Impact of the COVID-19 pandemic on emergency department attendances and admissions for children, adolescents and young adults

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Introduction

The WHO defines the determinates of health as the social, economic and physical environment and the person's individual characteristics and behaviours.¹ Different factors can impact on the types of presentation to the Emergency Department (ED), with patterns of presentation correlating with biopsychosocial factors. These factors could include location, genetics, education level and gender. Emergency attendances for children, adolescents and young adults can occur for various reasons such as accidental injury resulting in trauma or medical illness and fever. Traumatic presentations in children are associated with socioeconomic deprivation and males, showing a bimodal age distribution peaking in pre-schoolers and adolescents.² Paediatric ED usage is higher in infants, with presentations such as self-harm to the ED are frequently seen in older adolescents and young adults with the greatest severity of self-harm in those between 18 and 25 years old.⁴

Methods

Study design and participants

Date of birth was substituted with age in complete years. Postcode data was substituted with the decile of index of multiple deprivation via the Office of National Statistics (ONS) small area codes.⁵ Presentation dates were merged into week of presentation. Prior to September 2019, some children and adolescents were referred to a paediatric assessment unit by their general practitioner rather than to ED. Data from the paediatric assessment unit was merged with the ED data for this analysis. From September 2019, all those aged under 18 accessed the hospital via the Children's ED. Data for a five year period was included in the study to check that these pathway changes had not altered any long-term trajectories. Data management and anonymisation was undertaken using Microsoft excel version 2008 within the hospital information technology system.

Population subgroups

Different subgroups were considered *a priori* to assess whether the impact of the pandemic was similar across the entire population. Participants were divided into the following age groups: 0-4, 5-10, 11-17 and 18-24 complete years of age. This was based on the developmental trajectory of children and adolescents and their expected emergency department usage: 0-4 years – preschoolers who are frequently presented to the emergency department; 5-10 years – primary school children who are less likely to be unwell; 11-17 years – adolescents who are developing their independence, are relatively well but have more adolescent presentations; 18-24 years – young adults who are usually independent but frequently use the emergency department of their healthcare. Additional subgroups were male/female sex, ethnicity (white verses non-white given the predominant white population) and deprivation (divided into high [decile of index of multiple deprivation 1-3], moderate [4-7] and low [8-10]).⁵

For tables and figures, ED presentations were divided into five time periods: Year 1: 01/04/2016 to 30/03/2017 (52 weeks); Year 2: 31/03/2017 to 29/03/2018 (52 weeks); Year 3: 30/03/2018 to 28/03/2019 (52 weeks); Year 4: 29/03/2019 to 12/03/2020 (50 weeks); Year 5: 13/03/2020 to 25/02/2021 (50 weeks). Year 5 included the first year of the pandemic in the United Kingdom with the Prime Minister saying that all non-essential contact and travel should stop on 16th March 2020.

Statistical analysis

A seasonal Holt Winters time series approach was used,⁶ this models the weekly data according to trend (long term change in presentations which invalidate a simple average of the preceding years), cycle (aperiodic oscillations around the trend), seasonal (increased presentations in autumn and winter) and random noise. The seasonal Holt Winters time series was used data from years 1 to 4 to estimate the number of presentations and admissions that would have occurred during year 5 had the pandemic not occurred. The primary analysis focused on presentations. Given the numbers, we were able to analyse the data as one week blocks to capture the granularity of the week to week changes in attendance while controlling for the regular pattern of differing numbers of patients presenting to ED on different days of the week.

The validity of the time series forecast was assessed in two ways. Firstly, the residual (difference) between the time series forecast and the observed data for each week pre-pandemic was reviewed to ensure it was minimal. Secondly the time series analysis was repeated using the observed data for years 1-3 to forecast year 4 data; the year 4 forecast and observed data were then compared. Where necessary the time series approach was altered to optimise the fit.

It has been suggested that 24 or more time points have more than 80% power to detect an effect size of 1 or greater, with a minimum of 8 time points per period needed for sufficient power in estimating regression coefficients.⁷ Five years of presentation data provides 260 time points, 50 of which were after the pandemic began. With approximately 500 attendance and 100 admissions per week block for primary analysis, this was expected to provide at least 80% power for primary analysis.

As a secondary analysis, we estimated the expected number of presentations and admissions using the average of the preceding two years on the basis that this minimised the impact of any long-term trends. We used this to assess whether the impact of the pandemic was similar for each subgroup for each presentation. This was assessed with a chi squared analysis to highlight overall differences.

			Southam	pton local	Southampton	local
	ED total s	ample	authority	(only 0-24 years)	authority (all	population)
All usual residents	166,459	100%	86,135	100%	236,882	100%
Total child and young people ages	166,459	100%	86,135	100%	86,135	100%
Males	86,164	52%	44,154	51%	119,453	50%
Females	80,262	48%	41,981	49%	117,429	50%
0 to 4 years	57,166	34%	15,407	18%	15,407	18%
5 to 10 years	25,804	16%	14,057	16%	14,057	16%
11 to 17 years	31,042	19%	16,685	19%	16,685	19%
18 to 24 years	52,447	32%	39,986	46%	39,986	46%
Low deprivation (8-10)	46,452	28%			29*	20%
Moderate deprivation (4-7)	63,385	38%			68*	46%
High Deprivation (1-3)	55,522	33%			51*	34%
White ethnicity	137,411 ^x	83%	70,408	82%	203,528	86%
Non-white ethnicity	18,359 ^x	11%	15,727	18%	33,354	14%
Mixed/multiple ethnic groups	3,781 ^x	2%	3,597	4%	5,678	2%
Asian/Asian British	8,531 ^x	5%	8,920	10%	19,892	8%
Black/African/Caribbean/Black British	2,436 ^x	1%	2,053	2%	5,067	2%
Other ethnic group	3,611 ^x	2%	1,157	1%	2,717	1%

Table S1: Summary of participants attending emergency department and people living in Southampton local authority. Emergency Department (ED) sample relates to the data set included in this study. These are compared with 0-24 year olds in Southampton local authority and all the population in that area. Local authority data from Office of National Statistics (<u>https://www.nomisweb.co.uk/census/2011/data_finder</u>,

<u>https://www.ons.qov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/mappingincomedeprivationatalocalauthoritylevel</u>, accessed 14th June 2021). Deprivation data is not available for each age group. *Represents number of areas in Southampton in each deprivation group. ^xInformation about ethnicity not available for all patients. Non-white ethnicity represents: mixed/multiple ethnic groups; Asian/Asian British; Black/African/Caribbean/Black British; and Other ethnic group.

			Pre-pan	demic					Pandemic	
	Year 1		Year 2		Year 3		Year 4		Year 5	
All	6,870	100.0%	6,706	100.0%	7,246	100.0%	7,568	100.0%	5,293	100.0%
Males	3,284	47.8%	3,129	46.7%	3,493	48.2%	3,582	47.3%	2,447	46.3%
Females	3,586	52.2%	3,576	53.3%	3,751	51.8%	3,983	52.7%	2,842	53.7%
0 to 4 years	2,041	29.7%	1,730	25.8%	1,884	26.0%	1,975	26.1%	1,146	21.7%
5 to 10 years	622	9.1%	606	9.0%	648	8.9%	755	10.0%	501	9.5%
11 to 17 years	1,028	15.0%	1,056	15.7%	1,142	15.8%	1,352	17.9%	1,145	21.6%
18 to 24 years	3,179	46.3%	3,314	49.4%	3,572	49.3%	3,486	46.1%	2,501	47.3%
High Deprivation	2,404	35.4%	2,195	33.0%	2,424	33.8%	2,612	34.8%	1,694	32.2%
Moderate deprivation	2,582	38.0%	2,660	40.0%	2,820	39.3%	2,803	37.4%	2,045	38.9%
Low deprivation	1,809	26.6%	1,790	26.9%	1,924	26.8%	2,083	27.8%	1,518	28.9%
White ethnicity	5,801	88.3%	5,764	90.0%	6,137	89.9%	6,223	88.2%	4,260	88.3%
Non-white ethnicity	770	11.7%	639	10.0%	692	10.1%	833	11.8%	567	11.7%
Own transport	3,417	51.7%	3,555	54.5%	3,915	55.8%	4,525	60.5%	3,140	59.3%
Ambulance	2,851	43.1%	2,695	41.3%	2,921	41.6%	2,797	37.4%	2,094	39.6%
Public transport	294	4.4%	220	3.4%	155	2.2%	131	1.8%	37	0.7%
Other arrival mode	53	0.8%	51	0.8%	28	0.4%	27	0.4%	22	0.4%
Self or carer referral	4,588	66.9%	4,918	73.3%	5,829	80.4%	6,026	79.6%	3,990	75.8%
Ambulance and hospital referral	1,105	16.1%	677	10.1%	217	3.0%	161	2.1%	92	1.7%
NHS 111 service	561	8.2%	561	8.4%	671	9.3%	552	7.3%	644	12.2%
General Practitioner referral	384	5.6%	375	5.6%	389	5.4%	647	8.5%	429	8.2%
Other referral pathway	223	3.3%	175	2.6%	140	1.9%	182	2.4%	107	2.0%

Table S2: Summary of participants admitted to hospital. Admission is defined as being in hospital for more than four hours. Data are number (column percentage). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). Information about sex and ethnicity not available for all patients. Other arrival mode includes custodial services, police and unknown. NHS 111 also includes NHS Direct and other NHS advice. Other referral pathway includes custodial services, police service, planned review and unknown. Trauma just covers head injuries, fractures and soft tissue injuries

				Pre-pa	Obse ndemic	erved			Pand	emic	had t not b	hated there een a lemic	P value (Chi	estimated ve	c (year 5) rses observed rence
	Yea	Year 1 Year 2 Year 3		ar 3	Yea	ar 4	Yea	ar 5	Yea	ar 5	squared)	Absolute	Relative		
Total number presentations	1212	100%	3152	100%	4373	100%	4853	100%	1872	100%	4613	100%		-2741	-59.4%
Males	678	56%	1,734	55%	2,452	56%	2,653	55%	985	53%	2553	55%	<0.05	-1568	-61.4%
Females	534	44%	1,418	45%	1,921	44%	2,200	45%	887	47%	2061	45%		-1174	-57.0%
0 to 4 years	1,016	84%	2,420	77%	3,278	75%	3,463	71%	1,242	66%	3371	73%	<0.001	-2129	-63.2%
5 to 10 years	120	10%	349	11%	501	11%	651	13%	189	10%	576	12%		-387	-67.2%
11 to 17 years	76	6%	154	5%	212	5%	293	6%	138	7%	253	5%		-115	-45.3%
18 to 24 years	0	0%	229	7%	382	9%	446	9%	303	16%	414	9%		-111	-26.8%
Low deprivation	361	30%	913	29%	1,144	26%	1,315	27%	517	28%	1230	27%	0.102	-713	-58.0%
Moderate deprivation	475	39%	1,204	38%	1,591	36%	1,842	38%	736	39%	1717	37%		-981	-57.1%
High Deprivation	374	31%	1,029	33%	1,602	37%	1,663	34%	614	33%	1633	35%		-1019	-62.4%
White ethnicity	1,007	83%	2,579	82%	3,538	81%	3,790	78%	1,468	78%	3664	79%	0.877	-2196	-59.9%
Non-white ethnicity	163	13%	407	13%	593	14%	720	15%	260	14%	657	14%		-397	-60.4%

Table S3: Respiratory infection presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

		Observed Pre-pandemic Year 1 Year 2 Year 3							Pan	demic	had not b	nated there een a lemic	P value (Chi	estimate	ic (year 5) ed verses difference
	Ye	ar 1	Yea	ar 2	Yea	ar 3	Yea	ar 4	Ye	ear 5	Ye	ar 5	squared)	Absolute	Relative
Total number presentations	813	100%	1,077	100%	1,434	100%	1,023	100%	579	100%	1229	100%		-650	-52.9%
Males	409	50%	640	59%	888	62%	626	61%	365	63%	757	62%	0.555	-392	-51.8%
Females	404	50%	437	41%	546	38%	397	39%	214	37%	472	38%		-258	-54.6%
0 to 4 years	350	43%	614	57%	948	66%	604	59%	348	60%	776	63%	0.272	-428	-55.2%
5 to 10 years	185	23%	201	19%	264	18%	225	22%	124	21%	245	20%		-121	-49.3%
11 to 17 years	132	16%	128	12%	131	9%	93	9%	48	8%	112	9%		-64	-57.1%
18 to 24 years	146	18%	134	12%	91	6%	101	10%	59	10%	96	8%		-37	-38.5%
Low deprivation	240	30%	293	27%	419	29%	292	29%	158	27%	356	29%	0.674	-198	-55.6%
Moderate deprivation	293	36%	407	38%	536	37%	341	33%	218	38%	439	36%		-221	-50.3%
High Deprivation	274	34%	375	35%	472	33%	380	37%	202	35%	426	35%		-224	-52.6%
White ethnicity	668	82%	887	82%	1,142	80%	808	79%	436	75%	975	79%	0.115	-539	-55.3%
Non-white ethnicity	113	14%	150	14%	220	15%	163	16%	106	18%	192	16%		-86	-44.6%

Table S4: Asthma and wheeze presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Dro		erved			Dan	demic	there	nated had not been a		estimate	c (year 5) d verses difference
	V	ear 1	Va	ar 2	bandemi	ar 3	Vor	ar 4		ar 5	•	Indemic	P value (Chi	Absolute	Relative
												Year 5	squared)		
Total number presentations	286	100%	618	100%	1,056	100%	1,199	100%	473	100%	1128	100%		-655	-58.0%
Males	146	51%	313	51%	545	52%	587	49%	246	52%	566	50%	0.479	-320	-56.5%
Females	140	49%	305	49%	511	48%	612	51%	226	48%	562	50%		-336	-59.8%
0 to 4 years	176	62%	344	56%	582	55%	615	51%	229	48%	599	53%	<0.01	-370	-61.7%
5 to 10 years	71	25%	103	17%	229	22%	271	23%	91	19%	250	22%		-159	-63.6%
11 to 17 years	39	14%	85	14%	103	10%	125	10%	53	11%	114	10%		-61	-53.5%
18 to 24 years	0	0%	86	14%	142	13%	188	16%	100	21%	165	15%		-65	-39.4%
Low deprivation	103	36%	173	28%	286	27%	318	27%	119	25%	302	27%	0.535	-183	-60.6%
Moderate deprivation	107	37%	259	42%	429	41%	441	37%	174	37%	435	39%		-261	-60.0%
High Deprivation	73	26%	186	30%	332	31%	433	36%	173	37%	383	34%		-210	-54.8%
White ethnicity	239	84%	502	81%	793	75%	886	74%	362	77%	840	74%	0.397	-478	-56.9%
Non-white ethnicity	39	14%	82	13%	191	18%	229	19%	80	17%	210	19%		-130	-61.9%

Table 55: Gastrointestinal infection presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Pre-pa	Obse ndemic	erved			Pand	lemic	there	ated had not been andemic	P value (Chi	estimate	c (year 5) ed verses difference
	Yea	ar 1	Yea	ar 2	Yea	ar 3	Yea	ar 4	Yea	ar 5	Ŷ	'ear 5	squared)	Absolute	Relative
Total number presentations	2,163	100%	1,806	100%	1,524	100%	1,658	100%	1,541	100%	1591	100%		-50	-3.1%
Males	909	42%	882	49%	903	59%	1,011	61%	924	60%	957	60%	0.931	-33	-3.4%
Females	1,254	58%	924	51%	621	41%	647	39%	616	40%	634	40%		-18	-2.8%
0 to 4 years	280	13%	327	18%	433	28%	381	23%	374	24%	407	26%	0.117	-33	-8.1%
5 to 10 years	285	13%	271	15%	244	16%	321	19%	266	17%	283	18%		-17	-5.8%
11 to 17 years	383	18%	356	20%	318	21%	338	20%	373	24%	328	21%		45	13.7%
18 to 24 years	1,215	56%	852	47%	529	35%	618	37%	528	34%	574	36%		-46	-7.9%
Low deprivation	589	27%	534	30%	440	29%	478	29%	505	33%	459	29%	<0.05	46	10.0%
Moderate deprivation	813	38%	710	39%	621	41%	652	39%	608	39%	637	40%		-29	-4.5%
High Deprivation	743	34%	553	31%	456	30%	516	31%	423	27%	486	31%		-63	-13.0%
White ethnicity	1,824	84%	1,521	84%	1,251	82%	1,328	80%	1,224	79%	1290	81%	0.953	-66	-5.1%
Non-white ethnicity	221	10%	165	9%	158	10%	199	12%	171	11%	179	11%		-8	-4.2%

Table S6: Surgical presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Pre-pa	Obs eandemic	erved			Pand	emic	Estimate there no a pand	t been	P value (Chi	Pandemic estimated observed d	d verses
	Ye	ear 1	Yea	ar 2	Yea	ar 3	Yea	ar 4	Yea	r 5	Year	5	squared)	Absolute	Relative
Total	756	100%	1,392	100%	1,926	100%	1,926	100%	1,441	100 %	1,659	100%		-218	-13.1%
Males	313	41%	586	42%	733	38%	640	33%	452	31%	660	40%	<0.001	-208	-31.5%
Females	443	59%	805	58%	1,192	62%	1,285	67%	986	68%	999	60%		-13	-1.3%
0 to 4 years	18	2%	47	3%	49	3%	39	2%	36	2%	48	3%	<0.001	-12	-25.0%
5 to 10 years	30	4%	35	3%	32	2%	39	2%	31	2%	34	2%		-3	-7.5%
11 to 17 years	210	28%	400	29%	546	28%	633	33%	599	42%	473	29%		126	26.6%
18 to 24 years	498	66%	910	65%	1,299	67%	1,215	63%	775	54%	1,105	67%		-330	-29.8%
Low deprivation	138	18%	355	26%	429	22%	457	24%	400	28%	392	24%	<0.05	8	2.0%
Moderate deprivation	310	41%	562	40%	807	42%	775	40%	560	39%	685	41%		-125	-18.2%
High Deprivation	292	39%	445	32%	660	34%	670	35%	474	33%	553	33%		-79	-14.2%
White ethnicity	662	88%	1,199	86%	1,675	87%	1,642	85%	1,197	83%	1,437	87%	0.898	-240	-16.7%
Non-white ethnicity	60	8%	95	7%	116	6%	117	6%	90	6%	106	6%		-16	-14.7%

Table S7: Mental health presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

	Observed Pre-pandemic Year 1 Year 2 Year 3 Year								Pand	lemic	there	ated had not been andemic	P value (Chi	Pandemie estimate observed	d verses
	Yea	ar 1	Yea	ar 2	Yea	ar 3	Yea	ar 4	Yea	ar 5	Year 5		squared)	Absolute	Relative
Total number presentations	5,874	100%	5 <i>,</i> 874	100%	6,820	100%	6,144	100%	3,523	100%	6482	100%		-2959	-45.6%
Males	3,298	56%	3 <i>,</i> 388	58%	3,985	58%	3 <i>,</i> 595	59%	2,058	58%	3790	58%	0.971	-1732	-45.7%
Females	2,572	44%	2,486	42%	2,835	42%	2,549	41%	1,464	42%	2692	42%		-1228	-45.6%
0 to 4 years	1,563	27%	1,461	25%	1,456	21%	1,253	20%	958	27%	1355	21%	<0.001	-397	-29.3%
5 to 10 years	1,126	19%	1,127	19%	1,418	21%	1,251	20%	739	21%	1335	21%		-596	-44.6%
11 to 17 years	1,433	24%	1,542	26%	1,885	28%	1,863	30%	985	28%	1874	29%		-889	-47.4%
18 to 24 years	1,752	30%	1,744	30%	2,061	30%	1,777	29%	841	24%	1919	30%		-1078	-56.2%
Low deprivation	1,710	29%	1,734	30%	2,076	30%	1,811	29%	1,125	32%	1944	30%	0.224	-819	-42.1%
Moderate deprivation	2,123	36%	2,204	38%	2,520	37%	2,306	38%	1,313	37%	2413	37%		-1100	-45.6%
High Deprivation	2,012	34%	1,892	32%	2,177	32%	1,981	32%	1,071	30%	2079	32%		-1008	-48.5%
White ethnicity	5,056	86%	5 <i>,</i> 036	86%	5,884	86%	5,127	83%	2,916	83%	5506	85%	0.616	-2590	-47.0%
Non-white ethnicity	483	8%	529	9%	606	9%	543	9%	316	9%	575	9%		-259	-45.0%

Table S8: Accidental injury and traumatic presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Pre-pa		e rved			Pan	demic	ha not	imated d there been a ndemic	P value (Chi	estimate	c (year 5) ed verses difference
	Ye			Ye	ear 4	Ye	ar 5	Y	ear 5	squared)	Absolute	Relative			
Total number presentations	485	100%	407	100%	389	100%	446	100%	379	100%	418	100%		-39	-9.2%
Males	248	51%	191	47%	203	52%	242	54%	191	50%	223	53%	0.405	-32	-14.2%
Females	237	49%	216	53%	186	48%	204	46%	188	50%	195	47%		-7	-3.6%
0 to 4 years	236	49%	197	48%	186	48%	214	48%	220	58%	200	48%	<0.05	20	10.0%
5 to 10 years	55	11%	49	12%	53	14%	46	10%	33	9%	50	12%		-17	-33.3%
11 to 17 years	43	9%	45	11%	48	12%	80	18%	47	12%	64	15%		-17	-26.6%
18 to 24 years	151	31%	116	29%	102	26%	106	24%	79	21%	104	25%		-25	-24.0%
Low deprivation	145	30%	113	28%	84	22%	122	27%	91	24%	103	25%	0.654	-12	-11.7%
Moderate deprivation	166	34%	148	36%	167	43%	210	47%	163	43%	189	45%		-26	-13.5%
High Deprivation	174	36%	144	35%	137	35%	113	25%	125	33%	125	30%		0	0.0%
White ethnicity	400	82%	339	83%	295	76%	358	80%	323	85%	327	78%	0.312	-4	-1.1%
Non-white ethnicity	61	13%	45	11%	55	14%	48	11%	41	11%	52	12%		-11	-20.4%

Table S9: Burns/scalds presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends.Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5.Information about sex and ethnicity not available for all patients.

				Pre-par		served			Pander	mic	had not	mated there been a demic	P value (Chi		c (year 5) ed verses difference
	Ye	ar 1	Ye	ar 2	Yea	ar 3	Yea	ar 4	Year	5	Ye	ar 5	squared)	Absolute	Relative
Total number presentations	310	100%	335	100%	296	100%	295	100%	219	100%	296	100%		-77	-25.9%
Males	152	49%	155	46%	154	52%	137	46%	98	45%	146	49%	0.304	-48	-32.6%
Females	158	51%	180	54%	142	48%	158	54%	121	55%	150	51%		-29	-19.3%
0 to 4 years	100	32%	122	36%	103	35%	114	39%	89	41%	109	37%	<0.01	-20	-18.0%
5 to 10 years	52	17%	58	17%	55	19%	52	18%	28	13%	54	18%		-26	-47.7%
11 to 17 years	64	21%	61	18%	34	11%	44	15%	49	22%	39	13%		10	25.6%
18 to 24 years	94	30%	94	28%	104	35%	85	29%	53	24%	95	32%		-42	-43.9%
Low deprivation	111	36%	105	31%	80	27%	82	28%	66	30%	81	27%	0.437	-15	-18.5%
Moderate deprivation	108	35%	138	41%	140	47%	126	43%	87	40%	133	45%		-46	-34.6%
High Deprivation	90	29%	88	26%	74	25%	83	28%	66	30%	79	27%		-13	-15.9%
White ethnicity	252	81%	261	78%	230	78%	229	78%	160	73%	230	78%	0.397	-70	-30.3%
Non-white ethnicity	48	15%	58	17%	48	16%	45	15%	40	18%	47	16%		-7	-14.0%

Table S10: Allergy and anaphylaxis presentations divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-
term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019
(365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of
presentations between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with
the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Pre-pa	Ob andem	served ic			Pan	demic	ther	mated had e not been andemic	P value (Chi	Pandemie estimate observed	d verses
	Y	ear 1	Ye	ear 2	Ye	ear 3	Ye	ear 4	Ye	ear 5		Year 5	squared)	Absolute	Relative
Total number admissions	81	100%	455	100%	713	100%	843	100%	359	100%	778	100%		-419	-53.9%
Males	45	56%	239	53%	400	56%	188	22%	188	52%	294	38%	<0.05	-106	-36.1%
Females	36	44%	216	47%	313	44%	398	47%	171	48%	356	46%		-185	-51.9%
0 to 4 years	65	80%	325	71%	466	65%	519	62%	178	50%	493	63%	<0.001	-315	-63.9%
5 to 10 years	9	11%	25	5%	50	7%	78	9%	21	6%	64	8%		-43	-67.2%
11 to 17 years	7	9%	19	4%	39	5%	38	5%	38	11%	39	5%		-1	-1.3%
18 to 24 years	0	0%	86	19%	158	22%	168	20%	122	34%	163	21%		-41	-25.2%
Low deprivation	20	25%	134	29%	179	25%	227	27%	117	33%	203	26%	<0.05	-86	-42.4%
Moderate deprivation	32	40%	174	38%	261	37%	320	38%	134	37%	291	37%		-157	-53.9%
High Deprivation	29	36%	147	32%	268	38%	293	35%	107	30%	281	36%		-174	-61.9%
White ethnicity	75	93%	396	87%	605	85%	671	80%	281	78%	638	82%	0.510	-357	-56.0%
Non-white ethnicity	4	5%	42	9%	75	11%	113	13%	47	13%	94	12%		-47	-50.0%

Table S11: Respiratory infection admissions divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Pre-pa		s erved			Pan	demic	had b	imated there not een a ndemic	P value (Chi	Pandemic estimated ver differ	ses observed
	Ye	ar 1	Ye	ear 2	Ye	ear 3	Ye	ear 4	Ye	ar 5	Y	/ear 5	squared)	Absolute	Relative
Total number admissions	196	100%	378	100%	620	100%	494	100%	314	100%	557	100%		-243	-43.6%
Males	94	48%	222	59%	379	61%	313	63%	214	68%	346	62%	0.074	-132	-38.2%
Females	102	52%	156	41%	241	39%	181	37%	100	32%	211	38%		-111	-52.6%
0 to 4 years	44	22%	218	58%	442	71%	319	65%	217	69%	381	68%	0.310	-164	-43.0%
5 to 10 years	52	27%	64	17%	96	15%	87	18%	58	18%	92	16%		-34	-36.6%
11 to 17 years	31	16%	35	9%	36	6%	36	7%	22	7%	36	6%		-14	-38.9%
18 to 24 years	69	35%	61	16%	46	7%	52	11%	17	5%	49	9%		-32	-65.3%
Low deprivation	50	26%	82	22%	173	28%	149	30%	85	27%	161	29%	0.703	-76	-47.2%
Moderate deprivation	73	37%	169	45%	243	39%	153	31%	111	35%	198	36%		-87	-43.9%
High Deprivation	72	37%	126	33%	200	32%	186	38%	118	38%	193	35%		-75	-38.9%
White ethnicity	171	87%	323	85%	498	80%	389	79%	240	76%	444	80%	0.612	-204	-45.9%
Non-white ethnicity	21	11%	46	12%	100	16%	78	16%	53	17%	89	16%		-36	-40.4%

Table S12: Asthma and wheeze admissions divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

						Observe	d				th	nated had ere not peen a		Dandamic (voa	r 5) estimated
				Pre-p	andem	nic			Pande	mic		ndemic	P value (Chi	verses observ	•
	Y	ear 1	Y	ear 2	Ye	ear 3	Ye	ear 4	Year	5	Y	/ear 5	squared)	Absolute	Relative
Total number admissions	21	100%	53	100%	106	100%	162	100%	69	100%	134	100%		-65	-48.5%
Males	12	57%	26	49%	49	46%	73	45%	42	61%	61	46%	<0.05	-19	-31.1%
Females	9	43%	27	51%	57	54%	89	55%	26	38%	73	54%		-47	-64.4%
0 to 4 years	14	67%	26	49%	61	58%	78	48%	25	36%	70	52%	<0.05	-45	-64.0%
5 to 10 years	4	19%	10	19%	20	19%	38	23%	10	14%	29	22%		-19	-65.5%
11 to 17 years	3	14%	4	8%	6	6%	13	8%	8	12%	10	7%		-2	-15.8%
18 to 24 years	0	0%	13	25%	19	18%	33	20%	26	38%	26	19%		0	0.0%
Low deprivation	7	33%	14	26%	30	28%	41	25%	14	20%	36	26%	0.472	-22	-60.6%
Moderate deprivation	6	29%	21	40%	42	40%	58	36%	31	45%	50	37%		-19	-38.0%
High Deprivation	8	38%	18	34%	32	30%	62	38%	23	33%	47	35%		-24	-51.1%
White ethnicity	20	95%	46	87%	81	76%	122	75%	56	81%	102	76%	0.438	-46	-44.8%
Non-white ethnicity	1	5%	4	8%	18	17%	31	19%	10	14%	25	18%		-15	-59.2%

Table S13: Gastrointestinal infection admissions divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of longterm trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

						erved					had b	imated there not een a		Pandemic (year	•
			Va	Pre-pa			Va			demic		ndemic	P value (Chi	verses observe	
		ear 1		ear 2		ear 3		ear 4		ear 5		/ear 5	squared)	Absolute	Relative
Total number admissions	889	100%	719	100%	671	100%	791	100%	764	100%	731	100%		33	4.5%
Males	350	39%	292	41%	353	53%	444	56%	430	56%	399	55%	0.472	32	7.9%
Females	539	61%	427	59%	318	47%	347	44%	333	44%	333	45%		1	0.2%
0 to 4 years	63	7%	54	8%	79	12%	74	9%	105	14%	77	10%	<0.05	29	37.3%
5 to 10 years	80	9%	78	11%	95	14%	128	16%	114	15%	112	15%		3	2.2%
11 to 17 years	165	19%	159	22%	158	24%	194	25%	211	28%	176	24%		35	19.9%
18 to 24 years	581	65%	428	60%	339	51%	395	50%	334	44%	367	50%		-33	-9.0%
Low deprivation	229	26%	202	28%	190	28%	222	28%	269	35%	206	28%	<0.05	63	30.6%
Moderate deprivation	345	39%	393	55%	274	41%	308	39%	283	37%	291	40%		-8	-2.7%
High Deprivation	303	34%	221	31%	200	30%	255	32%	208	27%	228	31%		-20	-8.6%
White ethnicity	775	87%	621	86%	551	82%	641	81%	617	81%	596	82%	0.837	21	3.5%
Non-white ethnicity	82	9%	60	8%	68	10%	92	12%	80	10%	80	11%		0	0.0%

Table S14: Surgical admissions divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Pre-pa	Obse andemic	erved			Pan	demic	had th be	nated Iere not en a demic	P value (Chi	Pandemi estimated ver differ	rses observed
	Ye	ar 1	Ye	ear 2	Yea	ar 3	Ye	ar 4	Ye	ar 5	Ye	ar 5	squared)	Absolute	Relative
Total number admissions	318	100%	669	100%	1,038	100%	989	100%	771	100%	1014	100%		-243	-23.9%
Males	127	40%	245	37%	349	34%	296	30%	209	27%	323	32%	<0.05	-114	-35.2%
Females	191	60%	423	63%	689	66%	692	70%	560	73%	691	68%		-131	-18.9%
0 to 4 years	5	2%	11	2%	10	1%	7	1%	8	1%	9	1%	<0.01	-1	-5.9%
5 to 10 years	3	1%	7	1%	7	1%	12	1%	8	1%	10	1%		-2	-15.8%
11 to 17 years	110	35%	214	32%	327	32%	358	36%	321	42%	343	34%		-22	-6.3%
18 to 24 years	200	63%	437	65%	694	67%	612	62%	434	56%	653	64%		-219	-33.5%
Low deprivation	56	18%	176	26%	236	23%	225	23%	199	26%	231	23%	0.355	-32	-13.7%
Moderate deprivation	128	40%	269	40%	432	42%	377	38%	294	38%	405	40%		-111	-27.3%
High Deprivation	125	39%	204	30%	359	35%	375	38%	274	36%	367	36%		-93	-25.3%
White ethnicity	278	87%	589	88%	909	88%	860	87%	637	83%	885	87%	0.087	-248	-28.0%
Non-white ethnicity	20	6%	40	6%	55	5%	61	6%	58	8%	58	6%		0	0.0%

Table \$15: Mental health admissions divided by population subgroups.The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends.Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5.Information about sex and ethnicity not available for all patients.

				Pre-par		erved			Pan	demic	ha not	imated d there : been a ndemic	P value (Chi	estimat	ic (year 5) ed verses difference
	Ye	ar 1	Ye	ear 2	Ye	ear 3	Ye	ear 4	Ye	ear 5		ear 5	squared)	Absolute	Relative
Total number admissions	284	100%	342	100%	668	100%	576	100%	355	100%	622	100%		-267	-42.9%
Males	174	61%	226	66%	447	67%	375	65%	232	65%	411	66%	0.818	-179	-43.6%
Females	110	39%	116	34%	221	33%	201	35%	123	35%	211	34%		-88	-41.7%
0 to 4 years	54	19%	48	14%	90	13%	92	16%	49	14%	91	15%	0.566	-42	-46.2%
5 to 10 years	21	7%	47	14%	121	18%	107	19%	63	18%	114	18%		-51	-44.7%
11 to 17 years	45	16%	65	19%	138	21%	121	21%	88	25%	130	21%		-42	-32.0%
18 to 24 years	164	58%	182	53%	319	48%	256	44%	155	44%	288	46%		-133	-46.1%
Low deprivation	79	28%	117	34%	206	31%	176	31%	114	32%	191	31%	0.871	-77	-40.3%
Moderate deprivation	104	37%	142	42%	258	39%	217	38%	131	37%	238	38%		-107	-44.8%
High Deprivation	97	34%	81	24%	191	29%	178	31%	108	30%	185	30%		-77	-41.5%
White ethnicity	239	84%	285	83%	566	85%	498	86%	274	77%	532	86%	0.166	-258	-48.5%
Non-white ethnicity	30	11%	31	9%	51	8%	41	7%	33	9%	46	7%		-13	-28.3%

Table S16: Accidental injury and trauma admissions divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

					с	bserved						stimated there not			_
				Pre-pa	nde	emic			Par	ndemic	p	been a andemic	P value (Chi	Pandemic (yea verses observ	•
	Ŷ	'ear 1	Y	/ear 2	Y	/ear 3	Y	ear 4	Y	ear 5		Year 5	squared)	Absolute	Relative
Total number admissions	8	100%	7	100%	9	100%	11	100%	8	100%	10	100%		-2	-20.0%
Males	6	75%	5	71%	4	44%	7	64%	5	63%	6	55%	0.729	-1	-9.1%
Females	2	25%	2	29%	5	56%	4	36%	3	38%	5	45%		-2	-33.3%
0 to 4 years	3	38%	0	0%	1	11%	4	36%	2	25%	3	25%		-1	-20.0%
5 to 10 years	2	25%	2	29%	1	11%	1	9%	0	0%	1	10%	0.409	-1	-100.0%
11 to 17 years	0	0%	2	29%	0	0%	3	27%	0	0%	2	15%		-2	-100.0%
18 to 24 years	3	38%	3	43%	7	78%	3	27%	6	75%	5	50%		1	20.0%
Low deprivation		0%	2	29%	1	11%	6	55%	2	25%	4	35%	0 500	-2	-42.9%
Moderate deprivation	4	50%	2	29%	4	44%	2	18%	4	50%	3	30%	0.598	1	33.3%
High Deprivation	4	50%	3	43%	4	44%	3	27%	2	25%	4	35%		-2	-42.9%
White ethnicity	4	50%	6	86%	6	67%	9	82%	5	63%	8	75%	0.375	-3	-33.3%
Non-white ethnicity	3	38%	1	14%	2	22%	0	0%	2	25%	1	10%		1	100.0%

Table S17: Burns and scalds admissions divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

				Pre-pa		bserved			Par	ndemic	the be	ated had ere not een a ndemic	P value (Chi	estimate	ic (year 5) ed verses difference
	Y	ear 1	Y	ear 2	Y	ear 3	Y	ear 4	Y	ear 5	Y	ear 5	squared)	Absolute	Relative
Total number admissions	75	100%	78	100%	69	100%	56	100%	59	100%	63	100%		-4	-5.6%
Males	38	51%	39	50%	26	38%	26	46%	19	32%	26	42%	0.200	-7	-26.9%
Females	37	49%	39	50%	43	62%	30	54%	40	68%	37	58%	0.300	4	9.6%
0 to 4 years	23	31%	20	26%	19	28%	11	20%	11	19%	15	24%	<0.05	-4	-26.7%
5 to 10 years	14	19%	14	18%	6	9%	9	16%	4	7%	8	12%		-4	-46.7%
11 to 17 years	7	9%	16	21%	7	10%	5	9%	20	34%	6	10%		14	233.3%
18 to 24 years	31	41%	28	36%	37	54%	31	55%	24	41%	34	54%		-10	-29.4%
Low deprivation	28	37%	28	36%	17	25%	15	27%	28	47%	16	26%	<0.05	12	75.0%
Moderate deprivation	25	33%	29	37%	33	48%	23	41%	24	41%	28	45%		-4	-14.3%
High Deprivation	22	29%	20	26%	18	26%	17	30%	7	12%	18	28%		-11	-60.0%
White ethnicity	65	87%	59	76%	53	77%	38	68%	46	78%	46	73%	0.443	1	1.1%
Non-white ethnicity	8	11%	18	23%	14	20%	12	21%	9	15%	13	21%		-4	-30.8%

Table S18: Allergy and anaphylaxis admissions divided by population subgroups. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the subgroups comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex and ethnicity not available for all patients.

		Obser	ved									Estimat	te had			
		Pre-pa	andemic	;						Pand	lemic	there bee pande	n a	P value (Chi	Pandemic estimated observed	verses
		Yea	ar 1	Yea	r 2	Yea	ar 3	Yea	ar 4	Yea	ar 5	Yea	r 5	squared)	Absolute	Relative
		10	3%	28	5%	29	4%	16	2%	18	4%	23	3%	0.813	-5	-20%
Male	0-4 years														5	2070
	5-10 years	18	6%	22	4%	21	3%	23	4%	15	3%	22	3%		-7	-32%
	11-17 years	69	22%	139	24%	165	22%	169	26%	119	26%	167	24%		-48	-29%
	18-24 years	216	69%	398	68%	519	71%	433	68%	303	67%	476	69%		-173	-36%
Fomolo	0.4.400.000	8	2%	19	2%	20	2%	23	2%	18	2%	22	2%	<0.001	-4	-16%
Female	0-4 years	12	3%	13	2%	11	1%	16	1%	16	2%	14	1%		2	100/
	5-10 years			-						-					3	19%
	11-17 years	141	32%	262	33%	381	32%	465	36%	482	49%	423	34%		59	14%
	18-24 years	282	64%	512	64%	781	65%	782	61%	473	48%	782	63%		-309	-39%

Table S19: Mental health presentations divided by sex and age group. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of presentations between the age subgroups separately for male and female comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated presentations assuming no pandemic with the observed ones in year 5. Information about sex not available for all patients.

		Obser	ved									Estimate	had		
		Pre-pa	andemic							Pand	emic	there r been pander	a	Pandemic estimated observed	verses
		Yea	ar 1	Yea	r 2	Yea	ar 3	Yea	ar 4	Yea	ar 5	Year	·	Absolute	Relative
													0.57		
Male	0-4 years	2	1%	7	1%	5	1%	4	1%	6	1%	5 1	.%	2	33%
	5-10 years	1	0%	4	1%	5	1%	7	1%	2	0%	6 1	.%	-4	-67%
	11-17 years	37	12%	61	10%	83	11%	83	13%	58	13%	83 1	.2%	-25	-30%
_	18-24 years	87	28%	174	30%	256	35%	203	32%	145	32%	230 3	33%	-85	-37%
Female	0-4 years	3	1%	4	0%	5	0%	3	0%	2	0%	4 ()%	-2	-50%
	5-10 years	2	0%	3	0%	2	0%	5	0%	6	1%	4 (0% 0.005	3	71%
	11-17 years	73	16%	154	19%	244	20%	276	21%	264	27%	260 2	21%	4	2%
	18-24 years	113	26%	263	33%	438	37%	409	32%	290	29%	424 3	34%	-134	-32%

Table S20: Mental health admissions divided by sex and age group. The estimated year 5 values are calculated from an average of years 3 and 4 to reduce influence of long-term trends. Data are numbers (sub-column percentages). Year 1: 01/04/2016 to 31/03/2017 (365 days); Year 2: 01/04/2017 to 31/03/2018 (365 days); Year 3: 01/04/2018 to 31/03/2019 (365 days); Year 4: 01/04/2019 to 12/03/2020 (347 days); Year 5: 13/03/2020 to 26/02/2021(351). P value represents a Chi squared test assessing the difference in distribution of admissions between the age subgroups separately for male and female comparing the estimated and observed year 5 data. Absolute and relative differences compare the estimated admissions assuming no pandemic with the observed ones in year 5. Information about sex not available for all patients.

Diagnostic label	Presentations included
Respiratory	Acute epiglottitis, Bronchiolitis, Bronchopneumonia, COVID-19, Croup, Cystic fibrosis, Empyema,
infection	Influenza, Lobar pneumonia, Lower respiratory tract infection, Pertussis / whooping cough, Quinsy /
	peritonsillar abscess, Tonsillitis, Tuberculosis, Upper respiratory tract infection
Asthma / wheeze	Asthma, Respiratory conditions - bronchial asthma, Viral wheeze
GI infections	Dysentery, Food poisoning, Infectious gastroenteritis, Infectious gastroenteritis with bloody diahorrea
Surgical	Abscess: perianal or anal, Anal fissure, Anorectal bleeding, Appendicitis, Boil / abscess, Bowel
presentations	obstruction, Complication of gastrostomy (PEG tube), Concretions, Diaphragmatic hernia, Epididymitis /
	orchitis / epidymo-orchitis, Foreign body: alimentary tract, Foreign body: penis, Foreign body: rectum, Foreskin problem anatomical: phimosis / paraphimosis, Foreskin problem infection: balanitis /
	balanoposthitis, Fractured penis, Gallstones with cholecystitis, Gastrointestinal conditions - acute
	abdominal pain, Gastrointestinal conditions – haemorrhage, Haemorrhoids, Hydrocele, Hydronephrosis,
	Incisional hernia, Indwelling urinary catheter: problem related to, Inguinal hernia, Intestinal malrotation, Intussusception, Ischaemic bowel, Lower gastrointestinal haemorrhage, Malignant tumour, Oesophageal
	perforation, Oesophageal stricture, Perforated / ruptured bowel, Pyloric stenosis, Rectal prolapse, Renal / ureteric colic due to stone, Sphincter of Oddi dysfunction, Stoma problem, Surgical procedure
	complication, Testicular torsion, Torsion of hydatid of Morgagni, Umbilical hernia, Undescended testis,
	Upper gastrointestinal hemorrhage, Urinary retention, Urological conditions (including cystitis), Volvulus
Mental health	Adjustment disorder, Alcohol (ethanol) intoxication, Alcohol dependence syndrome, Alcohol withdrawal
presentations	seizure, Alcohol withdrawal syndrome, Antidepressant overdose, Anxiety disorder, Benzodiazepine
	overdose, Bipolar affective disorder, Delirium (acute confusion), Dementia, Dependence on opioids,
	Dependence on sedatives or hypnotics, Depressive disorder, Dissociative (conversion) disorder, Eating
	disorder, Factitious disorder, NSAID overdose, Opiate overdose, Paracetamol overdose, Personality
	disorder, Pseudoseizure, Psychiatric conditions, Psychotic disorder, Recreational drug use, Schizophrenia, Somatisation disorder, Somatoform pain disorder
Accidental	Closed fracture: ankle, Closed fracture: carpal bones, Closed fracture: cervical spine , Closed fracture:
injuries/trauma	clavicle, Closed fracture: coccyx, Closed fracture: elbow joint, Closed fracture: facial bones / mandible,
injunes, trauna	Closed fracture: femur (not NoF), Closed fracture : fibula (not ankle), Closed fracture: finger, Closed
	fracture: foot, Closed fracture: Galeazzi (frac rad: disloc ulna), Closed fracture: hand, Closed fracture:
	heel, Closed fracture: hip (NoF), Closed fracture: humerus, Closed fracture: knee, Closed fracture: lumbar
	spine, Closed fracture: Monteggia (frac ulna : disloc rad), Closed fracture: nose, Closed fracture: patella,
	Closed fracture: pelvis, Closed fracture: pubic rami, Closed fracture: radius, Closed fracture: radius AND
	ulna, Closed fracture: rib, Closed fracture: sacrum, Closed fracture: scaphoid, Closed fracture: scapula,
	Closed fracture: skull, Closed fracture: sternum, Closed fracture: thoracic spine, Closed fracture: thumb
	metacarpal, Closed fracture: thumb phalanx, Closed fracture: tibia (not ankle), Closed fracture: tibia AND fibula (not ankle), Closed fracture: toe, Closed fracture: ulna, Head injury – concussion, Head injury -
	other head injury, Minor traumatic brain injury (GCS more than 12): LOC less than 30s, Minor traumatic
	brain injury (GCS more than 12): LOC more than 30s, Minor traumatic brain injury (GCS more than 12): no
	LOC, Moderate traumatic brain injury (GCS less than 13), Severe traumatic brain injury (GCS less than 9),
	Sprain / ligament injury: ankle joint, Sprain / ligament injury: cervical spine, Sprain / ligament injury:
	elbow joint, Sprain / ligament injury: finger, Sprain / ligament injury: foot, Sprain / ligament injury: hand,
	Sprain / ligament injury: hip joint, Sprain / ligament injury: knee joint, Sprain / ligament injury: lumbar
	spine, Sprain / ligament injury: shoulder joint, Sprain / ligament injury: thoracic spine, Sprain / ligament
Burns/Scalds	injury: thumb, Sprain / ligament injury: toe, Sprain / ligament injury: wrist joint, Sprain/ligament injury Burn : buttock, Burn : elbow, Burn : eye, Burn: face, Burn: finger, Burn: foot, Burn: forearm, Burn: hand,
Burns/Scalus	Burn: head, Burn: knee, Burn: lower leg, Burn: neck, Burn: perineum, Burn: shoulder, Burn: thigh, Burn:
	thumb, Burn: toe, Burn: trunk, Burn: upper arm, Burns and scalds – chemical, Burns and scalds – electric,
	Burns and scalds – radiation, Burns and scalds – thermal
Allergies and	Allergy (including anaphylaxis), Anaphylaxis, Other allergic reaction (see free text)
anaphylaxis	

Table S21: Diagnostic labels included in each group presentation

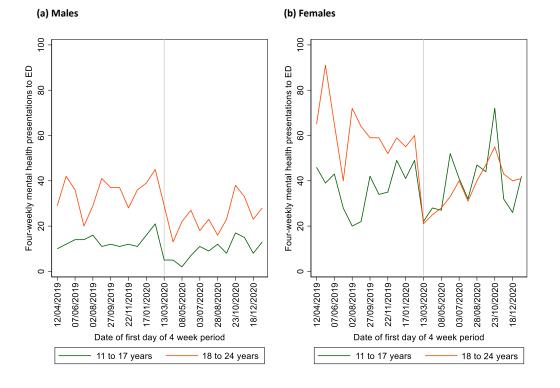


Figure S1: Four weekly mental health presentations before and during the pandemic in the 11-17 and 18-24 year age groups for (a) males and (b) females. Presentations to emergency department by four week period for one year before and after the start of the pandemic (marked with grey line). A four week period chosen due to the small number in each of these subgroups. Minimal change in presentations with the pandemic in the 11-17 year female group compared to the other females and male groups.

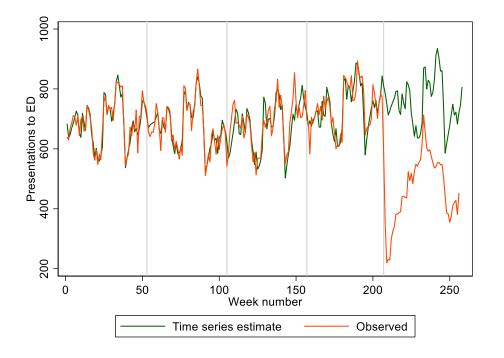
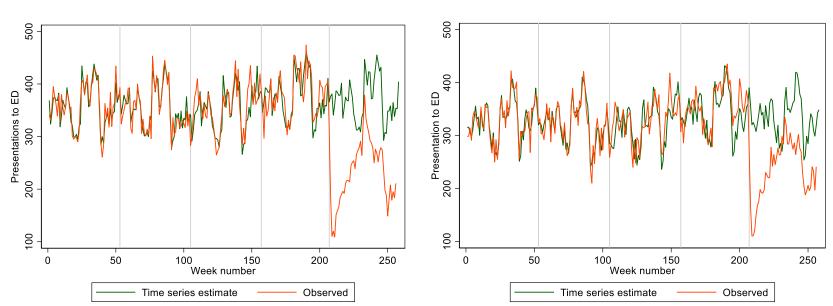


Figure S2. Weekly presentations for all. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

(a) Males



(b) Females

Figure S3. Weekly presentations for (a) males and (b) females. Figures represent time series and observed presentations by sex. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

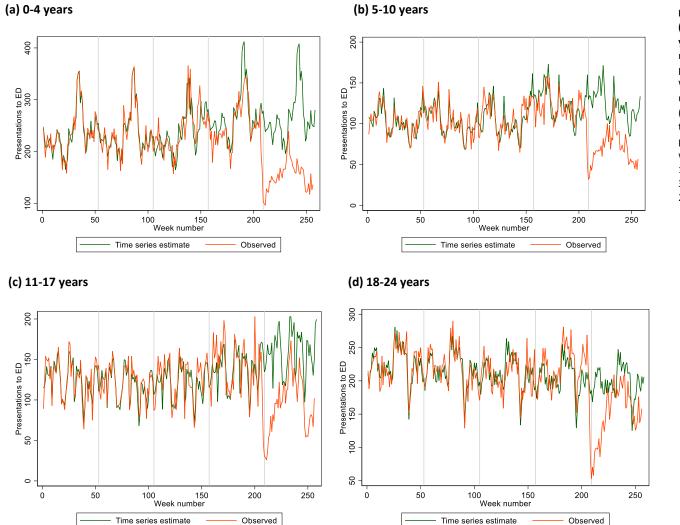
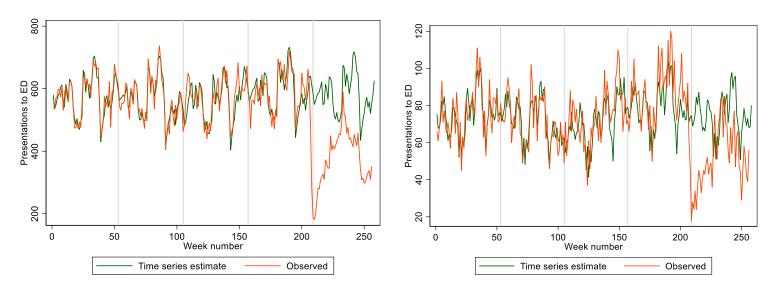


Figure S4. Weekly presentations for (a) 0-4 years, (b) 5-10 years, (c) 11-17 years and (d) 18-24 years. Figures represent time series and observed presentations by sex. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

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(a) White ethnicity

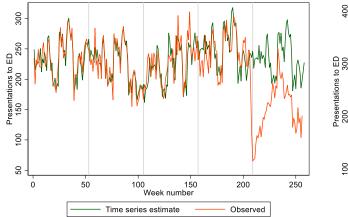


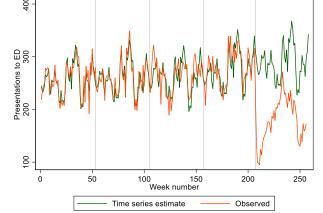
(b) Non-white ethnicity

Figure S5. Weekly presentations and admissions by (a) white ethnicity and (b) non-white ethnicity. Figures represent time series and observed presentations by ethnicity. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) being used to estimate the presentations and admissions in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

(a) High deprivation

(b) Moderate deprivation





(c) Low deprivation

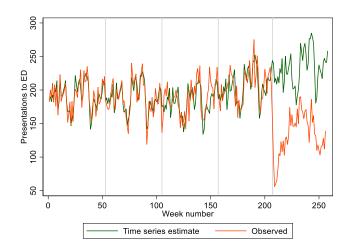


Figure S6. Weekly presentations by (a) high deprivation, (b) moderate deprivation and (c) low deprivation. Figures represent time series and observed presentations by deprivation. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) being used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

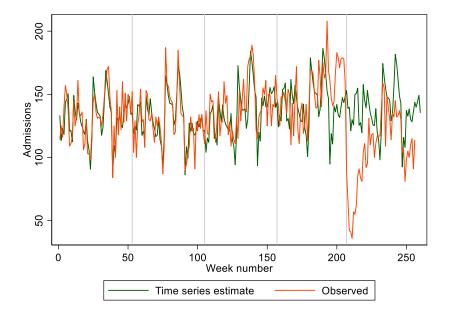


Figure S7. Weekly admissions for all. Figures represent time series and observed admissions. Seasonal Holt Winters time series approach was used with data from weeks 1 to 156 (years 1 to 3) were used to estimate the admissions in year 5 had the pandemic not occurred. Year 4 data was excluded given the untypical large number of admissions in that year. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

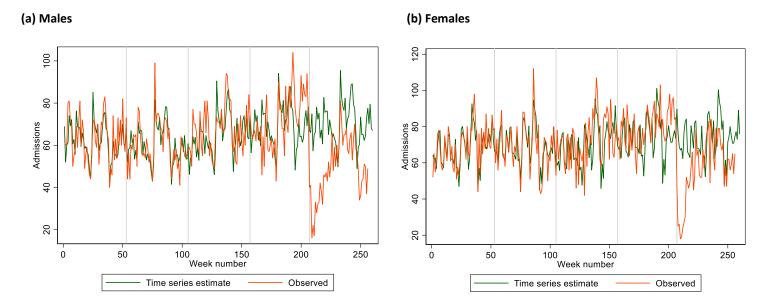
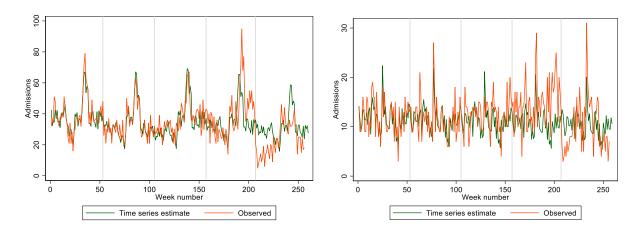


Figure S8. Weekly admissions for (a) males and (b) males. Figures represent time series and observed admissions by sex. Seasonal Holt Winters time series approach was used with data from weeks 1 to 156 (years 1 to 3) were used to estimate the admissions in year 5 had the pandemic not occurred. Year 4 data was excluded given the untypical large number of admissions in that year. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

(a) 0-4 years

(b) 5-10 years



(c) 11-17 years

(d) 18-24 years

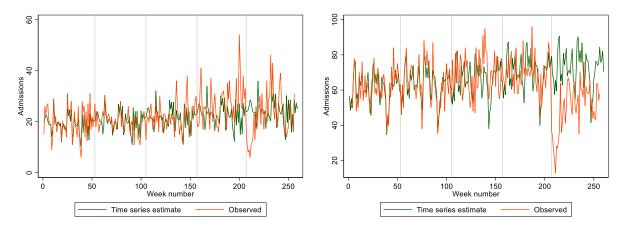


Figure S9. Weekly admissions for (a) 0-4 years, (b) 5-10 years, (c) 11-17 years and (d) 18-24 years. Figures represent time series and observed admissions by age group. Seasonal Holt Winters time series approach was used with data from weeks 1 to 156 (years 1 to 3 [years 1 to 2 for 5 to 10 year age group]) to estimate admissions in year 5. Year 4 data was excluded given the untypical large number of admissions in that year. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

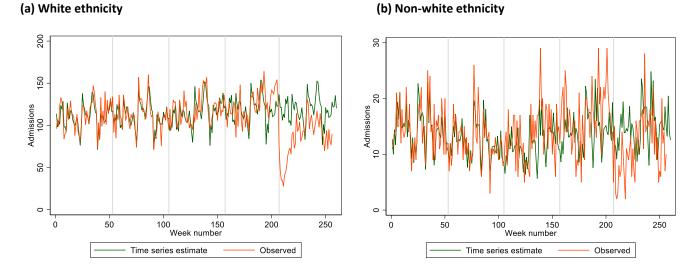


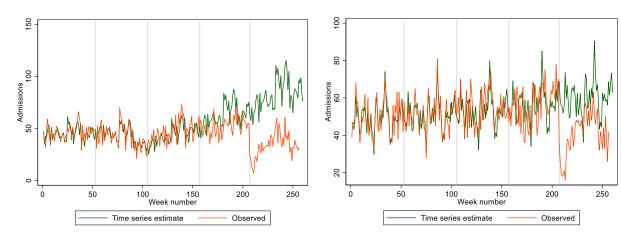
Figure S10. Weekly admissions by (a) white ethnicity and (b) non-white ethnicity. Figures represent time series and observed admissions by ethnicity. Seasonal Holt Winters time series approach was used with data from weeks 1 to 156 (years 1 to 3) to estimate admissions in year 5. Year 4 data was excluded given the untypical large number of admissions in that year. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

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(a) High deprivation

(b) Moderate deprivation



(c) Low deprivation

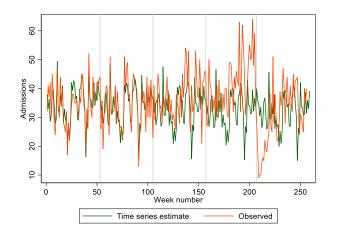


Figure S11. Weekly admissions by (a) high deprivation, (b) moderate deprivation and (c) low deprivation. Figures represent time series and observed admissions by deprivation. Seasonal Holt Winters time series approach was used with data from weeks 1 to 156 (years 1 to 3 [years 1 to 2 for low deprivation]) used to estimate admissions in year 5. Year 4 data was excluded given the untypical large number of admissions in that year. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

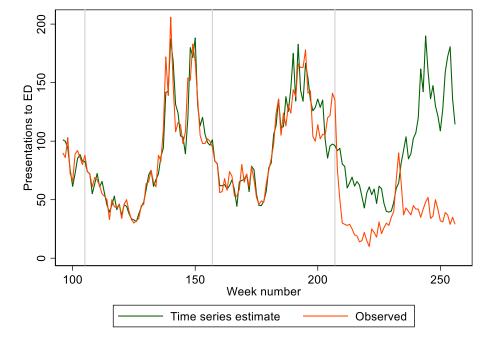


Figure S12. Weekly respiratory infection presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 96 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1 and 2 data untypical of other years. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

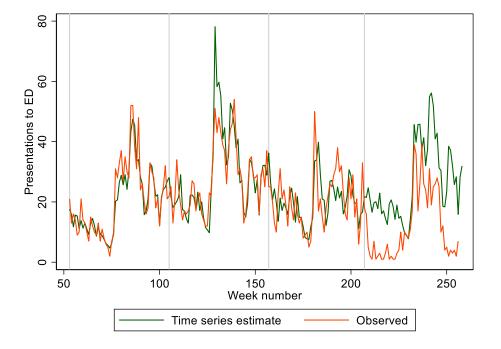


Figure S13. Weekly asthma and wheeze presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 2 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1 data was untypically low compare to years 2-4. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

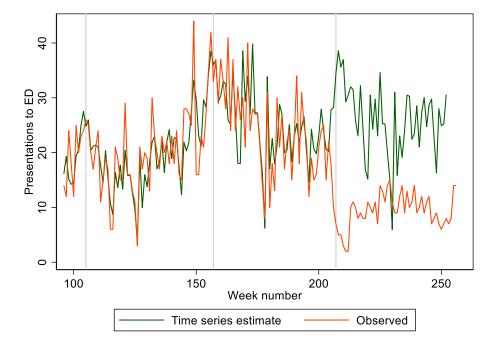


Figure S14. Weekly gastrointestinal infection presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 96 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1 and 2 data untypical of other years. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

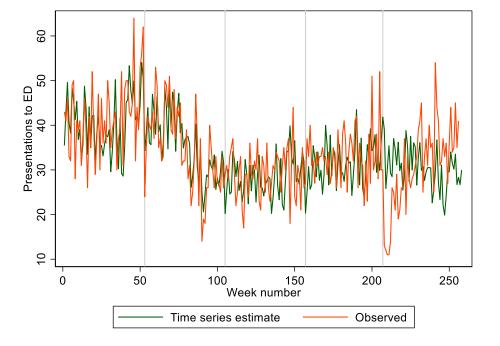


Figure S15. Weekly surgical presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

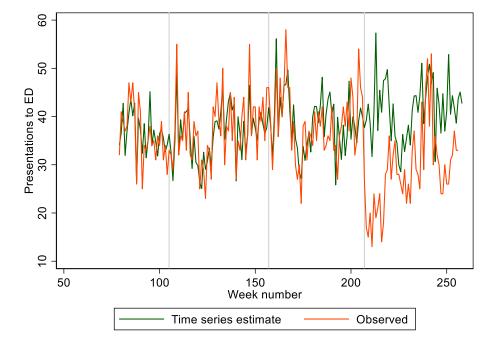


Figure S16. Weekly mental health presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 80 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1 data untypical of other years. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

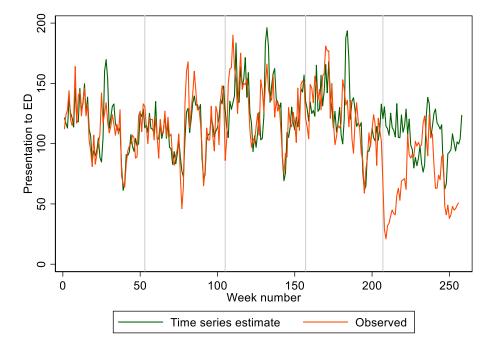


Figure S17. Weekly accidental injury and trauma presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

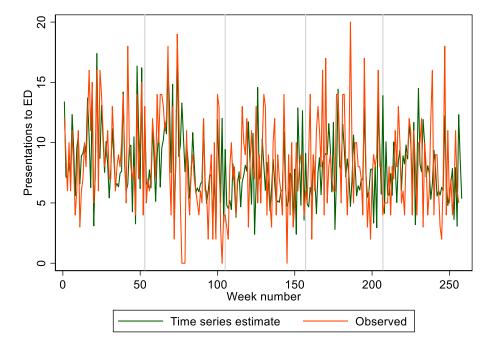


Figure S18. Weekly burn/scald presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

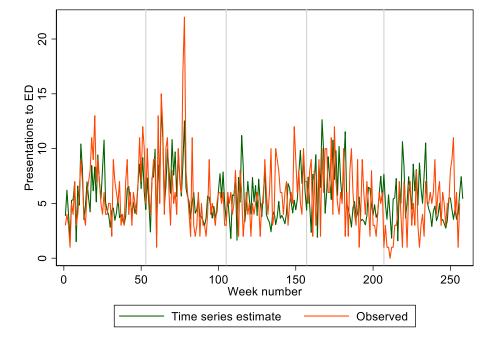


Figure S19. Weekly allergy presentations. Figures represent time series and observed presentations. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the presentations in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

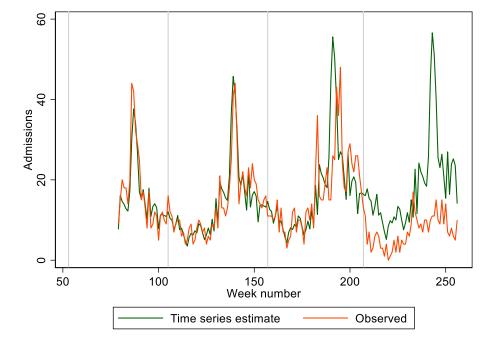


Figure S20. Weekly respiratory infection admissions. Figures represent time series and observed admissions. Seasonal Holt Winters time series approach was used with data from weeks 80 to 206 (years 2 to 4) were used to estimate the admissions in year 5 had the pandemic not occurred. Year 1 data was untypical compared years 2-4. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

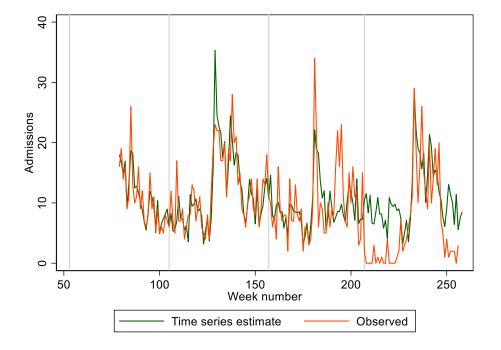


Figure S21. Weekly asthma and wheeze admissions. Figures represent time series and observed admissions. Seasonal Holt Winters time series approach was used with data from weeks 80 to 206 (years 2 to 4) were used to estimate the admissions in year 5 had the pandemic not occurred. Year 1 data was untypical compared years 2-4. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

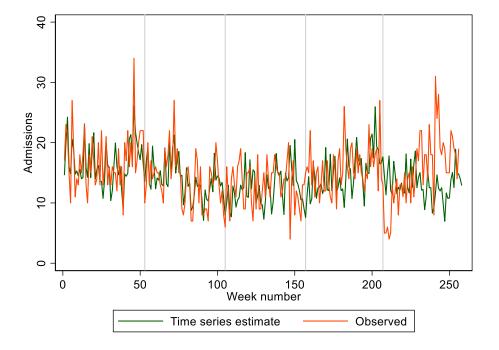


Figure S22. Weekly surgical admissions. Figures represent time series and observed admissions. Seasonal Holt Winters time series approach was used with data from weeks 1 to 206 (years 1 to 4) were used to estimate the admissions in year 5 had the pandemic not occurred. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

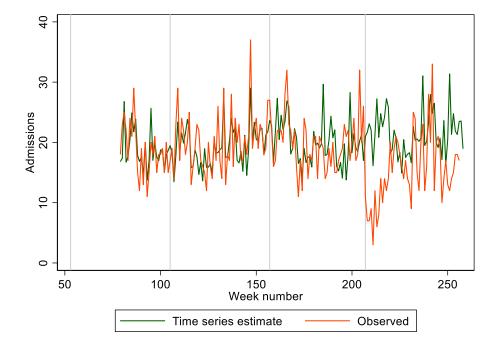


Figure S23. Weekly mental health admissions. Figures represent time series and observed admissions. Seasonal Holt Winters time series approach was used with data from weeks 80 to 206 (years 2 to 4) were used to estimate the admissions in year 5 had the pandemic not occurred. Year 1 data was untypical compared years 2-4. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

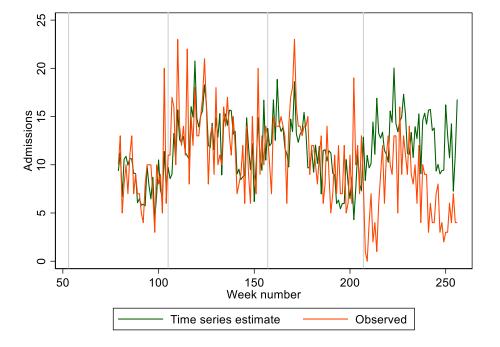


Figure S24. Accidental injury and trauma admissions. Figures represent time series and observed admissions. Seasonal Holt Winters time series approach was used with data from weeks 80 to 206 (years 2 to 4) were used to estimate the admissions in year 5 had the pandemic not occurred. Year 1 data was untypical compared years 2-4. Year 1: weeks 1 to 52; year 2: weeks 53 to 104; year 3: weeks 105 to 156; year 3: weeks 157 to 206; year 4: weeks 207 to 256.

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