

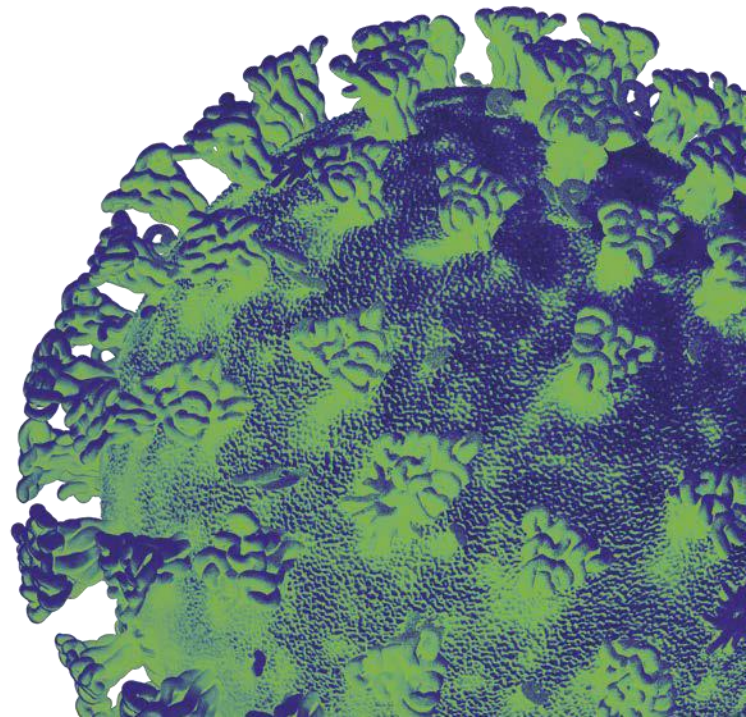
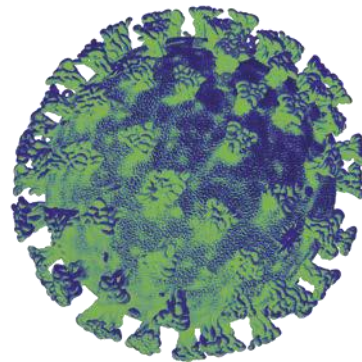
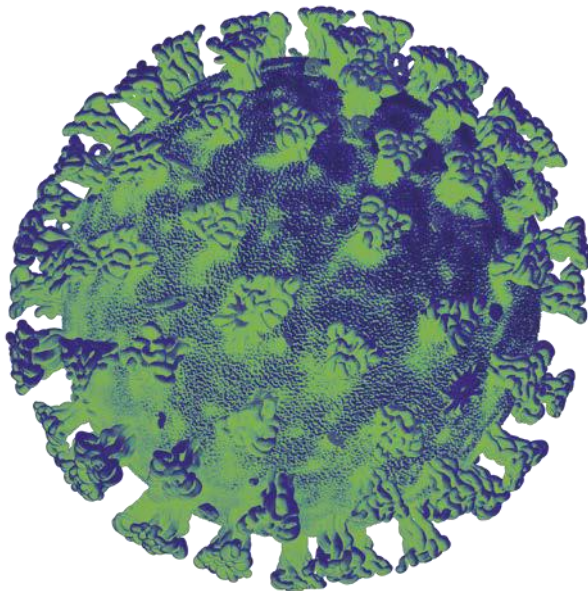


Llywodraeth Cymru
Welsh Government

Technical Advisory Group

Summary of Advice

21 May 2021



Technical Advisory Cell: Summary of Advice

21 May 2021

Top-line summary

- **As at 21 May, case numbers in Wales have decreased by 19% to 8.4** cases per 100k population. There continues to be considerable variation at a regional level in terms of weekly change, although this is against a background of low incidence.
- The most recent estimate of the R_t for Wales from **SAGE** is between **0.8 and 1.0** (90% confidence interval) and the growth rate is estimated to be **between shrinking by 4% and stable at 0%** per day. (Note that R_t and growth rate estimates by SAGE represent the transmission of COVID-19 2 to 3 weeks ago rather than today).
- The most recent R_t estimate from **Public Health Wales (PHW)** is between **0.97 and 1.17** (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.
- While numbers will be higher due to ongoing data entry, as at 22:00 on 21 May 2021 **2,069,689** first doses (+78,906 since previous week) and **969,682** second doses (+78,113 since previous week) of Covid-19 vaccine have been given in Wales.
- According to the most recent ONS antibody analysis, between 3 and 8 May, more than **90% of people aged 50 or older tested positive for antibodies**, ranging from 91.2% to 97.4%. In comparison, those aged 16 to 49 years testing positive for antibodies ranged **from 48.2% to 69.4%**.
- For the week of 9 to 15 May 2021, the [COVID-19 infection survey](#) estimates that community Covid-19 infection rates in Wales have **decreased slightly** to around **1 person in 4,340** (95% credible interval: 1 in 26,110 to 1 in 1,530), or **700 people** during this period.
- As at 21 May, there have been **13,045 (+138 since last report)** genomically probable or confirmed cases of the dominant COVID-19 variant "VOC-20DEC-01" (B.1.1.7, first identified in Kent) identified.
- As at 21 May There have been **28 (+17 since last report)** genomically confirmed and probable cases of the variant **VOC21APR-02** (B.1.617.2, first identified in India) detected in Wales. Whilst case numbers in general remain very low, the increase of cases in some parts of the UK of this variant **continues to be a cause for concern**.
- Although recent analysis of vaccine effectiveness by Public Health England suggests there is limited impact in vaccine effectiveness after both doses, there is strong evidence this variant is more transmissible than B.1.1.7 and could become the dominant variant in Wales. Modelling at [SAGE](#) has previously suggested a 40-50% transmission advantage compared to the dominant variant

and? 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.

- Observed levels of COVID-19 hospital and ICU occupancy, discharges and admissions have all reduced during the most recent week.

TAG/ SAGE papers published this week:

- [SAGE: CMMID COVID-19 Working Group: Modelling importations and local transmission of B.1.617.2 in the UK, 12 May 2021](#)
- [SAGE: SPI-M-O: Medium-term projections, 5 May 2021](#)
- [SAGE: Dynamic CO-CIN report to SAGE and NERVTAG, 13 May 2021](#)
- [SAGE: Vaccines Update Group: Setting up medium-and long-term vaccine strain selection and immunity management for SARS-CoV-2, 4 May 2021](#)
- [SAGE: SPI-M-O: Consensus statement on COVID-19, 5 May 2021](#)
- [SAGE: JUNIPER: Potential community transmission of B.1.617.2 inferred by S-gene positivity - briefing note, 11 May 2021](#)

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 18 May is between 0.8 and 1.0 (90% confidence interval).**
- The most recent daily growth rate for Wales from SAGE estimates that the infection rate in Wales was **-4 to +0%** 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_t 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_t , please see the [UK Government website](#).

Public Health Wales (PHW) estimate

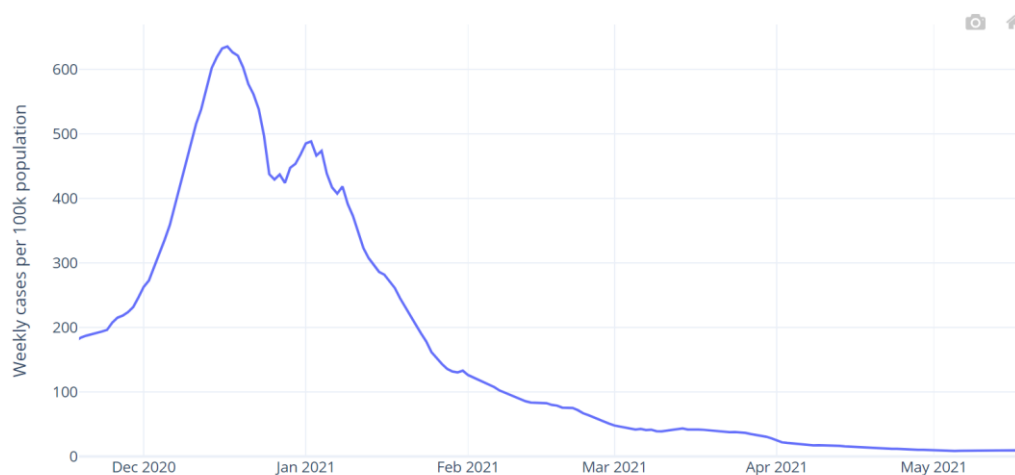
- PHW also estimate R_t for Wales using data on the number of positive Covid-19 testing episodes for the last 7 day rolling period. Like the SAGE estimate these figures should be interpreted with caution as the number of positive cases detected can be a reflection of the amount of testing. It is assumed there is no change in testing patterns for the duration of these estimates.
- This estimate is less lagged than SAGE, representing transmission from around 1 week ago; and is also available at both a national and regional level. However it uses a different methodology and is based on positive SARS-Cov-2 testing episodes only.
- As at 19 May, R_t estimated by **Public Health Wales (PHW)** is between **0.97 and 1.17** (95% confidence interval).
- The doubling/ halving time is estimated by PHW to be doubling every 24 days (95% CI: 9.6 to -46.5).

Area	Doubling/ halving time in days (95% CI)	R_t (95% CI)
All Wales	24.1 (9.6 to -46.5) DOUBLING	1.07 (0.97 to 1.17)
Swansea Bay UHB	6.6 (3.8 to 24.9) DOUBLING	1.63 (1.23 to 2.07)
CTM UHB	58.9 (9.2 to -13.3) HALVING	0.93 (0.66 to 1.24)
Aneurin Bevan UHB	15.4 (7.1 to -82.1) DOUBLING	1.13 (0.93 to 1.35)
Cardiff & Vale UHB	11.0 (4.4 to -22.9) DOUBLING	1.24 (1.02 to 1.48)
Hywel Dda UHB	10.8 (6.5 to 31.1)* HALVING	0.75 (0.54 to 0.99)*
Powys THB	58.0 (6.2 to -7.9)* HALVING	1.26 (0.80 to 1.79)*
Betsi Cadwaladr UHB	65.3 (9.5 to -13.4) DOUBLING	0.98 (0.76 to 1.22)

Case numbers

- The figure below shows weekly COVID-19 cases per 100k population (7 day rolling sum). The most recent data up to **12 May** shows a decrease in cases to **8.4 cases per 100k population**, a **19% decrease** from the previous 7 day period.¹

Cases per 100k (PHW Data) (7 day rolling sum)

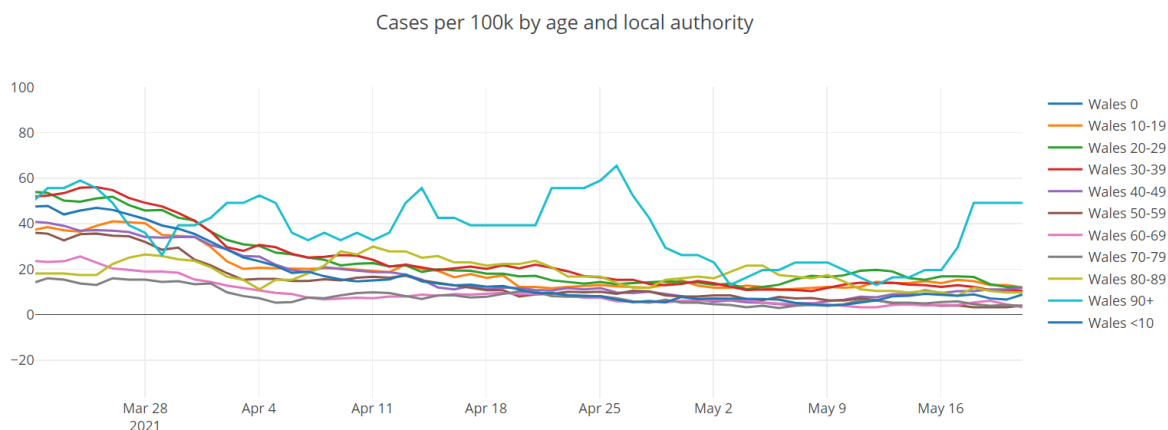


Source: [Welsh Government dashboard](#), Data from [PHW](#)

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 21 May, the **majority of age groups saw reductions in cases per 100.000 population**, with the **exception of the 30-39 which saw an increase of 32%** from 10.6 to 13.2 cases per 100k. The highest incidence (excluding 90+) was in 20-29 at 16.1 cases per 100,000.

¹ Weekly change from last 12 briefs (most recent to least): **+14%**, **-15%**, **-27%**, **-24%**, **-5%**, **-42%**, **-18%**, **-11%**, **+8%**, **-15%**, **-8%**, **-13%**



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 **19 May** suggests that COVID-19 weekly changes in case incidence across Wales is highly variable with a **mix of increasing and decreasing cases against a low level of absolute case numbers**. At a national level Wales case numbers have decreased after increasing slightly last week- Wales remains well below the lowest official case incidence and test positivity thresholds.
- Case incidence per 100,000 population for the whole of Wales during this period was **8.2**, a **19% reduction** from the previous 7 day period, which saw a temporary increase of 14%. Cases for all-Wales remain in the 'Under 15 cases per 100,000' threshold for the fifth consecutive week.
- Test positivity for COVID-19 for the whole of Wales was **0.9%** for the most recent rolling 7 day period, a **10% decrease** from the previous period.

Source: [Welsh Government dashboard](#), Data from [PHW](#)

Local Authority	Health Board	No. Cases	% of All Wales Total	Case Incidence per 100,000	Incidence threshold reached	Change from previous week	Test positivity (%)	Change from previous week	Positivity threshold reached	Test Incidence per 100,000
Newport	ABUHB	36	13.60%	23.3	20 to < 25	-33% ↓	1.9%	60%	Under 2.5%	1196
Wrexham	BCUHB	17	6.40%	12.5	Under 15	70% ↑	1.40%	-12.5%	Under 2.5%	897.3
Swansea	SBUHB	29	11.00%	11.7	Under 15	26% ↑	1.40%	57%	Under 2.5%	847.8
Monmouthshire	ABUHB	11	4.20%	11.6	Under 15	120% ↑	1.30%	-50.0%	Under 2.5%	871.1
Caerphilly	ABUHB	18	6.80%	9.9	Under 15	38% ↑	1.10%	-40.0%	Under 2.5%	879.7
Cardiff	CVUHB	34	12.90%	9.3	Under 15	-60% ↓	1.0%	-9.1%	Under 2.5%	907.6
Neath Port Talbot	SBUHB	13	4.90%	9.1	Under 15	30% ↑	0.80%	0	Under 2.5%	1071.8
Vale of Glamorgan	CVUHB	12	4.50%	9	Under 15	9% ↑	0.012	33%	Under 2.5%	773.3
Blaenau Gwent	ABUHB	6	2.30%	8.6	Under 15	50% ↑	0.80%	67%	Under 2.5%	1056.4
Flintshire	BCUHB	13	4.90%	8.3	Under 15	62% ↑	1.00%	-72.7%	Under 2.5%	825.8
Torfaen	ABUHB	7	2.70%	7.4	Under 15	0% →	0.008	400%	Under 2.5%	975.9
Isle of Anglesey	BCUHB	5	1.90%	7.1	Under 15	400% ↑	0.01	-55.6%	Under 2.5%	748.1
Ceredigion	HDUHB	5	1.90%	6.9	Under 15	-17% ↓	1.0%	117%	Under 2.5%	657.5
Bridgend	CTMUHB	9	3.40%	6.1	Under 15	-18% ↓	0.7%	14%	Under 2.5%	902.4
Conwy	BCUHB	7	2.70%	6	Under 15	17% ↑	0.50%	-29.6%	Under 2.5%	1110.9
Carmarthenshire	HDUHB	11	4.20%	5.8	Under 15	-50% ↓	0.6%	20%	Under 2.5%	1039.9
Pembrokeshire	HDUHB	7	2.70%	5.6	Under 15	17% ↑	0.006	-66.7%	Under 2.5%	892.6
Rhondda Cynon Taf	CTMUHB	11	4.20%	4.6	Under 15	0% →	0.50%	0.0%	Under 2.5%	936.7
Merthyr Tydfil	CTMUHB	2	0.80%	3.3	Under 15	-71% ↓	0.4%	27%	Under 2.5%	842.1
Denbighshire	BCUHB	3	1.10%	3.1	Under 15	0% →	0.004	0.0%	Under 2.5%	874.6
Gwynedd	BCUHB	3	1.10%	2.4	Under 15	-75% ↓	0.3%	33%	Under 2.5%	748.2
Powys	PTHB	3	1.10%	2.3	Under 15	-70% ↓	0.3%	100%	Under 2.5%	716.6
Total	Total	264	100.00%	8.4	Under 15	-19% ↓	0.9%	-10.0%	Under 2.5%	920.1

Deaths

- The figure below shows the 7 day rolling sum of COVID-19 deaths reported by PHW rapid mortality surveillance up to 19 May, with **7 deaths** for the most recent 7 day period, an **increase of 2** 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 21 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; **13,183 (+138 since last report)** genomically probable or confirmed cases have been identified.
- There have been **38 (+0)** genomically confirmed and probable cases of **VOC-20DEC-02** (B.1.351, first identified in South Africa).
- There have been **15 (+0)** genomically confirmed and probable cases of the variant **VUI-21APR-01** (B.1.617, first identified in India).
- There have been **28 (+17)** genomically confirmed and probable cases of the variant **VOC-21APR-02** (B.1.617.2, first identified in India).
- There have been **1 (+1)** genomically confirmed and probable cases of the variant **VUI-21APR-03** (B.1.617.3, first identified in India).

VOC-21APR-02 – PHE VOC Technical Briefing

- The most recent Public Health England variants of concern and variants under investigation briefing (12) has been [published](#). Whilst case numbers in general remain very low, the proportion of cases which are VOC21APR-02 (B.1.617.2) at a UK level has continued to increase, as monitored through both genomic and S gene target data. This is most pronounced in London, the North West, and the East of England.
- Secondary attack rates (the probability that an infection will be transmitted to a susceptible person) are **higher for VOC-21APR-02 (B.1.617.2) than for VOC-20DEC01 (B.1.1.7)**, both in travellers and non-travellers.
- There continue to be small numbers of reinfections, including with VOC-21APR-02 (B.1.617.2), detected through national surveillance, which is expected with any prevalent variant. Comparative analyses are underway. The SIREN national healthcare worker cohort shows **no increase in reinfections or acute infections** overall during the time period that VOC-21APR-02 (B.1.617.2) has been increasing in prevalence.
- Analysis of vaccine effectiveness using the national immunisation and genomics datasets to compare VOC-20DEC-01 (B.1.1.7) and VOC-21APR-02 (B.1.617.2) suggest that while there is a reduction in vaccine effectiveness against VOC-21APR-02 (B.1.617.2) after one dose, **any reduction in vaccine effectiveness after 2 doses of vaccine is likely to be small.**

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

- *Welsh Government publishes 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 (9 May to 15 May 2021):
 - of the 371 positive cases that were eligible for follow-up, **357 (96.2%)** were reached and asked to provide details of their recent contacts
 - **91.1% were reached within 24 hours** of referral to the contact tracing system. This equates to 94.7% of those successfully reached being reached within 24 hours.
 - **95.4% of positive cases eligible for follow-up were reached within 48 hours.** This equates to 99.2% of those successfully reached being reached within 48 hours.
 - of the 1,206 close contacts that were eligible for follow-up, 1,185 (98.3%) were successfully contacted and advised accordingly, or had their case otherwise resolved
 - **87.5% were reached within 24 hours** of being identified by a positive case. This equates to 89.0% of those successfully reached being reached within 24 hours.
 - **90.9% of close contacts eligible for follow-up were reached within 48 hours** of being identified by a positive case. This equates to 92.5% of those successfully reached being reached within 48 hours.
 - From the time positive cases were referred to the contact tracing system, **53.8% of all close contacts eligible for follow-up were reached within 24 hours.** This equates to 54.7% of those successfully reached being reached within 24 hours.

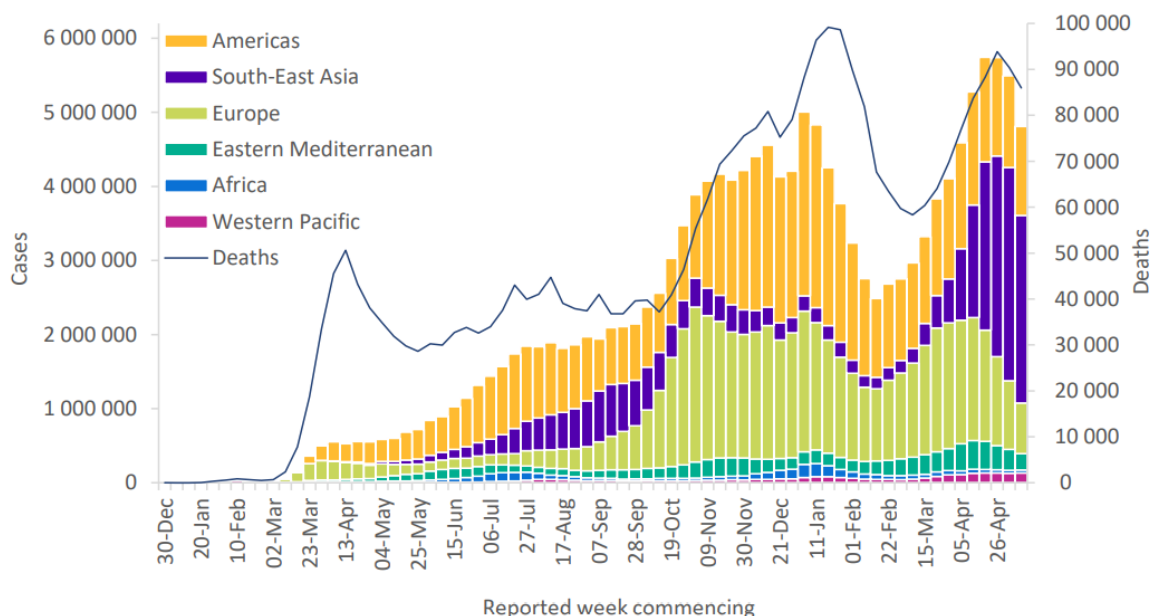
- From the time positive cases were referred to the contact tracing system, **72.0% of all close contacts eligible for follow-up were reached within 48 hours**. This equates to 73.3% of those successfully reached being reached within 48 hours.
- In total, since 21 June 2020:
 - of the 173,956 positive cases that were eligible for follow-up, 173,429 (99.7%) were reached and asked to provide details of their recent contacts
 - of the 377,955 close contacts that were eligible for follow-up, 358,324 (94.8%) were successfully contacted and advised accordingly, or had their case otherwise resolved

Source: [Test, Trace, Protect \(contact tracing for coronavirus \(COVID-19\): up to 15 May 2021](#)

International update

- Globally, in the past week, the number of new cases and deaths continued to decrease with just over 4.8 million new cases and just under 86 000 new deaths reported. Despite a declining trend over the past three weeks, the incidence of cases remains at some of the highest levels since the start of the pandemic

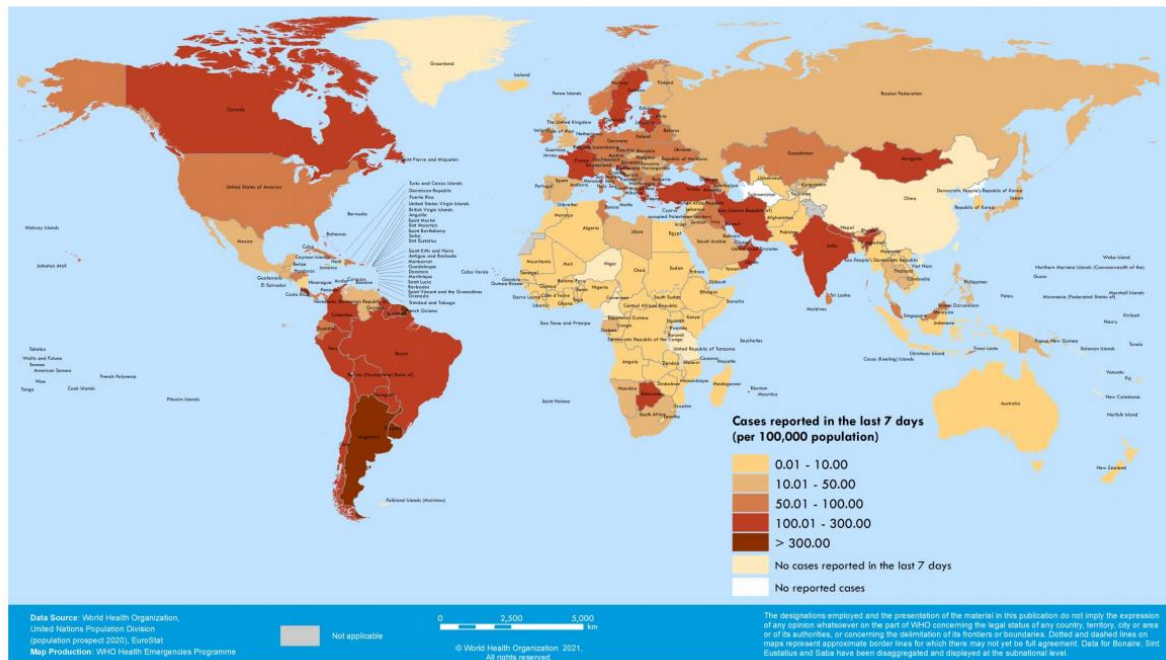
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 16 May 2021**



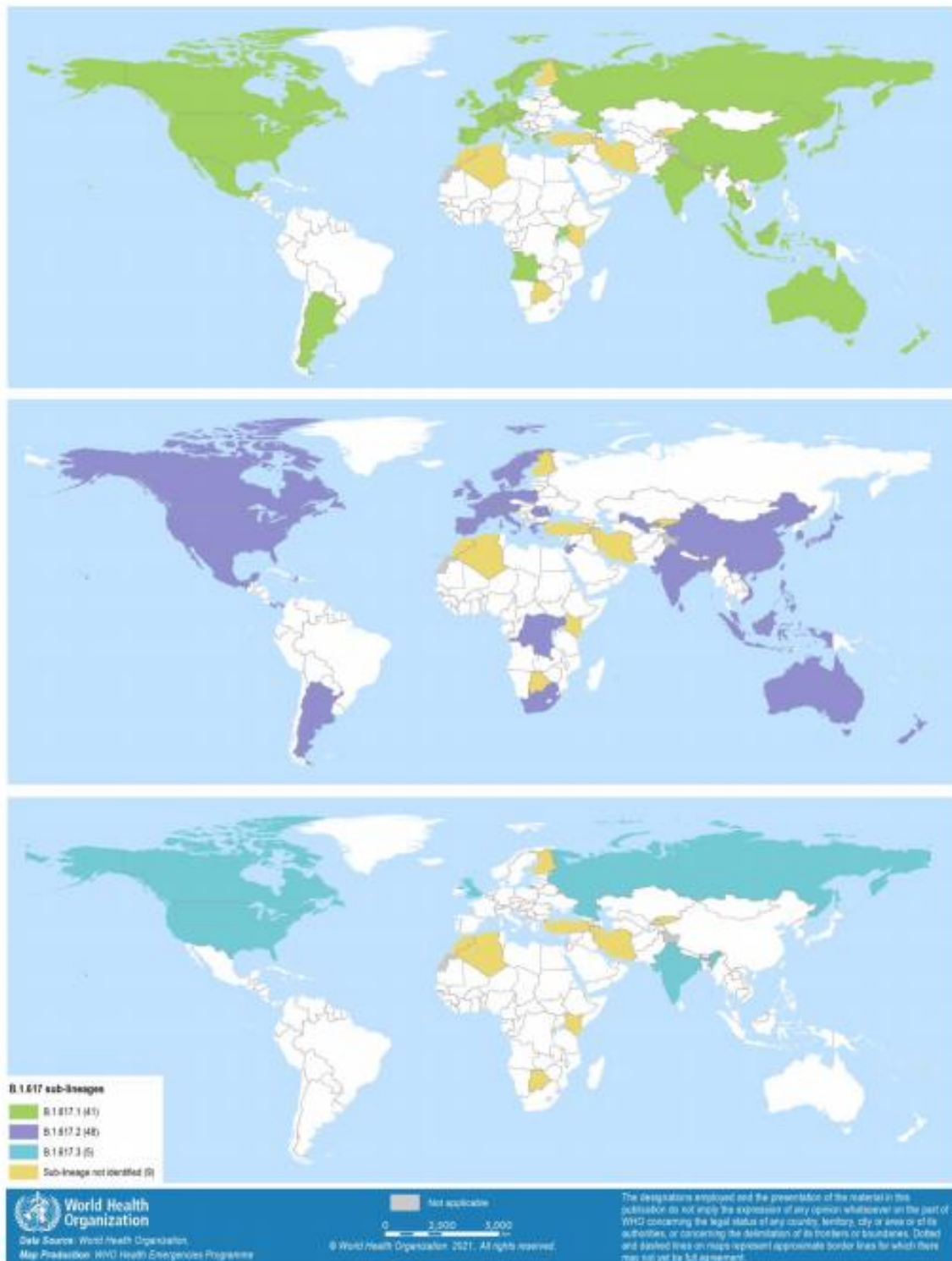
- The European Region reported the largest decline in new cases this week, followed by the Eastern Mediterranean. These regions also reported the largest decline in new deaths over the past week. The highest numbers of new cases were reported from India (2 387 663 new cases; 13% decrease), Brazil (437 076 new cases; 3% increase), the United States of America (235 638 new cases;

21% decrease), Argentina (151 332 new cases; 8% increase), and Colombia (115 834 new cases; 6% increase).

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 10 May – 16 May 2021**



- Countries, territories and areas reporting B.1.617.1, B.1.617.2 and B.1.617.3 sublineages, or B.1.617 with an unspecified sublineage, as of 18 May 2021:



- Source: [WHO COVID-19 Weekly Epidemiological Update](#)

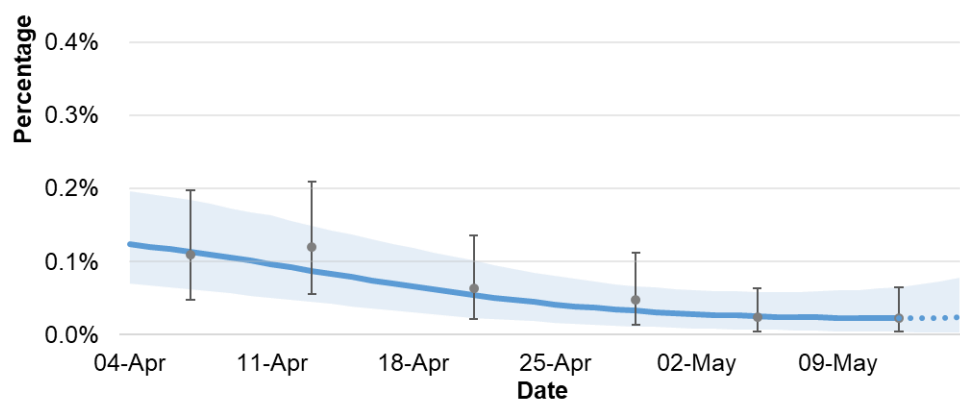
Covid-19 Infection Survey results (Office for National Statistics)

- 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, 9 May to 15 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.
- No incidence estimates for Wales or the rest of the UK have been published this week. Due to low positivity rates, the incidence estimates require further quality assurance.

Latest estimates and recent trends:

- For the week 9 to 15 May 2021, it is estimated that **0.02%** of the [community population](#) had COVID-19 (95% credible interval: 0.00% to 0.07%).
- This equates to approximately **1 person in every 4,340** (95% credible interval: 1 in 26,110 to 1 in 1,530), **or 700 people** during this time (95% credible interval: 100 to 2,000).
- In the most recent week, the percentage of people testing positive continues to be low in Wales, with estimates remaining at their lowest level since publication began.
- 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, rates have decreased for cases **compatible with the UK variant**. The trend is uncertain for people testing positive for strains **not compatible with the UK variant** and cases where the **virus is too low for the variant to be identifiable**.

Wales, estimated % testing positive for Covid 19 since 4 April



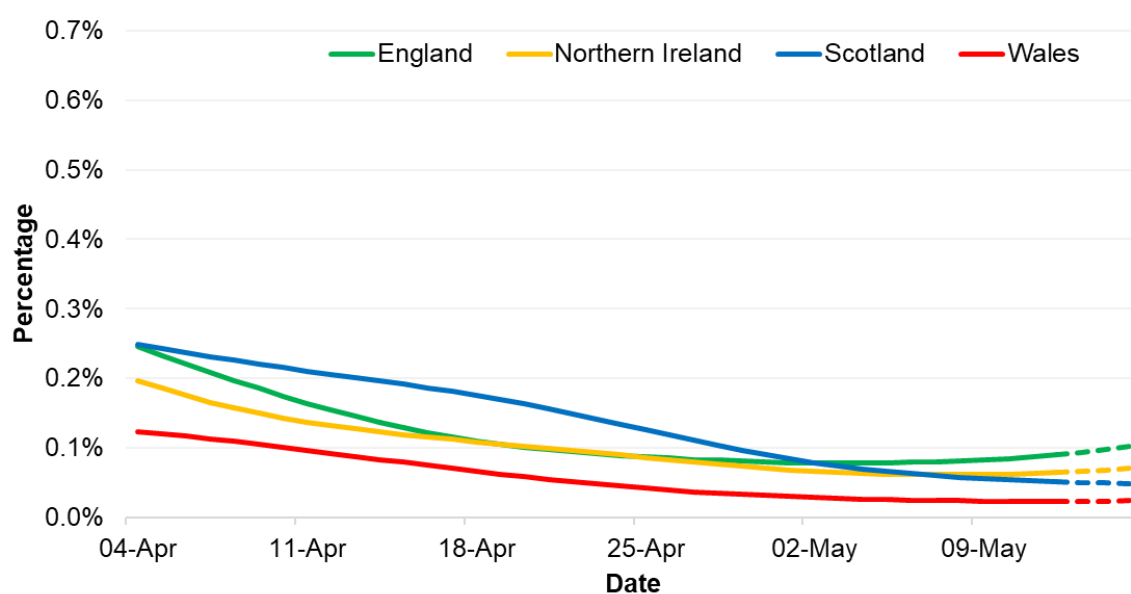
Source: Coronavirus (COVID-19) Infection Survey, ONS, 19/05/21

The blue line and shading represents the modelled trend and credible intervals based on the latest data. The point estimates and error bars are the official estimates published at the time.

1. Latest estimates for the UK countries

- At the midpoint of the most recent week (9 to 15 May 2021) rates were very low across all four countries. The highest estimated percentage of the [community population](#) with COVID-19 among the nations of the UK was seen in England (0.09%), whilst Wales appeared to have the lowest (0.02%).
- In the most recent week, the positivity rate appears to have increased in England. In comparison, the rate has continued to decrease in Scotland, whilst the trend is uncertain for Northern Ireland.

Positivity rates (%) across UK countries since 4 April 2021



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

Positivity rates (%) across UK countries for the week 9 to 15 May 2021

	Positivity rates (95% Confidence Interval)		
Wales	0.02% (0.00 to 0.07)	1 in 4,340 people (1 in 26,110 to 1 in 1,530)	700 people (100 to 2,000)
England	0.09% (0.07 to 0.11)	1 in 1,110 people (1 in 1,410 to 1 in 900)	49,000 people (38,800 to 60,300)
Scotland	0.05% (0.02 to 0.10)	1 in 1,960 people (1 in 5,160 to 1 in 1,010)	2,700 people (1,000 to 5,200)
Northern Ireland	0.06% (0.01 to 0.16)	1 in 1,550 people (1 in 6,810 to 1 in 630)	1,200 people (300 to 2,900)

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

Vaccination in Wales

- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 21 May 2021 **2,069,689 first doses** (+78,906 since previous week) and **969,682 second doses** (+78,113 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 21 May 2021

Group	Group size (n)	Received 1st dose (n)	Received 2nd dose (n)	1st dose uptake (%)	2nd dose uptake (%)
Care home residents	15,118	14,797	13,875	97.9%	91.8%
Care home worker	38,125	34,822	30,894	91.3%	81.0%
80 years and older	173,160	165,724	159,012	95.7%	91.8%
Health care worker	142,722	135,658	121,972	95.1%	85.5%
Social care worker	45,416	45,416	39,685		
Aged 75-79 years	132,788	128,073	123,948	96.4%	93.3%
Aged 70-74 years	183,375	175,623	170,191	95.8%	92.8%
Clinically extremely vulnerable aged 16-69 years	81,349	76,041	68,517	93.5%	84.2%
Aged 65-69 years	180,350	169,947	148,235	94.2%	82.2%
Clinical risk groups aged 16-64 years	354,333	306,024	84,857	86.4%	23.9%
Aged 60-64 years	205,791	188,735	73,890	91.7%	35.9%
Aged 55-59 years	233,930	209,219	59,509	89.4%	25.4%
Aged 50-54 years	228,207	199,367	50,295	87.4%	22.0%
Aged 40-49 years	393,172	315,488	69,241	80.2%	17.6%
Aged 30-39 years	422,096	268,560	55,676	63.6%	13.2%
Aged 18-29 years	469,849	217,609	44,620	46.3%	9.5%

Source: [PHW Covid-19 Rapid Surveillance Dashboard](#)

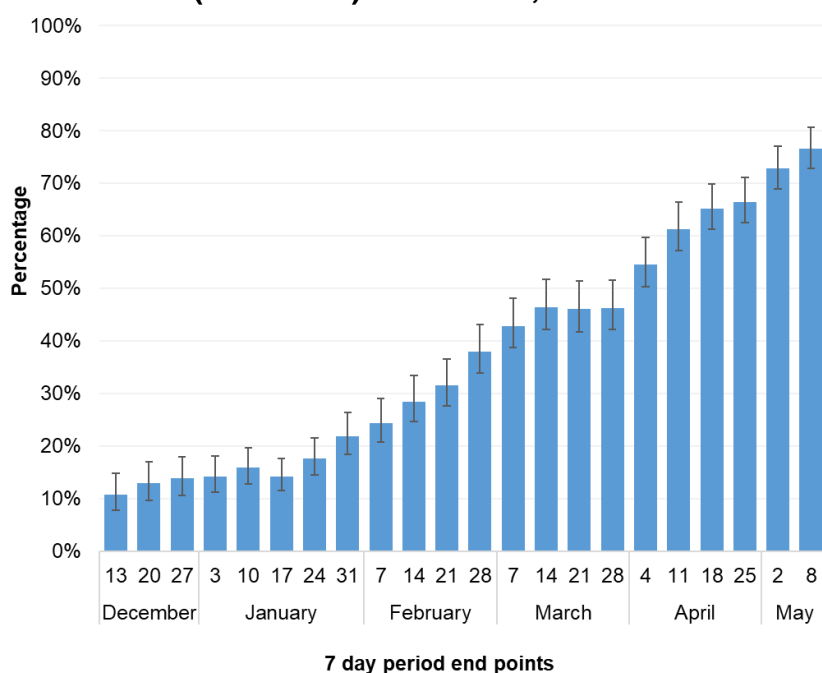
Coronavirus (COVID-19) infection Survey (CIS) in Wales Antibody data: 3 to 8 May

- 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 **3 and 8 May**. 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. Caution should be taken in over-interpreting the latest estimates. 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 3 and 9 May, 73.0% of people aged 16 and over reported to have had one or more doses of a COVID-19 vaccine (95% credible interval: 69.9% to 76.7%). Whilst 32.2% reported they have been fully vaccinated (95% credible interval: 28.6% to 36.2%)

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

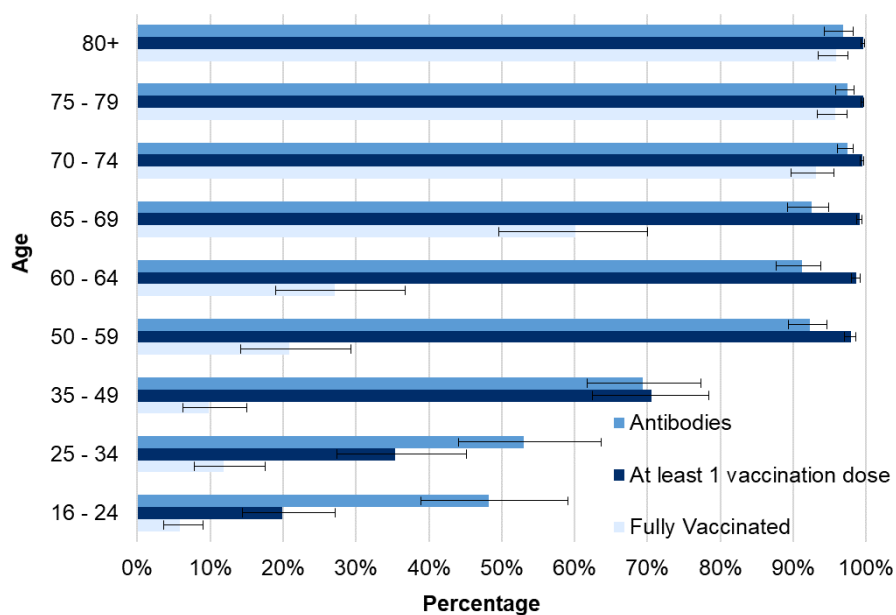


Source: Coronavirus (COVID-19) Infection Survey, ONS, 19/05/21

Antibody positivity and vaccinations by age

- Antibody positivity increases with age, with the highest percentage testing positive for antibodies in the older age groups and lowest among the youngest groups; this reflects the age prioritisation in vaccination programmes in place.
- Between 3 and 8 May, more than **90% of people aged 50 or older tested positive for antibodies**, ranging from 91.2% to 97.4%. In comparison, those aged 16 to 49 years testing positive for antibodies ranged **from 48.2% to 69.4%**.
- Where the proportion of people testing positive for antibodies is higher than the proportion reporting to have had at least one dose of a COVID vaccine, this may imply that antibody rates are more likely to be driven by COVID infections than vaccinations.
- *This survey does not include those that live in care homes, one of the priority groups identified by the [Joint Committee on Vaccination and Immunisation \(JCVI\)](#). Daily and weekly counts of vaccine doses administered by nation can be seen in the [Public Health Wales \(PHW\) dashboard](#).*

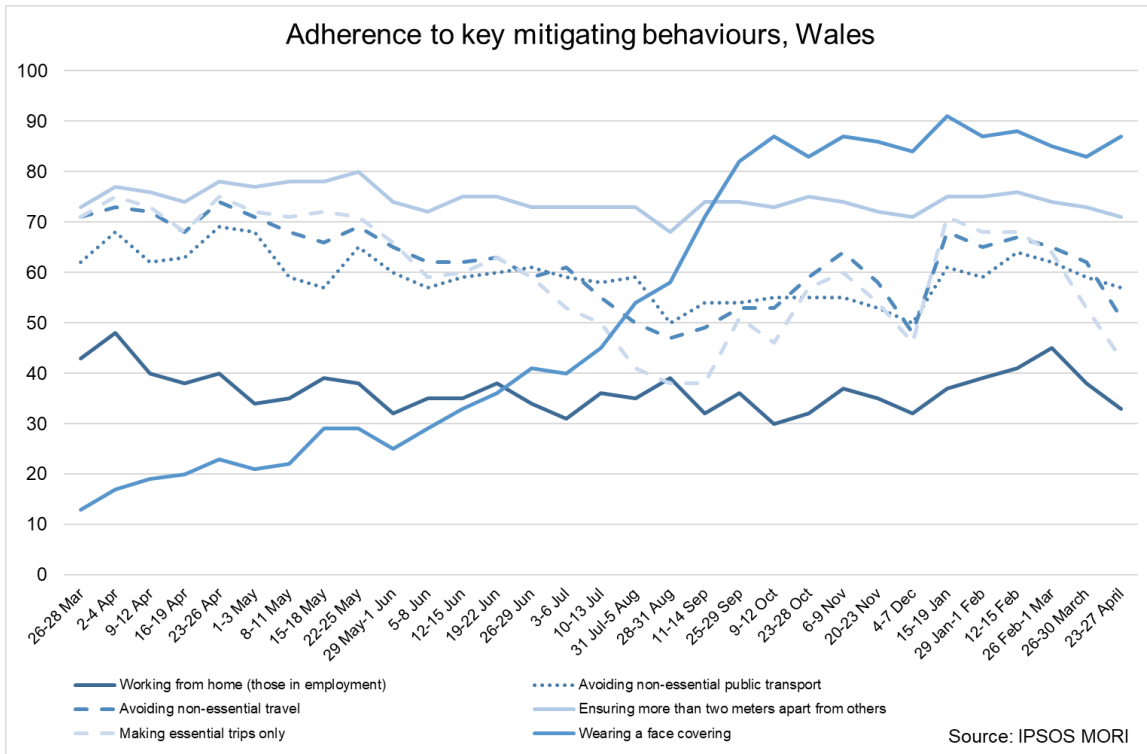
Estimated percentage of the population in Wales reporting receipt of vaccination and testing positive for coronavirus (COVID-19) antibodies by age group, 3 to 9 May*



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

Adherence and understanding of current measures

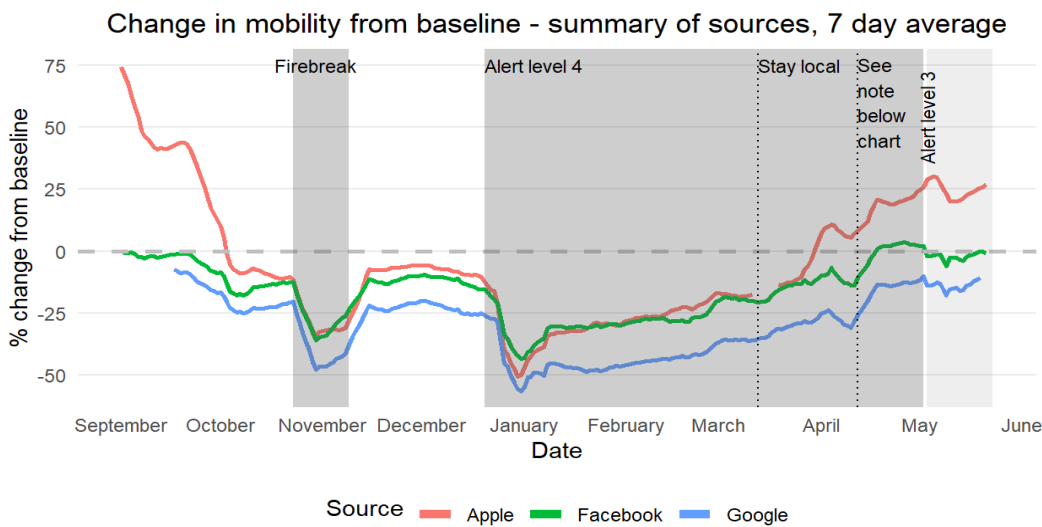
- The data from IPSIS MORI the same as last week. There is new data from Public Health Wales this week.
- The most recent [IPSOS MORI data](#) for the period 23 – 27 April for Wales shows reductions in some categories compared to the last survey wave which was 4 weeks prior (26 – 30 March). Most notably 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.



- The latest results from the [Public Engagement Survey on Health and Wellbeing during Coronavirus Measures](#) for the period 10 May – 16 May show that 51% of people say they understand the current restrictions in Wales ‘very well’. A further 41% reported understanding the restrictions ‘fairly well’. The survey also shows that 43% of people said they were following coronavirus restrictions ‘completely’ and a further 43% reported majority compliance. 39% reported having people outside their household/permitted support bubble come into their house, whilst 26% reported going into others people’s houses.

Mobility

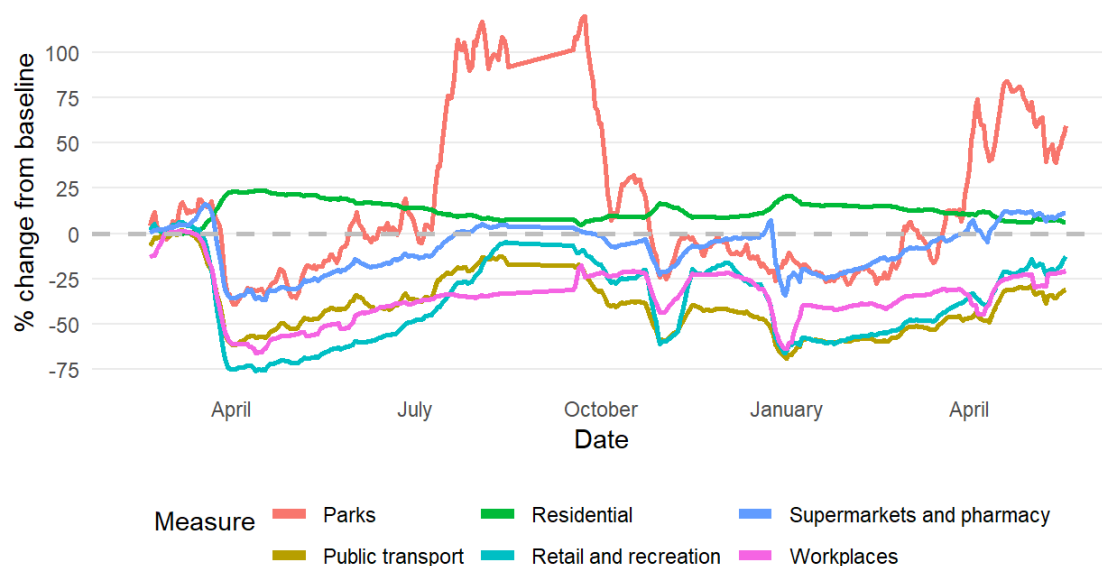
- The most recent mobility data shows mostly small increases in the last week.



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

- Mobility of [Facebook](#) users in Wales shows movement was 1% below the baseline for the week to the 21 May. This is higher than the week before (4% below the baseline). The percentage of users staying put (near to home) was 23%, down from the week before (24%). 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 21 May shows that requests for driving directions in Wales were higher than the previous week at 27% above the baseline (up from 21% above the baseline). Requests for walking directions and requests for public transport directions also 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 19 May for residential (i.e people spending time at home) were lower than the week before at 6% above the baseline (down from 7%). Workplaces rose relative to the baseline by 1 percentage point (at 21% below the baseline). Retail & recreation mobility was up from the previous week (13% below the baseline, up from 20% below) and supermarkets & pharmacy rose (at 11% above the baseline, up from 9% above). Public transport and parks mobility increased 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.

Change in mobility from baseline - Average of Welsh local authorities



Source: Google LLC "Google COVID-19 Community Mobility Reports."

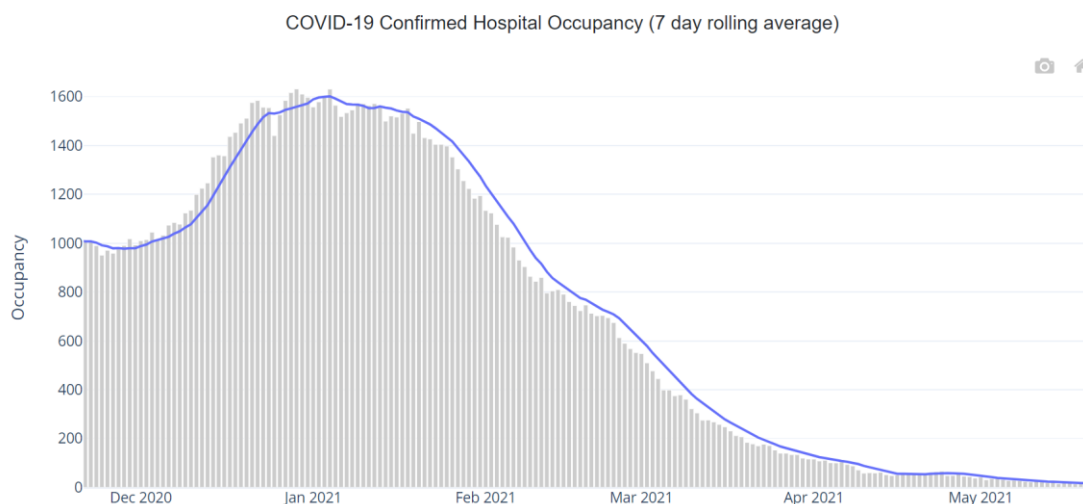
- Anonymised and aggregated mobile phone data from O2 for the week to the 14 May shows an increase in trips compared to the week before. Trips starting in Wales rose by 2 percentage points to 81% of the baseline. The baseline for the O2 data is the same day of the week in the first week of March.

COVID-19 weekly surveillance and epidemiological summary from Public Health Wales (as at 21 May)

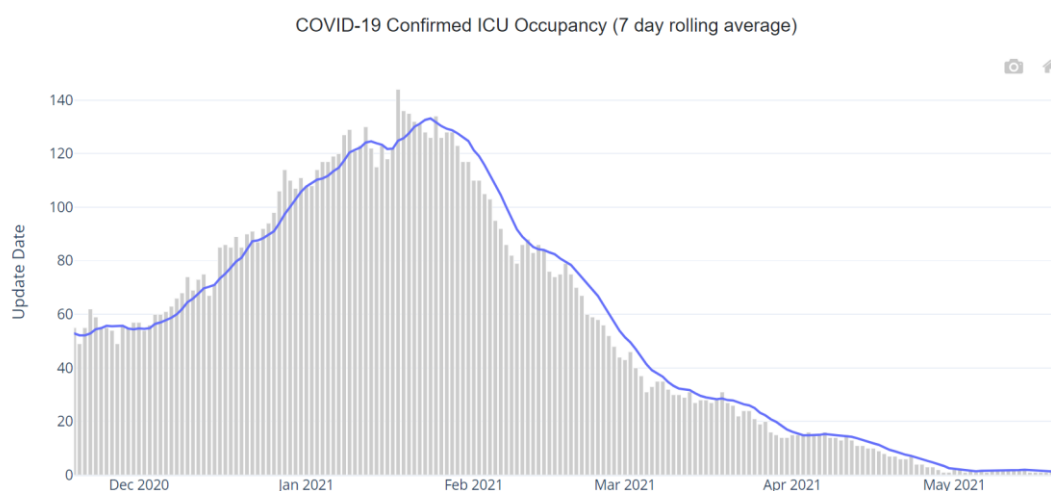
- The proportion of calls to NHS 111 and NHS Direct related to possible COVID-19 symptoms have slightly increased compared to the previous week.
- Overall GP consultations for any Acute Respiratory Infection (ARI) have increased in the most recent week while suspected COVID consultations have decreased slightly.
- The overall number of ambulance calls decreased 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 was broadly stable in the most recent week. Sample positivity for testing episodes was 1.0% in week 19.
- Confirmed case incidence has remained stable in all health board areas. Testing episode positivity continues to decrease nationally.
- During week 19, incidence remained stable in the majority of age groups. Incidence was highest in those aged 18-25 years.
- At a national level, confirmed case admissions to hospitals and confirmed cases who are inpatients in hospital have slightly decreased compared to the previous week. In the most recent week, admissions to critical care wards slightly decreased 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.
- The number of MSOAs with confirmed cases decreased and the number of cases per MSOA decreased slightly in most areas. In the majority of MSOAs with confirmed COVID19 cases, numbers are now at low levels, but there are a small number of outlier areas with high case numbers.
 - Influenza is not currently circulating in Wales and RSV (Bronchiolitis) has not circulated over the 2020-21 winter period. **However, in recent weeks there has been an increase in the non-COVID-19 causes of acute respiratory infection.**

NHS Capacity (occupancy, discharges and admissions)

- Overall, 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 reduced from 21 to **16**, a **30% decrease** from the previous period.



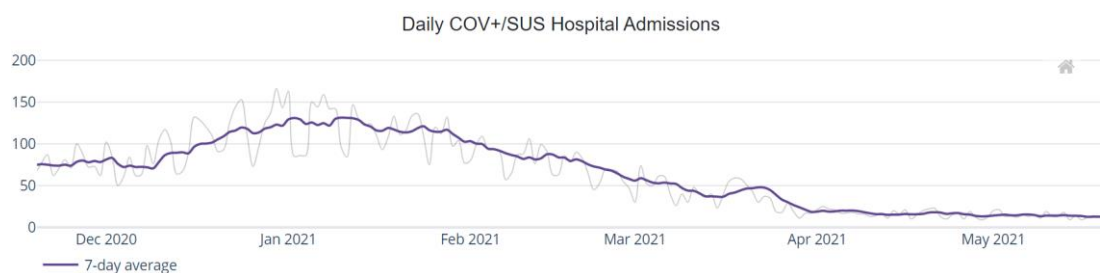
- The Figure below shows the average daily critical care bed occupancy (ICU) of confirmed COVID-19 positive patients (7 day rolling average, as at 21 May). For the most recent 7 day period, average Covid-19 confirmed ICU occupancy was **1**, a **reduction of 1** from the previous period.



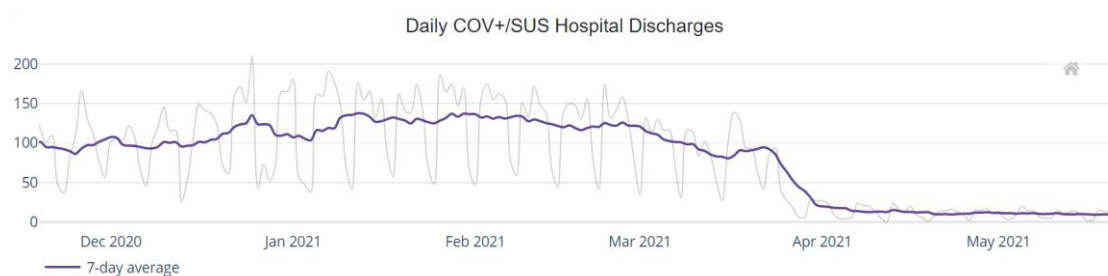
- The number of people in hospital **recovering** from COVID-19 is not available this week.
- The Figure below shows the **7-day average** number of **hospital admissions** of people who are suspected (SUS) or confirmed as having Covid-19 (COV+) as at 21 May. For the most recent 7 day period the average Covid-19 confirmed and

suspected hospital admissions was **12.7**, a **9% decrease** from the previous period.

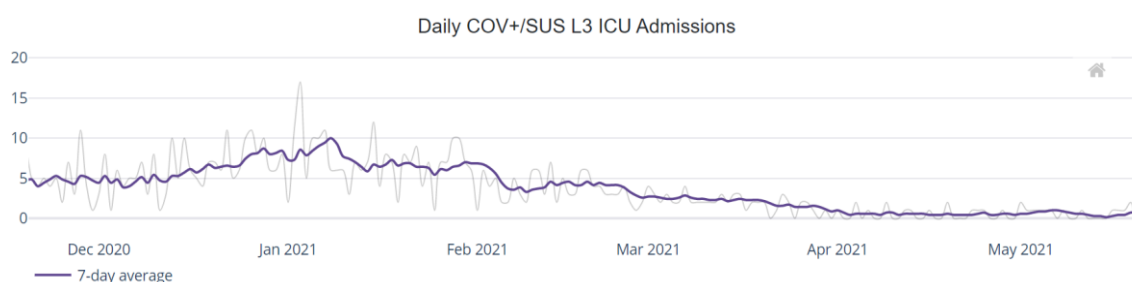
- The purple line represents the total number over a rolling 7 day average, whilst the fainter grey lines show the actual figures at that time.



- 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 **7.7**, a **21.8% 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 admissions was **0.7**, a 9% 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.

