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# **Covid-19 & Winter Pressures Update**

**Public Health and Health Integration  
Scrutiny Commission**

Date of meeting: 7<sup>th</sup> November 2023

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## **1. Summary**

The following report and presentation are intended to provide the Public Health and Health Integration Scrutiny Commission with the latest data on Covid-19 and winter pressures, including vaccinations, infection rates and hospital admissions.

## **2. Recommended actions**

The Commission is asked to note the contents of this report.

## **3. Detailed Report**

### **LLR Provider Network for Autumn/Winter 2023/24 Vaccination Programme**

- 91 Community pharmacies with a further 15 expected to join the programme, subject to NHSE approval.
- 21 PCNs representing 82 GP practices.

### **Programme Timings**

This year's autumn flu and Covid-19 vaccine programmes started earlier than planned in England as a precautionary measure following the identification of a new Covid variant, BA.2.86, which was first detected in UK in August.

The Covid-19 vaccination programme was originally supposed to start on 2 October with care homes initially, however the start date was brought forward to September to align with the flu programme. Covid-19 vaccinations began on 11 September for those most at risk, including adult care home residents and people who are immunosuppressed.

From 18 September, other eligible patients were able to take up vaccination offers from their GP practice or could book a vaccination appointment via the National Booking System.

The Covid-19 vaccination programme is due to finish on 18 December 2023, whilst inequality work involving Covid-19 vaccinations can continue until 31 January 2024. The flu vaccination campaign is due to finish on 31 March 2024.

### City Flu Vaccination Uptake by Cohort (figures correct at 23 October 2023)

Flu Cohorts	Eligible Population	Doses Administered	% Vaccinated
Over 65 years	54,530	30,886	56.6%
Care homes	1,434	1,067	74.4%
Children aged 2 & 3 years	8,769	1,564	17.8%
At risk	54,982	15,408	28.0%
Frontline HCSW (ESR)	10,330	1,873	18.1%
Frontline HCSW (self-declared)	5,853	894	15.2%
Frontline social care workers	3,587	332	9.3%
Household contact of IS patients	10,684	294	2.8%
Pregnant women	2,498	76	3.0%
Primary school*	36,161	2,171	6.0%
Secondary school*	27,864	722	2.6%
<b>TOTAL</b>	<b>216,692</b>	<b>55,287</b>	<b>25.5%</b>

\*Leicestershire Partnership NHS Foundation Trust's School Aged Immunisation Service (SAIS) is providing flu vaccinations to children and young people across LLR in educational settings. The SAIS flu programme commenced with Leicester City primary schools on 25 September and include secondary schools. The programme is due to finish on 12 December. Flu vaccinations were offered to children attending special educational needs schools on 25 September. Catch-up vaccinations will be offered on 4 January 2024 to children that missed their initial flu vaccination offer.

### City Covid-19 Vaccination Uptake by Cohort (figures correct at 23 October 2023)

COVID-19 Cohorts	Eligible Population	Doses Administered	% Vaccinated
1. Care home residents	1,386	1,034	74.6%
2. Health care workers	21,782	3,830	17.6%
3. Social care workers	2,840	688	24.2%
4. 80+ years	11,109	5,643	50.8%
5. 75-79 years	9,101	4,574	50.3%
6. 70-74 years	12,436	5,463	43.9%
7. 65-69 years	16,305	5,491	33.7%
8. At risk	51,524	6,451	12.5%
9. 12-15 at risk	718	22	3.1%
10. 12-17 years – household contacts of immunosuppressed patients	923	4	0.4%
11. 5-11 years at risk	343	7	2.0%
12. 60-64 years	0	359	0.0%
13. 55-59 years	0	289	0.0%
14. 50-54 years	0	211	0.0%

15. 40-49 years	0	224	0.0%
16. 30-39 years	0	186	0.0%
17. 18-29 years	0	129	0.0%
18. 16-17 years	0	3	0.0%
19. 12-15 years	0	6	0.0%
20. 5-11 years	0	0	0.0%
<b>TOTAL</b>	<b>128,472</b>	<b>34,615</b>	<b>25.8%</b>

**Care home residents:** This cohort has been prioritised for vaccination due to their vulnerability and providers have been incentivised accordingly. By 23 October, 74.5% of care home residents had taken up the offer of a Covid-19 vaccination and 74.4% had accepted a flu vaccination. Vaccinations will be continued to offered to this cohort.

**Housebound patients:** From a total population of 2,841 eligible patients, 1,080 vaccinations have been administered; 98 declined, leaving a further 1,663 visits to complete. Now the care home deadline has passed for initial vaccination visits (22 October), the focus will now be on this vulnerable group of patients.

**Covid vaccinations for children aged 5-11 years and in a clinical at-risk group:** This cohort are being offered a vaccination within specialist clinics at UHL. Due to appropriate vaccination supply, these clinics only opened w/c 9 October. A further four satellite sites are due to open across LLR to provide convenience/ease of access to patients.

### **Inequalities Offers**

- **6 months to 4 years at risk:** Vaccination invitations have been issued for UHL specialist clinics and GPs can refer eligible patients, who have not had an invitation.
- **Allergy pathway:** Patients previously referred via Prism/allergy service will already have access to the VidPrevtyl Beta vaccine via UHL specialist allergy vaccination clinic. New patients thought to have PEG allergy can be referred by GP via PRISM to allergy clinic for assessment. Patients who do not suffer anaphylaxis/allergy to PEG but who are clinically severely intolerant of mRNA vaccines may be eligible for VidPrevtyl Beta and GPs can refer their eligible patients.
- **Learning disability patients:** Dedicated provision is being scoped to provide a specialist service with dedicated learning disability nurses in attendance.
- **Mobile vaccination units:** To make Covid and flu vaccinations as accessible and convenient as possible, two mobile vaccination units (operational in city and county respectively) are deployed to target communities of low vaccination uptake.

### **MMR / Measles Elimination Plan**

The LLR ICB has devised a measles elimination plan to outline a series of actions that are required to reduce the risk posed by measles. Since 2022 there has been an increase in measles cases both globally and in the UK. Measles and rubella can be eliminated, and congenital rubella infections prevented by achieving high uptake of the combined measles, mumps and rubella (MMR) vaccine in national childhood immunisation programmes. This plan aims to mitigate the risk of measles, by the ICB working collaboratively with other

agencies, undertaking a series of initiatives to increase uptake & reduce health inequalities.

Since 2022, measles activity has been slowly increasing. To achieve & maintain measles elimination, the World Health Organisation recommends that a 95% uptake with two doses of MMR by 5 years of age and by using all opportunities to catch up older children and adults who missed out when they were younger. Unfortunately, current UK performance for the second dose is sub-optimal at around 88%. Due to the national concern of increasing cases, this plan aims to address any current issues, plan future objectives and be proactive at tackling this challenge.

The objectives of the plan are:

### **Primary Objectives**

1. Ambition to achieve and sustain  $\geq 95\%$  coverage with two doses of MMR vaccine in the routine childhood programme (5-years-old) by 2025.
2. Ambition to achieve  $\geq 95\%$  coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) by 2025.
3. Improvement in uptake in key priority groups eg students (the 'Wakefield cohort'), traveller communities, women of childbearing age, underserved communities and ethnicity groups with the lowest uptake, new entrants, etc.

### **Secondary Objectives**

1. Provide leadership and public health expertise to address the decline in MMR vaccination.
2. Bring together partners to develop a multi organisational approach to increasing MMR uptake.
3. Develop engagement activities that seek to understand why some people are not taking the MMR vaccination offer.
4. Develop a communications campaign that will raise awareness about the risks associated with measles and promote positive messages about the importance of vaccination uptake.
5. Develop innovative interventions that will support increased MMR vaccination uptake, tailored to the differing needs of the population.
6. Respond to the potential change in age of delivery of MMR2 (likely from 2025 approximately) and work with stakeholders including GPs to identify potential issues and develop appropriate capacity and engagement plan at that time.