

# COVID19 in Gloucestershire – weekly data summary Week 42 (reported week 43)

The report is based on week 42 (data between 12<sup>th</sup> October– 18<sup>th</sup> October 2020) and where available daily data up to 21<sup>st</sup> October 2020.

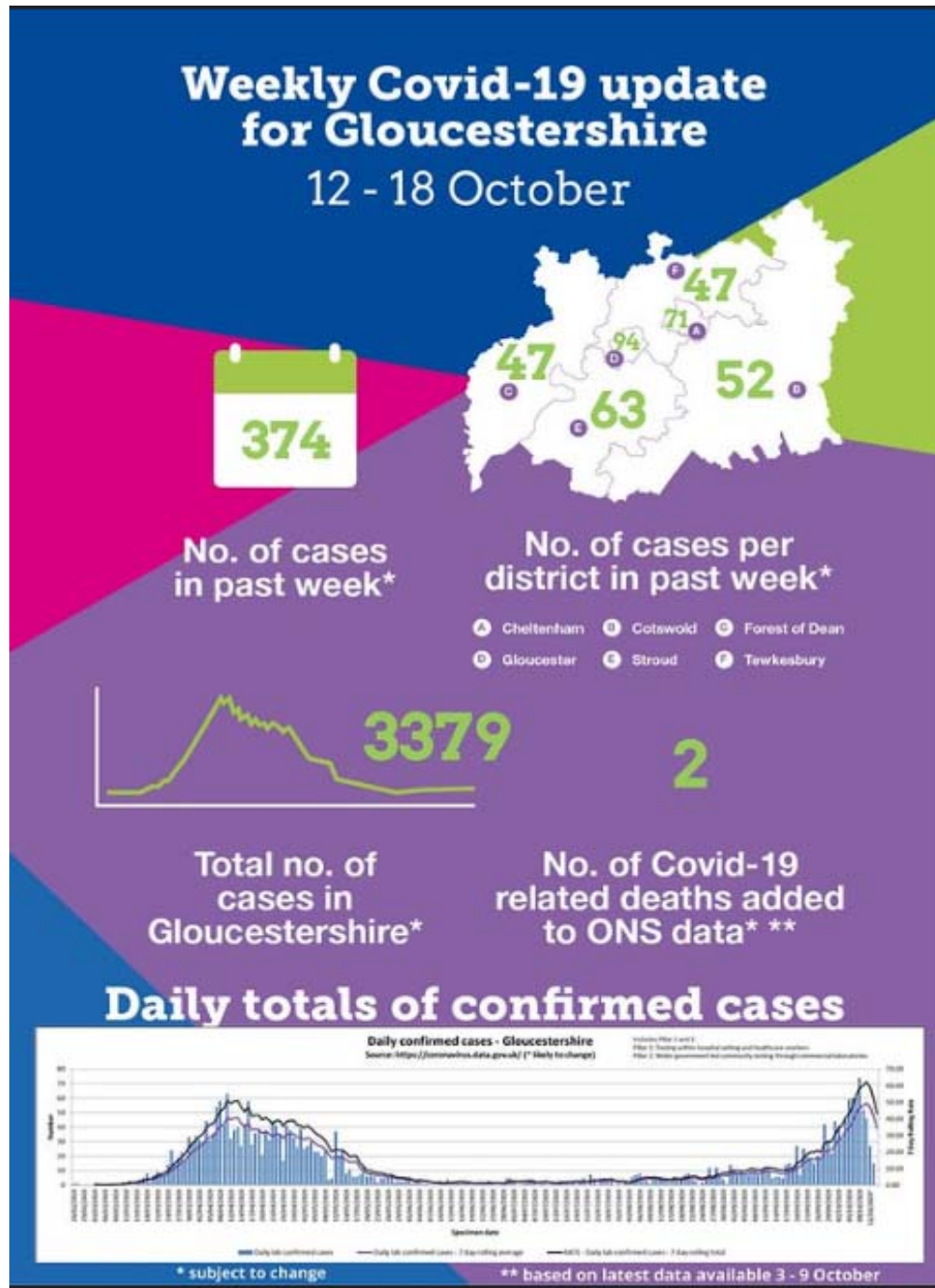
Gloucestershire Local Outbreak Management  
PREVENT-CONTAIN-RESPOND-**MONITOR**



# Weekly Covid-19 roundup

**COVID19 related deaths'** are all deaths where COVID19 features on the death certificate. It is not known to what extent it contributed to an individuals death

**Lab-confirmed positive cases** are attributed to the day the first specimen was taken from the person being tested (the specimen date). Each day new cases are reported, but the dates they originate from cover the previous few days. Because of this, there are few cases reported for the most recent dates. Data from around 5 days ago can usually be considered complete. Data for recent days are constantly being revised as more information becomes available.



# Infections

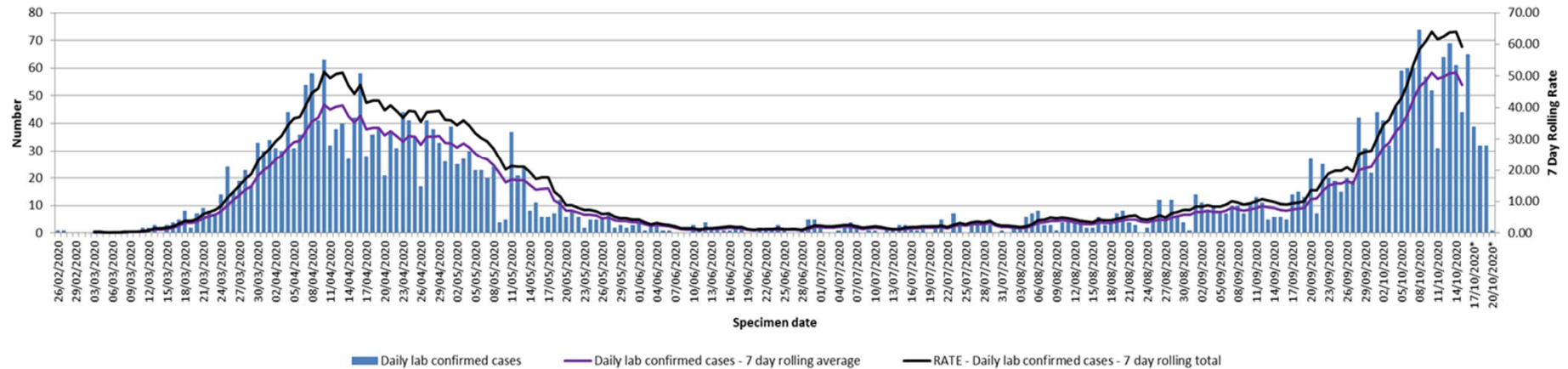
## Daily confirmed cases - Gloucestershire

Source: <https://coronavirus.data.gov.uk/> (\* likely to change)

Includes Pillar 1 and 2.

Pillar 1: Testing within hospital setting and healthcare workers

Pillar 2: Wider government led community testing through commercial laboratories



Specimen day	Week 43 (Monday 19th-Sun 25th October)	Week 42 (Monday 12th-Sun 18th October)	Week 41 (Monday 5th-Sun 11th October)	Week 40 (Monday 28th-Sun 4th October)
Monday	32*	64	59	42
Tuesday	1*	69	60	31
Wednesday	Awaiting publication from gov.uk	61	60	22
Thursday	N/A	44	74	44
Friday	N/A	65*	57	41
Saturday	N/A	39*	52	32
Sunday	N/A	32*	31**	46
<b>Weekly running total</b>	<b>33*</b>	<b>374*</b>	<b>393**</b>	<b>258</b>

Source: <https://coronavirus.data.gov.uk/> Includes Pillar 1 and 2:

Pillar 1: Testing within hospital setting and healthcare workers

Pillar 2: Wider government led community testing through commercial laboratories

**\*subject to change**

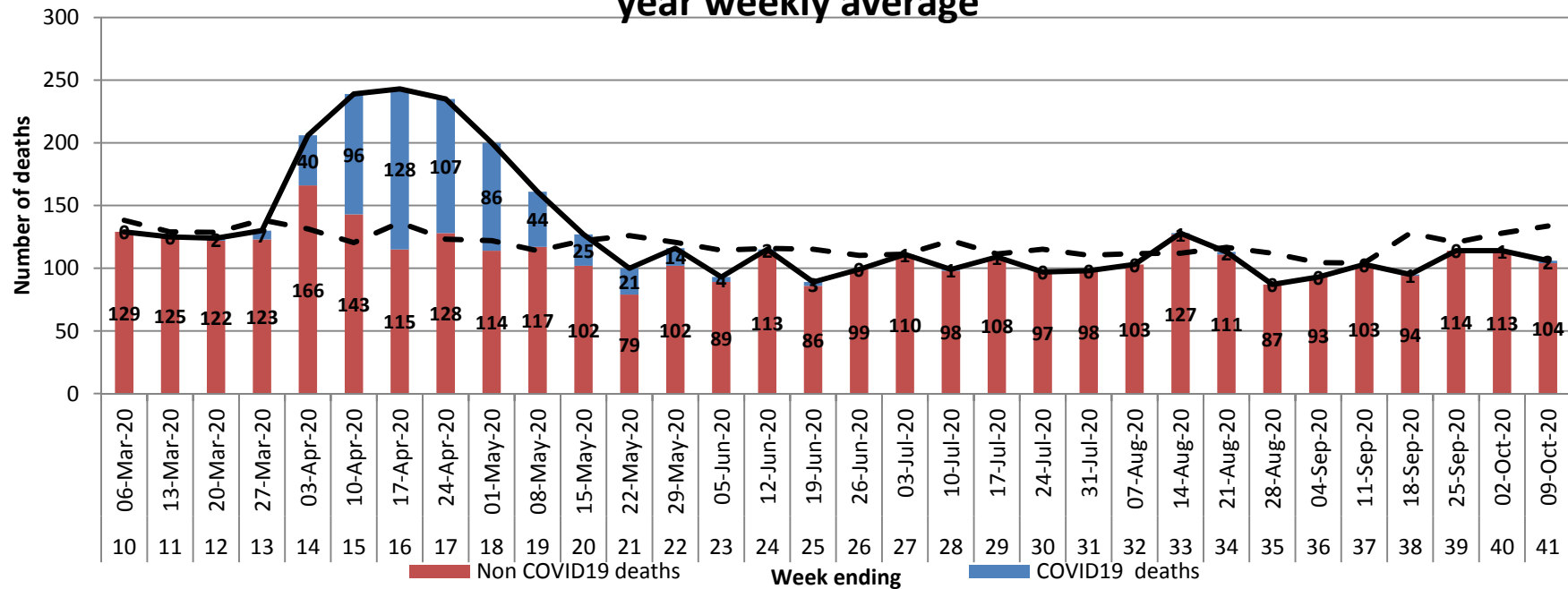


### How are test numbers measured?

Lab-confirmed positive cases are attributed to the day the first specimen was taken from the person being tested (the specimen date). Each day new cases are reported, but the dates they originate from cover the previous few days. Because of this, there are few cases reported for the most recent dates. Data from around 5 days ago can usually be considered complete. Data for recent days are constantly being revised as more information becomes available.

# Mortality

Weekly deaths occurring up to 9th October, compared with the five-year weekly average



Source: ONS and PCMD

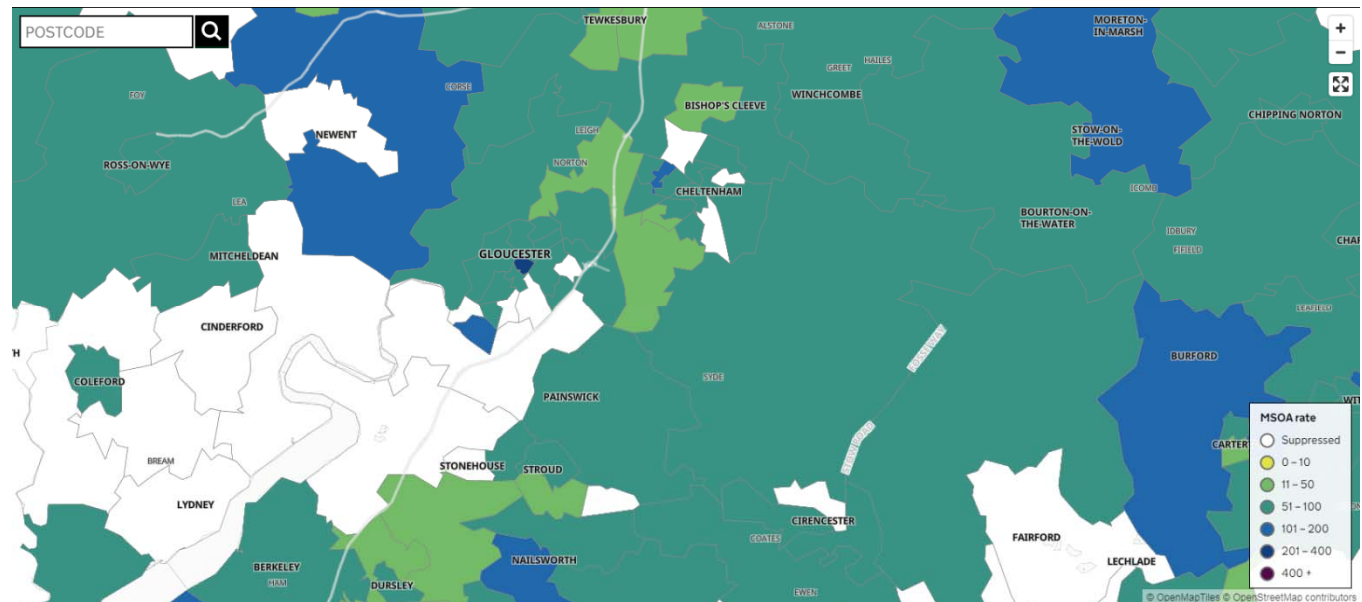
**COVID19 deaths** are all deaths where COVID19 features on the death certificate. It is not known to what extent it contributed to an individual's death.

**Weekly death figures** provide provisional counts of the number of deaths registered in England and Wales for which data are available. From 31 March 2020 these figures also show the number of deaths involving coronavirus (COVID-19), based on **any** mention of COVID-19 on the death certificate. The tables include deaths that occurred up to 25th September.



# Cases by Lower Tier LA & Medium Super Output Area (MSOA)

- MSOAs are a small area statistical geography with an average 8,447 population and average of 3,395 households. There are 75 MSOAs in Gloucestershire
- This map shows the 7-day rolling rate of new cases by specimen date ending on 16<sup>th</sup> October 2020 by MSOA. There are cases spread all over Gloucestershire with highest rates in: Barton MOSA (7 day rolling rate 218.9; cases 18); Dymock, Hartpury & Huntley (7 day rolling rate 194; cases 20); and Moreton & Stow-on-the-Wold (7 day rolling rate 176.1; cases 17).



**Source:** Public Health England Second Generation Surveillance System (SGSS). Data includes lab confirmed pillar 1 & 2 positive cases of Coronavirus (COVID-19). <https://coronavirus-staging.data.gov.uk/details/interactive-map> Please note: Seven day rates are expressed per 100,000 population and are calculated by dividing the seven day count by the area population and multiplying by 100,000. Small area analysis can uncover issues or disparities in health service access or outcomes, which you might not see at a larger geography. However, because areas contain relatively small numbers of individuals, and events, the observed rates may differ from the expected due to chance alone. Also, there may be differences in the characteristics of the populations between small areas that are the cause of the difference.

# R-Value

- Calculations of the **reproduction number, R value\*** have been updated by the government on the 16<sup>th</sup> October.
- R value - the South West R value range is estimated to be between 1.3 and 1.6 (compared to 1.3 and 1.6 last week); true value is somewhere towards the middle of this range.

Region	R
England	1.2-1.4
East of England	1.3-1.5
London	1.1-1.4
Midlands	1.2-1.5
North East and Yorkshire	1.3-1.4
North West	1.3-1.5
South East	1.3-1.5
South West	1.3-1.6

*\*The uncertainty around R values increase when there are small numbers of cases, either due to lower infection rates or smaller geographical areas. Because of this R-Values are not produced at Local Authority level. Locally we monitor a range of indicators to monitor the threat and impact of COVID19.*

*\*\*Low case numbers and/ or a high degree of variability in transmission across the region means these estimates are insufficiently robust to inform policy decisions.*

