



Llywodraeth Cymru
Welsh Government

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STATISTICS

Coronavirus (COVID-19) infection survey (positivity estimates): 18 to 24 November 2022

Analysis of the proportion of people testing positive for COVID-19 for 18 to 24 November 2022.

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Introduction

Antibody data for Wales is published fortnightly in a separate release.

The Coronavirus (COVID-19) Infection Survey (CIS) is run across the whole of the UK and aims to estimate:

- how many people have the infection over a given time (positivity)
- how many new cases occur over a given period (incidence)
- how many people have antibodies to COVID-19

The survey helps track the extent of infection and transmission of COVID-19 among people in private residences, referred to as the **community population** ([#CommunityPopulation](#)).

Previous estimates can be found in the **Coronavirus (COVID-19) Infection Survey datasets (Office for National Statistics (ONS))** (<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveysurvey/pilot/latest/relateddata>).

Proportion of people in Wales who had COVID-19

For the week 18 to 24 November 2022, it is estimated that 1.43% of the **community population** ([#CommunityPopulation](#)) had COVID-19 (95% **credible interval** ([#CredibleIntervals](#)): 1.09% to 1.81%).

This equates to approximately 1 person in every 70 (95% credible interval: 1 in 90 to 1 in 55), or 43,400 people during this time (95% credible interval: 33,200 to 55,100).

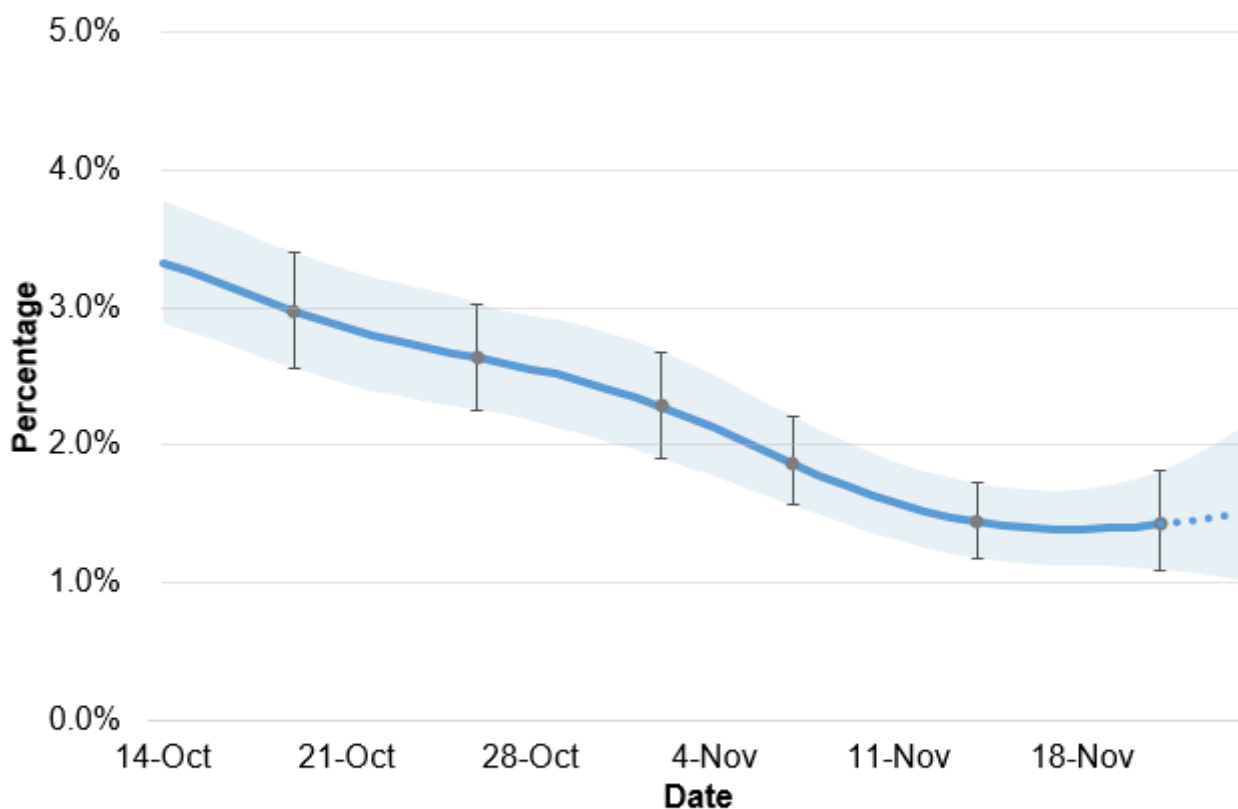
The trend in the percentage of people testing positive in Wales was uncertain in the most recent week but decreased over two weeks.

Since the estimates are based on a relatively low number of positive tests, caution should be taken in over-interpreting any small movements in the latest trend.

Further information on the classification of positive cases can be found on the **ONS website** (<https://blog.ons.gov.uk/2021/01/29/understanding-the-uk-variant-how-the-ONS-is-monitoring-the-new-strain-of-covid-19/>).

Please note that there is a greater lag in data from the infection survey than from other sources such as **Public Health Wales** (<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>).

Chart 1: Official estimates of the percentage of the population in Wales testing positive for the coronavirus (COVID-19) on nose and throat swabs since 14 October 2022



Source: Coronavirus (COVID-19) Infection Survey, ONS

The blue line and shading represent the modelled trend and 95% credible intervals based on the latest data. The point estimate and error bars are the official estimates published at the time. Estimates for the last few days of the series, shown as dashed lines in the chart, have more uncertainty.

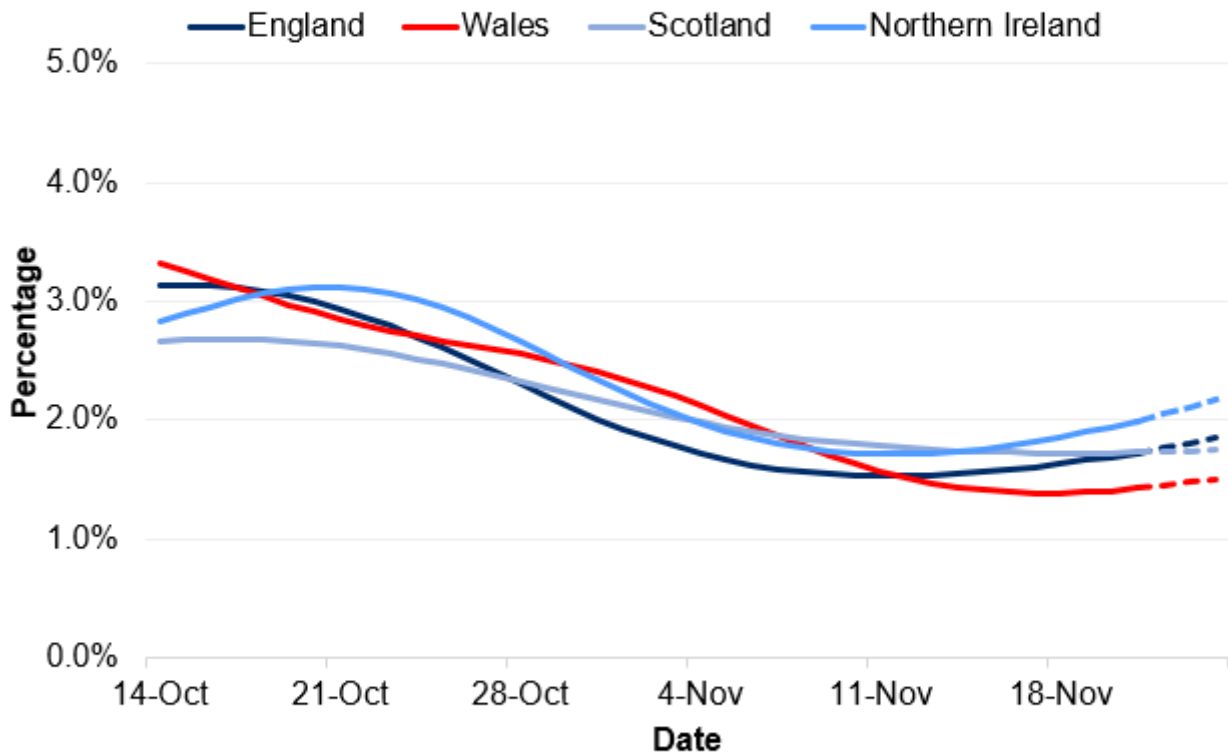
Estimates for the countries of the UK

At the midpoint of the most recent week (18 to 24 November 2022), the estimated percentage of the community population with COVID-19 across the UK ranged from 1.43% in Wales to 2.00% in Northern Ireland.

The percentage of people testing positive was uncertain in Wales in the most recent week but decreased over the last two weeks. The trend in the percentage of people testing positive in Northern Ireland and England increased in the most recent week. The percentage of people testing positive in Scotland was uncertain in the most recent week.

There is some uncertainty around the individual point estimates for the nations. Estimates for the last few days of the series, shown as dashed lines in the chart below, have more uncertainty.

Chart 2: Estimates of the percentage of the population in the UK countries testing positive for the coronavirus (COVID-19) on nose and throat swabs since 14 October 2022



Source: Coronavirus (COVID-19) Infection Survey, ONS

The lines represent the modelled trend based on the latest data. Estimates for the last few days of the series, shown as dashed lines in the chart, have more uncertainty.

The following table summarises positivity rates across the UK countries.

Table 1: Positivity rates across UK countries for the week 18 to 24 November 2022

Country	Positivity rates (95% Credible Interval)		
Wales	1.43% (1.09 to 1.81)	1 in 70 people (1 in 90 to 1 in 55)	43,400 people (33,200 to 55,100)
England*	1.73% (1.60 to 1.86)	1 in 60 people (1 in 65 to 1 in 60)	941,700 people (874,100 to 1,013,600)
Scotland	1.68% (1.35 to 2.03)	1 in 60 people (1 in 75 to 1 in 50)	88,500 people (71,000 to 106,800)
Northern Ireland*	2.00% (1.47 to 2.56)	1 in 50 people (1 in 70 to 1 in 40)	36,700 people (27,000 to 47,100)

Source: Coronavirus (COVID-19) Infection Survey, ONS

*The reference period is 20 to 26 November in England and 17 to 23 in Northern Ireland.

Definitions

Cases compatible with variants

Cases identified as being compatible with known variants of Covid-19 based on

their genetic patterns. **Variants of Concern and Variants of Interest have recently been relabelled by the World Health Organisation (WHO)** (<https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>). Further information on the **identification of variants in the survey can be found on the ONS website** (<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/methodologies/covid19infectionsurveyspilotmethodsandfurtherinformation>).

Community population

This survey covers people living in private households only and this is referred to as the community population. Residents in hospitals, care homes and/or other institutional settings are excluded.

Confidence intervals

A confidence interval gives an indication of the degree of uncertainty of an estimate, showing the precision of a sample estimate. The 95% confidence intervals are calculated so that if we repeated the study many times, 95% of the time the true unknown value would lie between the lower and upper confidence limits. A wider interval indicates more uncertainty in the estimate. Overlapping confidence intervals indicate that there may not be a true difference between two estimates.

Credible intervals

A credible interval gives an indication of the uncertainty of an estimate from data analysis. 95% credible intervals are calculated so that there is a 95% probability of the true value lying in the interval.

Incidence

The number of new infections over a period of time.

Modelled estimates

Estimates of positivity from this survey are based on statistical modelling of the underlying data. The model smooths the series to understand the trend and is revised each week to incorporate new test results.

Point estimates

The headline point estimates are based on the modelled trend and reflect the most representative reference point for the given week.

Positivity rate

The estimated proportion of people who test positive for coronavirus (COVID-19) at a point in time, with or without symptoms, based on nose and throat swabs.

Quality and methodology information

The results of the survey are based on self-administered nose and throat swabs provided by participants to the study. A subgroup of participants also provide blood test, taken by trained field staff.

As well as looking at overall **incidence** (#Incidence), **positivity** (#PositivityRate) and antibody level, the survey will be used to examine the characteristics of those testing positive for COVID-19 and the extent to which those infected experience symptoms. The results are for private households only and do not apply to those in hospitals, care homes or other institutional settings. This is referred to as the **community population** (#CommunityPopulation).

The survey covers all the countries of the UK, enabling estimates to be calculated for each country individually, and in time the UK as a whole.

When comparing Test and Trace (T&T) and estimates from the COVID-19 Infection Survey it is important to note that T&T provides information on the number of tested people who are positive, while the estimates in this release are based on the total number of people who are currently infected at a particular point in time (prevalence). Estimates from this survey are also based on a random sample of the population, including people who are asymptomatic. Asymptomatic individuals are less likely to go for a test and therefore appear in the T&T data.

Fieldwork started first in England on 26 April 2020 meaning there is more cumulative data available for England enabling more detailed analysis at present. Fieldwork began in Wales on 29 June 2020 followed by Northern Ireland on 26 July 2020 and Scotland on 21 September 2020.

It is important to note that there is a significant degree of uncertainty with the estimates. This is because, despite a large sample of participants, the number of positive cases identified is small. Estimates are provided with 95% **credible** (#CredibleIntervals) or **confidence** (#ConfidenceIntervals) intervals to indicate the range within which we may be confident the true figure lies.

The **modelled estimates** (#ModelledEstimates) are carried out afresh each week using the previous 6 weeks' data. The model works by smoothing the series to understand the trend and is revised each week to incorporate new test results.

This means that the latest estimate for an earlier period may be different to the official estimate that was produced at the time. Chart 1 shows the latest modelled trend and the official **(point) estimates** (#PointEstimates) that were published at the time.

ONS publishes **weekly statistical bulletins** (<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveyypilot/previousReleases>) and references tables and periodic **statistical articles** (<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19infectionsinthecommunityinengland/previousReleases>) which include results for England, Wales, Northern Ireland and Scotland as they become available. The estimates for **Northern Ireland** (<https://www.health-ni.gov.uk/articles/covid-19-infection-survey>) and **Scotland** (<https://www.gov.scot/collections/coronavirus-covid-19-infection-survey/>) are published by the respective administrations, as we do here for Wales.

Further information about quality and methodology can be found on the **ONS website** (<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/methodologies/covid19infectionsurveyypilotmethodsandfurtherinformation>) and the survey pages on the **Oxford University site** (<https://www.ndm.ox.ac.uk/covid-19/covid-19-infection-survey>).

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that

must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the **Wellbeing of Wales report** (<https://gov.wales/wellbeing-wales>).

Further information on the **Well-being of Future Generations (Wales) Act 2015** (<https://gov.wales/well-being-future-generations-wales-act-2015-guidance>).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

Next update

16 December 2022

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