



ATISN 14601

A Green

request-709746-c7e5a3e9@whatdotheyknow.com

10 February 2021

Dear A Green,

ATISN 14601 – Covid-19

Thank you for your request to the Welsh Government for information under the Freedom of Information Act (2000) received on 29 November. You asked for:

1. *Why are SARS-CoV-2 antibody levels flat or dropping across all age groups since May if the pandemic is still going?*

The Welsh Government does not hold information that shows levels of antibodies are flat or dropping across all age groups since May. The latest information the Welsh Government holds on levels of antibodies in the population is published here:

<https://gov.wales/coronavirus-covid-19-infection-survey>

This information is taken from the *Coronavirus (COVID-19) Infection Survey* (CIS) which is run across the whole of the UK and aims to estimate:

- how many people have the infection over a given time (positivity);
- how many new cases occur over a given period (incidence); and
- how many people have antibodies to COVID-19.

This shows that antibody rates in those tested appear to have increased since the summer.

2. *What percentage of the population is assumed to have had prior immunity to SARS-CoV-2 in the SAGE forecasting models?*

The Welsh Government does not hold information on the assumptions made in the SAGE forecasting models with regard to the percentage of the population and prior immunity. Information on how to make an FOI request to the Scientific Advisory Group for Emergencies can be found here:

<https://www.gov.uk/government/organisations/scientific-advisory-group-for-emergencies>

3. *Why do 50% of household members not catch SARS-CoV-2 from infected persons with whom they live?*

The Welsh Government does not hold recorded information on the percentage of household members that catch the virus from infected persons with whom they live.

4. *Why have Japan and South Korea not had any serious outbreak if the human species has no prior immunity to SARS-CoV-2?*

The Welsh Government does not hold any recorded information on the situation regarding outbreaks in Japan and South Korea and immunity to SARS-CoV-2. Direct international comparison of different countries' outcomes from Covid-19 is extremely difficult, being strongly shaped by social, political, cultural, economic, geographic factors, in addition to policy differences between countries.

5. *What percentage of the population of the UK is assumed to be immune to COVID-19 (including prior immunity) as of this date?*

The Welsh Government does not hold information on the percentage of the population of the UK assumed to be immune to COVID-19.

6. *What percentage of those diagnosed with COVID-19 since July have developed antibodies to COVID-19, confirming the diagnosis?*

The Welsh Government does not hold information on the percentages of people diagnosed with COVID-19 who have developed antibodies. We do publish data on coronavirus testing which includes the numbers of antibody tests for key workers and residents – this is to gauge how many people have had infection, and how far and wide the virus has spread in Wales. Our methodology, sampling strategy and the accompanying testing data is available here: <https://gov.wales/antibody-testing-coronavirus-covid-19>

A direct link to the most recent testing data, including antibody testing, is available here: <https://gov.wales/testing-data-coronavirus-covid-19>

7. *If 90%+ (SAGE Minutes: 21/09/20) of the population is still susceptible to SARS-CoV-2, why did the virus case numbers and deaths not double every 3-4 days throughout June, July and August, and indeed throughout the Autumn?*

This question is not a request for recorded information and so we are unable to provide a response.

The [SAGE paper](#) to which the question refers supposes a doubling time of between 7-20 days, rather than the 3-4 days suggested. During the specified period there were a number of non-pharmaceutical interventions in place aimed at limited population mixing and subsequent transmission of Covid-19.

8. *Why have positive test results rocketed while numbers of symptomatic patients in the community and NHS triage data show they have flatlined since mid-September?*

Cases identified through a positive test result, percentage of inpatients in Wales that have received a positive test and admissions data are available at

<https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>.

Welsh Government holds no recorded data to suggest that symptomatic patients in the community or secondary care have ‘flatlined’ as suggested.

9. ***Why are acute respiratory admissions through Accident & Emergency significantly below the normal for the time of year if the pandemic is still raging?***

PHW surveillance indicators suggest that influenza is not currently circulating in Wales and the Respiratory Syncytial Virus season is not yet underway. Rhinovirus is the most commonly detected non-Covid-19 cause of Acute Respiratory Infection but other causes of ARI continue to be detected. It is likely that changes in public health behaviours in response to Covid-19 have had an effect on the spread of ARIs in Wales. For more information we suggest you contact Public Health Wales.

We do not hold any data on the number of acute respiratory admissions through the Accident and Emergency department. NWIS would hold this information and you can contact them at PDIT.Requests@wales.nhs.uk.

We do hold data on the number of attendances in NHS Accident and Emergency departments, by local health board and date which is updated every Thursday. This does not include a breakdown by type of admission. This data can be accessed using the following link: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/accidentandemergencydepartmentsattendances-by-date-localhealthboard>.

We also hold data on the number of hospital admissions by date and patient type. This data is split into the number of daily COVID-19 admissions (suspected or confirmed) or the number of daily non-COVID-19 admissions. This data is updated daily (Monday to Friday) and can be accessed using the following link: (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/admissions-by-date-patienttype>).

Referrals for respiratory medicine: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/Referrals/referrals-by-area-month>
<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/Referrals/referrals-by-treatmentfunction-month>

	Oct-2012	Oct-2013	Oct-2014	Oct-2015	Oct-2016	Oct-2017	Oct-2018	Oct-2019	Oct-2020
All Wales LHB (Residence)	1,650	1,820	2,072	2,184	2,305	2,395	2,880	3,244	2,417

10. ***Why are total hospital admissions, ITU occupancy and hospital oxygen consumption at or below normal levels for the time of year?***

Hospital admissions and ITU occupancy data is available at <https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>

It is difficult to be precise as to why Hospital admissions are at a lower than 'normal' levels. There are a number of potential reasons, these include changing behaviours by the public in seeking hospital care, the change in personal behaviours in relation to hand hygiene and the wearing of face masks, which seems to have reduced the spread of some respiratory infections and a reduction in elective activity.

While we don't collect and publish information relating to the consumption of oxygen in hospitals we do ensure that health boards have sufficient oxygen for their needs.

In general terms the occupancy of critical care beds has not been lower than previously. The hospital system has been operating above what would be considered the 'core' bed numbers, however as part of our response to the pandemic the NHS in Wales has created extra capacity which has provided some 'headroom' in the system. This information can be seen at <https://gov.wales/written-statement-additional-bed-capacity-plans-remainder-20202021>

Hospital admissions data and invasive ventilated bed occupancy data is updated daily (Monday to Friday) on our StatsWales website.

Data on hospital admissions can be found here: (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/admissions-by-date-hospitaltype>)

Data for invasive ventilated bed occupancy can be found here: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/nhsbed-by-date-use>

11. What percentage of deaths labelled as being due to COVID-19 have had the diagnosis confirmed at post-mortem since July?

Welsh Government does not hold information around the percentage of deaths from Covid-19 where patients have been diagnosed post-mortem. The [PHW Rapid Covid-19 surveillance dashboard](#) has data on suspected Covid-19 deaths in lab confirmed cases.

For the information you request you may wish to contact the Public Health Wales Fol team at <https://phw.nhs.wales/use-of-site/contact-us/freedom-of-information/>

12. Why are the regions of the country that have had excess deaths not the same regions that have supposed COVID-19 deaths, unlike in spring?

Welsh Government does not hold this information.

13. Why has Liverpool testing by the Army failed to find COVID-19 in the community when they are supposedly at the centre of the alleged "second wave"?

Welsh Government does not hold this information. You may wish to contact the UK Government Fol team at <https://www.gov.uk/make-a-freedom-of-information-request>

14. How is a 0.22% rate of diagnosed infection in the public in Liverpool to be reconciled with the ONS prediction of 2.3% infection rates in Liverpool on 11th November based on PCR testing?

Welsh Government does not hold this information. You may wish to contact the UK Government Fol team at <https://www.gov.uk/make-a-freedom-of-information-request> or the ONS Fol team at <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi>

15. Why are much quicker lateral flow tests not being prioritised for hospital admissions to prevent the standard 24-48 hour delay with PCR results and ensure that those who are positive can be isolated to prevent hospital spread?

See below response.

16. Why aren't all staff being tested by the lateral flow test to prevent the staffing crisis being caused by false positive PCR results?

Regular testing of high risk frontline health and social staff in Wales using lateral flow devices has been in place since 14th December. It is anticipated that this will be extended to lower risk settings in January 2021. For further information see <https://gov.wales/regular-rapid-covid-testing-frontline-health-and-social-care-staff-wales-introduced>

Data on NHS Wales staff absence and self-isolation rates is available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/nhsstaffabsences-by-date-staffgroup>

17. Do positive PCR tests for asymptomatic and symptomatic NHS staff, or anyone else, which result in them being required to self-isolate have confirmatory re-tests performed?

PCR tests have a higher degree of sensitivity than other forms of testing, including LFTs, and do not require a further confirmatory test. Confirmatory PCR tests can be used following a positive LFT result. The self-isolation period can be reduced should a negative result be returned on a PCR test.

18. Why is the country in lockdown when there are no excess hospital admissions, no excess intensive care bed use and no excess death rates (by date of occurrence) in the midst of an allegedly out of control, raging pandemic?

The most recent information around NHS activity and capacity is available at <https://gov.wales/nhs-activity-and-capacity-during-coronavirus-covid-19-pandemic>.

Information on excess deaths is available at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending22january2021>.

The NHS system has been under enormous pressure during this winter period as a result of the pandemic. This is a complex issue that is more complicated and nuanced than the numbers alone suggest- aside from the usual winter pressures, Covid-19 has meant that large numbers of staff are either suffering from the virus or isolating at any one

time. Keeping patients safe when they are in hospital has led to a reduction in 'real' capacity due to the distancing and other infection control requirements.

Critical Care has been operating at or above its usual baseline number of beds for much of the second wave, this combined with the high number of staff absences and an often distressing working environment has made this a very challenging area.

A broader range of factors are assessed when decisions are taken to protect the NHS, its staff and the patients it is treating, or may need to treat in the future. More information on this is available at <https://gov.wales/sites/default/files/publications/2020-07/technical-advisory-cell-circuit-breakers-early-warning-indicators.pdf>.

19. *Why are we in lockdown when the Government's own Operation Cygnus pandemic plan stated that lockdown could only delay deaths by a few weeks at most?*

The Exercise Cygnus report in which Welsh Government participated is available at <https://www.gov.uk/government/publications/uk-pandemic-preparedness>. The report makes no reference to the effect of lockdown, quarantine or other associated measures.

The focus of the exercise was to simulate a peak in demand for health and social services, in order to identify lessons for responders in Local resilience Forums, the health Departments of the UK nations and Public Health Authorities and ensure joint-level planning in pandemic preparedness. This work has fed into the Welsh Government response to Covid-19, such as the use of emergency legislation and communications planning.

20. *What evidence is there that lockdown has prevented more deaths than it has caused?*

Welsh Government has published its assessments of the impact of measures to manage Covid-19 at <https://gov.wales/impact-assessments-coronavirus>.

A Technical Advisory Cell policy modelling paper, available at <https://gov.wales/sites/default/files/publications/2020-12/technical-advisory-group-policy-modelling-december-2020-and-january-2021.pdf>, suggests 2,422 deaths over the Christmas period in the absence of further interventions.

If you are dissatisfied with the Welsh Government's handling of your request, you can ask for an internal review within 40 working days of the date of this response. Requests for an internal review should be addressed to the Welsh Government's Freedom of Information Officer at:

Information Rights Unit,
Welsh Government,
Cathays Park,
Cardiff,
CF10 3NQ
or Email: Freedom.ofinformation@gov.wales

Please remember to quote the ATISN reference number above.

You also have the right to complain to the Information Commissioner. The Information Commissioner can be contacted at:

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF.

However, please note that the Commissioner will not normally investigate a complaint until it has been through our own internal review process.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J Warren'.

Jeanette Warren

Government Business Manager
Government and Corporate Business Team