

Statistical bulletin

Coronavirus and behaviour of the vaccinated population after being in contact with a positive case in England: 10 January to 15 January 2022

Behaviour of fully vaccinated individuals not required to self-isolate after being in contact with a positive case of COVID-19, from the COVID Test and Trace Contacts Behavioural Insights Survey. Includes analysis of daily rapid lateral flow testing. Experimental Statistics.

Contact: Release date: Danielle Cornish and Hannah 2 February 2022 Mason publicservicesanalysis@ons.gov. uk +44 1633 456022

Table of contents

- 1. Main points
- 2. Daily lateral flow testing
- 3. Understanding and attitudes towards COVID-19
- 4. Data for Coronavirus and behaviour of the vaccinated population
- 5. Glossary
- 6. Measuring the data
- 7. Strengths and limitations
- 8. Related links

Next release:

23 February 2022

1. Main points

- Data collected from 10 to 15 January 2022 show that the majority (70%) of respondents who had come into close contact with someone who had coronavirus (COVID-19) reported that they had undertaken daily lateral flow testing; 64% of all respondents had completed all of the tests.
- Around one-third (35%) of respondents who took part in daily lateral flow testing never intended to report their results.
- Of those who had undertaken daily rapid lateral flow testing, one-fifth (20%) reported they had tested positive on one of them.
- Of those who had experienced difficulties in obtaining the daily rapid lateral flow tests (46%), common reasons were no availability (82%) and delayed delivery (23%).
- A significantly higher proportion of respondents developed symptoms in January 2022 (23%) compared with November 2021 (15%); the proportion of respondents currently self-isolating was also significantly higher in January 2022 (18%) than in November 2021 (6%).
- Around 18% felt the current isolation guidance for those who are double vaccinated was insufficient to keep the public safe, a significantly lower proportion than in November 2021 (29%).

The statistics presented are <u>Experimental Statistics</u>, so care needs to be taken when interpreting them. It is worth noting this survey has a relatively small sample size of 1,078.

2. Daily lateral flow testing

Since <u>16 August 2021</u>, close contacts of a positive case of coronavirus (COVID-19) were not required to selfisolate if they had been <u>fully vaccinated</u>. Even if they had no symptoms, contacts were advised to have a PCR test as soon as possible. From <u>14 December 2021</u>, this advice changed and fully vaccinated contacts were advised to take a lateral flow device (LFD) test (often referred to as rapid lateral flow test) every day for seven days.

Between 10 and 15 January 2022, the majority (70%) of respondents reported that they had taken daily lateral flow tests (LFTs). Of these, 92% had completed all of the tests. This was 64% of all respondents. One in five (20%) respondents who undertook daily testing reported they had tested positive on one of their daily LFTs.

Three in ten (30%) respondents reported not taking daily lateral flow tests. The most common reasons for this included "I did not have access to enough lateral flow tests" (32%) and "I do not think it's useful" (21%).

Almost half (46%) of those who had taken daily LFTs reported experiencing difficulty in obtaining the tests. Of those who had experienced difficulties, common reasons were "I could not obtain a lateral flow test (no availability)" (82%) and "there was a delay in delivery of lateral flow tests" (23%).

Approximately 86% reported being very or moderately confident that they understood the guidance on taking daily rapid lateral flow tests.

Of respondents who had taken daily LFTs, 25% thought that limiting social contact was less important for someone who tested negative on their daily LFT, than someone who had not taken a daily LFT at all.

Figure 1: Around one-third (35%) of respondents who took part in daily rapid lateral flow testing never intended to report their results

Of respondents who had undertaken daily rapid lateral flow testing, percentage who intended to report their results, England, 10 to 15 January 2022

Figure 1: Around one-third (35%) of respondents who took part in daily rapid lateral flow testing never intended to report their results

Of respondents who had undertaken daily rapid lateral flow testing, percentage who intended to report their results, England, 10 to 15 January 2022



Source: Office for National Statistics - COVID Test and Trace Contacts Behavioural Insights Survey

Notes:

 The error bars show 95% confidence intervals highlighting the degree of uncertainty around an estimate. Non-overlapping confidence intervals suggest a statistically significant difference between groups (See <u>Glossary</u>).

It is important to note that the majority (95%) of all respondents reported that they had taken a COVID-19 test of any kind (LFT, PCR, or both) since being contacted by NHS Test and Trace. This was a similar proportion to November 2021 (93%).

3 . Understanding and attitudes towards COVID-19

The majority (74%) of respondents reported they were either very or moderately confident in their understanding of the rules about self-isolation for those who are double vaccinated.

Respondents were asked about their interpretation of the guidance for double vaccinated individuals, after being in contact with a positive case of coronavirus (COVID-19). The majority (90%) correctly reported that people should take daily rapid lateral flow tests (LFTs) for seven days. This was statistically significantly lower among those aged 55 years and over (84%) compared with the other age groups (94% in those aged 18 to 34 years and 92% in those aged 35 to 54 years).

Approximately 23% of respondents incorrectly said that double vaccinated contacts should take a PCR test. This was statistically significantly lower than in November 2021 (82%), indicating the majority of respondents were aware of the recent policy change.

Almost one in five respondents (18%) felt the current isolation guidance for those who are double vaccinated was insufficient to keep the public safe. This is statistically significantly lower than in November 2021 (29%). Just over half (56%) reported taking additional measures to keep themselves and others safe, beyond government guidelines and recommendations.

The majority (69%) of respondents agreed that "coronavirus poses a risk to me personally", whilst around half (52%) agreed that "the Omicron variant concerns me".

4. Data for Coronavirus and behaviour of the vaccinated population

Coronavirus and behaviour of the vaccinated population after being in contact with a positive case in England

Dataset | Released 2 February 2022

Behaviour of fully vaccinated individuals not required to self-isolate after being in contact with a positive case of COVID-19, from the COVID Test and Trace Contacts Behavioural Insights Survey. Experimental Statistics.

5. Glossary

Contacts not required to self-isolate

From <u>14 December 2021</u>, those who are fully vaccinated and aged under 18 years are not legally required to selfisolate if they have been in contact with a positive case of coronavirus (COVID-19). However, if you are aged 5 years and over, you are strongly advised to take a lateral flow device (LFD) test (often referred to as rapid lateral flow test) every day for seven days. The LFD test should be taken before leaving your home for the first time that day.

If you take an LFD test and the result is positive, you should immediately self-isolate and follow the <u>Stay at home</u> <u>guidance</u>. From 11 January 2022, you do not need to take a follow-up confirmatory PCR test.

If your daily LFD test result is negative, you do not need to self-isolate. However, further guidance is advised on how to stay safe and help prevent the spread.

More information can be found in <u>Guidance for contacts of people with confirmed coronavirus (COVID-19)</u> infection who do not live with the person. Please note this guidance is updated regularly.

Fully vaccinated

Fully vaccinated refers to having been vaccinated with a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine in the UK, and at least 14 days have passed since having received the recommended doses of that vaccine.

Self-isolation

Self-isolation is when individuals do not leave their home because they have COVID-19 or might have COVID-19 (based on symptoms or being identified as a close contact of someone who has tested positive).

Statistical significance

The term "significant" refers to statistically significant changes or differences. Significance has been determined using 95% confidence intervals, where instances of non-overlapping confidence intervals between estimates indicate the difference is unlikely to have arisen from random fluctuation. More information is available on our <u>uncertainty web page</u>.

6. Measuring the data

Survey information

This is the third bulletin in this series, with the survey in its current format and using the current data collection methodology.

The COVID Test and Trace Contacts Behavioural Insights Study aims to understand the behaviour, attitudes and well-being of individuals identified as a contact of someone who has tested positive for coronavirus (COVID-19) and does not need to self-isolate because they are fully vaccinated. This survey was specifically designed in consultation with Office for National Statistics (ONS) experts to obtain information on this group of people.

Estimates for this survey

The data were collected between 10 and 15 January 2022. The sample was stratified to be representative of the age, sex and regional distribution of the "contacts not required to self-isolate" population in England. The achieved sample consisted of 1,078 adults.

Percentages in this report are based on weighted counts that are representative of the population of adults (aged 18 years and over) who had received at least two doses of a COVID-19 vaccine, and were notified as being in contact with someone who tested positive for COVID-19 between 13 December 2021 and 9 January 2022.

The survey was conducted via telephone and all answers were self-reported. Of those potential respondents who were successfully contacted by an interviewer, the response rate was 70.6%. When including cases where contact was attempted but not made, the response rate was 18.1%. As with all surveys, these estimates have an associated margin of error.

Respondents were randomly sampled through the Contact Tracing and Advice Service (CTAS) database, held by NHS Test and Trace. The sample was limited to those who were fully vaccinated, had provided a valid phone number and who had been entered onto the CTAS database at the point of sampling. A random sample was selected from a sample frame which included all contacts whose date of exposure was between 29 December 2021 and 4 January 2022.

7 . Strengths and limitations

The main strengths of the COVID Test and Trace Contacts Behavioural Insights Survey include:

- timely production of data and statistics that can respond quickly to changing needs, as the questions included are reviewed for each survey wave
- the sample was stratified to be representative of the age, sex and regional distribution of the population being sampled and percentages are based on weighted counts representative of the population
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error
- confidence intervals have been used to determine whether differences across time periods and groups are statistically significant

The main limitations of the COVID Test and Trace Contacts Behavioural Insights Survey include:

- the limited period in which fieldwork took place, it is difficult to reach a large number of people and therefore the overall sample size for the survey is limited
- the behaviour during the 10 days following exposure to coronavirus (COVID-19) was self-reported and may be subject to recall bias, which influences how accurately respondents can recall past events and experiences; most interviews took place around 10 days following exposure to reduce this bias
- the <u>Experimental Statistics</u> presented contain <u>uncertainty</u>; as with all survey data based on a sample, there is an element of uncertainty as they are susceptible to respondent error and bias
- the nature of the target population, in which a large proportion of contacts are members of the same household, it is possible that the sample could include multiple members of the same household

8. Related links

Coronavirus and self-isolation after being in contact with a positive case in England: 9 to 16 August 2021 Bulletin | Released 8 September 2021

Behaviour of individuals required to self-isolate after being in contact with a positive case of COVID-19, from the COVID Test and Trace Contacts Insights Survey. Includes information on the impact of self-isolation on well-being and finances. Experimental Statistics.

Coronavirus and self-isolation after testing positive in England: 4 to 8 January 2022

Bulletin | Released 26 January 2022

Behaviour of individuals required to self-isolate after testing positive for COVID-19, from the COVID Test and Trace Cases Insights Survey. Includes information on the impact of self-isolation on well-being and finances. Experimental Statistics.

<u>Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person</u>

Webpage | Updated 11 January 2022

Guidance from Public Health England about self-isolation, for contacts of people with possible or confirmed coronavirus (COVID-19).

Coronavirus (COVID-19) latest data and analysis

Webpage | Updated as and when data become available Latest data and analysis on coronavirus (COVID-19) in the UK and its effect on the economy and society.

Coronavirus (COVID-19) harmonisation guidance

Webpage | Updated frequently

Government Statistical Service harmonisation guidance on how to best collect data about the impact of the coronavirus (COVID-19) pandemic. Users can also find a bank of questions from multiple Office for National Statistics (ONS) surveys related to COVID-19 to be used in other surveys to further support harmonisation and questionnaire development.