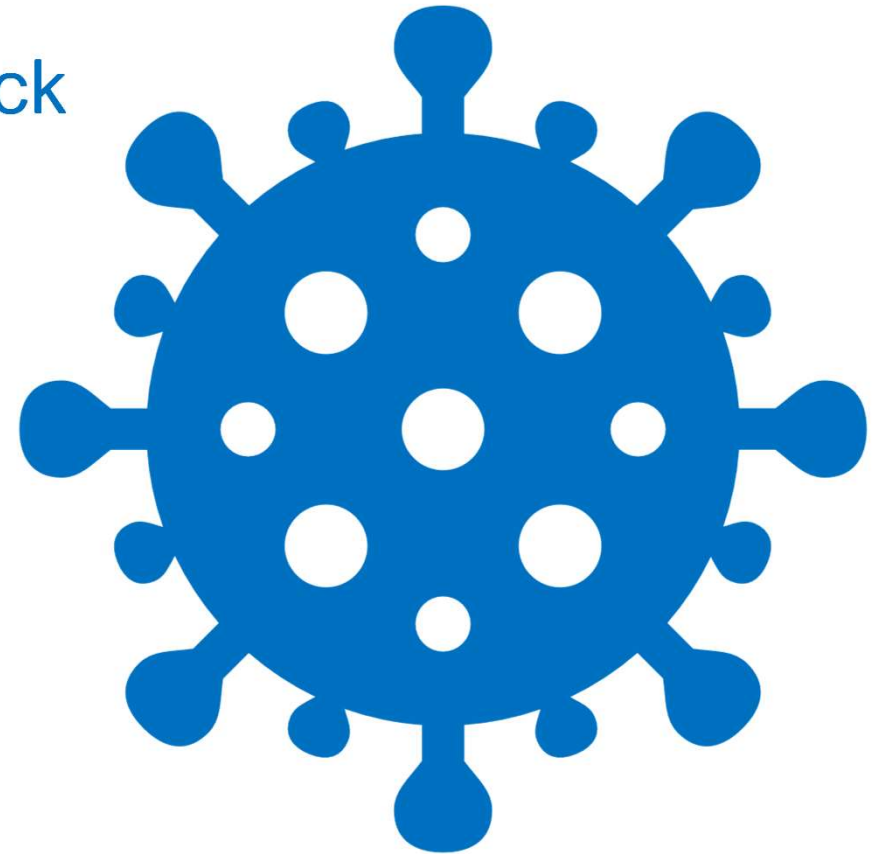


# Hampshire COVID-19 weekly datapack

11th January 2021

*Data correct as of 10th January 2021 but subject to revision*



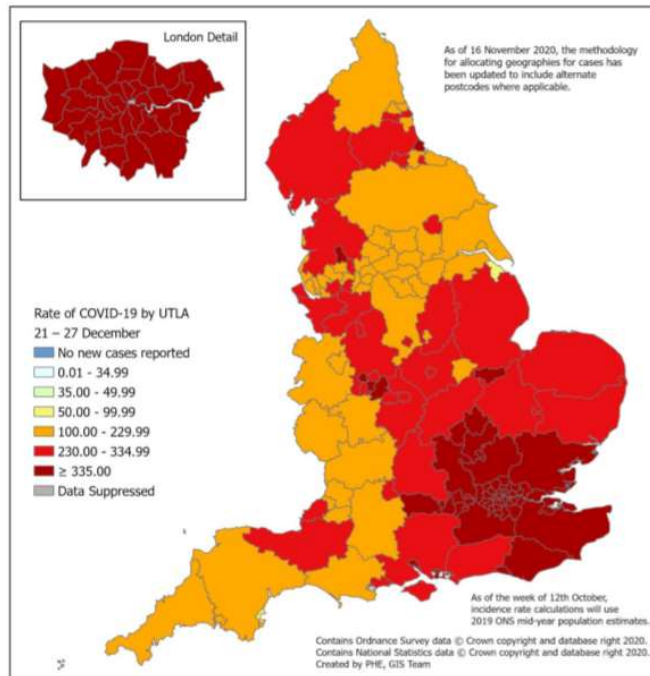
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*Produced by the Public Health Team and the Insight and Engagement Unit*

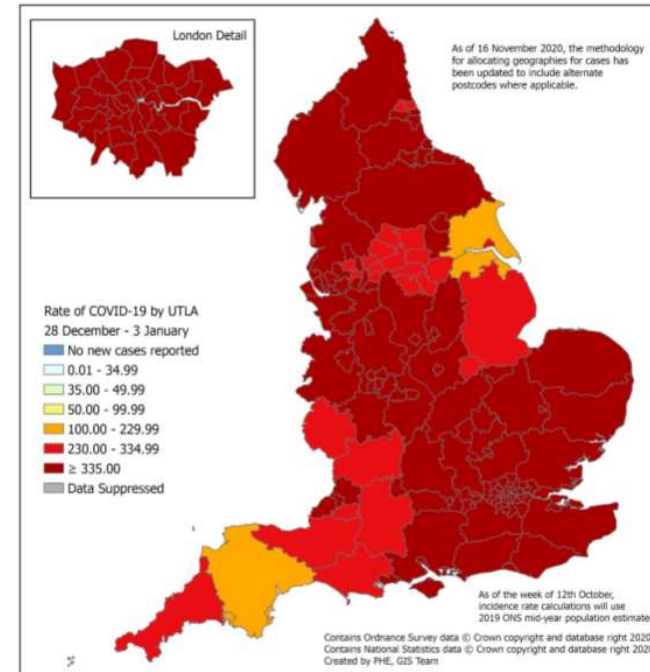


# What do weekly case rates per 100,000 population tell us about COVID-19 activity in England?

## Weekly rate: Week 52



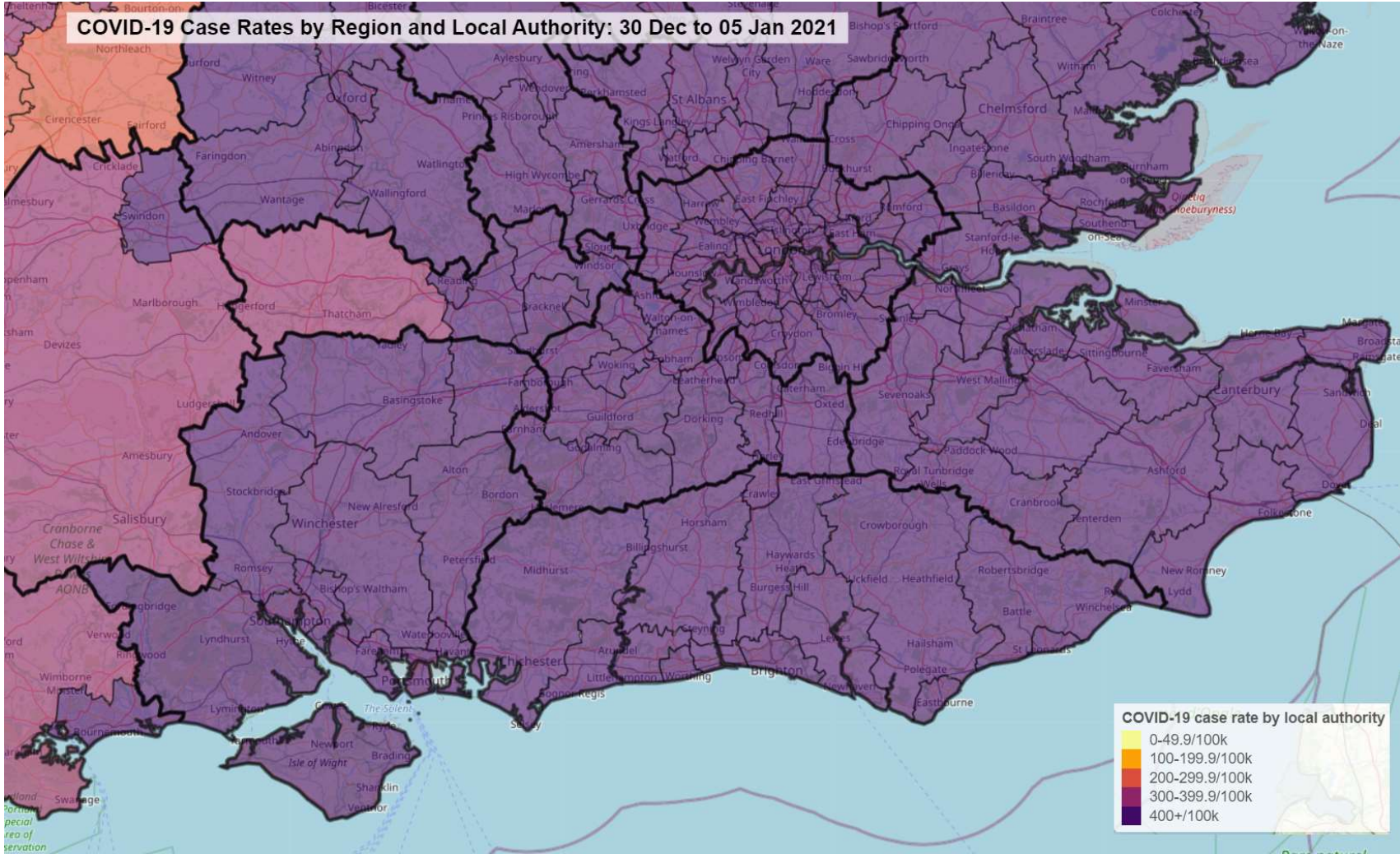
## Weekly rate: Week 53



Source: *Weekly Coronavirus Disease 2019 & Influenza (COVID-19) Surveillance Report*

Increases in high case rates across most England regions. Highest rates in London, East of England, South East

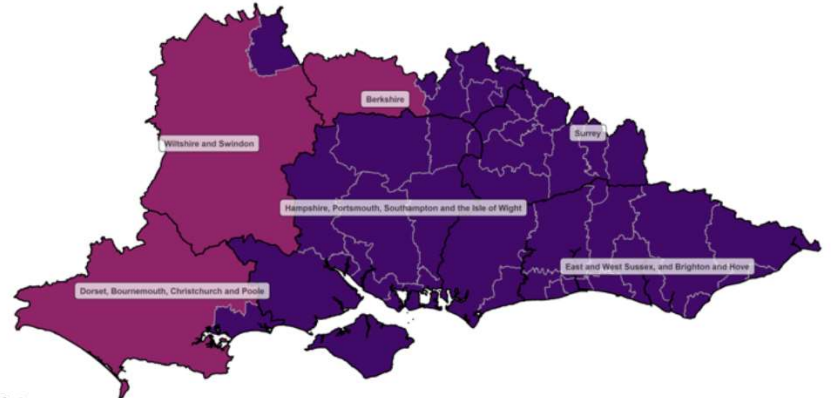
# Case rates in the South East region



Source: PHE SAR

# Weekly case rate maps HIOW district and extended area 30 December 2020 to 05 January 2021

Hampshire, Portsmouth, Southampton and the Isle of Wight and surrounding areas  
 COVID-19 cases: 30 Dec to 05 Jan 2021  
 Weekly case rates per 100,000 population by local authority



Hampshire, Portsmouth, Southampton and the Isle of Wight  
 COVID-19 cases: 30 Dec to 05 Jan 2021  
 Weekly case rates per 100,000 population by local authority



COVID-19 rate by local authority

0-49.9/100k	50-99.9/100k	100-199.9/100k	200-299.9/100k	300-399.9/100k	400+/100k
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Data from SGSS; Pillar 1 and 2 testing. Figure by Outbreak Surveillance Team, Public Health England.

Rank	Local Authority	Case Rate (per 100,000)	Number of cases (1 week)
1	Rushmoor	1384.8	1310
2	Isle of Wight	1176.5	1668
3	Hart	704.6	684
4	Southampton	683.5	1726
5	Havant	677.4	855
6	Portsmouth	601.2	1292
7	Fareham	558.4	649
8	Eastleigh	512.8	685
9	Basingstoke and Deane	507.4	896
10	Test Valley	476.4	601
11	Gosport	472.7	401
12	East Hampshire	450.5	551
13	Winchester	439.7	549
14	New Forest	428.7	772

Covid-19 rate by local authority

0-49.9/100k	50-99.9/100k	100-199.9/100k	200-299.9/100k	300-399.9/100k	400+/100k
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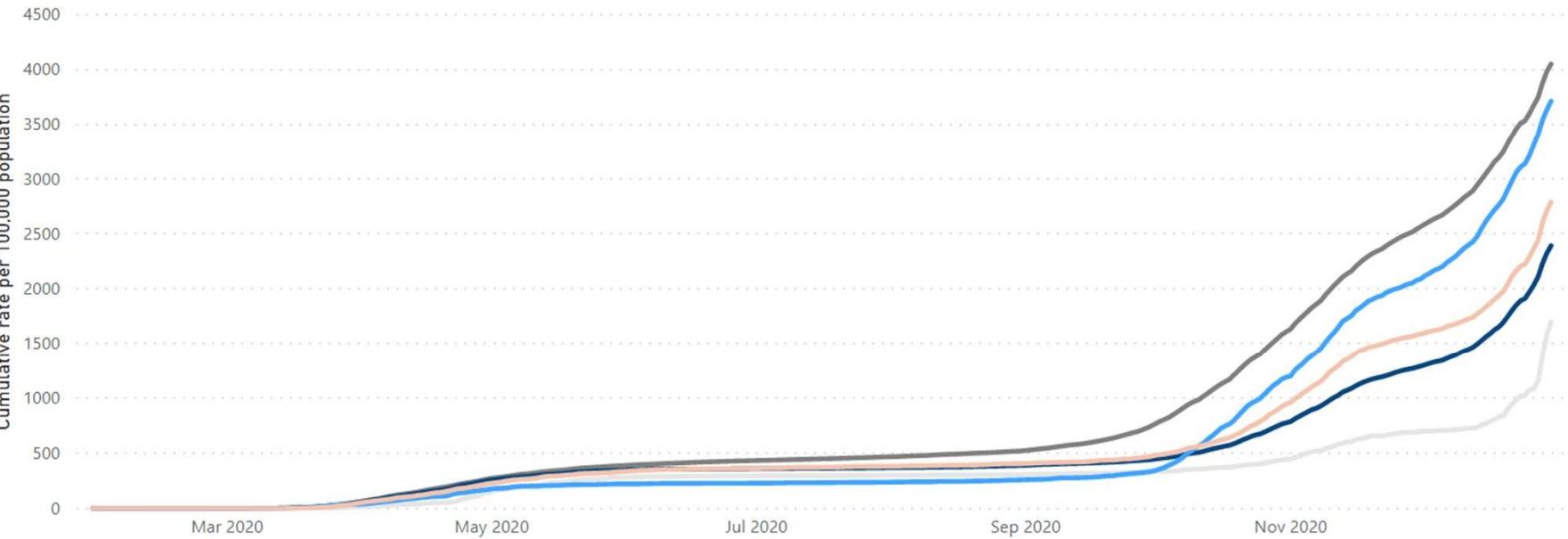
Data from SGSS; Pillar 1 and 2 testing. Figure by Outbreak Surveillance Team, Public Health England.

Source: PHE LA Report Store

# What do weekly cumulative case rates tell us about COVID-19 activity across ceremonial Hampshire?

COVID-19 - Cumulative case rate per 100,000 population

Area ● England ● Hampshire ● Isle of Wight ● Portsmouth ● Southampton



Most Recent Rates (31st December 2020)

Area	Cumulative rate per 100,000
Southampton	2,789.09
South East	3,328.07
Portsmouth	3,714.20
Isle of Wight	1,694.99
Hampshire	2,389.95
England	4,051.87

Trends suggest **rapidly** rising infection rates across ceremonial Hampshire. Portsmouth City Council authority area has the highest cumulative case rate as of the 31<sup>st</sup> December 2020, although it is lower than the England rate.

# What do daily cases tell us about how the epidemic is progressing over time in Hampshire?

During wave 1 only Pillar 1 (NHS/PHE laboratories) testing was available, this included people admitted to hospital and later people living or working in a health or care environment. Widespread Pillar 2 community testing (Government's commercial testing partners) began on 14<sup>th</sup> July 2020 and since then the data includes both testing Pillars. Due to these different testing strategies, it is not possible to directly compare case numbers between wave 1 and wave 2.



**Caution:** There is a data lag with more test results expected for the most recent week.

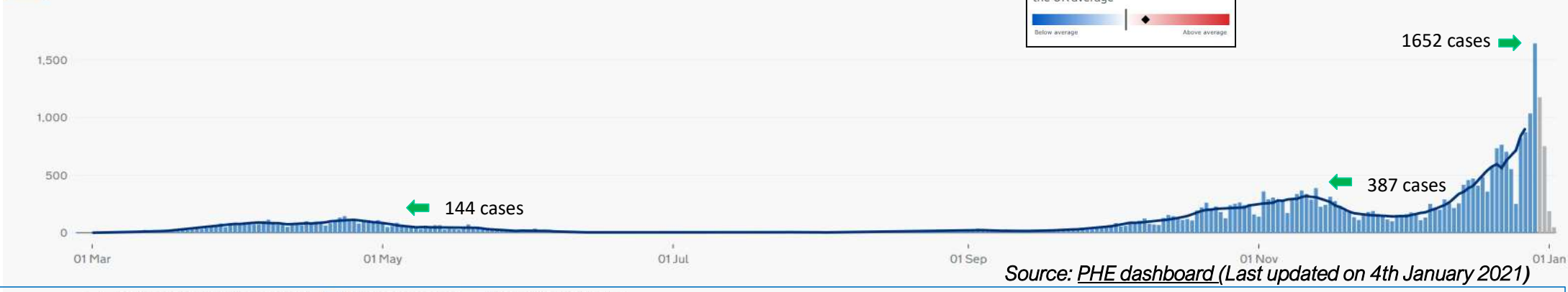
## People tested positive

Daily	Total	
941	32,909	Sunday 3 January 2021 at 3:00pm

## Cases by specimen date Data only includes those cases which have tested positive

Number of people with at least one positive COVID-19 test result (either lab-reported or lateral flow device), by specimen date. Individuals tested positive more than once are only counted once, on the date of their first positive test. Data for the period ending 5 days before the date when the website was last updated with data for the selected area, highlighted in grey, is incomplete.

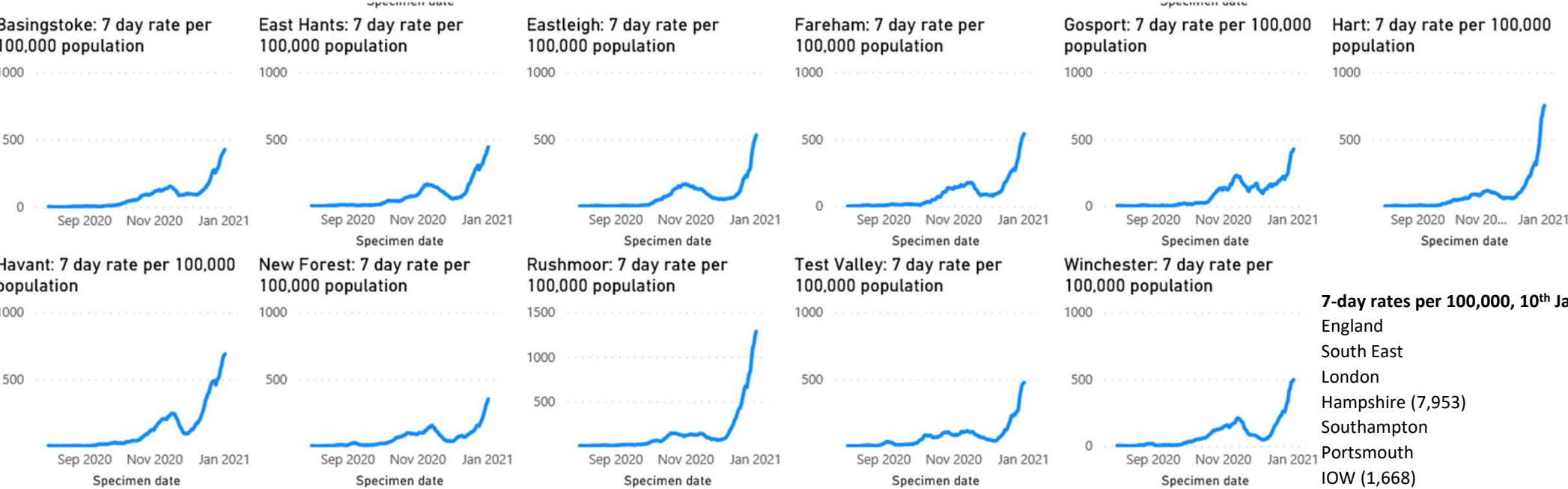
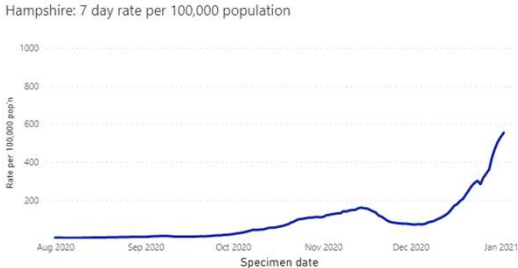
Daily Cumulative Data About



COVID-19 case detections show a sharp increase in Hampshire, indicating a continued rise in the spread of the disease. Over the epidemic, there have been 37,452 case detections in Hampshire.

# What do the trends in weekly all age case rates tell us about overall COVID-19 activity across Hampshire Districts?

Daily rates of COVID-19 cases per 100,000 population in districts up to 3<sup>rd</sup> January 2021



7-day rates per 100,000, 10 <sup>th</sup> January	
England	650.9
South East	725.1
London	1,052
Hampshire (7,953)	575.2
Southampton	683.5
Portsmouth	601.2
IOW (1,668)	1,176

Data source: PHE Line List data analysis and PHE dashboard (Last updated on 5<sup>th</sup> Jan)

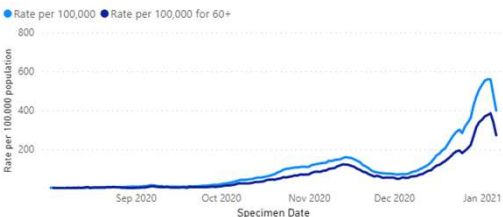
Trends suggest an increase in all age COVID-19 case rate activity across every Hampshire District. At 1,384 per 100,000 population, Rushmoor had the highest 7-day case rate and Hart the 2<sup>nd</sup> highest rate (704.3 per 100,000 population) as of the 2<sup>nd</sup> January.

Please note that the charts on this page show rates of cases per 100,000. Also, district figures are subject to large statistical fluctuation due to the smaller populations

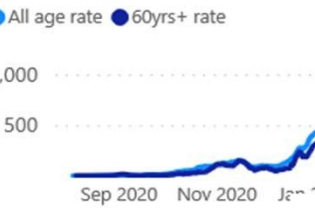
# What do trends in the over 60s weekly case rates tell us about COVID-19 activity across Hampshire Districts?

Daily rates of COVID-19 cases in the over 60s per 100,000 population in districts up to 3<sup>rd</sup> January 2021

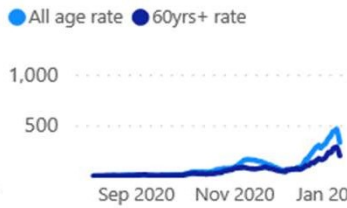
Hampshire all ages and 60+ yrs case rate per 100,000 population



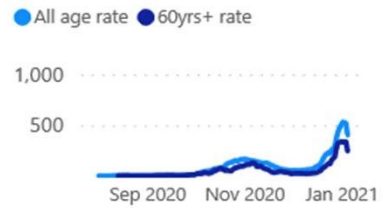
Basingstoke & Deane all ages and 60+ yrs case rate per 100,000 pop'n



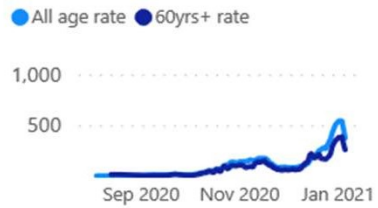
East Hampshire all ages and 60+ yrs case rate per 100,000 population



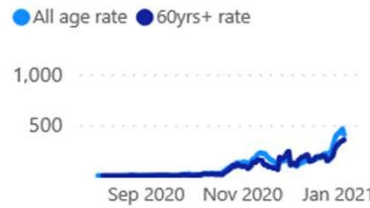
Eastleigh all ages and 60+ yrs case rate per 100,000 population



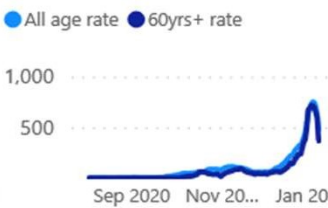
Fareham all ages and 60+ yrs case rate per 100,000 population



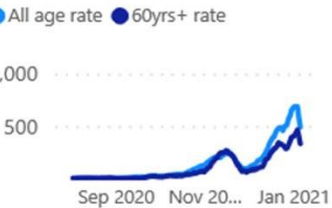
Gosport all ages and 60+ yrs case rate per 100,000 population



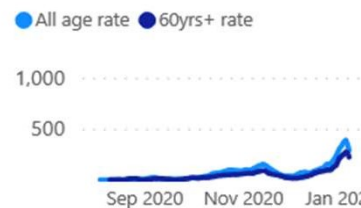
Hart all ages and 60+ yrs case rate per 100,000 population



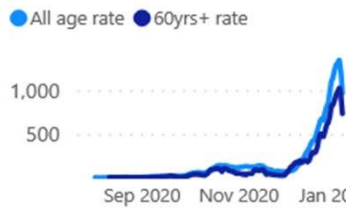
Havant all ages and 60+ yrs case rate per 100,000 population



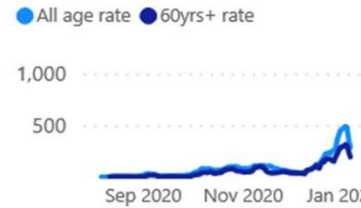
New Forest all ages and 60+ yrs case rate per 100,000 population



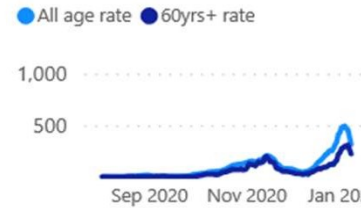
Rushmoor all ages and 60+ yrs case rate per 100,000 population



Test Valley all ages and 60+ yrs case rate per 100,000 population



Winchester all ages and 60+ yrs case rate per 100,000 population



Data source: PHE Line List data analysis

Trends suggest an increase in COVID-19 activity in the over 60s across all Hampshire districts. At 1,024 per 100,000 population, Rushmoor borough had the highest over 60s weekly case rate as of the 4<sup>th</sup> January 2021.



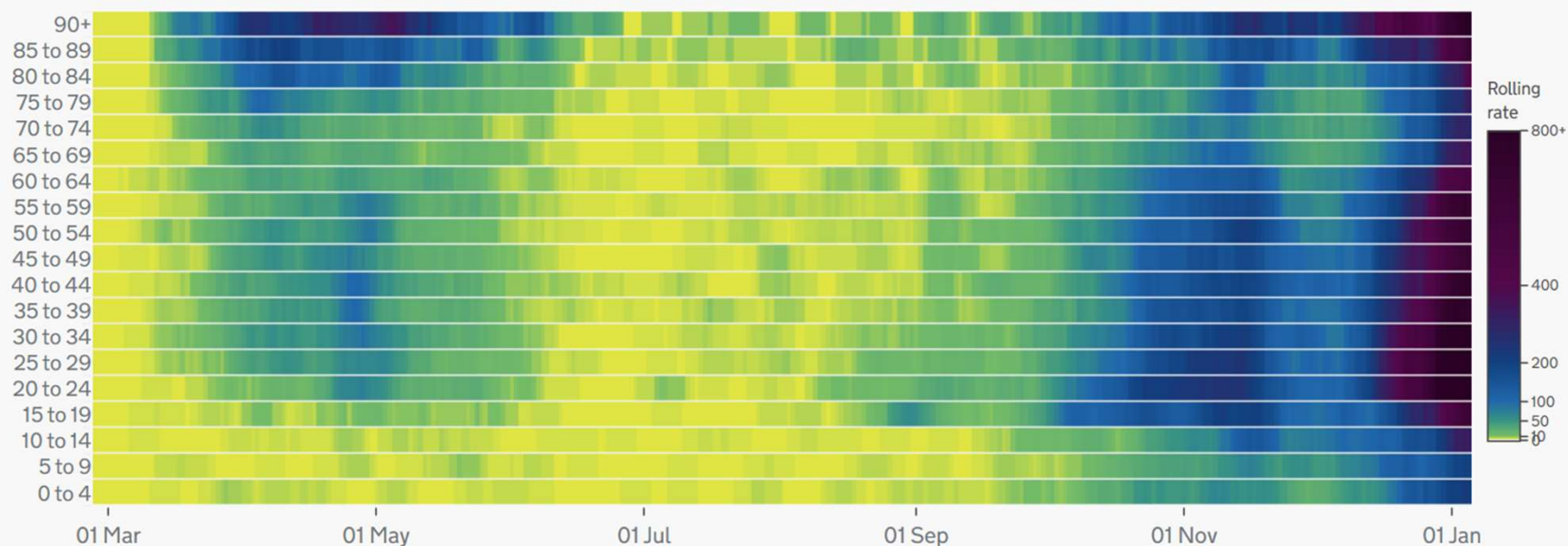
Please note that the charts on this page show **rates** of cases per 100,000. Also, district figures are subject to large statistical fluctuation due to the smaller populations



## Which age group is most affected in Hampshire?

### Cases by specimen date age demographics **EXPERIMENTAL**

Rate of people with at least one positive COVID-19 test result (either lab-reported or lateral flow device) per 100,000 population in the rolling 7-day period ending on the dates shown, by age. Individuals tested positive more than once are only counted once, on the date of their first positive test.

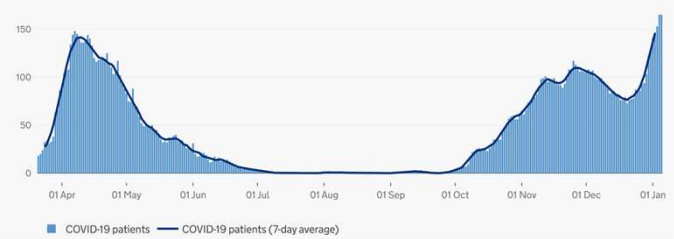


Source: [PHE dashboard](#) (Last updated on 4<sup>th</sup> January 2021)

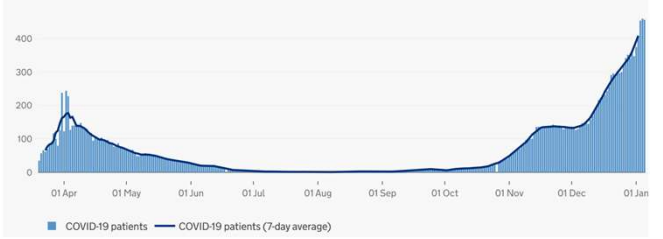
Cases rates have increased in the majority of age groups. Age demographics of case data suggest highest transmission rates (400+ per 100,000 population) in people aged 15-64 years and 85 years and over, with high rates (200-300+ per 100,000 population) in all other age bands.

# What do trends in COVID-19 patients admitted to hospital tell us about healthcare activity across Hampshire?

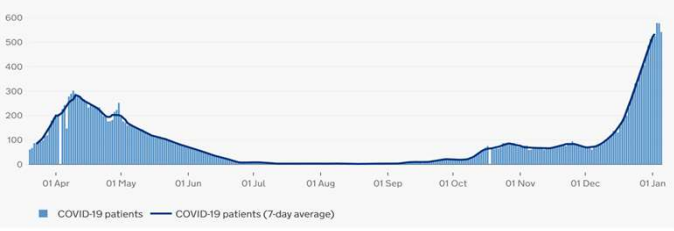
**Hampshire Hospitals NHS Foundation Trust – 165 patients in hospital**



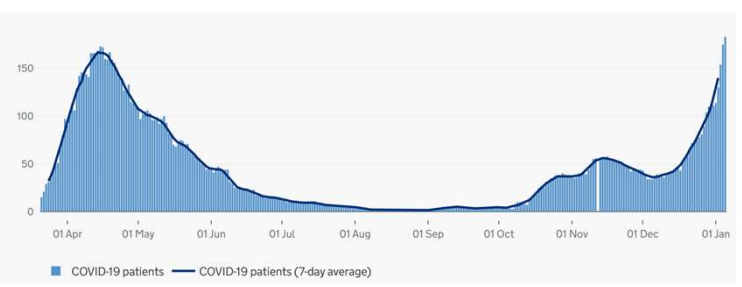
**Portsmouth Hospitals University NHS Trust – 457 patients in hospital**



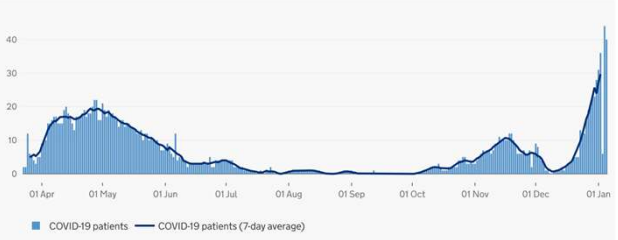
**Frimley Health Foundation Trust – 542 patients in hospital**



**University Hospital Southampton NHS Foundation Trust – 183 patients in hospital**



**Isle of Wight NHS Trust – 40 patients in hospital**



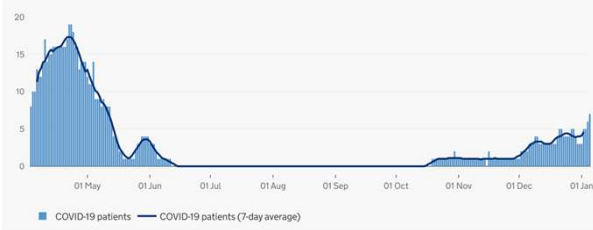
Data source: [https://coronavirus.data.gov.uk/details/healthcare as of 4th Jan 2021](https://coronavirus.data.gov.uk/details/healthcare%20as%20of%204th%20Jan%202021)

Hospital occupancy is high with an increasing trend in new COVID-19 admissions overall in all trusts. Winter is the most difficult time of year for the NHS, and with hospital admissions already high, hospitals are at risk of rapidly becoming overwhelmed.

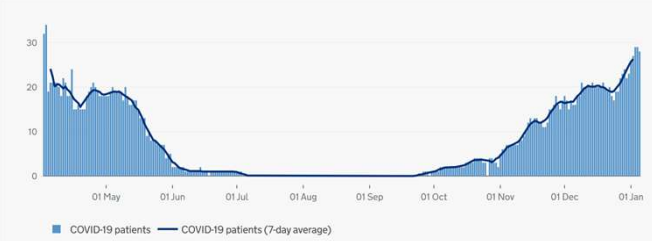
Please note that the charts on this page show **actual numbers** of hospitalised cases

# What do trends in COVID-19 patients in mechanical ventilation beds tell us about healthcare activity across Hampshire?

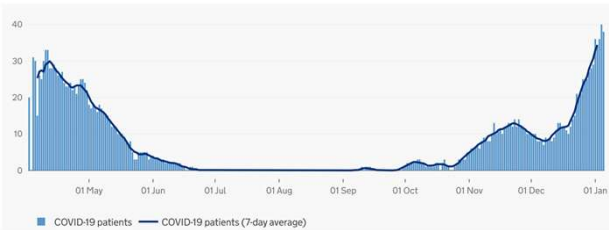
**Hampshire Hospitals NHS Foundation Trust – 7 patients on ventilation**



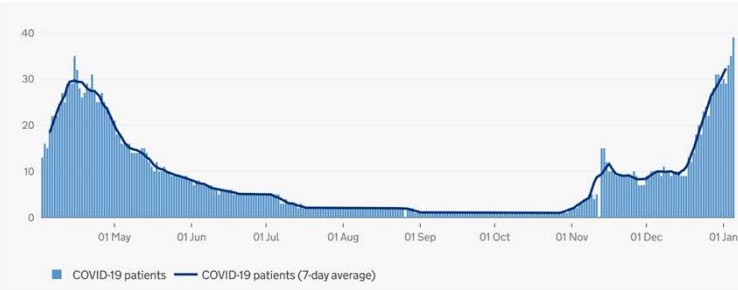
**Portsmouth Hospitals University NHS Trust–28 patients on ventilation**



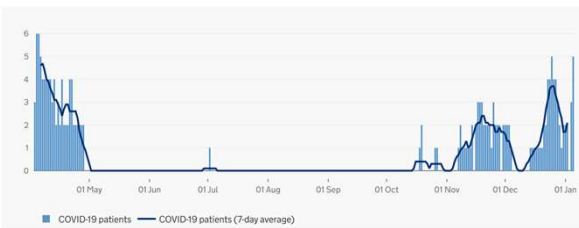
**Frimley Health Foundation Trust – 38 patients on ventilation**



**University Hospital Southampton NHS Foundation Trust – 39 on ventilation**



**Isle of Wight NHS Trust – 5 patient on ventilation**



Data source: [https://coronavirus.data.gov.uk/details/healthcare as of 28th December](https://coronavirus.data.gov.uk/details/healthcare%20as%20of%2028th%20December)

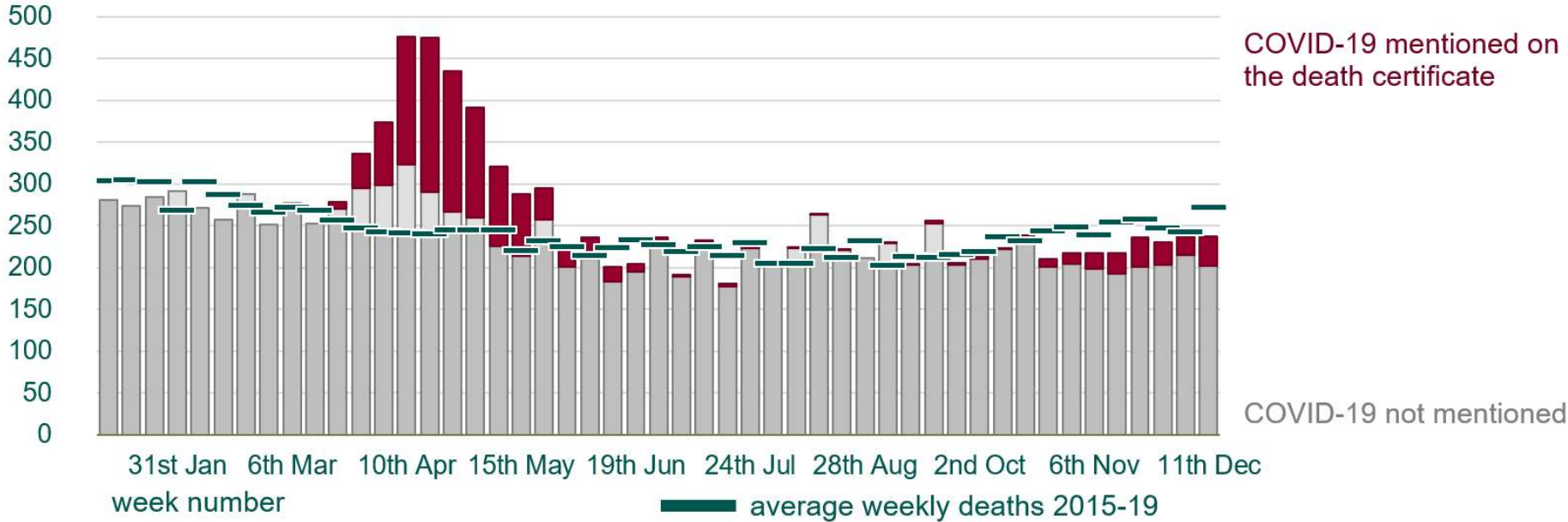
Trends suggest increasing numbers of COVID-19 patients in mechanical ventilation beds in critical care units (CCU) across Hampshire. The need to avoid CCUs being overwhelmed is a key factor in significant policy decisions, including regional and national 'lockdowns'.

Please note that the charts on this page show **actual numbers** of hospitalised cases

# What do trends in excess deaths tell us about the COVID-19 mortality experience across Hampshire?

Hampshire deaths per week over 2020 to 11<sup>th</sup> December 2020 compared with 2015-2019 five-year average

All deaths in 2020 by week, with proportion where COVID-19 is mentioned



ONS - Deaths registered weekly in England and Wales, provisional *Source: PHE ONS- Deaths registered weekly in England and Wales, provisional*

Further detailed county and district mortality data can be accessed from the Public Health Hampshire Districts COVID-19 Cases and Mortality Report

In Hampshire excess (extra) deaths continue to be below the five-year weekly average we would usually see at this time of year for the 8<sup>th</sup> consecutive week. Sadly, 1,272 people have so far died of COVID-19, with 36 deaths over the latest week.

Please note that whilst District data tends to mirror the Hampshire trend, data at this level is subject to large statistical fluctuation due to the smaller populations.

# The COVID-19 alert level and Tiering indicators – Hampshire summary 25<sup>th</sup> to 31<sup>st</sup> December 2020

**The Joint Biosecurity Centre's COVID-19 alert level** - On the 5<sup>th</sup> of January 2021 England was moved into alert level 5. The top alert level means “transmission is high or rising exponentially” and health services are at risk of being overwhelmed. National lockdown has been imposed including the closing of all schools until at least mid-February the tier system is therefore suspended.

**The Joint Biosecurity Centre Tier allocation indicators** - The JBC's Tiering allocation is separate and independent of its alert level system. As we are now in national lockdown an update on these indicators for Hampshire is provided below for reference as they provide a picture of what is happening with the virus in local areas:

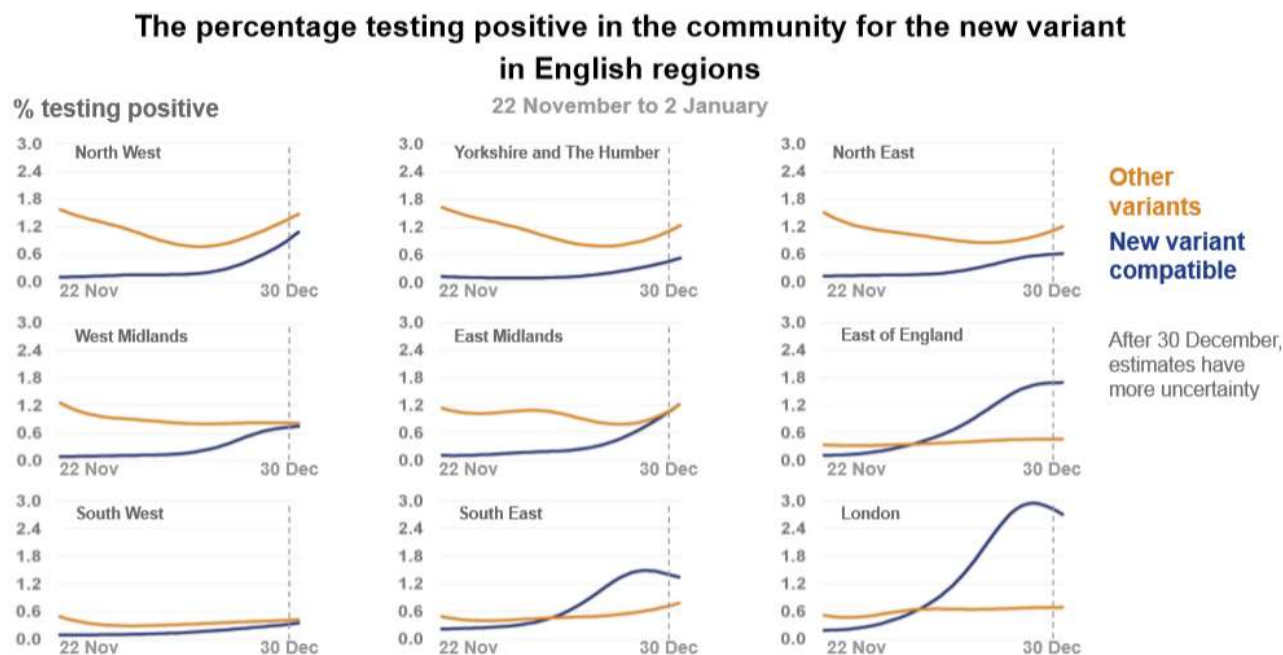
**COVID Alert Levels**

Level	Description	Action
5	As level 4 and there is a material risk of healthcare services being overwhelmed	Social distancing measures increase from today's level
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially	Current social distancing measures and restrictions
3	A COVID-19 epidemic is in general circulation	Gradual relaxing of restrictions and social distancing measures
2	COVID-19 is present in the UK, but the number of cases and transmission is low	No or minimal social distancing measures; enhanced testing, tracing, monitoring and screening
1	COVID-19 is not known to be present in the UK	Routine international monitoring

- Case detection rates in all age groups** - The overall Hampshire and all lower tier local authority COVID-19 all age case detection rates are rising in all districts. **All areas have a case rate of over 300 per 100,000. Rushmoor has the highest rate** of 1141.7 per 100,000, followed by Hart, 673.7 per 100,000 and Havant, 650.5 per 1000,000. **Rushmoor has the 17<sup>th</sup> highest local authority case rate in the country and the rates are continuing to increase.**
- Case detection rates in the over 60s** - The overall Hampshire and lower tier local authority COVID-19 case detection rates in the 60+ have increased in all districts. **Rushmoor has the highest over 60s rate** of 832.3 per 100,000 followed by Hart, 673.7 per 100,000.
- The rate at which cases are rising or falling** –Hampshire is experiencing a rise in cases, the biggest weekly case rate percentage change is evident in Hart and Eastleigh
- Positivity rate (the number of positive cases detected as a percentage of tests taken)** –Weekly positivity rates are increasing in all districts. **Rushmoor has the highest positivity (23.7%), followed by Hart (22.7%).** All districts have a positivity of above 10% except New Forest which is just under. Note that a positive rate of less than 5% indicates that the epidemic is under control
- Pressure on the NHS, including current and projected occupancy** - All health services across HIOW continue to be stretched but functioning relatively well at present but this may change as the situation intensifies. Significant staffing challenges due to an increase in COVID-19 related illness amongst staff and unavailability means the NHS continues to be under greater operational pressure. Critical care capacity across HIOW is at “surge” levels. It is likely that the surge in capacity will require staff redeployment, cancellation of elective activity where appropriate and mutual aid through inter-regional transfers stepping up to support patients.

## Prevalence of SARS-CoV-2 variants

The percentage testing positive and compatible with the new variant has continued to increase in all regions. It's highest in London



Source: Office for National Statistics - Coronavirus (COVID-19) Infection Survey  
Further details on data sources can be found here:  
<https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences>

STAY HOME > PROTECT THE NHS > SAVE LIVES

**UK variant, VOC 202012/01** - preliminary findings suggest that SARS-CoV-2 VOC 202012/01 has **increased transmissibility**, and preliminary data also indicates that there is no change in disease severity (as measured by length of hospitalization and 28-day case fatality), or occurrence of reinfection between variant cases compared to other SARS-CoV-2 viruses circulating in the UK.

**South African, 501Y.V2** - preliminary studies suggest the variant is associated with a **higher viral load**, which may suggest potential for increased transmissibility, this, as well as other factors that influence transmissibility, are subject of further investigation. Currently, no clear evidence of the new variant being associated with more severe disease or worse outcomes.

## Testing

- Community Testing for 6 weeks – in the process of getting the test and developing plan
- Targeted programmes - Adult Social care and other sectors
- Other developments include blue light and front facing workers

## Vaccination

- The HIOW vaccination programme is currently focusing on the rapid roll out of the Covid-19 vaccination to the first four priority groups identified by the Joint Committee on Vaccination and Immunisation (JCVI) and set out by the Prime Minister in his address to the nation on Monday 4th January. The JCVI state that the purpose of the first phase of the vaccination programme is to prevent death (i.e. to give direct protection) and to protect health and social care staff and systems. The JCVI made this decision based on the fact that vaccine supply is limited, and to interrupt transmission would require a large proportion of the population to be vaccinated with a vaccine that is highly effective at preventing infection (transmission). The JCVI has reviewed the evidence for groups of people at greater risk of mortality from Covid-19 infection and has based its prioritisation on this evidence.
- The JCVI also considered whether vaccination for occupations other than frontline health and social care workers should be included in the first phase of vaccination. Reviewing the evidence, they concluded that the prioritisation in the first phase would capture almost all preventable deaths from Covid-19 including those associated with infection from occupational exposure. The JCVI states that secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services. The JCVI has suggested that occupational prioritisation could form part of the second phase of the programme, which would include healthy individuals aged 16 up to 50 years of age. We expect to understand the priorities for the second phase from our national colleagues in the coming months.

## Key messages and factors to consider.....

- The number of new confirmed COVID-19 infections continues to increase sharply across all areas of Hampshire. The latest case rate data, reporting the 7-day period up to 31st December, show an increase in positivity, all age weekly rate and over 60s rate in all districts. Rushmoor, Hart and Havant have the highest rates.
- The R for the South East region is estimated to be between 1.2 and 1.4 and the growth rate between +4 and +7. These revised estimates suggest case rates in the region have significantly increased and are changing daily at a much faster rate than previous weeks. We need to ensure that growth is reversed, and R is kept below 1 so that the prevalence and spread of disease falls to improve COVID-19 trajectory metrics so that, ultimately, fewer restrictions are required, and we are able to get beyond the devastating health and economic impacts of COVID-19.
- In the most recent few weeks the number of COVID-19 patients has significantly increased, all trusts are seeing an increase. For the last two weeks the number of COVID-19 patients in both Portsmouth and Frimley hospitals has exceeded those recorded in the peak of wave one.
- The new variant is dominant in the South East with an estimated 65% of cases attributable to the new variant. Evidence suggests the new variant may be up to 70% more transmissible but there is no evidence to date that the new variant is associated with higher disease severity. However, without strengthened controls, there is a clear risk that future epidemic waves may be larger, and hence associated with greater burden and workforce impacts, than previous waves.
- On the 5th January 2021 England was moved into alert level 5. The top alert level means “transmission is high or rising exponentially” and health services are at risk of being overwhelmed. National lockdown was imposed including the closing of all schools until at least mid-February. National research suggested that only stringent interventions comparable to the March 2020 lockdown including school closures and mass vaccination would reduce the effective reproduction number  $R_t$  to less than 1 and reduce NHS burden.
- Unlike the first lockdown, policies have been in place for some time to restrict population movement and reduce social contacts, so trends may not follow those seen in wave one, the new variant is another potentially confounding factor, as is winter related illness. However, it is evident that we will see a continued increase in case rates, admission and deaths for several weeks before we see the epidemiological impact of the lockdown on the data and trends.
- It is hoped that national lockdown will be successful in suppressing the R to less than 1 which will mean the epidemic is shrinking and the mass vaccination programme will successfully vaccinate priority groups. The cumulative benefit of these should be marked for the trusts, however community transmission will still occur. Therefore, post national lockdown people and organisations across Hampshire will need to continue to adapt their processes and behaviours, complying with the interventions and policies, to reduce the risk of individual infection.



## Notes on the methodology

- Data is drawn from a range of sources, including:
  - The official UK Government website for data and insights on Coronavirus (COVID-19) (<https://coronavirus.data.gov.uk>)
  - The Office for National Statistics (<https://www.ons.gov.uk>)
  - Hampshire County Council's public health data resources (<https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/covid19-data-and-intelligence>)
- Due to time lags relating to testing times, data is generally shown excluding the previous five days, for the purposes of data quality
- Where rates are used, these are shown per 100,000 population
- Locally calculated rates are slightly ahead of the national data but do align
- Importantly, at lower tier local authority levels data tends to be unstable and need to be interpreted with caution!