

COVID-19 Results Briefing

United Kingdom

January 21, 2022

This document contains summary information on the latest projections from the IHME model on COVID-19 in United Kingdom. The model was run on January 20, 2022, with data through January 18, 2022.

Current situation

- Daily infections in the last week decreased to 473,300 per day on average compared to 733,400 the week before (Figure 1.1). Daily hospital census in the last week (through January 18) decreased to 18,500 per day on average compared to 18,500 the week before.
- Daily reported cases in the last week decreased to 100,400 per day on average compared to 159,600 the week before (Figure 2.1).
- Reported deaths due to COVID-19 in the last week increased to 260 per day on average compared to 190 the week before (Figure 3.1).
- Total deaths due to COVID-19 in the last week increased to 300 per day on average compared to 220 the week before (Figure 3.1). This makes COVID-19 the number 1 cause of death in United Kingdom this week (Table 1). Estimated total daily deaths due to COVID-19 in the past week were 1.1 times larger than the reported number of deaths.
- No locations had daily reported COVID-19 death rates greater than 4 per million (Figure 4.1).
- The daily rate of total COVID-19 deaths is greater than 4 per million in 2 countries. (Figure 4.2).
- We estimate that 76% of people in United Kingdom have been infected at least once as of January 18 (Figure 6.1). Effective R, computed using cases, hospitalizations, and deaths, is greater than 1 in 0 countries. (Figure 7.1).
- The infection-detection rate in United Kingdom was close to 10% on January 18 (Figure 8.1).
- Based on the GISAID and various national databases, combined with our variant spread model, we estimate the current prevalence of variants of concern (Figure 9.1-Figure 9.5). We estimate that the Alpha variant is circulating in 0 countries, that the Beta variant is circulating in 0 countries, that the Delta variant is circulating in 4 countries, that the Gamma variant is circulating in 0 countries and that the Omicron variant is circulating in 4 countries.

Trends in drivers of transmission

- Mobility last week was 12% lower than the pre-COVID-19 baseline (Figure 11.1). Mobility was lower than 30% of baseline in no locations.
- As of January 18, in the COVID-19 Trends and Impact Survey, 52% of people self-report that they always wore a mask when leaving their home compared to 52% last week (Figure 13.1).
- There were 2097 diagnostic tests per 100,000 people on January 18 (Figure 15.1).
- As of January 18, 4 countries have reached 70% or more of the population who have received at least one vaccine dose and 3 countries have reached 70% or more of the population who are fully vaccinated (Figure 17.1). 78% of people in United Kingdom have received at least one vaccine dose and 71% are fully vaccinated.
- In United Kingdom, 92.9% of the population that is 12 years and older say they would accept or would probably accept a vaccine for COVID-19. Note that vaccine acceptance is calculated using survey data from the 18+ population. This is up by 0 percentage points from last week. The proportion of the population who are open to receiving a COVID-19 vaccine ranges from 89% in Northern Ireland to 95% in Scotland (Figure 19.1).
- In our current reference scenario, we expect that 52.3 million people will be vaccinated with at least one dose by May 1 (Figure 20.1). We expect that 73% of the population will be fully vaccinated by May 1.

Projections

Infections

- Daily estimated infections in the **reference scenario**, which represents what we think is most likely to happen, will decline to 3,040 on May 1, 2022 (Figure 21.1).
- Daily estimated infections in the **80% mask coverage scenario** will decline to 1,720 on May 1, 2022 (Figure 21.1).
- Daily estimated infections in the **third dose scenario** will decline to 2,720 on May 1, 2022 (Figure 21.1).

Cases

- Daily cases in the **reference scenario** will decline to 530 on May 1, 2022 (Figure 21.2).
- Daily cases in the **80% mask coverage scenario** will decline to 310 on May 1, 2022 (Figure 21.2).
- Daily cases in the **third dose scenario** will decline to 470 on May 1, 2022 (Figure 21.2).

Hospitalizations

- Daily hospital census in the **reference scenario** will decline to 120 on May 1, 2022 (Figure 21.3).
- Daily hospital census in the **80% mask coverage scenario** will decline to 70 on May 1, 2022 (Figure 21.3).
- Daily hospital census in the **third dose scenario** will decline to 110 on May 1, 2022 (Figure 21.3).

Deaths

- In our **reference scenario**, our model projects 180,000 cumulative reported deaths due to COVID-19 on May 1. This represents 4,000 additional deaths from January 18 to May 1. Daily reported COVID-19 deaths in the **reference scenario** will decline to 0 on May 1, 2022 (Figure 21.4).
- Under our **reference scenario**, our model projects 206,000 cumulative total deaths due to COVID-19 on May 1. This represents 4,000 additional deaths from January 18 to May 1 (Figure 24.2).
- In our **80% mask coverage scenario**, our model projects 180,000 cumulative reported deaths due to COVID-19 on May 1. This represents 3,000 additional deaths from January 18 to May 1. Daily reported COVID-19 deaths in the **80% mask coverage scenario** will decline to 0 on May 1, 2022 (Figure 21.4).
- In our **third dose scenario**, our model projects 180,000 cumulative reported deaths due to COVID-19 on May 1. This represents 4,000 additional deaths from January 18 to May 1. Daily reported COVID-19 deaths in the **third dose scenario** will decline to 0 on May 1, 2022 (Figure 21.4).
- Figure 22.1 compares our reference scenario forecasts to other publicly archived models. Forecasts are widely divergent.
- At some point from January through May 1, 2 countries will have high or extreme stress on hospital beds (Figure 23.1). At some point from January through May 1, 3 countries will have high or extreme stress on intensive care unit (ICU) capacity (Figure 24.1).

Model updates

No model updates.

Figure 1.1. Daily COVID-19 hospital census and estimated infections

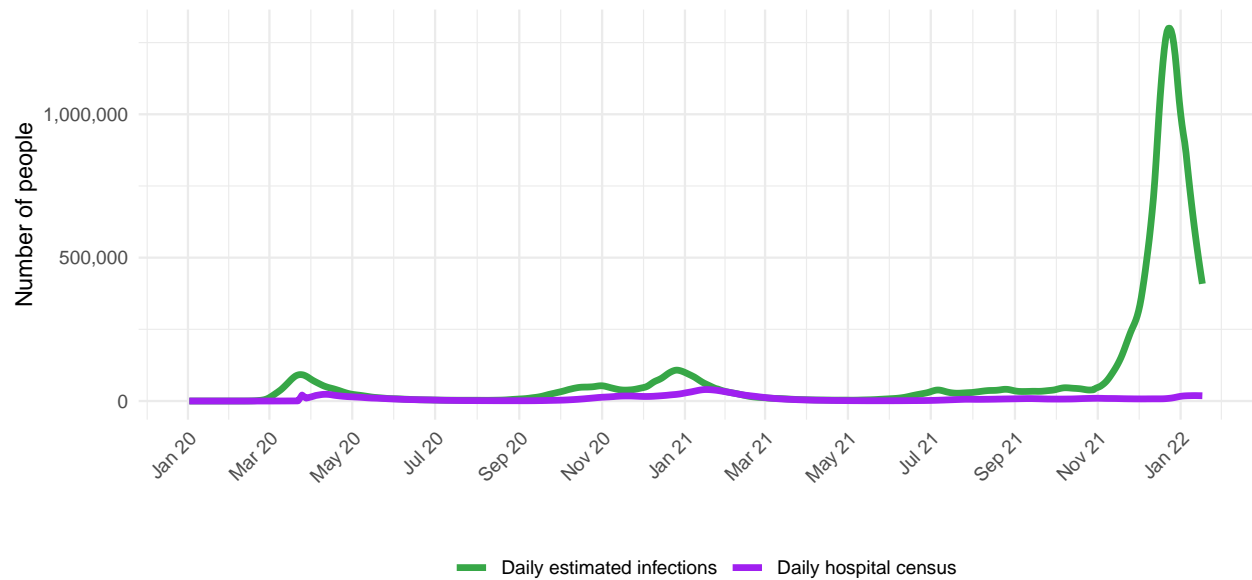


Figure 2.1. Reported daily COVID-19 cases, moving average

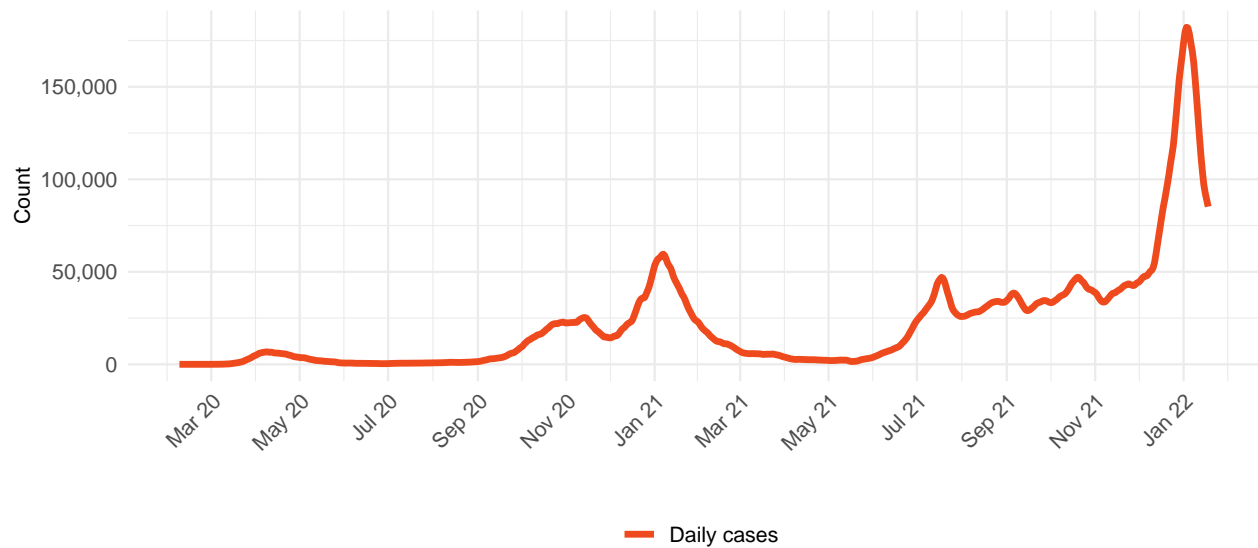
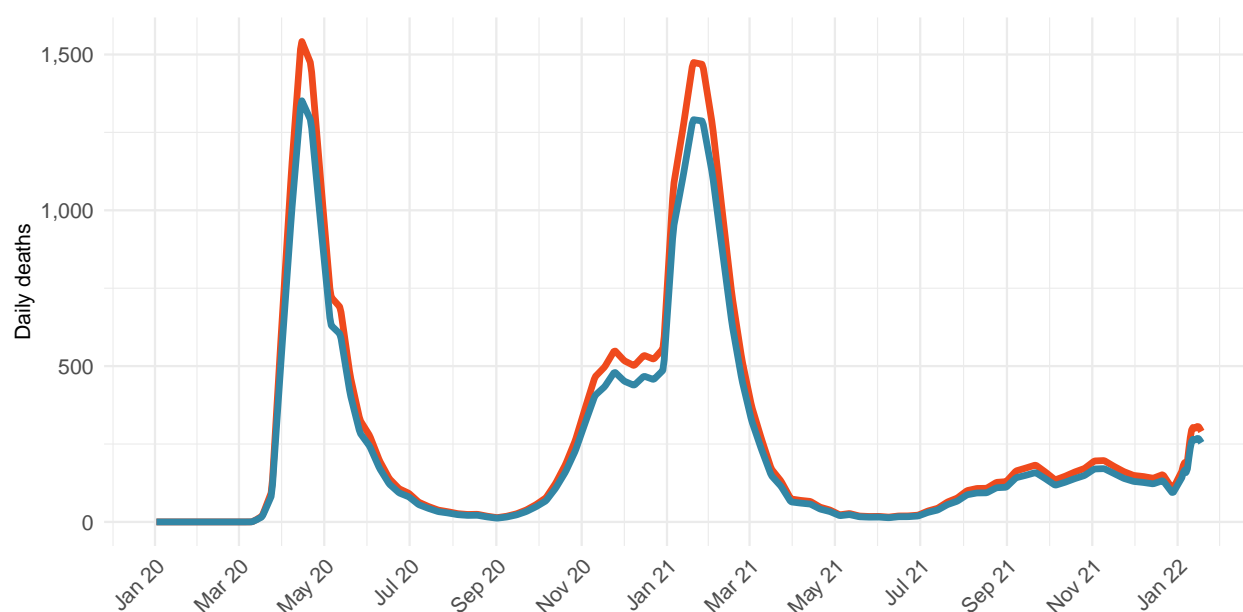


Table 1. Ranking of total deaths due to COVID-19 among the leading causes of mortality this week, assuming uniform deaths of non-COVID causes throughout the year

Cause name	Weekly deaths	Ranking
COVID-19	2,106	1
Ischemic heart disease	1,796	2
Stroke	974	3
Chronic obstructive pulmonary disease	845	4
Tracheal, bronchus, and lung cancer	824	5
Lower respiratory infections	805	6
Alzheimer's disease and other dementias	624	7
Colon and rectum cancer	466	8
Prostate cancer	307	9
Breast cancer	293	10

Figure 3.1. Smoothed trend estimate of reported daily COVID-19 deaths (blue) and total daily deaths due to COVID-19 (orange)



Daily COVID-19 death rate per 1 million on January 18, 2022

Figure 4.1 Daily reported COVID-19 death rate per 1 million

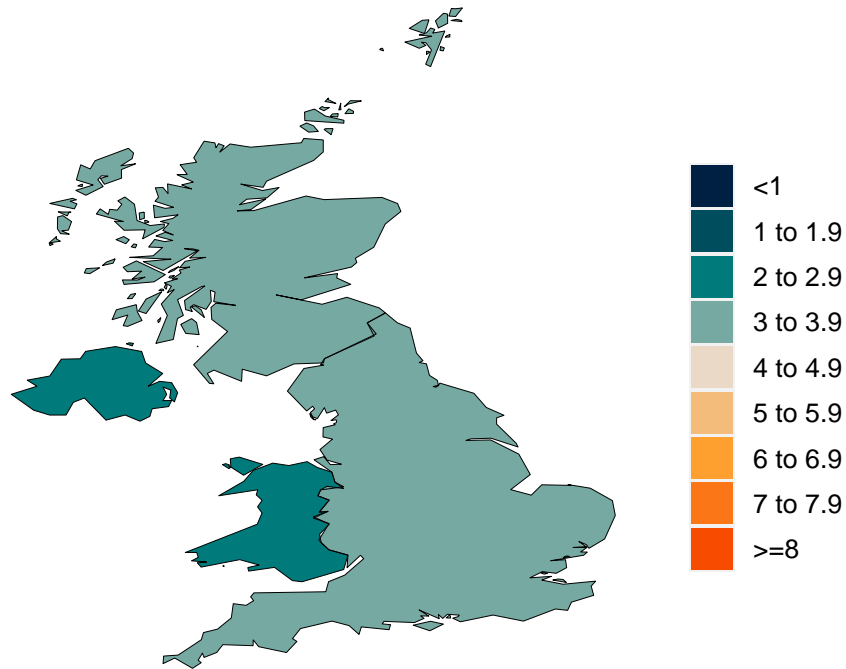
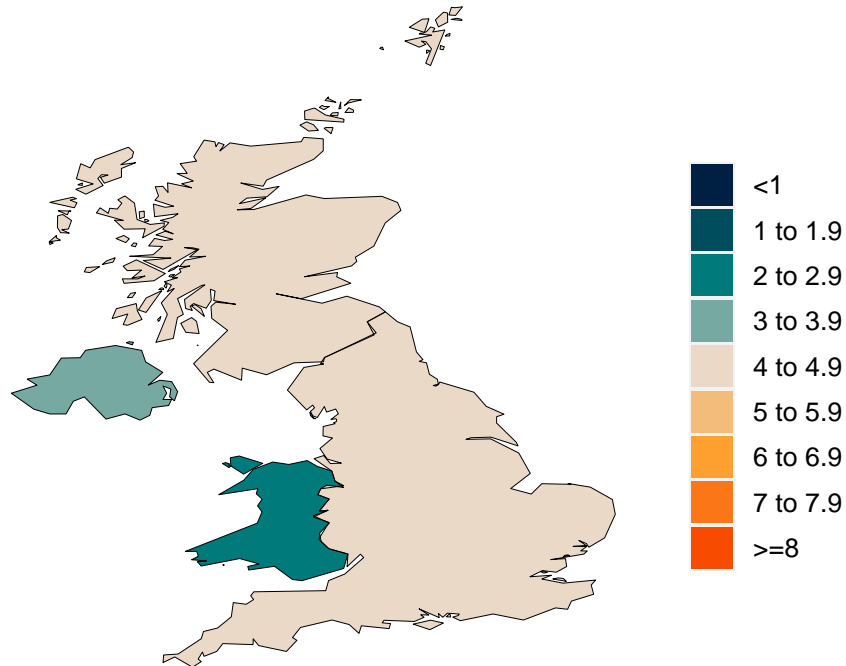


Figure 4.2 Daily total COVID-19 death rate per 1 million



Cumulative COVID-19 deaths per 100,000 on January 18, 2022

Figure 5.1 Reported cumulative COVID-19 deaths per 100,000

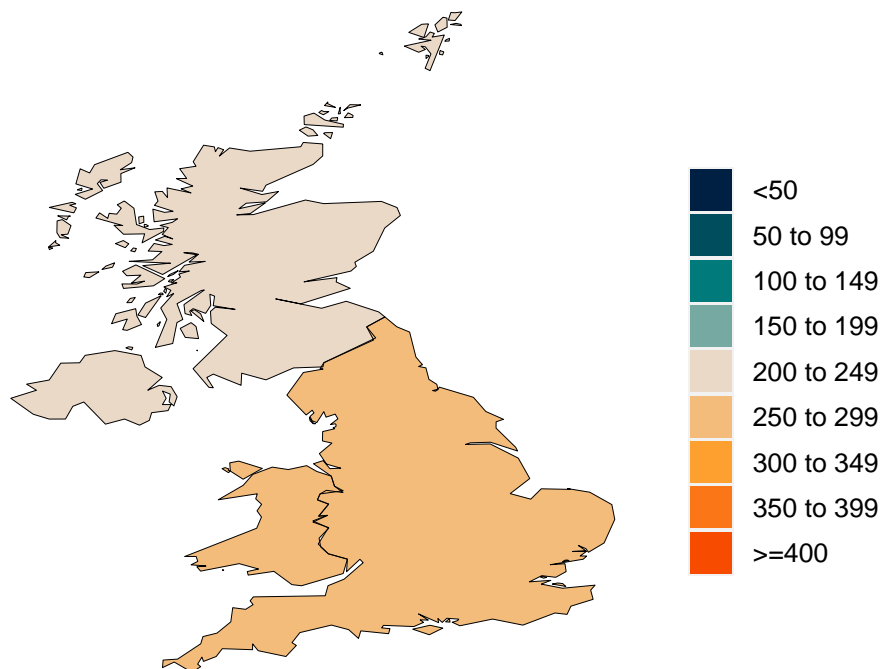


Figure 5.2 Total cumulative COVID-19 deaths per 100,000

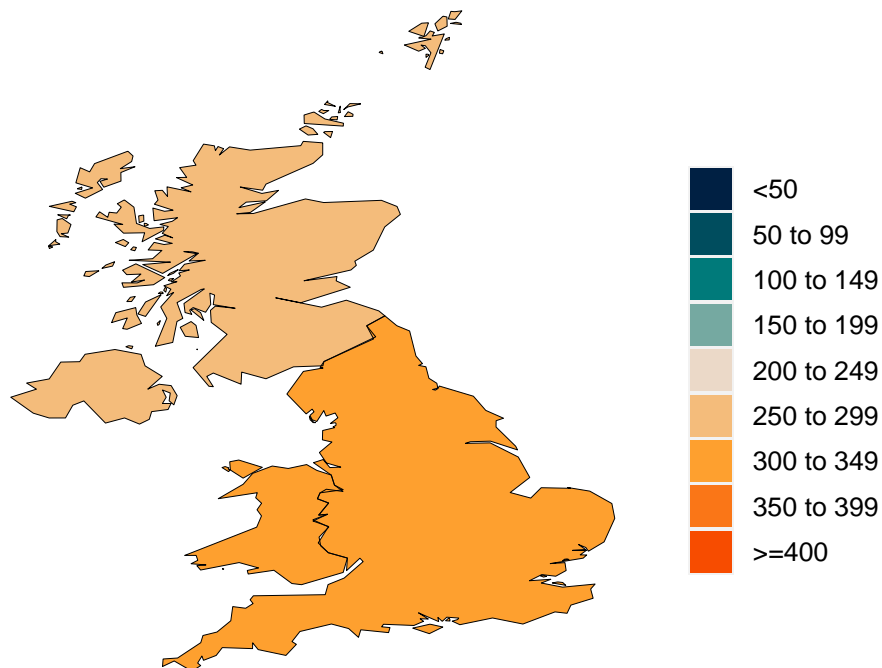


Figure 6.1. Estimated percent of the population infected with COVID-19 on January 18, 2022

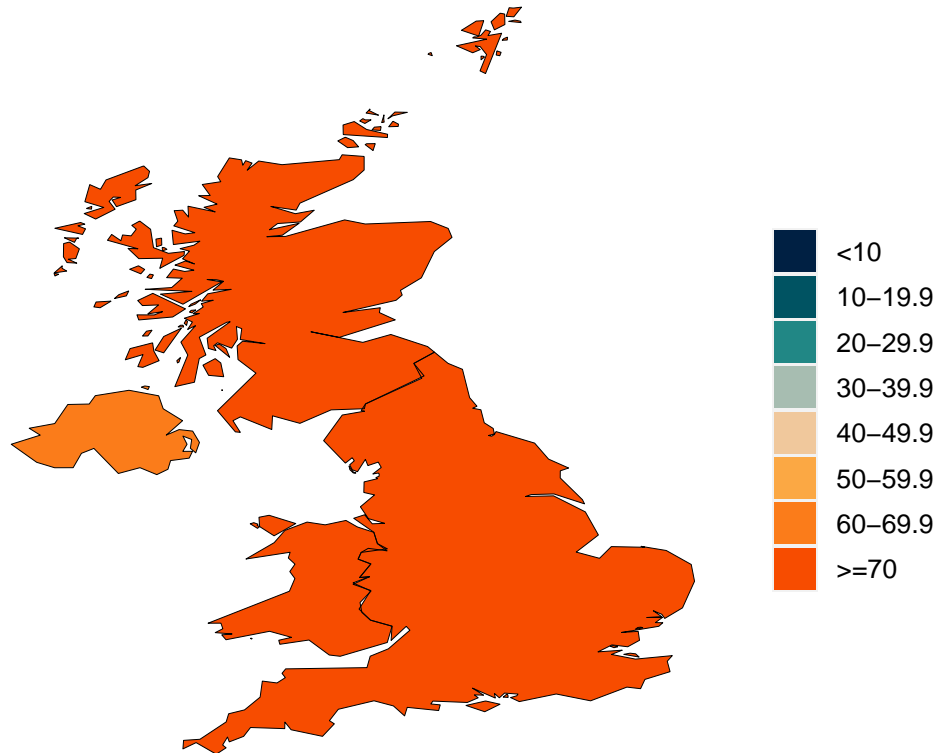


Figure 7.1. Mean effective R on January 7, 2022. Effective R less than 1 means that transmission should decline, all other things being held the same. The estimate of effective R is based on the combined analysis of deaths, case reporting, and hospitalizations where available. Current reported cases reflect infections 11–13 days prior, so estimates of effective R can only be made for the recent past.

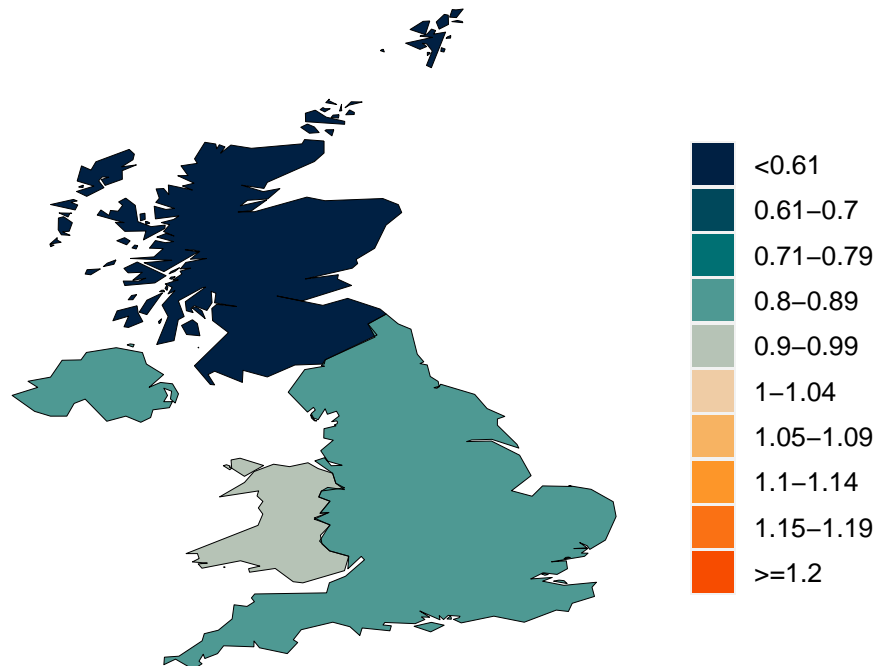
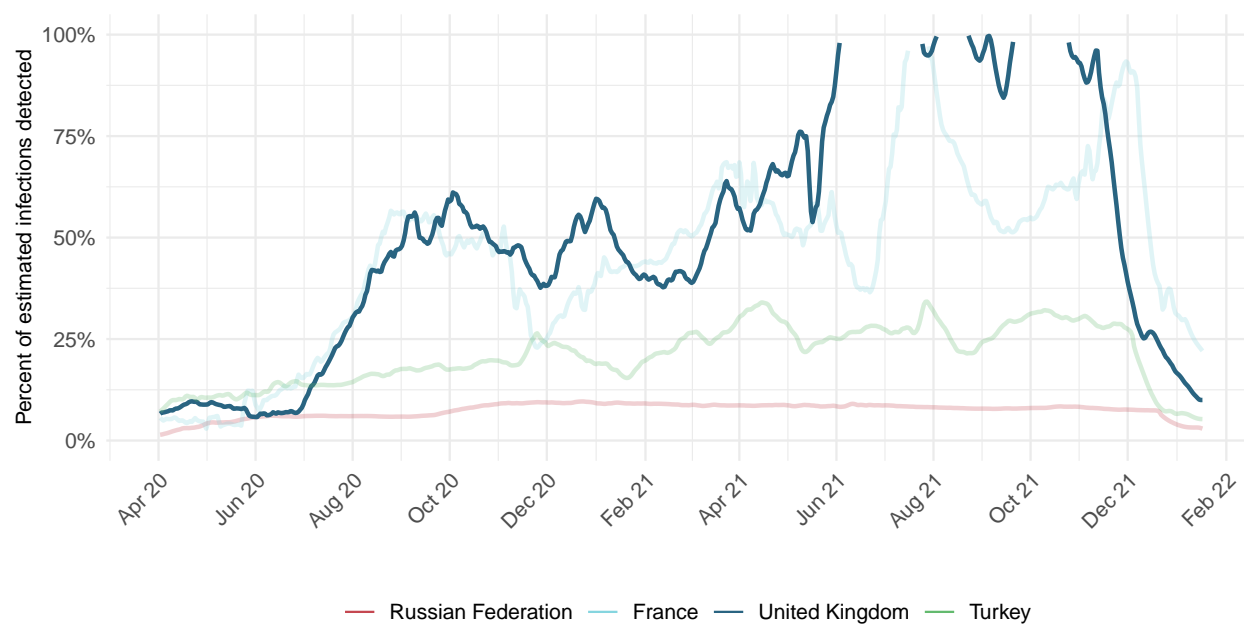


Figure 8.1. Percent of estimated COVID-19 infections detected. This is estimated as the ratio of reported daily COVID-19 cases to estimated daily COVID-19 infections based on the SEIR disease transmission model. Due to measurement errors in cases and testing rates, the infection-detection rate can exceed 100% at particular points in time.



Estimated percent of circulating SARS-CoV-2 for primary variant families on January 18, 2022

Figure 9.1 Estimated percent of new infections that are Alpha variant

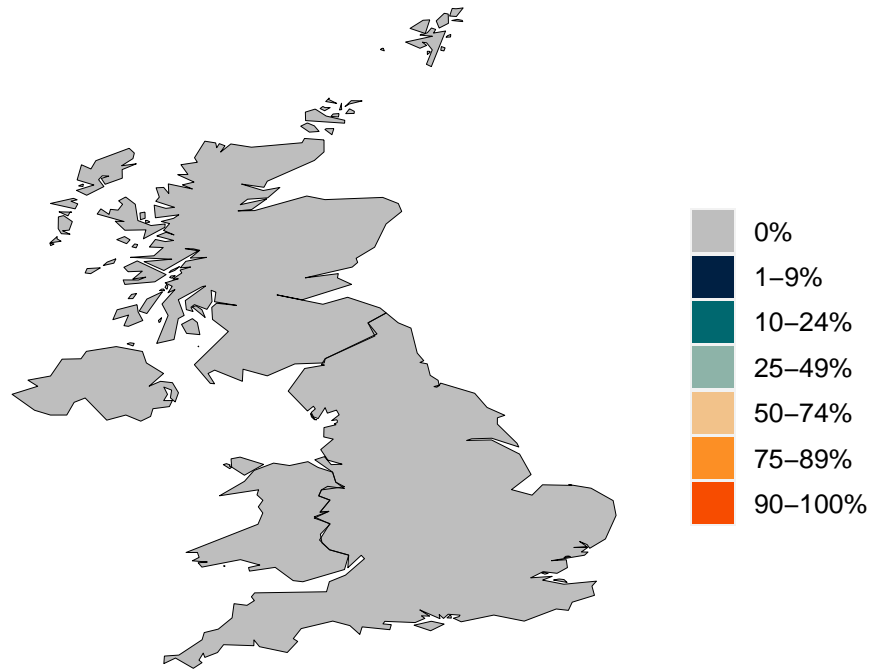


Figure 9.2 Estimated percent of new infections that are Beta variant

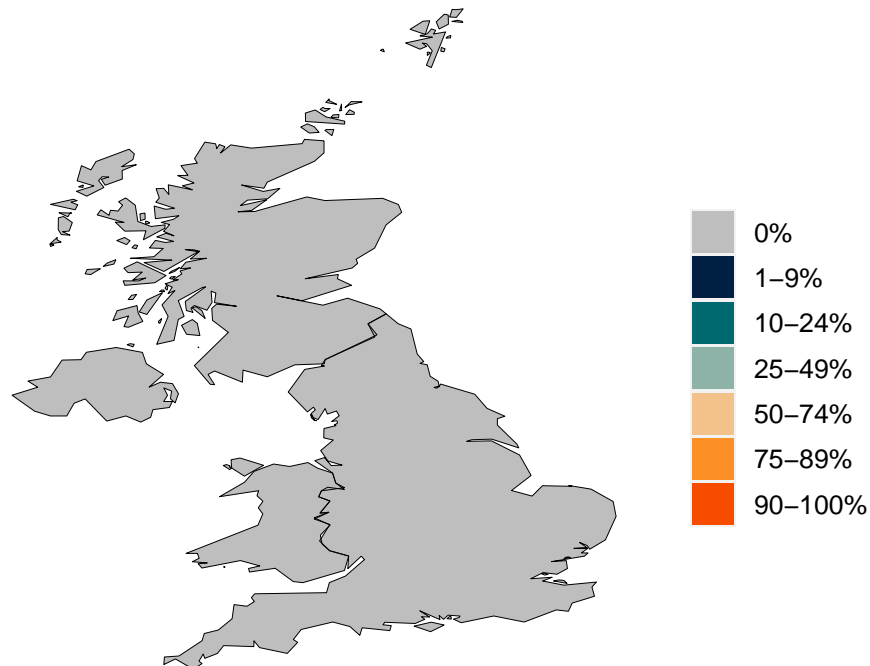


Figure 9.3 Estimated percent of new infections that are Delta variant

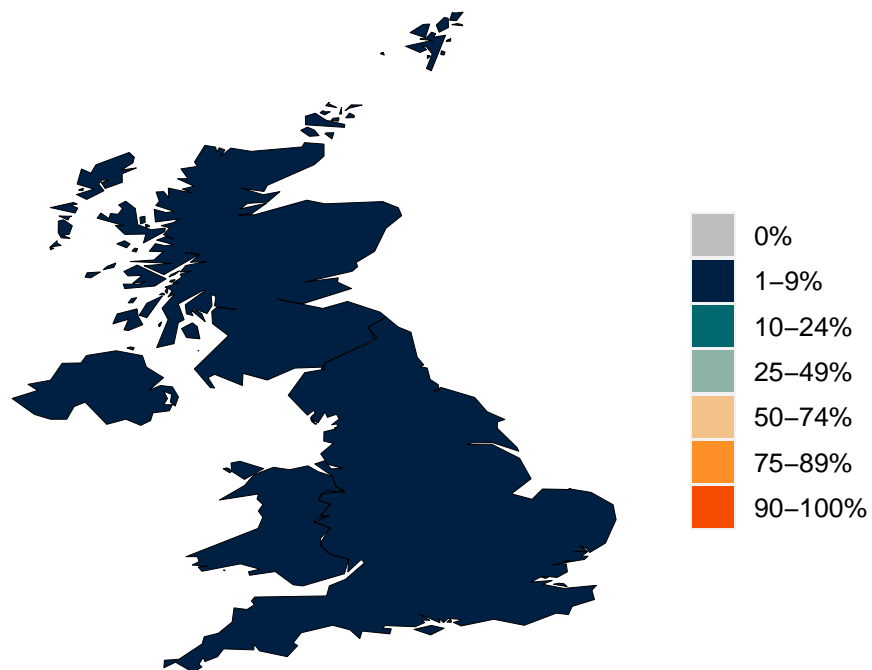


Figure 9.4 Estimated percent of new infections that are Gamma variant

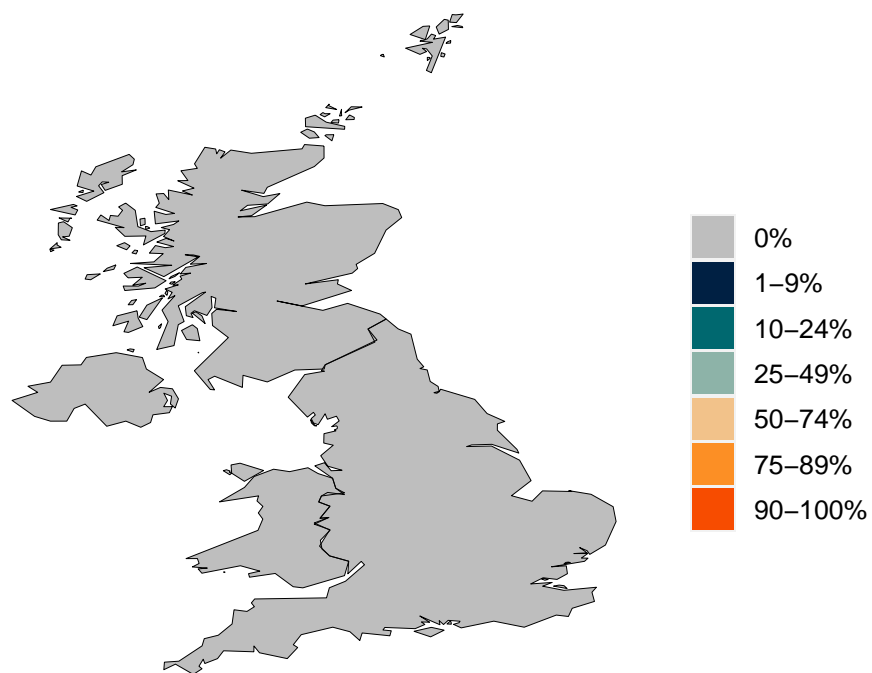


Figure 9.5 Estimated percent of new infections that are Omicron variant

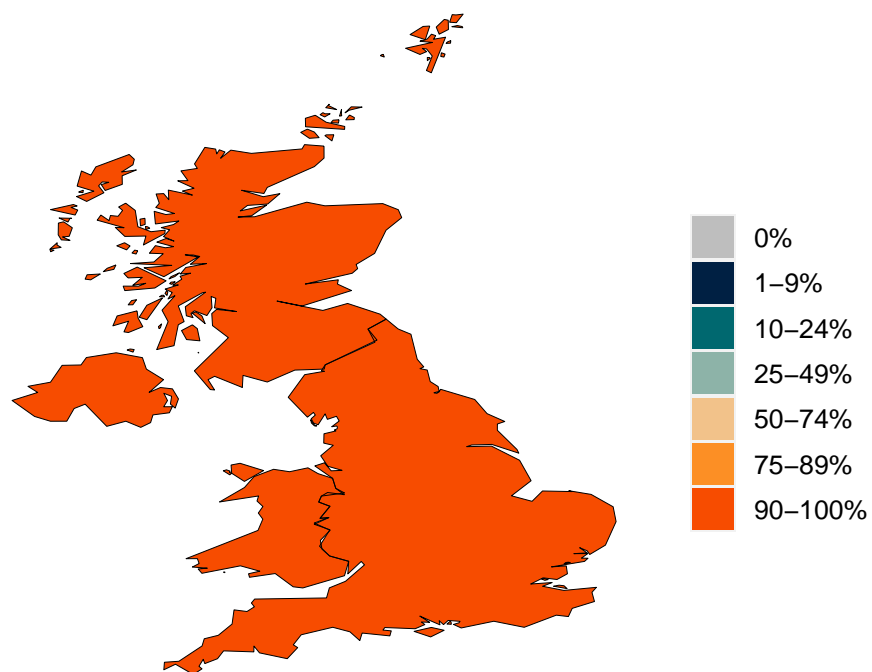
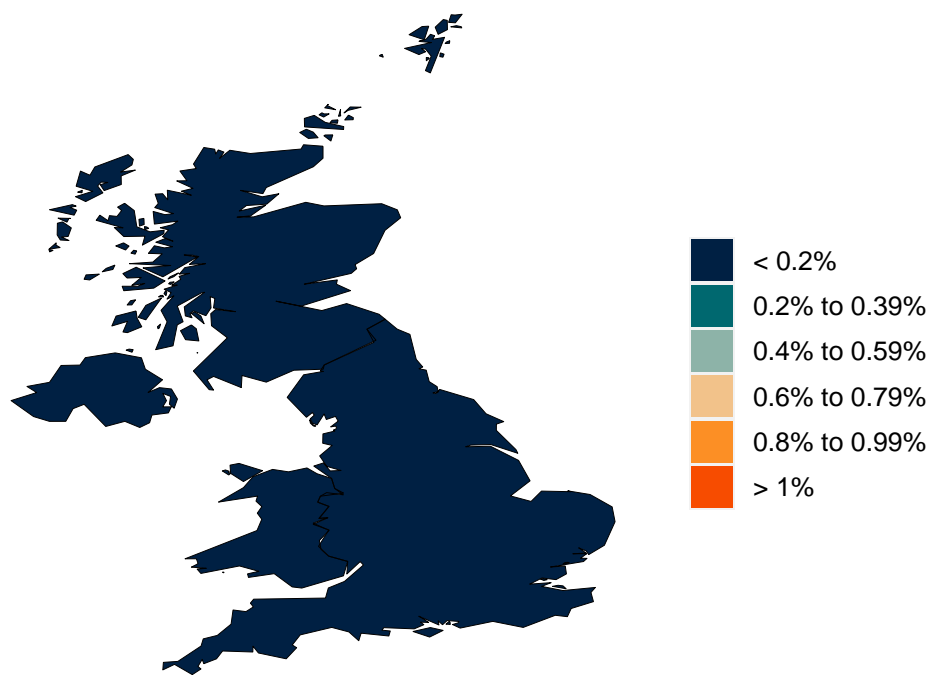


Figure 10.1. Infection-fatality rate on January 18, 2022. This is estimated as the ratio of COVID-19 deaths to estimated daily COVID-19 infections.



Critical drivers

Table 2. Current mandate implementation

	Primary school closure	Secondary school closure	Higher school closure	Entry restrictions for some non-residents	Entry restrictions for all non-residents	Individual movements restricted	Curfew for businesses	Individual curfew	Gathering limit: 6 indoor, 10 outdoor	Gathering limit: 10 indoor, 25 outdoor	Gathering limit: 25 indoor, 50 outdoor	Gathering limit: 50 indoor, 100 outdoor	Gathering limit: 100 indoor, 250 outdoor	Restaurants closed	Bars closed	Restaurants / bars closed	Restaurants / bars curbside only	Gyms, pools, other leisure closed	Non-essential retail closed	Non-essential retail curbside only	Non-essential workplaces closed	Stay home order	Stay home fine	Mask mandate	Mask mandate fine
England	No mandate	No mandate	Mandate in place	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	Mandate in place	Mandate in place
Northern Ireland	No mandate	No mandate	Mandate in place	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	Mandate in place	Mandate in place	Mandate in place	Mandate in place	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	Mandate in place	Mandate in place
Scotland	No mandate	No mandate	Mandate in place	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	Mandate in place	Mandate in place
Wales	No mandate	No mandate	Mandate in place	No mandate	No mandate	Mandate in place	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	No mandate	Mandate in place	Mandate in place

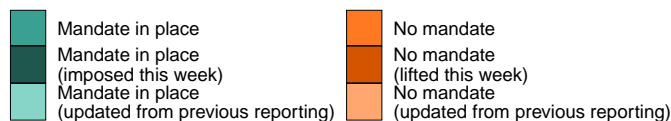


Figure 11.1. Trend in mobility as measured through smartphone app use, compared to January 2020 baseline

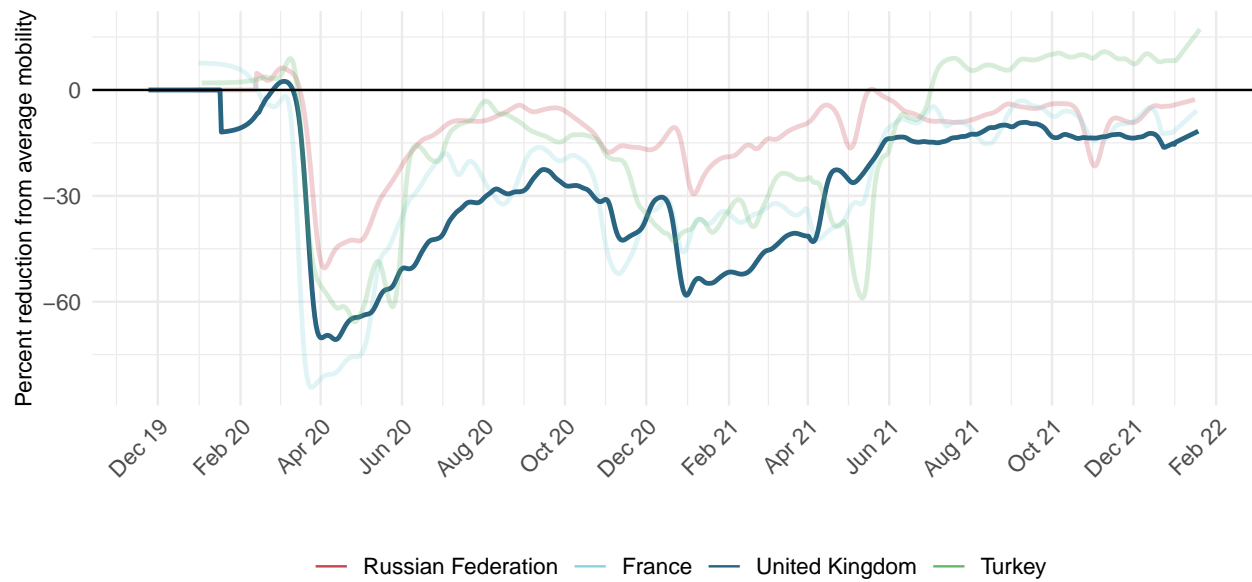


Figure 12.1. Mobility level as measured through smartphone app use, compared to January 2020 baseline (percent) on January 18, 2022

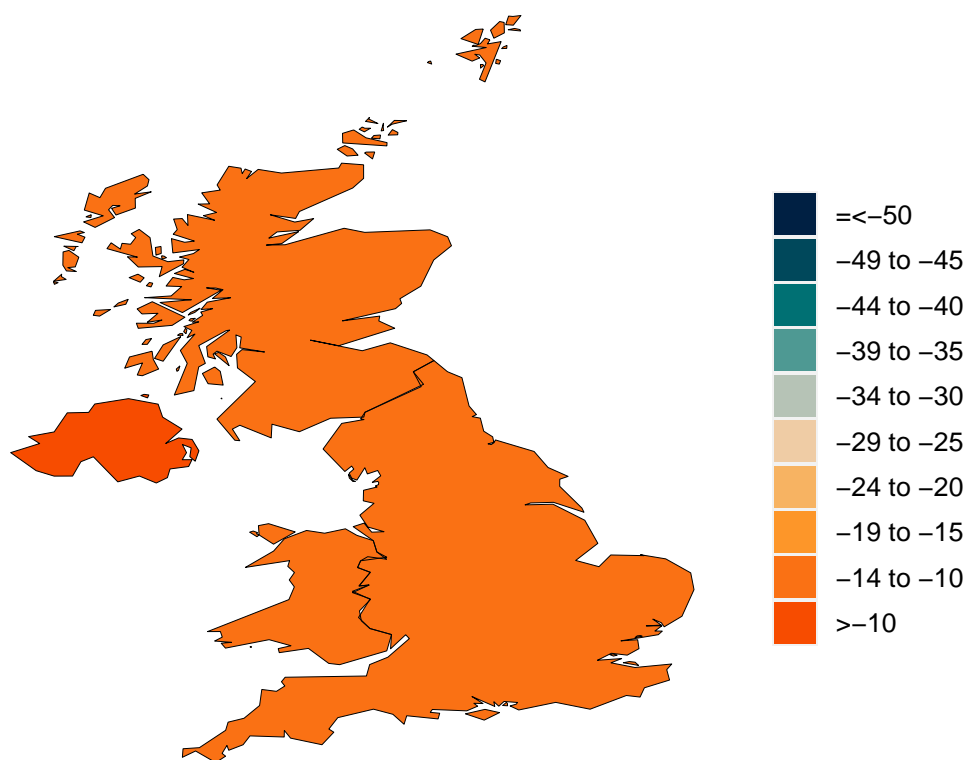


Figure 13.1. Trend in the proportion of the population reporting always wearing a mask when leaving home

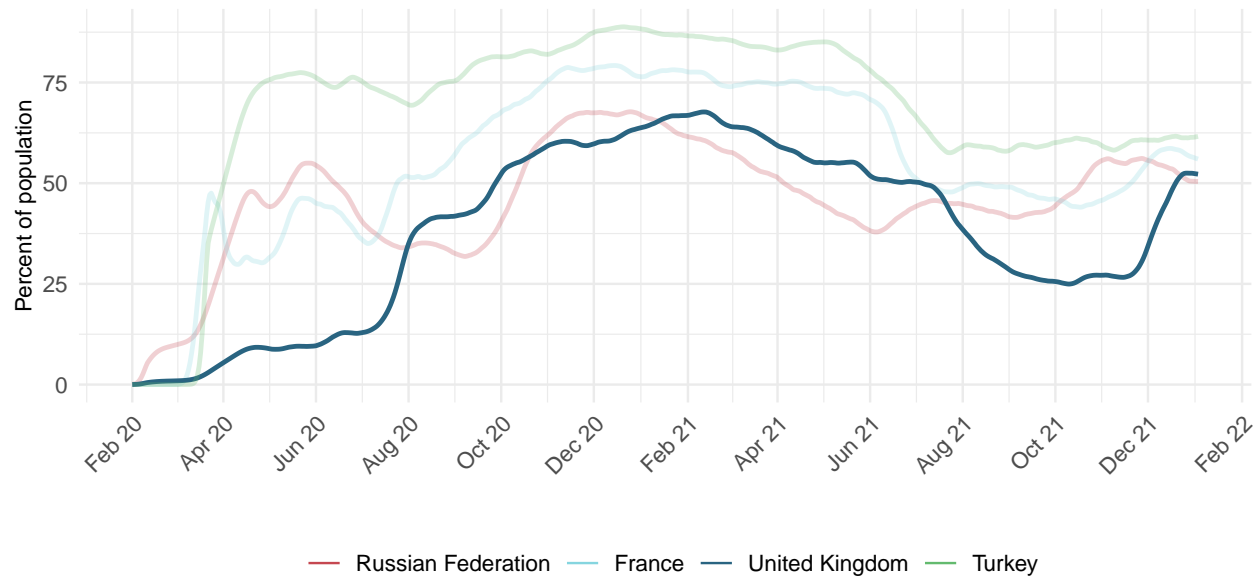


Figure 14.1. Proportion of the population reporting always wearing a mask when leaving home on January 18, 2022

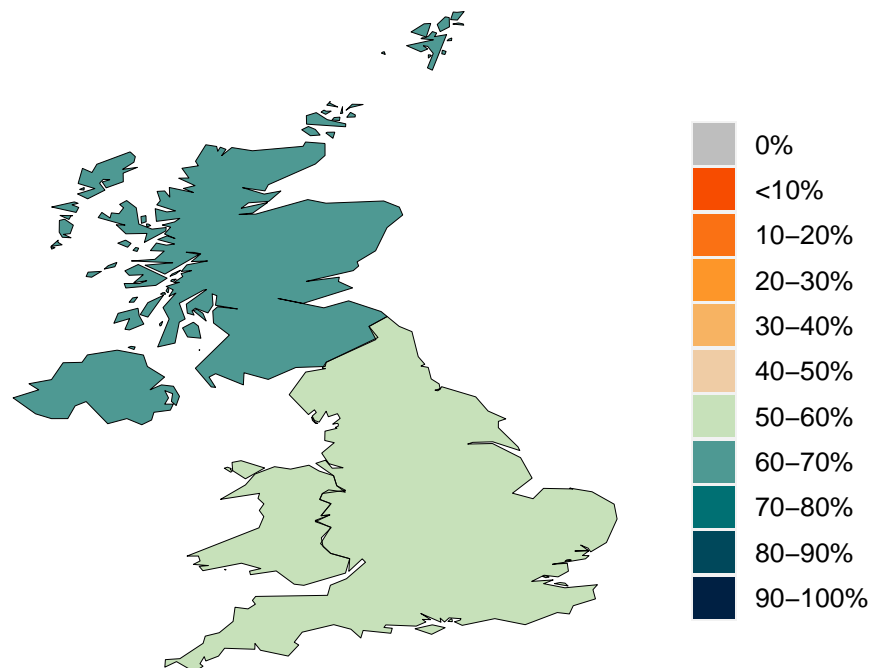


Figure 15.1. Trend in COVID-19 diagnostic tests per 100,000 people

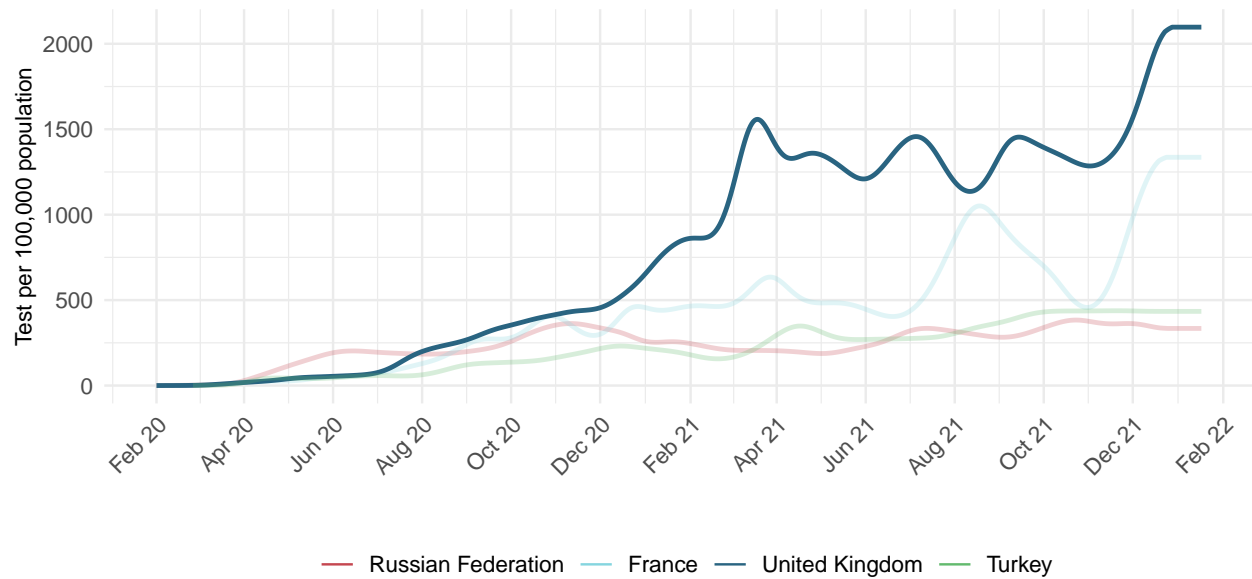


Figure 16.1. COVID-19 diagnostic tests per 100,000 people on January 18, 2022

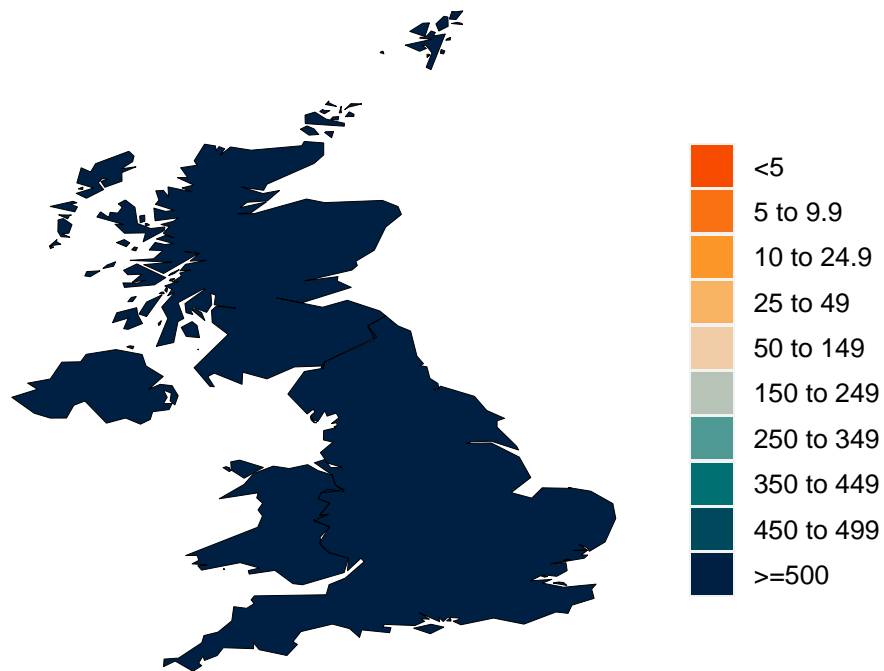


Table 3. Estimates of vaccine effectiveness for specific vaccines used in the model at preventing severe disease and infection. We use data from clinical trials directly, where available, and make estimates otherwise. More information can be found on our [website](#).

Vaccine	Effectiveness at preventing											
	Ancestral		Alpha		Beta		Gamma		Delta		Omicron	
	Severe disease	Infection	Severe disease	Infection	Severe disease	Infection	Severe disease	Infection	Severe disease	Infection	Severe disease	Infection
AstraZeneca	94%	63%	94%	63%	94%	69%	94%	69%	94%	69%	71%	36%
CanSino	66%	62%	66%	62%	64%	61%	64%	61%	64%	61%	48%	32%
CoronaVac	50%	47%	50%	47%	49%	46%	49%	46%	49%	46%	37%	24%
Covaxin	78%	73%	78%	73%	76%	72%	76%	72%	76%	72%	57%	38%
Johnson & Johnson	86%	72%	86%	72%	76%	64%	76%	64%	76%	64%	57%	33%
Moderna	97%	92%	97%	92%	97%	91%	97%	91%	97%	91%	73%	48%
Novavax	89%	83%	89%	83%	86%	82%	86%	82%	86%	82%	65%	43%
Pfizer/BioNTech	95%	86%	95%	86%	95%	84%	95%	84%	95%	84%	72%	44%
Sinopharm	73%	68%	73%	68%	71%	67%	71%	67%	71%	67%	53%	35%
Sputnik-V	92%	86%	92%	86%	89%	85%	89%	85%	89%	85%	67%	44%
Other vaccines	75%	70%	75%	70%	73%	69%	73%	69%	73%	69%	55%	36%
Other vaccines (mRNA)	91%	86%	91%	86%	88%	85%	88%	85%	88%	85%	67%	45%

Percent of the population having received at least one dose (17.1) and fully vaccinated against SARS-CoV-2 (17.2) by January 18, 2022

Figure 17.1 Percent of the population having received one dose of a COVID-19 vaccine

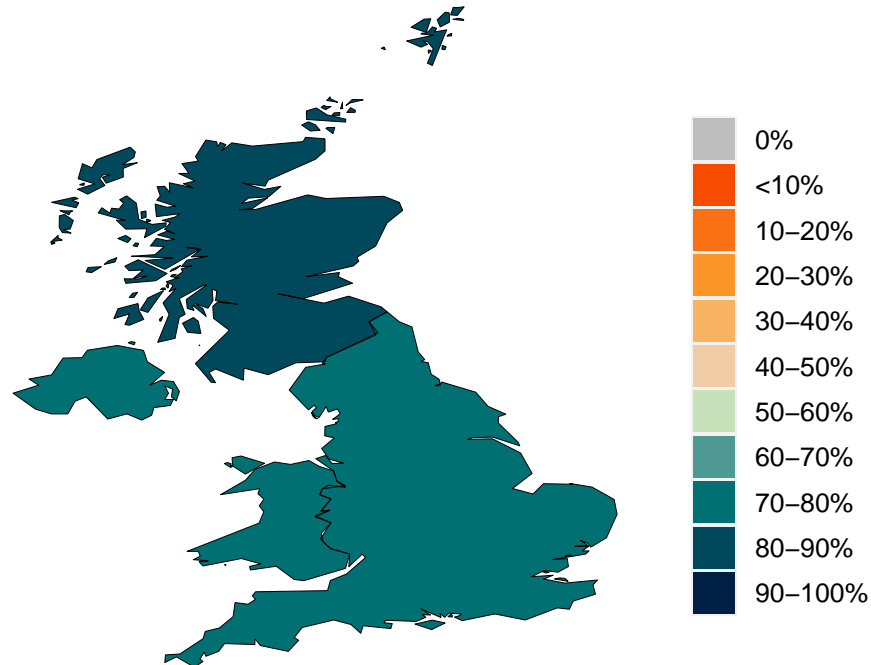


Figure 17.2 Percent of the population fully vaccinated against SARS-CoV-2

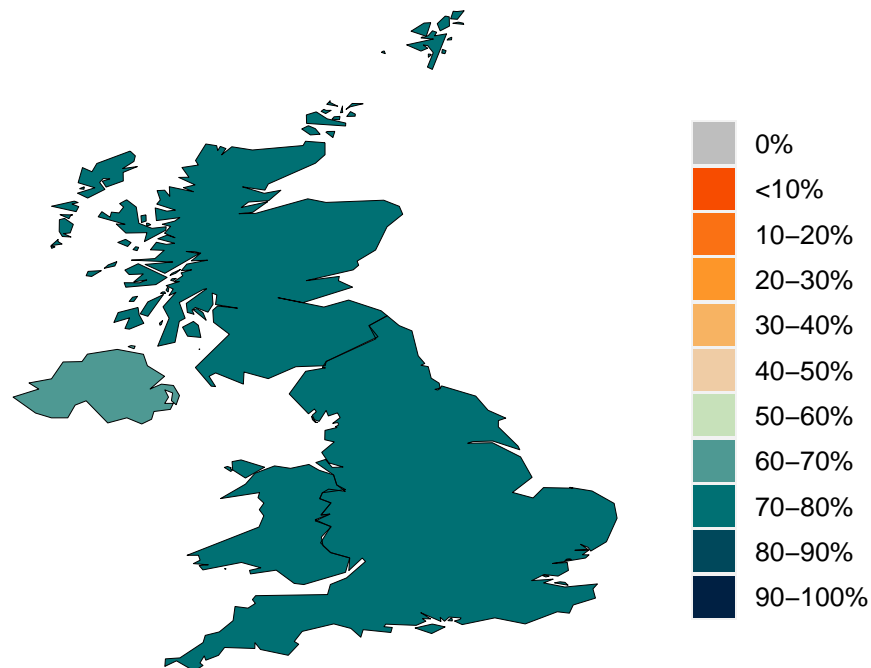


Figure 18.1. Trend in the estimated proportion of the population that is 12 years and older that has been vaccinated or would probably or definitely receive the COVID-19 vaccine if available. Note that vaccine acceptance is calculated using survey data from the 18+ population.

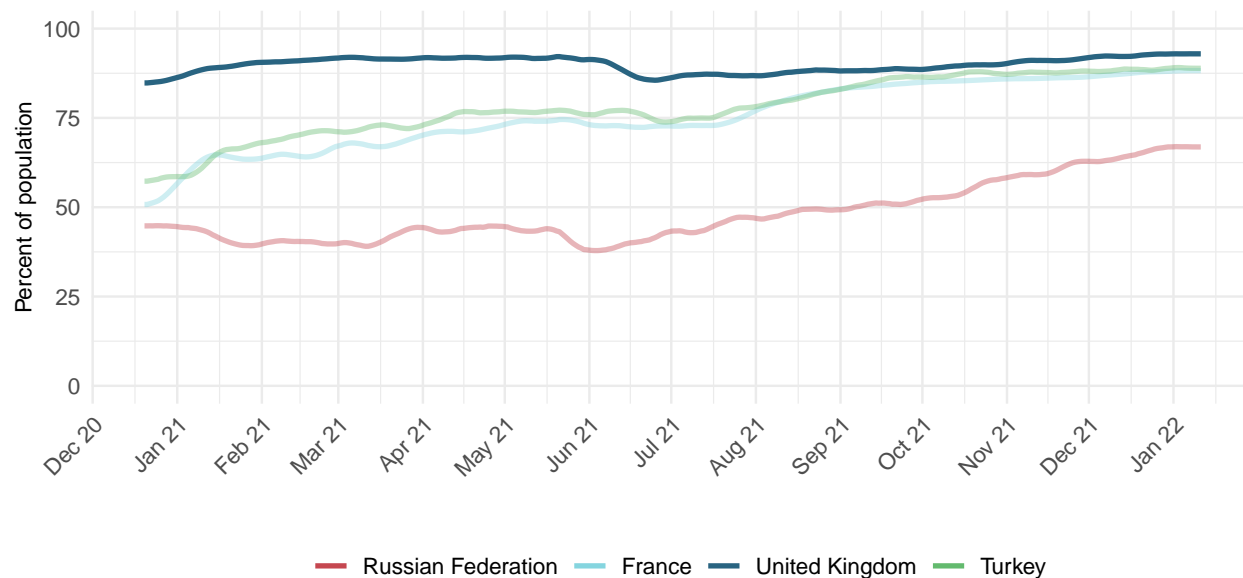


Figure 19.1. Estimated proportion of the population that is 12 years and older that has been vaccinated or would probably or definitely receive the COVID-19 vaccine if available. Note that vaccine acceptance is calculated using survey data from the 18+ population.

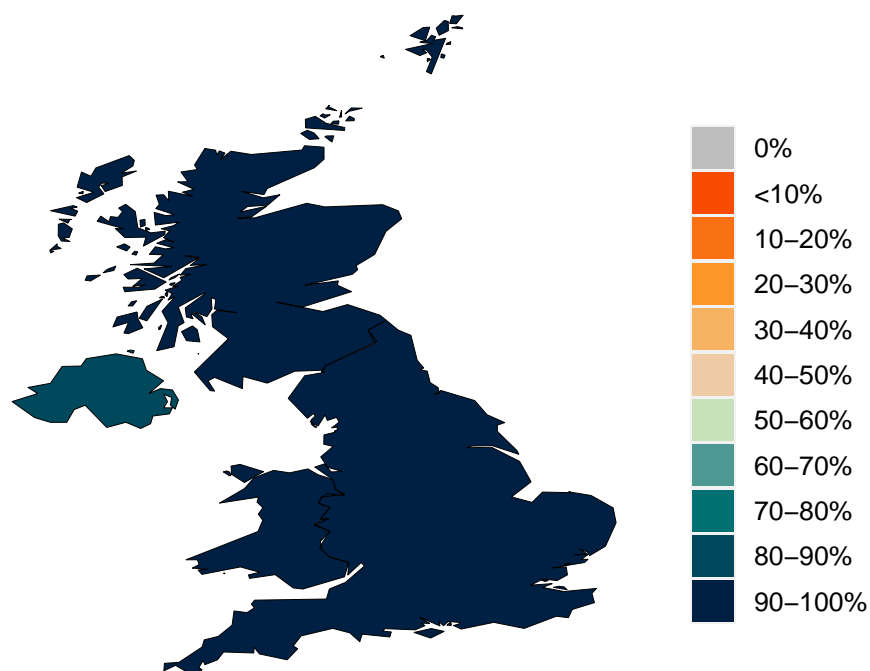
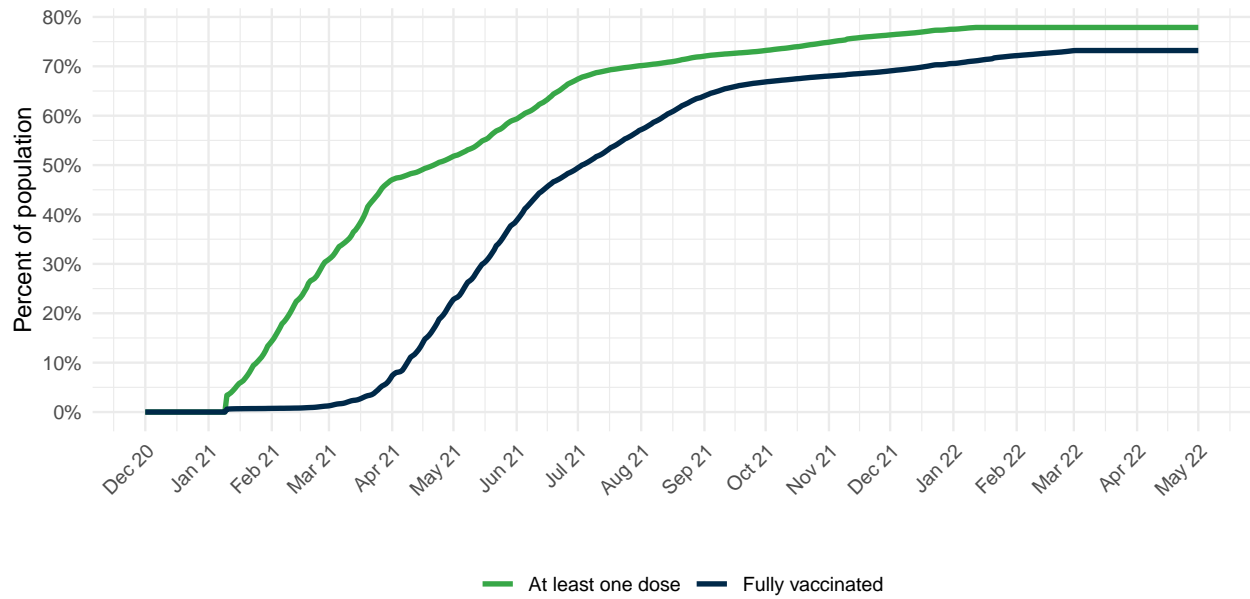


Figure 20.1. Percent of people who receive at least one dose of a COVID-19 vaccine and those who are fully vaccinated



Projections and scenarios

We produce 3 scenarios when projecting COVID-19. The **reference scenario** is our forecast of what we think is most likely to happen:

- Vaccines are distributed at the expected pace. Brand- and variant-specific vaccine efficacy is updated using the latest available information from peer-reviewed publications and other reports.
 - Future mask use is the mean of mask use over the last 7 days.
 - Mobility increases as vaccine coverage increases.
 - Omicron variant spreads according to our flight and local spread model.
-
- 80% of those who have had two doses of vaccine (or one dose for Johnson & Johnson) receive a third dose at 6 months after their second dose.

The **80% mask use scenario** makes all the same assumptions as the reference scenario but assumes all locations reach 80% mask use within 7 days. If a location currently has higher than 80% use, mask use remains at the current level.

The **third dose scenario** is the same as the reference scenario but assumes that 100% of those who have received two doses of vaccine will get a third dose at 6 months.

Figure 21.1. Daily COVID-19 infections until May 01, 2022 for 3 scenarios

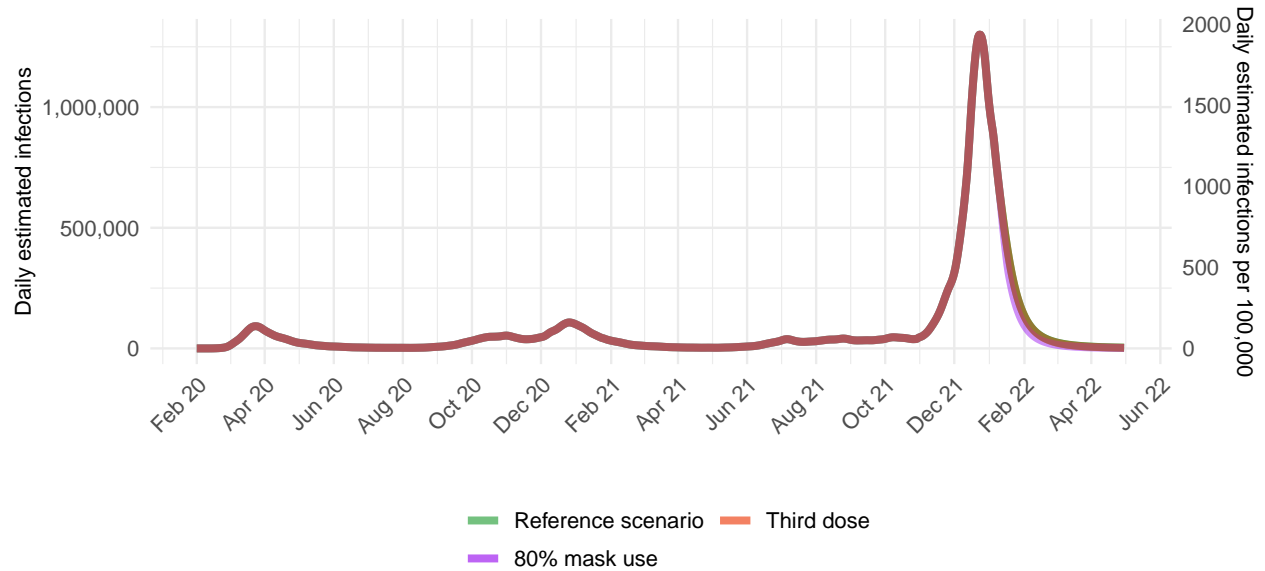


Figure 21.2. Daily COVID-19 reported cases until May 01, 2022 for 3 scenarios

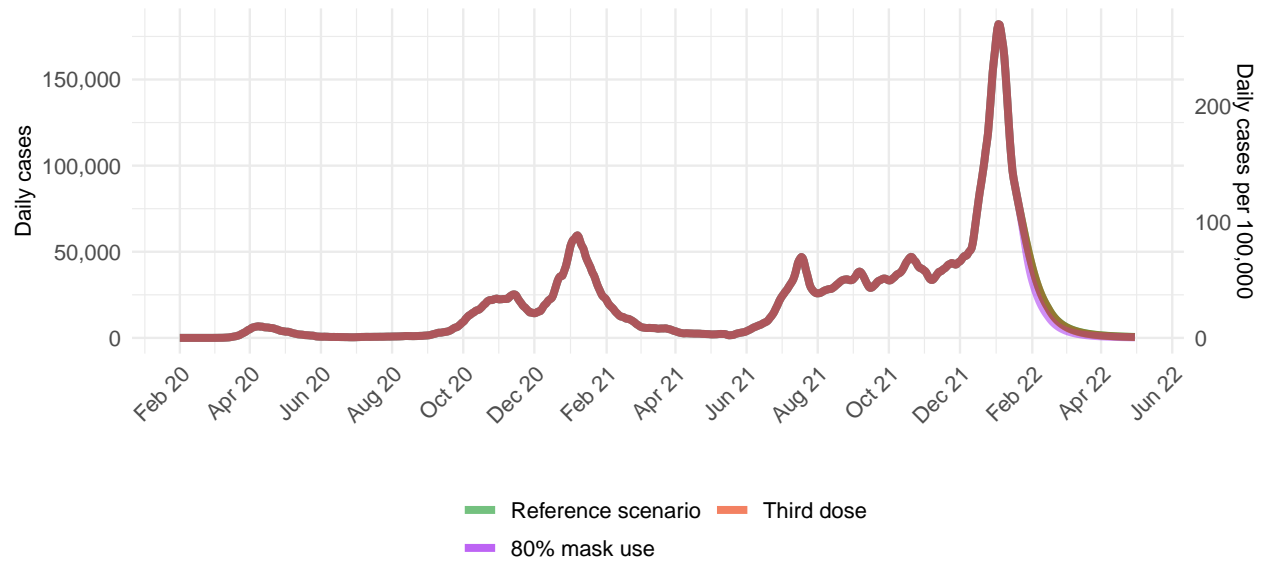


Figure 21.3. Daily COVID-19 hospital census until May 01, 2022 for 3 scenarios

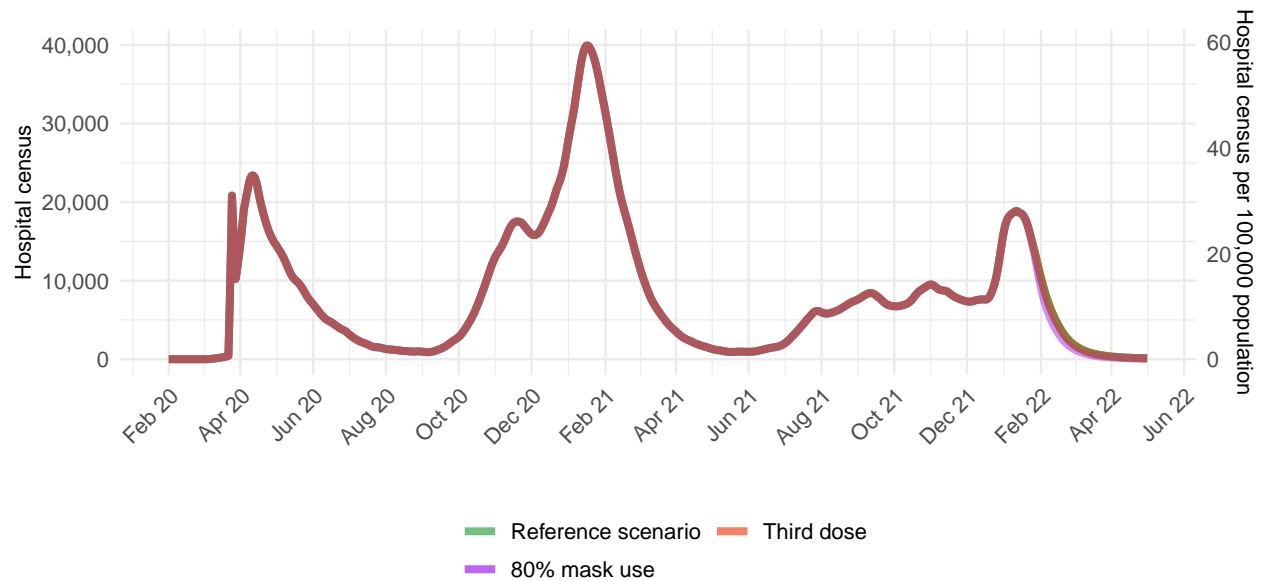


Figure 21.4 Reported daily COVID-19 deaths per 100,000

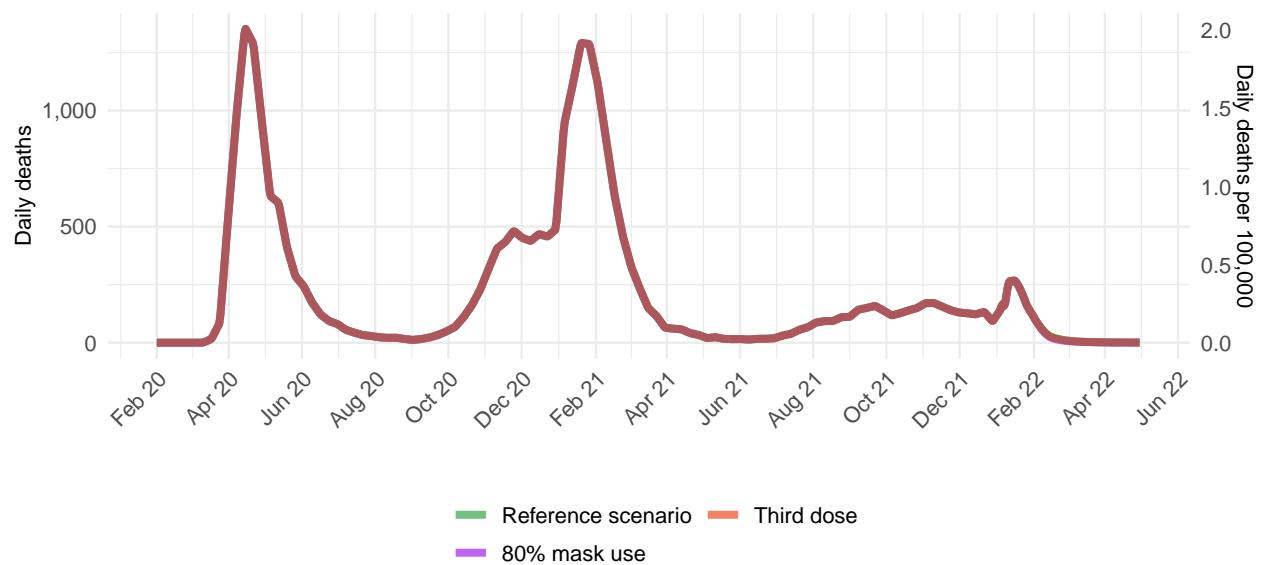


Figure 21.5 Total daily COVID-19 deaths per 100,000

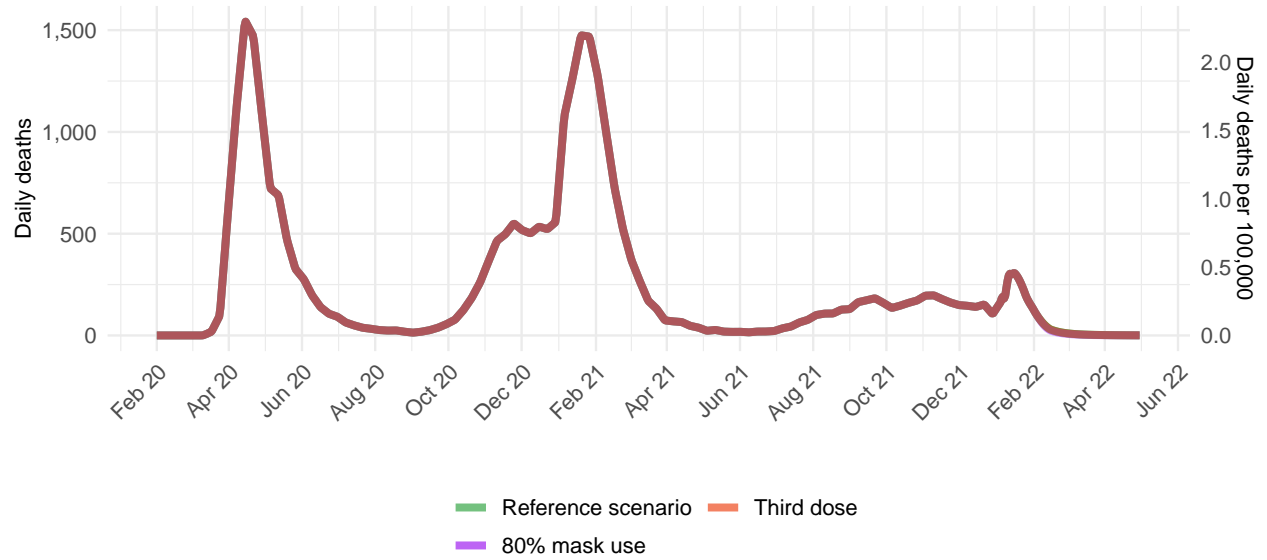


Figure 22.1. Comparison of reference model projections with other COVID modeling groups. For this comparison, we are including projections of daily COVID-19 deaths from other modeling groups when available, last model update in brackets: Delphi from the Massachusetts Institute of Technology ([Delphi](#)) [January 21, 2022], Imperial College London ([Imperial](#)) [January 2, 2022], the SI-KJalpha model from the University of Southern California ([SIKJalpha](#)) [January 20, 2022]. Daily deaths from other modeling groups are smoothed to remove inconsistencies with rounding. Regional values are aggregates from available locations in that region.

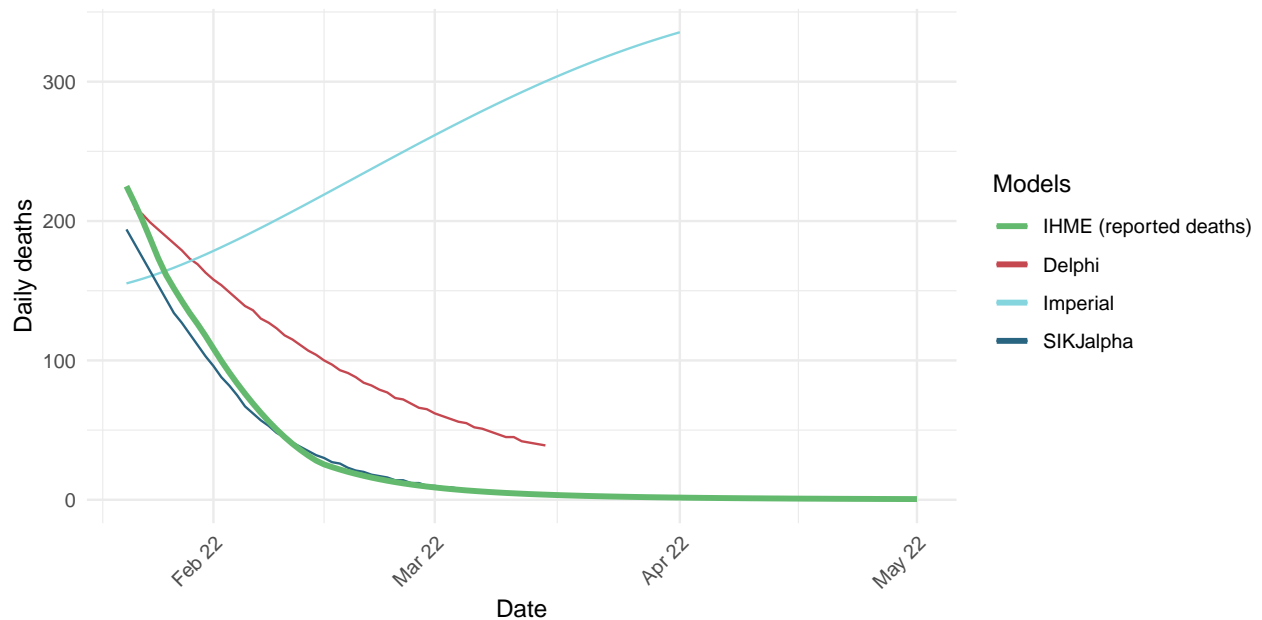


Figure 23.1. The estimated inpatient hospital usage is shown over time. The percent of hospital beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of beds occupied by COVID-19 patients. Less than 5% is considered *low stress*, 5-9% is considered *moderate stress*, 10-19% is considered *high stress*, and 20% or greater is considered *extreme stress*.

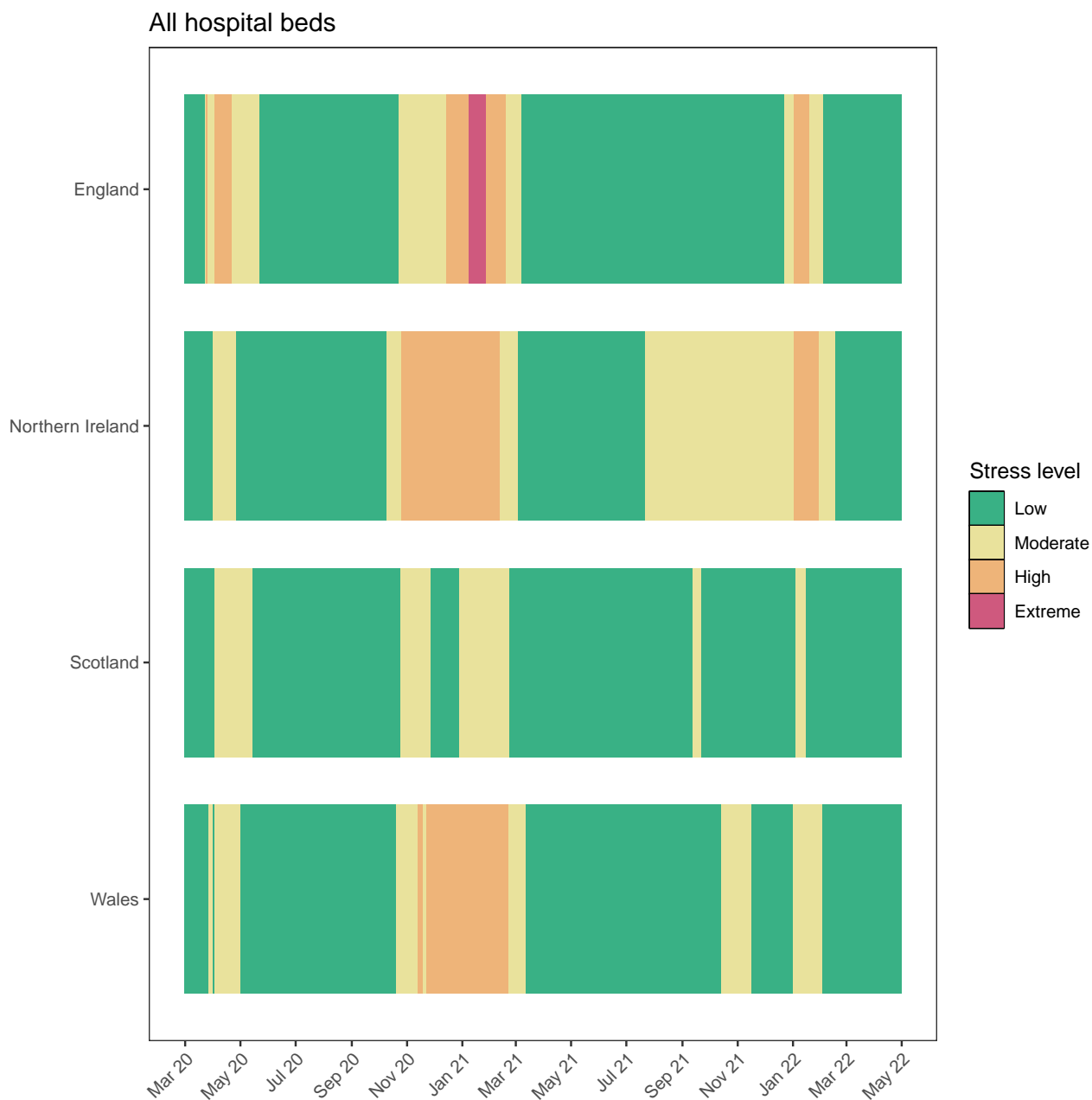
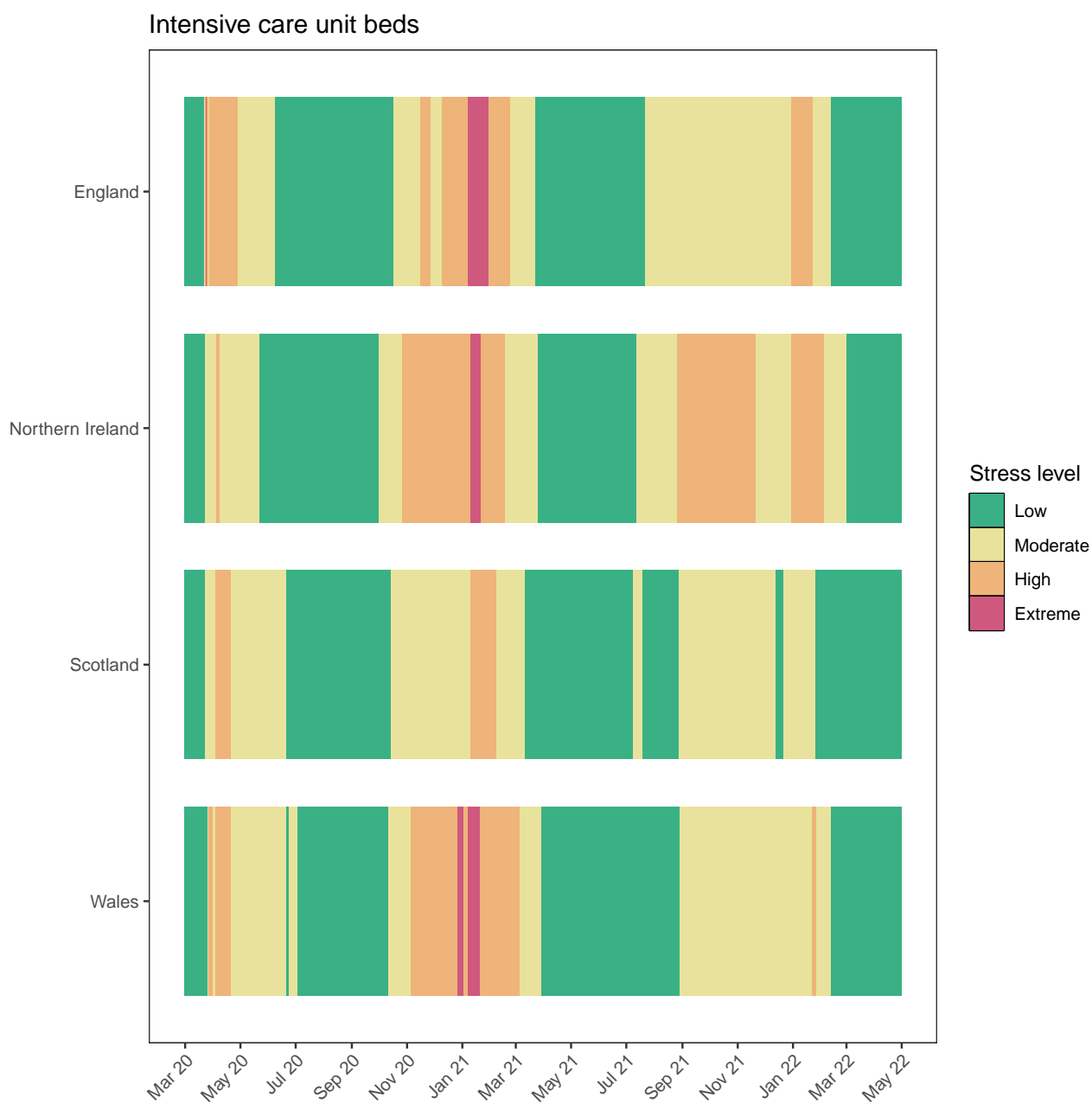


Figure 24.1. The estimated intensive care unit (ICU) usage is shown over time. The percent of ICU beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of ICU beds occupied by COVID-19 patients. Less than 10% is considered *low stress*, 10-29% is considered *moderate stress*, 30-59% is considered *high stress*, and 60% or greater is considered *extreme stress*.



More information

Data sources:

Mask use and vaccine confidence data are from the [The Delphi Group at Carnegie Mellon University and University of Maryland COVID-19 Trends and Impact Surveys](#), in partnership with Facebook. Mask use data are also from [Premise](#), the Kaiser Family Foundation, and the [YouGov COVID-19 Behaviour Tracker](#) survey.

Genetic sequence and metadata are primarily from the GISAID Initiative. Further details available on the COVID-19 model [FAQ page](#).

A note of thanks:

We wish to warmly acknowledge the support of [these](#) and others who have made our COVID-19 estimation efforts possible.

More information:

For all COVID-19 resources at IHME, visit <http://www.healthdata.org/covid>.

To download our most recent results, visit our [Data downloads page](#).

Questions? Requests? Feedback? Please contact us at <https://www.healthdata.org/covid/contact-us>.