COVID19; Update for Cabinet

November 2020

Based on data available on 9th November 2020

Ruth Harrell, Director of Public Health

Context; What we are doing IS working!

- Without intervention, R is about 3, doubling time about 4 days

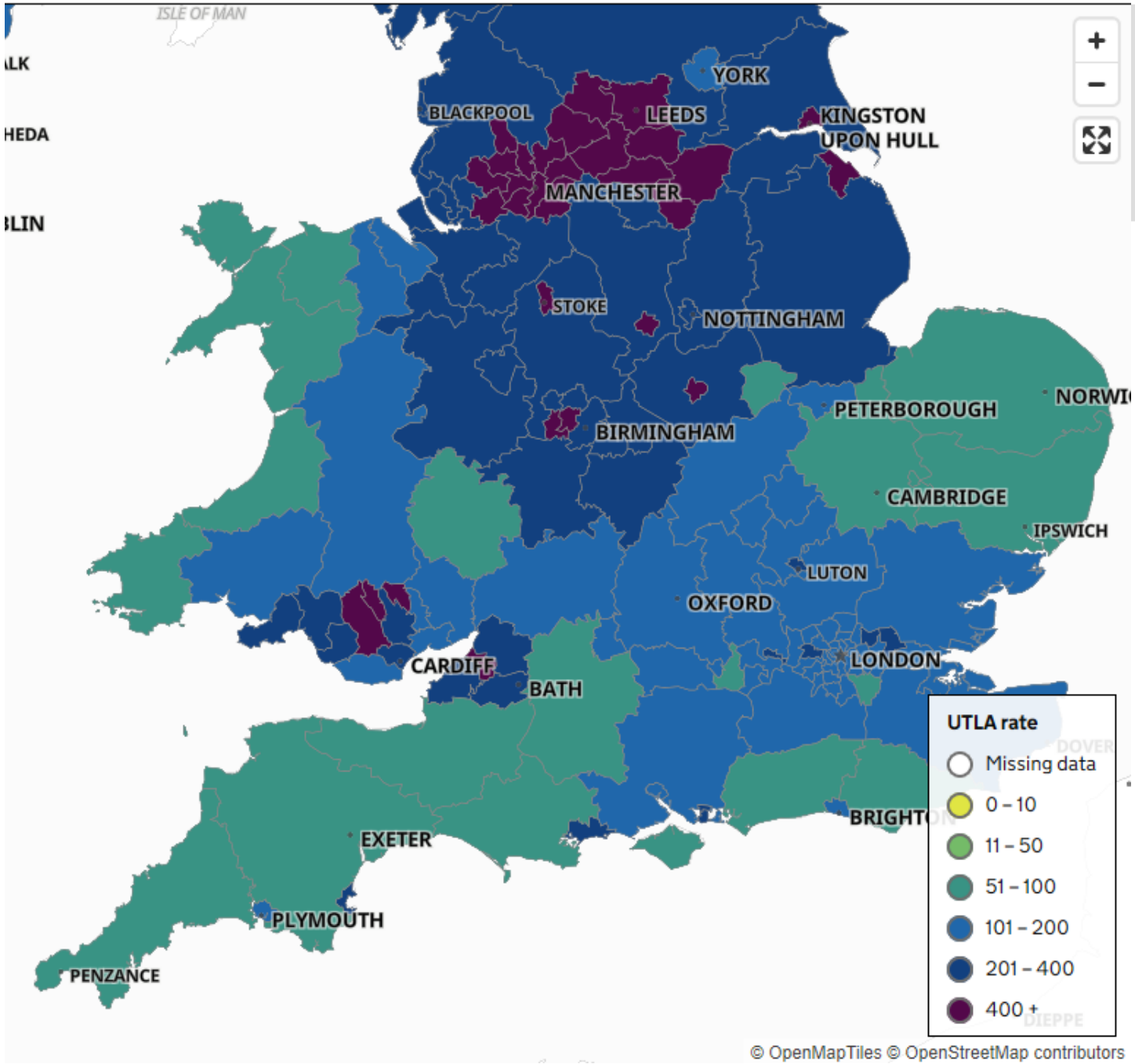
- Lockdown worked; R dropped to well below 1, cases dropped, deaths stopped.

- So what went wrong?

The lockdown has been loosened too much; too many contacts, not enough mitigations in place.

The balance is not right.

- R has increased to above 1; cases are doubling every 2 weeks (or slightly less)



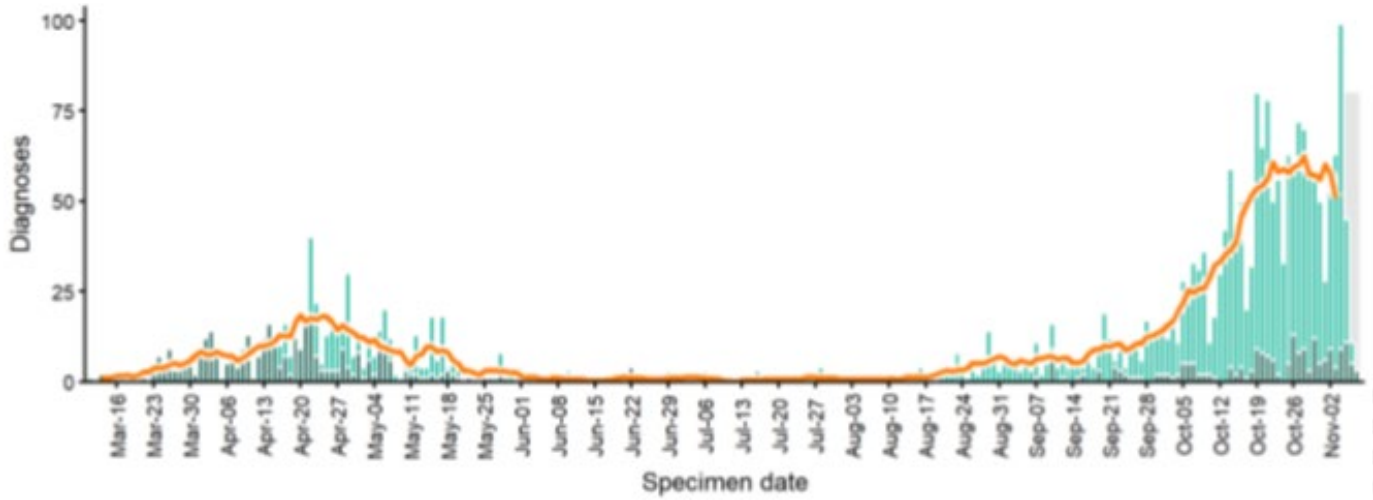
PLYMOUTH CITY COUNCIL

Increased COVID19 rates are associated with;

- Source(s) of infection
- High population density
- Urban deprivation
- Barriers to following guidance

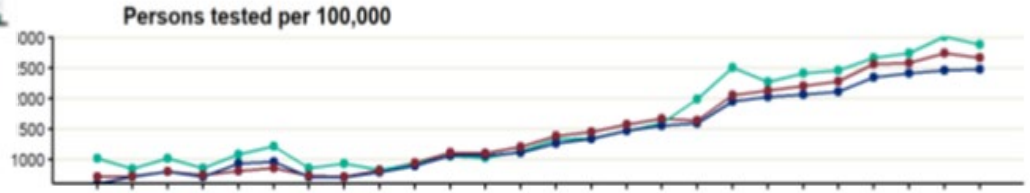
Cases in Plymouth

Epidemic curve of daily confirmed COVID-19 cases over time in Plymouth, by specimen date *4 most recent days subject to reporting delay - indicated by grey background*

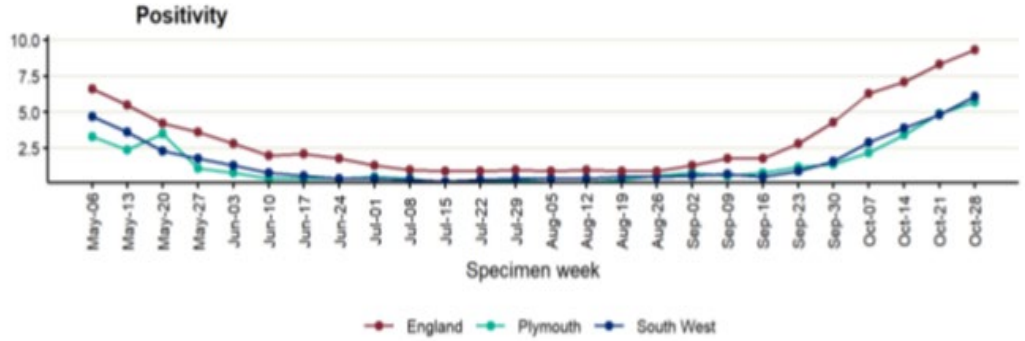


TESTING
Numbers of daily persons tested for COVID-19 cases over time in Plymouth, by specimen date *4 most recent days subject to reporting delay - indicated by grey background*

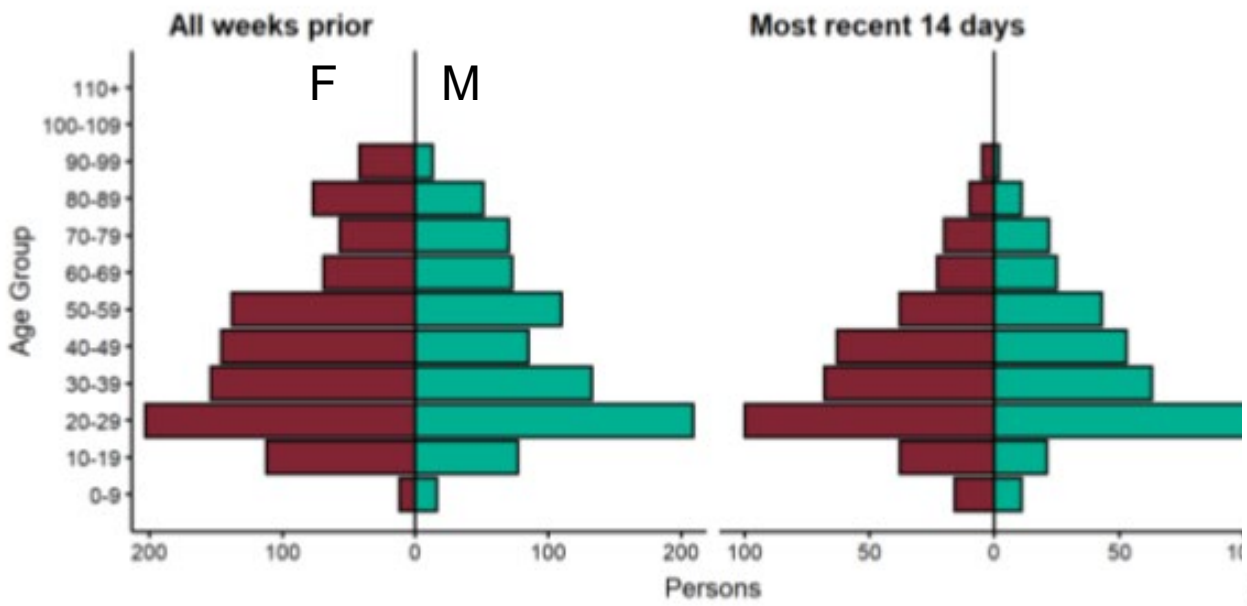
We have good levels of testing, slightly above the England average
It is not increased testing that is driving our rise



Rates
You can't compare directly the first and second wave as testing increased so much since then.
But there has been a very clear increase since late summer. You can see this by the proportion of all tests that are positive which has risen
is very clear that we are in a different situation now compared to the summer.



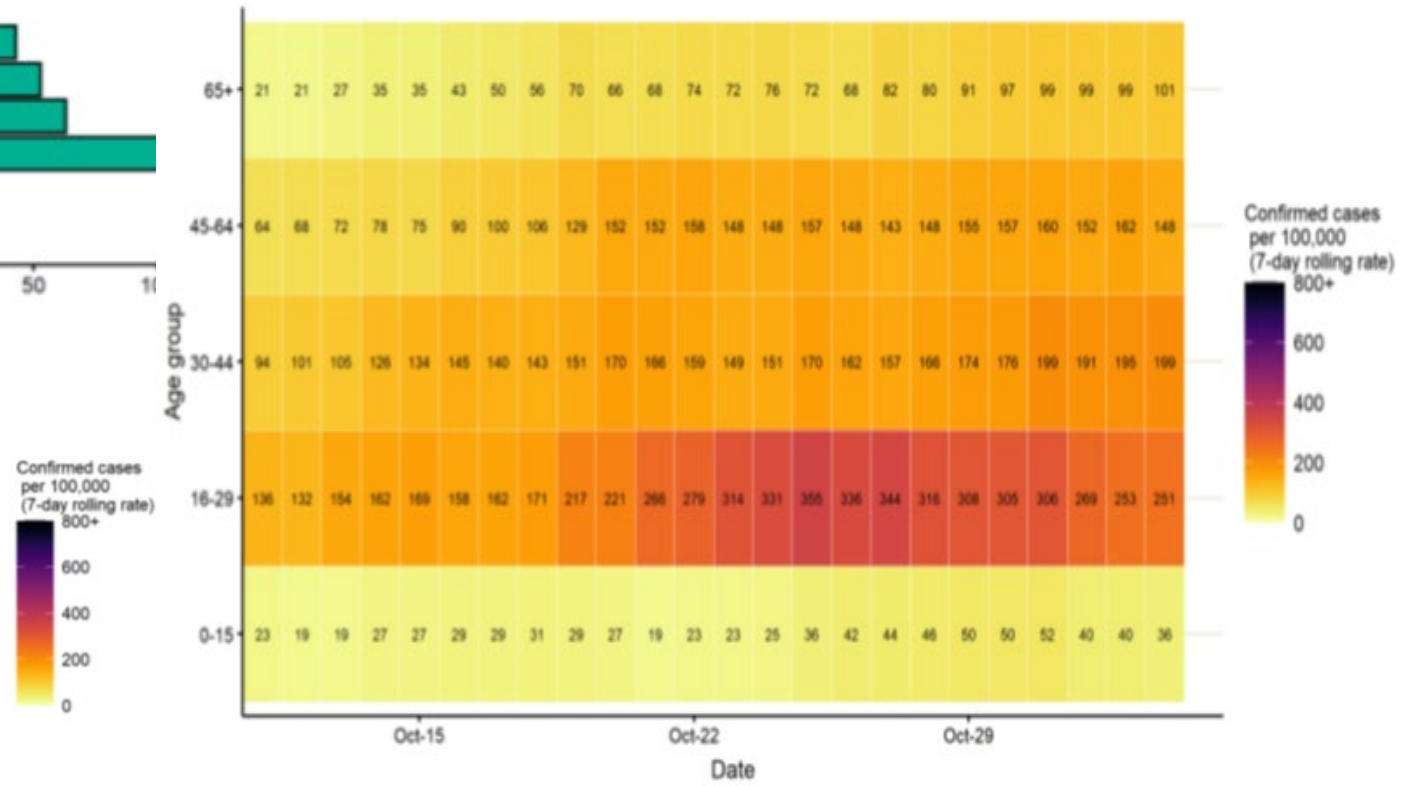
Age affected



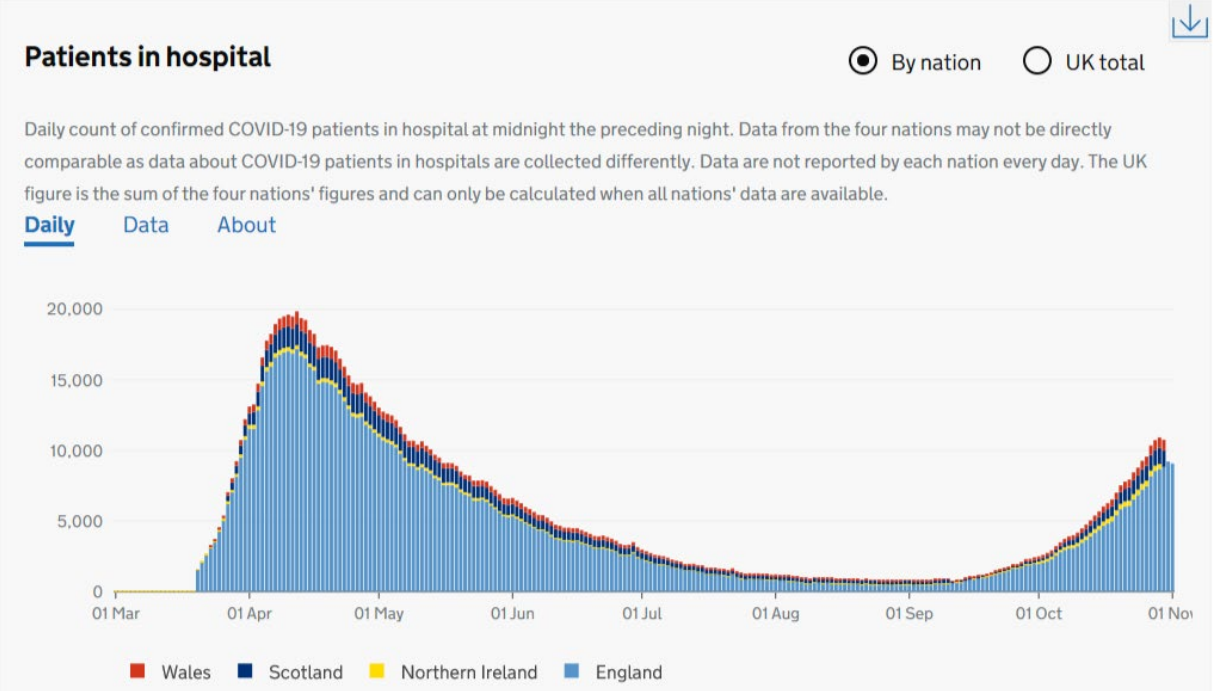
It will spread into older age groups.
This is already clear in Plymouth and there is plenty of evidence from higher rate areas in England that this will continue.
This will then drive hospital admissions and deaths (hopefully at a lower ratio than the first wave)

Currently mainly younger people are affected.
They have a milder form of the disease – usually – and are less likely to be admitted to hospital.
Though impacts of Long Covid not fully known

However, rates in over 60's are growing

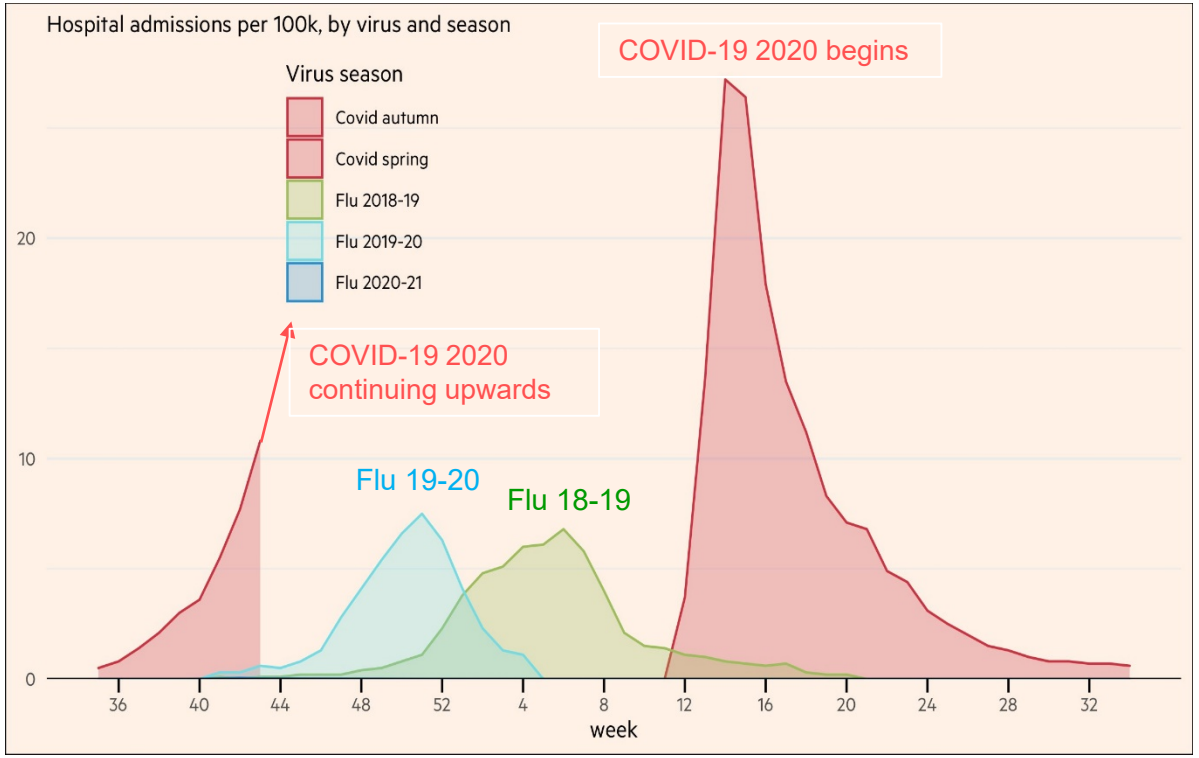


Patients in hospital; national data



https://coronavirus.data.gov.uk/healthcare

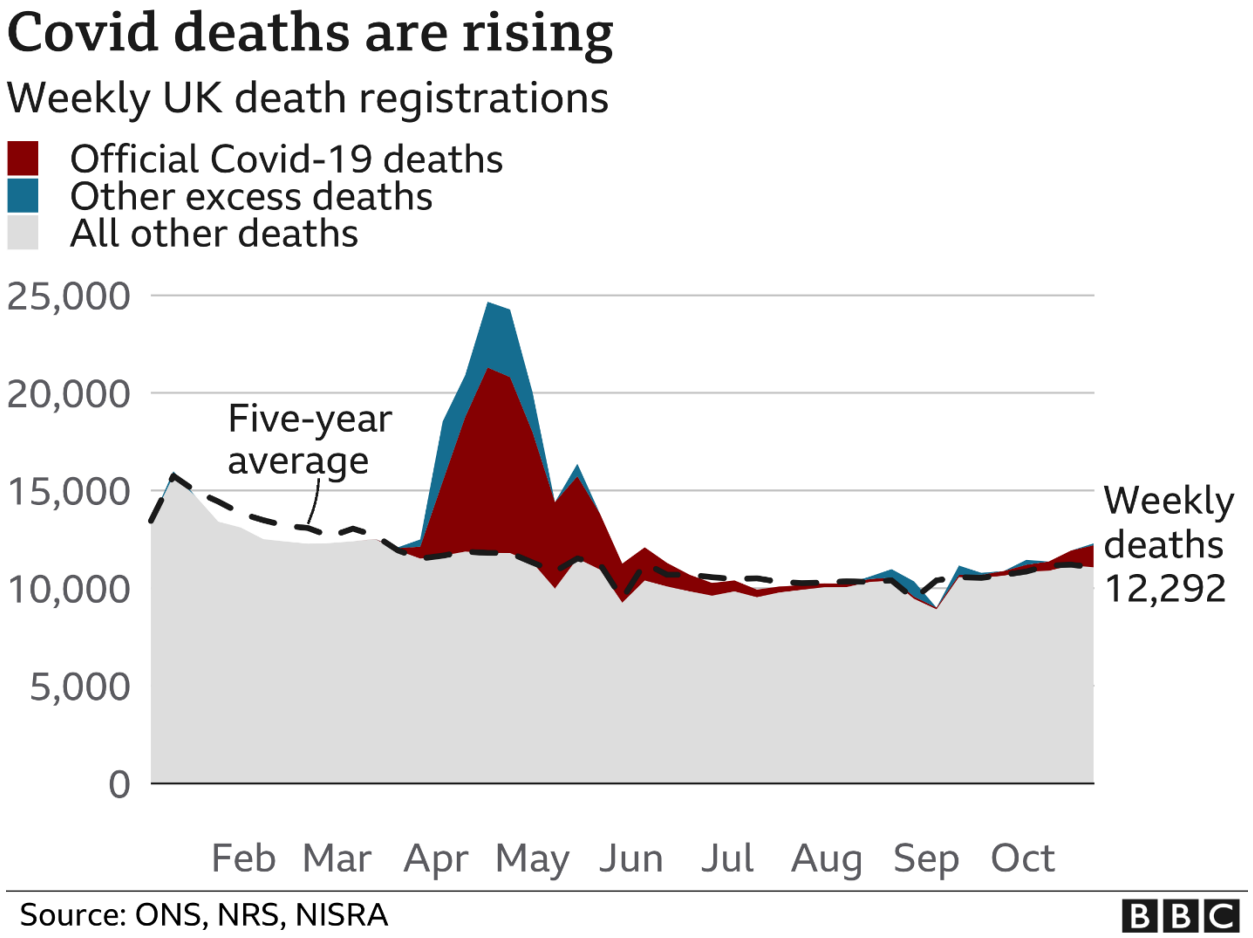
To get an idea of the comparison to flu, consider the graph to the right which shows flu admissions for 19-20 and 18-19, compared to COVID19.
This explains why the figures we see for COVID19 are so much more of a concern for hospital capacity than 'flu.



This axis represents a year, it starts in mid-August so 'flu season (winter) is roughly in the centre

John Burn-Murdoch FT
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862141/PHE_Influenza_Surveillance_graphs_2019_2020_week_5.pdf

Excess Deaths; national data



Before COVID-19 hit, deaths were below the 5-year average.

Since the start of the pandemic, there have been 55,311 COVID-19 deaths registered in England and Wales, up to 23 October 2020

Though figures dropped off during the summer, they have been rising again; deaths involving COVID-19 increased for the seventh consecutive week

There is approximately a three- week lag between the number of cases, and death rates and so even with the lockdown, deaths will continue to increase.

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending16october2020