

Statistical bulletin

Coronavirus (COVID-19) Infection Survey, UK: 7 May 2021

Estimates for England, Wales, Northern Ireland and Scotland. This survey is being delivered in partnership with University of Oxford, University of Manchester, Public Health England and Wellcome Trust.

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1 . Main points

- In England, the percentage of people testing positive for the coronavirus (COVID-19) has continued to decrease in the week ending 2 May 2021; we estimate that 46,100 people within the community population in England had COVID-19 (95% credible interval: 36,300 to 56,900), equating to around 1 in 1,180 people.
- In Wales, the percentage of people testing positive has decreased in the most recent two weeks up to 2 May 2021; we estimate that 1,500 people in Wales had COVID-19 (95% credible interval: 400 to 3,400), equating to around 1 in 2,070 people.
- In Northern Ireland, the percentage of people testing positive has remained level in the two weeks up to 2 May 2021; we estimate that 2,400 people in Northern Ireland had COVID-19 (95% credible interval: 900 to 5,000), equating to around 1 in 750 people.
- In Scotland, the percentage of people testing positive has continued to decrease in the week ending 2 May 2021; we estimate that 6,900 people in Scotland had COVID-19 (95% credible interval: 3,600 to 11,600) equating to around 1 in 760 people.

About this bulletin

In this bulletin, we refer to the number of current COVID-19 infections within the community population; community in this instance refers to private residential households and it excludes those in hospitals, care homes and/or other institutional settings. In institutional settings, rates of COVID-19 infection are likely to be different. More information about rates of COVID-19 can be found in our [latest insights](#).

The positivity rate is the percentage of people who have tested positive for COVID-19 at a point in time. We use current COVID-19 infections to mean testing positive for SARS-CoV-2, with or without having symptoms, on a swab taken from the nose and throat. This is different to the incidence rate, which is a measure of only the new polymerase chain reaction (PCR)-positive cases in a given time period.

All analysis was produced with our research partners at the University of Oxford.

Early management information from the Coronavirus (COVID-19) Infection Survey is [made available to government decision-makers to inform their response to COVID-19](#). Occasionally we may publish figures early if it is considered in the public interest. We will ensure that we pre-announce any ad-hoc or early publications as soon as possible. These will include supporting information where possible to aid user understanding. This is consistent with guidance from the Office for Statistics Regulation.

More information on COVID-19 and taking part in our survey

- For more information, please visit the [CIS participant guidance](#) page.
- If you have any further questions, please email the CIS operations team: COVID-19@ons.gov.uk.
- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- [Explore the latest coronavirus data](#) from the ONS and other sources.
- ONS analysis, summarised in our [coronavirus roundup](#).
- View all [coronavirus data](#).
- Find out how we are [working safely in our studies and surveys](#).

How the data in this bulletin can be used

The data can be used for:

- estimating the number of current positive cases in the community, including cases where people do not report having any symptoms
- identifying differences in numbers of positive cases between different regions
- estimating the number of new cases and change over time in positive cases

The data cannot be used for:

- measuring the number of cases and infections in care homes, hospitals and/or other institutional settings
- providing information about recovery time of those infected

2 . Number of people who had COVID-19 in England, Wales, Northern Ireland and Scotland

In the week ending 2 May 2021, the number of people testing positive in England and Scotland decreased. In the most recent two weeks up to 2 May 2021, the number of people testing positive in Wales decreased and the trend appeared level in Northern Ireland.

These estimates are based on statistical modelling of the trend in rates of positive nose and throat swab results. The ratios presented are rounded to the nearest 10. Because of lower positivity rates caution should be taken in over-interpreting any small movements in the latest trends.

Table 1: Official reported estimates of percentage testing positive, UK countries
Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs, week ending 2 May 2021, UK

Country	Estimated average % of the population that had COVID-19	95% Credible Interval		Estimate of the number of people testing positive for COVID-19	95% Credible Interval		Estimated average ratio of the population that had COVID-19	95% Credible Interval	
		Lower	Upper		Lower	Upper		Lower	Upper
England	0.08%	0.07%	0.10%	46,100	36,300	56,900	1 in 1,180	1 in 1,500	1 in 960
Wales	0.05%	0.01%	0.11%	1,500	400	3,400	1 in 2,070	1 in 7,540	1 in 890
Northern Ireland	0.13%	0.05%	0.27%	2,400	900	5,000	1 in 750	1 in 2,160	1 in 370
Scotland	0.13%	0.07%	0.22%	6,900	3,600	11,600	1 in 760	1 in 1,480	1 in 450

Source: Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

Notes

1. All estimates are subject to uncertainty, given that a sample is only part of the wider population. The model used to provide these estimates is a Bayesian model: these provide 95% credible intervals. A credible interval gives an indication of the uncertainty of an estimate from data analysis. 95% credible intervals are calculated so that there is a 95% probability of the true value lying in the interval.
2. Please note, these ratios do not represent a person's risk of becoming infected, since risk of infection depends on a number of factors such as contact with others or whether a person has been vaccinated.

Because of the relatively small number of tests and a low number of positives in Wales and Northern Ireland in our sample, credible intervals are wide and therefore results should be interpreted with caution. These wide credible intervals mean that differences between the central estimates within and between nations may appear smaller or more exaggerated than they really are.

Figure 1: The percentage of people testing positive decreased in England, Wales and Scotland and appeared level for Northern Ireland in the weeks up to 2 May 2021

Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs from 3 May 2020

Notes:

1. All estimates are subject to uncertainty, given that a sample is only part of the wider population. The model used to provide these estimates is a Bayesian model: these provide 95% credible intervals. A credible interval gives an indication of the uncertainty of an estimate from data analysis. 95% credible intervals are calculated so that there is a 95% probability of the true value lying in the interval.
2. Official reported estimates are plotted at a reference point believed to be most representative of the given week.
3. The official estimate presents the best estimate at that point in time. Modelled estimates are used to calculate the official reported estimate. The model smooths the series to understand the trend and is revised each week to incorporate new test results, providing the best indication of trend over time.
4. Survey fieldwork for the pilot study began in England on 26 April 2020. In Wales, fieldwork began on 29 June 2020, in Northern Ireland fieldwork began on 26 July 2020 and in Scotland fieldwork began on 21 September 2020.

[Download the data](#)

About our estimates

Our headline estimates of the percentage of people testing positive in England, Wales, Northern Ireland and Scotland are the latest official estimates. We include different measures to support our estimation and this section outlines the appropriate uses of all the approaches.

Official estimates should be used to understand the positivity rate for a single point in time. This is based on the modelled estimate for the latest week and is our best and most stable estimate, used in all previous outputs. The modelled estimate is more suited to understand the recent trend. This is because the model is regularly updated to include new test results and smooths the trend over time. These modelled estimates can be found in the accompanying datasets.

The estimates for non-overlapping 14-day periods (which underpin our modelled official estimates) and the unweighted sample counts are included in the accompanying datasets. These estimates are produced using a different method of weighting to the model and are available for people who wish to compare infection levels over time in this way. Information about how the modelled and 14-day non-overlapping estimates are calculated can be found in our [methods article](#).

All estimates presented in this bulletin are provisional results. As swabs are not necessarily analysed in date order by the laboratory, we have not yet received test results for all swabs taken on the dates included in this analysis. Estimates may therefore be revised as more test results are included.

Notes for: Number of people in the UK who had COVID-19

1. This is based on model estimates from the reference point of the most recent week (26 April 2021 to 2 May 2021), Thursday 29 April 2021. More information on reference dates can be found in [Section 11: Measuring the data](#).

3 . Sub-national analysis of the number of people who had COVID-19

Regional analysis for England

The overall national picture for England is a result of the trends across regions. During the week ending 2 May 2021, the highest percentage of people testing positive was observed in Yorkshire and The Humber, although rates were low in all regions and credible intervals are wide.

In the data used to produce these estimates, the number of people sampled in each region who tested positive for the coronavirus (COVID-19) was low relative to England overall. This means there is a higher degree of uncertainty in the regional estimates for this period, as indicated by larger credible intervals.

In the week ending 2 May 2021, the percentage of people testing positive decreased in all regions except in Yorkshire and The Humber, the East of England and London. In the East of England, the trend is uncertain in the week ending 2 May 2021, but the percentage testing positive decreased in the most recent two weeks. The trend is uncertain in Yorkshire and The Humber and London. Caution should be taken in over-interpreting any small movements in the latest trend.

Figure 2: The percentage of people testing positive decreased in all regions except in Yorkshire and The Humber, the East of England and London where the trends are uncertain in the week ending 2 May 2021

Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs, daily, by region since 22 March 2021, England

Notes

1. All results are provisional and subject to revision.
2. The percentage of people testing positive by region was calculated using a similar modelling approach to the national daily estimates in [Section 2: Number of people in England, Wales, Northern Ireland and Scotland who had COVID-19](#).
3. The analysis is conducted over a six-week period, which means specific positive cases move into and then out of the sample. This causes variability between estimates over time, which is expected given the lower number of positive tests within each region, compared with England as a whole.
4. The percentages shown here have been rounded to 1 decimal place and 0.0% does not mean that there have been no positive cases in these regions.

[Download the data](#)

Sub-regional analysis for the UK

When infections are low, it becomes more difficult to break the estimates down into smaller geographic areas. Because of this low positivity, we are not providing sub-regional positivity estimates for the four countries.

4 . Age analysis of the number of people who had COVID-19

Age analysis by category for England

Our age categories separate children and young people by school age:

- "age two years to school Year 6" includes those children in primary school and below
- "school Year 7 to school Year 11" includes those children in secondary school
- "school Year 12 to age 24 years" includes those young adults who may be in further or higher education

This means that 11- to 12-year-olds and 16- to 17-year olds have been split between the youngest age categories depending on whether their birthday is before or after 1 September.

Estimates are based on smaller sample sizes within each age group relative to England overall. There is a higher degree of uncertainty as indicated by larger credible intervals. These can be found in the accompanying [datasets](#).

In the week ending 2 May 2021, the percentage of people testing positive continued to decrease in those aged 2 years to School Year 11. In the two weeks up to 2 May 2021, the percentage of people testing positive decreased for those aged 35 to 69 years, but the trend is uncertain in the most recent week. In the week ending 2 May 2021, the trend is uncertain for all other age groups. However, the percentage testing positive for those aged 70 years and over is very low. Caution should be taken in over-interpreting small movements in the latest trend.

Figure 3: The percentage testing positive in England decreased in people aged two years to school Year 11 in the week ending 2 May 2021

Estimated percentage of the population testing positive for the coronavirus (COVID-19) on nose and throat swabs, daily, by age group since 22 March 2021, England

Notes:

1. All results are provisional and subject to revision.
2. The percentages shown here have been rounded to 1 decimal place and 0.0% does not mean that there have been no positive cases in these agebands.

[Download the data](#)

We are unable to produce the same grouped analysis as presented in Figure 3 for the devolved administrations because of smaller sample sizes within each age group.

Estimates for non-overlapping 14-day periods (which underpin our modelled estimates) by age group are available in our datasets and are provided as an alternative measure over time for context.

5 . Number of new COVID-19 infections in England, Wales, Northern Ireland and Scotland

Estimates of the incidence of polymerase chain reaction (PCR)-positive cases are produced using a method based on our positivity estimate. This gives the rate at which new positives occur, and subsequently become detectable, within the population.

This incidence method uses an estimate of the length of time for which an individual will test positive, based on modelling the time from first positive to first subsequent negative test in the survey. This estimate is used alongside the positivity model to produce an estimate. This method is robust to participants having monthly swabs. For more information on the incidence method, see our [methods article](#).

The reference date used for our official estimates of incidence of PCR-positive cases is 10 days prior to the end of the positivity reference week. This is necessary as estimates later than this date are more likely to change as we receive additional data.

Estimates are included for England, Wales, Northern Ireland and Scotland.

In the week ending 25 April 2021, the number of new PCR-positive COVID-19 cases appeared level in Wales and Northern Ireland, but uncertainty was high. In the week ending 25 April 2021, the trend in the number of new PCR-positive cases was uncertain in England and Scotland.

Table 2: Official reported estimates of incidence, UK countries
Estimated numbers of new PCR-positive COVID-19 cases in the UK, based on nose and throat swabs, week ending 25 April 2021

Country	Incidence rate per 10,000 people per day	95% credible interval		Number of new infections per day	95% credible interval	
		Lower	Upper		Lower	Upper
England	0.54	0.34	0.76	2,900	1,900	4,100
Wales	0.46	0.03	1.22	140	10	370
Northern Ireland	1.03	0.19	2.45	190	30	450
Scotland	0.94	0.22	1.90	500	120	1,000

Source: Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

Notes

1. All results are provisional and subject to revision.
2. Official reported estimates are plotted at a reference point believed to be most representative of the given week. The reference date is 22 April 2021. Estimates following this point are more likely to be revised when additional data are available, and therefore should be treated with caution.
3. The official estimate presents the best estimate at that point in time. Modelled estimates are used to calculate the official reported estimate. The model smooths the series to understand the trend and is revised each week to incorporate new test results, providing the best indication of trend over time.

For estimates of incidence in Wales, Northern Ireland and Scotland, credible intervals are wide because of relatively small sample sizes, and care should be taken in interpreting results. In particular, when prevalence is very low, it may not be possible to produce a reliable estimate. In these instances, we will consider providing the upper bound of the credible interval.

Figure 4 presents the official incidence estimates for England, Wales, Northern Ireland and Scotland for the week ending 25 April 2021. Modelled estimates for the most recent five weeks are also provided for each of the four countries.

Figure 4: The incidence rate is varied across the countries of the UK in the week ending 25 April 2021

Estimated numbers of new PCR-positive COVID-19 cases in the UK, based on nose and throat swabs with modelled estimates from 22 March 2021

Notes:

1. All results are provisional and subject to revision.
2. Official reported estimates are plotted at a reference point believed to be most representative of the given week. The reference date is 22 April 2021. Estimates following this point are more likely to be revised when additional data are available, and therefore should be treated with caution.
3. The official estimate presents the best estimate at that point in time. Modelled estimates are used to calculate the official reported estimate. The model smooths the series to understand the trend and is revised each week to incorporate new test results, providing the best indication of trend over time.
4. For England, indicative estimates are provided between 29 November 2020 and 6 March 2021. For Wales, Northern Ireland and Scotland indicative estimates are provided between 25 October 2020 and 6 March 2021. These indicative estimates were produced using our new positivity-based incidence method, and are presented on the official estimates charts, but were not previously published.

[Download the data](#)

The incidence rate measures the occurrence of new PCR-positive cases of COVID-19, and the calculation of this is defined in [Section 10: Glossary](#). The incidence rate is not the same as the reproduction rate (R), which is the average number of secondary infections produced by one infected person.

Notes for: Number of new COVID-19 infections in England, Wales, Northern Ireland and Scotland

1. This is based on model estimates from the reference point of the most recent week (19 to 25 April 2021), Thursday 22 April 2021. More information on reference dates can be found in [Section 11: Measuring the data](#).

6 . Percentage of those testing positive compatible with the UK and other variants

A new variant of the coronavirus (COVID-19) was identified in the UK in mid-November 2020. The UK variant (B.1.1.7) of COVID-19 has changes in one of the three genes that coronavirus swab tests detect, known as the S-gene. This means in cases compatible with the UK variant, the S-gene is not detected by the current test. Other variants, including B.1.525 (first identified in Nigeria), also have this same pattern of gene positivity. At present these are [rare in the UK](#) so we continue to describe this group as compatible with the UK variant, but we will continue to keep this under review. You can [read more about the UK variant](#) in our blog. The percentage of people testing positive compatible with the UK variant by UK country and regions of England are provided in the accompanying [technical dataset](#).

The trend in the percentage of people testing positive that are compatible with the UK variant was uncertain in England, Wales, Northern Ireland and Scotland in the week ending 2 May 2021.

Each test goes through a number of cycles before a positive result is detectable. If there is a high quantity of the virus present, a positive result will be identified after a low number of cycles. However, if there is only a small amount of the virus present, then it will take more cycles to detect it.

The number of cycles is measured as a "cycle threshold", known as a [Ct value](#). These values are used as a proxy for the quantity of the virus, also known as the viral load. The higher the viral load, the lower the Ct value. These values are helpful for monitoring the strength of the virus and for identifying patterns that could suggest changes in the way the virus is transmitting. The Ct values of COVID-19 positive tests are provided in the [technical dataset](#) that accompanies this bulletin.

Because of the bank holiday, we have been unable to update our genetic lineages data this week.

7 . Test sensitivity and specificity

The estimates provided in Sections 2 to 6 are for the percentage of the private-residential population testing positive for the coronavirus (COVID-19), otherwise known as the positivity rate. We do not report the prevalence rate. To calculate the prevalence rate, we would need an accurate understanding of the swab test's sensitivity (true-positive rate) and specificity (true-negative rate).

While we do not know the true sensitivity and specificity of the test, our data and related studies provide an indication of what these are likely to be. In particular, the data suggest that the false-positive rate is very low - under 0.005%. We do not know the sensitivity of the swab test. However, other studies suggest that sensitivity (the rate of true-positive test results) may be somewhere between 85% and 98%.

You can find more information on sensitivity and specificity in our [methods article](#) and our recent [blog](#). You can find more information on the data suggesting that our test's false-positive rate is very low in a [paper written by academic partners](#) at the University of Oxford.

8 . COVID-19 Infection Survey data

[Coronavirus \(COVID-19\) Infection Survey: England](#)

Dataset | Released 7 May 2021

Findings from the Coronavirus (COVID-19) Infection Survey for England.

[Coronavirus \(COVID-19\) Infection Survey: Northern Ireland](#)

Dataset | Released 7 May 2021

Findings from the Coronavirus (COVID-19) Infection Survey for Northern Ireland.

[Coronavirus \(COVID-19\) Infection Survey: Scotland](#)

Dataset | Released 7 May 2021

Findings from the Coronavirus (COVID-19) Infection Survey for Scotland.

[Coronavirus \(COVID-19\) Infection Survey: Wales](#)

Dataset | Released 7 May 2021

Findings from the Coronavirus (COVID-19) Infection Survey for Wales.

[Coronavirus \(COVID-19\) Infection Survey: technical data](#)

Dataset | Released 7 May 2021

Technical and methodological data from the Coronavirus (COVID-19) Infection Survey, England, Wales, Northern Ireland and Scotland.

9 . Collaboration

The Coronavirus (COVID-19) Infection Survey analysis was produced by the Office for National Statistics (ONS) in collaboration with our research partners at the University of Oxford, the University of Manchester, Public Health England (PHE) and Wellcome Trust. Of particular note are:

- Sarah Walker - University of Oxford, Nuffield Department for Medicine: Professor of Medical Statistics and Epidemiology and Study Chief Investigator
- Koen Pouwels - University of Oxford, Health Economics Research Centre, Nuffield Department of Population Health: Senior Researcher in Biostatistics and Health Economics
- Thomas House - University of Manchester, Department of Mathematics: Reader in Mathematical Statistics

10 . Glossary

Community

In this bulletin, we refer to the number of coronavirus (COVID-19) infections within the community. Community in this instance refers to private households, and it excludes those in hospitals, care homes and/or other institutional settings.

Confidence interval

A confidence interval gives an indication of the degree of uncertainty of an estimate, showing the precision of a sample estimate. The 95% confidence intervals are calculated so that if we repeated the study many times, 95% of the time the true unknown value would lie between the lower and upper confidence limits. A wider interval indicates more uncertainty in the estimate. Overlapping confidence intervals indicate that there may not be a true difference between two estimates. For more information, see our [methodology page on statistical uncertainty](#).

Credible interval

A credible interval gives an indication of the uncertainty of an estimate from data analysis. 95% credible intervals are calculated so that there is a 95% probability of the true value lying in the interval.

False-positives and false-negatives

A false-positive result occurs when the tests suggest a person has COVID-19 when in fact they do not. By contrast, a false-negative result occurs when the tests suggest a person does not have COVID-19 when in fact they do. For more information on false-positives and false-negatives, see our [methods article](#) and our recent [blog](#).

Incidence rate

The estimates of incidence of polymerase chain reaction (PCR)-positive cases use a new method based on our positivity estimate. This gives the rate at which new positives occur, and subsequently become detectable, within the population. The new incidence method uses an estimate of the length of time for which an individual will test positive, based on modelling the time from first positive to first subsequent negative test in the survey. This estimate is used alongside the positivity model to produce an incidence estimate. For more information on this method of incidence please see our [methods article](#).

11 . Measuring the data

Reference dates

We aim to provide the estimates of positivity rate (the percentage of those who test positive) and incidence that are most timely and most representative of each week. We decide the most recent week we can report on based on the availability of test results for visits that have already happened, accounting for the fact that swabs have to be couriered to the labs, tested and results returned. On most occasions, the reference data align perfectly, but sometimes this is not feasible. This week, the reference week is 26 April 2021 to 2 May 2021.

Within the most recent week, we provide an official estimate for positivity rate based on a reference point from the modelled trends. For positivity rates, we can include all swab test results, even from the most recent visits. Therefore, although we are still expecting further swab test results from the labs, there was sufficient data for the official estimate for infection to be based on a reference point after the start of the reference week. To improve stability in our modelling while maintaining relative timeliness of our estimates, we are reporting our official estimates based on the midpoint of the reference week. This week, the reference day for positivity rates is Thursday 29 April 2021.

The reference date used for our official estimates of incidence of polymerase chain reaction (PCR)-positive cases is 10 days prior to the end of the positivity reference week. This is necessary as estimates later than this date are more likely to change as we receive additional data. This week, the reference week for incidence is 19 to 25 April 2021 and the reference day is Thursday 22 April 2021.

Response rates

Response rates for Wales, Northern Ireland and Scotland cannot be regarded as final response rates to the survey since those who are invited are not given a time limit in which to respond; and different modes of sampling are not comparable.

Response rates for each nation are found in the accompanying technical dataset. We provide response rates separately for the different sampling phases of the study. Additional information on response rates can be found in our [methods article](#).

Other Coronavirus Infection Survey (CIS) analysis and studies

This study is one of a number of studies that look to provide information around the coronavirus pandemic within the UK. For information on other studies see section [11:Measuring the data](#) in our previous bulletin.

12 . Strengths and limitations

These statistics have been produced quickly in response to developing world events. The [Office for Statistics Regulation](#), on behalf of the UK Statistics Authority, has [reviewed them](#) against several important aspects of the [Code of Practice for Statistics](#) and regards them as consistent with the Code's pillars of [trustworthiness](#), [quality](#) and [value](#).

The estimates presented in this bulletin contain [uncertainty](#). There are many sources of uncertainty, including uncertainty in the test, in the estimates and in the quality of data collected in the questionnaire. Information on the main sources of uncertainty are presented in [our methodology article](#) and our recent [blog](#).

13 . Related links

[Coronavirus \(COVID-19\) Infection Survey: characteristics of people testing positive for COVID-19 in countries of the UK](#)

Article | Updated fortnightly

The characteristics of people testing positive for the coronavirus (COVID-19) from the COVID-19 Infection Survey. This survey is being delivered in partnership with the University of Oxford, the University of Manchester, Public Health England and Wellcome Trust.

[Coronavirus \(COVID-19\) Infection Survey: antibody and vaccination data for the UK](#)

Article | Updated fortnightly

Antibody and vaccination data by UK country and English regions from the Coronavirus (COVID-19) Infection Survey. This survey is being delivered in partnership with University of Oxford, University of Manchester, Public Health England and Wellcome Trust.

[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.

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

Web page | Updated as and when data become available

Latest data and analysis on the coronavirus pandemic in the UK and its effect on the economy and society.

[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.

[Deaths registered weekly in England and Wales, provisional](#)

Bulletin | Updated weekly

Provisional counts of the number of deaths registered in England and Wales, including deaths involving COVID-19, by age, sex and region, in the latest weeks for which data are available.

[COVID-19 Infection Survey](#)

Article | Updated regularly

Whether you have been invited to take part, or are just curious, find out more about our COVID-19 Infection Survey and what is involved.

[Coronavirus and higher education students: England](#)

Bulletin | Released 7 April 2021

Experimental Statistics from a pilot of the Student COVID-19 Insights Survey in England. Includes information on the behaviours, plans, opinions and well-being of higher education students in the context of guidance on the coronavirus (COVID-19) pandemic.

[The prevalence of long COVID symptoms and COVID-19 complications](#)

Article | Released 1 April 2021

Estimates of the prevalence of self-reported "long COVID", and the duration of ongoing symptoms following confirmed coronavirus infection, using UK Coronavirus (COVID-19) Infection Survey data to 6 March 2021.

[COVID-19 Infection Survey: methods and further information](#)

Methodology article | Updated 26 March 2021

Information on the methods used to collect the data, process it, and calculate the statistics produced from the Coronavirus (COVID-19) Infection Survey.