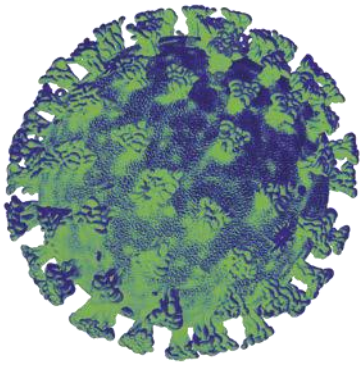
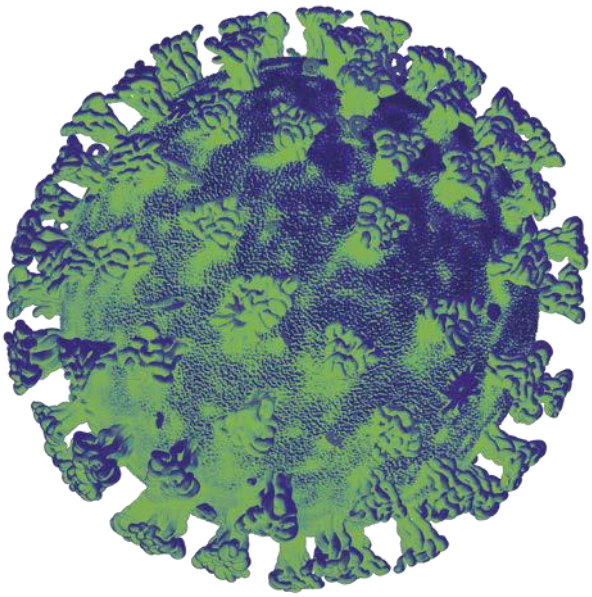
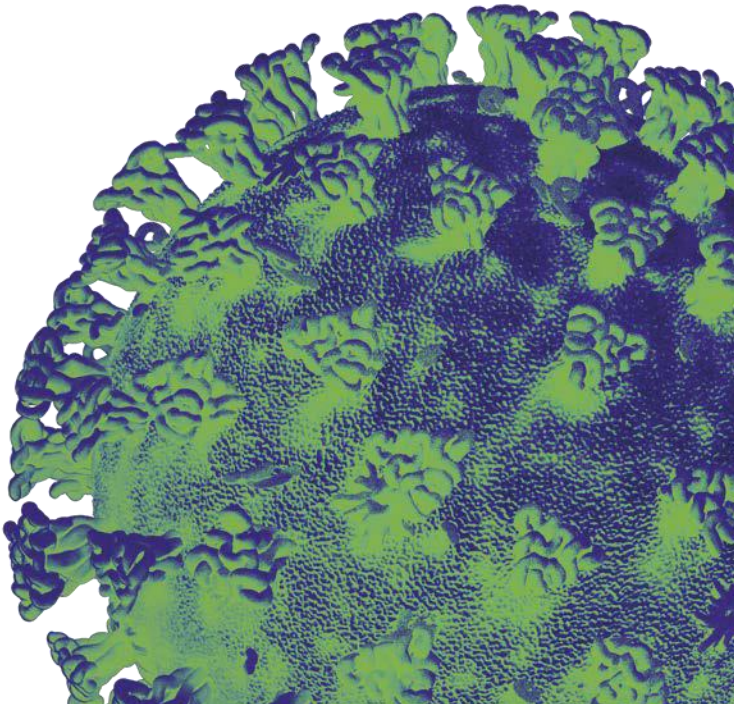
Llywodraeth Cymru
Welsh Government

Advice from the Technical Advisory Cell and Chief Scientific Advisor for Health: 21-Day Review

19 May 2022







This advice has been drafted based on the available evidence at the time of writing and has been assembled to support policy colleagues and Welsh ministers. The purpose of scientific advice is to provide an overview of what we know from scientific and technical investigations, what we can infer indirectly from the evidence base or by a consensus of expert opinion. This is advice, not Welsh Government policy.

Top Line Summary

- The ONS community infection survey estimates that for the week 7 to 13 May 2022, the percentage of the community population that had COVID-19 continued to decrease to 2.66%, equating to approximately 1 person in every 40 or 80,700 people during this time.
- As at 16 May 2022, the number of COVID-19 related patients (confirmed, suspected and recovering) in hospital beds is 807; 77 (9.5%) lower than the same day last week and the lowest since 1 January 2022. Of these, 296 (37%) are confirmed COVID-19 patients a 26% decrease from the previous week. The total number of occupied critical beds has decreased slightly to 160, of which 15 (9%) are COVID-19 related patients .
- 17% of confirmed COVID patients in general and acute hospital beds and 57% of patients in a critical care bed were actively being treated for COVID-19 as at 17 May. In terms of hospital acquired cases, since 27 April the number of definite nosocomial cases have increased by 40% to 33% of all COVID-19 hospital cases, while probable and indeterminate cases are more stable at 9% each.
- NHS staff absence figures up to 9 May show that absence due to self-isolation and COVID-19 sickness has decreased since the beginning of April to 0.52% and 1.08%, respectively.
- Infection (ONS data) to hospital admission ratios suggest the number of infections translating into admissions has started to stabilise and is at the lowest level recorded during the pandemic (around 2 in 1,000). Infection to fatality ratios decreased following the rise of Omicron and are also now starting to level off. These are also at the lowest level ever recorded (approximately 1 in 10,000)
- As at 16 May 2022, the number of weekly COVID-19 deaths in lab confirmed cases reported by PHW has reduced to 7. Lagged ONS death reporting for the week ending 15 April suggests the weekly number of deaths in Wales is 13.5% below the five-year average (90 less deaths).
- As at 11 May, the number of care homes that have notified Care Inspectorate Wales (CIW) of one or more confirmed cases of COVID-19, in staff or residents, in the last 7 days, has decreased to 58 out of a total of 1,033 in the last 7 days, with 176 notified in the last 20 days. CIW have been notified of 218 deaths of residents in adult care homes since 1 May 2022, of which 3 were COVID-19 related. This makes up 1.4% of all adult care home resident reported deaths during this period.
- PHW's influenza and acute respiratory infection surveillance suggests confirmed influenza case numbers have increased during April and is later than usual seasonal activity, but at low levels. Internationally, the WHO report that global influenza activity remains low.

- The World Health Organisation reports that globally new weekly COVID-19 cases have stabilized in the most recent week. Omicron descendent lineages BA.4, BA.5 and BA.2.12.1 have increased in prevalence within the countries in which they were first detected (South Africa and the United States of America, respectively) and spread to additional countries, although numbers remain low. At the global level, BA.4 and BA.5 account for 0.5% and 0.4% of all circulating variants, respectively.
- As at 13 May 2022, official UKHSA figures report 45 cases of BA.4 and 34 cases of BA.5 in the UK, with none reported in the devolved administrations **(note that this data is due to be updated shortly)**. As at 17 May PHW report 6 cases of BA.4 and 1 case of BA.5 confirmed by PHW in Wales. Recent waste water surveillance data for Wales suggests that while BA.2 remains the dominant variant the presence of BA.4 and BA.5 has been detected since 17 April across a number of site across Wales, with the majority in South Wales.
- The Variant Technical Group has agreed to designate both BA.4 and BA.5 as variants of concern due to evidence of growth advantage, plus international data from South Africa and Portugal that suggest the replacement of BA.2 with BA.4 and BA.5 will result in a further wave of infection. Some preliminary data suggests countries that experienced a large BA.2 wave such as the UK may see a different trend to those observed in South Africa due to population immunity. There is currently no evidence of an increase in infection severity for BA.4 or BA.5 compared to the currently dominant Omicron lineages.
- The most recent Medium Term Projections for Wales from Swansea University and UKHSA are similar to previous weeks' MTPs, projecting a decline in NHS pressure and deaths over the next several weeks.
- As set out in previous advice, sustaining adherence to key personal protective behaviours will require a continued focus on communicating their effectiveness, providing appropriate environmental cues, targeting support as necessary and ensuring supporting in reducing infection.
- The most recent Public Health Wales data on admissions by positive test onset suggests that as many as 50% of patients with COVID-19 in hospital (indeterminate, probable and definite) may have caught COVID-19 after admission. While, a minority of these (17% overall) are actively being treated for COVID-19 according to NHS data, incidental COVID-19 infection can lead to complications of care and longer lengths of stay, leading to harm to patients and intensifying service pressures.
- As a result it is likely there will be settings where use of face coverings would be appropriate to strongly recommend. This may be particularly important in health and care settings where service users include vulnerable population groups. At the same time, a risk assessment approach informed by wider surveillance efforts would be strongly recommended to respond to changing balances of harms and inform the possible re-adoption of non-pharmaceutical interventions such as face coverings in the event of a worsening public health situation in the future.

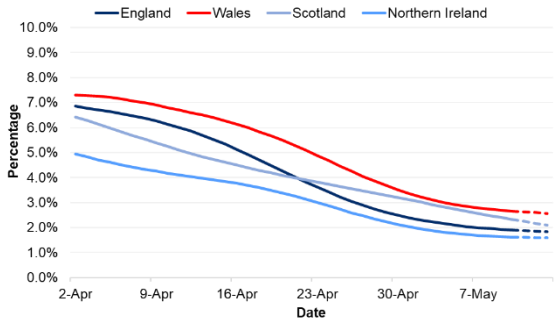
1. Wales situation

- The latest COVID-19 Situational Report dated 19 May 2022, containing the most recent data on epidemiological surveillance, NHS status, , education and children, international travel, mobility, vaccination and population immunity and forward projections for Wales is attached with this advice.

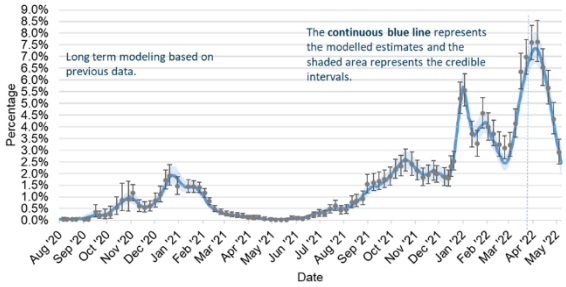
Case and infection surveillance

- **Due to the impact of changes to testing policy and behaviours, PHW case data[1] is not included in this summary, as it is no longer considered sufficiently reliable to provide useful insight into pandemic trends for policy and decision makers.**
- PHW are also not currently providing calculations of the reproduction number and doubling time for COVID-19 cases, as estimation of these values is not currently valid due to the quickly decreasing level of community testing following changes in testing policy. As at 11 May UKHSA estimates the reproduction number in Wales to be between 0.7 and 0.9, with a halving time of 19 days to 11 days .
- Recent estimates from the ONS COVID-19 Infection Survey, which provides a relatively unbiased but lagged estimate of levels of infection, suggests in the week ending 13 May 2022, the percentage of people testing positive for COVID-19 in Wales continued to decrease. It is estimated that an average of 80,700 people during this time (95% credible interval: 65,700 to 97,800), equating to around 1 in 40 people (95% credible interval: 1 in 45 to 1 in 30).
- At a UK level, this compares to around 1 in 55 people in England, 1 in 60 in Northern Ireland and 1 in 45 people in Scotland. The percentage of people testing positive has decreased in the most recent week across the four nations of the UK.

CIS: Positivity rates (%) across UK nations



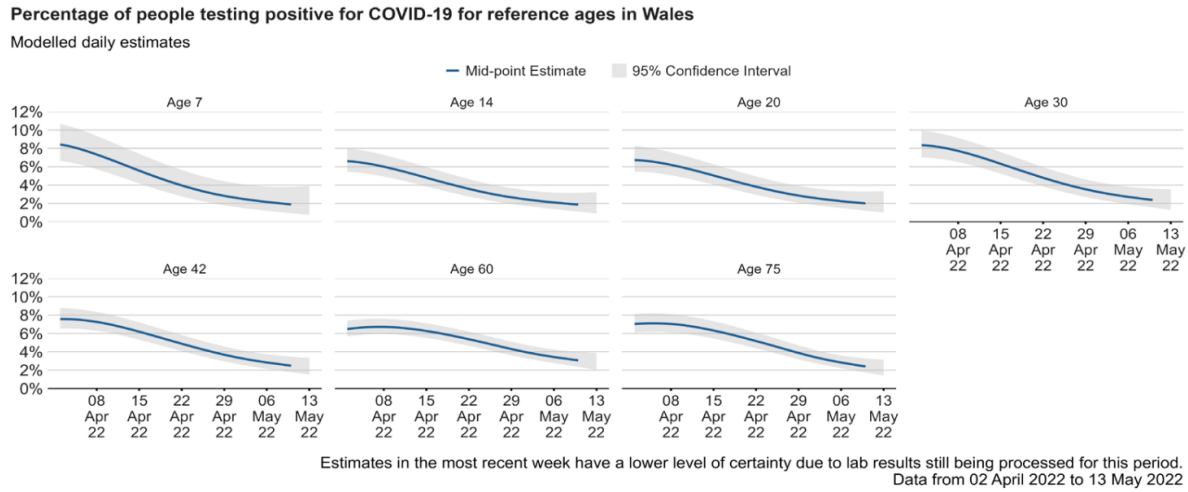
CIS: Wales long term trends, estimated % testing positive



- ONS estimates of positivity over time split by age group (see chart below) suggests in the week ending 13 May positivity rates have decreased in all age groups except for those aged around 70 or older, for whom the trend is uncertain. Note that credible intervals are wide due to high uncertainty caused

[1] (Defined as samples received from community setting for PCR testing)

by the smaller number of people included in this analysis, so caution should be taken in over-interpreting any small movements in the latest trend.



Vaccination and immunity

- Following a JCVI statement[2] advising a Spring Booster programme for the most vulnerable populations this has begun in Wales. As at 18 April PHW report that 68.6% of those aged 75 or older (group size = ≈299k), 71% of care home residents (group size = ≈14k) and 17% of immunosuppressed individuals (group size = ≈115k) have received their booster and are recorded in the Welsh Immunisation System.
- A summary of first and second dose and initial booster coverage is below, source: [Rapid COVID-19 virology - Public | Tableau Public]

Group	Group size (n)	Received 1st dose (n)	Completed primary course* (n)	Received booster dose** (n)	First dose uptake (%)	Primary course uptake* (%)	Booster dose uptake** (%)
Severely Immunosuppressed	52,075	51,583	48,587	40,149	99.1%	93.3%	77.1%
Care home residents	14,001	13,802	13,692	13,227	98.6%	97.8%	94.5%
Care home worker	37,740	35,838	35,220	29,268	95.0%	93.3%	77.6%
80 years and older	177,312	170,890	169,931	164,590	96.4%	95.8%	92.8%
Health care worker	140,957	137,467	136,046	122,039	97.5%	96.5%	86.6%
Social care worker		44,976	44,620	39,573			
Aged 75-79 years	143,977	139,756	139,120	135,215	97.1%	96.6%	93.9%
Clinically extremely vulnerable aged 16-	75,988	72,612	71,710	61,497	95.6%	94.4%	80.9%
Aged 70-74 years	177,798	171,292	170,314	164,709	96.3%	95.8%	92.6%
Aged 65-69 years	182,947	173,931	172,533	165,256	95.1%	94.3%	90.3%
Clinical risk groups aged 5-64 years	350,884	313,520	303,706	261,736	89.4%	86.6%	74.6%
Aged 60-64 years	211,879	198,180	195,966	184,743	93.5%	92.5%	87.2%
Aged 55-59 years	235,640	216,439	213,589	197,095	91.9%	90.6%	83.6%
Aged 50-54 years	227,306	204,573	201,119	180,625	90.0%	88.5%	79.5%
Aged 40-49 years	393,443	335,333	326,073	273,209	85.2%	82.9%	69.4%
Aged 30-39 years	435,709	348,264	331,577	243,036	79.9%	76.1%	55.8%
Aged 18-29 years	489,380	395,220	365,163	240,101	80.8%	74.6%	49.1%
Aged 16-17 years	70,880	54,363	44,818	20,276	76.7%	63.2%	28.6%
Aged 12-15 years	148,995	90,762	67,247		60.9%	45.1%	
Aged 5-11 years	253,386	28,022	2,121		11.1%	0.8%	

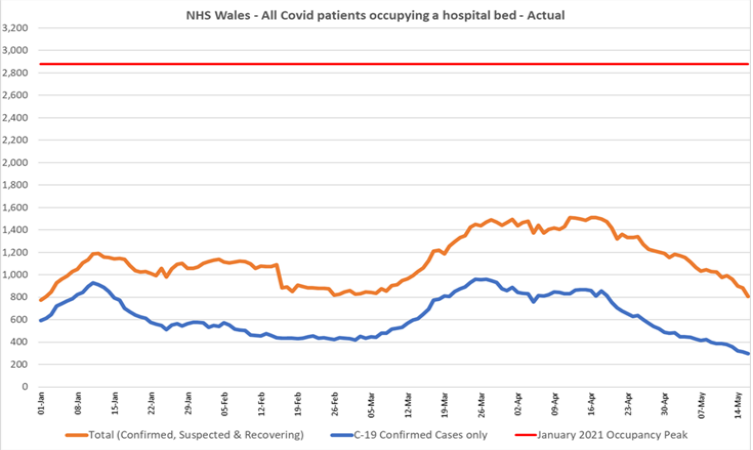
NHS capacity and mortality

- *Following updated NHS Wales COVID-19 testing guidance all patients will continue to be tested for COVID-19 on admission, however, there is a change for patients who remain asymptomatic during their hospital stay, whereby there is no longer a requirement to continue testing these individuals. This will*

[2] JCVI advises a spring COVID-19 vaccine dose for the most vulnerable - GOV.UK (www.gov.uk)

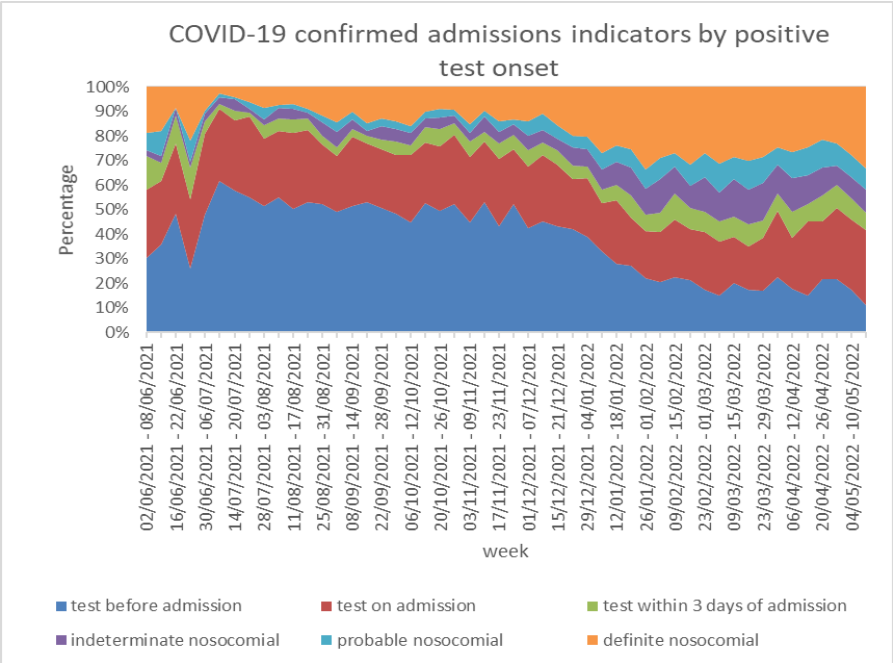
mean that a number of incidental / nosocomial cases will no longer be captured and this will have an impact on the figures reported below.

- As at 16 May 2022, the number of COVID-19 related patients in hospital beds (confirmed, suspected and recovering) is 807; 77 (9.5%) lower than the same day last week and the lowest since 1 January when there were 776. Of these, 296 are confirmed COVID-19 patients; 103 (26%) lower than the same day last week.



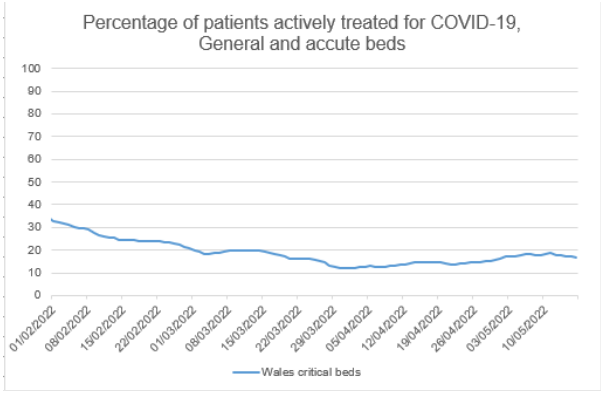
- The total number of occupied beds in a critical care environment is 160; 6 lower than the same day last week and 8 higher than the pre-COVID-19 baseline of 152 critical care beds. Of these, 15 are COVID-19 related patients in critical care, 1 lower than the same day last week.

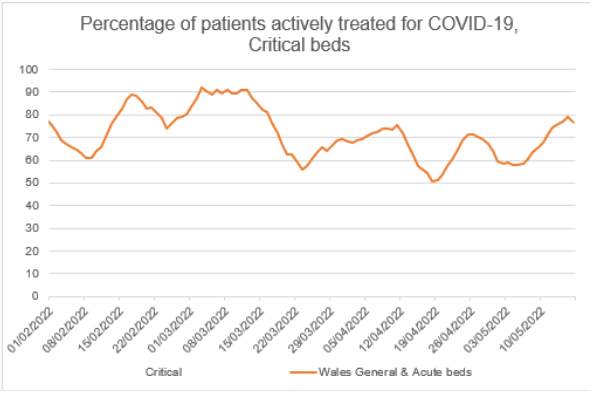
- As at 10 May, the proportion of COVID-19 related patients in hospital beds which are definite hospital-acquired infections (HAIs) appears to be increasing, while probable and indeterminate HAIs is more stable (see below chart). PHW report 42% of COVID-19 positive hospital admissions (89 out of 117) as probable or definite hospital onset (positive test 8-14 days and >14 days after admission) for the 7 day period ending 11 May 2022.



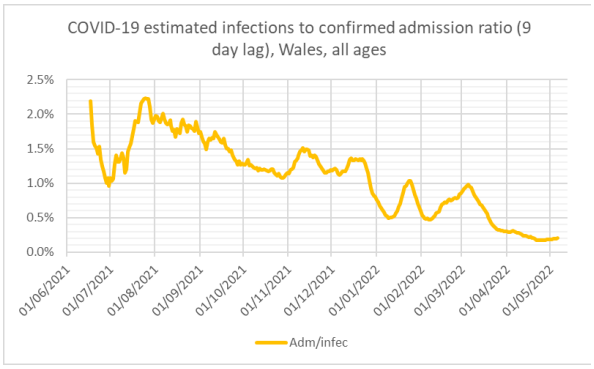
Data source: PHW ICNet data

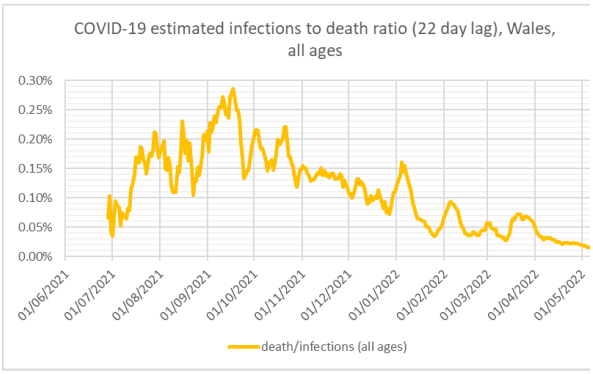
- As at 17 May, of the 219 confirmed COVID patients in general and acute hospital beds, 40 (17%) were actively treated for COVID-19. Of the 14 confirmed COVID-19 patients in a critical care bed, 8 (57%) were actively treated for COVID-19. *Note there is no standard definition for 'actively being treated for COVID-19' and there may be differences across Health Boards and settings in the methods used to make the decision, although these figures are considered suitable for providing a high level estimate. Patients from community hospitals, field hospitals and mental health units, and patients in in Velindre NHS Trust, are not included in this data.*





- Infection (ONS data) to hospital admission ratios (left chart below) suggest that the number of infections translating into admissions has started to stabilise; this is at the lowest level recorded during the pandemic (around two per thousand, in contrast to the March 2022 peak of around eight per thousand). Infection to fatality ratios (right chart below) decreased following the rise of Omicron and are also now starting to level off; this at the lowest level yet recorded (approximately one per ten thousand, in contrast to around one per thousand in March 2022).

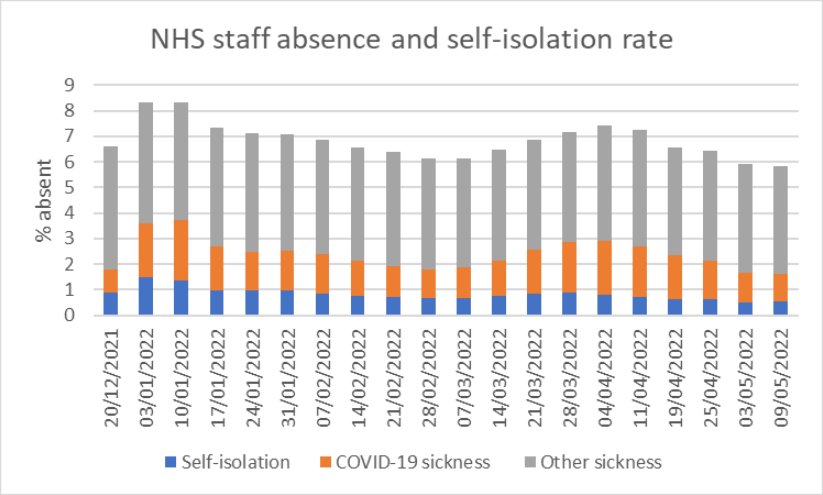




- As at 16 May 2022, the number of weekly COVID-19 deaths in lab confirmed cases reported by PHW is 7, a reduction from 25 for the preceding week ending 9 May. *Note PHW death reporting only includes deaths of a hospitalised patient in Welsh hospitals or care home residents where COVID-19 has been confirmed with a laboratory test and a clinician suspects this was a causative factor in death.*
- Lagged ONS death reporting suggests in the week ending 6 May there were 45 registered deaths involving COVID-19 reported by the ONS. This is a decrease compared to the average of the previous 4 weeks. In the most

recent period there were 591 deaths from all causes in Wales reported by the ONS- 19 fewer than the equivalent week of the 5 year average from 2015-2019.

- The latest NHS staff absence figures up to 9 May show that absence due to self-isolation and COVID-19 sickness has decreased since the beginning of April to 0.52% and 1.08%, respectively. Sickness for reasons other than Covid has remained stable at between 4.2% and 4.6%.



- As at 11 May, out of a total 1,033 adult care homes in Wales, 58 have notified Care Inspectorate Wales (CIW) of one or more confirmed cases of COVID-19 in staff or residents in the last 7 days, with 176 notified in the last 20 days. CIW have been notified of 218 deaths of residents in adult care homes since 1 May 2022, of which 3 were COVID-19 related. This makes up 1.4% of all adult care home resident reported deaths during this period.
- PHW report the Omicron variant continues to be the predominant variant in Wales, accounting for 95.71% of sequenced cases in the 14 days ending 17 May. During this period Omicron, BA.2 accounted for 98% of all sequenced variant cases and Omicron, BA.1 accounted for 2% of all sequenced variant cases.
- As of 17/05/2022 there have been:
    - 57,112 cases of VOC-21NOV-01 (Omicron, BA.1)
    - 28,117 cases of VOC-22JAN-01 (Omicron, BA.2)
    - 0 cases of V-22APR-01 (Omicron, XD)
    - 40 cases of V-22APR-02 (Omicron, XE)
    - 6 cases of V-22APR-03 (Omicron, BA.4)
    - 1 case of V-22APR-04 (Omicron, BA.5)

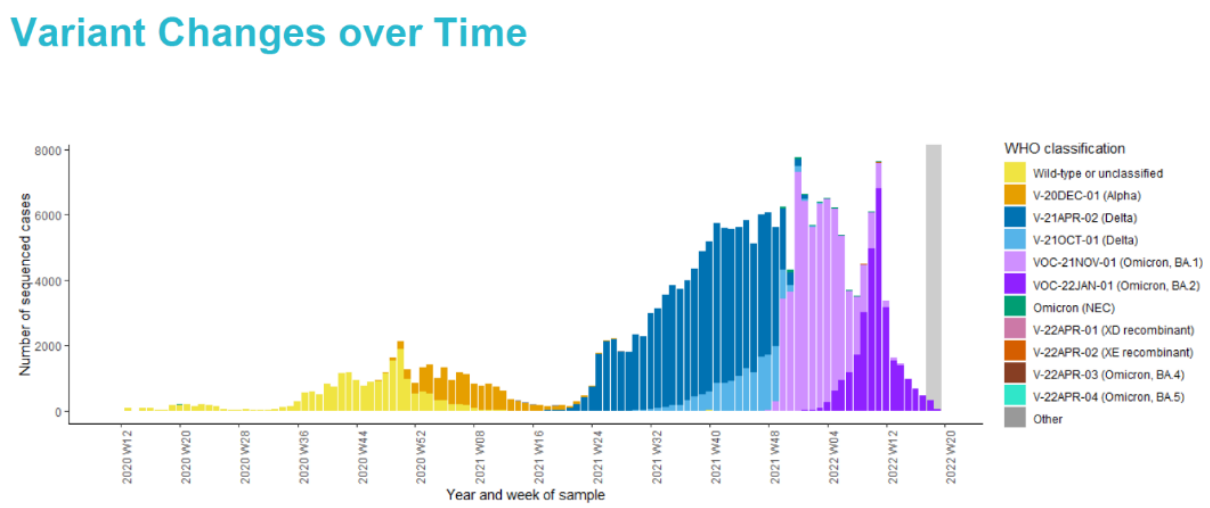
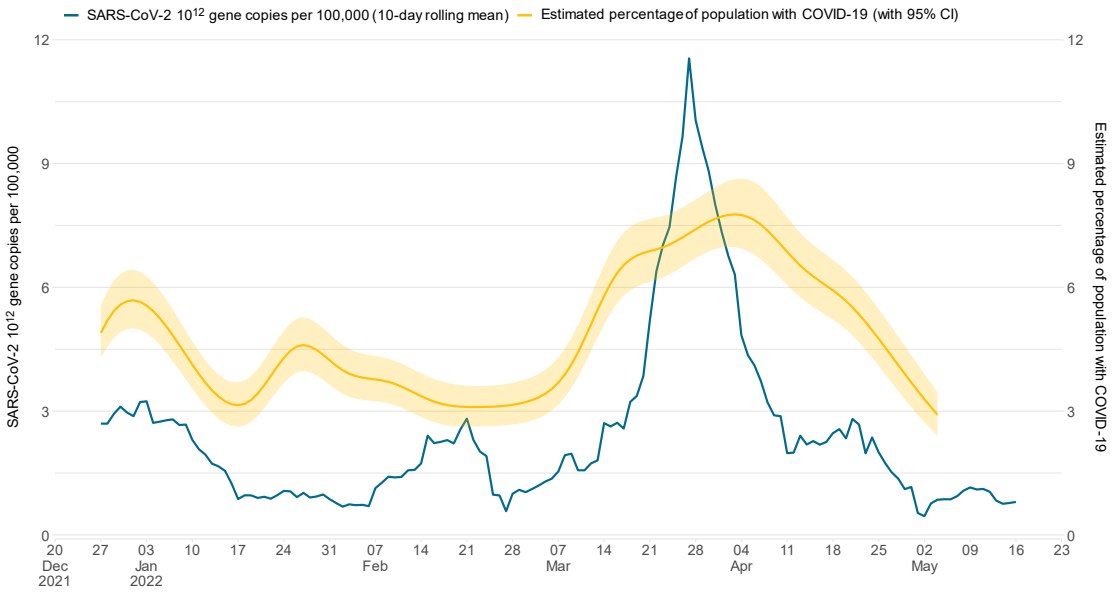


Figure: Epicurve of all sequenced variant cases in Wales, PHW weekly variant summary

- PHW's influenza and acute respiratory infection surveillance report dated 12 May suggests confirmed influenza case numbers have continued to increase during April, and include a number of community cases confirmed in sentinel GPs. During Week 18 (ending 08/05/2022) there were 53 cases of influenza confirmed. This is later than usual seasonal activity, at low levels. There has been a small increase in confirmed cases of RSV activity, although this unseasonal activity is currently at low levels.
- At a UK level, community and syndromic influenza indicators remain low[3]. Internationally, the WHO reported on 2 May that globally, influenza activity remained low, with a further decrease of activity in some areas. In the temperate zones of the northern hemisphere, influenza activity decreased, except in North America[4]
- As of 16 May, the Wastewater signal for Wales indicates that the SARS-CoV-2 viral load has decreased across the country. However, there have been some isolated increases in Monmouth and Bangor.
- The trends in the national mean wastewater signal have become more stable following a period of decline over the last few weeks.

[3] National flu and COVID-19 surveillance reports: 2021 to 2022 season - GOV.UK (www.gov.uk)

[4] Global Influenza Programme (who.int)



National 10 Day rolling mean SARS-CoV-2 gc/day per 100k and ONS CIS % Population infected with Covid-19

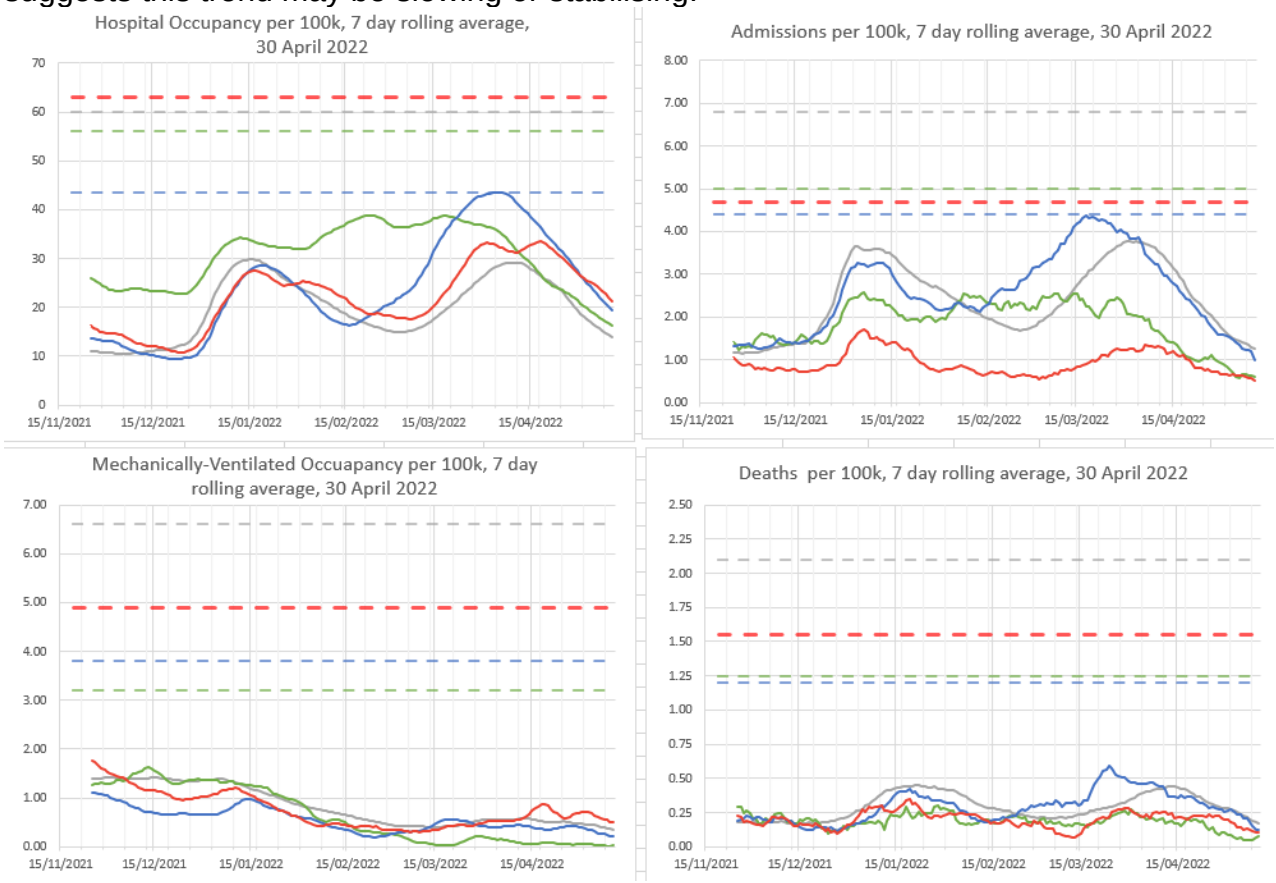
2. Situation in the UK and comparator regions

UK Overview – data as at 11 May

- Surveillance data for the four nations is summarised below. Peak levels (7 day rolling average) for each nation are indicated by the dotted lines. (Data source: UK Summary | Coronavirus (data.gov.uk). Case data is no longer included in this analysis due to the rapidly decreasing level of community testing reducing this data's reliability.
- **Note that this data is classified as management information rather than official statistics and there may be differences in methodology between the 4 UK nations**. As a result caution should be taken when interpreting this data to compare between nations. Full documentation is available at Metrics documentation | Coronavirus in the UK (data.gov.uk).
- COVID-19 hospital occupancy and admissions data continue to suggest the peak of this wave has been passed. COVID-19 occupancy has decreased steadily for a number of weeks in all four UK nations, as has admissions. Note that Wales COVID-19 admissions include suspected cases and do not include patients who tested positive while in hospital, so comparisons of absolute admissions with the other UK nations should be interpreted with caution.
- COVID-19 ICU/ Mechanically ventilated bed occupancy remains much lower in all 4 nations relative to previous waves and is decreasing in all 4 nations, although the trend in Wales has been slightly more variable.

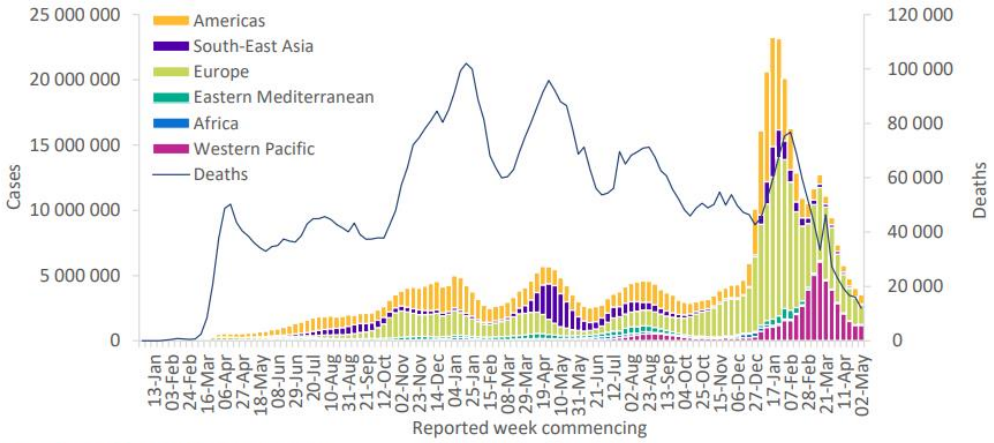
- Deaths across the four nations remain much lower than previous waves. Since the beginning of May the number of COVID-19 deaths have decreased across the 4 nations, although the most recent data from Wales, Scotland and Northern Ireland

suggests this trend may be slowing or stabilising.



International overview – World Health Organisation

- The World Health Organisation epidemiological summary dated 18 May (**link**) reports that globally, after the continued decline observed since the end of March 2022, new weekly COVID-19 cases have stabilized during the reporting period (9 May to 15 May 2022), with over 3.6 million cases reported, a 1% increase as compared to the previous week. The number of new weekly deaths continues to decline, with over 9000 new deaths reported during the same period, representing a 21% decrease as compared to the previous week.
- As of 15 May 2022, over 518 million confirmed cases and over six million deaths have been reported globally.



**See *Annex 1: Data, table, and figure notes*

- Omicron VOC continues to be the dominant variant circulating globally, accounting for 97% of all sequences submitted to GISAID from the week of 1 May 2022. Within the last 30 days, BA.1 and its descendent lineages (i.e., BA.1.X), BA.3 and the Delta variant have further declined in prevalence, falling below a global prevalence of <1%.
- In recent weeks, Omicron descendent lineages BA.4, BA.5 and BA.2.12.1 have increased in prevalence within the countries in which they were first detected (South Africa and the United States of America, respectively) and spread to additional countries. To date, BA.4 has been detected in 20 countries (1,333 sequences submitted to GISAID), BA.5 has been detected in 19 countries (757 sequences), and BA.2.12.1 has been detected in 38 countries (21,711 sequences).
- At the global level, BA.4 and BA.5 account for 0.5% and 0.4% of all circulating variants, respectively. Lineage BA.2.12.1 accounts for 10% among BA.2 lineages globally as of 24 April 2022. In South Africa, BA.4 and BA.5 appear to be driving an increase in the numbers of cases, accounting for 89% and 7% of sequences submitted as of 13 May 2022, respectively. Since late April, South Africa has also reported a moderate increase in hospital admissions, although this rise has been significantly lower than that observed during the emergence of Omicron in late 2021. Similarly, the first indications of a rise in the number of cases have been observed in Portugal, which recently confirmed circulation of BA.5. Hospital and ICU admissions remain stable in Portugal as of 13 May.
- In the United States of America, where the prevalence of BA.2.12.1 is 48%, the numbers of cases and hospitalizations have been rising since April 2022, with a 33% increase in cases and 19% increase in admissions during the week of 9 May, respectively, as compared to the previous week.

2. UK variant update – BA.4 and BA.5

- As at 13 May 2022, official UKHSA figures report 45 cases of BA.4 and 34 cases of BA.5 in the UK, with none reported in the devolved administrations **(note that this data is due to be updated shortly)**. Recent waste water surveillance data for Wales suggests that while BA.2 remains the dominant variant the presence of BA.4 and BA.5 has been detected since 17 April

across a number of site across Wales, with the majority in South Wales. The earliest detected case was on 14 April while the most recent is on 4 May.

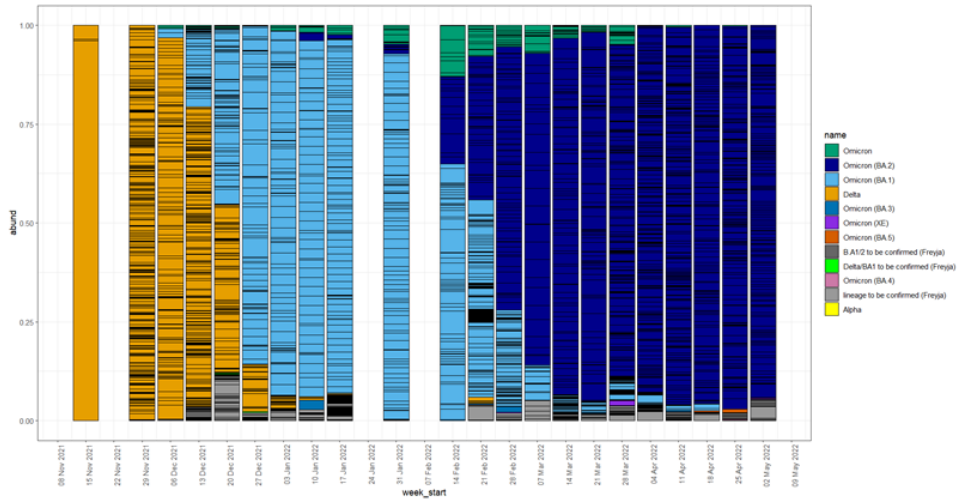


Figure: Occurrence of SARS-CoV-2 VOCs detected in samples from all of the Wales Wastewater Monitoring Programme's 47 Wastewater Treatment Works

- Due to recent growing concerns over the presence of BA.4 and BA.5, largely reported in South Africa, public health agencies are closely monitoring these Omicron sublineages. The overall proportion of BA.4 and BA.5 in the UK is currently low; however, the growth advantages of these variants compared to the BA.2 variant, as summarised by UKHSA[5], suggest that these variants could have an advantage over currently dominant variants.
- It is also important that although data from South Africa (SA) shows rapid growth of these variants, SA has a different situation of population immunity compared to the UK, having not experienced a large BA.2 wave. Neutralisation data suggests that BA.4 and BA.5 are most closely related to BA.2 and preliminary studies suggests that while BA.1 infected animals neutralised BA.4 poorly, BA.2 infected animals did not show a reduction in neutralisation. As a result the conditions that favoured BA.4 and BA.5 growth in SA may not be replicated in comparator nations where a BA.2 wave was experienced. UKHSA reports that there is no data for infected vaccinees who have also had Delta or BA.2, both of which profiles are relevant in the UK context and require additional assessment.
- There is currently no evidence of an increase in infection severity compared to the currently dominant Omicron lineages. Evidence continues to suggest that the risk of severe outcomes following SARS-CoV-2 infection is substantially lower for Omicron than for previous variants such as Delta, with higher reductions for more severe endpoints, albeit with variation by age.[6]
- To date there have been a small number of BA.4 and BA.5 cases in the UK and Europe as a whole, although there is limited evidence of this resulting in epidemic growth in these nations. Nevertheless, as of 12 May 2022, following

[5] Risk assessment for SARS-CoV-2 variants V-22APR-03 and V-22APR-04 (publishing.service.gov.uk)

[6] Comparative analysis of the risks of hospitalisation and death associated with SARS-CoV-2 omicron (B.1.1.529) and delta (B.1.617.2) variants in England: a cohort study - The Lancet

reporting that BA.5 has increased rapidly in Portugal, ECDC has reclassified BA.4 and BA.5 from Variants of Interest (VUI) to Variants of Concern (VOC). ECDC reports that although there is no indication of a change in severity the presence of these variants could cause an increase in COVID-19 cases in the EU, which will likely result in some level of hospital and ICU admissions[7].

- As of 18 May the Variant Technical Group has agreed to designate both BA.4 and BA.5 as variants of concern due to evidence of growth advantage and increasing numbers of cases in England, plus international data from South Africa and Portugal that suggest the replacement of BA.2 with BA.4 and BA.5 will result in a further wave of infection. Some preliminary data suggests countries that experienced a large BA.2 wave such as the UK may see a different trend to those observed in South Africa due to population immunity. There is currently no evidence of an increase in infection severity for BA.4 or BA.5 compared to the currently dominant Omicron lineages, although an increase in cases is likely to result in some harm.

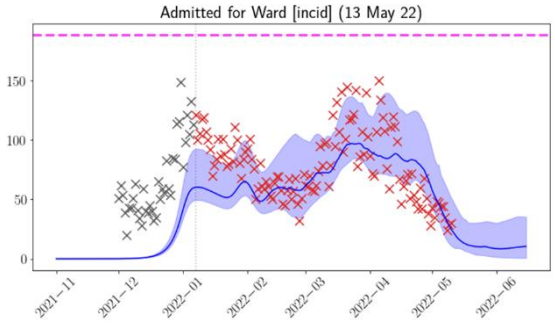
3. Swansea University COVID-19 Medium Term Projections – 13 May

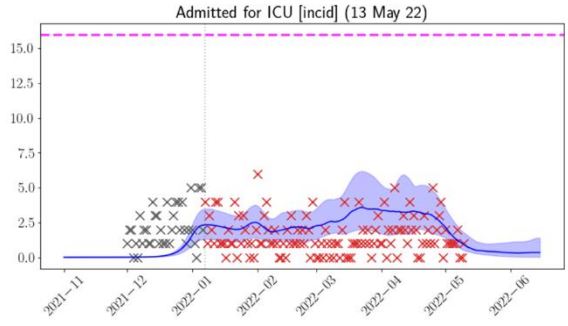
- Medium term projections (MTPs) are produced regularly for TAC by Swansea University (SU). The SU projections are combined with other models provided by different academic groups to go into a consensus MTP for admissions and deaths which is agreed every two weeks by the UKHSA Epidemiological Modelling Review Group (EMRG), which has recently taken over from SPI–M-O in agreeing these MTPs.
- The MTPs are based on projecting forward from current data and do not explicitly factor in policy changes, changes in testing, changes in behaviour, or rapid changes in vaccinations. The pink dotted line in the charts below represent pre-Omicron peaks, while the crosses show Actuals data. Red actuals represent Omicron cases, which the model is fitted to, while the black actuals are from the Delta period.
- The most recent MTPs from Swansea University, dated 13 May, show a similar projection to previous weeks' MTPs. They project a decline in NHS pressure and deaths over the next several weeks.
- Admissions and bed occupancy continue to decrease and have been falling at a rate similar to that suggested by the MTP projections, however there are signs that the rate of decline may have slowed in recent days compared with the MTP projection.
- ICU bed occupancy is declining and is projected to decrease throughout May 2022.
- Deaths are at low levels and have decreased slightly in the last week. Deaths are projected to decrease throughout May 2022.
- These projections suggest that we have passed the peak and anticipate a steady decline in NHS pressures during May 2022. In reality we may see a

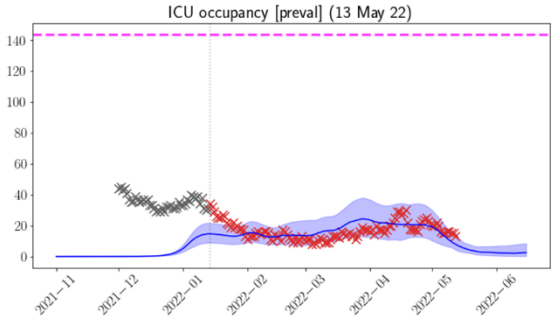
[7] Epidemiological update: SARS-CoV-2 Omicron sub-lineages BA.4 and BA.5 (europa.eu)

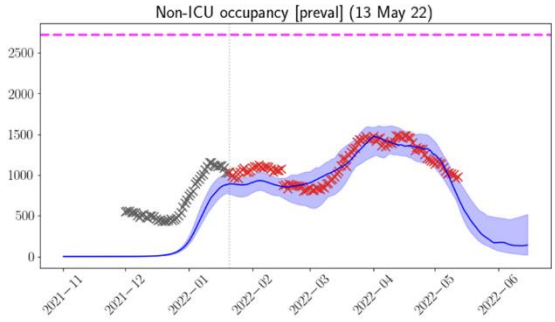
longer tail of continued high prevalence than these scenarios predict, as we saw with the Delta wave, especially if new variants take hold.

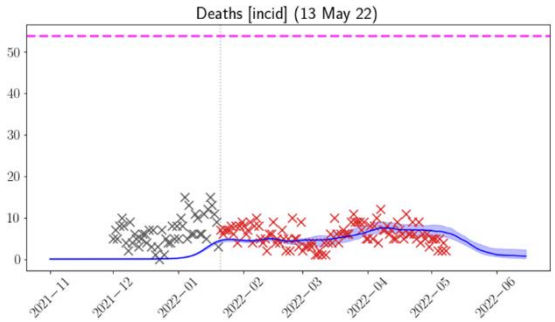
- Hospital testing policy changed on 14 April 2022. This will affect the relationship between the models and the data in the next few weeks – the models are based on 'everything else being equal' – in reality fewer people are tested before, or after arriving at hospital than before.
- Modelled COVID-19 hospital occupancy includes recent long length of stay estimates, and if challenging levels are reached the peak could be reduced by shorter length of stay, as seen at previous stages of the epidemic.





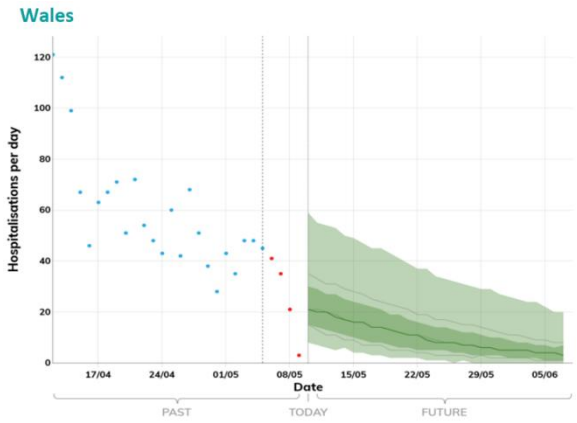




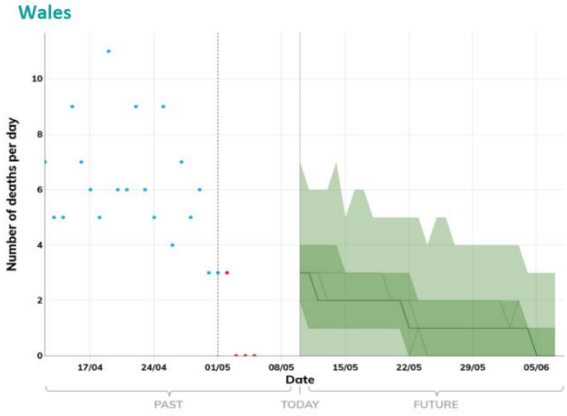


- Combined modelling by the by the UKHSA Epidemiological Modelling Review Group (EMRG) continues to suggest that Wales have passed the peak hospitalisations and should expect continued decrease in the coming days/weeks into May 2022. The models for deaths are also projected to decrease over the next four weeks. The confidence intervals are smaller than the previous week but reflect uncertainty as these projections look further into the future. However, the number of COVID-19 deaths are projected to remain low.

EMRG Combined projections - New hospital admissions – 10 May



EMRG Combined projections - Total deaths by date of death – 10 May



4. Adherence to protective measures/ Behavioural Response

- As per previous advice in light of the long-term transition plan for COVID-19[8], the case for maintaining personal protective measures during the current COVID Stable scenario remains relevant[9].
- The most recent behavioural data for Wales continue to suggest a perceived threat from COVID-19. For example, while substantially lower now than earlier in the pandemic, one in five (20%) report the pandemic poses a threat themselves personally, with three in 10 (30%) reporting a threat to the country. However, the proportions reporting adherence to a range of protective measures protective measures continues to fall. The reported use of face coverings was just under half (49%) in early May 2022, compared with three in five (61%) a month earlier. Similarly, the proportion reporting to keep their distance from other people when out was slightly more than one in three (37%) in early May, down from almost three in five (58%) in early 2022[10].
- In light of these trends, and consistent with previous advice[11], sustaining adherence to key personal protective behaviours will require a continued focus on communicating their effectiveness, providing appropriate environmental cues, targeting support as necessary and ensuring supporting in reducing infection. With specific reference to the last remaining legal requirement, the use of face masks in health care settings, it could be anticipated that continued adherence would decline were guidance to be issued instead. However, given the specific nature of the setting, with more vulnerable people on the premises, and the implementation of approaches outlined previously (e.g. placement of free masks in prominent positions and

[8] Wales' long-term COVID-19 transition from pandemic to endemic | GOV.WALES

[9] Technical Advisory Group: Living safely with COVID-19 in Wales: risk communication and behavioural science perspectives | GOV.WALES

[10] Survey of public views on the coronavirus (COVID-19): 29 April to 2 May 2022 | GOV.WALES

[11] Advice from the Technical Advisory Cell and Chief Scientific Advisor for Health: 21 day review 27 April 2022 | GOV.WALES

encouraging staff to promote their use), this rate of decline could be slower than might otherwise be assumed.

5. Population Protection Response

- Following a reduction in the risk of severe outcomes driven by greater population immunity, improved therapeutics and a less severe COVID-19 variant, in many countries the majority of COVID-19 regulations have been replaced by guidance rather than mandatory requirements.
- It is now largely accepted that airborne transmission plays a key role in the spread of COVID-19 and this has been reflected in previous advice around the importance of both effective ventilation and use of face coverings where appropriate. At the same time, several analyses have previously suggested that health and social care workers are at an increased risk of acquiring COVID-19 relative to the general population[12] [13] [14], particularly those on frontline services or who work with hospital inpatients.
- The most recent Public Health Wales data on admissions by positive test onset suggests that as many as 50% of patients with COVID-19 in hospital (indeterminate, probable and definite) may have caught COVID-19 after admission. While, a minority of these (17%) are actively being treated for COVID-19 according to NHS data as at 17 May, incidental COVID-19 infection can lead to complications and longer lengths of stay, contributing to service pressures.
- As a result it is likely there will be many settings where use of face coverings should be strongly recommended where not mandatory. This may be particularly important where service users include vulnerable population groups. At the same time, a risk assessment approach informed by wider surveillance efforts would be strongly recommended to respond to changing balances of harms and inform the possible re-adoption of non-pharmaceutical interventions such as face coverings in the event of a worsening public health situation in the future.

[12] Occupation and risk of severe COVID-19: prospective cohort study of 120 075 UK Biobank participants - PubMed (nih.gov)

[13] Predictors of SARS-CoV-2 infection in a multi-ethnic cohort of United Kingdom healthcare workers: a prospective nationwide cohort study (UK-REACH) | medRxiv

[14] Coronavirus (COVID-19) related deaths by occupation, England and Wales - Office for National Statistics (ons.gov.uk)