# <u>Confirmed cases of COVID-19 variant</u> <u>from South Africa identified in UK</u>

# Update on COVID-19 variants detected in UK

As of Thursday 14 January 2021, 35 genomically confirmed and 12 genomically probable cases of the SARS-CoV-2 variant which originated in South Africa (called VOC202012/02 in the UK, also named B1.351 and 501Y.V2 internationally) have been identified in the UK.

Two variants of interest have also been identified in Brazil. The first variant is variant under investigation (VUI) 202101/01 — this variant has a small number of mutations. The spread and significance of this variant remains under investigation. In partnership with COG-UK, 8 genomically confirmed cases of this variant have now been identified in the UK. All necessary public health action is being taken to follow-up the cases.

The second variant has been designated a Variant of Concern by NERVTAG, now termed VOC202101/02, and this variant has more mutations. We have NOT detected this second Brazil originated strain in the UK— this has been detected in Manaus and travellers arriving in Japan.

Laboratory work has begun on the VOC 202012/02 in the UK and is routinely undertaken on all variants under investigation or of concern once samples are available.

Dr Susan Hopkins, COVID Strategic Response Director at Public Health England, said:

We are continuing efforts to understand the effect of the variants on transmissibility, severe disease, mortality, antibody response and vaccine efficacy.

For now, our advice remains the same following detection of a Brazilian variant in the UK, even though this is not the variant detected in Manaus with more mutations: the best way to stop the spread of the virus is to wash your hands, wear a face covering and keep your distance from others. Whilst in lockdown, it is important that we also stay at home unless it is absolutely essential to go out.

Through COG-UK, the UK is a global leader in SARS-CoV-2 genomics, providing around 48% of the genomic data supplied to <u>GISAID</u>, the scientific initiative which allows global, real-time surveillance of the COVID-19 pandemic.

WGS is vital to the global response to the pandemic, allowing us to monitor and understand the evolution of new COVID-19 variants and respond with timely

public health interventions.

In addition to the travel ban imposed on South Africa on 23 December 2020, the <u>Department for Transport (DfT)</u> has announced new restrictions for everyone arriving into the country from Namibia, Zimbabwe, Botswana, Eswatini, Zambia, Malawi, Lesotho, Mozambique, Angola, Mauritius and Seychelles.

The restrictions follow new data on the steep rise in incidence of the B1.351 variant, which has vastly increased the risk of community transmission between these 9 southern African countries, as well as the Seychelles and Mauritius which have strong travel links with South Africa.

From 15 January 2021, the DfT has also imposed a subsequent travel ban to the UK from several South American countries and countries with strong travel links to Brazil. Passengers who have been in or transited through Argentina, Brazil, Bolivia, Chile, Cape Verde, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Panama, Portugal (including Madeira and the Azores), Peru, Suriname, Uruguay and Venezuela in the last 10 days will no longer be granted access to the UK.

British and Irish Nationals (and or third country nationals with residence rights in the UK) who have travelled from or transited through these countries must self-isolate for 10 days, as must members of their household. Contact tracing and testing of close contacts of confirmed cases will be used to identify and manage potential transmission. The decision to impose these restrictions has been taken to prevent the spread of the variant of coronavirus, known as VOC202101/02, into the UK.

The Isolation Assurance Service (IAS) will be contacting all returnees from all southern African countries, Mauritius and Seychelles to reinforce the advice to self-isolate, to encourage testing even if asymptomatic and to inform anyone treating/testing them of their recent travel.

Regular updates of confirmed variant cases will be provided on this page.

### **Previous**

#### Wednesday 23 December

The 2 cases were identified in the UK on 22 December 2020 and both have been in contact with someone who has travelled from South Africa. Public Health England's Health Protection Teams have followed up with both cases and contact tracing is underway.

The new variant named B1.351 (also referred to as 501Y.V2) was first detected in Nelson Mandela Bay, South Africa, in samples at the beginning of October. Molecular dating suggests that it could have been in circulation from the end of August.

The rapid spread of the variant in South Africa could be an indication of increased transmissibility but this is not yet confirmed. PHE is

investigating this variant and will share its findings in due course. There is currently no evidence to suggest that the variant has any impact on disease severity, antibody response or vaccine efficacy. Epidemiological and virological investigations are also ongoing in South Africa.

It is not uncommon for viruses to undergo mutations; seasonal influenza mutates every year. More than 4,000 variants of SARS-CoV-2 have been identified in the UK and variants have been observed in many other countries.

Dr Susan Hopkins, Chief Medical Adviser on COVID-19 to PHE & Test and Trace, said:

We are investigating this new variant of SARS-CoV-2 which originated in South Africa. Viruses often evolve and this is not unusual. We are carrying out work as a priority to understand the potential risk this variant may cause. It is important to say that there is currently no evidence that this variant causes more severe illness, or that the regulated vaccine would not protect against it.

The best way to stop infection is to stick to the rules — wash our hands, wear a face covering and keep our distance from others.

The recommended control measures to limit the spread of the new variant continue to be testing, following the existing public health guidance and abiding by the restrictions, including 'Hands, Face, Space' and limiting your number of contacts. The Department for Transport have announced new restrictions for everyone arriving in the country from South Africa.

# <u>Travel ban implemented to protect</u> public health following South Africa COVID-19 outbreak

- passengers travelling from South Africa into England from 9am Thursday 24 December will not be permitted to enter, reflecting increased risk from new strain of coronavirus
- British and Irish Nationals, visa holders and permanent residents arriving from South Africa will be able to enter but are required to self-isolate for 10 days along with their household
- travellers urged to continue to check the latest advice from the FCDO

The government has responded urgently to new evidence which demonstrates the need to temporarily suspend entry for passengers arriving from South Africa

to England.

From 9am Thursday 24 December 2020, visitors arriving into England who have been in or transited through South Africa in the previous 10 days will not be permitted entry and direct flights will be banned. This excludes cargo and freight without passengers.

This does not include British and Irish Nationals, visa holders and permanent residents, who will be able to enter but are required to self-isolate for 10
days along with their household.

The decision follows the release of further information from health authorities in South Africa reporting an outbreak of coronavirus (COVID-19), with a variant strain spreading in some provinces.

This is different to the UK variant, meaning a travel ban is critical to prevent further domestic infection.

The UK does not currently have a travel corridor with South Africa, and so anyone who has returned from the country recently should already be self-isolating for 10 days and should continue to do so.

Any exemptions usually in place — including for those related to employment — will not apply and passengers arriving in England from South Africa after 9pm on 23 December cannot be released from self-isolation through <u>Test to</u> Release.

People who share a household with anyone self-isolating after returning from South Africa will now also need to self-isolate until 10 days have passed since anyone they live with was last in South Africa.

The UK government is working closely with international partners to understand the changes in the virus that have been reported in South Africa and we are conducting a programme of further research here in the UK to inform our risk assessments.

British and Irish Nationals, visa holders and permanent residents who are arriving from South Africa will be required to show a complete <u>passenger</u> <u>locator form</u> on arrival into the UK. This is critical in being able to track the virus in case of any local outbreaks.

The Home Office will step up Border Force presence to ensure that those arriving to England from South Africa are compliant with the new restrictions.

The ban and expanded self-isolation measures will be kept under review.

Decisions on border measures can be changed rapidly if necessary to help stop the spread of the disease. Likewise travel advice is constantly updated with the latest information for British and Irish nationals. Britons in South Africa should continue to check the <a href="Foreign">Foreign</a>, <a href="Commonwealth and Development">Commonwealth and Development</a>

# £400 million of new funding to support Scotland through Covid-19

New funding of £800 million is being guaranteed for the devolved administrations in Scotland, Wales and Northern Ireland to support people, businesses and public services with the ongoing impact of Covid-19.

Today's announcement increases the UK Government's unprecedented upfront guarantee this year to at least £16.8 billion on top of funding outlined in Spring Budget 2020.

This funding can be spent on priorities such as the NHS and business support.

This means a further £400 million for the Scottish Government, £200 million for the Welsh Government and £200 million for the Northern Ireland Executive.

Any changes to devolved funding are normally confirmed towards the end of the financial year — but in July the UK Government introduced an unprecedented quarantee to provide them with funding certainty to respond to Covid-19.

Today's announcement ensures that all parts of the UK can continue their response to Covid-19 through the winter months.

The Chief Secretary to the Treasury Steve Barclay MP said:

We've already committed unprecedented levels of support to Scotland, Wales and Northern Ireland.

This extra funding will provide the nations with the certainty they need to plan through these difficult months.

We remain committed to an economic recovery for the whole of the United Kingdom and will continue to work closely with the devolved administrations to support people and businesses.

Scottish Secretary, Alister Jack said

The UK Government is committed to supporting people in all parts of the UK during this difficult time which is why today we have given £400 million extra to the Scottish Government for their Covid-19 response. This brings our total additional Covid-19 support to Scotland to £8.6 billion since Spring Budget 2020.

This is on top of direct UK Government Covid-19 support to people and businesses in Scotland, including the furlough and self-employment schemes, business loans, VAT cuts for the hardest hit sectors and investing billions in our Plan for Jobs and our welfare safety net.

The UK Government is also providing the bulk of Covid-19 testing in Scotland and we invested £6 billion to ensure we were the first country in the world to roll out the first vaccine.

The strength of the Union and support offered by the UK Treasury has never been more important. Together, we will continue to get through these challenging times.

People and businesses in Scotland, Wales and Northern Ireland will also continue to benefit from the UK Government's unprecedented £280 billion UK-wide economic response package.

This includes schemes such as the Coronavirus Business Interruption Loan Scheme and the Bounce Back Loan Scheme providing billions in support to businesses across the three regions.

Alongside this, millions of jobs in the three regions continue to be supported through the Coronavirus Job Retention Scheme and the Self-Employment Income Support Scheme.

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# Government tiers review update

- From the beginning of 26 December, Norfolk, Suffolk, Cambridgeshire, Oxfordshire and most of Hampshire to be escalated to Tier 4, Cheshire and Northamptonshire escalated to Tier 3, and Cornwall and Herefordshire escalated to Tier 2
- Latest data confirms rapid case rises are strongly linked to the new strain of coronavirus

After careful consideration of the latest data, the following local authority areas will move to <u>Tier 4: Stay at Home</u> from the beginning of 26 December:

- Brighton and Hove
- Cambridgeshire
- remaining parts of East Sussex not already in Tier 4 (Eastbourne Borough Council, Lewes District Council and Wealden District Council)
- remaining parts of Essex not already in Tier 4 (Colchester Borough, Tendring District, and Uttlesford District Councils)
- Hampshire (Basingstoke and Deane Borough, East Hampshire District, Eastleigh Borough, Fareham Borough, Hart District, Rushmoor Borough, Test Valley Borough, Winchester City Councils)
- Norfolk
- Oxfordshire
- Southampton
- Suffolk
- Waverley Borough
- West Sussex

The following local authority areas will move to Tier 3: Very High:

- Bristol
- Cheshire East
- Cheshire West and Chester
- Gloucestershire
- Isle of Wight
- New Forest District
- North Somerset
- Northamptonshire
- Somerset
- Swindon
- Warrington

The following local authority areas will move from Tier 1: Medium to <u>Tier 2:</u> <u>High</u>:

The latest analysis shows a strong correlation between areas with the most rapid rise of cases and prevalence of the new strain of COVID-19. The government has decided to act ahead of the formal review point, in order to

contain the spread of this new and more transmissible strain.

Since the end of national restrictions, the situation in the South and East of England has deteriorated. New cases have continued to rise and hospital admissions have increased. Without urgent action this trend would continue at an increasingly rapid rate, leading to a rise in hospital admissions and deaths in the following 2 weeks and hitting the NHS at its busiest time of year.

New data suggests that the increasing speed of transmission in London, the South East and East of England is being driven by the new variant of the virus. There is no current evidence to suggest the new strain causes a higher mortality rate, or that it affects vaccines and treatments, but the latest NERVTAG analysis continues to indicate that the variant is more transmissible than other strains.

Between 9 and 16 December in the East of England the weekly case rate rose sharply to 380 per 100,000-a 100% increase on the previous week. Rates in the South East have increased to 349 per 100,000-a 77% increase on the previous week. Rates in the South West have increased to 123 per 100,000-a 46% rise on the previous week.

All available data has been assessed by the Government, including the Health and Social Care Secretary, NHS Test and Trace including the Joint Biosecurity Centre (JBC), Public Health England (PHE), the Chief Medical Officer and the Cabinet Office.

As confirmed on Monday 21 December, all clinically extremely vulnerable individuals will be asked to shield if they reside in Tier 4 areas. People living in the additional Tier 4 areas announced today will be sent a letter or email with advice and details of support. In the meantime they should follow the <u>shielding advice</u> set out on GOV.UK.

Tier 3 and 4 areas will continue to be prioritised for community lateral flow testing, with over 100 local authorities now having signed up to the enhanced testing support programme, and some Tier 2 areas also eligible. More than 2 million tests have already been deployed to over 100 local authorities to start community testing through the <u>Directors of Public Health programme</u>. Scientists at PHE Porton Down have confirmed that Lateral Flow Device tests can successfully detect the new variant of SARS-CoV-2.

Data assessed includes how quickly case rates are going up or down, cases in the over 60s, pressure on the NHS and local circumstances. Where regions are densely populated with lots of people travelling between areas, tiers must be targeted at the appropriate level to protect people and control transmission.

The next formal review of tiering decisions will take place by 30 December. The government keeps the data under constant review and will take immediate action to protect local communities.

# Full details on all of today's changes

#### Overview

A novel variant of SARS-CoV-2 is circulating in England. The strain shows apparent increased transmissibility. There is currently no evidence that the variant is more likely to cause severe disease or mortality, but this is still under investigation. As of 20 December 2020, 144 lower-tier local authorities have identified at least 1 case genomically, although the vast majority of cases identified are in London, the South East and the East of England.

The evidence shows that infection rates in geographical areas where this particular variant has been circulating have increased faster than expected, and the modelling evidence has demonstrated that this variant has a higher transmission rate than other variants in current circulation. Speed of case rate growth is closely correlated with presence of the new variant.

#### East Midlands

Area Narrative

Northamptonshire (Tier 3: Very High)

In the past week the picture in Northamptonshire has deteriorated, with case rates in all ages broadly increasing across the area. South Northamptonshire, Wellingborough, Kettering and Daventry are local authorities of particular concern, with cases rates increasing between 60% and 80% in these areas from the previous week. The number of daily COVID hospital admissions in the local NHS (Northamptonshire STP) has stabilised in the last 14 days. The daily COVID bed occupancy is above the national acute hospital average but has stabilised. Three local authorities in the area (East Northamptonshire, South Northamptonshire and Wellingborough) border with current Tier 4 areas, where there is a rapid deterioration in epidemiology indicators. The rapid deterioration of the epidemiology indicators is concerning and warrants escalation to Tier 3.

### East of England

Cambridgeshire and Peterborough (Tier 4: Stay at Home)

In the last 7 days, the picture in Cambridgeshire and Peterborough has deteriorated significantly. Case rates have increased by 50% or more in all local authorities in this area. Case rate increases have been greatest in Huntingdonshire (165%) and South Cambridgeshire (133%) which are bordering Peterborough which is currently under Tier 4 restrictions, and Cambridge (122%). Testing positivity is above 5% in all local authorities. Case rates people aged 60 years and older have also increased in South Cambridgeshire, Fenland, Huntingdonshire and Peterborough. Of particular concern is Fenland where the case rate in people aged 60 years and older has increased to 154/100,000 per week. The situation in Peterborough remains highly concerning with a case rate of 385 per 100,000 and a percentage of individuals who test positive of 13%. The number of daily COVID hospital admissions in the local NHS (Cambridgeshire and Peterborough STP) continues to rise. The daily COVID bed occupancy is below the national acute hospital average but continues to rise as does the critical care occupancy.

The epidemiological indicators are sufficiently concerning that the entire area requires escalation to Tier 4, with Peterborough remaining in Tier 4.

In the last 7 days, the picture in Essex, Thurrock and Southend-On-Sea has deteriorated significantly. Case rates are very high and have been increasing rapidly across the area and over the last 7 days; case rates are above 500 per 100,000 in 10 out of 14 local authorities and have increased by more than 90% in the last 7 days in all local authorities apart from Basildon. Case rates in people aged 60 years and older throughout the region are also very high and are above 200 per 100,000 in 11 of 14 local authorities. Areas currently in Tier 4 restrictions of particular concern include Basildon (case rate 1002 per 100,000 per week), Thurrock (case rate 1061 per 100,000 per week, an increase of 174% on the previous week), Epping Forest (case rate 970 per 100,000 per week, an increase of 154% for the previous week) and Brentwood (case rate 884 per 100,000 per week). The remaining areas not in Tier 4 (Uttlesford, Colchester and Tendring), yet bordering Tier 4 are also concerning, and the situation is quickly deteriorating; case rates in all three have increased rapidly and are now above 200 per 100,000 per week. In the local NHS (Hertfordshire and West Essex STP) the number of daily COVID hospital admissions continues to rise steeply. The daily COVID bed occupancy has risen well above the national acute hospital average in the last 7 days and continues to rise as does the critical care occupancy. In Mid and South Essex STP, the number of daily COVID hospital admissions continues to rise. The daily COVID bed occupancy is above the national acute hospital average and continues to rise. The proportion of critical care beds or beds with mechanical ventilation occupied by COVID patients remains very high. In Suffolk and North East Essex STP COVID admissions are increasing significantly. The daily COVID bed occupancy is now above national average and rising. The proportion of critical care beds or beds with mechanical ventilation occupied by COVID patients remains high but

Essex, Thurrock and Southend-on-Sea (Tier 4: Stay at Home)

Local authorities not already included in Tier 4 (Colchester, Uttlesford and Tendring) have seen a continued deterioration in the epidemiological situation and require escalation to Tier 4.

In the past week the picture in Norfolk has deteriorated significantly, with case rates in all local authorities increasing by 30% or more. The most worrying increase in case rate is seen in Breckland, with an increase in cases of 106% since last week. Rapid increases are also seen in Broadland (90%) and North Norfolk (71%). The case rate in people 60 years and older is highest in Kings Lynn and West Norfolk at 153 per 100,000 and Breckland at 138 per 100,000 (Tier 4: Stay at with increases seen in both local authorities. Test positivity is above 5% in 6 out of 7 local authorities. The number of daily COVID hospital admissions in the local NHS (Norfolk & Waveney STP) continues to rise steeply. The daily COVID bed occupancy has now risen to the national acute hospital average and continues to rise. Critical levels are stable. The rate of increase of the epidemiological indicators is concerning and warrants that

Norfolk Home)

Norfolk is escalated to Tier 4. In the past week the picture in Suffolk has deteriorated significantly, with most areas showing case rate increases close to or above 100% since last week. The most worrying increases in case rates are seen in Babergh, West Suffolk and Mid Suffolk, which are all above about 140%. Two of these local authorities, Babergh and West Suffolk, also border with current Tier 4 areas, where epidemiology indicators are high and rapidly deteriorating. The case rates in people 60 years and older are highest in Ipswich at 191 per 100,000 and Mid Suffolk at 156 per 100,000. Mid (Tier 4: Stay at Suffolk has seen a particularly rapid rise in this age group. Test positivity is at or above 5% in all local authorities in the area. COVID admissions are increasing significantly in the local NHS (Suffolk & North East Essex STP). The daily COVID bed occupancy is now above national average and rising. The proportion of critical care beds or beds with mechanical ventilation occupied by COVID patients remains high but stable. The rate of increase of the epidemiology indicators in this area which borders existing Tier 4 areas and the increase in hospital admissions are

concerning and warrant escalation to Tier 4.

Suffolk Home)

#### North West

Cheshire and Warrington (Tier 3: Very High)

In the last week the picture in Cheshire and Warrington has deteriorated, with all epidemiological indicators increasing across all three local authorities. Case rates have increased by over 50% in all three local authorities in the last seven days. Warrington is of particular concern with a case rate over 200 per 100,000. Cheshire West & Chester and Warrington both have a case rate in people aged 60 years and older above 150 per 100,000. The most recent data shows an increase for all local authorities and is particularly marked in Warrington. COVID admissions to hospitals in the local NHS (Cheshire and Merseyside STP) have seen a slight increase in the past week, but prior trend was downwards. G&A bed occupancy remains high, but static. Critical care position is stable, with significantly greater proportion of beds occupied by non-COVID patients than COVID patients. Due to the rate of increase of epidemiological indicators the situation in Cheshire and Warrington is concerning and warrants escalation from Tier 2 to Tier 3.

#### South East

Area

#### Narrative

In the past 7 days the picture in East Sussex, West Sussex, and Brighton and Hove has deteriorated considerably. Case rates in all ages, case rates in people aged 60 years and older, and positivity are increasing in almost all local authorities. Of particular concern are the rapidly increasing case rates in the local authorities currently not under Tier 4 restrictions where 8 of the 11 local authorities have seen an increase in case rates above 100% in the last 7 days: Wealden, Eastbourne, Mid Sussex, Crawley, Lewes, Arun, Adur, Brighton and Hove. Whilst case rates are currently lower in Worthing (112 per 100,000), Horsham (108 per 100,000), and Chichester (106 per 100,000), when looking at the most recent data considerable increases are observed. The number of daily COVID hospital admissions in the local NHS (Sussex STP) continues to rise and now significantly exceeds the peak in Wave 1. The daily COVID bed occupancy also continues to rise, however whilst the proportion of critical care beds occupied by COVID patients is increasing it remains lower than wave 1 peak. The considerable and rapid deterioration of epidemiological indicators in this area as well as the increasing pressure on the NHS is of significant concern, and therefore warrants the escalation of Wealden, Eastbourne, Mid Sussex, Crawley, Lewes, Arun, Adur, Brighton and Hove, Horsham, and Chichester to Tier 4 (to align with Hastings and Rother currently in Tier 4).

East Sussex West Sussex, and Brighton and Hove (Tier 4: Stay at Home)

Hampshire,
Portsmouth
and
Southampton
(Tier 4:
Stay at Home
for all but
New Forest —
Tier 3: Very
High)

In the past 7 days the picture in Hampshire, Portsmouth, and Southampton has deteriorated. Case rates in all ages and in people aged 60 years and older, and positivity are increasing in almost all local authorities. Case rates in all ages are rapidly increasing in the majority of local authorities with 9/13 areas showing an increase from the previous 7 days above 80%. Of particular concern is Rushmoor, which borders Tier 4 local authorities. Rushmoor has an overall case rate above 300 per 100,000, which has increased by 134% in past 7 days. In addition Hart, East Hampshire, Basingstoke and Deane, and Test Valley, which also border Tier 4 areas have all experienced large increases in case rates in the past 7 days. Case rates are currently lower in Eastleigh (89 per 100,000) and New Forest (89 per 100,000), but in the most recent data considerable increases can be observed. The number of daily COVID hospital admissions in the local NHS (Hampshire & Isle of Wight STP) continues to rise steadily with increased numbers of COVID positive patients in critical care. Current bed occupancy is below the national average but is rising. The considerable and rapid deterioration of epidemiological indicators in this area as well as the continued increase in pressure on the NHS is of concern, and therefore warrants the escalation of Rushmoor, Hart, Fareham, East Hampshire, Southampton, Basingstoke and Deane, Winchester, Test Valley Eastleigh to (Tier 4 to align with Gosport, Havant, and Portsmouth currently in Tier 4). The lower case rates and slightly less concerning trajectory (18% increase in the last seven days) of the New Forest local authority does not yet warrant inclusion at Tier 4 and instead is being escalated to Tier 3. In addition, the area shares a larger proportion of its land borders with the lower prevalence areas of Dorset and Wiltshire.

In the past week the epidemiological picture in Oxfordshire has deteriorated rapidly with case rates rising 89% to 202 per 100,000. The most recent data shows the upwards trend continuing. Case rates are now about 150 per 100,000 in every LTLA in the area.

Tier 2 areas of Oxfordshire that border Tier 4 areas include Cherwell, South Oxfordshire and the Vale of White Horse. These have seen a deterioration of the overall epidemiological situation with case rates now of 256 per 100,000 in Cherwell (128% increase), 158 per 100,000 in South Oxfordshire (42% increase) and 161 per 100,000 in the Vale of White Horse (99% increase). Case rates in people aged 60 years and older are of particular concern in Oxford (212 per 100,000/week, up over 100%) and are rising elsewhere in the area, with the exception of South Oxfordshire, where the case rate in the population aged 60 years and older is stable.

Oxfordshire (Tier 4: Stay at Home)

The number of daily COVID hospital admissions continues to rise steadily in the local NHS (Buckinghamshire, Oxfordshire & Berkshire West STP) with increased numbers of COVID positive patients in critical care. Occupancy is currently at national average and rising.

The rapid rate of increase of key epidemiological indicators and the proximity to concerning Tier 4 areas warrants that all local authorities in Oxfordshire are escalated from Tier 2 to

Tier 4.

In the past week there has been significant increase in case rates within Waverley, Surrey (214 per 100,000, an increase of 139%). The rest of Surrey has been escalated to Tier 4, and the current situation in Waverley now warrants further escalation.

current situation in Waverley now warrants further escalation. The most recent data suggests that the case numbers are continuing to rise exponentially. In the local NHS (Surrey Heartlands STP) the number of daily COVID bed occupancy continues to increase. The proportion of critical care beds or beds with mechanical ventilation occupied by COVID patients remains high. The rapid rate of increase of the epidemiology indicators and hospital admissions data are concerning and warrants escalation to Tier 4 in line with the rest of Surrey (currently in Tier 4).

Surrey -Waverley (Tier 4: Stay at Home)

In the past week there has been significant increase in case rates on the Isle of Wight (393% increase to 56 per 100,000). The most recent few days of data suggests that the case numbers are continuing to rise. The number of daily COVID hospital admissions in the local NHS (Hampshire & Isle of Wight STP) continues to rise steadily with increased numbers of COVID positive patients in critical care. Occupancy is below national average but rising. In addition, although not land bordering with other local authorities, key areas for transport to the area (Portsmouth and Gosport) are currently in Tier 4 and have high and deteriorating epidemiology indicators. The rate of increase of the epidemiology indicators is concerning and warrants escalation to Tier 3.

Isle of Wight (Tier 3: Very High) Area

#### Narrative

Bristol (Tier 3: Very High)

Cornwall

In the last week, the picture in Bristol has deteriorated. The case rate in all ages has increased by 26% in the last 7 days and is now 151 per 100,000. The case rate in people aged 60 years and older has decreased in the last 7 days but remains high at 100 per 100,000. Test positivity is 5.2%. Admissions in the local NHS (Bristol, North Somerset & South Gloucestershire STP) have started to increase, however COVID occupancy and critical bed capacity remain below the national average. The rate of increase of the epidemiology indicators is concerning and warrants escalation to Tier 3.

(Tier 2: High) Isles of Scilly (Tier 1: Medium)

In the last week, Cornwall has seen a 245% increase in its case rate. However, this is from relatively low level and the case rate is now 63 per 100,000. The case rate in people aged 60 years and older has increased to 41 per 100,000. Positivity remains relatively low at 2% but has increased from the previous week. The number of daily COVID hospital admissions in the local NHS (Cornwall & Isles of Scilly STP) has risen significantly in the last week although overall COVID occupancy remains low with none in critical care. Whilst they have increased from a relatively low level, the current trajectory of the epidemiology indicators and case levels is concerning and warrants escalation to Tier 2. The situation in the Isles of Scilly is unchanged with no new cases reported in the past week and is therefore not recommended for escalation from Tier

Gloucestershire (Tier 3: Very High)

In the last week, the picture in Gloucestershire has continued to deteriorate. The case rate in all ages has increased in all local authorities and is particularly worrying in Cotswold where there has been a 214% increase in the last seven days. Two of the six local authorities (Gloucester and Forest of Dean) have a case rate above 200 per 100,000. The most recent data is also showing a considerable increase in cases. The case rate in people aged 60 years and older is above 100 per 100,000 in all local authorities and of most concern in Gloucester (170 per 100,000). Test positivity has increased to 6.1%. The number of daily COVID hospital admissions and critical care occupancy in the local NHS (Gloucestershire STP) has stabilised in the last few days, however COVID bed occupancy remains high and above the national average. The rate of increase of the epidemiology indicators is concerning and warrants escalation to Tier 3.

North Somerset (Tier 3: Very High) In the last week the picture in North Somerset has deteriorated, with the area seeing a 26% increase in case rates from the previous week to 149 per 100,000. Also the most recent data shows a continued increase in cases. Admissions and COVID occupancy in the local NHS (Bath & North East Somerset, Swindon & Wiltshire STP) remain stable and below the national average and critical bed occupancy is slowly increasing. The rate of increase of the epidemiology indicators is concerning and warrants escalation to Tier 3.

Wiltshire (Tier 2: High) Swindon (Tier 3: Very High) In the past 7 days the picture in Wiltshire and Swindon has deteriorated. Case rates in all ages and positivity have increased in both local authorities. In Swindon, positivity (8%) and case rates in all ages (176 per 100,000) are currently high and increasing (up 62% from the previous week). Also the most recent data shows a rapid increases in case rate in Swindon. Admissions and COVID occupancy in the local NHS (Bath & North East Somerset, Swindon & Wiltshire STP) remain stable and below the national average. Critical bed occupancy slowly increasing. Within the area there is a difference in current rates and trajectories of the epidemiological indicators between Swindon and Wiltshire. The situation is of greatest concern in Swindon and therefore it warrants escalation to Tier 3. However, the rest of Wiltshire has a much lower case rate for all ages and lower positivity and therefore does not warrant escalation to Tier 3.

Somerset (Tier 3: Very High) In the past 7 days the picture in Somerset has deteriorated. The case rate in all ages is above 140 per 100,000 and has increased in all four local authorities. The increase in case rate is particularly worrying in Somerset West and Taunton where there has been a 102% increase in the last seven days. The case rate in people aged 60 years and older is highest in Mendip at 149 per 100,000. Positivity is around 5% for all local authorities. The number of daily Covid hospital admissions continues to rise in the local NHS (Somerset STP). The daily Covid bed occupancy is just below the national acute hospital average but continues to rise and has doubled in last 2 weeks. The rate of increase of the epidemiology indicators and rise in hospital admissions are concerning and warrant escalation to Tier 3.

West Midlands

Herefordshire (Tier 2: High)

In the past week the picture in Herefordshire has deteriorated, with case rates in all ages increasing by nearly 80% since last week. In the most recent few days the number of cases is continuing to increase rapidly. The number of daily COVID hospital admissions in the local NHS (Herefordshire & Worcestershire STP) continues to rise. The daily COVID bed occupancy is just below the national acute hospital average and stable and Critical Care occupancy has stabilised. The rate of increase of the epidemiology indicators and hospital admissions is concerning and warrants escalation to Tier 2.

## **Background information**

Full list of local restriction tiers in England by area

#### Tier 1

Tier 1 restrictions mean:

- people must not socialise in groups larger than 6 people, indoors or outdoors, other than where a legal exemption applies. This is called the 'rule of 6'
- businesses and venues can remain open, in a <a href="COVID-secure">COVID-secure</a> manner, other than those which remain closed by law, such as nightclubs
- hospitality businesses selling food or drink for consumption on their premises are required to:
- provide table service only, for premises that serve alcohol
- close between 11pm and 5am (hospitality venues in airports, ports, on transport services and in motorway service areas are exempt)
- stop taking orders after 10pm
- hospitality businesses and venues selling food and drink for consumption off the premises can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-through
- early closure (11pm) applies to casinos, cinemas, theatres, concert halls, museums, bowling alleys, amusement arcades, funfairs, theme parks, adventure parks and activities and bingo halls. Cinemas, theatres and concert halls can stay open beyond 11pm in order to conclude performances that start before 10pm
- public attendance at outdoor and indoor events (performances and shows) is permitted, limited to whichever is lower: 50% capacity, or either 4,000 people outdoors or 1,000 people indoors
- public attendance at spectator sport and business events can resume inside and outside, subject to <u>social contact rules</u> and limited to whichever is lower: 50% capacity, or either 4,000 people outdoors or 1,000 people indoors
- places of worship remain open, but you must not attend or socialise in groups of more than 6 people while there, unless a legal exemption applies
- weddings and funerals can go ahead with restrictions on numbers of attendees — 15 people can attend wedding ceremonies and receptions, 30

- people can attend funeral ceremonies, and 15 people can attend linked commemorative events
- organised outdoor sport, physical activity and exercise classes can continue
- organised indoor sport, physical activity and exercise classes can continue to take place, if the rule of 6 is followed. There are exceptions for indoor disability sport, sport for educational purposes, and supervised sport and physical activity for under-18s, which can take place with larger groups mixing

#### See more details about Tier 1 restrictions

#### Tier 2

#### Tier 2 restrictions mean:

- people must not socialise with anyone they do not live with or who is not in their support bubble in any indoor setting, whether at home or in a public place
- people must not socialise in a group of more than 6 people outside, including in a garden or a public space — this is called the 'rule of 6'
- businesses and venues can continue to operate, in a <a href="COVID-secure">COVID-secure</a> manner, other than those which remain closed by law, such as nightclubs
- pubs and bars must close, unless operating as restaurants. Hospitality venues can only serve alcohol with substantial meals
- hospitality businesses selling food or drink for consumption on their premises are required to:
- provide table service only, in premises which sell alcohol
- close between 11pm and 5am (hospitality venues in airports, ports, transport services and motorway service areas are exempt)
- stop taking orders after 10pm
- hospitality businesses and venues selling food and drink for consumption off the premises can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-through
- early closure (11pm) applies to casinos, cinemas, theatres, museums, bowling alleys, amusement arcades, funfairs, theme parks, adventure parks and activities, and bingo halls. Cinemas, theatres and concert halls can stay open beyond 11pm in order to conclude performances that start before 10pm
- public attendance at outdoor and indoor events (performances and shows) is permitted, limited to whichever is lower: 50% capacity, or either 2,000 people outdoors or 1,000 people indoors
- public attendance at spectator sport and business events can resume inside and outside, subject to <u>social contact rules</u> and limited to whichever is lower: 50% capacity, or either 2,000 people outdoors or 1,000 people indoors
- weddings and funerals can go ahead with restrictions on numbers of attendees — 15 people can attend wedding ceremonies and receptions, 30 people can attend funeral ceremonies, and 15 people can attend linked commemorative events such as wakes or stonesettings.
- organised outdoor sport, and physical activity and exercise classes can

continue

• organised indoor sport, physical activity and exercise classes will only be permitted if it is possible for people to avoid mixing with people they do not live with (or share a support bubble with). There are exceptions for indoor disability sport, sport for educational purposes and supervised sport and physical activity for under-18s, which can take place with larger groups mixing

See more details about Tier 2 restrictions

#### Tier 3

Tier 3 restrictions mean:

- people must not meet socially indoors, in a private garden or some outdoor public venues with anybody they do not live with or have a support bubble with. Everyone who can work from home should do so
- people can see friends and family they do not live with (or do not have a support bubble with) in some outdoor public places such as parks or public gardens in a group of up to 6
- weddings and funerals can go ahead with restrictions on the number of attendees — 15 people can attend wedding ceremonies, wedding receptions are not allowed, 30 people can attend funeral ceremonies, 15 people can attend linked commemorative events
- accommodation such as hotels, B&Bs, campsites, holiday lets and guest houses must close, other than where very limited exceptions apply
- hospitality settings, such as bars (including shisha bars), pubs, cafes, restaurants, and social clubs must close except for takeaway, delivery, drive-through and click and collect services. Takeaway must cease between 23:00 and 5:00, but delivery, drive-through and click-and-collect may continue during this period. This includes restaurants and bars within hotels or members' clubs
- indoor entertainment venues, such as casinos, bowling alleys, and bingo halls must close. Outdoor entertainment venues, such as botanical gardens and heritage sites, may stay open, although indoor elements at these attractions must also close. Cinemas, theatres, and concert venues must close
- leisure and sports facilities may continue to stay open, but group exercise classes (including fitness and dance) should not go ahead

See more details about Tier 3 restrictions

#### Tier 4

Tier 4 restrictions mean:

- people must not leave their home or garden unless they have a 'reasonable excuse' including for work, education, exercise and essential activities such as medical appointments and to buy food
- people must not meet socially indoors, in a private garden or some outdoor public venues with anybody they do not live with or have a support bubble with. Everyone who can work from home should do so

- people can see only one other person that they do not live with (or do not have a support bubble with) in some outdoor public places — such as parks or public gardens
- weddings and funerals can go ahead with restrictions on the number of attendees — 6 people can attend wedding ceremonies, wedding receptions are not allowed, 30 people can attend funeral ceremonies, 6 people can attend linked commemorative events
- accommodation such as hotels, B&Bs, campsites, holiday lets and guest houses must close, other than where very limited exceptions apply
- hospitality settings, such as bars (including shisha bars), pubs, cafes, restaurants, and social clubs must close except for takeaway, delivery, drive-through and click and collect services. Takeaway must cease between 23:00 and 5:00, but delivery, drive-through and click-andcollect may continue during this period. This includes restaurants and bars within hotels or members' clubs
- indoor entertainment venues, such as casinos, bowling alleys, and bingo halls must close. Outdoor entertainment venues, such as botanical gardens and heritage sites, may stay open, although indoor elements at these attractions must also close. Cinemas, theatres, and concert venues must close
- all indoor leisure and sports facilities must close

#### See more details about Tier 4 restrictions

The government decides which tier applies in each area based on a range of indicators, which are available to view on the <a href="COVID-19">COVID-19</a> dashboard, and include:

- analysis of cases across all age groups
- analysis of cases in the over 60s
- the rate by which cases are rising or falling
- the percentage of those tested in local populations with COVID
- pressures on the NHS