COVID 19. Situation report. 25/9/20

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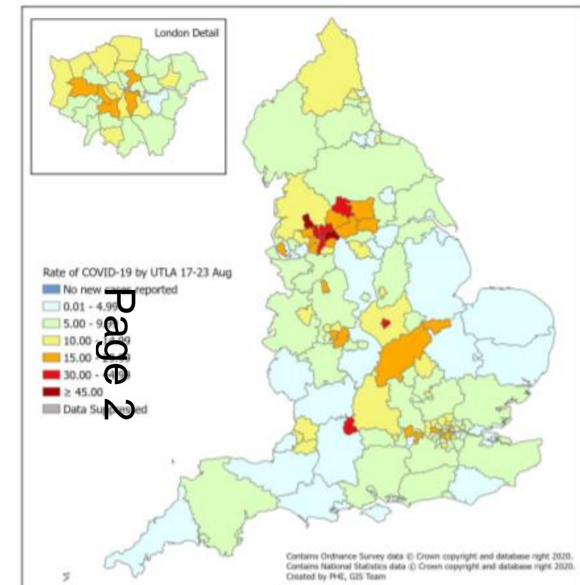
What the epidemiology is telling us

Response

core messages

North / South vs the whole country?

Figure 10: Weekly rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2, by upper-tier local authority, England (box shows enlarged map of London area)



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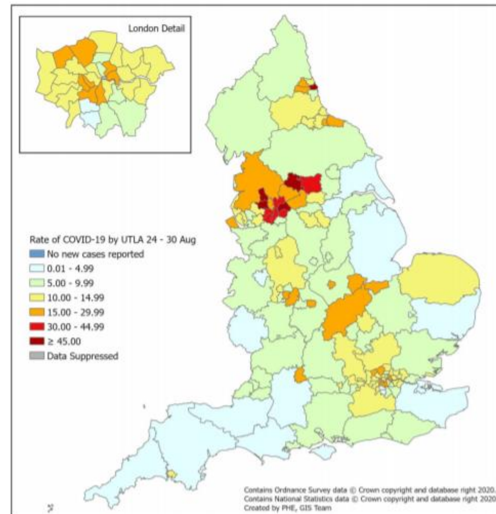

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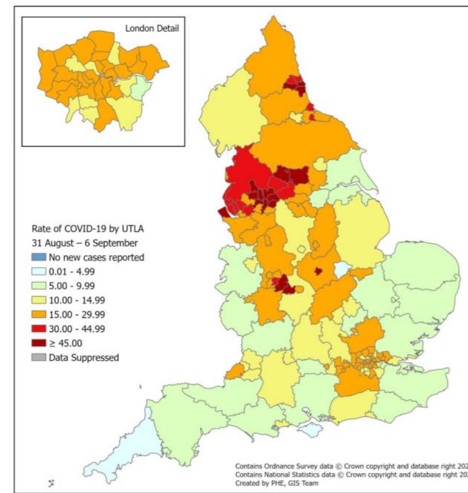

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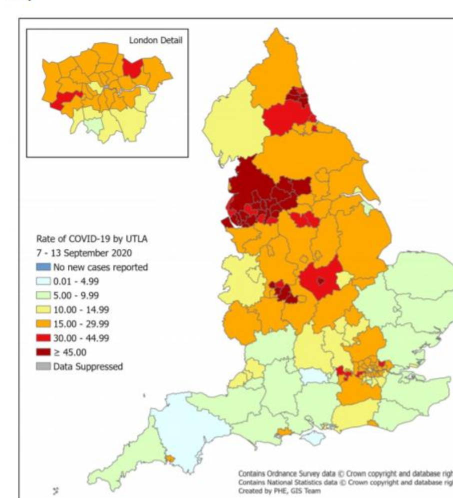

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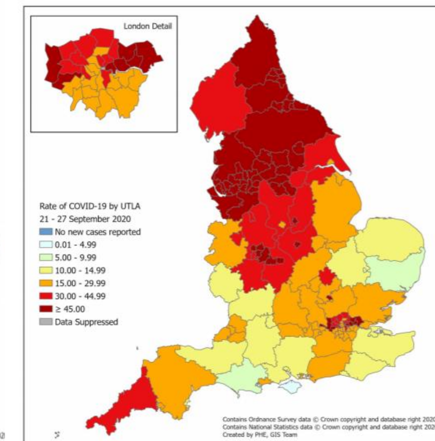
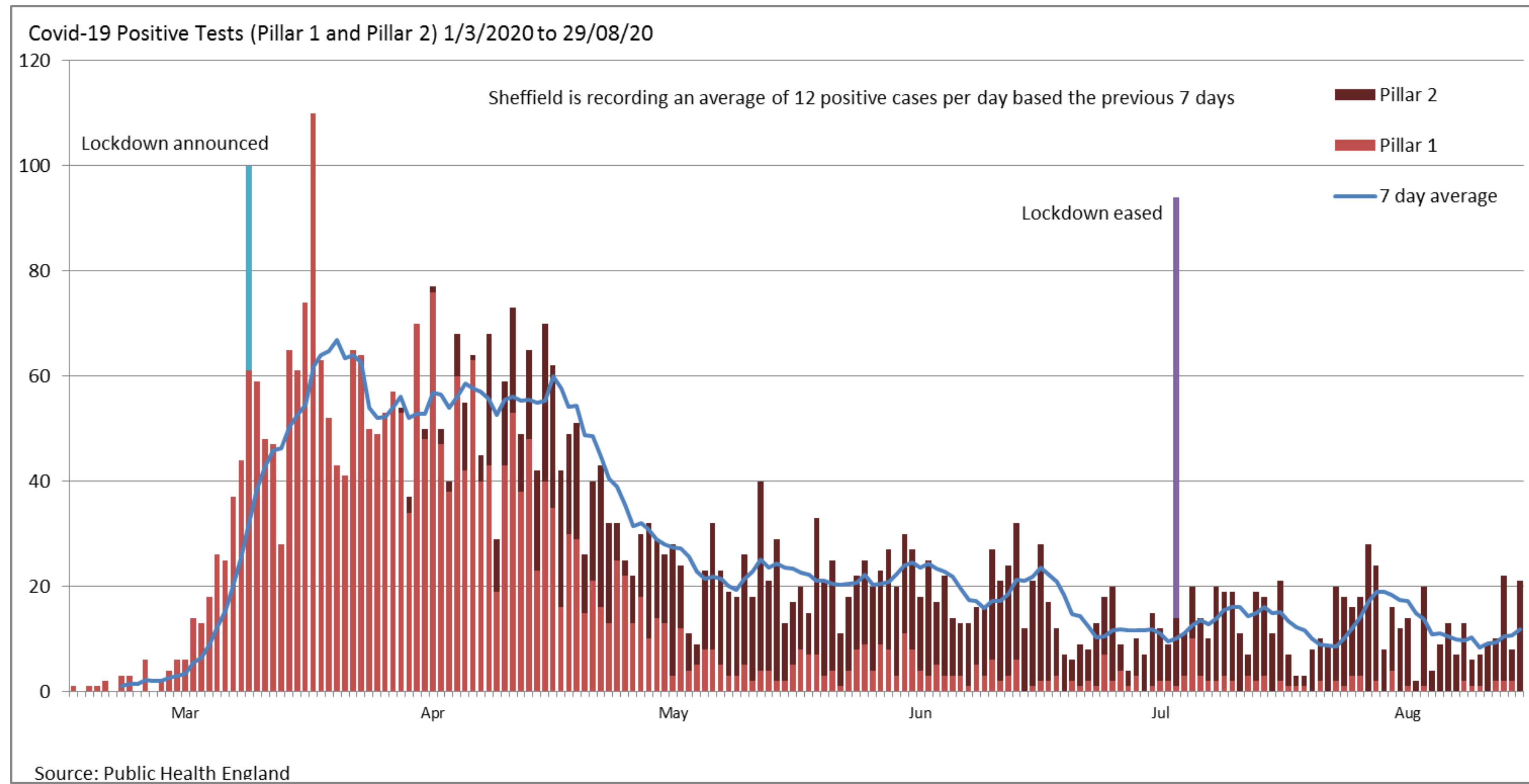


Week 35 | Week 36 | Week 37 | Week 38 | Week 39

https://www.gov.uk/government/publications/national-covid-19-surveillance-reports

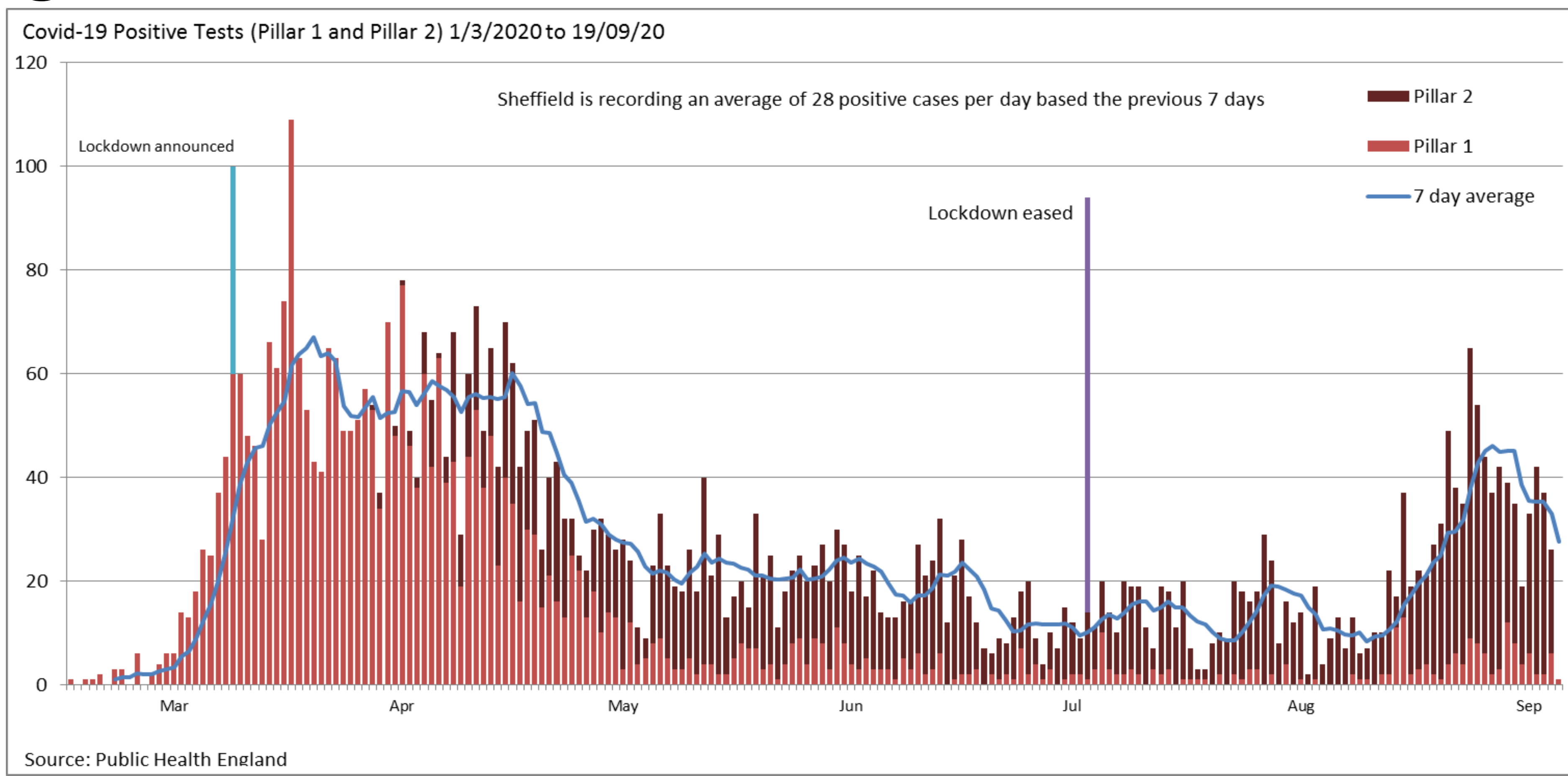
9th Sept

31 / 100,000 7 day rolling incidence. Fluctuating.
NB differences in cohort comparing April / Sept.
1.8% positivity. hospital activity is negligible

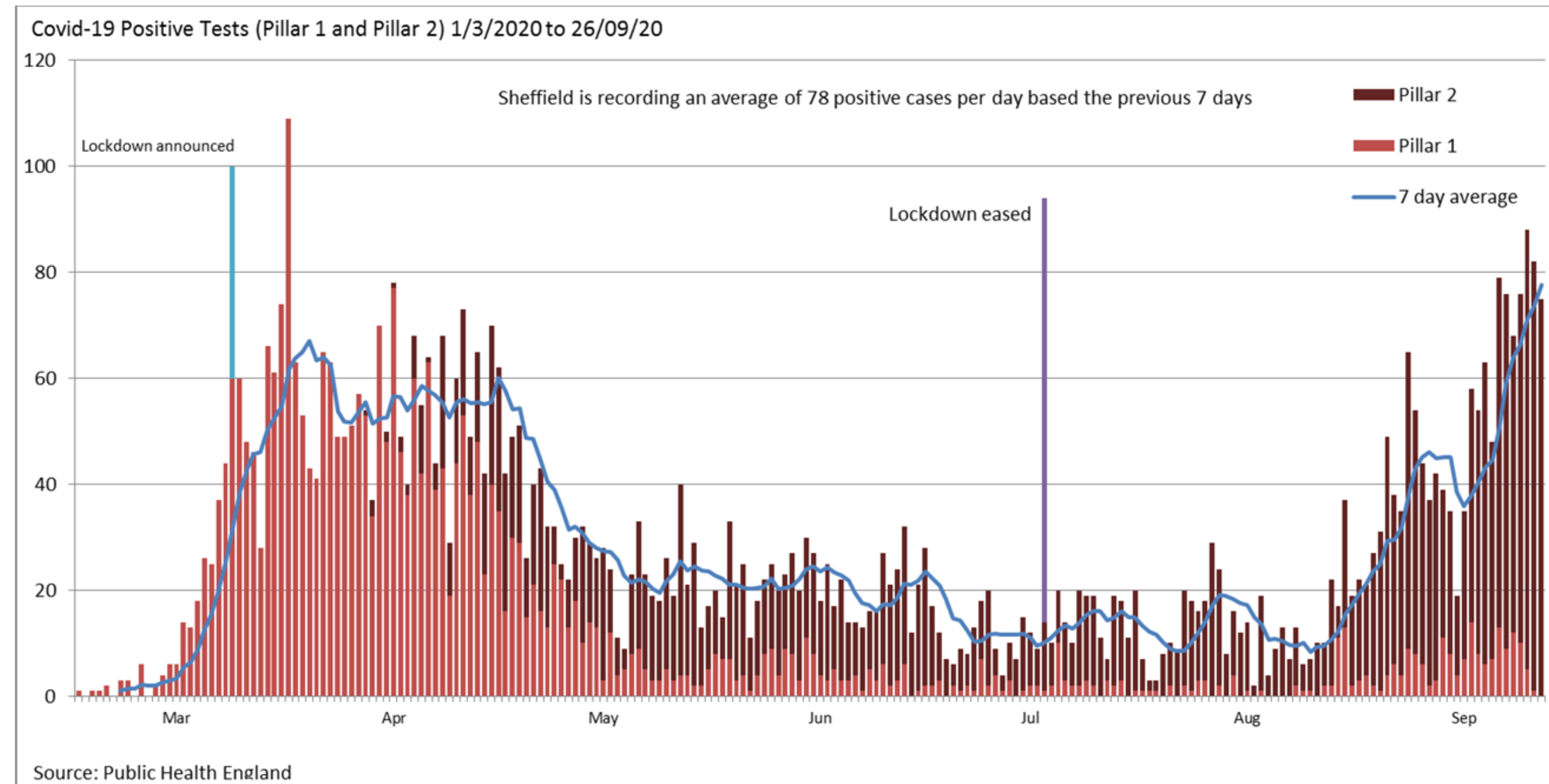


What a difference a week makes …Up to 19th Sept

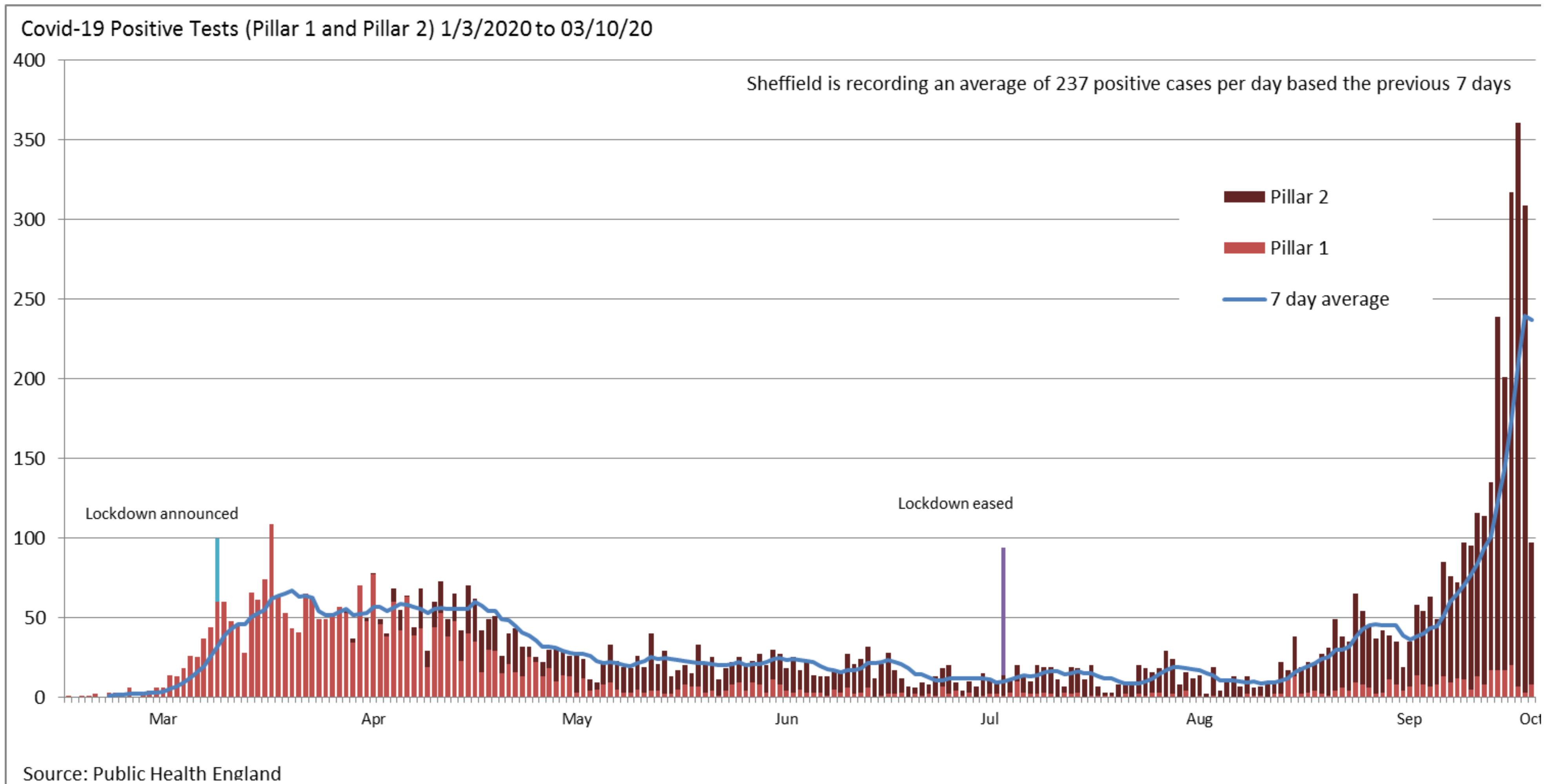
c50/ 100,000 7 day rolling incidence.
4% positivity. Hospital activity is there
weekly doubling.



Up to 30th Sept. c6% positivity rate breaking through 100 / 100k



Up to 3rd Oct. c14.5% positivity rate 327 / 100k



Growth is most significant in one age band

Positive cases (Pillar 1 and 2) by custom age band as rate per 100,000 (2018 ONS population estimate)

Rate per 100,000 (2018 ONS population estimate)

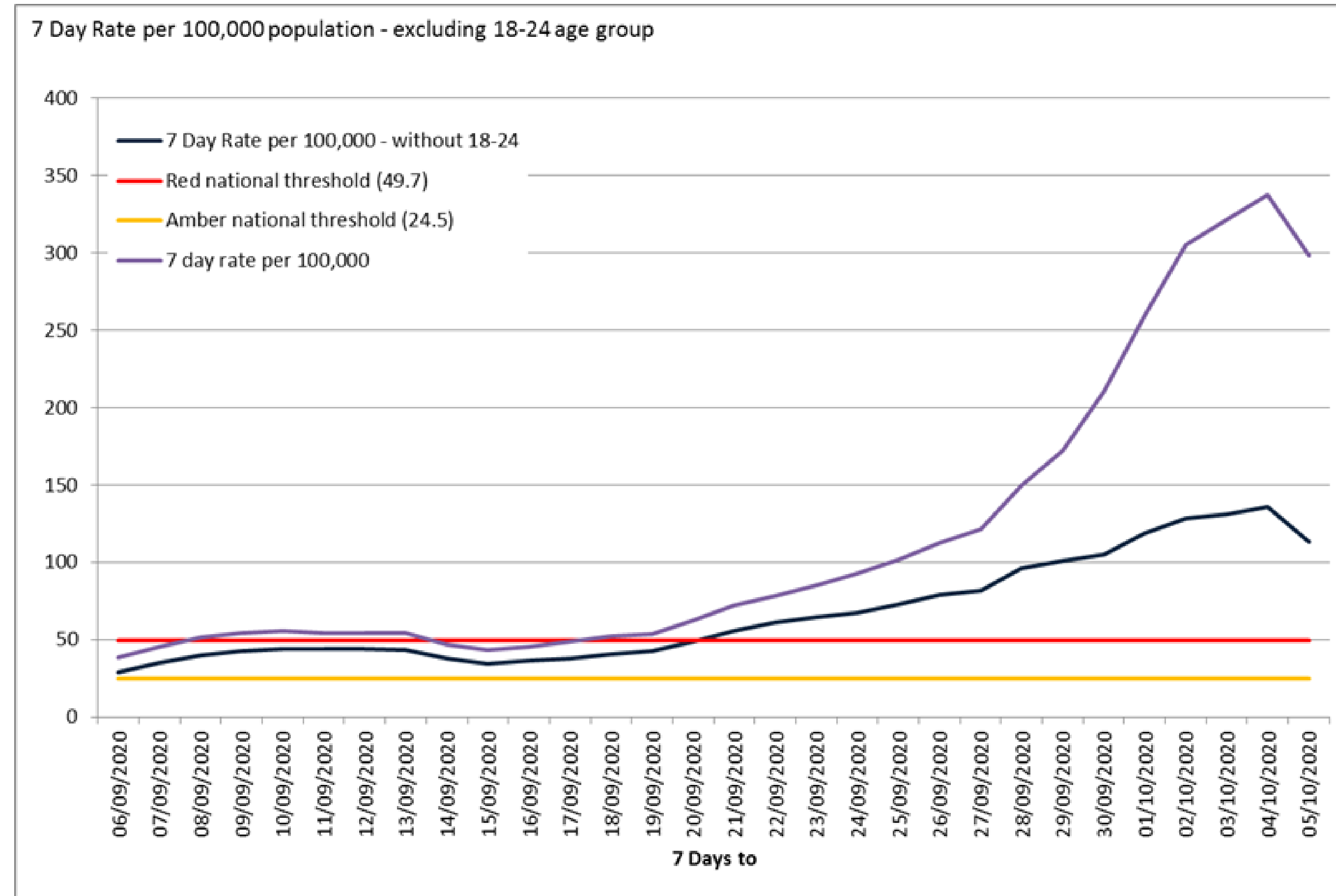
1400
1200
1000
800
600
400
200
0

26/07/20 - 01/08/20 31
02/08/20 - 08/08/20 32
09/08/20 - 15/08/20 33
16/08/20 - 22/08/20 34
23/08/20 - 29/08/20 35
30/08/20 - 05/09/20 36
06/09/20 - 12/09/20 37
13/09/20 - 19/09/20 38
20/09/20 - 26/09/20 39
27/09/20 - 03/10/20 40

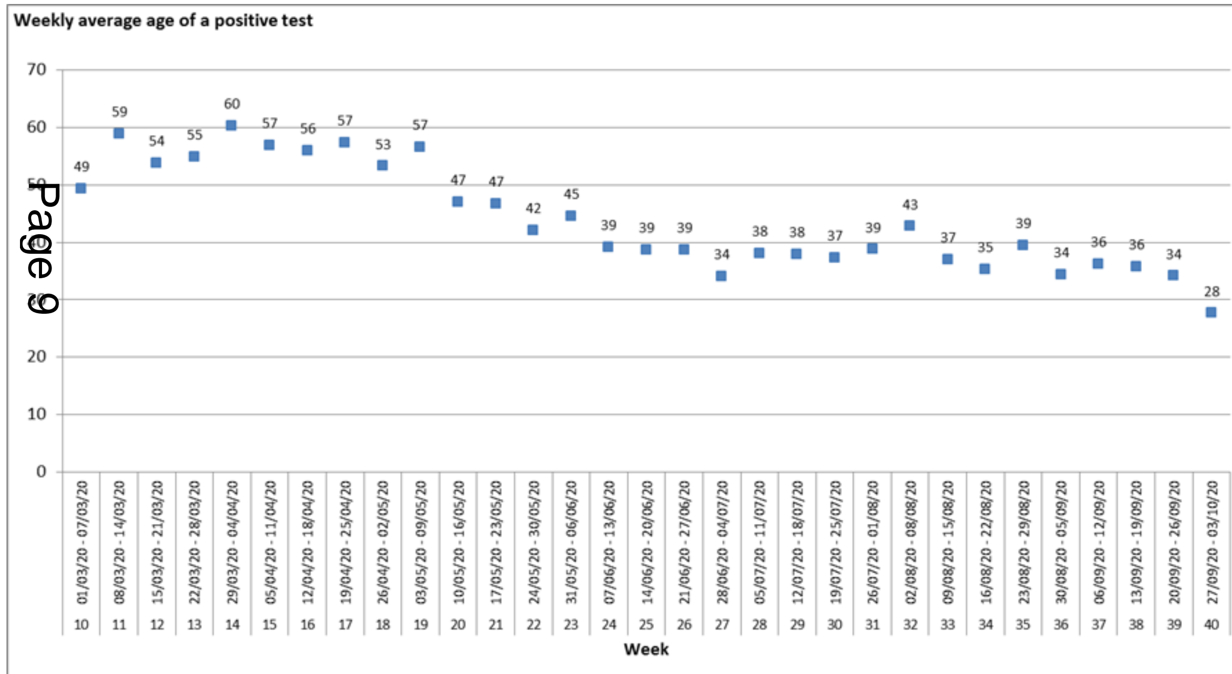
Week

85+ - 'Retired and Elderly'
75-84 - 'Retired and Elderly'
65-74 - 'Retired and Elderly'
55-64 - 'Working Age Adults'
45-54 - 'Working Age Adults'
35-44 - 'Working Age Adults'
25-34 - 'Working Age Adults'
18-24 - 'Student / HE Age'
12-17 - 'Secondary Age'
5-11 - 'Primary Age'
0-4 'Pre School'

Impact if the missing cases (with and without 18-25yo cohort).



Age profile is shifting. NB creep into older



	Last 10 Weeks - Pillars 1 and 2									
	31	32	33	34	35	36	37	38	39	40
	26/07/20 - 01/08/20	02/08/20 - 08/08/20	09/08/20 - 15/08/20	16/08/20 - 22/08/20	23/08/20 - 29/08/20	30/08/20 - 05/09/20	06/09/20 - 12/09/20	13/09/20 - 19/09/20	20/09/20 - 26/09/20	27/09/20 - 03/10/20
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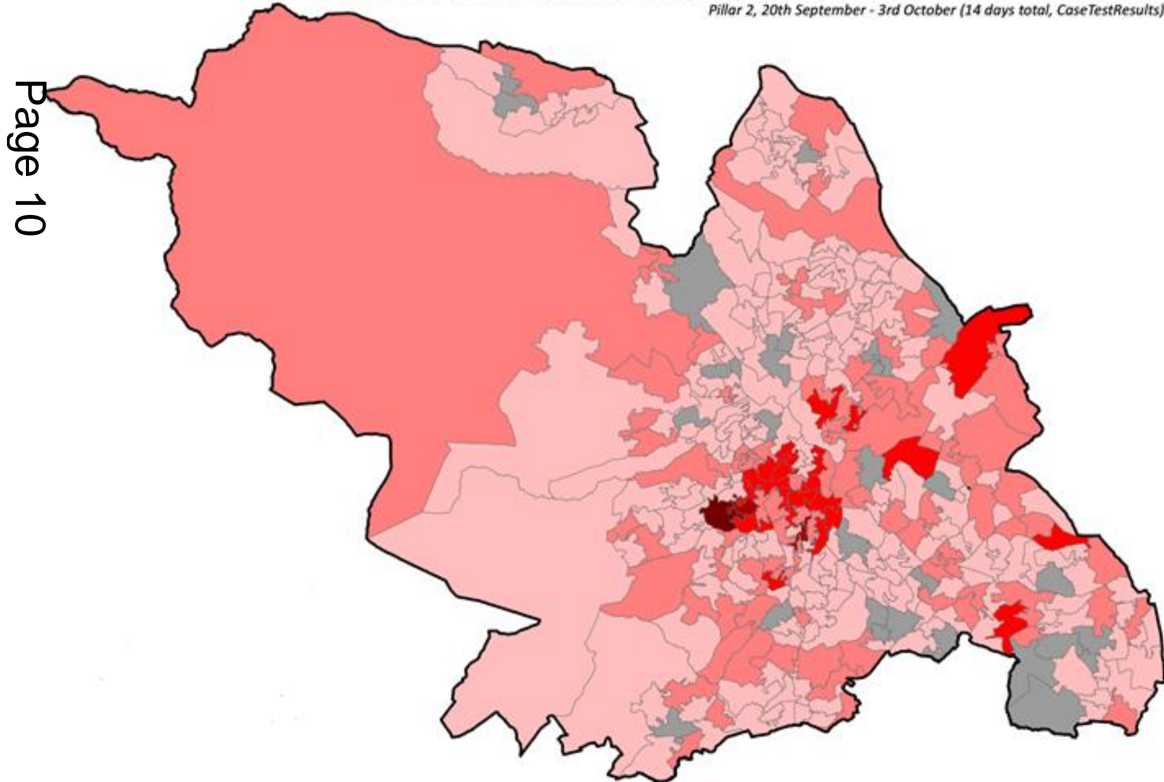
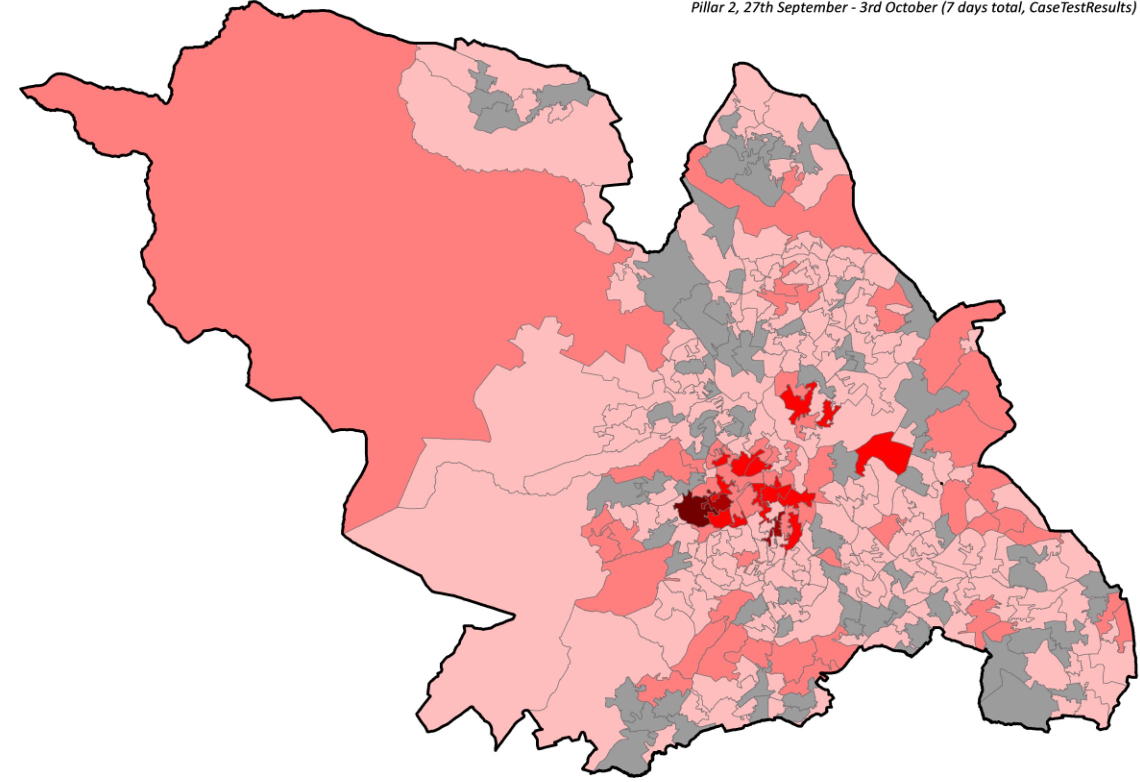
Growth is across the city
Positive tests Sheffield LSOAs

Last 14 days

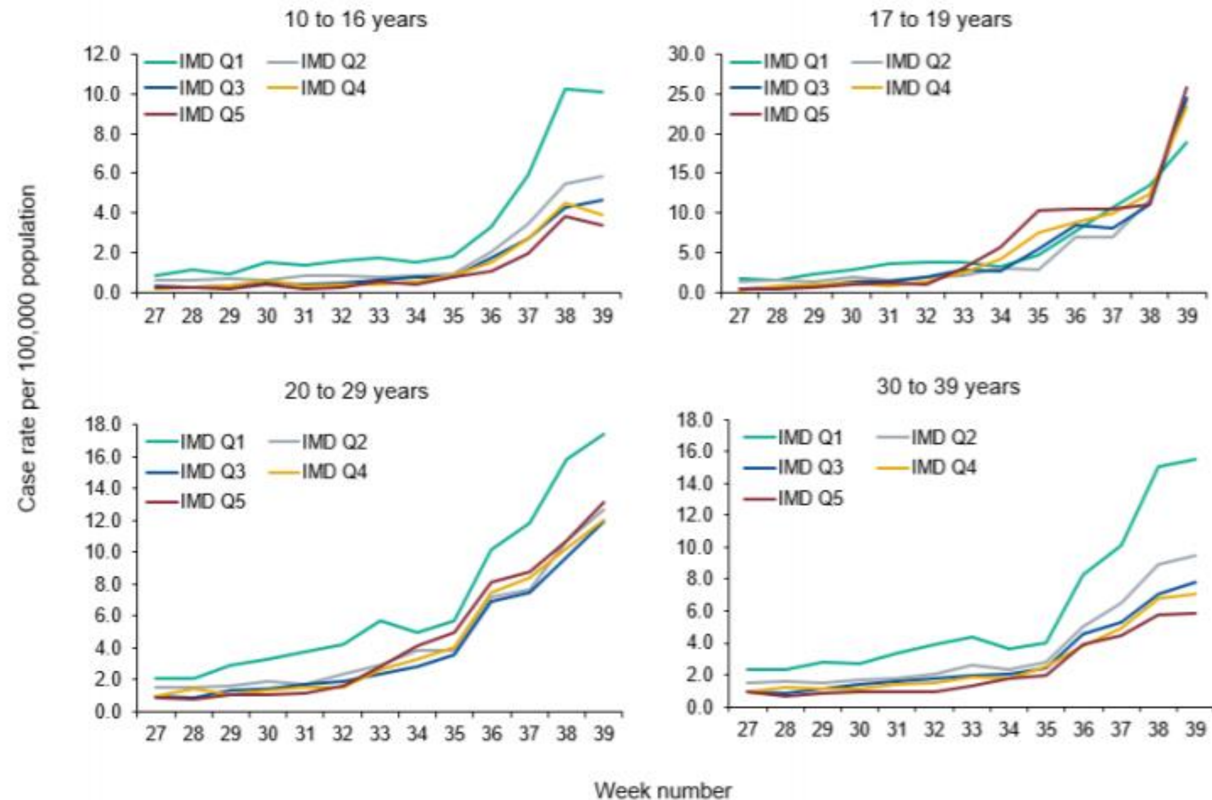


Last 7 days



And growing across the city, but faster growth in more deprived communities. We have seen this pattern before

Figure 16: Weekly case rate per 100,000 population by IMD quintile (1 being the most deprived and 5 being the least deprived, weeks 27-39



Shift in epidemiology in Sheffield

- **Household clusters** are more diffuse across the city. Increasing in numbers – 47, 86, 172
- Ethnicity has substantially shifted from a month ago
- Mean age of a typical case is lower now. Reduced exposure in older people? More mixing in younger?
- Trend at moment is currently on back of young people returning to normal behaviours??
  - Return from holiday?
  - Welcoming students back to Sheffield
  - House parties?
  - No single cause / explanatory reason

Epi summary

- Sustained and rapid rise in cases over last 4 weeks. Mainly single cases. Diffuse across Sheffield. Household clusters across the city.
- Testing access (ramifications in terms of isolation of those with symptoms and contact tracing)
- Unlikely to be contained in younger cohorts
- Beginning to move up age groups.
- Hospital activity. Small but not trivial and now sustained increase
- Deaths – beginning to see COVID on death certificates again, follows a long period of zero.

Response to recent epi shift =

Intensify (existing) plan and keep same strategy.

Strategy

- Minimise harm – direct harm, social and economic harm
- Keep people safe
- Protect the vulnerable
- Reopen Sheffield
- Follow Govt guidance

Operational plan

- Both soft intelligence and epidemiology
- Local testing capacity
- Contact tracing completeness
- Support those self isolating
- Communications & engagement
- Supporting settings - care homes, schools, workplaces, universities. Prevention AND response
- High risk places and communities
- Vulnerable people

Plan https://www.sheffield.gov.uk/home/your-city-council/preventing-and-managing-covid-19
SCC Cabinet paper on implementing http://democracy.sheffield.gov.uk/mgIssueHistoryHome.aspx?IId=31389

We are currently in the “enhanced support” category

Not minded to fundamentally shift the strategy

- **The difficult balance remains** - harm from virus v harm from measures to control spread
- **we are right to keep focus on behaviours / clear messaging and consensus / consent** based approach.
- **Intensify our efforts across** - prevention, management of individual outbreaks, comms, contact trace, enforcement, isolation
- Upcoming events Bonfire night, Halloween, run up to Christmas
- **Lockdowns vs behaviours**. Effective contact tracing needed. Basics of behaviour applied consistently. Long term adaption.
- **Some specific asks of government** – clarity on April 2021, localised contact tracing, support for isolation, economic support.
- **No new initiatives** that were not in original outbreak plan and Sept 2020 cabinet paper

Where / how to have most impact

- evidence says we can have most impact.
  - **Prevention – messaging, comms, approach to events and gatherings, enforcement (hard and soft)**
  - **minimising testing delay** had the largest impact on reducing onward transmissions
  - **consistent push on getting tested, even mild symptoms**. People need to understand why, and really believe it. How to get a test
  - **Optimising testing & tracing coverage** – especially in some of our communities where we know we have rumbling rates of infection. **Optimising isolation, we know 80% of people recommended to self isolate don't.**
  - **minimising tracing <u>delays</u>** - speed, maybe by further enhanced CT – these latter three things have potential to prevent up to 80% of all transmissions

Comms - Its all about the messaging

- 4 Cs - Cutting through the confusion / Collective responsibility / Changing behaviours / Consistency and stability
- New messages are rare – the basics are the basics. Finding new ways to connect and influence
- What will make a difference to "compliance". It comes down to choices in a private domain.
- Needs different level of public engagement and hearts / minds
- Plus support and the right incentives (isolation, especially well contacts of cases, and businesses)

Forward look

- it will be a difficult autumn. How difficult is impossible to predict.
- Stating with the programme. Consensus and consent.
- More measures might be imposed. Impossible to predict
- We will continue to tread the balance – protection from virus, vs economic impact of measures to control
- The basics remain important. Testing, contact tracing, behaviours. Supporting individuals and the Sheffield economy.

100s of pages of new guidance
The core messages are constant

in order of impact:

- If you have a symptom: get a test; stay home and isolate; give details of your contacts; seek help and advice (especially medical) if required.
- bubbles and social contact. More contact = more opportunities for the virus to accelerate spread into new groups.
- stay at home you are identified as a contact
- Wash your hands
- Keep your distance
- face coverings where recommended.
- *Please keep yourself and others safe*

All these things matter.