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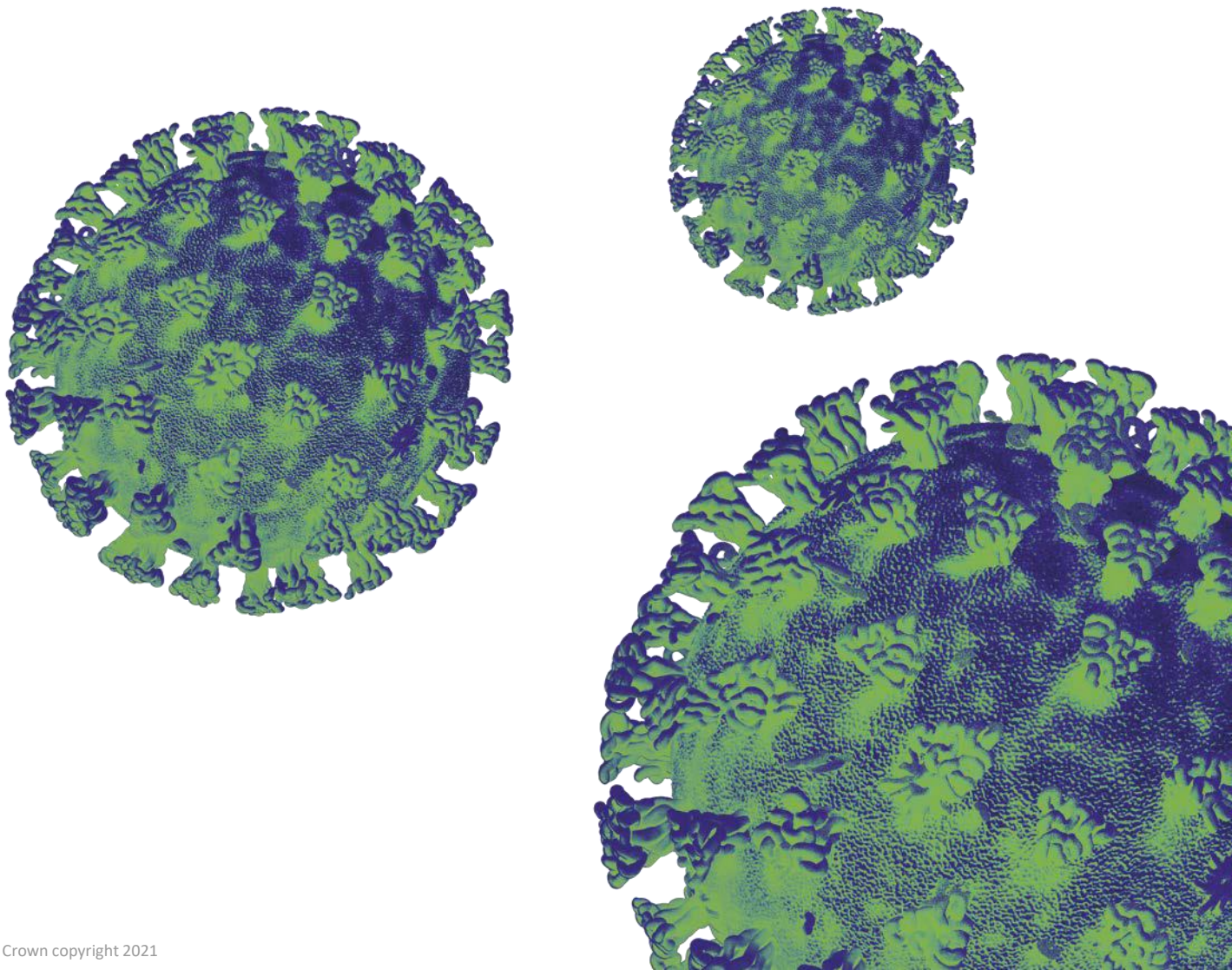
Llywodraeth Cymru
Welsh Government

Technical Advisory Cell

Summary of Advice

14 May 2021



Technical Advisory Cell: Summary of Advice

14 May 2021

Top-line summary

- **As of this week, case numbers in Wales have begun to increase at a national level,** with a 14% increase to 10.2 cases per 100k population, although overall figures remain low with Wales in the lowest official case threshold. There is increasing variation at a regional level in terms of weekly change, against a background of low incidence. There has also been a small but measureable increase in test positivity to 1%.
- The most recent estimate of the R_t for Wales from **SAGE** is between **0.7 and 1.0** (90% confidence interval) and the growth rate is estimated to be **shrinking by between 5% and 1%** per day. Note R_t and growth rate estimates by SAGE represent the transmission of COVID-19 two to three weeks ago rather than today.
- As at 12 May, R_t estimated by **Public Health Wales** (PHW) is between **0.8 and 1.0** (95% confidence interval). This estimate is less lagged than SAGE, representing transmission from around 1 week ago; however it uses different methodology based on positive SARS-Cov-2 testing episodes.
- 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. At this time, it may be more useful to look at changes in incidence and prevalence measures than R_t.
- According to Public Health Wales, for the week ending 8 May, the age group 30-39 saw an increase of 44% to 14.8 cases per 100k, while 60-79 and 70-79 increased by around 20% each, although these are very low absolute numbers. 20-29 and 40-49 saw reductions of 17% and 28% respectively. The highest incidence (excluding 90+ due to the small denominator of this group) was in 20-29 at 17 cases per 100,000.
- As reported by the PHW Welsh Immunisation System, as at 22:00 on 15 May nearly **2 million first doses** of COVID-19 vaccine and almost **0.9 million second doses** have been given in Wales.
- For the week of 2 April to 8 May 2021, the COVID-19 infection survey estimates that community Covid-19 infection rates in Wales have significantly decreased to around **1 person in 4,230** (95% credible interval: 1 in ,1580 to 1 in 22,280), or 700 people during this period.
- As at 14 May, the Variant of Concern “VOC-20DEC-01” (B.1.1.7, first identified in Kent) remains the dominant variant in Wales, with **13,045** (+166 since last report) genomically probable or confirmed cases identified.
- Whilst case numbers in general remain very low, the proportion of cases which are VOC21APR-02 (B.1.617.2) has increased significantly in some areas of the

UK. As at 14 May There have been **11 (+6 since last report)** genomically confirmed and probable cases of this variant detected in Wales.

- There is strong evidence this variant is more transmissible than B.1.1.7 (high confidence) and could become the dominant variant in Wales, with early evidence (low confidence) of a degree of reduction in protection from vaccines and natural immunity. Modelling at SAGE has previously suggested a 40-50% transmission advantage compared to the dominant variant could result in a substantial resurgence of hospitalisations, similar to or larger than previous peaks. As such, this variant represents a newly identified risk that requires careful consideration and early action to prevent uncontrolled growth and wider community transmission in Wales.
- There have also been **38** (+1) genomically confirmed and probable cases of **VOC-20DEC-02** (B.1.351, first identified in South Africa) and **15 (+3)** genomically confirmed and probable cases of the variant **VUI-21APR-01** (B.1.617, first identified in India).
- Observed levels of COVID-19 cases, admission to hospital, hospital bed occupancy and deaths have continued to reduce or remain stable and are lower than the levels estimated by the February 2021 reasonable worst case (RWC) and most likely (MLS) scenarios. These scenarios are now out of date and so TAC has updated their MLS and RWC to support planning and decision making.

TAG/ SAGE papers published this week:

- PHE: Investigation of SARS-CoV-2 variants of concern: routine variant data update, 13 May 2021
- PHE: Investigation of novel SARS-CoV-2 variants of concern (England) - Technical briefing 11, 13 May 2021
- SPI-M-O: Consensus statement on COVID-19, 12 May 2021
- SAGE 89 minutes: Coronavirus (COVID-19) response, 13 May 2021
- SPI-M-O: Consensus statement on COVID-19, 28 April 2021
- Dynamic CO-CIN report to SAGE and NERVTAG, 5 May 2021
- SPI-M-O: Medium-term projections, 28 April 2021
- University of Warwick: Roadmap scenarios and sensitivity – steps 3 and 4, 5 May 2021
- SPI-M-O: Summary of further modelling of easing restrictions – roadmap step 3, 5 May 2021
- Imperial College London: Evaluating the roadmap out of lockdown – step 3, 5 May 2021
- LSHTM: Interim roadmap assessment – prior to steps 3 and 4, 5 May 2021
- SAGE 88 minutes: Coronavirus (COVID-19) response, 5 May 2021

- Technical Advisory Group: policy modelling update 5 May 2021
- Advice from the Technical Advisory Group and the Chief Scientific Advisor for Health: 13 May 2021 review
- Technical Advisory Cell: summary of advice 7 May 2021
- Technical Advisory Group: using SARS-CoV-2 antibody testing in a diagnostic setting

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 12 May is between 0.7 and 1.0 (90% confidence interval).**
- The most recent daily growth rate for Wales from SAGE estimates that the infection rate in Wales was **-5 to -1%** per day (90% confidence interval)
- 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.

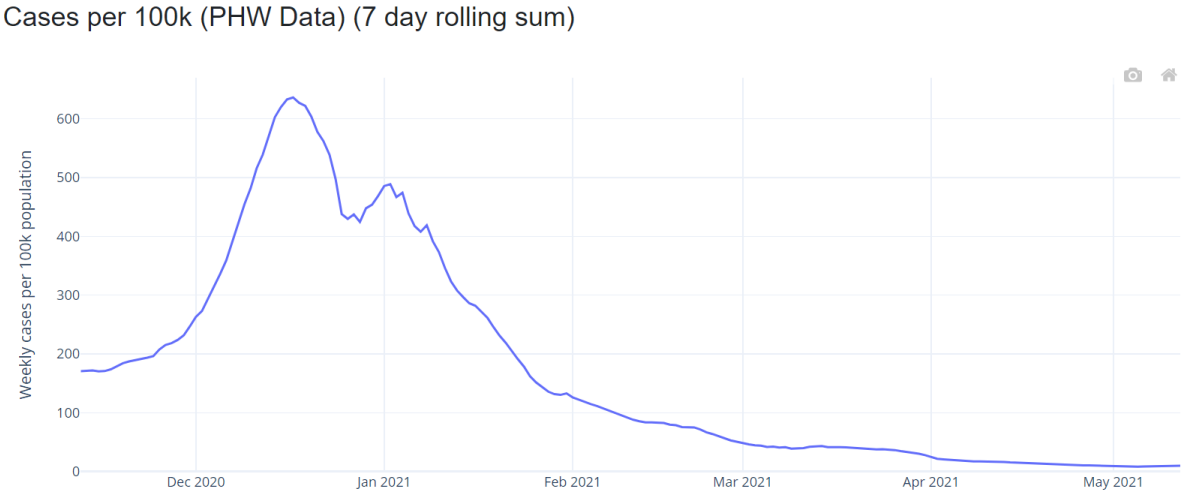
- For more information on the models that are used to create the SAGE consensus on R, please see the UK Government website.

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.
- Halving and doubling times have also been calculated using 14 days of rolling data. The most recent 3 days of data are excluded to account for testing and reporting lag. Predictions are then extended. Doubling time is an intuitive number and so it has limited usefulness during periods where the number of new infections is stable or declining slowly. As the value of R potentially switches from positive to negative (and possibly back again during a resurgence), it passes through zero, at which point the doubling time briefly tends to infinity. As a result confidence intervals may appear incorrect.
- As at 12 May, R_t estimated by **Public Health Wales** (PHW) is between **0.8 and 1.0** (95% confidence interval). This estimate is less lagged than SAGE, representing transmission from around 1 week ago; however it is based on positive SARS-Cov-2 testing episodes only.
- The growth rate is estimated by PHW to be **stable**, doubling every 3106 days (95% CI: 15.3 to -15.5).

Case numbers

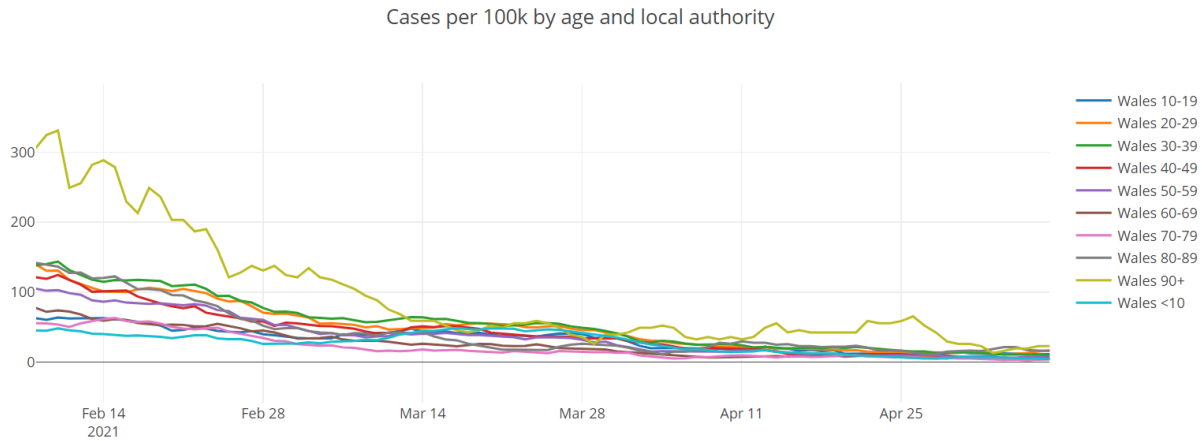
- The figure below shows weekly COVID-19 cases per 100k population (7 day rolling sum). The most recent data up to 1**2 May** shows a slight increase in cases to **10.2 cases per 100k** population, a **19% increase** from the previous 7 day period.



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, for the week ending 8 May, changes in incidence was variable across age groups, albeit at a low level. The age group 30-39 saw an increase of 44% to 14.8 cases per 100k, while 60-79 and 70-79 increased by around 20% each. 20-29 and 40-49 saw reductions of 17% and 28% respectively. The highest incidence (not including 90+) was in 20-29 at 17 cases per 100,000.



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 **12 May** suggests that COVID-19 weekly changes in case incidence across Wales is **variable** with some areas seeing large **relative** increases**,** although from a **low level** in absolute case numbers. The majority of Wales is now in the lowest case incidence and test positivity thresholds.
- Case incidence per 100,000 population for the whole of Wales during this period was **10.2**, a **14% increase** from the previous 7 day period. Cases for all-Wales remain in the 'Under 15 cases per 100,000 threshold for the fourth consecutive week.
- Test positivity for COVID-19 for the whole of Wales was **1.0%** for the most recent rolling 7 period, an **8.5% increase** from the previous period.

Source: Welsh Government dashboard, Data from PHW

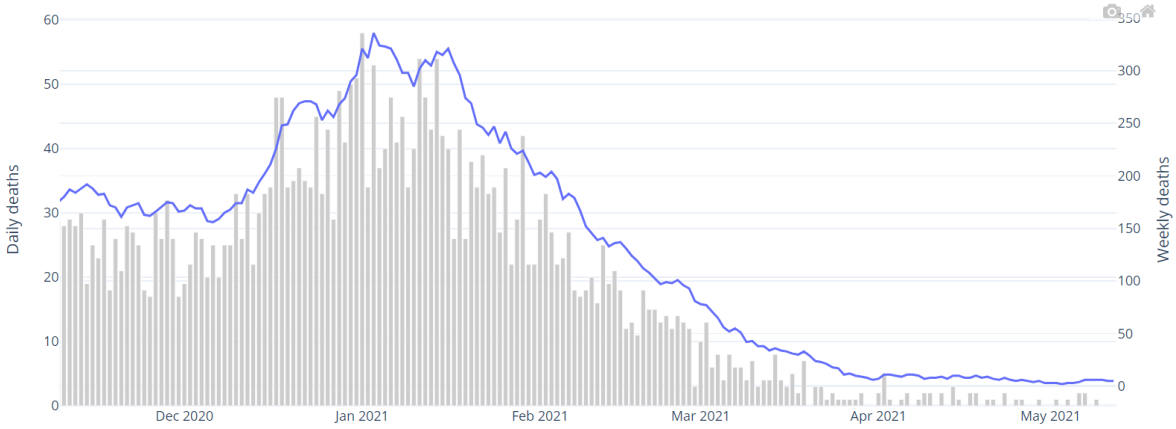
Local Authority	Health Board	Number	% of All Wales Total	Case Incidence per 100,000	Incidence threshold reached	Change from previous week	Proportion of tests positive (%)	Positivity threshold reached	Test Incidence per 100,000
Newport	ABUHB	54	16.70%	34.9	25 to < 50	59% ↑	2.70%	2.5 to < 5%	1300.8
Cardiff	CVUHB	84	26.00%	22.9	20 to < 25	83% ↑	2.00%	Under 2.5%	1157.5
Carmarthenshire	HDUHB	22	6.80%	11.7	Under 15	83% ↑	1.00%	Under 2.5%	1115.6
Merthyr Tydfil	CTMUHB	7	2.20%	11.6	Under 15	252% ↑	0.90%	Under 2.5%	1337.7
Gwynedd	BCUHB	12	3.70%	9.6	Under 15	33% ↑	1.10%	Under 2.5%	845.4
Swansea	SBUHB	23	7.10%	9.3	Under 15	52% ↑	1.10%	Under 2.5%	861.2
Ceredigion	HDUHB	6	1.90%	8.3	Under 15	20% ↑	1.10%	Under 2.5%	785.5
Powys	PTHB	10	3.10%	7.6	Under 15	-16% ↓	0.9%	Under 2.5%	832.9
Vale of Glamorgan	CVUHB	10	3.10%	7.5	Under 15	83% ↑	0.90%	Under 2.5%	828.7
Bridgend	CTMUHB	11	3.40%	7.5	Under 15	44% ↑	0.80%	Under 2.5%	911.9
Torfaen	ABUHB	7	2.20%	7.4	Under 15	-13% ↓	0.8%	Under 2.5%	950.4
Wrexham	BCUHB	10	3.10%	7.4	Under 15	-56% ↓	0.7%	Under 2.5%	1101.8
Caerphilly	ABUHB	13	4.00%	7.2	Under 15	0% →	0.70%	Under 2.5%	989.1
Neath Port Talbot	SBUHB	10	3.10%	7	Under 15	25% ↑	0.70%	Under 2.5%	1034.8
Blaenau Gwent	ABUHB	4	1.20%	5.7	Under 15	97% ↑	0.50%	Under 2.5%	1077.8
Monmouthshire	ABUHB	5	1.50%	5.3	Under 15	-38% ↓	0.6%	Under 2.5%	914.5
Flintshire	BCUHB	8	2.50%	5.1	Under 15	-27% ↓	0.6%	Under 2.5%	800.1

Conwy	BCUHB	6	1.90%	5.1	Under 15	19% ↑	0.50%	Under 2.5%	1128
Pembrokeshire	HDUHB	6	1.90%	4.8	Under 15	-70% ↓	0.5%	Under 2.5%	979.2
Rhondda Cynon Taf	CTMUHB	11	3.40%	4.6	Under 15	-34% ↓	0.5%	Under 2.5%	972.8
Denbighshire	BCUHB	3	0.90%	3.1	Under 15	0% →	0.30%	Under 2.5%	1018.9
Isle of Anglesey	BCUHB	1	0.30%	1.4	Under 15	-67% ↓	0.2%	Under 2.5%	685.3
Total		**323**	**100.00%**	**10.2**	**Under 15**	14% ↑	**1.00%**	**Under 2.5%**	**1005.8**

Deaths

- The figure below shows the 7 day rolling sum of COVID-19 deaths reported by PHW rapid mortality surveillance up to 12 May, with **5 deaths** for the most recent 7 day period, an **increase of 66%** 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 be higher.

COVID-19 Deaths (7 day rolling sum)



Source: Welsh Government dashboard, Data from PHW

ONS: Deaths registered weekly in England and Wales

- 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, the number of weekly registered deaths involving COVID-19 **decreased by 29%** from 7 to **5**, accounting for **0.9% of all deaths** compared to 1.2% the previous week.
- The **total number of deaths** registered in Wales **decreased** from 582 to **560** in the week ending 30 April. This remains below the five-year average for Wales (10.3% below the five year average, 64 deaths fewer).

  Source: Deaths registered weekly in England and Wales, provisional: week ending 7 May 2021

Variant Update

- As at 14 May in Wales:
- **VOC 202012/01** (B.1.1.7, first identified in Kent) has been detected in all parts of Wales and continues to grow; 13,045 (+166 since last report) genomically probable or confirmed cases have been identified.
- There have been **38** (+1) genomically confirmed and probable cases of **VOC-20DEC-02** (B.1.351, first identified in South Africa).
- There have been **10** (+0) genomically confirmed and probable cases of the variant **VUI-21FEB-03** (B.1.525, first identified in Nigeria)**.**
- There has been **1** (+0) genomically confirmed and probable cases of the variant **VUI-21JAN-01** (P.1, first identified in Brazil via Japan).
- There have been **15 (+3)** genomically confirmed and probable cases of the variant **VUI-21APR-01** (B.1.617, first identified in India).
- There have been **11 (+6)** genomically confirmed and probable cases of the variant **VOC-21APR-02** (B.1.617.2, first identified in India, formally VUI-21APR-02).

VOC-21APR-02

- The most recent Public Health England variants of concern and variants under investigation briefing (11) has been published, along with the minutes of SAGE 89.
- Whilst case numbers in general remain very low, the proportion of [UK] cases which are VOC21APR-02 (B.1.617.2) has increased, as monitored through both genomic and S gene target data. This is most pronounced in London and the North West.
- The proportion of S gene target positives continues to increase rapidly, but the proportion of VOC-21APR-02 (B.1.617.2) genomes amongst all sequenced cases has a slower increase in the most recent data. Genomic data from the most recent period shown is still being produced and this picture may be related to sequencing lag or alternatively to biases in the S gene data related to geographic coverage.

- In a small number of areas there are both rising incidence rates and a high proportion of VOC-21APR-02 (B.1.617.2).
- Surveillance of travellers from India shows a predominance of VOC-21APR-02 (B.1.617.2) amongst imported cases.
- Secondary attack rates for VOC-21APR-02 (B.1.617.2) are similar to those for VOC20DEC-01 (B.1.1.7) in non-travellers and slightly higher for travellers. Small numbers of non-travel VOC-21APR-02 (B.1.617.2) cases mean these results should be interpreted with caution and will be refined with further cases.

  Routine reinfection surveillance shows a small number of potential reinfection cases with VOC-21APR-02 (B.1.617.2). This would be expected with any prevalent variant; comparative analyses have been initiated.

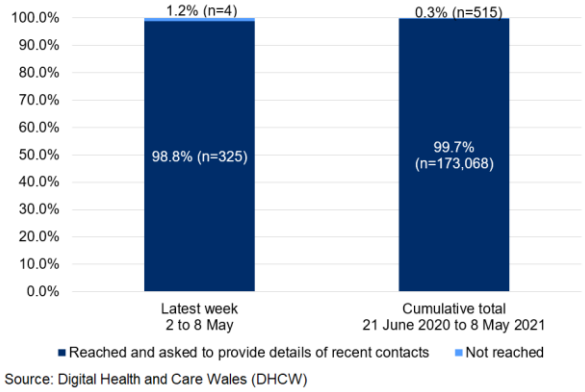
Test, Trace, Protect (Contact tracing for COVID-19)

- Welsh Government publish 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 (2 May to 8 May 2021):
  - of the 329 positive cases that were eligible for follow-up, 325 (98.8%) were reached and asked to provide details of their recent contacts
  - of the 903 close contacts that were eligible for follow-up, 888 (98.3%) were successfully contacted and advised accordingly, or had their case otherwise resolved

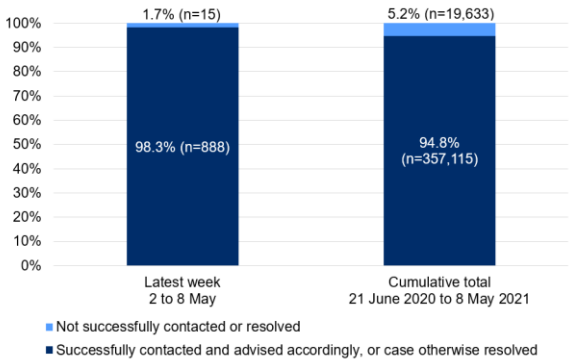
- In the latest week (2 May to 8 May 2021):
  - of the 329 positive cases that were eligible for follow-up, 325 (98.8%) were reached and asked to provide details of their recent contacts.
    - **93.3% were reached within 24 hours** of referral to the contact tracing system. This equates to 94.5% of those successfully reached being reached within 24 hours.
    - **97.0% were reached within 48 hours**. This equates to 98.2% of those successfully reached being reached within 48 hours.
  - of the 903 close contacts that were eligible for follow-up, 888 (98.3%) were successfully contacted and advised accordingly, or had their case otherwise resolved.
    - **88.7% were reached within 24 hours** of being identified by a positive case. This equates to 90.2% of those successfully reached being reached within 24 hours.
    - **94.8% were reached within 48 hours** of being identified by a positive case. This equates to 96.4% of those successfully reached being reached within 48 hours.
    - From the time positive cases were referred to the contact tracing system, **54.8% of all close contacts that were eligible for follow-up** were reached within 24 hours. This equates to 55.7% of those successfully reached being reached within 24 hours.
    - From the time positive cases were referred to the contact tracing system, **73.6% of all close contacts that were eligible for follow-up** were reached within 48 hours. This equates to 74.9% of those successfully reached being reached within 48 hours.
- In total, since 21 June 2020:
  - of the 173,583 positive cases that were eligible for follow-up, 173,068 (99.7%) were reached and asked to provide details of their recent contacts
  - of the 376,748 close contacts that were eligible for follow-up, 357,115 (94.8%) were successfully contacted and advised accordingly, or had their case otherwise resolved

Chart 1: Positive cases eligible for follow-up by local contact tracing teams, up to 8 May 2021



Source: Digital Health and Care Wales (DHCW)

Chart 2: Close contacts eligible for follow-up by local contact tracing teams, up to 8 May 2021



Source: Digital Health and Care Wales (DHCW)

Source: Test, Trace, Protect (contact tracing for coronavirus (COVID-19): up to 8 May 2021

International update

- The number of new COVID-19 cases and deaths globally has decreased slightly this week, with over 5.5 million cases and over 90 000 deaths. Case and death incidence, however, remains at the highest level since the beginning of the pandemic. New weekly cases decreased in the regions of Europe and Eastern Mediterranean, while the South-East Asia Region continued an upward trajectory for 9 weeks and reported a further 6% increase last week. Death incidence increased in the South-East Asia and Western Pacific regions.
- While India continues to account for 95% of cases and 93% of deaths in the South-East Asia Region, as well as 50% of global cases and 30% of global deaths, worrying trends have been observed in neighbouring countries. As shown below in all WHO Regions there are countries which have been showing a sustained upward trend in cases and deaths over several weeks.
- Viruses in the B.1.617 lineage were first reported in India in October 2020. The resurgence in COVID-19 cases and deaths in India has raised questions on the potential role of B.1.617 and other variants (e.g., B.1.1.7) in circulation. A recent risk assessment of the situation in India conducted by WHO found that resurgence and acceleration of COVID-19 transmission in India had several potential contributing factors, including increase in the proportion of cases of SARS-CoV-2 variants with potentially increased transmissibility; several religious and political mass gathering events which increased social mixing; and, under use of and reduced adherence to public health and social measures (PHSM). The exact contributions of these each of these factors on increased transmission in India are not well understood.

SARS-CoV-2 Variants of Concern and Variants of Interest, as of 11 May 2021

PANGO lineage Nextstrain clade GISAID clade	Alternate name	First detected in	Earliest samples	Characteristic spike mutations
Variants of Concern (VOCs)				
B.1.1.7 20I/501Y.V1 GR/501Y.V1	VOC 202012/01†	United Kingdom	Sep 2020	69/70del, 144del, N501Y, A570D, D614G, P681H, T716I, S982A, D1118H
B.1.351 20H/501Y.V2† GH/501Y.V2	VOC 202012/02	South Africa	May 2020	D80A, D215G, 241/243del, K417N, E484K, N501Y, D614G, A701V
B.1.1.28.1, alias P.1† 20J/501Y.V3 GR/501Y.V3	VOC 202101/02	Brazil	Nov 2020	L18F, T20N, P26S, D138Y, R190S, K417T, E484K, N501Y, D614G H655Y, T1027I, V1176F
B.1.617*† - G/452R.V3	-	India	Oct 2020	L452R, D614G, P681R, ± (E484Q, Q107H, T19R, del157/158, T478K, D950N)
Variants of Interest (VOIs)				
B.1.525 20A/S.484K G/484K.V3	-	Multiple countries	Dec 2020	Q52R, A67V, 69/70del, 144del, E484K, D614G, Q677H, F888L
B.1.427/B.1.429 20C/S.452R GH/452R.V1	CAL.20C/L452R	United States of America	Mar 2020	S13I, W152C, L452R, D614G
B.1.1.28.2, alias P.2 20B/S.484K GR	-	Brazil	Apr 2020	E484K, D614G, V1176F
B.1.1.28.3, alias P.3 - -	PHL-B.1.1.28	Philippines	Jan 2021	141/143del, E484K, N501Y, D614G, P681H, E1092K, H1101Y, V1176F
B.1.526 (+E484K/S477N) 20C GH	-	United States of America	Nov 2020	L5F, T95I, D253G, D614G, A701V, + (E484K or S477N)
B.1.616 - GH	-	France	Feb 2021	H66D, G142V, 144del, D215G, V483A, D614G, H655Y, G669S, Q949R, N1187D

Source: COVID-19 Weekly Epidemiological Update

- There are three Indian VOCs. Preliminary analyses conducted by WHO using sequences submitted to GISAID suggests that B.1.617.1 and B.1.617.2 have a substantially higher growth rate than other circulating variants in India, suggesting potential increased transmissibility compared. Too few sequences of B.1.617.3 have been detected to date to assess its relative transmissibility.

Covid-19 Infection Survey results (Office for National Statistics)

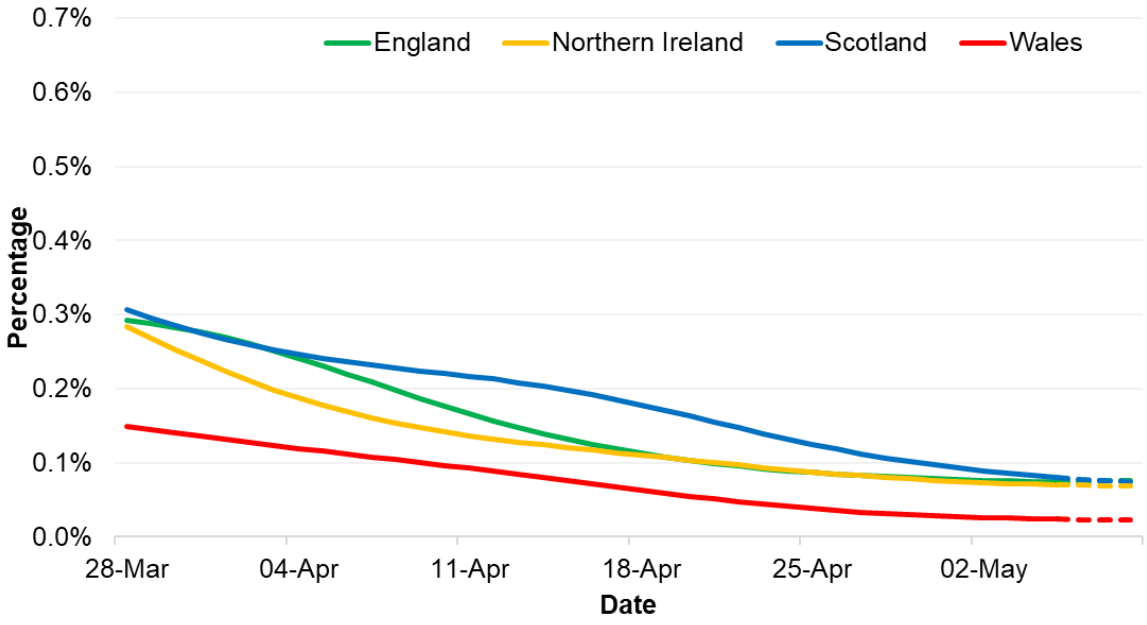
- The latest estimates for Wales from the Coronavirus (COVID-19) Infection Survey (CIS) have been published on the Welsh Government statistics and research web pages and the Office for National Statistics website. The results include estimates for the number and proportion of people in Wales that had COVID-19 in the latest week, 2 May to 8 May 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.

Latest estimates and recent trends:

- For the week 2 to 8 May 2021, it is estimated that **0.02%** of the community population had COVID-19 (95% credible interval: 0.00% to 0.06%).
- This equates to approximately **1 person in every 4,230** (95% credible interval: 1 in 22,280 to 1 in 1,580)**, or 700 people** during this time (95% credible interval: 100 to 1,900).
- The percentage of people testing positive appears to have decreased in Wales in the most recent week, falling to the lowest level since estimates have been published. As positivity rates are currently very 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.
- In the most recent week, the trend is uncertain for people testing positive for strains **compatible with the UK variant** and **not compatible with the variant.** Rates have likely decreased for cases where the **virus is too low for the variant to be identifiable.**

Positivity rates (%) across UK countries since 28 March 2021



Positivity rates (%) across UK countries for the week 2 to 8 May 2021

	Positivity rates (95% Confidence Interval)		
Wales	0.02% (0.00 to 0.06)	1 in 4,230 people (1 in 22,280 to 1 in 1,580)	700 people (100 to 1,900)
England	0.07% (0.06 to 0.09)	1 in 1,340 people (1 in 1,710 to 1 in 1,070)	40,800 people (31,900 to 50,900)
Scotland	0.08% (0.04 to 0.15)	1 in 1,250 people (1 in 2,730 to 1 in 690)	4,200 people (1,900 to 7,700)
Northern Ireland	0.07% (0.02 to 0.16)	1 in 1,430 people (1 in 5,360 to 1 in 610)	1,300 people (300 to 3,000)

Source: Coronavirus (COVID-19) Infection Survey, ONS, 12/05/21

Vaccination in Wales

- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 14 May 2021 1,990,783 **first doses** (+94,793 since previous week) and **891,569 second doses** (+76,526, since previous week) 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.
- In the below table of total vaccine uptake by priority group and age, groups are not mutually exclusive, so individuals appear in every group that describes them, and can be counted in more than one group.

Uptake by priority group and age, counting individuals in all groups in which they belong (not de-duplicated) as at 22:00 14 May 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	15,192	14,856	13,797	97.8%	90.8%
Care home worker	38,085	34,690	30,373	91.1%	79.8%
80 years and older	173,465	165,928	157,828	95.7%	91.0%
Health care worker	142,570	135,217	120,164	94.8%	84.3%
Social care worker		45,332	38,974		
Aged 75-79 years	132,864	128,046	122,720	96.4%	92.4%
Aged 70-74 years	183,433	175,581	167,896	95.7%	91.5%
Clinically extremely vulnerable aged 16-69 years	81,392	75,961	66,166	93.3%	81.3%
Aged 65-69 years	180,363	169,662	124,601	94.1%	69.1%
Clinical risk groups aged 16-64 years	354,135	304,151	50,081	85.9%	14.1%
Aged 60-64 years	205,761	188,439	56,135	91.6%	27.3%
Aged 55-59 years	233,864	208,780	50,051	89.3%	21.4%
Aged 50-54 years	228,159	198,735	44,090	87.1%	19.3%
Aged 40-49 years	392,876	306,256	62,138	78.0%	15.8%
Aged 30-39 years	421,570	242,522	50,917	57.5%	12.1%
Aged 18-29 years	468,634	177,227	41,172	37.8%	8.8%

Source: PHW Covid-19 Rapid Surveillance Dashboard

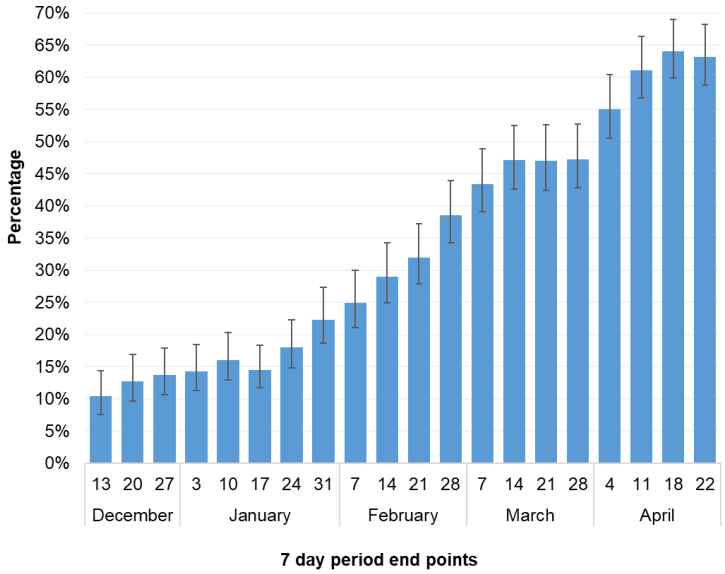
Coronavirus (COVID-19) infection Survey (CIS) in Wales Antibody data: 19 to 22 April

- The next 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.
- The latest results provide estimates of the number and proportion of people in Wales that have tested positive for antibodies to SARS-CoV-2 between 19 and 22 April. The estimates can be used to identify individuals who have had the infection in the past or have developed antibodies as a result of vaccination.
- The population used in this analysis relates to the community population aged 16 years and over. There is high uncertainty around these estimates due to the relatively small number of people included in this analysis, so caution should be taken in interpreting the results. The figures are provided with 95% credible intervals to indicate the range within which we may be confident the true figure lies.
- Antibody data presented is a week behind vaccination data as there is a time lag on when antibody data is received, whereas vaccine data is self-reported and more readily available.
- 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.

Key results for Wales

- Between 19 and 22 April, 63.2% of the 16+ population tested positive for antibodies to COVID-19 from a blood sample (95% credible interval: 58.8% to 68.3%).
- Though there is uncertainty with the estimates, it appears that the percentage of people testing positive for antibodies has levelled off slightly following an increasing trend in antibody rates. This may be due to the estimates not yet showing the impact of those individuals receiving their second vaccination doses.

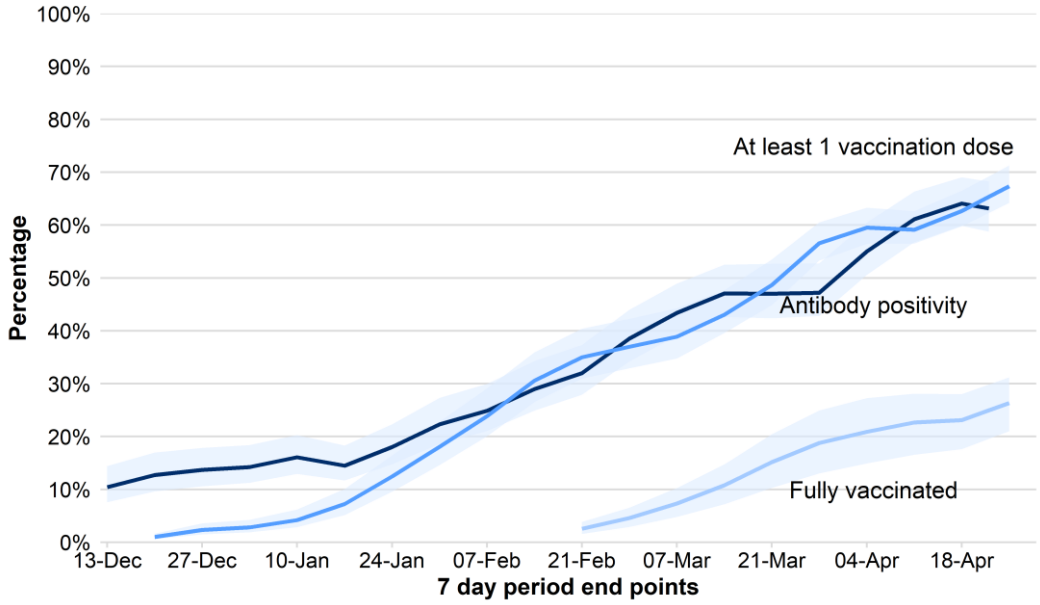
Estimated percentage of the population in Wales testing positive for coronavirus (COVID-19) antibodies, December 2020 to April 2021



Source: Coronavirus (COVID-19) Infection Survey, ONS, 07/05/21

- Between 19 April and 25 April, 67.4% of people aged 16 and over reported to have had one or more doses of a COVID-19 vaccine (95% credible interval: 64.2% to 71.3%). Whilst 26.4% reported they have been fully vaccinated (95% credible interval: 21.0% to 31.2%)

Estimated percentage of the population in Wales reporting receipt of vaccination and testing positive for coronavirus (COVID-19) antibodies from 7 December 2020 to 25 April* 2021

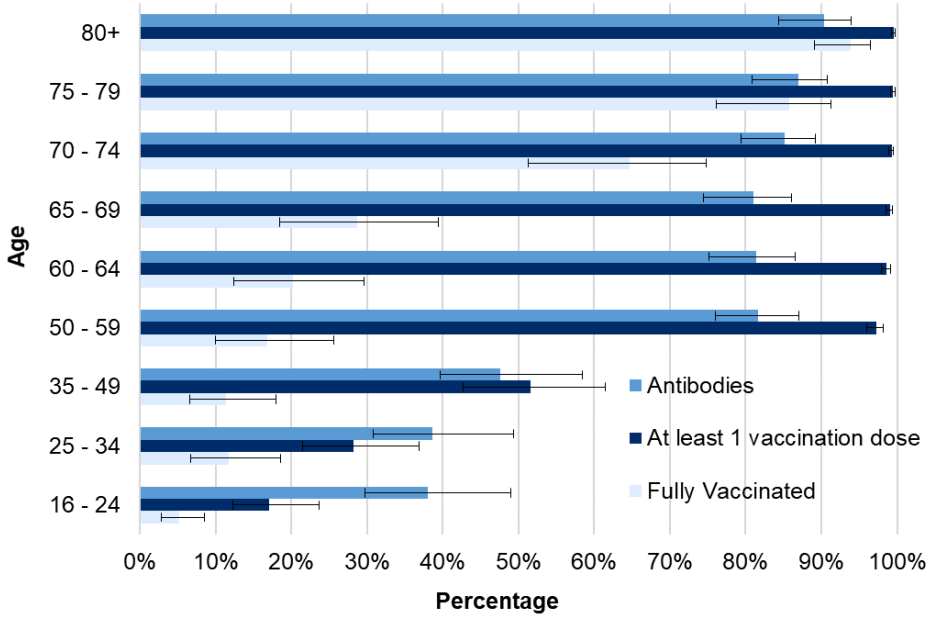


Source: Coronavirus (COVID-19) Infection Survey, ONS, 07/05/21

**Antibody data is covering a period from 7 December to 22 April*
The blue line and shading represent the modelled trend and 95% credible

intervals for people testing positive for antibodies (dark blue) and people reported having had at least one dose of a COVID vaccine (blue) or those that were fully vaccinated (light blue). Estimates shown for surveillance weeks from 7 December 2020 to 25 April 2021.

- **Estimated percentage of the population in Wales reporting receipt of vaccination and testing positive for coronavirus (COVID-19) antibodies by age group, 19 to 25 April***



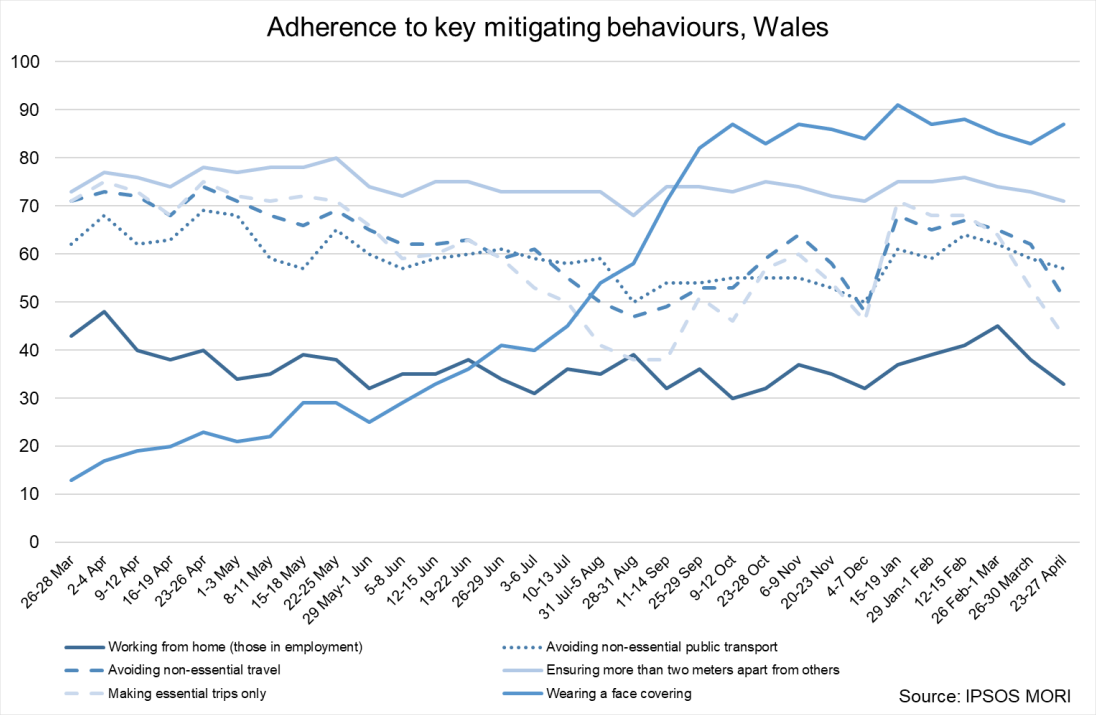
Source: Coronavirus (COVID-19) Infection Survey, ONS, 07/05/21

*Antibody data is covering a period from 19 to 22 April
The bars give estimates for people testing positive for antibodies (blue) and that reported having had at least one dose of a COVID vaccine (dark blue) or to have been fully vaccinated (light blue). The horizontal lines indicate the 95% credible intervals.

Adherence and understanding of current measures

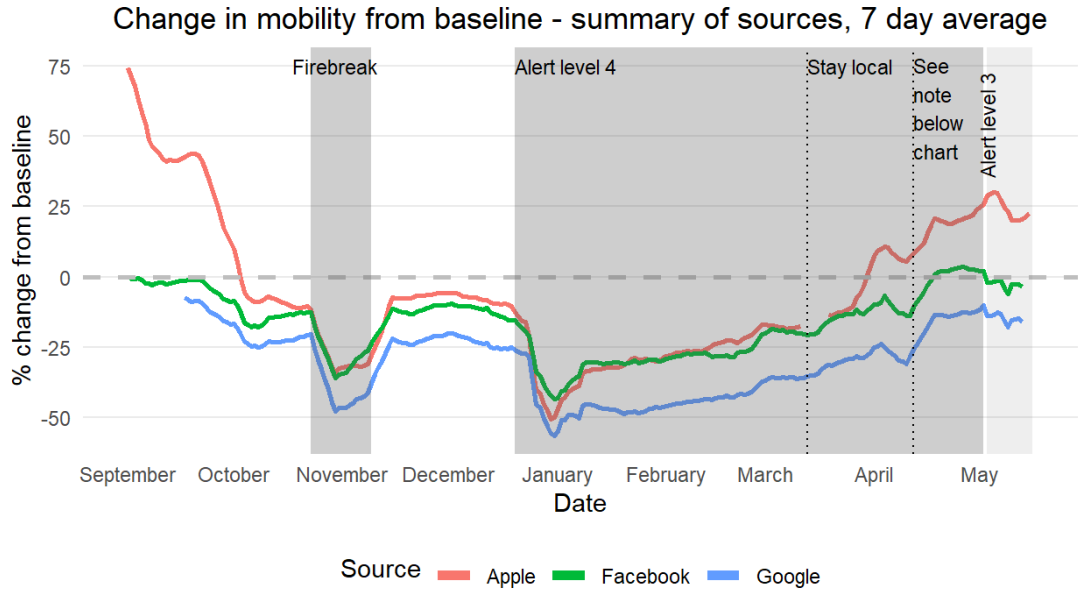
- The data from IPSIS MORI the same as last week.
- The most recent IPSOS MORI data for the period 23 – 27 April for Wales shows reductions in some categories compared to the last survey wave which was 4 weeks prior (26 – 30 March). Most notably a reduction in those making essential trips only – this follows the change in guidance from staying local/within Wales in the last survey to being able to travel within the UK and further easing such as re-opening of non-essential retail. 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.



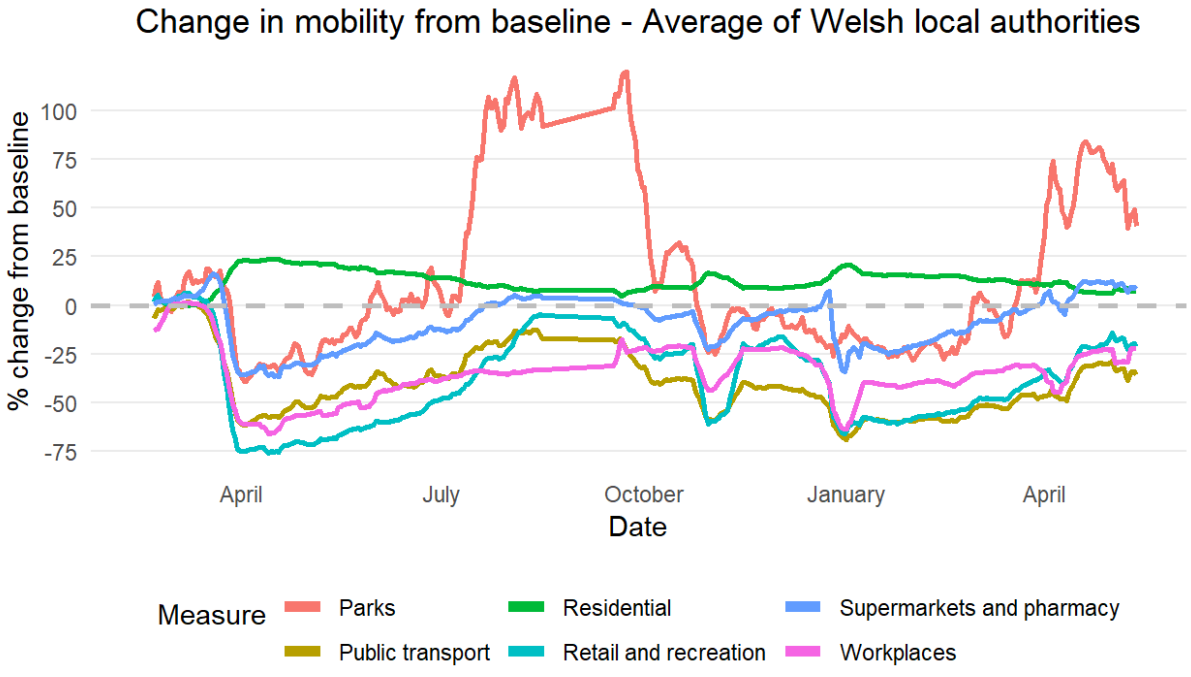
Mobility

- The most recent mobility data shows mostly small reductions. Some of the data for the previous week includes the bank holiday on the 3 May, where mobility is affected more (eg workplaces).



*Changes include no travel restrictions, schools returning and non-essential retail re-opening.

- Mobility of Facebook users in Wales shows movement was 3% below the baseline for the week to the 13 May. This is lower than the week before (1% below the baseline). The percentage of users staying put (near to home) was 24%, the same as the week before. 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 15 May shows that requests for driving directions in Wales were lower than the previous week at 23% above the baseline (down from 25% above the baseline). Requests for walking directions decreased whilst requests for public transport directions increased compared to the previous week relative to the baseline. The baseline is the 13th of January 2020.
- The Google mobility data to the week of the 13 May for residential (i.e. people spending time at home) were lower than the week before at 7% above the baseline (down from 8%). Workplaces rose relative to the baseline by 7 percentage points (at 22% below the baseline). Retail & recreation mobility was down from the previous week (21% below the baseline, down from 17% below) and supermarkets & pharmacy were down (at 8% above the baseline, down from 11% above). Public transport and parks mobility decreased over the week relative to the baseline.
- 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."

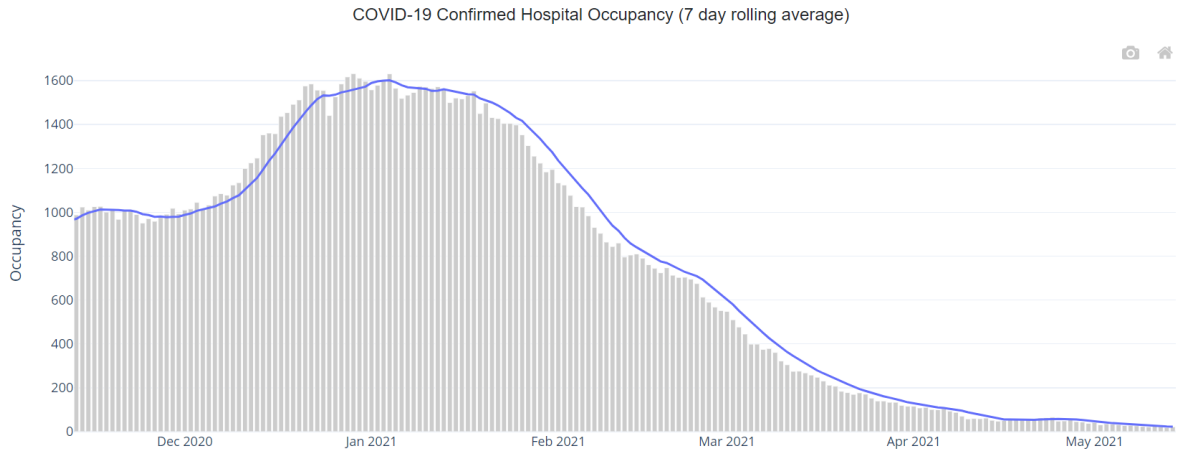
- Anonymised and aggregated mobile phone data from O2 for the week to the 7 May shows a decrease in trips compared to the week before. Trips starting in Wales fell by 3 percentage points to 79% of the baseline. The baseline for the O2 data is the same day of the week in the first week of March.

COVID-19 weekly surveillance and epidemiological summary from Public Health Wales (as at 12 May)

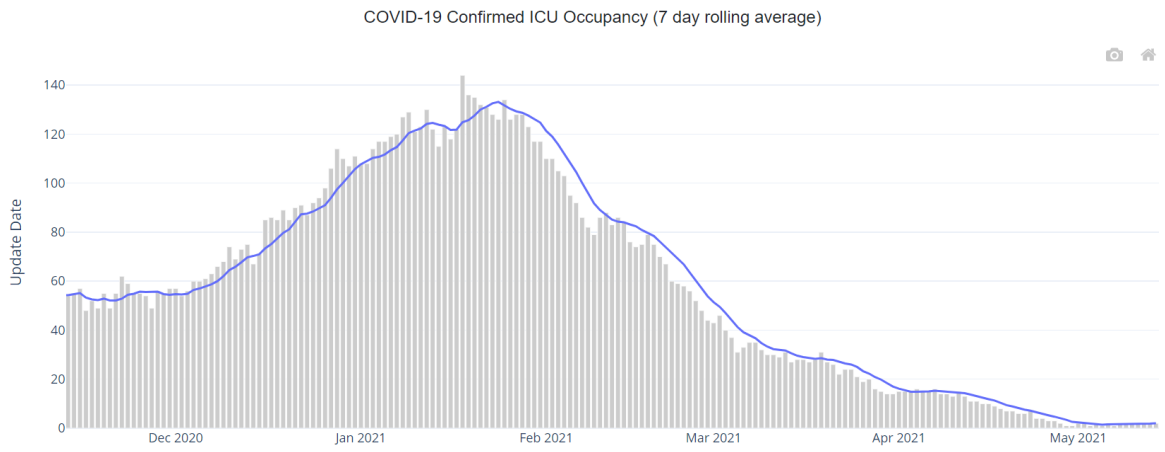
- The proportion of calls to NHS 111 and NHS Direct related to possible COVID-19 symptoms have decreased compared to the previous week.
- Overall GP consultations for any Acute Respiratory Infection (ARI) and suspected COVID consultations have decreased slightly in the most recent week.
- The overall number of ambulance calls increased and the number of calls possibly related to COVID-19 remained stable in the most recent week.
- The all-Wales number of lab confirmed COVID-19 episodes has decreased slightly in the most recent week. Sample positivity for testing episodes was 0.9% in week 18.
- Confirmed case incidence has decreased or remained stable in all health board areas. Testing episode positivity continues to decrease nationally.
- During week 18, incidence decreased or remained stable in the majority of age groups but there was a slight increase in those aged 18-25 years. Incidence was also highest in those aged 18-25 years.
- At a national level, confirmed case admissions to hospitals and confirmed cases who are inpatients in hospital decreased slightly compared to the previous week. In the most recent week, admissions to critical care wards slightly increased compared to the previous week.
- Recent surveillance data suggest that COVID-19 infections in Wales are decreasing or stable in most areas of Wales. Cases remain geographically widespread, however the overall trend is still for decreasing activity.
- The distribution of cases at MSOA level in the most recent week still suggests geographically wide-spread activity, however the number of MSOAs with confirmed cases and the number of cases per MSOA decreased slightly. In the majority of MSOAs with confirmed COVID19 cases, numbers are now at low levels.
- There was an increase in the number of incidents logged in Tarian in the most recent week.
- Influenza is not currently circulating in Wales and RSV has not circulated over the 2020-21 winter period.

NHS Capacity (occupancy, discharges and admissions)

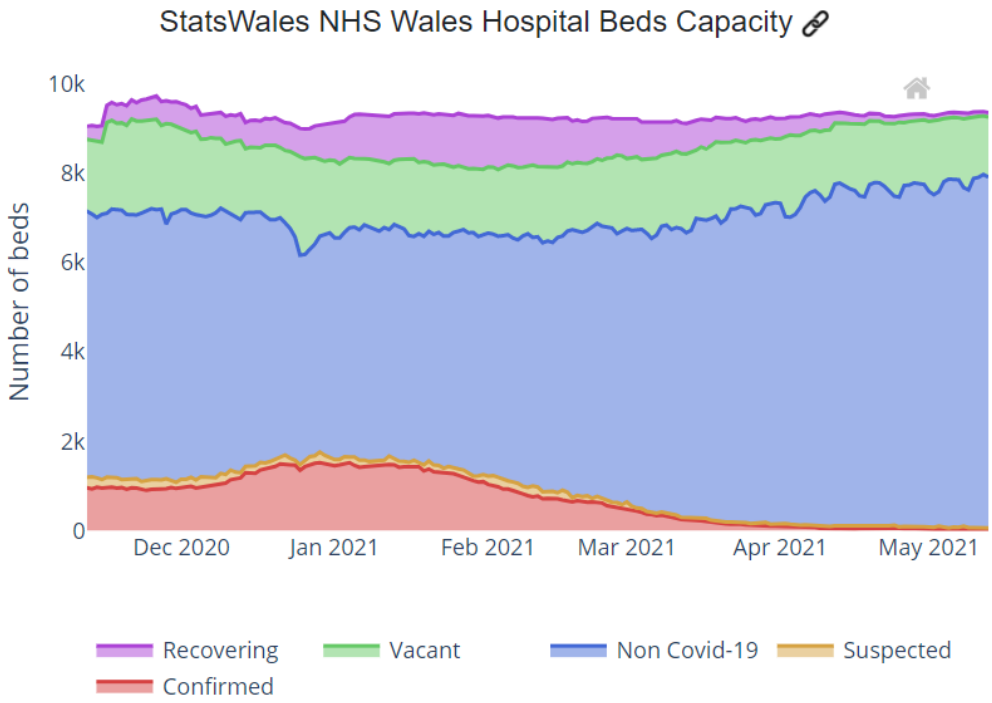
- NHS Covid-19 occupancy, discharges and admissions has continued to reduce or remain stable during the most recent 7 day period.
- The figure below shows the hospital occupancy of suspected and confirmed Covid-19 positive patients for the last 6 months (7 day rolling average, as at 14 May. For the most recent 7 day period the average weekly Covid-19 confirmed hospital occupancy was **23**, a **30% decrease** from the previous period.



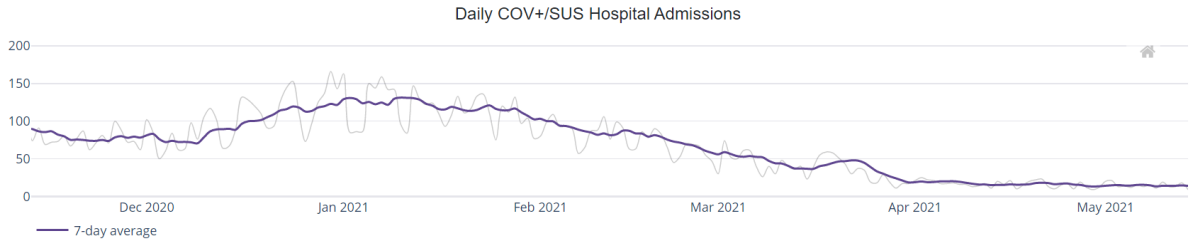
- The Figure below shows the average daily critical care bed occupancy (ICU) of confirmed COVID-19 positive patients (7 day rolling average, as at 14 May). For the most recent 7 day period, average Covid-19 confirmed ICU occupancy was **2**, remaining **stable** with from the previous period.



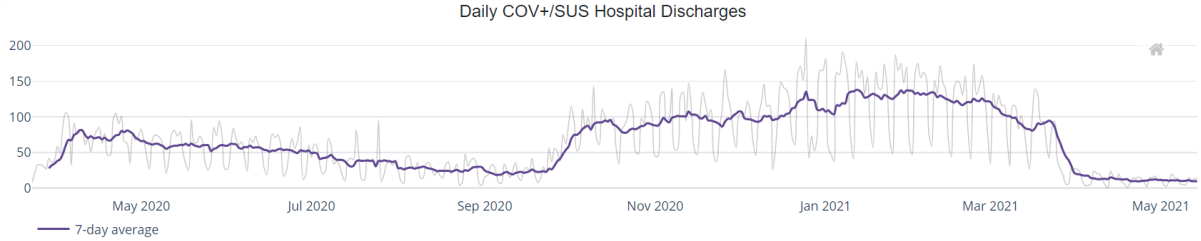
- The occupancy of people in hospital **recovering** from COVID-19 also continues to decrease overall and is at **113** as at 13 May, a **25% reduction** from the previous 7 day period.



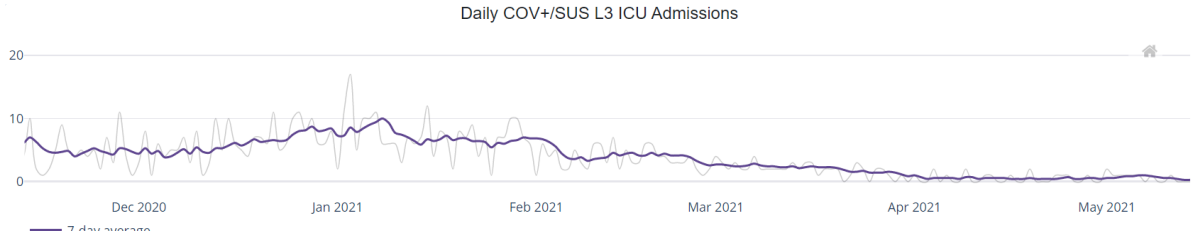
- The Figure below shows the 7-day average number of **hospital admissions** of people who are suspected (SUS) or confirmed as having Covid-19 (COV+) as at 14 May. For the most recent 7 day period the average Covid-19 confirmed and suspected hospital admissions was **14**, an **8% decrease** from the 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. For the most recent 7 day period the average daily hospital discharges was **9.6**, a **9% decrease** from the previous 7 day period.



- The Figure below shows **critical care admissions** for Level 3 ICU of people who are suspected or confirmed as having Covid-19 as at 14 May. For the most recent 7 day period daily average ICU addmissions was **0.29**, a 71% decrease from the previous 7 day period.



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.