



UK Health  
Security  
Agency

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

Date: 23 February 2022

# 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

1. UKHSA's best estimate for R in England is between 0.7 and 1.0. R is estimated to be between 0.7 and 0.9 for Wales, 0.9 and 1.1 for Scotland, and 0.8 and 1.0 for Northern Ireland ([Figure 1](#)). These estimates are based on models<sup>1</sup> fit to data available up to 21 February 2022 where feasible, including hospitalisations, deaths, testing, wastewater samples and longitudinal studies.
2. Recent changes to testing guidelines (suspension of confirmatory PCR testing),<sup>2</sup> have made trends in data streams used in this report less clear; case numbers may be reduced due to changes in testing behaviour, with a decrease in propensity to seek a test, to an uncertain degree. Planned changes in testing will interrupt data flows further.<sup>3</sup>
3. Estimates lag changes in transmission by 2 to 3 weeks, due to the time required to see changes in data streams. It is an average over time, geographies, viral variants, and communities.
4. Combined estimates<sup>4</sup> show that the incidence<sup>5</sup> is between 86,800 and 140,000 new infections per day in England.

## Incidence and prevalence

5. During its most recent week (ending 19 February 2022), the ONS COVID-19 Infection Survey estimates<sup>6</sup> that an average of 2,096,200 people had COVID-19 in the community in

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<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>2</sup> [Confirmatory PCR tests to be temporarily suspended for positive lateral flow test results.](#)

<sup>3</sup> [COVID-19 Response: Living with COVID-19.](#)

<sup>4</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>5</sup> The number of new infections per day.

<sup>6</sup> These estimates can be subject to revision as further information is available and modelled.

England (95% credible interval 2,015,100 to 2,175,600). The survey does not include people in care homes, hospitals or prisons. Estimates from across the 4 nations of the UK are:

- England 2,096,200 (95% credible interval 2,015,100 to 2,175,600)
- Scotland 240,700 (95% credible interval 215,100 to 269,400)
- Wales 98,200 (95% credible interval 83,100 to 114,900)
- Northern Ireland 132,700 (95% credible interval 115,900 to 150,900)

## 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. However, at very high growth rates, this relationship does not hold.<sup>7</sup>

6. The EMRG's consensus estimates for the growth rates in the 4 nations are (90% credible interval):
  - England is between -4% to -1% per day
  - Wales is between -6% to -2% per day
  - Scotland is between -2% to +1% per day
  - Northern Ireland is between -5% to -1% per day

National estimates of growth rates are summarised in [Figure 2](#).

7. 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.
8. UKHSA's best estimate for R in England is 0.7 and 1.0. R is estimated to be between 0.7 and 0.9 for Wales, 0.9 and 1.1 for Scotland, and 0.8 and 1.0 for Northern Ireland. UKHSA's agreed national and regional R estimates are summarised in [Table 1](#), [Table 2](#) and individual model estimates are illustrated in [Figure 1](#), and [Figure 3](#).
9. Changes to testing guidelines (suspension of confirmatory PCR testing)<sup>8</sup> have made trends in data streams used in this report less clear; case numbers may be reduced due to changes in testing behaviour, with a decrease in propensity to seek a test, to an uncertain degree. New policy changes will interrupt data flows further.<sup>9</sup>

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<sup>7</sup> Further Technical Information on the growth rate can be found in Plus Magazine: [The growth rate of COVID-19 | plus.maths.org](#).

<sup>8</sup> [Confirmatory PCR tests to be temporarily suspended for positive lateral flow test results - GOV.UK \(www.gov.uk\)](#)

<sup>9</sup> [COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](#)

10. Changes to data flows reduce confidence in the estimates, particularly when we see differences between sources. At present this is sufficiently limited that it does not preclude providing estimates of R and growth rate, but this will be kept under constant review.
11. R is an indicator that lags changes in transmission by 2 to 3 weeks,<sup>10</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 21 February 2022, where feasible,<sup>11</sup> the estimates reported here represent the epidemic situation as at 8 February 2022.
12. 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.
13. In addition, changes in population immunity can impact data streams, with alterations to the relationship between cases and health outcomes, such as hospital admissions. These relationships will continue to change depending on the degree of immune protection to variant(s) in circulation.
14. 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>12</sup> and prevalence.<sup>13</sup> When prevalence is high, even if R is at, or below, 1, the absolute number of new cases will be very high.

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<sup>10</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>11</sup> Different models fit to different windows of time using different methodologies, hence not all models will fit up to this precise date.

<sup>12</sup> The number of individuals who develop the disease within a specified time period

<sup>13</sup> The proportion of the population with the disease at a given point in time

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

Nation	R	Daily growth rate	Doubling time <sup>14</sup>
England	0.7 to 1.0	-4% to -1%	-37 to -17 days
Wales	0.7 to 0.9	-6% to -2%	-33 to -12 days
Scotland	0.9 to 1.1	-2% to +1%	-39 days to flat
Northern Ireland	0.8 to 1.0	-5% to -1%	-16 days to flat

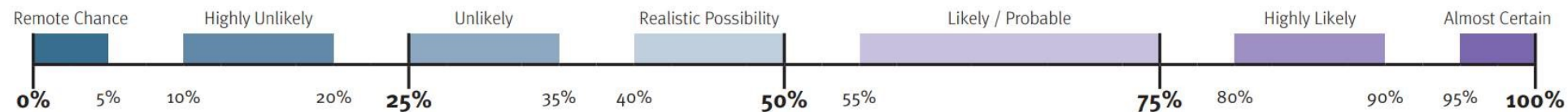
**Table 2. Combined estimates of R values growth rates and doubling times in the NHS England regions (90% credible interval)**

NHS England region	R	Daily growth rate	Doubling time <sup>14</sup>
England	0.7 to 1.0	-4% to -1%	-37 to -17 days
London	0.7 to 1.0	-5% to -1%	-16 days to flat
East of England	0.7 to 0.9	-5% to -1%	-35 to -14 days
Midlands	0.7 to 0.9	-6% to -2%	-27 to -13 days
North East & Yorkshire	0.7 to 0.9	-7% to -3%	-21 to -11 days
North West	0.7 to 0.9	-6% to -3%	-22 to -11 days
South East	0.7 to 1.0	-5% to 0%	-16 days to flat
South West	0.8 to 1.0	-4% to 0%	-19 days to flat

<sup>14</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).



## 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 ([1](#), [2](#)), Imperial College London ([3](#), [8](#)), University of Warwick ([4](#), [5](#)), University of Exeter and University of Bristol ([6](#)), Lancaster University ([7](#)), University of Manchester and University of Cambridge ([9](#)). UKHSA would also like to thank the European Bioinformatics Institute ([10](#)), University of Oxford ([11](#), [12](#)), University of Liverpool ([13](#)), and the Institute of Disease Modeling ([14](#)) for contributing model outputs. UKHSA also acknowledges the work developing combination estimates from Defence and Science Technology Laboratory ([15](#)). 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

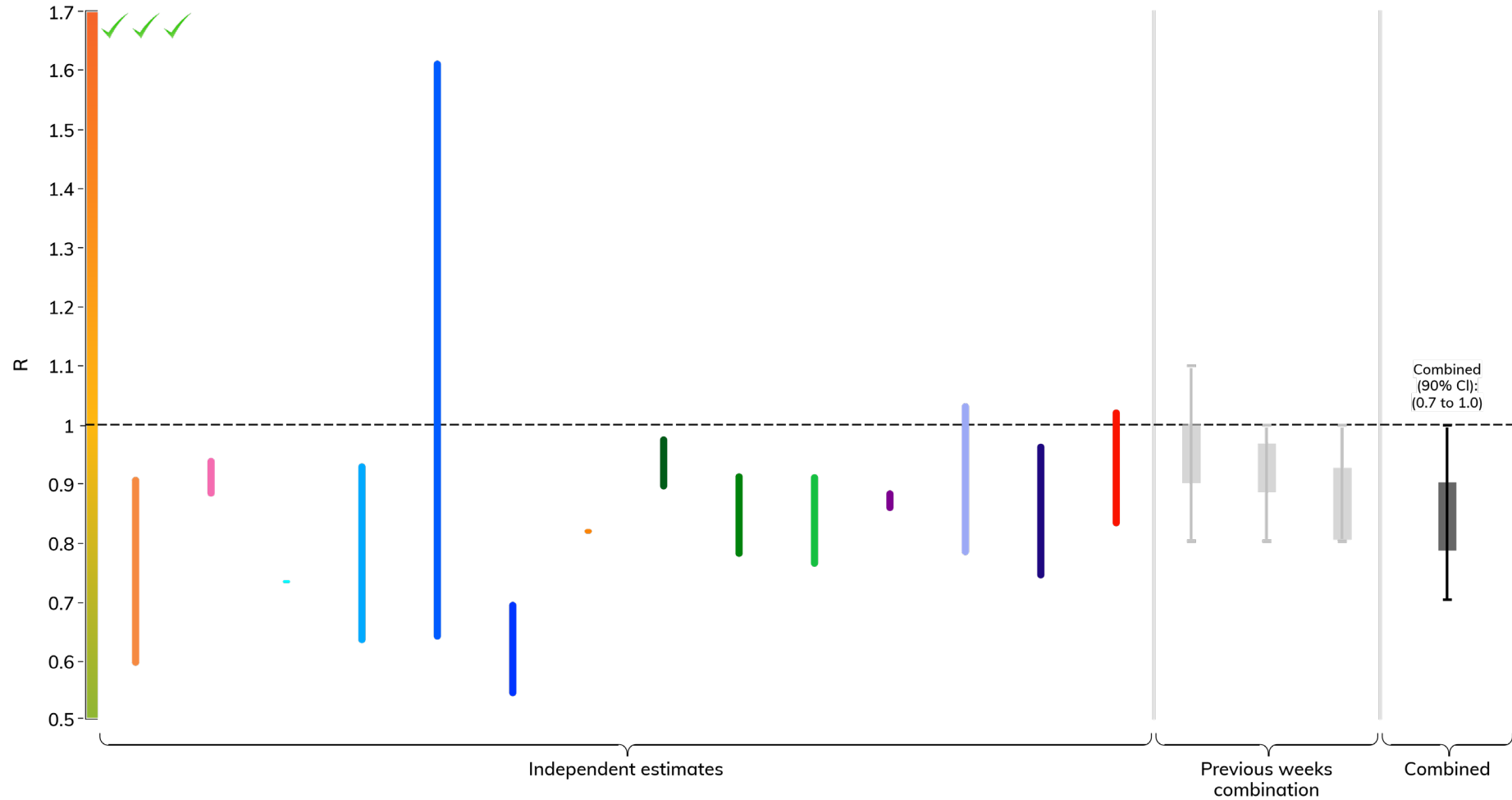
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**Figure 1a. Estimates of R in the 4 UK nations (90% credible intervals) as at 8 February 2022**

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.

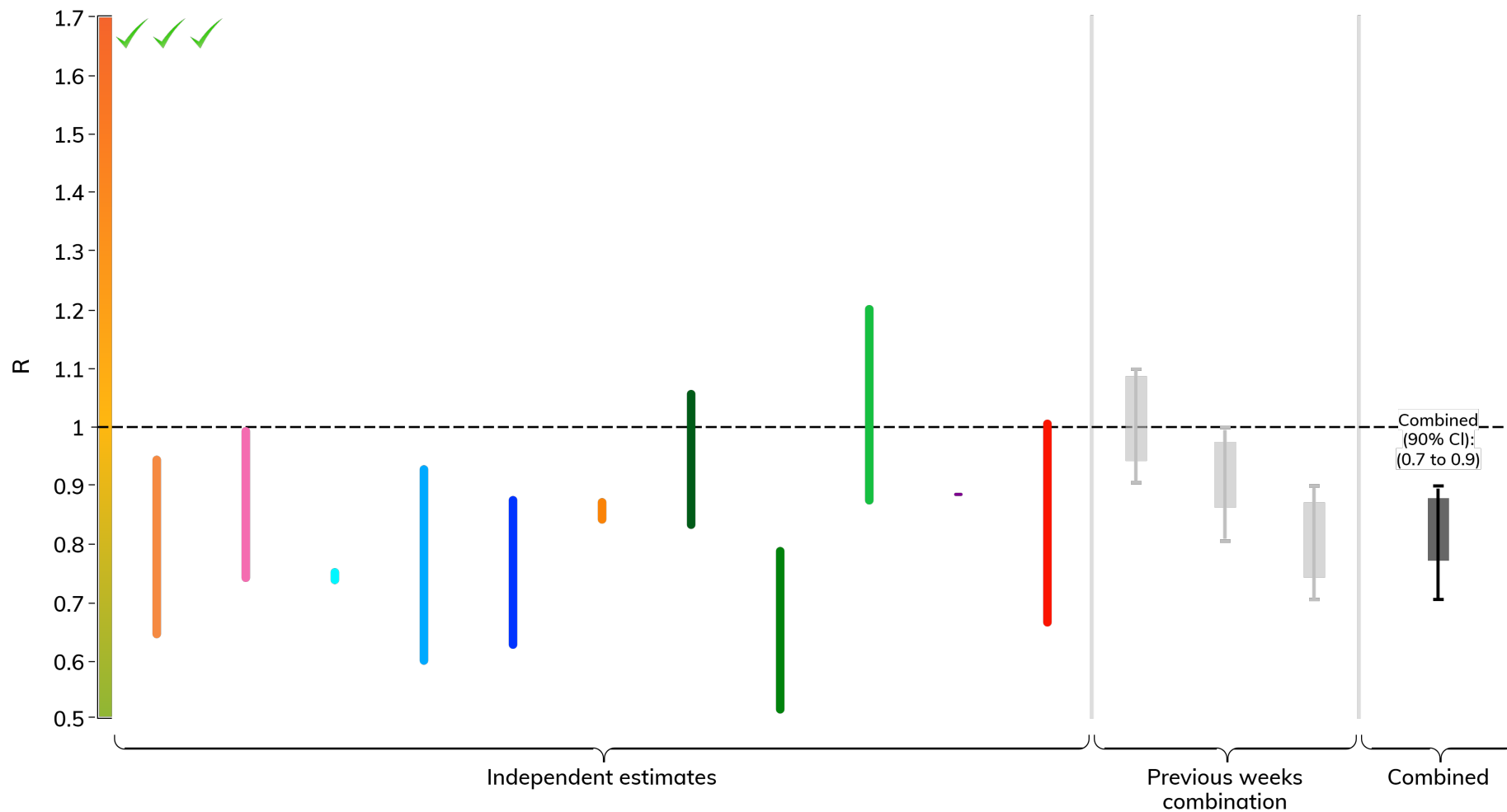
## England



**Figure 1b. Estimates of R in the 4 UK nations (90% credible intervals) as at 8 February 2022**

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.

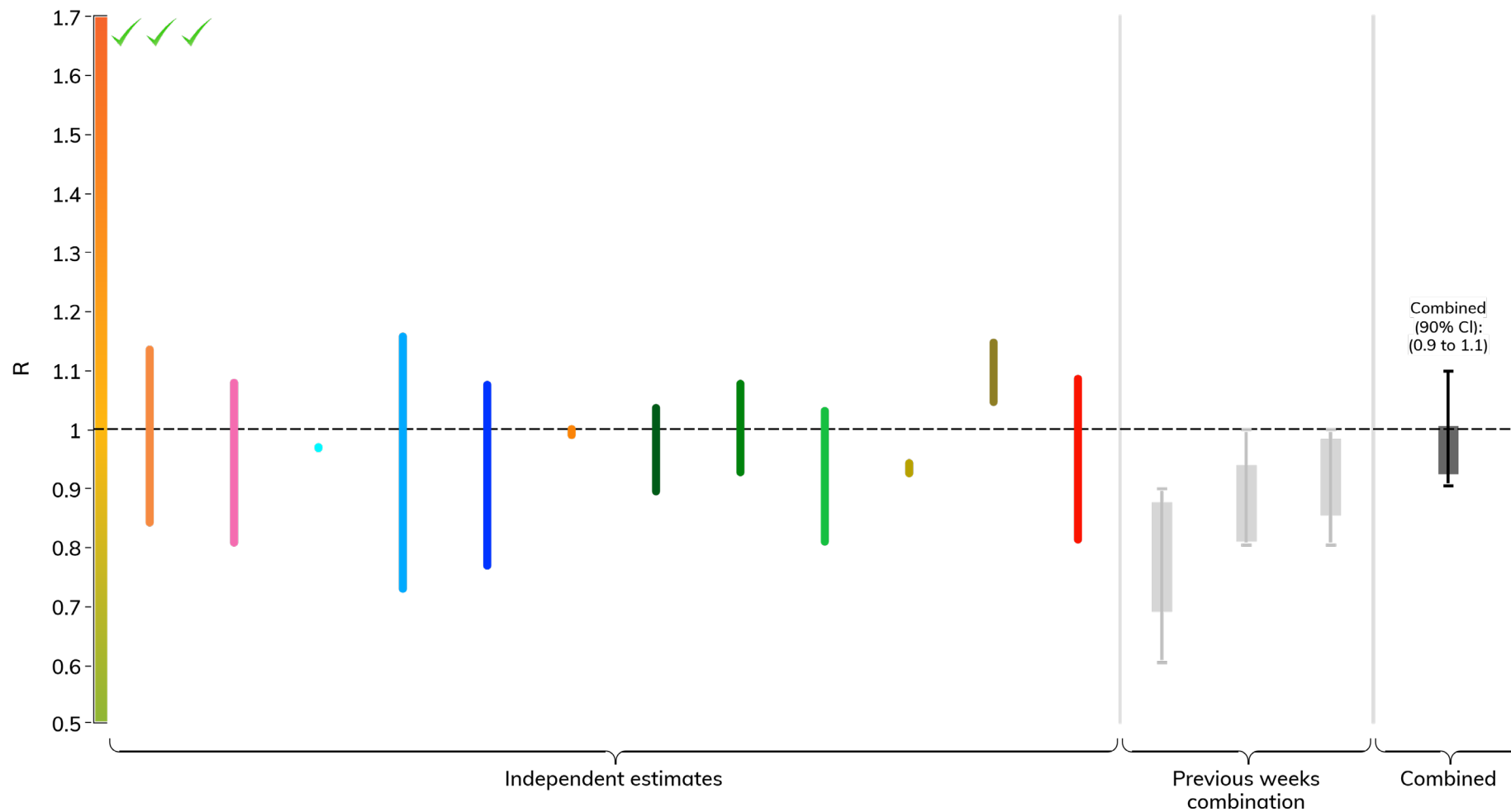
## Wales



**Figure 1c. Estimates of R in the 4 UK nations (90% credible intervals) as at 8 February 2022**

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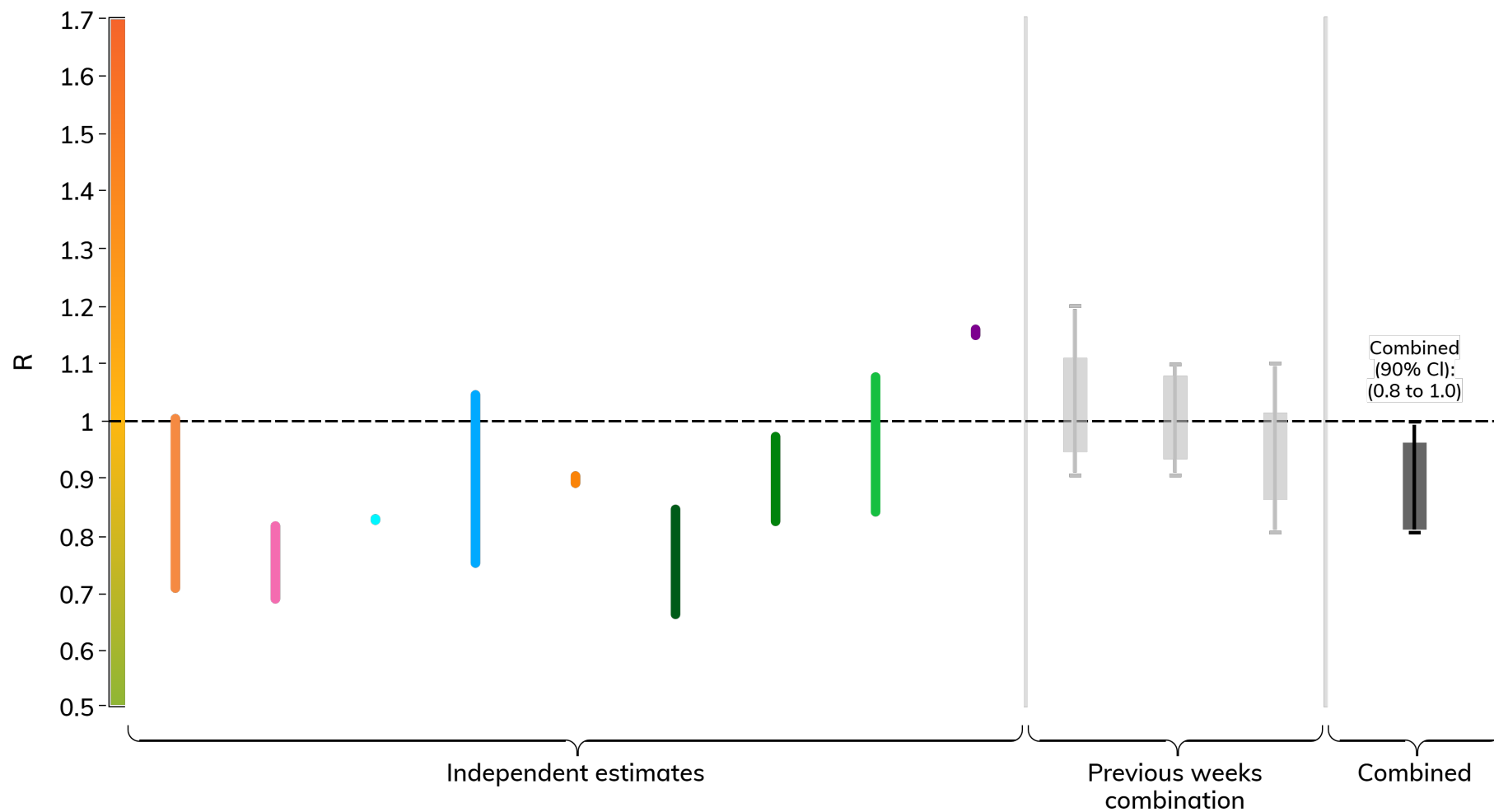
### Scotland



**Figure 1d. Estimates of R in the 4 UK nations (90% credible intervals) as at 8 February 2022**

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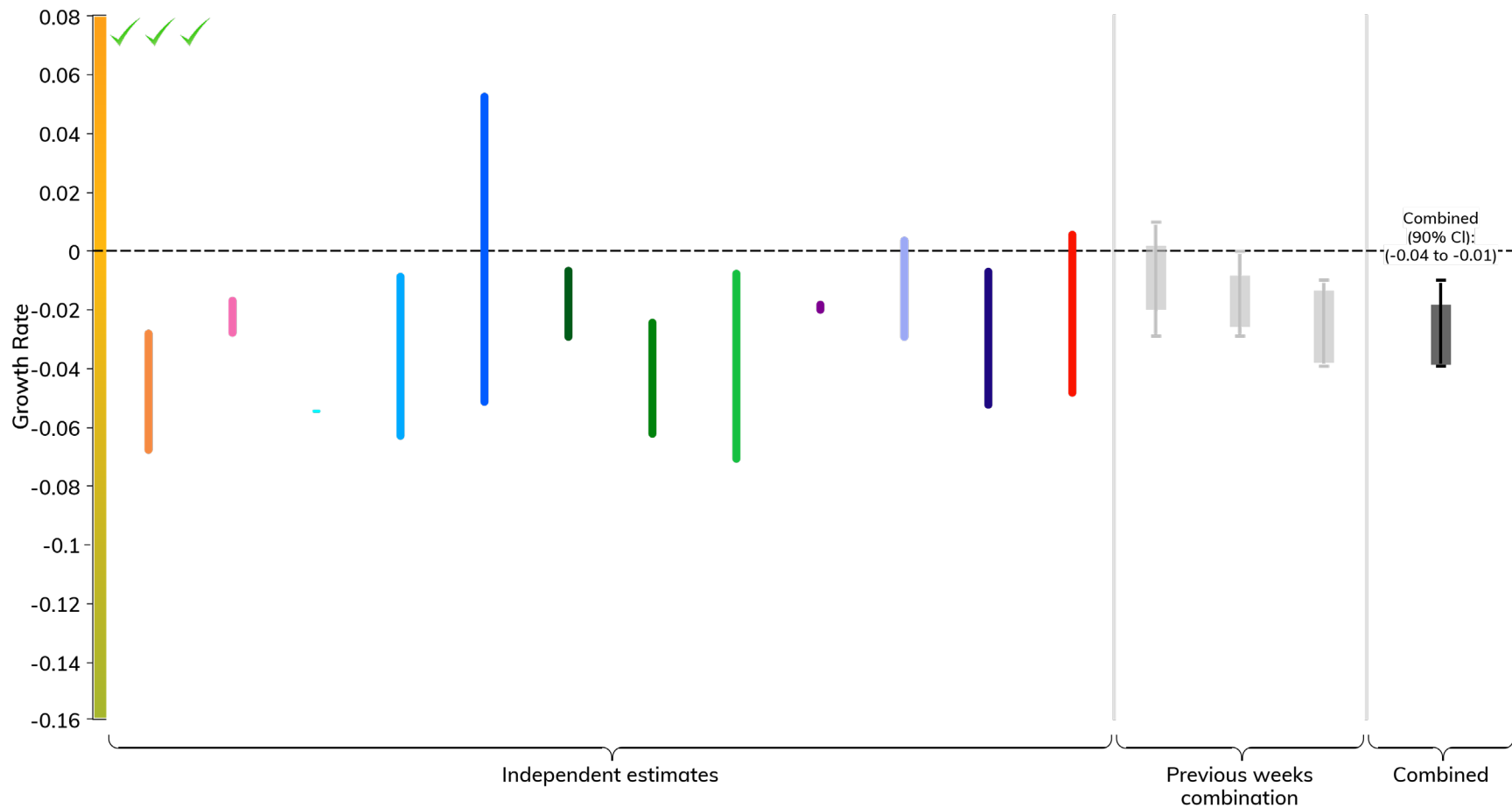
### Northern Ireland



**Figure 2a. Estimates of the growth rate in the 4 UK nations, including 90% credible intervals as at 8 February 2022**

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.

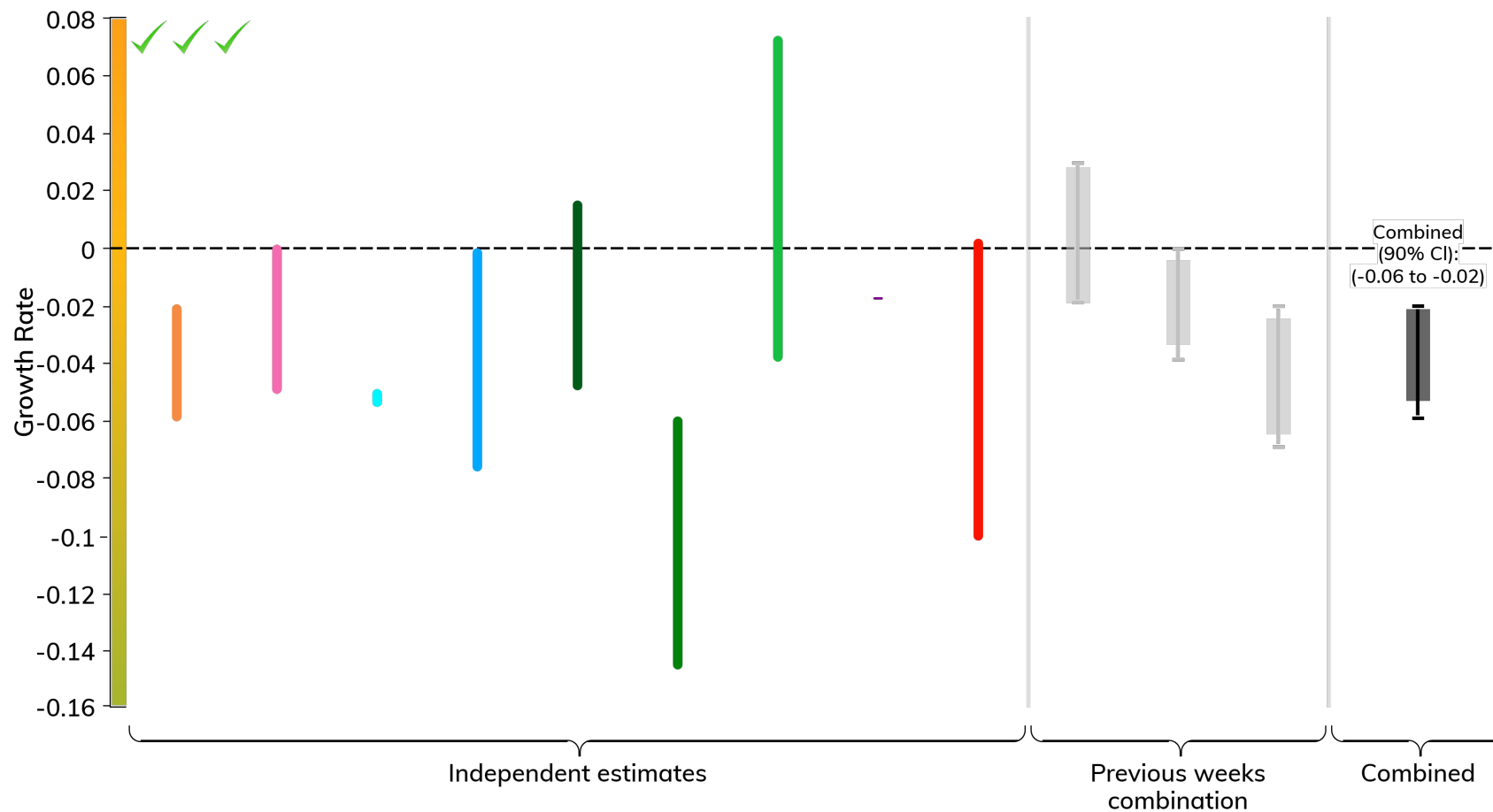
## England



**Figure 2b. Estimates of the growth rate in the 4 UK nations, including 90% credible intervals as at 8 February 2022**

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.

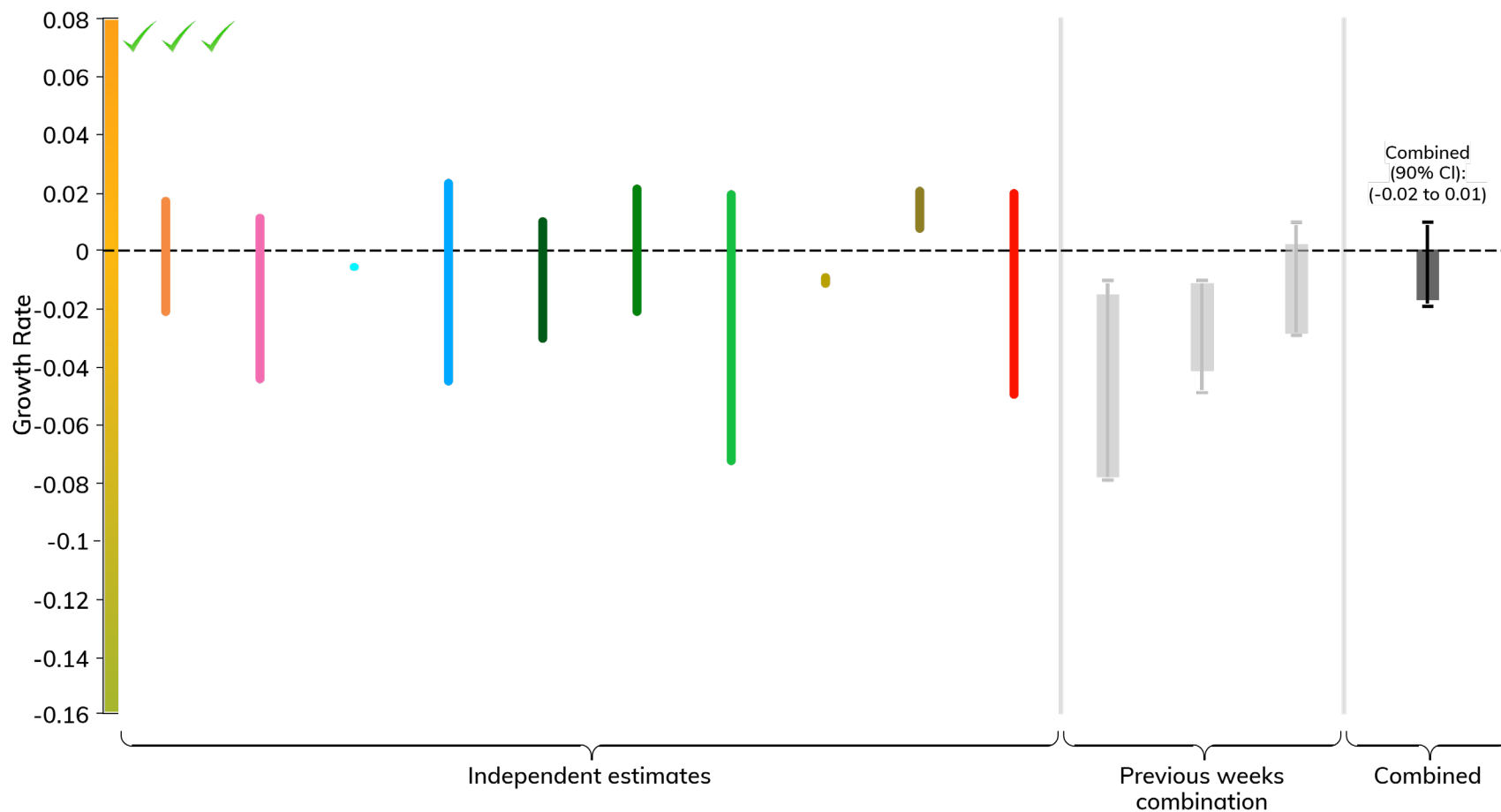
## Wales



**Figure 2c. Estimates of the growth rate in the 4 UK nations, including 90% credible intervals as at 8 February 2022**

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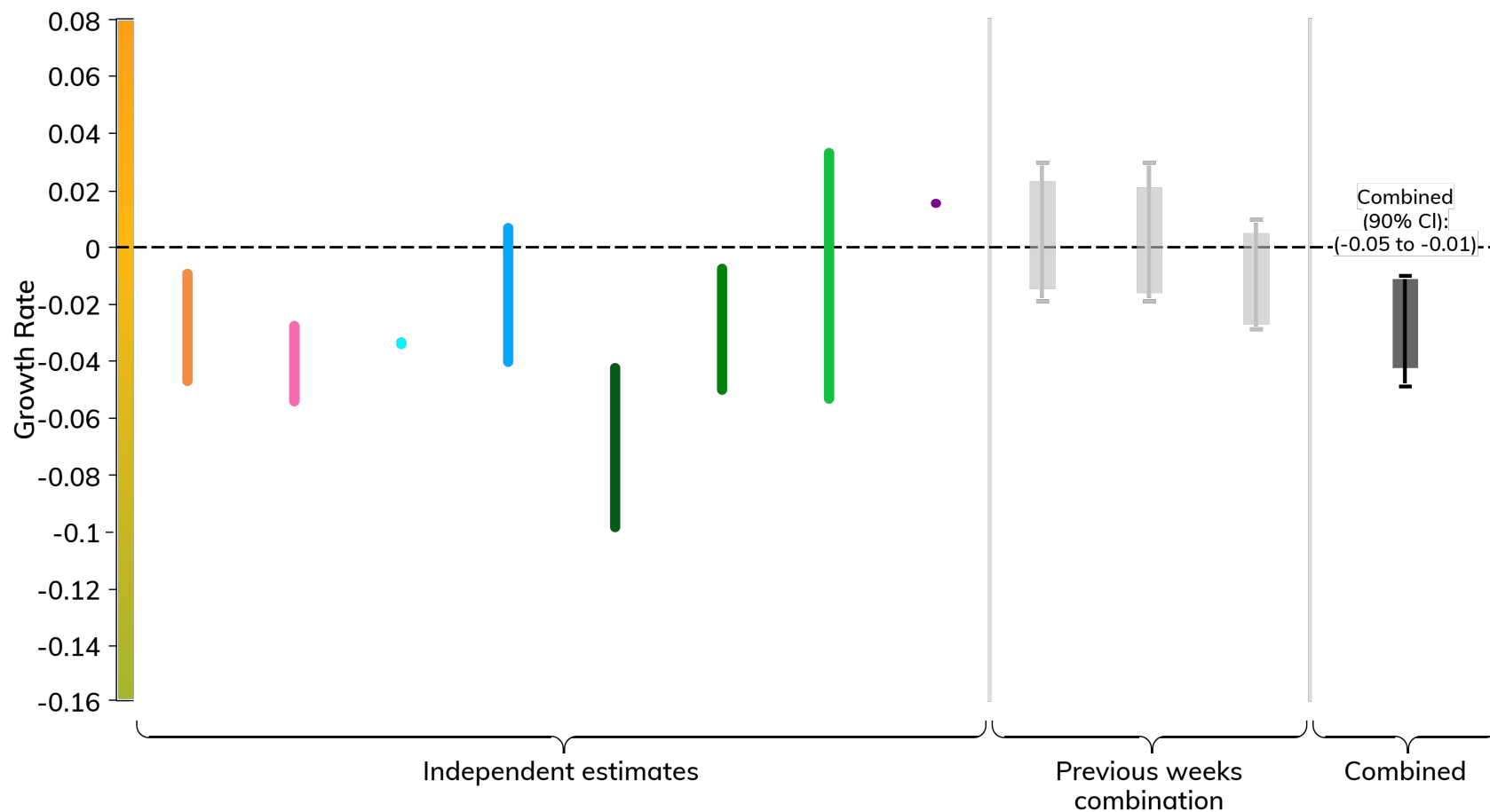
## Scotland



**Figure 2d. Estimates of the growth rate in the 4 UK nations, including 90% credible intervals as at 8 February 2022**

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## Northern Ireland

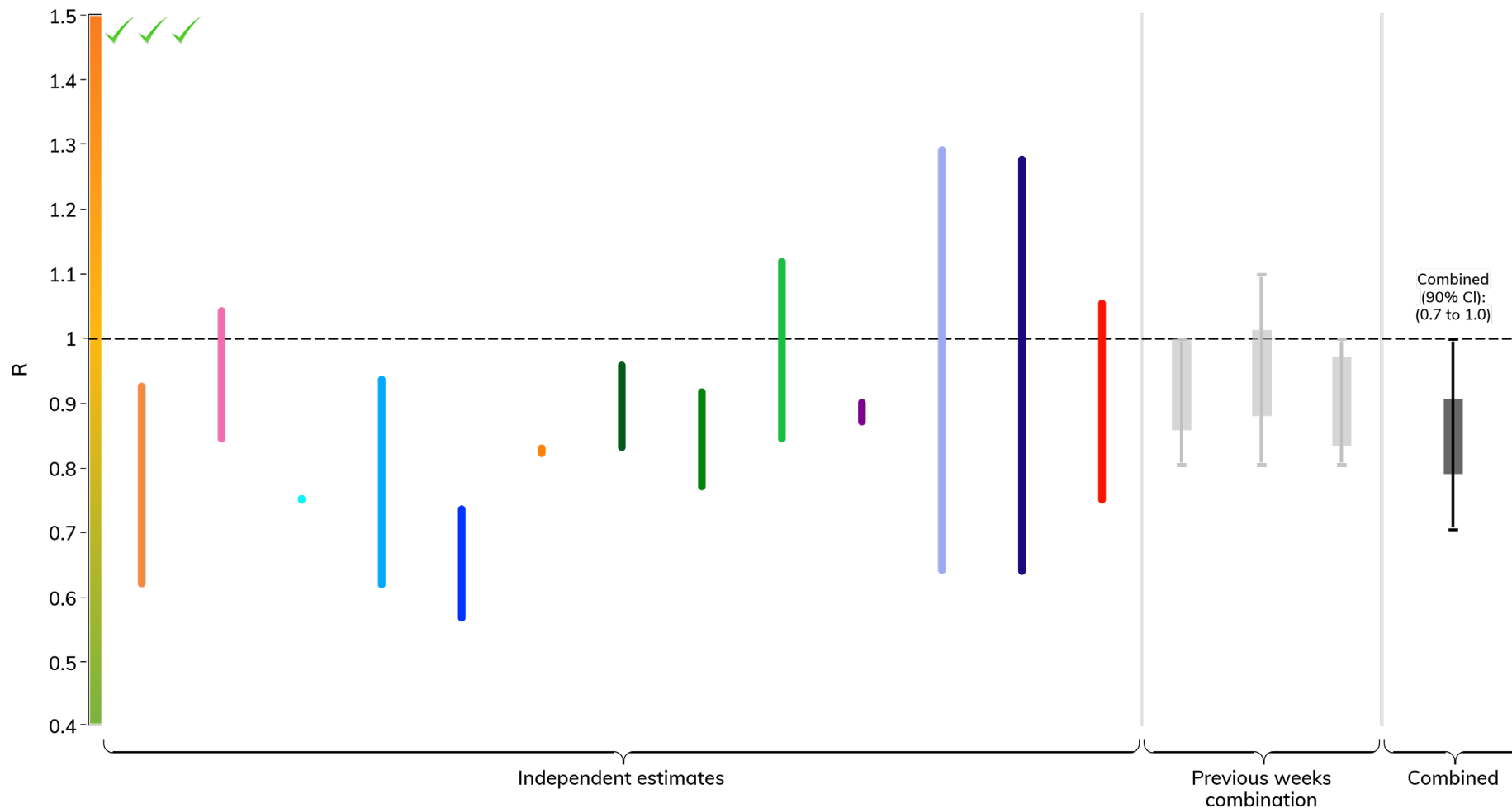




**Figure 3a. Estimates of R in the NHS England regions, including 90% credible intervals as at 8 February 2022**

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.

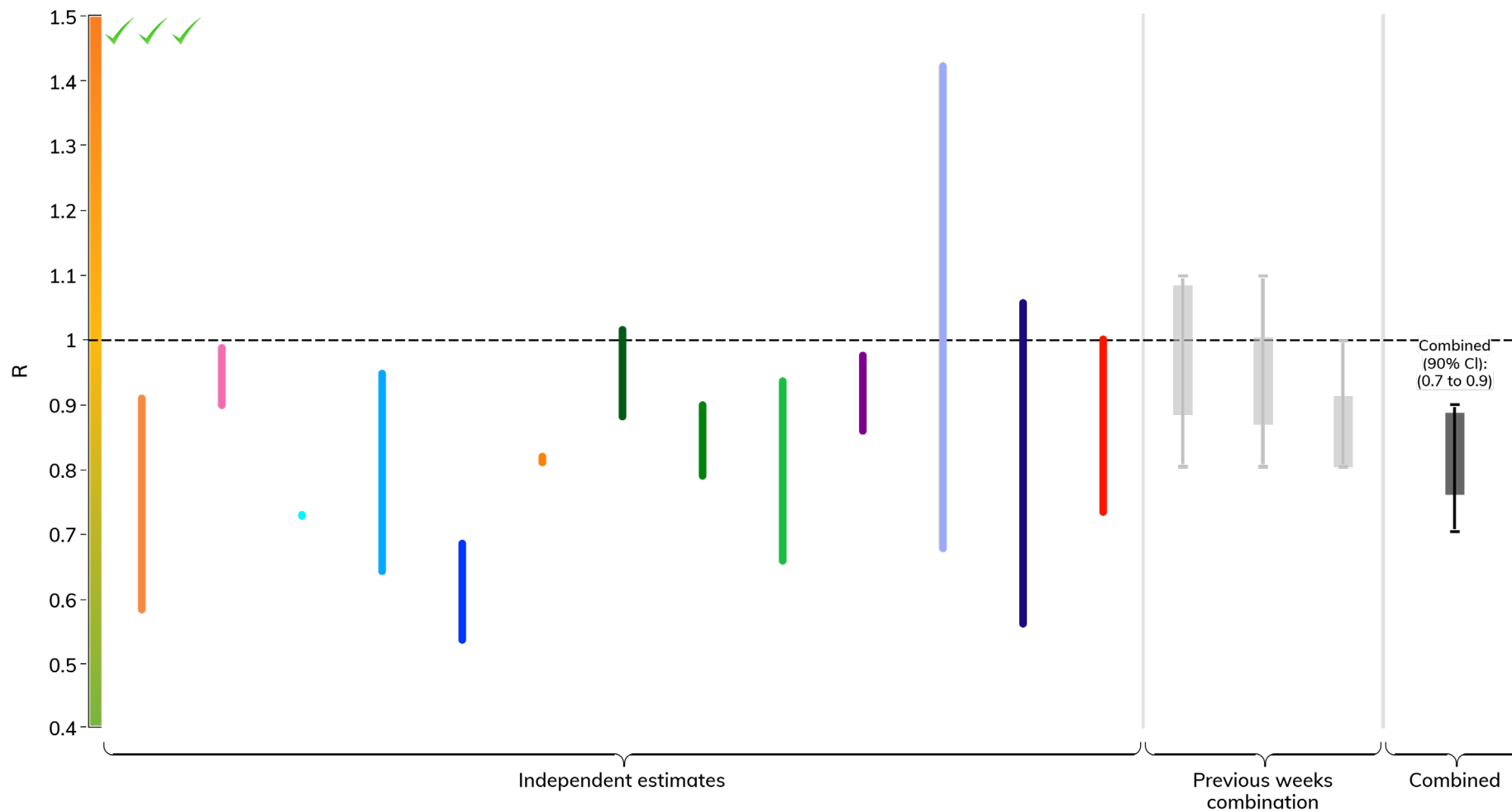
## London



**Figure 3b. Estimates of R in the NHS England regions, including 90% credible intervals as at 8 February 2022**

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.

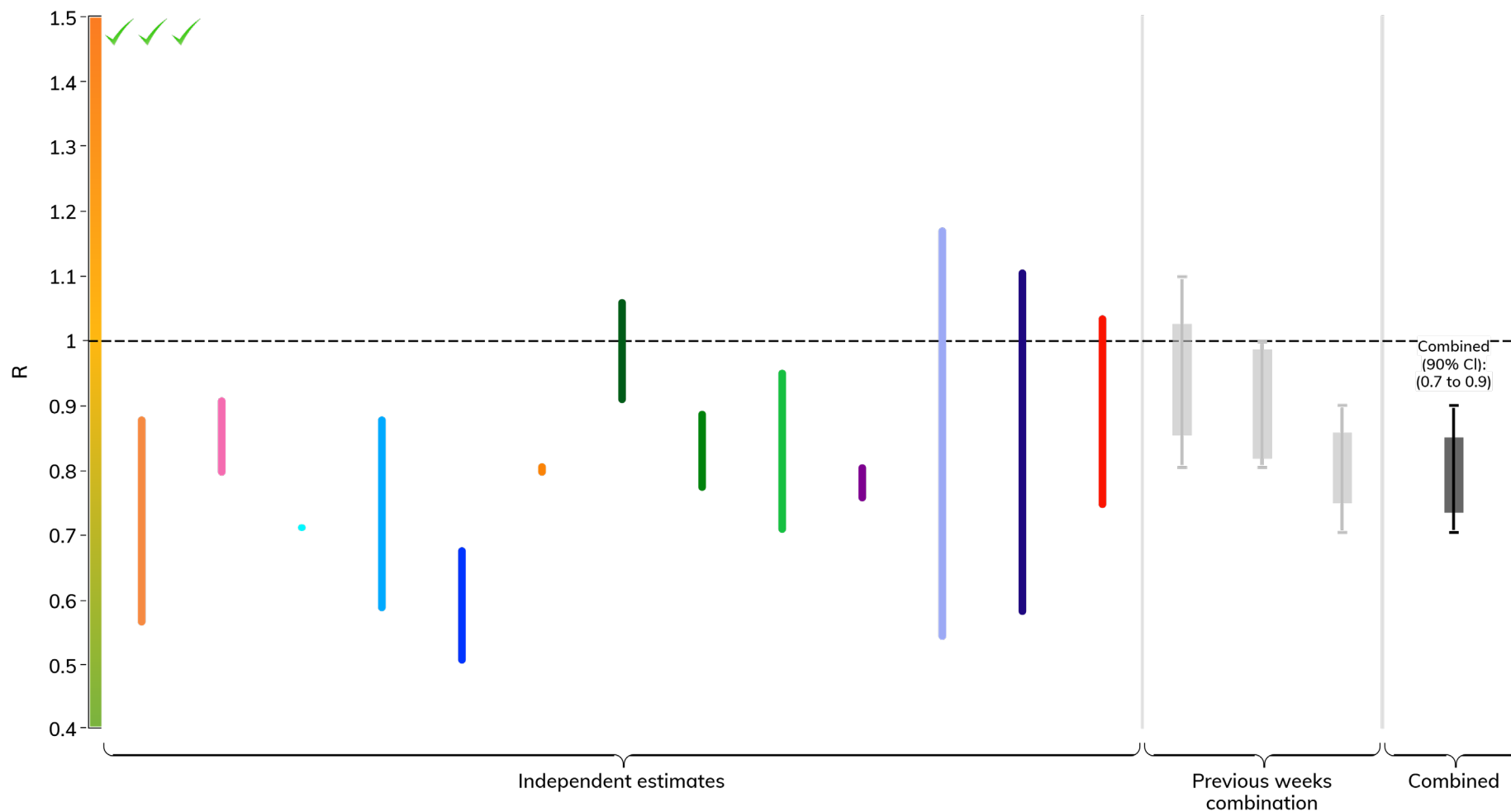
### East of England



**Figure 3c. Estimates of R in the NHS England regions, including 90% credible intervals as at 8 February 2022**

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.

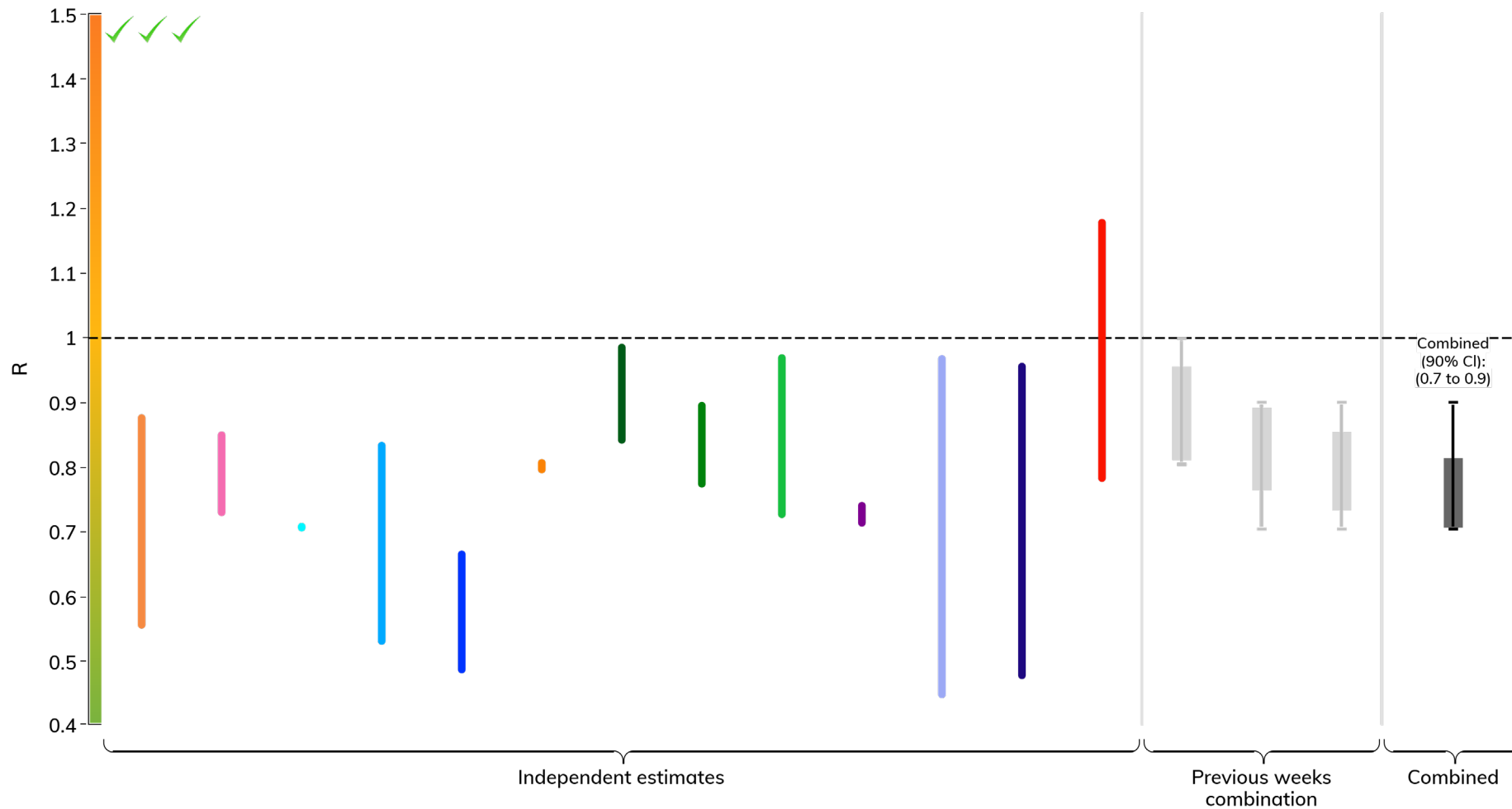
## Midlands



**Figure 3d. Estimates of R in the NHS England regions, including 90% credible intervals as at 8 February 2022**

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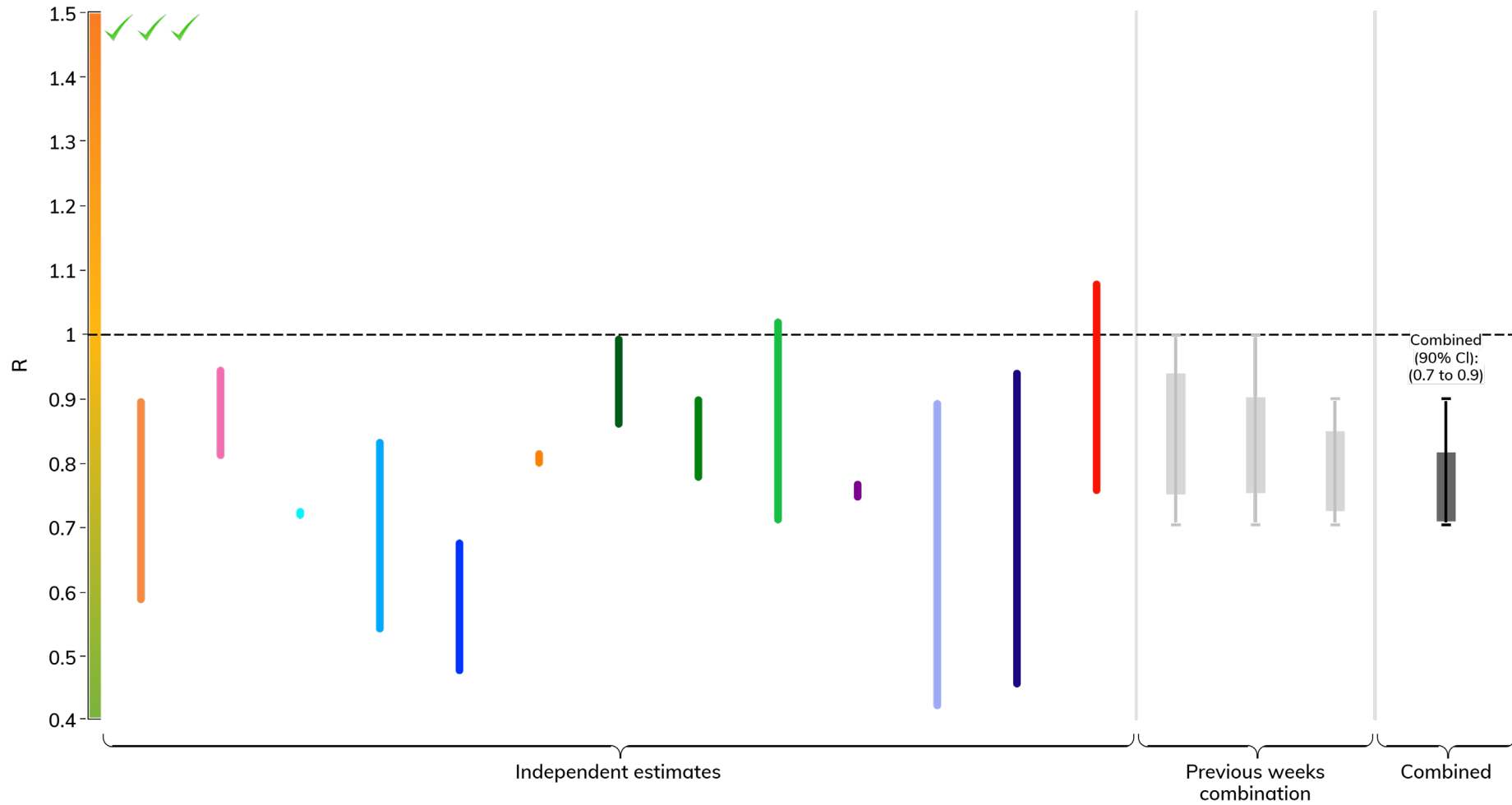
### North East and Yorkshire



**Figure 3e. Estimates of R in the NHS England regions, including 90% credible intervals as at 8 February 2022**

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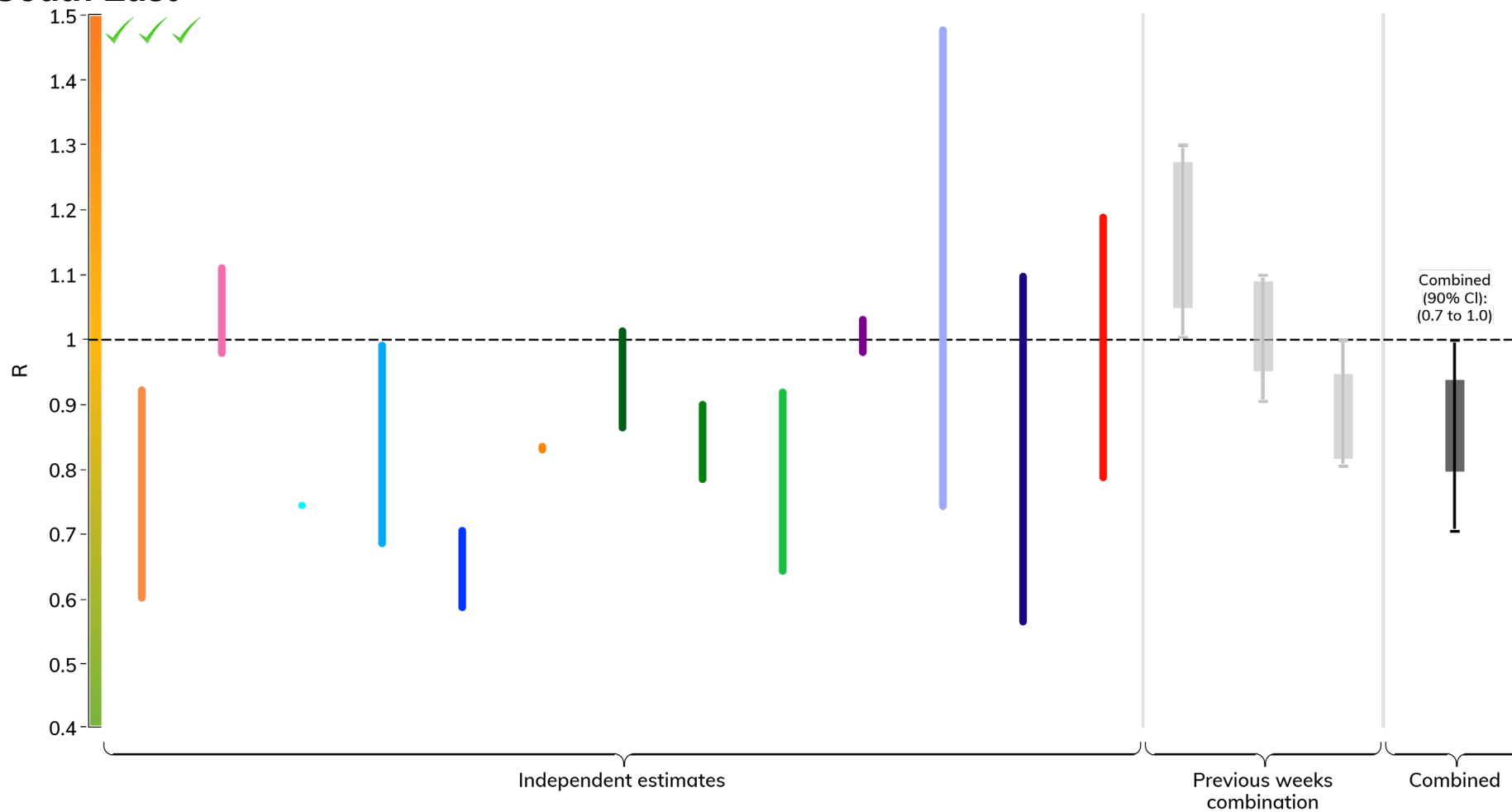
### North West



**Figure 3f. Estimates of R in the NHS England regions, including 90% credible intervals as at 8 February 2022**

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.

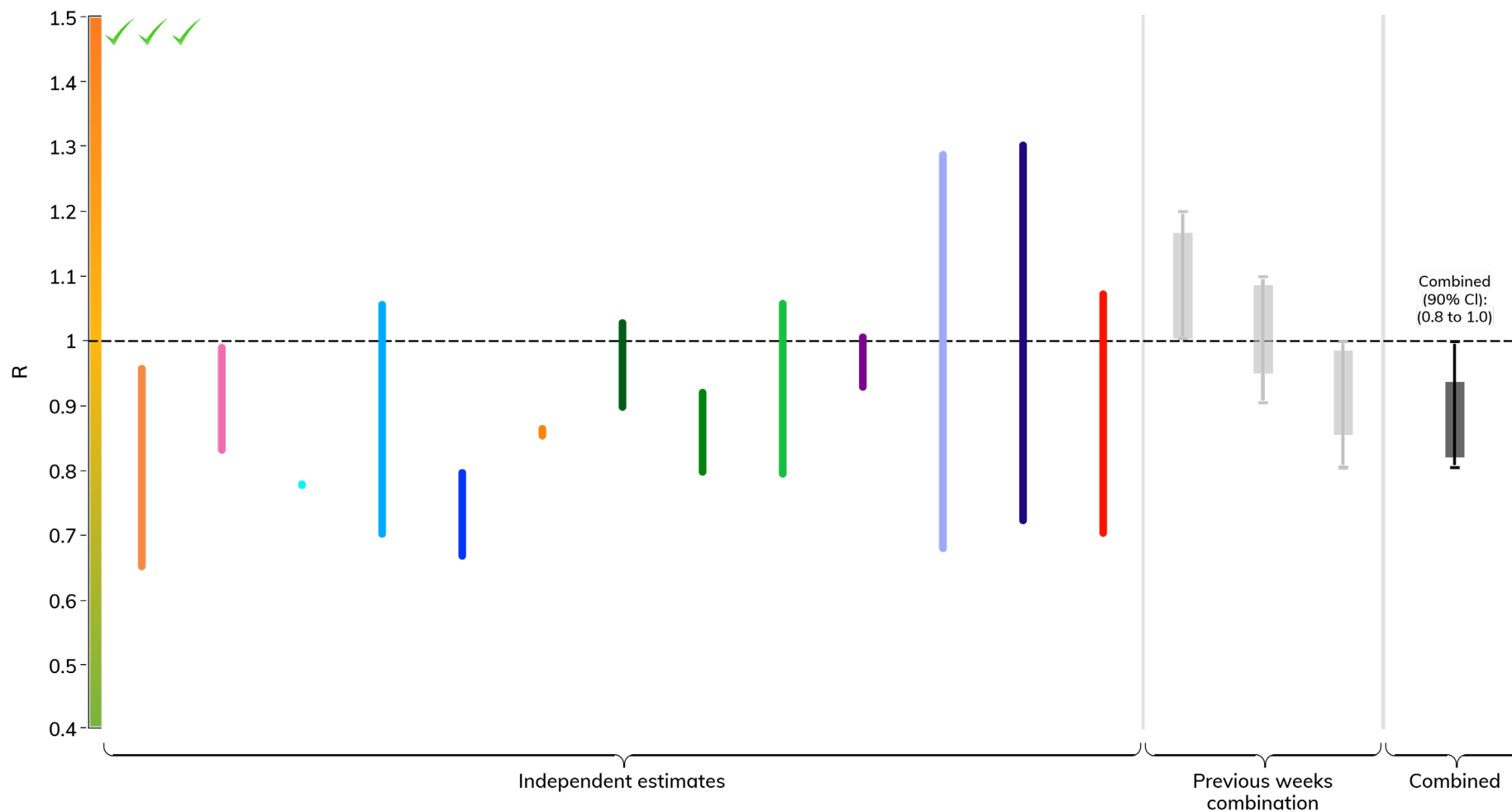
### South East



**Figure 3g. Estimates of R in the NHS England regions, including 90% credible intervals as at 8 February 2022**

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



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