

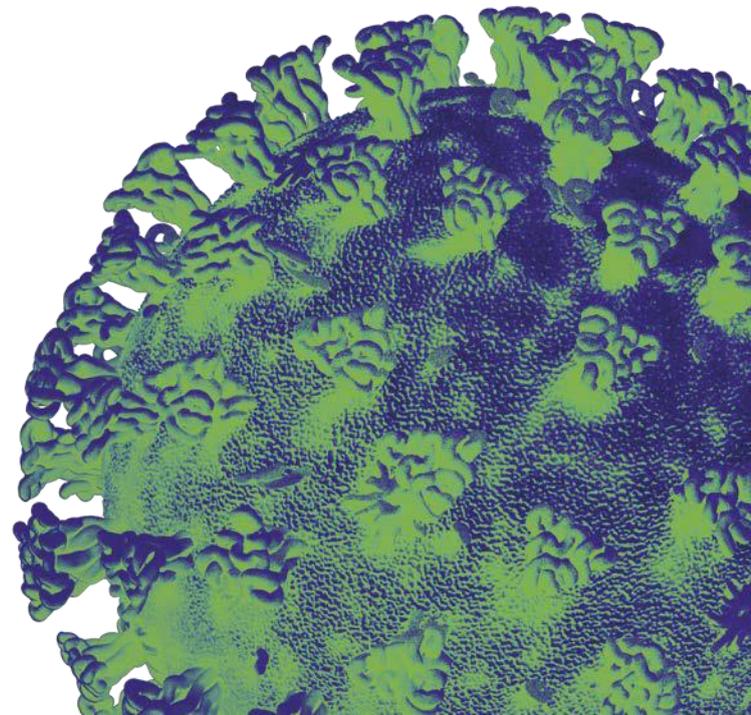
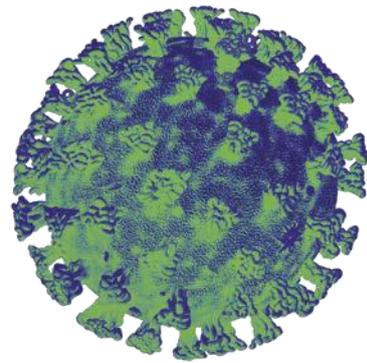
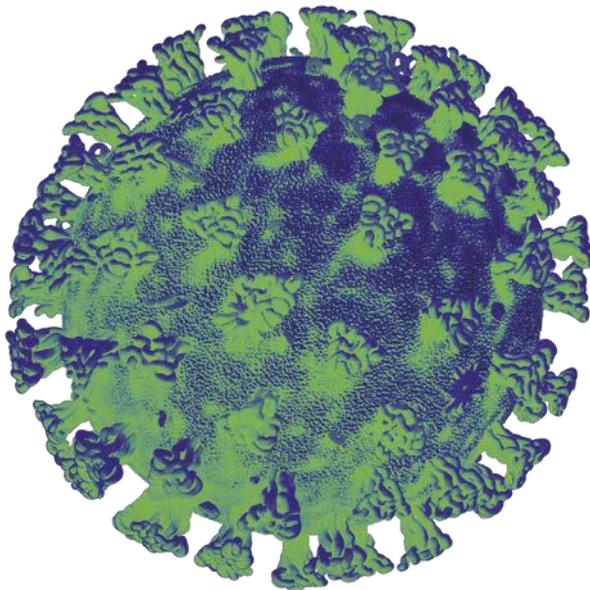


Llywodraeth Cymru
Welsh Government

Technical Advisory Cell

Summary of Advice

8 June 2021



Technical Advisory Cell: Summary of Advice

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Top-line summary

- **As at 2 June, case numbers in Wales have increased slightly to 9.3 cases per 100k population**, compared to 8.4 the previous week. 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 1.2** (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) at an all-Wales level is between **0.8 and 1.0** (95% confidence interval). The growth rate for the whole of Wales is **roughly stable**, doubling every 542 days, although there is considerable variation at a regional level.
- At a regional level there is considerable variability, with PHW estimating the lowest R_t in **Aneurin Bevan** at 0.51 with a **halving time of just under 9 days** and the highest in **Betsi Cadwaladr** at **1.8**, with a **doubling time of 11 days**. These estimates are less lagged than SAGE, representing transmission from around 1 week ago; however it uses a different methodology, based on positive SARS-Cov-2 testing episodes only.
- According to PHW there have been **0 deaths from COVID-19** during the most recent 7 day period, the second time this has occurred during the pandemic, likely attributable to the impact of the vaccination programme.
- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 6 June 2021 **2,183,455 first doses** (+55,392 since previous report) and **1,249,268 second doses** (+168,106 since previous week) of COVID-19 vaccine have been given in Wales and recorded in the COVID-19 Welsh Immunisation System. As reported by [Our World in Data](#) and elsewhere, Wales is currently world-leading with regards to the proportion of population who have received at least one dose of COVID-19 vaccine.
- For the week 23 to 29 May 2021, it is estimated that **0.10% of the community population** had COVID-19 (95% credible interval: 0.03% to 0.19%). This equates to approximately **1 person in every 1,050** (95% credible interval: 1 in 2,910 to 1 in 520), or 2,900 people during this time. **There are early signs of an increase in the percentage of the community population testing positive in the most recent week in Wales.**
- Going forward this advice will use the recently agreed WHO nomenclature for variants of concern. As at 4 June, there have been **97 (+39 since last report)** genomically confirmed and probable cases of the **variant of concern Delta** detected in Wales. While case numbers in general remain low, this variant

continues to be a cause for concern. Growth rate estimates continue to show a **substantially increased growth rate** for Delta compared to Alpha and early data from both England and Scotland suggest an increased risk of hospitalisation with Delta compared to Alpha, however confirmatory analyses are required. More data on the impact of the Delta variant will become available over the next couple of weeks and will give a clearer indication of the trajectory of the epidemic following the changes to restrictions on 17 May.

- As reported by the [ONS](#), as at 2 May 2021 an estimated **1.7% of the Welsh population** were experiencing self-reported long COVID. Since March 2021, there has been a marked increase in the number of people with self-reported long COVID of at least a year in duration across the UK. This impact of 'Long COVID' and post COVID-19 conditions, which can also affect younger age groups who may not yet have been vaccinated, continues to be important to consider when planning relaxations.
- At a national level, NHS Wales capacity has broadly remained stable or reduced, although there was a small increase in COVID-19 confirmed hospital occupancy from the previous period and a reduction in hospital admissions.
- The most recent mobility data shows further increases in the last week during half term and the bank holiday, with mobility in some areas being at its highest since early March 2020.

TAG/ SAGE papers published this week:

[SAGE: SPI-M-O: Medium-term projections, 19 May 2021](#)

[SAGE: Welsh Government TAG: 'Long-COVID' – what do we know and what do we need to know?, 1 February 2021](#)

Other papers of Interest

[Welsh Government: COVID-19 Wales situational report: 27 May 2021](#)

[Public Health England: SARS-CoV-2 variants of concern and variants under investigation in England: technical briefing 14](#)

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 2 June is between 0.8 and 1.2 (90% confidence interval).**
- The most recent daily growth rate for Wales from SAGE is estimated to be between **-3 to +1%** per day (90% confidence interval)
- These estimates will not yet fully reflect changes related to the relaxation of measures on 17 May in Wales or the recent rapid increases in transmission of the delta (B.1.617.2) variant in some parts of the UK.
- *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.*
- *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.*

- *Estimates of the reproduction number are based on the previous rolling 7 days of data and include all cases confirmed by a positive COVID-19 test result, include hospital acquired cases. To account for reporting lag the most recent three days of data have been omitted.*
- As at 2 June, the R_t at an all-Wales level estimated by **Public Health Wales** (PHW) is between **0.8 and 1.0** (95% confidence interval).
- *Estimates of halving/ doubling times have been calculated using 14 days of rolling data and include all cases confirmed by a positive COVID-19 test result, include hospital acquired cases. The estimate assumes that there has been no changes in mixing patterns or testing capacity.*
- The doubling/ halving time for Wales is **roughly stable**, estimated by PHW to be **doubling every 541.5 days** (95% CI: 13.5 to -24.1).

Area	Doubling/ halving time in days (95% CI)	R_t (95% CI)
All Wales	541.5 (17.0 to -18.1) DOUBLING	0.9 (0.80 to 1.0)
Swansea Bay UHB	31.5 (8.0 to -16.2)	0.7 (0.5 to 1.0)
CTM UHB	59.1 (4.4 to -5.2)	0.68 (0.5 to 0.9)
Aneurin Bevan UHB	8.7 (4.7 to 61.3)	0.51 (0.48 to 0.65)
Cardiff & Vale UHB	136.7 (10.8 to -12.8)	0.85 (0.65 to 1.1)
Hywel Dda UHB	22.0 (6.5 to -15.8)* DOUBLING	1.3 (0.91 to 1.7)*
Powys THB	24.9 (4.7 to -7.7)* DOUBLING	0.6 (0.3 to 1.0)*
Betsi Cadwaladr UHB	11.1 (5.4 to -284.5) DOUBLING	1.6 (1.3 to 1.9)

* Small numbers, interpret with caution

Case numbers

- The figure below shows weekly COVID-19 cases per 100k population (7 day rolling sum) for the most recent 6 month period. The most recent data up to **2 June** shows an increase in cases to **9.3 cases per 100k** population, an **11.7% increase** from the previous 7 day period.

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

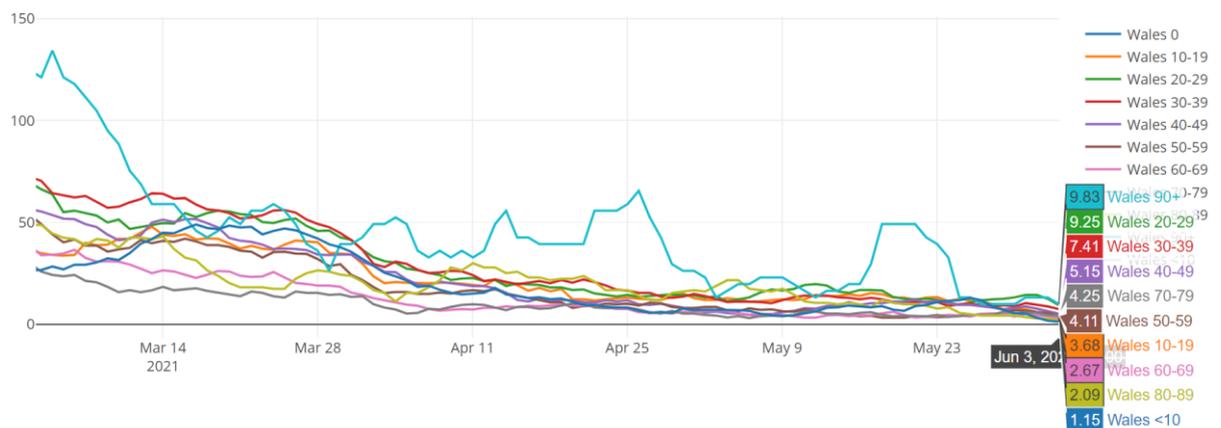


Source: Data from [PHW](#)

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 3 June, incidence has decreased in all age groups. Excluding the 90+ category, incidence was highest in those aged 20-29 at 9.25 and 30-39 at 7.41 cases per 100,000 population and lowest in Under 10s at 1.15 and 80-89 at 2.09 cases per 100,000 population

Cases per 100k by age and local authority



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 **2 June** suggest that COVID-19 weekly changes in case incidence across Wales continues to be geographically variable, with a **mix of increasing and decreasing cases against a low level of absolute case numbers**.
- This is with the exception of **Conwy**, which has continued to see a large increase in cases since just over two weeks ago and is now in the fourth case incidence threshold (25 to <50). This can be largely attributed to a series of outbreak clusters in the area which are being managed as presumptive variants of concern based on contact networks, prior to confirmation via genomically sequencing.
- At a national level, Wales' case numbers have increased since last week, although with the exception of Conwy, all authorities in Wales remain in the lowest case incidence and test positivity thresholds.
- Case incidence per 100,000 population for the whole of Wales during this period was **9.4**, a **12% increase** from the previous period. Cases for all-Wales remain in the 'Under 15 cases per 100,000' threshold for the seventh consecutive week.
- Test positivity for COVID-19 for the whole of Wales was **1.2%** for the most recent rolling 7 period, a **33% increase** from the previous period.

Source: Data from [PHW](#)

Cases and Tests - All confirmed episodes - For the 7 day period ending 02-06-2021										
Local Authority	Health Board	Number	% of All Wales Total	Case Incidence per 100,000	Incidence threshold reached	Change from prev. week	Proportion of tests positive (%)	Change from prev. week	Positivity threshold reached	Test Incidence per 100,000
Conwy	BCUHB	36	12.20%	30.7	25 to < 50	125% ↑	2.50%	108%	2.5 to < 5%	1205.6
Denbighshire	BCUHB	14	4.70%	14.6	Under 15	180% ↑	1.50%	150%	Under 2.5%	948.8
Swansea	SBUHB	36	12.20%	14.6	Under 15	112% ↑	1.90%	138%	Under 2.5%	768.8
Gwynedd	BCUHB	18	6.10%	14.5	Under 15	50% ↑	1.90%	46%	Under 2.5%	767.5
Flintshire	BCUHB	22	7.40%	14.1	Under 15	175% ↑	2.00%	186%	Under 2.5%	702.8
Pembrokeshire	HDUHB	15	5.10%	11.9	Under 15	114% ↑	1.80%	157%	Under 2.5%	680.3
Cardiff	CVUHB	42	14.20%	11.4	Under 15	27% ↑	1.40%	40%	Under 2.5%	834.8
Neath Port Talbot	SBUHB	16	5.40%	11.2	Under 15	-20% ↓	1.3%	-7%	Under 2.5%	837.3
Newport	ABUHB	15	5.10%	9.7	Under 15	67% ↑	1.10%	83%	Under 2.5%	846.3
Isle of Anglesey	BCUHB	6	2.00%	8.6	Under 15	100% ↑	1.30%	160%	Under 2.5%	658.2
Wrexham	BCUHB	11	3.70%	8.1	Under 15	-39% ↓	1.1%	-15%	Under 2.5%	728.9
Carmarthenshire	HDUHB	15	5.10%	7.9	Under 15	0% →	1.00%	11%	Under 2.5%	810
Monmouthshire	ABUHB	7	2.40%	7.4	Under 15	-53% ↓	1.0%	-33%	Under 2.5%	772.8
Ceredigion	HDUHB	4	1.40%	5.5	Under 15	300% ↑	0.80%	300%	Under 2.5%	712.6
Torfaen	ABUHB	5	1.70%	5.3	Under 15	0% →	0.60%	0%	Under 2.5%	846.1
Blaenau Gwent	ABUHB	3	1.00%	4.3	Under 15	-25% ↓	0.5%	-17%	Under 2.5%	841.7
Bridgend	CTMUHB	6	2.00%	4.1	Under 15	-85% ↓	0.5%	-79%	Under 2.5%	837.8
Rhondda Cynon Taf	CTMUHB	10	3.40%	4.1	Under 15	25% ↑	0.50%	25%	Under 2.5%	755.2
Merthyr Tydfil	CTMUHB	2	0.70%	3.3	Under 15	0% →	0.50%	0%	Under 2.5%	687.9
Powys	PTHB	4	1.40%	3	Under 15	-20% ↓	0.5%	-17%	Under 2.5%	597.3
Caerphilly	ABUHB	4	1.40%	2.2	Under 15	-50% ↓	0.3%	-40%	Under 2.5%	690.3
Vale of Glamorgan	CVUHB	2	0.70%	1.5	Under 15	-71% ↓	0.2%	-71%	Under 2.5%	815.2
Unknown	Unknown	3	1.00%	-	-	-	-	-	-	-
Total	Total	296	100.00%	9.4	Under 15	12% ↑	1.20%	33%	Under 2.5%	801.4

Deaths

- The figure below shows the 7 day rolling sum of COVID-19 deaths reported by PHW rapid mortality surveillance up to 2 June, with **0 deaths** for the most recent 7 day period, a **decrease of 2** from the previous period. This is the second instance during the pandemic that no COVID-19 deaths have been reported over a 7 day period, with the first occurring in early September 2020.
- *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 likely 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 **was 7, similar to the previous week (6 deaths)**, accounting for **1.2% of all deaths**.
- The **total number of deaths** registered in Wales **decreased** from 640 to **605** in the week ending 21 May. This was lower than the five-year average for Wales (4.7%/ 30 fewer deaths).

Source: [Deaths registered weekly in England and Wales, provisional: week ending 21 May 2021](#)

Variant Update

As at 4 June in Wales:

- **The Variant of Concern (VOC) Alpha** (B.1.1.7, first identified in Kent) has been detected in all parts of Wales and continues to grow; **12,676 (-696 since last report due to the implementation of an improved duplication process)** genomically probable or confirmed cases have been identified.
- There have been **40 (+1)** genomically confirmed and probable cases of the variant **Beta** (B.1.351, first identified in South Africa).
- There has been **2 (+0)** genomically confirmed and probable cases of the variant **Gamma** (P.1, first identified in Brazil via Japan).
- There have been **15 (+0)** genomically confirmed and probable cases of the variant **Kappa** (B.1.617.1, first identified in India).
- There have been **97 (+39)** genomically confirmed and probable cases of the variant **Delta** (B.1.617.2, first identified in India).

Delta variant update

- The most recent [Technical briefing 14 from Public Health England](#) has been published and is summarised below:
 - New WHO nomenclature is incorporated – a table incorporating WHO and UK designations and Pango lineages is provided; thereafter variants are referred to using their WHO designation where this exists, and the UK designation where it does not.
 - In the week commencing 17 May 2021, the most recent week where sequencing data are complete, 61% of sequenced cases in the UK are the Delta variant.
 - Growth rates using genomic and S gene target data continue to show a substantially increased growth rate for Delta compared to Alpha. Secondary attack rates remain higher for Delta than Alpha in both traveller and non-traveller cases and amongst both household and non-household contacts.
 - Early data from both England and Scotland suggest an increased risk of hospitalisation with Delta compared to Alpha; confirmatory analyses are required.
 - New data on outbreaks managed by health protection teams and exposure settings identified through contact tracing are included.
 - The vaccine effectiveness analysis is being further updated and reviewed at present and no new estimates are provided this week.

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 (23 to 29 May 2021):
 - Of the 294 positive cases that were eligible for follow-up, 281 (95.6%) were reached and asked to provide details of their recent contacts.
 - 89.1% were reached within 24 hours of referral to the contact tracing system. This equates to 93.2% of those successfully reached being reached within 24 hours.
 - 93.5% were reached within 48 hours. This equates to 97.9% of those successfully reached being reached within 48 hours.
 - Of the 1,343 close contacts that were eligible for follow-up, 1,291 (96.1%) 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 91.0% of those successfully reached being reached within 24 hours.
 - 92.7% 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, 46.3% of all close contacts that were eligible for follow-up were reached within 24 hours. This equates to 48.1% of those successfully reached being reached within 24 hours.
 - From the time positive cases were referred to the contact tracing system, 74.4% of all close contacts that were eligible for follow-up

were reached within 48 hours. This equates to 77.4% of those successfully reached being reached within 48 hours.

- In total, since 21 June 2020:
 - Of the 174,592 positive cases that were eligible for follow-up, 174,054 (99.7%) were reached and asked to provide details of their recent contacts
 - Of the 380,352 close contacts that were eligible for follow-up, 360,706 (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 29 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.

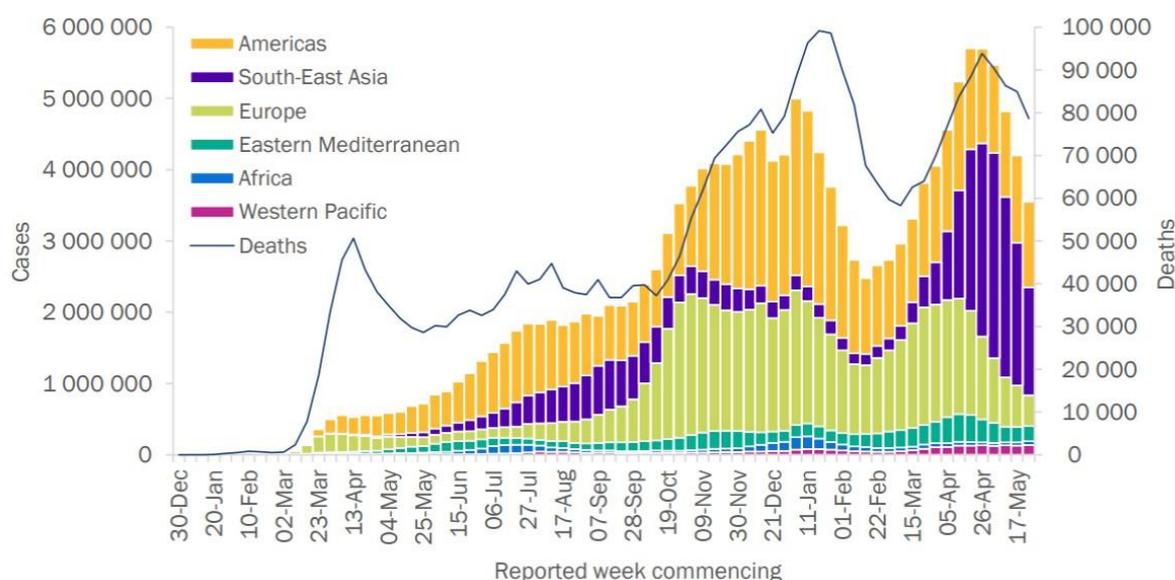


Figure: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 1 June 2021 Source: [WHO](#)

- 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).

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

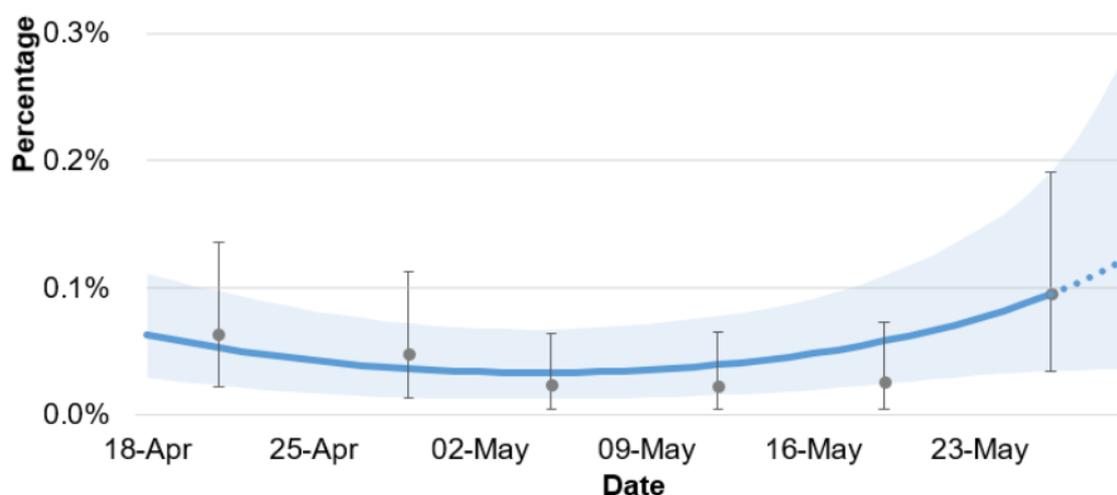
- The latest estimates for Wales from the Coronavirus (COVID-19) Infection Survey (CIS) have been published on the [Welsh Government statistics and research web pages](#) and the [Office for National Statistics website](#). The results include estimates for the number and proportion of people in Wales that had COVID-19 in the latest week, 23 May to 29 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 estimates of incidence are published this week as additional checks are being carried out due to low positivity rates.

Latest estimates and recent trends:

- There are early signs of an increase in the percentage of people testing positive in the most recent week in Wales.
- For the week of 23 to 29 May 2021 it is estimated that 0.10% of the community population had COVID-19 (95% credible interval: 0.03% to 0.19%).
- This equates to around 1 in 1,050 individuals (95% credible interval: 1 in 2,910 to 1 in 520), or an estimated 2,900 people in total (credible interval: 1,000 to 5,800).
- As positivity rates are currently low in Wales, 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.

- Since the estimates are based on a relatively low number of positive tests, there is some uncertainty and the results should be interpreted with caution. Continued publication of official estimates will be determined by the ability to produce credible estimates.
- Please note that there is a greater lag in data from the infection survey than from other sources such as [Public Health Wales](#).

Official estimates of the percentage of the population in Wales testing positive for COVID-19 on nose and throat swabs since 18 April 2021



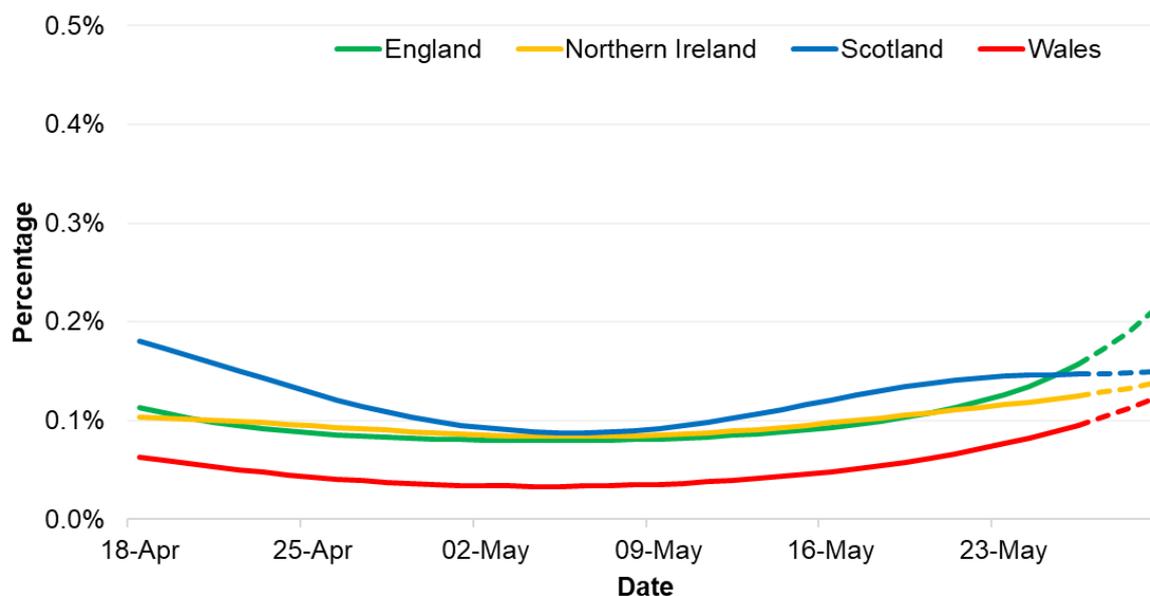
Source: Coronavirus (COVID-19) Infection Survey, ONS

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

Latest estimates for the UK countries

- At the midpoint of the most recent week (23 to 29 May 2021), the estimated percentage of the community population with COVID-19 remained low across the UK, ranging from 0.10% in Wales to 0.16% in England.
- However the percentage of people testing positive in England has increased in the most recent week. Rates have likely increased in the last two weeks in Scotland, though the trend is uncertain in the most recent week.
- There is some uncertainty around the individual point estimates for the nations. Estimates for the last few days of the series, shown as dashed lines in the chart below, have more uncertainty.

Positivity rates (%) across UK countries since 18 April 2021



Source: Coronavirus (COVID-19) Infection Survey, ONS, 02/06/21

Positivity rates (%) across UK countries for the week 23 to 29 May 2021

	Positivity rates (95% Confidence Interval)		
Wales	0.10% (0.03 to 0.19)	1 in 1,050 people (1 in 2,910 to 1 in 520)	2,900 people (1,000 to 5,800)
England	0.16% (0.13 to 0.19)	1 in 640 people (1 in 760 to 1 in 540)	85,600 people (71,900 to 100,900)
Scotland	0.15% (0.08 to 0.24)	1 in 680 people (1 in 1,270 to 1 in 420)	7,700 people (4,100 to 12,500)
Northern Ireland	0.12% (0.04 to 0.26)	1 in 800 people (1 in 2,290 to 1 in 380)	2,300 people (800 to 4,800)

Source: Coronavirus (COVID-19) Infection Survey, ONS, 02/06/21

ONS: Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK

- Estimates of the prevalence and characteristics of people with self-reported “long COVID”, and associated activity limitation, using UK Coronavirus (COVID-19) Infection Survey data to 2 May 2021 are published [here](#), and include data from Wales.

- The main points are summarised here:
 - Since March 2021, there has been a marked increase in the number of people with self-reported long COVID of at least a year in duration
 - At 2 May 2021, an estimated 1.0 million people living in private households in the UK (1.6%) were experiencing self-reported long COVID, down slightly from 1.1 million (1.7%) at 6 March 2021, as reported in our previous release. Of these 1.0 million people, 862,000 lived in England, 50,000 in Wales, 87,000 in Scotland, and 21,000 in Northern Ireland; these people represented 1.6%, 1.7%, 1.7%, and 1.2% of the respective populations.
 - Fatigue is most commonly reported, followed by shortness of breath, muscle ache and difficulty concentrating.
 - Nearly two thirds experience negative impact on day-to-day activities.
 - Prevalence continues to be highest in people aged 35 to 69 years, females, those living in the most deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability; prevalence was lowest in people of Asian ethnic background.
 - The raised prevalence of self-reported long COVID among health and social care workers compared with those in other sectors was largely explained by other (non-employment) socio-demographic characteristics and the risk of initial infection.
- A further paper, [published here](#), describes data from a large study of US veterans. While acknowledging the limitations associated with the predominantly male study population, it shows that beyond the first 30 days of illness, people with COVID-19 exhibit a higher risk of death and use of health resources with a substantial burden of health loss that spans pulmonary and several extrapulmonary organ systems, shown to be worse in people with more severe disease.

Vaccination in Wales

- Whilst numbers will be higher due to ongoing data entry, as at 22:00 on 6 June 2021 **2,183,455 first doses** (+55,392 since previous report) and **1,249,268 second doses** (+168,106) 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 6 June 2021

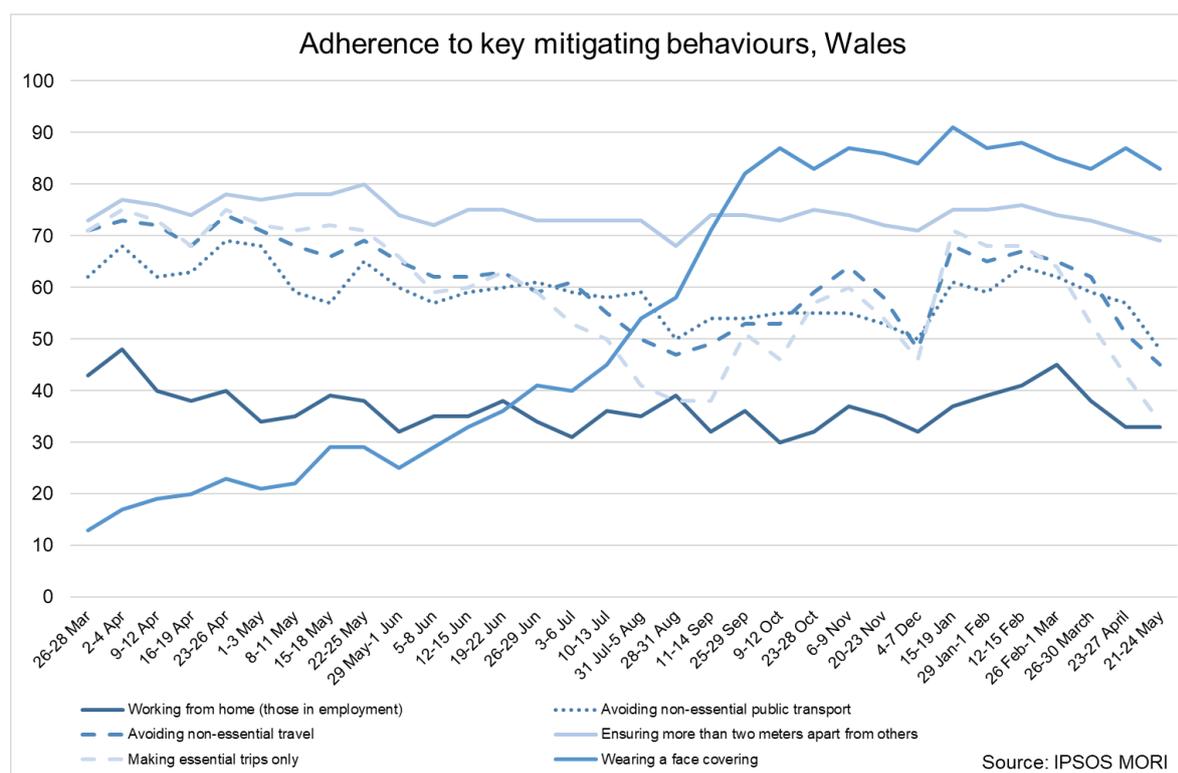
Group	Group size (n)	Received 1st dose (n)	Received 2nd dose (n)	1st dose uptake (%)	2nd dose uptake (%)
Care home residents	14,930	14,628	13,894	98.0%	93.1%
Care home worker	38,108	35,002	31,906	91.8%	83.7%
80 years and older	172,436	165,120	160,012	95.8%	92.8%
Health care worker	142,698	136,156	126,138	95.4%	88.4%
Social care worker		45,471	41,960		
Aged 75-79 years	132,594	128,001	125,003	96.5%	94.3%
Aged 70-74 years	183,232	175,605	172,121	95.8%	93.9%
Clinically extremely vulnerable aged 16-69 years	81,255	76,165	71,659	93.7%	88.2%
Aged 65-69 years	180,295	170,169	162,849	94.4%	90.3%
Clinical risk groups aged 16-64 years	354,920	310,377	217,637	87.4%	61.3%
Aged 60-64 years	205,812	189,349	161,256	92.0%	78.4%
Aged 55-59 years	234,011	210,174	120,595	89.8%	51.5%
Aged 50-54 years	228,314	200,531	90,226	87.8%	39.5%
Aged 40-49 years	393,609	322,555	102,360	81.9%	26.0%
Aged 30-39 years	423,405	299,618	76,397	70.8%	18.0%
Aged 18-29 years	473,493	287,381	60,143	60.7%	12.7%

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

- As reported by [Our World in Data](#) and elsewhere, Wales is currently world-leading with regards to the proportion of population who have received at least one dose of the COVID-19 vaccine, with 69.1% vaccinated as at 6 June.

Adherence and understanding of current measures

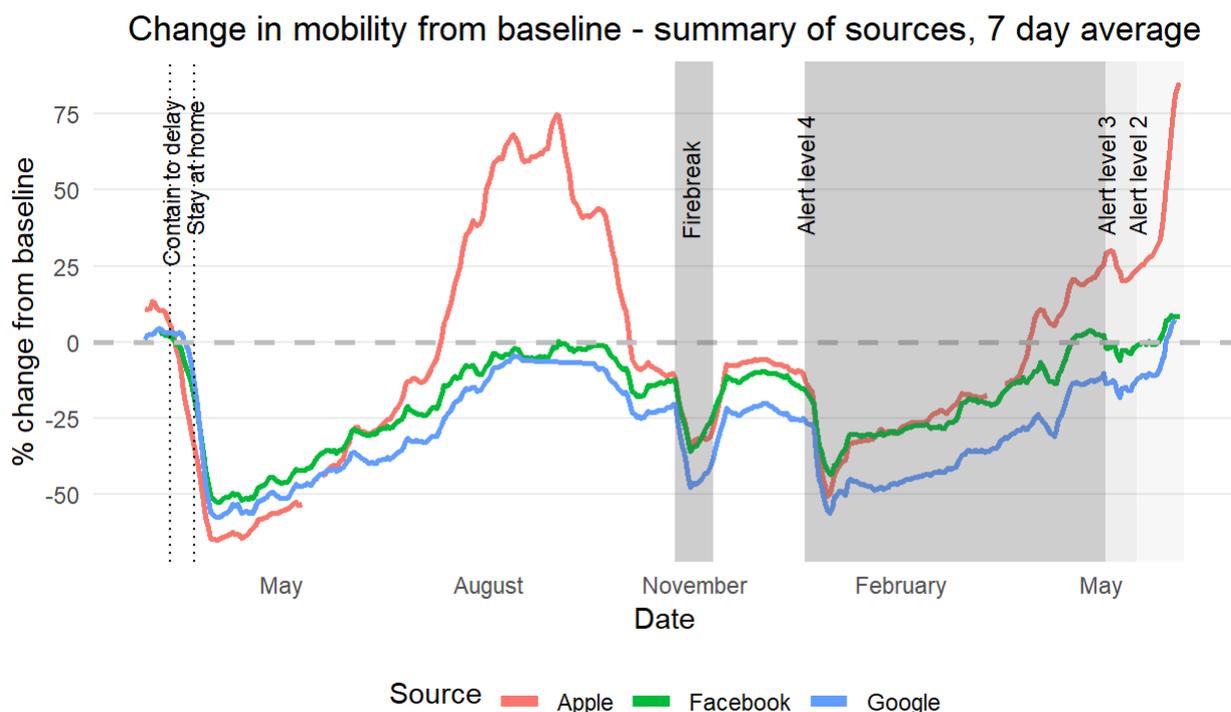
- The data from IPSOS MORI and Public Health Wales are the same as last week.
- The most recent [IPSOS MORI data](#) for the period 21 – 24 May for Wales shows reductions in some categories compared to the last survey wave which was 4 weeks prior (23 – 27 April). Most notably a reduction in those making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

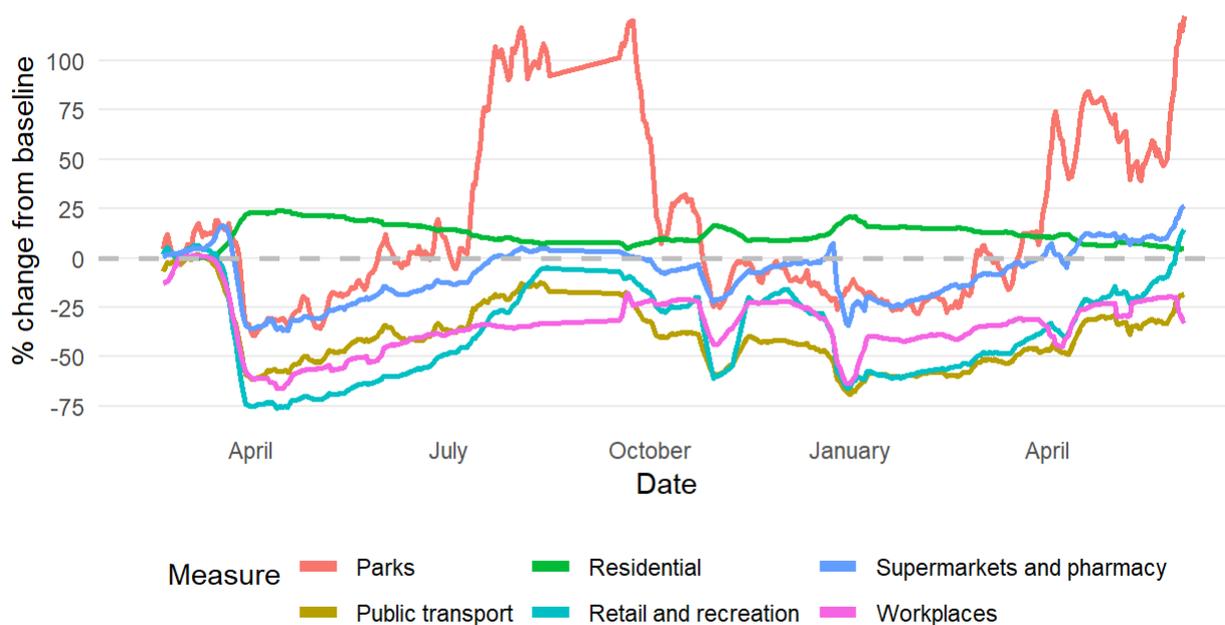
Mobility

- The most recent mobility data shows further increases in the last week. Mobility levels are, in some cases, higher than where they were last summer - and the highest since early March 2020. Note that the baseline for the data is during January-February 2020 and changes are relative to that period. It is not possible determine if mobility is higher/lower than would have been expected prior to the pandemic as data for 2019 or earlier years is not published. The most recent week also covers half term and a bank holiday (for example workplace mobility is lower).



- Mobility of [Facebook](#) users in Wales shows movement was 9% above the baseline for the week to the 05 June. This is higher than the week before (4% above the baseline). The percentage of users staying put (near to home) was 21%, 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 05 June shows that requests for driving directions in Wales were higher than the previous week at 84% above the baseline (up from 44% 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 03 June for residential (i.e people spending time at home) were the same as the week before at 5% above the baseline. Workplaces fell relative to the baseline by 13 percentage points (at 33% below the baseline). Retail & recreation mobility was up from the previous week (14% above the baseline, up from 7% below) and supermarkets & pharmacy also increased (27% above the baseline, up from 12% 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 16 – September 10 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 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 3 June)

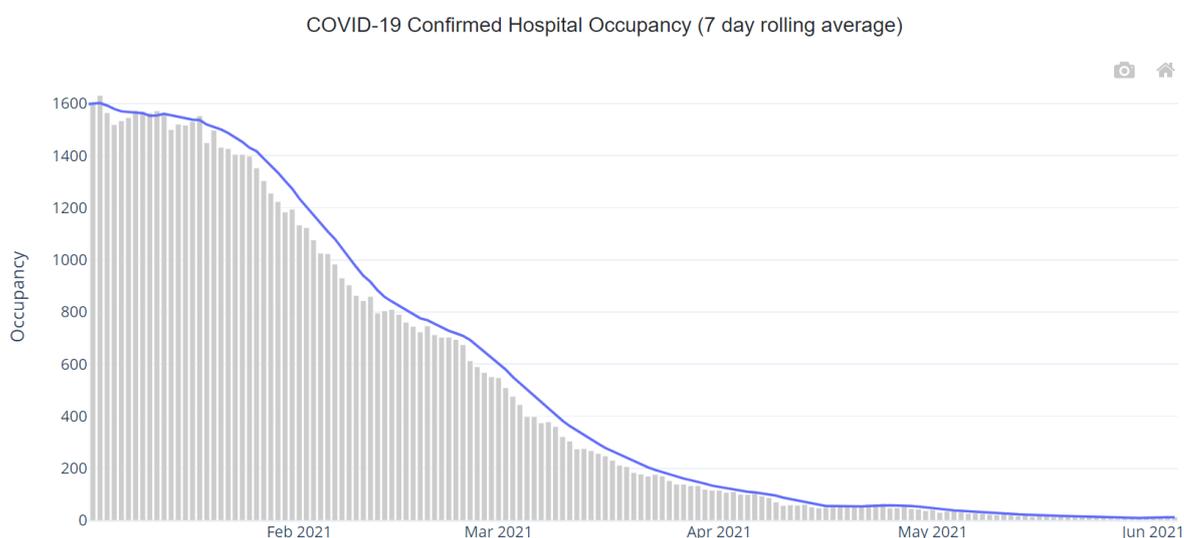
- The proportion of calls to NHS 111 and NHS Direct related to possible COVID-19 symptoms have **increased** compared to the previous week.
- Overall GP consultations for any Acute Respiratory Infection (ARI) have decreased in the most recent week while suspected COVID consultations have remained **stable**.
- 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 21.
- 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 18-25.
- At a national level, confirmed case admissions to hospitals and confirmed cases who are inpatients in hospital have **decreased** compared to the

previous week. However, in the most recent week, admissions to critical care wards slightly **increased**.

- 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.
- The number of incidents logged in Tarian decreased in the most recent week.
- Influenza is not currently circulating in Wales. However, in recent weeks there has been an increase in the non-COVID-19 causes of ARI, with small numbers of RSV cases being detected in children.

NHS Capacity (occupancy, discharges and admissions)

- **Overall, NHS COVID-19 occupancy, discharges and admissions has continued to reduce or remain stable during the 7 day period ending 4 June.**
- The figure below shows the hospital occupancy of confirmed COVID-19 positive patients for the last 6 months (7 day rolling average, as at 4 June. For the most recent 7 day period the average weekly COVID-19 confirmed hospital occupancy was **13**, an **increase of 2** from the previous period.



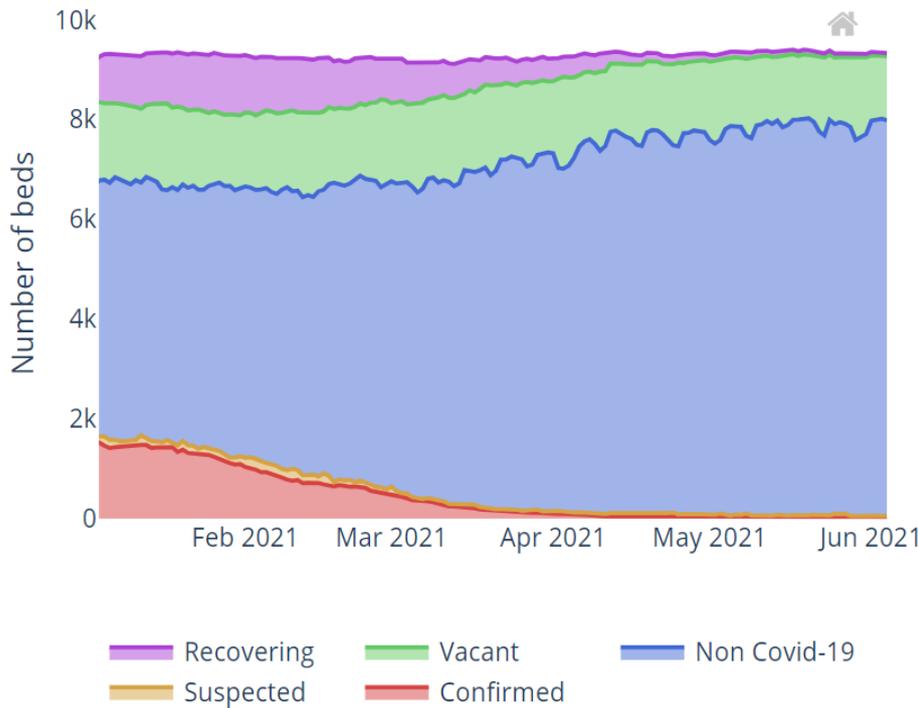
- The Figure below shows the COVID-19 Confirmed Invasive Ventilated Bed Occupancy (7 day rolling average, as at 4 June). For the most recent 7 day period, average ICU occupancy remains stable at **1**, the same as the previous period.

StatsWales Invasive ventilated bed occupancy of suspected and confirmed COVID-19 positive patients (7 day rolling average)



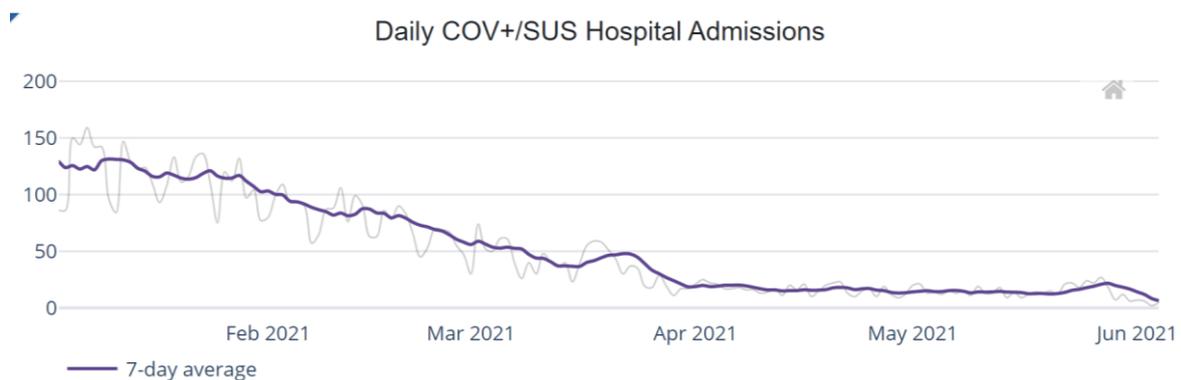
- As at 2 June 2021, 64 people are recovering in hospital from COVID-19, a 14% reduction from the previous week.

StatsWales NHS Wales Hospital Beds Capacity [🔗](#)

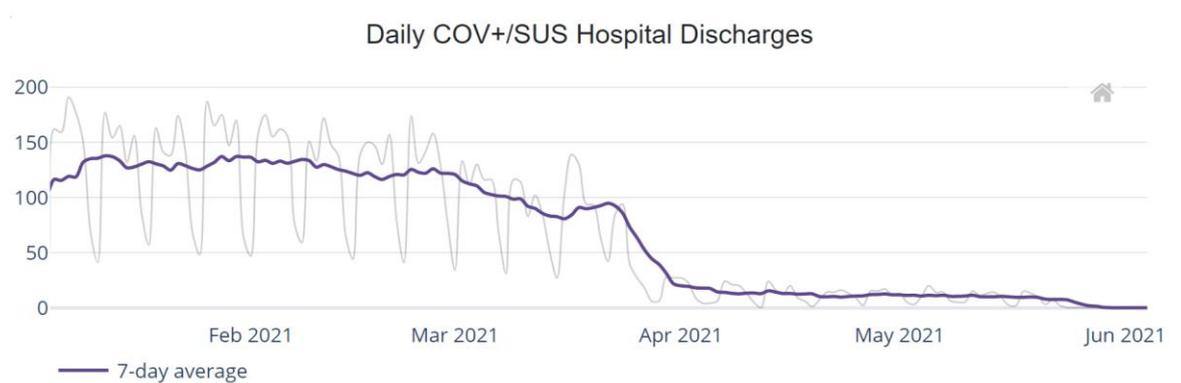


- The Figure below shows the 7-day average number of **hospital admissions** of people who are suspected (SUS) or confirmed as having COVID-19 (COV+) as at 4 June. For the most recent 7 day period the average COVID-19 confirmed and suspected hospital admissions was **6.3**, a **67% decrease** from the previous period.

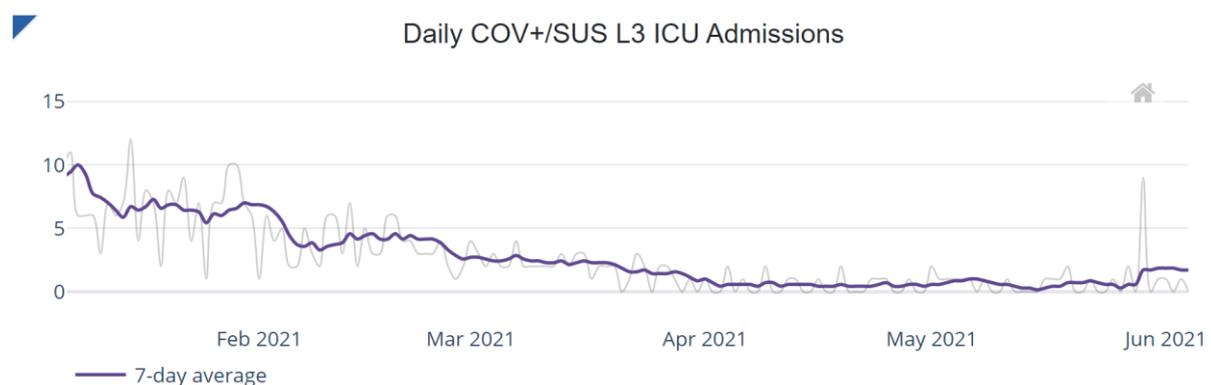
- The purple line represents the total number over a rolling 7 day average, whilst the fainter grey lines show the actual figures at that time.



- The Figure below shows the 7-day average number of **hospital discharges** of people who are suspected or confirmed as having COVID-19 as at 4 June. For the most recent 7 day period the average daily hospital discharges was 0, a **decrease of 1** 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 **1.7, an increase from 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.

