Covid-19: Is the UK still tracking the virus—and other questions answered

With the NHS braced for a tough winter, Elisabeth Mahase looks at what’s happening with covid tracking and testing, and variants

Elisabeth Mahase

Are we still tracking covid cases?

Although the UK significantly scaled back its covid surveillance earlier this year,1 the Office for National Statistics’ coronavirus infection survey,2 which involves an online questionnaire and swab and blood samples, and the Real-time Assessment of Community Transmission (REACT-1) study both continue.3 The ZOE covid study was also given additional funding by the Department of Health and Social Care for England in June this year to continue its work on tracking cases and symptoms. This study relies on a smartphone app in which members of the public can log their symptoms daily.4

Are people still being tested?

Outside these surveillance studies, the public can no longer get a covid-19 polymerase chain reaction (PCR) test from the NHS, with the government instead directing people to shops and pharmacies where they can buy a test.5 Some people are still able to get free rapid lateral flow tests, if they are going into hospital or work in health or social care.6 Also, testing still takes place in hospitals and for vulnerable people who are eligible for treatment in the community.

What does this mean for tracking new variants?

While mass testing has largely stopped, the testing described above does allow for some sequencing and therefore some ability to track variants. The latest report from the UK Health Security Agency of cases sequenced between 2 and 8 October 2022 showed that 0.5% were BA.2, 0.6% BA.4, 87.4% BA.5, 5.5% BA.2.75, 4.5% BA.4.6 and 1.5% were “other.”7 The HSA has also flagged two new variants: XBB recombinant and BQ.1. XBB, a recombinant lineage composed of two BA.2 parent lineages, BJ.1 and BM.1.1.1, was first raised as a signal during monitoring on 11 October. Between 16 and 24 October a total of 1104 samples were uploaded to GISAID (the global open access genomic database) from 28 countries across five continents. Most samples (639, 58%) have been uploaded from Singapore, but 18 English samples have been uploaded.

Meanwhile, BQ.1, a BA.5 sublineage, was first raised as a signal on 12 September. Notably, this subvariant has a spike mutation (R346T) on a site that has been associated with a growth advantage. As at 24 October 2022, 3207 samples had been uploaded to GISAID from 48 countries, across six continents, with the highest prevalence in the US (1060) and UK (717). The latest reports indicate that BQ.1, alongside another omicron lineage variant, BQ.1.1, have now become dominant in the US. Together they make up around 44% of new SARS-CoV-2 infections, while BA.5 now accounts for just 30%.8

Is the UK heading for another covid surge?

The ONS infection survey and the government’s covid-19 dashboard indicate that cases and hospital admissions are actually declining at present.9 In the week ending 8 November an estimated 1.73% of people in England (one in 60) tested positive for SARS-CoV-2, a decrease from 2.43% the previous week.10 In Northern Ireland around 1.86% of the population (one in 55) people tested positive, down from 2.17% the previous week; and in Scotland this figure was 1.85% (one in 55), a decrease from 2.04%. In Wales, in the week ending 9 November, an estimated 1.84% (one in 55) people tested positive, down from 2.38% the previous week.

Meanwhile, hospital admissions have continued to decrease in most regions in England, from an average of 5.37 per 100 000 to 5.00 per 100 000 in the week ending 13 November.11 Deaths mentioning covid-19 have remained stable, with 650 registered in the week ending 4 November, one fewer than the previous week. However, all deaths registered in England and Wales remain above the five year average, with around 1517 excess deaths.12

How are the covid and flu vaccine booster programmes going?

In the two months since the autumn 2022 booster programme launched, 13.4 million of 26 million eligible people have so far had their covid booster. NHS England has reported. Meanwhile, more than 14 million have also already had their flu jab. Vaccination sites are offering both vaccines at the same time where suitable, with a vaccine administered to each arm.13

To boost uptake NHS England sent out reminders last week to a million people who have not yet had their vaccines. In addition, local pharmacists in the East of England have produced a series of videos in languages commonly spoken in the region in an attempt to reach people from ethnic minority groups.14
Do people still have to isolate now the UK is “living with covid”?  

Current NHS guidance advises that people who have tested positive for SARS-CoV-2 try to stay at home and avoid contact with other people for five days. It says they should also avoid meeting people who are at an increased risk from serious illness from covid for 10 days. For people who have not been tested, the guidance says those with symptoms, a high temperature, and who do not feel well enough to go to work or carry out normal activities should “try to stay at home and avoid contact with other people.”

How are clinically vulnerable people coping with the government’s strategy?  

NHS advice for clinically vulnerable people is still to carry on with many of the measures that previously applied to the whole population. These include continuing to wear a face mask in shops, on public transport, and when it’s hard to stay away from other people and to stay at least 2 m away from others. Additionally, it says to work from home where possible and to meet people outside if possible. However, many clinically vulnerable people have been frustrated at the lack of consideration for them in the government’s plan for living with covid-19, especially considering the lack of preventive treatments that have been made available. A key example of this was the government’s decision not to supply the monoclonal antibody Evusheld, which many other countries are already using as a pre-exposure prophylaxis to prevent covid-19 in people who have moderate to severe immune compromise. But this decision has been somewhat supported by the National Institute for Health and Care Excellence, which said in draft guidance published on 16 November that it was not currently recommending Evusheld, for patients who already have covid-19, citing cost effectiveness concerns and a lack of evidence that it was effective against omicron variants. However, NICE is separately reviewing Evusheld for use as prophylaxis, with the outcome of this evaluation expected in spring 2023.

Commenting on NICE’s guidance, Stephen Griffin, associate professor at the University of Leeds, said, “If we limit the options available for such therapies, especially potential prophylaxis, then we are leaving those most vulnerable to infection high and dry, given the unmitigated prevalence and multiple waves we are experiencing at present.”

Clarification: On 21 November 2022 we clarified that NICE’s 16 November guidance related to the use of Evusheld for patients who already had covid-19 and added the sentence about the forthcoming guidance on Evusheld for prophylactic use.

5 Get a PCR test to check if you have coronavirus (covid-19). Gov.UK. https://www.gov.uk/get-coronavirus-test
8 BA. 5 is no longer dominant in the U.S. for the first time since July, as two new subvariants take over. NBC News. https://www.nbcnews.com/health/health-news/ba-5-sees-fall-dominance-rcna57294

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