

PLEASE NOTE: This implementation of the QCovid risk calculator is **NOT** intended for use supporting or informing clinical decision-making. It is **ONLY** to be used for academic research, peer review and validation purposes, and it must **NOT** be used with data or information relating to any individual. For full terms and conditions please see the [Academic Licence](#) (Link: /Home/AcademicLicence). For any other use cases, please contact enquiries@innovation.ox.ac.uk (Link: mail:enquiries@innovation.ox.ac.uk) quoting reference 17939.

Risk assessment results

The risk table

The table shows the absolute risk of catching and dying COVID-19 over a 90-day period based on data from the first peak of the pandemic. There is a comparison with the risk for a person of the same age and sex but with no risk factors. The relative risk is the absolute risk divided by this average risk.

	Absolute risk (a)		Absolute risk with no risk factors (b)		Relative risk (a/b)
COVID associated death	0.0001%	1 in 1000000	0.0001%	1 in 1000000	1
COVID associated hospital admission	0.0026%	1 in 38462	0.0023%	1 in 43478	1.1304

In other words in a crowd of 10000 people with the same risk factors, 1 or less are likely to catch and die from COVID-19 and 1 or less to be admitted to hospital during a 90 day period similar to the recent peak. The Body Mass index is 28.1 kg/m²

No postcode was provided, the calculator used the average UK score for the Townsend deprivation index

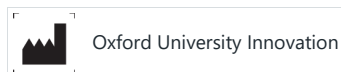
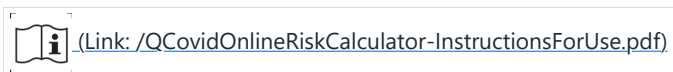
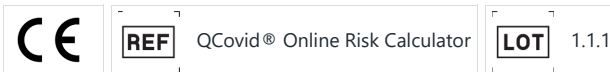
COVID associated death

The absolute risk of a COVID-19 associated death is 1 in 1000000.

This is in rank 1 out of 100, where 100 is most at risk.

Disclaimer

It is important to note that the absolute risks presented here are based on data collected in the first few months of the pandemic. These absolute risks are changing over time in line with the COVID-19 infection rate, the extent of social distancing measures in place, and individual behaviour, and so the values should be interpreted with caution. The relative risks and ranking of absolute risk values are likely to remain more stable over time.



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