

Statistical bulletin

Coronavirus and clinically extremely vulnerable people in England: 18 January to 30 January 2021

Analysis of clinically extremely vulnerable people in England during the coronavirus (COVID-19) pandemic, including their behaviours and mental and physical well-being.

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1 . Main points

- The COVID High Risk Group Insights Survey was compiled rapidly in response to policy questions on whether the population who had been advised to shield were following shielding guidance and the impact on their life and behaviours.
- It was produced, run and analysed in a collaboration between the Department for Health and Social Care (DHSC), NHS Digital (NHS-D) and the Office for National Statistics (ONS).
- Of those who were aware of the government advice to shield, 59% reported completely following that advice.
- When asked between 18 and 30 January 2021, almost a quarter (24%) of the clinically extremely vulnerable population had not left their home in the last seven days.
- Of those who had left home in the last seven days, almost half (48%) had gone out to the shops or pharmacy.
- At the time of asking (18 to 30 January 2021), clinically extremely vulnerable people had begun to receive or be offered the coronavirus (COVID-19) vaccine; 35% had received at least one dose of the COVID-19 vaccine.
- Of those who had not had the COVID-19 vaccine, 91% reported they would be likely to accept the vaccine if offered, or already had an appointment confirmed to receive the vaccine.
- 1 in 20 clinically extremely vulnerable people (5%) were unsure or did not specify whether they would accept the COVID-19 vaccine, whereas 4% were unlikely to accept the vaccine.

Statistician's comment

"During the coronavirus pandemic, 2.2 million people have been identified as being clinically extremely vulnerable and are advised to shield from others to protect themselves from the virus. Following the government announcement of a national lockdown on 4 January, this guidance was reintroduced from 6 January for the first time since 1 August 2020.

"Most clinically extremely vulnerable people, who are aware of the government guidance to shield, reported completely following the guidance, however, our analysis shows us that 4 in 10 are not doing so.

"Our analysis also shows us that 1 in 4 clinically extremely vulnerable people (24%) have not left the home in the last seven days, despite advice that they can leave for exercise or essential medical appointments. We expect to see that number fall, as people venture out as the vaccine distribution rolls out further across England."

Tim Gibbs, Public Services Analysis Team, Office for National Statistics
Follow the Public Services Analysis team on Twitter: [@HughStick](https://twitter.com/HughStick)

2 . Indicators of clinically extremely vulnerable people following shielding guidance

At the time of the survey (18 to 30 January), 2.2 million people were identified as being clinically extremely vulnerable (CEV) to severe impact from the coronavirus (COVID-19) in England. From 16 February, an additional 1.5 million people in England were identified as CEV through the COVID-19 population risk assessment, taking the total number of CEV people in England to 3.8 million. In previous national lockdowns, these people were advised to shield from others to protect themselves from the virus. The guidance for CEV people to shield was reintroduced on 6 January 2021. These data were collected from 18 to 30 January 2021, not long after the guidance was introduced. More information on identifying this group of people, [shielding guidance](#) and collecting the data can be found in [Glossary](#) and [Measuring the data](#) sections.

The data show that 59% of CEV people, that reported being aware of the guidance, reported completely following shielding guidance (around 1.3 million people).

Almost one-quarter (24%) of CEV people reported not leaving the house in the last seven days, despite guidance advising that CEV people could leave the house to exercise and attend essential medical appointments.

Table 1: Indicators of clinically extremely vulnerable people following shielding advice
England, 18 January to 30 January 2021

Indicators of following guidance	Percentage	Count
Those who report completely following shielding advice ¹	59	1,256,000
Those who report following shielding advice quite closely ¹	36	767,000
Those who report not leaving the house at all in the last seven days	24	523,000
Of those who have left home in the last seven days, those who report leaving the house to socialise	4	67,000
Those who have received no visitors (excluding for personal care) in the last seven days	77	1,689,000

Source: Office for National Statistics – COVID High Risk Group Insights Survey

Notes

1. Only those who were aware of the guidance to shield were asked about their compliance to the guidance.
2. Social visits may be from people in their support bubble. This means that a CEV person could have had visitors and still be completely following guidance. More information on support bubbles can be found in [Glossary](#).
3. From 16 February, an additional 1.5 million people in England were identified as CEV through COVID-19 population risk assessment, taking the total number of CEV people in England to 3.8 million. The sample for this wave of the COVID High Risk Group Insights Study does not reflect the behaviour of these additional clinically extremely vulnerable people.

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 . Reasons for clinically extremely vulnerable people leaving their homes

When asked between 18 and 30 January 2021, 76% of clinically extremely vulnerable (CEV) people reported leaving their home in the last seven days, compared with 90% of the [general population of England](#).

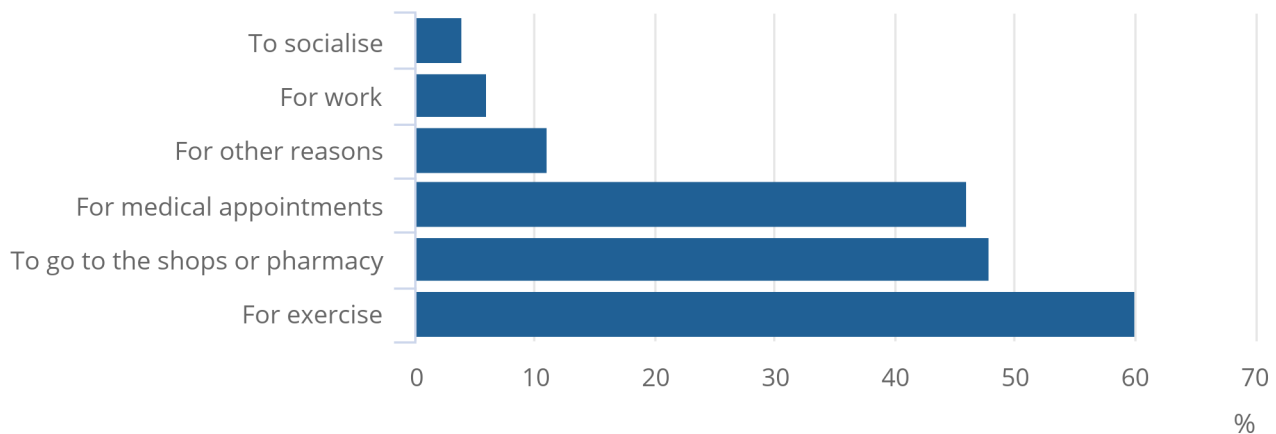
Of CEV people who had left their home in the last seven days, the most common reasons for leaving the house were for exercise (60%), to go to the shops or pharmacy (48%) or to attend medical appointments (46%). Of CEV people who had left home in the last seven days, a small number (4%) reported they had gone out to socialise. The guidance to CEV individuals states that they can still meet with their support bubble. More information on support bubbles can be found in [Glossary](#).

Figure 1: Almost half (48%) of clinically extremely vulnerable people who had left their home went to the shops or pharmacy despite being strongly advised not to

Reasons mentioned for leaving home by clinically extremely vulnerable people who had left home in the last seven days, England, 18 January to 30 January 2021

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Source: Office for National Statistics - COVID High Risk Group Insights Survey

Notes:

1. Respondents were able to choose multiple reasons for leaving their home, so percentages may not sum to 100.

Of CEV people who had left home in the last seven days, approximately 54% were currently leaving home less than in December 2020, when national restrictions were not in place. A further 42% were leaving home the same amount compared with December 2020.

Almost a third (31%) of CEV people live alone, whilst 69% live with other people. Of those who live with others, 88% reported that in the last seven days, at least one person they live with had left the house. The most common reasons for others leaving the home were for essential shopping (62%), for exercise (47%) and for work (35%).

4 . Clinically extremely vulnerable and the coronavirus (COVID-19) vaccination

At the time of asking (between 18 and 30 January 2021), clinically extremely vulnerable (CEV) people had begun to receive or be offered the coronavirus (COVID-19) vaccine. For more information on the COVID-19 vaccine please see [Glossary](#).

Overall, 35% of the CEV population reported having had one or two COVID-19 vaccine doses, when asked between 18 and 30 January 2021. CEV people aged 75 years and over were more likely to have received one or two COVID-19 vaccine doses (71%) compared with other age groups (17% of those under 75 years). This is expected, because those aged 75 years and over are in the top priority groups for receiving the COVID-19 vaccine.

Of the CEV people who had not yet received a COVID-19 vaccination, 91% reported they were very likely or fairly likely to accept the vaccine if it were offered to them, or already had a confirmed appointment for the vaccine. A further 4% were either fairly unlikely or very unlikely to accept the COVID-19 vaccine and 5% were unsure or did not specify whether they would accept the vaccine. The likelihood of accepting a COVID-19 vaccine if offered was similar between the CEV population who had not been vaccinated and [the general population of England](#) (88%).

More CEV people who had received at least one dose of the COVID-19 vaccine had received visitors in the last seven days, not related to personal care, who do not usually live with them (28%) compared with those who had not received the COVID-19 vaccination (20%).

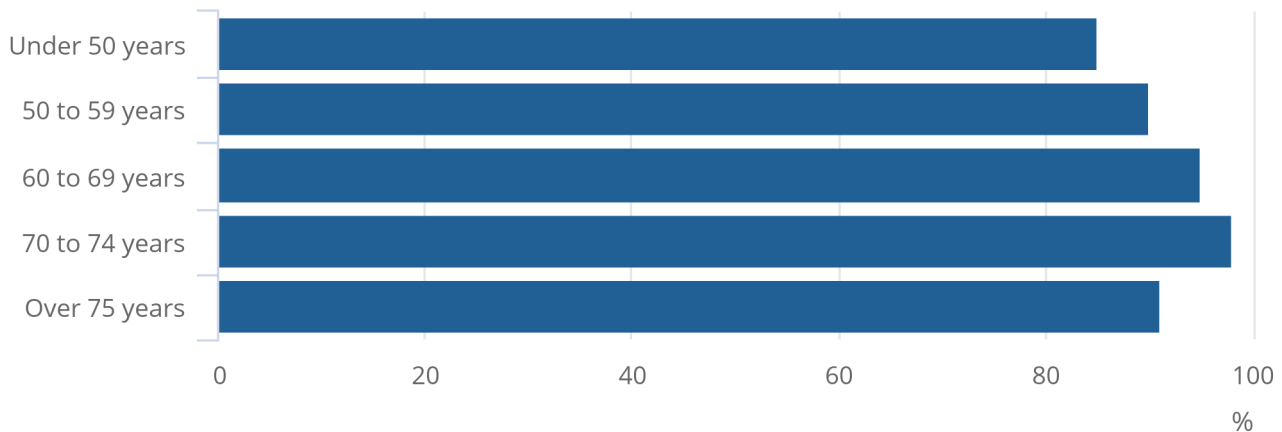
Of those who received one or two COVID-19 vaccine doses and had received visitors not relating to personal care in the last seven days, almost half (48%) reported they had received social visits from friends, family or neighbours. This compares with one-third (33%) of CEV people who had not received the COVID-19 vaccine and who had received visitors for reasons not relating to personal care in the last seven days, who received visitors for social reasons from friends, family or neighbours. Social visits may be from people in their support bubble; this means that a CEV person could have had visitors and still be completely following shielding guidance. More information on support bubbles can be found in [Glossary](#).

Figure 2: Of the clinically extremely vulnerable people who had not yet received a dose of the vaccine, those aged under 50 years were less likely to accept the vaccine if offered

Percentage who reported they were likely to accept the offer of a coronavirus (COVID-19) vaccination by age group, England, 18 January to 30 January 2021

Figure 2: Of the clinically extremely vulnerable people who had not yet received a dose of the vaccine, those aged under 50 years were less likely to accept the vaccine if offered

Percentage who reported they were likely to accept the offer of a coronavirus (COVID-19) vaccination by age group, England, 18 January to 30 January 2021



Source: Office for National Statistics – COVID High Risk Group Insights Survey

Notes:

1. Those who were likely to receive the coronavirus (COVID-19) vaccine includes those who reported they were very likely or fairly likely to accept the vaccine if offered, as well as those who have confirmed an appointment to receive the vaccine.

5 . Shielding of clinically extremely vulnerable people data

[Coronavirus and clinically extremely vulnerable people in England](#)

Dataset | Released 29 March 2021

Data on clinically extremely vulnerable (CEV) people in England during the coronavirus (COVID-19) pandemic from the COVID High Risk Group Insights Study. Includes information on their behaviours and well-being since receiving shielding guidance.

6 . Glossary

Clinically extremely vulnerable

People who are identified as clinically extremely vulnerable (CEV) are at very high risk of severe illness from coronavirus (COVID-19). CEV individuals are identified either because of a pre-existing condition or based on the clinical judgement of their clinician or GP that they are at higher risk of serious illness if they catch coronavirus (COVID-19). More information can be found in [Guidance on shielding and protecting people who are CEV from COVID-19](#). The NHS identified approximately 2.2 million people as being CEV. From 16 February, an additional 1.5 million people in England were identified as CEV through COVID-19 population risk assessment, taking the total number of CEV people in England to 3.8 million.

Lockdown

From 23 March 2020, the UK was placed under lockdown measures, with schools shut, non-essential shops closed, and the population asked to work from home where possible and to only leave their houses for exercise and essentials. These measures began to be eased from mid-May 2020. Clinically extremely vulnerable (CEV) people were advised to shield from the start of this lockdown and this advice ended on 31 July 2020.

Between 1 August 2020 and 4 January 2021, CEV people did not receive any specific guidance that differed from the general population.

From 5 January 2021, the UK government announced a further national lockdown for [England](#) and on 6 January 2021 guidance was reissued to CEV people, advising them to shield.

Shielding

Shielding is a voluntary action in which the individual stays in their home or garden as much as possible, except for leaving their household to attend essential medical appointments or for exercise. Further shielding guidance includes:

- clinically extremely vulnerable (CEV) people can meet one person outdoors from another household for exercise
- try to stay two metres away from others within their household, especially if they display symptoms of the virus or have been advised to self-isolate
- CEV people can still meet with their support bubble
- the CEV person should try to access services to minimise their need to leave their home, such as food and prescription delivery services

The full guidance can be viewed in [Guidance on shielding and protecting people who are CEV from COVID-19](#).

Support bubbles

A support bubble is a group of two households that join together and can then act as one household. People need to meet certain eligibility criteria to form a support bubble. Individuals that are eligible to form a support bubble include those who live alone (even if carers visit to provide support) and those who are the only adult in their household who does not need continuous care as a result of a disability. The full guidance can be viewed in [Making a support bubble with another household](#).

Vaccination for COVID-19

Vaccinations against coronavirus (COVID-19) were initially prioritised for the people most at risk to COVID-19, including healthcare workers, those in certain age groups and those who are clinically extremely vulnerable. The vaccine is given as an injection and requires two doses; the second dose is given between 3 and 12 weeks after the initial injection. At the time of this survey, the approved vaccines in the UK were Pfizer/BioNTech, AstraZeneca (also known as the Oxford vaccine) and Moderna vaccine. For more information on vaccines see [Coronavirus \(COVID-19\) vaccine](#).

It is possible to have taken part in clinical trials for the development of COVID-19 vaccines. In some trials, participants may have received more than two doses of the vaccine. We do not ask whether a respondent received their vaccine as part of a clinical trial.

7 . Measuring the data

Survey information

The COVID High Risk Group Insights Survey was compiled rapidly in response to policy questions on whether the population who had been advised to shield were following shielding guidance and other information. It was produced, run and analysed in a collaboration between the Department for Health and Social Care (DHSC), NHS Digital (NHS-D) and the Office for National Statistics (ONS).

This survey was specifically designed to obtain information on the people advised by the government to shield from the coronavirus (COVID-19). As with all surveys, the estimates included in this bulletin have an associated margin of error. The ONS experts were consulted on questionnaire design. The survey respondents were selected using implicit stratification from a list of those identified as clinically extremely vulnerable (CEV) and were contacted by telephone.

This is the first bulletin in this series, with the survey in its current format and using the current data collection methodology.

Estimates for Wave 1

The first wave of data was collected between 18 January and 30 January 2021. The sample size was 2,979 out of 2.2 million CEV people (as of 7 January 2021) and survey weighting was used to weight the sample estimates to provide estimates for the population of CEV people. The estimates were weighted, adjusting for:

- sex
- age group

All answers are self-reported. Family members or carers may respond on behalf of those they care for where appropriate, for example, those unable to answer themselves.

Identifying the clinically extremely vulnerable

At the start of the coronavirus pandemic, some members of the public were identified as being at high risk of severe illness from coronavirus (COVID-19). This list has been updated continually, but the number identified as CEV remained stable at 2.2 million people until February 2021, when a further 1.5 million people were identified as CEV. CEV individuals are identified either because of a pre-existing condition or based on the clinical judgement of their clinician or GP that they are at higher risk of serious illness if they catch coronavirus (COVID-19). More information can be found in [Guidance on shielding and protecting people who are CEV from COVID-19](#).

Those identified as being CEV were sent a letter and initially advised to shield until at least the end of June 2020; this was then extended to 31 July 2020. Between 1 August 2020 and 4 January 2021, CEV people did not receive any specific guidance that differed from the general population. Shielding was reintroduced on 6 January following a third national lockdown announcement. The [following guidance](#) (PDF, 186KB) was also received, stating that shielding is a voluntary action:

"Whilst you are strongly advised to follow these extra precautionary shielding measures to help keep yourself safe, this remains advice, not the law. You must, however, follow the lockdown rules that apply to everyone."

Differences between shielding and other stay at home guidance

Shielding differs from guidance for self-isolation (self-quarantine because either a person or someone in their household displays symptoms or receives a positive coronavirus (COVID-19) test result) and guidance for social distancing (measures everyone should be taking to avoid social interaction with other households). Shielding encourages the individual to stay in their house or garden with no visitors (except a nurse or support or care worker or, if they are eligible, their support bubble). More information is available in [Glossary](#).

8 . Strengths and limitations

The main strengths of the COVID High Risk Group Insights Survey include:

- it allows for timely production of data and statistics that can respond quickly to changing needs, as the questions included are reviewed for each wave
- robust methods are adopted for the survey's sampling and weighting strategies to limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of the COVID High Risk Group Insights Survey include:

- the survey asks whether the respondent received a letter or text advising them to shield; if the respondent did not receive a letter or text, they are asked exactly the same questions as those who did despite not knowing they were advised to shield
- in the case of those who are unable to answer the survey themselves, other people (for example, family member or carer) can answer on their behalf; in this wave of the survey, those responding on behalf of the clinically extremely vulnerable (CEV) person were not asked about well-being and attitudes
- as with all surveys these estimates have an associated margin of error, as they are based on a sample of CEV people, which is weighted to be representative of the whole CEV population

9 . Related links

[Coronavirus \(COVID-19\) latest data and analysis](#)

Webpage | Updated as and when data become available

Latest data and analysis on the coronavirus (COVID-19) in the UK and its effect on the economy and society.

[Coronavirus \(COVID-19\) roundup](#)

Blog | 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 and shielding of clinically extremely vulnerable people in England](#)

Bulletin | Released 5 August 2020

Analysis of clinically extremely vulnerable people (the shielding population) in England during the coronavirus (COVID-19) pandemic, including their behaviours and mental and physical well-being.

[Coronavirus and the social impacts on Great Britain](#)

Bulletin | Weekly

Indicators from the Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus pandemic on people, households and communities in Great Britain.

[Coronavirus and the social impacts on disabled people in Great Britain](#)

Article | Released 11 November 2020

Indicators from the Opinions and Lifestyle Survey on the social impact of the coronavirus (COVID-19) pandemic on disabled people in Great Britain. This release uses two waves of survey results covering 24 September to 4 October 2020 and includes indicators broken down by impairment type. Insights from qualitative research commissioned by the Cabinet Office Disability Unit and conducted by Policy Lab with disabled people help illustrate how the survey indicators can be experienced by disabled people in day-to-day life.