

# Epidemiology Modelling Review Group: consensus statement on COVID-19

Date: 8 December 2021

# Introduction

The UK Health Security Agency (UKHSA) Epidemiology Modelling Review Group (EMRG) shares this consensus statement on coronavirus (COVID-19) with acknowledgment to SPI-M-O, who have developed and shared modelling methodologies and contribute model outputs to these combined estimates.

All probability statements are in line with the framework given in Annexe A.

# Summary

- UKHSA's best estimate for R in England is between 0.9 and 1.1. R is estimated to be between 0.9 and 1.1 for Wales, 0.9 and 1.1 for Scotland, and 0.9 and 1.1 for Northern Ireland (Figure 1). These estimates are based on models<sup>1</sup> fit to data available up to 6 December 2021, including hospitalisations, deaths, testing, wastewater samples and longitudinal studies.
- 2. Combined estimates<sup>2</sup> show that the incidence<sup>3</sup> is between 54,000 and 86,000 new infections per day in England.

### Incidence and prevalence

- 3. During its most recent week (ending 1 December), the ONS COVID-19 Infection Survey estimates<sup>4</sup> that an average of 891,500 people had COVID-19 in the community in England (95% credible interval 842,000 to 941,200). The survey does not include people in care homes, hospitals or prisons. Estimates from across the 4 nations of the UK are:
- England 891,500 (95% credible interval 842,000 to 941,200)
- Scotland 65,200 (95% credible interval 53,200 to 79,100)
- Wales 60,300 (95% credible interval 49,400 to 71,200)
- Northern Ireland 39,300 (95% credible interval 30,600 to 49,000)

<sup>&</sup>lt;sup>1</sup> Model estimates are required as quantities such as the Reproduction Number (R) are not directly observable. Instead, a variety of independently produced models are used to interpret the data and estimate R. The combination of models able to be included can change between weeks and therefore care should be taken when drawing week-on-week comparisons.

<sup>&</sup>lt;sup>2</sup> Different nations and regions may use different sets of models for these estimates; hence caution should be applied in drawing direct comparisons. For example, fewer models produce estimates for Wales and Northern Ireland.

<sup>&</sup>lt;sup>3</sup> The number of new infections per day.

<sup>&</sup>lt;sup>4</sup> These estimates can be subject to revision as further information is available and modelled.

### Growth rate and reproduction number

For small daily changes, the growth rate is approximately the proportion by which the number of infections increases or decreases per day, that is, the speed at which an epidemic is growing or shrinking<sup>5</sup>.

- 4. The EMRG's consensus estimates for the growth rates in the 4 nations are (90% credible interval):
- England is between -1% to +2% per day,
- Wales is between -3% to +1% per day,
- Scotland is between -3% to 0% per day, and
- Northern Ireland is between -3% to +1% per day

National estimates of growth rates are summarised in Figure 2.

- 5. The reproduction number (R) is the average number of secondary infections produced by a single infected individual; it is an average over time, geographies, viral variants, and communities. It would not be expected to reflect the specific transmission of a new variant, at low absolute numbers.
- UKHSA's best estimate for R in England is between 0.9 and 1.1. R is estimated to be between 0.9 and 1.1 for Wales, 0.9 and 1.1 for Scotland, and 0.9 and 1.1 for Northern Ireland. UKHSA's agreed national and regional R estimates are summarised in <u>Table 1</u>, <u>Table 2</u>, <u>Figure 1</u>, and <u>Figure 3</u>.
- 7. R is an indicator that lags changes in transmission by 2 to 3 weeks<sup>6</sup>, due to the time required for changes to be seen in data streams. Therefore, while epidemic estimates for R and other metrics such as growth rate, use the latest data available up to 6 December 2021<sup>7</sup>, the estimates reported here represent the epidemic situation as at 23 November 2021. Recent fluctuations in data, for example cases, hospitalisations and deaths, should not be expected to be consistent with these estimates.
- 8. Estimates of R and the growth rates per day become less useful in determining the state of the epidemic when there is a high degree of immunity to the circulating variant in the population. Particular care should be taken when interpreting these estimates.

<sup>&</sup>lt;sup>5</sup> Further Technical Information on the growth rate can be found in Plus Magazine: <u>The growth rate of COVID-19</u> <u>plus.maths.org.</u>

<sup>&</sup>lt;sup>6</sup> Different data-streams and different models are expected to be lagged in their estimates by different amounts when compared with the true underlying epidemiological situation. This is due to multiple lags such as reporting and delays in the infection processes.

<sup>&</sup>lt;sup>7</sup> Different models fit to different windows of time using different methodologies, hence not all models will fit up to this precise date.

- 9. In addition, changes in population immunity can impact datastreams, with alterations to the relationship between cases and health outcomes, such as hospital admissions. In some settings we currently observe cases to be rising, but hospital admissions are not. The EMRG is monitoring the data patterns, and notes here the increased uncertainty of this context.
- 10. It is also noted that these relationships could change again, should immune protection to any new variant in circulation differ.
- 11. R and growth rate estimates indicate the magnitude of growth or decay of the epidemic. However, these indicators should be considered alongside other measures of the epidemic, such as incidence<sup>8</sup>, and prevalence<sup>9</sup>. When prevalence is high, as it has been in recent weeks, when R is around or below 1, the absolute number of new cases will be high.

<sup>&</sup>lt;sup>8</sup> The number of individuals who develop the disease within a specified time period

<sup>&</sup>lt;sup>9</sup> The proportion of the population with the disease at a given point in time

Nation	R	Daily growth rate	Doubling time <sup>10</sup>			
England	0.9 to 1.1	-1% to +2%	Flat			
Wales	0.9 to 1.1	-3% to +1%	-29 days to flat			
Scotland	0.9 to 1.1	-3% to 0%	-28 days to flat			
Northern Ireland	0.9 to 1.1	-3% to +1%	-29 days to flat			

Table 1. Combined estimates of R values growth rates and doubling times in the 4nations of the UK (90% credible interval)

# Table 2. Combined estimates of R values growth rates and doubling times in the NHSEngland regions (90% credible interval)

NHS England region	R	Daily growth rate	Doubling time <sup>10</sup>			
England	0.9 to 1.1	-1% to +2%	Flat			
London	1.0 to 1.2	0% to +4%	23 days to flat			
East of England	0.9 to 1.1	-1% to +3%	33 days to flat			
Midlands	0.9 to 1.0	-2% to +1%	-39 days to flat			
North East & Yorkshire	0.9 to 1.1	-2% to +1%	Flat			
North West	0.9 to 1.0	-3% to +1%	-32 days to flat			
South East	0.9 to 1.1	-1% to +3%	32 days to flat			
South West	0.9 to 1.1	-2% to +1%	-35 days to flat			

<sup>&</sup>lt;sup>10</sup> Any estimates with a halving or doubling time of more than 40 days have been described as flat. Negative values of doubling time indicate a halving time (the time expected for cases to fall by 50%). Doubling time here is calculated using the growth rate.

### Annexe A. PHIA framework of language for discussing probabilities

The yardstick splits the probability scale into 7 ranges from remote chance (0 to 5% probability) to almost certain (95% to 100% probability).

Remote (	Chance	Highly U	nlikely	Unli	kely	Realis	tic Possibility		Likely / Probable		Highl	/ Likely	Almos	t Certain
0%	5%	10%	20%	25%	35%	40%	50%	55%		75%	80%	90%	95%	100%

# Acknowledgements

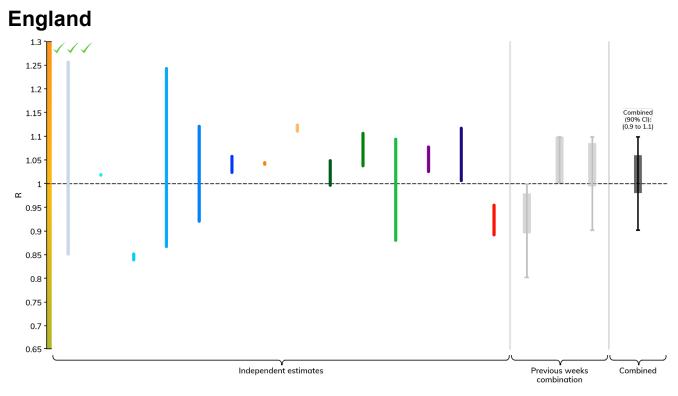
UKHSA takes responsibility for this consensus statement and its contents. However, UKHSA would like to acknowledge the work of SPI-M-O and academic partners in developing methodologies and sharing these, as well as continuing to contribute model outputs to the combined estimates. These estimates include contribution from LSHTM (<u>1</u>, <u>2</u>), Imperial College London (<u>3</u>, <u>8</u>), University of Warwick (<u>4</u>, <u>5</u>), University of Exeter and University of Bristol (<u>6</u>), Lancaster University (<u>7</u>), University of Manchester and University of Cambridge (<u>9</u>). UKHSA would also like to thank the European Bioinformatics Institute (<u>10</u>), University of Oxford (<u>11</u>, <u>12</u>), University of Liverpool (<u>13</u>), and the Institute of Disease Modeling (<u>14</u>) for contributing model outputs. UKHSA also acknowledges the work developing combination estimates from Defence and Science Technology Laboratory (<u>15</u>). UKHSA also thanks and acknowledges the support and collaboration of the SPI-M-O Secretariat and co-Chairs, as well as colleagues across the 4 nations.

# References

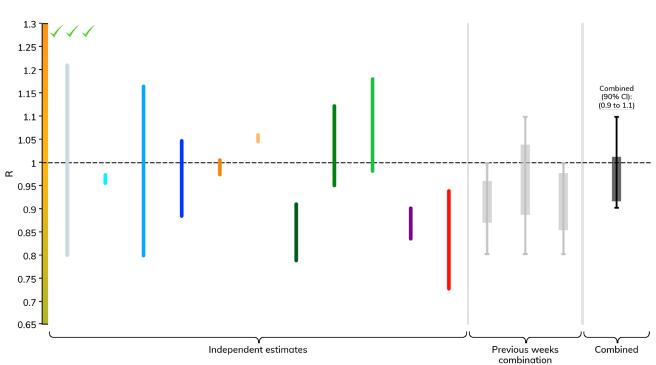
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# Figure 1a. Estimates of R in the 4 UK nations (90% credible intervals) as at 23 November 2021

Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to one decimal place.

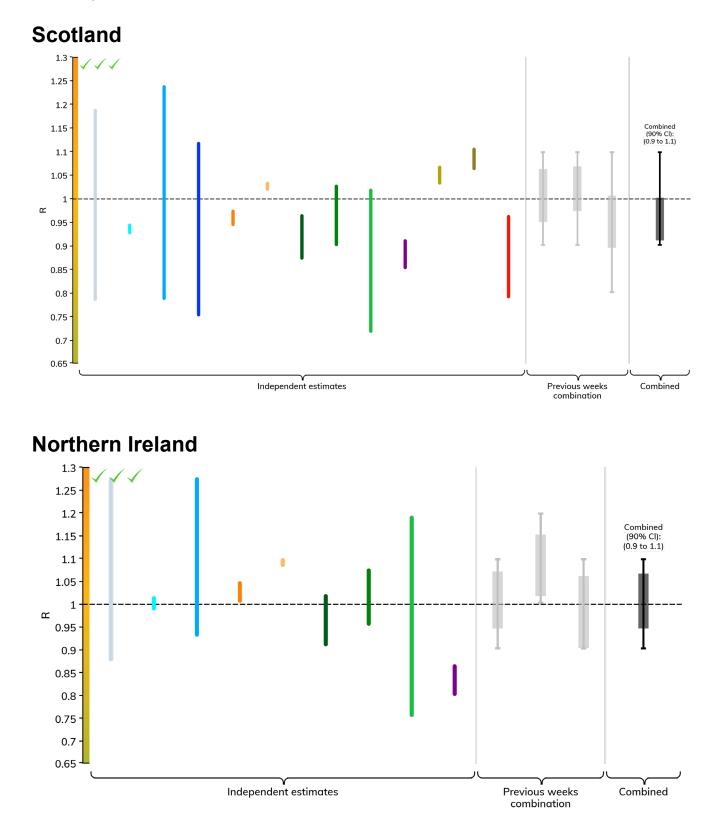






### Figure 1b. Estimates of R in the 4 UK nations (90% credible intervals) as at 23 November 2021

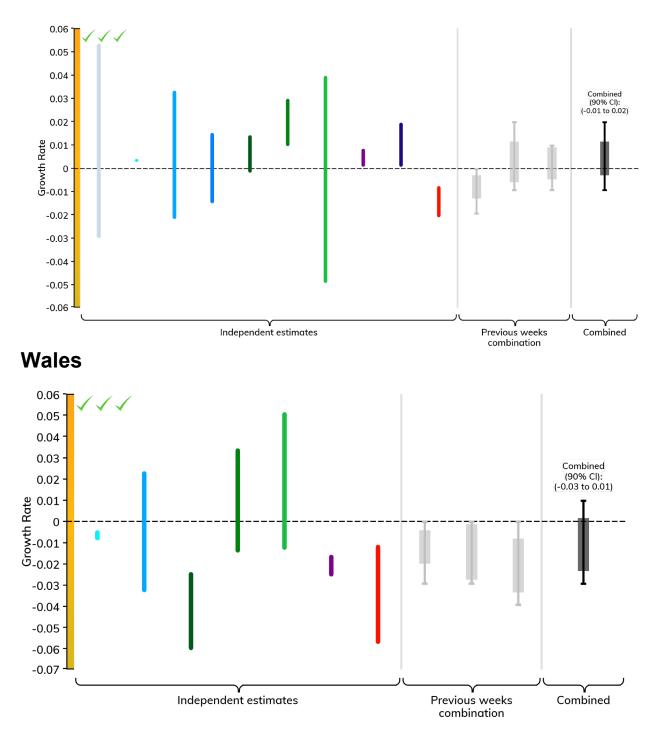
Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to one decimal place.



## Figure 2a. Estimates of the growth rate in the 4 UK nations, including 90% credible intervals as at 23 November 2021

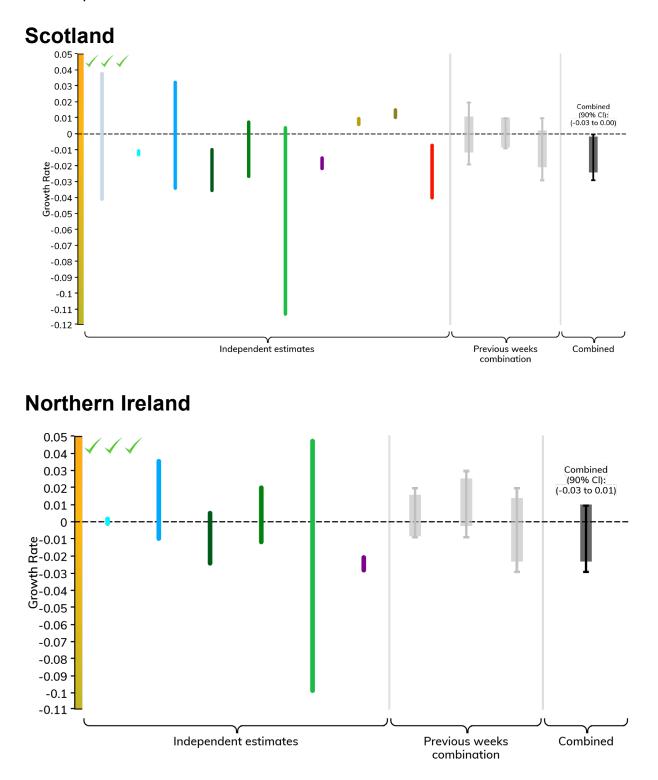
Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to the nearest per cent.

#### England



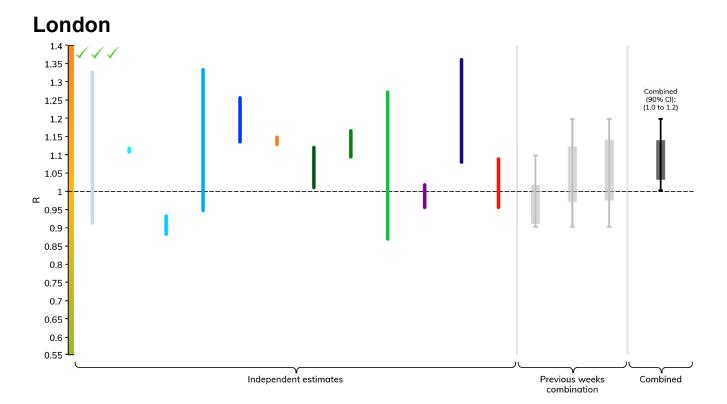
## Figure 2b. Estimates of the growth rate in the 4 UK nations, including 90% credible intervals as at 23 November 2021

Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to the nearest per cent.

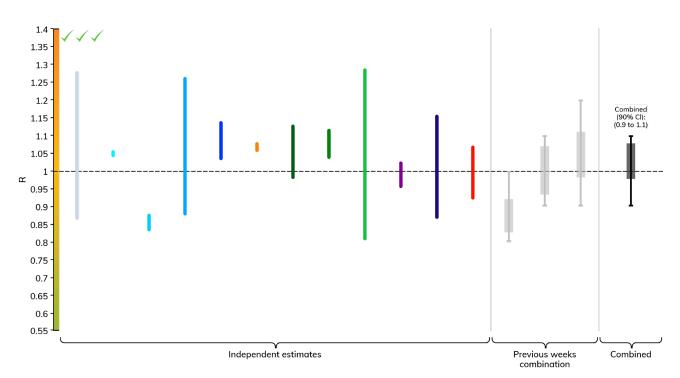


# Figure 3a. Estimates of R in the NHS England regions, including 90% credible intervals as at 23 November 2021

Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to one decimal place.



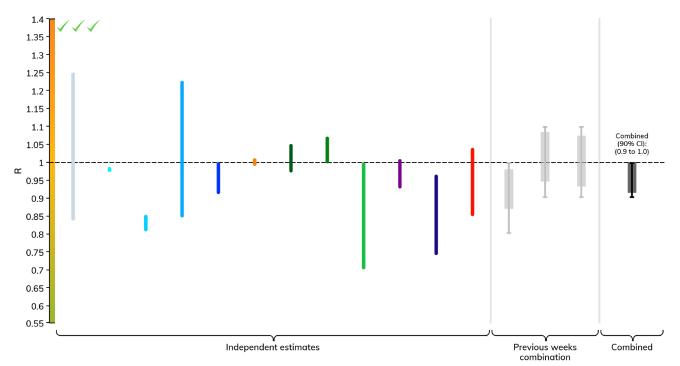
#### East of England



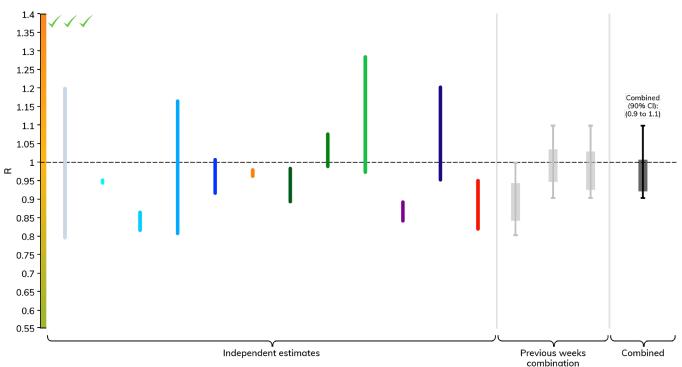
## Figure 3b. Estimates of R in the NHS England regions, including 90% credible intervals as at 23 November 2021

Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to one decimal place.

#### Midlands



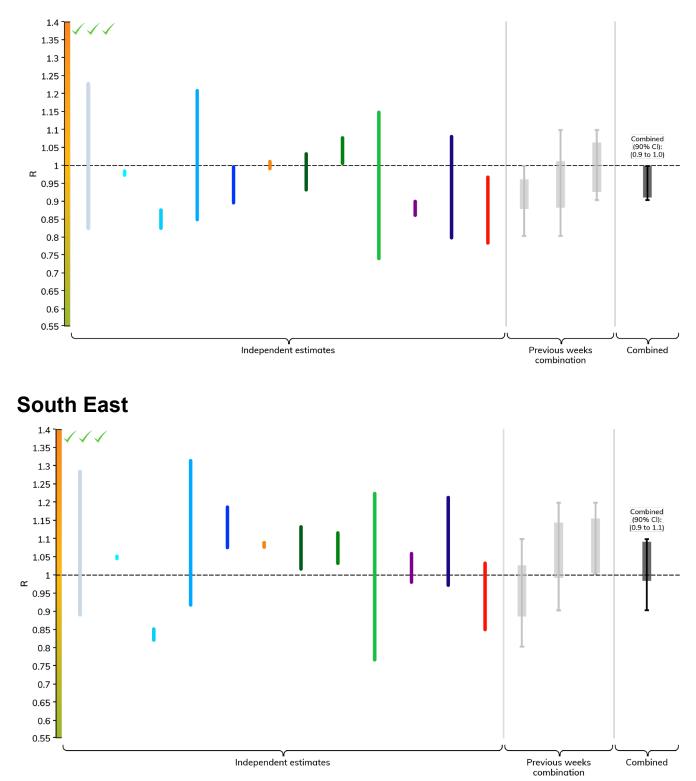
#### North East and Yorkshire



## Figure 3c. Estimates of R in the NHS England regions, including 90% credible intervals as at 23 November 2021

Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to one decimal place.

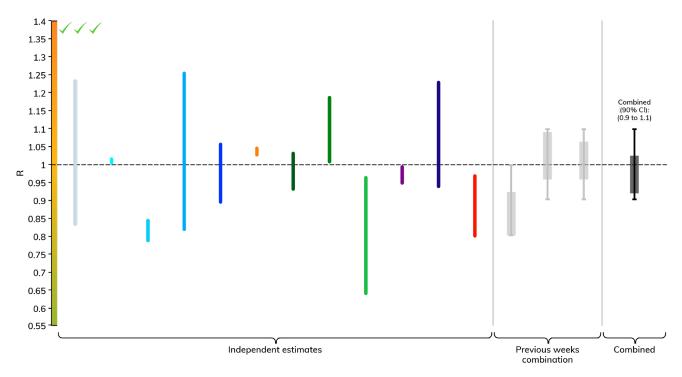
#### **North West**



# Figure 3d. Estimates of R in the NHS England regions, including 90% credible intervals as at 23 November 2021

Bars represent different independent estimates. The grey shaded areas represent the combined numerical range and the black bars are the combined range after rounding outwards to one decimal place.

#### South West



# About the UK Health Security Agency

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