





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)
Enfield	102.5	342	 192.0
North Central London boroughs	92.3	1,394	 171.2
NCL highest rate: Barnet	111.7	442	
NCL lowest rate: Camden	63.7	172	
London	111.7	10,007	 210.0
London highest rate: Ealing	191.3	654	
London lowest rate: Camden	63.7	172	
England	137.1	77,144	 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

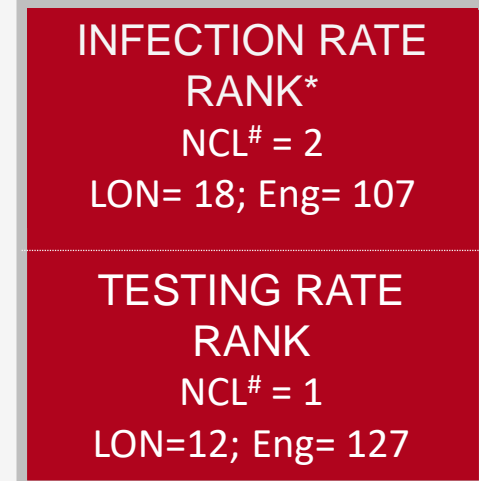
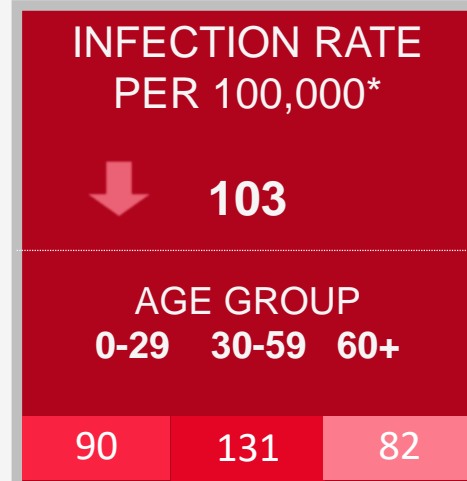


(6 Feb – 12 Feb 21)

TOTALS

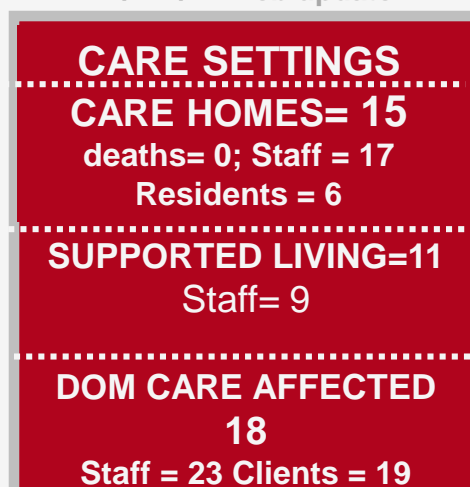
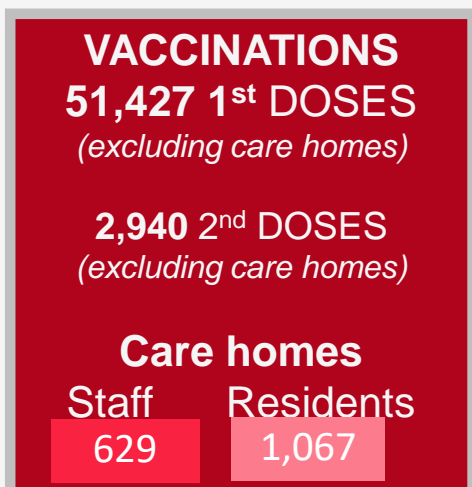
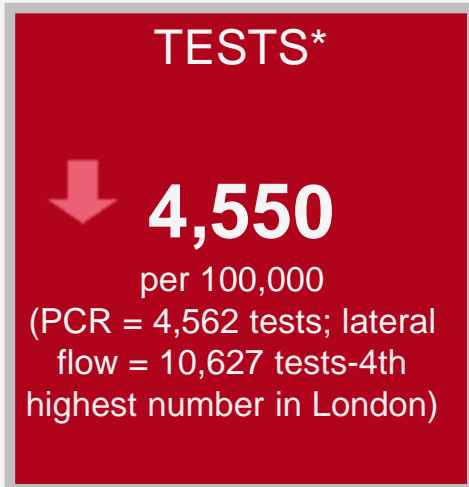
Cases = 30 Jan 20 – 12th Feb 21
Deaths = 06 Mar 20 – 29th Jan 21

31 Jan – 6 Feb



12/ 11 / 12 Feb update

15 Feb update



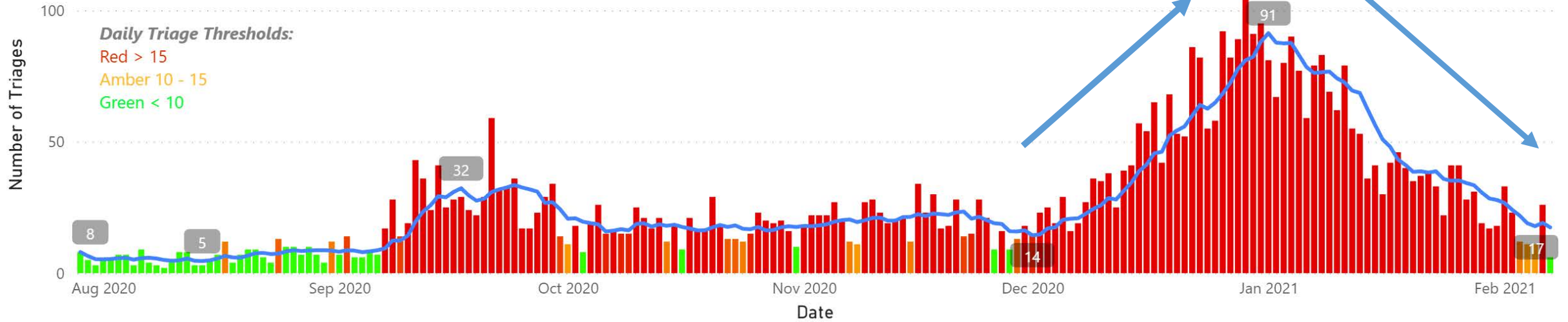
[#]According to ONS weekly mortality analysis.

[#]North Central London includes Camden, Barnet, Enfield, Haringey & Islington

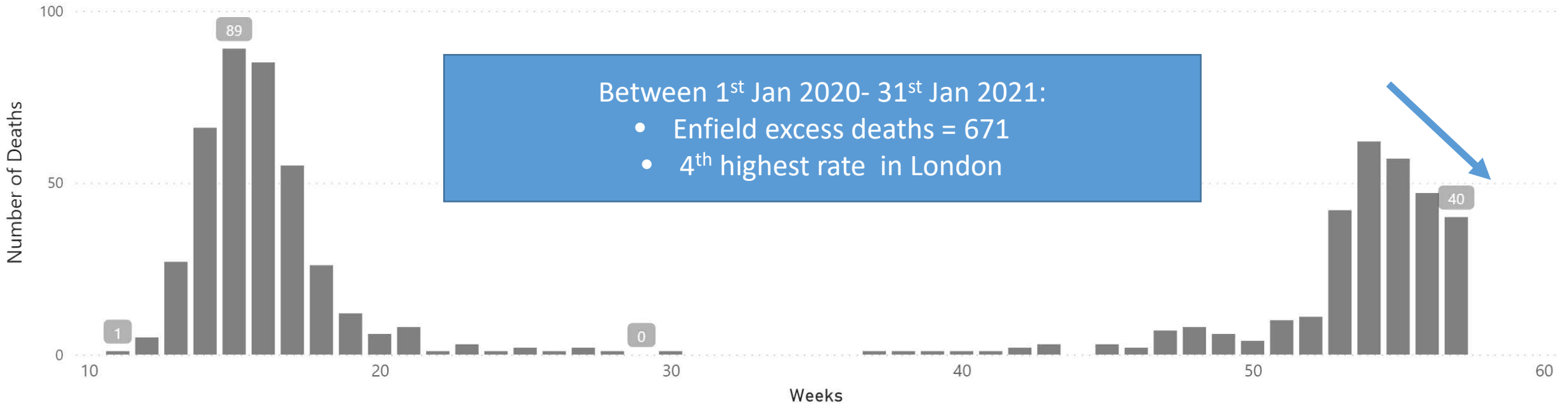
↑↓ Change since last week of data

111/999 COVID-19 Triage

● 111 Triage ● Rolling 7-Day Average



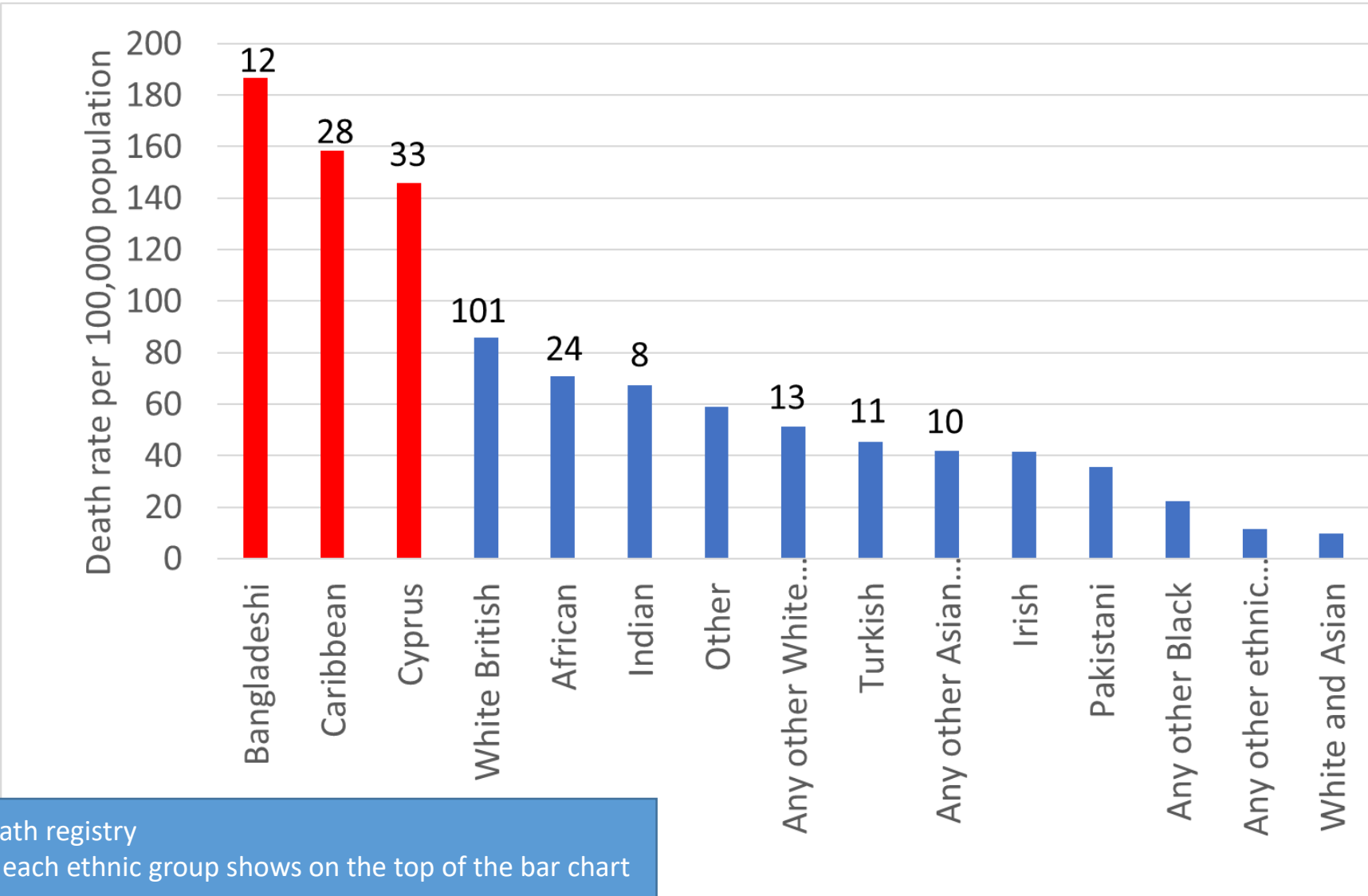
COVID-19 Deaths



Excess deaths (North Central London) : 29 Jan 2021

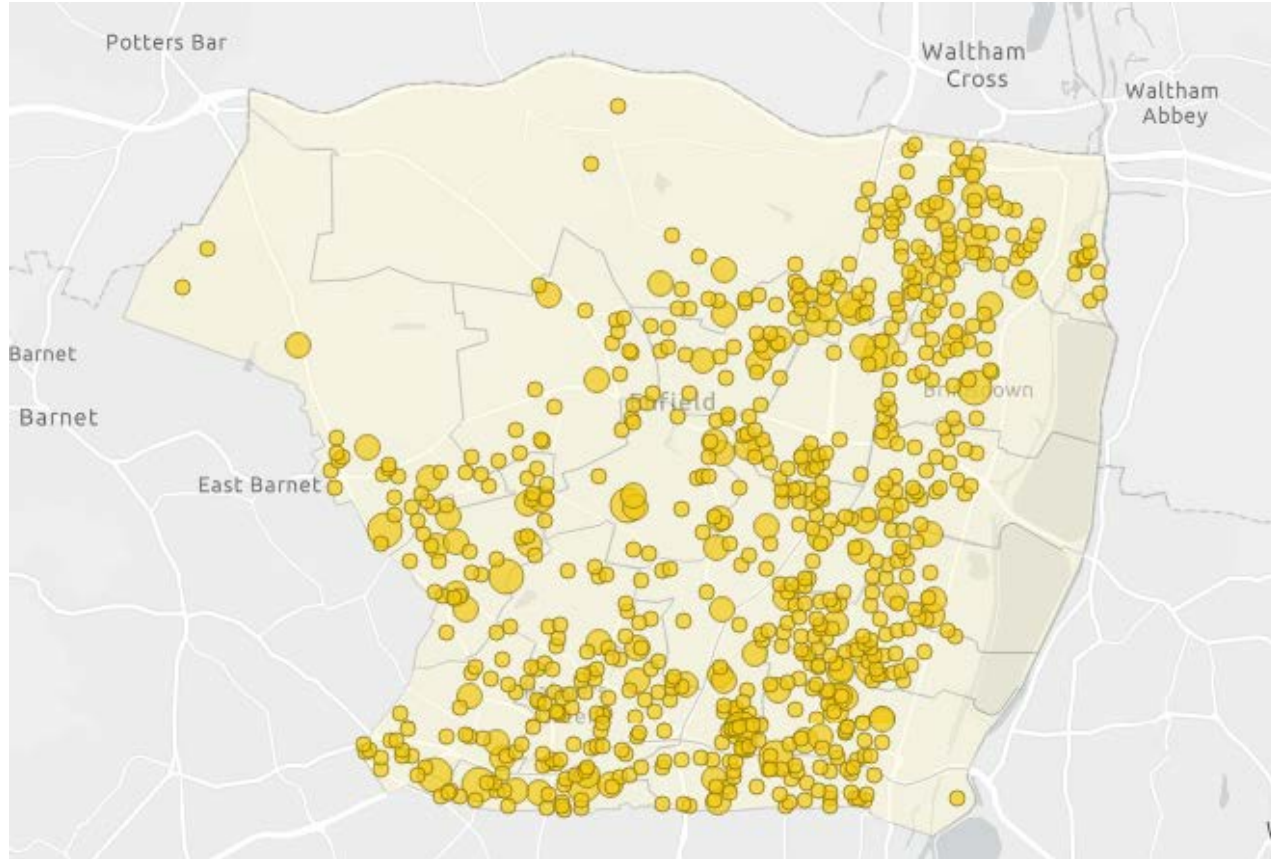
	Excess deaths (total)	COVID deaths (total)	Rate per 100,000
NCL average	445	510	138.3
Barnet	742	833	187.5
Camden	177	278	65.6
Haringey	444	446	165.3
Enfield	671	701	201.0
Islington	194	294	72.3

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

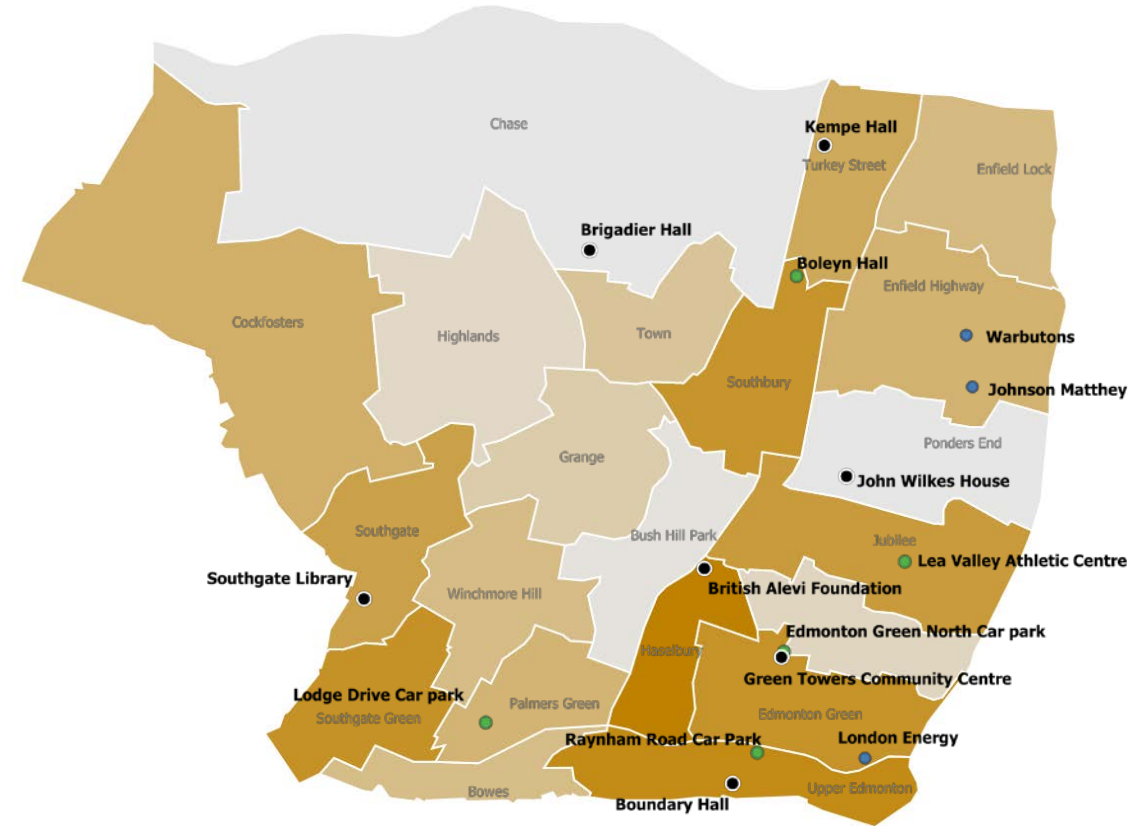


Data source: Enfield death registry
*Number of deaths for each ethnic group shows on the top of the bar chart

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

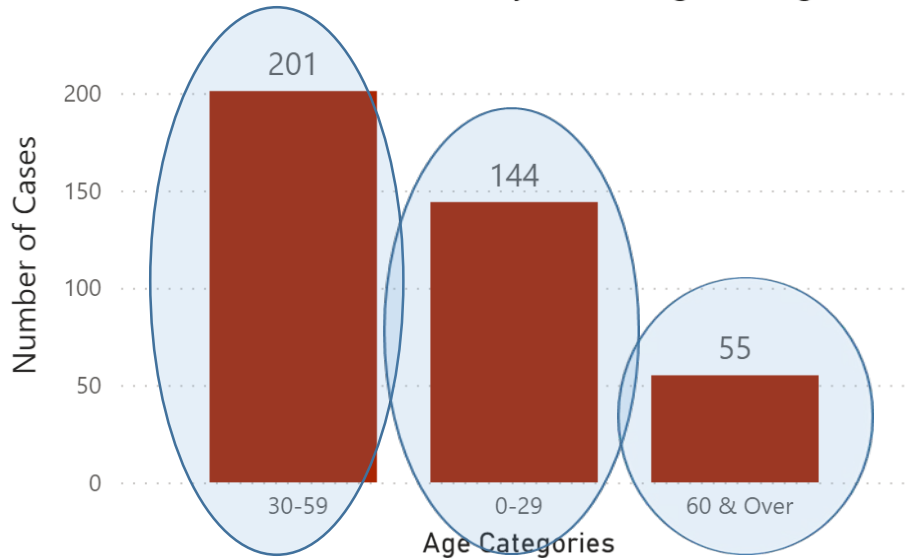


Previous Week Average Weekly COVID-19 Infection Rate per 100,000 by Ward (04 - 10 Feb)

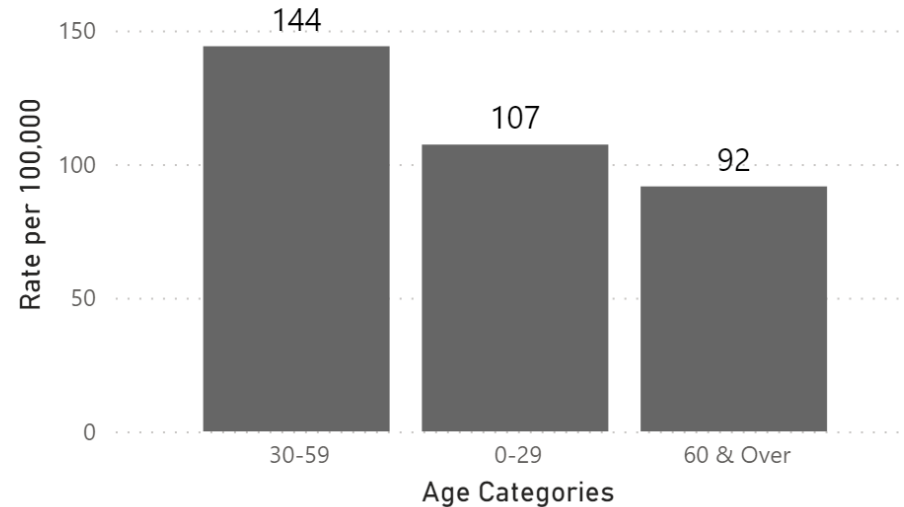


Number of COVID-19 Cases by Broad Age Categories

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

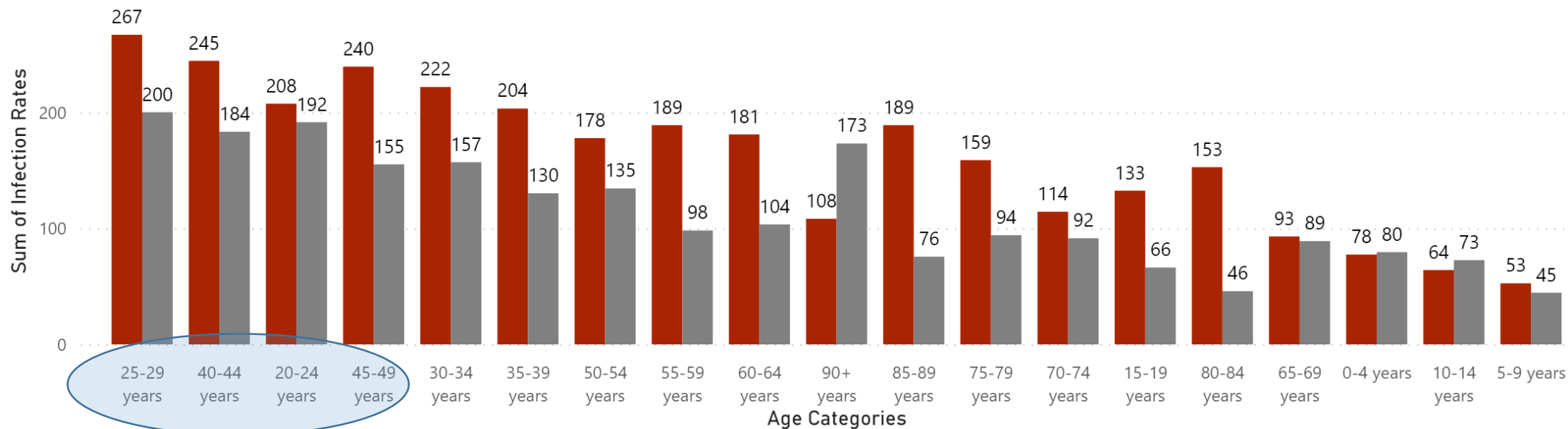


Infection Rate per 100,000 by Broad Age Categories



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

Time Period ● 14-Days ● 7-Days



Latest vaccination data

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

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

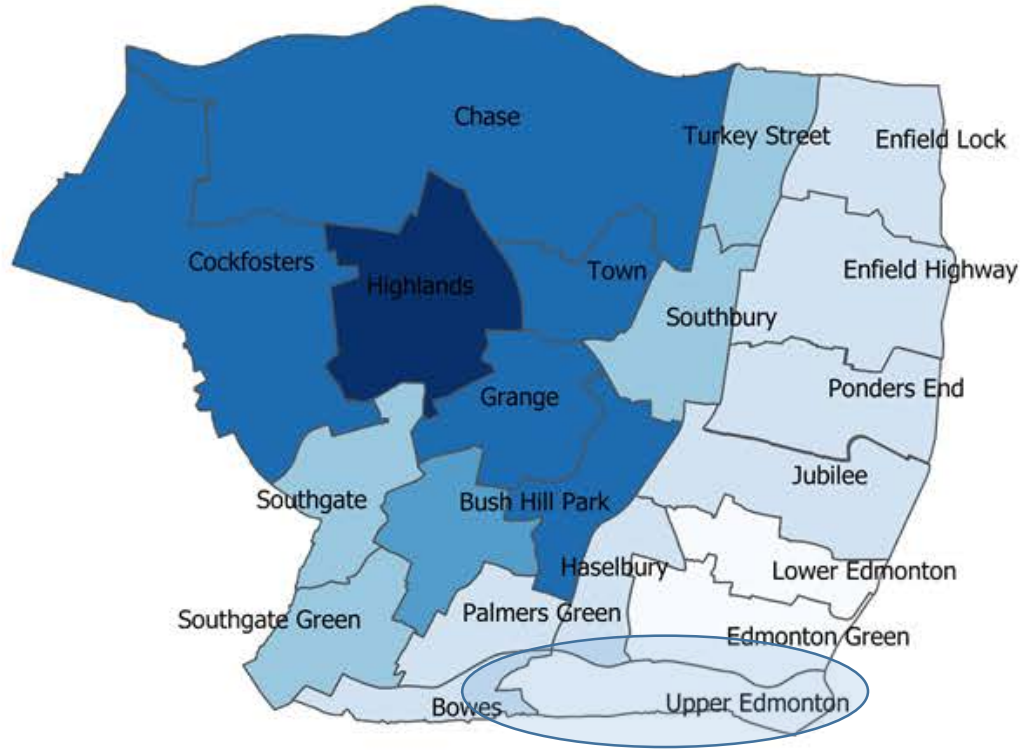
Number of **Vaccine decliners** = **662**

Ethnicity: Black and Mixed Ethnicity most likely to decline

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

Vaccine Uptake by Ward

% uptake 1st dose



Decliner

WARD_ENFIELD

36.5 - 39

40.0 - 44

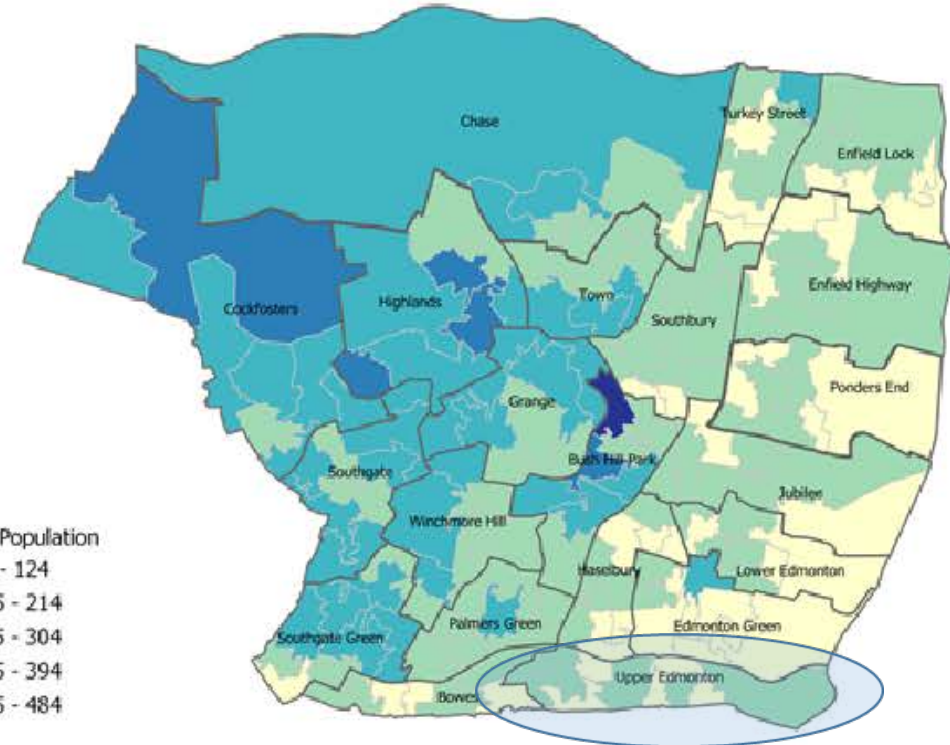
45.0 - 49

50.0 - 54

55.0 - 59

60+

Not vaccinated



Over 70 Population

35 - 124

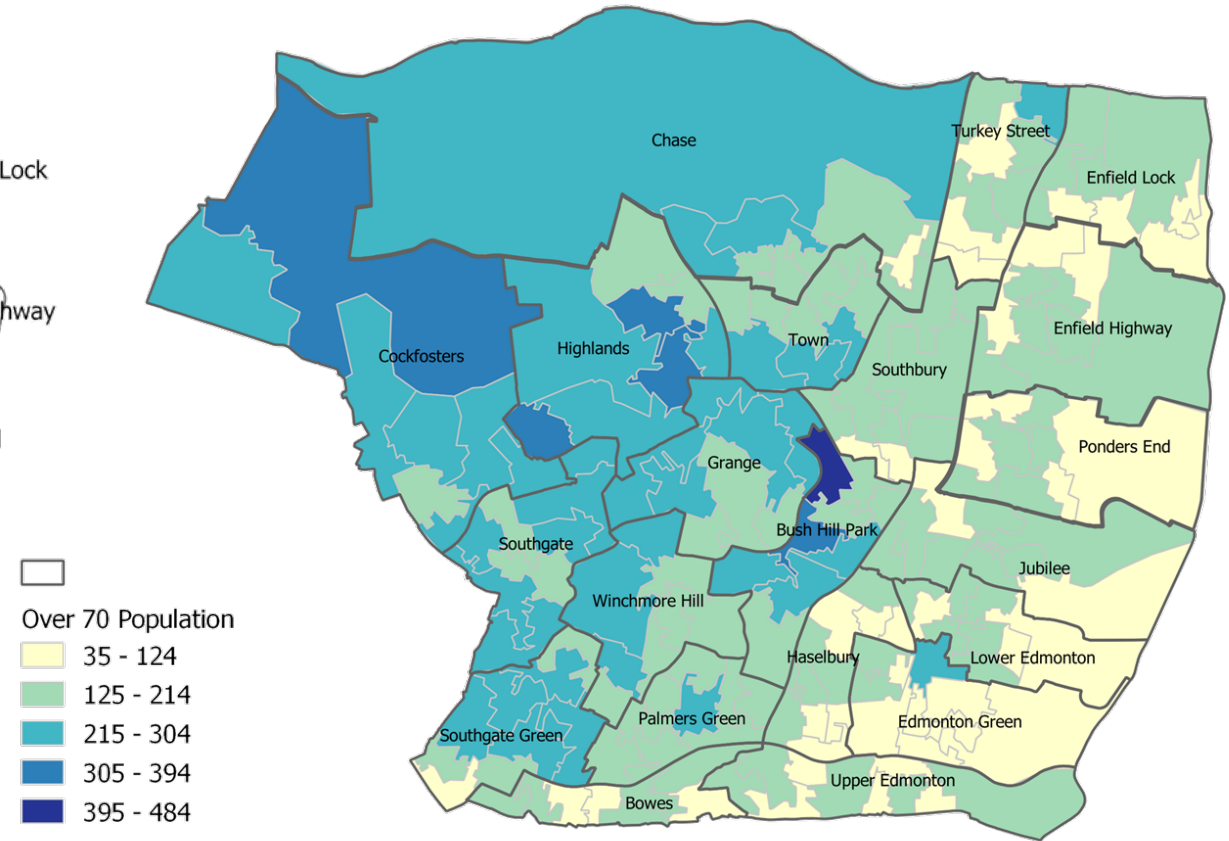
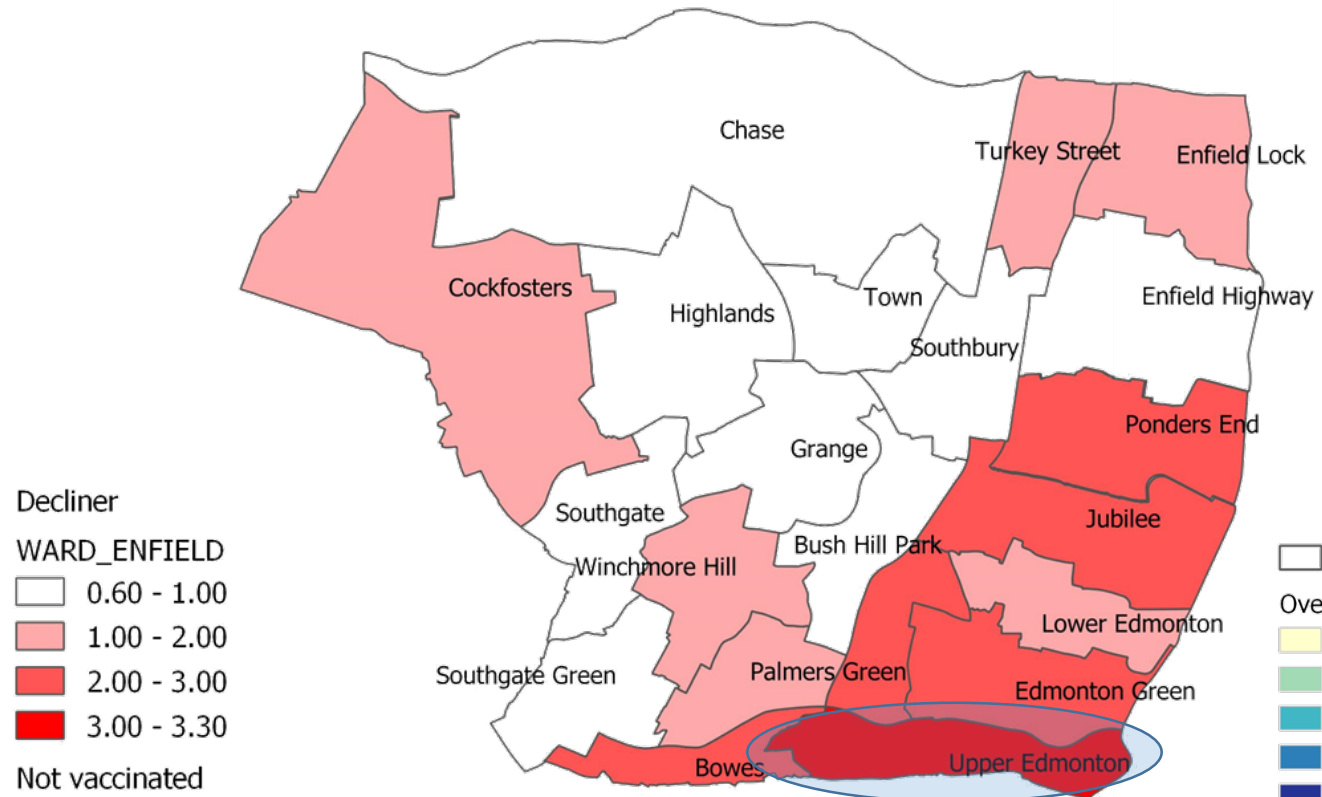
125 - 214

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.