

SPI-M-O

Medium-Term Projections

1st December 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 available to 29th November.**
- 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 29th November.
- **These projections do not consider the potential impact of the Omicron variant.** Community transmission of a variant with increased transmissibility relative to Delta, the current dominant strain in the UK, or immune escape properties would significantly alter the medium and long term trajectory of the epidemic.
- **The projections do not include the effects of any future policy or behavioural changes.** The effect of school opening and closing have been included.
- **The course of the epidemic has oscillated in several nations and regions over recent weeks. Producing reliable projections is challenging when the epidemic is fluctuating and trends in different data streams conflict.**
- Predicting the peak of the epidemic in a particular nation or region is difficult and prone to large levels of uncertainty. Any changes in behaviour will impact transmission and alter the trends shown in the projections.
- **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 also includes the vaccination programme for 12 to 15-year olds. It will take time for the continued rollout of doses to impact the epidemic, given lags between vaccination and protection, and between infection and hospital admission.
- Modelling groups have used their expert judgement and evidence from the [UK Health Security Agency](#), [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 29th November 2021

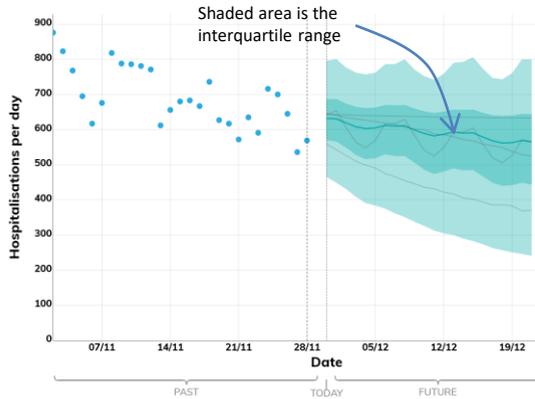
New hospital admissions per day

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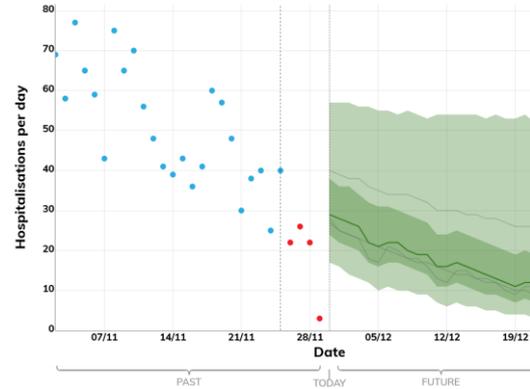
Key

- ● Real data
- ● Expected to Increase
- Projection Midpoint
- High and low estimates 5th to 95th percentile
- High and low estimates 25th to 75th percentile
- Models

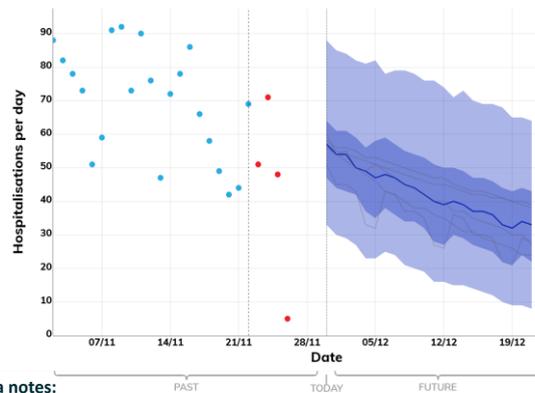
ENGLAND



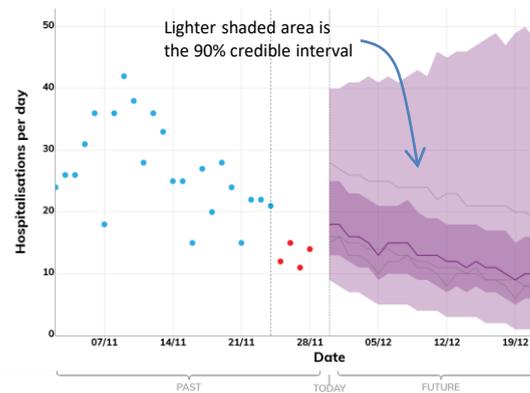
WALES



SCOTLAND



NORTHERN IRELAND



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

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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. 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 29th November 2021

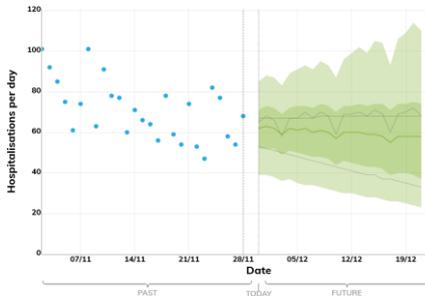
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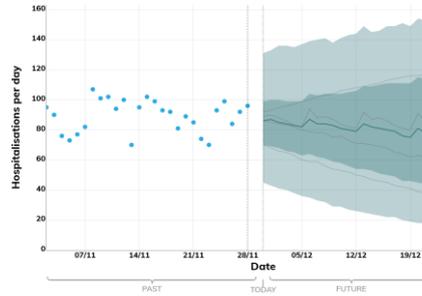
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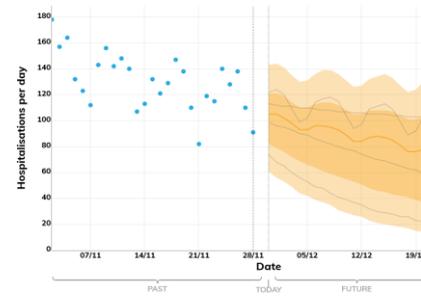
EAST OF ENGLAND



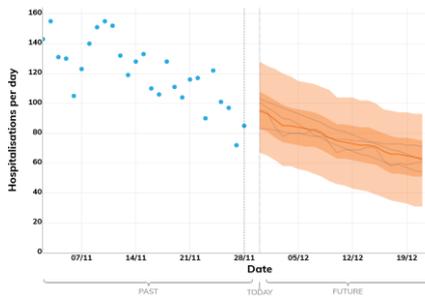
LONDON



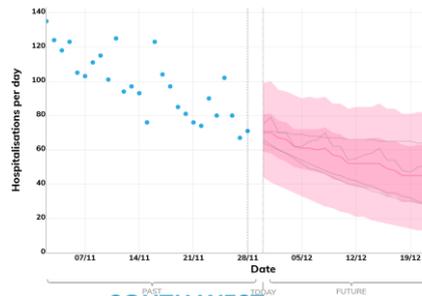
MIDLANDS



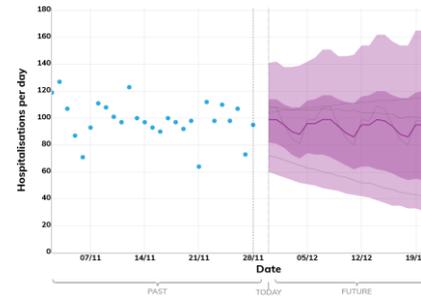
NORTH EAST AND YORKSHIRE



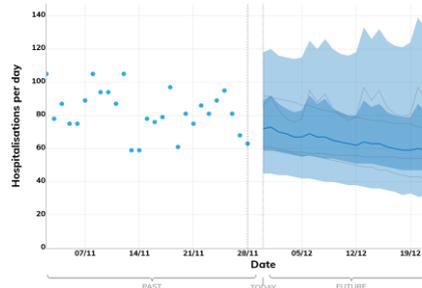
NORTH WEST



SOUTH EAST



SOUTH WEST



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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 29th November 2021

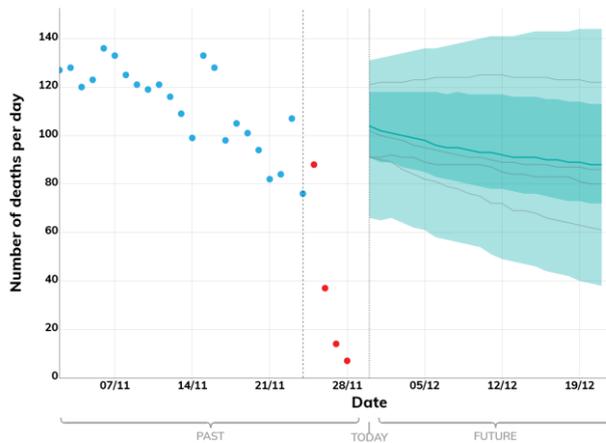
New deaths per day

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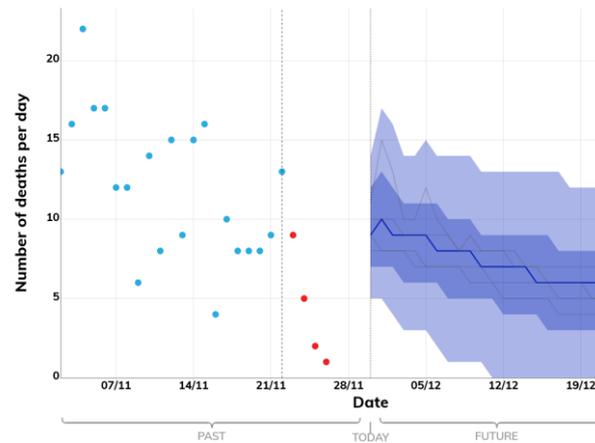
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ENGLAND



SCOTLAND



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Due to an insufficient number of projections, SPI-M-O has been unable to produce consensus projections for deaths in Wales and Northern Ireland this week.

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.

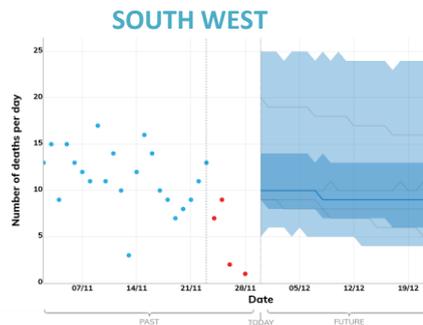
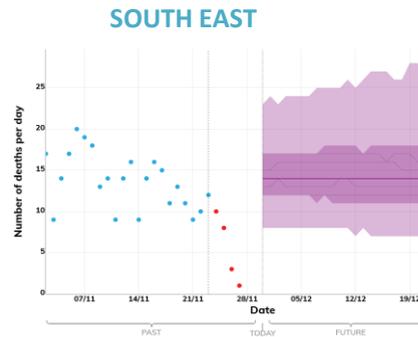
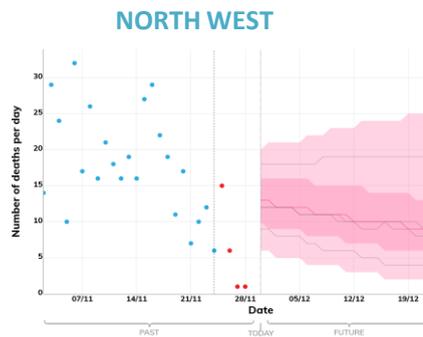
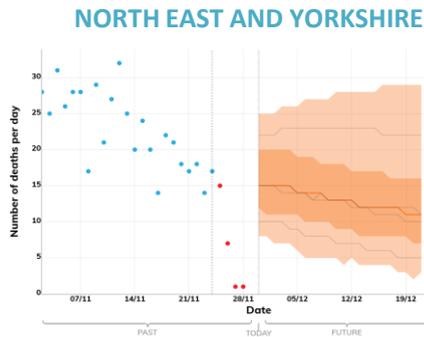
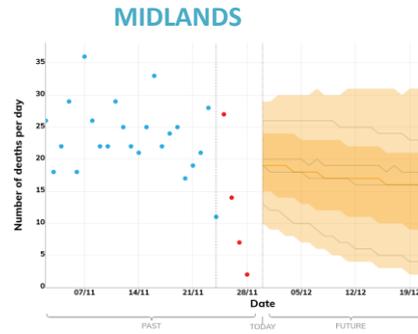
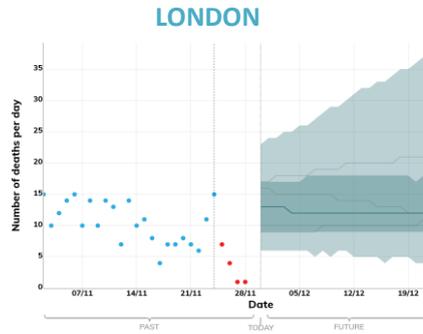
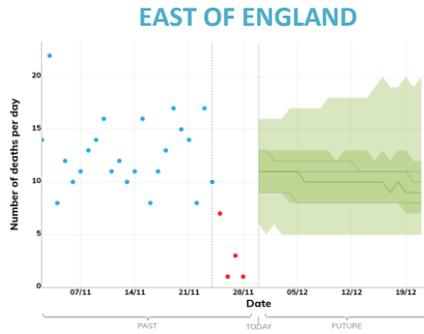
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Data Notes:

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Annex: SPI-M-O Vaccine Effectiveness Assumptions

The LSHTM EpiNow model has also been included in the combined projections. This model projects forward based on the recent trends in the data and doesn't explicitly include the impact of vaccination. However, the protection provided by vaccinations given to date will be reflected in the data and therefore implicitly included in the projections produced by the model.

The Edinburgh WSS model does not include any fixed assumptions regarding vaccine efficacy. Instead, the model fits to data from October 2020 to describe the effectiveness of vaccinations at reducing the risk of hospitalisation and death only. These vaccine efficacy estimates are then used when projecting forwards in time.

		Pfizer BioNTech			Oxford-AstraZeneca		Moderna		
		1 Dose	2 Doses	Booster [5]	1 Dose	2 Doses	1 Dose	2 Doses	Booster [5]
Reduction in risk of infection [1]	Imperial [2]	33%	90%	92%	33%	61%	33%	90%	92%
	Manchester [2,3]	75%	75%	75%	75%	75%	75%	75%	75%
	PHE/Cambridge [2]	31%	80%	80%	31%	80%	31%	80%	80%
	Scottish Government [2]	55%	75%	-	40%	65%	73%	83%	-
Reduction in risk of onward transmission, in addition to reduction from lower infection risk [1]	Imperial [2]	33%	40%	40%	33%	40%	33%	40%	40%
	Manchester [2,3,4]	-	-	-	-	-	-	-	-
	PHE/Cambridge [2,4]	-	-	-	-	-	-	-	-
	Scottish Government [2]	29%	40%	-	37%	44%	27%	38%	-
Reduction in risk of hospitalisation [1]	Imperial [2]	85%	96%	99%	80%	96%	85%	96%	99%
	Manchester [2,3]	75%	75%	75%	75%	75%	75%	75%	75%
	PHE/Cambridge [2]	78%	97%	97%	78%	97%	78%	97%	97%
	Scottish Government [2]	80%	95%	-	80%	95%	80%	95%	-
Reduction in risk of death [1]	Imperial [2]	85%	97%	99%	80%	96%	85%	97%	99%
	Manchester [2,3]	75%	75%	75%	75%	75%	75%	75%	75%
	PHE/Cambridge [2]	78%	97%	97%	78%	97%	78%	97%	97%
	Scottish Government [2]	80%	95%	-	80%	95%	80%	95%	-

[1] 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.

[2] Imperial's model considers waning of vaccine induced immunity to follow an exponential distribution, with a mean time from 2nd dose to waned of 36.5 weeks, with individuals in the waned compartment having vaccine efficacy reduced from dose two levels to waned levels. The Manchester, PHE/Cambridge and Scottish Government models do not currently include any assumptions for waning of immunity.

[3] Manchester's model does not split vaccine effectiveness by vaccine type or different doses.

[4] The Manchester and PHE/ Cambridge models do not include a reduction in the risk of onwards transmission after receiving either vaccine.

[5] It is assumed that the booster doses administered will be either the Pfizer BioNTech or Moderna vaccines, as per advice from [JCVI](#).