

COVID 19. Situation report. 9/9/20

Brief overview

- What the epidemiology is telling us
- Arrangements to manage
- Hot issues and core messages

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)

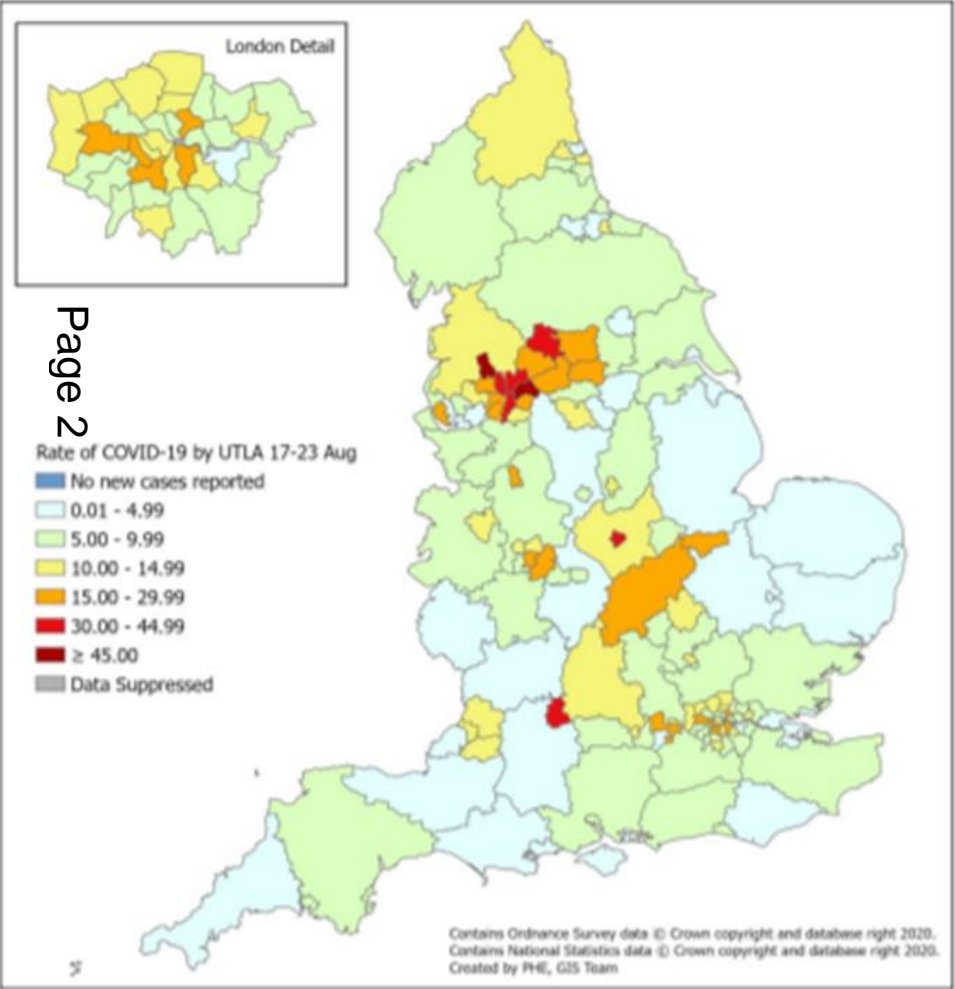
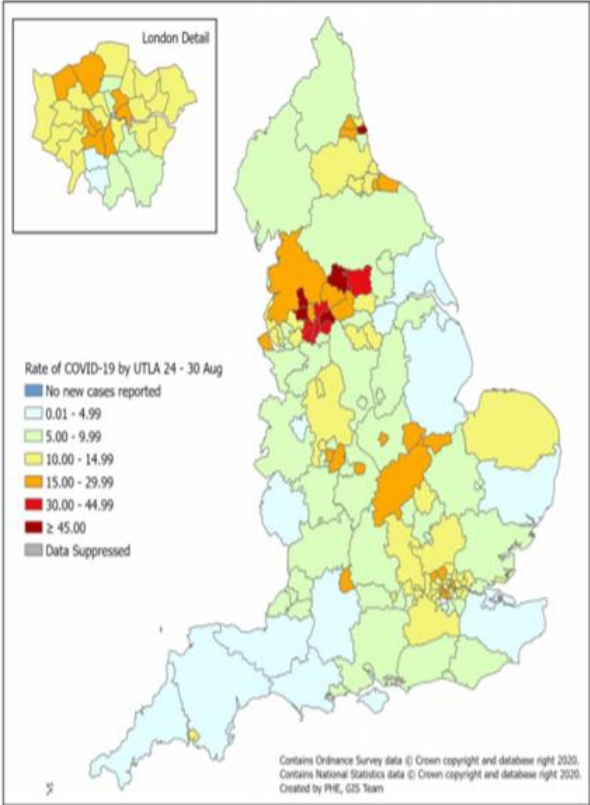
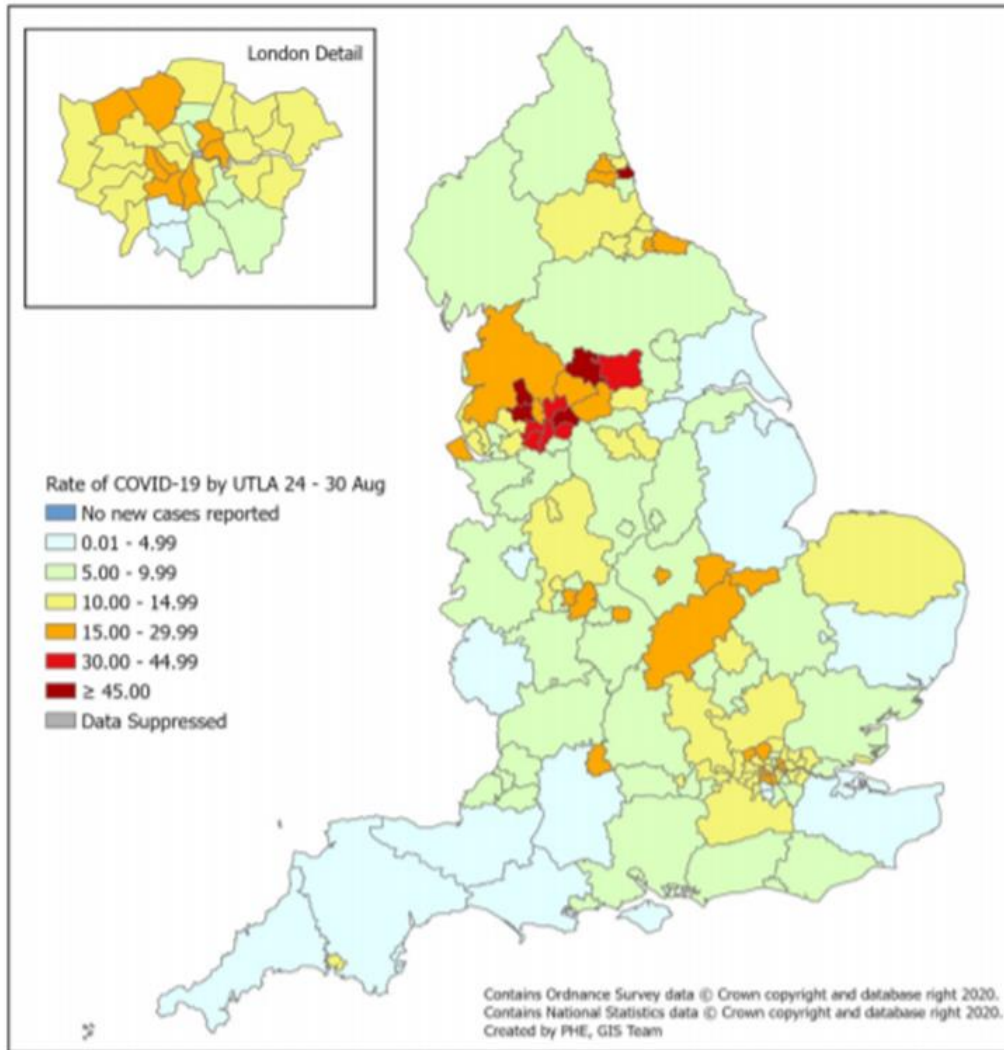


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<https://www.gov.uk/government/publications/national-covid-19-surveillance-reports>

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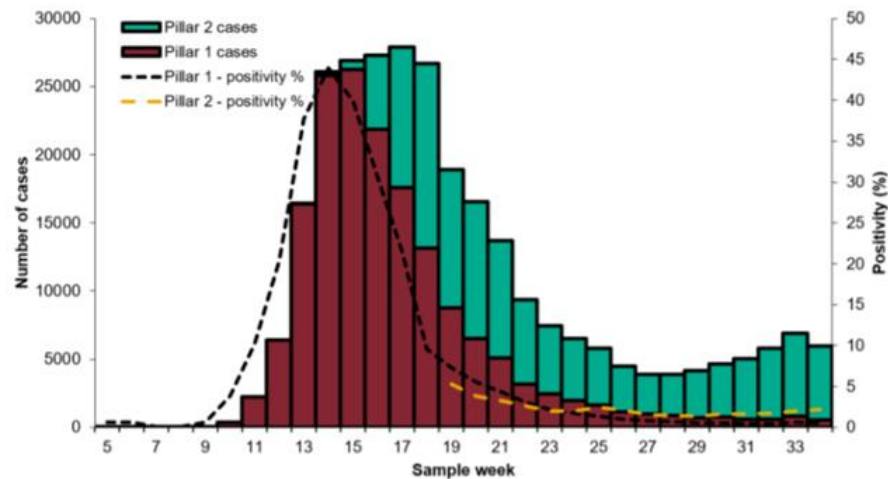
Week 36

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

Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report
Summary of COVID-19 surveillance systems

Week 35 & 36 – Increase in test 2 cases. Positivity remains quite low. Principally working age people

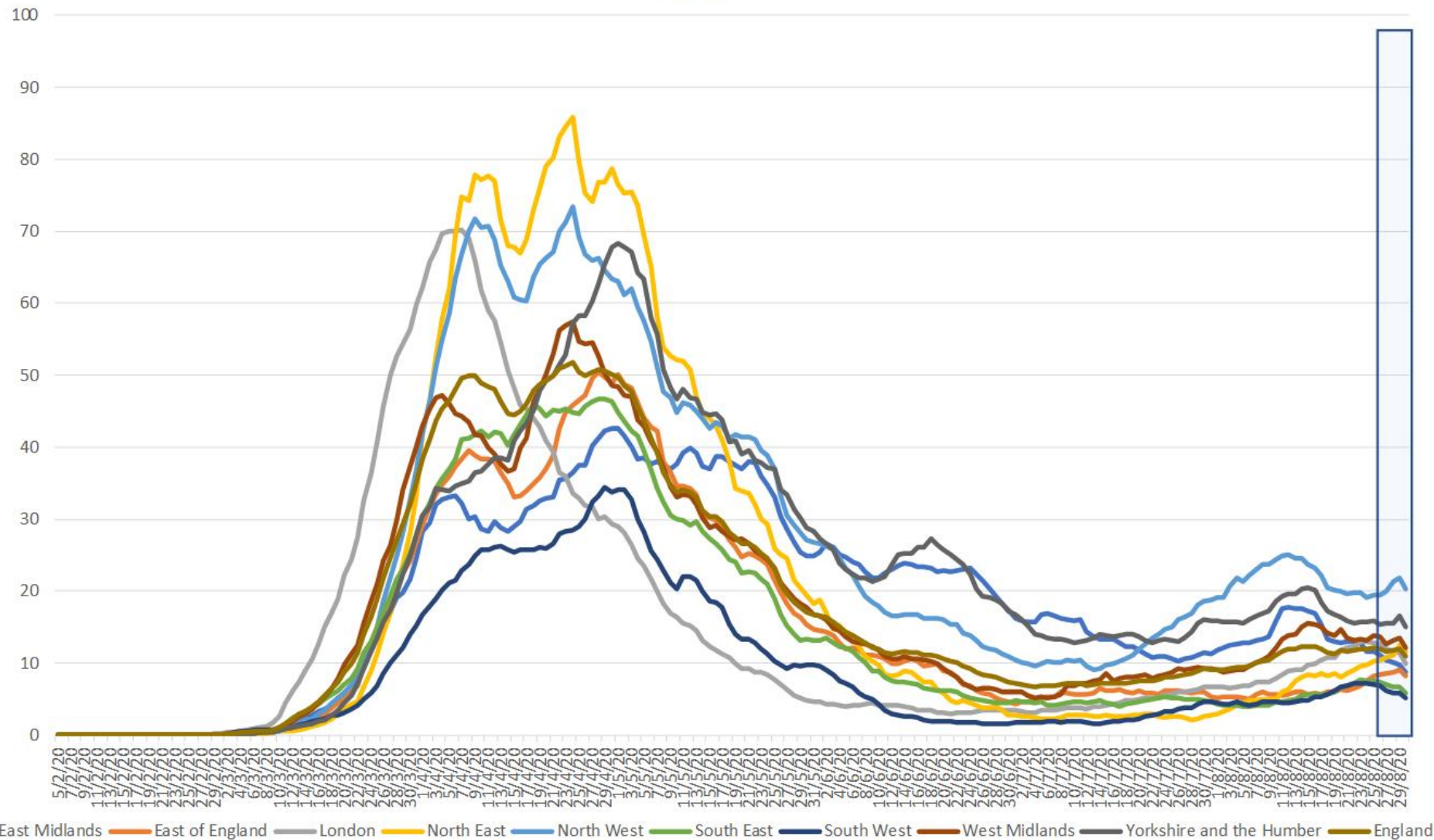
Figure 1: Laboratory confirmed COVID-19 cases tested under Pillar 1 (n=166,612) and Pillar 2 (n=116,641), based on sample week with overall positivity for Pillar 1 and 2 (%)



* For the most recent week, more samples are expected therefore the decrease seen in this graph should be interpreted with caution. The data are shown by the week the specimen was taken from the person being tested. This gives the most accurate analysis of this time progression, but it does mean that the latest days' figures may be incomplete.

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Positive test results by GO Region as a 7 day rolling total per 100,000 population (2018 estimates),
Most recent days data subject to change due to reporting delays. Includes data announced 31 August,
2020

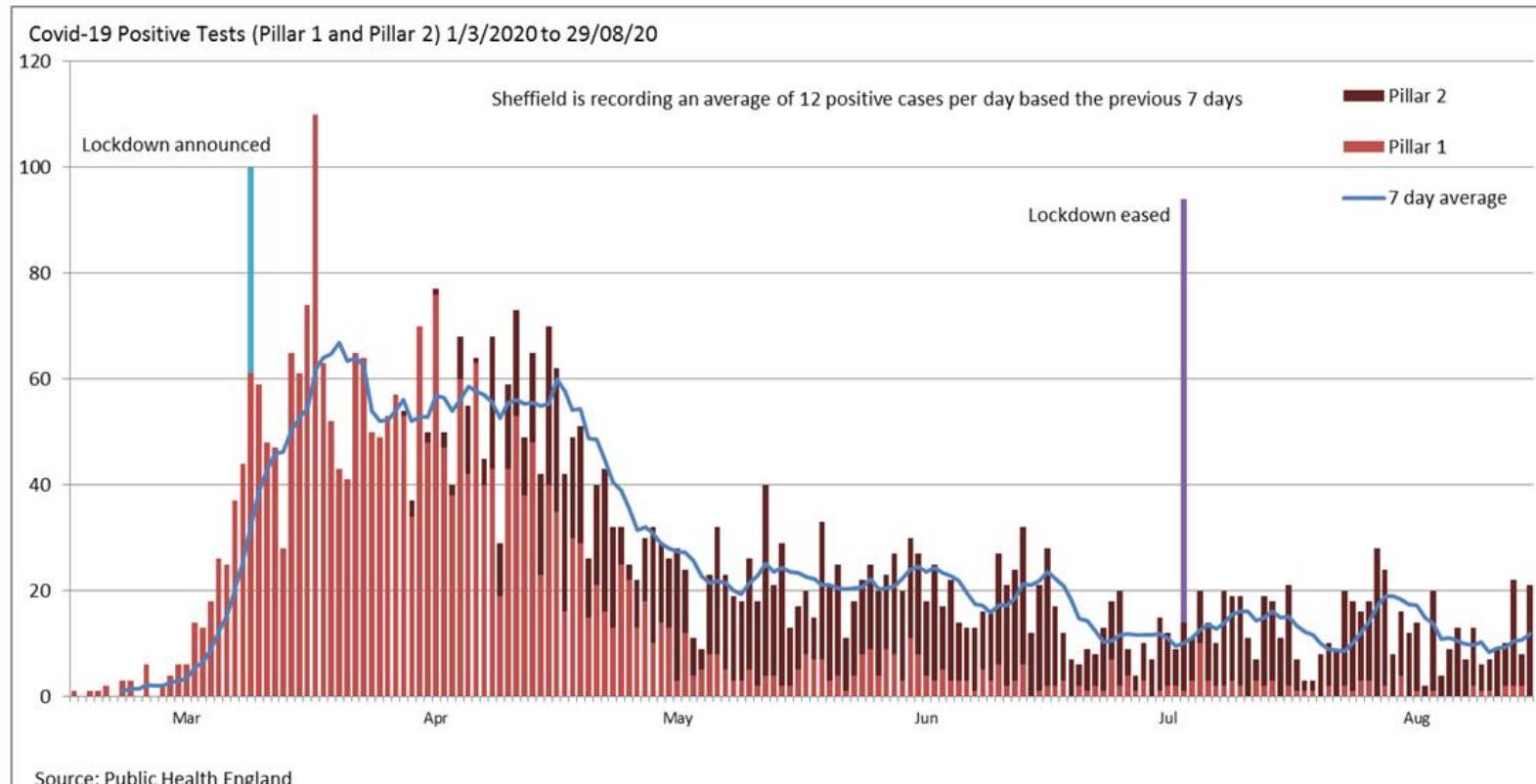


31 / 100,000 7 day rolling incidence. Fluctuating trend.

1.8% positivity

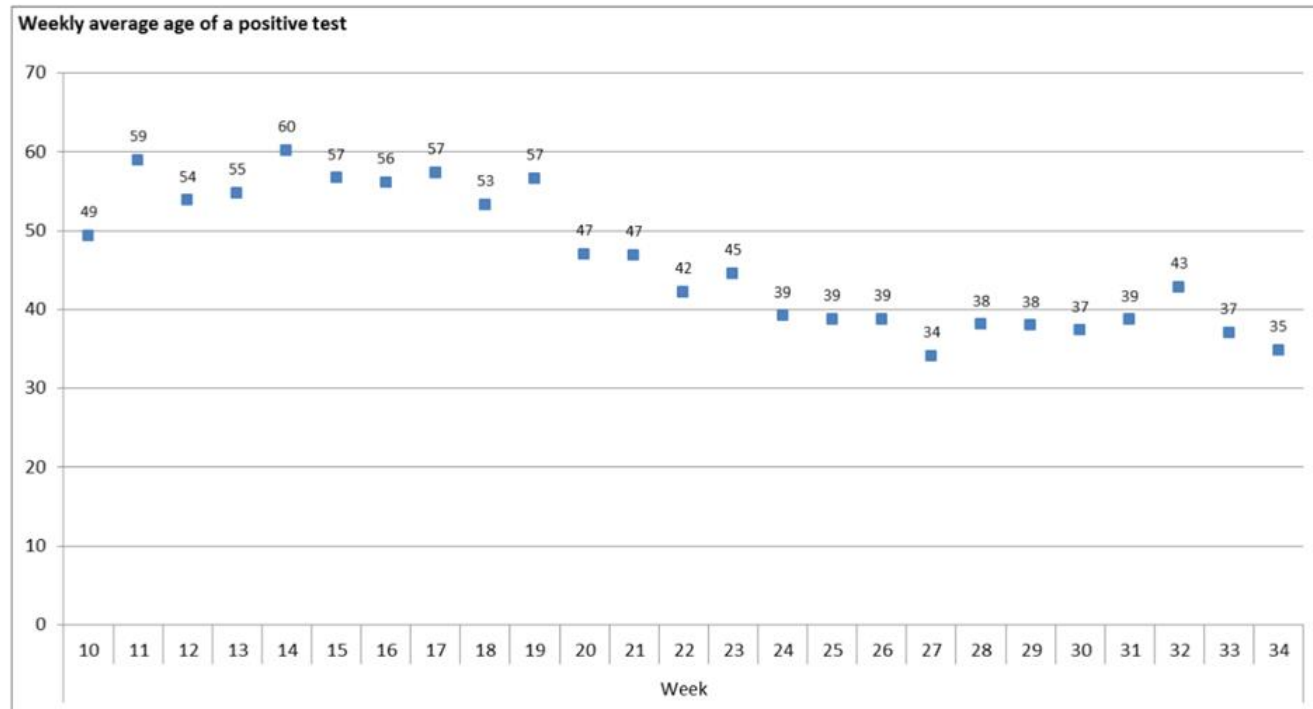
hospital activity is negligible

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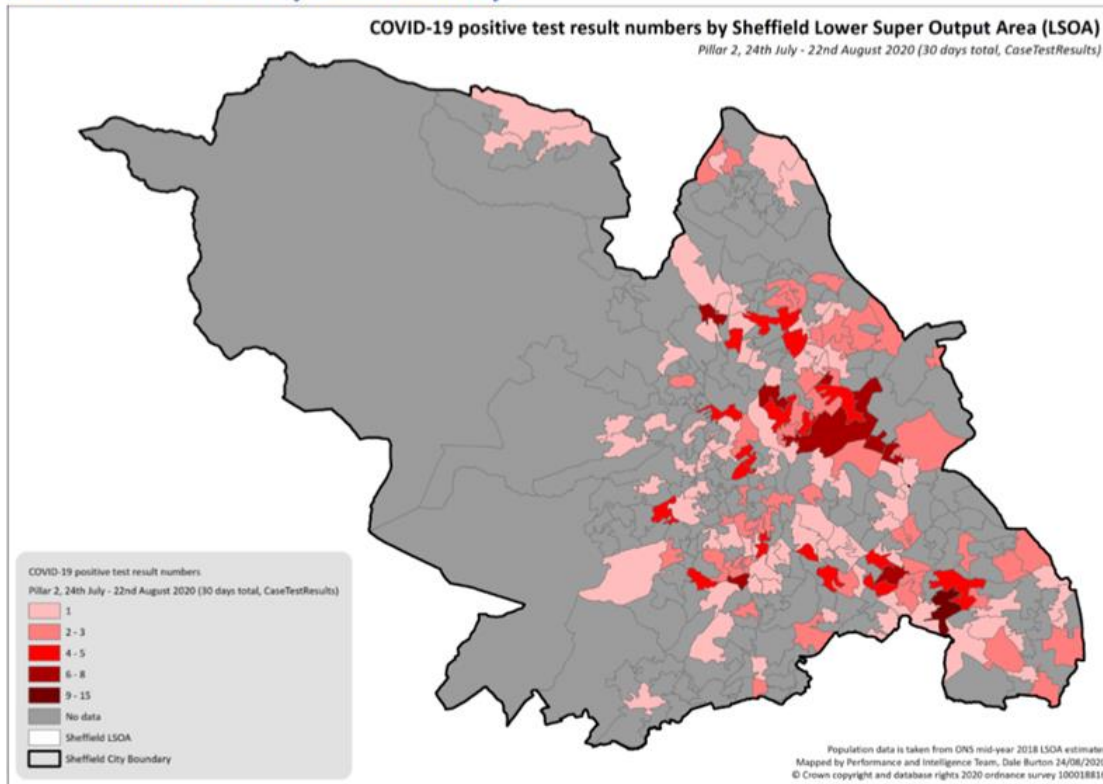
Age profile is shifting. Significantly.

Change in average age of positive tests (Pillars 1 & 2)



Shifting geography over time
more widespread
NB - low numbers

Map of Pillar 2 Test Positive Cases by LSOA last 30 days



shift in epidemiology in Sheffield

- Overall numbers lowest since March.
- Spatial spread in the city (more diffuse in last 30 days, but small numbers still).
- Household clusters are more diffuse across the city, but remain associated with more deprived areas.
- Ethnicity has substantially shifted from a month ago
- Mean age of a typical case is lower now (mid/late 30's compared with 60's in March April). Reduced exposure in older people? More mixing in younger?

Covid-19 Weekly Key Messages - Monday 31st August 2020

- 38,817 cases with a potential Covid-19 final disposition have been identified in Sheffield via NHS 111, 999 or online to date. There have also been 4,649 positive tests recorded (Pillars 1 and 2). The overall number of positive tests reflects both the incidence of infection and the testing rate.
- The most recent 7-day rate in positive cases has increased over the previous week. The majority of community transmission remains associated with households and family and friend groups, predominantly among the 20-45 age range;
- There have been no new hospitalizations for Covid-19 over the last 7 days;
- There had been 450 deaths from Covid-19 registered in Sheffield up to the 20th August 2020, of which 229 deaths occurred in hospital and 221 in the community (the majority of which were in care homes). Deaths from other causes also peaked during April 2020 but have declined steadily since then and remain lower than average for this time of year

Further epidemiology notes

- for those intervention areas, other than a small no of exceptions, the interventions are working. Rates are going in the right direction in those areas
- there IS a general uptick nationally. A caveat to this is that it is hard to demonstrate with the ONS methodology. There is a view the ONS methods don't work well for a highly clustered disease.
- mostly the epi is 18-65 age group, and in that mostly 18-35. This is interesting, reasons unknown. Fear is as we progress into autumn, illness might go back up the age bands. No indication of this (elderly taking more precautions?? not out as much??).
- Beginning to see an increasing number of cases in parts of the region in young adults – so people in their late teens and 20s. Most of these are sporadic and not linked to outbreaks, although there have been some linked to clusters and outbreaks in settings such as pubs. Often this is in a complex network of contacts, reflecting the fact that individuals socialise in a number of different networks; may have multiple jobs; frequently go to bars, gyms etc. There is also some soft intelligence to suggest that compliance to isolation might not be as good as it could be.
- Given the current age profile of epi, there is a need to balance a focus on NUMBERS vs illness and balancing numbers v getting recovery (and consequences of not). Tracking average age of case over time is a good idea.
- slight uptick in hospitalisations in NW England. Only slight.
- British Pakistani increased incidence now levelling off.
- Students – several cities with BIG student pops. Sheff is one of the bigger student populations. Everywhere dwarfed by London, but Sheff is one of top cities beyond that. Schools – Huge ammount of prep. For both operational arrangements are as robust as they can be.

Areas of Concern

| | |
|--|---|
| | <p>Household Clusters: These continue to centre on the more deprived areas of the city although there are pockets elsewhere. Cases remain concentrated among 20-45 year olds, spread across ethnic groups. Overall numbers of positives are low, and the last 7 days represents the lowest numbers since March.</p> |
| | <p>Data flows and real time intelligence remain a challenge, with multiple reporting routes and different time lags across different datasets and dashboards. We received access to COVIS (PHE’s real time GIS system) on 5th August 2020. Although this includes case and contact data and can be viewed at an individual record level, it does not currently provide full address or contact details.</p> |
| | <p>Testing. We need to be aware that increased targeted testing is likely to result in an increase in our incidence rate and may put us back on national list of concern. Where increased testing has been taking place, we are aware of this and can relate to the data streams.</p> |
| | <p>Hospital Activity – Remains very low.</p> |
| | <p>Deaths – deaths remain low, there have been 2 this month, both in hospital.</p> |

Strategy

- Coronavirus prevention and management board
- Keep people safe
- Protect the vulnerable
- Reopen Sheffield
- Follow Govt guidance

Operational plan

- Based on premise of - Prevent / Know / Respond
- Outbreak response arrangements
- Both soft intelligence and epidemiology
- Contact tracing
- Support those self isolating
- Communications and engagement work
- Settings - care homes, schools, workplaces
- High risk places and communities
- Local testing capacity
- Contact tracing
- Vulnerable people

Forward Look - Next 3 months

- Strategy remains right – keep people safe, protect vulnerable, reopen Sheff, follow govt advice
- Likely rising tide - University and school impact might be substantial (but we don't know). This is national.
- Intensify our efforts across prevention, management of individual outbreaks, comms, contact trace and isolate.
- Stick with plan.
 - Pushing all the prevention oriented interventions,
 - testing accessibility, and capacity
 - managing cases & clusters
 - likely contact tracing localisation
 - shielding may be restarted
 - Flu
- Less outdoors, more in. Christmas fairs, bonfire night, Christmas itself

Ten hot issues and worries

1. IT IS NOT ALL OVER . Cases will rise in the autumn.
2. Standing up our response for 18m whilst getting on with business as usual.
3. We are seeking to avoid imposed local lockdown by our actions as a city.
4. Balancing cases with medium / long term social and economic impact.
5. Testing capacity is stretched. Pushing on testing in those with symptoms ONLY.
6. Improving contact tracing and ISOLATION.
7. Schools and universities
8. Those who are particularly vulnerable. Shielding, care home residents.
9. Intervention fatigue – stick with the programme. Over complex guidance vs basic principles.
10. Hoaxes – COVID is all a hoax or conspiracy theory

The core messages are constant (sorry about that!)

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.
- 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.