Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
24th November 2021

Report of: Director of Public Health

Subject: Covid Briefing & Forward Look - Winter 2021

Author of Report: Greg Fell, Director of Public Health

Summary:

At its meeting in September 2021, the Healthier Communities and Adult Social Care Scrutiny Committee requested that the Director of Public Health attend this Scrutiny meeting to give an update on Covid as we move into the winter period.

This paper provides the Committee with a comprehensive briefing and forward look at Covid (whilst noting that it is impossible to predict the future) to inform the Committee's discussions and questions.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**x**
Other	

The Scrutiny Committee is being asked to:

Note the briefing.

Category of Report: OPEN

Updated forward look 15/11

1 Epidemiology

1.1 Nationally and internationally

Some areas of East of England have very high rates. Might become what is known as Enhanced Response Area

Rising rates in South West – particularly in school age population

Children and <18 rates coming down fast ?half term or real effect

prior infection + vaccination coverage of 25%. Likely to see a sustained fall. Evidence is beginning to bear this out.

Yorkshire & Humber rates stabilising. Definitely peaked in school age pop. Well past the "half term effect" window. Sustained fall since half term.

Older people - boost from top age down - see impact on hospitalisations in next 2 weeks?

Some falling of>75 rates - >50% of >75s have had booster. Boosting gives significant benefit in terms of getting and outcomes.

Increasing pressure on NHS across the UK, not just Covid, but routine work as well. Expect to continue for next 2 - 4 weeks as rates in over 60s feed through.

Inbetweeners - harder to judge

Ages between 16-50 largely static rates. This is where govt action likely to have biggest effect.

What is going on internationally

A lot of the commentary on why has been plain wrong. This is a good thread, as is this. Testing rates, bed capacity, timing and nuances of measures including vaccination, timing of epidemic wave.

HAS it been worst – is it CURRENTLY worse than in Europe, this is pivoting now. Higher rates in UK than other countries. Ours are high and going up, E Europe now starting to go up. W Europe will follow. Probably unlikely we will not be an outlier over the next week or so.

1.2 Sheffield

Summary

Case rate falling <300 / 100k. Impossible to call where it will flatten. Either oscillate or slow drift downward. Will be v slow as not much restriction on movement.

School age

Mostly our cases are in secondary school age. Expected. Mixing pattern is pre pandemic, and not vaccinated. Rates in Sheff school age lower than elsewhere in South Yorkshire

Benefits of 12-15 vaccination will be delayed as won't get coverage high enough – so we will still get outbreaks into Nov and Dec

Nothing to stop primary school.

The all-age 7-day case rate has flattened out at a high rate, linked to high but slightly reducing rates in 5-17 year olds and onward transmission within the household.

Although numbers are high in this cohort, related harms are low.

Adult

A bit of bleed through to parent age and stacking upwards through the age cohorts. Gentle rise.

Older

Time proximal to vacc is an issue – waning immunity in older adults. >60s at highest rate since Jan (waning immunity a concern). Pretty decent immunity in middle age and young age.

Rates in older age groups had also shown an increase. Recent increases in cases among some older age groups (including the over 60s) and some increases in hospitalisations.

Now falling again. Definitively the impact of boosters.

Numbers remain lower than other groups however and there has been an increase in admissions to hospital from the community. This is a mixture of greater mixing in this age group and some impact from waning.

1.3 Hospital

Numbers in hospitals ticking up slowly. Bed occupancy increasing again. ICU/HDU cases - clinically vulnerable / immunocompromised/ unvaccinated. Average length of stay remains shorter than in previous surges.

Most cases in acute and care settings are incidental/case finding and are in people who are not ill due to COVID. There is evidence of vaccination effect on this cohort.

Over 60s rate now driving rise in admissions and occupancy- likely this will continue for a few weeks based on over 60s rates.

High baseline and all bits of NHS and social care are under exceptional pressure. All bits of NHS and Care system. Ambulance, A&E, primary care are exceptionally constrained.

Wave of respiratory infections hitting Emergency Departments. Not covid, not flu. RSV a bit, NV calmed down but will go up. Parainfluenza. When flu hits – will exacerbate. Possibility that flu jab isn't good match (combined with lack of general protection)

1.4 Deaths

Low numbers – 1 a day.

2 WHY is this going on

Behaviours are currently estimated to be closer to pre-pandemic norms than at any point previously since March 2020. But, how behaviours (contact rates, networks, precautionary behaviours) change over the coming months, and how quickly/whether they return to pre-pandemic norms is a key uncertainty in the modelled scenarios.

CoMix data indicate that mixing patterns for children are comparable to pre-pandemic levels, but those for adults remain considerably lower.

Very little adherence to preventive measures.

Mood music messaging = its all ok ….. thus public behave as if it is all over

Best explanation I have seen recently – 1) The UK has a big waning immunity problem. Bigger than Western Europe because of starting vax earlier. Much more likely than masks to explain UK's ongoing higher case & death rates, 2) Indoor mixing / large gatherings or large numbers of small gatherings. % of people attending large gatherings in UK is surging way ahead of elsewhere, 3) % of people never wearing masks has rocketed in UK but stayed very low elsewhere

3 Future / winter

NHS and Social Care system remain in an exceptionally difficult position. Now. It is NOT just hospitals.

The care being (rightly) provided to someone with acute illness from a respiratory infection (flu or covid) means someone else gets their care delayed and THAT has consequence

Pre winter winter phase. Because of pressures, relatively small rises in COVID admissions can have a disproportionate impact (Adult Social Care and Hospital are now in deep winter pressures in Oct). OPEL Alert system is in place. Plan for 40-50% of prior peak into Dec and Jan

Hard to know what will happen over winter

As there is very large residual immunity - Not likely to be a big spike, that fact makes it harder to get public support for greater intervention.

Although there remains uncertainty about the timing and magnitude of any future resurgence, these scenarios suggest hospital admissions above those seen in January 2021 are increasingly unlikely, particularly in 2021. A slower return to pre-pandemic behaviours and reduced waning are both expected to reduce and delay any further wave, although there remains potential for a rapid increase in hospital admissions if behaviours change quickly, and if waning is more significant and occurs after boosting.

Impact of flu

> Social distancing measures over the last 18 months reduced the circulation of all respiratory viruses (ALMOST CERTAIN) and we are now seeing altered respiratory viral seasonality. Therefore, there is uncertainty about the epidemiology this winter and
>
> whether concurrent transmission of other respiratory virus with SARS-CoV-2 will occur.

The magnitude of any influenza outbreak this winter is dependent upon the dominant strain (and prior population exposure to similar strains), vaccination levels, vaccine-strain match, and social contact patterns (which in adults remain below normal levels).

This makes it difficult to predict what will happen with influenza this season. 50:50 on whether flu vaccine will be good match for flu virus.

Due to waning population immunity, the next influenza season (whenever it occurs) is likely to be associated with a larger disease burden than would have occurred if

We are trying to avoid co infection with flu AND covid – much worse outcomes if become acutely unwell

SAGE recommend that individuals with symptomatic respiratory infections self-isolate, even if they receive a negative test result for SARS-CoV-2, as this will reduce respiratory virus transmission and potentially societal burden. Multiple factors at play - absence of sick leave, organisational culture, lack of cover for work, a sense of professional obligation, not feeling sufficiently ill and financial worries.

4 Plan B

A remarkably "strategic document" ….. very light on tactical detail. We need to work out what plan b actually looks like

A way of shifting the narrative ….. trying to avoid it being long and prescriptive and full of convoluted rules / pages of guidance that all conflict.

Hard to call likelihood. Q is whether to do step by step or all in a big bang. There is no obvious answer from an epidemiological view point

Plan b will be politically and media unpopular

Still no enthusiasm from Govt re imposing measures regionally

Modeller view – doesn't need a massive shift in behaviour to shift from R bit above 1 to R bit below 1. If implemented unlikely to have a dramatic effect (unless EVERYONE, all 60m of us, get into the measures). Effect will be slow decline.

4.1 What measures in plan B

In the event of increasing case rates, earlier intervention would reduce the need for more stringent, disruptive, and longer-lasting measures. Measures are not likely to be simply additive but to interact, resulting in a greater cumulative effect.

That effect is influenced by the context in which they are introduced, how they are introduced and by adherence. Measures have associated harms and potential for unequal impacts that should be considered prior to implementation.

Face mask use- ("a restriction" Vs an intervention that has reduced transmission)

Mask itself isnt going to swing the difference, but it will contribute.

What is “crowded” – trains and busses yes, warehouses no

reduce transmission through all routes by partially reducing emission of and exposure to aerosols and droplets carrying the virus, reducing transmission risk at both close proximity. Effectiveness is dependent on the quality of the covering, and fit and ensuring both the nose and mouth are covered. Likely to also have benefits for reducing transmission of other respiratory viruses.

Work from home. The plan B measure that has biggest effect

will be resisted by many – right wing media, some in some industries, coffee industry etc

Impact would be dependent on effectiveness of communication and guidance, employer response, and the proportion of workers able to work from home who were not already doing so at the time of implementation.

Vaccine passports

Will be a real disagreements about vacc passports. Will it be the thing that makes the difference, not likely

4.2 Threshold and timing for plan b

All pressure in NHS matters, not just hospital. Doubling times of case rate and NHS pressure

Mood music shifting just before half term. Media narrative shifting from a “ignore it, it is going away” to a “ahhh it is a growing issue and not getting better”

There won’t be a moment where the time for plan B is obvious. Not going to get to the doubling every 3 days, big spike… will be slower than that. Get to point where enough of our leaders say “this is the right thing to do”.

5 Vaccines

Rate of primary vaccination has slowed (not unexpected). There are still 10s of thousands who haven’t had primary 2 doses. Still leading of the core cities

Still a gap between east and west / BAME and white. Not as bad as I had feared but still there

Hard to know what we MIGHT do that we aren’t doing

12 – 15 continues.

JCVI on second dose for 12-15 and 16/17. Data on myocarditis has matured well in favour of being vaccinated (c/f risk of myocarditis following infection)

High degree of pressure on NHS to accelerate. It isn’t hesitancy (see Scotland), it is access and capacity.

Booster rollout is happening - absolutely critical – same priority order as 1st. Good uptake

Dose 1 and 2 remain primary importance - a booster is no good if you've not had dose 1 – never too late.

5.1 Numbers

The way in which vaccination is being reported has changed and now includes all eligible cohorts as well as uptake of the booster.

Almost 70% of the eligible population (12+) in Sheffield is fully vaccinated

Uptake in 16-17 year olds is 51% and 23.16% of 12-15 year olds (including those at risk).

Care Home residents - 94% of care home residents are fully vaccinated (37% booster), and 89% of care home staff (16% booster).

5.2 Vaccination & waning Immunity

Waning immunity is a concern – particularly >65s. A lot of nuance in this (antibody in blood vs immune memory). Nationally just under 60% of over 80s now received booster.

The biggest risk remains unvaccinated people, especially older

6 Implications for local interventions and messaging …..

National mood music on this likely to build over next few weeks

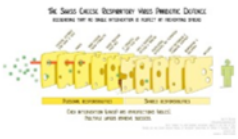
6.1 Basic interventions

Stuck record territory. Core messages remain the same the core interventions remain as they were and the machinery is working pretty well

Very little adherence to any NPIs anymore (masks, working from home has dropped, more large gatherings). Important to not allow masks to become a single flashpoint

6.2 The basic strategy is largely unchanged

Combination strategy



- **Prevention** – messaging, comms, approach to events and gatherings
- **Managing individual incidents** across multiple settings
- **Minimising testing delay** - had the largest impact on reducing onward transmissions. Making testing as accessible as possible.
- **Consistent push on getting tested, even mild symptoms** - people need to understand why, and really believe it. How to get a test
- **Optimising testing & tracing speed and coverage** – especially in some of our communities where we know we have rates of infection. These latter three things have potential to prevent up to 80% of all transmissions
- **Optimising isolation** - we know 80% of people recommended to self-isolate don't- supporting people ++
- **Vaccination** - Support NHSE programme with logistics, network connections, mass vaccination expertise
- **Focus on consistent messaging, simplifying communications, consent and consensus.**
- **Enforcement and compliance** (hard and soft)
- **Outbreaks**

Outbreak plan https://www.sheffield.gov.uk/home/yourcity-council/preventing-and-managing-covid-19
SCC Cabinet paper on implementing the plan http://democracy.sheffield.gov.uk/mgIssueHistoryHome.aspx?IId=31389

Test - If symptomatic get a PCR test and isolate.

Mask – never been a bad thing

Distance

Ventilate - all focus on better ventilation in indoor spaces

Wash hands

work from home if you can– REDUCE CONTACTS

some of the other fundamentals remain - better sick pay, financial support for isolating.

6.3 School interventions - Education/School COVID update: November 2021

Sheffield continues to have lower school age case rates than neighbouring South Yorkshire areas and most West Yorkshire areas.

Pre the half term back in October locally we did start to get a sense of a gradual rise in school age cases but it then plateaued and the figures started to come down just before the holiday.

The half term break has been timed well for us and will act as a circuit break. Now pupils have returned to school cases will increase.

Sheffield continues to have lower school age case rates than other neighbouring areas.

This reaffirms our position and reassures that at this time the priority should remain for face to face education and continued outbreak management support where required. Those other areas (Wakefield, Calderdale, Barnsley, Doncaster) introducing additional measures have had higher case rates than Sheffield.

We will continue to monitor and review the situation and if rates appear to be increasing we will consider additional local measures.

We are advising the new measure of daily LFD testing for secondary age pupils whilst they are awaiting their PCR results (in households with positive cases).

Sheffield settings have been managing outbreaks really carefully over recent weeks and to date we have not seen the disruption and school age case rates that some other areas have seen. The settings are working to put in place measures and working closely with UKHSA and the LA Public Health Team. Many are implementing additional measures already. Where they are receiving direct support from us they are also identifying additional contacts and advising targeted individuals/classes to go for PCRs. This is always considered as an intervention on a case by case basis and following technical risk assessment from us. The model is appearing at this time to be managing things and we are keen to maintain this approach.

Having a robust outbreak management support response set up by the LA PH team from the start of the pandemic has provided settings with a consistent model of outbreak support. Settings have managed things really well and this will hopefully have contributed to the lower school age case numbers locally.

Up to 80% of cases household transmissions in some areas.

Need to highlight risk from those you know and love, and risk to them too. You mostly get it from folk you know. SPI-B & SPI-M paper set out some helpful interventions that are built into our local approaches.

6.5 Vaccinate

Boosters/3rd doses - speed up booster roll (easier said than done)

Booster vaccinations are being offered to the same high priority groups as previously, if you are over 50, health and care staff or people in care homes you should have been offered a booster six months after you second dose.

Booster is by far more clinically important than 12 – 15 cohort. Exception = immune compromised kids 12+.

Booster vs unvaccinated people. By far the most important intervention is primary vaccination in the as yet unvaccinated adults, especially older. If you haven't yet had dose 1 and 2 then 1) never too late, 2) please reconsider

Flu jab

6.6 Overall message is that there is an exceptionally difficult winter ahead.

It's not just covid. By a long way. We are also seeing the impact of other winter illnesses and we haven't yet got to the flu season.

GPs, ambulances and A&E departments are seeing record numbers of patients.

That matters as routine care may be delayed or put off and even emergency care services will become more pressured with longer waiting.

There aren't easy fixes.

Obviously covid isnt helping but we need to remain cautious. Nobody wants the return of restrictions, that is in nobody's interest. We shouldn't wait for the government to mandate us to act

Simple things we can do

getting vaccinated – against covid and flu, which is the single most effective thing you can do to protect yourself and others. In this the single most important thing is if you haven't had the primary vacc (dose 1 and 2). Many clinics all across sheffield, no need to book, no need to be registered with a GP. Especial concern re pregnant women.

Get your booster jab if you are invited, as protection from the vaccine may decrease over time.

Working from home if you can, wearing face coverings, washing your hands more often and letting in fresh air can also make a big difference.

if you have symptoms you suspect is covid 19, arrange a PCR test gov.uk or by calling 119. Even if the result of that test is negative, please don’t go into work that risks spreading flu or other viruses

wear a mask. Made and enormous difference.

Please be patient with the NHS if you are finding it difficult to access care, they are working under incredible pressure.

help medical staff prioritise patients with the most urgent needs - residents should first seek advice from a local pharmacy or 111.nhs.uk, and only call 999 or attend A&E in an emergency. You can also use the NHS app to book appointments, ask for medication or get medical advice, or use the eConsult option on your practice's website to get a response the next day

Pandemic far from over. We don’t want to see return of any restrictions so important we do all we can to prevent this.

take care of your family and friends this winter