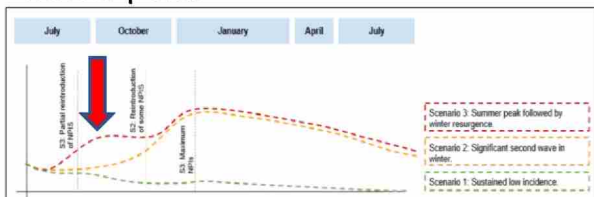


## 1. The Reasonable Worst Case Scenario

### The COVID-S scenario

“a difficult autumn followed by a large winter peak”

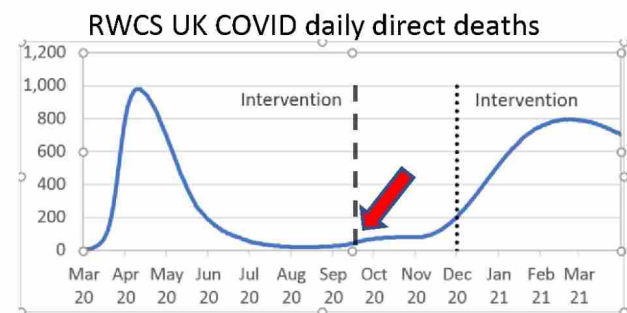


### The SPI-M - SAGE - HMG RWCS used for HMG, NHS and T&T planning

Infections double once in August, and once in early September.

Decisive action brings R back down to 1 until early November.

Further interventions fail to contain transmission thereafter.



### Both scenarios assume decisive action is taken now

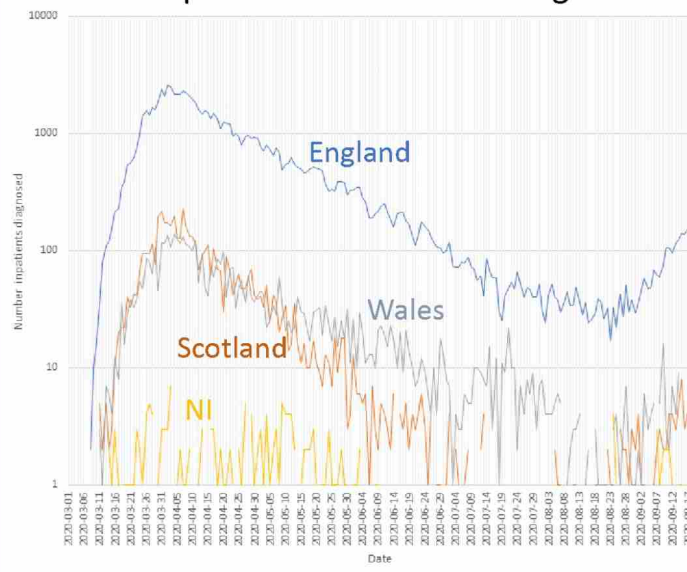
The COVID-S scenario and the HMG RWCS assume decisive action in mid-September brings R back to 1 so that new infections remain flat for 6 weeks.

## 2. How do numbers compare today?

Current numbers of new infections, hospitalisations and deaths are close to the RWCS at the moment

	Prevalence	Daily hospital admissions	Daily deaths
RWCS	78,000	271	49 (any time)
Now	71,000 (Eng only)	196 (Eng and NI only)	27 (< 28 days)

COVID hospital admissions are rising.

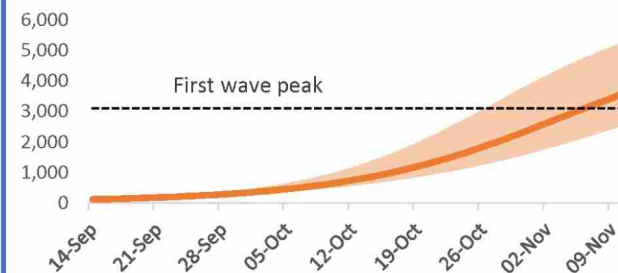


Hospital admissions are growing fastest in the regions most badly hit by the first wave.

## 3. Where does this trajectory go?

Under the current trajectory, hospitalisations will increase exponentially, surpassing the first wave by early November.

Projected new hospital admissions per day on current trajectory



HMG has planned against a RWCS in which new infections are stable from the second half of September until the end of October.

Observed epidemiology is currently in line with the RWCS, but infections are still rising.

Without immediate, decisive action we expect COVID epidemiology to breach the RWCS in the next few days.

It will then exceed HMG, T&T and NHS planning assumptions. T&T will not function effectively in a large second wave.

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20 September 2020