

SPI-M-O

Medium-Term Projections

19th January 2022

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 17th January.** 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 17th January.
- **The projections do not include the effects of any future policy or behavioural changes, such as recent announcements to end Plan B measures in England or ease restrictions in Scotland and Wales.** An assumed effect of schools opening and closing has been included.
- **Disruption to data flows and behaviour changes over the festive period makes it difficult to interpret recent trends in the data.**
- 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.**
- **The projections include the impact of vaccines given over the next three weeks.** The rollout scenario assumes doses are administered according to [JCVI's advice](#). 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](#) 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 17th January 2022

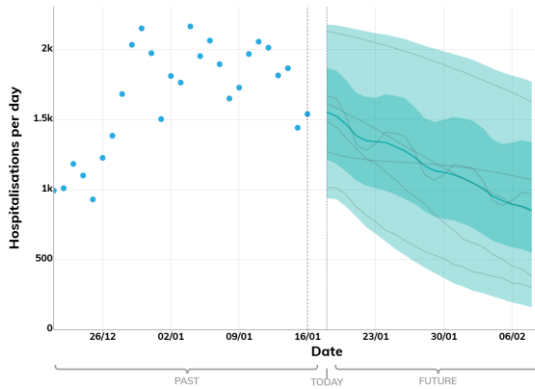
New hospital admissions per day

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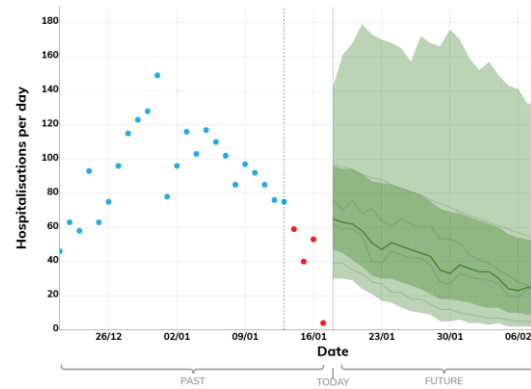
Key

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

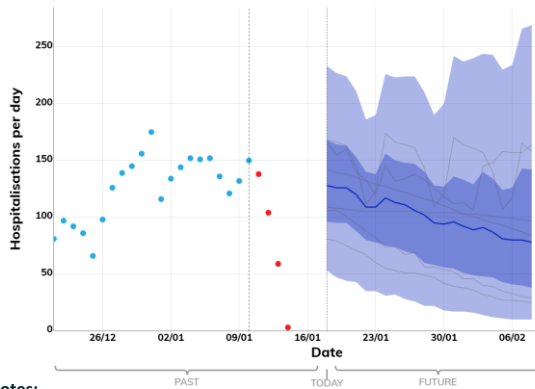
ENGLAND



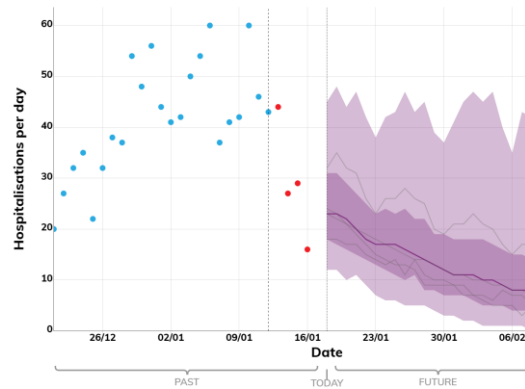
WALES



SCOTLAND



NORTHERN IRELAND



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

Disruption to data flows and behaviour changes over the festive period makes it difficult to interpret recent trends in the data.

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These projections include the potential impact of vaccines to be given over the next three weeks. 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.

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 NHS England 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.

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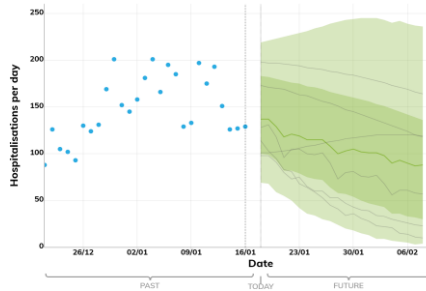
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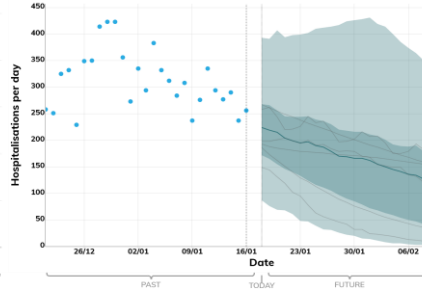
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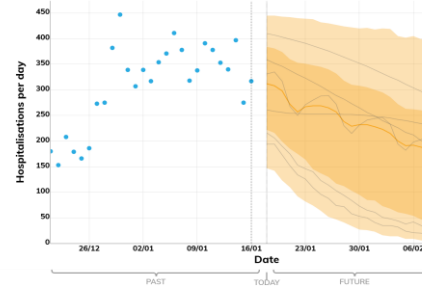
EAST OF ENGLAND



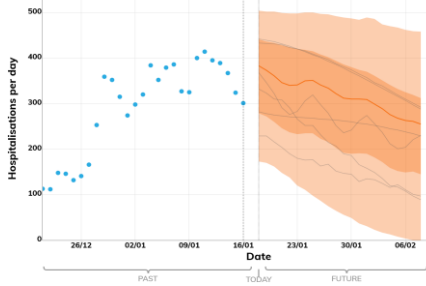
LONDON



MIDLANDS



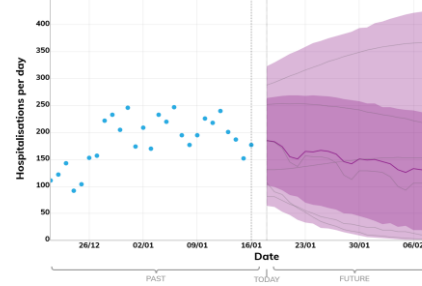
NORTH EAST AND YORKSHIRE



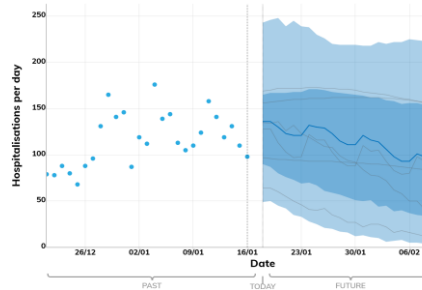
NORTH WEST



SOUTH EAST



SOUTH WEST



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

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Data notes:

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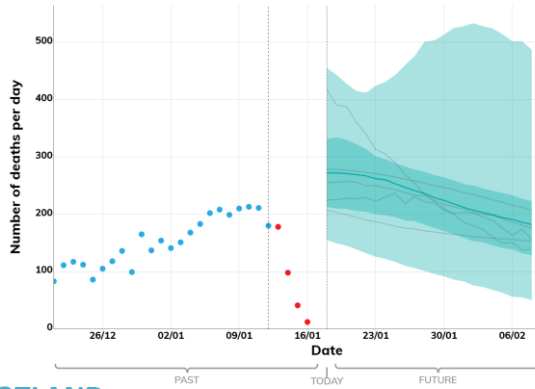
New deaths per day

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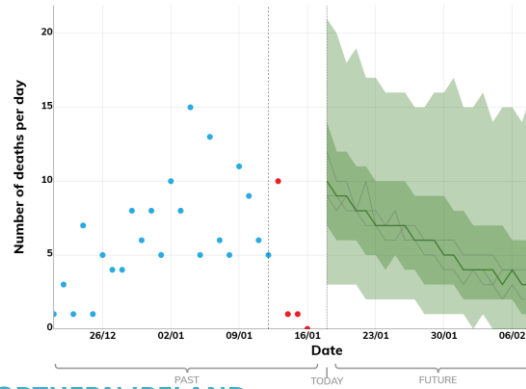
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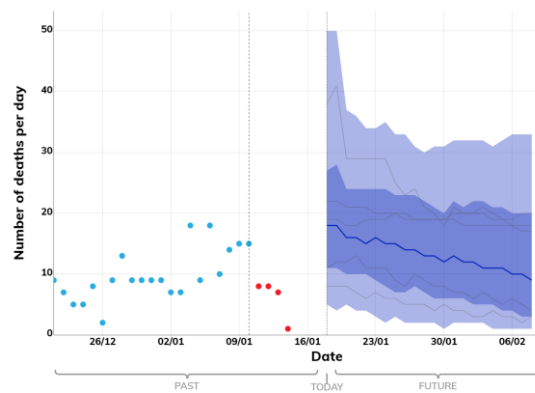
ENGLAND



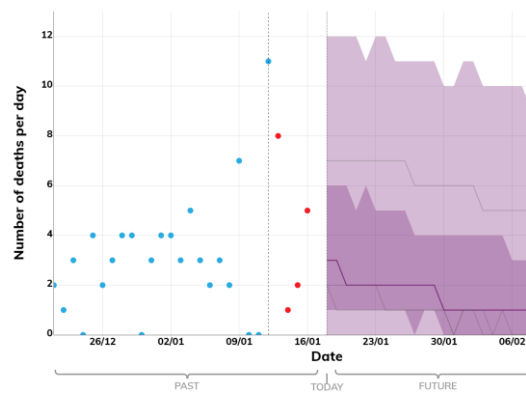
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Data Notes:

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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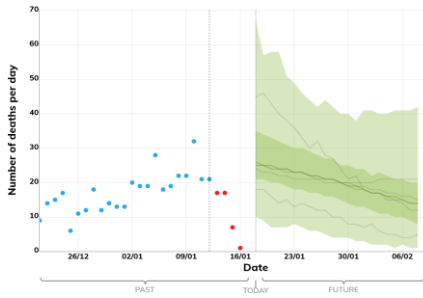
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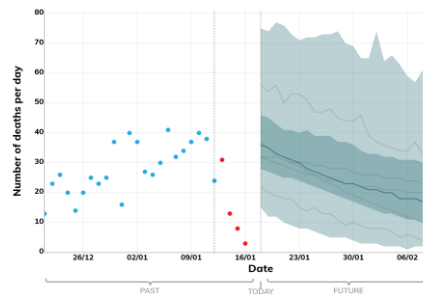
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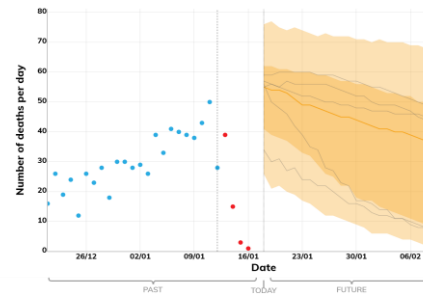
EAST OF ENGLAND



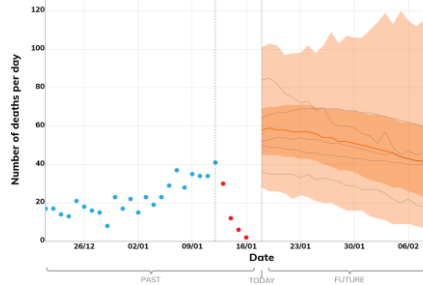
LONDON



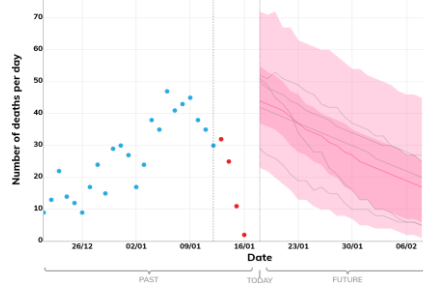
MIDLANDS



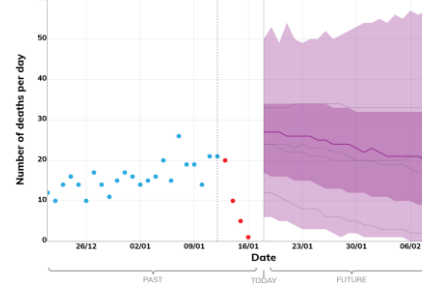
NORTH EAST AND YORKSHIRE



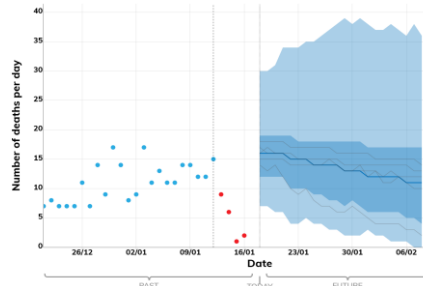
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Data Notes:

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Annex: SPI-M-O Vaccine Effectiveness Assumptions

The LSHTM EpiNow model and Edinburgh WSS model have also been included in the combined projections. The LSHTM 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 model doesn't 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%
	Warwick [2]	10%	53%	60%	5%	25%	10%	53%	60%
	PHE/Cambridge [2]	31%	80%	80%	31%	80%	31%	80%	80%
	Scottish Government [2]	36%	47%	-	26%	45%	47%	50%	-
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]	-	-	-	-	-	-	-	-
	Warwick [2]	-	30%	30%	-	30%	-	30%	30%
	PHE/Cambridge [2,4]	-	-	-	-	-	-	-	-
	Scottish Government [2]	19%	25%	-	24%	29%	17%	21%	-
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%
	Warwick [2]	40%	85%	95%	40%	75%	40%	85%	95%
	PHE/Cambridge [2]	78%	97%	97%	78%	97%	78%	97%	97%
	Scottish Government [2]	72%	88%	-	72%	88%	60%	74%	-
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%
	Warwick [2]	40%	92%	95%	40%	92%	40%	92%	95%
	PHE/Cambridge [2]	78%	97%	97%	78%	97%	78%	97%	97%
	Scottish Government [2]	72%	88%	-	72%	88%	60%	74%	-

[1] The assumed delay between vaccination and protection varies between 10 and 21 days for dose 1 and between 7 and 21 days for subsequent doses across the modelling groups.

[2] Warwick uses a multi-stage model to capture the waning vaccine effectiveness against infection, hospital admission and death, for different variants of concern. Imperial's model considers waning of vaccine induced immunity to follow an exponential distribution, with a mean time from 2nd dose to waned of 24 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](#).