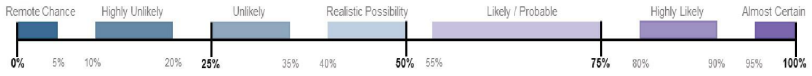
Weekly COVID-19 Alert Level Update

Level 4: A COVID-19 epidemic is in general circulation; transmission is high and direct COVID-19 pressure on healthcare services is widespread and substantial or rising.

Alert Level 5 Escalation Indicator		
Level 5: as level 4 and there is a material risk of healthcare services being directly overwhelmed by COVID-19		
Ind. 1	Has the UKHSA, *in consultation with NHS senior leadership and CMOs**, estimated that forecasted healthcare demand will outmatch forecasted capacity across the UK, regions or devolved administrations within the next 21 days?	**Realistic possibility**

*This is the wording of the indicator in the public facing methodology. However, this assessment at product issue is an UKHSA assessment only and further consideration by both CMOs and NHS senior leadership has not yet been incorporated



Date: 13 January 2022 Data cut-off: 10:00 13 January 2022

UKHSA recommends that the COVID-19 Alert Level remains at level 4.

It is highly likely that some localised parts of the NHS in the four nations will be at a material risk of being directly overwhelmed by COVID-19 in the next 21 days with healthcare services continuing to operate under significant pressure. But it is a realistic possibility that overall healthcare services will be overwhelmed.

Current trends of increasing COVID-19 hospital occupancy continue across the UK with high numbers of patients in hospital, comparable to levels at which previous escalation to level 5 was confirmed. It is likely that the total number of patients in hospital will begin to flatten following an initial stabilising of admissions.

NHS staff absences are high and increasing overall but there are signs of plateauing in some areas. CRITCON levels remain stable, but pressure is highlighted in other areas with all ambulance services in the UK operating at REAP level 4 (The highest level)[7]. This pressure on healthcare capacity and staff is likely to compromise the quality of care.

Overall case rates are decreasing or plateauing across the UK, a trend also seen in 60+ age group. However, in England there has been a recent increase in under 19 age group which is highly likely the result of the return of schools. Confirmatory PCR testing has ceased which will impact trends in case rates and positivity.

Confidence in Recommendation	MEDIUM
The UKHSA cannot provide definitive assessments of NHS capacity. In assessing alert level 5, the alert level update must consider trends for the next 21 days. As such this update includes an additional degree of uncertainty associated with projecting. As confirmatory PCR testing has ceased our confidence in case rate data is reduced until new patterns of testing behaviour become clear therefore over the coming weeks and we will be increasingly reliant on healthcare metrics.	

EPIDEMIC STATUS: Weekly case rates and age breakdown across the four nations

Nation	Epidemic Indicator Estimates					Weekly Case Rate (per 100,000)		% weekly change in reported tests**
	R	Growth	Daily Incidence Estimates	ONS Community Positivity		This week, 07/01 (% change from 31/12)	60+ age group: This week, 07/01 (% change from 31/12)	
				Current week	Previous week			
UK	-	-	-	-	-	**1737 (-1%)**	**884 (-3%)**	-8.7%
England	1.1 - 1.5	+1 to +5%	246000 - 420800	6.65 – 7.06	6.17 – 6.55	1723 (+3%)	891 (-2%)	-9.0%
Northern Ireland	1.1 - 1.6	+1 to +9%	-	4.57 – 6.36	3.07 – 5.21	2311 (-7%)	926 (+4%)	-21.6%
Scotland	1.2 - 1.5	+4 to +8%	24300 - 36900	5.06 – 6.27	4.49 – 6.06	1685 (-12%)	856 (-2%)	+0.1%
Wales	1.1 - 1.5	+2 to +10%	-	4.89 – 6.27	4.72 – 6.35	1735 (-27%)	793 (-22%)	-33.4%

Table 1: *R value and growth rate estimates by nation from UKHSA EMRG. Daily incidence estimates by nation from EMRG.[4] ONS community positivity.[5] Weekly case rate per 100,000 population and weekly percentage change from last week .[1] *Testing numbers for England and Northern Ireland include both PCR and LFD tests, other nations report PCR only.[1]*

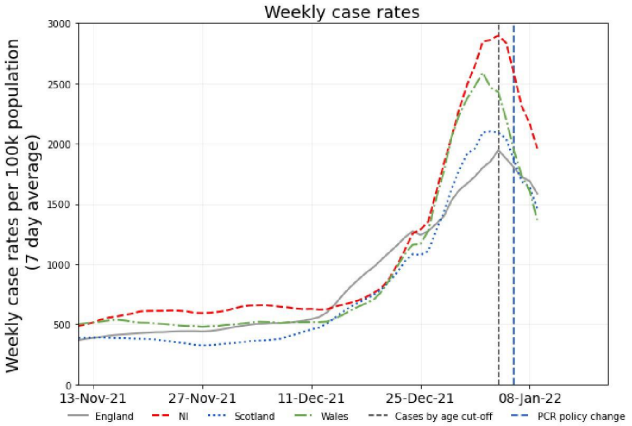


Figure 1. *Weekly case rates per 100k population for each nation. Complete data up to 09/01/22.[1]*

The suspension of cPCRs for most of the population is likely to result in a reduction in reporting of cases and we can expect to see some fall in case rate figures.

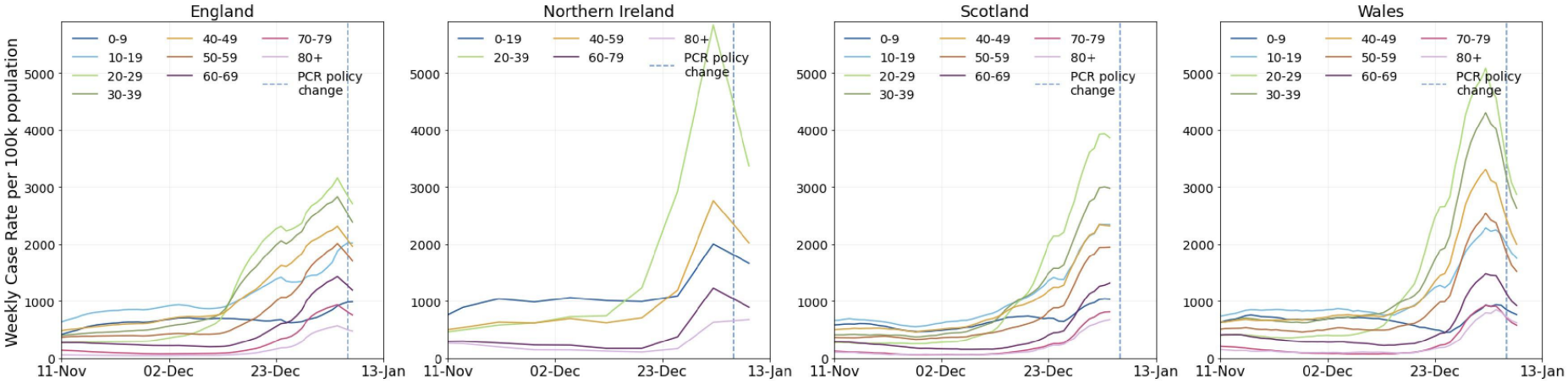


Figure 2. *Weekly Case Rates per 100,000 population by age band.[1,2] Complete data up to 04/01/2022.*

HEALTHCARE PRESSURE TRENDS: COVID-19 hospital admissions, occupancy, ICU occupancy and deaths across the four nations.

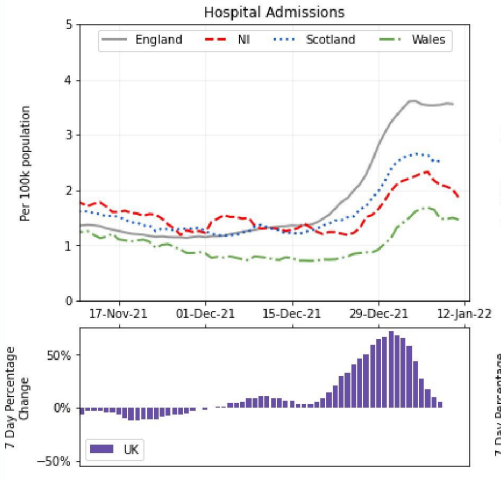


Figure 3. COVID-19 hospital admissions per 100k by nation (top) and 7-day percentage change for the UK (bottom). Wales admissions are not comparable as suspected COVID-19 patients are included. Complete data up to 08/01/22.[1]

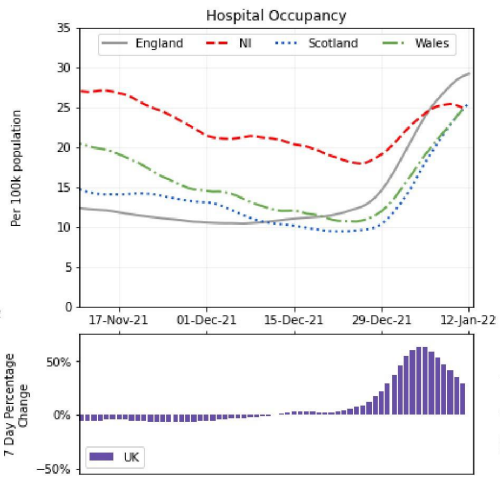


Figure 4. COVID-19 hospital occupancy per 100k by nation (top) and 7-day percentage change for the UK (bottom). Complete data up to 11/01/21.[1]

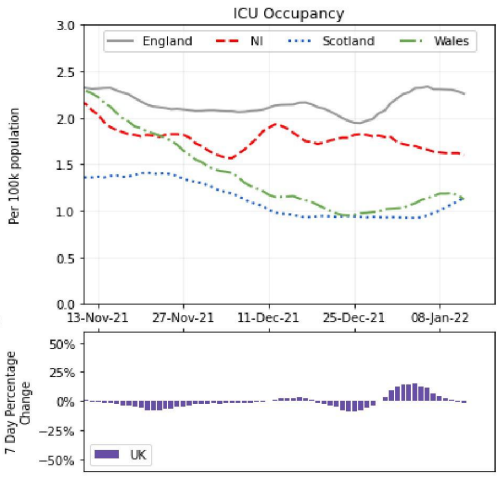


Figure 5. COVID-19 ICU Occupancy per 100k by nation (top) and 7-day percentage change for the UK (bottom). Complete data up to 12/01/21. [2,3]

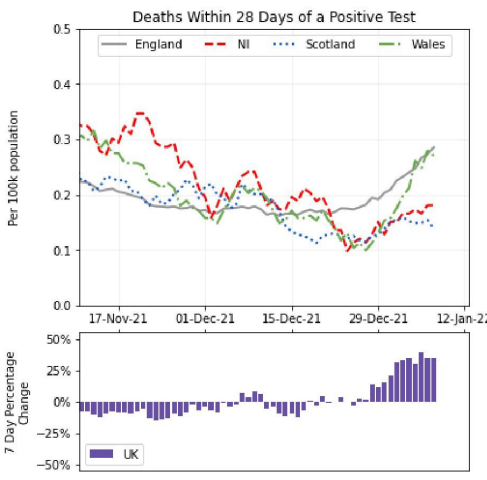


Figure 6. Deaths within 28 days of positive test by date of death per 100k by nation (top) and 7-day percentage change for the UK (bottom). The last five days are excluded due to reporting lags. Complete data up to 07/01/22.[1]

Current trends of increasing COVID-19 hospital occupancy continue across the UK, with high numbers of patients in hospital. The impact of COVID-19 is currently felt to be system wide, with increased pressure on Primary, Community and Social care. This is likely to be slowing patient flow which can result in increased occupancy and risk.

COMPARISON WITH UK METRICS AT PREVIOUS L5 PHASE: At a UK level COVID-19 MV bed occupancy and deaths remain substantially lower than previous escalation to level 5. Whilst hospital admissions and occupancy are at similar levels, the increase in admissions seems to be slowing down.

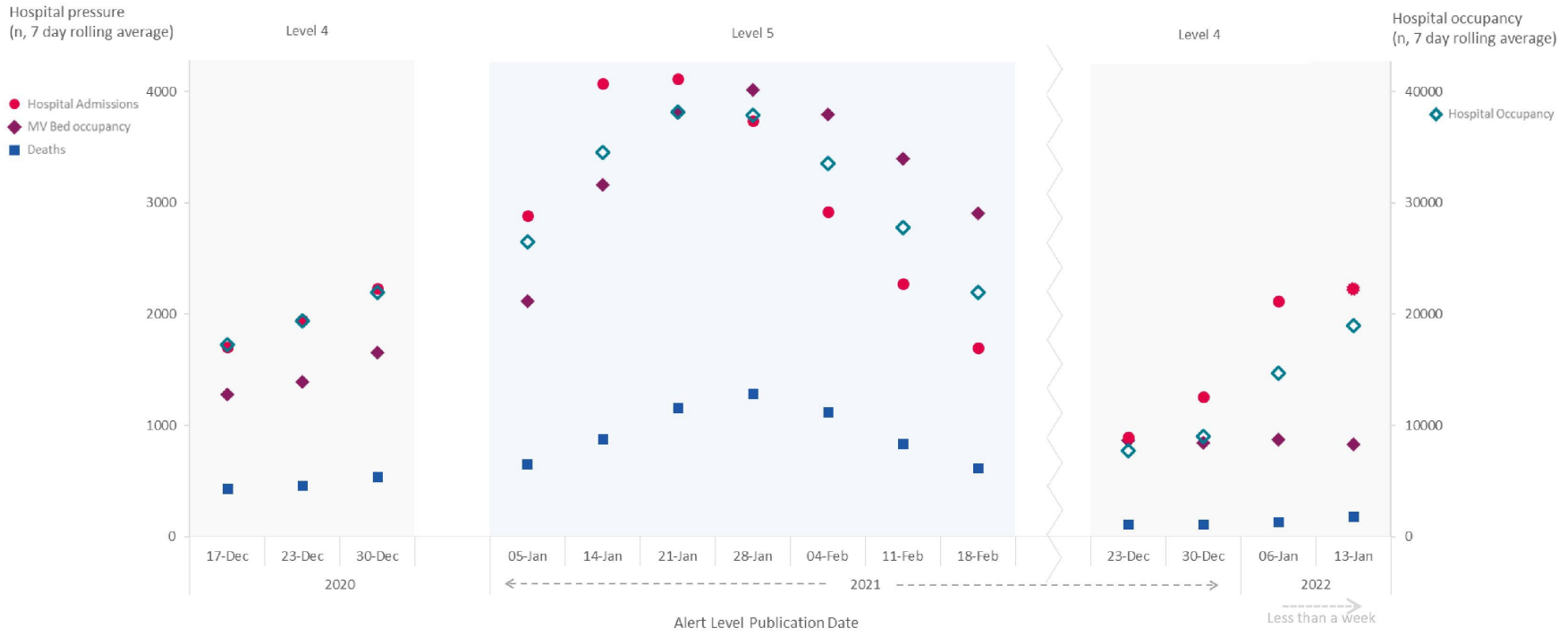


***Figure 7. UK** COVID-19 hospital metrics, comparison of previous alert level 5 phase (05/01/2021 to 18/02/2021) and three weeks prior with current data.[1] *Most recent Scotland hospital admissions data not available.*

DIRECT COVID-19 ABSOLUTE HOSPITAL PRESSURES:

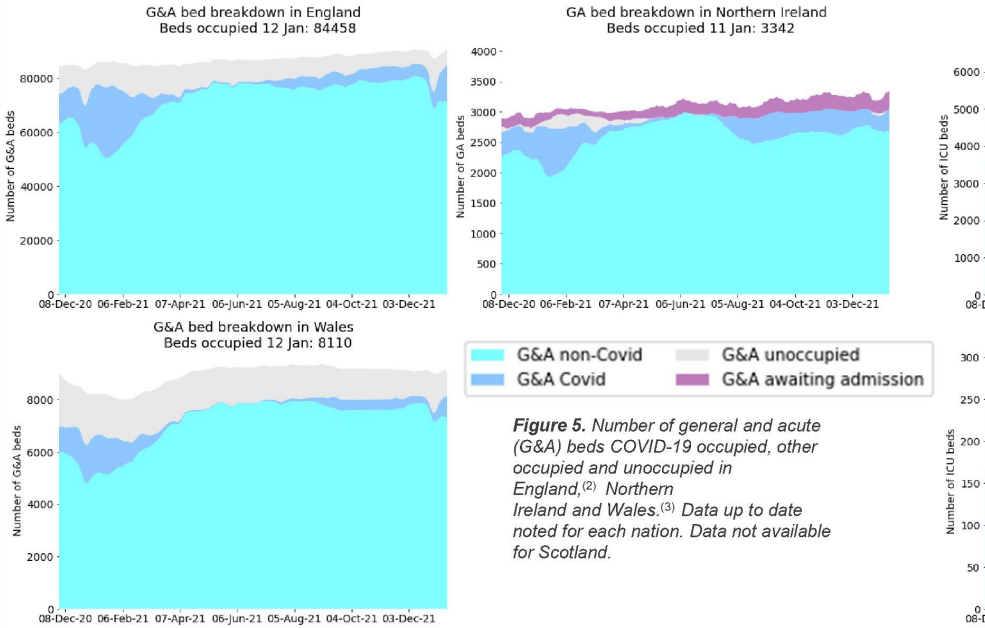


Figure 5. *Number of general and acute (G&A) beds COVID-19 occupied, other occupied and unoccupied in England,(2) Northern Ireland and Wales.(3) Data up to date noted for each nation. Data not available for Scotland.*

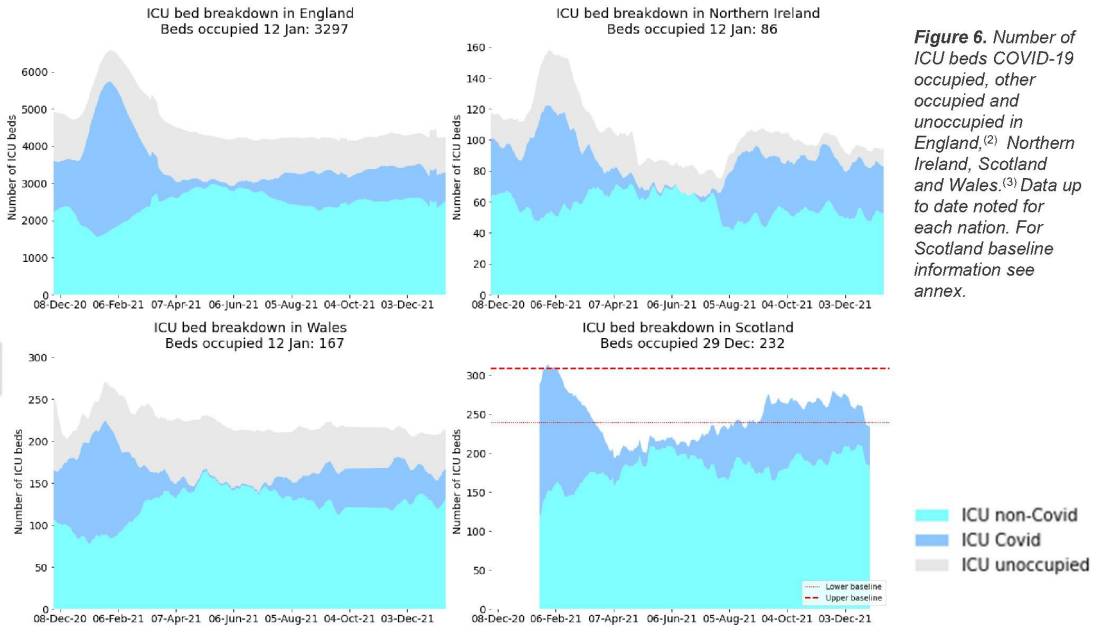


Figure 6. *Number of ICU beds COVID-19 occupied, other occupied and unoccupied in England,(2) Northern Ireland, Scotland and Wales.(3) Data up to date noted for each nation. For Scotland baseline information see annex.*

Figure 8. *Number of general and acute beds COVID-19 occupied, other occupied and unoccupied in England* (3) *, Northern Ireland and Wales* (2) *. Data up to date noted for each nation..*

Unoccupied beds do not necessarily reflect available, functional beds. The trends in unoccupied beds are illustrative and should not be interpreted as representing the current available capacity of the healthcare service. For further caveats see annex.

SELECT COVID-19 IMPACTS ON HEALTHCARE SYSTEM: CRITCON levels for England & Wales, NHS staff absences for England, Scotland & Wales.

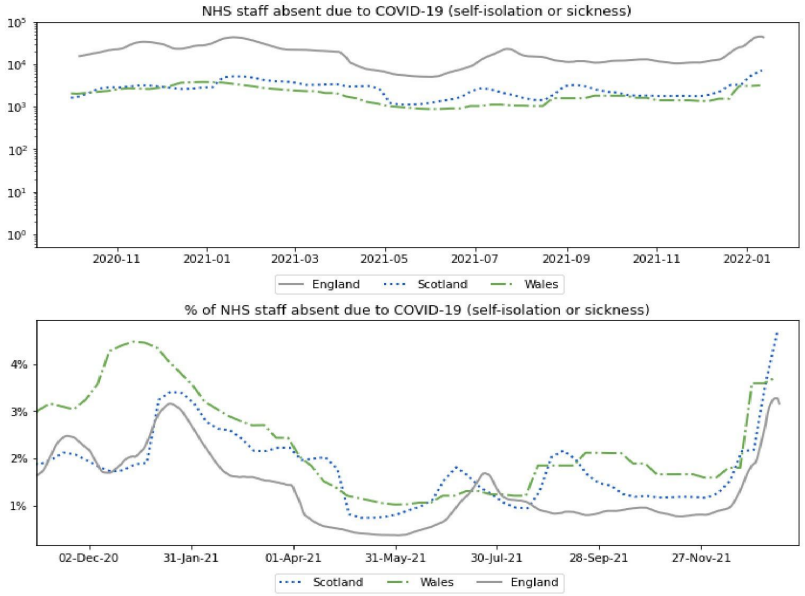


Figure 9: NHS staff absence % over time. Data complete to 10/01/2022 [3]

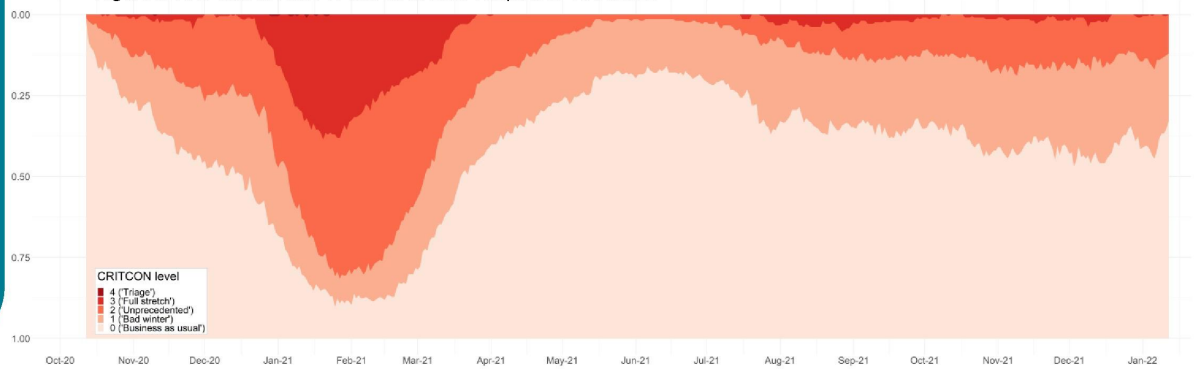


Figure 10: England CRITCON levels over time. Data complete to 12/01/2022 [3]

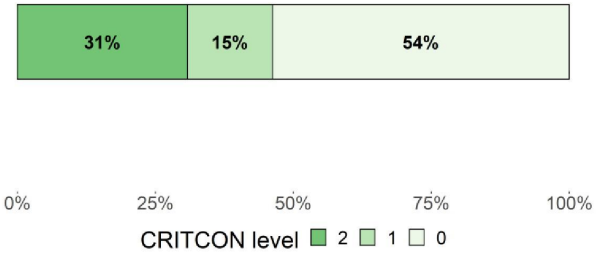


Figure 11: Welsh CRITCON levels. Data complete to 11/01/2022 [6]

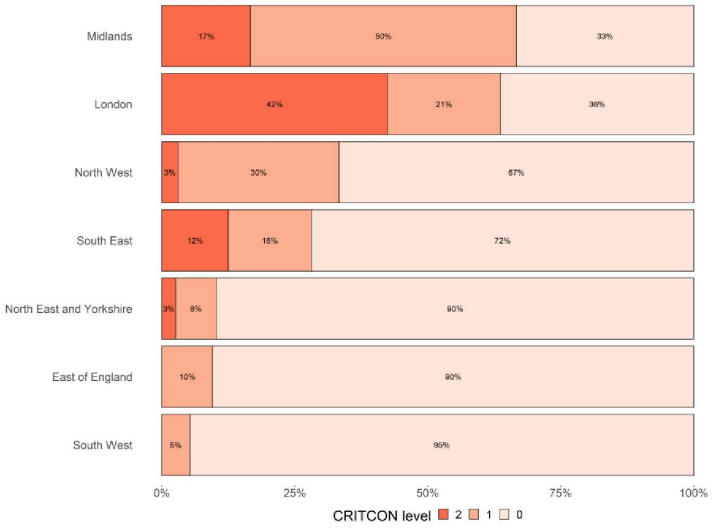


Figure 12: CRITCON levels by English regions. Data complete to 12/01/2022 [3]

Referencing and Annex

To be updated

Reference Table	
1	UK Government Coronavirus dashboard (accessed on 13 January 2022)
2	Wales data: PHW communication. Scotland data: PHS and Scottish Government communications. Northern Ireland data: DoH dashboard.
3	NHSEI dataset (accessed on 12 January 2022)
4	Wales data: PHW communication. Scotland data: Scottish Government communication. Northern Ireland data: DoH dashboard. England data: NHSE
5	NHS COVID-19 Hospital Activity (accessed on 13 January 2022)
6	Welsh COVID-19 Intelligence Report Dashboard (accessed on 12 January 2022)
7	National Ambulance Service Resilience Unit (NARU) dashboard (accessed on 12 January, 2100hrs)

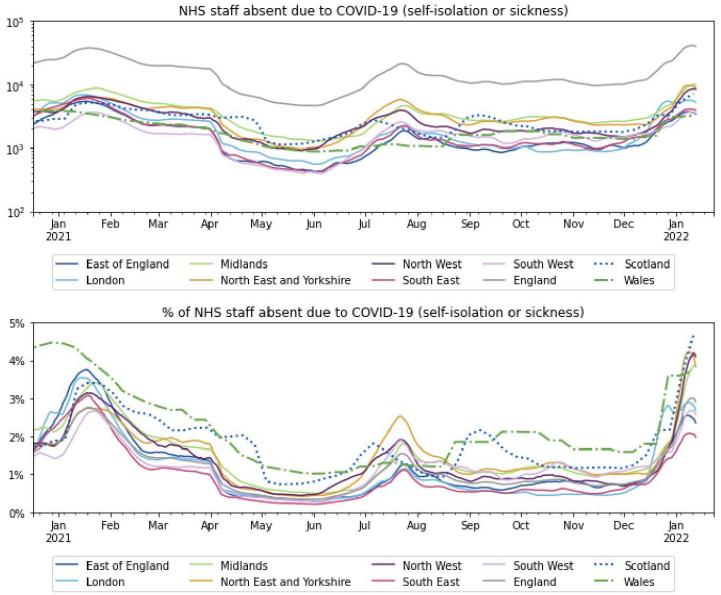


Figure 13: NHS staff absence % over time. Data complete to 10/01/2022 [3]

ANNEX: INCIDENTAL VS PRIMARY COVID IN ENGLISH NHS ACUTE HOSPITALS: Absolute numbers of patients primarily treated for COVID are at their highest levels since June 2021.The proportion of COVID-19 patients in English acute hospitals primarily being treated for COVID-19 continues to decrease in all regions as a share of total COVID-19 patients.

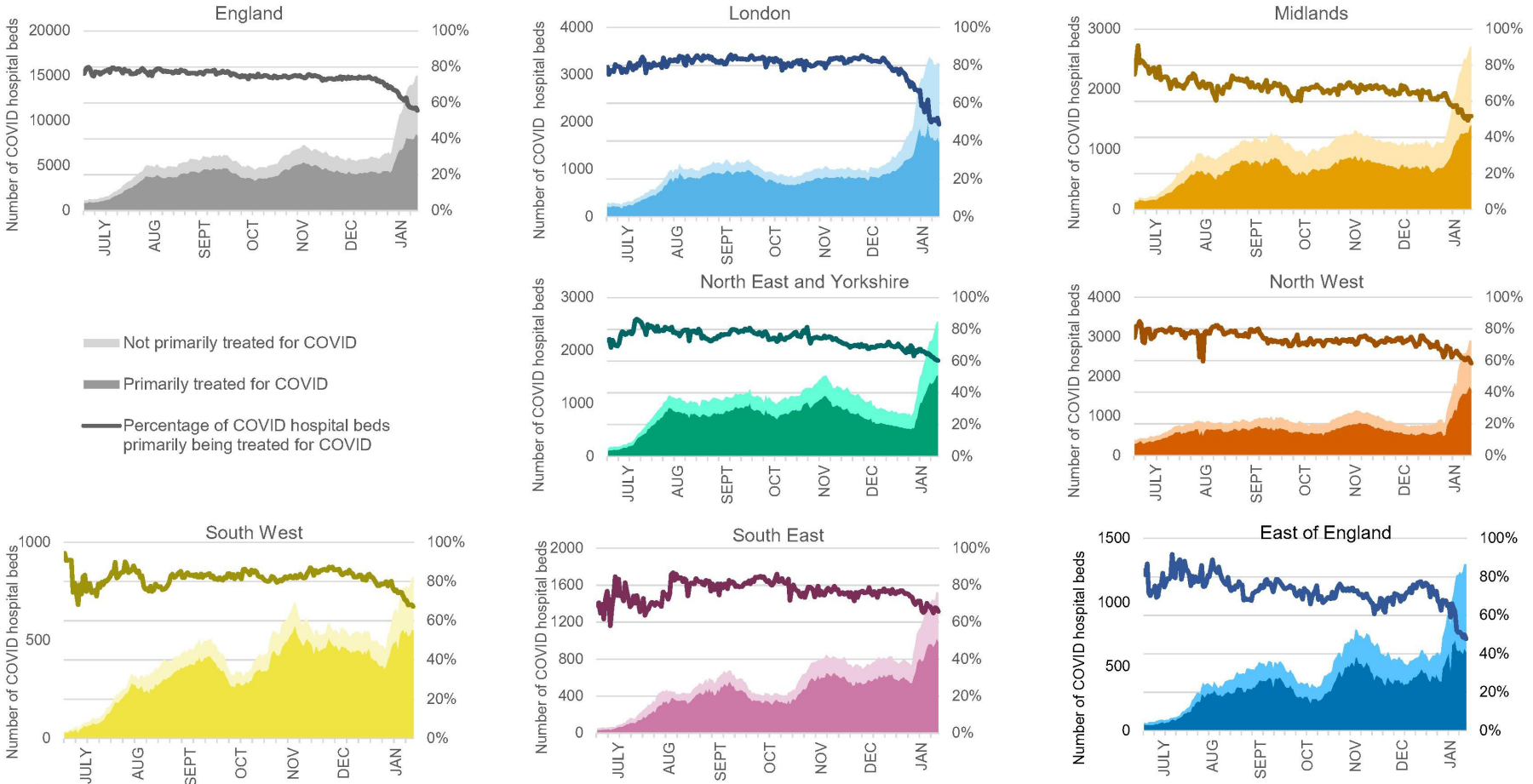


Figure 14: *Breakdown of COVID in NHS Acute Hospitals in England by primary cause of admission. Data complete to 11/01/2022[5]*