

Situation report.

4/11/20

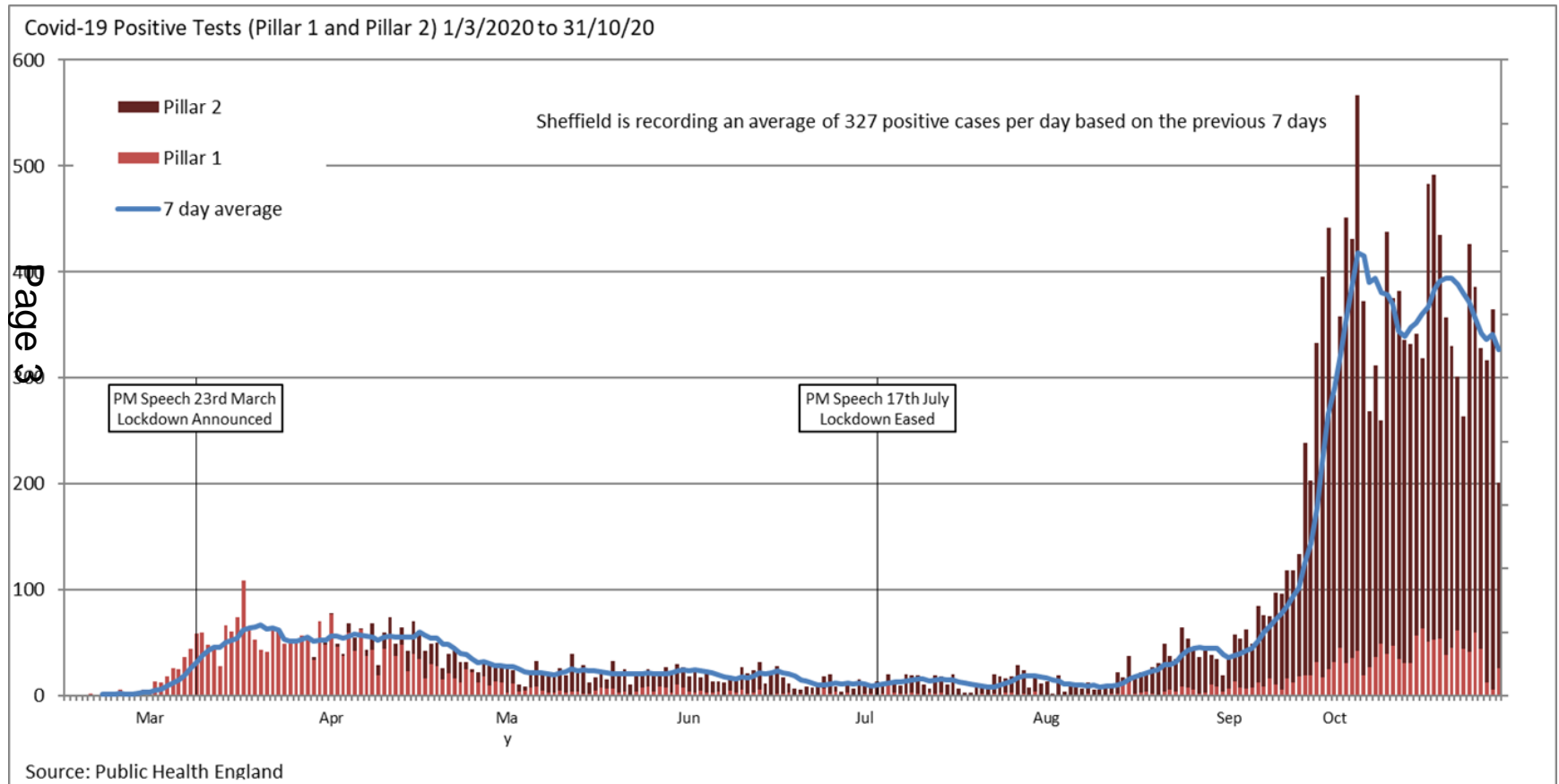
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Greg Fell

1 epidemiology

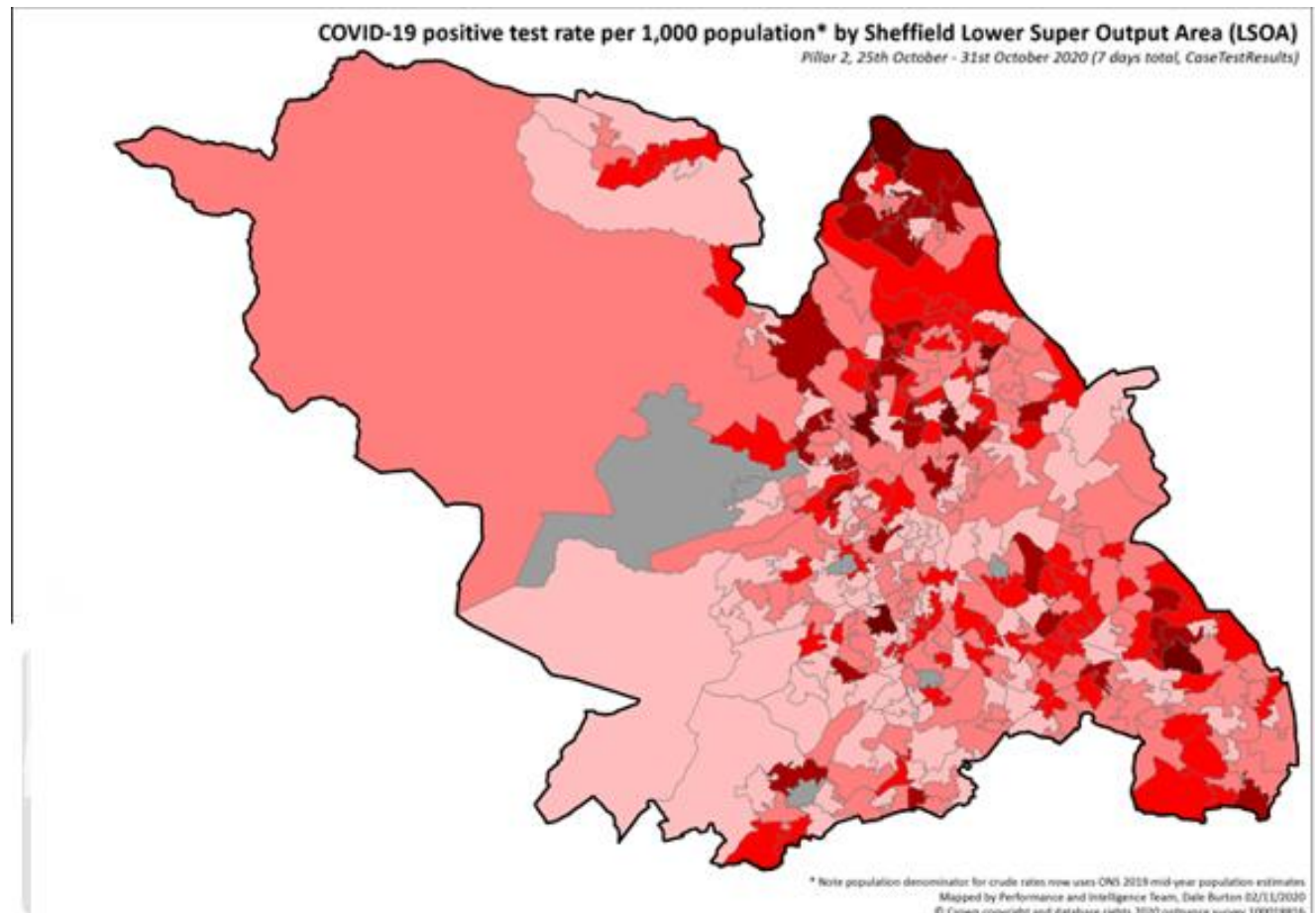
Epidemiology in one slide

HIGH & fluctuating rate. 15% positivity.

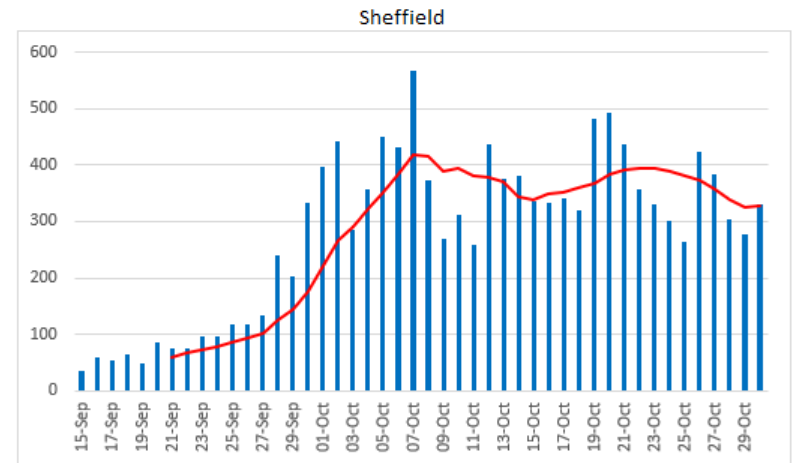
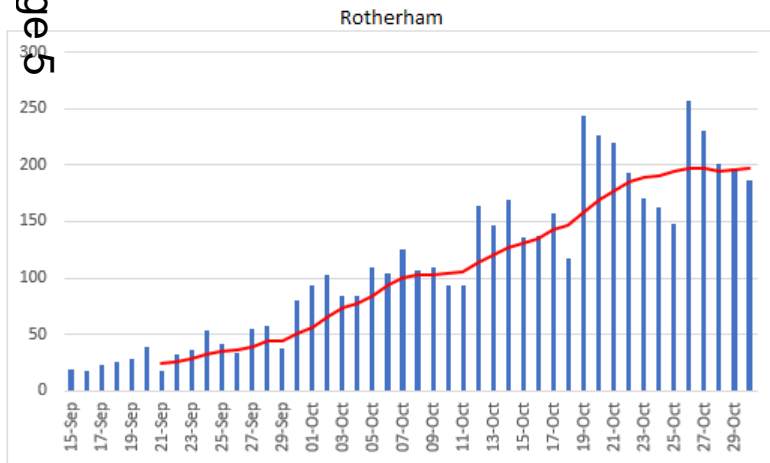
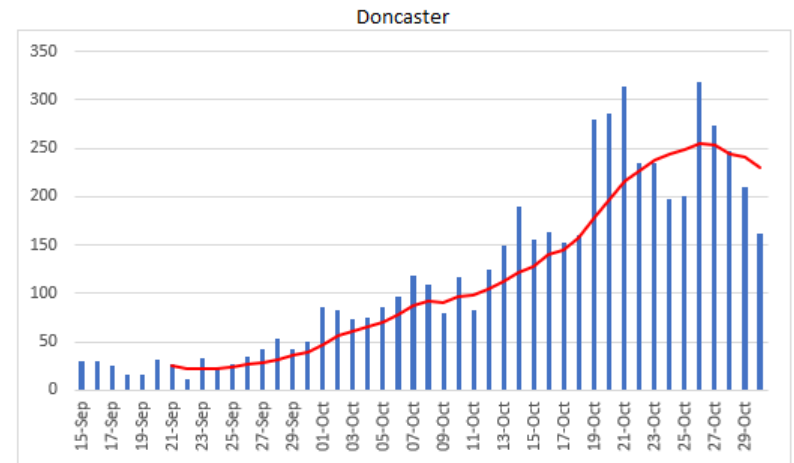
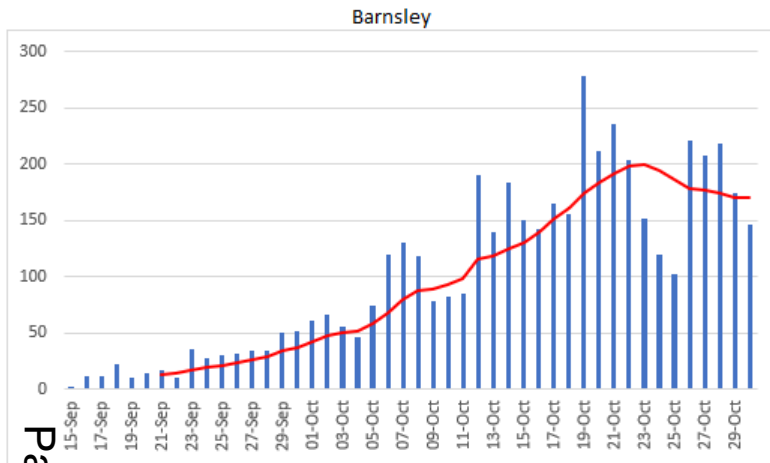


Still principally household transmission
Across the city.
E of Sheffield becoming a concern (same
pattern as we saw before)

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Trends – daily cases



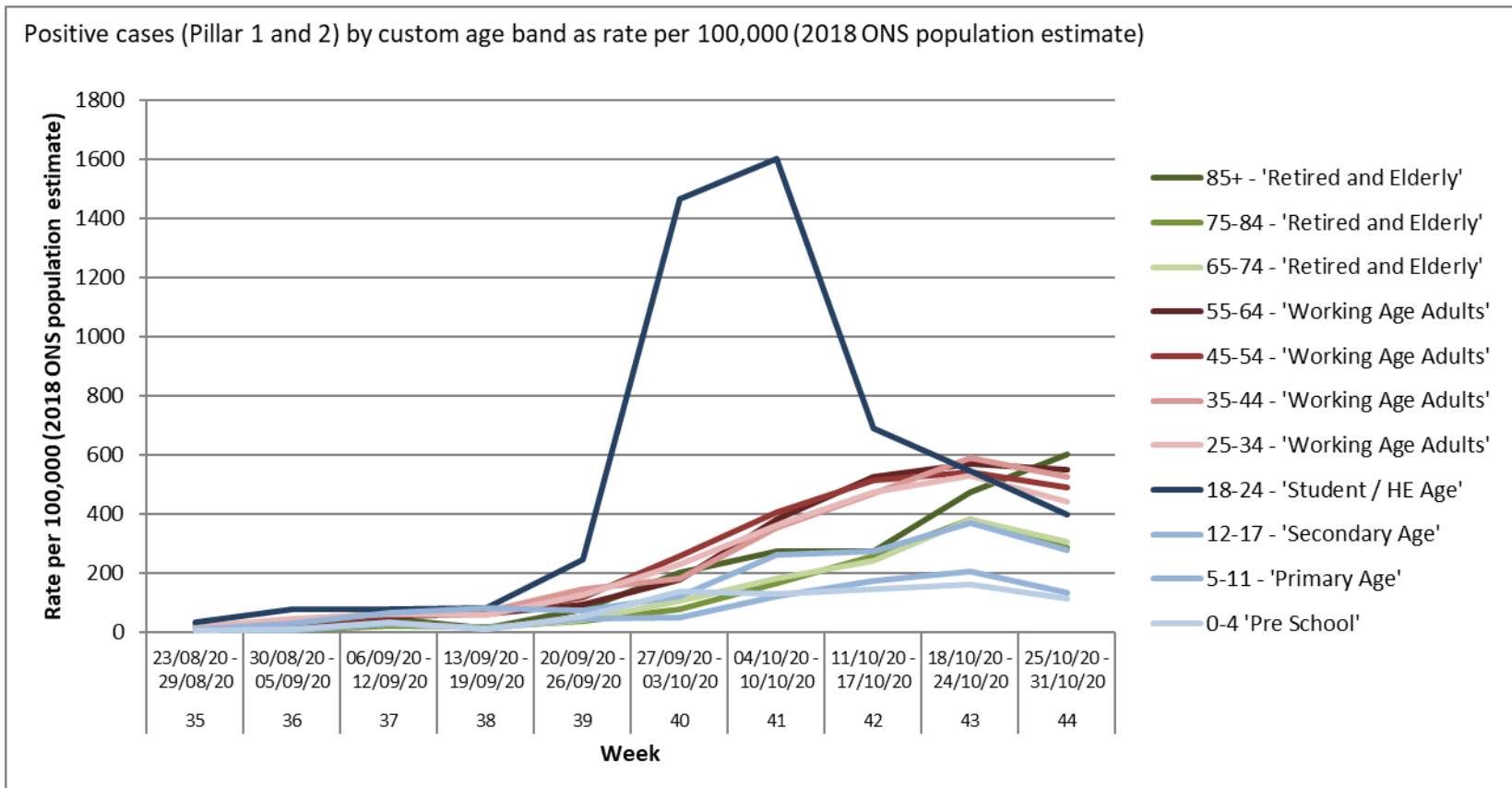
Age specific rates increasing across the board.

Average age of a case is increasing steadily

Taking out 18-24 we are like S Yorks

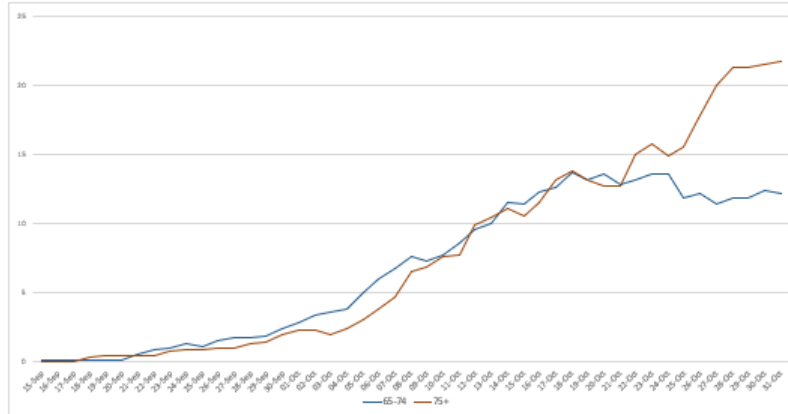
The rate of increase is decelerating

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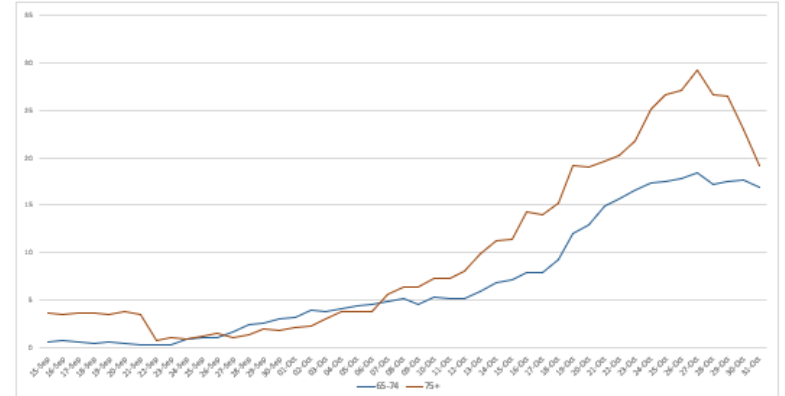


Some *signs* of flattening in elderly But at too high a rate

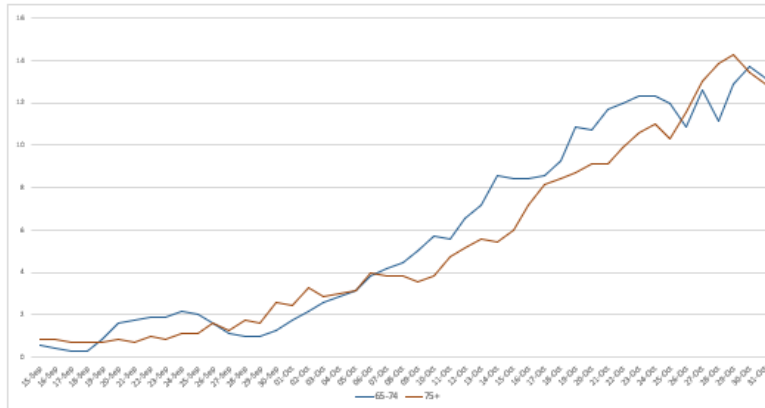
7 day rolling average positive samples by modified age bands
Data extracted 11am 2nd November 2020
Barnsley



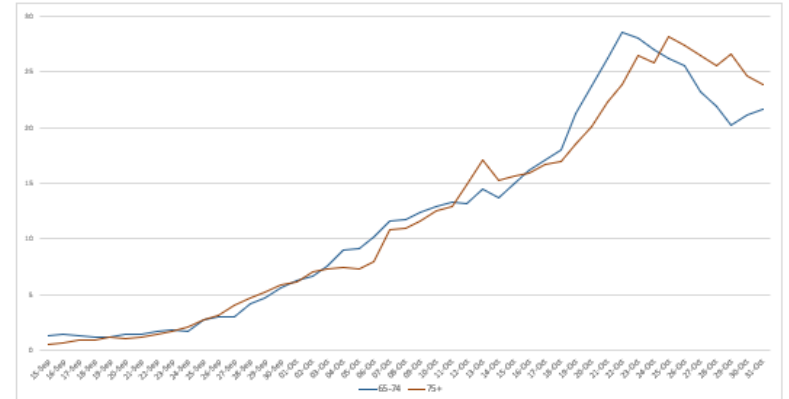
7 day rolling average positive samples by modified age bands
Data extracted 11am 2nd November 2020
Doncaster



7 day rolling average positive samples by modified age bands
Data extracted 11am 2nd November 2020
Rotherham



7 day rolling average positive samples by modified age bands
Data extracted 11am 2nd November 2020
Sheffield

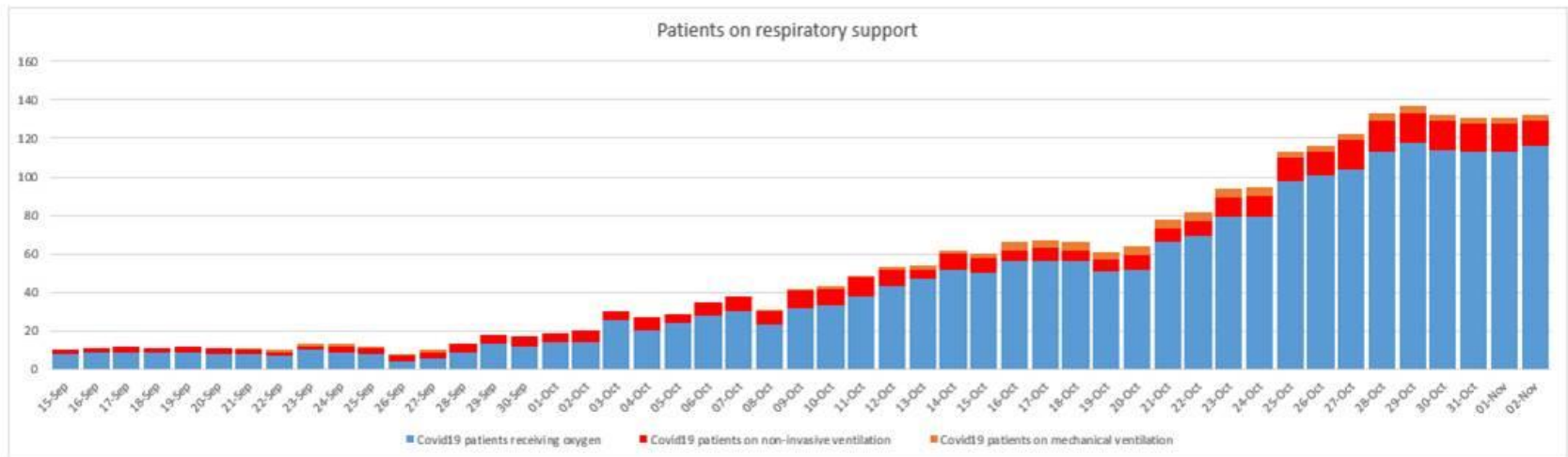


Hospital activity continues to rise

The interpretation of this is nuanced.

Sheffield Teaching Hospitals NHS Foundation Trust

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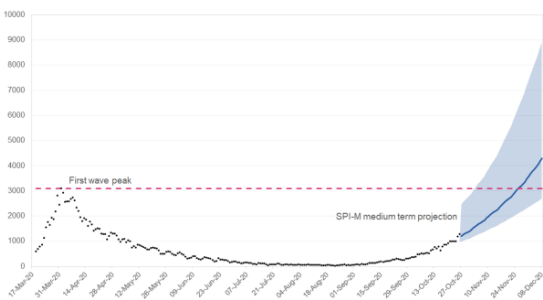
2 Back to lockdown – Tier 4 restrictions

Why?

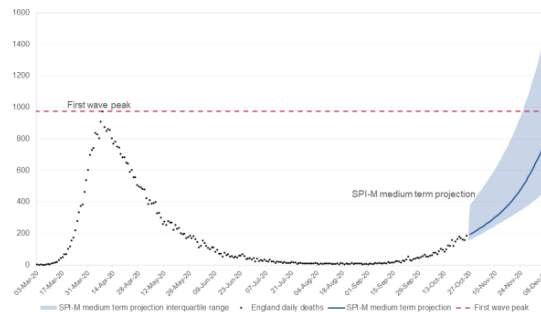
- Projected to breach the number of infections & hospital admissions in the Reasonable Worst Case planning scenario (SAGE 17 Sept)

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England - daily hospital admissions to date with SPI-M medium term projection for the next six weeks



England - daily deaths to date with SPI-M medium term projection for the next six weeks



Source	Date/Period to which estimate applies	Central estimate for daily number of SARS-CoV-2 infections in England	95% uncertainty
SPI-M-O Consensus on 7 October 2020: estimate from 5 SPI-M-O models	On/about 7 October	<i>Imputed central estimate</i> 42,000	27,000 to 57,000
ONS Infection Survey	10 th to 16 th October (mid: 13 th October)	35,200	28,000 to 46,600
SPI-M-O Consensus on 14 October 2020: estimate from 5 SPI-M-O models	On/about 14 October	<i>Imputed central estimate</i> 59,000	43,000 to 76,000
REACT-1 interim round 6	16 th to 25 th October (mid: 20 th to 21 st October)	96,000	86,000 to 105,000
ONS Infection Survey	17 th to 23 rd October (mid: 20 th October)	51,900	38,500 to 79,200

Why (2)

No single thing

- Lockdown relaxation and subsequent inconsistent messages. Led to more mixing of individuals.
- Lack of single coherent message re “health” v “economy” (false trade off?).

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a high proportion of the population that remains susceptible

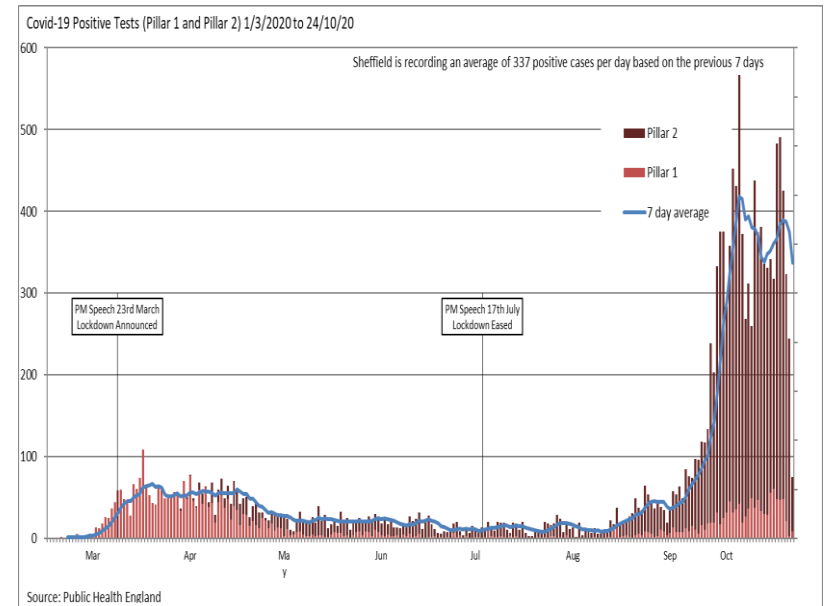
- We didn't adapt behaviour or systems
- Become desensitised or tired of the messaging.
- a failure to balance the restrictions on mixing with the level of community infection
- More time indoors (winter is coming)?

Purpose

- Get $R_0 < 1$
- Get level of infection back to mid may levels
- R_0 driven by out of household contacts and lockdown will make a difference to this
- Reduce mean number of contacts per case
- May reset expectations and behaviour?
- Some caveats – when people get fed up!
- Doesn't change the fundamentals

How long4 weeks?

- The measures currently in place have slowed spread (4d in March, 17d now)
- 4 weeks will not, in and of itself, eradicate the virus. Not long enough?? - See the curve shift from lockdown in March.
- This lockdown is less restrictive (education and many forms of employment)



The route out.

All options are bad

- Exit strategy remains unclear. WE have done some work on this.
- Vaccination will take a year to get us fully vaccinated.
- Treatments have improved +++

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We remain reliant on public health interventions – adaption to virus (way of living and operating), behaviour or individuals, supporting that behaviour, test / trace / isolate.

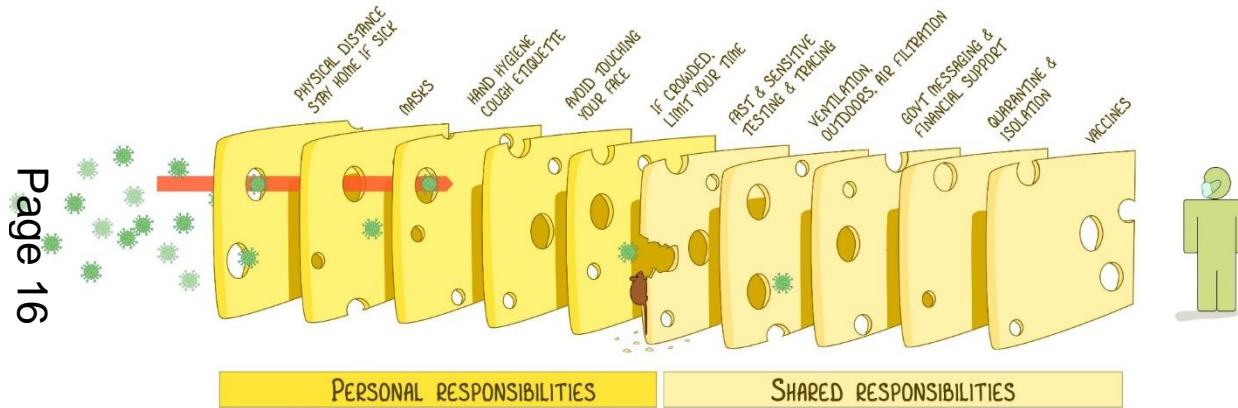
- Lockdown simply buys time and gets $R_0 < 1$.
- 4 weeks to
 - Improve contact tracing and isolation. Inc reverse CT
 - Adapt physical and social environment – ventilation, spacing, remote working
 - Relook at clear and consistent messaging. Trust and confidence is key.
- Mental health impact (we know who was most impacted)

What makes most difference

- **Prevention** – messaging, comms, approach to events and gatherings, enforcement (hard and soft)
- **Managing individual incidents** across multiple settings
- **minimising testing delay** - had the largest impact on reducing onward transmissions. Making testing as accessible as possible.
- **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 rates of infection
- **Optimising isolation** - we know 80% of people recommended to self-isolate don't but changing these behaviours is essential to reducing transmission.
- **Minimising tracing delays** - speed, maybe by further enhanced CT – these latter three things have potential to prevent up to 80% of all transmissions
- **Focus on consistent messaging, simplifying communications, consent and consensus.**

A matrix of interventions no single thing. Over a long time

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE
RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EACH INTERVENTION (LAYER) HAS IMPERFECTIONS (HOLES).
MULTIPLE LAYERS IMPROVE SUCCESS.

JAN M. THACKRAY
VIROLOGYDOWNUNDER.COM
WITH THANKS TO JODY LANARD, KATHERINE ARDEN & THE UNI OF QLD
BASED ON THE SWISS CHEESE MODEL OF ACCIDENT CAUSATION, BY JAMES T REASON, 1990
VERSION 3.0
UPDATE: 24OCT2020

Adherence needs to be high
Clear simple messaging
Operational effectiveness of test, trace, isolate
Extended use of face coverings
Some aspect of seasonality (NB see SE asia,
Aus / NZ)

What more can we do

- Formally rethink the detail of the plan? Intensify interventions?
- TTI improvements? Too slow, not enough coverage
- Testing fatigue???
- New testing technologies with 1hr result.
- Beliefs - Wales: 80% of people believe you get this from strangers, only 30% intend to get a test if they have symptoms
- Intervention fatigue? People will get fed up!
- More we can do on risk reduction in big settings? Schools / Uni / CH / Workplaces?
- Numbers AND stories

Butthe fundamentals remain the fundamentals

My view is that further measures to control spread are necessary.

The best way to protect vulnerable individuals and the economy is to keep community spread low

Purpose of restriction is to limit social contacts

Suppression doesn't change the fundamentals

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But it shouldn't detract from the basics

- Testing, contact tracing, isolation – speed and depth.
- Management of incidents
- The choices 560,000 people make (with caveat)
- Supporting people to do the right thing
- Get test if symptoms
- Stay at home if symptoms or positive test, or if asked to isolate.
- Limit social contacts – number and nature.
- Distance, hand wash, face covering

Summary points

- Rates settling. Much too high a rate
- R0 1.3 – 1.5 everywhere
- Admissions are rising, and death will follow
- Tier 4 will achieve the suppression of spread.
What happens now can change future course
- Supporting individuals and businesses is critical in this
- The economy / health trade off is false
- We don't have the wrong approach, but there is more we need to do to intensify
- The fundamentals remain just that
- We remain in this for a medium to long term

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Covid-19 National Lockdown - Briefing

Full Council – 4th November 2020

James Henderson – Director of Policy, Performance & Communications

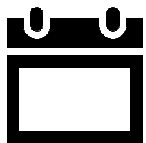
What's happening, when?



MPs will vote on the proposed regulations on Wednesday



If approved, the measures will be introduced at 00.01 on Thursday 5th November



The measures will be in place until Wednesday 2nd December



After 2 December, the Government expect different regions to return to the tiers system, depending upon the rates of infection.

Where can people go?

People must stay at home, except for:



Education



Work (where it can't be done from home)



Exercise and recreation



Medical reasons



Shopping for food and other essentials



Caring for others

What are the rules on meeting other people?



Households cannot mix with others indoors or in private gardens



Individuals can meet one person from another household in an outside public space



Support bubbles for people who live alone and households made up of single parents and children can continue



Children will be able to move between homes if their parents are separated

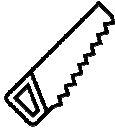
What can stay open?



Schools, nurseries, colleges and universities will remain open



Hotels and hostels will only open for people who have to travel for work



Workplaces will be asked to stay open if people cannot work from home, including construction and manufacturing



Funerals will be allowed, with a maximum of 30 people attending

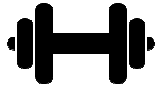


Food takeaways and deliveries can continue



Non-essential retail can stay open for click and collect or delivery only

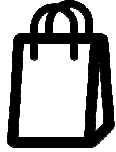
What must close or is not allowed?



Gyms and other indoor and outdoor sports facilities



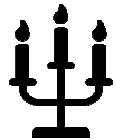
Pubs and restaurants



Non-essential shops must close for in-store purchases



Weddings and civil partnership ceremonies will not be allowed, apart from exceptional circumstances



Places of worship will generally close apart from individual prayer

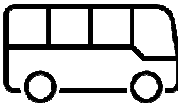


Community centres and libraries will be closed (apart from click and collect)

Public Health advice



The Government are advising those who are clinically extremely vulnerable not to go to work if they are unable to work from home. Additional advice for those clinically vulnerable/over 60

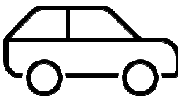


Face coverings must continue to be worn on all public transport



People who need to use public transport should follow the safer travel guidance

(www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers)



You cannot car share with someone from outside your household or support bubble unless you can practise social distancing

More information



Full details on the national restrictions are at: <https://www.gov.uk/guidance/new-national-restrictions-from-5-november>



Information about Covid-19 support is available on the SCC website here:

<https://www.sheffield.gov.uk/home/your-city-council/coronavirus-hub/support-for-people>

Guidance for businesses is also available at: <https://www.sheffield.gov.uk/coronavirus-business>.



The SCC Community Helpline remains open at 0114 2734567

Business Sheffield Advisors are also on hand to offer advice at 0114 224 5000 or businesssheffield@sheffield.gov.uk

