

- Case numbers in older age groups are also rising. For 85+ age group peak incidence in wave 2 reached 800/100K in late Dec/ early Jan 2021; currently the rate is around 125/100K in the most recent complete week up to 22nd August. For the 65-84 year age group this relative difference is something in the order of 375/100K at the peak of wave 2, compared with just below 150/100K in the most recent complete week up to 22nd August
- Test positivity rate is high at 19.3%, with highest in age 10-19 age groups
- Hospital admissions and mortality following a positive diagnosis of COVID, are rising but continue to be lower than previous waves. Relatively fewer hospitalisations in wave 3 compared with wave 2, despite rapidly increasing cases in the community in the current wave
- All-cause deaths in current wave only slightly above 5 year average for this time of year, whereas in previous waves peak all-cause deaths were much higher than the relevant 5 year average
- COVID 19 deaths have increased slightly in the last month, but remain very low compared with previous waves
- COVID-19 deaths in hospitals and care homes very low in current wave and very low compared with previous waves. However there is a lag in increases in deaths following increases in cases
- Doubling time is estimated (on 05 September) at 24.0 days and the Rt estimate (on 01 September) is 1.155.
- The uptake of COVID vaccination in Wales is high. Using ONS mid-year estimate as the denominator, the adult (16+) uptake rate as of 07 September 2021 is 91% for dose 1 and 84% for dose 2 in Wales.
- The relaxations in level 0, inevitably result in increased incidence of confirmed cases, particularly in those who are unvaccinated, further increases may be seen as schools, colleges and university terms start. Additionally, although it has significantly reduced the severe outcomes on infection, vaccination has not fully halted transmission of the delta virus in vaccinated individuals. Spread and circulation of the virus in the unvaccinated / young, alongside a highly vaccinated population could lead to the development of new variants of SARS Co-V2 which are capable of vaccine escape.
- There is ongoing concern in relation to the:
 - Rising number of cases across the UK including Wales
 - Increase in hospitalisation reported in many countries including Northern Ireland
 - Large number of cases associated with mass gathering events

(RSV) and seasonal influenza. As we move from an emergency response footing to dealing with COVID19 as another vaccine preventable respiratory infection, the surveillance and response systems established for COVID should increasingly look towards longer term resilience, building on previously established systems and expertise. Consideration should be given to move away from Covid case numbers and focus on hospital admission and mortality metrics. Focus should shift to the impacts of Covid rather than case numbers. PHW has already developed a surveillance strategy for Acute Respiratory Infections (ARI) and future work on COVID surveillance needs to be considered as part of this ARI strategy. In addition, broader population health harms, short term as well as the wider system pressure across health and social care need to be factored in while determining the actions in the next phase.

Non-Pharmaceutical Interventions (NPIs)

Previous advice notes had summarised that full lockdown measures had a positive impact on the transmission and control of the virus. In the context of level 0, and learning from the NPIs utilised during earlier phases of the pandemic, the following are appropriate for consideration in seeking to reduce transmission of Covid-19 and other respiratory viruses:

Reinforcing general communication and behavioural change:

Communication should continue to emphasise how this virus spreads, that increasing numbers of social contacts will increase spread and the need to continue with good hand and respiratory hygiene, good ventilation. Maintain social distancing, meeting outdoors remains safer than indoors. This remains relevant for COVID and other respiratory pathogen control.

Communication should specifically target good respiratory hygiene e.g. Catch It, Bin It, Kill It Programme (Flu)

Communication should continue to focus on the importance of **not** socialising/ mixing with others (self-isolating) when symptomatic (even mild symptoms).

Business and Services

- Our data indicates that workplaces remain a key source of transmission.
- Working from home & avoiding going to work if unwell. Limiting contacts will continue to assist with limiting spread of the virus, but it will be helpful to emphasise and encourage blended / flexible working arrangements to allow for continued reductions in