

Living with Covid



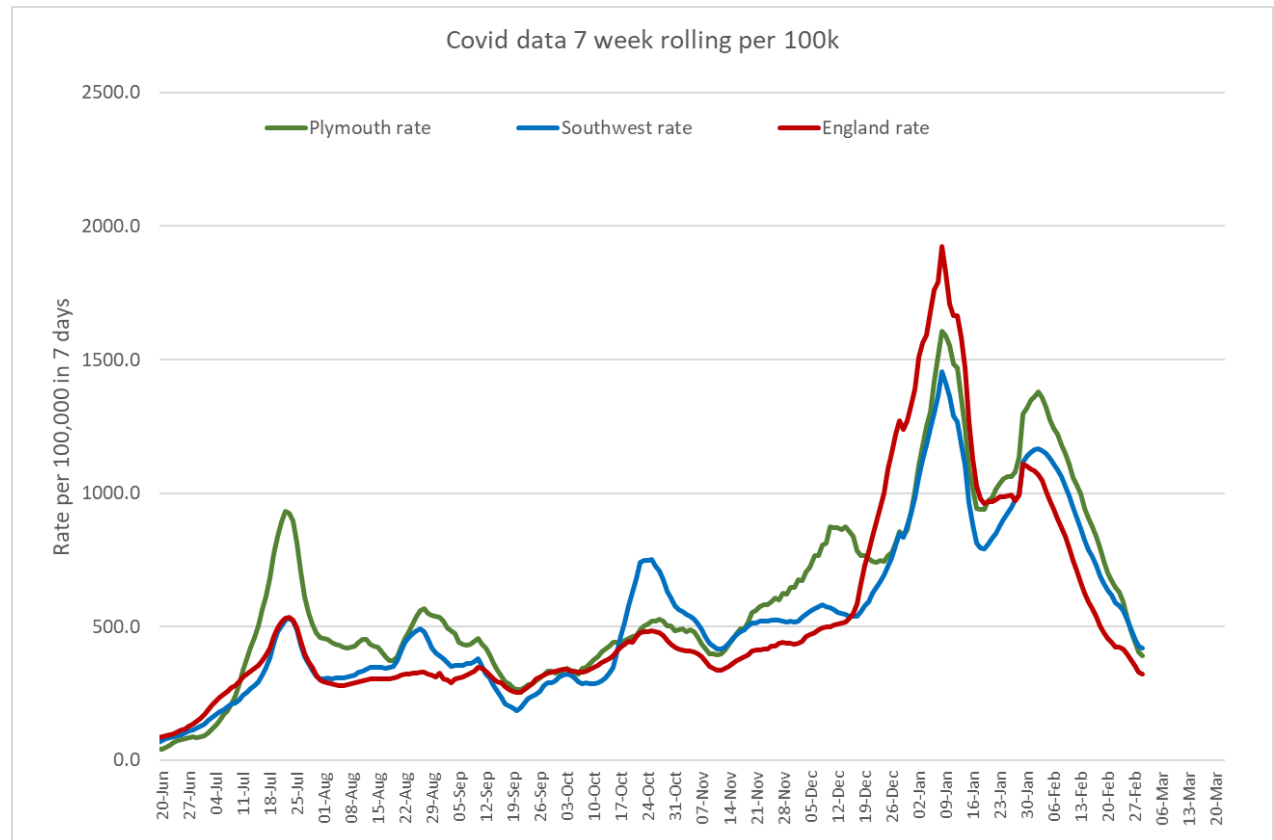
Presentation to cover;

- **Brief overview of epidemiology**
 - **Living with Covid plan**
 - **Changes to Local Outbreak Management Plan**
- Also brief update on influenza**

Brief overview of epidemiology



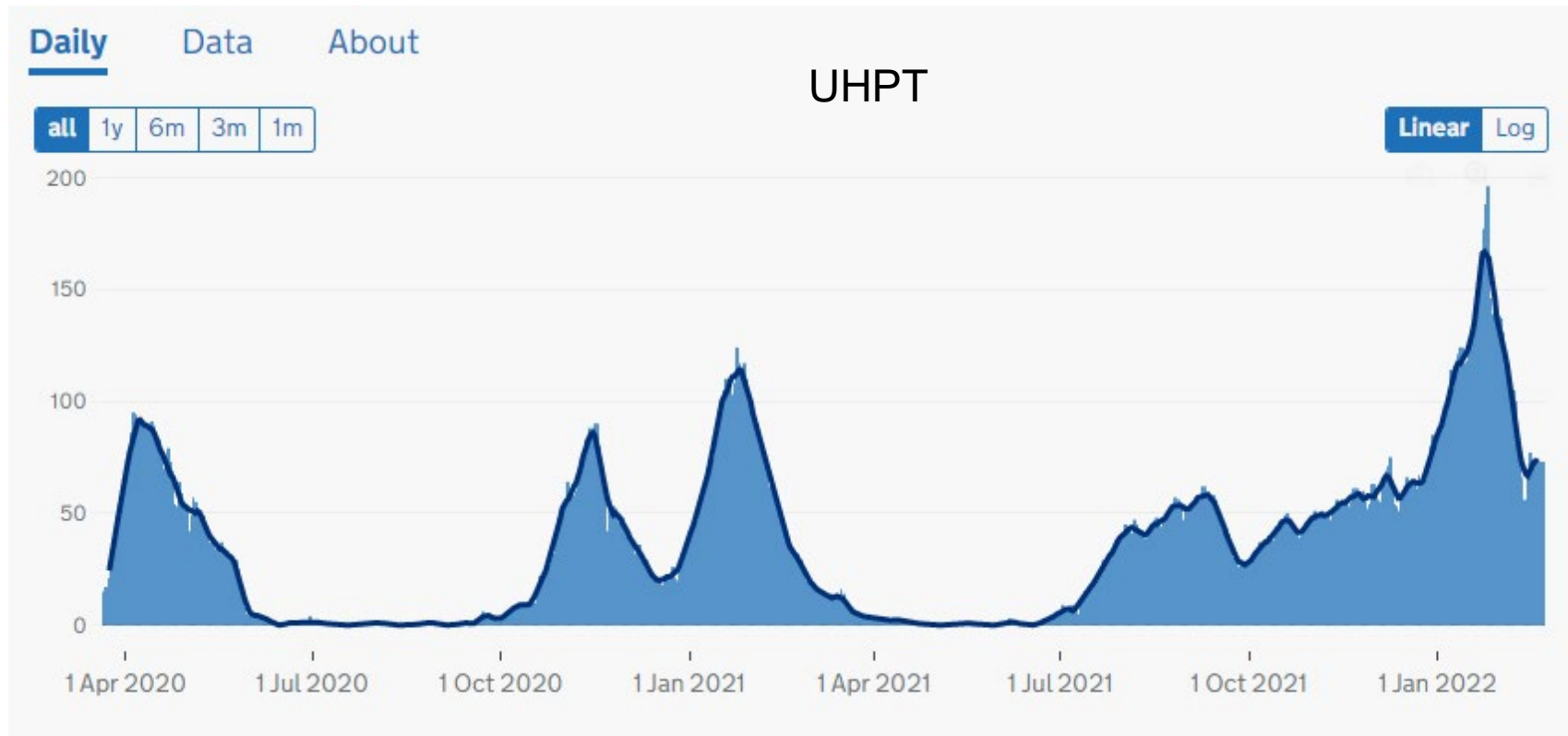
- Cases reducing; Plymouth reducing towards England



Hospitalisations



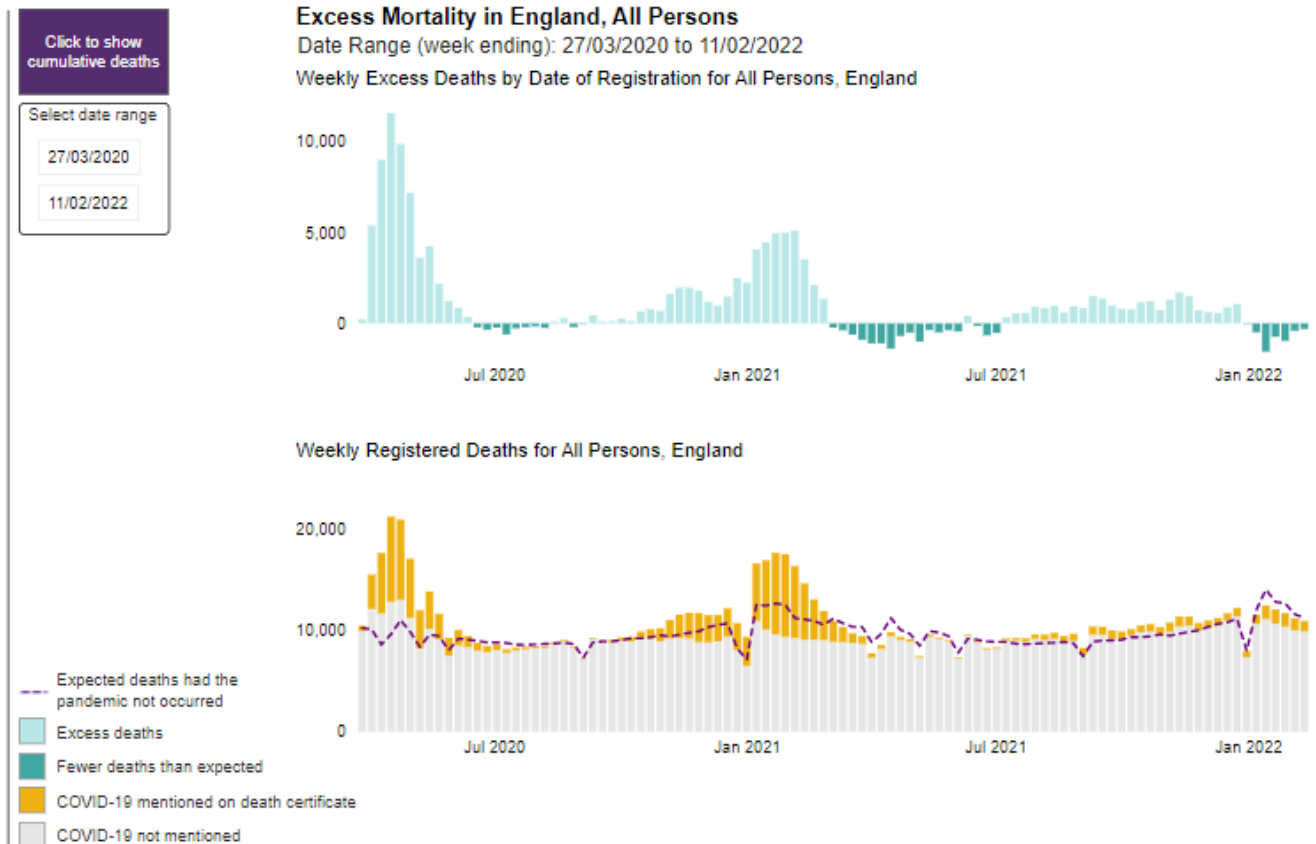
- Reducing but still high
- Omicron – higher proportion ‘with’ not directly ‘due to’



No excess deaths



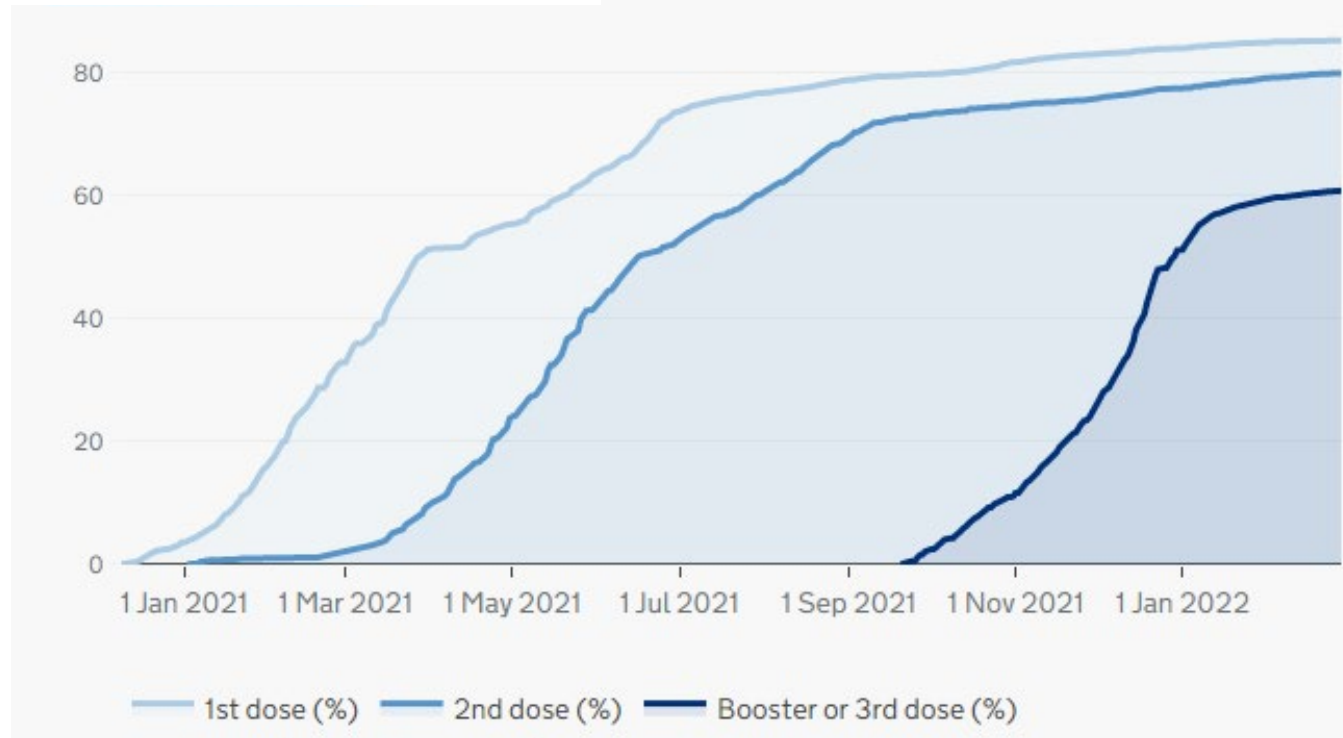
- Omicron wave has not led to excess deaths
- It may have replaced usual flu/pneumonia due to additional precautions



Covid vaccinations; Plymouth



- 1st dose – 85.2% (Eng 80.0%)
- 2nd dose – 79.9% (Eng 75.0%)
- Booster – 60.8% (Eng 58.3%)



Living with Covid



Following slides have information taken directly from

COVID-19 Response: Living with COVID-19

<https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19>

Living with Covid



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The Government's objective in the next phase of the COVID-19 response is to;

- enable the country to manage COVID-19 like other respiratory illnesses, while
 - minimising mortality and
 - retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.
-
- Next few years will be a period of uncertainty as we approach endemicity (= *stability and predictability*)
 - Expecting new variants, some of which will have unfavourable characteristics
 - Vaccination and treatments will be critically important
 - Covid is much more easily transmitted than flu

What ended – 24th February



- LEGAL requirement to self isolate following a positive test (still advised to stay at home)
- End self isolation payments* and national funding for practical support
- Revoke The Health Protection (Coronavirus) Regulations
- Removing asymptomatic testing for staff and students in most education and childcare settings (Except SEND)
- routine contact tracing will end. Contacts will no longer be required to self-isolate or advised to take daily tests.

[*From 24 March, the COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.]

What will end – 1st April



- update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people.
- no longer provide free universal symptomatic and asymptomatic testing for the general public in England.
 - Some high risk groups will be eligible
 - Social care staff will still receive free tests
- no longer recommend that certain venues use the NHS COVID Pass.
- remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments.

What should people do to reduce risk?



- Getting vaccinated;
- Letting fresh air in (good ventilation) if meeting indoors, or meeting outside;
- Wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet, when rates of transmission are high;
- Trying to stay at home if you are unwell;
- Taking a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive; and
- Washing your hands and following advice to 'Catch it, Bin it, Kill it'.

Protecting those most vulnerable



- Many people previously indicated as CEV should have significantly reduced risk due to 3x vaccinations; they should follow general guidance but they should still be cautious
- specific guidance for those whose immune system means they are at higher risk despite vaccination (subset of CEV)
- further vaccinations (boosters) spring and autumn
- Rapid access to antiviral treatments; around 1.3 million people eligible
- Adult social care guidance; suggestion it will remain as it currently is

Maintaining Resilience



- Domestic surveillance; focus on hospital settings, and population-level surveys. Ability to increase testing if required.
- the Government will maintain resilience and infrastructure required to scale up a proportionate response.
- Toolbox of border measures if required
- *Document contains an error, wrongly assigning the role of UK HSA in outbreak management outside of a pandemic response to that of the local authority. This has been highlighted.*

Changes to the Local Outbreak Management Plan



Local covid-19 response changes

LOMP changes



- National led changes to PCR testing
 - Seaton Barracks regional testing site closed 25th February
 - Guildhall Local Testing Site will close end of March
- Community Outbreak Management Fund will end
 - Outbreak management will be led by UK HSA
 - LA focus on support to most vulnerable plus inequalities (vaccine outreach)
 - Local contact tracing has ended on 24th Feb
- Community LFT testing programme
 - Assisted testing will end late march, as will supply of LFTs

Issues



- Four SAGE scenarios; whilst hoping for the most optimistic, recognition that ramping up may be required
- Understanding case rates
 - Hospitalisations
 - Deaths
 - H&SC staff who will still be routinely testing
- Detecting new variants
 - Hospitalised cases will be tested
 - ONS survey
 - Wastewater survey
- Responding to new variants / waning immunity
 - Ability to ramp up at short notice
 - Plans for further non pharmaceutical interventions

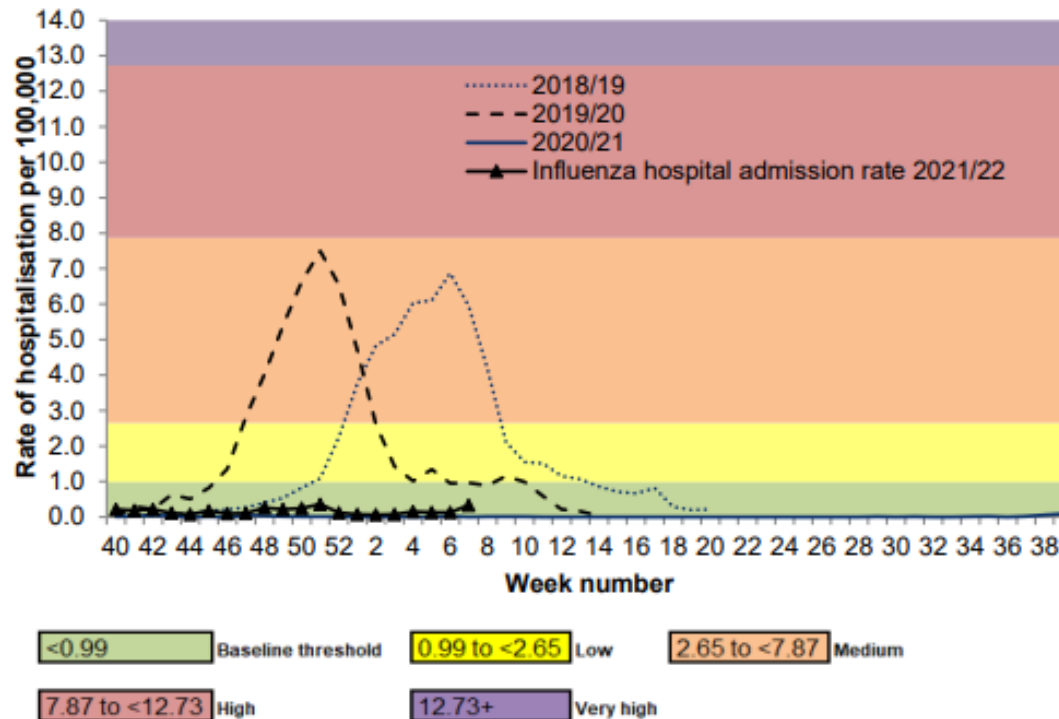
Flu rates; hospitalisations



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- 2021/22 is the low line with triangular symbols
- 2020/21 is the blue line which sits on the x axis

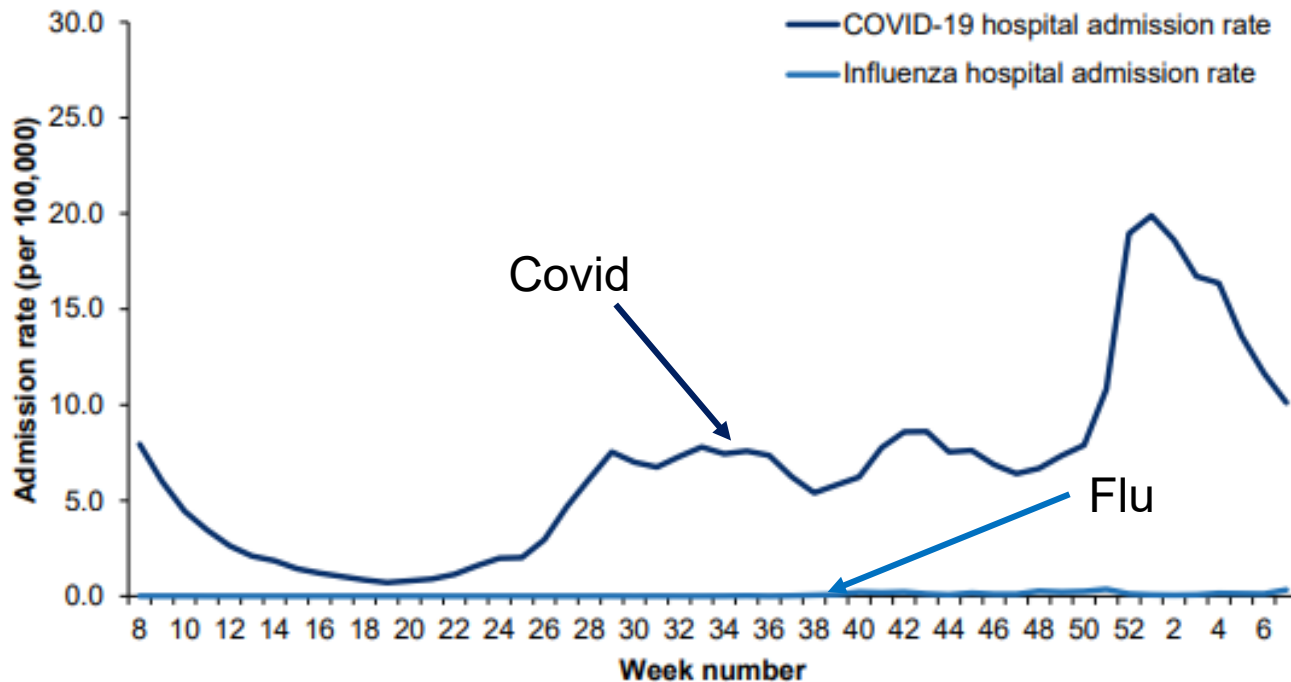
Figure 40: Weekly overall influenza hospital admission rates per 100,000 trust catchment population with MEM thresholds, SARI Watch, England



Flu rates; comparison with covid



- Very low rates of influenza observed (UKHSA, hospitalisations)
- Flu far less transmissible therefore measures to reduce covid are far more successful against flu



Flu vaccination



- Data is not yet publicly available

Headlines;

- Uptake in all eligible groups greater than 2020/2021 programme, except pregnant women and children
 - Actions in place to improve this during February