

Covid 19 update

12 Jan 2022

2 years in and counting

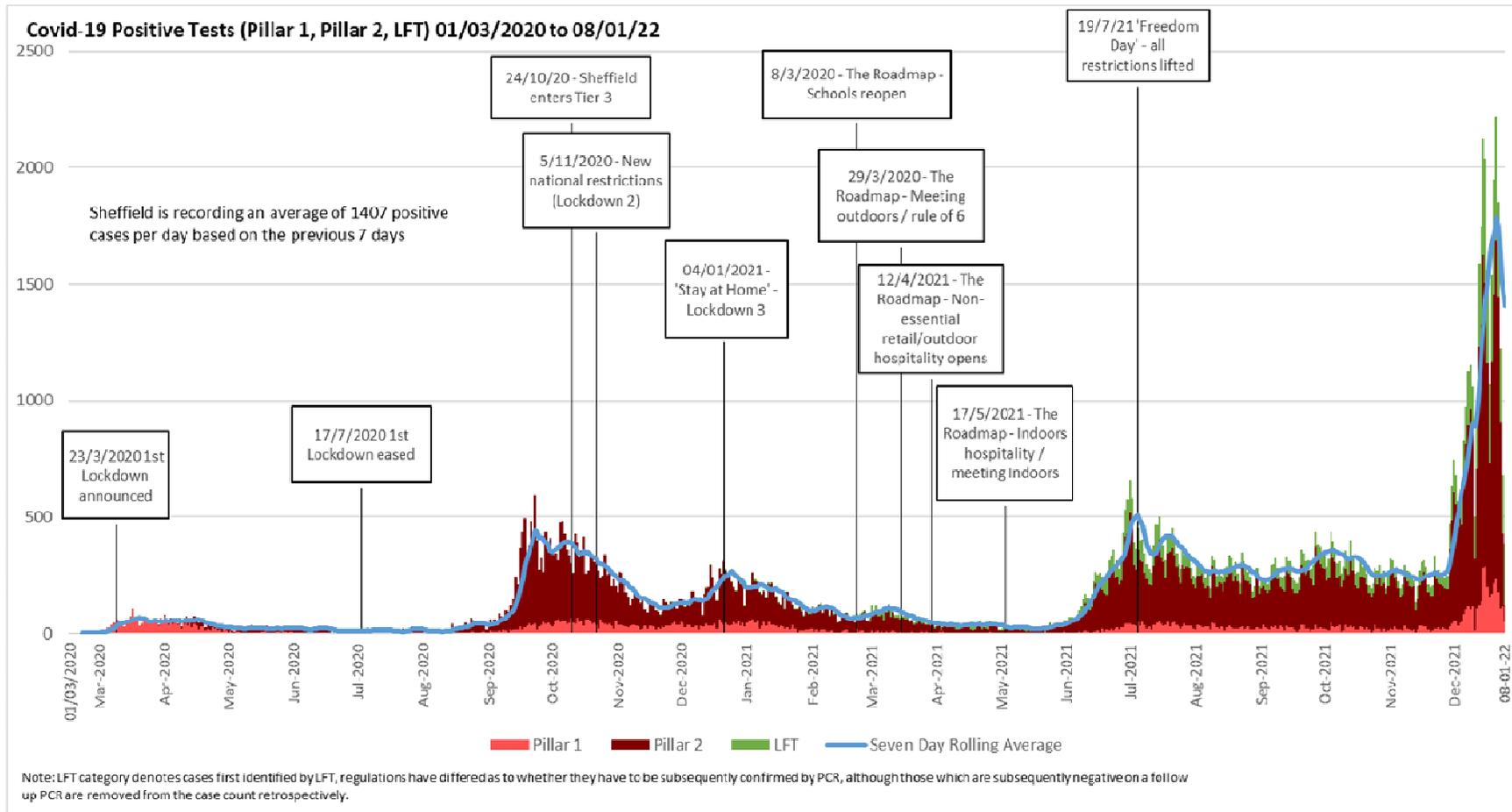
Greg Fell. Director of Public Health
Dr Anthony Gore, Clinical Director,
Sheffield CCG

Summary of concerns

- Case rate extremely high
 - *case numbers but low harm in <18s*
 - *High case numbers and admissions in 18-55yr olds*
 - *Increasing cases in over 65s*
- Large spike in admissions
 - In-patient cases and other admissions falling
 - Respiratory support remains high
- Steady reports of deaths in hospital
- Vaccination uptake in 12-15 year olds is slow, 100,000 plus unvaccinated

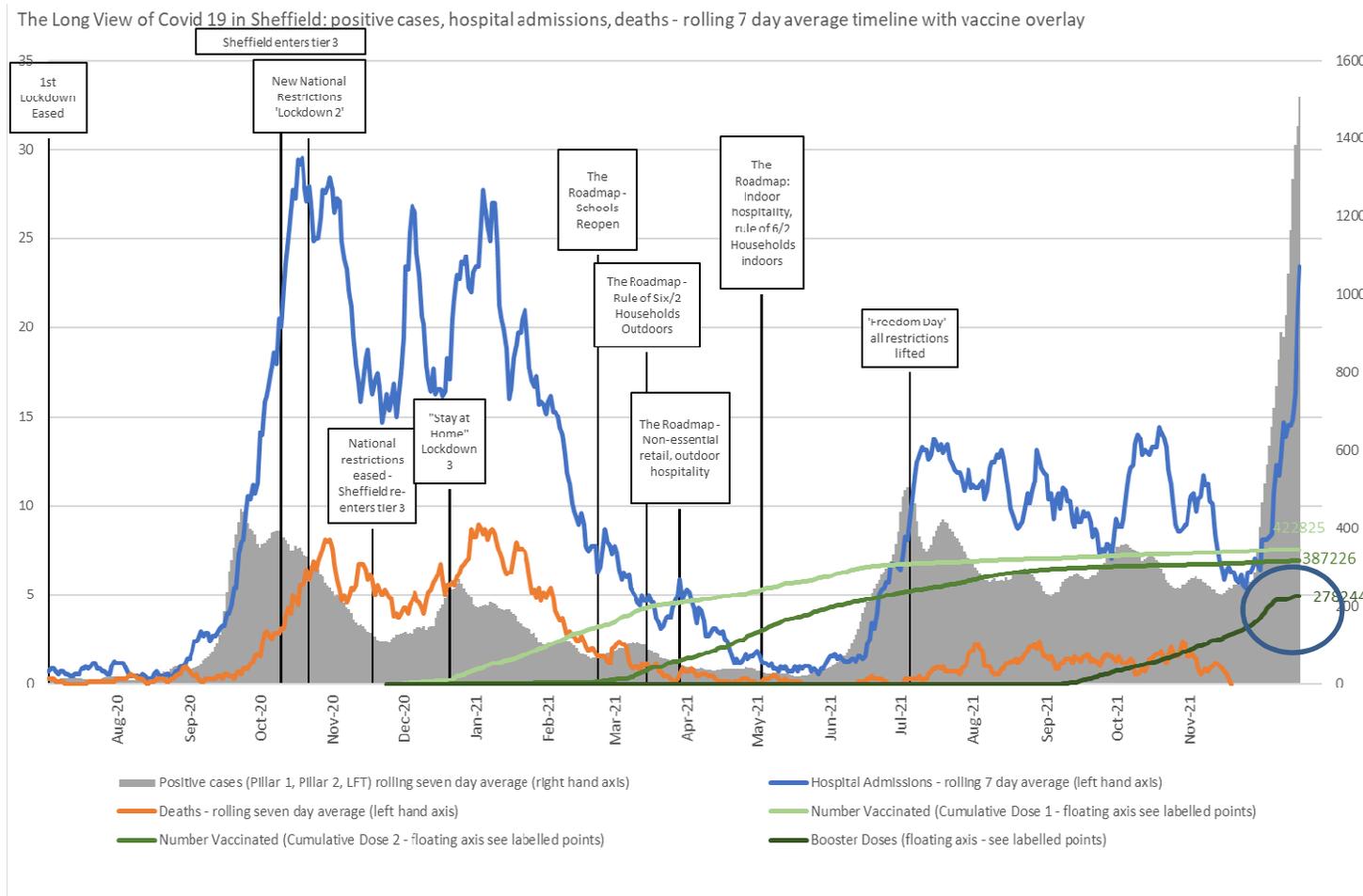
Cases - >10,000 a week from >20k PCR tests.

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The all time chart

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All age bands

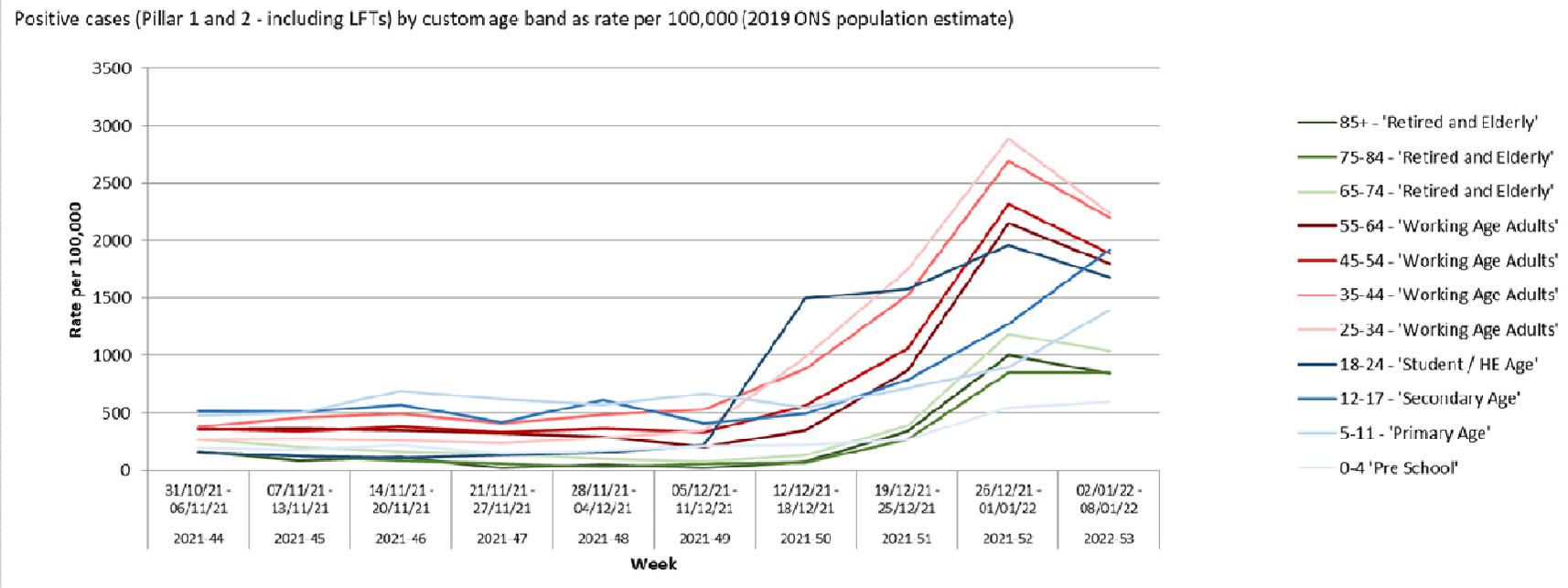
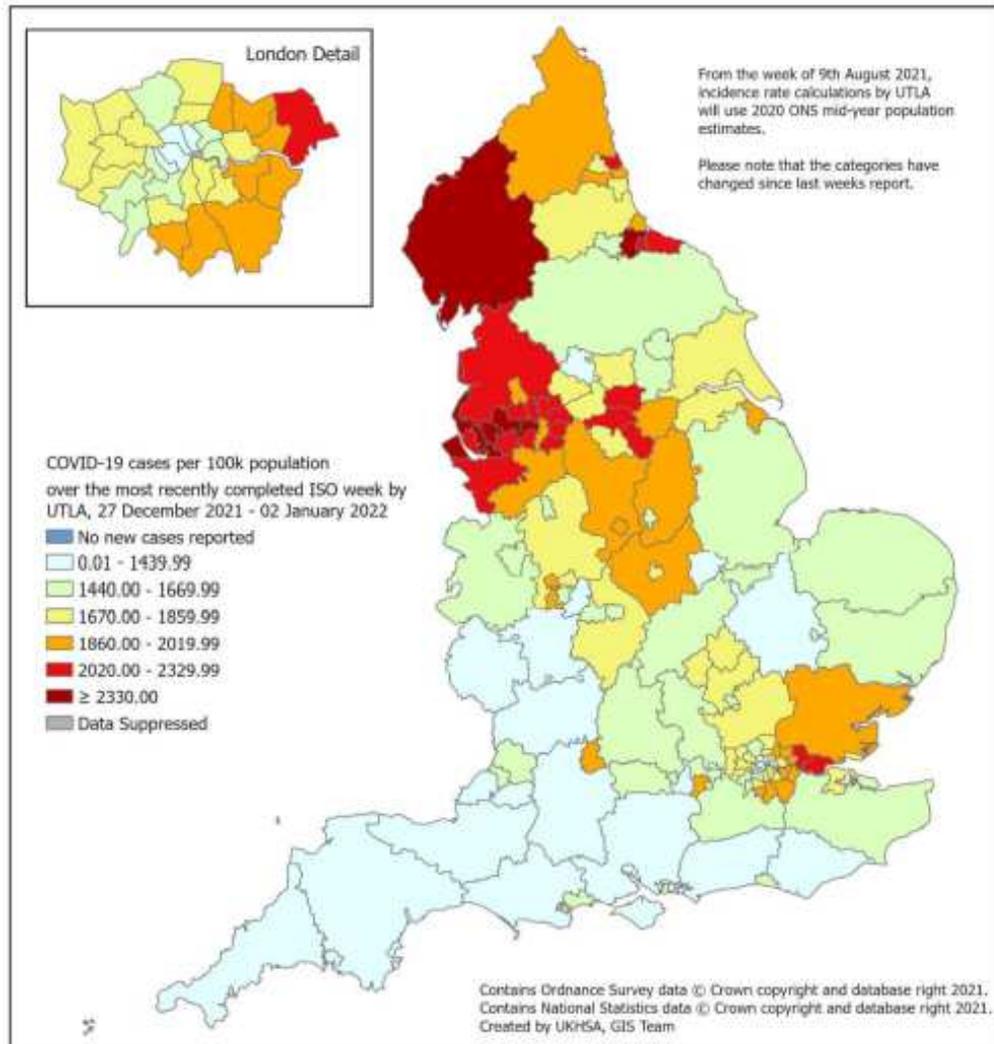
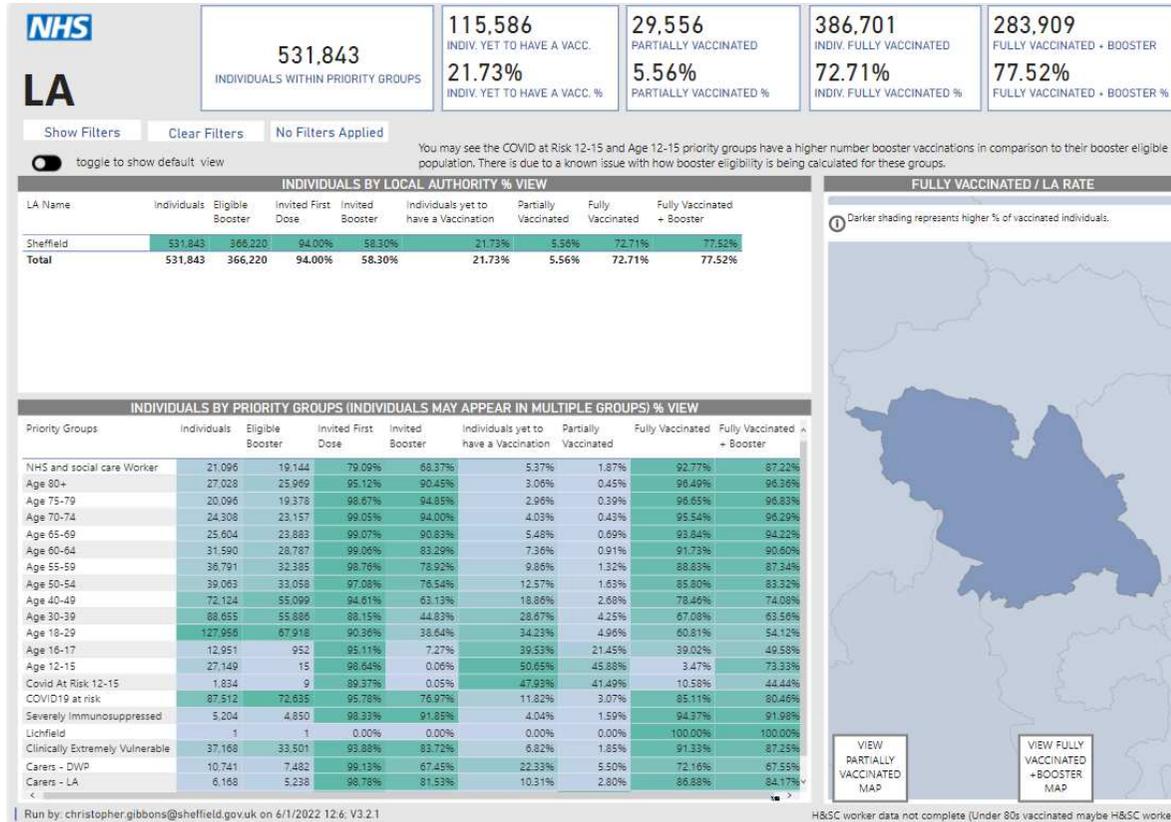


Figure 10: Weekly rate of COVID-19 cases per 100,000 population (Pillar 1 and 2), by upper-tier local authority, England (box shows enlarged map of London area)



Weekly national Influenza and COVID-19 surveillance report
 Week 1 report (up to week 52 data)
 6 January 2022

Vaccine coverage



77% of those eligible for booster fully vaccinated plus booster
Age cohort difference
Geographic and ethnic difference

Ten concerning issues of the moment

Response

1. Testing. LFD, PCR, long term strategy
2. Support to vaccination

Impact

3. Business continuity of many services with very high case rates
4. Schools and disruption of education
5. Unsustainable pressure on the NHS and social care
6. Steepening rise in >65 population
7. 100k + people not vaccinated – 22% of 12+
8. Care homes – lots of cases. Not as much harm as previous. Coverage of booster in care sector.
9. Sheffield is not London. Population factors, shape, timing and nature of curve in London vs outside. Impact.

Future

10. Unpredictable. We all want “normal”. Impact of virus vs artificially imposed end points. Adaption and “living with”

Its mildWhy should I bother

Individual

- Milder not mild. Still hospitalising plenty
- Long covid
- Might be mild for you But chains of transmission – protecting vulnerable

Wider social good

- Hospitals (and whole of NHS and SC) are exceptionally busy. Many declaring black alerts etc. That has consequence
- Impact of displaced and delayed care.
- Business continuity might need to close down pathways, services. Consequences
- >cases = > variants

Govt strategy

- Response is continuing. Funded by COM F up to the end of financial year.
- Govt strategy seems unlikely to change
 - Vaccine vs vaccine plus. Vaccination alone will (probably) protect us against severe illness
 - Number alone may put unsustainable pressure on NHS and social care (not only hospital)
- Very high numbers.
 - Impact on long covid.
 - Short term = business continuity. Long term = social, economy, NHS and social care
- We DO need to engineer and exit strategy. Should be driven by the virus harm and wider needs.

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