Article

Coronavirus (COVID-19) weekly insights: latest health indicators in England, 5 February 2021

This article brings together latest coronavirus (COVID-19) data in England. Exploring how these measures interact with each other can improve understanding of the severity and spread of the pandemic. This weekly summary gives an overview of the current situation and explores variations for different age groups and regions.

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1 . Main points

- Infection rates have decreased but remain high, with 1 in 65 (1.55%) of the population estimated to have the coronavirus (COVID-19) in the week ending 30 January 2021 (Coronavirus (COVID-19) Infection Survey (CIS)).

- Cases compatible with the new UK variant have decreased in all regions except the East of England, Yorkshire and The Humber and the East Midlands (week ending 30 January 2021, CIS).

- The rate of confirmed COVID-19 patients admitted to hospital decreased but remained high at 25.3 per 100,000 people in the week ending 31 January 2021, almost twice the rate seen in early December 2020.

- In the week ending 22 January 2021, the number of registered deaths involving COVID-19 in England increased by 17.6%.

- Deaths involving COVID-19 represented nearly half (45.3%) of all deaths in England.

- A quarter of adults aged 80 years and over had antibodies against COVID-19 in the 28 days up to 18 January 2021 (CIS).

- Over 9 in 10 (92%) reported that they either would be likely to have the COVID-19 vaccine, had accepted a vaccination offer or had already been vaccinated (Opinions and Lifestyle Survey, Great Britain, 27 to 31 January 2021).

- The proportion of adults staying at home or only leaving for essential needs (57%) remains higher than during the winter 2020 restrictions (Opinions and Lifestyle Survey, Great Britain, 27 to 31 January 2021).

2 . Overview

In this weekly summary, we present the main findings from the latest coronavirus (COVID-19) data for England. This article is a collaboration between the Office for National Statistics (ONS), Joint Biosecurity Centre (JBC) and Public Health England (PHE).

In England, infections, hospitalisations and deaths started increasing in December 2020. Infection and hospital admission rates remain high and the number of deaths involving COVID-19 has increased in the most recent week. Cases compatible with the new UK variant of COVID-19 have decreased but continue to account for the majority of positive cases in England. Despite recent increases most people do not have antibodies to COVID-19, suggesting most of the population is still vulnerable to infection.

This release is going to be replaced by the Coronavirus (COVID-19) latest insights interactive tool on 12 February 2021. The article content will be available in the interactive tool.

More about coronavirus

- Find the latest on coronavirus (COVID-19) in the UK.
- Explore the latest coronavirus data from the ONS and other sources.
- All ONS analysis, summarised in our coronavirus roundup.
- View all coronavirus data.
- Find out how we are working safely in our studies and surveys.

3 . Infections, hospital admissions and deaths

Coronavirus (COVID-19) infections and hospital admissions started increasing in December 2020. Infection rates remain high but decreased in the week ending 30 January 2021. The hospital admission rate also decreased but remains high in the week ending 31 January. The number of registered deaths involving COVID-19 increased in the most recent week (ending 22 January).

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, we expect to see a delay between a change in infection levels and corresponding changes in the numbers of hospital admissions and deaths.

Figure 1: Infection rates and hospital admissions remain high, deaths involving COVID-19 have increased

Estimated COVID-19 positivity rates, hospital admissions and number of deaths, England, 1 August 2020 to 31 January 2021

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

3. 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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The Coronavirus (COVID-19) Infection Survey (CIS) estimated that 846,900 people in England had COVID-19 between 24 and 30 January 2021. This is equal to about 1 in 65 people or 1.55% of the population. The percentage of people testing positive (positivity rate) remains high but has decreased from the previous week (1.87% of the population, week ending 23 January).

The Real-time Assessment of Community Transmission (REACT) study estimated 1.57% of the population to be infected between 6 and 22 January 2021. Both REACT and CIS show similar trends over time, with positivity rates currently much higher than in the beginning of December. CIS and REACT both estimate how many infections there are in the community, although they use different methods. For more information see Data sources and quality.

In the week ending 31 January 2021, confirmed COVID-19 hospital admission rates decreased but remained high, at 25.3 per 100,000 people compared with 33.7 in the previous week (ending 24 January). This is almost twice the rate seen in the week ending 6 December 2020 (13.3 admissions per 100,000 people). The number of COVID-19 patients being admitted to intensive care units (ICU) and high-dependency units (HDU) also remained high in the latest week, at 2.0 per 100,000 people compared with 2.5 per 100,000 people in the previous week.

The proportion of deaths involving COVID-19 in England increased from the previous week

The number of deaths involving COVID-19 in England increased by 17.6% to 7,956 in the week ending 22 January 2021. Deaths involving COVID-19 represented 45.3% of all deaths in England compared with 40.2% in the previous week (ending 15 January). This is the highest proportion of deaths involving COVID-19 since the start of the pandemic.

4 . Regional differences

The percentage of people testing positive for the coronavirus (COVID-19) decreased in most English regions in the most recent week (24 to 30 January 2021, Coronavirus (COVID-19) Infection Survey (CIS)). Positivity rates increased in the East of England but decreased in London, the South East, North West, North East and South West. Rates in all other regions appear to be level.

Despite the decrease, London still has the highest positivity rate among English regions (2.09%). The South West (1.01%) and Yorkshire and The Humber (1.13%) have the lowest proportions of people testing positive.

Figure 2: London continues to have the highest positivity rate

Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs, by region, on 27 January 2021, England

Figure 2: London continues to have the highest positivity rate

Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs, by region, on 27 January 2021, England
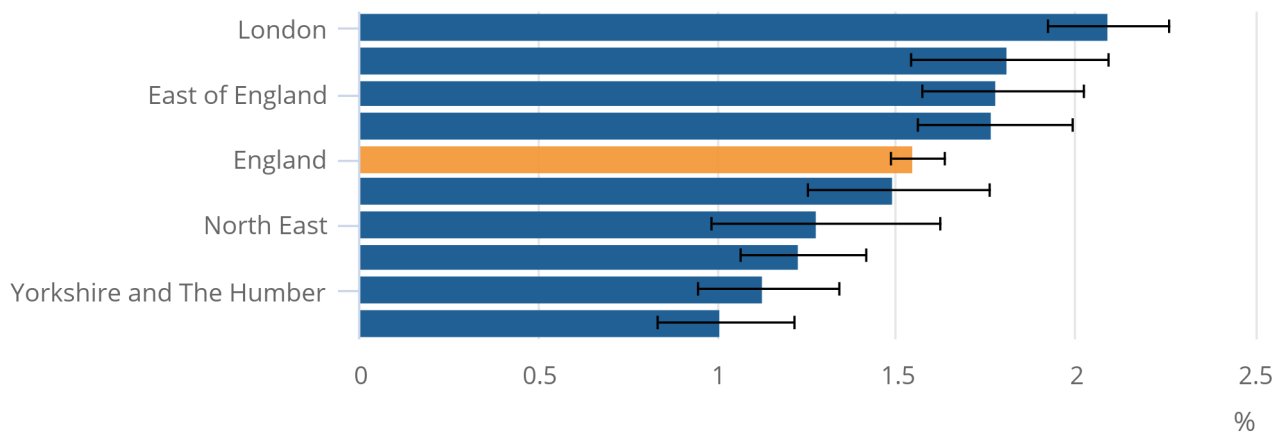
Source: Office for National Statistics - Coronavirus (COVID-19) Infection Survey

Notes:

1. All results are provisional and subject to revision.

2. These statistics refer to infections reported in the community, by which we mean private households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

Hospital admission rates decreased in all English regions

In the week ending 31 January 2021, confirmed COVID-19 hospital admission rates decreased in all regions in England. The highest hospital admission rate in the week ending 31 January was in the West Midlands (37.5 per 100,000 people), while Yorkshire and The Humber recorded the lowest rate (18.7 per 100,000 people). The East Midlands saw the largest decrease in admission rates, falling to 24.3 from 38.2 per 100,000 people in the previous week (ending 24 January).

Figure 3: Hospital admissions and deaths involving COVID-19 by region

Change in hospital admission rates and numbers of deaths involving COVID-19 from previous week, England, weeks ending 31 and 22 January 2021

Notes:

1. All figures are provisional and subject to revision.

2. Figures exclude deaths of non-residents.

3. Based on date a death was registered rather than occurred.

4. 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 South East had the highest number of deaths involving COVID-19

Deaths involving COVID-19 increased in all English regions in the week ending 22 January 2021, with the largest increase seen in the South East. The South East also had the highest number of deaths involving COVID-19 (1,734 deaths).

5 . Age differences

The percentage of people testing positive has decreased in all age groups, except for in adults aged 70 years and over (week ending 30 January 2021, Coronavirus (COVID-19) Infection Survey (CIS)). The percentage of positive tests was highest in young adults (school Year 12 to age 24 years) at 1.56% and lowest in adults aged 70 years and over at 0.88%.

Hospital admission rates have decreased in all age groups

Even though more young people have been infected, hospital admissions and deaths involving the coronavirus are highest among those aged over 65 years. Of more than 96,900 deaths involving COVID-19 in England to date, almost 90% were among people aged 65 years and over.

Hospital admissions decreased among all age groups in the week ending 31 January 2021. The largest fall in admission rates was seen among those aged 85 years and over, where 206.4 per 100,000 people were admitted to hospital, down from 282 in the previous week (ending 24 January). This is almost 30 times the rate among those aged 15 to 44 years. Rates have been the highest among those aged 85 years and over throughout the pandemic. The hospital admission rate is lowest among children aged between 5 and 14 years, at 0.8 per 100,000 people.

In the week ending 22 January, the number of deaths involving COVID-19 in England increased in all age groups, apart from in children under 1 year, compared with the previous week (ending 15 January). The biggest increase was seen in those aged 85 years and over, with 626 more deaths than the previous week.

Figure 4: COVID-19 infections, hospital admissions and deaths by age

Estimated percentage of the population testing positive for COVID-19 in the week ending 30 January, hospital admission rates in the week ending 31 January and deaths registered in the week ending 22 January 2021, by age, 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. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

3. Infection statistics are based on statistical modelling conducted by CIS research partners at the University of Oxford.

4. Infection estimates are given for the reference date: 27 January 2021.

5. Figures exclude deaths of non-residents.

6. Based on date a death was registered rather than occurred.

7. The International Classification of Diseases, 10th edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).

8. 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.

6 . New UK variant of COVID-19

A new genetic variant of the coronavirus (COVID-19) was identified in the UK in mid-November 2020. In England, positivity rates for cases compatible with the new UK variant increased sharply in December. At the national level in England, rates of new UK variant compatible positives have continued to decrease in the most recent week (Coronavirus Infection Survey (CIS), 24 to 30 January 2021). Positivity rates for cases clearly not compatible with the new UK variant have also decreased.

Positives where the virus was too low for the variant to be identifiable rose in recent weeks and have decreased slightly in the week ending 30 January. Cases that are too low for the variant to be identifiable are usually those where individuals have had the virus for a longer period of time. This means that increases in this group are consistent with an increase in infections acquired a longer time ago. This is therefore consistent with an overall decrease in coronavirus infections. The new South African variant would fall into the "not compatible with the new UK variant" category. For more information on new variants see Glossary.

Figure 5: Positivity rates for cases compatible with the new UK variant and not compatible with the new UK variant have decreased in England

Positivity rates for cases compatible with the new UK variant of COVID-19, not compatible with the new variant and where the virus was too low for the variant to be identifiable, on nose and throat swabs, daily, since 20 December 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 private households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

3. Data should be treated with caution. There are further uncertainties given that not all cases that are positive on the ORF1ab- and N-genes will be the new variant.

4. New variant compatible positives are identified as those that are positive on the N-gene and ORF1ab-gene, but not the S-gene. Positives that are not compatible with the new variant are defined as those that are positive on the S-gene, N-gene and ORF1ab-gene. Positives where the virus is too low for the variant to be identifiable are defined as those that are positive with all other gene patterns. These definitions are regardless of the cycle threshold (Ct) value.

Cases that are compatible with the new UK variant are decreasing in all regions except for the East of England, where cases are levelling off, and Yorkshire and The Humber and the East Midlands, where the trend is uncertain.

Figure 6: Cases compatible with the new UK variant have decreased in most regions in England

Positivity rates for cases compatible with the new UK variant of COVID-19, not compatible with the new variant and where the virus was too low for the variant to be identifiable, on nose and throat swabs, daily, by region, since 20 December 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 private households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

3. Data should be treated with caution. There are small numbers of positives detected leading to considerable uncertainty surrounding these estimates. There are further uncertainties given that not all cases that are positive on the ORF1ab- and N-genes will be the new variant.

4. New variant compatible positives are identified as those that are positive on the N-gene and ORF1ab-gene, but not the S-gene. Positives that are not compatible with the new variant are defined as those that are positive on the S-gene, N-gene and ORF1ab-gene. Positives where the virus is too low for the variant to be identifiable are defined as those that are positive with all other gene patterns. These definitions are regardless of the cycle threshold (Ct) value.

Download the data

7 . COVID-19 antibody prevalence

Despite recent increases, most people do not have COVID-19 antibodies

The presence of coronavirus (COVID-19) antibodies suggests that a person previously had the infection or a vaccine. The percentage of people with antibodies increased to 15.3% in the 28 days up to 18 January 2021 (Coronavirus (COVID-19) Infection Survey). This is three times more than at the end of August 2020 (5.6%). A quarter of those aged 80 years and over had antibodies in the most recent month (25.7%). The second-highest percentage was among those aged 16 to 24 years (21.3%). Those aged 70 to 74 years were least likely to test positive for antibodies (8.3%).

The percentage of people with antibodies among NHS blood donors also increased in recent weeks, to 11.0% (30 December 2020 to 24 January 2021), from 7.4% in the previous month (30 November to 20 December 2020).

Figure 7: A quarter of adults aged 80 years and over had COVID-19 antibodies in England

Estimated percentage of those testing positive for antibodies to COVID-19 from a blood sample, by age, 22 December 2020 to 18 January 2021, 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 private households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.

8 . Preventative measures

The proportion of people following preventative measures to help slow the spread of the coronavirus (COVID-19) remained high in the latest week (Opinions and Lifestyle Survey, Great Britain, 27 to 31 January 2021). The majority of people reported that in the last seven days, they always or often washed their hands after returning home (89%), used a face covering (94%), avoided physical contact when outside their home (93%) and maintained social distance (90%).

The proportion of adults in Great Britain reporting staying at home or only leaving for work, exercise, essential shopping or medical needs in the past seven days continued to decrease (57%, 27 to 31 January 2021) compared with the previous week (62%, 20 to 24 January 2021). The current estimate remains higher than during the winter 2020 restrictions prior to the 2021 lockdown. The volume of car traffic was reduced to a similar level in the early 2021 lockdown (51% of the level observed in the first week of February 2020) as in the spring 2020 lockdown (51% between 14 to 17 May 2020) (Coronavirus and the social impacts on behaviours during the different lockdown periods, Great Britain: up to February 2021).

Figure 8: In recent weeks, the proportion of adults staying at home or only leaving for essential needs was higher than during the winter 2020 restrictions

Percentage of adults that reported staying at home or only leaving for work, exercise, essential shopping or medical needs and daily road traffic index, Great Britain, May 2020 to January 2021

Notes:

1. Questions: "In the past seven days, have you left your home for any reason?" and "In the past seven days, for what reasons have you left your home?".

2. Daily road traffic index: 100 = same traffic as the equivalent day of the week in the first week of February averaged for OPN weekly reporting periods

3. Road traffic data are available up to 24 January 2021.

4. Base population for percentage: all adults.

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9 . Vaccine attitudes

Around 1 in 6 (16%) adults reported they had already received at least one dose of COVID-19 vaccine this week (27 to 31 January 2021). Over 9 in 10 (92%) adults reported they had now either received the COVID-19 vaccine, had accepted an offer and were awaiting vaccination or would be likely to have the vaccine if offered.

These estimates are from a sample of adults and do not include adults living in care homes or other establishments. Official data on the number of people who have received a COVID-19 vaccination is available on the GOV.UK coronavirus dashboard.

The proportion of adults reporting that they had either received the COVID-19 vaccine, have accepted an offer and are waiting to receive it, or are likely to have the vaccine if offered increased with age. This was from 85% of those aged between 16 and 29 years to 99% of those aged 70 years and over.

Figure 9: The proportion of adults who said they have had or would have the COVID-19 vaccine increased with age

Proportion of adults reporting they had received the COVID-19 vaccine, accepted and are awaiting vaccination, or would be likely to have the vaccine if offered, by age, Great Britain, 27 to 31 January 2021

Notes:

1. Questions: "Have you received a vaccine for the coronavirus (COVID-19)?", "Have you been offered the vaccine for the coronavirus (COVID-19)?" and "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?".

2. Base: all adults.

3. Totals may not sum to 100% due to rounding.

4. Response category of "Have either received the vaccine, or would be likely to have the vaccine if offered" includes those who reported they have either received the COVID-19 vaccine, accepted an offer of a vaccine and are awaiting vaccination, or would be very or fairly likely to have the vaccine if offered.

5. Response category of "Have been offered and declined the vaccine, or would be unlikely to have the vaccine if offered" includes those who reported they have either declined the COVID-19 vaccine or would be very or fairly unlikely to have the vaccine if offered.

Download the data

10 . Well-being

Following a decline in well-being in early January 2021, this week well-being scores for life satisfaction (6.4), happiness (6.4) and feeling that things done in life are worthwhile (7.1) remained at some of the lowest levels recorded since the survey began in March 2020 (Opinions and Lifestyle Survey, Great Britain, 27 to 31 January 2021). However, the anxiety score shows a slight improvement (4.3) compared with early January 2021 (4.6), when the highest score since April 2020 was reported.

Figure 10: Well-being scores remained low this week with happiness at its lowest level since March 2020

Average well-being scores, March 2020 to January 2021, Great Britain

Notes:

1. Questions: "Overall, how satisfied are you with your life nowadays?", "Overall, to what extent do you feel that the things you do in your life are worthwhile?", "Overall, how happy did you feel yesterday?" and "Overall, how anxious did you feel yesterday?".

2. This question is answered on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

3. Base: all adults.

Download the data

11 . Collaboration

This report was prepared by the Office for National Statistics (ONS) in collaboration with our partners at the Joint Biosecurity Centre (JBC) and Public Health England (PHE).

12 . Coronavirus data

Coronavirus (COVID-19) Infection Survey
Dataset | Released 5 February 2021
Findings from the Coronavirus (COVID-19) Infection Survey, England, Wales, Northern Ireland and Scotland.

Coronavirus (COVID-19) infections in the community in England
Dataset | Released 27 January 2021
Characteristics of people testing positive for the coronavirus (COVID-19) in England taken from the COVID-19 Infection Survey.

Coronavirus (COVID-19) antibody data for the UK
Dataset | Released 3 February 2021
Antibody data for the UK taken from the Coronavirus (COVID-19) Infection Survey.

Deaths registered weekly in England and Wales, provisional
Dataset | Released 2 February 2021
Provisional counts of the number of deaths registered in England and Wales, by age, sex and region, in the latest weeks for which data are available. Includes the most up-to-date figures available for deaths involving the coronavirus (COVID-19).

Coronavirus and the social impacts on Great Britain
Dataset | Released 5 February 2021
Indicators from the Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. Includes breakdowns by at-risk age, sex and underlying health condition.

This release uses data from REACT and Public Health England. For links to the data and an explanation of how the sources differ, see Data sources and quality.

13 . 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. This is different to the incidence rate, which refers to the proportion of "new" positive COVID-19 cases.

Please note that the 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).

New UK variant

Swabs are tested for three genes present in the coronavirus: N protein, S protein and ORF1ab. Each swab can have any one, any two or all three genes detected. Positives are those where one or more of these genes is detected in the swab other than tests that are only positive on the S-gene, which is not considered a reliable indicator of the virus if found on its own.

The new UK variant of COVID-19 has genetic changes in the S-gene. This means the S-gene is no longer detected in the current test, and cases that would have previously been positive on all three genes are now positive only on the ORF1ab and the N-gene (not the S-gene). You can read more about the new UK variant in our recent blog.

There are also other reasons why a swab may be positive for only these two genes, including lower viral load in the sample, which is why we have always seen a small percentage of this type of positive result. Absence of the S-gene appears to have become a reliable indicator of the new variation in COVID-19 from mid-November, based on the higher levels of virus in these type of positives after this date. Prior to that, the data should not be read as being an indicator of the variant.

Cases positive for the N-gene and ORF1ab-gene, but not the S-gene are classed as compatible with the new UK variant. Positives that are not compatible with the new UK variant are defined as those that are positive on all three genes (S-, N- and ORF1ab-genes). All other gene patterns are classed as positives where the virus is too low for the variant to be identifiable. These definitions are regardless of cycle threshold (Ct) value.

In contrast the South African variant has an S-gene that is detectable with the current test and will therefore be included in the other types of COVID-19. Which of the other types of COVID-19 are compatible with the South African variant cannot be identified from the swab PCR test alone.

Antibodies

Evidence of a previous infection and a degree of immunity to the virus. Antibodies can also be produced after vaccination. You can read more about antibody testing in the Department of Health and Social Care guidance.

14 . 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, Northern Ireland and Scotland.

People tested are from randomly selected residential households and may or may not have any coronavirus (COVID-19) symptoms. Nose and throat swabs are taken from all household members aged two years and over. 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, with releases on the characteristics of people testing positive and antibody data published fortnightly. 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) over the age of five years. 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 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.

Hospital admissions

Data on hospital admissions is provided by Public Health England and comes from the Severe Acute Respiratory Infection (SARI) Watch surveillance system. SARI Watch monitors the number of patients with confirmed flu and COVID-19 admitted to hospital and critical care units (ICU and HDU). Admission rates are recorded by age and region. These data are provisional and subject to revision, and previous estimates may be updated in subsequent weeks.

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 the Impact of registration delays release.

Preventative measures, social contact and well-being

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 and REACT data both track COVID-19 infections in the community, by testing samples of the population. Their estimates of positivity rates 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.

15 . Related links

National flu and COVID-19 surveillance reports
Public Health England report | Updated weekly
National influenza and COVID-19 report, monitoring COVID-19 activity, seasonal flu and other seasonal respiratory illnesses.

Real-time Assessment of Community Transmission study findings
Web page | Updated as and when data become available
REACT is a research program looking at how the virus is spreading across the country. The study was commissioned by the Department of Health and Social Care and carried out by Imperial College London, Imperial College Healthcare NHS Trust and Ipsos MORI.

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.

Coronavirus (COVID-19) latest insights
Interactive tool | Updated as and when data become available
Explore the latest data and trends about the coronavirus (COVID-19) pandemic from the ONS and other official sources.