

# Notes on the new variant

For SAGE, 22nd December  
Juniper consortium

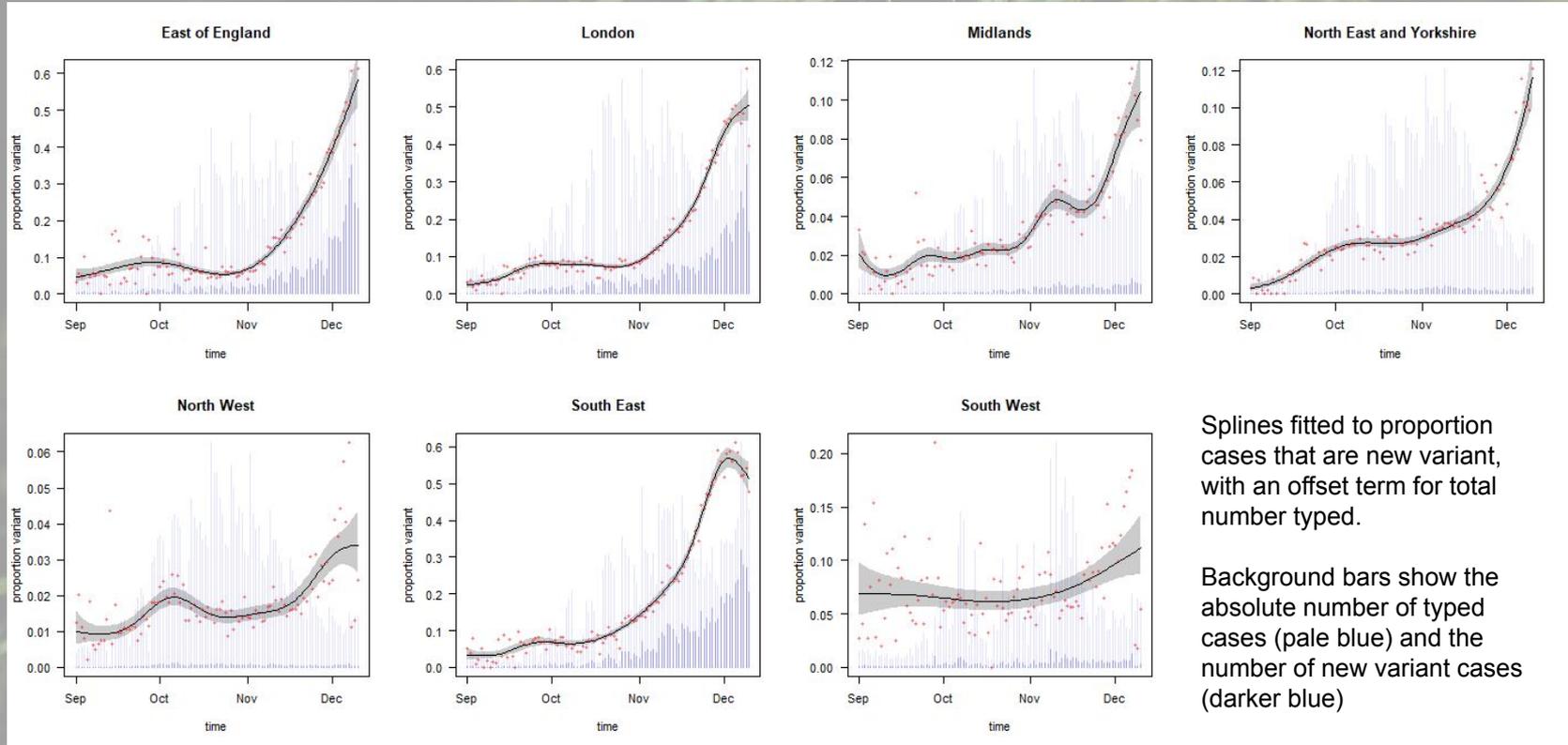
<http://maths.org/juniper/>

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1. **Patterns and growth rates by geography**
  2. Patterns and growth rates by geography and age
  3. Households analysis of NV
  4. Recent hospitalisations data streams
  5. R, growth rates and generation time

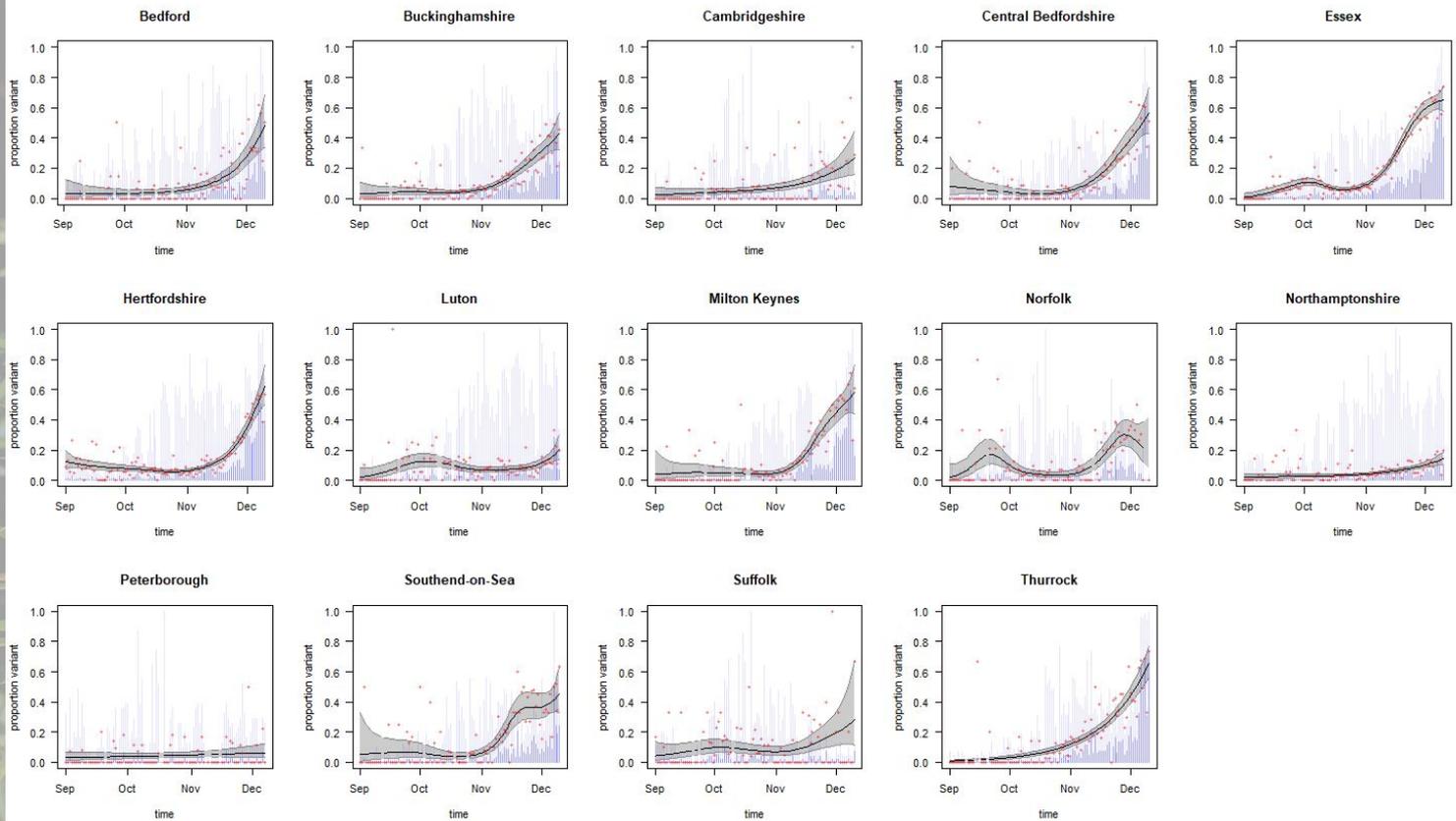
# Secular trend in prevalence of S-gene deletion, by NHS region (Non-parametric GAMs, accounting for variation in sampling effort)



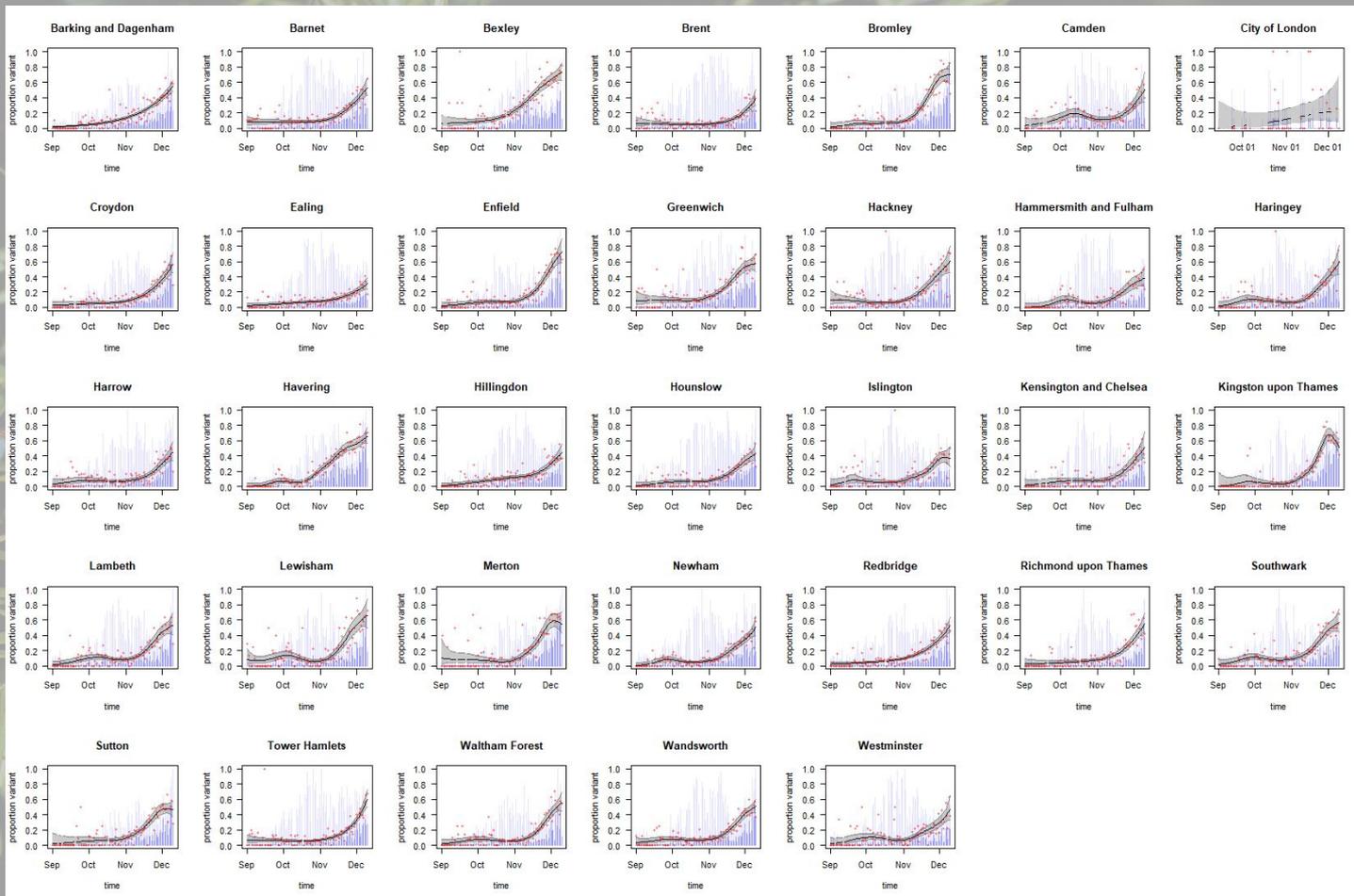
Splines fitted to proportion cases that are new variant, with an offset term for total number typed.

Background bars show the absolute number of typed cases (pale blue) and the number of new variant cases (darker blue)

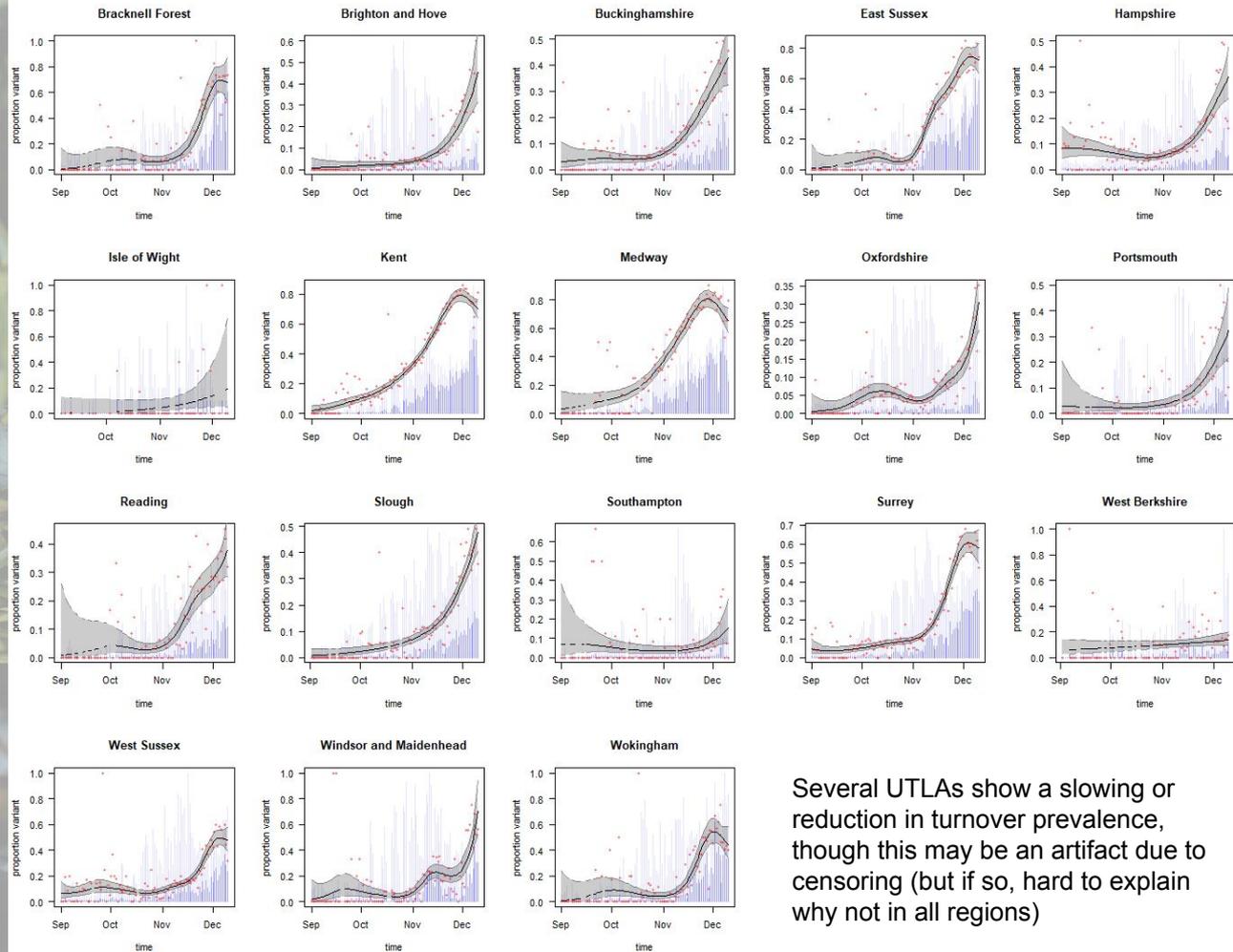
# East of England



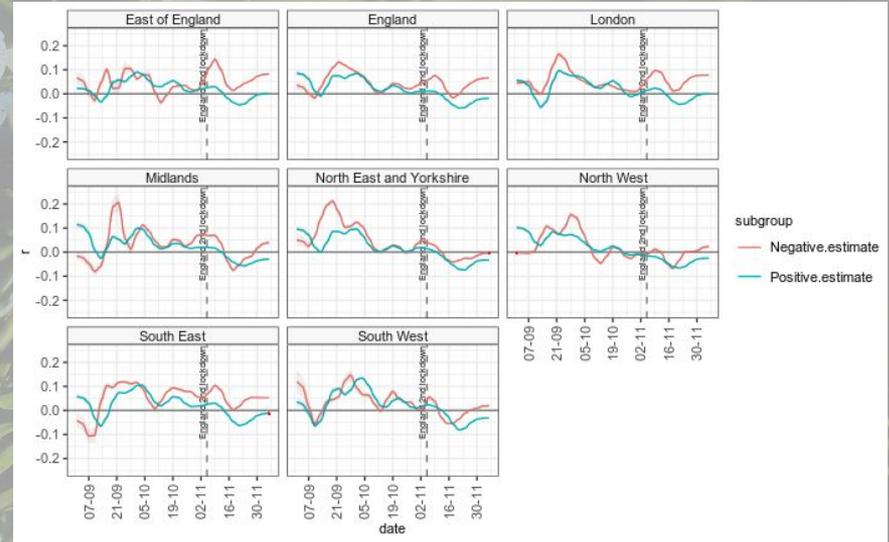
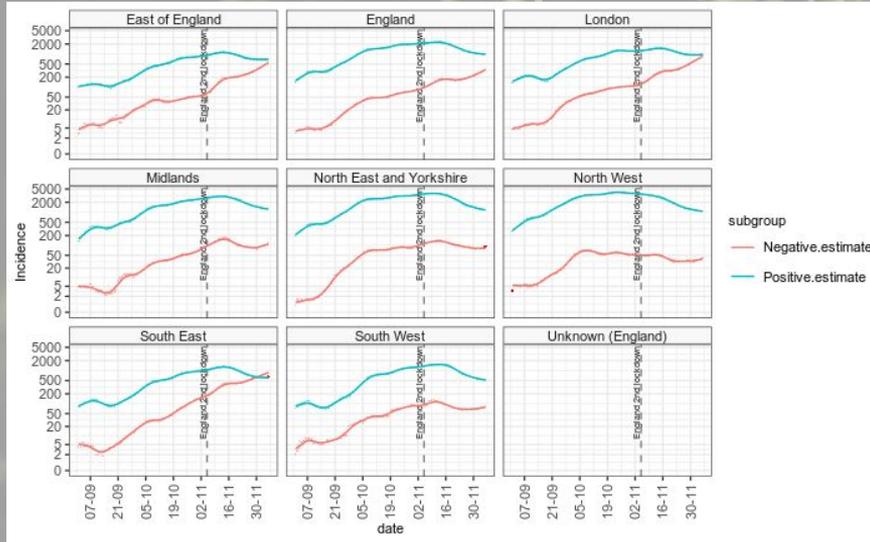
# London



# South East



# DRAFT - Inferred P2 S+/S- breakdown by region



Differential incidence and growth rates estimated for S-Neg and S-Pos by region

Growth advantage not seen yet in all regions. S-Neg is mixture of strains, and proportion new variant will vary by time, location (and age, see below).

# Parametric estimation of relative growth rate of S-gene deletion cases compared to (combined) all other types

$$y_{it} \sim \text{Poisson}(\lambda_{it})$$

$$\log(\lambda_{it}) = \alpha + \beta_1 \mathbf{1}v_i + \beta_2 t + \beta_3 v_i t$$

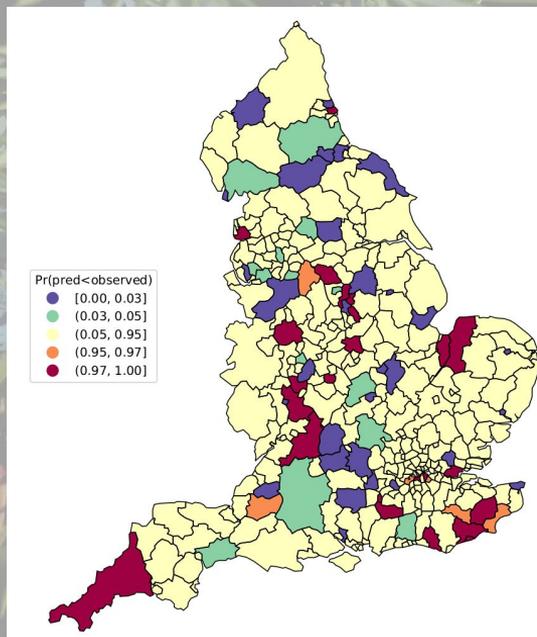
$v_i$  variant indicator,  $t$  time.

- Poisson regression model of Lighthouse lab case data, by NHS region
- **Significant growth advantage in all regions**
- Does not account for potential biases in observed incidence of variant and sampling effort
- Growth relative to all other types, not type specific (data limitation)

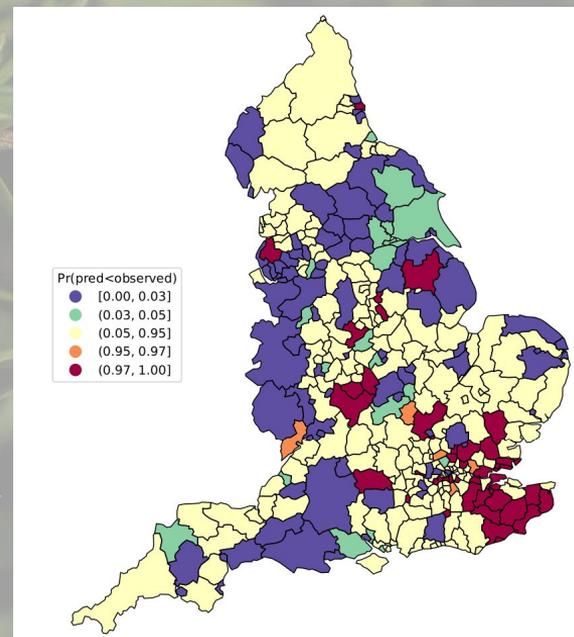
Region	Relative growth advantage, % (95%CI)
East of England	73.3 (72.4, 74.1)
London	73.7 (73.1, 74.2)
Midlands	51.9 (50.2, 53.3)
NE & Yorkshire	56.3 (54.2, 58.2)
North West	55.6 (48.3, 61.5)
South East	67.3 (66.6, 67.9)
South West	23.8 (14.3, 31.1)

# Model-based case exceedance pattern

- Lancaster stochastic spatial SEIR model
- Fitted 2020-12-15
- Exceedance probability previous 7 days relative to model-predicted incidence.
- **Pillar 2 positive tests** higher than expected in SE/London.



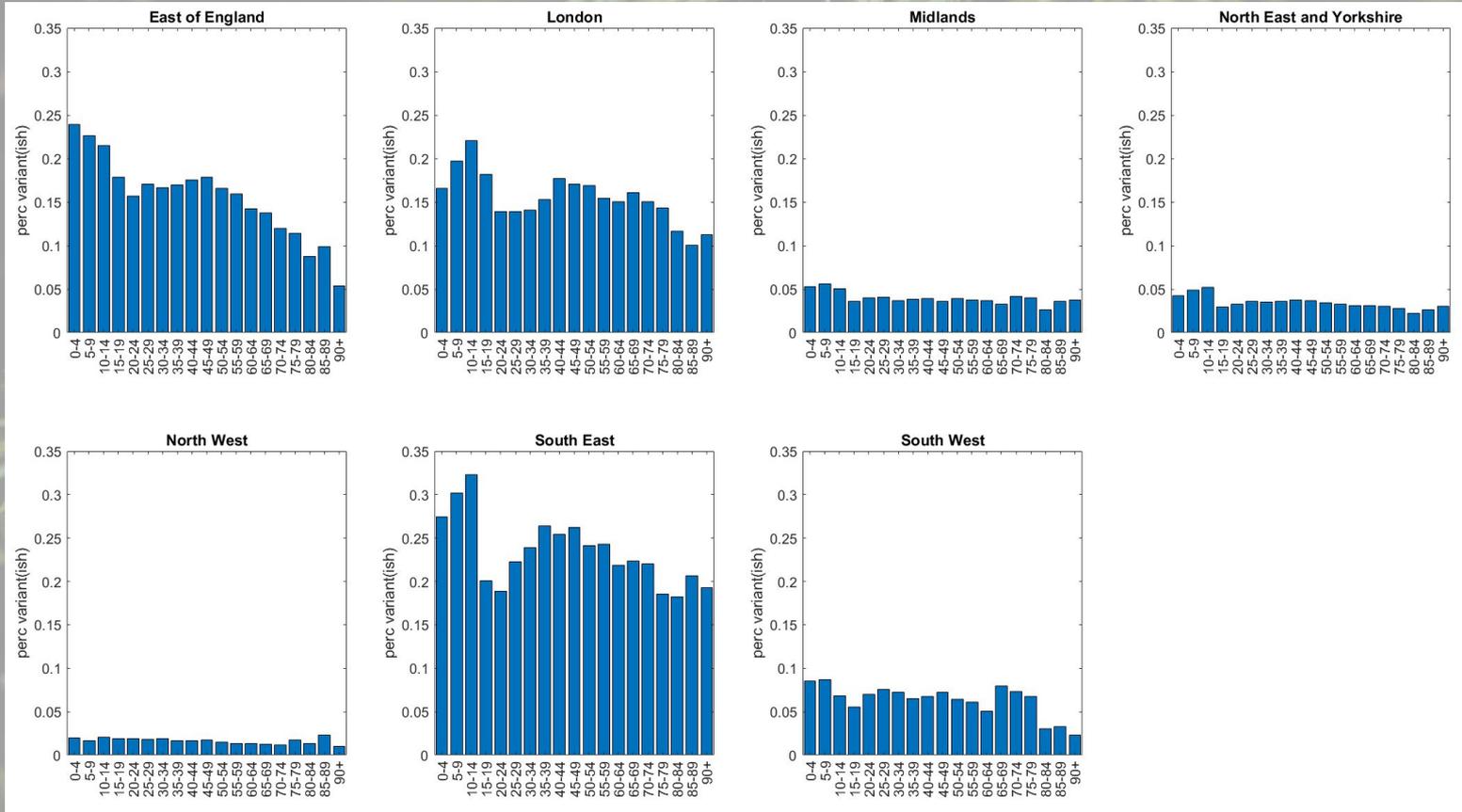
Pillar 1



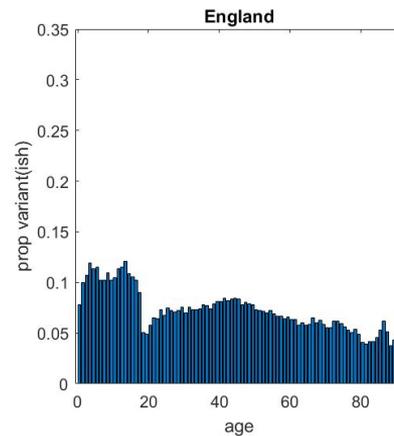
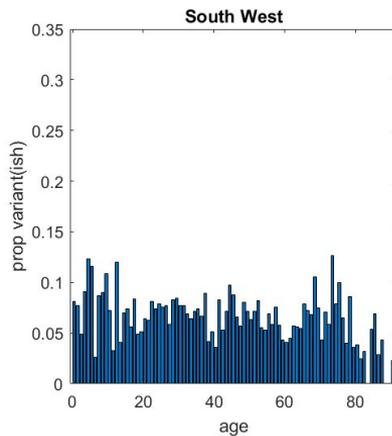
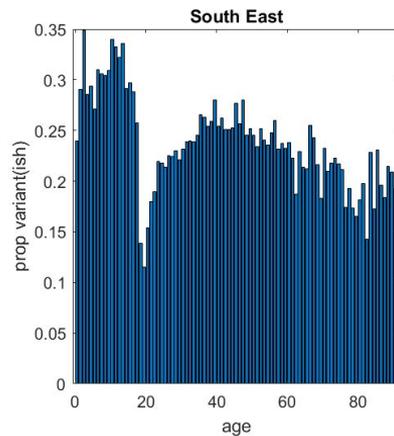
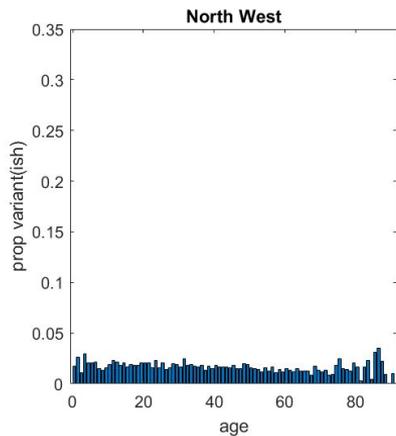
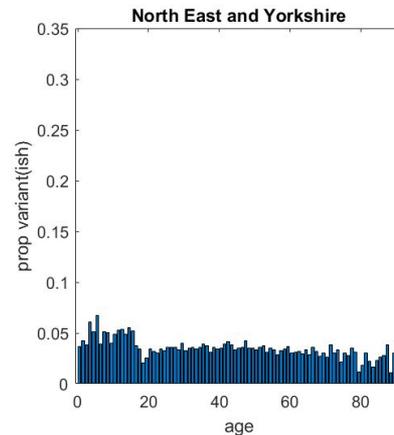
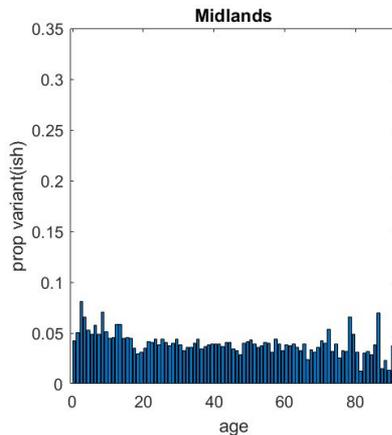
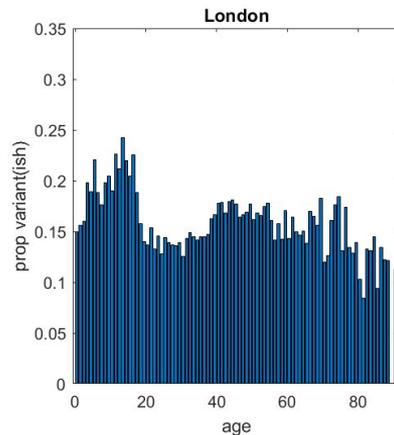
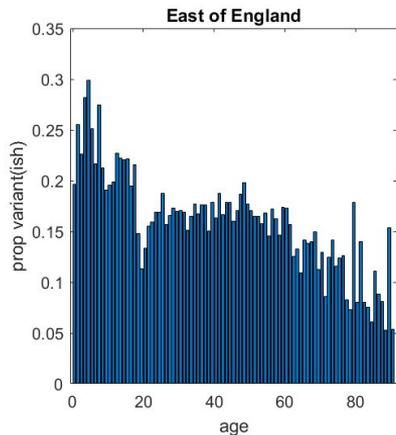
Pillar 2

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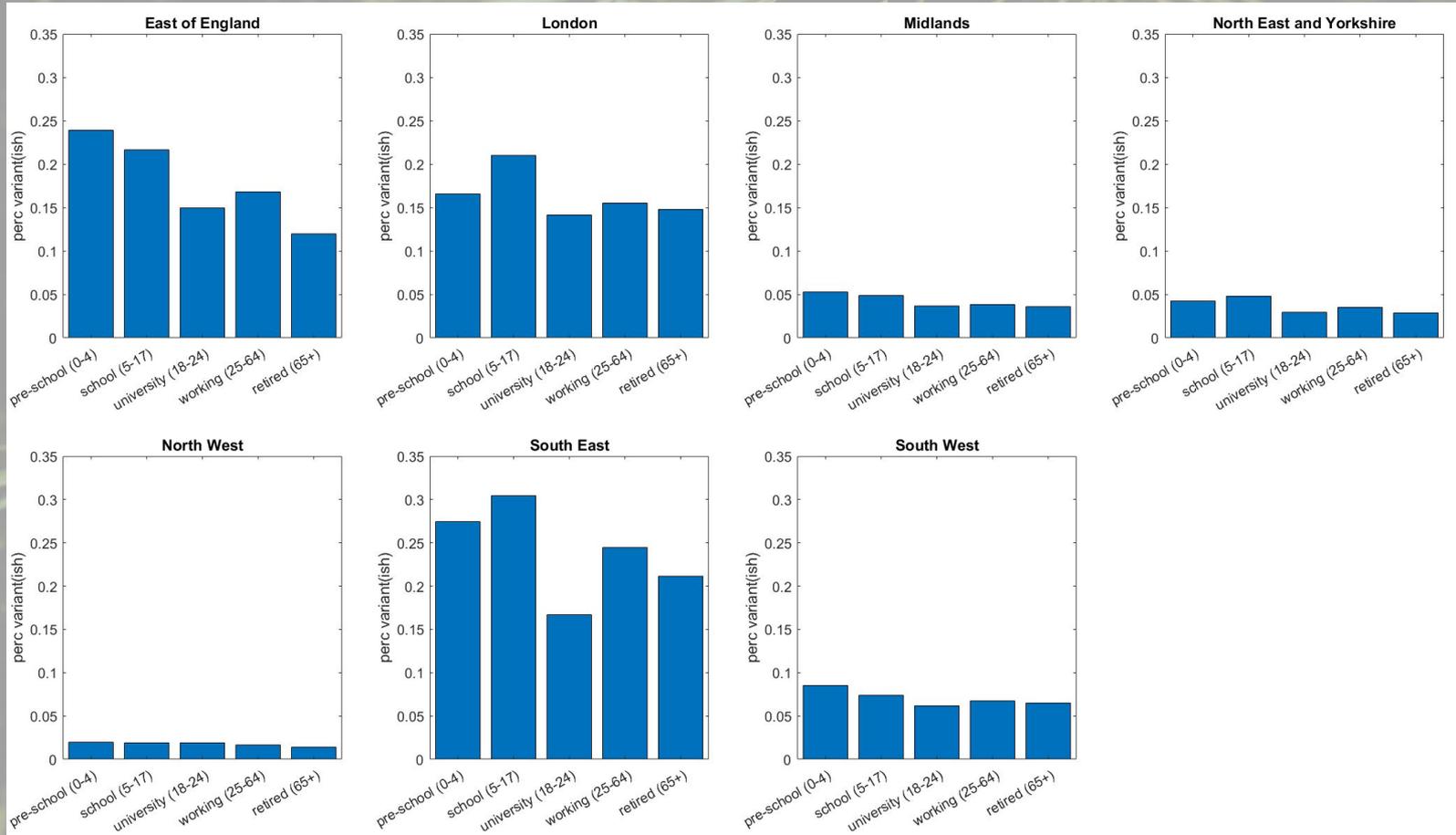
# Percentage of new positive tests that are the new variant by age (but CAUTION: see temporal split below)



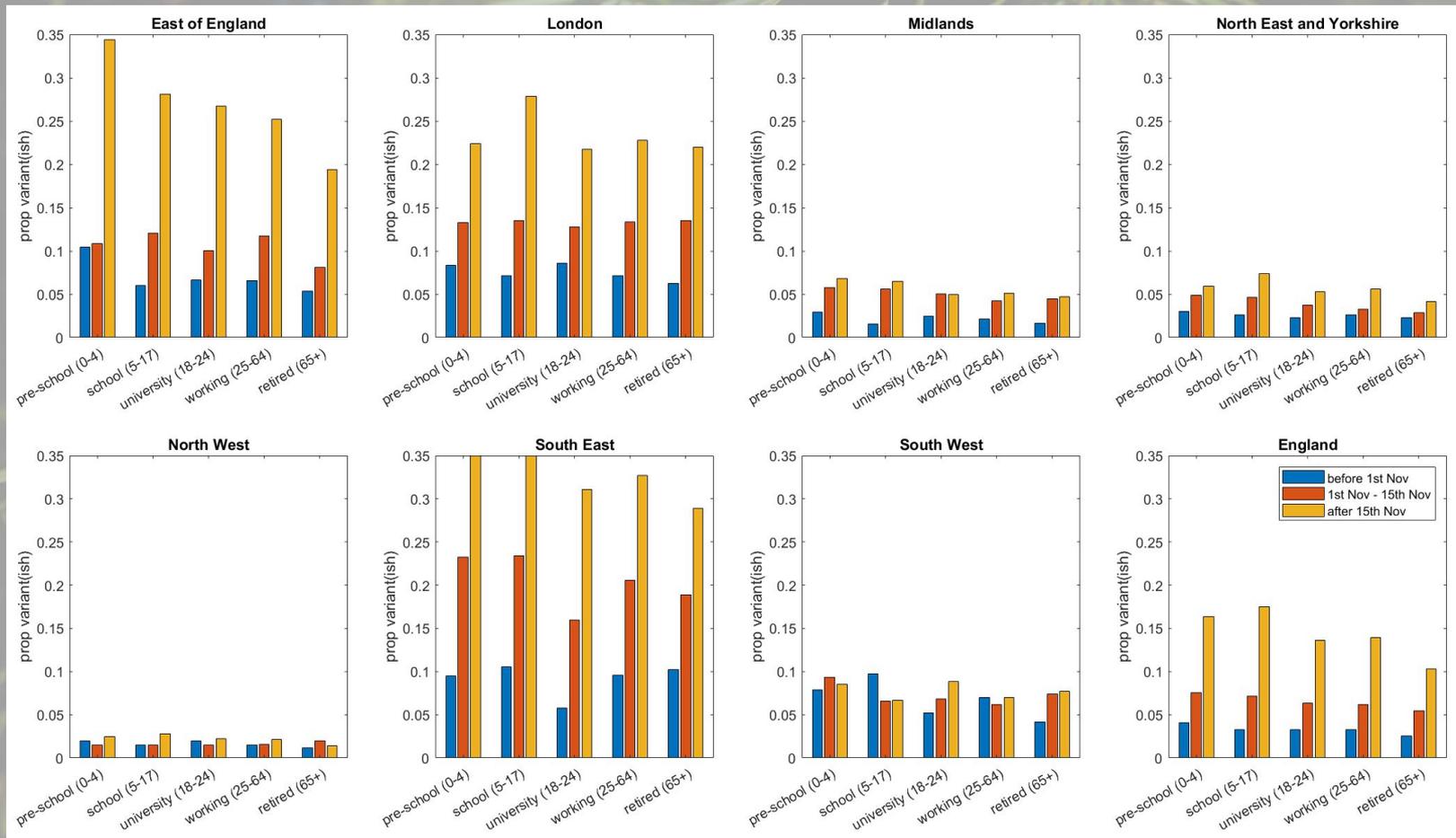
# Same as previous, in 1 year age bands



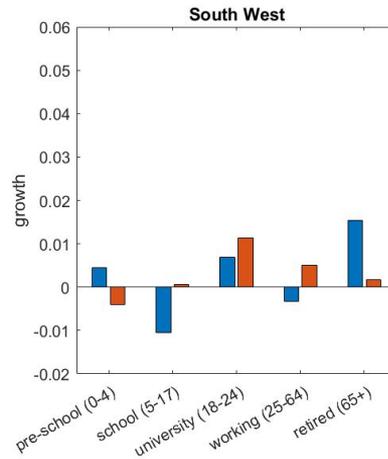
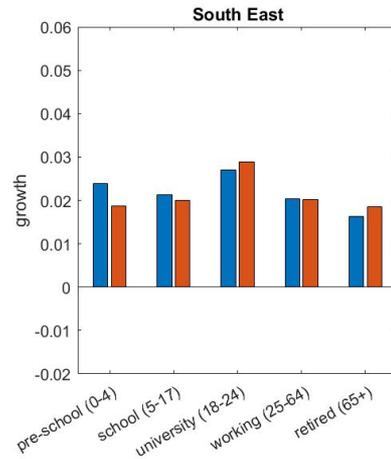
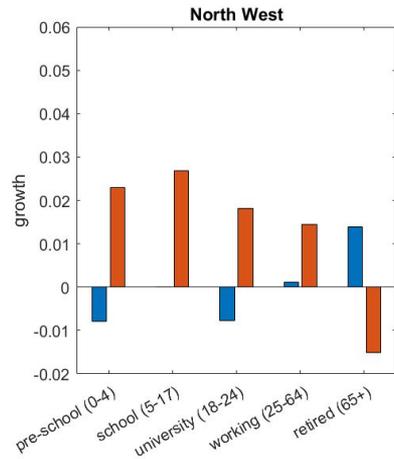
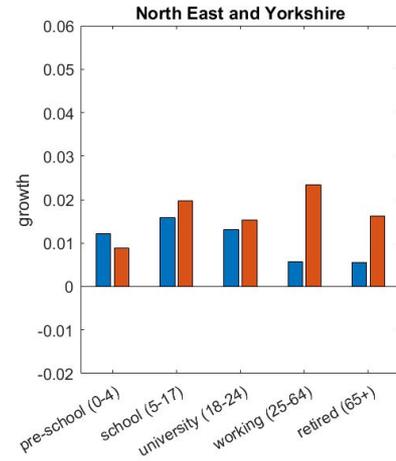
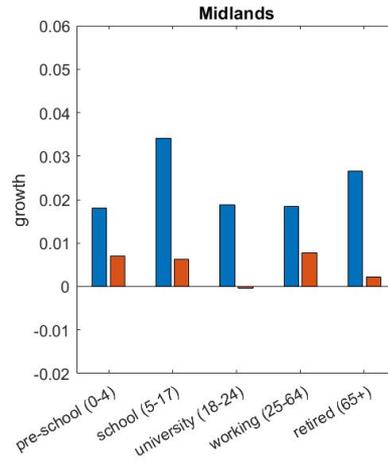
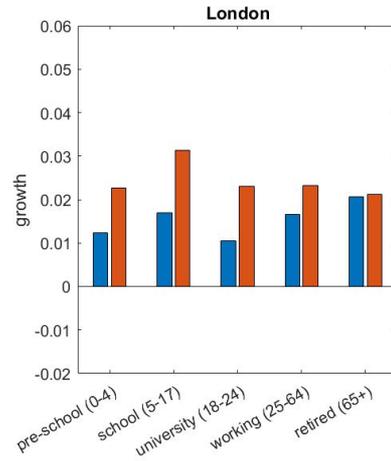
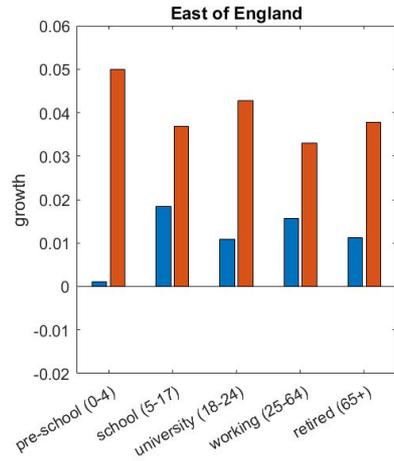
# Using more informative age groupings



# Age groupings over time bands



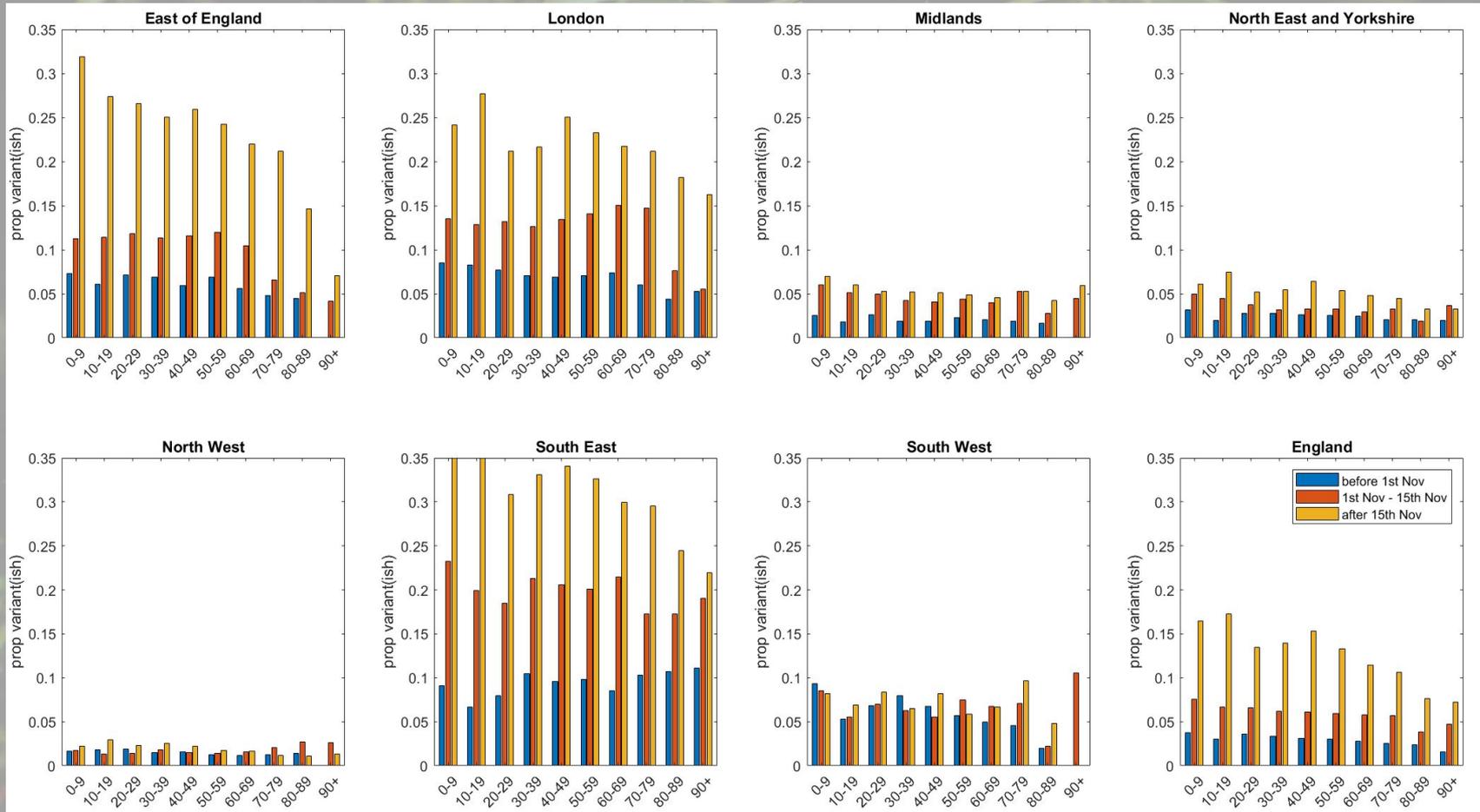
# Associated growth rates



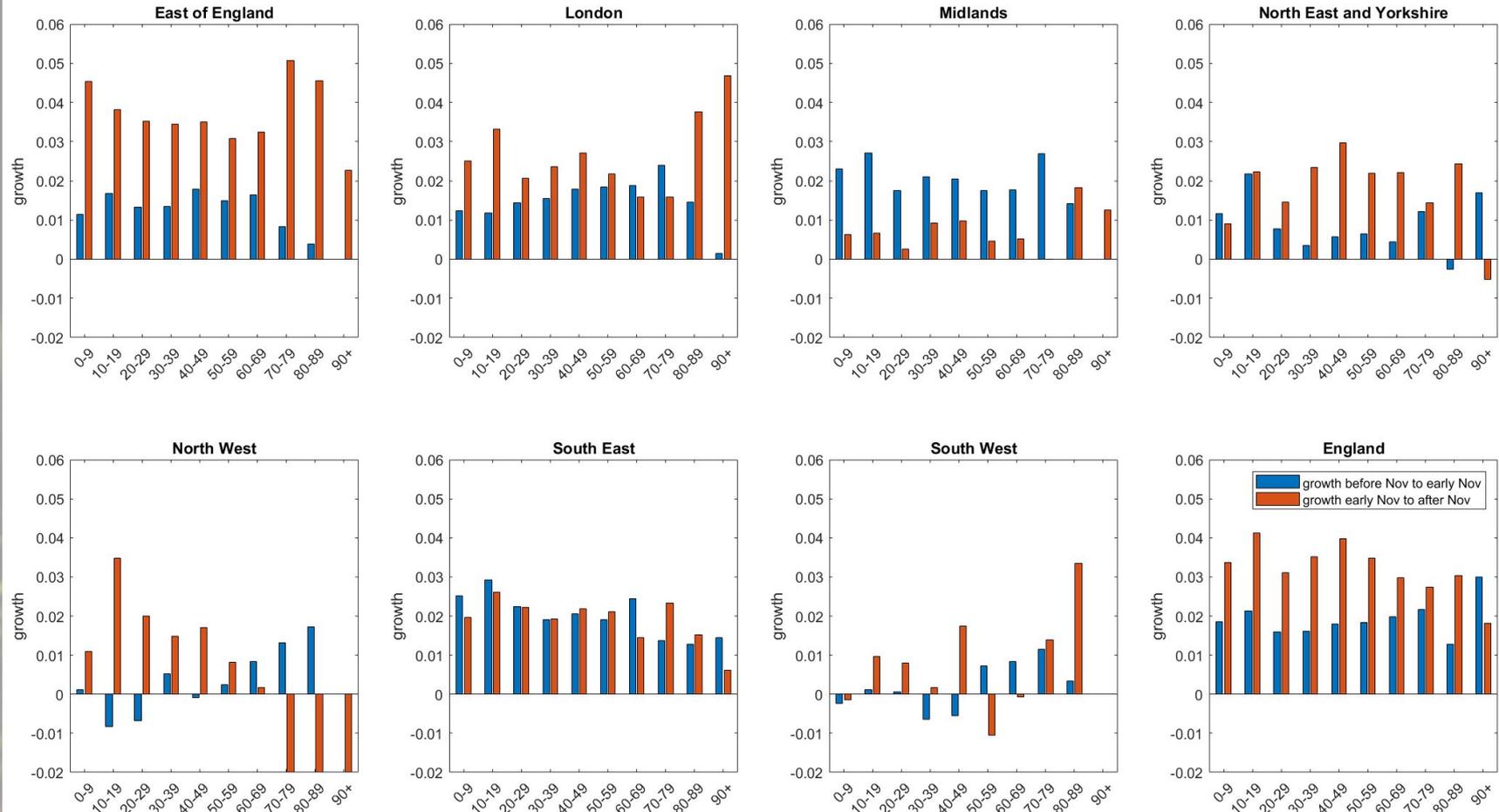
■ growth before Nov to early Nov  
■ growth early Nov to after Nov

Growth rates are calculated as:  
 $(\log(y_1) - \log(y_2)) / (t_1 - t_2)$   
Where  $y_i$  is the percentage new variant, and  $t_i$  is the midpoint of the time window used

# Age groupings over time bands (10y bands)

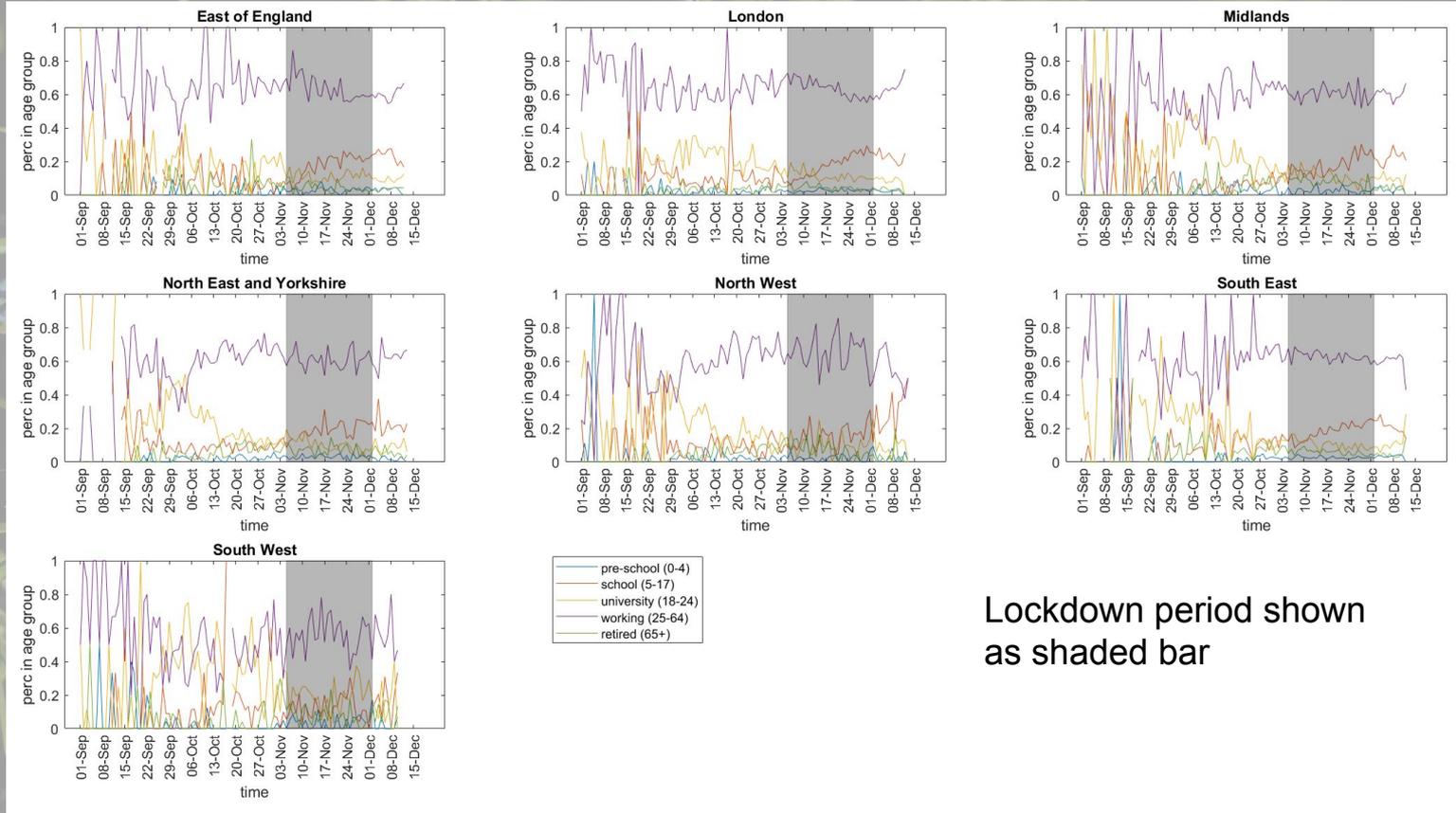


# Associated growth rates (10y bands)



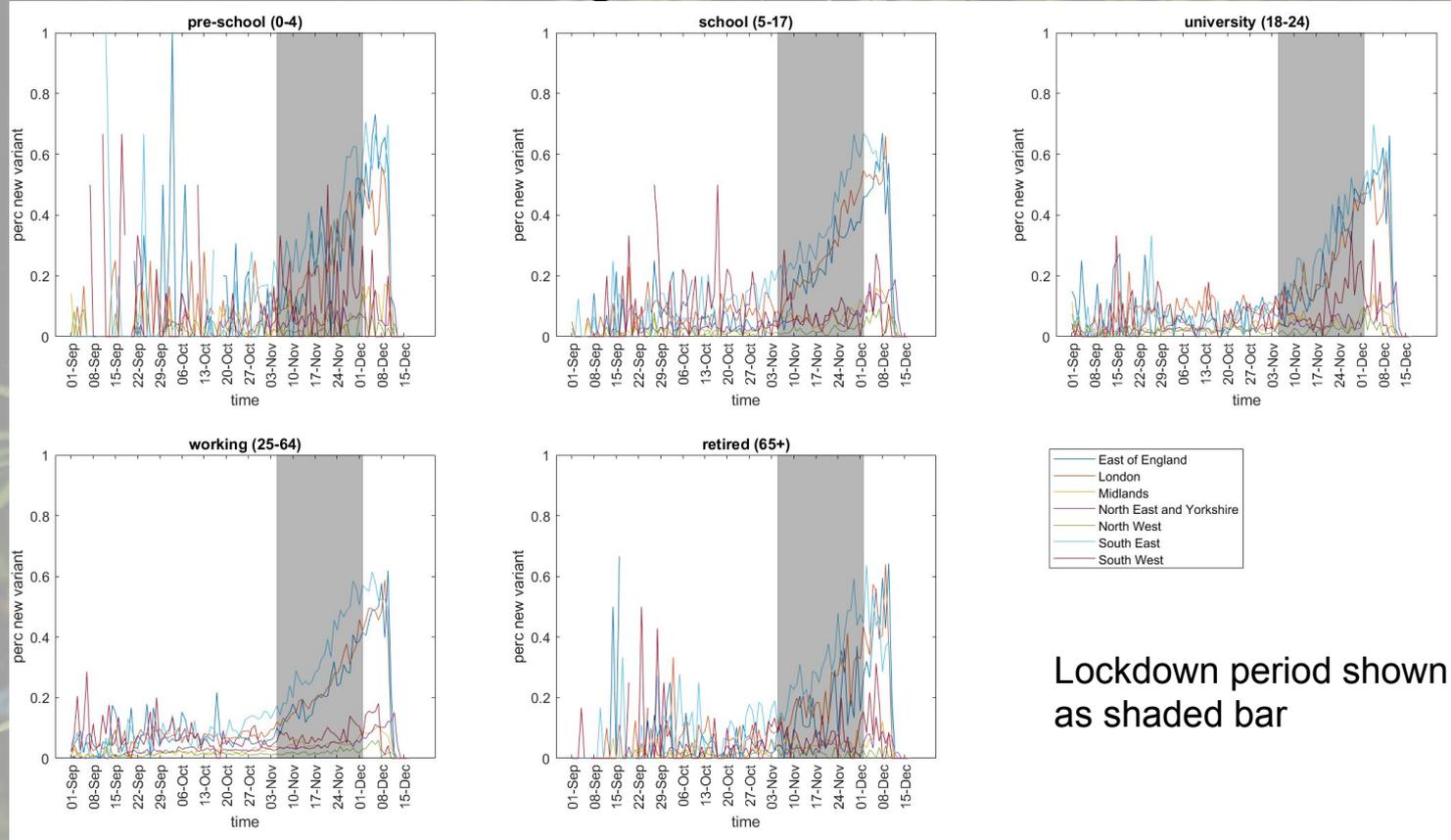
# Detail over time, panel per region (percentage of new variant by age bands as lines)

This gives the proportion of S-negative tests on a given day that are in each of the age groups. **Since the groups are different sizes this should be used only to see how the proportions change over time**



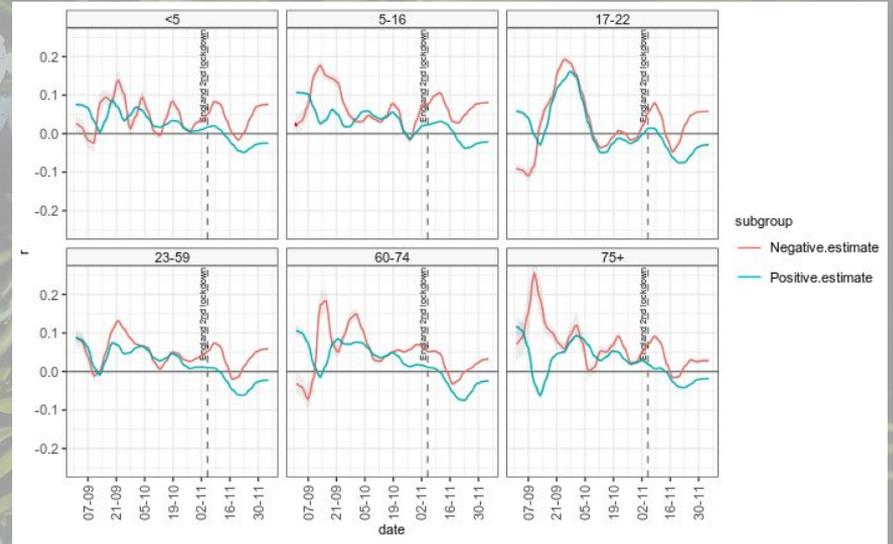
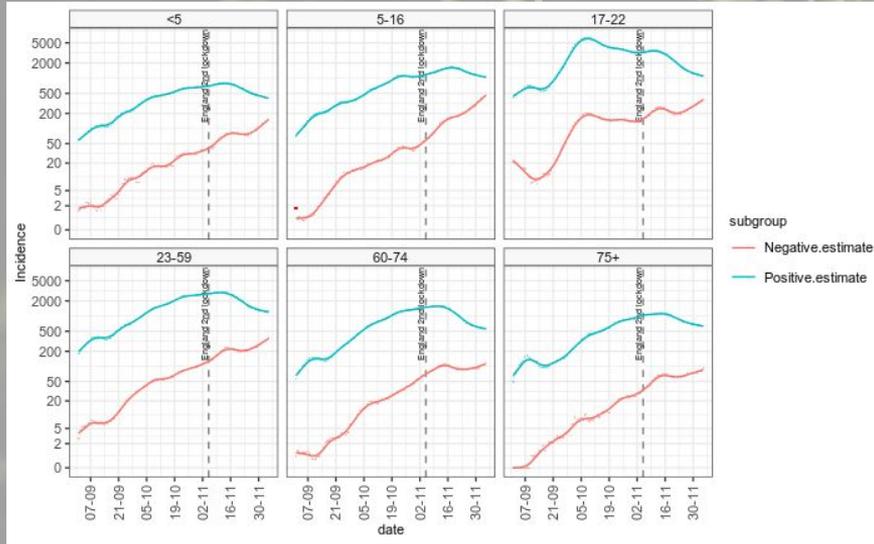
Lockdown period shown as shaded bar

# Percentage of cases that are new variant, panel per age band, lines are regions



Lockdown period shown  
as shaded bar

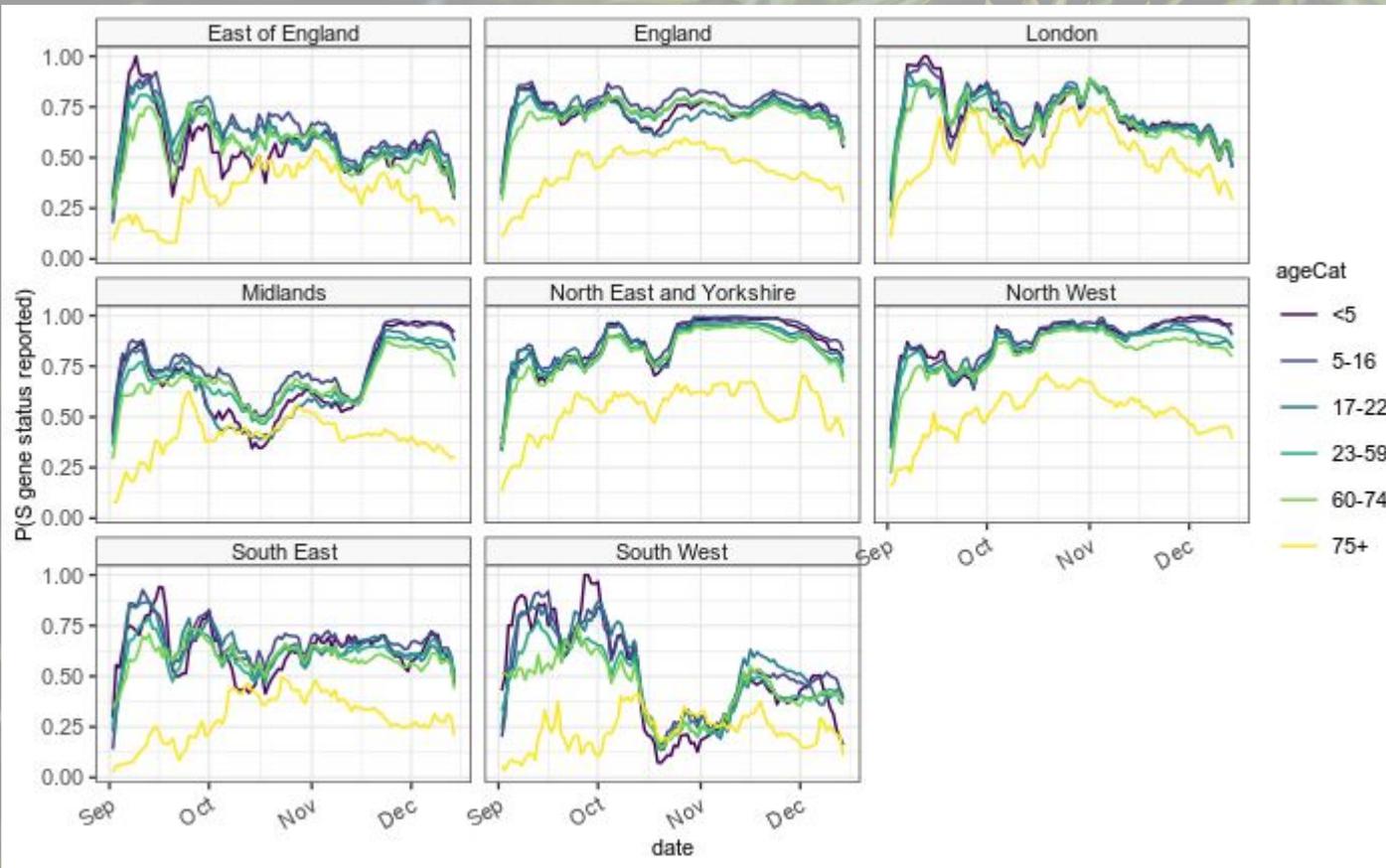
# DRAFT - Inferred P2 S+/S- breakdown by age



Differential incidence and growth rates estimated for S-Neg and S-Pos by age

Suggests growth rate advantage larger for younger age groups, but this may reflect different S-Neg strain composition in elderly.

# Proportion P2 cases where S gene result available

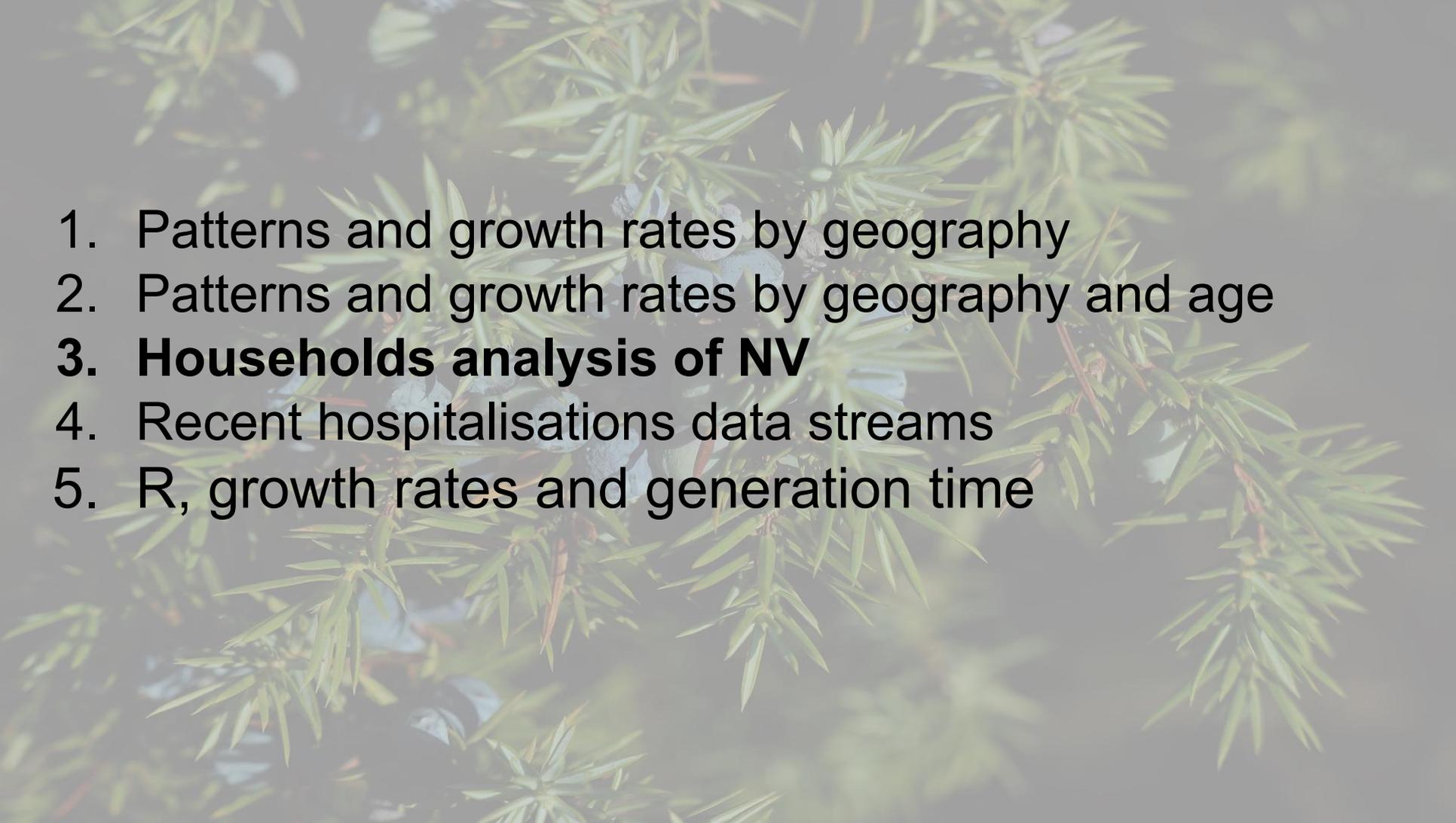


S gene testing not entirely random sample of tests.

Elderly slightly under-represented

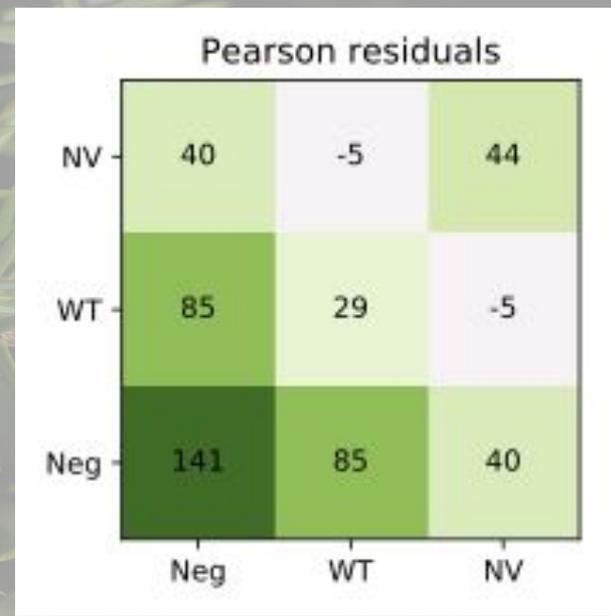
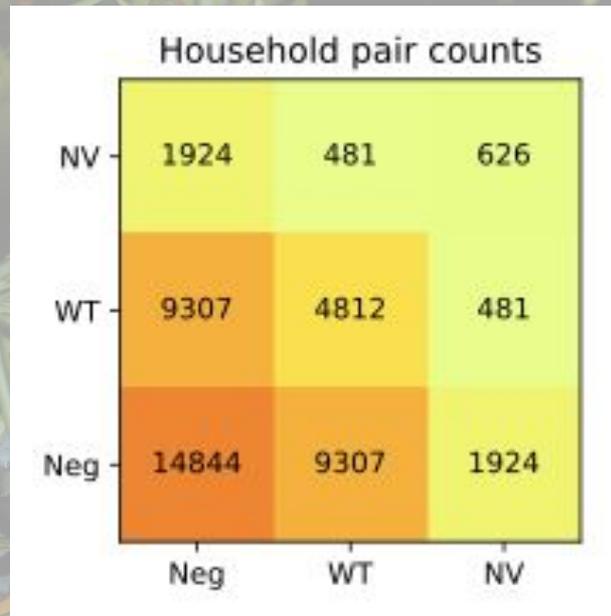
Presumed capacity issues in SW in mid Oct

Biases in the data set need further characterisation

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# ONS Households

Left shows the counts of pairs of different PCR pattern types in households with at least one positive. Right shows the Pearson residuals versus the null of unclustered types.



These are consistent with the hypothesis that the new variant is more transmissible within households, but can't be interpreted as a causal effect size.

(NB "NV" stands for "OR+N" PCR+ and "WT" for all other PCR+ patterns. These outputs are provided for operational purposes and should not be forwarded until the ONS publishes them.)

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# Hospital streams

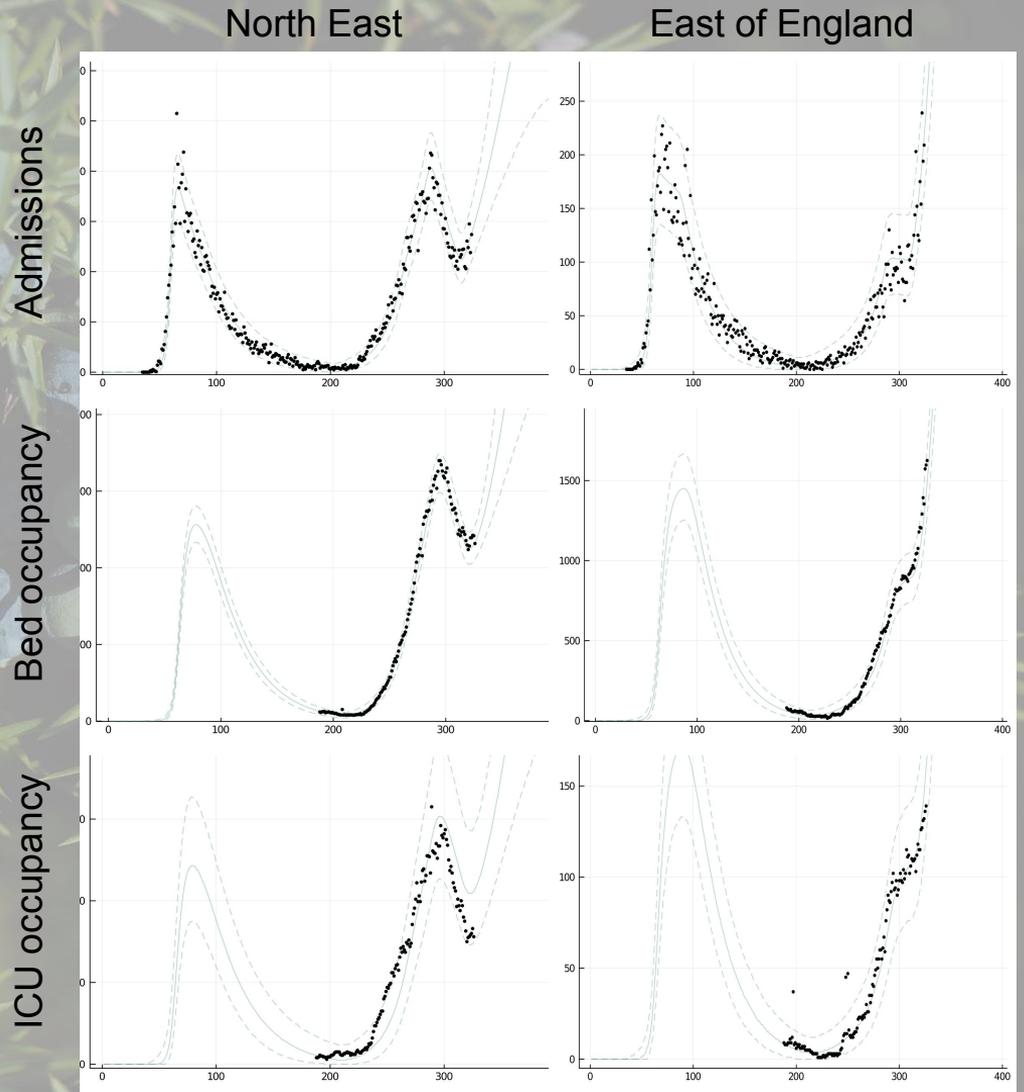
In LO, EE and SE

- No decline in hospital data during lockdown
- Fast rise after reopening

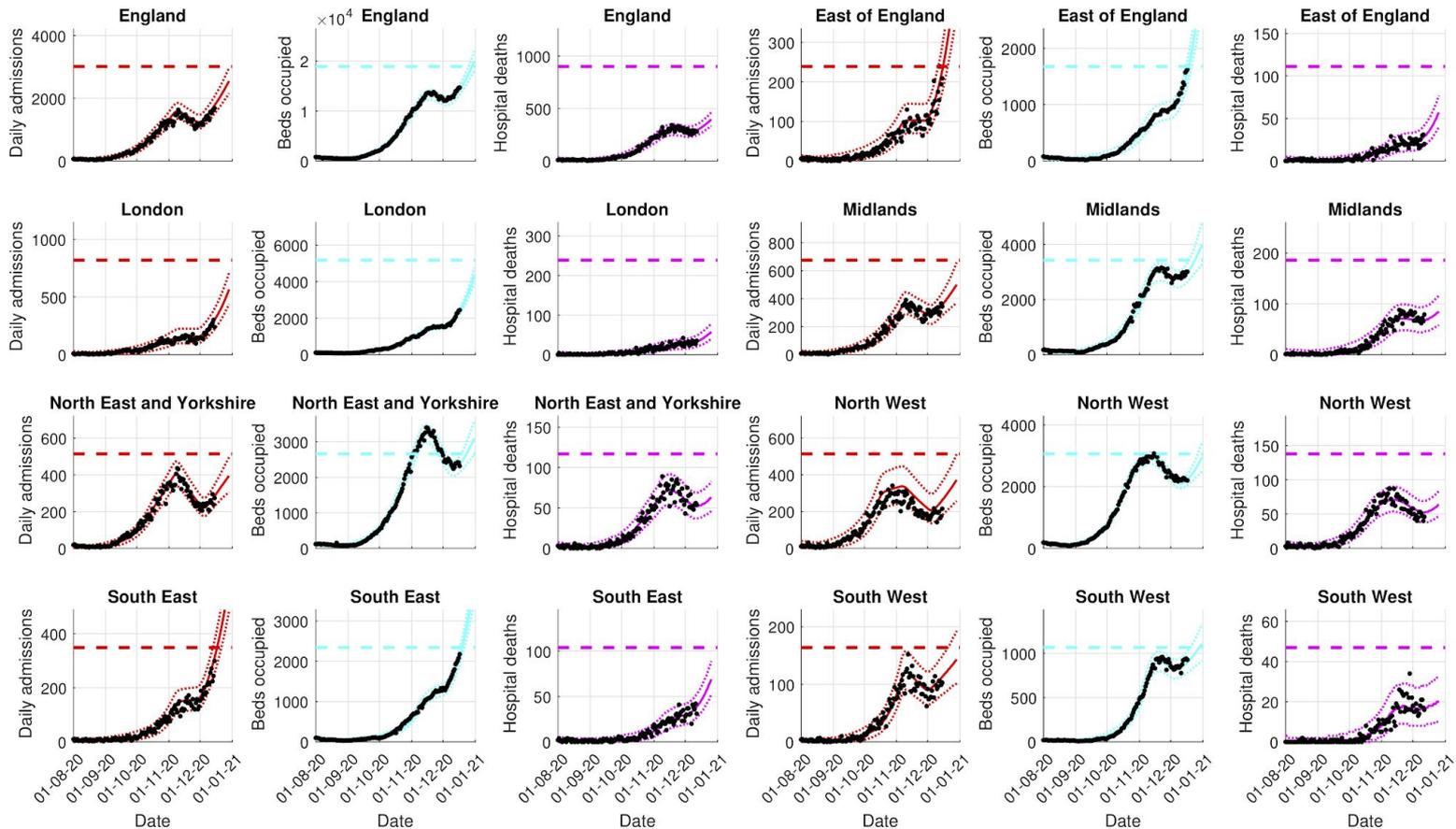
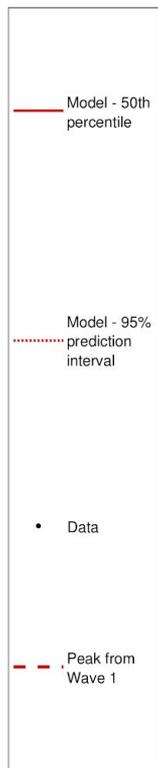
In NE, NW, SW (a bit MI):

- Decline during lockdown
- Less/slower growth after

England average: in 2 weeks we lost all benefit of a 4-week lockdown



# Hospital data streams in all regions



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# Inferred R is sensitive to a change in generation time

Given a fixed growth rate (contours on plot), the inferred R (y-axis) depends on assumed generation time distribution (x-axis). If true generation time is lower than assumed, the R estimate will be exaggerated away from 1.

Small print: assuming gamma distributed generation times,  $\kappa=0.446$ .

