

COVID 19

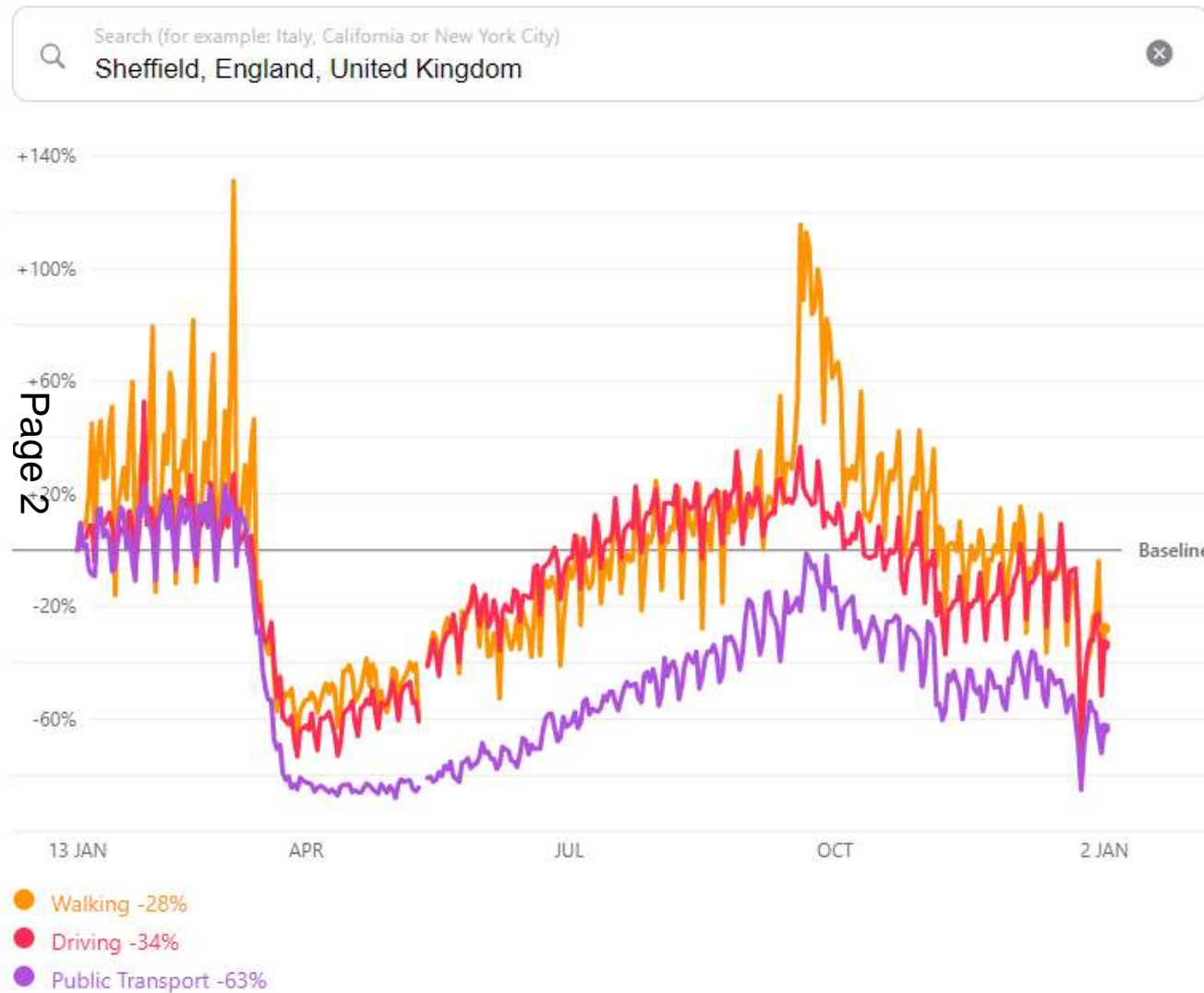
Situation update

6/1/21

Greg Fell, Director of Public Health

Mobility Trends

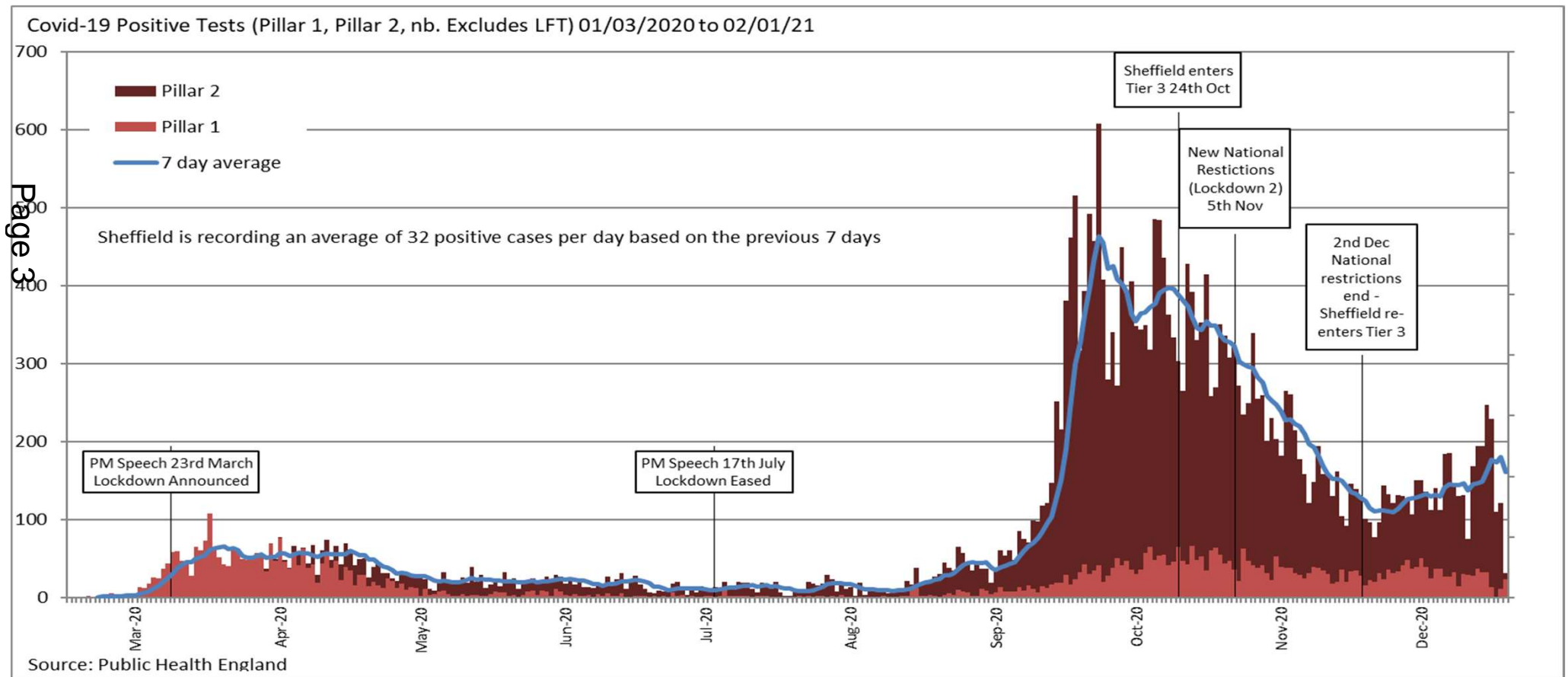
Change in routing requests since 13 January 2020



A year in
mobility is down

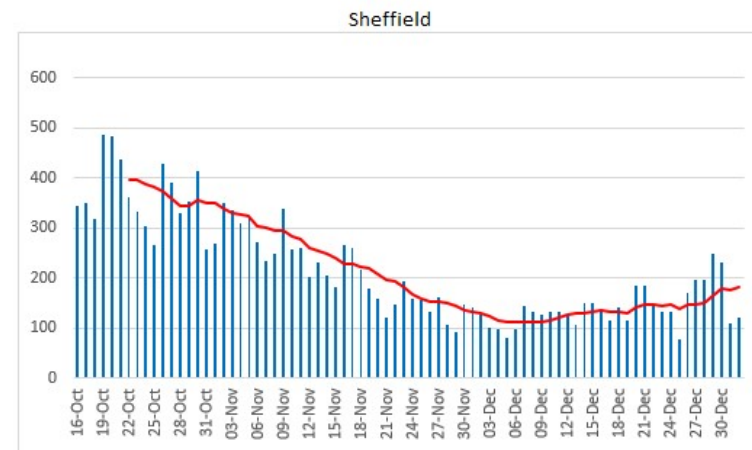
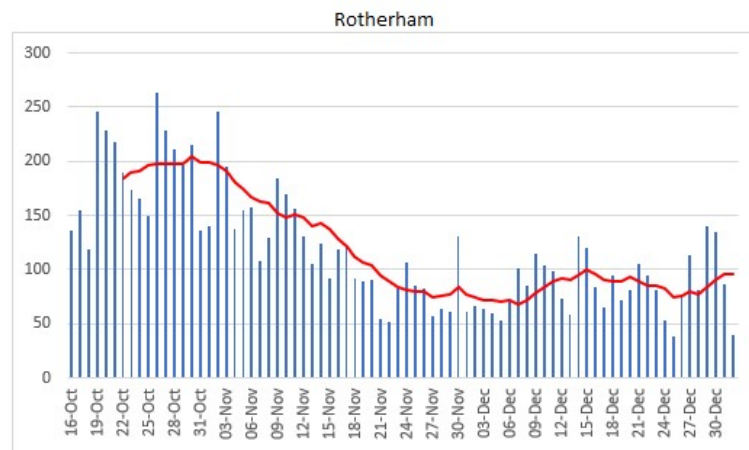
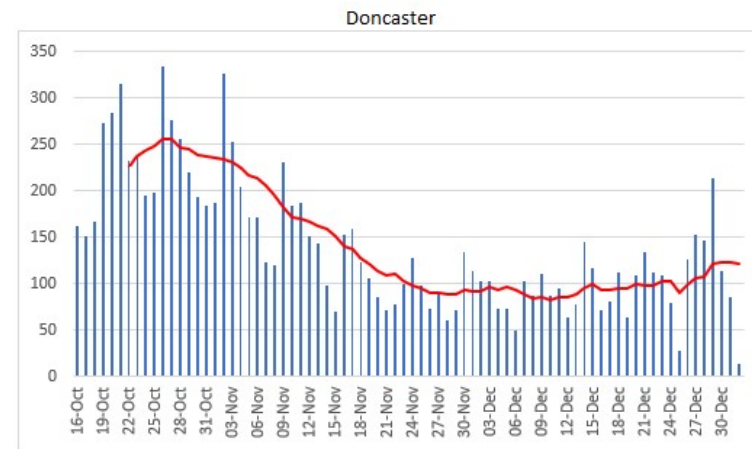
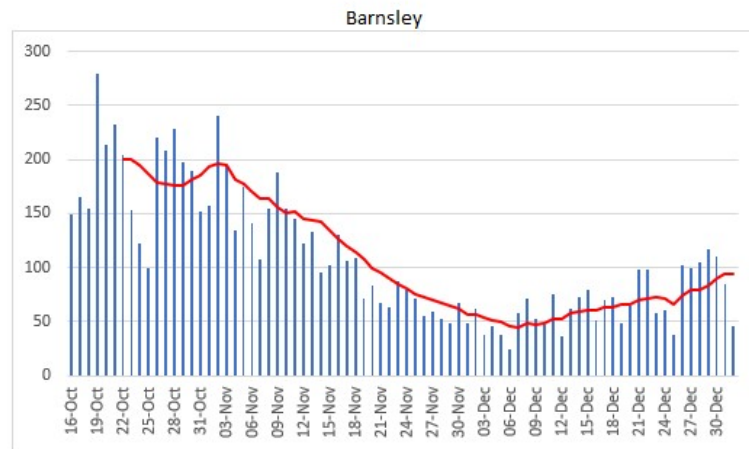
(but still the
disease
circulates)

Epidemic curve over the course of the pandemic flatline in mid December, now rising 7d incidence

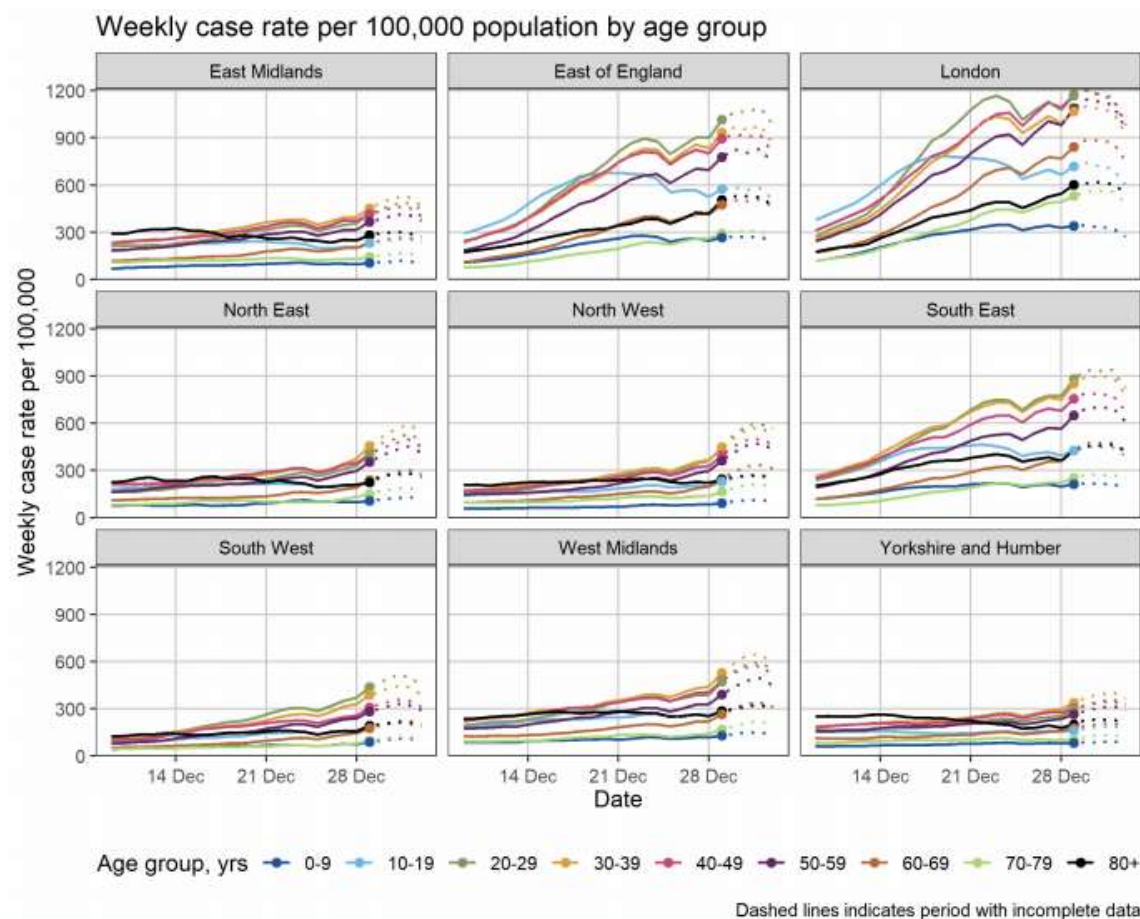


In a S Yorks context. Since Oct.

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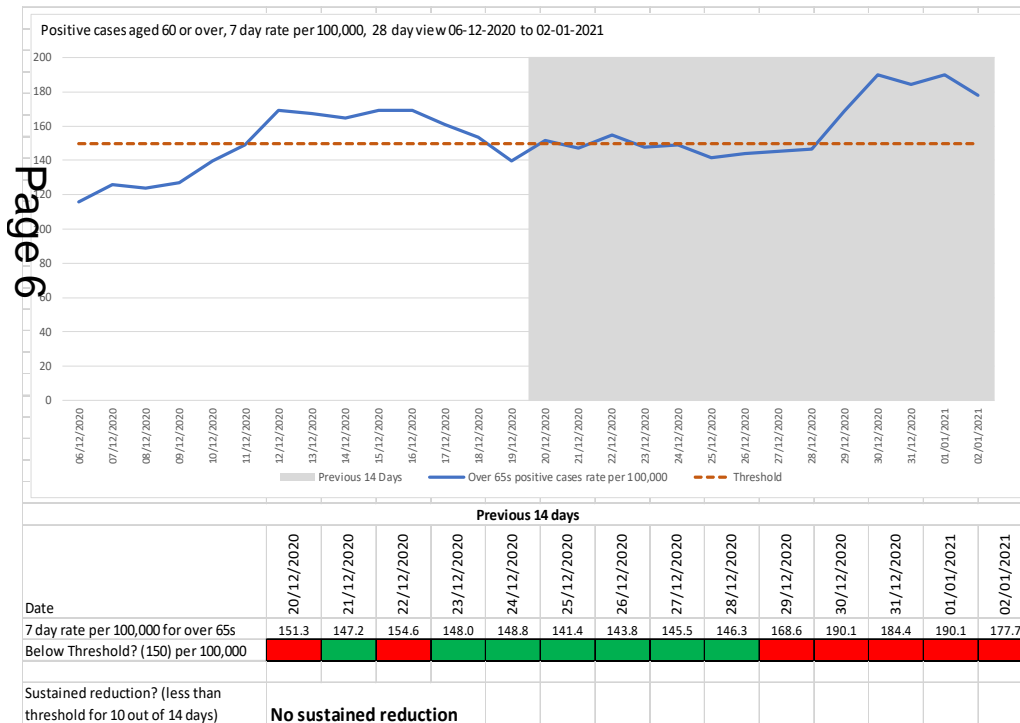
Epidemiology is very different across England



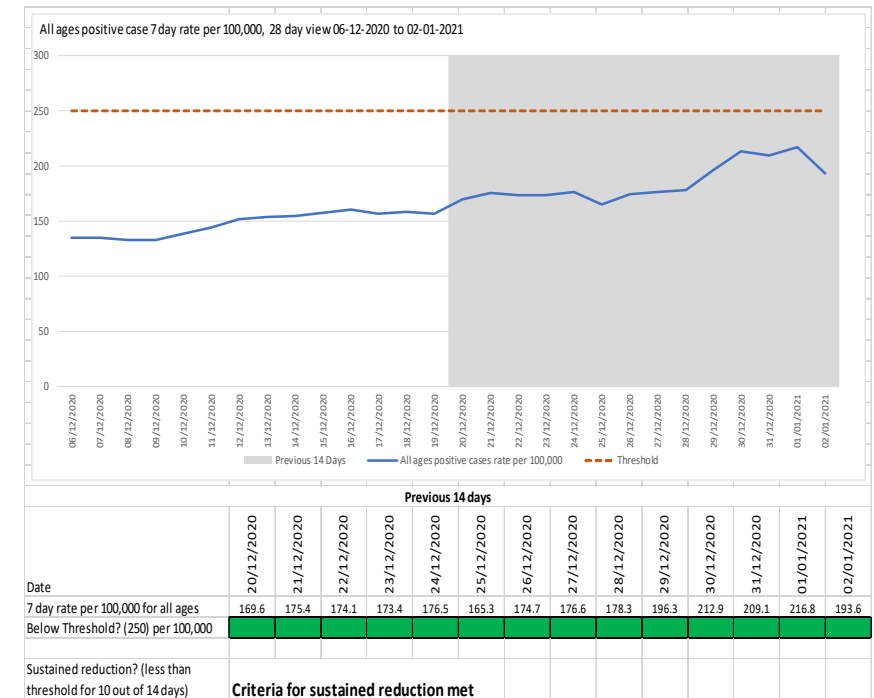
- Rate in Yorkshire
- Implications for what that might look like after lockdown.

7 day incidence trend since Dec 2020

Over 60s

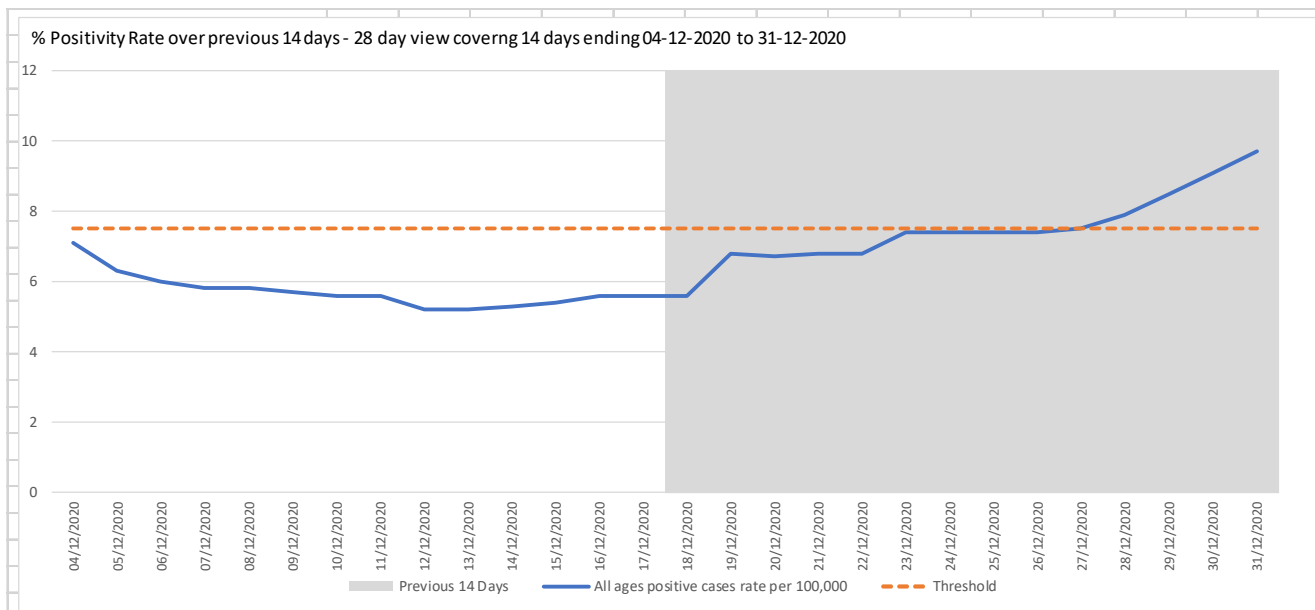


Whole population



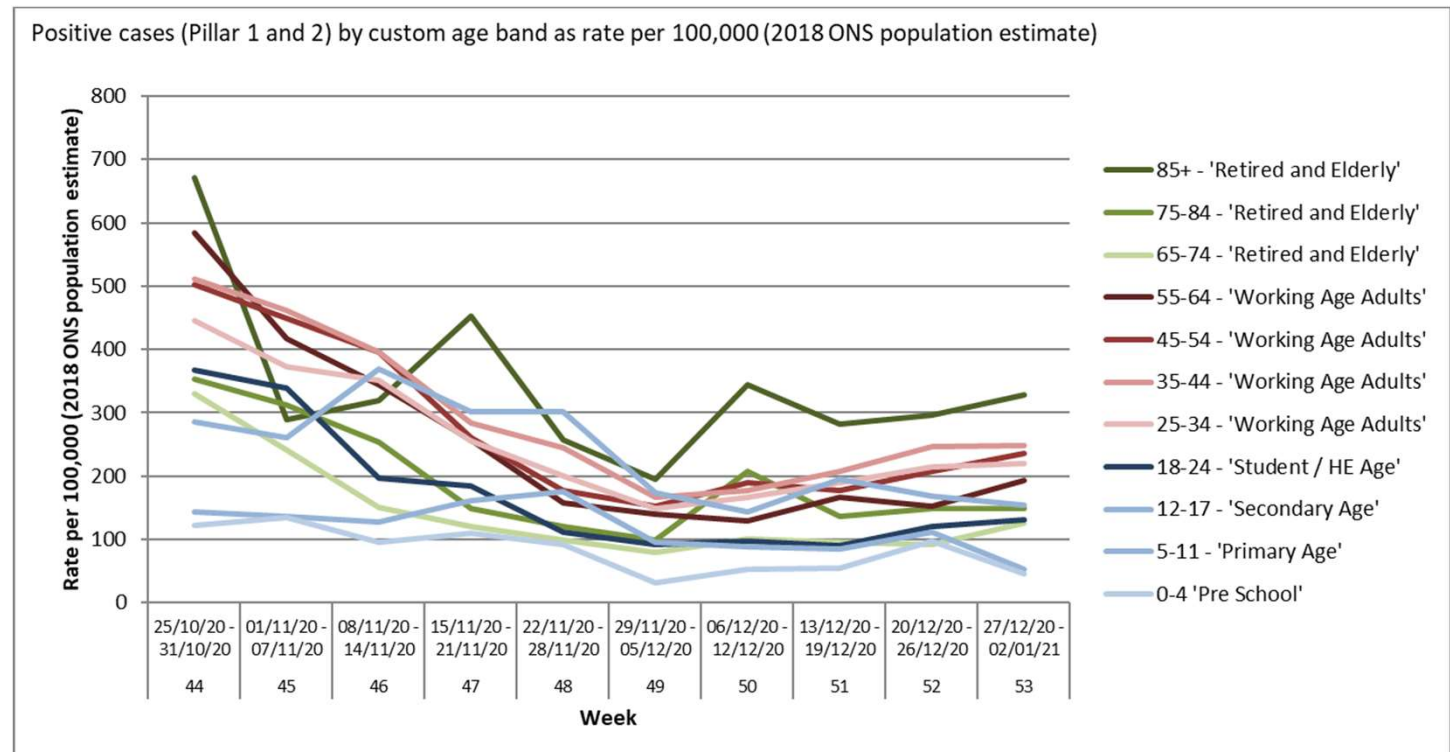
9.7% positivity.

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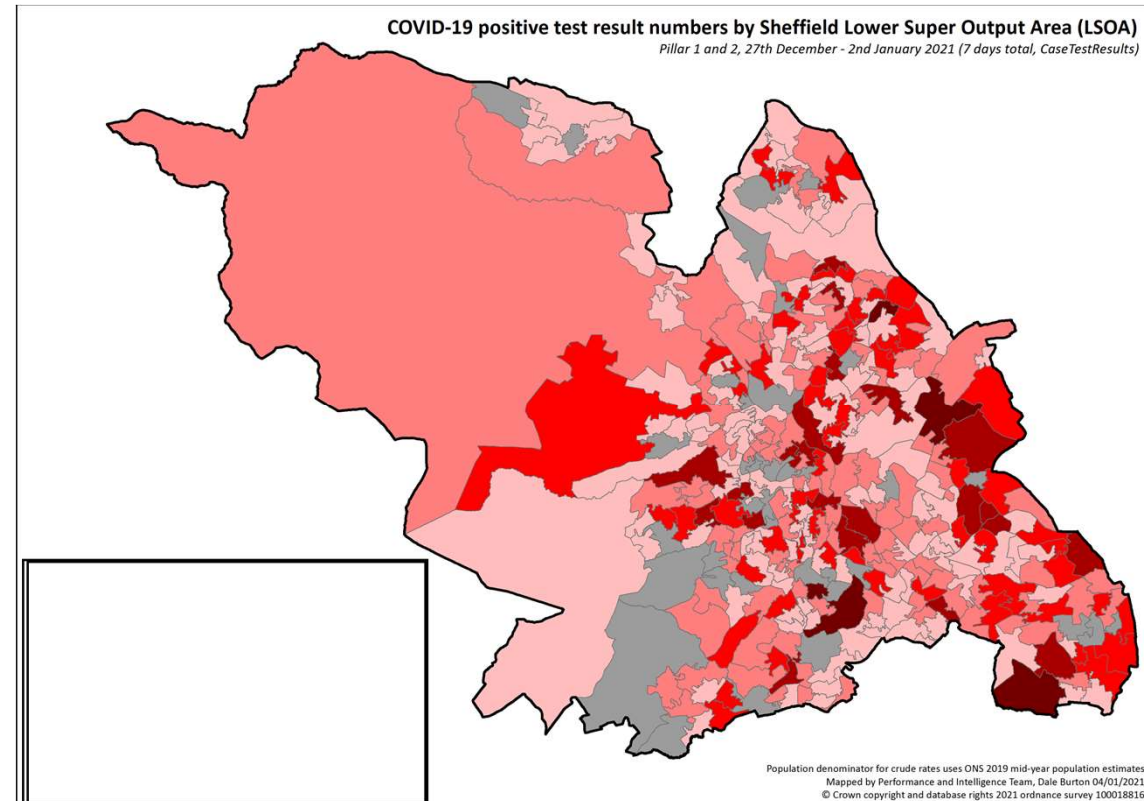


Previous 14 days														
Date	18/12/2020	19/12/2020	20/12/2020	21/12/2020	22/12/2020	23/12/2020	24/12/2020	25/12/2020	26/12/2020	27/12/2020	28/12/2020	29/12/2020	30/12/2020	31/12/2020
% positivity rate	5.6	6.8	6.7	6.8	6.8	7.4	7.4	7.4	7.4	7.5	7.9	8.5	9.1	9.7

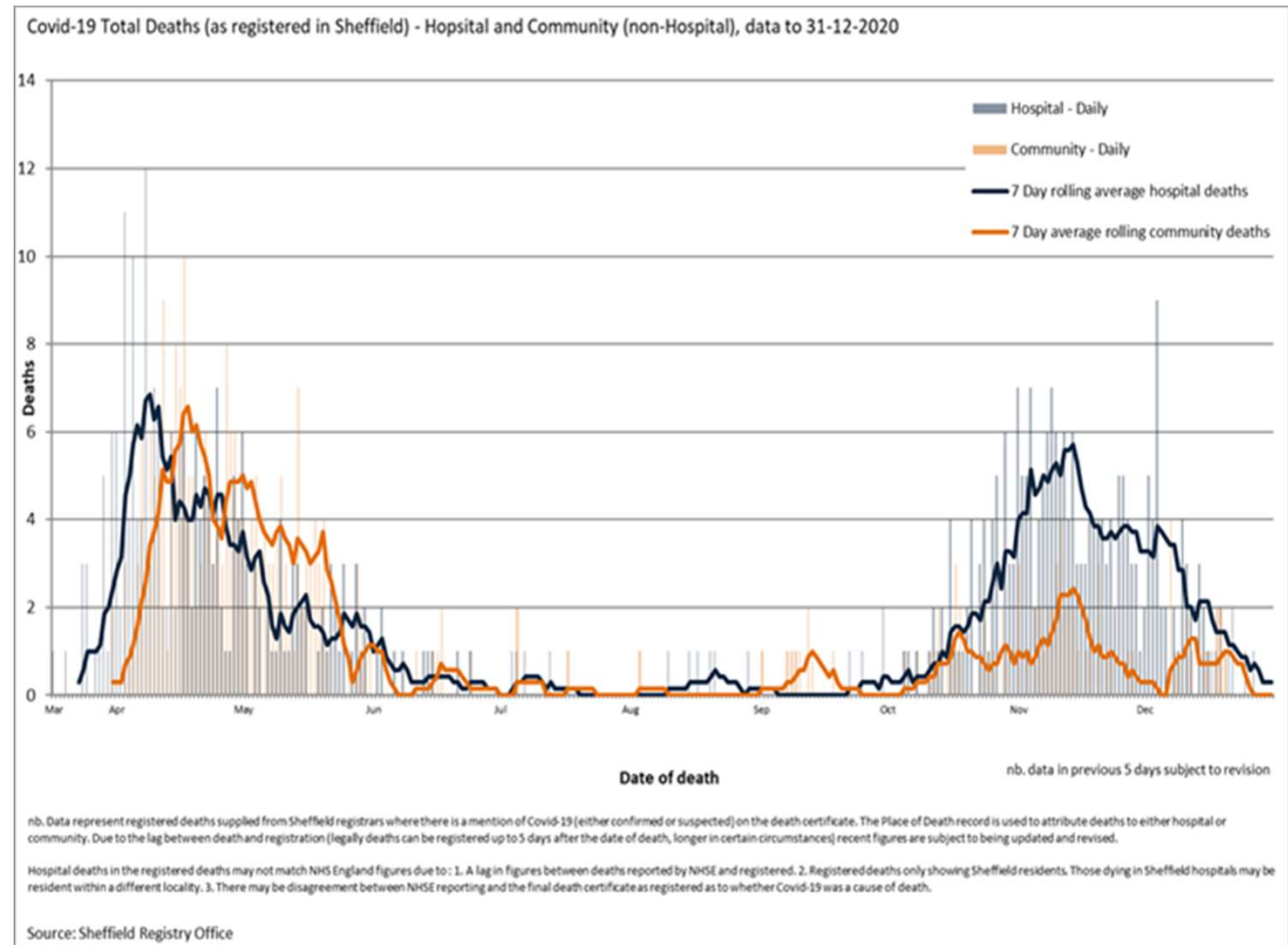
Incidence by age bands.
Lowest in youngest. Flat.
growth being driven by working age population.
This will spread upwards. Starting to rise in >60s



Last 7 days
Transmission across city
household is principal location of transmission
BETWEEN household. The importance of networks
and mixing



It remains a dangerous, and very easy to spread
respiratory virus
it (still) kills people

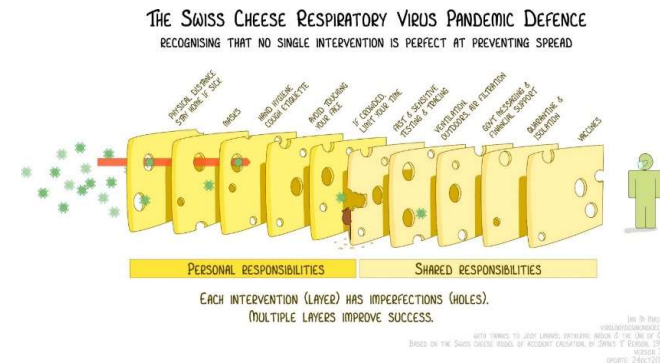


Epi Summary

- $R_0 = 0.9 - 1.1$ (likely above 1 with high and now rising baseline). Early Dec was 0.9
- >200 cases / 100k population in 7d and rising. Mid Dec was <125 and falling.
- Positivity 9.7% (6.5%)
- Significant proportion of STH beds have a patient with COVID. VERY difficult to manage.
- Impact of new variant.
- ZERO room for manoeuvre. Whilst it isn't London, numbers far too high for comfort.

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 <https://www.sheffield.gov.uk/home/your-city-council/preventing-and-managing-covid-19>

SCC Cabinet paper on implementing the

plan <http://democracy.sheffield.gov.uk/mglIssueHistoryHome.aspx?Ild=31389>

Forward look

1. Lockdown.

- Inevitable given the epi in SE England?
- Will only have impact if we behave as if we are in lockdown
- Impact of lockdown (infection, social, economic)
- Epi in Sheffield will leave us in an interesting space by end of lockdown

2. Variant

- More transmissible ++. Impact on R_0 . Mitigation measures are the same

3. The core fundamentals remain

- Test if symptoms, contact trace, isolate
- social contact & networks, handwash, face cover, distance
- Support for individuals and businesses

4. Vaccination.

- . This is developing FAST

5. When will it end

- Low community transmission, 7d rate. Vaccine induced herd immunity. Even then we will need to careful