Office for National Statistics

Article

Coronavirus (COVID-19) weekly insights: latest health indicators in England, 20 November 2020

This article brings together data about the coronavirus (COVID-19) pandemic in England. Exploring how these measures interact with each other can improve understanding of the severity and spread of the pandemic.

Contact:
Patrycja Delong and Adam Evans
infection.survey.analysis@ons.gov.uk
+44 (0)2080 390382

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1 . Main points

- Nearly a quarter of young people had physical contact indoors with someone who was not part of their household or support bubble (11 to 15 November).
- Older age groups are more likely to avoid physical contact, wash their hands and maintain social distancing (11 to 15 November).
- Infections in the community increased rapidly between the end of August and November, although the increase in infections has slowed down in recent weeks.
- There is a difference in trends across regions, with the percentage of people who tested positive in the community highest in the North West and Yorkshire and The Humber (8 to 14 November).
- The highest numbers of registered deaths are also currently seen in the North West and Yorkshire and The Humber (week ending 6 November).
- Secondary school children are most likely to test positive for COVID-19 (8 to 14 November).
- The number of deaths involving COVID-19 in England has increased by 41% from the previous week (week ending 30 October).
- Only between 4% and 6% of the population has COVID-19 antibodies, which suggests that most of the population is still vulnerable to the virus (September to October).

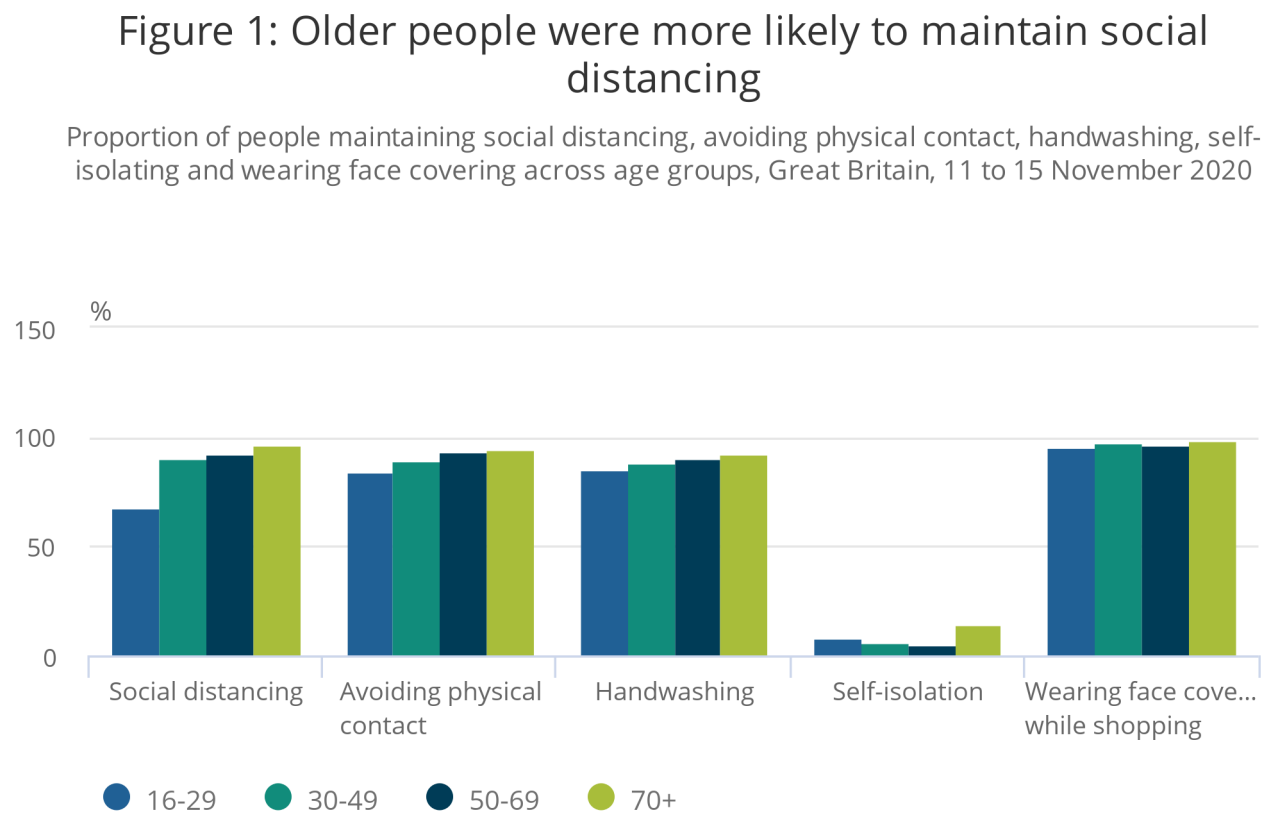
2 . Preventative measures and social contact

The percentage of people handwashing, social distancing and avoiding physical contact increased with age, according to the Opinions and Lifestyle survey (age data for Great Britain). People aged 70 years and over were most likely to be self-isolating.

Nearly 2 in 10 (18%) people in Great Britain reported that they were in direct physical contact with at least one other person indoors, that were not part of their household or support bubble, in the last 24 hours.

Figure 1: Older people were more likely to maintain social distancing

Proportion of people maintaining social distancing, avoiding physical contact, handwashing, self-isolating and wearing face covering across age groups, Great Britain, 11 to 15 November 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Question: “In the past seven days, when you have met up with people outside of your support bubble, how often have you maintained social distancing?”; base: adults who met up with people indoors or outdoors, outside of their support bubble or household.

2. Question: “Examples of direct physical contact may include shaking or holding hands, hugging and making contact when passing objects. In the past seven days, have you avoided physical contact with others when outside your home?”; base: adults who left their home in the past seven days.

3. Question: “In the past seven days, how often did you wash your hands with soap and water straight away after returning home from a public place?”; base: adults who left their home in the past seven days.

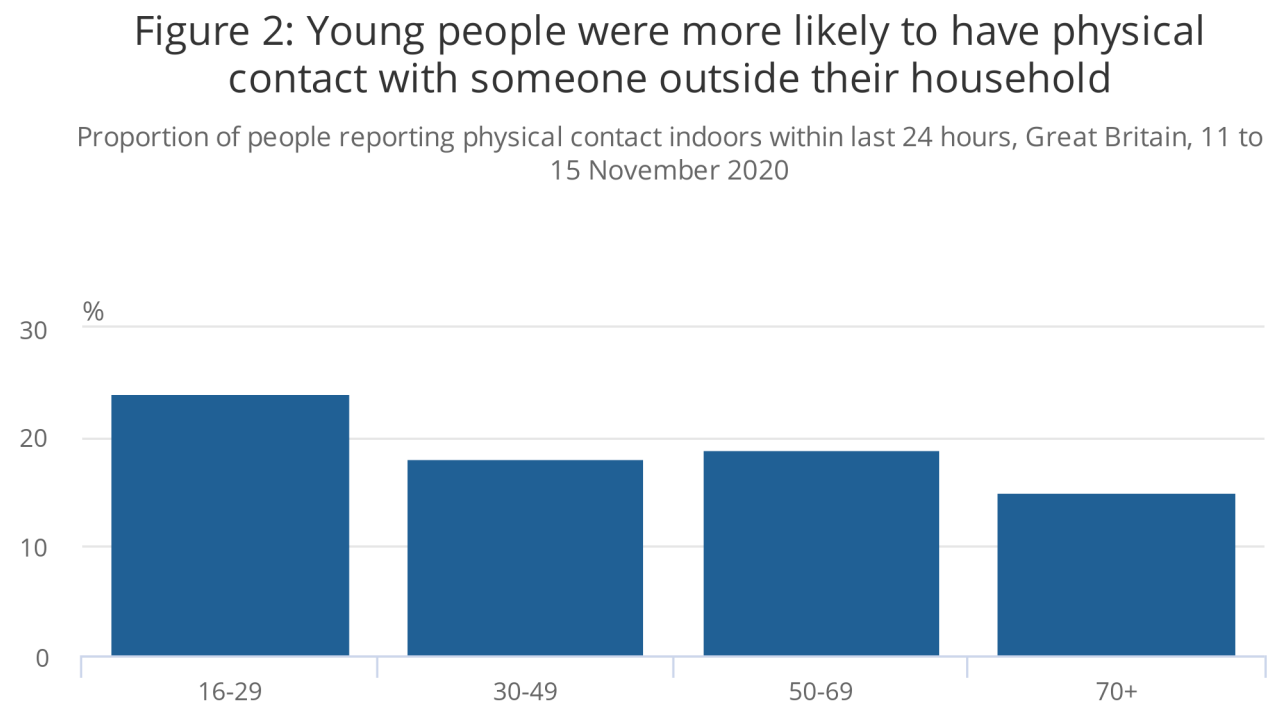
4. Question: “Self-isolation is defined as staying at home because you have symptoms or have been in contact with someone who has symptoms or has tested positive for the coronavirus (COVID-19). In the past seven days, have you self-isolated because of the coronavirus (COVID-19) pandemic?”; base: all adults.

5. Question: “While you were inside a shop in the last seven days how often did you wear a protective face covering to help slow the spread of the coronavirus (COVID-19)?”; base: adults who left their home in the past seven days.

Almost a quarter of young people (24%) aged 16 to 29 years old reported physical contact with at least one other person indoors (who was not in their household or support bubble) in the last 24 hours.

Figure 2: Young people were more likely to have physical contact with someone outside their household

Proportion of people reporting physical contact indoors within last 24 hours, Great Britain, 11 to 15 November 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Question: "Over the last 24 hours, how many people have you had direct physical contact with when socialising indoors both at home and at venues such as cafés, pubs or restaurants?”

3 . Infections and deaths

After the high number of coronavirus (COVID-19) cases in April 2020, the number of new cases fell to a low point during the summer. However, infections and deaths related to COVID-19 have been increasing in England since the end of August.

Figure 3: COVID-19 positivity rates and deaths are increasing

Estimated COVID-19 positivity rates and number of deaths, England, 3 August to 14 November 2020

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.

3. These figures exclude infections reported in hospitals, care homes and/or other institutional settings. 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).

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.

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The Coronavirus (COVID-19) Infection Survey (CIS) estimated that 664,700 people in England had COVID-19 between 8 and 14 November 2020. This is equal to about 1 in 80 people (1.22%). This is over 17 times higher than in the first week of September, when only 1 in 1,400 people (0.07%) tested positive. However, the rate of increase slowed down in recent weeks and there are now early indications that infection rates may be levelling off at a national level.

The CIS tests people from randomly selected households to find out how many have the virus. The CIS calculates the positivity rate, which is the proportion of people that tested positive for COVID-19.

The Real-time Assessment of Community Transmission (REACT) programme also measures COVID-19 infections in the community. REACT positivity rates from 16 October to 2 November 2020 were 10 times higher than at the beginning of September 2020, increasing from 0.13% to 1.30%.

Deaths increased by 41% compared with the previous week

While the growth in infections may be slowing, the number of deaths involving COVID-19 in England increased by 40.8% compared with the previous week to 1,771. This is the ninth week in a row in which deaths have risen (week ending 6 November). This represents 16.2% of all deaths in England, an increase from 12.4% in the previous week.

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, there can be a delay between a rise in infections and rise in the numbers of deaths.

4 . Regional differences

There are different trends across regions. The North of England is currently the most affected by the coronavirus (COVID-19) pandemic. Between 8 and 14 November, the Coronavirus (COVID-19) Infection Survey (CIS) reported the highest positivity rates in the North West and Yorkshire and The Humber. However, rates in the North West and East Midlands appear to be decreasing whilst rates in London, East of England and the South East have seen increases. Caution should be taken over-interpreting any small movements in the latest trend.

The number of Covid-19 related deaths has increased in all English regions compared with the previous week (up to 30 October 2020). The North West accounted for nearly one-third of deaths involving COVID-19 in the week ending 6 November (568 out of 1,771).

Figure 4: Positivity rates are the highest in the North West and Yorkshire and The Humber

Estimated percentage of the population testing positive for the coronavirus (COVID-19) each day, by region since 4 October 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 residential households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

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Numbers of deaths are increasing in all English regions

The number of COVID-19 related deaths has increased in all English regions compared with the previous week (week ending 30 October 2020). The North West accounted for over one-third of deaths involving COVID-19 in the week ending 6 November (568 out of 1,771).

5 . Age differences

The Coronavirus (COVID-19) Infection Survey (CIS) estimated on 11 November 2020 that positivity rates were highest among secondary school-aged children (at 1.8%), and older teenagers and young adults (at 1.7%). Similarly, the Real-time Assessment of Community Transmission (REACT) study reported the highest positivity rates among people aged 18 to 24 years between 16 October and 2 November, at 2.4%.

According to the CIS, rates for primary and secondary school children are still rising but appear to be levelling off for all ages 25 years and over.

Older people are more likely to die from COVID-19

Even though more young people have been infected, most deaths from the coronavirus (COVID-19) are recorded among those aged 65 years and over. Of more than 55,500 deaths involving COVID-19 in England to date, almost 90% are among people aged 65 years and over.

Figure 5: COVID-19 infections and deaths by age

Percentage of population testing positive for COVID-19 estimated for 11 November and deaths in the week ending 6 November 2020, 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.

3. These figures exclude infections reported in hospitals, care homes and/or other institutional settings. 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.

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6 . COVID-19 antibody prevalence

Most people do not have COVID-19 antibodies

Between 4% and 6% of people in England have detectable antibodies, which suggests they previously had the coronavirus (COVID-19). This is shown across studies by Coronavirus (COVID-19) Infection Survey (CIS) (5.6%, October) and Real-time Assessment of Community Transmission (REACT) (4.4%, 15 to 28 September) which both test coronavirus antibodies.

This suggests that the majority of the population in England is still vulnerable to infection

7 . Lockdown experiences

Around 1 in 10 (12%) adults in England reported finding it difficult to follow the current lockdown measures (Opinions and Lifestyle Survey, 11 to 15 November 2020). The most common reason they thought it was difficult to follow the current lockdown measures was the impact on well-being (69%). Half (50%) of adults in England reported that they had enough information about government plans to manage the coronavirus (COVID-19) pandemic.

8 . 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 (prevalence of the disease). This is different to the incidence rate, which refers to the proportion of new positive COVID-19 cases.

Please note that 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). Infection rates per 100,000 people quoted in this article are based on these data and include only new cases.

Antibodies

The presence of antibodies is evidence of a previous infection and a degree of immunity to the virus. You can read more about antibody testing in Department of Health and Social Care guidance.

Interactive glossary

9 . 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 and Northern Ireland. People tested are from randomly selected residential households and may or may not have any COVID-19 symptoms. Nose and throat swabs are taken from all household members aged over two years. 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, and a release on the characteristics of people testing positive is published monthly. 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) aged five years and over. 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 the 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.

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 Impact of registration delays.

Preventative measures and lockdown experiences

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 tracks COVID-19 infections in the community by testing samples of the English population. The estimates of positivity rates (prevalence) 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.

10 . Related links

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.