# SPI-M-O Medium-Term Projections

7<sup>th</sup> April 2021

## **SPI-M-O Medium-term Projections**

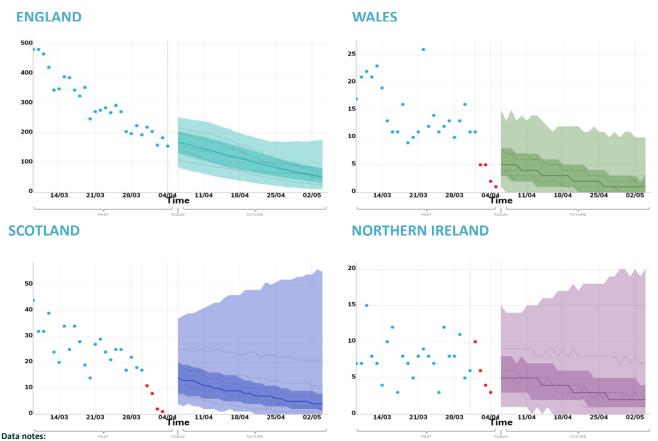
- These projections are not forecasts or predictions. They represent a scenario in which the trajectory of the epidemic continues to follow the trends that were seen in the data up to 5<sup>th</sup> April.
- The delay between infection, developing symptoms, the need for hospital care, and death means they will not fully reflect the impact of policy or behavioural changes in the two to three weeks prior to 5<sup>th</sup> April.
- These projections include the potential impact of vaccinations over the next four weeks. This has been based on a rollout scenario provided by Cabinet Office for modelling purposes; it assumes an average of 3.1 million doses are administered per week across the UK.
- The projections assume vaccinations are administered according to JCVI's priority order, with 95% coverage in the over 50s and 90% coverage in under 50s.
- Modelling groups have used their expert judgement and evidence from <u>Public Health England</u>, <u>Scottish universities and Public</u> <u>Health Scotland</u> and other published efficacy studies when making assumptions about vaccine effectiveness. A table summarising these assumptions is available in the annex.
- Modelling groups have used data from contact surveys, <u>previous findings</u>, and their own expert judgement to incorporate the impact of re-opening schools and the Easter holidays on transmission. The projections do not include the effects of any other future policy or behavioural changes.
- Some of the projections this week have lower intervals that reach 0 for deaths and hospital admissions. Projecting forwards is difficult when the numbers of cases, admissions, and deaths fall to very low levels.
- Disruption to data flows and increased reporting delays over the Easter period makes it difficult to interpret recent trends in the data. This means the current state of the epidemic may not yet be fully reflected in the epidemiological data used to produce these projections.
- 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.

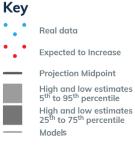
#### **Metrics:**

- 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.

## New hospital admissions per day

These projections are based on current trends and will not fully reflect the impact of policy or behavioural changes over the past two to three weeks. They are not forecasts or predictions.





These fan charts show the **90% credible interval and interquartile range** of the combined projections based on current trends. They cannot account for the impact of policy or behavioural changes in the two to three weeks prior to 5<sup>th</sup> April, as these will not yet have been reflected in epidemiological data.

These projections *include* the potential impact of vaccinations over the next four weeks. This has been based on a rollout scenario provided by Cabinet Office for modelling purposes; with 95% coverage in the over 50s and 90% in under 50s. The vaccine effectiveness assumptions used by each group are summarised in the annex.

Other than the reopening of schools and the Easter holidays, these projections do not include any effects of future policy or behavioural changes.

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.

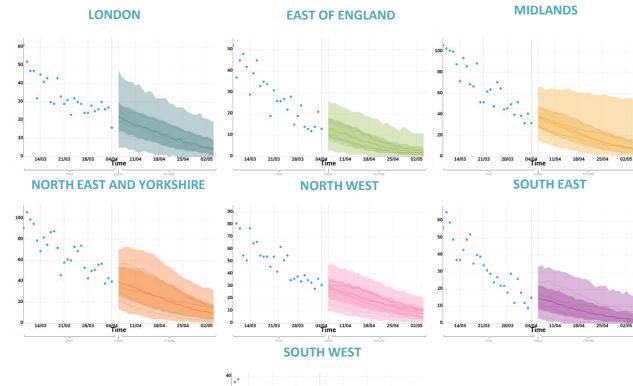
Wales: Number of patients admitted with confirmed COVID-19 and inpatients diagnosed with COVID-19. Provided by Public Health Wales.

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.

## New hospital admissions per day

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04/04 Time

14/03 21/03

#### Key Real data Expected to Increase Projection Midpoint High and Iow estimates 5<sup>th</sup> to 95<sup>th</sup> percentile High and Iow estimates 25<sup>th</sup> to 75<sup>th</sup> percentile Models

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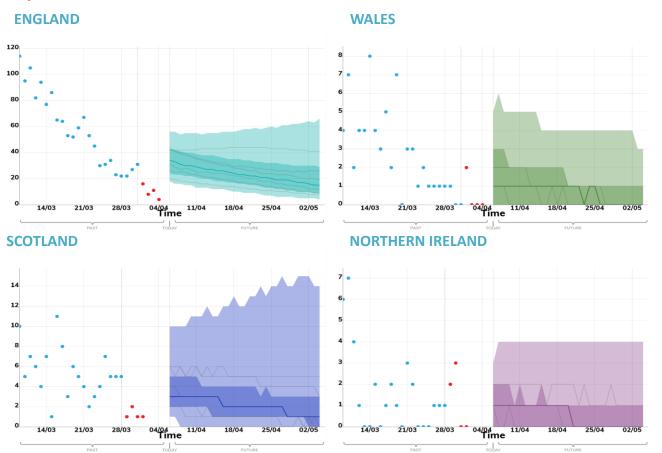
Other than the reopening of schools and the Easter holidays, these projections do not include any effects of future policy or behavioural changes.

#### 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.

#### New deaths per day

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 Real data
Expected to Increase
Projection Midpoint
High and Iow estimates 5<sup>th</sup> to 95<sup>th</sup> percentile
High and Iow estimates 25<sup>th</sup> to 75<sup>th</sup> percentile
Models

Key

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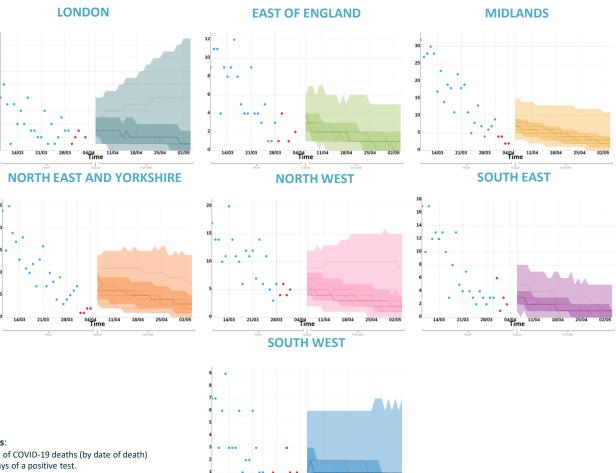
#### Data Notes:

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.

#### New deaths per day

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14/03 21/03

#### Key



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#### Data Notes:

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#### **Annex: SPI-M-O Vaccine Effectiveness Assumptions**

| Table 1: Vaccine reduction in risk of hospitalisation or death |          |          |                |             |     |                        |  |  |  |
|--|----------|----------|----------------|-------------|-----|------------------------|--|--|--|
|  |          | Imperial | Manchester [1] | Warwick [2] | PHE | Scottish<br>Government |  |  |  |
| Pfizer-BioNTech  | 1st Dose | 80%      | 75%            | 80%         | 80% | 94%                    |  |  |  |
|  | 2nd Dose | 98%      | 75%            | 90%         | 95% | 97%                    |  |  |  |
| Oxford-AstraZeneca   | 1st Dose | 80%      | 75%            | 80%         | 50% | 88%                    |  |  |  |
|  | 2nd Dose | 80%      | 75%            | 90%         | 70% | 93%                    |  |  |  |

| Table 2: Vaccine reduction in risk of infection |          |          |                |             |     |                        |  |  |  |  |
|---|----------|----------|----------------|-------------|-----|------------------------|--|--|--|--|
|   |          | Imperial | Manchester [1] | Warwick [2] | PHE | Scottish<br>Government |  |  |  |  |
| Pfizer-BioNTech                                 | 1st Dose | 65%      | 75%            | 60%         | 48% | 60%                    |  |  |  |  |
|   | 2nd Dose | 94%      | 75%            | 71%         | 60% | 75%                    |  |  |  |  |
| Oxford-AstraZeneca                              | 1st Dose | 63%      | 75%            | 60%         | 48% | 60%                    |  |  |  |  |
|   | 2nd Dose | 63%      | 75%            | 71%         | 60% | 75%                    |  |  |  |  |

[1] Manchester's model doesn't split vaccine effectiveness by vaccine type or different doses.

[2] Warwick's vaccine effectiveness assumptions are based on a weighted average of the two vaccines.