

Overview of COVID 19

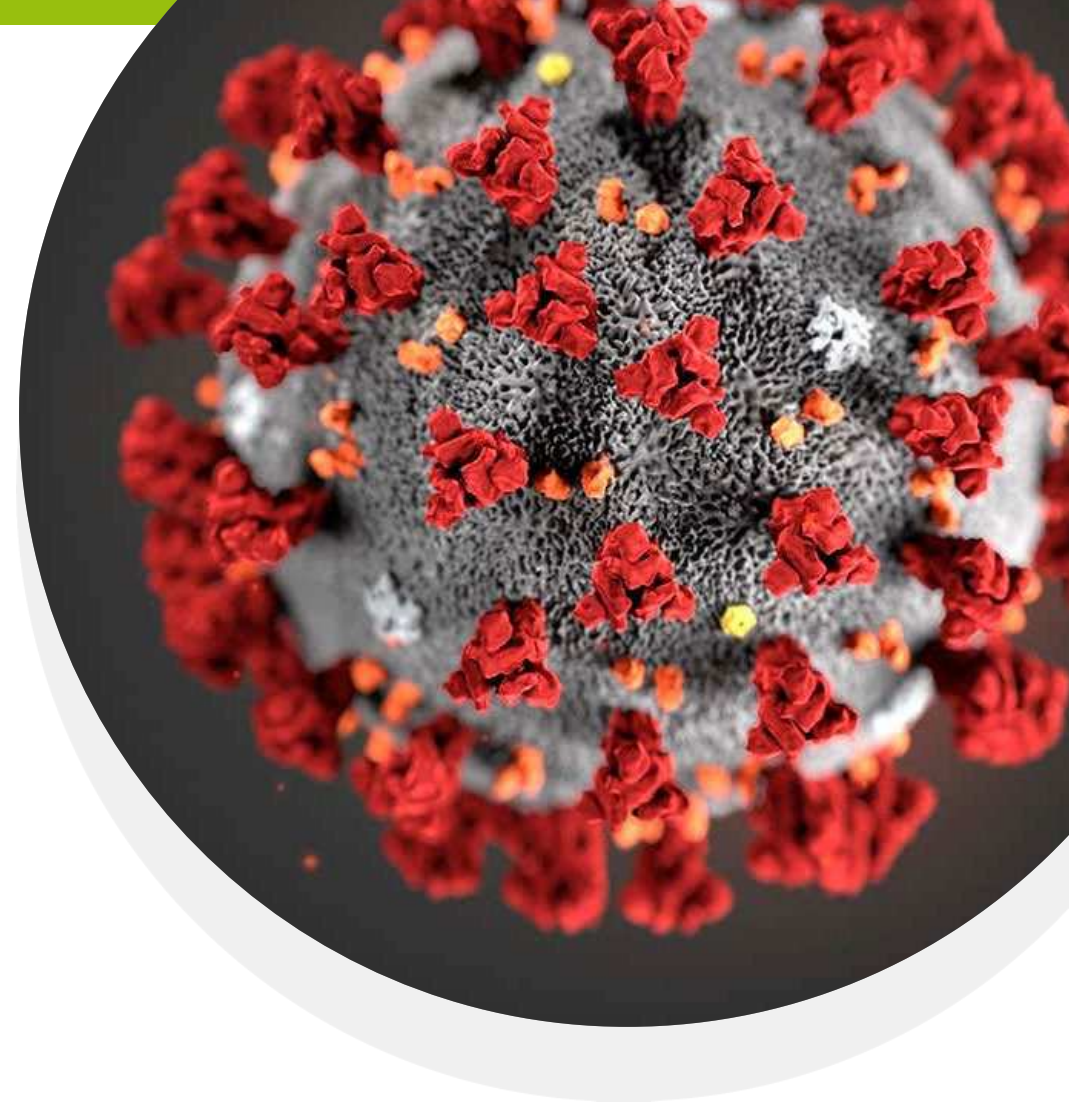
Dr Louise Smith, Director
of Public Health

Introduction

- The situation is changing very rapidly and it is likely at least some of the information in this presentation will become out of date quickly
- Phases of Major Epidemic Response - Containment , Delay, Mitigation, Recovery
- We are currently planning to start to move out of delay phase and developing plans for new strategies as part of the first steps towards mitigation and recovery
- Information sources:

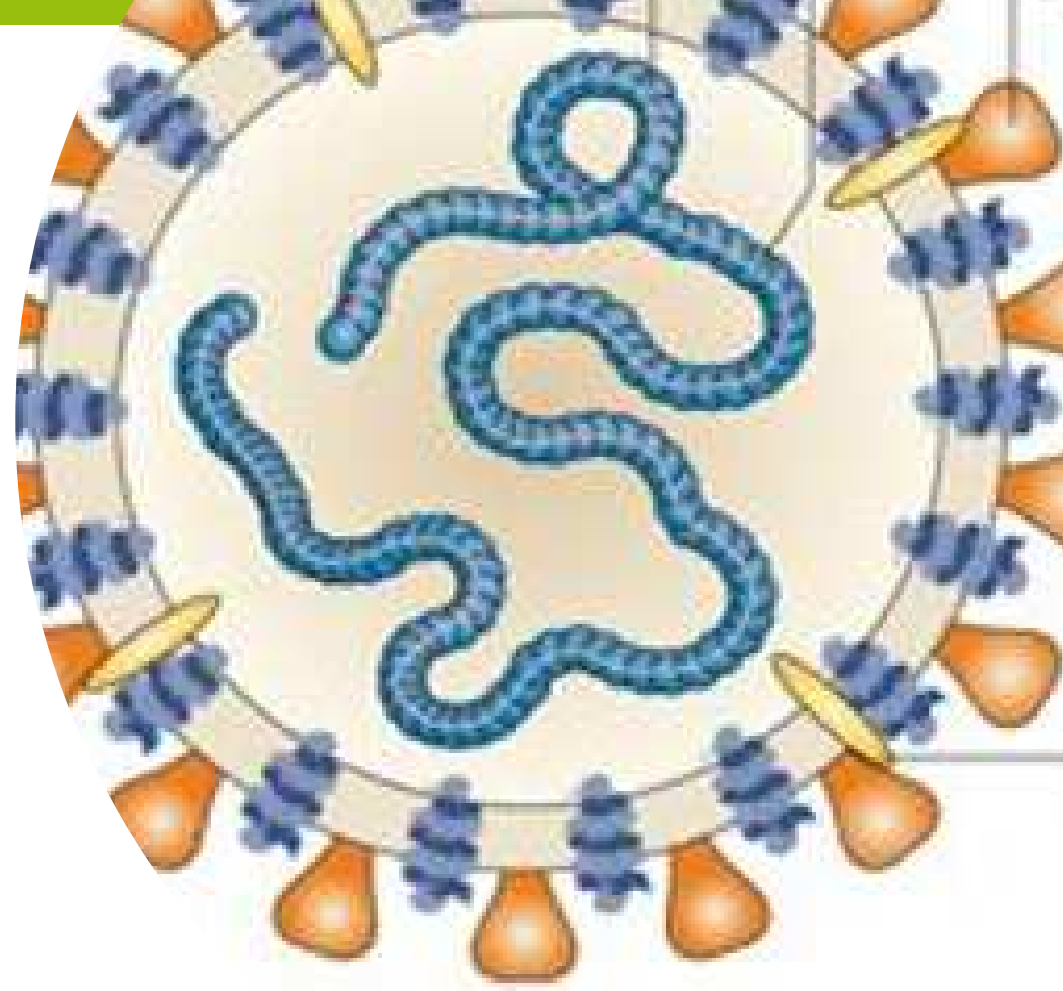
www.nhs.uk/coronavirus

www.gov.uk/coronavirus



Overview

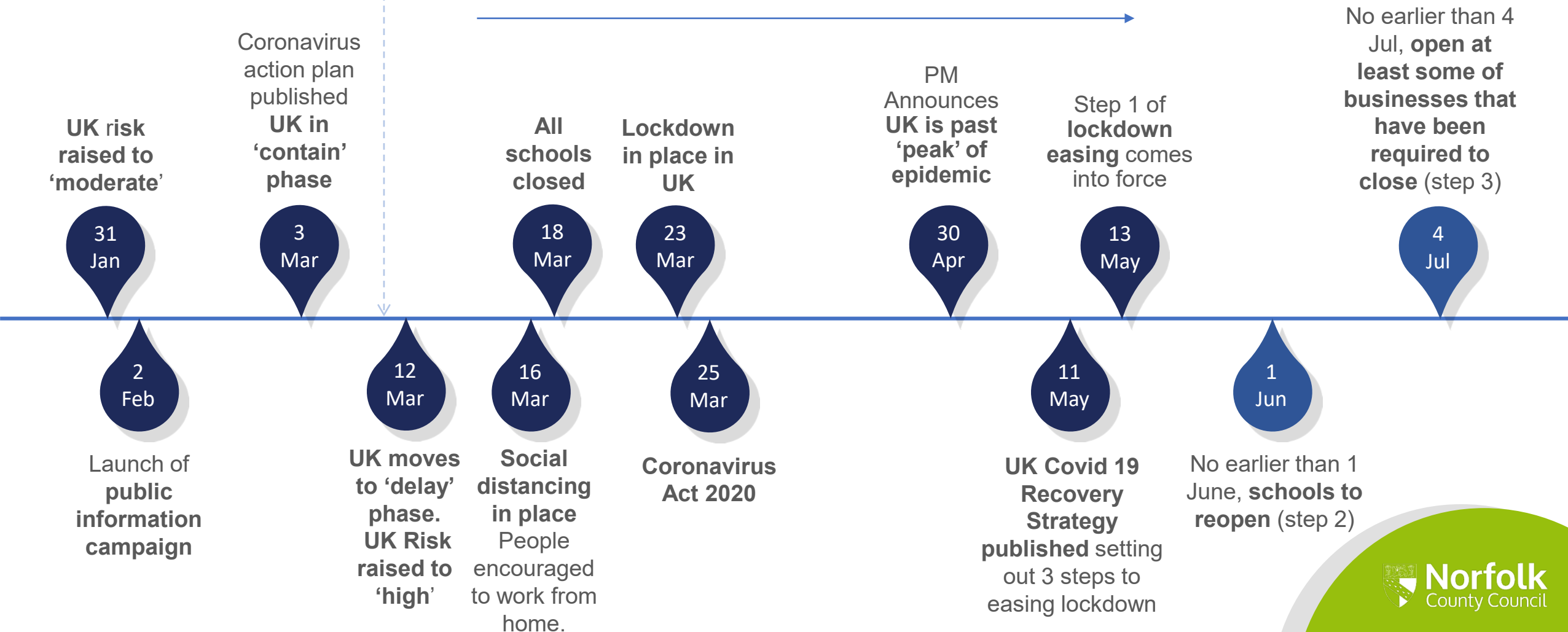
- On 31 Dec 2019, WHO was informed of a cluster of cases of pneumonia of unknown cause in Wuhan, China
- On 11 February 2020, WHO named the syndrome novel coronavirus COVID-19 and announced global pandemic on 12 March.
- COVID-19 is a new strain that has not been previously identified in humans.
- It produces mild to moderate disease in most people. But severe illness in 15% and critical illness in 5%
- Virus is transmitted between people through respiratory droplets with a human-to-human transmission rate 2.2-3.5.
- As of 17 May, 4.6 million cases have been diagnosed globally, with more than 311,000 fatalities.



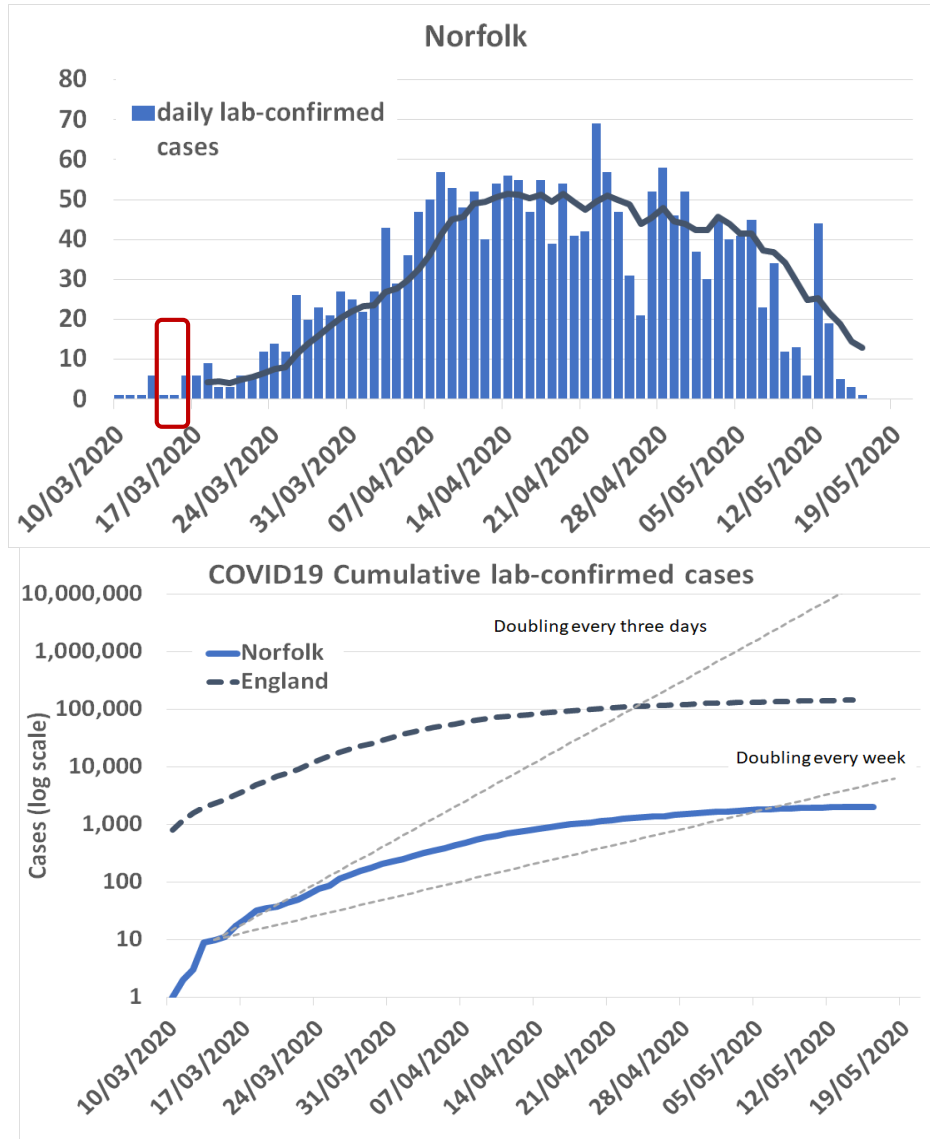
Nature Review

Timeframe of UK COVID 19 Policy

Following the Budget on 11 Mar - Series of measures announced to support businesses, self-employed, renters, vulnerable people, charities, NHS and local government.

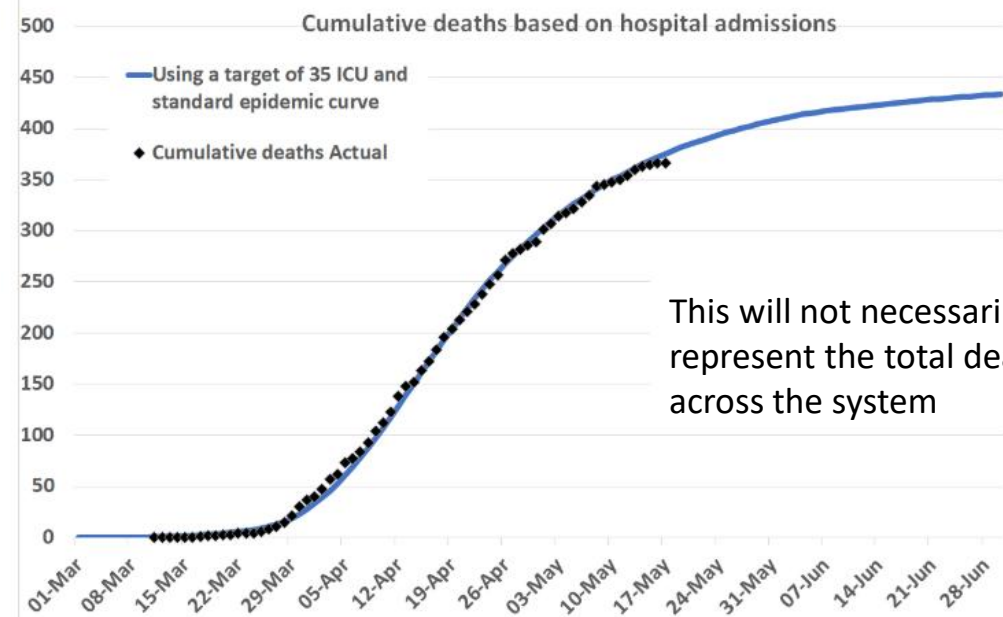
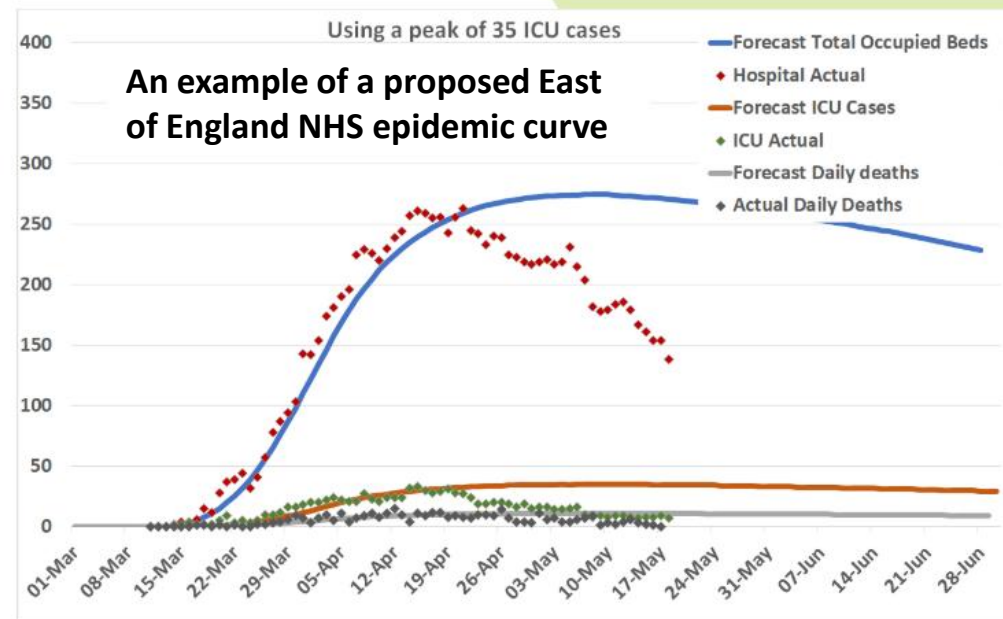
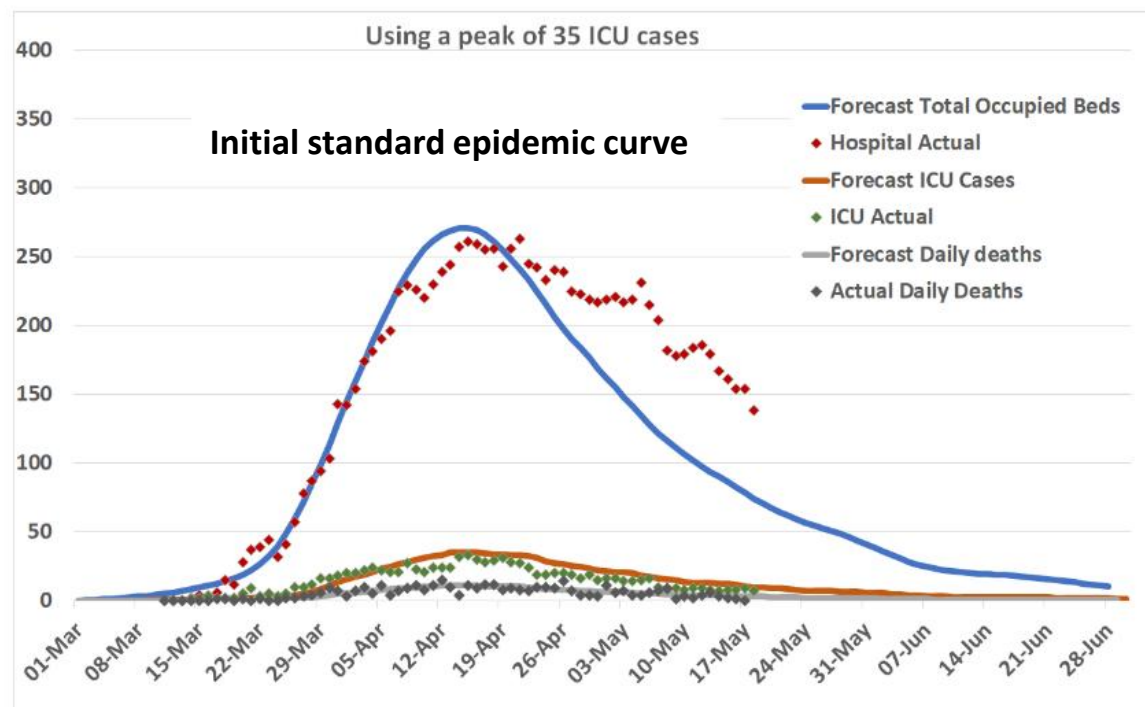


COVID 19 Cases – Epidemic Curve



What	Norfolk	England
First case	10/03/2020	30/01/2020
First death	17/03/2020	02/03/2020
Cases to 17/05/2020	2,004	143,311
Total hospital deaths reported to 17/05/2020	366	24,739
Total care home deaths to 08/05/2020	80	8,314

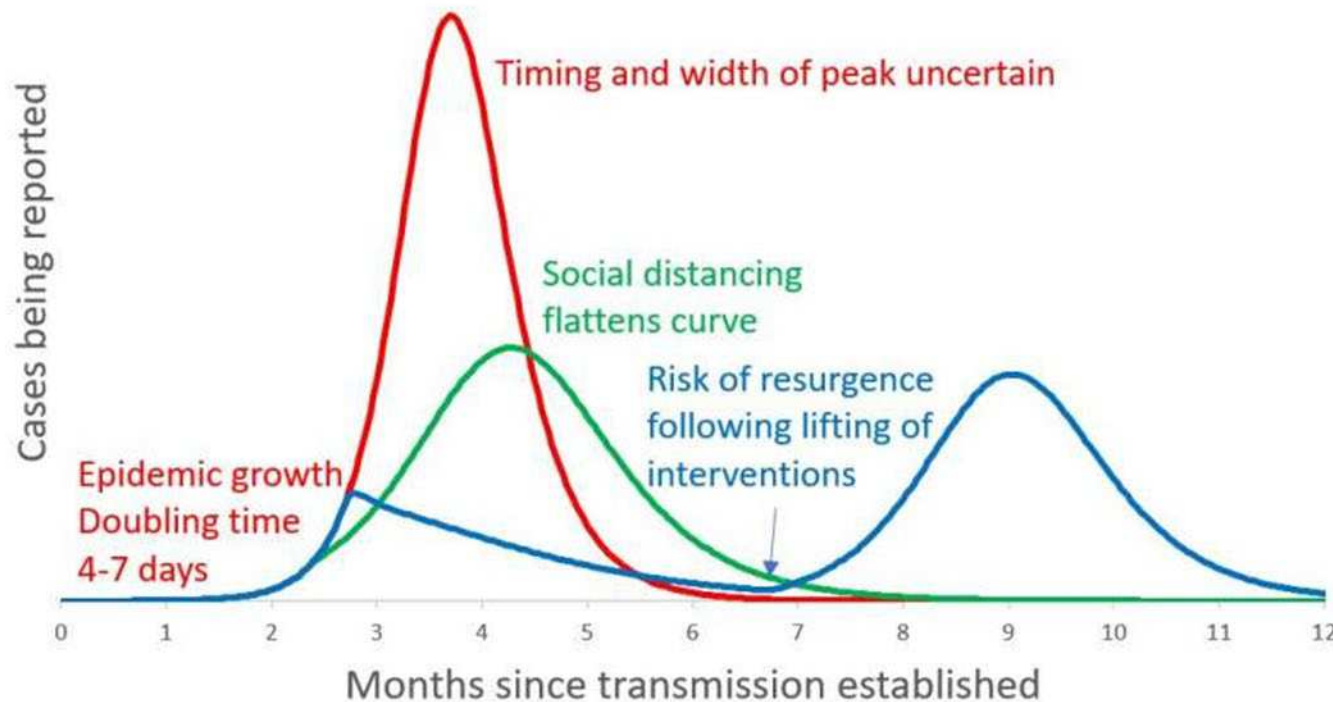
Models produced a set of trajectories that can be viewed with other proposed trajectories for region. It appears that the actuals are following somewhere between the two



This will not necessarily represent the total deaths across the system

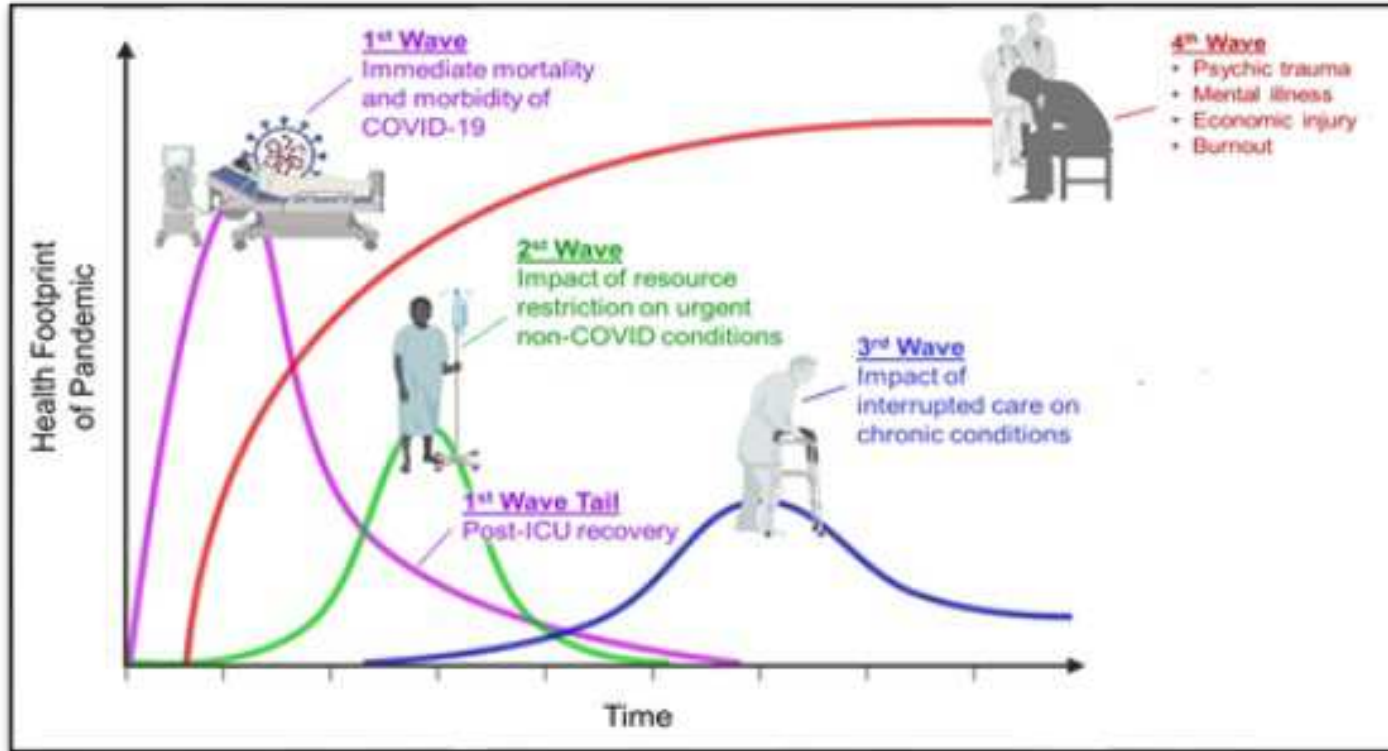
- Hospitalised patients slightly lower
- ICU cases were much less than initially expected
- Daily death numbers were relatively small and unstable
- The proportion of admissions to ICU was lower than the initial 33% in the Imperial College paper.
- People over 80 represent more than 50% of deaths in hospital (and will probably be an underestimate, given the potentially reduced counting of deaths in care homes) but represent <1% of critical care.
- The mortality rate for general hospital admissions was subsequently higher as people were dying outside of ICU

Why Social Distancing and Prevention are Important



- Epidemic transmission can be influenced and interrupted by changes in social behaviour: lockdown
- Imperial Collage currently estimate c5% of population outside London have been infected.
- No dedicated treatment, no vaccine at present
- Mainstay of control: testing, isolation, tracing contacts & testing
- Test, Track and Trace is being developed at a scale never seen before in UK

The wider risks of response: 4 wave model?



Wave 1. The immediate health impact with burden on hospital beds falling slowly. This will include increased demand on social care beds.

Wave 2. Each This is the influx of urgent non-COVID-19 conditions, such as cardiovascular, gastrointestinal and surgical cases.

Wave 3. Patients with chronic diseases, such as hypertension, diabetes, cancer are currently finding a lapse in care with interrupted access.

Wave 4. COVID-19 biopsychosocial effects. Depression from death of friends/family, isolation, economic/productivity lost. Providers experiencing burnout and PTSD from extreme situations. This wave will last longer.

Thank you.

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of Public Health