



AGENDA ITEM

3.9

OTHER

**PRIMARY, COMMUNITY, POPULATION HEALTH & PARTNERSHIPS
COMMITTEE**

VACCINATION UPDATE NOVEMBER 2020

Date of meeting

23/11/2020

FOI Status

Open/Public

**If closed please indicate
reason**

Choose an item.

Prepared by

Claire Beynon, Consultant in Public Health

Presented by

Kelechi Nnoaham Executive Director of
Public Health

Approving Executive Sponsor

Executive Director of Public Health

Report purpose

FOR NOTING

**Engagement (internal/external) undertaken to date (including
receipt/consideration at Committee/group)**

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

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1. SITUATION/BACKGROUND

1.0 Introduction

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health through both individual and herd immunity.

1.1 Influenza Vaccination

Cwm Taf Morgannwg University Health Board (CTMUHB) is responsible for the delivery of influenza vaccinations to protect the health of the local population. This is an extensive programme to immunise the following groups:

- children over the age of 6 months with a long-term health condition
- children aged 2 and 3 years
- children in primary school
- adults over 65 years
- pregnant women
- anyone with a serious long-term health condition, e.g. chronic respiratory diseases, heart disease, kidney disease, liver disease, neurological conditions, diabetes and people with obesity

Last year the Welsh Government set challenging targets for influenza vaccinations as follows:

- 75% uptake for those aged 65 years and older
- 75% uptake for pregnant women
- 55% uptake for those aged six months to 64 years in clinical risk group
- 60% uptake for healthcare workers providing direct patient care

This season the Welsh Government has increased all targets to 75%. As expected, the demand for influenza vaccination has been high this year. The delivery of vaccinations from suppliers into the NHS is staggered throughout the winter period, and this year is no different. The message this year has been asking people to be patient.

1.2 Potential COVID-19 Vaccination

This winter both the influenza and COVID-19 viruses are expected to be circulating in the population. CTMUHB are planning for the introduction of a potential COVID-19 vaccination so that should one become available we are able to activate this plan swiftly. A COVID-19 Vaccination Programme Board and a wider Stakeholder Group has been established, and much background work has been undertaken and a draft plan was sent to the Welsh Government outlining the plans in September 2020 (see Appendix 1).

Key points to note at this stage from the COVID planning document include:

- this is a dynamic plan that will continue to be updated
- the plan has been reviewed and updated by the Strategic Immunisation Group
- the plan has been subject to further table top exercise with Military Planners on 10 November 2020
- the assumptions are clearly outlined in the report- but these may change over time
- there are some considerable challenges to delivery including recruitment of staff and competing demands on staff time
- the plan identifies four projects which are key to successful delivery:
 - o Workforce and Training
 - o Venues and Infrastructure
 - o Vaccine Delivery
 - o Patient Journey

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Influenza Vaccination

This report gives the latest data on the Cwm Taf Morgannwg status against the national influenza immunisation uptake targets (based on the latest available information -6 November 2020), see Table 1 for summary figures.

Table 1: Influenza targets and actual performance for Cwm Taf Morgannwg in 2020/21 as at 6 November 2020 (season not complete, and data subject to verification by Public Health Wales)

Welsh Government targets for influenza	Target	Actual
65 years and older	75%	61.8%
Pregnant women	75%	*
6 months to 64 years in clinical risk groups	75%	25.6%
Healthcare workers providing direct care	75%	61.2%

*note- no data available yet, this is determined by point of delivery survey in January each year.

Uptake in the over 65s group and staff is both progressing well. The data available for people aged 6 months to 65 years in an 'at risk' group has been disappointing to date. The communications team is therefore planning further marketing to this group in an attempt to boost uptake once supplies of the vaccine are readily available. Additional communications have been sent to the GP practices and pharmacies in an attempt to improve on this as the season progresses.

2.1.2 Peer Vaccination of Staff

In 2018/19 26 peer vaccinators were trained and in 2019/20 this increased to over 200. This year more than 400 peer vaccinators have been trained. This is important as we do not want staff to visit other areas of the hospital if possible. To date only half of those trained have actively vaccinated their peers. This is being investigated and those staff who have received training will be encouraged to vaccinate their peers. We recognise the competing pressures on staff this season.

2.1.3 Schools Programme

The schools programme has had its own challenges this year with some schools having year groups or classes missing when the school nurses have visited. This has made the programme more challenging to deliver. The highly successful nursery programme for 3 year olds has encountered difficulties this year, with some schools not allowing parents and guardians to stay with their children on the school site whilst the nasal spray is administered. This has limited the distribution of the nasal spray via nurseries.

2.2 Potential COVID-19 Vaccination

The staff that are delivering on the influenza programme are also planning for a potential COVID-19 vaccine. A small team of support staff has been recruited to support these key personnel. These new staff will be based in the Project Management Office to support the planning and delivery of the programme.

2.2.1 Vaccinators

The plan indicated that 45 vaccinators would be employed to deliver a potential COVID-19 vaccine, and recruitment to these roles is well under way. Three rounds of recruitment have been undertaken so far in an attempt to fill these posts. This is proving challenging: there are more than 40,000 nursing vacancies across the UK.

2.2.2 Venues

A number of venues across the Cwm Taf Morgannwg footprint have been reviewed for suitability as a potential community venues at which vaccine could be offered. Great lengths have been made to make sure these are accessible to the public. We know that take up of vaccines is generally lower in disadvantaged groups and will work to reduce this inequality in Cwm Taf Morgannwg.

2.2.3 Prioritisation

The Welsh Government will give details of how the vaccine should be prioritised. It is likely that this will be based on guidance from the Joint Committee on Vaccinations and Immunisations (JCVI) which published some

interim guidance on 25 September 2020. This currently recommends older adults' resident in a care home and care home workers then all those 80 years of age and over and health and social care workers should be vaccinated first, followed by a mainly age based prioritisation (see Appendix 2).

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- The complexity of the running the influenza programme in a COVID-19 environment should be acknowledged. This has caused additional difficulties, some of which may impact the ability to reach the increased targets in 2020/21, for example the schools programme.
- In order to maximise the impact of the peer vaccinator scheme all those trained to vaccinate should take up their duties to vaccinate other staff on their wards or in their clinical areas.
- The Welsh Government has provided reassurance to health boards that funding will be made available for a COVID-19 vaccination programme but have not yet agreed how these resources will be allocated to the health boards.
- There are numerous uncertainties to cope with when planning for a vaccine that is not yet available, and the plan will need to be flexible to accommodate changes to the planning assumptions.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Staff must be trained regularly to ensure compliance and maintain competence in vaccination procedures and management of any adverse reactions. Vaccinating healthcare workers offers protection to vulnerable patients, especially neonates, paediatrics and pregnant mothers.
Related Health and Care standard(s)	Staying Healthy
	If more than one Healthcare Standard applies please list below:



	Staff and Resources –staff absences due to flu and colds in 2018/19 cost the health board more than £500,000 Safe Care – staff must be competent to deliver vaccinations this requires training
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Main Strategic Objective	To protect and improve population health
Link to Main WBFG Act Objective	Work with communities to prevent ill-health, protect good health and promote better health and well-being

5. RECOMMENDATIONS

5.1 The Population Health & Partnerships Committee are asked to:

- **NOTE** the contents of this report



Appendix 1: DRAFT Preliminary COVID-19 Vaccination Plan (attached)

Appendix 2 : JCVI advice (published 25 Sept 2020 20) - relevant section in full:

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-25-september-2020/jcvi-updated-interim-advice-on-priority-groups-for-covid-19-vaccination>

Vaccine priority groups: interim advice

Based on the information provided, the committee agreed that it was not possible to come to a firm position on priority groups at this time. This provisional prioritisation for COVID-19 vaccines is based on preliminary information on the vaccines in development, and provisional timelines for vaccine availability, and is subject to change. This advice assumes availability of a vaccine which is safe and effective in all age groups and has a moderate impact on transmission.

The committee strongly agree that a simple age-based programme will likely result in faster delivery and better uptake in those at the highest risk. Whether health and social care workers should be prioritised above, alongside, or below, persons at highest risk from COVID-19 would depend on the characteristics of the vaccines when they become available and the epidemiology of disease at the time of delivery.

This interim ranking of priorities is a combination of clinical risk stratification and an age-based approach, which should optimise both targeting and deliverability. A provisional ranking of prioritisation for persons at-risk is set out below:

1. older adults' resident in a care home and care home workers [note 1]
 2. all those 80 years of age and over and health and social care workers [note 1]
 3. all those 75 years of age and over
 4. all those 70 years of age and over
 5. all those 65 years of age and over
 6. high-risk adults under 65 years of age
 7. moderate-risk adults under 65 years of age
- COVID-19 Vaccine Planning Parameters – Working Document v5 23

8. all those 60 years of age and over
 9. all those 55 years of age and over
 10. all those 50 years of age and over
 11. rest of the population (priority to be determined) [note 2]
- The prioritisation could change substantially if the first available vaccines were not considered suitable for, or effective in, older adults.

Risk groups

There's ongoing work within the UK to refine the identification of persons at risk of serious disease and mortality from COVID-19 infection. As well as age and underlying co-morbid conditions, the committee notes that early signals have been identified of other potential risk factors, including deprivation and ethnicity. As more evidence on at-risk groups emerges, this work will inform the review of the composition, and order of priority, of groups for vaccination. Any programme will need to ensure every effort is made to get good coverage in black, Asian and minority ethnic (BAME) groups, in areas of higher socio-economic deprivation, and in areas with outbreaks or high levels of community transmission.

Notes

1. The final decision on the prioritisation for health and social care workers will be dependent on vaccine characteristics and the epidemiology at the start of any programme
2. A risk-benefit assessment would likely be undertaken in advising on vaccination in group 11
3. The interim advice refers to "frontline" health and social care workers, implying this is the group referred to in the prioritisation list. Frontline is defined in the Green Book as "health and social care staff directly involved in the care of their patients or clients".