

Article

Leaving no one behind – a review of who has been most affected by the coronavirus pandemic in the UK: December 2021

Evidence on the impacts of coronavirus (COVID-19) on society, economy and the environment in the UK, and how this links to the global Sustainable Development Goals.

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Release date:
3 December 2021

Next release:
To be announced

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1 . Main points

- Although the coronavirus (COVID-19) pandemic has had negative impacts across the UK, it has been felt more acutely by some groups; this article highlights some of these groups and the links with the global Sustainable Development Goals (SDGs).
- SDG 3 promotes good health and well-being; some of the groups that have been affected the most by negative health impacts of COVID-19 (in terms of rates of death and vaccine uptake) are the most deprived people and households, some ethnic minorities, and people with self-reported disabilities.
- SDG 8 promotes decent work and economic growth for all; those with the lowest incomes were more negatively affected, for example in terms of work and changes in income, leading to the potential widening of financial inequalities.
- SDG 13 promotes climate action; greenhouse gas emissions fell substantially, to a large extent because of reduced use of industrial and personal transport, but this has been offset to some extent by increased emissions from heating.

2 . Overview

This article is published alongside our [annual SDG update](#), which reports the progress made in the past year towards measuring the global Sustainable Development Goal indicators (SDGs) in the UK.

The UN promotes the SDGs as a useful tool to [help recovery from the coronavirus \(COVID-19\) pandemic](#). The Office for National Statistics (ONS) has a [dedicated resource](#) to providing as much evidence as possible on the effects the coronavirus pandemic is having on the UK. As part of our [Statistics for the Public Good](#) strategy, the ONS is committed to improving the evidence base for understanding inequalities for people and places in the UK. We work to ensure our statistics reflect the experiences of everyone in our society so that everyone counts, and is counted. This echoes the SDG's "[Leave No One Behind](#)" ethos.

In this article, we have linked the SDGs with some COVID-19 data and analysis published over the last year. We have focused on the three dimensions of the SDGs framework – economy, society and the environment – and more specifically the themes of:

- health ([SDG 3](#))
- decent work ([SDG 8](#))
- inequality ([SDG 10](#))
- hunger ([SDG 2](#))
- climate ([SDG 13](#))

These themes are in line with the goals the [UN's High-level Political Forum](#) (HLPF) on Sustainable Development chose to review in 2021 as most closely related to the pandemic.

Disaggregating data and the interlinkages between Sustainable Development Goals

Disaggregation is crucial to shine a light on groups and places that are at risk of being left behind. Besides the headline data, we are committed to breaking down each of the 247 SDG indicators so that we can account for everyone and everywhere. The coronavirus pandemic has been a good example of how the most negative impacts have been felt more acutely by some groups, and the analysis that follows explores those who have been most affected.

Although the 17 SDGs exist as individual goals, there are clear [links between the goals](#) (PDF, 3.53MB). We have highlighted some of these links in the context of the coronavirus pandemic. To achieve the SDGs by 2030, the UK government has [fully embedded the goals](#) in the activities of each department. This highlights the synergies between these activities and how they can lead to progress across a number of goals.

3 . Social impact

[SDG 3](#) aims to ensure healthy lives and promote well-being for all.

Inequalities in the context of health and well-being are likely to have an impact in the progress towards the targets under SDG 3. Our review highlights the negative health impacts of the coronavirus (COVID-19) pandemic in terms of rates of death and vaccine uptake, on the most deprived people and households, as well as some ethnic minorities and people with disabilities.

Health and well-being

Within the SDG indicator framework, mortality rates are one of the main measures of progress towards this goal.

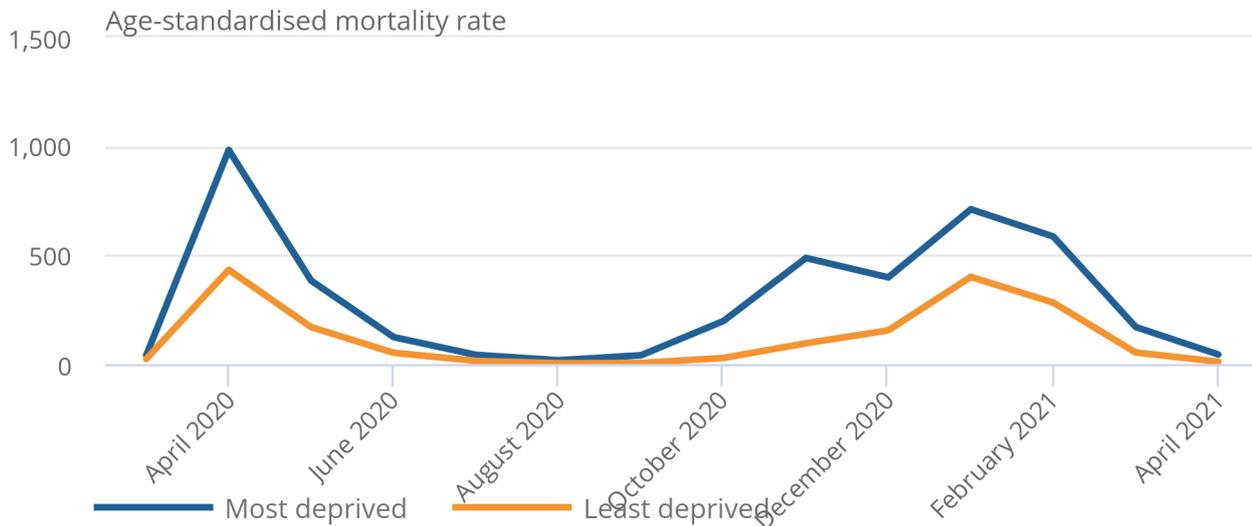
Between March 2020 and April 2021, [data on mortality rates](#) show that the coronavirus pandemic consistently had a proportionally higher impact on the most deprived areas in England. When focusing on deaths due to COVID-19, the mortality rate in the most deprived areas of England was more than double that in the least deprived areas for 12 of the 14 months.

Figure 1: COVID-19 had a proportionally higher impact on the most deprived areas in England

Age-standardised mortality rates for deaths due to COVID-19, by deprivation deciles in England, deaths registered between 1 March 2020 and 30 April 2021

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Age-standardised mortality rates for deaths due to COVID-19, by deprivation deciles in England, deaths registered between 1 March 2020 and 30 April 2021



Source: Office for National Statistics

Notes:

1. Age-standardised mortality rates are presented per 100,000 people and standardised to the [2013 European Standard Population](#).
2. Deaths "due to COVID-19" only include deaths where coronavirus (COVID-19) was the underlying (main) cause.
3. Monthly rates in this graph have been adjusted to allow for comparisons with annual rates. For more information see the [Monthly mortality analysis, England and Wales: October 2021](#).
4. Figures for England exclude deaths of non-residents, and geographical boundaries are based on the most up-to-date information available at the time of dataset publication.
5. Figures are based on the date of death registration, rather than death occurrence. More information on registration delays can be found on the [ONS website](#).
6. Deprivation is based on [Index of Multiple Deprivation \(IMD\)](#).

A similar pattern was observed within [Wales](#), where the mortality rates due to COVID-19 in the most deprived areas were higher than in the least deprived areas every month for which the data were available. Levels of deprivation are classified differently in England and Wales, so they should not be directly compared.

There was also a greater risk of death involving COVID-19 in the period 24 January 2020 to 28 February 2021 in England [for people who previously self-reported disabilities](#). Relative to their non-disabled counterparts, the rate of death involving COVID-19 was 3.0 times greater for more-disabled men and 3.5 times greater for more-disabled women. The increased risk of death was reduced for all disabled groups after accounting for various socio-economic factors and pre-existing health conditions but remained [statistically significant](#).

[Rates of death involving COVID-19](#) were also higher among most ethnic minority groups in England compared with the White British ethnic group. For example, in the second wave of the coronavirus pandemic (12 September 2020 to 31 March 2021), the rate of death involving COVID-19 was greatest for the Bangladeshi ethnic group: 5.0 and 4.1 times greater than White British men and women, respectively.

A large proportion of the excess rate of death involving COVID-19 among ethnic minority groups can be linked to various personal characteristics and circumstances such as geographical location, health conditions, living arrangements and occupation. However, even after accounting for these factors, most Black and South Asian groups remained at higher risk than the White British ethnic group in the second wave.

Those living in the most deprived areas of the UK also [more often reported experiences of suffering from long COVID](#). According to the evidence from the four-week period ending 31 October 2021, 2.5% of those living in the most deprived areas (lowest Index of Multiple Deprivation (IMD) quintile) suffered from long COVID compared with 1.6% of those living in the least deprived areas (highest IMD quintile).

International support for health

Target 3.b underpinning [SDG 3](#) is to support the research and development of vaccines and medicines, and provide access to these.

SDG indicator [3-b-2](#) reports on the "total net official development assistance to medical research and basic health sectors". In 2020, the UK's official development assistance (ODA) funding in this area [increased by £288 million](#). In 2020, approximately [£1.7 billion of ODA funding \(PDF, 2.52MB\)](#) was directed to support the control of the COVID-19 pandemic and the response to its socio-economic impacts in developing countries.

Vaccine effectiveness

Vaccination is one of the ways that has been adopted to tackle COVID-19. Importantly, the age-adjusted [risk of deaths involving COVID-19](#) was consistently lower for people in England who had received two vaccinations in 2021.

Between 2 January and 24 September 2021, the overall age-adjusted risk of deaths involving COVID-19 was 32 times greater in unvaccinated people than in fully vaccinated individuals in England. The difference in mortality between the groups has decreased over time. In the week commencing 24 September 2021, the age-adjusted risk of deaths involving COVID-19 was five times greater in unvaccinated people than in fully vaccinated individuals. This reduction could be because of changes in COVID-19 infection rates, changes in the composition of the groups, an increasing level of immunity due to past infection in the unvaccinated group and reduction of vaccine effectiveness. These mortality rates take into account differences in age between the vaccination status groups, however the rates can also be affected by other factors that vary between the groups, such as health status.

Vaccine hesitancy

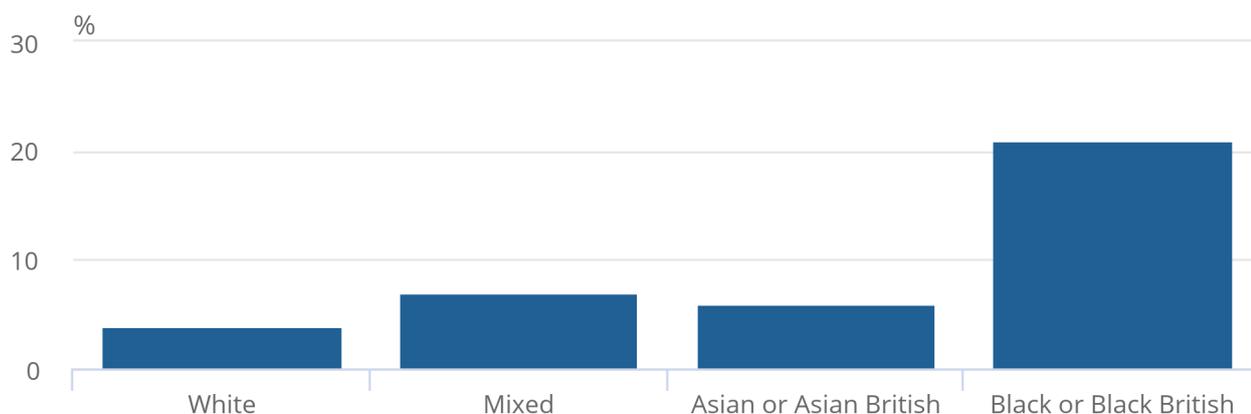
During the period 23 June to 18 July 2021, the Opinions and Lifestyle Survey found that 4% of adults in Great Britain were [hesitant about having a vaccine](#). Specifically, Black or Black British adults had the highest rates of vaccine hesitancy (21%) compared with White adults (4%). For a definition of vaccine hesitancy please see the [Glossary](#).

Figure 2: Black or Black British adults were most likely to report they were hesitant to receive a COVID-19 vaccine

Vaccine hesitancy by ethnicity, Great Britain, 23 June to 18 July 2021

Figure 2: Black or Black British adults were most likely to report they were hesitant to receive a COVID-19 vaccine

Vaccine hesitancy by ethnicity, Great Britain, 23 June to 18 July 2021



Source: Office for National Statistics – Opinions and Lifestyle Survey (COVID-19 module), 2021

Notes:

1. The ethnicity disaggregation used has been chosen to provide the most granular breakdown possible, while producing robust estimates based on sample sizes in line with the [GSS ethnicity harmonised standard](#).
2. These estimates are based on those demonstrating hesitancy towards the vaccine, and not necessarily a negative sentiment.

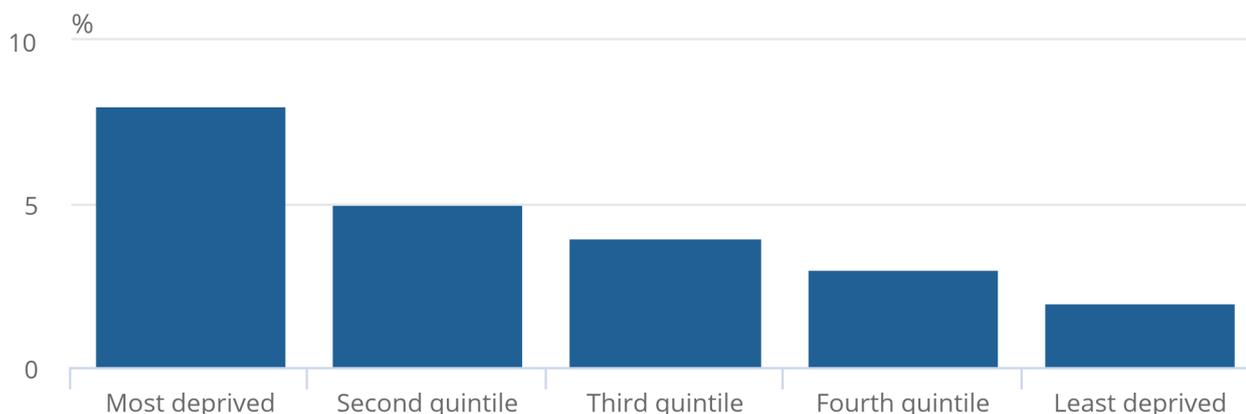
Adults living in the most deprived areas of England (based on the [Index of Multiple Deprivation](#) (IMD)) were also more likely to report vaccine hesitancy (8%) than adults living in the least deprived areas (2%).

Figure 3: Adults living in the most deprived areas of England were more likely to report they were hesitant to receive a COVID-19 vaccine

Vaccine hesitancy by Index of Multiple Deprivation, England, 23 June to 18 July 2021

Figure 3: Adults living in the most deprived areas of England were more likely to report they were hesitant to receive a COVID-19 vaccine

Vaccine hesitancy by Index of Multiple Deprivation, England, 23 June to 18 July 2021



Source: Office for National Statistics – Opinions and Lifestyle Survey (COVID-19 module), 2021

Notes:

1. Deprivation is based on IMD . To ensure robust sample size, deciles have been grouped into quintiles. For more information, see [English indices of deprivation 2019](#).
2. These estimates are based on those demonstrating hesitancy towards the vaccine, and not necessarily a negative sentiment.

[Vaccine hesitancy did not significantly differ between disabled and non-disabled adults](#) in the six analysis periods between January and July 2021 in Great Britain. However, when [people who were previously vaccine hesitant were followed up](#) between 7 and 16 September 2021, vaccine uptake was 12 percentage points lower for disabled (34%) than non-disabled (46%) previously vaccine-hesitant adults in England. A higher percentage of previously vaccine-hesitant disabled adults who remained unvaccinated reported being worried about the effect on an existing health condition.

When looking at groups of people more at risk, both vaccine hesitancy and the likelihood of developing symptoms once vaccinated have been higher in the most deprived areas for adults living in England, as have mortality rates and incidence of long COVID.

4 . Economic impact

[SDG 8](#) promotes decent work and economic growth for all.

The economic impact of coronavirus (COVID-19) can also be linked to social aspects of the SDGs, notably [SDG 2](#) (zero hunger) and [SDG 10](#) (reduced inequalities). As the goals and targets do not exist in isolation, social and economic shocks that impact people's income and financial resilience can also affect how people access food and whether they have enough to eat.

Income and decent work

Within the SDG indicator framework, measures of employment and decent work for all are used to identify progress toward [SDG 8](#).

Many people across the UK have felt the economic impact of the coronavirus pandemic whether this was through reduced income, closure of business or being furloughed. However, the labour market [shocks associated with the pandemic have been felt more by those on lower incomes](#).

The percentage of employee jobs paid below the [National Minimum Wage and National Living Wage](#) was 3.8% in April 2021. Although this is over 2.5 times higher than the 1.4% level in 2019, it is a reduction compared with 7.4% in April 2020. This increase relative to pre-pandemic levels is partly because more people with wages above the minimum and national wage thresholds saw their incomes decrease to 80% of the original salary due to the [Coronavirus Job Retention Scheme](#) (furlough). The scheme covered up to 80% of the salary with an optional top-up from employers.

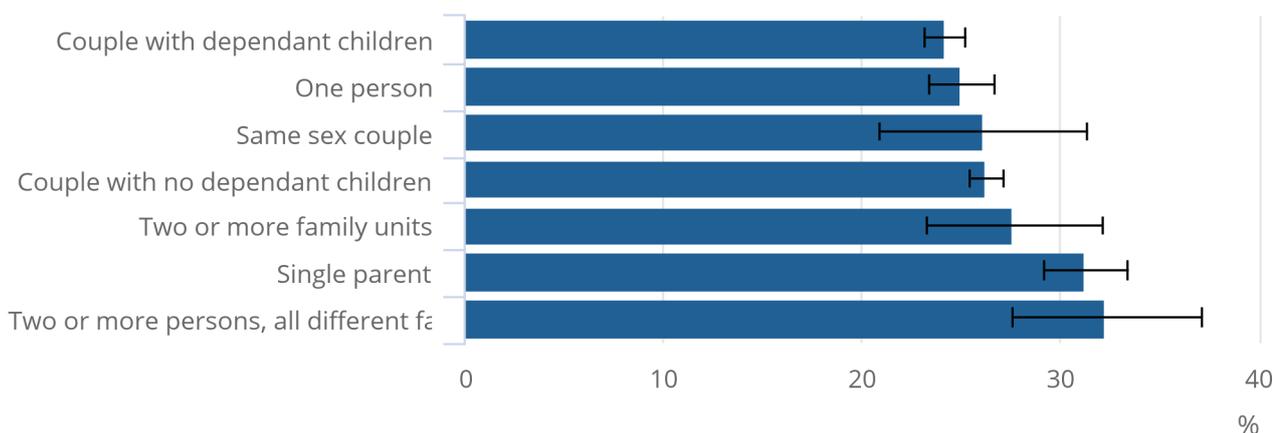
It was estimated that [one in four people were furloughed at some point in the period March 2020 to June 2021](#). [An overview of workers who were furloughed in the UK](#) suggested that the percentage of people furloughed was higher for those aged under 24 years and over 65 years compared with ages in-between. Single working parents were more likely to be furloughed (31%) compared with people living in a couple with dependent children (24%).

Figure 4: Single parents were more likely to be furloughed than people living in a couple with dependent children

Percent furloughed employees per household type, April to June 2021

Figure 4: Single parents were more likely to be furloughed than people living in a couple with dependent children

Percent furloughed employees per household type, April to June 2021



Source: Office for National Statistics – Labour Force Survey (LFS)

Notes:

1. For the purposes of this analysis, furloughed workers are defined as any worker who was working as an employee at the time of data collection, or who had had a job since March 2020, who reported as being furloughed at any point.
2. Dependent children are children under age 19 years who are in full-time education.
3. Further guidance on how household and family units are categorised can be found in the [Labour Force Survey \(LFS\) user guides – Volumes 3 and 4](#).
4. Error bars represent 95% confidence intervals.

According to the Annual Survey of Hours and Earnings (ASHE), [almost 30% of people in the lowest decile of hourly pay \(earning less than £9.02 an hour\) were furloughed with reduced pay in 2021](#). This is 16.8 percentage points lower than the lowest earners in 2020 (equivalent to less than £8.72 an hour). The decrease in number of people on furlough is seen across all earnings groups. However, those with higher earnings had a smaller proportion of people being furloughed.

Of people who could not work because of furlough or other reasons during the pandemic, more than half (52%) of those in the top income bracket [continued to receive their full income](#), compared with just over a quarter (28%) in the lowest – increasing the financial inequalities between these groups.

The [latest figures on employment](#) (July to September 2021) suggest a gradual recovery of the UK labour market, with unemployment going down and employment levels rising. However, the figures are still not back to pre-pandemic levels.

In terms of decent working conditions for those in employment who were not furloughed, many businesses continued to offer homeworking as an option after the national restrictions were lifted. Of all UK businesses, 8 in 10 (80%) said the reason they intended to increase homeworking in the future was because of [improved staff well-being](#). Homeworking was also reported as [especially beneficial for older workers](#), improving work-life balance, productivity and overall well-being. Those with fewer opportunities to switch to homeworking were more likely to be in deprived areas with poor health and lower well-being.

Food and food security

Although there are no detailed official data on use of food banks, we have looked at a report by the Trussell Trust on emergency food parcels, which suggests there was a [33% increase of emergency food parcels](#) distributed in the financial year ending 2021 (April 2020 to March 2021), when compared with the year before. A regional breakdown shows there was an [increase in the distribution of food parcels across the UK](#) (excluding Scotland) for the financial year ending March 2021, particularly in London. The London region also saw the highest increase in number of food parcels given to children.

A research report commissioned by the Food Standards Agency (FSA) in partnership with think tank Demos suggests an [increase in food insecurity \(moderate and severe\) following the six months after the March 2020 lockdown](#) (PDF, 2.4MB). The SDGs use food security data from the [Family Resources Survey](#) produced by the Department for Work and Pensions to measure [indicator 2.1.2](#), however, there are not yet data available for the period covering the pandemic. The FSA reported [families with children who were experiencing food insecurity were forced to skip meals \(PDF, 2.4MB\)](#). The most frequent reason given for this was income loss, together with lack of access to affordable food. This links to the findings that the pandemic had the biggest impact on the lowest earners (see previous [Income and decent work subsection](#)).

5 . Environmental impact

[SDG 13](#) focuses on climate change and its impacts.

There is currently an international focus not only on the coronavirus (COVID-19) pandemic, but also on climate change, with the [COP26](#) UN Climate Change Conference recently held in Glasgow. These two issues are connected: the changes in economic activity and personal behaviour because of the pandemic have affected activities that contribute to climate change.

The SDGs also recognise the connections between the goals, and how health ([SDG3](#)) and work ([SDG8](#)) are impacted by or impact the environment.

In this section we review some of the evidence that highlights the impact coronavirus has had on the environment such as the reduction of greenhouse gas emissions because of reduced transport use and travel to work, while keeping in mind possible trade-offs because of some increase in non-travel related emissions.

Greenhouse gas emissions

All emissions data in this section are from the [UK Environmental Accounts](#), on a residence basis, covering emissions by UK residents and UK-registered businesses, whether based in the UK or abroad.

Coronavirus and the resulting restrictions had an effect on UK greenhouse gas emissions. Provisional figures show that between 2019 and 2020 [greenhouse gas emissions fell](#) by 13%, from 552 million tonnes to 481 million tonnes carbon dioxide equivalent. This is the largest annual fall since the data series started in 1990.

The transport sector was the largest contributor to the overall declines in emissions. Transport emissions fell by just over 40% between 2019 and 2020. Since records started in 1990, annual emissions in this sector have fallen by a maximum of 9% prior to this. While not all changes in transport emissions in 2020 were because of the pandemic, much of the reduction is likely because of coronavirus-related restrictions.

[Households have been the largest emitter of greenhouse gases](#) in the UK since 2015. This was still true in 2020, though household emissions fell by 10% between 2019 and 2020. Household emissions are largely made up of emissions from home heating and personal travel (including commuting, social, domestic or leisure travel).

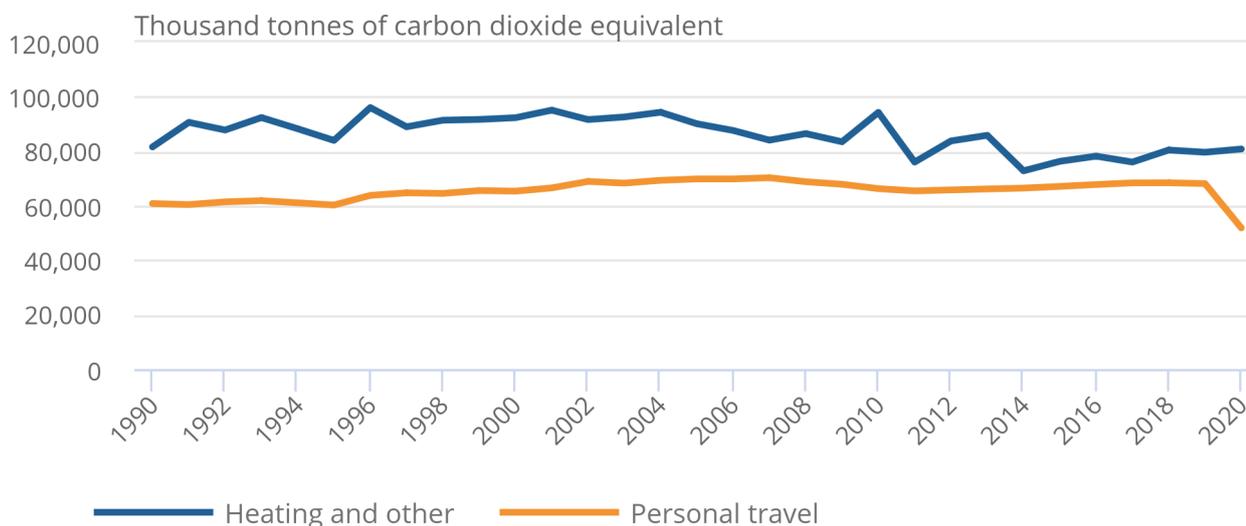
Emissions from household travel fell by 24% in 2020, more than 21 percentage points than the previous largest fall of 2.4% in 2010. To some extent, this was offset by non-travel-related household emissions (largely heating), which increased by 1.5%, with the increased time spent at home during 2020.

Figure 5: Decreases in household emissions from personal travel were only slightly offset by increased non-travel related household emissions

Mass of household subcategory air emissions per year, UK residence basis, 1990 to 2020

Figure 5: Decreases in household emissions from personal travel were only slightly offset by increased non-travel related household emissions

Mass of household subcategory air emissions per year, UK residence basis, 1990 to 2020



Source: Ricardo Energy and Environment, Office for National Statistics

Notes:

1. Figures for 2020 are provisional.
2. Greenhouse gases under the [Kyoto Protocol](#).
3. For an explanation of different emissions measures, see the [Measuring UK greenhouse gas emissions](#) article on the UK climate change statistics portal, where you can explore a range of related statistics.

Office for National Statistics (ONS) data on household spending support the link between a [decrease in travel and the increase in home working](#). Households spent less on travel, and more on housing, fuel and power. This shift in spending was more pronounced in the highest income households, whose members are more likely to have [jobs that can be done from home](#).

Air pollution and COVID-19 deaths

Indicator [3-9-1](#) measures the mortality rate attributed to household and ambient air pollution. Although [particulate air pollution fell in 2020](#), people living in areas that had high levels of pollution before the pandemic were found to have an [increased risk of COVID-related mortality](#). This, however, was largely driven by urban areas being the early focus of the spread of COVID-19.

In addition, some of the effect seen may be because of the associations between high COVID-19 mortality and heavily polluted areas and between heavily polluted areas and, for example, housing quality and overcrowding. The ONS analysis of [air pollution and COVID deaths](#) highlights how difficult it can be to disentangle factors such as ethnicity, location and pollution, and their contribution to COVID-19 mortality.

6 . Data section

[Deaths due to COVID-19 by local area and deprivation, April 2021 edition](#)

Dataset | Released 20 May 2021

Provisional age-standardised mortality rates for deaths due to COVID-19 by sex, local authority and deprivation indices, and numbers of deaths by middle-layer super output area.

[Coronavirus and vaccine hesitancy, Great Britain, 23 June to 18 July 2021 edition](#)

Dataset | Released 9 August 2021

Estimates of vaccine sentiment with breakdowns by different population groups. Analysis based on the Opinions and Lifestyle Survey.

[Characteristics of people who have been furloughed in the UK, October 2021 edition](#)

Dataset | Released 1 October 2021

Individual and labour market characteristics of people who have been furloughed. Experimental statistics using data from the Labour Force Survey (UK) and Opinions and Lifestyle Survey (Great Britain); summary statistics and model results.

[Atmospheric emissions: greenhouse gases by industry and gas](#)

Dataset | Released 21 September 2021

The emissions of carbon dioxide, methane, nitrous oxide, hydro-fluorocarbons, perfluorocarbons, sulphur hexafluoride, nitrogen trifluoride and total greenhouse gas emissions, by industry (SIC 2007 group - around 130 categories), UK, 1990 to 2019 and (provisional) 2020.

7 . Glossary

Index of Multiple Deprivation (IMD)

The official measure of relative deprivation for small areas in England. It is an overall measure of multiple deprivation experienced by people living in an area. It is calculated for every neighbourhood, in England. The IMD is based on seven distinct domains of deprivation, which are combined and weighted. For more information refer to the [English indices of deprivation, 2019](#). Wales has a similar measure, called [Welsh Index of Multiple Deprivation](#), which is based on a different methodology.

More-disabled

People who reported in the 2011 Census that their day-to-day activities were "limited a lot".

Disability status

Based on the Government Statistical Service (GSS) [harmonised "core" definition](#), "disabled" is a person who has a physical or mental health condition or illness that has lasted or is expected to last 12 months or more that reduces their ability to carry-out day-to-day activities. Disability status is self-reported, as respondents are asked the GSS harmonised questions.

Age-standardised mortality rates

Age-standardised mortality rates (ASMRs) are used to allow comparisons between populations that may contain different proportions of different ages. [The 2013 European Standard Population](#) is used to standardise rates.

"Due to" and "involving" COVID-19

We use the term "due to COVID-19" when referring only to deaths with an underlying cause of death of COVID-19. When considering all deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause or not, we use the term "involving COVID-19". For more information on the definition of COVID-19, see [Section 8 of the Coronavirus and mortality in England and Wales methodology article](#).

Long COVID

COVID-19 symptoms persisting for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else.

Vaccine hesitancy

Vaccine hesitancy refers to adults who:

- have been offered a vaccine and decided not to be vaccinated
- report being very or fairly unlikely to have a vaccine if offered
- responded "neither likely nor unlikely", "don't know" or "prefer not to say" to the question "if a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?"

It should be noted that a small number of respondents reported "prefer not to say". This response is considered to represent those unsure about the vaccine.

Testing positive

Testing positive for SARS-CoV-2, with or without having symptoms, on a swab taken from the nose and throat.

Booster

The Infection Survey asked respondents how many doses of vaccine they have received. Those who have received three doses are described as having received a booster.

Greenhouse gas

The greenhouse gases included in the atmospheric emissions accounts are those covered by the [Kyoto Protocol](#): carbon dioxide (CO₂), methane (CH₄), nitrous oxide (N₂O), hydrofluorocarbons (HFCs), perfluorocarbons (PFCs), sulphur hexafluoride (SF₆) and nitrogen trifluoride (NF₃). These gases are widely believed to contribute to global warming and climate change. The potential of each greenhouse gas to cause global warming is assessed in relation to a given weight of CO₂ so all greenhouse gas emissions are measured as carbon dioxide equivalents (CO₂e).

Transport sector emissions

The transport sector refers to the transport and storage industry section as defined under the [UK Standard Industrial Classification \(SIC\) 2007](#). Emissions relate to this sector rather than all emissions related to transport.

8 . Data sources and quality

In this article, we have highlighted data and analysis from many sources, covering different groups and areas of society, and the impacts coronavirus (COVID-19) has had on them. We have used the most recent data and analysis available to highlight the impact on these groups and areas, however, time periods are not consistent throughout the article. Survey questions and analysis can vary from one collection period to the next, and some questions can get discontinued. In some cases, the most recent data may be from several months ago. For more details, please refer to the original publications and data sources linked throughout the article.

The reported differences in [COVID-19 mortality risk by self-reported disability status](#) are estimated using linked data from the Office for National Statistics Public Health Data Asset, which includes 2011 Census records, death registrations, and electronic health records. For more details refer to the original publication's [technical appendix](#).

For information on food security and use of food banks we have used a non-official statistical source from the Trussell Trust charity. The reported statistics on food bank usage only cover food banks from the Trussell Trust network. The [Opinions and Lifestyle Survey](#) (OPN) had questions on use of food banks in April 2020, but the sample size is very small, and the question was only asked twice. The information and data taken from the [Trussell Trust report](#) satisfies our [non-official sources requirements](#) regarding compliance with the [Code of Practice](#) for statistics.

Information on the survey design and quality of the sources used in this article can be found in the Quality and Methodology Information (QMI) reports for [Coronavirus \(COVID-19\) Infection Survey](#), the [Opinions and Lifestyle Survey \(OPN\)](#), and for [Environmental accounts air emissions](#).

Please see the source links within the text for further notes on quality and methodology.

9 . Related links

[Sustainable Development Goals data update, UK: December 2021](#)

Article | Released 3 December 2021

The fifth annual report on progress made towards measuring the global Sustainable Development Goal indicators in the UK.

[Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 31 July 2020](#)

Bulletin | Released 28 August 2020

Provisional counts of the number of deaths and age-standardised mortality rates involving the coronavirus (COVID-19) between 1 March and 31 July 2020 in England and Wales.

[Deaths involving COVID-19 by vaccination status, England: deaths occurring between 2 January and 24 September 2021](#)

Bulletin | Released 1 November 2021

Weekly age-standardised mortality rates and age-specific rates for deaths involving COVID-19 by vaccination status; deaths occurring between 2 January and 24 September 2021 in England.

[Coronavirus \(COVID-19\) Infection Survey, characteristics of people testing positive for COVID-19, UK: 1 December 2021](#)

Bulletin | Released 1 December 2021

Estimates for England, Wales, Northern Ireland and Scotland. This survey is being delivered in partnership with University of Oxford, University of Manchester, UK Health Security Agency and Wellcome Trust.

[An overview of workers who were furloughed in the UK: October 2021](#)

Article | Released 1 October 2021

Characteristics of those who have been furloughed in the UK and how the furlough scheme has affected labour market outcomes and skills: data from the Labour Force Survey (LFS) for April to June 2021 and Opinions and Lifestyle Survey (OPN) for July to August 2021. Experimental Statistics.

[COVID-19 restrictions cut household emissions](#)

Article | Released 21 September 2021

With more people staying at home last year, household greenhouse gas emissions dropped by 10%. Could the shift to home working see lower emissions in the longer term?