Technical Advisory Cell:

Summary of advice

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Reproduction Number

- The most recent estimate of the Reproduction number $R_t$ is between 0.7 and 1.0, with a central estimate of 0.8.

- $R_t$ has been below 1 for at least four weeks which has led to a reduction in cases and hospitalisations. If $R_t$ remains below 1 then cases will continue to fall.

- As the number of cases falls, the impact of distinct events where instances of the virus being spread to several people in a short space of time may lead to fluctuations in the number of cases.

Current Estimate of $R_t$

- Any changes in transmission that may have occurred in the past two to three weeks will not yet be reflected in clinical data, nor therefore in current estimates of $R_t$.

- There are three settings which are particularly relevant to the current situation: the community, care homes, and hospitals. These are not independent; infection can be spread between hospitals and care homes, from these settings back into the community, and vice versa. These cannot be captured though estimating $R_t$ separately for care homes and hospitals. $R_t$ only considers onward transmission after the virus has been introduced into a particular population.

- It has been recommended that the situation in particular settings is not monitored using $R_t$, but rather in terms of how the number of cases and deaths in them is changing and, where possible, epidemiological investigation of how the three epidemics interact.

Communicating behaviours to reduce transmissions between social networks

- TAG supports the SPI-B-O view that there are some key principles for communications as easing of restrictions come into effect:

1. People whose work involves large numbers of contacts with different people should avoid close, prolonged, indoor contact with anyone as far as possible.

2. People with different workplace networks should avoid meeting or sharing the same spaces.
• These are more complex messages than ‘stay at home’ and the importance of a strong communications plan is crucial to provide clear advice to people on these nuanced points.

Adherence to current measures

• Most people in Wales continue to follow the social distancing guidelines. Data at a GB level (from ONS) also shows continuing compliance, however there are now differences in the guidelines between the 4 nations, meaning that the results are perhaps not directly comparable perhaps to previous weeks.

• Most people in Wales continue to follow the social distancing guidelines and shows no change. Data at a GB level (from ONS) shows a reduction in those who said that they had either not left their home or only left for the four main reasons that were permitted through the lockdown period (travel to and from work; to do essential shopping; for medical reasons or to exercise).

• The mobility data continues to show increasing movement, for example increases in traffic flows, greater numbers of trips to shops and increases in workplace mobility. In recent weeks some major food outlets have begun to re-open as well as hardware stores and more recently garden centres. This is likely to have resulted in more people travelling (via car or foot) and also some returning to work in those businesses.

• The data also show increases in mobility in Wales are less so than in England/U.K.– for example the Apple mobility data for driving directions shows a larger increase in England than Wales. Mobility in parks (Google) in the UK is now back at baseline levels (compared to a fall of 35%-40% during lockdown), whereas in Wales it is still 20% lower than the baseline. Changes in mobility in most other categories are broadly similar.

Shielding: Analysis of CO-CIN Data

• An analysis of Covid-19 Clinical Information Network (CO-CIN) data has been undertaken aiming to identify any difference in case fatality from COVID-19 before and after 23rd March associated with age and comorbidity.

• In summary, fewer deaths were seen in the shielded groups after 23rd March 2020 by both simple case count and in formal survival models.

Research

• There are currently 1904 Welsh patients recruited to COVID-19 urgent public health studies, an increase of 317 in last 7 days.
- There is good progress on the Oxford Vaccine Trial which is now open to recruitment in Wales

- Researchers have been able to provide information and analysis from anonymised linked data resources in Wales to inform our understanding and response to COVID-19. Health Data Research (HDR) UK is coordinating this activity, and the Secure Anonymised Informations Linkage (SAIL) databank in Wales leading the way in number of projects either in development or underway.

- Working collaboratively as part of HDR UK, maps have been developed using the Zoe COVID-19 Study App data to identify potential hotspots where infections are higher.

- The data (based on approx. 70,000 users) is tremendously helpful in showing how the COVID19 pandemic affects Welsh communities. The most recent maps show that, at the moment, the virus is more common in Valley communities. We are very grateful to ZOE participants in Wales whose information is helping us to respond and reduce the risk. There are some areas where the participation is not as high and we would encourage more to join.
NHS Data Dashboard

- Hospital data updated 27/05/2020
- PHW data updated 26/05/2020

L3 ICU Occupancy

- Overall occupancy is 37.6%
- Of these 23% are confirmed COVID cases, 9% are suspected COVID cases and 67% are non-COVID patients.
- Occupancy in all HBs with L3 ICU capacity is below 50%.

7-Day averages:

- The 7-day average in total daily admissions to hospitals of confirmed and suspected COVID cases continues to fall, all-be-it slowly, and is currently at 103.
Professional Head of Intelligence Assessment (PHIA) probability yardstick

- Where appropriate, TAC advice will express Likelihood or confidence in the advice provided using the PHIA probability yardstick to ensure consistency across the different elements of advice.