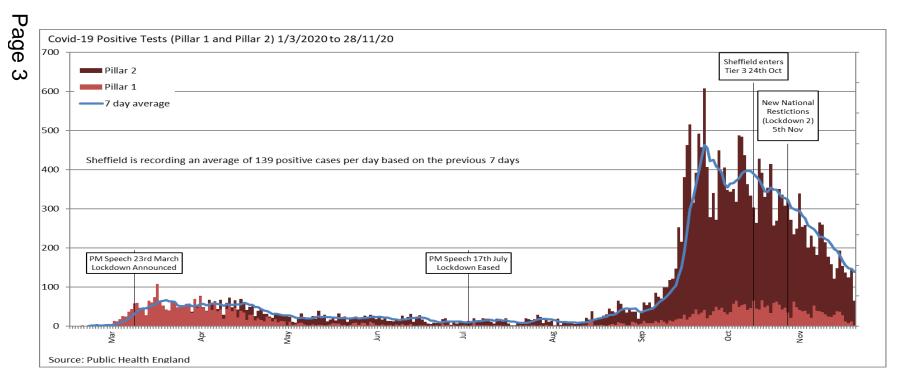
Situation report. 02/12/20 Greg Fell

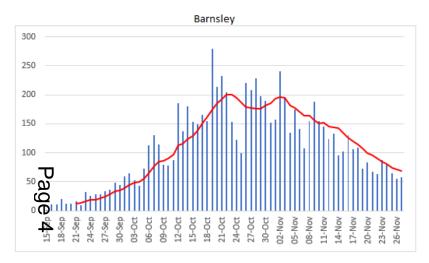
Agenda Item 8

1 epidemiology

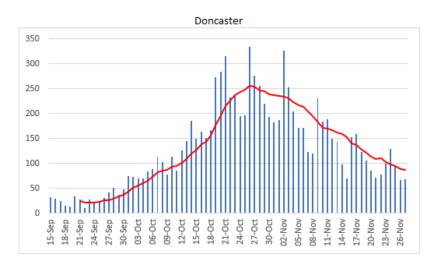
Epidemiology in one slide HIGH & fluctuating / falling rate. 139 cases per day 175 / 100,000 people over last 7d 8.5% positivity.



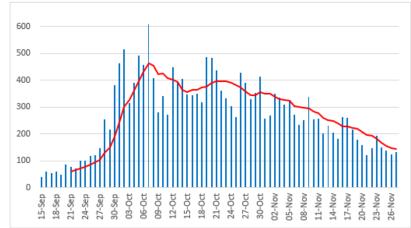
1/12/20



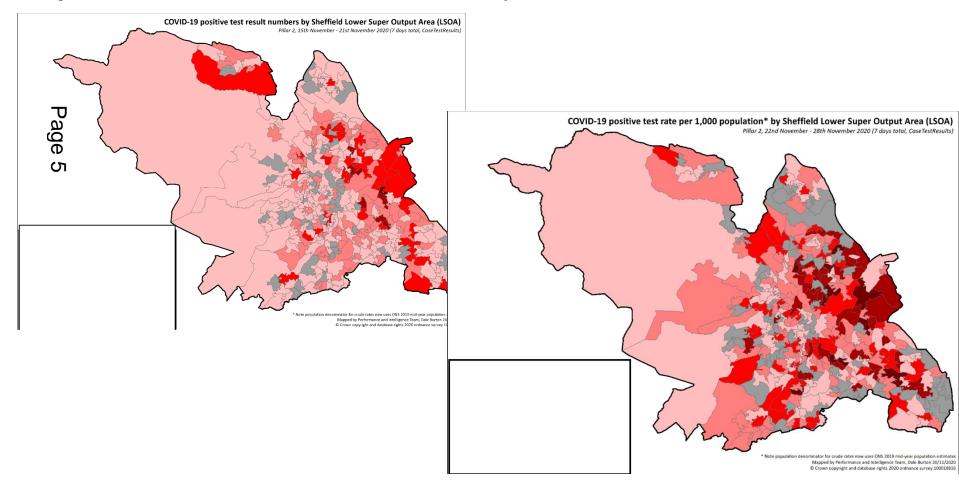
Rotherham 300 250 200 150 100 50 0 15-Sep 12-Oct 21-Oct 24-Oct 11-Nov 14-Nov 18-Sep 06-Oct 09-Oct 15-Oct 18-Oct 27-Oct 30-Oct 08-Nov 17-Nov 20-Nov 23-Nov 26-Nov 21-Sep 24-Sep 27-Sep 30-Sep 03-Oct 02-Nov 05-Nov



Sheffield

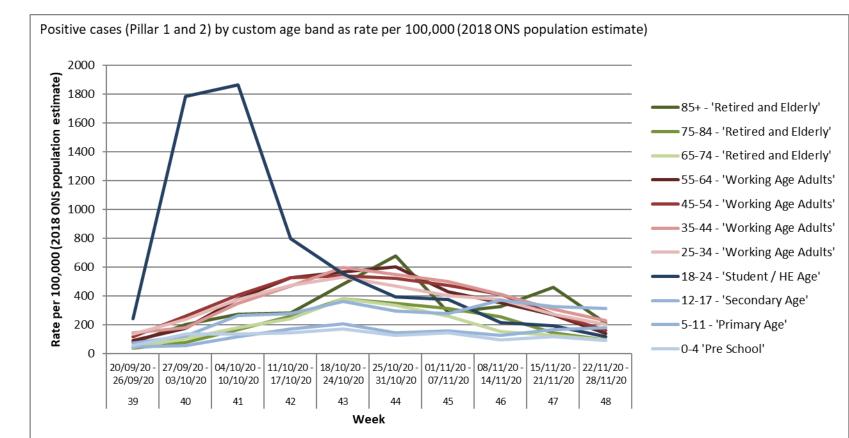


Still principally household transmission Across the city. E of Sheffield becoming a concern (same pattern as we saw before)



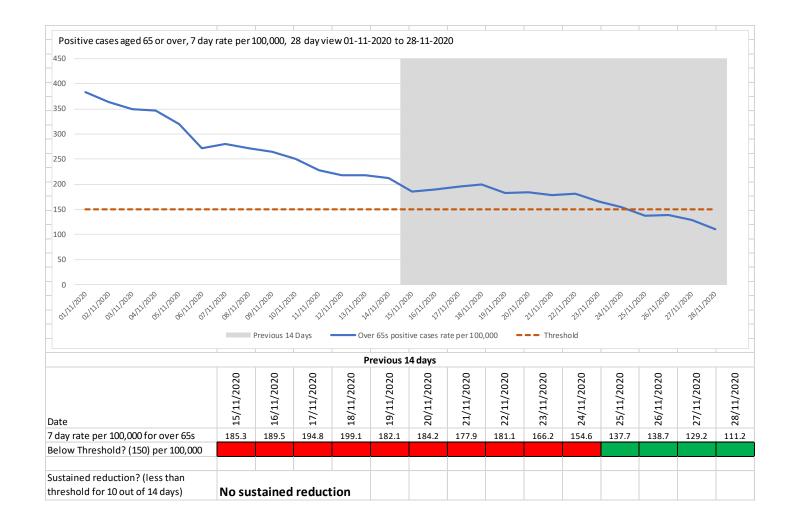
Age specific rates decreasing across the board.

Average age of a case is stable to falling The rate is stable or decreasing in all age bands



Page 6

Incidence in the elderly



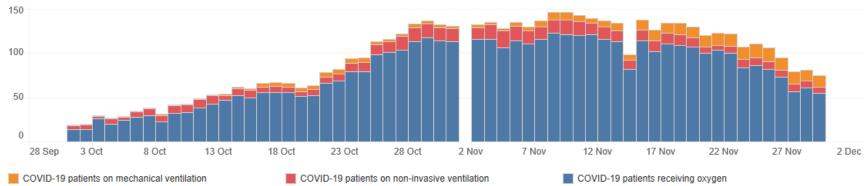
Page 7

Hospital activity falling. Slowly The interpretation of this is nuanced. 1/12



Number of beds occupied by confirmed Covid patients - SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST





Patients on respiratory support - SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

Epi Summary

- <175 cases / 100k population in 7d
- Positivity 8.5% and falling
- R0 = 0.9 (high but falling baseline infection rate) –
- - Significant proportion of STH beds have a patient with COVID. Flat but at this level is still VERY difficult to manage.
- Thus the messaging needs to reflect we mustn't do anything that will make it worse. Numbers far too high for comfort.

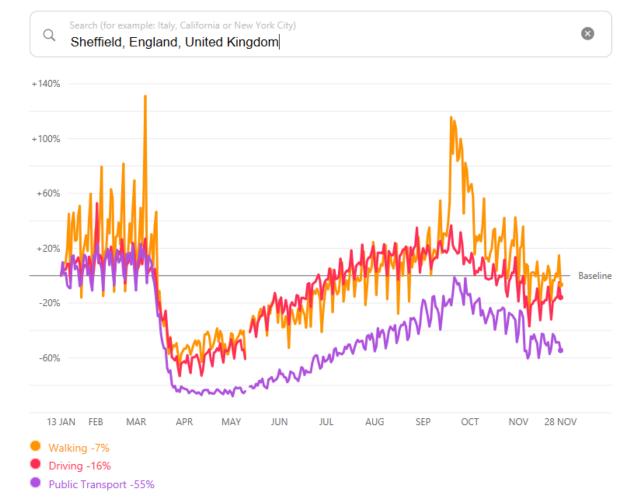
2 Where next.

Lockdown did the job expected. As did the restrictions prior to and after.

Lockdown aim to get to May levels of mobility, currently June

Mobility Trends

Change in routing requests since 13 January 2020

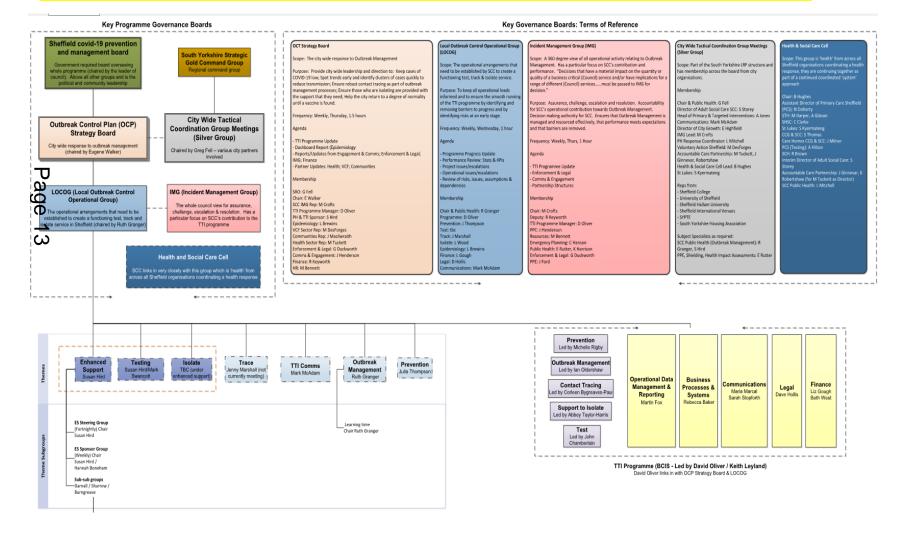


Purpose

- Get R0<1
- Get level of infection back to mid May levels
- R0 driven by out of household contacts and
- lockdown will make a difference to this
- Page¶2 Reduce mean number of contacts per case
 - May reset expectations and behaviour? ullet
 - Some caveats when people get fed up!
 - Doesn't change the fundamentals
 - R0 = 0.9 where case numbers are low vs high. Room for manoeuvre is extremely limited.

Strategy and plan remains in place

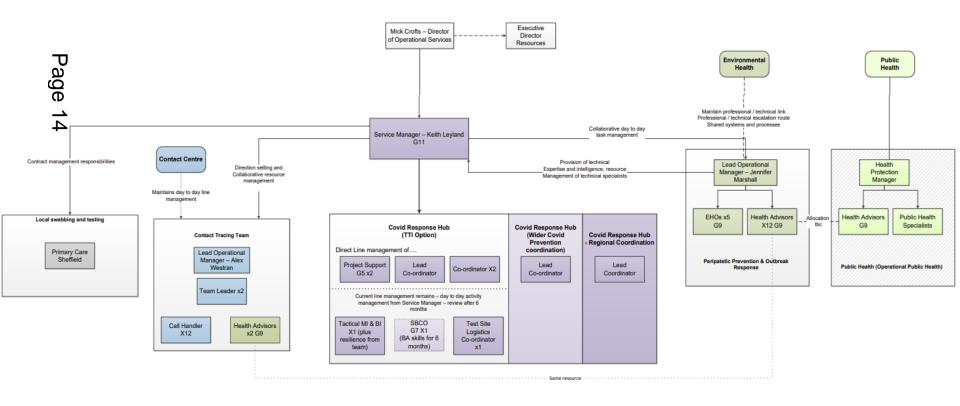
Strategy = Keep people safe, protect vulnerable, reopen Sheffield



Operational response across many parts of the council

Coordinated through the COVID hub

This, and the range of services stood up, are having impact



Outbreak control plan is largely intact

- Names as lead against each of the main themes
 - Prevention
 - outbreak management
 - Testing
 - contact tracing
 - support for isolating and shielding
 - other vulnerable groups
 - surveillance data and intelligence
 - Comms
 - enforcement and compliance
 - settings of concern
- Developed established infrastructure to deliver
- We keep adding asymptomatic testing, vaccine.

Outbreak plan <u>https://www.sheffield.gov.uk/home/your-city-council/preventing-and-managing-covid-19</u> SCC Cabinet paper on implementing the plan <u>http://democracy.sheffield.gov.uk/mglssueHistoryHome.aspx?IId=31389</u>

THE SAISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD

Forward look

- 1. Mid December review.
 - Tier 3 or 2, run up to Christmas, Christmas itself
 - R0 0.9 (but with high rate of infection)
- 2. Testing
- Testing in the context of everything else
- Page 16 Testing for those with symptoms most important. Most with symptoms don't get tested.
 - Asymptomatic testing and Lateral Flow Tests
 - 3. Prep for vaccination. We cant relax until we have herd immunity
- 4. The fundamentals will remain the fundamentals till the end
- 5. The best way to protect the economy and our vulnerable loved ones is to keep community transmission low