

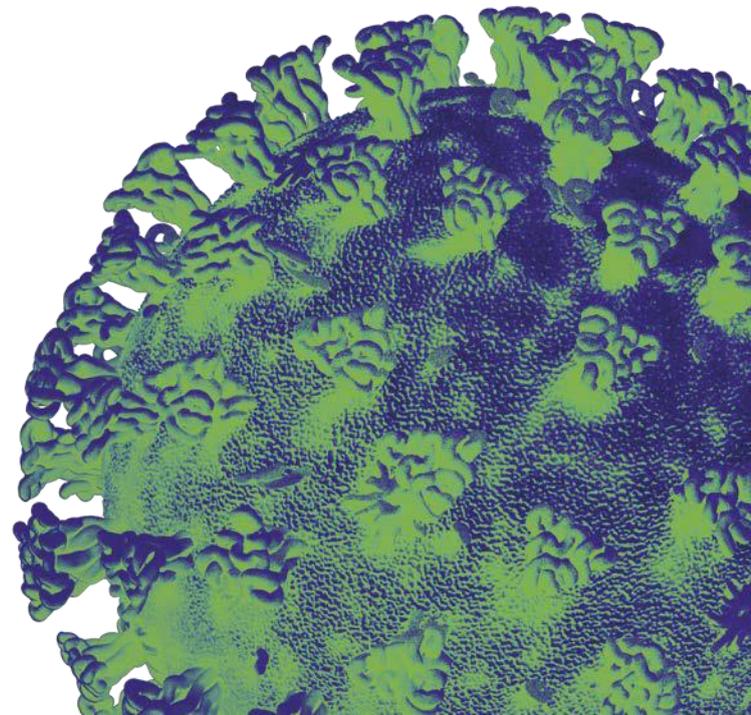
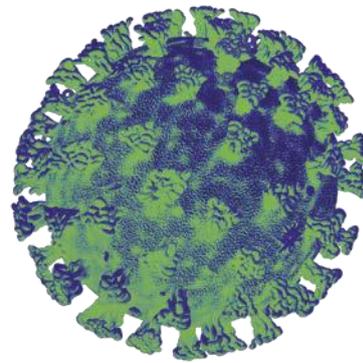
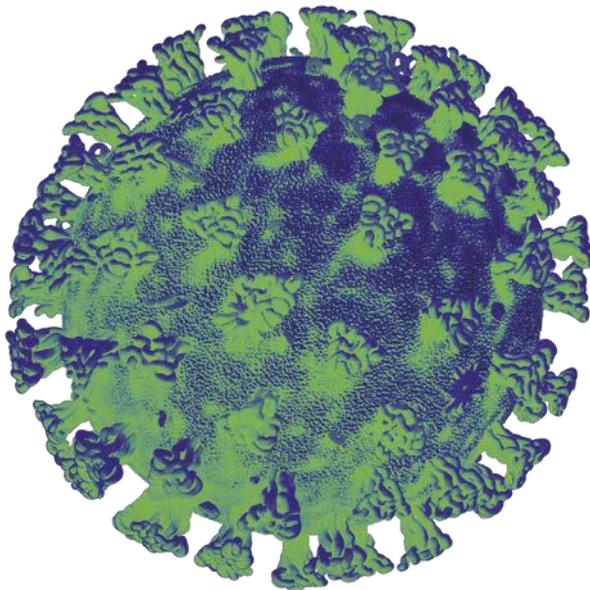


Llywodraeth Cymru  
Welsh Government

# Technical Advisory Cell

## Summary of Advice

1 June 2021



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### Top-line summary

- **As at 26 May, case numbers in Wales have remained stable at 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 1.1** (90% confidence interval) and the growth rate is estimated to be **between shrinking by -3% and increasing by +1%** 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 **0.84 and 1.02** (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 only.
- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 28 May 2021 **2,128,063 first doses** (+58,374 since previous week) and **1,081,162 second doses** (+111,480 since previous week) of Covid-19 vaccine have been given in Wales and recorded in the Covid-19 Welsh Immunisation System.
- For the week of 16 to 22 May 2021, the [COVID-19 infection survey](#) estimates that community Covid-19 infection rates in Wales are around **1 person in 3,850** (95% credible interval: 1 in 24,320 to 1 in 1,380), or 800 people during this time. 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.
- The [World Health Organisation](#) has now assigned new 'easy-to-say' VOI and VOCs labels for public communication. They are as follows; Variants of concern (VOCs) 'Alpha' (B.1.1.7, first detected in the UK), 'Beta' (B.1.351, first detected in South Africa), 'Gamma' (P.1, first detected in Brazil) and 'Delta' (B.1.617.2, first detected in India). This will allow for a growing number of variants and avoid the common but potentially stigmatizing use of the name of the country or area of first detection of a variant.
- As at 27 May, **'Alpha'** has been detected in all parts of Wales and continues to grow; 13,372 (+189 since last report) genomically probable or confirmed cases have been identified.
- As at 27 May, there have been **58 (+30 since last report)** genomically confirmed and probable cases of the **'Delta'** detected in Wales. While case numbers in general remain low, this variant **continues to be a cause for concern** due to its increased growth rate, community transmission observed in areas of England, a cluster of cases observed in North Wales, evidence of immune escape, and

because we do not know whether it has the potential to increase harm through increased hospitalisations and deaths (see also TAG briefing [here](#)).

- 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 also decreased.
- The most recent mobility data shows mostly increases in the last week. Mobility levels are, in some cases, around where they were last summer - which was the highest since the first lockdown.
- Please note that due to the bank holiday, some data sources are more lagged than others.

### **TAG/ SAGE papers published this week:**

- [Technical Advisory Group: briefing on variant of concern B.1.617.2](#)
- [SPI-M-O: Medium-term projections, 12 May 2021](#)
- [UCL: Relative importance of different settings for COVID-19 transmission, 13 May 2021](#)
- [SARS-CoV-2 variants of concern and variants under investigation in England: Technical briefing 13](#)

### **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 26 May is between 0.8 and 1.1 (90% confidence interval).**
- The most recent daily growth rate for Wales from SAGE estimates that the infection rate in Wales was **-3 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  $R_t$  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.
- Local health board level estimates of  $R_t$  and halving times will be unstable when incidence is low.
- As at 26 May,  $R_t$  estimated by **Public Health Wales (PHW)** is between **0.84 and 1.02** (95% confidence interval).
- The doubling/ halving time is estimated by PHW to be **doubling every 61 days** (95% CI: 13.5 to -24.1).

Area	Doubling/ halving time in days (95% CI)	$R_t$ (95% CI)
All Wales	<b>61.8 (13.5 to -24.1) DOUBLING</b>	<b>0.92 (0.84 to 1.02)</b>
<b>Swansea Bay UHB</b>	17.8 (7.0 to -32.0) DOUBLING	1.17 (0.90 to 1.48)
<b>CTM UHB</b>	10.3 (3.9 to -15.8) DOUBLING	1.76 (1.34 to 2.22)
<b>Aneurin Bevan UHB</b>	212.1 (10.2 to -11.3) DOUBLING	0.94 (0.76 to 1.12)
<b>Cardiff &amp; Vale UHB</b>	25.2 (7.7 to -20.1) HALVING	0.66 (0.51 to 0.82)
<b>Hywel Dda UHB</b>	11.5 (6.0 to 131.4)* HALVING	0.80 (0.55 to 1.09)*
<b>Powys THB</b>	17.9 (4.7 to -9.7)* HALVING	0.70 (0.39 to 1.08)*

<b>Betsi Cadwaladr UHB</b>	28.7 (8.3 to -19.7) DOUBLING	0.95 (0.73 to 1.19)
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\* Small numbers, interpret with caution

### Case numbers

- The figure below shows weekly COVID-19 cases per 100k population (7 day rolling sum). The most recent data up to **28 May** shows a decrease in cases to **7.7 cases per 100k** population, a **9% decrease** from the previous 7 day period.

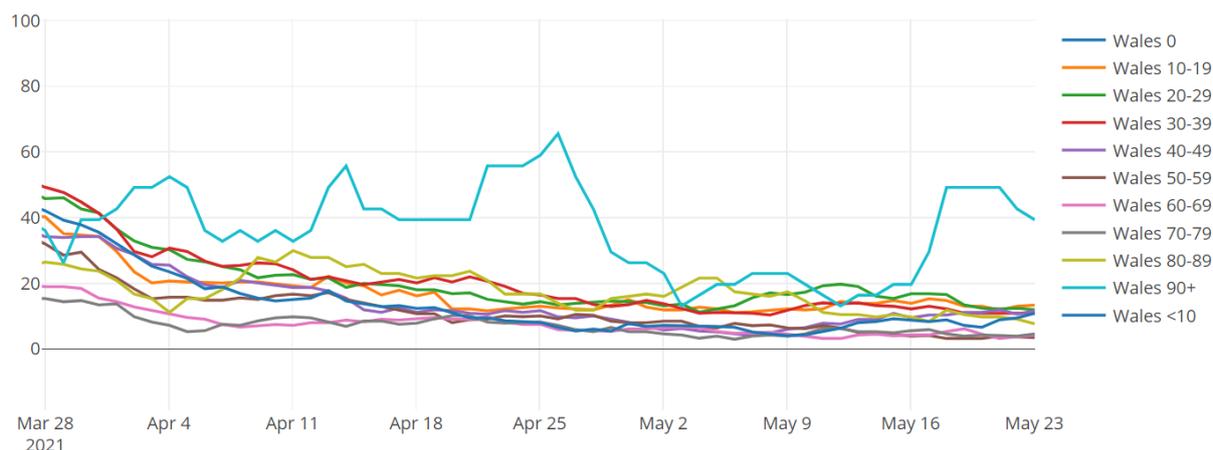
Cases per 100k (PHW Data) (7 day rolling sum)



Source: 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, as at 27 May, incidence remained stable in the majority of age groups. Incidence was highest in those aged 85 years and older.



Source: 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 28 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 slightly since last week – apart from Bridgend and Conwy, all authorities in Wales remain below the lowest official case incidence (15 cases per 100,000 population) and test positivity (2.5%) thresholds.
- Case incidence per 100,000 population for the whole of Wales during this period was **7.7**. Cases for all-Wales remain in the ‘Under 15 cases per 100,000’ threshold for the sixth consecutive week.
- Test positivity for COVID-19 for the whole of Wales was **0.9%** for the most recent rolling 7 period, the same as the previous period.

Source: Data from [PHW](#)

Cases and Tests - All confirmed episodes - For the 7 day period ending 28-05-2021										
Local Authority	Health Board	No. Cases	% of All Wales Total	Case Incidence per 100,000	Incidence threshold reached	Change from previous week	Test positivity (%)	Positivity threshold reached	Test Incidence per 100,000	Change from previous week
Conwy	BCUHB	22	9.10%	18.8	15 to < 20	340% ↑	1.70%	Under 2.5%	1131.4	-11%
Bridgend	CTMUHB	23	9.50%	15.6	15 to < 20	-15% ↓	1.4%	Under 2.5%	1094.9	0%
Wrexham	BCUHB	18	7.40%	13.2	Under 15	29% ↑	1.40%	Under 2.5%	956.9	0%
Neath Port Talbot	SBUHB	18	7.40%	12.6	Under 15	20% ↑	1.30%	Under 2.5%	992.9	0%
Denbighshire	BCUHB	10	4.10%	10.4	Under 15	233% ↑	1.10%	Under 2.5%	948.8	0%
Gwynedd	BCUHB	13	5.40%	10.4	Under 15	333% ↑	1.40%	Under 2.5%	763.5	40%
Cardiff	CVUHB	34	14.00%	9.3	Under 15	-13% ↓	1.1%	Under 2.5%	814.7	38%
Monmouthshire	ABUHB	8	3.30%	8.5	Under 15	-58% ↓	0.9%	Under 2.5%	940.9	-25%
Newport	ABUHB	13	5.40%	8.4	Under 15	-46% ↓	0.9%	Under 2.5%	940.7	13%
Pembrokeshire	HDUHB	10	4.10%	7.9	Under 15	67% ↑	1.10%	Under 2.5%	705	10%
Carmarthenshire	HDUHB	13	5.40%	6.9	Under 15	18% ↑	0.80%	Under 2.5%	866.7	0%
Flintshire	BCUHB	10	4.10%	6.4	Under 15	-23% ↓	0.8%	Under 2.5%	773.2	-20%
Ceredigion	HDUHB	4	1.70%	5.5	Under 15	-20% ↓	0.8%	Under 2.5%	691.9	-20%
Swansea	SBUHB	13	5.40%	5.3	Under 15	-54% ↓	0.6%	Under 2.5%	839.3	-14%
Vale of Glamorgan	CVUHB	6	2.50%	4.5	Under 15	-45% ↓	0.6%	Under 2.5%	696.9	20%
Torfaen	ABUHB	4	1.70%	4.3	Under 15	-20% ↓	0.4%	Under 2.5%	979.1	-33%
Powys	PTHB	5	2.10%	3.8	Under 15	67% ↑	0.60%	Under 2.5%	617.7	0%
Blaenau Gwent	ABUHB	2	0.80%	2.9	Under 15	-60% ↓	0.3%	Under 2.5%	947.6	-40%
Caerphilly	ABUHB	4	1.70%	2.2	Under 15	-80% ↓	0.3%	Under 2.5%	773.7	-25%
Rhondda Cynon Taf	CTMUHB	5	2.10%	2.1	Under 15	-62% ↓	0.3%	Under 2.5%	753.5	-25%
Merthyr Tydfil	CTMUHB	1	0.40%	1.7	Under 15	-50% ↓	0.2%	Under 2.5%	848.7	-33%
Isle of Anglesey	BCUHB	1	0.40%	1.4	Under 15	-83% ↓	0.2%	Under 2.5%	766.7	-33%
Unknown	Unknown	5	2.10%	-	-	25% ↑	-	-	-	-
<b>Total</b>	<b>Total</b>	<b>242</b>	<b>100.00%</b>	<b>7.7</b>	<b>Under 15</b>	<b>-14% ↓</b>	<b>0.9%</b>	<b>Under 2.5%</b>	<b>859.8</b>	<b>0%</b>

## Deaths

- The figure below shows the 7 day rolling sum of COVID-19 deaths reported by PHW rapid mortality surveillance up to 28 May, with **2 deaths** for the most recent 7 day period, a **decrease of 5** 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:** 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 **increased slightly** from 5 to **6**, accounting for **0.9% of all deaths**, the same as the previous week.
- The **total number of deaths** registered in Wales **increased** from 560 to **640** in the week ending 14 May. This was above the five-year average for Wales (4.6%/ 28 more deaths).

**Source:** [Deaths registered weekly in England and Wales, provisional: week ending 14 May 2021](#)

## Variant Update

As at 27 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; **13,372 (+189 since last report)** genomically probable or confirmed cases have been identified. This variant is now termed VOC 'Alpha' by the World Health Organisation (WHO).
- There have been **39 (+1)** genomically confirmed and probable cases of **VOC-20DEC-02** (B.1.351, first identified in South Africa). This variant is now termed VOC 'Beta' by the WHO.
- There has been **1 (+0)** genomically confirmed and probable cases of the variant **VUI-21JAN-01** (P.1, first identified in Brazil via Japan). This variant is now termed VOC 'Gamma' by the WHO.
- There have been **15 (+0)** genomically confirmed and probable cases of the variant **VUI-21APR-01** (B.1.617, first identified in India). This variant is now termed VOC 'Kappa' by the WHO.
- There have been **58 (+30)** genomically confirmed and probable cases of the variant **VOC-21APR-02** (B.1.617.2, first identified in India). This variant is now termed VOC 'Delta' by the WHO.
- There have been **1 (+0)** genomically confirmed and probable cases of the variant **VUI-21APR-03** (B.1.617.3, first identified in India).
- The most recent [Technical briefing from Public Health England](#) has been published and is summarised below:
  - Whilst case numbers remain very low, the proportion of cases which are Delta (VOC-21APR-02, B.1.617.2, first identified in India) has continued to increase, as monitored through both genomic and S gene target data. Delta is likely to be the predominant variant in England although there is regional heterogeneity.
  - Iterated vaccine effectiveness analysis combined with additional neutralisation data from multiple samples tested at multiple laboratories continues to support the assessment of reduced vaccine effectiveness after the first dose.
  - The median time to onset of symptoms in household contacts, where the index case is Delta, is 4 days, which is the same as for Alpha (using routine contact tracing data). Longitudinal sampling studies have commenced.
  - Data on hospital admissions with vaccination status is now included and will form part of ongoing surveillance and vaccine effectiveness monitoring.
  - K417N, a receptor binding domain mutation associated with antigenic change and present in Beta, (B.1.351, VOC-20DEC-02, first identified in South Africa), has been noted in a small number of cases of Delta, in addition to the standard mutations for this lineage.

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

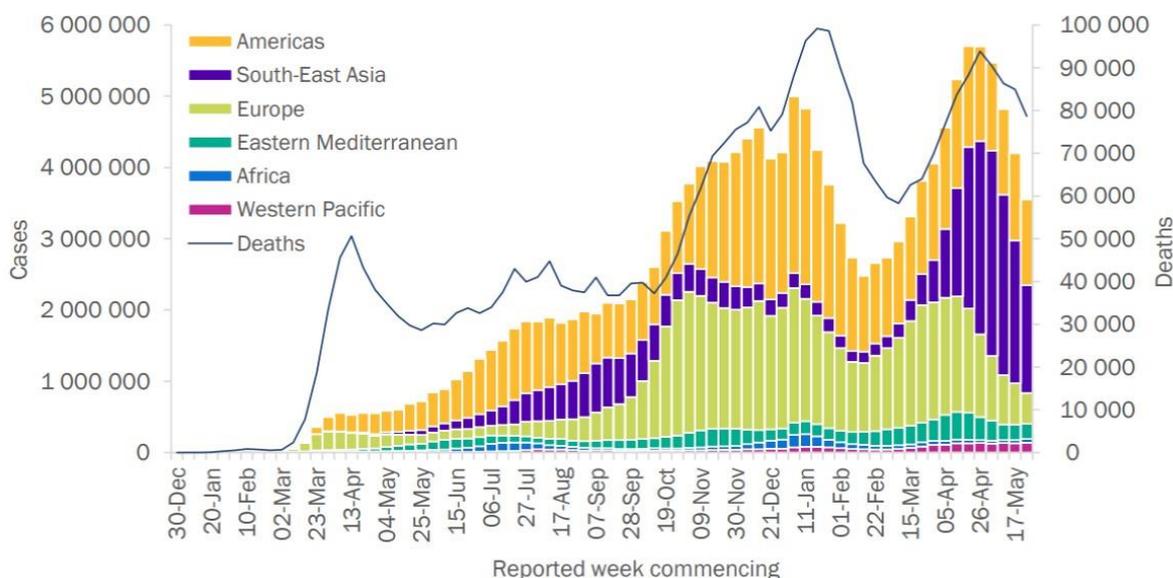
- *Welsh Government publishes a [weekly summary](#) of contact tracing activity in Wales during the COVID-19 pandemic. The data in this release is management information collected as part of the contact tracing process. The figures reflect the data recorded in the contact tracing system and not any contact 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 (16 to 22 May 2021):
  - of the 342 positive cases that were eligible for follow-up, 333 (97.4%) were reached and asked to provide details of their recent contacts.
  - Of the 342 positive cases that were eligible for follow-up, 92.4% were reached within 24 hours of referral to the contact tracing system. This equates to 94.9% of those successfully reached being reached within 24 hours.
  - 95.3% of positive cases that were eligible for follow-up were reached within 48 hours. This equates to 97.9% of those successfully reached being reached within 48 hours.
  - Of the 1,052 close contacts that were eligible for follow-up, 1,036 (98.5%) were successfully contacted and advised accordingly, or had their case otherwise resolved.
  - Of the 1,052 close contacts that were eligible for follow-up, 81.3% were reached within 24 hours of being identified by a positive case. This equates to 82.5% of those successfully reached being reached within 24 hours.
  - 93.0% of close contacts that were eligible for follow-up were reached within 48 hours of being identified by a positive case. This equates to 94.4% of those successfully reached being reached within 48 hours.
  - From the time positive cases were referred to the contact tracing system, 61.9% of all close contacts that were eligible for follow-up were reached

within 24 hours. This equates to 62.8% of those successfully reached being reached within 24 hours.

- From the time positive cases were referred to the contact tracing system, 78.9% of all close contacts that were eligible for follow-up were reached within 48 hours. This equates to 80.0% of those successfully reached being reached within 48 hours.
- In total, since 21 June 2020:
  - of the 174,295 positive cases that were eligible for follow-up, 173,768 (99.7%) were reached and asked to provide details of their recent contacts
  - of the 379,003 close contacts that were eligible for follow-up, 359,385 (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 22 May 2021](#)

### International update

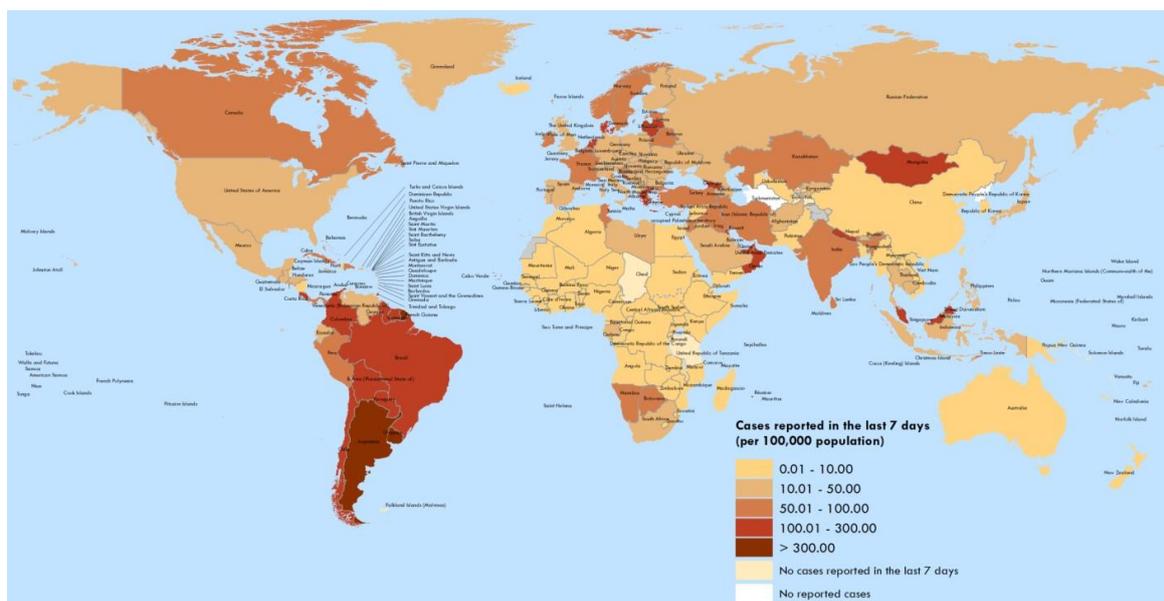
- The number of new COVID-19 cases and deaths continues to decrease, with over 3.5 million new cases and 78 000 new deaths reported globally in the past week; a 15% and 7% decrease respectively, compared to the previous week. See Figure below.



**Figure:** COVID-19 cases reported weekly by WHO Region, and global deaths, as of 30 May 2021. Source: [WHO](#)

- The European and South-East Asia Regions reported the largest decline in new cases and deaths in the past week, while case incidence increased in the African and Western Pacific regions. The numbers of cases reported by the Americas and Eastern Mediterranean Regions were similar to those reported in the previous week.

- Although the number of global cases and deaths continued to decrease for a fifth and fourth consecutive week respectively, case and death incidences remain at high levels and significant increases have been reported in many countries in all WHO regions.
- The highest numbers of new cases were reported from India (1 364 668 new cases; 26% decrease), Brazil (420, 981 new cases; 7% decrease), Argentina (219, 910 new cases; 3% increase), the United States of America (153 587 new cases; 18% decrease), and Colombia (150, 517 new cases; 40% increase). See Figure below for more information.



**Figure:** COVID-19 cases per 100 000 population reported by countries 24 – 30 May 2021. Source: [WHO](https://www.who.int)

### Variants of Concern Update

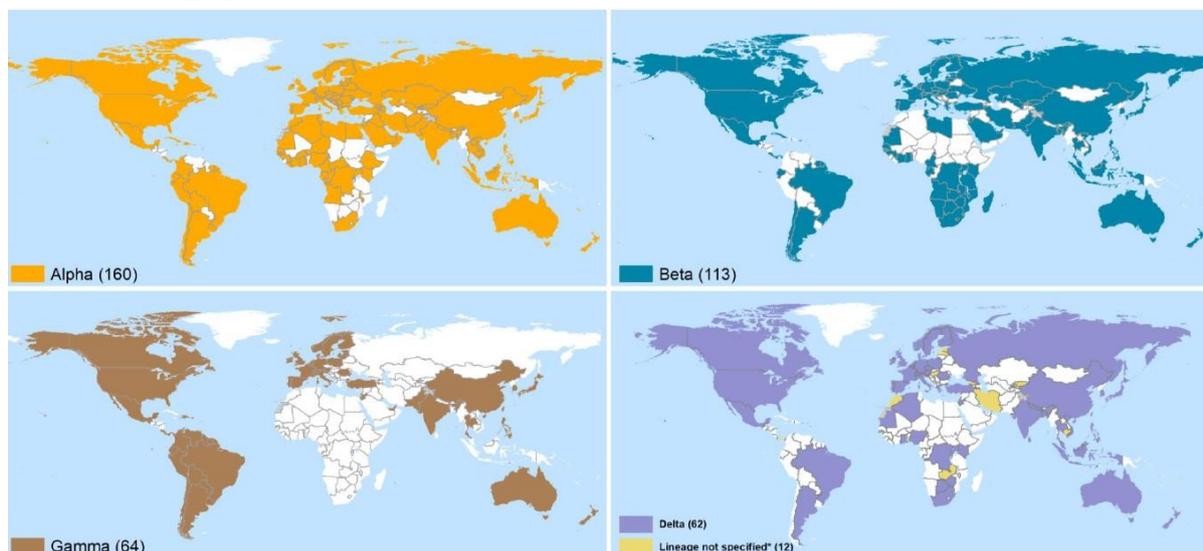
- New 'easy-to-say' VOI and VOCs labels for public communication are being adopted.
- They are as follows; VOCs **Alpha** (B.1.1.7), **Beta** (B.1.351), **Gamma** (P.1) and **Delta** (B.1.617.2). This will allow for a growing number of variants and avoid the common but potentially stigmatizing use of the name of the country or area of first detection of a variant.
- WHO recommend Member States, health authorities, media and others communicating on SARS-CoV-2 variants to adopt the WHO labels in public communication as soon as practical. Please note these labels do not replace the three current nomenclature systems for tracking and scientific reporting of

SARS-CoV-2 genetic evolution: GISAID, Nextstrain, and Pango – these systems remain critical and will continue to be used in scientific communications. See Table below for more information.

WHO label	Pango lineage	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
<b>Variants of Concern (VOCs)</b>					
Alpha	B.1.1.7	GRY (formerly GR/501Y.V1)	20I/501Y.V1	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H/501Y.V2	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J/501Y.V3	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2	G/452R.V3	21A/S:478K	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021
<b>Variants of Interest (VOIs)</b>					
Epsilon	B.1.427/ B.1.429	GH/452R.V1	20C/S:452R	United States of America, Mar-2020	5-Mar-2021
Zeta	P.2	GR	20B/S:484K	Brazil, Apr-2020	17-Mar-2021
Eta	B.1.525	G/484K.V3	20A/S484K	Multiple countries, Dec-2020	17-Mar-2021
Theta	P.3	GR	20B/S:265C	Philippines, Jan-2021	24-Mar-2021
Iota	B.1.526	GH	20C/S:484K	United States of America, Nov-2020	24-Mar-2021
Kappa	B.1.617.1	G/452R.V3	21A/S:154K	India, Oct-2020	4-Apr-2021

Source: [Weekly epidemiological update on COVID-19 - 1 June 2021, WHO](#)

- The Figure below shows the countries, territories and areas reporting variants Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2), as of 1 June 2021.

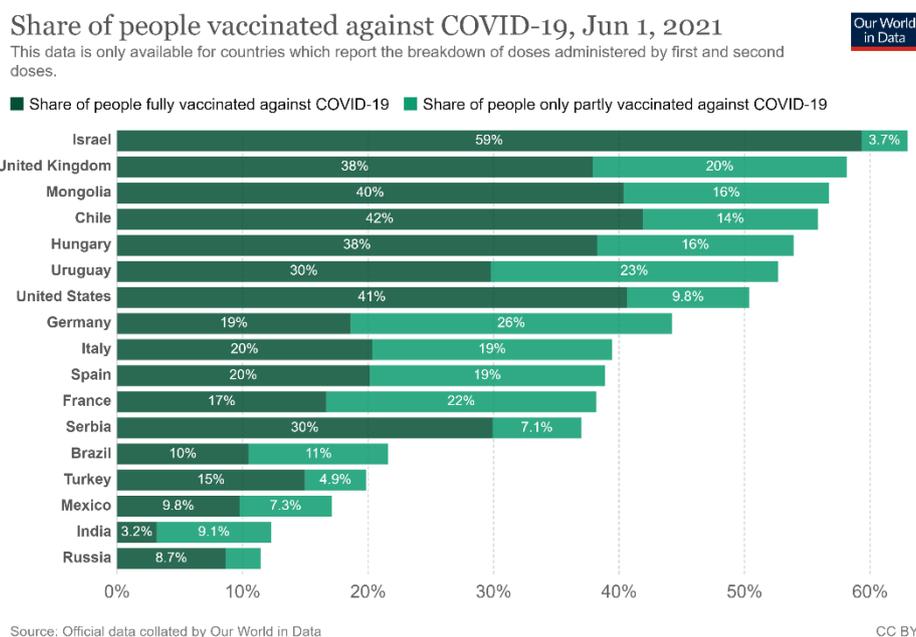


Source: [WHO](#)

### Vaccination

- As shown in the chart below, several countries now have over 50% of their population vaccinated with at least one dose, with between 30-40% fully vaccinated. Mongolia has made rapid increases in vaccine rollout during May.

While China, the US and India have administered a large vaccine doses in total, both China and India have a long way to go to provide vaccine coverage across their larger populations.



Source: [Our World in Data, 1 June 2021](#)

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

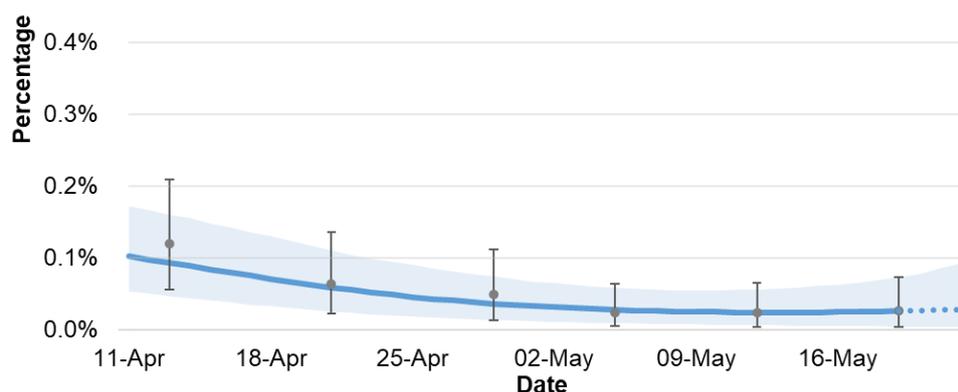
- The latest estimates for Wales from the Coronavirus (COVID-19) Infection Survey (CIS) have been published on the [Welsh Government statistics and research web pages](#) and the [Office for National Statistics website](#). The results include estimates for the number and proportion of people in Wales that had COVID-19 in the latest week, 16 May to 22 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 16 to 22 May 2021, it is estimated that **0.03%** of the community population had COVID-19 (95% credible interval: 0.00% to 0.07%).
- This equates to approximately **1 person in every 3,850** (95% credible interval: 1 in 24,320 to 1 in 1,380), **or 800 people** during this time (95% credible interval: 100 to 2,200).
- In the most recent week, the percentage of people testing positive remained low in Wales.
- 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.
- Rates for cases **compatible with the UK variant**, cases **not compatible with the UK variant** and cases where the **virus is too low for the variant to be identifiable** remain low in the most recent week.
- 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 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.

### Wales, estimated % testing positive for Covid 19 since 11 April



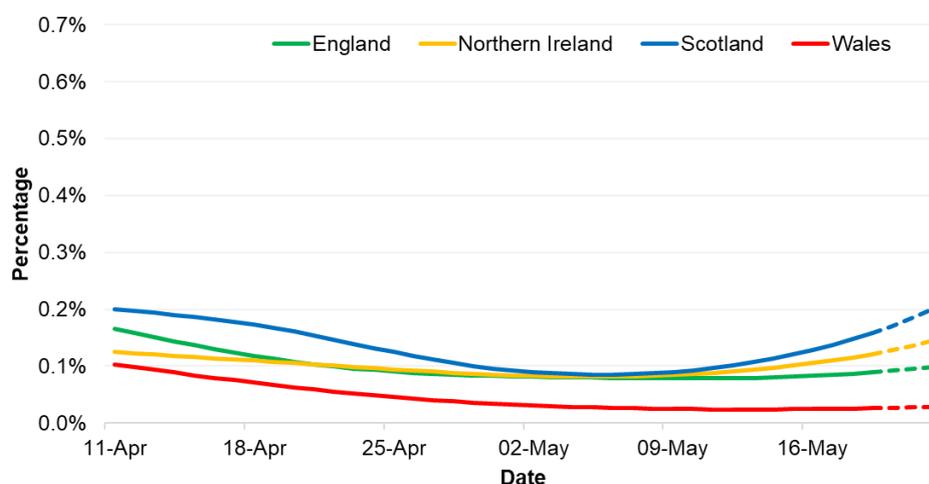
Source: Coronavirus (COVID-19) Infection Survey, ONS, 26/05/21

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. Reference points for the estimates are changeable. This reflects data processing schedules and events such as bank holidays.

## Latest estimates for the UK countries

- At the midpoint of the most recent week (16 to 22 May 2021) rates were 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 Scotland (0.16%), whilst Wales appeared to have the lowest (0.03%).
- In the most recent week, the positivity rate remained low in Wales. In comparison, the positivity rate appears to have increased in Scotland and there are early signs of a possible increase in England and Northern Ireland, although uncertainty is high.

## Positivity rates (%) across UK countries since 11 April 2021



Source: Coronavirus (COVID-19) Infection Survey, ONS, 26/05/21

## Positivity rates (%) across UK countries for the week 16 to 22 May 2021

	Positivity rates (95% Confidence Interval)		
<b>Wales</b>	0.03% (0.00 to 0.07)	1 in 3,850 people (1 in 24,320 to 1 in 1,380)	800 people (100 to 2,200)
<b>England</b>	0.09% (0.07 to 0.11)	1 in 1,120 people (1 in 1,420 to 1 in 910)	48,500 people (38,400 to 60,200)
<b>Scotland</b>	0.16% (0.08 to 0.26)	1 in 630 people (1 in 1,180 to 1 in 380)	8,300 people (4,400 to 13,700)
<b>Northern Ireland</b>	0.12% (0.04 to 0.27)	1 in 820 people (1 in 2,630 to 1 in 370)	2,200 people (700 to 4,900)

Source: Coronavirus (COVID-19) Infection Survey, ONS, 26/05/21

## **Vaccination in Wales**

- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 28 May 2021 **2,128,063 first doses** (+58,374 since previous week) and **1,081,162 second doses** (+111,480 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 28 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	15,035	14,725	13,910	97.9%	92.5%
Care home worker	38,114	34,915	31,313	91.6%	82.2%
80 years and older	172,858	165,490	159,835	95.7%	92.5%
Health care worker	142,693	135,850	123,482	95.2%	86.5%
Social care worker		45,473	40,447		
Aged 75-79 years	132,699	128,052	124,642	96.5%	93.9%
Aged 70-74 years	183,319	175,645	171,389	95.8%	93.5%
Clinically extremely vulnerable aged 16-69 years	81,285	76,101	70,272	93.6%	86.5%
Aged 65-69 years	180,327	170,067	157,891	94.3%	87.6%
Clinical risk groups aged 16-64 years	354,785	308,446	145,016	86.9%	40.9%
Aged 60-64 years	205,815	189,056	110,437	91.9%	53.7%
Aged 55-59 years	233,982	209,711	80,465	89.6%	34.4%
Aged 50-54 years	228,267	199,991	64,749	87.6%	28.4%
Aged 40-49 years	393,401	320,455	81,558	81.5%	20.7%
Aged 30-39 years	422,762	287,965	63,554	68.1%	15.0%
Aged 18-29 years	471,194	248,932	50,370	52.8%	10.7%

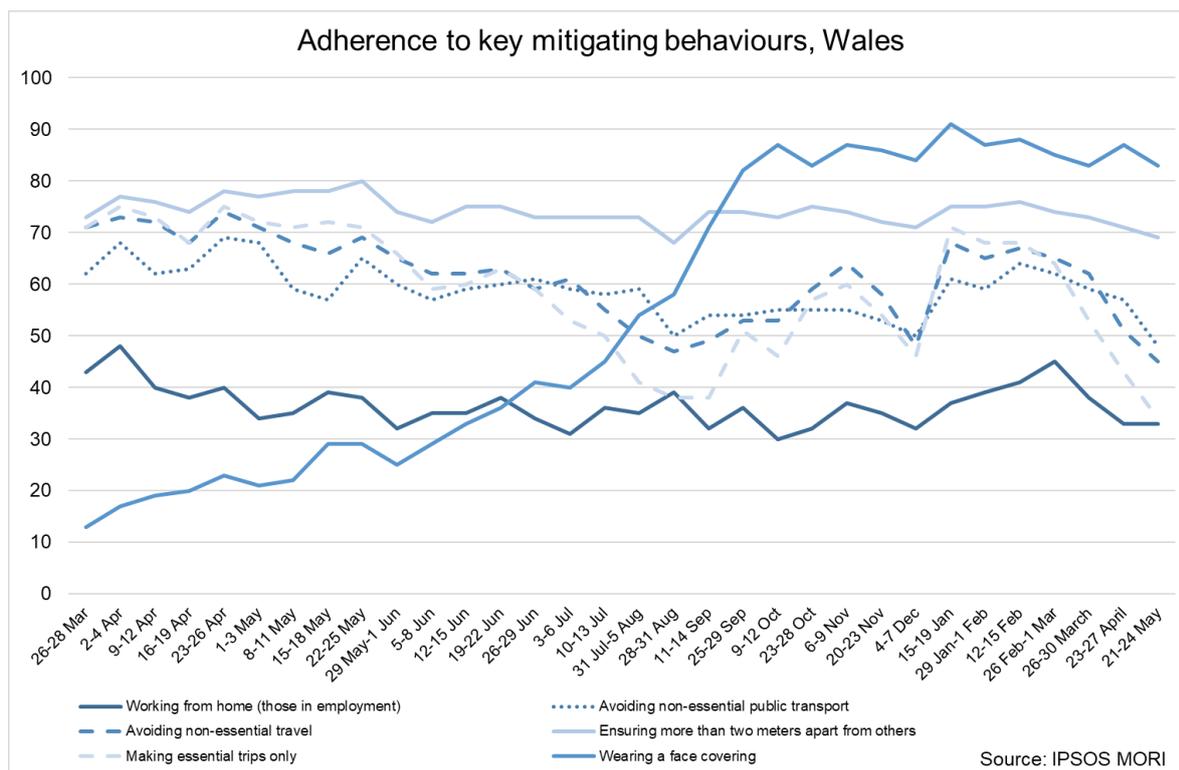
Source: [PHW Covid-19 Rapid Surveillance Dashboard](#)

## **Adherence and understanding of current measures**

- The data from IPSOS MORI is new this week. The data from Public Health Wales is the same as last week.
- The most recent [IPSOS MORI data](#) for the period 21 – 24 May for Wales shows reductions in some categories compared to the last survey wave which was 4 weeks prior (23 – 27 April). Most notably a reduction in those making essential trips only and avoiding public transport. During this survey wave Wales was in

alert level 2, whilst the last survey wave Wales was in alert level 4, but restrictions on movement (within the UK) had been eased. 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.

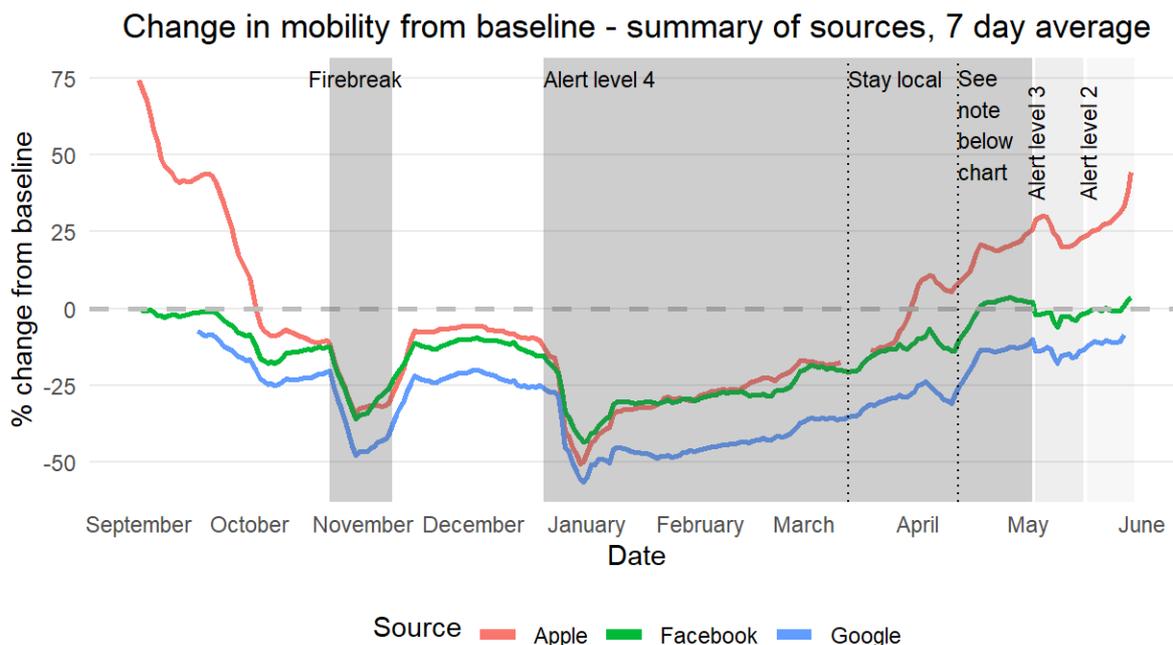
- The figure below represents data collected online by IPSOS MORI as part of a multi-country survey on the Global Advisor platform. Each of the waves has included c.500 respondents in Wales. The sample is broadly representative of the adult population aged 16-74. Data is weighted to reflect the age and 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.

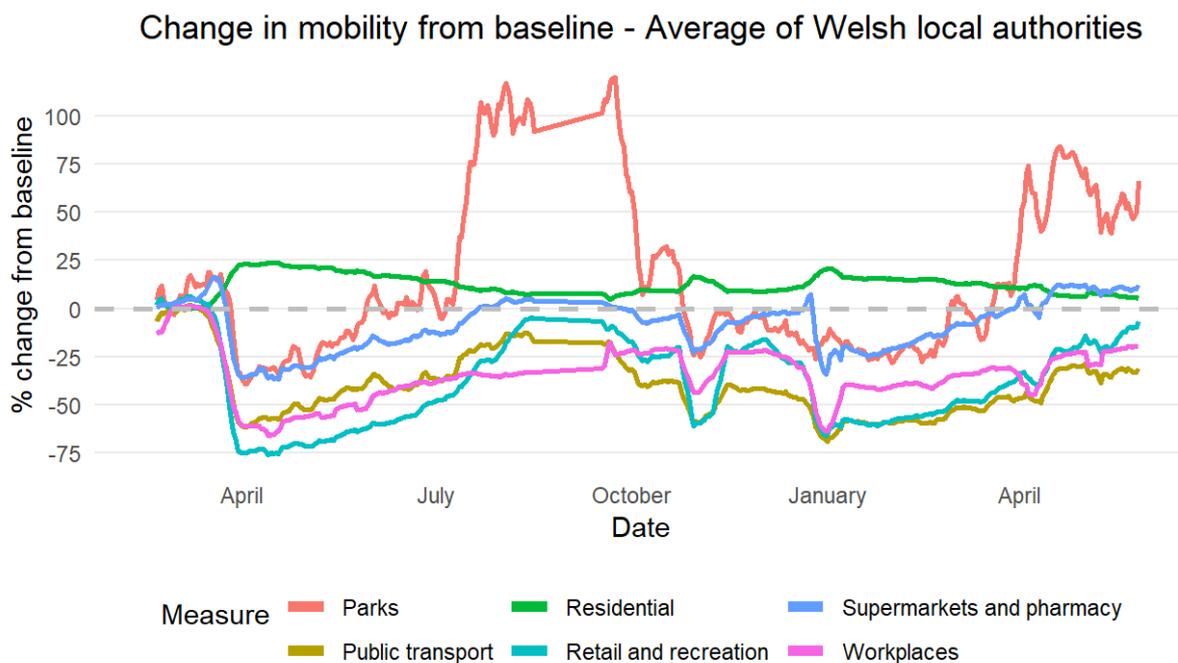
## **Mobility**

- The most recent mobility data shows mostly increases in the last week. Mobility levels are, in some cases, around where they were last summer - which was the highest since the first lockdown.



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

- Mobility of [Facebook](#) users in Wales shows movement was 4% above the baseline for the week to the 29 May. This is higher than the week before (the same as the baseline). The percentage of users staying put (near to home) was 21%, down from the week before (22%). 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 29 May shows that requests for driving directions in Wales were higher than the previous week at 44% above the baseline (up from 28% 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 27 May for residential (i.e people spending time at home) were lower than the week before at 5% above the baseline (down from 6%). Workplaces rose relative to the baseline by 1 percentage point (at 20% below the baseline). Retail & recreation mobility was up from the previous week (7% below the baseline, up from 12% below) and supermarkets & pharmacy increased (at 12% above the baseline, up from 11% 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.



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

- Anonymised and aggregated mobile phone data from O2 for the week to the 24 May shows a decrease in trips compared to the week before. Trips starting in Wales fell by 1 percentage point to 83% of the baseline. The baseline for the O2 data is the same day of the week in the first week of March.

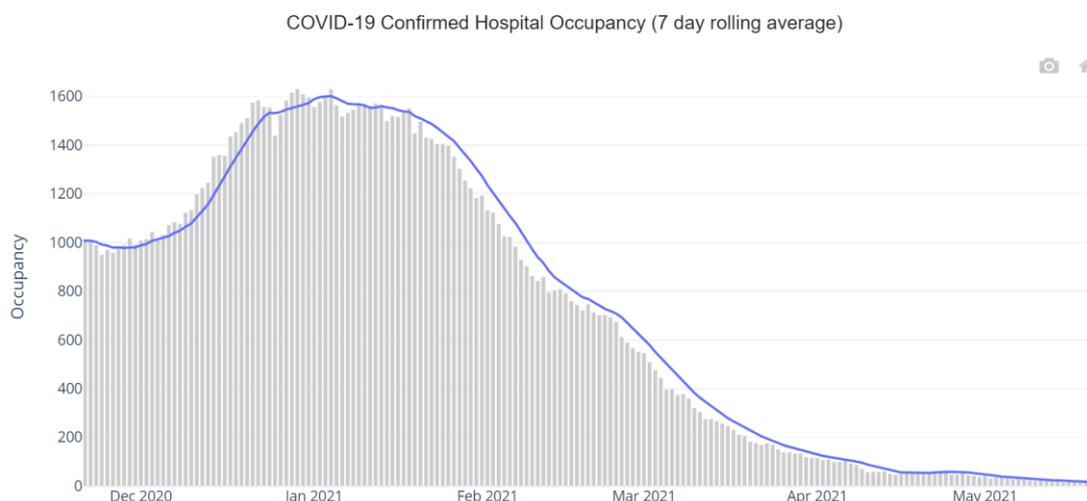
### **COVID-19 weekly surveillance and epidemiological summary from Public Health Wales (as at 27 May)**

- 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) have decreased in the most recent week while suspected COVID consultations have remained stable.
- 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 was broadly stable in the most recent week. Sample positivity for testing episodes was 1.0% in week 20.
- Confirmed case incidence has remained stable in all health board areas. Testing episode positivity remains stable.
- During week 20, incidence remained stable in the majority of age groups. Incidence was highest in those aged 85 years and older.

- 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 also decreased.
- Recent surveillance data suggest that COVID-19 infections in Wales are decreasing or stable in all areas of Wales compared to the previous week. 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 has not circulated over the 2020-21 winter period.

### **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 confirmed Covid-19 positive patients for the last 6 months (7 day rolling average, as at 27 May. For the most recent 7 day period the average weekly Covid-19 confirmed hospital occupancy was **11**, a **31% decrease** from the previous period.

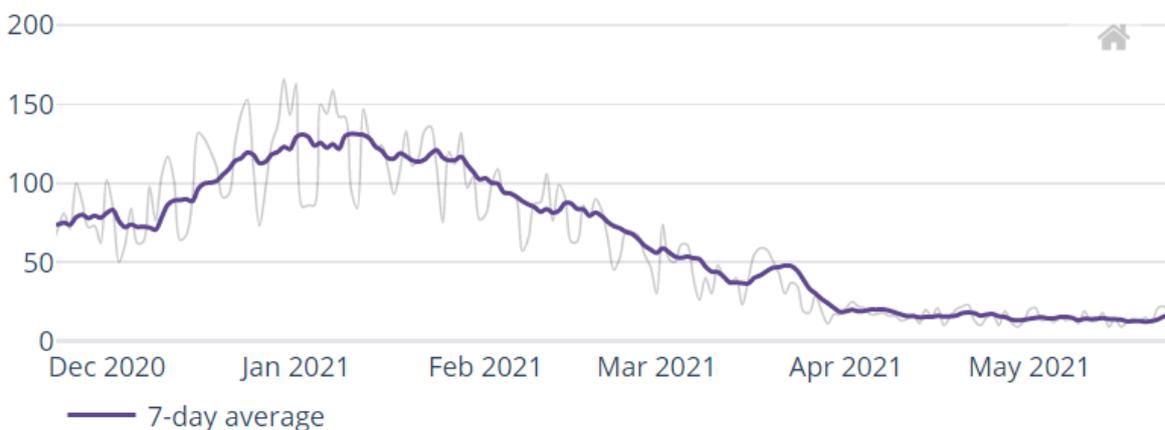


- The Figure below shows the COVID-19 Confirmed Invasive Ventilated Bed Occupancy (7 day rolling average, as at 27 May). For the most recent 7 day period, average occupancy was **1**, the same as the previous period.

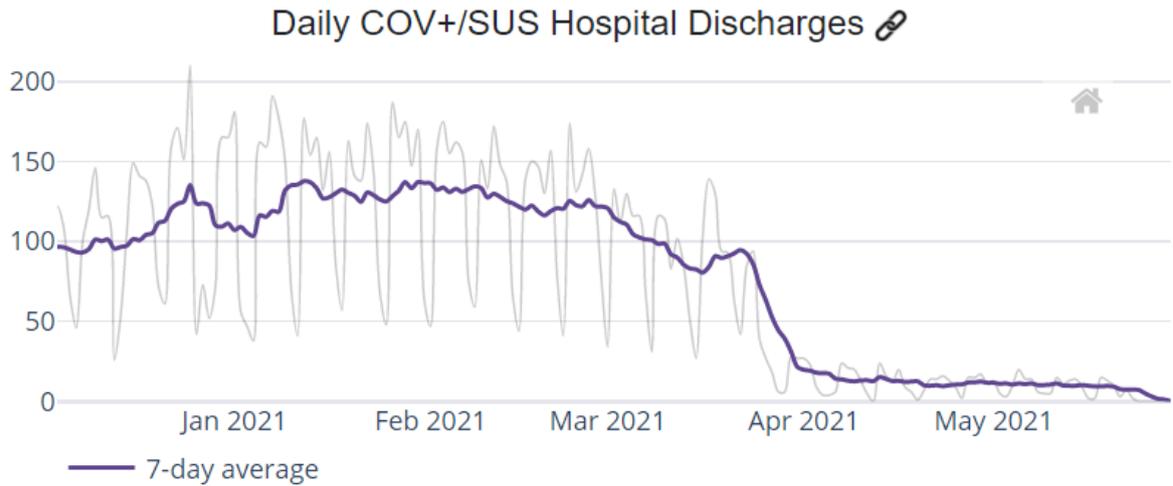


- As at 27 May 2021, 75 people are recovering in hospital from COVID-19, a 21% reduction from the previous week.
- The Figure below shows the 7-day average number of **hospital admissions** of people who are suspected (SUS) or confirmed as having Covid-19 (COV+) as at 27 May. For the most recent 7 day period the average Covid-19 confirmed and suspected hospital admissions was **19**, a **51% 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.

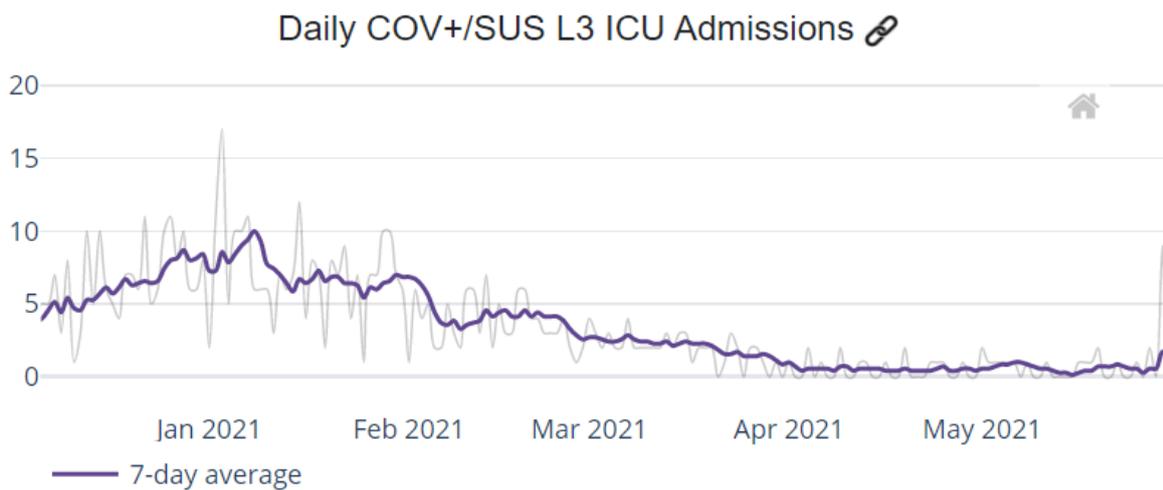
Daily COV+/SUS Hospital Admissions 



- The Figure below shows the 7-day average number of **hospital discharges** of people who are suspected or confirmed as having Covid-19 as at 27 May. For the most recent 7 day period the average daily hospital discharges was around **1**, an **85% 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 27 May. For the most recent 7 day period daily average ICU admissions was **less than 1, the same as the previous period.**



**Source:** Data from [StatsWales](https://stats.wales.gov.uk/)

**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.

