

# COVID-19 – Current position, winter plans and vaccinations.

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# COVID current position

- Rates per 100,000 as of 20<sup>th</sup> August:
  - Blaby:
  - Charnwood:
  - Harborough:
  - Hinckley & Bosworth:
  - Melton:
  - North West Leicestershire:
  - Oadby & Wigston:
- General synopsis:
  - High rates in the 18-30s following the lifting of all restrictions on July 19<sup>th</sup>.
  - Spread up the age groups driven largely by household transmission.
  - East Midlands going through a period of high rates in comparison with other parts of the country.

# COVID current position

- Rates:
  - General trend through August into early September of current rates continuing with local variation and fluctuations.
  - Leicestershire schools return 23<sup>rd</sup> August so we will be seeing the impact of schools returning by the time of HOSC
- Hospital admissions:
  - 100+ in UHL (30+ Leicestershire residents) with COVID as of 20<sup>th</sup> August
  - 22 on intensive care wards (not far short of 50% of capacity)
  - Reflects national picture that as many in ITU with COVID as for all other conditions combined.
  - 75% on general and acute wards with COVID19 are over 55, 30% unvaccinated.
  - 70% on ITU are under 55, 90% unvaccinated.

# COVID – winter view

- Likely to be a bumpy ride through Autumn and Winter with concurrent issues of:
  - Covid
  - Flu
  - Respiratory syncytial virus (RSV)
  - usual winter pressures
  - NHS backlog.
- Social care: as above plus impact of mandatory vaccination policy.

Confidence and Risk Reduction –  
containing COVID and supporting people  
to as society opens up. 66

# Rationale

- Removal of restrictions and diminishing returns on compliance messaging means we need to refresh our approach, recognising that overall we are unable to contain COVID and that there is a split in society between those that are gung-ho and those that are very anxious.
- There is also the need to ensure a slow return to normality as the slower the return the better the chances of avoiding a new peak crisis.
- As such we are pursuing a model of actions that build on the existing infrastructure but push more positive messages ‘we can help you to do this safely’ and also seeks to support those that are most anxious and in need of support.

# Confidence and risk reduction

- Workplace return: going back slowly and carefully with a long term view of hybrid working.
- Businesses: Local/National scheme to promote businesses with good COVID safety standards focused on high risk/close contact businesses – nail bars, vertical drinking establishments, hairdressers. COVID FAQs.
- Events: promotion of safe events guidance (either local or national depending)
- Testing: continued pushing of ‘pick up’ points in hotspot areas but increased mobile testing support to events to distribute test kits (festivals, beer festivals, etc). Testing delivered as part of a broader package of supporting health and well being.
- Public comms: messaging using refreshed ‘down to us’ programme.
- Clinically extremely vulnerable

# Confidence and risk reduction

- Test & Trace: local 'zero' replaced.
- Vaccination: Promotion of get vaxxed to get back messaging. Continued rolling together of testing and vaccine messaging.



# Booster vaccination

- Guidance still awaited from Joint Committee on Vaccination and Immunisation (JCVI) on priority groups for booster vaccination.
- Cohorts 1-4 of the first wave would appear to be very strong contenders to receive a booster (ie the over 80s, health and social care staff) but unknown how far down the cohorts JCVI will recommend boosters (possibly all over 60s).

- The flu jab will be available to:
  - All children aged 2 to 3 and August 2021
  - All children in primary school and all children in years 7 to 11 in secondary school
  - Those aged 6 months to under 50 years in clinical risk groups
  - Pregnant women
  - Those aged 50 and over
  - Unpaid carers close contacts of immunosuppressed individuals
  - Frontline health and social care staff.

# Respiratory syncytial virus (RSV)

- RSV is a common respiratory virus that usually causes mild, col-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.
- Seen as being a childhood illness but most case in older adults.
- RSV is the most common cause of pneumonia in children under the age of 1.
- Currently we are seeing sharp growth in RSV across the country. Strong growth with a doubling of ~10 days.
- 5-year trends suggestive that peaks will be as high as usually seen in normal Winter seasons

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