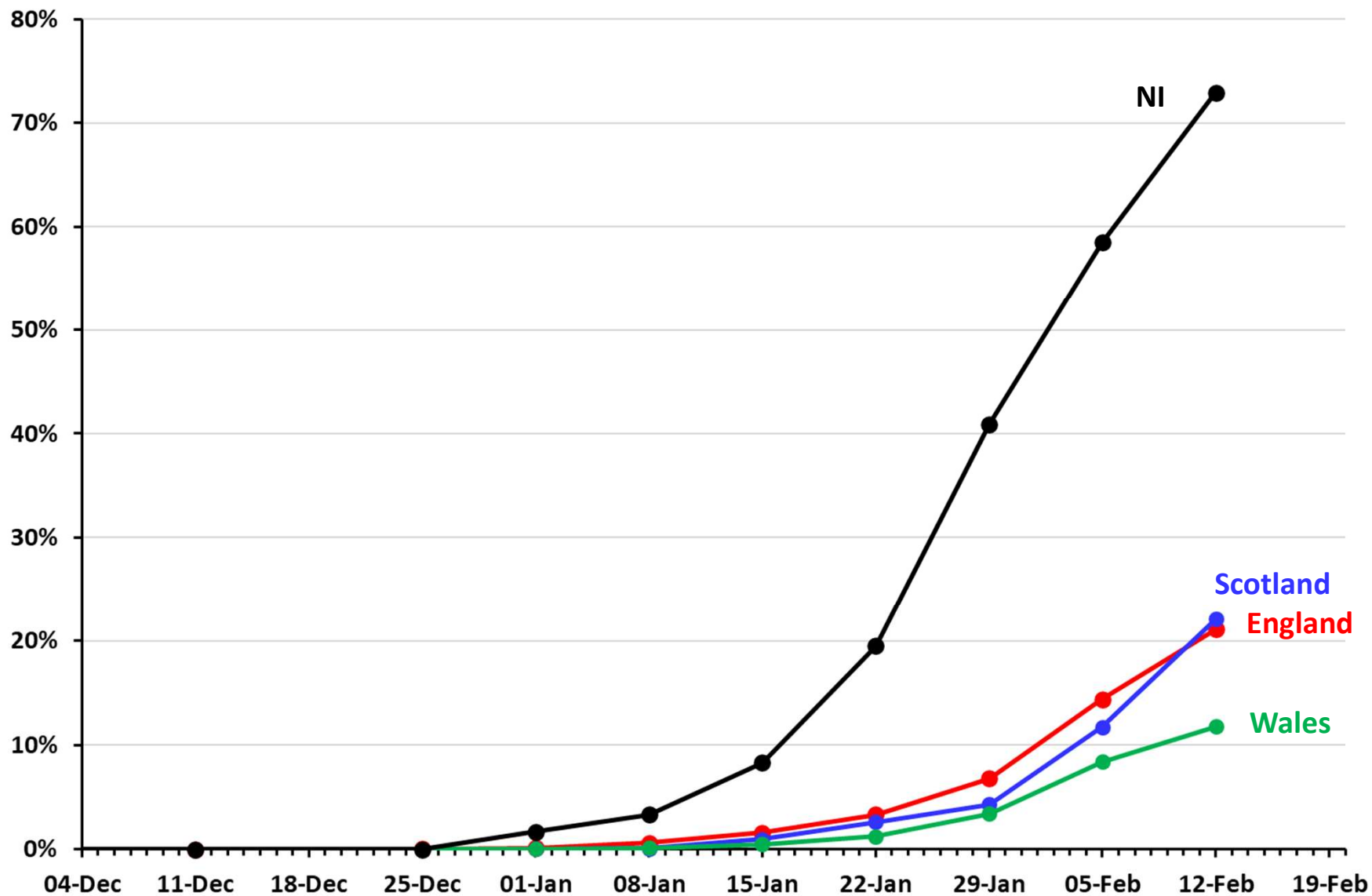
Data from

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BA.2 Omicron variant

Proportion of sequenced cases that are BA.2 over time by home nation to week ending 12 Feb 2022.



Data from COG UK, <https://www.cogconsortium.uk/priority-areas/data-linkage-analysis/public-data-analysis/>

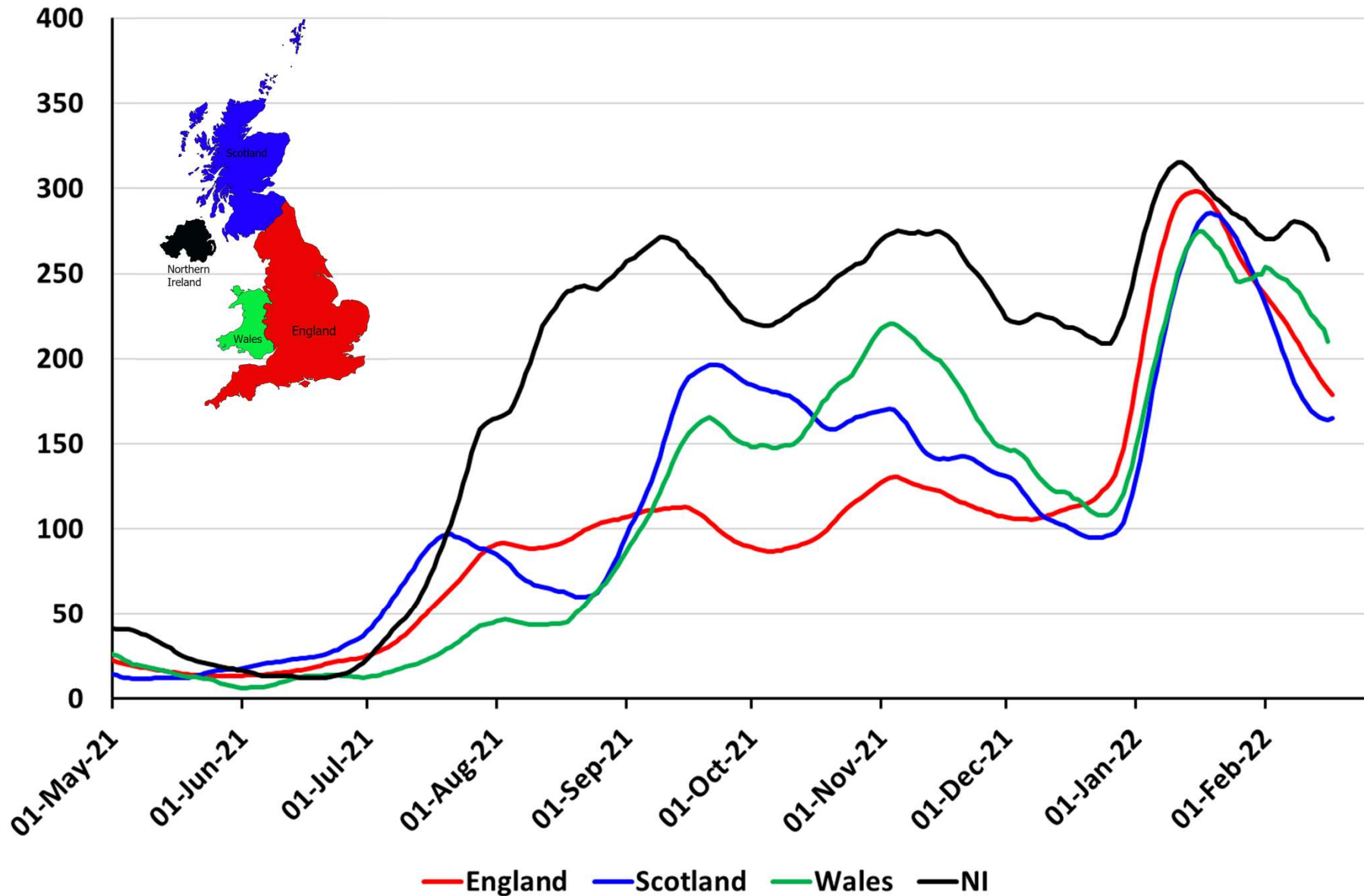
9 February 2022 Risk assessment for SARS-CoV-2 variant: VUI-22JAN-01 (BA.2) UK Health Security Agency

Indicator	Red, amber or green status*	Confidence level	Assessment and rationale As Omicron (B.1.1.529/BA.1) is currently the dominant variant in the UK this risk assessment uses the characteristics of BA.1 as the baseline (for example, amber indicates equivalence to BA.1).
Overall growth advantage	Red	Moderate	There is evidence of a growth advantage for BA.2 compared to BA.1 in more than one country There is evidence of a continued growth advantage for BA.2 compared to BA.1 in community cases in all regions of England. This growth advantage is visible in some other countries but is not clearly the same across all countries with genomic surveillance at present. Prior variant exposure and timing may contribute to differences between countries.
Growth advantage 1: Transmissibility	Red	Low	It is plausible that transmissibility and/or a shorter serial interval is contributing to the growth advantage Given the lack of apparent immune evasion, it is plausible that a change in transmissibility is contributing to the growth advantage. It is unclear at present how this would arise from the BA.2 mutation profile. Preliminary analysis using contact tracing data suggests a shorter serial interval for BA.2 compared to BA.1.
Growth advantage 2: Immune evasion	Amber	Moderate	There is evidence of a small antigenic distance between BA.1 and BA.2 but no evidence of a difference in vaccine effectiveness in English data Neutralisation studies using monoclonal antibodies and some preliminary studies using sera suggest a small antigenic difference between BA.1 and BA.2, which is expected from the mutation profile. However, sera from individuals with recent booster vaccinations neutralise both variants similarly. Neutralisation studies use recent vaccinee sera and it is unclear whether the difference between variants will increase as the responses wane. There is no detected change in vaccine effectiveness against symptomatic infection in England though international data are noted. There is insufficient laboratory or epidemiological data regarding the likelihood of reinfections in the unvaccinated, which may be relevant for transmission in children. There are no detected sequence-confirmed BA.2 after BA.1 reinfections at present.
Infection severity			Insufficient data No systematic analyses comparing BA.1 and BA.2 are as yet available.

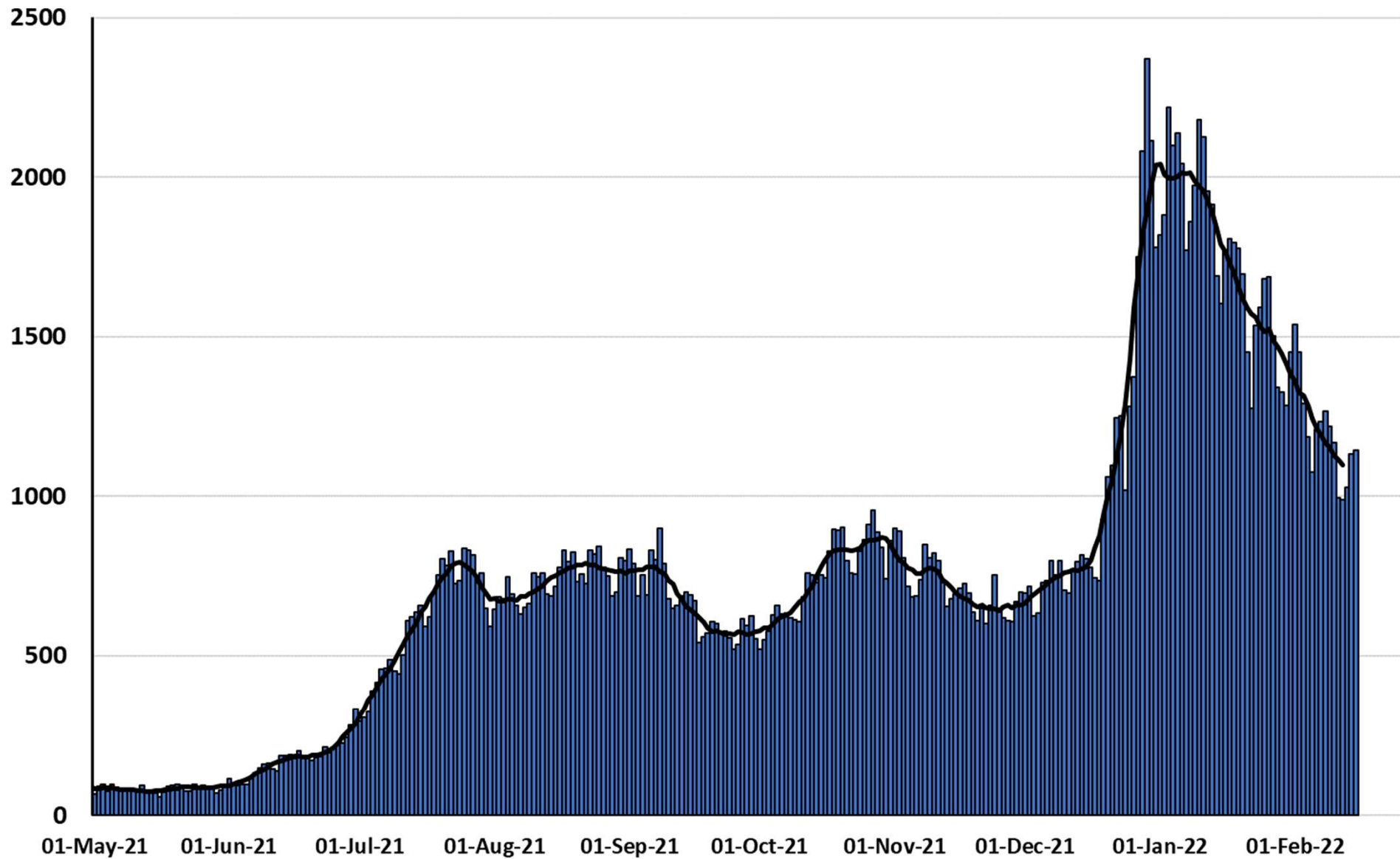
* Refer to scale and confidence grading slide.

Hospitals & Deaths

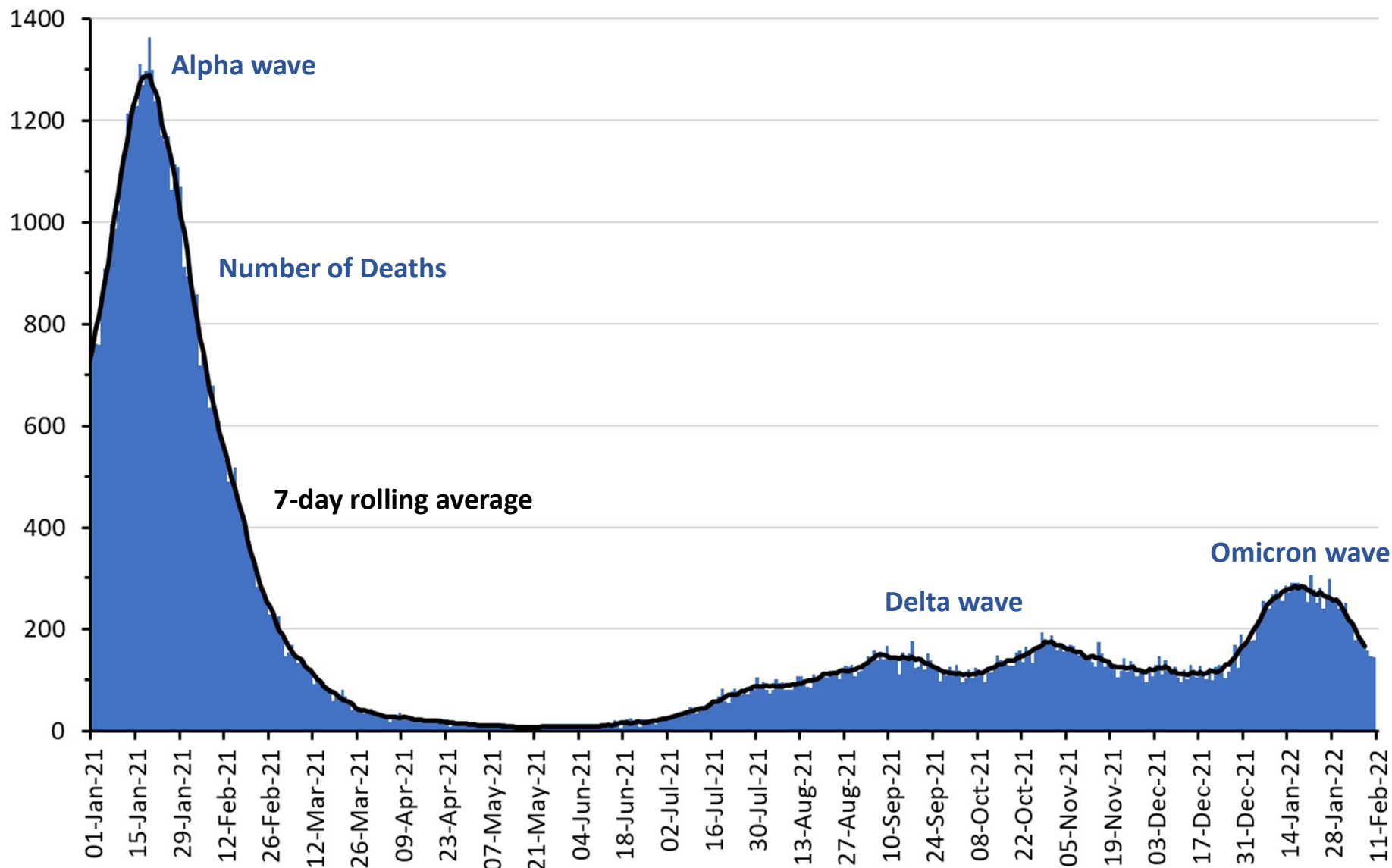
Number of people in hospital with Covid per million people – UK nations 7 day rolling average to 1 Apr 2020 – 17 Feb 2022



Number of daily hospital admissions with Covid in England to 15 Feb 2022

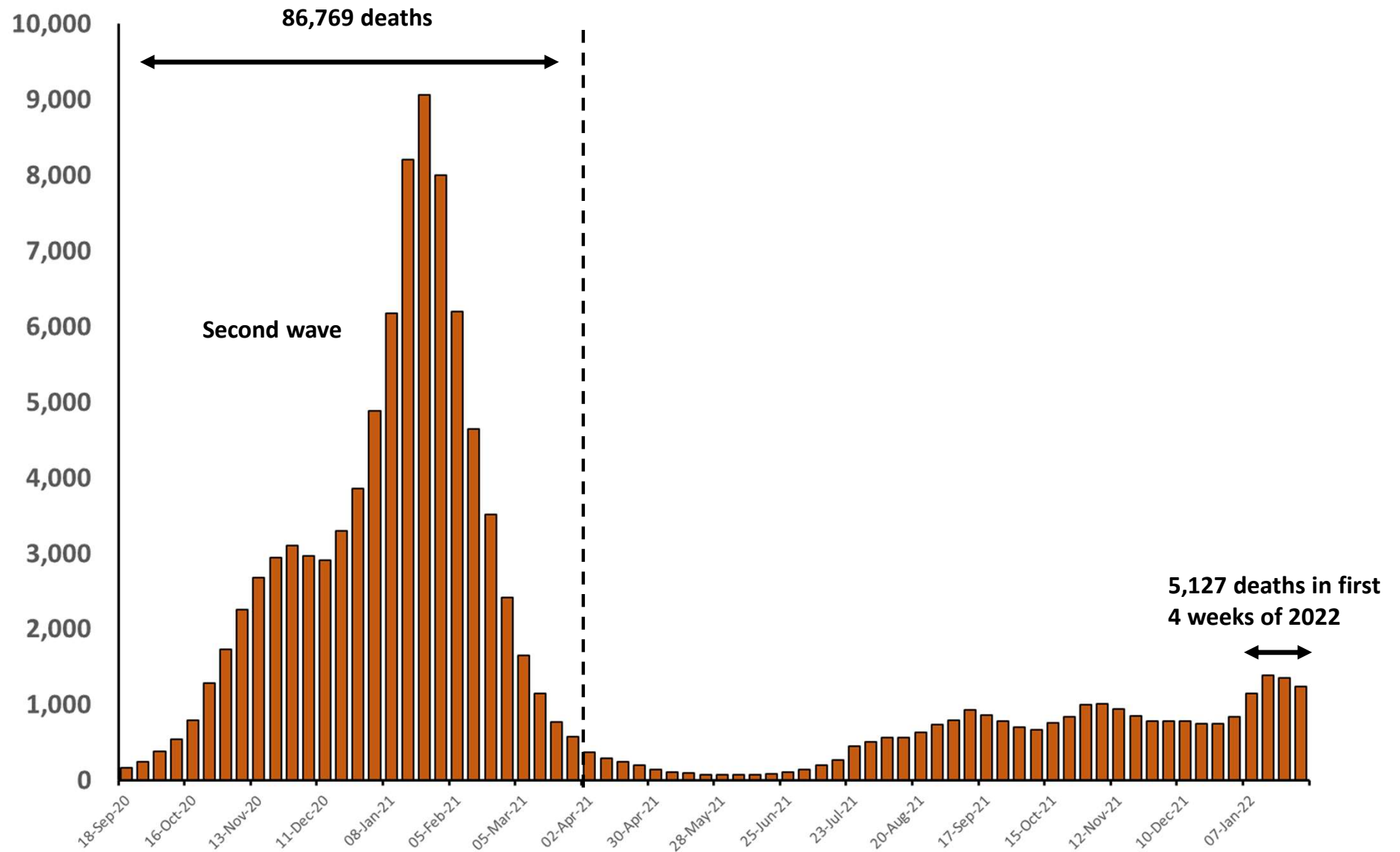


Number of deaths within 28 days of +ve COVID test by date of death across the UK to 10 February 2022



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

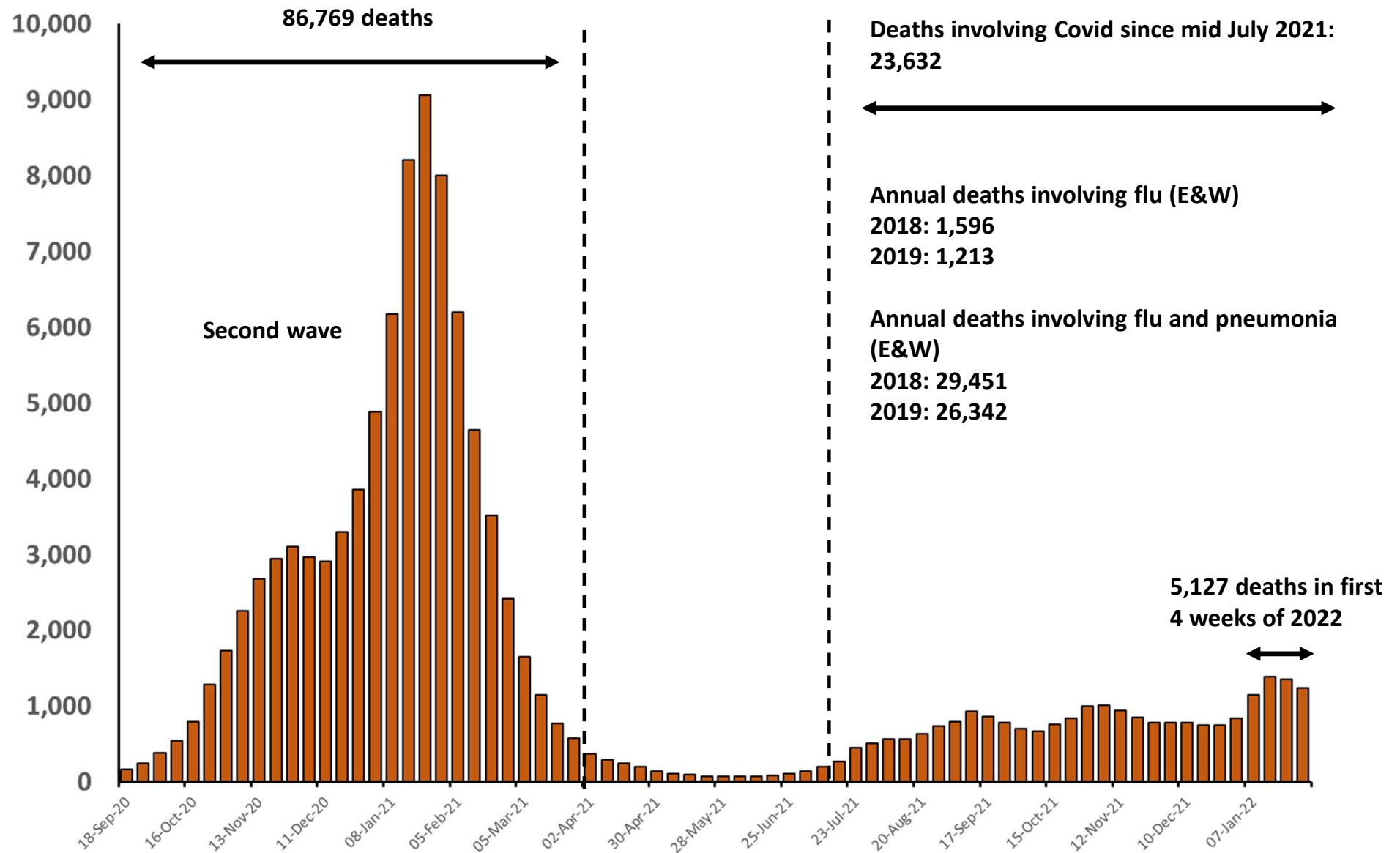
Number of deaths with Covid as a contributing cause from death certificate data for England and Wales to w/e 28 Jan 2022



Data from

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/latest>
 Flu & pneumonia from <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/influenzadeathsin20182019and2020>

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SUMMARY

- As vaccination for 5-11 year olds look set to happen soon, we should note the big differences by deprivation in uptake for 12-15 year olds. How do we tackle this?
- ONS shows that the number of people with Covid is falling in England and Wales, but flattish in NI and Scotland
- Number of people in hospital is continuing to fall in all nations (but very slight shift in Scotland recently).
- Deaths are coming down but are still high.
- The Omicron subvariant (BA.2) continues to increase in all nations, is dominant in N Ireland and likely dominant in England and Scotland within next week or two. No indication that it's more severe.