

**SPI-M-O**

# **Medium-Term Projections**

**29<sup>th</sup> 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 27<sup>th</sup> 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 27<sup>th</sup> September.
- Predicting the peak of the epidemic in a particular nation or region is difficult and prone to large levels of uncertainty. Changes in behaviour will impact transmission and alter the trends shown in the projections.
- **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 scenario assumes booster doses are administered according to [JCVI's advice](#). The scenario does not include the recently announced vaccination programme for 12-15 year olds. The continued rollout of doses will have a 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 25-year olds is based on the number of vaccines given to date and future weekly uptake in those aged 25 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 27<sup>th</sup> September 2021

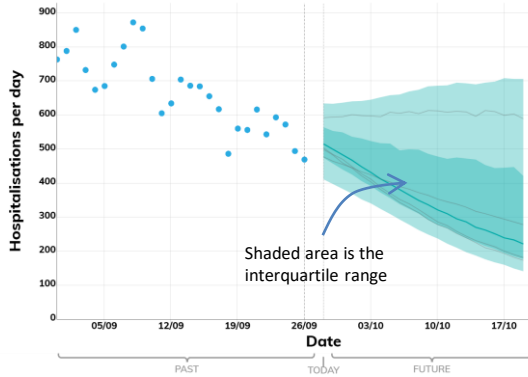
## New hospital admissions per day

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.

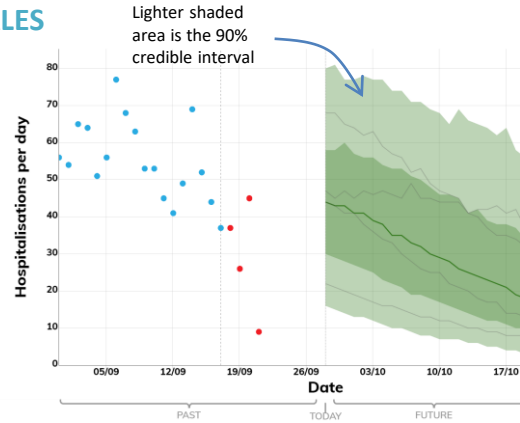
### Key

- Real data
- Expected to Increase
- Projection Midpoint
- High and low estimates 5<sup>th</sup> to 95<sup>th</sup> percentile
- High and low estimates 25<sup>th</sup> to 75<sup>th</sup> percentile
- Models

### ENGLAND



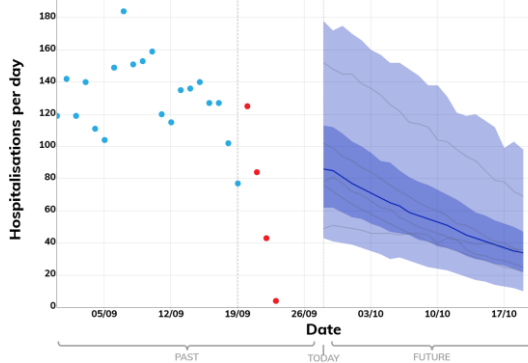
### WALES



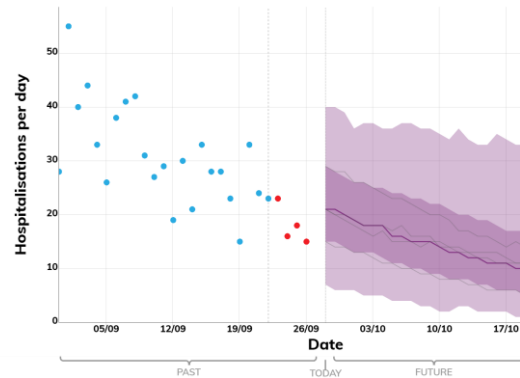
The fan charts show the **90% credible interval and interquartile range** of the combined projections based on current trends.

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 27<sup>th</sup> September. Predicting the peak of the epidemic in a particular nation or region is difficult and prone to large levels of uncertainty. Changes in behaviour will impact transmission and alter the trends shown in the projections. **The projections do not include the effects of any future policy or behavioural changes.**

### SCOTLAND



### NORTHERN IRELAND



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. The rollout scenario assumes booster doses are administered according to [JCVI's advice](#). The scenario does not include the recently announced vaccination programme for 12-15 year olds. The continued rollout of doses will have a limited impact over this timescale, given lags between vaccination and protection, and between infection and hospital admission.

#### 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.

Wales: Number of patients admitted with confirmed COVID-19 and inpatients diagnosed with COVID-19. Provided by Public Health Wales.

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.

# Modelled projections based on trends to 27<sup>th</sup> September 2021

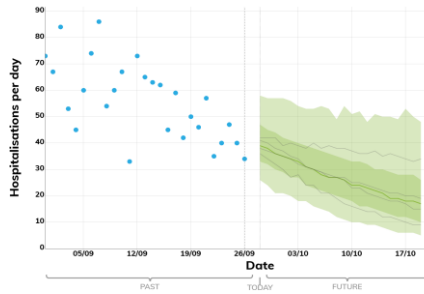
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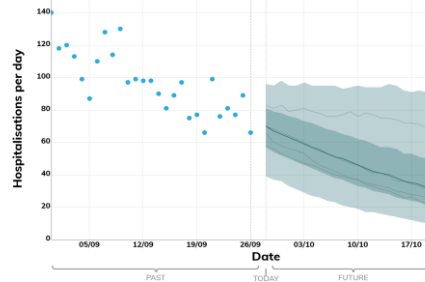
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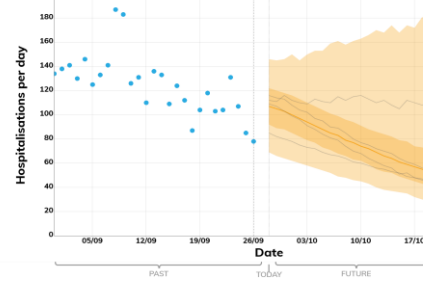
### EAST OF ENGLAND



### LONDON



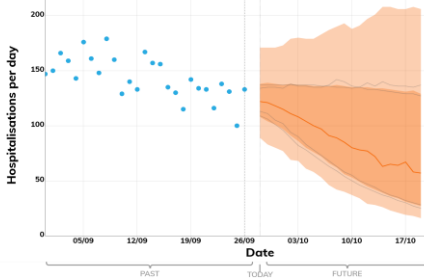
### MIDLANDS



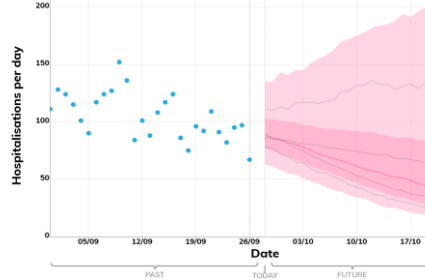
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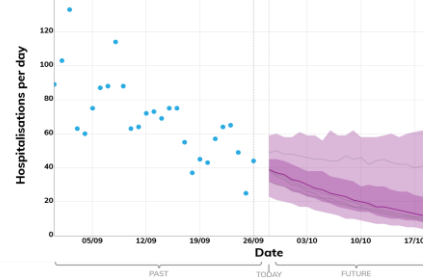
### NORTH EAST AND YORKSHIRE



### NORTH WEST

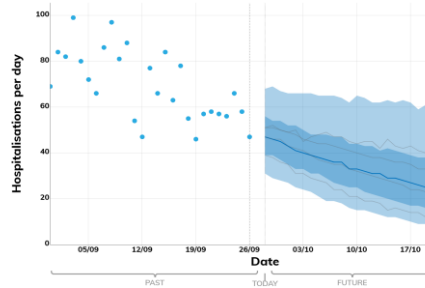


### SOUTH EAST



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### SOUTH WEST



### 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 27<sup>th</sup> September 2021

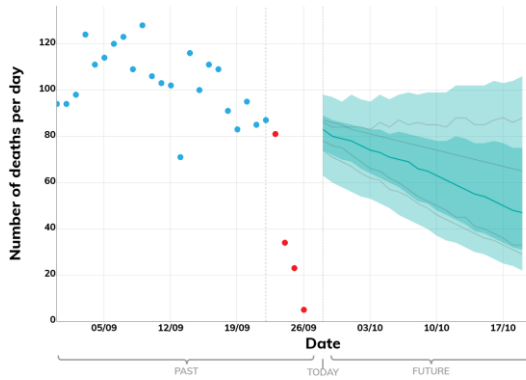
## New deaths per day

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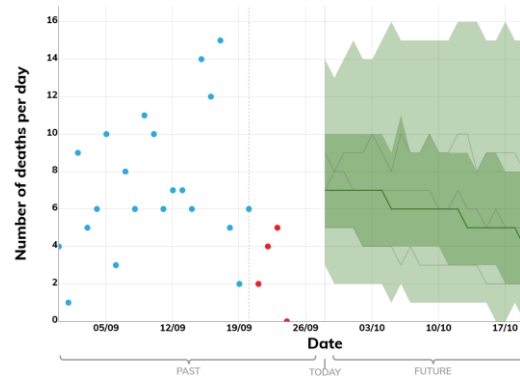
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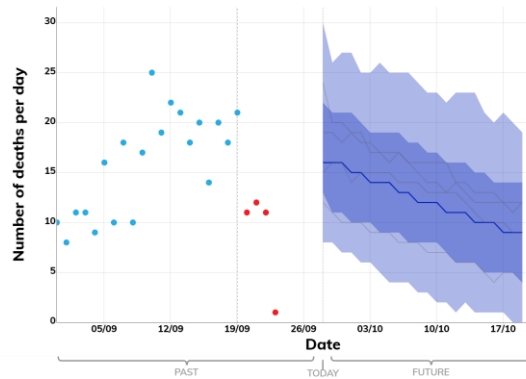
### ENGLAND



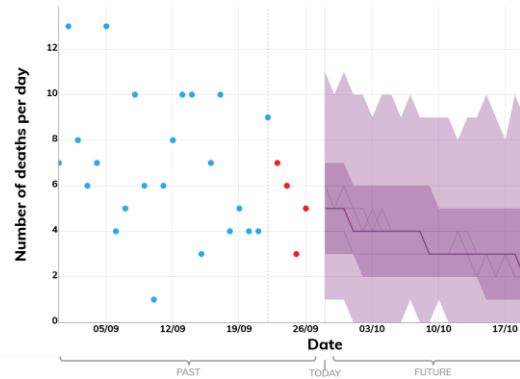
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### SCOTLAND



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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.

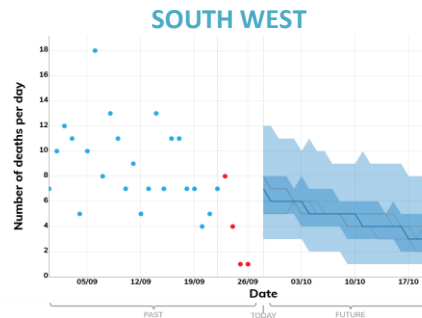
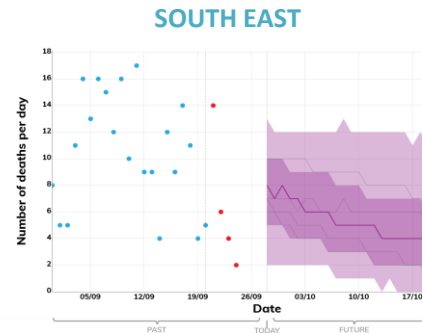
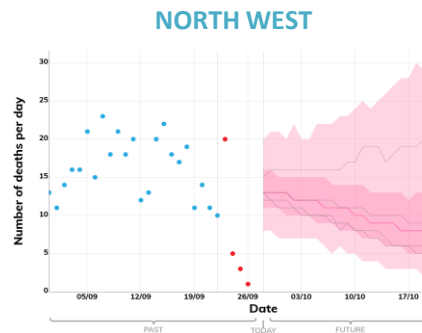
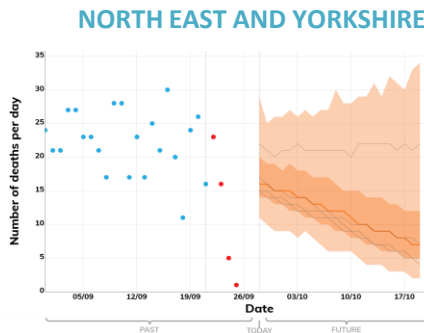
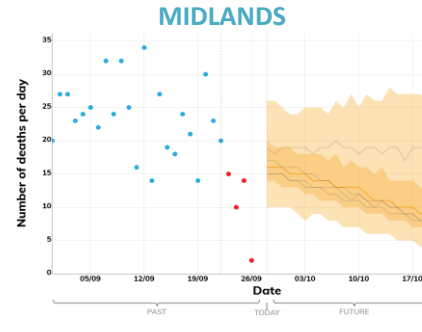
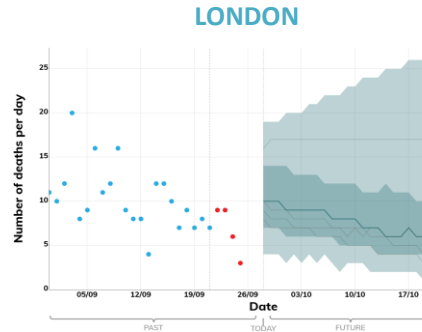
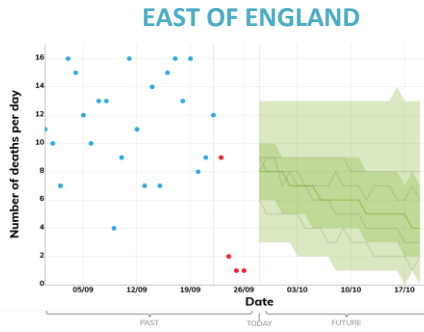
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**Data Notes:**  
The number of COVID-19 deaths (by date of death) within 28 days of a positive test.  
The past data for England is taken from the PHE line list of deaths.

# Annex: SPI-M-O Vaccine Effectiveness Assumptions

		Imperial [2] (Death)	Imperial [2] (Severe disease)	Manchester [1]	Warwick [2,5] (Death)	Warwick [2,5] (Hospitalisation)	PHE/ Cambridge [2]	Scottish Government [2]
Pfizer- BioNTech	1 Dose	85%	85%	75%	90%	90%	78%	80%
	2 Doses	95%	95%	75%	98%	98%	97%	95%
Oxford- AstraZeneca	1 Dose	80%	80%	75%	81%	81%	78%	80%
	2 Doses	95%	90%	75%	95%	94%	97%	95%
Moderna	1 Dose	85%	85%	75%	90%	90%	78%	80%
	2 Doses	95%	95%	75%	98%	98%	97%	95%

		Imperial [2]	Manchester [1]	Warwick [2,5]	PHE/ Cambridge [2]	Scottish Government [2]
Pfizer-BioNTech	1 Dose	33%	75%	56%	31%	55%
	2 Doses	85%	75%	80%	80%	75%
Oxford- AstraZeneca	1 Dose	33%	75%	34%	31%	40%
	2 Doses	58%	75%	64%	80%	65%
Moderna	1 Dose	33%	75%	56%	31%	75%
	2 Doses	85%	75%	80%	80%	85%

		Imperial [2]	Manchester [4]	Warwick [2,5]	PHE/ Cambridge [2,4]	Scottish Government [2]
Pfizer-BioNTech	1 Dose	40%	-	45%	-	29%
	2 Doses	40%	-	45%	-	40%
Oxford- AstraZeneca	1 Dose	40%	-	45%	-	37%
	2 Doses	40%	-	45%	-	44%
Moderna	1 Dose	40%	-	45%	-	29%
	2 Doses	40%	-	45%	-	40%

[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.

[5] Warwick's model considers a range of scenarios for the partial waning of vaccine effectiveness. The results from these scenarios are then combined to form their projection.