

1 **Title:** The 2020 SARS-CoV-2 epidemic in England: key epidemiological drivers and impact
2 of interventions

3 **Short title:** Epidemiology of SARS-Cov-2 in England

4 **One-sentence summary:** We fit a model to surveillance data, to estimate SARS-CoV-2
5 transmissibility and severity, and the impact of interventions.

6

7 **Authors:** Edward S. Knock^{1*}, Lilith K. Whittles^{1*}, John A. Lees^{1*}, Pablo N. Perez-Guzman^{1*},
8 Robert Verity¹, Richard G. FitzJohn¹, Katy AM Gaythorpe¹, Natsuko Imai¹, Wes Hinsley¹,
9 Lucy C. Okell¹, Alicia Rosello⁴, Nikolas Kantas⁵, Caroline E. Walters¹, Sangeeta Bhatia¹,
10 Oliver J Watson ¹, Charlie Whittaker ¹, Lorenzo Cattarino¹, Adhiratha Boonyasiri³, Bimandra
11 A. Djaafara¹, Keith Fraser¹, Han Fu¹, Haowei Wang¹, Xiaoyue Xi⁵, Christl A. Donnelly^{1,6}, Elita
12 Jauneikaite¹, Daniel J. Laydon¹, Peter J White^{1,2}, Azra C. Ghani¹, Neil M. Ferguson^{1^}, Anne
13 Cori^{1^}, Marc Baguelin^{1,4}

14

15 **Affiliations:** 1. MRC Centre for Global Infectious Disease Analysis, Abdul Latif Jameel
16 Institute for Disease and Emergency Analytics (J-IDEA), School of Public Health, Imperial
17 College London; UK. 2. National Institute for Health Research Health Protection Research
18 Unit in Modelling and Health Economics, UK; 3. Department of Infectious Disease, School of
19 Public Health, Imperial College London; UK; 4. Department of Infectious Disease
20 Epidemiology, Faculty of Epidemiology and Population Health, London School of Hygiene
21 and Tropical Medicine, London, UK; 5. Faculty of Natural Sciences, Department of
22 Mathematics, Imperial College London, UK; 6. Department of Statistics, University of Oxford,
23 Oxford, UK

24

25 **Correspondence:** m.baguelin@imperial.ac.uk, neil.ferguson@imperial.ac.uk

26 *Equal contribution, ^Equal contribution

27

28 **Abstract**

29 England has been severely affected by COVID-19. We fitted a model of SARS-CoV-2
30 transmission in care homes and the community to regional 2020 surveillance data. Only
31 national lockdown brought the reproduction number below 1 consistently; introduced one
32 week earlier in the first wave it could have reduced mortality by 23,300 deaths on average.
33 The mean infection fatality ratio was initially ~1.3% across all regions except London and
34 halved following clinical care improvements. The infection fatality ratio was two-fold lower
35 throughout in London, even when adjusting for demographics. The infection fatality
36 ratio in care homes was 2.5-times that in the elderly in the community. Population-level
37 infection-induced immunity in England is still far from herd immunity, with regional mean
38 cumulative attack rates ranging between 4.4% and 15.8%.