

# Coronavirus (COVID-19) Infection Survey

## Results for Northern Ireland

22<sup>nd</sup> October 2021

## Introduction

This report is the latest in a series of weekly publications which will detail findings for Northern Ireland from the Coronavirus (COVID-19) Infection Survey (CIS). The findings set out in this report relate to the most recent week of the study up to the 16<sup>th</sup> October 2021. CIS aims to estimate how many people have the infection and the number of new cases that occur over a given time as well as estimating how many people have developed antibodies to COVID-19.

The survey over time will help track the extent of infection and transmission of COVID-19 among people living in private households. The sample includes people who would not necessarily have otherwise been tested, and is intended to estimate the number of current positive cases in the community in Northern Ireland, including cases where people do not report to having any symptoms.

**It is important to note that these statistics are based on a survey sample and differ from those reported in the [Department of Health Daily Dashboard](#) which are based on all laboratory confirmed tests for COVID-19 completed in Northern Ireland.**

## Proportion of people in Northern Ireland who had COVID-19

During the most recent week of the study (10<sup>th</sup> October – 16<sup>th</sup> October), it is estimated that 13,900 people in Northern Ireland had COVID-19 (95% credible interval: 9,100 to 19,600). This equates to 0.76% of the population (95% credible interval: 0.50% to 1.07%) or around 1 in 130 people (95% credible interval: 1 in 200 to 1 in 95). This is based on statistical modelling of the trend in rates of positive nose and throat swab results.

Modelling suggests the percentage of people testing positive decreased in Northern Ireland in the most recent two weeks, but the trend was uncertain in the week ending 16<sup>th</sup> October. In the latest six-week period, there were 16,329 swab tests taken in total from 11,569 participants. Of these, 159 participants tested positive from 128 different households. In the latest two-week period, of the 5,214 participants in the study, 43 tested positive from 35 households.

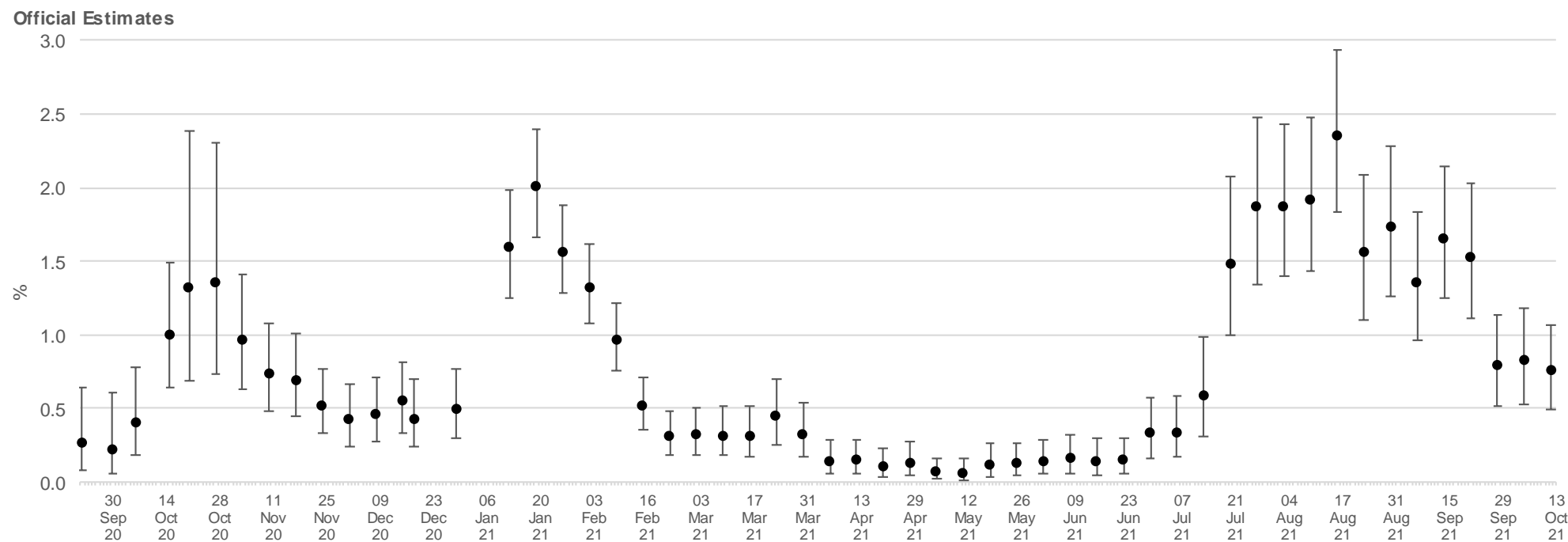
As this is a household survey, the statistics refer to infections occurring in private households. The figures exclude infections reported in hospitals, care homes and/or communal establishments. In these settings, rates of COVID-19 infection are likely to be different. It should be noted that the ratios outlined above do not represent a person's risk of becoming infected, since risk of infection depends on a number of factors such as contact with others or whether a person has been vaccinated.

## Positivity over time in Northern Ireland

*Due to relatively small number of tests and low number of positives within the sample, credible intervals are wide and therefore results should be interpreted with caution.*

Modelling suggests the percentage of people testing positive decreased in Northern Ireland in the most recent two weeks, but the trend was uncertain in the week ending 16<sup>th</sup> October. The official estimates of the percentage of people in NI previously testing positive for COVID-19 are set out in figure 1a while the modelled trends over time in the overall population for testing positive for COVID-19, including 95% credible intervals, are shown in figure 1b (overleaf). These estimates are calculated using a regression model which adjusts the survey results to be more representative of the overall population in terms of age, sex, and region.

**Figure 1a: Estimated percentage of the population in Northern Ireland testing positive for the coronavirus (COVID-19) on nose and throat swabs since 24 September 2020**

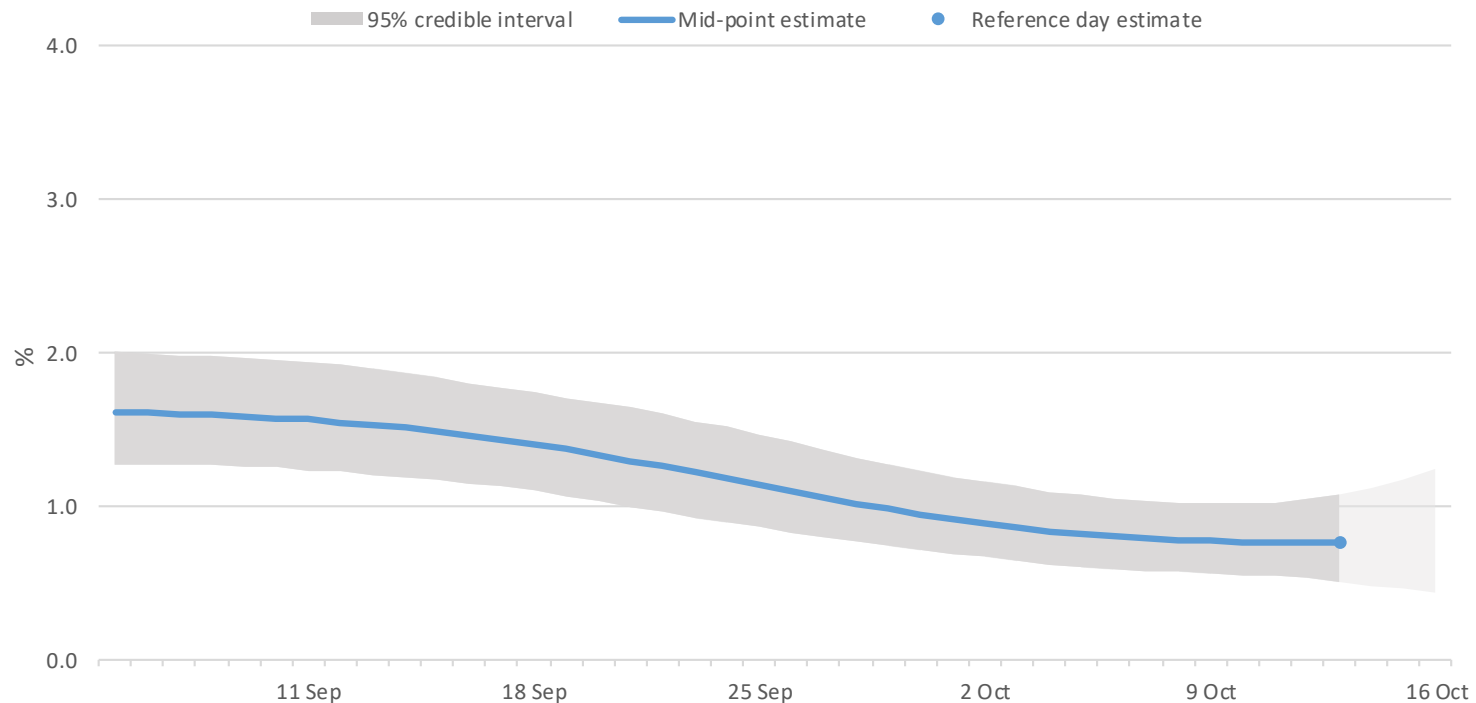


The point estimates and error bars indicated on the chart represent the official estimates reported in previous weeks based on the best information and methods at each point in time.

## Figure 1b:

### Percentage of people testing positive for COVID-19 in Northern Ireland

Modelled daily estimates



The area marked with light grey has a lower level of certainty due to lab results still being processed for this period  
Data from 5 September 2021 to 16 October 2021

Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey

#### Notes:

1. These results are provisional and subject to revision.
2. All estimates are subject to uncertainty, given that a sample is only part of the wider population. The model used to provide these estimates is a Bayesian model: these provide 95% credible intervals. A credible interval gives an indication of the uncertainty of an estimate from data analysis. 95% credible intervals are calculated so that there is a 95% probability of the true value lying in the interval.
3. Official reported estimates are plotted at a reference point believed to be most representative of the given week. To improve stability in the modelling while maintaining relative timeliness of estimates, the official estimates that are reported here are based on the midpoint of the reference week.
4. Official estimates (Figure 1a) should be used to understand the positivity rate for a single point in time. This is based on the modelled estimate for the latest week and is the best and most stable estimate and is used in all previous outputs. The modelled estimate (Figure 1b) is more suited to understand the recent trend. This is because the model is regularly updated to include new test results and smooths the trend over time.

## Positivity by age over time

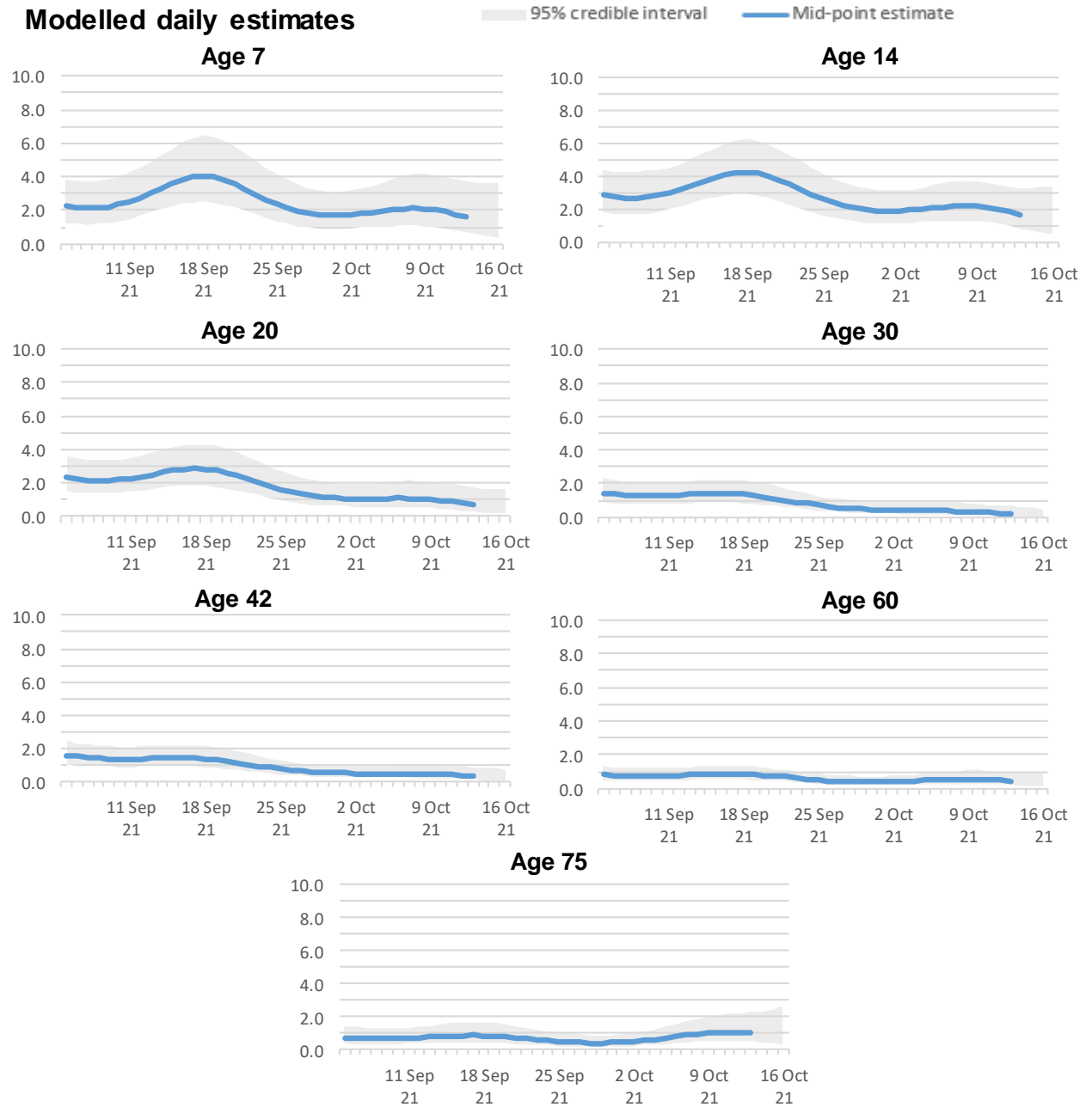
These charts present modelled positivity estimates for selected single years of age in Northern Ireland over the past 6 weeks.

In Northern Ireland, the percentage testing positive increased in those aged around 70 years and over and decreased in those aged around 30 years, but the trends are uncertain for children and other adult ages.

It should be noted that there is very high uncertainty around these trends due to the relatively smaller number of people included in this analysis, so caution should be taken in interpreting the results. In addition, caution should be taken in over-interpreting any small movements in the latest trend.

Estimates in the most recent week have a lower level of certainty due to lab results still being processed for this period.

Figure 2 – Percentage of people testing positive for COVID-19 for reference ages in Northern Ireland (Data from 5<sup>th</sup> September to 16<sup>th</sup> October 2021)



## Sub-regional analysis

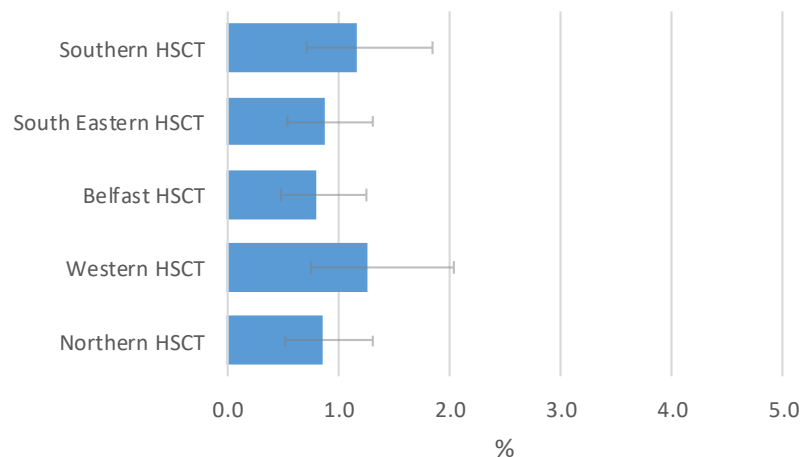
The table and chart below show the modelled estimates by Health & Social Care Trust. As the sub-regional estimates are modelled separately, they may not be directly comparable with the NI estimate.

*It should be noted that when the percentage of people testing positive is low, estimates are subject to increased uncertainty (as captured in the credible intervals) therefore caution should be taken when interpreting the sub-regional estimates or ranking them.*

**Figure 3: Percentage of people testing positive for the COVID-19 by CIS sub-region, Northern Ireland (modelled)**

10 October 2021 to 16 October 2021

### Modelled daily rates



Health & Social Care Trust	% testing positive	95% Lower Credible Interval	95% Upper Credible Interval
Southern Health and Social Care Trust	1.17%	0.71%	1.86%
South Eastern Health and Social Care Trust	0.87%	0.54%	1.31%
Belfast Health and Social Care Trust	0.81%	0.48%	1.25%
Western Health and Social Care Trust	1.27%	0.75%	2.03%
Northern Health and Social Care Trust	0.86%	0.53%	1.31%

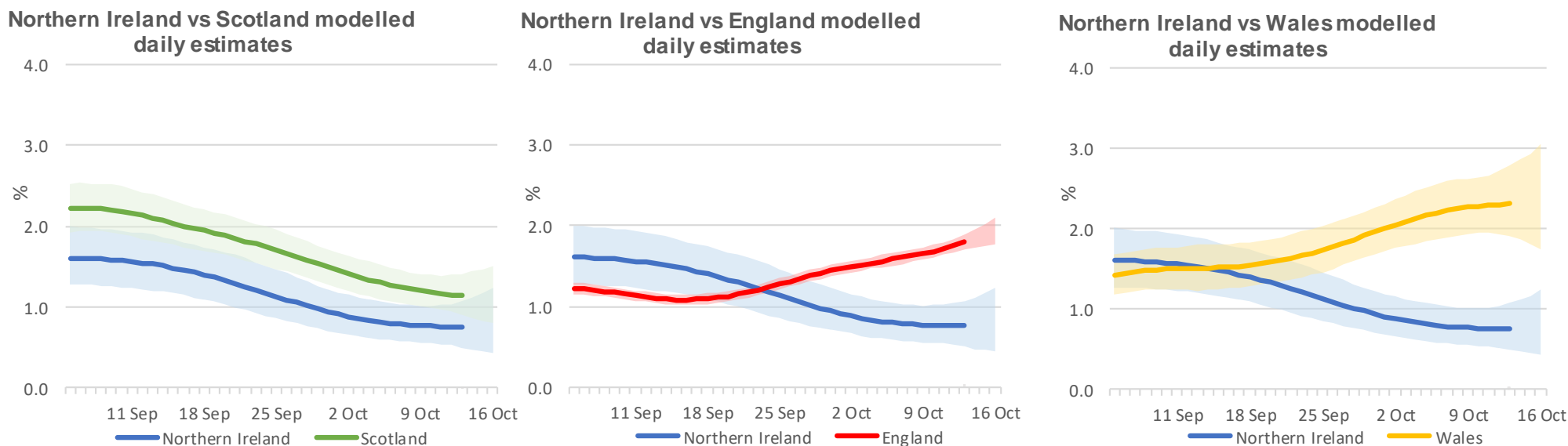
Sub-regional estimates are based on a different model to our headline estimates. The sub-regional estimates are calculated as an average over a seven-day period and should not be compared to the headline positivity estimates which are for a single reference date. Therefore the sub-regional figures may differ from the headline estimates because they are averaged over a longer time period. If a trend is changing, the figures shown above may not reflect the change we are seeing in our headline estimates.

## Positivity in the UK

During the most recent week of the study, based on statistical modelling of the trend in rates of positive nose and throat swab results, 0.76% of the NI population (95% credible interval: 0.50% to 1.07%) had COVID-19. It is estimated that for the same period 1.79% (95% credible interval: 1.70% to 1.89%) of the population in England had the coronavirus (COVID-19). It was estimated that 2.31% (95% credible interval: 1.90% to 2.78%) of the population in Wales and 1.14% (95% credible interval: 0.90% to 1.41%) of people in Scotland had the coronavirus.

*It should be noted that there is some uncertainty around the individual point estimates for the nations. Due to the relatively small number of tests and a low number of positives in and Northern Ireland in the sample, credible intervals are wide and therefore results should be interpreted with caution. These wide credible intervals mean that differences between the central estimates within and between nations may appear smaller or more exaggerated than what they really are.*

**Figure 4a, 4b, 4c: Modelled daily estimate of percentage of the population testing positive for the COVID-19 across the UK**



In the week ending 16 October 2021, the percentage of people testing positive for coronavirus (COVID-19) continued to increase in England and continued to decrease in Scotland. In the two weeks ending 16 October 2021, the percentage of people testing positive for coronavirus (COVID-19) increased in Wales and decreased in Northern Ireland, however, the trend is uncertain for both countries in the most recent week.



## Variant Analysis

The Alpha variant (B.1.1.7) of COVID-19, identified in the UK in mid-November 2020, has changes in one of the three genes that COVID-19 swab tests detect, known as the S-gene. This means in cases compatible with the Alpha variant, the S-gene is not detected by the current test and has the pattern ORF1ab+N (S gene negative) in the main variant analysis. Other variants – including both Delta (B.1.617.2) and Beta (B.1.351) – are positive on all three genes, with the pattern ORF1ab+S+N. Almost all ORF1ab+S+N cases in the UK will now be the Delta variant, so this group is labelled “Compatible with the Delta variant”.

More information on individual variants and where they were first detected is available on the [government variant dashboard](#).

Since the end of July 2021, infections compatible with the Delta variant have been the most common in all four UK countries. The most recent results show over 99% of all coronavirus (COVID-19) infections, where a genetic sequence could be obtained, were the Delta variant. Due to this high proportion of a single variant, a breakdown of infections by variant has not been included. The main variant analysis was last published on the [23 July 2021](#), where more details can be found. Infections by variant will continue to be monitored and the charts and analysis will be introduced when considered helpful.

ONS has published a [blog](#) where more can be read about COVID-19 variants.

## Number of new COVID-19 infections

The incidence rate is a measure of new polymerase chain reaction (PCR)-positive cases in a given time period.

In the week ending 2<sup>nd</sup> October 2021, the number of new PCR-positive COVID-19 cases continued to increase in England and Wales and continued to decrease in Scotland. In Northern Ireland, the number of new PCR-positive COVID-19 cases decreased in the two weeks up to 2 October 2021, but the trend was uncertain in the week ending 2 October 2021.

Credible intervals are very wide because of relatively small sample sizes, and care should be taken in interpreting results.

The reference date used for the official estimates of incidence of PCR-positive cases is 14 days prior to the positivity reference day, meaning that there is a two-week lag between the incidence estimate and the positivity estimate. This is necessary as estimates later than this date are more likely to change as additional data is received.

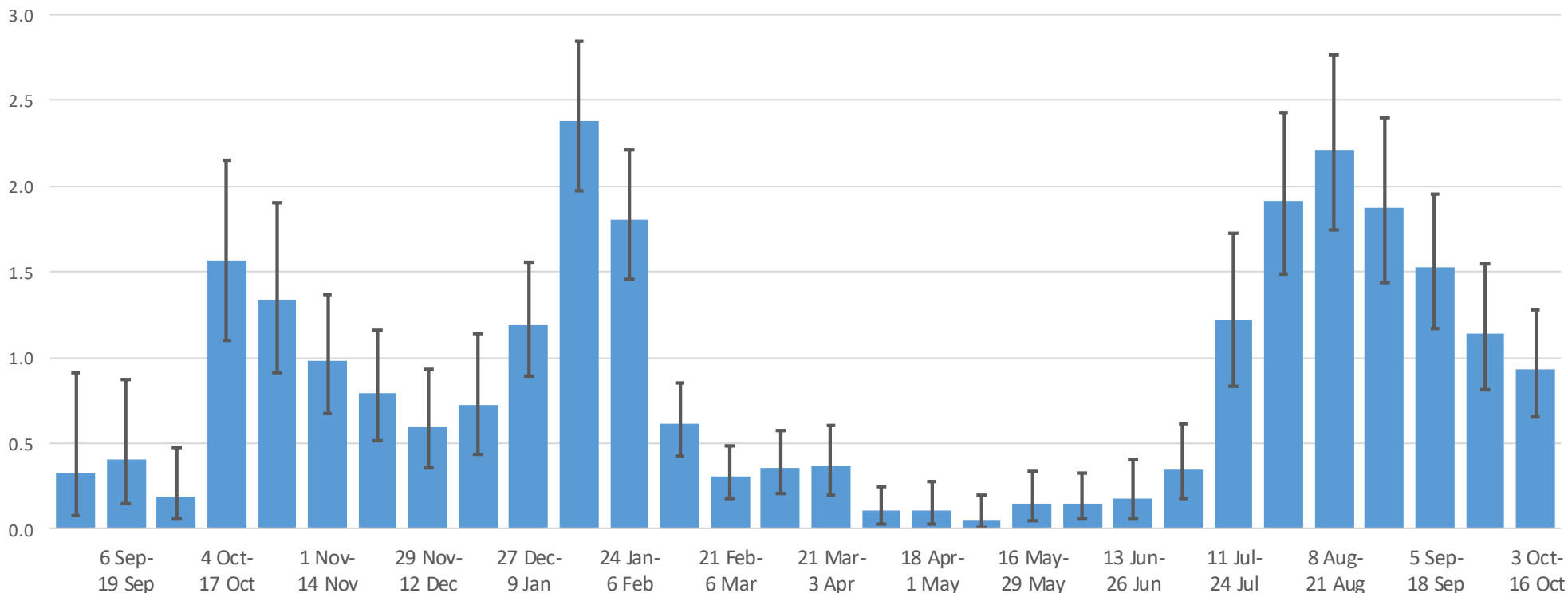
While the incidence estimates are useful, they can be volatile and subject to change as more data become available. This is particularly the case with the most recent estimates so it is important to be cautious when using them. When incidence is low, it may not be possible to produce a reliable estimate. In these instances ONS recommend focusing on the upper credible interval, which gives an upper bound to the incidence of new infections. For more information on how estimates of incidence are calculated please see [COVID-19 Infection Survey: methods and further information](#).

*A chart outlining incidence estimates for Northern Ireland can be found in Appendix 2. Please note that these estimates are only available up to the week ending 2<sup>nd</sup> October and are therefore not directly comparable with the most recent positivity estimates which are more up-to-date.*

## Appendix 1 – Non-overlapping 14 day weighted positivity estimates in Northern Ireland

The estimates for non-overlapping 14-day periods (which underpin the modelled official estimates) are presented in the chart below and are provided for context. These 14-day estimates are different from and cannot be directly compared with the modelled estimates presented earlier in this report. The weighted percentage testing positive in NI in the latest 14-day period (3<sup>rd</sup> October to 16<sup>th</sup> October 2021) was 0.93% (95% confidence interval: 0.65% to 1.27%) or around 1 in 110 people (95% confidence interval 1 in 150 to 1 in 80).

**Figure 5: Estimated percentage of the population in Northern Ireland testing positive for the coronavirus (COVID-19) by non-overlapping 14-day periods up to 16 October 2021**



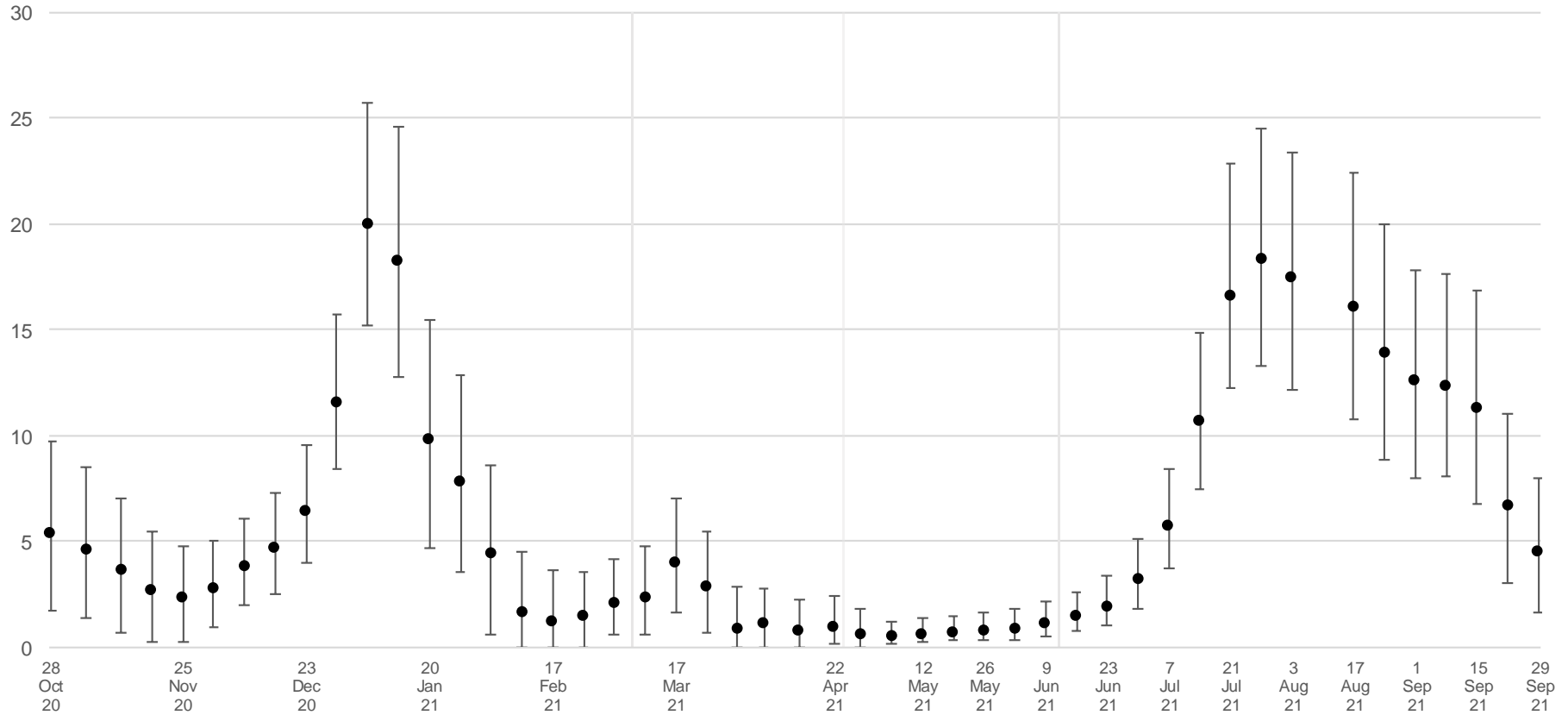
Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey, Department of Health Information Analysis Directorate

### Notes:

1. All results are provisional and subject to revision.
2. These statistics refer to infections reported among the population living in private households. These figures exclude infections reported in hospitals, care homes and/or other institutional settings.
3. It should be noted that averaging positivity rates over the past 14-day period can mask changes in the positivity rates that have occurred in the most recent week.

## Appendix 2 – Number of new COVID-19 infections in Northern Ireland

**Figure 6 Incidence rate per 10,000 persons per day in Northern Ireland**  
Official Estimates



The point estimates and error bars indicated on the chart represent the official estimates and respective credible intervals reported for each week  
Data from 25 October 2020 to 2 October 2021

## Methodology

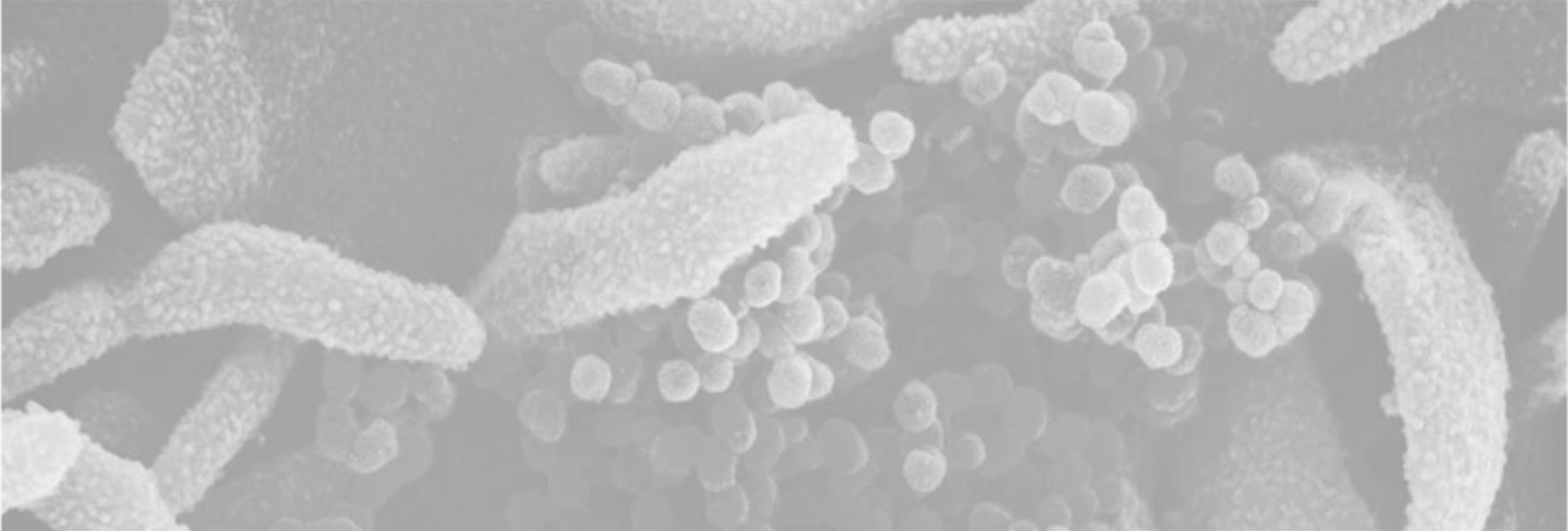
The results are based on nose and throat swabs provided by participants to the study. As well as looking at incidence overall, the survey will be used to examine the characteristics of those testing positive for COVID-19 and the extent to which those infected experience symptoms.

Extending the COVID-19 Infection Survey to Northern Ireland has been achieved by a collaboration between the Department of Health, Public Health Agency (PHA), Northern Ireland Statistics and Research Agency (NISRA) and the Office for National Statistics (ONS) and its various survey partners. Fieldwork commenced in Northern Ireland on 27<sup>th</sup> July 2020. It is important to note that there is a significant degree of uncertainty with the estimates. This is because, despite a large sample of participants, the number of positive cases identified is small. Estimates are provided with 95% confidence intervals to indicate the range within which we may be confident the true figure lies.

The results are for private households only and do not apply to those in hospitals, care homes or other institutional settings.

The Office for National Statistics (ONS) publishes [weekly statistical bulletins and references tables, including results for England, Wales, Scotland and Northern Ireland](#) on its website. Further detail for Northern Ireland is available in the ONS [data tables](#).

Further information about quality and methodology can be found on the [ONS website](#).



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