





# Enfield COVID19 Update

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**Last data refresh:**  
12/02/2021 12:11:31 GMT Standard  
Time  
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12/02/2021 12:13:23 GMT Standard  
Time

**Table: Weekly COVID-19 infection rate\* between 6th Feb- 12th Feb 2021 for selected local authorities/ regions and England**

Local authority	Number of cases per 100,000 residents	Number of cases	Trend since (29th Jan to 4th Feb)
<b>Enfield</b>	<b>102.5</b>	<b>342</b>	 192.0
<b>North Central London boroughs</b>	<b>92.3</b>	<b>1,394</b>	 171.2
NCL highest rate: Barnet	111.7	442	
NCL lowest rate: Camden	63.7	172	
<b>London</b>	<b>111.7</b>	<b>10,007</b>	 210.0
London highest rate: Ealing	191.3	654	
London lowest rate: Camden	63.7	172	
<b>England</b>	<b>137.1</b>	<b>77,144</b>	 203.0
England highest rate: Middlesbrough	314.2	443	
England lowest rate: Plymouth	46.2	121	

\*Number of new cases in the seven days ending on 12th Feb 2021

Data source: NHS dashboard- Data available- <https://digital.nhs.uk/dashboards/progression-full-width>

Accessed on 14th Feb 2021 at 07:30 am

# ENFIELD COVID-19 DATA

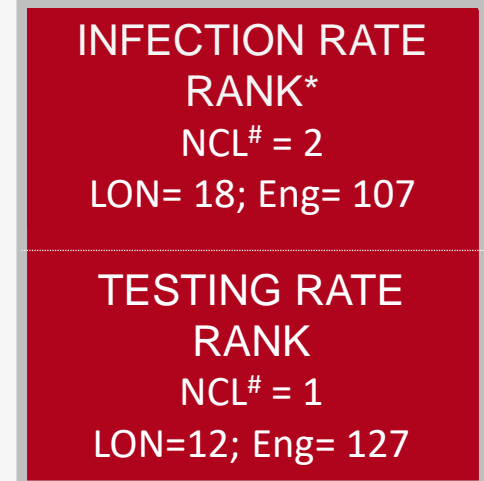
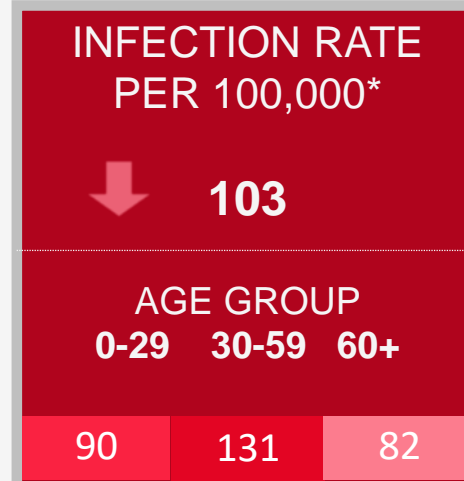
(6 Feb – 12 Feb 21)



## TOTALS

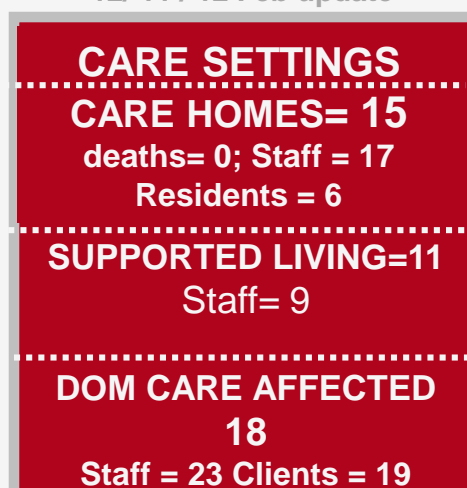
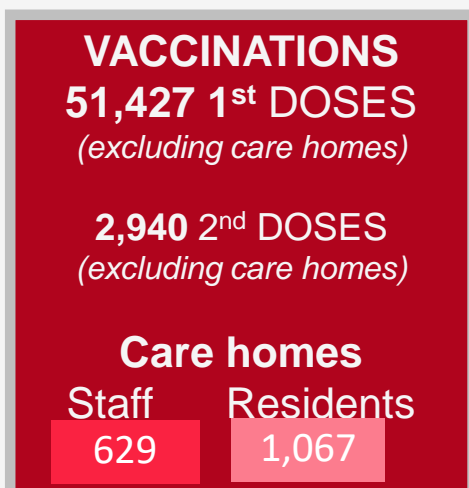
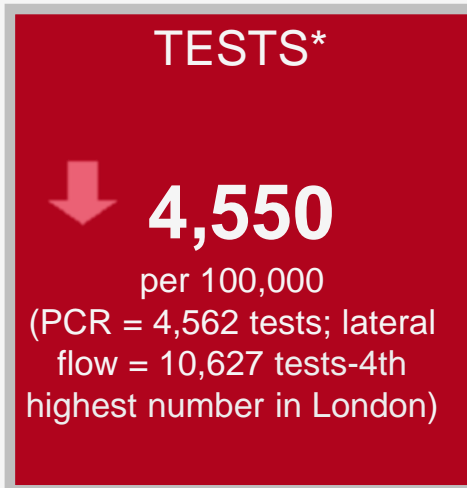
Cases = 30 Jan 20 – 12<sup>th</sup> Feb 21  
Deaths = 06 Mar 20 – 29<sup>th</sup> Jan 21

31 Jan – 6 Feb



12/ 11 / 12 Feb update

15 Feb update



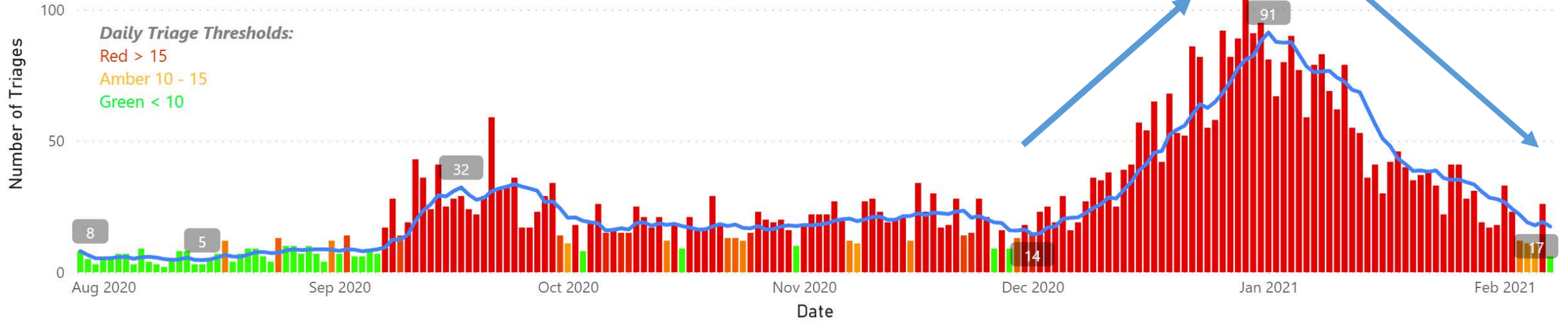
<sup>#</sup>According to ONS weekly mortality analysis.

<sup>#</sup>North Central London includes Camden, Barnet, Enfield, Haringey & Islington

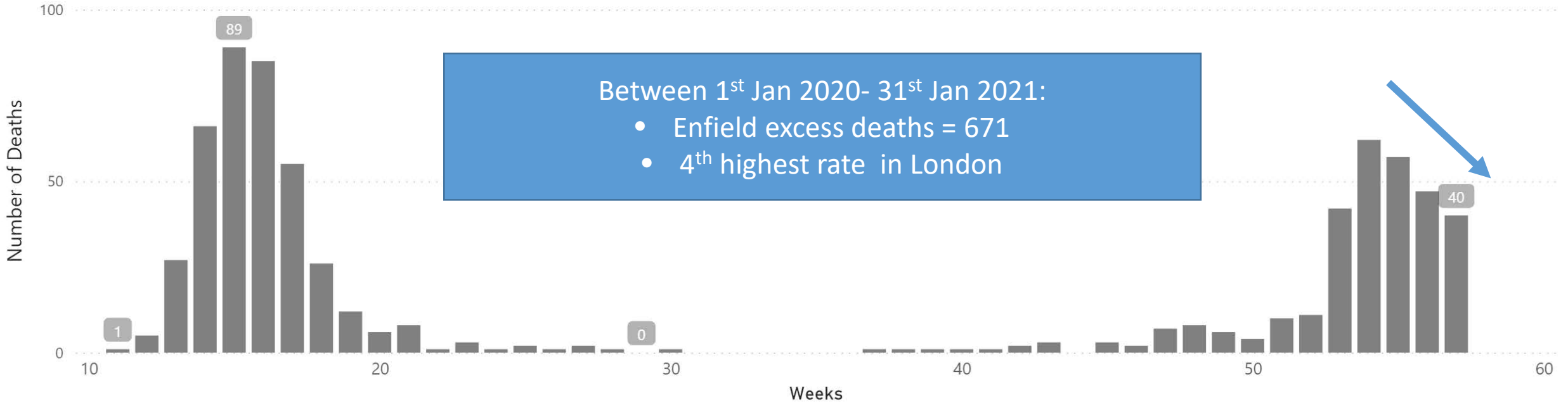
↑↓ Change since last week of data

# 111/999 COVID-19 Triages

● 111 Triages ● Rolling 7-Day Average



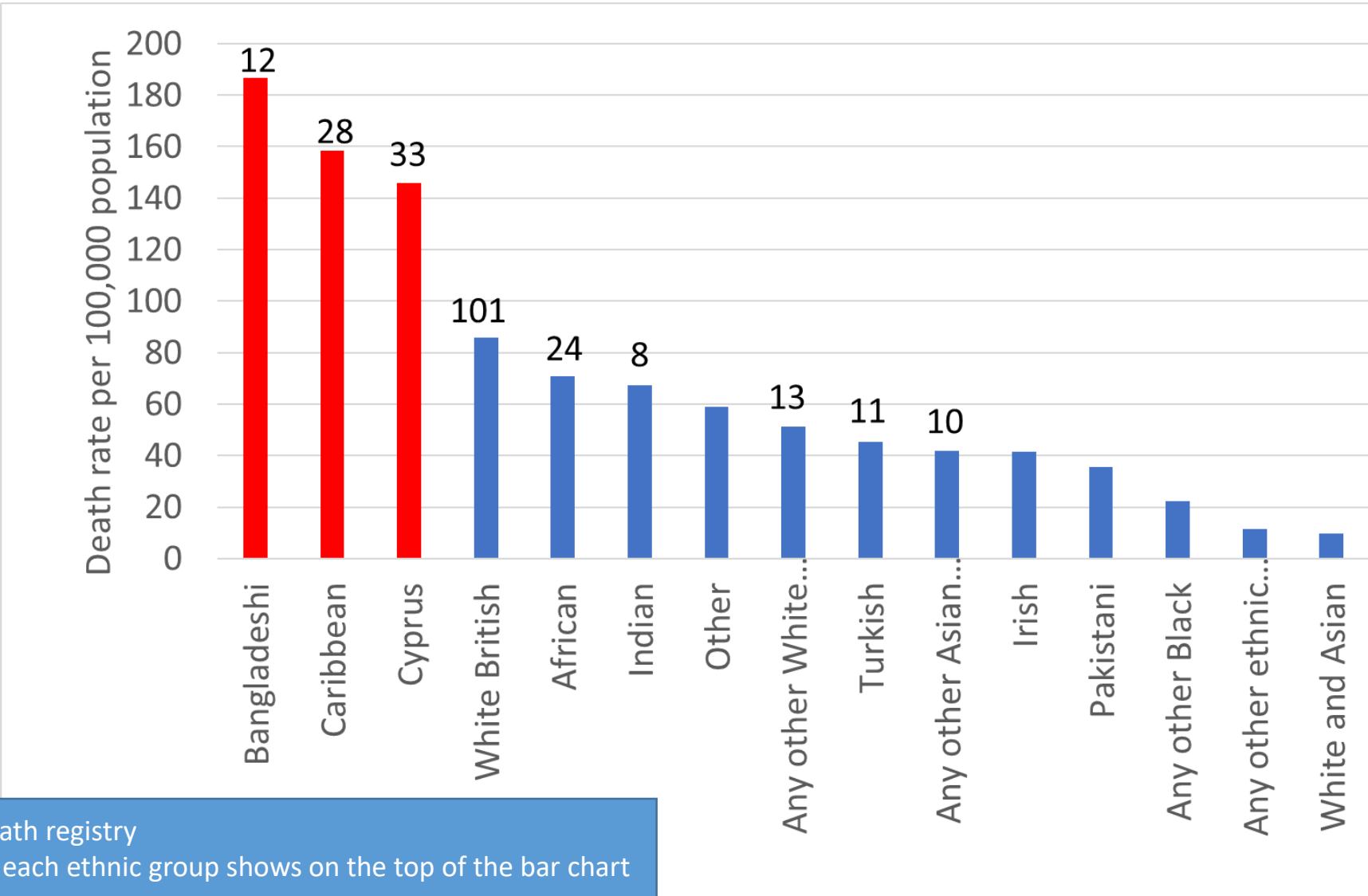
## COVID-19 Deaths



*Excess deaths (North Central London) : 29 Jan 2021*

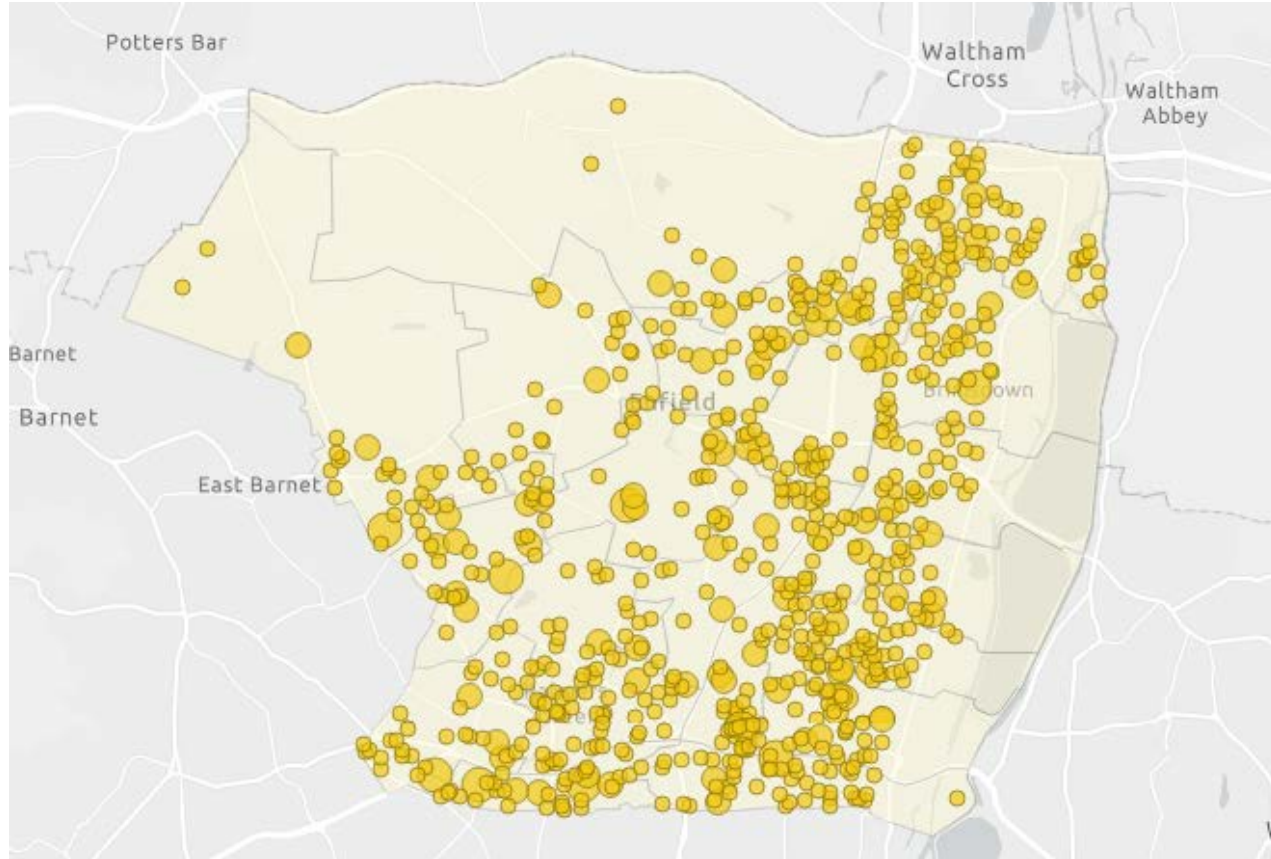
	Excess deaths (total)	COVID deaths (total)	Rate per 100,000
NCL average	<b>445</b>	<b>510</b>	<b>138.3</b>
Barnet	742	833	187.5
Camden	177	278	65.6
Haringey	444	446	165.3
Enfield	671	701	201.0
Islington	194	294	72.3

# Analysis of COVID deaths between 13<sup>th</sup> Dec 2020 and 9<sup>th</sup> Feb 2021 in Enfield (total deaths = 251)

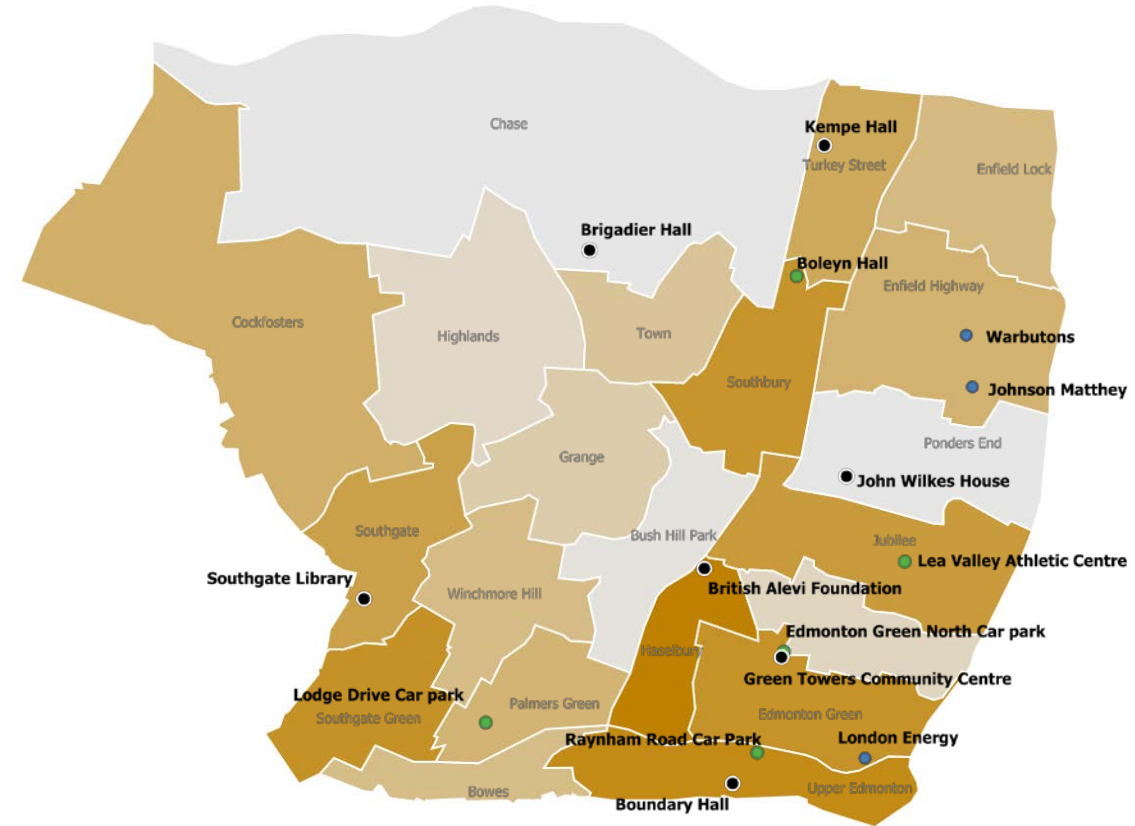


Data source: Enfield death registry  
\*Number of deaths for each ethnic group shows on the top of the bar chart

COVID-19 Cases Lab-Confirmed in the Previous 2-Weeks (28 Jan – 10 Feb)

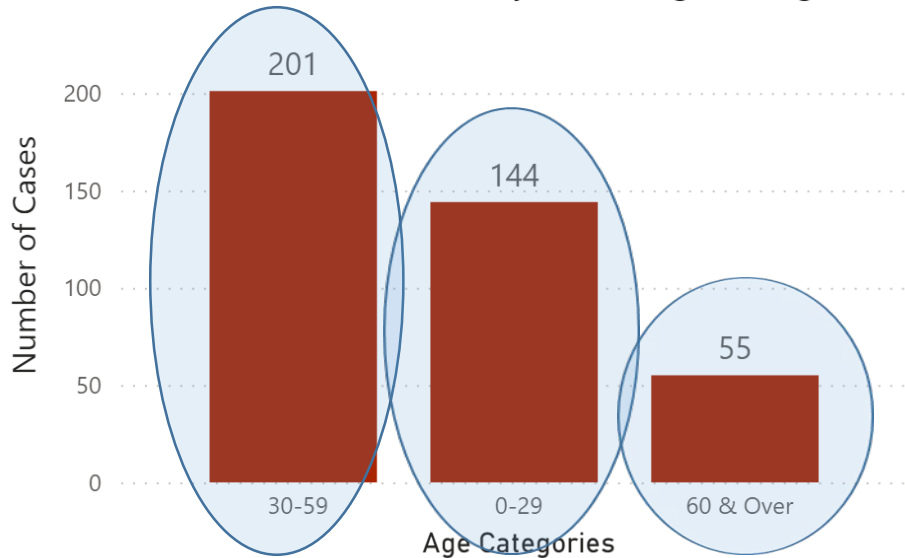


Previous Week Average Weekly COVID-19 Infection Rate per 100,000 by Ward (04 - 10 Feb)

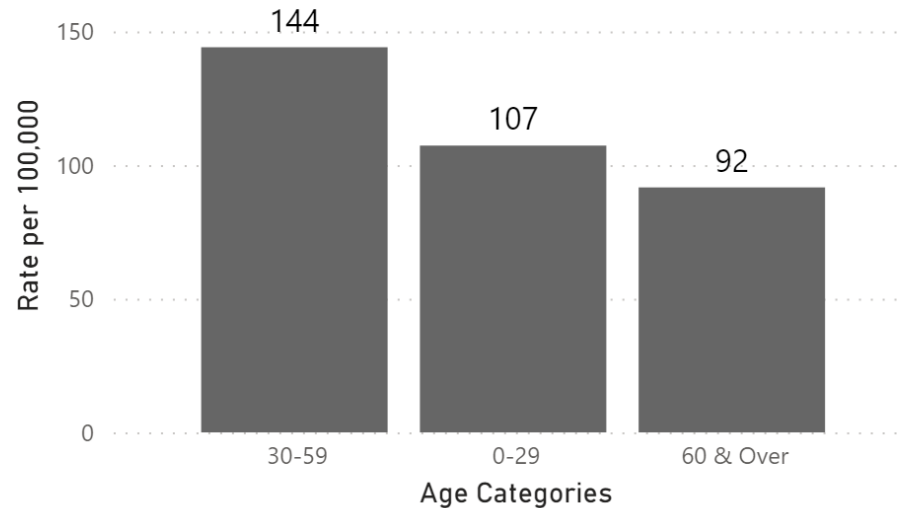


### Number of COVID-19 Cases by Broad Age Categories

Time Period  
 ■ 7-Days  
 □ 28-Days  
 □ 14-Days

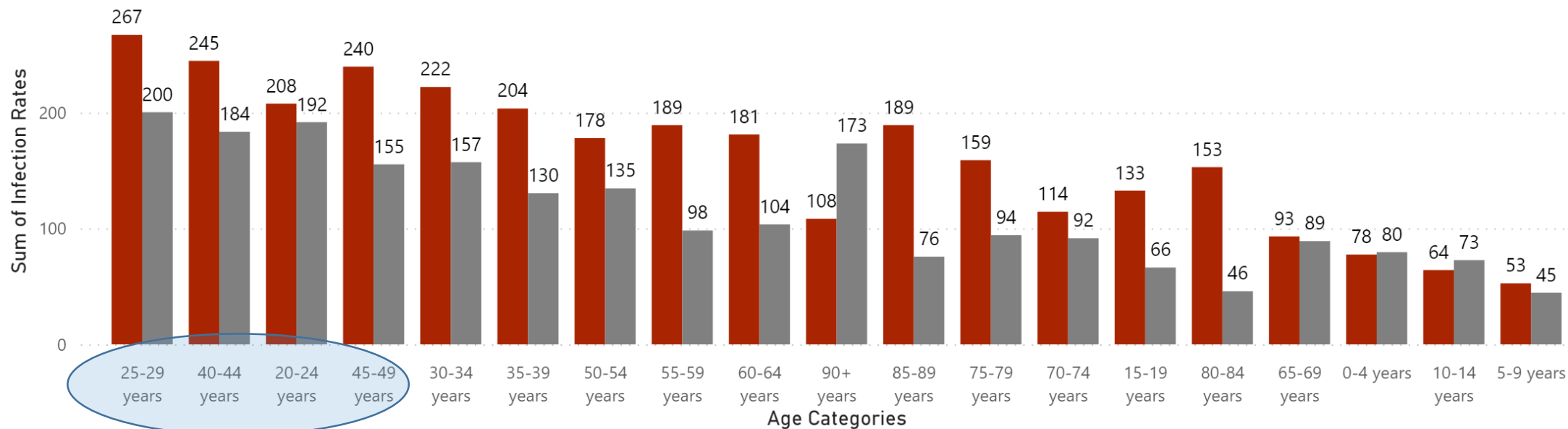


### Infection Rate per 100,00 by Broad Age Categories



### Infection Rate per 100,000 by 5-Year Age Brackets

Time Period ● 14-Days ● 7-Days





# Latest vaccination data

<b>Total received 1st Dose (ex care homes)</b>	51,427
<b>Total received 2nd Dose (ex care homes)</b>	2,940

<b>Covid Eligible Cohort</b>	<b>1st Dose</b>	<b>1st Dose (Eligible)</b>	<b>1st Dose (remaining to target)</b>	<b>2nd Dose</b>
<b>Clinically extremely vulnerable 16-69</b>	3,156 (59%)	5,340	849	18
<b>50-54 years</b>	1,719 (7%)	23,216	15,693	73
<b>55-59 years</b>	4,399 (21%)	21,020	11,366	60
<b>60-64 years</b>	9,270 (55%)	16,912	3,414	55
<b>65-69 years</b>	8,124 (62%)	13,051	1,664	40
<b>70-74 years</b>	8,658 (77%)	11,284	-195	31
<b>75-79 years</b>	6,463 (79%)	8,223	-296	45
<b>80+ years</b>	9,638 (79%)	12,226	-469	2,618

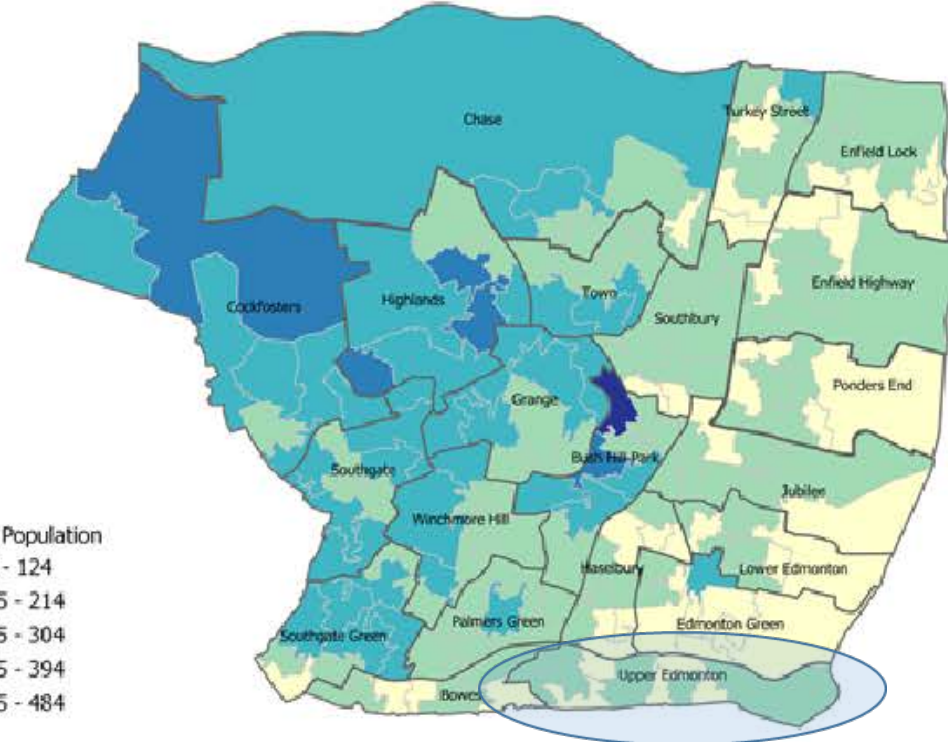
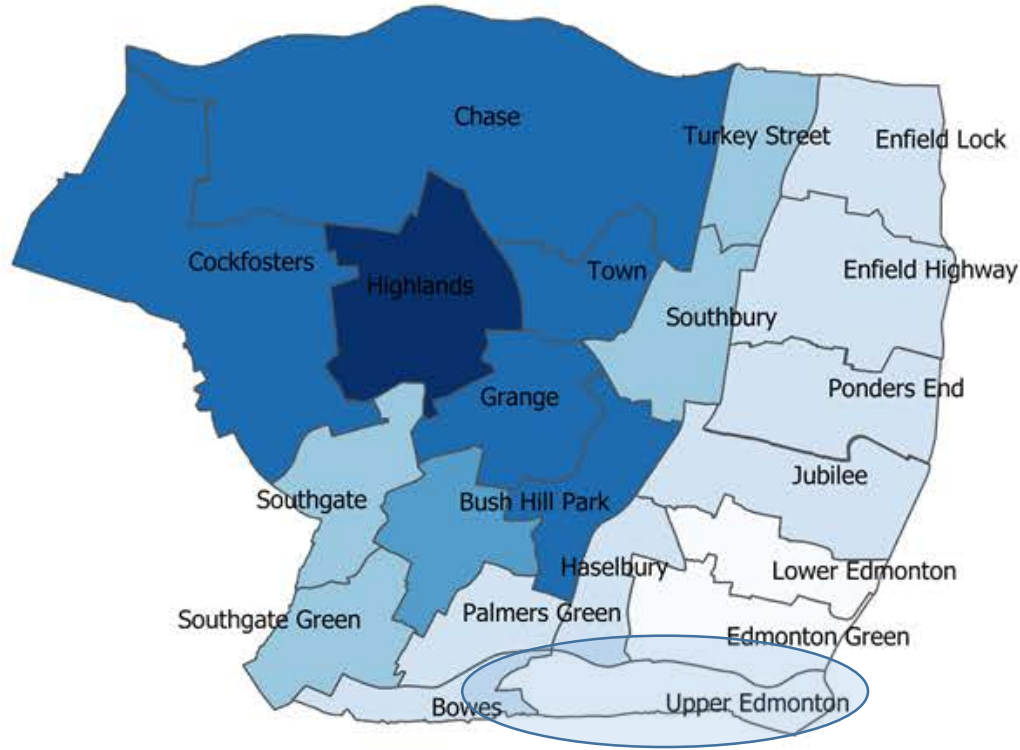
Number of **Vaccine decliners** = **662**

**Ethnicity:** Black and Mixed Ethnicity most likely to decline

**Language spoken:** Bulgarian, Greek, Turkish most likely to decline

# Vaccine Uptake by Ward

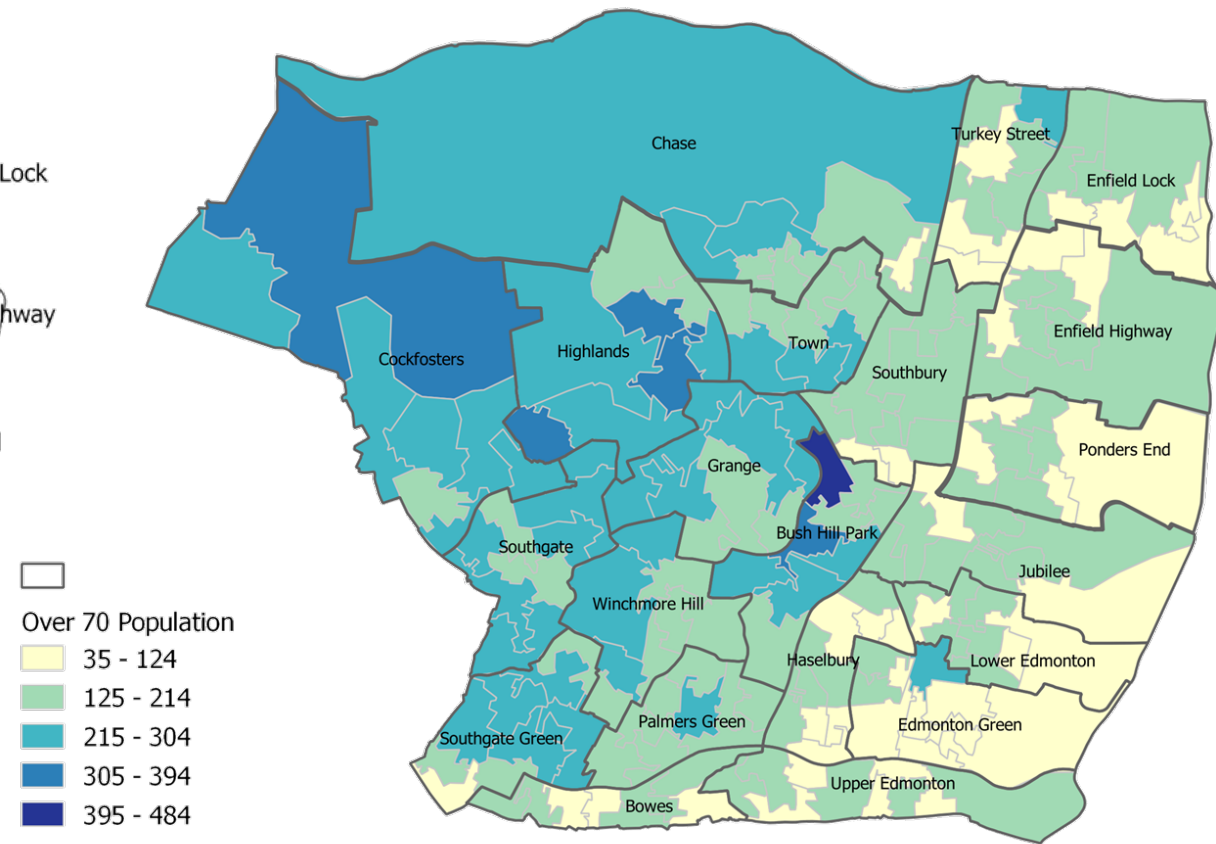
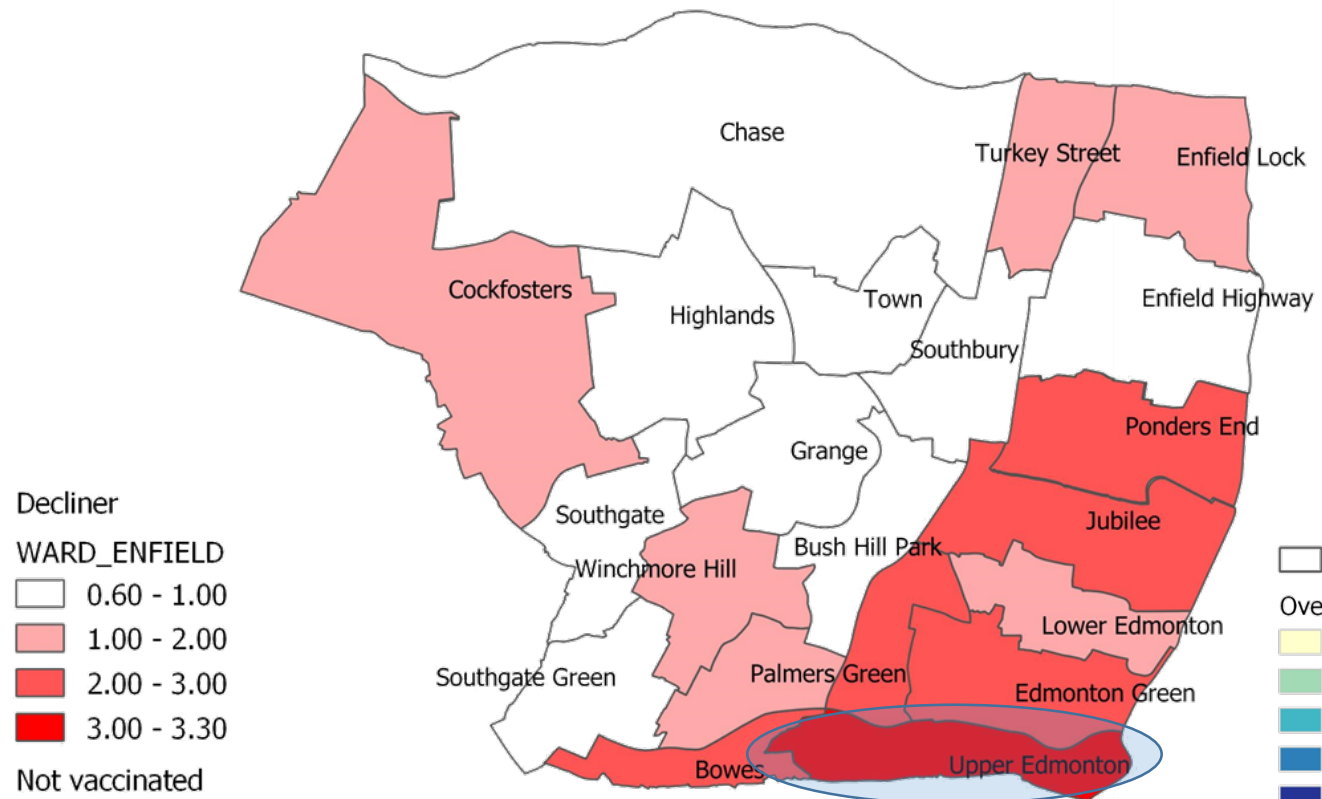
*% uptake 1<sup>st</sup> dose*



Decliner  
 WARD\_ENFIELD  
 36.5 - 39  
 40.0 - 44  
 45.0 - 49  
 50.0 - 54  
 55.0 - 59  
 60+  
 Not vaccinated

Over 70 Population  
 35 - 124  
 125 - 214  
 215 - 304  
 305 - 394  
 395 - 484

# *% declined first dose (over 70)*



## Vaccination data by language (over 70s only)

*Residents whose first language is Bengali or Turkish are more likely to have not yet been vaccinated or declined (first dose)*

### *Persons not yet vaccinated or declined*

Main Language	% Measure Calculation	No. Eligible Persons Tooltips	No. Measure Calc.
Turkish	40.20%	850	342
Bengali	28.30%	152	43
Greek	28.00%	1035	290
Italian	19.50%	267	52
Gujarati	12.90%	240	31

### *Decliners*

Main Language	% Measure Calculation	No. Eligible Persons Tooltips	No. Measure Calc.
Bengali	2.00%	152	5
Turkish	1.80%	850	15
Greek	1.20%	1035	12
Italian	0.70%	267	5
Gujarati	0.00%	240	5

## Vaccination data by ethnicity (over 70s only)

*Black and mixed ethnic groups are more likely to have not yet been vaccinated or declined (first dose)*

### *Persons not yet vaccinated or declined*

<i>Ethnicity Category (group)</i>	<i>% Measure Calculation</i>	<i>No. Eligible Persons</i>	<i>Persons not vaccinated or declined 1st dose</i>
Black	46.00%	2520	1,158
Mixed	35.40%	435	154
Other	33.30%	848	282
Not Recorded	23.90%	5463	1,303
Asian	20.60%	2482	511
White	18.60%	20036	3,725

### *Decliners*

<i>Ethnicity Category (group)</i>	<i>% Measure Calculation</i>	<i>No. Eligible Persons</i>	<i>Number declined</i>
Black	3.80%	2520	95
Mixed	3.20%	435	14
Not Recorded	1.40%	5463	78
Other	1.20%	848	10
Asian	1.10%	2482	27
White	0.90%	20036	180

# Increasing uptake / combatting vaccine hesitancy

Click to add subtitle



# Reaching out to our communities

- Key focus of Council comms in NHS roll-out of vaccine is **building vaccine confidence** and maximising take up within communities with high levels of hesitancy or refusal
- **Integrated approach** to comms and engagement activity involving the Council, CCG, Primary Care and Public Health delivered by a Multi-Disciplinary Group

# Communicating and engaging with our communities

- **Identified and mapped** out key communities where there is high levels of hesitancy and refusal of vaccine
- Identified and in communication with **key community leaders /influencers** within those communities to understand concerns, assets required and engagement opportunities
- **Attending relevant community forums** and meetings to address concerns – Covid Resilience Board, Faith Forum, Enfield Racial Equality Council etc
- Promoting, attending and setting up **targeted online community events** – Bangladeshi community event, Enfield Communities Summit. Somali, Ghanaian, Bulgarian and Turkish events being planned for February
- Producing **tailored assets** to be shared within specific community networks – films, translations and social media assets
- **Tailored PR and adverts** within appropriate ethnic media



# How do we ensure those with disabilities have access and support?

Led by community services – Des O'Donoghue

- Addressing **transport issues** and considering what council service can do to support access
- Vaccine hub 22/2/20. **Longer appointments, carer vaccination, learning disability nurses in attendance.**
- Providing **accessible materials**

# NCL work

**Hybrid model** is proposed to maximise uptake and best use of clinical time.

- **Vaccination hubs**
  - Clients have low needs and can be supported to attend appointments at sites
  - To organise with local PCN leads
- **Roving model**
  - In-reach into accommodation. Similar to care homes roving teams. Suitable for accommodation which houses large number of clients.
- **Housebound model**
  - For small accommodation units where clients cannot access mainstream model.
- **Street or out-reach model**
  - Appropriate for clients who will do not fit into any of the above categories and where a team (e.g. enhanced UCL Find & Treat team) will be required for vaccination

# Glossary

Indicator	Definition
Infection rate per 100,000	An infection rate is the probability or risk of an infection in a population. It is used to measure the frequency of occurrence of new instances of infection within a population during a specific time period. Calculation: (lab-confirmed case count/Enfield resident population) *100,000.
Number of tests conducted per 100,000 population	Calculation: (count of Pillar 2 tests conducted/Enfield resident population) *100,000.
Positivity rate of Pillar 2 testing	Calculation: (count of tests with positive Pillar 2 results/count of pillar 2 tests conducted) *100,000.
Number of cases in Pillar 1 & 2	Cases: Lab-confirmed case count; a lab-confirmed case is when a tested specimen is returned positive. Duplicate tests for the same person are removed therefore lab-confirmed cases are counts of people. This is a count of people NOT TESTS. Pillar 1: swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers. Pillar 2: swab testing for the wider population, as set out in government guidance.
Number of cases with no contacts	Count of COVID-19 cases as identified via NHS Test and Trace that were recorded as having 0 contacts.
Number of cases with contacts	Count of COVID-19 cases as identified via NHS Test and Trace that were recorded as having contacts.
Number of positive Pillar 2 tests	Count of tests with positive Pillar 2 results; this can be duplicate testing.
111/999 triages	Data about the rate of calls to these services relating to coronavirus; this data is based on potential COVID-19 symptoms reported by members of the public to NHS Pathways through NHS 111/999 and is not based on outcomes of tests for coronavirus. This is NOT A COUNT OF PEOPLE.
Exceedance (Observed Vs Expected)	Observed: the observed count of lab-confirmed COVID-19 cases within a given period. Expected: the expected number of lab-confirmed COVID-19 cases within a given period as defined by regression modelling.
Number of Pillar 2 tests conducted	This is a count of the total number of valid tests conducted (positive, negative and void) on a particular specimen where the date the test was taken is available and plausible, where the upper tier local authority is in England, and where valid postcode is recorded.