Outbreak management update

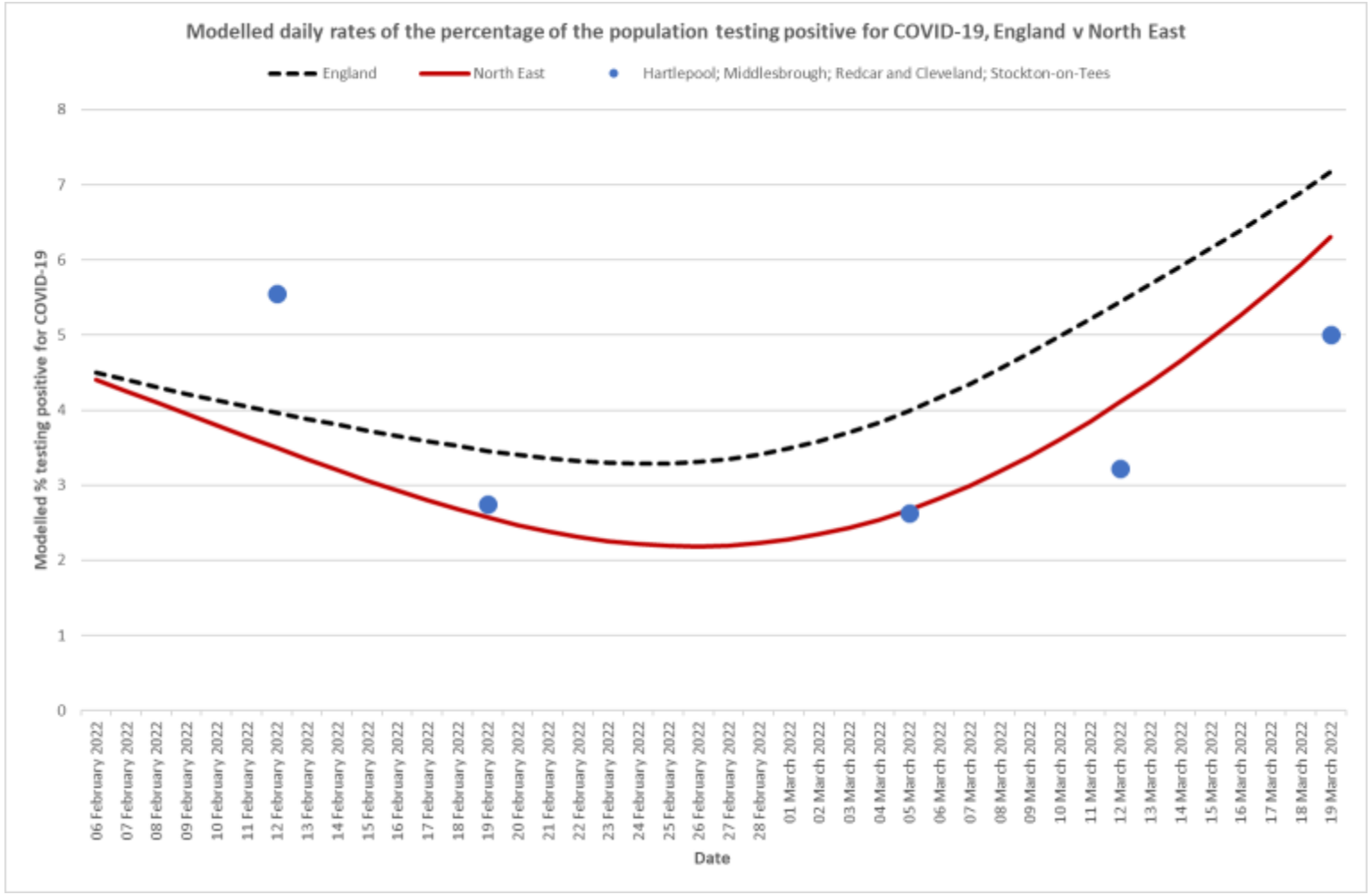
Health & Wellbeing Board

30th March 2022

Overview figures

Infection rates – Positive Tests

Infection rates – ONS estimates



Est. 1 in 16 infected nationally (w/c 21/03/22)

Testing

Testing in Stockton-on-Tees

Testing data are available for **nations**, **regions** and **local authorities**.

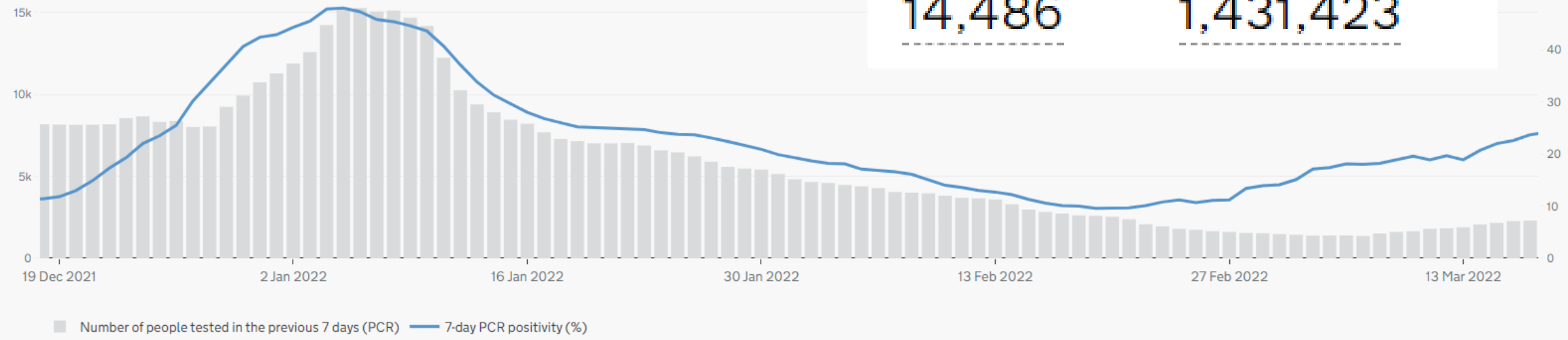
percentage of those who had at least one positive COVID-19 PCR test result in the same 7 days. Data is shown by specimen date (the date the sample was collected from the person). People tested more than once in the period are only counted once in the denominator. People with more than one positive test result in the period are only included once in the numerator.

Virus tests reported

Last 7 days	Total
14,486	1,431,423

7-day periods | Data | About

all | 1y | 6m | 3m | 1m



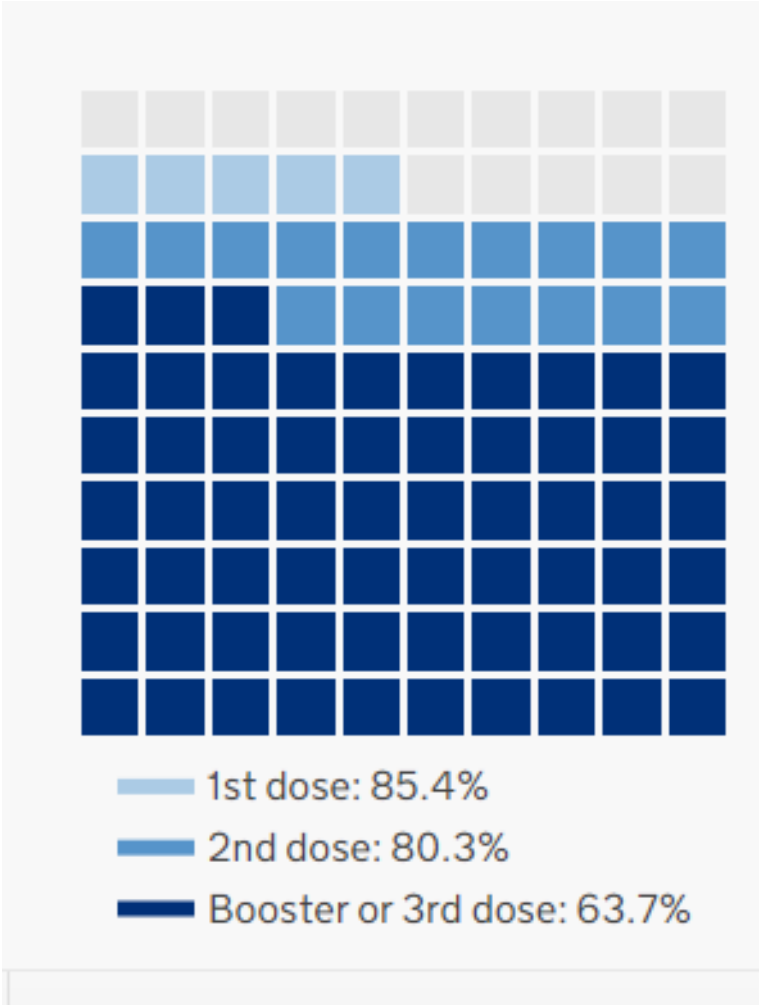
Hospital admissions & deaths

- Hospital admissions have increased but remain well below the Dec ‘21 / Jan ‘22 peak
- 1 death within 28 days of positive test (total 579); 0 deaths with Covid on death certificate (total 613)

Vaccinations

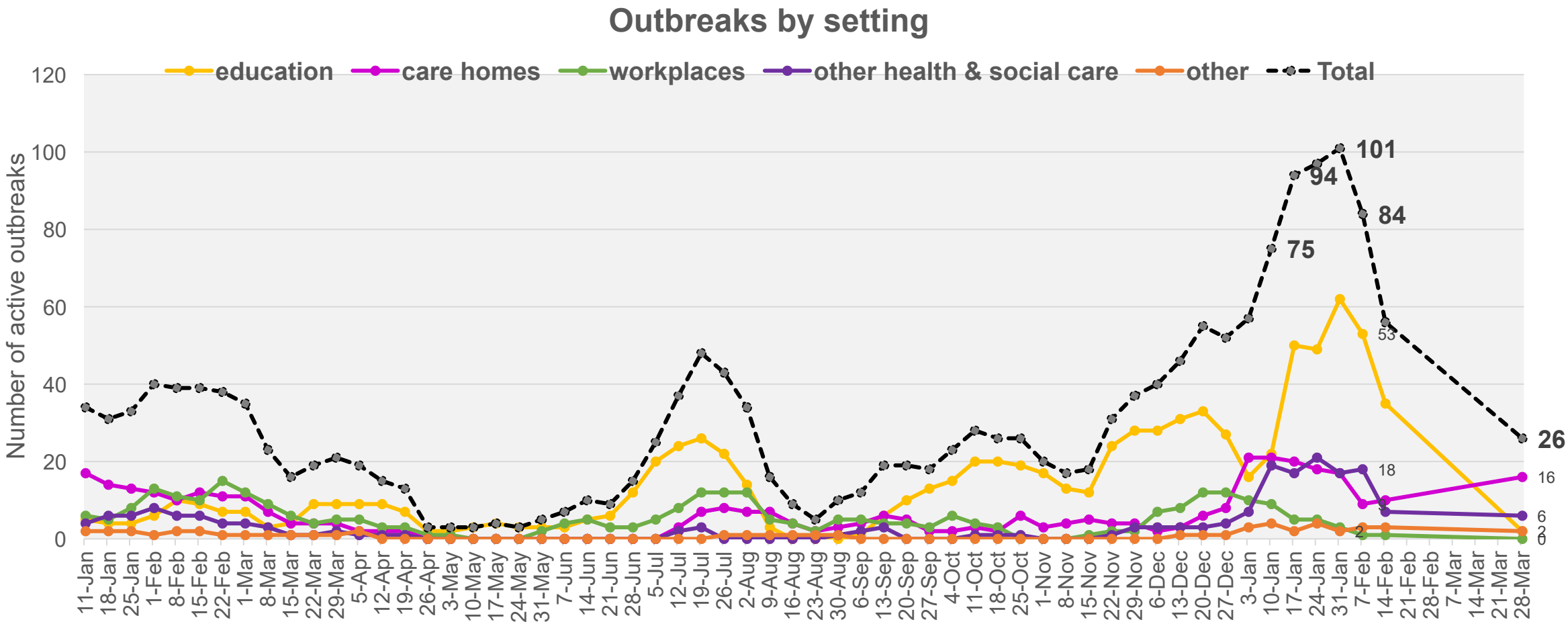
People vaccinated

First dose total	Second dose total	Booster or third dose total
151,542	142,517	113,030



Outbreaks

Setting	No. Outbreaks
education	2
care homes	16
workplaces	0
other health & social care	6
other	2
Total	**26**



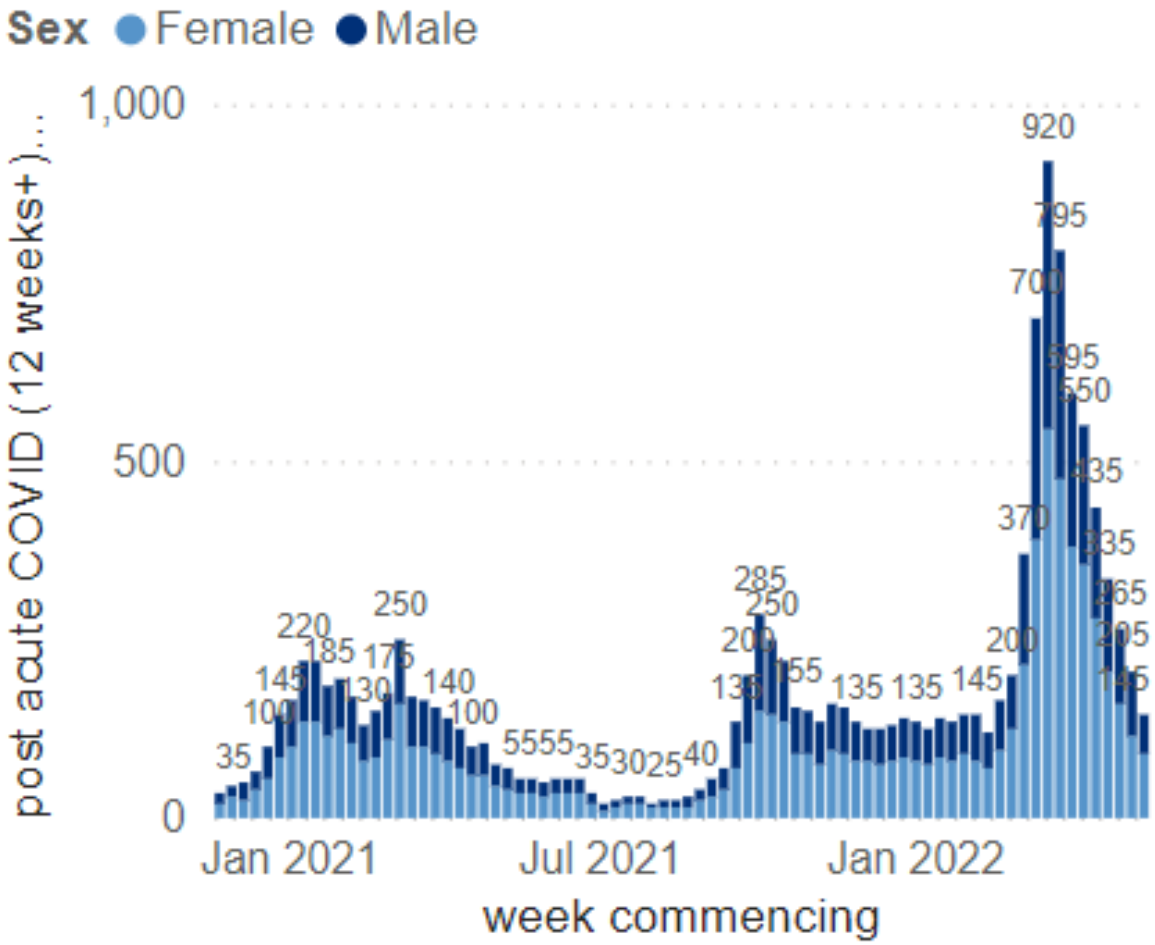
Post COVID

13,285

post acute COVID (12 weeks+), new cases

2,625

post acute COVID (12 weeks+), new cases requiring services



Monitoring / surveillance

From now….

National:

- ONS (to be scaled back)
- Hospital pressures
- Covid mortality
- Variants through genotyping (though testing on return from travel now removed)

Also key:

- Long Covid / post Covid
- Impact on / protection of most vulnerable
- Broader impact of Covid (mental wellbeing, social isolation, ‘resocialization’, ongoing economic impact in community, impacts on services e.g. waiting lists)
- Business continuity impacts including critical infrastructure

(**NB:** ZOE app funding to cease)

Key policy changes

National policy changes

- Legal duty to isolate to end from 24/02/22 – personal responsibility
- **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
- Routine contact tracing ends from 24/02/22
- Free universal symptomatic & asymptomatic testing for general public to cease from 01/04/22. Asymptomatic testing to remain free for the oldest age groups and the most vulnerable to Covid – definitions / guidance awaited (March)
- Schools testing has stopped – 'normal' Public Health processes in place to manage outbreaks of infectious disease in key settings

Outbreak management & vaccine

- Local public health teams will continue to manage outbreaks, as part of their continuing health protection role and responsibilities (inc. access to MTU in event of localized community outbreaks)
- Work to ensure robust system that can manage surges: ‘dimmer switch’ approach, planning for next 12-18 months. Medical technologies e.g. vaccine will evolve alongside
- Ongoing national surveillance through ONS (scaled down)
- Future new variants – severity / infectivity / vaccine escape capabilities unknown (not a given they will be less severe)
- Targeted vaccines & treatments (antivirals / prophylaxis) for the most vulnerable; additional Spring booster for >75s & most vulnerable >12s
- Likely wider booster in Autumn
- Vaccine ‘offer’ for healthy 5-11s
- Anti-vaxx activity
- Outbreak management plans – will reflect broader remit, national guidance expected

Inequalities

- 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)
- CEV: Group at risk much smaller than initially thought – protection of most vulnerable through vaccine & antivirals. Most at risk still to be defined. National messaging important – and risk re: supporting 'worried, less vulnerable' back out into society

Messaging

- 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)
- Announcements by end March re: support to highest risk e.g. immunosurpressed (support, access to testing if symptoms, quick access to antivirals)
- No significant new resource – focus on using learning to rework the Health Protection system to ensure can respond with existing capacity: national and regional work underway, also local planning
- Ongoing close work between UKHSA and DsPH
- Need to ensure we incorporate learning: protect most vulnerable; limit spread of infectious disease e.g. people coming to work when sick – national policy work re: sickness absence policy, childcare support); mitigate inequalities; focus on mental wellbeing / psychological impact of pandemic; improved approach to flu

Living safely & fairly with Covid

Living with COVID-19

A framework to reduce harm

North East Directors of Public Health & their Partners

Principles

- We will continue in to work as a North East system and will agree our goals, priorities and actions so that there is a shared understanding of what is needed.
- When addressing our goals and priorities, there will be a focus on health inequalities in all that we do.
- There is a recognition that as we move forward, we need to embed our continued approach to COVID-19 in the wider Health Protection System, rather than as a separate stream of work, learning lessons from the pandemic to inform our wider system planning and response.
- We will need to continue to be agile, flexible and ready to respond, including through surge capacity.

Goals

1. Protect people and communities at greatest risk from COVID-19 and its consequences and enable them to live a healthy and fulfilled life.
2. Protect all critical infrastructure, including the NHS, social care and our community and voluntary sector, so that they, in turn, can protect and support our population.
3. Minimise the impact of COVID-19 on the wellbeing and development of children, young people and adults.
4. Enable the recovery and further progress of education, economic activity and social connectivity.
5. Strengthen system-wide prevention and preparedness for future waves and other epidemics, learning the lessons of the COVID-19 pandemic.

Short to medium term priorities

1. Take our **communities with us** in all that we do through clear communications, listening to them and addressing their concerns.
2. Continue to support sustainable, equitable and rapid deployment of **vaccination**.
3. Transform our approach to **good infection, control and hygiene measures**, taking our partners, businesses and communities with us, to ensure the protection of all of the population and the inclusion of vulnerable people in settings and in the community.
4. Ensure a **consistent approach to the prioritisation of threats to health**, including considering the vulnerability and complexity of settings and the level of demand on the public health system, to ensure that public health capacity is deployed as effectively as possible.
5. Support **educational settings** to understand, prevent and manage COVID-19 infections to minimise education disruption.
6. Have plans to maximise use of available workforce capacity to **respond quickly in a surge**, in line with agreed national frameworks and health protection risk assessments.
7. Work with the health and social care system to **ensure equity of access to treatments and support**.
8. Maintain and improve **surveillance** systems and oversight.
9. Promote the **use of research** to improve our knowledge of COVID-19 and interventions to prevent, treat and deal with its consequences and seek opportunities to contribute to the evidence base.
10. Ensure that **data flows** and information governance support us to do our best for our population.

Local Health Protection arrangements

- Proposal: evolve Covid Control Group to become local Health Protection Board, reporting to HWB
- Aim: provide assurance to the Board on Health Protection matters for the Borough
- Scope: infectious disease, chemical / biological threats, links to emergency planning – systems approach at local level, screening & immunisations
- Links to Covid recovery work (inequalities, mental wellbeing, economic impact, health and wellbeing impacts of Covid & next steps) but detail of work to be lead and progressed by HWB and respective organisations
- Focus of HP Board on:
  - Maintaining good practice & learning from pandemic (next steps planning, IPC, focus on most vulnerable)
  - Developing and maintaining system partnerships to deliver e.g. regional HPT / UKHSA, RPT, regional IPC work & regional care home group (Covid), links to ICS work (e.g. IPC) at local level
  - Protecting the most vulnerable – implementing the new national approach
  - Building and progressing settings-based work e.g. care sector, schools – building health protection plans to promote prevention activity across HP issues, particularly supporting Winter resilience
  - Work with our communities on HP issues – taking communities with us
- Next steps: draft TOR to HWB