SPI-M-O

Medium-Term Projections

15th September 2021
SPI-M-O Medium-term Projections

- These projections are not forecasts or predictions. They represent a scenario in which the trajectory of the epidemic continues to follow the trends that were seen in the data up to 13th September.
- The delay between infection, developing symptoms, the need for hospital care, and death means they cannot fully reflect the impact of policy and behavioural changes made in the two to three weeks prior to 13th September.
- **The projections do not include the effects of any future policy or behavioural changes.** The effect of school opening and closing has been included.
- **The projections include the impact of vaccines given over the next three weeks.** This has been based on a rollout scenario provided by Cabinet Office for modelling purposes. The rollout of these doses will have limited impact over this timescale, given lags between vaccination and protection, and between infection and hospital admission.
- The projections assume future uptake in the over 30-year olds is based on the number of vaccines given to date and future weekly uptake in those aged 30 and under is based on the number of first doses administered in the previous week.
- Modelling groups have used their expert judgement and evidence from Public Health England, Scottish Universities & Public Health Scotland, and other published efficacy studies when making assumptions about vaccine effectiveness. A table summarising these assumptions is available in the annex.
- Not all modelling groups produce projections for both hospitalisations and deaths so there will be some differences between the models included in the combined projections for each metric.

**Metrics:**
- **New hospitalisations per day:** Number of individuals admitted with COVID-19 and inpatients newly diagnosed with COVID-19. Data definitions differ slightly across all four nations.
- **New deaths per day (by date of death):** The number of COVID-19 deaths within 28 days of a positive test. Data definitions differ slightly across all four nations.
Modelled projections based on trends to 13th September 2021

New hospital admissions per day

These projections are based on current trends and will not fully reflect the impact of policy or behavioural changes over the past two to three weeks. They are not forecasts or predictions.

ENGLAND

WALES

SCOTLAND

NORTHERN IRELAND

Data notes:

England: Number of patients admitted with confirmed COVID-19 and the number of inpatients diagnosed with COVID-19 in the past 24 hours. Taken from NHSE COVID-19 Situation reports.


Scotland: Number of patients who tested positive for COVID-19 in the 14 days prior to admission, on the day of admission, or during their stay in hospital. Readmissions within 14 days of a positive test are excluded. Provided by Public Health Scotland.

Northern Ireland: Number of patients admitted with confirmed COVID-19 and inpatients diagnosed with COVID-19. Provided by Health and Social Care Northern Ireland.

Key

- Real data
- Expected to increase
- Projection Midpoint
- High and low estimates
- Models

The fan charts show the 90% credible interval and interquartile range of the combined projections based on current trends.

The delay between infection, developing symptoms, the need for hospital care, and death means they cannot fully reflect the impact of policy or behavioural changes in the two to three weeks prior to 13th September. Predicting the peak of the epidemic in a particular nation or region is difficult and prone to large levels of uncertainty. The projections do not include the effects of any future policy or behavioural changes.

These projections include the potential impact of vaccines to be given over the next three weeks. This has been based on a rollout scenario provided by Cabinet Office for modelling purposes; with uptake in the over 30-year olds based on the number of vaccines given to date and future weekly uptake in those aged 30 and under based on the number of first doses administered in the previous week. These doses will have a limited impact over this timescale, given lags between vaccination and protection, and between infection and hospital admission.
**Modelled projections based on trends to 13\textsuperscript{th} September 2021**

**New hospital admissions per day**

These projections are based on current trends and will not fully reflect the impact of policy or behavioural changes over the past two to three weeks. They are not forecasts or predictions.

![Graphs of hospital admissions per day for different regions](https://via.placeholder.com/150)

- **EAST OF ENGLAND**
- **LONDON**
- **MIDLANDS**
- **NORTH EAST AND YORKSHIRE**
- **NORTH WEST**
- **SOUTH EAST**
- **SOUTH WEST**

The fan charts show the 90\% credible interval and interquartile range of the combined projections based on current trends.

The delay between infection, developing symptoms, the need for hospital care, and death means they cannot fully reflect the impact of policy or behavioural changes in the two to three weeks prior to 13\textsuperscript{th} September. Predicting the peak of the epidemic in a particular nation or region is difficult and prone to large levels of uncertainty. The projections do not include the effects of any future policy or behavioural changes.

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**Data notes:**

England: Number of patients admitted with confirmed COVID-19 and the number of inpatients diagnosed with COVID-19 in the past 24 hours. The past data is taken from the NHS England COVID-19 Sitreps.
Modelled projections based on trends to 13th September 2021

New deaths per day

These projections are based on current trends and will not fully reflect the impact of policy or behavioural changes over the past two to three weeks. They are not forecasts or predictions.

The fan charts show the 90% credible interval and interquartile range of the combined projections based on current trends.

The delay between infection, developing symptoms, the need for hospital care, and death means they cannot fully reflect the impact of policy or behavioural changes in the two to three weeks prior to 13th September. Predicting the peak of the epidemic in a particular nation or region is difficult and prone to large levels of uncertainty. The projections do not include the effects of any future policy or behavioural changes.

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Data Notes:
The number of COVID-19 deaths (by date of death) within 28 days of a positive test.
The past data for England is taken from the PHE line list of deaths. The past data for Scotland, Wales, and Northern Ireland is taken from the Coronavirus (COVID-19) in the UK dashboard on Gov.uk.
Modelled projections based on trends to 13th September 2021

New deaths per day

These projections are based on current trends and will not fully reflect the impact of policy or behavioural changes over the past two to three weeks. They are not forecasts or predictions.

Data Notes:
The number of COVID-19 deaths (by date of death) within 28 days of a positive test.
The past data for England is taken from the PHE line list of deaths.

Key
- Real data
- Expected to Increase
- Projection Midpoint
- High and low estimates 95th percentile
- High and low estimates 25th to 75th percentile
- Models

The fan charts show the 90% credible interval and interquartile range of the combined projections based on current trends.

The delay between infection, developing symptoms, the need for hospital care, and death means they cannot fully reflect the impact of policy or behavioural changes in the two to three weeks prior to 13th September. Predicting the peak of the epidemic in a particular nation or region is difficult and prone to large levels of uncertainty. The projections do not include the effects of any future policy or behavioural changes.

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Annex: SPI-M-O Vaccine Effectiveness Assumptions

Table 1: Vaccine reduction in risk of hospitalisation or death [3]

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</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>1 Dose</td>
<td>85%</td>
<td>75%</td>
<td>90%</td>
<td>90%</td>
<td>78%</td>
<td>80%</td>
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<tr>
<td></td>
<td>2 Doses</td>
<td>95%</td>
<td>75%</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
<td>95%</td>
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<tr>
<td>Oxford-AstraZeneca</td>
<td>1 Dose</td>
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<td>75%</td>
<td>81%</td>
<td>81%</td>
<td>78%</td>
<td>80%</td>
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<tr>
<td></td>
<td>2 Doses</td>
<td>95%</td>
<td>75%</td>
<td>95%</td>
<td>94%</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>Moderna</td>
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<td>85%</td>
<td>75%</td>
<td>90%</td>
<td>90%</td>
<td>78%</td>
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<td></td>
<td>2 Doses</td>
<td>95%</td>
<td>75%</td>
<td>98%</td>
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<td>95%</td>
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Table 2: Vaccine reduction in risk of infection [3]

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<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>1 Dose</td>
<td>33%</td>
<td>75%</td>
<td>56%</td>
<td>31%</td>
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<tr>
<td></td>
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<td>85%</td>
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<td>80%</td>
<td>80%</td>
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<tr>
<td>Oxford-AstraZeneca</td>
<td>1 Dose</td>
<td>33%</td>
<td>75%</td>
<td>34%</td>
<td>31%</td>
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<tr>
<td></td>
<td>2 Doses</td>
<td>58%</td>
<td>75%</td>
<td>64%</td>
<td>80%</td>
</tr>
<tr>
<td>Moderna</td>
<td>1 Dose</td>
<td>33%</td>
<td>75%</td>
<td>56%</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>2 Doses</td>
<td>85%</td>
<td>75%</td>
<td>80%</td>
<td>80%</td>
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</table>

Table 3: Vaccine reduction in onward transmission, in addition to reduction from lower infection risk [3]

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<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>1 Dose</td>
<td>40%</td>
<td>-</td>
<td>45%</td>
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<tr>
<td></td>
<td>2 Doses</td>
<td>40%</td>
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<td>45%</td>
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<tr>
<td>Oxford-AstraZeneca</td>
<td>1 Dose</td>
<td>40%</td>
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<td>2 Doses</td>
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<td></td>
<td>2 Doses</td>
<td>40%</td>
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<td>45%</td>
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[1] Manchester’s model does not split vaccine effectiveness by vaccine type or different doses.
[2] Imperial, Warwick, PHE/Cambridge & Scottish Government’s vaccine effectiveness assumptions are for the B.1.617.2 (delta) variant.
[3] The assumed delay between vaccination and protection varies between 10 and 21 days for dose 1 and between 7 and 21 days for dose 2 across the modelling groups.
[4] The Manchester and PHE/ Cambridge models do not include a reduction in the risk of onwards transmission after receiving either vaccine.