

# Harrow Health and Well-being Board Covid Update

22 March 2022

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Director of Public Health

# Harrow COVID 19 Dashboard

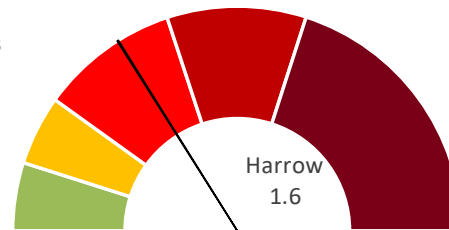
**Report date:** 22/03/2022  
**Data from:** March 10 2022 to March 16 2022

Confirmed Positive Cases (all ages) in  
7 days to 16/03/2022 **1571**

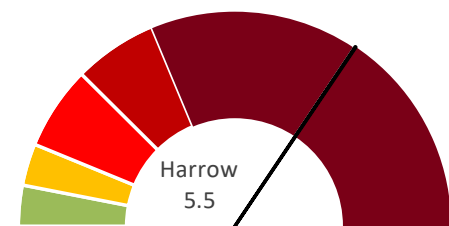
% Change in past 7 days **42%**

Interim positive cases (all ages) in 7  
days to 17/03/2022 **1734**

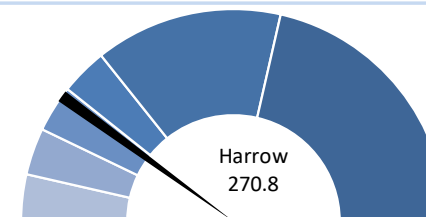
Mortality Rate in past 7 days  
- per 100,000 All ages



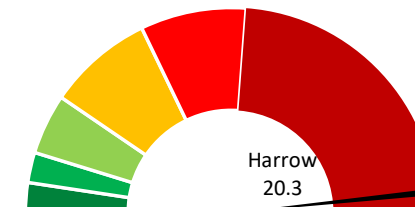
Mortality Rate in past 7 days  
-per 100,000 age 60+



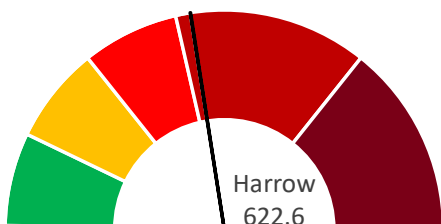
PCR Testing  
rate  
per 100,000



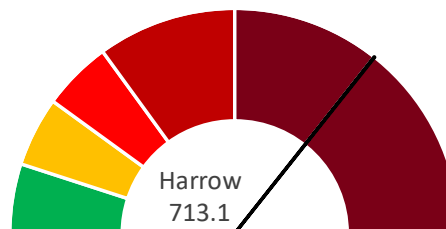
PCR Test  
Positivity  
rate %



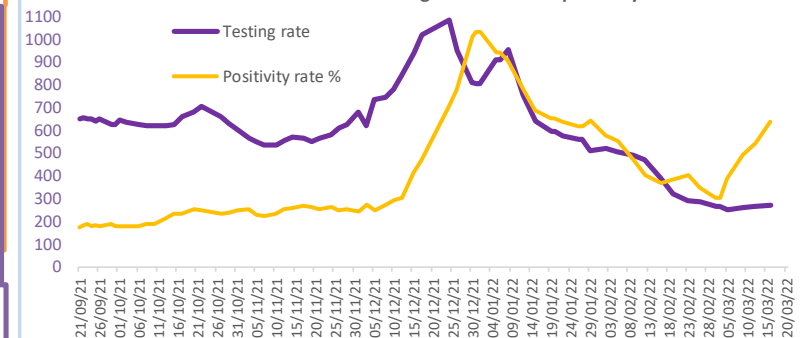
Incidence rate  
(all ages)  
in past 7 days  
per 100,000



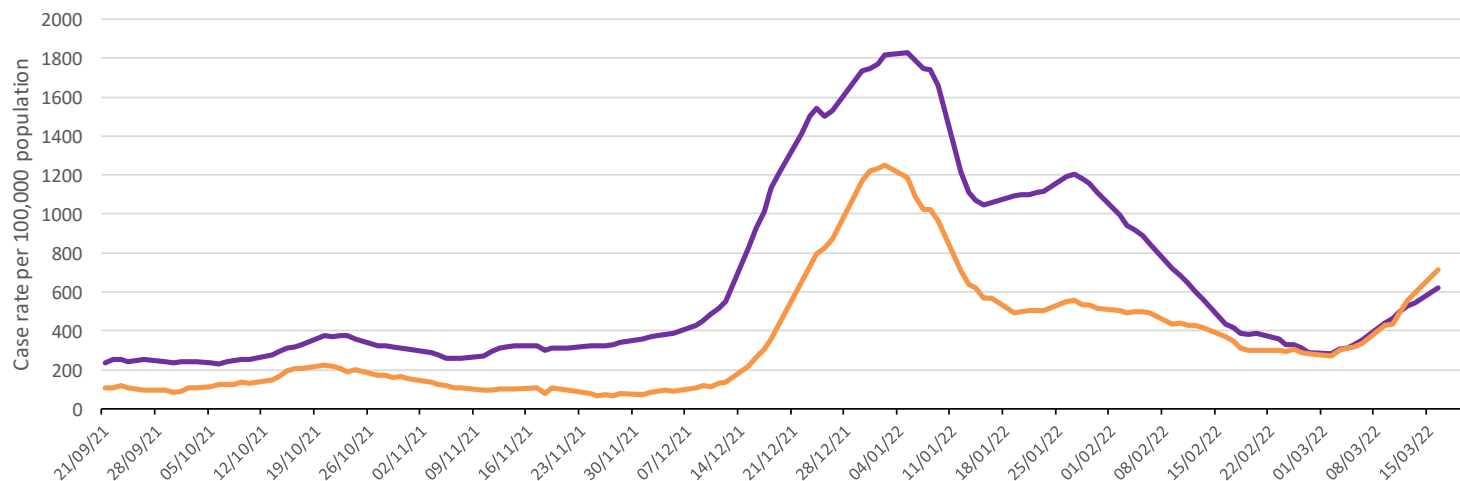
Incidence - 7 days  
in 60 and over  
per 100,000



Trends in PCR testing rates and test positivity



Rate of COVID-19 Cases per 100,000 in Harrow by notification date  
(note last 4-5 days are subject to change)



Harrow is currently in 18th position out of the 33 London boroughs for rate of covid (all ages) and 7th for over 60 age group. Interim case numbers are continuing to increase and today is 250 cases higher than the confirmed cases for 13th March. Rates in over 60s are now higher than the all age rate.

### Hospitalisations:

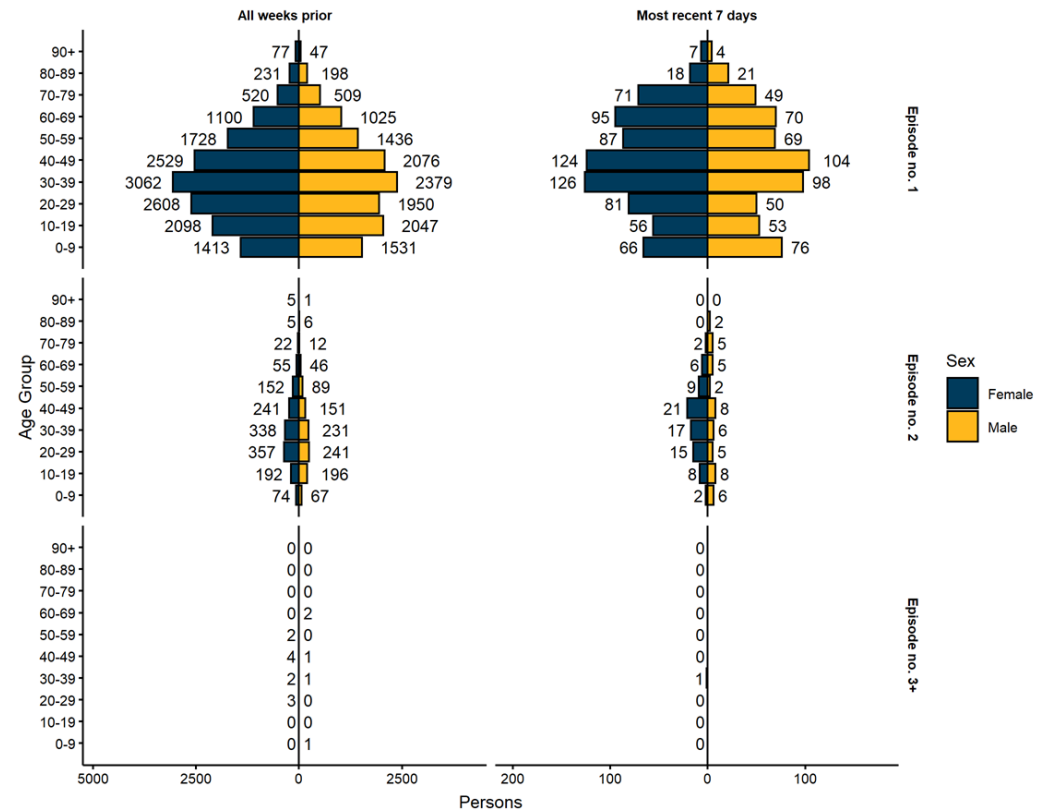
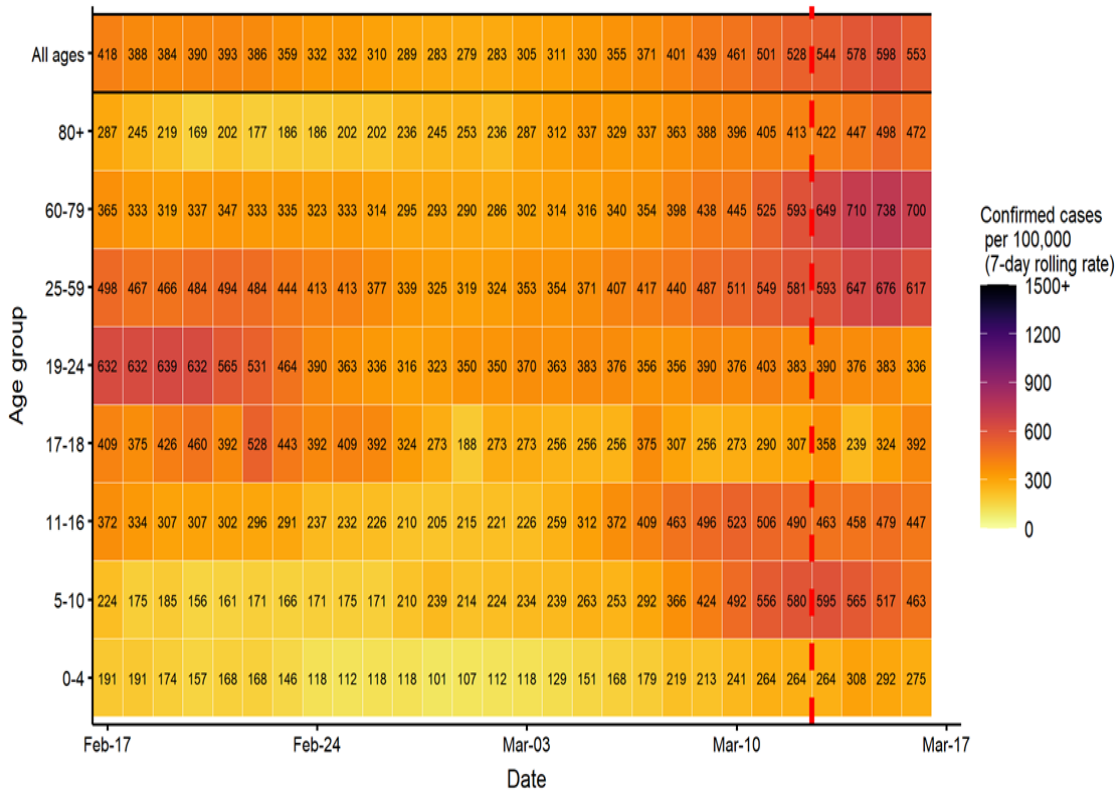
Between 7 March 2022 and 13 March 2022, **73** went into hospital with coronavirus. This shows an increase of **14.1%** compared to the previous 7 days. There were **73** patients in hospital with coronavirus on 15 March 2022. There were **2** coronavirus patients in hospital beds with a mechanical ventilator on 15 March 2022.

**Deaths:** Between 15 March 2022 and 21 March 2022, there have been **2** deaths within 28 days of a positive coronavirus test.

# Case Characteristics

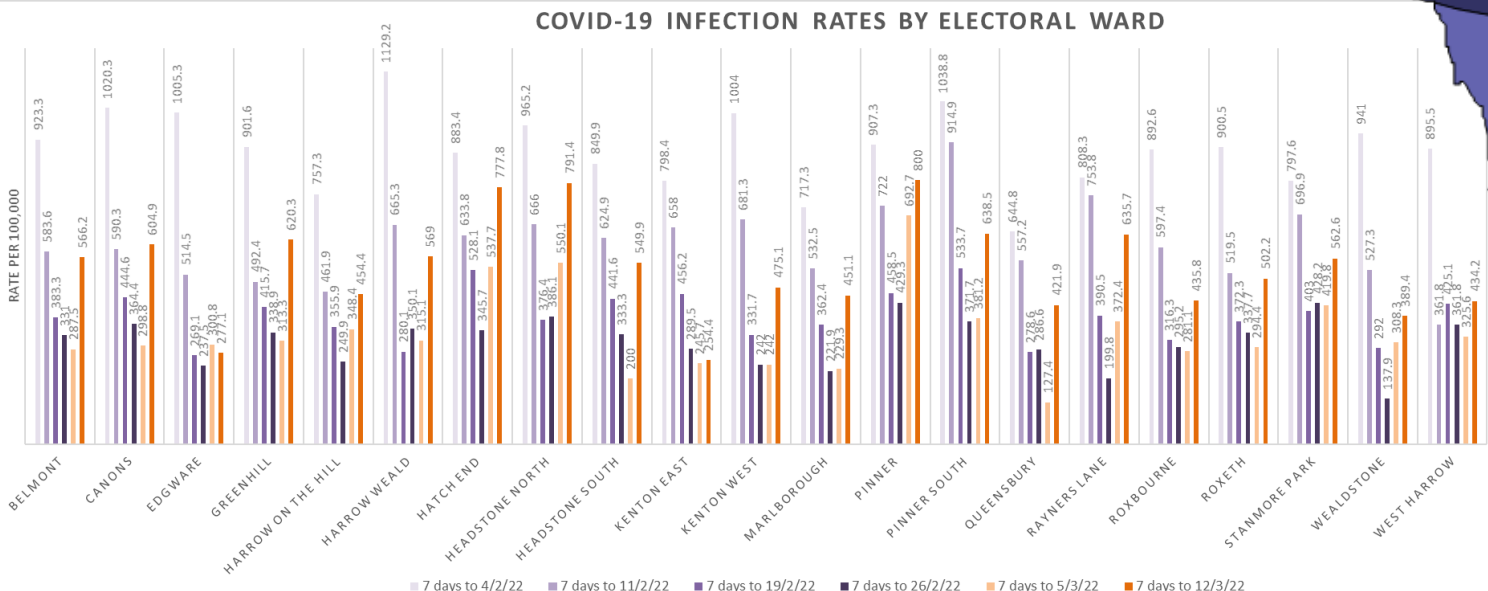
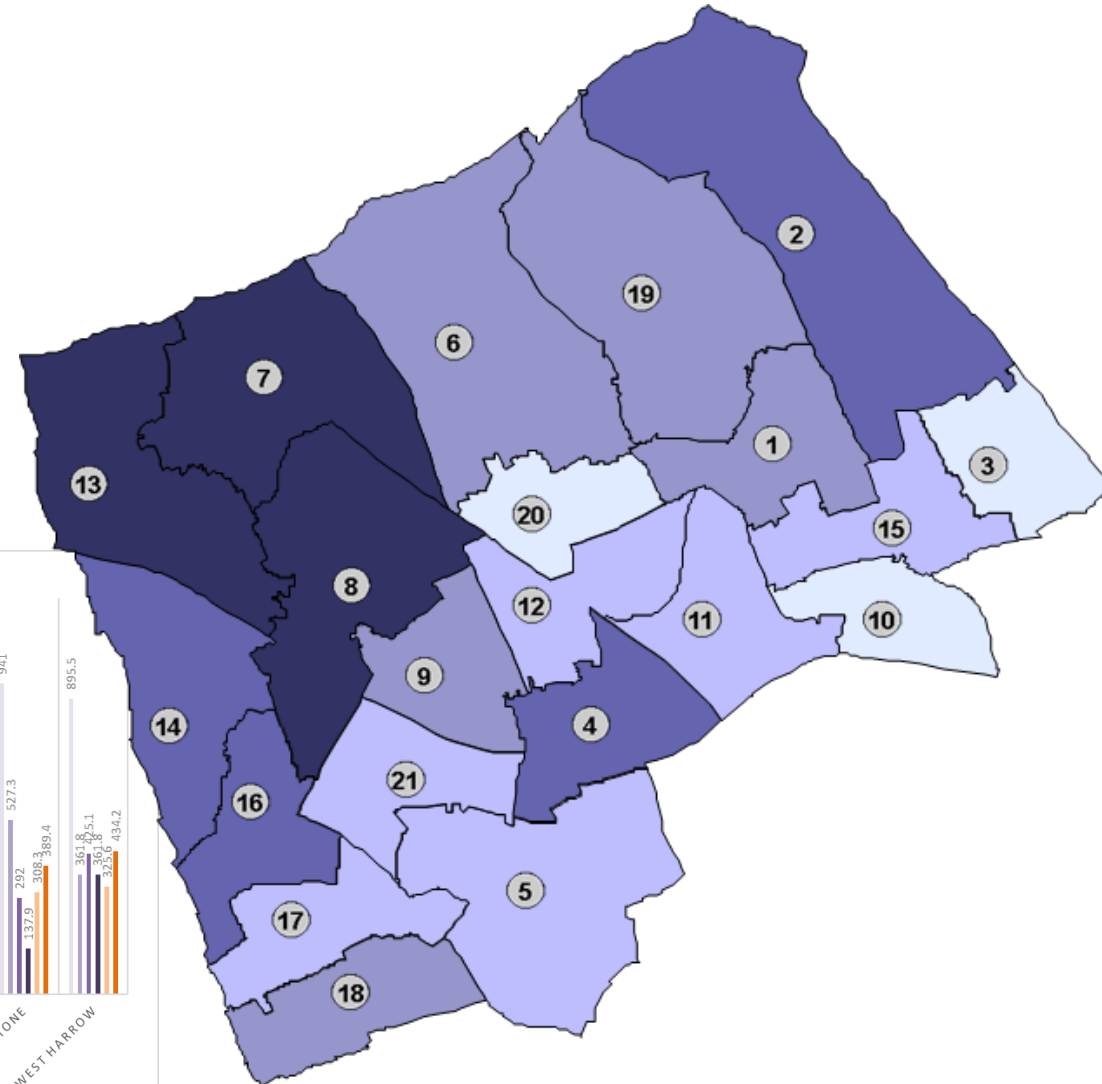
Rates are showing an increase in the past few days school age pupils, and adults aged 20-79.

The highest number of cases in past 7 days were again in 20-40 age group.



# Rates by ward

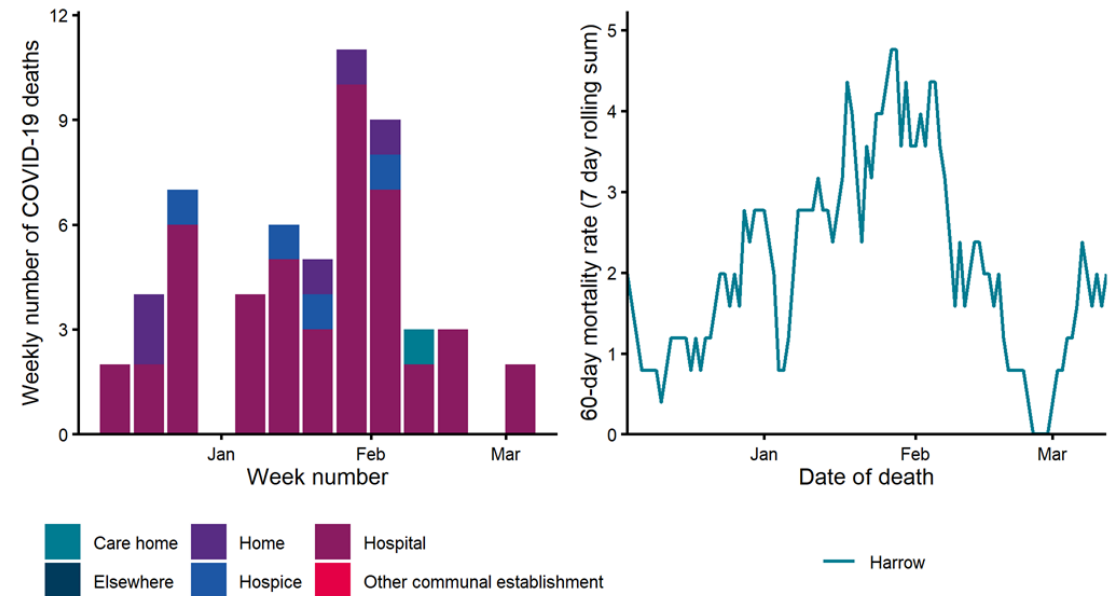
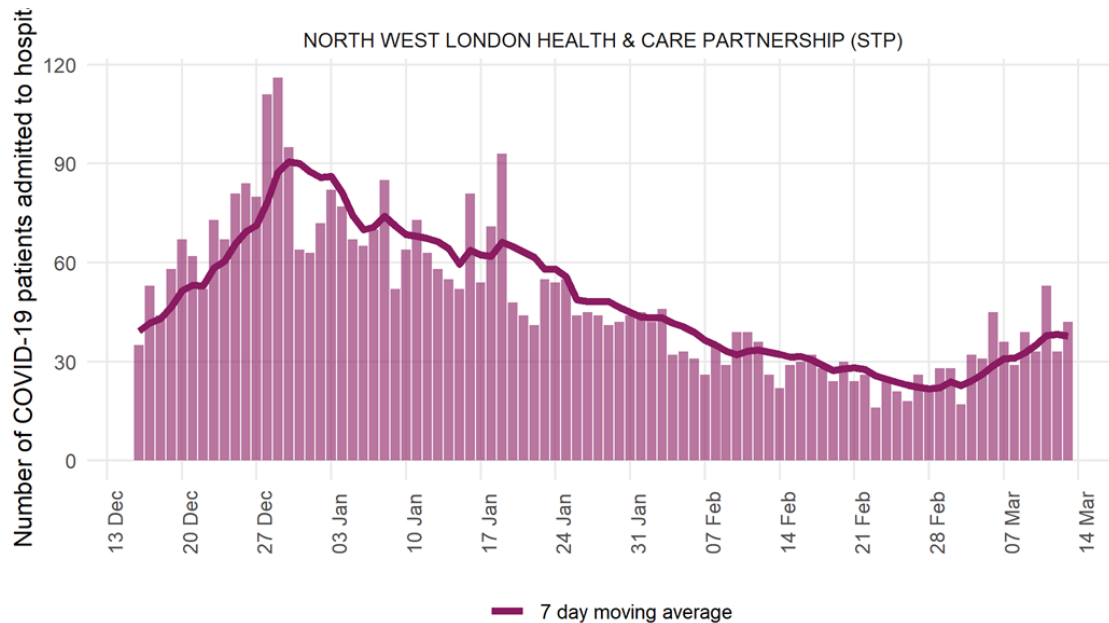
- Reported rates have increased in three wards in the week to 6/02/22.
- The highest reported rate were in Pinner, Headstone North and Hatch End
- The lowest reported rates were in Kenton East, Edgware and Wealdstone.
- There is a more than three times difference between the highest and lowest wards
- Remember these rates are minimum infection rates based on reported case numbers which depend on how often people test and whether they report the test result as well as what those results are.



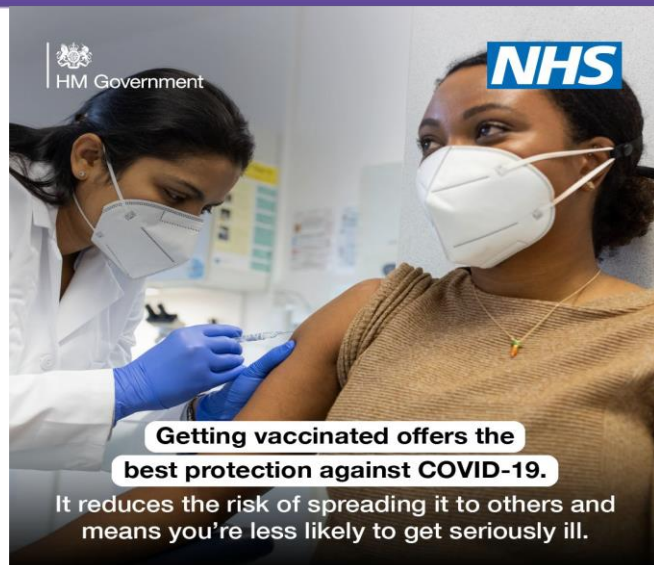
# Hospitalisations and Mortality from Covid

The daily number of COVID-19 patients admitted to hospital in North West London has seen an increase in the past week. **(13 March 2022)**. Evidence from across the country shows that half of these admissions are due to Covid and the other half are admissions where a positive Covid test is incidental.

Mortality from covid remains low. The graphs show the weekly number of registered deaths in different settings recorded in ONS data from November 27, 2021 to March 4, 2022; and 7-day rolling sum of deaths per 100,000 population within 60 days of a positive COVID-19 test, by date of death, from November 27, 2021 to March 5, 2022.







- **190,748** people had been given a first dose by the end of 16 March 2022 – only 67 up on last week.
- **178,384** people had been given a second dose by the end of 16 March 2022 – an increase of 415 on last week.
- **133,506** people had been given a booster or third dose by the end of 16 March 2022 -363 more than last week.
- Even now, people are still coming forward for their first vaccine – it's never too late to get vaccinated or boosted.
- Anyone can book a vaccination for free through the [NHS booking service](#)
- Overseas visitors to England, including anyone living in the UK without permission, can be tested, treated or vaccinated for COVID-19 for free (until 1 April 2022).
- Vaccinations for 5-11 all year olds approved by JCVI – roll out is planned for April. Very Clinically vulnerable 5-11 year olds can already get a vaccination through their GP surgery.
- A fourth dose of the vaccine will be given to people over 75, those living in care homes and people who are severely immunocompromised

“

It is really clear now that vaccination in pregnancy is a very good thing to do for you, a very good thing to do for your unborn baby, and new data demonstrating that it's utterly also a very good thing to do for your newborn baby. ”

Prof. Chris Whitty,  
Chief Medical Officer 21.2.2022

**MYTH:**  
The vaccines were rushed through without proper safety checks.

**REALITY:**  
Like any other vaccine, the COVID-19 vaccines underwent extensive safety checks. No stages in the vaccine development process were bypassed however some parts were speeded up, such as the rapid recruitment of volunteers.

GET BOOSTED NOW [NHS.UK/COVIDVACCINATION](https://www.nhs.uk/covidvaccination)



**YOU CAN GET YOUR COVID-19 VACCINES AT ANY STAGE OF YOUR PREGNANCY.**

**So if you haven't already, the right time is now.**

GET BOOSTED NOW [nhs.uk/covidvaccination](https://www.nhs.uk/covidvaccination)

## Reasonable Best-Case

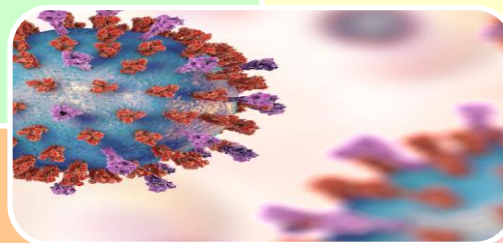
Short term: small resurgence in Autumn/winter 2022-3 but low levels of severe disease.

Longer term: New variants occur but no major change in transmissibility or severity and little/no vaccine escape with annual boosters of current vaccine for vulnerable people. Covid years suppress flu infections

## Central Optimistic

Short term: Seasonal wave of infections similar to Omicron wave

Longer term: Increasing global prevalence. Increases in waves due to waning immunity- annual seasonal infections with good and bad years. Annual updated vaccines for vulnerable and for others in bad years. Voluntary protective behaviours with mandated NPIs in bad years



## Central Pessimistic

Short term: New Variant emerges with high wave of infection. Severe disease in smaller unvaccinated, and vulnerable groups -

Longer term: High global incidence leads to unpredictable emergence of variants for many years and sometimes more than once per year. Widespread annual updated vaccines provide some level of protection. Widespread antiviral resistance. No reduction in flu- widespread disruption and healthcare burden.

## Reasonable Worse-Case

Short term: Large waves of infections with severe disease in broad range of population groups

Long term: High global incidence, variable vaccination, animal reservoirs leading to repeated emergence of variants some with significant immune escape. Unpredictable impacts. Widespread annual vaccination with updated vaccines, anti-viral resistance widespread, voluntary protective behaviours largely absent and cause societal conflict.

- Test, Trace, Isolate
  - All contact tracing stopped
  - All free community PCR testing stops on 30 March
  - All free community LFT test distribution stops on 31 March
  - No requirement to isolate (or inform employer) and test prior to release but advised to isolate
- Guidance
  - Consolidate guidance to the public and businesses, in line with public health advice.
  - Remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments.
  - Replace the existing set of 'Working Safely' guidance with new public health guidance.
- From 1 April, there will be some limited on going free testing:
  - Limited symptomatic testing available for a small number of at-risk groups – (not yet published)
  - Free symptomatic testing will remain available to social care staff (details not yet published – expected on 1 April)
- PPE
  - Available for health and social care for a limited time – new guidance expected on 1 April
- Statutory Sick Pay
  - SSP will no longer be payable from day 1 if people are unable to work because they are sick or self-isolating due to COVID-19.
  - COVID-19 Employment and Support Allowance stops on 24 March
- Concerns
  - Impact on disease transmission – and lack of monitoring information
  - Risk of development of new variant and ability to detect new variant
  - Impact on vulnerable people
  - Impact on “clinically vulnerable” people who are worried about mixing with other people
  - Lack of funding for local authorities for further actions
  - Impact on inequalities – ability to isolate in disadvantaged communities who can't get SSP



# Living with and reducing your risk of catching and passing on COVID-19

- Self isolation is no longer a legal requirement. However, you are strongly advised to stay at home if you test positive for COVID-19.
- If you have symptoms, you should isolate and can still get a test up until 30 March.
- All adults and children who test positive are advised to stay at home and avoid contact with other people for at least 5 full days and then continue to follow the guidance until they have received 2 negative LFD test results on consecutive days.
- Staying at home if you test positive with COVID will protect your loved ones and those who are vulnerable to COVID-19.
- Continue to catch it, bin it, kill it and Hands Face Space, Ventilate and Vaccinate

|  |   |  |
|--|---|--|
| <br>HM Government |    |   |
| <b>HOW YOU CAN CONTINUE TO KEEP YOURSELF AND YOUR LOVED ONES SAFE</b>                                | <b>VACCINES</b><br>Get vaccinated to reduce your risk of catching Covid-19 and becoming seriously ill, and to reduce the risk of spreading the virus to others. | <b>FRESH AIR</b><br>Letting fresh air in if meeting indoors, or meeting outside to disperse Covid-19 particles and reduce the risk of spreading the virus. |
|                  |   |    |
| <b>FACE COVERING</b><br>Consider wearing a face covering in crowded, enclosed spaces.                | <b>STAY AT HOME IF UNWELL</b><br>Try to stay at home if you are unwell.   | <b>HAND WASHING</b><br>Wash your hands regularly to limit the spread of Covid-19.  |