Technical Advisory Cell: Summary Brief

18ᵗʰ September 2020

Top-line summary

- The epidemic is evolving rapidly across Wales and the UK, meaning that estimates become out of date very quickly. There is consensus that the situation continues to be serious. This is highlighted by the sad news that we have begun again this week to have deaths from COVID-19 recorded in Wales.

- The number of positive cases per 100,000 of the population in Wales has increased significantly over the last two weeks but this has not produced a significant increase in admissions and deaths.

- We believe that the SAGE estimate of the R number is lower than the true R number in Wales. This is because the SAGE estimate is based on trends in admissions and deaths as well as cases and survey data, all of which have a time lag.

- A package of non-pharmaceutical interventions (NPIs) on local and national scale may be needed to bring R back below 1. Some NPIs may need to be in place for a significant length of time, though an earlier and more comprehensive response is likely to reduce the length of time for which they are required.

- When re-introducing NPIs, sufficient time is needed to establish whether these interventions have truly been successful. This is because there are also time lags associated with infectivity, symptom development, testing capacity and public behaviour.

- Interventions differ in their effectiveness in reducing transmission and have different types and levels of harm associated with them. It is increasingly important to consider the indirect harms associated with COVID-19.

- The public version of the Reasonable Worst Case (RWC) for Wales has now been published. While we do not expect the scenario to be accurate from week to week, we are monitoring epidemiological data in Wales against this.

- Results from the Office for National Statistics infection study show that for the week 30th August to 5th September, an estimated 0.05% of the community population in Wales had COVID-19. This equates to approximately 1 person in every 2,000, or a total of 1,500 people during this time. Care should be taken when interpreting these figures due to low sample sizes.