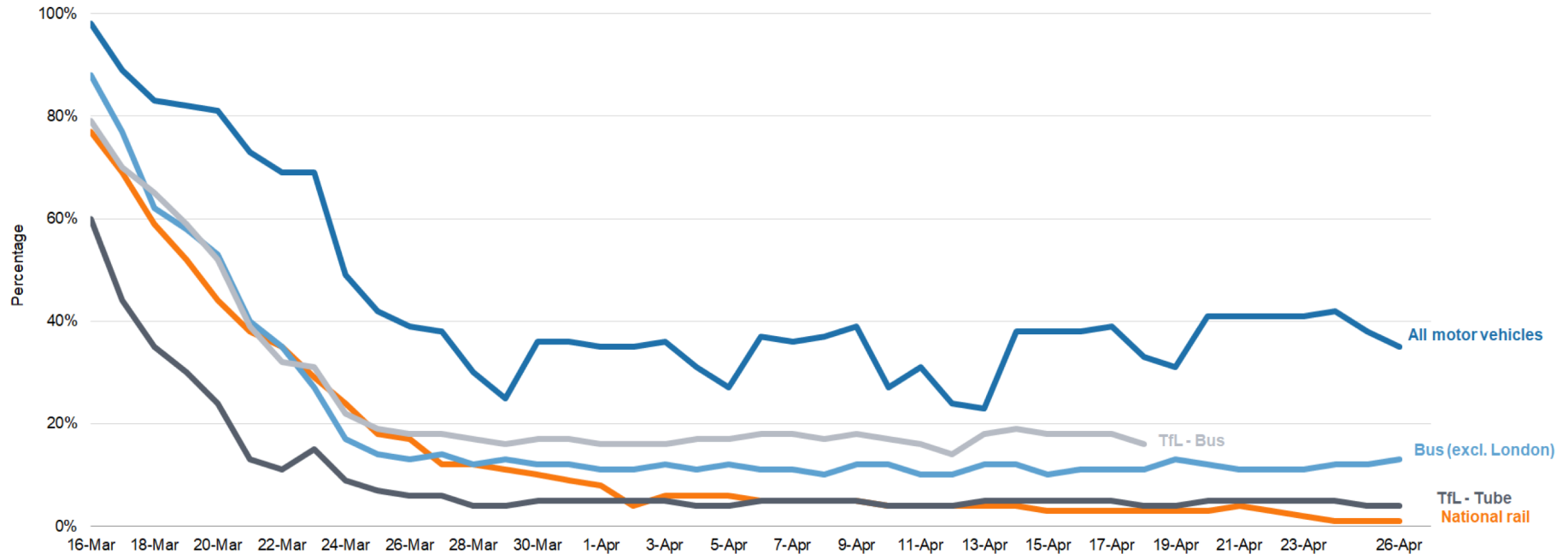


## Five tests for adjusting the lockdown

- The NHS has sufficient capacity to provide critical care and specialist treatment right across the UK
- A sustained and consistent fall in daily deaths from Coronavirus
- Reliable data to show that the rate of infection is decreasing to manageable levels across the board
- Operational challenges including testing and PPE are in hand with supply able to meet future demand
- Confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS

## Transport use change (Great Britain)

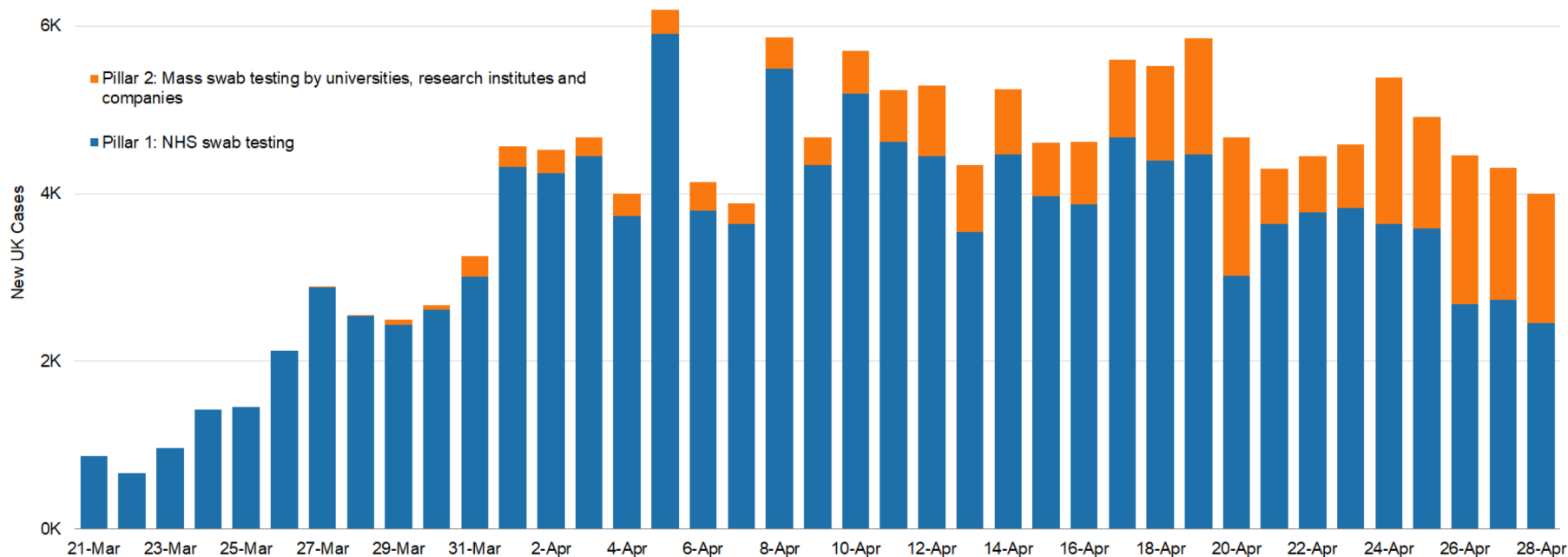
Road traffic volumes on Sunday 26th April are 65% lower than the first week of February. Traffic volumes on Sunday 26th April have shown a small increase of 4 percentage points compared to the previous Sunday (19th April, traffic volumes were 69% lower). Rail and Tube use are down by more than 96%.



Source: Department for Transport. Bus (exc London), TFL tube and Bus data has been adjusted to compare against typical usage for the Easter break, whereas motor vehicles and national rail have not. Data on TFL Buses is not available from Sunday 19th April due to the change in [boarding policy](#).

## New Cases (UK)

Cases are reported when lab tests are completed. This may be a few days after initial testing. Testing capacity is increasing, the number of observed cases has remained stable over the last 7 days, though there are likely many more cases than currently recorded here.

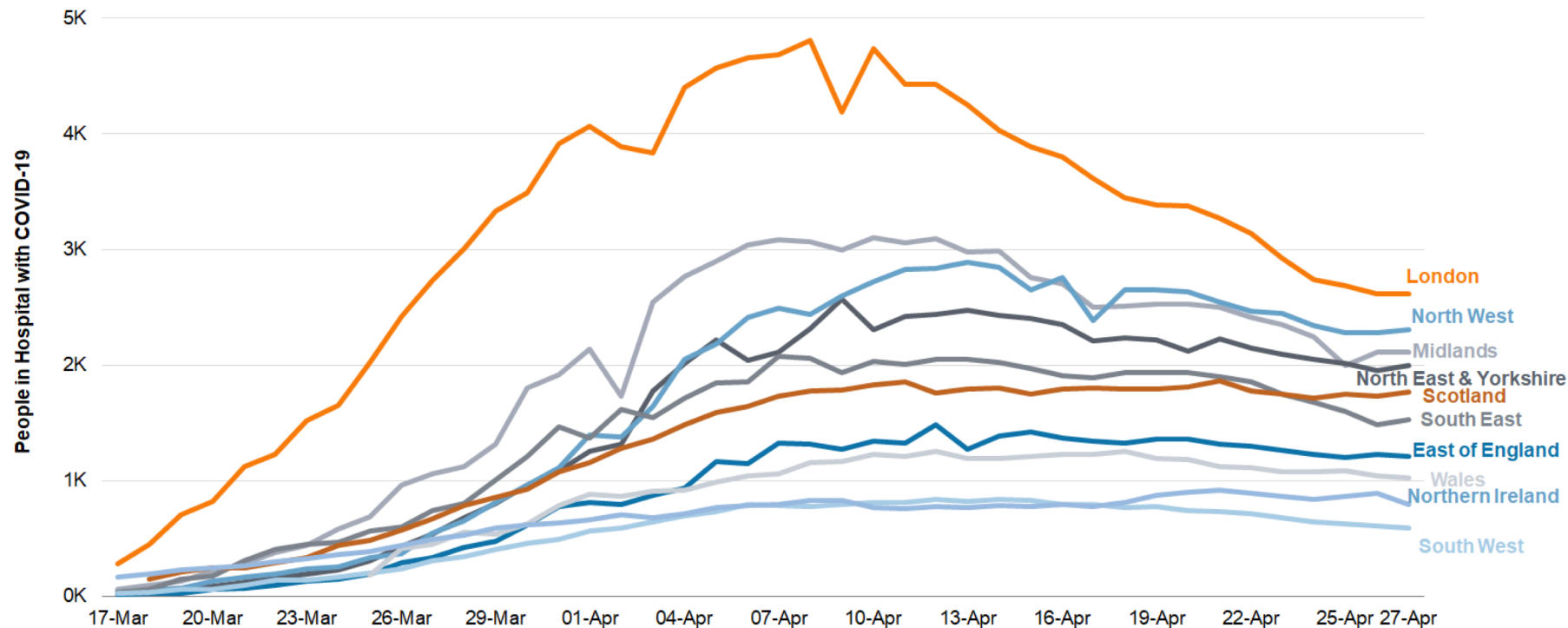


Source: Department of Health and Social Care. Pillar 1: NHS swab testing for those with a medical need and, where possible, the most critical key workers. Pillar 2: Mass swab testing for critical workers in the NHS, social care and other sectors and symptomatic household members, delivered by a partnership of universities, research institutes and companies.

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## People in Hospital with COVID-19 (UK)

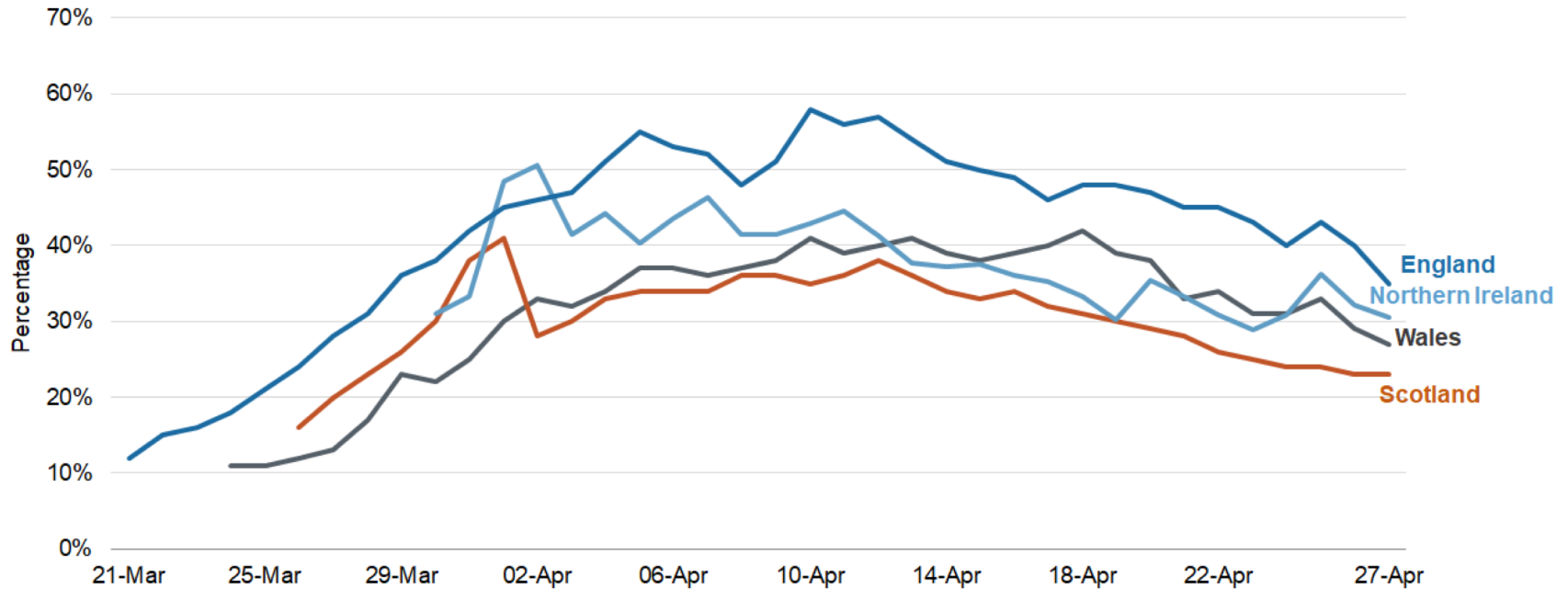
Over the last week the number of people with COVID-19 in UK hospitals has fallen from 18,579 to 15,926, a decrease of 14%.



Source: NHSE, Welsh Gov., Scottish Gov., Northern Ireland Executive. National data may not be directly comparable as data about COVID-19 patients in hospitals is collected differently across nations.

## Critical Care Beds with COVID-19 patients (UK)

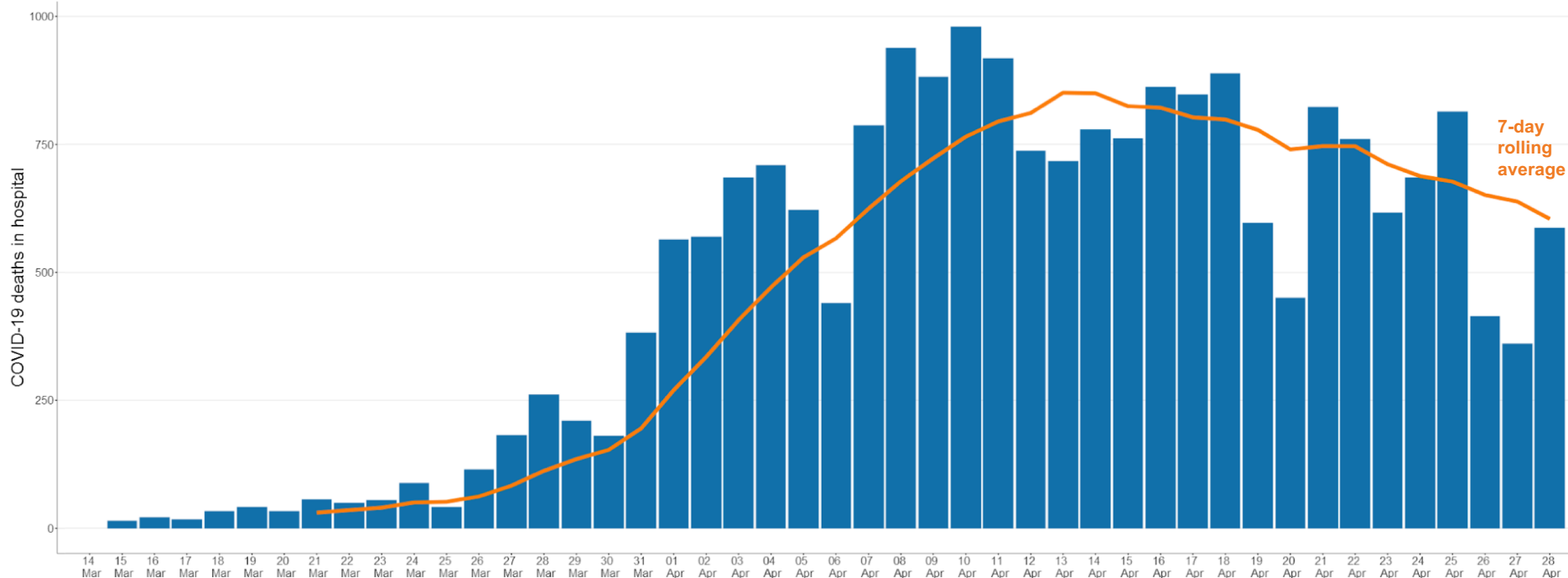
Percentage of all critical care beds that are being used for COVID-19 patients. Critical care comprises of all beds in HDU and ITU wards. They are a combination of Ventilator and Oxygen+ (V and O+) beds.



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## Daily COVID-19 Deaths in Hospital (UK)

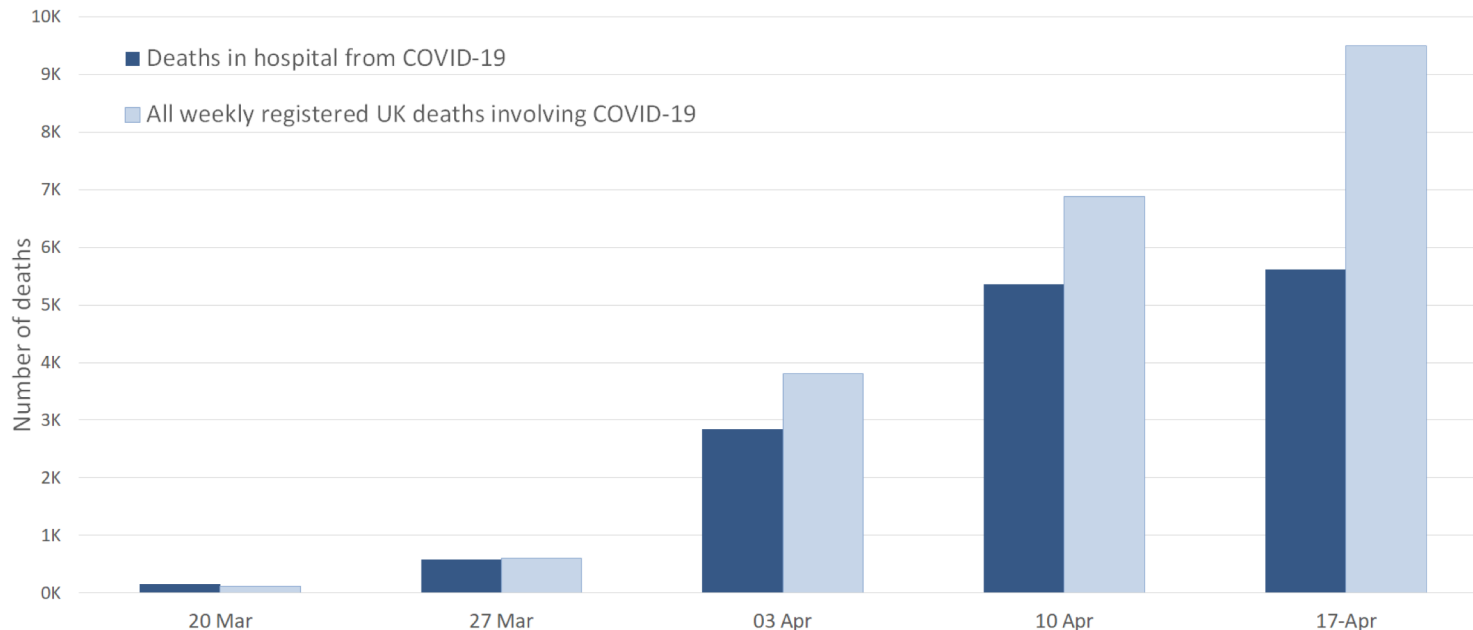
UK hospitals reported an additional 586 deaths of people, in hospital, who had tested positive for coronavirus.



Source: Department of Health and Social Care, based on data from NHS England and the devolved administrations. UK deaths are reported when paperwork is filed, rather than time of death. Deaths are reported in the 24 hours up to 5pm on the previous day. The figures on deaths relate in almost all cases to patients who have died in hospital and who have tested positive for COVID-19. Slight differences in reporting in devolved administrations may mean that they include a small number of deaths outside hospital. 7-day rolling average (mean) of daily deaths.

## All weekly registered deaths from COVID-19 compared with deaths in hospital (UK)

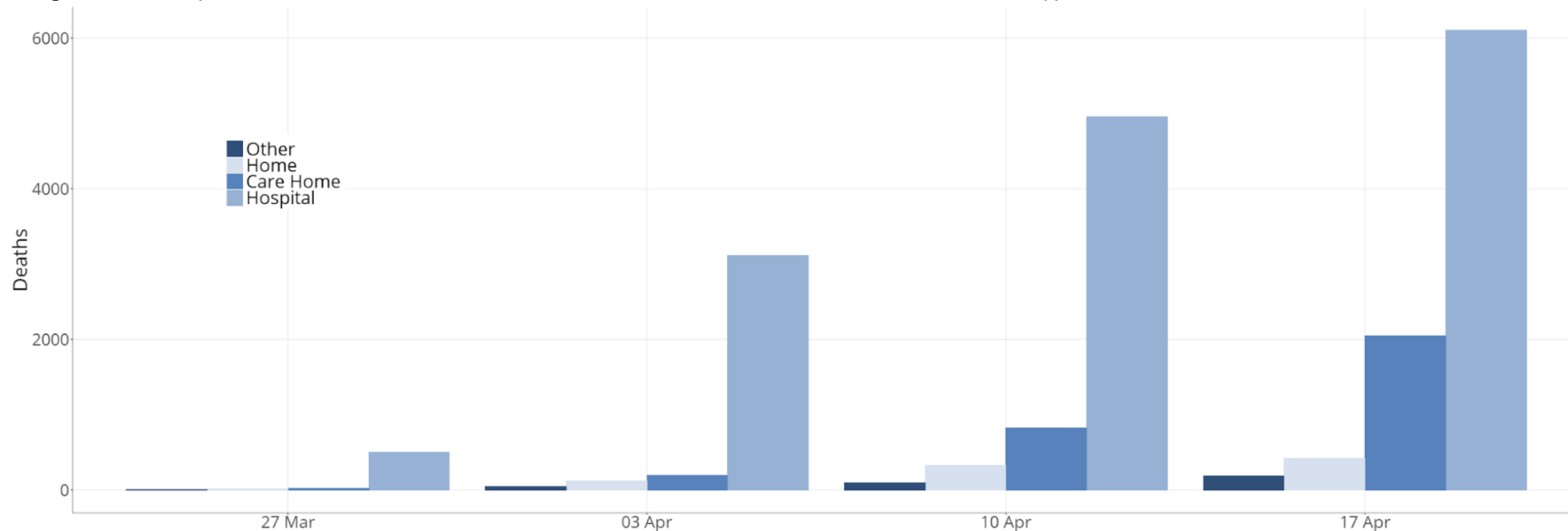
The majority of deaths occur in hospital. The all weekly measure of registered deaths is based on the date of registration. It includes deaths at home, in hospices, care homes, other communal establishments and elsewhere as well as deaths in hospital. The deaths in hospital measure is for those who tested positive for COVID-19 and then died, with the date of death given as the date when the death was reported.



Source: Office for National Statistics, Department of Health and Social Care, based on data from NHS England and the devolved administrations. Daily reporting of UK deaths is for hospitals only and may lag by up to several days. Daily counts have been aggregated to weekly totals. ONS, NRS and NISRA reporting of registered UK deaths for all settings is based on information from death certificates, and lags DHSC daily hospital data. The average (median) registration delay is four days. ONS data also includes those without a test for COVID-19 but where COVID-19 was mentioned on the death certificate.

## Provisional weekly registered deaths from COVID-19 in England and Wales by place of occurrence

Registered weekly deaths where COVID-19 was mentioned on the death certificate at each location type.

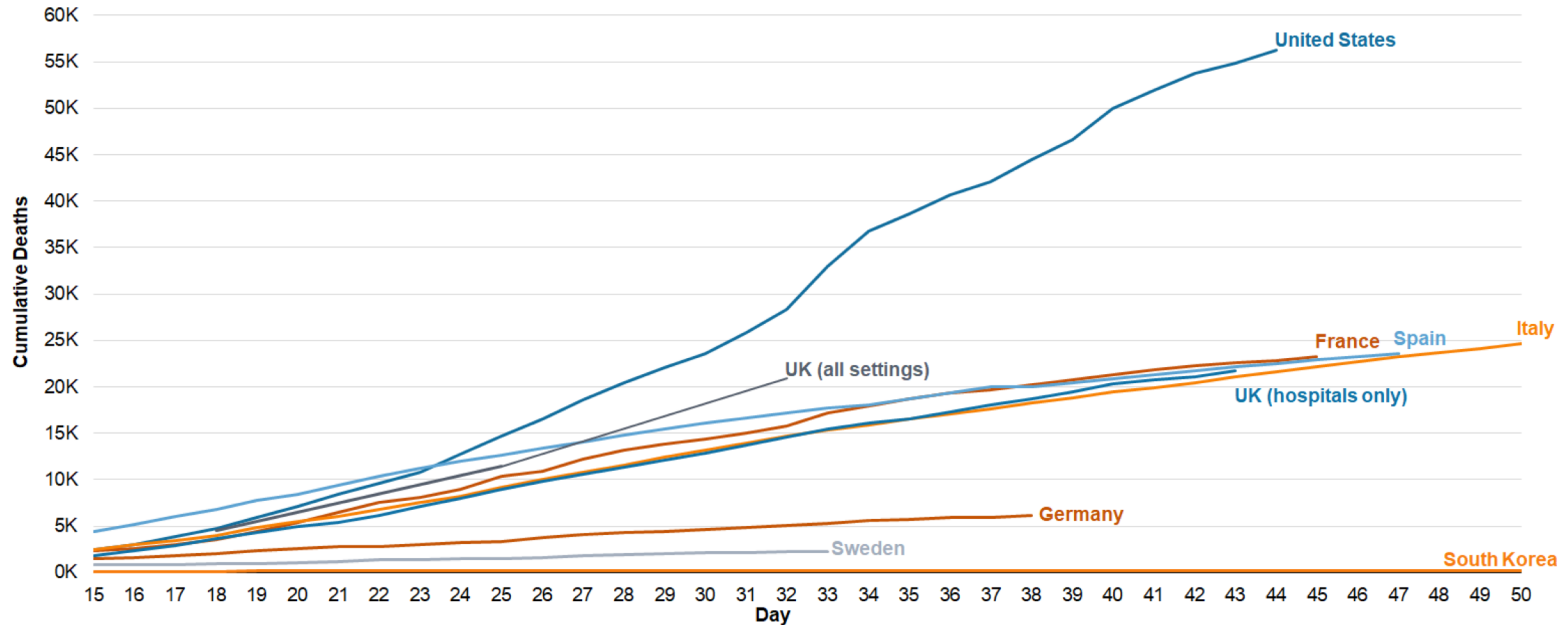


Source: Office for National Statistics. ONS, NRS and NISRA reporting of registered UK deaths for all settings is based on information from death certificates, and therefore lags DHSC daily hospital data. The average (median) registration delay is four days. ONS data also includes those without a test for COVID-19 but where COVID-19 was mentioned on the death certificate. Deaths at home are those at the usual residence of the deceased (according to the informant) where this is not a communal establishment. "Other" includes deaths in hospices, communal establishments other than hospices, care homes and hospitals, and elsewhere.



## Global Death Comparison

Country data is aligned by stage of the outbreak. Day 0 equals the first day 50 cumulative deaths were reported. Different countries have different methods of counting Covid-19 deaths which means it is difficult to compare statistics across countries. Some countries, such as France and the US, count deaths resulting directly from the virus only, whilst others, such as the UK and Italy, use a wider definition of deaths of those with the virus but who potentially died of other causes. In addition, some countries, such as France, include deaths from the virus in care homes whilst others, such as Italy, report hospital deaths only.



Source: ONS, NRS, NISRA, Public Health England, Johns Hopkins University. The figures on deaths relate in almost all cases to patients who have died in hospital and who have tested positive for COVID-19. Slight differences in reporting in devolved administrations may mean that they include a small number of deaths outside hospital. ONS, NRS and NISRA reporting of UK deaths for all settings is based on information from death certificates, and therefore lags daily hospital data. International reporting procedures and lags are unclear, so may not be comparing like-for-like.