COVID-19 cases and deaths

Date: 3 July 2020

Camden and Islington Public Health

Knowledge, Intelligence, and Performance Team

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1. Overview of number of cases in Islington since the start of the pandemic
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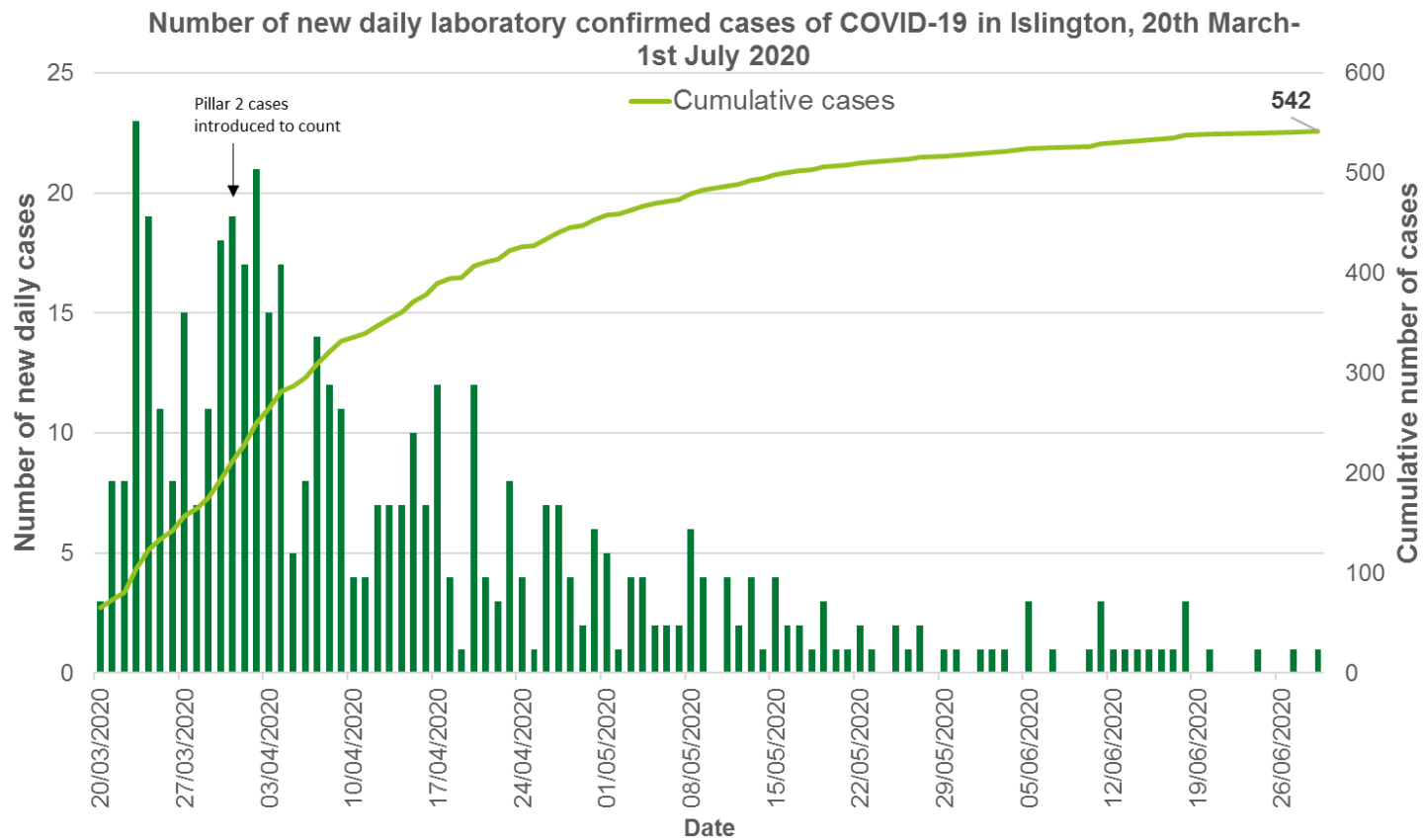3. Inequalities

Key Messages

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COVID-19 Cases in Islington

- As of 01 July 2020, a cumulative total of 542 laboratory confirmed cases in Islington have been reported since the pandemic began.

- The number of new cases per day has been on an overall declining trend since mid-April.

- Islington has had the lowest rate of cumulative COVID-19 cases in London at 227 per 100,000 population.

- The availability of testing has increased over time, therefore many suspected cases would not have been tested early on

- There were 2 new cases reported between 20 - 26 June 2020.

COVID-19 Deaths in Islington

- Between 14 March and 19 June 2020, there have been a total of 150 COVID-19 related deaths in Islington and an estimated 179 excess deaths in the borough (weekly figures minus the 2014 to 2018 average).

- There were 2 deaths related to COVID-19 reported in Islington between 13 June and 19 June 2020 (last week of data available).

- As of 31 May 2020, Islington's age standardised mortality rate due to COVID-19 was higher than the England average but similar to the London average.

- There are no statistically significant differences between the COVID-19 mortality rates in men and women in Islington.

- There are no clear trends in the rates of COVID-19 deaths across deprivation quintiles in Islington, but the crude mortality rate in the least deprived quintile is significantly lower than the borough average.

COVID-19 confirmed cases in Islington

Number of new daily laboratory confirmed cases of COVID-19 in Islington, 20th March-1st July 2020

- As of 01 July 2020, there are a total of **542** laboratory confirmed cases in Islington.

- The number of new cases per day has been on an overall declining trend since mid-April.

- 2 new cases have been confirmed between the 20 – 26 June 2020 (latest available week of complete data).

COVID-19 cumulative case rate per 100,000 by borough
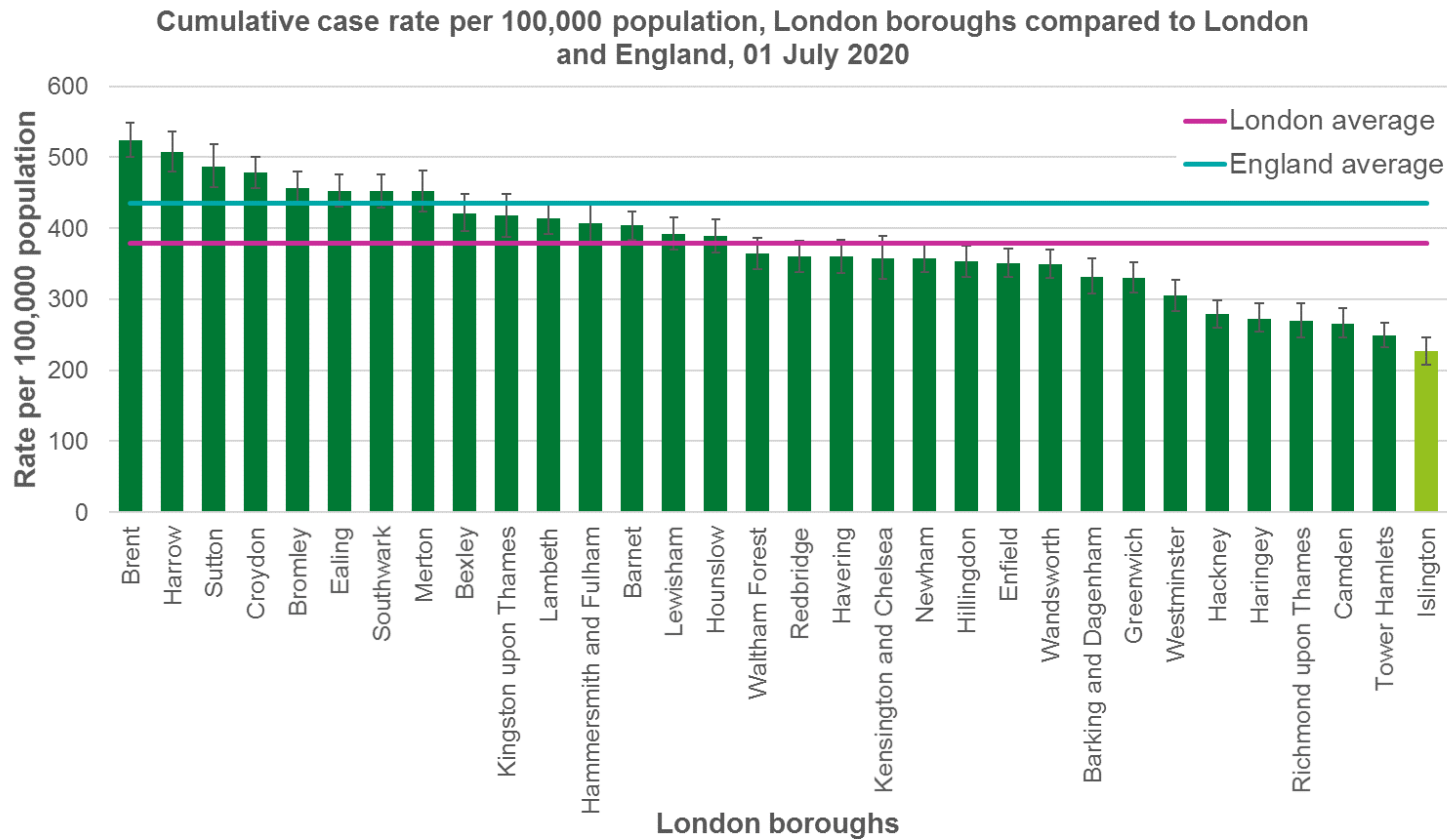
Cumulative case rate per 100,000 population, London boroughs compared to London and England, 01 July 2020

- Islington has had the lowest rate of cumulative COVID-19 cases in London at 227 per 100,000 population.

- This is lower than both the London and England averages (379 and 436 per 100,000 respectively)

Note: Rates have been calculated using 2018 mid-year population estimates, the most up-to-date estimates when published. These are rates based off the cumulative number of Pillar 1 and Pillar 2 lab confirmed cases on the 01/07/2020. Pillar 2 cases have been included since 31/03/2020
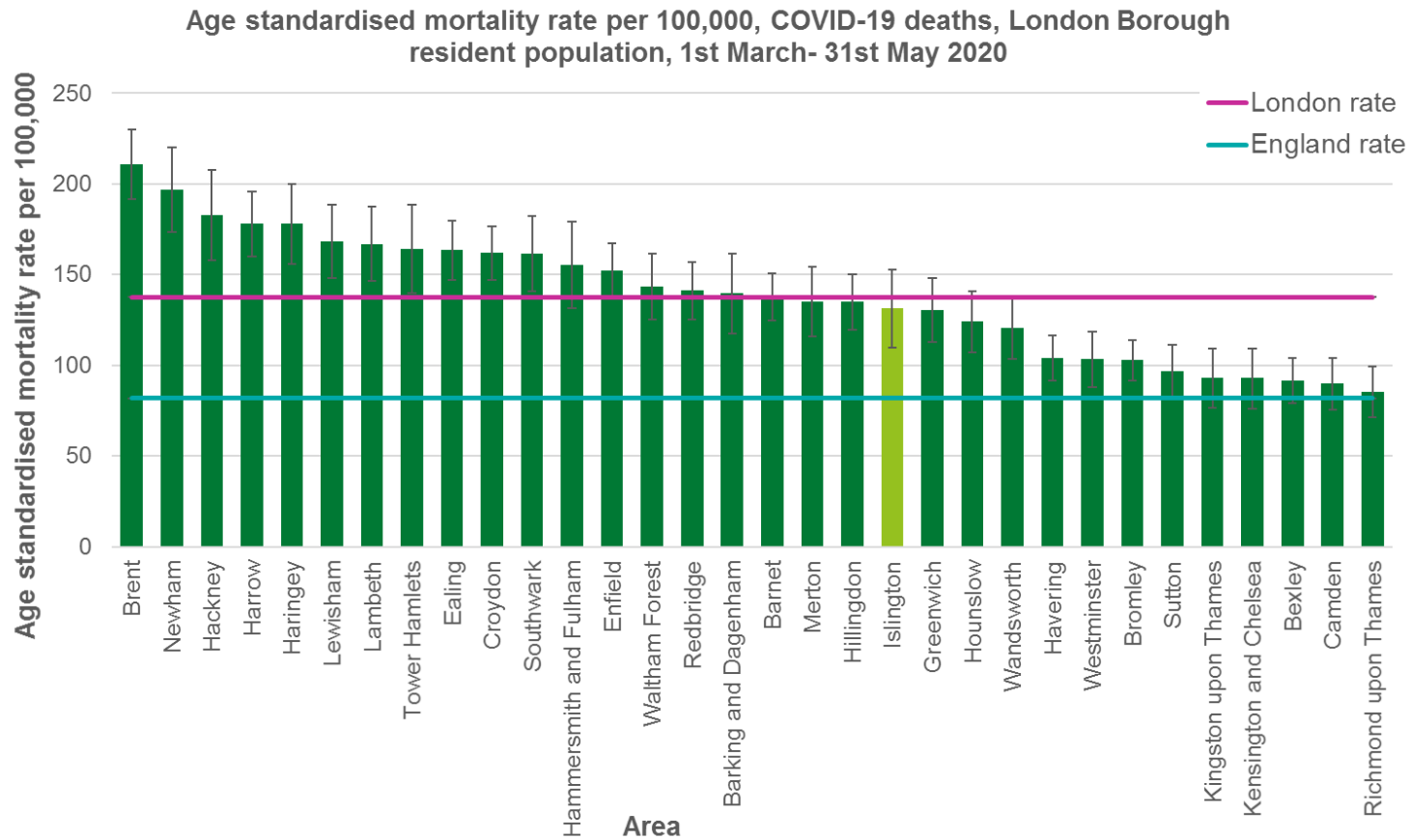**Source:** COVID-19 dashboard PHE

Weekly deaths

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Deaths by cause of death (weekly numbers) for deaths that occurred from 14 March 2020 to 19 June 2020 (registered up to 27 June 2020)
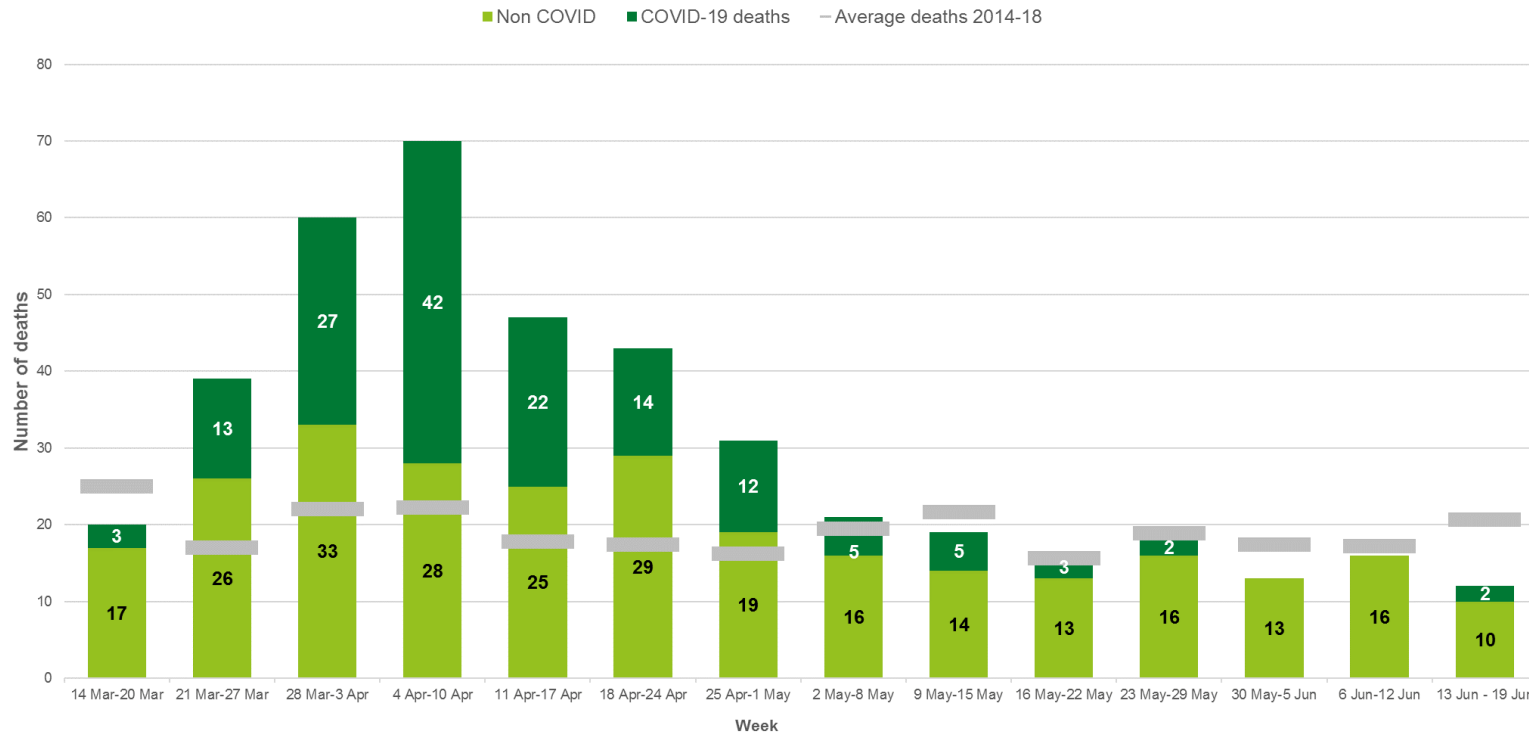
- A total of 150 deaths in Islington have been COVID-19 related, up to 19 June 2020.

- In Islington, the number of COVID-19 related deaths peaked during the week of 4 April – 10 April at 42 deaths and has fallen steadily since.

- For the period 13 June – 19 June there has been 2 COVID19 related deaths.

COVID-19 death rate per 100,000 by borough

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Age standardised mortality rate per 100,000, COVID-19 deaths, London Borough resident population, 1st March- 31st May 2020

Note: Rates have been calculated using 2019 mid-year population estimates, the most up-to-date estimates when published.
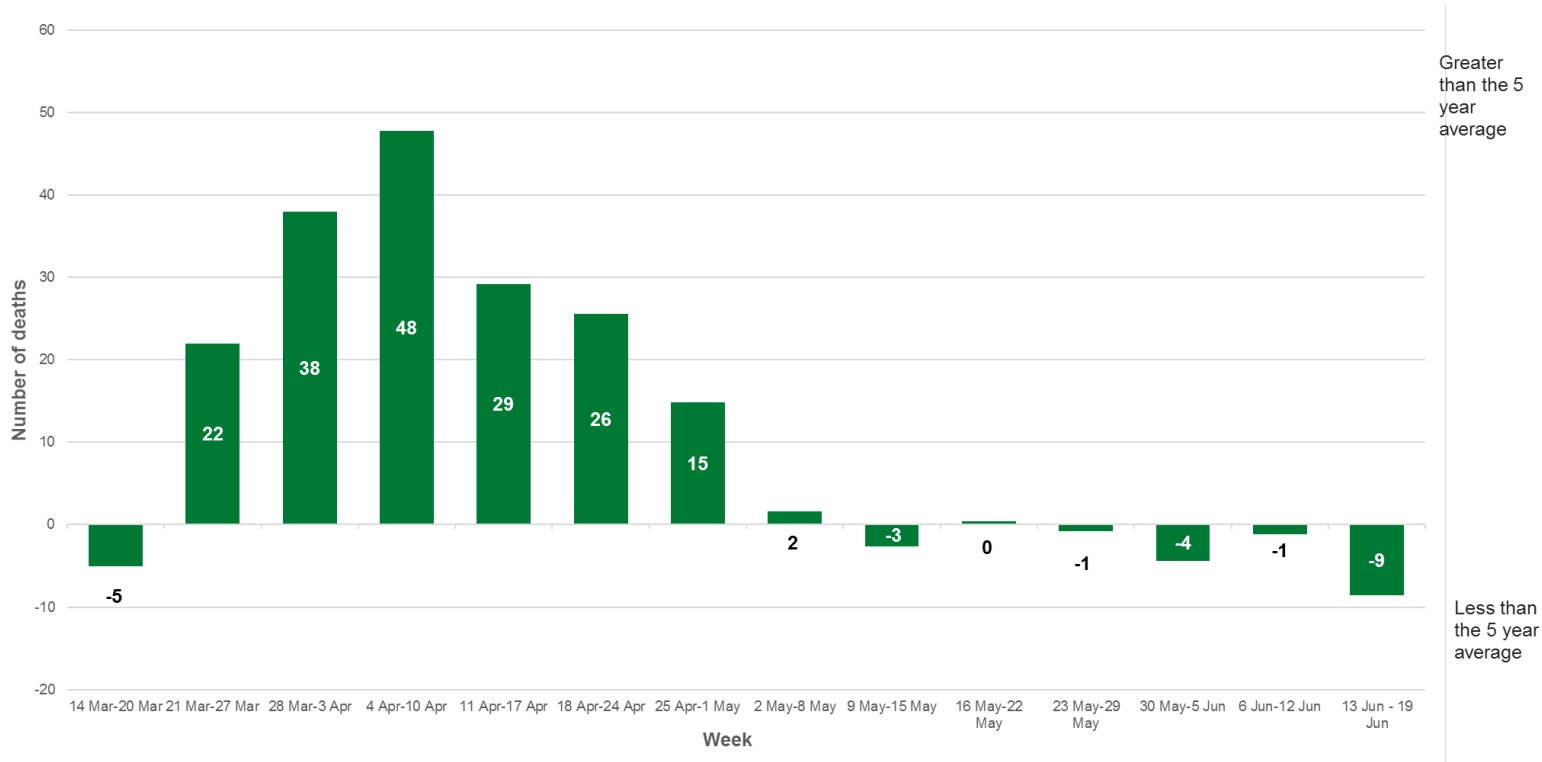**Source:** ONS 2020

- As of 31 May 2020, Islington's age standardised mortality rate due to COVID-19 was higher than the England average (131 deaths per 100,000 population compared to 82) but similar to the London average (138).

Excess deaths

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Weekly provisional figures on deaths registered minus the weekly average (2014 to 2018)

- Between the 21st March and 8th May there were a total number of **179 excess deaths** in **Islington** compared to the average number of deaths in 2014-2018.

- Of these 132 (74%) were attributed to COVID-19.

- Since the week commencing the 9th of May, there have been less deaths then the weekly 5 year average (2014-2018).

COVID-19 death rate per 100,000 by gender

COVID-19 age standardised death rates per 100,000, by sex, Islington compared to London and England, 1st March - 31st May 2020

Note: Rates have been calculated using 2019 mid-year population estimates, the most up-to-date estimates when published. Figures are based on the date of death occurrence between 1 March and 31 May 2020 and registered up to (and including) 6 June 2020.
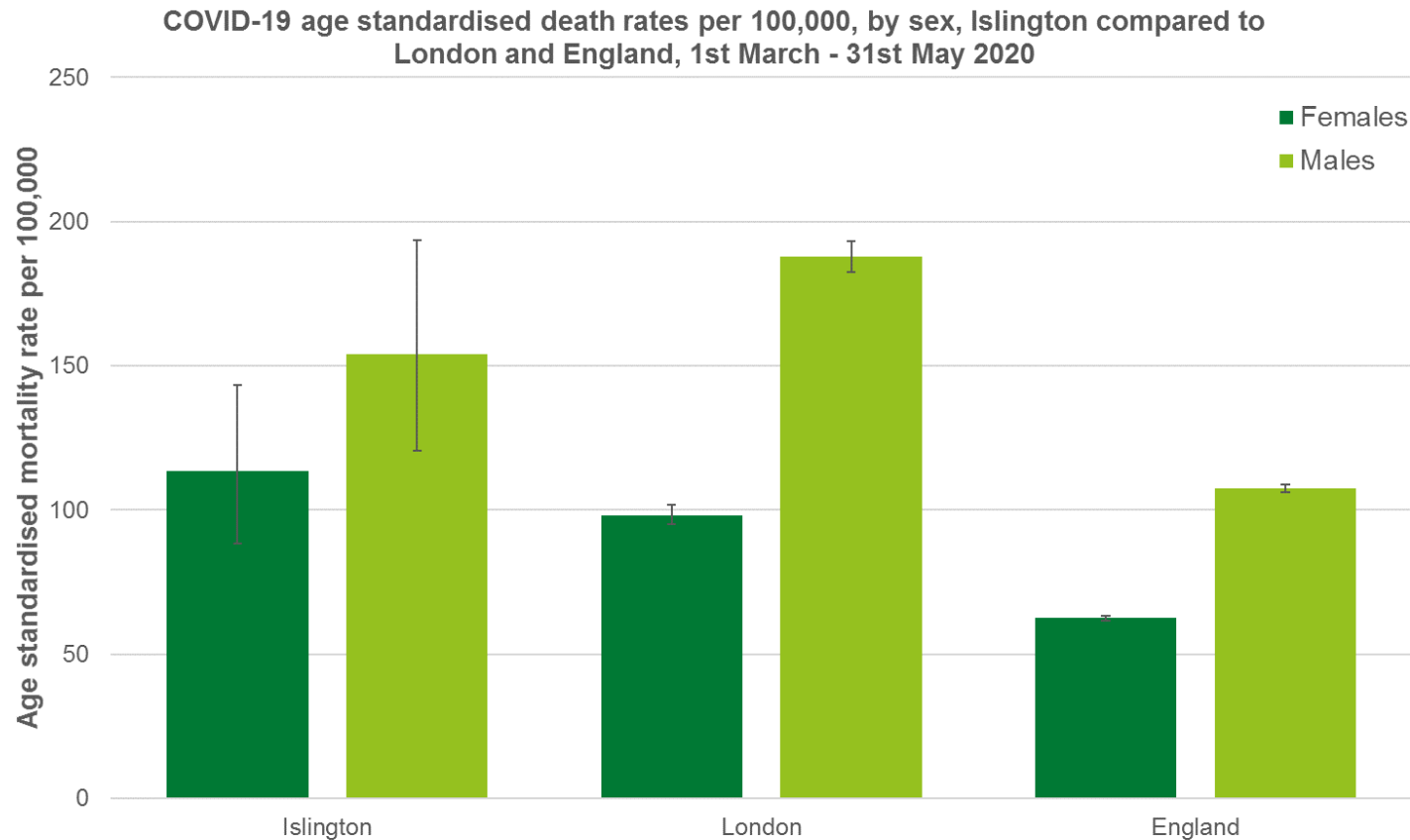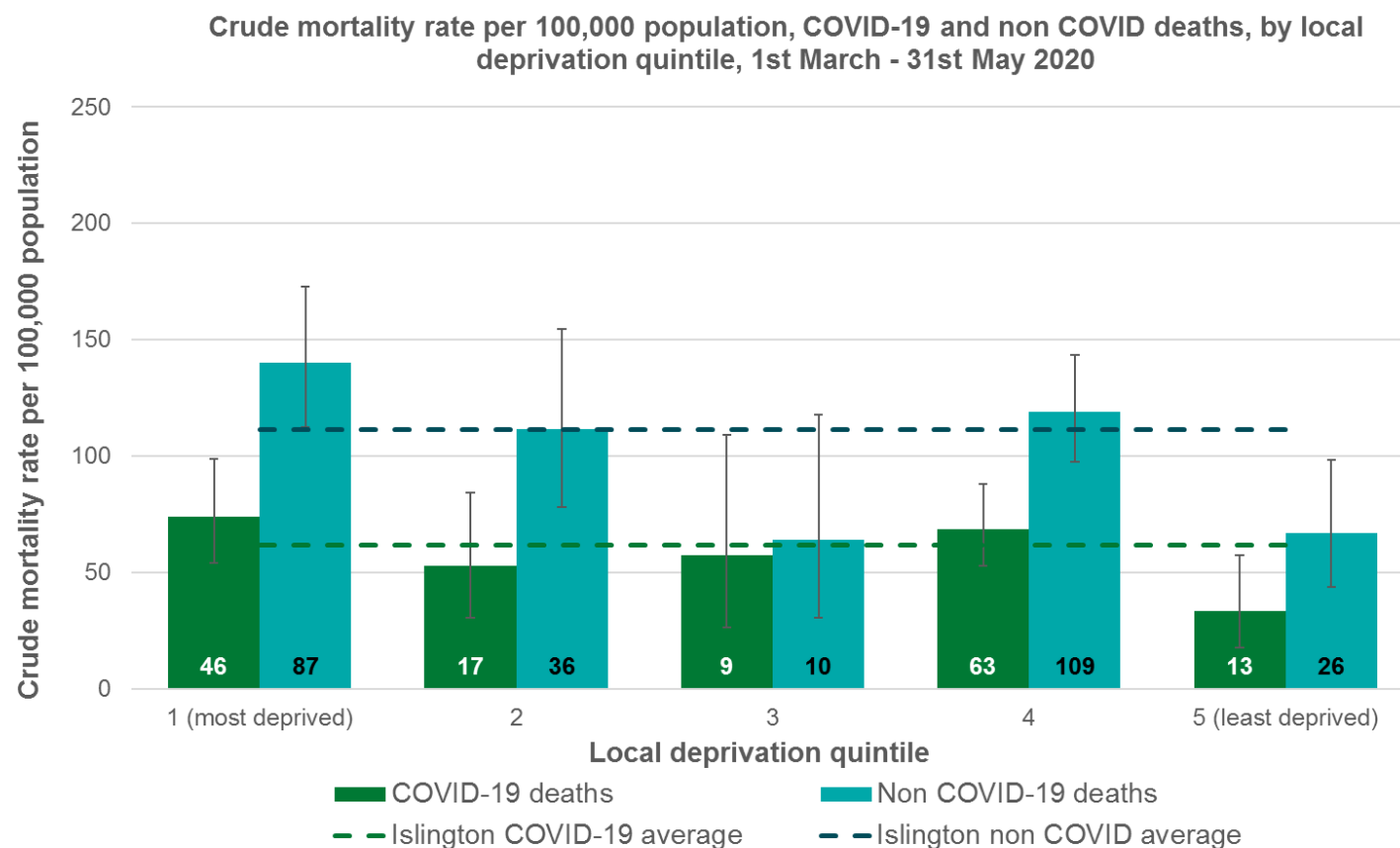**Source:** ONS 2020

- Nationally, Men have been found to be disproportionately affected by COVID-19. For both England and London the COVID-19 mortality rate is approximately 2 times higher in men than women.

- In Islington, although the mortality rate is higher in men than women (154 per 100,000 compared to 113), it is not a statistically significant difference.

COVID-19 and non COVID death rate per 100,000 by deprivation ⚜ ISLINGTON

Crude mortality rate per 100,000 population, COVID-19 and non COVID deaths, by local deprivation quintile, 1st March - 31st May 2020

- Unlike national findings, those living in the most deprived quintiles in Islington do not have a significantly higher mortality rate compared to those in the least deprived quintiles.

- The crude mortality rate of those living in the least deprived quintile is significantly lower than Islington's average (32 per 100,000 compared to 62)

- Mortality rates in non COVID and COVID-19 deaths follow a similar pattern across the local deprivation quintiles.

Note: Data labels show number of deaths by local deprivation qunitiles. Rates have been calculated using 2018 mid-year population estimates, the most up-to-date estimates when published. The rates in this chart have not been standardised for age.
Source: ONS 2020

Deaths by place

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Deaths by place of death (cumulative percentages), for deaths that occurred from 14 March to 19 June 2020 but were registered up to 27 June, by place of occurrence, cumulative
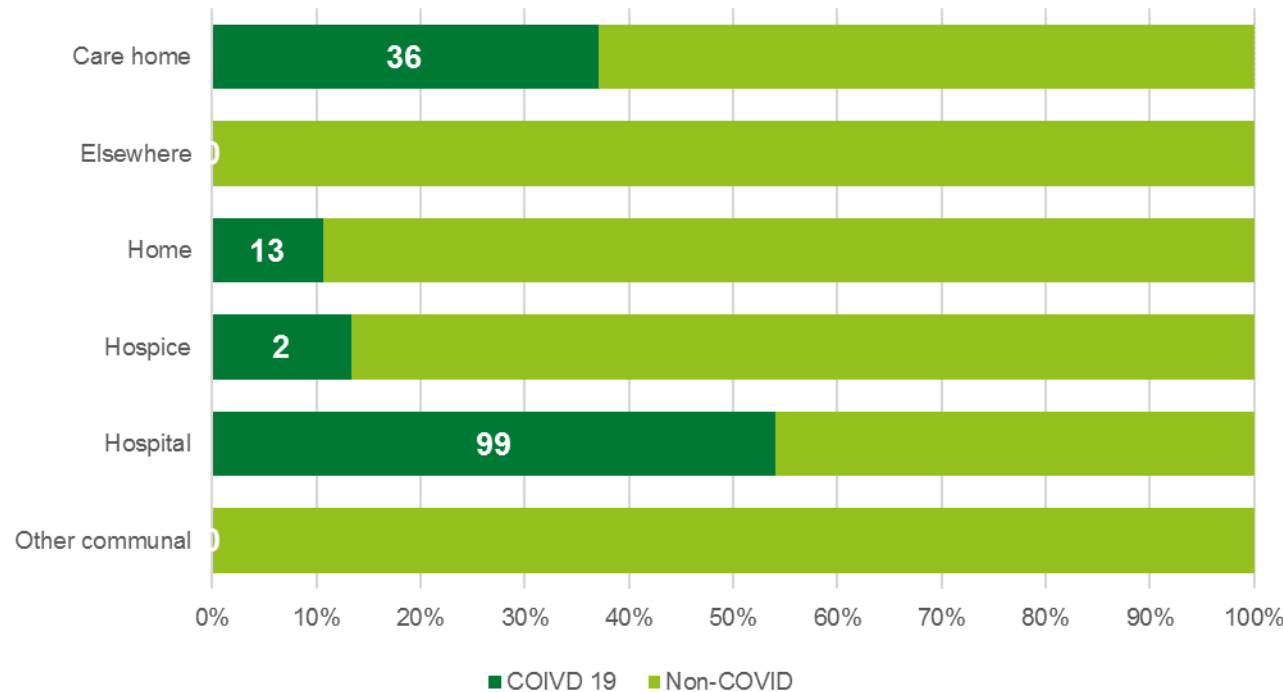
- **150** deaths in **Islington** were COVID-19 related

- Majority of COVID-19 related deaths of **Islington** residents took place in a hospital **(66%).**

- Just over **1/3** of all deaths in **Islington** care homes were related to COVID-19.

- **54%** of all hospital deaths of **Islington** residents were related to COVID-19.

Disparity in risks and outcomes in COVID-19

Category	Public Health England National Findings[1]	North Central London Local Findings[2]
Gender	Men are disproportionately affected by COVID-19. Despite making up 46% of diagnosed cases, men make up almost 60% of deaths from COVID-19 and 70% of admissions to intensive care units. Overall, age-standardised mortality rates were 74 per 100,000 males and 34 per 100,000 females.	Similar to national findings, men are disproportionately affected by COVID-19, accounting for 61% of deaths from COVID-19 in NCL, compared to 39% females. On average the age-standardised death rate was found to be 2 times higher in men than women. The age-standardised mortality rate ranged from 38 per 100,000 females in Camden to 218 per 100,000 males in Haringey.
Age	Rates of COVID-19 diagnoses increased with age. However, the majority of patients in critical care are aged 50-70. In terms of survival, those aged 80+ were 70-times more likely to die from COVID-19 than those under 40, following adjustment for demographic variables. Across all age groups, males had higher death rates than females, however, the differences decreased as age increased.	Across NCL, COVID-19 death rates also increased with age, ranging from 9 per 100,000 in those age <60 to 1,500 per 100,000 in those aged 85+. In all age groups, death rates were higher in males than in females, however this disparity narrowed with age. This is all similar to national findings.
Ethnicity	Age-standardised diagnosis rates of COVID-19 per 100,000 were highest in those of Other ethnicity (1,076 in females and 1,101 in males), followed by Black ethnicity (486 in females and 649 in males) and lowest in those of White ethnicity (220 in females and 224 in males). Disparity in death rates per 100,000 also existed, with those of Other (234 in females and 427 in males) Black (119 in females and 257 in males) and Asian (78 in females and 163 in males) ethnicity more likely to die from COVID-19 than those of White Ethnicity (36 in females and 70 in males).	Ethnicity is not listed on death certificates, however, country of birth analysis showed that those born in Africa were more likely to die of COVID-19 compared to those born in the UK and Europe. Of those born in Africa, 66% of total deaths were due to COVID-19, compared to 51% of those born in Europe/UK.

Disparity in risks and outcomes in COVID-19

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Category	Public Health England National Findings[1]	North Central London Local Findings[2]
Deprivation	Those living in the most deprived quintiles were more likely to be infected with COVID-19 and have poorer outcomes (including mortality) than those in the least deprived quintiles.	Unlike national findings, there are no significant differences in the rates of COVID-19 deaths across deprivation quintiles, for each of the 5 boroughs in NCL. There is some evidence that rates are higher in those living in the middle (3rd) and second least deprived (4th) quintiles, however, due to small numbers, conclusive trends cannot be determined.
Geography	Urban areas such as London had the highest rates of COVID-19 diagnoses and deaths. For example, in London, death rates were more than three times higher than in the South West.	Barnet, Enfield and Haringey have a COVID-19 mortality rates per 100,000 population that are significantly higher than the national average (79), however Camden and Islington are below the national average. The order from highest to lowest is: Barnet (114), Enfield (113), Haringey (96), Islington (63) and Camden (59) (data to end of May – note ranking is still changing over time).
Comorbidities	The main comorbidities mentioned on COVID-19 death certificates included diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia. The most profound link was with diabetes, which was listed on 21% of death certificates.	Not currently analysed in local level data. Interpreting this within the context of inequalities will be complicated as the development of long term conditions and obesity is associated with gender, age, ethnicity and deprivation, among other things.
Occupations	Due to small numbers and limited data, clear trends were not possible to deduce, however, nursing auxiliaries and assistants have seen an increase in all cause deaths since 2014 due to COVID-19.	Due to small numbers of deaths in working aged (18-64 years) NCL residents, it was not possible to determine significant differences across occupations when comparing COVID-19 and non-COVID deaths.

Source: Local NCL data is from Local Registrar Data, 20th March 2020 to 27th April 2020. For a copy or more detail please contact Alice Wynne (Jason.doran@islington.gov.uk or Alice.wynee@islington.gov.uk). **Caveats:** there are many caveats – please speak to us if you want to understand these.

FURTHER INFORMATION

About Public Health Knowledge, Intelligence and Performance team

Public Health KIP team is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health KIP team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Evidence Hub at: http://evidencehub.islington.gov.uk

About COVID-19 cases and deaths Data Pack

This data pack/profile was produced by Alice Wynne, reviewed and approved for publication by Mahnaz Shaukat

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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