

Statistical bulletin

Coronavirus and clinically extremely vulnerable (CEV) people in England: 4 April to 23 April 2022

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

Contact:
Hannah Mason and Danielle
Cornish
publicservicesanalysis@ons.gov.
uk
+44 1633 456979

Release date:
13 May 2022

Next release:
To be announced

Table of contents

1. [Main points](#)
2. [Attitudes and opinions of clinically extremely vulnerable \(CEV\) people](#)
3. [Well-being of clinically extremely vulnerable \(CEV\) people](#)
4. [Clinically extremely vulnerable people data](#)
5. [Glossary](#)
6. [Measuring the data](#)
7. [Strengths and limitations](#)
8. [Related links](#)

1 . Main points

- Most people previously considered to be clinically extremely vulnerable (CEV) to coronavirus (COVID-19) were continuing to take precautions to protect themselves; 13% reported continuing to follow previous shielding advice and 69% were no longer shielding but were taking extra precautions.
- The majority (78%) of people previously considered CEV (referred to in this bulletin as “CEV people”) felt that it should be the law for those who test positive to self-isolate, and 59% felt that it should be the law to wear face masks in public spaces.
- The percentage of CEV people who were very or somewhat worried about the effect coronavirus is having on their life right now was statistically significantly higher (46%) than the general adult population of England (34%).
- More than half (59%) of respondents reported that the coronavirus pandemic had a negative effect on them, while 11% reported a positive effect, and 30% reported no effect.
- A statistically significantly higher proportion of CEV people reported feeling lonely often or always, compared with the general adult population of England (10% and 6%, respectively).

The statistics presented are [Experimental Statistics](#), so care needs to be taken when interpreting them. It is worth noting this survey has a relatively small sample of 1,036 people and differs from previous surveys because it only contained respondents who agreed to be contacted for further research.

Statistician's Comment

Tim Gibbs, Head of the Public Services Analysis Team, said:

“The majority of those previously identified as clinically extremely vulnerable (CEV) to coronavirus (COVID-19) continue to take extra precautions, despite shielding guidance ending last year. For those who were at greater risk, it is perhaps no surprise that many of them feel that COVID-19 has negatively impacted them. I want to thank all of our respondents for their contributions.”

2 . Attitudes and opinions of clinically extremely vulnerable (CEV) people

From September 2021, people previously identified as clinically extremely vulnerable (referred to in this bulletin as “CEV people”) were no longer advised to shield, and the shielding programme ended. For more information on identifying CEV people and collecting the data, see the [Glossary](#) and [Measuring the data](#) sections. Despite the ending of the shielding programme, in October 2021, approximately one in five (22%) reported they were continuing to follow the previous shielding guidance, as shown in [the previous version of this bulletin](#). In April 2022, around one in eight (13%) CEV people were continuing to follow the previous shielding guidance.

4 in 10 (40%) CEV people felt the current government advice was insufficient to keep those who were previously considered clinically extremely vulnerable safe. Around a third (35%) felt that the advice was sufficient to keep CEV people safe, while a quarter (25%) either responded neutrally or were unsure (15% neither sufficient nor insufficient; 10% do not know).

Table 1: Opinions of people previously considered to be clinically extremely vulnerable
England, 4 to 23 April 2022

Percentage who agreed with the following statements Of all respondents:	Total
It should be the law to self-isolate for those who test positive	78
It should be the law to wear face masks in public spaces	59
Those who have symptoms should continue to test	95
Reducing the recommended self-isolation period from 10 to 5 days was the correct decision	46
The removal of mandatory testing for international arrivals increases the risk of new variants entering the UK	87

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

Of respondents who had received at least one dose of the vaccine, 62% thought it would give them major protection. This was significantly higher than those who felt it would give them minor protection (23%) and no protection (2%). Please note the latter percentage should be interpreted with caution because of smaller sample sizes. The proportion of respondents who felt the coronavirus vaccine would give them major protection was lower in those who had received three doses (61%) than those who had received four doses (70%), but this was not [statistically significant](#).

3 . Well-being of clinically extremely vulnerable (CEV) people

A statistically significantly higher proportion of people previously considered clinically extremely vulnerable (CEV) reported feeling lonely often or always (10%) compared with the general adult population of England (6%). This is similar to findings from [the previous version of this release from October 2021](#). For more information, please see our [Coronavirus and the social impacts on Great Britain: 1 April 2022 bulletin](#).

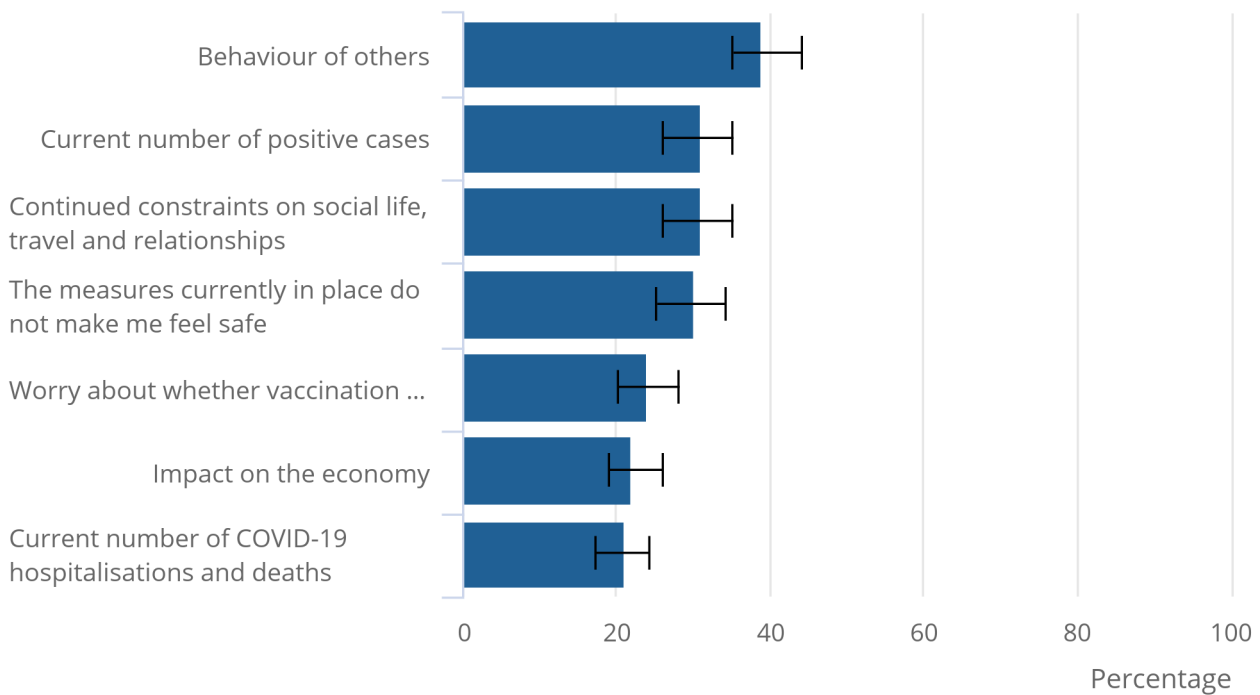
The percentage of CEV people who were very or somewhat worried about the effect coronavirus (COVID-19) is having on their life right now was statistically significantly higher (46%) than the general adult population of England (34%).

Figure 1: The behaviour of others was the most common reason for being worried about the effect the coronavirus pandemic was having on respondents' lives

Of respondents who were very or somewhat worried about the effect of the coronavirus pandemic on their lives right now, reasons for being worried, England, 4 to 23 April 2022

Figure 1: The behaviour of others was the most common reason for being worried about the effect the coronavirus pandemic was having on respondents' lives

Of respondents who were very or somewhat worried about the effect of the coronavirus pandemic on their lives right now, reasons for being worried, England, 4 to 23 April 2022



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

Notes:

1. The error bars show 95% confidence intervals highlighting the degree of uncertainty around an estimate. Non-overlapping confidence intervals suggest a statistically significant difference between groups.
2. Respondents could select multiple options so totals will not sum to 100%.
3. Not all response options are shown and 37% of respondents who were very or somewhat worried responded "other". Please see table 4.5 of the Accompanying dataset for more information.

Just under half (44%) of respondents reported that they were very or somewhat worried about the long-term effect the coronavirus pandemic might have on their physical health, whereas 33% of respondents were very or somewhat worried about the long-term effect on their mental health.

When asked whether shielding had any effect on their well-being and mental health, almost half (46%) of respondents reported that shielding affected their well-being and mental health, with 37% reporting a negative impact. Nearly three-quarters (70%) of respondents reported that the coronavirus pandemic affected them overall, with a statistically significantly higher proportion (59%) reporting a negative effect than a positive effect (11%).

4 . Clinically extremely vulnerable people data

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

Dataset | Released 13 May 2022

Analysis of people previously considered to be clinically extremely vulnerable (CEV) in England during the coronavirus pandemic from the COVID High Risk Group Insights Recontacts Study. Includes information on their behaviours and well-being.

5 . Glossary

Clinically extremely vulnerable (CEV)

People who were previously identified as clinically extremely vulnerable (CEV) were considered to be at very high risk of severe illness from coronavirus (COVID-19). Up to 16 February 2021, CEV people were identified either because of a pre-existing condition or based on the clinical judgement of their clinician or GP.

From 16 February 2021, individuals were still identified as CEV by these routes, but also by the COVID-19 population risk assessment. The NHS identified approximately 2.2 million people as being CEV by clinical condition or clinician's review. A further 1.5 million people were advised to shield through the COVID-19 population risk assessment.

From 15 September 2021, the shielding programme ended in England. People who were previously considered CEV were advised they should follow the national guidance on staying safe and preventing the spread of COVID-19. They were also advised to consider advice from a health professional on whether additional precautions should be taken.

More information can be found in the [NHS' Coronavirus Shielded Patient List Summary Totals](#) and [the government's Guidance for people previously considered clinically extremely vulnerable from COVID-19](#).

Shielding

From 1 April 2021, the advice to shield paused and from 15 September 2021 the shielding programme ended. Shielding was a voluntary action in which the individual stayed in their home or garden as much as possible, except for leaving their household to attend essential medical appointments or for exercise. Guidance during the most recent period of shielding (January to March 2021) advised that CEV people:

- could meet one person outdoors from another household for exercise
- should try to stay two metres away from others within their household, especially if they show symptoms of COVID-19 or had been advised to self-isolate
- could still meet with their support bubble
- should try to access services to minimise the need to leave their home, such as food and prescription delivery services

6 . Measuring the data

Survey information

This is the first bulletin with the survey in its current format and using the current data collection methodology. It is not directly comparable with [previous versions of this release](#), which used the COVID High Risk Group Insights Survey Waves 1 to 7. This survey was conducted on individuals who had previously taken part in the survey and were willing to be recontacted for further research. This is the last planned collection and publication of data on individuals previously considered to be clinically extremely vulnerable (CEV).

For more information on how these individuals were initially sampled, please see our [Coronavirus and clinically extremely vulnerable people in England methodology](#).

Estimates for this release

The data for this release were collected between 4 and 23 April 2022. The sample size was 1,036 individuals previously considered to be clinically extremely vulnerable (CEV) and who had previously agreed to be recontacted for further research.

Survey weighting was used to weight the sample estimates to provide estimates for the total population of CEV people. Percentages in this release are based on weighted counts that are representative of a population of 3,653,342 CEV people whose age and sex was known in England (as of 5 October 2021). They are weighted to address age and sex bias in responses.

7 . Strengths and limitations

Information on the strengths and limitations of this bulletin are available in our [Coronavirus and clinically extremely vulnerable people in England methodology](#).

8 . Related links

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

Methodology article | Updated 21 May 2021

Latest quality and methodology information on data from the COVID High Risk Group Insights Survey and its use to analyse the behaviours and well-being of clinically extremely vulnerable people.

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

Webpage | Updated as and when data become available

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

[Coronavirus \(COVID-19\) latest insights](#)

Interactive tool | Updated as and when data become available

A live roundup of the latest data and trends about the coronavirus (COVID-19) pandemic from the ONS and other sources.

[Coronavirus and clinically extremely vulnerable people in England: 11 October to 16 October 2021](#)

Bulletin | Released 2 November 2021

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

[Coronavirus and shielding of clinically extremely vulnerable people in England: 9 to 16 July 2020](#)

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 \(COVID-19\) harmonisation guidance](#)

Webpage | Updated frequently

This page provides harmonisation guidance on how best to collect data about the impact of the coronavirus (COVID-19) pandemic. Users can also find a bank of questions from multiple Office for National Statistics (ONS) surveys related to COVID-19. These can be used in other surveys to further support harmonisation and questionnaire development. This bank also provides users with an understanding of what data the ONS has in relation to the coronavirus pandemic.