

Statistical bulletin

# Coronavirus and treatment for people at highest risk in England: 11 to 25 May 2022

Analysis of people who are potentially suitable for antibody and antiviral out-of-hospital treatments for coronavirus (COVID-19). Includes analysis of their behaviours, opinions and well-being in relation to the COVID-19 pandemic. Data covering attitudes towards treatments and experiences of those who have been offered treatments are also presented.

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# 1 . Main points

- The majority of respondents who had been advised to shield at some point during the pandemic were currently taking precautions; 13% were continuing to follow the previous shielding guidance and 68% were not shielding but were taking extra precautions.
- Around half (53%) of respondents felt more comfortable (a little or a lot more comfortable) going out to socialise now out-of-hospital treatments are available, while around a third (34%) reported feeling no different.
- Approximately three-quarters (74%) of those who had taken out-of-hospital treatment offered after testing positive felt the treatment had a positive effect in reducing their symptoms, and 63% did not experience any side effects; the majority (94%) would repeat the treatment if they were offered it again.
- Around two-fifths (41%) reported not being aware that they needed to submit the result from a free government-issued lateral flow device to access out-of-hospital treatments.
- A [statistically significantly](#) higher proportion of respondents reported COVID-19 would pose a major risk to their physical health if vaccines were not available (62%), compared with if out-of-hospital treatments were not available (36%).
- Similarly, a statistically significantly higher proportion of respondents felt COVID-19 would pose a major risk to their mental health if vaccines were not available (40%), compared with out-of-hospital treatments (23%).

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 1,085 people.

## 2 . Coronavirus and treatment for people at highest risk data

[Coronavirus and treatment for people at highest risk in England](#)

Dataset | Released 07 July 2022

Analysis of people who are potentially suitable for antibody and antiviral out-of-hospital treatments for coronavirus (COVID-19).

## 3 . Glossary

### People at highest risk from COVID-19

Antibody and antiviral out-of-hospital treatments for coronavirus (COVID-19) were potentially suitable for individuals who have certain medical conditions. The list of people potentially suitable for treatments includes some people who have:

- Down's syndrome
- certain types of cancer or received treatment for certain types of cancer
- sickle cell disease
- certain conditions affecting their blood
- chronic kidney disease (CKD) stage 4 or 5
- severe liver disease
- an organ transplant
- certain autoimmune or inflammatory conditions (such as rheumatoid arthritis or inflammatory bowel disease)
- HIV or AIDS and a weakened immune system
- inherited or acquired conditions affecting their immune system
- rare neurological conditions such as multiple sclerosis, motor neurone disease, Huntington's disease or myasthenia gravis

The term "potentially suitable" is used in this analysis because individuals who test positive for COVID-19 and have the medical conditions listed require a doctor or specialist to confirm if they are eligible for treatment.

COVID-19 treatments can help some people manage their symptoms and reduce the risk of becoming seriously unwell and hospitalised.

For more information see [COVID-19: guidance for people whose immune system means they are at higher risk](#) and [Treatments for coronavirus \(COVID-19\)](#).

## 4 . Measuring the data

### Survey information

This is the first bulletin on people at highest risk and is based on data collected in a one-off survey. There are no further planned collections or publications of data on this topic.

The COVID Treatments and Behaviours Study was compiled in response to policy questions on the behaviours, opinions and well-being of the population who were potentially suitable for antibody and antiviral out-of-hospital treatments for coronavirus (COVID-19). It was produced, ran and analysed in a collaboration between the UK Health Security Agency (UKHSA), Department for Health and Social Care (DHSC), NHS England and the Office for National Statistics. This survey was specifically designed to obtain information on the people who were potentially suitable for treatments for COVID-19.

### Estimates for this release

The data for this release were collected between 11 and 25 May 2022. The sample size was 1,085 individuals who were potentially suitable for antibody and antiviral out-of-hospital treatments for COVID-19.

Survey weighting was used to weight the sample estimates to provide estimates for the total population of people who were potentially suitable for out-of-hospital treatments for COVID-19. Percentages in this release are based on weighted counts that are representative of a population of over 1 million people potentially suitable for out-of-hospital treatments identified by NHS Digital whose age and sex was known in England (as of 3 May 2022). They are weighted to address age and sex bias in responses. Counts are weighted to address age and sex bias in responses.

## 5 . Strengths and limitations

The main strengths of the COVID Treatments and Behaviours Study include:

- the timely production of data and statistics that can respond quickly to changing needs
- the sample was stratified to be representative of the age and sex of the population being sampled and percentages are based on weighted counts representative of the population
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error
- confidence intervals have been used to determine whether differences across time periods and groups are statistically significant.

The main limitations of the COVID Treatments and Behaviours Study include:

- the limited period in which fieldwork took place, which meant it was difficult to reach a large number of people; therefore, the overall sample size for the survey is limited
- as with all surveys, these estimates have an associated margin of error, as they are based on a sample of people potentially suitable for out-of-hospital treatment, which is weighted to be representative of the whole population who are potentially suitable
- the population that has been identified as potentially suitable for treatments has changed over time because of changes in individual circumstances and NHS clinical guidelines. A proportion of respondents will have only recently been identified by NHS Digital as being potentially suitable and may have been contacted for interview before having received communication from the NHS about COVID-19 treatments. This is likely to have affected responses to some questions.

## 6 . 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 \(COVID-19\) 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 \(COVID-19\) 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 to be used in other surveys to further support harmonisation and questionnaire development. This bank also provides users with an understanding of what data ONS has in relation to the coronavirus pandemic.

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

Bulletin | Released 13 May 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.

