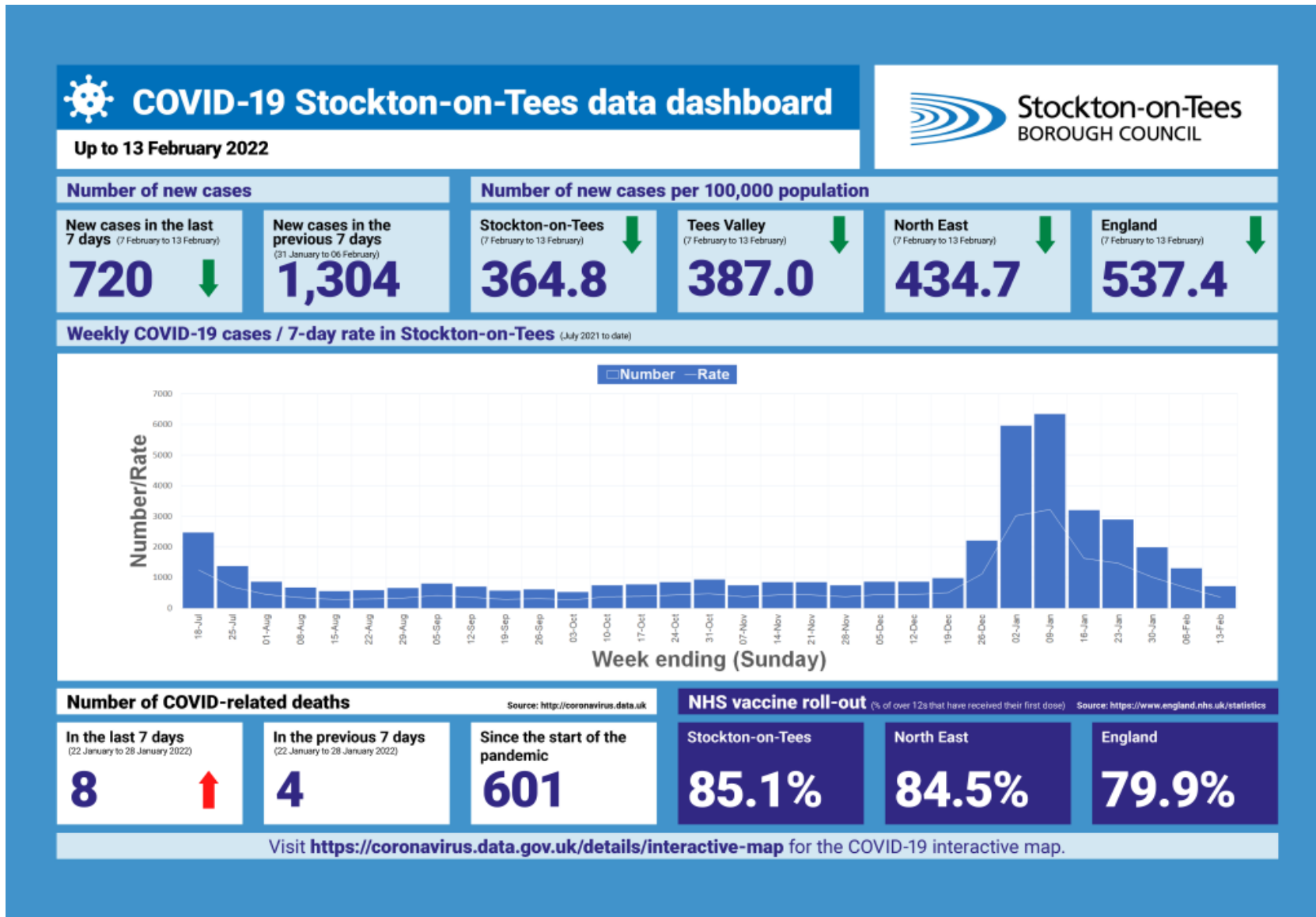


Outbreak management update

Health & Wellbeing Board

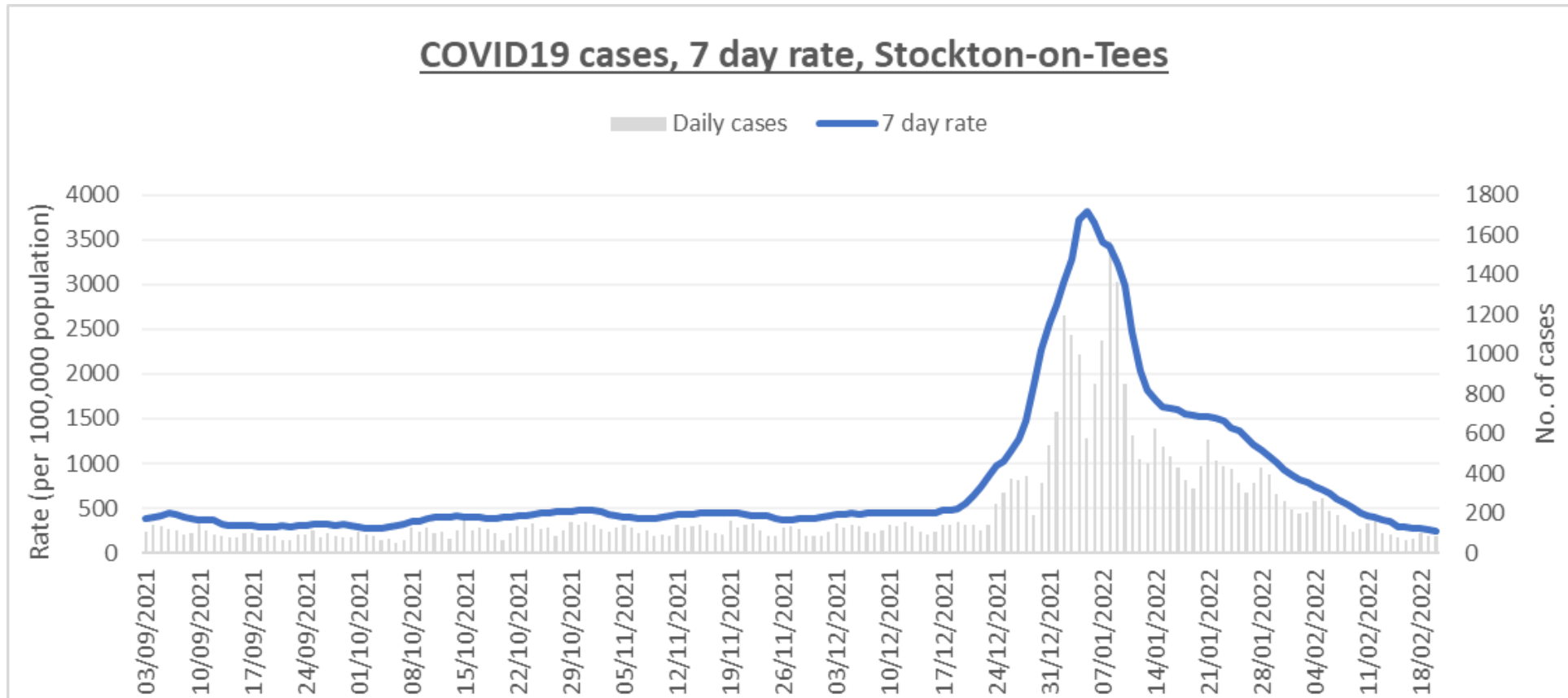
23rd February 2022



<https://www.stockton.gov.uk/coronavirus/thelocalpicture>

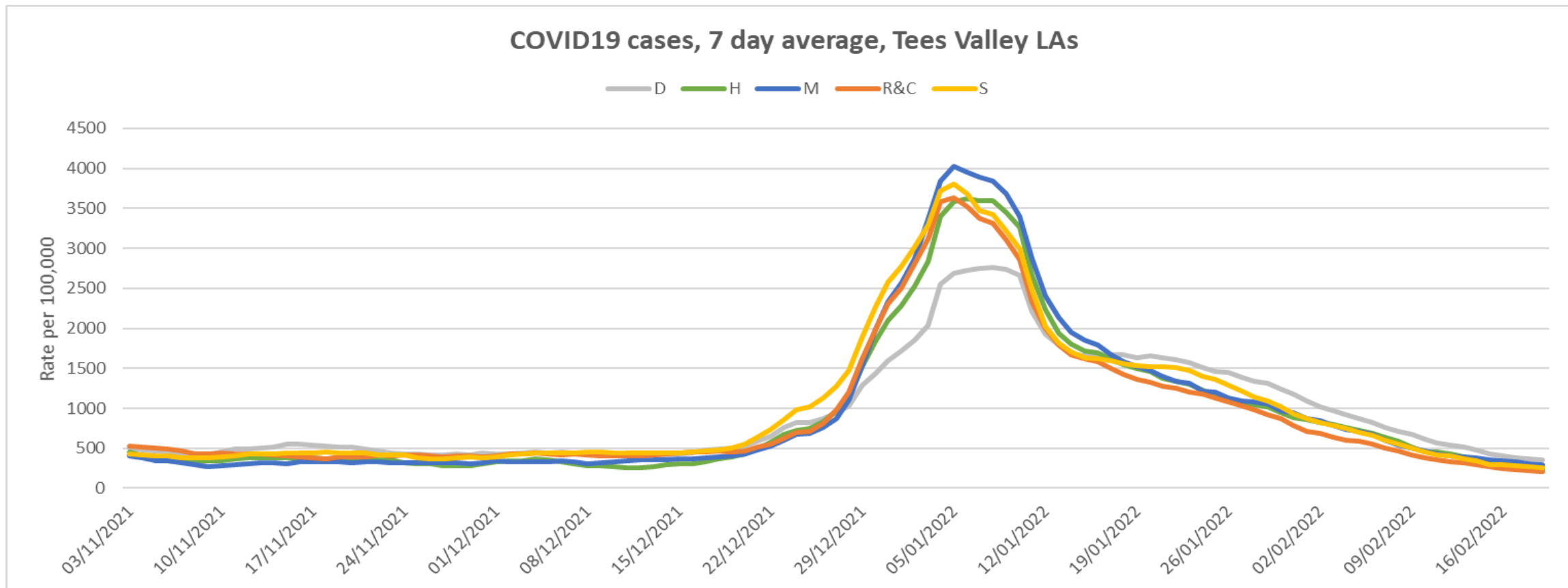
Infection rates

To 20/02/22



Tees Valley

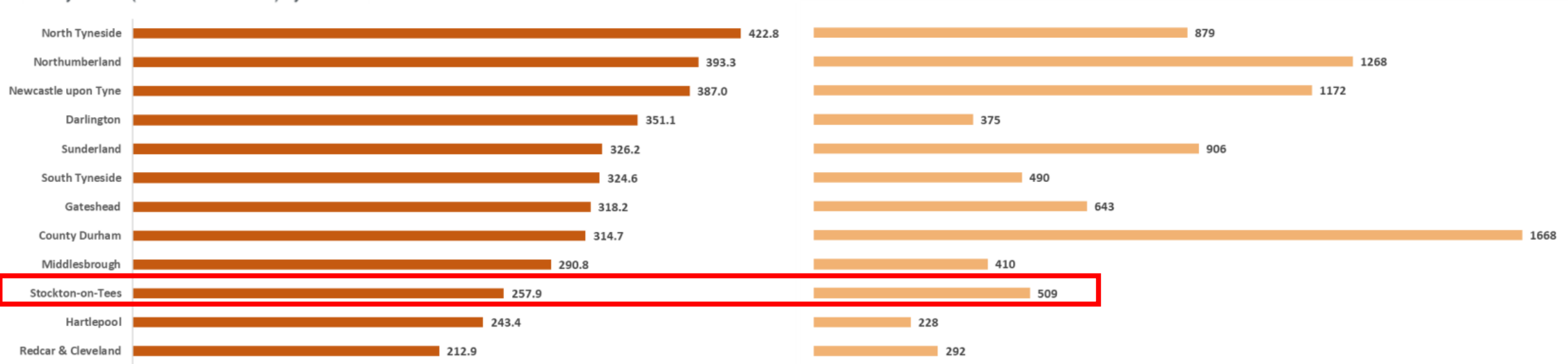
To 20/02/22



North East

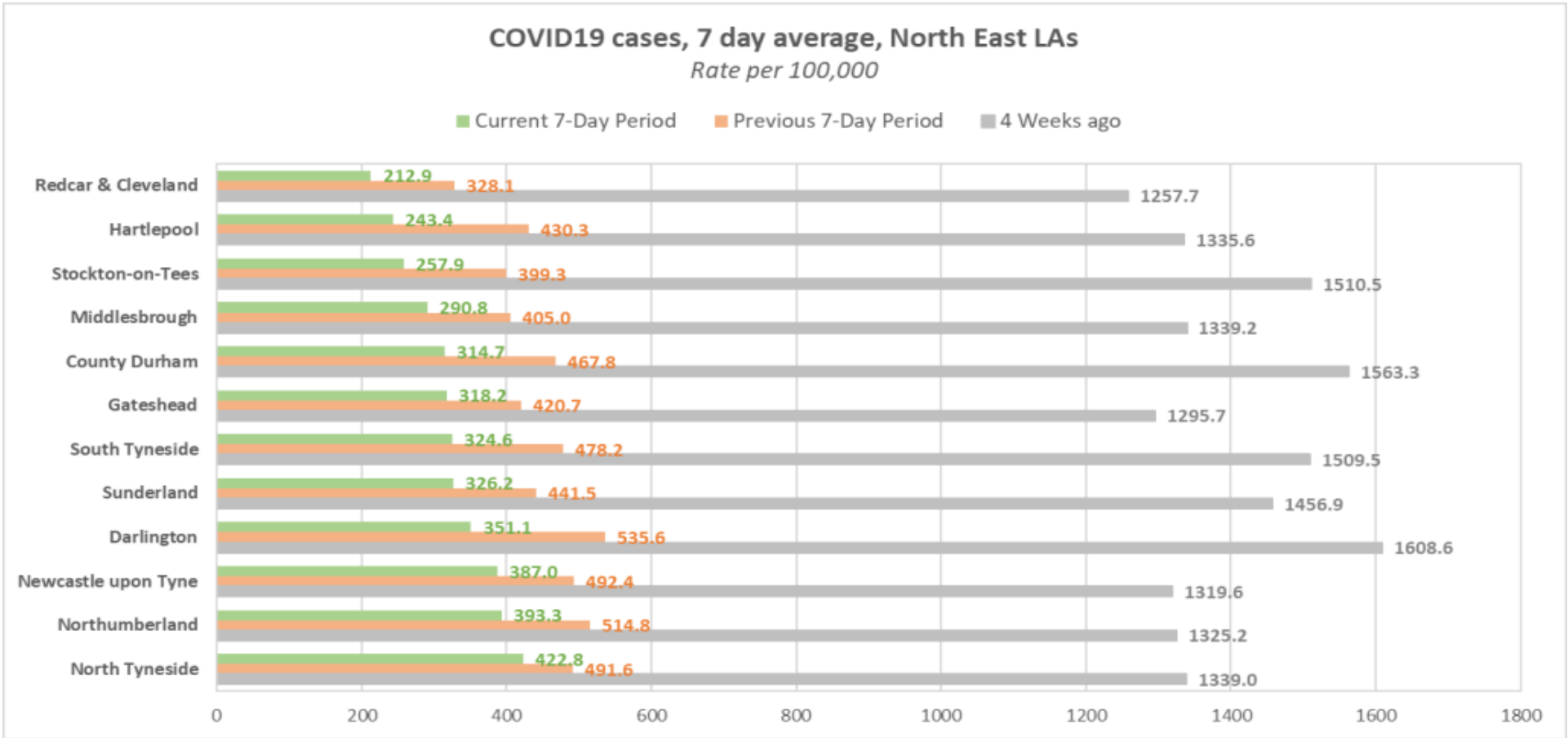
To 19/02/22

7-Day Cases (PHE - Pillars 1 & 2) by UTLA

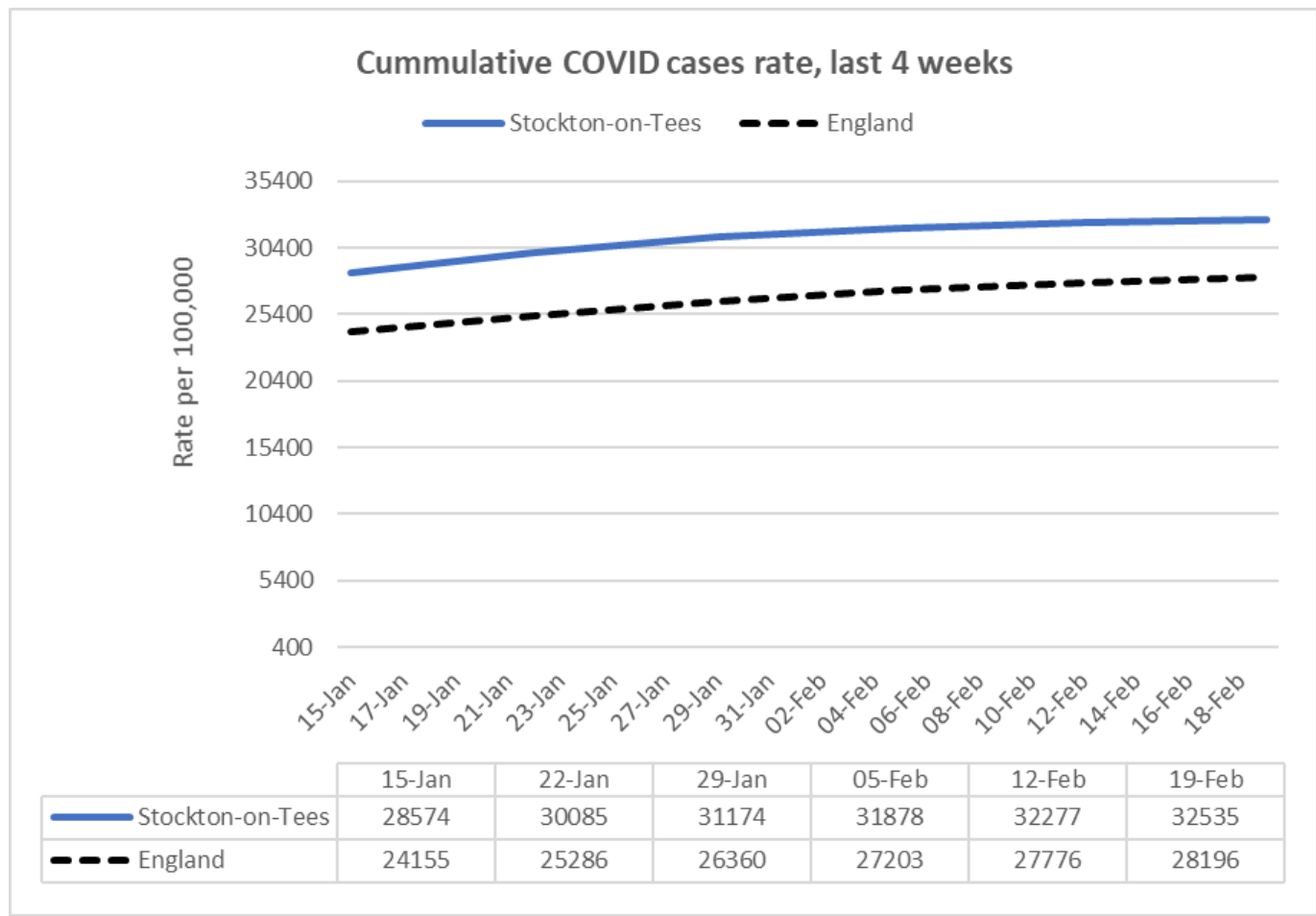


North East

To 19/02/22



England



Key information

- Stockton-on-Tees currently has the third highest 7-day infection rate in the North East
- All North East LAs (including Stockton-on-Tees) have seen an increase in rate compared to 4 weeks ago
- All North East LAs (including Stockton-on-Tees) have seen an decrease in rate compared to 7 days ago
- Vaccination uptake in Stockton-on-Tees is higher than the national average
- There have been 10 COVID-related deaths registered in Stockton-on-Tees in the most recent 7 days
- CAVEAT: infections data from testing no longer represents a true picture of infections in the community (changes in testing behaviour / reporting etc.)

Vaccination update

- Slow uptake of booster vaccinations, some 1st and 2nd doses
- Targeted and walk in vaccination programme – homeless, asylum seekers, deprived areas
- School based vaccinations for 2nd dose in secondary schools
- Booster vaccinations for 16-17 cohort
- Healthy 5-11s programme – ‘offer’ rather than recommendation
- Spring booster for over 75s & most vulnerable >12s
- Autumn boosters?

National policy updates

Isolation

- Legal duty to isolate to end from 24/02/22 – personal responsibility
- Isolation support / employment support allowance to stop
- Right to statutory sick pay from day 1 of isolation to end in March
- Recommendation to isolate for 5 days, choice to test days 5 & 6 – return to normal activity if negative & no fever
- Those testing positive should avoid contact with anyone in an at-risk group, including if they live in the same household

National policy updates

Contact tracing

- Routine contact tracing ends from 24/02/22. Contacts no longer required to self-isolate or advised to take daily tests. UKHSA guidance (anticipated before 24/02/22) will set out precautions contacts can take to reduce risk to themselves and others; those testing positive will be encouraged to inform their close contacts
- Adults and children who test positive will continue to be advised to stay at home and avoid contact with others. Then follow advice re: taking LFTs & avoiding vulnerable people

National policy updates

Outbreak management & inequalities

- Local public health teams will continue to manage outbreaks, as part of their continuing health protection role and responsibilities
- Ongoing national surveillance through ONS (scaled down)
- Future new variants – severity / infectivity / vaccine escape capabilities unknown (not a given they will be less severe)
- Those in greater deprivation less likely to afford to pay for testing
- Also more likely to be able to isolate when unwell (e.g. no sick pay)
- These individuals and communities may be more at risk of Covid (working & living conditions); and more at risk of impact of Covid (existing poor health)
- Further guidance awaited on most vulnerable groups

Testing

- Free universal symptomatic & asymptomatic testing for general public to cease from 01/04/22
- Some limited ongoing free testing likely to include limited symptomatic testing available for a small number of at-risk groups
- DHSC will receive no additional funding to deliver testing - ?impact on care sector and healthcare
- Asymptomatic testing to remain free for the oldest age groups and the most vulnerable to Covid – definitions awaited (March)

Schools

- From 21/02/22, guidance to end re: twice weekly asymptomatic staff and students in education and childcare settings. However, staff and pupils in specialist SEND settings, Alternative Provision, and SEND units in mainstream schools are advised to continue regular twice weekly testing
- Guidance remains in place outlining the key steps education settings can take to reduce risk of transmission of COVID-19 and other Winter illnesses
- Education settings with current advice from local PH team related to an outbreak of COVID-19, should continue to follow this. PH team to be contacted in the event of an outbreak
- Additional recommended voluntary measures: schools to make own risk assessment & implement measures as needed supported by PH. Schools framework awaited.

Communications & engagement

Key messages:

- Levels of infection are still very high
- The more the virus circulates, the more likely variants are. We cannot assume these will be less severe or infectious & they may be able to evade the vaccine
- Maximising ventilation, hand washing & using face coverings in enclosed spaces with large numbers of people remains important when there are significant case numbers (CMO)

Looking ahead

- Likely eventually seasonal (not there yet) but punctuated by unknown variants
- Ongoing national work re: scenarios (WHO / SAGE), with planning re: reasonable worse case scenario (next 12-18 months)
- RWC: high global incidence, incomplete global vaccination, unpredictable emergence of variants, immunity protects against most severe outcomes but widespread disruption e.g. education, concurrent flu, most impact on those with no prior immunity
- Need for system to be ready to stand up quickly (couple of weeks) – regional and local discussions ongoing re: robust local system & ability to respond quickly
- Public health will continue work with communities & settings locally re: infection prevention control, prevention & general wellbeing
- Future discussion on impact of Covid (inc. post-Covid) planned at Board – public health to discuss with CCG and partners