

November 2020 findings from COVID-19 study published

- Over 160,000 volunteers tested in England between 13 November and 3 December as part of a significant COVID-19 study
- Prevalence rose in London from 98 per 10,000 people infected in mid-November to 121 per 10,000 infected by early December, the highest prevalence after Yorkshire and the Humber and the North East
- Adherence to the toughened tiering system is critical to continue to bring down the varying regional rates of infections

The [results from the seventh report](#) of one of the country's largest studies into COVID-19 infections in England have been published today by Imperial College London and Ipsos MORI. It follows the publication of the interim findings in November.

Over 160,000 volunteers were tested in England between 13 November and 3 December to examine the levels of infection in the general population. The findings show infections fell by 30% across England, bringing R below 1. There was regional variation with prevalence rising in London.

The main findings from the seventh REACT study show:

- prevalence fell from an average of 1.30% in mid-October to beginning November, to an average of 0.94% during the lockdown period, meaning it fell from 130 to 94 people infected per 10,000
- national R between 13 November and 3 December was estimated at 0.96
- prevalence rose in London from 98 per 10,000 people infected in mid-November to 121 per 10,000 infected by early December, the highest prevalence after Yorkshire and the Humber and the North East
- the average regional prevalence during lockdown compared with mid-October to beginning November was highest in Yorkshire and the Humber (1.35% down from 2.32%) followed by: West Midlands (1.24% down from 1.59%); East Midlands (1.19%, down from 1.25%); London (1.09% up from 0.97%); North West (1.02% down from 2.39%); North East (0.94% down from 1.49%); South East (0.73% up from 0.69%); South West (0.58% down from 0.80%); and East of England (0.58% down from 0.69%)
- during lockdown, comparing regional prevalence from 25 November – 3 December and 13-24 November, prevalence was highest in Yorkshire and the Humber (1.39% up from 1.17%) followed by: North East (1.26% up from 0.72%); London (1.21% up from 0.98%); East Midlands (1.04% down from 1.27%); North West (0.92% down from 1.08%); West Midlands (0.71% down from 1.55%); South East (0.75% up from 0.72%); East of England (0.59% up from 0.57%); and South West (0.53% down from 0.62%)
- regional R numbers during lockdown ranged from 0.60 for the West Midlands up to 1.27 for London

The study findings demonstrate a rise in infections among secondary school age children. To tackle this rise in London and surrounding areas, additional

mobile testing units will be deployed in or near schools for staff, students and their families to be tested in the worst affected boroughs of London, in parts of Essex that border London and parts of Kent. It is vital that all school children aged 11 to 18 in these areas come forward to be tested, whether they have symptoms or not. Latest figures from the ONS showed almost 1 in 3 people in England show no symptoms of having the virus but are still able to pass it on.

Professor Paul Elliott, director of the programme at Imperial, said:

During the first half of lockdown our study showed that infections were on a clear downward trajectory, but we're now seeing a levelling off, driven by clusters of infections in certain regions and age groups. Behaviours and public health measures need to be guided by this fast-changing situation to prevent it from worsening, and everyone has a part to play in keeping this virus at bay, especially as we approach a relaxing of rules over Christmas.

While infections have fallen overall across England and the spread has slowed, there are clear differences in prevalence across the regions and infections remain high. Winter is always the most difficult time for the NHS and an increase in infections by the virus that causes COVID-19 is followed closely by a rise in hospitalisation levels. As infections begin to flatten, it is vital everyone plays their part by following the toughened, regional tiered system to bring down infections and reduce pressures on the NHS this winter.

Decisions on tiers are made by ministers based on public health recommendations. These are informed by a variety of criteria and not just prevalence including local context, pressure on the NHS as well as case detection rate, case rates in the over 60s, how quickly cases are changing, case rates in care homes and positivity in the general population. The government constantly monitors the data and has committed to reviewing the tiering system on 16 December.

Kelly Beaver, Managing Director- Public Affairs at Ipsos MORI said:

As we end the year, I would like to thank the well over a million people that have taken part in the REACT studies this year which have provided a key data stream for Government to track COVID-19 in real time across England. We are currently sending out letters asking people to volunteer for the next round of the study which will take place in the new year and I urge people to participate to contribute to this vital body of work.

This report is the latest from the REACT study which was commissioned by DHSC and carried out by a world-class team of scientists, clinicians and researchers at Imperial College London, Imperial College Healthcare NHS Trust and Ipsos MORI.

[The pre-print report is available here](#) (Claim ID: cFqjaYxzTqCePpzC and Claim Passcode: nhbtPw7o3Jxz9TWD)

Read more [information on the Real-time Assessment of Community Transmission \(REACT\) programme of work](#)

This study falls under pillar 4 of the COVID-19 National Testing Programme, which focuses on mass surveillance in the general population.

Supporting the work of the IRMCT and ensuring impunity does not prevail

Thank you, Mr President. I would like to start by thanking the President, His Honour Judge Carmel Agius, and Prosecutor Brammertz for their briefings to the Security Council today and we welcome their re-appointment to the Mechanism.

On this day 25 years ago, the Dayton Peace Agreement was signed in Paris. Today, we remember the victims of that bitter conflict in Bosnia and Herzegovina, and celebrate 25 years since its end. The International Criminal Tribunal for the former-Yugoslavia, and now the Mechanism, have brought justice to the victims and tirelessly pursued those responsible for this dark chapter in European history.

I would like to reiterate the UK's unwavering commitment to the Mechanism and reaffirm our willingness to assist it wherever possible in fulfilling its mandate and implementing its vision of being a small, temporary and effective organisation. We would like to take this opportunity to praise the work undertaken by the Mechanism and the results that have been achieved so far.

Mr President, throughout this reporting period COVID-19 continued to affect the entire world. We would like to commend the Mechanism on its valiant efforts to continue international justice even in the face of the challenges of the pandemic. While there are some delays to cases, the efforts of the Mechanism have ensured that many of them will be concluded in first half of 2021. The Mechanism has taken a huge step in showing that impunity is not and will not be allowed to prevail.

We welcome the Mechanism's increased presence within Rwanda, which fully displays its commitment to continue its work at full speed despite the challenging operational environment. We also welcome the renewed drive by the Mechanism to build upon the success of the arrest of Félicien Kabuga in order to bring the remaining alleged genocidaires to justice. We are pleased to see legal proceedings against Kabuga are being taken forward, working closely with the Government of Rwanda.

We would like to praise the Mechanism as a force for good. Its work is a reminder of how international justice can be achieved through international collaboration. We call on all Member States to assist the Mechanism; it is our collective responsibility to seek justice for victims and our obligation under the Charter of the United Nations to cooperate with the Mechanism.

We commend the Mechanism's efforts to progress and minimise delays the Mladić and Stanišić & Simatović cases. We note the progress made between countries of the Balkans region in the transfer of cases. However, regional judicial cooperation in the Western Balkans remains inadequate, which has direct implications for achieving justice for victims. Furthermore, we echo the Prosecutors call to countries in the former Yugoslavia to register criminal convictions entered by the ICTY and the Mechanism into domestic criminal records. Honouring the commitments they made when they signed the Joint Declaration on War Crimes at the 2018 London Western Balkans Summit and committed themselves to "recognising and respecting verdicts from international and domestic courts relating to war crimes and other atrocity crimes".

The UK remains deeply concerned that glorification of war criminals and denial continue. It is reprehensible that individuals and groups continue to deny these events, and in some cases glorify the perpetrators and instigators of these heinous acts. The UK will continue to condemn denial and glorification in all its forms. The road to reconciliation is difficult, but we must accept the truth of the past to move forwards.

Mr President, 2020 has been a significant year for us all, but it has also been a year we have remembered. Earlier this year we marked one of the gravest anniversaries in European history, 25 years on from the Srebrenica genocide. Today we mark the anniversary of the end of the conflicts in Bosnia and Herzegovina. And it was only last year we commemorated the 25th anniversary of the events in Rwanda. After 25 years we want those who suffered as a result of these events to know that they remain at the forefront of our thoughts: the survivors, the victims, and those still missing and their families remain a priority for the United Kingdom.

As time moves on we must all recommit to ensuring that impunity does not prevail. There is no time for complacency. There is still more work to be done by the Mechanism in relation to the awful events which took place in Rwanda and the territories of the former-Yugoslavia and States must continue to support it in that work.

Thank you, Mr President.

[PHE investigating a novel strain of](#)

COVID-19

The strain was identified due to Public Health England's (PHE) proactive and enhanced monitoring following the increase in cases seen in Kent and London. The variant has been named 'VUI – 202012/01' (the first Variant Under Investigation in December 2020).

As of 13 December, 1,108 cases with this variant have been identified, predominantly in the South and East of England.

PHE is working with partners to investigate and plans to share its findings over the next 2 weeks. There is currently no evidence to suggest that the strain has any impact on disease severity, antibody response or vaccine efficacy.

High numbers of cases of the variant virus have been observed in some areas where there is also a high incidence of COVID-19. It is not yet known whether the variant is responsible for these increased numbers of cases. PHE will monitor the impact of this in the coming days and weeks.

It is not uncommon for viruses to undergo mutations; seasonal influenza mutates every year. Variants of SARS-CoV-2 have been observed in other countries, such as Spain.

This variant includes a mutation in the 'spike' protein. Changes in this part of the spike protein may result in the virus becoming more infectious and spreading more easily between people.

Dr Susan Hopkins, Test and Trace and PHE Joint Medical Advisor, said:

We are investigating a new strain of SARS-CoV-2, predominantly in Kent and the surrounding areas. It is not unexpected that the virus should evolve and it's important that we spot any changes quickly to understand the potential risk any variant may pose. There is currently no evidence that this strain causes more severe illness, although it is being detected in a wide geography especially where there are increased cases being detected.

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 guidance and abiding by the restrictions, including 'Hands, Face, Space' and limiting your number of contacts.

Health and Social Care Secretary's statement on coronavirus (COVID-19): 14 December 2020

Welcome back to Downing Street for today's coronavirus briefing.

Today I'm joined by Chief Medical Officer, Professor Chris Whitty and Professor Kevin Fenton, Public Health England's Regional Director for London.

Sadly, the news on the spread of the virus is not good.

The latest number of cases of coronavirus is rising once more.

We've seen an increase of 14% in the last week and the number of patients admitted to hospital across the UK has risen again too.

The average number of new cases reported each day is 18,023 which is up on last week.

Today, there are 16,531 COVID patients in hospitals across the UK – which is also up.

And sadly, on average each day over the past week 420 deaths have been reported

Once again, the spread of this disease is not even across the country. There have been sharp rises in South Wales, London, Kent, Essex and parts of the East and South East of England.

In some areas, the doubling time is now 7 days, this rise is amongst people of all age groups – not just school-age children.

I'm particularly concerned by the rising rates amongst the over 60s, the number of people in hospital which is also rising. That's even before that we factor in the increases in last week's rates.

And we know, through painful experience: more cases lead to more hospitalisations and sadly, more deaths.

To think that this link and this chain is broken is wrong and dangerous.

We've seen it time and time again elsewhere this year when cases rise, the pressure on hospitals mount. And so to then sadly, do the number of people who die from coronavirus

To stop this, we need to act fast.

I can tell you that because of the testing and surveillance systems that we built, we've also identified a new variant of this virus which may be

associated with the faster spread in some areas.

We deal with this variant just like we do with all the others and this underlines how important it is for us to be vigilant.

The vaccine is being rolled out – and it's wonderful to see that tens of thousands of people have had their jabs, their first jabs and it's also very good to see that the vaccine, as of today, is being rolled out by GPs in England and to care homes in Scotland.

Help is on its way. But we're not there yet.

To control this deadly disease while the vaccine is being rolled out, we all have a role to play.

Everyone should minimise their social contact, because that's how we can control the spread of this disease.

Turning to London and south and west Essex, and south Hertfordshire – in these areas we have seen sharp exponential rises in the past week we have taken swift and decisive action to protect the NHS and save lives even ahead of the formal review point on Wednesday.

We must act now.

So, from one minute from midnight on Wednesday morning these areas will move into [Tier 3 – the very high alert level](#).

I know this is not the news people wanted – it's a blow to so many people who have made plans and to businesses that will be adversely affected too.

But we know from experience: the best thing to do in the face of this virus is to act fast and not wait to see the growth continue.

And we do not rule out further action.

This rise in transmission – as well as the new variant of COVID – should be a warning to us all that – even after such a difficult year – we must stay vigilant.

People of all ages can spread this disease and around 1 in 3 people don't display any symptoms at all. But can still spread it.

We should never lose sight of our own role in this – our personal responsibility.

Each and every one of us to respect the rules where you are don't ease up on those simple steps that keep us safe: like hands, face, and space. The social distancing that we need. And to come forward and get a test.

This moment is a salutary warning for the whole country – this isn't over yet.

Please play your part and do all you can to stop the spread of this disease.

I'll now turn to Professor Whitty to turn to the data and the details.

London, South Essex, and South Hertfordshire to move to Tier 3 restrictions

- Tier 3 Restrictions will apply in all 32 London boroughs and the City of London, parts of Essex and parts of Hertfordshire from the beginning of Wednesday 16 December
- Latest data shows an exponential rise in cases as well as rising local hospital admissions which will soon put additional pressure on already overstretched NHS capacity

All 32 London boroughs and the City of London, and parts of both Essex and Hertfordshire will be moved to Tier 3 restrictions, coming into effect from the beginning of Wednesday 16 December, the government has announced today.

The areas that are being moved to Tier 3 are:

- all of London's 32 boroughs and the City of London
- in Essex: Basildon, Brentwood, Harlow, Epping Forest, Castle Point, Rochford, Maldon, Braintree, Chelmsford – and two unitary authorities Thurrock and Southend-on-Sea Borough Councils
- in Hertfordshire: Broxbourne, Hertsmere, Watford and Three Rivers

The latest epidemiological data shows an exponential rise in confirmed cases in these areas, necessitating emergency action ahead of the scheduled review point on 16 December.

Since the end of national restrictions, the situation in London, part of Essex and South Hertfordshire 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 two weeks, hitting the NHS at its busiest time of year. Latest figures from the ONS showed almost 1 in 3 people in England show no symptoms of having the virus but are still able to pass it on- requiring everyone to play their part to prevent the situation worsening.

The London weekly case rate at 225 per 100,000 people is already the highest regional rate in the country. Havering has the highest rates in London, at 471 per 100,000. These rates do not include the most recent days of incomplete data which show the sharpest rises.

In South Essex, case rates are greater than 200 per 100,000 in 10 out of 14 local authorities and are increasing across the area, with cases in Basildon

reaching 563 per 100,000. In South Hertfordshire case rates are greater than 150 per 100,000 in 4 out of the 5 local authorities bordering London and have increased by 10% or more over the last 7 days. Broxbourne's cases have reached 358 per 100,000.

As of 11 December there were 2,212 hospital beds occupied by COVID-19 patients and 261 mechanical ventilation beds occupied by COVID-19 patients in London, up from 1,766 occupied hospital beds and 242 occupied ventilation beds on 6 December. Daily hospital admissions in London for COVID-19 have increased from 179 on 6 December to 277 on 11 December.

All available data has been reviewed and assessed.

Health and Social Care Secretary Matt Hancock said:

I know that this is difficult news. I know it will mean plans disrupted, and that for businesses affected, this will be a very significant blow.

So this action is absolutely essential, not just to keep people safe, but because as we've seen early action can help prevent more damaging and longer lasting problems later

Professor Kevin Fenton, London Regional Director for Public Health England, said:

The number of COVID-19 cases in London has increased significantly over the past two weeks and we continue to experience the highest case rates of anywhere in the country.

We are now in a situation of exponential growth which, if left unchecked, would lead to a rapid escalation in cases and hospitalisations that could overwhelm our NHS services over the festive period and into the New Year.

Whilst no-one wants to see London under tighter restrictions, the stark reality of the situation means we have no choice. Londoners have shown fantastic resilience in combating this virus to date and we all now have a key role to play in limiting its impact on ourselves and our loved ones over the coming weeks.

London boroughs, City of London and the named parts of Essex and Hertfordshire will be eligible for the ongoing rollout of community testing for those living under Tier 3 restrictions to further tackle the spread of the virus. Further details will be set out shortly.

The government has already confirmed on Friday that a targeted testing drive had begun for secondary school and college students in parts of North East London, Essex and Kent.

The government has made it a national priority that education and childcare settings should continue to operate as normal as possible during the coronavirus outbreak. This remains the default position for all areas irrespective of local restriction tiers.

The Chief Medical Officer has been clear that schools should remain open and has highlighted the damage caused by not being in education to children's learning, development and mental health, which greatly outweighs any other risks. Children are at very low risk from the virus, and staff are not at higher risk than those working in other sectors.

These restrictions, alongside the other parts of Essex and Hertfordshire and all other areas in England, will continue to be formally reviewed as planned on Wednesday 16 December.