Office for National Statistics

Article

Coronavirus (COVID-19) weekly insights: latest health indicators in England, 12 February 2021

This article brings together latest coronavirus (COVID-19) data in England. Exploring how these measures interact with each other can improve understanding of the severity and spread of the pandemic. This weekly summary gives an overview of the current situation and explores variations for different age groups and regions.

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Notice

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This is the final release of the Coronavirus (COVID-19) weekly insights article. All data and content will continue to be updated and available in the Coronavirus (COVID-19) latest insights interactive tool.

Table of contents

1. Main points

2. Overview

3. Infections, hospital admissions and deaths

4. Symptoms among people testing positive for COVID-19

5. Regional differences

6. Age differences

7. New UK variant of COVID-19

8. COVID-19 antibody prevalence

9. Preventative measures

10. Vaccine attitudes

11. Well-being

12. Collaboration

13. Coronavirus data

14. Glossary

15. Data sources and quality

16. Related links

1 . Main points

- Infection rates have continued to decrease, with 1 in 80 (1.28%) of the population in England estimated to have the coronavirus (COVID-19) in the week ending 6 February 2021 (Coronavirus (COVID-19) Infection Survey (CIS)).
- The percentage testing positive for COVID-19 has decreased in all regions in England, except for the South West where the rate appears level (CIS).
- The rate of confirmed COVID-19 patients admitted to hospital decreased to 19 per 100,000 people in the week ending 7 February 2021, almost half the rate seen in mid-January.
- Deaths involving COVID-19 accounted for nearly half (46.2%) of all deaths registered in England in the week ending 29 January 2021.
- The number of deaths involving COVID-19 increased in most English regions, with decreases in London, the South East and North East in the week ending 29 January 2021.
- Less than 50% of people testing positive for COVID-19 reported having any symptoms (CIS, Real-time Assessment of Community Transmission study).
- Over 9 in 10 (92%) adults reported that they either would be likely to have the COVID-19 vaccine or had already been vaccinated (Opinions and Lifestyle Survey, Great Britain, 3 to 7 February 2021).
- The proportion of adults staying at home or only leaving for essential needs (56%) has gradually decreased since mid-January but remains higher than in November 2020, before the introduction of national lockdowns (Opinions and Lifestyle Survey, Great Britain, 3 to 7 February 2021).

2 . Overview

In this weekly summary, we present the main findings from the latest coronavirus (COVID-19) data for England. This article is a collaboration between the Office for National Statistics (ONS), Joint Biosecurity Centre (JBC) and Public Health England (PHE).

In England, COVID-19 infections, hospitalisations and deaths started increasing in December 2020. Infection and hospital admission rates continued to decrease, but the number of deaths involving COVID-19 has increased in the most recent week. Cases compatible with the new UK variant of COVID-19 have decreased but still account for the majority of positive cases in England. Despite recent increases most people do not have antibodies to COVID-19, suggesting most of the population is still vulnerable to infection.

More about coronavirus

- Find the latest on coronavirus (COVID-19) in the UK.
- Explore the latest coronavirus data from the ONS and other sources.
- All ONS analysis, summarised in our coronavirus roundup.
- View all coronavirus data.
- Find out how we are working safely in our studies and surveys.

3 . Infections, hospital admissions and deaths

Coronavirus (COVID-19) infections and hospital admissions started increasing in December 2020. Infection rates and hospital admission rates continued to decrease in the latest week (ending 6 and 7 February 2021 respectively), and are now at levels similar to mid-December. However, the number of registered deaths involving COVID-19 increased in the most recent week (ending 29 January 2021).

There is a period of time between a person becoming infected with COVID-19 and being admitted to hospital or dying because of it. Therefore, we expect to see a delay between a change in infection levels and corresponding changes in the numbers of hospital admissions and deaths.

Figure 1: Infection rates and hospital admissions have continued to decrease, deaths involving COVID-19 have increased

Estimated COVID-19 positivity rates, hospital admissions and number of deaths, England, 1 August 2020 to 7 February 2021

Notes:

1. All figures are provisional and subject to revision.
2. Infection statistics refer to infections reported in the community, by which we mean residential households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.
3. Figures exclude deaths of non-residents.
4. Based on date a death was registered rather than occurred.
5. The International Classification of Diseases, 10th edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).
6. We use the term “involving COVID-19” when referring to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause or not.

Download the data

The Coronavirus (COVID-19) Infection Survey (CIS) estimated that 695,400 people in England had COVID-19 between 31 January and 6 February 2021. This is equal to about 1 in 80 people or 1.28% of the population. The percentage of people testing positive (positivity rate) has decreased from 1.55% in the previous week (ending 30 January 2021).

The Real-time Assessment of Community Transmission (REACT) study estimated 1.57% of the population to be infected between 6 and 22 January 2021. Both REACT and CIS show similar trends over time, with positivity rates currently much higher than in the beginning of December. CIS and REACT both estimate how many infections there are in the community, although they use different methods. For more information see Data sources and quality.

In the week ending 7 February 2021, confirmed COVID-19 hospital admission rates decreased to 19 admissions per 100,000 people from 25.6 in the previous week (ending 31 January 2021). This is almost half the rate compared with the week ending 17 January, which was 36 per 100,000. The number of COVID-19 patients admitted to intensive care units (ICU) and high-dependency units (HDU) also decreased in the latest week to 1.5 per 100,000 people from 2 per 100,000 people in the previous week.

Deaths involving COVID-19 accounted for 46.2% of all deaths in England

The number of deaths involving COVID-19 in England increased by 1.3% to 8,063 in the week ending 29 January 2021. Deaths involving COVID-19 represented 46.2% of all deaths in England compared with 45.3% in the previous week (ending 22 January 2021). This is the highest proportion of deaths involving COVID-19 since the start of the pandemic.

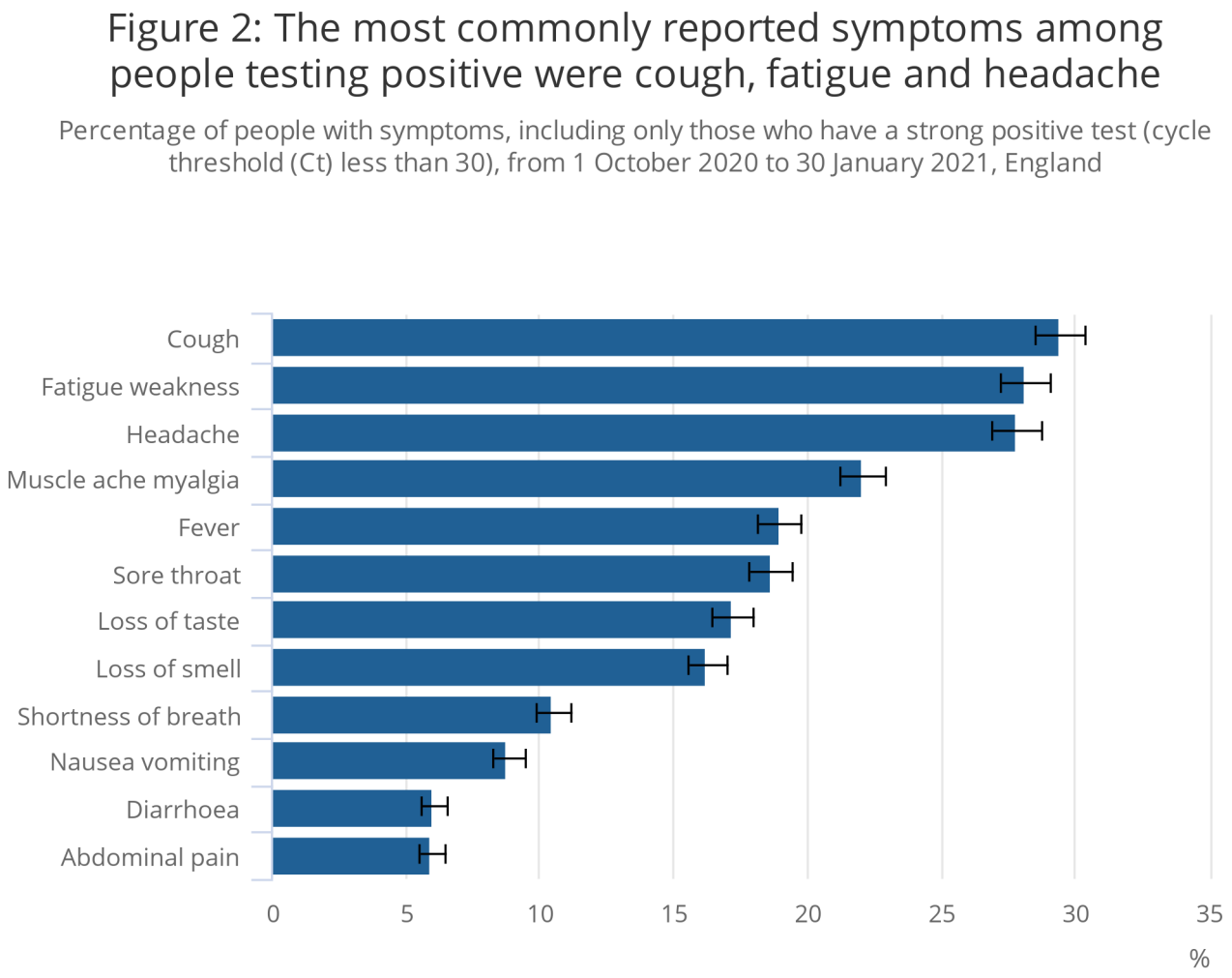
4 . Symptoms among people testing positive for COVID-19

Among people testing positive reporting in the Coronavirus (COVID-19) Infection Survey, (CIS) 47% reported having any symptoms in the seven days before the test (1 October 2020 to 30 January 2021). In the Real-time Assessment of Community Transmission (REACT) study, 36.9% of those testing positive between 19 June and 3 December 2020 and 45.1% of positives between 6 and 22 January 2021 reported having any symptoms. This suggests that more than half of the people infected with COVID-19 might not be showing any symptoms.

Cough, fatigue and headache were the most common symptoms reported in strong positive cases in CIS. Participants testing positive in the REACT study between 19 June and 3 December 2020 were most likely to report headache, co-occurring loss or change of sense of smell and taste or tiredness.

Figure 2: The most commonly reported symptoms among people testing positive were cough, fatigue and headache

Percentage of people with symptoms, including only those who have a strong positive test (cycle threshold (Ct) less than 30), from 1 October 2020 to 30 January 2021, England



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

Notes:

1. These results are provisional and subject to revision.

2. These statistics refer to infections reported in the community, by which we mean private households. These figures exclude infections reported in hospitals, care homes or other institutional settings.

3. Symptoms are self-reported and were not professionally diagnosed.

5 . Regional differences

The percentage of people testing positive for the coronavirus (COVID-19) decreased in all English regions in the most recent week, except for the South West, where the rate appears to have levelled off (31 January to 6 February 2021, Coronavirus (COVID-19) Infection Survey (CIS)).

London continues to have the highest positivity rate of all regions of England (1.62%). The South East (0.94%) and South West (0.98%) have the lowest proportions of people testing positive.

Figure 3: The positivity rate has decreased in most English regions, except for the South West

Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs, daily, by region since 27 December 2020, England

Notes:

1. All results are provisional and subject to revision.
2. These statistics refer to infections reported in the community, by which we mean private households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

Download the data

Hospital admission rates decreased in all English regions

In the week ending 7 February 2021, confirmed COVID-19 hospital admission rates decreased in all regions of England. The West Midlands saw the largest decrease in admission rates, falling to 26.7 from 39.1 per 100,000 people in the previous week (ending 31 January), but still had the highest rate of all English regions. The lowest hospital admission rates were seen in the North West (13.9 per 100,000 people).

Figure 4: Hospital admissions and deaths involving COVID-19 by region

Change in hospital admission rates and numbers of deaths involving COVID-19 from previous week, England, weeks ending 7 February and 29 January 2021

Notes:

1. All figures are provisional and subject to revision.
2. Figures exclude deaths of non-residents.
3. Based on date a death was registered rather than occurred.
4. The International Classification of Diseases, 10th edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).
5. We use the term “involving COVID-19” when referring to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause or not.

Download the data

The South East had the highest number of deaths involving COVID-19

The number of deaths involving COVID-19 increased in most English regions in the week ending 29 January 2021. Decreases were seen in London, the South East and North East. Despite the decrease, the South East continues to have the highest number of deaths involving COVID-19 (1,710 deaths). In the East of England, COVID-19 was mentioned on the death certificate for more than half (55.2%) of all deaths registered in the latest week.

6 . Age differences

The percentage of people testing positive has decreased in all age groups (week ending 6 February 2021, Coronavirus (COVID-19) Infection Survey (CIS)). Positivity rate was highest in adults aged 35 to 49 years (1.24%) and lowest in adults aged 70 years and over (0.74%).

Hospital admission rates have decreased in most age groups

Even though more young people have been infected, hospital admissions and deaths involving the coronavirus are highest among those aged 65 years and over. Of more than 105,000 deaths involving COVID-19 in England to date, almost 90% were among people aged 65 years and over.

Hospital admissions decreased in all age groups in the week ending 7 February 2021, apart from in children aged 4 years and under where they remained level. The largest fall in admission rates was seen in those aged 85 years and over, to 154.3 from 209.3 per 100,000 people in the previous week (ending 31 January 2021). Despite the fall, rates for this group are over 25 times higher than for those aged 15 to 44 years. Hospital admission rates have been the highest in those aged 85 years and over throughout the pandemic. The hospital admission rate was lowest in children aged between 5 and 14 years, at 0.7 per 100,000 people.

In the week ending 29 January 2021, the number of deaths involving COVID-19 increased in most age groups compared with the previous week (ending 22 January 2021). The biggest increase was seen in those aged 85 years and over, with 56 more deaths than the previous week.

Figure 5: COVID-19 infections, hospital admissions and deaths by age

Estimated percentage of the population testing positive for COVID-19 in the week ending 6 February 2021, hospital admission rates in the week ending 7 February and deaths registered in the week ending 29 January, by age, England

Notes:

1. All figures are provisional and subject to revision.
2. Infection statistics refer to infections reported in the community, by which we mean residential households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.
3. Infection statistics are based on statistical modelling conducted by CIS research partners at the University of Oxford.
4. Infection estimates are given for the reference date: 6 February 2021.
5. Figures exclude deaths of non-residents.
6. Based on date a death was registered rather than occurred.
7. The International Classification of Diseases, 10th edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).
8. We use the term “involving COVID-19” when referring to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause or not.

Download the data

7 . New UK variant of COVID-19

A new genetic variant of the coronavirus (COVID-19) was identified in the UK in mid-November 2020. In England, the percentage of people testing positive that were compatible with the new UK variant increased sharply in December. The percentage of people testing positive for all variants of the virus continued to decrease in the most recent week (ending 6 February 2021).

The percentage of people testing positive that were compatible with the new UK variant decreased in all regions except Yorkshire and The Humber, the East Midlands, and the South West where the trend is uncertain. The percentage of people testing positive that were not compatible with the new UK variant decreased in all English regions. Positive cases where the virus was too low for the variant to be identifiable have decreased in all regions except the East of England and the South West where the trend is uncertain.

Cases that are too low for the variant to be identifiable are usually those where individuals have had the virus for a longer period of time. The new South African variant would fall into the “not compatible with the new UK variant” category. For more information on new variants see Glossary.

Figure 6: Positivity rates for cases compatible and clearly not compatible with the new UK variant decreased in England

Positivity rates for cases compatible with the new UK variant of COVID-19, not compatible with the new UK variant and where the virus was too low for the variant to be identifiable, on nose and throat swabs, daily, since 27 December 2020, England

Notes:

1. All results are provisional and subject to revision.

2. These statistics refer to infections reported in the community, by which we mean private households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

3. Data should be treated with caution. There are further uncertainties given that not all cases that are positive on the ORF1ab- and N-genes will be the new UK variant.

4. New UK variant compatible positives are identified as those that are positive on the N-gene and ORF1ab-gene, but not the S-gene. Positives that are not compatible with the new UK variant are defined as those that are positive on the S-gene, N-gene and ORF1ab-gene. Positives where the virus is too low for the variant to be identifiable are defined as those that are positive with all other gene patterns. These definitions are regardless of the cycle threshold (Ct) value.

Download the data

8 . COVID-19 antibody prevalence

Despite recent increases, most people do not have COVID-19 antibodies

The presence of coronavirus (COVID-19) antibodies suggests that a person previously had the infection or a vaccine. The percentage of people with antibodies increased to 15.3% in the 28 days up to 18 January 2021 (Coronavirus (COVID-19) Infection Survey). This is three times more than at the end of August 2020 (5.6%).

The percentage of people with antibodies among NHS blood donors also increased in recent weeks, to 12.7% (4 to 31 January 2021), from 7.8% in the previous four-week period (7 December 2020 to 3 January 2021).

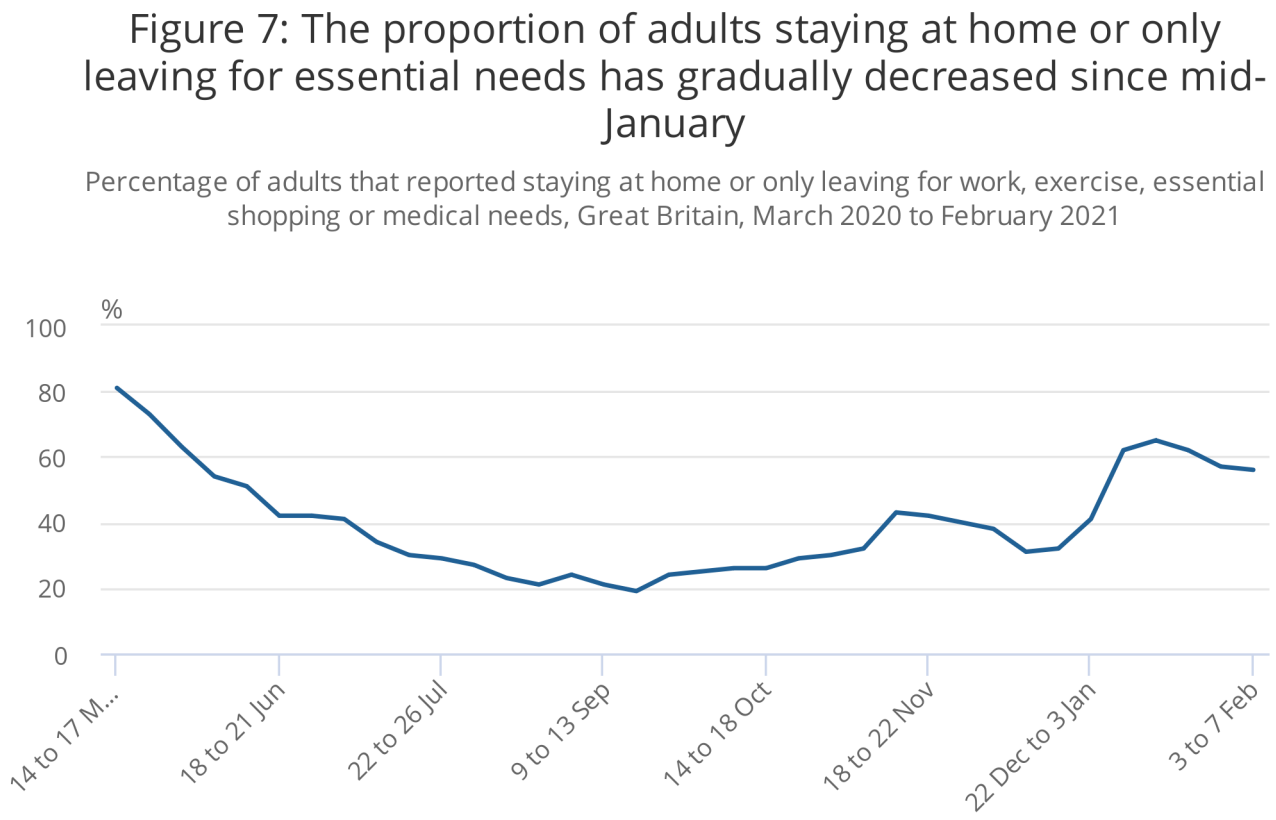
9 . Preventative measures

The proportion of people following preventative measures to help slow the spread of the coronavirus (COVID-19) remained high in the latest week (Opinions and Lifestyle Survey, Great Britain, 3 to 7 February 2021). The majority of people reported that in the last seven days, they always or often washed their hands after returning home (90%), used a face covering (95%), avoided physical contact when outside their home (93%) and maintained social distance (90%).

The proportion of adults in Great Britain reporting staying at home or only leaving for work, exercise, essential shopping or medical needs in the past seven days remained similar (56%) to the previous week (57%, 27 to 31 January 2021). This proportion has gradually decreased since mid-January. However, it remains higher than in November 2020, before the introduction of national lockdowns across Great Britain.

Figure 7: The proportion of adults staying at home or only leaving for essential needs has gradually decreased since mid-January

Percentage of adults that reported staying at home or only leaving for work, exercise, essential shopping or medical needs, Great Britain, March 2020 to February 2021



Source: Office for National Statistics - Opinions and Lifestyle Survey

Notes:

1. Questions: "In the past seven days, have you left your home for any reason?" and "In the past seven days, for what reasons have you left your home?".

2. Base: all adults.

3. Reasons for leaving home include: “Travelling to and from work”, “For exercise, for example a run, walk or cycle”, “Shopping for basic necessities (food and medicine)”, “Any medical need, including to get a vaccine”, and “To provide care or to help a vulnerable person”.

4. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

If mass testing were available in their area, around three-quarters of adults (74%) said they would be likely to get a test, even if they had no symptoms. This is an increase compared with last week (69%, 27 to 31 January 2021) and is the highest proportion recorded. Almost two-thirds (64%) of those aged 16 to 29 years reported they would be likely to take part in mass testing. This proportion was higher amongst older age groups; 77% of adults aged 30 to 49 years, 78% of adults aged 50 to 69 years and 73% of those aged 70 years and above.

10 . Vaccine attitudes

Around 1 in 5 (22%) adults reported they had already received at least one dose of COVID-19 vaccine (Great Britain, 3 to 7 February 2021). Over 9 in 10 (92%) adults reported they had now either received the COVID-19 vaccine or would be likely to have the vaccine if offered.

These estimates are from a sample of adults and do not include adults living in care homes or other establishments. Official data on the number of people who have received a COVID-19 vaccination is available on the GOV.UK coronavirus dashboard.

The proportion of adults reporting that they had either received the COVID-19 vaccine or were likely to have the vaccine if offered increased with age. This was from 83% of those aged between 16 and 29 years to 99% of those aged 70 years and over.

Figure 8: The proportion of adults who said they have had or would have the COVID-19 vaccine increased with age

Proportion of adults reporting they had received the COVID-19 vaccine or would be likely to have the vaccine if offered, by age, Great Britain, 3 to 7 February 2021

Notes:

1. Questions: "Have you received a vaccine for the coronavirus (COVID-19)?", "Have you been offered the vaccine for the coronavirus (COVID-19)?" and "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?".

2. Base: all adults.

3. Totals may not sum to 100% due to rounding.

4. Response category of “Have either received the vaccine, or would be likely to have the vaccine if offered” includes those who reported they have either received the COVID-19 vaccine, accepted an offer of a vaccine and are awaiting vaccination, or would be very of fairly likely to have the vaccine if offered.

5. Response category of “Have been offered and declined the vaccine, or would be unlikely likely to have the vaccine if offered” includes those who reported they have either declined the COVID-19 vaccine or would be very or fairly unlikely to have the vaccine if offered.

6. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Download the data

11 . Well-being

Following a decline in well-being in early January 2021, this week well-being scores for life satisfaction (6.4), happiness (6.5) and feeling that things done in life are worthwhile (7.1) remained at some of the lowest levels recorded since the survey began in March 2020 (Great Britain, 3 to 7 February 2021). However, the anxiety score shows an improvement (4.2) compared with early January 2021 (4.6), when the highest score since April 2020 was reported.

Figure 9: Well-being scores remained at some of the lowest levels since March 2020

Average well-being scores, March 2020 to February 2021, Great Britain

Notes:

1. Questions: "Overall, how satisfied are you with your life nowadays?", "Overall, to what extent do you feel that the things you do in your life are worthwhile?", "Overall, how happy did you feel yesterday?" and "Overall, how anxious did you feel yesterday?".

2. These questions are answered on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”.

3. Base: all adults.

4. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Download the data

12 . Collaboration

This report was prepared by the Office for National Statistics (ONS) in collaboration with our partners at the Joint Biosecurity Centre (JBC) and Public Health England (PHE).

13 . Coronavirus data

Coronavirus (COVID-19) Infection Survey
Dataset | Released 12 February 2021
Findings from the Coronavirus (COVID-19) Infection Survey, England, Wales, Northern Ireland and Scotland.

Coronavirus (COVID-19) infections in the community in England
Dataset | Released 9 February 2021
Characteristics of people testing positive for the coronavirus (COVID-19) in England taken from the COVID-19 Infection Survey.

Coronavirus (COVID-19) antibody data for the UK
Dataset | Released 3 February 2021
Antibody data for the UK taken from the Coronavirus (COVID-19) Infection Survey.

Deaths registered weekly in England and Wales, provisional
Dataset | Released 9 February 2021
Provisional counts of the number of deaths registered in England and Wales, by age, sex and region, in the latest weeks for which data are available. Includes the most up-to-date figures available for deaths involving the coronavirus (COVID-19).

Coronavirus and the social impacts on Great Britain
Dataset | Released 12 February 2021
Indicators from the Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. Includes breakdowns by at-risk age, sex and underlying health condition.

14 . Glossary

Positivity rate

In this article we refer to the positivity rate as the proportion of people that have tested positive for the coronavirus (COVID-19) using nose and throat swab tests. The Coronavirus COVID-19 Infection Survey (CIS) estimates positivity in the community population. CIS positivity rates refer to everybody that had the infection within a given week. This is different to the incidence rate, which refers to the proportion of "new" positive COVID-19 cases.

Please note that the NHS Test and Trace records infections among people experiencing symptoms or referred for testing (for example, by their employer). It only includes new COVID-19 cases when computing the positivity rates (incidence of the disease).

New UK variant

Swabs are tested for three genes present in the coronavirus: N protein, S protein and ORF1ab. Each swab can have any one, any two or all three genes detected. Positives are those where one or more of these genes is detected in the swab other than tests that are only positive on the S-gene, which is not considered a reliable indicator of the virus if found on its own.

The new UK variant of COVID-19 has genetic changes in the S-gene. This means the S-gene is no longer detected in the current test, and cases that would have previously been positive on all three genes are now positive only on the ORF1ab and the N-gene (not the S-gene). You can read more about the new UK variant in our recent blog.

There are also other reasons why a swab may be positive for only these two genes, including lower viral load in the sample, which is why we have always seen a small percentage of this type of positive result. Absence of the S-gene appears to have become a reliable indicator of the new variation in COVID-19 from mid-November, based on the higher levels of virus in these type of positives after this date. Prior to that, the data should not be read as being an indicator of the variant.

Cases positive for the N-gene and ORF1ab-gene, but not the S-gene are classed as compatible with the new UK variant. Positives that are not compatible with the new UK variant are defined as those that are positive on all three genes (S-, N- and ORF1ab-genes). All other gene patterns are classed as positives where the virus is too low for the variant to be identifiable. These definitions are regardless of cycle threshold (Ct) value.

In contrast the South African variant has an S-gene that is detectable with the current test and will therefore be included in the other types of COVID-19. Which of the other types of COVID-19 are compatible with the South African variant cannot be identified from the swab PCR test alone.

Antibodies

Evidence of a previous infection and a degree of immunity to the virus. Antibodies can also be produced after vaccination. You can read more about antibody testing in the Department of Health and Social Care guidance.

15 . Data sources and quality

Coronavirus (COVID-19) Infection Survey

The Office for National Statistics (ONS) Coronavirus (COVID-19) Infection Survey (CIS) estimates the number of infections in the community population in England, Wales, Northern Ireland and Scotland.

People tested are from randomly selected residential households and may or may not have any coronavirus (COVID-19) symptoms. Nose and throat swabs are taken from all household members aged two years and over. It excludes those in hospitals, care homes or other institutional settings. Positivity rates are calculated for seven-day periods and adjusted to represent the population. Results are published in a weekly bulletin, with releases on the characteristics of people testing positive and antibody data published fortnightly. The survey is delivered in partnership with University of Oxford, University of Manchester, Public Health England and Wellcome Trust.

Real-time Assessment of Community Transmission (REACT) Study

The REACT Study also estimates the number of infections in the community population. The study tests randomly selected individuals (rather than households) over the age of five years. Results are calculated for time periods ranging from 18 to 32 days for each testing round.

Differences between REACT and CIS include data collection procedures and modelling approaches. Unlike CIS, REACT does not carry out follow-up visits with subjects. Because of this, the incidence rate cannot be calculated for REACT studies. REACT-2 additionally tracks COVID-19 antibody prevalence using finger-prick blood tests. REACT is commissioned by the Department of Health and Social Care (DHSC) and carried out by Imperial College in partnership with Ipsos MORI.

Hospital admissions

Data on hospital admissions is provided by Public Health England and comes from the Severe Acute Respiratory Infection (SARI) Watch surveillance system. SARI Watch monitors the number of patients with confirmed flu and COVID-19 admitted to hospital and critical care units (ICU and HDU). Admission rates are recorded by age and region. These data are provisional and subject to revision, and previous estimates may be updated in subsequent weeks.

Deaths

Figures for deaths involving COVID-19 included in this publication are from the ONS's weekly provisional counts of the number of deaths registered in England and Wales. This includes deaths with COVID-19 mentioned on the death certificate. Figures are based on the date the death was registered, not when it occurred. There is usually a delay of at least five days between occurrence and registration. More information on this issue can be found in the Impact of registration delays release.

Preventative measures, social contact and well-being

This publication includes indicators from the Opinions and Lifestyle Survey collected to understand the impact of the coronavirus pandemic on people, households and communities in Great Britain.

Strengths and limitations of data sources

This publication collates data from a range of sources reporting on the coronavirus pandemic. Each of these sources has their own strengths and limitations.

The Coronavirus (COVID-19) Infection Survey and REACT data both track COVID-19 infections in the community, by testing samples of the population. Their estimates of positivity rates contain uncertainty. There is uncertainty in the estimates, swab tests results and in the quality of data collected in the questionnaire.

Death figures in this article are based on the date the death was registered, not when it occurred. There is usually a delay of at least five days between occurrence and registration. More information on this issue can be found in our Impact of registration delays release.

16 . Related links

National flu and COVID-19 surveillance reports
Public Health England report | Updated weekly
National influenza and COVID-19 report, monitoring COVID-19 activity, seasonal flu and other seasonal respiratory illnesses.

Real-time Assessment of Community Transmission study findings
Web page | Updated as and when data become available
REACT is a research program looking at how the virus is spreading across the country. The study was commissioned by the Department of Health and Social Care and carried out by Imperial College London, Imperial College Healthcare NHS Trust and Ipsos MORI.

COVID-19 Infection Survey (Pilot): methods and further information
Methodology article | Updated 21 September 2020
Information on the methods used to collect the data, process it, and calculate the statistics produced from the Coronavirus (COVID-19) Infection Survey (pilot).

Coronavirus (COVID-19) roundup
Web page | Updated as and when data become available
Catch up on the latest data and analysis related to the coronavirus pandemic and its impact on our economy and society.

Coronavirus (COVID-19) latest insights
Interactive tool | Updated as and when data become available
Explore the latest data and trends about the coronavirus (COVID-19) pandemic from the ONS and other official sources.