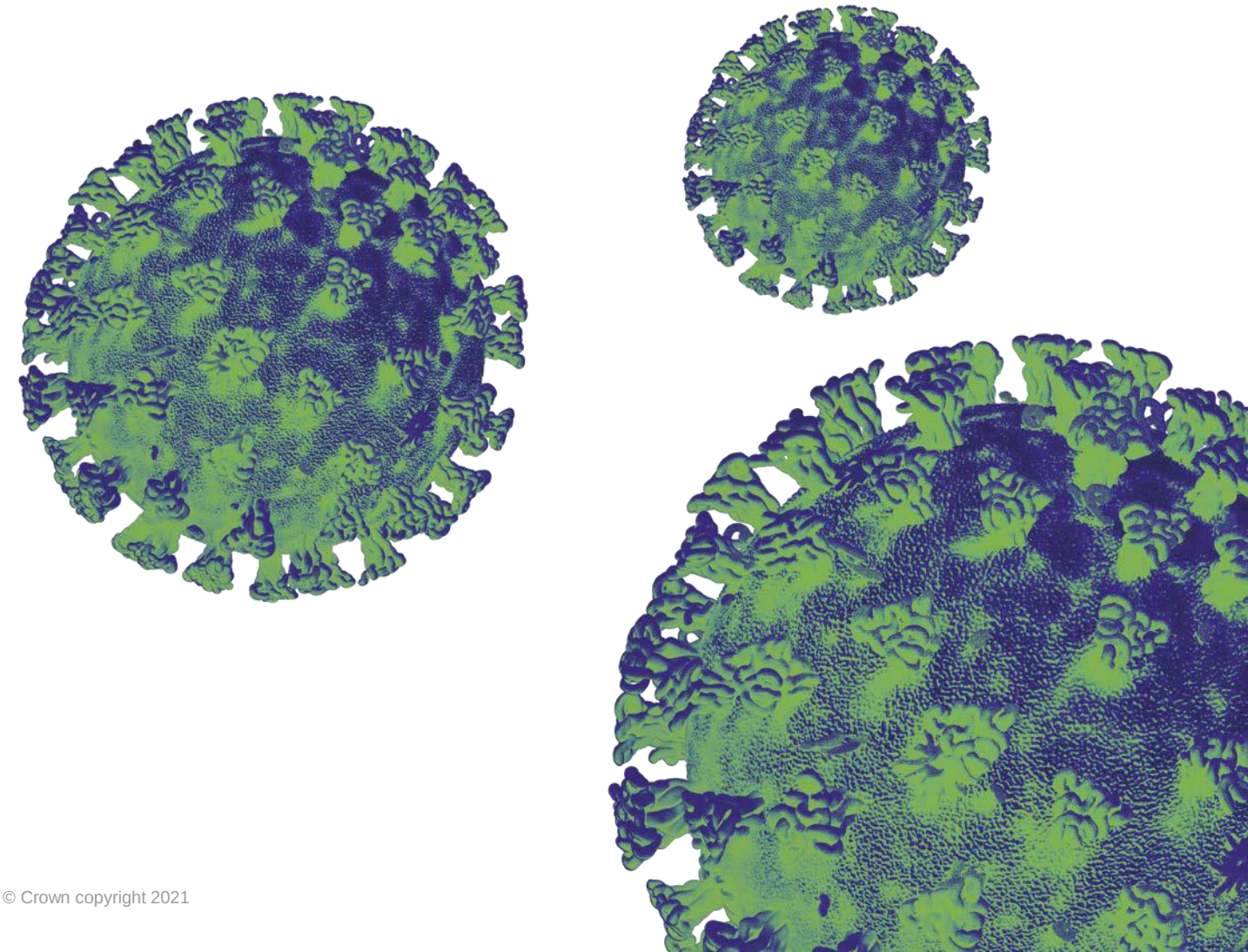
Llywodraeth Cymru
Welsh Government

Technical Advisory Cell

Summary of Advice

22 June 2021



Technical Advisory Cell: Summary of Advice

22 June 2021

Top-line summary

- **As at 17 June, case numbers in Wales have increased to 31 cases per 100k population**, a **56% increase** from the previous week. Almost all Local Authorities in Wales are now seeing **continued increases in case numbers and test positivity**, albeit from a low level. Case incidence has **increased** in almost all age groups, particularly in those age groups which have been under represented in vaccine rollout to date.

- **The most recent estimate of the reproduction number (R_t) for Wales from SAGE has increased to 1.1 to 1**.4 (90% confidence interval; CI), from 1.0 to 1.4 the previous week. Growth rate has remained the same at **0% to +5% per day**. *(Note that Rt and growth rate estimates by SAGE represent the transmission of COVID-19 2 to 3 weeks ago rather than today.)*

- The most recent Rt estimate from Public Health Wales (PHW) at an all-Wales level is now between **1.6 and 1.8** (95% CI), increasing slightly from 1.5 to 1.7 the previous week. **The doubling time for the whole of Wales is now 7.6 days** (95% Confidence interval: 6.1 to 10.3).

- At a regional level, PHW estimates by health board show the lowest R_t is in Aneurin Bevan and Powys, both at 1.5 R_t and a doubling time of 5.7 and 11.2 days respectively. The highest estimates are in Cwm Taf and Betsi Cadwaladr with an R_t of 2.1 and 2.4 and a doubling time of 6.2 and 5.6 days, respectively. Numbers seen in Powys are low and so estimates should be treated with caution. (Note these estimates are less lagged than SAGE, representing transmission from around 1 week ago).

- Whilst COVID-19 hospitalisations in Wales are yet to show a notable increase, trends in England are beginning to suggest an increase in health care demand that is likely to continue if cases continue to rise.

- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 21 June **2,239,271 first doses** and **1,534,373 second doses** of Covid-19 vaccine have been given in Wales and recorded in the Covid-19 Welsh Immunisation System. PHW analysis shows that although inequality gaps in coverage of at least one dose of Covid-19 vaccine between ethnic and socioeconomic groups in older adults have narrowed since March, inequalities in younger groups have widened and this may be contributing to these groups playing a larger role in transmission.

- The most recent Office for National Statistics (ONS) analysis shows between 7 and 10 June, the percentage of people testing positive for antibodies continues to increase, with 88.7% of the **16+ years population** in Wales tested positive for Covid-19 antibodies, although this does not necessarily mean they have immunity from infection.

- For the week 6 to 12 June 2021, it is estimated that **0.07%** of the community population had COVID-19 (95% credible interval: 0.02% to 0.14%). This

equates to approximately **1 person in every 1,500** (95% credible interval: 1 in 4,340 to 1 in 720), or **2,000** people during this time.

- As at 21 June, the Delta variant continues to increase rapidly and is the dominant variant in Wales, with **599 (+284 since last report)** genomically confirmed and probable cases detected. In comparison, the Alpha variant (B.1.1.7, first identified in Kent) has seen 56 cases identified in the same timeframe.

- Public Health England estimates of the growth advantage of Delta compared to Alpha have narrowed in their most recent technical brief, estimated to be **40-60%** greater, compared to the 40-80% highlighted last week. Vaccine effectiveness against symptomatic disease is estimated to be markedly lower with a single dose of the vaccine against the Delta variant, while this difference is smaller with both doses. The vaccine maintains a high level of effectiveness against hospitalisation at >90% for both Alpha and Delta for two doses.

- Because of the uncertainties around the potential magnitude of harm and the benefits of giving the vaccination programme time to fully vaccinate more of the population, the SAGE consensus was to recommend a four week delay to 21 June relaxations in England. It is estimated that a 4-week delay would reduce the scale of a resurgence by around a third to a half of the peak number of daily hospital admissions. A paper has been published by the Technical Advisory Cell to advise that relaxations should be paused for one review cycle (21 days).

- Observed levels of COVID-19 cases, admissions to hospital and admissions to ICU, deaths and hospital bed occupancy are much lower than the levels estimated by the April 2021 reasonable worst case (RWC) scenario and are roughly at the levels estimated by the April 2021 most likely (MLS) scenarios, which are still low and not currently showing signs of increasing. Note that these scenarios do not take account of the Delta variant and the modelling is being updated to reflect the potential impact of this variant of concern.

TAG/ SAGE papers published this week:

- Technical Advisory Group: advice from TAG and the Chief Scientific Advisor for Health on the Delta Variant
- Technical Advisory Group: use of face coverings in childcare and educational settings for Under 18s
- Technical Advisory Group: advice for 3 June restriction review
- SAGE: SCWG: What are the appropriate mitigations to deploy in care homes in the context of the post vaccination risk landscape?, 26 May 2021
- SAGE: SPI-M-O: Medium-term projections, 2 June 2021
- SAGE: Dynamic CO-CIN report to SAGE and NERVTAG, 9 June 2021

Other papers of Interest

Welsh Government: COVID-19 Wales situational report: 17 June 2021

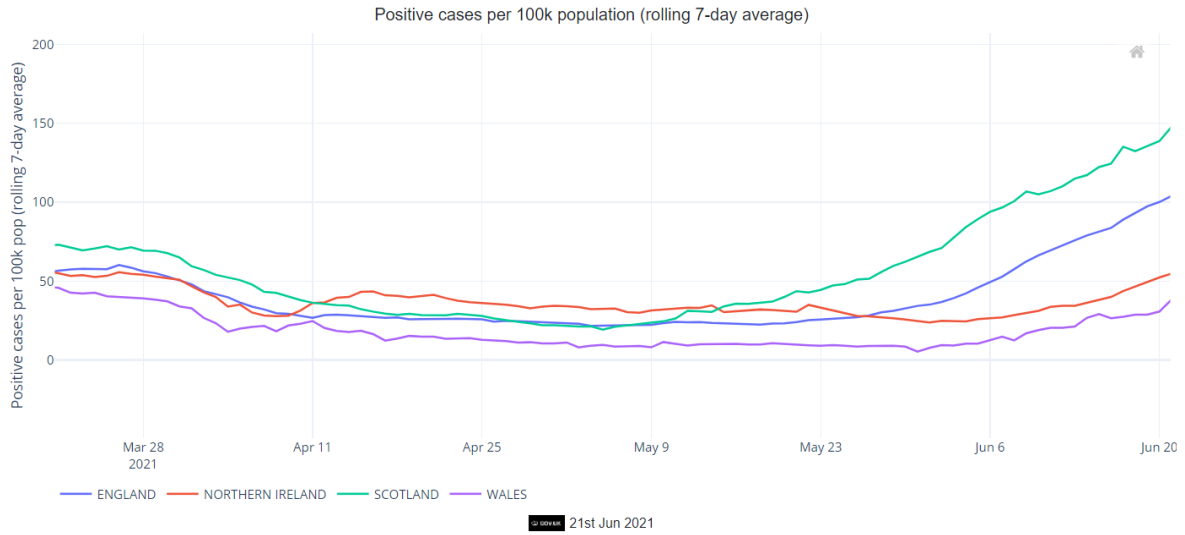
SARS-CoV-2 variants of concern and variants under investigation in England: technical briefing 16

Data from Wales and the four UK nations

- *The following information provides an overview across the four UK nations of the weekly number of tests carried out, the positivity rate, and the number of cases as well as these figures by 100k population for the 7 day period ending **21 June**. The figure in brackets is the change from the previous 7 day period. Note these figures are for pillar 1 and 2 testing only and England testing data includes lateral flow tests.*
- For the most recent 7 day period **cases numbers** have **increased in all UK nations**, with the greatest relative change in Wales, although case numbers per 100,000 population remain at a low level currently compared to the rest of the UK.
- Test positivity in Wales and Northern Ireland increased to a greater extent than England and Scotland, although test positivity remains highest in Scotland.

For the 7 day period ending 21 June 2021

Measure	ENGLAND	NORTHERN IRELAND	SCOTLAND	WALES
No. of cases	54,554 (+29%)	930 (+44%)	7,376 (+18%)	904 (+36%)
No. of tests carried out	5,860,884 (+5%)	71,905 (+2%)	183,061 (+6%)	70,419 (-6%)
Positivity rate	0.9% (+13%)	1.3% (+44%)	4% (11%)	1.3% (+44%)
Weekly cases per 100K population	97.5 (+29%)	49.4 (+44%)	135.6 (+18%)	28.8 (+36%)
Weekly tests per 100K population	10470 (+5%)	3821 (+2%)	3366 (+6%)	2244 (-6%)



- *Data from multiple sources are collated centrally by DHSC, although there are differences in methodologies between nations for processing tests and identifying individuals. More information is available here.*

  Source: Welsh Government dashboard, Data from Gov.UK

Reproduction number and Growth Rate

- *Estimates of R_t and growth rates become more uncertain as hospitalisations and deaths reach low levels and clustered outbreaks start to make up a greater proportion of cases. Both R_t and growth rates are average measures and smooth over outbreaks at small spatial scales or over short periods of time. They should not be treated as robust enough to inform policy decisions alone. At this time, it may be more useful to look at incidence and prevalence measures than R_t.*

SAGE estimate

- **The most recent estimate of the R_t for Wales from SAGE on 16 June is between 1.1 and 1.4 (90% confidence interval).**
- The most recent daily growth rate for Wales from SAGE is estimated to be **0 to +5%** per day (90% confidence interval)
- These estimates will be at least two weeks out of date and so will not yet fully reflect changes related to the recent rapid increases in transmission of the Delta (B.1.617.2) variant.
- *The Reproduction number (R_t) is the average number of secondary infections produced by a single infected individual. R_t is an average value over time, geographies, and communities. This should be considered when interpreting the R_t estimate for the UK given the differences in policies across the four nations.*

- *The estimate of R_t is shown as a range (90 or 95% confidence intervals) without a central estimate and is a lagging indicator, representing the transmission of COVID-19 2 to 3 weeks ago rather than today, due to the time delay between someone being infected, developing symptoms, and needing healthcare.*
- *Growth rate reflects how quickly the numbers of infections are changing day by day. It is an approximation of the percentage change in the number of infections each day. Growth rate is also a lagging indicator and shown as a range (90 or 95% confidence intervals) without a central estimate. Figures are shown as either doubling if R is above 1, or halving if R_t is below 1.*
- *Care should be taken when interpreting R_t and growth rate estimates for the UK, due to their inherently lagged nature, their correlation with testing incidence and that national estimates can mask regional variation in the number of infections and rates of transmission.*
- *For more information on the models that are used to create the SAGE consensus on R, please see the UK Government website.*

Public Health Wales (PHW) estimate

- *PHW also estimate R_t for Wales using data on the number of positive Covid-19 testing episodes for the last 7 day rolling period. Like the SAGE estimate these figures should be interpreted with caution as the number of positive cases detected can be a reflection of the amount of testing. It is assumed there is no change in testing patterns for the duration of these estimates.*
- *This estimate is less lagged than SAGE, representing transmission from around 1 week ago; and is also available at both a national and regional level. However it uses a different methodology and is based on positive SARS-Cov-2 testing episodes only.*
- *Local health board level estimates of Rt and halving times will be unstable when incidence is low.*
- *Estimates of the reproduction number are based on the previous rolling 7 days of data and include all cases confirmed by a positive COVID-19 test result, include hospital acquired cases. To account for reporting lag the most recent three days of data have been omitted.*
- As at 16 June, the R_t at an all-Wales level estimated by **Public Health Wales** (PHW) is **between 1.6 and 1.8** (95% confidence interval), an increase from 1.5 and 1.7 the previous week. At a regional level all healthboard areas have an R_t above 1.0.
- *Estimates of halving/ doubling times have been calculated using 14 days of rolling data and include all cases confirmed by a positive COVID-19 test result, include hospital acquired cases. The estimate assumes that there has been no changes in mixing patterns or testing capacity.*

- The doubling time for Wales has also got shorter**,** estimated by PHW to be **doubling every 7.6 days** (95% CI: 6.1 to 10.3) compared to 9.1 days last week. At a regional level all healthboard areas are currently doubling.

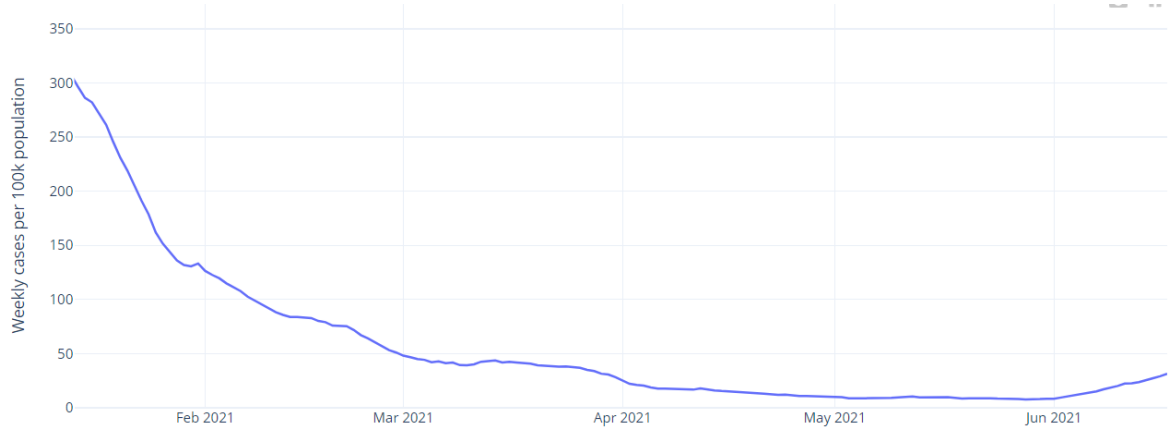
Area	Doubling/ halving time in days (95% CI)	Rt (95% CI)
All Wales	**7.6 (6.1 to 10.3) DOUBLING**	**1.7 (1.6 to 1.8)**
Swansea Bay UHB	7.3 (4.5 to 19.4) DOUBLING	1.4 (1.2 to 1.7)
CTM UHB	6.2 (4.3 to 11.3) DOUBLING	2.1 (1.7 to 2.6)
Aneurin Bevan UHB	5.7 (3.5 to 14.6) DOUBLING	1.5 (1.35 to 1.8)
Cardiff & Vale UHB	6.8 (4.8 to 12.2) DOUBLING	1.7 (1.4 to 2.0)
Hywel Dda UHB	5.6 (3.4 to 16.4)* DOUBLING	1.6 (1.3 to 1.9)*
Powys THB	11.2 (3.9 to -12.6)* DOUBLING	1.5 (0.9 to 2.1)*
Betsi Cadwaladr UHB	5.6 (4.1 to 8.8) DOUBLING	2.4 (2.2 to 2.6)

* Small numbers, interpret with caution

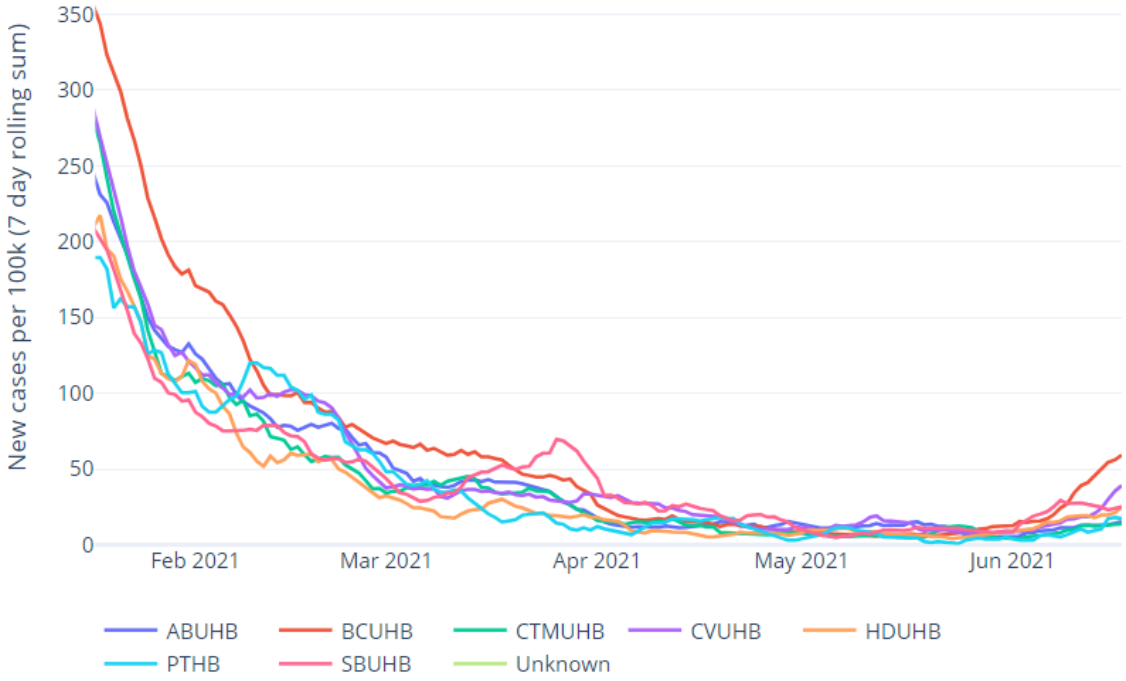
Case numbers

- The figure below shows weekly COVID-19 cases per 100k population (7 day rolling sum) for the most recent 6 month period at a national and regional. The most recent data up to **17 June** shows an increase in cases to **31.3 cases per 100k** population, a **55% increase** from the previous 7 day period. At a healthboard level Betsi Cadwaldr has seen the largest increase, followed by Cardiff & Vale.

Cases per 100k for Wales (PHW Data) (7 day rolling sum)



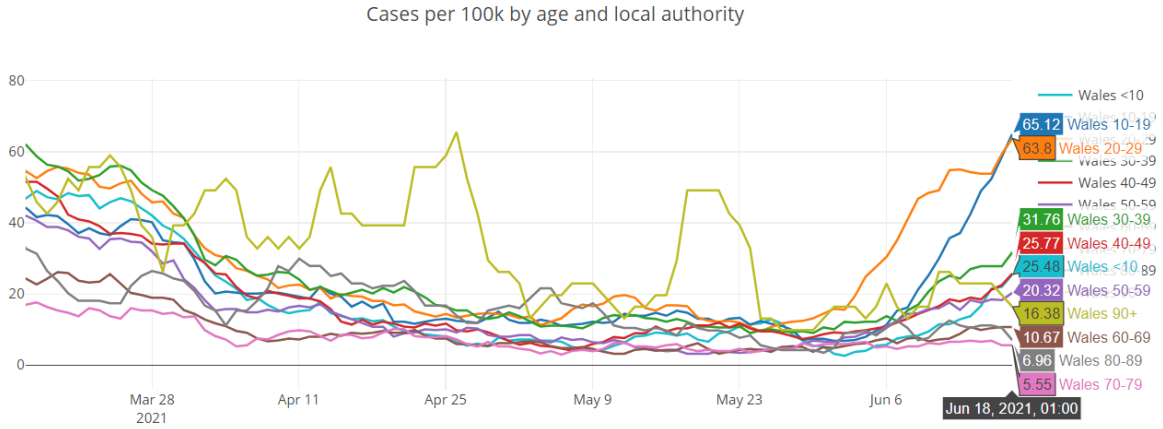
Cases per 100k by Healthboard (PHW Data) (7 day rolling sum)



Source: Welsh Government dashboard, Data from PHW

Age profile

- The Figure below shows the number of confirmed COVID-19 episodes per 100,000 population, by week of sample collection and age group for the most recent 3 month period.
- *It should be noted that the 90+ age group is significantly affected by small increases in case numbers, as a result of the smaller denominator size in comparison to other age groups.*
- According to Public Health Wales data, as at 18 June, case incidence has **increased** in almost all age groups, with the exception of 80-89. Cases in people aged 10-19 have more than doubled and the highest case levels are dominated by those in the youngest age groups who have seen the least coverage in the vaccination programme to date.



Source: Welsh Government dashboard, Data from PHW

Wales Local Authority Update

- *At low incidence regional changes between weeks will be more variable, as a result of the impact of outbreak clusters against a background of low prevalence.*
- Recent PHW surveillance data for Wales for the 7 day period ending **17 June** shows that case incidence per 100,000 population for the whole of Wales during this period was **31.3, a 56% increase** from the previous period. This is a smaller increase than the previous week, which was 96%.
- Test positivity for COVID-19 for the whole of Wales continues to rise and was **2.7%** for the most recent rolling 7 period, a **35% increase** from the previous period.
- At a Local Authority level, with the exception of Swansea Bay, incidence is increasing in all local authorities. Case incidence is highest in Betsi Cadwaldr and Cardiff & Vale at 59.2 and 38.8 respectively and lowest in Cwm Taff and Aneurin Bevan at 13.8 and 15.3.

  Source: Welsh Government dashboard, Data from PHW

Local Authority	Number of cases	% of All Wales Total	Case Incidence per 100,000	Incidence threshold reached	Change from previous week	Proportion of tests positive (%)	Positivity threshold reached	Test Incidence per 100,000
Blaenau Gwent	6	0.60%	8.59	Under 15	-14% ↓	0.9%	Under 2.5%	960.46
Caerphilly	35	3.50%	19.33	15 to < 20	150% ↑	2.10%	Under 2.5%	925.58
Monmouthshire	19	1.90%	20.09	20 to < 25	171% ↑	2.00%	Under 2.5%	997.99
Newport	17	1.70%	10.99	Under 15	-29% ↓	0.8%	Under 2.5%	1463.7
Torfaen	14	1.40%	14.9	Under 15	-7% ↓	1.6%	Under 2.5%	909.95
ABUHB	**91**	**9.30%**	**15.32**	**15 to < 20**	**36% ↑**	**1.40%**	**Under 2.5%**	**1078.83**
Conwy	115	11.60%	98.12	50 or higher	72% ↑	4.60%	2.5 to < 5%	2115.99
Denbighshire	77	7.80%	80.46	50 or higher	67% ↑	4.20%	2.5 to < 5%	1930.07
Flintshire	115	11.60%	73.67	50 or higher	140% ↑	5.60%	5% or higher	1308.78
Gwynedd	26	2.60%	20.87	20 to < 25	8% ↑	1.70%	Under 2.5%	1228.32
Isle of Anglesey	16	1.60%	22.84	20 to < 25	-6% ↓	1.9%	Under 2.5%	1190.7
Wrexham	65	6.60%	47.81	25 to < 50	76% ↑	4.00%	2.5 to < 5%	1207.73
BCUHB	**414**	**42.30%**	**59.18**	**50 or higher**	**73% ↑**	**4.00%**	**2.5 to < 5%**	**1483.22**
Bridgend	31	3.10%	21.08	20 to < 25	48% ↑	2.00%	Under 2.5%	1040.47
Merthyr Tydfil	5	0.50%	8.29	Under 15	67% ↑	0.80%	Under 2.5%	1017.8
Rhondda Cynon Taf	26	2.60%	10.78	Under 15	24% ↑	1.10%	Under 2.5%	977.77
CTMUHB	**62**	**6.30%**	**13.82**	**Under 15**	**38% ↑**	**1.40%**	**Under 2.5%**	**1003.7**
Cardiff	134	13.60%	36.52	25 to < 50	100% ↑	3.40%	2.5 to < 5%	1076.31
Vale of Glamorgan	60	6.10%	44.91	25 to < 50	233% ↑	3.30%	2.5 to < 5%	1346.69
CVUHB	**194**	**19.80%**	**38.76**	**25 to < 50**	**128% ↑**	**3.40%**	**2.5 to < 5%**	**1148.47**
Carmarthenshire	29	2.90%	15.36	15 to < 20	4% ↑	1.30%	Under 2.5%	1194.57
Ceredigion	20	2.00%	27.51	25 to < 50	186% ↑	2.80%	2.5 to < 5%	983.56
Pembrokeshire	47	4.80%	37.36	25 to < 50	21% ↑	3.40%	2.5 to < 5%	1111.13
HDUHB	**96**	**9.80%**	**24.79**	**20 to < 25**	**30% ↑**	2.20%	**Under 2.5%**	**1127.85**
Powys	23	2.30%	17.37	15 to < 20	109% ↑	2.10%	Under 2.5%	826.82
PTHB	**23**	**2.40%**	**17.37**	**15 to < 20**	**109% ↑**	**2.10%**	**Under 2.5%**	**826.82**
Neath Port Talbot	30	3.00%	20.93	20 to < 25	-12% ↓	1.9%	Under 2.5%	1087.81
Swansea	68	6.90%	27.53	25 to < 50	-6% ↓	2.5%	2.5 to < 5%	1082.22
SBUHB	**98**	**10.00%**	**25.11**	**25 to < 50**	**-8% ↓**	**2.3%**	**Under 2.5%**	**1084.27**
Unknown	10	1.00%	-		43% ↑	-		-
Total	**988**	**100.00%**	**31.34**	**25 to < 50**	**56% ↑**	**2.70%**	2.5 to < 5%	**1179.46**

Deaths

- The figure below shows the 7 day rolling sum of COVID-19 deaths reported by PHW rapid mortality surveillance up to 17 June, with **0 deaths** for the most recent 7 day period, a decrease of 2 from the previous period.
- *PHW death data is limited to reports of deaths of hospitalised patients in Welsh hospitals or care homes where COVID-19 has been confirmed with a positive laboratory test and the clinician suspects COVID-19 was a causative factor. It does not include patients who may have died from COVID-19 but who were not confirmed by laboratory testing, those who died in other settings, or Welsh residents who died outside of Wales. As a result the true number of deaths will likely be higher.*

COVID-19 Deaths (7 day rolling sum)

Source: Welsh Government dashboard, Data from PHW

ONS: Deaths registered weekly in England and Wales- week ending 11 June

- *The Office for National Statistics (ONS) reports on both suspected and confirmed COVID-19 deaths using data available on completion of the death registration process and is more complete, albeit subject to a greater time lag. Figures are based on the date the death was registered, not when it occurred. There is usually a delay of at least five days between occurrence and registration.*
- In Wales, in the week ending 11 June the number of weekly registered deaths involving COVID-19 **reduced** from 2 the previous week to **1,** accounting for **0.2% of all deaths**.
- The **number of total weekly deaths** registered in Wales increased from 464 to **636**. This was **26 more deaths** (4.3%) than the five-year average for Wales.

Source: Deaths registered weekly in England and Wales, provisional: week ending 11 June 2021

Variant Update

As at 21 June in Wales to date:

- There have been **12,808 (+56 since last week)** genomically confirmed and probable cases of the variant **Alpha** (B.1.1.7, first identified in Kent).
- There have been **41** (+1) genomically confirmed and probable cases of the variant **Beta** (B.1.351, first identified in South Africa).
- There has been **2** (+0) genomically confirmed and probable cases of the variant **Gamma** (P.1, first identified in Brazil via Japan).
- There have been **599 (+284)** genomically confirmed and probable cases of the variant **Delta** (B.1.617.2, first identified in India).

SARS-CoV-2 variants of concern and variants under investigation in England Technical briefing 16

- The most recent Public Health England (PHE) variants of concern technical briefing for this week has been published, along with an updated Delta risk assessment and variant data update.
- In the most recent PHE briefing case numbers have continued to rise, almost doubling since last week to 60,655 cases. The number of deaths has also increased from 42 to 73. Delta now comprises 91% of sequenced cases in England.
    - 6.7% of cases were in fully vaccinated individuals, compared to 58.6% unvaccinated.
    - For hospital admissions 8.2% were vaccinated compared to 66% unvaccinated.
    - Of those hospitalised 73 9% died, of which 46% were unvaccinated and 35% fully vaccinated.
- Further investigation is needed around severity of disease for breakthrough infections in vaccinated individuals and health risk factors.

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) in England, 1 February 2021 to 14 June 2021.

	Total	Cases with specimen date in past 28 days*	Unlinked	Unvaccinated	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2
Delta cases since 1 Feb 2021 ¥	60,624	53,177	7,461	35,521	4,094	9,461	4,087
Cases with an A&E visit§ (excluding cases with the same specimen and attendance dates)‡	1,555	NA	14	1,038	116	285	102
Cases with an A&E visit§ (including cases with the same specimen and attendance dates)	2,176	NA	24	1,446	155	378	173
Cases where presentation to A&E resulted in overnight inpatient admission§ (excluding cases with the same specimen and admission dates)‡	488	NA	7	324	30	87	40
Cases where presentation to A&E resulted in overnight inpatient admission§ (including cases with the same specimen and admission dates)	806	NA	10	527	50	135	84
Deaths^	73	NA	2	34	1	10	26

Data sources: Emergency care attendance and admissions from Emergency Care Dataset (ECDS), deaths from PHE daily death data series (deaths within 28 days)

- It should be noted that death is a lagging indicator and many Delta cases are still at an early stage; as a result deaths are likely to continue to increase.
- Community case secondary attack rate estimates have remained broadly similar since last week, although confidence intervals have narrowed. These suggest a 43% increase in secondary attack rate for Delta compared to Alpha, with a 42% increase for household contacts and a 55% increase for non-household contacts.
- New vaccine effectiveness data still suggest a 15-20% reduction in effectiveness against symptomatic infection after 1 dose of the vaccine while there is a less of a reduction in effectiveness for 2 vaccines, which increases protection to >80%.

Table 10. Vaccine effectiveness against symptomatic disease for Alpha and Delta variants

Vaccination status	Vaccine Effectiveness (%)	
	Alpha	Delta
Dose 1	49 (46 to 52)	31 (25 to 36)
Dose 2	88 (85 to 90)	80 (77 to 82)

- Current evidence suggests vaccine effectiveness against hospitalisation remains at a high level of >70% with 1 dose for and >90% with 2 doses for both variants.

Table 11. Vaccine effectiveness against hospitalisation for Alpha and Delta variants

Vaccination status	Vaccine Effectiveness (%)	
	Alpha	Delta
Dose 1	78 (65 to 86)	75 (57 to 85)
Dose 2	92 (78 to 97)	94 (85 to 98)

Test, Trace, Protect (Contact tracing for COVID-19)

- *Welsh Government publishes a weekly summary of contact tracing activity in Wales during the COVID-19 pandemic. The data in this release is management information collected as part of the contact tracing process. The figures reflect the data recorded in the contact tracing system and not any contact tracing activity that may have taken place outside of the typical tracing process.*
- *It may not be possible to trace all individuals referred to the contact tracing service. For various reasons contact details will not have been provided for some individuals and others may not have responded to calls, texts or emails from tracing teams. The proportion of positive cases that were eligible for follow-up and that were reached only include those cases that were successfully reached but does not include those cases where local tracers have made an attempt, but failed, to contact.*
- *For cases in halls of residence, students may have been contacted by text or by their university to advise them to isolate and not by the local contact tracing team. Also, school "bubble" contacts aren't subject to formal contact tracing process as they are contacted directly by their school and provided the necessary public health and isolation guidance. For this reason, these types of activity are not captured in the contact tracing data.*
- **In the latest week (6 to 12 June 2021)**

- Of the 738 positive cases that were eligible for follow-up, 724 (98.1%) were reached and asked to provide details of their recent contacts:
    - 92.5% were reached within 24 hours of referral to the contact tracing system. This equates to 94.3% of those successfully reached being reached within 24 hours.
    - 96.7% were reached within 48 hours. This equates to 98.6% of those successfully reached being reached within 48 hours.
- f the 2,553 close contacts that were eligible for follow-up, 2,474 (96.9%) were successfully contacted and advised accordingly, or had their case otherwise resolved
    - 87.3% were reached within 24 hours of being identified by a positive case. This equates to 90.1% of those successfully reached being reached within 24 hours.
    - 93.7% were reached within 48 hours of being identified by a positive case. This equates to 96.7% of those successfully reached being reached within 48 hours.

- From the time positive cases were referred to the contact tracing system, 58.9% of all close contacts that were eligible for follow-up were reached within 24 hours.
- From the time positive cases were referred to the contact tracing system, 82.0% of all close contacts that were eligible for follow-up were reached within 48 hours.

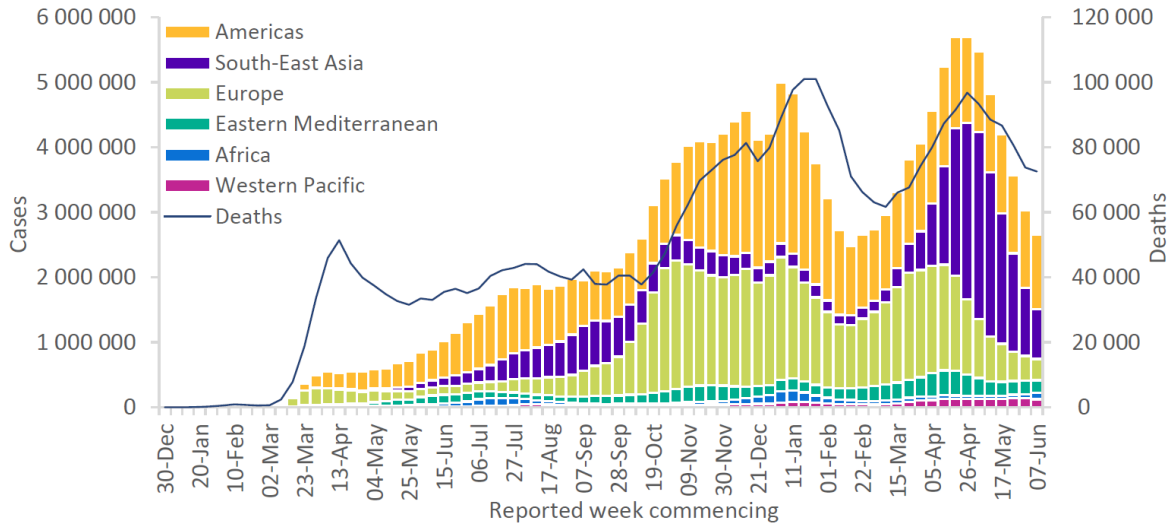
In total, since 21 June 2020:

- of the 175,676 positive cases that were eligible for follow-up, 175,126 (99.7%) were reached and asked to provide details of their recent contacts
- of the 384,286 close contacts that were eligible for follow-up, 364,636 (94.9%) were successfully contacted and advised accordingly, or had their case otherwise resolved

Source: Test, Trace, Protect (contact tracing for coronavirus (COVID-19): up to 12 June 2021

International update

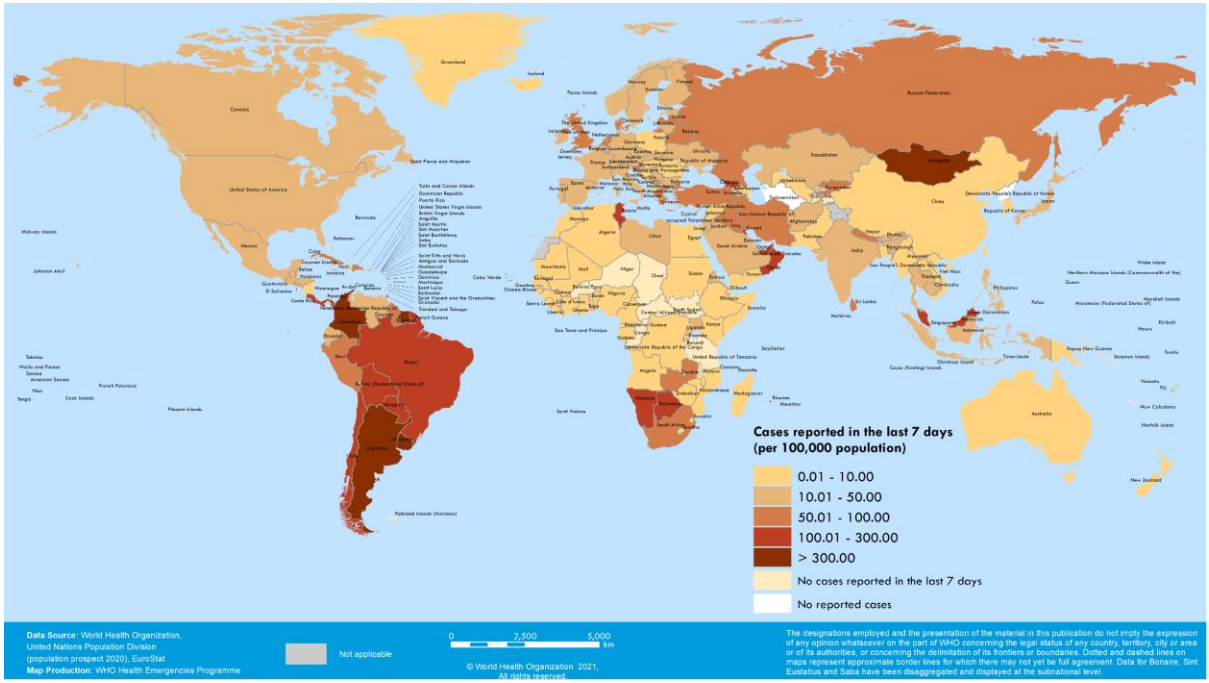
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 June 2021**



- Global numbers of cases and deaths continued to decrease over the past week (7-13 June 2021) with over 2.6 million new weekly cases and over 72 000 deaths, a 12% and a 2% decrease respectively, compared to the previous week.
- Declines in the number of new weekly cases were reported across all Regions except for the African Region. Cases and deathssincreased by 44% and 20%, respectively.
- The South-East Asia, European and Western Pacific Regions reported marked declines in the number of new cases (-27%) in the past week, whereas the Region of the Americas and the Eastern Mediterranean Region reported similar numbers as compared to the previous week (-4%).

- Globally mortality remains high with more than 10,000 deaths reported each day.
- More people have died so far in 2021 than 2020 from Covid-19 but the first wave figures are less certain due to incomplete testing and reporting.

COVID-19 cases per 100 000 population reported by countries, territories and areas, 7 – 13 June 2021 Source: WHO



Spread of Delta VOC across Europe

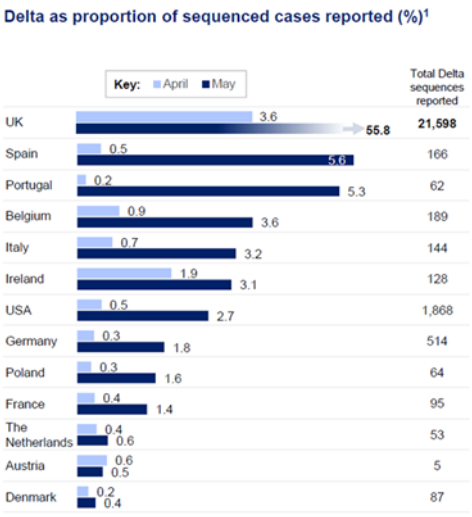


Figure: Pango lineages sequences for samples collected 1 April 2021 – 31 May 2021 Source: GISAID

The spread of the Delta variant across Europe coincides with many countries easing restricitons and reopening. Evidence suggests current vaccines remain effective against severe disease and hospitalisation from the Delta variant. In general, the picture across comparators has improved, with cases falling and pressure on health systems easing. This has given governments sufficient confidence to ease restrictions; in some cases earlier than expected.

Covid-19 Infection Survey results (Office for National Statistics) – 6 June to 12 June

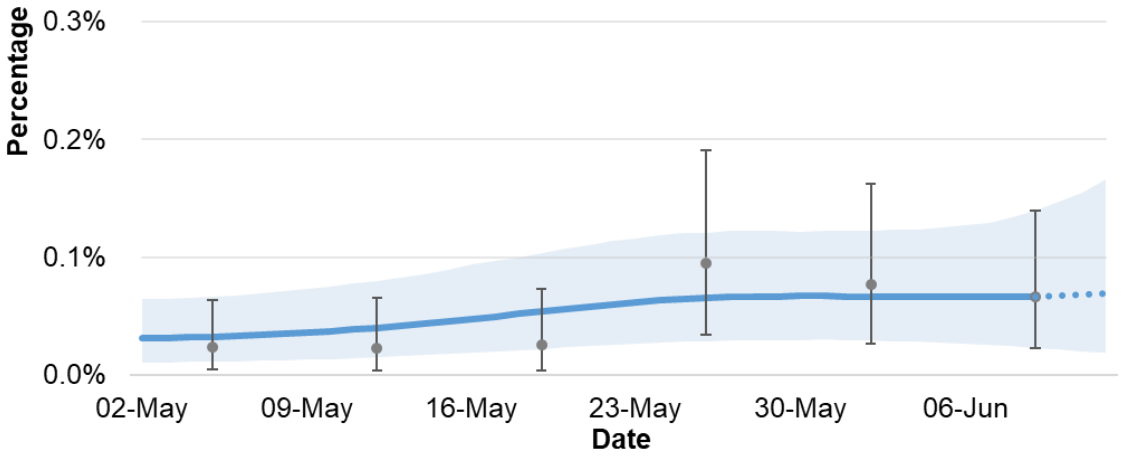
- *The latest estimates for Wales from the Coronavirus (COVID-19) Infection Survey (CIS) have been published on the Welsh Government statistics and research web pages and the Office for National Statistics website. The results include estimates for the number and proportion of people in Wales that had COVID-19 in the latest week, 6 May to 12 June 2021.*
- *The CIS aims to estimate:*
  - *how many people have the infection over a given time;*
  - *how many new cases occur over a given period; and*
  - *how many people are likely to have been infected at some point.*
- *Estimates are provided for the 'community population', i.e. private households only; residents in care homes, communal establishments and hospitals are not included.*
- *Please note that there is a greater lag in data from the infection survey than from other sources such as Public Health Wales. It is also important to stress the uncertainty around these figures. Since the survey picks up relatively few positive tests overall, the results can be sensitive to small changes in the number of these positive tests.*
- *No estimates of incidence are published this week as additional checks are being carried out due to low positivity rates.*

Latest estimates and recent trends:

- For the week 6 to 12 June 2021, it is estimated that **0.07%** of the community population had COVID-19 (95% credible interval: 0.02% to 0.14%).
- This equates to approximately **1 person in every 1,500** (95% credible interval: 1 in 4,340 to 1 in 720)**, or 2,000 people** during this time (95% credible interval: 700 to 4,200).
- The percentage of people testing positive in Wales remains low in the most recent week.
- As positivity rates are currently low it is difficult to identify trends as they are more easily affected by small changes in the number of people testing positive from week to week.
- Rates for cases **compatible with the Alpha variant**, cases **compatible with the Delta variant** and cases where the **virus is too low for the variant to be identifiable** remain low in the latest week.
- Please note that there is a greater lag in data from the infection survey than from other sources such as Public Health Wales.

- It is important to stress the uncertainty around these figures. Since the survey picks up relatively few positive tests overall, the results can be sensitive to small changes in the number of these positive tests.

Wales, estimated % testing positive for Covid 19 since 2 May

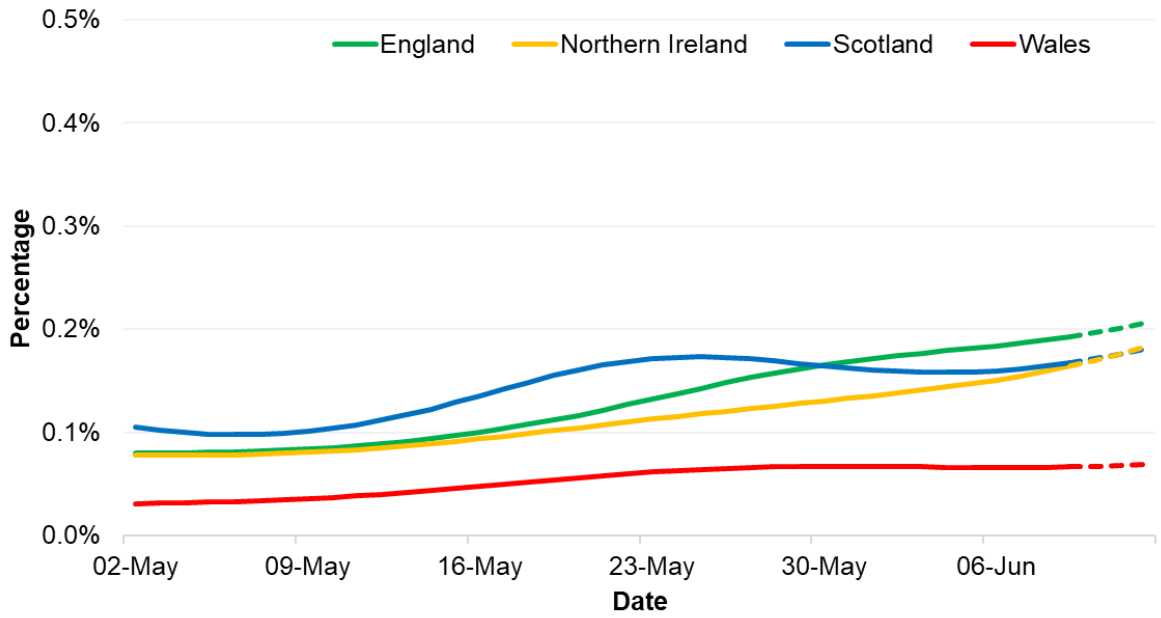


Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21
The blue line and shading represents the modelled trend and credible intervals based on the latest data. The point estimates and error bars are the official estimates published at the time. Reference points for the estimates are changeable. This reflects data processing schedules and events such as bank holidays.

Latest estimates for the UK countries

- At the midpoint of the most recent week (6 to 12 June 2021), the highest estimated percentage of the community population with COVID-19 among the nations of the UK was seen in England (0.19%), whilst Wales appeared to have the lowest (0.07%).
- In England, the percentage of people testing positive has continued to increase in the most recent week. In comparison, the positivity rate remains low in Wales, whilst the trend is uncertain in Scotland and Northern Ireland in the most recent week.

Positivity rates (%) across UK countries since 2 May 2021



Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21

Positivity rates (%) across UK countries for the week 6 to 12 June 2021

	Positivity rates (95% Confidence Interval)		
Wales	0.07% (0.02 to 0.14)	1 in 1,500 people (1 in 4,340 to 1 in 720)	2,000 people (700 to 4,200)
England	0.19% (0.16 to 0.23)	1 in 520 people (1 in 620 to 1 in 440)	105,000 people (88,500 to 124,000)
Scotland	0.17% (0.09 to 0.27)	1 in 600 people (1 in 1,070 to 1 in 380)	8,800 people (4,900 to 14,000)
Northern Ireland	0.16% (0.06 to 0.32)	1 in 610 people (1 in 1,640 to 1 in 310)	3,000 people (1,100 to 5,900)

Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21

Vaccination in Wales

- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 21 June 2021 **2,239,271 first doses** and **1,534,373 second doses** of Covid-19 vaccine have been given in Wales and recorded in the Covid-19 Welsh Immunisation System.
- These numbers have been de-duplicated so that people should not be 'double-counted' and are a daily cumulative snapshot of vaccinations registered. As a result the number of people vaccinated will be higher than these totals.

- Cases numbers are currently highest in younger age groups and the table bellows shows the level of vaccine coverage in different age groups to date.

Uptake by priority group and age, counting individuals in all groups in which they belong (not de-duplicated) as at 22:00 21 June 2021

Uptake by priority group and age, counting individuals in all groups in which they belong

In this table groups are not mutually exclusive, so individuals appear in every group that describes them, and can be counted in more than one group. This is a 'public health' view, showing the total numbers in each priority group.

Group	Group size (n)	Received 1st dose (n)	Received 2nd dose (n)	1st dose uptake (%)	2nd dose uptake (%)
Care home residents	14,774	14,483	13,897	98.0%	94.1%
Care home worker	38,094	35,225	32,880	92.5%	86.3%
80 years and older	171,940	165,067	160,997	96.0%	93.6%
Health care worker	142,616	136,703	129,670	95.9%	90.9%
Social care worker		45,540	43,702		
Aged 75-79 years	132,498	128,195	125,883	96.8%	95.0%
Aged 70-74 years	183,170	176,016	173,492	96.1%	94.7%
Clinically extremely vulnerable aged 16-69 years	81,336	76,730	73,722	94.3%	90.6%
Aged 65-69 years	180,319	170,877	166,603	94.8%	92.4%
Clinical risk groups aged 16-64 years	354,386	314,209	278,112	88.7%	78.5%
Aged 60-64 years	205,396	191,036	182,538	93.0%	88.9%
Aged 55-59 years	233,385	212,470	196,054	91.0%	84.0%
Aged 50-54 years	228,148	202,962	165,267	89.0%	72.4%
Aged 40-49 years	393,771	327,434	177,022	83.2%	45.0%
Aged 30-39 years	424,654	311,275	101,720	73.3%	24.0%
Aged 18-29 years	477,597	330,991	78,306	69.3%	16.4%

Vaccine inequalities

- PHW has published a new vaccination equality surveillance report, covering equality of vaccine coverage up to 6th June 2021. During this period vaccination coverage has increased in all reported socioeconomic and ethnic groups, with coverage of one dose in older age groups levelling off.
- Inequality gaps in coverage of at least one dose of COVID-19 vaccine between ethnic and socioeconomic groups in older adults in Wales have narrowed slightly since March, however inequalities in younger age groups have widened.
- The largest inequality in coverage was seen between ethnic groups in adults aged 30 to 39 years. Coverage for the combined Black, Asian, Mixed and Other ethnic groups in this age-group was 57.1% compared to 74.0% in the combined White ethnic groups.
- Inequalities continue to be seen between adults living in the most and least deprived areas of Wales, but has narrowed for all age groups.
- In adults, the inequality gap for one dose between those living in the most deprived and least deprived quintiles of areas in Wales was:
    - 3.8% for adults aged 80 years and older (compared to 4.3% in May)
    - 2.2% for adults aged 70 to 79 years (compared to 2.6% in May)
    - 3.3% for adults aged 60 to 69 years (compared to 3.7% in May)
    - 4.9% for adults aged 50 to 59 years (compared to 5.3% in May)
    - 9.4% for adults aged 40 to 49 years (compared to 8.2% in May)

  - 9.7% for adults aged 30 to 39 years (compared to 9.0% in May)
  - 9.7% for adults aged 16 to 29 years (compared to 8.9% in May

- The COVID-19 vaccination programme is ongoing and coverage figures are not final, therefore there remains opportunity to reduce inequities. The narrowing of inequalities seen in coverage between some groups over the past month highlights the importance of offering opportunities to catch-up and local public health interventions

Source: PHW Covid-19 Rapid Surveillance Dashboard

Results from the Coronavirus (COVID-19) infection Survey (CIS) in Wales – Antibody data: 7 to 10 June

- The latest antibody estimates for Wales from the Coronavirus (COVID-19) Infection Survey (CIS) have been published on the Welsh Government statistics and research web pages and the Office for National Statistics website.

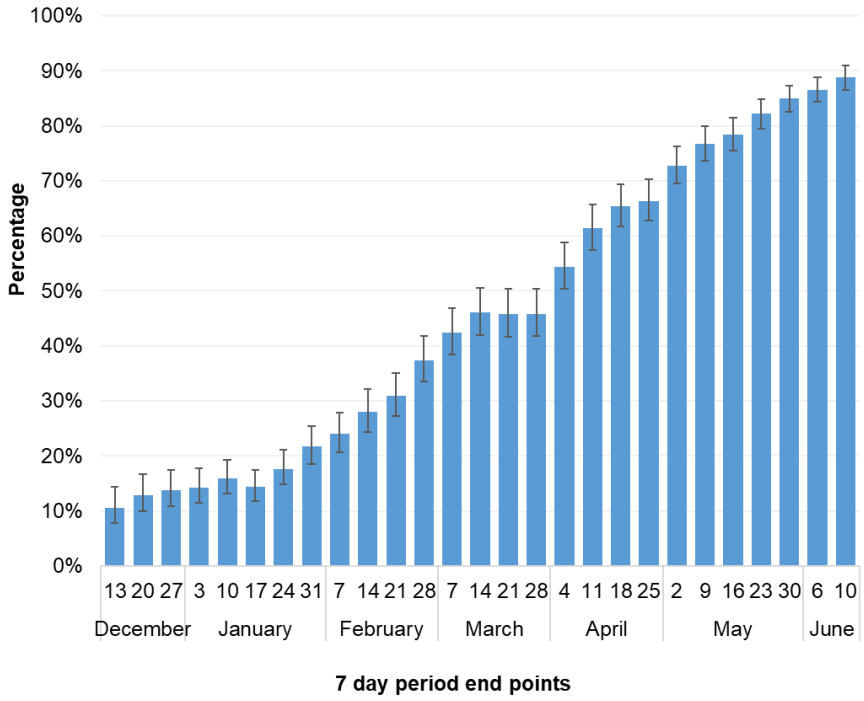
- Between 7 and 10 June, **88.7% of the 16+ population** tested positive for antibodies to COVID-19 from a blood sample (95% credible interval: 86.6% to 90.9%).

- Though there is uncertainty with the estimates, it appears that the percentage of people testing positive for antibodies continues to increase.

- As more people become vaccinated the number of people with antibodies is expected to increase. However the detection of antibodies alone is not a precise measure of immunity protection acquired from vaccinations

- Antibody levels in the blood can decline over time, meaning that some people who have previously had COVID-19 may subsequently test negative for antibodies. For this reason, these figures should be regarded as estimates of monthly prevalence, not cumulative exposure.

Estimated percentage of the population in Wales testing positive for coronavirus (COVID-19) antibodies, December 2020 to June 2021

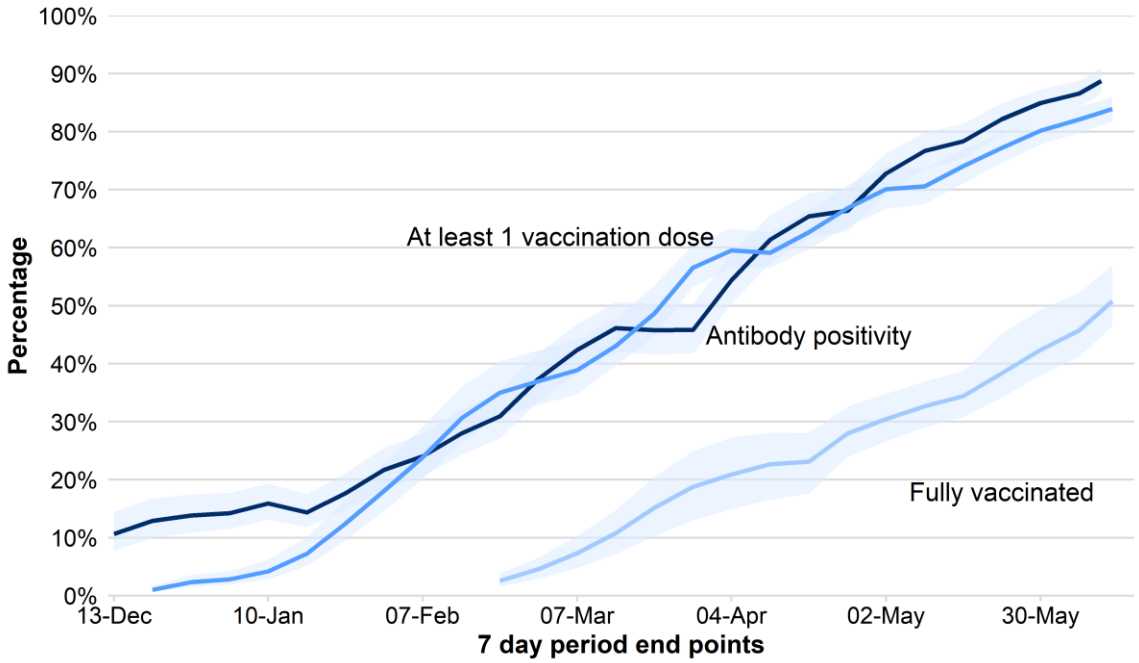


Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21
The blue bars give point estimates and the vertical lines indicate the 95% credible intervals. Estimates shown for surveillance weeks from 7 December 2020 to 10 June 2021. The most recent surveillance week covers a 4 day period.

Antibody positivity and vaccinations over time

- The modelled estimates suggest that the antibody rate, the percentage of people reporting they have had at least one dose of a COVID vaccine and the people reported to be fully vaccinated have all continued to increase.
- Between 7 and 12 June, more than three quarters (83.9%) of people aged 16 and over reported to have had one or more doses of a COVID-19 vaccine (95% credible interval: 81.8% to 85.9%). Whilst half (50.8%) reported they have been fully vaccinated (95% credible interval: 46.5% to 56.9%)
- It is important to note that antibody positivity estimates are defined by a fixed amount of antibodies in the blood. Most vaccinated individuals will have increased their antibody levels but this may not reach or stay above the threshold used in the survey.
- The vaccinations estimates are not the same as the published figures from Public Health Wales on recorded vaccinations. There will be differences between these modelled estimates and the official figures due to differences in coverage, methods and timeliness. The estimates produced from the survey are helpful to compare with other characteristics, such as testing positive for antibodies.
- The denominators used for vaccination estimates are the total people in the survey sample at that particular time point, then it is post-stratified by the mid-year population estimate.

Estimated percentage of the population in Wales reporting receipt of vaccination and testing positive for coronavirus (COVID-19) antibodies from 7 December 2020 to 12 June 2021*



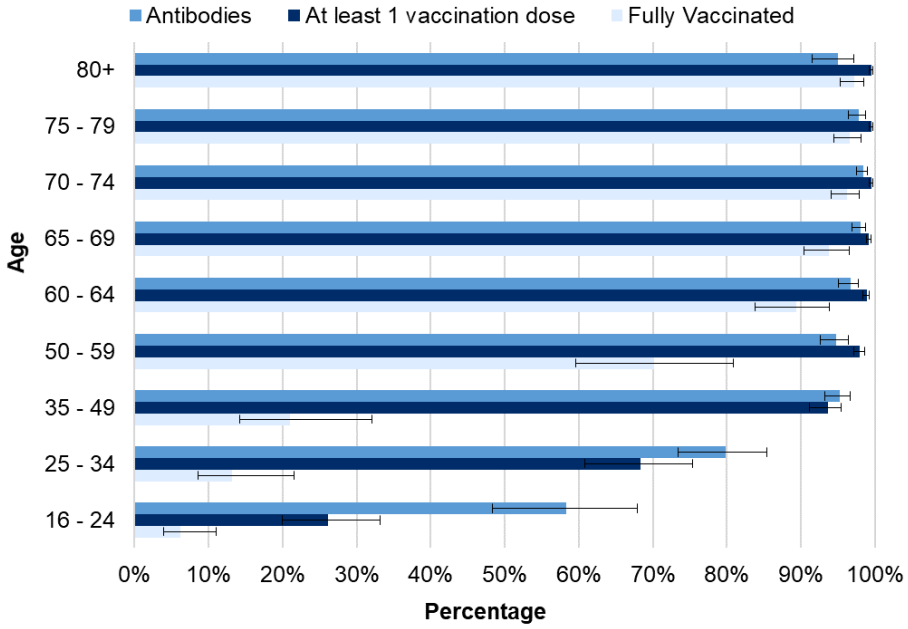
Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21

*Antibody data is covering a period from 7 December to 10 June. The most recent surveillance week covers a 4 day period.
Estimates shown for surveillance weeks from 7 December 2020 to 12 June 2021.

Antibody positivity and vaccinations by age

- Antibody positivity increases with age, with the highest percentage testing positive for antibodies in the older age groups and lowest among the youngest groups; this reflects the age prioritisation in vaccination programmes in place.
- Between 7 and 10 June, more than 90% of people aged 35 or older tested positive for antibodies, ranging from 94.8% to 98.4%. In comparison, those aged 16 to 49 years testing positive for antibodies ranged from 58.3% to 79.9%.

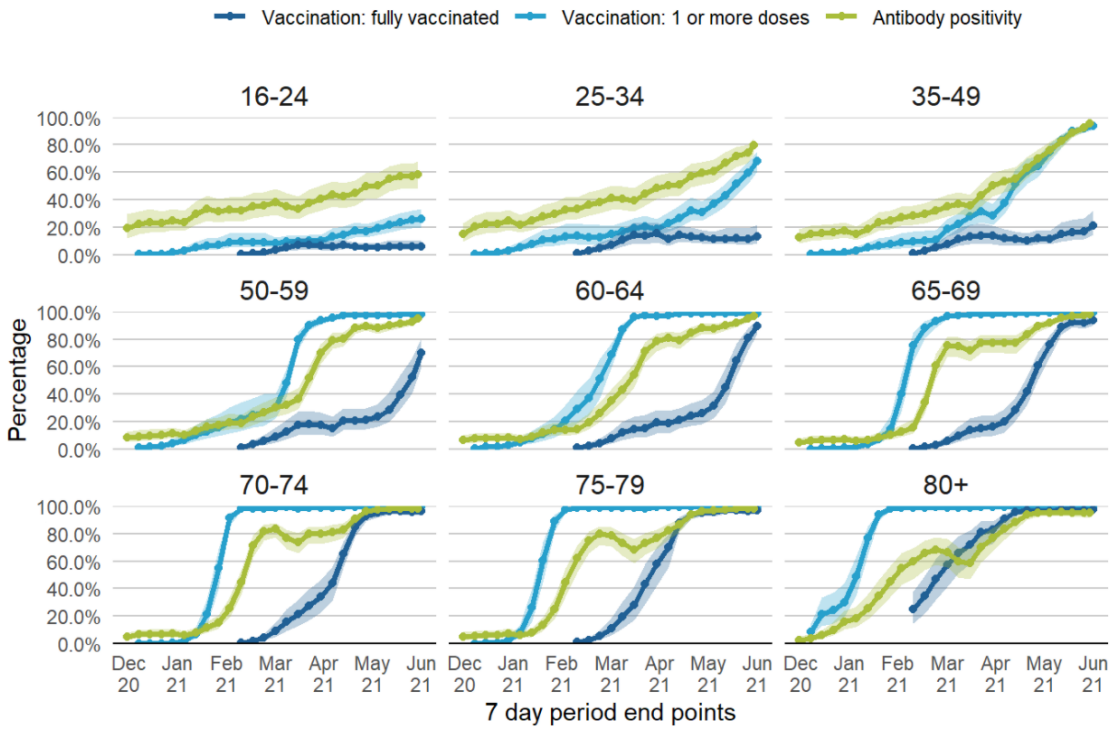
Estimated percentage of the population in Wales reporting receipt of vaccination and testing positive for coronavirus (COVID-19) antibodies by age group, 7 to 12 June*



Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21

*Antibody data is covering a 4 day period from 7 to 10 June.

Estimated percentage of the population in Wales reporting receipt of vaccination and testing positive for coronavirus (COVID-19) antibodies by age group, since December 2020



Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21

The modelled trend for people testing positive for antibodies (green) and people reported having had at least one dose of a COVID vaccine (light blue) and people reporting to have been fully vaccinated (dark blue) by age group.

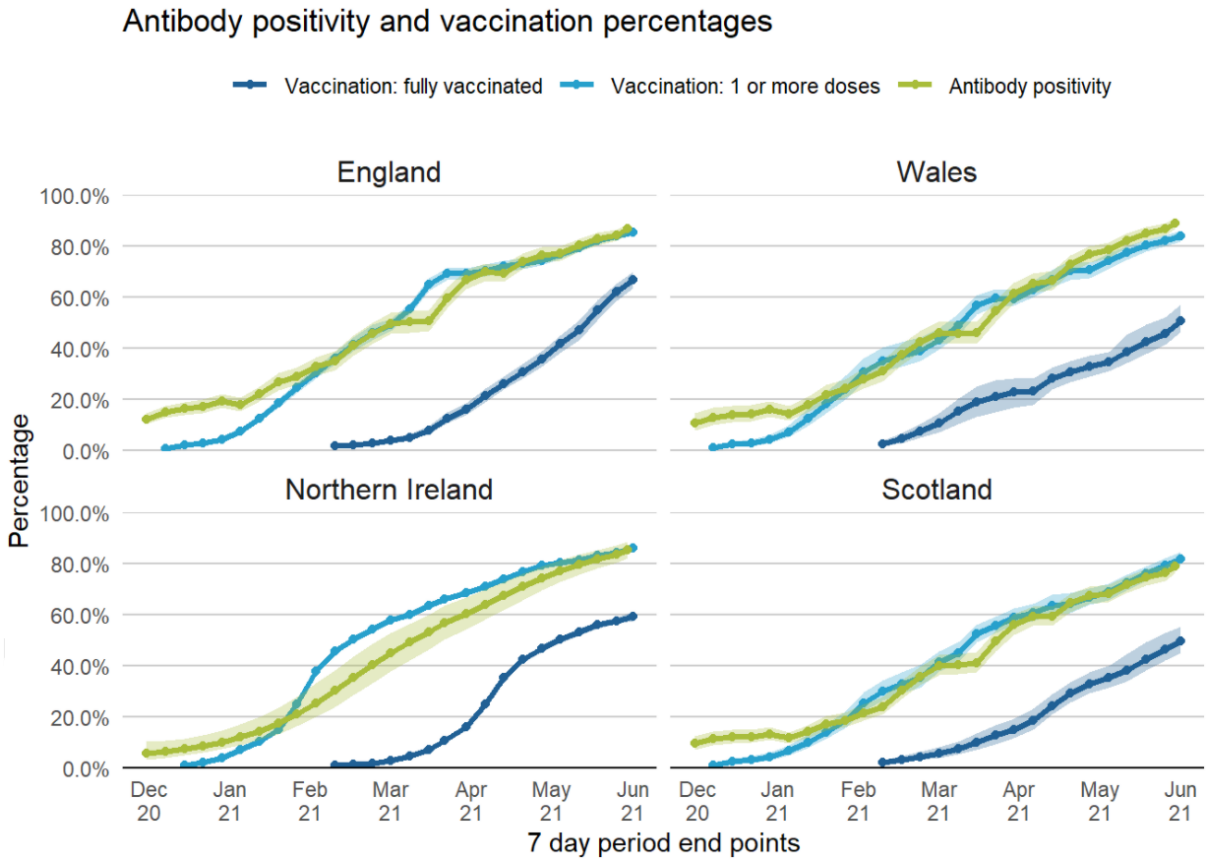
Latest estimates for the UK countries

- Between 7 and 10 June, 88.7% of people in Wales tested positive for COVID-19 antibodies (95% credible interval: 86.6% to 90.9%).

- Across the UK, Wales (88.7%) had the highest percentage of people testing positive for antibodies between 7 and 10 June followed by England (86.6%) and Northern Ireland (85.4%). Scotland appeared to have the lowest percentage of people testing positive for antibodies (79.1%).

- The percentage of people testing positive for antibodies continues to increase in all four nations in recent weeks.

- Across the UK, there is a clear pattern between vaccination and testing positive for COVID-19 antibodies but the detection of antibodies alone is not a precise measure of the immunity protection given by vaccination.

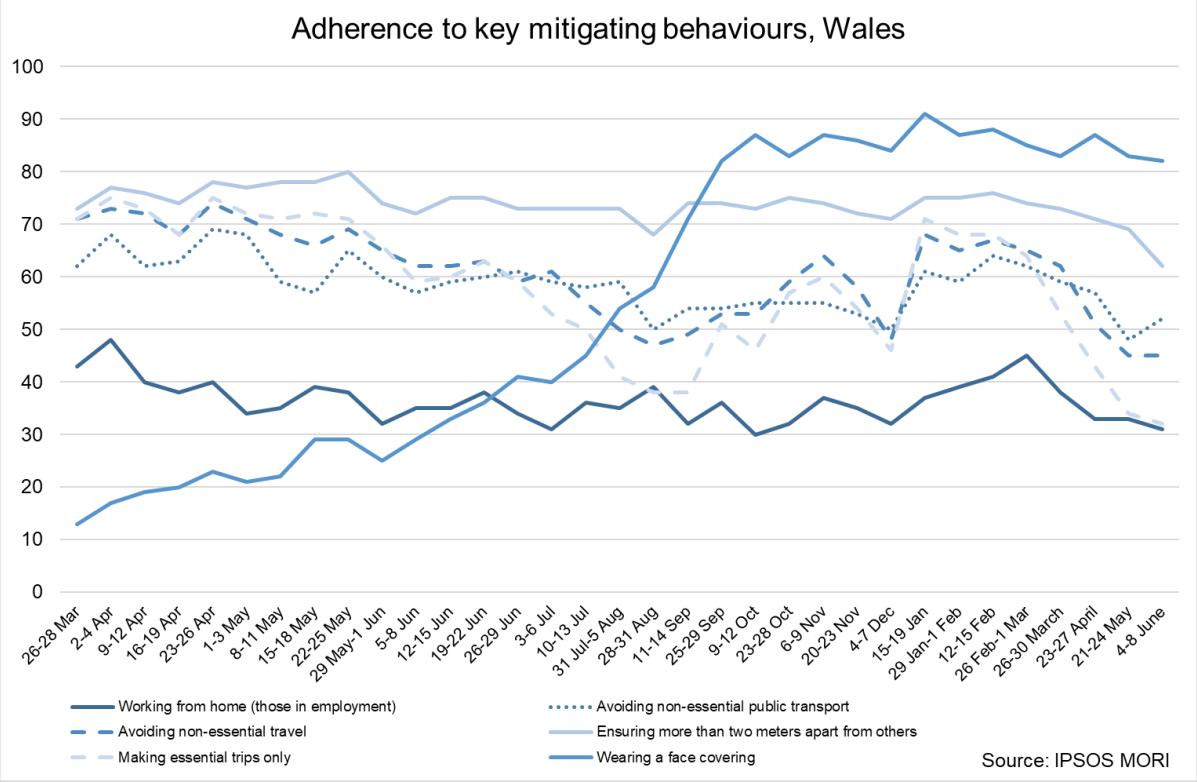


Source: Coronavirus (COVID-19) Infection Survey, ONS, 16/06/21

- The modelled trend for people testing positive for antibodies (green) and people reported having had at least one dose of a COVID vaccine (light blue) and people reporting to have been fully vaccinated (dark blue) for the four countries of the UK.

Adherence and understanding of current measures

- The data from IPSOS MORI are the same as last week. The data from Public Health Wales are new this week.
- The most recent IPSOS MORI data for the period 4 – 8 June for Wales shows a similar pattern to the last survey wave (21-24 May), but with a reduction in those who are ensuring they are more than two meters apart from others, which is the lowest since first reported at the end of March 2020. It should be noted that this is self-reported adherence and will be affected by individuals understanding of the rules and the circumstances that apply to them.
- The figure below represents data collected online by IPSOS MORI as part of a multi-country survey on the Global Advisor platform. Each of the waves has included c.500 respondents in Wales. The sample is broadly representative of the adult population aged 16-74. Data is weighted to reflect the age and gender profile of the Welsh population aged 16-74. All samples have a margin of error around them. For a sample of around 500, this is +/- 4.8 percentage points.

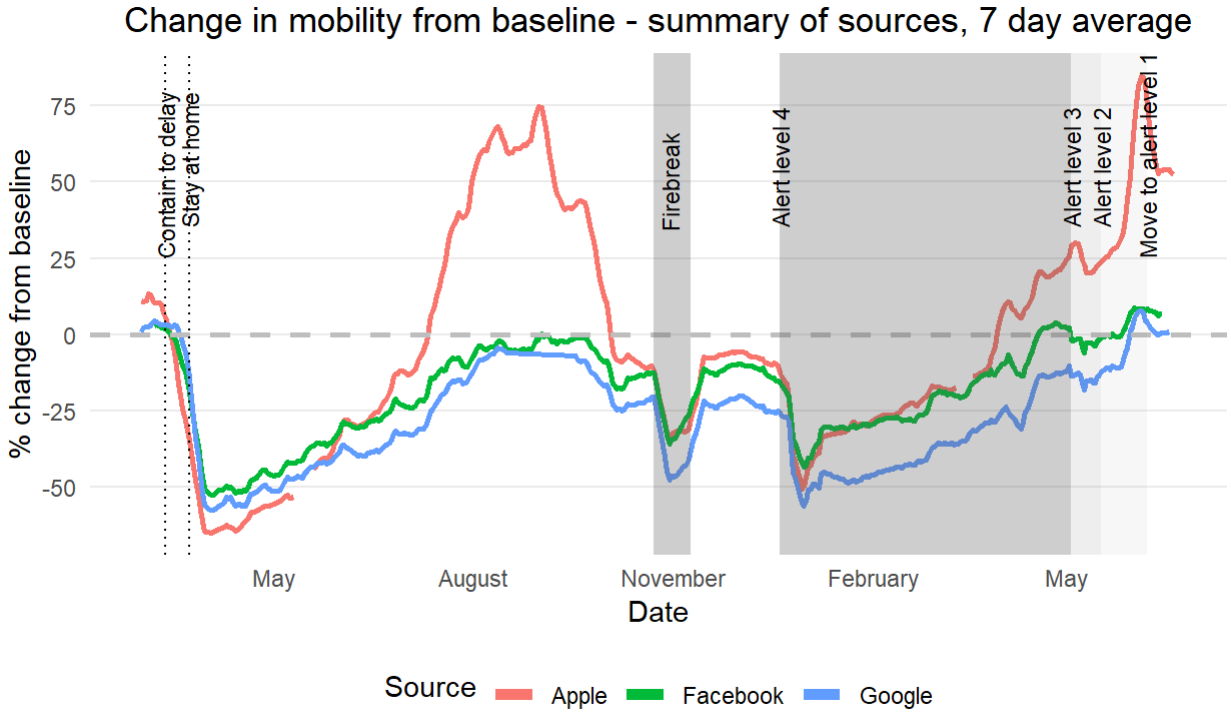


- The latest results from the Public Engagement Survey on Health and Wellbeing during Coronavirus Measures for the period 7 – 13 June show that 45% of people say they understand the current restrictions in Wales ‘very well’. A further 43% reported understanding the restrictions ‘fairly well’. The survey also shows that 38% of people said they were following coronavirus restrictions ‘completely’ and a further 42% reported majority compliance. 42%

reported having people outside their household/permitted support bubble come into their house, whilst 31% reported going into others people's houses.

Mobility

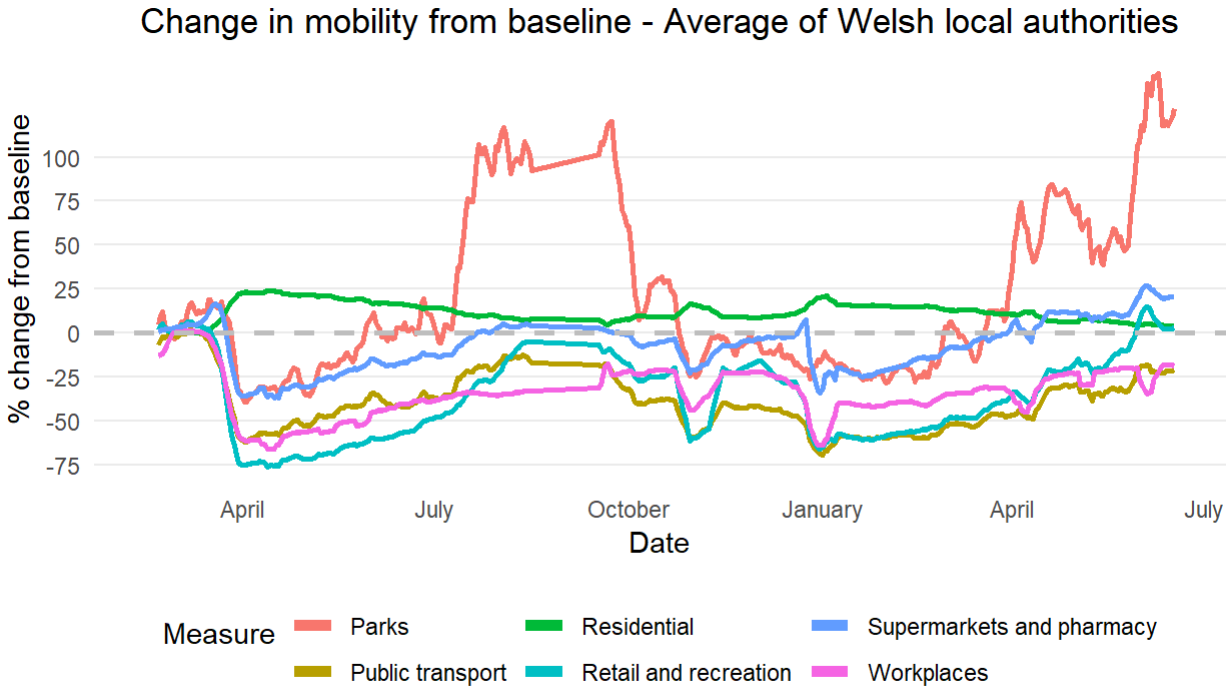
- The most recent mobility data shows mainly little change from the previous week. In some cases mobility remains above the baseline - but lower than in half term week. Note that the baseline for much of the data is during January-February 2020 and changes are relative to that period. It is not possible determine if mobility is higher/lower than would have been expected prior to the pandemic as data for 2019 or earlier years is not published.



- Mobility of Facebook users in Wales shows movement was 7% above the baseline for the week to the 14 June. This is lower than the week before (9% above the baseline). The percentage of users staying put (near to home) was 20%, down from the week before (21%). The baseline is the average value, for the corresponding day of the week, during the 4-week period 2 February – 29 February 2020.
- Apple data for the week to the 19 June shows that requests for driving directions in Wales were lower the than the previous week at 52% above the baseline (down from 53% above the baseline). Requests for public transport directions decreased compared to the previous week relative to the baseline and requests for walking directions were unchanged compared to the previous week. The baseline is the 13th of January 2020.
- The Google mobility data to the week of the 17 June for residential (i.e people spending time at home) were the same as the week before at 4% above the baseline. Workplaces rose relative to the baseline by 2 percentage points (at 18% below the baseline). Retail & recreation mobility was down from the

previous week (3% above the baseline, down from 4%) and supermarkets & pharmacy were unchanged from the previous week (at 21% above the baseline). Public transport mobility increased over the week relative to the baseline and parks fell.

- The figure below shows the change in mobility in Wales using Google mobility data. The figures are based on the average of the local authorities that have data. The baseline is the median value, for the corresponding day of the week, during the 5-week period Jan 3–Feb 6, 2020. The data for several categories is not available for August 16th – September 10th due to the data not meeting quality thresholds.



Source: Google LLC "Google COVID-19 Community Mobility Reports."

- Anonymised and aggregated mobile phone data from O2 for the week to the 11 June shows no change in trips compared to the week before. Trips starting in Wales remained at 90% of the baseline. The baseline for the O2 data is the same day of the week in the first week of March.

COVID-19 weekly surveillance and epidemiological summary from Public Health Wales (as at 9 June)

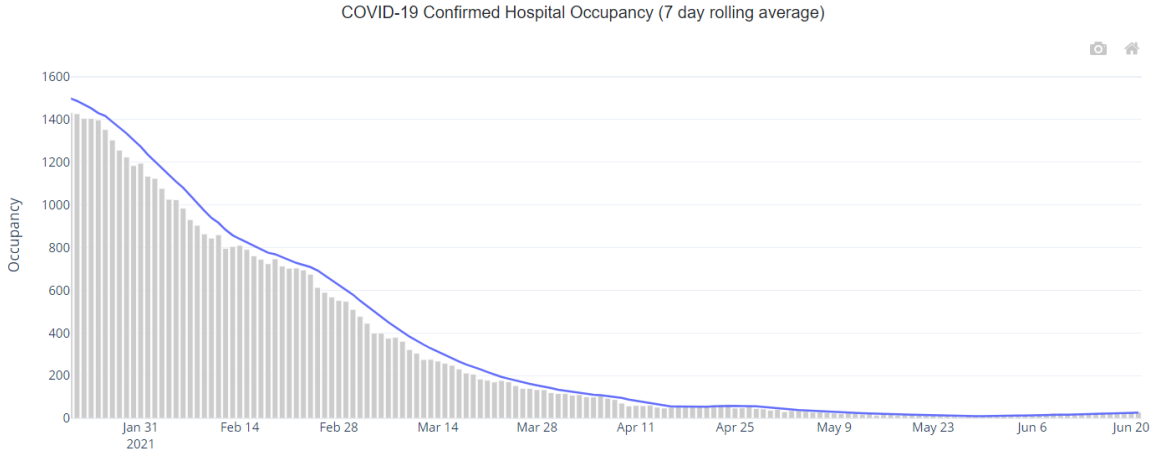
- The proportion of calls to NHS 111 and NHS Direct related to possible COVID-19 symptoms have decreased compared to the previous week.
- Overall GP consultations for any Acute Respiratory Infection (ARI) and suspected COVID consultations have increased in the most recent week.

- The overall number of ambulance calls increased and the number of calls possibly related to COVID-19 increased in the most recent week.
- The all-Wales number of lab confirmed COVID-19 episodes increased in the most recent week. Sample positivity for testing episodes was 2.5% in week 22.
- Confirmed case incidence has increased a number of health board areas and was highest in Betsi Cadwaladar UHB.
- During week 23, incidence increased in the majority of age groups, was highest in those aged 18-25 years.
- At a national level, confirmed case admissions to hospitals and confirmed cases who are inpatients in hospital remained stable compared to the previous week. In the most recent week, admissions to critical care wards decreased.
- Recent surveillance data suggest that COVID-19 infections in Wales increased in Wales compared to the previous week, with some areas increasing while other remained stable. Cases remain geographically widespread.
- The number of MSOAs with confirmed cases increased and the number of cases per MSOA increased in most areas. In the majority of MSOAs with confirmed COVID19 cases, numbers remain at low levels.
- All-cause deaths decreased in the most recent week, and remain below the 5 year average.
- Deaths in confirmed cases in hospital, reported through PHW mortality surveillance remains at very low levels, with just one death reported in the most recent week.
- In deaths where information is available from PHW rapid mortality surveillance, chronic heart disease, diabetes and chronic respiratory disease are the most commonly reported risk factors (in 34%, 28% and 22% of deaths respectively).
- Influenza is not currently circulating in Wales. However, in recent weeks there has been an increase in the non-COVID-19 causes of ARI, including parainfluenza, seasonal coronavirus and rhinovirus, with small numbers of RSV cases in children.

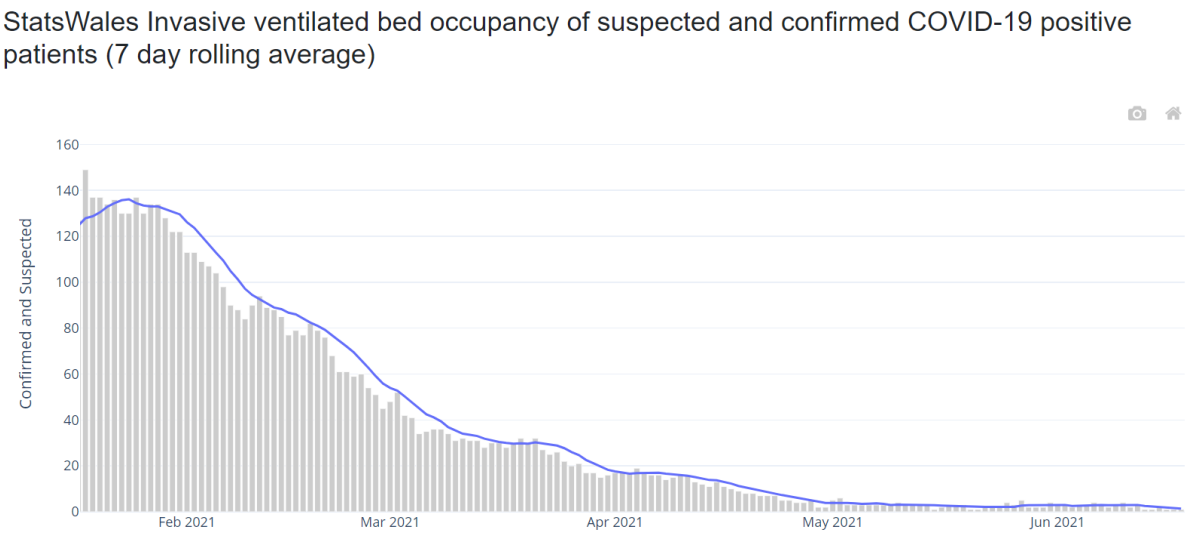
NHS Capacity (occupancy, discharges and admissions)

- **Overall, NHS Covid-19 occupancy, discharges and admissions has continued to reduce or remain stable during the 7 day period ending 21 June.**
- The figure below shows the hospital occupancy of confirmed Covid-19 positive patients for the last 6 months (7 day rolling average, as at 10 June. For the

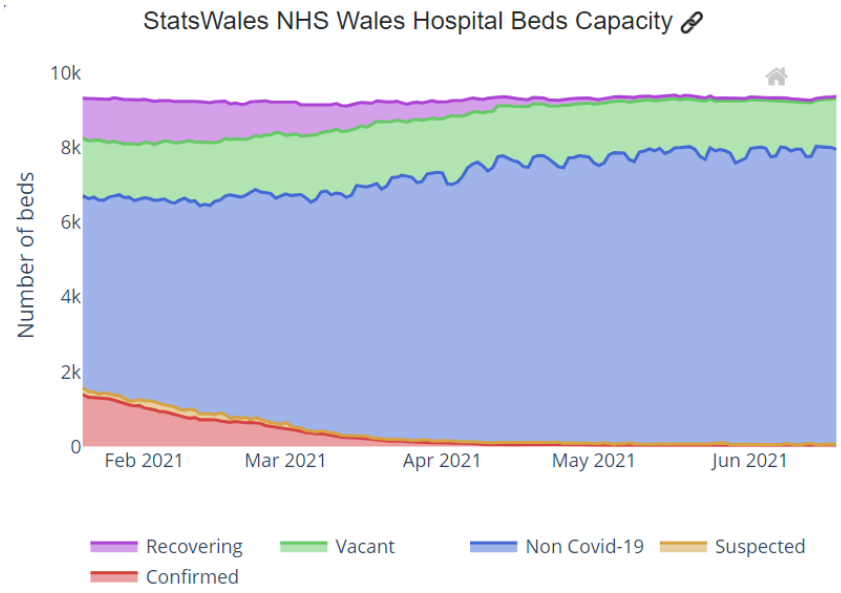
most recent 7 day period the average weekly Covid-19 confirmed hospital occupancy was **27**, an **increase of 6** from the previous period.



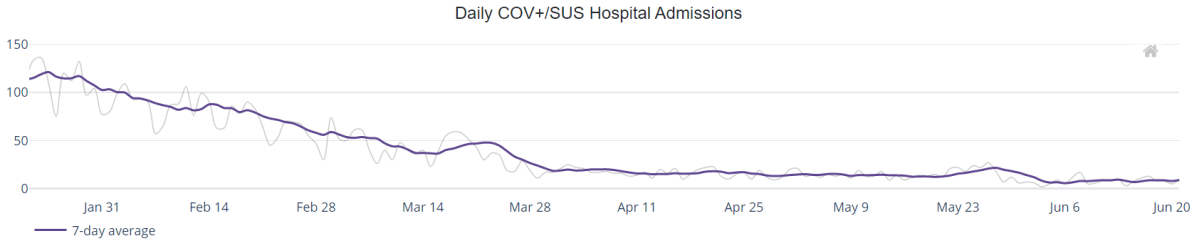
- The Figure below shows the COVID-19 Confirmed Invasive Ventilated Bed Occupancy (7 day rolling average, as at 18 June). For the most recent 7 day period, average ICU occupancy decreased slightly from 3 to **1**.



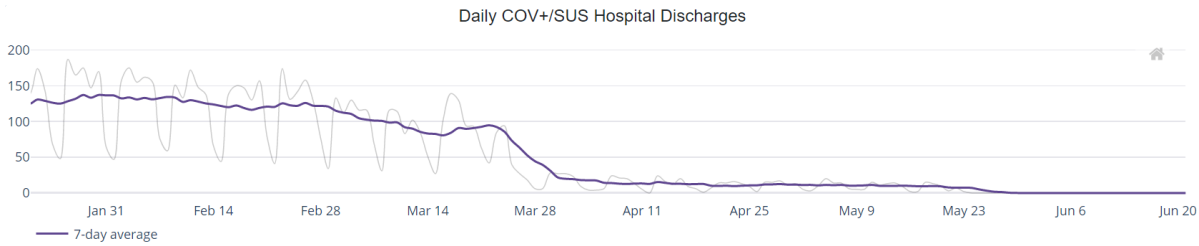
- As at 21 June 2021, **57** people are recovering in hospital from COVID-19, a decrease of 8 the previous week.



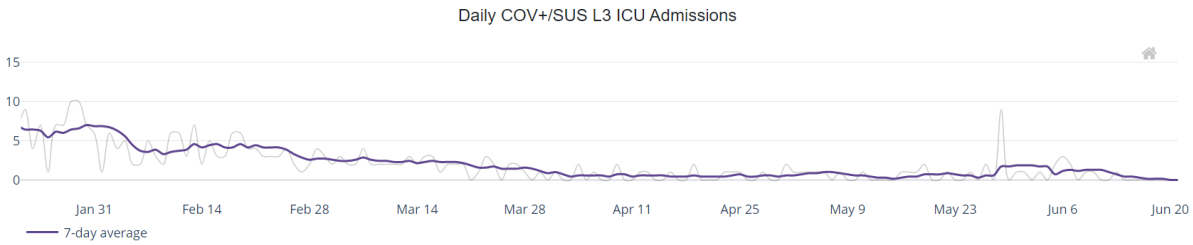
- The Figure below shows the 7-day average number of **hospital admissions** of people who are suspected (SUS) or confirmed as having Covid-19 (COV+) as at 21 June. For the most recent 7 day period the average Covid-19 confirmed and suspected **hospital admissions was 9**, an increase of 1 from the previous period.
- The purple line represents the total number over a rolling 7 day average, whilst the fainter grey lines show the actual figures at that time.



- The Figure below shows the 7-day average number of **hospital discharges** of people who are suspected or confirmed as having Covid-19 as at 21 June. For the most recent 7 day period the average daily hospital discharges **remained at 0**.



- The Figure below shows **critical care admissions** for Level 3 ICU of people who are suspected or confirmed as having Covid-19 as at 21 June. For the most recent 7 day period daily average **ICU admissions remained at 0.**



Source: Welsh Government dashboard, Data from StatsWales

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.